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### **Oncopeptides at a glance**

#### **Develops targeted cancer treatments**

- Proprietary peptide-conjugated compounds
- Lead compound Melflufen a peptide-conjugated alkylator targeting Multiple Myeloma

#### **Initial focus on Multiple Myeloma**

- Significant market opportunity in orphan indication
- Melflufen Phase 2 study, O-12-M1, showed the best MM survival data to date

#### Application process initiated for accelerated approval in the US

- Target to submit in H1-20 based on ongoing phase 2 study HORIZON
- Triple-class refractory MM

#### Phase 3 expected to be fully enrolled in Q1 2020

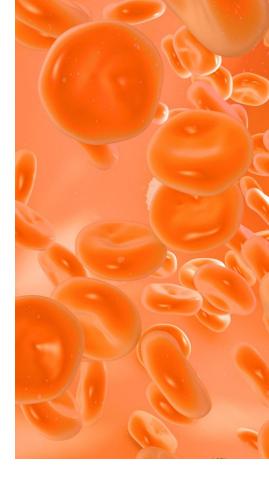
- Approximately 450 patients at 140 sites
- Two additional supporting trials ongoing. Additional phase 3 called LIGHTHOUSE will start early 2020

#### **New indications and NCEs in development**

A Phase 1/2 study addressing AL amyloidosis to start shortly

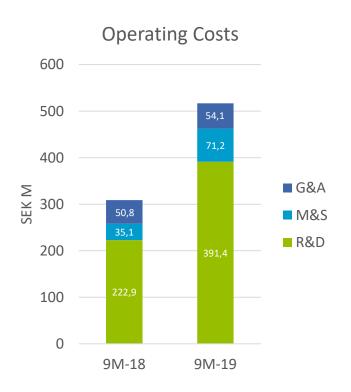
#### Listed on NASDAQ Stockholm, strong financial position

- Market cap: SEK 7,4 B (\$ 780 M)
- Cash position: SEK 1,122 M (\$ 118 M) as of September 30





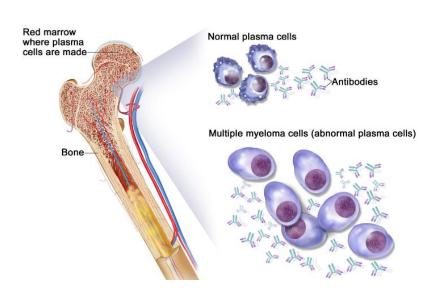
### Financial results for the period Jan – Sep 2019



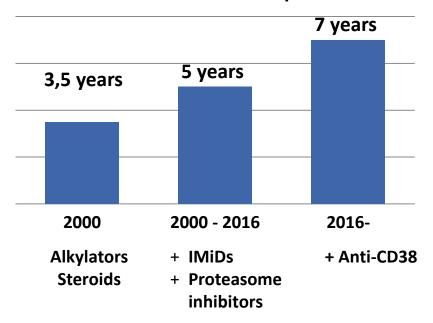
- Operating loss increased to SEK 495.1 M (loss:299.1)
  - R&D increase primarily due to increase in Clinical & drug supply: SEK 318.3
     M (189.9)
    - OCEAN costs SEK 174.2 M (100.7)
    - HORIZON costs SEK 41.2 M (18.1)
    - ANCHOR costs SEK 30.8 M (16.8)
  - Build-up of commercial and medical relations explains increase in M&S costs
- Operating costs include non-cash costs related to incentive programs
  - SEK 24.1 M (61.7) for the first nine months
- Cash flow from operating activities neg. SEK 473.6 M (neg. 224.9)
- Cash position was SEK 1 122.3 M (488.9) as of Sep 30, 2019
  - Directed share issue raised SEK 514.8 M after issue costs in January 2019
  - Second share issue raising SEK 682.9 M was completed in July

