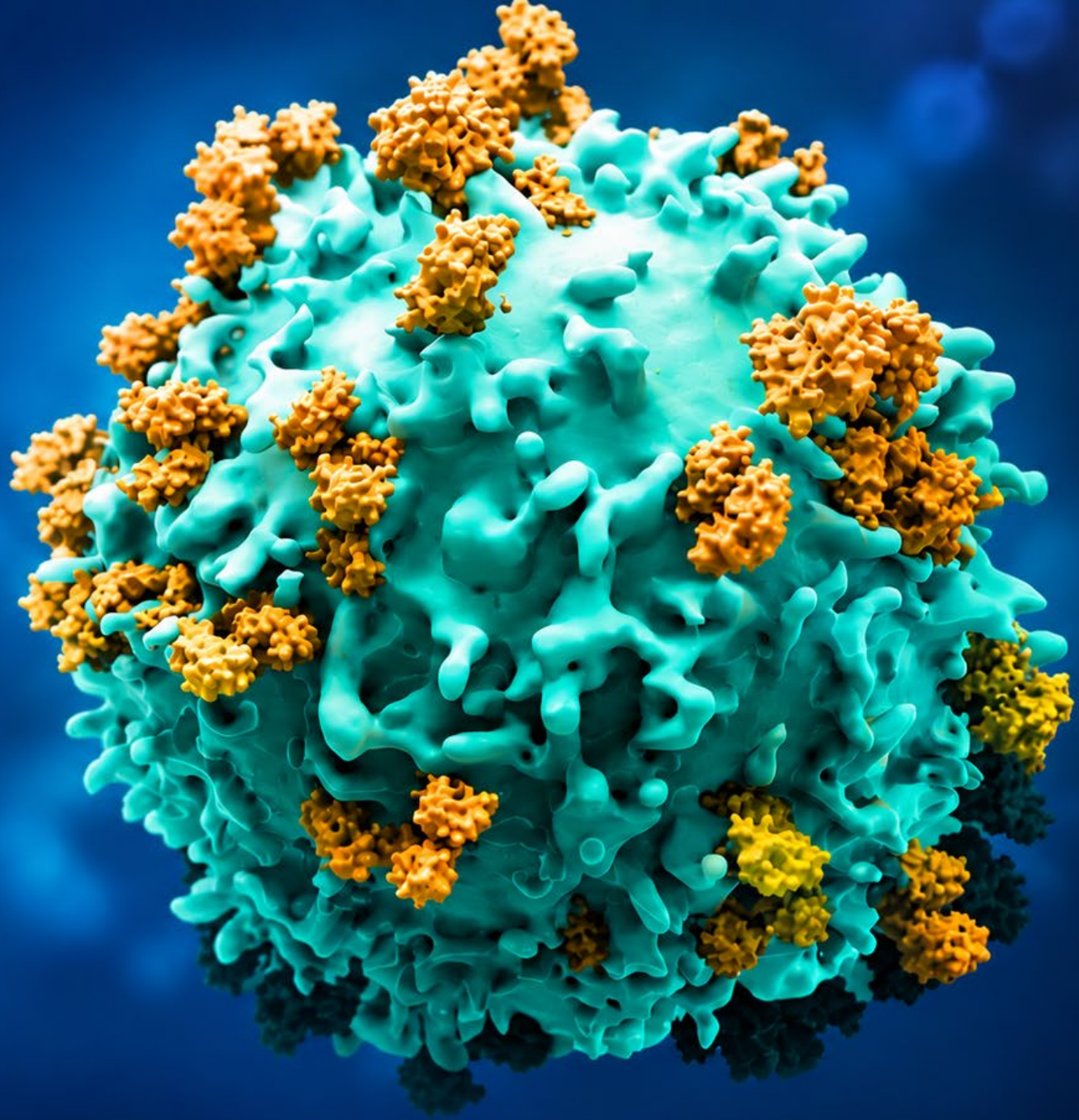
SCANCELL

Corporate Presentation

Active Immunotherapy
Ready For Prime Time

NOVEMBER 2026



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Investment Highlights

Phase 3-lead, rich pipeline, near-term catalysts

Novel, Off-the-Shelf, Phase 3-Therapeutic Vaccine for Melanoma

Inzitagene plasmivec (ImmunoBody® iSCIB1+) demonstrated compelling clinical benefit:

71% PFS at 24 months with favorable safety

87% Sustained OS at 24 months

Best-in-class potential with defined regulatory path for global Phase 3

Phase 1 **monotherapy** activity in adjuvant setting supports **expansion opportunity** in perioperative systemic therapy

Needle-free IM delivery and no manufacturing wait time

Validated Platform, Robust, Diversified Pipeline with Partnership Opportunities

Moditope® platform, off-the-shelf peptide vaccines:

- Modi-1 demonstrated **immune responses associated with longer PFS in RCC**

ImmunoBody® platform focuses on hard-to-drug tumors beyond melanoma such as PDAC, NSCLC, MSS CRC

GlyMabs, high affinity IgG1 antibodies & TCEs targeting tumor-specific glycans:

- Two antibodies partnered with Genmab

Solid Financials Through Multiple Milestones

Recent merger and financing agreement of up to $95M to fund operations through multiple milestones into 2029. Near-term catalysts:

Advanced melanoma

Phase 3 initiation of inzitagene **on track for December 2026**

Additional Phase 2 PFS & early OS in advanced melanoma in **H1 2027**

Neoadjuvant/adjuvant melanoma

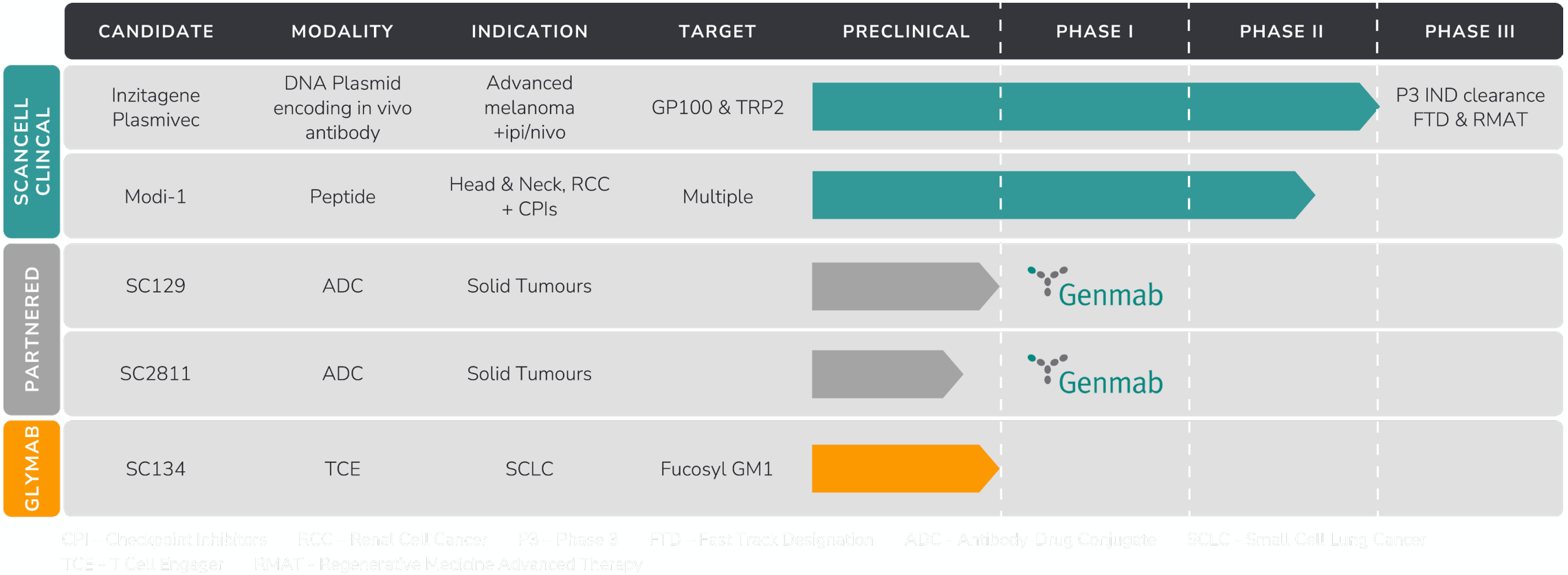
Phase 2 initiation in H1 2027

CPI=checkpoint inhibitors (Nivolumab and Ipilimumab); CRC=colorectal cancer; MSS=microsatellite stable cancer; NSCLC= non-small cell lung cancer; PDAC=Pancreatic ductal adenocarcinoma; PFS=progression-free survival; OS=overall survival. 1. Checkmate 067 study. Data from ipi+nivo arm of study.

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Robust, Diversified Pipeline with Partnership Opportunities

Lead asset inzitagene (iSCIB1+) to enter Phase 3 trial with Fast Track & RMAT designations



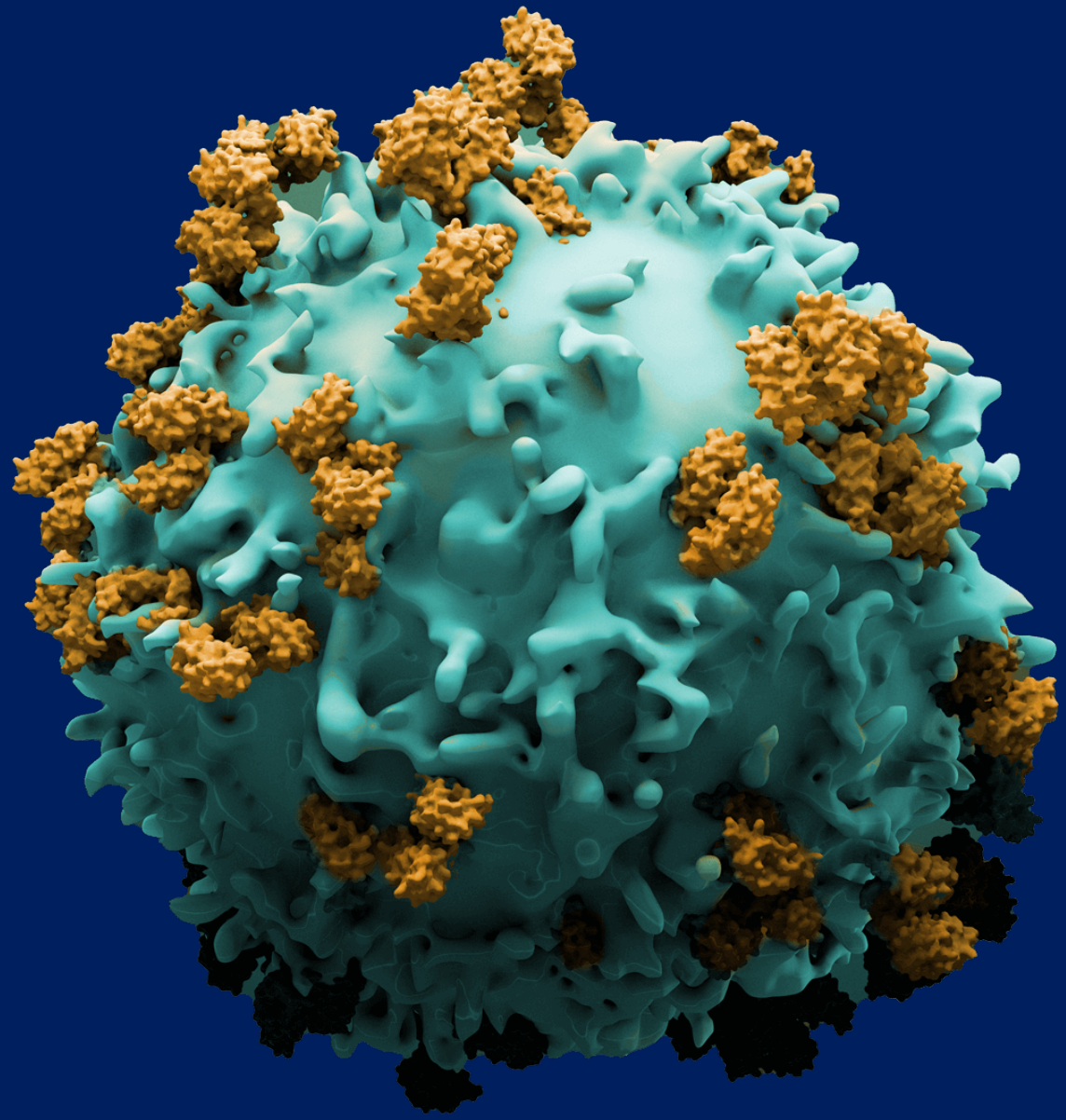
CPI – Checkpoint Inhibitors RCC – Renal Cell Cancer P3 – Phase 3 FTD – Fast Track Designation ADC – Antibody Drug Conjugate SCLC – Small Cell Lung Cancer
TCE – T Cell Engager RMAT – Regenerative Medicine Advanced Therapy

ADC=antibody-drug conjugate; CPI=checkpoint inhibitors; IND = Investigational New Drug; Ipi=Ipilimumab; Nivo=nivolumabl P3 = Phase 3; RCC=renal cell carcinoma; RMAT= Regenerative Medicine Advanced Therapy; SCLC=small cell lung cancer; TCE=T cell engager.

