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

Date of report (Date of earliest event reported): **September 21, 2021**

Leap Therapeutics, Inc.
(Exact name of registrant as specified in its charter)

Delaware	**001-37990**	**27-4412575**
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification No.)

47 Thorndike Street, Suite B1-1 **Cambridge, MA**	**02141**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(617) 714-0360**

N/A
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K 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	LPTX	Nasdaq Global Market

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 September 21, 2021, Leap Therapeutics, Inc. (the "Company") issued a press release announcing a proposed underwritten public offering of its Common Stock and pre-funded warrants to purchase shares of Common Stock. The full text of the press release is filed as Exhibit 99.1 to this Current Report on Form 8-K and incorporated herein by reference; provided, however that information on or connected to our website referenced in the Company's press release is expressly not incorporated by reference into or intended to be filed as a part of this Current Report on Form 8-K. Also on September 21, 2021, the Company posted an updated corporate presentation on its website, www.leaptx.com. A copy of the presentation is filed as Exhibit 99.2 to this Current Report on Form 8-K and incorporated herein by reference.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

Exhibit Number	Description
99.1	Press Release dated September 21, 2021.
99.2	Leap Corporate Presentation
104	Cover Page Interactive Data File.

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.

LEAP THERAPEUTICS, INC.

Dated: September 21, 2021

By: /s/ Douglas E. Onsi
Name: Douglas E. Onsi
Title: Chief Executive Officer and President

Exhibit 99.1

Leap Therapeutics Announces Proposed Public Offering of Common Stock and Pre-Funded Warrants

Cambridge, MA – September 21, 2021 – Leap Therapeutics, Inc. (Nasdaq:LPTX), a biotechnology company focused on developing targeted and immuno-oncology therapeutics, today announced that it has commenced an underwritten public offering of its common stock and, in lieu of common stock, Leap intends to offer and sell to certain investors pre-funded warrants to purchase shares of its common stock. All shares of common stock and pre-funded warrants to be sold in the offering will be offered by Leap. Leap intends to grant the underwriters a 30-day option to purchase up to an aggregate of an additional 15% of the securities offered in the public offering. The offering is subject to market, regulatory, and other conditions, and there can be no assurance as to whether or when the offering may be completed, or as to the actual size or terms of the offering.

Piper Sandler & Co., Raymond James & Associates, Inc. and Mizuho Securities USA LLC will act as book-running managers for the offering. Robert W. Baird & Co. Incorporated will act as lead manager for the offering.

Leap intends to use the net proceeds from the offering to fund: (i) the continued development of DKN-01; (ii) manufacturing of clinical trial material; and (iii) general corporate purposes, including working capital and other general and administrative expenses.

The securities will be issued pursuant to an effective shelf registration statement on Form S-3 (File No. 333-248797) that was previously filed by Leap with the Securities and Exchange Commission (the "SEC") on September 14, 2020 and declared effective by the SEC on October 16, 2020. A preliminary prospectus supplement and the related prospectus will be filed with the SEC and will be available for free on the SEC's website at http://www.sec.gov. Copies of the preliminary prospectus supplement and the accompanying prospectus relating to the offering, when available, may be obtained from Piper Sandler & Co., Attn: Prospectus Department, 800 Nicollet Mall, J12S03, Minneapolis, MN, 55402, by telephone at (800) 747-3924, or by e-mail at prospectus@psc.com. These documents may also be obtained from Raymond James & Associates, Inc., Attention: Equity Syndicate, 880 Carillon Parkway, St. Petersburg, Florida 33716, by telephone at (800) 248-8863, or by e-mail at prospectus@raymondjames.com; or from Mizuho Securities USA LLC, Attention: Equity Capital Markets, 1271 Avenue of the Americas, 3rd Floor, New York, NY, 10020, by telephone at (212) 205-7600, or by e-mail at US-ECM@mizuhogroup.com.

This press release shall not constitute an offer to sell or a solicitation of an offer to buy nor shall there be any sale of these securities in any state or jurisdiction in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of any such state or jurisdiction.

About Leap Therapeutics

Leap Therapeutics (Nasdaq:LPTX) is focused on developing targeted and immuno-oncology therapeutics. Leap's most advanced clinical candidate, DKN-01, is a humanized monoclonal antibody targeting the Dickkopf-1 (DKK1) protein, a Wnt pathway modulator. DKN-01 is in clinical trials in patients with esophagogastric, hepatobiliary, gynecologic, and prostate cancers. Leap has formed a partnership with BeiGene, Ltd. for the rights to develop DKN-01 in Asia (excluding Japan), Australia, and New Zealand. For more information about Leap Therapeutics, visit http://www.leaptx.com or view our public filings with the SEC that are available via EDGAR at http://www.sec.gov or via https://investors.leaptx.com/.

FORWARD-LOOKING STATEMENTS

This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, Section 21E of the Securities Exchange Act of 1934, as amended, and the Private Securities Litigation Reform Act of 1995, which involve risks and uncertainties. These statements include statements relating to the proposed offering, Leap's intention to grant the underwriters an option to purchase additional shares, Leap's intended use of proceeds from the offering, Leap's expectations with respect to the development and advancement of DKN-01, including the initiation, timing and design of future studies, enrollment in future studies, potential for the receipt of future option exercise, milestone or royalty payments from BeiGene, and other future expectations, plans and prospects. Although Leap believes that the expectations reflected in such forward-looking statements are reasonable as of the date made, forward-looking statements are subject to known and unknown risks, uncertainties and other factors that could cause actual results to differ materially from our expectations. Such risks and uncertainties include, but are not limited to: that the initiation, conduct, and completion of clinical trials, laboratory operations, manufacturing campaigns, and other studies may be delayed, adversely affected, or impacted by COVID-19 related issues; the accuracy of our estimates regarding expenses, future revenues, capital requirements and needs for financing; the outcome, cost, and timing of our product development activities and clinical trials; the uncertain clinical development process, including the risk that clinical trials may not have an effective design or generate positive results; our ability to obtain and maintain regulatory approval of our drug product candidates; the size and growth potential of the markets for our drug product candidates; our ability to continue obtaining and maintaining intellectual property protection for our drug product candidates; and other risks. Detailed information regarding factors that may cause actual results to differ materially will be included in Leap Therapeutics' periodic filings with the SEC, including Leap's Annual Report on Form 10-K for the fiscal year ended December 31, 2020, as filed with the SEC on March 12, 2021 and as may be updated by Leap's Quarterly Reports on Form 10-Q and the other reports we file from time to time with the SEC. Any forward-looking statement contained in this release speaks only as of its date. We undertake no obligation to update any forward-looking statement contained in this release to reflect events or circumstances occurring after its date or to reflect the occurrence of unanticipated events.

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Company Overview

September 2021

Leap Therapeutics | Forward Looking Statements

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our strategy, future operations, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements within the meaning of U.S. securities laws. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, projections, anticipated events and trends, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of our control. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. These and other risk factors are listed from time to time in reports filed with the Securities and Exchange Commission, including, but not limited to, our Annual Reports on Form 10-K and our Quarterly Reports on Form 10-Q. We assume no obligation to update any forward-looking statements, except as required by applicable law.

This presentation does not constitute an offer to sell, or the solicitation of an offer to buy, any securities.

Leap Highlights

Oncology drug development company focused on DKN-01, an anti-DKK1 antibody

STRATEGIC PARTNERSHIP

BeiGene

Rights in Asia (excluding Japan), Australia, and New Zealand

$132 million in potential milestones plus royalties

Combinations with tislelizumab

STRONG CLINICAL DATA

Esophagogastric Cancer

Compelling activity in combination with PD-1 and chemotherapy combinations

- Plus tislelizumab/chemo: **68% ORR** in 1L patients, with **90% ORR** in DKK1-high patients
- Plus pembrolizumab: **50% ORR**, 5.1 months PFS in DKK1-high 2L+ patients
- Plus paclitaxel: **47% ORR** in 2L patients

Endometrial Cancer

Monotherapy CR

Monotherapy: 25% ORR, 63% DCR, 4.3 months PFS in DKK1-high 2L+ patients

NEAR-TERM MILESTONES

Gastric/GEJ Cancer

DKN-01 + tislelizumab +/- chemo

- Second Line DKK1-high recruiting
- 2L Data expected Q1 2022
- Final Data expected Q2 2022

