

A large, abstract graphic of a DNA double helix dominates the center of the slide. It is composed of numerous glowing blue and orange dots connected by thin, translucent lines, creating a sense of depth and movement. The background is a gradient of dark blue and orange, with soft, out-of-focus light spots (bokeh) scattered throughout.

A New Era in Oncology

Corporate Presentation
August 2026

Forward-Looking Statements

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, but are not limited to, 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 NUC-7738 and NUC-3373; the initiation, enrollment, timing, progress, release of data from and results of the Company’s planned and ongoing clinical studies; the Company’s goals with respect to the development, regulatory pathway and potential use, if approved, of each of its product candidates; 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 achieve its projected milestones and to fund its planned operations into 2029; 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.

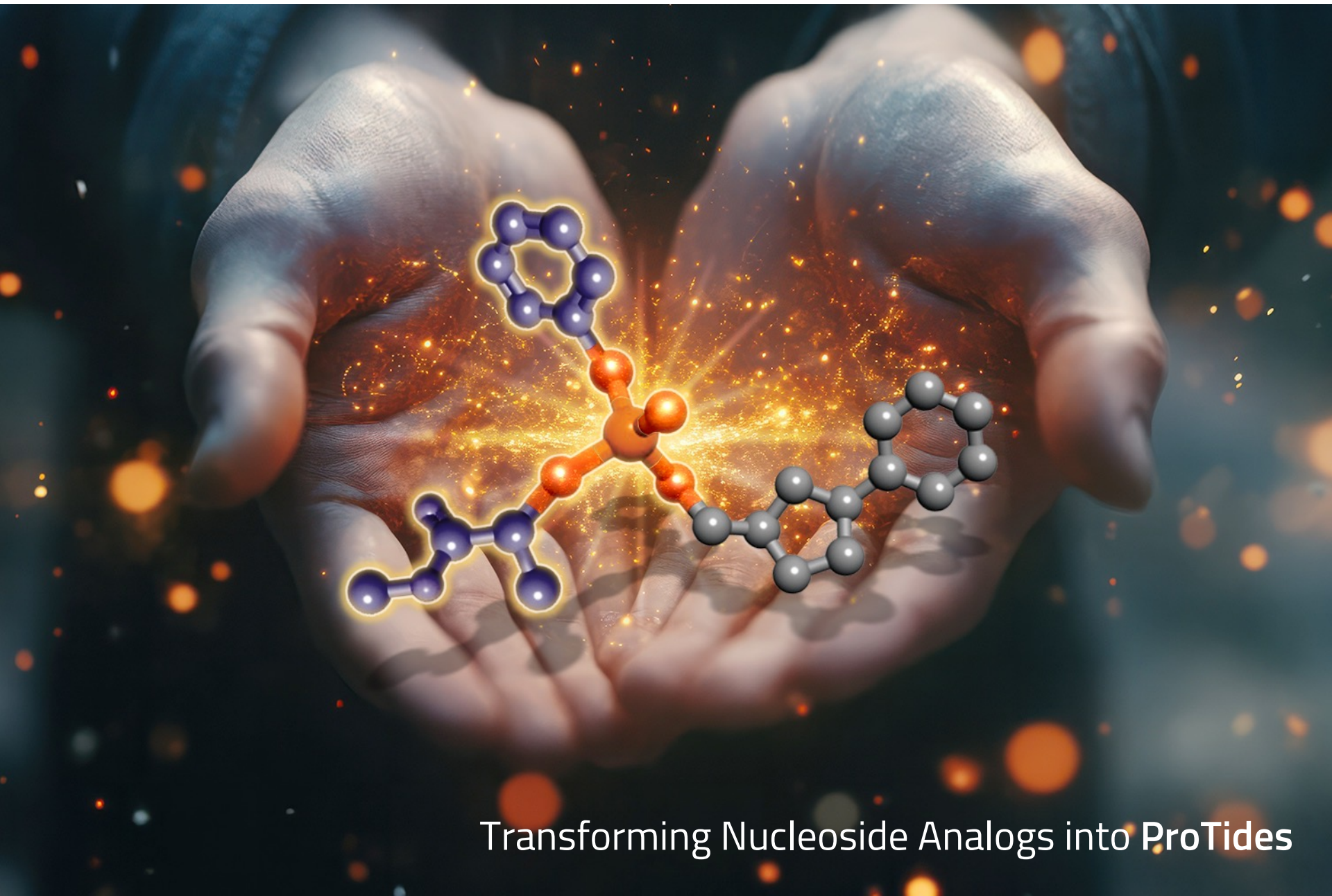
Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the Company’s actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. These risks and uncertainties include, but are not limited to, the risks and uncertainties set forth in the “Risk Factors” section of our Annual Report on Form 20-F for the year ended December 31, 2024 filed with the Securities and Exchange Commission (“SEC”) on March 20, 2025, and subsequent reports that the Company files with the SEC, including, for the avoidance of doubt, any “Supplemental Risk Factors” filed with our Form 6-Ks from time to time.

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Harnessing the Power of Phosphoramidate Chemistry



Transforming Nucleoside Analogs into ProTides

Nucleoside Analogs: Cornerstones of Cancer & Viral Treatments

16 FDA Approved Anti-Cancer Nucleoside Analogs

Including:

Vidaza®
Azacitidine

5-FU
Fluorouracil

Xeloda
capecitabine

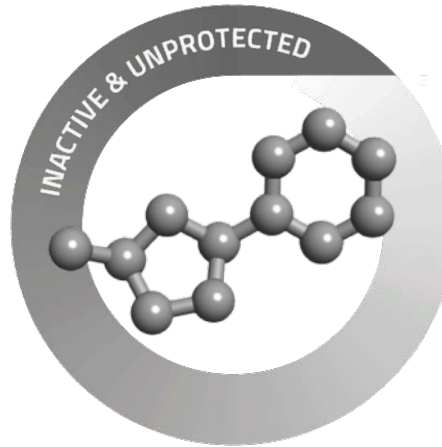
GEMZAR
gemcitabine

DACOGEN
decitabine

FUDR
floxuridine

Fludara®
FLUDARABINE

Clolar
clofarabine



22 FDA Approved Anti-Viral Nucleoside Analogs

Including:

Zovirax
(Acyclovir)

Viread
tenofovir disoproxil fumarate

VALTREX
VALACYCLOVIR HCl

Copegus®
Ribavirin

RETROVIR®
Zidovudin **AZT**

EPIVIR
(lamivudine)

ZERIT®
(stavudine)

ZIAGEN
(abacavir)

Limitations of Nucleoside Analogs

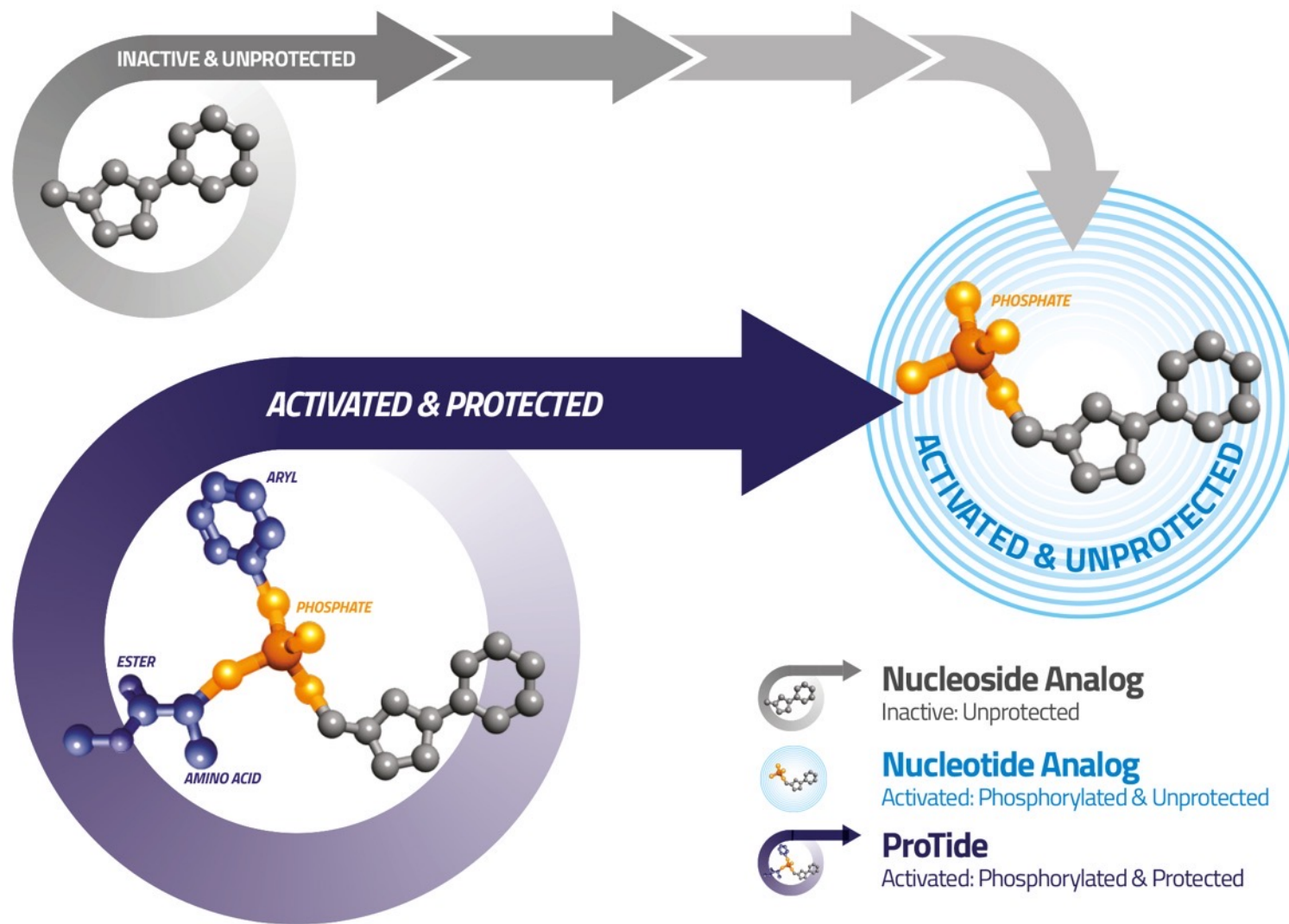
**Breakdown
& Toxic
Byproducts**
Off-target
toxicity

Uptake
Dependent on
transporters
to enter
cells

Activation
Inefficient
generation of
active
metabolites

**Administration
Challenges**
Poor PK leads to
sub-optimal
dosing

Transforming Nucleoside Analogs into ProTides



ProTides: A New Era In Anti-Virals



- Transformed novel nucleoside analog
- Highly effective treatment for chronic Hepatitis C infection
- Sales: **\$74 billion¹**

- Transformed nucleoside analog: Viread® (tenofovir disoproxil fumarate)
- More effective & safer treatment for HIV & HBV than Viread®
- Sales: **\$135 billion²**

- Transformed novel nucleoside analog
- Treatment for COVID-19
- Sales: **\$17 billion³**

¹ Sovaldi + Harvoni + Epclusa + Vosevi cumulative sales through December 31, 2025

² Genvoya + Descovy + Odefsey + Biktarvy + Symtuza + Vemlidy cumulative sales through December 31, 2025

