

# Prescient Announces Internal OmniCAR Programs for Three Next-Gen CAR-T Therapies

**MELBOURNE Australia, 18 January 2021** – Prescient Therapeutics (Prescient; ASX: PTX), a clinical stage oncology company developing personalised medicine approaches to cancer, is delighted to announce its internal development programs for OmniCAR, a next-generation CAR-T therapy platform.

OmniCAR is a universal immune receptor technology platform that offers a number of potential benefits over existing CAR-T therapies, including control, safety, flexibility and efficacy. With a platform technology with such a broad range of potential applications, it was important for Prescient to strategically select indications and applications for internal development that struck a balance between market opportunity, technical complexity and product differentiation.

The strategic review was led by Prescient and its Scientific Advisory Board. The review took into account all the known CAR-T programs in development worldwide and had input from leaders from multiple disciplines, including the inventors; clinicians; researchers; venture capitalists and healthcare investors; leading non-profit cancer organisations and antibody experts.

Prescient is pleased to announce three internal programs representing significant market opportunities, where current-generation CAR-T have faced challenges, but where the unique capabilities of OmniCAR may present distinct advantages. The development programs are:

- OmniCAR CD33 and CLL-1 for Acute Myeloid Leukemia (AML);
- OmniCAR Her2 for Her2+ solid tumours including breast, ovarian and gastric cancers; and
- OmniCAR Her2 and EGFRviii for glioblastoma multiforme (GBM).

The application of OmniCAR technology in these cancers is expected to have benefits over conventional CAR T therapy, including: titration for improved safety; the ability to switch antigen targeting; co-arming CAR-T against multiple antigens simultaneously; persistent dosing and tumour microenvironment enhancements to improve efficacy.



The vigorous development program will move OmniCAR towards clinical programs while demonstrating the unique features of the technology in treating patients, which will add tremendous value to the OmniCAR platform.

Prescient Therapeutics Managing Director and CEO Steven Yatomi-Clarke said, "We are delighted to select these internal programs as truly differentiated, next-generation CAR-T products for Prescient. Each of the programs represent a tremendous market opportunity."

"Furthermore, Prescient will continue to seek collaborations with external parties on additional opportunities where OmniCAR can create additional next-generation CAR therapies with partners."

#### **Investor Briefing**

Prescient will be hosting an investor briefing this **Thursday 21<sup>st</sup> January 2021 at 1pm AEST** where CEO Steven Yatomi-Clarke will discuss the OmniCAR development programs in greater detail.

Click the link below to register for the investor briefing:

https://prescienttherapeutics.investorportal.com.au/investor-briefing/

- Ends -

#### **About Prescient Therapeutics Limited (Prescient)**

Prescient Therapeutics is a clinical stage oncology company developing personalised medicine approaches to cancer, including targeted and cellular therapies.

#### **Cell Therapies**

**OmniCAR:** is a universal immune receptor platform enabling controllable T-cell activity and multi-antigen targeting with a single cell product. OmniCAR's modular CAR system decouples antigen recognition from the T-cell signalling domain. It is the first universal immune receptor allowing post-translational covalent loading of binders to T-cells. OmniCAR is based on technology licensed from Penn; the SpyTag/SpyCatcher binding system licensed from Oxford University; and other assets.

The targeting ligand can be administered separately to CAR-T cells, creating on-demand T-cell activity post infusion and enables the CAR-T to be directed to an array of different tumour antigens.

OmniCAR provides a method for single-vector, single cell product targeting of multiple antigens simultaneous or sequentially, whilst allowing continual re-arming to generate, regulate and diversify a sustained T-cell response over time.

Prescient is developing OmniCAR programs for next-generation CAR-T therapies for Acute Myeloid Leukemia (AML); Her2+ solid tumours, including breast, ovarian and gastric cancers; and glioblastoma multiforme (GBM).

