

Active Biotech AB



September 14, 2010

Rodman & Renshaw 12th Annual Healthcare Conference
Tomas Leanderson, President & CEO



Safe Harbor Statement

Certain statements made during the course of this presentation are forward-looking statements. Such forward-looking statements involve known and unknown risks, uncertainties and other important factors that could cause the actual results, performance or achievements of the company, or industry results, to differ materially from any future results, performance or achievement implied by such forward-looking statements.

Statements made during the course of this presentation that are forward-looking are based on the company's current beliefs regarding a large number of factors affecting its business. There can be no assurance that (i) the company has correctly measured or identified all of the factors affecting its business or the extent of their likely impact, (ii) the available information with respect to these factors on which the Company's analysis is based is complete or accurate, (iii) the company's analysis is correct or (iv) the Company's strategy, which is based in part on this analysis, will be successful.

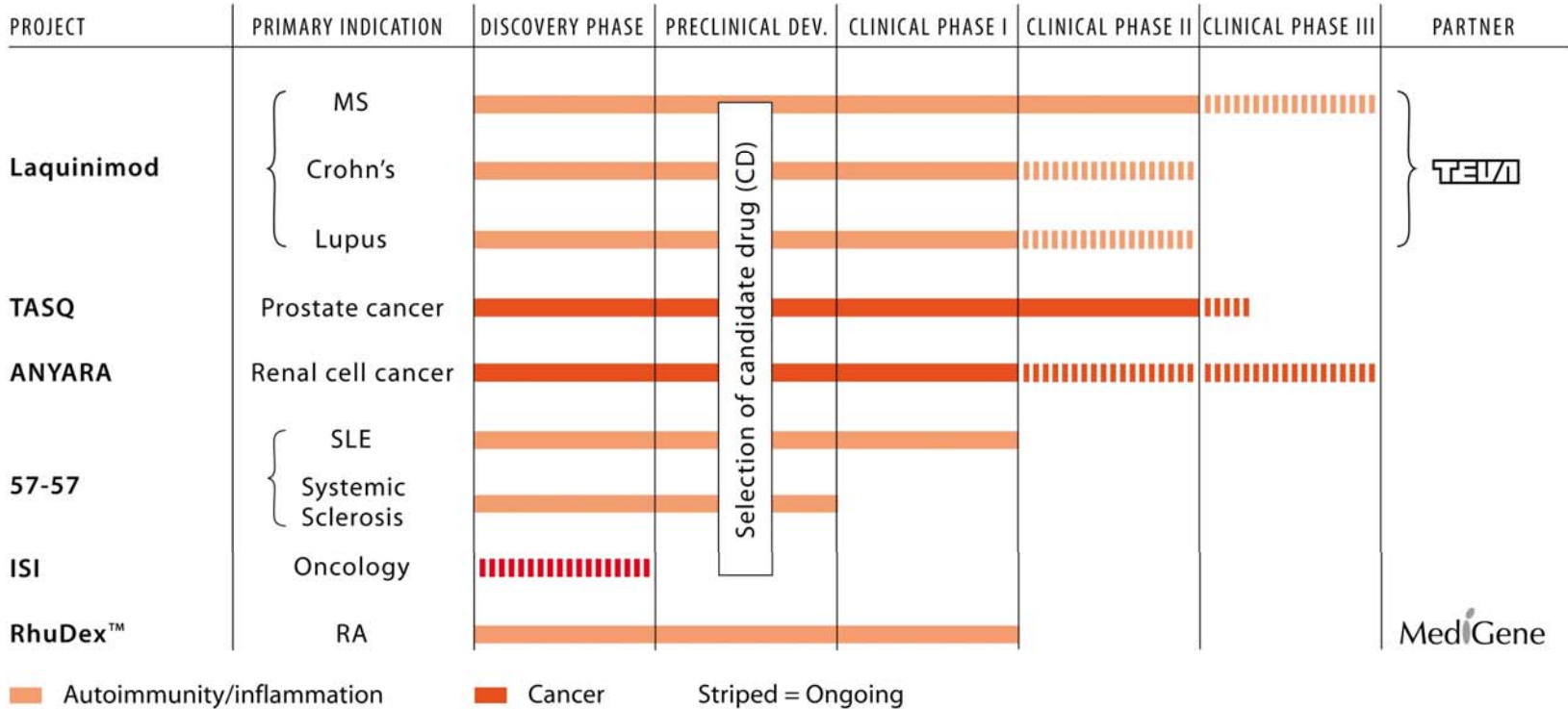
All forward-looking statements speak only as of the date of this presentation or, in the case of any document incorporated by reference, the date of that document. All subsequent written and oral forward-looking statements attributable to the company or any person acting on the company's behalf are qualified by this cautionary statement. The company does not undertake any obligation to update or publicly release any revisions to forward-looking statements to reflect events, circumstances or changes in expectations after the date of this presentation.



