Decoding composition and biology of extracellular matrix (ECM) to identify novel therapeutic targets in fibrosis and solid tumors.

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Topics

- Intro to Engitix
- Intro to ECM, its development and applications
- Matrisome
- ECM assays development
- ECM targets' classes



Engitix aims to transform the therapeutic landscape for fibroinflammatory diseases and solid tumors by decoding the ECM

>35% of deaths are due to fibrosis and solid tumours¹ The ECM is impacted in almost all chronic diseases **FIBROSIS** SOLID TUMOURS







Track record of successfully identifying and validating novel therapeutic targets using state-of-the-art ECM discovery platform



Engitix aims to transform the therapeutic landscape for multiple diseases by decoding the ECM



Multiple assets in our discovery pipeline targeting fibro-inflammation, fibrosis and solid tumors

Programs	MoA	Indication(s)	Target Discovery Validation		Upcoming milestones	Commercial rights
EGTX001	Inhibition of matricellular target driving fibrosis	Pan-anti fibrotic			DC 1Q26	
EGTX003	Inhibition of inflammatory intra- cellular target	Inflammation / fibrosis			DC 2Q26	
EGTX004	Targeted-delivery by anchoring on ECM protein	Solid tumours and advanced fibrosis			DC 3Q26	
Confidential	Confidential	Advanced MASH fibrosis			Confidential	Takeda
Confidential	Confidential	FSCD			Confidential	Takeda

DC: Development Candidate MASH: Metabolic Associated <u>SteatoHepatitis</u> FCSD: Fibrostenotic Crohns' Disease



ECM: development and applications

The extracellular matrix at a glance



End-to-end platform established to decode composition and biology of ECM

- Established tissue collection for both healthy and diseased tissues
- Proprietary decellularization protocols
 - Agitation: wedge tissue resections, biospies
 - Perfusion: whole organs
- Established QC panel for confirming tissue decell efficiency by assessing cellular material removal and ECM preservation
- Multiple application of resultant ECMs
 - Target ID: i) ECM composition by matrisome analysis, and ii) ECM biology by mics analysis of reseeded cells in different ECMs
 - ECM-based assay to study ECM lifecycle
 - Biomarkers: i) ECM-enhanced biomarkers discovery in serum, and ii) targeted-mass spec

Mazza et al, Sci Rep (2015) Mazza et al, Sci Rep (2017) Mangione, et al, J Proteomic (2017) Giuffrida et al, IBD (2019) Mazza et al, Cells (2020) Al-Akkad et al, Cells (2022)



Human whole organ decellularisation





Human tissue agitation-decellularisation





Established one of the world's largest gastrointestinal and hepatopancreatic biliary human matrisome dataset

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Matrisome

 The extracellular matrix has long been considered as a structural component of tissue organization

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1. Core Matrisome:

- In 1984, Martin and colleagues coined the term "matrisome" in the context of basement membranes to define "supramolecular complexes of matrix components which are the functional units of the forming extracellular matrix"
- In 2016, Naba and colleagues curated manually the lists obtained computationally and, based on structural or functional features, distinguished core matrisome proteins from matrisome-associated proteins.
- Recent development of experimental techniques (e.g tissue decell) have triggered a thorough characterization of ECM composition by proteomic and other "omic" approaches to provide new insights into understanding of the enduring fascinating mysteries of ECM biology







The Pathogenic Matrisome – Unveiling a Key Disease Driver



ECM COMPOSITION

We use proprietary tissue decellularization techniques to study the matrisome (ECM & associated proteins)

ECM BIOLOGY Incorporation of FSCD ECM in our 3D assay reveals how changes





ECM-centric assay to functionally validate targets

Chronic tissue damage promotes pathogenic changes in ECM driving loss of organ function





Chronic tissue damage drives fibroblast activation resulting in ECM remodelling and altered deposition. This forms a pathogenic matrisome that sustains a chronic fibro-inflammatory process and organ dysfunction.

The pathogenic ECM/matrisome that fuels fibrosis progression is characterized by differential:

- Composition
 - Quality and Quantity: Enriched with growth factors, chemokines, and cytokines as well as increased ECM
 - Architecture: Modified fibre structures (fibre multiplicity)
- Biology:
 - Activation and differentiation of mesenchymal and immune cells (e.g., myofibroblasts & macrophages)

Tissue homeostasis can be restored in fibrotic tissues by activating fibrolytic pathways

Established novel end-to-end ECM life cycle assays to decode fibrogenesis and fibrolysis

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Proprietary assays and readouts to study ECM life cycle to decode fibrogenesis and fibrolysis



Fibrogenesis assays



Fibrogenesis assay format (10 days):

- 3D ECM co-culture (fibroblasts + macrophages)
- Stimuli: disease ECM (vs healthy) and/or profibrogenic stimuli (vs healthy)

