



# Jefferies London Healthcare Conference Presentation

**November 18<sup>th</sup> – 19<sup>th</sup>**

Ali Tehrani - President & CEO

**NYSE: ZYME**

[www.zymeworks.com](http://www.zymeworks.com)

# Undergoing Transformation En Route Towards Commercialization

## 3 BLAs in Gastrointestinal Cancers in Next 5 Years

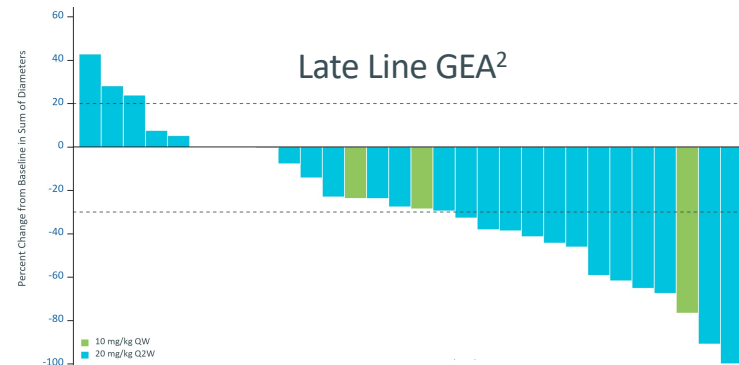
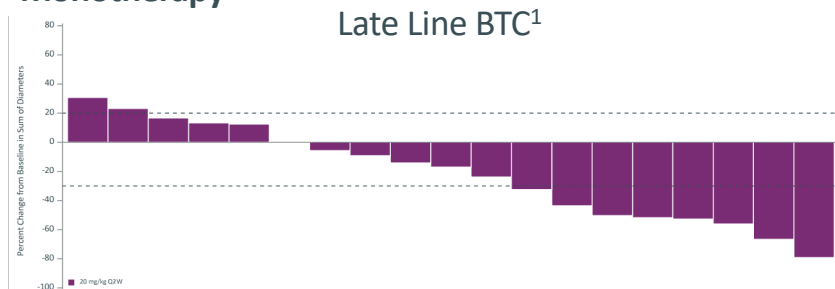


### New Backbone Antibody for the treatment of HER2-positive cancers

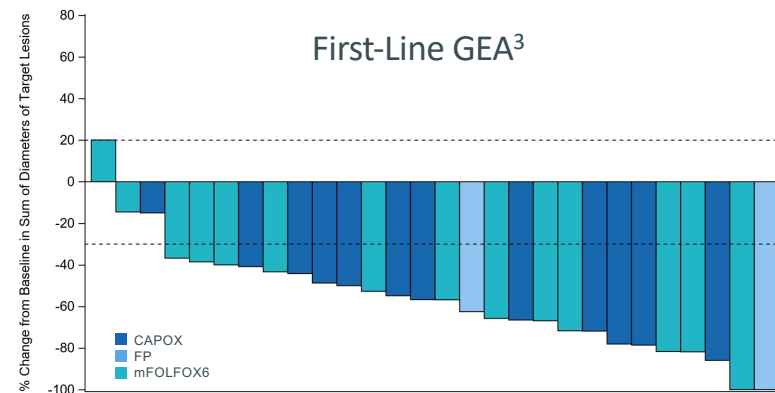
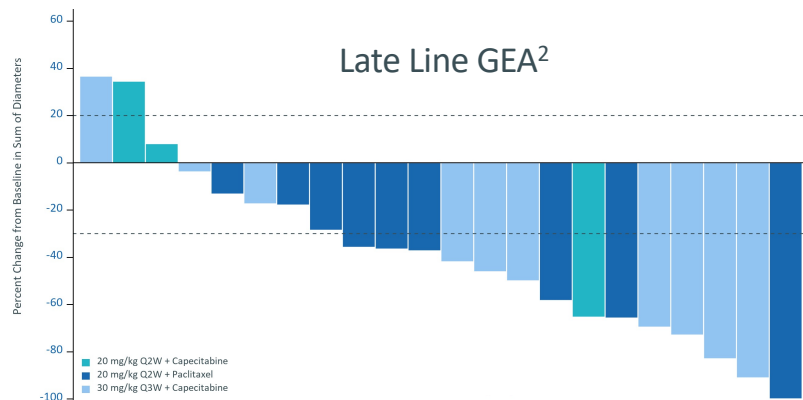
- Zymeworks is poised to become a commercial-stage company with first-sales as early as 2H23
- Goal to become leader in HER2-positive GI Cancers
- Zanidatamab has **blockbuster** peak sales potential in BTC and GEA, alone, with significant incremental potential in CRC, 3L+ and 1L mBC

# Zanidatamab is Active in HER2-Expressing GI Cancers

## Monotherapy



## In Combination with Chemotherapy



1. Funda Meric-Bernstam, et al. Zanidatamab (ZW25) in HER2-positive biliary tract cancers (BTCs): Results from a phase I study. *Journal of Clinical Oncology* 2021 39:3\_suppl, 299-299

