



# Investor Call

Preliminary Phase 1 Dose-Escalation Data  
for VIP236 and Pipeline Update

Monday, April 8, 2024

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# Welcome and Introductions

Ahmed Hamdy, MD

Chief Executive Officer, Vincerx Pharma, Inc.



# On Today's Call



**Ahmed Hamdy, MD**

Chief Executive Officer  
*Vincerx Pharma, Inc.*



**Uma Borate, MD, MBBS**

Clinical Associate Professor  
Division of Hematology  
*Ohio State University  
Comprehensive Cancer Center  
Arthur G. James Cancer Hospital and  
Richard J. Solove Research Institute*



**Vivek Subbiah, MD**

Chief of Early-Phase Drug Development  
*Sarah Cannon Research Institute*

# Today's Presentation

<i>Topic</i>	<i>Presenter</i>
<b>Company Overview</b>	Dr. Ahmed Hamdy
<b>Evolution of Camptothecins</b>	Dr. Vivek Subbiah
<b>Preliminary Phase 1 Dose-Escalation Data for VIP236</b>	Dr. Ahmed Hamdy
<b>Discussion</b>	Dr. Vivek Subbiah Dr. Ahmed Hamdy
<b>Unmet Need in AML: VIP943 Opportunity</b>	Dr. Uma Borate
<b>Phase 1 Dose-Escalation Preliminary Safety and PK Data for VIP943</b>	Dr. Ahmed Hamdy
<b>Discussion</b>	Dr. Uma Borate Dr. Ahmed Hamdy
<b>Q&amp;A</b>	

# OUR VISION

## WE ASPIRE TO CONQUER CANCER

by addressing the unmet medical needs of patients  
with paradigm-shifting therapeutics



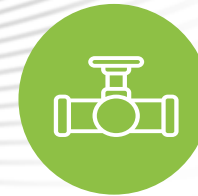
**A STRONG MANAGEMENT TEAM**  
WITH A PROVEN TRACK RECORD  
OF CLINICAL AND REGULATORY  
SUCCESS



**VersAptx™ NEXT-GENERATION  
PLATFORM** TO BIOCONJUGATE  
UNIQUE ADCs, SMDCs AND  
DELIVER ON THE PROMISE OF  
DRUG CONJUGATES



**R&D STRATEGY** STREAMLINED  
RESEARCH AND DEVELOPMENT  
FROM PRECLINICAL TO CLINICAL  
PROOF-OF-CONCEPT



**DIVERSE PIPELINE** WITH  
MULTIPLE CLINICAL FIRST-IN-  
AND BEST-IN-CLASS  
OPPORTUNITIES

# Our Pipeline



## P-TEFb

**ENITOCICLIB\***  
CDK9 inhibitor (IV)  
*Best in Class*

MYC-rearranged DLBCL, Non-GCB DLBCL, Peripheral T-cell Lymphoma (*in partnership with NIH*)

\*Also known as VIP152.

ADC, antibody-drug conjugate; CDK, cyclin-dependent kinase; DLBCL, diffuse large B-cell Lymphoma; GCB, germinal center B-cell; IV, intravenous; KSPi, kinesin spindle protein inhibitor; MDS, myelodysplastic syndrome; optCPT, optimized camptothecin; P-TEFb, positive transcription elongation factor B; SMDC, small molecule drug conjugate.

# Today's Presentation

*Topic*

*Presenter*

Company Overview

Dr. Ahmed Hamdy

**Evolution of Camptothecins**

**Dr. Vivek Subbiah**

Preliminary Phase 1 Dose-Escalation Data for VIP236

Dr. Ahmed Hamdy

Discussion

Dr. Vivek Subbiah  
Dr. Ahmed Hamdy

Unmet Need in AML: VIP943 Opportunity

Dr. Uma Borate

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Discussion

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Dr. Ahmed Hamdy

Q&A



# Validated Efficacy: Unveiling Camptothecins' Potency

EFFICACY ACROSS A BROAD RANGE OF SOLID TUMORS IN MONOTHERAPY AND IN COMBINATION

## First Generation

### Chemotherapies



Marketed  
Camptothecins  
(CPTs)

### First Generation Challenges

- Rapid release and free circulating payload leads to serious toxicities
  - Bone marrow suppression (e.g., neutropenia, thrombocytopenia, anemia).
  - Life-threatening diarrhea
  - Pulmonary inflammation
- Resistance formation for camptothecins limits therapeutic success

