# ACTIVATING THE PATIENT'S IMMUNE SYSTEM TO FIGHT CANCER

**Investor presentation** 

October 2020

targovax

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## TARGOVAX AT A GLANCE

#### **Immune** activation

Addressing high medical need for immune activators like oncolytic viruses to enhance cancer immunotherapies

#### Leader in the field

- > ONCOS-102 is one of the **most promising** oncolytic viruses with >200 patients treated
- > Encouraging clinical and immune data in monotherapy and chemo and checkpoint combos

#### Value creating opportunities

- Mesothelioma as lead indication in collaboration with Merck
- > Potential to enter registrational program in melanoma and colorectal
- > Innovative uses of ONCOS backbone as **vector** for delivering transgenes and novel payloads
- > Program to fight **mutRAS** cancers through novel oncolytic and vaccination concepts

#### Rich near term news flow

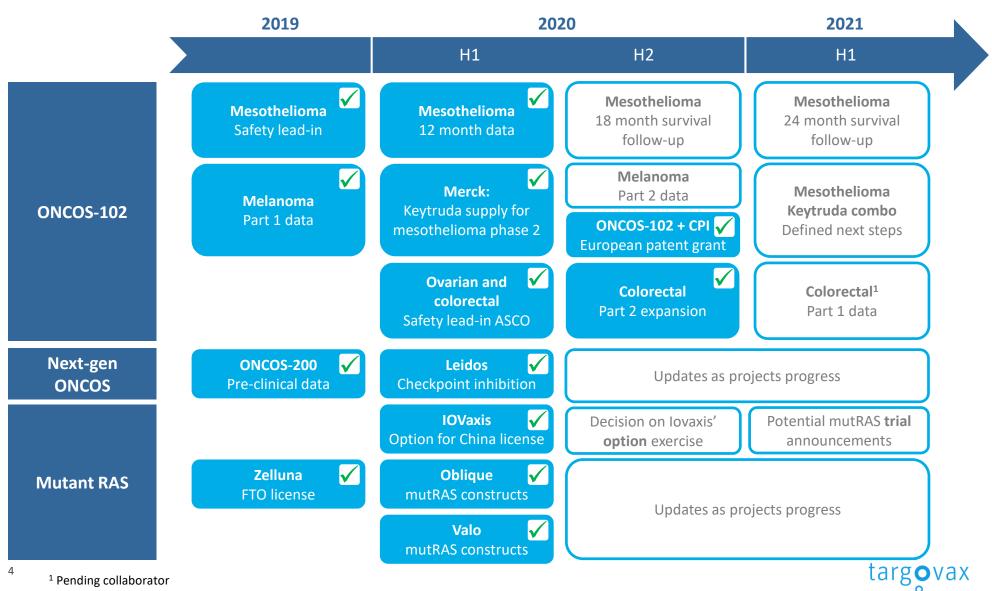
- Three ongoing combination trials with readouts next 6-12 months
- Pipeline initiatives with possible news the coming 6-12 months

#### **Robust Team**

targ**o**vax

- > Seasoned management team with a track record of success
- Listed on the Oslo Stock exchange with a market cap of approx. USD 55 million

# TRACK RECORD OF STRONG EXECUTION WITH MULTIPLE UPCOMING VALUE INFLECTION POINTS



## **GROWING NEED FOR IMMUNE ACTIVATORS**

Checkpoint inhibitors are revolutionizing cancer therapy...

...but minority of patients respond...

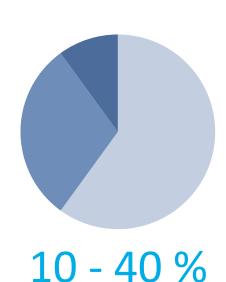
...leading to a high medical need for immune activators



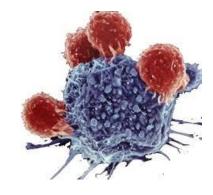
44 %

Patients eligible for CPI<sup>2</sup>:

