

A large, artistic image occupies the center of the slide. It depicts a human hand, palm up, holding a glowing DNA double helix. The helix is composed of numerous small, colorful particles (blue, purple, orange) that form the structure. The background is dark, making the glowing helix stand out. The image is framed by a gold-colored border at the top and a blue border at the bottom.

A New Era in Oncology

Corporate Presentation
October 2026

Disclaimer

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, 2025 filed with the Securities and Exchange Commission (“SEC”) on March 19, 2026, 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

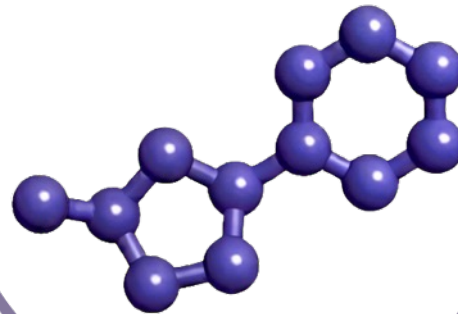
DACOGEN
decitabine

FUDR
floxuridine

Fludara®
FLUDARABINE

Clolar
clofarabine

Inactive & Unprotected



22 FDA Approved Anti-Viral Nucleoside Analogs

Including:

Zovirax
(Acyclovir)

Viread
tenofovir disoproxil fumarate

VALTREX
VALACYCLOVIR HCl

Copegus®
Ribavirin

RETROVIR®
Zidovudine **AZT**

EPIVIR
(lamivudine)

ZERIT®
(stavudine)

ZIAGEN
(abacavir)

Limitations of Nucleoside Analogs



Breakdown & Toxic Byproducts
Off-target toxicity



Uptake
Dependent on transporters to enter cells



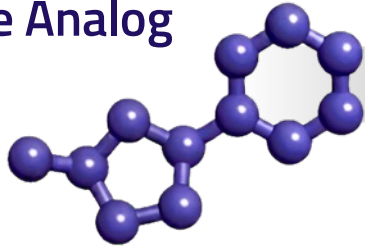
Activation
Inefficient generation of active metabolites



Administration Challenges
Poor PK leads to sub-optimal dosing

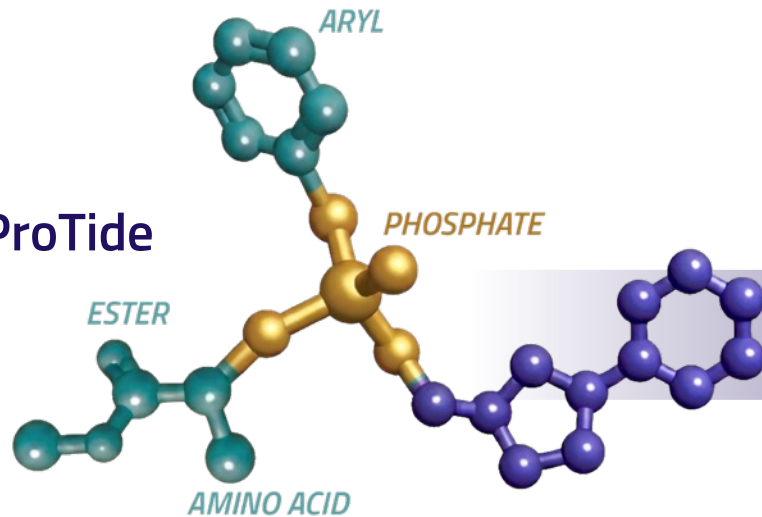
Transforming Nucleoside Analogs into ProTides

Nucleoside Analog



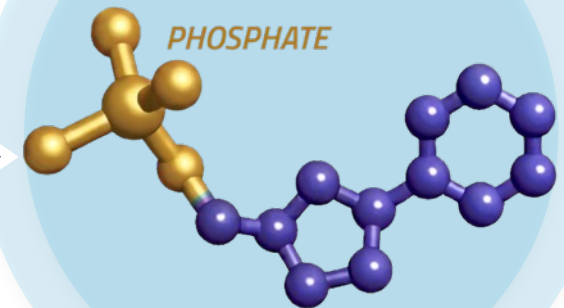
Inactive & Unprotected

ProTide



Activated & Protected

Nucleotide Analog



ProTides

A New Era In Anti-Virals



- Transformed novel nucleoside analog
- Highly effective treatment for chronic Hepatitis C infection



- Transformed nucleoside analog: Viread® (tenofovir disoproxil fumarate)
- More effective & safer treatment for HIV & HBV than Viread®



- Transformed novel nucleoside analog
- Treatment for COVID-19



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

ProTides

A New Era In Oncology

NUC-7738



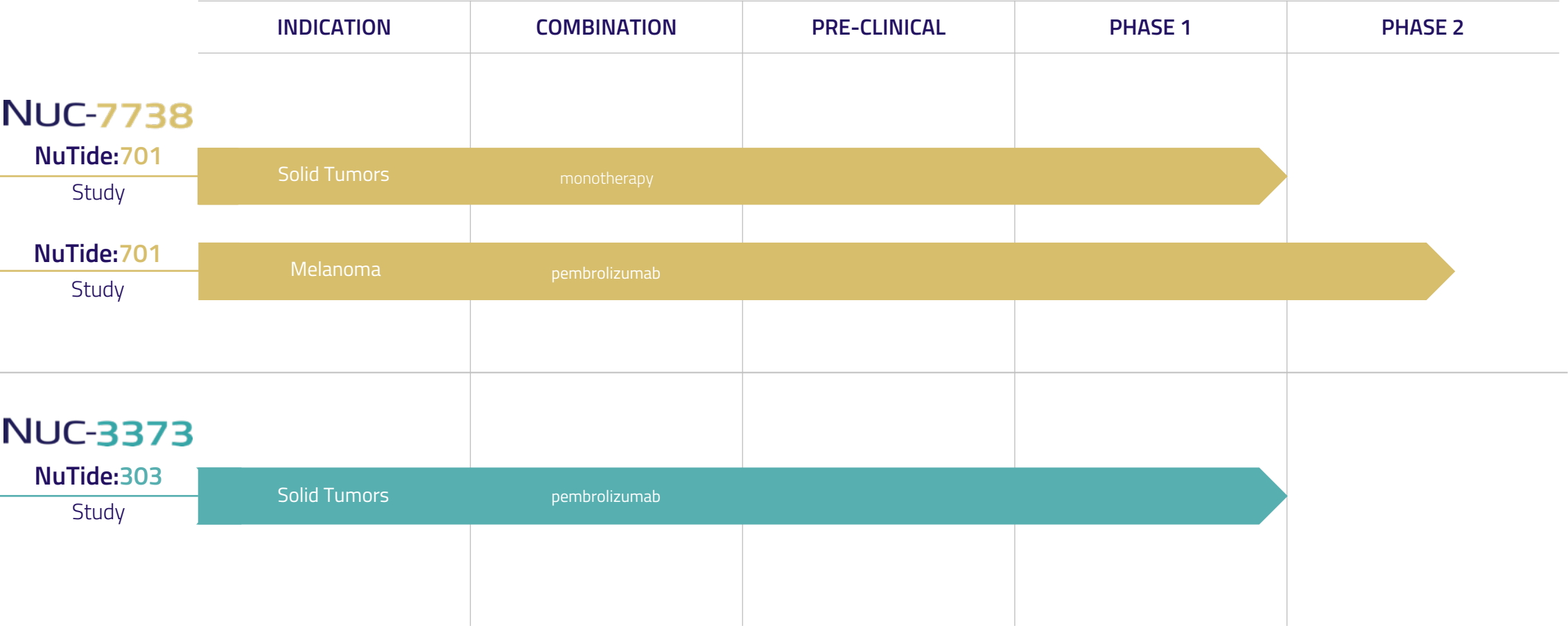
- Transformed novel nucleoside analog: 3'-dA
- Profoundly impacts gene expression in cancer cells
- Targets the tumor microenvironment

