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VACCENTIS CORPORATE PRESENTATION

ZURICH, MARCH 2024

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WHO WE ARE: AN EXPERIENCED LEADERSHIP TEAM

Martin Munte
CEO

AMGEN
AstraZeneca
Roche

Dr. Ingrid Rauter
CMO and Head of R&D

AMGEN
Baxter
SANDOZ A Novartis Division
Takeda

Dr. Anja Hipp
Director Manufacturing and CMC

FUMAPHARM AG PHARMACEUTICAL SPECIALTIES
EIDETICA
Biogen
anjarium BIOSCIENCES

Isabelle Lacher
CFO (Interim)

Heinz Studer
COO

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INVESTMENT THESIS PILLARS OF GROWTH

- **Experienced new management team with proven track record**
- **VCC Medical division is developing clinically proven products, shown to maintain remission and alleviate disease**
  - VCC-001 cancer vaccine Phase III data in Renal Cell Cancer has demonstrated clinical effect and was well tolerated, a disease with few current treatment options
  - VCC-001 cancer vaccine concept has significant potential in other solid tumour indications
- **Exit strategy: Strategic Investor, Trade Sale or IPO in 3-5 years**

STRATEGIC FOCUS AND CREATING VALUE

VCC-001 Regulatory Approval by 2029

Autologous tumour vaccine technology platform «auto-tv»

- Vaccentis will focus entirely on developing immuno-oncology Vaccines utilising its autologous tumour vaccine technology platform «auto-tv»

Extend pipeline

- Creating value through an extended pipeline targeting cancers with high unmet needs

Manufacturing capabilities

- VCC-001 production for clinical trials and compassionate use guaranteed with established partner

vcc medical

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UNMET MEDICAL NEED FOR RENAL CELL CANCER (RCC) PATIENTS POST-NEPHRECTOMY

Disease

- Post-nephrectomy of RCC limited treatment options with an acceptable safety profile available for both non-metastatic and metastatic RCC

- Currently only one adjuvant treatment approved for post-nephrectomy – Pembrolizumab

- Available treatment option in the adjuvant setting is associated with side effects and a high burden on the patient's quality of life

- Depending on risk group – up to 50% of patients with RCC develop metastasis within 5 years post nephrectomy

Solution

VCC-001 is an autologous tumour lysate vaccine based on the individual patient's tumour cells.

Used in Renal Cell Cancer (post-nephrectomy), VCC-001 shows:

- a highly specific immune response with proven efficacy
- a very favourable safety and side effects profile

VCC-001 demonstrated in a Phase III trial a significant progression free survival advantage.

Real world data were obtained in a large patient cohort and demonstrated an overall survival benefit even after 10 years.

- In the real world study, patients with pT3 stage RCC revealed 5- and 10-year OS rates of 71.3% and 53.6% in the study group and 65.4% and 36.2% in the control group (p = 0.022)

Jocham et al., The Lancet, Vol 363, 2004, Feb. 21: 597

May M et al: Ten-year survival analysis for renal carcinoma patients treated with an autologous tumour lysate vaccine in an adjuvant setting. Cancer Immunol Immunother. 2010 May;59(5):687-95

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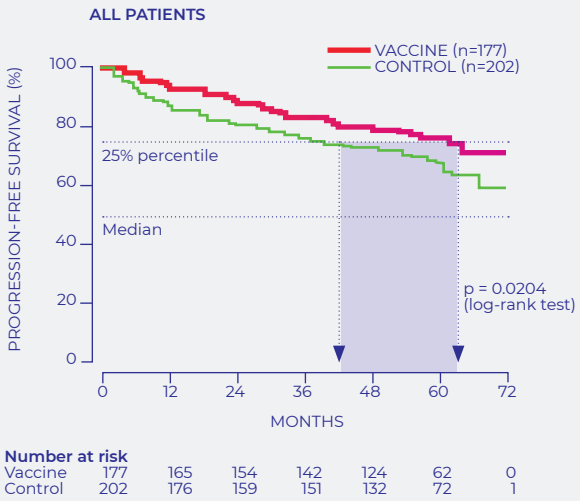
EFFICACY (PFS) DEMONSTRATED IN PHASE III CLINICAL STUDY

VCC-001 has already demonstrated significant clinical efficacy in Phase III with 553 patients