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Inzitagene Plasmivec Program in First Line Advanced Melanoma



Immune Priming Plus CPI is Now a Proven Strategy in Melanoma

No cancer vaccine has randomized data in advanced melanoma

Resectable, adjuvant melanoma →

First positive Phase 3 for a cancer vaccine validated the mechanism

- Individualized mRNA vaccine plus CPI met RFS and DMFS endpoints in a Phase 3 trial in the adjuvant setting

Unresectable, advanced/metastatic melanoma →

Substantial opportunity in melanoma with a now validated mechanism

- 10% Stage III/85% Stage IV are diagnosed unresectable
- Patients who recur despite adjuvant therapy re-enter the advanced setting

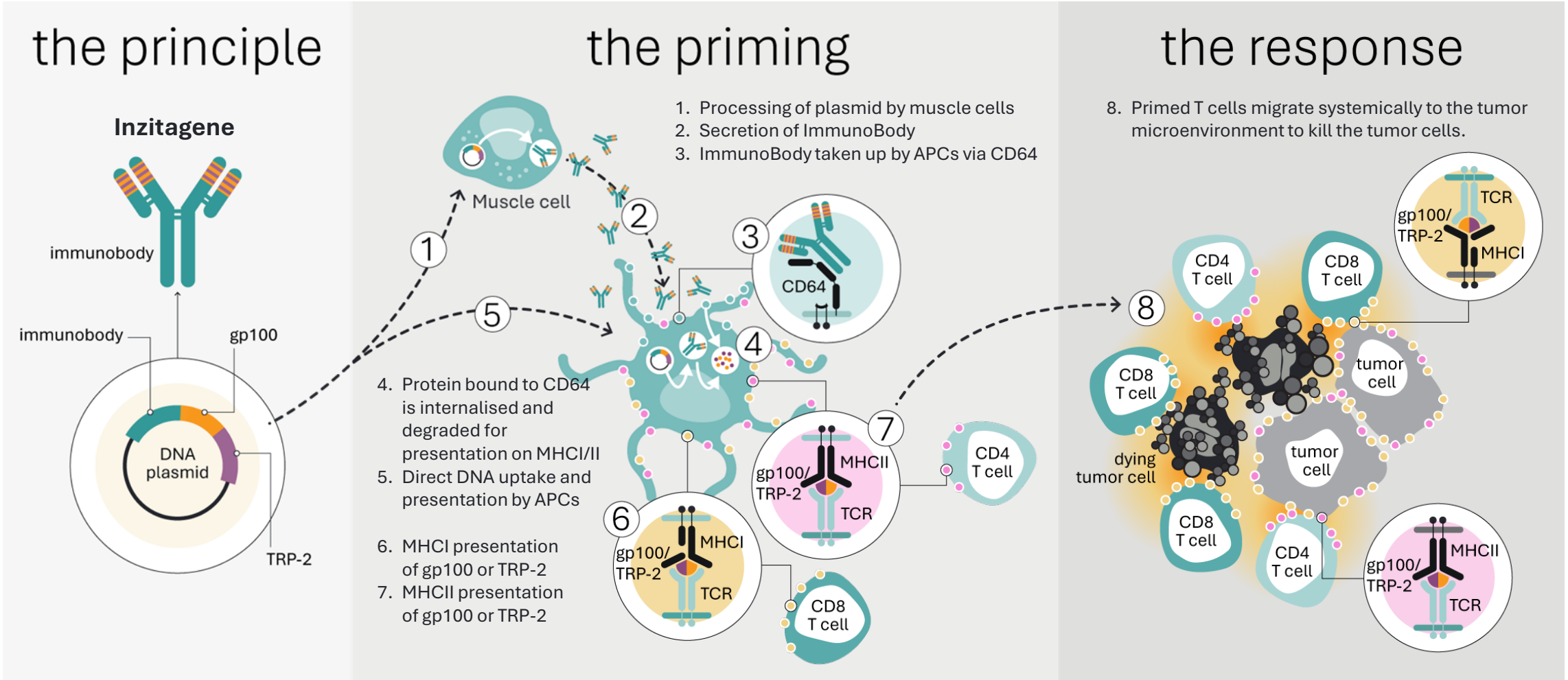
Inzitagene : validated mechanism with an off-the-shelf approach

Precision priming yielding high avidity by design:

- Uses six, immunogenic epitopes isolated from patients who spontaneously recovered from melanoma
- Cross presentation bypasses traditional limitations, driving high-avidity T cells
- High CD8+ T cell response and designed to elicit CD4+ T cell response
- Generates durable T cell response (antigen-specific precursors that continuously feed the cytotoxic T-cell effector pool)

Inzitagene Novel Dual Presentation MOA: Robust and Durable Anti-Tumor Response

Cross-presentation increases potency 100-fold



In combination, checkpoint inhibitors unleash high-avidity iSCIB1^{+} T-cell–driven tumor killing

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Stratis® Allows for Patient-Friendly Administration of Off-the-Shelf iSCIB1+

Minimal training required, similar workflow to needle and syringe

- **Needle-free**
  High-velocity fluid jet, intramuscular
- **Fast**
  Delivers the injectable in about a tenth of a second
- **Simple**
  Hand-held with a separate charging station; minimal training and a workflow close to needle and syringe
- **Approved**
  Broad global regulatory clearance already in place
- **Partnered**
  Development and commercialisation agreement with PharmaJet



SCOPE Phase 2b Trial of SCIB1/Inzitagene (iSCIB1+) in Combination with CPIs in 1L Advanced Melanoma

132 patients across 16 sites in the UK

Objective: select product, target population, dosing schedule and endpoints for Phase 3 trial

Key Inclusion Criteria:

- Histologically confirmed, unresectable Stage III or Stage IV Melanoma
- Not received prior systemic treatment for advanced disease.
- ECOG Performance Status 0 or 1.
- ≥ 1 measurable lesion per RECIST 1.1
- Known HLA status

Key Exclusion Criteria:

- Acral, Ocular & Mucosal Melanoma
- CNS Metastases
- Exposure to CPI as adjuvant treatment in previous 6 months

Designed to improve on reported outcomes with SOC:
ipi/nivo PFS: 46% at 12m; Pembro: 35% at 12m

SCIB1/Inzitagene Target Population

(Cohort 1 & 3 (n=80))

Cohort 1 (n=43, 2 patients non-evaluable)[1]
SCIB1 plus nivolumab & ipilimumab
Target HLA (A2 haplotype only)

SCIB1
n=41

Cohort 2 (n=10) stopped due to change in SOC
SCIB1 and pembrolizumab
Target HLA (A2 haplotype only)

Cohort 3 (n=50, 40 Target HLA, 1 patient non-evaluable[2]**, 10 Non-Target)**
Inzitagene plus nivolumab & ipilimumab

Inzitagene Target
n=39

Cohort 4 (n=29, 24 target HLA, 5 non-target)
Inzitagene with accelerated priming plus nivolumab & ipilimumab

Inzitagene Target
n=24

1. Two patients non-evaluable. 2. One patient considered non-evaluable (Brain mets, acral melanoma).

Trial Population Highly Aligned with 1L Melanoma Studies

Baseline patient characteristics

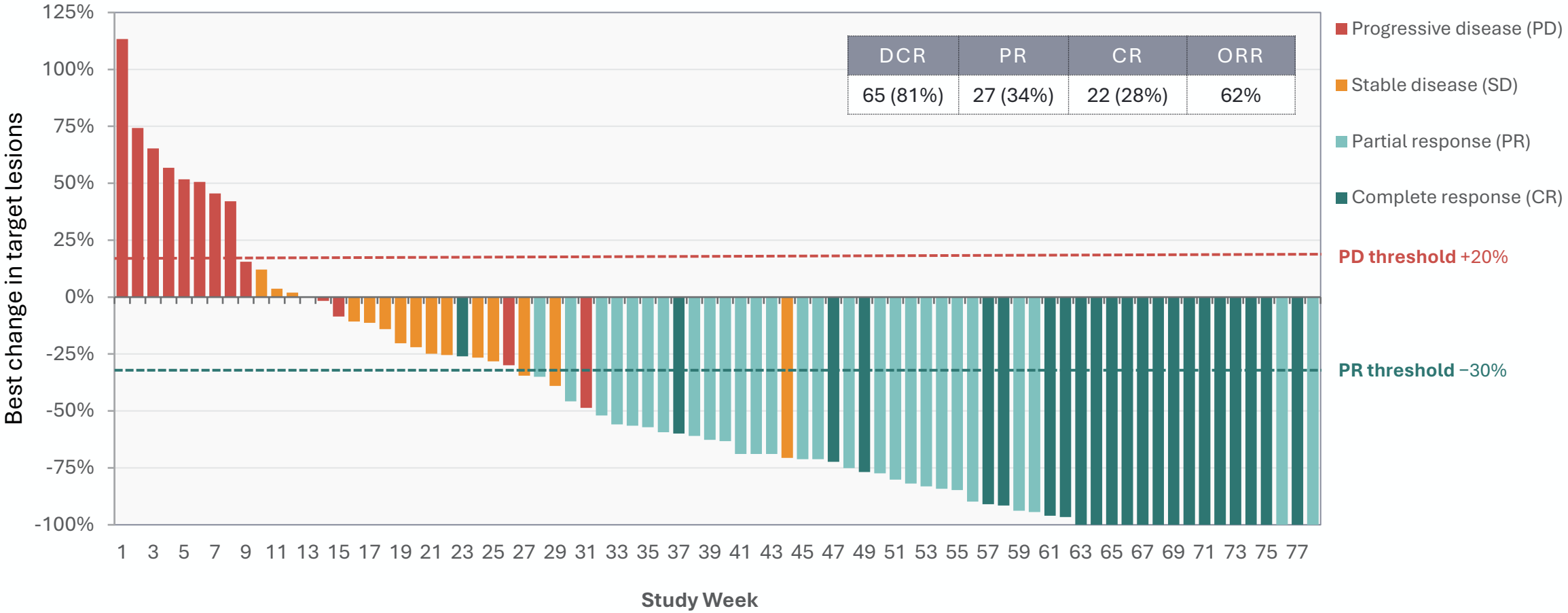
	SCIB1/ Inzitagene (n=80)	ipi + nivo Checkmate 067	nivo+rela Relativity 047	IO102/103-pembro
Gender				
Male	54%	65%	59%	67%
Female	46%	35%	41%	33%
Age				
<65	56%	60%	59%	38%
≥65 - <75	28%	28%	29%	26%
≥75	16%	13%	12%	36%
Stage of Disease at Study Entry				
IIIB/IIIC/IV	1 IIIB / 77 IV / 2 unk.			
M0, M1a or M1b	59%	42%	59%	60%
M1c, M1d	41%	58%	41%	40%
BRAF				
Mutation	47%	32%	39%	41%
Wildtype	52%	68%	61%	59%
Lactate Dehydrogenase				
≥1.5 × ULN†	34%			
<1.5 × ULN†	66%			
>Upper limit of normal (ULN)		36%	36%	35%
≤ULN		64%	64%	65%
Prior treatment in the adjuvant setting				
Anti-PD-1	18%	0	8.4%	10.3%
Baseline Tumor Burden				
≤97mm/>97mm†	75/25%			
<100mm/>100mm				16/84%
Liver mets	27.5%	28%	40%	18.1%

