

Stock Data

Share Price:	32.50p
Market Cap:	£131.48m*
Shares in issue:	404.55m*
52 week high/low:	81.25p/26.00p

*Post-Placing numbers

Company Profile

Sector:	Health Care
Ticker:	AVCT
Exchange:	AIM

Activities

Avacta Group plc ('Avacta,' 'the Group,' 'AVCT') is a life sciences company working to improve people's health and well-being through innovative IP based around its proprietary pre|CISION® platform and oncology drug development. Pending divestment of Coris BioConcept, it will be positioned as a pure play biopharmaceutical company.

Website: <https://avacta.com/>

5-year Share price performance



Source: [LSE](#)

Past performance is not an indication of future performance.

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Avacta Group plc

Avacta has undertaken a conditional placing ('the Placing') of 10.83m new shares raising £3.25m (gross) at 30p each (being a discount of c.7.7% the closing price on 16 July 2025) from long term, high net worth investors. Admission of the new shares is expected to take place on or around 24 July 2025. The net proceeds of approximately £3.1m will be used effectively to settle the July quarterly repayment of the unsecured convertible bond issued to a fund advised by Heights Capital Ireland LLC in 2022, for which £25.5m principal remained outstanding. Yesterday's funding route presents the Group with greater commercial and funding solution optionality, as it enters a pivotal period with multiple catalysts over the coming months. It was selected as a preferred alternative to depleting the Group's existing cash resources, or otherwise satisfying in shares based on repayment at a 10% discount to the volume weighted average price ('VWAP') in the five-or-ten-day trading period prior to election date.

Anticipating release of key, value-inflecting catalysts

Divestment of Launch Diagnostics in March, raised the Group's end-April 2025 cash to £17.3m and extended its forward runway into Q1 2026. By this time, release of key value-inflecting catalysts in the form of indication-specific proof of concept data can be expected to move opportunity for signing of a development partnership(s) with a well-resourced industry player(s) into much sharper focus. Avacta meanwhile continues to develop traction with a range of investors as it assesses options to extend its cash runway and to build further value into the pre|CISION® platform. Its lead FAP-Dox ('AVA6000') program's final Phase 1a (n=11 pts) and Phase 1b (up to 30 pts) expansion cohort data in salivary gland cancer ('SGC'), an orphan indication, is expected toward the end of 2025, with triple negative breast cancer ('TNBC') following in H1 2026. Subject to funding, Phase 2 studies for both indications may commence in the new year, while its second pre|CISION® program, FAP-EXd ('AVA6103'), is due to initiate its own Phase 1 trial in Q1 2026. A third, as yet undisclosed AVA7100 program, is expected to advance candidate selection later this year, with an end-2026 goal for its IND. Highlighting potential for significant value creation, in particular with respect to Avacta's recent pre|CISION® sustained release mechanism IP filing, the Group's Tempus AI collaboration is being used to accurately define the platform's market opportunity across existing and prospective programs with potential to impact over a million lives affected by solid tumour cancers every year.

Becoming a pure play oncology biopharmaceutical company

Pending completion of its Coris BioConcept divestment, Avacta will be positioned as a pure play oncology biopharmaceutical company focussed on its proprietary pre|CISION® peptide drug conjugate ('PDC') delivery platform. Protected by extensive IP, this platform masks toxic warheads by binding them to a short, engineered peptide that is cleavable only by the tumour-specific protease, fibroblast activation protein ('FAP'). The peptide is designed to disable the warhead before the cleavage step releases it directly in the tumour microenvironment ('TME'). The tumour-specificity of the warhead release plus bystander effect optimisation of the medication provide unique benefits over traditional antibody drug conjugates ('ADC').