### Multiple Myeloma is a hematological cancer without cure

### Myeloma – Uncontrolled plasma cell proliferation

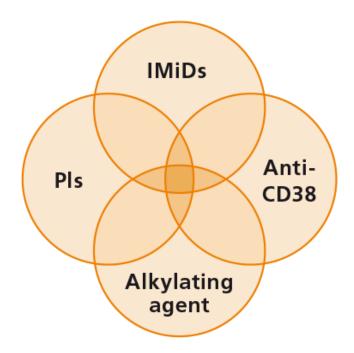


### Median Survival increasing with more available treatment options



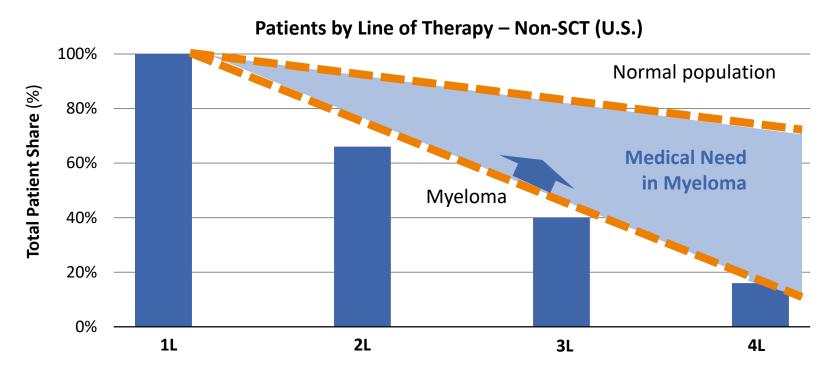
### Significant medical needs remain

- Four treatment modalities used with inevitable resistance development
- Currently, the majority of patients have been treated with all four modalities after 2-3 lines of therapy with limited treatment options left
- Frequent co-morbidities further compounding the problem with limited treatment options



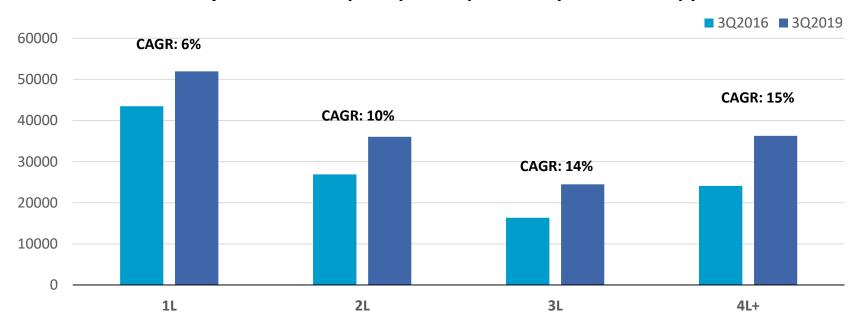
### We are still far from making myeloma a chronic disease