Prostate

NYU

DKN-01 +/- docetaxel

Investigator Sponsored Study Recruiting

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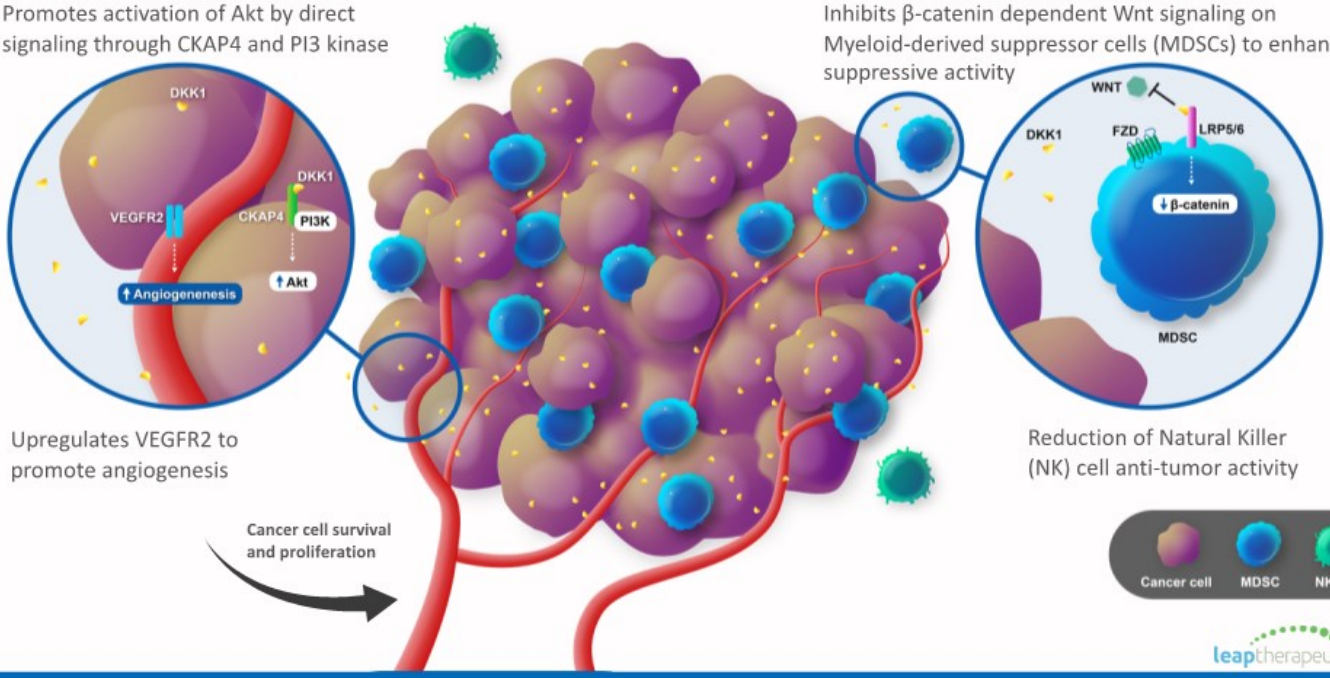
The Role of DKK1 in Cancer

Promotes activation of Akt by direct signaling through CKAP4 and PI3 kinase

Inhibits β-catenin dependent Wnt signaling on Myeloid-derived suppressor cells (MDSCs) to enhance suppressive activity



Upregulates VEGFR2 to promote angiogenesis

Reduction of Natural Killer (NK) cell anti-tumor activity

Cancer cell survival and proliferation

Cancer cell | MDSC | NK cell

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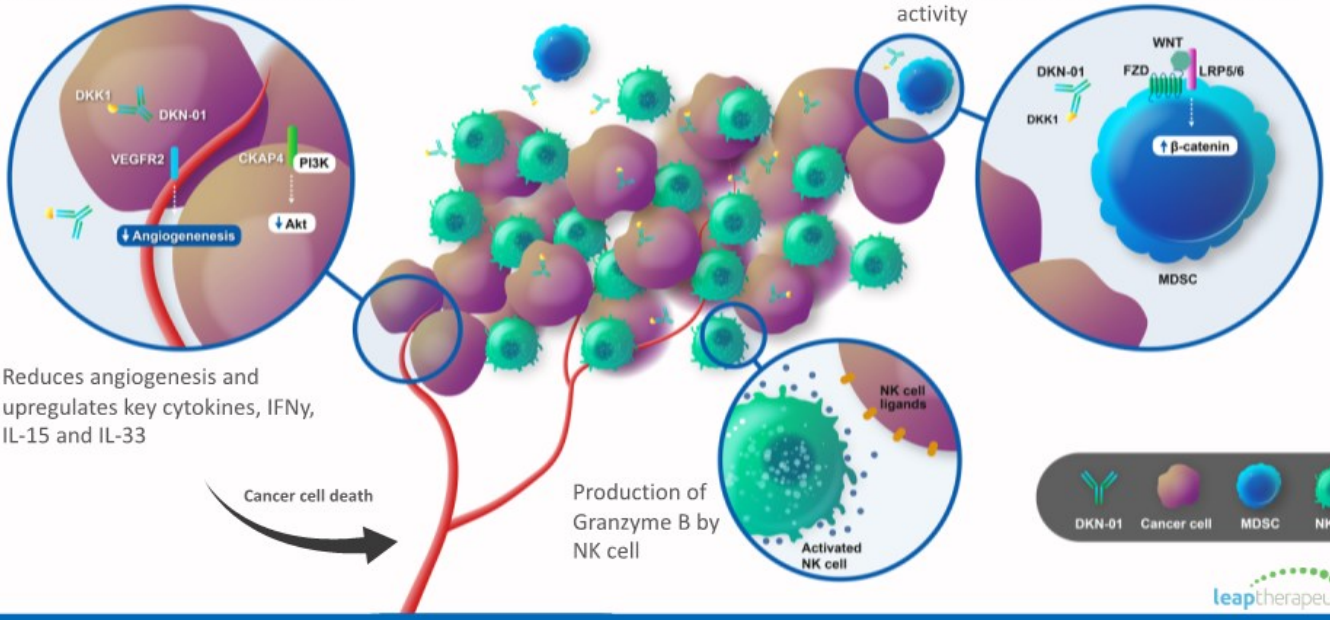
Activity of DKN-01 to Treat Cancer

Downregulation of Akt signaling decreases cancer cell survival and proliferation

β-dependent Wnt signaling reprograms MDSCs and reduces immunosuppressive activity



Reduces angiogenesis and upregulates key cytokines, IFNγ, IL-15 and IL-33

Cancer cell death

Production of Granzyme B by NK cell

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DKN-01

Esophagogastric Cancer Development

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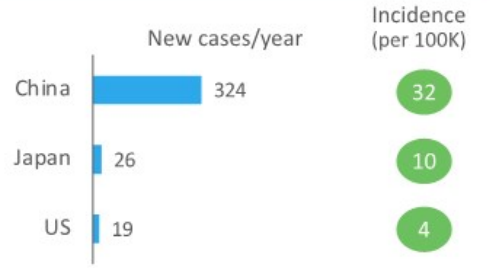
Esophagogastric Cancer is a Global Unmet Medical Need

Esophageal Cancer

604,100 New cases 2020
544,076 Deaths 2020

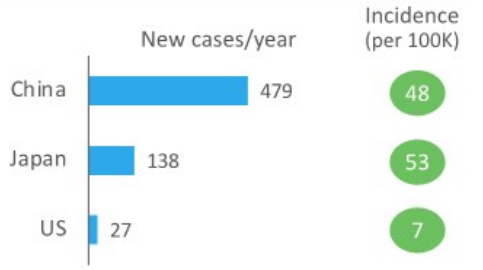
High incidence of esophageal cancer in China
Incidence of esophageal cancer in China/Japan/US



Gastric Cancer

1,089,103 New cases 2020
768,793 Deaths 2020

High incidence of gastric cancer in Asia
Incidence of gastric cancer in China/Japan/US



 Source: WHO Globocan 2020, American Cancer Society

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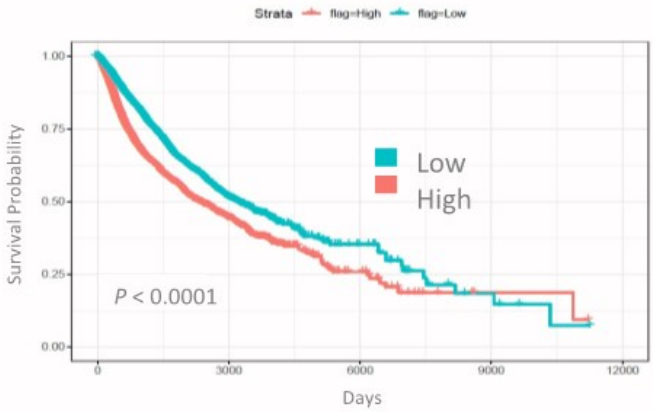
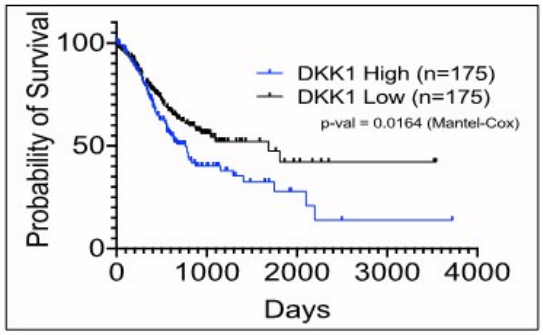
High Levels of DKK1 Correlate with Shorter Overall Survival Across Indications including GEJ/Gastric Cancer

OS for DKK1 High and Low Samples by Median (TCGA Pan-Cancer Dataset)



OS for DKK1 High and Low Samples by Median (TCGA STAD Dataset)