Strategic collaboration with Tempus AI

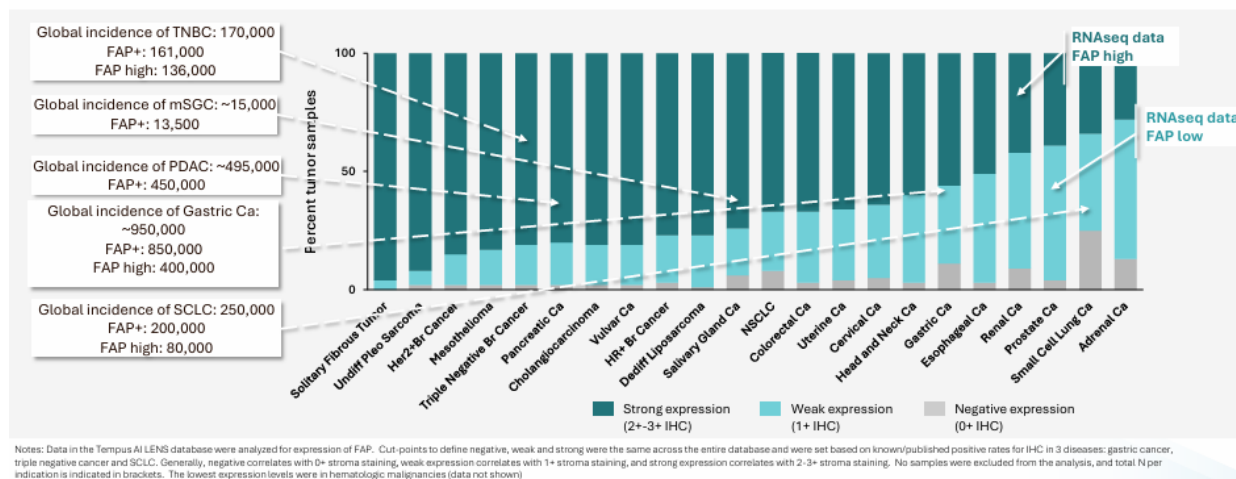
This strategic collaboration is providing Avacta with access to Tempus' multimodal datasets comprising primary tumour samples and associated clinical data from over 200,000 patients across a broad range of cancer indications. It is designed to leverage these data to characterise the deep biology of the TME and FAP activity upon which its pre|CISION® technology is based. Supported by new IP, the Group plans to leverage these insights to further enhance the platform's reach through the identification of total addressable patient populations, therein enabling indication selection and design of smarter clinical programs. This should open multiple new therapeutic opportunities, with Avacta stressing that its disclosed FAP-Dox and FAP-EXd development molecules are only the tip of the pre|CISION® 'Iceberg,' having >10 further molecules across a range of therapeutic classes already in various stages of preclinical testing/preparatory work for clinic.

Sustained release mechanism - A recent, highly significant new IP filing

Avacta's IP filing of September 2024 has advanced pre|CISION® chemistry sufficiently to permit modulation of enabled molecules. This effectively pressed a reset button on the foundational PDC IP that the Group exclusively licensed from Bach BioSciences back in 2018. A proprietary sustained release mechanism can now be implemented by attaching multiple different linkers and/or capping groups to the molecule which, in turn permit gene co-expression linked to FAP and payload sensitivity to facilitate a 'dialling-in' of the exact kinetics required for each particular pre|CISION® delivery program. This prospectively opens a large number of different therapeutic opportunities, far beyond cytotoxics with short half-lives (such as AVA6103's Exatecan), to encompass improved patient outcomes across an entire pipeline of targeted solutions. In defining this pre|CISION® market opportunity, Tempus considers there is potential for the technology to impact over a million lives touched by cancer every year.

The Market Opportunity with Avacta's pre|CISION Medicines

The Tempus collaboration defines the pre|CISION market opportunity with the potential for Avacta's technology to impact over a million lives touched by cancer every year



Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

pre|CISION™ assets to deliver clinical data in coming months

Leveraging pre|CISION™ technology, Avacta developed its first, highly targeted cancer drug, AVA6000. This PDC of doxorubicin chemotherapy demonstrates selective activation at the target TME. The validated result was a substantial reduction in the severe toxicities routinely associated with extravasation of doxorubicin following intravenous administration (therein limiting its long-term conventional use), heightening tolerability.

AVA6000's Phase 1a dose escalation enrolled patients with a diagnosis of cancers frequently noted as FAP-positive, including sarcoma, pancreatic cancer, colorectal cancer, head and neck cancers. Medication of conventional doxorubicin is routinely halted at its recommended maximum lifetime cumulative dose of 450mg/m², beyond

which it is known to cause severe cardiac dysfunction in 6% to 20% of patients. AVA6000, however, demonstrated no severe cardiac toxicity in clinic despite the escalation approaching 4x the maximum tolerated dose ('MTD') of 75mg/m². Although prior therapy with any anthracycline limited to total cumulative dose of less than 350 mg/m², favourable safety data permitted the lifetime cumulative maximum exposure to be lifted to 550 mg/m² during the trial. Longer term post-therapy assessment could possibly permit this limit to be raised still further.

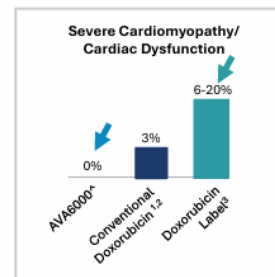
The absence of severe cardiac dysfunction amounts to proof of concept ('POC') for AVA6000 in terms of eliminating toxicities, while results also confirmed dramatic reductions to bone marrow toxicities/limited alopecia and no reports of ADC-linked toxicities associated with non-specific payload release, the most important of which is pneumonitis (or lung toxicity), along with ocular and liver toxicities.

pre|CISION® Eliminates the Severe Cardiac Toxicity of Doxorubicin

Conventional doxorubicin at the cumulative doses we are using is known to cause severe cardiac dysfunction in 6-20% of patients. FAP-Dox has eliminated this toxicity