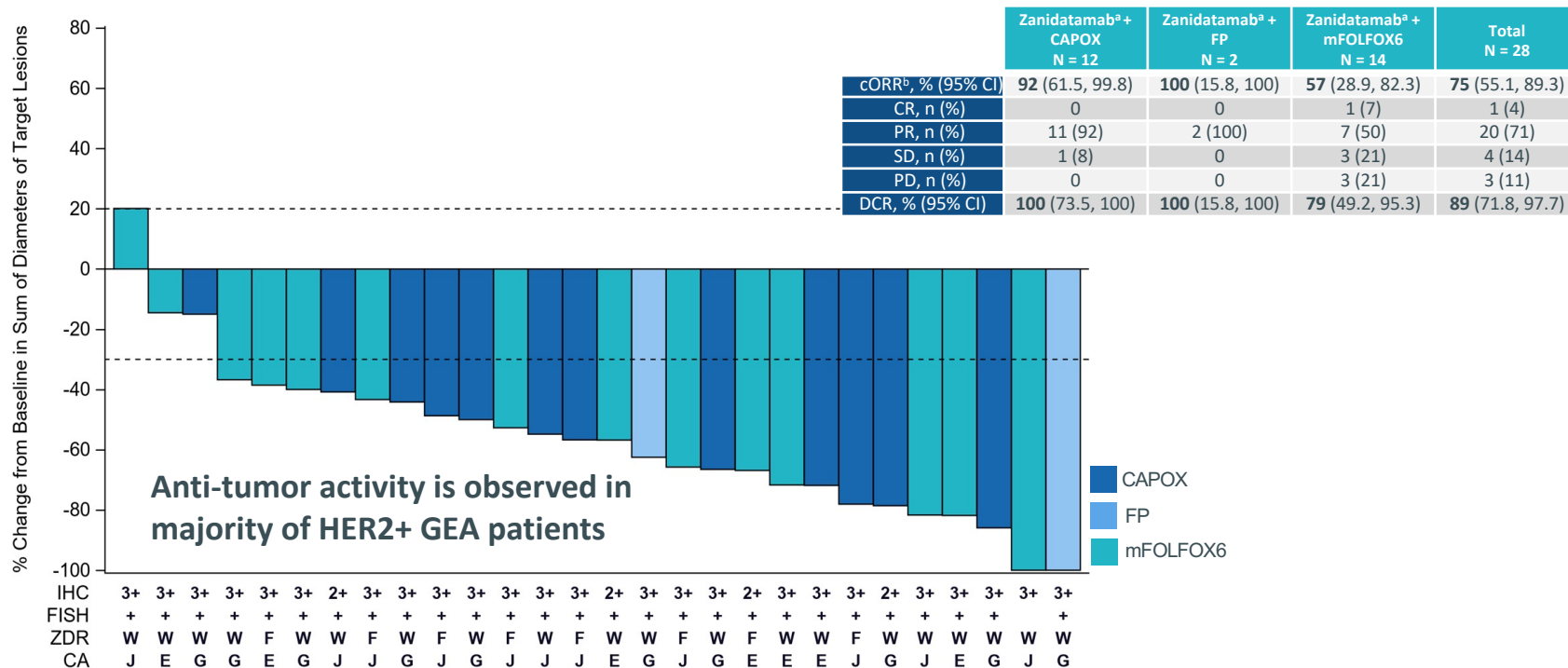
2. Funda Meric-Bernstam, et al. Zanidatamab (ZW25) in HER2-expressing gastroesophageal adenocarcinoma (GEA): Results from a phase I study. *Journal of Clinical Oncology* 2021 39:3\_suppl, 164-164

3. G. Ku, et al. Phase (Ph) II study of zanidatamab + chemotherapy (chemo) in first-line (1L) HER2 expressing gastroesophageal adenocarcinoma (GEA), *Annals of Oncology*, Volume 32, S1044 - S1045

BTC: biliary tract cancer; GEA: gastroesophageal adenocarcinoma; GI: gastrointestinal

# Zanidatamab Plus Chemotherapy in HER2+ First-Line GEA

## 93% cORR for Proposed Phase 3 Regimen (zanidatamab + CAPOX or FP)



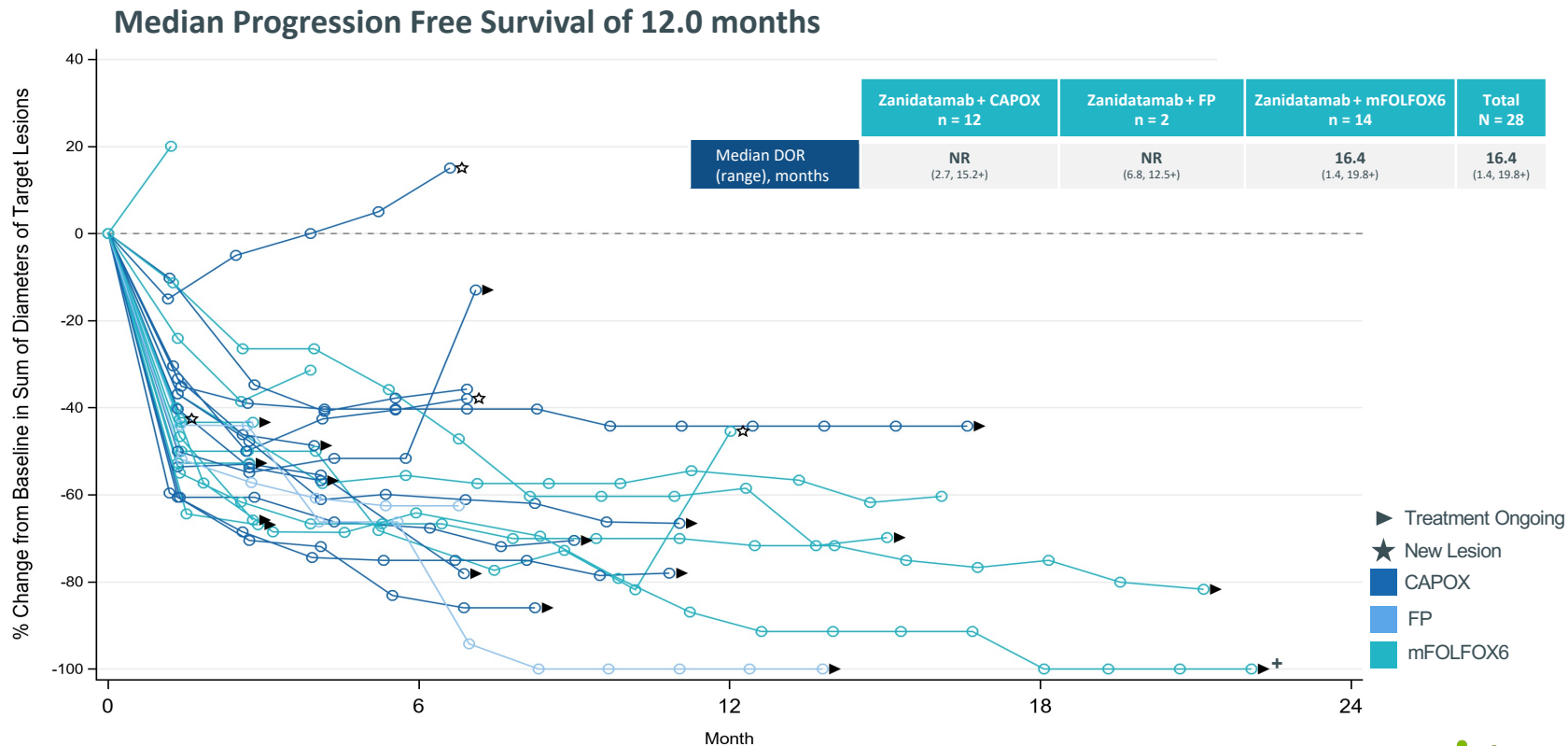
Source: G. Ku, et al. Phase (Ph) II study of zanidatamab + chemotherapy (chemo) in first-line (1L) HER2 expressing gastroesophageal adenocarcinoma (GEA), Annals of Oncology, Volume 32, S1044 - S1045