## Second Generation

### Antibody Drug Conjugates



### Second Generation Challenges

- Antibody-targeted CPTs require the presence of the antibody target on the tumor to work—narrows cancer indications
- Still have toxicities associated with 1<sup>st</sup> generation CPTs and have added antibody-specific toxicity (eg, infusion-related reactions and cardiac toxicity)

## Third Generation

VIP236

### Third Generation Solution

- VIP236 is a small molecule drug conjugate consisting of an  $\alpha_v\beta_3$  integrin binder linked to an optimized CPT payload
- $\alpha_v\beta_3$  is highly expressed across a broad range of metastatic tumors with low expression in healthy tissue
- VIP236's optimized CPT payload was designed to "tune out" the life-threatening diarrhea and drug transporter liabilities present in 1<sup>st</sup> and 2<sup>nd</sup> generation camptothecins
- Preclinical studies show targeting of optimized CPT with VIP236 increased exposure in the tumor >10-fold over plasma increasing the therapeutic window

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Dr. Ahmed Hamdy

Q&A

# Phase 1 Dose-Escalation Study in Patients With Solid Tumors

VNC-236-101

## PRIMARY ENDPOINTS

- Safety
- Tolerability

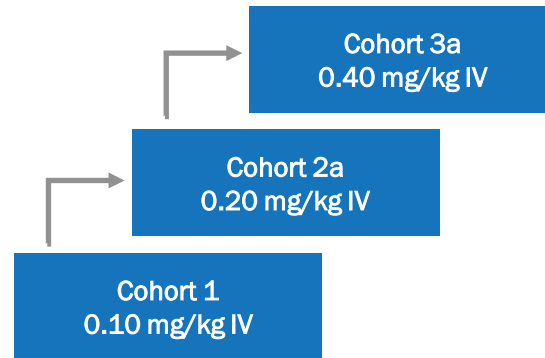
## SECONDARY ENDPOINTS

- Disease control rate
- PFS
- PK

- Original / Amendment 1
- Amendment 2
- Amendment 3 / Expansion cohorts

## ORIGINAL DOSING SCHEDULE

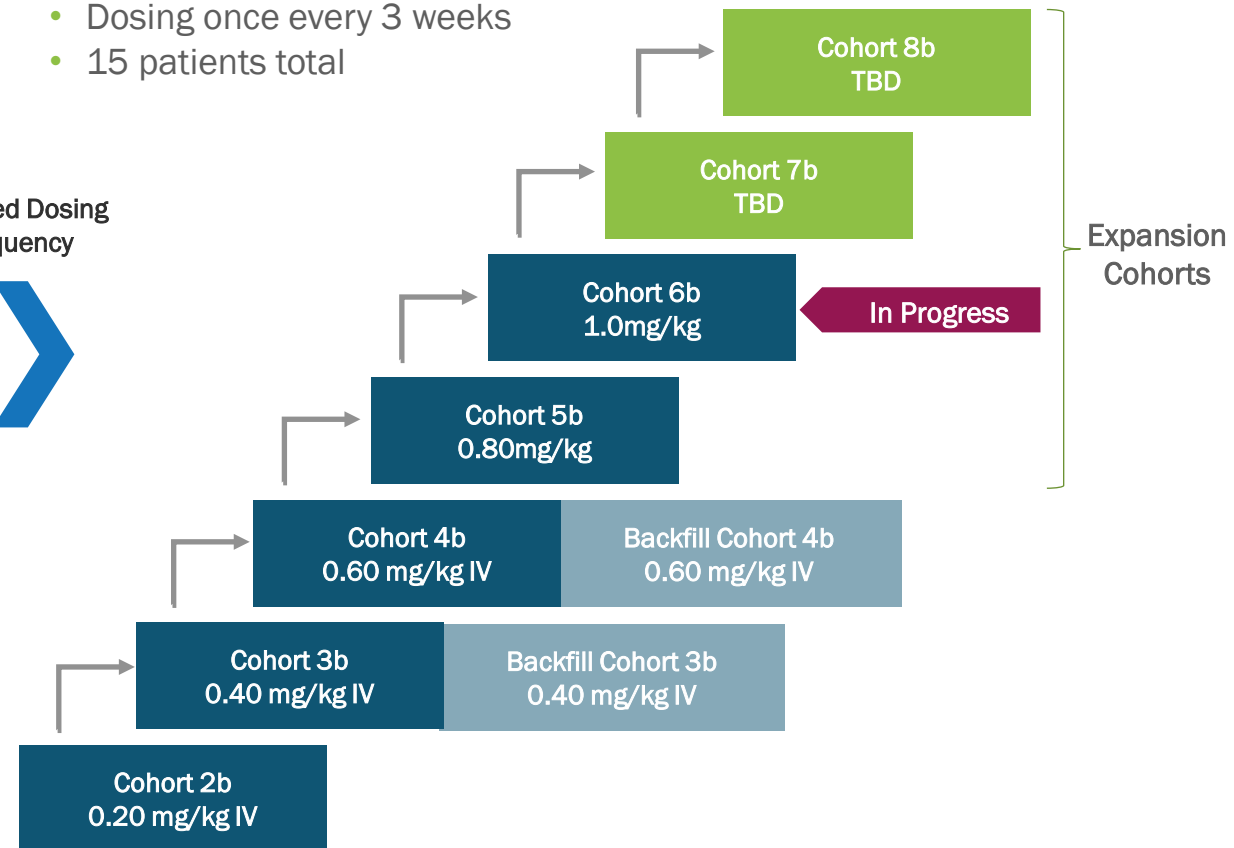
- Dosing 2 days on/5 days off
- 5 Patients total