NUC-3373

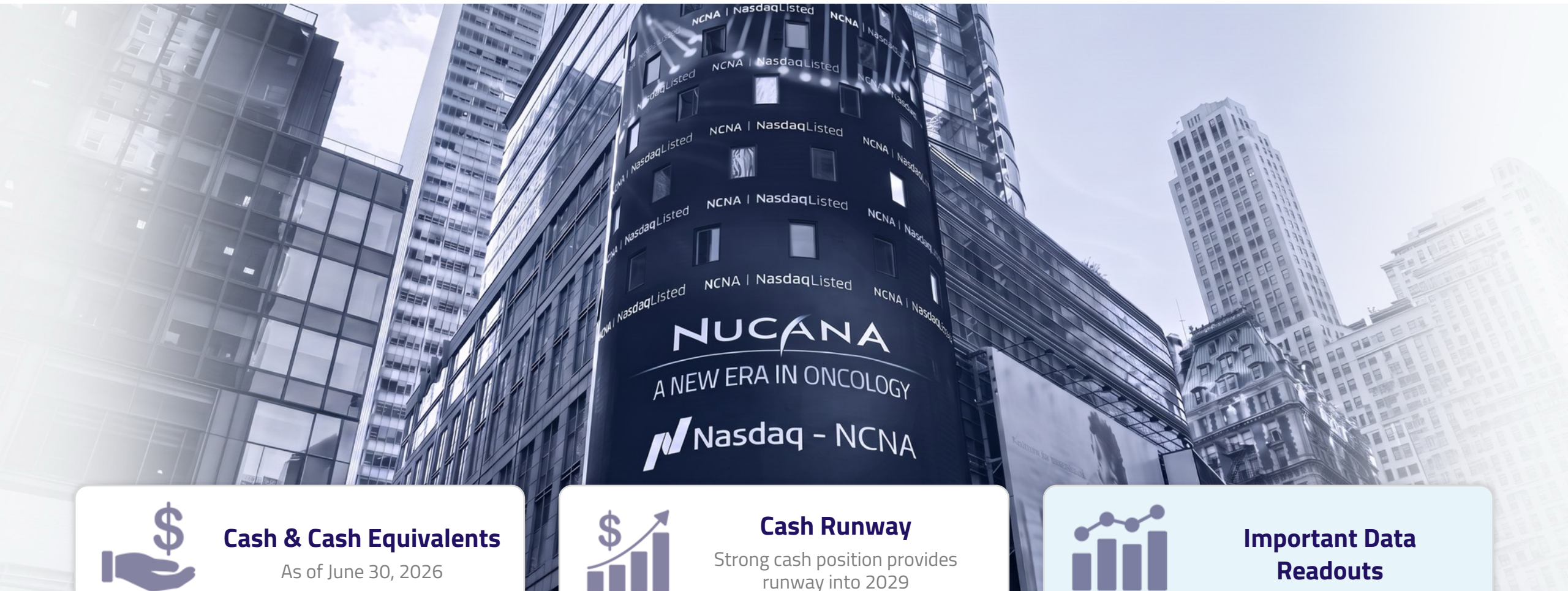


- Transformed nucleoside analog: FUDR
- Targeted Thymidylate Synthase Inhibitor
- Induces DNA damage

Current Development Status



Multiple Inflection Points in 2026



Cash & Cash Equivalents

As of June 30, 2026

~\$25.9 million*



Cash Runway

Strong cash position provides
runway into 2029

into 2029

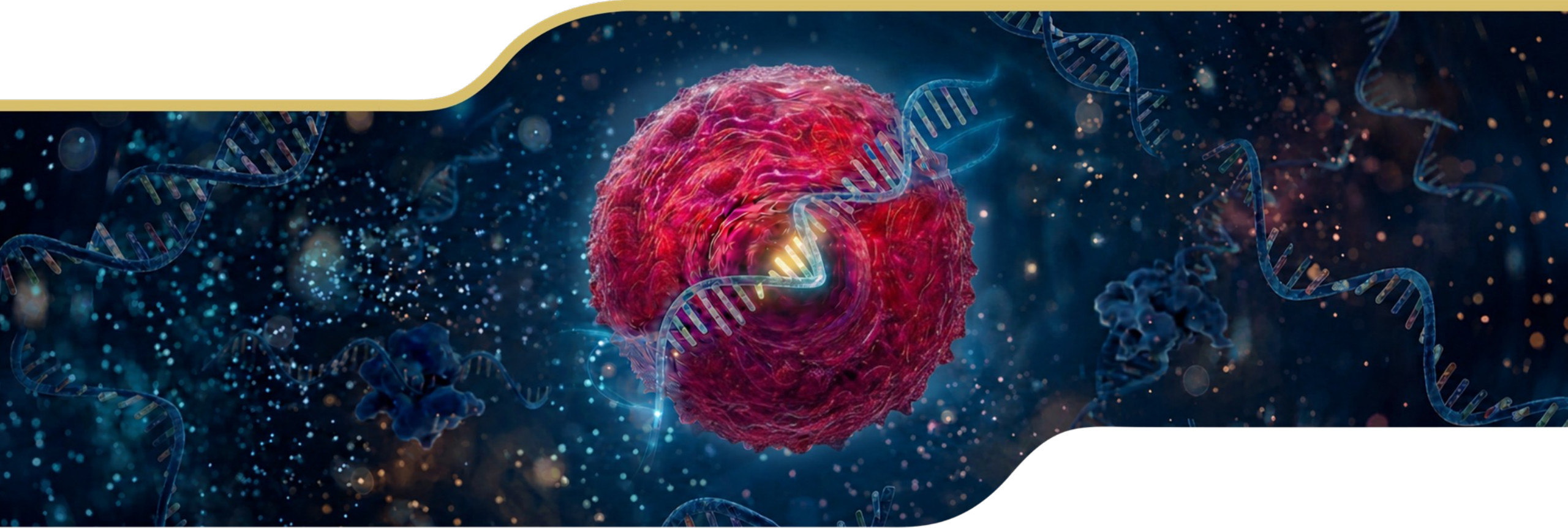


Important Data Readouts

in 2026 & 2027

*Based on exchange rate of £1.00 to \$1.33 and reported cash of £19.5 million as of June 30, 2026

