

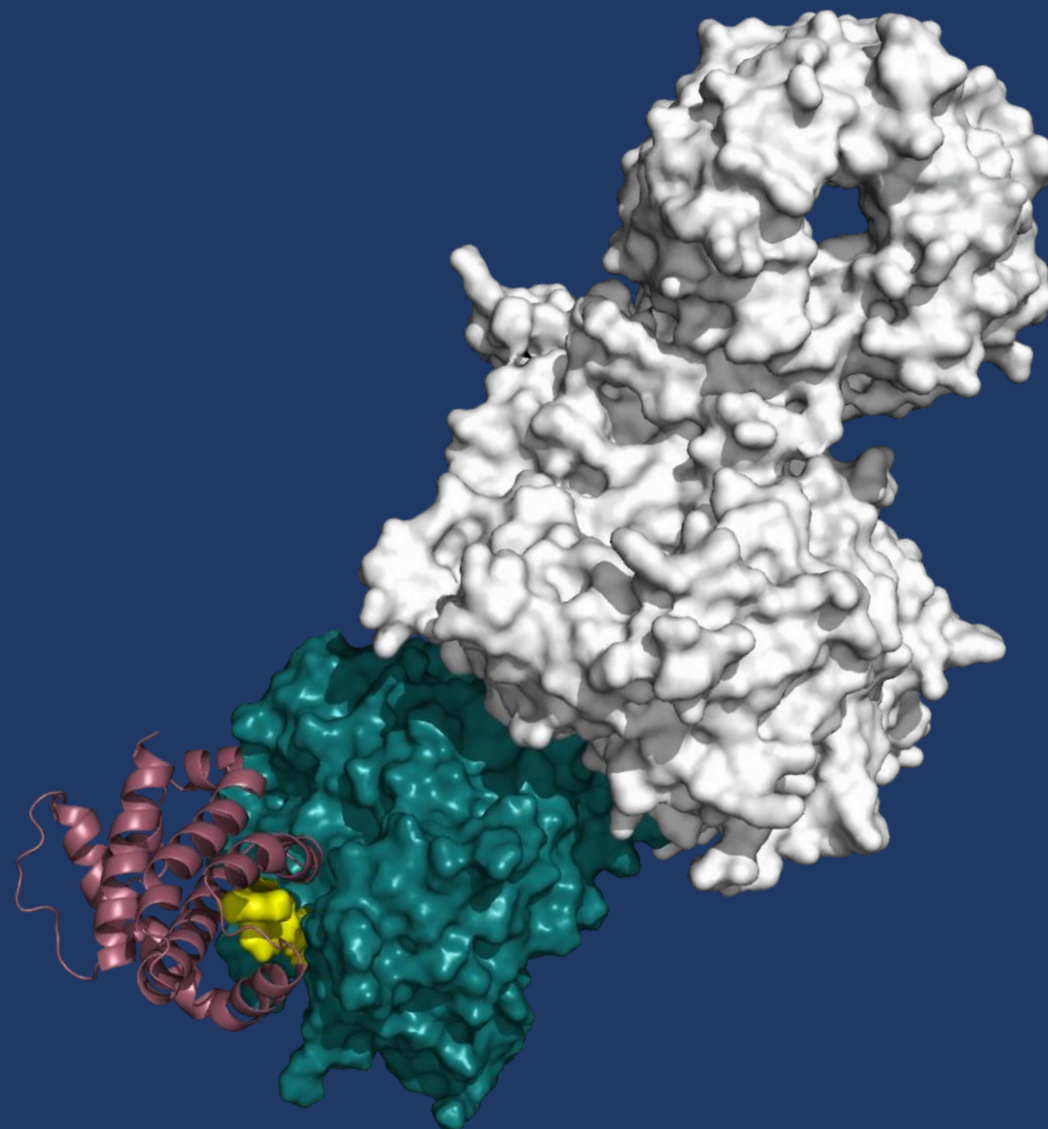


Captor  
Therapeutics®

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*pioneering targeted protein  
degraders for human health*

October 2024



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# Captor targets difficult-to-drug proteins for human health

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## **Captor Therapeutics (WSE: CTX)**, Polish & Swiss company listed on Warsaw Exchange

- Focused on **Targeted Protein Degradation (TPD)** drug discovery and development
- Five fully-owned drug candidates in oncology and immunology
- Discovery of first- / best-in-class molecules characterized by prolific structure- and biophysics-enabled technologies

## **Multiple early clinical value inflection points over next 24 months**

- Small molecule TPD candidates targeting **GSPTI, NEK7 & MCL-1 advancing into clinic in 2025/2026**
- **Positive preclinical proof of concept data and differentiated safety** across oncology, inflammation & neuroinflammation

*“Structure based drug design  
Provides a specific, efficient and rapid  
process for lead compound discovery and  
optimization. Researchers have discovered  
highly potent and selective  
molecular glues with SBDD...” \*\**

## **Capital sparing business model**

- **~\$30 million** in cash + unused grants as of 30 June 24
- Cash for operations **through 3Q25**
- >\$52m in EU / Polish non-dilutive funding secured by Captor to date
- Raised \$48m\* in 2021 IPO & subsequent SPO (PIPE)

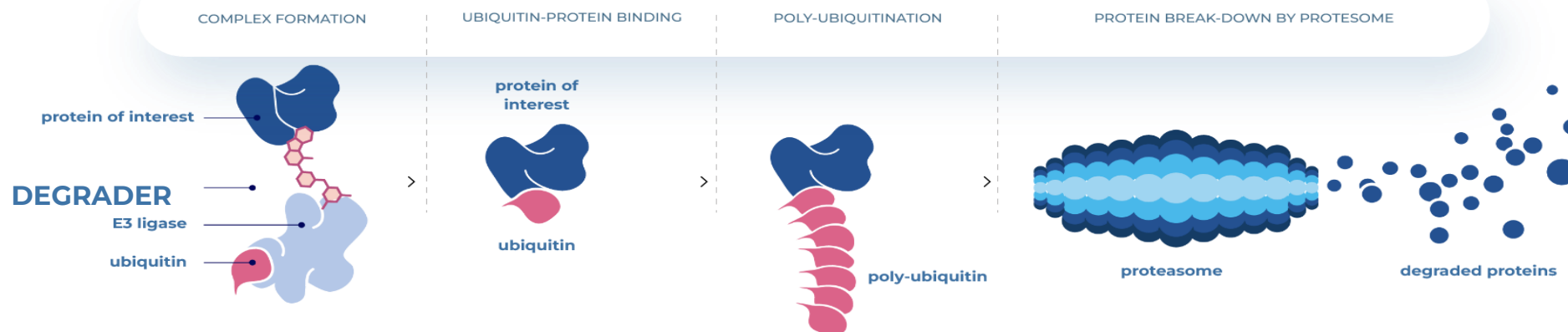
## **Management-controlled capital structure**

\*US\$1: PLN3.96

\*\***Biochemistry** 2023, 62, 601–623



# Targeted Protein Degradation set to unlock up to \$974\* bn by 2030



	Degraders	Inhibitors	mAbs	siRNA
Removing multiple pathological functions	✓✓✓	✗	✗	✓✓✓
Oral availability	✓✓✓	✓✓✓	✗	✗
Uncoupling PK from PD = prolonged efficacy	✓✓✓	✗	✗	✓✓✓
Overcoming mutational resistance	✓✓✓	✓	✓✓	✓✓✓
Targeting scaffolding function	✓✓✓	✗	✗	✓✓✓
Brain-penetration	✓✓	✓✓✓	✗	✗
Accessing undrugged proteins	✓✓✓	✓	✗	✓✓✓

