



Active  Biotech

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# Active Biotech in brief

## Refocused development in specialist disease areas

- **Large** unmet medical need and value potential
  - Tasquinimod - Haematological malignancies ( Ph I/II studies ongoing)
  - Laquinimod - Inflammatory eye disorders (Ph I program concluded)
- **Opportunity** to leverage prior generated data to accelerate development
- **Key focus** on the clinical programs of tasquinimod in myelofibrosis
  - Continued development of laquinimod with partner
- **Granted** Orphan Drug Designation (ODD) by FDA in core focus programme myelofibrosis 2022

## Experienced leadership

- **Senior** organization and Board with complementary skills
- **Broad** international network of KOLs and experts

## Finance & Corporate

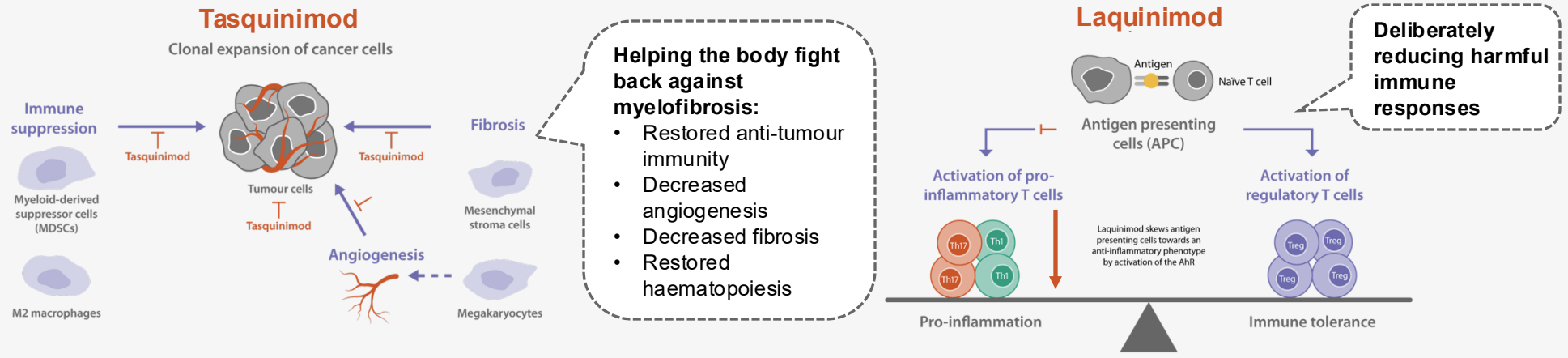
- Listed on Nasdaq Stockholm Small Cap (ticker: ACTI)
  - Market cap SEK 99.3 M, USD 10.4 M<sup>1</sup>
  - 5 employees (FTE)
- Strong shareholder base, including MGA Holding, Sjuenda Holding and SEB Foundation
- Founded in 1998 as spin-off from Pharmacia, based in Lund, Sweden



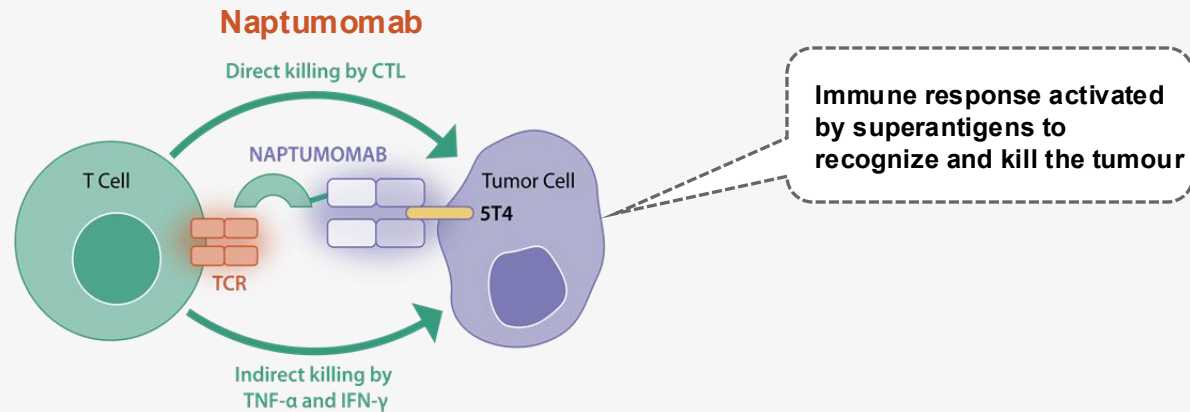
Note(s): 1) As of 05 Nov 2025.

# Targeting cancer and inflammation through immunomodulation

## Small molecules Myeloid cell modulation



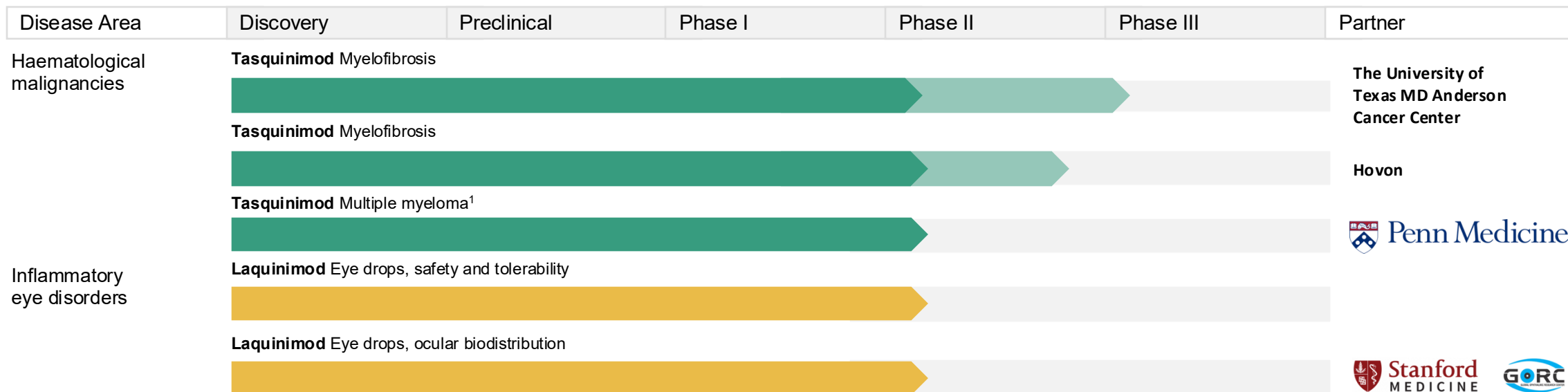
## Antibody based immunotherapy Tumour targeting superantigen



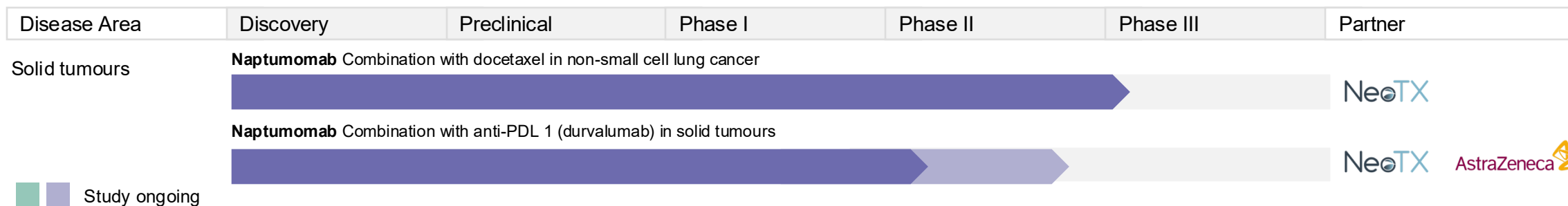
Note(s): Abbrev: MDSC – Myeloid derived suppressor cell, HDAC4 – Histone deacetylase; APC- Antigen Presenting Cell, T reg-Regulatory T cell, Th 1-T helper cell 1, Th17-T helper cell 17; CTL – Cytotoxic T lymphocyte; TNF – Tumour necrosis factor; IFN – interferon; TCR – T cell receptor.

