



Tasquinimod

- Treatment of multiple myeloma

Capital Markets Day
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Tasquinimod – Background

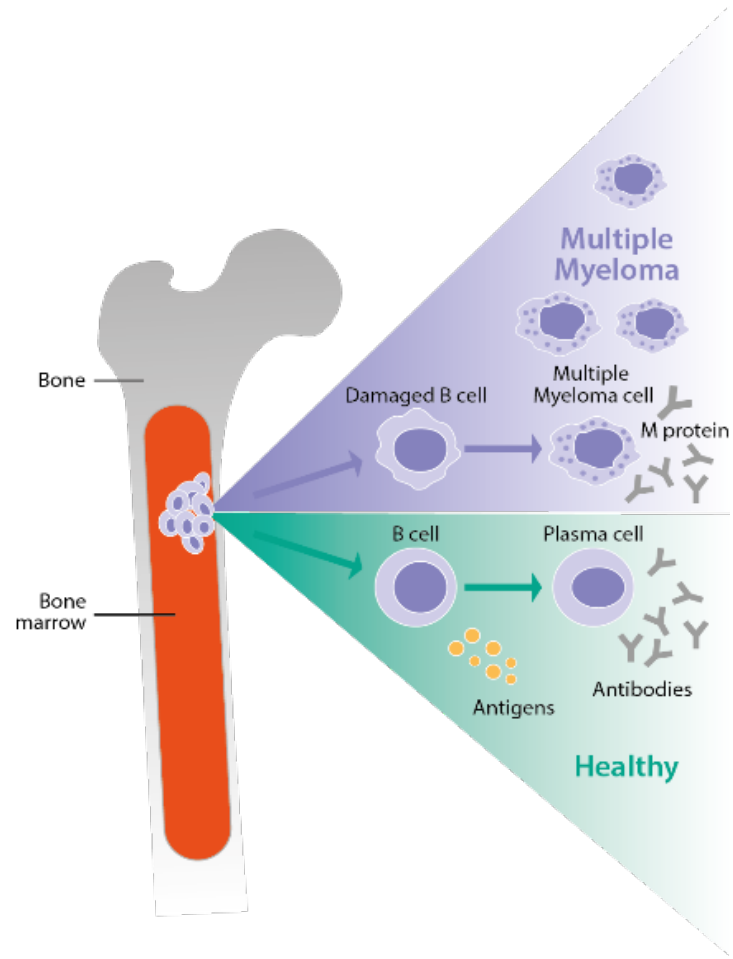
| | |
|---------------------------|---|
| Mode of Action | <ul style="list-style-type: none">• Oral small molecule immunomodulator |
| Indication | <ul style="list-style-type: none">• Multiple myeloma |
| Clinical status | <ul style="list-style-type: none">• Phase 1b/2a study ongoing |
| Safety | <ul style="list-style-type: none">• > 1,500 persons exposed, >650 person years of exposure |
| Regulatory | <ul style="list-style-type: none">• Regulatory package of preclinical safety - and clinical safety |
| CMC | <ul style="list-style-type: none">• Full commercial scale CMC documentation available |
| IP and exclusivity | <ul style="list-style-type: none">• Protected by patents to at least 2035• Orphan drug designation granted in the US |



