Scancell

NASDAQ listing, iSCIB1+, and ModiFy updates

19 November 2026

- Scancell has confirmed its NASDAQ listing remains on track. This is key to unlocking funding for the global registrational Phase III study of lead ImmunoBody asset, iSCIB1+ (now given the name, INN, of inzitagene plasmivec). Planning for this study is now complete and the first patient is expected to be dosed in December. iSCIB1+ was granted FDA Fast Track Designation (FTD) in April and has now received Regenerative Medicine Advanced Therapy (RMAT) designation, an expedited programme similar to Breakthrough Therapy (BTD) that brings frequent and intensive FDA guidance, rolling review, rapid responses (within 60 days), and greater flexibility in approval and post-market confirmatory evidence.
- Latest data from the Phase II SCOPE study show durable responses are maintained. Overall survival (OS) at 24 months in the combined SCIB1 and iSCIB1+ cohorts is 82% and for the iSCIB1+ cohort alone is 87%. Similarly, progression free survival (PFS) in the combined group (in the HLA target population) is 65% and in the iSCIB1+ cohort it is 71% (one patient had disease progression). For context, doublet checkpoint standard of care (ipilimumab/nivolumab) shows PFS of 41.5% at this point (CheckMate 067). The rate of complete responders in the combined cohorts has improved to 28%, with the iSCIB1+ Cohort 3 up to 31%.
- Management also reported early results for Modi-1, the lead Moditope programme, from the expansion cohorts of the Phase I/II ModiFY study which enrolled over 120 heavily pre-treated patients with a range of hard-to-treat cancers. In the renal cell carcinoma (RCC) cohort (n=43) the ORR (objective response rate) was 48% and median PFS was 7.8 months. A vaccine specific immune response was seen in 46% of patients, who fared materially better than non-responders with 6-month PFS of 75%, ORR of 58%, and median PFS not reached at 22 months vs 50%, 36%, and 6 months respectively for non-responders. A similar, albeit not statistically significant, PFS difference between responders and non-responders was seen in the head and neck cohort (4.5 months vs 2.0 months). No toxicity issues were identified. Work is ongoing to identify a predictive biomarker.
- Development of Genmab-partnered GlyMabs (SC129, SC2811) remain on track with future milestones dependent on Genmab progress/decisions. SC134-TCAB, the lead in-house asset, is progressing towards clinical development. SC27 (Lewis Y) and GT200 (SLAN) are in evaluation as a T-cell engager (TCE) or antibody candidate, and in ovarian cancer respectively.

Trinity Delta view: iSCIB1+ currently represents c 50% of our Scancell company valuation and is a key value driver in our rNPV model with the next step change on first patient enrolment into the Phase III trial. The start of this study would trigger an uplift from our current 30% success probability to a still conservative 50% probability. This would raise our £407.5m ($530m) Scancell valuation to £548m ($712m). Nevertheless, the business and clinical update is a useful reminder there is more to Scancell than the ImmunoBody platform alone.

Price	79.0p
Market Cap	£107.2m
Primary exchange	AIM
Sector	Healthcare
Company Code	SCLP
Corporate client	Yes

Company description:

Scancell is a clinical-stage immuno-oncology specialist. The key value drivers are iSCIB1+, the lead ImmunoBody programme, and, to a lesser extent, Modi-1, the lead Moditope programme. The novel GlyMab glycan antibodies are earlier in development.

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