4C BIOMED
Hitting targets.

April 2024

PATIENT DERIVED, PATIENT INSPIRED

# FINDING NEW TARGETS TO FIGHT CANCER

Anglonordic
Life Science Conference

## OVERVIEW

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- A pre-clinical stage R&D Immune-oncology company
- Exploiting our unique platform to identify new Immune check points
- Our lead, anti-4CB1 is a novel fully human, first-in-class anti-HVEM mAb
- Anti-4CB1 in-vivo efficacy studies demonstrated promising results as monotherapy and in combination with the gold standard anti-PD1

BY THE NUMBERS

**$17M+**

In funding raised to date

**IIA**

Grant Recipients

SUPPORTED BY

רשות החדשנות
Israel Innovation Authority

ISRAEL BIOTECH FUND

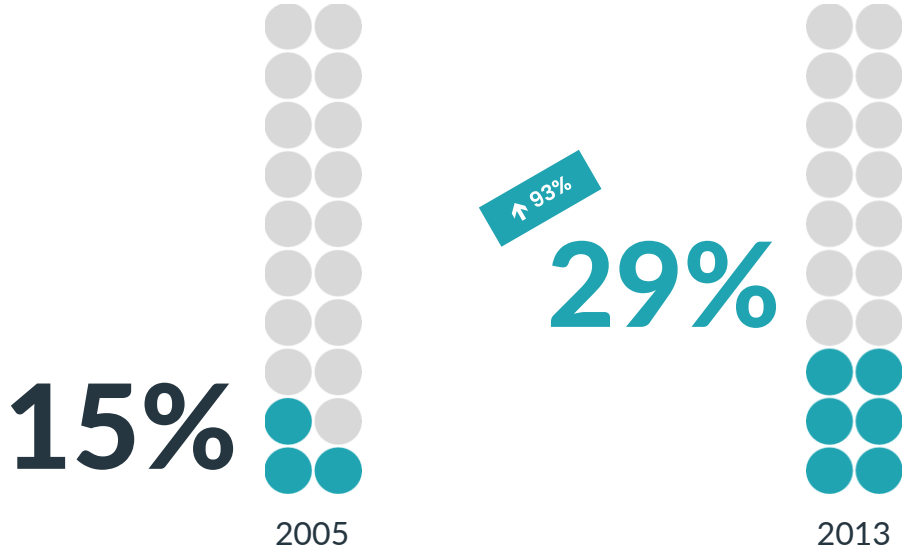
# IMMUNE CHECKPOINT INHIBITOR (ICI) RESEARCH HAD A HUGE PROMISE...

Leading to great results after first FDA approval in 2011


**5 YEAR RELATIVE SURVIVAL RATE**

OF METASTATIC MELANOMA BEFORE AND AFTER FIRST CHECKPOINT INHIBITOR DISCOVERY

https://seer.cancer.gov/statfacts/html/melan.html

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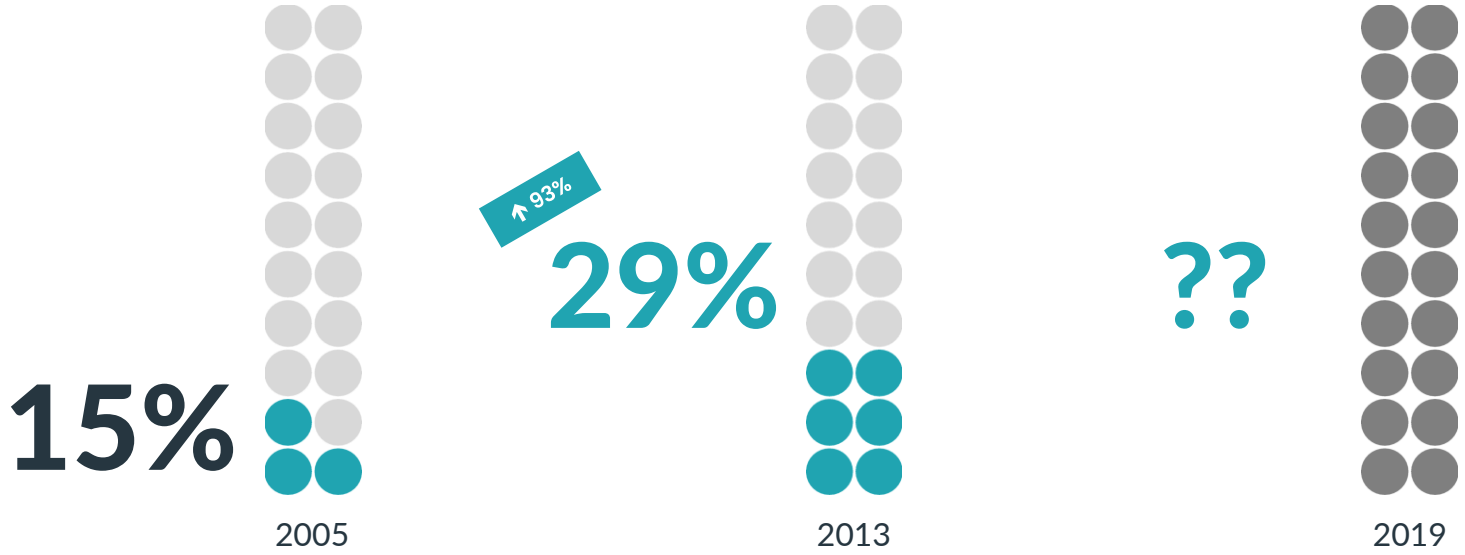