Abbrev: CMC - Chemistry, Manufacturing and Controls

Multiple myeloma

– An incurable blood cancer with known pathology and high medical need

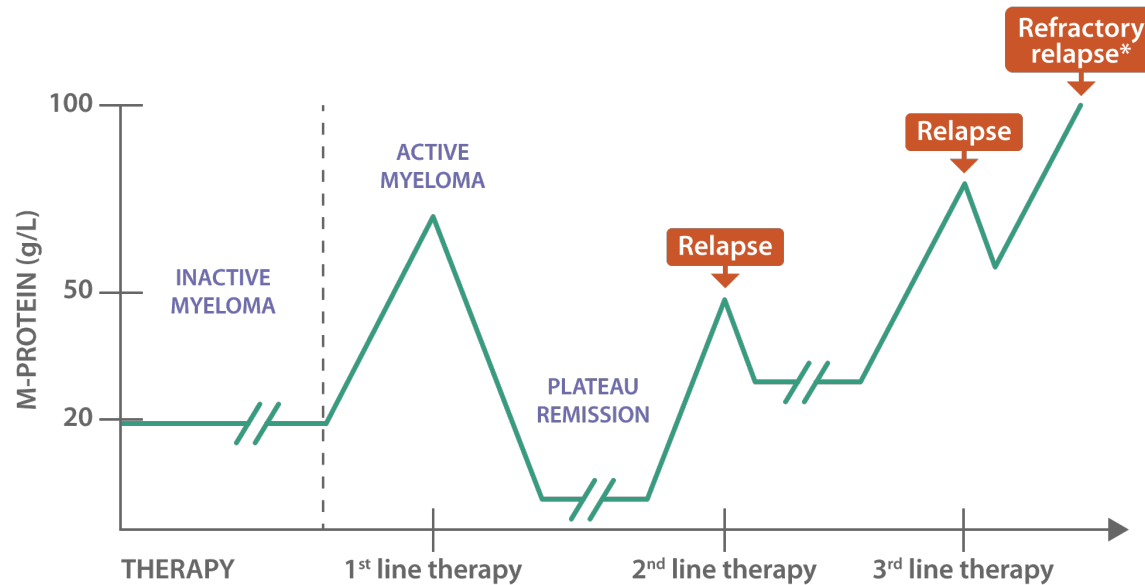


- Multiple myeloma develops in the bone marrow
- Uncontrollable growth of plasma cells
- Formation of new blood cells prevented
- Leads to bone pain, fractures, anemia and other severe complications, e g renal failure and infections
- Survival has increased due to more treatment options available. Median survival is now estimated to 8-10 years from diagnosis
- Patients relapse and eventually die due to resistance to current treatments

The medical need remains high

Multiple myeloma

– The unmet medical need remains high for novel and safe treatments



- Multiple myeloma patients undergo several lines of treatment aimed at stabilization of the disease
- Relapse occurs as resistance to drugs develops
- After 3-4 lines of treatment there are only few treatment options left
- Co-morbidity and poor tolerability further limit the treatment options

Unmet medical need

- **New drug classes** for non-cross resistant combination therapy
- **Safe drugs**

