Stock Data

Share Price:	11.50p
Market Cap:	£93.7m
Shares in issue:	815.2m

Company Profile

Sector:	Health Care
Ticker:	SCLP
Exchange:	AIM

Activities

Scancell Holdings plc ('Scancell', 'SCLP', 'the Company') is a biopharmaceutical company focused on the cancer therapeutics market and is developing a pipeline of immunotherapies for the treatment of cancer based on its patented ImmunoBody®, Moditope® and AvidiMab™ platforms.

1-year share price performance

Source: LSE

Past performance is not an indication of future performance.

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Scancell Holdings plc

The transformative phase of capital raising that Scancell has undertaken to date in 2020 now appears to have drawn to a close. What is likely to be its final stage, the Open Offer that Scancell made available to Qualifying Shareholders on 12 October 2020, on the basis of 1 new ordinary share for every 27 held, was declared unconditional on 5 November 2020, raising a further c.£3.0 million gross at an issue price of 13p each. This permitted existing shareholders to participate on the same basis as funds managed by Redmile Group LLC ('Redmile'), the US based specialist healthcare and life sciences investment firm, that agreed a direct subscription for both new Scancell ordinary shares and new Convertible Loan Notes ('new CLNs'), raising total gross proceeds of c.£30m. This represents a strong endorsement of both the Company's technology platforms and R&D pipeline. Together with an end-September 2020 cash balance of c.£15.1m plus the £2m UKRI grant, along with elimination of c.£4.25m debt following Vulpes Life Sciences Fund ('Vulpes') and Redmile conversion of existing CLN holdings into equity as announced on 26 October 2020 and 2 November 2020 resp., this leaves Scancell well-resourced to deliver on stated development goals while also passing key milestones on its route toward a number of medium-term inflection points, any of which could potentially multiply its current valuation.

Use of Funds

The pool of funds now raised will allow Scancell to extend the utility of its ImmunoBody®, Moditope® and AvidiMab™/TaG antibody products and platforms, while also accelerating and broadening its development pipeline of new potentially novel therapies. It will provide flexibility regarding development plans for its existing pipeline to ensure both optimal development and commercialisation strategies can be pursued, thereby limiting the potential impact of economic pressures caused by COVID-19. More specifically, while being expected to rapidly move its COVID-19 DNA vaccine development programme forward, Scancell is ideally positioned to progress its lead product, SCIB1, which has already initiated its Phase II clinical study in melanoma, aiming to enrol a total of 25 patients, while also completing the preparation of GMP supplies required for regulatory submission to initiate Modi-1's planned UK Phase I/II clinical study in H1 2021.

Creating higher therapeutic value

Access to substantial new funding together with a gradual relaxation of lockdown conditions, should ensure Scancell can reverse delays that have been imposed on its technological developments, core oncology programmes and therapeutic evaluations. TPI considers the resource now provided will be sufficient for it to generate meaningful clinical data that addresses unmet needs, including read-outs (SCIB1 Phase 2 & Modi-1 Phase1/2 interim data) within the next 18 months, while providing a cash runway for anticipated programmes beyond 2023. Importantly in this respect, the Board considers it will be able to capture additional value in a number of areas including, for example, its AvidiMab™ platform and TaG antibodies, before needing to conclude licensing deals. Adding to this is the ability to apply rapid application of its ImmunoBody® platform to the development of a second generation COVID-19 vaccine, at a time when it is increasingly clear that first generation products are neither likely to offer global panacea nor convenient application, it is possible to recognise the scale of the opportunity Redmile is seeking to capture.

Significant Shareholder

As at 6 November 2020, the identity and percentage holdings of significant shareholders were:

Significant Shareholder	Ordinary shares at 0.1p each	
	Number	Percentage
Redmile Group LLC*	237,306,384	29.11%
Vulpes Life Science Fund	116,730,206	14.32%
Calculus Capital	49,844,165	6.11%
Scancell Holdings plc directors and related holdings	19,301,501	2.37%

**Redmile Group also holds a principal amount of c.£19.65m in CLNs* *Source: TPI, Scancell*

New Convertible Loan Notes

Pursuant to the Subscription Agreement of 12 October 2020, Redmile Funds subscribed for 93,071,170 new ordinary Scancell shares for c.£12.1 million at an issue price of 13p each, plus new CLNs for an aggregate principal amount of c.£17.9 million, also with a conversion price of 13p per share (subject to customary adjustments). Interest at the rate of 3% per annum is payable on the new CLNs, which can be paid in cash or ordinary shares at the election of the Company upon payment, unless this would result in noteholders holding shares carrying 30% or more of the voting rights of the Company.

The issue of the New Convertible Loan Notes and the Open Offer were both subject to the Company obtaining shareholder approval, which was successfully secured through a General Meeting on 5 November 2020, with 'second' Admission taking place on 6 November 2020.

