# The Cancer Drug Resistance Company

**Dansk Aktionærforening, Oct 10 2022**

**Johnny Stilou, Acting CEO & CFO**
**Alfredo Zurlo, CMO**

SCANDION ONCOLOGY

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# The global and European burden of cancer

**19 million new cancer cases** every year in the world

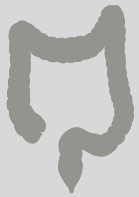
**10 million deaths** every year in the world

**2 million deaths** every year in Europe

**Leading causes of cancer death**

| | |
|---|---|
| (1) Lung | 1.800.000 |
| (2) Colorectal | 916.000 |
| (3) Liver | 830.000 |
| (7) Pancreatic | 466.000 |





Colorectal cancer: 2nd most common cause of cancer death

Pancreatic cancer: 7th most common cause of cancer death

**90%** of cancer deaths are due to resistance against current treatment options

No drugs are yet available to counteract drug resistance and increase patient survival

**To make existing cancer treatments work better and longer**

**Our vision is to overcome cancer drug resistance and improve lives for cancer patients and their families**

# Scandion Oncology - At a Glance

## Our mission

To bring new medicines to patients in order to overcome cancer drug resistance and improve lives for cancer patients and their families

**2 Clinical Programs**
1 Phase II, 1 Phase Ib

**Pipeline**
SCO-101 (~100 subjects dosed), SCO-201, 800 analogues

**Cancer Indications**
Colorectal, Pancreatic and others

**Experience**
>150 years collective experience in medical oncology and pharmaceutical development

**People**
14 employees
Office in Copenhagen, Denmark

**Listed Stock Exchange**
Nasdaq First North Stockholm

**8,157**
**Shareholders** June 30, 2022

**73** MDKK
**Cash position** June 30, 2022

# Key achievements in recent years

## Pipeline

***Progress in pipeline and internationalization of clinical sites***

- Positive interim results from part 1 of CORIST (phase II) reported
- Expansion of CORIST trial to also include RAS mutated patients (part 3 and 4)
- PANTAX phase Ib study extended due to better-than-expected tolerability
- Promising pre-clinical data in immuno-oncology

## Governance

***Organization with lots of industry experience***

- Clinical Advisory Board with three highly renowned international KOLs
- Three active industry executives joined the Board of Directors in April 2022
- New CMO in May 2022

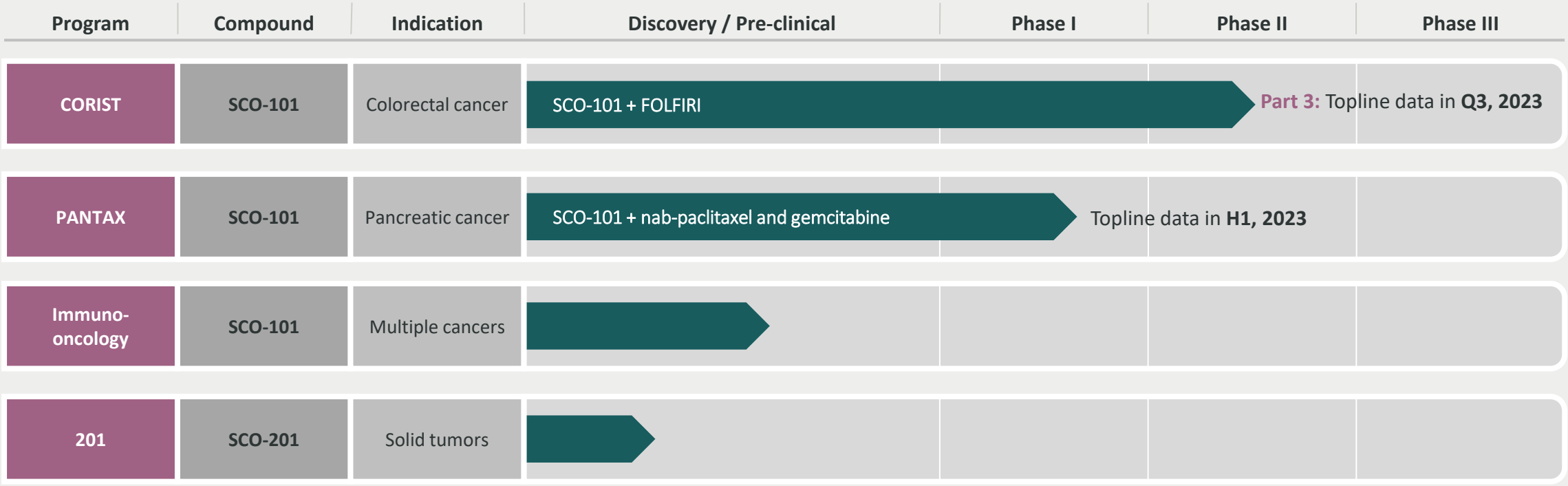
## Finance

***Financing secured into 2024***

- Financing in July 2022 with gross proceeds of SEK 75m
- Change of listing to Nasdaq First North Stockholm in February 2021
- Financial reporting by IFRS

# Pipeline

***Developing first-in-class medicines for personalized therapy targeting cancer drug resistance***

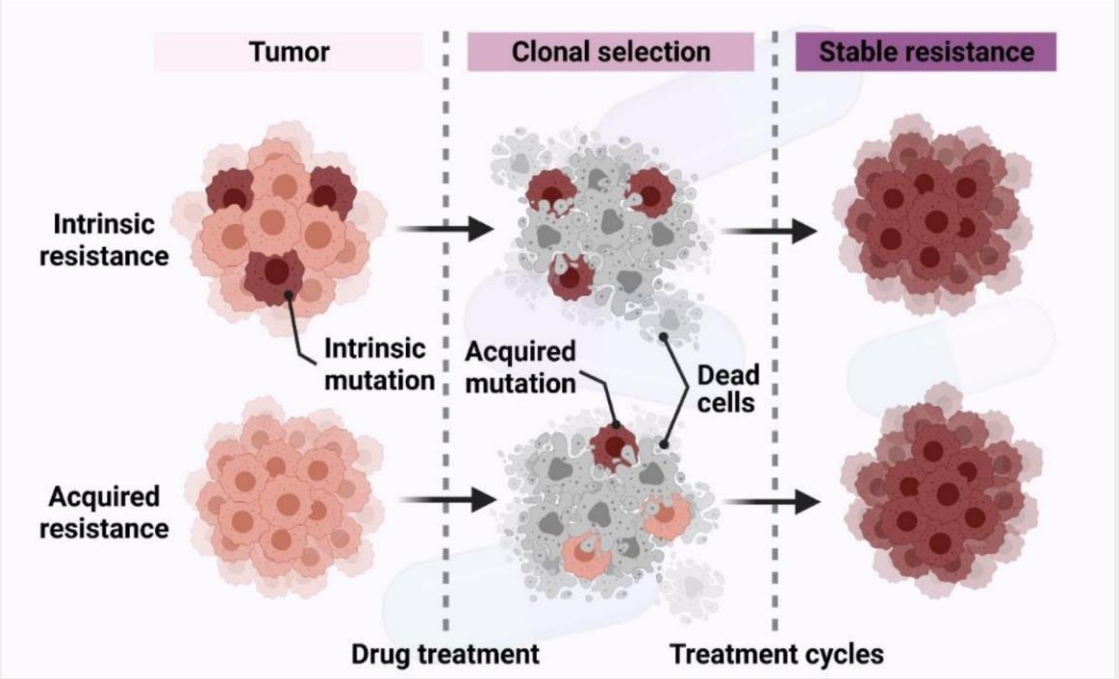


# How cancer cells become resistant to cancer drugs

- **Clonal Evolution Model (acquired resistance):** a population of tumor cells can acquire drug resistance by sequential genetic modifications. After chemotherapy, only the drug-resistant cells within the tumor survive and proliferate.
- **Cancer Stem Cell (CSC) Model (intrinsic resistance):** after drug exposure, only CSCs (which are slow cycling quiescent cells that harbor intrinsic resistance mechanisms) will survive.

In general, cancer drug resistance involves the participation of a variety of cellular mechanisms such as:

**1) drug target mutations, 2) oncogene/tumor-suppressor deregulations, 3) activation of pathways blocking the drug action, 4) increased DNA damage repair, 5) overexpression of drug efflux pumps (ABC-transporters), 6) induction of cell adhesion-mediated drug resistance.**