**Cell Therapy Enhancements:** Prescient has several other initiatives underway to develop new cell therapy approaches.



#### **Targeted Therapies**

**PTX-100** is a first in class compound with the ability to block an important cancer growth enzyme known as geranylgeranyl transferase-1 (GGT-1). It disrupts oncogenic Ras pathways by inhibiting the activation of Rho, Rac and Ral circuits in cancer cells, leading to apoptosis (death) of cancer cells. PTX-100 is believed to be the only RhoA inhibitor in the world in clinical development. PTX-100 is currently in a PK/PD basket study of nematological and solid malignancies, focusing on cancers with Ras and RhoA mutations. In a previous Phase 1 trial in advanced solid tumours, PTX-100 was well tolerated and achieved stable disease.

PTX-200 is a novel PH domain inhibitor that inhibits an important tumour survival pathway known as Akt, which plays a key role in the development of many cancers, including breast and ovarian cancer, as well as leukemia. Unlike other drug candidates that target Akt inhibition which are non-specific kinase inhibitors that have toxicity problems, PTX-200 has a novel mechanism of action that specifically inhibits Akt whilst being comparatively safer. This highly promising compound has previously generated encouraging Phase 2a data in HER2-negative breast cancer and Phase 1b in recurrent or persistent platinum resistant ovarian cancer, with a Phase 1b/2 trial currently underway in relapsed and refractory AML.

#### **COVID-19 Therapies**

Two assets are being assessed by the Doherty Institute for antiviral activity against SARS-CoV-2, the virus that causes COVID-19 disease.

Find out more at <a href="mailto:ptxtherapeutics.com">ptxtherapeutics.com</a>, or connect with us via Twitter <a href="mailto:open.com">open.com</a>, and <a href="mailto:LinkedIn">LinkedIn</a>.

The Board of Prescient Therapeutics Limited has approved the release of this announcement.

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Certain statements made in this document are forward-looking statements within the meaning of the safe harbor provisions of the United States Private Securities Litigation Reform Act of 1995. These forward-looking statements are not historical facts but rather are based on the current expectations of Prescient Therapeutics Limited ("Prescient" or the "Company"), their estimates, assumptions, and projections about the industry in which Prescient operates. Material referred to in this document that use the words 'estimate', 'project', 'intend', 'expect', 'plan', 'believe', 'guidance', and similar expressions are intended to identify forward-looking statements and should be considered an at-risk statement. These forward-looking statements are not a guarantee of future performance and involve known and unknown risks and uncertainties, some of which are beyond the control of Prescient or which are difficult to predict, which could cause the actual results, performance, or achievements of Prescient to be materially different from those which may be expressed or implied by these statements. These statements are based on our management's current expectations and are subject to a number of uncertainties and risks that could change the results described in the forward-looking statements. Risks and uncertainties include, but are not limited to, general industry conditions and competition, general economic factors, global pandemics and related disruptions, the impact of pharmaceutical industry development and health care legislation in the United States and internationally, and challenges inherent in new product development. In particular, there are substantial risks in drug development including risks that studies fail to achieve an acceptable level of safety and/or efficacy. Investors should be aware that there are no assurances that results will not differ from those projected and Prescient cautions shareholders and



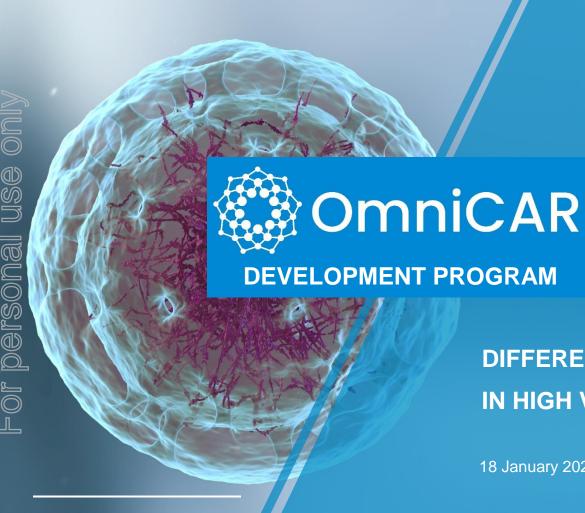
prospective shareholders not to place undue reliance on these forward-looking statements, which reflect the view of Prescient only as of the date of this announcement. Prescient is not under a duty to update any forward-looking statement as a result of new information, future events or otherwise, except as required by law or by any appropriate regulatory authority.