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Responders

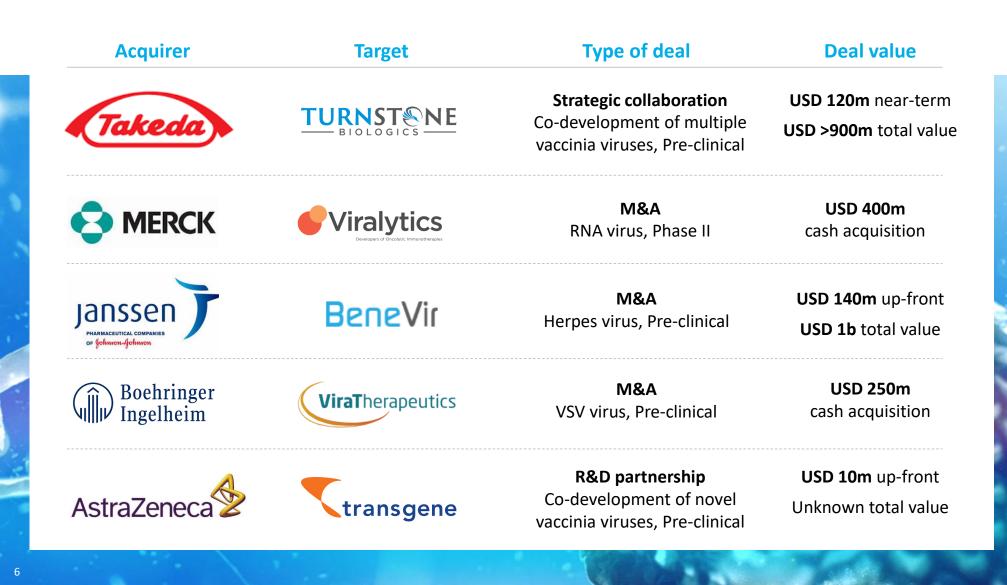




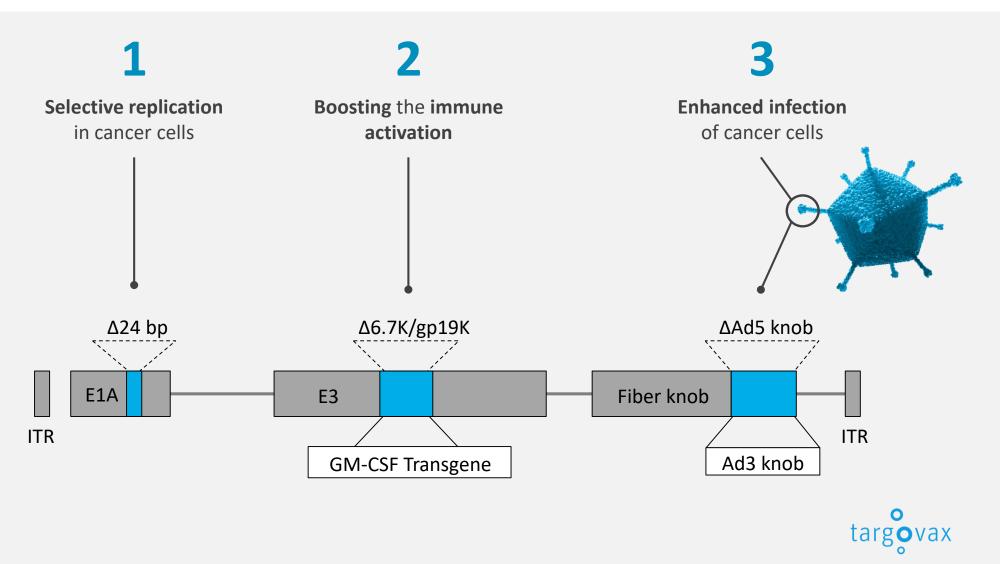
<sup>1</sup>Immune Checkpoint Inhibitors Markets Report, 2020 January, ResearchAndMarkets.com

<sup>2</sup> Estimation of the Percentage of US Patients With Cancer Who Are Eligible for and Respond to Checkpoint Inhibitor Immunotherapy Drugs, JAMA Netw Open. 2019 May; 2(5), Haslam A., Prasad V.

