



# Translating Science into Medicine

March 2022



# Disclaimer

---

This presentation has been prepared by Oscotec Inc.(the “Company”) solely for its own use at its presentation to company investors.

Information contained herein is strictly confidential, and is given only for your information and for your use and may not be copied, reproduced, distributed, redistributed or passed on, directly or indirectly, to any other person in any manner, or published, in whole or in part, for any purpose. Certain statements contained herein constitute forward-looking statements that are based on management’s expectations, estimates, projections and assumptions. Words such as “anticipates,” “plans,” “estimates,” “expects” and variations of these words and similar expressions are intended to identify forward-looking statements. Such statements address future financial results and business standings.

Forward-looking statements are not guarantees of future performance and involve certain uncertainties and risks, which are affected by further changes in business environment. Therefore, actual future results and trends may differ materially from the forecasts reflected in the forward-looking statements herein due to a variety of factors including but not limited to the changes in market conditions and strategy revisions.

The Company is not liable for any investment decisions by its readers or subscribers and does not undertake any legal obligation to present any supporting evidence against investment results of investors under any circumstances.



# Overview

*About Oscotec Inc.*

# Overview

“At Oscotec, our mission is to create values by translating cutting edge science into innovative medicines for clinically unmet needs”



## Profile

- Established in 1998, located at KoreaBioPark, Pangyo, South Korea
- Listed in KOSDAQ (2007); current market cap ~0.9B USD (as of February 2022)
- Paid-in Capital : 15B KRW (Outstanding shares : 30,206,525)
- No. of Employees : 54 (R&D – 29)
- Subsidiaries : Genosco (Boston), Ectodor (Boston)

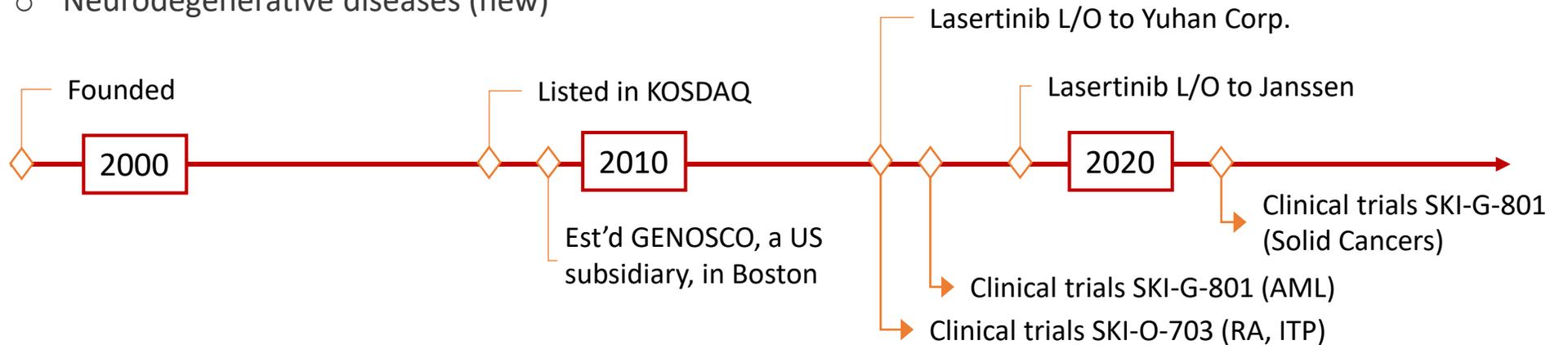


## Area

- Oncology and immuno-oncology
- Inflammation and autoimmune diseases
- Neurodegenerative diseases (new)



## History



# Leadership



## James Kim Ph.D., D.D.S **CEO**

- Ph.D. in biochemistry, Seoul National University
- Professor, Dankook Univ.
- Visiting Professor, Harvard Medical School

## Taeyoung Yoon Ph.D. **CEO**

- Ph.D. in Organic Chemistry, Yale Univ.
- Postdoc, California Inst. of Technology
- Sr. Research Investigator, Novartis
- SVP and Head of Research, Dong-A ST

## Yuntae Kim Ph.D. **CTO**

- Ph.D. in Chemistry, Pittsburgh Univ.
- Postdoc, California Inst. of Technology
- Sr. Research Fellow, Merck.
- Head of Medicinal Chemistry, CKD.

## Scott Lee MBA **CFO**

- Director/Management
- MBA in Business Administration, Dankook Univ.



## John Koh Ph.D. **CEO**

- Ph.D. in Bio-organic Chemistry, California Institute of Technology
- President, KABIC
- R&D Head, LG Life Science

## Steve Kim Ph.D., D.D.S **CTO**

- Ph.D. in Pharmacology, Seoul Nat. Univ.
- Professor, Dankook Univ.
- Visiting Professor, Harvard Medical School

## Kevin Yang B.Sc **CFO**

- Director/Management
- B. Sc in Communication from Seoul National Univ.



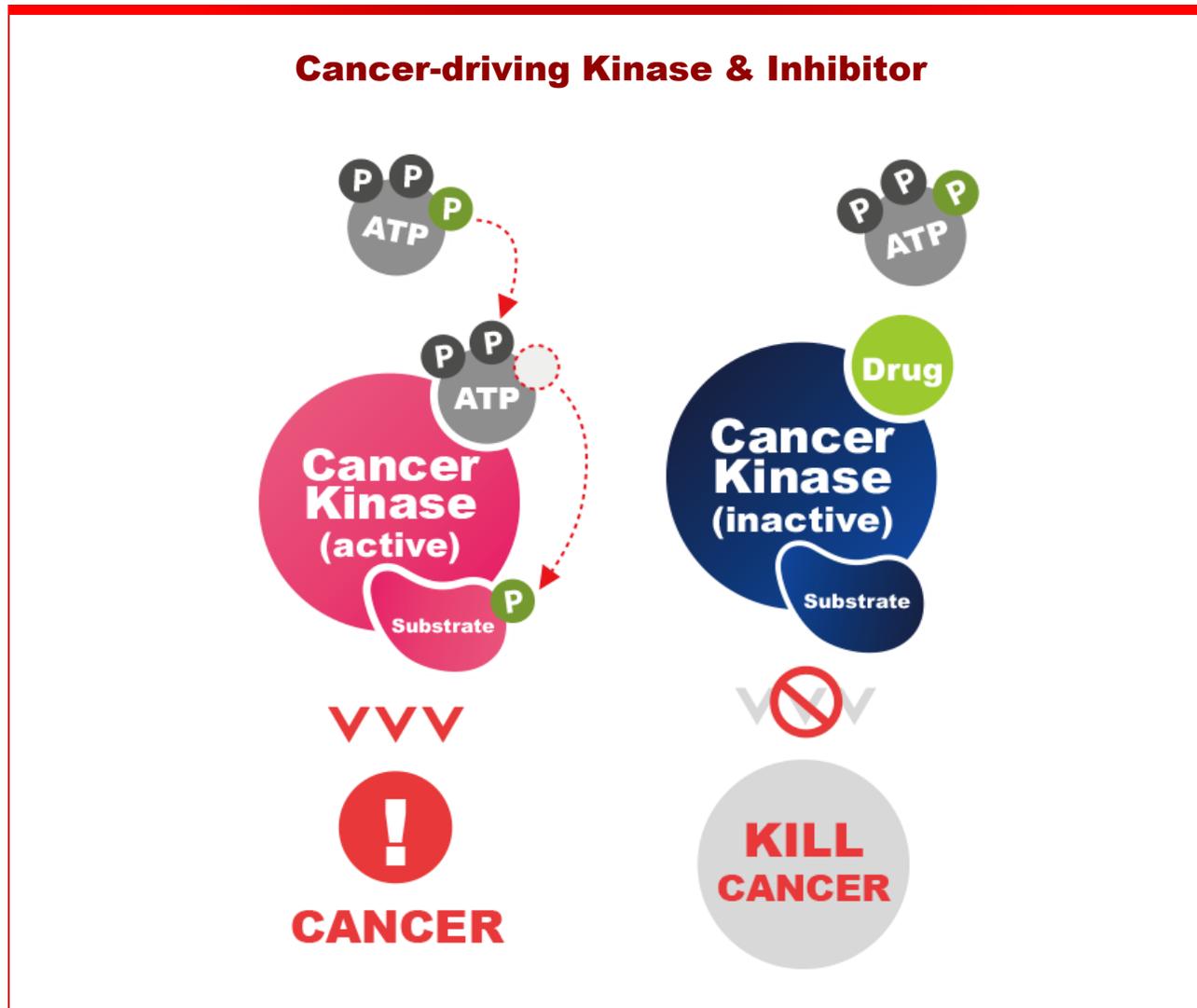
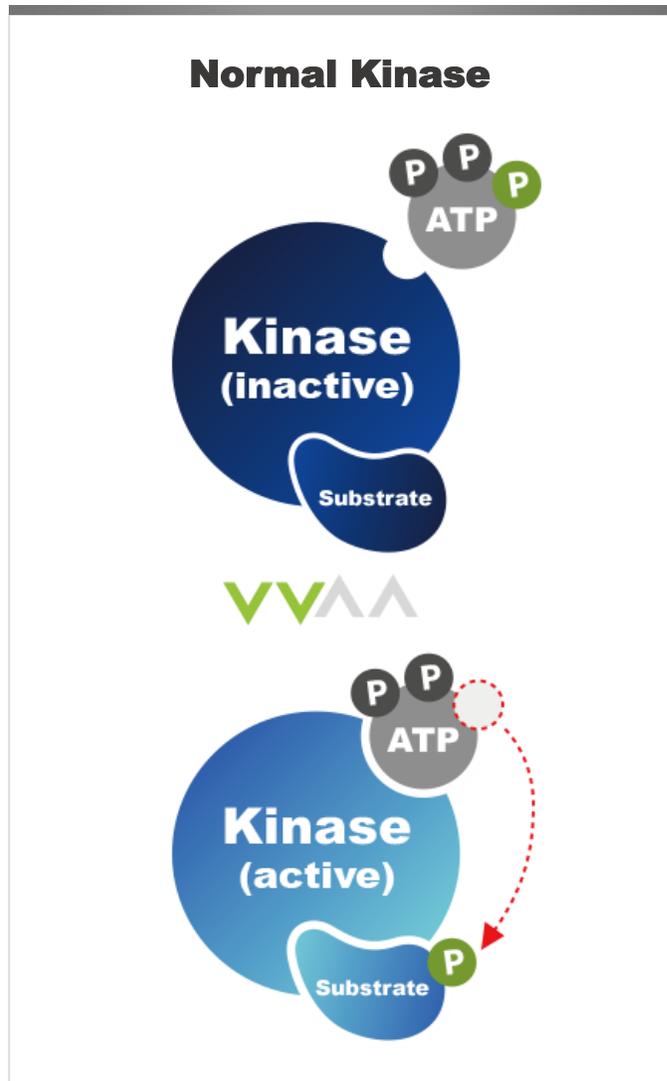
## Katie Lee Ph.D. **CEO**

