



**Prescient**  
Therapeutics

Immuno-onc & Cell Therapy Session

**Case study: Evolution of PTX**

**Bioshares Summit 2023**

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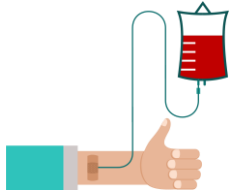
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# Innovative pipeline in personalised medicine

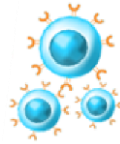


Asset	Program	Screening	Preclinical	Phase IB	Phase II
PTX-100		TCL			
		AML			
CellPryme	CellPryme-M	Cell manufacturing enhancement			
	CellPryme-A	Adjuvant for cell therapy			
OmniCAR	AML	CD33; CLL-1			
	Her2+ solid tumours	Her2			
	GBM	Her2; EGFRviii			
	Platform extensions	Various			

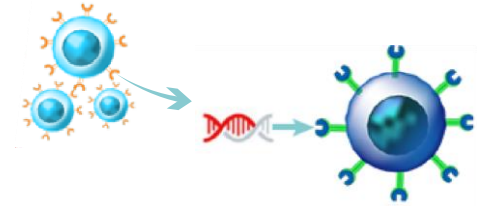
# The CAR-T process



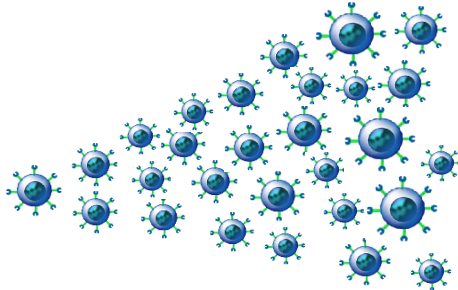
**1** Blood is collected from the patient



**2** T-Cells are isolated



**3** T-Cells are genetically altered to have cancer-recognising receptors (CARs)



**4** Millions of CAR-T cells are grown



**5** CAR-T cells are administered to the patient

## Carl June: 'We can now conclude that CAR-T cells can actually cure patients'



Carl June (Brian Ach/Getty Images for TIME 100 Health Summit)

February 2, 2022 11:00 AM EST Updated 12:00 PM | R&D, Discovery



# FDA Approved CAR-T therapies



2017



2017



2020



2021



2021



2022



# The pioneer



 NOVARTIS

 **KYMRIAH**<sup>®</sup>  
(tisagenlecleucel) Dispersion  
for IV infusion

- 2012:** Novartis licensed technology from Penn
- 2017:** Kymriah<sup>®</sup> became 1<sup>st</sup> CAR-T approved by FDA  
Cost >\$500,000 per treatment
- 2023:** Kymriah<sup>®</sup> sales to exceed US\$1B\*

