

Oscotec R&D Day

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Taeyoung Yoon, Ph.D.

CEO

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Agenda

➤ Clinical pipeline update

- Lazertinib/amivantamab approved by FDA (1st line NSCLC)
- Cevidoplenib BD ongoing; ITP 1st line study to start (IIT)
- Denfivontinib (SKI-G-801) wrapped up Phase 1a in solid tumors
- ADEL-Y01 initiated first-in-human dosing

➤ Oscotec oncology R&D strategy

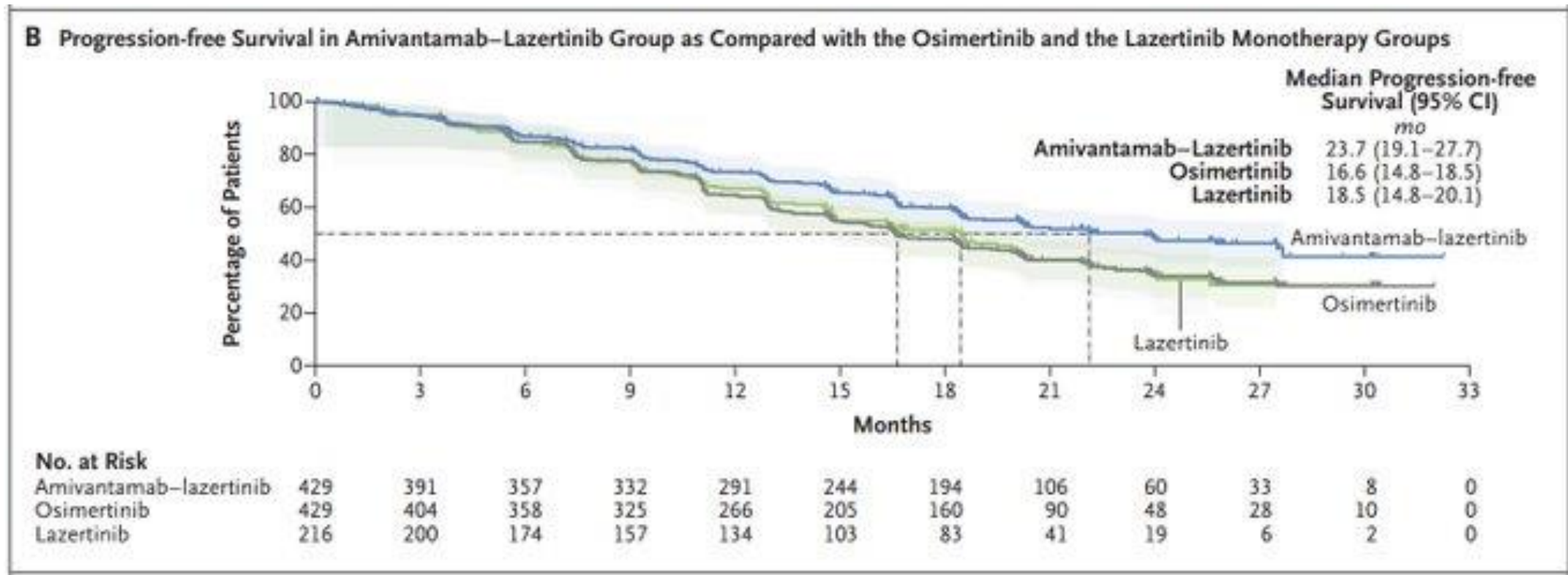
- Focus on cancer therapy resistance and relapse
- Multiple internal programs gearing up for in vivo PoC
- OCT-598 readies IND

➤ Q&A

Clinical Pipeline Update

Lazertinib

- Lazertinib-amivantamab combination approved
 - For the first line treatment of patients with locally advanced or metastatic NSCLC with EGFR exon 19 deletion or L858R mutations
 - Median PFS 23.7 months vs 16.6 with osimertinib ($p = 0.0002$, HR 0.70)