5-year (60 months) progression-free survival rates for patients at all tumour stages were 77.4% in the vaccine group and 67.8% in the control group (p=0.0204)
70-months progression-free survival rates were 72% in the vaccine group and 59.3% in the control group

PFS for all ELIGIBLE patients:

The time until 25% of patients had progressed was 63.2 months for patients in the vaccine group versus 42.1 months for those in the control group



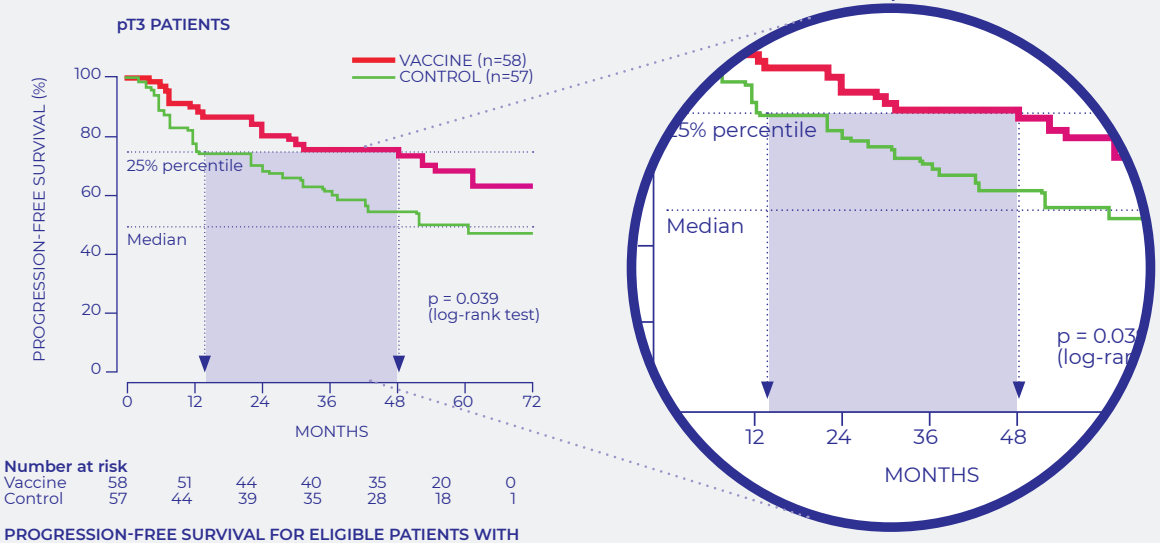
Number at risk

Vaccine	177	165	154	142	124	62	0
Control	202	176	159	151	132	72	1

PROGRESSION-FREE SURVIVAL FOR ALL ELIGIBLE PATIENTS (INTENTION-TO-TREAT POPULATION)

PFS for PT3 patients:

VCC-001 showed an increase of 36 month in PFS vs control group



Number at risk

Vaccine	58	51	44	40	35	20	0
Control	57	44	39	35	28	18	1

PROGRESSION-FREE SURVIVAL FOR ELIGIBLE PATIENTS WITH T3 TUMOURS (INTENTION-TO-TREAT POPULATION)

Jocham et al., The Lancet, Vol 363, 2004, Feb. 21: 597

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VCC-001 DEMONSTRATED FAVORABLE SAFETY PROFILE IN PHASE III

- In the Intention to treat population 177 patients received A total of 1053 vaccine doses
- 12 vaccine-related adverse events of mild to moderate severity were noted in two patients
- The higher number of adverse events in the control groups can be accounted for by the higher number of patients with tumour progression in this group
- Clinically relevant abnormalities in blood chemistry variables were not recorded

	VACCINE GROUP N=276	**CONTROL GROUP** N=277	**TOTAL** N=553
Number of patients with adverse events (%)	108 (39%)	125 (45%)	233 (42%)
Number of patients with drug-related adverse events (%)	2 (1%)	–	2 (<1%)
Number of patients with serious adverse events (%)	64 (23%)	90 (32%)	154 (28%)
Number of adverse events	215	247	462
Number of drug- related adverse events	12	–	12
Number of serious adverse events	106	158	264
Adverse Events by frequency			
Progression, surgical intervention	45 (16%)	61 (22%)	106 (19%)
General disorders	33 (12%)	26 (9%)	59 (11%)
Neoplasm	13 (5%)	31 (11%)	44 (8%)
Urinary system disorders	15 (5%)	13 (5%)	28 (5%)
Gastrointestinal system	10 (4%)	11 (4%)	21 (4%)
Cardiovascular disease	5 (2%)	9(3%)	14 (3%)
Metabolic and nutritional disorders	9 (3%)	6 (2%)	15 (3%)
Musculoskeletal system disorders	8 (3%)	7 (3%)	15 (3%)

