



Disclaimer

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This presentation contains "forward-looking" statements within the meaning of the Private Securities Litigation Reform Act of 1995 that are based on the beliefs and assumptions and on information currently available to management of NuCana plc (the "Company"). All statements other than statements of historical fact contained in this presentation are forward-looking statements. Forward-looking statements include information concerning the company's planned and ongoing preclinical and clinical studies for the Company's product candidates and the potential advantages of those product candidates, including Acelarin, NUC-3373 and NUC-7738; statements concerning the potential for any future follow-up analyses by the study sponsor of the ACELARATE study of Acelarin in pancreatic cancer and the potential for any further development of Acelarin in that indication; the Company's plans to develop Acelarin in additional indications and, in particular, its plans to develop Acelarin in combination with platinum-containing agents; the initiation, enrollment, timing, progress, release of data from and results of the Company's planned and ongoing clinical studies; the impact of COVID-19 on its preclinical studies, clinical studies, business, financial condition and results of operations; the utility of prior preclinical and clinical data in determining future clinical results; the timing or likelihood of regulatory filings and approvals for any of its product candidates; the Company's intellectual property; the amount and sufficiency of the Company's cash and cash equivalents to fund its operations at least into Q4 2021; and estimates regarding the Company's expenses, future revenues and future capital requirements. In some cases, you can identify forward-looking statements by terminology such as "may," "will," "should," "expects," "plans," "anticipates," "believes," "estimates," "predicts," "potential" or "continue" or the negative of these terms or other comparable terminology.

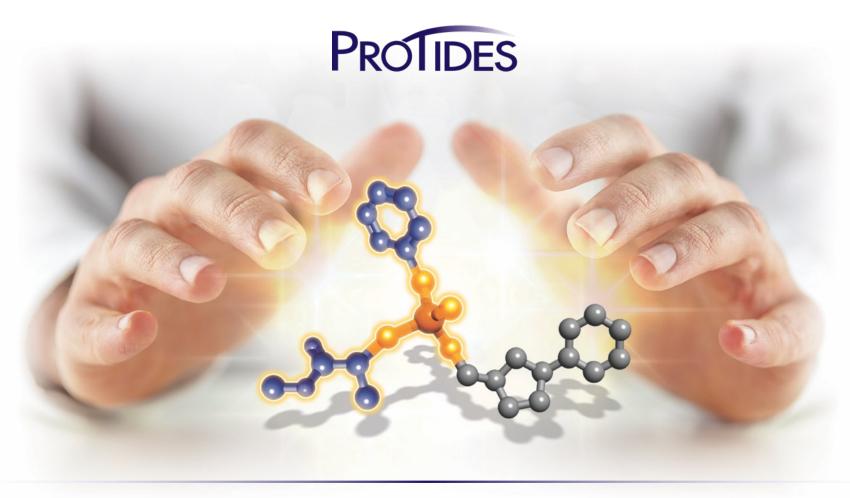
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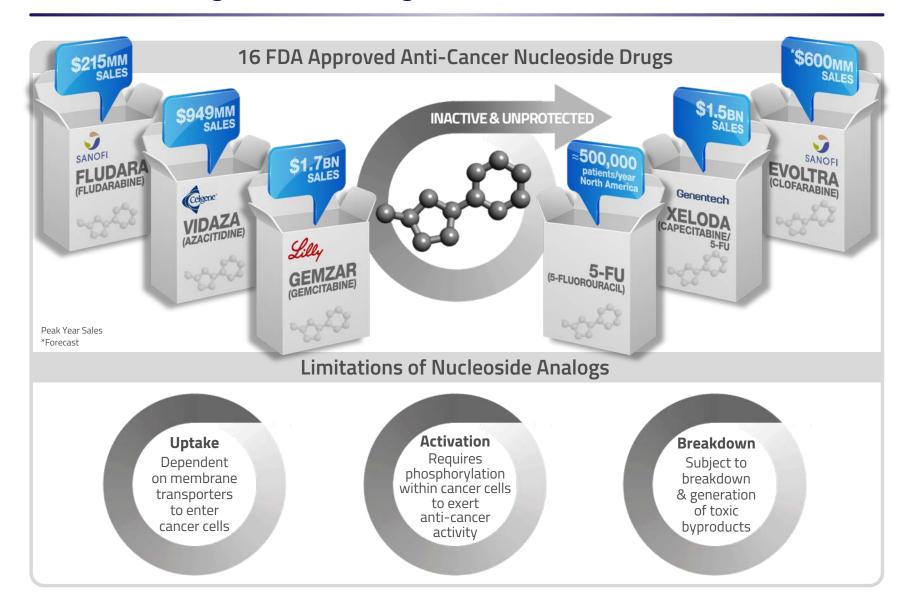
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Harnessing the Power of Phosphoramidate Chemistry

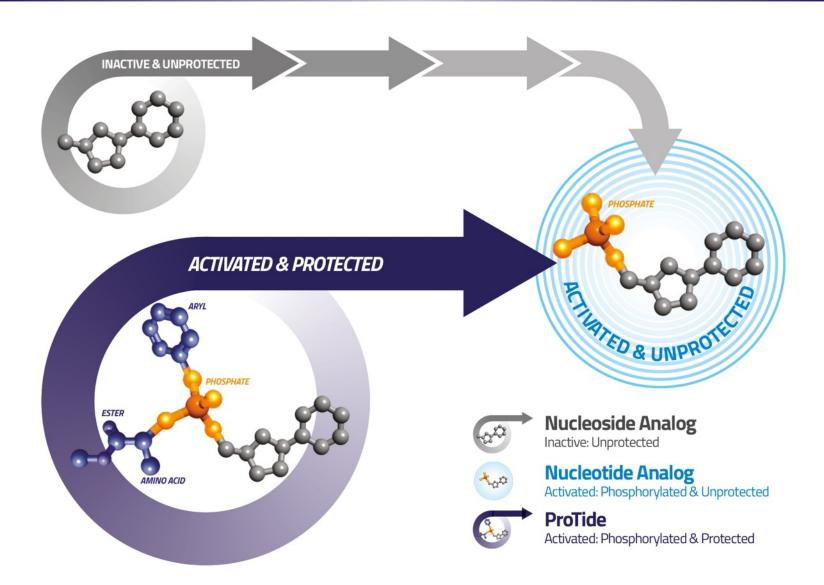


A New Era in Oncology

Nucleoside Analogs: Flawed ProDrugs



Transforming Nucleoside Analogs into ProTides



ProTides: A New Era In Anti-Virals



Transforms Therapeutic Index

Overcomes Viral Resistance Mechanisms

Sovaldi + Harvoni

^{**}Genvoya + Descovy + Odefsey + Biktarvy + Symtuza

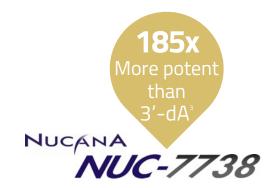
NuCana's ProTides: A New Era in Oncology













