Oscotec R&D Day

January 25th, 2022

Taeyoung Yoon, Ph.D., CEO

On behalf of Oscotec/Genosco Team

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Agenda

- Vision & Strategy
- Clinical Pipeline
  - Cevidoplenib
  - SKI-G-801
  - ADEL-Y-01

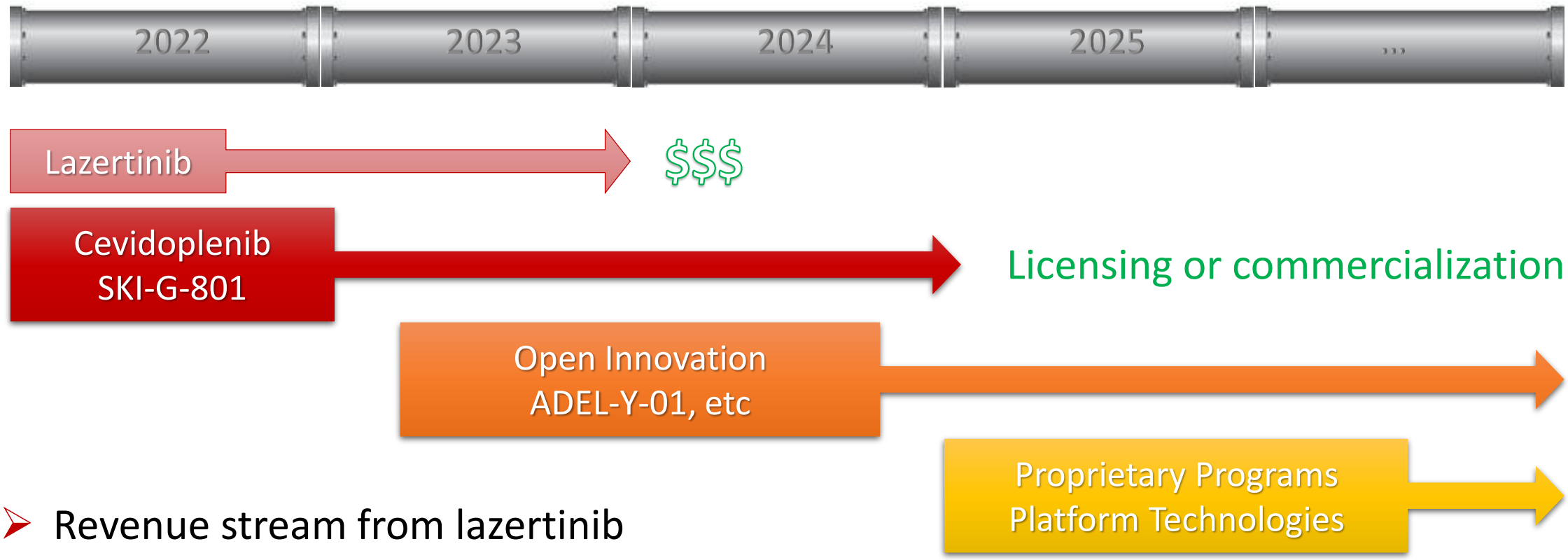
Oscotec Vision

OUR VISION is to be the LEADING INNOVATION ENGINE that translates the science of LIFE into first-in-class medicine for unmet clinical needs

- Building worldclass R&D pipeline aimed at first-in-proof-of-concept
- Transformative technology platforms for ‘undrugged’ target classes

Oscotec Inc.

Oscotec Growth Strategy



- Revenue stream from lazertinib
- Build upon success of the current clinical pipeline
- Pipeline enrichment via open innovation
- Sustained growth with maturing internal programs and platform technologies

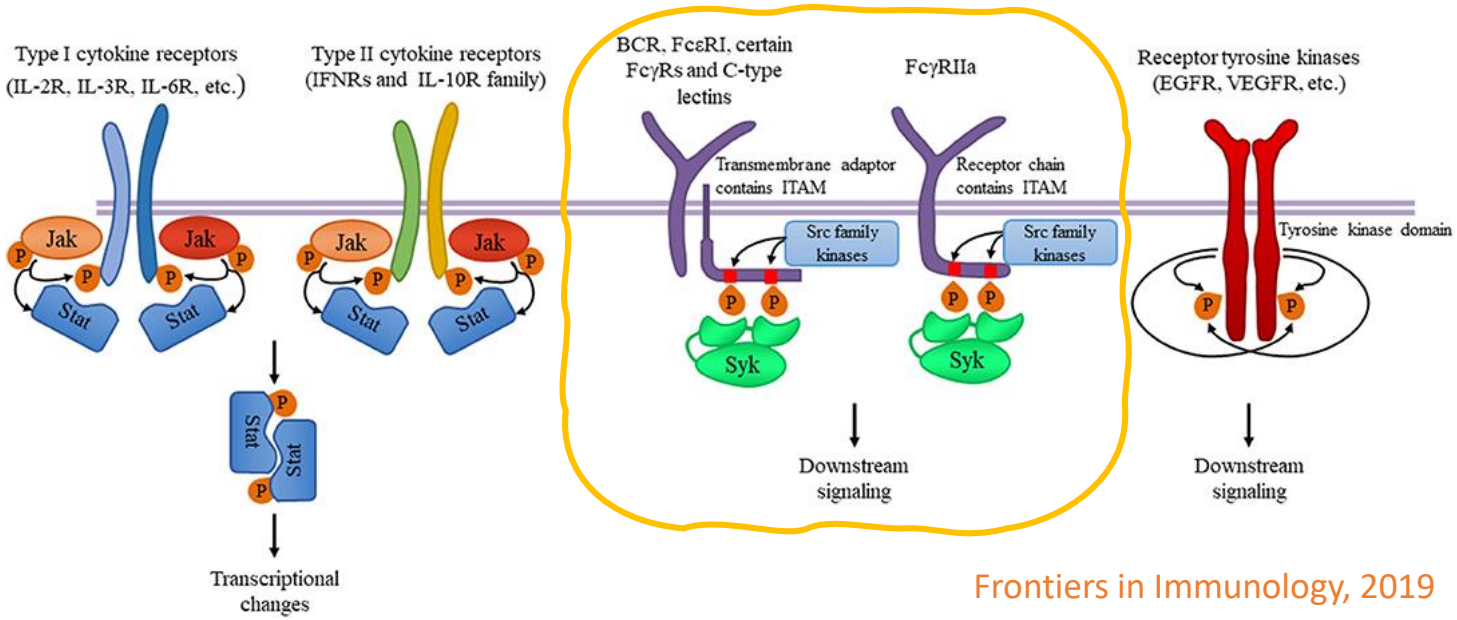
Oscotec R&D Pipeline

	MoA	Indication	Discovery	Lead Opt	Preclinical	Phase I	Phase II
Cevidoplenib (SKI-O-703)	SYK inhibitor	RA					
		ITP					
SKI-G-801	FLT3/AXL Dual Inhibitor	AML					
		Solid tumors					
ADEL-Y01	TAU	Tauopathies					
LSD	LSD1	GBM					
ONC1	(Undisclosed)	AML/CMML					
ONC2	(Undisclosed)	Solid tumors					
ONC3	(Undisclosed)	Solid tumors					
…							

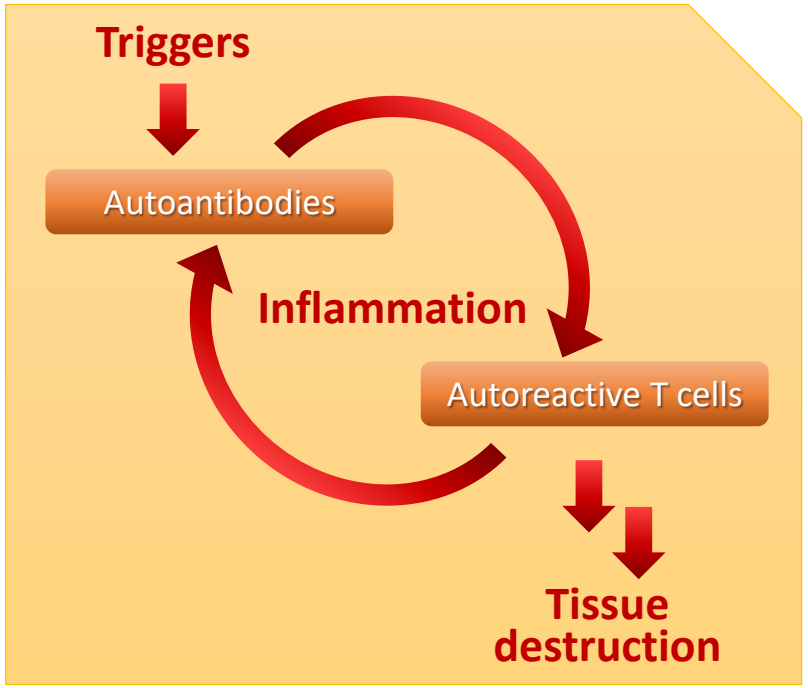
Cevidoplenib (SKI-O-703)