# Valuable pipeline in cancer and eye disorders

## WHOLLY OWNED PROJECTS



## LICENSED PROJECTS



Note(s): 1) In an academic partnership with Abramson Cancer Center, Philadelphia, University of Pennsylvania.

# Tasquinimod

# Tasquinimod: ODD focus in rare haematological malignancies

| Core focus<br><i>Myelofibrosis (MF)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Concluded study<br><i>Multiple myeloma (MM)</i>                                                                                                                                                                                                                                                                                                                                                        | High value opportunity<br><i>Myelodysplastic syndrome (MDS)</i>                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disease modifying potential</b> <ul style="list-style-type: none"><li>• Market size 2.3bn (2021)<sup>1</sup></li><li>• Clinical PoC studies ongoing at MD Anderson, US and in the HOVON network in Europe</li><li>• Current treatments focused on symptoms rather than curation</li><li>• Interim result 2026 and final result 2027</li><li>• Preclinical experiments indicate:<ul style="list-style-type: none"><li>• Works synergistically with JAK- or BET inhibitors</li><li>• Results demonstrated tasquinimod efficiency as monotherapy and in combination</li></ul></li></ul>          | <b>Complement to existing treatments</b> <ul style="list-style-type: none"><li>• A USD 21bn market opportunity (2022)<sup>2</sup></li><li>• Clinical Ph Ib/Ila combination with IRd completed<ul style="list-style-type: none"><li>• Patients heavily pre-treated and triple class refractory</li><li>• In the total combination cohort a clinical benefit rate of 47% was reached</li></ul></li></ul> | <b>Restoration of haematopoiesis</b> <ul style="list-style-type: none"><li>• Preclinical PoC established<sup>3</sup></li><li>• A USD 2.8bn market opportunity (2024)<sup>4</sup></li></ul> |
| <b>A novel oral immunomodulatory therapy</b> <ul style="list-style-type: none"><li>✓ Significant PFS benefit in Ph-II/III in advanced prostate cancer patients and well-known safety</li><li>✓ Potential to leverage established regulatory package of preclinical, clinical safety (&gt; 650 pts-years of exposure) and full commercial scale CMC documentation</li><li>✓ Orphan Drug Designation granted in the U.S. for multiple myeloma and myelofibrosis, supported by patent protection extending to at least 2044</li><li>✓ API available and established CDMO for drug product</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                            |

Note(s): Abbrev: PFS – Progression Free Survival, CMC - Chemistry, Manufacturing and Controls, IRd – Ixazomib Revlimide dexamethazone. Source(s): 1) Global Data Report July 2023, Myelofibrosis, 2) Global Data Report July 2024, Multiple Myeloma 3) Wobus et al. Posters presented at ASH 2021, 2022, 2023, 4) Global Market Insight, Myelodysplastic Syndrome (MDS) Drugs Market, 2024.

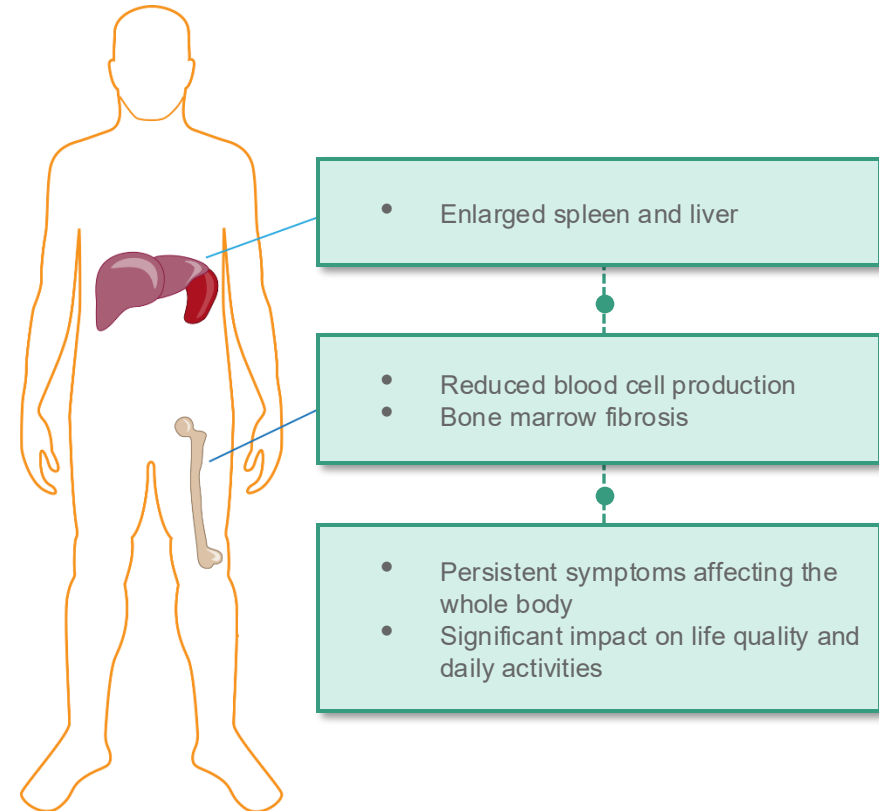
# Tasquinimod in Myelofibrosis

# Myelofibrosis: A rare chronic blood cancer

## Myelofibrosis in brief

- Myelofibrosis is a rare blood cancer with an incidence of approximately 1.5 cases per 100,000 people and with an estimated prevalence of more than 100,000 patients with myelofibrosis in the EU, US, UK and Japan<sup>1</sup>
- The disease is driven by the abnormal production of blood-forming cells, which gradually replace healthy bone marrow with scar tissue (fibrosis)
- This process leads to bone marrow failure and in many cases, progression to acute leukaemia, contributing to shortened survival
- Current treatment options include bone marrow transplantation, JAK inhibitors and supportive therapies to manage anaemia, but none offer a cure or modify the course of the disease