Trial population is representative with: More BRAF mutant, lower M1c/d; similar tumor burden and liver mets; more prior anti PD-1

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SCIB1 & Inzitagene Led to Deep Responses Including a High Rate of Complete Responses

SCIB1/ inzitagene (n=80) target population (HLA-A2, A3, A31, B35,Bw4, A33, B44)

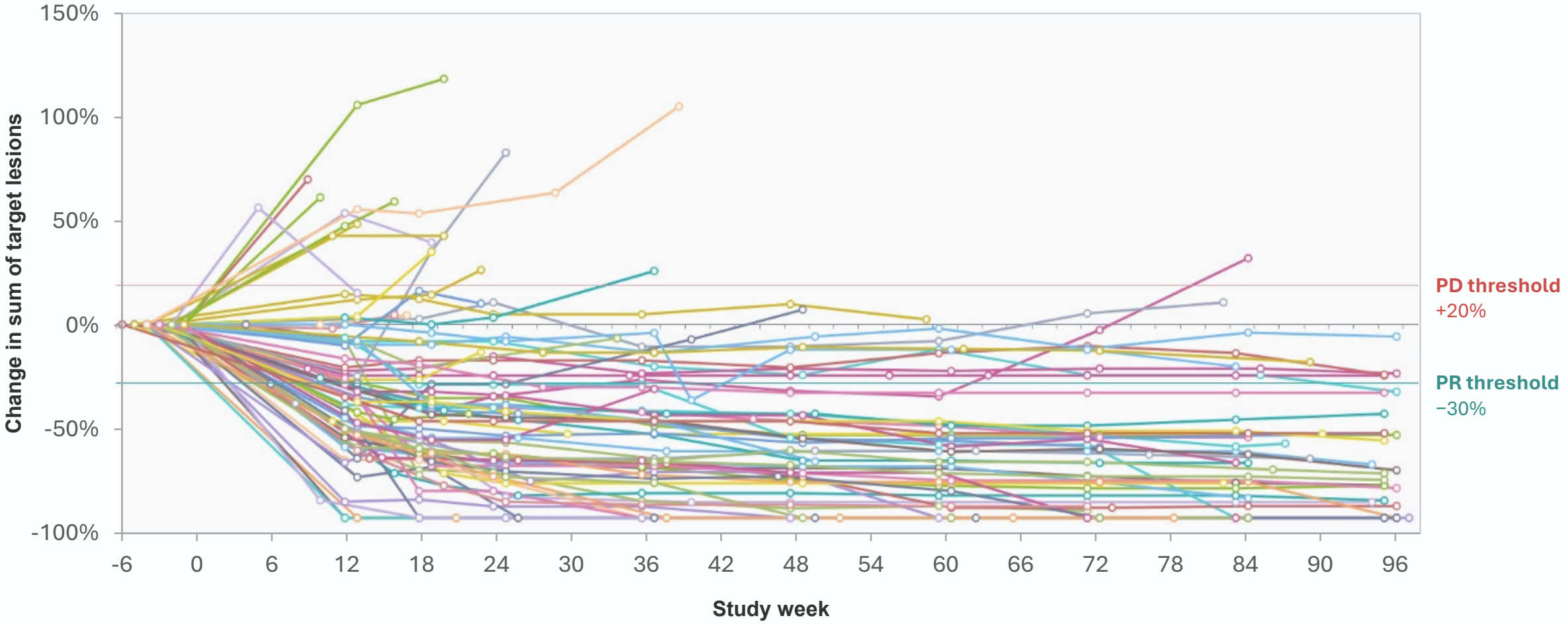


Data cut: Nov 12, 2026

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SCIB1 & Inzitagene Led to a Durable Tumor Control

SCIB1/inzitagene (n=80) target population (HLA-A2, A3, A31, B35,Bw4, A33, B44)

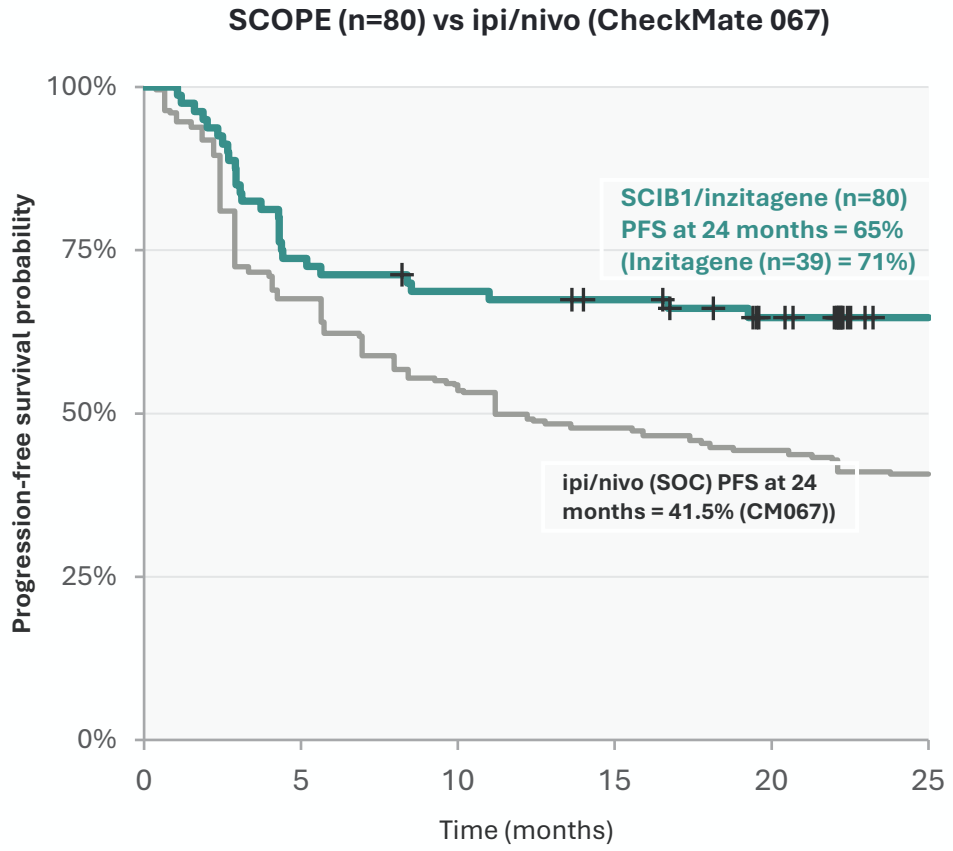


Data cut: Nov 12, 2026

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Compelling Clinical Benefit Observed Across Multiple Endpoints

	Scancell	Scancell	BioNTech	IO Biotech	BMS	BMS	Real World
Study[1]	SCOPE (Cohort 1 + Cohort 3)	SCOPE Inzitagene accel dosing (Cohort 4)	IMCODE-001 (control arm)	Phase 3 NCT05155254	Relativity 047	Checkmate 067	NA
No of Patients	80	24	41	203	355	314	NA
Agent	Inzitagene/ SCIB1 + Nivolumab + Ipilimumab	Inzitagene + Nivolumab + Ipilimumab	Pembro	IO102-IO103 + Pembro	Anti-LAG-3 + nivo	Nivo + ipi	Nivo + ipi
ORR	**62%**	**70%**	49%	44.8%	43.9%	50% (confirmed)	48%
DCR	**81%**	**83%**		65.5%		63%	58%



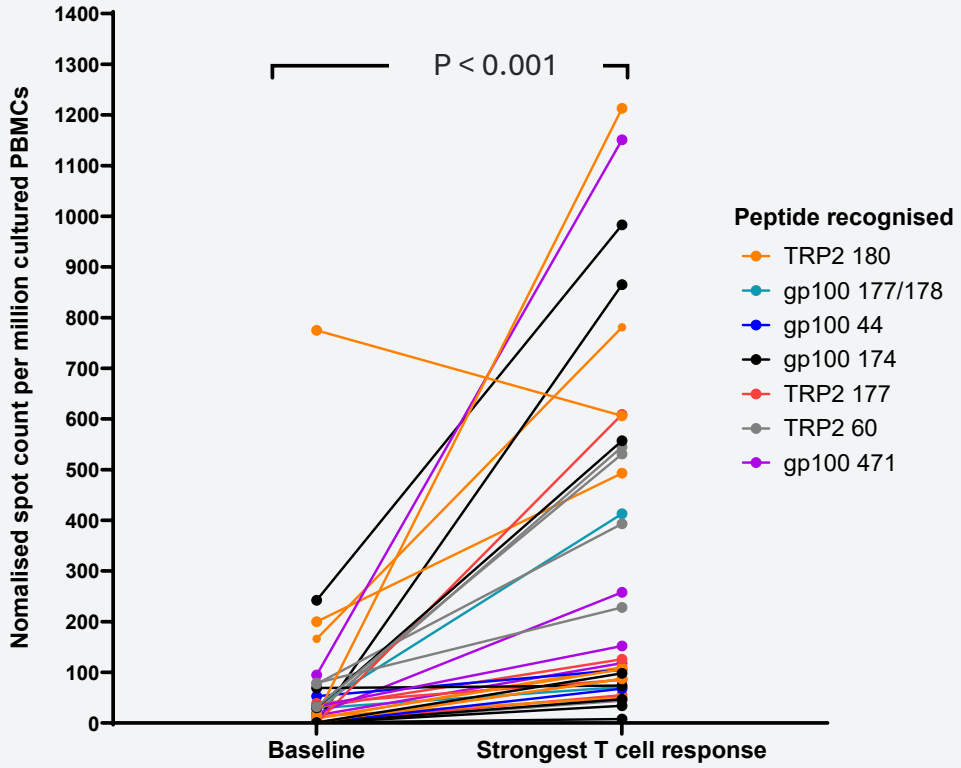
More Mature PFS and early OS data expected in H1 2027

Data cut Nov 12, 2026. DCR=disease control rate; ORR=overall response rate. IMCODE001: 2024 ASCO Annual Meeting, Relativity 047: *N Engl J Med* 2022;386:24-34, Checkmate 067: *N Engl J Med* 2017;377:1345-1356, IO Biotech: *Annals of Oncology* May 2026, RWE *European Journal of Cancer*, 2022; 176, 121-132. ***Data above are not from head-to-head studies. Cross-trial data interpretation should be considered with caution as it is limited by differences in study design, phase, population, sample size, inclusion and exclusion criteria and many other factors.***

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Strong Anti-Tumor T Cell Responses Generated by Inzitagene Correlated with ORR

High statistical significance in increased T-cell response post-inzitagene administration observed in patients



Patients with broad T cell responses had better clinical responses

Clinical response	Number of patients	High magnitude T cell response (n=30)*	Response to both gp100 and TRP-2 (n=39)
CR/PR	**41**	**22/30 (73%)**	**28/39 (72%)**
SD	17	5/30 (17%)	7/39 (18%)
PD	8	3/30 (10%)	4/39 (10%)
Overall:	66*	30	39

**94% patients generated T-cell responses to the iSCIB1+ peptides*

Cells with CD8 SCIB1/iSCIB1+ specific TCRs have:

- ✓ Strong signal of tumor cell killing and immune cell recruitment (cytotoxic and chemokine signature)
- ✓ Tumor-specific stem-like T cells that **can be reactivated and expand to mount an anti-tumor response** (Tpex phenotype)

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SCIB1 & Inzitagene Well Tolerated With No Increase in CPI-Related Toxicities

Treatment-Emergent Adverse Events amongst HLA matched, evaluable patients in C1, 3 & 4 (n=104)