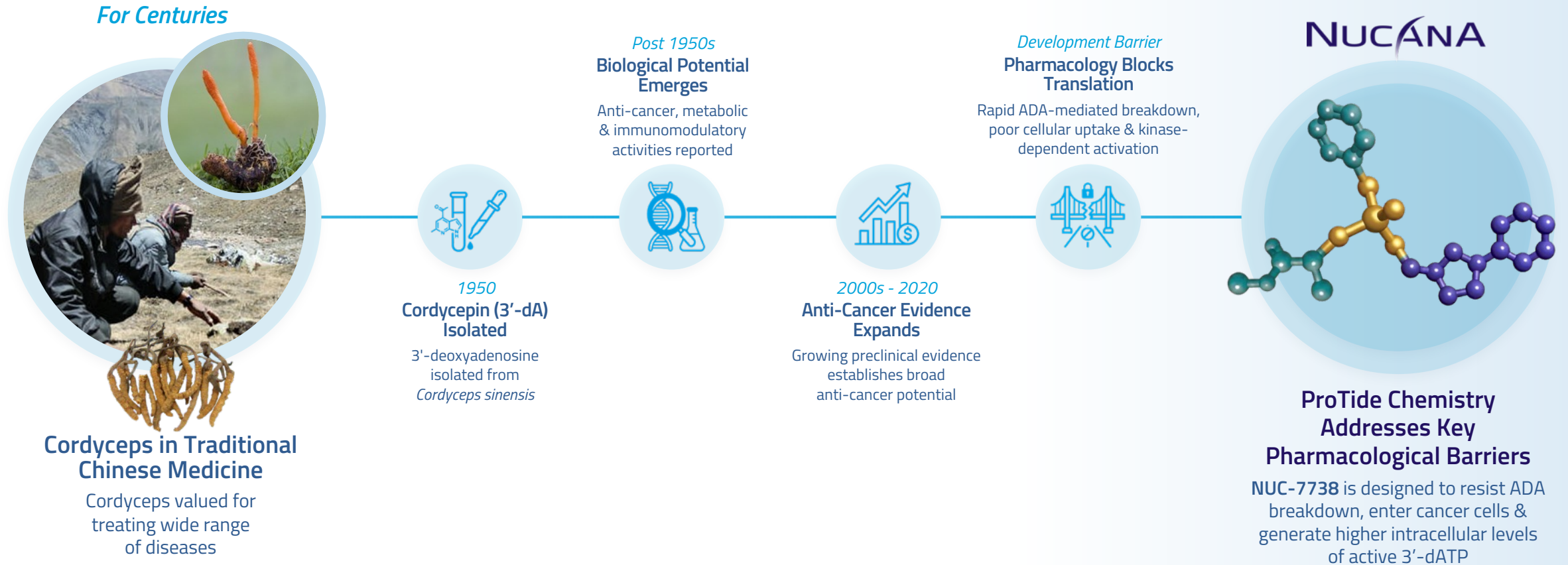
NUC-7738



Targeted RNA Disruption in Cancer

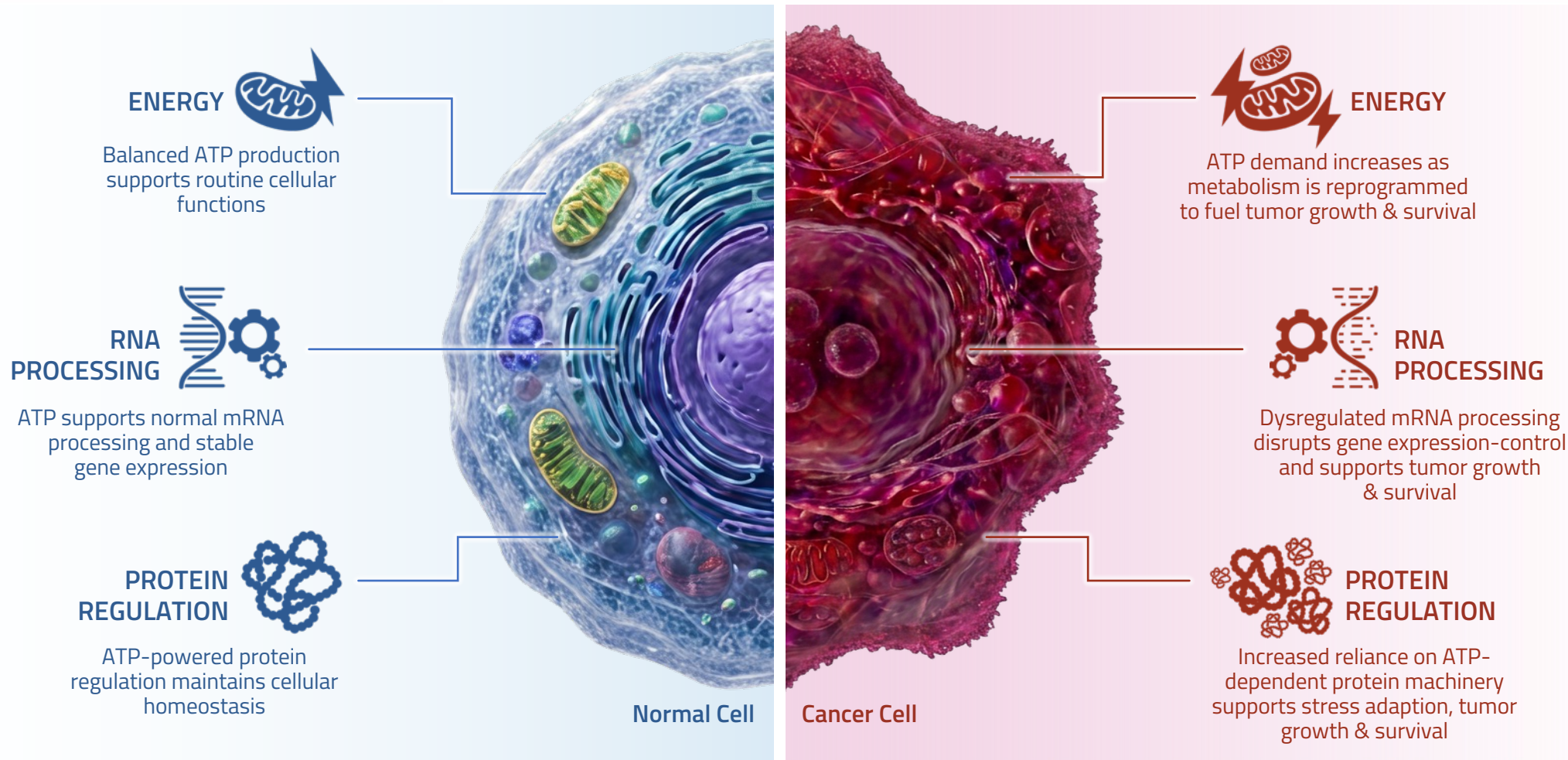
Cordycepin (3'-dA)

Compelling Biology, Constrained by Pharmacology



Unlocking decades of anti-cancer potential through ProTide chemistry

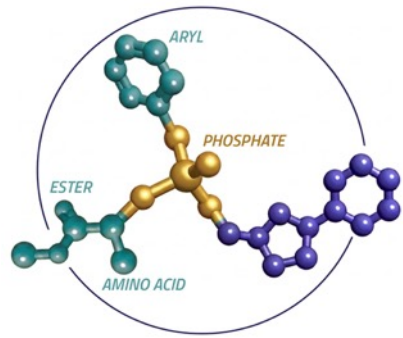
Cancer Cells Utilize ATP Differently Compared to Normal Cells



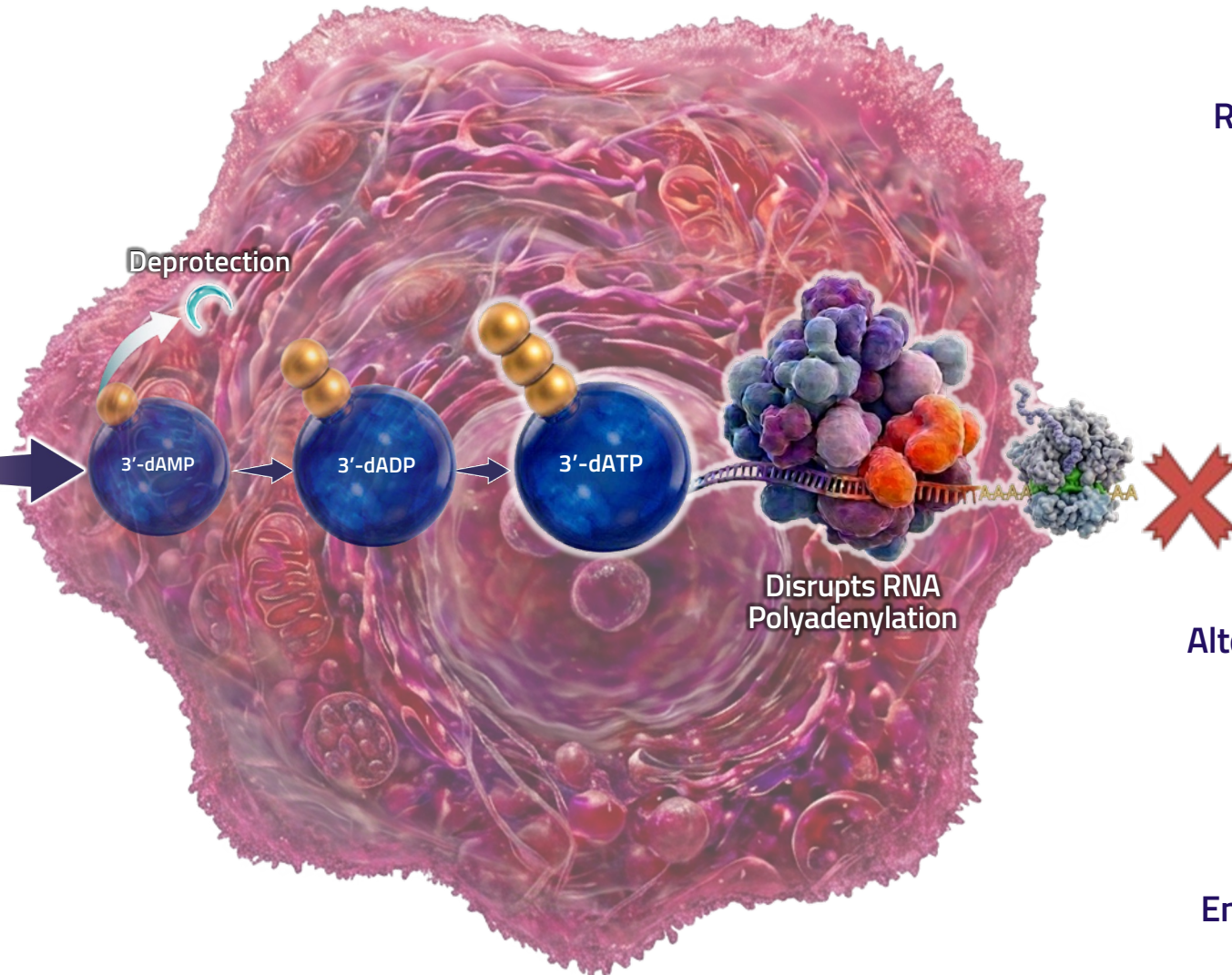
Reliance on ATP-driven functions creates targetable vulnerabilities in cancer cells

NUC-7738

Exploits Cancer's ATP Dependency via 3'-dATP Generation



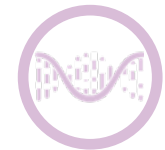
NUC-7738



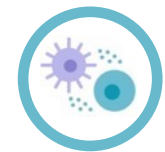
Reduced Ribosomal Biogenesis
& Protein Synthesis



Altered Cellular Metabolism
(e.g. mitochondrial function)



Altered Alternative Polyadenylation
& Gene Expression



Enhanced Tumor Immunogenicity
& Immune Modulation

Disruption of RNA Processing Leads to Multiple, Interconnected Anti-Cancer Effects



Reduced Ribosomal Biogenesis & Protein Synthesis

Altered processing of ribosomal mRNA
& decreased production of proteins
required for cancer cell growth &
survival



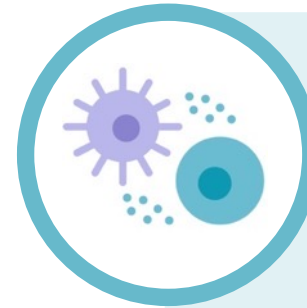
Altered Cellular Metabolism (e.g. mitochondrial function)

Changes in expression & processing
of genes involved in mitochondrial
biology & metabolic homeostasis



Altered Alternative Polyadenylation & Gene Expression

Remodelling of RNA processing &
transcript isoforms, including
immune-relevant genes