# Wholly-owned pipeline

Programme	Primary Target	Indications	Modality	Discovery	Preclinical*	IND Filing	Phase IA / IB	Phase II
<b>CT-01</b>	<b>GSPTI</b>	Hepatocellular carcinoma, Lung cancer, NET tumours	<b>MG</b>					
<b>CT-02B†</b>	<b>NEK7</b>	Neuroinflammation (Parkinson's Disease, ALS, MS)	<b>MG</b>					
<b>CT-02S‡</b>	<b>NEK7</b>	Systemic autoimmunity (IBD, Gout, Dermatological diseases)	<b>MG</b>					
<b>CT-03</b>	<b>MCL-1</b>	Liquid & solid tumours	<b>BIFD</b>					
<b>CT-05</b>	<b>PKCε</b>	Autoimmunity, Oncology, Transplantation, Metabolism	<b>BIFD</b>					
<b>New target projects</b>		Autoimmunity, Cancer	<b>MG</b> <b>BIFD</b>					
<b>New E3 ligase degraders</b>		Autoimmunity, Cancer	<b>MG</b> <b>BIFD</b>					

†CT-02B - Brain-penetrant

‡CT-02S - Systemic

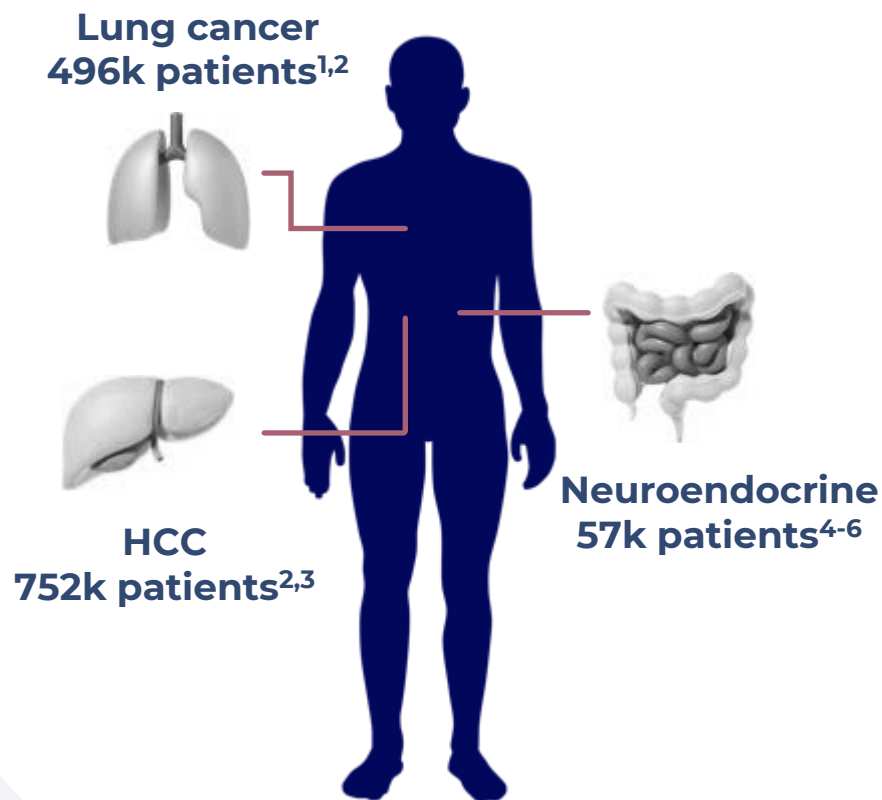
\*Preclinical stage include IND-enabling studies, **BIFD**: Bi-functional Degradere; **MG**: Molecular Glue

Projected stage at the end of 2025

# **CT-01: First-in-Class GSPT1 Targeted Degradator for Hepatocellular Carcinoma (HCC)**

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# CT-01: first-in-class molecular glue degrader of GSPT1 & NEK7



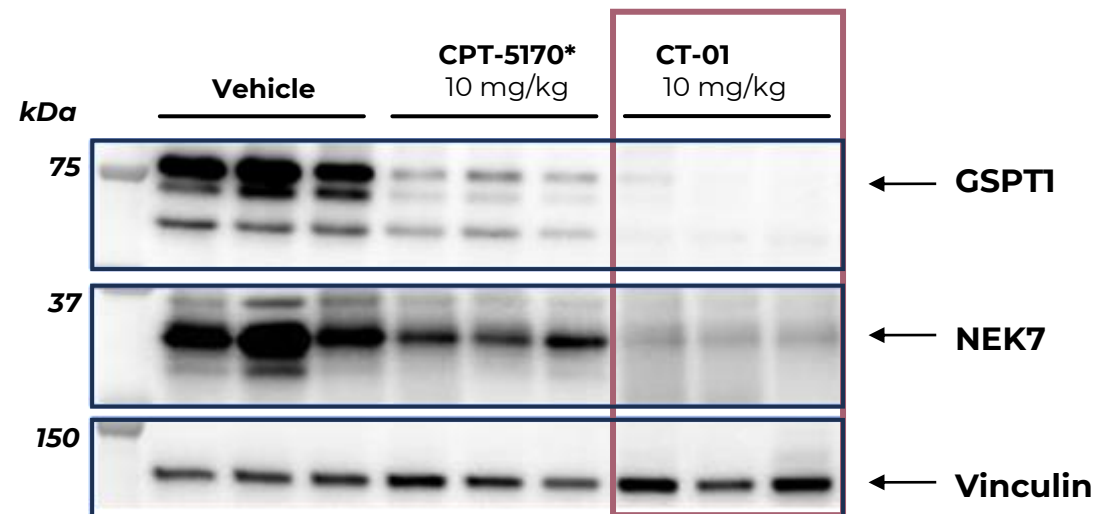
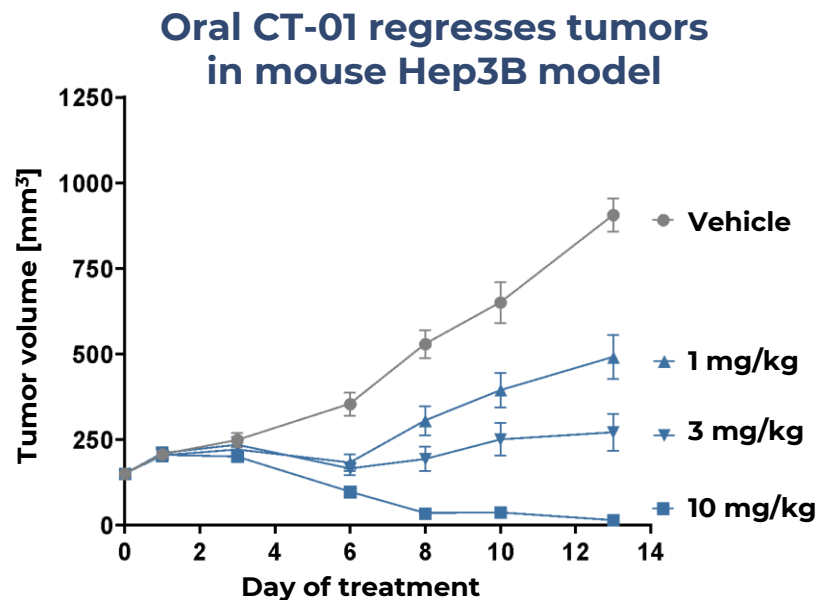
**“Molecular glue”** type targeted protein degraders tighten and simplify the connection of an E3 ligase with a disease-causing protein for ubiquitination and subsequent degradation

**GSPT1** protein functions as a tumor promoter in human liver cancer cells. GSPT1 degradation leads to an Integrated Stress Response (ISR) and induction of apoptosis in hepatocellular carcinoma (HCC) cells.

**NEK7** degradation leads to reduction of IL-1 $\beta$  production – a well-established pro-carcinogenic factor. Reduction of IL-1 $\beta$  levels in the tumor microenvironment enables activation of the immune response. In addition, NEK7 is required for assembly and activation of NLRP3 inflammasome.