³ Veklury cumulative sales through December 31, 2025

NUC-7738



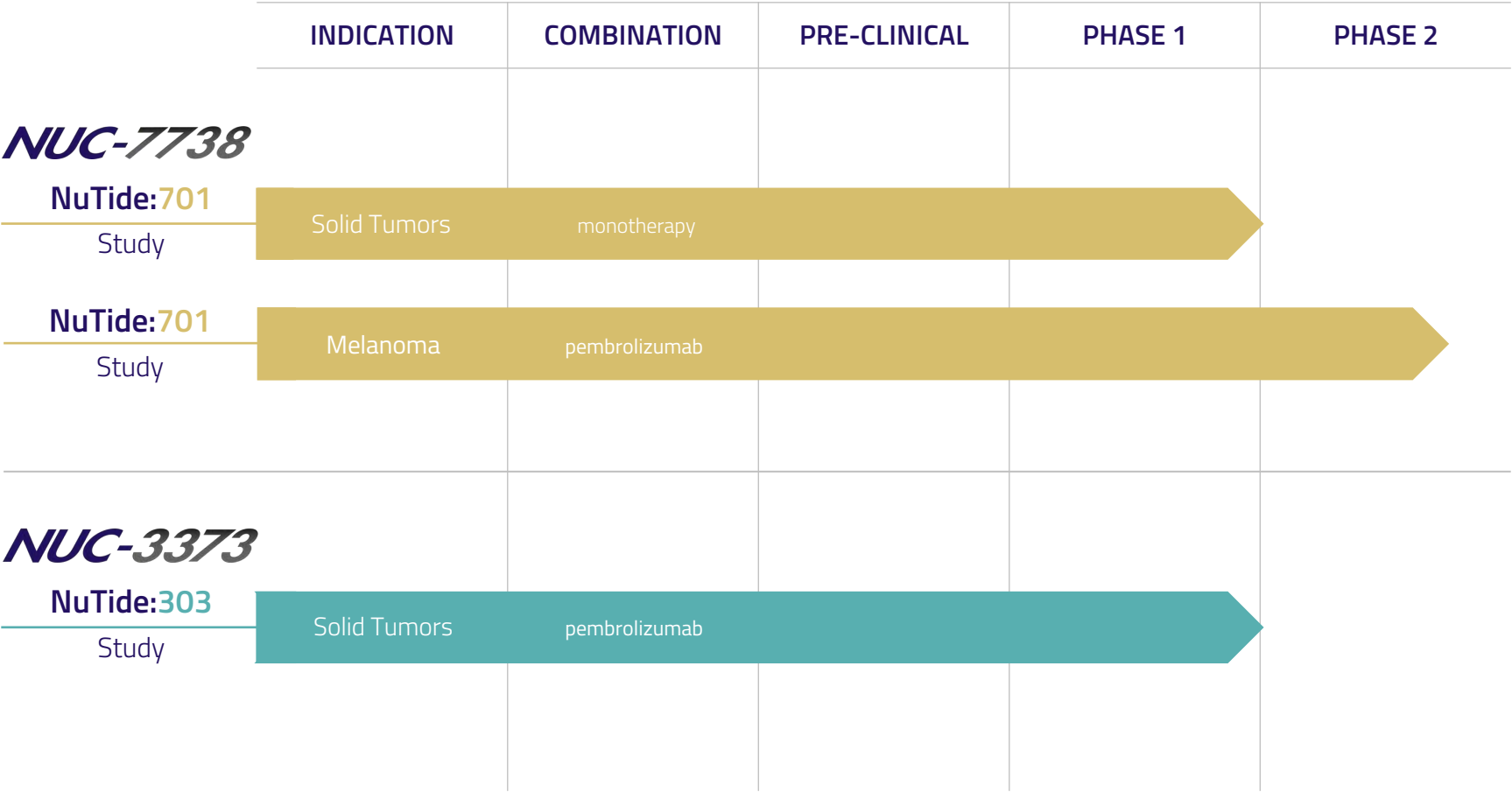
- Transformed novel nucleoside analog: 3'-dA
- Profoundly impacts gene expression in cancer cells
- Targets the tumor microenvironment

NUC-3373



- Transformed nucleoside analog: FUDR
- Targeted Thymidylate Synthase Inhibitor
- Induces DNA damage

Current Development Status



Multiple Inflection Points in 2026



Cash & Cash Equivalents
March 31, 2026
~\$28.4 million*



Cash Runway
into
2029



Important Data Readouts
in
2026

*Based on exchange rate of £1.00 to \$1.32 and reported cash of £21.5 million as of March 31, 2026

NUC-7738

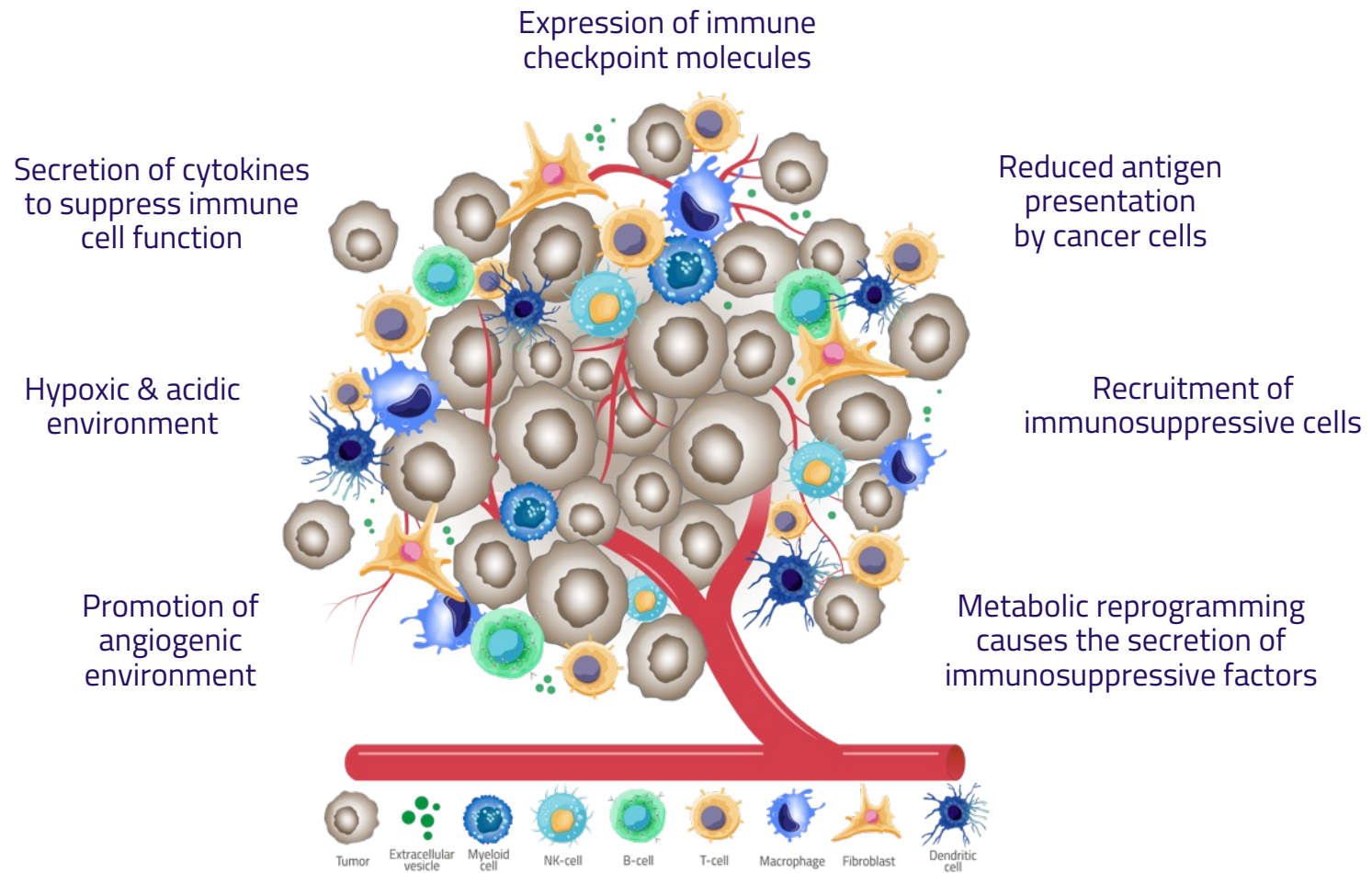


Unlocking the Potential of Immunotherapy

The Immunotherapy Conundrum

Significant progress, however only 15-20% of patients achieve long-term remission

Numerous Tumor Microenvironment characteristics
reduce the effectiveness of PD-(L)1 inhibitors



Novel Nucleoside Analog: 3'-deoxyadenosine (3'-dA)

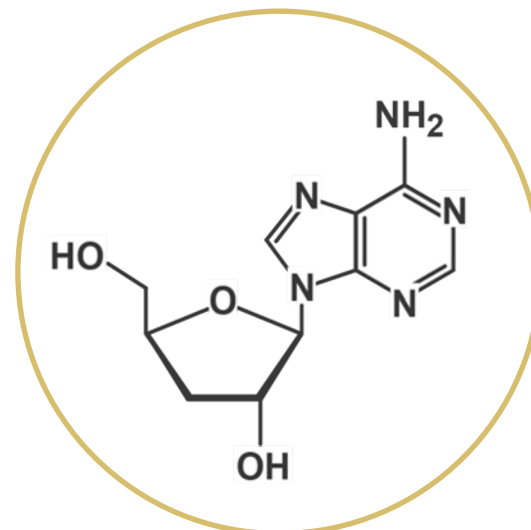
Cordycepin

A Traditional Chinese Medicine found in the Himalayas



3'-dA

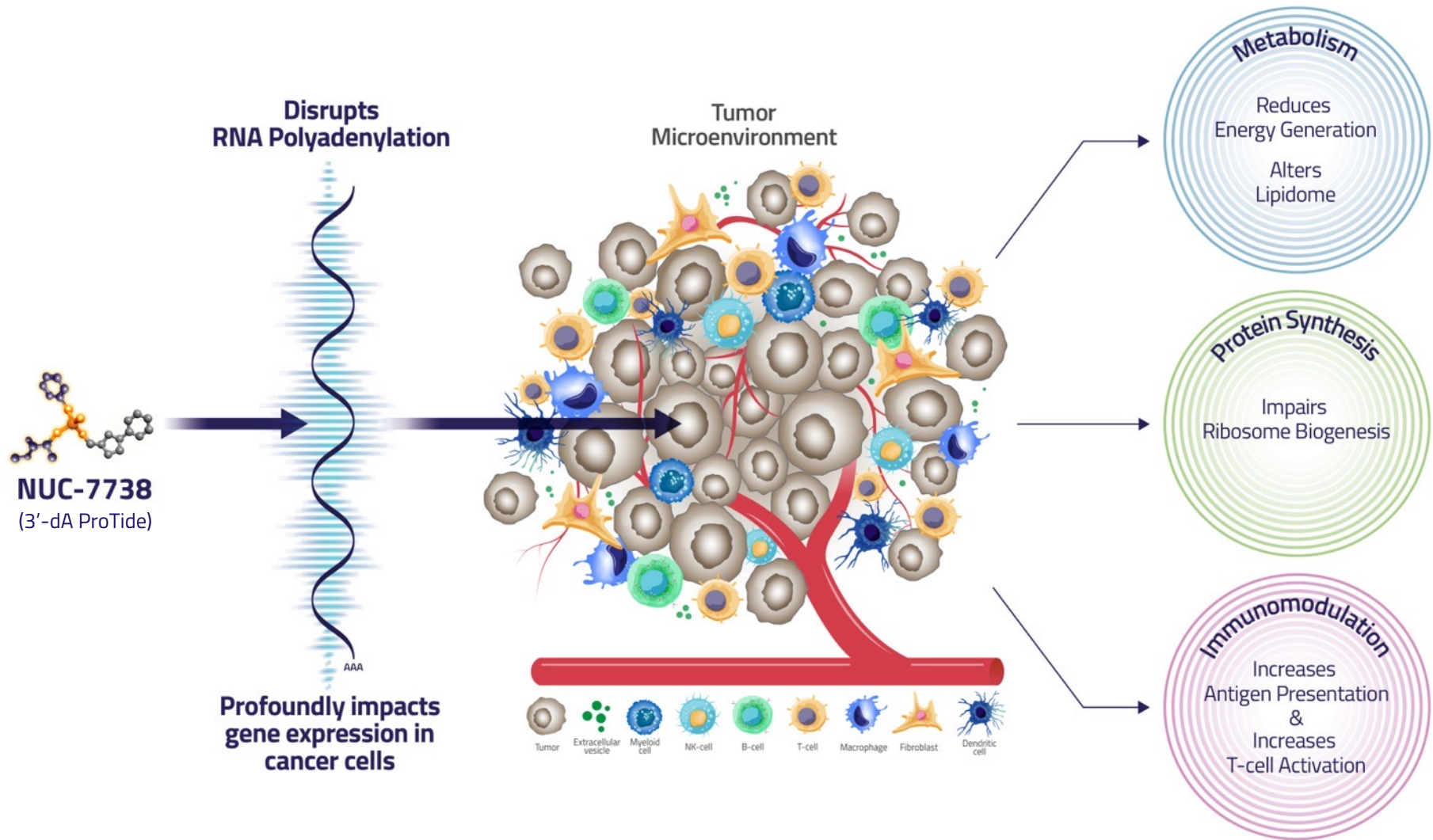
Originally isolated from *Cordyceps sinensis* in 1950



