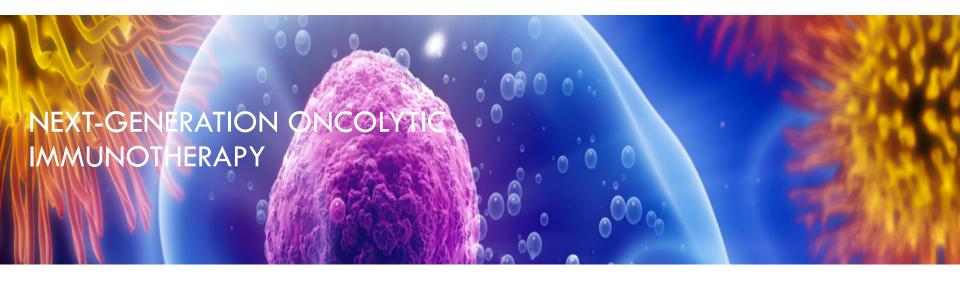


Example responding skin cancer patients treated with RP1 combined with nivolumab in study RPL-001-16

(Data cut-off 15th Oct 2020)





**Example CSCC patients** 

# Patient 4403-1002 — 3<sup>rd</sup> January 2019









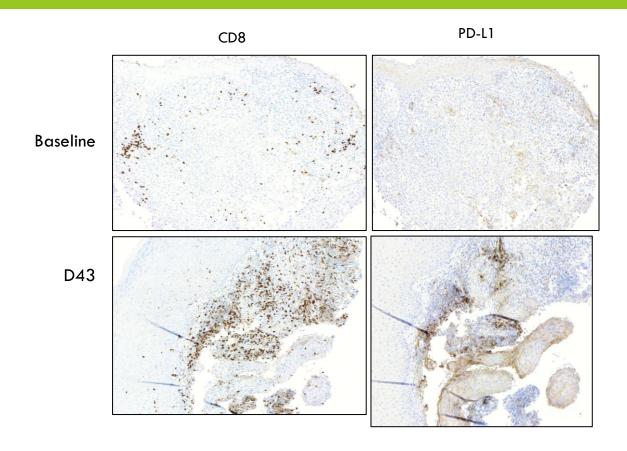


 Patient with extensive recurrent CSCC previously treated with surgery (including skin grafts), radiotherapy, cisplatin/5FU, then electrochemotherapy

# Patient $4403-1002 - 20^{th}$ July 2020 (CR)

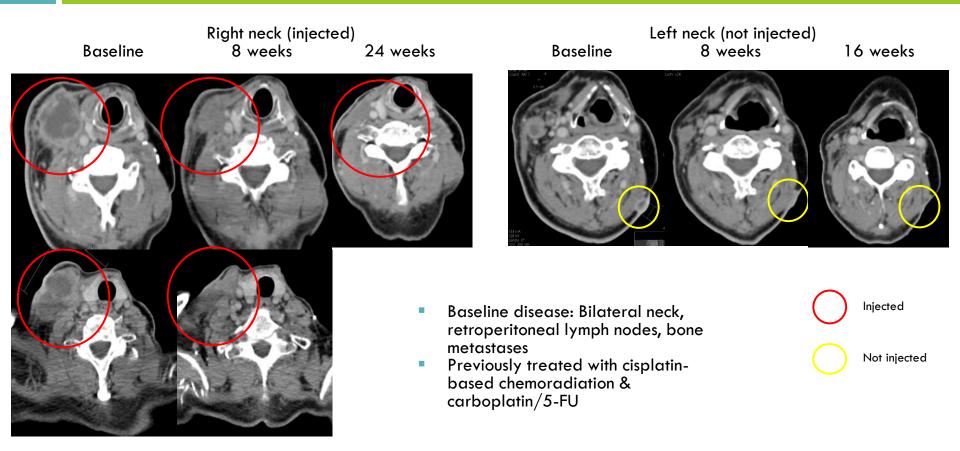


# Patient 4403-1002 (CR)





- Patient with recurrent CSCC of the neck (bilateral), previously treated with cisplatin-based chemoradiation & six cycles of carboplatin/5-FU, prior to entering the clinical trial
- Both the large injected tumor & the smaller contralateral tumor in the neck reduced considerably before the first nivolumab dose, i.e. after the first dose of RP1

