

# **Forward-looking statements**

The information contained in this presentation is being supplied and communicated to you on a confidential basis solely for your information and may not be reproduced, further distributed to any other person or published, in whole or in part, for any purpose.

Members of the public are not eligible to take part in the presentation or be provided with the presentation. In the United Kingdom, the presentation is only being directed at persons (i) reasonably believed by Redx Pharma plc ("the Company") to be investment professionals within the meaning of paragraph (5) of Article 19 or to high net worth companies or unincorporated associations within the meaning of paragraph (2) of Article 49 of the Financial Services and Markets Act 2000 (Financial Promotion) Order 2005 (SI 2005/1529), as amended and (ii) who are "qualified investors" within the meaning of section 86(7) of the Financial Services and Markets Act 2000 ("FSMA") or otherwise in circumstances that will not have resulted and will not result in an offer of transferable securities to the public in the United Kingdom within the meaning of section 102B of FSMA.

If you are not such a person (i) you should not take part in the presentation and nor should you have received the presentation, (ii) please return this document to the Company's registered office or representative at the presentation as soon as possible and take no other action, (iii) please leave the presentation immediately after returning the presentation and (iv) you may not rely on or act upon the matters communicated by the presentation.

The Company's securities have not been and will not be registered under the U.S. Securities Act of 1933, as amended (the "Securities Act"), or under the securities laws of any state or other jurisdiction of the United States (within the meaning of Regulation S under the Securities Act), and may not be offered or sold into or within the United States absent registration under the Securities Act or pursuant to an exemption from, or in a transaction not subject to, the registration requirements of the Securities Act. The presentation and the information contained herein are not for publication or distribution into or within the United States. Neither this presentation nor any copy of it or any of the presentation may be taken or transmitted into or distributed in Canada, Australia, or the Republic of South Africa or to any resident thereof, or taken or transmitted into or distributed in Japan or to any resident thereof or to any other jurisdiction which prohibits such taking in, transmission or distribution, except in compliance with applicable securities laws. Any failure to comply with these restrictions may constitute a violation of the securities laws or the laws of any such jurisdiction. The distribution of this document in other jurisdictions may be restricted by law and the persons into whose possession this document comes should inform themselves about, and observe, any such restrictions. Any failure to comply with this and the above restriction may constitute a violation of United States or other national securities laws.

Recipients of this presentation are not to construe its contents, or any prior or subsequent communications from or with the Company or its representatives as investment, legal or tax advice. In addition, this presentation does not purport to be all-inclusive or to contain all of the information that may be required to make a full analysis of any transaction. Further, the information in this presentation is not complete and may be changed. Recipients of this presentation should each make their own independent evaluation of the information and of the relevance and adequacy of the information in this presentation and should make such other investigations as they deem necessary. Accordingly no representation or warranty, express or implied, is made as to the fairness, accuracy, completeness or correctness of the information and opinions contained in this presentation and no reliance should be placed on such information or opinions. None of the Company, or any of its respective members, directors, officers or employees nor any other person accepts any liability whatsoever for any loss howsoever arising from any use of such information or opinions or otherwise arising in connection with this presentation. No part of this presentation, or the fact of its distribution, should form the basis of or be relied upon in connection with any contract or commitment or investment decision whatsoever. This presentation does not form part of any offer of securities, or constitute a solicitation of any offer to purchase or subscribe for securities or an inducement to enter into any investment activity.

This Presentation includes forward-looking statements. These forward-looking statements involve known and unknown risks and uncertainties, many of which are beyond the Company's control and all of which are based on the Directors' current beliefs and expectations about future events. Forward-looking statements are sometimes identified by the use of forward-looking terminology such as "believe", "expects", "may", "will", "could", "should", "shall", "risk", "intends", "estimates", "aims", "plans", "predicts", "continues", "assumes", "positioned", "targets" or "anticipates" or "anticipates" or variations thereon or companies the renot historical facts. They appear in a number of places throughout this presentation and include statements regarding the intentions, beliefs or current expectations of the Directors or the Company concerning, among other things, the results of operations, financial condition, prospects, growth, strategies, and dividend policy of the Company and the industry in which it operates.