The new CLNs will be required to be redeemed on the redemption date which is two years after the date of execution of their creation. At this time, they are convertible into Ordinary Shares at a price of 13p per share at the election of the noteholders but remains subject to any Takeover Code restrictions that may apply at that time.

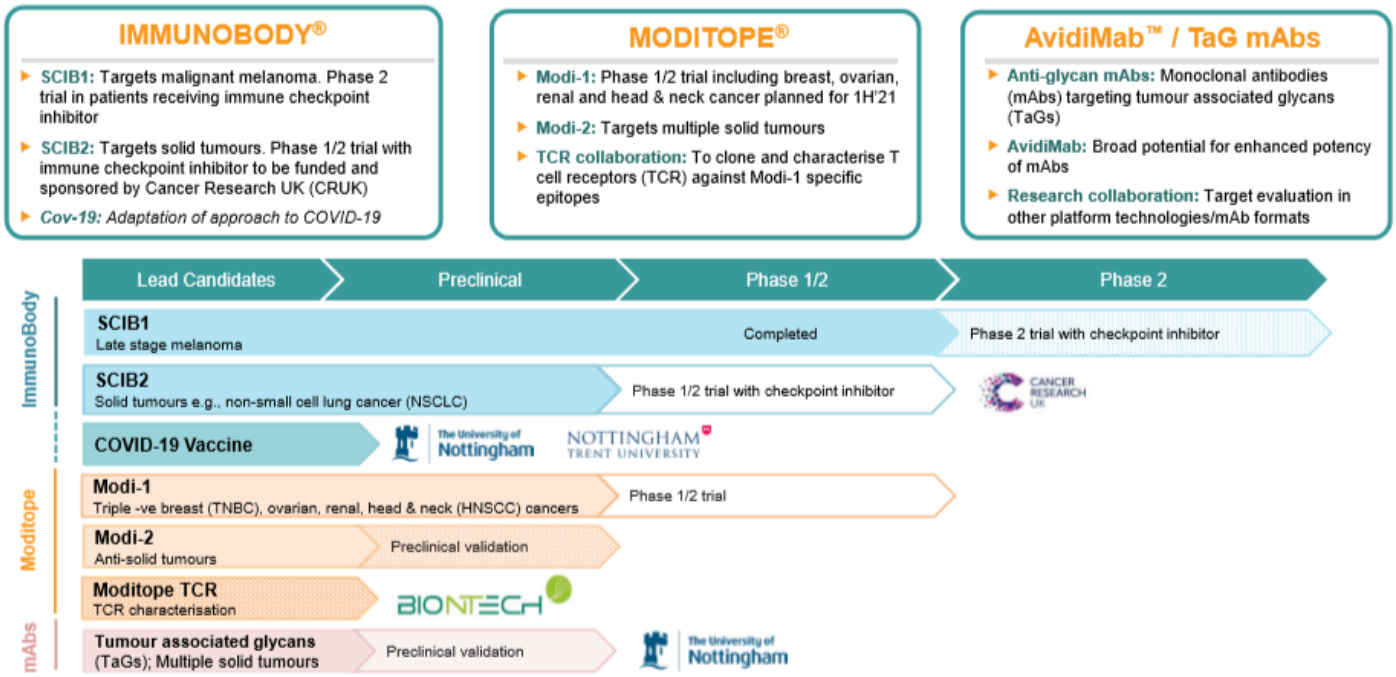
No conversion can occur prior to the Redemption Date, save for in the event of a takeover offer being made to shareholders of the Company or upon a Nasdaq listing. Subject to limited exceptions, the new CLNs will not be transferable and, prior to conversion they do not entitle the holder to any voting rights.

Takeover Code

Conversion of all existing CLNs held by the Redmile Funds at this time would result in a potential holding of c.43%. The ability of the Redmile Funds to increase its voting rights in the Company to 30% or more, however, is subject to the constraints of the Takeover Code.

As such, should the acquisition of ordinary shares or interests therein increase the aggregate voting rights of the acquirer (and its concert parties) to this figure or more, the acquirer and, depending on circumstances, its concert parties would be required (except with the consent of the Takeover Panel) to make a cash offer for the outstanding shares in the Company at a price not less than the highest price paid for interests in shares by the acquirer or its concert parties during the previous 12 months.

Scancell's Preclinical and Clinical Development Pipeline



Source: Scancell, Investor Presentation 27 August 2020

Strategy post-Redmile funding initiative

Redmile recognised the broad utility of Scancell's technologies and development pipeline. It also appears to wish to take advantage of an apparent 'scientific arbitrage' opportunity that seemingly has been created between the US and Europe, in terms of recognising the different levels of scientific value allocated to innovative drug development technologies/initiatives and the teams driving/supporting them in different geographical locations. Within this, it recognised a major and continuing drag on successful development and its associated commercialisation due to the lack of adequate and immediately funding, perhaps resulting from a relatively pedantic 'drip-feed' European approach to extending/progressing necessarily costly clinical and/or tech-intensive projects. Having selected such 'winners', the contrasting 'US approach' adopted by Redmile instead, is to inject significant 'transformational' cash funding (in either straight equity, CLNs or a mix of the two) that can be rapidly put to work in order to resource and accelerate existing programmes, while also seeking to seize opportunities unique technologies might present and in tandem broadening pipelines sufficiently to capture a larger proportion of the inherent value, rather than externalise the assets too early through royalty or milestone-based sales to larger, better-resourced development partnerships.

