UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

February 6, 2024
Date of Report (Date of earliest event reported)

Aprea Therapeutics, Inc.

(Exact name of registrant as specified in its charter)

Delaware	**001-39069**	**84-2246769**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

3805 Old Easton Road **Doylestown, PA**	**18902**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(617) 463-9385**

(Former name or former address, if changed since last report): Not applicable

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common stock, par value $0.001 per share	APRE	The Nasdaq Stock Market LLC

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 8.01 Other Events.

On February 6, 2024, Aprea Therapeutics, Inc. updated its corporate presentation slide deck. A copy of the corporate presentation slide deck is filed as Exhibit 99.1 hereto and incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Corporate Presentation (February 2024)
104	Cover Page Interactive Data File (embedded within the inline XBRL document).

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

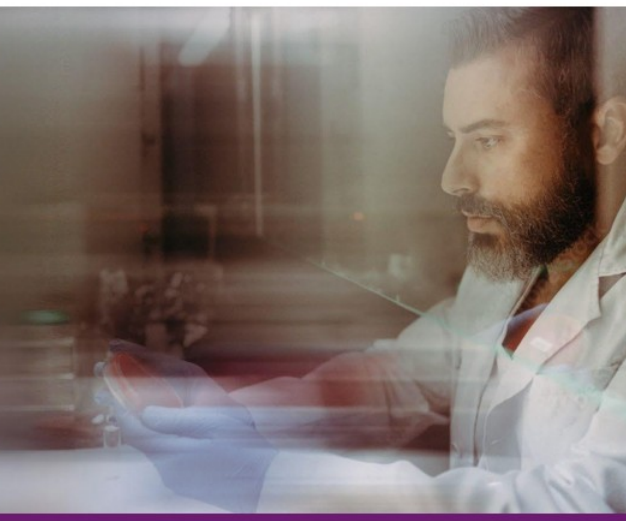
Aprea Therapeutics, Inc.

Dated: February 6, 2024

By: /s/ Oren Gilad
Name: Oren Gilad, Ph.D.
Title: President and Chief Executive Officer

APREA THERAPEUTICS

Precision Oncology Through Synthetic Lethality



February 2024

Forward-Looking Statements

Certain information contained in this presentation includes “forward-looking statements”, within the meaning of Section 27A of the Securities Act of 1933, as amend and Section 21E of the Securities Exchange Act of 1934, as amended, related to our clinical trials, regulatory submissions and strategic plans. We may, in some ca use terms such as “predicts,” “believes,” “potential,” “continue,” “anticipates,” “estimates,” “expects,” “plans,” “intends,” “may,” “could,” “might,” “likely,” “will,” “should other words that convey uncertainty of the future events or outcomes to identify these forward-looking statements. The forward-looking statements are based current beliefs and expectations of our management team that involve risks, potential changes in circumstances, assumptions, and uncertainties. Any or all of forward-looking statements may turn out to be wrong or be affected by inaccurate assumptions our management team might make or by known or unknown risks uncertainties. These forward-looking statements are subject to risks and uncertainties including, without limitation, risks related to the success and timing of our clin trials or other studies and the other risks set forth in our filings with the U.S. Securities and Exchange Commission, including our Annual Reports on Form 10-K Quarterly Reports on Form 10-Q. Forward-looking statements regarding our product candidates are also subject to additional risks and uncertainties, including with limitation, with respect to: our dependence on additional financing to fund our operations and complete the development and commercialization of our proc candidates, and the risks that raising such additional capital may restrict our operations or require us to relinquish rights to our technologies or product candidates; limited history and preclinical status of the assets we acquired from Atrin Pharmaceuticals Inc.; our business plan or the likelihood of the successful implementatio such business plan; the timing of initiation of planned clinical trials for our product candidates; the future success of such trials; the successful implementation of research and development programs and collaborations and the interpretation of the results and findings of such programs and collaborations and whether such res are sufficient to support the future success of our product candidates; the success, timing and cost of our anticipated clinical trials for our current product candida the timing of initiation, futility analyses, data presentation, reporting and publication and receipt of interim results (including, without limitation, any preclinical result data); any statements about our understanding of product candidates mechanisms of action and interpretation of preclinical and early clinical results from its clin development programs and any collaboration studies; and other factors, including legislative, regulatory, political and economic developments not within our cont For all these reasons, actual results and developments could be materially different from those expressed in or implied by our forward-looking statements. You cautioned not to place undue reliance on these forward-looking statements, which are made only as of the date of this presentation. We undertake no obligatio update such forward-looking statements to reflect subsequent events or circumstances, except to the extent required by law or regulation.

Aprea Therapeutics (NASDAQ: APRE)

Precision Oncology via Novel Synthetic Lethality Therapeutics

All programs address significant unmet medical need, are synergistic with other anticancer therapies, and potentially differentiated in safety and tolerability

ATR Inhibitor: ATRN-119

- First macrocyclic ATR inhibitor
- Highly selective with continuous daily dosing targeted
- Phase 1/2a – Ongoing Dose Escalation
  - Readout 4Q2024
  - Solid tumor with DDR mutation
- Pre-clinical proof-of-principle
  - Anti-tumor activity at nanomolar concentration
  - Preserved hematologic safety profile

WEE1 Inhibitor: APR-1051

- Best in class, next generation
- IND Clearance 1Q2024
- Pre-clinical proof-of-principle
  - Highly potent and selective anti-tumor activity
  - Limited off target effect
  - Ovarian cancer with Cyclin E over expression (OVCAR-3)
  - Stable hematologic function
  - Favorable pharmacokinetics