- Later line patient population growing with significant need for new treatments



## Improved outcomes lead to fast growth in number of treated patients in later lines of therapy

#### Projected US multiple myeloma patients by line of therapy

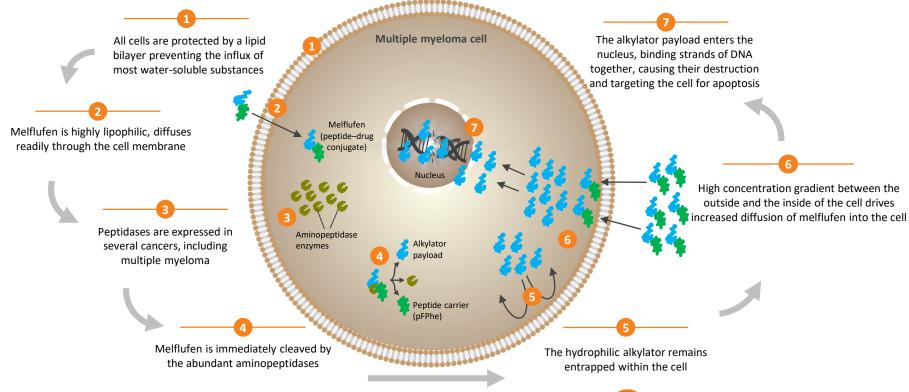


Source: Intrinsig MAT 3Q2019

Note: 3-yr annual growth rate for 3Q2016-3Q2019

### Melflufen is a novel peptide-drug conjugate

- Uses high peptidase levels to target myeloma cells



### Overview of our present clinical development program in multiple myeloma



O-12-M1

Show single-agent activity in RRMM



Show single-agent activity in RRMM



Show single-agent Superiority over SoC backbone in RRMM (pomalidomide)



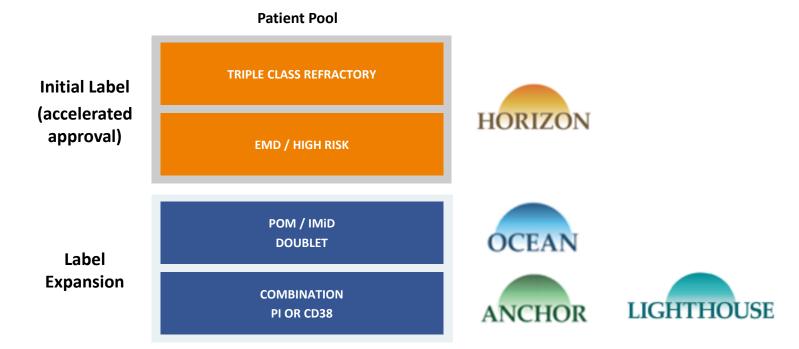
Show combination synergy and tolerability with daratumumab and bortezomib



Show that melflufen can be used in patients with renal impairment

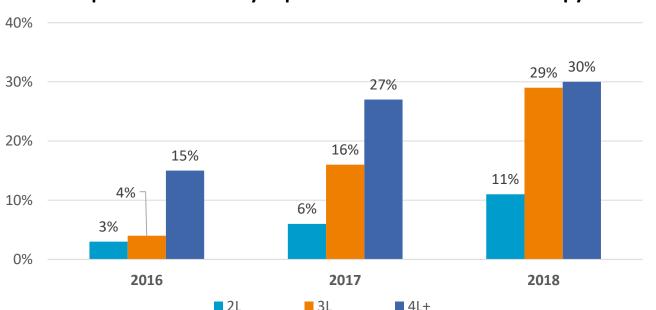


### Label journey with current development program in myeloma



### Initial indication of triple-class refractory disease is a significant and growing unmet medical need in myeloma

#### Triple-class refractory % patients after each line of therapy



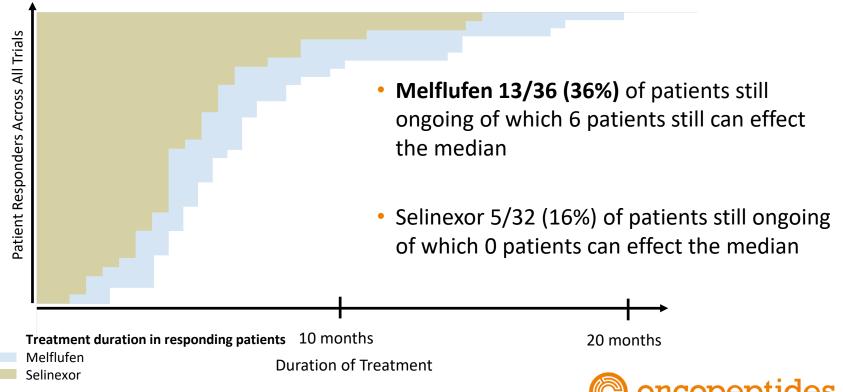
**Estimated** >20,000 Triple-class refractory patients in the **US** and growing

### Melflufen triple-class RRMM data is highly competitive

- Duration of treatment and QoL are main drivers of use in later lines of therapy