Company overview

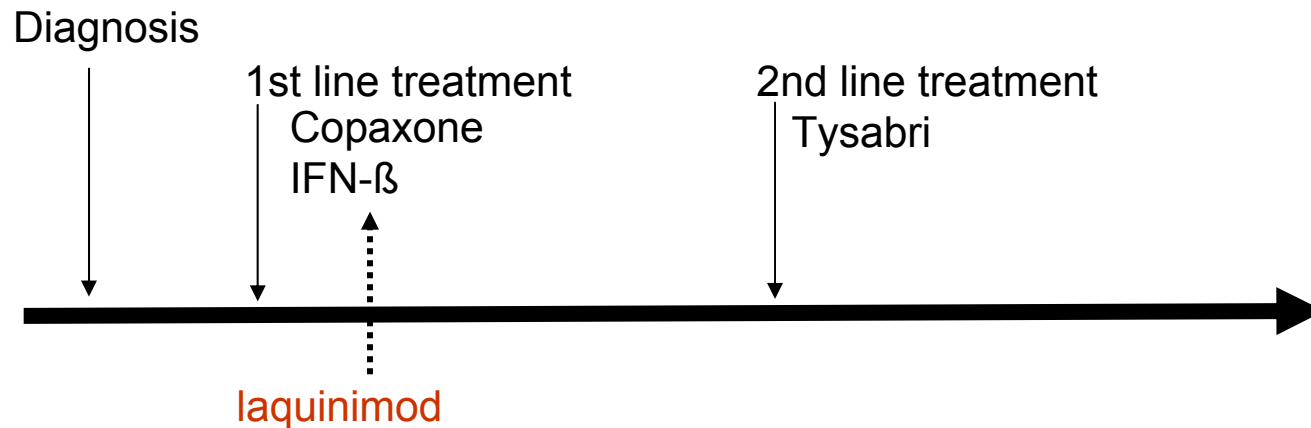
- Swedish Biotechnology Company
- Core competence in **Autoimmune/Inflammatory** diseases and **Cancer**
- Spin out from Pharmacia 1998
- Listed company NASDAQ OMX Nordic: **ACTI**
- Share price SEK 108 (14.40 USD), market cap **SEK 7,124 M** (950 MUSD) as of September 7, 2010
- A total of **87** employees

Active Biotech Pipeline



Multiple sclerosis

- Over 1 million people affected worldwide
- MS total market 2009 – 10.2 BUSD*
- Current treatments injectables; Copaxone, Avonex, Rebif, Betaseron and Tysabri



Laquinimod

- Oral disease-modifying treatment of MS; one tablet a day dosing
- Efficacy in Phase II¹⁾²⁾ clinical trials
- Fast Track status granted by FDA

1) *Comi et al, Lancet* 2008, 371:2085-92
2) *Polman et al, Neurology* 2005;64:987-991

*Cowen Therapeutic Categories Outlook March 2010

Laquinimod – ongoing Phase III trials



Objective	Effect of 0,6 mg vs placebo on Relapse rate & Disability	Effect of 0,6 mg vs placebo on Relapse rate & Disability, Comparative Risk/Benefit – Laquinimod vs Avonex®
Patients	1000 RRMS patients (2x500)	1200 RRMS patients (3x400)
Countries	United States, Canada, Europe and Israel	United States, Europe, Israel and South Africa
Treatment Duration	24 Months	24 Months
Dose	Daily oral LAQ 0,6 mg & Placebo	Daily oral LAQ 0,6 mg & Placebo Weekly im Avonex® 30 µg
Primary Endpoint	Number of relapses during Rx phase	Number of relapses during Rx phase
Secondary Endpoints	Time to confirmed progression EDSS, MRI parameters	Time to confirmed progression EDSS, MRI parameters
Status	Fully recruited Nov 2008	Fully recruited June 2009