Scancell had initially sought development funding sufficient to carry its key developments, SCIB1, Modi-1 and the COVID-19 project, through their planned clinical studies. Following a subscription (in the form of equity and CLNs) from Redmile, along with participation in the form of a CLN and participation in a placement from existing core shareholder, Vulpes, together with a £2m equity open offer to qualifying existing shareholders, in August 2020 it raised £15m gross. Subsequent to this, Scancell management received and recommended a further significant proposal from Redmile, this time to subscribe an additional £30m to the Company (again in the form of equity and CLNs), the larger proportion of which would be subject to shareholder approval. A further £3m equity open offer to qualifying shareholders (again recognising that existing shareholders might wish to participate on terms identical to the equity subscription) was also heavily oversubscribed, effectively thereby securing shareholder approval for the course of action being taken. In total, since the beginning of Scancell's new financial year to end-April 2021, new funds raised have amounted to £48m (gross).

Scancell Capital Raising Completed in Current Financial Year

STRONG CASH POSITION

COMPLETED £48m CAPITAL RAISE POST PERIOD

- **£15m capital raise in August 2020 comprising:**
  - £5m subscription by Redmile Group
  - £5m convertible loan notes subscribed by Redmile Group*
  - £1m convertible loan notes subscribed by Vulpes Life Sciences Fund**
  - Placement of £2m*** (including £1m from Vulpes Life Sciences Fund)
  - Open Offer of up to £2m***
    - Issue Price per New Ordinary Share for the Subscription, Placing and Open Offer: 5.5p
    - Price of the Convertible Loan Note per new Ordinary Share: 6.2p

- **£33m capital raise in October/November 2020 comprising:**
  - £12.1m subscription by Redmile Group
  - £17.9m convertible loan notes subscribed by Redmile Group
  - Open Offer of up to £3m***
    - Issue Price per New Ordinary Share for the Subscription, Convertible Loan Notes and Open Offer: 13p

*Partially converted Nov'20 **Fully converted Oct'20 ***Significantly oversubscribed

Source: Scancell, AGM Presentation November 2020

Proposed Use of New Funds Raised Plus Existing Resources

USE OF PROCEEDS

Extend the utility of the Company's Moditope®, Immunobody® and AvidiMab™/TaG antibody products and platforms to accelerate and broaden its development pipeline of novel therapies

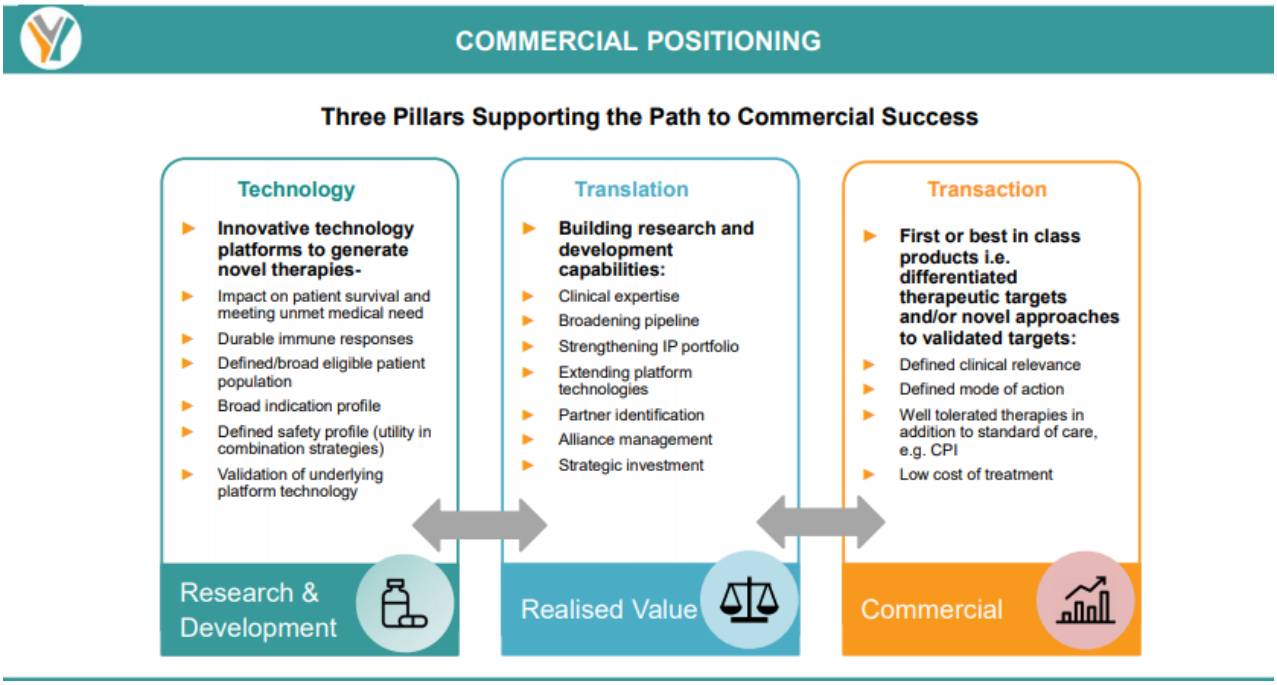
- Advance SCIB1, Modi-1 and COVID-19 vaccine through planned clinical trials
- Initiate and advance new and existing Immunobody® and Moditope® programmes, such as Modi-2, which is currently in pre-clinical development
- Expand the Company's resources and capabilities in development and clinical operations to expedite programmes to the clinic and broaden their potential clinical utility
- Build on existing antibody expertise to further advance the preclinical development of the TaG antibodies, including as antibody-drug conjugates ("ADC")
- Supplement the c.£2m Innovate UK funding for the rapid development of a COVID-19 vaccine
- Broaden the Company's intellectual property portfolio
- Ensure both optimal development and commercialisation strategies can be pursued and to limit the potential impact on the Company of economic pressures caused by COVID-19

