

LEVERAGING FRONTLINE CLINICAL EXPERIENCE FOR THE DEVELOPMENT OF NEXT GENERATION CANCER THERAPIES

Immuno-Oncology Summit Europe
May 2022

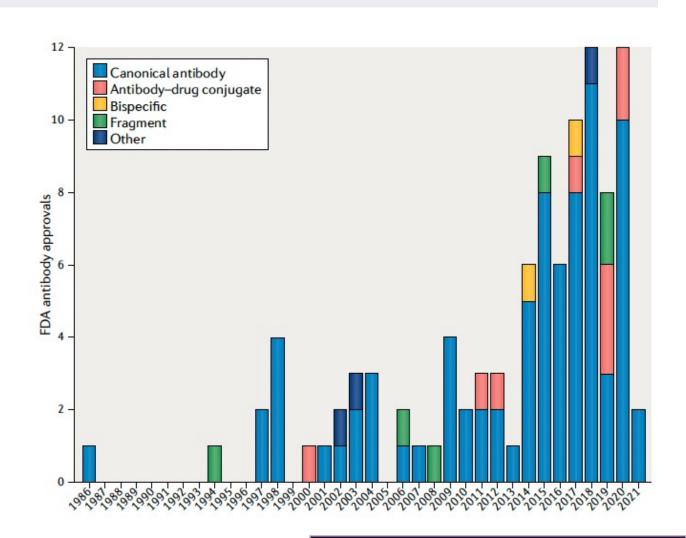
#### INTRODUCING BIVICTRIX

- UK-based drug development company **aimed at addressing one of the longest standing issues** limiting our ability to successfully combat cancer the lack of true cancer selectivity of anti-cancer drugs
- Derived from frontline clinical experience, BiVictriX has developed the **Bi-Cygni® platform** to enable the development of a broad pipeline of **first-in-class therapeutics** which exhibit **superior cancer selectivity**, facilitating higher dosing and therefore greater efficacy even in the most vulnerable patient cohorts
- Bi-Cygni® approach applied to one of the fastest growing markets in the sector to develop the next-generation of highly cancer-selective Antibody Drug Conjugates

- AIM listed public company since August 2021 with HQ in Alderley Park, Cheshire
- Growing therapeutic pipeline of 'twin antigen fingerprint' projects all in oncology data of a PoC in AML being presented today.

#### FDA APPROVES 100TH MONOCLONAL ANTIBODY

- Significant expertise & momentum gained in developing therapeutic Abs
- ca.½ of approved Abs entered marked in last 6 years
- mAbs still dominate, but other formats are following suit (potentially with expedited approval curve)
- Approval rate/year continues to pace despite more stringent FDA CBER approval hurdles



### UNMET NEED

Antibody-based approaches have the potential to save millions of lives, but currently can only be utilised to their full potential in specific cancer types

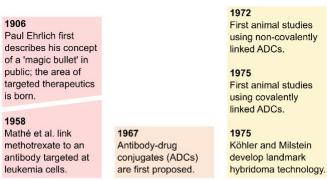
Limitations of existing antibody-based, anti-cancer therapeutic approaches:

- Commonly target **single** tumour-associated antigens
- Absence of truly cancer-specific targets, meaning targets are often also expressed on vital healthy cells
- Causes significant toxicities, including patient deaths
- Limiting the safe dose that can be given and the effectiveness of the treatment

#### ANTIBODY-DRUG CONJUGATES

- ADCs as a sub-group of biologic therapeutics gaining momentum
- Complex modality with increased understanding of challenges & opportunities
- Starting to realise on P Ehrlich's 'magic bullet' concept?!
- However, all approved ADCs to date are monospecific.

Key moments in ADC development: A timeline of events 1958–2020



using non-covalently First animal studies using covalently 1983 First ADC enters Köhler and Milstein

human clinical trials. 1993 The ADC BR96-DOX cures xenografted First humanised human carcinomas mAbs reported. in athymic mice.

Pfizer and Wyeth's ADC Mylotarg® becomes the first to gain FDA approval.

2001 Multidrug resistance towards Mylotarg® results in clinical failures.

Mylotarg® withdrawn from the market at the request of the FDA.

2011 Seattle Genetics and Takeda Oncology's Adcetris® gains FDA approval.

Roche Group's Kadcyla® gains

FDA approval

Pfizer and Wyeth's Besponsa® gains FDA approval.