<sup>a</sup>HER2-positive was defined as IHC 3+ or IHC 2+/FISH+. <sup>b</sup>cORR included a baseline scan and a confirmatory scan obtained ≥ 4 weeks following initial documentation of objective response; the efficacy-evaluable population was defined as all HER2-positive subjects who had ≥ 1 evaluable post-baseline disease assessment or discontinued study treatment due to death or clinical progression. Data were extracted on July 28, 2021, from an unlocked database

5-FU = 5-fluorouracil; CAPOX = capecitabine plus oxaliplatin; cORR = confirmed objective response rate; CR = complete response; DCR = disease control rate; E = esophageal cancer; F = flat dosing; FISH = fluorescence in situ hybridization; FP = 5-FU and cisplatin; G = gastric cancer;

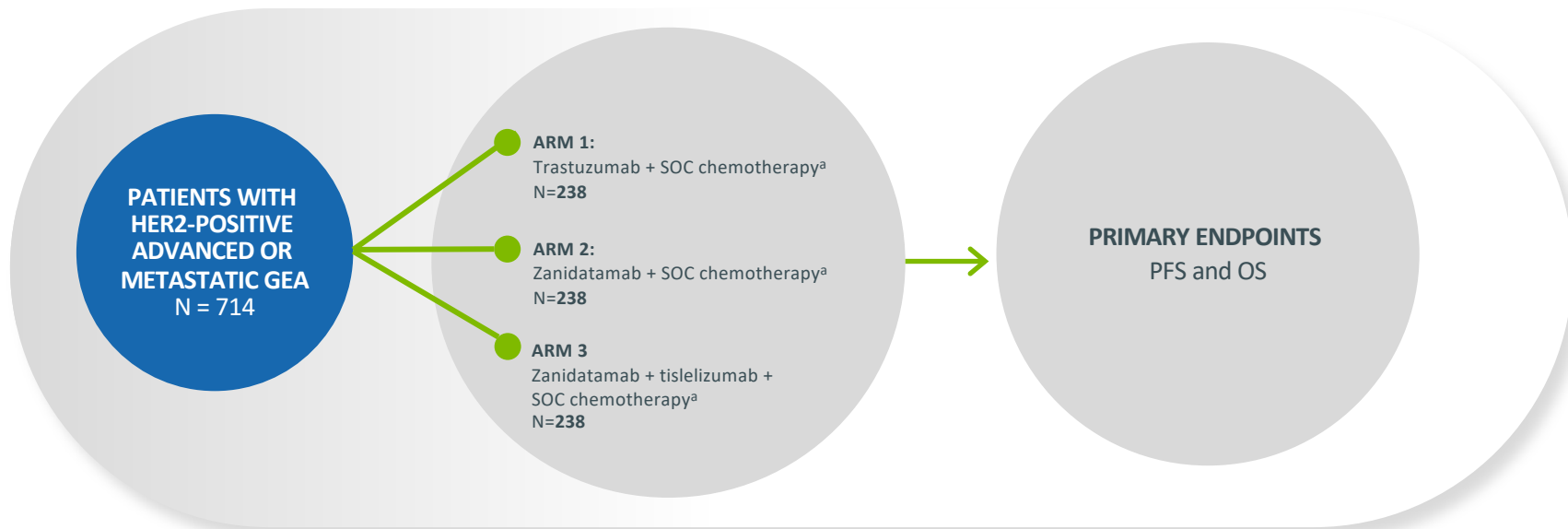
IHC = immunohistochemistry; J = gastroesophageal junction cancer; mFOLFOX6 = 5-FU plus oxaliplatin and leucovorin; NR = not reached; ORR = objective response rate (CR + PR); PD = progressive disease; PR = partial response; SD = stable disease; W = weight-based dosing; ZDR = zanidatamab dosing regimen.