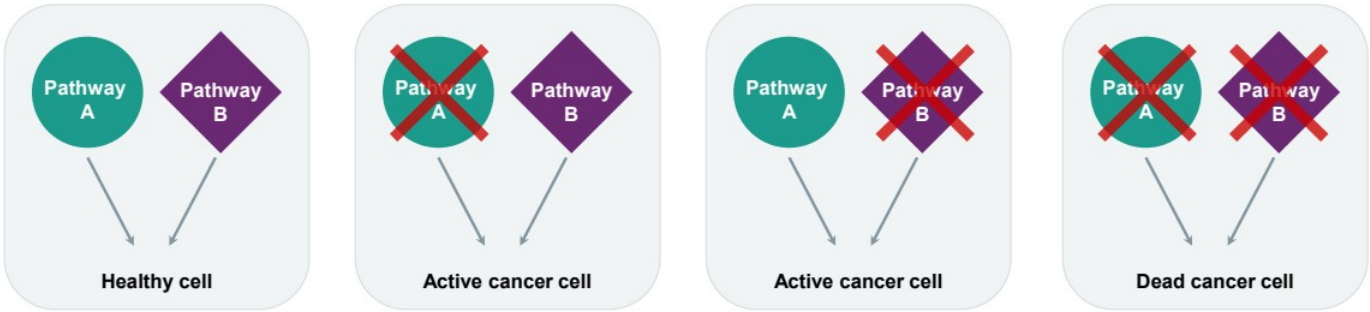
DDR Inhibitor: Undisclosed

- Lead optimization
- Target identified from our RepliBior discovery platform

APREA THERAPEUTICS

ATR - Ataxia telangiectasia and Rad3-related
DDR – DNA Damage Response

Synthetic Lethality



- Cancer cell death only upon the loss of function of two codependent pathways
- Single pathway loss of function is inconsequential
- DNA Damage Response (DDR) allows cells to pause and self repair during replication (mitosis)
- Inhibition of DDR leads to mitotic catastrophe and cell death
- ATR and WEE1 inhibitors are integral to stopping DDR and are emerging targets for cancer cell death
- Builds on scientific innovation led by Aprea founder and key personnel[1]

APREA THERAPEUTICS

[1] Gilad et al, (2010) Cancer Res.

Leadership with Strong Drug Development and Commercial Expertise

Pioneers in Synthetic Lethality

Management

Oren Gilad, Ph.D. President and CEO	John Hamill CFO	Nadeem Mirza, M.D., MPH Senior Medical Advisor	Ze'ev Weiss, CPA, B.Sc. Chief Business Advisor	Mike Carleton, Ph.D. Translational Medicine Advisor	Brian Wiley SVP, Corporate Strategy
ATRIN Pharmaceuticals Perelman School of Medicine	WINDTREE THERAPEUTICS Trevena SAVIENT PHARMACEUTICALS, INC. NephroGenex pharmanet	Salarius PHARMACEUTICALS Verastem Oncology TRIGR THERAPEUTICS abbvie sanofi	ATRIN Pharmaceuticals INTEC PHARMA pwc	iniphorm MERCK Bristol Myers Squibb presage Mavu PHARMA	Boston BioConsulting Gloucester PHARMACEUTICALS MILLENNIUM

Board of Directors

Richard Peters, M.D., Ph.D. Chairman of the Board	**Oren Gilad, Ph.D.** President and CEO	**Jean-Pierre Bizzari, M.D.** Director
Marc Duey Director	**Michael Grissinger** Director	**Gabriela Gruia, M.D.** Director
John Henneman Director	**Rifat Pamukcu, M.D.** Director	**Bernd R. Seizinger, M.D., Ph.D.** Director

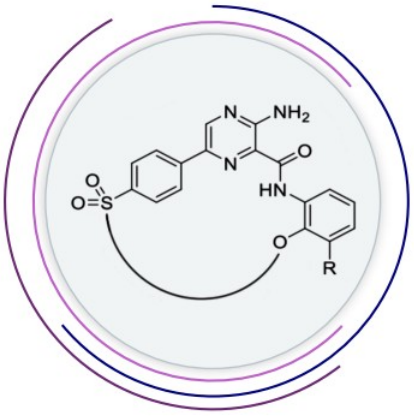
ATR Inhibitor: ATRN-119

Clinical Proof-of-Concept

APREA THERAPEUTICS

ATRN-119: First and Only Macrocyclic ATR Inhibitor[1]

Macrocycles: A Well-Evolved Approach for PIK-Related Kinase Inhibition (e.g., rapamycin and mTOR)[2]



Benefits of Unique Cyclic Skeleton Structure vs Competitors' First-Generation Acyclic Structure

Macrocycles restrict the number of conformations that can be formed, which can:

- Increase potency
- Increase selectivity

These effects can then promote:

- Increased tolerability by decreasing off-targeting
- Permit more efficacious dosing

[1] Based on company knowledge
[2] Brown, EJ et al, (1994) Nature
[3] Brown, EJ et al, (1995) Nature
[4] Brown, EJ and SL Schreiber, (1996) Cell

APREA THERAPEUTICS

AR-276-01: Aprea Phase 1/2a - Study Overview

A Phase 1/2a, Open-Label, Safety, Pharmacokinetic, and Preliminary Efficacy Study of Oral ATRN-119 in Patients with Advanced Solid Tumors

Sites:
4 US sites for dose escalation

- University of Pennsylvania
- Mary Crowley Cancer Research
- University Hospitals Cleveland Medical Center
- Yale Cancer Center

Patient enrollment:
60 patients in total

- Escalation phase: up to 30 patients
- Expansion phase: up to 30 patients

IMP: ATRN-119 is an oral ATR kinase inhibitor given daily

Patient Population:

Male or female subjects 12 years of age or older with solid tumors harboring specific DDR mutations per NGS

Part 1
Up to 30 patients
Dose escalation (8 dose levels*)
3+3 design

→

Part 2
Up to 30 patients
Dose expansion, after MTD / RP2D established

Primary objectives:

- Safety, MTD, RP2D
- Pharmacokinetics

Secondary objectives:

- Antitumor activity (RECIST/PCWG3)

Exploratory objectives:

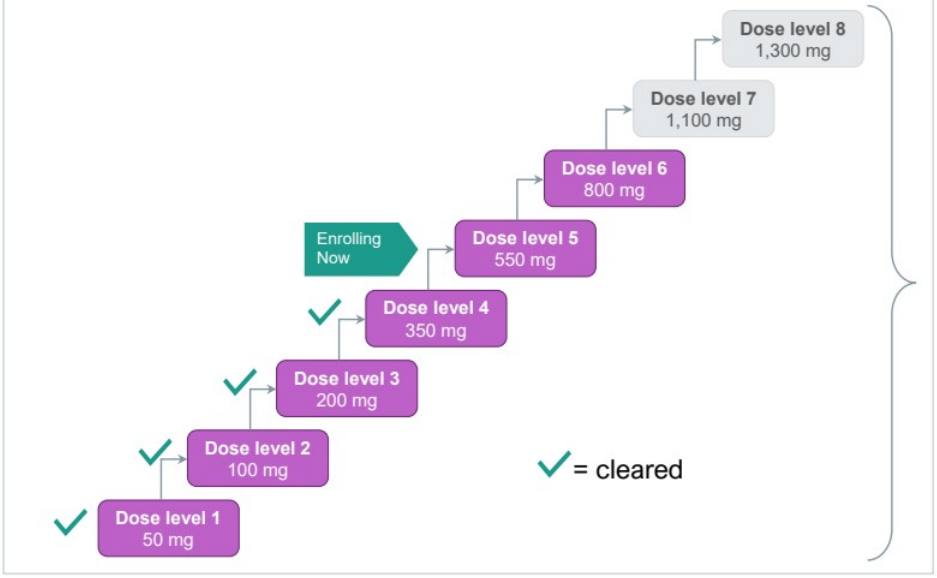
- Association between identified mutations and clinical outcomes

APREA THERAPEUTICS

*Planned protocol amendment adding cohorts 7 and 8

Aprea AR-276-01 Study Status

3+3 dose escalation with once-daily dosing (up to 30* patients)



MTD/RP2D

Dose expansion (up to 30 patients)

Potential indications
Colorectal
Prostate
Gastric
Endometrial

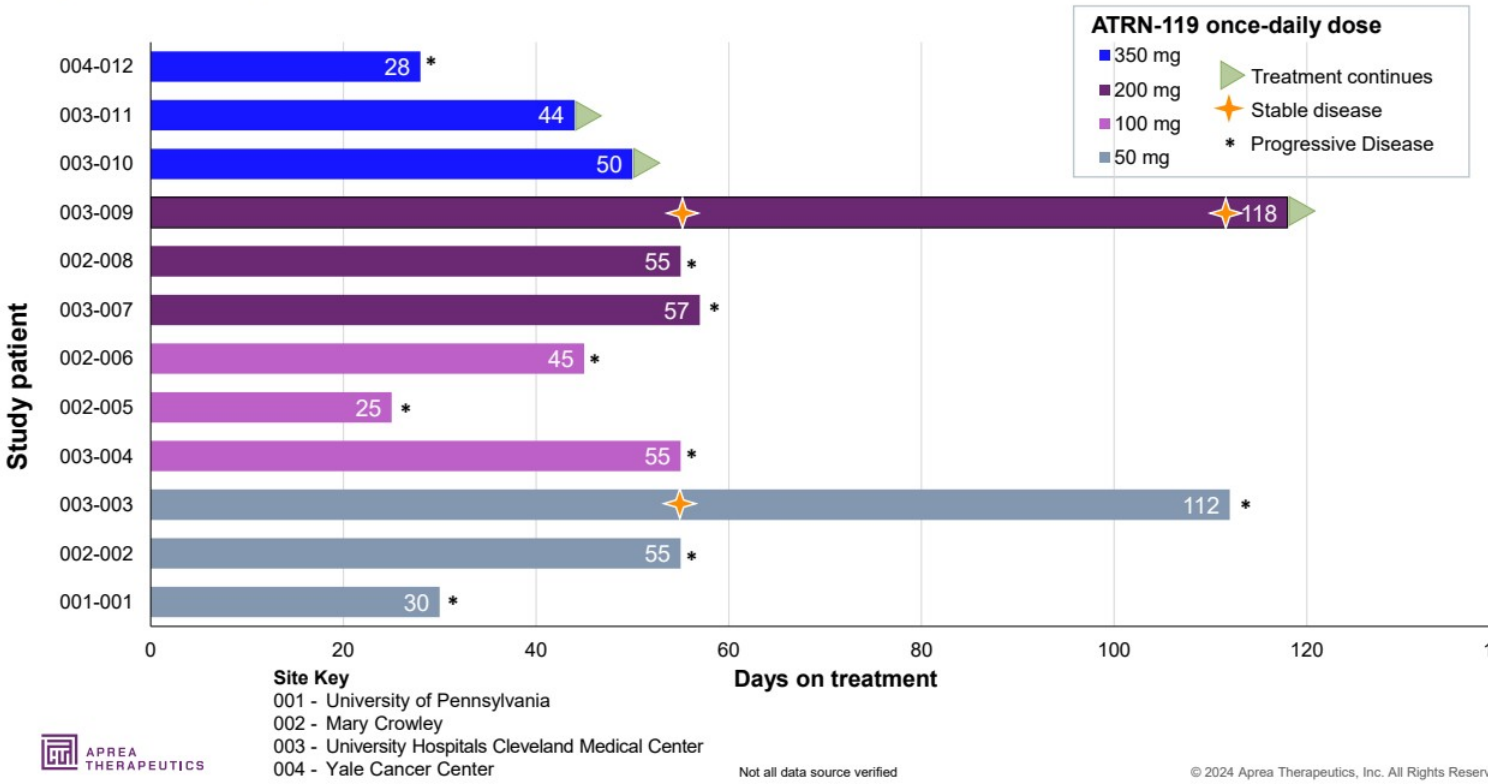
Mutations
Undisclosed RepliBion biomarkers

