

CPD 100Li - A Novel Targeting Prodrug For Oncology

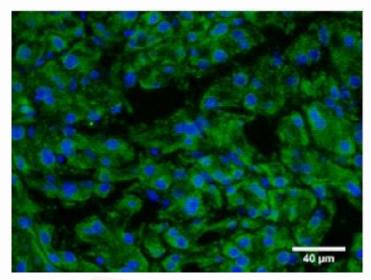
Executive Summary

- Cascade's lead molecule, CPD100Li, demonstrates remarkable preclinical results in multiple cancers, and in particular, Pancreatic Cancer.
- Our compound is effective in combination therapy with both immuno-oncology (I/O) and chemotherapeutic agents.
- We are transitioning into the IND (Investigational New Drug) phase of development and are scaling up manufacturing.
- Securing market exclusivity after the drug is introduced into the clinics, we have obtained Orphan Drug
 Designation (ODD) from the FDA for the treatment of Pancreatic Cancer.
- Our current offer is a \$3M convertible note.
- These funds will support advancing the compound to IND status and support the attainment of critical milestones -- enhancing engagement with potential strategic partners.



Pancreatic Cancer

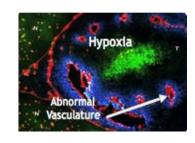
- Pancreatic Cancer is the second leading cause of death from cancer. It is a significant unmet medical need with 5-year survival <5%
- Patient incidence in major markets (US/EU) is well over 50,000 cases/year
- Market potential for a new entrant with improved efficacy and safety compared to the current standard of care is estimated to be
 \$1 Billion
- Current standard of care (chemotherapy) is largely ineffective, despite multiple attempts with various agents and combination therapies
- Exceptional preclinical data with CPD100Li in Pancreatic cancer model warrants continued investment
- Pancreatic Cancer creates a very "hypoxic" tumor microenvironment (TME)



*pancreatic tumor regions of hypoxia in green



Hypoxia – What is it, and why is it important?



- Hypoxia (Hypo = Less/Low, Oxia = Oxygen), i.e. low oxygen concentration, is a <u>common feature of a solid tumor's</u> <u>microenvironment</u>.
- Effectively, the tumor "outgrows" its blood supply resulting in a below normal oxygen tension/concentration and leads to a more acidic region surrounding and within the tumor.
- High Acidity and Low Oxygen tension create a hostile environment surrounding the tumor that is <u>highly toxic to many</u> <u>compounds and drugs</u>, reducing effective drug penetration and efficacy.
- This TME (Tumor Microenvironment) negatively impacts the effects of chemo or immuno-oncology (I/O) treatments.
- And...was the topic of the 2019 Nobel Prize!!!



hypoxia response

Javid Moslehi, W. Kimryn Rathmell

J Clin Invest. 2020;130(1):4-6. https://doi.org/10.1172/JCI134813.



Hypoxia – What is it, and why is it important?

- Hypoxia provides multiple targeting opportunities:
 - ✓ Prodrugs designed to accumulate in *hypoxic tumor* compartments.
 - ✓ Develop "hypoxia biomarkers" for optimizing patient selection.
- Pancreatic Cancer's extremely low oxygen levels presents a prime target for a focused, and highly activated chemotherapeutic warhead





The 2019 Nobel Prize honors fundamental discoveries in hypoxia response

*Oxygen Levels (pO2 in mmHg) using electrode probes

Tumor Type	Normal Tissue	Tumor Tissue
Pancreas	<mark>57</mark>	2
Brain	26	13
Lung	N/A	16
Breast	52	10
Cervix	42	9

THE SOLUTION:

A ProDrug that targets the Hypoxic Tumor
Microenvironment (TME) increasing the
effectiveness of standard chemotherapeutic
and Immuno-Oncology treatments

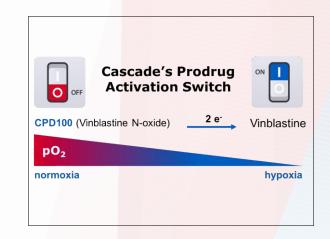


CPD100Li

 A Prodrug that is activated selectively in hypoxic **regions** of tumor

 It is formulated in *liposomes* to optimize pharmacokinetics (PK) and safety

 Mechanism of Action (MOA) is via the warhead molecule, vinblastine, a *tubulin inhibitor* which blocks tumor cell division

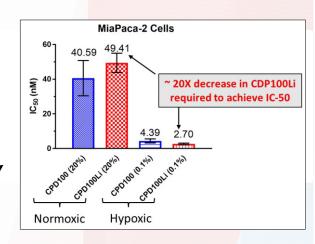






CPD100Li

- Increased activity against tumor cell cultures exposed to hypoxic conditions
- Targeting of tumor hypoxia results in higher therapeutic index:
 - √ Less normal tissue toxicity = Fewer systemic side effects
 - ✓ Higher MTDs (Maximum Tolerated Dose) in vivo = *Increased Efficacy*
 - ✓ Selective accumulation of activated cytotoxic drug in hypoxic tumor tissue = *Targeted Warhead*
 - ✓ Enriched hypoxic tumor cell killing = *Increased Accuracy* and Efficacy
- Alters the TME (Tumor Microenvironment) eliminating the tumor associated cells supporting the cancerous growth, metastasis & immunosuppression