# Change in Target Lesion Size Over Time



Source: G. Ku, et al. Phase (Ph) II study of zanidatamab + chemotherapy (chemo) in first-line (1L) HER2 expressing gastroesophageal adenocarcinoma (GEA), Annals of Oncology, Volume 32, S1044 - S1045.

+ An MRI performed for neurologic symptoms on Day 8 demonstrated brain metastases, which were treated with radiation therapy. Subject remained on mFOLFOX6-1 with zanidatamab and has had long term disease control since treatment of brain metastases. Data were extracted on July 28, 2021, from an unlocked database

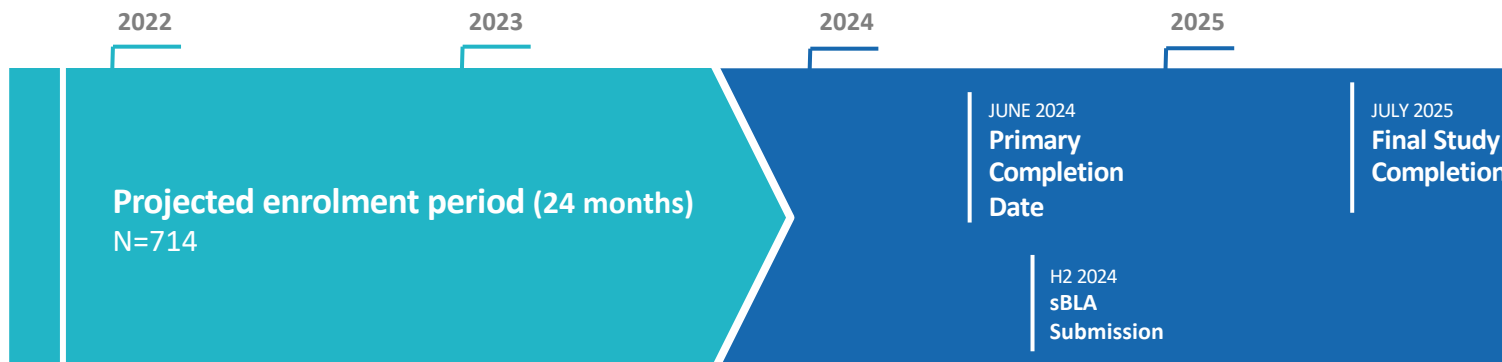


- Global Study
- Open-label with disease assessments per Blinded Independent Central Review (BICR)
- First HER2 pivotal trial to study complete GEA spectrum
  - Patient population includes gastric, esophageal, and gastroesophageal junction cancers
- Three-arm design
  - 1:1:1 randomization to show the contributions of zanidatamab (HER2-bispecific) and tislelizumab (PD1 inhibitor)
- Stratification by geographic region, HER2 IHC 2+ vs 3+, and ECOG performance status
- PD-L1 non-selected
- Dual Primary endpoints: PFS and OS



Designed to support an indication for **zanidatamab and chemotherapy with or without tislelizumab as first-line treatment for HER2-positive gastric, esophageal, and gastroesophageal junction cancers**