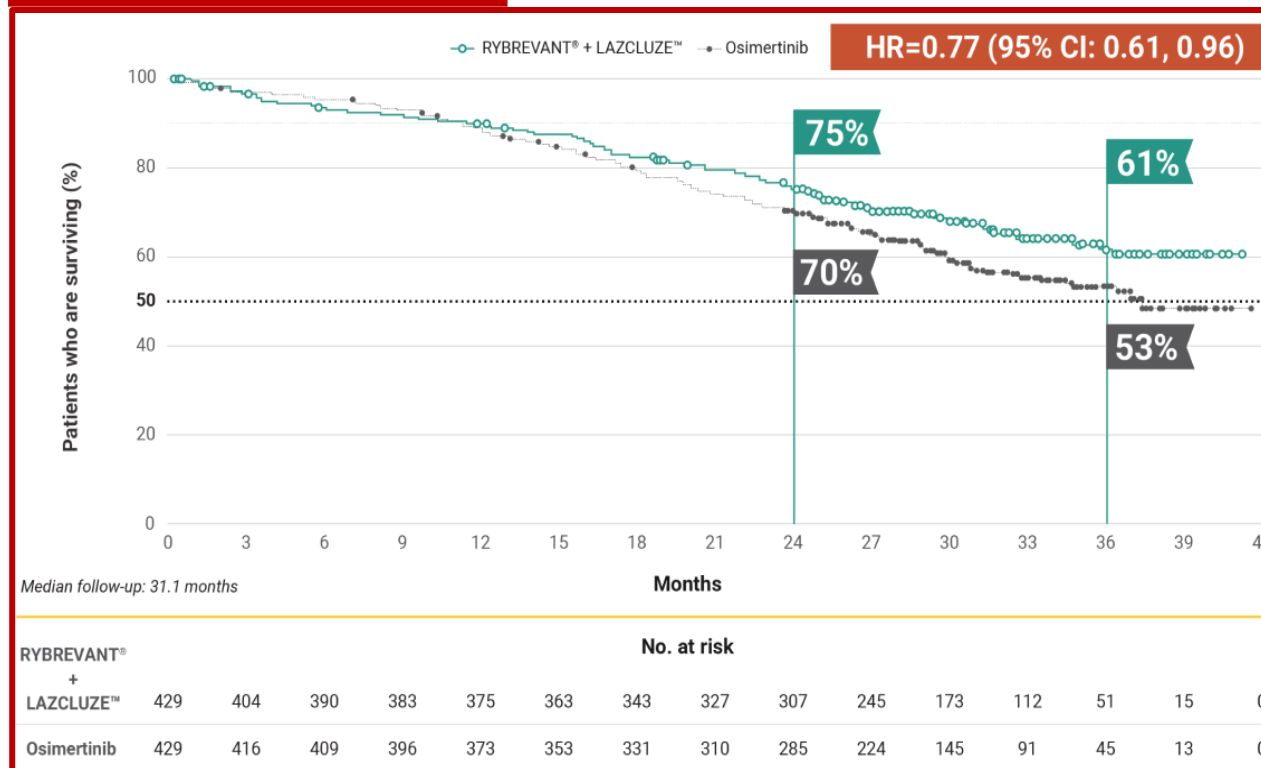


Lazertinib

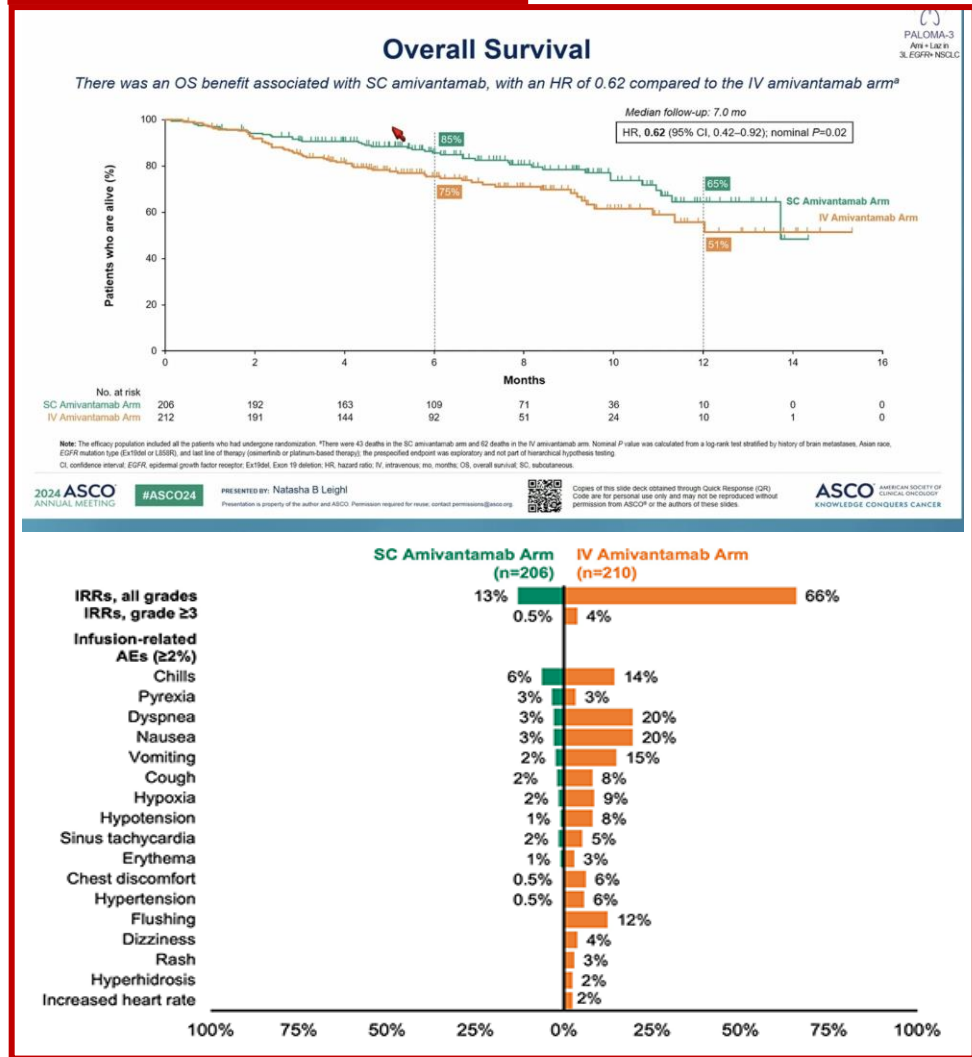
➤ Lazertinib-amivantamab combination

- Overall survival still immature
- Subcutaneous injection superior to IV

1st line EGFR^{mut} NSCLC

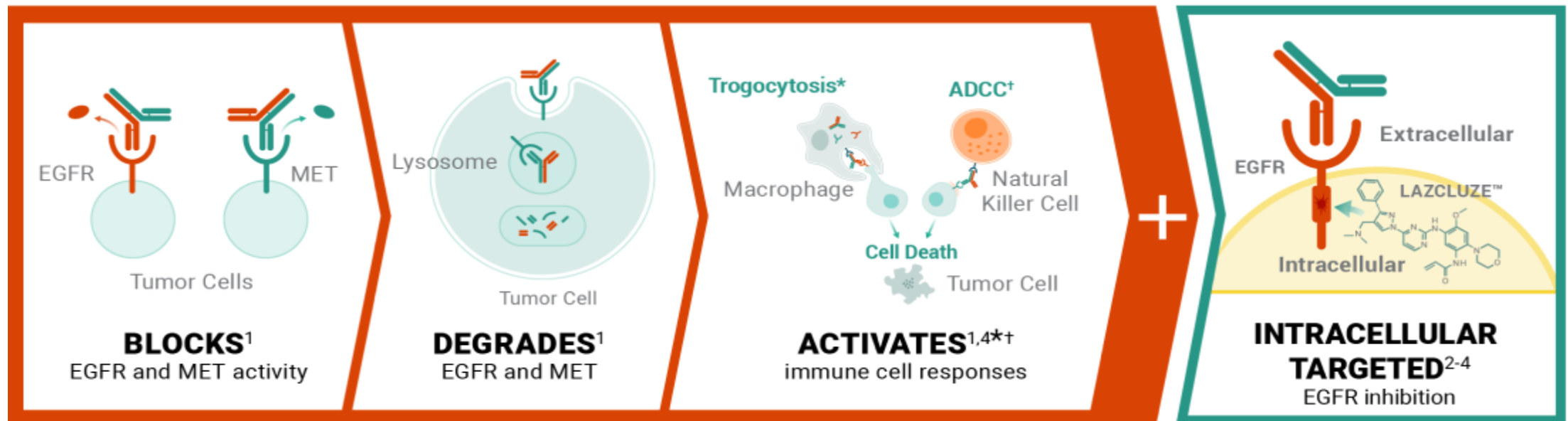


2nd line EGFR^{mut} NSCLC



Lazertinib

- Mechanism of action alleged to involve enhanced cell killing
- However, ORR is similar to that of osimertinib monotherapy (86 vs 85%)
- PFS is dramatically improved (23.7 vs 16.6 months)
- C-MET is implicated in development of **therapy-resistance**



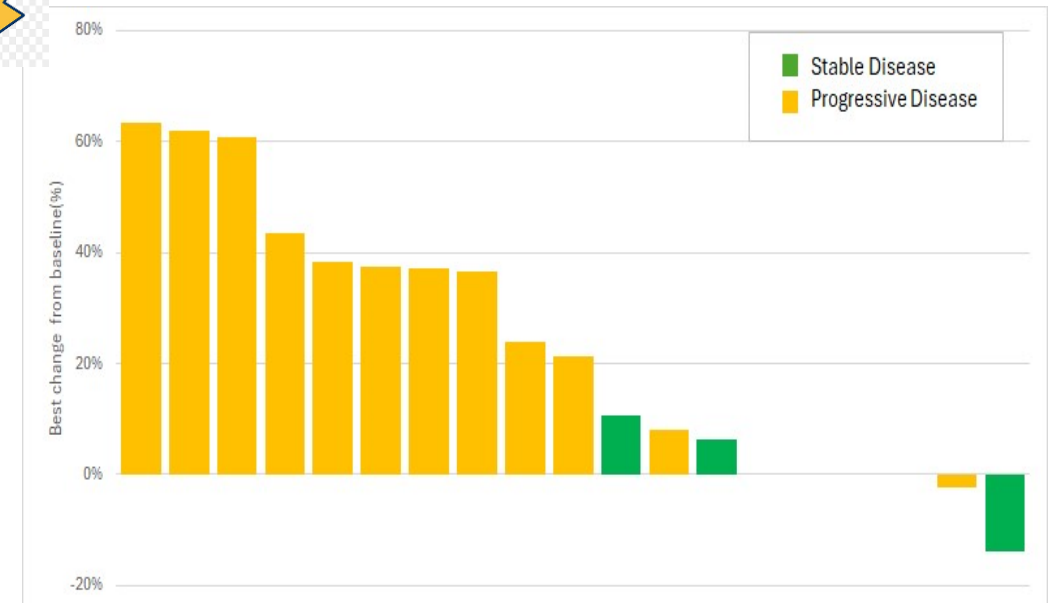
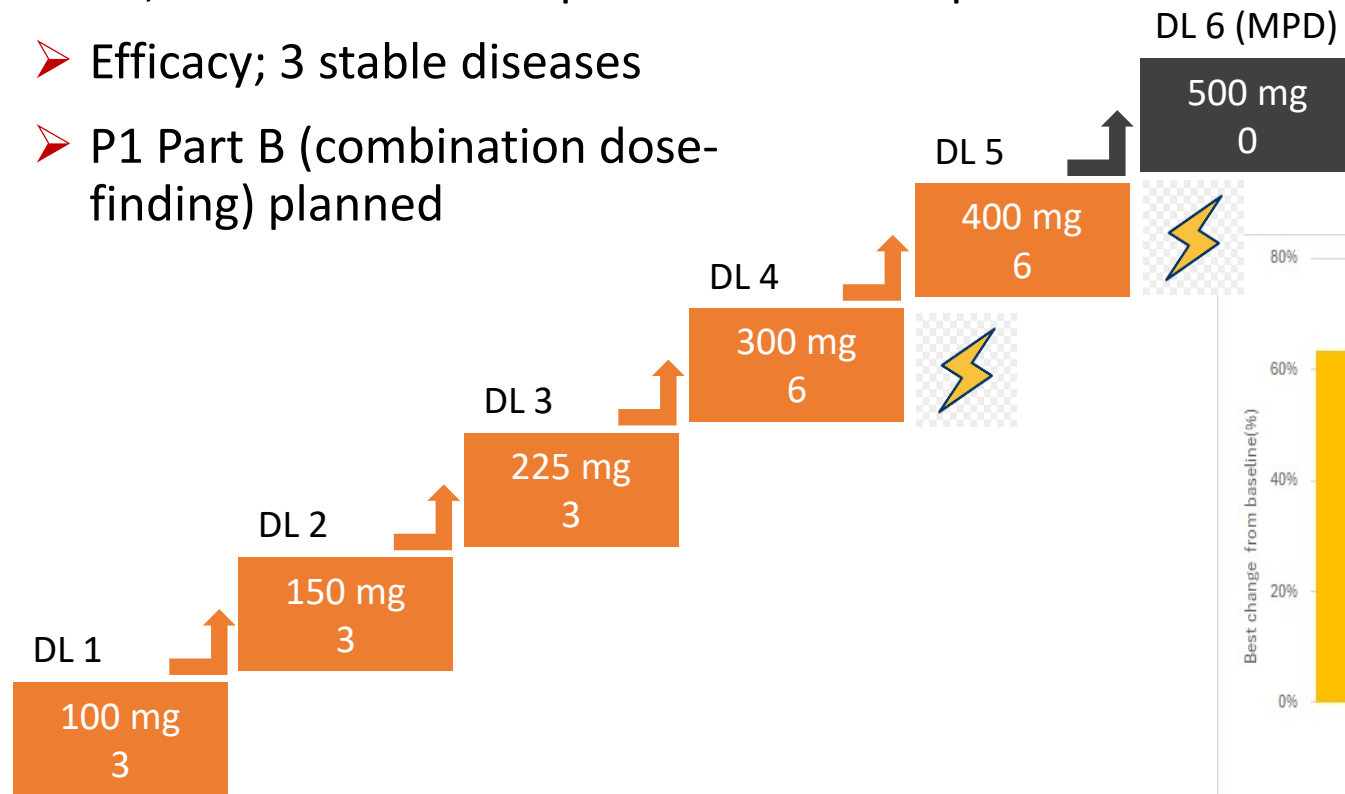
Cevidoplenib



- **Orphan drug designation** granted by FDA (priority review, market exclusivity)
- CMC and nonclinical readiness for further development, incl **new patents**
- Partnering activities ongoing
- **Investigator-initiated trial for ITP** (St. Mary's Hospitals)
 - Frontline treatment in conjunction with the SoC (steroid or IVIG)
 - Aims to prevent progressing to chronic ITP, potentially "cure"
 - IND to be filed (MFDS) in Dec 2024