Kymriah  
approved





# CAR-T's key challenges



## Safety & Control

No post infusion control



## Exhaustion

Cells run out of steam



## Targeting

Antigen heterogeneity



## Trafficking

Cells cannot find their way



## Escape

As tumours continue to mutate



## Tumor penetrance

Protective layer around tumor



## Production efficiency

Cost prohibitive & slow



## Tumour microenvironment

Suppresses immune cells

# Adoptive cell therapy landscape today



2,866

**CAR-T Programs**



900+

**Clinical Trials**



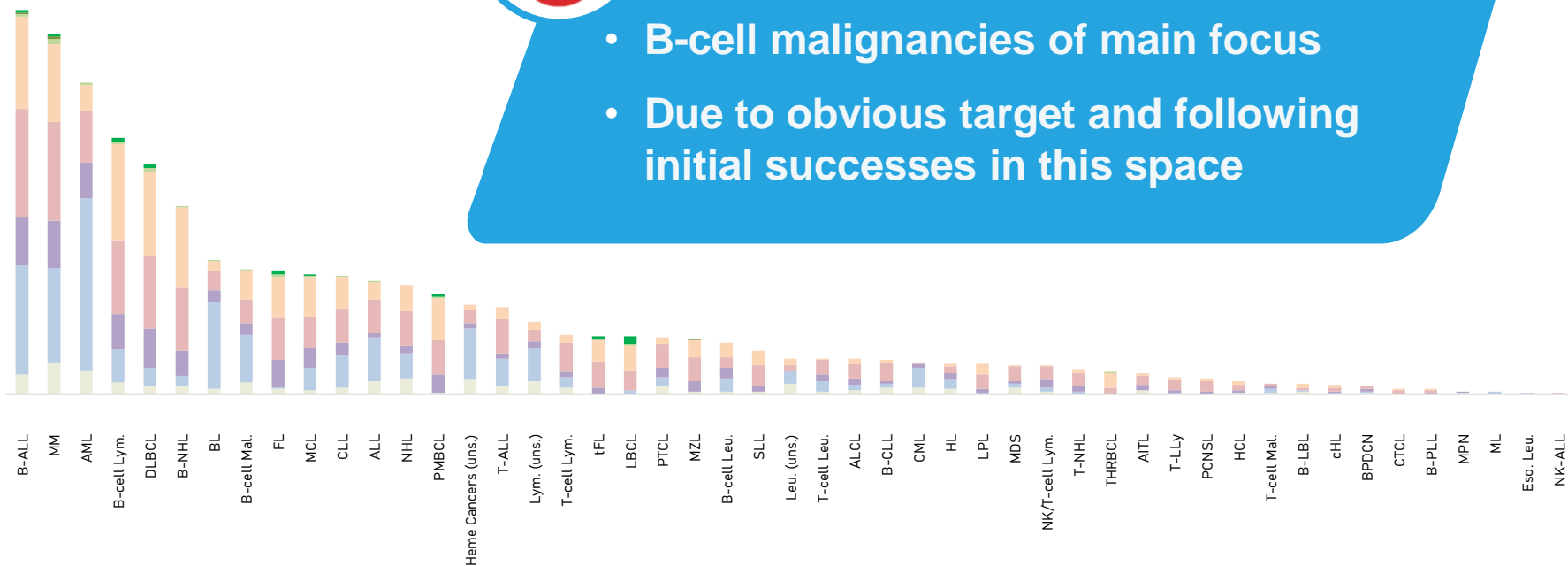
230+

**Target Antigens**

# Blood cancers: Indication distribution



- B-cell malignancies of main focus
- Due to obvious target and following initial successes in this space