Source: Scancell, AGM Presentation November 2020

Scancell – Overview of current development programmes

Scancell is developing novel immunotherapies for the treatment of cancer based on its ImmunoBody®, Moditope® and AvidiMab™ technology platforms. Founded in 1997 as a spin-out of research led by Professor Lindy Durrant (now also the Company's Chief Scientific Officer) at the University of Nottingham, the three technology platforms adopt distinct methodology: ImmunoBody employs CD8 T-cell pathways; Moditope effects are mediated via CD4 pathways; and the AvidiMab glycans platform, acquired in 2018, consists of specialised monoclonal antibodies. All have broad applicability in many forms of solid tumours. Cooperating with development partners, including BioNTech SE, Cancer Research UK ('CRUK'), the University of Nottingham, ISA Pharmaceuticals, Nottingham Trent University and Ichor Medical Systems, these initiatives have produced four lead products across multiple cancer indications along with a differentiated COVID-19 vaccine adapted from a ImmunoBody® DNA plasmid approach.

Three Pillars Supporting Path to Scancell's Commercial Success



Source: Scancell, AGM Presentation November 2020

ImmunoBody®

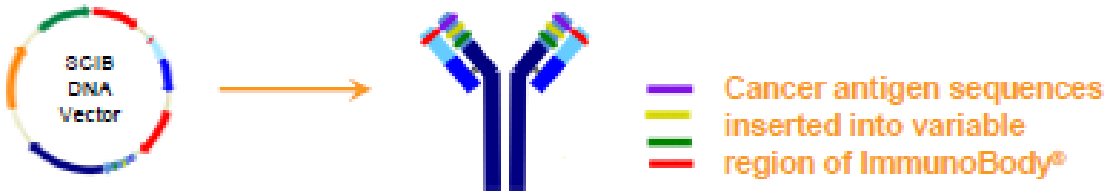
ImmunoBody® vaccines target dendritic cells and stimulate both parts of the cellular immune system. A relatively low response rate (averaging c.30%) of checkpoint inhibitors (that command a global market that is expected to reach US$29.3bn by 2023) has highlighted the need for complimentary techniques to enhance the immune response to a tumour. They have the potential to be used as monotherapy or in combination with checkpoint inhibitors and other agents. This proprietary patent protected platform targets opportunity for enhanced tumour destruction, prevention of disease recurrence and extended survival.

Mode of action includes the engineering of several cancer-associated T-cell epitopes into a human antibody framework to make a genetic antigen/antibody complex. The platform introduces a novel dual mechanism based on direct and cross-presentation.

SCIB1, the lead programme, is being developed for the treatment of advanced/metastatic melanoma (TRP-2/gp100 melanoma associated antigens). A phase 1/2 clinical trial has so far successfully demonstrated encouraging high avidity cytotoxic responses in a monotherapy with survival data of more than five years. Significantly in patients with late stage melanoma, SCIB1 demonstrated an excellent safety profile with no dose-limiting toxicities and no serious adverse events related to study drug or delivery device. Both the US Food and Drug Administration ('FDA')

and UK Medicines and Healthcare Products Regulatory Agency ('MHRA') are expected to clear the programme to initiate a Phase II combination study in due course, whose principal aim is to explore whether combination with a checkpoint inhibitor will improve treatment response.