Denfivontinib (SKI-G-801)

- Completed P1 Part A (monotherapy dose escalation)
- 21 patients dosed (10 NSCLC, 5 breast cancer, etc)
- Safety; well-tolerated; 2 DLTs, MTD not established
- PK; nonlinear dose-exposure relationship
- Efficacy; 3 stable diseases
- P1 Part B (combination dose-finding) planned

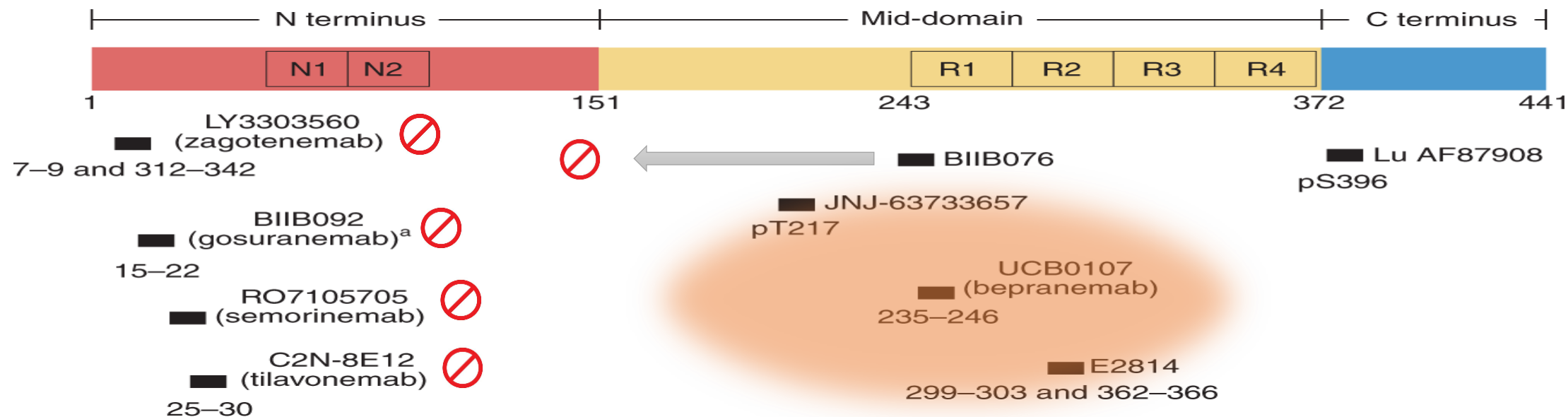


ADEL-Y01

- ADEL-Y01 is a monoclonal antibody targeting a pathological form of tau protein (AcK280) to treat tauopathies including Alzheimer Disease
- First-in-human study underway (US)
 - First in Human, Phase Ia/b study for safety, tolerability, pharmacokinetics, and clinical activity evaluation of ADEL-Y01 in healthy participants and in participants with Mild Cognitive Impairment due to Alzheimer's disease or mild Alzheimer's disease
 - Successfully completed SAD cohort 1 & 2 (dose levels 2.5 & 7.5 mg/kg)
 - No safety concern reported to date
 - PK analysis in progress
 - Gearing up for Part II MAD study

| Phase 1 | | 2024 | | | | 2025 | | | | 2026 | | | |
|---------------|---------------------------------|------|----|----|----|------|----|----|----|------|----|----|----|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Part I (SAD) | Healthy volunteers (n = 40) | | | | | | | | | | | | |
| Part II (MAD) | MCI from AD or mild AD (n = 33) | | | | | | | | | | | | |
| | Open label extension | | | | | | | | | | | | |

ADEL-Y01



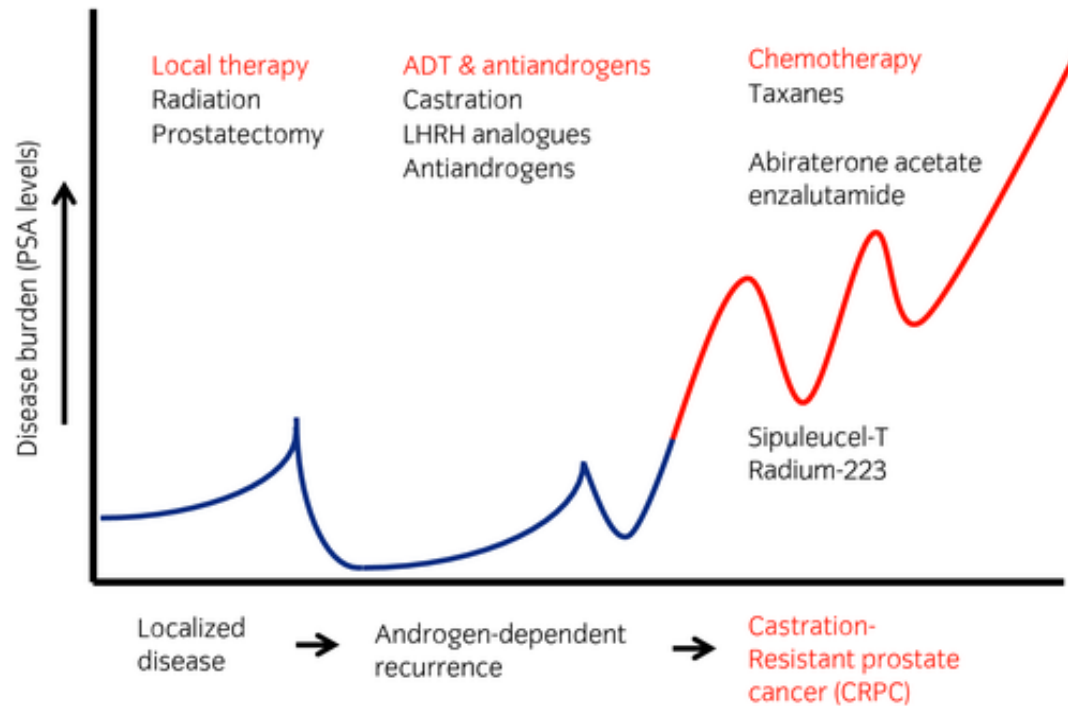
| Drug | Company | Start | Primary | Completion | N | Dosing | Phase | Epitope |
|----------------------------|----------|----------|----------|------------|-----|---------------|-------------------|-----------------|
| Bepranemab | Roche | Jun 2021 | May 2024 | Jul 2025 | 466 | 80 + 48 wks | P2 | 235-246 |
| Posdinemab JNJ-63733657 | JNJ | Jan 2021 | Feb 2026 | Dec 2032 | 523 | 104 wks + LTE | P2 | pT217 (MTBR) |
| E2814 | Eisai | Jun 2021 | May 2024 | May 2024 | 8 | 12 + 96 | P1b/2, DIAD (OL) | 299-303/362-366 |
| PRX005 BMS-986446 | BMS | Oct 2023 | Mar 2024 | Mar 2024 | 24 | | P1, Japanese only | |
| MK-2214 | Merck | Sep 2022 | Sep 2025 | Sep 2025 | 48 | | P1 (HV) | pS413 |
| Lu AF87908 | Lundbeck | Sep 2019 | Jul 2023 | Jul 2023 | 86 | | P1 (HV + AD) SAD | 386-408 |

Preclinical/Discovery Pipeline

Problem; Tumor Relapse

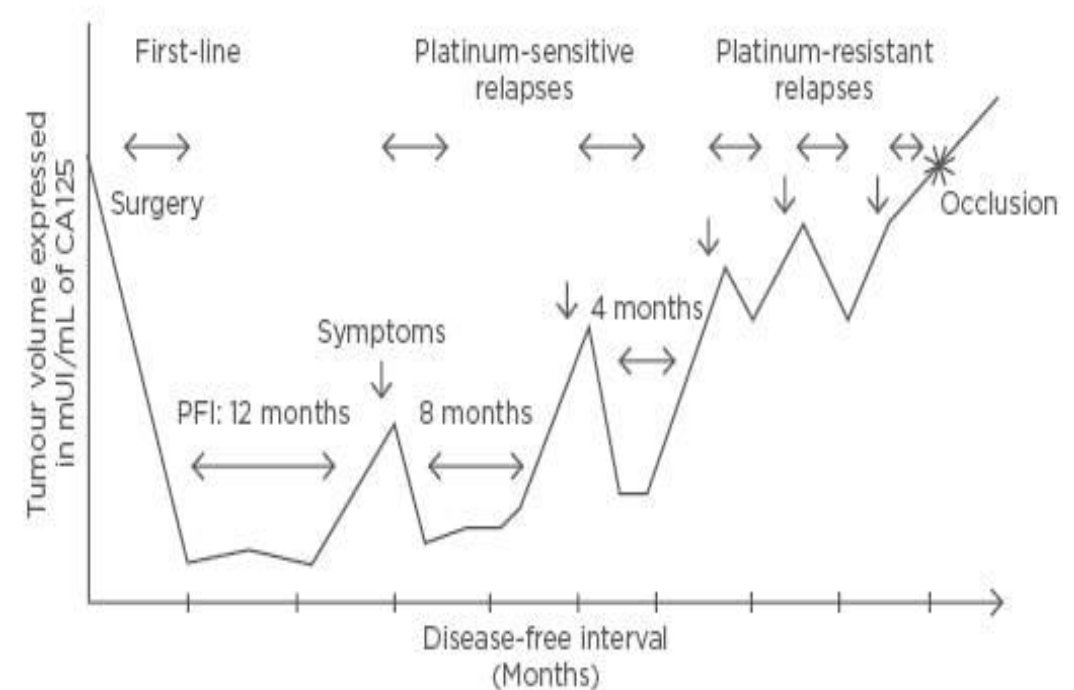
Current antitumor therapeutic paradigm is based on **tumor-selective maximal cell killing**. However, most tumors relapse after treatment and relapsed tumors are more malignant and lethal