Mylotarg® approved again by FDA

Roche Group's Polivy®, Astellas/ Seattle Genetics' Padcev® and AstraZeneca/Daiichi Sankyo's Enhertu® all gain FDA approval

2010-19

Immunomedics' Trodelvy® and GlaxoSmithKline's Blenrep® are approved by the FDA.

2020

1950-59 1990-99 1960-69 1980-89 2000-09 1970-79

Baah et al., Molecules 2021

# DELIVERING A DIFFERENTIATED APPROACH WITHIN THE RAPIDLY EXPANDING ADC MARKET

\$4.3<sub>bn</sub>

2020 ADC MARKET SIZE<sup>1</sup>

\$23.9bn

2028 ADC MARKET SIZE (Forecast) 1

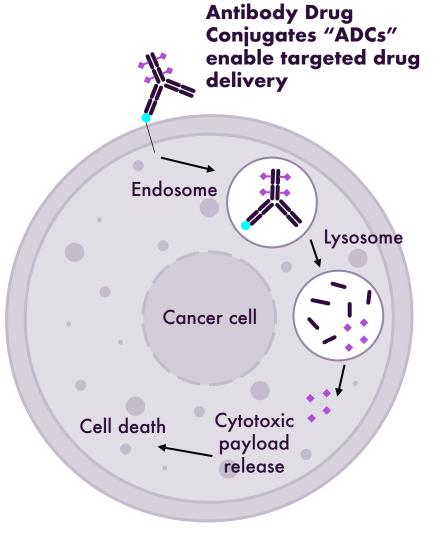
>23%

CAGR\*

12

ADCs approved ADC MoA considered the most validated antibody-based therapeutic concept, with 12 approved drugs on the market

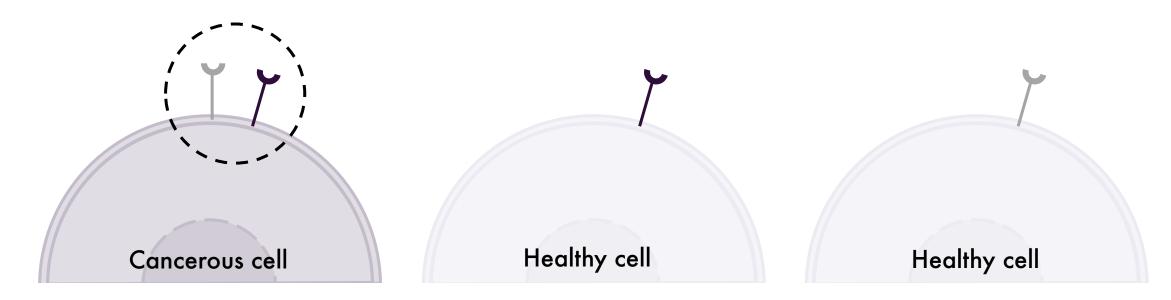
We apply the Bi-Cygni® approach to the established ADC MoA to build a differentiated pipeline of next-generation ADCs with superior efficacy and cancer selectivity



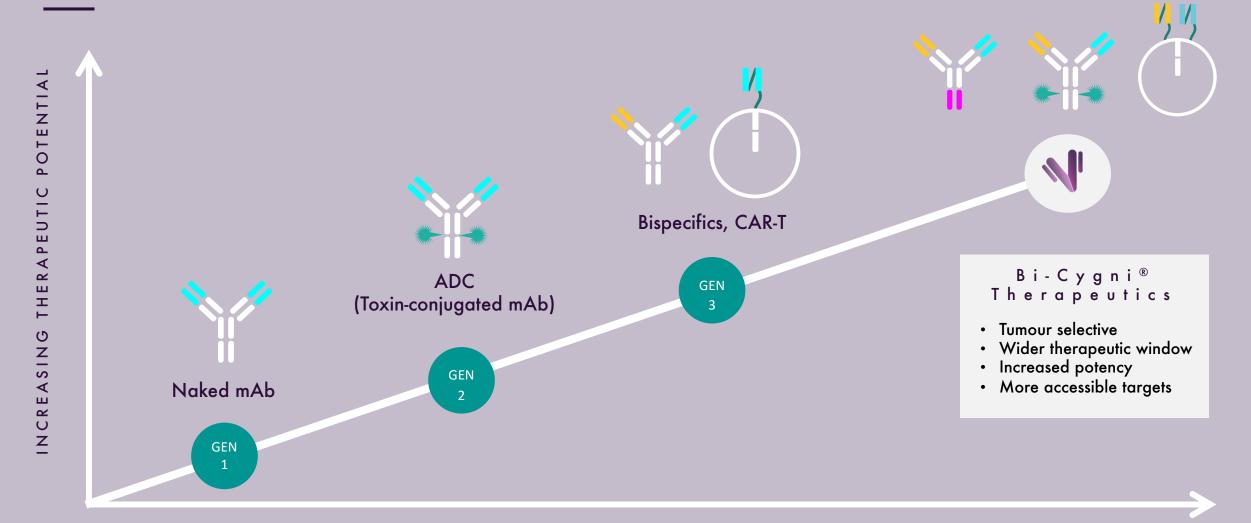
#### SOLUTION: TARGET CANCER-SPECIFIC "TWIN ANTIGENS"