ImmunoBody® Platform - Novel dual mechanism of action



Source: Scancell, Investor Presentation 27 August 2020

As a result, a Phase 2 study will be initiated in combination with Keytruda (pembrolizumab) first PD-1 checkpoint inhibitor, being delivered as a DNA plasmid using an electroporation delivery system (Ichor Trigrid® 2.0 device). It is to be based on four selected UK clinical centres with 25 histologically confirmed, unresectable AJCC stage III or stage IV melanoma patients with no prior systemic treatment for advanced disease. Enrolment has just commenced although it remains contingent on the impact of continuing COVID-19 restrictions. The molecule's Investigational New Drug ('IND') application was approved by the FDA on 3 February 2020. Selected with measurable disease (and assuming response rate of 30% to Keytruda), a level of interest of 55% measurable disease is targeted for the drug combination.

Having just one UK site open in Q1 2020, the study was initially hindered by slow recruitment, as a result of which three additional locations were selected. The subsequent Pandemic onset and resultant national lockdown saw urgent prioritisation of COVID-19 related clinical trials and redeployment of frontline staff. As a result, almost all ongoing cancer trials were then paused, and new ones prevented from starting. This, along with the shortage of ICU beds (which are required to be available in case a patient being dosed suffered side effects from the checkpoint inhibitor) resulted in the programme slipping back from its original timetable. As a result, the trial protocol was amended in order to reduce the number of patient visits required and thereby minimise risk of exposure to the coronavirus. Current planning is to restart the programme once the amendment is approved, with a target start date of Q1 2021, followed by early data in H2 2021.

SCIB2 is being developed for the treatment of non-small cell lung cancer (' NSCLC') and other solid tumours (including oesophageal, ovarian, bladder and prostate) through the targeting of an antigen called NY-ESO-1. Scancell entered into a clinical development partnership with CRUK for SCIB2 in December 2017, with nanoparticle delivery evaluated as an alternative mode to electroporation, which is being used to deliver the SCIB1 ImmunoBody® agent to patients.

The molecule's pre-clinical studies have demonstrated that administration of the SCIB2 DNA plasmid as a liposomal nanoparticle results in potent immune responses and prolonged survival. The technology utilises known lipid carriers that are optimised to deliver SCIB2 DNA to immune cells. The liposomal nanoparticles protect the DNA from degradation and facilitate efficient uptake, expression and T-cell activation against cancer cells.

This new approach has potential to achieve results that are as effective as, or even better than, electroporation. However, due to the fact that CRUK are currently being forced to review their continued support across a broad range of programmes due to funding pressures the future development of the SCIB2 programme within CRUK is currently under review.

COVIDITY is a differentiated COVID-19 vaccine adapted from an ImmunoBody® DNA plasmid ('pDNA') approach with an almost identical backbone construct to SCIB1 that was used safely in its Phase1/2 melanoma trial. It targets two SARS-CoV-2 viral antigens: (i) SARS-CoV-2 nucleocapsid protein (N-protein) and, (ii) SARS-CoV-2 spike protein (S-protein).

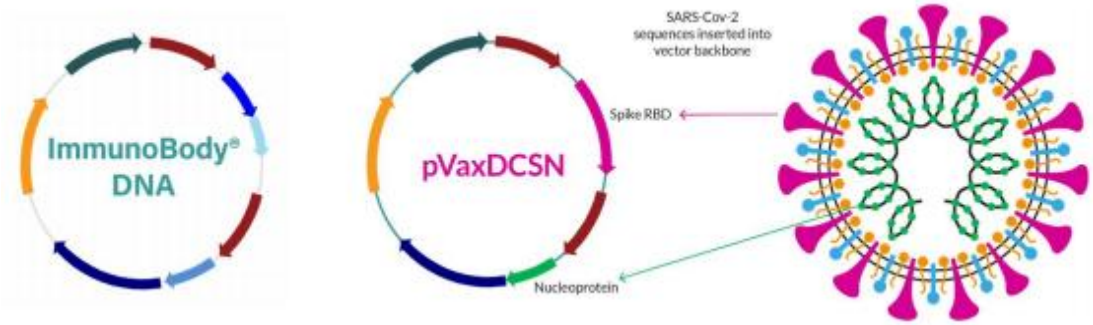
The development introduces a novel dual mechanism of action based on inducing high avidity CD8 T-cells (targeting viral N-protein) and potent neutralizing antibodies (targeting the receptor binding domain of S-protein).

It has been engineered to elicit both humoral and cellular immunity for long-term immunological memory and disease prevention and delivered via a peptide-based nanoparticle delivery system for simple immunisation.

The N-protein is highly conserved amongst coronaviruses; this new vaccine therefore has the potential to generate protection not only against SARS-CoV-2, but also against new strains of coronavirus that may arise in the future. This suggests broader reactivity and better future protection.

The vaccine approach is validated by safety and efficacy demonstrated in SCIB1's Phase 1/2 trial in melanoma patients, which supports rapid progression to clinical testing in healthy volunteers (including reduced toxicology requirements). These are topics that will be discussed at the Scientific Advice meeting with the MHRA in due course. It is important to note that the pDNA vaccine also supports rapid and scalable cell-bank manufacture for mass immunisation.