A Potential First-in-Class SYK Inhibitor

Targeting SYK for Autoimmune Disorders



Frontiers in Immunology, 2019



- Autoimmune disorders
  - Immune reaction elicited against self-antigen(s); from organ-specific to systemic
  - Autoantibody → autoreactive T cells → cytokines, tissue destruction
- Existing therapies mostly focus on **cellular immunity** (anti-TNFα, anti-IL-6, JAK, etc)
- **SYK** plays the major role in **humoral immunity** by mediating B cell (BCR) and antibody (FcR) signaling; **differentiated, potentially complementary MoA**

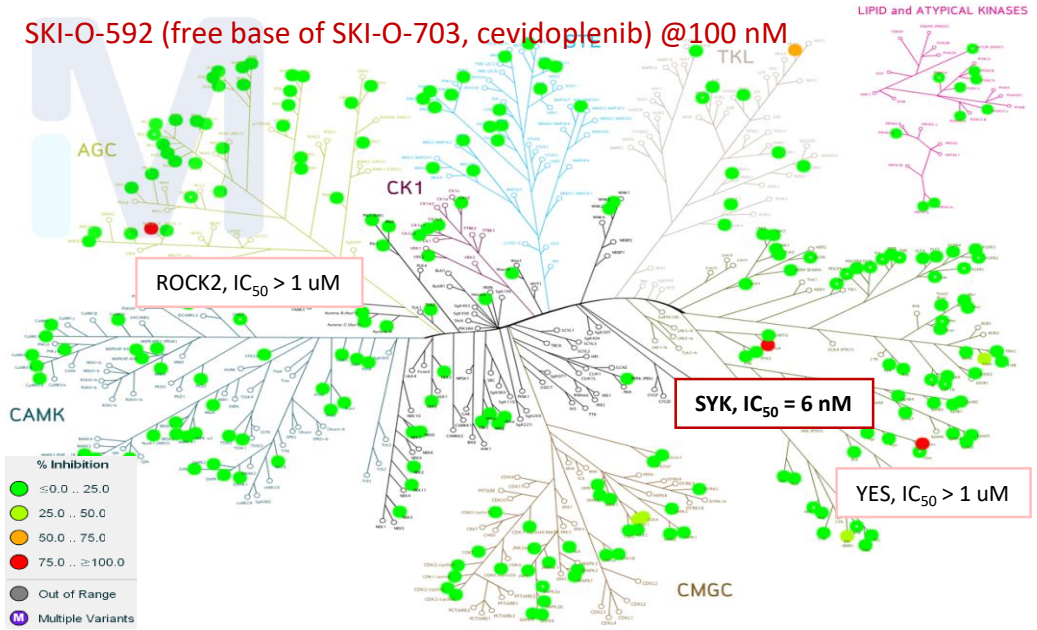
SYK Inhibitors; Competitive Landscape

Company	Asset	Indication	Dev Phase	Comment
Rigel	Tavalisse® (fostamatinib)	Immune thrombocytopenia (ITP)	Approved	
		Autoimmune hemolytic anemia (wAIHA)	Phase III	
		COVID-19	Phase III	
Kronos Bio	Entospletinib	NPM1+ acute myeloid leukemia (AML)	Phase III	From Gilead
Alexion	Cerdulatinib (**JAK/SYK dual**)	Lymphoma	Phase II (stopped)	From Portola
Dermavant		Vitiligo	Phase II	Topical
Calithera	Mivavotinib	Lymphoma	Phase II	From Takeda
Hutchmed China	HMPL-523	Immune thrombocytopenia (ITP)	Phase III (China)	
		Lymphoma	Phase II	
Asana	Gusacitinib (**JAK/SYK dual**)	Chronic hand eczema	Phase II	FDA Fast Track Designated

As a SYK-specific inhibitor, cevidoplenib is at the forefront in the autoimmune space

Cevidoplenib, a Potential First-in-Class SYK Inhibitor

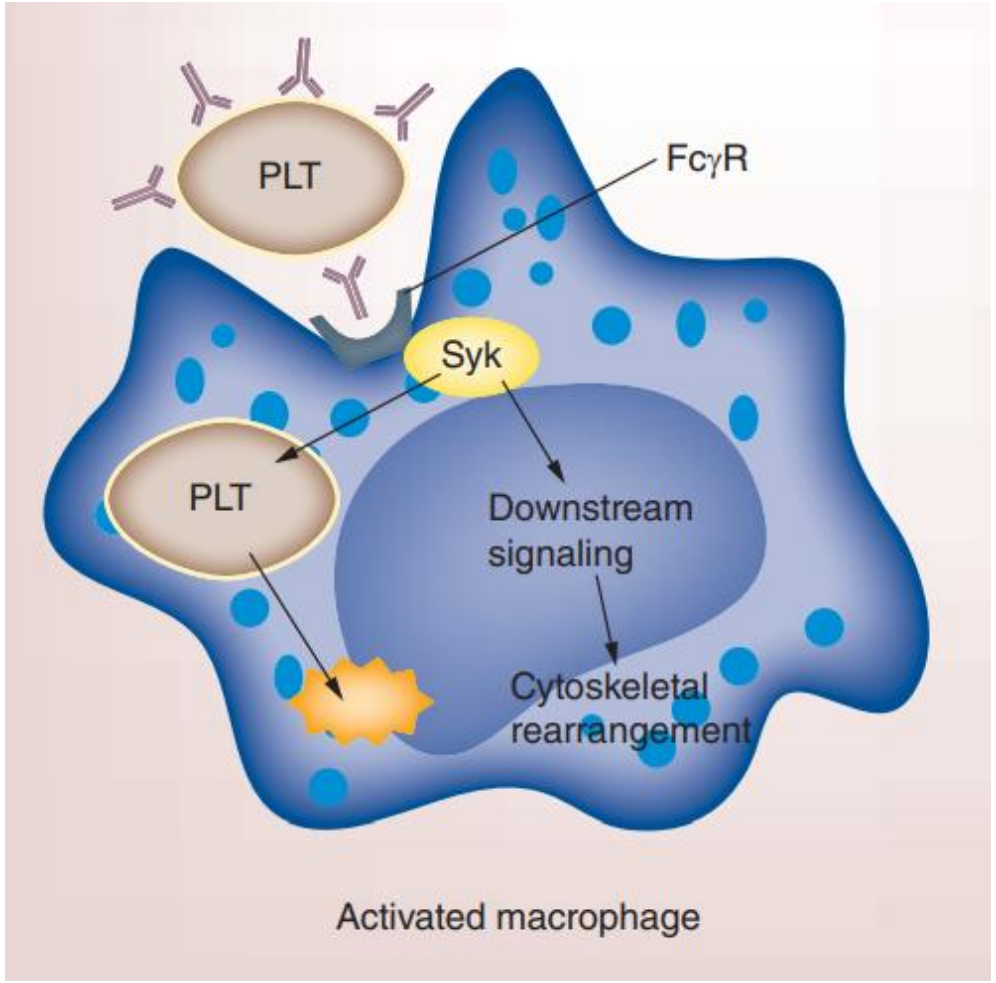
- Unparalleled kinome selectivity
  - Potent and specific inhibition of B cell (BCR)- and antibody-driven (FcRs) immunological responses
- Proven efficacies in preclinical models of various autoimmune disorders
  - Arthritis (CIA and KSTA)
  - Lupus (MRL-lpr and NZB/W)
  - Psoriasis (IMQ-induced)
  - Vasculitis (ANCA)
  - Autoimmune hemolytic anemia
  - COVID-19



Assay (IC50)	Cevidoplenib	Fostamatinib
IgG-induced TNFa production (SYK-dependent)	52 nM	217 nM
CD3/CD28-induced IL-2 production (SYK-independent)	2892 nM	100 nM

ITP; Immune (Idiopathic) Thrombocytopenia

- Description
  - Decreased number of platelets resulting in excessive bruising and bleeding, fatigue, and increased risk of thrombosis
  - Caused by auto-antibody-mediated destruction of platelets
  - Orphan disease (~9.5 per 100,000 adults)
- Current treatment options
  - First line; corticosteroid or IVIg
  - Second line; TPO-RA (thrombopoietin receptor agonist), rituximab, or splenectomy
  - **Fostamatinib approved in the US in 2018**
- Pipeline
  - BTK inhibitor (rilzabrutinib, Sanofi, in P3)
  - Anti-FcRn antibodies (UCB and Argenx in P3; Harbour/HanAll in P2)



Newland et al., Future Medicine Immunotherapy 2017

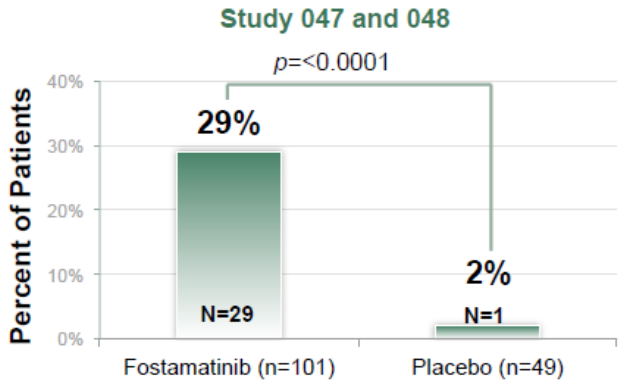
Cevidoplenib Phase II Study for ITP

Multicenter, randomized, double-blind, placebo-controlled, parallel dose study to evaluate the efficacy and safety in patients with persistent and chronic ITP