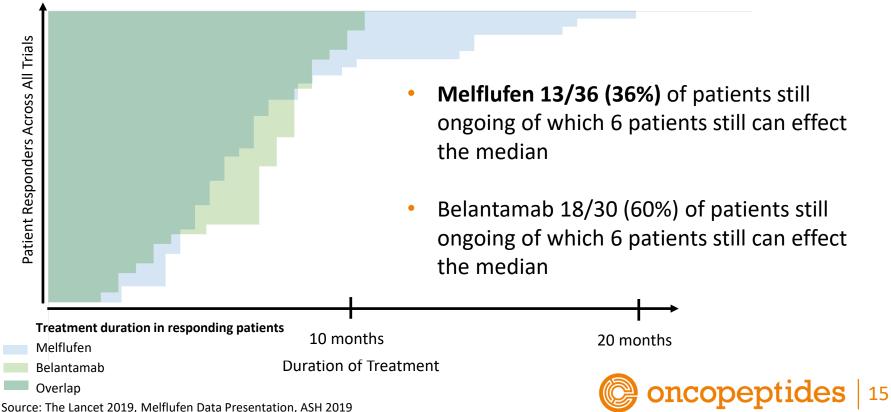
	Melflufen	Selinexor	Belantamab	
ORR/CBR	24%/37%	25%/39%	31%/34%	
mDOR	7.5 months	4.4 months	NR (≈7-8months)	
mPFS	4.0 months	3.7 months	2.9 months	
mOS	11.3 months	8.0 months	NR (≈10months)	
%EMD	34%	22%	23%	
SAE rate	51%	58%	36% (excl. ocular tox.)	
Non-hematologic toxicity (grade 3/4) reported in >5% of patients	Pneumonia 8.4%	Fatigue 25.2% Hyponatremia 20.3% Nausea 9.8% Pneumonia 8.9% Diarrhea 7.3% Sepsis 5.7% Hypokalemia 5.7% Mental status 5.7% General det. 5.7%	Keratopathy/ 27.4% Blurred vision Hypercalcaemia 7.4% Pneumonia/ 6.3% Lung infections	

### **Duration of treatment:** Comparison between melflufen and selinexor



Source: NEJM 2019, Melflufen Data Presentation, ASH 2019

### **Duration of treatment:** Comparison between melflufen and belantamab



## Requirements for success in Relapsed Refractory Multiple Myeloma

#### **MUST HAVE CHARACTERISTICS**

Single agent +/- steroid activity in multi-refractory patients of >20% Overall Response Rate

Single agent +/- steroid approval in refractory patients

Efficacy synergy in combination with other main myeloma drugs with good tolerability

No major quality of life/ tolerability issues

No co-morbidity limitations

#### **NICE TO HAVE CHARACTERISTICS**

Easy administration schedule

Proven single agent activity



Comorbidity or tolerability limitations





Limited to no single agent data







## Development program for Melflufen is designed to support its potential as a new agent after IMiD and PI failure

#### **MUST HAVE CHARACTERISTICS**

Single agent +/- steroid activity in multi-refractory patients of >20% Overall Response Rate

Single agent +/- steroid approval in refractory patients

Efficacy synergy in combination with other main myeloma drugs with good tolerability

No major quality of life/tolerability issues

No co-morbidity limitations

#### MELFLUFEN

O-12-M1 showed an ORR of 31% and HORIZON an ORR of 29% in multi-refractory patients

OCEAN head to head study vs. Pomalyst/dex is designed for approval

ANCHOR shows excellent synergy and good tolerability with daratumumab and bortezomib (early data)