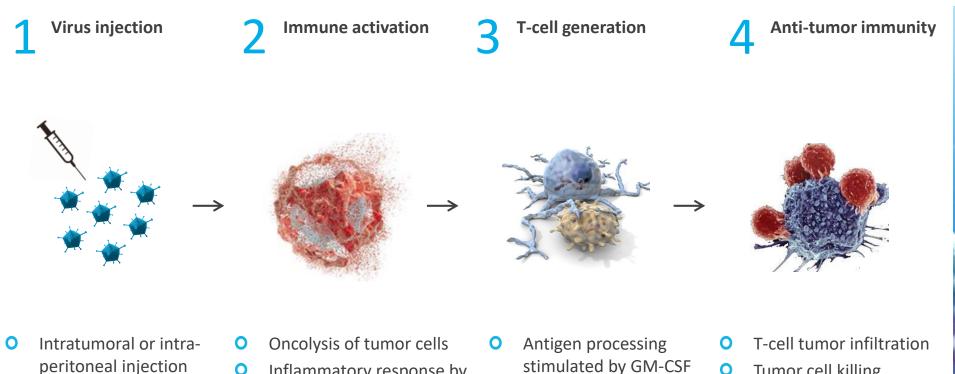
# SEVERAL SIGNIFICANT ONCOLYTIC VIRUS TRANSACTIONS



## ONCOS-102 IS AN ONCOLYTIC ADENOVIRUS SEROTYPE 5 ARMED WITH AN IMMUNE ACTIVATING TRANSGENE



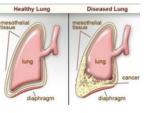
# **ONCOS-102 DRIVES A STRONG IMMUNE RESPONSE TRIGGERING ANTI-TUMOR IMMUNITY**



- Tumor cell infection 0
- Inflammatory response by TLR-9 and other pathways
- 0 Tumor antigen release
- stimulated by GM-CSF
- T-cell activation in 0 lymph nodes
- 0 Tumor cell killing
- Synergy with 0 checkpoint inhibitors

## ONCOS-102 DEVELOPMENT STRATEGY IS CENTERED AROUND CHECKPOINT INHIBITOR COMBINATIONS

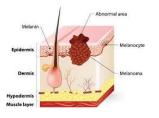
#### Establish path-to-market



#### Mesothelioma

- ~15.000 patients
- $\circ~$  Niche indication, potential for first line

## 2 Activate refractory tumors



#### Anti-PD1 refractory melanoma

- $\,\circ\,$  Few alternatives for ~50.000 patients
- Competitive indication, serving as benchmarking arena for immune activators

## 3 Expand CPI indications



#### Colorectal

- $\circ$  Metastases to the peritoneum
- $\,\circ\,$  Up to 100.000 patients not responding to CPIs

## **4** Expand platform



#### Next generation oncolytic viruses

- $\circ$  Double transgenes
- $\circ~$  Novel targets and modes of action



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## DEVELOPMENT PROGRAM FOCUSED ON STRATEGIC THERAPEUTIC COMBINATIONS AND PARTNERSHIPS

Product candidate	Preclinical	Phase I	Phase II	Collaborator	Next expected event
	Mesothelioma Combination w/ pemetrexed	/cisplatin			<b>2H 2020</b> Survival data
	<b>Melanoma</b> Combination w/Keytruda				<b>2H 2020</b> Part 2 clinical data
ONCOS-102	<b>Colorectal</b> Combination w/Imfinzi			AstraZeneca	Update by collaborator
	Prostate Combination w/DCvac			Sotio	Update by collaborator
ONCOS-200 series	Next Gen viruses			leidos	Updates at conferences
Novel mutRAS concepts				VALO THERAPEUTICS	

Product candidate	Preclinical	Phase I	Phase II	Collaborator	Next expected event
ONCOS-102	Mesothelioma Combination w/ pemetrexed	/cisplatin			



## HIGH NEED FOR NEW TREATMENT APPROACHES IN MALIGNANT PLEURAL MESOTHELIOMA



#### Surgery

Only 10% of patients suitable for resection Often diagnosed too late for surgery Technically challenging

#### Radiotherapy

Rarely effective due to tumor shape and location Hard to focus radiation Mainly palliative care





#### Chemotherapy

Standard of care (SoC) with limited efficacy

Only approved option is pemetrexed/cisplatin

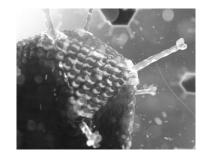
6 months mPFS and 12 months mOS in 1<sup>st</sup> line