**CT-01 is a tissue selective pro-drug;** the small molecule orally available molecular glue degrader targeting GSPT1 and NEK7 is activated by an enzyme present at high levels in liver, lung and certain gastrointestinal tumors

# Highly potent oral CT-01 administration regresses tumors in mice



Regression of large tumors (~150 mm<sup>2</sup>) at doses as low as 10 mg/kg BID administered orally from 6 days

\*CPT-5170: an early lead compound in CT-01 series

**Oral CT-01 strongly inhibits liver cancer growth in Hep3B model at all tested doses suggesting potent degradation of the target**



# CT-01 inhibits human hepatocellular carcinoma (HCC) tumor growth in patient derived xenograft (PDX) mouse models

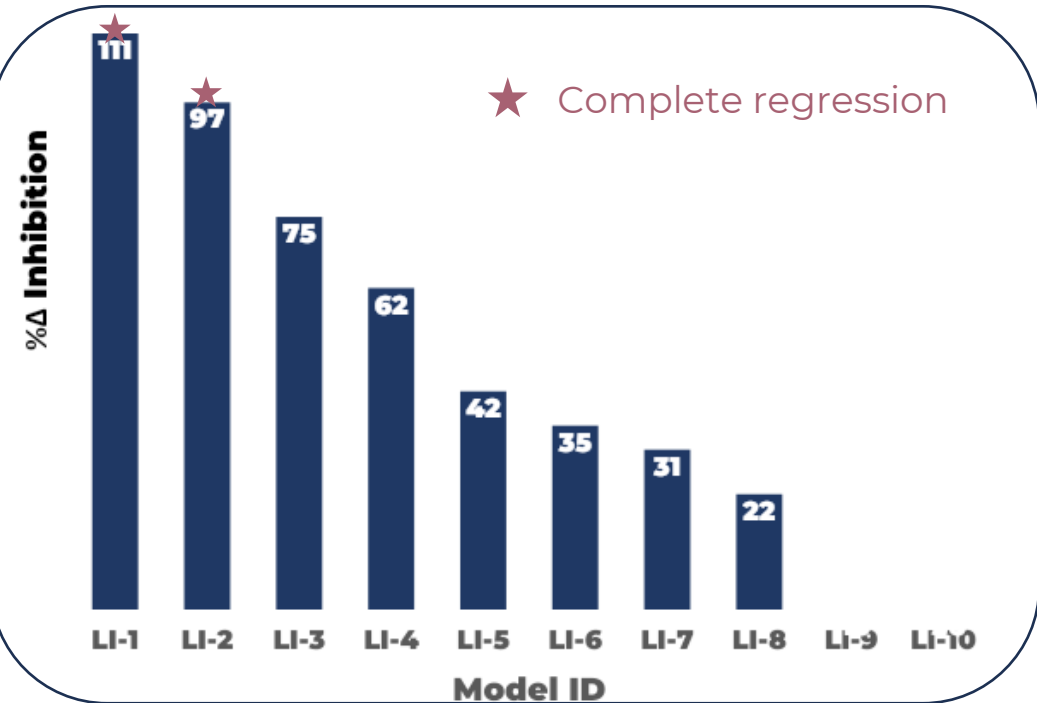


PDX  
Models/



- 10 random HCC tumor samples
  - from different patients
  - with no drug target selection
- n=30
- **CT-01**, 100mg/kg, BID

## Tumor Growth Inhibition



Each data point includes one tumor type in 3 PDX mice

**Efficacy demonstrated in 8/10 PDX tumors;  
tumor regression >50% in 4 HCC tumors - 2 tumors with complete regression**

# Clear synergy of CT-01 in combination with everolimus in HCC PDX model

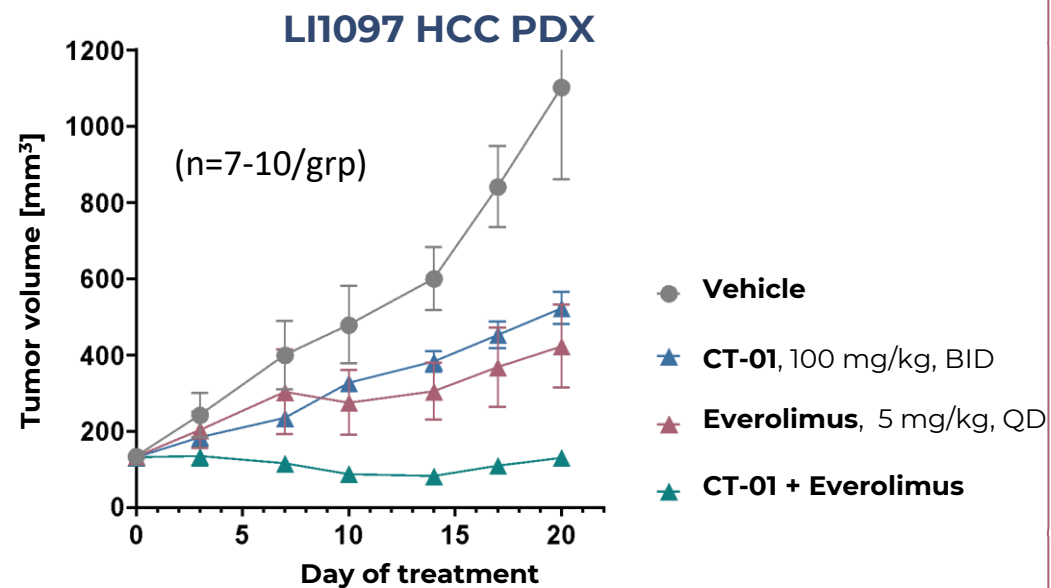
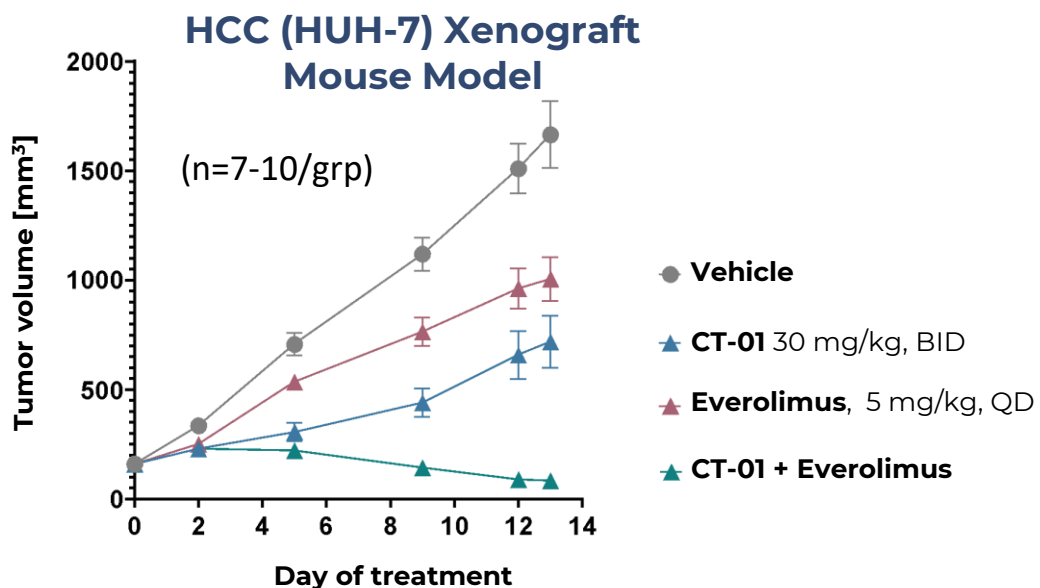


PDX  
Models/



## Everolimus

- approved anticancer drug (kidney, breast & brain cancers)
- well-known for synergy with thalidomide (1<sup>st</sup> gen TPD)
- shows clear synergy in combination with CT-01



CT-01 combination with everolimus sensitizes poorly or non-responding tumor models

# Best-in-class potential of highly differentiated CT-01

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- **Strong differentiation from other GSPTI degraders (BMS, Monte Rosa)**
  - Best-in-class degradation profile
  - Active degrader lingers inside cancer cells after activation (poor cell penetration after prodrug conversion)
  - Active degrader is rapidly cleared from systemic circulation
- **Degradation profile**
  - GSPTI, NEK7
  - Activated in diseased liver, lung, adipocytes and inflamed blood/brain barrier
- **Initial indications**
  - hepatocellular carcinoma (HCC)
  - lung cancer
  - brain tumors
  - rare cancers (hepatoblastoma, lipo- and angiosarcoma)
- **Development activities**
  - Clinical Trial Authorization Application submitted in Europe
  - Initiation of Phase 1 clinical trials in hepatocellular carcinoma Q1 2025