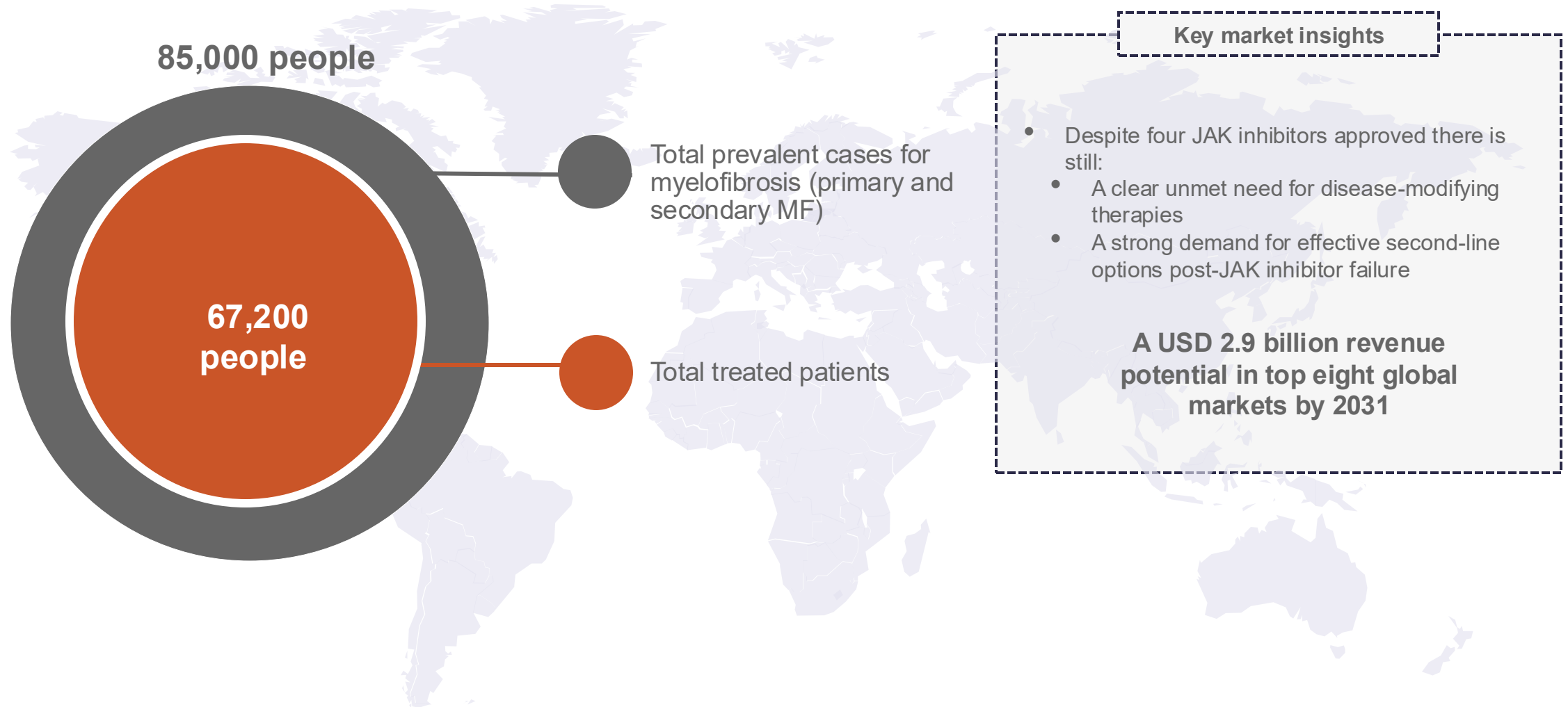
## Key characteristics of myelofibrosis



**Strong unmet need is driving the demand for transformative therapies**

Source(s): 1) Slowley et al., 2024.

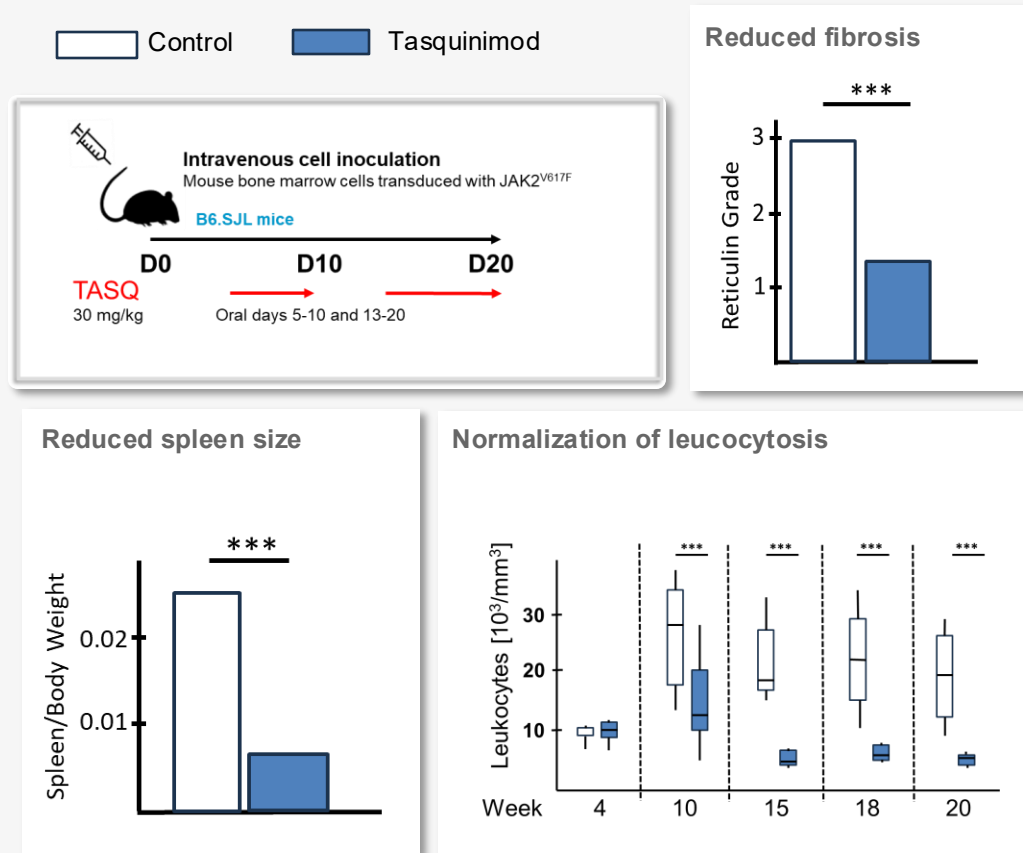
# Myelofibrosis: A major unmet medical need



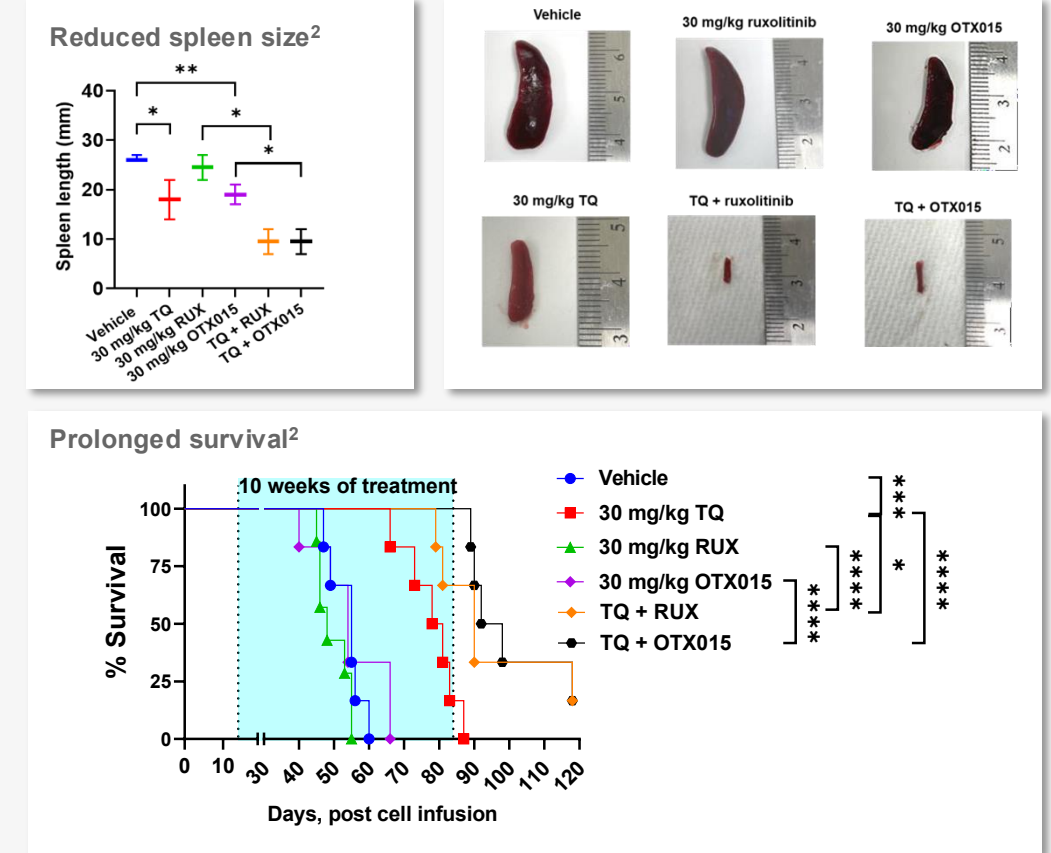
Source(s): Global Data Report March 2023, 8 Major Markets (US, EU5, Japan and China). Presented data are based on 2031 forecast numbers

# Tasquinimod improves hallmarks of myelofibrosis and boosts effects of other therapies

## Tasquinimod improves core symptoms of myelofibrosis...



## ...and enhances BET and JAK inhibitor efficacy in advanced myelofibrosis<sup>1</sup>



Note(s): 1) PDX model of post-MPN sAML, 2) Abbrev: JAK inhibitor - Janus kinase inhibitors, TQ – tasquinimod, RUX – ruxolitinib, BET inhibitor - bromodomain and extra-terminal domain inhibitor (e.g. OTX015).  
Source(s): Leimkühler et al., Cell Stem Cell. 2021 Apr 1;28(4):637-652.e8, Fiskus W.C., et al. Blood (2023) 142 (Supplement 1): 741, Fiskus W.C., et al Blood (2024) 144 (Supplement 1): 3142.