## CURRENT DOSING SCHEDULE

- Dosing once every 3 weeks
- 15 patients total

Reduced Dosing Frequency

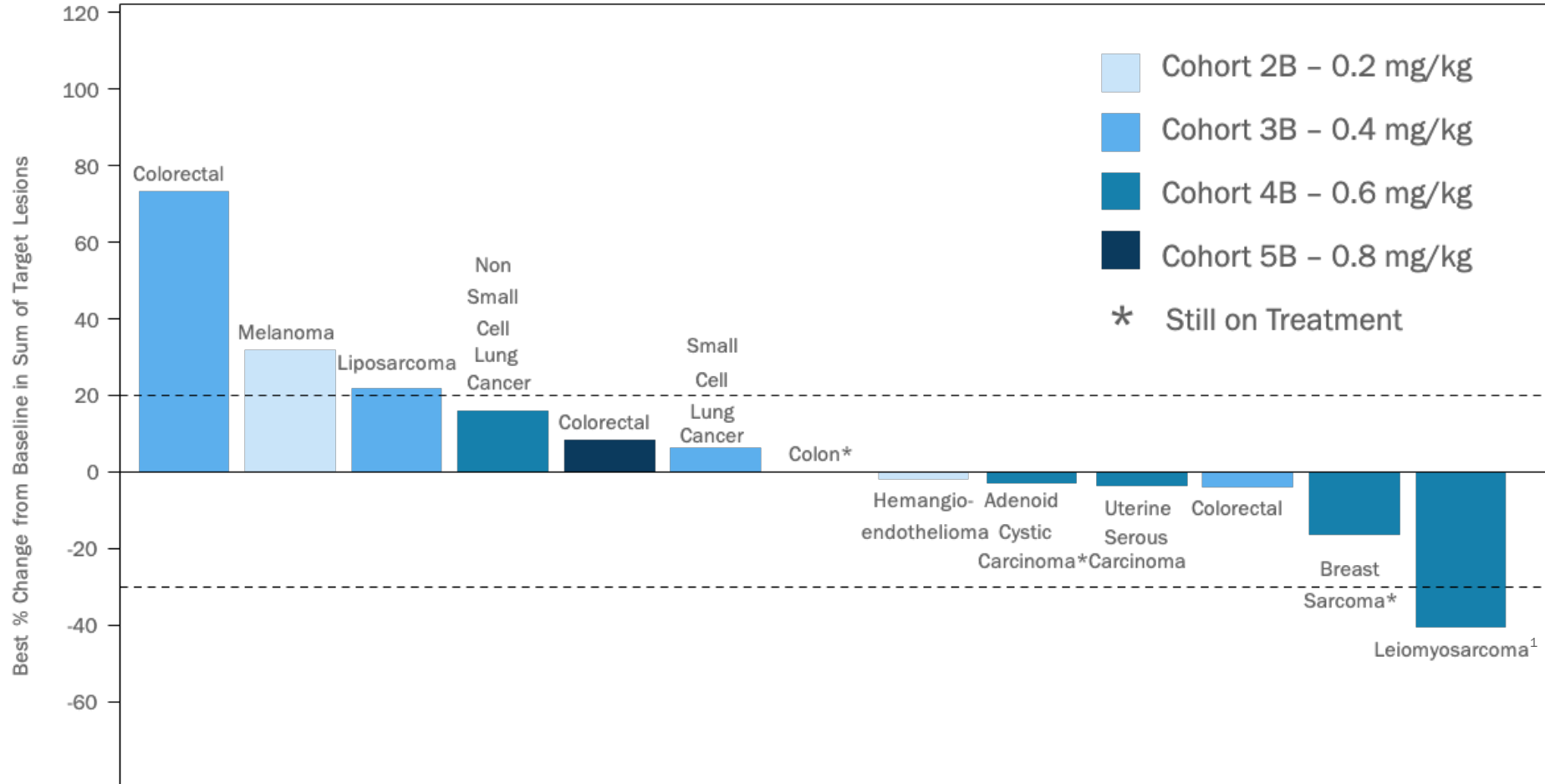


# All Comers Solid Tumor Study With Heavily Pretreated Patients

	Q3W (N=15)	
M	8	
F	7	
Age in years median [range]	58 [35-80]	
Prior Therapy ≤ 2	N=14 4 (29%)	
≥ 3	10 (66.7%)	
Histology	<ul style="list-style-type: none"> <li>• Adenoid carcinoma, n=1</li> <li>• Colorectal adenocarcinoma, n=5</li> <li>• Hemangioendothelioma, n=1</li> <li>• Malignant uveal melanoma, n=1</li> <li>• NSCLC, n=1</li> <li>• Ovarian, n=1</li> </ul>	<ul style="list-style-type: none"> <li>• Pleiomorphic Liposarcoma, n=1</li> <li>• Retroperitoneal leiomyosarcoma, n=1</li> <li>• SCLC, n=1</li> <li>• Spindle cell breast cancer, n=1</li> <li>• Uterine carcinoma, n=1</li> </ul>

# Positive Signs of Clinical Activity with Tumor Reduction Starting at the Third Dosing Level With Q3W Schedule

N=13



<sup>1</sup>The leiomyosarcoma patient had a 41% decrease in two target lesions, but a new 2cm lesion was detected at first scan