**CT-03:  
First-in-Class MCL-1 Degradator  
for Liquid & Solid Tumors**

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# Degradation is the better therapeutic strategy when targeting MCL-1

## MCL-1 is one of the most amplified proteins in cancer†

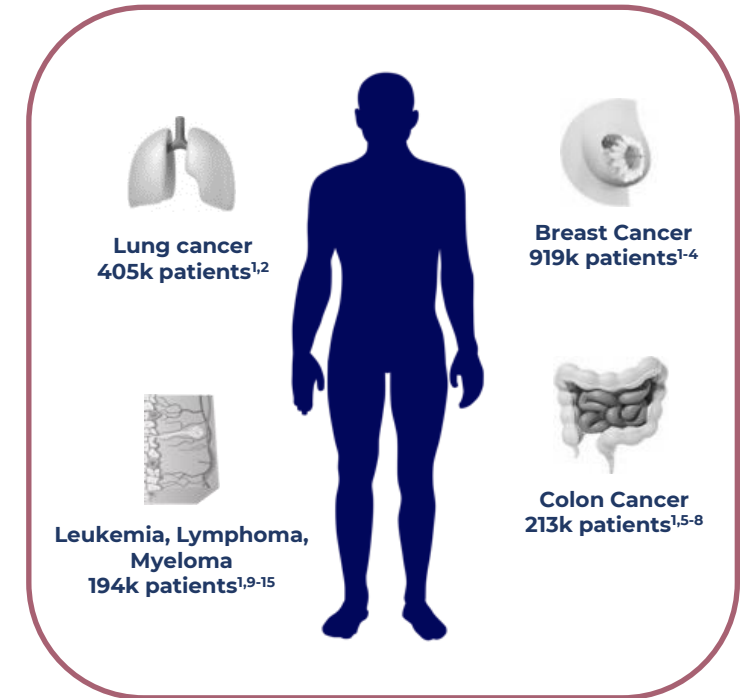
A critical resistance mechanism in hematological and solid tumors‡, cancer cells require very high levels to avoid induction of apoptosis

Degradation or inhibition of MCL-1 protein directly attenuates tumors *in vivo* as monotherapy & sensitizes tumors for other therapies

## Inhibitors ≠ degraders

Inhibitors bind to MCL-1 transiently blocking its activity; but when an inhibitor leaves the system MCL-1 remains. Most MCL-1 inhibitors were terminated as they caused accumulation of MCL-1†, which caused cardiotoxicity through necrosis§.

**Captor is developing MCL-1 degraders, which remove MCL-1 and trigger cell-death, completely avoiding accumulation of MCL-1.**



- ✓ CT-03's lack of accumulation of MCL-1 protein in heart tissue expands its therapeutic window compared to MCL-1 inhibitors
- ✓ CT-03 works via hit-and-run degradation, rapid induction of apoptosis and fast clearance at therapeutic doses
- ✓ Short-term degradation of ≈70% of MCL-1 irreversibly induces apoptosis in cancer cells

1. <https://gco.iarc.fr/today/en/>  
2. Semin Cancer Biol. 2006 16(4):253-64  
3. Cell Death Dis 2018 9(2): 19  
4. Breast Cancer Res. 2016 18(1): 125  
5. Int J Mol Sci. 2019 20(3): 5999

6. Cell Death Dis. 2022 13(1): 63  
7. Colorectal Dis 2022 24(11): 1295-1307  
8. Ann Fam Med. 2016 14(3): 215-20  
9. Exp Hematol Oncol. 2020 Jun 19;9:14  
10. Hum Pathol. 2004 Sep;35(9):1095-100

11. ACS Key Statistics for AML, CLL, Lymphoma  
12. Curr Treat Options Oncol. 2020 Jun 29;21(8):66  
13. Int J Mol Sci. 2024 Jan 27;25(3):1589  
14. Blood Rev. 2020 Nov;44:100672  
15. Leukemia. 2013 Jun;27(6):1381-90

†Front Oncol. 2023 Jul 31;13:1226289  
‡Apoptosis. 2023 Feb;28(1-2):20-38  
§Science. 2020 April; 23(4): 101015

# MCL-1: a high potential cancer target

Highly attractive target with application in numerous cancer markets

## Hematological malignancies

Multiple Myeloma (MM)  
Est. \$53B by 2030<sup>1</sup>

Acute Myeloid Leukemia (AML)  
Est. \$6B by 2028<sup>2</sup>

Non-Hodgkin Lymphoma (NHL)  
Est. \$16B by 2032<sup>3</sup>

## Selected solid tumors

Small cell lung cancer (SCLC)  
Est. \$6.5B by 2031<sup>4</sup>

Non-small cell lung cancer (NSCLC)  
Est. \$36.9B by 2031<sup>5</sup>

Triple-negative breast cancer (TNBC)  
Est. \$1.5B by 2030<sup>6</sup>

<sup>1</sup>Allied Market Research

<sup>2</sup>BCC Research

<sup>3</sup>Spherical Insights

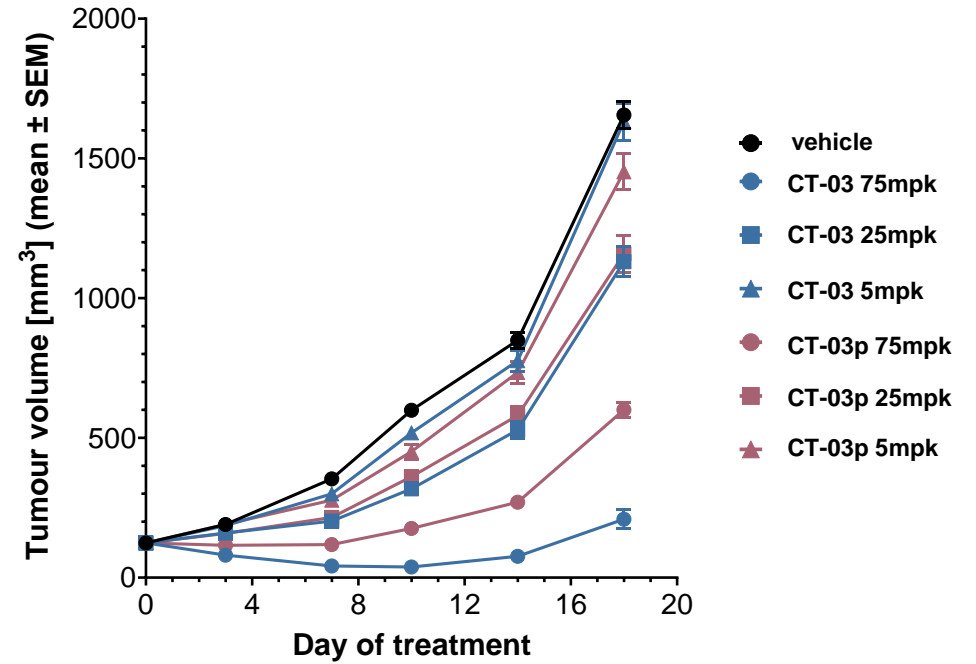
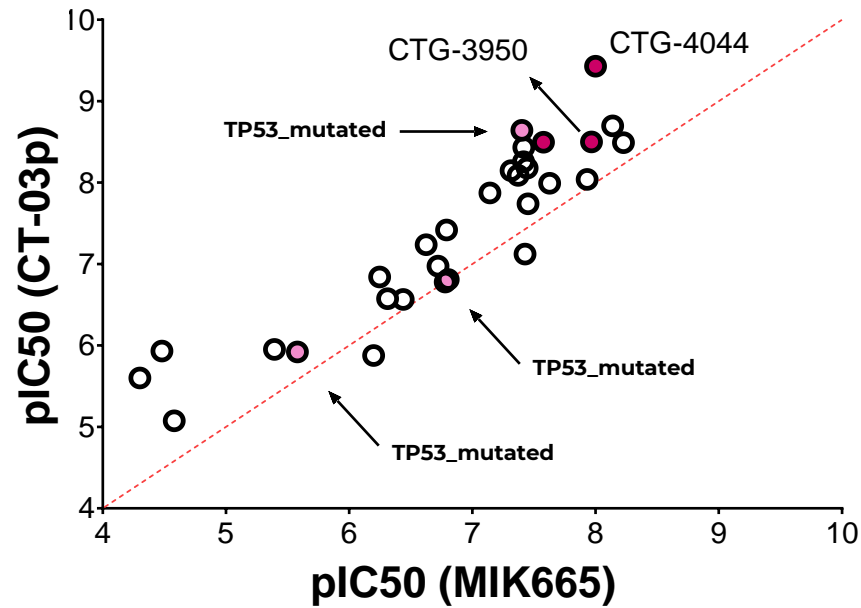
<sup>4</sup>HealthcareAnalyst