Transforms Therapeutic Index

Overcomes Cancer Resistance Mechanisms

¹ Patients with advanced biliary tract cancers (n=14) - McNamara et al (2018). Ann Oncol; 29: Suppl 8 Abstract ID: TPS544 (ESMO poster 758P 21st Oct, 2018)

² Pre-clinical data - Ghazaly et al (2017). Ann Oncol; 25: Suppl 5 Abstract ID:385P (ESMO poster 385-P, 11th Sept, 2017)

³ Pre-clinical data - NUCA-20140925 (WuXi). ProTide cell panel screening in 20 cell lines (Dec, 2014)

Key Clinical Programs: Status

IND/CTA enabling	Phase I	Phase II	Phase III
-ACELARIN			
Biliary			
NUC-3373			
Solid Tumors			
Colorectal			
NUC-7738			
Solid Tumors / Hematologic			

Strong Balance Sheet & Multiple Inflection Points





Cash & Cash Equivalents at June 30, 2020 ~\$59 million* at least into
Q4 2021

Important Data Readouts

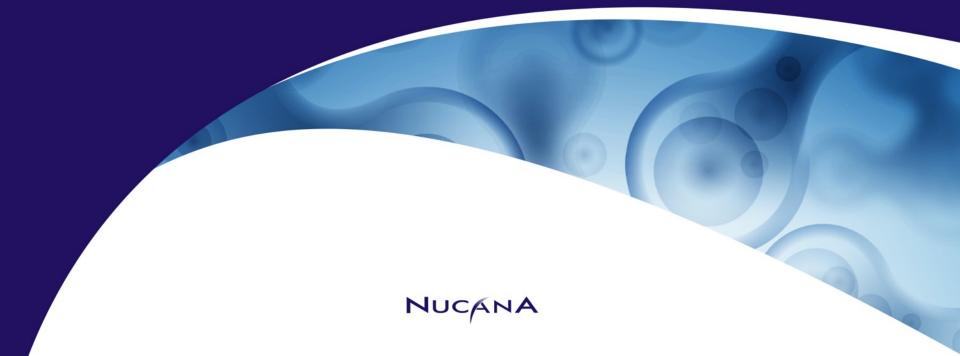
throughout

2020

*as of June 30, 2020 at exchange rate of £1.00 to \$1.24



A transformation of gemcitabine



ACELATIN: Overview of Gemcitabine



- WHO list of essential medicines
- First approved for medical use in 1995
- Approved in pancreatic, ovarian, breast & lung
- Widely used in other cancers
- Peak annual sales of \$1.7 billion





Limitations of Gemcitabine



UptakeDependent on membrane transporters to enter cancer cells

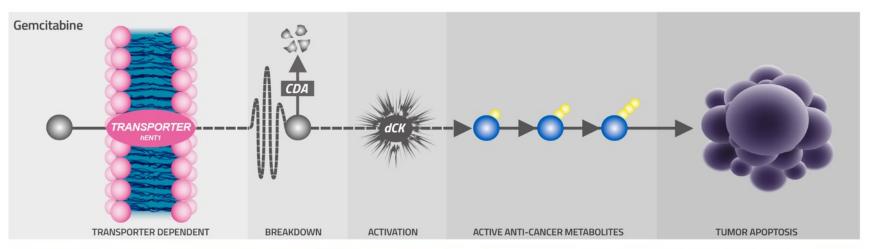


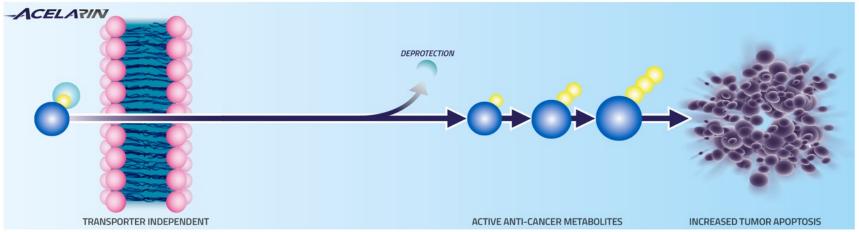
BreakdownSubject to breakdown and generation of toxic
byproducts



Activation
Requires phosphorylation within cancer cells to exert anti-cancer activity

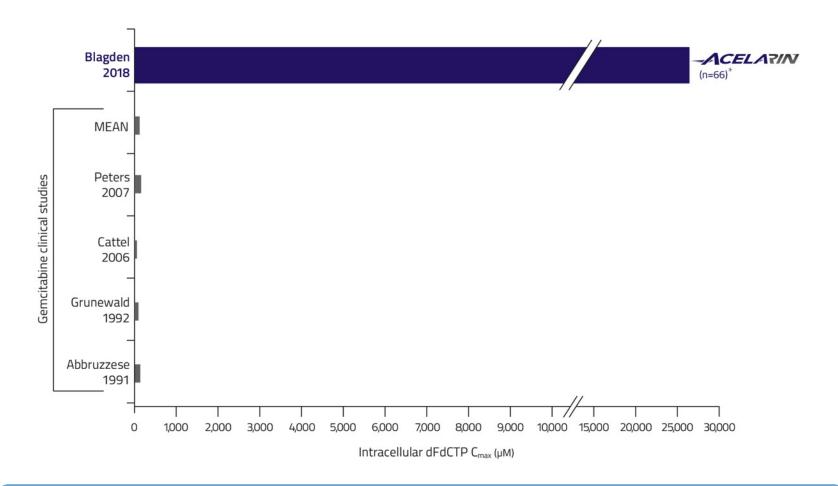
ACELATIM: Overcomes The Key Cancer Resistance Mechanisms