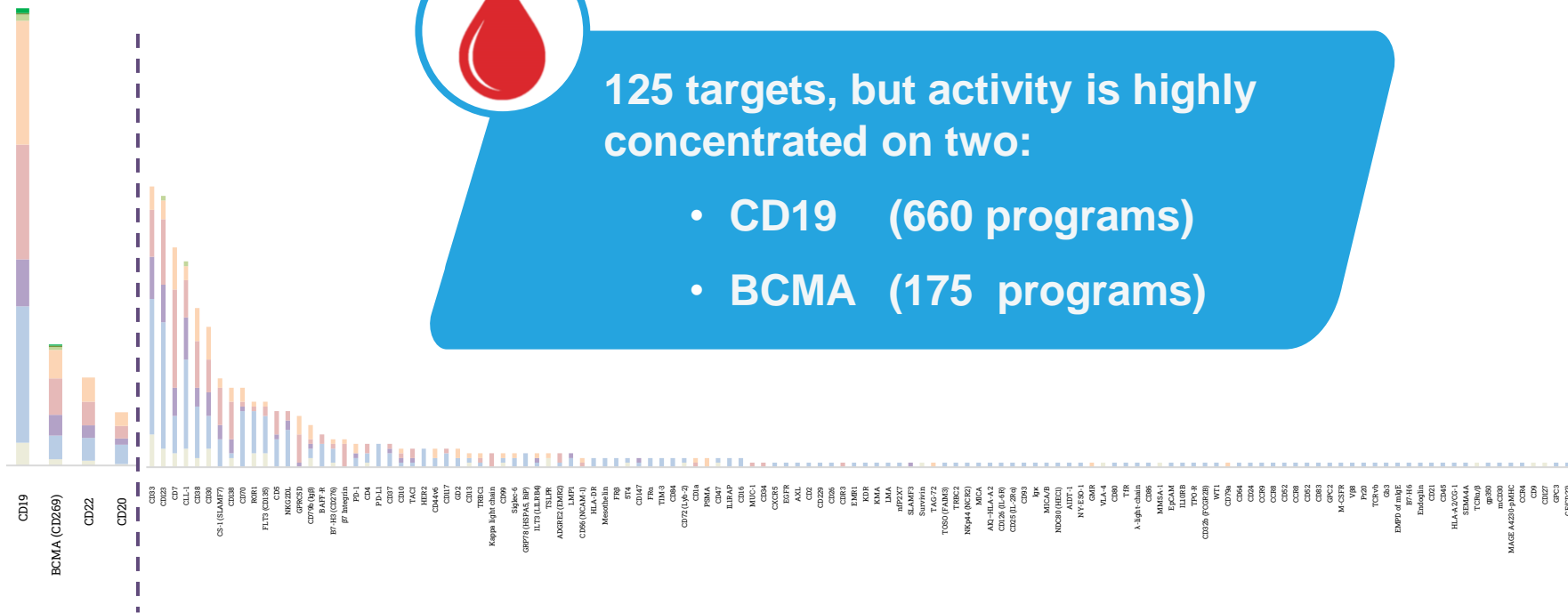


# Blood cancers: Antigen distribution

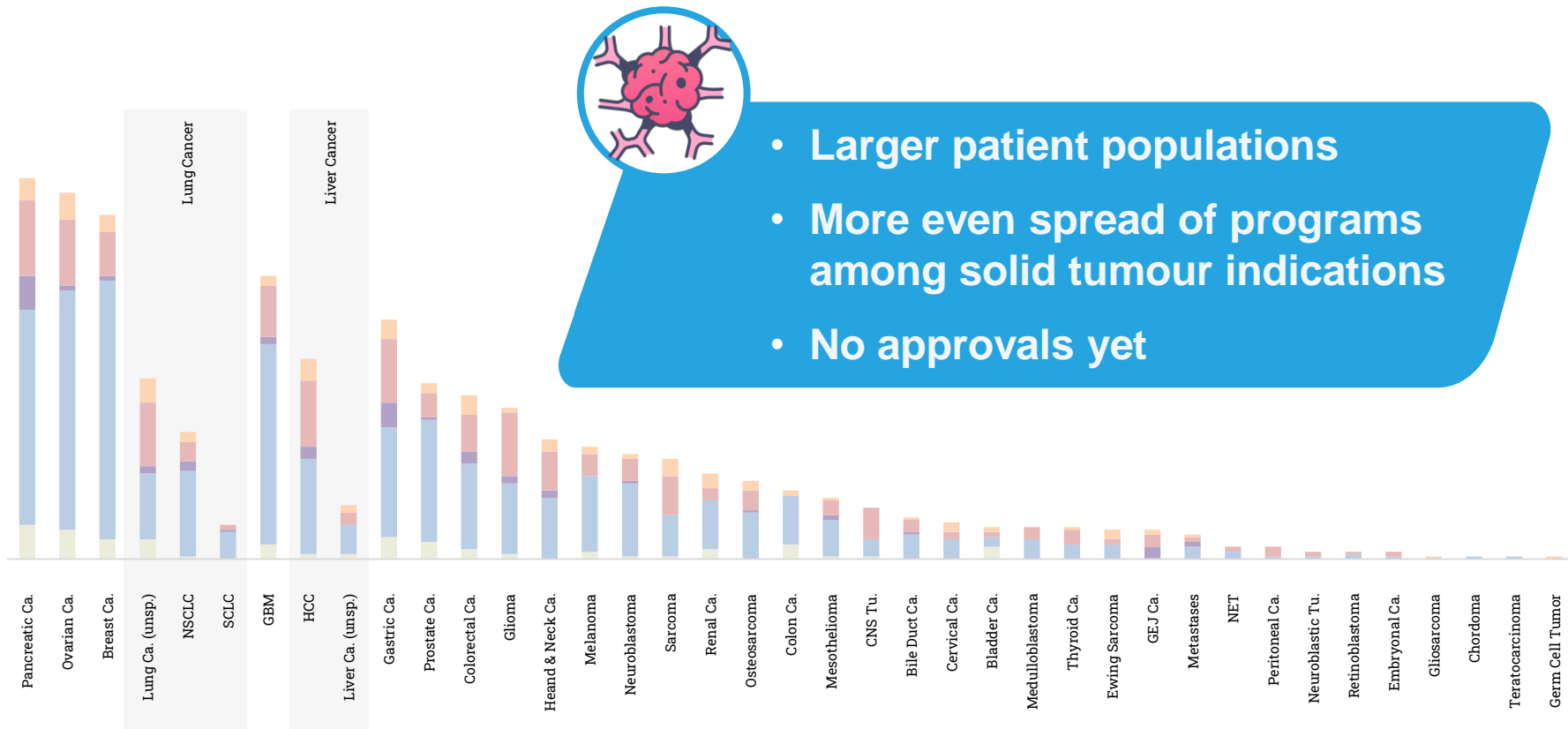


125 targets, but activity is highly concentrated on two:

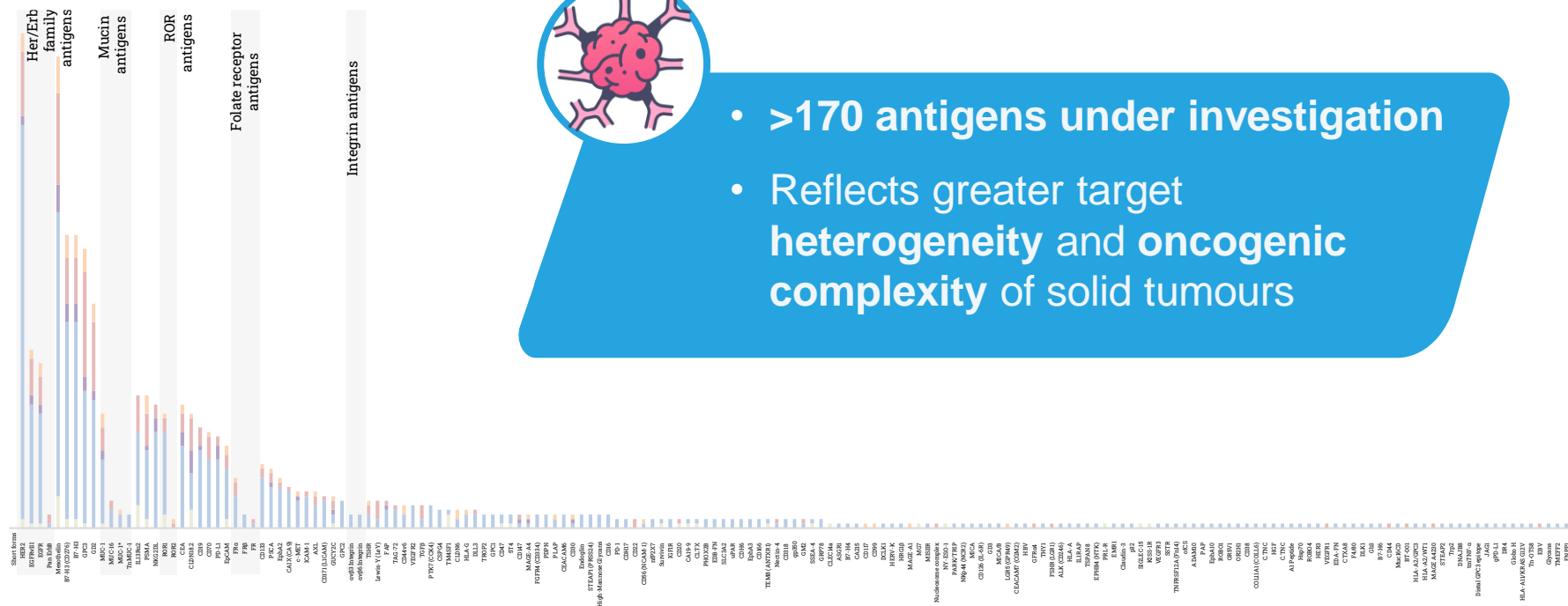
- CD19 (660 programs)
- BCMA (175 programs)