Good QoL with almost no non-hematological AEs

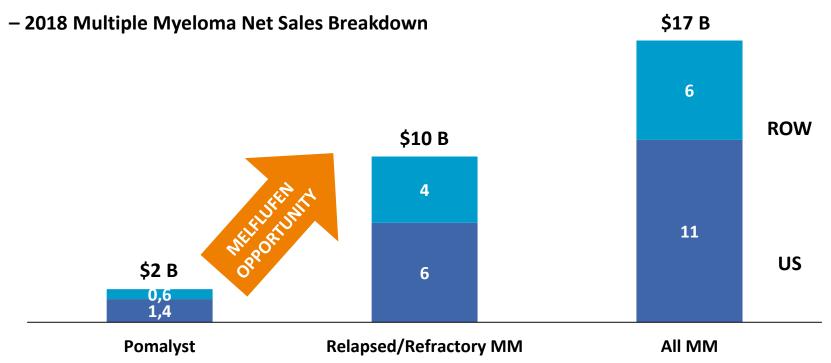
No co-morbidity or drug-drug interactions limitations

#### **NICE TO HAVE CHARACTERISTICS**

Easy administration schedule

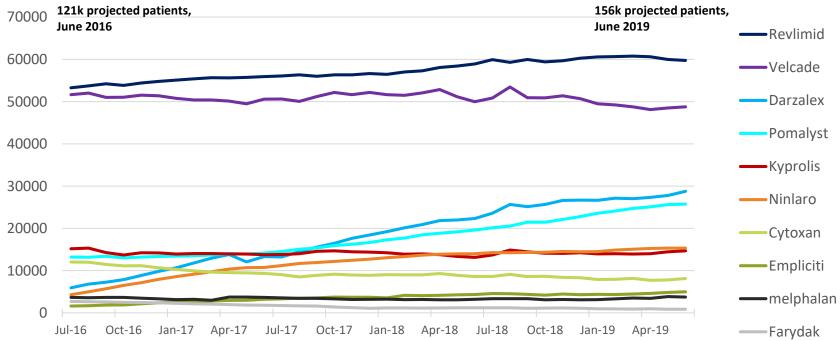
One 30-minute infusion every 28 days

### Melflufen opportunity in Relapsed **Refractory Multiple Myeloma**



### Newer products used in addition to, not in place of, older products as survival improves





### **Recent highlights**

#### Clinical programs progressing

- HORIZON fully enrolled in September
- ANCHOR meflufen + daratumumab arm fully enrolled in September
- BRIDGE trial expanded to include patients with severe renal impairment
- OCEAN on track to recruit last patient in Q1-20

#### Promising clinical data presented at ASH and IMW

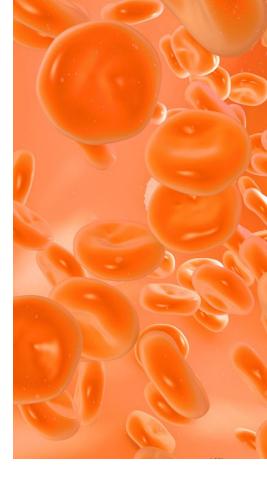
- ORR of 29% in HORIZON, 24% in triple-class refractory myeloma patients
- Progression-free survival of 14.3 months for melflufen in combination with daratumumab in RRMM (ANCHOR study)

#### NDA submission process on track with submission planned during first half of 2020

- Application for accelerated approval in triple class refractory patients based on HORIZON data
- Pre-NDA meeting recently held with the FDA confirming plans

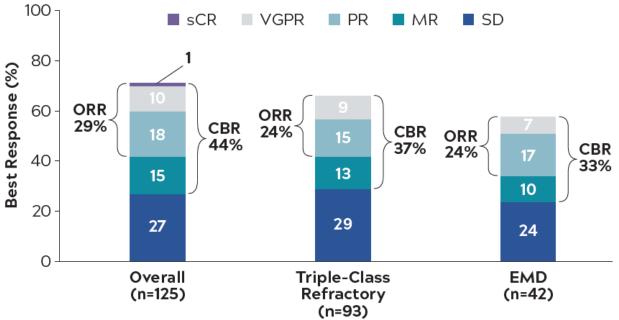
#### **Key staff members recruited**

- Klaas Bakker, MD, PhD, started as Chief Medical Officer in early November
- Joe Horvat started as President North America in early December