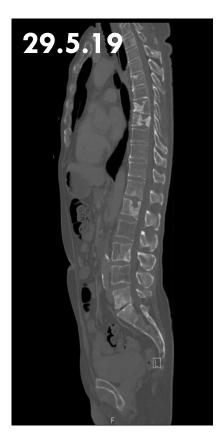






The patient also had baseline retroperitoneal tumors which completely resolved

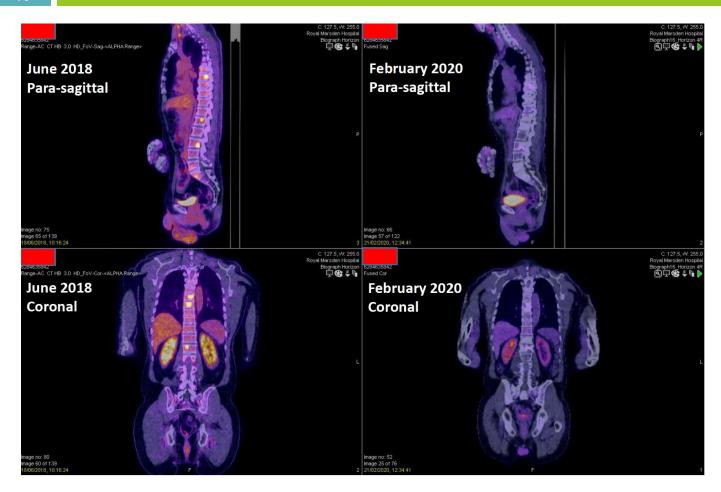






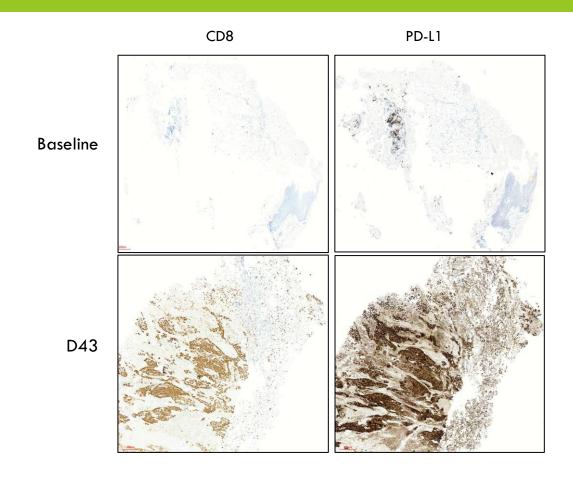


Complete sclerosis of all bone lesions with no areas of active disease. Declared radiological CR. Confirmed by PET scan (next slide)



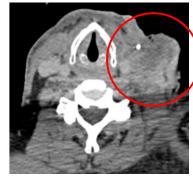
Bone metastases had substantially increased by CT between the prior PET scan (June 2018) and initiating the trial (June 2019), but no PET scan was performed at screening.

The PET scan to confirm CR of bone mets performed Feb 2020 showed no active disease

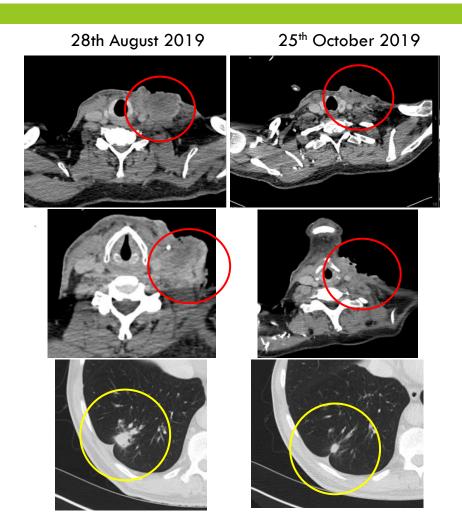




Baseline scan

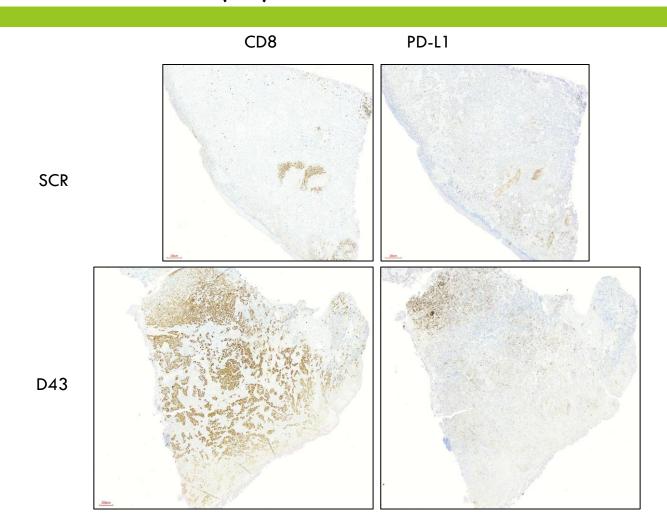


- Recurrent CSCC of the neck, previously treated with radiotherapy with immediate relapse after which the patient entered the clinical trial
- The large injected tumor in the neck flattened considerably after the first dose of RP1 (i.e. before the first nivolumab dose), & continued to reduce thereafter



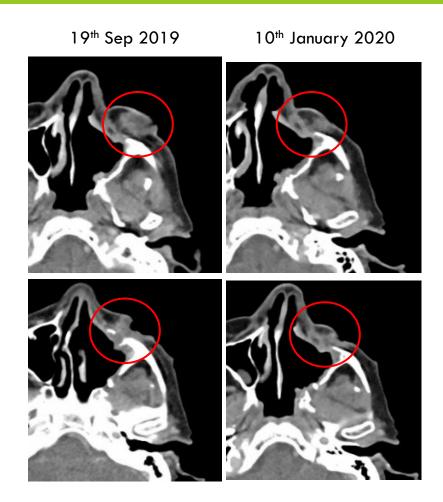
 The only other sites of disease were lesions in the lung, which also reduced



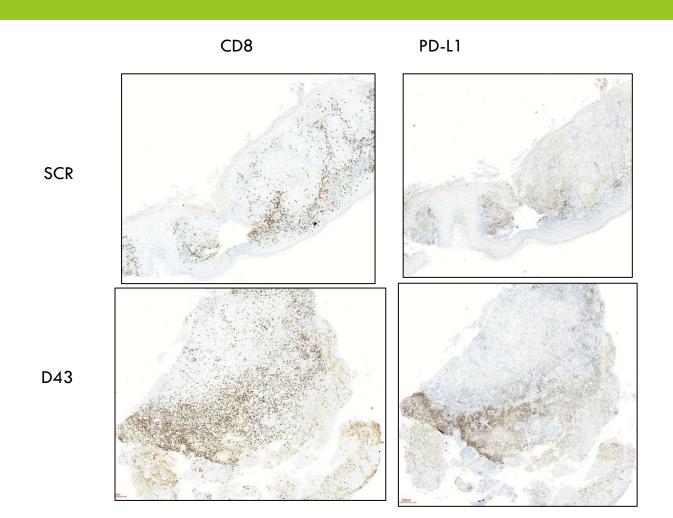




- Recurrent, rapidly progressing CSCC of the left cheek with bone invasion through the maxillary region, previously treated with surgery & radiation before trial entry
- The lesion flattened considerably after the first dose of RP1, and continued to reduce after the first dose of nivolumab
- CR confirmed by biopsy/CT in December