- ITP patients who failed to respond or relapsed after prior therapy
- Screening; platelet count <30,000/uL on 2 occasions (>7d apart)
- Subjects randomly assigned to cevidoplenib 400mg bid (n = 24), 200mg bid (n = 24), and placebo (n = 12) groups
- Study duration of 20 weeks per subject (12 weeks of treatment)
- **Currently enrollment 52/60; est'd LPI in 22Q2, topline in 22Q4**

Fostamatinib vs Cevidoplenib for ITP

- Fostamatinib was approved by FDA in 2018 on the strength of 2 P3 studies (n = 150, 2:1)
  - 100-150mg PO bid for 24 weeks
  - Response rate 18% (PLT# > 50K/uL for >4 of the last 6 visits); 29% incl. intermediate responders
  - Relatively high rate of SAEs including hypertension

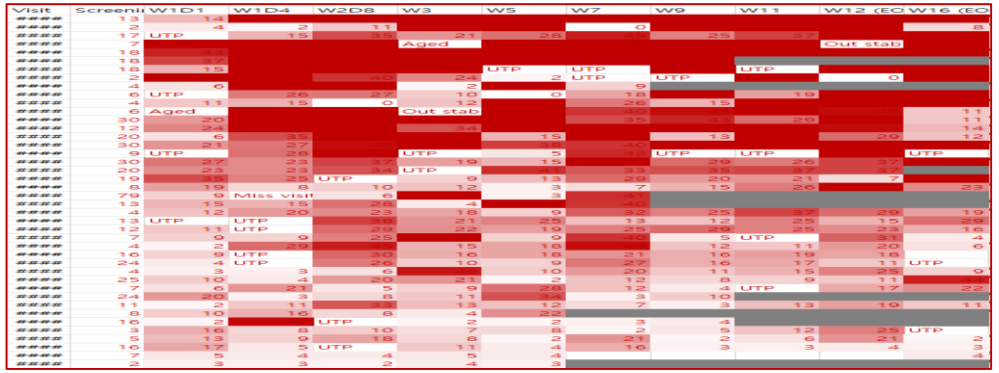


Response	Fostamatinib	Placebo	
Stable	18/101	1/49	
Intermediate*	11/101	0/49	
Overall	**29/101**	**1/49**	
%;p	**29%**	**2%**	**P<0.0001**

Adverse Events - Combined Studies 047 + 048

Number (n) and % of Patients with ≥ one Adverse Event (AE)	Fostamatinib N=102	Placebo N=48
	n (%)	n (%)
Any AE*	85 (83%)	36 (75%)
- Treatment-related AEs	60 (59%)	13 (27%)
Serious AEs (SAEs)	13 (13%)	10 (21%)
- Bleeding SAEs	4 (4%)	5 (10%)
- Treatment-related SAEs	4 (4%)	1 (2%)
Gastrointestinal complaints**	49 (48%)	15 (31%)
- Diarrhea	30 (29%)	7 (15%)
- Nausea	19 (19%)	4 (8%)
Infection	27 (27%)	10 (21%)
Hypertension	20 (20%)	4 (8%)
Transaminase elevation	14 (14%)	0 (0%)

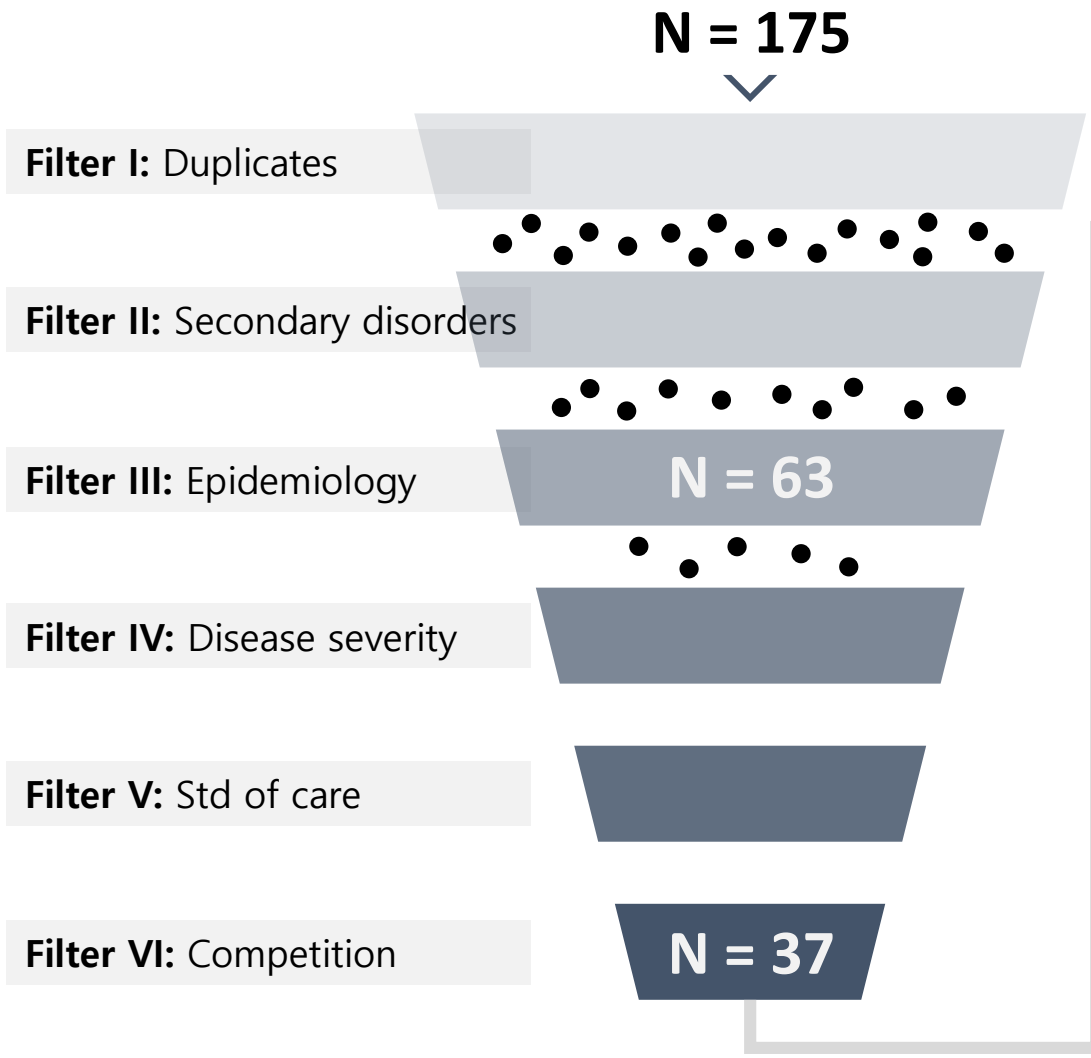
- Cevidoplenib in P2 (as of Nov 15, 2021)
  - **Blinded platelet count data suggests a response rate roughly twice as high as that of fostamatinib**



  - In RA P2 study (n = 163), no treatment-related SAE was observed

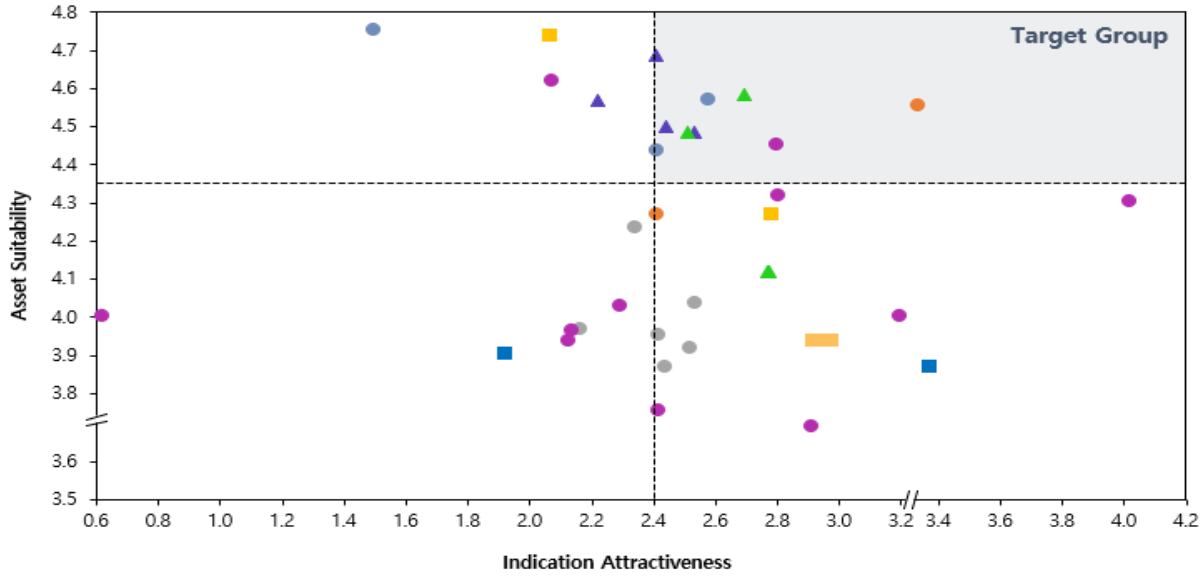
Event	Cevido 400 (n=41)	Cevido 200 (n=41)	Cevido 100 (n=41)	Placebo (n=41)
Any TEAEs	61%	58%	39%	46%
- Treatment-related AEs	34%	30%	10%	20%
Any SAEs	2%	0%	2%	2%
- Treatment-related SAEs	0	0	0	0
Hypertension	1	1	0	0