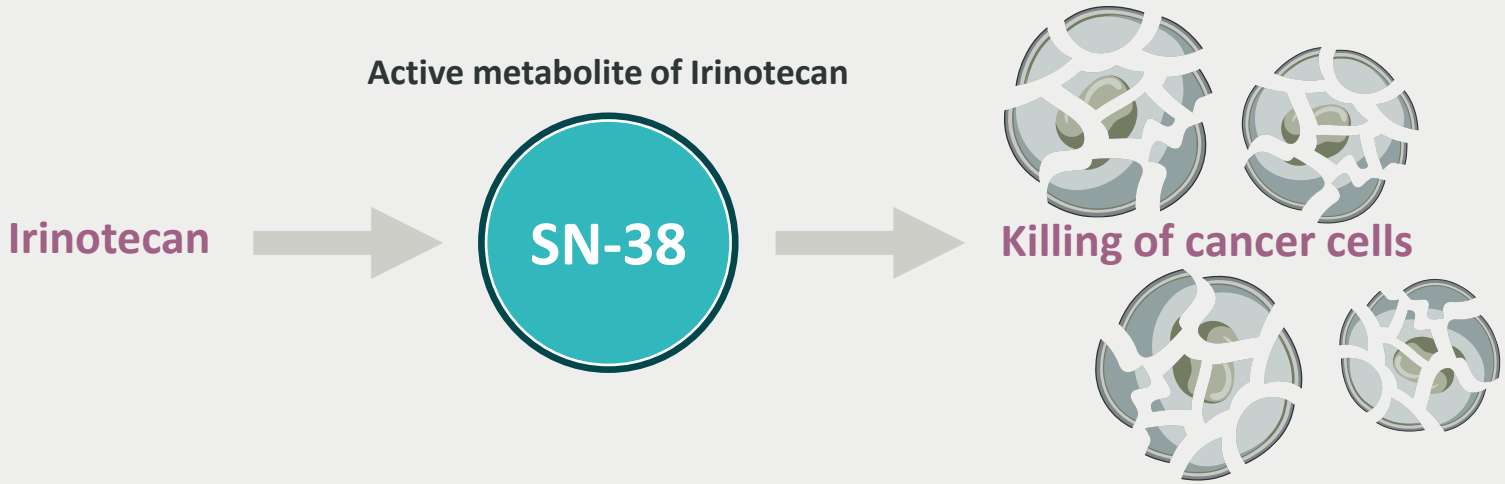

Reviewed by *Martin-Orozco et al, 2019 and Ramos et al (2021)*

# SCO-101 in mCRC

# FOLFIRI, Irinotecan and SN-38

**FOLFIRI** is a chemotherapy regimen made up of the following drugs:

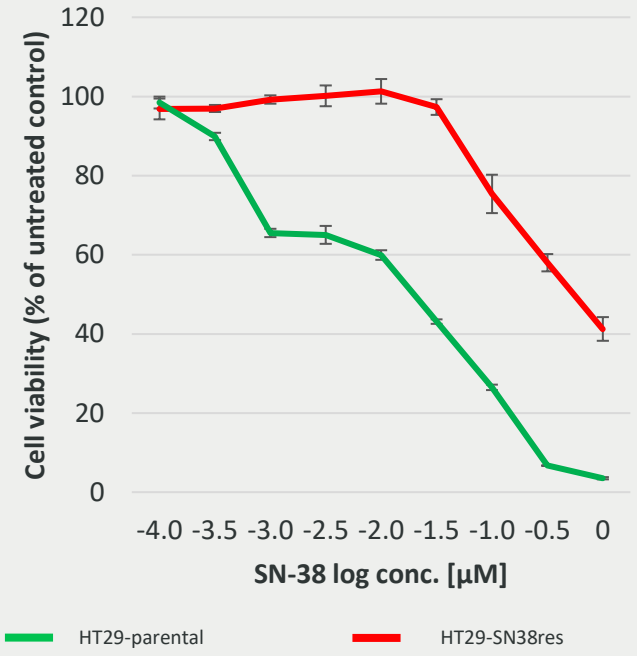
- **FOL: Folinic acid** (leucovorin), a vitamin B derivative
- **F: Fluorouracil** (5-FU), a pyrimidine analog and antimetabolite
- **IRI: Irinotecan**, a topoisomerase inhibitor, which prevents DNA from uncoiling and duplicating

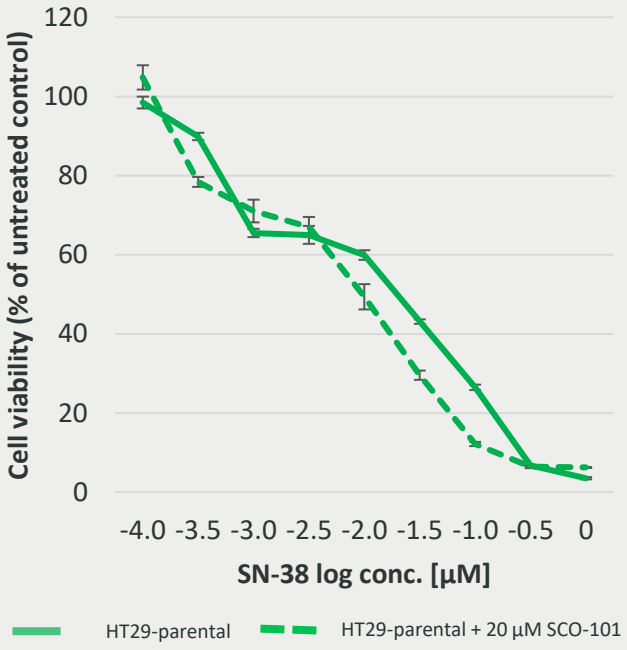


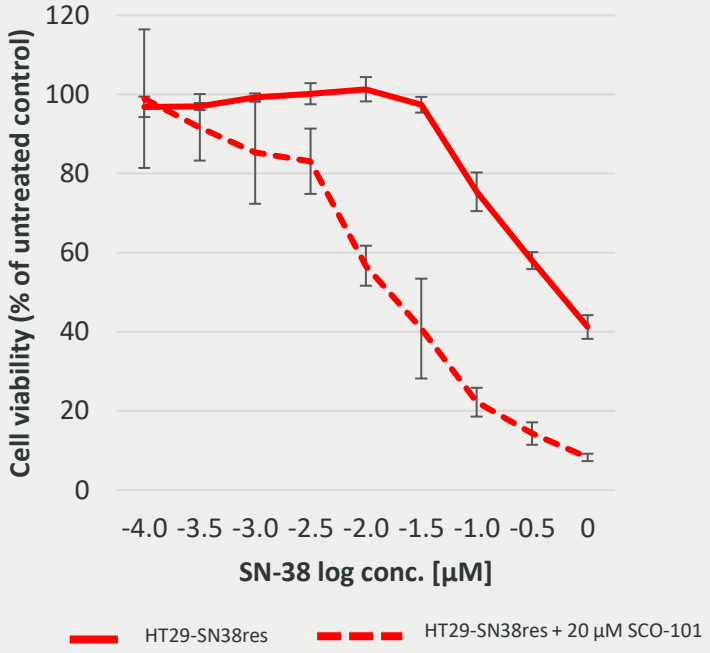
# SCO-101 in combination with irinotecan

SCO-101 is being tested in combination with FOLFIRI for treatment of metastatic colorectal cancer in patients with no other treatment alternatives.

SCO-101 has been shown to re-sensitise chemotherapy resistant cancer cells towards Irinotecan/SN-38 in *in vitro* pre-clinical models.



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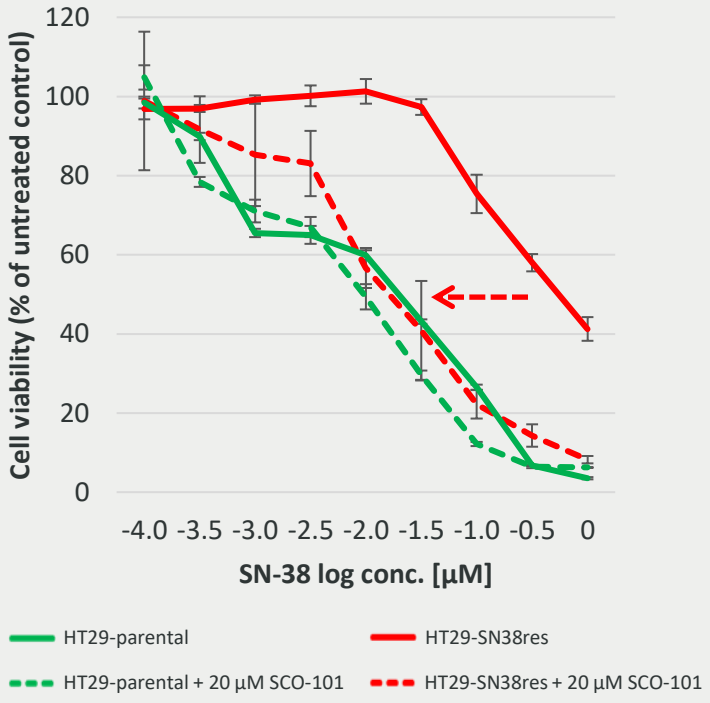
**SCO-101 re-sensitizes resistant cancer cells to SN-38**



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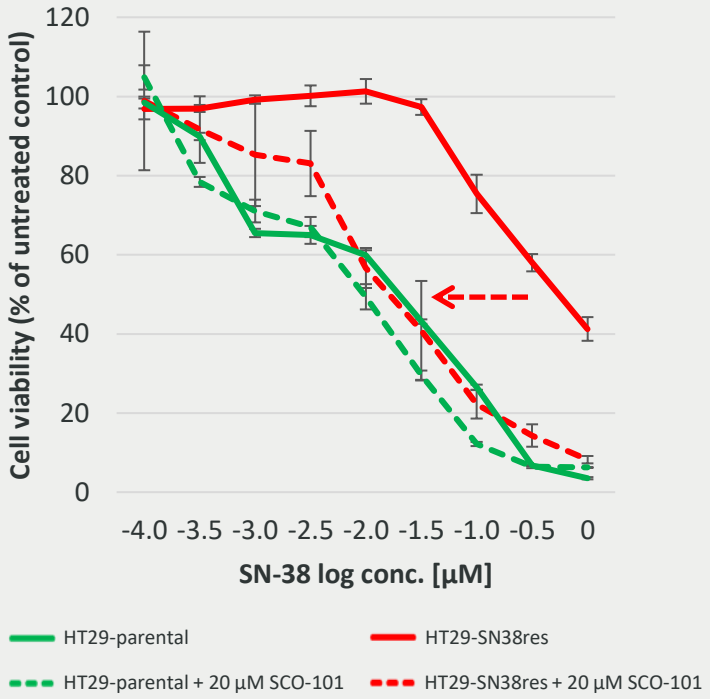
SCO-101 has been shown to re-sensitize chemotherapy resistant cancer cells towards Irinotecan/SN-38 in *in vitro* pre-clinical models.

The effect is believed to be mediated primarily through inhibition of the efflux pump ABCG2 leading to increased intracellular exposure and prolonged retention of. SN-38 inside cancer cells.