Prostate Cancer



Imamura & Sadar, Int. J. Urology 2016

Ovarian Cancer



Giornelli & Mando, Eur Med J 2017

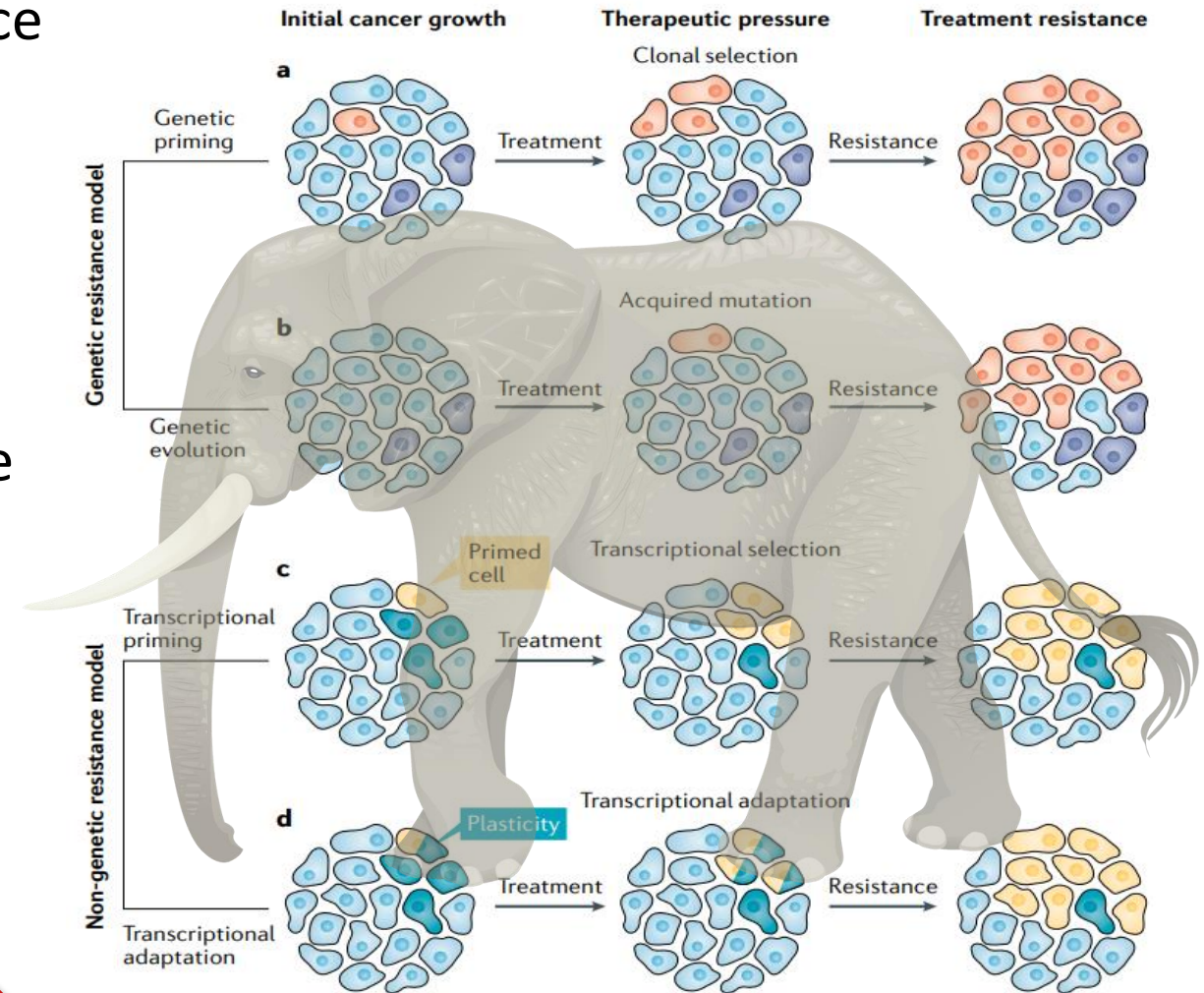
Rethinking Cancer Therapy Resistance

➤ Common features of acquired resistance

- Intratumor heterogeneity
- Chromosome instability (CIN), aneuploidy
- De-differentiation, stemness
- Immune suppression in TME

➤ Various genetic and non-genetic mechanisms of therapy resistance have been proposed

- Clonal selection of intrinsic resistance
- Acquired mutations
- Drug tolerant phenotype (DTP)
- Transcriptional plasticity (e.g., EMT)
- Cancer stem cell



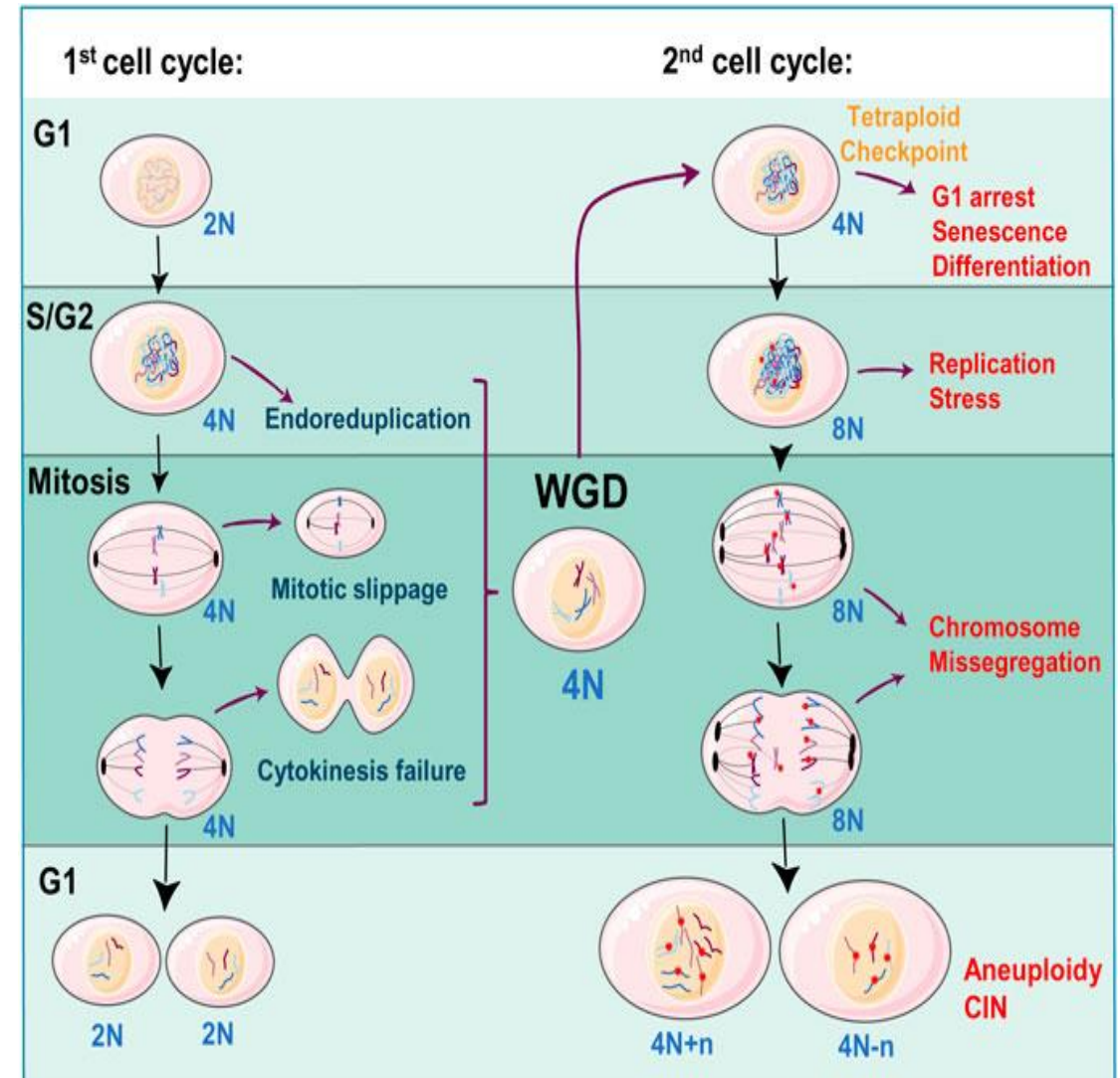
Marine et al., Nat Rev Cancer 2020

Is there a unified underlying process?