# Solid tumours: Indication distribution



# Solid tumours: Antigen distribution



- >170 antigens under investigation
- Reflects greater target heterogeneity and oncogenic complexity of solid tumours

# Myriad of cell types & permutations

- T cells
- Alpha beta
- Gamma delta
- NK cells
- iNKT
- Macrophages
- Dendritic
- Tregs...



Autologous  
(patient's cells)



Or

Allogeneic  
(off the shelf)



- Transduction methods
- Co-stim domains
- Gene edits...



**230+ TARGETS!!!**



# Getting ahead of the wave

- In 2018 the landscape wasn't quite this developed, but its direction was obvious
- Trying to pick a winner was fraught with danger
- The winner will be those that could **overcome the field's challenges**
  - Would also **enable the entire field**
- So we went about searching for exactly that...internally and externally



**Kymriah**  
approved



**CellPryme**  
Begins in stealth mode



**Penn:**  
DD on radical platform under CDA

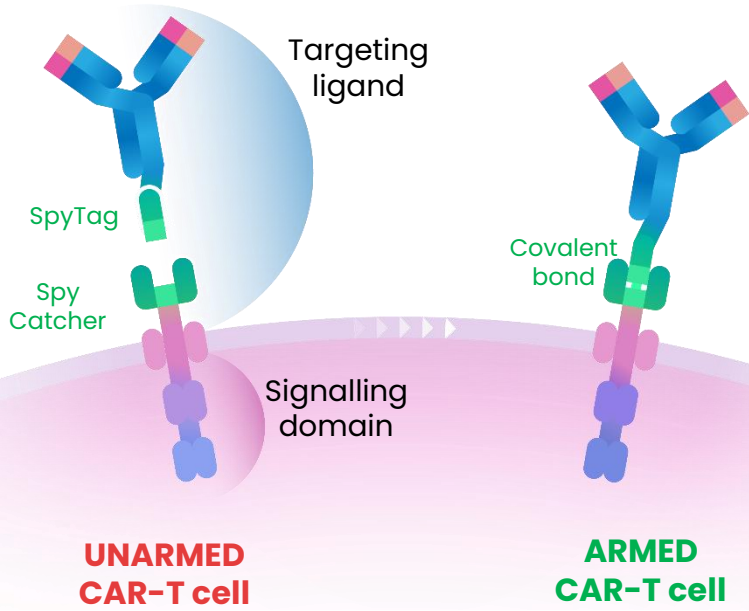




**OmniCAR**

**Universal, Next Generation CAR-T**

# OmniCAR: universal, modular CAR platform



Using any  
targeting  
ligand...

...with any  
immune cell



Associate Professor  
Daniel J. Powell, Jr



Professor  
Andrew Tsourkas



T-cell



# OmniCAR can do what conventional CAR-T cannot

## Conventional CAR-T



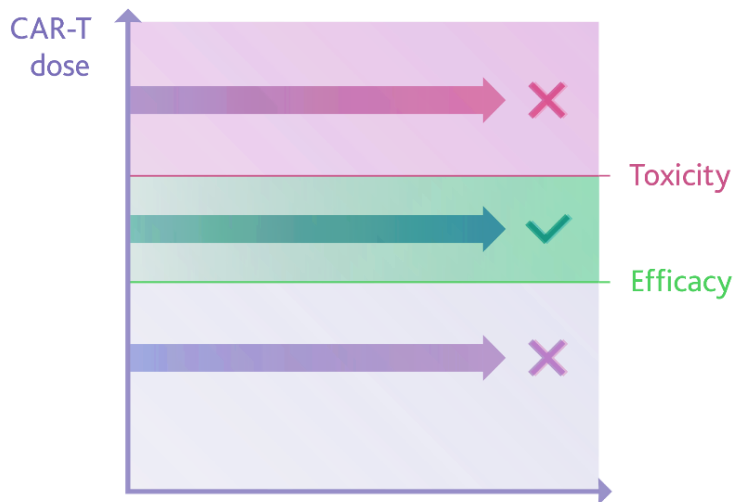
- Soldier with only one map
- Single weapon
- Only trained to hit one target
- Incapable of redirection
- No communication or control in the field