- Biopsy confirmed CR in December
- At baseline, tumor was invading through the maxillary bones





 Recurrent, rapidly progressing CSCC of the nasal region (3.5cm tumor), previously treated with carboplatin & radiation before trial entry



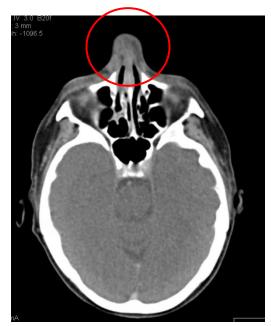




1<sup>st</sup> Sept 2020



2<sup>nd</sup> Feb 2020

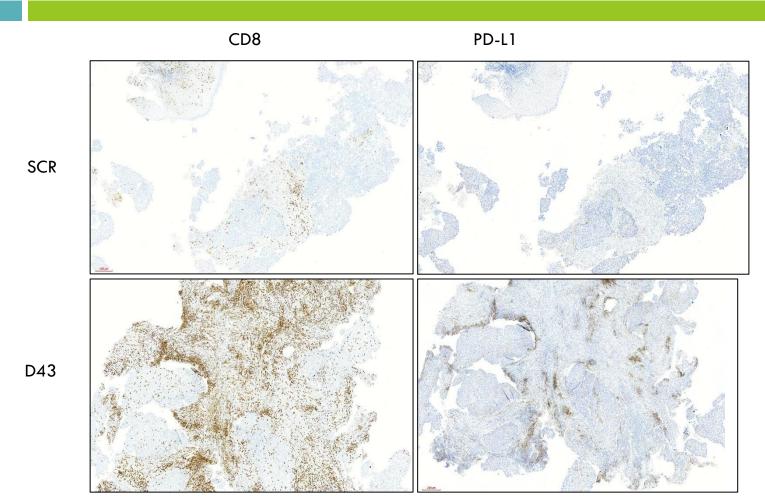


14th April 2020\*



\* CT done in a different plane to prior scans to maximally capture the affected area

The alternative to study treatment was rhinectomy



#### Patient 1121-2003 (CR)

12<sup>th</sup> May 2020 (Baseline) 26<sup>th</sup> May 2020 (pre nivolumab)

9<sup>th</sup> June 2020

8<sup>th</sup> September 2020









- Prior cetuximab
- Injections into left neck lesion (1.7cm)
- Nivolumab subsequently discontinued due to dermatitis

#### Patient 1122-2014 (PR; clinically assessed Oct; Oct CT pending)

22<sup>nd</sup> May 2020









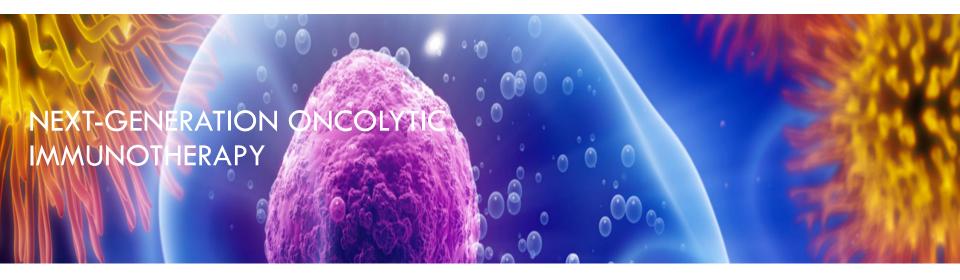
Screening



17<sup>th</sup> Aug 2020

 Patient had groin nodes which were initially injected & responded, before the foot was also injected following improvement





Angiosarcoma patients

# Patient 1122-2002 — Angiosarcoma (PR)

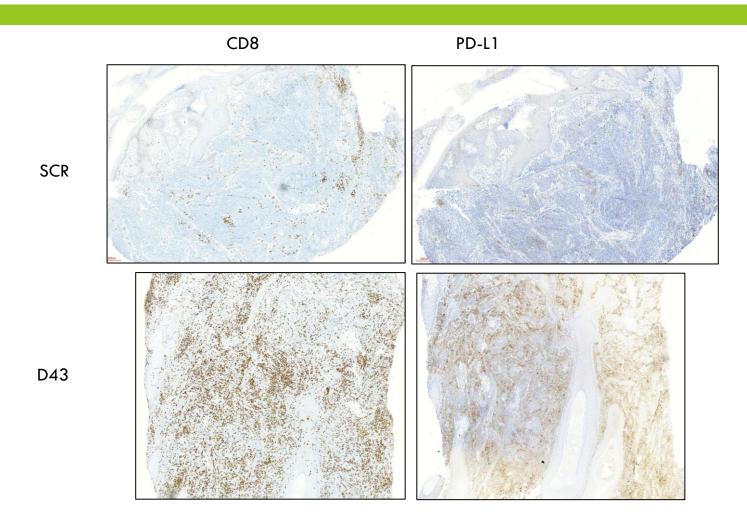


 Patient subsequently withdrew from treatment due to nivolumab side effects

6<sup>th</sup> November 2019

18<sup>th</sup> February 2020

# Patient 1122-2002 — Angiosarcoma (PR)



#### Patient 1122-2013 — Angiosarcoma (PR)



- nivolumab stopped in April due to side effects
- Patient also has other disease on the scalp & uninjected nodal disease