TEAEs, n(%)	Related to: SCIB1/inzitagene		Related to CPI		Dually Related (CPI + IMP)	
	All grades	Grade ≥3	All grades	Grade ≥3	All grades	Grade ≥3
Endocrine disorders						
Hypophysitis	5 (4)	3 (3)	11 (10)	5 (5)	5 (4)	3 (3)
Adrenal Insufficiency	5(5)	0 (0)	13(13)	1(1)	3(3)	0(0)
Thyroid Disorders	2 (2)	0(0)	18 (14)	2(1)	0(0)	0(0)
Eye disorders						
Dry Eye*	1 (1)	0 (0)	5 (5)	0 (0)	1 (1)	0 (0)
Uveitis*	2 (2)	0 (0)	2 (2)	0 (0)	0 (0)	0 (0)
Vision Blurred*	3 (2)	0 (0)	2 (2)	0 (0)	1 (1)	0 (0)
Gastrointestinal disorders						
Colitis	5 (3)	1 (1)	22 (21)	15 (14)	5 (3)	1 (1)
Diarrhea	9 (8)	0 (0)	50 (32)	6 (5)	9 (8)	0 (0)
Decreased Appetite	5 (5)	0 (0)	21 (14)	1 (1)	5 (5)	0 (0)
Nausea	10 (5)	1 (1)	32 (20)	2 (2)	9 (4)	1 (1)
Injection Site Reactions	42 (16)	0 (0)	3 (3)	0 (0)	0 (0)	0 (0)
Fatigue	22 (20)	0 (0)	56 (44)	1 (1)	18 (16)	0 (0)
Headache	7 (5)	0 (0)	22 (17)	0 (0)	6 (4)	0 (0)
Hepatitis	3 (3)	1 (1)	24 (11)	6 (6)	3 (3)	1 (1)
Transaminases Increased	29 (11)	6 (4)	76 (33)	18 (15)	28 (11)	6 (4)
Arthralgia	0 (0)	0 (0)	19 (9)	0 (0)	0 (0)	0 (0)
Vitiligo*	5 (2)	0 (0)	13 (13)	0 (0)	4 (4)	0 (0)
Pruritus	5 (5)	0 (0)	37 (23)	1 (1)	5 (5)	0 (0)
Rash	22 (16)	2 (2)	91 (54)	6 (6)	21 (15)	2 (2)

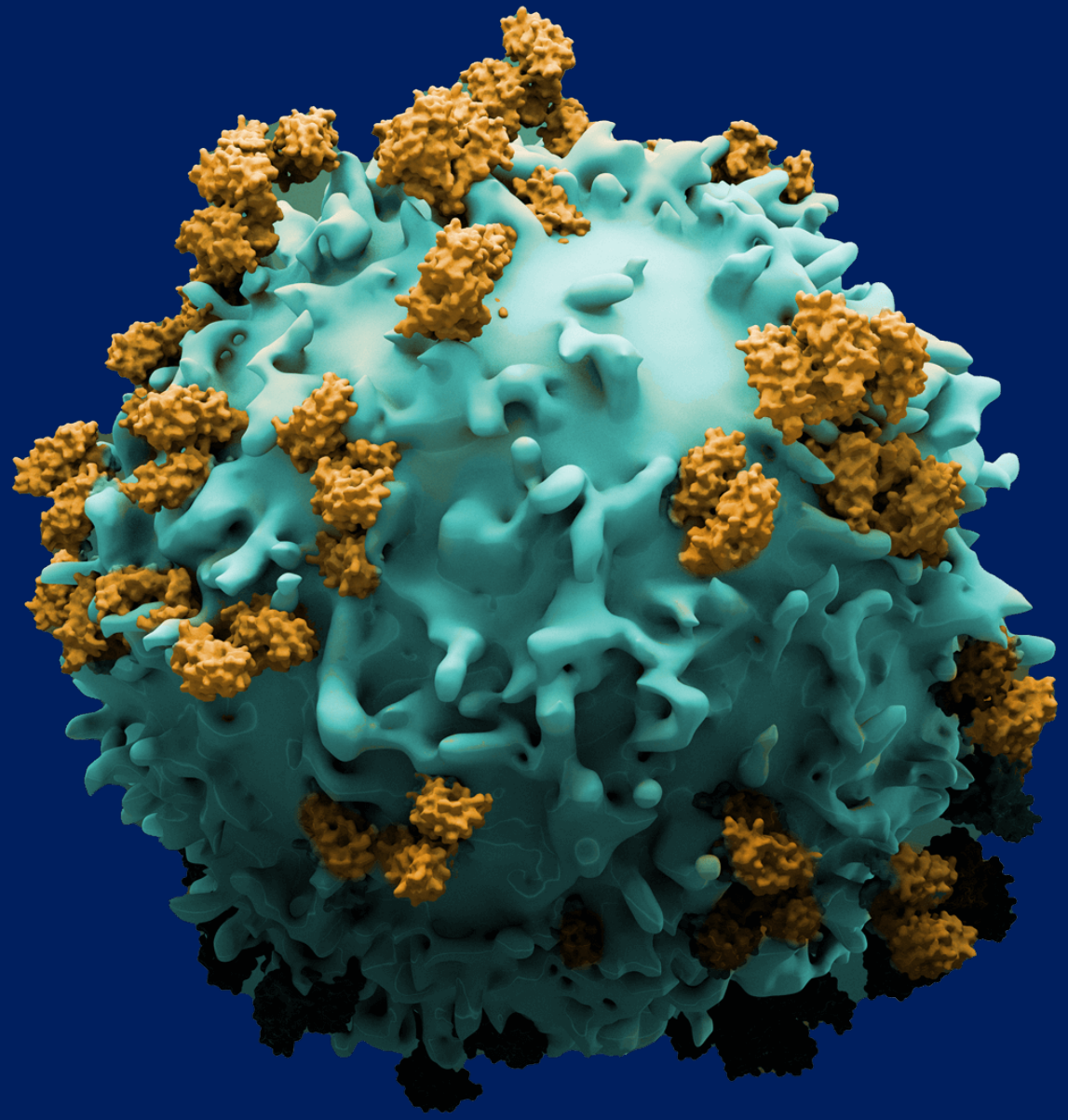
- Low grade AEs for inzitagene and SCIB1
- No potentiation of the toxicities associated with ipilimumab & nivolumab observed
- One patient discontinued treatment due to posterior uveitis, which fully resolved following discontinuation
- Grade ≥3 TEAEs were infrequent overall
- TEAEs were predominantly manageable through standard supportive care and without treatment discontinuation

*Possibly related to mechanism of action.

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Defined Regulatory Path Forward in Advanced Melanoma



Accelerated Approval Trial Design of Inzitagene in Advanced Melanoma

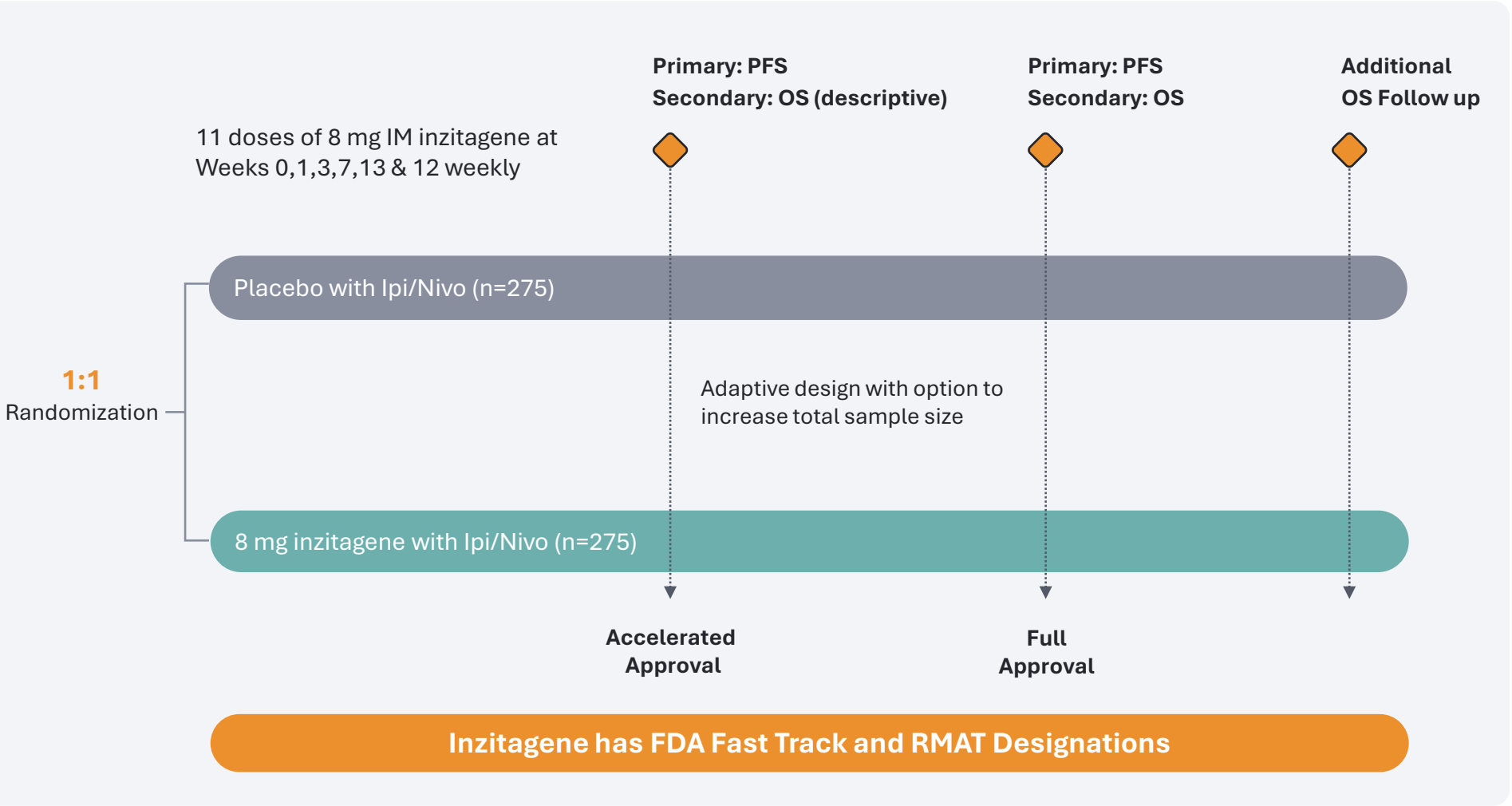
Phase 3 double-blind, randomized registrational study cleared with FDA

Target Population:

- Stage III & IV unresectable melanoma
- HLA Haplotypes: A2, A3, A31, B35, B44, Bw4
- Exclude acral melanoma & active brain metastases

Stratification Factors:

- BRAF status: WT / M
- Previous adjuvant therapy: Y vs N
- LDH levels (<1.5 ULN vs ≥1.5X ULN)



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Phase 3 Trial Design for Potential Accelerated Approval Cleared With FDA

Phase 2-informed Phase 3 design mitigates risk

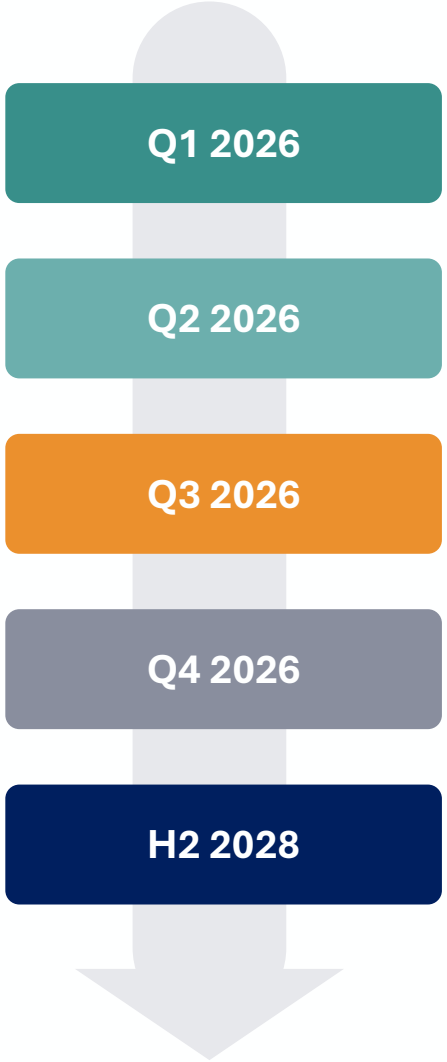
Robust Dosing	Optimized dose & dosing schedule
Defined Patient Population	Selection marker planned to select the most efficacious HLA-matched patient population based on Phase 2 results (80% of patient population)
Statistical Rigor	Statistical power modelled on conservative delta from Phase 2 (modelled using CheckMate067. Cross-study outcome showed HR = 0.385 (CI 0.197 to 0.753) p-value 0.00399)
Adaptive Design	Included to enable size increase if needed
Clinically-beneficial across all subgroups including patients with prior CPI treatment	Cross-trial comparison to historic studies showed: Patient characteristics closely aligned on demographics PFS with inzitagene is 71% at 24 months vs. 43% in CheckMate 067[1]

