

Translating cancer biology into medicines

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Disclaimer

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CYC065 CDK inhibitor (i.v. and oral)

Clinical proof of mechanism (MCL1 down-regulation & tumor shrinkage)

Combination with venetoclax in R/R leukemias (AML/MDS, CLL)

Sapacitabine nucleoside analogue (oral)

Unique DNA damage response mechanism for BRCA mutant patients with breast, ovarian and pancreatic cancers;

Combinations with venetoclax in R/R AML/MDS & olaparib in 2L BRCAm breast cancer

CYC140 PLK inhibitor (i.v. and oral)

Compelling preclinical data in liquid & solid cancers; first-in-human study in progress

Suppressing Cancer Resistance Proteins



 \uparrow protein expression=survival/growth of cancer cells \rightarrow Therapeutic strategy: inhibit transcription of labile cancer driver proteins

• BCL2 > venetoclax approved in 1L & 2L CLL & 1L AML

• MCL1 > transcriptional CDKi, incl. CYC065, to \downarrow MCL1, MYC

(one of ten most frequently overexpressed cancer genes)

Competitive race to develop drugs that suppress MCL1 CYC065 1st Rx to show durable MCL1 suppression in humans

Reduction of MCL1 by CDK Inhibition



 $\begin{array}{l} {\sf A} = {\sf DMSO} \\ {\sf B} = 2 x {\sf IC}_{50} \; {\sf seliciclib} \; (26 \; \mu {\sf M}) \\ {\sf C} = 2 x {\sf IC}_{50} \; {\sf Cmpd2} \; (9 \; \mu {\sf M}) \\ {\sf D} = 2 x {\sf IC}_{50} \; {\sf Cmpd5} \; (0.6 \; \mu {\sf M}) \quad {\sf CYC065} \\ {\sf E} = 2 x \; {\sf IC}_{50} \; {\sf alvocidib} \; \; (0.3 \; \mu {\sf M}) \; ({\sf a.k.a. flavopiridol}) \end{array}$

Colo205 cells treated for up to 24 hr. Source: Green, S.R. et al. AACR 2009 Abstract 3863.

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What have we learned with CYC065?



Single Agent:

- Durable MCL1 suppression at tolerable doses (i.v. once every 3 wks.)
- MCL1 amplified endocrine cancer (i.v. 4x every 3 weeks): PR
- Cyclin E amplified ovarian cancer: SD with -29.7% tumor shrinkage
 Combination with venetoclax:
- CLL: Reduced lymph node size and converted MRD +ve to MRD –ve
- AML/MDS: Reduced peripheral blast counts

CYC065-01 Phase 1 Escalation Schema



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CYC065-01 Phase 1 part 1 Activity





‡ no information; *** complex deletions/gains. High copy gains shown in bold.



- 20/26 patients evaluable for response per RECIST 1.1
- 11/20 patients achieved stable disease (SD)
- 6/11 patients achieved SD for 4+ cycles



Source: Do, Khanh T., et al, AACR Annual Meeting 2018.

CYC065-01 Phase 1 part 2 (ongoing)





Source: Cyclacel data on file.

Endometrial cancer patient with

MCL1 amplification

- 16% tumor shrinkage after 2 cycles
- Confirmed PR
- 63% tumor shrinkage per

investigator assessment

CYC065-01 Phase 1 part 2 (ongoing)



Ovarian cancer patient with PART 2 i.v. cyclin E amplification ...ongoing... SD with 19.0% tumor shrinkage **DL4 213mg** after 2 cycles **DL3 160mg DL2 120mg** SD with 29.7% tumor shrinkage **DL1 90mg** after 4 cycles

Source: Cyclacel data on file.

CDK & MCL1 Inhibitor Landscape



CDK2/9 transcriptional isoforms enabling apoptosis:

CYC065 (CDK2/9, CYCC) Ph1 data

BAY1251152; atuveciclib BAY'572 (CDK9, BAY) Ph1 data

AZD4573 (CDK9, AZN) Ph1 ongoing

Other (pan CDK or selective):

flavopiridol/alvocidib (pan CDK, SUM) Ph2 dinaciclib (pan CDK, MRK) Ph3 terminated voruciclib (CDK4/6/9, MEIP) Ph1 data SY1365 (CDK7, SYRS) Ph1 data MCL1 inhibitors:

AMG176 i.v./AMG397 oral - Clin. hold **S64315** (Servier, Ph1b ven combo AML) AZD5991 (FiH Ph 1). AZ paper AACR 2019: CDK9i targeting MCL1 Antitumor responses with AZD4573 strongly correlate with selective MCL1 inhibitors, such as AZD5591. CDK9i targets other labile proteins beyond MCL1 such as BFL1.

Source: data on file; Boiko S et al AACR 2019..



Cash & cash equivalents (pro forma September 30, 2019): \$14.2m¹

Operating cash burn (annual; excludes non-cash items)

✓ 2016:	~ \$10.1m ²
✓ 2017:	~\$ 7.5m ²
✓ 2018:	~\$ 6.7m ²
■ 2019:	~ \$10.0m ³

Fully diluted shares: ~27.1 million, no debt ^{1,4}

Estimated capital to end of Q1 2021

- 1. 10 Q; includes \$1.2m of UK R&D tax credit in OCT19.
- 2. 10 K
- 3. Company estimate
- 4. Common stock outstanding 17.2 million



• Up to 170 patients with single agent or combinations of:

CYC065, CYC140, sapacitabine

- Risk Sharing: MD Anderson assumes patient costs; Cyclacel supplies drugs and limited support
- Payments to MD Anderson upon First Commercial Sale in

indications studied



Key Milestones



- Updated Ph 1 safety, PK and efficacy data for CYC065 utilizing a frequent dosing schedule in patients with advanced solid cancers;
- Initial safety, PK data from Ph 1 study of oral formulation of CYC065;
- Initial safety, PoC data from CYC065-venetoclax Ph 1 in R/R AML/MDS & CLL;
- Initial data from sapacitabine-venetoclax Ph 1/2 study in R/R AML/MDS;
- Initial data from CYC140 Ph 1 First-in-Human study in R/R leukemias; and
- Data from Phase 1b/2 sapacitabine-olaparib IST in BRCA mutant metastatic breast cancer when reported by the investigators.

Investment Thesis



Clinical stage, state-of the-art oncology programs

Targeting molecularly-defined patient populations

Overcome cancer cell resistance & DNA repair

CDK inhibitors: validated drug class

Competitively positioned

Significant market opportunities





THANK YOU

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