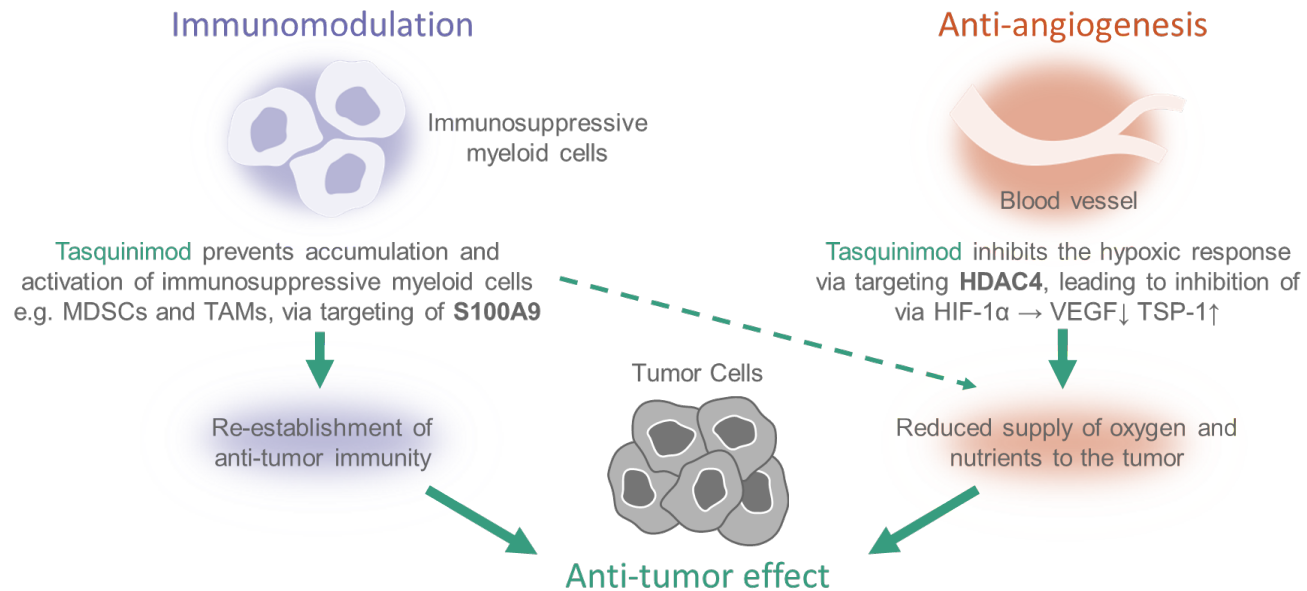
* Life expectancy of ~9 months

Source: Gandhi et al., Leukemia 2019

Tasquinimod

– A new drug class which is complementary to current multiple myeloma therapies

Tasquinimod restores immune function and decreases vascularization of the tumor microenvironment



