



CYCLACEL

Translating cancer biology into medicines

NASDAQ CYCC

Ladenburg Thalmann 2018 Healthcare Conference

October 2, 2018

Disclaimer



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- Apply deep understanding of cell cycle biology to disrupt
 - a. cancer cell **resistance**
 - b. **DNA repair** or evasion
- Pioneer in Cyclin Dependent Kinase inhibitors
- Rationally designed clinical programs in solid and blood cancers
- Focus on molecularly-defined patient populations (precision Rx)
- Experienced management
- Estimated capital through Q1 2020

\$107 bn in 2015 (+12% YoY). *Est. ~\$150 bn in 2020*

Single Rx targeting mutations: validated approach

...↑ response but few cures/long stable disease...

EVOLUTION OF RESISTANCE TO CANCER Rx OR ADDICTION TO CANCER GENES

- Strategy: combine approved Rx that is no longer working with resistance-modifying Rx or
- Rx that breaks addiction to oncogenes (MYC, cyclins)

Suppressing Resistance Proteins



Bcl-2, Bcl-XL, Mcl-1:

↑ expression: survival & growth of cancer cells

- **Bcl-2** > **venetoclax** approved in 2L CLL
- Bcl-XL > investigational drugs but safety issues
- **Mcl-1** > transcriptional CDKi, incl. **CYC065**

*Competitive race to develop Rx that suppress Mcl-1
one of most frequently overexpressed cancer genes*

Indication Rationale: 2L CLL (post BTKi)



Venetoclax does not ↓ Mcl-1

Previous transcriptional CDKi have activity in CLL

Preclinical evidence of synergy for venetoclax + CYC065*

CYC065 1st CDKi to durably suppress ↓ Mcl-1 in patients

“Double-Hit” strategy to suppress Bcl-2 + Mcl-1

CYC065 + venetoclax study received IRB clearance

** Source: Chen et al AACR 2018 Abs 5095; Cyclacel data on file.*

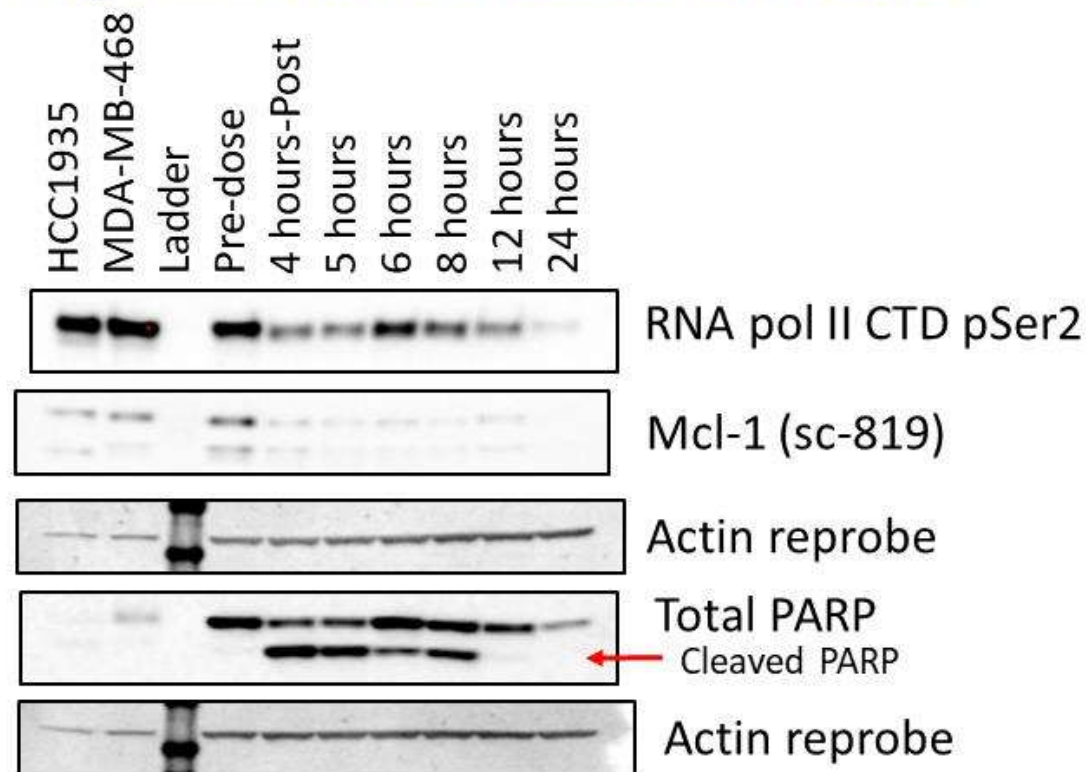
n=26 heavily pretreated patients with advanced solid tumors (13 in DL6 cohort RP2D)