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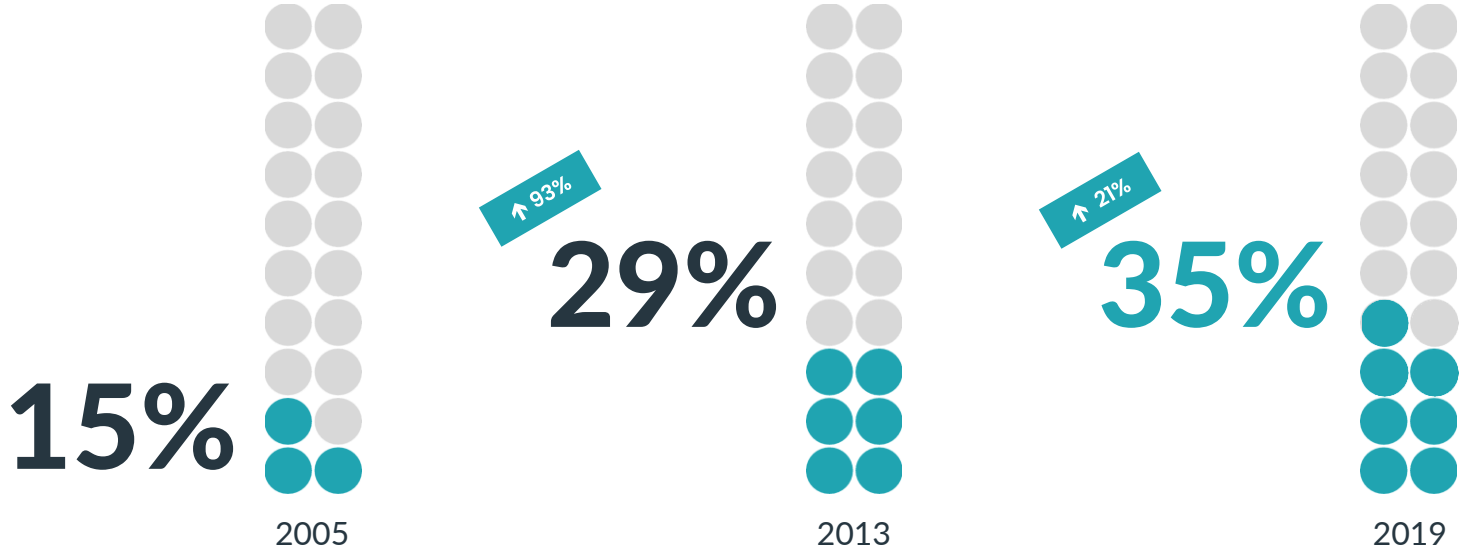


**5 YEAR RELATIVE SURVIVAL RATE**

OF METASTATIC MELANOMA BEFORE AND AFTER FIRST CHECKPOINT INHIBITOR DISCOVERY

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After billions of dollars, and years of development