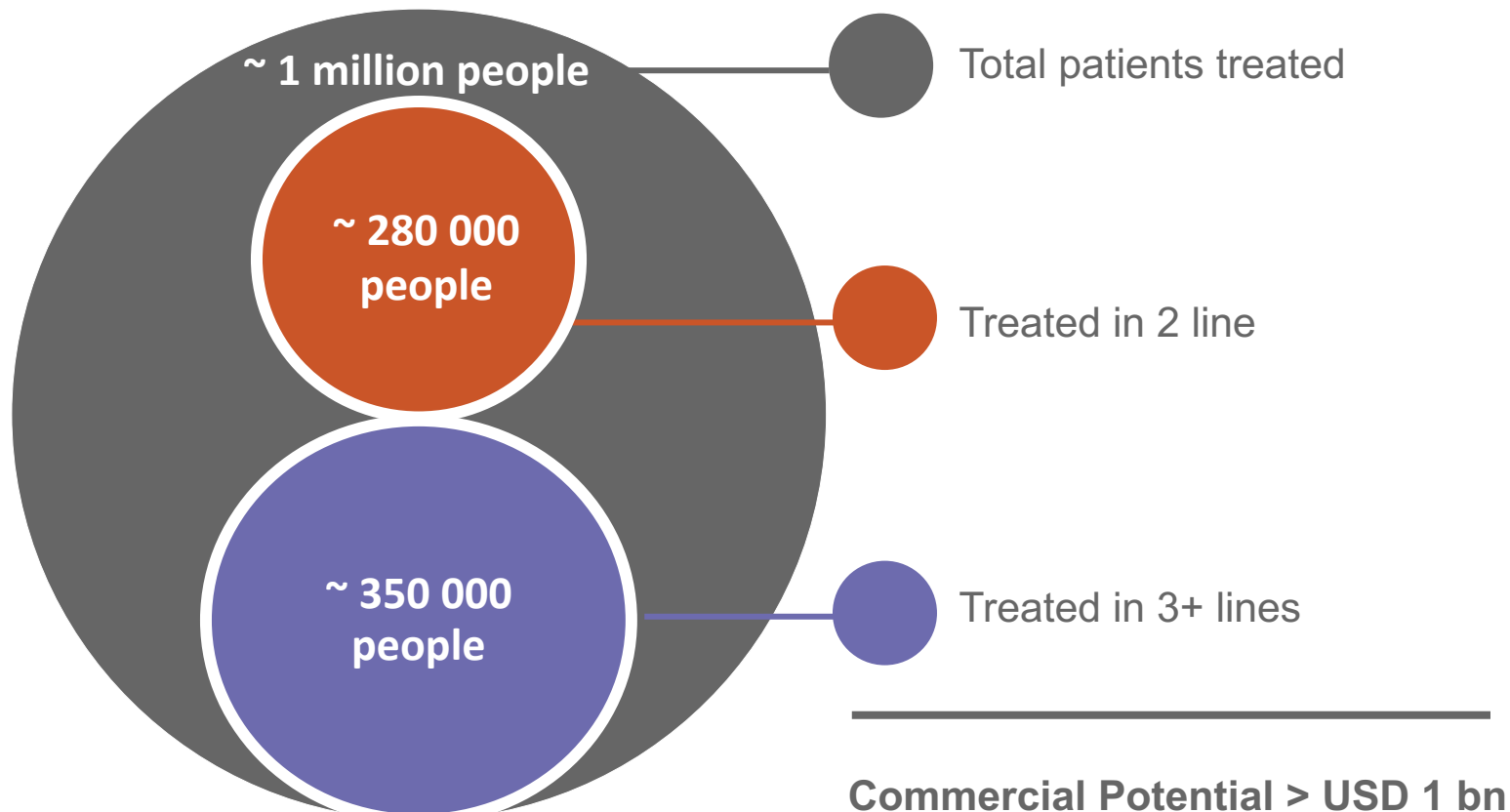
Four main drug classes used today

| Drug class | Target |
|---------------------------|------------------|
| Immunomodulators (IMiDs) | Cereblon |
| Proteasome inhibitor (PI) | Proteasome |
| Monoclonal antibody | CD38 and SLAMF7 |
| Alkylating agents | DNA alkyl groups |

Abbrev: MDSC – Myeloid derived suppressor cell; TAM – Tumor-associated macrophage, HDAC4 - histone deacetylase 4; HIF-1 α - Hypoxia-inducible factor-1 α , VEGF - Vascular endothelial growth factor; TSP-1 – Thrombospondin-1, IMiDs – Immunomodulators, PI - Proteasome inhibitor, DNA - deoxyribonucleic acid, SLAMF7 - Signaling lymphocytic activation molecule F7

Multiple Myeloma

– A major market driven by novel treatment options and propulsion of drug combination strategies



→ Duplet → Triplet → Quadruplet
→ Quintuplet multiple myeloma
drug combination regimens

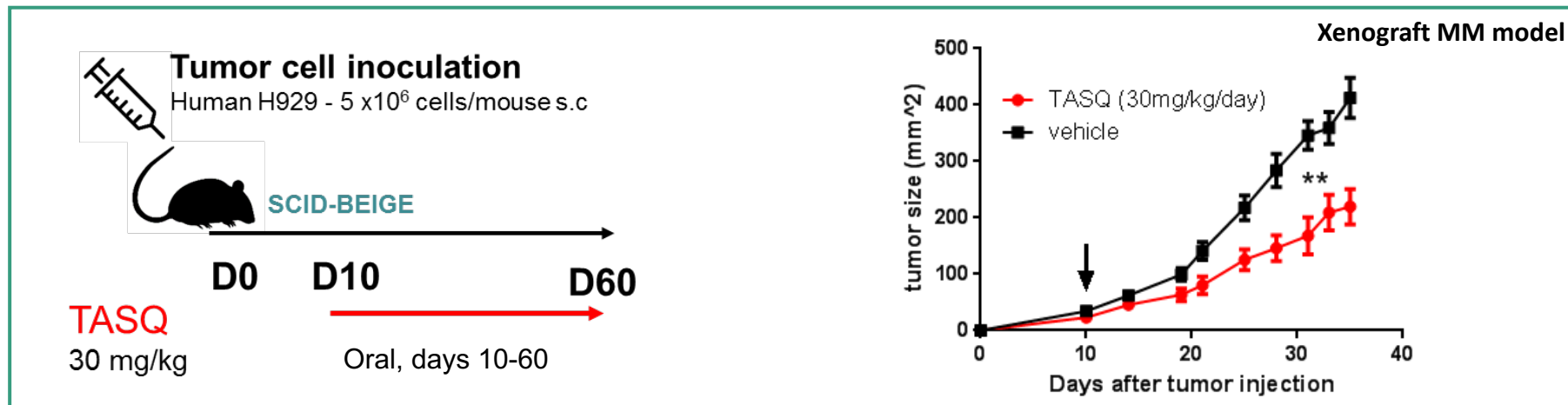
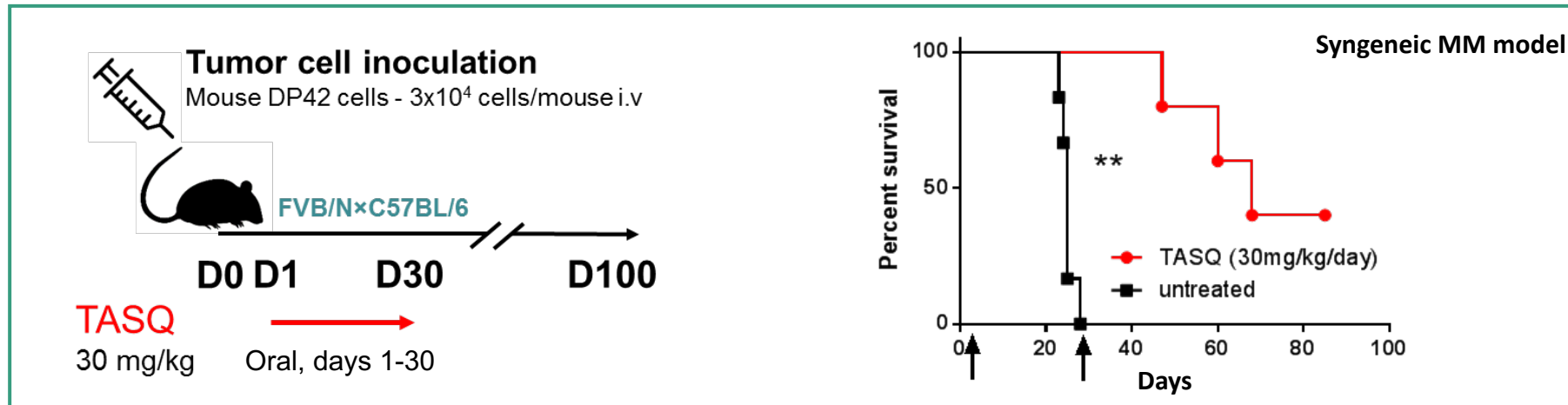