Scancell's unique DNA vaccine based on Immunobody® platform



Source: Scancell, AGM Presentation November 2020

On 2 October 2020, Scancell announced a collaboration with Cobra Biologics Limited ('Cobra'), a leading international contract development and manufacturing organisation ('CDMO') providing DNA, Viral Vectors and Microbiota for preclinical, clinical and commercial supply. The agreement covers Good Manufacturing Practice ('GMP') production of plasmid DNA needed to generate the DNA vaccine against SARS-CoV-2. This is an important development stage in the production of the vaccine for use in the proposed Phase 1 clinical trial, which is expected to commence in H2 2021 following GMP production and release which is scheduled for H1 2021. It also represents a tight schedule in order to accelerate the selected plasmid into human studies, which are expected to be conducted at an accredited Phase 1 unit to ensure rapid recruitment of volunteers and deliver an immunological read-out as soon as possible.

Additional studies meanwhile demonstrated that attachment of a receptor binding domain ('RBD') monomer to modified Fc or, for example, AvidiMab™, elicited the strongest most potent T-cell response along with coalescence of CD64 on the cell surface. This permits faster internalisation and shuttling of the protein through to the antigen presenting cells ('APCs') in order to get better presentation and T-cell response.

This is particularly significant in that it forms the basis not only of the COVID-19 vaccine, but also effectively resets the complete ImmunoBody™ platform patent, being applied, most likely, to all new SCIB developments going forward. In collaboration with the University of Nottingham, development of a simple non-toxic peptide delivery system is also underway, with an ambition to produce a route as effective as electroporation but simpler to administer.

To date, 11 DNA vaccines encoding combinations of the RBD of the S-protein as small and large monomers, trimers and c-c dimers in combination with N-protein or N-protein fused to Fc or modified Fc to target high affinity FcyR1 (CD64) on activated dendritic cells.

Moditope®

Moditope® represents a completely new class of potent and selective immunotherapy agents based on stress-induced post-translational modifications ('siPTM'). One such modification involves the process of Citrullination (the alteration of proteins due to enzymatic conversion of arginine residues to citrulline and occurs as a result of a degradation and 'recycling' process called autophagy that is induced in stressed cells, including cancer cells). Another modification involves the process of Homocitrullination (the alteration of proteins due to conversion of lysine residues to homocitrulline). The process stimulates production of killer CD4 T-cells which overcome the immune suppression induced by tumours, allowing activated T-cells to seek out and kill tumour cells that would otherwise be hidden from the immune system. Moditope® alone, or in combination with other agents, has the potential to treat a wide variety of cancers.

Modi-1 is being developed for the treatment of solid tumours including triple negative breast cancer, ovarian cancer, renal cancer and head & neck cancer. A single immunisation of Modi-1 resulted in a 100% survival rate in animal models. It comprises of three drug substances, including two citrullinated vimentin peptides (Vim28cit, Vim415cit) and one citrullinated enolase peptide (Eno241cit), each conjugated with Amplivant® adjuvant to boost immune response. The processing of each into a suitable drug product formulation is challenging, given that synthetic peptide conjugates are very hydrophobic, which although conferring ideal properties to induce highly potent T-cells makes it difficult to dissolve into commonly used aqueous buffers (such as saline solution).

While GMP manufacture of the two vimentin peptides was completed fairly rapidly, frustratingly the enolase peptide proved more complicated. A satisfactory formulation, however, has more recently been derived. As a result, all three drug substances are now undergoing long-term stability studies in order to establish shelf life with a GMP manufacturing slot for the enolase peptide now also scheduled. Analytical assays have been developed and validated for each product. Significantly also, a formal GLP toxicity study has been completed, showing no evidence of any local or systemic toxicities. Negotiation of this critical hurdle was considered key to taking Modi-1 to clinic, adopting its intradermal route of administration and starting dose.

Taking this together with a successful regulatory Scientific Advice meeting held with the UK MHRA in February 2020, Scancell now anticipates a relatively smooth application for EU clinical trials once manufacturing process is completed. While continuing to progress the necessary processes and documentation required for regulatory submission, a Clinical Trial Application ('CTA') is targeted before end-2020, with a view to start the planned clinical study in the UK in H1 2021.

The molecule's proposed first study in humans has been designed on two initial cohorts to explore low and high conjugate doses with a follow-on study enrolling four tumour-specific expansion cohorts. If selected for expansion, HPV-negative head and neck patients will be treated with Opdivo (nivolumab) and Modi-1. Monotherapy cohorts (TNBC, ovarian and renal) Simon 2-stage design requires ≥19% of patients to respond for further investigation, while combination therapy (HPV-ve HNSCC) Simon 2-stage design requires ≥28% of patients to respond for further investigation.