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#### **Supplemental COVID-19 Risk Factors**

Please see our website : <u>Supplemental COVID-19 Risk Factors</u>





**DIFFERENTIATED, NEXT-GEN CAR-T** IN HIGH VALUE INDICATIONS

18 January 2021



# STRATEGY OVERVIEW

# **OmniCAR Universal Immune Receptor Platform**



- Pre-clinical modularised universal immune receptor (UIR) platform
- Potential best-in class UIR
- Multi-disciplinary technology licensed from Penn
- Only UIR system with post-translational covalent binding
- Unique, powerful and flexible
  - Controllable activity
  - Flexible antigen targeting



#### **Co-inventors**



Associate Professor Daniel J. Powell, Jr

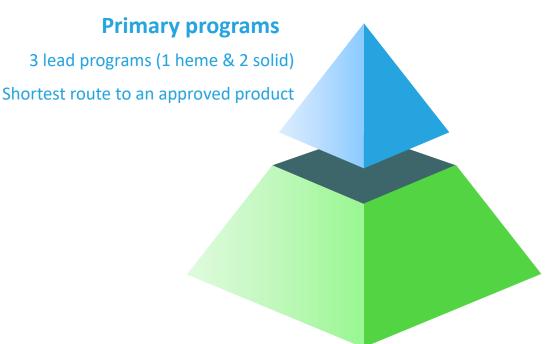


Professor Andrew Tsourkas

Powell, DJ et al, JACS; 2020

# Prescient's overall development objectives for OmniCAR





# Follow-on programs

Broader research programs to:

- Demonstrate OmniCAR properties
- Create future clinical candidates

# Striking the balance in decision making



Probability of Technical Success

Clinical Differentiation & Commercial Viability

 The easiest route to demonstrate PoC may not generate a commercially viable therapy...

...and on the other hand:

 ...Pursuing clinical and commercial differentiation may involve higher development risk

- Prescient has struck an excellent balance between:
  - Likelihood of demonstrating PoC; and
  - Creating truly differentiated products (i.e. avoid creating a "me too" CAR-Ts)

# **OmniCAR** features to test and exploit



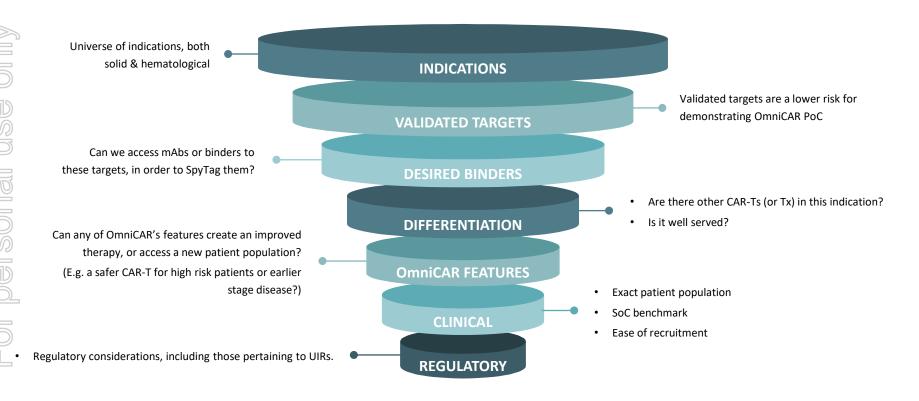
#### OmniCAR has many features that can be exploited in the development of new CAR therapies

- Enhanced safety & control:
  - Titration of T-cell activity post infusion to safe & efficacious levels
  - Switch off T-cell activity
  - Switch on T-cell activity/ rechallenge
- Pre-arming functional CAR-T product
- Co-arming CAR-T with of >1 binder to target multiple antigens simultaneously
- Target re-direction: Switching binders to target multiple antigens sequentially

- Metronomic stimulation with targeting antigen to overcome T-cell exhaustion
- "Backpack" to deliver cytokines to TME
- Ability to work with allogeneic T-cells and other cell types (e.g. NK)
- Companion Dx for patient selection
- Imaging for monitoring T-cell trafficking