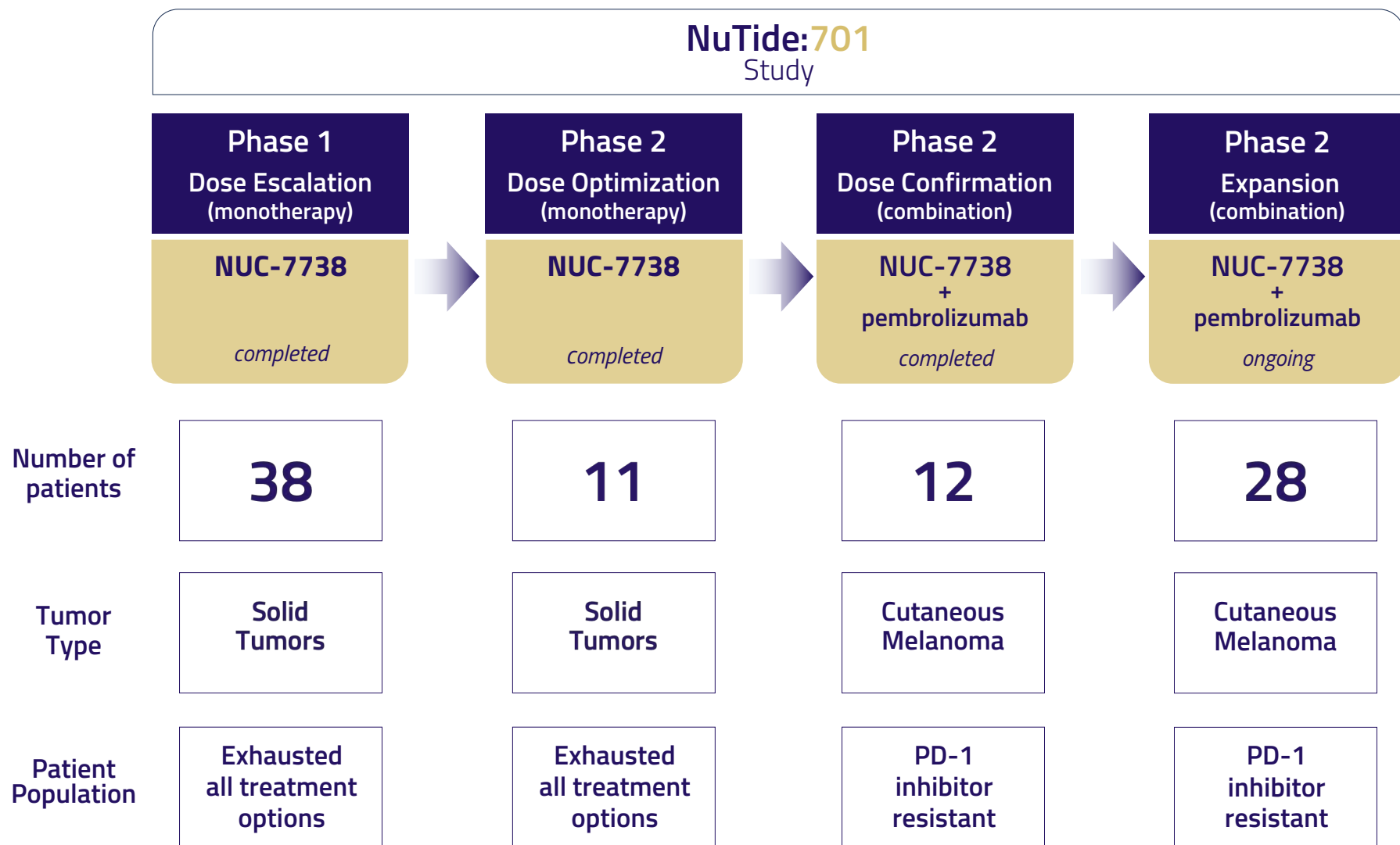
3'-dA has potent anti-cancer activity *in vitro* and can modulate components of the TME

Despite this, it has not been successfully developed due to rapid breakdown by adenosine deaminase

NUC-7738 : Targets Multiple Aspects of the Tumor Microenvironment



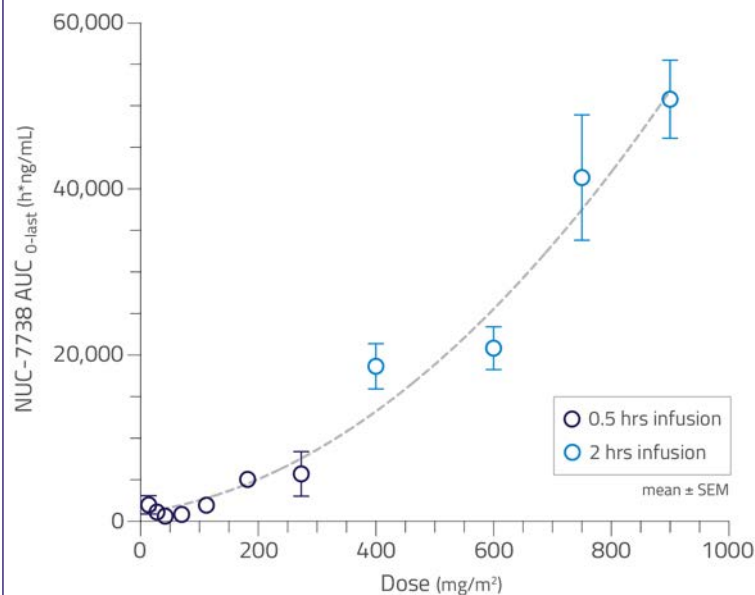
NUC-7738 transforms PD-1 resistant TME into a therapeutically responsive state



NUC-7738 : Attractive Pharmacokinetic Profile (monotherapy)

Plasma

Dose proportional increase in C_{max} and AUC

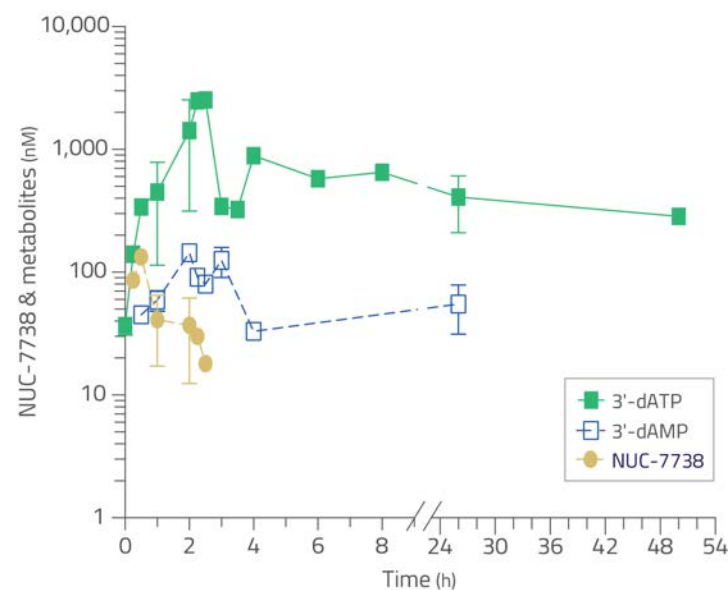


Patients (n=27) dosed at 14 – 900 mg/m²

Intracellular

NUC-7738 efficiently generates active anti-cancer metabolite (3'-dATP)

Long half-life of 3'-dATP (42 hrs)



Patients (n=3) dosed at 900 mg/m²

Symeonides *et al* (2022) *Ann Oncol* 33: S745-S746 Abstract ID: 455MO (ESMO September 2022). Data cut-off: July 7, 2022

NUC-7738 has been well tolerated

- No Grade 4 toxicities
- Low rates of Grade 3 toxicities

												MTD		
Dose AE occurred (mg/m ²)	14 n=2	28 n=3	42 n=2	70 n=3	112 n=4	182 n=4	273 n=5	400 n=6	600 n=9	750 n=5	900 n=8	1350 n=11	2000 n=2	Total* n=38
All Grade Treatment-Related Adverse Events (≥10%)														
Nausea	0	1 (33%)	0	0	0	0	1 (20%)	0	3 (33%)	2 (40%)	3 (38%)	5 (45%)	1 (50%)	16 (42%)
Fatigue	0	1 (33%)	0	0	0	0	0	1 (17%)	3 (33%)	1 (20%)	3 (38%)	7 (64%)	2 (100%)	14 (37%)
Anemia	0	0	0	0	0	0	0	0	0	0	2 (25%)	4 (36%)	2 (100%)	7 (18%)
Diarrhea	0	0	0	0	0	0	1 (20%)	0	0	1 (20%)	1 (13%)	4 (36%)	0	6 (16%)
Vomiting	0	0	0	0	0	0	0	0	0	1 (20%)	1 (13%)	3 (27%)	1 (50%)	6 (16%)
Mucosal inflammation	0	0	0	0	0	0	0	0	1 (11%)	1 (20%)	0	1 (9%)	1 (50%)	4 (11%)
Decreased appetite	0	0	0	1 (33%)	0	1 (25%)	1 (20%)	0	0	0	1 (13%)	0	0	4 (11%)
Grade 3 Treatment-Related Adverse Events (ALL)														
Fatigue	0	0	0	0	0	0	0	0	0	0	0	3 (27%)	2 (100%)	4 (11%)
Anemia	0	0	0	0	0	0	0	0	0	0	1 (13%)	0	0	1 (3%)
Neutropenia	0	0	0	0	0	0	0	0	1 (11%)	0	0	0	0	1 (3%)
Vomiting	0	0	0	0	0	0	0	0	0	0	0	0	1 (50%)	1 (3%)

MTD: maximum tolerated dose

n= number of patients receiving each dose level at any time during the study

*total number of patients who experienced TRAE

Symeonides *et al* (2022) *Ann Oncol*: 33: S745-S746 Abstract ID: 455MO (ESMO September 2022). Data cut-off: July 7, 2022

Disease Control Rate: 41% (Efficacy Evaluable Patients)

Metastatic Melanoma



62 years
2 prior lines

- 1) nivolumab + ipilimumab: discontinued within **1 month**
- 2) CK7 inhibitor: progressed at **1 month**

NUC-7738 starting dose 14 mg/m²

Stable Disease: 12 months

14% reduction in tumor volume

Treatment duration: 18 months

- 8 dose escalations

Metastatic Melanoma



65 years
1 prior line

- 1) nivolumab + ipilimumab: discontinued within **1 month**

NUC-7738 starting dose 400 mg/m²

Stable Disease: 9 months

NUC-7738 treatment enabled complete resection

patient had diffuse disease that was inoperable

Treatment duration: 11 months

- 1 dose escalation

Metastatic Clival Chordoma



72 years
1 prior line

- 1) imatinib: progressed at **19 months**

NUC-7738 dose 1,350 mg/m²

Stable disease: 6 months

45% reduction in mandibular lesion

Complete disappearance of lip lesion

Bleeding from nasal lesion resolved

Metastatic Lung Adenocarcinoma



65 years
2 prior lines

- 1) carboplatin + pemetrexed: progressed at **6 months**
- 2) docetaxel: progressed at **4 months**

NUC-7738 starting dose 42 mg/m²

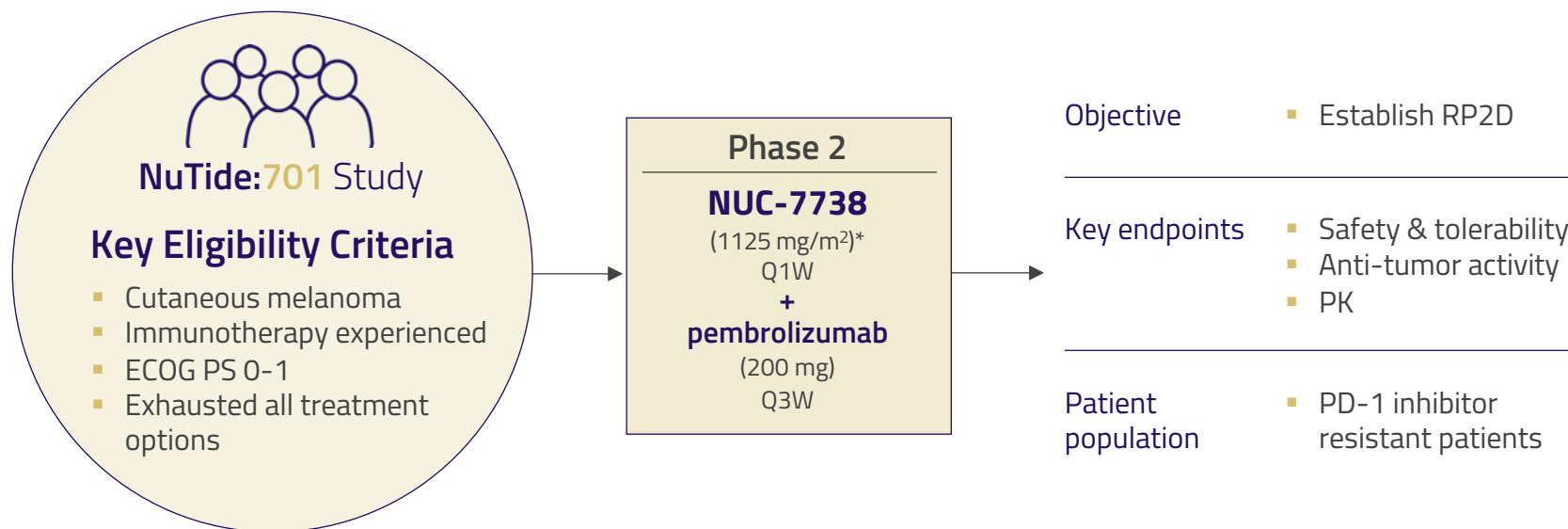
46% reduction in lung lesion 1

Change in character in lung lesion 2 small dense core surrounded by a larger diffuse "ground-glass" periphery

Treatment duration: 6 months

- 4 dose escalations

Dose Confirmation Cohort (n=12)