- AVA6000 has **no severe cardiac toxicity** despite doses approaching 4x the MTD of conventional doxorubicin (75 mg/m²)
- **Bone marrow toxicities** are dramatically reduced when comparing AVA6000 versus conventional dose doxorubicin
- **Alopecia** is generally limited to hair thinning (grade 1) and not complete hair loss
- There are no reports of ADC-linked **toxicities associated with non-specific release of the payload** with AVA6000 (including no pneumonitis, no ocular toxicity and no liver toxicity)

AVA6000 demonstrates no severe cardiac toxicity (compared to conventional doxorubicin)



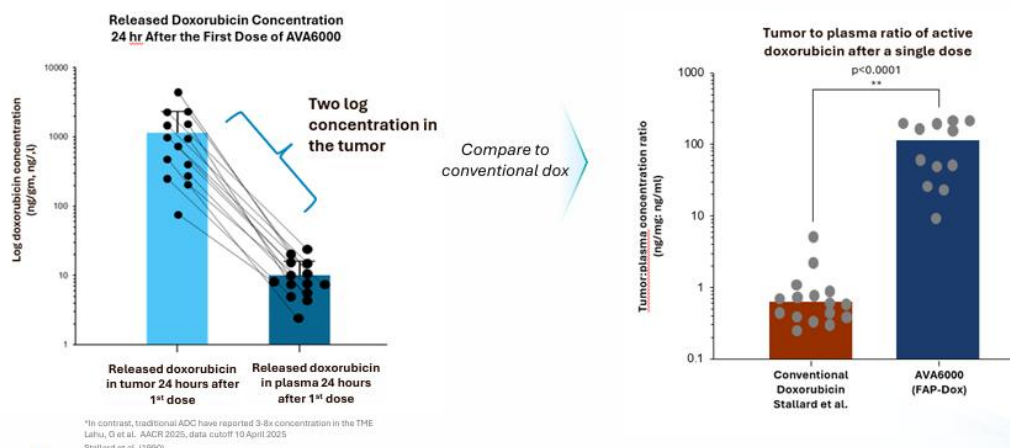
Data cutoff 15 February 2025. *Tap, WD et al. 2020. JAMA 323:1266. ²Jones, RL et al. 2021. Clin Ca Res: ³Doxorubicin package insert (at 550mg/m² max) Updated from Twelves et al. 2024 ESMO Annual Meeting

Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

Tumour biopsy data taken across Phase 1 demonstrated FAP-Dox proof of mechanism ('POM') with an exceptional 100:1 concentration versus plasma 24 hours after administration of a single dose. This compares with conventional doxorubicin which is seen to have a nil concentration in the TME. Given that the drug has an extended half-life of 35 hours, no sustained release was required for the micro peptide (comprising two amino acids) to produce the desired result.

pre|CISION® Results in Unparalleled Payload Tumor Concentration

pre|CISION Proof of Mechanism achieved: FAP-Dox results in a 100:1 concentration in the tumor at 24 hours after the dose, compared to conventional dox which has no concentration in the tumor (1:1)



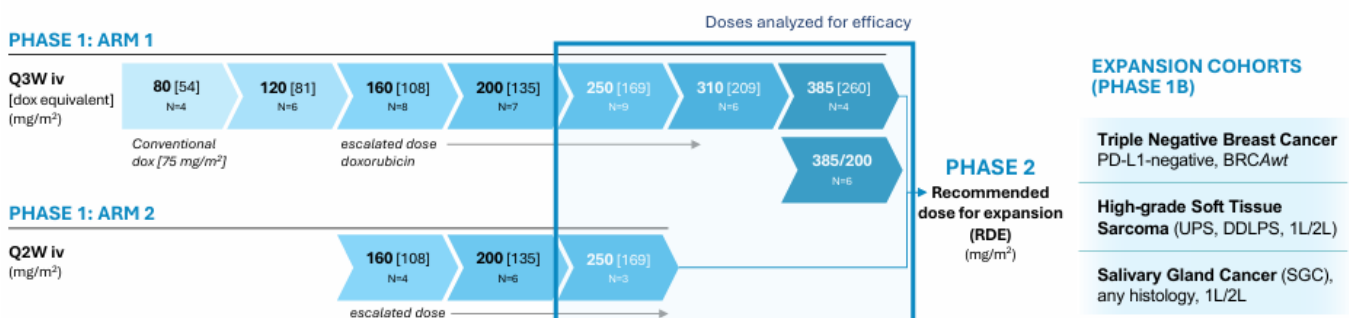
Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

While safety was AVA6000's Phase 1 trial's primary endpoint, it is important to note the impact on efficacy and the result of it moving into expansion cohorts. Patients with a diagnosis of SGCs were treated across doses ranging from 250 mg/m² to 385 mg/m² (n=11). Preliminary data demonstrated durable tumour shrinkage. Multiple trial responders produced a disease control rate over 90% in an indication that is widely known to be chemorefractory.