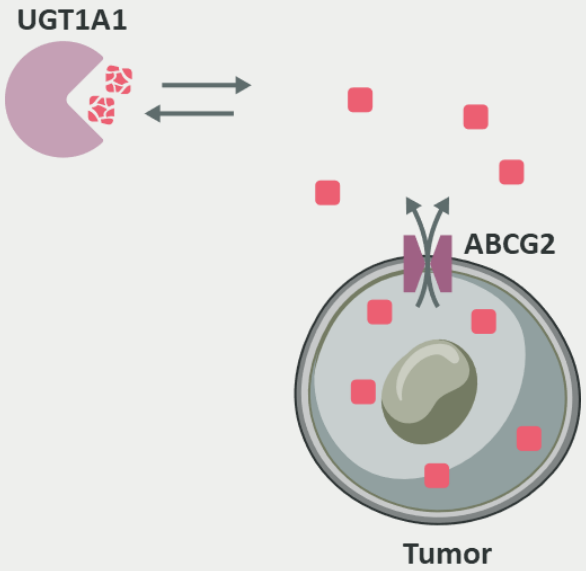
Another relevant target is the inhibition of UGT1A1, the enzyme inactivating SN-38 (not visible in preclinical models)

**SCO-101 re-sensitizes resistant cancer cells to SN-38**



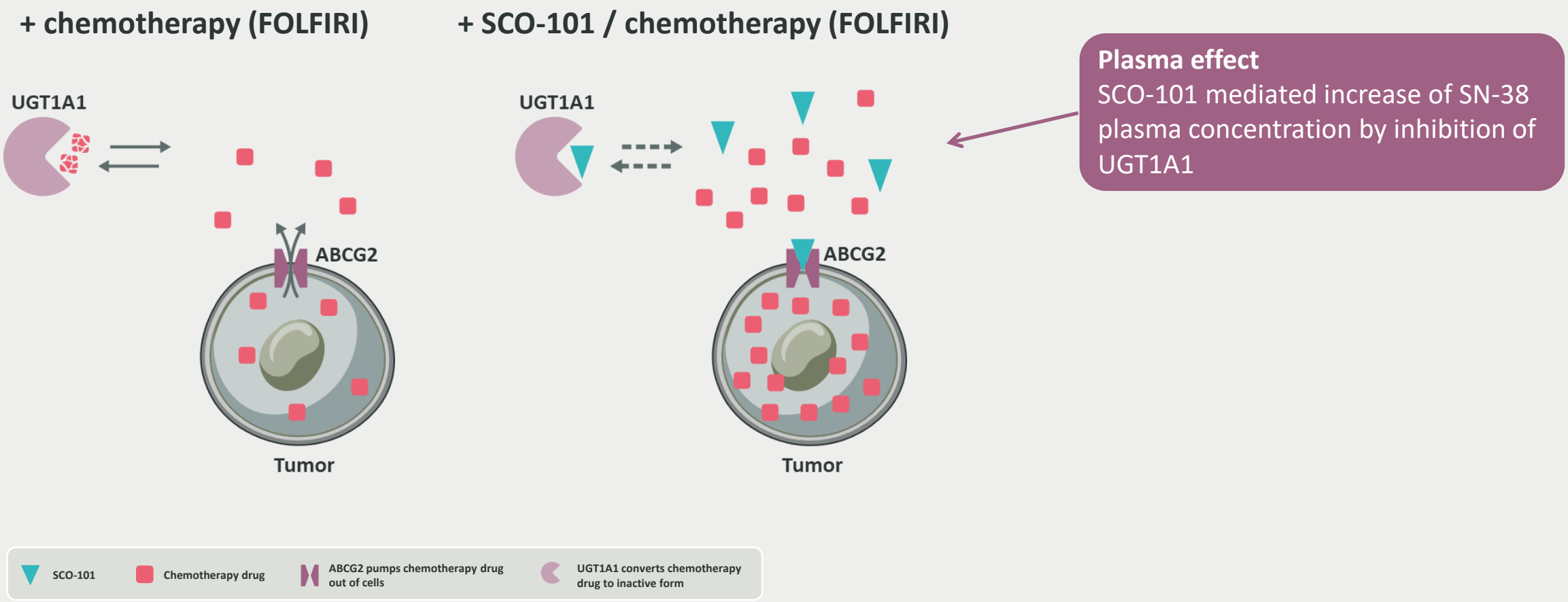
# SCO-101 Combined to FOLFIRI is a Dual-Acting Molecule

**+ chemotherapy (FOLFIRI)**




SCO-101 | Chemotherapy drug | ABCG2 pumps chemotherapy drug out of cells | UGT1A1 converts chemotherapy drug to inactive form

# SCO-101 Combined to FOLFIRI is a Dual-Acting Molecule



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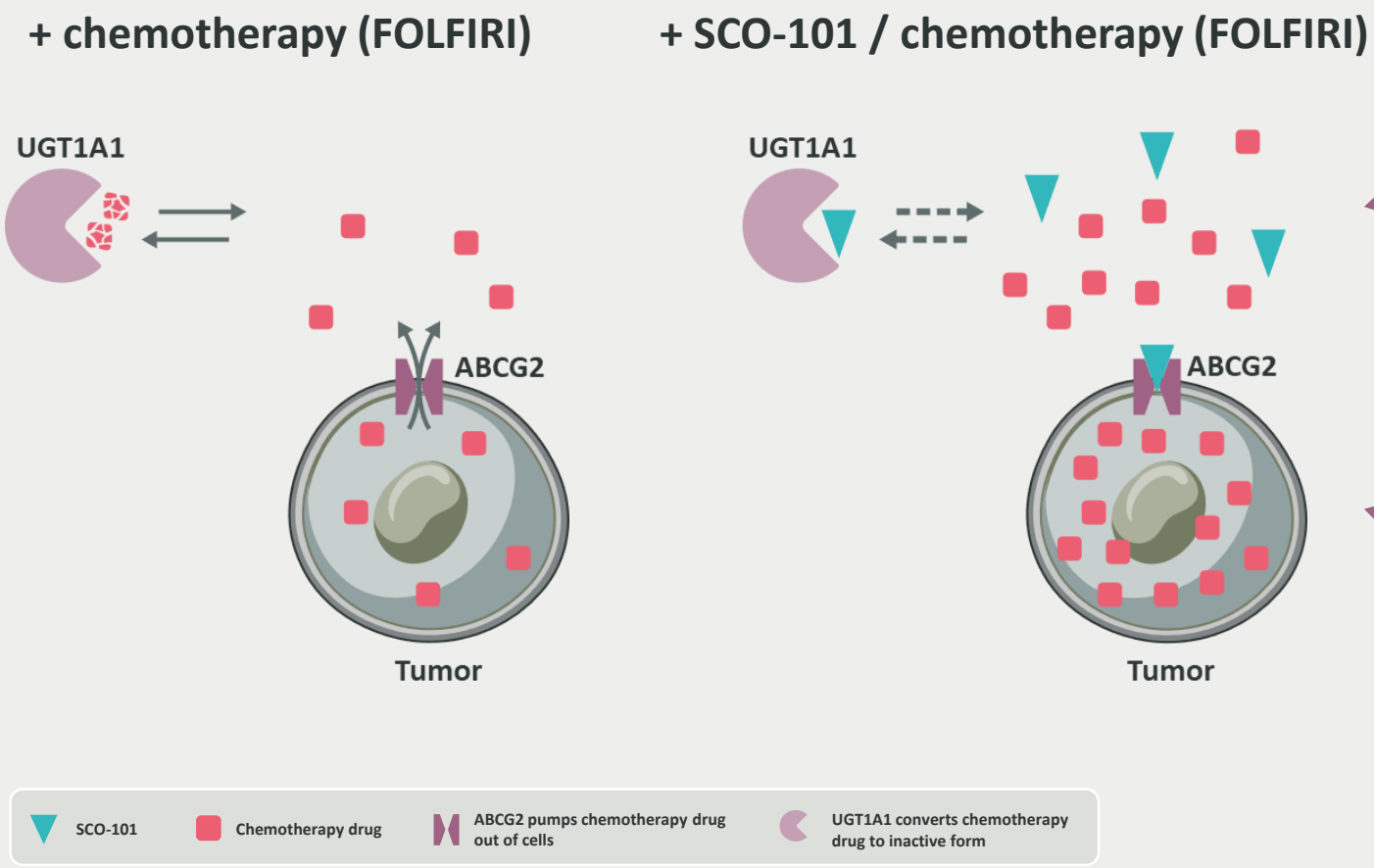
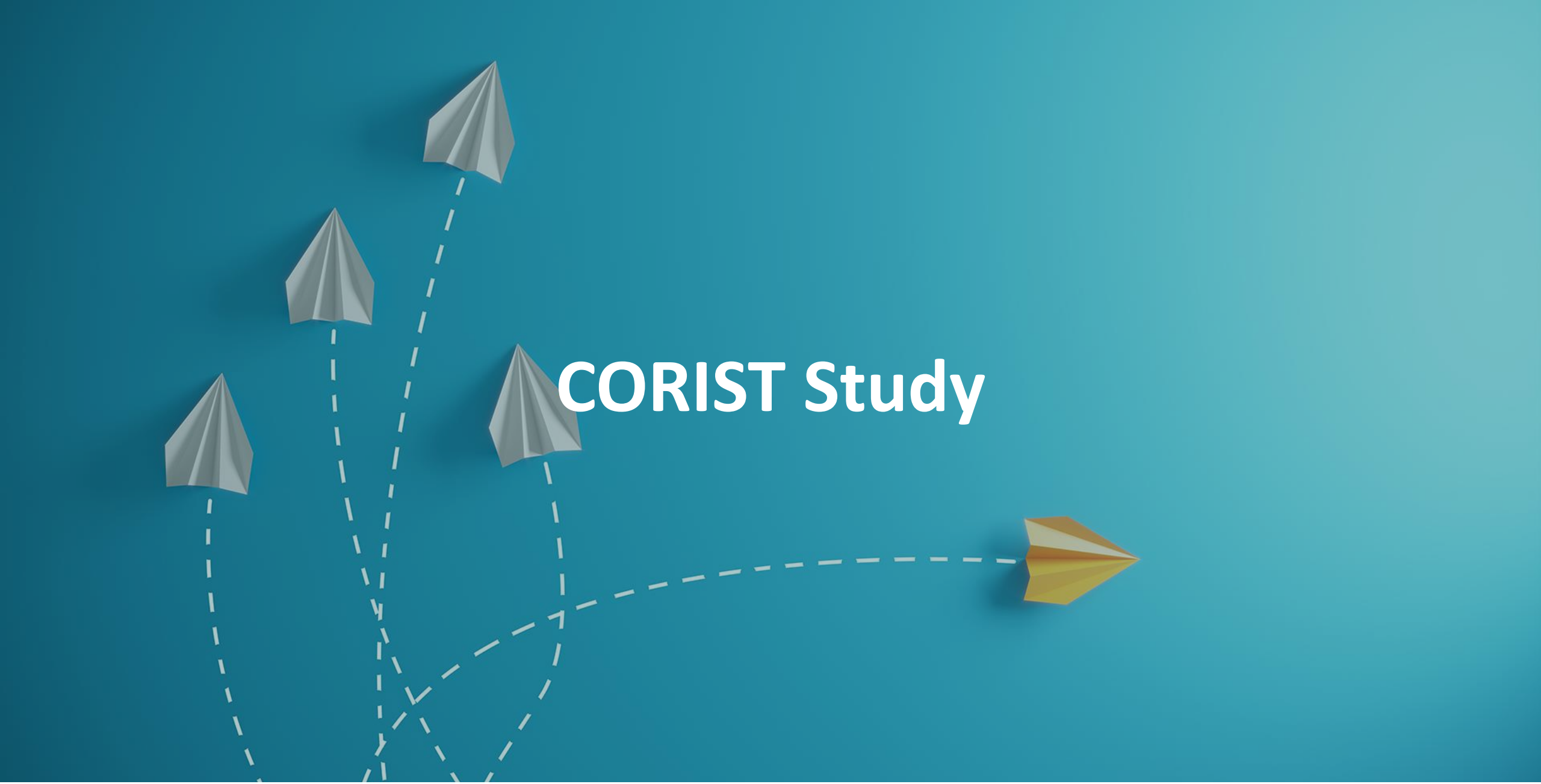