- Ph.D. in Organic Chemistry, Wesleyan University
- Postdoc, Yale Univ.
- Research Associate, Broad Institute

# R&D Pipelines

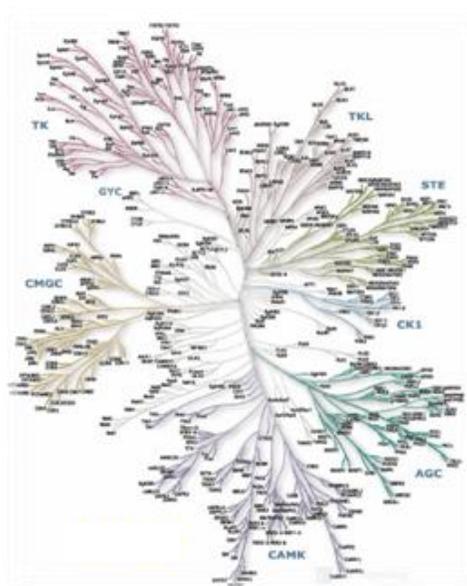
- 1) **Lazertinib (GNS-1480, YH25448)**  
: **EGFR Mutant Inhibitor** > NSCLC
- 2) **Cevidoplenib : SYK Inhibitor** > Autoimmune Diseases (RA, ITP, SLE..)
- 3) **SKI-G-801 : FLT3 Mutant Inhibitor** > AML
- 4) **SKI-G-801 : AXL Inhibitor** > Metastatic solid tumor (NSCLC, TNBC+)
- 5) **ADEL Y01 : Anti-Tau mAb** > AD, Tauopathies

# Kinase-Targeted Drug Discovery



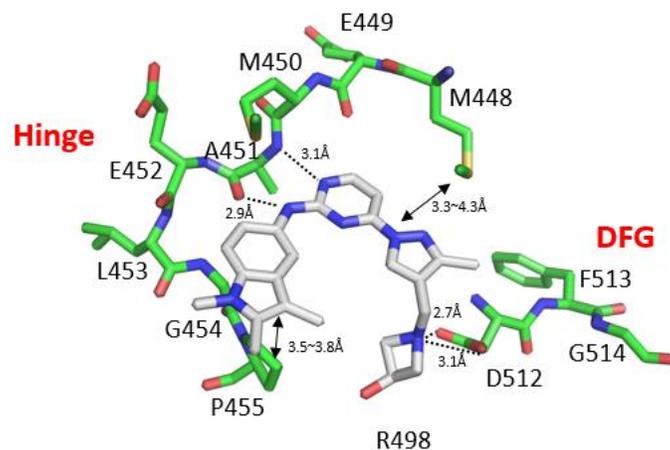
# Focus on Selective Kinase Inhibitors

## Kinase Selection



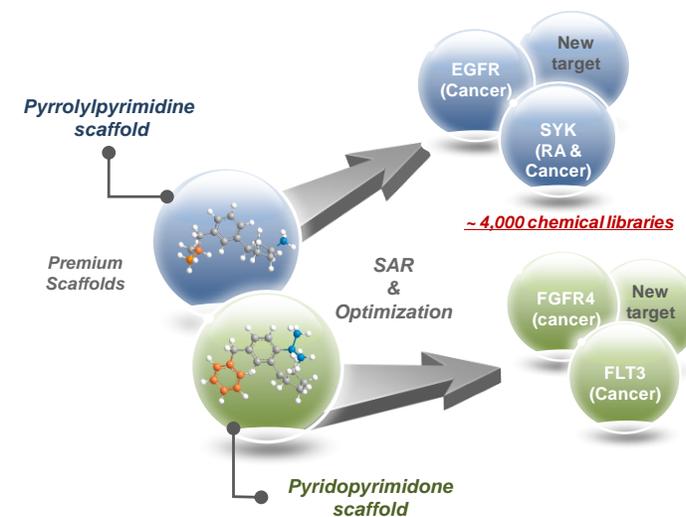
- 518 Kinases in the human genome
- Mediates critical signal transduction
- Selection of disease-relevant targets

## Discovery Engine



- Expertise in structure-based drug design leading to high selectivity
- Rapid optimization of drug properties

## Focused Library



- Novel, proprietary scaffolds
- High quality compounds with narrow selectivity profile and inherently favorable drug properties

# Clinical Development Pipeline

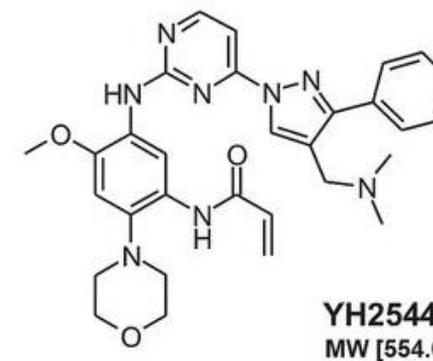
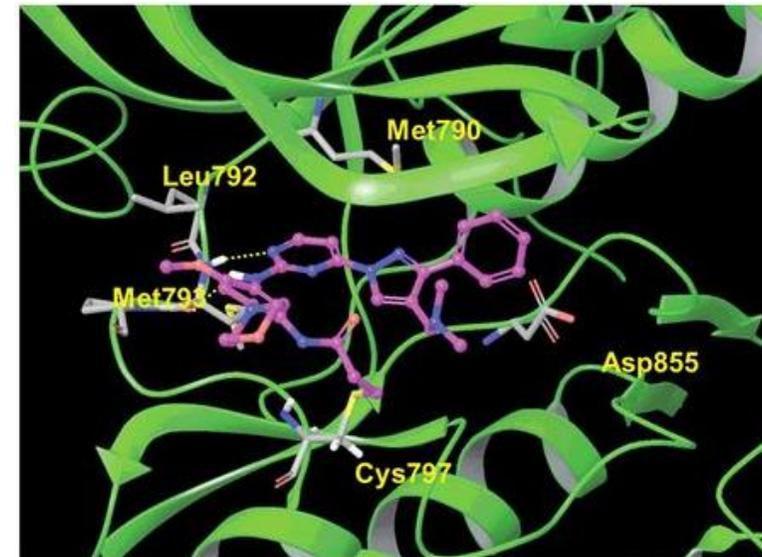
Disease Area	Program	Target	Indication	Development Phase					Partners
				Discovery	Preclinical	Phase I	Phase II	Phase III	
Immunology	<b>Cevidoplenib</b> (SKI-O-703)	SYK	RA	[Progress bar: Discovery to Phase II]					
			ITP	[Progress bar: Discovery to Phase II]					
Oncology	<b>Lazertinib</b> GNS-1480 YH25448	EGFR (T790M)	NSCLC (monotherapy)	[Progress bar: Discovery to Phase III]					Yuhan
			NSCLC (combination)	[Progress bar: Phase I to Phase II]					Yuhan/ Janssen
	<b>SKI-G-801</b>	FLT3/AXL	AML	[Progress bar: Discovery to Phase I]					
			Solid tumors	[Progress bar: Discovery to Phase I]					
CNS	<b>ADEL-Y01</b>	Tau	AD, Tauopathies	[Progress bar: Discovery to Phase I]					Adel

RA = Rheumatoid arthritis  
 ITP = Idiopathic thrombocytopenic purpura  
 NSCLC = Non-small cell lung cancer

AML = Acute myeloid leukemia  
 AD = Alzheimer Disease

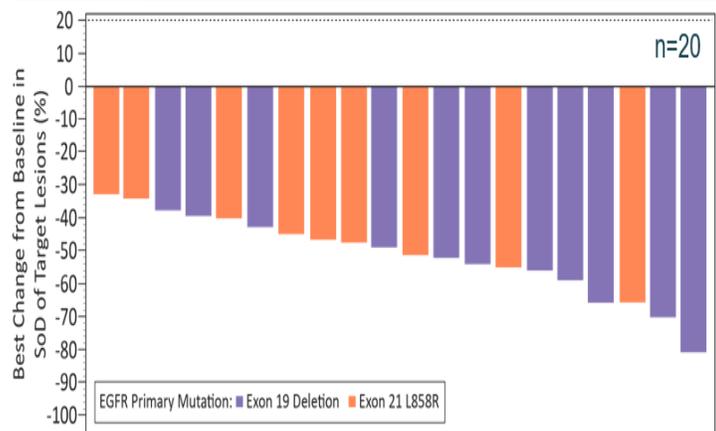
# Lazertinib | EGFR Mutant Selective Inhibitor

<b>Indication</b>	Non-small cell lung cancer (NSCLC)
<b>Treatment Principle</b>	Inhibition of EGFR double mutant (L858R/ $\Delta$ exon19)/T790M
<b>Market Size</b>	Up to \$7B (2024 Est.)
<b>Competitiveness</b>	Superior efficacy with minimal side effects
<b>Current Development Status</b>	<ul style="list-style-type: none"> <li>• Monotherapy; 2<sup>nd</sup> line Phase II completed, 1<sup>st</sup> line Phase III underway (Yuhan)</li> <li>• Combination with amivantamab; 1<sup>st</sup> line Phase III initiated in Q4 2020 (Janssen) &amp; 2<sup>nd</sup>/3<sup>rd</sup> line Phase III in Q4 2021</li> </ul>
<b>Miscellaneous</b>	<p>Licensing deals</p> <ul style="list-style-type: none"> <li>• Oscotec to Yuhan (2015); 1.5B KRW upfront, 60:40 revenue share</li> <li>• Yuhan to Janssen (2018); 50M USD upfront, 1.205B USD total + royalties</li> </ul> <p>Expected approvals to market</p> <ul style="list-style-type: none"> <li>• Domestic Release in 3Q 2021</li> <li>• NDA filings with US FDA expected in 1H 2022</li> </ul>