# Safety: Ability Control Dose & Activity

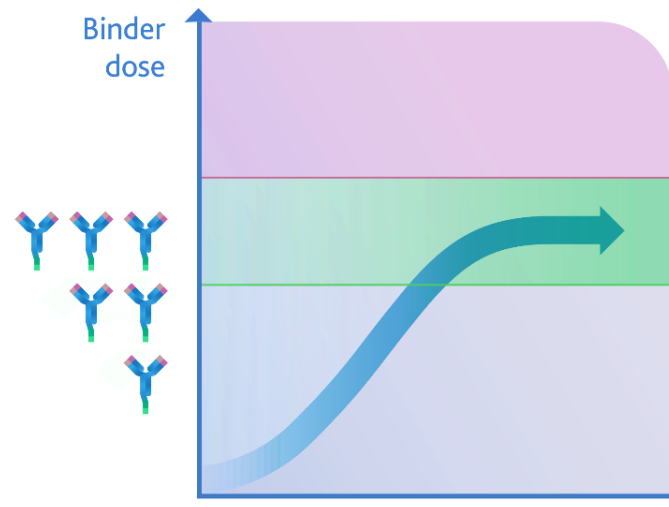
## Conventional CAR-T

- Clinicians have **no control** over CAR-T activity once infused

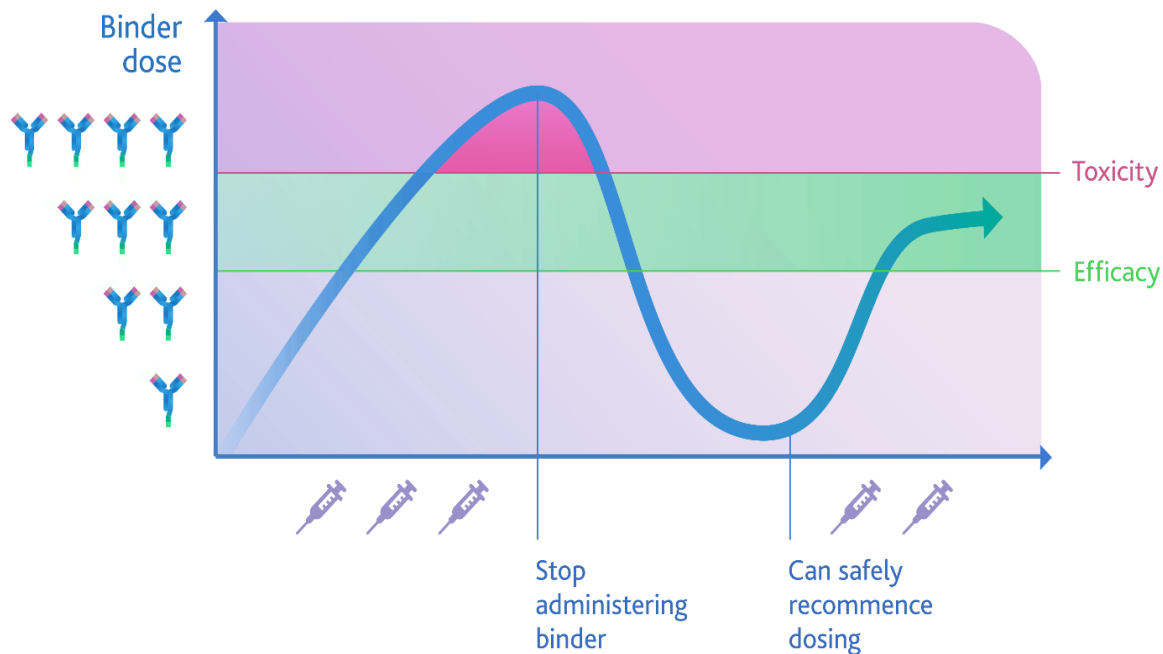


## OmniCAR

- Clinician control **post infusion**
- Titrate dose to **safe and efficacious** levels