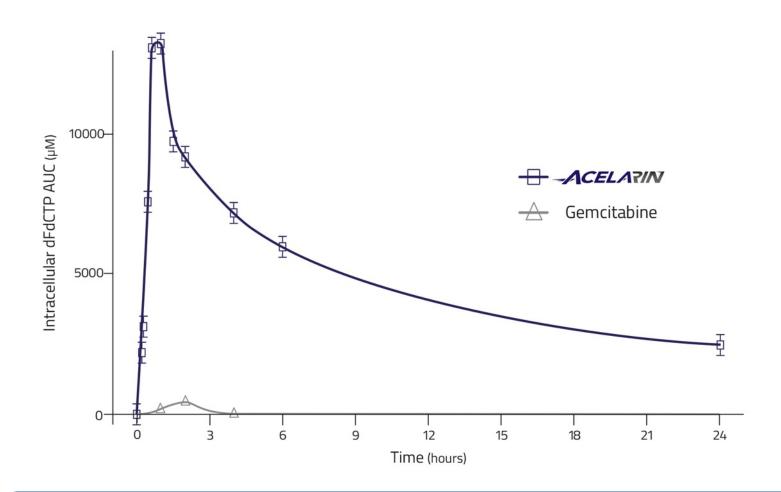
ACELAPINV: Very High Intracellular dFdCTP (Cmax)



CELATIN achieved 217x higher intracellular levels of dFdCTP than gemcitabine

Equimolar dose comparison
*Blagden et al (2018). Br J Cancer; 119:815-822

ACELATIN: Very High Intracellular dFdCTP (AUC)



CELATIN achieved 139x greater intracellular AUC of dFdCTP than gemcitabine

Blagden *et al* (2015). *J Clin Oncol*; 33; Suppl Abstract ID: 2547 (ASCO poster 263, 30th May, 2015) Cattel et al (2006). Annals Onc (supp); 17: v142-v147 Blagden *et al* (2018). *Br J Cancer*; 119:815-822

CELAPINV: Phase 1 Study (monotherapy)



- Phase 1 dose-escalation study in patients with advanced solid tumors
- All patients had metastatic spread
- Rapidly progressing disease
- Exhausted all other therapeutic options
- Objective: Recommended Phase 2 dose

PRO-001

Number of patients

68

Evaluable patients (≥2 cycles)

49

Primary cancer types

19

Age (median)

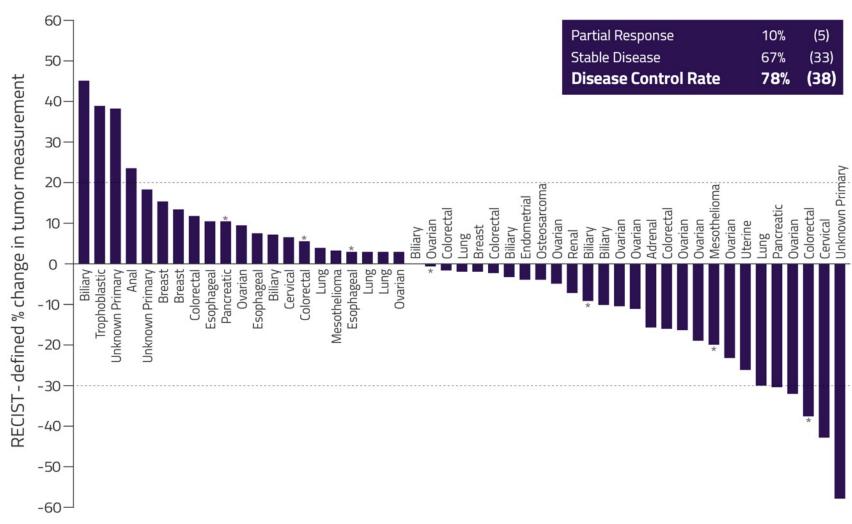
56 (range 20-83)

Prior chemotherapy regimens

3.0 (range 1-10)

Blagden et al (2018). Br J Cancer, 119:815-822

CELATIN: PRO-001 Study Best Overall Response (monotherapy)



Evaluable patients (n=49)

Blagden et al (2018). Br J Cancer; 119:815-822

*New Lesion

PRO-001

CELATIN: Ovarian Phase 1b Study (combination)



- Combination: Acelarin + carboplatin
- Dose escalation: 3 + 3
 - Acelarin: 500mg/m² to 750mg/m²
 - Carboplatin: AUC 4 to 5
- All patients had metastatic spread
- Rapidly progressing disease
- Objective: Recommended Phase 2 dose

PRO-002

Number of patients

25

Evaluable patients (≥1 cycle)

23

Age (median)

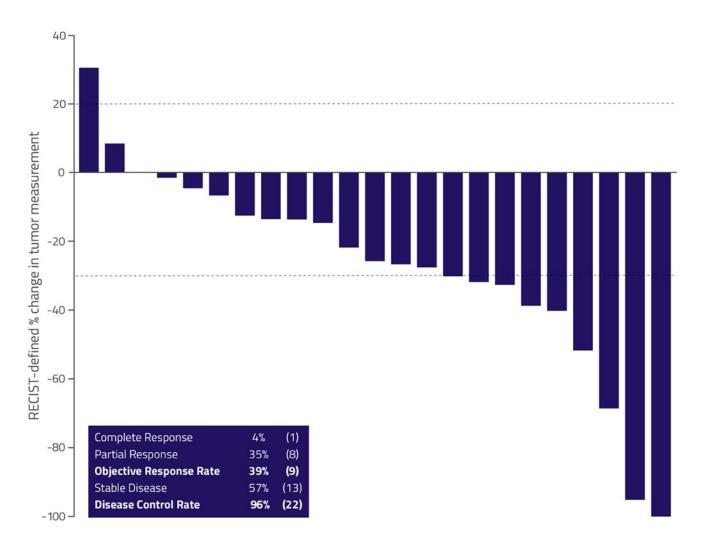
64 (range 37-77)

Prior chemotherapy regimens

> 3 (range 2-6)

Blagden *et al* (2017). *Ann Oncol*, 28; Suppl 5 Abstract ID: 968P (ESMO poster 968-P, 9th Sept, 2017)

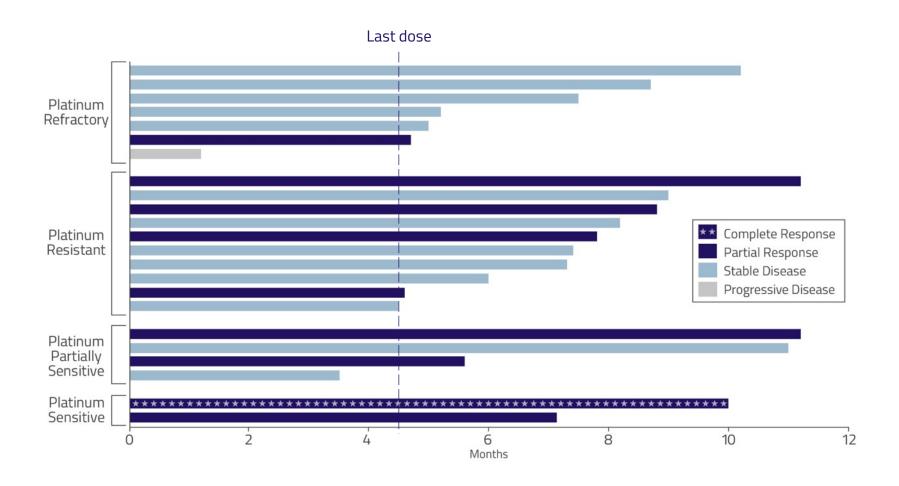
CELATIN: PRO-002 Study Best Overall Response (combination)