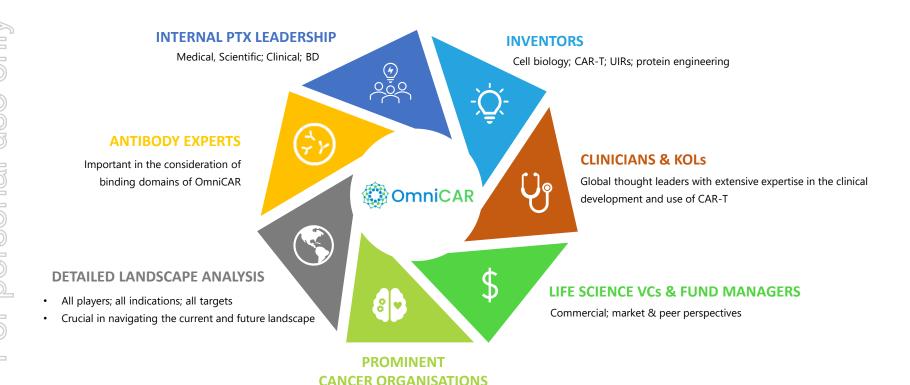
# Multiple considerations were funnelled





# Multi-disciplinary input created well-rounded decisions





Independent experts in current & future cancer treatments

# **OmniCAR Program Summary**



Targets	Indications	OmniCAR features		
		Titration for improved safety		
CD33 + CLL-1	Acute Myeloid Leukemia (AML)	<ul> <li>Co-arming against multiple targets (CD33 &amp; CLL1)</li> </ul>		
		Target switching (between CD33 & CLL1)		
		Titration for improved safety		
HER2	Ovarian; breast & gastric cancers	Persistent dosing of binder for improve efficacy		
		<ul> <li>Tumour microenvironment and checkpoint enhancements</li> </ul>		
		Titration for improved safety		
HER2 + EGFRviii	Glioblastoma multiforme (GBM)	<ul> <li>Co-arming against multiple targets (Her2 &amp; EGFRviii)</li> </ul>		
		<ul> <li>Persistent dosing of binder for improve efficacy</li> </ul>		





# AML OmniCAR CD33/CLL-1

## **OmniCAR for AML**

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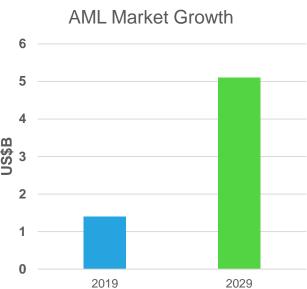


- OmniCAR T cells armed against CD33 and CLL-1
- Application in Acute Myeloid Leukemia (AML)
- CD33 and CLL-1 are important and validated targets for AML
- Employ unique capabilities of OmniCAR to overcome issues current generation CAR-T faces in AML
  - Titration of duration and potency of T-cell activity post infusion to safe & efficacious levels, including management of neutropenia, which is a consequence of AML treatment
  - Target re-direction: Switching binders to target multiple antigens sequentially
  - Co-arming CAR-T with >1 binder to target multiple antigens simultaneously
- Not competitive with PTX-200 trial in AML, which is targeting high p-Akt patients

# **AML** market opportunity







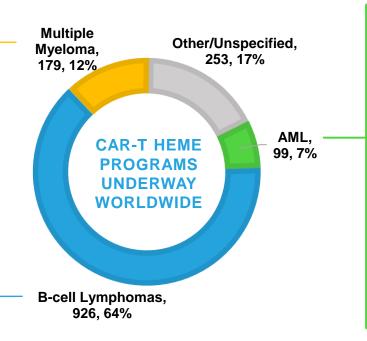
- Global incidence of 119,570 cases per year
- Disease progresses very quickly; 5 year survival only 24%
- Chemotherapy is still the standard of care, now together with targeted therapies
- Global AML market is expected to grow from US\$1.4B in 2019 to US\$5.1B in 2029
  - CAGR of 13.6%
- Growth assumptions largely based on new targeted therapies
- Any CAR-T breakthrough in AML would grow this market further