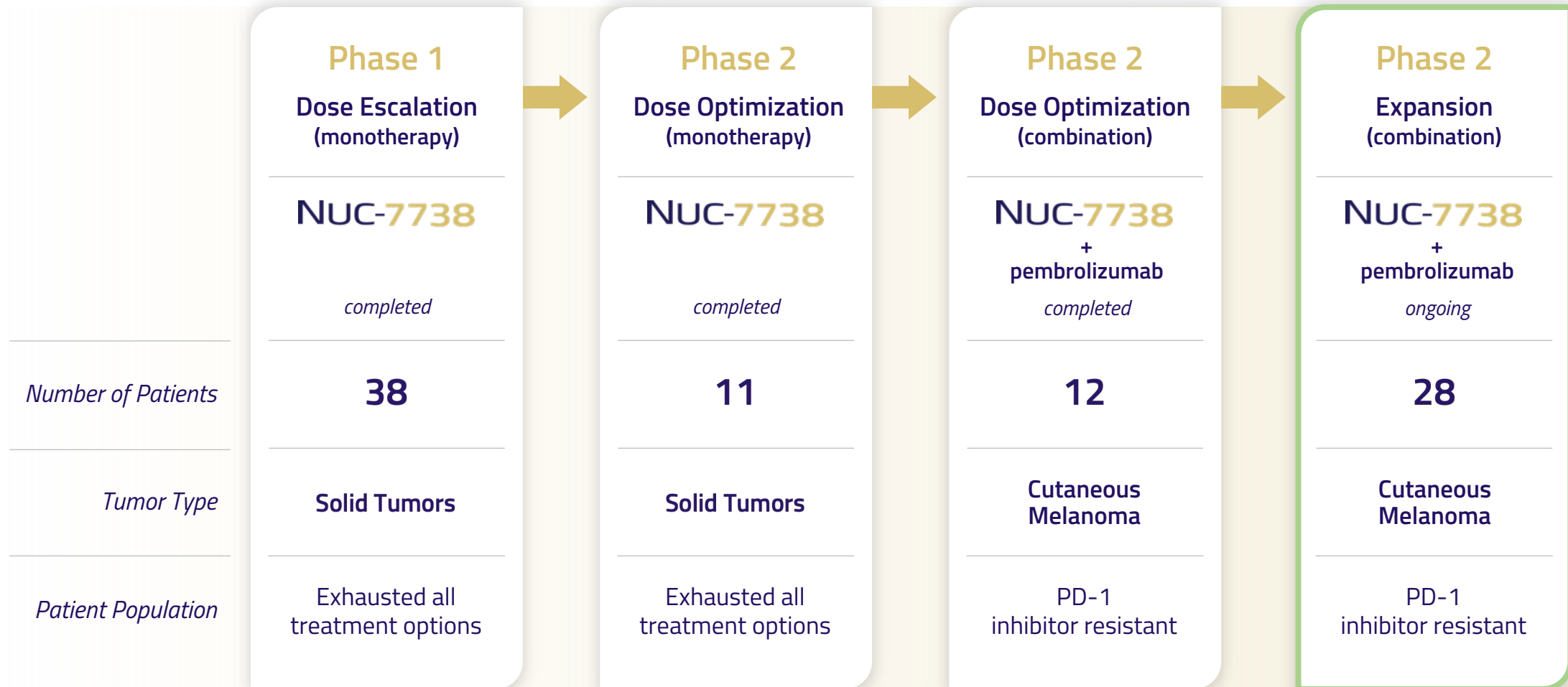


Enhanced Tumor Immunogenicity & Immune Modulation

Changes in expression & processing of
genes involved in antigen presentation,
immune signalling & the tumor
microenvironment

NuTide:701 Study

Phase 1/2 Design (ongoing)

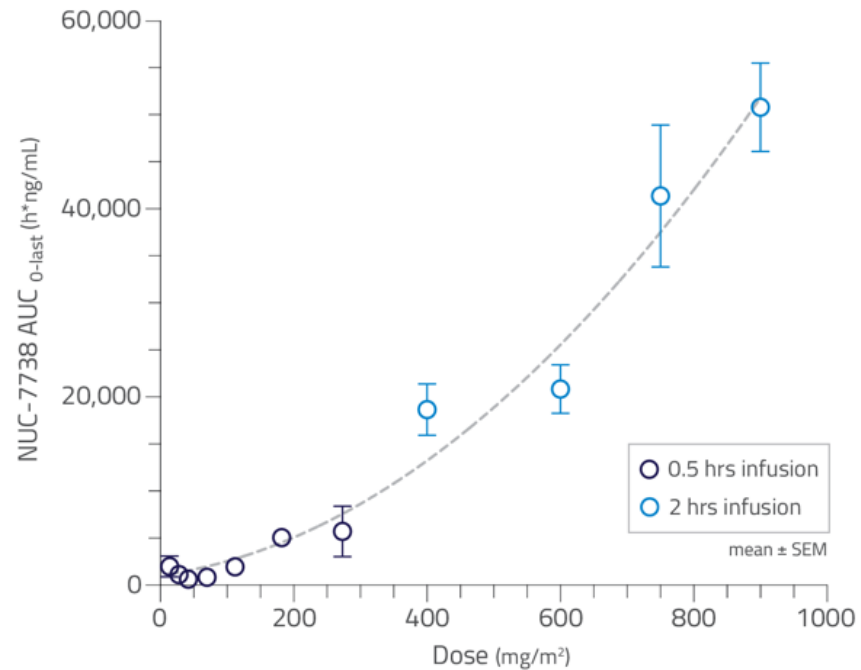


NuTide:701 Study

Attractive Pharmacokinetic Profile (NUC-7738)

Plasma

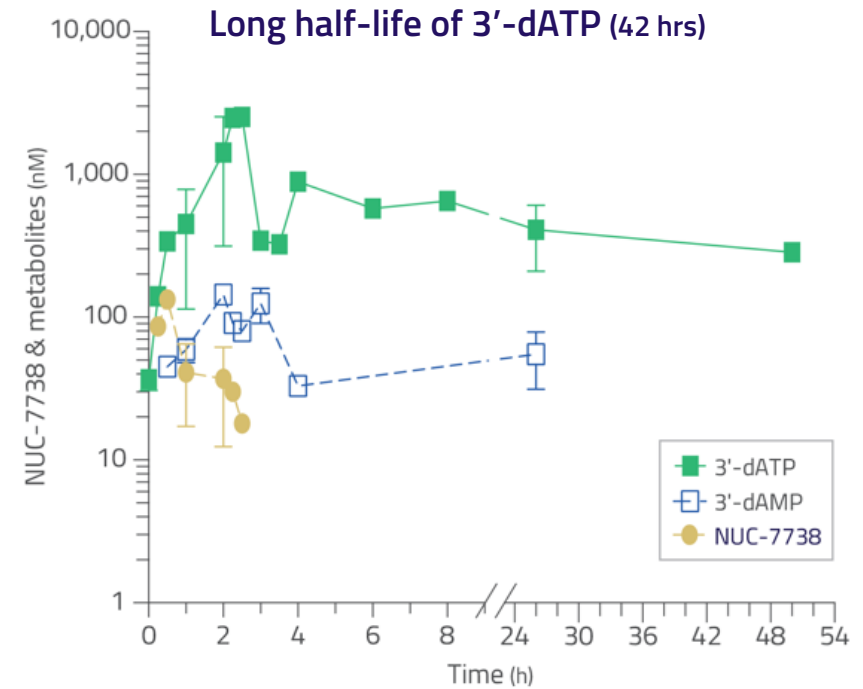
Dose proportional increase in $C_{\max}$ and AUC



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

Intracellular

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



Patients (n=3) dosed at 900 mg/m²

NuTide:701 Study

Favorable Safety Profile (NUC-7738)

NUC-7738 has been well tolerated

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

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	MTD 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

NuTide:701 Study

Encouraging Signs of Efficacy (NUC-7738)

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

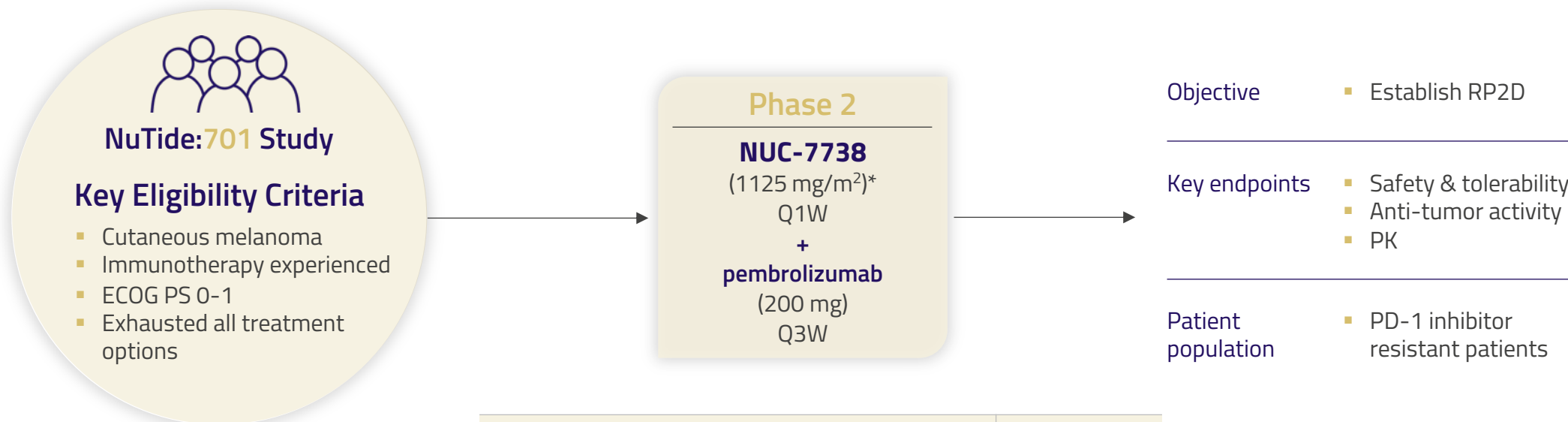
Treatment duration: 6 months

- 4 dose escalations

NuTide:701 Study

Phase 2 Design (NUC-7738 + pembrolizumab)

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

NuTide:701 Study

Favorable Safety Profile (NUC-7738 + pembrolizumab)