The median period of progression-free survival ('PFS'), a standard clinical trial endpoint in cancer research, has yet to be reached. The median follow up in patients with pre-treated SGC patients to date is at least 5.9 months versus a benchmark median of 3.5 months (as published by the European Organisation for Research and Treatment of Cancer ('EORTC') for a large cohort of 54 patients at last year's European Society for Medical Oncology ('ESMO') congress). This was considered a particularly positive outcome given that there is no standard of care for this indication, other than utilising androgen deprivation therapy ('ADT') with most patients in the trial had, in any case already received. Updated findings from the expansion cohort data, including pharmacokinetics ('PK'), pharmacodynamics ('PD'), toxicities, and other safety endpoint along with patients revised PFS rates are due to be released later this year.

The FAP-Dox Phase 1 escalation clinical trial design and patient population is detailed below, along with the Phase 1b expansion cohorts. The number of cohorts enrolled can be seen along with the recommended dose for expansion ('RDE'). Results will be analysed for efficacy. In this respect, it is important to note that in a Phase 1 trial such as the one conducted here, there is a heterogeneous patient population with multiple disease settings enrolled. Specific indications are then selected for the Phase 1b expansion.

FAP-Dox (AVA6000) Phase 1 Trial Design and Patient Population



PHASE 1: PATIENT POPULATION AND METHODS

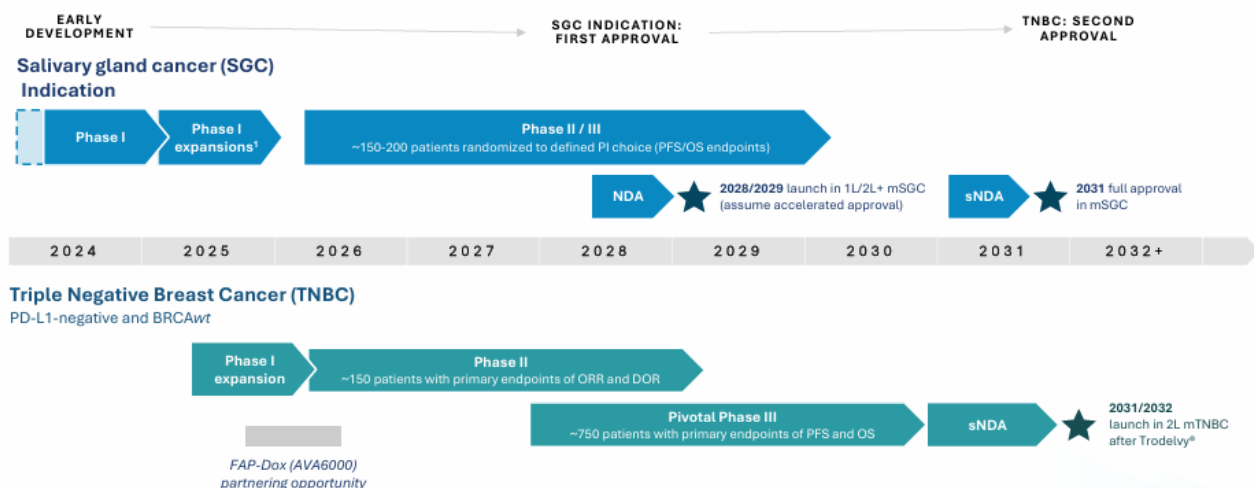
- The Phase 1 dose escalation enrolled patients with a diagnosis of known FAP-positive cancers, including sarcoma, pancreatic cancer, colorectal cancer, head and neck cancers. Specific indications were selected for expansion
- The trial includes a mix of FAP-high (universal high expression) and FAP-mid cancer indications (heterogenous expression across patients)
- Prior therapy with any anthracycline was limited to total cumulative dose of less than 350 mg/m². The lifetime cumulative maximum exposure was limited to 550 mg/m² in the AVA6000 trial based on favorable safety data
- Trial analyzed for safety (primary endpoint) and efficacy (secondary endpoint by FAP^{high} and FAP^{mid} cancer types)

Source: Avacta, FY 2024 Results Investor Presentation June 2025

The recommended expansion dose is 310mg/m² (representing 209mg/m² conventional doxorubicin) to be administered every 3 weeks in 3 different cohorts; the first being TNBC with up to 30 patients who are treated in the first to third line setting (with up to two prior lines of therapy); the second cohort is high-grade soft tissue sarcoma, again up to 30 patients, with undifferentiated pleomorphic sarcoma and dedifferentiated liposarcoma in first-and-second-line settings (with zero or 1 prior lines of therapy); the third is SGC also with up to 30 patients, although here it is important to note that this is a somewhat heterogeneous disease setting and, as such there is a need to ascertain whether the condition's histologic subtypes should be limited or whether it should be kept open for all affected patients. The additional clinical data generated will provide an improved understanding with respect to PFS, response numbers etc. and will assist in terms of statistical planning for the follow-on trial. At this time, AVA6000's clinical development path has been defined for just SGC and TNBC. Final Phase 1a data is expected in Q3 2025, release of initial SGC expansion data is expected in late 2025 (including initial efficacy and cardiac safety results) with TNBC following in H1 2026. Early signs of efficacy have already been observed including a robust

partial response in a 69-year-old male patient with SGC, including a near 50% reduction in tumour diameters. Final readouts for the orphan indication will then inform design for the registrational Phase 2/3 trial that, subject to funding, is due to get underway in H1 2026. In parallel, with a view to expanding the drug's label, Avacta is presently enrolling in TNBC with release of initial data anticipated in H1 2026.