APREA THERAPEUTICS

*Planned protocol amendment adding cohorts 7 and 8

AR-276-01 Summary of Duration of Treatment

Update – Jan 2, 2024



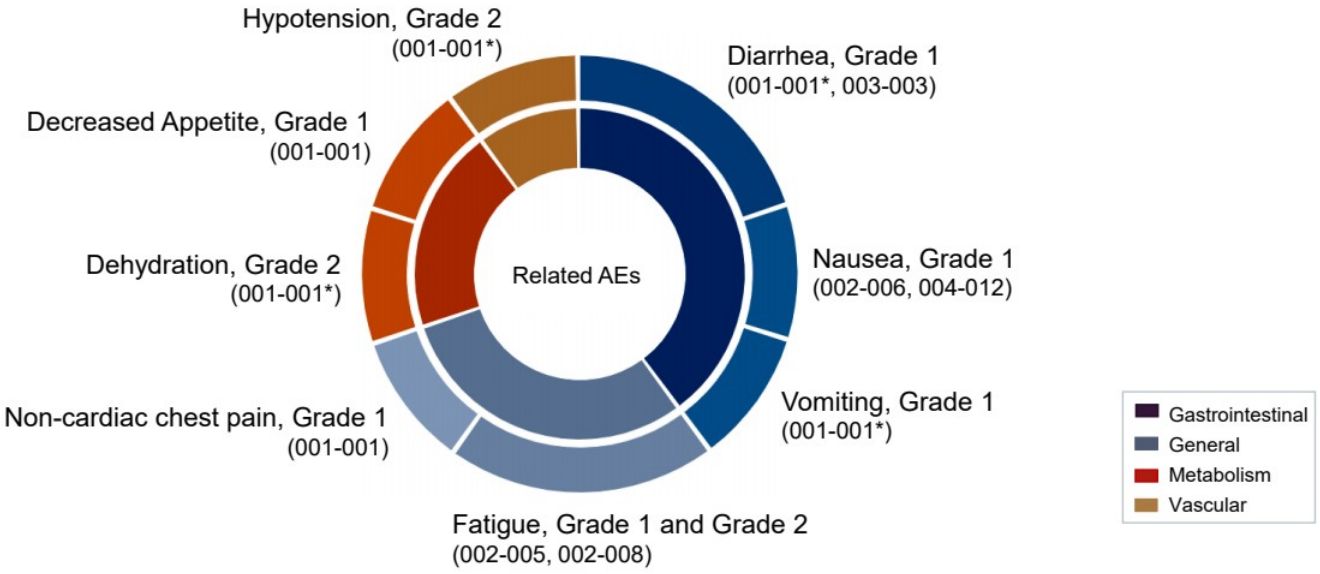
Site Key
001 - University of Pennsylvania
002 - Mary Crowley
003 - University Hospitals Cleveland Medical Center
004 - Yale Cancer Center

APREA THERAPEUTICS

Not all data source verified

No ATRN-119 Related Grade 3 or 4 Adverse Events Reported

As of January 2, 2024: Six Of Twelve Patients Experienced AEs# Possibly/probably Related to ATRN-11



APREA THERAPEUTICS

No grade 3 or 4 AEs were observed
* Resulted in treatment interruption
Not all data source verified

ATRN-119
2024-2025 Anticipated Clinical Milestones

Milestone	Timeline
Phase 1/2a – Monotherapy Dose Escalation	
Complete Dose Escalation	4Q 2024
RP2D	1Q 2025
Phase 1/2a – Monotherapy Dose Expansion	
First Patient Enrolled	1Q 2025
Additional Open-Label Efficacy Data	3Q 2025

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Planned protocol amendment adding cohorts 7 and 8 to monotherapy dose escalation 1Q2024

ATR Inhibitor: ATRN-119

Preclinical
Proof-of-Principal

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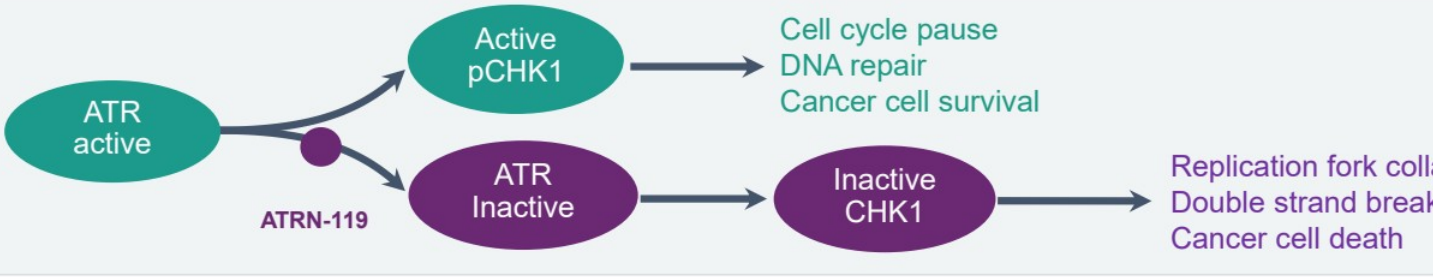
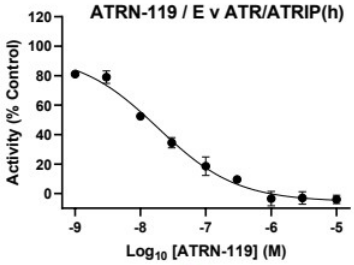
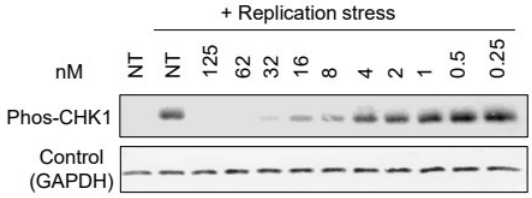
ATR Inhibitor – ATRN-119
Mechanism of Action – Prevent CHK1 Phosphorylation by ATR Kinase



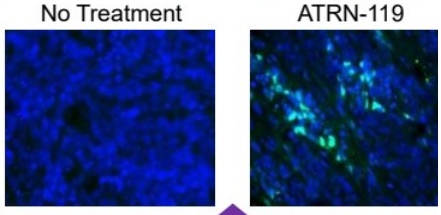


ATRN-119 binds to ATR



…inhibits its biological activity…

Tumor Samples
Pharmacodynamics - γH2AX (green)



…and triggers replication fork collapse and double-strand breaks (γH2AX)

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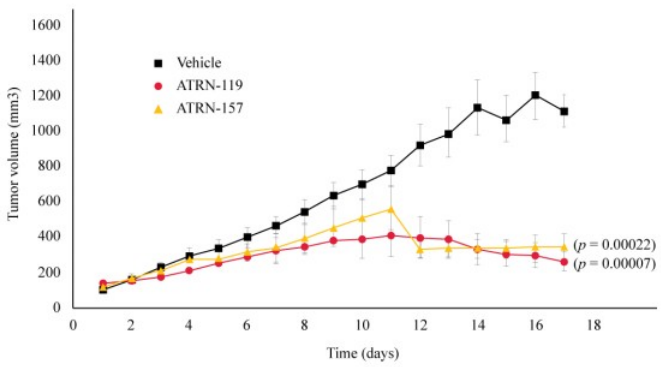
pCHK1 – Phosphorylated Checkpoint kinase 1
Data on file