# Tasquinimod: Two clinical trials in myelofibrosis

## Ph-Ib/II studies in patients with primary or secondary myelofibrosis

### TasqForce<sup>1</sup> Phase Ib/II trial (N=20)

#### Tasquinimod monotherapy in JAKi ineligible/intolerant

##### Primary endpoint

- Spleen volume reduction of >35% at week 24

##### Key secondary endpoints

- Reduction in MF Symptom Score
- Safety and tolerability
- Fibrosis grade

##### Status: Study ongoing

- Interim result: 2026
- Result: 2027

**Principal Investigator:** MD Peter te Boekhorst, Erasmus MC, HOVON, NL

### MD Anderson<sup>2</sup> Phase II trial (N=33)

#### Tasquinimod monotherapy in JAKi ineligible/intolerant

##### Primary endpoint

- Objective response rate at week 24<sup>3</sup>

##### Key secondary endpoints

- Spleen Volume Reduction >35% at week 24
- Reduction in MF Symptom Score
- Safety and tolerability
- Fibrosis grade

##### Status: Study ongoing

- Interim result: 2026
- Result: 2027

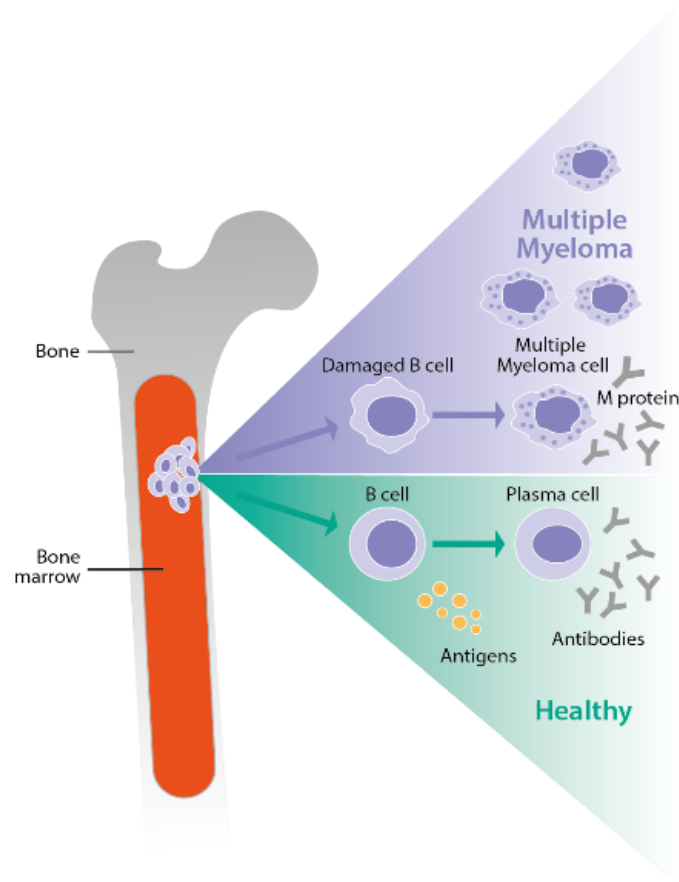
**Principal Investigator:** MD Lucia Masarova, MD Anderson Cancer Centre, TX, USA

#### Tasquinimod + ruxolitinib in suboptimal responders

Note(s): 1) HOVON-172, NCT06605586, 2) NCT06327100, 3) International Working Group-Myeloproliferative Neoplasms Research and Treatment (IWG-MRT).

# Tasquinimod in Multiple Myeloma

# Multiple Myeloma: An incurable blood cancer



## Multiple Myeloma in brief

- Multiple myeloma originates in the bone marrow, characterized by the uncontrolled growth of plasma cells
- This disrupts normal haematopoiesis, preventing the production of healthy blood cells
- Clinical symptoms include bone pain, fragility fractures, anaemia, renal impairment and increased vulnerability to infections
- Advances in treatment has improved survival rate, with median life expectancy now estimated at 8–10 years post-diagnosis
- However, most patients eventually relapse due to the development of resistance to current therapies, emphasizing the need for novel treatment strategies

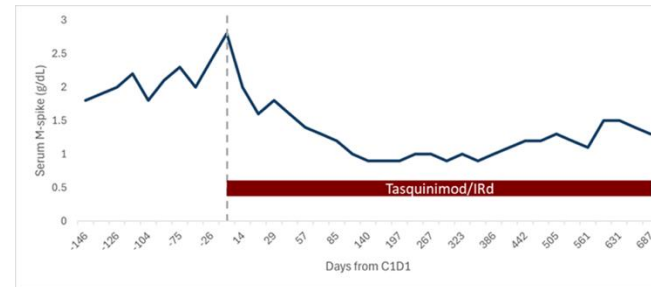
**Urgent need persists for therapies that overcome resistance and improve long-term outcomes**

# Tasquinimod shows synergistic efficacy with IRd in heavily pretreated multiple myeloma patients

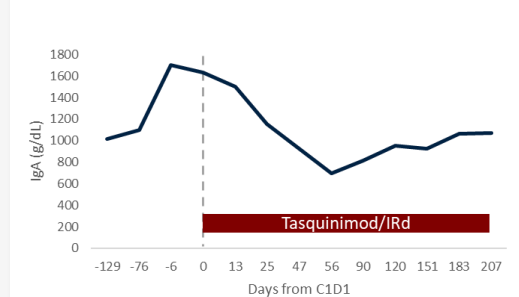
## Preliminary efficacy and tolerability of tasquinimod

- 17 patients received tasquinimod in combination with ixazomib (PI), lenalidomide (Imid) and dexamethasone (IRd)
  - Median of 7 prior lines of therapy (range 4-19), all triple-class refractory
  - One partial response and 7 minimal responses - Clinical Benefit Rate (CBR) – 47%
- 12 patients were refractory to their most recent Imid/PI combination
  - One partial response and three minimal responses (lasting 1.2, 1.5 and 6.7 months) - CBR 33%
  - Patients were unlikely to respond to IRd and suggests synergistic efficacy of tasquinimod with IRd
- Tasquinimod was well tolerated with IRd

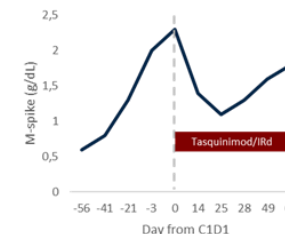
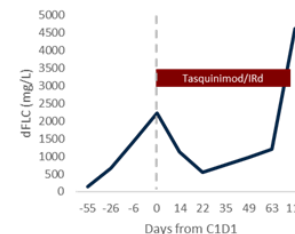
### Response lasting 19.8 months