FAP-Dox Clinical Development: Rapid Route to Market in an Orphan Indication With TNBC to Expand the Label



Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

Being a rare disease, Avacta's concept is to move the SGC indication toward a pivotal trial with two end points, PFS and overall survival. Accelerated approval strategy of course remains dependent on discussions with and advice taken from the major regulatory health authorities (FDA, EMA, etc.) with respect to their jurisdictions, although subject to funding current projections are to submit an NDA in 2028, with 1L/2L product launch taking place the following year. For TNBC, Avacta is considering potential setting for a 2026 non-registrational phase 2 trial in preparation for Phase 3 start in 2028 with launch in 2L mTNBC by 2031/32. This is likely to be modelled on the approval scheme adopted by Gilead for its ADC, Trodelvy (sacituzumab govitecan-hziy), which received full FDA approval for mTNBC in April 2021 (followed by EMA marketing authorisation in November the same year).

Ongoing Commercial Analysis of FAP-Dox Reveals Advantages

Commercial Strategy: Seek initial approval in a small population will garner a high price point with the larger market of triple negative breast cancer to follow with approval in 2L after a successful ADC

	Salivary Gland Cancer (SGC)		Triple Negative Breast Cancer (TNBC)		HR+ and HER2+ Breast Cancer
Addressable Population	 1L/2L Indication ~1000/yr (US) 2500/yr global AVA6000 is indicated after hormonal therapy		 1L/2L (US population estimates) ~5000/yr (doxorubicin naïve) –or– ~15000/yr (doxorubicin pretreated)		 Label expansion opportunities to adjuvant/neoadjuvant therapy and additional subsets of metastatic breast cancer
Pricing Implications	Advantages of first indication: - Orphan pricing - Avoids the IRA		Unlikely to see diminution in orphan price given Trodelvy[®] pricing in this indication		Similar to TNBC Indication
Launch Timing	US Late 2028/early 2029	GLOBAL 2031	US 2031	GLOBAL 2032	2033-2035 (Global)
US-only Peak Revenue	~\$127 M (early)	~\$250 M (later)	~\$740M (doxorubicin naïve population only)	~\$1.5B	Analysis ongoing

Source: L.E.K. analysis of AVA6000 CDP and commercial opportunities

Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

Regarding commercial analysis of the FAP-Dox program (as detailed overleaf), there are a couple of key highlights. Avacta is considering the accelerated approval pathway for initial SGC approval in a small population. Such rare cancers can often garner a high price point. Based on recent data released by the American Society of Clinical Oncology ('ASCO') in terms of second line setting, the TNBC price seems unlikely to suffer diminution relative to the orphan price based on what Trodelvy is presently achieving (just over US\$19,200 per cycle of two infusions) in this indication. Detailed analysis will likely also be undertaken when working through AVA6000 cohort data, with a view to gaining regulatory approval for further label expansion/drug repurposing.

Second generation pre|CISION™ program, FAP-EXd ('AVA6103')

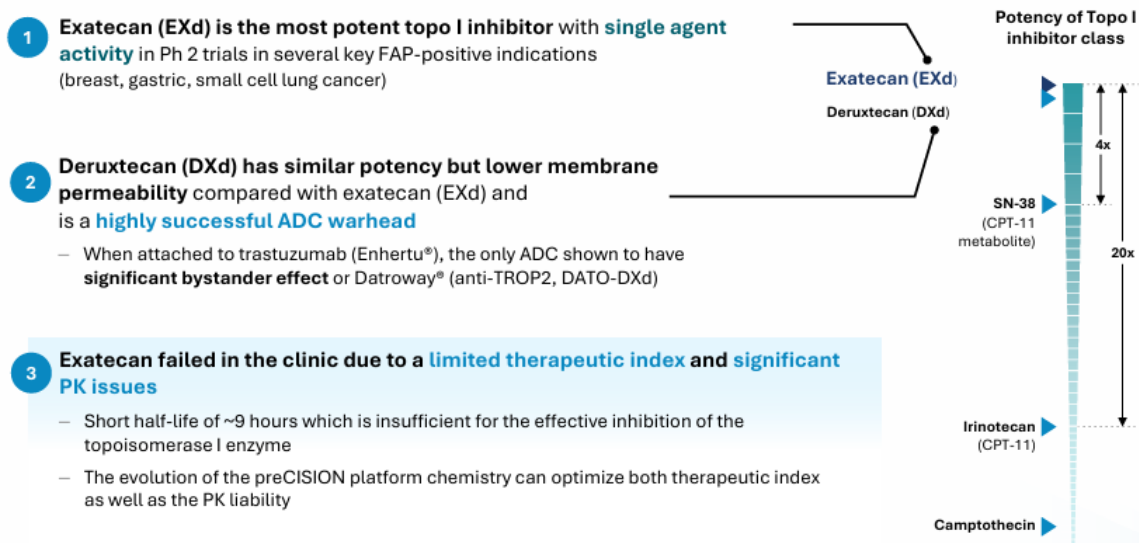
Avacta completed an IP filing for its proprietary sustained release mechanism in September 2024. This enables the pre|CISION™ platform to progress drugs complicated by short half-lives, limited therapeutic index and/or complex PK through clinic, prospectively dramatically expanding the range of payloads that can be deployed, including prior clinical failures. Avacta believes it is able to implement this new technology across all programs going forward.