These forward-looking statements and other statements contained in this presentation regarding matters that are not historical facts involve predictions. No assurance can be given that such future results will be achieved; actual events or results may differ materially as a result of risks and uncertainties facing the Company. Such risks and uncertainties could cause actual results to vary materially from the future results indicated, expressed, or implied in such forward-looking statements. Such forward-looking statements contained in this presentation speak only as of the date of this presentation. The Company and the Directors expressly disclaim any obligation or undertaking to update these forward-looking statements contained in this presentation to reflect any change in their expectations or any change in events, conditions or circumstances on which such statements are based unless required to do so by applicable law or the AIM Rules for Companies.

By participating in this presentation and/or accepting any copies hereof you agree to be bound by the foregoing restrictions and the other terms of this disclaimer.

## The investment case

- Focused on novel drugs to significant commercial targets in cancer and fibrosis
- New, strengthened board and management team providing enhanced oversight and relevant industry expertise & continuity
- Strong research base has yielded a refocused development pipeline of two development programmes and five research programmes
  - Lead cancer asset, Phase 1 trial to start 1Q18; 1a results estimated 2H18
    - Best in class potential
    - Addressable market estimate for melanoma, gastric, biliary and pancreatic cancers >500,000 new cases p.a.<sup>1</sup>
  - Lead fibrosis candidate could be first drug specifically targeting Inflammatory Bowel Disease (IBD) related fibrosis
    - IBD addressable market estimated to be three million patients<sup>2</sup>
- Opening balance sheet has £13.6 million of cash, with no liabilities nor loan facilities, coupled with a reduced cost base, provides a cash runway through to early 2019<sup>3</sup>

# **Corporate vision and strategy**

Building significant shareholder value through advancing a differentiated pipeline of first or best in class anti-cancer and anti-fibrosis drugs to clinical proof of concept

### Focused commercial and corporate strategy

- Commercially attractive areas of significant unmet medical need with no or limited competition with suboptimal product profile
- Scientifically validated targets
- Fit with Redx capability to develop differentiable
   'First' or 'Best' in class candidates
- Progress drug candidates to clinical proof of concept – as significant value inflection point in developing medicines

### **Focused science strategy**

- Cancer
  - Targeted therapies (biomarker driven)
  - Disrupting pathways of cancer resistance
- Fibrosis
  - Disrupting pathways that slow or reverse fibrosis (disease modifying)
- Leverage Redx medicinal chemistry expertise

# **Strengthened Board**

### **Iain Ross**

**Executive Chairman** 

Chairman, CEO and Director roles in pharma and small biotech (Sandoz, Hoffman La Roche, Celltech, e-Therapeutics, Novogen, and Anatara Lifesciences)

#### **Peter Presland**

Non-Executive Director Chairman of Audit, Risk & Disclosure Committee

Arthur Andersen & Co and BBDO Ltd CFO and CEO of C.E Heath plc Chairman of Rebus Group plc Director of East Kent Hospitals University Foundation NHS Trust

### **Bernd Kirschbaum**

Non-Executive Director
Chair of Research Committee
Chair of Remuneration Committee

Board Member: Merck Serono Senior R&D roles: Sanofi-Aventis, Aventis, and HMR Chairman: Protagen Diagnostic and Omeicos Therapeutics

### **Dominic Jackson**

**Chief Financial Officer** 

Experienced CFO in numerous turnaround and restructuring situations (PwC, Deutsche Bank Frankfurt, Merrill Lynch, Dubai International Capital, and Kaupthing Bank)

### **CEO**

To be appointed

# **Industry Experienced Management**

#### **Nicholas Adams**

**Chief Business Officer** 

Clinical Development: Ciba-Geigy (now Novartis), Eisai, and Cephalon Business Development: Antisoma and Clavis Pharma

### **Dr. Richard Armer**

**Chief Scientific Officer** 

Senior Scientific & Management Roles in Pfizer, Organon, Ardana, Oxagen, and Lectus