**Plasma effect**
SCO-101 mediated increase of SN-38 plasma concentration by inhibition of UGT1A1

**Tumor effect**
SCO-101 mediated increase of SN-38 tumor cell concentration by inhibition of ABCG2



# CORIST Study



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# Phase II Study CORIST

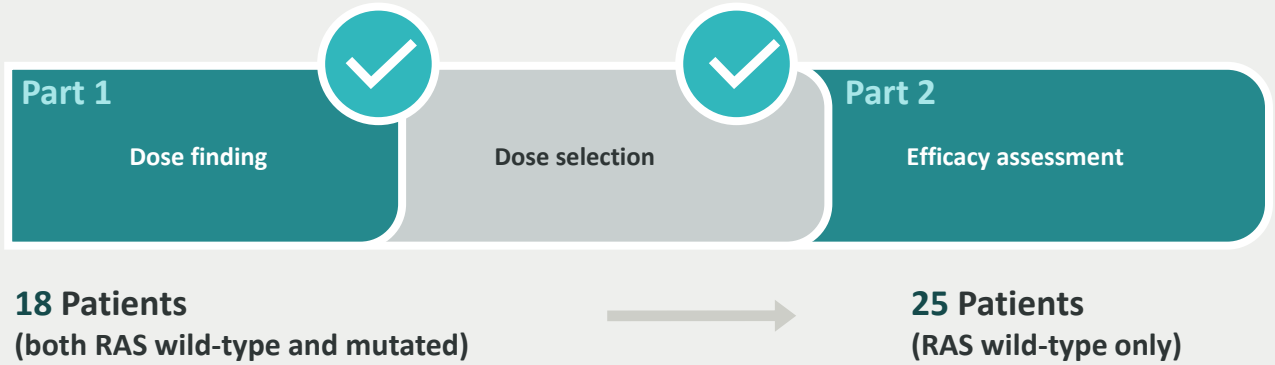
**Study:** Multi-center, open label, dose escalation, Phase II study of SCO-101 in combination with FOLFIRI

**Patient population:** Patients with metastatic colorectal cancer (mCRC) with acquired resistance to FOLFIRI (last line of treatment)

**The study was originally divided in two parts:**

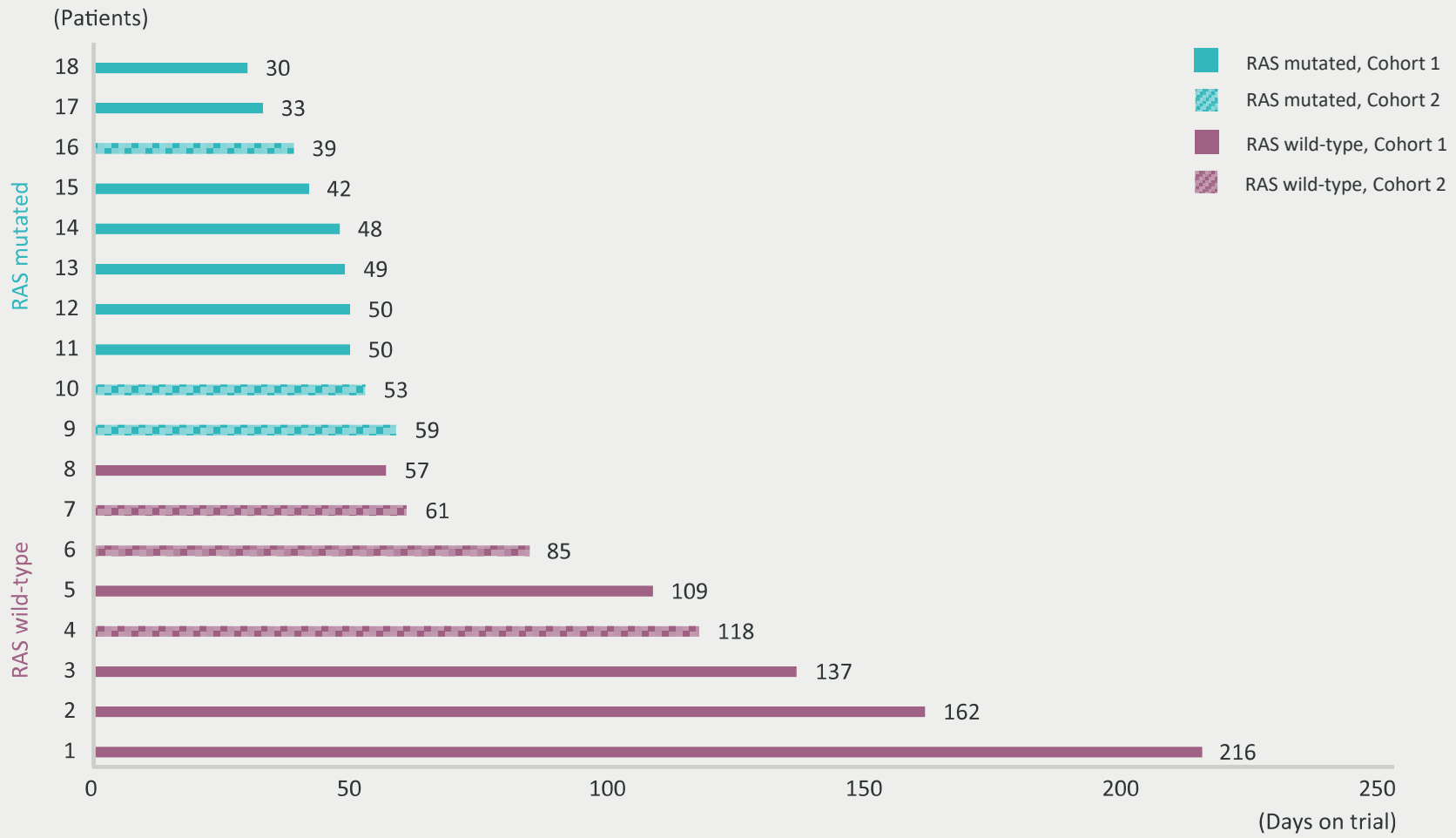
**Part 1**: Dose-finding part

**Part 2**: Efficacy assessment part

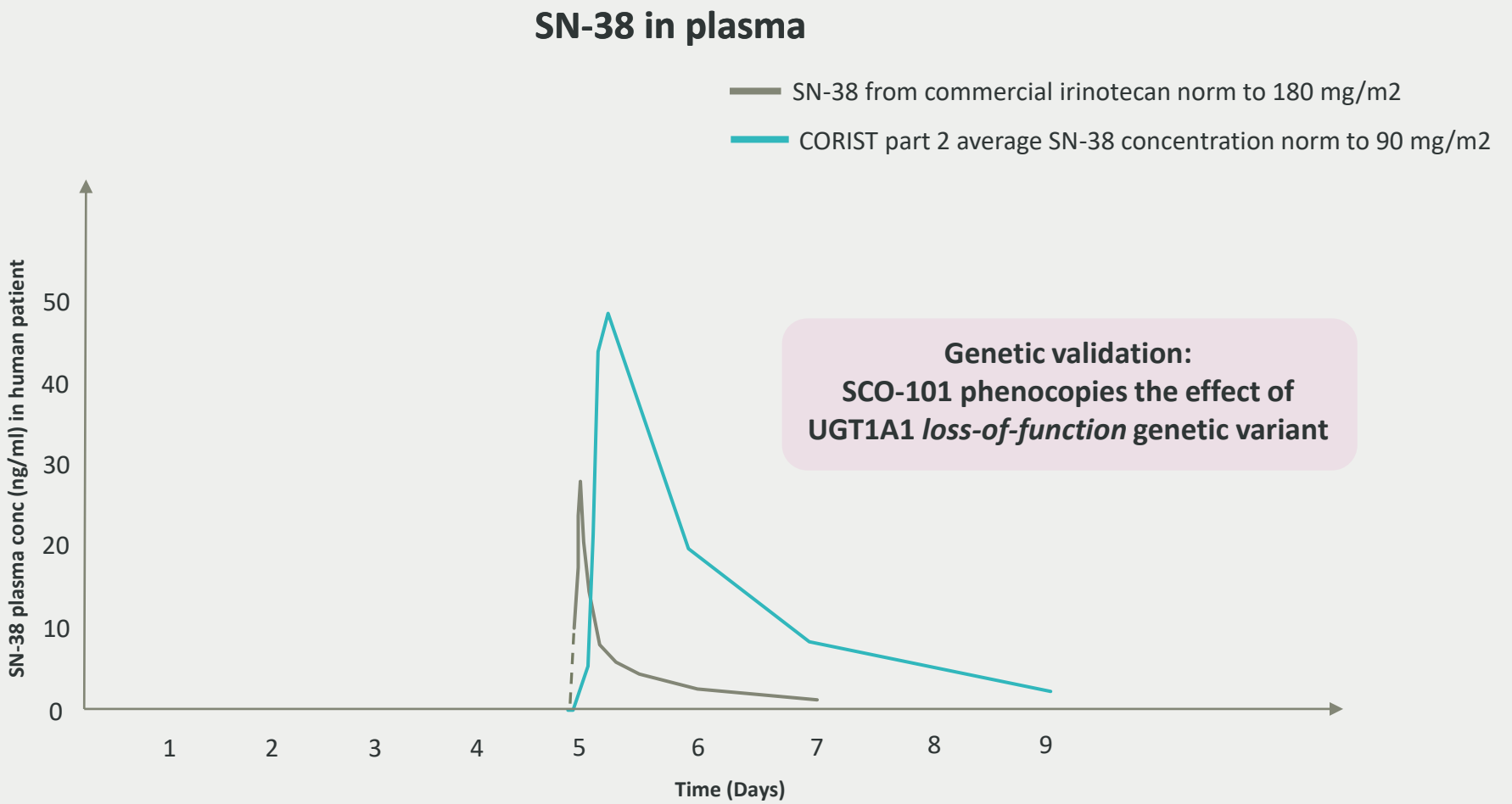



SCO given at 150 mg daily for 6 consecutive days
FOLFIRI given at 50% of the standard dose in days 5 to 7