Adverse events in 553 patients (safety population)

Jocham et al., The Lancet, Vol 363, 2004, Feb. 21: 597

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VCC-001 CONCLUSION PHASE III

- **A significantly reduced risk of tumour progression after radical nephrectomy using an autologous tumour cell lysate vaccination therapy**
- **The PFS 70 months after vaccination therapy was found to be 72% in the study group, while it was 59.3% in the control group (p = 0.0204)**
- **The incidence rate of side effects was minimal at <1%**
- **Quality of life was not impaired by the treatment itself or its application**
- **Autologous vaccination therapy can be recommended in patients with M0 RCC and a tumour diameter of >2.5 cm**
- **In a second survival analysis, a significantly increased OS was also reported for the vaccine group in the PP population**

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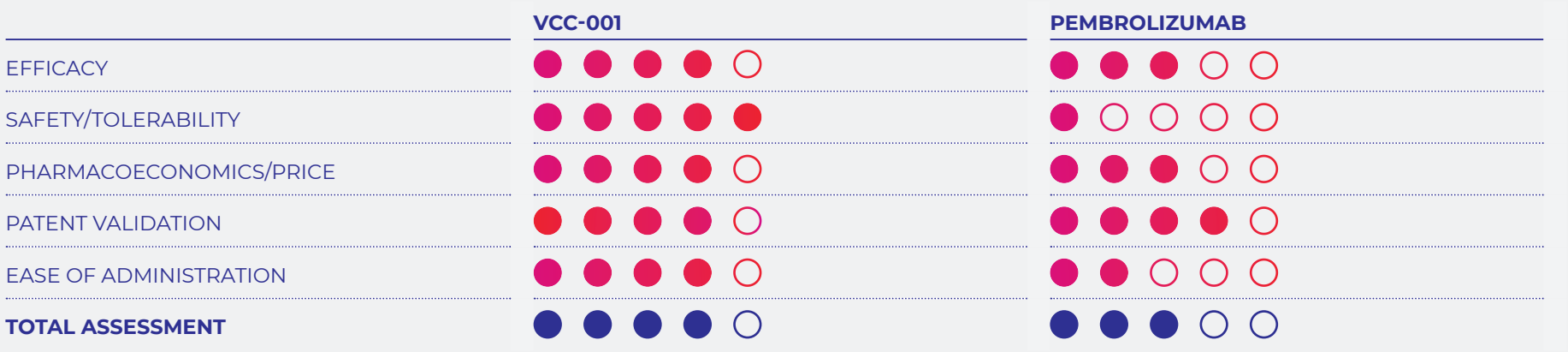
VCC-001 VERSUS COMPETITION

VCC-001: Potential differentiation and advantages over the licensed drug in RCC (adjuvant pembrolizumab)



VCC-001 is currently in development and not yet approved in the EU or USA. The evaluation is based on the clinical studies conducted and published.
DISCLAIMER: NO COMPARISON BETWEEN THE TWO REFERENCED STUDIES IS NEITHER MADE NOR SHOULD COMPARABILITY BE INFERRED.

Adjuvant autologous renal tumour cell vaccine and risk of tumour progression in patients with renal-cell carcinoma after radical nephrectomy: phase III, randomised controlled trial; Jocham et al., Lancet, 2004 Feb 21;363(9409):594-9

Keytruda® – state of the art: Pembrolizumab versus placebo as post-nephrectomy adjuvant therapy for clear cell renal cell carcinoma (KEYNOTE-564): 30-month follow-up analysis of a multicentre, randomised, double-blind, placebo-controlled, phase 3 trial, Lancet Oncol 2022; 23: 1133–44

Pembrolizumab yearly therapy costs depending on patient and indication: EU 125.000 – 145.000 Euro, US 150.000 – 180.000 USD

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TREATMENT ALGORHYTHM ccRCC

Based on expert opinions from our KOL-advisors, 9.600 patients could potentially receive VCC-001 treatment immediately after regulatory approval in stage II and stage III adjuvant ccRCC*