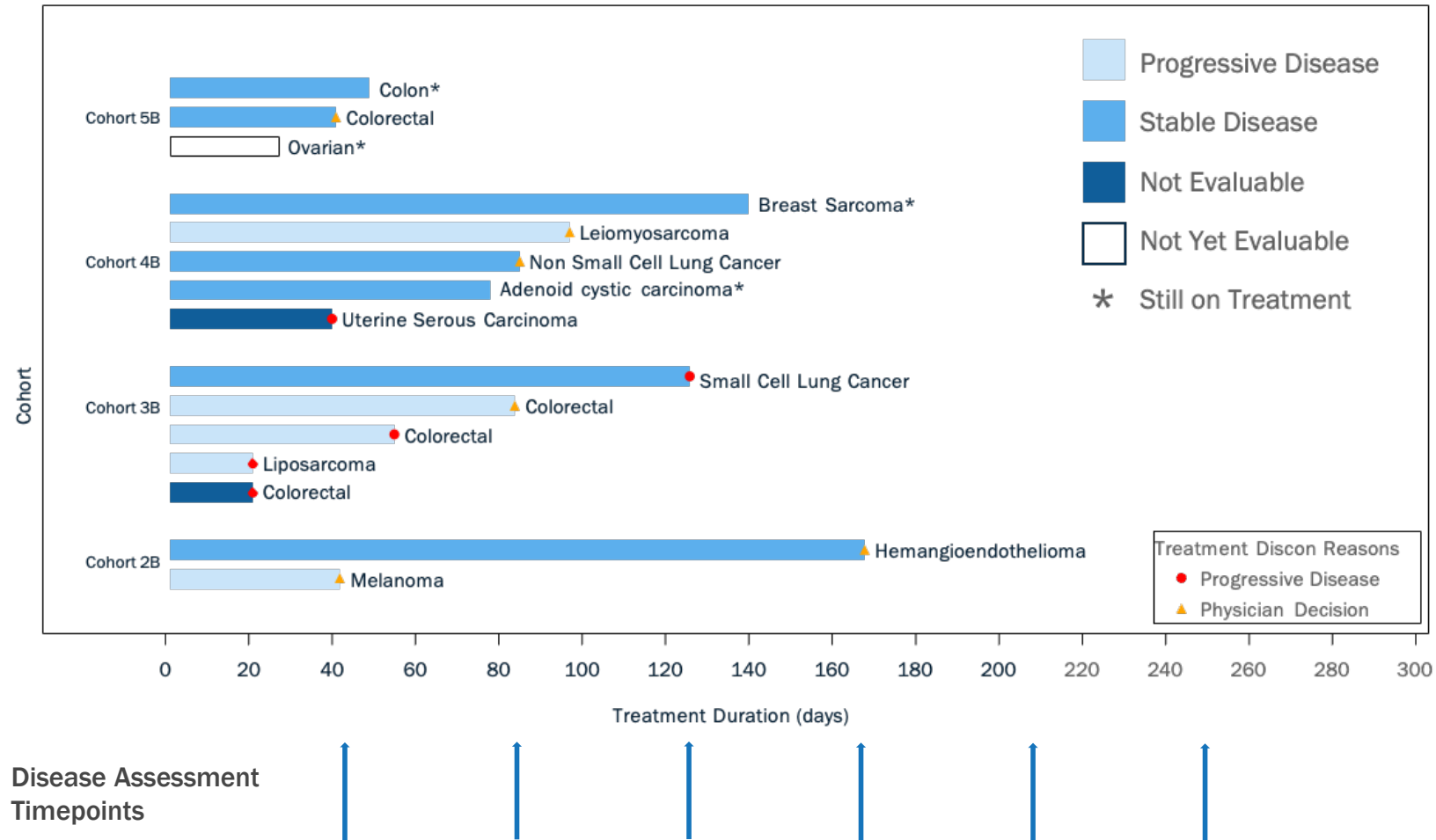
\*=Still on treatment

Data taken from data cut - 25MAR 24

Unaudited data subject to change

# Durable Disease Control Across Multiple Tumor Types With Q3W Schedule

21-DAY CYCLES WITH FIRST DISEASE ASSESSMENT AT THE END OF CYCLE 2



Data taken from data cut – 25MAR 24  
Unaudited data subject to change

# Differentiated and Favorable Safety With Q3W Schedule

## DRUG-RELATED ADVERSE EVENTS

Drug-related AEs	Q3W (n=15)			
	G1	G2	G3	G4
Preferred Term	G1	G2	G3	G4
Alopecia	5 (33.3%)	2 (13.3%)	0	0
White blood cell count decrease	0	1 (6.7%)	2 (13.3%)	1 (6.7%)
Fatigue	3 (20%)	1 (6.7%)	0	0
Nausea	5 (33.3%)	0	0	0
Diarrhea	3 (20%)	1 (6.7%)	0	0
Neutropenia	0	0	1 (6.7%)	2 (13.3%)
Vomiting	1 (6.7%)	3 (20%)	0	0
Anemia	0	1 (6.7%)	1 (6.7%)	0
Thrombocytopenia	0	1 (6.7%)	1 (6.7%)	0
Lymphocyte count decrease	0	1 (6.7%)	0	0

**NO PATIENTS  
DISCONTINUED  
DUE TO AN  
ADVERSE EVENT**

Data taken from data cut – 25MAR 24  
Unaudited data subject to change

# Discussion

**Ahmed Hamdy, MD**

Chief Executive Officer, Vincerx Pharma, Inc.

**Vivek Subbiah, MD**

Chief of Early-Phase Drug Development at Sarah  
Cannon Research Institute




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# Current AML Landscape

GROWING INCIDENCE WITH  
**75,000 PATIENTS**  
DIAGNOSED GLOBALLY  
IN 2022



**STANDARD OF CARE  
IS CHEMOTHERAPY**

WITH ONLY A SUBSET OF PATIENTS  
RECEIVING TARGETED AGENTS

## MAJORITY OF PATIENTS LACK EFFECTIVE TREATMENTS

- Poor prognosis with CD123 expression
- Difficult to treat mutations, including TP53
- Older patients
- Secondary and therapy-related AML
- Relapsed refractory patients