<sup>5</sup>Allied Market Research

<sup>6</sup>Databridge Market Research

# High potency of MCL-1 degraders in AML patient samples *ex vivo* & *in vivo* leukemia model

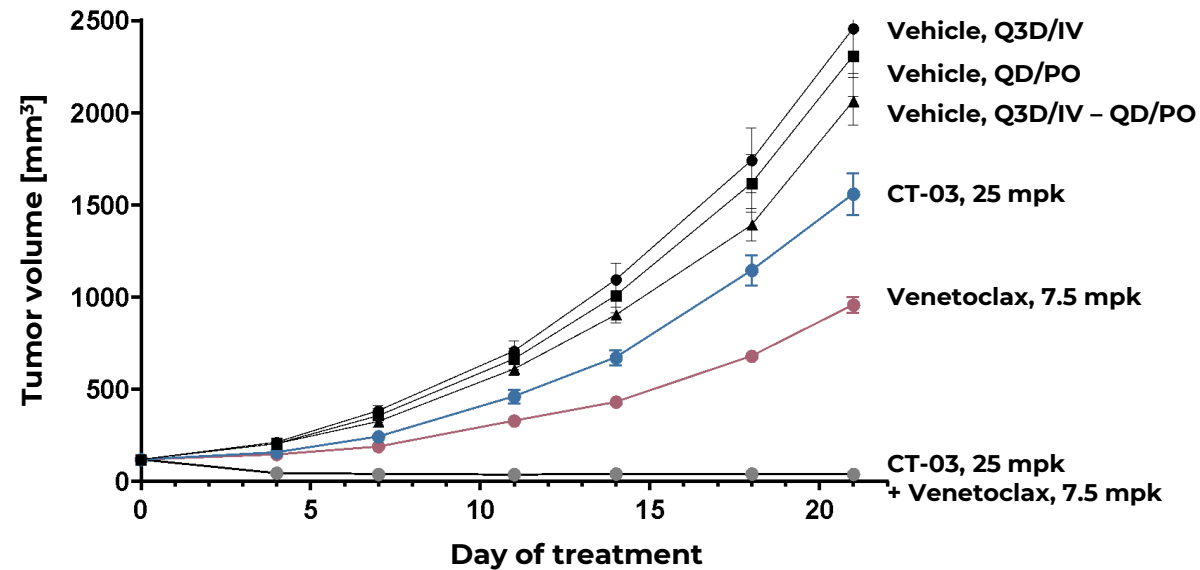
## MCL-1 degrader is more potent than MIK665 (Novartis) in patient-derived AML cells



Q3D, IV, n=7-10/grp

CT-03p (prodrug) is more potent than MIK665 (Novartis) in a panel of 30 patient-derived cells (PDCs) and shows nM activity in cells refractory to gilteritinib and venetoclax

# Combined of MCL-1 degrader with venetoclax regresses AML tumors in mice



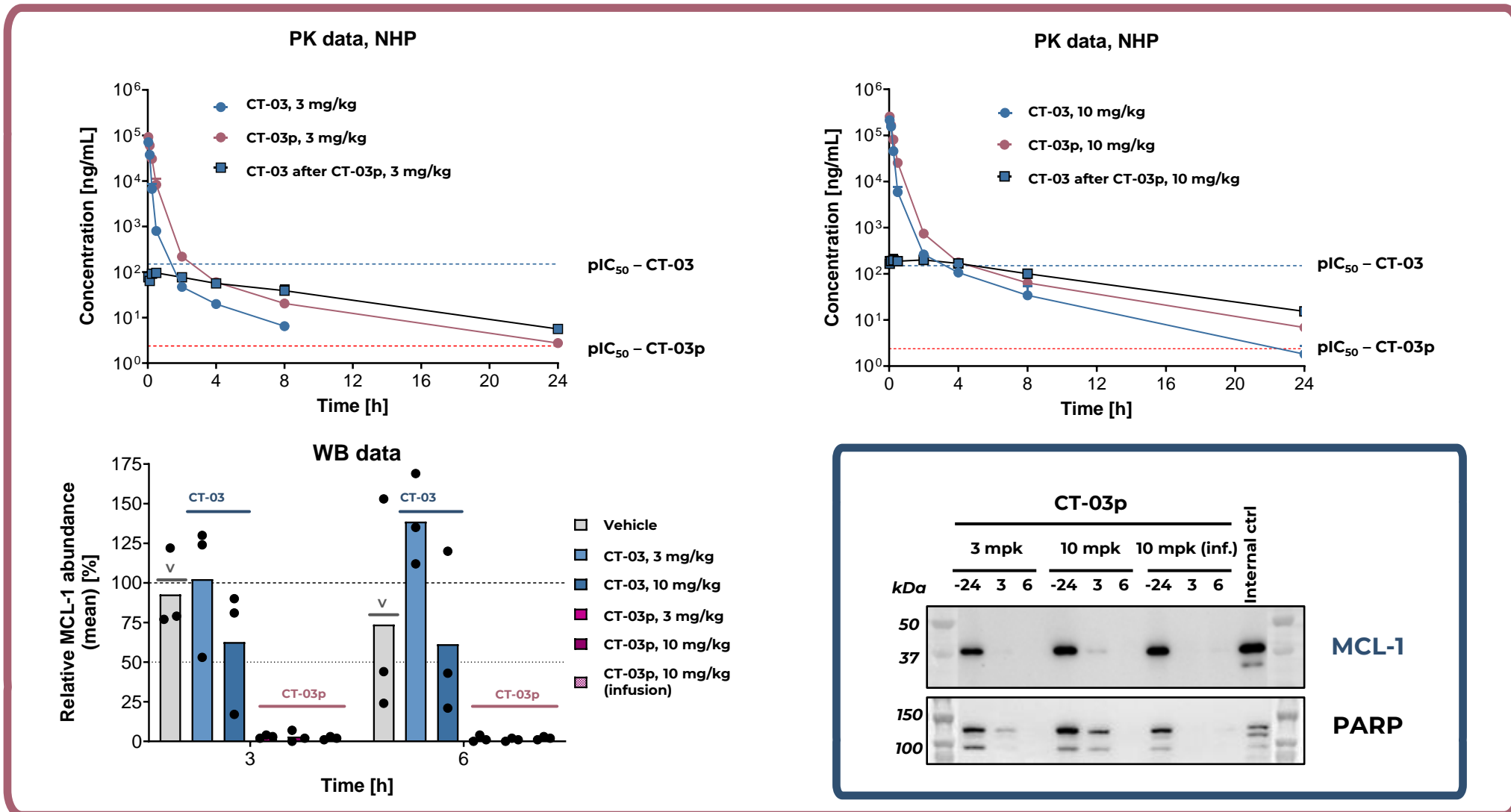
Regression of large tumors was observed for both CT-03 and venetoclax, with the combination providing the best outcome

CT-03 was administered 8 times, every 3 days (Q3D) intravenously and venetoclax was administered daily (QD) orally; n=7-10/grp