Evaluable patients (n=23)
Blagden *et al* (2017). *Ann Oncol*; 28; Suppl 5 Abstract ID: 968P (ESMO poster 968-P, 9th Sept, 2017)
Data as of Sep 1, 2017



CELATIN: PRO-002 Study PFS by Platinum Status (combination)



PFS 7.4 months

Evaluable patients (n=23)
Blagden *et al* (2017). *Ann Oncol*; 28; Suppl 5 Abstract ID: 968P (ESMO poster 968-P, 9th Sept, 2017)
Data as of Sep 1, 2017



CELATIN: Ongoing Biliary Phase 1b Study (combination)



- Locally advanced or metastatic biliary tract cancer
- Front-line treatment
- Combination: Acelarin + cisplatin
- Dose Escalation: 3 + 3
 - Cohort 1: Acelarin 625mg/m² + cisplatin 25mg/m² (n=8)
 - Cohort 2: Acelarin 725mg/m² + cisplatin 25mg/m² (n=6)
- Expansion Cohort (n=6)
- Objective: Dose selection

ABC-08

Number of patients

14

Evaluable patients (≥1 cycle)

11

Age (median)

61 (range 48-78)

McNamara *et al* (2018). *Ann Oncol*; 29: Suppl 8 Abstract ID: TPS544 (ESMO poster 758P 21st Oct, 2018) Data as of Aug 30, 2018

CELAPIN: ABC-08 Comparison (interim data – cohorts 1 & 2)

ABC-08 Study (cohorts 1 & 2) CELAPIN (625 & 725 mg/m²) + cisplatin

Complete Response

7% (1/14)

Partial Response

43% (6/14)

Objective Response Rate

50% (7/14)

ABC-02 Study

Gemcitabine

(1000 mg/m²) + cisplatin

Complete Response

0.6% (1/161)

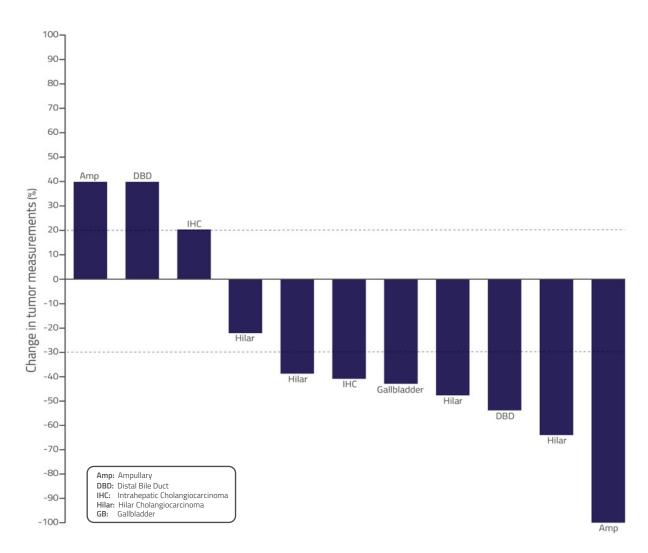
Partial Response

25% (41/161)

Objective Response Rate

26% (42/161)

CELATIN: ABC-08 Best Overall Response (interim)



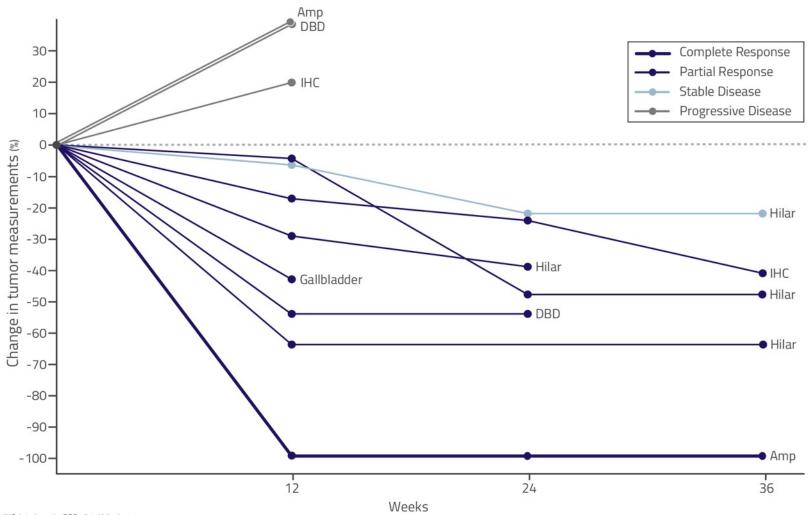
Efficacy Evaluable Population

McNamara *et al* (2018). *Ann Oncol*; 29: Suppl 8 Abstract ID: TPS544 (ESMO poster 758P 21st Oct, 2018)

Data as of Aug 30, 2018



CELAPIN: ABC-08 Tumor Burden Over Time (interim)

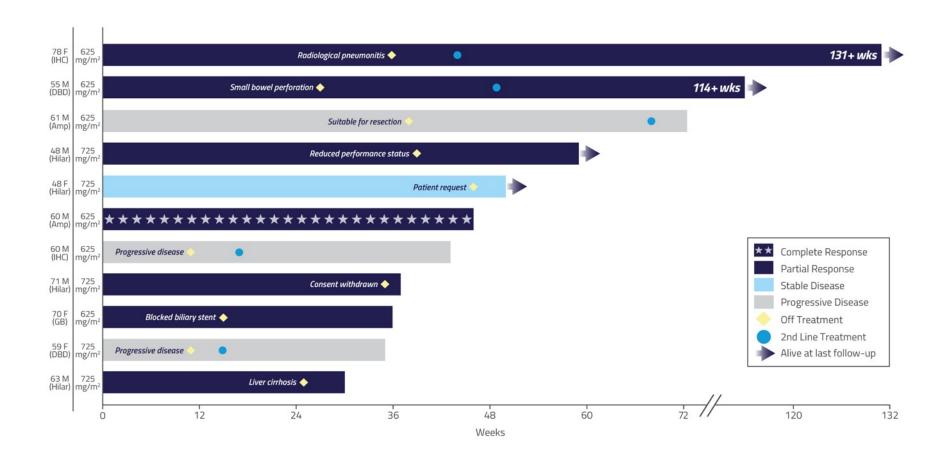


Amp, ampullary; IHC, intrahepatic; DBD, distal bile duct

Efficacy Evaluable Population
McNamara *et al* (2018). *Ann Oncol*; 29: Suppl 8 Abstract ID: TPS544 (ESMO poster 758P 21st Oct, 2018)
Data as of Aug 30, 2018