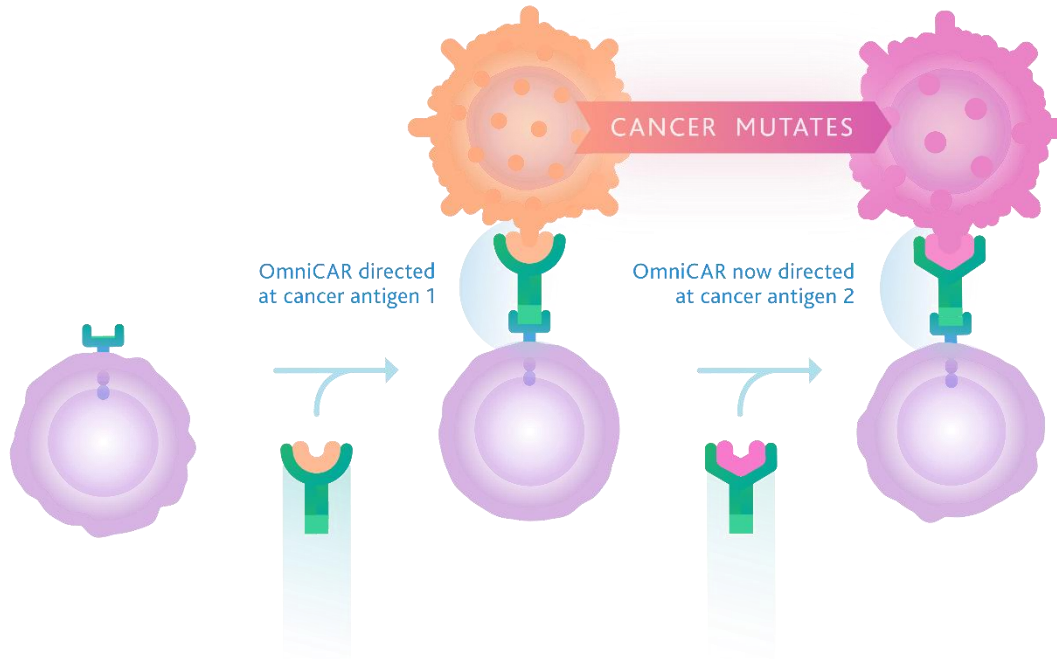


# Switch on/off: safety and persistence



- Activity can be **switched off at-will**
- Cells remain **viable but inactive**
- Can **safely reactivate**

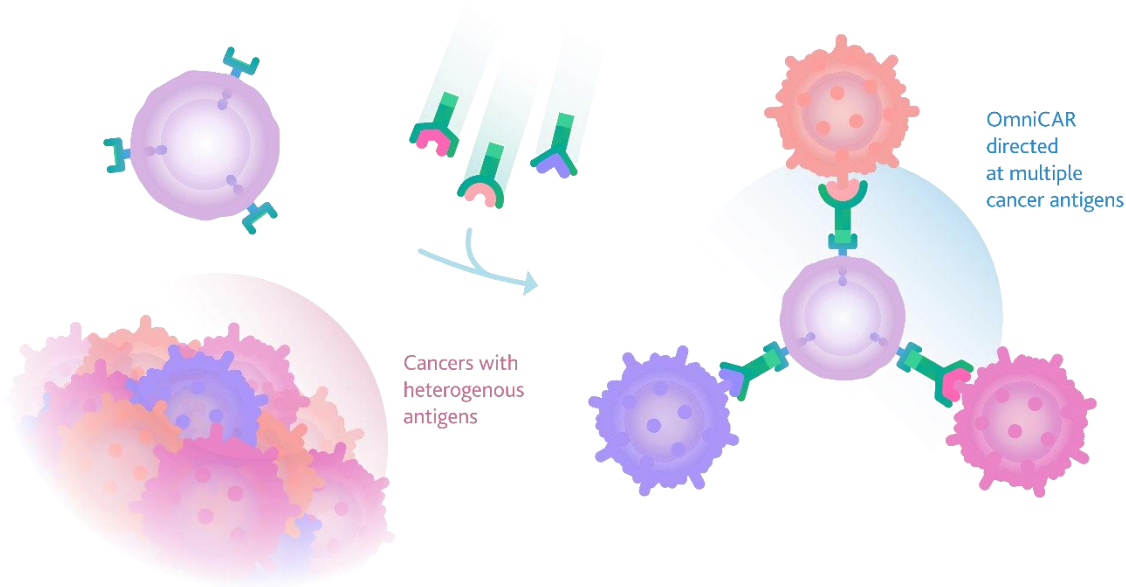
# Target Multiple Antigens: *Sequentially*



- Redirect cells by switching binder
- Addresses escape
- Useful for rapidly mutating cancers
- May be a more tolerable approach for fragile patients



# Target Multiple Antigens: *Simultaneously*



- Multiple antigen targeting with single vector/cell product
- No transduction limitations
- Broader anti-tumour immune response
- Tailor arming combinations and proportions