#### Immunotherapy

Mixed signals from early CPI trials

CPIs included in NCCN guidelines as 2<sup>nd</sup> line option

FDA approval of ipi/nivo in first line October 2020



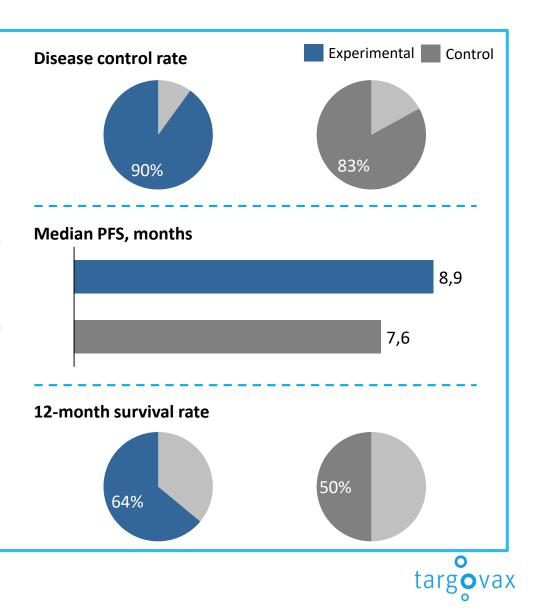


## ONCOS-102 MESOTHELIOMA PHASE I/II COMBINATION WITH SOC CHEMO ENCOURAGING CLINICAL OUTCOMES IN FIRST LINE

#### **Trial design**

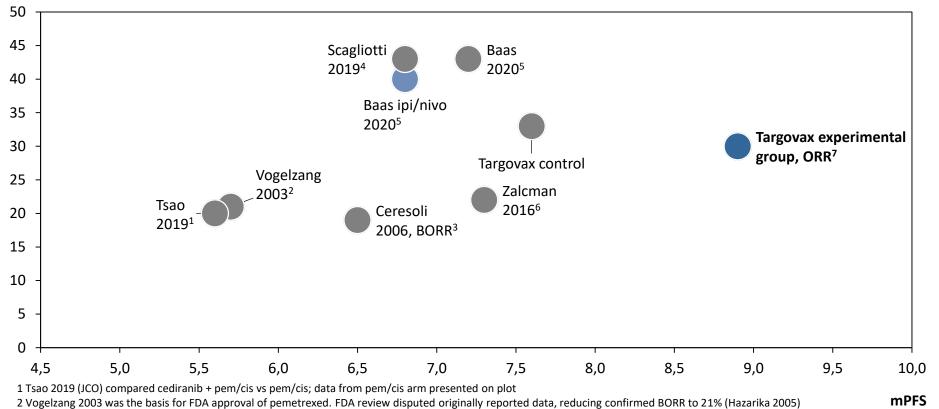
- First and second (or later) line
- ONCOS-102: 6 intra-tumoral injections
- Standard of Care (SoC) Chemo: Pemetrexed and cisplatin, 6 cycles

N=31	Experimental n = 20	Control n = 11
First line	11	6
Second (or later) line	9	5



# FIRST LINE ORR AND PFS DATA COMPARE FAVORABLY TO HISTORICAL CONTROL

**ORR / BORR** 



3 Pemetrexed plus carboplatin

4 Scagliotti 2019 (Lancet) compared nintedanib + pem/cis vs pem/cis; data from pem/cis arm presented on plot

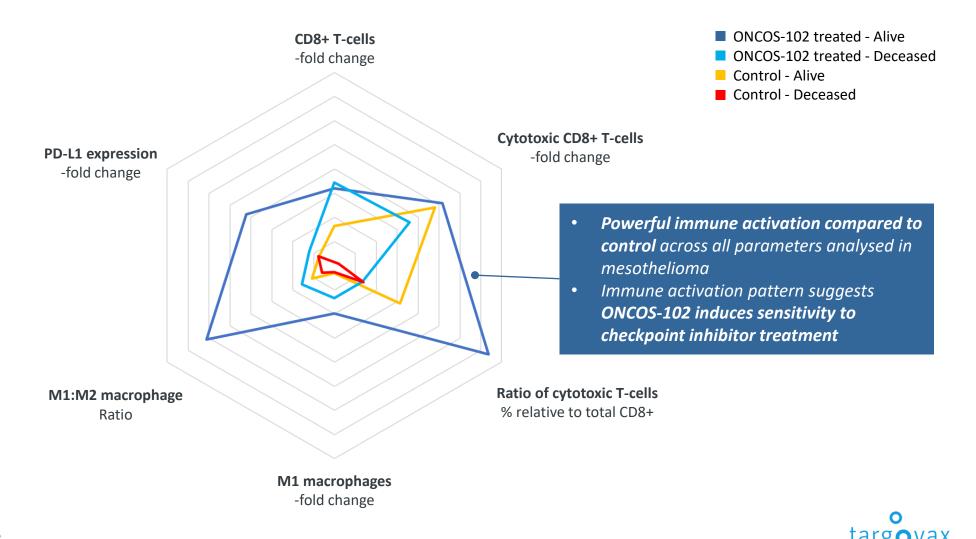
5 Baas 2020 CheckMate 743. Nivolumab + ipilimumab for two years vs pem/cis (or carboplatin). Ipi/nivo was approved in first line by FDA on October 2, 2020.