# CAR-T is increasingly crowded in certain hematological cancers, but not AML...yet



Multiple Myeloma is the second indication in which CAR-T is showing success, reflected in the growing number of MM programs

B-cell cancers represent the vast majority of programs investigated worldwide, due to the initial success of CAR-Ts in this space



- AML currently underrepresented relative to incidence and large market opportunity
- AML is emerging as the next heme indication of interest for CAR-T
- But AML is not without unique challenges for current generation CAR-T In the meantime, chemotherapy and targeted therapies remain the best treatments for AML

# For CAR-T to succeed in AML, it must overcome:







# **Safety**

AML patients are especially ill with many unable to tolerate vigorous therapies like CAR-T



## **Rapid Mutations**

AML can mutate midtherapy, quickly rendering single CAR-Ts infective



## **Rapid Disease Progression**

Even if multiple current generation CAR-T therapies were available, resistant patients are likely to progress before subsequent therapies are manufactured for them

OmniCAR is uniquely placed to address these challenges for CAR-T in AML

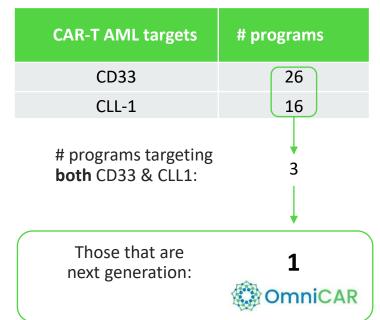
# Staying away from the crowded play

Prescient
Therapeutics

- Across all heme programs, over 70 target antigens are under investigation...
- ...but ~70% focus on just four antigens:
   CD19, BCMA, CD22, and CD20

CAR-T Heme targets	# programs
CD19	334
BCMA	104
CD22	67
CD20	49

- By contrast, AML targets are more widespread
- CD33 & CLL-1 are just 2 AML targets under investigation:



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# CD33 & CLL-1 are excellent AML targets for CAR-T



#### CD33

- Validated target in AML with approved anti-body drug conjugate (gemtuzumab ozogamicin, or Mylotarg)
- CD33 is constantly expressed on both normal and malignant myeloid cells
- CD33 expressed on >90% adult and childhood AML blasts and on leukemia stem cells, which have the ability to indefinitely replicate to produce cancerous leukemic cells, leading to relapse

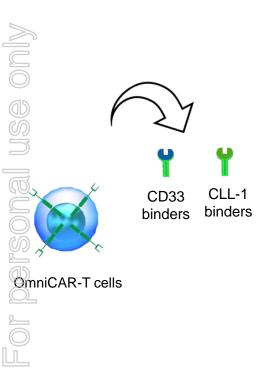
#### CLL-1

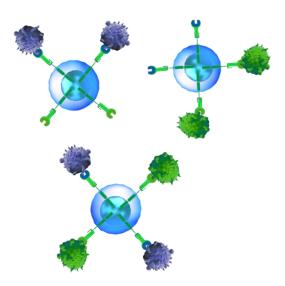
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- Expressed on 92% of AML cells
- Absent from normal hemopoietic stem cells
- Importantly, CLL1 is expressed on leukemic stem cells, which produce subsequent cancer cells leading to relapse

# **Targeting Multiple Antigens Simultaneously**







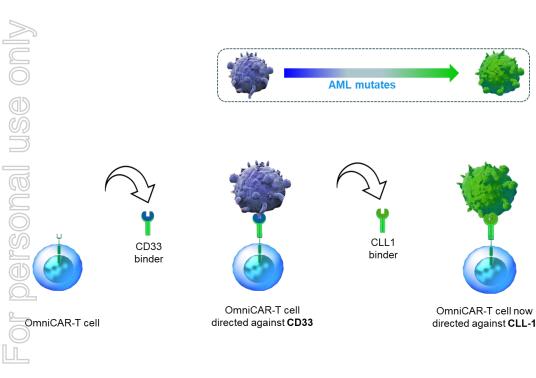
OmniCAR-T cells able to target AML cells expressing either:

- CD33
- CLL-1
- Or both

- Co-Arm against CD33 & CLL1 with single cell product
- Target several AML cell populations at once:
  - CD33+
  - CLL1+
  - CLL+/CD33+
- Could broaden anti-tumour immune response
- Higher copy number of targets on cancer surface can result in improved cancer killing