Assay	Readouts
ECM synthesis	Gene expression (e.g RNAseq, scRNAseq)
ECM secretion	ELISA, Luminex, proteomic
ECM deposition	High content imaging of ECM fibers, proteomic

Fibrolysis assays

1- ECM-acellular: assessing protease activity in pathophysiological ECM



2- ECM-cells: assessing macrophages activity in clearing pathogenic ECM



Multi targets perturbation by siRNA/CRISPR coupled with following readouts:

- i) High content imaging of ECM fibers
- ii) scRNASeq to ID drivers of fibroblast/macrophages reprogramming

IBD platform



Extensive Biobank and Clinical Network Offering Access to Well-Characterized Matched Tissues and Serum for Longitudinal Studies on Fibrosis Progression in IBD



IBD Bioarchive				
Biospecimen type	Number of cases			
Crohn's Disease - Surgical resections	> 50			
Serum samples	> 80			
FFPE – FSCD/Inflamed and matched controls	>100			

- Prospective collections established in 2023
- Longitudinal samples access
- Matched tissue available
- Clinical data available including lifestyle medications, medical treatment (e.g. incretins), etc.
- Expanding network of clinical sites





Prof Antonio Di Sabatino Prof

Prof Marco Lenti

IBD tissue characterization

Matched patient full-thickness surgical resections and serum samples available to study the progression of intestinal fibrosis.

				,
	CTRL	Inflamed	Infl/ FSCD*	FSCD
PSR				
	0 2 4 6 8 10mm	0 2 4 6 8 10mm	0 2 4 6 8 10 mm	0 2 4 6 8 10mm
H&E				
	0 2 4 6 8 10mm	0 2 4 6 8 10mm	0 2 4 6 8 10mm	0 2 4 6 8 10mm
MTC				
	0 2 4 6 8 10mm	0 2 4 6 8 10mm	0 2 4 6 8 10mm	0 2 4 6 8 10mm



IBD clinical data

Access to medical, histology, and imaging reports, allowing for longitudinal follow-up.

Age: 46y Gender: Male Ethnicity: White-British	Disease behavior: stricturing	Date of last CRP: 30/10/2018 CRP reading: 7
Diagnosis: CD	Date of resection: 11/07/2019	Biologics/immunomodulators/steroids at collection: Inflixmab and Azathioprine
Age at diagnosis: 17y	MRE/MRI available: 08/01/2019	Previous medications: Pentasa, Amlodipine, Ramipril, Bisoprolol
Disease duration: 29y	Imaging data summary: active disease in distal and terminal ileum with skipped lesions and strictures.	Refractory to TNF α therapy: Symptoms unchanged despite maximal therapy
Site of disease: terminal ileum and caecum	Previous resection: No Previous balloon dilation: No	



Engitix's ECM-Centric Strategy Integrates Matrisome, Transcriptomics, Spatial Profiling, Digital Pathology, and a Novel 3D FSCD ECM In Vitro **Platform for Target and Biomarker Discovery**



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ECM and solid tumors

Antibody drug conjugate development strategy

Tumors with high ECM content are a significant unmet need and offer unique therapeutic opportunities



High tumor stromal and ECM content is associated with poor survival across multiple solid tumors



Targeting tumor ECM can offer advantages over other ADC strategies



Current ADC strategies

Cancer cell

CAFs

Collage

Target antigens overexpressed in cancer cells

Driver oncoder

Target antigens in tumor vasculature

Target antigens in

umor stroma

- Anchoring to the tumor ECM as opposed to tumor cell surface antigen will reduce incidence of resistance caused by antigen depletion due to tumor cell death
- Human malignancies have common ECM responses, which would enable a broader target population than conventional ADCs
- Extracellular release of ADCs' cytotoxic payloads is clinically effective

References: Mesker et al Cell Oncol 2007; Huijbers et al Ann Ocol 2013; Zhang et al Int J Clin Exp Pathol 2015; Whatcott et al Clin Cancer Res 2015; Yan et al BMC Cancer 2022; Pearce et al Cancer Disc 2018; Mascharak et al Cell Rep Med 2023; Fu et al Sig Trans Targ Ther 2022; Tsao et al Nat Comm 2025;

Strategy for identifying ECM-anchoring targets





High rates of AEs associated with anti-fibrosis & anti-cancer therapies are due to systemic distribution of potent agents



Localize therapies in diseased tissue by conjugating to antibodies targeting diseasespecific ECM proteins

Identify ECM proteins that are highly and specifically expressed in tumors, and not in histopathologically normal adjacent tissues



Select targets that have no significant expression in healthy organs



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Established biospecimens' collection, ECM platform and matrisome dataset in multiple solid tumors







Proprietary matrisome data ID'ed a highly tumor-specific stromal protein (EGTX004) that may provide alternative ADC strategy



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Confirming EGTX004 protein expression by IHC