Mining New Indications

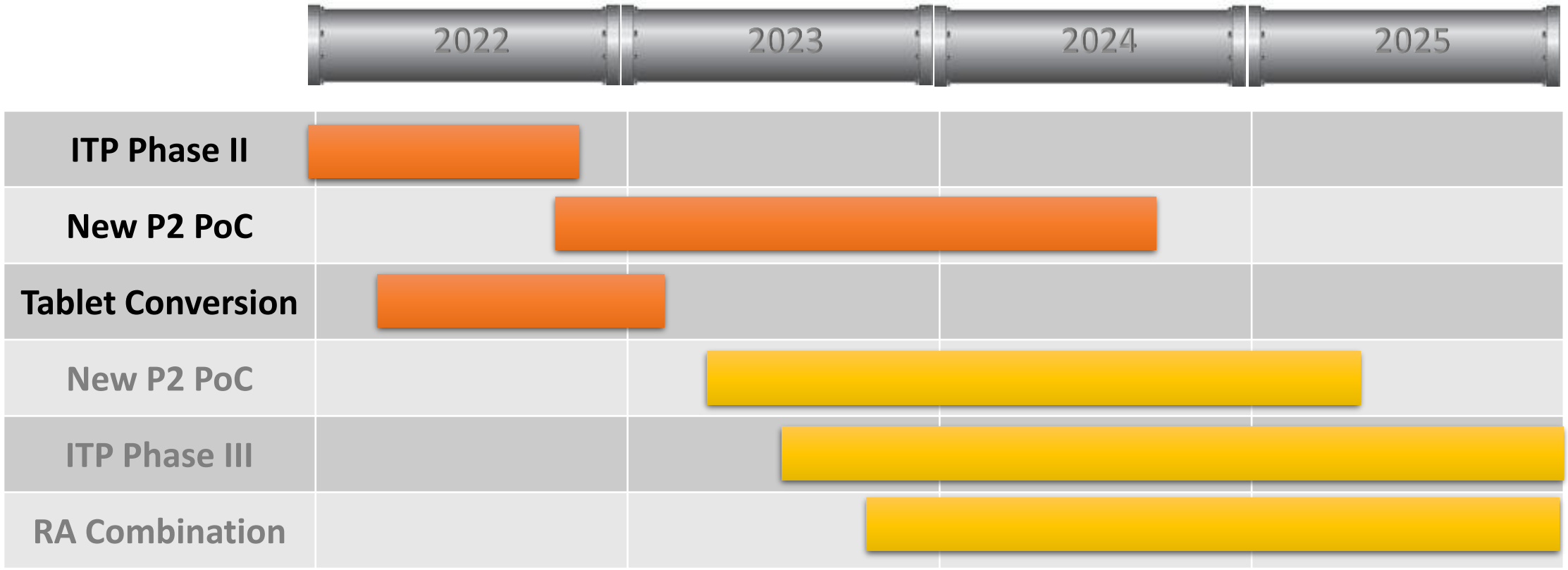


Market Research by EVERSANA™

- Qualitative KOL Interviews (US 10, EU 8)
- Quantitative Physician Surveys (US/EU 60)



Cevidoplenib, “Pipeline in a Product”



- Global L/O activity on hold until ITP P2 outcome
- Regional and/or indication-wise licensing possible

Planned

Tentative

SKI-G-801

The Best-in-class FLT3/AXL Dual Inhibitor

SKI-G-801 Executive Summary

Potent and selective, and differentiated FLT3/AXL dual inhibitor

Targeted Therapy for FLT3-mutated AML

- US FDA Orphan Drug designated (2018)
- **P1a dose-escalation study completed**
  - Intravenous injection (14d on, 14d off)
  - Generally well tolerated
  - **1 Complete remission**; most of the FLT3-mut patients (3) exhibited some promising response
- Will be revisited with oral tablet formulation

Immunotherapy for Solid Tumors

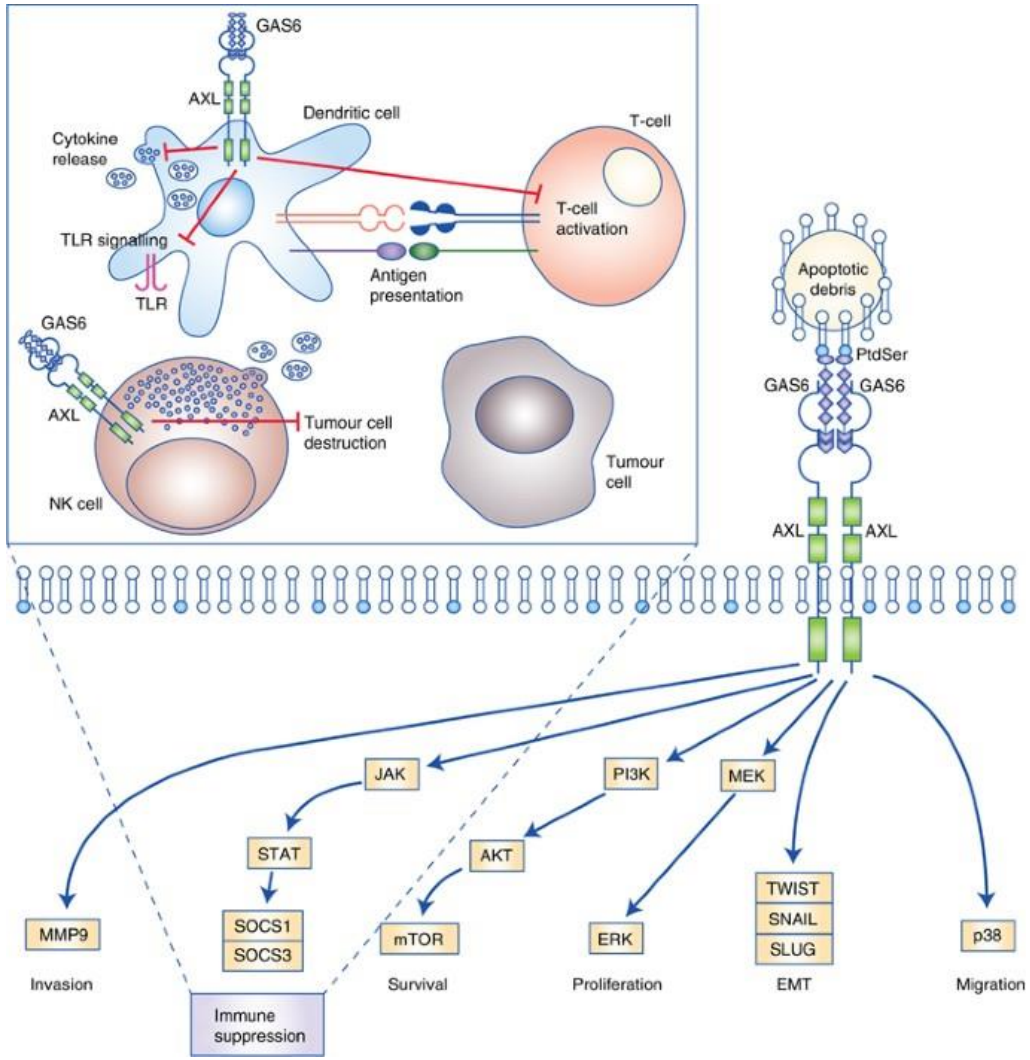
- Excellent, immune-dependent antitumor activity in various preclinical models
  - Superior efficacy as a single agent as well as in anti-PD-1 combination
  - Unique anti-tumor immune response, further enhanced by PD-1 blockade
- **P1 dose-escalation study initiated**
  - Oral tablets, from 100 to 500 mg qd
  - Cohort expansion planned upon MTD

SKI-G-801 AML Dose Escalation Study Completed

Patient	FLT3 status	Dose (mg/kg)	Treatment-related SAE	Response (BM blast)
101	WT	0.45	None	PD
402	WT	0.68	None	PD
404	WT	1.04	None	PD
405	WT		None	PD
103	WT	1.58	None	PD
601	FLT3-ITD	2.41	None	SD in Cycle 1 (57% → 39%), then progressed in Cycle 2
602	FLT3-ITD	3.66	Gr 4 neutropenia	**CRi (72% → 0.5%)** after Cycle 1; DLT per protocol
603	WT		None	PD
604	FLT3-TKD		None	PR in Cycle 1 (73% → 12%), then progressed
605	WT	4.21	None	PD
607	WT		None	PD
801	WT		None	Not evaluable
608	FLT3-ITD	5.57	Gr 3 pneumonia	(DLT)
802	FLT3-ITD		Gr 3 pneumonia, etc	(DLT)