# Time on Trial – All Patients, CORIST Part 1



# SCO-101 combined with FOLFIRI dramatically increased the exposure and half-life of SN-38 in patients




**Genetic validation:**
**SCO-101 phenocopies the effect of UGT1A1 *loss-of-function* genetic variant**

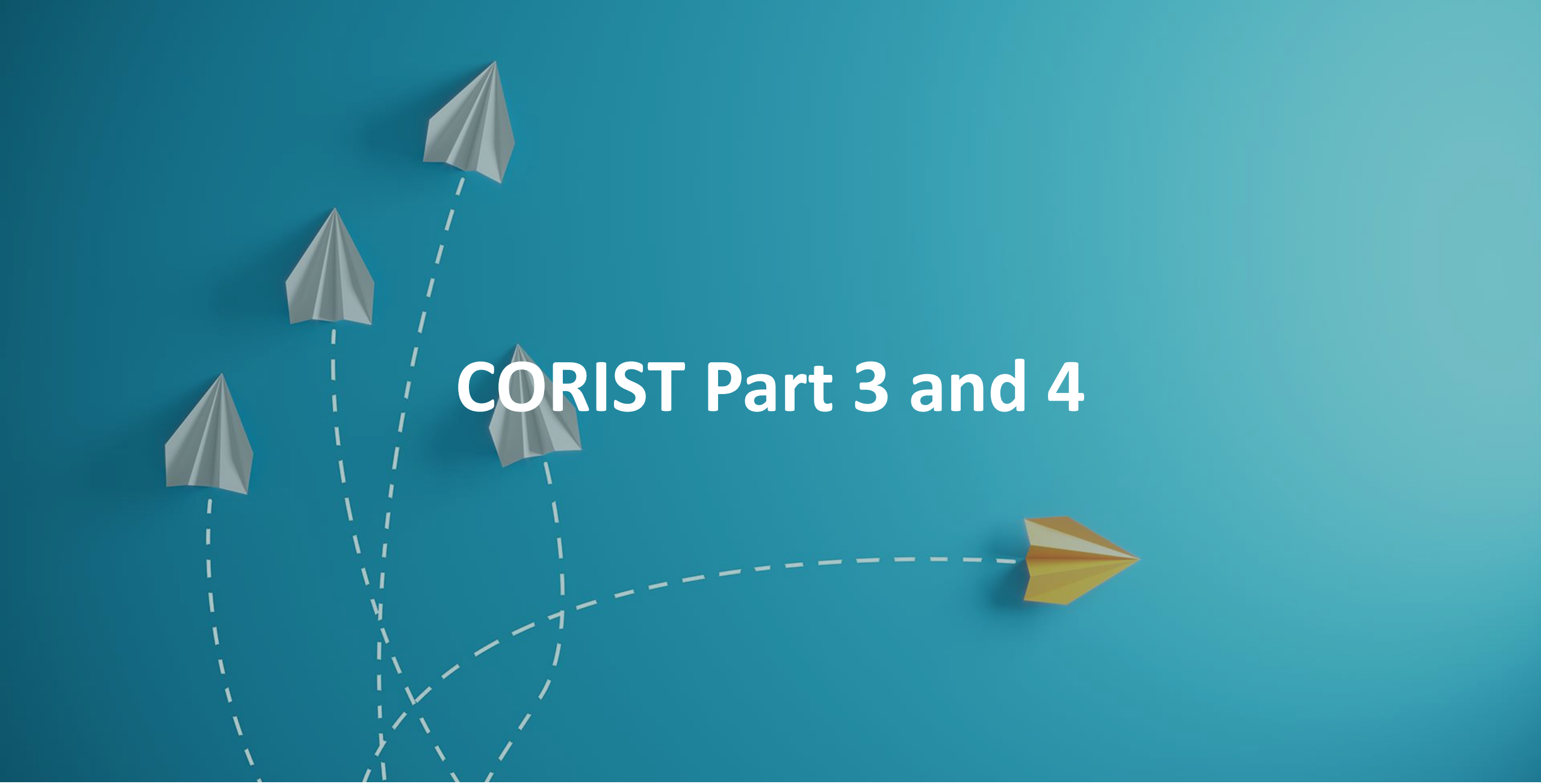
**Irinotecan label**: 180 mg/m2
**CORIST dose:** 90 mg/m2

The combination of SCO-101 and FOLFIRI dramatically increased the exposure of SN-38

As a consequence the dose of SCO-101 was not escalated above 150 mg, and the doses of FOLFIRI chemotherapy had to be reduced

# Topline Results of CORIST part 2

- The dose identified in part 1 was explored in 25 Ras WT patients, and topline results were announced at the planned timepoint of 8 weeks from treatment start
- The feasibility and safety of combining SCO-101 and FOLFIRI in a schedule over 7 days was confirmed, but no RECIST responses were observed
- Tumor reduction has been observed in some patients, however below the +30% threshold defined as the trial's primary endpoint
- Also, evidence of prolonged progression free survival and stable disease (secondary endpoints) were observed
- The second part of the study continues, as 7 patients are still being treated, so responses may still occur
- An update concerning all treated patients in part 2 will be given later next year, including PFS data



# CORIST Part 3 and 4

# Phase II Study CORIST

**Study:** Multi-center, open label, dose escalation, Phase II study of SCO-101 in combination with FOLFIRI

**Patient population:** Patients with metastatic colorectal cancer (mCRC) with acquired resistance to FOLFIRI (last line of treatment)

**The study has been expanded and now is composed by four parts:**

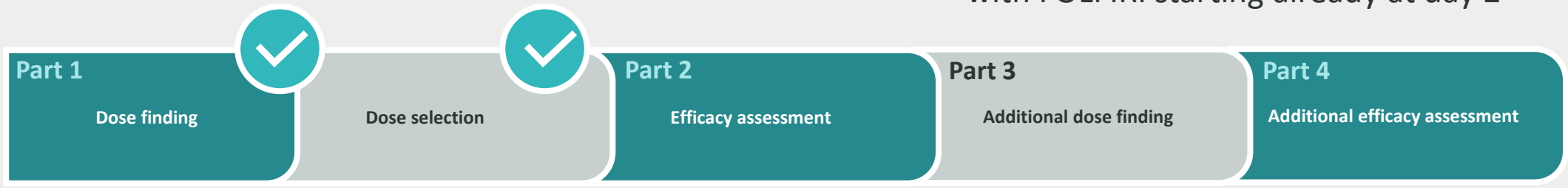
**Part 1**: Dose-finding part

**Part 2**: Efficacy assessment part

**Part 3:** Additional dose-finding part

**Part 4:** Additional efficacy assessment part

Part 3 will explore a different schedule with FOLFIRI starting already at day 2




**18 Patients**
**(both RAS wild-type and mutated)**

**25 Patients**
**(RAS wild-type only)**

**Plan to include >40 Patients**
**(both RAS wild-type and mutated)**

# Expansion of CORIST (part 3 and 4)

- The CORIST trial has now been amended by adding a new schedule for combining SCO-101 and chemotherapy, which will be evaluated in patients with both RAS wild-type (WT) and RAS mutated mCRC
- CORIST part 3 will evaluate the safety and tolerability of SCO-101 in combination with FOLFIRI when dosed according to a different schedule than in part 1 and 2 of the CORIST phase II study
- CORIST part 3 is planned to include up to 36 mCRC patients with RAS WT and RAS mutated tumors (up to 6 escalation cohorts with a 3+3 design)
- Topline results from CORIST part 3 are expected most likely within Q3, 2023
- In CORIST part 4, up to 24 mCRC patients will be enrolled to assess the preliminary activity of SCO-101 combined with FOLFIRI, administered at the optimal dose found in part 3

# New dosing schedule in Stage 3 and 4

- SCO-101 will be administered over 6 days in a Q2W cycle, similarly to stage 1 and 2 of the study
- FOLFIRI will be administered starting on day 2 to 4
- The dose of SCO-101 will be modulated to acknowledge the difference in the two targets that are hit: UGT1A1 which is relevant before irinotecan administration begins, and ABCG2 which is relevant after irinotecan has been administered
- The first SCO-101 dose increase to 200 mg will concern all 6 days of the cycles, but in the next two dose levels at 250 and 300 mg, the dose increase will concern only days 3 to 6, whereas for the day 1 and 2 the dose of SCO-101 will be capped at 200mg

- With this approach we aim to reduce the toxicity caused by an initial peak of SN-38, to be able to increase both SCO-101 and FOLFIRI doses
- The increase of the dose of SCO-101 in days 3 to 6 aims to achieve strong inhibition of ABCG2 to allow longer effect of SN-38 in the tumor cells