# **Targeting Multiple Antigens Sequentially**





- Sequential administration of anti-CD33 & CLL1 binders
- Addresses antigen escape
- Switching binder redirects the T-cell
- Does not require another time consuming & expensive cell manufacturing run
- May be a more tolerable approach for sick AML patients

# AML peer with CD33/CLL1 CAR-T





	Legend Biotech Corp	Prescient Therapeutics	
Ticker	NASDAQ: LEGN	ASX: PTX	
Market Cap	A\$4.8B	A\$45M	
AML program	CD33 + CLL1	OmniCAR CD33 + CLL1	
Generation	Current generation, autologous	Next generation, autologous	
Stage of development	Phase 1	Discovery/Pre-clinical	
Titratable for safety	×	✓	
Switch on/off	×	✓	
Persistent dosing without new cell product	×	✓	
Able to switch antigen targeting	×	✓	

Legend Biotech Corp; Google Finance Jan 2021



# Ovarian, Breast & Gastric cancers OmniCAR Her2

# **OmniCAR for Her2+ Ovarian, Breast & Gastric Cancers**



- OmniCAR T cells armed against Her2
- Builds upon the encouraging work already undertaken by UPenn with Her2
- Makes OmniCAR Her2 the most advanced next-generation Her2 CAR-T program
- Targeting a range of Her2+ solid cancers in a tissue agnostic "basket study" approach (akin to PTX-100 study)
- Using controllable and flexible features of OmniCAR to overcome the challenges that solid tumours present to current generation CAR-T programs

# **Landscape for CAR-T in solid cancers**



- Solid tumours represent the vast majority of all cancers, with large patient populations and unmet needs driving intense research
- No CAR-T product has yet been approved in solid tumours
- In solid cancers, CAR-T research interest is more evenly distributed among indications with a large target population
- The field is grappling with overcoming several key challenges that OmniCAR is able to help address

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or personal

# **Key challenges for CAR-T in solid tumours**











### **Targets**

Limited targets that are cancer-specific Leads to on-target, off-tumour effects



Ability to titrate doses safely and switch off in the even of adverse events

Especially important for ontarget, off-tumour activity

# **Trafficking**

Inability of T-cells to reach tumour sites and penetrate physical barriers

#### **TME**

Overcoming an immunosuppressive Tumour Microenvironment once they get there

OmniCAR's features enable it to address these challenges for CAR-T in solid tumours

# Solid tumour CAR-T targets more evenly researched



- ~ 95 target antigens are being researched in solid cancers for CAR-T
  - A function of the diversity of oncogenic signaling
- Greater heterogeneity of antigens in solid tumours
- Most tumour antigens are also expressed on healthy tissue in some form, creating safety issues for CAR-T
- Overall, research in solid tumour CAR-T targets is more evenly distributed and less crowded, creating an abundance of opportunities

Solid tumour targets	# programs
Her2/Erb family antigens	74
Mesothelin	45
GPC3	35
Mucin antigens	23

Company data

# Her2 is an ideal place to start for solid tumour CAR-T



- Her2 one of the most studied and well understood cancer targets
- **Therapeutically validated target** thanks to anti-Her2 antibodies (e.g. Herceptin)
- **Very large differential** between level of Her2 expression on cancer cells versus healthy cells
  - This characteristic difficult to find in solid tumours; especially for validated targets
- personal High level of target expression on cancer cells correlated with higher anti-cancer activity
  - Eventually tumours can become resistant to drugs like Herceptin, yet the cancer cells may still express Her2 on their surface
  - These can be targets for an anti-Her2 CAR-T, where the payload is a cytotoxic T-cell

# **Advantages of OmniCAR Her2 CAR-T**



- The singular "one and done" CAR-T approach that has succeeded in heme malignancies thus far is likely to be insufficient for solid tumours
- OmniCAR offers a way to maintain **persistent stimulation** and antigen targeting through binder administration, but with a **single CAR-T cell infusion**
- Combination with checkpoint and tumour microenvironment enhancements
- OmniCAR features to address trafficking and overcoming the TME (undisclosed)
- Builds upon encouraging Her2 data generated by UPenn to date using OmniCAR