Whole Genome Doubling (WGD)

- An ancient mechanism of stress-adaptation and evolution
 - Unicellular organisms (e.g., yeast) under stressful environmental conditions
 - A driving force of **species evolution** (e.g., plants) leading to genetic and biological complexity
 - Physiological polyploidy in specialized cell types (hepatocytes, cardiomyocytes, megakaryocytes, and trophoblasts) – **stress response, wound healing and tissue regeneration**

Polyploidy via WGD fosters aneuploidy and thereby intratumor heterogeneity



Sanz-Gomez et al., Front Cell Dev Biol 2023

Ploidy Cycle Confers Stress-Adaptability and Evolvability

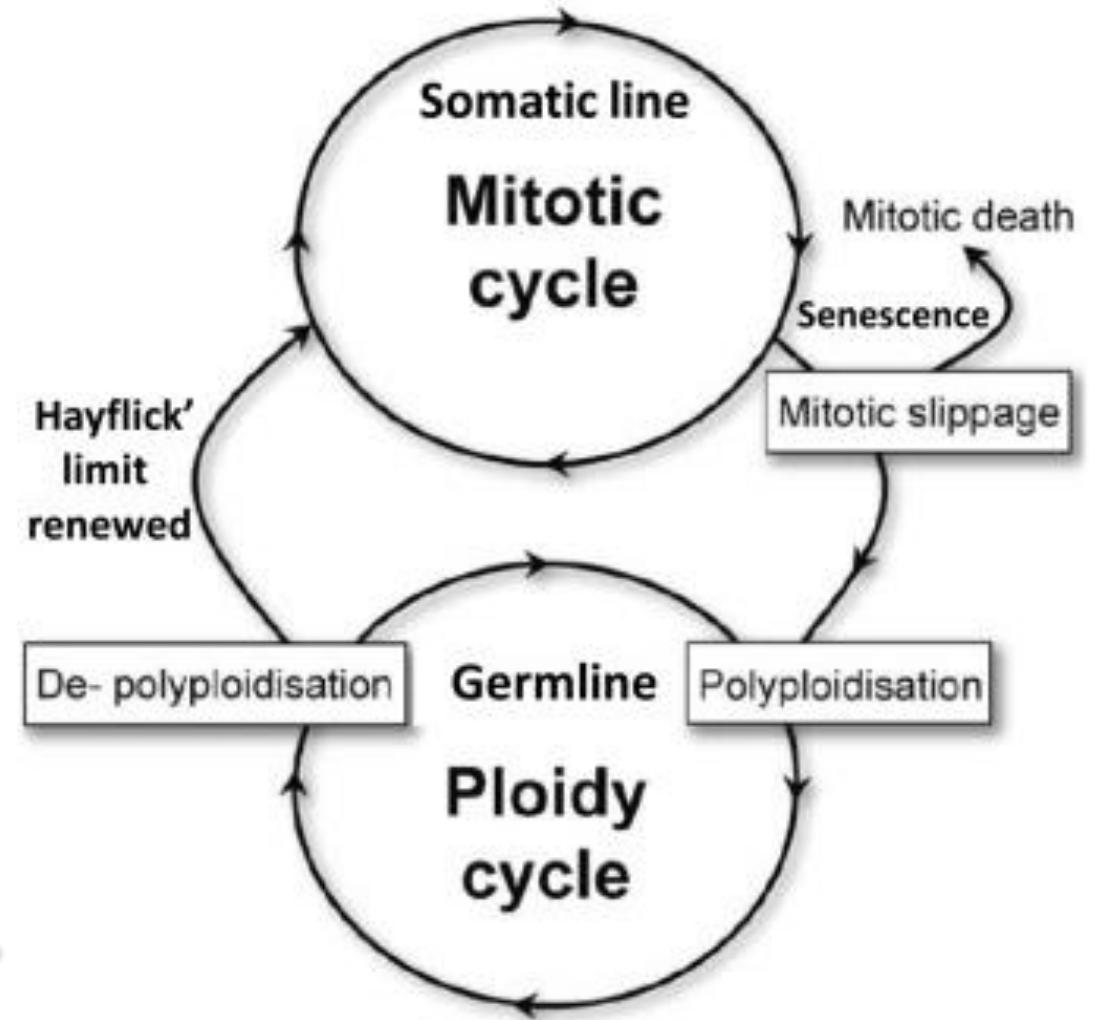
➤ Polyploid cells are **stress-resistant**

- Large size, protective quiescence
- Increased genomic content buffers the negative impacts of accumulation of deleterious mutations
- Mitigating Muller's ratchet

➤ **Accelerated evolution**

- Reductive division (de-polyploidization)
- Meiotic recombination, directed evolution
- Generates para-diploid progeny cells with **stem cell** characteristics






Targeting ploidy cycle may impede the development of therapy resistance



Erenpreisa et al., Seminars in Cancer Biol 2020

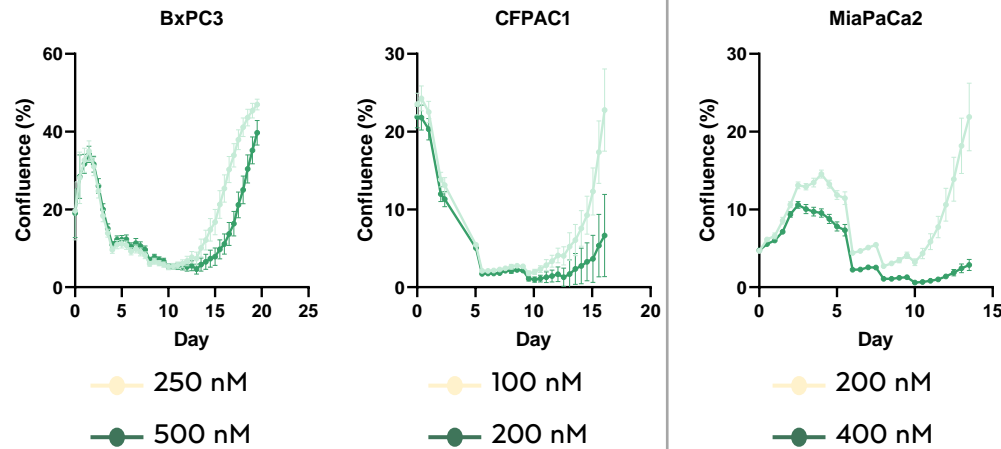
Focus on Cancer Therapy Resistance

- Suppressing “ploidy-mediated induction of cancer therapy resistance”
- Multiple novel targets implicated in various stages of the ploidy cycle
- To be developed as an adjuvant to established standard-of-care anticancer treatment
- Anticipated to prolong progression-free survival and possibly ‘cure cancer’

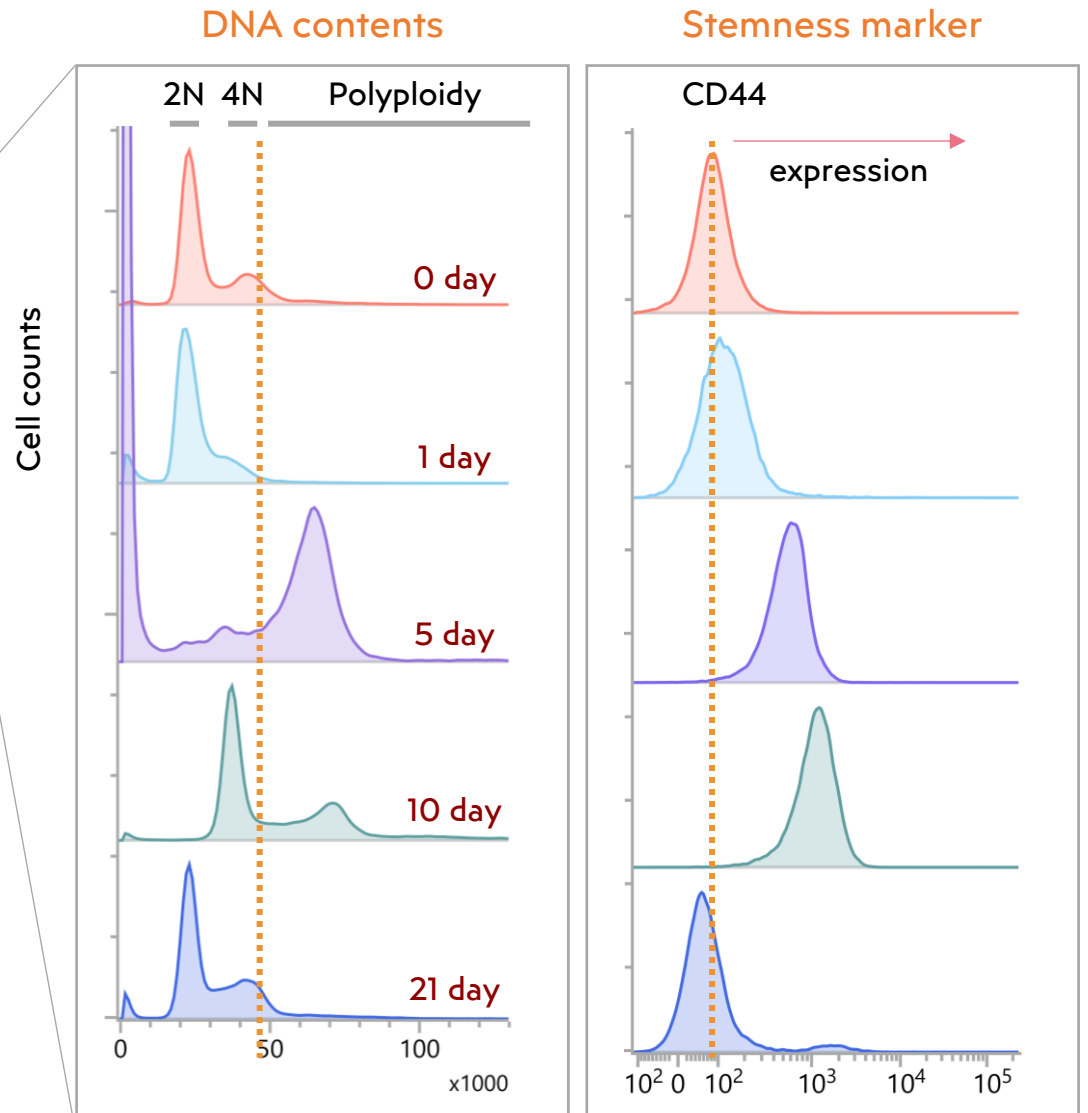
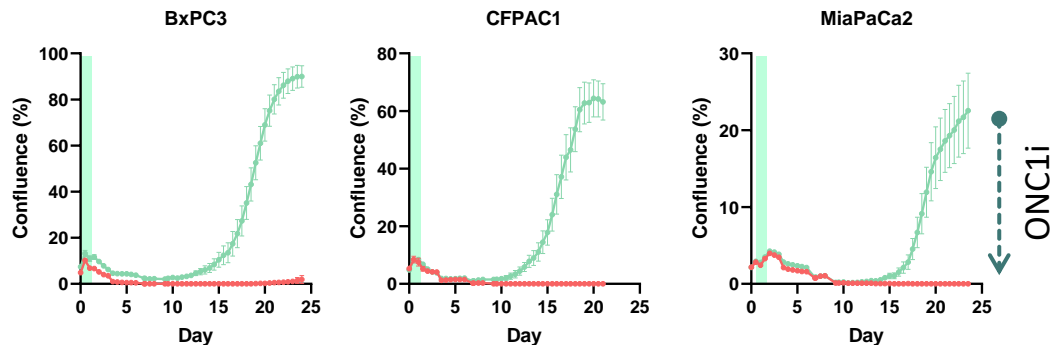
| Program | Target | In-cell PoC | In vivo PoC | Candidate | Clinical dev |
|---------|---------------|--------------------------------------------------------------------------------------|-------------|-----------|--------------|
| OCT598 | EP2/4 |  | | | |
| ONC1 | (undisclosed) |  | | | |
| ONC2 | (undisclosed) |  | | | |
| ONC3 | (undisclosed) |  | | | |
| ONC4 | (undisclosed) |  | | | |