Laquinimod – ongoing Phase II clinical program

Indication	Crohn's disease	Lupus Nephritis	Lupus Arthritis
Objective	Safety and effect of daily oral laquinimod	Safety and effect of daily oral laquinimod	Safety and effect of daily oral laquinimod
Patients	~180 patients with active moderate to severe Crohn's disease	~45 active Lupus Nephritis patients	~90 active Lupus Arthritis patients
Countries	Europe, Israel and South Africa (45 sites)	United States, Canada, France, Russia, UK (28 sites)	United States, Canada (25 sites)
Treatment Duration	8 weeks	24 weeks	12 weeks
Dose	Daily oral LAQ 0.5 mg/day up to 2 mg/day or Placebo in sequential dose groups	Daily oral LAQ 0.5mg/day and 1 mg/day or Placebo in combination with standard of care treatment (mycophenolate mofetil and corticosteroids)	Daily oral LAQ 0.5mg/day and 1 mg/day or Placebo
Primary Endpoint	Safety, Tolerability, Clinical Effect - proportion of subjects in clinical remission and subjects who respond to treatment	Safety, Tolerability, Effect on protein to creatinine ratio	Safety, Tolerability, Change in swollen and tender joint counts
Status	Recruiting	Recruiting	Recruiting

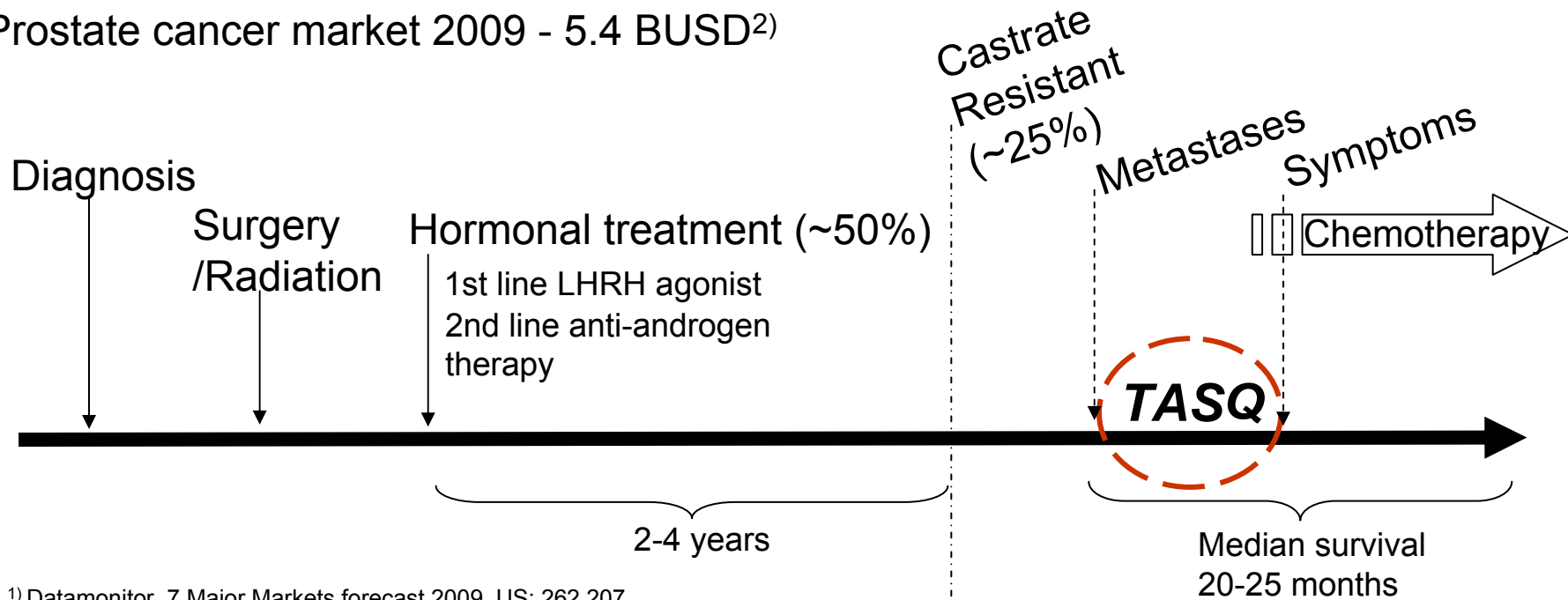
Laquinimod Commercial Development and Marketing Agreement

Teva Pharmaceutical Industries

- Teva has global exclusive rights to develop, register, manufacture and commercialize laquinimod since 2004
- Teva conducts and funds further clinical development of drug
- Expected to generate USD 92 million in overall milestones whereof USD 17 million received so far
- Active Biotech to receive tiered double digit royalties on future sales
 - 15 year royalty period on country-by-country basis
 - Higher royalty level in the Nordic/Baltic territory

Active Biotech - Oncology

- TASQ development currently focused on registration in asymptomatic metastatic castrate resistant prostate cancer (CRPC)
- Small molecule – one capsule a day dosing
- Broader use envisaged
- Number of prostate cancer patients exceeds 400,000¹⁾
- Prostate cancer market 2009 - 5.4 BUSD²⁾



¹⁾ Datamonitor, 7 Major Markets forecast 2009. US; 262,207

²⁾ GlobalData 2010

³⁾ Br J Cancer 2009 101: 1233-1240. Bratt et al. Open-label, clinical phase I studies of tasquinimod in patients with castration-resistant prostate cancer.