Prior Therapy: median (range)	2 (1-3)
PD-1 inhibitor	12
PD-1 inhibitor (adjuvant)	8
PD-1 inhibitor (non-adjuvant)	8
CTLA-4 inhibitor	11
PD-1 + CTLA-4 inhibitor	9
BRAF + MEK inhibitor	1

*Starting dose was 1125 mg/m² which was escalated to 1350 mg/m² if well tolerated

Blagden *et al* (2024) *Ann Oncol*: 35: S482-S535 Abstract ID: 666P (ESMO September 2024). Data cut-off: August 1, 2024

NUC-7738 + pembrolizumab has been well tolerated (n=12)

- Low rates of Grade ≥3 toxicities
- 1 patient experienced Grade 4 transaminitis (ALT/AST increased)

Treatment Related Adverse Events

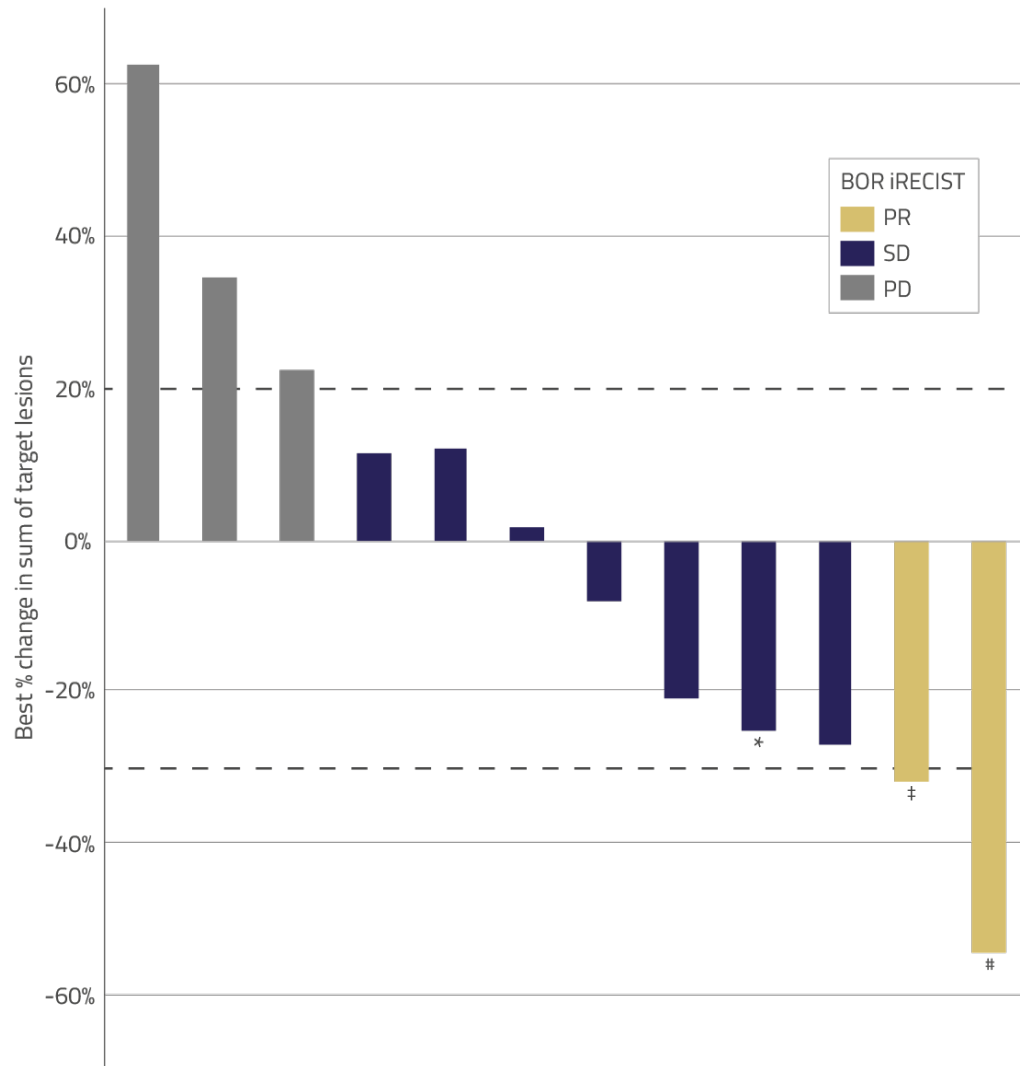
	All Grades n(%)	Grade 3 n(%)	Grade 4 n(%)
Nausea	9 (75)	0	0
ALT increased	6 (50)	1 (8)	1 (8)
Diarrhea	6 (50)	1 (8)	0
Vomiting	6 (50)	1 (8)	0
Fatigue	5 (42)	1 (8)	0
Anemia	5 (42)	0	0
AST increased	4 (33)	1 (8)	1 (8)
ALP increased	2 (17)	0	0
GGT increased	2 (17)	1 (8)	0
Blood magnesium decreased	2 (17)	0	0
Blood sodium decreased	2 (17)	0	0
Decreased appetite	2 (17)	0	0
Hypophosphatemia	2 (17)	0	0
Rash	2 (17)	0	0

All Grade TRAEs with prevalence ≥10% patients related to NUC-7738, pembrolizumab or both

Additional Grade 3 TRAEs ≤10%: abdominal pain (1 pt); hypertension (1pt); immune-mediated hepatitis (1 pt); adrenal insufficiency, hypercalcemia and hypotension (1 pt). No additional Grade 4 TRAEs

Payne *et al* (2025) *Immuno-Oncology Technol* 28: Supplement. Abstract ID: 321TiP (ESMO IO December 2025). Data cut-off: October 30, 2025

NUC-7738 : Tumor Volume Reductions in PD-1 Inhibitor Resistant Patients (combination)



Patient previously refractory to PD-1 inhibitor (nivolumab) + CTLA-4 inhibitor (ipilimumab) had 55% reduction[#]

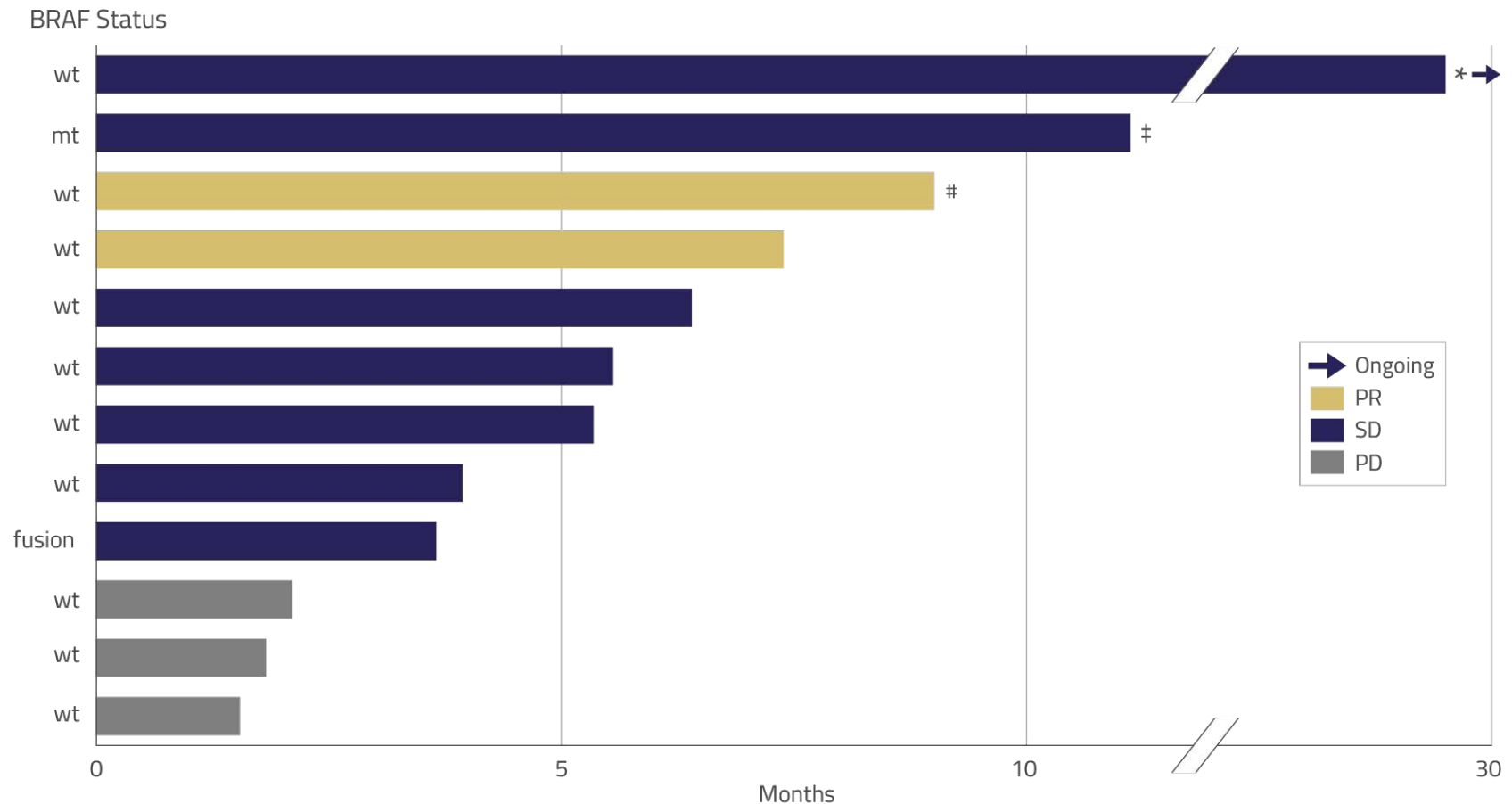
Patient with progression on three prior PD-1 therapies (nivolumab x1, pembrolizumab x2) achieved a 32% tumour reduction[‡]

Patient who progressed after PD-1 inhibitor (nivolumab) + CTLA-4 inhibitor (ipilimumab) has ongoing complete metabolic response^{*}

[#] Discontinued by patient choice; follow-up imaging showed progression of non-target lesion, target lesions remained stable (-55%)

Payne *et al* (2025) *Immuno-Oncology Technol* 28: Supplement. Abstract ID: 321TiP (ESMO IO December 2025). Data cut-off: October 30, 2025

PD-1 inhibitor rechallenge typically results in patients progressing at their first scan (2-3 months)



* Patient achieved complete metabolic response on PET (no FDG uptake), while CT-based iRECIST assessment remained stable disease (BOR-25%)

‡ Discontinued by patient choice; no follow-up, stable disease throughout treatment (BOR-2%)

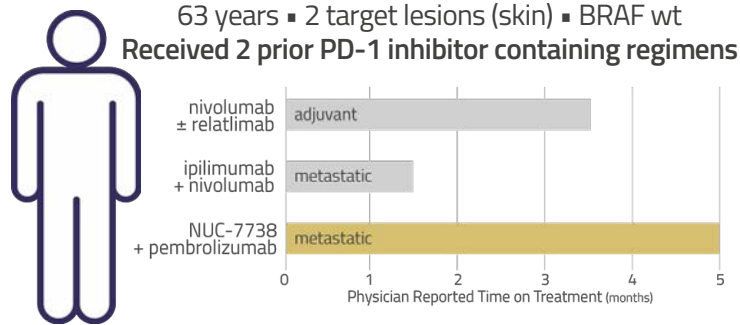
Discontinued by patient choice; follow-up imaging showed progression of non-target lesion, target lesions remained stable (~55%)

Payne *et al* (2025) *Immuno-Oncology Technol* 28: Supplement. Abstract ID: 321TiP (ESMO IO December 2025). Data cut-off: October 30, 2025

NUC-7738 : Encouraging Efficacy in PD-1 Inhibitor Resistant Patients (combination)

Case Study 1

Partial Response in patient with resistance to PD-1 inhibition



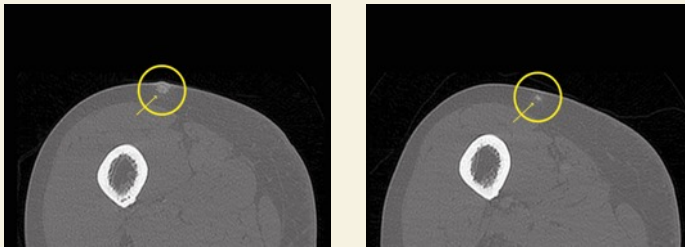
NUC-7738 + pembrolizumab

Partial Response (confirmed): 55% reduction in sum of target lesions

- 42% reduction in target lesion 1
- 70% reduction in target lesion 2 (see scans)

Time to progression 9 months

- 5 months treatment, discontinued due to unrelated SAE
- No further therapy, PR sustained for additional 4 months