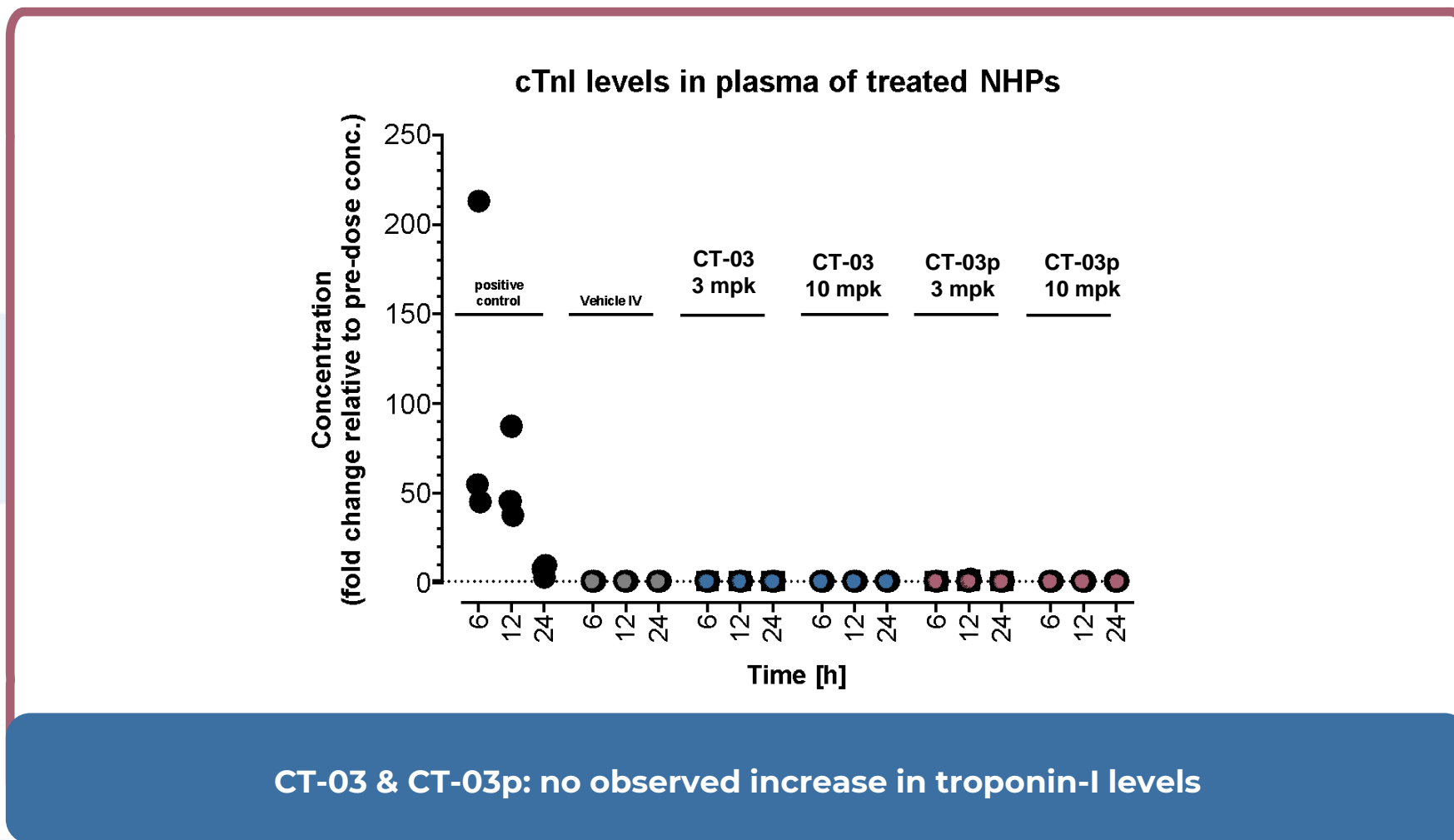
CT-03 in combination with venetoclax strongly inhibits cancer growth in MV4-11 Human Leukaemia Xenograft Model



# Degradation of MCL-1 in NHP after single IV dose of degraders



# Cardiotoxicity marker Troponin I in plasma of NHPs after CT-03 dosing



\*Cardiotoxic positive control - Isoproterenol 3mg/kg, Vasopressin 0.3mg/kg

# CT-03 candidate drug with unmatched therapeutic window

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- **Strong differentiation from MCL-1 inhibitors**

- Pharmacology of MCL-1 degradation vs. pharmacology of accumulation (inhibitors)
- No accumulation of MCL-1 protein
- No cardiotoxicity observations in MTD, DRF in NHPs by any means
- Very high degradation potency in mouse models, in NHP and in human cells *ex vivo*
- **Candidate drug in place**

- **Initial indications**

- Hematological cancers
- Solid tumors

- **Expected milestones**

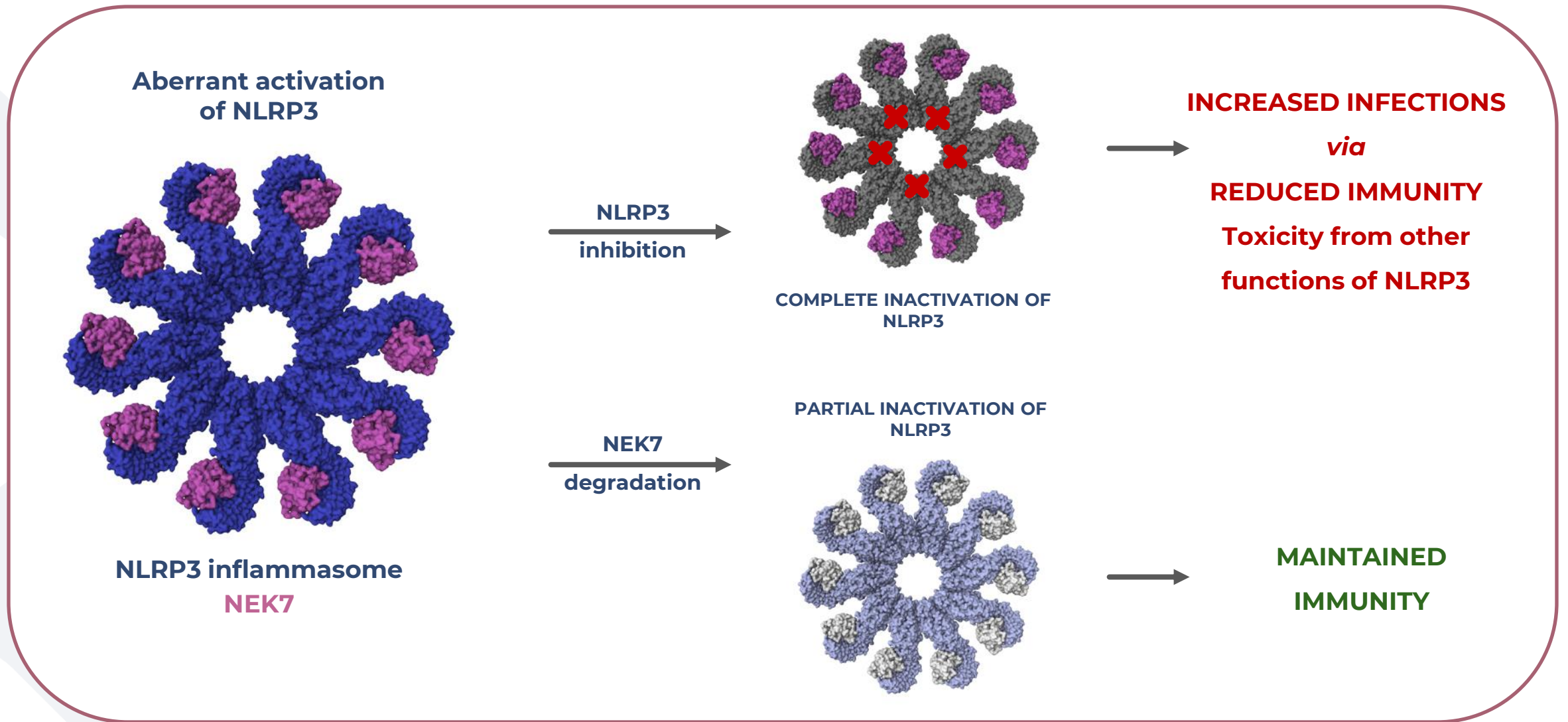
- IND-enabling studies completion in H2 2025

