PRESS RELEASE
1st February 2022

Phico Therapeutics establishes Scientific Advisory Board

SAB will provide scientific oversight and strategic advice to support the progression Phico's engineered phage antibacterial therapy, SASPject, through clinical trials

CAMBRIDGE, UK, 1st February 2022: Phico Therapeutics Ltd ('Phico'), a biotechnology company developing engineered phage technology as the basis of a new generation of antibiotics to overcome antibacterial resistance, today announced that it has established a Science Advisory Board (SAB) to provide strategic scientific guidance to the Company. The highly experienced advisory board will support the progression of Phico's lead therapeutic, SASPject PT3.9, to clinical trial.

Dr. Heather Fairhead, Phico Founder and CEO commented*: "The formation of our SAB marks an exciting next stage of Phico's progression. I am delighted that Phico has demonstrated its ability to attract a team of highly accomplished field leaders, and, following our successful fund raising and CARB-X grant, I look forward continuing our journey to clinical trial under the expert guidance of our new SAB."*

The newly appointed SAB comprises of field leaders including:

Professor Clive Page is Professor of Pharmacology and Director of the Sackler Institute of Pulmonary Pharmacology at King's College London. He has published over 250 scientific papers and has received a number of prestigious awards including the Royal Society of Biology President's Medal in 2012 for an outstanding contribution to the life sciences and, in 2017, an OBE for Services to Pharmacology. Clive is Chair of the Company's SAB.

Professor Anne Greenough is currently Professor of Neonatology and Clinical Respiratory Physiology, Director of Education and Training at King's College London. She was Chair of the National Institute for Health Research (NIHR) Paediatrics Specialty Group and Vice President of Science and Research, Royal College of Paediatrics and Child Health. Anne's research interests focus on the early origins of chronic respiratory disease and include factors affecting antenatal lung growth and treatment of chronic lung disease.

Professor William Hope is Chair of AMR Research at the University of Liverpool and currently leads the Centre of Excellence in Infectious Diseases Research (CEIDR) which focuses on antimicrobial resistance. William brings with him over 30 years of experience across areas such as infectious disease, clinical microbiology and antimicrobial drug development and therapies.

Professor Andrew Lever is Professor of Infectious Diseases and the University of Cambridge and Honorary Consultant Physician at Cambridge University Hospital Foundation Trust. In 2000, he was appointed Chair of infectious diseases at the University of Cambridge, becoming the first ever clinician to be elected through the academic promotions procedure of the University. Andrew has also served for several years on various advisory committees both in the UK and internationally.

Professor Frank van Haren is a senior Intensive Care Physician and the Director of Intensive Care at the St George Hospital in Sydney, Australia. He is an international leader and expert in clinical and translational research in intensive care, with a specific interest in respiratory failure and is currently leading 2 investigator-initiated multi-national collaborative COVID-19 studies. Frank has published more than 150 articles and book chapters and given more than 130 invited presentations at international conferences.

Professor Mark Wilcox is Chair of PHE's Rapid Review Panel (reviews the utility of infection prevention & control products for the NHS), and a member of the PHE's Programme Board on Healthcare Associated Infection & Antimicrobial Resistance. He has advised the UK government through the pandemic and the Department of Health in England on associated infections. Mark has over 33 years of experience as an industry leader and currently heads a Healthcare Associated Infection research team at the University of Leeds.

For more information, please visit: www.phicotx.co.uk

View Phico's SASPject technology here: https://www.youtube.com/watch?v=U27YARVMtkg

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Note to Editors

For a high-res images of Dr Heather Fairhead and members of the Phico SAB please contact Zyme Communications

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About Phico Therapeutics www.phicotx.co.uk/

Phico Therapeutics (Phico) is a biotechnology company developing engineered phage technology as the basis of a new generation of antibiotics to overcome antibacterial resistance, particularly those caused by multi-drug resistant bacteria.

Phico's SASPject™ platform technology utilises engineered bacterial viruses, or phages, to deliver a gene encoding a unique antibacterial small acid-soluble spore protein (SASP) that inactivates bacterial DNA. This stops the bacteria from metabolising or reproducing, whilst the SASP remains unaffected by the sequence of the bacterial DNA, including mutations, making resistance unlikely to develop. SASPject can target any chosen bacteria including those that are treatment resistant.

Founded in Cambridge, UK by Dr Heather Fairhead, Phico is building an innovative intravenous antibacterials pipeline focused on serious infections with few existing treatment options and targeting key superbug threats including *Pseudomonas aeruginosa*, *Klebsiella pneumoniae* and *Escherichia coli*. The company has received backing from independent investors, the Wellcome Trust, UK Government grants and BGF, and has a clear path to take lead intravenous product, *P. aeruginosa* targeted, SASPject PT3.9 through a study in patients. Phico recently announced funding from CARB-X, a global non-profit partnership dedicated to accelerating antibacterial research to tackle the global rising threat of drug-resistant bacteria, led by Boston University.

About SASPject™

SASPject™ is a pan-spectrum antibacterial technology that can target selected bacterial species by using engineered bacteriophages. SASPject™ works by injecting a gene that encodes small acid-soluble spore proteins, or SASPs, directly into the targeted bacteria. The injected gene then produces SASPs, which bind to bacterial DNA and inactivate it. SASPs "turn off" DNA so the targeted bacterial cell cannot metabolise or reproduce. The immune system can then remove the bacteria from the body. SASPs bind to all bacterial DNA, irrespective of the sequence of that DNA. Spontaneous mutations in DNA, or the import of new DNA that gives new characteristics to the bacterial cell, are key ways in

which bacteria develop resistance to antibiotics. Neither of these strategies affects the ability of SASP to bind to and inactivate bacterial DNA.

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