- Durable **Mcl-1 suppression** >24h after single dose in 11/13 DL6 patients
- Anticancer activity in 6/13 patients (5 at RP2D)

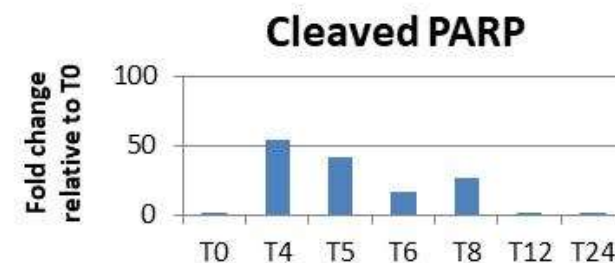
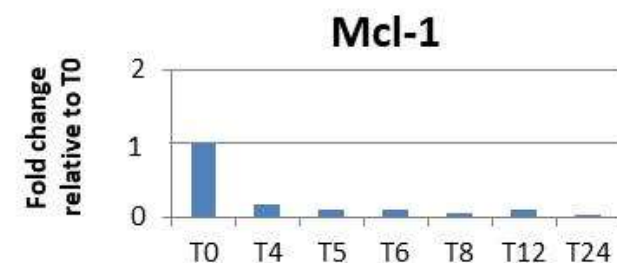
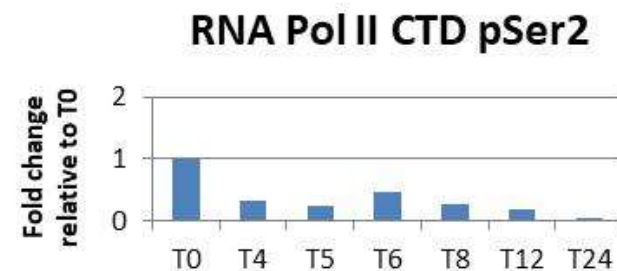
** Source: Cyclacel data on file.*

CYC065 First in Human Phase 1 part 1 (b)