CELATIN: ABC-08 Treatment Duration (interim)

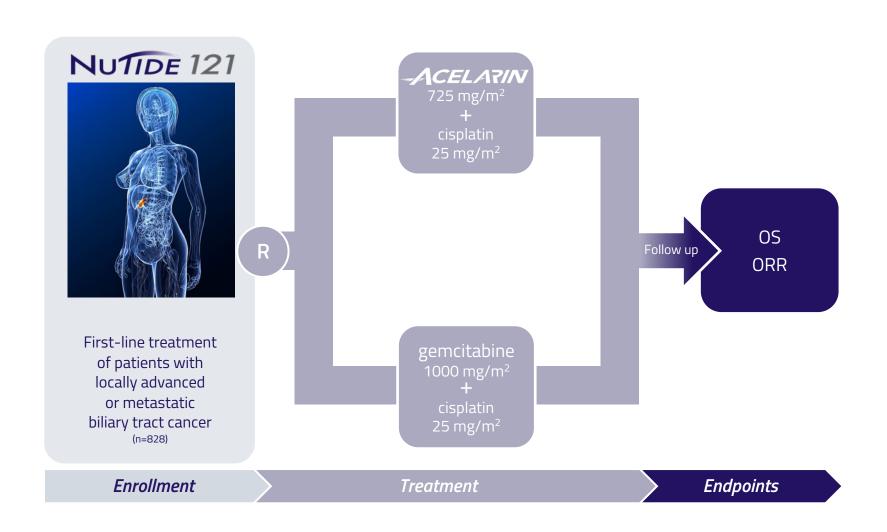


Amp, ampullary; IHC, intrahepatic; DBD, distal bile duct

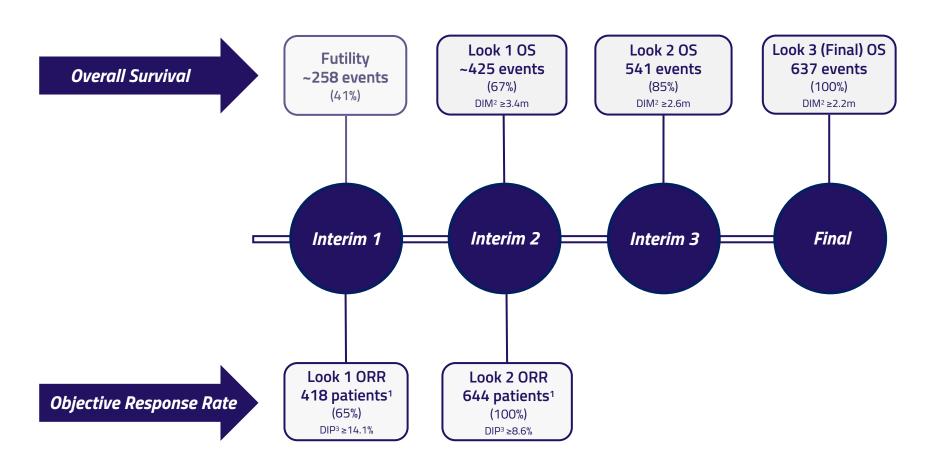
Efficacy Evaluable Population
McNamara *et al* (2018). *Ann Oncol*; 29: Suppl 8 Abstract ID: TPS544 (ESMO poster 758P 21st Oct, 2018)
Data as of Aug 30, 2018



ACELATIN: Ongoing Biliary Phase 3 Study



CELATIN: Ongoing Biliary Phase 3 Study (Statistical Analysis Plan)



¹ With measurable disease at baseline (and ≥28 weeks follow-up)



² DIM = Difference in observed medians (vs.11.7 months)

³ DIP = Difference in observed proportions (vs. 19.0%)

NUC-3373

A transformation of 5-FU



NUC-3373: Overview of Fluorouracil (5-FU)



- WHO list of essential medicines
- First approved for medical use in 1962
- ~500,000 patients receive 5-FU annually in North America
- Unpredictable PK profile
- 10-15% Overall Response Rate (colorectal cancer)





Limitations of Fluorouracil (5-FU)