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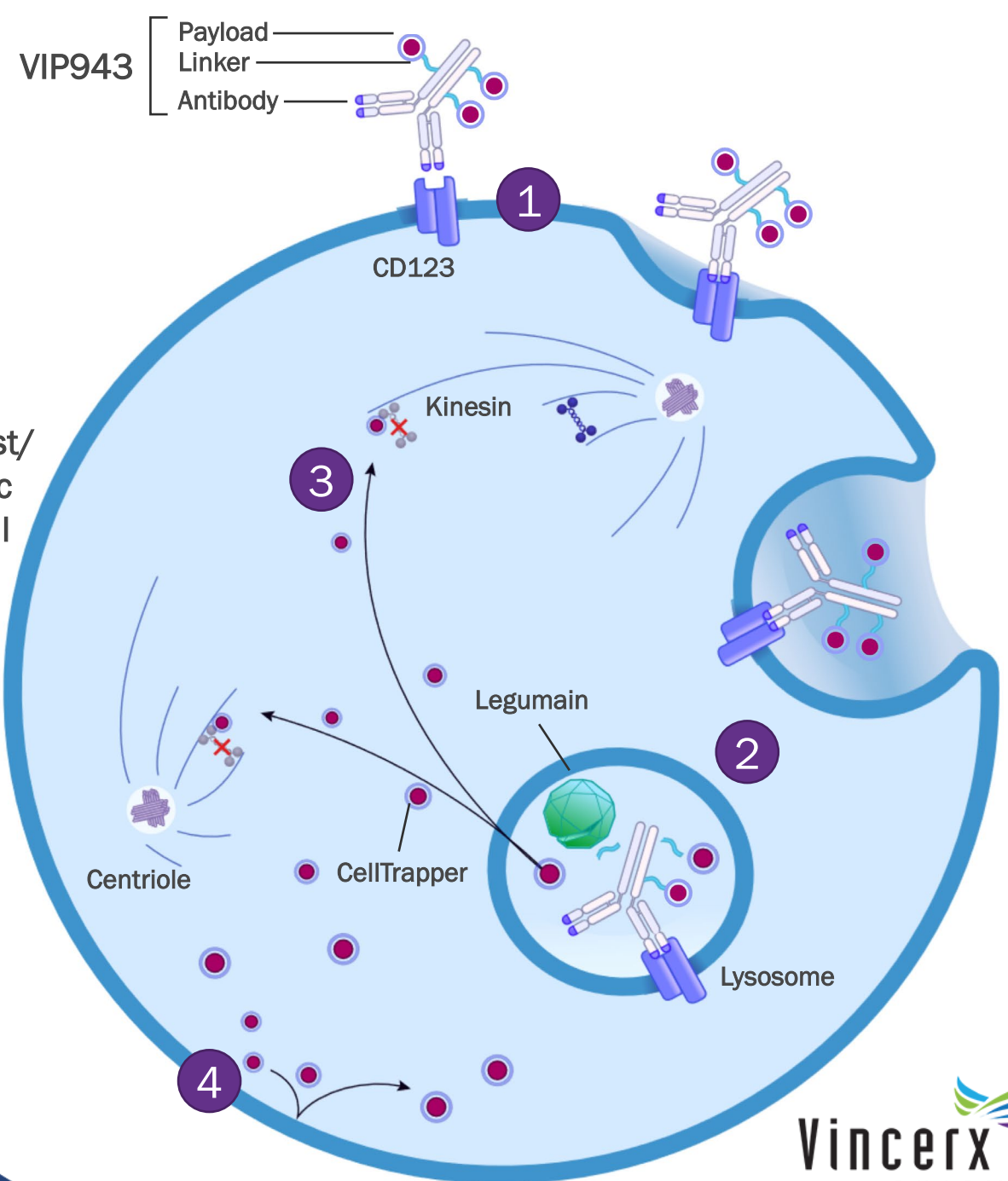
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# VIP943 CD123-KSPi

## ANTIBODY-DRUG CONJUGATE FOR TREATMENT OF AML & MDS

- 1 CD123 is a validated target in myeloid malignancies and a potential leukemic stem cell target
- 2 VIP943-targeting Ab is internalized upon binding to CD123 linked to a legumain released KSPi
- 3 Payload targets KSP stopping cell division and causing catastrophic cell death
- 4 CellTrapper<sup>®</sup> modified payload is hydrophilic and accumulates in the tumor cell for improved safety and tolerability for long-term therapy and targeting leukemic stem cells

Ab, antibody; AML, acute myeloid leukemia; KSPi, kinesin spindle protein inhibitor; MDS, myelodysplastic syndrome.