CPD100Li Efficacy in Pancreatic Cancer Model

Human Panc-1 orthotopic model, Mono and Combo Therapy

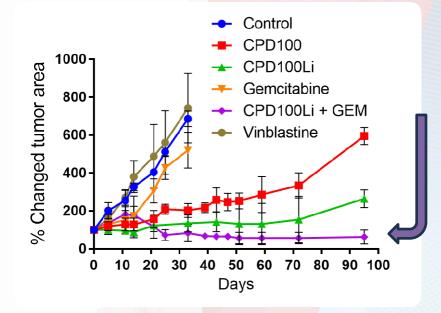
CPD100Li is *active as monotherapy and in combination* with gemcitabine (GEM) in Panc-1 model

Result:

- Strong synergy in combination with GEM
- · CPD100Li prodrug more active than vinblastine alone

Dosing regimen:

- CPD100 and CPD100Ll at 40mg/kg weekly for eight cycles
- GEM at 100 mg/kg biweekly six cycles
- · Vinblastine at 5 mg/kg eight cycles
- CPD100Ll at 40mg/kg weekly for eight cycles and GEM at 100 mg/kg biweekly six cycles



Confidential I

CPD100Li Efficacy in Human Lung Cancer Model

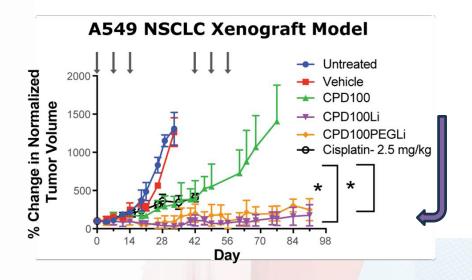
A549 NSCLC Xenograft, Mono Therapy

Result:

· Prolonged tumor growth inhibition with CPD100Li

Dosing regimen:

- CPD100 dosed at 40 mg/kg (iv) in all on-treatment cohorts
- Cisplatin dosed at 2.5 mg/kg (MTD)



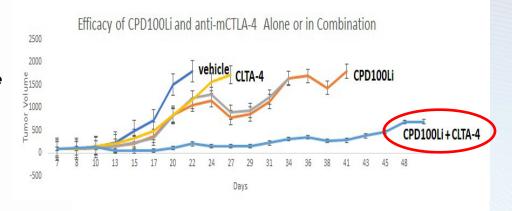


CPD100Li Efficacy in Syngeneic Colon Cancer Model

CT26.WT Murine Colon Carcinoma in Female BALB/c mice, Mono and Combo w/CTLA-4

Result:

- CPD100Li demonstrated strong synergistic response in combination with anti-CTLA-4
 - Significant prolonged tumor growth inhibition vs CTLA-4 or CPD100Li alone
 - Effect on immunosuppressive cells support demonstrated synergy with anti-CTLA-4





Our Leadership Team



August J. Sick Co-Founder | ProDrug Development

- Senior Executive for Invitrogen Corp
- Former President of Molecular Probes
- Key inventor on 35 issued US Patents



Allan Cochrane Co-Founder | President

- Former President Epoch Pharmaceuticals
- Former COO Pacific Biometrics
- · Adjunct Professor University of Oregon, Lundauist College of Business



John Nepute Chief Financial Officer

- Former President Monaco Coach Corp
- Board Advisor Bit Cork
- Board of Directors Oakshire Brewing



Thomas Wuest, M.D. Board Observer & Advisor

- CEO Ulcer Solutions, LLC
- Orthopedic Trauma Surgeon
- Former President Slocum Center for Orthopedics & Sports Medicine
- Former CMO Trillium Community Health Plan & Health Net of Oregon



Dr. David Regan Director of Medical Affairs

- Oncology field veteran & expert
- Former President Association of **Community Cancer Centers**
- Member of Clinical Practice Comittee American Society of Medical Oncology



Eric Malek Board Member|Chief Business Officer

- EDM Bio Consulting
- Former SVP Corporate Development Threshold Pharmaceuticals
- Previously, BiPar Sciences, Allos Therapeutics, Gilead Sciences, JNJ



Armen B. Shanafelt, PH.D. **Board Member**

- ABShannafelt Advisory, LLC.
- Formally General Partner Lilly Ventures, Eli Lilly & Company, Roche Diagnostics corporation Bayer Corporation, DNAX Research Institute, Svva Company

Advisors

Adam Alani, PH.D. | Drug Delivery/Pharmacology R&D

John Keana, PH.D. | Chemistry R&D

Matthew Taylor, M.D. | Oncologist/Early Clinical trials

Christopher Klemm, PH.D. (Observer)

Pathway to Pre-IND Meeting & Use of Investor Funds

CMC

Pharmacology

Tox

- **Develop liposome** formulation & pilot lot
- CPD100 DS GLP lot
- CDP100 DP GLP lot

- Panc xenograft dose response
- CEREP off target screen

- **CYP Phenotyping & Induction**
- Dog PK
- Rat PK
- **PGP & PPB studies**
- Bioanalytical method validation

PK

- Rat DRF
- Dog DRF

Regulatory

Pre-IND prep and meeting

Clinical

Protocol Synopsis



Contract vendor providing development services

Pathway to and thru Pre-IND Meeting with FDA:

G&A and Working Capital: ~ \$1 M

\$3 M TOTAL:

~ \$2 M

Investment Terms and Rationale

- \$3 Million Convertible Note
 - o 20% discount off Next Raise or \$35M Market Valuation Cap
 - o Interest rate 9%
- Mitigates valuation and investment risk for our investors
- Reserving \$1.5 million, 50% of raise, for existing investors
- IND phase development significantly increases the value and likelihood of business development terms in favor of the company









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