This is exactly what is happening with AVA6103, which is a second generation pre|CISION® PDC, with Avacta's proprietary FAP-cleavable peptide attached to the warhead exatecan via a novel linker that modulates and extends the release of the warhead from the conjugated molecule. The capping group contains a moiety to enhance plasma protein binding, thus extending the exposure of the conjugated molecule and delivering a sustained release version of the PDC. Being a synthetic with potent antineoplastic activity, exatecan was considered an ideal payload for the platform's evolution.

Although it was never approved (due to limited therapeutic index and significant PK issues), exatecan was tested successfully on a good number of patients through several phase 2 trials plus a single phase 3 enrolled in pancreatic cancer. Accordingly, there is much original clinical data available for what is the most potent Topoisomerase I ('Topo I') inhibitor, with single agent activity and very active ADC payload. Avacta's aim is to take advantage of the drug's exceptional efficacy, while overcoming limitations imposed by its relatively short half-life, limited therapeutic index, PK issues and dose limiting toxicities (such as neutropenia).

Deruxtecan has similar potency but lower membrane permeability; given evidence it works in gastric and breast cancer disease settings it also appears suitable for taking forward.

Exatecan is an Ideal Payload for the Next Evolution of the pre|CISION® Platform



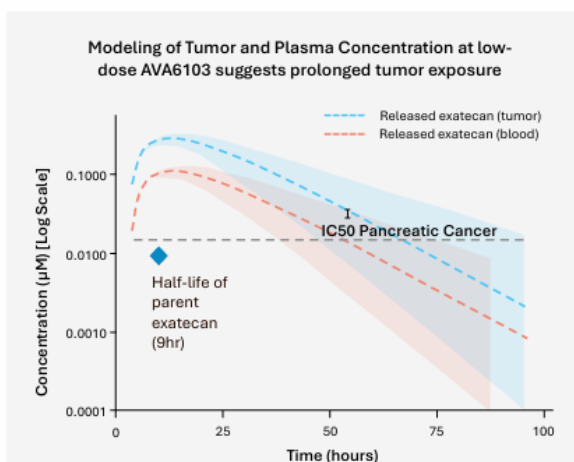
Kumazawa, E. et al. Potent and broad antitumor effects of DX-8951f, a water-soluble camptothecin derivative, against various human tumors xenografted in nude mice. Cancer Chemother Pharmacol 42: 219-220 (1998). <https://doi.org/10.1007/s002800050807>

Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

Model data based on animal studies have been conducted that demonstrate sustained release delivery converts low single dose FAP-EXd (15mg/m², although patients can be dosed up to 40mg/m²) with a 9-hour half-life to achieve over 60 hours exposure in the TME with low plasma presence. Preclinical and translational data was presented at the American Academy of Cancer Research ('AACR') 2025 Annual Meeting on 28 April 2025. AVA6103 demonstrated significant tumour growth inhibition and durable complete responses in multiple patient-derived xenograft models, including those that are resistant to topoisomerase I inhibition; high TME specificity reportedly produced >80 times concentration relative to plasma.

pre|CISION Enables Sustained Delivery of Payload in the Tumor

pre|CISION sustained release delivery converts a drug with a 9 hour half-life to achieve over 60 hours of exposure in the tumor microenvironment with low plasma presence