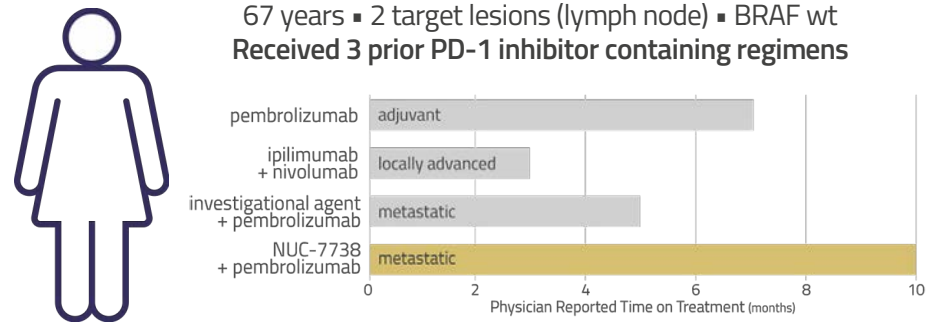


Baseline: 1.0 cm

Week 17: 0.3 cm

Case Study 2

Evidence of anti-cancer immune response in TME



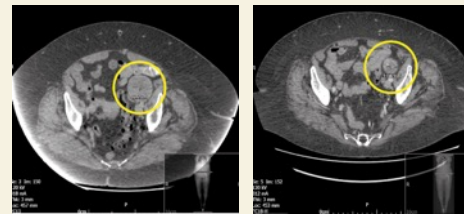
NUC-7738 + pembrolizumab

Partial Response (unconfirmed): 32% reduction in sum of target lesions

- 22% reduction in target lesion 1
- 45% reduction in target lesion 2 (see scans)

Time to progression 8 months

- Remains on treatment at 10 months due to clinical benefit (mixed response to oligometastatic disease; palliative radiotherapy to progressive lesions)

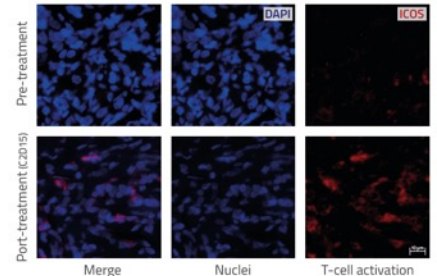


Baseline: 5.53 cm

Week 24: 3.04 cm

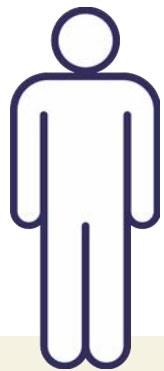
T-cell activation post-treatment

Increased expression of ICOS (red) post-treatment indicates T-cell activation



Case Study 3

Complete Metabolic Response (PET-based); PFS 29+ months



66 years ■ 2 target lesions (both liver) ■ BRAF wt

Received prior PD-1 inhibitor containing regimen



NUC-7738 + pembrolizumab

Stable Disease converted to PET-based complete metabolic response

- 25% reduction in sum of target lesions
 - 18% reduction in target lesion 1
 - 21% reduction in target lesion 2

Time to progression 29+ months, ongoing

- Treatment discontinued at 25 months following sustained clinical benefit & no metabolically active disease on PET



**Cancer Detectives:
Finding the Cures**

featured on UK Channel



Exposing the Heterogeneity of the Lipidome in the TME of Cutaneous Melanoma Following Treatment with NUC-7738 in Combination with anti-PD-1 Therapy

Alison L. Dickson^{1,2}, Greice M. Zickuhr¹, In Hwa Um¹, Ying Zhang¹, Ruth Plummer³, Sarah P. Blagden⁴, Stefan N. Symeonides⁵, Natalie Cook⁶, T.R. Jeffery Evans⁷, Mustafa Elshani^{1,2} & David J. Harrison^{1,2}

¹University of St Andrews, St Andrews, UK; ²Nucana plc, Edinburgh, UK; ³Newcastle ESMC, Northern Centre for Cancer Care, Freeman Hospital, Newcastle Upon Tyne, UK; ⁴Edinburgh ESMC, Churchill Hospital, University of Oxford, UK; ⁵Edinburgh ESMC, Western General Hospital, Edinburgh, UK; ⁶The Christie NHS Trust/University of Manchester, UK; ⁷The Beatson West of Scotland Cancer Centre/University of Glasgow, UK

Abstract Number: 6222

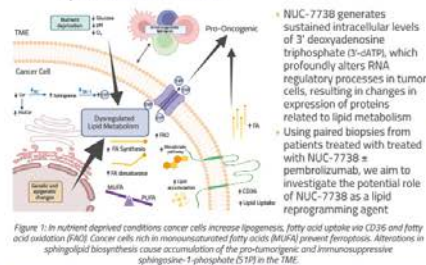
Email: alison.dickson@nucana.com



Introduction

- Cancer cells adapt to hypoxic and nutrient deprived environments by reprogramming lipid biosynthesis to accelerate malignant behaviour¹
- Lipids are not only structural components of cell membranes but also serve as signaling molecules within the tumor microenvironment (TME) to modulate immune cells²
- Cancer cells transitioning to a malignant phenotype demonstrate marked changes in lipid metabolism including:
 - Changes in the ratio of monounsaturated fatty acids (MUFAs) to polyunsaturated fatty acids (PUFAs)
 - Dysregulation of sphingolipids, crucial for tumor progression and survival
- Reprogramming lipid metabolism within the TME is a recognised strategy for boosting the effects of immunotherapy³

Lipid Metabolism in the TME



Methods

- Snap frozen and FFPE biopsies were collected from 6 patients (1 x mucosal melanoma and 5x cutaneous melanoma) treated with NUC-7738 + pembrolizumab. Biopsies were collected pre- and post- drug infusion (48h post infusion).
- TIC normalised data was exported into MetaboAnalyst 5.0 for statistical analysis (SAM, PCA, fold-change). LIPID MAPS[®] Structure Database was used to tentatively assign lipid species.

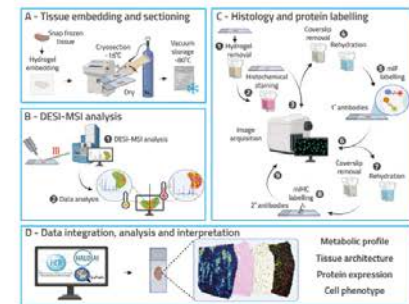


Figure 2: Multi-modal imaging workflow for 10µm single-section tissue analysis

Lipid Profiles of Melanoma Cells Change Following Treatment

- The emergence of two distinct classes of lipids suggests NUC-7738 + pembrolizumab changes the lipidome in the melanoma TME

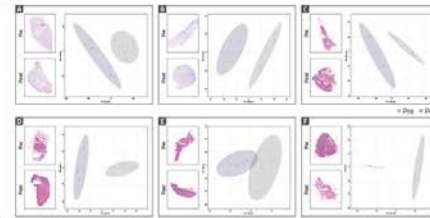


Figure 3: PCA 2D scores plots of lipids in tumor regions from biopsies pre- and post-treatment (H&E stained, cutaneous melanoma). ROI were selected by high-magnification analysis of visible tumor regions of H&E-stained sections following DESI-MSI.

Heterogeneity of Lipids and Immune Cells in the TME

- Dimension reduction analysis (UMAP) of data (>1000 lipids) reveals distinct regions within each biopsy

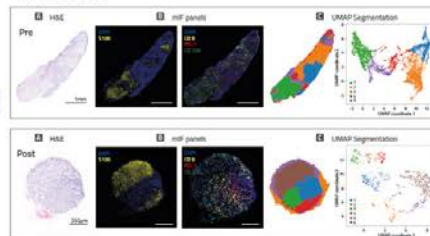


Figure 4: A) Post DESI-MSI H&E section, B) multiplex immunofluorescence (mIF) of DAPI co-localised with >100 positive cells indicative of malignant melanoma, CD3+ positive cells (T cells), CD206 positive cells (macrophages) and PD-1 positive cells. C) UMAP segmentation of single 10µm section based on UMAP cluster data.

Spatial Co-registration for Quantitative Image Analysis

- Quantification of individual cell types within distinct metabolic regions of the tissue show which cell types may be driving changes in lipid signatures

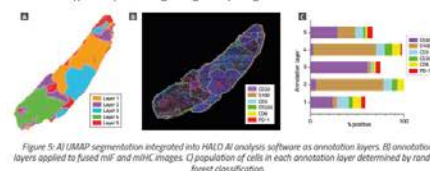


Figure 5: A) UMAP segmentation integrated into HALO AI analysis software as annotation layers. B) annotation layers applied to fused mIF and mIMC images. C) population of cells in each annotation layer determined by random forest classification.

Fatty Acid Reprogramming

- NUC-7738 + pembrolizumab changes the balance of fatty acids in favor of PUFAs, indicative of a shift towards a less aggressive oncogenic phenotype
- MUFAs have been linked to malignant behaviour and resistance to chemotherapy whilst PUFAs have been associated with susceptibility to reactive oxygen species and ferroptosis⁴

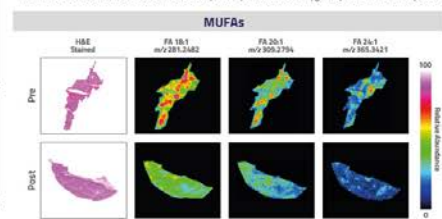


Figure 6: DESI-MSI ion heatmaps show spatial distribution and a decrease in the relative abundance of three MUFAs species and increase in three PUFA species in visible tumor regions following NUC-7738 + pembrolizumab treatment

Changes in Apoptotic Related Lipids

- NUC-7738 + pembrolizumab causes a reduction in levels of HexCer species in tumor area
- HexCer, a subclass of sphingolipids are anti-apoptotic and associated with chemoresistance in melanoma patients⁵

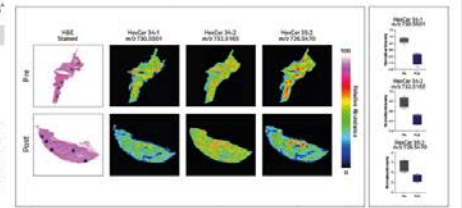


Figure 7: DESI-MSI ion heatmaps show spatial distribution and a significant decrease (p < .05) in the relative abundance of three HexCer species in visible tumor regions following NUC-7738 + pembrolizumab treatment

- Pro-apoptotic ceramide (Cer) species increase following treatment

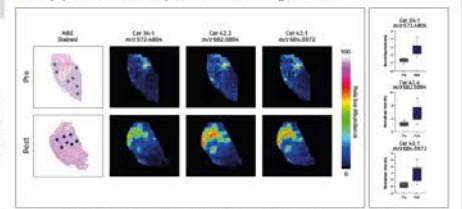


Figure 8: DESI-MSI ion heatmaps show spatial distribution and a significant increase (p < .05) in the relative abundance of three Cer species in visible tumor regions following NUC-7738 treatment

Multi-Modal Imaging Confirms Lipidomic Reprogramming

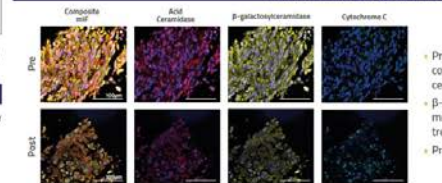


Figure 9: mIF of 4µm FFPE section show a decrease in the protein expression of key lipid metabolizing enzymes and an increase in the apoptotic marker cyt c following NUC-7738 treatment

CONCLUSION

- Novel methodology developed to analyse the spatial relationship between the lipidome and TME of patient biopsies within a single-tissue section
- Preliminary results suggest that NUC-7738 + pembrolizumab reprograms cancer cell lipid metabolism in the TME
- This platform provides a powerful investigative tool to simultaneously explore the myriad of factors in the TME that contribute to tumorigenesis and therapeutic response

NUC-7738 is a novel, orally active, selective inhibitor of the sphingosine kinase 1 (SK1) enzyme. It is currently in phase I/II clinical trials for the treatment of solid tumors. NUC-7738 is a novel, orally active, selective inhibitor of the sphingosine kinase 1 (SK1) enzyme. It is currently in phase I/II clinical trials for the treatment of solid tumors. NUC-7738 is a novel, orally active, selective inhibitor of the sphingosine kinase 1 (SK1) enzyme. It is currently in phase I/II clinical trials for the treatment of solid tumors.