1. Checkmate067 *N Engl J Med*. 2017;377:1345-1356, https://www.nejm.org/doi/full/10.1056/NEJMoa1709684

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Defined Regulatory Path Forward for Inzitagene

Building positive momentum through solid regulatory strategy



Q1 2026

Received **IND clearance** from FDA for the Phase 3 trial of inzitagene in advanced melanoma

Q2 2026

FDA **Fast Track Designation** received

Q3 2026

CTA approved by MHRA.
Additional regulatory submissions in progress to EMA, Canada, Australia

Q4 2026

FDA **RMAT Designation received.**
Phase 3 trial initiation of inzitagene in advanced melanoma

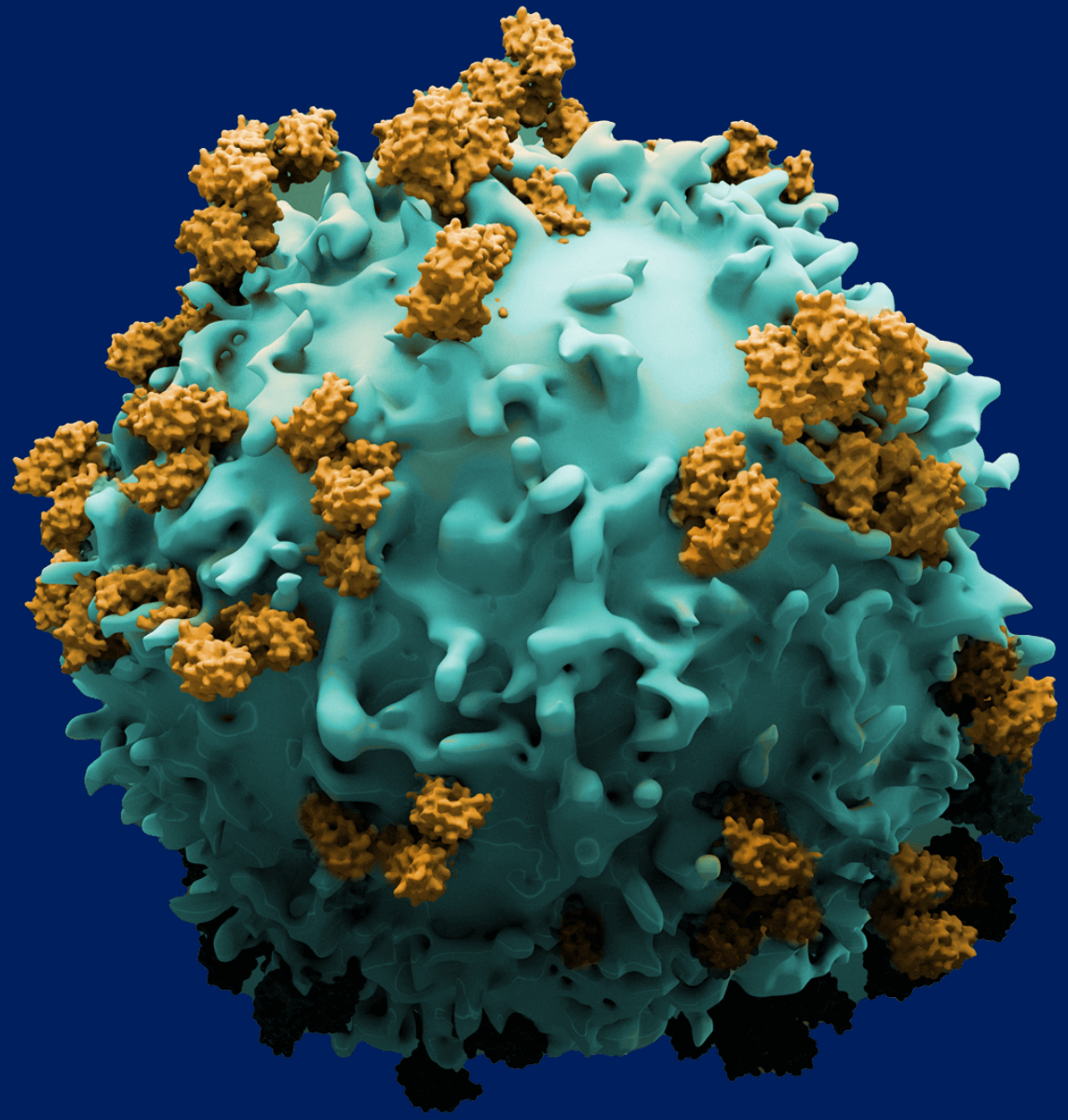
H2 2028

PFS data with potential for accelerated approval in advanced melanoma

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Inzitagene Plasmivec Program in Neoadjuvant/ adjuvant melanoma



Phase 1 SCIB1 Monotherapy Study in Resectable Melanoma

In partially and fully resected stage III & IV patients

Partially or Fully Resected Stage III & IV Adjuvant Patients

15 patients with some **tumor(s) at baseline**

- 0.1 -4mg dose (n=10)
- 8mg dose (n=5)

20 patients **with fully resected disease**

- 4mg dose (n=15)
- 8mg dose (n=5)

Patient Demographics

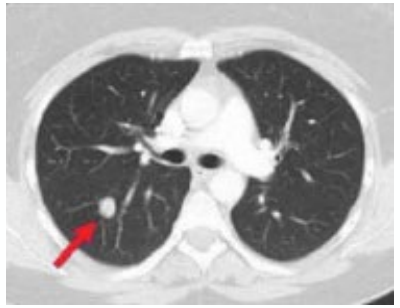
Number	35	%
Age		
Range	25–75	
Median	60	
Sex		
Male	18	51.4
Female	17	48.6
Stage at study entry[1]		
III	13	37.1
IV	22	62.8
M1a	7	31.8
M1b	8	36.4
M1c	7	31.8
Primary site		
Head	5	14.3
Neck	2	5.7
Upper extremity	2	5.7
Lower extremity	10	28.6
Trunk	10	28.6
Mucosal	1	2.9
Other	5	14.3
Unknown	1	2.9
History		
Superficial spreading	17	48.6
Nodular	10	28.6
Lentigo maligna	2	5.7
Acral lentiginous	1	2.9
Other	5	14.3
Lactate dehydrogenase (LDH)		
≥ 450 IU/L	6	17.1
< 450 IU/L	29	82.9

[1] Stage IIIB

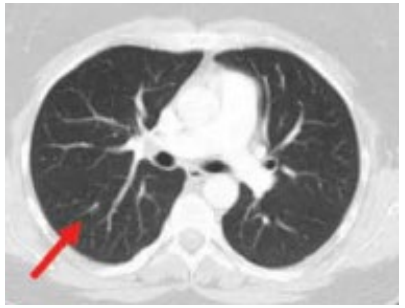
1 PR & 3 SDs Observed at 8mg Dose

Lung lesions before and after treatment with SCIB1

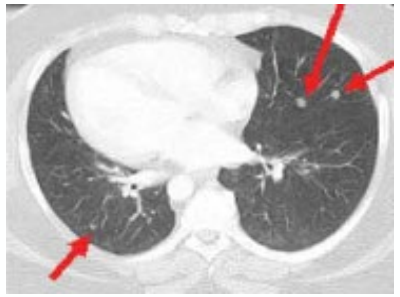
Patient A: Pre Treatment



Patient A: Post Treatment (6 months)



Patient B: Pre Treatment



Patient B: Post Treatment (9 months)

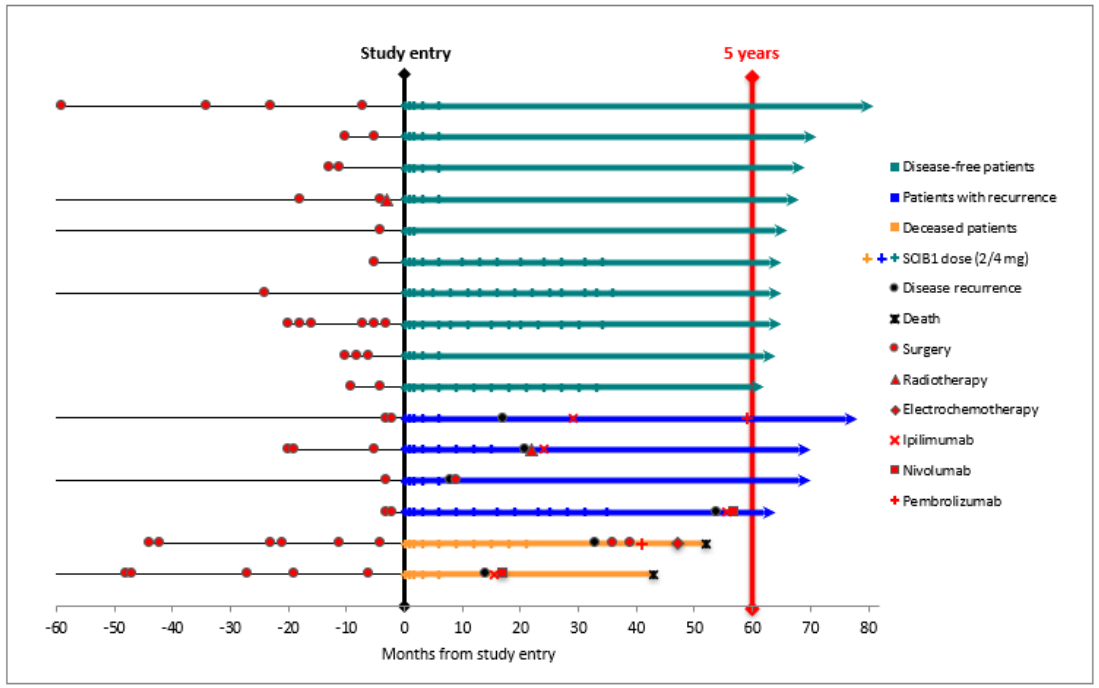


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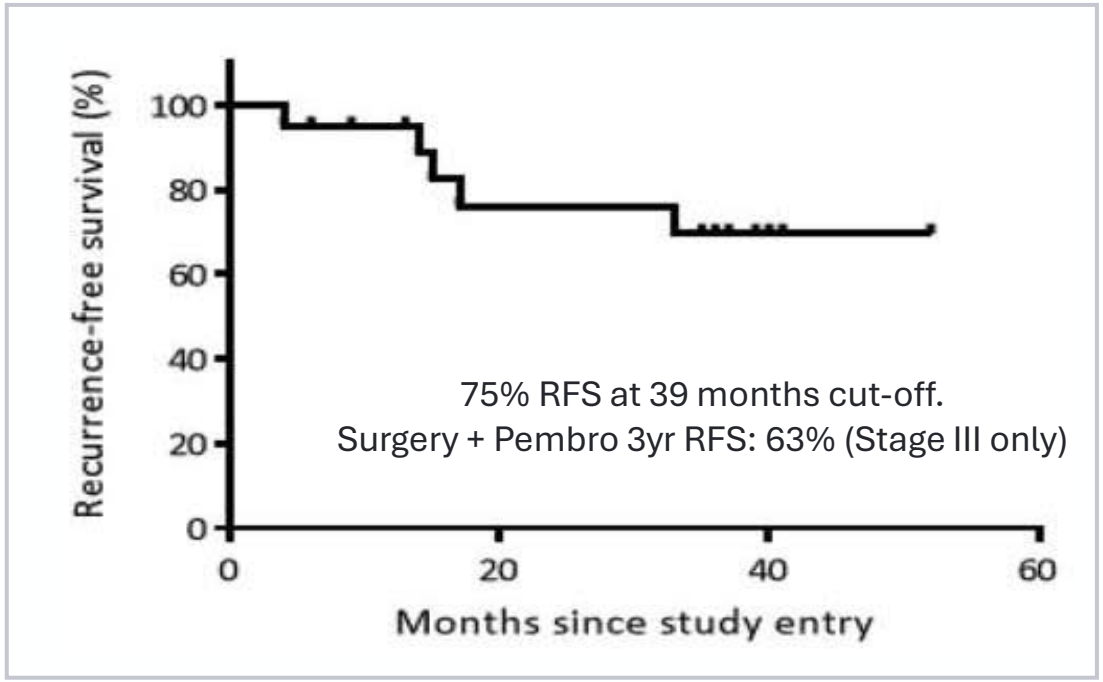
Compelling SCIB1 Monotherapy Activity in Neoadjuvant/ Adjuvant Melanoma