## **CT-02 Series - First-in-Class NEK7 Degraders**

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- **CT-02S (Autoimmune)**
- **CT-02B (Neuroinflammation)**

# Intervention in NLRP3 pathway *via* NEK7 degradation



# Significant market opportunities for Captor's NEK7 degraders

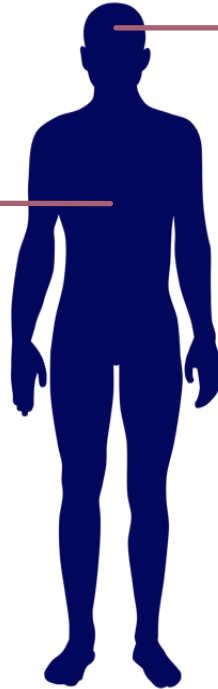
## CPT-635 Systemic

### Peripheral autoimmunity

NEK7 degraders could be used in combination with available therapeutics to manage comorbidities

Three significant therapeutic areas:

Obesity/ Metabolic	Autoimmune	Cardiovascular
16% living with obesity worldwide <sup>5</sup>	5-10% of global population <sup>6</sup>	19.8M deaths in 2022 due to CVD <sup>7</sup>
<b>Global market size (2030):</b>		
\$100B <sup>1</sup>	\$10.9B <sup>2</sup>	\$124.9B <sup>3</sup>



## CPT-732 Brain Penetrant

### Neuroinflammation

Growing evidence for role of pathological activation of innate immunity in the pathogenesis of NDDs  
 Limited treatment strategies available: opportunity to target neuroinflammation via NEK7 degradation & inhibit disease progression

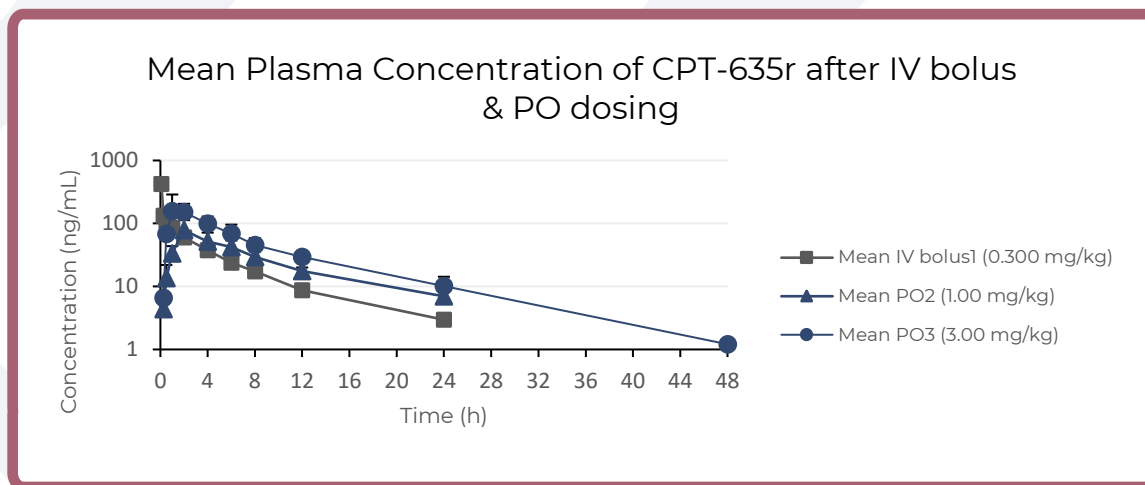
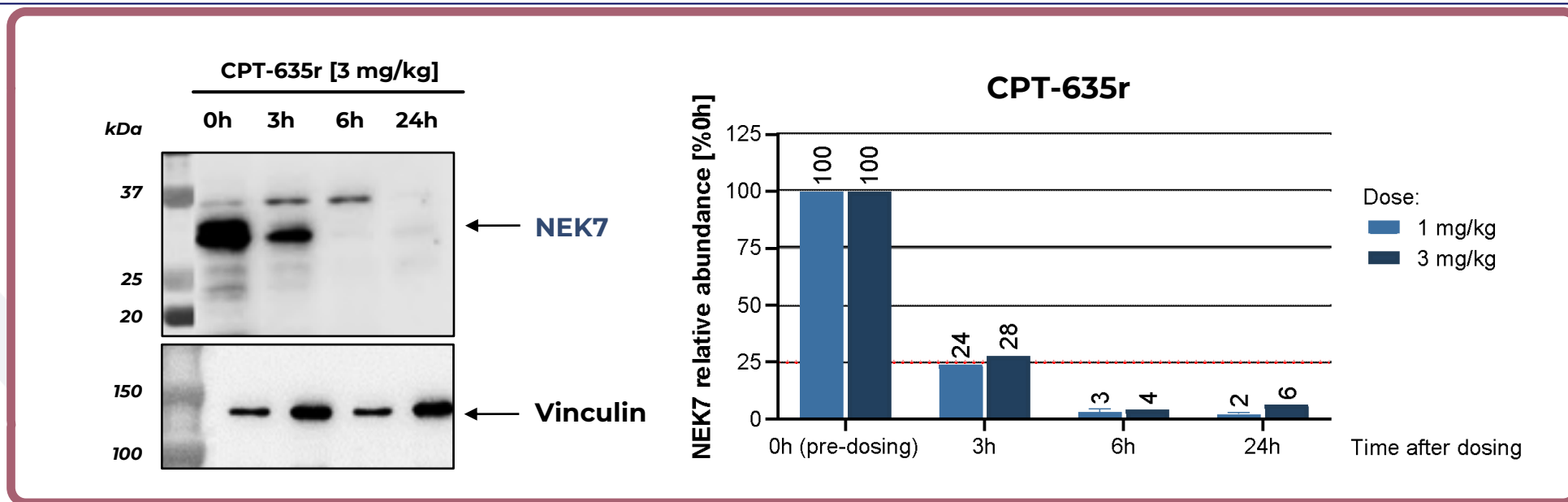
Parkinson's: 8.5M patients worldwide (2019) <sup>5</sup>
Alzheimer's: 6.7M patients in US (2023) <sup>10</sup>
Huntington's: 388,000 patients worldwide <sup>8</sup>
ALS: 345,000 patients worldwide <sup>9</sup>
Potential in weight loss / obesity through CNS effect)
<b>Neuroinflammation market is estimated at \$4.9B<sup>4</sup> (2030)</b>

1. <https://www.goldmansachs.com/intelligence/pages/anti-obesity-drug-market.html>  
 2. <https://www.databridgemarketresearch.com/reports/global-autoimmune-disease-treatment-market>  
 3. <https://www.researchandmarkets.com/report/cardiovascular>  
 4. <https://www.researchandmarkets.com/report/neurodegenerative-disease-drug>

5. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>  
 6. J Autoimmun. 2010 May;34(3):J168-77.  
 7. J Am Coll Cardiol. 2023 Dec 19;82(25):2350-2473