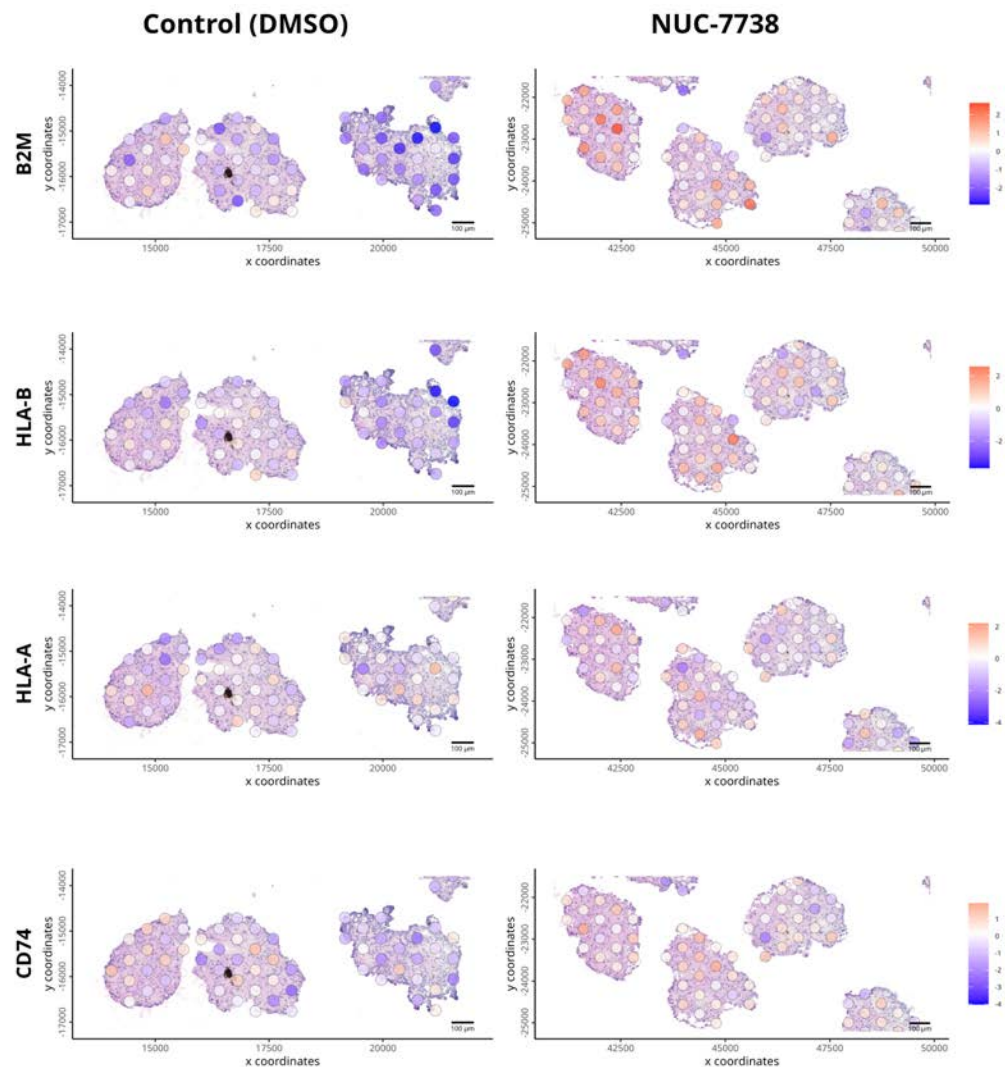
Copyright © 2024 Nucana plc. All rights reserved. Nucana plc is a registered trademark of Nucana plc. Nucana is a registered trademark of Nucana plc. Nucana is a registered trademark of Nucana plc.

NUC-7738 : Increases Abundance of RNA Transcripts Associated with Immune Presentation in Tumoroids (MHC I & II)

Primary kidney cancer tissue was dissociated & grown for 3 weeks *in vitro* before treatment. Spatial transcriptomic analysis was then performed on harvested tumoroids.

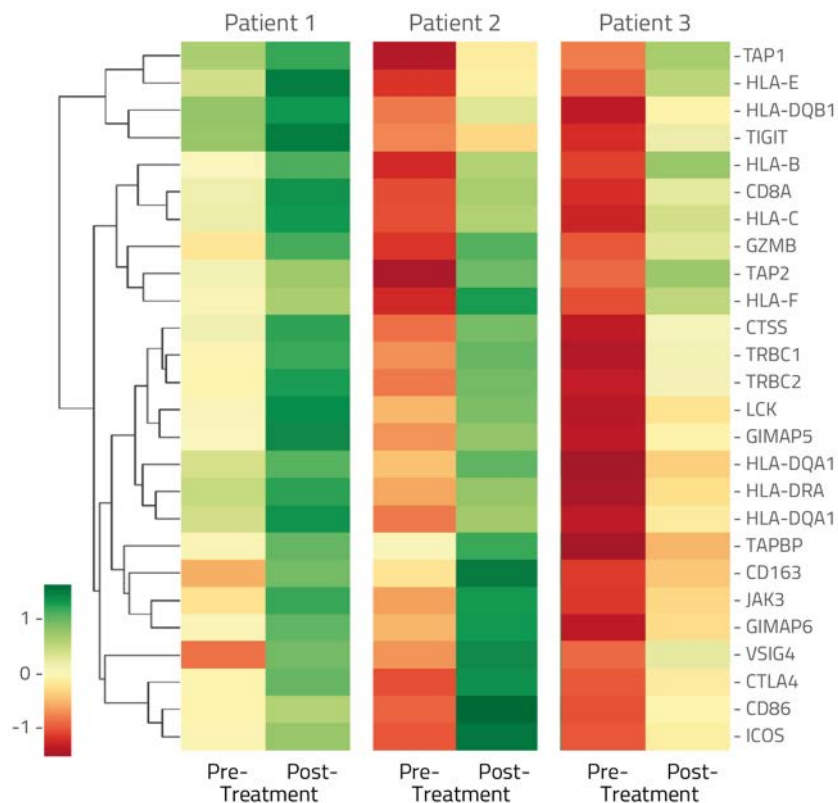
B2M is beta 2 microglobulin, and together with HLA-A and HLA-B form class 1 Major Histocompatibility Complex (MHC). Class I MHC is recognized by CD8+ T lymphocytes.

CD74 (also called HLA-DR antigens-associated invariant chain, part of Class II MHC) helps to transport peptide needed for T-cell activation. Class II MHC is recognized by CD4+ T lymphocytes.

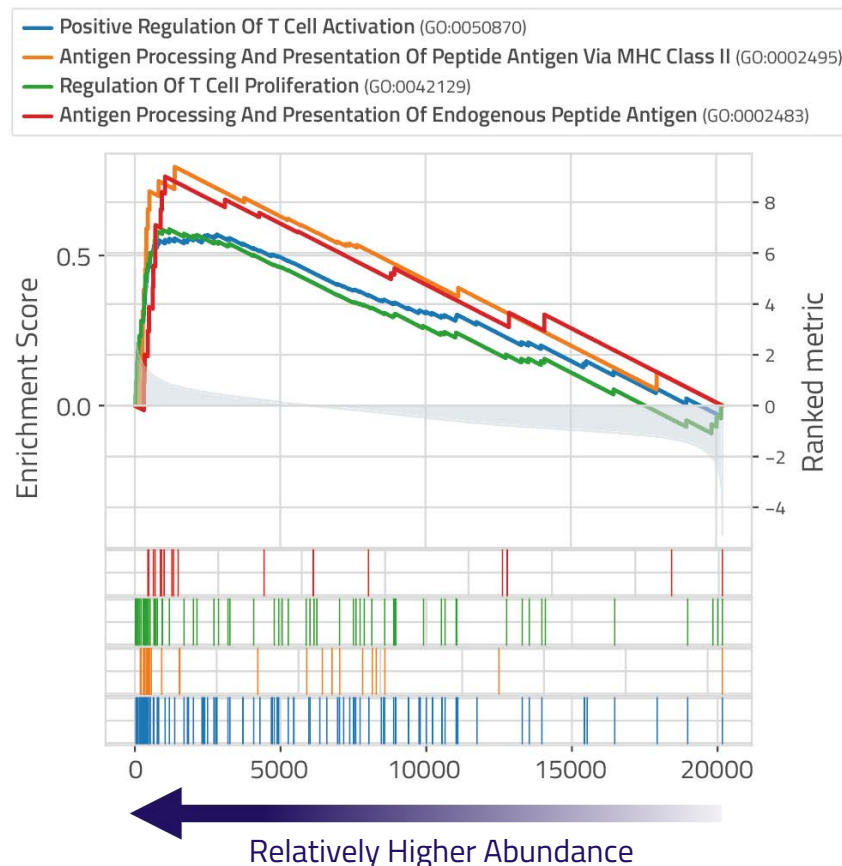


NUC-7738 : Increases Antigen Presentation & T-cell Activation in Patient Biopsies

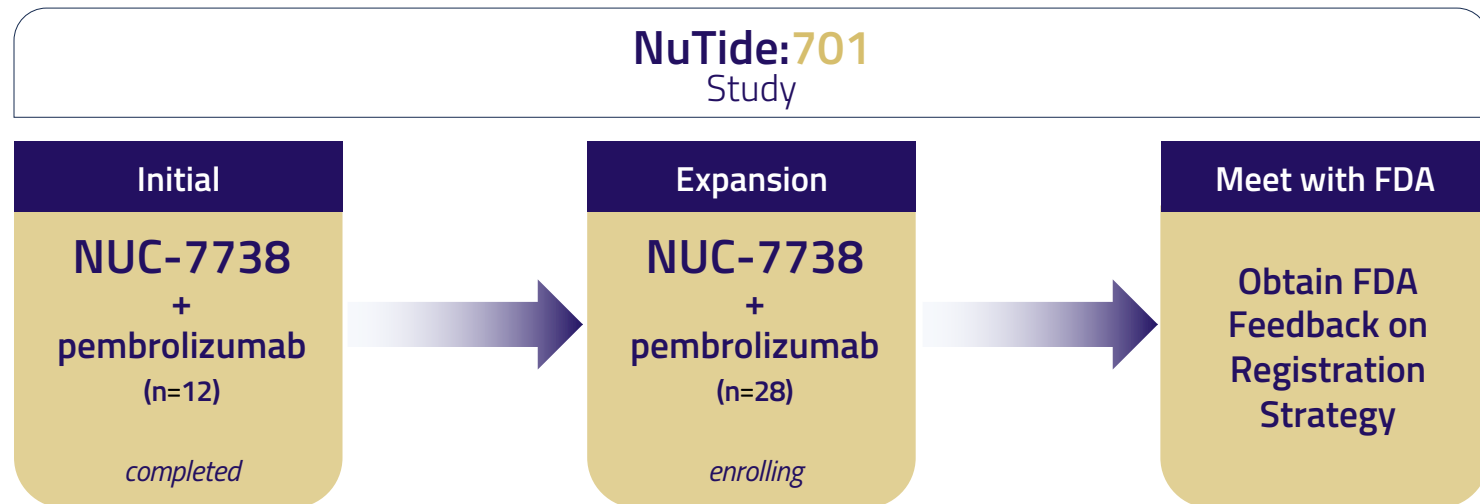
Heatmaps illustrating RNA expression reveal a relative increase in mRNA levels of genes associated with antigen transport & presentation and T-cell activation



Comparative gene enrichment analysis from biopsies shows immune pathway activation related to antigen processing & presentation, T-cell activation & proliferation



Blagden *et al* (2024) *Ann Oncol*: 35: S482-S535 Abstract ID: 666P (ESMO September 2024). Data cut-off: August 1, 2024