SKI-G-801 for Solid Tumors; Therapeutic Rationale

- AXL overexpression is correlated with **malignant tumor progression**
  - Associated with poor prognosis in multitudes of cancers
  - Promotes epithelial-mesenchymal transition (EMT) and metastasis
  - Drives therapy-resistance; esp. **TKI-resistant EGFR-mutant NSCLC**
- **Innate immune checkpoint**
  - AXL in macrophages and DCs reinforces apoptotic cell-mediated immune suppression in the tumor microenvironment
  - AXL is upregulated in **checkpoint inhibitor-resistant tumors**

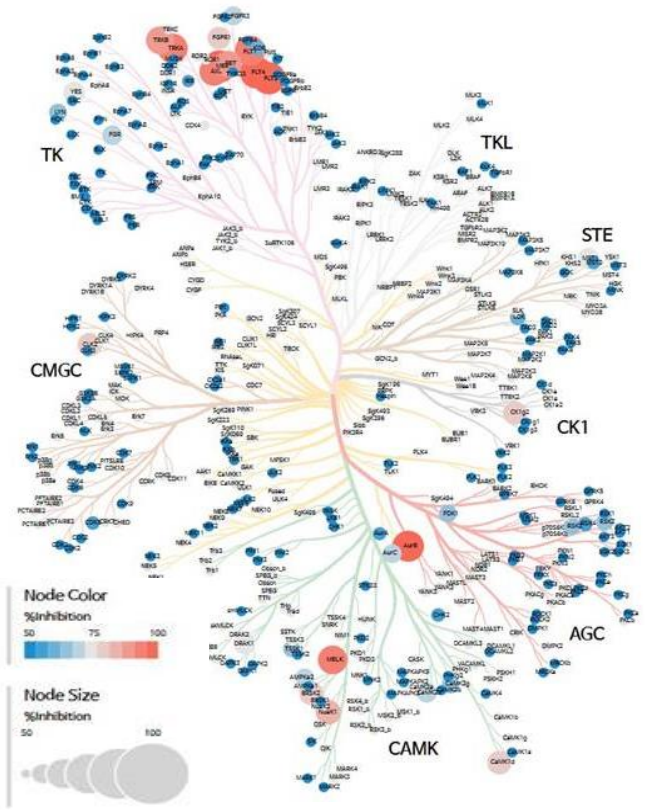


Gay et al., British J Cancer 2017

AXL Inhibitors; Competitive Landscape

Asset	Company	AXL IC50	Others	Indication	Phase	Remark
Bemcentinib (R428, BGB-324)	BerGenBio	14nM		AML, MDS	II	Completed
				COVID-19	II	Completed
				NSCLC, Keytruda combination	II	
ONO-7475	Ono Pharma	0.7 nM	Mer (1.0 nM), FLT3 (147 nM)	R/R AML/MDS Alone and in combi with venetoclax	I/II	
				Advanced or Metastatic Solid Tumors Alone and in combi with ONO-3538 (nivolumab)	I	
AB-329 DS-1205	Daiichi Sankyo	1.3 nM		EGFR-mut NSCLC in combi with gefitinib (n = 21)	I	Completed
				EGFR-mut NSCLC in combi with Osimertinib (n = 13)	I	Completed ORR = 0%
Dubermatinib (TP-0903)	Sumitomo Dainippon	27 nM		Advanced solid tumors (n = 177)	I	
				CLL, alone and combi with ibrutinib	I/II	Terminated
				FLT3-mut AML (n = 80)	Ib/II	
HH30134	Haihe Biopharma	AXL	FLT3, NTRK	Advanced Solid Tumor (n =50)	I	
Q702	Qurient	0.7nM	Mer (0.8 nM) CSF1R (8.7nM)	Advanced Solid Tumor (n = 78)	I	

SKI-G-801; a Potential Best-in-Class AXL inhibitor



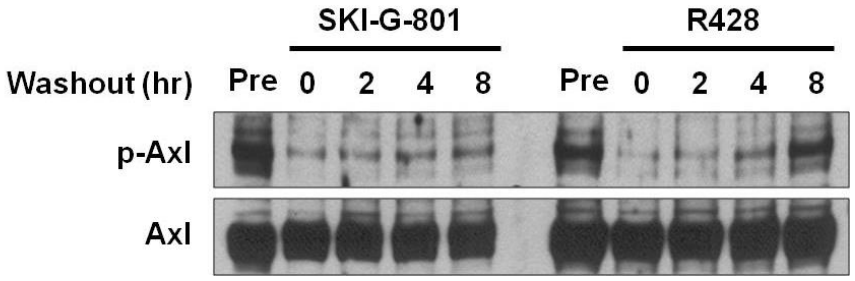
Kinase	IC50 (nM)
FLT3	1
Mer	1
Aurora B	6
Ret	9
FLT1	18
Fms	19
Axl	20
Aurora C	24
FGFR1	25
FGFR3	30
KDR	39
c-Kit	142
IGF-1R	300
PDGFRa	300
PDGFRb	300
EGFR	300

Enzyme inhibition (Eurofins, UK)

Kinase	IC_{50} (nM)	
	SKI-G-801	R428
Axl(h)	18	6
Mer(h)	2	9
Tyro(h)	>1,000	612

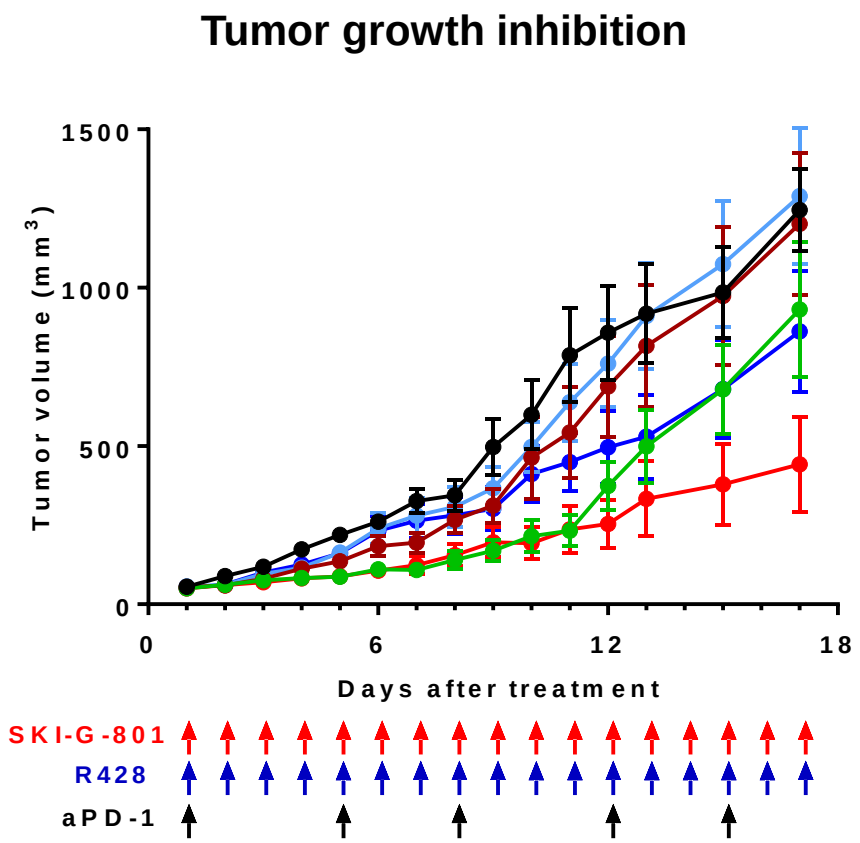
ATP dependency (in-house)