## Promising overall response rates in both triple-class refractory patients and patients with EMD at relapse





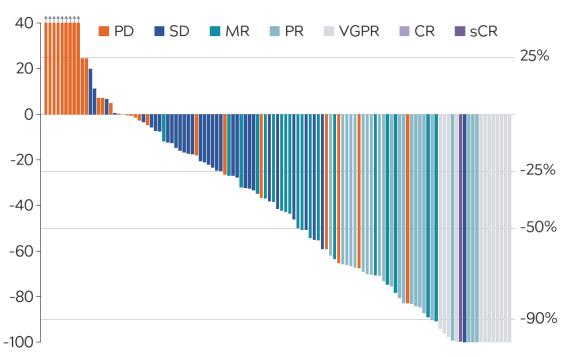
<sup>&</sup>lt;sup>a</sup>Response was investigator assessed.

CBR, clinical benefit rate; EMD, extramedullary disease; IMWG, International Myeloma Working Group; MR, minimal response; ORR, overall response rate; PR, partial response; sCR, stringent complete response; SD, stable disease; VGPR, very good partial response.

Oncopeptides

### Disease was stabilized in 83% of patients<sup>a</sup>





Overall, 83% of the patients had a reduction of M-protein despite all patients having progressing disease at study entry

<sup>a</sup>In total, 10 patients had missing M-protein data.

M-protein, monoclonal protein; MR, minimal response; PD, progressive disease; PR, partial response; sCR, stringent complete response; SD, stable disease; VGPR, very good partial response.

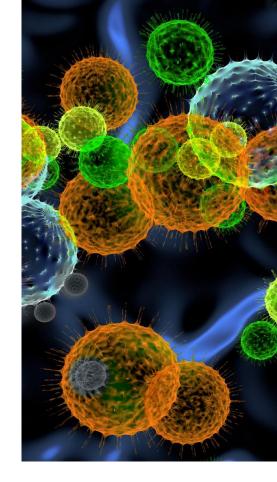
Source: Mateos MV, et al. ASH 2019. #1883



### **Encouraging data for melflufen in** combination with daratumumab

### Summary of combination with daratumumab – n=33

- Median of 2 prior lines of therapy
- True RRMM population (not maintenance refractory) 39% had disease progression while on last line of therapy and 60% high-risk cytogenetics
- ORR of 76% with good tolerability and deepening responses - 22 patients ongoing
- Median PFS of 14.3 months

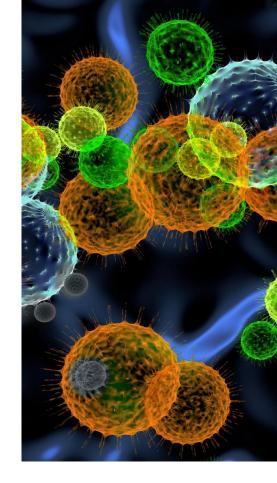




### **Emerging data for melflufen in** combination with bortezomib

### Summary of combination with bortezomib – n=6

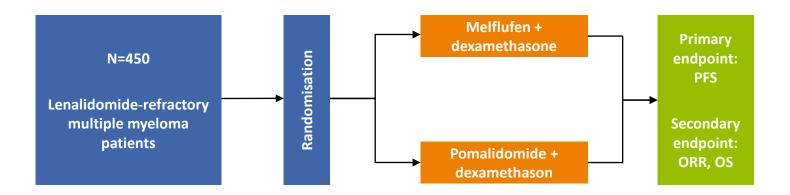
- Elderly population Median of 2.5 prior lines of therapy
- True RRMM population (not maintenance refractory) 50% had disease progression while on last line of therapy
- 4/6 responded on therapy (ORR 67%) with good tolerability and deepening responses – 3 pts ongoing
- Median PFS not reached with the longest patient on treatment for 16 months