\$7.4B

Estimated sales in 8 major markets in 2029²



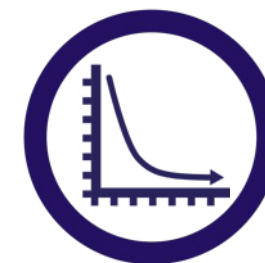
331,722 new cases
diagnosed annually¹



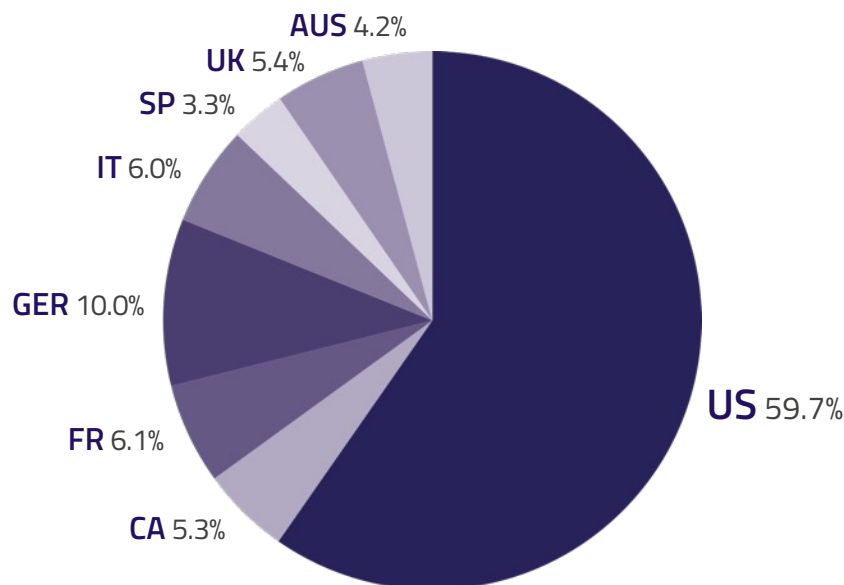
58,667 deaths
annually¹



13,000 patients
will fail PD-1 inhibitors in US³



5-year survival rate: 30%
Stage IV melanoma⁴

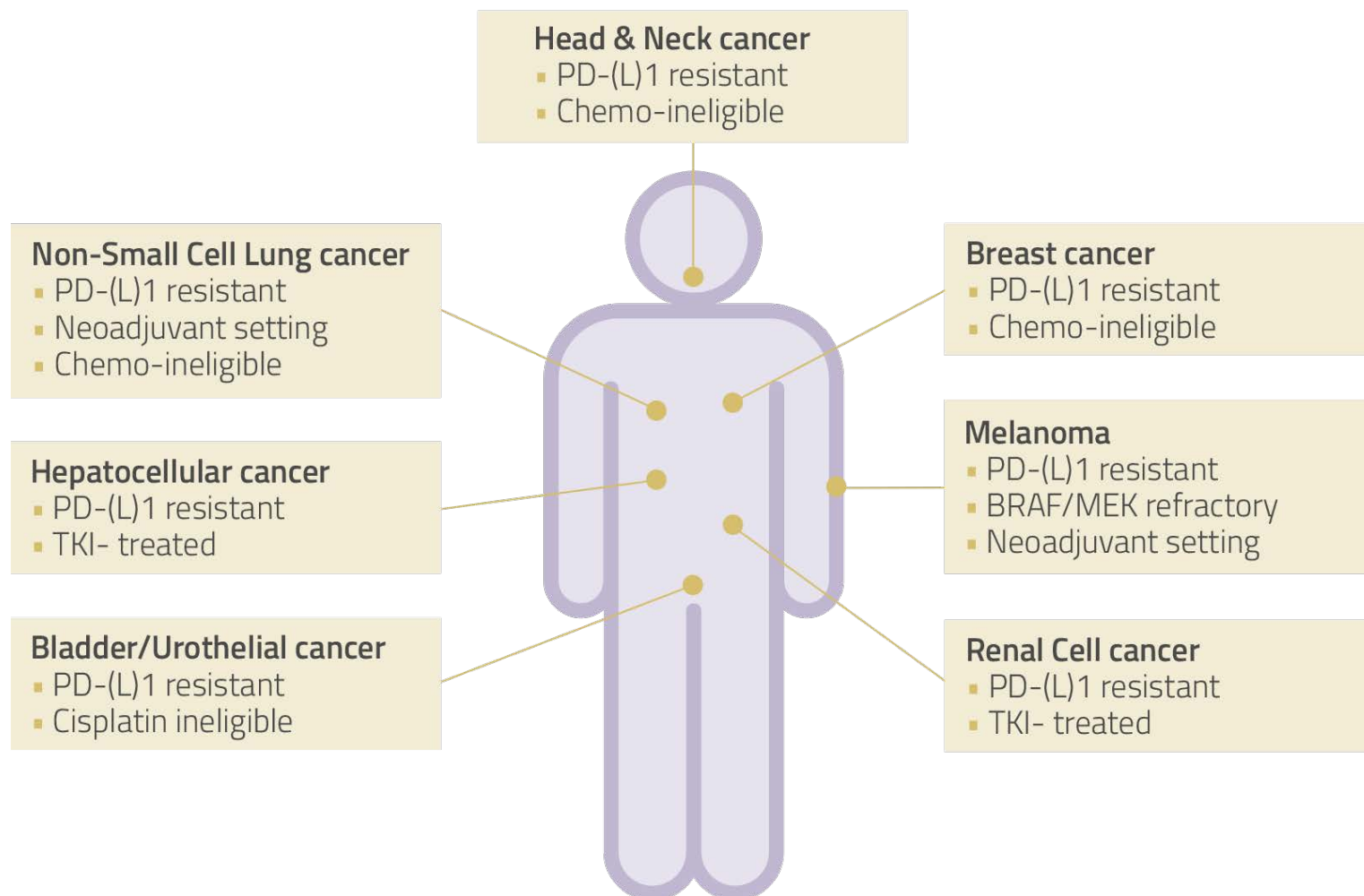


1. GLOBOCAN 2022, Cancer Incidence and Mortality Worldwide

2. Global Data Melanoma - Global Drug Forecast and Market Analysis to 2029

3. 2030 estimate based on CancerMPact data and primary market research

4. Melanoma Research Alliance (<https://www.curemelanoma.org>)



NUC-3373



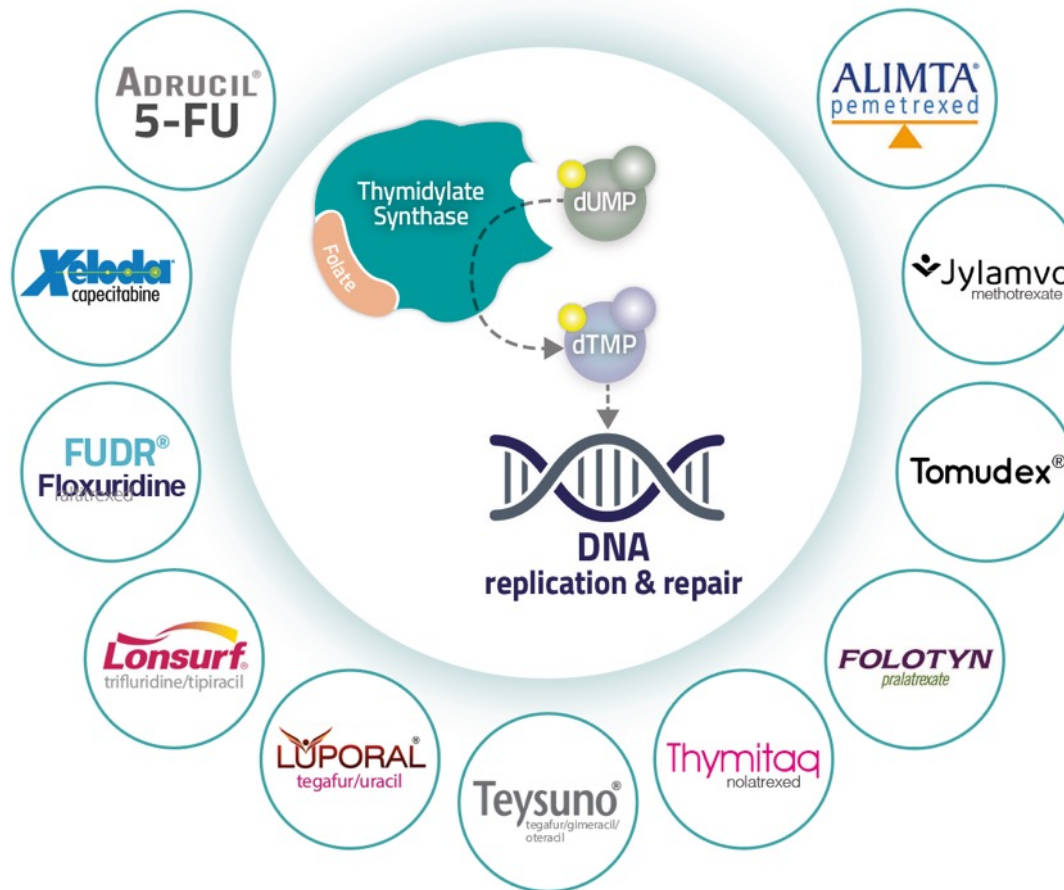
Targeted Thymidylate Synthase Inhibitor

Thymidylate Synthase: An Important Target for Anti-Cancer Therapies

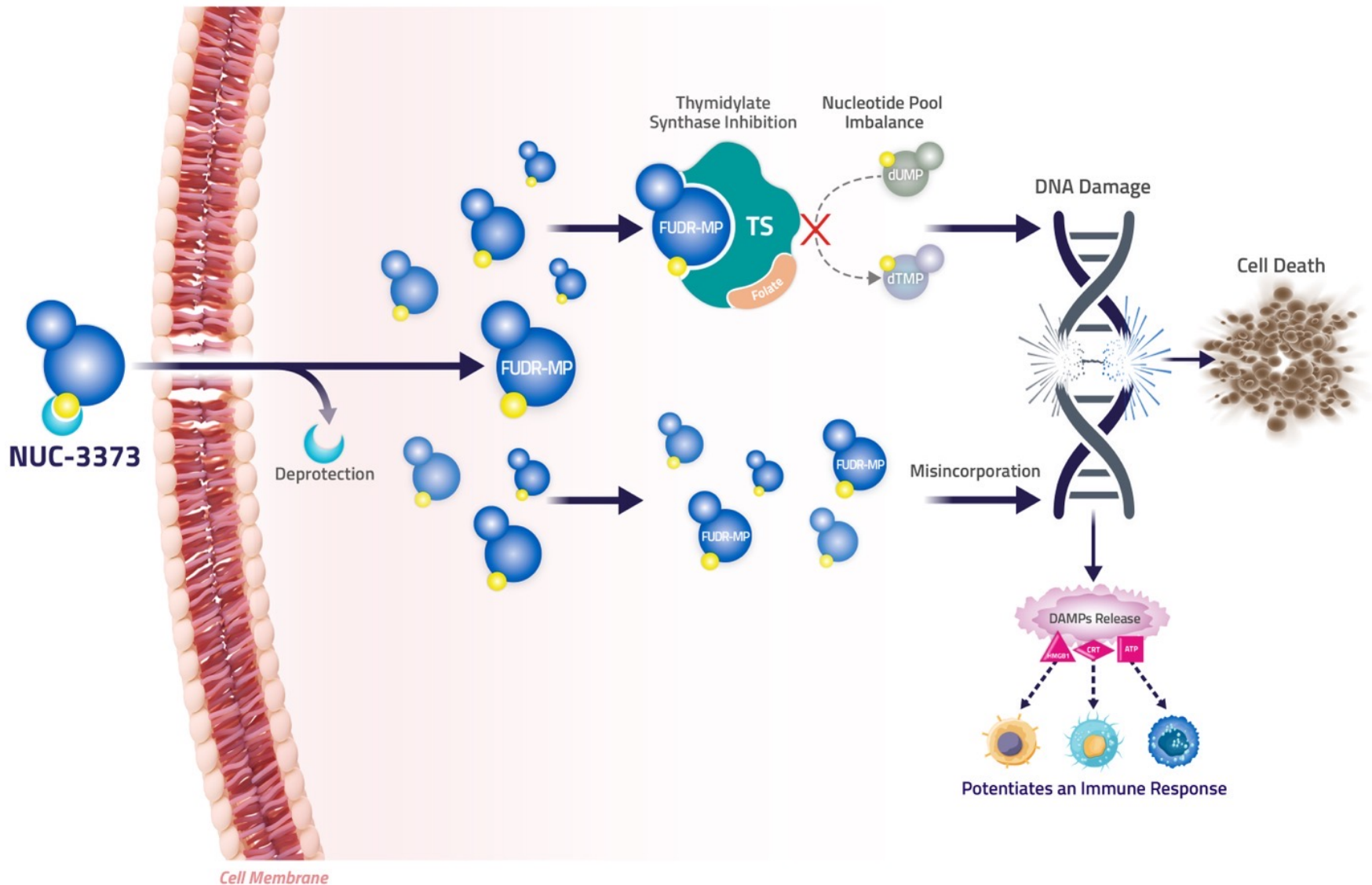
Thymidylate Synthase (TS) is a critical enzyme for nucleotide synthesis

- Converts uridine (dUMP) to thymidine (dTMP)
- Essential for DNA replication and cell proliferation
- Often upregulated in cancer cells

TS inhibitors are widely used despite their insufficient inhibition of the target enzyme