#### Patient 1122-2019 — Angiosarcoma



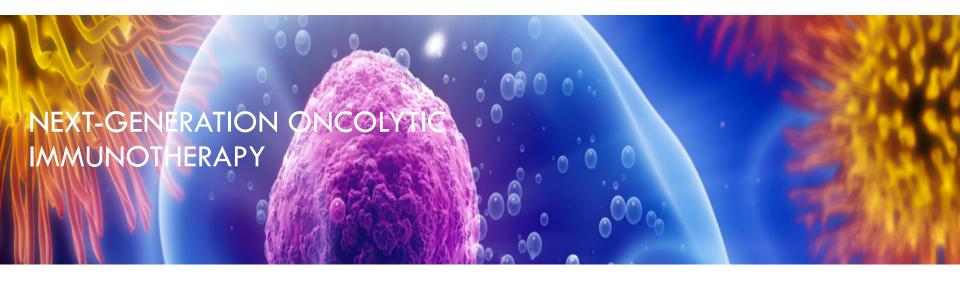
 $12^{th} Aug 2020 (C1D1 2^{nd} July 2020)$ 



23<sup>rd</sup> Sept 2020

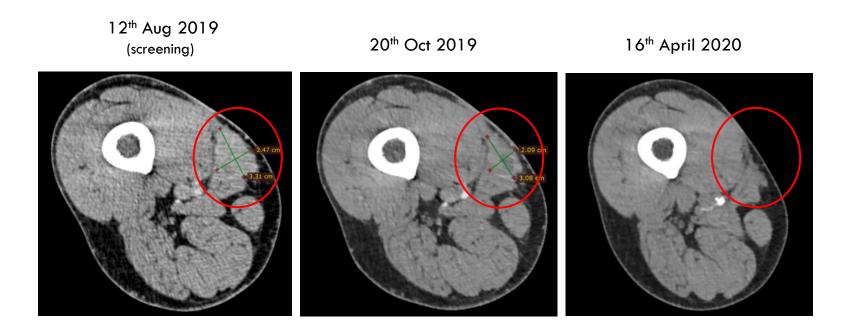
Formal response assessment awaited





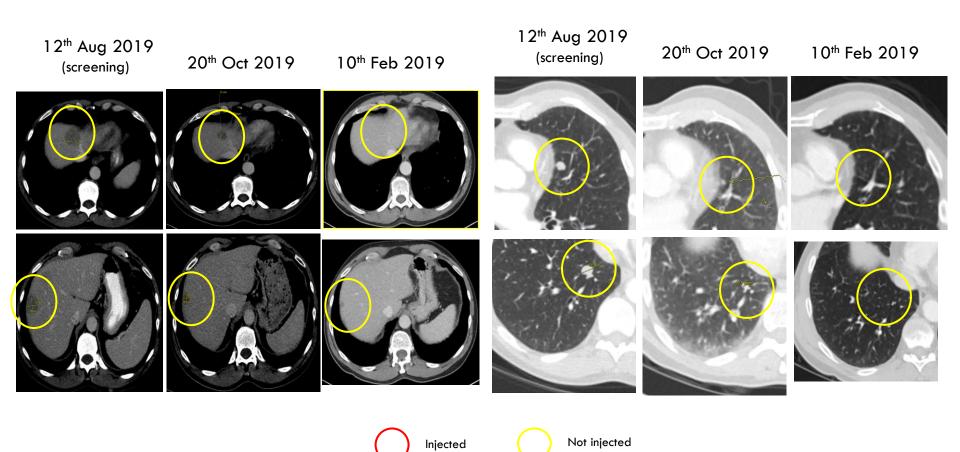
Example melanoma patients

# Anti-PD1 naïve cutaneous melanoma patients



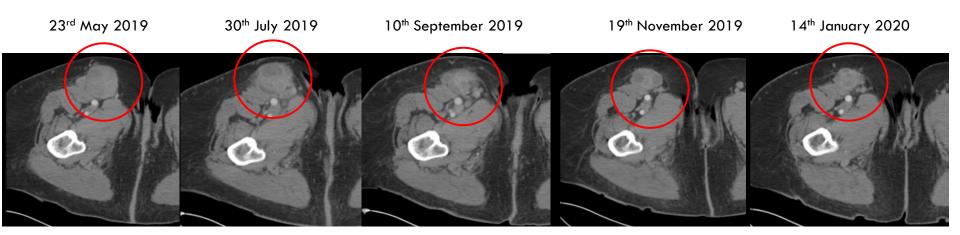
- 6x3ml injections into medial right thigh (after which nothing left to inject into)
- Ongoing CR with marked reduction of multiple uninjected lesions including liver, lungs, resolved soft tissue lesion of right gluteus & injected lesion







- Baseline disease in the foot, inguinal nodes and liver
- Heel injected once, subsequent injections into inguinal nodes only
- Initial increase seen in inguinal nodes and liver, followed by reduction (see next slides), then progression (liver) at 8 months