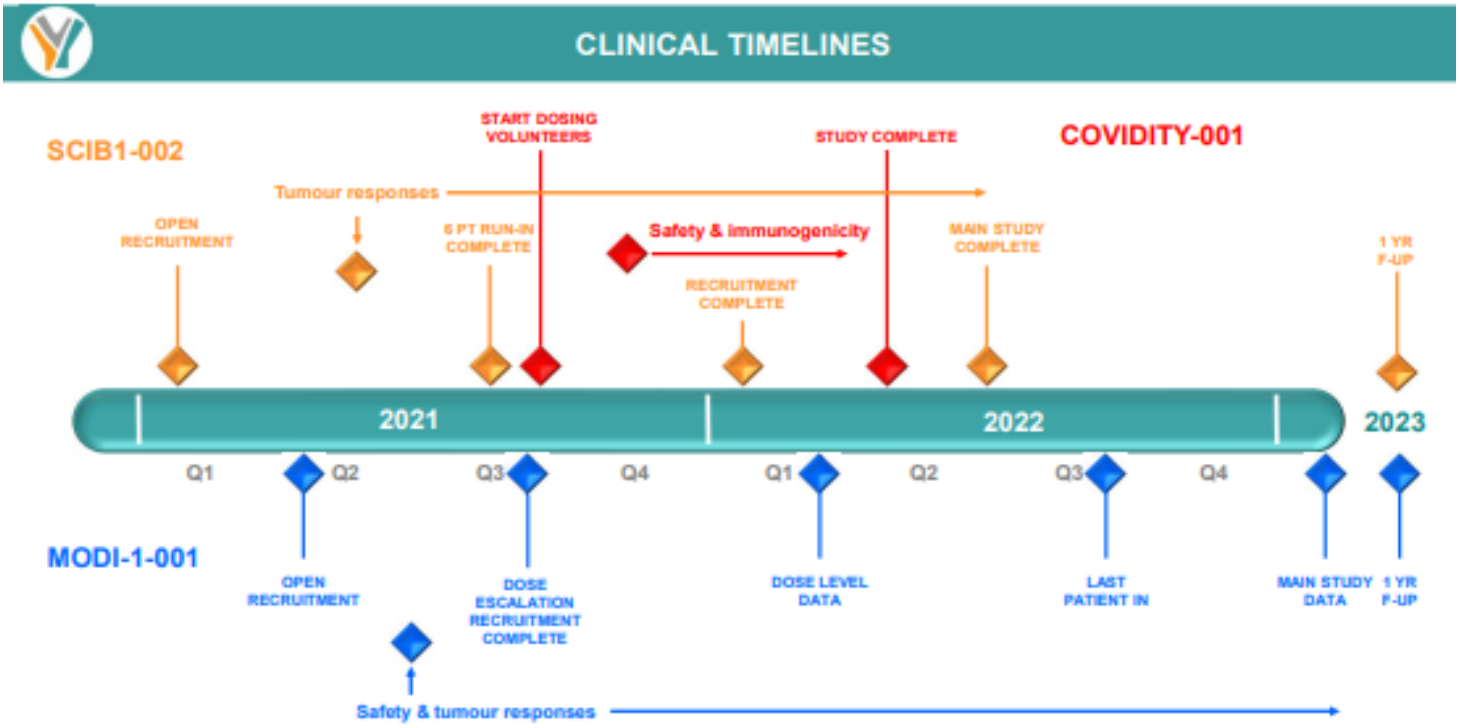
Based on these timelines, assuming dose escalation recruitment complete within six months, interim data might be available during H2 2021 (probably including safety information and potentially also early efficacy indicators); a more extensive interim trial result read out might then be seen during 2022.

Modi-2 is currently in preclinical development and work is underway to characterise specific homocitrullinated peptides for clinical development that have the potential to address different cancer indications to Modi-1, including tumours with a particularly immunosuppressive environment. The data generated to date clearly demonstrates the potential of homocitrullinated, as well as citrullinated, tumour-associated peptide epitopes to be developed for the treatment of solid cancers.

Modi-2's patent was published as a Patent Cooperation Treaty ('PCT') application in March 2020. Patents for modified enolase peptides, which will add to Company's protection of Moditope® vaccines for the treatment of cancer, have been accepted for grant in Australia and awarded in Europe and USA.

Scancell management now considers it has the resources necessary to progress Modi-2 to clinic, potentially for indications including lung, breast, colorectal, prostate and pancreatic cancer due to the broad expression of such antigens. A further development, Modi-3, potentially in combination with Modi-1, is considered to offer opportunity as a vaccine to treat post-surgical tumour recurrence.