Data supports advancement to Phase 2

10 of 16 patients remained disease-free at 60 months



RFS: All patients alive at 39 months cut-off



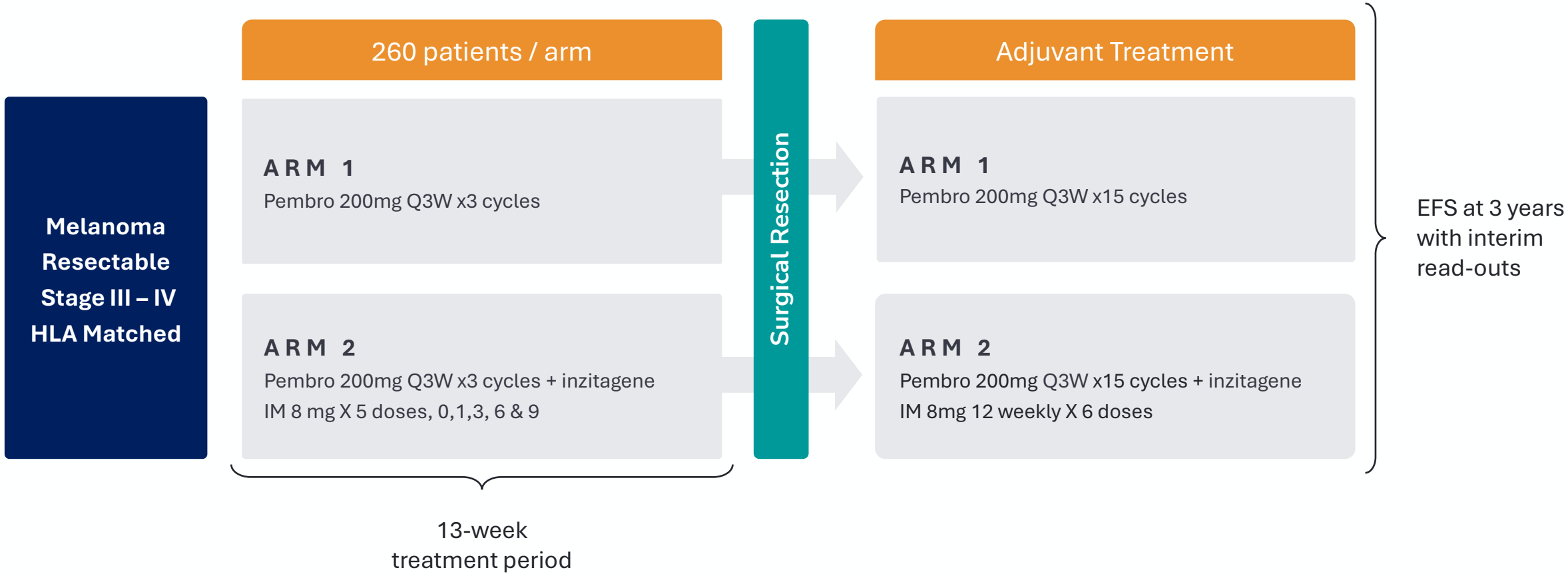
T cell responses in 88% of patients; no serious AEs or DLTs
mRNA-4157 + Pembro: 74.8% at 30 months vs 77% SCIB1 monotherapy

Phase 2 initiation planned for H1 2027

 Patel et al. *Oncoimmunology*. 2018;7(6):e1433516

Inzitagene in the Perioperative (Neoadjuvant/Adjuvant) Setting

Proposed Study Design

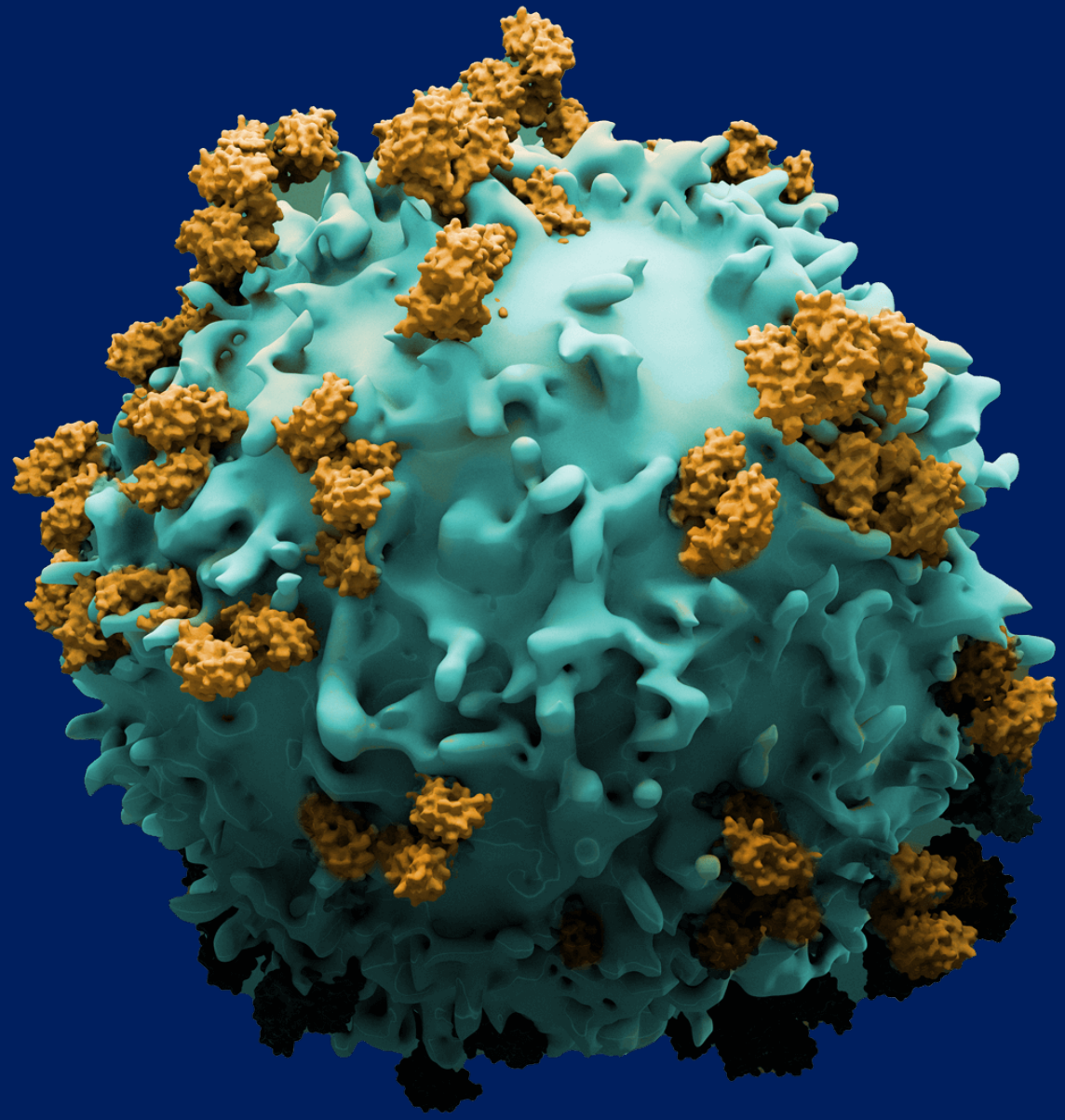


EFS=event free survival.

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Commercial Opportunity in Melanoma



Inzitagene is a Best-in-Class Potential, Scalable, Off-the-Shelf Product

01

ONE PRODUCT

Single DNA plasmid, identical for every eligible patient — one process, one release specification, one inventory

02

NO STARTING MATERIAL

One HLA test establishes eligibility, with the target HLA type found in ~80% of patients

03

OPTIMIZED TREATMENT WINDOW

Shared antigens targeting and no per-patient manufacturing mean treatment can start without delay

04

EASY ADMINISTRATION

Needle-free intramuscular PharmaJet Stratis® takes around a tenth of a second to deliver with minimal training and no capital equipment

05

NO SCALE CONSTRAINTS

Scales with demand, conventional manufacturing like any biologic

PharmaJet Stratis® product specification.

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Significant Commercial Opportunity for Inzitagene

U.S. Cutaneous melanoma addressable market (2025)

~112,000 patients diagnosed with melanoma

~92,000 patients with resectable melanoma

~35% Neoadjuvant/Adjuvant eligible

~32,000 patients (therapy eligible)

Recurrence after surgery/therapy

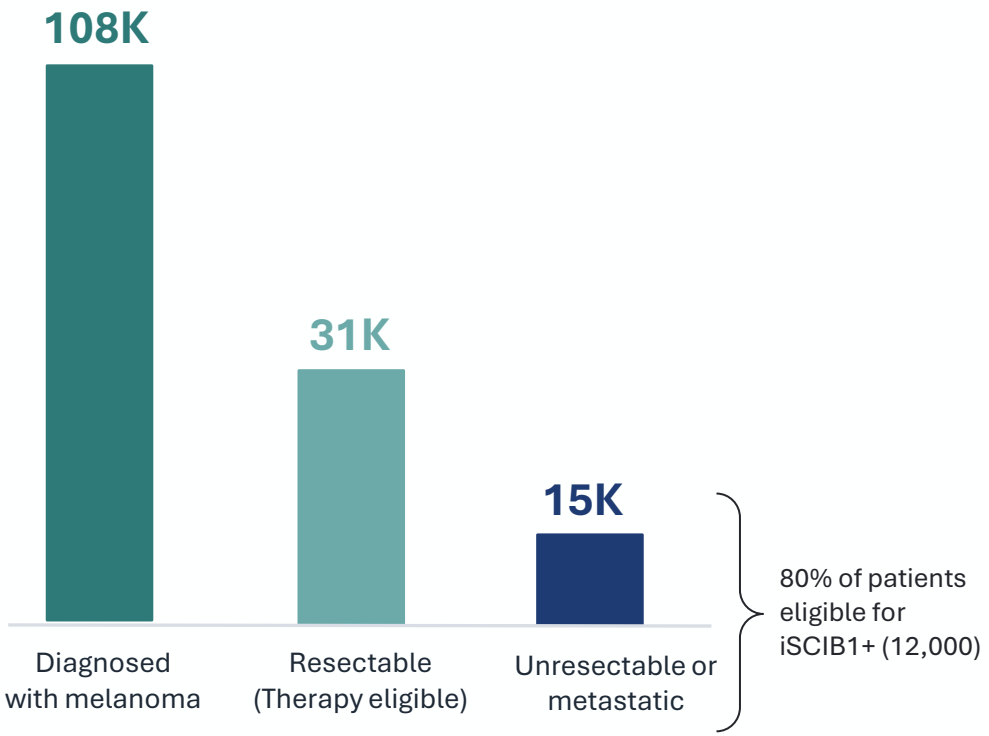
~8,000 patients with unresectable or metastatic melanoma at diagnosis

+

~10,000 patients with metastatic melanoma after recurrence

80% of patients eligible for iSCIB1+ (14,400)

Ex-U.S.* Cutaneous melanoma addressable market (2025)



Growth opportunity in uveal, acral, mucosal melanoma & glioblastoma

Blockbuster potential remains

*Includes France, Germany, Italy, U.K., Japan, Canada and Australia.