ONC1 Inhibition Abolishes Chemoresistance

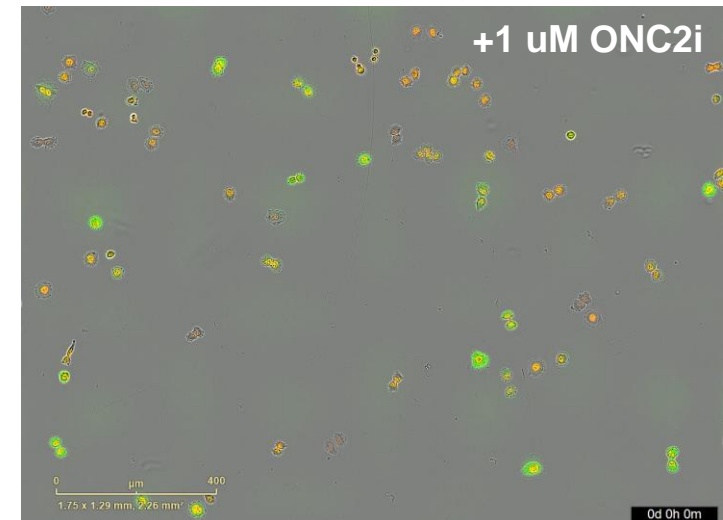
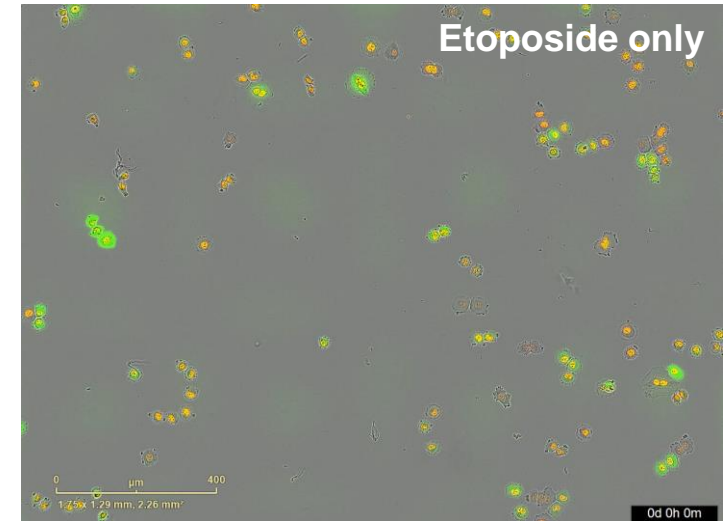
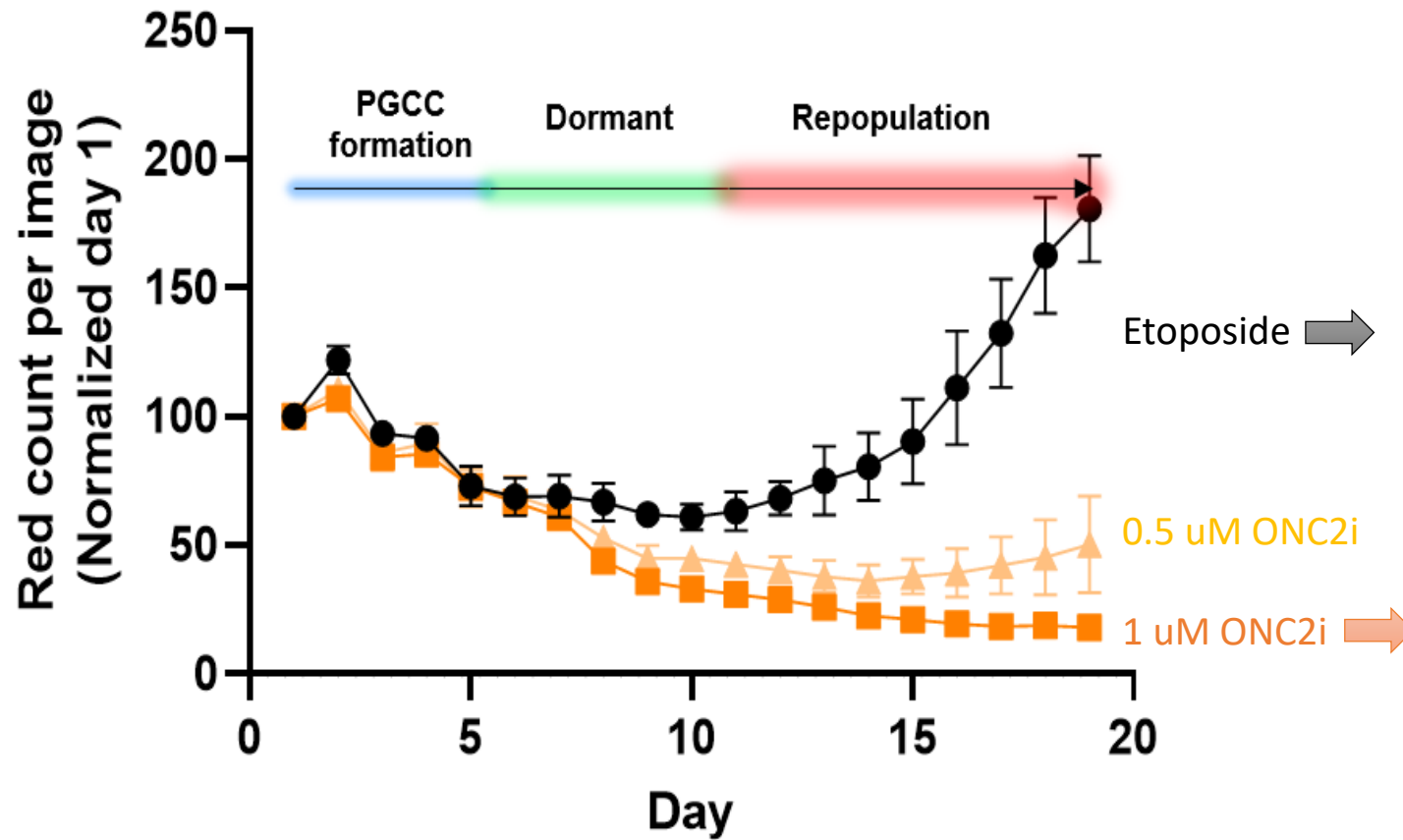
PDAC cells acquire resistance to gemcitabine via ploidy cycle