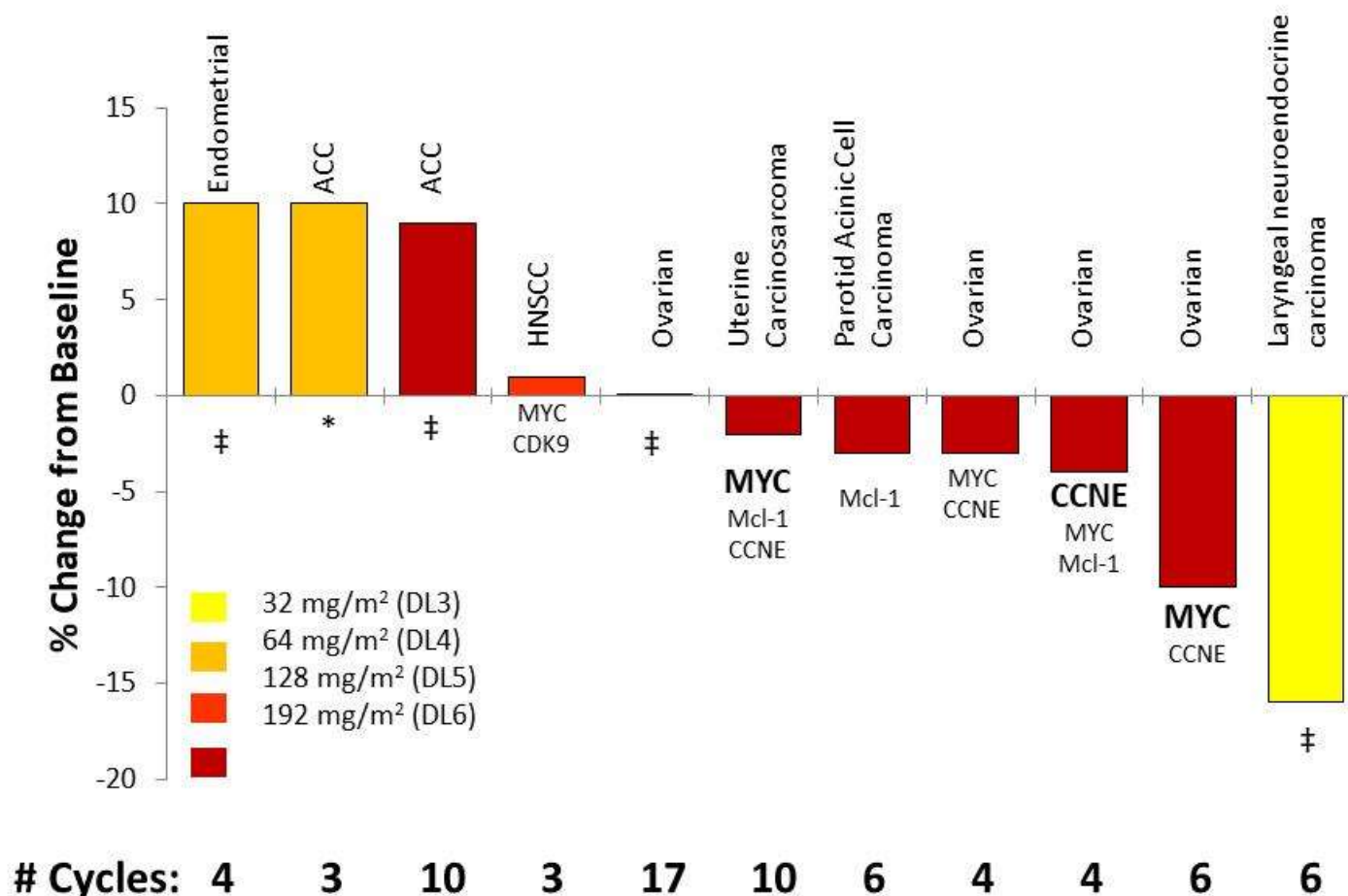
Target inhibition detectable at 24 hours



Patient 14 (192 mg/m²)



CYC065 First in Human Phase 1 part 1 (c)



Summary:

- 20/26 pts evaluable for response per RECIST 1.1
- 11/20 patients achieved stable disease (SD)
- 6/11 patients achieved SD for 4+ cycles

‡ no information; * complex deletions/gains. High copy gains shown in bold.

Khanh T. Do, AACR Annual Meeting 2018.