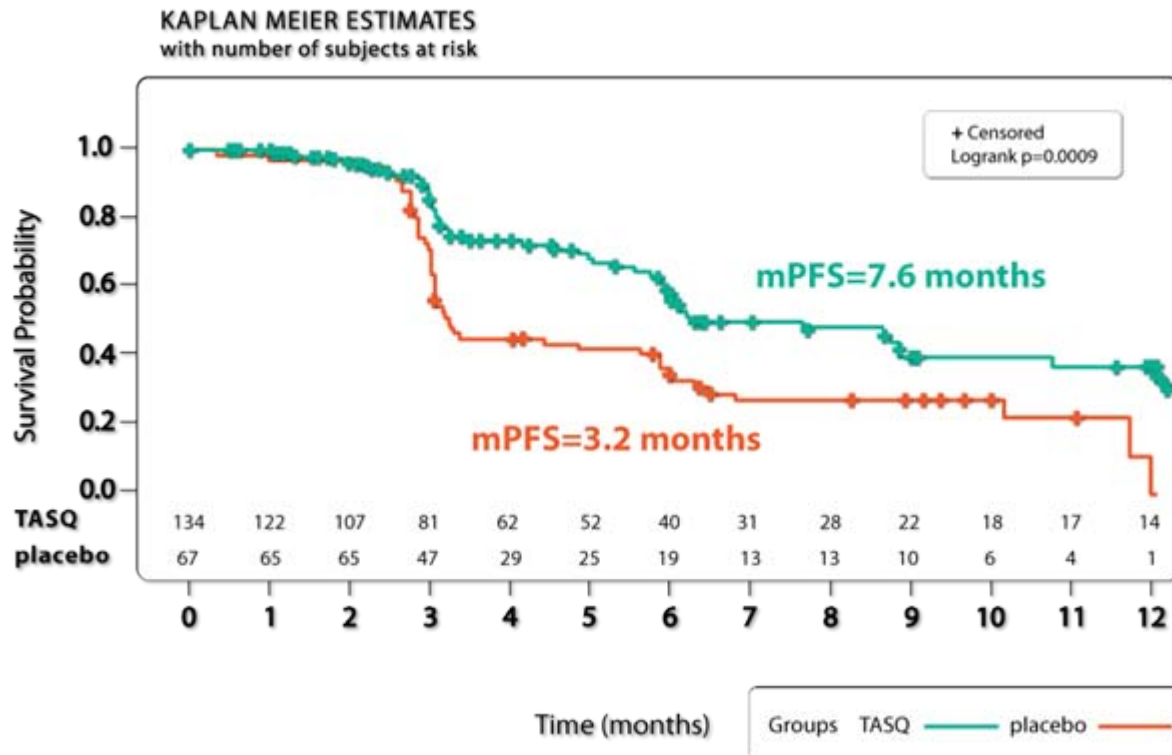
Delay chemotherapy₉

TASQ Phase II Study outline

- 206 patients with asymptomatic metastatic castrate resistant prostate cancer
- Primary endpoint: Proportion of patients with disease progression at 6 months
- Disease progression: tumor-related cancer pain, bone scan or CT scan, radiotherapy, pathological fracture or spinal cord compression
- Performed at centers in the US, Canada and Sweden
- 2:1 randomization 1.0 mg TASQ vs placebo
- Placebo patients could cross over to TASQ after 6 months

Phase II Primary endpoint met Dec 2009

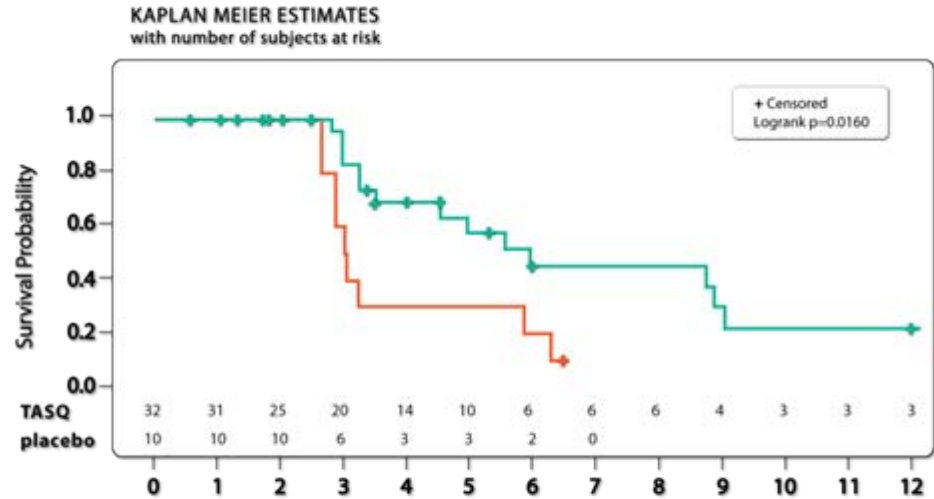
- 69 % (93/134) of TASQ treated patients vs 34 % (23/67) of placebo treated patients had not progressed at 6 months ($p < 0.0001$) (CMH). Relative risk for progression was 0.47
- Median Progression Free Survival (mPFS) was 7.6 vs 3.2 months ($p = 0.0009$) and HR 0.52 (Logrank)