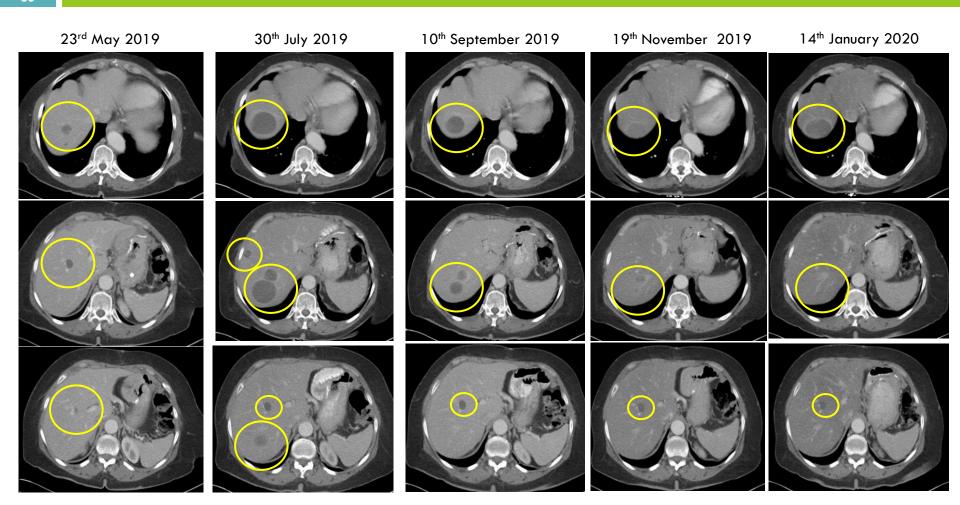


Progression of inguinal nodes determined at C5 scan, reducing by 6 weeks later



Injected

#### Patient #: 1119-2001



Left foot (D113)



Left chest (D169)

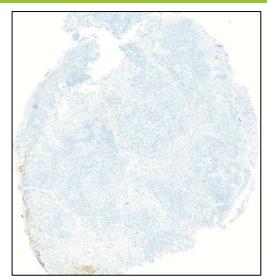




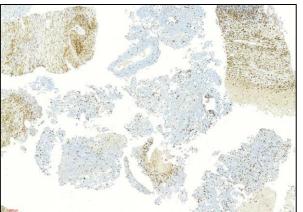
Right foot (D169)



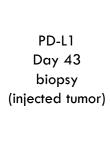
CD8 Baseline biopsy

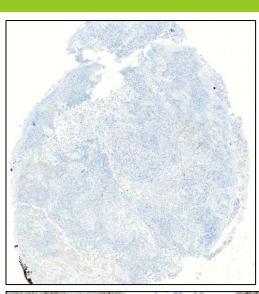


CD8 Day 43 biopsy (injected tumor)