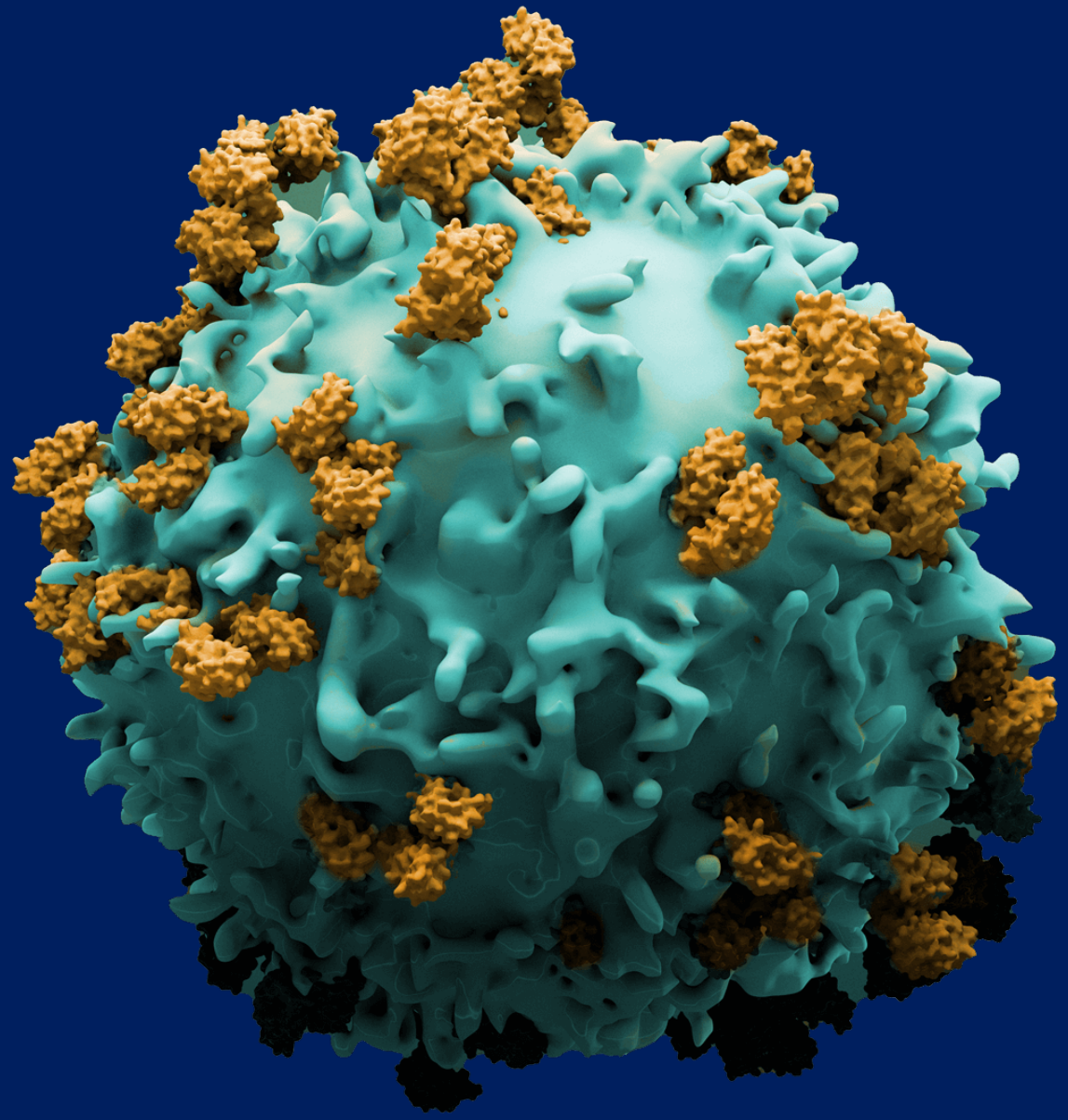
American Cancer Society; *Robert Koch-Institut / Zentrum fuer Krebsregisterdaten; Cancer Research UK; Institut National du Cancer / Sante publique France; AIOM-AIRTUM, I Numeri del Cancro in Italia; Canadian Cancer Society / CMAJ, Projected estimates of cancer in Canada; Japan National Cancer Registry; AIHW / Cancer Australia, Cancer data*

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Moditope® Modi-1 Clinical Data

T cell and antibody responses in solid tumors



Moditope® Off-the-Shelf Peptide Vaccine: ModiFY Phase 2 Trial of Modi-1 in Combination with CPIs

Targeting stress-induced post translational modifications

RCC and H&N cohorts fully recruited

- Citrullination occurs due to autophagy induced in stressed cells, including cancer cells
- Citrullination protects from proteolytic cleavage and creates neo-epitopes
- Inflammation induces MHC class II expression and presentation of the citrullinated epitopes

Modi-1 product consists of:

- Two citrullinated peptides
- Conjugated to an adjuvant
- Potential tumor types: ovarian, triple negative breast, renal and head & neck cancers

Exploring Modi-1 with standard-of-care checkpoint inhibitors

Optimizing formulation and dosing schedule across two tumor types

All patients

- Adults ≥18 years; ECOG performance status 0–1; life expectancy >6 months
- Confirmed advanced cancer not amenable to curative surgery
- ≥1 measurable lesion (RECIST 1.1)
- No prior checkpoint inhibitor therapy; CPI appropriate per its label
- Adequate organ function; recovered to Grade ≤1 from prior therapy

RCC cohort (n=43)
Modi-1 + ipilimumab & nivolumab

Untreated advanced RCC
Intermediate or poor IMDC risk score
Eligible for SOC nivolumab + ipilimumab

H&N cohort (n=36)
Modi-1 + pembrolizumab

Untreated metastatic or unresectable recurrent SCCHN
PD-L1 CPS ≥1; eligible for SOC IO
CPI started ≤28 days before first Modi-1 dose permitted

Key read-outs
Vaccine-specific T cell & antibody responses, PFS, ORR, disease control and safety

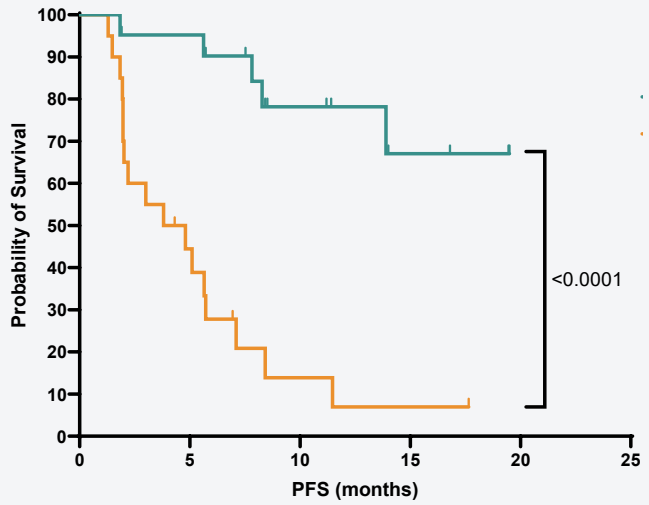
CPI = checkpoint inhibitor; H&N = head and neck squamous cell carcinoma; ORR = objective response rate; PFS = progression-free survival; RCC = renal cell carcinoma.

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Modi-1eKv and Immune Responses Were Associated With Longer PFS in RCC

Exploratory subgroup analyses of RCC cohort (Modi-1 + ipilimumab/nivolumab)

MODI-1EKV EXPOSURE

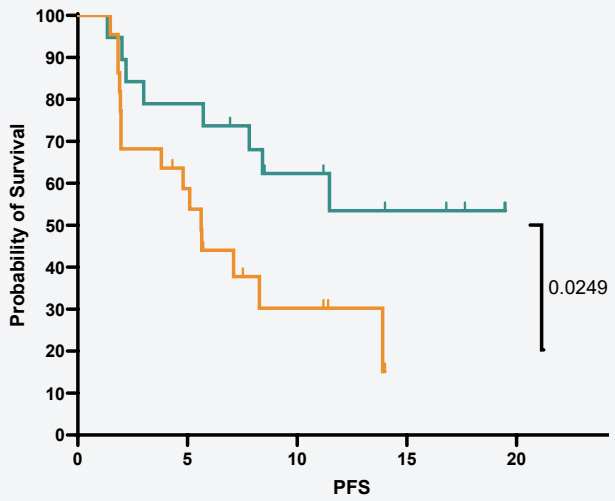


- ≥1 dose Modi-1eKv (n=21)
- No Modi-1eKv (n=20)

NR vs 4.8 m median PFS

p<0.0001 PFS difference

T CELL + ANTIBODY RESPONSE

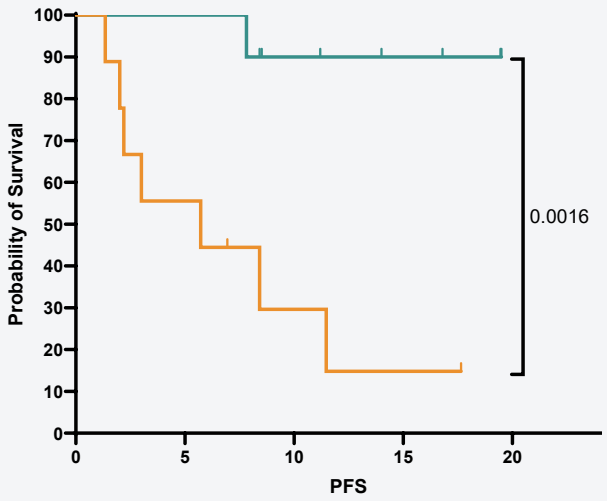


- Responders (n=19)
- Non-responders (n=22)

NR vs 6 m median PFS

p=0.0249 PFS difference

IMMUNE RESPONSE + MODI-1EKV



- Responders with Modi-1eKv (n=10)
- Non-responders, no Modi-1eKv (n=9)

NR vs 5.5 m median PFS

p=0.0016 PFS difference

CPI = checkpoint inhibitors (ipilimumab + nivolumab); NR = not reached; PFS = progression-free survival; RCC = renal cell carcinoma. Exploratory, interim data, November 2026.

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Modi-1 Immune and Clinical Responses

RCC cohort (Modi-1 + ipilimumab/nivolumab) and head & neck cancer cohort summary

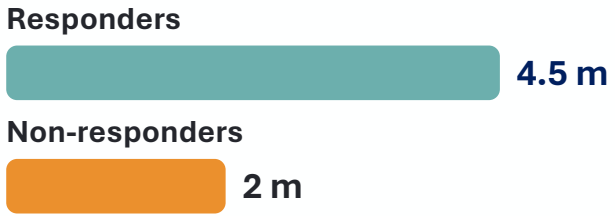
RCC COHORT: IMMUNE AND CLINICAL RESPONSES

	All RCC patients	T cell + Ab responders	Non-responders	Responders + Modi-1eKv	CheckMate 214[1]
PATIENTS (N)	42	19/41 (46%)	22/41 (54%)	**10/39 (26%)**	425
PFS AT 6 MONTHS	55%	75%	50%	**90%**	60%
MEDIAN PFS	7.8 m	NR at 20 m	6 m	**NR at 20 m**	11.5 m
ORR	22/42 (48%)	11/19 (58%)	8/22 (36%)	**70%**	42%
DCR	32/42 (76%)	16/18 (84%)	15/22 (68%)	**100%**	80%