PFS PCWG2 Subgroup analysis

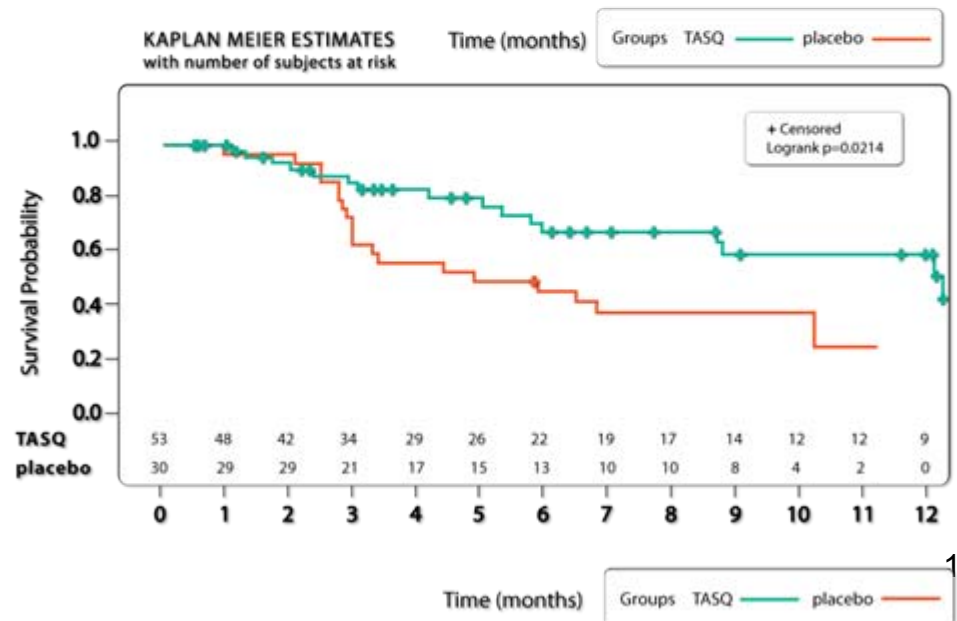
Visceral

mPFS 6.0 vs 3.0 months
 $p=0.0160$ HR=0.36



Bone only

mPFS 12.2 vs 5.4 months
 $p=0.0214$ HR=0.45



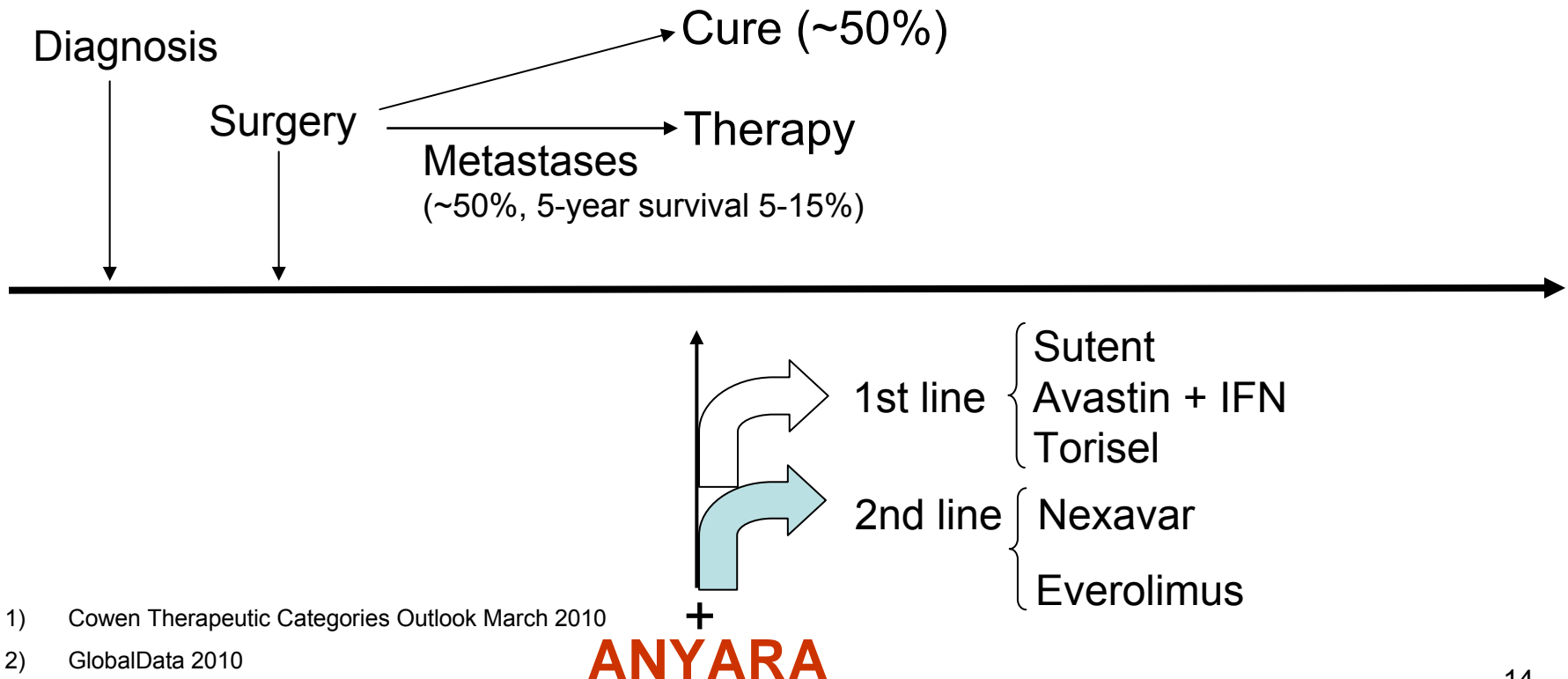
TASQ further development

- **Prostate cancer**
 - priority on initiating Phase III trial in a pre-docetaxel setting
 - estimated study start early 2011
- **Other indications**
 - anti-angiogenic activity; upregulates thrombospondin-1
 - S100A9 one molecular target
 - general mechanism of action applicable to several cancer indications