# Phase 1 Dose-Escalation Study in Patients with CD123+ Relapsed/Refractory in Hematologic Malignancies

VNC-943-101

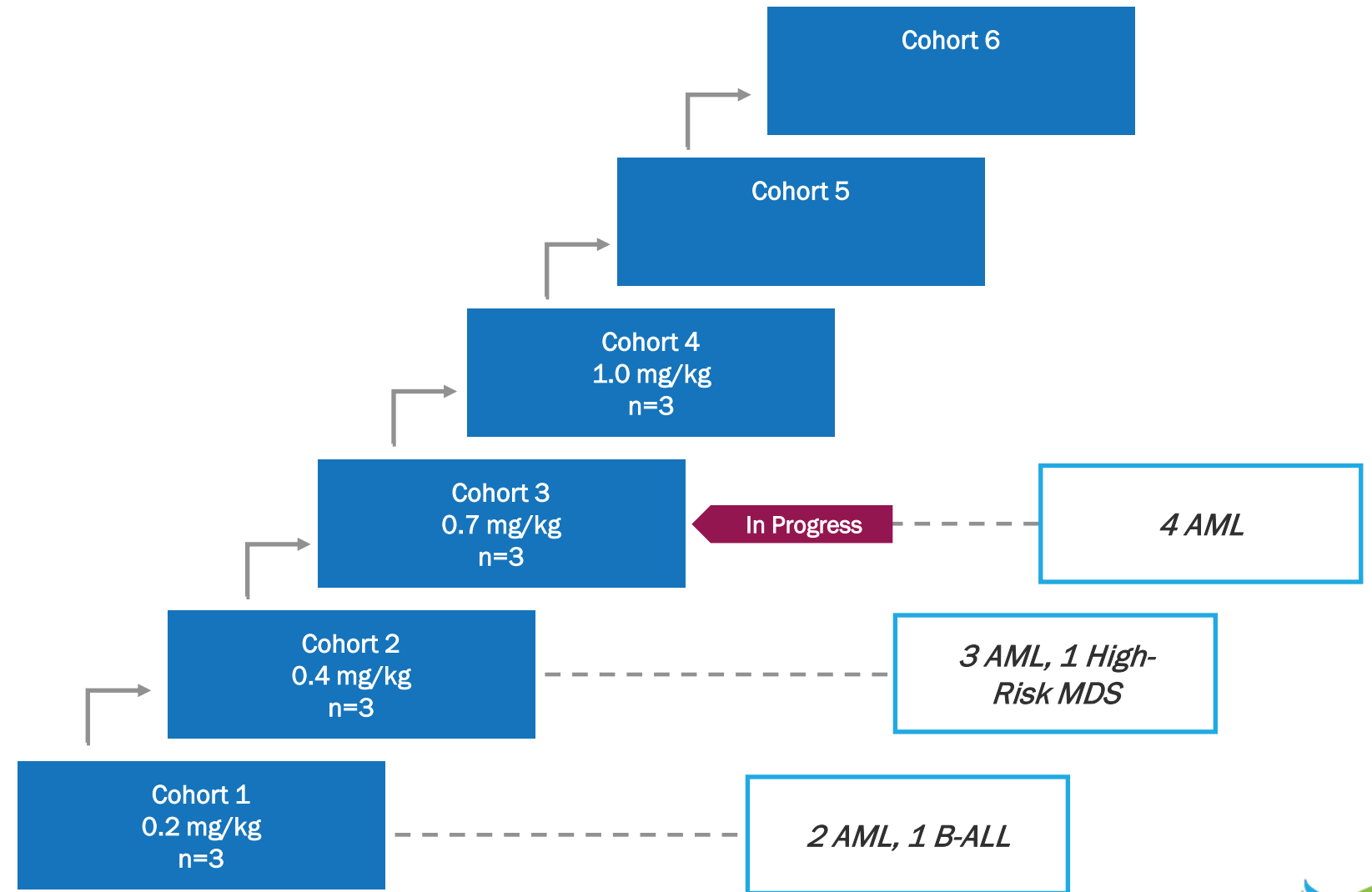
Enrolling adults with AML, Higher-Risk MDS, or B-ALL

**PRIMARY ENDPOINTS**

- Safety
- Tolerability

**SECONDARY ENDPOINTS**

- Response rate
- PK



# Preliminary Results Show VIP943 has Favorable Safety and Tolerability Profile to Date

	# of Patients Cohort 1 (0.2 mg/kg)	# of Patients Cohort 2 (0.4 mg/kg)
N	3	4
Disease	<ul style="list-style-type: none"> <li>• 1 de novo AML</li> <li>• 1 secondary AML</li> <li>• 1 B-ALL</li> </ul>	<ul style="list-style-type: none"> <li>• 1 de novo AML</li> <li>• 2 secondary AML</li> <li>• 1 MDS</li> </ul>
Completed 28-day DLT evaluation	3	4
Received Cycle 2 dose	2	3
Received Cycle 3 dose	1	1
Still on study in Cycle 3	0	1 MDS
DLTs	0	0
Drug-related AEs		2 <ul style="list-style-type: none"> <li>• 1 pt Grade 2 dry eye</li> <li>• 1 pt Grade 1 hot flush, Grade 1 confusion and Grade 3 diarrhea*</li> </ul>