# HERIZON-GEA-01 Study Timeline

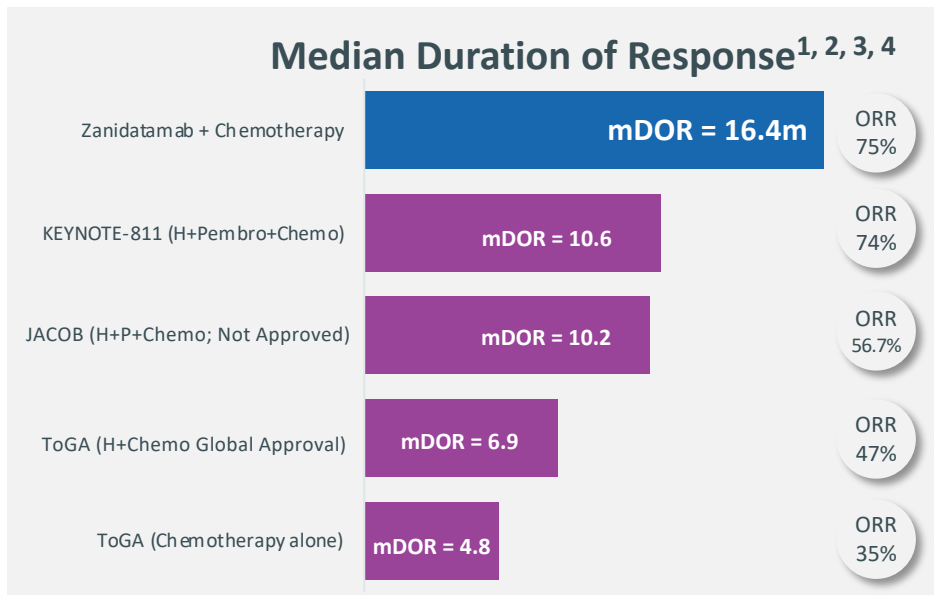




# ESMO 2021 Phase 2 Data Drives Confidence that Zanidatamab Will Deliver Superior Efficacy To Approved Standards of Care

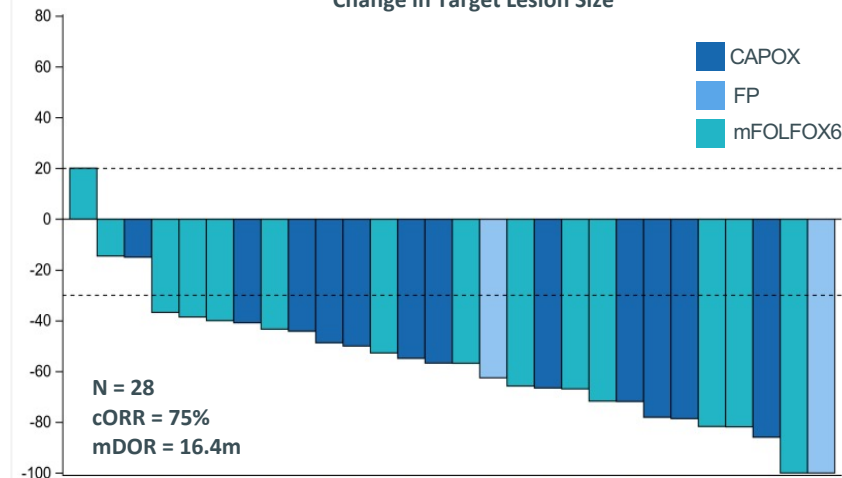
## Clinical Trials in 1L HER2-Positive Gastroesophageal Adenocarcinoma

### Median Duration of Response<sup>1, 2, 3, 4</sup>



### Zanidatamab + Chemotherapy<sup>1</sup>

#### Change in Target Lesion Size



1. Ku G, et al. ESMO Congress, September 16 – 21, 2021

2. KEYTRUDA US Prescribing Information (US FDA PI), based on KEYNOTE-811

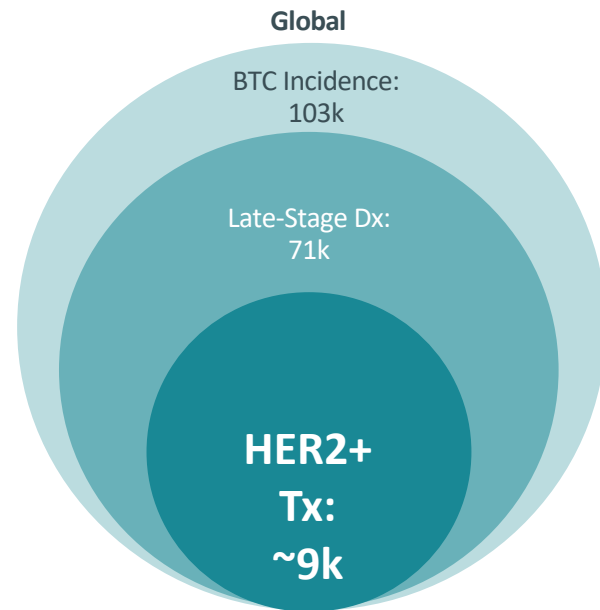
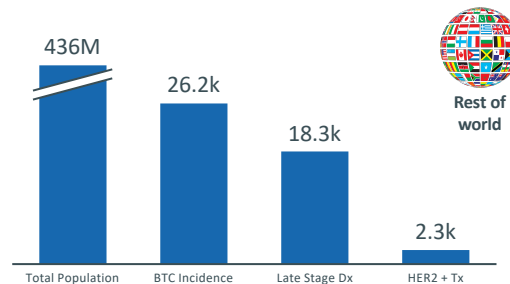
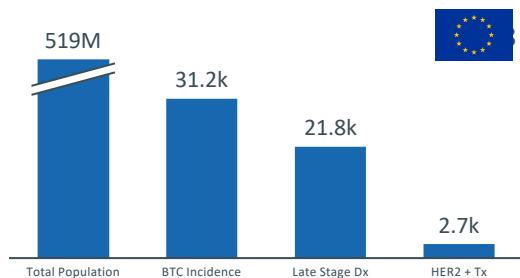
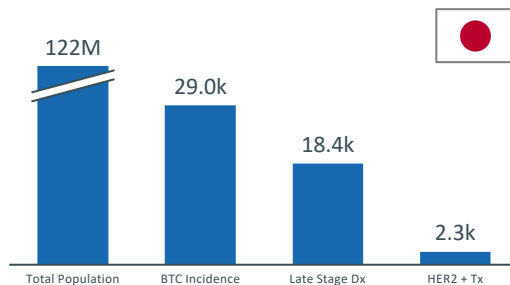
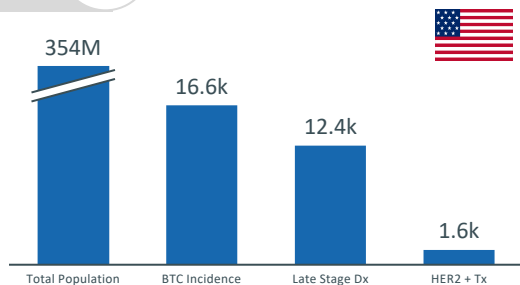
3. Tabernero, J, et al. Lancet Oncol 2018; 19: 1372–84

4. Bang Y, et al. Lancet 2010; 376: 687–97

cORR: confirmed overall response rate; H: Herceptin (trastuzumab); HP: Herceptin (trastuzumab) + Perjeta (pertuzumab); mDOR: median duration of response; Pembro: Keytruda (pembrolizumab)

Note: Table includes cross-trial comparisons and is not meant to be indicative of comparisons made in double-blind, randomized trials