### Dr. Matilda Bingham

**Head of Research & Operations** 

Senior Scientific & Management roles in Merck Sharpe & Dohme, Schering Plough, and Organon

### **Dominic Jackson**

**Chief Financial Officer** 

Dr. Glen Clack

**Clinical development Advisor** 

### CMO

Full time CMO to be appointed

# A pipeline focused on cancer & fibrosis



# Porcupine inhibitor (RXC004) – Developing a best in class cancer drug

- RXC004 is a potent selective, oral once daily small molecule inhibitor of the porcupine enzyme
  - Central to the WNT pathway, a recognised oncogenic signalling pathway
  - Emerging best in class profile
    - Only 2 other porcupine inhibitors known in development (the most advanced is WNT974 (Novartis)) in phase 1/2a for colorectal cancer and in a combination study with checkpoint inhibitor (immuno-oncology)
    - Superior preclinical efficacy and pharmacokinetics in head to head studies with WNT974
  - Composition of Matter patent filed (2014)
- RXC004 lead cancer programme expected to enter clinic in 1Q18 (MHRA approved)
  - Funded Phase 1a dose escalation trial in cancer "all-comers" (n=21); results expected 2H18 primary objective safety. Lead centre Christie Hospital (Manchester)
    - Subsequent phase 2a offers potential opportunity to see early signals of efficacy
- Dual strategy for further clinical development
  - As combination therapy with checkpoint inhibitors to enhance efficacy in cancer immunotherapy
  - As biomarker guided therapy in certain hard-to-treat cancers

# Porcupine inhibitor (RXC004) – Targeted therapy for challenging cancers

- Patients with gastric, biliary and pancreatic cancers currently have a very poor prognosis due to the lack of available effective therapies
  - No targeted therapy currently approved for biliary cancer
  - Gastroesophageal cancer market is forecast to grow to \$4.4 billion by 2024<sup>1</sup>
  - Pancreatic cancer market is estimated to be \$1.63 billion in 2017<sup>2</sup>
- An increased understanding of the Wnt signalling pathway has highlighted its therapeutic promise in these cancers
- Precision medicine approach targeting patients with RNF43 mutation
  - RNF43 is a marker of Wnt pathway activation in tumour cells and indicates sensitivity to porcupine inhibition
  - Improves likelihood of identifying the patients who will benefit
  - A non-invasive liquid biopsy has been developed to detect RNF43 in circulating tumour DNA
  - Published at ESMO conference (Madrid, September 2017)

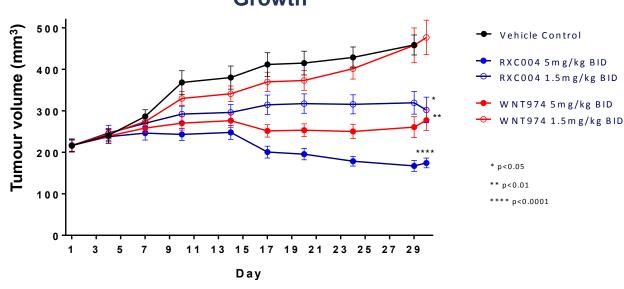
<sup>1</sup>GlobalData: Pharmapoint: Gastric and gastroesophageal junction adenocarcinoma – Global drug forecast and market analysis to 2024 <sup>2</sup>GlobalData: Pancreatic cancer – Opportunity analysis and forecasts to 2017

# Porcupine inhibitor (RXC004) – Enhancing the efficacy of cancer immunotherapy

- Checkpoint inhibitors, such as anti-PD1 and anti-PDL1 antibodies, have revolutionised cancer immunotherapy
  - But they don't work in a significant portion of patients the tumour-killing immune cells are not present at the 'cold' tumour site
    - Non-small cell lung cancer (10-25% responders<sup>1</sup>), Melanoma (up to 45% responders<sup>1</sup>)
  - Evidence is emerging that the Wnt signalling pathway is a relevant target in immuno-oncology
  - Inhibition of pathway makes the tumours 'hot', attracting immune cells
- Plan to test the potentially synergistic combination of a PD-1 inhibitor with RXC004
  - Preclinical data promising
  - Initiate when safety data from the Phase 1 study in hand end 2018
  - Commercial partnering interest at this stage
- Potentially a multi-billion \$ opportunity: Opdivo® sales (2016) \$4.7 billion; Keytruda® sales (2016) -\$1.4 billion. Projected 2023 - \$12.5 billion and \$10.6 billion, respectively<sup>2</sup>