 - promising preclinical data e.g. in breast cancer, colon cancer and melanoma

Active Biotech - Oncology

Renal Cell Carcinoma

- 180,000 new cases worldwide each year¹⁾
- Renal cancer market 2009 – approx 1 BUSD²⁾



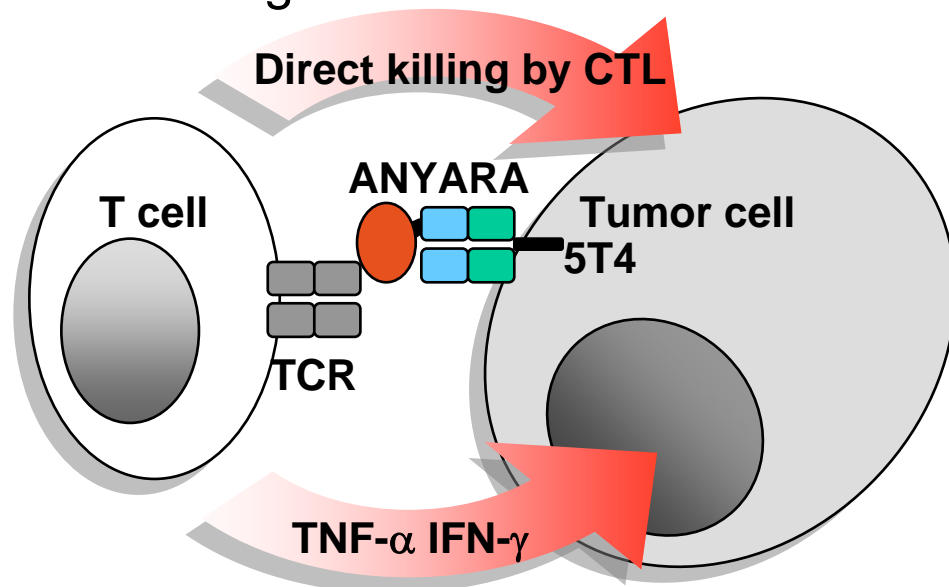
1) Cowen Therapeutic Categories Outlook March 2010

2) GlobalData 2010

ANYARA: Tumor Targeted Superantigen (TTS)

Therapeutic principle

- Selective drug retention in tumor tissue
- Activation and targeting of effector T cells
- Direct and indirect tumor cell killing