# HER2+ Biliary Tract Cancers Represent ~18% of Total Zanidatamab Opportunity and Acts as springboard to 1L GEA adoption

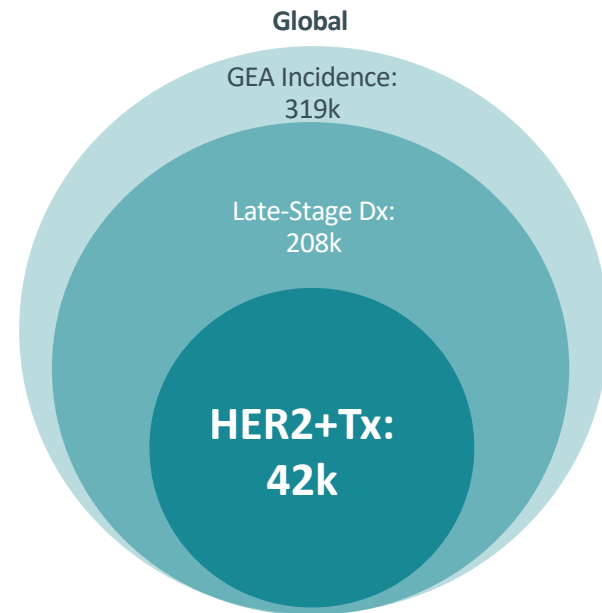
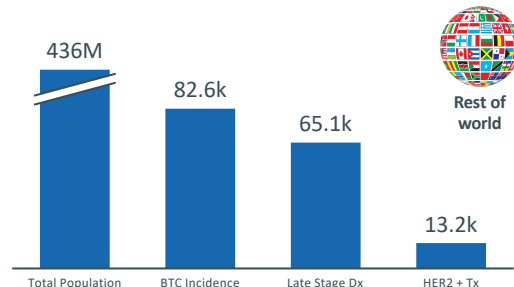
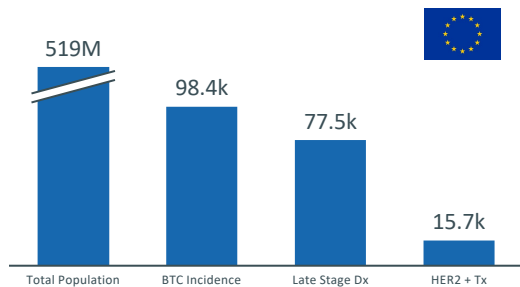
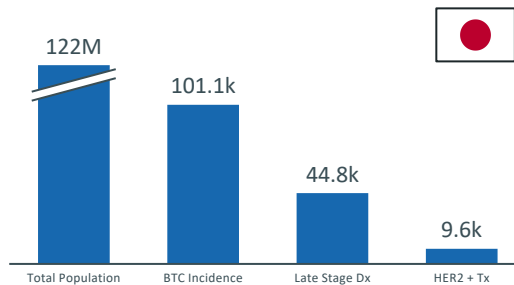
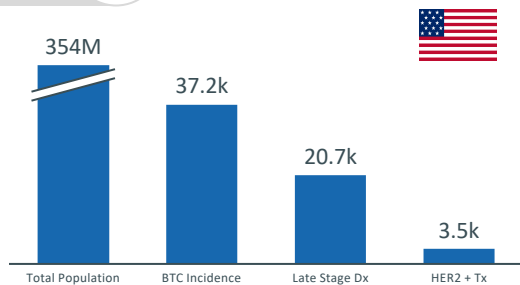


Potential Addressable Patients  
1L & 2L Combined (Peak Year Est.):

~9K

Biliary tract cancers are orphan, heterogenous tumors that have an aggressive disease course and a poor clinical outcome. They usually present at an advanced stage (> 90% cases are adenocarcinomas) and only approx. 20% of tumors are considered resectable. Mean overall survival rate for patients with cholangiocarcinoma is less than 24 months and gallbladder cancer is 6 months

# GEA has HER2-Positive Rate of >20% and Represents a Peak Opportunity in 1L of >40,000 New Patients/Year



Potential Addressable Patients in 1L  
(Peak Year Est.):

**~42K**

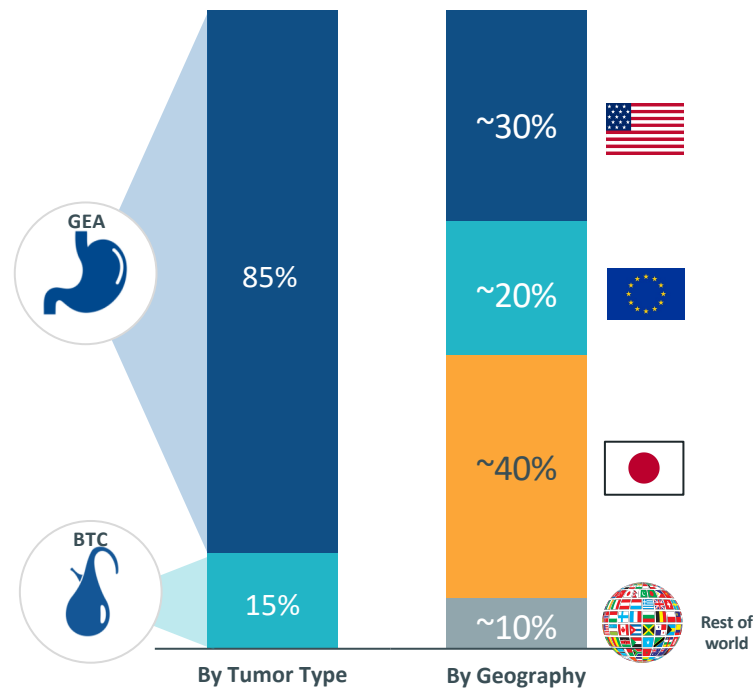
Gastric cancer accounts for 6.8% of all cancers, and the 3rd most common cause of cancer-specific mortality worldwide, it is often diagnosed at an advanced stage, defined as unresectable locoregional or metastatic disease, which has very poor prognosis with 5-year survival not exceeding 5–20%.