6 Zalcman 2016 (Lancet) compared bevacizumab + pem/cis vs pem/cis; data from pem/cis arm presented on plot. Not specified if ORR or BORR.

7 mPFS may change: Experimental group 11 patients (3 censored)

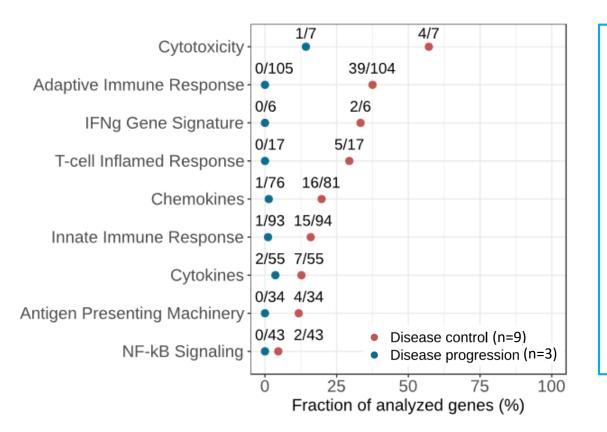
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# A BROAD AND POWERFUL IMMUNE ACTIVATION PATTERN CONFIRMS ONCOS-102 MODE OF ACTION



# THIS POWERFUL IMMUNE ACTIVATION IS ASSOCIATED WITH IMPROVED CLINICAL OUTCOME

#### **ONCOS-102 treated patients with disease control (SD/PR) vs progression (PD)** Fraction of modulated genes<sup>1</sup>, Day 36 vs Baseline (%)



- Broad immune activation observed in patients with disease control
- Low immune activation in patients with progression
- Local, cytotoxic Th1 type immune response, associated with clinical benefit
- No immune activation in control group (chemo only)



<sup>1</sup> Gene expression determined by Illumina total RNA seq of tumor biopsies, patients with available pre-/post- samples

# CLINICAL AND IMMUNE DATA SUPPORT TRIPLE COMBINATION WITH CHECKPOINT INHIBITOR



#### **Excellent safety profile confirmed**

• ONCOS-102 and SoC chemotherapy **combination is well-tolerated** 



#### **Clear clinical activity**

- Favorable mPFS of 8.9 months in first line ONCOS-102 treated patients
- ONCOS-102 mode-of-action confirmed in mesothelioma
- O Powerful immune activation associated with clinical benefit
- Remodeling of the tumor microenvironment indicates that ONCOS-102 may induce sensitivity to checkpoint inhibition



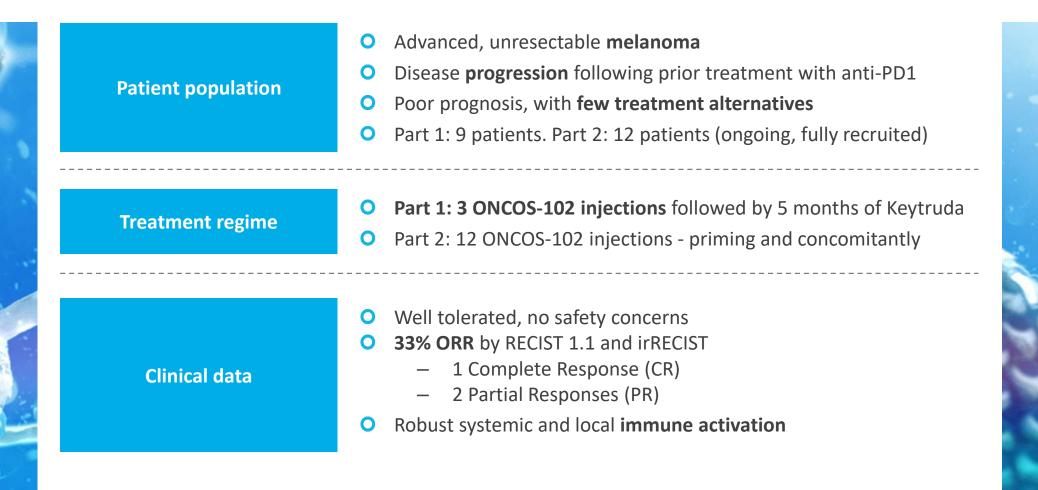
#### Next steps

- First line identified as target population for further development
- Strong rationale for combination with anti-PD1 checkpoint inhibitor and SoC chemotherapy
- Secured collaboration with Merck, discussing trial design