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

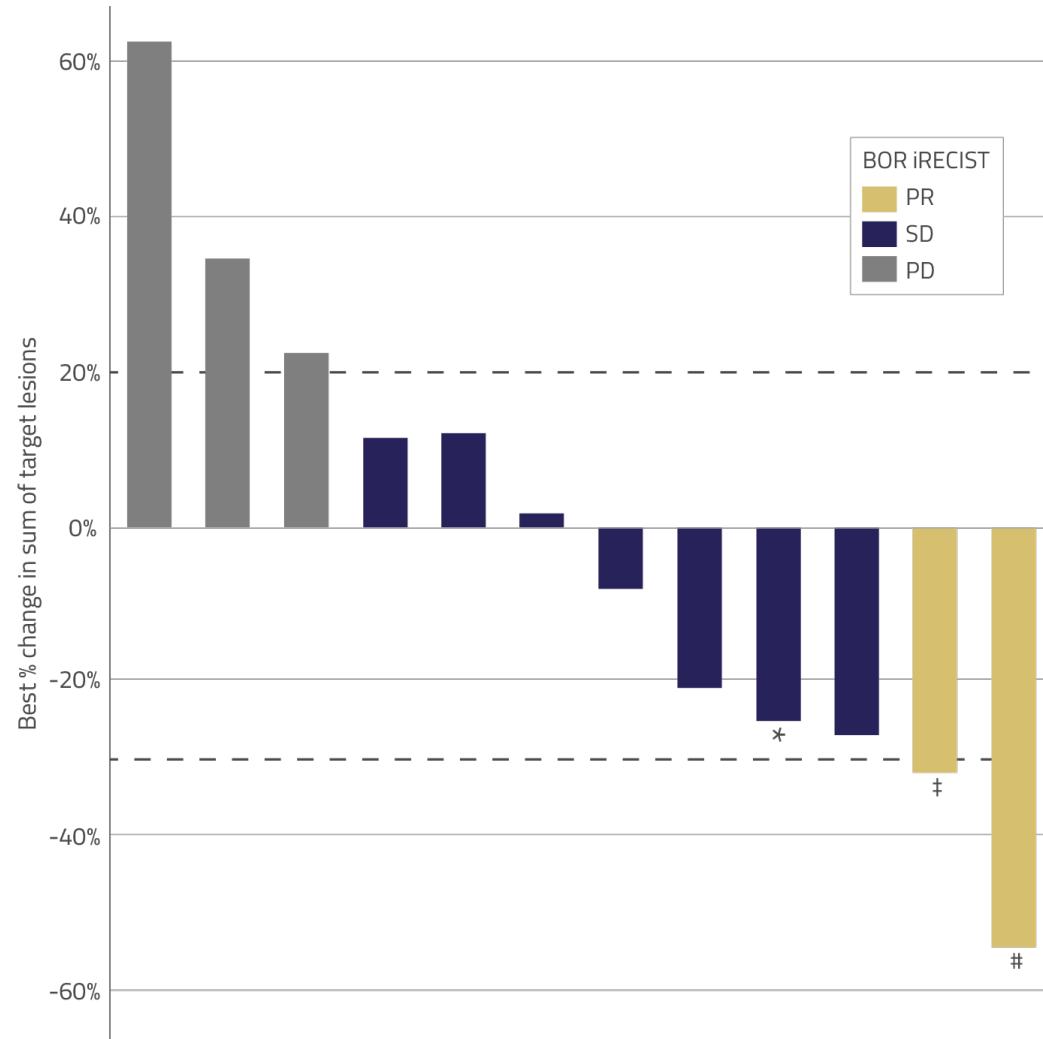
	All Grades n(%)	Grade 3 n(%)	Grade 4 n(%)
Nausea	9 (75)	0	0
ALT increased	6 (50)	1 (8)	1 (8)
Diarrhea	6 (50)	1 (8)	0
Vomiting	6 (50)	1 (8)	0
Fatigue	5 (42)	1 (8)	0
Anemia	5 (42)	0	0
AST increased	4 (33)	1 (8)	1 (8)
ALP increased	2 (17)	0	0
GGT increased	2 (17)	1 (8)	0
Blood magnesium decreased	2 (17)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

NuTide:701 Study

Tumor Volume Reductions in PD-1 Inhibitor Resistant Patients (NUC-7738 + pembrolizumab)



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

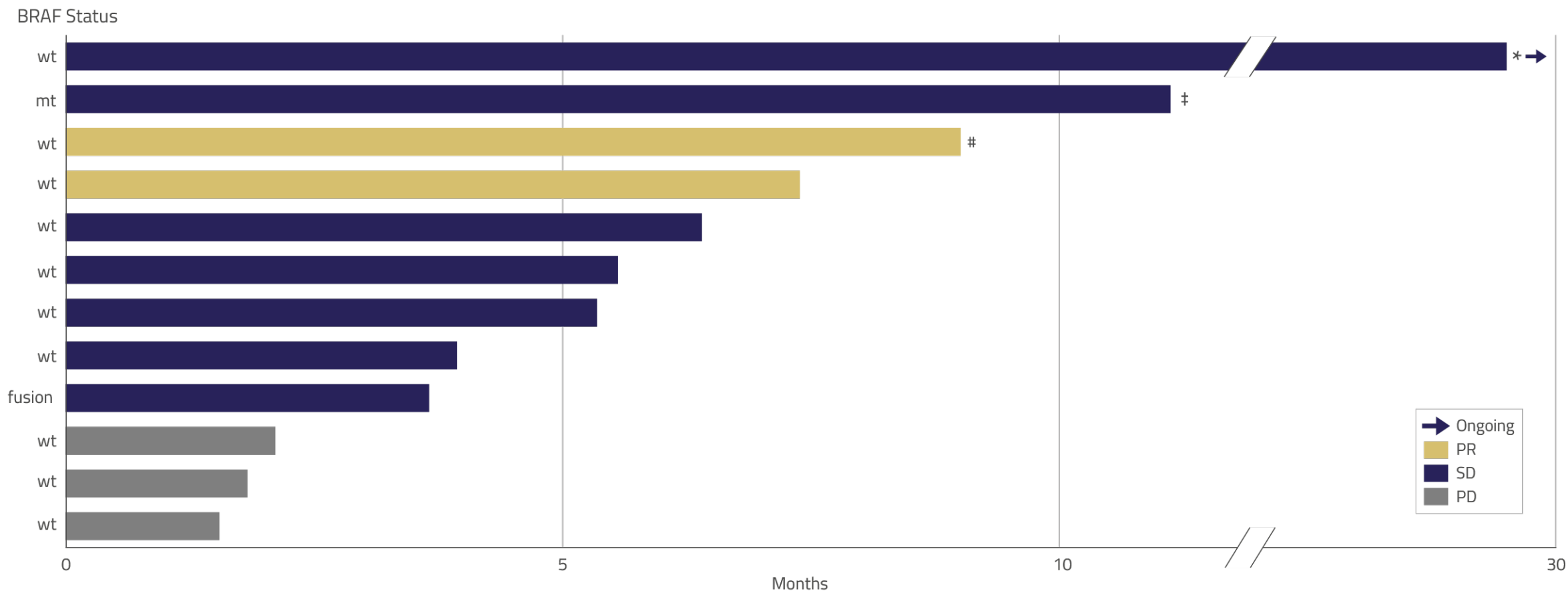
[#] Discontinued by patient choice; follow-up imaging showed progression of non-target lesion, target lesions remained stable (~55%)

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

NuTide:701 Study

Durable PFS in PD-1 Inhibitor Resistant Patients (NUC-7738 + pembrolizumab)

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%)

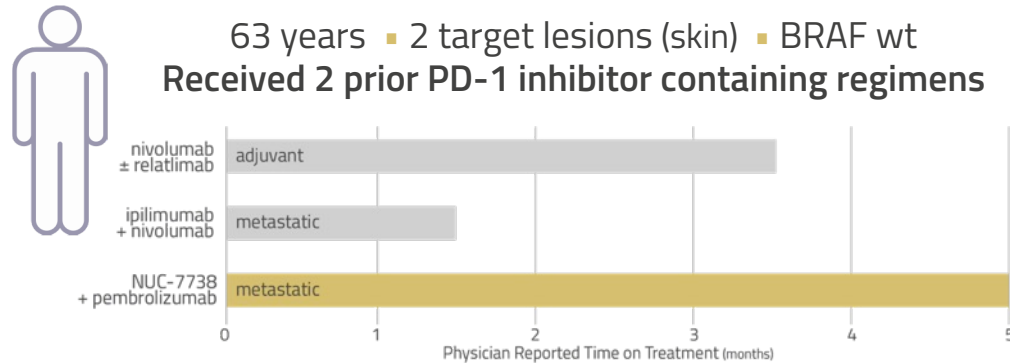
Payne *et al* (2025) *Immuno-Oncology Technol* 28: Supplement. Abstract ID: 321TIP (ESMO IO December 2025). Data cut-off: October 30, 2025

NuTide:701 Study

Encouraging Efficacy in PD-1 Inhibitor Resistant Patients (NUC-7738 + pembrolizumab)