Breakdown>85% breakdown by DPD,
generating toxic
byproducts



TransportRequires
active
transport

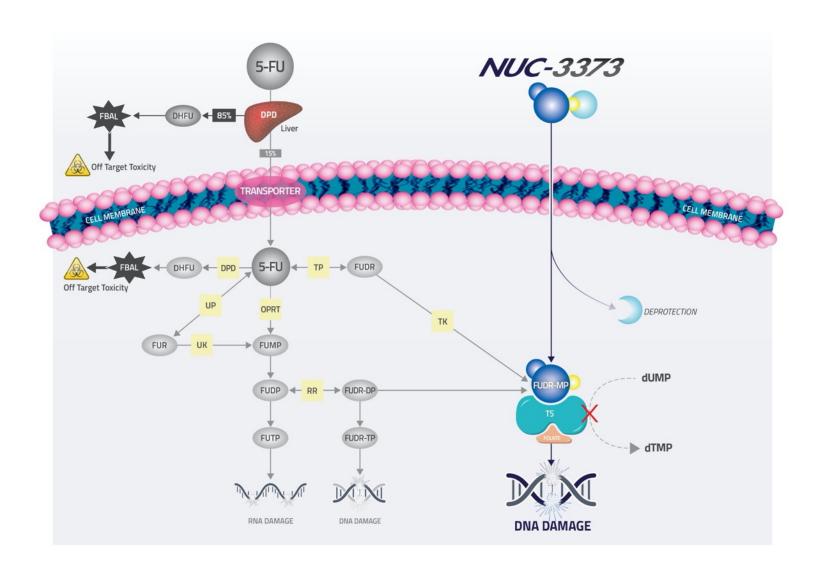


ActivationMulti-step
phosphorylation
process

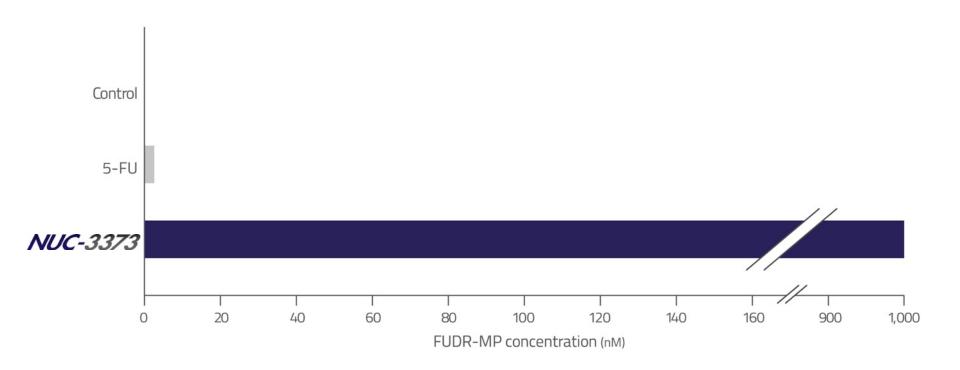


Dosing 46-hour continuous infusion

NUC-3373: 5-FU Metabolism and Mechanism of Action Comparison



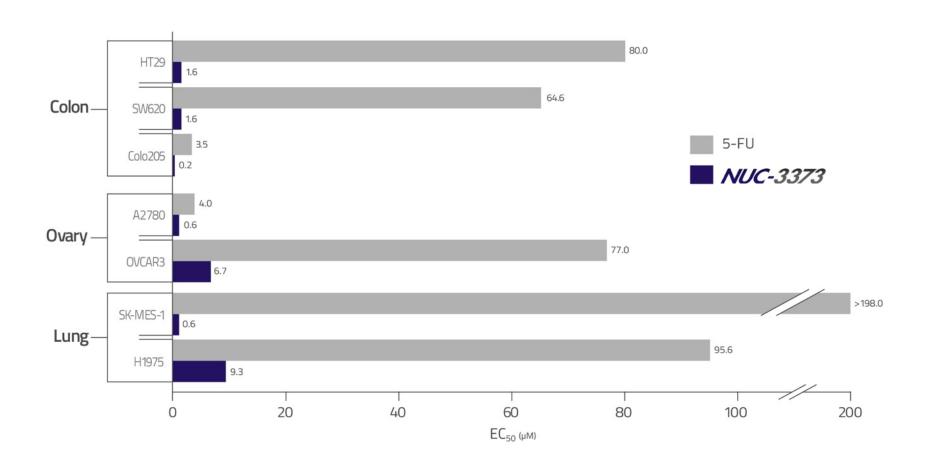
NUC-3373: Very high Intracellular FUDR-MP (pre-clinical)



NUC-3373 generated 366x higher levels of active anti-cancer metabolite FUDR-MP than 5-FU

Equimolar dose comparison Ghazaly *et al* (2017). *Ann Oncol*; 25: Suppl 5 Abstract ID:385P ESMO poster 385-P, 11th Sept, 2017)

NUC-3373: Greater Anti-Cancer Activity than 5-FU (pre-clinical)



NUC-3373 had up to **330x** greater anti-cancer activity than 5-FU

Ghazaly et al (2017). Ann Oncol; 25: Suppl 5 Abstract ID:385P (ESMO poster 385-P, 11th Sept, 2017)

NUC-3373: Ongoing Phase 1 Study



- Phase 1 dose-escalation study in patients with advanced solid tumors
- All patients have metastatic spread
- Rapidly progressing disease
- Exhausted all other therapeutic options
- Objective: Recommended Phase 2 dose + schedule



Number of patients (enrolled to date)

36

Age (median)

60 (range 21-78)

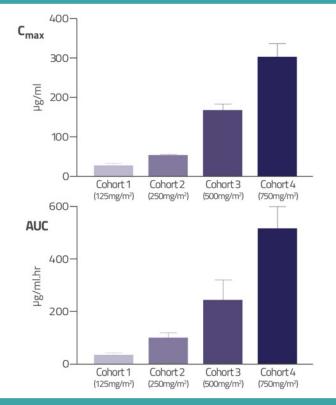
Prior chemotherapy regimens

(range 1-6)

Blagden *et al* (2018). *Ann Oncol*, 29: Suppl 8 Abstract ID: 442TiP (ESMO poster 442TiP, 22nd Oct, 2018)

NUC-3373: Phase 1 Study Pharmacokinetic Profile (interim data)

Plasma NUC-3373

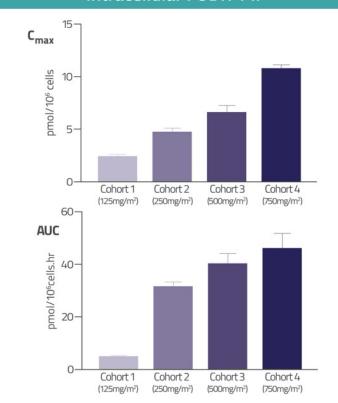


PK reproducible & linear

NUC-3373 plasma half-life 9.7 hours

Clinically insignificant FBAL levels

Intracellular FUDR-MP



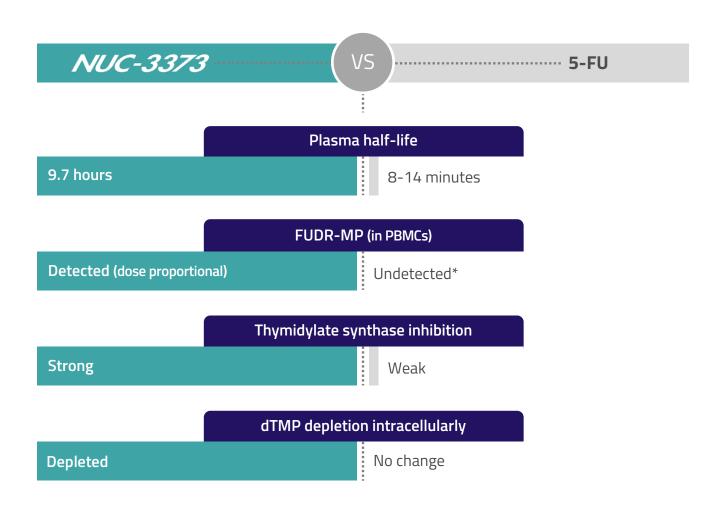
PK reproducible & linear

FUDR-MP intracellular half-life 14.9 hours

FUDR-MP still detectable after 48 hours

Ghazaly *et al* (2017). *Ann Oncol*; 25: Suppl 5 Abstract ID:385P (ESMO poster 385-P, 11th Sept, 2017) Standard error of mean

NUC-3373: Phase 1 Study Pharmacokinetic Profile (interim data)