# ONLY 3 ICI DRUG CATEGORIES APPROVED - A HUGE DISAPPOINTMENT

# 4C BIOMED IS HERE TO UNLOCK THE PROMISE OF IMMUNE CHECKPOINT INHIBITORS

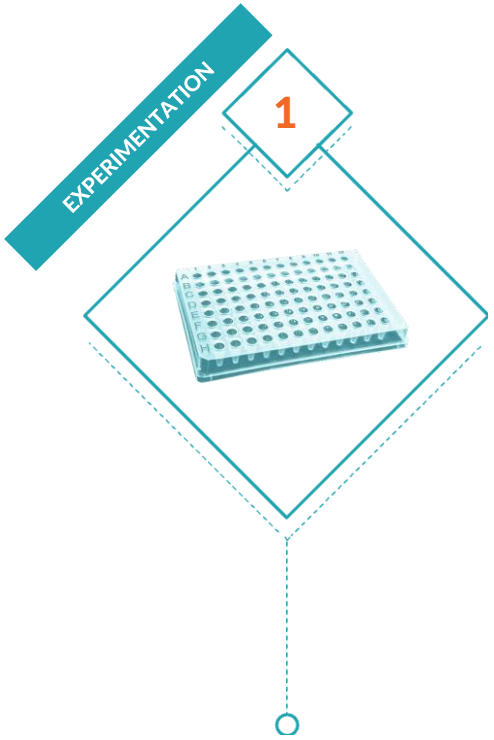
## TO SUCCESSFULLY FIND A WORLD OF NEW TARGETS

4C BIOMED
Hitting targets.

OUR APPROACH

# EMPIRICAL EVIDENCE FIRST

A bottom-up approach




**TARGET DISCOVERY**
Through **experimentation**


**TARGET**
**VALIDATION**


**TARGET TO HIT**
**HIT TO LEAD**


**EXPERIMENTATION**
*In-Vitro*, Pre-Clinical, Clinical

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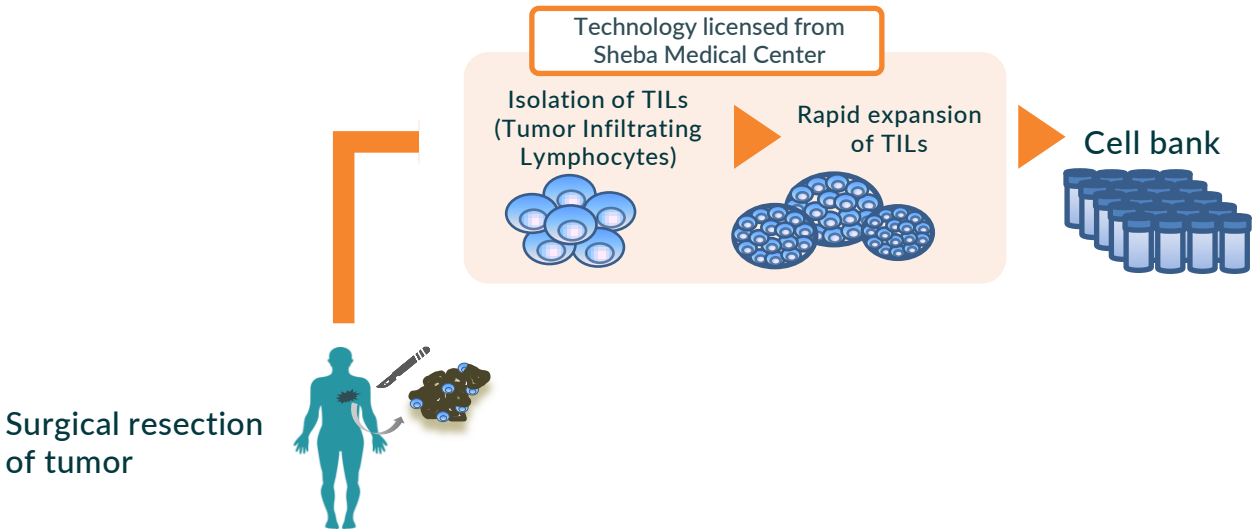
Hitting targets.