Scancell Clinical Timelines



Source: Scancell, AGM Presentation November 2020

AvidiMab™

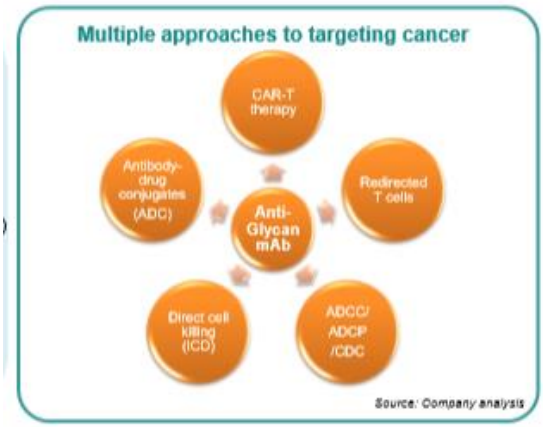
AvidiMab™ is a patent protected technology platform which increases the avidity of human antibodies by promoting non-covalent Fc-Fc interactions. Tumour-associated glycans ('TaGs') are attractive targets as they are often exquisitely target-specific. The challenge has been to produce high affinity antibodies that are capable of recognising these interlocking sugar molecules.

Three different non-exclusive evaluation agreements have been entered into, highlighting an exceptional level of interest in the platform. Most recently, for example on 20 January 2020, Scancell announced its latest collaborative agreement with a US-based, clinical stage antibody company to assess mAbs targeting TaGs, including those that have been enhanced with Scancell's AvidiMab™ technology.

Given the broad potential it possesses to increase the avidity or potency of any therapeutic mAbs, including those being developed for autoimmune diseases as well as cancer, this offers Scancell potential future licensing opportunities. The global therapeutic mAb market that was estimated to be valued at US$150Bn in 2019.

The approach adopted by Scancell in cooperation with the University of Nottingham for its own clinical programme, includes targeting multiple tumour types (including colorectal, gastric, pancreatic, ovarian, breast and lung), identified through five mAbs glycolipid and glycoprotein cancers. Enhanced through AvidiMab™ technology and being ultraspecific to unique TaGs, the direct tumour cell killing properties of Scancell's mAbs can be achieved and induce potent ADCC/ADCP and CDC.

Anti-Glycan mAB – Multiple Approaches to Targeting Cancer



Source: Scancell, Investor Presentation 27 August 2020

A summary of current studies include FG129-ADC/AvidiMab™, an antibody-drug conjugate ('ADC') that internalises to liposomes in order to release the therapeutic through diffusion into the target cancer cell. The ADC has been seen to clear human tumours growing on xenographs in a nude mice *in vivo* study. A FG129 patent has been accepted for grant in USA and was awarded earlier this year in Europe and published in Brazil. Scancell is also in discussions with other developers to establish if AvidiMab™ supports the effectiveness of other ADCs. Elsewhere, FG27 is a pure stand-alone AvidiMab™ antibody that is seen to 'punch' holes in cancer cells and is being initially progressed for treatment of gastric cancer. FL134 CART binds to SCLC, a particularly aggressive condition with a poor prognosis; progression of this lab-based research into clinic is expected, however, to await identification of a suitable external collaborative partner. A fourth monoclonal antibody, FG2811, targets T-cells rather than tumour cells, in order to stimulate improved T-cell responses in cancer patients, or to target patients with auto-immune disease to inhibit T-cell over-expression. A AvidiMab™ platform is also being developed in order to improve potency of any mAb and the direct killing ability of anti-glycan mAb; investigations are presently underway to understand how broadly it might be utilised.

Publications highlight potential for Modi-1 and AvidiMab™

Recent peer-reviewed publications highlight both the potential of AvidiMab™ to enhance the potency of any therapeutic antibody (12 June 2020), and opportunity of Modi-1 for hard to treat cancers (24 June 2020). The former concerned the ability of AvidiMab™ technology to increase the avidity of human antibodies by promoting non-covalent Fc-Fc interactions. This modification also causes direct killing of cancer cells by the glycan targeting antibodies, and therefore it is considered that this technology has the ability to create superior candidates with increased molecular 'stickiness' and thereby imply reduced side-effects due to lower dosing for cancer immunotherapy. The peer reviewed paper has resulted in a number of enquiries from international bodies and larger developers considering licencing opportunities for application with their own antibodies.

Significant forward newsflow and milestones announcements anticipated

The successful closing of recent funding rounds has positioned Scancell to deliver important news and catalysts across each of its programmes before the end of 2021. During this time, the Company is seen further bolstering its IP portfolio through patents across each of its platforms. It will also expand its resources and capabilities in development and clinical operations, such as the recent appointments of a Chief Medical Officer and Medical Director, to expedite programmes to the clinic and broaden their potential utility as part of its pursuit of an optimal development and commercialisation strategy for shareholders.

It is now realistic to expect Scancell's R&D expenses to ramp up quite sharply from those that might have been anticipated a few months back. The prudence exercised by the Board in earlier years, however, both in terms of administrative expenses and professional costings (CROs etc.), suggests that cash resources will remain carefully managed as it seeks to broadened and accelerated its exciting pipeline.

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