### Stable disease lasting 7 months



### Minimal responses lasting 1.2, 1.5 and 6.7 months

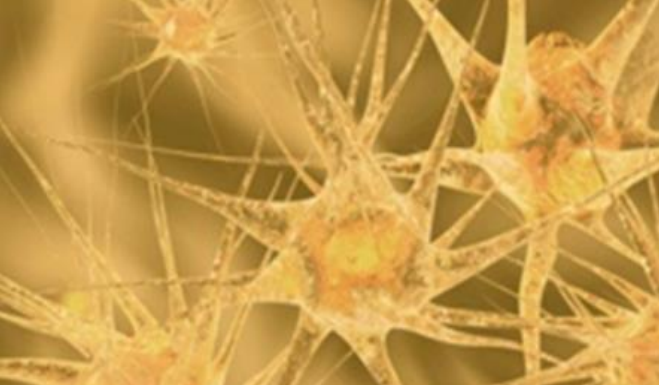




# Laquinimod

# Laquinimod: First in class treatment for eye disorders with unmet medical need

## Core focus

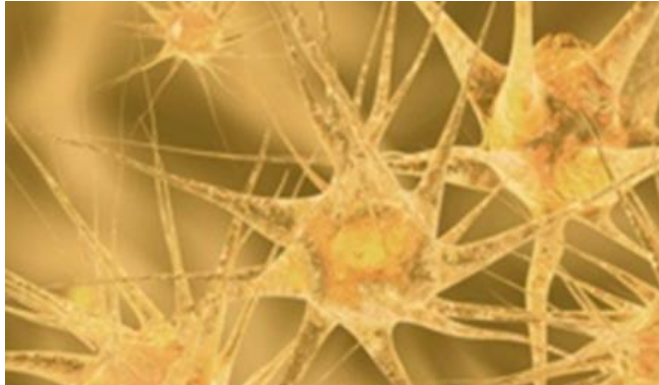


**Non-anterior non-infectious uveitis**

Laquinimod helps train the immune system to be less reactive by targeting key immune cells and boosting anti-inflammatory cells that help control harmful immune responses

- Market of USD 500m (2023)<sup>1</sup>
- Clinical Ph I ocular biodistribution of an eye drop formulation completed

## High value indications



**Eye disorders with excessive neovascularization**

Laquinimod helps lower inflammation and blood vessel growth by acting on specific immune cells in the body and brain

- Pre-clinical PoC established

### Dual formulation opportunity

- Available in two pharmaceutical-grade formats: oral and an innovative hydrogel eye drop
- Eye drop formulation has demonstrated safety, tolerability and effective distribution within the eye in Phase I clinical trials
- Robust preclinical data supports therapeutic potential via both oral and topical administration
- Patent protection for medical use, manufacturing and formulation extends through 2042, ensuring long-term exclusivity

### Clear evidence and strong foundation for development

- Clinical proof of concept shown through significant effects on relapse related endpoints in MS
- Regulatory package includes preclinical and clinical safety data (>14,000 patient-years) and full-scale commercial CMC documentation with pharmaceutical-grade drug substance
- Strong scientific relevance with novel mode of action targeting the Aryl hydrocarbon receptor in antigen presenting cells

Notes(s): Abbrev: PoC – Proof of Concept; MS – Multiple sclerosis; CMC - Chemistry, Manufacturing and Controls. Source(s): 1) Global Data Report March 2025, Uveitis.

# Non-infectious uveitis: A significant unmet medical need

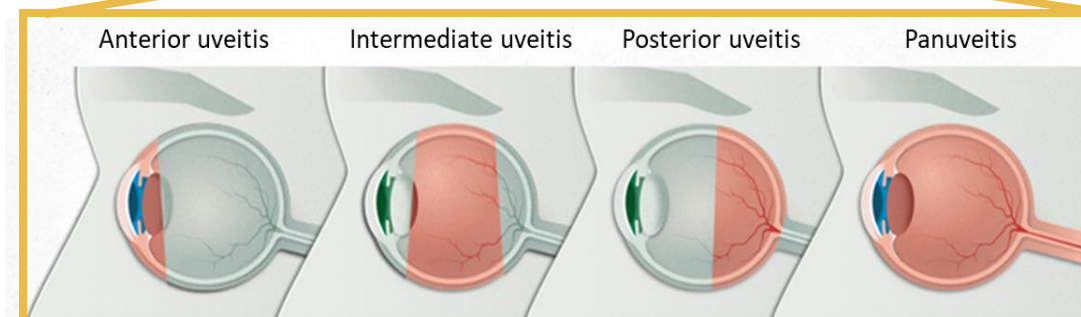
## Standard treatments available today

- Corticosteroids: remain the first-line treatment, administered both locally (topical or intravitreal) and systemically
- Immunosuppressants: are often used as steroid-sparing agents, especially in chronic or vision-threatening cases
- Monoclonal antibodies: offer more targeted treatment but are costly and not universally effective

## Key gaps in current uveitis treatment

- Urgent need for innovative therapies that deliver better results with fewer side effects
- Safe alternatives to long-term steroid use are essential to avoid serious complications
- New solutions are needed for patients who do not respond to existing treatments
- No approved eye drop formulations currently exist for non-anterior uveitis, limiting local treatment options

## Laquinimod



## Current treatment of non-infectious uveitis

### 1st line of treatment

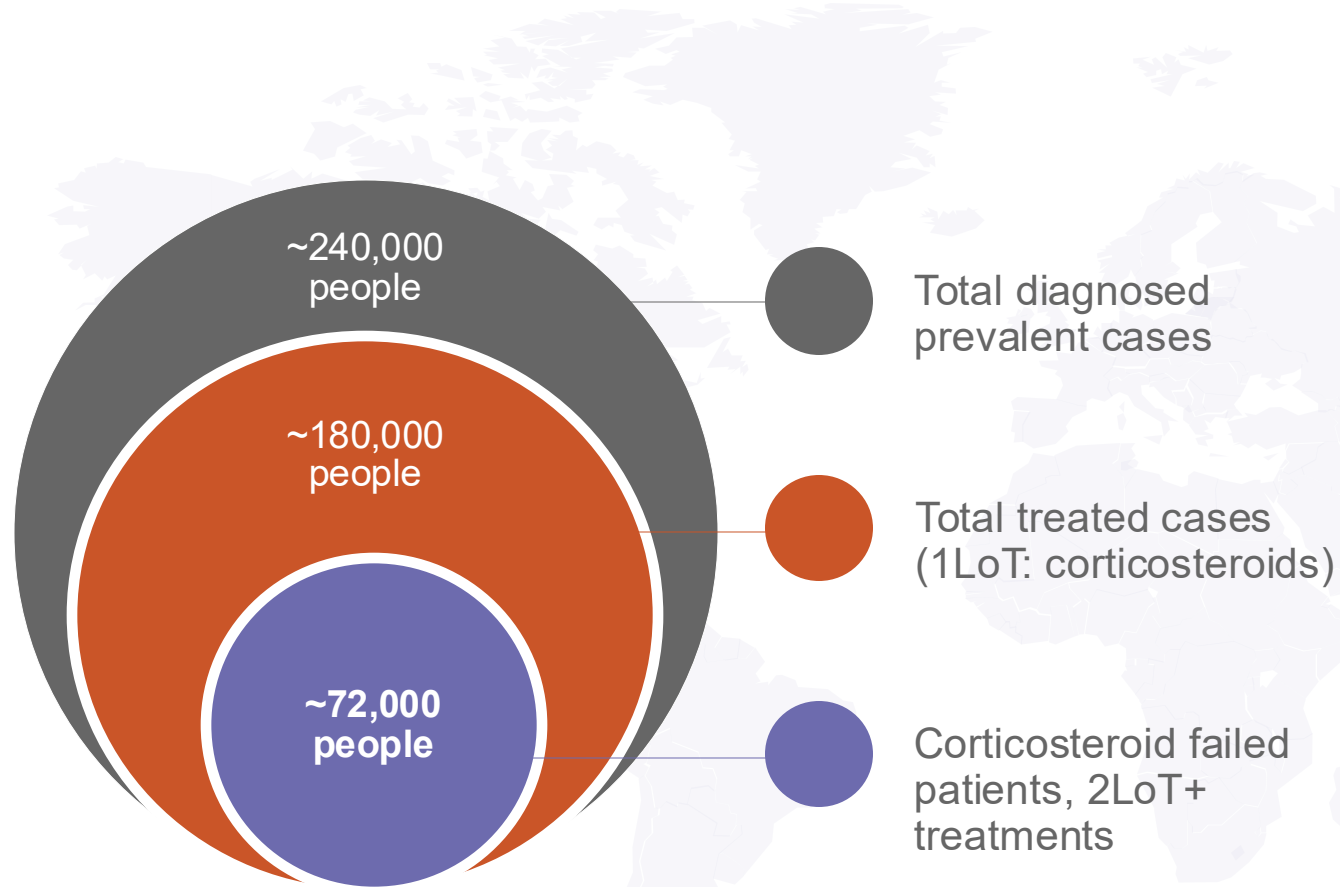
- Corticosteroids, topical, oral, intravitreal or periocular injection