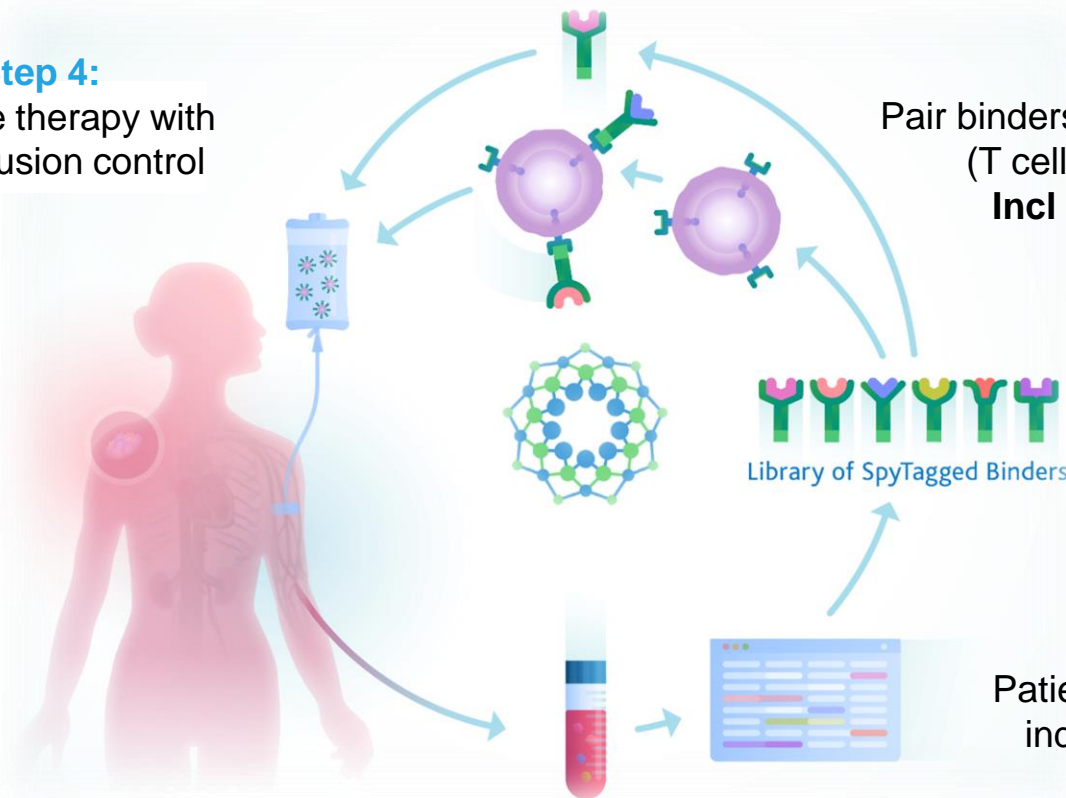
# The End Game: Personalized “Plug & Play” Cell Therapy Ecosystem

**Step 4:**  
Bespoke therapy with  
post-infusion control

**Step 3:**  
Pair binders with OmniCAR cells  
(T cells; NK; auto/allo)  
**Incl 3<sup>rd</sup> party cells**

**Step 2:**  
Match patient's antigens  
to corresponding binders  
**Incl 3<sup>rd</sup> party binders)**

**Step 1:**  
Patient sample to determine  
individual antigen profile



Kymriah  
approved



CellPryme  
Begins in stealth mode

Penn asset taken off market

ASH 2019



OmniCAR  
Penn & Oxford licenses

CellPryme  
Emerges from stealth mode

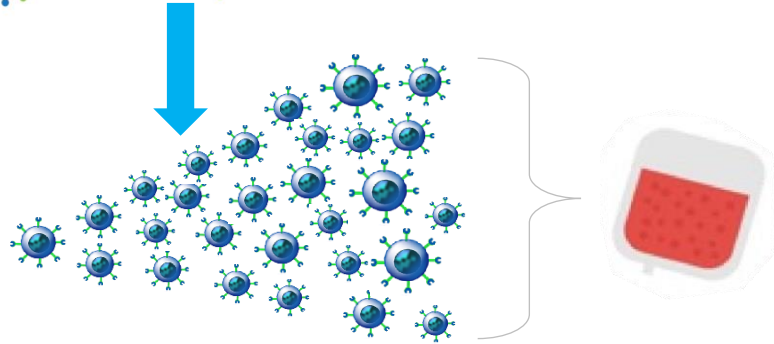


CellPryme

**CELL THERAPY  
ENHANCEMENTS**

# CellPryme: enhancing cell therapies in two ways

 CellPryme-M



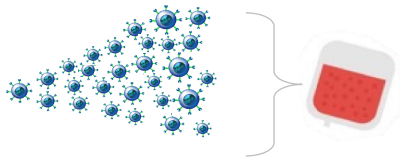
Non-disruptive additive  
during cell expansion