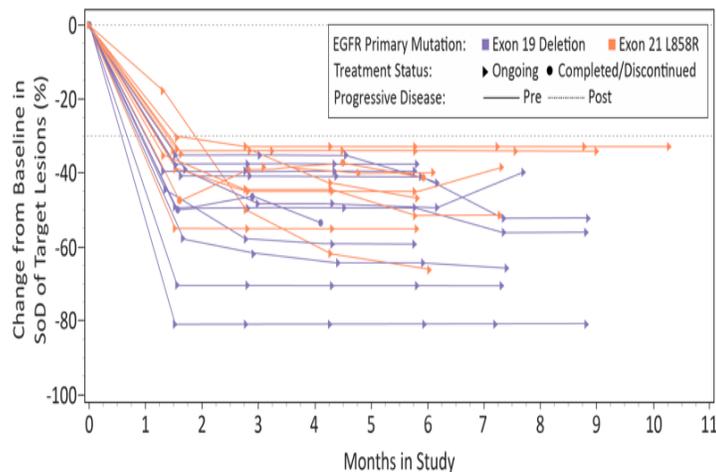


# Lazertinib | Efficacy in Human – Combo.

## Combination Efficacy in Treatment-naïve Patients



- ORR: 100% (95% CI, 83 – 100)
  - 20 PR
- CBR: 100% (95% CI, 83 – 100)
- mDOR: not estimable



- Median follow-up: 7 mo (4 – 10)
- Median treatment duration: 7 mo (3 – 10)

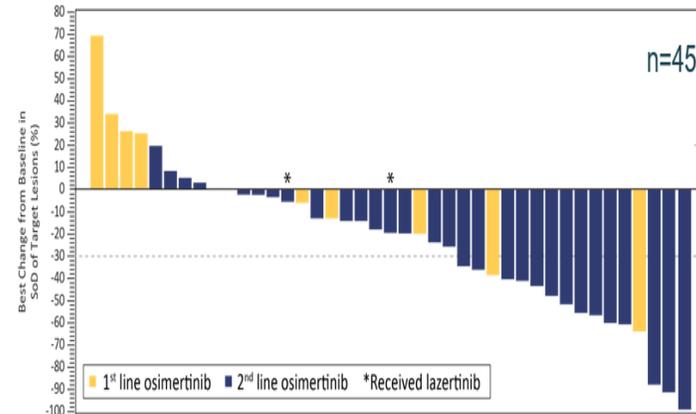
**Rapid time to first response:**  
 Median 1.5 months (1.2 – 2.6)

Responses were assessed by investigator per RECIST v1.1. mDOR, median duration of response.

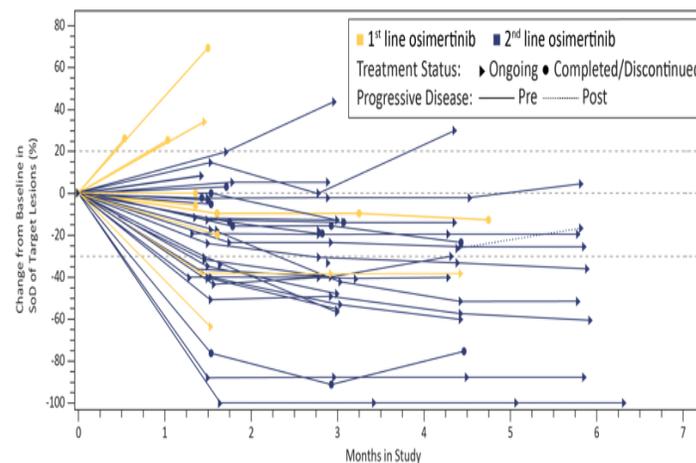
Cho et al. 45<sup>th</sup> ESMO Congress 2020. Abstract #2172  
 CHRYSALIS Phase 1 in EGFRm NSCLC

10

## Combination Efficacy: Osimertinib-resistant, Chemo-naïve Patients



- ORR: 36% (95% CI, 22 – 51)
  - 1 CR
  - 15 PR (1 pending confirmation)
- CBR: 60% (95% CI, 44 – 74)



**Median follow-up: 4 mo (1 – 7)**

Biomarker and CNS analyses ongoing and will be presented at future meeting

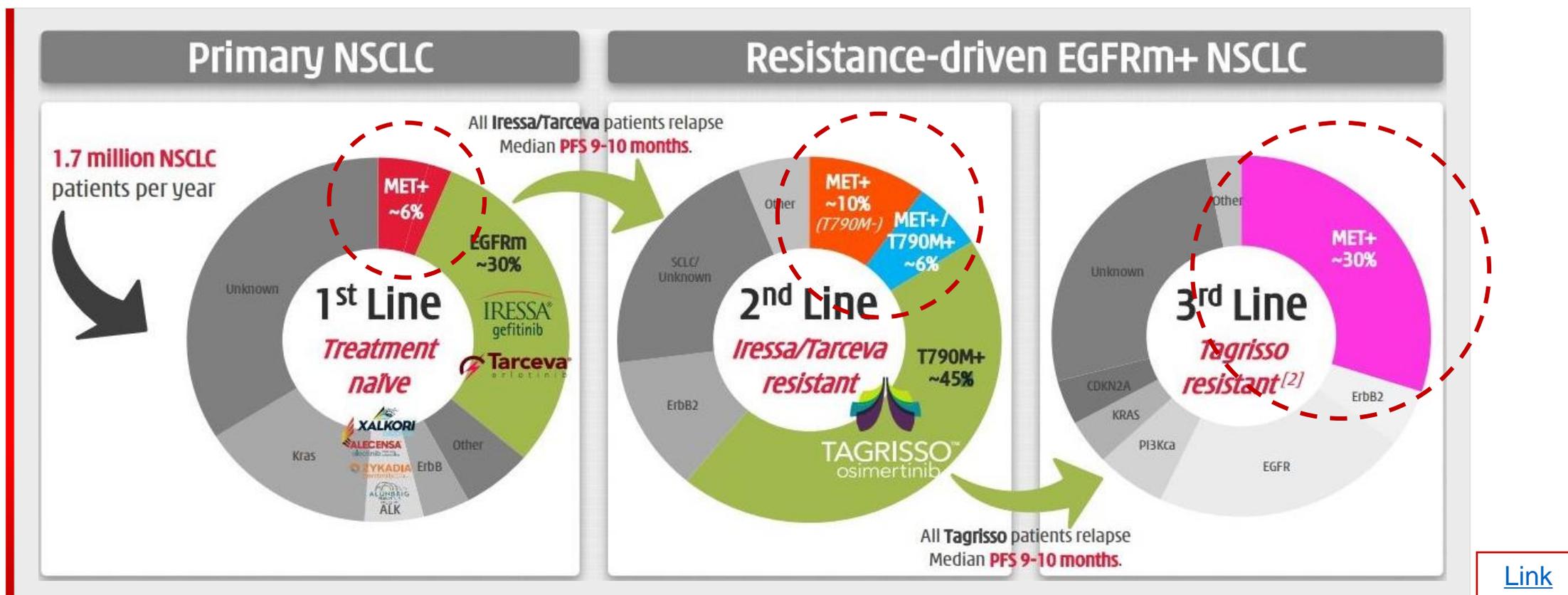
Four patients did not have post-baseline disease assessments and are not included. Responses were assessed by investigator per RECIST v1.1. CBR, clinical benefit rate (PR or better or stable disease SD for at least 2 disease assessments); CR, complete response; ORR, overall response rate; PR, partial response; SD, stable disease; SoD, sum of diameters

Cho et al. 45<sup>th</sup> ESMO Congress 2020. Abstract #2172  
 CHRYSALIS Phase 1 in EGFRm NSCLC

# Drug-resistant MET Amplifications

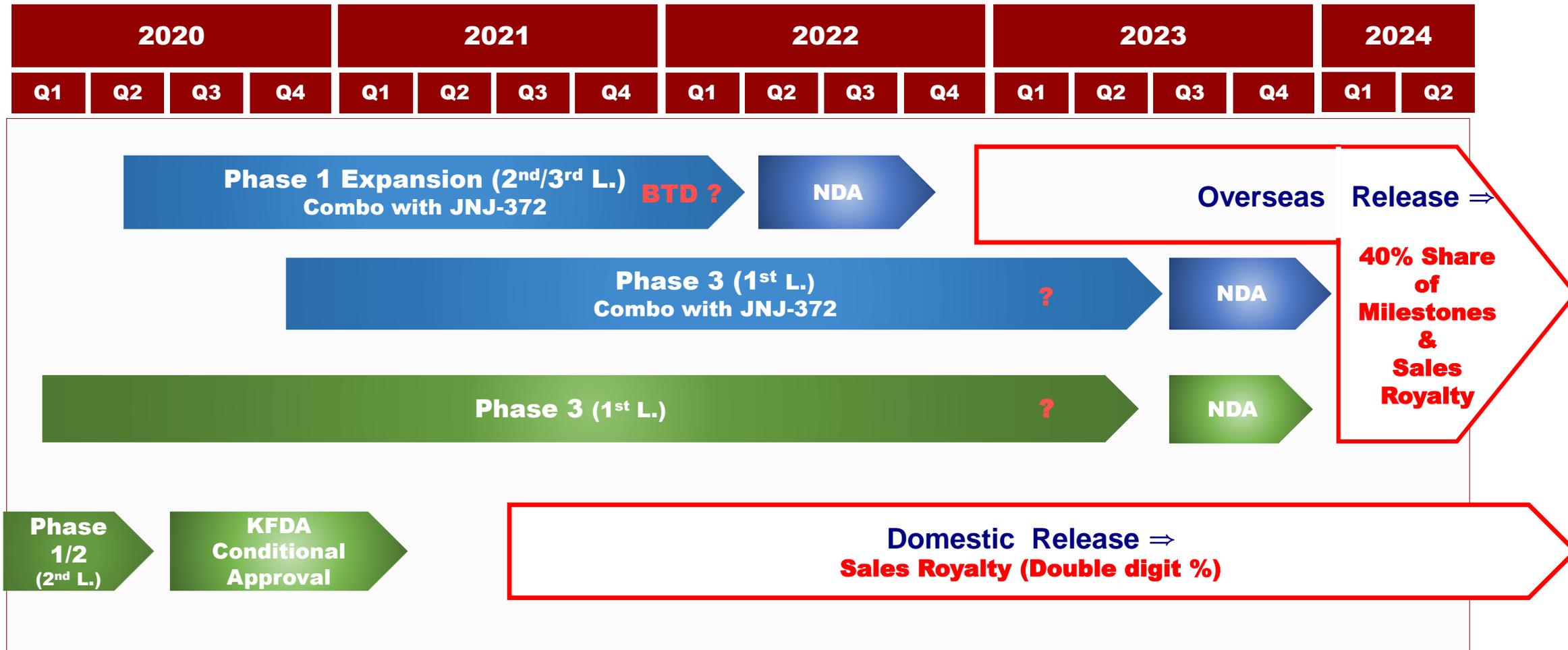
- > EGFR mutation in approx. 30% of NSCLC patient
- > T790M mutation in 45~50% of drug-resistant patient after 1<sup>st</sup> Line Treatment
- > MET amplification in approx. 30% of drug-resistant patient after 2<sup>nd</sup> line Treatment

Source : Chi-Med presentation.