# **Huge market opportunities for Her2+ cancers**



	New cases/year worldwide¹	Proportion that are Her2+ <sup>2,3,4</sup>	New Her2+ cases/year
Ovarian Cancer	300,000	29%	87,000
Breast Cancer	1,700,000	20%	340,000
Gastric Cancer	952,000	22%	209,440

- Prescient will take a "basket study" approach to Her2+ cancers (akin to the development path of PTX-100)
- Very large patient populations
- Her2+ status correlated with poorer clinical outcomes, including survival
- Even when failing Her2 therapies, tumours can still express Her2, making these patients potential candidates for anti-Her2 CAR-T therapy
- World Cancer Research Fund
- 2. Shang AQ, et al. Relationship between HER2 and JAK/STAT-SOCS3 signaling pathway and clinicopathological features and prognosis of ovarian cancer. Cancer biology & therapy. 2017:1-9
- 3. Luo, H et al, The prognostic value of HER2 in ovarian cancer: A meta-analysis of observational studies. PLoS ONE 13(1) 2018
- 4. Bang YJ, et al. Trastuzumab in combination with chemotherapy versus chemotherapy alone for treatment of HER2-positive advanced gastric or gastro-oesophageal junction cancer (ToGA): a phase 3, open-label, randomised controlled trial. *Lancet* 2010;376:687-97.

# **Notable Her2 CAR-T peers**



Prescient the most advanced next-generation CAR-T program in Her2

		Shenzhen Geno-Immune Medical Institute <sup>1</sup>	Tessa Therapeutcs <sup>2</sup>	Fate Therapeutics	Novartis <sup>3</sup>	Calibr	Xyphos	Prescient Therapeutics
	Status	Hospital	Private Company	NASDAQ: FATE; Market cap A\$10.1B	Global pharma company	Research Institute	Acquired by Astellas 2019	ASX: PTX Market cap A\$45M
	Indications	Breast cancer	Multiple cancers	Breast & other unspecified cancers	Ovarian cancer	Breast cancer	Solid cancers (unspecified)	Ovarian, Breast, Gastric
	Generation	Current generation, autologous	Current generation + oncolytic virus	Current generation, autologous	Current generation, autologous	Next generation, autologous	Next generation, autologous	Next generation, autologous
ジ コ	Stage of development	Phase 2	Phase 1	Discovery	Discovery	Discovery	Discovery	Pre-clinical

Together with The Sixth Affiliated Hospital of Sun Yat-sen University



# **OmniCAR for GBM**

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- GBM the most common form of brain cancer
  - Traditional drugs have trouble penetrating the blood brain barrier (BBB)
  - Active T-cells can cross BBB, making CAR-T a promising approach

Early promise of CAR-T in GBM has been met with relapse issues due to single antigen targeting

- OmniCAR program in GBM will arm CAR-T cells armed against Her2 and EGFRviii
  - Leveraging experience generated in OmniCAR Her2 program
  - Exploring additional GBM targets

OmniCAR will be one of only 3 CAR-T programs targeting multiple antigens in GBM

# **CAR-T challenges in GBM: single antigen targeting**



- Composition of GBM, and its ability to rapidly mutate, limits the effectiveness of CAR-Ts only targeting a single antigen
- Targeting a single antigen targeting can result in relapse

"A major limitation of a single-antigen targeting in GBM is the inherent heterogeneity and plasticity of the tumor cells, allowing some cells to escape CAR-T cell killing due to the loss of the targeted antigen..."