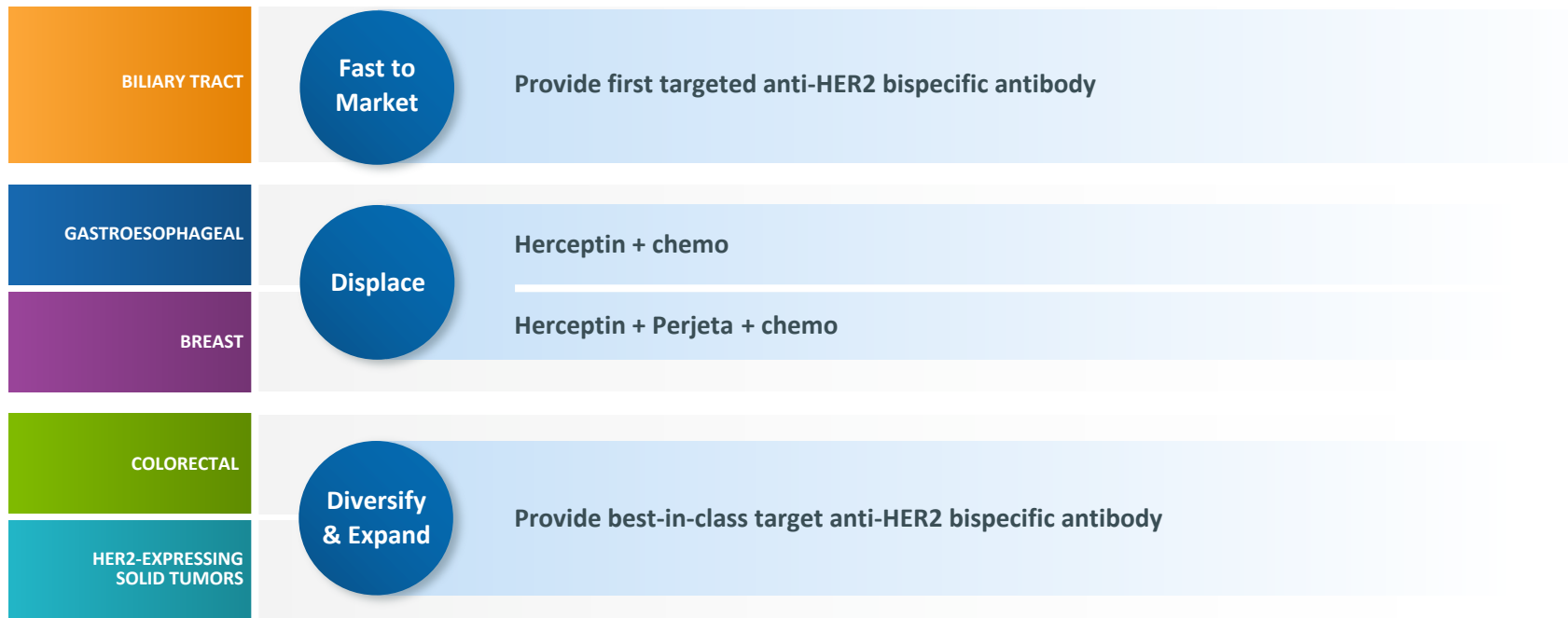
Source: bioStrategies Forecast Model; SEER Stage Distribution (2000-2015); GLOBOCAN; ROW calculated using 84% EU scale up factor, Epidemiology excludes BeiGene APAC Territories; GEA HER2+ Incidence rate of 21.7%, Source: Roche HER2 Screening Data Feb 2021.  
Dx: disease; Est: estimated; Tx: treated

# Zanidatamab Has a Clear Lane in BTC and GEA with Blockbuster Peak Sales Potential if Approved

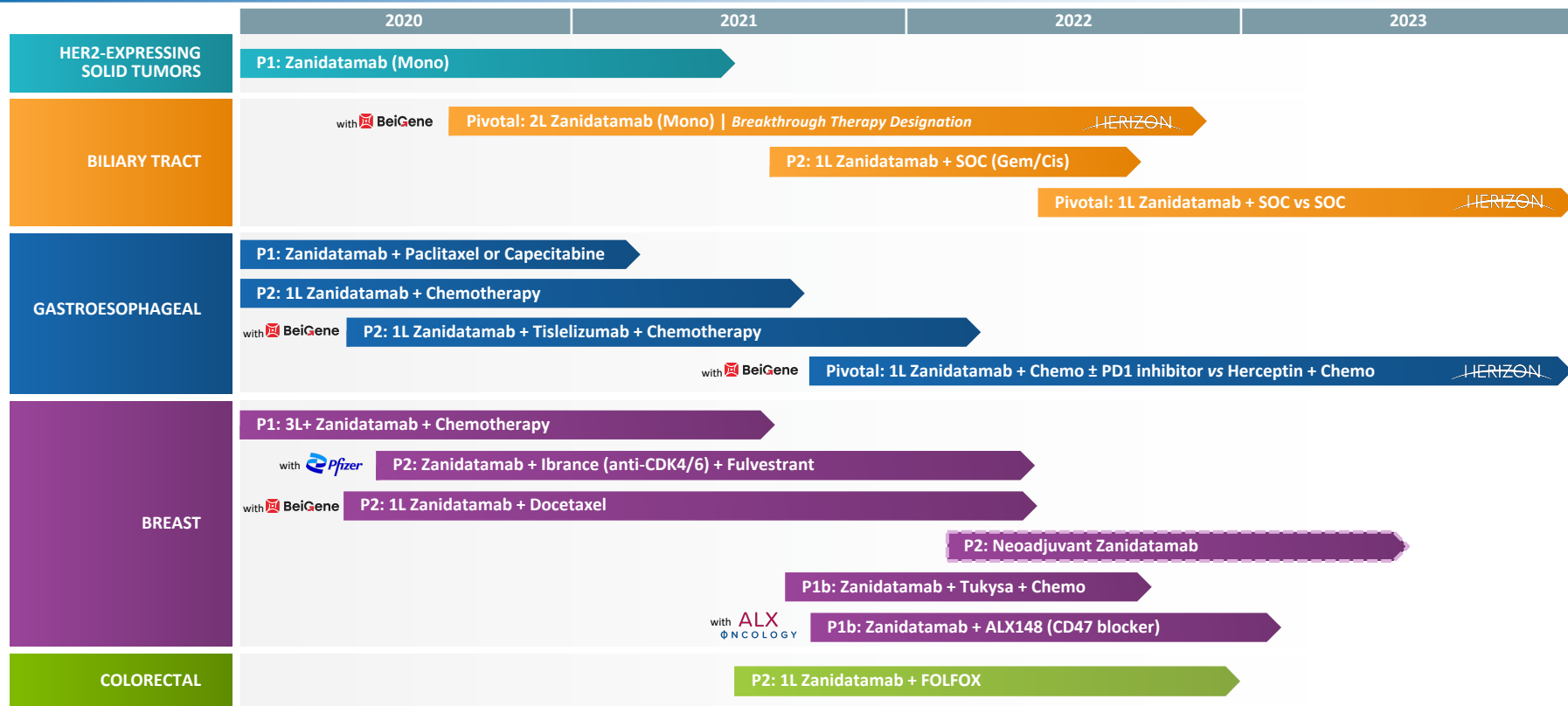
Revenue Drivers	BTC + GEA
Size of HER2+ Population	✓ ✓ ✓
Access / Pricing Context	✓ ✓
Competition Intensity	Low to Medium
Zanidatamab Profile vs. SOC	✓ ✓ ✓
Potential Market Share	Leadership Position

