

CYCLACEL[®]

***Translating cancer biology
into medicines***

**NASDAQ: CYCC; CYCCP
Annual Meeting
June 25, 2020**

Disclaimer



This presentation contains forward-looking statements within the meaning of the “safe harbor” provisions of the Private Securities Litigation Reform Act of 1995 about financial results and estimates, business strategy, clinical trial plans and research and development programs of Cyclacel Pharmaceuticals, Inc. By their nature, forward-looking statements and forecasts involve risks and uncertainties because they relate to events and depend on circumstances that will occur in the future and are generally preceded by terms such as “may,” “will,” “should,” “could,” “would,” “expects,” “plans,” “anticipates,” “believes,” “estimates,” “projects,” “predicts,” “potential,” and similar expressions (including the negative thereof). For a further list and description of the risks and uncertainties the Company faces, please refer to our most recent registration statement on Form S-1, most recent Annual Report on Form 10-K and other periodic and current filings that have been filed with the Securities and Exchange Commission and are available at www.sec.gov. The information in this presentation is current as of this date. Cyclacel does not take any responsibility to update such information.

Normally, senescent/useless cells undergo programmed cell death (apoptosis)

Cancer and inflammatory cells block apoptosis and hence survive/grow by →

- ↑ expression of antiapoptotic driver proteins, incl. BCL2, Bcl-x_L^{*}, Bfl-1[#], **MCL1**, and
- addiction to dysregulated oncogenes, incl. **cyclin E (CCNE)**, MYC and MYB

Forcing aberrant cells into apoptosis is a validated therapeutic strategy in leukemia:

- venetoclax (BCL2 inhibitor ~\$1 bn 2019 est. sales)

Patients stop responding to venetoclax: **MCL1** overexpression correlates with progression¹

Patient resistance to palbociclib: **cyclin E** overexpression correlates with progression²

- breast cancer: palbociclib (CDK4/6 inhibitor ~\$4 bn 2019 est. sales)

¹ Bose P, et al, *LeukLymph* 2017;58(9):1. Tahir S, et al. *BMC Cancer*. 2017;17(1):399. ² Turner NC, et al, *JCO* 2019 37 1169. * a.k.a. BCL2L1. # a.k.a. BCL2A1.

Regulation of MCL1 to Enable Apoptosis



MCL1 is one of ten most frequently amplified cancer genes¹

Competitive race to develop drugs that suppress MCL1

- Inhibiting protein directly is an option; but AMG397 MCL1 inhibitor on clinical hold
- Inhibiting transcriptional CDK enzymes suppresses MCL1 and can reinstate apoptosis

OUR SOLUTION:

- **Fadraciclib** (a.k.a. **CYC065**, potent and selective CDK2/9 inhibitor; i.v. and oral forms)
- We believe it is 1st Rx to show durable MCL1 suppression and anticancer activity in humans

¹ Beroukhi R et al. Nature 2010.

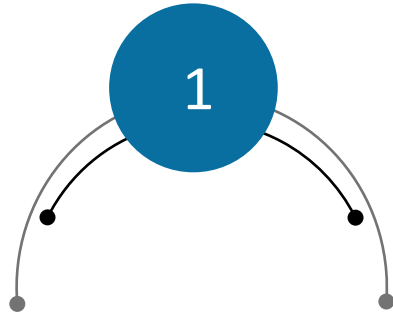
Single Agent:

- MCL1, cyclin E or MYC amplified solid tumors: durable MCL1 suppression at tolerable doses (i.v. once q3 weeks); durable SD
- MCL1 amplified endometrial cancer (i.v. 4x q3 weeks): durable PR
- Phase 1 data submitted for presentation at upcoming oncology meeting

Combination with venetoclax:

- CLL: ↓ lymph node size and converted MRD +ve to MRD –ve
- AML/MDS: ↓ peripheral blast counts, TLS (200mg/m² i.v. day 1, 15)

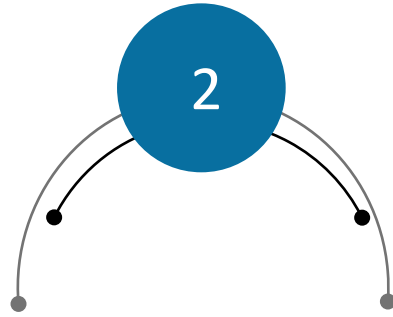
Ph 2 Design *(MCL1 &/or cyclin E amplified)*



Ovarian

Single agent

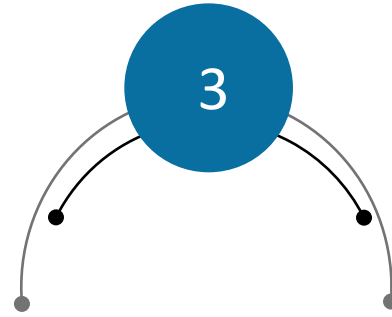
*Combo w/
chemo &/or
PARP inhibitor*



Endometrial/ Uterine

Single agent

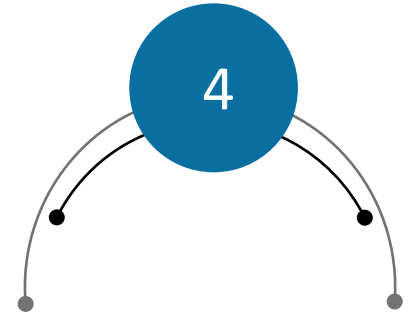
*Combo w/ IO or
chemo &/or
kinase inhibitor*