**Eight Major Market Forecast in
2027 of USD 27 billion in sales**

Source: GlobalData March 2019, 8 Major Markets (US, EU5, Japan, China). Presented data are based on 2027 forecast numbers.

Tasquinimod – monotherapy

– Reduces tumor growth and increases survival of mice in multiple myeloma models

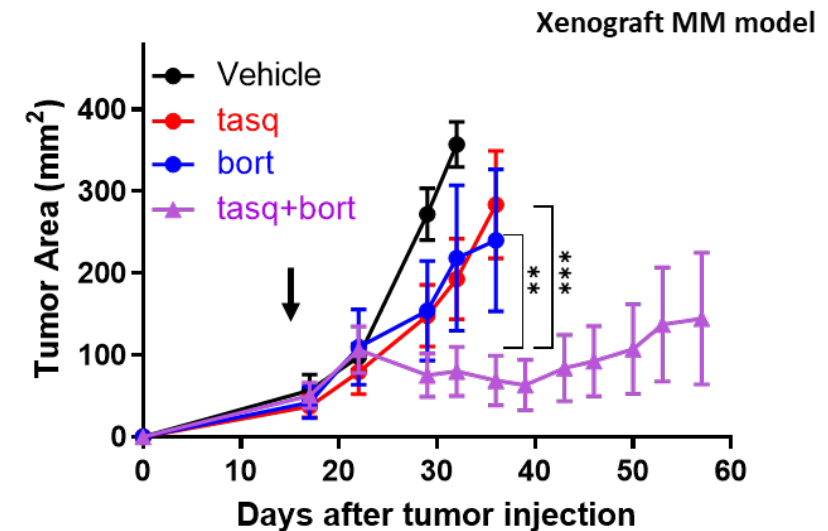
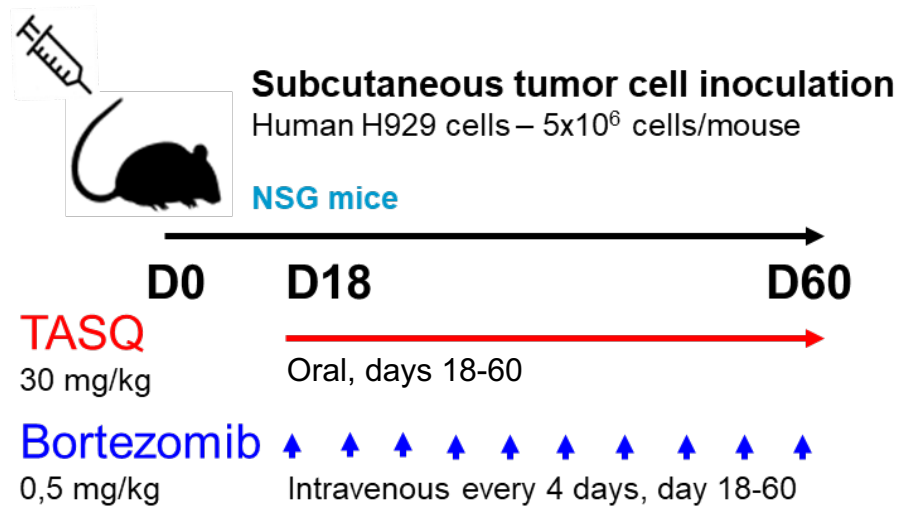