Case Study 1

Partial Response in patient with resistance to PD-1 inhibition



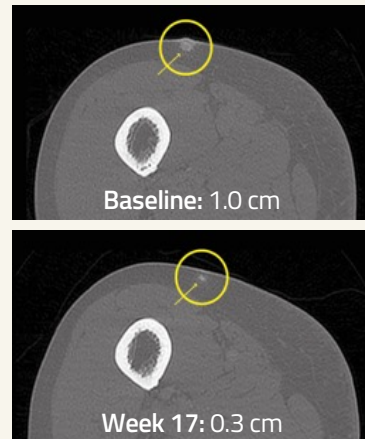
NUC-7738 + pembrolizumab

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

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

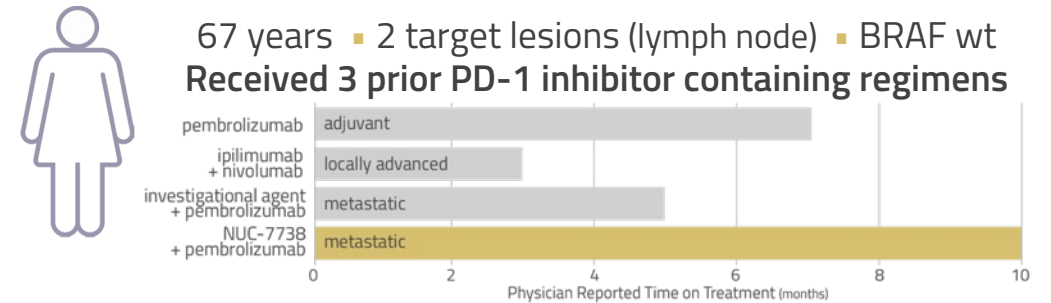
Time to progression 9 months

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



Case Study 2

Evidence of anti-cancer immune response in TME



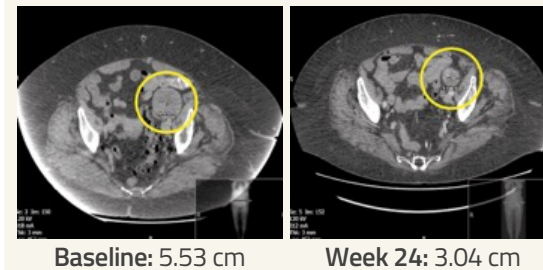
NUC-7738 + pembrolizumab

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

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

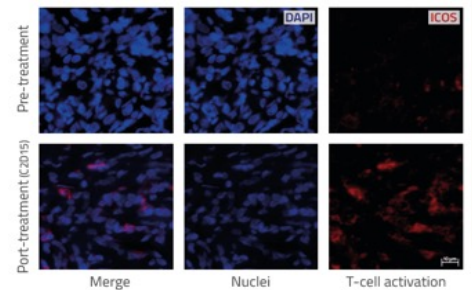
Time to progression 8 months

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



T-cell activation post-treatment

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

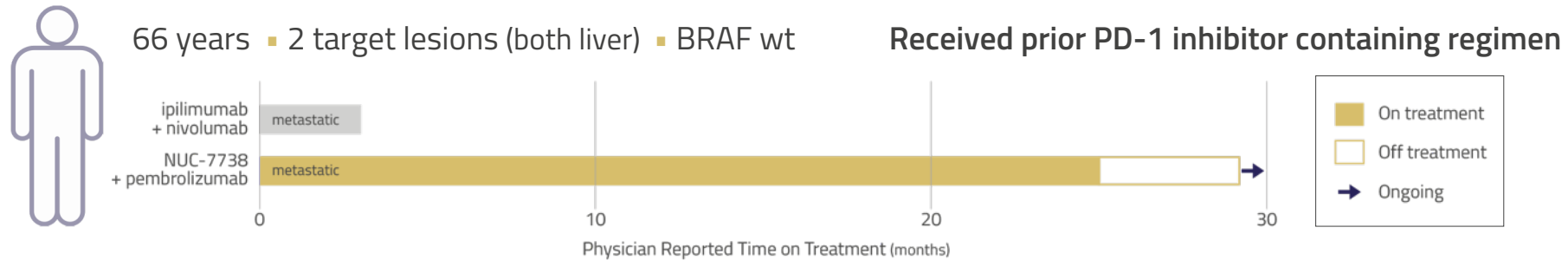


NuTide:701 Study

Encouraging Efficacy in PD-1 Inhibitor Resistant Patients (NUC-7738 + pembrolizumab)

Case Study 3

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



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

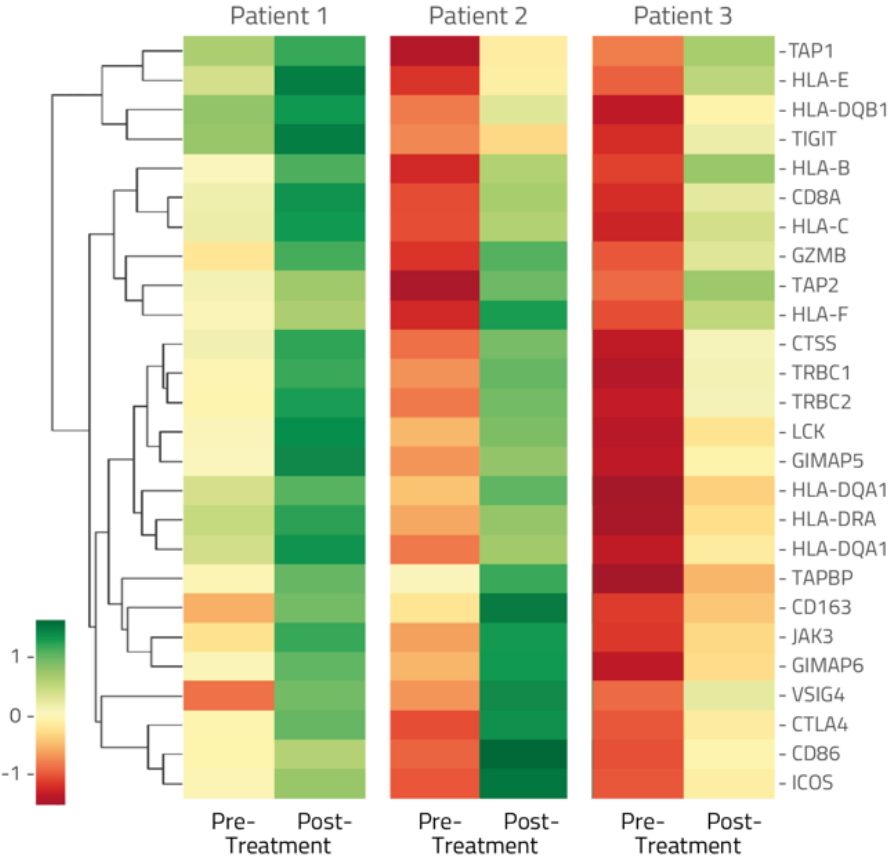
- Treatment discontinued at 25 months following sustained clinical benefit & no metabolically active disease on PET



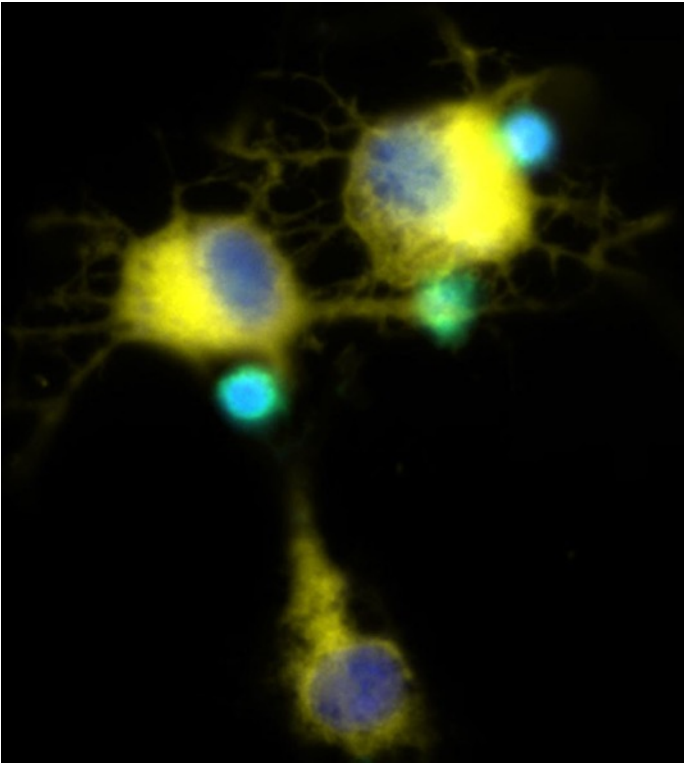
Payne et al (2025) *Immuno-Oncology Technol* 28: Supplement. Abstract ID: 321TiP (ESMO IO December 2025). Data cut-off: October 30, 2025

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



Lymphocytes (light blue green) attaching to cancer cells (yellow) from a patient-derived organoid



DAPI/nucleus (blue); Vimentin (yellow); CD3 (green)

NuTide:723 Study

Planned First Line Phase 1b Study (NUC-7738 + Opdualag)