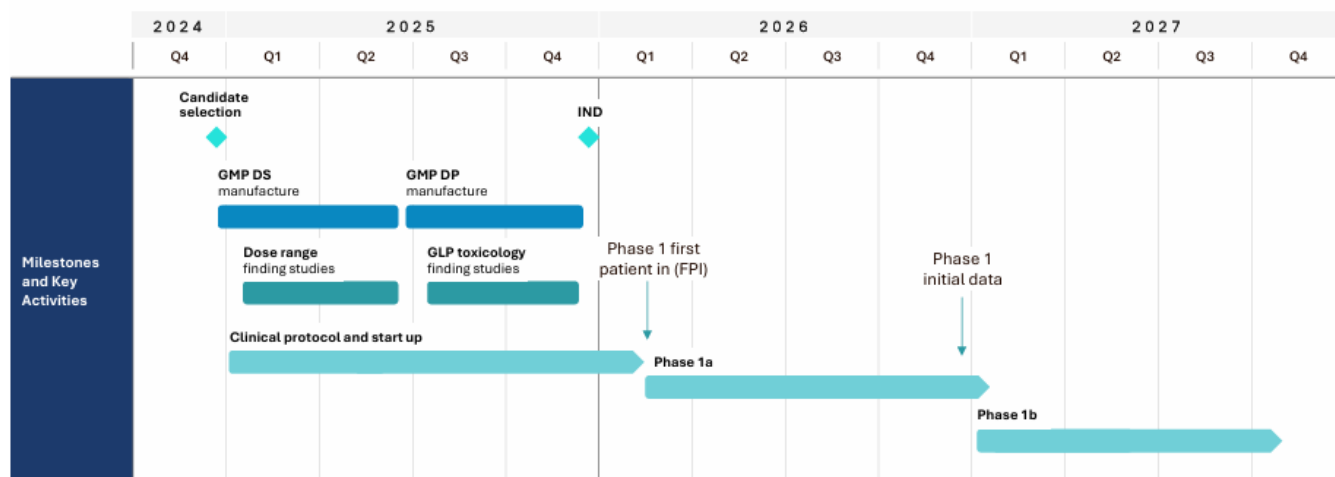
- Tumor and plasma PK studies demonstrate a highly favorable ratio when comparing concentrations of released exatecan
- **Low level of FAP expression** in this model and a **low dose of FAP-EXd** (15 mg/kg) administered once with multiple PK timepoints post-dose to develop the modelled data
- Using these data, **longitudinal PK simulations of released exatecan** demonstrate tumor exposure predicted for **over 60 hours above the IC50** following a single low dose of AVA6103

Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

Clinical development of AVA6103 is planned in patients with FAP-positive diseases with predicted sensitivity to the topoisomerase I inhibitor mechanism of action of exatecan. Such diseases include gastric cancer, TNBC, pancreatic cancer and small cell lung cancer.

FAP-EXd selected its clinical candidate late last year and will shortly begin GMP drug product manufacturing for use in patients in tandem with toxicology studies/continuing clinical protocol to enable the goal of filing an IND before the year end. Its Phase 1a clinical trial is scheduled to initiate in Q1 2026 with delivery of initial data anticipated in Q4 2026, before moving to Phase 1b expansion cohorts in Q1 2027.

FAP-Exd: Phase 1 to Initiate in Q1 2026 and Deliver Initial Data in Q4



Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

Avacta's Tempest collaboration will also be used in a broad search for the most sensitive tumour types/disease settings in areas where activity is anticipated to initially target, which is then complemented by an understanding of payload sensitivity using AI with a view to speeding transition to the clinic.

Third Generation pre|CISION® FAP Affimer® (AffDC), AVA7100 program

The AVA7100 program is presently in the preclinical setting and is projected to have candidate selection in 2H 2025 with a potential IND in 2H 2026. Avacta's third class of product candidates consists of pre|CISION® biologic conjugates. These candidates include those based on coupling of pre|CISION® warheads to Affimer® molecules as a means of targeting tumour-specific delivery, as well as those in which the biologic is intended to further extend plasma half-life.

Affimer® molecules are small proteins that can be engineered to bind to a target molecule of interest, in the same way that an antibody does, but with a number of competitive advantages over antibodies. Avacta believes an Affimer® that directly targets tumour-associated antigens can lead to further increases in half-life by sequestration of drug molecules prior to activation by FAP. Furthermore, it can be engineered to block signalling within the tumour, such as preventing PD-1/PD-L1 signalling, which it believes may lead to an increase in antitumor activity. The attachment of pre|CISION® cytotoxins to the fragment crystallizable, or Fc, domain of an antibody is expected to increase plasma half-life. The Fc domain has been shown to increase the half-life of molecules in circulation through its interaction with the neonatal Fc receptor. Attachment of an Fc domain to a drug molecule is a modification used to extend the half-life of a number of approved drugs such as Enbrel®, Eylea® and Ultomiris®.

Clinical development of AVA7100 is planned in indications with a highly heterogeneous expression pattern of FAP, enabled by the conjugation to the FAP Affimer® which targets the warhead into the TME. The FAP cleavable linker used in the AffDC has the same high tumour specificity of release, thus minimising normal tissue exposure of the warhead while the Albumin binding moiety extends the plasma half-life of the conjugated drug.

An enviable IP position with multiple families and new foundational IP

Avacta's Board considers the opportunities presented through its Precision IP and pipeline resembles a metaphorical 'iceberg.'