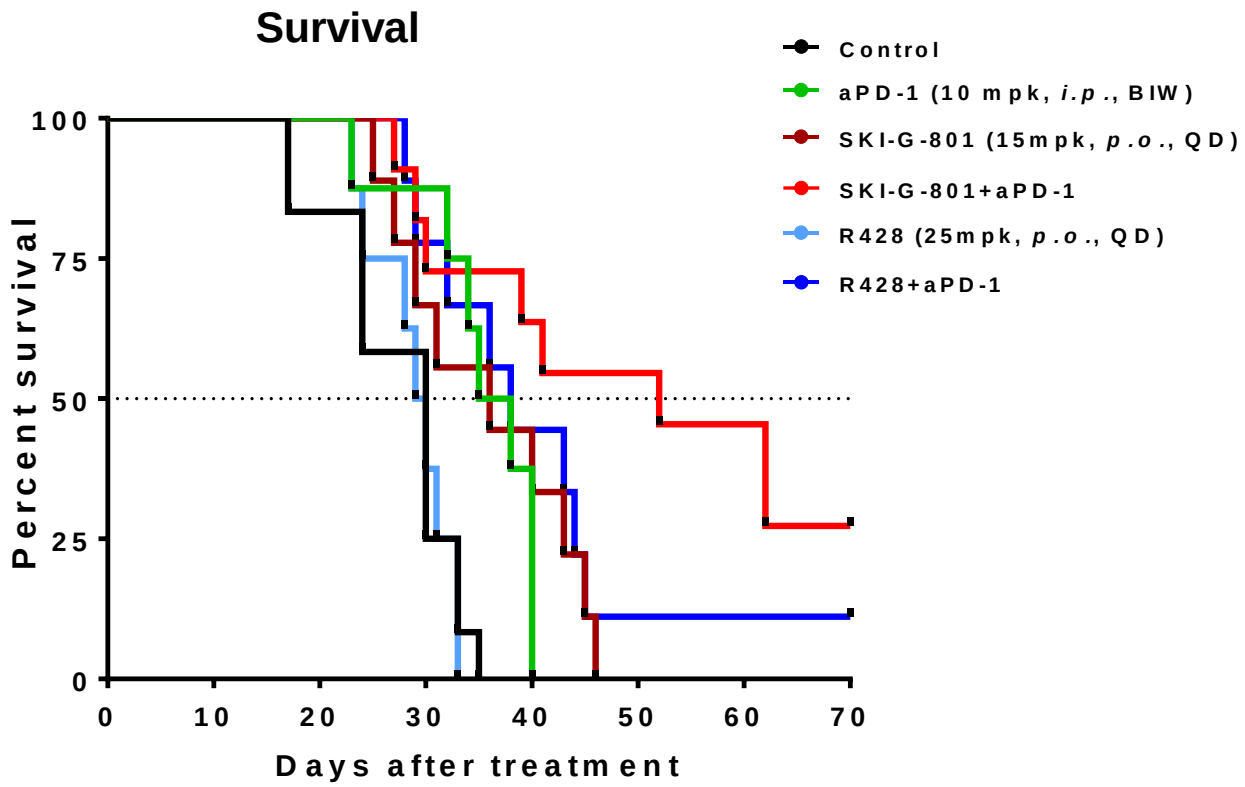
Compound	AXL (IC_{50}, nM)		
	ATP Km	1 mM ATP	Fold
SKI-G-801	12.5	113.9	9.1
R428	6.3	240.8	38.2



- Narrow spectrum kinome selectivity
- Superior inhibition at high ATP concentrations
- Persistent inhibition of p-AXL in cells after washout

SKI-G-801; Preclinical Efficacy Highlight 1

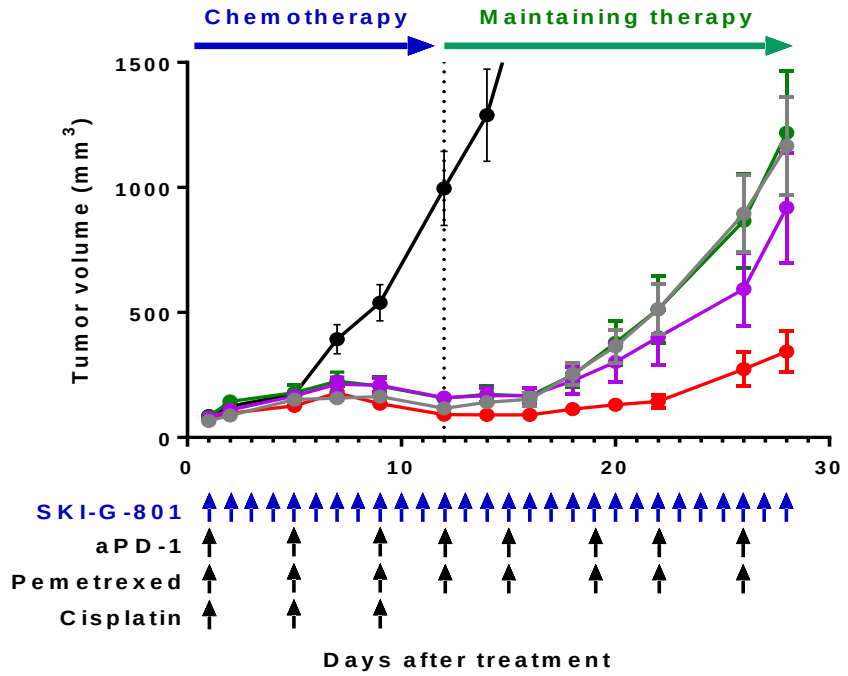


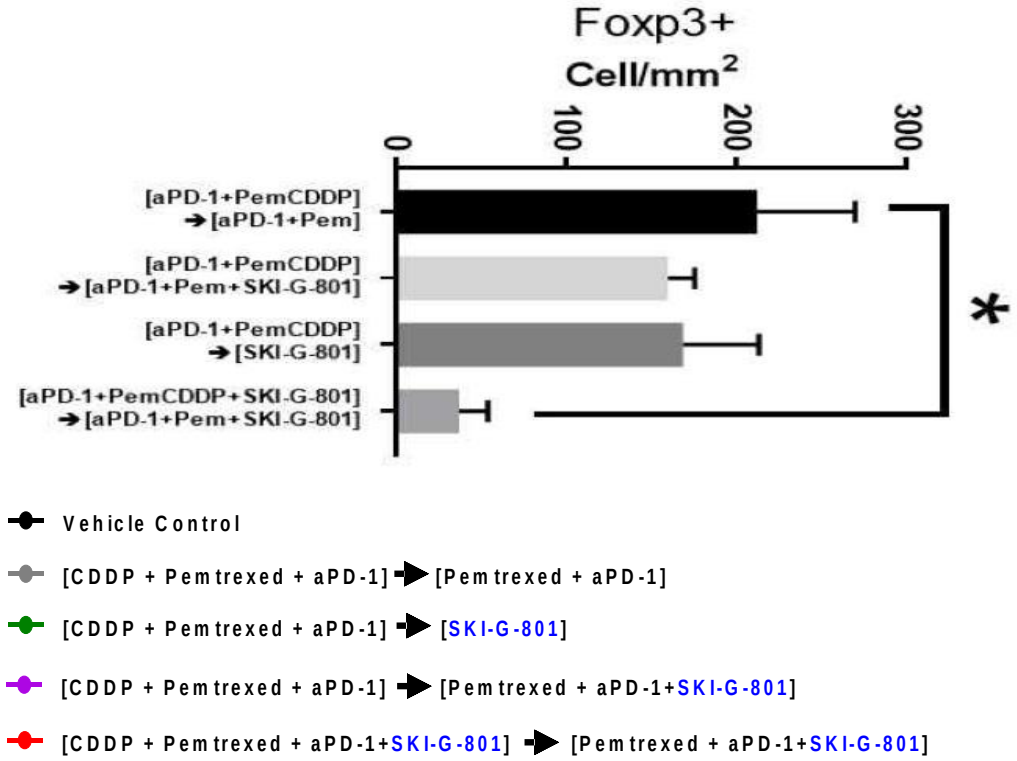


Efficacy superior to bemcentinib at a lower dose as monotherapy as well as in combination with anti-PD-1 antibody in CT26 mouse syngeneic tumor model