OUR DIFFERENTIATION

# EX-VIVO MODEL



OUR DIFFERENTIATION

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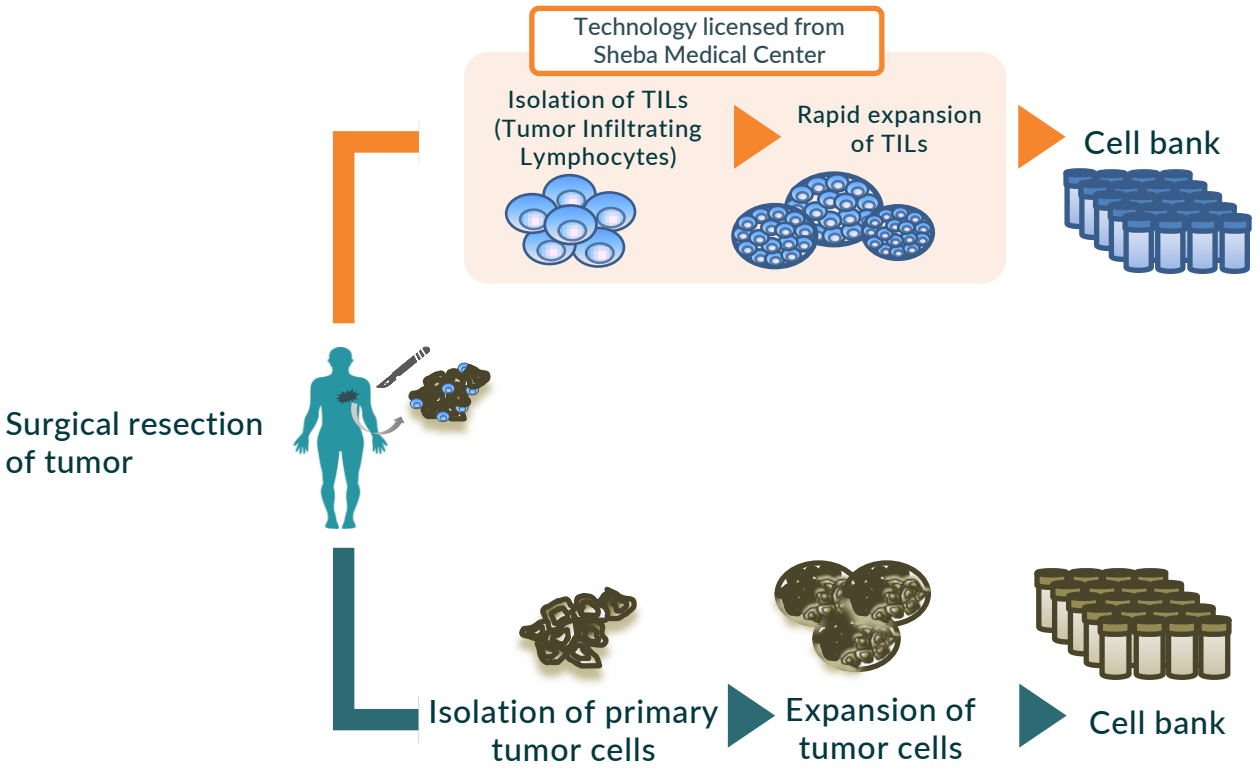