ATRN-119 Preclinical Profile

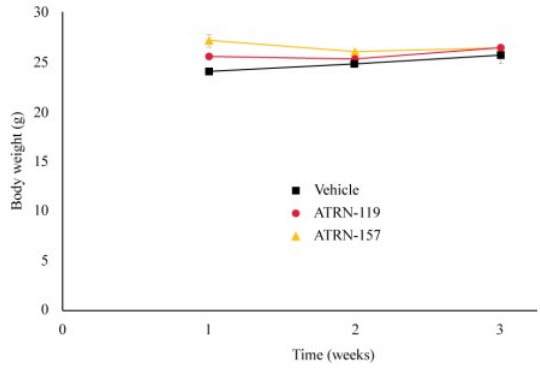
Nanomolar potency in vitro across a broad spectrum of cancer cell lines

Strong tumor control observed in vivo, including in challenging genetic backgrounds

Tumor Growth Inhibition
HCT-116 (KRAS^{G13D}, p53 null)



Body Weight
HCT-116 (KRAS^{G13D}, p53 null)

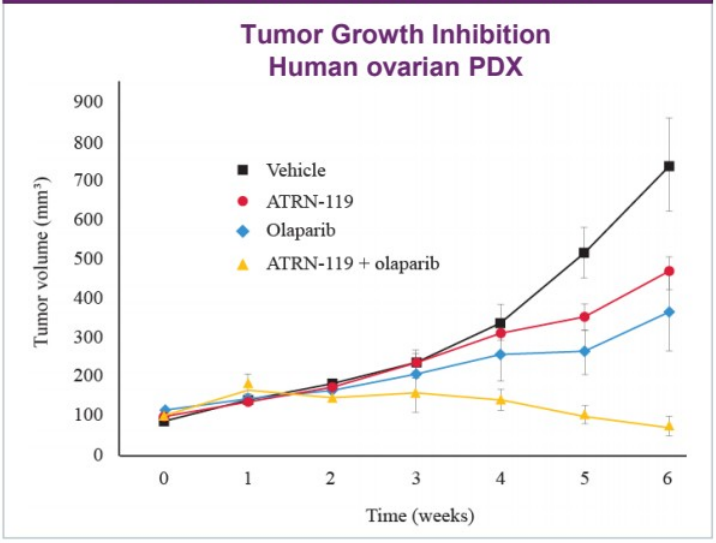


APREA THERAPEUTICS

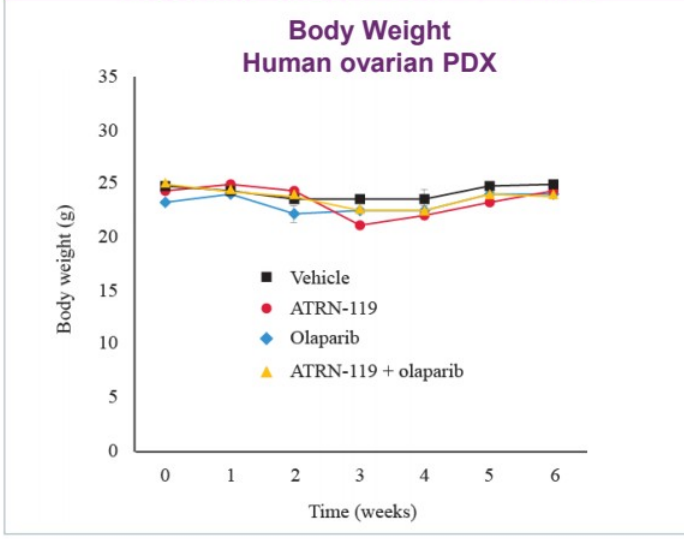
N=4 female mice per group, ATRN-119 - 100 mg/kg/day P.O, ATRN-157 - 20 mg/kg/day SQ.
ATRN-157 is an active metabolite identified in dogs receiving ATRN-119 P.O.. In vitro metabolism studies in dog and human hepatocytes and liver microsomes indicated formation of ATRN-157 in both species. Potency and selectivity of ATRN-157 was comparable to ATRN-119.
Pre-clinical studies with ATRN-119 and ATRN-157.

ATRN-119 + Olaparib:
Regression of BRCA2-Deficient Ovarian (HGSOC) Tumors

ATRN-119 + Olaparib Inhibits Ovarian Tumor Growth Over Time



ATRN-119 + Olaparib Shows Negligible Weight Loss Over Time



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N=6-8 mice per group, ATRN-119 - 90 mg/kg P.O BID, Olaparib - 50 mg/kg/day P.O, ATRN-119+Olaparib at the same doses and schedules.
Pre-clinical studies with ATRN-119.
Data on file

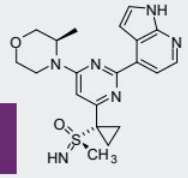
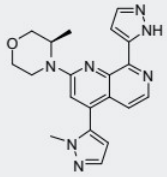
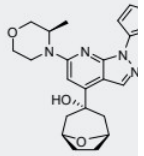
ATR Inhibitor: ATRN-119

A Potentially Differentiated ATRi

APREA THERAPEUTICS

Reported Challenges with Other ATR Inhibitors

First Generation Compounds Share Similar Core, Backbone, Toxicity, and Intermittent Dosing Schedu

Parameter	AstraZeneca AZD6738[1,2] 	Bayer BAY1895344[3] 	Repare / Roche[4] RP-3500[5] 
Route of Administration	**Oral**	**Oral**	**Oral**
MTD/RP2 Dose Schedule	160mg BID, **2-weeks-on, 2-weeks-off**, or: Continuous dosing[1]	40mg BID, **3-days-on/4-days-off**	160mg QD, **3-days-on/4-days-off**
Main Grade ≥3 Hematological toxicities	Patriot 1, Escalation Phase, 160mg, BID[2]: **Anemia** (1/6, 17%) Patriot 2, Expansion Phase[1]: **Fatigue, anemia, nausea, and thrombocytopenia (not differentiated)** (4/6, 67%) with continuous dosing (3/15, 20%) with 2-week-on, 2-week-off	**Anemia** (2/2, 100%) **Neutropenia** (1/2, 50%)	**Anemia** (23/95, 24%) **Neutrophil count decreased** (10/95, 11%) **Platelet count decreased** (5/95, 5%)

Note: Head-to-head studies with ATRN-119 have not been conducted

[1] Phase I study of ATR inhibitor, AZD6738, as monotherapy in advanced solid tumors (PATRIOT part A, B), Dillon et al, Volume 30, October 2019, Pages v165-v166

[2] Poster CT084: A Phase I dose-escalation study of ATR inhibitor monotherapy with AZD6738 in advanced solid tumors (PATRIOT Part A), AACR 2017

[3] First-in-Human Trial of the Oral Ataxia Telangiectasia and RAD3-Related (ATR) Inhibitor BAY 1895344 in Patients with Advanced Solid Tumors, Yap et al, Cancer Discov 2021;11:80-91 and 2019 ASCO Poster, De-Bono et al.