~2.5 years shorter OS in DKK1-high patients

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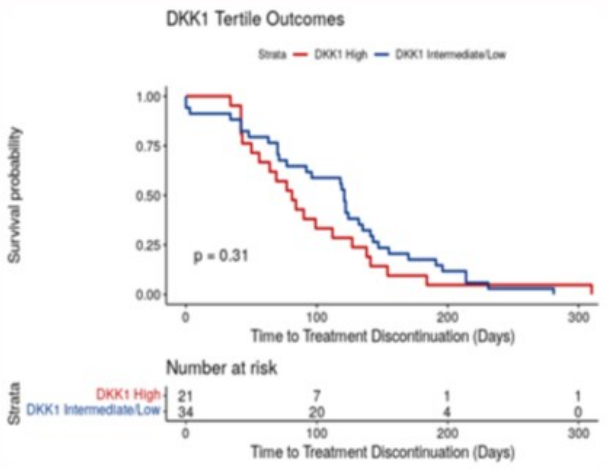
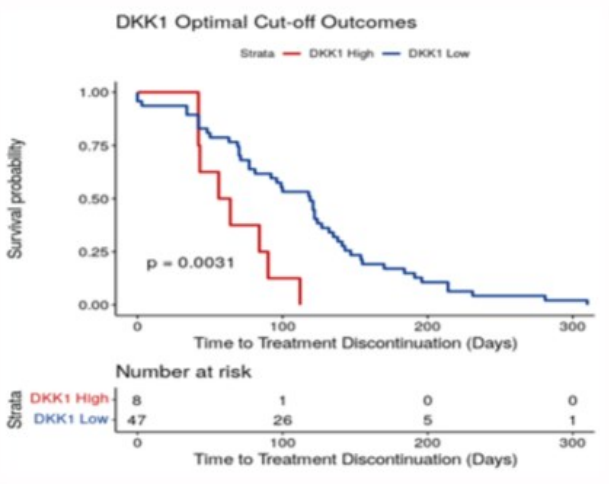
High DKK1 Is Associated with Poor Response to First-Line Platinum + Fluoropyrimidine Based Therapies in GEJ/Gastric Cancer Patients

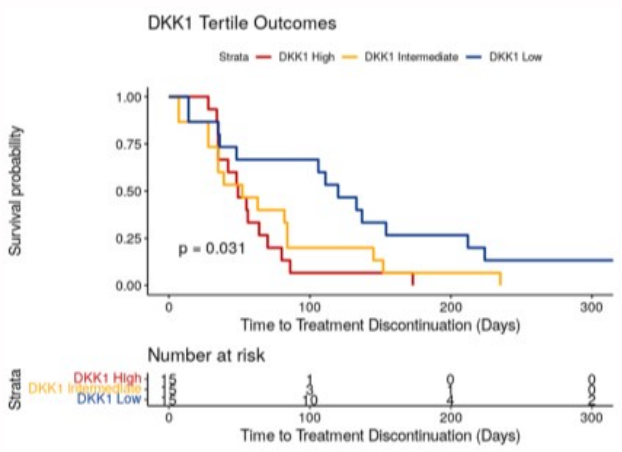


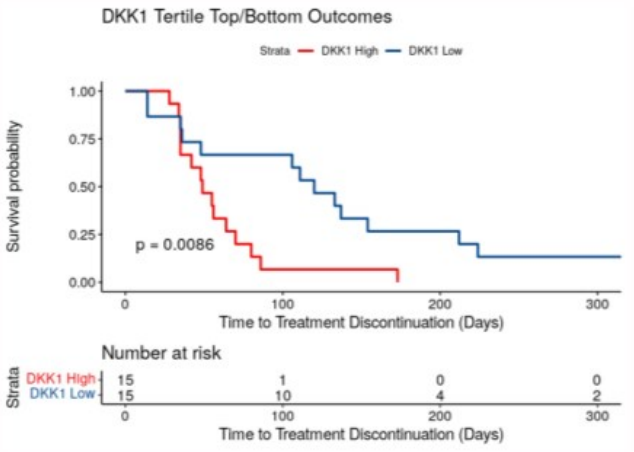


Real World Evidence from DKK1-high patients demonstrates faster time to treatment discontinuation

TEMPUS leaptherapeutics

High DKK1 Is Associated with Poor Response to Paclitaxel Therapies in GEJ/Gastric Cancer Patients





Real World Evidence from DKK1-high patients demonstrates faster time to treatment discontinuation

TEMPUS

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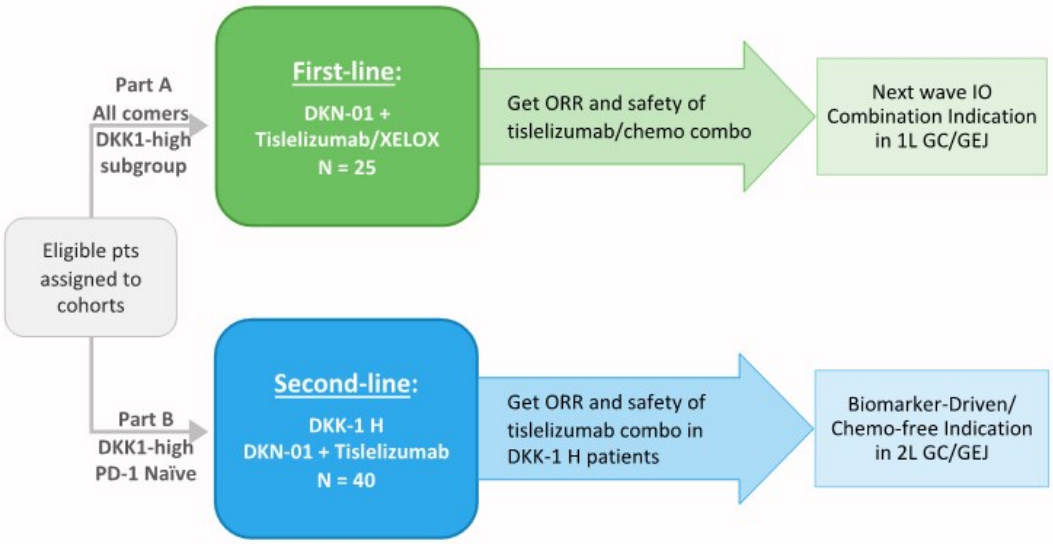
Study Design in Patients with Advanced Gastric/GEJ Adenocarcinoma

Assess the Safety and Anti-tumor Activity of DKN-01 in Combination with Tislelizumab +/- Chemo



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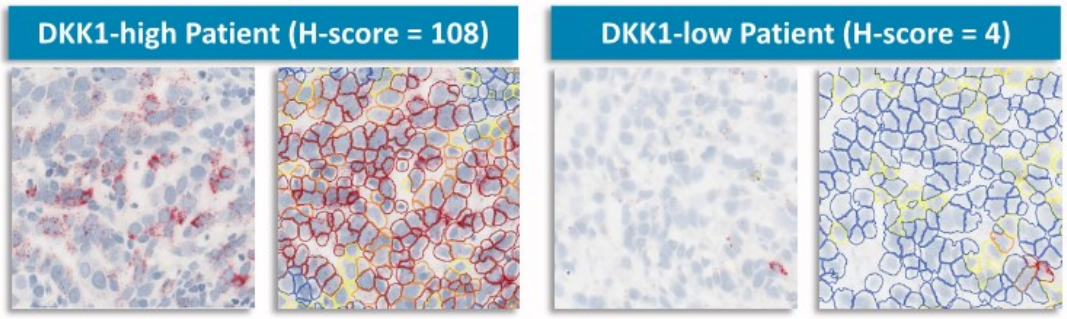
DKK1 Expression Determined Using RNAscope and Digital Pathology



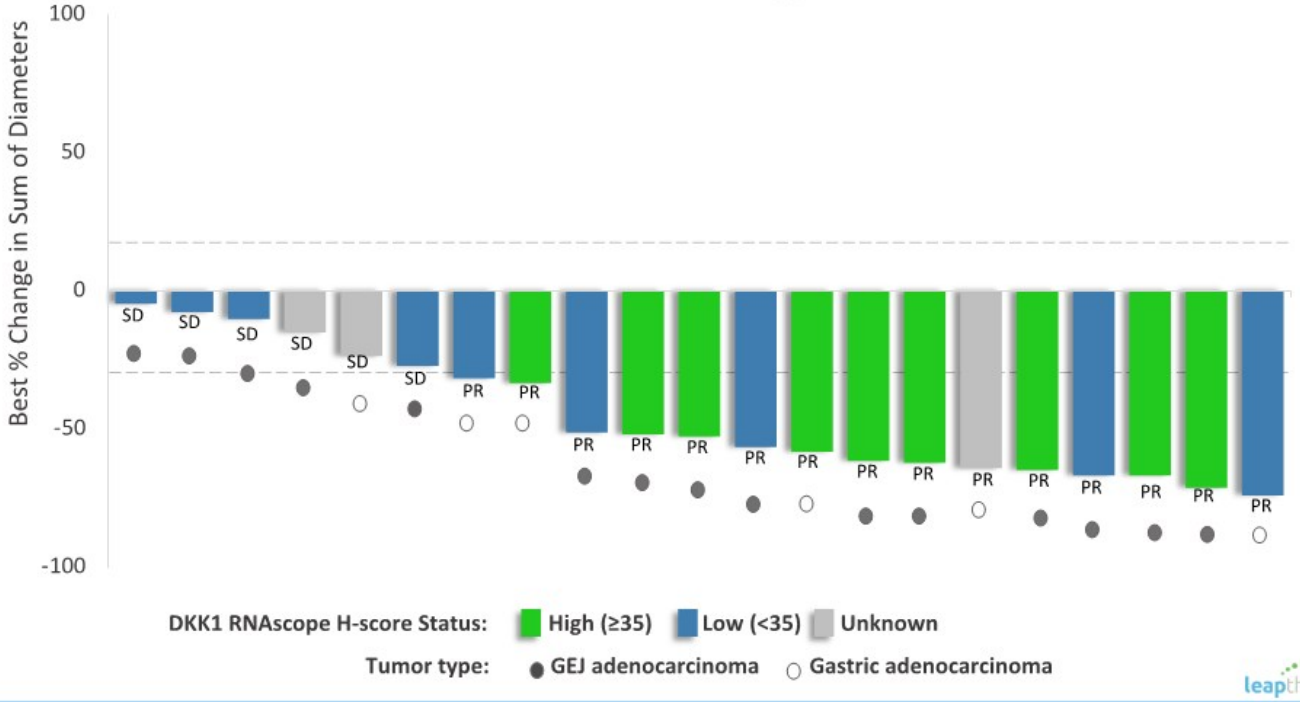
Tumor specimens were stained for DKK1 expression and quantified using a digital image analysis algorithm.[1]