Current (hematological malignancies):

- 1 Combination with **venetoclax**, in patients with relapsed/ refractory CLL

Future (solid tumors):

- 2 Selected Mcl-1 ↑ or MYC ↑ solid tumors, i.e. neuroblastoma, ovarian, etc.
- 3 Selected Cyclin E ↑ solid tumors, i.e. breast, ovarian, uterine (USC)

CDK4/6 isoform

palbociclib (PFE), ribociclib (NVS), abemaciclib (LLY)

Approved in combination with letrozole for ER +ve Her2 -ve advanced or met BC

trilaciclib (GTHX) Ph1/2

CDK2/9 transcriptional isoform

CYC065 (CYCC 2G) Ph1

seliciclib (CYCC 1G) Ph2

dinaciclib (pan CDK, MRK) Ph3

BAY1143572 (CDK9, BAY) Ph1

Other (pan CDK or selective):

SY1365 (CDK7, Syros);

voruciclib (CDK4/6/9, MEI Pharma)

* Source: Cyclacel data on file.

DNA Damage Response (DDR)

Overcoming Cancer DNA Repair & Evasion



Cancer cells evade Rx; block DNA repair; ultimately immortalize

Homologous recombination (HR) deficient (incl. BRCA mutant) cancers (breast, ovarian, prostate, pancreatic, etc.) have an Achilles heel:

- Inhibition of PARP enzymes is synthetically lethal: accumulation of SSBs converted to DSBs; DNA cannot be repaired by HR
- SoC: three approved PARP inhibitors
- Significant unmet medical need remains

Sapacitabine in HR deficient Cancers



Sapacitabine is active in BRCA +ve patients with HR deficient cancers via a novel mechanism

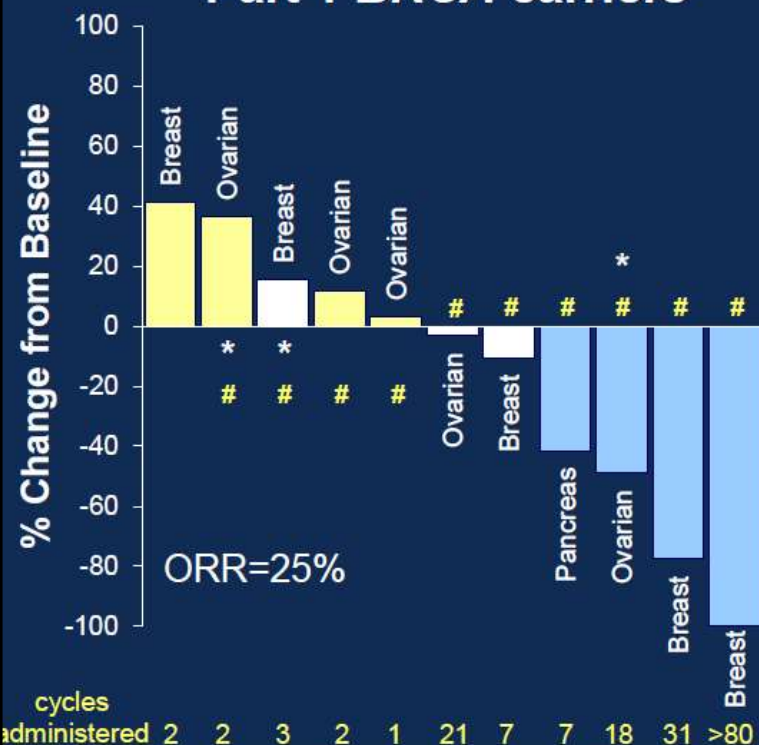
- Oral Rx induces SSBs and metabolizes into CNDAC via β -elimination reaction converted into DSBs that cannot be repaired by HR

Encouraging clinical data: durable CR, PR, SD (n=76, ASCO 2016) in BRCA +ve patients with breast, ovarian and pancreatic cancers