SKI-G-801; Preclinical Efficacy Highlight 2

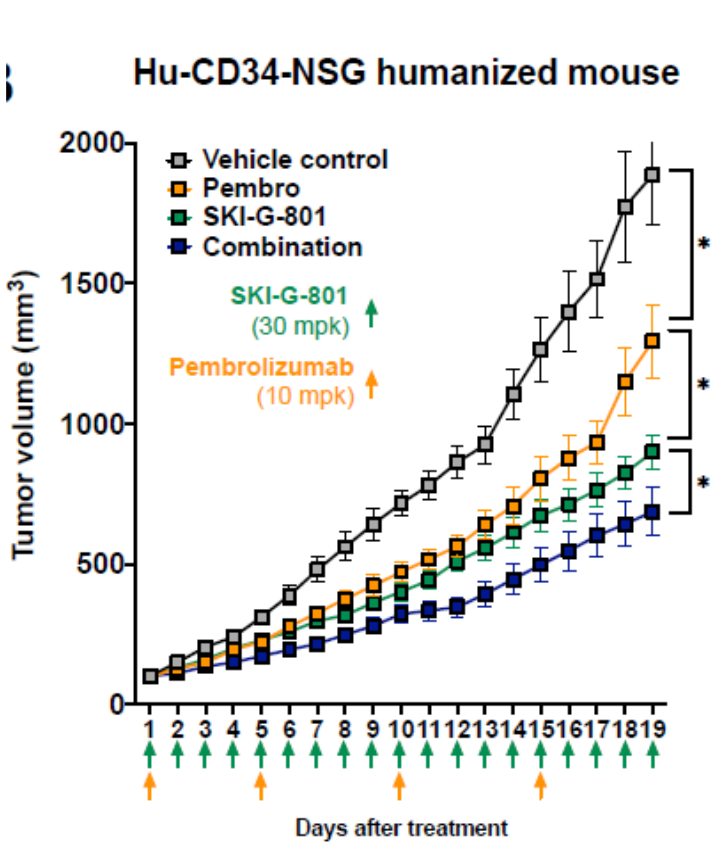
TC1 Lung adenocarcinoma model

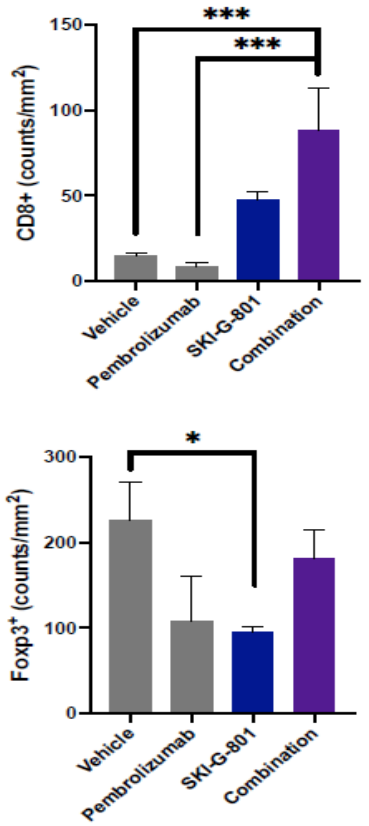


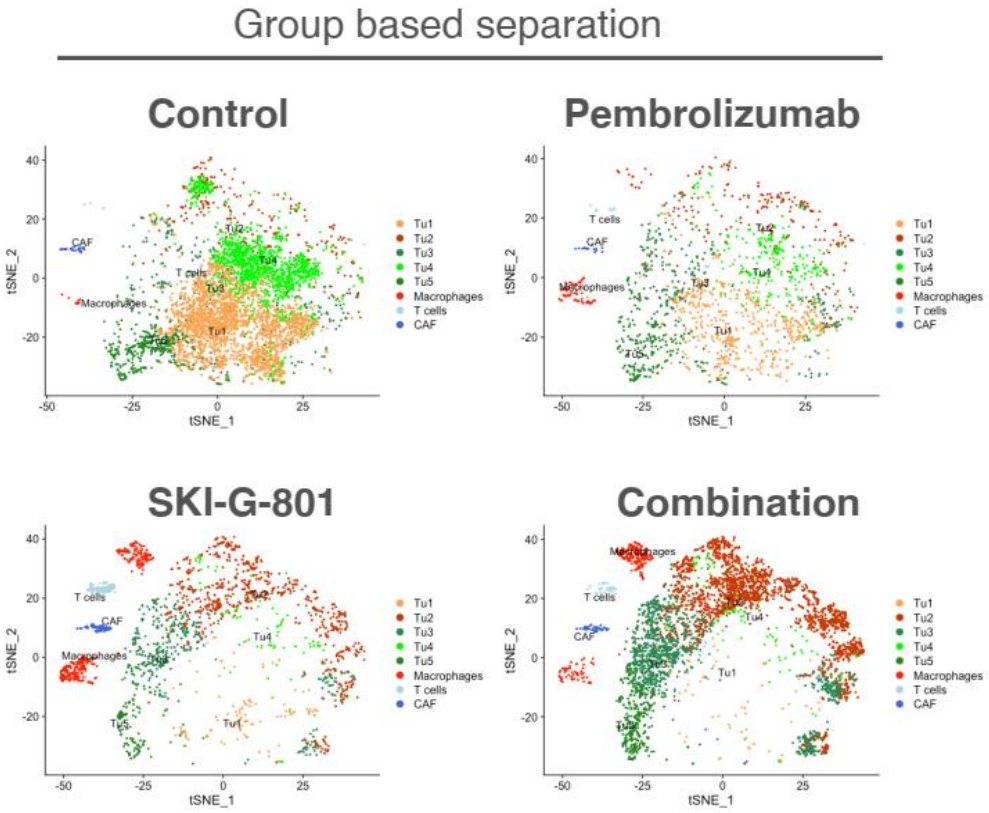


SKI-G-801, when present in the **induction phase** of lung adenocarcinoma standard-of-care regimen, greatly reduced the number of FoxP3+ Treg cells in the TME, significantly delayed tumor regrowth and increased survival

SKI-G-801; Preclinical Efficacy Highlight 3



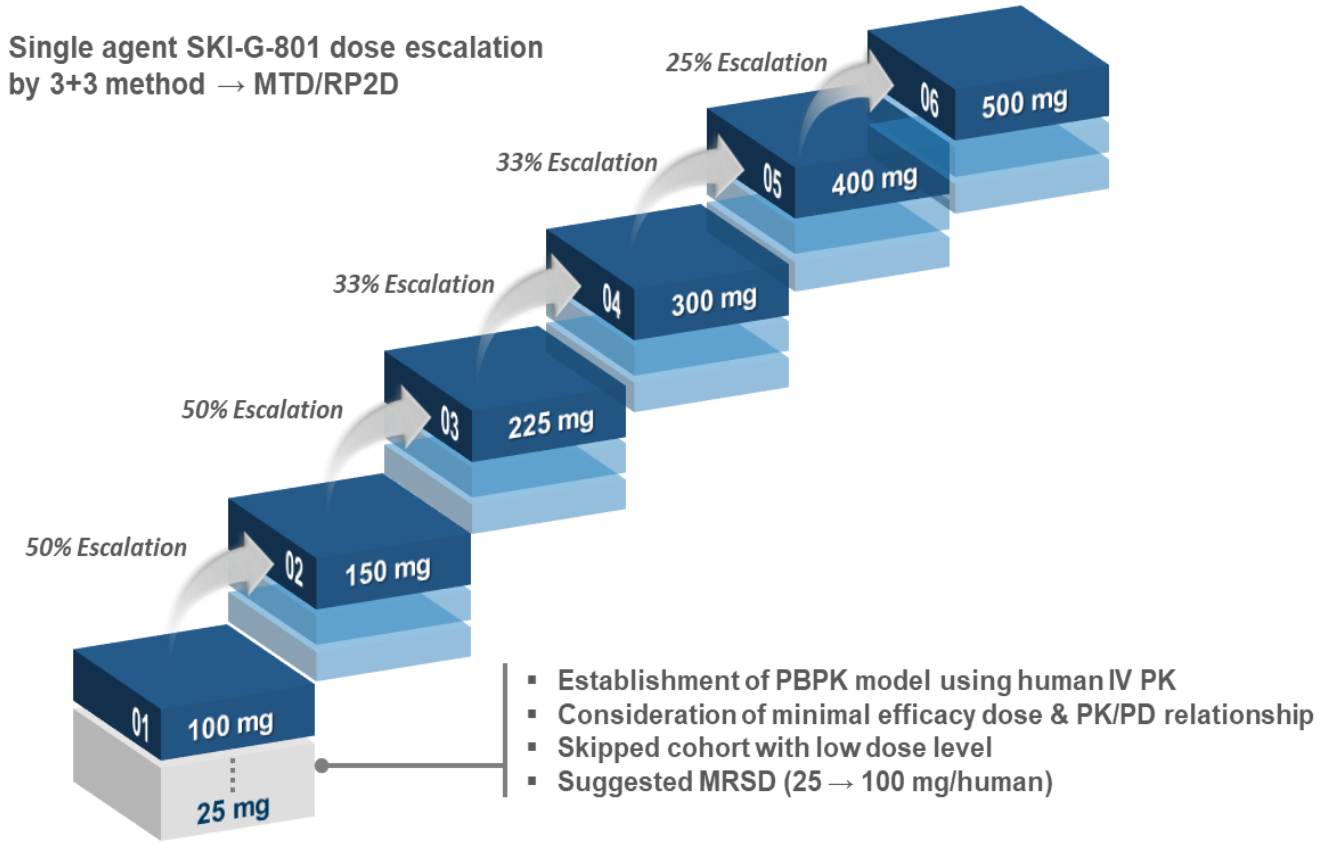




Pronounced tumor growth inhibition in SCLC PDX model on humanized NSG mice; dramatically increased CD8 T cells and reduced Tregs; further enhanced by pembrolizumab as supported by single cell RNA sequencing

SKI-G-801 for Solid Tumors; Clinical Development Plan

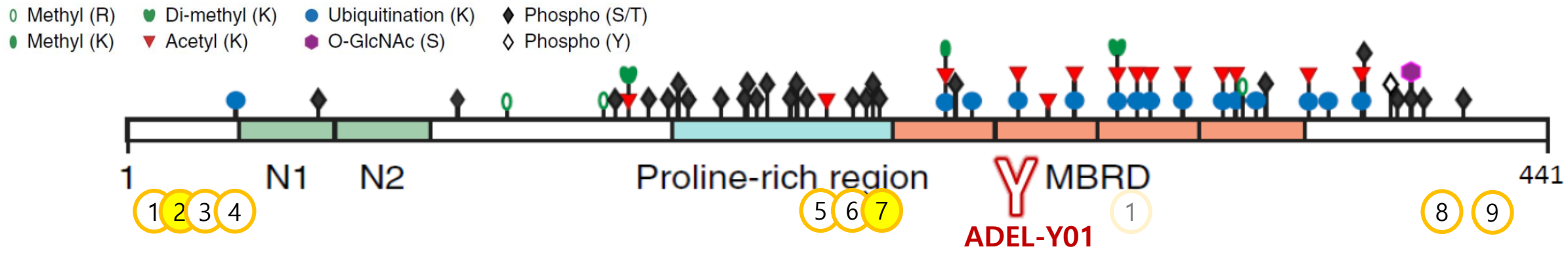
- Open-label, multi-center dose-finding study as monotherapy in patients with solid tumors to assess safety, tolerability, and pharmacokinetics
- Oral tablet (100 to 500mg) administered for 28 days per cycle
- Principal investigators
  - Lim, Sun Min (YUHS; lung cancer)
  - Lee, Jae Lyun (AMC; GU cancer)
  - Park, Yeon Hee (SMC; TNBC)
- **First patient being dosed**
- Extensive biomarker study
- Cohort expansion to follow