Combination with ONC1i

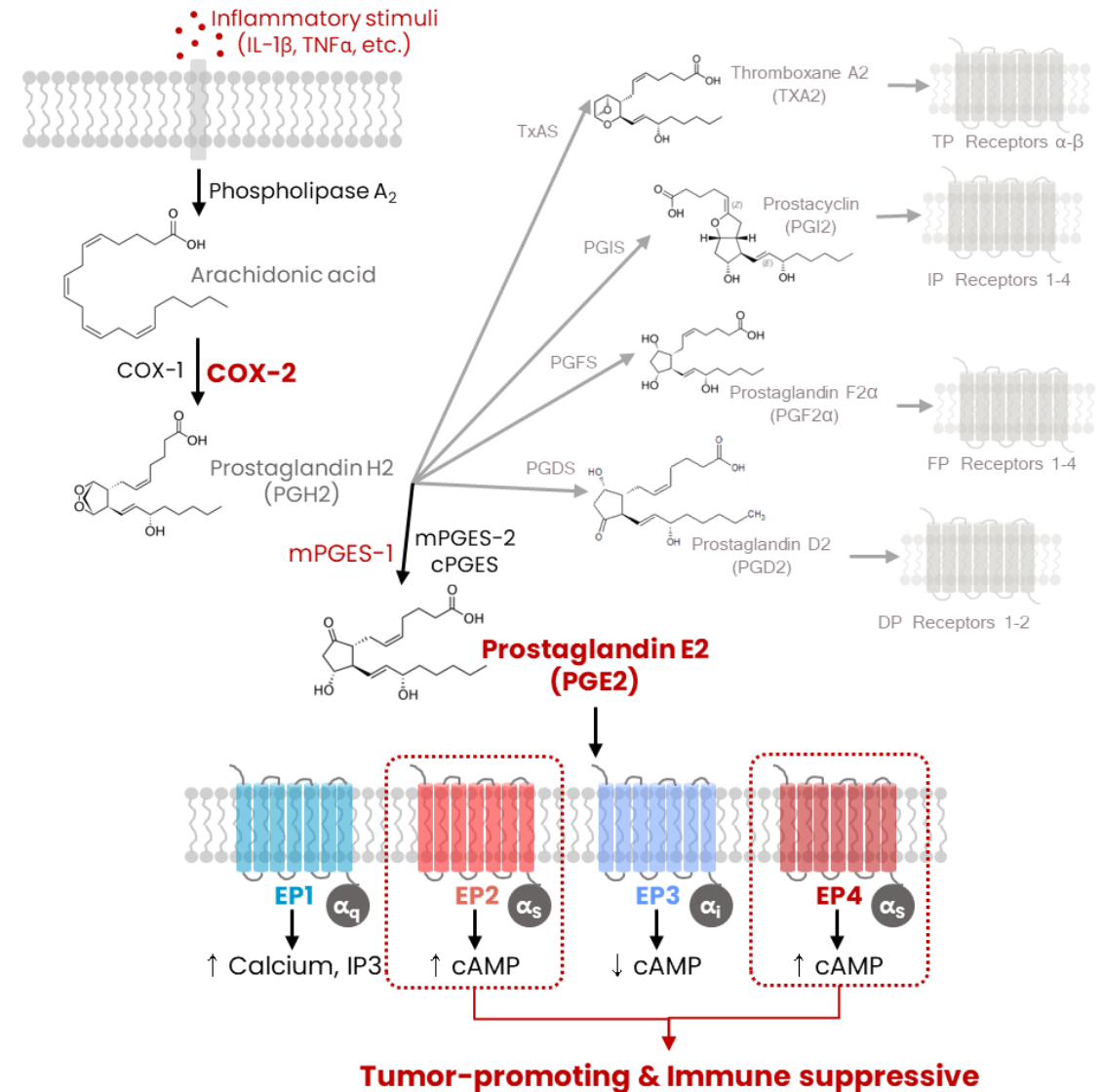


ONC2 Inhibition Abrogates Repopulation



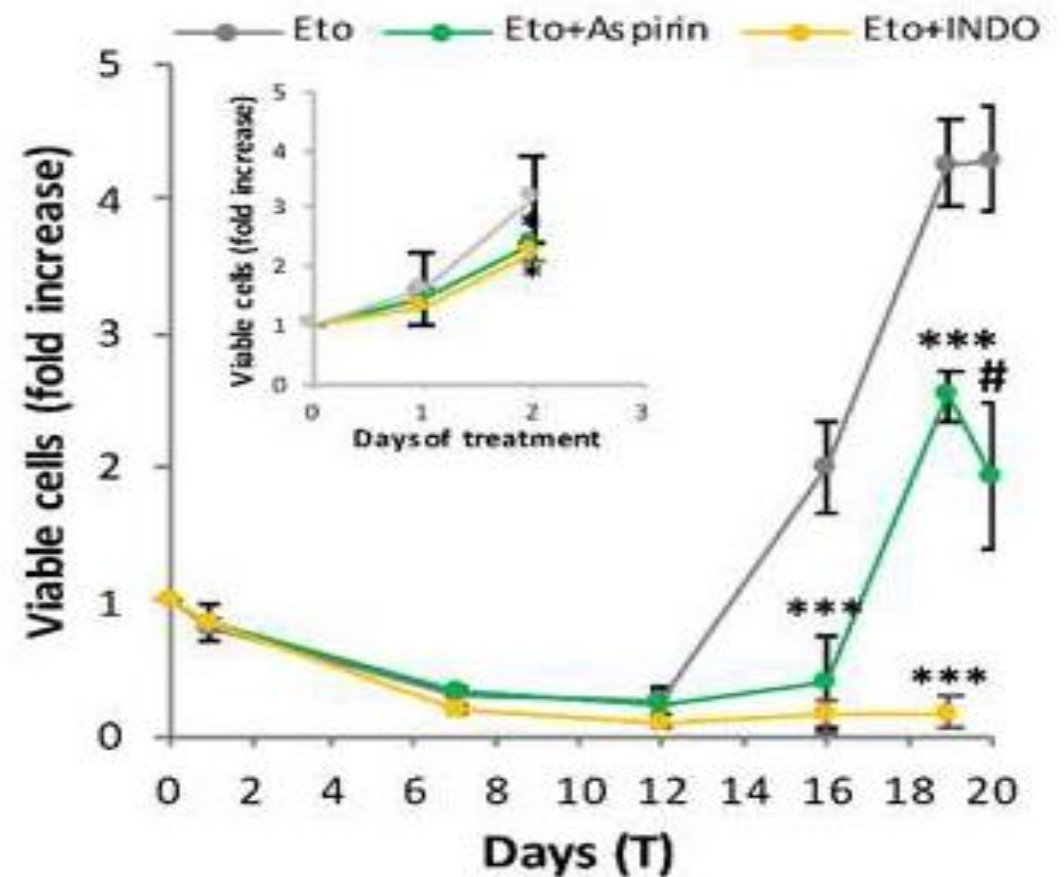
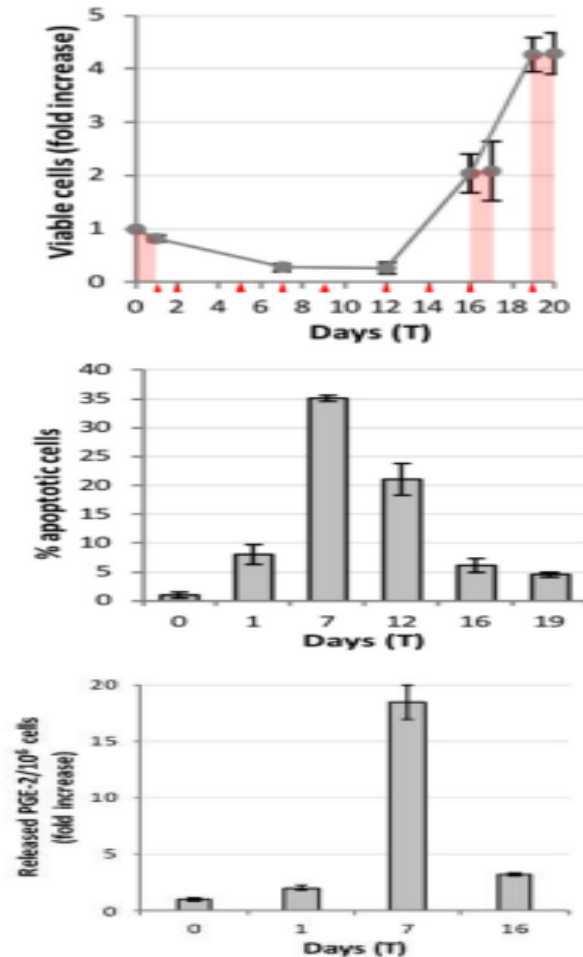
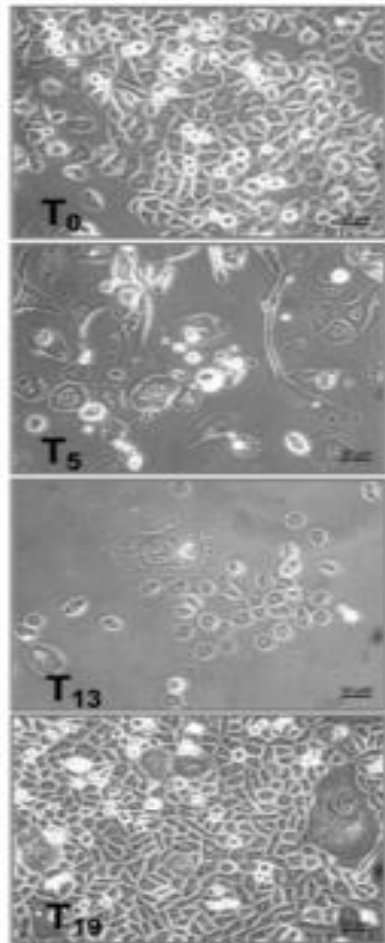
OCT-598; an EP2/4 Dual Antagonist

- Injury- and inflammation-induced apoptotic signal promotes the synthesis of prostaglandins from arachidonic acid by COX-2
- COX-2 inhibitors (e.g., NSAIDs) long known for putative anti-cancer effects
- Of the many PGs, PGE2 known to mediate tumor promotion and immune-suppression through EPs
- OCT-598 is a dual antagonist of EP2 and EP4, licensed from Kanaph Therapeutics