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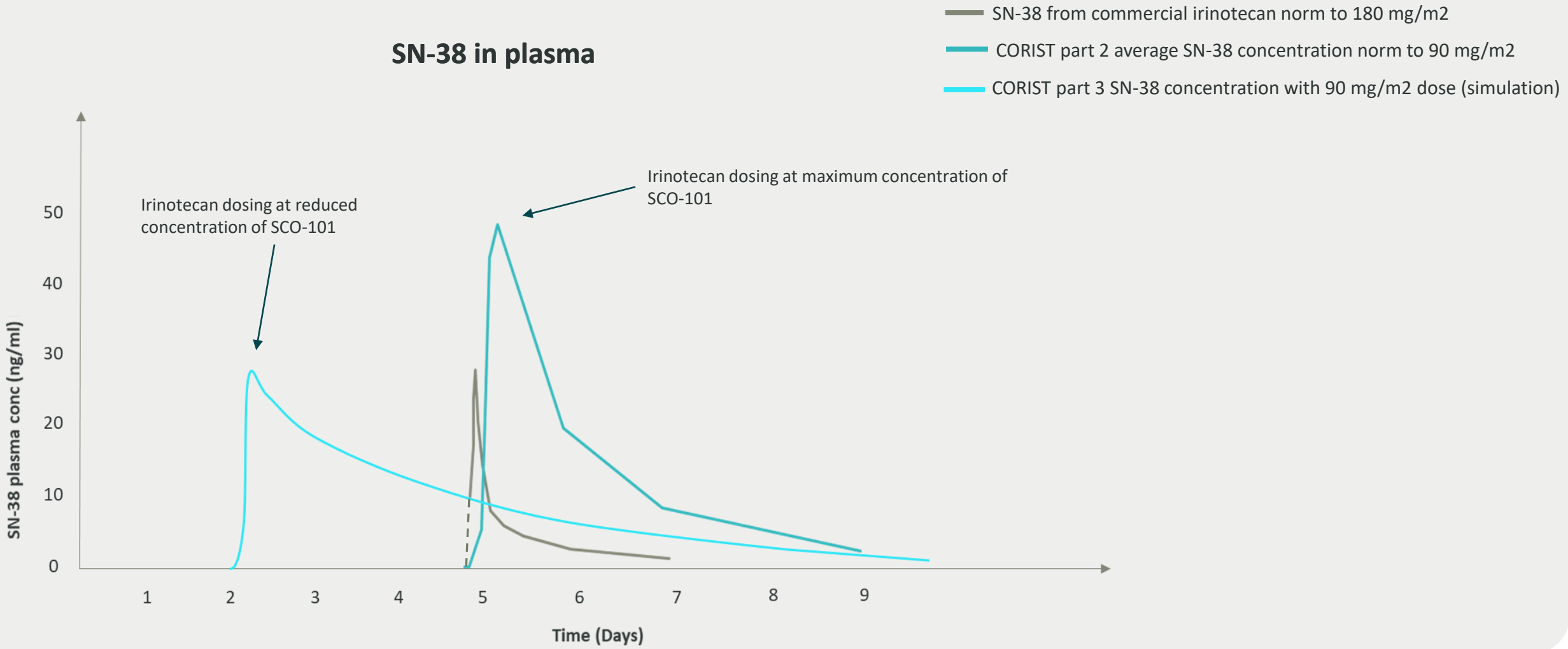

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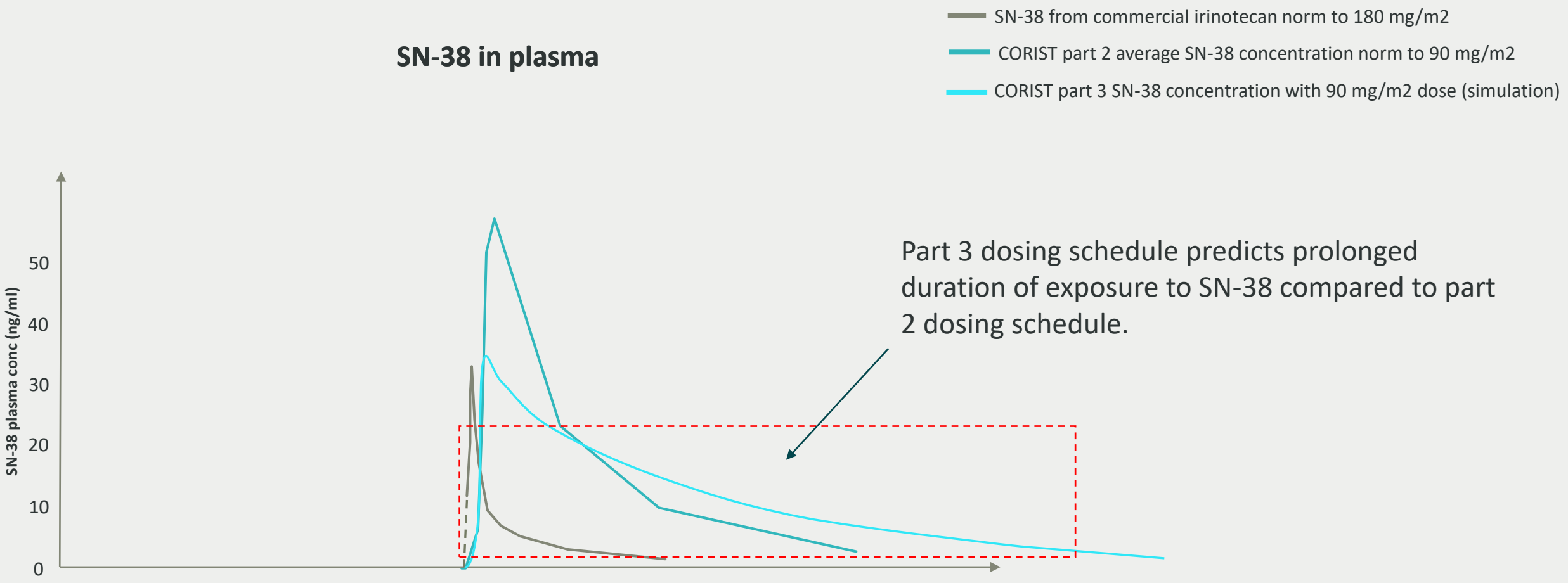
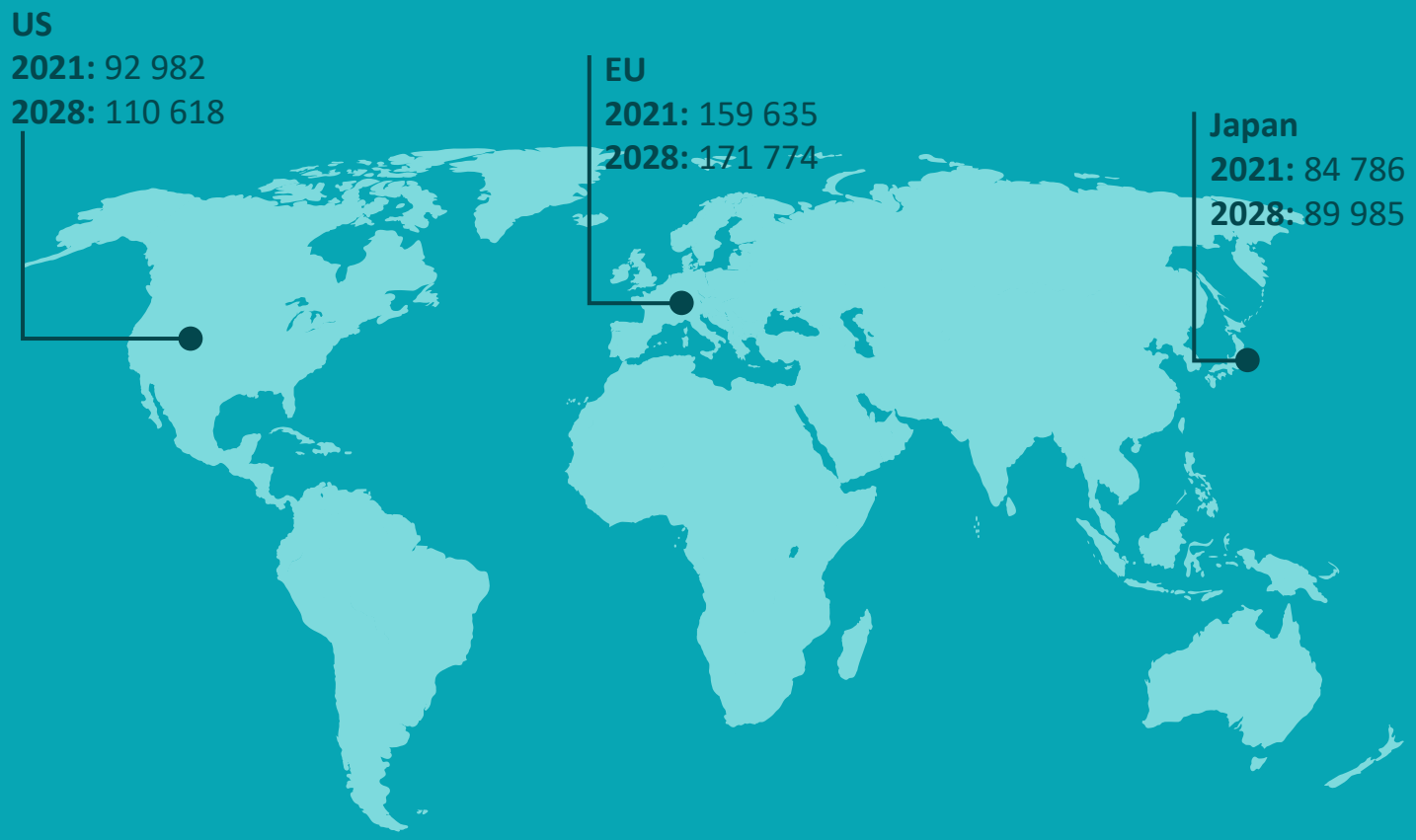


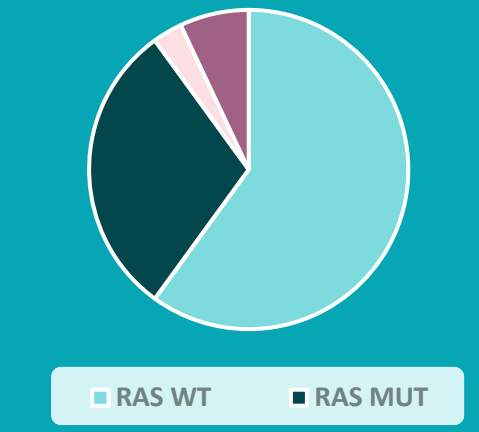
# Next communication

- In Q1 we will update on the expected timeline of Part 3 completion
- Whenever Corist part 3 is completed we will inform about the dose reached with topline results about the safety and tolerability of the new schedule and any activity observed so far in part 3 patients.
- At this time point there will be an update about part 2 patients, with a focus on those who are continuing treatment as of today
- Topline results of part 4 will be communicated after all patients have undergone at least the first CT scan on study at 8 weeks
- This may be in the second half of 2022 or first half of 2023, mainly depending on the number of patients recruited in part 3
- The final CORIST study results can be expected approximately 6 months later