Ghazaly et al (2017). Ann Oncol; 25: Suppl 5 Abstract ID:385P (ESMO poster 385-P, 11th Sept, 2017)

NUC-3373: Ongoing Solid Tumor Phase 1 Study (interim data)

Metastatic Colorectal Cancer

70 years, male **6 prior lines**

1) 5-FU:

based chemoradiotherapy (adjuvant)

2) FOLFIRI:

for metastatic disease

3) CAPOX:

progressed within 2 months

4) FOLFIRI:

progressed within 8 months

5) LONSURF:

progressed within 3 months

6) Irinotecan:

treatment for 1 month

NUC-3373 1,500 mg/m² q1w

Stable Disease 9 months

Metastatic Basal Cell Carcinoma

55 years, male **2 prior lines**

1) Vismodegib:

for 11 months

2) Paclitaxel + carboplatin: for **3 months**

NUC-3373 1,500 mg/m² q2w **Stable Disease 10 months**

Metastatic Cholangiocarcinoma

60 years, female 1 prior line

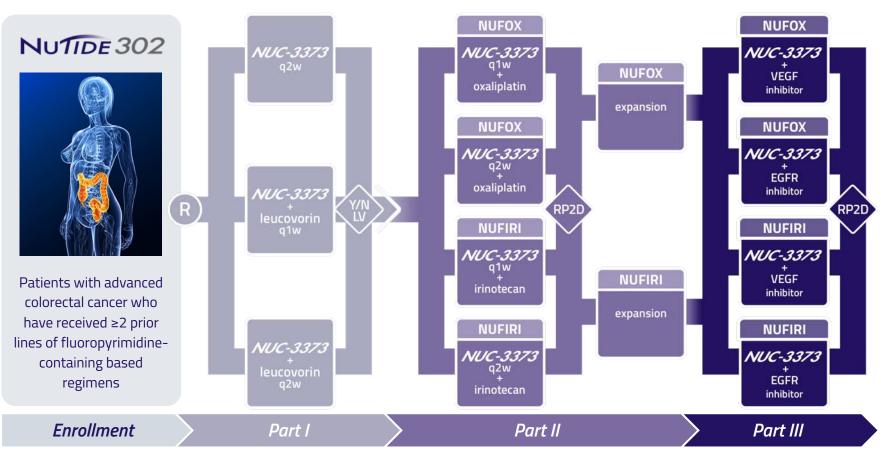
1) Gemcitabine + cisplatin: progressed within 6 months

NUC-3373 1,125 mg/m² q1w **Stable Disease 11 months**

- NUC-3373 is well-tolerated
- · No hand-foot syndrome has been observed
- Grade 3 treatment-related AEs (3 transaminitis, 1 fatigue, 1 shingles)
- No Grade 4 AEs



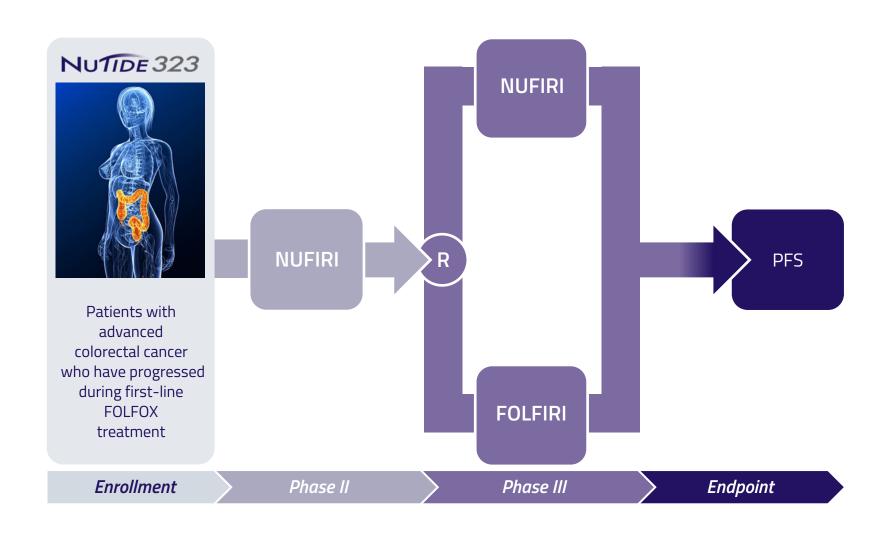
NUC-3373: Ongoing Colorectal Phase 1b Study



q1w: Weekly administration q2w: Alternate weekly administration

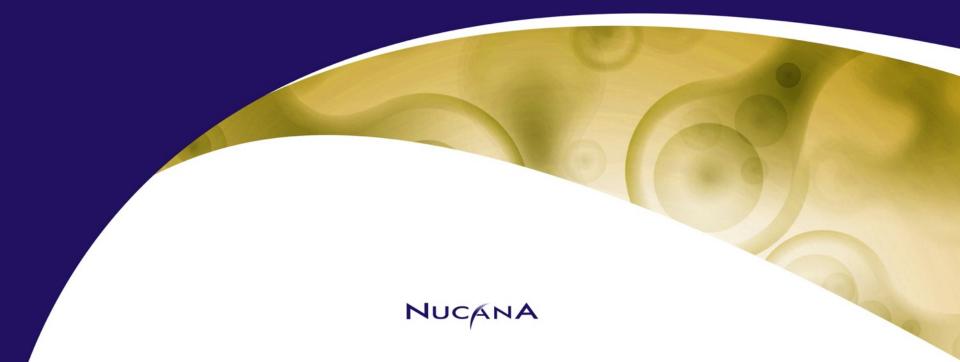
VEGF (e.g. bevacizumab) EGFR (e.g. cetuximab)