ANYARA in Pivotal Phase III trial in RCC

- Study on-going since January 2007
- Positive interim analysis of safety and efficacy May 2008
- ANYARA currently in pivotal Phase III stage in Europe

Number of patients	> 500, enrollment completed June 2009
Randomization	IFN α vs ANYARA+IFN α
Countries	UK, Ru, Uk, Bu, Ro (50 sites)
Primary endpoint	Overall survival
Secondary endpoints	Progression free survival, objective response rates, safety etc.
Analyzed at	384 of 512 patients

ANYARA: Increasing survival for patients with advanced cancer

- **Orphan drug status** granted in Europe (July 2007)
- Encouraging results from Phase I trial in **NSCLC, RCC** and **pancreatic cancer** (Borghaei et al 2009, J Clin Oncol 27:4116-4123)
- Well tolerated without long term side effects
- Median survival in heavily pretreated patients:
 - RCC 26.2 months
 - NSCLC 15.8 months

Active Biotech - Autoimmunity/Inflammation



57-57: Chronic Oral Treatment

- Completed **Phase Ib** study in SLE confirms previous data and **strengthens** 57-57 for further **clinical development**
- Small quinoline molecule intended for chronic **oral** treatment
- Blocks S100A9 interactions with RAGE/TLR4
- Exploratory clinical study in SLE patients ongoing
- Development in Systemic Sclerosis/Scleroderma initiated

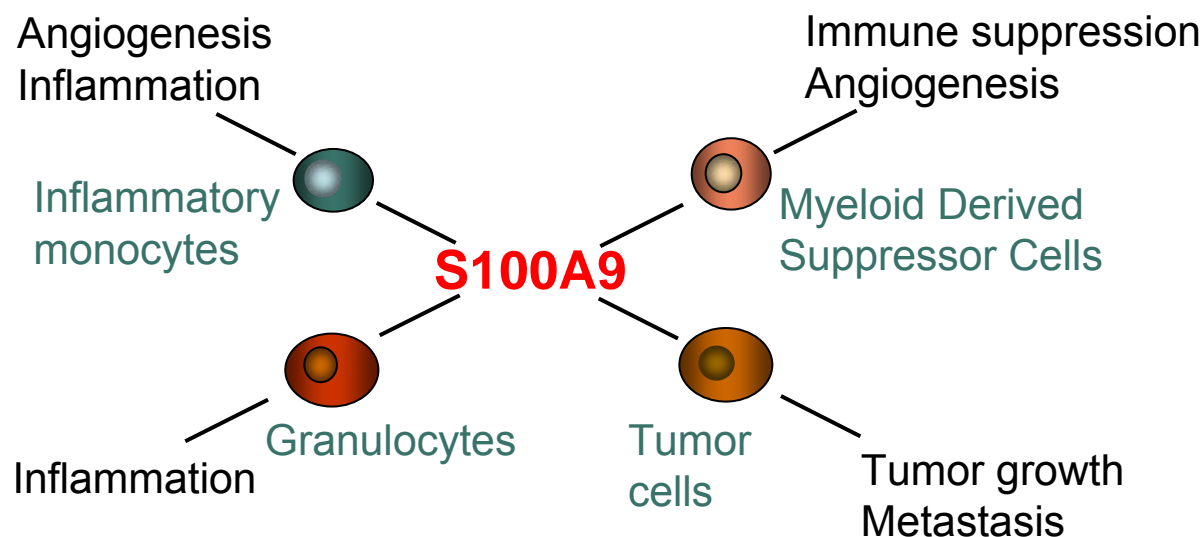
Systemic Sclerosis

- Chronic autoimmune disease of the connective tissue, i.e skin, internal organs such as gastrointestinal tract, lungs, heart and kidneys
- Clinically heterogeneous;
 - autoantibody production
 - fibrosis
 - vascular damage
- Orphan indication - affects 1 to 3 per 10,000 in the US & EU

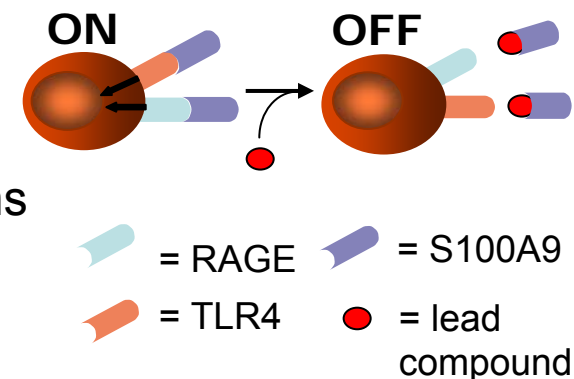


The ISI Project - Inhibition of S100A9 Interactions

- Quinolines first in class S100A9 binders (PLoS Biology April 2009, Vol 7, Issue 4, p. 800-812)
- S100A9 interacts with the pro-inflammatory RAGE and TLR4 receptors