ADEL-Y01

Antibody Targeting Pathological Tau Protein

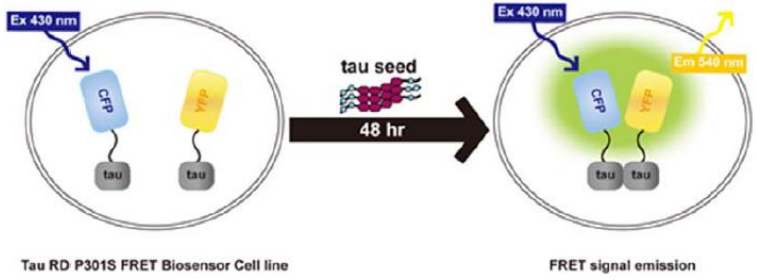
ADEL-Y01; Competitive Landscape

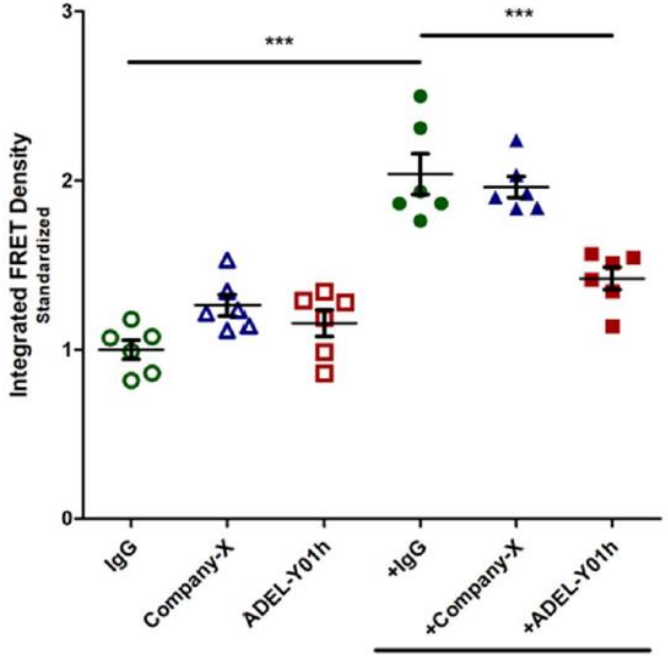


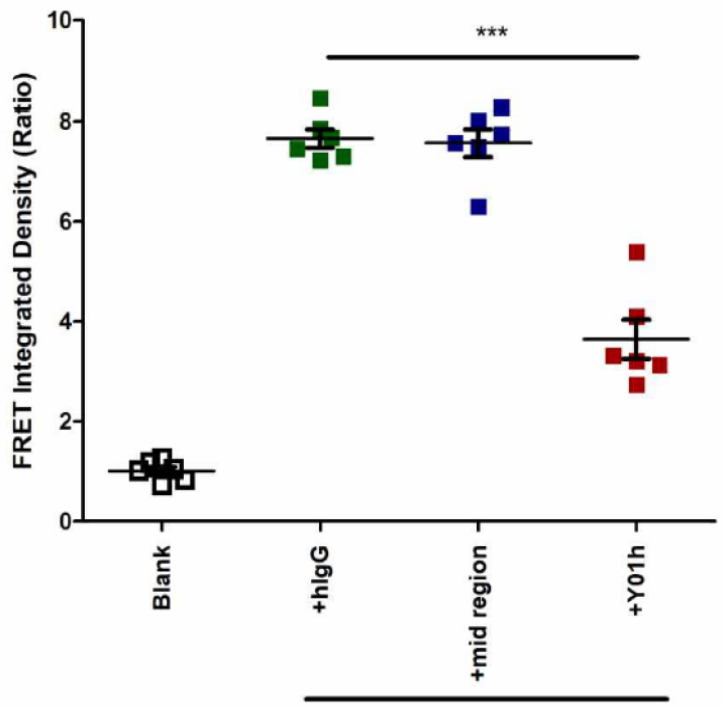
	Drug	Synoyms	Companies	Epitope	Clinical Trial Status
1	Zagotenemab	LY3303560, MC1	Eli Lilly	Tau aggregate (7-9:313-322)	P2 (early AD)
2	Gosuranemab	BIIB092, BMS-986168, IPN007	Biogen, BMS, iPerian	Secreted N-term fragment (15-24)	P2 (early AD), Stopped
3	C2N-8E12	HJ8.5 (m)	Abbvie, C2N	Extracellular tau (25-30)	P2 (early AD), Stopped (PSP)
4	Semorinemab	RO7105705, RG6100	Roche, AC Immune	Tau N-term	P2 (AD)
5	JNJ-63733657		Janssen	Phospho tau PRR (pT217)	P1
6	PNT001		Pinteon	Phospho tau PRR (cis-pT231)	P1
7	UCB0107		UCB	Tau PRR (235-246)	P2 (PSP)
8	Lu AF87908		Lundbeck	Phospho tau C-term (pS396)	P1 (AD)
9	RG7345	RO6926496	Roche	Phospho tau C-term (pS422)	Stopped (HV)
-	BIIB076		Biogen	Monomeric and fibrillar tau	P1

ADEL-Y01; Inhibition of Tau Propagation

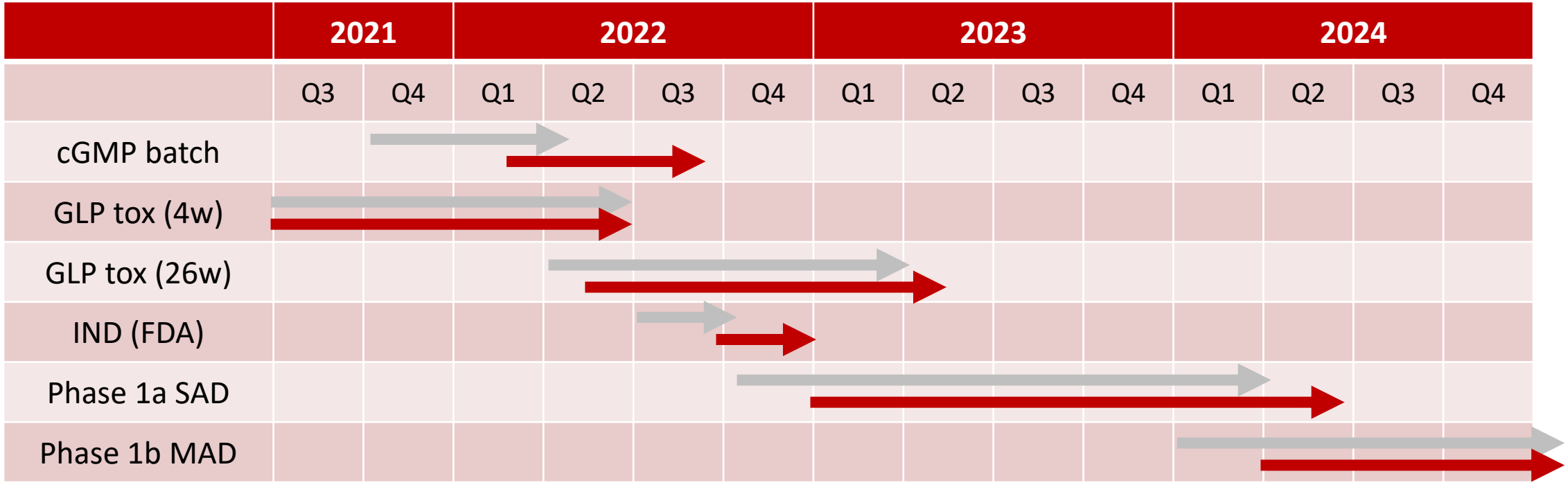
- Biosensor assay to measure Tau spreading and seeding
- ADEL-Y01 displays superior activity to competitor antibodies
- Ex vivo screening using AD patients' CSF (cerebrospinal fluid) ongoing







ADEL-Y01; Development Timeline



- **GMP manufacturing delay (COVID-19)**
- GLP tox studies (4 weeks; rodents and primates) near successful completion
- **IND (US FDA) and Phase 1 to start in 2022Q4**
- Extensive pre/clinical biomarker studies ongoing/planned

The Best is Yet to Come

Thank You!!

Q&A