OUR DIFFERENTIATION

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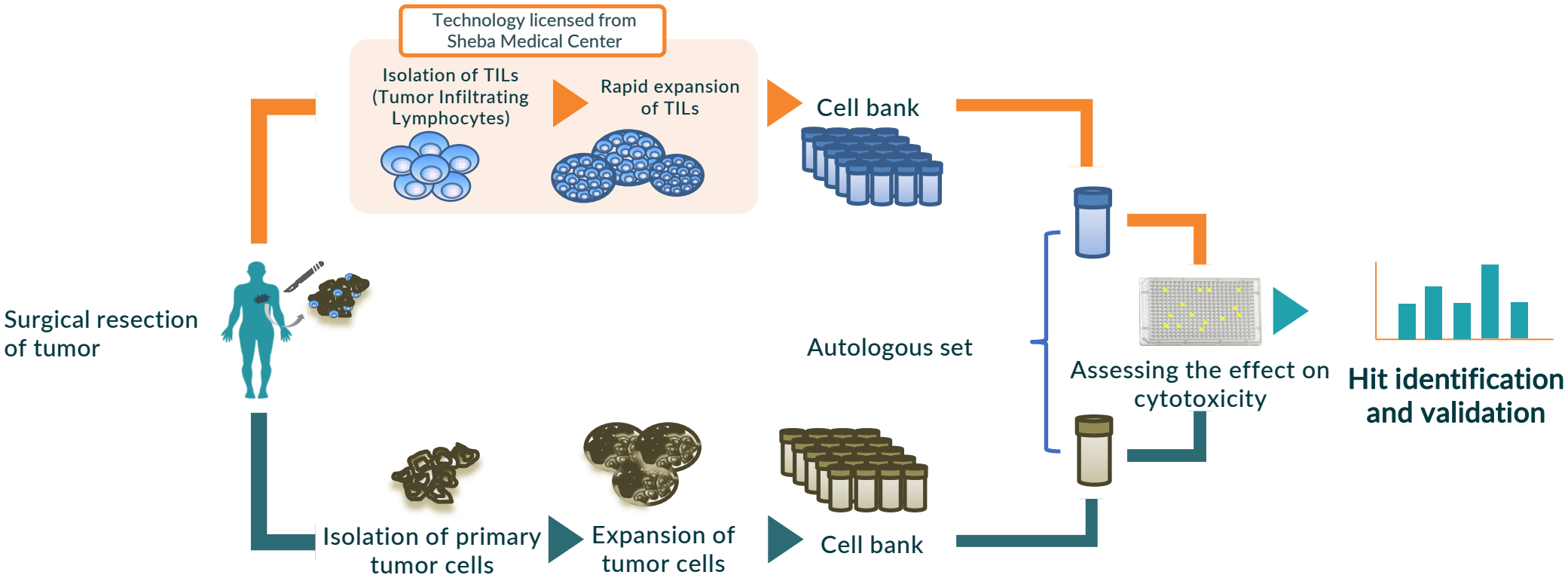

AND IT WORKS

# THE RESULTS SPEAK FOR THEMSELVES

# >20%

## Reached clinical trials by Pharma companies

Of  discovered target categories
(IIA-supported research)

# X3.5

## Less Noise

Compared to similar siRNA screenings
(average noise of 7%)

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ANTI-HVEM (ANTI-4CB1) VS. ANTI-LAG-3 (BMS)

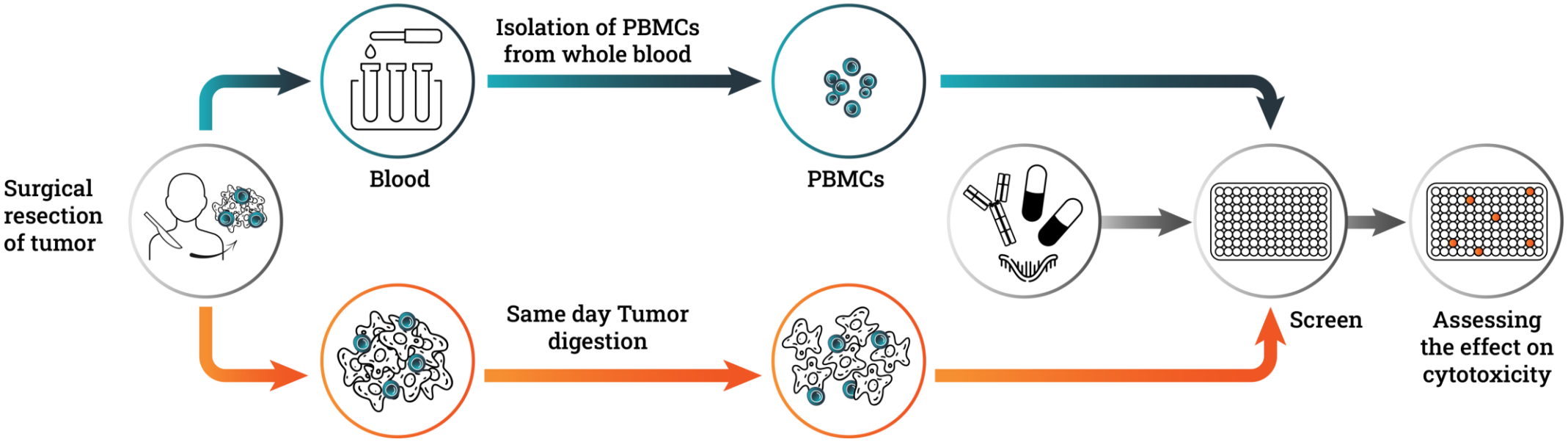
# ANTI TUMOR ACTIVITY IN MC38 COLON CARCINOMA MODEL

| | Monotherapy | | Combination with anti-PD1 | |
|---|---|---|---|---|
| | Anti-4CB1 | Anti-LAG-3 (BMS) | Anti-4CB1 | Anti-LAG-3 (BMS) |
| **Tumor Growth Inhibition (%)** | 50 | - | 96 | 70 |
| **Tumor-free mice (%)** | - | - | 20 | - |