Staging/Clinical presentation	PT2	PT3
Primary Treatment	Partial/Radical nephrectomy or Active surveillance	Partial/Radical nephrectomy
	CT/Surveillance	Clear cell: CT/Surveillance
Adjuvant Treatment	% of new T2 patient population with Nephrectomy: 43%	% of new T3 patient population with Nephrectomy: 57%
	Number of patients in PT2 cancer: 13.450	Number of patients in PT3 cancer: 17.830
	% receiving VCC-001: 5%	% receiving VCC-001: 50%
	% receiving Pembrolizumab: 0%	% receiving Pembrolizumab: 20%
	% receiving other treatments: 0%	% receiving other treatments: 0%
	% receiving no therapy: 95%	% receiving no therapy: 30%
	Number of potential patients treated with VCC-001: 672	Number of potential patients treated with VCC-001: 8.915
	Average treatment duration (months): 6	Average treatment duration (months): 6

Total Kidney cancer population p.a. in EU and USA	212.500
Number of Patients with Renal Cell Cancer [as a % of the total Kidney cancer population]	80%
Number of Patients with Clear Renal Cell Cancer [as a % of the total Renal cancer population]	80%
Number of Patients with receiving Nephrectomy [as a % of the total Clear Renal cancer population]	92%
Number of Patients with T2 and T3 CRCC [as a % of the total Clear Renal cancer population]	25%
Number of Patients with adjuvant clear cell cancer T2 and T3 [new population]	31.280

*VACCENTIS Advisory Board: 19.06.2023

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THE PROJECTED PATIENTS IN EU AND US

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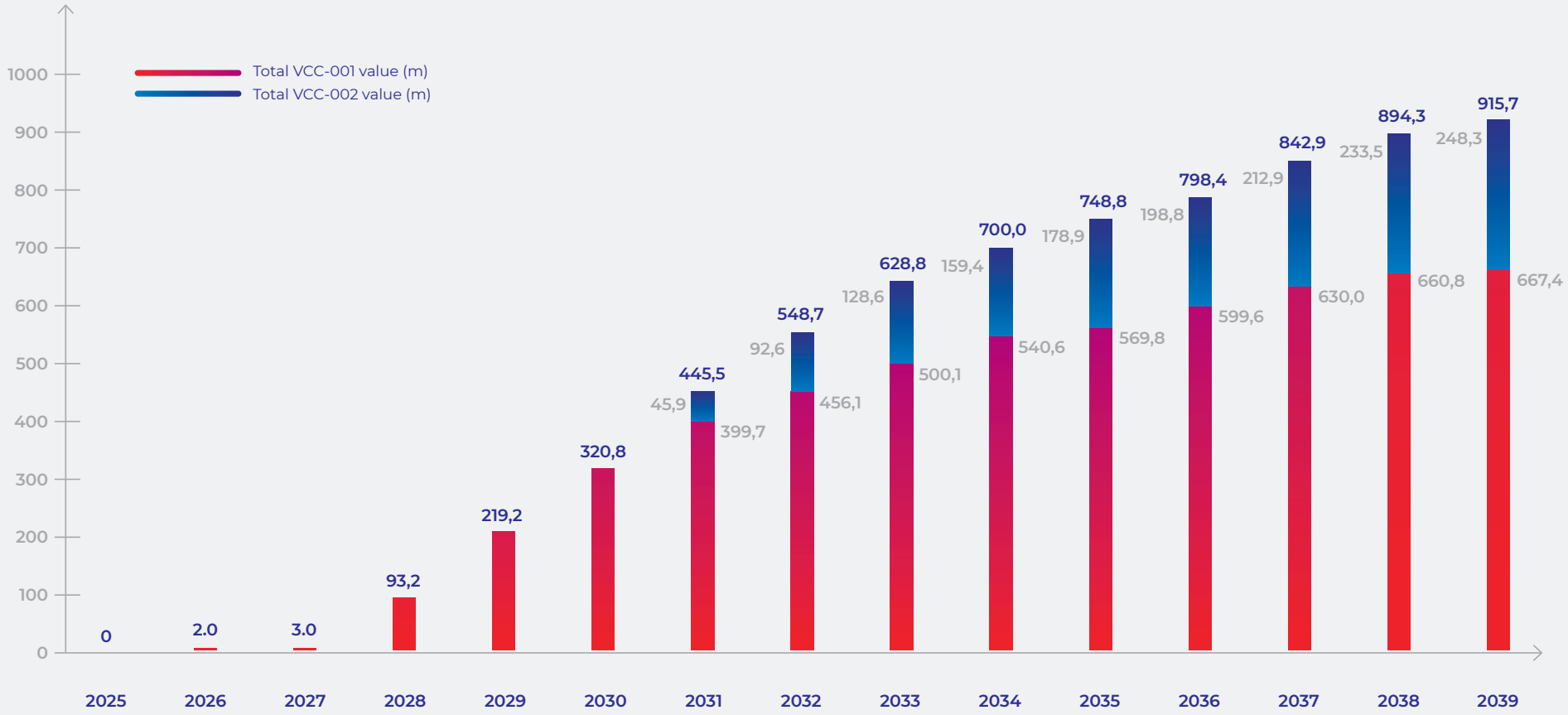
THE PROJECTED SALES IN EU AND US