[Link](#)

# Lazertinib | Phase II, Phase III & Release Est.



# Cevidoplenib | Selective SYK Inhibitor

<b>Indication</b>	Inflammatory autoimmune diseases <ul style="list-style-type: none"><li>- Rheumatoid arthritis (RA)</li><li>- Immune Thrombocytopenia (ITP)</li><li>- Systemic lupus erythematosus (SLE)</li><li>- Other autoimmune dermatitis, vasculitis, colitis, etc</li></ul>
<b>Treatment Principle</b>	Blocking inflammatory signals downstream of B cell receptors, $\gamma\delta$ T cell receptors, and Fc receptors
<b>Market Size</b>	ITP; \$520M (2020)
<b>Competitiveness</b>	Superior safety due to excellent selectivity The first-in-class, bona fide SYK inhibitor
<b>Current Development Status</b>	<ul style="list-style-type: none"><li>• Phase IIa in RA wrapped up, CSR in Feb 2021</li><li>• Phase II in ITP ongoing</li></ul>
<b>Miscellaneous</b>	<ul style="list-style-type: none"><li>• Sponsored by KDDF (Phase IIa study)</li><li>• Multiple preclinical studies ongoing in preparation for indication expansion</li><li>• Global partnering opportunities explored from 2021 for further development</li></ul>



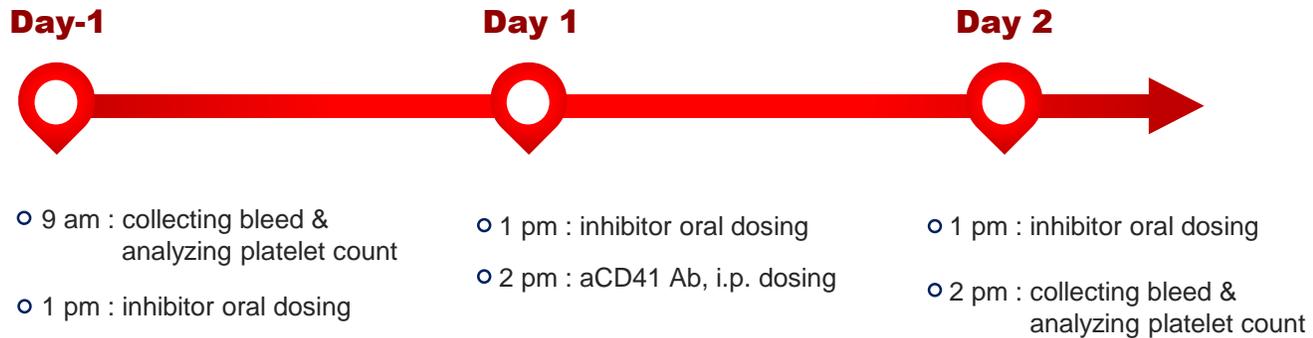
***Cevidoplenib***

***SYK Inhibitor***

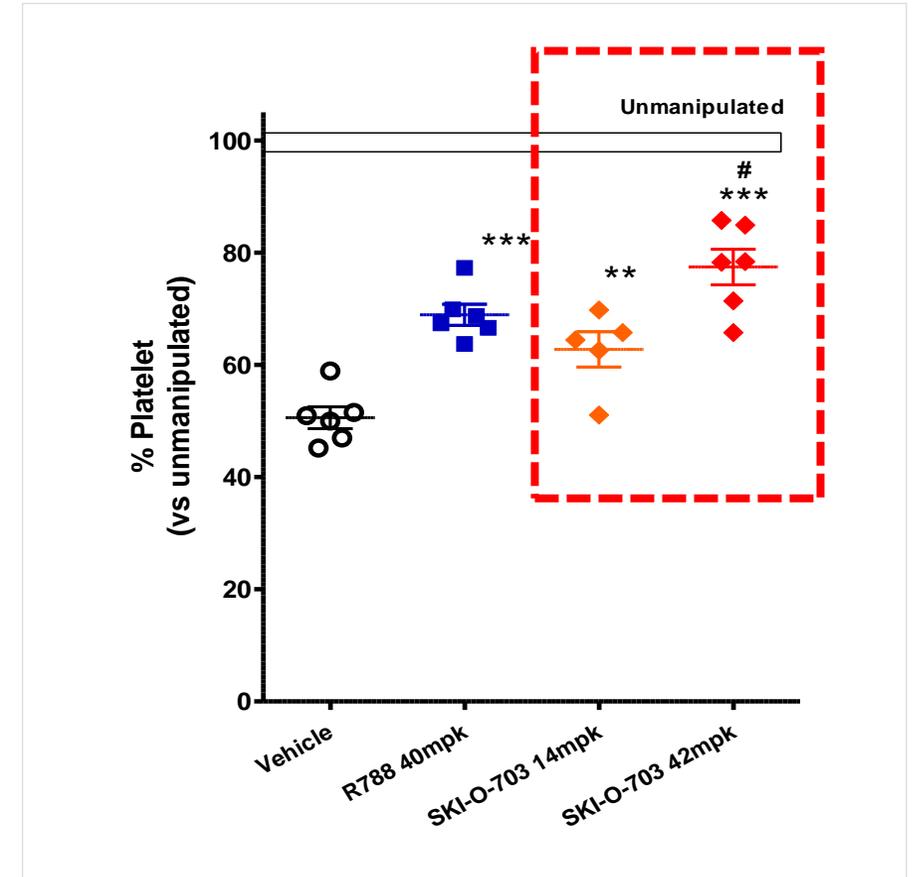
# Cevidoplenib | Superior Efficacy in a Mouse ITP Model

## Mouse ITP model

- Platelet count lowered by stimulation of aCD41 Antibody (2µg)



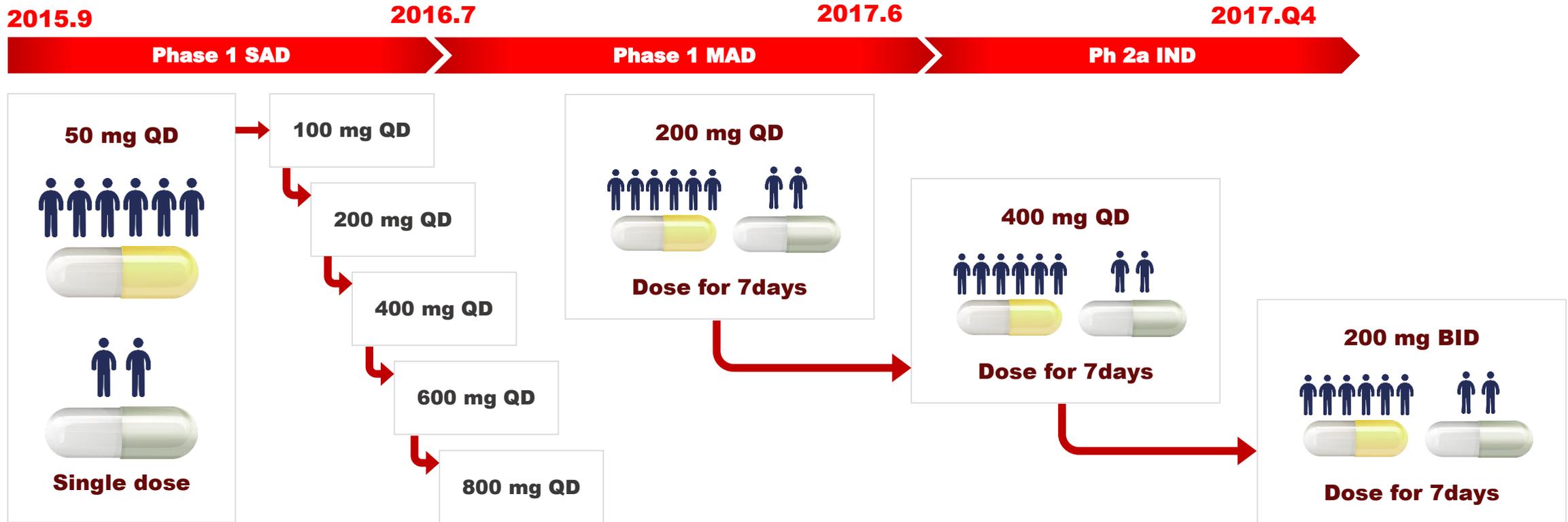
- Platelet count rescued in the presence of SYK inhibitor
- SKI-O-703 exhibits superior efficacy to R788
- R788 (fostamatinib; Rigel) approved for ITP (Apr 2018)



\*Two tailed Student *t*-test vs Vehicle group, \*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\* $p < 0.001$

# Two tailed Student *t*-test vs R788 group, #  $p < 0.05$ ,

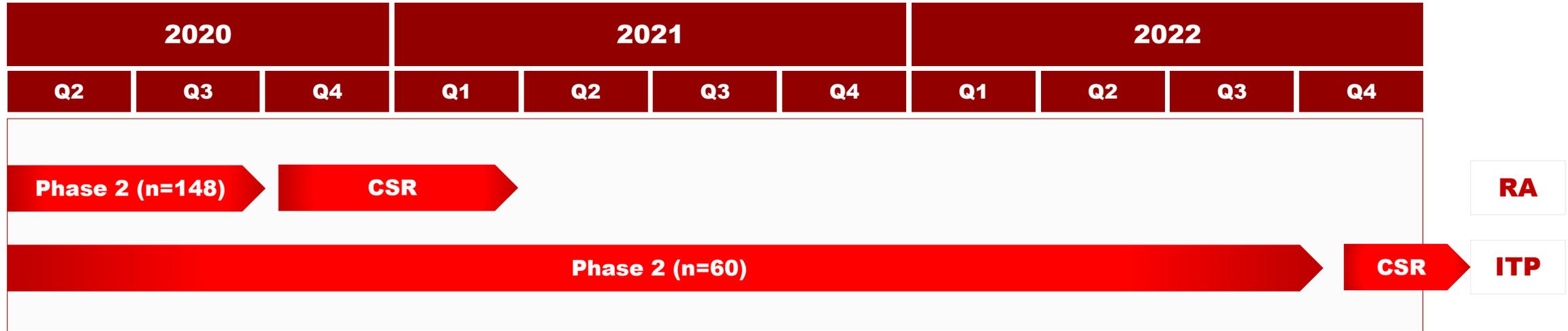
# Cevidoplenib | Phase I Clinical Trial



- Healthy adult volunteer : 48 subjects
- Safe and well tolerated by both male and female subjects
- No significant findings in vital signs, ECG, and lab safety tests
- Dose proportional PK (AUC and Cmax)