Global Zanidatamab Peak Revenue Contribution - GEA & BTC\*

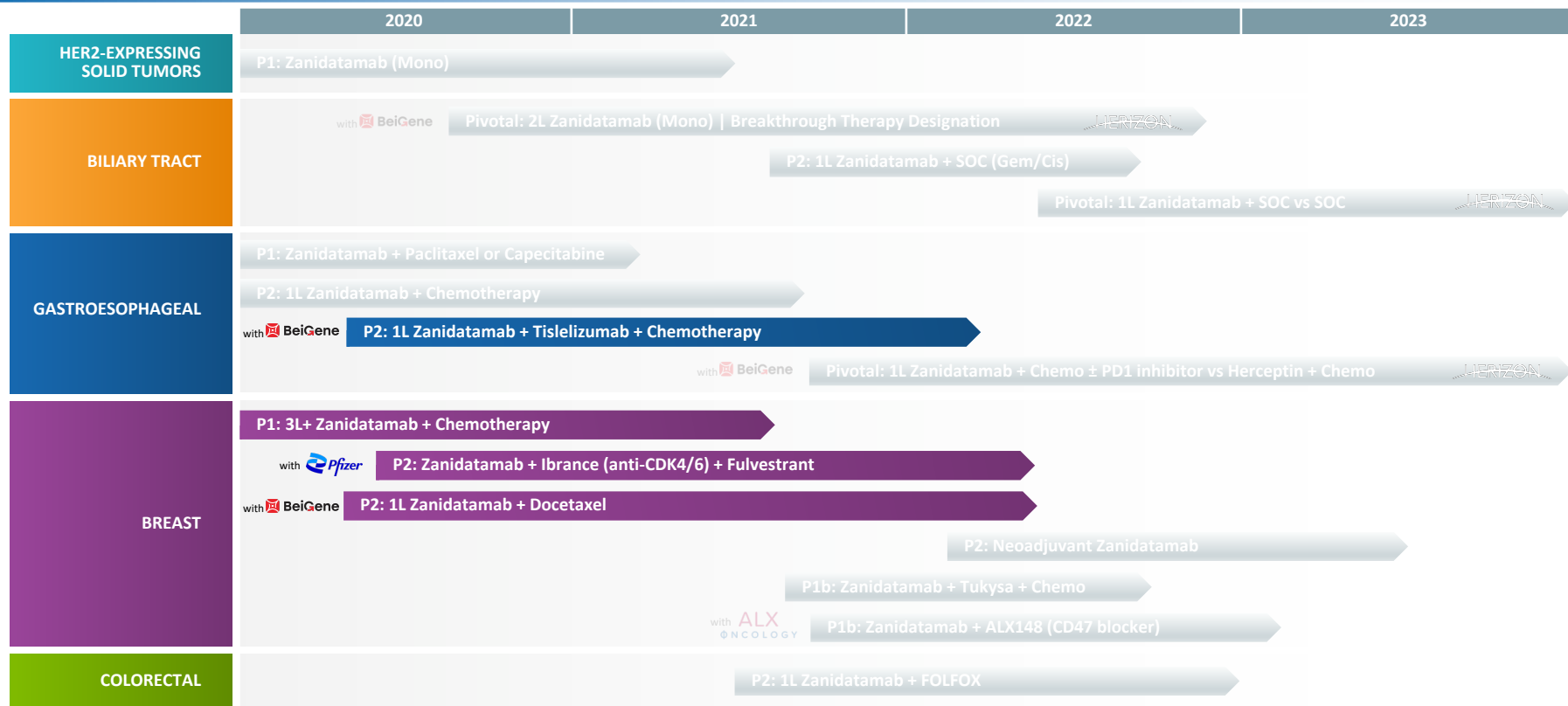




# Zanidatamab Upcoming Catalysts



# Zanidatamab Near-Term Catalysts



Thank You