## **RXC004** is efficacious in animal tumour models

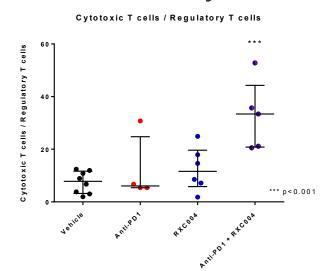
# Human pancreatic cancer model: Capan-2 Tumour Growth



RXC004 synergises with an anti-PD1 antibody to increase the ratio of 'tumour killing' immune cells compared with immune suppressing cells

RXC004 showed better efficacy than its closest competitor WNT974

# Mouse colon cancer model in combination with anti-PD1 antibody



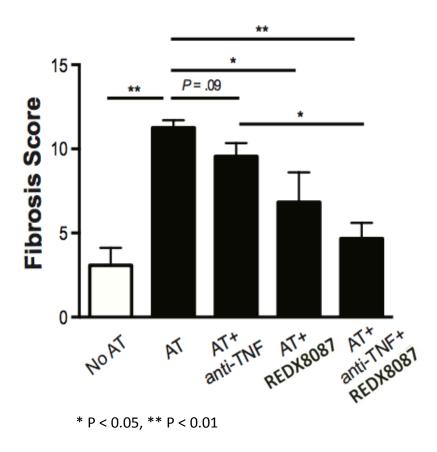
10

# Pan-ROCK inhibitor – Developing the first drug specifically for IBD-related fibrosis

- In the U.S. 30-40% patients have stricture formation and obstruction due to bowel wall fibrosis within ten years of diagnosis of IBD. Current therapy is bowel surgery
- Rho kinase (ROCK) enzyme inhibitor is implicated at various points in pathways leading to fibrosis
  - However, systemic ROCK 1&2 inhibition is known to induce hypotension
- Redx has identified a targeted, locally-acting small molecule ROCK inhibitor
  - Drug effectively inhibits ROCK at site of action in gastro-intestinal tract
    - Minimizes systemic exposure though rapid enzyme-mediated metabolism in blood plasma
  - Preclinical studies including those in industry-standard animal models of disease (prophylaxis and therapy) are compelling
  - Potentially disease modifying
- First in class clinical candidate to be selected H1 2018; first in man studies planned for H2 2019
  - Composition of matter patent filed (Granted in US and pending in other jurisdictions)
  - No competitors in development for IBD fibrosis
- IBD addressable market estimated to be three million patients<sup>1</sup>

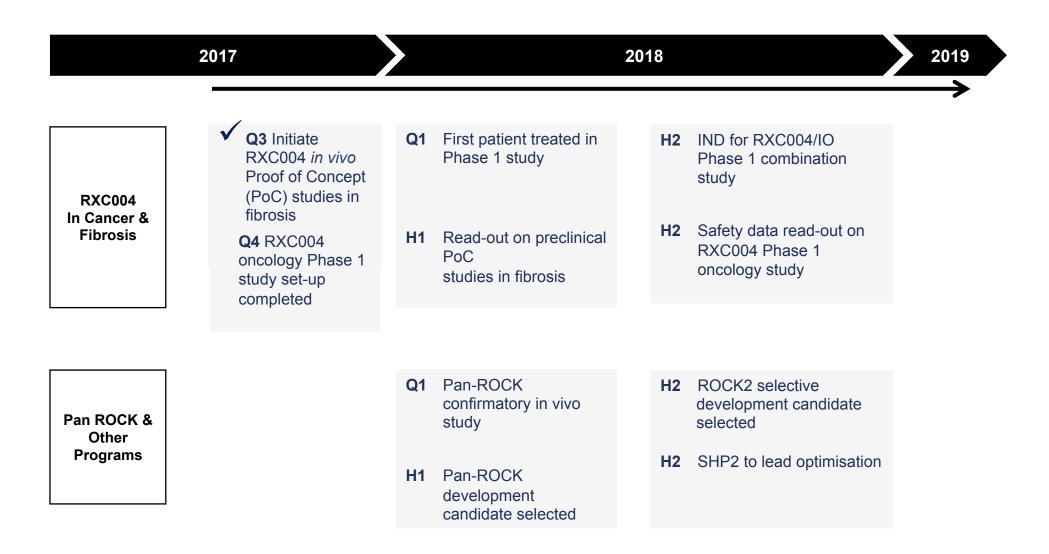
<sup>1</sup>GlobalData: Crohn's Disease 2016, Ulcerative colitis 2015