### 2nd and 3rd line of treatment

- Immunosuppressants, oral
- Biologics – anti-TNF $\alpha$  antibodies (Humira®), subcutaneous

Non-infectious uveitis can have painful symptoms and lead to blindness if left untreated

# Uveitis: A significant opportunity



## Key market insights

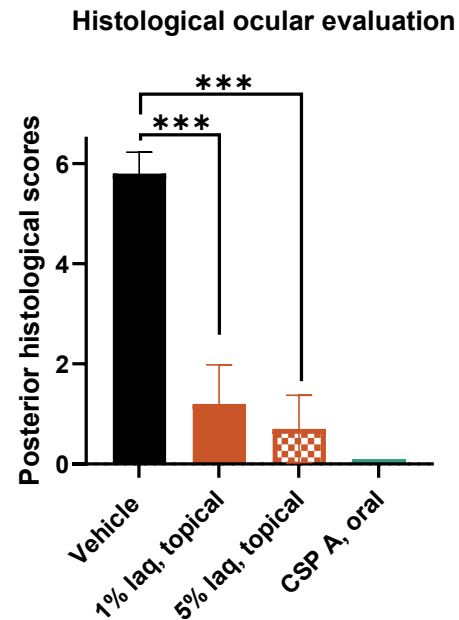
- Significant opportunity in segment of non-infectious non-anterior uveitis in 7MM, forecasts for 2033
- Corticosteroids are only effective in about 60% of patients, leaving many without adequate control
- Serious clinical consequences can result from untreated or poorly managed disease
- Major unmet medical need remains for safer and more effective therapies

**Projected sales in seven key markets to reach USD 1.5 billion by 2033**

Notes(s): Abbrev: LoT – Line of treatment. Source(s): Global Data Report March 2025, Uveitis-opportunity Assessment and Forecast.

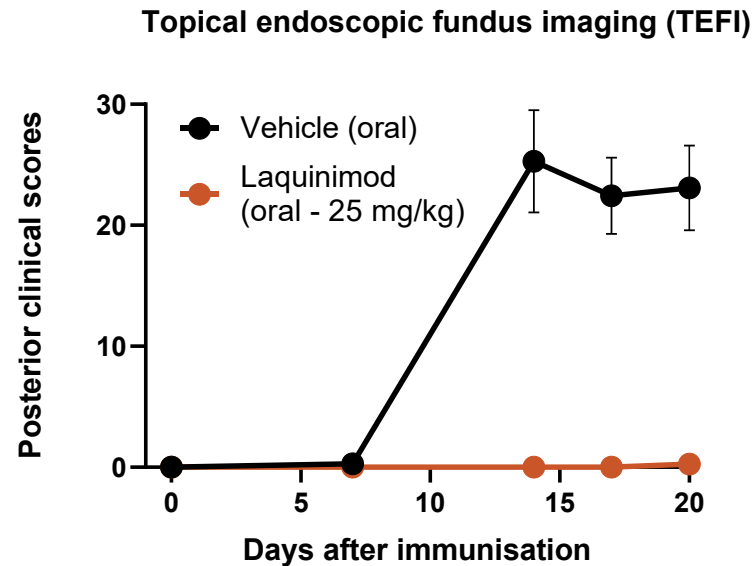
# Laquinimod works both topically and orally

## Topical laquinimod



Study design: EAU in Lewis rats, antigen - S-antigen, treatment days 7-16

## Oral laquinimod



Study design: EAU in B10.RIII mice, antigen – IRBP 161–180, treatment days 0-20

**Laquinimod reduces inflammation in experimental uveitis by modulating the immune response:**

- It lowers levels of pro-inflammatory T cells and cytokines, which are key drivers of tissue damage and inflammation
- It boosts anti-inflammatory regulatory T cells, helping to restore immune balance and control disease progression

# The LION study: Delivery of laquinimod to the posterior parts of the eye

## Collaboration with Byers Eye Institute, Stanford University School of Medicine

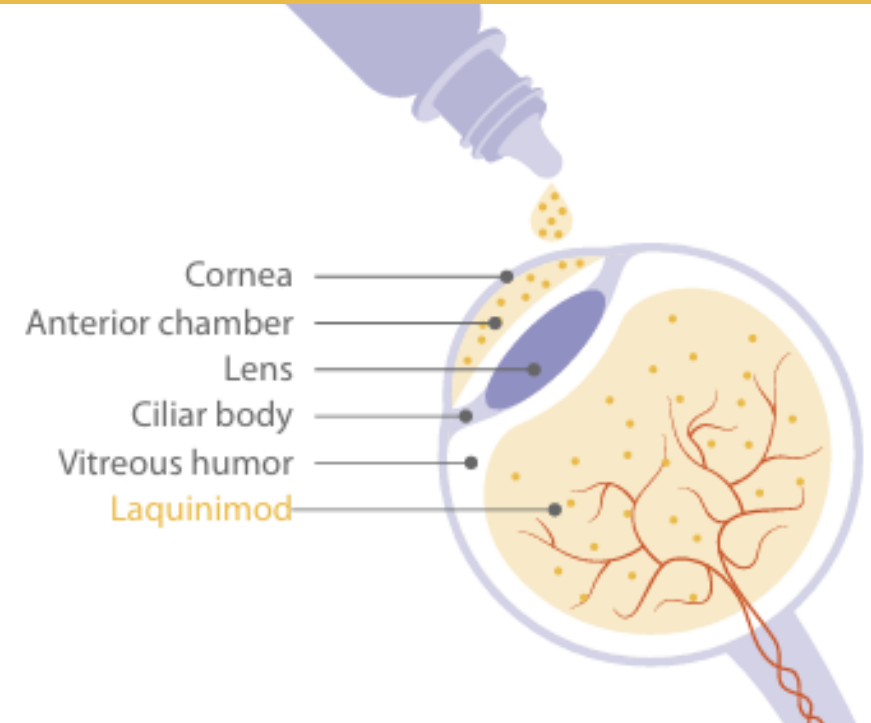
- Principal investigator: MD, Professor Quan Dong Nguyen
- Patients undergoing vitrectomy treated with laquinimod eye drops at 3 different dose levels (3 pts/dose level) for 14 days before surgery
- Samples from vitreous and anterior chamber collected during surgery for analysis of laquinimod