 CellPryme-A



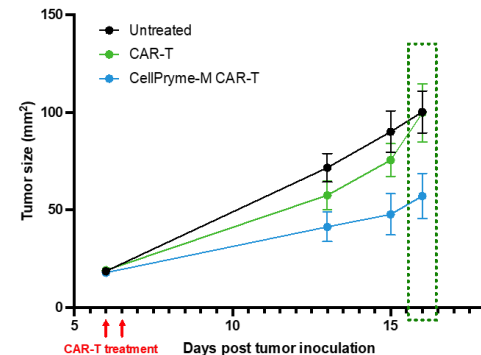
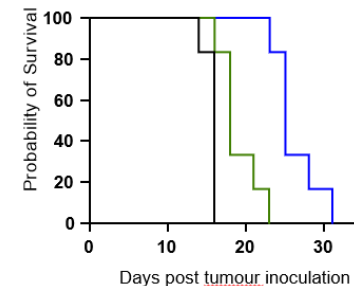
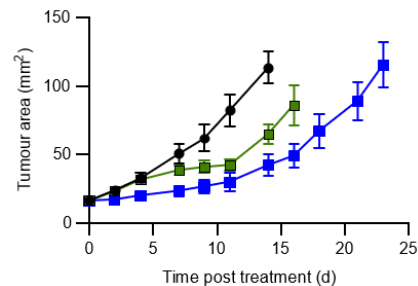
Administered to patient  
concurrent with cell therapy

## MANUFACTURING ENHANCEMENT



### PRODUCES SUPERIOR CELLS

- 50% more “youthful” Tcm cells
- Last longer; potent killing
- Doubles helper Tcells
- **Doubles tumour control & survival**



# CellPryme-A

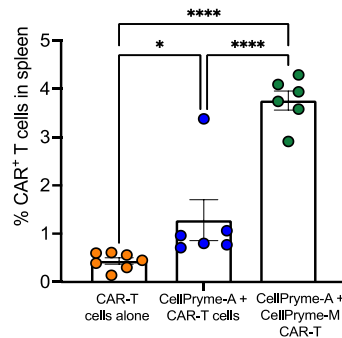
## ADJUVANT THERAPY



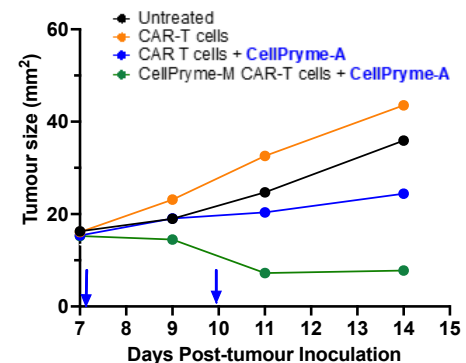
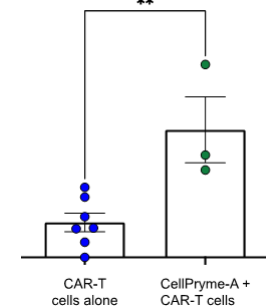
## BREACHES THE CANCER'S CASTLE WALLS

- 9X more CAR-T cells
- Overcomes the protective barriers surrounding tumours
- **Very strong cancer killing synergies with CellPryme-M!**

↑9x expansion



↑4x tumour penetration

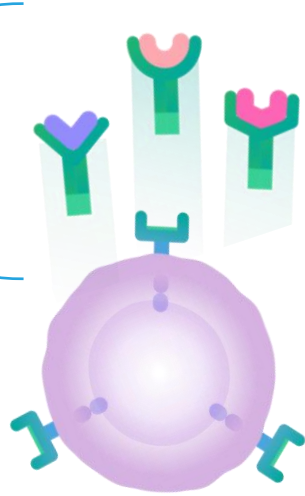


# OmniCAR & CellPryme are complementary



## OmniCAR

- Multi-targeting
- Redirection
- Control & safety
- Any target; any cell



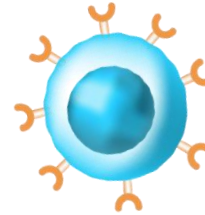
**Next generation  
Cell therapies**



## CellPryme-M

Process that produces  
a better cell type

- Persistence
- Trafficking



**Current generation  
cell therapies**



## CellPryme-A



Adjuvant therapy

- Reduces Tregs
- Primes TME for cell therapy
- Boosts CAR-T cell expansion *in vivo*



# Platforms to overcome CAR-T's key challenges

 OmniCAR
  CellPryme

	<b>Safety &amp; Control</b>	✓	-	
	<b>Targeting</b>	✓	-	<b>Safe</b>
	<b>Escape</b>	✓	-	<b>Effective</b>
	<b>Production efficiency</b>	✓	-	<b>Sustainable</b>
	<b>Exhaustion</b>	✓	✓	<b>Affordable</b>
	<b>Trafficking</b>	✓	✓	
	<b>Tumor penetrance</b>	✓	✓ ✓	<b>Enduring</b>
	<b>Tumor microenvironment</b>	✓	✓ ✓	

# Strategically positioned in a rapidly moving field

## Current generation CAR-Ts



Emerging immune cell types



Manufacturing methods



Emerging targets



Other cancers



Beyond oncology





**Thank you!**



***In front of the biggest wave in oncology***

ASX: PTX

# Diversified portfolio of later stage and emerging assets

Targeted  
therapies

Ph1b drug with potential for rapid clinical development.  
Encouraging activity in areas of unmet need



CellPryme

Cell therapy platform with demonstrated benefits ready for the clinic.



OmniCAR

Platform with potential to revolutionise cell therapy in pre-clinical development