Breast

Single agent

*CDK4/6 R/R
Combo with
Hormonal therapy*



Rare cancers

*MCL1 overexpressing
NSCLC, HNSCC,
sarcoma
Single agent
Combo w/ IO*

CDK and immune checkpoint inhibition may be combined to improve therapeutic index

- Preclinical data suggest that dinaciclib causes immunogenic cell death¹
- ↑ T cell infiltration and dendritic cell activation within tumor
- Efficacy in murine syngeneic models

Phase 1 dinaciclib (CDK1/2/5/9 inh) and pembrolizumab:²

- MYC overexpressing advanced TNBC; ≥ 2 lines of Tx
- ORR: 17%; CR: 3.4%; PR: 13.8% (n=29)

1. Hossain MSB et al; J Clin Invest; 2018 2. Source: ASCO 2020; <https://meetinglibrary.asco.org/record/185238/abstract>

CDK & MCL1 Inhibitor Landscape



CDK2/9 transcriptional isoforms enabling apoptosis:

CYC065 (CDK2/9, CYCC) Ph1 data

BAY1251152; atuvaciclib BAY'572 (CDK9, BAY) Ph1 data

AZD4573 (CDK9, AZN) Ph1 ongoing

Other (pan CDK or selective):

flavopiridol/alvocidib (pan CDK, SUM) Ph2

dinaciclib (pan CDK, MRK) Ph3 terminated

voruciclib (CDK4/6/9, MEIP) Ph1 data

SY1365 (CDK7, SYRS) Ph1 data

MCL1 inhibitors:

AMG176 i.v./**AMG397** oral - Clin. hold

S64315 (Servier, Ph1b ven combo AML)

AZD5991 (FiH Ph 1).

AZ poster AACR 2019: CDK9i targeting

MCL1: Antitumor responses with AZD4573

strongly correlate with selective MCL1

inhibitors, such as AZD5991. CDK9i targets

other labile pro-survival proteins beyond

MCL1 such as Bfl-1 (a.k.a. BCL2A1).

Source: data on file; Boiko S et al AACR 2019.

- Aim to test **fadraciclib** vs. **seliciclib** in enabling apoptosis in inflammatory neutrophil cells in COVID-19 patient donor plasma
- Early peripheral blood neutrophil response associated with cytokine storm and poor outcome in COVID-19 disease
- Part of broader STOPCOVID project (funded by LifeArc \$2.5m)
- If positive, include in adaptive clinical trial to test PoC

MD Anderson-Cyclacel Alliance



- Up to 170 patients with single agent or combinations of: CYC065, CYC140, sapacitabine
- Risk Sharing: MD Anderson assumes patient costs; Cyclacel supplies drugs and limited support
- Payments to MD Anderson upon First Commercial Sale in indications studied

Financial Position & Capitalization



Cash & cash equivalents (*pro forma*): \$27.3m¹

Operating cash burn (annual; excludes non-cash items)

✓ 2016: ~ \$10.1m²

✓ 2017: ~ \$ 7.5m²

✓ 2018: ~ \$ 6.7m²

✓ 2019: ~ \$ 9.4m²

Fully diluted shares: 9.3 million³. No debt

Estimated capital to end of 2022

1. March 31 2020 10Q: \$8.9m cash & cash equivalents plus \$18.4m equity financing net proceeds
2. 10K
3. Common stock outstanding 4.9m, common stock warrants 4.3m, stock options 0.1m

Fadraciclib (CYC065) CDK inhibitor (i.v. and oral)

Clinical proof of mechanism (MCL1 / cyclin E down-regulation & tumor shrinkage)

Combination with venetoclax in R/R leukemias (AML/MDS, CLL)

Sapacitabine nucleoside analogue (oral)

Unique DNA damage response mechanism for BRCA mutant patients with breast, ovarian and pancreatic cancers

Combinations with venetoclax in R/R AML/MDS & olaparib in 2L BRCA mutant breast cancer

CYC140 PLK inhibitor (i.v. and oral)

Compelling preclinical data in liquid & solid cancers; first-in-human study in progress

Key Milestones



- Updated **fadraciclib** Ph 1 safety, PK, efficacy data with frequent dosing schedule in patients with advanced solid cancers;
- Initial safety, PK data from Ph 1 study of **fadraciclib** oral formulation;
- FPI **fadraciclib** Ph 2 tissue agnostic precision medicine study;
- Initial safety, PoC data from **fadraciclib**-venetoclax Ph 1 in R/R AML/MDS & CLL;
- Initial data from **sapacitabine**-venetoclax Ph 1/2 study in R/R AML/MDS;
- Initial data from **CYC140** Ph 1 First-in-Human study in R/R leukemias; and
- Data from Phase 1b/2 **sapacitabine**-olaparib IST in BRCA mutant metastatic breast cancer when reported by the investigators.

Cyclacel Overview



Clinical stage, state-of-the-art oncology programs

Targeting molecularly-defined patient populations

Overcome cancer cell resistance & DNA repair

CDK inhibitors: validated drug class

Competitively positioned

Significant market opportunities



THANK YOU

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