## Results

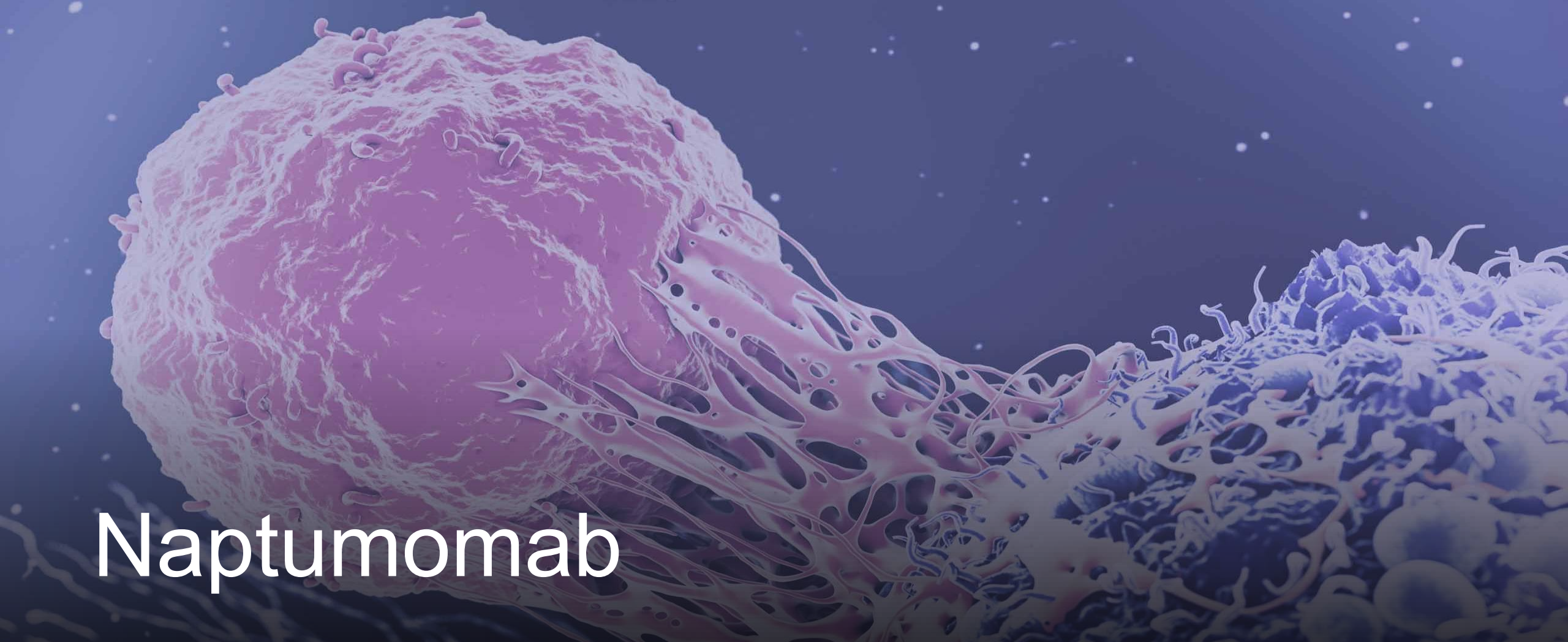
- Dose related and therapeutically relevant concentrations of laquinimod determined in anterior chamber and vitreous
- The topical treatment for 14 days was safe and well tolerated
- Presentation at International Ocular Inflammation Society (IOIS), 27 June 2025 and American Academy of Ophthalmology (Aao), 18-20 October 2025

Continued clinical development together with partner for a registrational phase II/III

## Innovative hydrogel eye drop optimized to reach the back of the eye



Laquinimod penetrates cornea and sclera and therapeutic concentrations are reached both in the anterior and posterior parts of the eye within 14 days of treatment



# Naptumomab

# Naptumomab: Targeted immunotherapy for tumours

## Combination with checkpoint inhibition

Pre-clinical data suggest synergy with checkpoint inhibitors

- Ph-Ib/IIa combination with anti-PDL-1 durvalumab after Obi pretreatment in selected tumours

## Combination with chemotherapy

Pre-clinical data suggest synergy with chemotherapy

- Ph-IIa combination with docetaxel after Obi pretreatment in non-small cell lung cancer completed

### Global licensing agreement with NeoTX LTD (2016)

- ✓ Exclusive license for worldwide development and commercialization of Naptumomab
- ✓ Total deal value of USD 71 million, contingent upon the achievement of specified clinical and regulatory milestones
- ✓ Includes progressive, double-digit royalties on future net sales, applicable over a 15-year royalty period

### Market opportunity in immuno-oncology

- ✓ Significant potential underscored by global checkpoint inhibitor sales of USD 31 billion in 2021, with continued strong growth anticipated<sup>1</sup>

### Intellectual property protection

- ✓ Robust patent and patent application coverage for medical use, manufacturing and formulation—secured through at least 2042

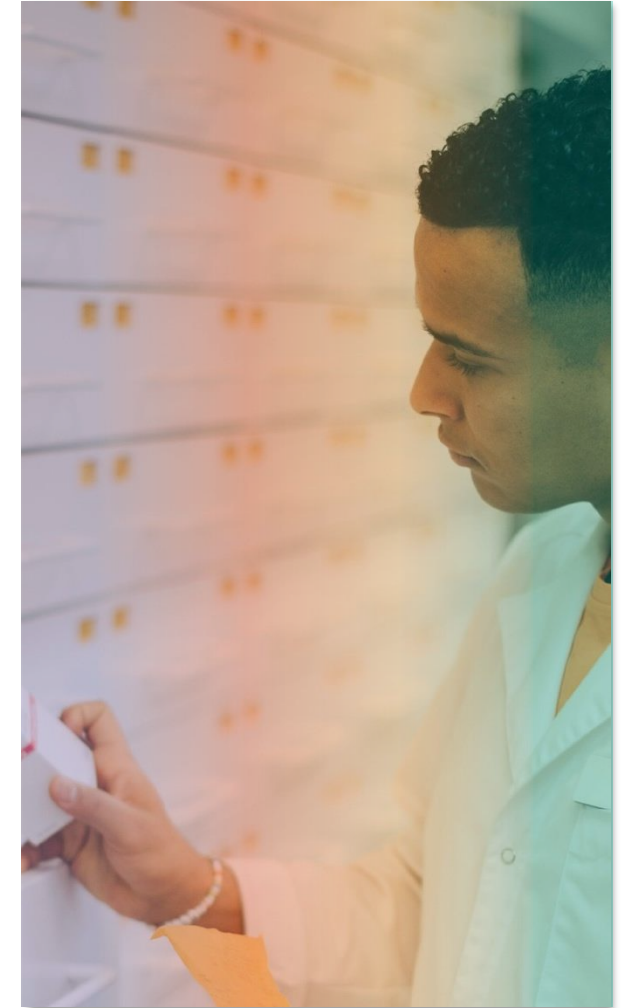
Notes(s): Obi-Obinutuzumab (anti B-cell antibody). Source(s): 1) Global Data report 2022, Global Data Immuno-oncology products Drugs database 2022.



# Conclusion

# Transforming unmet needs into a market opportunity

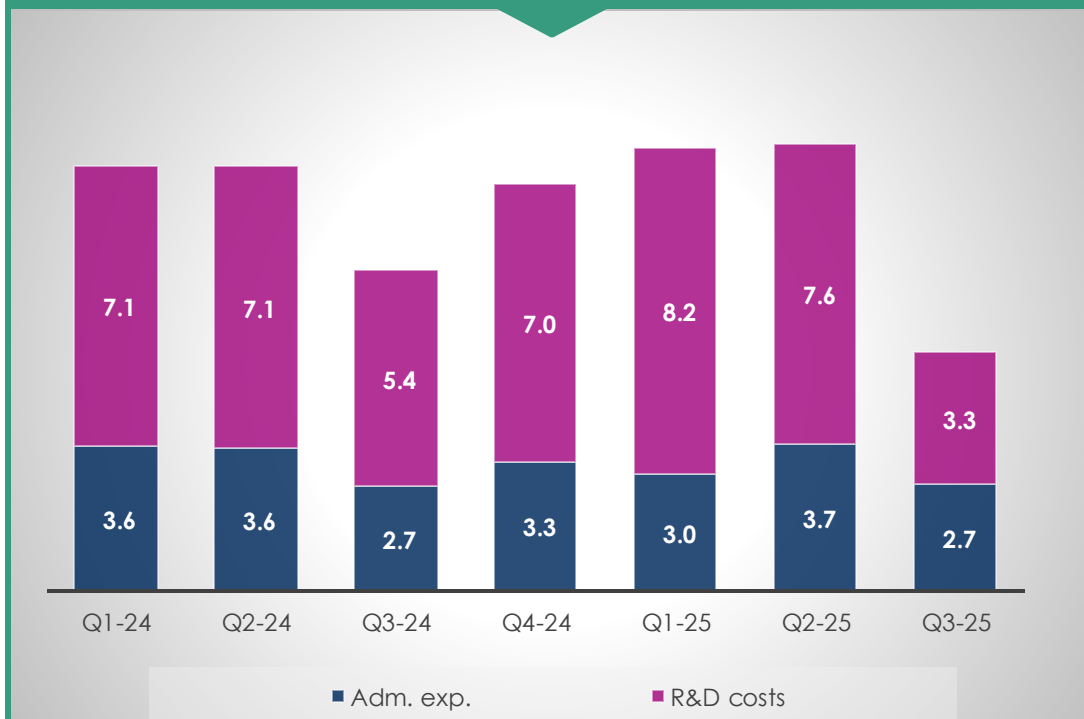
|                                              |                                                                                                                                                                                                          |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Focused pipeline</b>                      | A portfolio of immunomodulating assets within oncology and inflammation with significant unmet needs                                                                                                     |
| <b>Regulatory advantage</b>                  | Orphan Drug Designation for tasquinimod in myelofibrosis and multiple myeloma, securing e.g. 7 years of market exclusivity, waived fees and tax credits, as well as regulatory guidance                  |
| <b>Strategic partnerships</b>                | Collaborations with MD Anderson Cancer Center and Hovon and the license deal with NeoTX Therapeutics enhance clinical execution in a cost-efficient manner                                               |
| <b>Strong intellectual property position</b> | Recent patents for tasquinimod and laquinimod secures immaterial rights until into the 2040's                                                                                                            |
| <b>Clinical momentum</b>                     | Two ongoing clinical trials with tasquinimod in myelofibrosis with results in 2026 and 2027 and two finalized studies in 2025 with tasquinimod in multiple myeloma and laquinimod in ocular distribution |
| <b>Attractive market opportunity</b>         | Target markets in myelofibrosis and NIU are projected to grow at high CAGR, offering significant upside potential                                                                                        |