Product candidate	Preclinical	Phase I	Phase II	Collaborator	Next expected event
ONCOS-102	<b>Melanoma</b> Combination w/Keytruda				

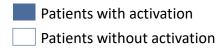


# ONCOS-102 ANTI-PD1 REFRACTORY MELANOMA PART 1 33% ORR AND ROBUST IMMUNE ACTIVATION



## PART 1

## **ROBUST LOCAL AND SYSTEMIC IMMUNE ACTIVATION**





#### Adaptive immune activation

#### **T-cell tumor infiltration**

- Increase in CD8+ T-cell infiltration
- Increase in cytotoxic CD8+ T-cells
- Signs of abscopal immune effect



#### Tumor specific activation

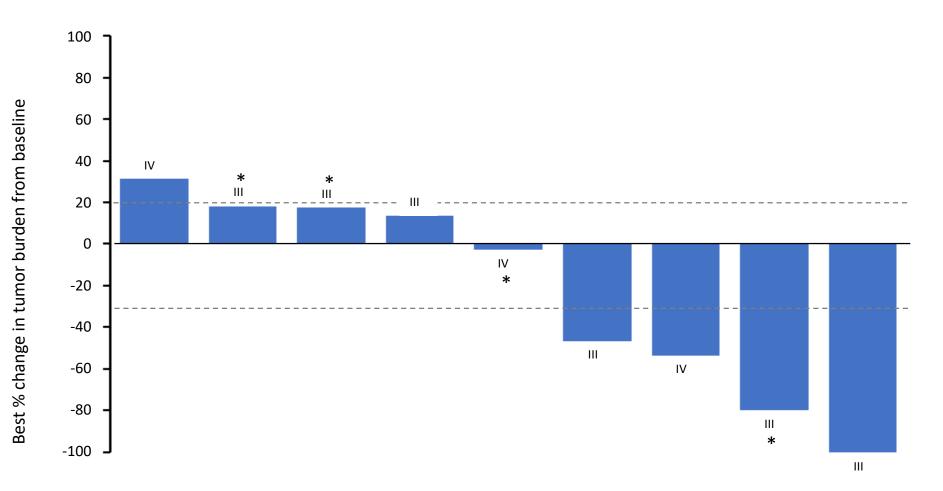
- Systemic increase in tumor specific T-cells NY-ESO-1 and/or MAGE-A1
- Increase in PD-L1 expression in tumor
- Melanoma specific cancer markers reduced



<sup>20</sup> <sup>1</sup> Defined as GRZB+/CD8+ T-cells Unpublished company data

## TUMOR REGRESSION OBSERVED IN PD1-REFRACTORY PATIENTS

**BEST PERCENT CHANGE IN TARGET LESIONS** 



\* Progressive Disease due to non target progression

Letters and numbers indicating disease stage Preliminary data

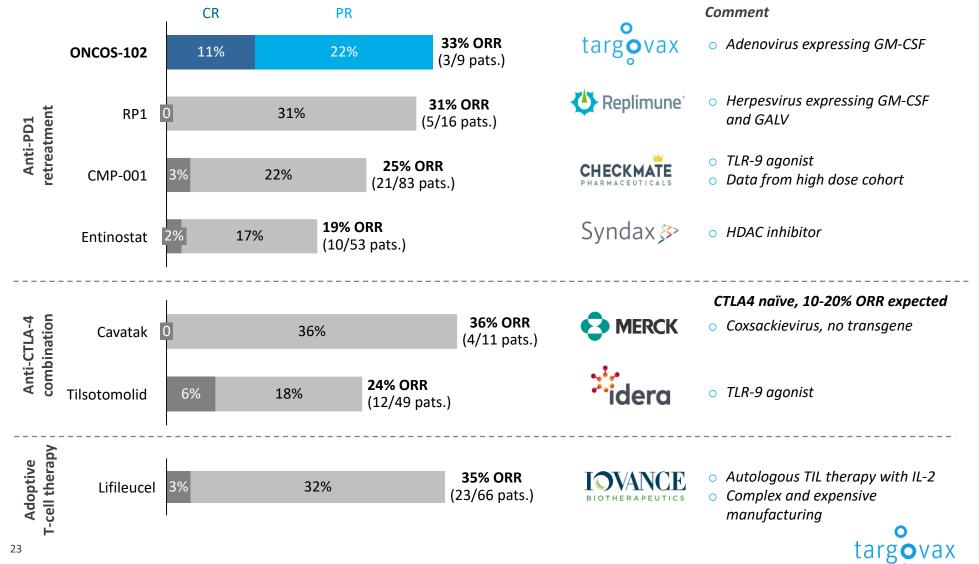
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#### PART 1