- Healthy adult volunteer : 24 subjects
- Dosing period : 7 days
- Safe and well tolerated in all doses
- No significant findings in vital signs, ECG, and lab safety tests
- Dose proportional PK (AUC and Cmax)

# Cevidoplenib | Phase IIa Proof-of-Concept Studies



## I. Rheumatoid Arthritis (RA)

- RA with inadequate response to csDMARDs or anti-TNFa biological agent(s)
- Dose : placebo, 100, 200, 400 mg (bid)
- Dosing period : 12 weeks
- 163 patients of 58 sites in 7 countries – US, EU, Korea
- FPFV : April 2019

## II. Immune Thrombocytopenia (ITP)

- ITP failed to respond or relapsed after at least 1 prior therapy
- Dose : placebo, 200, 400 mg (BID)
- Dosing period : 12 weeks
- 60 patients of 26 sites in 5 countries – US, EU, Korea
- FPFV : December 2019

# SKI-G-801 | FLT3/AXL Dual Inhibitor

Molecular Target	FLT3	AXL
<b>Indication</b>	<ul style="list-style-type: none"> <li>• FLT3-positive AML (acute myeloid leukemia ; FLT3-ITD 20-30%, FLT3-TKD 8-12%)</li> </ul>	<ul style="list-style-type: none"> <li>• Solid tumors incl. NSCLC and SCLC (immuno- and chemo-combinations)</li> </ul>
<b>Treatment Principle</b>	<ul style="list-style-type: none"> <li>• Blocking FLT3 mutation-driven proliferation of AML blasts and drug resistance</li> </ul>	<ul style="list-style-type: none"> <li>• Reversing AXL-mediated immunosuppression in the tumor microenvironment</li> <li>• Thwarting development of therapy-resistance</li> </ul>
<b>Market Size</b>	\$1B (2021 est.)	\$39B (2025 est.)
<b>Competitiveness</b>	<ul style="list-style-type: none"> <li>• Superior potency and selectivity</li> <li>• Clinically proven tolerability</li> </ul>	<ul style="list-style-type: none"> <li>• Remarkable efficacies shown in various preclinical models incl. humanized mouse PDX model</li> </ul>
<b>Current Development Status</b>	<ul style="list-style-type: none"> <li>• Phase Ia dose escalation study completed (CSR in 1Q 2022)</li> <li>• Phase Ib PoC studies under review</li> </ul>	<ul style="list-style-type: none"> <li>• Phase I studies initiated in Jan. 2022</li> </ul>
<b>Miscellaneous</b>	<ul style="list-style-type: none"> <li>• Sponsored by MOHW</li> <li>• HK Lee et al., Blood 2014 (IF 9.8)</li> <li>• FDA Orphan Drug Designation (2018)</li> </ul>	<ul style="list-style-type: none"> <li>• Presented at AACR (2019, 2020, 2021)</li> <li>• Publication in CTI 2021(IF 6.8) and Frontiers in Oncology 2022 (IF 6.2)</li> <li>• Bemcentinib (BerGenBio) in multiple PII clinical trials (AML, NSCLC, melanoma, and COVID-19)</li> </ul>

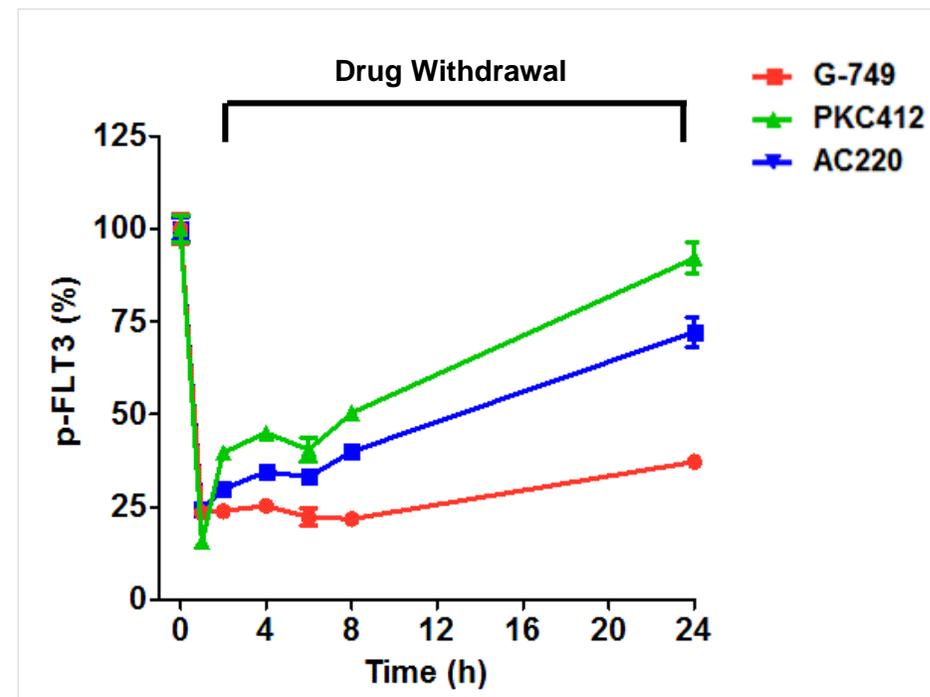
# SKI-G-801 | Drug-resist. mutations / Sustained Inhibition

## A Potent anti-leukemic effect of drug-resist. FLT3 mutants

Compound	BaF3 cells with FLT3 mutation (IC <sub>50</sub> , nM)			
	ITD	ITD/F691L	N676D	D835Y
<b>G-749</b>	<b>8.0</b>	<b>38.3</b>	<b>20.4</b>	<b>3.4</b>
Quizartinib (AC220)	1.1	858.5	14.2	73.8
Gilteritinib (ASP2215)	16.0	163.6	25.4	4.1
Midostaurin (PKC412)	21.6	16.1	128.7	11.4

- G-749 (free base of SKI-G-801) potently inhibits proliferation of tested drug-resistant cells.

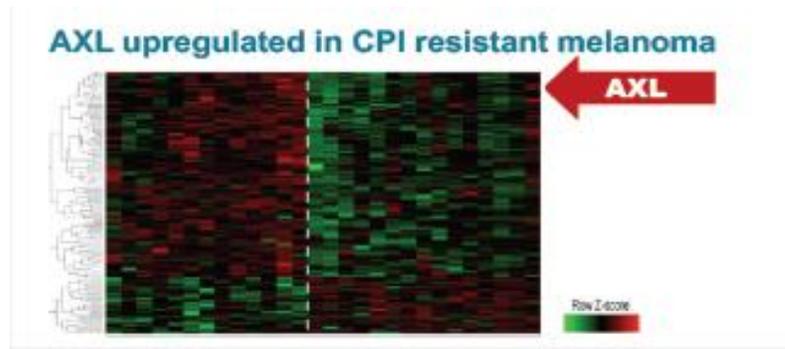
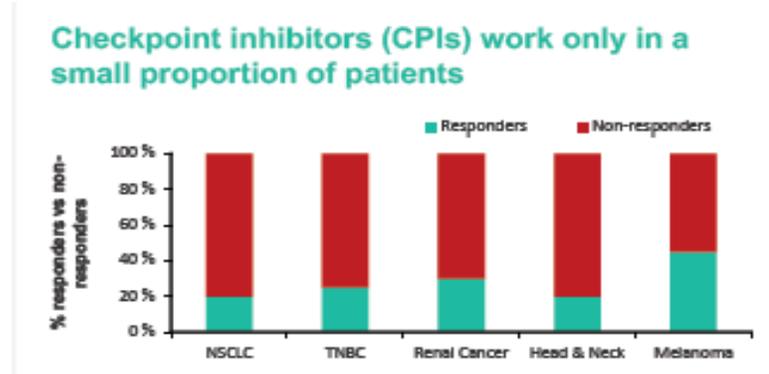
## B Persistent anti-leukemic activity



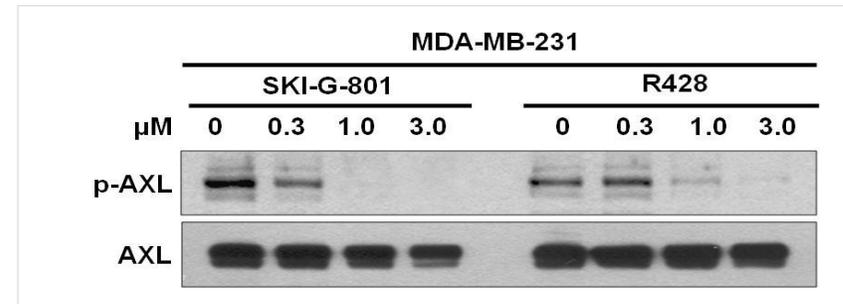
- After short incubation and wash-out, the inhibition of p-FLT3 is sustained by G-749 for 24 hours, whereas it is gradually reduced by AC220 or PKC412 in a time dependent manner.

# SKI-G-801 | AXL Inhibition – Rationale/Differentiation

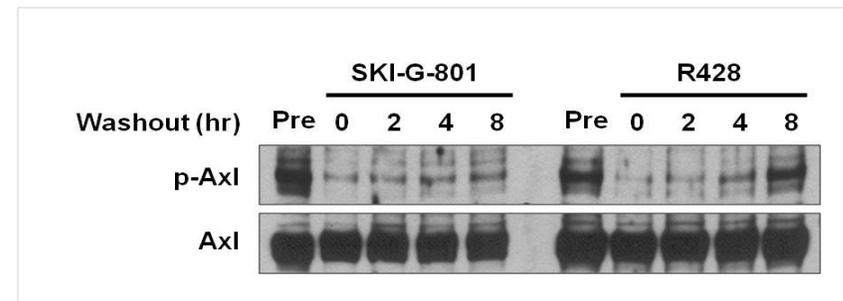
## A CPI response vs AXL upregulation



## B P-Axl inhibition (vs R428)



## C Prolonged p-Axl inhibition (vs R428)

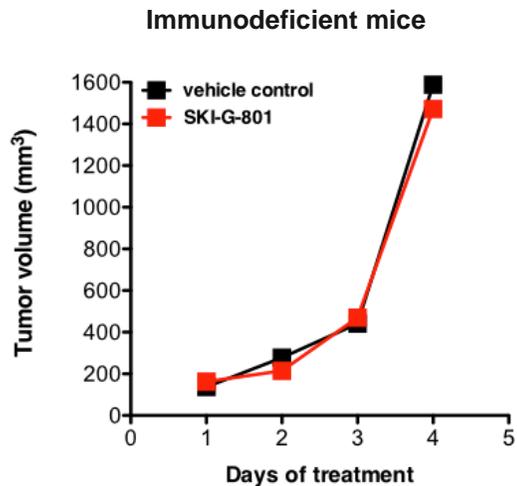
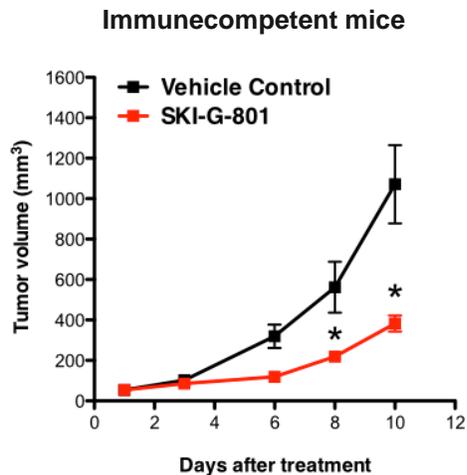