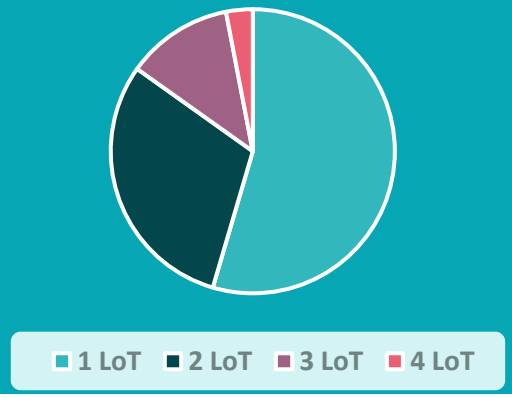
# Number of Estimated Newly Diagnosed Patients with Metastatic Colorectal Cancer per Year in the 7MM



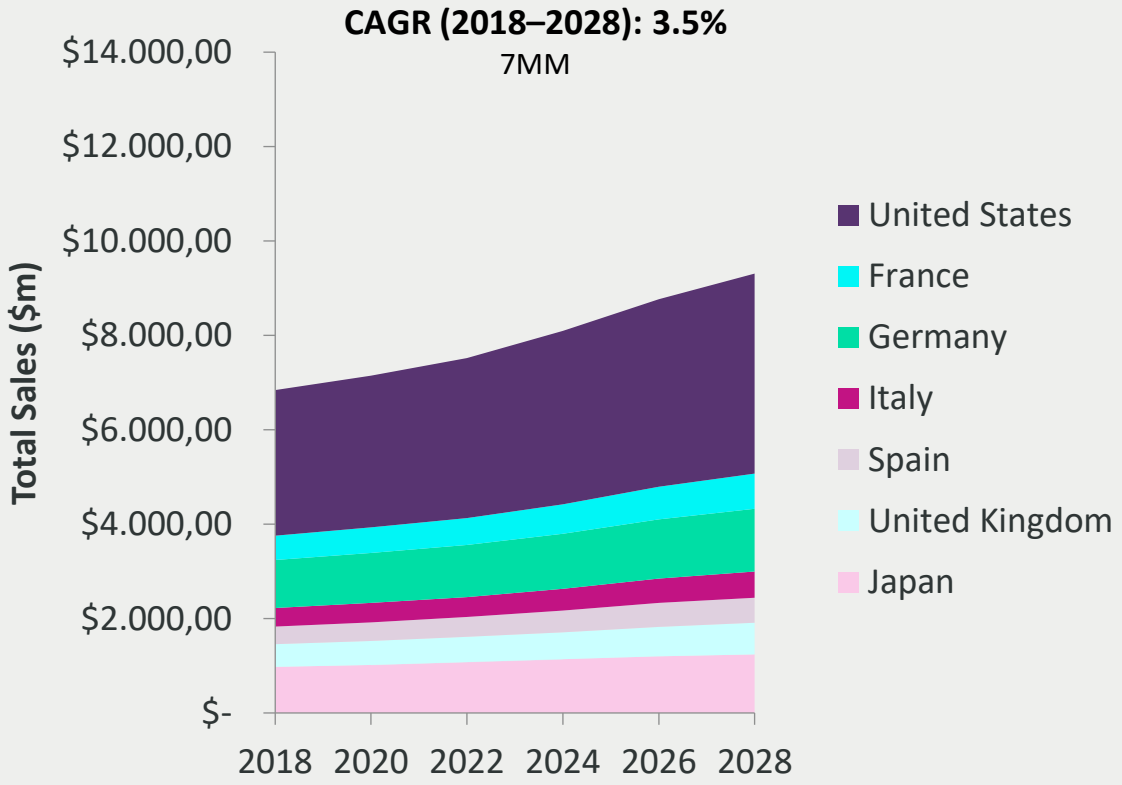

**% of patients RAS WT, MUT**

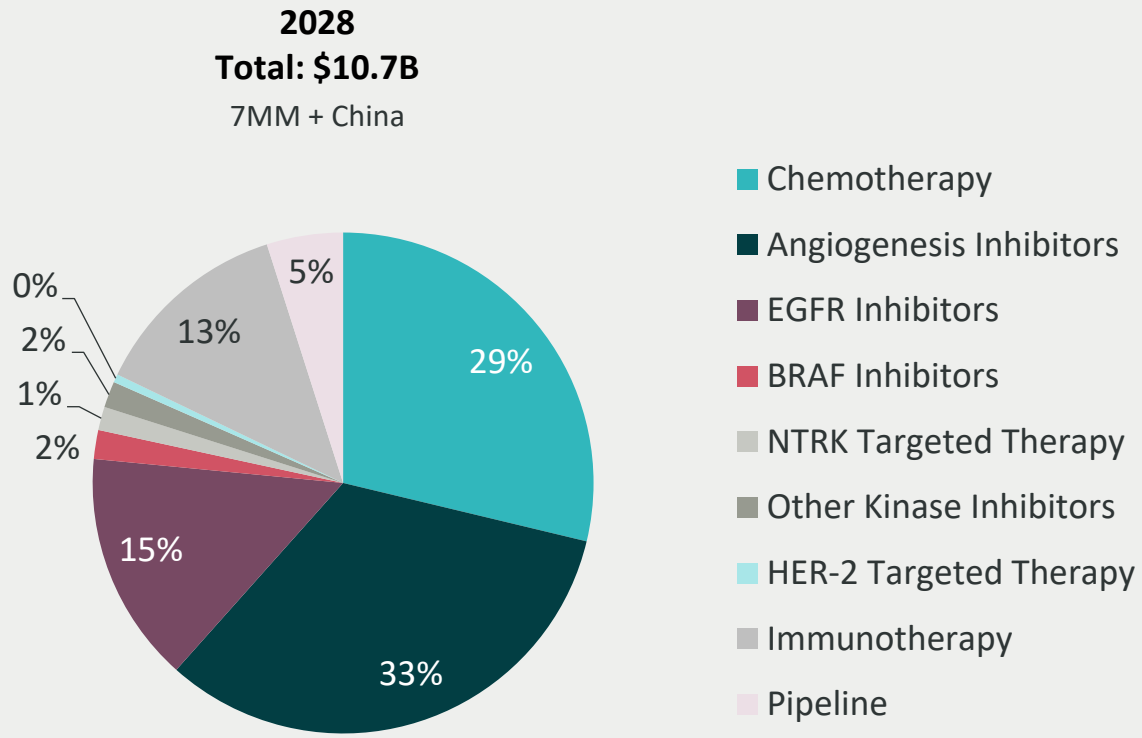



**% of patients in different Lines of Treatment**



# Market Forecast Colorectal Cancer



# Immuno-oncology



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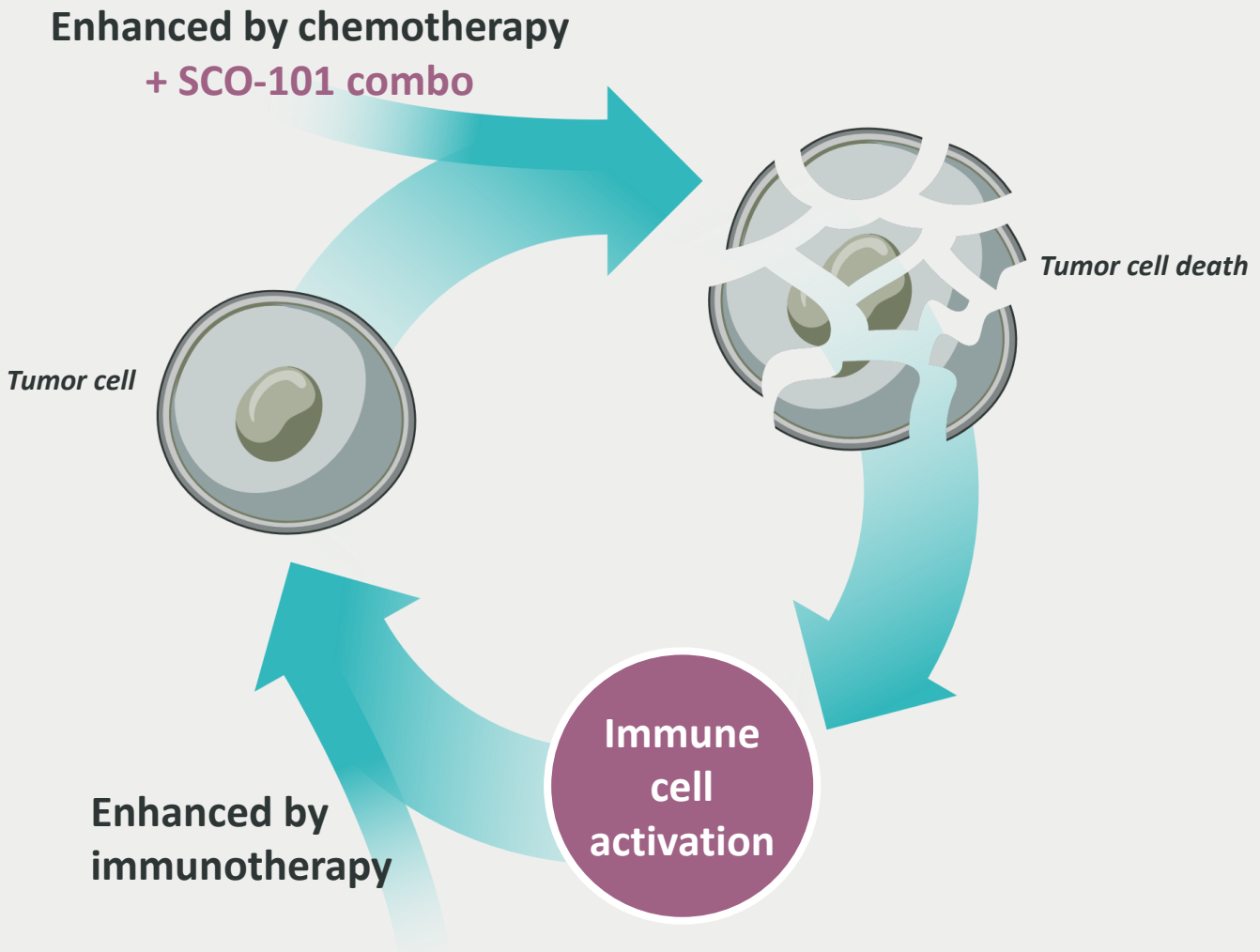
# Cancer-Immunity Cycle