HEAD & NECK COHORT

Modi-1 + pembrolizumab

Median PFS by immune response



Not statistically significant; exploratory

NEXT STEPS

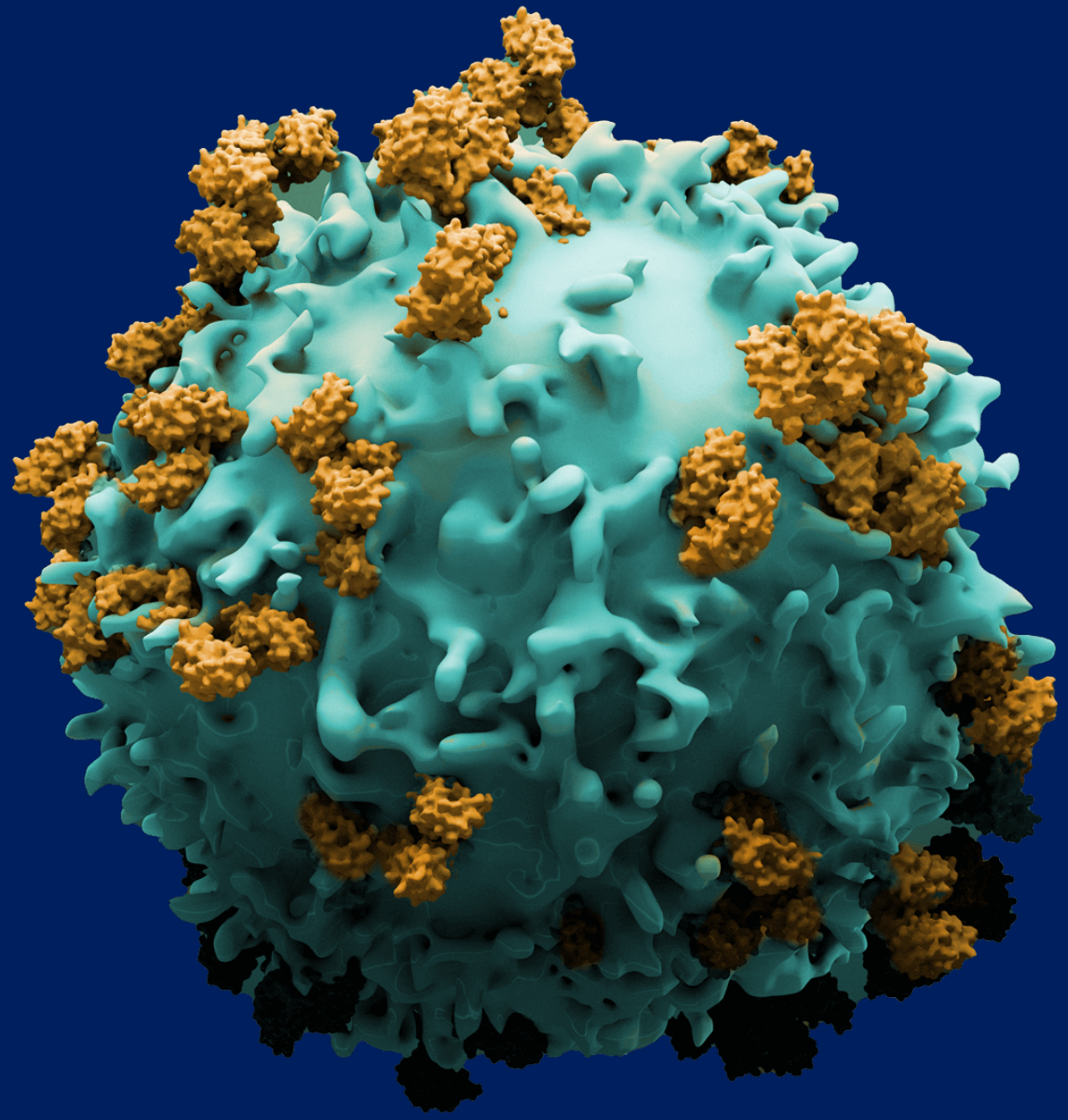
- → Maturing of the data
- → Further understanding of the mechanism
- → Exploring the potential for biomarkers
- → Developing future clinical plans

Ab = antibody; DCR = disease control rate; NR = not reached; ORR = objective response rate; PFS = progression-free survival; RCC = renal cell carcinoma.
1. CheckMate 214 (ipilimumab + nivolumab) shown as historical reference (*N Engl J Med* 2018;378:1277-1290); not a head-to-head comparison. Exploratory, interim data.

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Strong Execution



Experienced Leadership Executing with Pace and Precision

Focus and execution drive value



Phil L'Huillier
Chief Executive Officer



Professor Lindy Durrant
Chief Scientific Officer & Founder



Nermeen Varawalla
Chief Medical Officer



David Schilansky
Interim Chief Financial Officer



Mandeep Sehmi
Head of Business Development



Callum Scott
SVP of Development

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Key Milestones and Development Plans

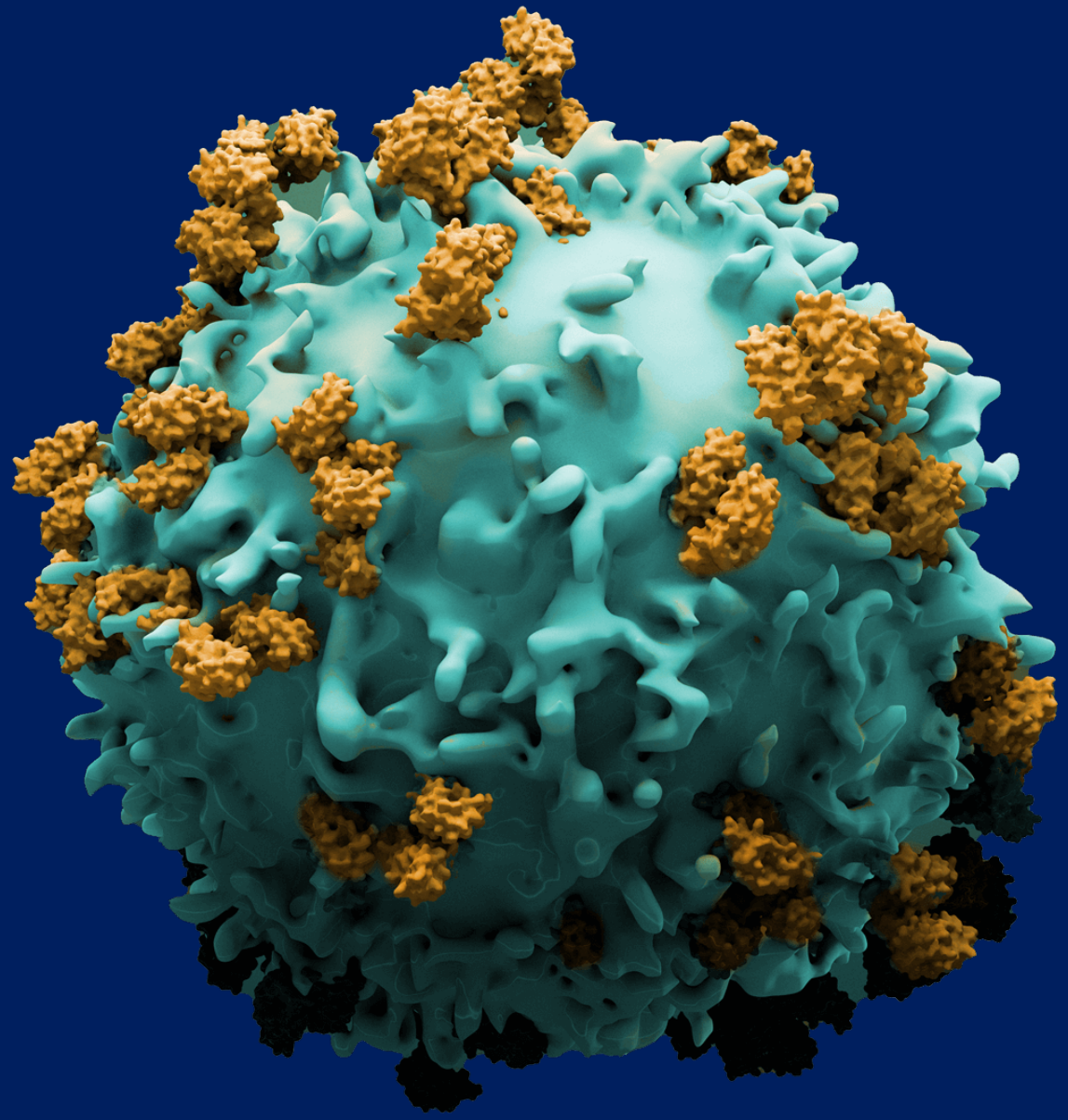
2025	H1 2026	H2 2026	H1 2027	H2 2027	H1 2028	H2 2028	H1 2029
NHS CVLP Partnership ✓	Inzitagene IND clearance ✓	Inzitagene Ph3 Trial initiation	Inzitagene Neoadjuvant / adjuvant trial start	Inzitagene Neoadjuvant / adjuvant trial interim readout	Inzitagene Neoadjuvant / adjuvant trial readout	Inzitagene Ph3 primary readout	Inzitagene Regulatory filing
SCOPE study enrollment completed ✓	Inzitagene FTD ✓	Modi RCC and H&N data readout ✓	Inzitagene SCOPE Study mature PFS & OS readout	SCIB2-4 Preclinical development	Inzitagene fully enrolled	SCIB2-4 Clinical development	
Data update ESMO IO ✓							
Modi RCC enrollment completed ✓							
New IP GlyMab and TCEs ✓							

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GlyMab® Therapeutics

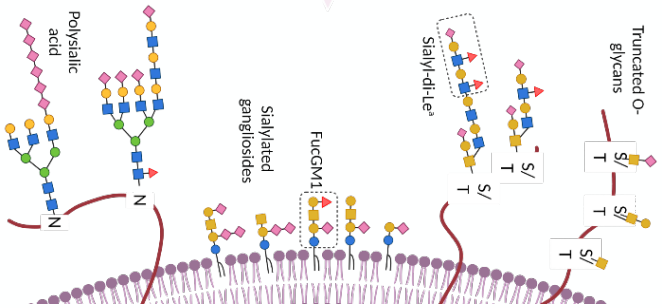
Novel glycan targets and T cell engagers with potential for greater efficacy and lower toxicity

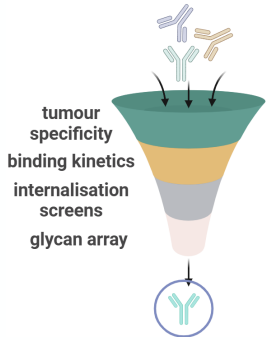


GlyMab® Therapeutics Ltd

Platform and pipeline generating tumor glycan specific antibodies

Demonstrated production of high affinity glycan-specific IgG1 antibodies in cancers, improved binding kinetics and functional attributes, to be developed into novel T cell engagers





TARGETING THE GLYCOPROTEOME

Sialylation, sulfation and fucosylation
Glycopeptides

NOVEL, INTRACTABLE TARGETS

SLAN
Protein + glycan combinations

COMPREHENSIVE CHARACTERIZATION

High-density glycan arrays and IHC
SPR binding kinetics, target internalization screens and ADCC

HIGHER-SPECIFICITY TARGETS

Sialyl-di-Lewis A
Fucosyl GM1 (SC134)
Lewis Y (SC27)

Genmab

INDUSTRY VALIDATION

Two GlyMab antibodies (SC129, SC2811) licensed to Genmab; each with up to $630M in milestones plus low single-digit royalties

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Outlook: Multiple Value Drivers Across the Business

Defined Nasdaq path with a funded Phase 3 and a rich pipeline

CORPORATE

SCLT

Planned Nasdaq listing

Merger and Nasdaq listing expected late 2026 / early 2027, subject to SEC review

$95M equity and debt financing; cash runway into 2029

Opens access to US investors and the US life sciences ecosystem

INZITAGENE PROGRAM

Q4 2026

Phase 3 start

FDA- and MHRA-cleared Phase 3 randomized trial design; FDA **Fast Track and RMAT** designations

~550 patients vs placebo, both with ipi/nivo

H1 2027: mature SCOPE data

Neoadjuvant study initiation (H1 2027)

PIPELINE UPSIDE

2 Platforms

Next wave of data & ImmunoBody®

Moditope® Modi-1: maturing ModiFY data, biomarkers and next clinical plans

New Immunobodies in preclinical in PDAC, NSCLC, MSS CRC and HCC

Expansion potential for inzitagene in uveal, mucosal and acral melanoma and GBM

PARTNERING POTENTIAL

GLYMAB®

Open for partnering

SC134 TCAB: IND-ready in SCLC; ~70% of tumors target-positive

27TCAB: Lewis Y, targetable in >50% of CRC

Partnered with Genmab SC129 and SC2811 nearing Phase 1; up to a total of $630M milestones each plus royalties

PRIORITIES I COMPLETE THE NASDAQ LISTING, EXECUTE THE INZITAGENE PHASE 3 AND DEVELOP AND PARTNER THE WIDER PIPELINE

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Thank You