EX VIVO: PATIENT DERIVED

# USING OUR ANTIBODY ON FRESH PATIENT TISSUE SAMPLES

**>30** SETS \ YEAR
Autologous sets for screening

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RESULTS

# EX VIVO MODEL

| Indication | Anti-4CB1 | Anti-PD1 | Combination |
|---|---|---|---|
| Endometrial | 2.1 | | 1.9 |
| Hepatocellular | 2.4 | | N/T |
| Melanoma | 1.6 | | 1.7 |
| Melanoma | 1.7 | | 2.0 |
| Colon | 1.3 | | |
| Ovarian | 1.5 | | 1.5 |
| Renal | 1.4 | | |
| Renal | 1.2 | | N/T |
| Endometrial | 3.3 | 2.5 | 3.2 |
| Hepatocellular | 1.7 | 1.7 | 2.6 |
| Melanoma | 1.7 | 1.8 | 1.8 |
| Colon | 1.3 | 1.2 | 1.2 |
| Colon | 1.2 | 1.1 | 1.5 |
| Renal | 1.6 | 1.5 | 1.7 |
| Small bowel | 1.2 | 1.3 | N/T |
| Endometrial | | 1.4 | |
| Renal | | 1.3 | |
| Soft tissue | | 1.5 | 1.7 |
| Bladder | | 1.2 | |

Ex-vivo sample responded to Anti-HVEM monotherapy

Ex-vivo sample responded to Anti-HVEM and Anti-PD1 monotherapy

Ex-vivo sample responded to Anti-PD1 monotherapy

Green -above 10% increase in killing (figures represent fold change above isotype control treatment) and p-value ≤0.08

Red - below 10% increase in killing (above isotype control treatment) or p-value ≥0.08

N/T - not tested

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BOTTOM LINE

# X2 MORE EFFECTIVE VS GOLD STANDARD (ANTI-PD1)

AS MONOTHERAPY

UP TO

**53%**

Tumor growth inhibition

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# IMPROVING THE GOLD STANDARD

EMPIRICAL EVIDENCE

# IMPROVING THE GOLD STANDARD

AS MONOTHERAPY

UP TO

**53%**

Tumor growth inhibition

IN COMBINATION WITH
GOLD STANDARD

**96%**

Tumor growth inhibition

**20%**

Total eradication

**X2**

Increase in Survival

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Hitting targets.

EMPIRICAL EVIDENCE

# IMPROVING THE GOLD STANDARD

AS MONOTHERAPY

UP TO

**53%**

Tumor growth inhibition

IN COMBINATION WITH
GOLD STANDARD

**96%**

Tumor growth inhibition

**20%**

Total eradication

**X2**

Increase in Survival

**X2**

**More Effective**
***Ex-Vivo***
Our lead works on X2 more patient samples than anti-PD1

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SUMMARY

# 4C BIOMED

# TIMELINE

- Positive Pre IND  FDA response - clearing the path to clinical trials
- Fund-raising ( Series A) towards clinical development of our lead Anti-4CB1
- Cell line and Process development completed
- GLP toxicity study in cynomolgus (4-week repeated-dose) is planned to Q3 2024
- First Phase-I clinical trial is expected during Q3 2025

4C BIOMED Hitting targets.

4C BIOMED

# THE TEAM

**MR. ANTHONY L. ANGEL**
CHAIRMAN

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**PROF. GAL MARKEL, MD, PHD, MBA**
CHIEF SCIENTIFIC OFFICER

**PROF. JACOB SCHACHTER, MD**
CHIEF MEDICAL OFFICER

**DR. GILLI GALORE-HASKEL, PHD**
VP R&D

**DR. EFRAT MERHAVI-SHOHAM, PHD**
HEAD OF RESEARCH

**DR. DORIT LANDSTEIN, PHD**
HEAD OF CMC

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OVERVIEW

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## LET'S GET TO WORK

EYAL@4CBIOMED.COM

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