This represents a unique dataset using EGTX004 specific mAbs

EGTX004 specific mAbs identified to enable confirmation of tumor expression



45 Rabbit mAbs screened for selectivity, potency, cross reactivity, & epitope diversity assessed

5 Abs selected for IHC/Characterisation



- All commercial Mabs to EGTX004 found to be non-selective
- Novel α-EGTX004 tool antibodies were developed and IHC methodology optimised to allow assessment of EGTX004 protein levels in different oncology indications
- Different protocols were required for antigen retrieval in PDAC and CRC suggesting differential structure of the EGTX004 in the ECM in various organs or indications

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EGTX004 expression has a very clean profile with no staining seen in healthy tissue arrays



Breast	Cerebellum	Cerebrum	Oesophagus	Kidney	Liver	Lung	Ovary
and the second							
0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1 mm	0 0.2 0.4 0.6 0.8 1 mm	0 0.2 0.4 0.6 0.8 1 mm	0 0.2 0.4 0.6 0.8 1mm
Stomach	Small intestine	Colon	Heart	Pancreas	Prostate	Skin	Testis
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	West Station	2252					
						7 11/1	
0 0.2 0.4 0.5 0.8 1mm	0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1 mm	0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1 mm	0 0.2 0.4 0.6 0.8 1mm	0 0.2 0.4 0.6 0.8 1mm
Thyroid gland	Tonsil	Uterus	Adrenal gland	Spleen	Bladder	Larynx	Salivary gland
ADM.	A. S.N.						
MAR SAN	Marken L.						
				[

EGTX004 is expressed in stromal areas of CRC 1ry tumor



CRC Primary Tumor

Background tissue (tumour adjacent)



- 6/6 CRC samples have stained positive for EGTX004 expression
- No staining in tumour adjacent tissue

EGTX004 is expressed in stromal areas of CRC Liver Mets





- 5/5 CRC-LM samples have stained positive for EGTX004 expression
- No staining in tumour adjacent tissue.

Strong positivity of EGTX004 in PDAC tumour cohort





- EGTX004 shows strong immunopositive staining in desmoplastic stroma of PDAC tumours
- 7/7 donors positive for EGTX004
- Findings consistent with transcriptomics and proteomics data, indicating EGTX004 expression increased in PDAC
- Histopathologically normal background tissue shows no staining

Summary and opportunities:

- EGTX004 represents a first-in-class tumor ECM targeted cytotoxic therapy
- EGTX004 is highly and specifically expressed within the ECM of many solid tumors, including CRC (1ry & mets)
- EGTX004 has a more restrictive tissue expression profile compared to other tumor stroma-targeted cytotoxic therapies
- Engitix has developed mAbs with high affinity and selectivity for EGTX004 across different protein domains
- EGTX004 is a platform opportunity that can enable the development of other oncology and anti-fibrotic therapies



EGTX004 may provide a novel therapeutic platform addressing multiple unmet clinical needs



Building towards an Al-powered analysis of multidimensional data from patients & 3D patient-derived tissue assays

Access to thousands of fibrotic **Biospecimens** and solid tumours tissues, access serum and FFPEs from multiple hepatic and GI patients, with longitudinal access and clinical data Histology Pipeline **Bioinformatics** expansion and AI pipeline Patient **Engitix Data** Hx Science and Engitix' workflow Opportunity to generates AI grow imaging IHC histopathological, capabilities data acquisition Labs cellular, & and integration molecular into analysis profiles of tissue pipeline to specimen across create Alseveral fibrotic processed Spatial diseases Diagnosis Staging health outcomes transcriptomic Outcomes **3D ECM assavs** siRNA Perturbing fibrosis networks to Molecular analysis of patient define molecular targets & samples + clinical metadata to biomarkers using disease Patientdrive correlations to patient relevant 3D cell models using centric data outcomes patient materials.



Summary



- The ECM plays a central role in the progression from inflammation to fibrosis to solid tumours, but remains an untapped area of biology in drug discovery
- Engitix 1st and best-in-class human ECM platform aims at decoding biology and composition of healthy and diseased human ECM
 - Growing biorepository with longitudinal samples & metadata from N > 2000 patients (indications: fibro-inflammation and solid tumors)
 - Integrated analysis of multidimensional patient-level data to drive target selection and confirmation
 - Patient-derived 3D ECM screening systems to validate target function and therapeutic potential
 - o Validated platform by two exclusive license agreements with Takeda in liver fibrosis and fibrostenotic IBD
- >\$30MM raised between Seed and Series A + access to up to \$28MM work-for-equity + > \$45MM revenues to date
- Proprietary pipeline of 3 assets (LO stage) in fibro-inflammation (EGTX003), fibrosis (EGTX001) and solid tumors (EGTX004) progressing through drug discovery campaign
- Next inflection points: EGTX001 DC (1Q26), EGTX003 DC (2Q26), EGTX004 DC (3Q26) with FIH studies in 2027
- Partnership opportunities: platform target ID/validation deals (liver, gut, skin, lung) and asset deals

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