## CASE EXAMPLE: EARLY AND DURABLE COMPLETE RESPONSE



## ONCOS-102 HAS PRODUCED EFFICACY DATA COMPETITIVE TO LEADING DRUG CANDIDATES IN PD1 REFRACTORY MELANOMA



SOURCE: Targovax market analysis, May 2020

Product candidate	Preclinical	Phase I	Phase II	Collaborator	Next expected event
	Mesothelioma Combination w/ pemetrexed	/cisplatin			
ONCOS-102	<b>Colorectal</b> Combination w/Imfinzi				

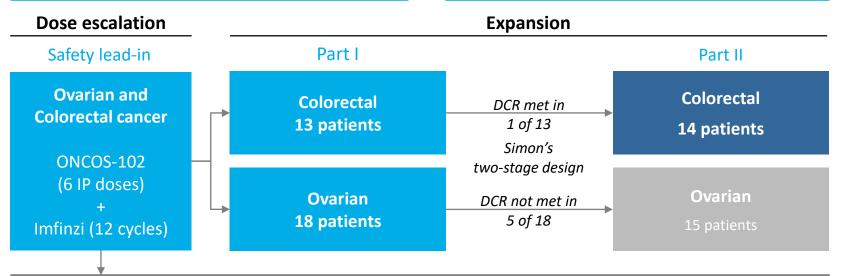


## STRONG COLLABORATION IN COLORECTAL CANCER WITH PHASE I/II TRIAL COMBINING ONCOS-102 AND IMFINZI



#### **Patient population**

- Primary ovarian or colorectal cancer with peritoneal metastases
- Refractory to standard-of-care platinum chemotherapy
- Intraperitoneal admin of ONCOS-102



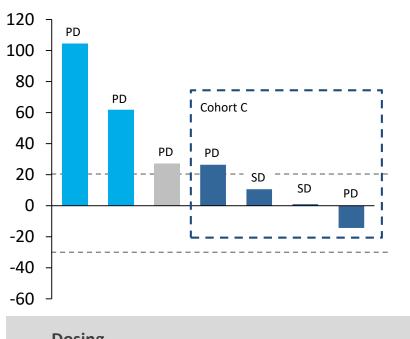
ASCO 2020: Dose Escalation part presented showing clinical activity as well as immune activation, and acceptable safety profile with no DLTs observed

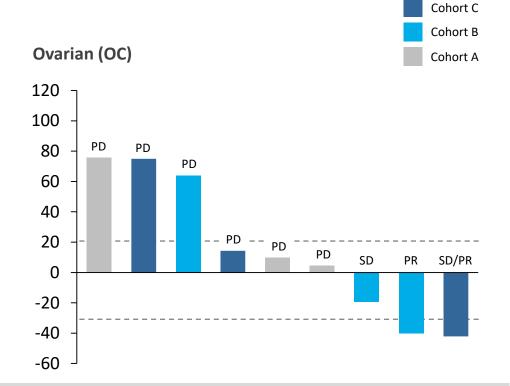
## **TUMOR CHANGE AND RESPONSES IN SAFETY LEAD-IN**

CPI MONOTHERAPY HAS SHOWN RESPONSES <5%<sup>1</sup>

#### Tumor change<sup>2</sup> and best overall response

Colorectal<sup>3</sup> (CRC)





#### Dosing

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Cohort A – Low dose ONCOS-102 then Imfinzi	CRC: 0/2	(
Cohort B – Low dose ONCOS-102 + Imfinzi	CRC: 0/2	0
Cohort C – Standard dose ONCOS-102 + Imfinzi	CRC: 2/5	C

#### **Disease control rate (best response)**

CRC: 0/2	OC: 0/2
CRC: 0/2	OC: 2/3
CRC: 2/5	OC: 1/3

<sup>1</sup> Gonzales-Martin, Cancer 2019; W Hammond, Ther Adv Med Oncol 2016; Le et al, Keynote-016

<sup>2</sup> Tumor change is based on the patient's best overall response or first indication of progression (if PD was the best response) by RECIST 1.1. % change = [(Sum

of diameters at best response or first indication of PD - Sum of diameters at baseline) ÷ sum of diameters at baseline] X 100

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<sup>3</sup> One patient with CRC in Cohort C is not in waterfall plot, as RECIST data are not available; clinical PD was documented.