- AXL activation is thought to be an important resistant mechanism to immune checkpoint blockade
- SKI-G-801 inhibits AXL in MDA-MD-231 cells as potently as R428
- SKI-G-801 maintains AXL inhibition for 8 hours after wash-out, while R428's activity gradually declines

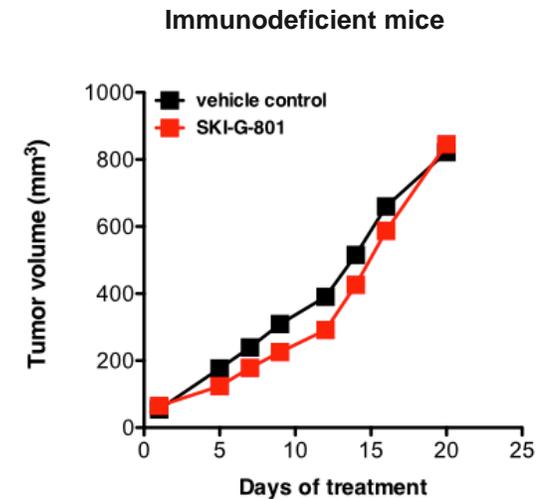
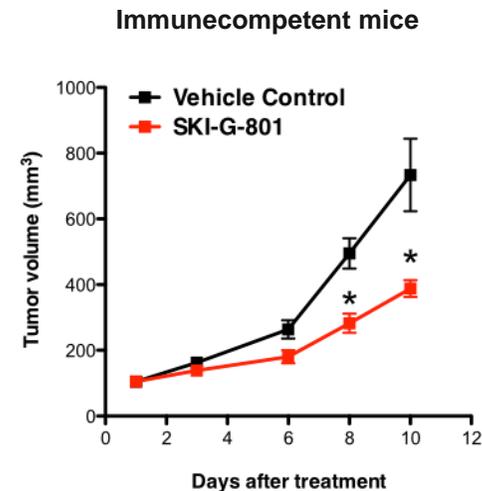
# SKI-G-801 | Immune-mediated Anti-tumor Effect

*Anti-tumor effect dependent on immune response*

## B16F10 tumor



## 4T1 tumor

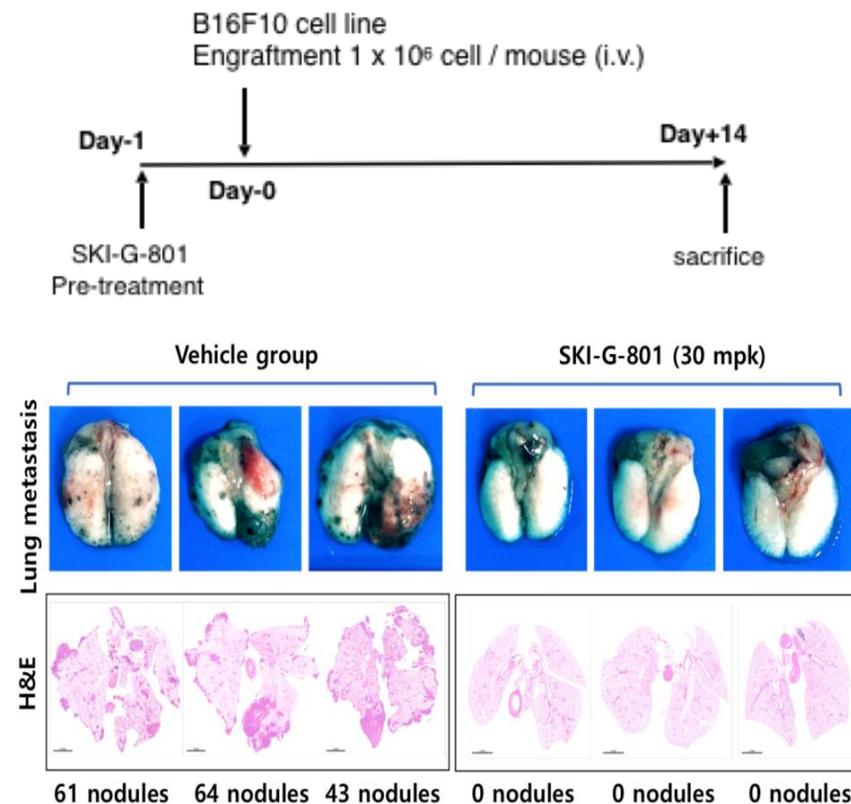


- Tumor growth inhibition in syngeneic mouse tumor models considered to be less immunogenic and unresponsive to immunotherapy
- The efficacy is mediated by anti-tumor immune response – no activity in immune-compromised mice