### Data to date provide high conviction for success in our ongoing phase 3 trial OCEAN





#### RRMM data from pomalidomide FDA label and O-12-M1 study

Treatment	ORR	CBR	Median PFS	Median DOR	Median OS
Melflufen + Dexamethasone	31%	49%	5.7 months	8.8 months	20.7 months
Pomalidomide + Dexamethasone	24%	NR	3.6 months	7.0 months	12.4 months

### The phase 3 combination trial LIGHTHOUSE will be of high strategic importance

#### Second phase 3 trial with melflufen in multiple myeloma

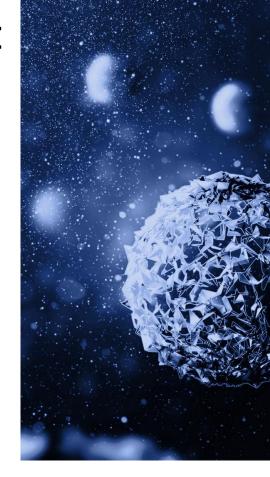
- Melflufen + daratumumab vs daratumumab randomized 2:1
- Subcutaneous administration of daratumumab

#### Two objectives:

- Expand market potential extend label with melflufen in combination with daratumumab in earlier line patients
- De-risk the development program add a third trial that can result in market registration in the EU and US

We are in final preparations of the study and aim to start the study **early 2020** 





### **Our new indication AL Amyloidosis**

Similarly to myeloma, AL amyloidosis is a disease of the B-cell system

- Antibody light-chains misfold and form deposits in multiple organs with organ dysfunction as a result
- Orphan disease 30-45,000 patients in the USA and the EU<sup>1</sup>
- Majority of patients >65 years old

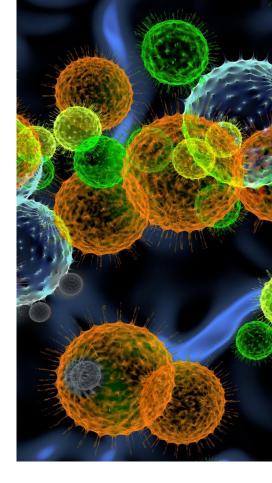
Similar drug use as for myeloma – drugs that are efficacious in myeloma are most of the time also used in AL amyloidosis

**Limited treatment options -** with median overall survival of 1.5-2.0 years (1995-2013) with a trend towards improved survival (3.5 years for the period  $2010-2013)^2$ 

Strong pre-clinical data presented at ASH 2019 with distinct differentiation vis-à-vis other drugs including alkylating agents – preclinical data translates well in AL amyloidosis

Phase I+II study – up to 45 patients across both phases

The study to start imminently, patient screening ongoing



### The coming quarters will be very information rich



### Summary

#### Significant unmet needs in Multiple Myeloma

• \$17 B orphan market

### Melflufen has the potential to become a new treatment backbone for relapsed refractory multiple myeloma

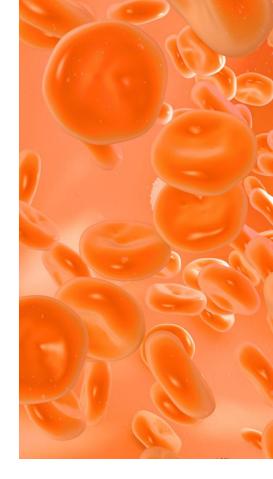
- Phase 2 study, O-12-M1, showed very strong survival data
- Both phase 2 studies, HORIZON and ANCHOR show strong overall response (ORR) data and competitive profile for progression free survival (PFS)
- Generally well tolerated giving patients good quality of life

#### Late stage development program with multiple ways to get approval

- Submission for accelerated approval for triple-class refractory patients in the US targeted during H1 2020 based on HORIZON data
- Phase 3-trial OCEAN expected to be fully enrolled Q1 2020
- Additional Phase 3-trial, LIGHTHOUSE will start early 2020

#### **Strong financial position**

Cash position SEK ~1.1 B (\$ 118 M) as of September 30



# Thank you for your attention!