Targeting the 'Phoenix Rising' Pathway

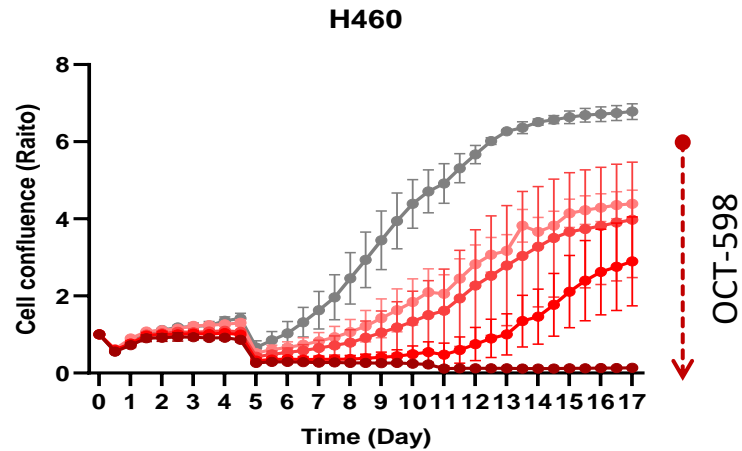
- Indomethacin, a COX1/2 inhibitor, was reported to ameliorate development of chemoresistance and repopulation in PC3 cells



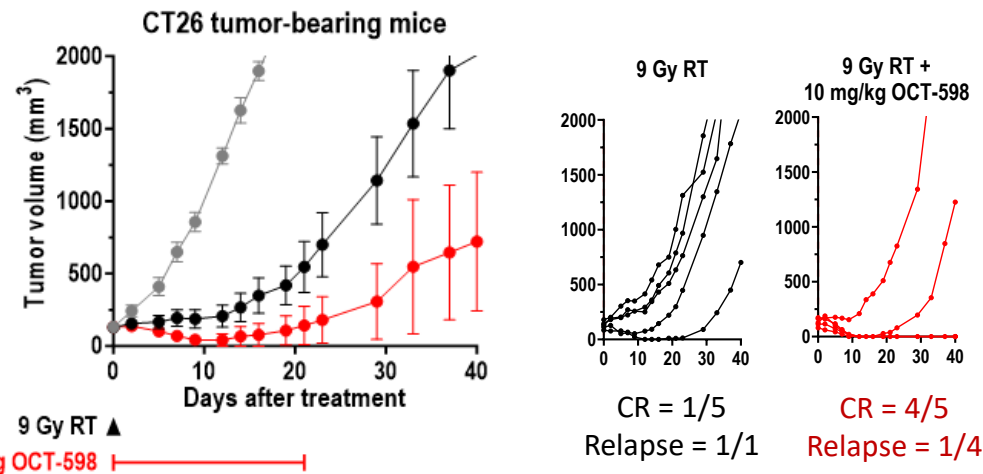
Corsi et al., Int. J Mol Sci 2022

OCT-598 Proof-of-Concept

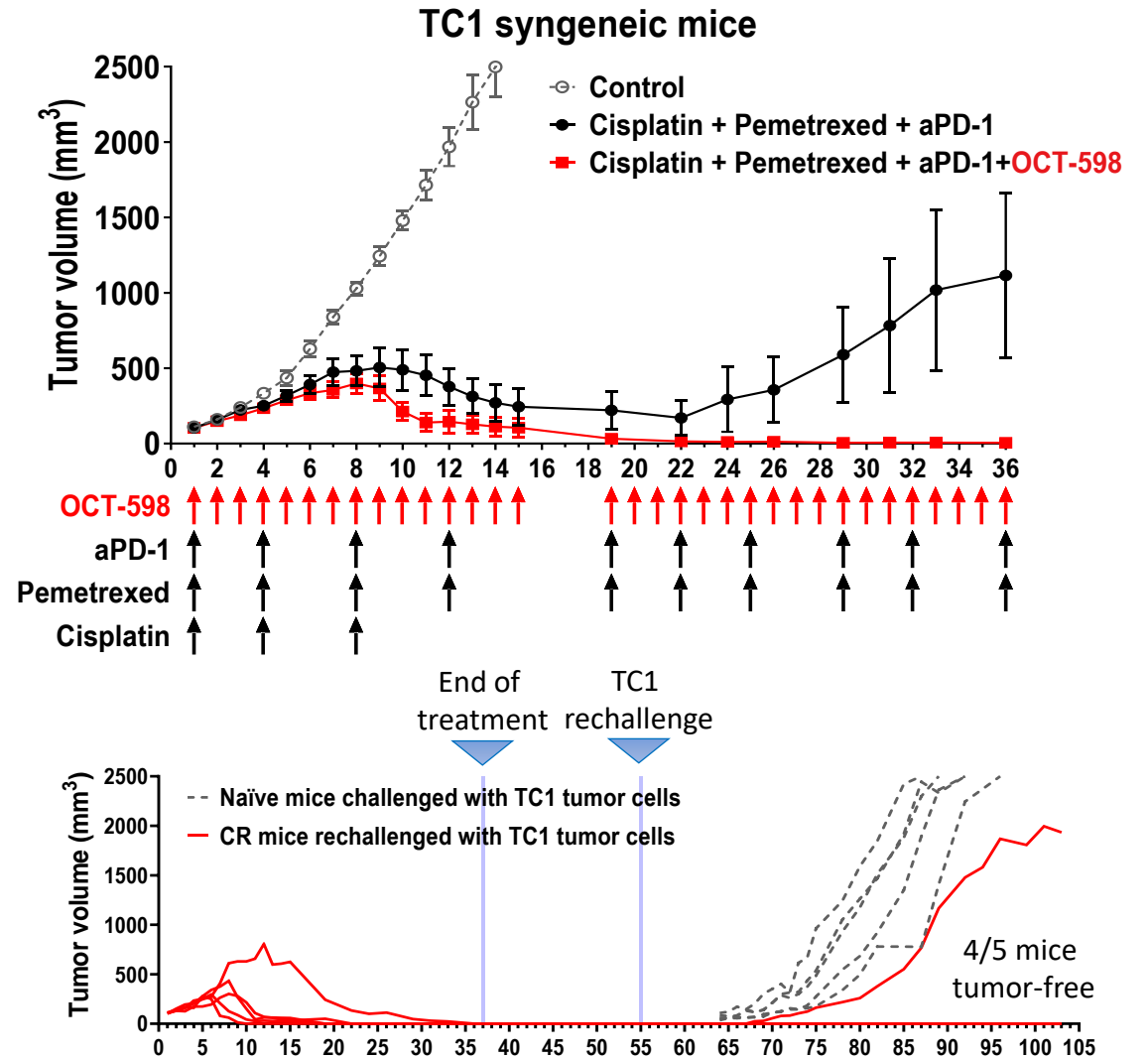
Inhibition of repopulation after docetaxel treatment



Inhibition of regrowth of CT26 tumor after irradiation

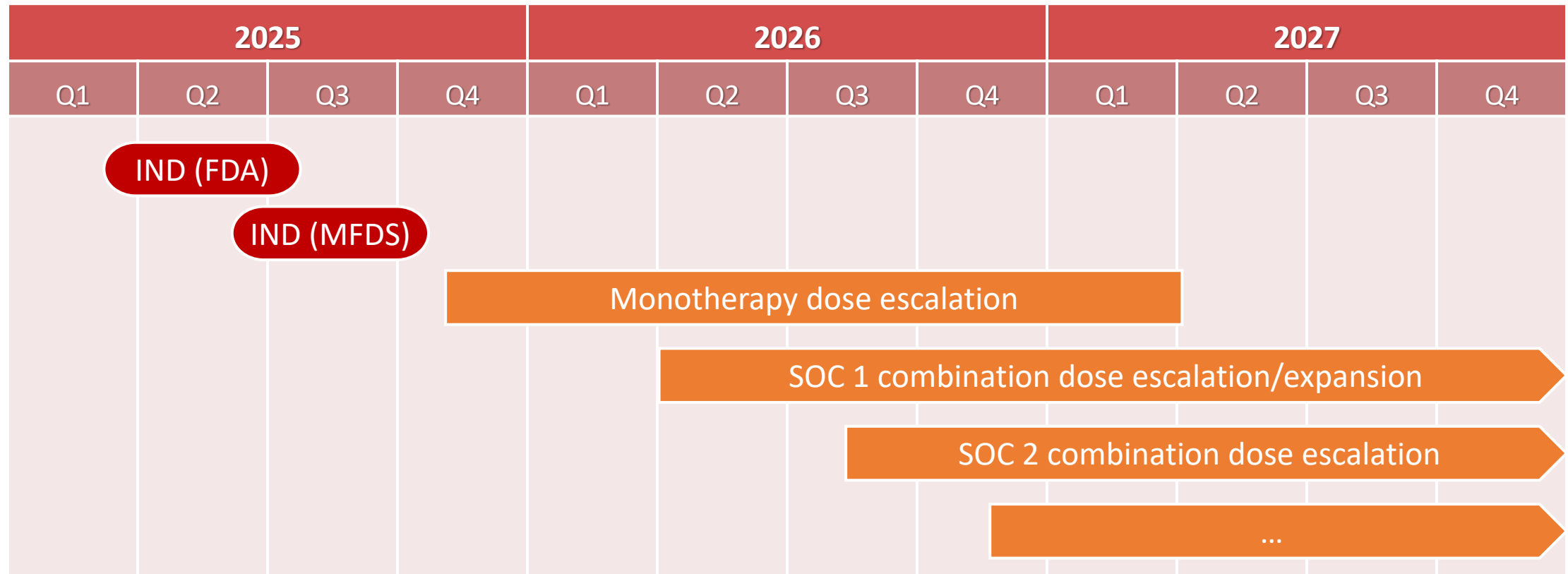


Complete remission of TC1 tumor after lung cancer SoC



OCT-598 to Enter the Clinic

- A Phase 1 Dose-Escalation Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Efficacy of OCT-598 as Monotherapy and in Combination With Standard-of-Care Treatment in Patients with Advanced Solid Tumors



Q & A