[4] Repare announced a worldwide license and collaboration agreement with Roche on June 1, 2022

[5] Preliminary Phase 1 Data From Ongoing First-in-Human Phase 1/2 TRESR Study of RP-3500, AACR 2022

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ATRN-119 Daily Dosing Means Continuous Tumor Reduction

Intermittent Dosing May Lead to Tumor Resistance

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Daily Dosing Is Clinically Superior Based on Other ATRi in Development

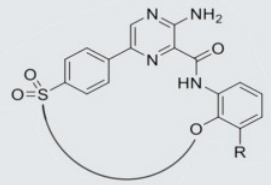
Artios ATR Inhibitor: ART0380
Initial Results From Phase 1 Dose Escalation[1]

Dose Escalation Phase	• 49 patients • Continuous dosing: QD; Range 200-400mg, (n=10) • Intermittent dosing: 3D on/4D off; Range 100 - 1,200mg, (n=39)
RP2D	• Continuous = 200mg • Intermittent dosing = 600mg
Efficacy Among Measurable Patients	• Continuous – **ORR 29%** (2/7). One of two responders treated at twice the RP2D. • Intermittent – **ORR 8%** (2/26). One of two responders treated at twice the RP2D.
Safety	• 36% Anemia Grade 3 at doses considered tolerable

APREA THERAPEUTICS

[1]ART0380-ESMO-Poster-2023

ATRN-119: Potential Best-in-Class Oral ATR Inhibitor with Structurally Differentiated Core, Backbone, and Toxicity Profile

Parameter	ATRN-119 (1) 
Route Of Administration	**Oral**
Clinical Studies Chosen (MTD/RP2D), Dose Schedule	Continuous daily dosing (RP2D TBD in Phase 1)[1]
Hematological toxicities in **preclinical studies**	**Pre-Clinical, Toxicology Studies:** • In 28-day GLP tox study in dogs, hematological changes were of small magnitude and within normal ranges • In a head-to-head comparative tolerability study, ATRN-119 demonstrated significantly less toxicity than another oral ATRi that is currently in clinical development[2]

ATRN-119 potential for reduced toxicity could make it a preferred ATR inhibitor as a single agent, as well as a candidate for combination with standard-of-care therapies.

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Note: ATRN-119 has not yet been tested clinically
[1] ATRN-119, Phase 1/2a Clinical Study Protocol
[2] Internal pre-clinical head-to-head tolerability study in male beagle dogs.

WEE1 Inhibitor: APR-1051

Preclinical Proof-of-Principle

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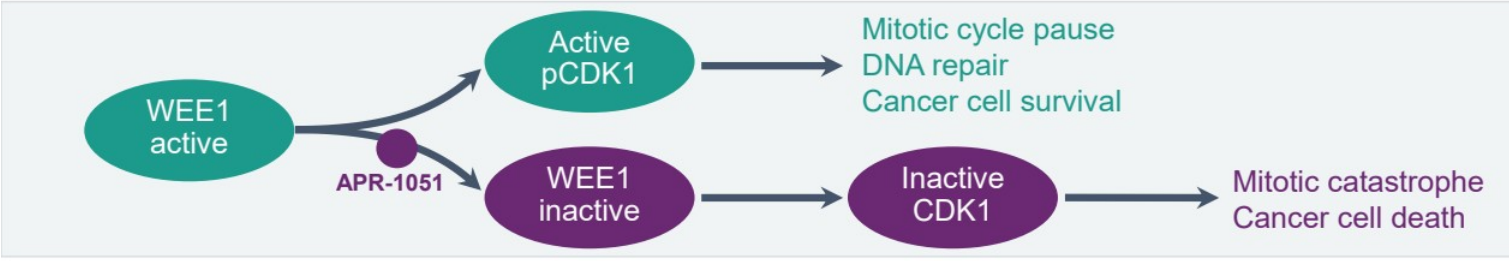
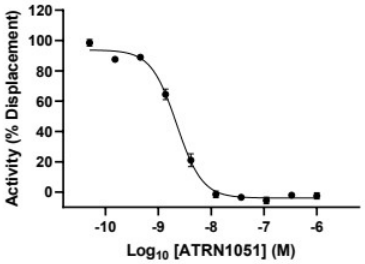
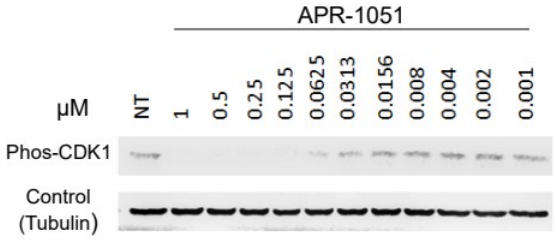
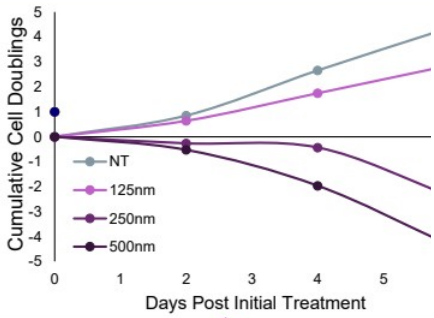
WEE1 Inhibitor – APR-1051
Mechanism of Action – Prevent CDK1 Phosphorylation by WEE1 Kinas