- An H-score was calculated by determining the percentage of cells expressing low, medium and high levels of DKK1. H-score range: 0 to 300.
- Blue circles = no DKK1 staining, yellow circles = low DKK1 staining, orange circles = medium DKK1 staining and red circles = high DKK1 staining.

1. Flagship Biosciences (Broomfield, CO).

Best Overall Response by DKK1 Expression

1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy



DKK1 RNAscope H-score Status: High (≥35) Low (<35) Unknown

Tumor type: ● GEJ adenocarcinoma ○ Gastric adenocarcinoma

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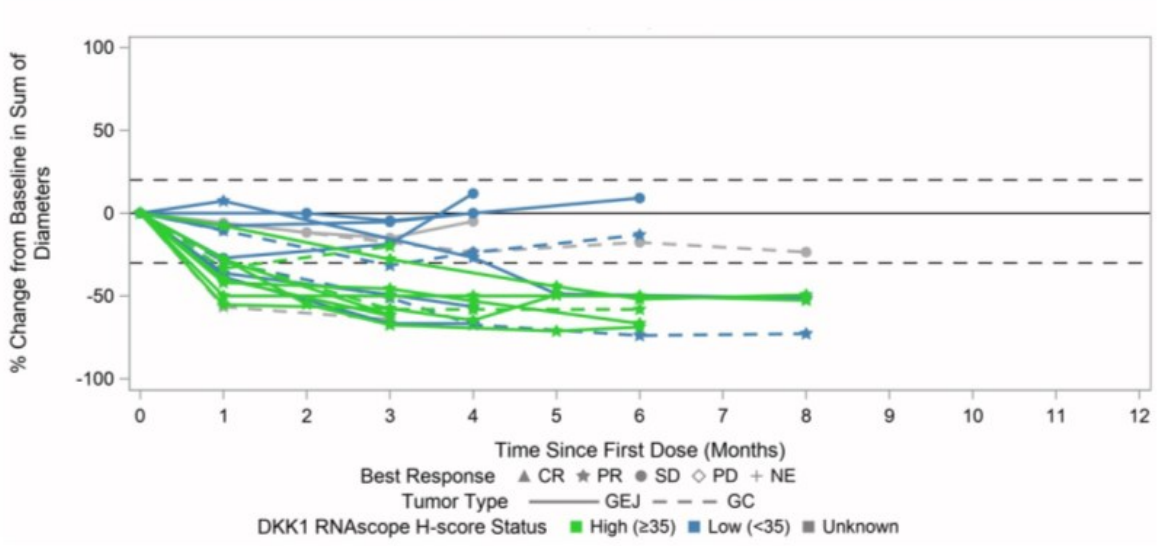
Durable Response by DKK1 Expression

1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy



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All Evaluable DKK1-high Patients had Partial Response

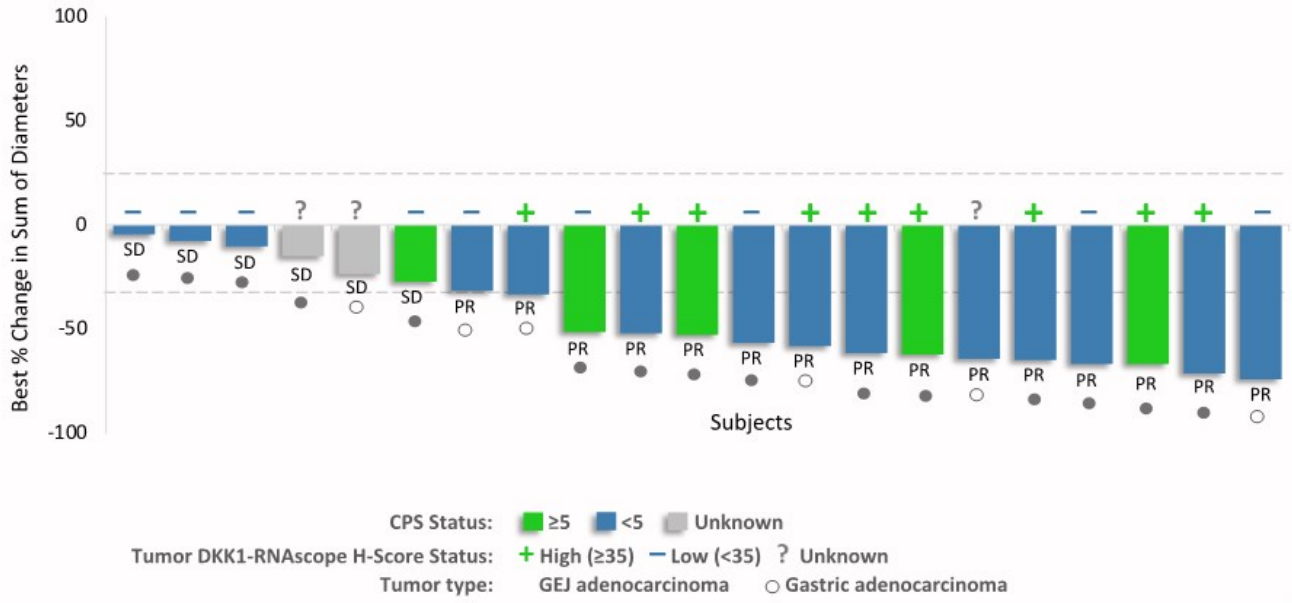
1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy

- 90.0% of DKK1-high patients had PR; 7 of 9 responders still on therapy
- 55.6% of DKK1-low patients had PR; 4 of 5 responders still on therapy

Best Overall Response, n (%)				
	Partial Response	**Stable Disease**	**Progressive Disease**	**Non-Evaluable**
mITT population (N=22)	15 (68.2%)	6 (27.3%)	0	1 (4.5%)
DKK1-high (N=10)	9 (90.0%)	0	0	1 (10.0%)
DKK1-low (N=9)	5 (55.6%)	4 (44.4%)	0	0
DKK1 unknown (N=3)	1 (33.3%)	2 (66.7%)	0	0

Best Overall Response by PD-L1 and DKK1 Expression

1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy



CPS Status: ≥5 <5 Unknown

Tumor DKK1-RNAscope H-Score Status: + High (≥35) − Low (<35) ? Unknown

Tumor type: GEJ adenocarcinoma ○ Gastric adenocarcinoma

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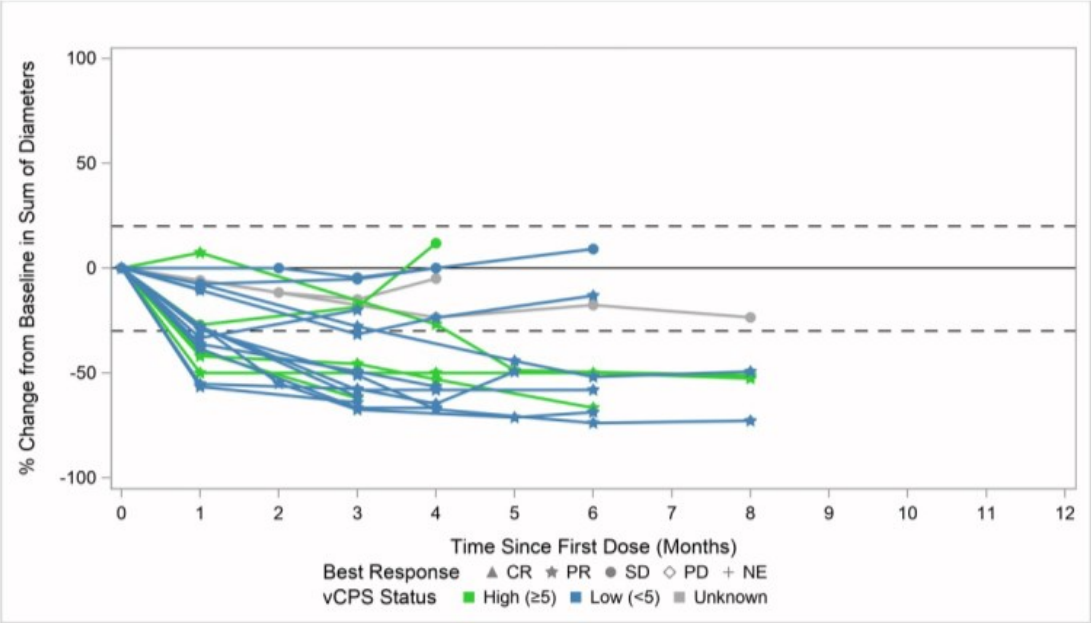
Durable Response Independent of PD-L1 Expression