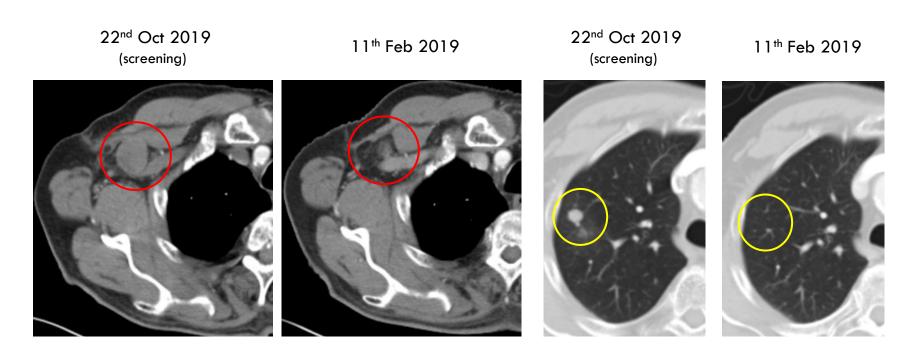


PD-L1 Baseline biopsy





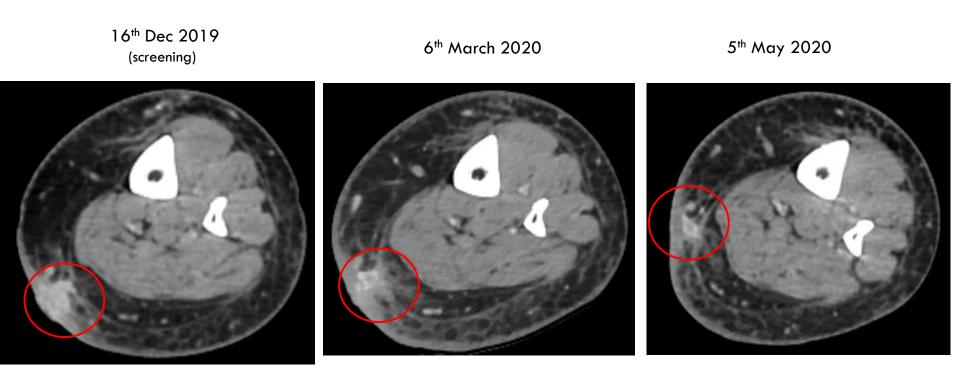




Baseline
Injections into 3.1x2.4cm right axillary lymph nodes

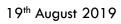


# Patient #: 1121-2002 (CR)

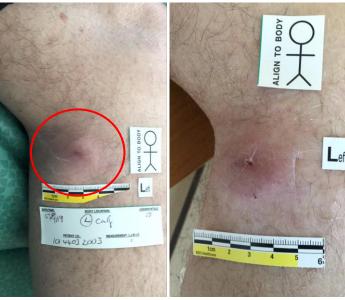


#### Patient #: 4403-2003 (PR)



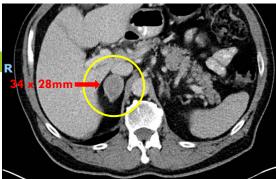


14th October 2019









30<sup>th</sup> September 2019



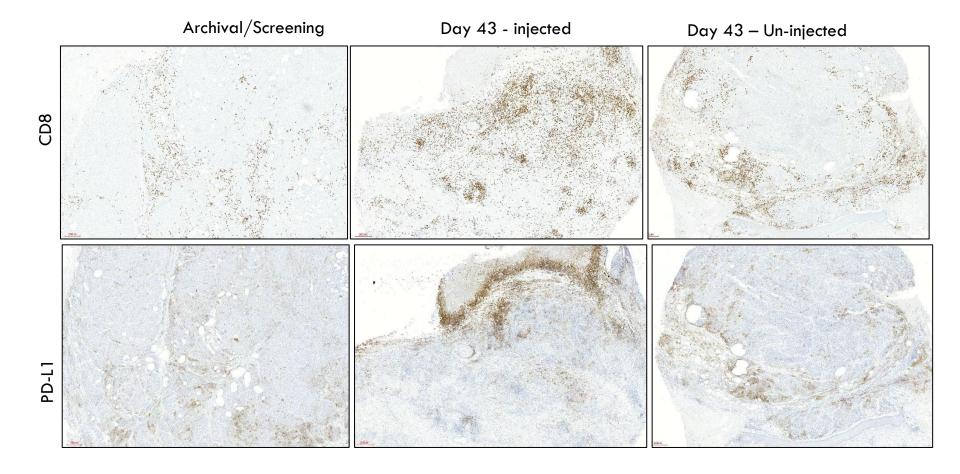
25<sup>th</sup> November 2019





Baseline 23<sup>rd</sup> Oct 2019

- Left iliac node (24x18mm), intramuscular left thigh
- Numerous cutaneous/subcutaneous lesions left leg (representative area shown)



# Anti-PD1 experienced cutaneous melanoma patients

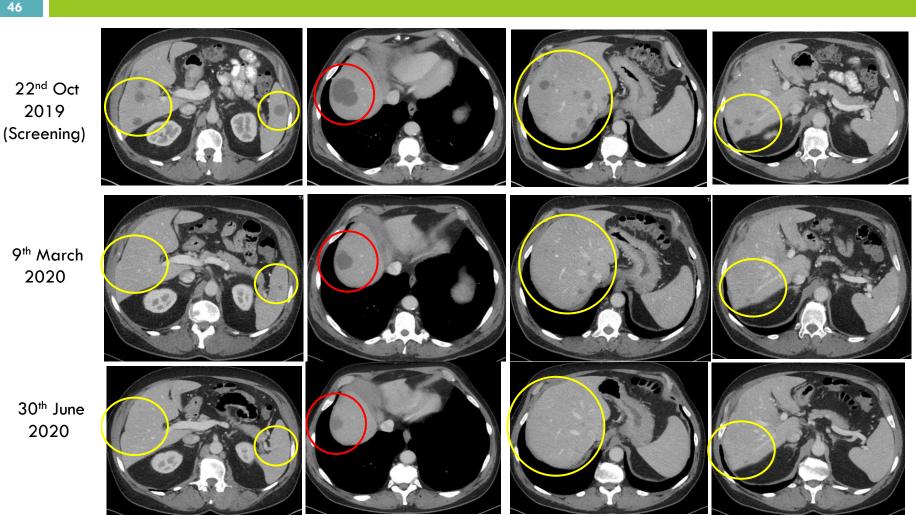
#### Patient #: 1119-2003 (ipilimumab/nivolumab refractory melanoma) — CR



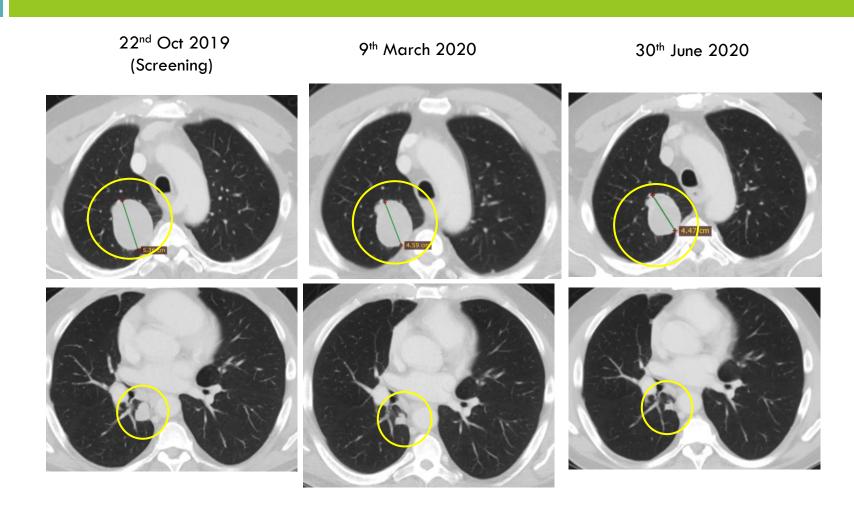
#### Patient #: 1119-2003 (ipilimumab/nivolumab refractory melanoma) — CR