APR-1051 binds to WEE1

…inhibits its biological activity…

…and triggers mitotic catastrophe and cancer cell death

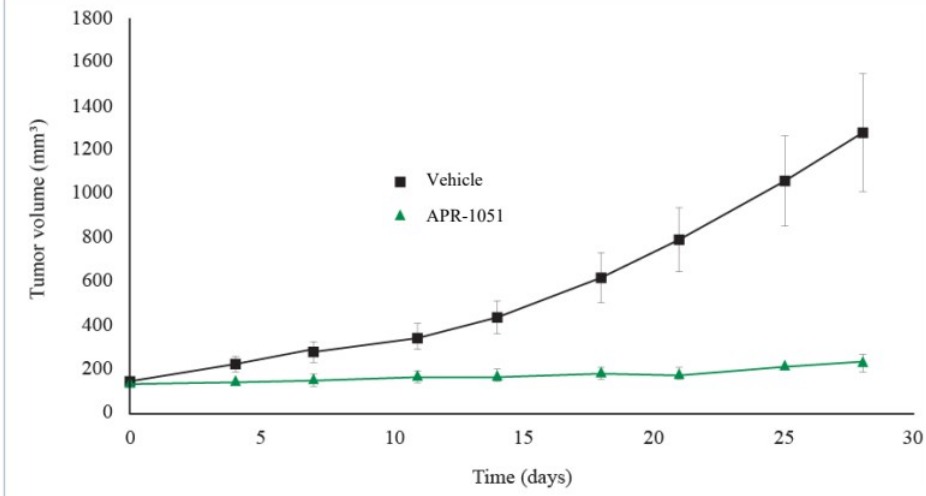
APREA THERAPEUTICS

pCDK1- Phosphorylated Cyclin Dependent Kinase 1
Data on file

APR-1051 Demonstrated Potentially Compelling Anti-tumor Activity

IND Clearance 1Q2024

Tumor Growth Inhibition
OVCAR-3



N=7 mice per group, APR-1051, exploratory formulation - 30 mg/kg/day

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Pre-clinical studies with APR-1051
Data on file

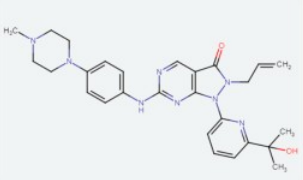
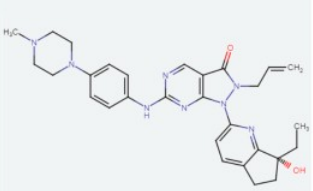
WEE1 Inhibitor: APR-1051

A Potentially Differentiated Wee1i

APREA THERAPEUTICS

APR-1051 Potentially Differentiated from Other WEE1 Inhibitors

APR-1051 Potent and Structurally Differentiated, with High Selectivity to Limit Off-target Toxicity

				
		AstraZeneca Adavosertib (AZD-1775)[1,2]	**Zentalis Azenosetrib (ZN-c3)[1]**	**Aprea APR-1051**
On-Target IC_{50} (nM)	**WEE1**	3.8	3.8	2.2
Off-Target Inhibition at 1 μM (%)	**PLK1**	70	79	17
	PLK2	101	96	33
	PLK3	91	92	12

Note: Head-to-head studies have not been conducted
[1] Huang et al, (2021) J Med Chem
[2] AstraZeneca announced in July 2022 the discontinuation of development of AZD-1775

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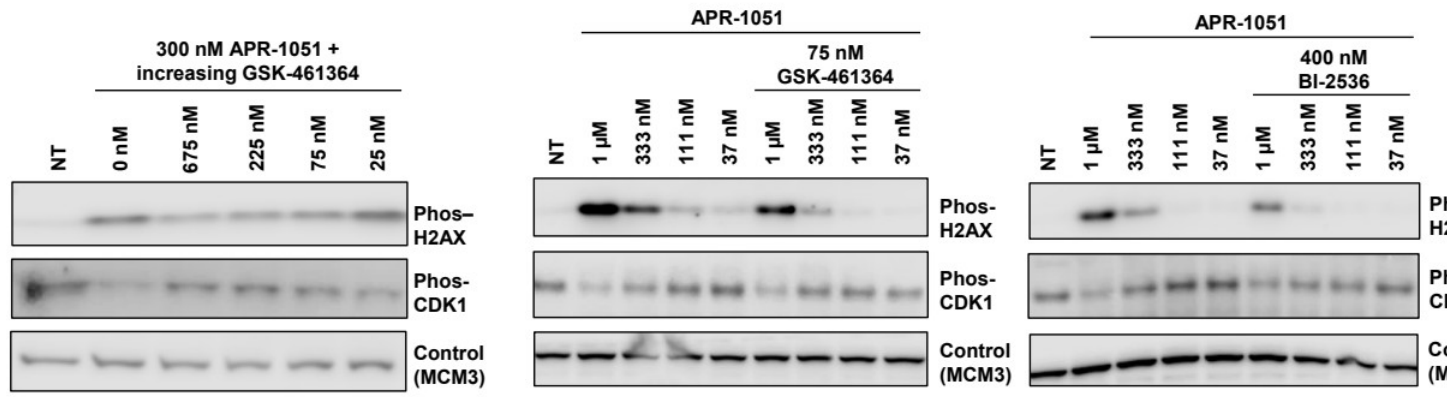
PLK1 Inhibition Reduces Cytotoxic Effects of WEE1 Inhibitors

Minimal PLK1 Co-inhibition Enables Full Therapeutic Potential APR-1051



Dose range of PLK inhibitor GSK-461364 in combination with a single dose of APR-1051 in OVCAR-3 cells

PLK inhibitor, GSK-461364 interferes with the effects of APR-1051 in OVCAR-3 cells

PLK inhibitor, BI-2536, interferes with the effects of APR-1051 in OVCAR-3 cells

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APR-1051 Preclinical Data Highlight Potentially Favorable PK Properties

Based on Pre-clinical Studies, APR-1051 Shows Potentially Favorable Drug Exposure

	APR-1051[1]	Zentalis Azenosertib (ZN-c3)[2]			AstraZeneca Adavosertib (AZD-1775)[2]		
Dose (mg/kg/d)	**10**	20	**40**	80	20	40	**80**
C_{max} ng/ml	1,460	1,167	1,997	5,100	635	2,460	4,703
T_{max} hr	3	1	1	1	1	1	1
AUC_{0-24}, ng*hr/ml	**16,739**	4,863	**17,088**	39,722	1,494	6,313	**13,408**

Note: Head-to-head studies have not been conducted

[1] Data from an exploratory formulation of APR-1051 administered to fasted Balb/c mice

[2] Data from study in A-427 NSCLC xenograft model as reported in Zentalis Corporate Overview, March 2022