NUC-3373: Potential Colorectal Phase 2/3 Study



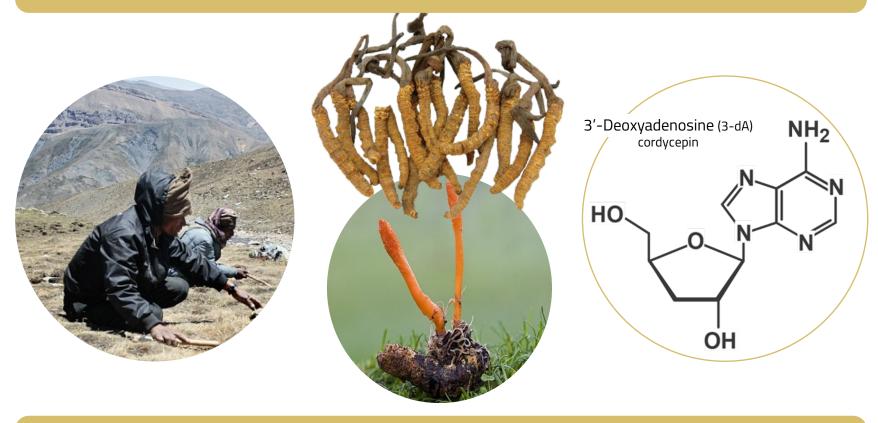
NUC-7738

A transformation of 3'-deoxyadenosine



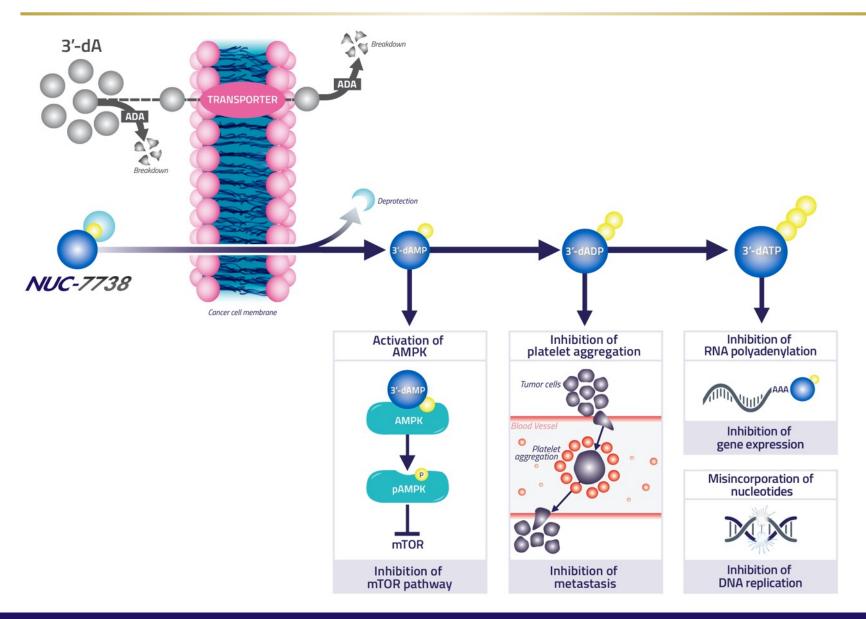
NUC-7738: Origin of 3'-Deoxyadenosine

Cordycepin: A Traditional Chinese Medicine

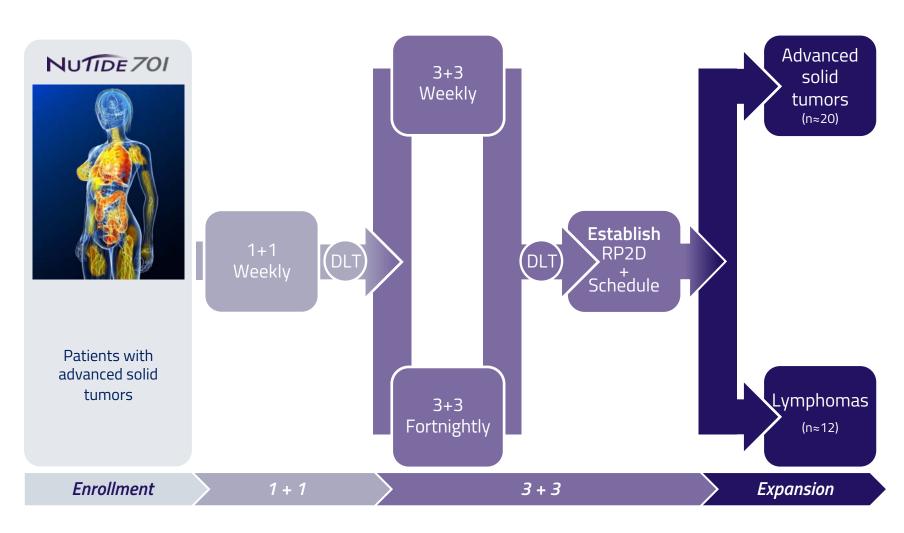


1950: **3'-dA** isolated from *Cordyceps sinensis*

NUC-7738: Multiple Anti-Cancer Modes of Action



NUC-7738: Ongoing Phase 1 Study (monotherapy)





Strong Intellectual Property Position

Worldwide exclusive rights for all programs: 493 granted patents and 386 pending applications*

Key Patents			
ACELATIN	314 granted, 202 pending, including:		
Composition of matter	Granted (EP, US); Pending (JP)	2033 / 2035	+ others
Formulation	Granted (EP, US); Pending (JP)	2035	+ others
Manufacturing process	Pending	2035 / 2036	+ others
Use	Granted (EP); Pending (US, JP)	2035 / 2038	+ others
NUC-3373	62 granted, 101 pending, including:		
Composition of matter	Granted (US, EP, JP)	2032	+ others
Formulation	Pending	2036	+ others
Manufacturing process	Pending	2038	+ others
Use	Pending	2037 / 2038	+ others
NUC-7738	48 granted, 70 pending, including:		
Composition of matter	Granted (EP, US, JP)	2035	+ others
Formulation	Pending	2036	+ others
Manufacturing process	Pending	2038	+ others
Use	Pending	2041	+ others

^{*}As of April 3, 2020

^{*}Expiration for pending patents if granted

Key Milestones: 2020

-ACELARIN	Study	Phase	Event
Biliary	NuTIDE 121	Phase III	Recruitment Ongoing
NUC-3373			
Solid Tumors	NuTIDE 301	Phase I	Data
Colorectal	NuTIDE 302	Phase Ib	Data Establish RP2D
Colorectal	NuTIDE 323	Phase II/III	Initiate Study
NUC-7738			
Solid Tumors / Hematologic	NuTIDE 701	Phase I	Data

Investment Highlights

Improving Survival Outcomes

Focused on significantly improving survival outcomes for patients with cancer by applying our phosphoramidate chemistry technology

Broad IP Protection

Strong IP position for all product candidates and worldwide exclusive rights

Significant Milestones

Numerous value inflection points throughout 2020

First-In-Class

Acelarin has achieved impressive response rates and has the opportunity for accelerated approval in front-line biliary tract cancer

Standard of Care

NUC-3373 has the potential to replace 5-FU in colorectal cancer and other solid tumors

Novel ProTide

NUC-7738 is a transformation of a novel nucleoside analog and has multiple anti-cancer modes of action

Experienced Team

Nasdaq : NCNA

Highly experienced management team, backed by leading biotech investors



NUCANA

Nasdaq: NCNA

E: info@nucana.com