First Line Melanoma



NuTide:723
Proposed Study

Key Eligibility Criteria

- Stage III & IV cutaneous melanoma
- Treatment-naïve*
- Measurable disease
- ECOG PS 0-1
- Exclude LDH $\geq 2 \times$ ULN

n ≤ 25 pts/cohort



NUC-7738

(750 mg/m²)
Q1W

+

Opdualag

(480/160 mg)
Q4W

NUC-7738

(1000 mg/m²)
Q1W

+

Opdualag

(480/160 mg)
Q4W

NUC-7738

(1250 mg/m²)
Q1W

+

Opdualag

(480/160 mg)
Q4W

NUC-7738

(1350 mg/m²)*
Q1W

+

Opdualag

(480/160 mg)
Q4W

Phase 1b Adaptive BOIN Design

- Safety & Tolerability
- DLT
- MTD
- PK

*prior neo/adjuvant therapy permitted if ≥ 6 months from last dose to recurrence

*More/less dose levels may be required pending data

Melanoma Market Opportunity

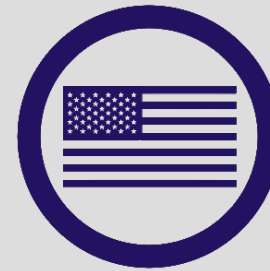
\$12.9 billion

Estimated sales in 8 major markets in 2030¹



331,722 new cases in 2022
actual²

510,000 new cases in 2040
projected³

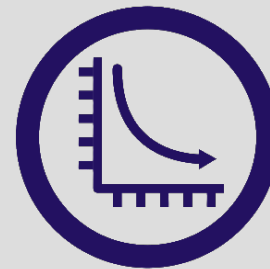


112,000 people diagnosed
in the US with invasive
melanoma in 2026
projected⁴



58,667 deaths in 2022
actual²

96,000 deaths in 2040
projected³



5-year survival rate: 30%
Stage IV melanoma⁴

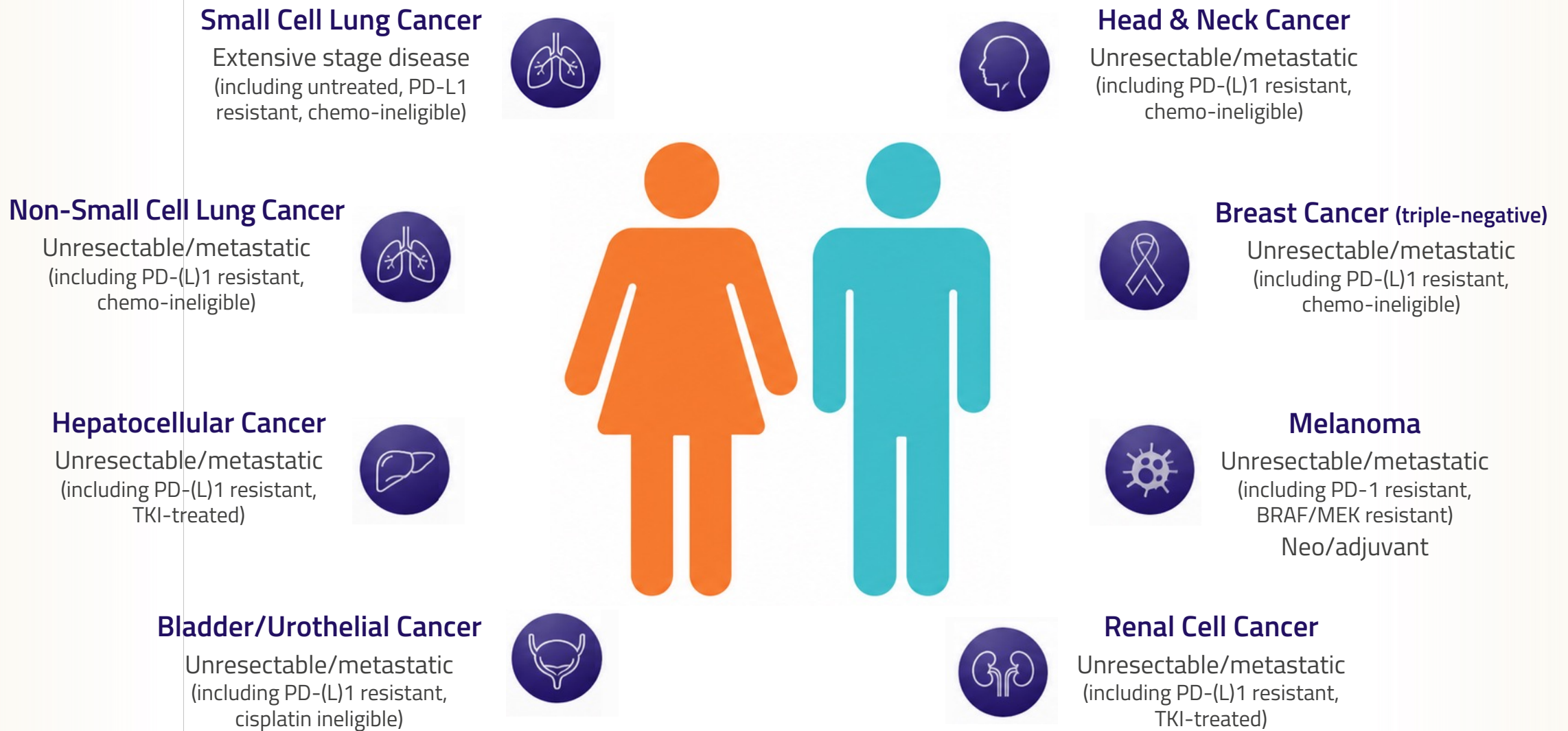
1. Evaluate Ltd. Worldwide Indication Sales by Year (\$B), 8MM.