Cancer-specific "twin antigen" fingerprints clearly differentiate cancerous vs healthy cells

'A Holy Grail' in Oncology



### THE NEXT PHASE OF TARGETED CANCER THERAPY



#### BROAD PIPELINE ESTABLISHED

\_\_\_\_

BVX001
Bi-Cygni® ADC
Targets: CD7 x CD33
Indications: AML, other haem cancers

BVX002
Bi-Cygni® ADC
Targets: undisclosed
Indications: various haem

cancers

BVX003

**Bi-Cygni® ADC** 

Targets: undisclosed Indications: various haem cancers & solid tumours



Phase I/II

#### THE PROPOSITION - BVX001 IN ACUTE MYELOID LEUKAEMIA

- Acute Myeloid Leukaemia (AML) is a haematological malignancy representing >90% of adult acute leukaemia cases
- Age is a major risk factor with many older patients not eligible to receive highly toxic chemotherapeutic combinations. Mortality rate amongst AML patients remains high: 5-year survival at 15%, dropping to 12% in patients >65year old.
- All currently available AML therapies offer only limited improvements in efficacy whilst carrying significant treatment-related toxicities, some life-threatening.
- CD33 is expressed on the majority of AML cells but CD7, a lymphocytic cell marker, is aberrantly expressed on a chemotherapy-resistant, poor prognosis subtype of AML. Approximately 25-30% of AML cases show this target co-expression.
- The lead program, BVX001 has the potential to address a key unmet need in AML with a truly novel immunotherapeutic approach suitable for both younger and older patients.
- Clearly, a disease with unmet clinical need for a better treatment option to serve many patients.

# AML - ONE OF THE FASTEST GROWING ONCOLOGY INDICATIONS

\$1.46bn

\$3.56<sub>bn</sub>

2019 AML MARKET SIZE<sup>1</sup>

2027 AML MARKET SIZE (Forecast)<sup>1</sup>

13%

CAGR

#### Initial Route to Market

- Frontline therapy in CD7+CD33+ underserved elderly patient population
- Monotherapy in CD7+CD33+ relapsed/refractory AML

#### Addressable Market\*

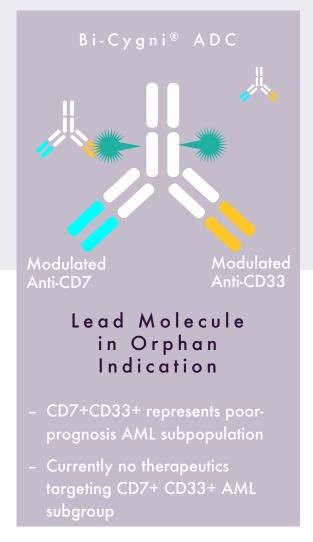
- Forecasted as >\$1bn/yr (2027)1
- Representing av.30% of total AML patient pool

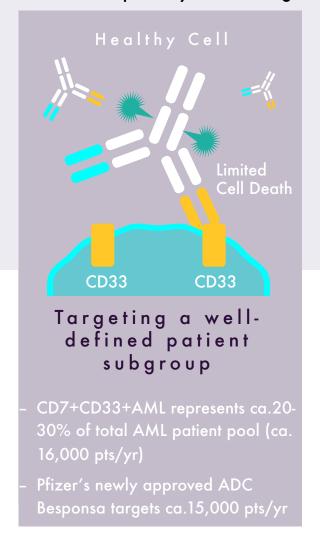
#### Competitors Validate Forecast

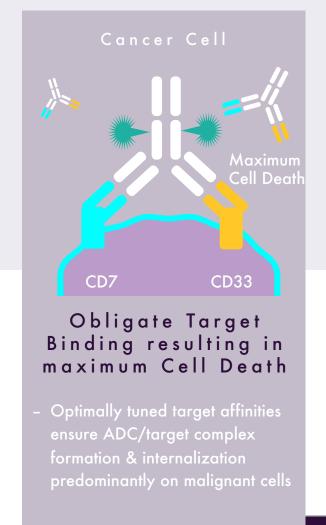
 Agios recently parted with oncology arm to Servier for \$2bn + royalties, led by Agios' two AML drugs Tibsovo and Idhifa (IDH1/2 inhibitors, targeting just 20-25% of AML together)

#### BVX001 - FIRST IN CLASS CD7+CD33+ BI-CYGNI® ADC

Bi-Cygni® therapeutics require dual binding for activity, ensuring they are rapidly released from healthy cells while exhibiting maximum selectivity and enhanced potency for the targeted cancer cells.