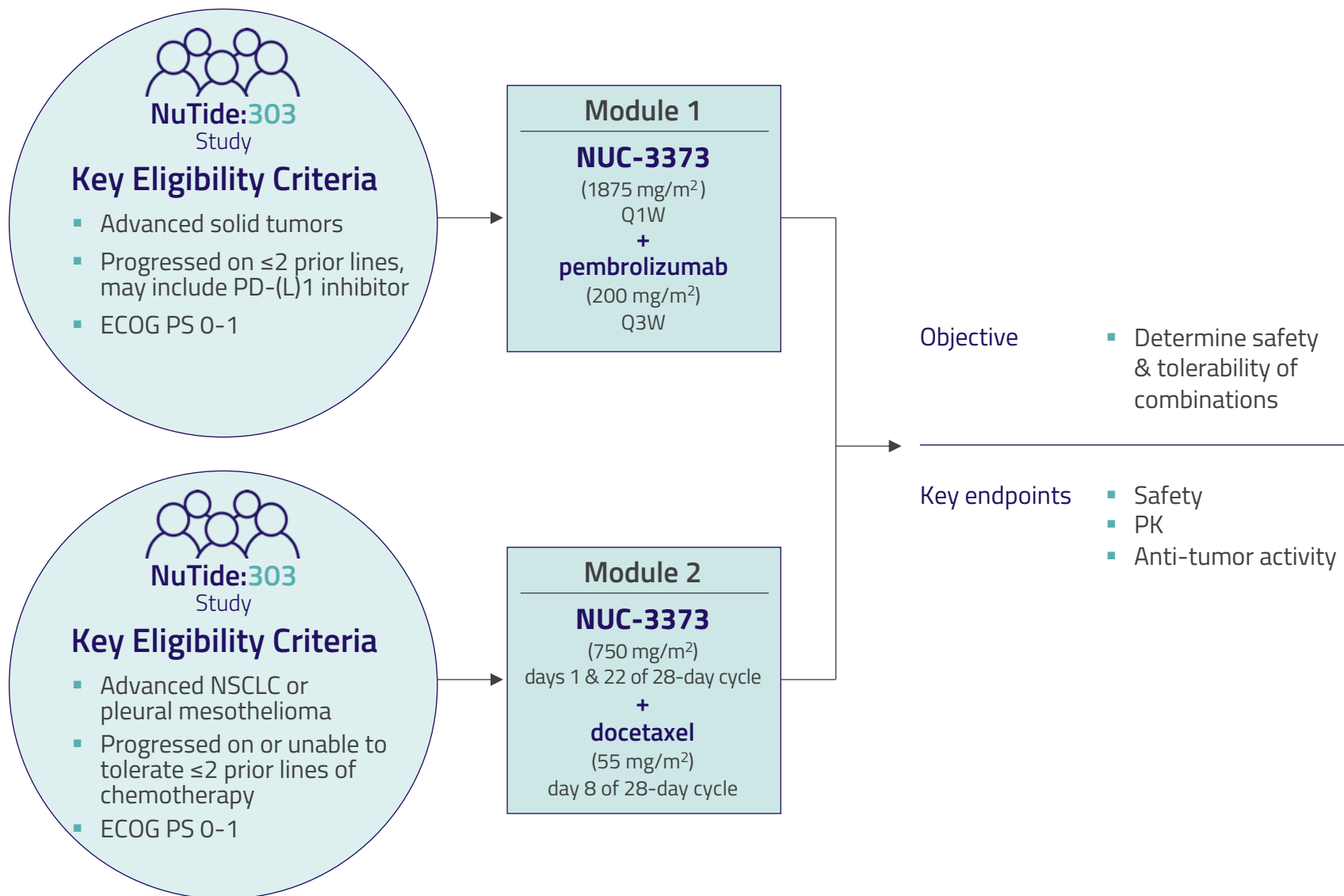
NUC-3373 : Induces DNA Damage & Potentiates an Immune Response



Bré et al (2023) *Cancer Chemother Pharmacol* 91(5): 401–412; Read et al (2025) *PLoS One*: 16; 20(9): e0331567

Over 300 patients have received NUC-3373 across the clinical program

STUDY	COMBINATION	POPULATION	PATIENTS
NuTide:301 Phase 1	monotherapy	Solid Tumors (end-stage)	59
NuTide:302 Phase 1b	leucovorin (LV)	CRC (end-stage)	38
NuTide:302 Phase 1b	LV + irinotecan	CRC (end-stage)	32
NuTide:302 Phase 1b	LV + oxaliplatin	CRC (end-stage)	23
NuTide:302 Phase 2	LV + irinotecan + bevacizumab	CRC (end-stage)	8
NuTide:302 Phase 2	LV + oxaliplatin + bevacizumab	CRC (end-stage)	6
NuTide:323 Phase 2 (randomized)	LV + irinotecan + bevacizumab vs. FOLFIRI + bevacizumab	CRC (second-line)	120 (NUC-3373) 57 (5-FU)
NuTide:303 Phase 1b/2	pembrolizumab	Solid Tumors (second/third-line)	13
NuTide:303 Phase 1b/2	docetaxel	Lung Cancer (second/third-line)	4



NUC-3373 + pembrolizumab has been well tolerated (n=13)

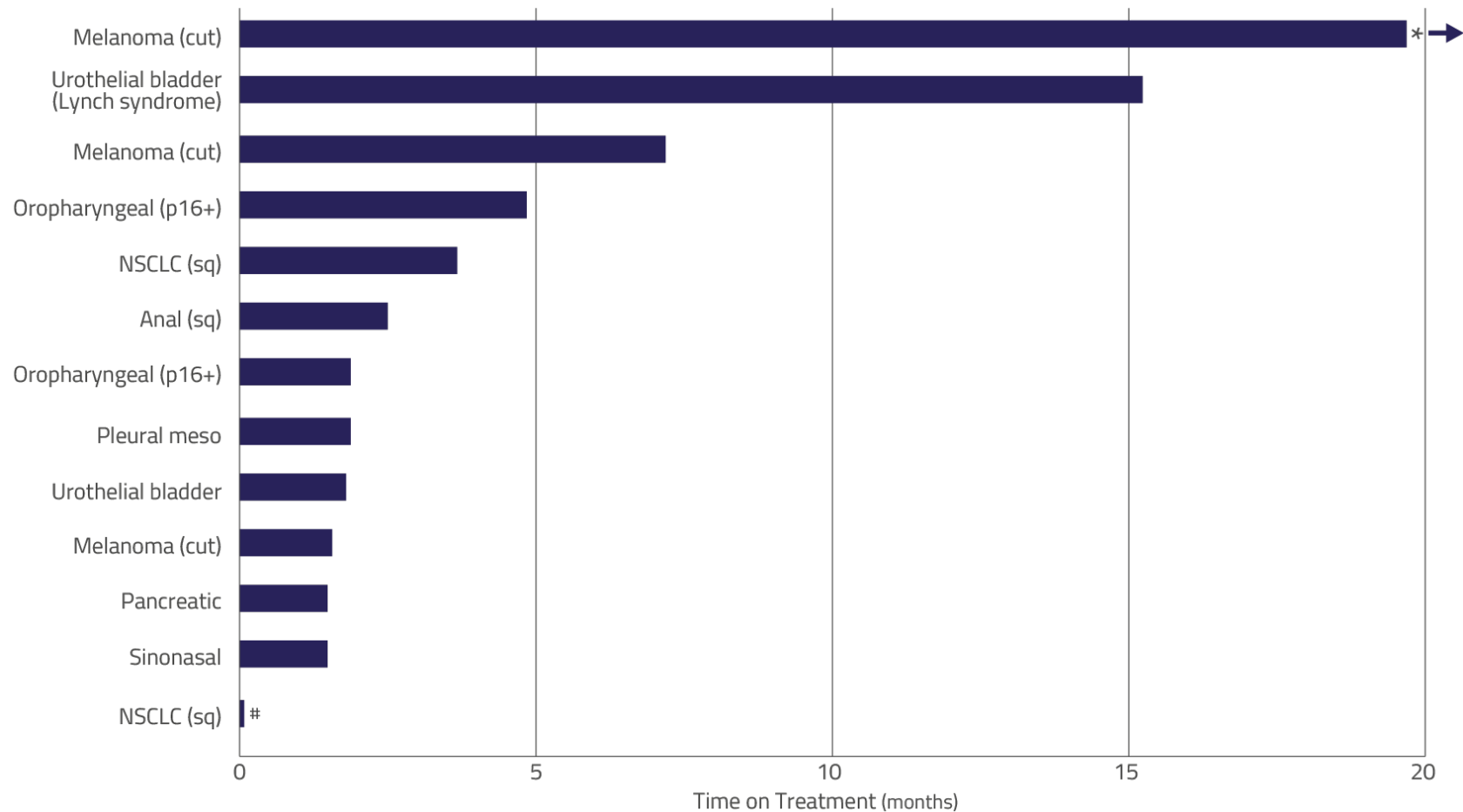
- No Grade 4 toxicities

	Treatment Related Adverse Events		
	All Grades n(%)	Grade 3 n(%)	Grade 4 n(%)
Vomiting	10 (77)	0	0
Nausea	9 (69)	0	0
Diarrhea	6 (46)	0	0
Fatigue	6 (46)	0	0
Infusion related reaction	4 (31)	0	0
ALT increased	4 (31)	0	0
AST increased	4 (31)	0	0
Anemia	4 (31)	1 (8)	0
Constipation	3 (23)	0	0
Abdominal pain	2 (15)	0	0
GGT increased	2 (15)	0	0
Dizziness	2 (15)	0	0
Headache	2 (15)	0	0
Flushing	2 (15)	0	0
Rash	2 (15)	0	0

All Grade TRAEs with prevalence ≥20% patients related to NUC-3373, pembrolizumab or both
Additional Grade 3 TRAE ≤10%: hyponatremia (1 pt)

Middleton et al(2025) medRxiv doi: 10.1101/2024.11.07.24316829. Data cut-off: May 30, 2025

Encouraging duration of clinical benefit in PD-(L)1 experienced patients

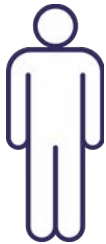


* Data presented as per end of study cut-off date (30 May 2025). This patient was progression-free as of 31 August 2025 (22 months ongoing) & continued to receive treatment after study ended

Patient only received 1 dose of study treatment and was not DLT-evaluable

Middleton *et al* (2025) *medRxiv* doi: 10.1101/2024.11.07.24316829. Data cut-off: May 30, 2025

Cutaneous Melanoma



75 years ■ BRAF mt
2 prior lines

- 1) pembrolizumab:
progressive disease within **5 months**
- 2) trametinib + dabrafenib:
trametinib discontinued after **1 month** (toxicity)
dabrafenib for 7 years (progressive disease)

NUC-3373 1875 mg/m² + pembrolizumab 200 mg

- 1 target lesion (bilateral lymph node)

Partial Response (confirmed): 81% reduction in tumor volume

Treatment duration: 19+ months (ongoing)

- No dose reductions

Bladder Cancer



72 years ■ Lynch Syndrome
2 prior lines

- 1) gemcitabine + cisplatin (adjuvant):
discontinued due to myelosuppression **2 months**
- 2) atezolizumab (metastatic):
best response SD, discontinued after **23 months**

NUC-3373 1875 mg/m² + pembrolizumab 200 mg

- 1 target lesion (lung)

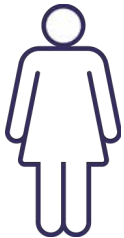
100% reduction in sum of target lesions

Partial Response (confirmed) due to presence of non-target lesions

Treatment duration: 15 months

- No dose reductions

Pleural Mesothelioma



60 years
3 prior lines

- 1) cisplatin + pemetrexed:
progressive disease within **4 months**
- 2) nivolumab:
progressive disease within **4 months**
- 3) carboplatin + pemetrexed:
progressive disease within **1 month**

NUC-3373 750 mg/m² + docetaxel 55 mg/m²

- 4 target lesions (2x lymph node, 2x mediastinum)

Stable Disease: 13+ months (ongoing)

Treatment duration: 8.5 months (discontinued due to fatigue)

- NUC-3373 + docetaxel (4 cycles), followed by NUC-3373 (5 cycles)

NSCLC (squamous)



77 years
2 prior lines

- 1) carboplatin + paclitaxel + pembrolizumab:
stable disease for **2 months**
- 2) pembrolizumab (maintenance):
progressive disease within **21 months**

NUC-3373 750 mg/m² + docetaxel 55 mg/m²

- 1 target lesion (lung)

Stable Disease: 7 months

Treatment duration: 7 months

- NUC-3373 + docetaxel (6 cycles), followed by NUC-3373 (2 cycles)

Strong Intellectual Property Position

Worldwide exclusive rights for all programs: **284 granted patents** and **61 pending applications***

KEY PATENTS	STATUS	EXPIRATION+ (excluding any extensions)	TERRITORIES
<i>NUC-7738</i>	100 granted, 42 pending, including:		
Composition of matter	Granted (US, EP, CN, JP)	2035	    + others
Formulation	Pending	2036	    + others
Manufacturing process	Pending	2038	    + others
Use	Pending	2043	    + others
<i>NUC-3373</i>	149 granted, 26 pending, including:		
Composition of matter	Granted (US, EP, CN, JP)	2032	    + others
Formulation	Granted (JP, US), Pending (EP, CN)	2036	    + others
Manufacturing process	Pending	2043	    + others

*As of February 24, 2026

*Expiration for pending patents if granted

Key Expected Milestones: 2026

	INDICATION	COMBINATION	PHASE	MILESTONE
<i>NUC-7738</i> NuTide:701 Study	Melanoma	pembrolizumab	Phase 2	Complete Recruitment
				Announce Expansion Data
				Obtain FDA Feedback on Registration Strategy
<i>NUC-3373</i> NuTide:303 Study	Solid Tumors	pembrolizumab	Phase 1b/2	Announce Development Plan

Investment Highlights

NUC-7738

Transforms Tumor Microenvironment

Differentiated mode of action: RNA polyadenylation
Encouraging signs of efficacy
Favorable safety profile
Potentiates PD-1 inhibition

NUC-3373

Targeted TS inhibitor

Induces DNA damage
Encouraging signs of efficacy as monotherapy
& in combination with PD-1 inhibitor
Favorable safety profile

Experienced Team

Accomplished management
team backed by leading
biotech investors

Nasdaq: *NCNA*

Improving Survival Outcomes

Synergy in combination
with immune checkpoint
inhibitor therapy

Strong IP Protection

Worldwide
exclusive rights

Significant Milestones

Numerous value inflection
points throughout 2026



NUCANA
Nasdaq: NCNA
nucana.com