"...**single antigen-targeting** CAR-T cells **fail to completely eradicate** brain tumors resulting in antigen negative **relapses**"

 By contrast, CAR-Ts targeting multiple antigens have demonstrated anti tumor responses and more importantly prevented antigen escape in vivo



# Two targets are better than one in GBM



- Single antigen targeting has been inadequate in GBM
- By contrast, combination of Her2 and other antigen targeting shows early promise in overcoming relapse
- Prescient will also explore other targets for GBM

Dersonal



- Her2 occurs in 80% of GBM
- Linked with poor survival



- EGFRviii occurs in 45% of GBM
- Importantly, EGFRviii is only present on GBM and is not found on healthy tissues

# **Advantages of OmniCAR in GBM**



- Multiple antigen targeting (Her2 & EGFRviii) to prevent antigen escape and relapse
- OmniCAR can maintain persistent stimulation and antigen targeting through binder administration, but with a single CAR-T cell infusion
- OmniCAR features to address trafficking and overcoming the TME (undisclosed)

# **Competitive landscape in CAR-T GBM**



- 41 programs overall...but 38 of these target single antigens
- Only three (including OmniCAR) are targeting multiple antigens
  - All at discovery stage
  - OmniCAR the only next generation CAR-T program
  - The two other programs are at a not-for profit institute

#### **Competitive landscape of CAR-T in GBM**

Stage # CAR-T p	orograms
Discovery/Pre-clinical 2	5
Clinical 1	6
TOTAL 4	1
38	3
Single Antigen	Multiple

-or personal use



# WORK PLAN OVERVIEW

# **Key development activities**



- Source and generate SpyTagged binders
  - CD33; CLL1; HER2; EGFRviii
- Generate autologous SpyCatcher T-cells
- Incorporate new "infinite affinity"
   SpyTag/SpyCatcher developed by Oxford University
  - Expected to yield faster binding and enhanced CAR-T activity
  - In vitro data generation in matrix development for data-rich research and faster decision making
    - Titration

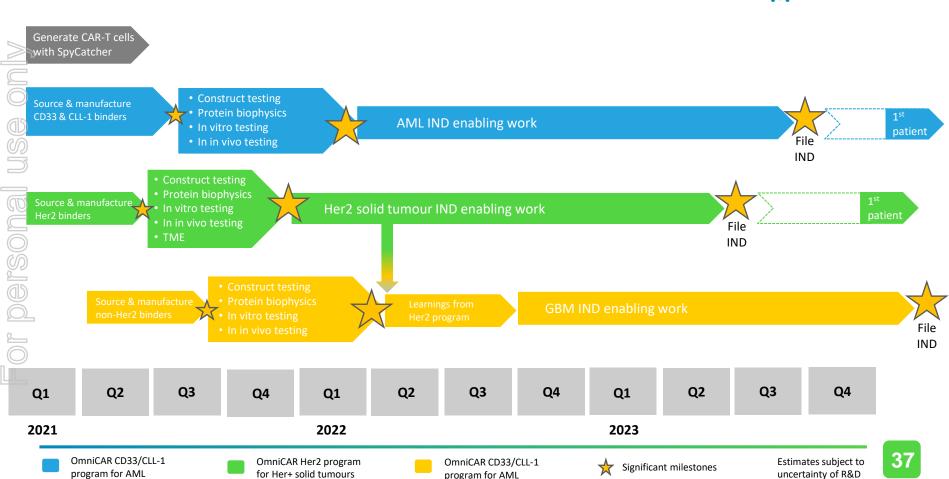
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- Switch off/on
- Co-arming
- Antigen redirection
- TME enhancements

- In vivo experiments and enabling studies towards clinic
- Work to be conducted by combination of
  - commercial providers &
  - institutional collaborators
- Whilst this work plan is for the development of Prescient products, it is important to keep in mind that OmniCAR is a next-generation platform with many enabling capabilities addressing industry needs
- Therefore demonstrating each OmniCAR feature will generate inherent value in the underlying platform, especially to external parties

# Macro work plan





# **Summary**



- Three next-gen CAR-T products, with input from multidisciplinary leaders
- All high value opportunities, with OmniCAR being an advantageous differentiator
  - OmniCAR T CD33 & CLL-1 for AML
  - OmniCAR Her2 for solid tumours
  - OmniCAR Her2 & EGFRviii for GBM
- Utilising the unique features of OmniCAR to overcome problems encountered by current generation CAR-T
- Vigorous work plan towards clinical programs
- Demonstrating OmniCAR features along the way adds tremendous value to OmniCAR platform, especially for external parties



**ASX code: PTX** 

www.ptxtherapeutics.com

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