At the tip there are two cytotoxic drugs in development with their preclinical and clinical work having been widely presented. But there is considerable ambition beyond this. The Group has a confidential pipeline of more than 10 ongoing projects across multiple therapeutic classes, in various stages of preclinical testing and preparatory work for the clinic. Understandably it is reluctant to detail any aspects until all filings for new foundational IP have been submitted. The late IP filing of the new sustained release mechanism, for example, was responsible for delaying disclosure of the Group's second pre|CISION® program, FAP-EXd, which incorporates the technology.

Avacta has three main interlinked IP families. Firstly, comes the foundational IP, which is the background platform IP of the pre|CISION® FAP-cleavable peptide drug conjugate that was exclusively licenced to Avacta by Bach Biosciences in 2018 (with the patent itself expiring in 2035). Secondly is the sustained release pre|CISION® mechanism that was invented and is wholly-owned by Avacta. The Board considers this technology, which opens up multiple different therapeutic options and opportunities for the Group, provides an effective reset for its entire portfolio (with its Program IP patent expiry in 2045). The third family is the pre|CISION® FAP-cleavable biologic drug conjugate IP, which is co-owned by Avacta and Tufts University, with Avacta having an exclusive sublicense to the technology (patent expiry 2041).

pre|CISION: Three IP Families Align with the Product Pipeline

Avacta holds an enviable IP position with multiple families and new foundational IP around the sustained release mechanism of pre|CISION delivery



pre|CISION® Platform Foundational IP

The background platform IP of the pre|CISION® **FAP-cleavable peptide drug conjugates** is owned by Bach Bio with an exclusive license to Avacta. Patent expiry in 2035

FAP-Dox (AVA6000) will be further protected with formulation, manufacturing, patient population and dosing IP. US Orphan drug designation with regulatory exclusivity



pre|CISION® Sustained Release Program IP

The **sustained release pre|CISION® mechanism** delivers payloads with precisely tunable kinetics

FAP-EXd (AVA6103): First program developed by Avacta with a novel, sustained released mechanism of action based on the FAP-cleavable peptide. The Program IP is owned by Avacta, based on the foundational patents with Program patent expiry in 2045



pre|CISION® Biologic Drug Conjugate IP

The background platform IP of the pre|CISION® **FAP-cleavable biologic drug conjugates** is co-owned by Avacta and Tufts with an exclusive sublicense to Avacta via Bach Bio. Patent expiry in 2041

Source: Avacta, [FY 2024 Results Investor Presentation June 2025](#)

Medium-to-longer term financing options

Avacta's stated ambition is to oversee widespread licencing, partnering and technological collaborations of its pre|CISION® and Affimer platform technologies plus related IP, along with selected in-house therapeutic developments, for the benefit of both global healthcare and its shareholders.

Following yesterday's fundraising, the Group retains a cash runway out to Q1 2026. The £25.5m principal outstanding on its convertible bond, which accrues interest at an annual rate of 6.5% payable quarterly in arrears, is due to mature in January 2028. Subject to funding, the Board has projected AVA6000 initiating a Phase 2/3 clinical trial for SGC (along with TNBC to expand the label) in tandem with the commencement of AVA6103's own Phase 1 clinical trial during H1 2026. Altogether, this suggests quite substantial new funding or facilities will need to be found/put in place to sustain current momentum. Understanding the Board seeks opportunity to remove investor uncertainty created by the overhanging convertible bond, whilst prudently costing the proposed clinical trials/continuing product development, the total required to ensure Avacta is able to take its next evolutionary steps is likely to be in the range of £50m or more. The Board has clearly stated its ambition is to establish an effective, sustainable long-term financing strategy in order to realise the full potential of its technologies. A potential dual-listing on Nasdaq may form part of this.

Avacta has added considerable value to its platform and in-house projects over the past two years. Its projected clinical and pipeline reveal over the coming months can be expected to initiate multiple licensing, technology collaborations (as already been done with POINT Biopharma, Daewoong Pharmaceuticals and LG Chem Life Science) and/or partnerships discussions with international pharmaceutical groups keen to incorporate technologies capable of demonstrating significant improvement of an existing or prospective drug's therapeutic index. While seeking to retain 100% ownership and control of pre|CISION®, the most obvious of its financing options at this time could be to enter a licensing agreement for AVA6000's SGC/TNBC indications. Under such an agreement, the drug's forward development and related costs may be borne entirely by the incoming party in exchange for upfront cash, milestone payments and (typically double-digit percentage) royalties payable to Avacta upon successful commercialisation. Such a near-term sacrifice, however, should be put in the context of the number of development opportunities presently (AVA6000, AVA1603 and AVA7100) and prospectively in the Group's pipeline and the fact that resources generated could be directed toward developing similar opportunities/creating additional IP. Such arrangements could dramatically accelerate roll-out of the Group's highly protected technologies to a broad range of solid tumour candidates, with potential for such a 'holy grail' of next generation cancer medication likely to ensure substantial medium/long-term rewards for shareholders.

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