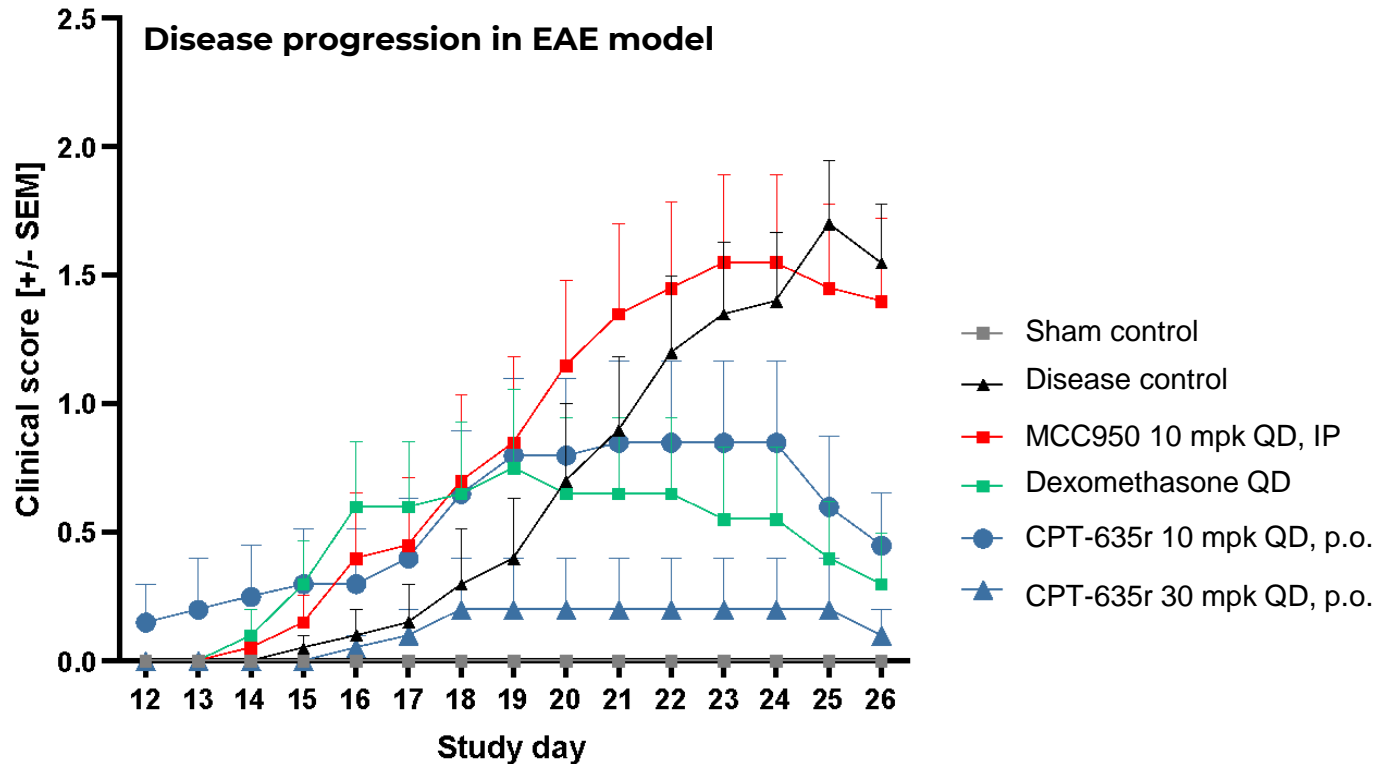
8. <https://pubmed.ncbi.nlm.nih.gov/36161673/>  
 9. <https://pubmed.ncbi.nlm.nih.gov/31797084/>  
 10. <https://alz-journals.onlinelibrary.wiley.com/>

# CPT-513 efficiently covers & degrades NEK7 in NHPs after a single dose



NEK7 degradation observed in monkey PBMCs isolated at 3, 6, and 24 h after PO administration of CPT-635r [1 & 3 mg/kg]

# High efficacy of CPT-635r with oral dosing in EAE mouse model *in vivo*



Clinical Score	Clinical Sign
0	Normal mouse; no overt signs of disease
0.5	Tail weakness/partial tail weakness (50% of length)
1	Loss of tail tonicity (complete tail paralysis)/ Limp tail
1.5	Limp tail and weakness in one hind limb
2	Partial hind limb paralysis/ Limp tail and weakness in both hind limbs
2.5	Both hind limbs have some movement, but both are dragging at the feet

**C57BL/6 female mice (10 mice per group)**

**Clinical score/ disease index monitored based on a predefined scale including motor skills and tail / limb weakness**

**Treatment for 16 days did not induce any side effects**

**Body weight in the groups treated with NEK7 degraders was higher than in the group treated with Dexamethasone**

**Note: CPT-635r is approximately 40% less potent (DC50) in murine systems compared to human / primate**

MOG<sub>35-55</sub> Induced Experimental Autoimmune Encephalomyelitis (EAE) In Mice



## CT-02: Excellent degraders from two different strategies

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Two series of potent NEK7 degraders - in **autoimmune diseases** (CPT-635) and **neurodegenerative disorders** (CPT-732, brain-penetrant series)

Activity confirmed both *in vitro* in mouse, monkey and human cells and *in vivo* in mice and monkeys

Specificity-driven safety demonstrated in *in vitro* analysis, *in vivo* tolerability studies and clean CEREP panel

### **PK/PD results in monkeys show excellent drug-like properties**

Captor NEK7 degraders also degrade mouse NEK7 in addition to Human and Primate

*In vivo* proof of efficacy in disease mouse models with no signs of toxicity

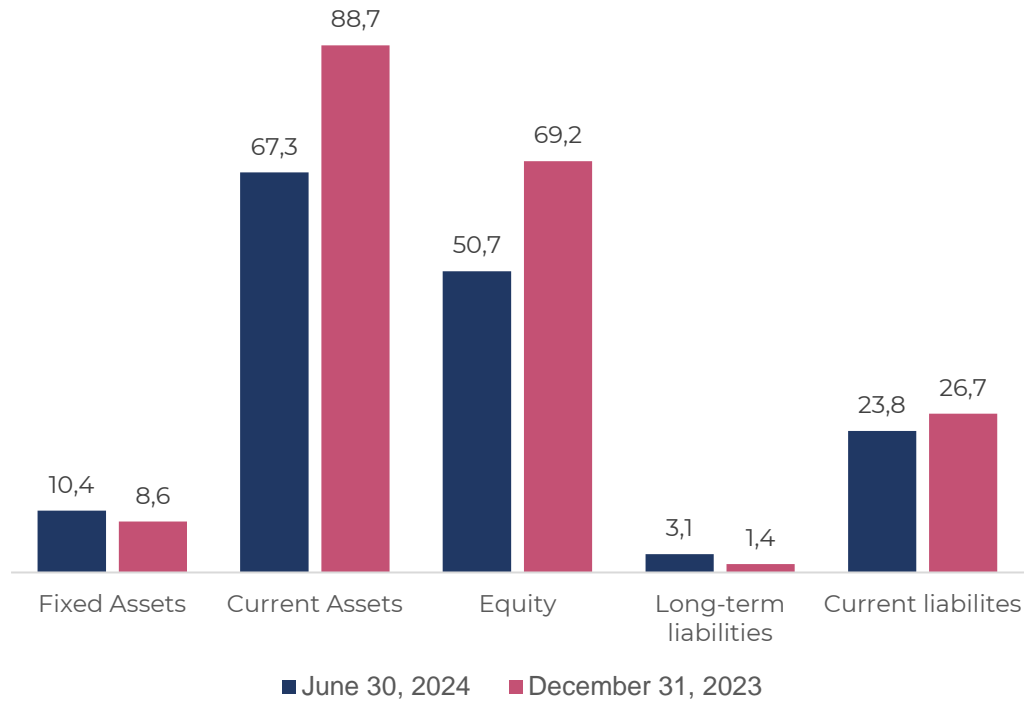


# Finance Highlights

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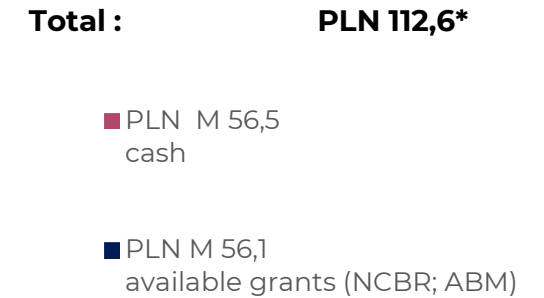
# Balance sheet and cash position

## Consolidated statement of financial position (PLN, M)



## Cash position

Available funding secured (PLN M; as of June 30, 2024):



\* Amount includes grant awarded for phasing in CT-03 and CT-01 project.

R&D costs in H1 2024:

**Total : PLN 25,2 M**

Net Operational Cash Outflow in H1 2024:

**Total : PLN 17,5 M**  
(H1 2023 -PLN 31,5 M)



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