Price VCC-001: 150.000 – 180.000 US-Dollar/patient/year

VCC-001 – KEY WORK PACKAGES

VCC-001 PROJECT PLAN Q4 2023 - Q4 2024

CHARACTERIZATION AND STANDARDIZATION OF VCC-001

ASSOCIATED WORKPACKAGES

- Standardization of tumour sourcing and purity
- Further research on Mode of Action and active substance

PREPARATION FOR CLINICAL STUDIES

ASSOCIATED WORKPACKAGES

- Study design, protocoll development and operational readiness for Phase 2b

VCC-001 PROJECT PLAN 2025 - 2026

CONDUCT OF PHASE 2B

ASSOCIATED WORKPACKAGES

- Initiate enrollment and prepare interim analysis Phase 2b

PREPARATION PHASE 3

ASSOCIATED WORKPACKAGES

- Study design, protocoll development and strategic readiness for Phase 3

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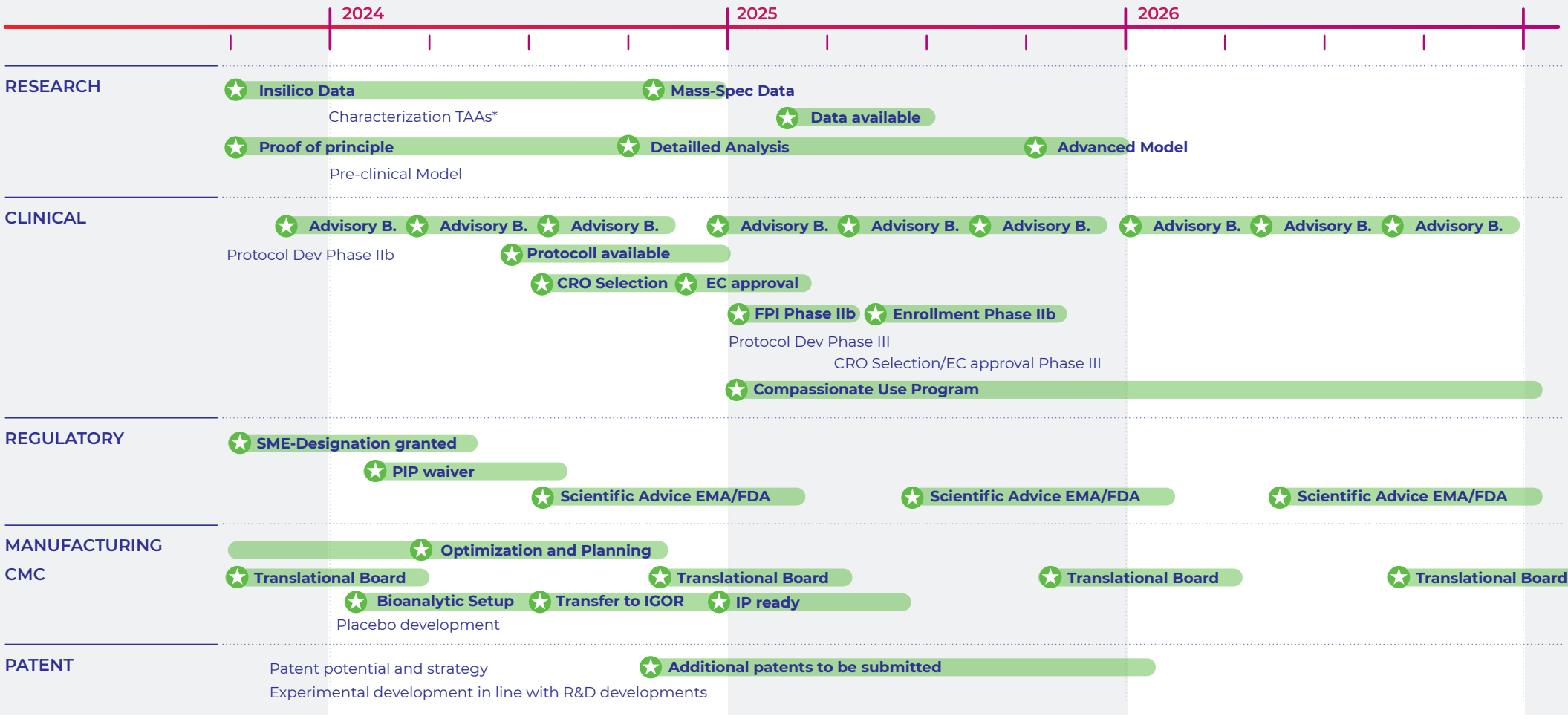
VACCENTIS DEVELOPMENT INVESTMENT CLINIC, REGULATORY, CMC AND MANUFACTURING