1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy



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DKK1 High Patients Respond Regardless of PD-L1 Status

1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy

- 79% ORR in patients with PD-L1-low expression (CPS < 5)
  - ***100% ORR in DKK1-high, PD-L1 low patients***
- 67% ORR in patients with PD-L1 high expression (CPS ≥ 5)
  - 75% ORR in DKK1-high, PD-L1 high patients

	Best Overall Response, n (%)			
	Partial Response	Stable Disease	Progressive Disease	Non-Evaluable
PD-L1 CPS ≥5 (N=6)	4 (67%)	1 (17%)	0	1 (17%)
DKK1-high (N=4)	3 (75%)	0	0	1 (25%)
DKK1-low (N=2)	1 (50%)	1 (50%)	0	0
PD-L1 CPS <5 (N=14)	11 (79%)	3 (21%)	0	0
DKK1-high (N=6)	**6 (100%)**	0	0	0
DKK1-low (N=7)	4 (57%)	3 (43%)	0	0
DKK1 unknown (N=1)	1 (100%)	0	0	0

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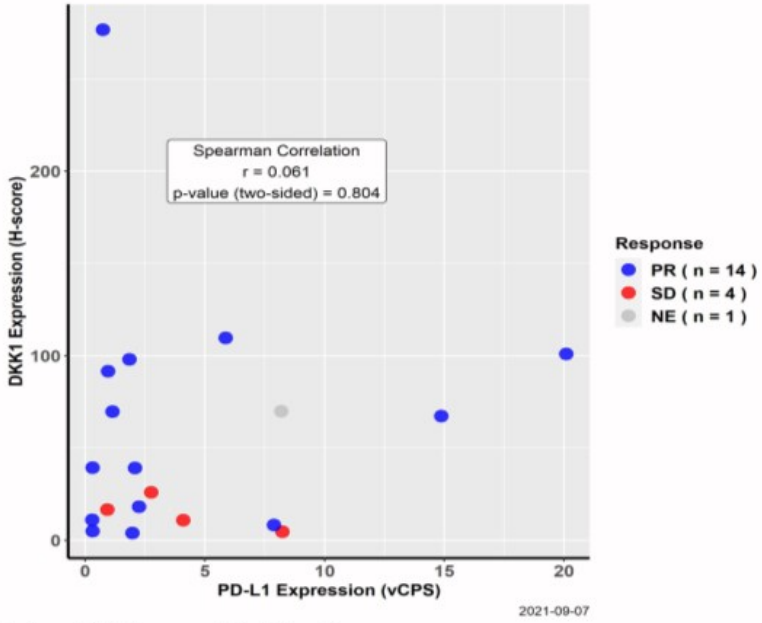
DKK1 and PD-L1 Expression are not Correlated

1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy



vCPS: Visually-Estimated Combined Positive Score; PD-L1: Programmed Death-Ligand 1

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Adverse Events Summary

1L GEJ/GC – DKN-01 Plus Tislelizumab Plus Chemotherapy

- Most common DKN-01-related adverse events: fatigue, nausea, diarrhoea, neutrophil count decreased, platelet count decreased
- Grade ≥3 DKN-01-related adverse events (5 patients): diarrhoea (1), neutrophil count decreased (1), blood phosphorus decreased (1), pulmonary embolism (2)
- Grade 5: pulmonary embolism (1)

	Part A Patients N=25	
Preferred Terms	**No. Patients**	**%**
Deaths within 30 days of last dose	3	12%
Any adverse event	25	100%
Grade ≥ 3 events	13	52%
DKN-01-related	5	20%
Serious adverse events	7	28%
DKN-01-related	2	8%
Events leading to DKN-01 discontinuation	3	12%
DKN-01-related	1	4%
Events leading to DKN-01 dose reduction	1	4%
Drug-related adverse events		
DKN-01-related	14	56%
Tislelizumab-related	16	64%
Capecitabine-related	23	92%
Oxaliplatin-related	22	88%
Regimen-related	23	92%

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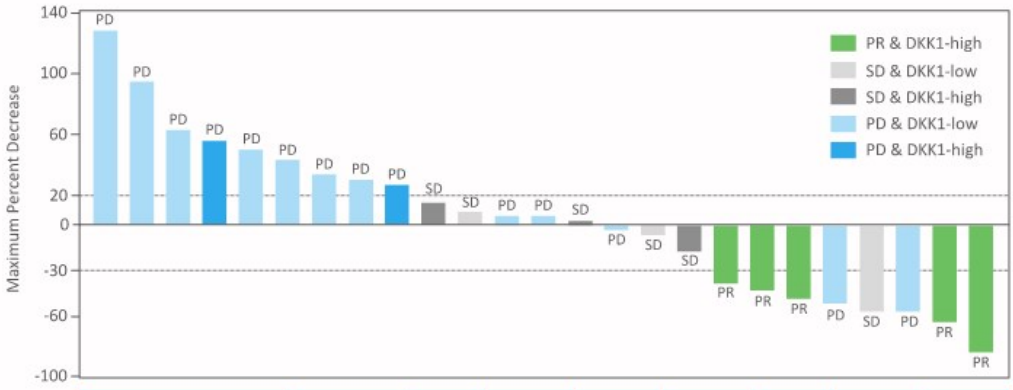
PD-1 Antibodies + Chemo in First-Line HER2- GEJ/Gastric Cancer Patients

	nivolumab		tislelizumab	pembrolizumab
	Checkmate-649 (All)	Checkmate-649 (CPS ≥ 5)	(All)	Keynote-062 (CPS ≥ 1)
N	789	473	15	251
ORR (%) (95% CI)	47 (43, 50)	50 (46, 55)	46.7 (21.3, 73.4)	48.6 (42.4, 54.9)
DOR months (95% CI)	8.5 (7.2, 9.9)	9.5 (8.1, 11.9)	NR	6.8 (5.5, 8.3)
PFS months (95% CI)	7.7 (7.1, 8.5)	7.7 (7.0, 9.2)	6.11 (3.8, NE)	6.9 (5.7, 7.3)
OS months (95% CI)	13.8 (12.6, 14.6)	14.4 (13.1, 16.2)	NR	12.5 (10.8, 13.9)

Better and More Durable Responses for DKK1-high Patients

Anti-PD-1/PD-L1 Naïve 2L+ GEJ/GC – DKN-01 Plus Pembrolizumab



Primary Location	Total (n)	RE* (n)	PR (n)	SD (n)	PD (n)	NE (n)	RE* ORR (n, %)	DCR (n,%)
DKK1 RNAscope*	31							
DKK1-high	11	10	5	3	2	1	5 (50)	8 (80)
DKK1-low	20	15	0	3	12	5	0 (0)	3 (20)

*DKK1-high ≥ upper tertile (35)

DKK1-high had an ORR of 50% (5 PR/10) and DCR of 80% (8/10)

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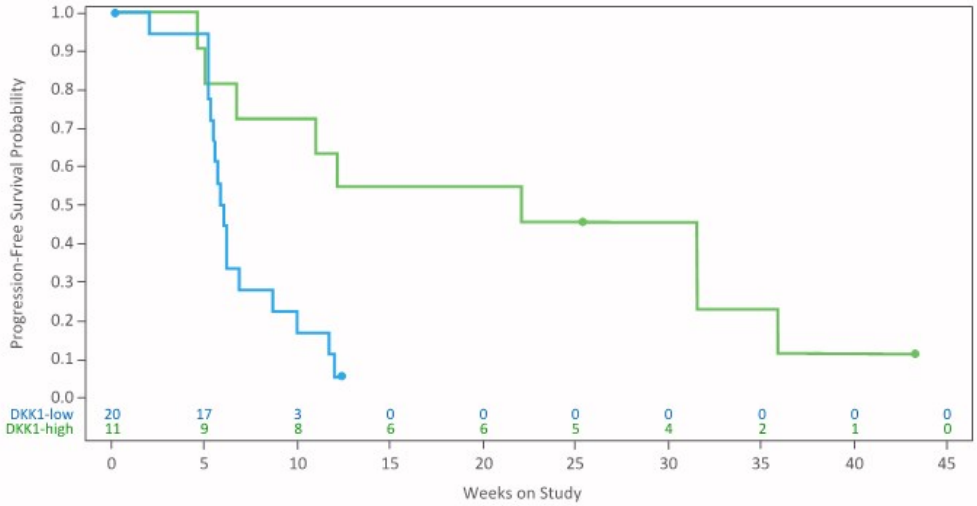
Longer PFS for DKK1-high Patients

Anti-PD-1/PD-L1 Naïve 2L+ GEJ/GC – DKN-01 Plus Pembrolizumab



	Median (95% CI)
DKK1-high	22.1 (5.0, 35.9)
DKK1-low	5.9 (5.3, 6.9)