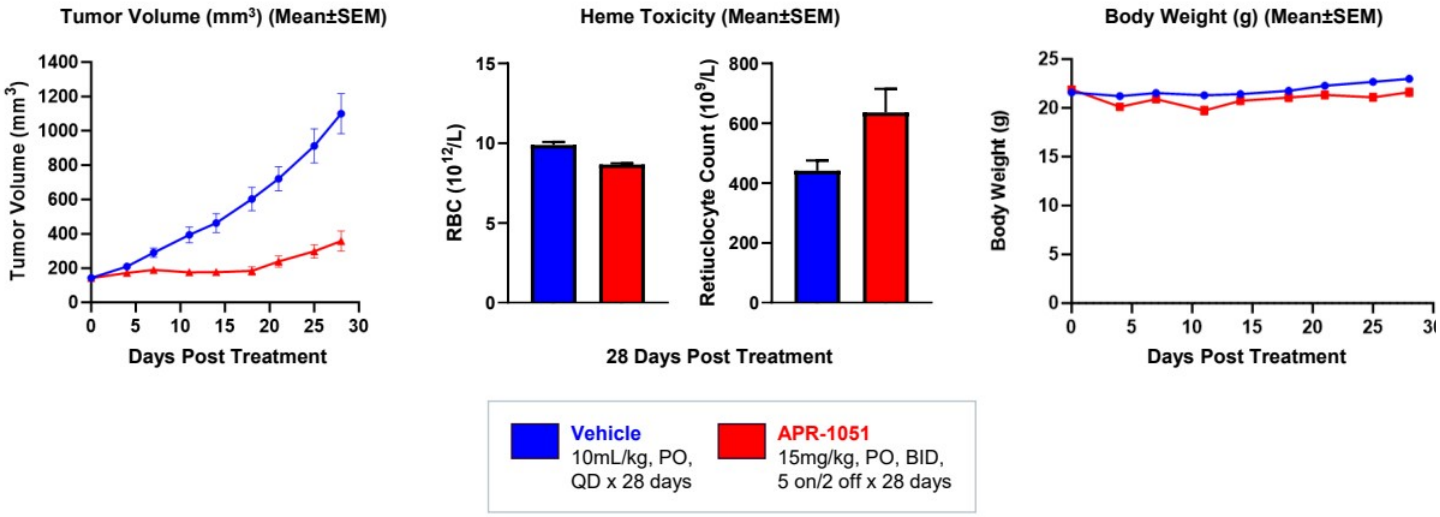
APR-1051 Shows Negligible Inhibition of hERG Channels

QT prolongation AEs were reported with some competitor WEE1 inhibitors

In vitro kinase assays IC50		Average WEE1 kinase IC50	hERG inhibition IC50		Average hERG IC50	Fold difference betw kinase IC50 and hE IC50
LanthaScreen (Thermo)	Hotspot (Reaction Biology)		HEK293 cells (Medicilon)	CHO cells (WuXi)		hERG inhibition over W kinase inhibition
2.2 nM	41.4 nM	**21.8 nM**	8,840 nM	660 nM	**4,750 nM**	**218-fold (range 16- to 3,946-fo**

APR-1051 Suppresses Tumor Growth While Causing Little Effect on RBCs and Body Weight

OVCAR Xenograft Tumor Model in Female Nude Mice



APR-1051
2024-2025 Anticipated Preclinical and Clinical Milestones

Milestone	Timeline
IND	
Clearance	1Q 2024
Phase 1/2a – Monotherapy Dose Escalation	
First Patient Enrolled (subject to funding)	1H 2024
Open-Label Efficacy Data	2Q 2025
RP2D	2H 2025

APREA THERAPEUTICS

Strong Intellectual Property Portfolio

Family 1: Ataxia Telengiectasia and Rad3-Related (ATR) Protein Kinase Inhibitors

- Macrocyclic inhibitors of ATR & methods of using them to treat various cancers, filed on Oct. 13th, 2015
- Patents granted in AU, CA, CN, EP, IL, JP, MX, HK. National phase examinations ongoing in BR, IN, KR
- 1.1: Issued on May 30, 2017 as U.S. Patent 9,663,535
- 1.2: Issued on May 29, 2018 as U.S. Patent 9,981,989
- 1.3: Issued on Feb. 5, 2019 as U.S. Patent 10,196,405

Family 2: ATR Inhibitors and Methods of Use

- Carboxylic acid-containing macrocyclic ATR inhibitors, and prodrugs; methods of using these inhibitors to treat various cancers; filed on Apr. 12th, 2017
- Issued on May 28th, 2019 as U.S. Patent 10,301,324

Family 3: ATR Inhibitor Pharmaceutical Composition and Methods

- International application filed on Apr. 14th, 2023
- Pharmaceutical formulation and composition of our lead molecule in the clinic

Family 4: WEE1 Inhibitor Pharmaceutical Compositions and Methods

- International Application filed on Jun. 3rd, 2022
- Composition of our lead WEE1 inhibitor compounds

Family 5: Methods of Treating Cancer

- U.S. Provisional Application filed on Oct. 20th, 2023
- Clinical methods of treating advanced solid cancer tumors using lead molecule

Aprea Therapeutics (NASDAQ: APRE)
Financial Summary & Capitalization

Cash & Equivalents of $25.4M as of September 30, 2023

Closed $5.5M ($4.9M,net) public offering in February 2023

Obtained $2.0M non-dilutive funding via research grant from National Cancer Institute (NCI)

Securities	Common Equivalents as of Nov. 9, 2023
Preferred Stock (as converted)	28,112
Common Stock	3,736,673
Options	586,466
Restricted Stock Units	23,870
Fully Diluted Equivalents	4,375,121

APREA THERAPEUTICS

Investment Highlights

Technology developed by pioneers in synthetic lethality

- Management with strong drug development and commercial expertise

Diversified portfolio with best in class, de-risked clinical and preclinical programs

- Highly potent and selective ATR and WEE1 inhibitors
- Opportunities in ovarian, colorectal, prostate, and breast cancers
- Single agent and combination therapies

Near term catalysts

- Phase 1/2a dose escalation ATRN-119 readout 4Q 2024
- IND clearance APR-1051 1Q2024

Financed through end of 2024

- Reach short term inflection points and catalysts
- Evaluate optimal strategic partnerships

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