Vaccentis requires funding to pursue the clinical and regulatory development plan, including fully implementation and read out of a Phase IIb trial, to get to start a Phase III trial.
For the financing of a Phase III trial a strategic partner is needed.



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THE WHY AND WHY NOW

The Vaccentis products & pipeline have demonstrated clinical efficacy, they maintain remission and alleviate symptoms with favorable safety profile:

- VCC-001 showed a survival advantage in phase III clinical trials[1]
- The 5-year overall survival rates for patients with pT3 tumours were 71.3% in the vaccine group and 65.4% in the control group (p=0.022), the overall survival rates after 10 years were 53.6% and 36.2%, respectively[2]
- VCC-001 demonstrated highly favorable safety profile to pembrolizumab, the only licensed product in the adjuvant setting[3]
- VCC-001 is the foundation platform for further pipeline development based on autologous cancer vaccines
- The development plan for VCC-001 is based on existing advanced clinical data. Therefore, the possibility of obtaining marketing authorization is significantly higher than with a product candidate in preclinical or phase I
- The cost/benefit evaluationof Vaccentis therapies is very advantageous
- The time horizon for the concrete exit planning is 3 to 5 years

[1] Doehn et al, second analysis, J Urol suppl 2006, vol 5, No 20, p. 286 Jocham et al.
[2] May et al.: Adjuvante autologe Tumourvakzine beim Nierenzellkarzinom, Der Urologe 2009
[3] No direct comparison

USING THE PROCEEDS: TARGET OF CHF 35 MILLION R&D INVESTMENTS

THE INVESTMENTS 2024-2026

Vaccentis will invest **CHF 24 million** in clinical research to advance VCC-001

Vaccentis will invest **CHF 5.5 million** to expand manufacturing and production matching the capacity for clinical trial supply and EU compassionate use program

Vaccentis will invest **CHF 3 million** to strengthen capabilities and extending work force through specialized clinical, regulatory and manufacturing staff

Vaccentis will invest **CHF 2.5 million** to extend the pipeline through further preclinical research activities

Total required investment: **CHF 35 million**

EXPECTED OUTCOME

2024, the standardization and characterization of VCC-001 will be established

2025, Vaccentis will start a Phase 2b trial to provide further data to enable preparation for Phase 3

2026, Vaccentis will generate first interim results on the Phase 2b

2026, VCC-001 may forecast first sales of **CHF 2 million** via the EU-Compassionate Use Program

2028, anticipated EMA/FDA filing of VCC-001

2030, sales will exceed **CHF 320 million** through the launch of VCC-001

Information and Contact

Mag. Martin Munte, CEO
martin.munte@vaccentis.com
+41 79 4282297

www.vaccentis.com

Dr. Ingrid Rauter, Head of R&D and CMO
ingrid.rauter@vaccentis.com
+43 699 19425228
+41 79 4685108