

Glossary

FAP – Fibroblast activation protein

TME – Tumour micro environment

PREP – Prolyl endopeptidase – a protein coding gene

HEK– Human embryonic kidney

HEK model - human embryonic kidney model, a cell line created for use in generating data

Xenograft - tissues transplanted from one species to another

PDX – Patient Derived Xenograft, which are models of cancer where the tissue or cells from a patient's tumour are implanted into a mouse.

HPAF-IIP – Human Pancreatic Adenocarcinoma cell line.

WBC count – White blood cell count

PK - Pharmacokinetics

CAF – Cancer associated fibroblast

Cleave – remove

Peptide – chain of amino acids that can bind to a warhead

D-Ala-Pro - a peptide sequence providing exquisite selectivity for cleavage by FAPa

CGP-DOX - carboxybenzyl- Gly-Pro-doxorubicin, another modified version of doxorubicin

Osteosarcoma - a tumour of the bone

Cytotoxic - a substance or process that can damage cells or cause them to die

Anthracyclines - a class of drugs used in cancer chemotherapy

Topoisomerases - enzymes that play essential roles in DNA replication

Neutropenia - a low number of white blood cells called neutrophils in the blood

Mucositis – when the mouth or gut is sore and inflamed

Leukopenia – when the body doesn't have enough disease-fighting leukocytes in the blood

Febrile neutropenia - the development of a fever, alongside other signs of infection such as feeling unwell, shivers and shakes in a patient with neutropenia

Thrombocytopenia – a deficiency of platelets in the blood.

Cmax – maximum concentration

AUC – area under the curve (in this case showing overall exposure)

Undifferentiated pleomorphic sarcoma (UPS) - a type of cancer that begins mostly in the soft tissues of the body

Angiosarcoma - a type of cancer that forms in the lining of the blood vessels and lymph vessels

Solitary fibrous tumours (SFT) - growths of cells that can form in almost any part of the body.

Minor response (MR): A patient qualifies as MR with a 10-29% reduction in the sum of the LD, taking as reference the baseline sum of the LD with non-progression.

Partial response (PR): Using a cancer imaging scan and RECIST v1.1 analysis, a patient qualifies as PR with at least a 30% reduction in the sum of the longest diameters (LD) of the target lesions, taking as reference the baseline sum of the LD and non-progression.