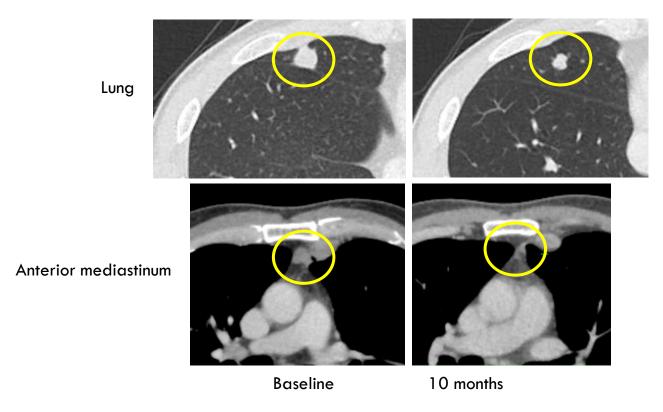
# Patient 1122-2007 (ipilimumab/nivolumab refractory melanoma) — PR



## Patient: 1122-2007 (ipilimumab/nivolumab refractory melanoma) — PR



- Disease sites: Breast, lung, mediastinal and peritoneal anterior to the spleen
- RP1 injection site: Lesion behind the left ear



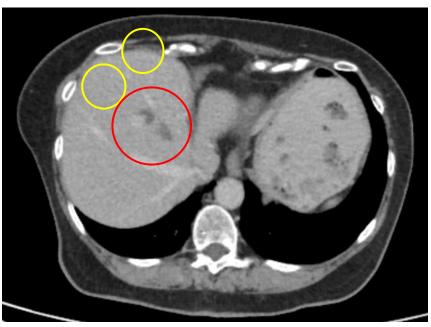
Confirmed progression on prior immune checkpoint blockade, where two sequential PET scans demonstrated new lesions while also concurrently being treated with local therapy for the lesion behind the ear, then entry into the RP1 clinical trial

Not injected

11<sup>th</sup> October 2019 (Screening)



4th May 2020







#### Patient #: 4403-1003 (ipilimumab/nivolumab refractory melanoma) - PR



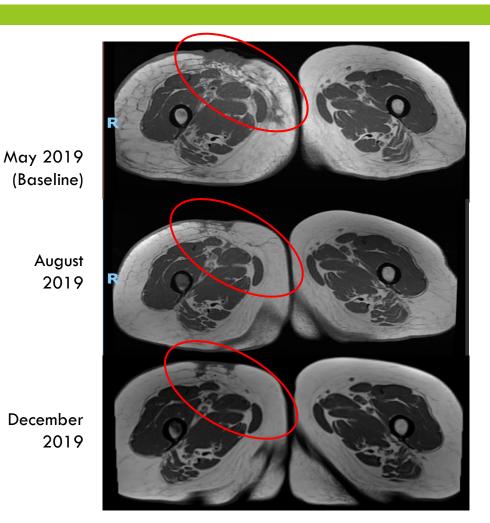
Patient history: Metastatic disease initially treated with ipi/nivo with best response of SD, then clear progression in the groin & thigh when radiotherapy followed by electrochemotherapy was added to continued nivolumab; following further clear progression, enrolled into the current trial

All tumors flattened after the first dose of RP1, i.e. prior to nivolumab & extensive oedema rapidly reduced