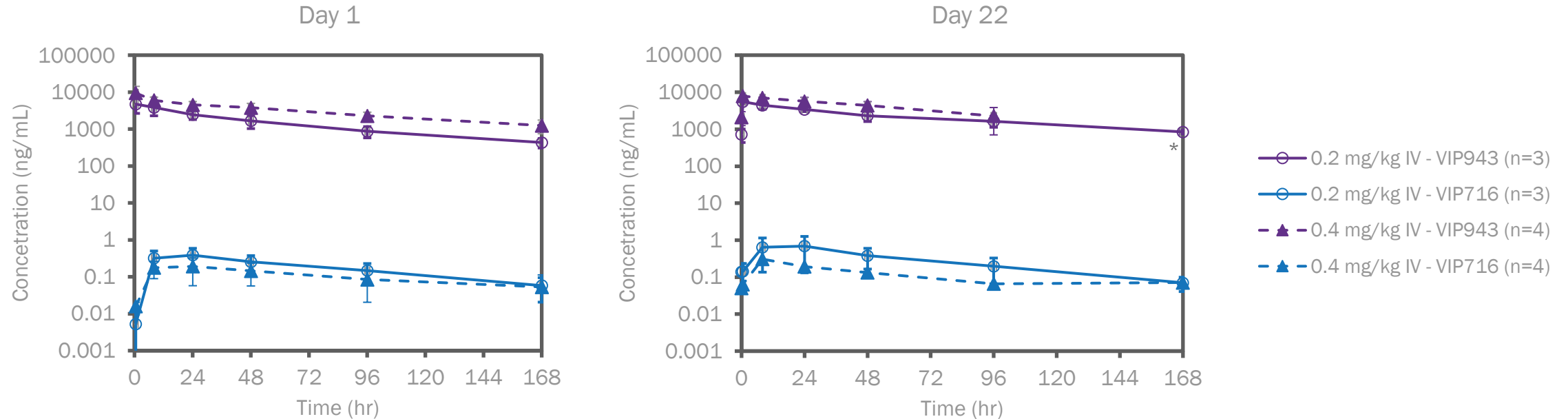
**7 OF 7 SEQUENTIALLY  
DOSED PATIENTS COMPLETED  
28-DAY DLT REVIEW**

- No discontinuations due to AEs
- No dose reductions
- 4 patients enrolled in Cohort 3 are undergoing DLT assessment

\*Grade 3 diarrhea was serious adverse event.  
Data taken from data cut – 25MAR 24  
Unaudited data subject to change

# VIP943 PK Data Shows Very Little Free Payload in Circulation, Consistent With the Favorable Safety Profile Observed To Date

## COHORT 1 (0.2 mg/kg) AND COHORT 2 (0.4 mg/kg)



- 0.7% - 3.0% free payload in circulation after four weekly doses indicative of our stable and selective legumain cleavable linker
- Low free payload after multiple doses is consistent with the favorable clinical safety profile observed to date and consistent with preclinical studies

# Discussion

**Ahmed Hamdy, MD**

Chief Executive Officer, Vincerx Pharma, Inc.

**Uma Borate, MD, MBSS**

Clinical Associate Professor of Medicine at The Ohio State University Comprehensive Cancer Center Arthur G. James Cancer Hospital and Richard J. Solove Research Institute



# Upcoming Milestones

Program	Milestone	Estimated Time of Achievement
<b>VIP236</b> $\alpha_v\beta_3$ - optCPT SMDC	Additional preliminary data for phase 1 dose-escalation study	<b>Summer 2024</b>
<b>VIP943</b> Anti-CD123 - KSPi ADC	Additional preliminary data for phase 1 dose-escalation study	<b>On or around EHA</b>
<b>ENITOCICLIB</b> CDK9 inhibitor	Continue NIH phase 1 dose-escalation study of enitociclib in combination with venetoclax and prednisone in patients with PTCL and DH-DLBCL	<b>June 2024</b>

# Q&A





## **WE ASPIRE TO CONQUER CANCER**

by addressing the unmet medical needs of patients  
with paradigm-shifting therapeutics