*DKK1-high ≥ upper tertile 35

Median PFS longer in DKK1-high (22.1 weeks) vs. DKK1-low (5.9 weeks) patients

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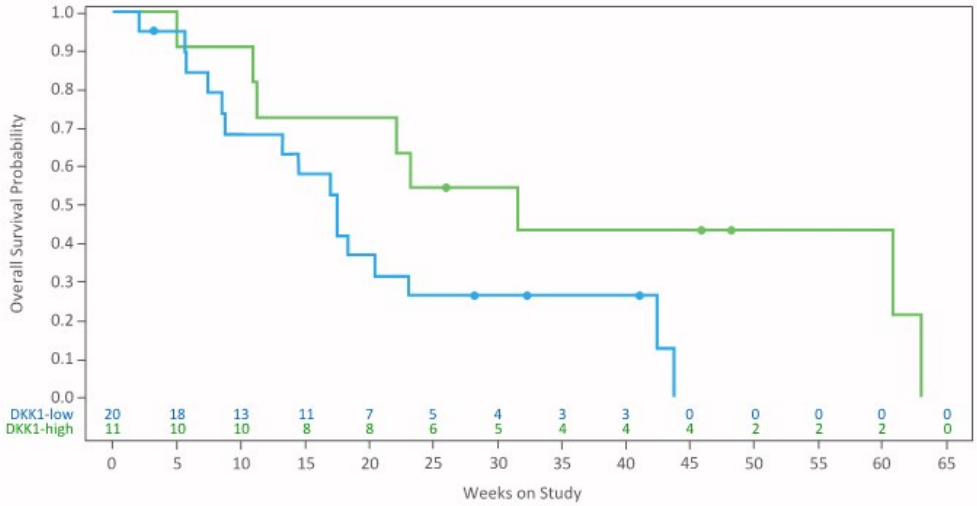
Longer OS for DKK1-high Patients

Anti-PD-1/PD-L1 Naïve 2L+ GEJ/GC – DKN-01 Plus Pembrolizumab



	Median (95% CI)
DKK1-high	31.6 (11.0, 63.0)
DKK1-low	17.4 (8.6, 23.1)

*DKK1-high ≥ upper tertile 35

Median OS longer in DKK1-high (31.6 weeks) vs. DKK1-low (17.4 weeks) patients

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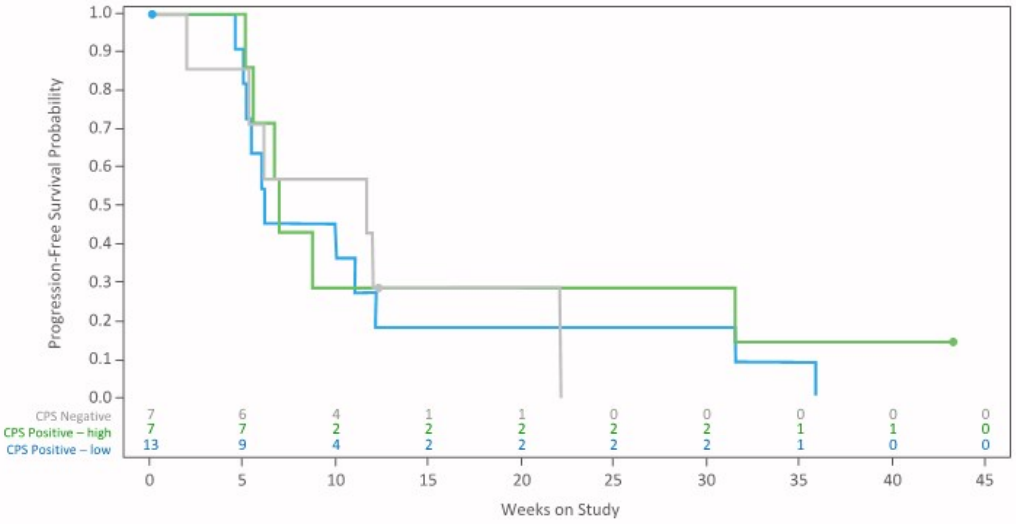
PD-L1 CPS Scores Not Associated with PFS

Anti-PD-1/PD-L1 Naïve 2L+ GEJ/GC – DKN-01 Plus Pembrolizumab



	Median (95% CI)
CPS Negative	11.7 (2.0, 22.1)
CPS Positive – low	6.1 (5.0, 12.1)
CPS Positive – high	6.9 (5.1, 31.6)

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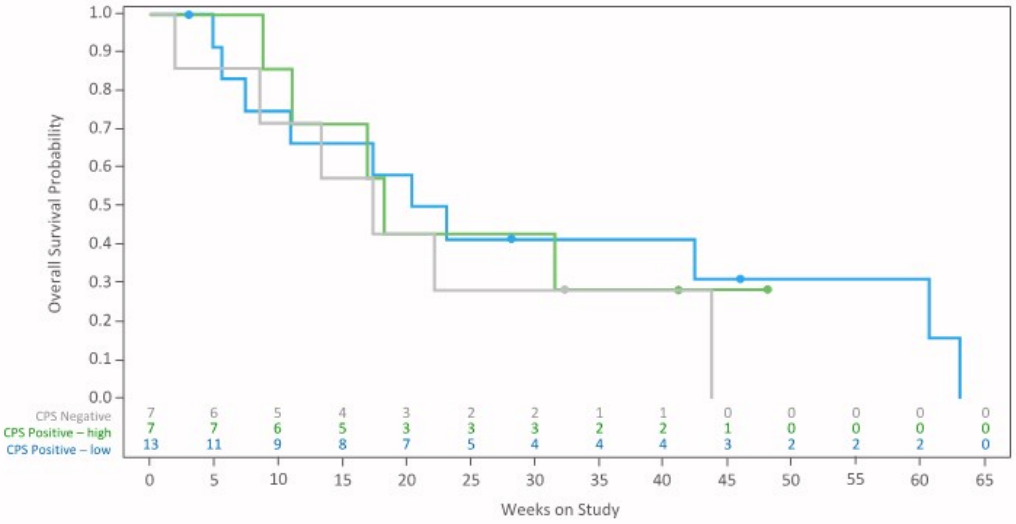
PD-L1 CPS Scores Not Associated with OS

Anti-PD-1/PD-L1 Naïve 2L+ GEJ/GC – DKN-01 Plus Pembrolizumab



	Median (95% CI)
CPS Negative	17.4 (2.0, 43.7)
CPS Positive – low	21.8 (5.6, 60.9)
CPS Positive – high	18.3 (8.7, NA)

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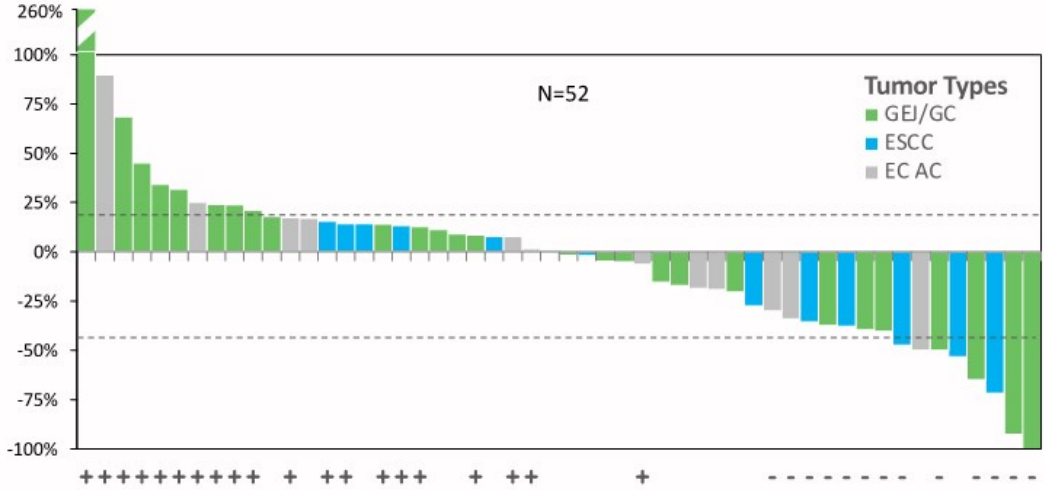
Clinical Activity of DKN-01 Plus Paclitaxel

Evaluable Esophagogastric Patients by Tumor Location



Therapy	Patients Treated	Prior Therapies	Overall Response Rate	Stable Disease Rate	Disease Control Rate
DKN-01 + paclitaxel	52	1-7	**25%**	35%	60%

27 + = PD, - = PR, no symbol = SD

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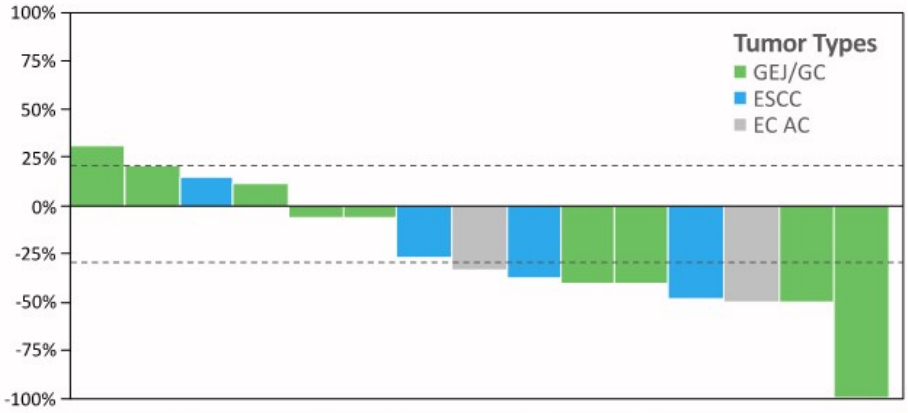
DKN-01 Plus Paclitaxel Exceeds Benchmarks in Second-Line Esophagogastric Cancer