2. GLOBOCAN 2022, Cancer Incidence and Mortality Worldwide

3. IARC analysis based on GLOBOCAN 2020; Arnold *et al.*, JAMA Dermatology 2022

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

Multiple Development Opportunities for NUC-7738



NUC-3373

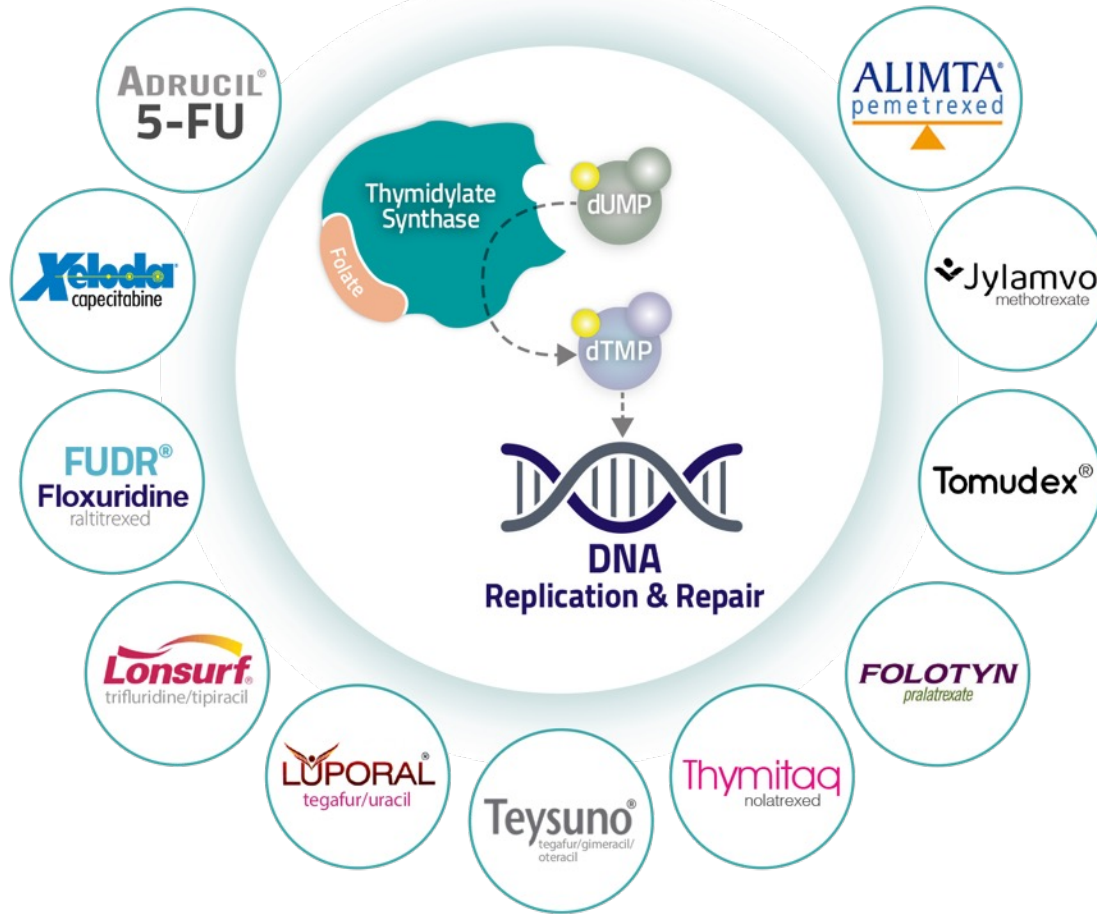


Targeted Thymidylate Synthase Inhibitor

Thymidylate Synthase

An Important Target for Anti-Cancer Therapies

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

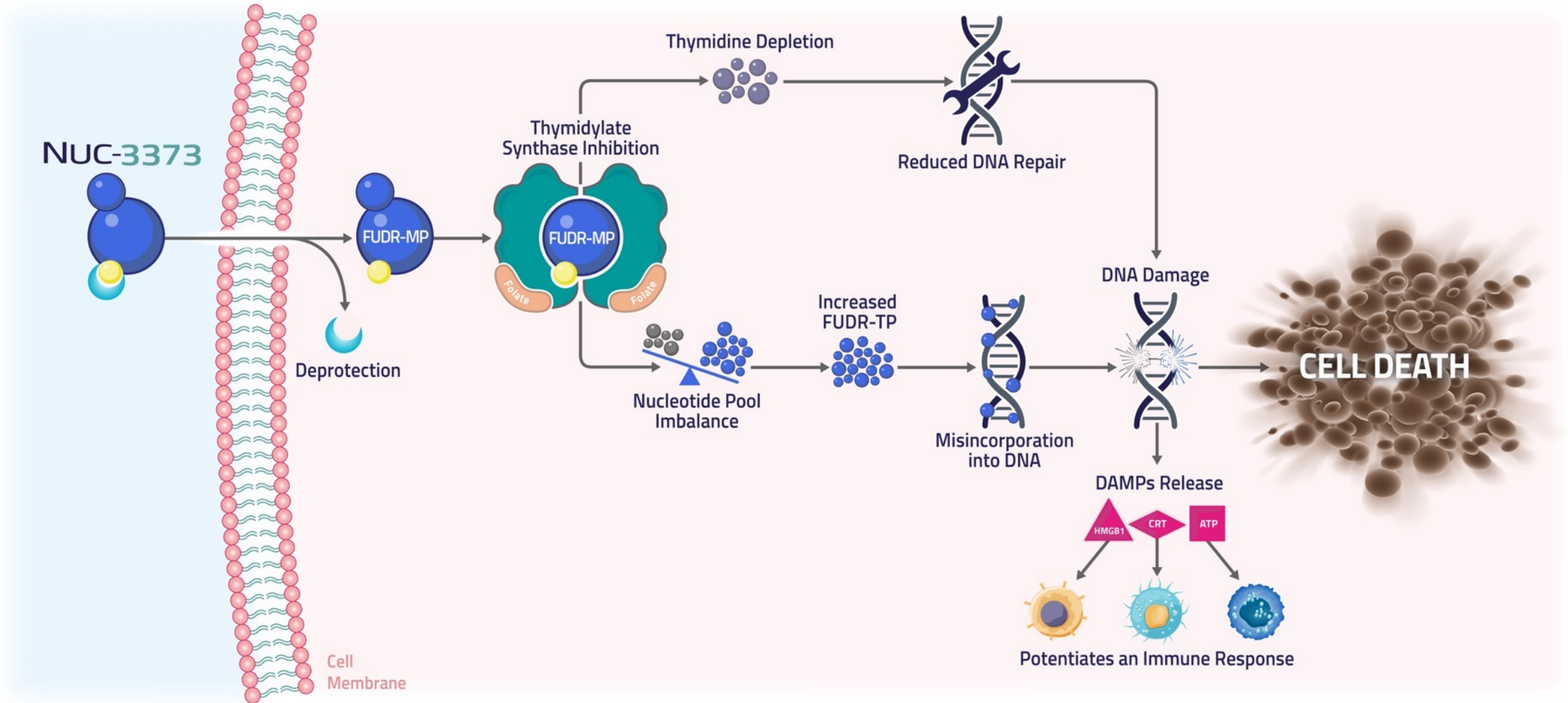


Thymidylate Synthase (TS) is a critical enzyme for nucleotide synthesis

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

NUC-3373

Induces DNA Damage & Potentiates an Immune Response



NUC-3373

Clinical Studies

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

NuTide:323 Study

Key Learnings Inform the Path Forward for NUC-3373

1 Stopped early in 2024 after planned review

- A pre-planned initial analysis indicated NUFIRI + bevacizumab was unlikely to achieve superior PFS versus FOLFIRI + bevacizumab.
- Prognostic imbalances favored the control arm.
- All study arms showed favorable safety and were generally well tolerated.
- Formulation may have interfered with irinotecan exposure.

2 NUC-3373 Is differentiated from 5-FU

- NUC-3373 generates higher FdUMP levels, driving more potent thymidylate synthase inhibition.
- NUC-3373 activity is more DNA-directed, with limited RNA-mediated effects compared with 5-FU.
- NUC-3373 is not simply another version of 5-FU.
- This differentiated mechanism may translate differently across tumor settings and combinations.

3 Important strategic insight

- The study was designed to explore NUC-3373 as a 5-FU replacement with an established regimen.
- The results show that a broad 2L metastatic colorectal cancer study was not the optimal first setting to reveal the differentiated potential of NUC-3373.

4 Advancing NUC-3373's potential

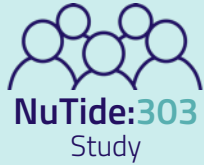
- NuTide:323 generated valuable learnings that are informing future development options.
- The data support a robust mechanism-led development strategy for NUC-3373.
- Future opportunities may be best pursued in settings and combinations aligned with its differentiated biology, including immunomodulatory combinations.

Key Takeaway:

Greater understanding of NUC-3373's Mode of Action supports exploration of more clinically appropriate combination agents and indications.

NuTide:303 Study

Phase 1b Study (NUC-3373 + pembrolizumab or NUC-3373 + docetaxel)



Key Eligibility Criteria

- Advanced solid tumors
- Progressed on ≤ 2 prior lines, may include PD-(L)1 inhibitor
- ECOG PS 0-1

Module 1

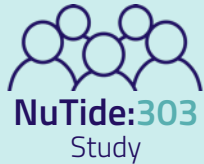
NUC-3373

(1875 mg/m²)
Q1W

+

pembrolizumab

(200 mg/m²)
Q3W



Key Eligibility Criteria

- Advanced NSCLC or pleural mesothelioma
- Progressed on or unable to tolerate ≤ 2 prior lines of chemotherapy
- ECOG PS 0-1

Module 2

NUC-3373

(750 mg/m²)
days 1 & 22 of 28-day cycle

+

docetaxel

(55 mg/m²)
day 8 of 28-day cycle

Objective

- Determine safety & tolerability of combinations

Key endpoints

- Safety
- PK
- Anti-tumor activity

NuTide:303 Study

Favorable Safety Profile (NUC-3373 + pembrolizumab)

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

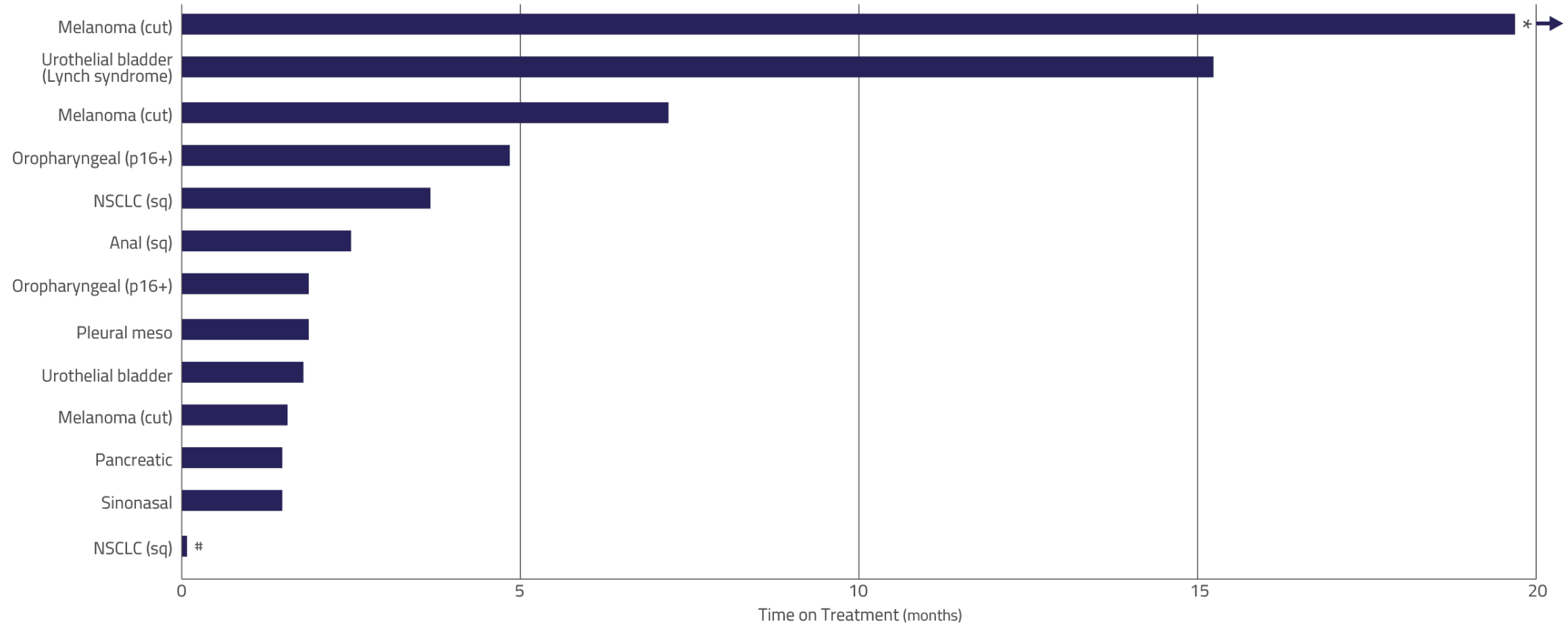
All Grade TRAEs with prevalence ≥20% patients related to NUC-3373, pembrolizumab or both
Additional Grade 3 TRAE ≤10%: hyponatremia (1 pt)

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

NuTide:303 Study

Prolonged Time on Treatment (NUC-3373 + pembrolizumab)

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

NuTide:303 Study

Encouraging Signs of Efficacy

NUC-3373 + pembrolizumab

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

NUC-3373 + docetaxel

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

Investment Highlights

NUC-7738

Targeted RNA Disruption in Cancer

- Encouraging signs of efficacy
- Potentiates immune checkpoint blockade
- Favorable safety profile

NUC-3373

Targeted TS inhibitor

- Induces DNA damage
- Encouraging signs of efficacy
- Favorable safety profile

Experienced Team

- Accomplished management team backed by leading biotech investors

Nasdaq : *NCNA*

Improving Survival Outcomes

- Encouraging signs of efficacy as monotherapy & in combination

Strong IP Protection

- Worldwide exclusive rights

Significant Milestones

- Numerous value inflection points in 2026 & 2027



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