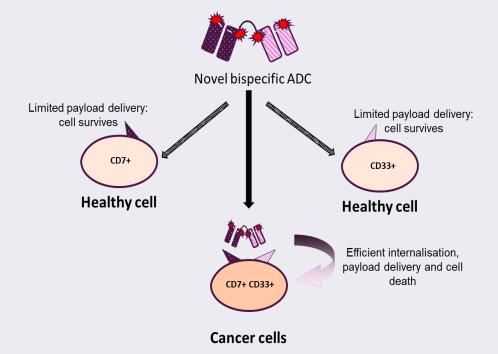




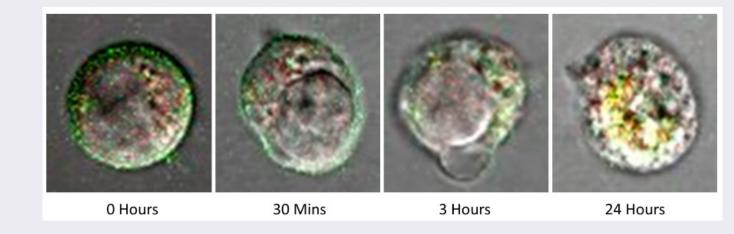


# BVX001 SHOWS EFFICIENT BINDING, INTERNALISATION & LYSOSOMAL CO-LOCALISATION IN TARGET CELLS

PoC format is a chemically linked bi-Fab conjugated to MMAF – DAR4

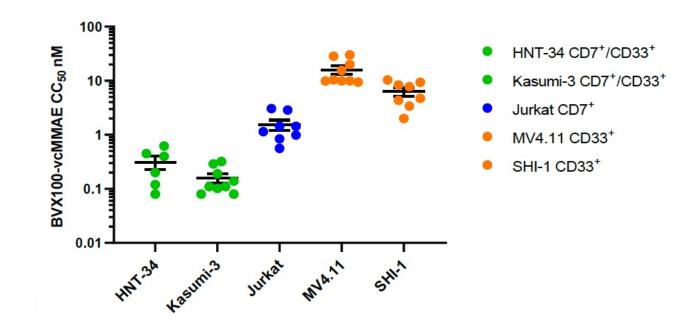


Fluorophore labelled bi-Fab internalizes specifically & rapidly in dual-target expressing cell lines



#### SIGNIFICANT TARGET CELL SELECTIVITY FOR BVX001 BI-FAB

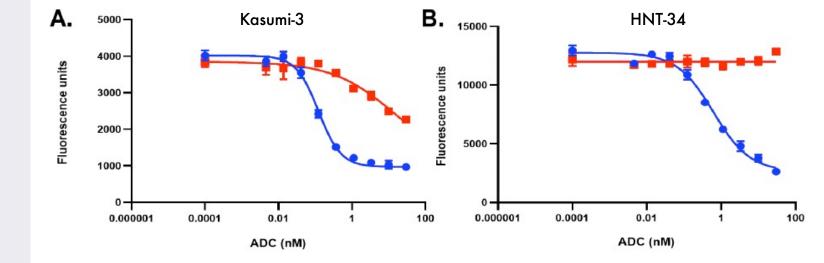
- Cell Lines from different haematological malignancies used for cytotoxicity & selectively in vitro assays.
- Bi-Fabs show significant cell kill selectivity of dual-target expressing cells
- Avidity and individual Fab target affinity believed to drive selectivity.
- In vitro selectivity could be indicative of desirable toxicity profile in vivo for Bi-Fab.