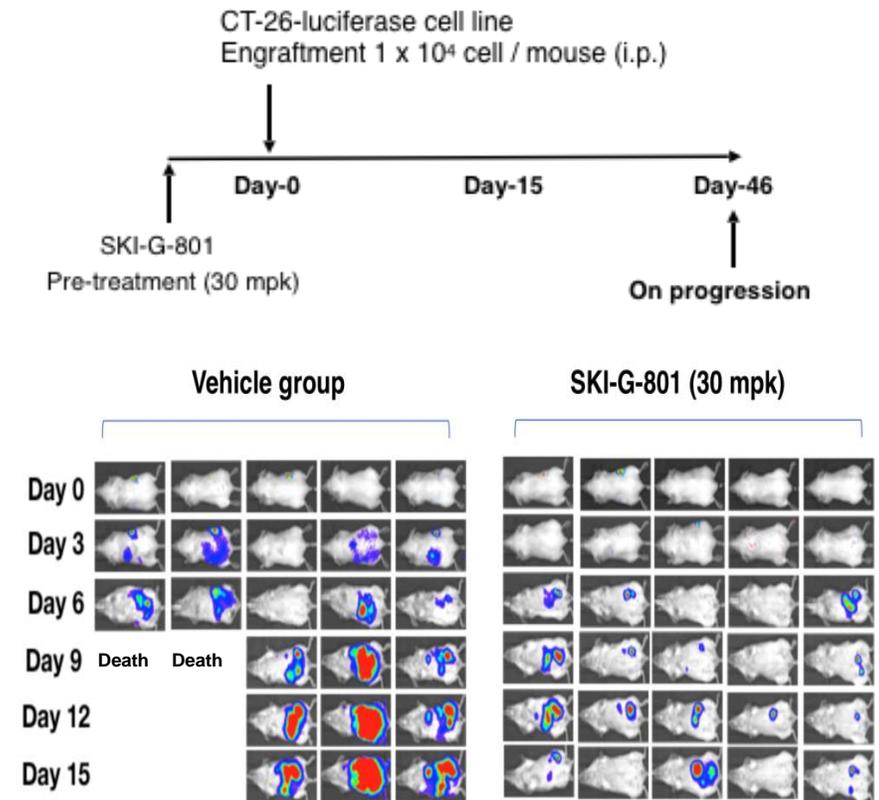
# SKI-G-801 | Suppression of Metastasis

*Excellent in vivo Efficacy in Metastatic models*

## A Lung metastasis models (B16F10)

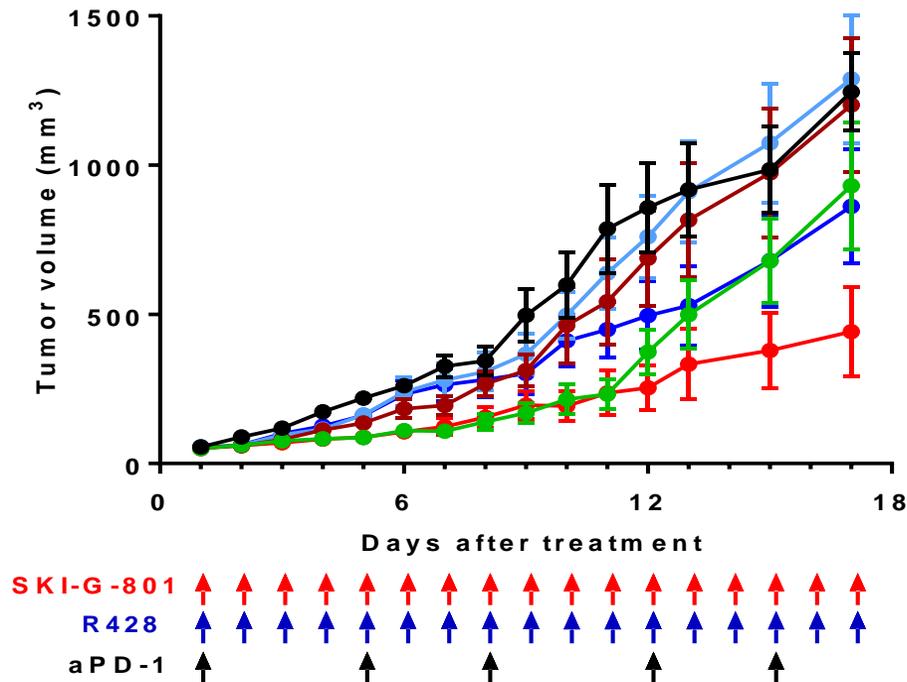


## B Peritoneal metastasis models (CT-26)

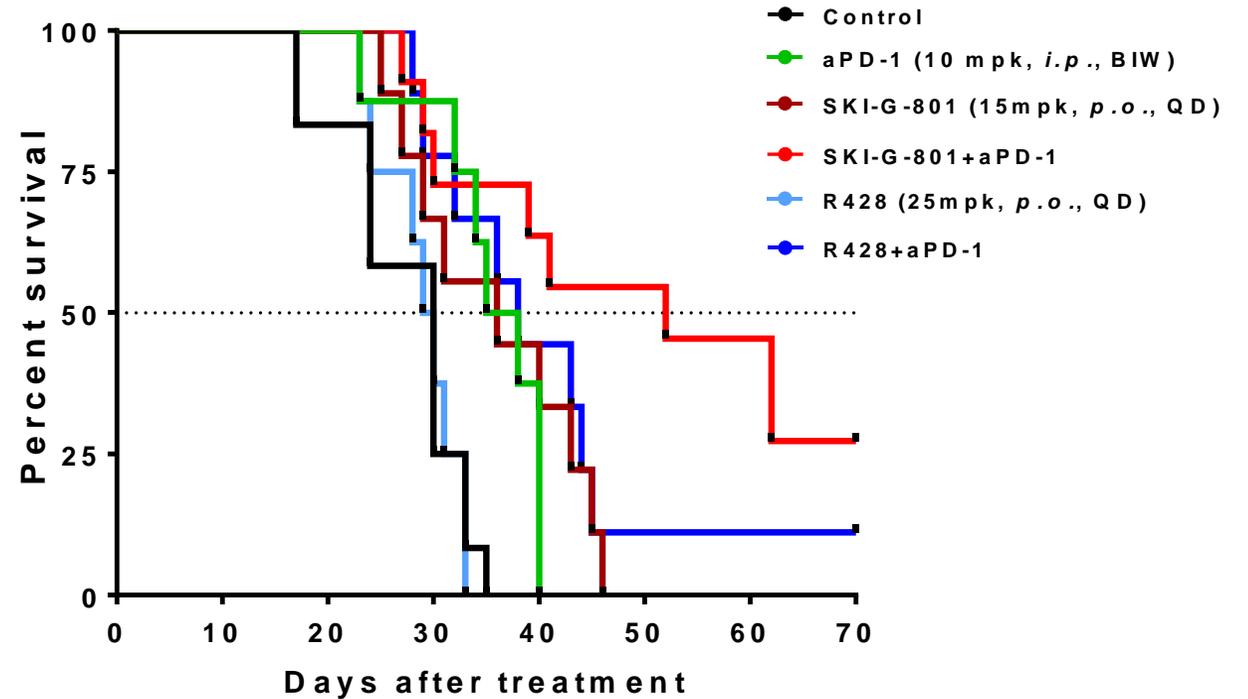


# SKI-G-801 | Preclinical Efficacy Highlight

## Tumor growth inhibition

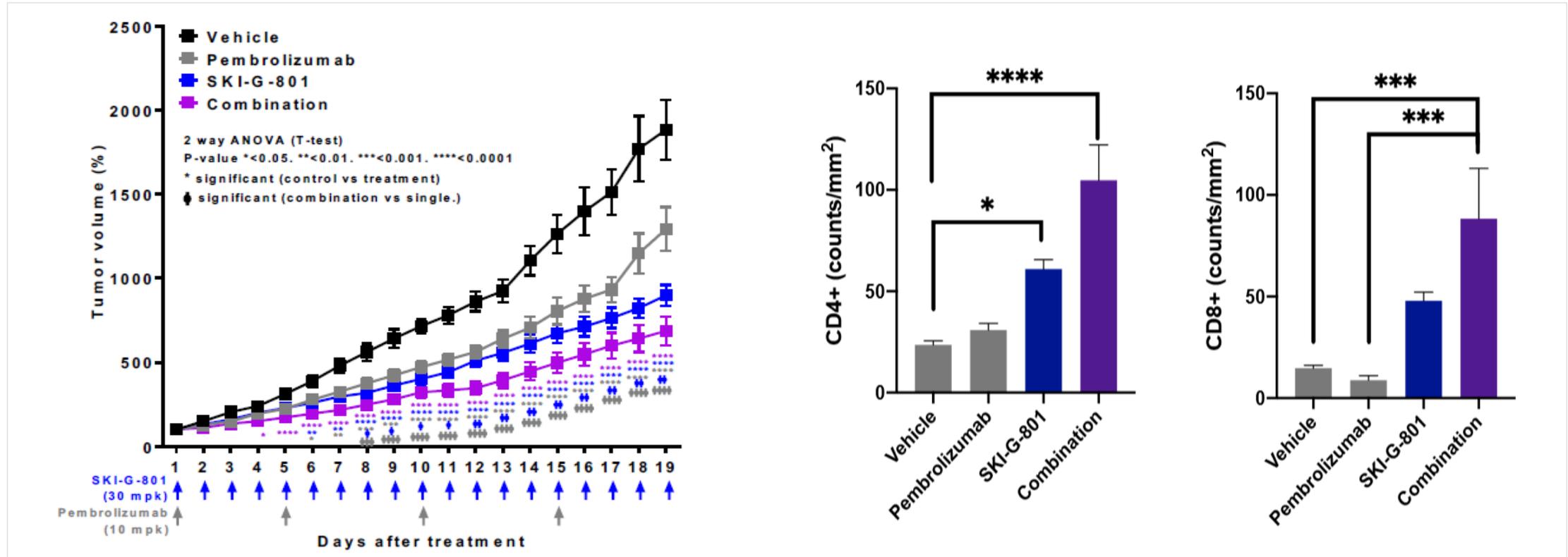


## Survival



- Efficacy superior to bemcentinib (R428) 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 | Efficacy in PDX Model on Humanized Mice

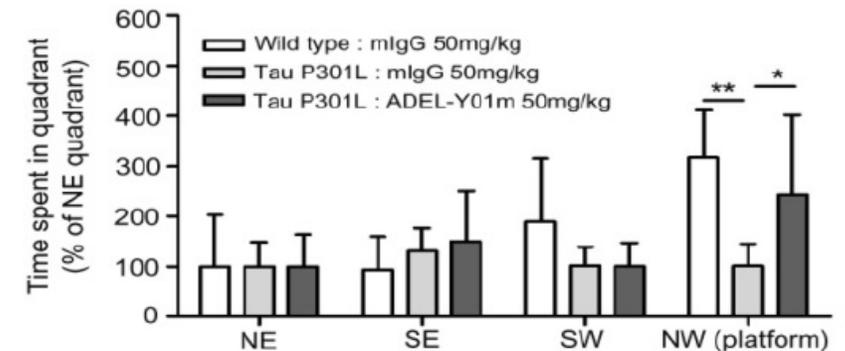
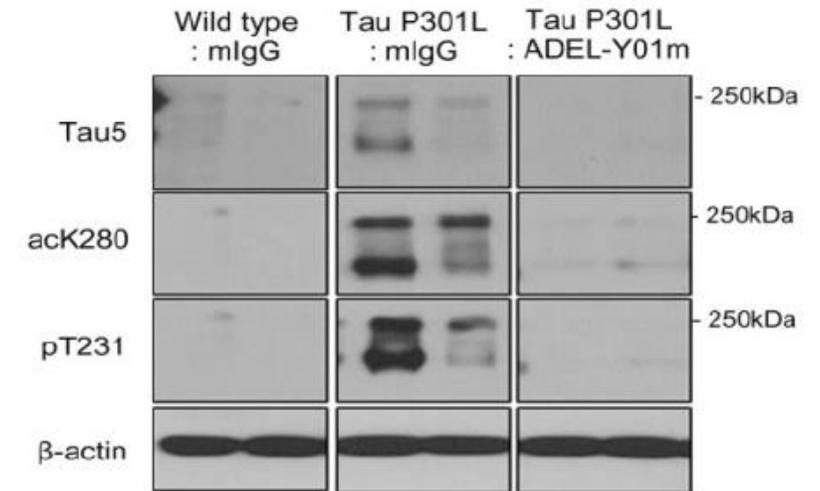


- Lung SCC patient-derived xenograft tumor engrafted on hu-CD34-NSG mice
- Significant tumor growth inhibition by SKI-G-801; further enhanced by combination with pembrolizumab
- Significantly increased T cell infiltration; esp. in combination with pembrolizumab