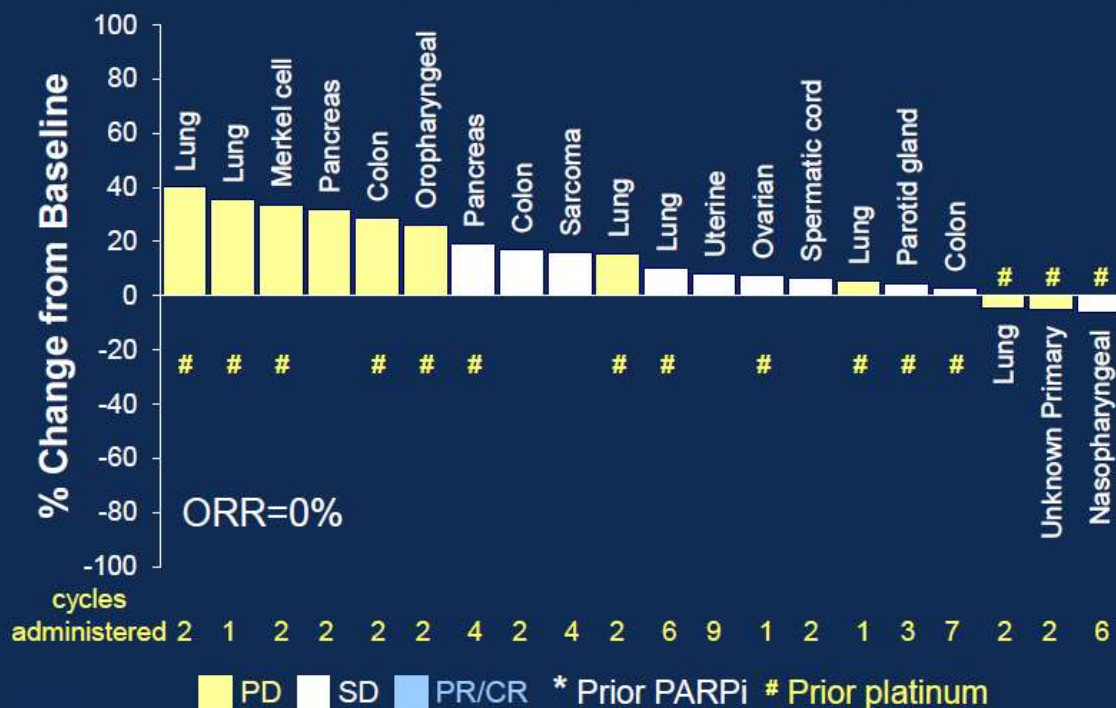
Potential to combine with PARP inhibitors

Best Response (all cycles)

Part 1 BRCA carriers



Part 1 Non-BRCA carriers



PRESENTED AT: ASCO ANNUAL MEETING '16

Presented by: Sara M. Tolaney, MD, MPH

* Source: Tolaney S et al, JCO 34, 2016 (suppl; abs. 2503).

ASCO[®] AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Increase durability of PARPi response

Preclinical evidence of synergy for PARPi + sapacitabine*

Different MoAs may increase therapeutic index

Orally administered combination

PARPi + sapacitabine IST study received IRB clearance

** Source: Liu et al Mol Cancer Ther 2016 16 2302; Cyclacel data on file.*

Sapacitabine in AML (SEAMLESS Ph 3 data)

Optionality from potential regulatory submission



- ✓ Increase in median OS (primary endpoint) did not reach stat. sig.
- ✓ Doubling of CR rate (secondary endpoint)
- ✓ Improved median OS in large (2/3 of study) prospectively defined subgroup based on WBC level
- ✓ Oral presentation at ASH Annual Meeting 2017
- ✓ Started national regulatory consultations in various EU countries
 - Determine submissibility
 - Pre-submission meetings

Source: Cyclacel press releases and data on file.