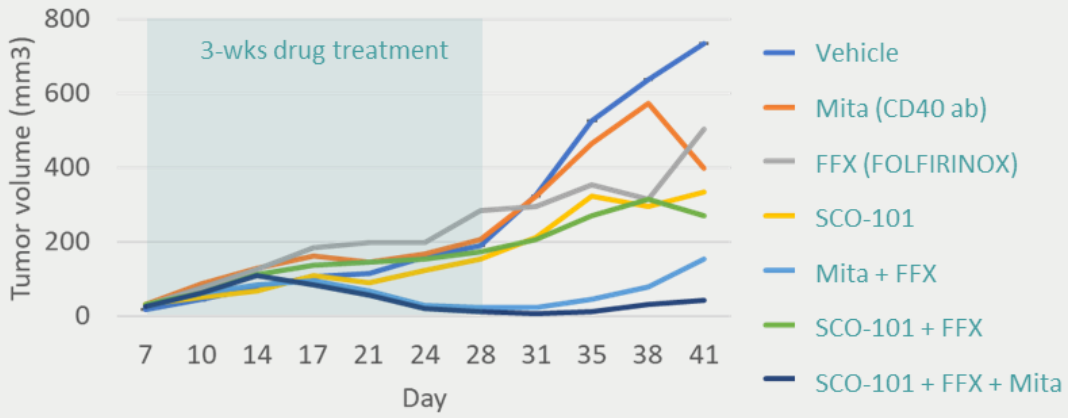


# Strong Anti-tumor Effect of SCO-101 in Combination with Chemotherapy and Immunotherapy

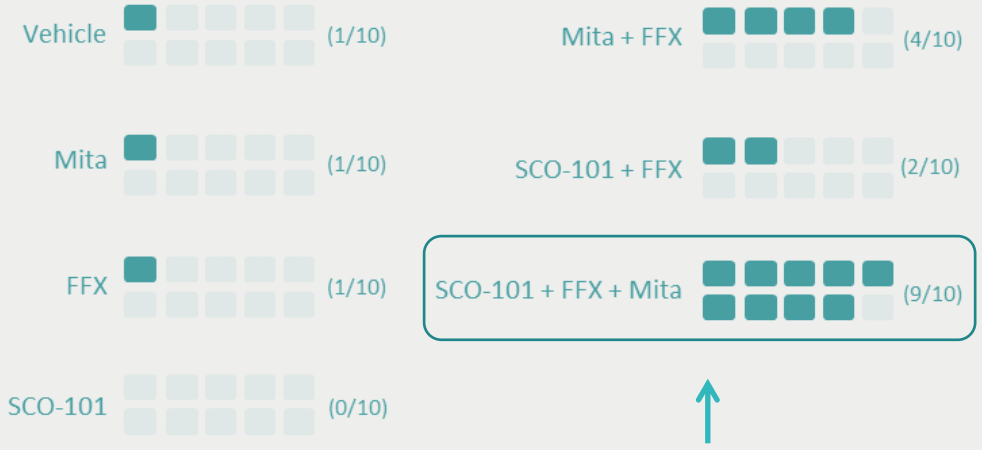
## SCO-101 enhances response rates of CD40 ab-based immunotherapy in syngenic model

- **Combination study:** FOLFIRINOX, CD40 ab and SCO-101 in a chemotherapy-resistant syngenic tumor mouse model (MB-49)
- ABCG2 expression confirmed in chemotherapy-resistant MB-49 urothelial carcinoma cells (mouse)

Tumor growth (day 41)




Tumor-free animals (day 41)




**FOLFIRINOX:** 5-FU, Leucovorin, Irinotecan and Oxaliplatin

**90% complete response**

*Work performed in collaboration with Alligator Bioscience AB*

# Competitive Landscape – Cancer Drug Resistance

| Company | Drug | Type | MoA | Stage | Indication |
|---|---|---|---|---|---|
| TOLREMO therapeutics | undisclosed | undisclosed | undisclosed | pre-clinical | undisclosed |
| Athenex | oral irinotecan + encequidar + anti-PD-1 ab | combo: 2 SMs + ab | topoisomerase 1 + ABCB1 inhibition + anti-PD-1 | phase 2 | solid tumors |
| Cardiff Oncology | FOLFIRI/bevacizumab + onvansertib | combo: 3 SMs/ab + 1 SM | topoisomerase 1 / VEGF + PLK1 inhibition | phase 2 | meta. colorectal cancer |
| ORIC | CD73 inhibitor (ORIC-533) | SM | CD73 inhibition | phase 1 | multiple myeloma |
| | PRC2 inhibitor (ORIC-944) | SM | PRC2/EED inhibition | phase 1 | prostate cancer |
| SCANDION ONCOLOGY | FOLFIRI + SCO-101 | combo: 3 SMs + 1 SM | topoisomerase 1 + ABCG2/UGT1A1 inhibition | phase 2 | meta. colorectal cancer |

# Expected Significant Events 2022 - 2023

## Q4 2022

**CORIST**

Patient recruitment expected to commence in part 3

## H1 2023

**PANTAX**

Topline data from phase Ib

## Q3 2023

**CORIST**

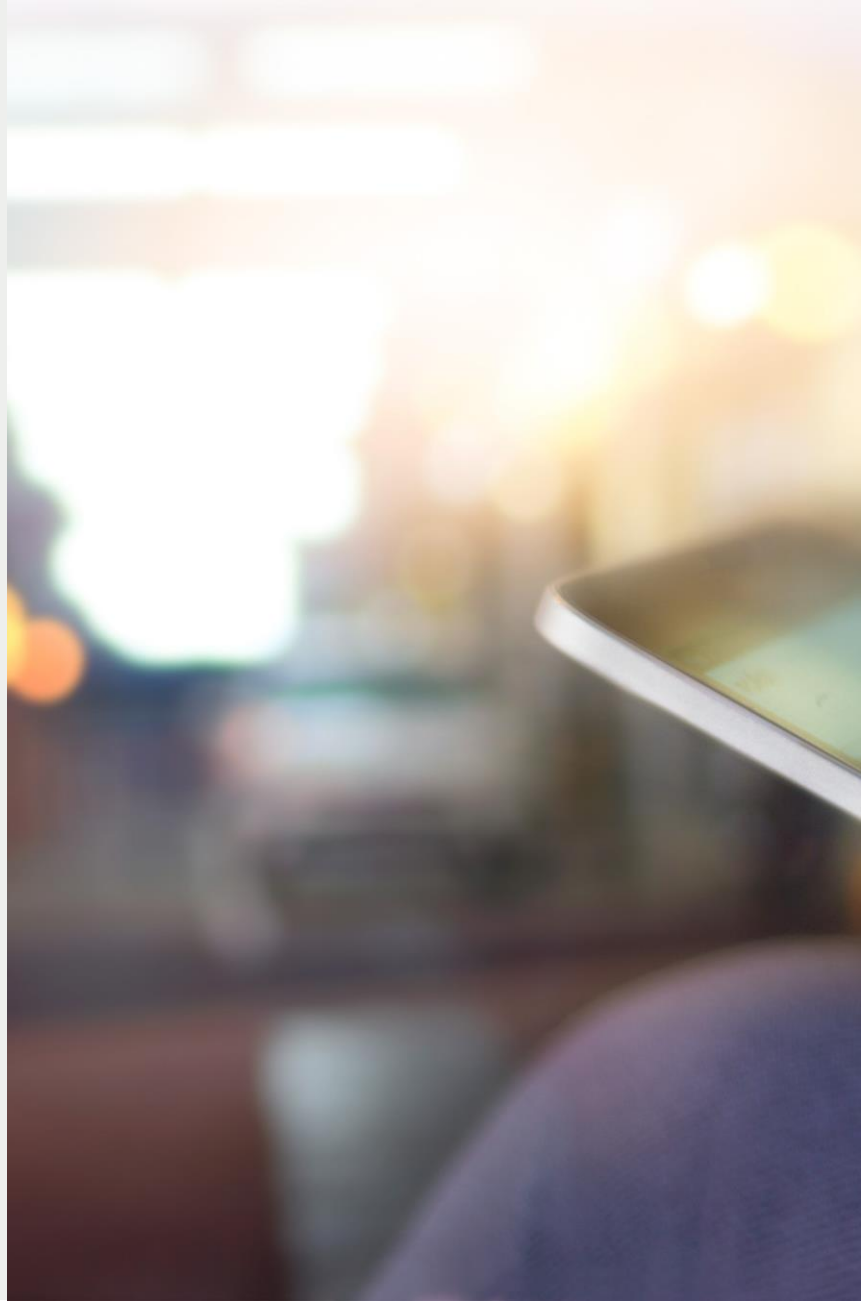
Topline data from part 3

Financing secured into **2024**

# Meet us

- **Upcoming Events**

  - **Redeye Investor After Work**, October 13, 2022
  - **BIO-Europe 2022**, October 24-26, 2022
  - **Økonomisk Ugebrev Life Science**, October 26, 2022
  - **ChinaBIO Partnering Forum 2022**, November 10-11, 2022
  - **Redeye Life Science Day**, November 24, 2022



# Why Invest in Scandion Oncology

### We are first movers in cancer drug resistance

- We are first-in-class, targeting a huge market

### High medical need and yet also an established market

- 10M cancer-related deaths annually
- SCO-101 has broad potential

### Strong financial position

- Current cash funds operations into 2024

### Highly focused pipeline and clinical development

- Focused early-stage pipeline for value creation
- Plethora of opportunities to broaden into other cancer indications

### Run by seasoned leadership team

- Leadership team with a clear track record
- Best in class CAB
- Strong and well-connected BoD

### Multiple value inflection points over the next few years

- Initial PoC mCRC phase II in 2023
- PDAC phase Ib study topline data in H1, 2023