- The **ISI Project** - Inhibition of **S100A9** Interactions
- Lead compounds block S100A9-RAGE/TLR4 interactions
- First indication oncology



Active Biotech Projected News Flow

- 57-57
 - Results SLE exploratory clinical study 2010
 - Start of SSc exploratory clinical study H1 2011
- TASQ
 - Start Phase III early 2011
- Laquinimod
 - Phase III data followed by launch 2011/2012
- ANYARA
 - Phase III overall survival data first half 2011
- ISI
 - CD selection 2011/2012

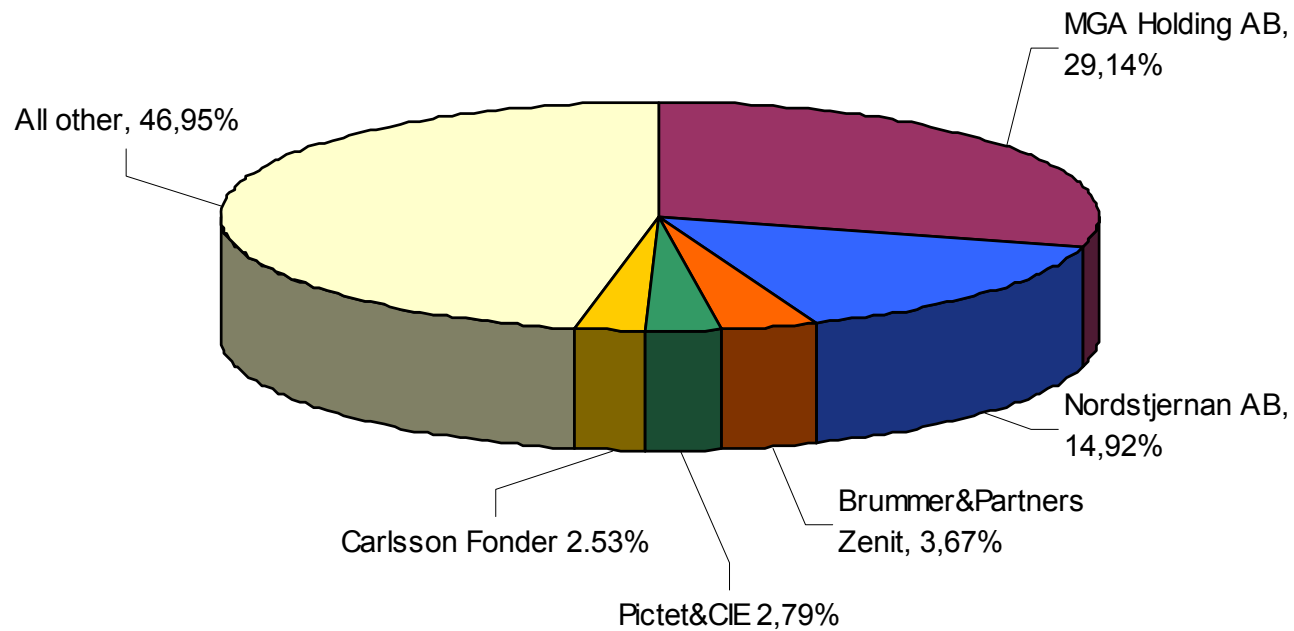
Company information



Financials January – June 2010

- Net sales SEK 6.1 million (5.2)
- Operating loss SEK 102.4 million (loss: 118.5)
- Loss after tax SEK 108.3 million (loss: 118.6)
- Cash on hand SEK 235.3 million (June 30, 2010)

Active Biotech shareholding, August 31, 2010



Board of Directors



Mats Arnhög

Chairman of the Board

Born 1951, Board Member since 2000

Owner of MGA Holding AB



Klas Kärre

Born 1954, Board member since 2003

Professor in Immunology at Karolinska Institute, Stockholm



Tomas Nicolin

Born 1954, Board member since 2009

Former President of Alecta and Third AP Fund



Magnhild Sandberg

Born 1937, Board member since 2007. Associate professor of Neurology and Consultant at the neurological clinic at Lund University Hospital



Peter Sjöstrand

Born 1946, Board Member since 2000 Former Executive Vice President Astra, Chairman of Gambro AB



Peter Ström

Born 1952, Board Member since 2003

Former Vice President Pharmacia and Senior Vice President IMS Health



www.activebiotech.com