## The central role of ROCK in fibrosis



- CD4+CD25-CD62L+ naïve T-cells were injected i.p. in CB-17 SCID mice on day 0 (adoptive transfer, AT).
- Mice developed symptoms of colitis at week 2 and beyond, at which point therapy was initiated.
- Mice were treated with:
  - 25 mg/kg anti-TNF i.p. SID or with a combination of anti-TNF i.p. and 3 mg/kg REDX8087 via oral gavage SID (n=10 in each group).
  - Placebo-treated mice received 25 mg kg-1day-1 lgG1 i.p. and vehicle p.o.2

## Financed key near-term milestones and value drivers

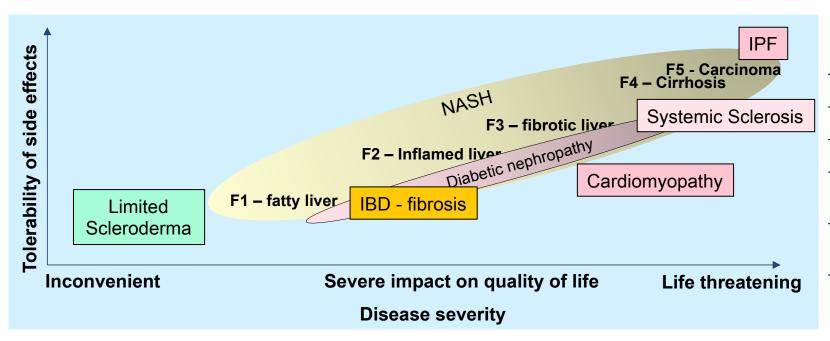


## The investment case

- Focused on novel drugs to significant commercial targets in cancer and fibrosis
- New, strengthened board and management team providing enhanced oversight and relevant industry expertise & continuity
- Strong research base has yielded a refocused development pipeline of two development programmes and five research programmes
  - Lead cancer asset Phase 1 trial to start 1Q18; 1a results estimated 2H18
    - Best in class potential
    - Addressable market estimate for melanoma, gastric, biliary and pancreatic cancers >500,000 new cases p.a.1
  - Lead fibrosis candidate could be first drug specifically targeting Inflammatory Bowel Disease (IBD)
     related fibrosis
    - IBD addressable market estimated to be 3 million patients<sup>2</sup>
- Opening balance sheet has £13.6 million of cash, with no liabilities nor loan facilities, coupled with a reduced cost base, provides a cash runway through to early 2019<sup>3</sup>

# Appendix

# Key fibrotic conditions with high unmet need



Disease	Patient Prevalence (in millions)	Disease burden & healthcare costs in USA (\$bn)
Cardiomyopathy	28	555
NASH	64	245
Type II diabetes	29	100
Inflammatory bowel disease	2	31
Idiopathic pulmonary fibrosis	0.1	3
Systemic sclerosis	0.08	1.5