Development Pipeline



Program CYC- ...	Target/Indication	Preclinical	Phase 1/1b	Phase 2	Pivotal	Comm. Rights
065	Solid tumors (FIH)	RP2D Part 2 ongoing				Worldwide
	Blood cancers CLL + Bcl-2 inhibitor	CYC065 + venetoclax RR CLL				
	Solid tumors, i.e. NB, MYCN, Mcl-1, Cyc E		Ph 1/2			
	Oral formulation	CMC	Ph1 Oral			
sapa	DDR*: BRCA +ve pts. Breast cancer		sapa + PARPi IST			Worldwide (except Japan)
	SEAMLESS Ph 3 Data AML	Determine submissibility; regulatory advice				
140	Solid tumors and blood cancers		Ph1 FIH			Worldwide
Current activity		In planning stage				

Financial Position & Capitalization



June 30, 2018 cash & cash equivalents: \$19.8m¹

Operating cash burn (excludes non-cash items)

- ✓ 2015: ~ \$14.5m annual¹
- ✓ 2016: ~ \$10.1m annual¹
- ✓ 2017: ~ \$ 7.5m annual¹
- 2018: ~ \$10.9m annual²

Fully diluted shares: ~ 20.0 million^{1,3}

No debt

1. 10 K, 10 Q
2. Company estimate
3. Common stock outstanding 12.0m

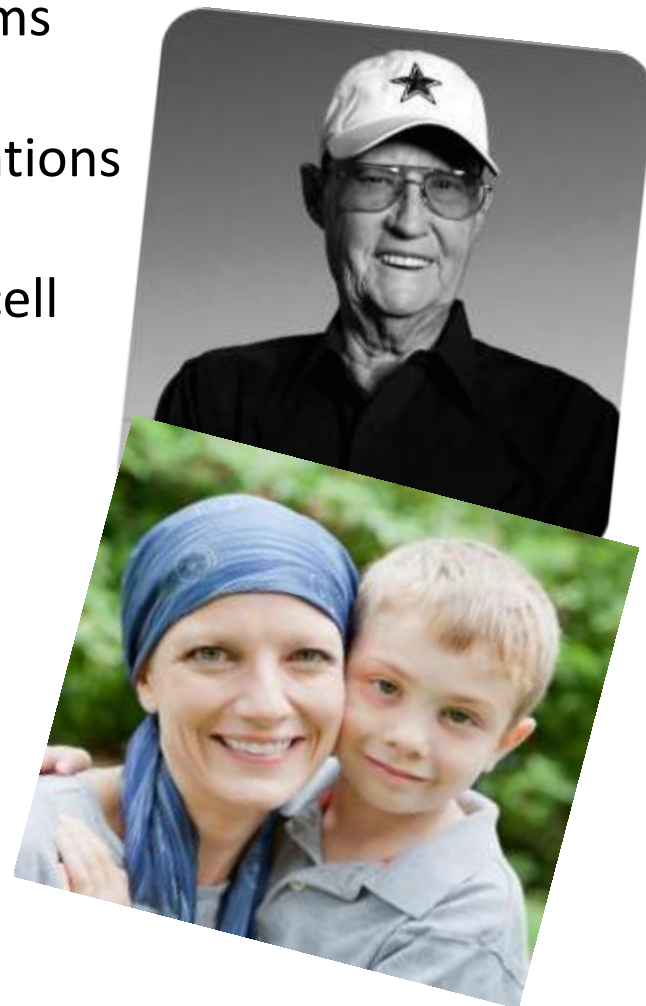
Key Milestones



- ✓ CYC065 Phase 1 data solid tumors
- Start CYC065 Ph 1b combination with venetoclax in RR CLL
- Start CYC065 combinations in additional indications
- Start CYC140 (PLKi) Ph 1 first-in-human study
- Start sapacitabine plus olaparib in BRCA +ve breast cancer
- CYC065 oral formulation development
- Determine submissibility of sapacitabine in elderly AML

Investment Thesis

- Clinical stage CDKi and DDR oncology programs
- Targeting molecularly-defined patient populations
- Treat difficult cancers and overcome cancer cell resistance & DNA repair
- CDK inhibitors: validated drug class
- Competitively positioned
- Significant market opportunities



THANK YOU

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