# APPENDIX

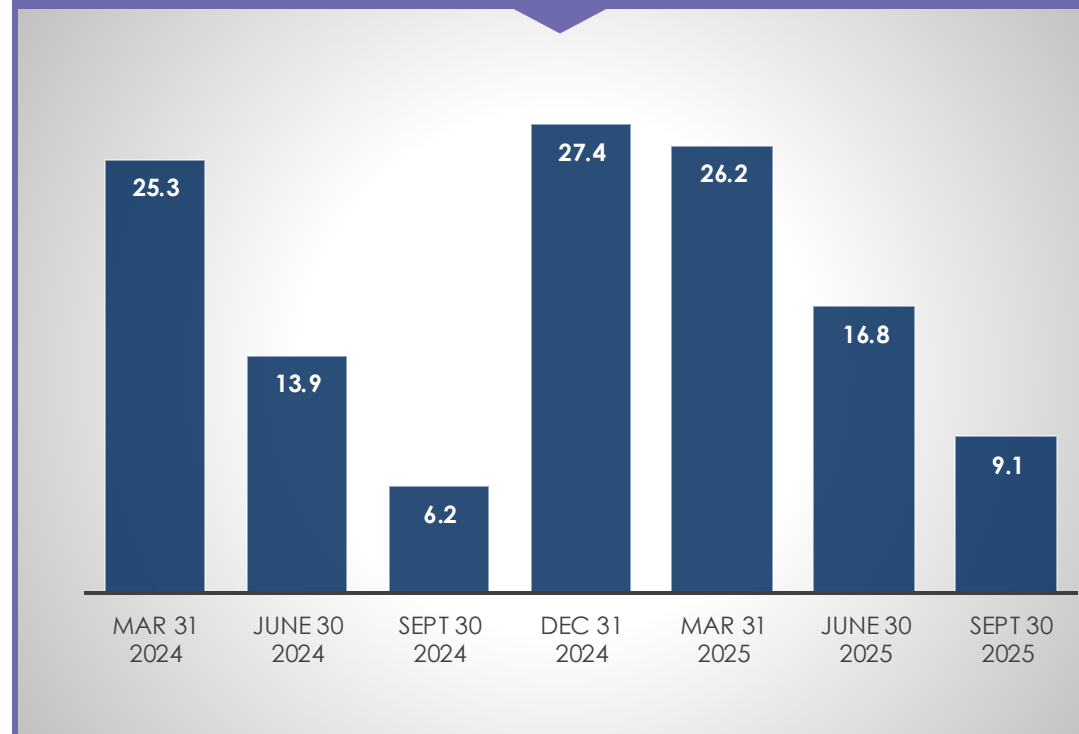
# Financials for the period January – September 2025

Operating costs by quarter 2024 - 2025 MSEK



Operating costs YTD Q3 2025 totalled MSEK 28,5, down 3% from MSEK 29.5 YTD Q3 2024. Operating costs include the initiation of two myelofibrosis (MF) clinical studies and related preclinical activities for tasquinimod

Liquidity (MSEK)



Cash position as of Sept. 30, 2025: Available cash amounted to MSEK 9.1

# Meet the management team



**Helén Tuveßson**  
*President & CEO*

Born: 1962

CEO since 2017

Education: MSc, PhD in cell and molecular biology in medical science from Lund University.

Other current assignments: Board member of Mendus AB.

Shares in the company: 1,206,801 shares.



**Hans Kolam**  
*CFO*

Born: 1951

CFO since 2000

Education: B.Sc in Business Administration from Uppsala University.

Shares in the company: 862,131 shares (of which 29,700 shares via related parties).



**Erik Vahtola**  
*CMO*

Born: 1976

CMO since 2022

Education: Medical Doctor (MD) and PhD in Pharmacology from University of Helsinki and MSc in Cell biology from Åbo Akademi.

Shares in the company: 452,229 shares.

# Board of Directors



**MICHAEL SHALMI**

*Chairman of the Board*

Born 1965

Chairman of the board since 2019

**Education:**

Physician from University of Copenhagen and MBA from Scandinavian International Management Institute in Copenhagen, Denmark.

**Other current assignments:**

CEO and owner of Aligned Clinical & Management Services, Shalmi Consulting ApS, Shalmi Invest ApS and Shalmi Holding ApS. CEO of P/S Momentum Energy Jutlandia, K/S Momentum Energy Jutlandia Development, K/S Momentum Energy Hanstholm, Momentum Energy Karrebæk Holding, Momentum Energy Karrebæk ApS and Momentum Energy Selandia ApS. Chairman of the board of Momentum Gruppen A/S, Momentum Energy Holding A/S and Curexsys GmbH. Board member of Momentum Energy Group A/S. Chairman of the Board, Curexsys GmbH, Germany.

**Shareholding in the company:** 20,601,283 shares.



**AXEL GLASMACHER**

*Board member*

Born 1960

Board member since 2020

**Education:**

Physician, Medical School, Doctor of Medicine and Adjunct professor of medicine, University of Bonn, Germany.

**Other current assignments:**

General Director of AGLS Life Science Consulting GmbH & Co., KG and Glasmacher Verwaltungs-GmbH. Member of the Supervisory board of Ryvu Therapeutics S.A. Board member and treasurer of the non-profit association Cancer Drug Development Forum asbl in Belgium.

**Shareholding in the company:** 540,000 shares.



**PETER THELIN**

*Board member*

Born 1956

Board member since 2011

**Education:**

Graduate of *Stockholm School of Economics*.

**Other current assignments:**

Chairman of the board of Brummer Investor Relations AB. Board member of B & P Fund services Aktiebolag, Brummer & Partners AB, Brummer Multi-Strategy AB, ELC Fastigheter AB, East Bay AB, Sjunda Gård AB, Sjuenda Holding AB, Sjunda Jordbruk AB, Sjunda Persbo Holding AB and S:ta Ragnhildgymnasiet AB.

**Shareholding in the company:** 193 339 963 shares (privately and through companies).



**ALEXANDER DANILOVSKI**

*Board member*

Born 1974

Board member since 2020

**Education:**

Ph.D. in Chemistry (summa cum laude) from Cambridge University, United Kingdom and University of Zagreb, Croatia.

**Other current assignments:**

Founder and Managing Partner of Dalisco d.o.o., Senior Business Advisor of InterPharmaLink AG, Member of the Scientific Advisory Board (SAB) of Bugworks Research Inc., of Centauri Therapeutics Ltd. and of Belupo d.d., Member of the Scientific Selection Board (SSB) of Novo Holdings REPAIR Impact Fund.

**Shareholding in the company:** 571,539 shares.



**ULI HACKSELL**

*Board member*

Born 1950

Board member since 2019

**Education:**

Pharmacist, Doctor of Pharmaceutical Science and as- sociate Professor at Uppsala University.

**Other current assignments:**

Chairman of Medivir AB.

**Shareholding in the company:** 63,000 shares.