Significant & selective cell cytotoxicity of BVX001 Bi-Fab on dual-antigen expression AML cell lines

## SUPERIOR CELL CYTOTOXICITY IN HARD-TO-TREAT LEUKEMIA CELL LINES

- Affinity-tuned Bi-Fab Lead shows superior cytotoxicity of AML cell lines w/c to bivalent CD33monospecific GemtuzumabmcMMAF.
- Similar cytotoxicity profile for Bi-Fab Lead on cells with 10-fold difference in CD33+ SABC\*
- Broad target cell selectivity



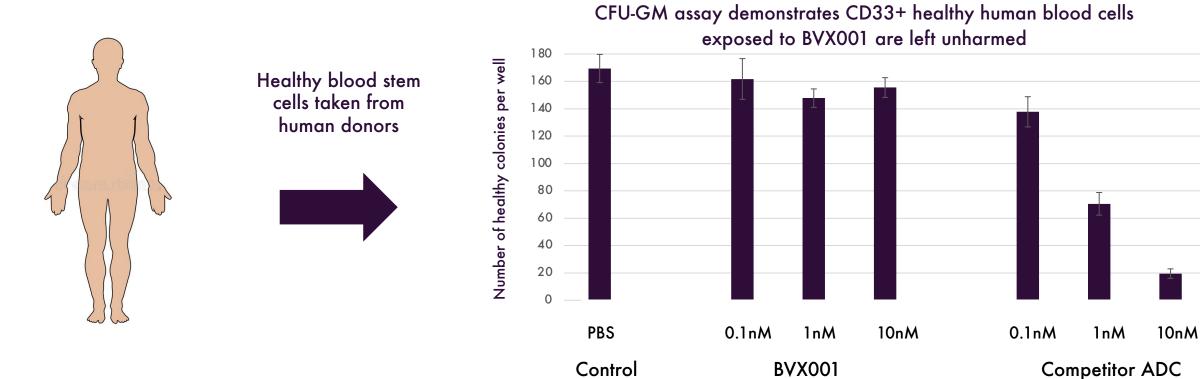
Cell Line	SABC	
	CD7	CD33
Kasumi-3	19,500	99,000
HNT-34	22,000	11,000

Gemtuzumab-mcMMAF

BVX001 lead Bi-Fab-mcMMAF

<sup>\*</sup> Specific Antibody Binding Capacity

### BVX001 HAS MINIMAL EFFECT ON HEALTHY CELLS



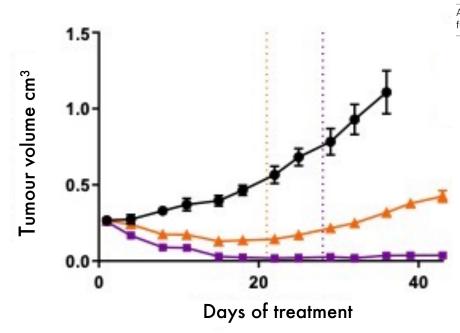
- Life-threatening bone marrow suppression is a major clinical concern reported with competitor therapies due to the expression of the targeted antigens being present on both healthy blood progenitor cells and cancer cells
- Cellular data from human donors demonstrate that a competitor ADC kills >85% of CD33+ healthy cells
- In contrast, increasing concentrations of BVX001 have little effect on the CD33+ healthy blood cells

### BVX001 INDUCES SUBSTANTIAL TUMOUR REGRESSIONS

- Xenograft model using CD7+CD33+ HNT-34 cells
- Model selected due to inherent resistance to CD33-based competitor ADCs, resulting from low CD33 expression
- Cytarabine (currently used in standard of care for AML) dosed at the MTD in a prior tolerability study
- BVX001 dosed based on PK/PD data as MTD not reached
  - Well tolerated with comparable body weight change across test articles
- Mice dosed for 28 days, with 10 mice per group

3/10 animals tumour free

4/10 animals tumours too small to measure





- **→** BVX001 10mg/kg x2wk
- Cytarabine 20mg/kg IP 5d on/2d off



## SIGNIFICANT BENEFITS OFFERED BY BI-CYGNI ® THERAPEUTICS



### SUMMARY / VISION

- New Drug development company pioneering the development of the next wave of precision medicines, unlocking the full potential of next generation biologics.
- **Clinically-led concept** offers clear differentiation & USP of approach.
- Developing **Diverse proprietary pipeline** in heam and solid tumor.

- **Bi-Cygni®** therapeutics are uniquely designed to exhibit superior cancer cell selectivity, enabling higher dosing resulting in greater efficacy even in the most vulnerable patient cohorts.
- BVX001 Lead Bi-Fab has shown significant target cell selectivity in *in vitro* & *in vivo* using otherwise treatment-resistant\* AML cell lines.
- Currently moving BVX001 PoC molecule into therapeutic format & pre-clinical development.

\* Gemtuzumab-conjugate



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