2nd Line	Study	n	ORR (%)	DCR (%)	PFS (months)	OS (months)
DKN-01 + pac		15	46.7%	73.3%	4.5	14.1
Ram + pac	RAINBOW	330	28%	80%	4.4	9.6
Pac	RAINBOW	335	16%	64%	2.9	7.4
Chemo	KN-181	314	6.7%	-	3.4	7.1

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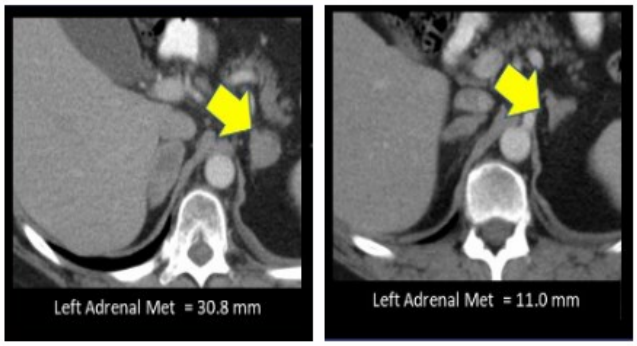
DKN-01 Single-Agent Activity in Heavily Pretreated Esophagogastric Cancer Patients

On Study 1 Year, Reduction -33.9%
Failed Prior anti-PD-L1 + IDOi



Baseline 4-month scan

Best Overall Response of 20 Evaluable Patients*	
Partial Response	2
Stable Disease	6
Progressive Disease	12

*By Blinded Independent Central Review

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DKN-01 Highlights in Gastric Cancer

- DKN-01 in combination with tislelizumab and chemotherapy has demonstrated compelling overall response rates as a first line treatment for advanced gastric/GEJ cancer
  - 68.2% ORR; 90% ORR in DKK1-high patients vs 56% ORR in DKK1-low patients

- Response is correlated with DKK1 expression and independent of PD-L1 expression
  - 79% ORR in patients with PD-L1-low expression (CPS < 5)
  - 100% ORR in DKK1-high, PD-L1 low patients (CPS < 5)

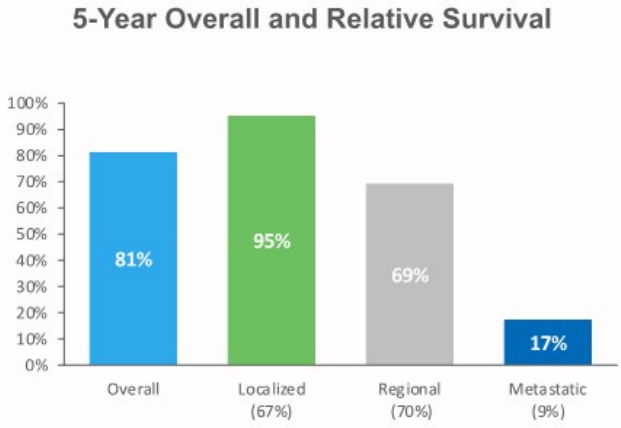
- DKK1 represents an important new therapeutic target in esophagogastric cancer
  - Elevated expression associated with aggressive biology, poor response to standard 5-FU therapy, and shorter survival
  - 50% ORR in in combination with pembrolizumab DKK1-high 2L+ patients
  - 47% ORR in combination with paclitaxel in 2L patients

DKN-01

Endometrial Cancer Development

Endometrial Cancer

- Most common gynecological cancer in the western world
- ~66,500 annual cases in the United States and the incidence is increasing
- Fourth most common cancer in women in the United States
- Clinical risk factors include estrogen-only hormone replacement, obesity, chronic anovulation, tamoxifen therapy, nulliparity, early menarche, and late menopause



 Source: American Cancer Society

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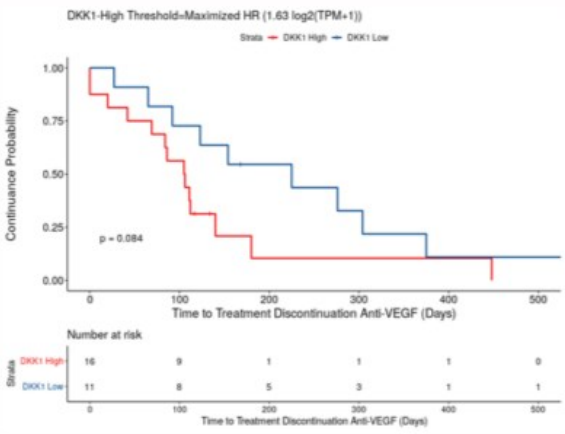
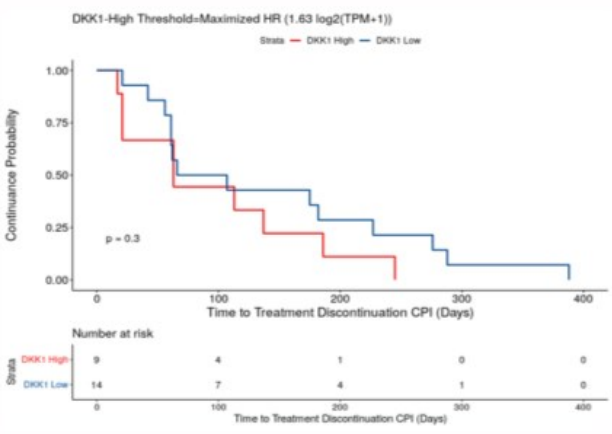
High DKK1 Is Associated with Poor Response to anti-VEGF and anti-PD-(L)1 in Endometrioid Endometrial Cancer Patients

Anti-VEGF treatment



PD-(L)1 treatment



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DKN-01 Phase 2 Study Design

Primary objective:

Objective response rate (ORR)

Secondary objectives:

Exploring genetic mutations in the Wnt signaling pathway and tumoral DKK1 expression as predictive biomarkers

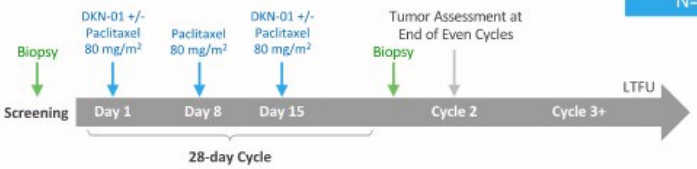
Eligible Patients

- Recurrent EEC
- Recurrent platinum-resistant/refractory EOC
- Recurrent MMMT
- ≥ 1 prior therapy
- Measurable disease
- 50% in each group with Wnt signaling alteration

DKN-01 300 mg Monotherapy N=52
- EEC N=29
- EOC N=14
- MMMT N=9

DKN-01 300 mg + Paclitaxel 80 mg N=59
- EEC N=24
- EOC N=19
- MMMT N=16

Data as of 28 Sep 2020. EEC: epithelial endometrial cancer; EOC: epithelial ovarian cancer; MMMT: carcinosarcoma (malignant mixed Mullerian tumor)



Basket study evaluating DKN-01 as monotherapy or in combination with paclitaxel in advanced gynecologic malignancies

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DKN-01 Was Well Tolerated as Monotherapy and in Combination with Paclitaxel

- Related SAEs:
  - DKN-01 monotherapy: 5.8%
  - DKN-01 + paclitaxel combination: 6.8%
- No TEAEs which led to death

Most Common DKN-01 Related TEAEs

Monotherapy:
- Nausea (28.8%)
- Fatigue (26.7%)
- Constipation (11.5%)

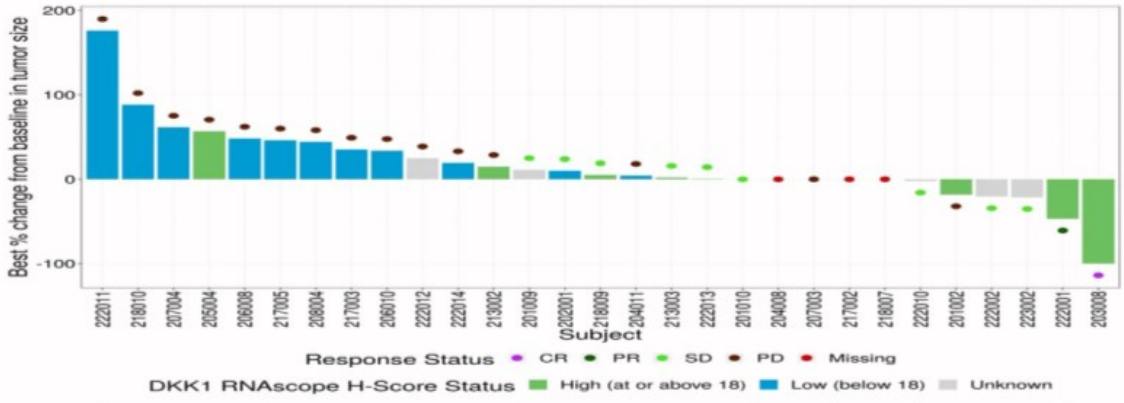
Combination therapy:
- Fatigue (30.5%)
- Anemia (27.1%)
- Diarrhoea (23.7%)
- Nausea (16.9%)
- Neutropenia (11.9%)