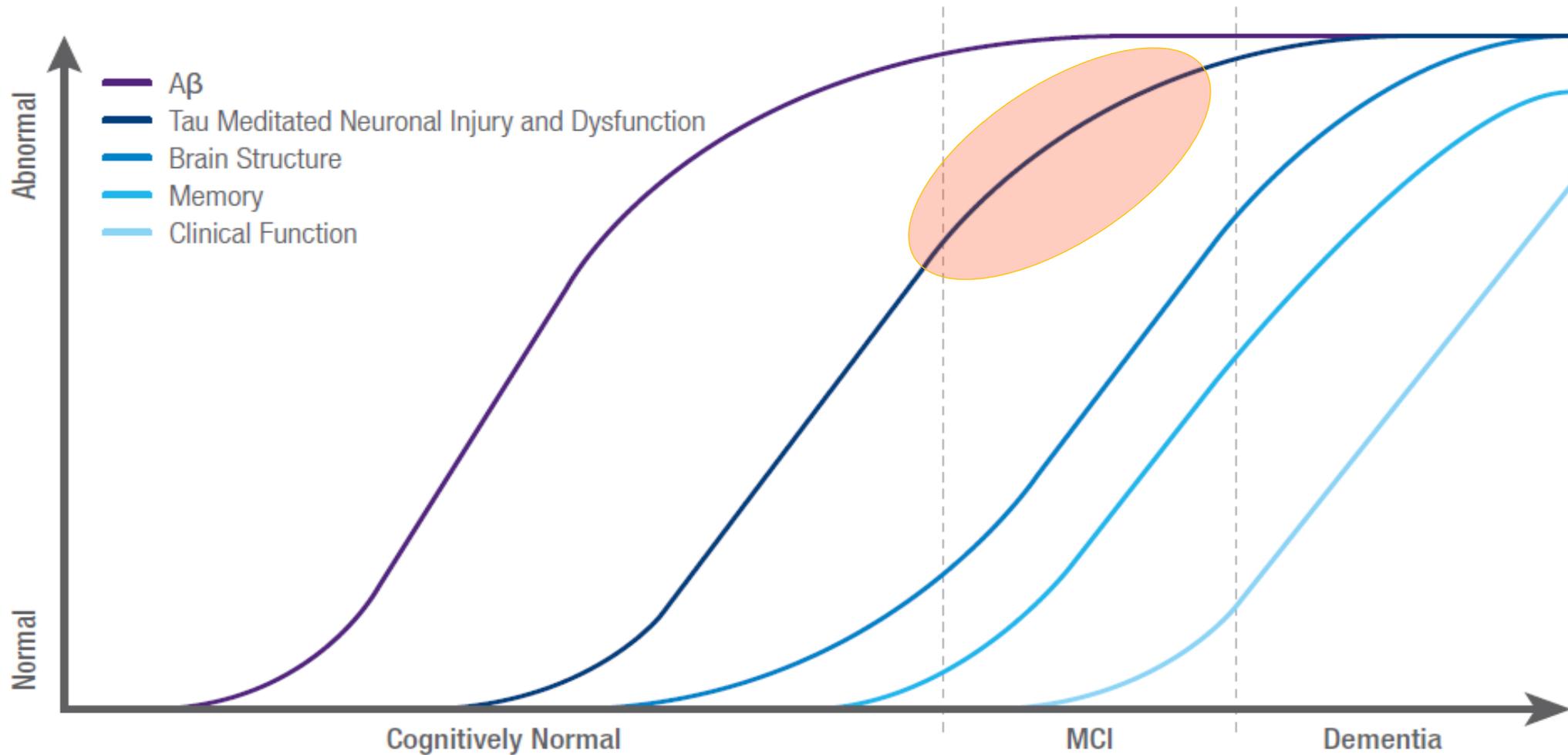
# ADEL-Y01 | Anti-Tau mAb

<b>Molecular Target</b>	Acetylated Tau
<b>Indication</b>	<ul style="list-style-type: none"> <li>Alzheimer's disease, Tauopathies (FTLD, PSP, CBD..)</li> </ul>
<b>Treatment Principle</b>	<ul style="list-style-type: none"> <li>Impedes disease progression by blocking cell-to-cell transmission of Tau oligomers (seeds) that are capable of inducing aggregation and thereby inhibiting tau propagation</li> </ul>
<b>Market Size</b>	\$12B (2024 est.)
<b>Competitiveness</b>	<ul style="list-style-type: none"> <li>Differentiated MOA – targets the pathologically modified (acetylated) epitope of Tau protein that is thought to possess enhanced ability to propagate</li> <li>Proven to be superior to competitors' in inhibiting tau aggregation and propagation</li> </ul>
<b>Development Status</b>	<ul style="list-style-type: none"> <li>GLP Tox study (2Q 2021~)</li> <li>IND Filing for Phase I studies by 4Q 2022</li> </ul>
<b>Miscellaneous</b>	<ul style="list-style-type: none"> <li>Joint development agreement execution with ADEL Inc. in Oct 2020.</li> </ul>

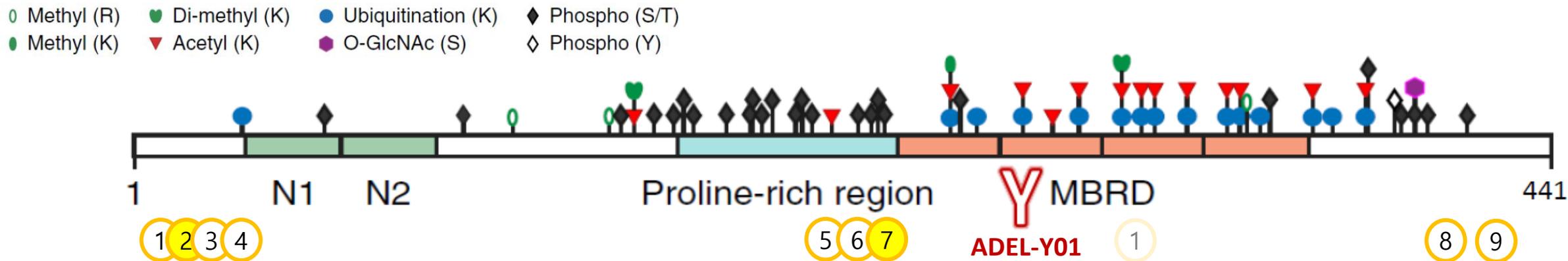
- ❖ ADEL-Y01m (50 mg/kg ip, qw for 3 mo) blocks pathological tau aggregation and improves cognition in P301L mice



# ADEL-Y01 | Tau in Alzheimer's Disease



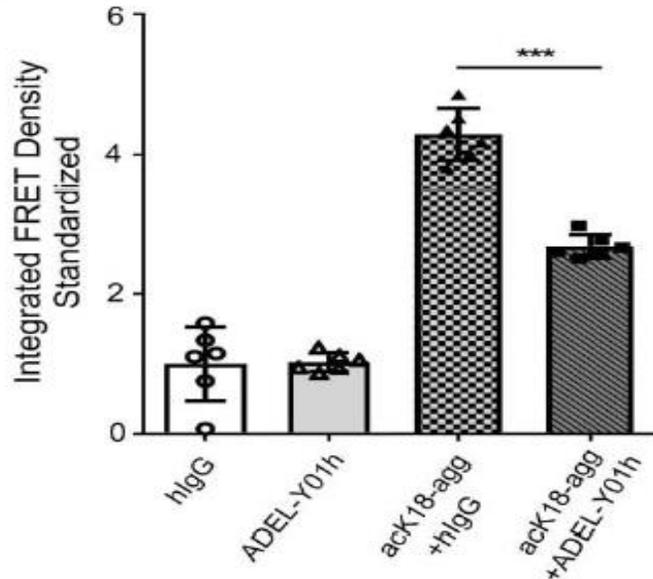
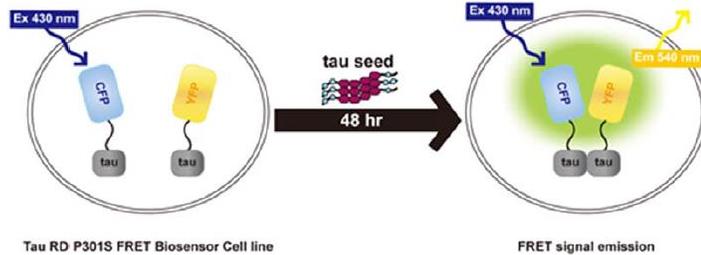
# ADEL-Y01 | Competitive Landscape and Differentiation



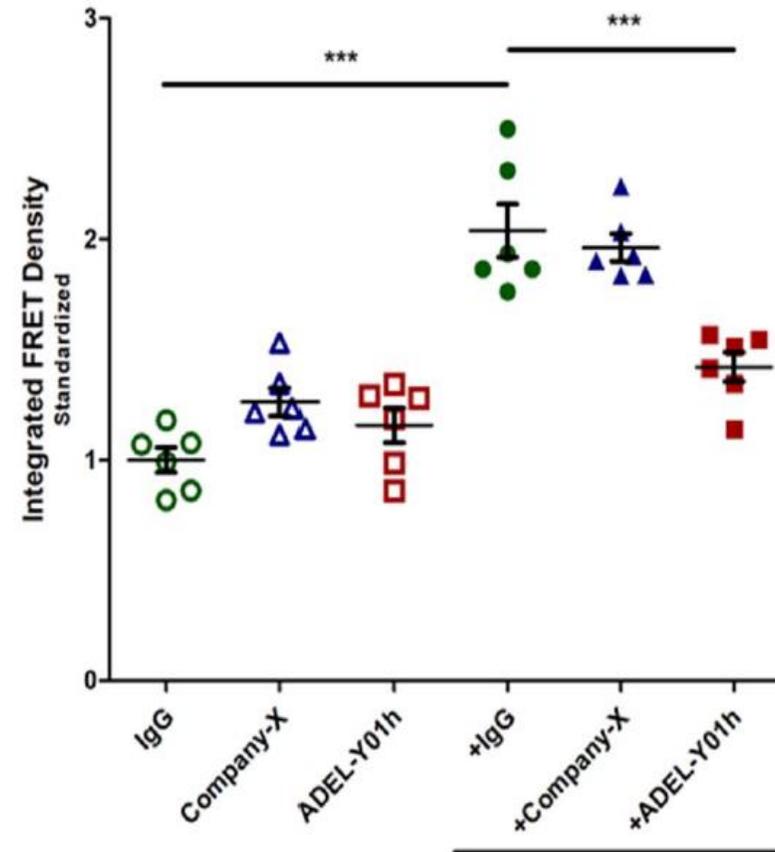
	Drug	Synonyms	Companies	Epitope	Clinical Trial Status
1	Zagotenemab	LY3303560, MC1	Eli Lilly	Tau aggregate (7-9:313-322)	P2 (early AD)
2	Gosuranemab	BIIB092, BMS-986168, IPN007	Biogen, BMS, iPerian	Secreted N-term fragment (15-24)	P2 (early AD), Stopped (PSP)
3	C2N-8E12	HJ8.5 (m)	Abbvie, C2N	Extracellular 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

## A Inhibition of Tau aggregation induced by AcK18 seeds in biosensor assay

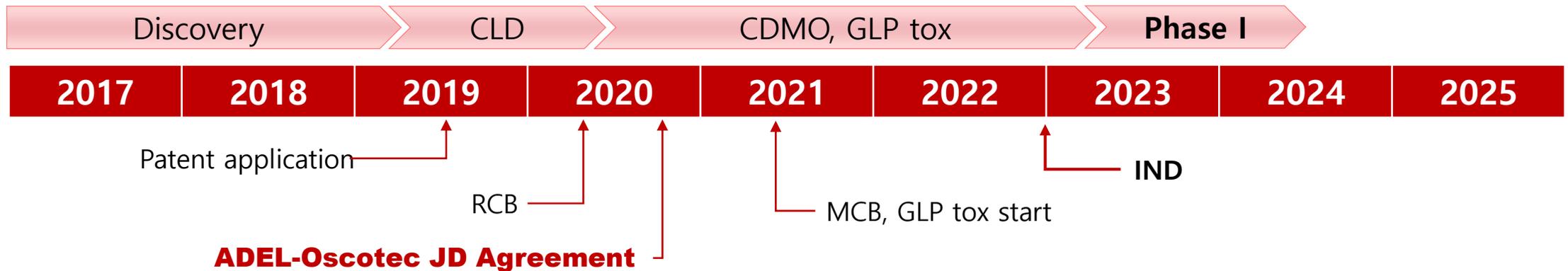


## B Activities superior to competitors' compounds under clinical development in the biosensor assay



# ADEL-Y01 | R&D Scheme & Phase I Plan

- ❖ Rat PK; T1/2 = 175 h, CSF/Plasma = 0.275%
- ❖ Rat/monkey pre-Tox (up to 80 mpk, qw x 2); no overt toxicity, no tissue cross reactivity
- ❖ CMC manufacturing
  - Research cell banking (RCB) complete (yield ~4g/L)
  - USP/DSP development; MCB established, 200-L run ongoing
- ❖ GLP tox studies started in 2Q 2021 (26wk tox study is to be underway in 2Q 2022)
- ❖ Development timeline;



# Oscotec 3.1 | The Best is Yet to Come



**Clinical Pipeline**

**Discovery Pipeline**

**Platform Technologies**

 | Oscotec Inc.

**Thank  
you!**

[www.oscotec.com](http://www.oscotec.com)