# Patient #: 4403-1003 (ipilimumab/nivolumab refractory melanoma) — PR

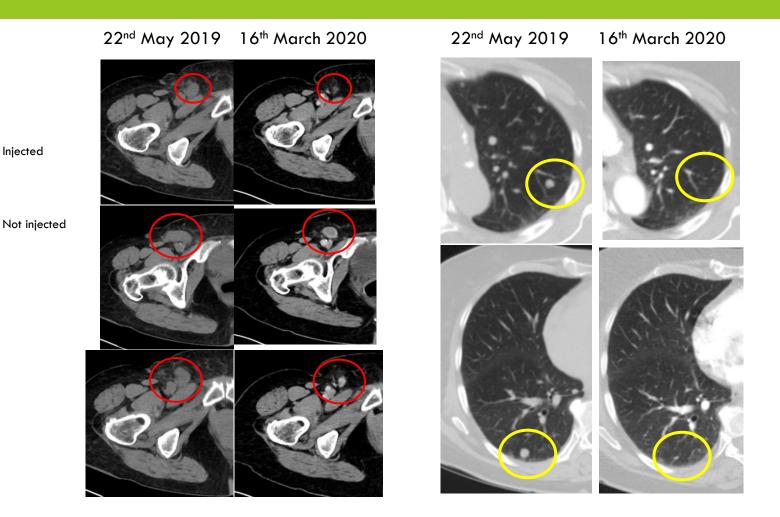
Injected

Not injected

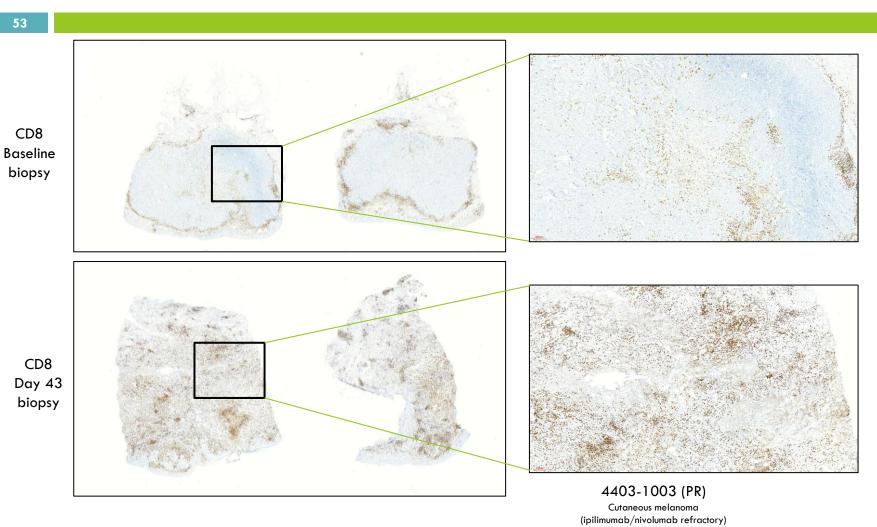


Injected

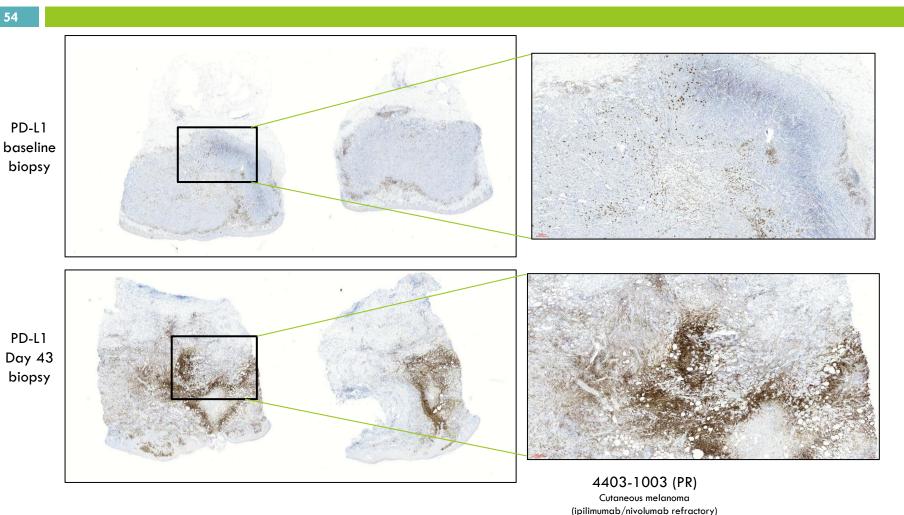
#### Patient #: 4403-1003 (ipilimumab/nivolumab refractory melanoma) — ongoing PR



#### Reversal of T cell exclusion with RP1 combined with nivolumab

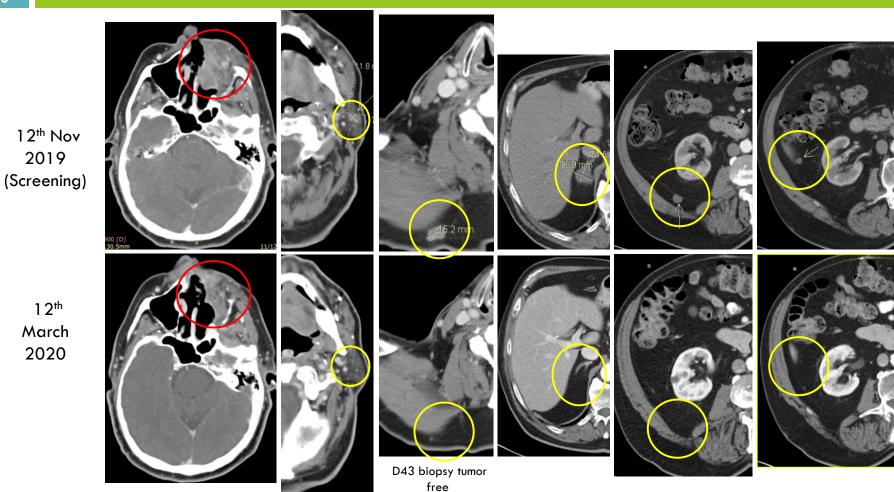


#### Reversal of T cell exclusion with RP1 combined with nivolumab



# Mucosal melanoma patients

# Patient #: 1119-2007 (mucosal melanoma) — PR



## Patient #: 4401-2002 (pembrolizumab refractory mucosal melanoma) — CR

20<sup>th</sup> Aug 2019 (Screening)



1*5*<sup>th</sup> Jan 2020



Excision biopsy tumor free 1st April 2020

# **Uveal melanoma patients**

#### Patient #: 4403-1001 (ipilimumab/nivolumab refractory uveal melanoma)

Baseline (2<sup>nd</sup> Jan 2019)



24th April 2019



Baseline disease included multiple c/sc deposits up to 4cm, 5-13mm lung & liver mets, multiple intraabdominal up to 2cm.

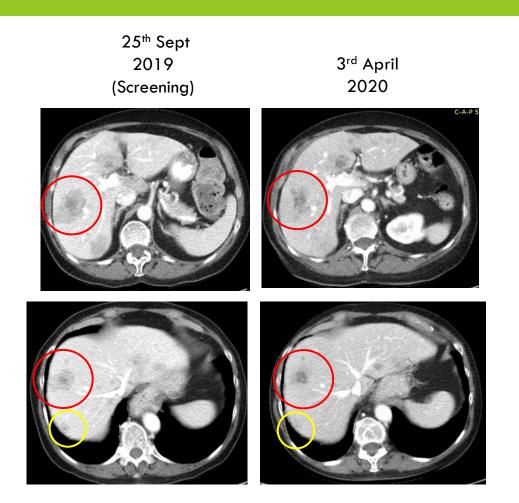
Initial response in numerous c/sc deposits, including uninjected (some biopsied showing no remaining residual tumor) and large scalp lesion.
Other disease stable.

Treatment discontinued 20<sup>th</sup> Nov 2019 (new brain lesions).

Injected

Not injected

#### Patient #: 1112-2002 (ipilimumab/nivolumab refractory uveal melanoma)



Max 27.3% reduction by RECIST (unidimensional), 61% reduction by WHO (bi-dimensional)