DKN-01 Related TESAEs

Monotherapy:
- Acute kidney injury (1.9%)
- Dyspnoea (1.9%)
- Nausea (1.9%)
- Oedema peripheral (1.9%)

Combination therapy:
- Anemia (1.7%)
- Colitis (1.7%)
- Hypokalemia (1.7%)
- Paresthesia (1.7%)

DKN-01 Monotherapy - Overall Response by DKK1 Tumoral Expression



	Status	N	ORR	DCR	CR	PR	SD	PD	NE
EEC monotherapy	DKK1-high (≥18)*	8	25%	63%	1	1	3	3	0
	DKK1-low (<18)	15	0%	7%	0	0	1	11	3
	Unknown	6	0%	83%	0	0	5	1	0

DKK1-high tumors have better ORR (25% vs. 0%) and clinical benefit (63% vs. 7%)

Patients with unknown DKK1 expression include 3 patients with durable SD and Wnt activating mutations

*H score ≥ 18, upper tertile of overall study population

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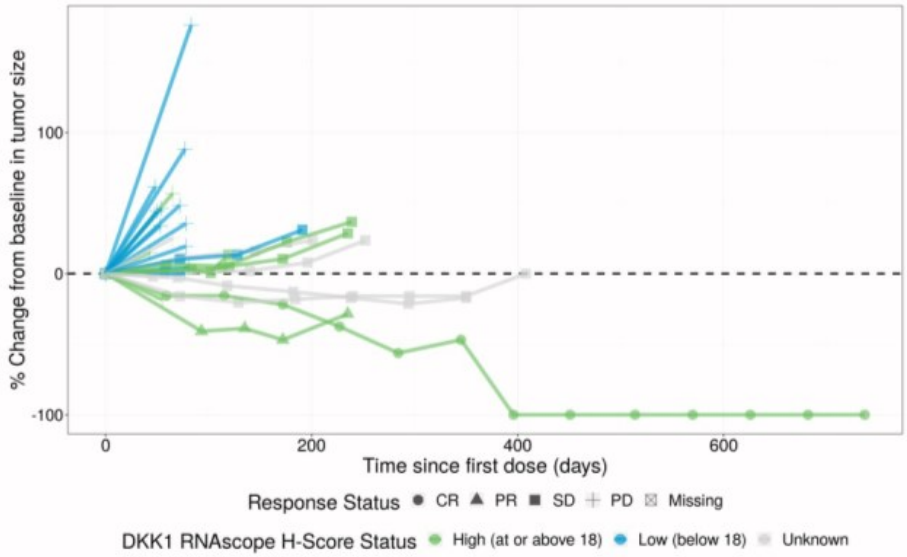
DKN-01 Monotherapy - Durable Clinical Benefit in DKK1-high Tumors



DKK1-high patients have more durable clinical benefit

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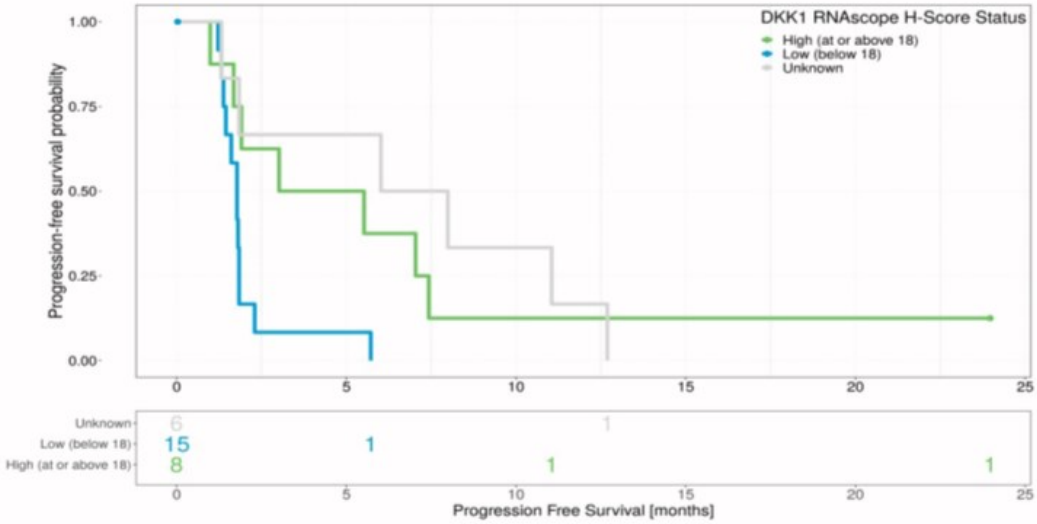
DKN-01 Monotherapy - Improved PFS with High Tumoral DKK1 Expression



DKK1-high patients have longer PFS (4.3 vs. 1.8 months [HR 0.26; 95 CI: 0.09, 0.75])

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Corporate Strategy

Leap-BeiGene Strategic Partnership

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DKN-01 DEVELOPMENT

Option and License Agreement

Upfront Payment **$8M**

Option Fee **$3M**

Equity Investment **$5M**

> $10M

Option exercise fee

Based on data from DKN-01 plus tislelizumab combination studies in gastric cancer

Asia (excluding Japan), Australia, and New Zealand

$132M

Total Option Exercise, Clinical, Regulatory, and Commercial Milestones

Royalties

High-single digit to mid-teen double digits

Management Team

Christopher Mirabelli, PhD
Chairman of the Board

LeukoSite Inc | IONIS | HealthCare Ventures

Douglas Onsi
President & Chief Executive Officer

genzyme | HealthCare Ventures | LeukoSite Inc

Gus Lawlor
Chief Operating Officer

LeukoSite Inc | HealthCare Ventures

Cyndi Sirard, MD
Chief Medical Officer

SANOFI | genzyme | parexel

Mark O'Mahony
Chief Manufacturing Officer

TOLERX Immune resolve. | MILLENNIUM | LeukoSite Inc

Walter Newman, PhD
Senior Research Fellow

LeukoSite Inc | MILLENNIUM | PROTEOSTASIS THERAPEUTICS

Jason Baum, PhD
Vice President, Head of Translational Medicine

NOVARTIS | merrimack

Christine Granfield
Vice President, Head of Regulatory Affairs and Quality

NOVARTIS | genzyme

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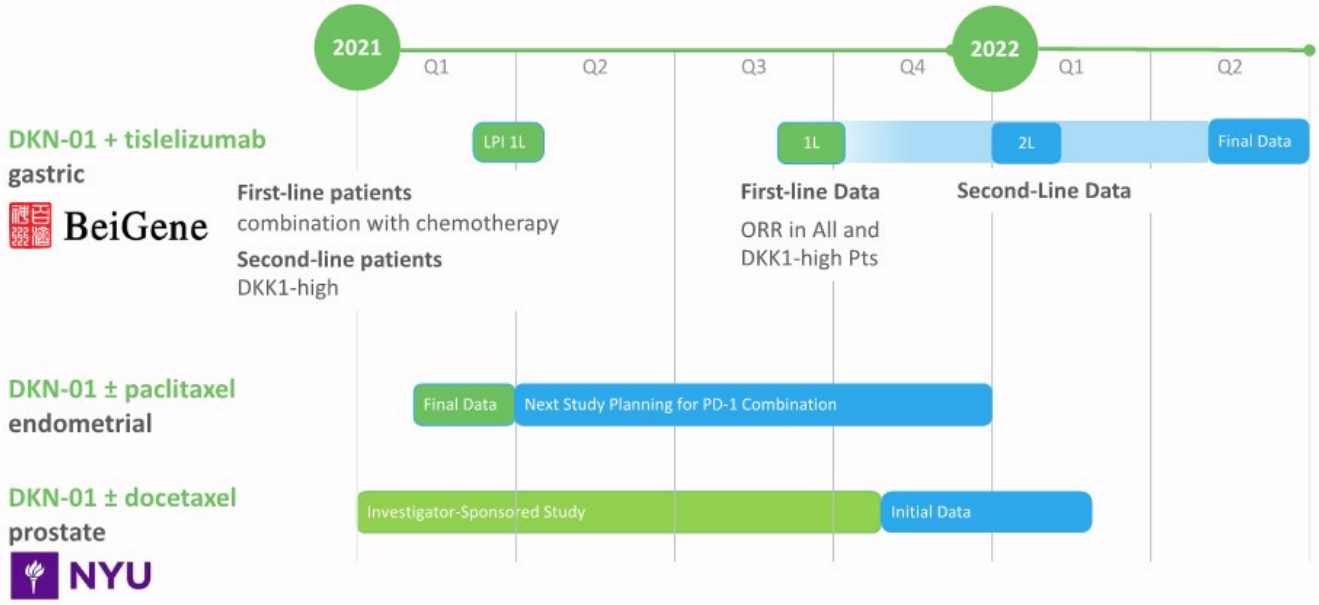
Leap 2021-2022 Objectives and Milestones



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