Product candidate	Preclinical	Phase I	Phase II	Collaborator	Next expected event
	<b>Prostate</b> Combination w/DCvac				
ONCOS-200 series	Next Gen viruses				
Novel mutRAS concepts					



## **NEXT GENERATION ONCOS VIRUSES HAVE DOUBLE TRANSGENES AND DISTINCT MODES OF ACTION**

	Mode of action	Target tumors
<b>ONCOS-210 &amp; -212</b> Inhibition of tumor growth and vascularization	<ul> <li>Interfere with tumor's ability to break down surrounding tissue</li> <li>Induce cell cycle arrest</li> <li>Inhibit angiogenesis</li> </ul>	<ul> <li>Highly invasive or metabolic tumors</li> </ul>
<b>ONCOS-211</b> <i>Counteract immune-</i> <i>suppressive tumor</i> <i>microenvironment</i>	<ul> <li>Remove inhibitory molecules from tumor microenvironment</li> <li>Activate T-cells</li> </ul>	<ul> <li>"Cold" uninflamed tumors</li> </ul>
<b>ONCOS-214</b> Enhanced cell killing properties	<ul> <li>Induce immunogenic cell death</li> <li>Extend cell killing ability to neighboring non-infected cells</li> </ul>	<ul> <li>High-stroma tumors</li> </ul>



# ESTABLISHING PIPELINE OF FIRST-IN-CLASS MUTANT RAS CONCEPTS THROUGH STRATEGIC PARTNERSHIPS

#### Targovax mutRAS immunotherapy strategy

Enhanced mutRAS vaccination Clinical stage

- Enhanced versions of TG01/TG02 vaccines
- Novel therapeutic combination strategies
- Clinical collaborations

#### Next generation mutant RAS pipeline



Boost TG01/02 immunogenicity -Next gen. adjuvants

IOVAXIS THERAPEUTICS

**Option to license TG01/02** vaccines for Greater China and Singapore

Next generation mutRAS concepts Pre-clinical discovery

- Innovative, first-inclass mutRAS IO concepts
- Leverage ONCOS platform
- Strategic R&D partnerships



Oncolytic virus w/ mutRAS vaccine coating - Coat ONCOS-102 with mutant RAS neoantigen PeptiCRAd peptides



Oncolytic virus w/ mutRAS antibody payload - Express AbiProt mutant RAS targeting antibodies from ONCOS backbone



# SUFFICIENTLY FUNDED TO ADVANCE CLINICAL PROGRAM BEYOND VALUE INFLECTION POINTS

## The company

Cash end of 2Q 101 / 11 NOK million USD million Net cash flow - total 2Q -34 / 4 NOK million USD million Market cap 700 / 76 NOK million USD million

Analyst coverage

DNB, H.C. Wainwright, ABG Sundal Collier, Edison

### The shareholders

	Estimated ownership <sup>1</sup>	
Shareholder	Shares million	Ownership
HealthCap	12.4	16.3 %
RadForsk	4.4	5.8 %
Nordea	4.3	5.7 %
Fjarde AP-Fonden	3.0	3.9 %
Thorendahl Invest	1.5	2.0 %
Danske Bank (nom.)	1.2	1.6 %
Bækkelaget Holding	1.2	1.5 %
Morgan Stanley	1.1	1.5 %
Sundt AS	1.0	1.3 %
MP Pensjon	0.9	1.1 %
10 largest shareholders	31.0	40.7 %
Other shareholders (5 415)	45.1	59.3 %
Total shareholders	76.1	100.0 %



## ACTIVATING THE PATIENT'S IMMUNE SYSTEM TO FIGHT CANCER

## BEST-IN-CLASS IMMUNE ACTIVATION

ONCOS-102 has clinically demonstrated a broad and powerful immune activation, both as monotherapy and in combinations

## ENCOURAGING CLINICAL EFFICACY

This powerful immune activation translates into clinical benefit for patients, in combination with both checkpoint inhibitors and chemotherapy

## **NEWS FLOW**

Rich news flow 2020-21 from ongoing clinical program

Collaboration with Merck in mesothelioma

Pipeline of first-in-class mutant RAS IO concepts and next generation oncolytic viruses