#### **Source for statistics**

http://www.healthline.com/health/diabetes/facts-statistics-infographic#5

http://www.mdedge.com/familypracticenews/article/114873/gastroenterology/nonalcoholic-fatty-liver-disease-estimated-cost

http://www.ajmc.com/journals/supplement/2016/importance\_of\_selecting\_appropriate\_therapy\_inflammatory\_bowel\_disease\_managed\_care\_environment/

importance\_of\_selecting\_appropriate\_therapy\_inflammatory\_bowel\_disease\_managed\_care\_environment\_report\_economic\_implications\_ibd

http://www.upi.com/Health\_News/2017/02/14/Cost-of-heart-disease-in-US-to-surpass-1-trillion-by-2035-report-says/5891487126035/

http://onlinelibrary.wiley.com/doi/10.1002/clc.22260/pdf

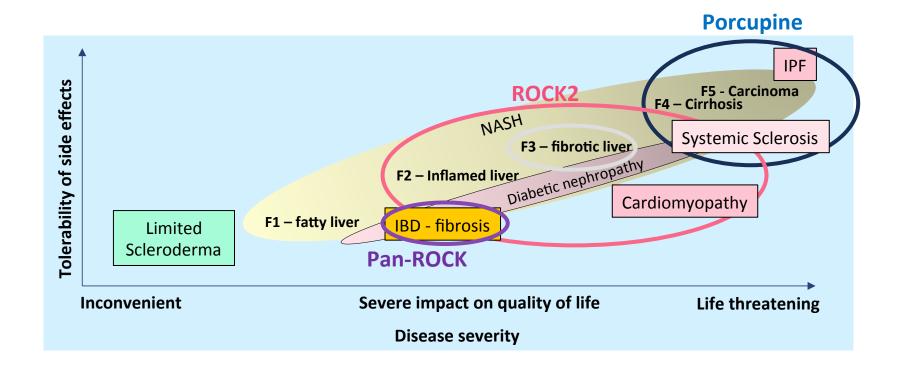
https://pharmastore.informa.com/wp-content/uploads/2016/10/idiopathicpulmonaryfibrosis\_12770\_10-2016.pdf

https://ghr.nlm.nih.gov/condition/idiopathic-pulmonary-fibrosis

http://eprints.lse.ac.uk/60809/1/\_\_lse.ac.uk\_storage\_LIBRARY\_Secondary\_libfile\_shared\_repository\_Content\_Kanavos%2C%20P\_Socio-economic%20burden\_Kanavos\_Socio-economic%20burden\_2015.pdf

17

## Fibrotic diseases targeted by Redx



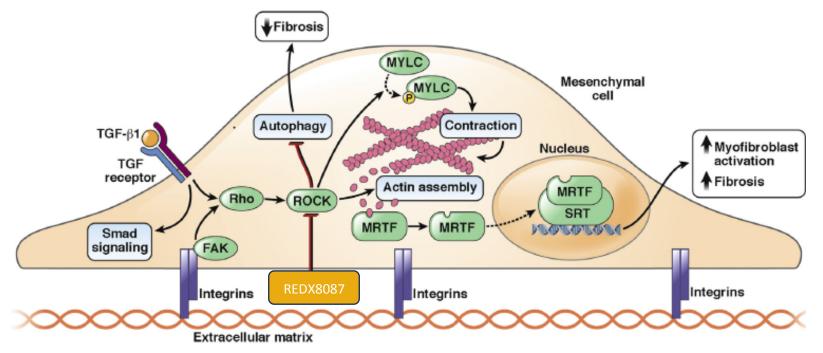
Pan-ROCK: IBD fibrosis, F3 liver fibrosis

Porcupine: IPF, systemic sclerosis, liver cirrhosis and carcinoma

ROCK2: F2/F3 liver NASH; DN, early onset systemic sclerosis

## The central role of ROCK in fibrosis

- ROCK (Rho-associated Kinase) is involved in fibroblast activation via multiple stimuli such as TGFβ
- ROCK is involved in transition of GI mesenchymal cells to myofibroblasts



Model for inhibition of ROCK in intestinal fibrosis<sup>1</sup>. FAK, focal adhesion kinase; MYLC, myosin light chain; MRTF, myocardin-related transcription factor; SMAD, mothers against decapentaplegic; SRF, serum response factor; TGF, transforming growth factor

<sup>1</sup>Reider, Gastroenterology 2017