Abbrev: TASQ – tasquinimod; i.v. – intravenous; s.c. – subcutaneous, MM – multiple myeloma

Source: Lin et al., Poster presented at the Virtual Edition of the 25th European Hematology Association (EHA) Annual Congress Meeting, 2020

Tasquinimod

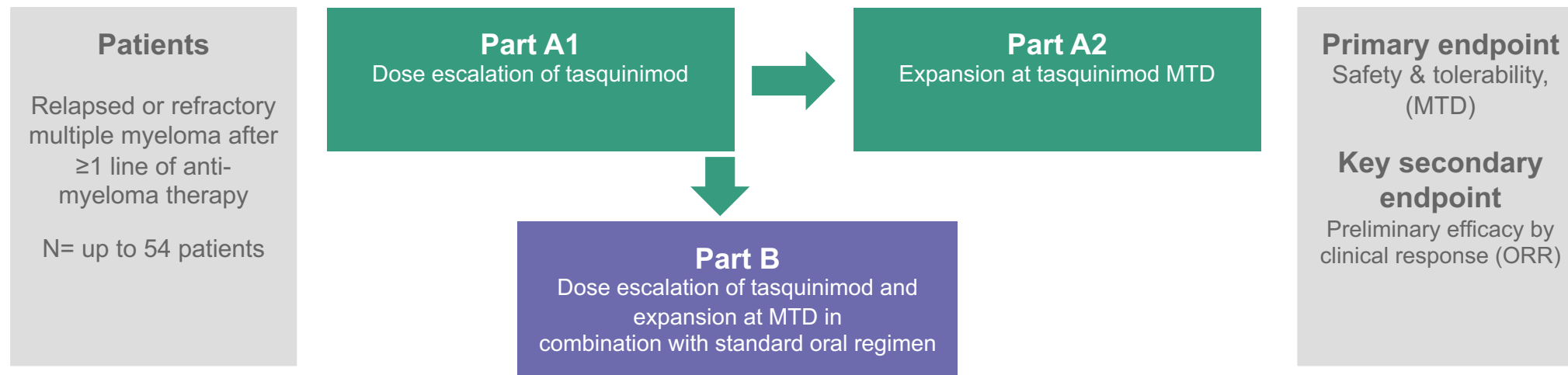
– A combination of tasquinimod with proteasome inhibitors (PIs) is superior to tasquinimod or PIs alone in multiple myeloma models



Abbrev: TASQ – tasquinimod, MM – multiple myeloma, bort – bortezomib,

Ongoing Phase 1b/2a study of tasquinimod

– In mono and combination therapy in relapsed refractory multiple myeloma



Principle investigator: Dan Vogl, MD MSCE, Abramson Cancer Center Philadelphia, University of Pennsylvania

- Part A – tasquinimod monotherapy
 - A1: dose escalation to determine maximum tolerated dose (MTD) of tasquinimod ongoing
- Part B – combination with standard oral regimen - ixazomib, lenalidomide and dexamethasone
 - B1: start after MTD has been established in part A1

Abbrev: MTD - Maximum Tolerated Dose, ORR – Overall Response Rate
Clinicaltrial.gov: NCT04405167

Tasquinimod

- Activities through 2023

| | 2020 | 2021 H1 | 2021 H2 | 2022 H1 | 2022 H2 | 2023 |
|---|--|--|---|--|--|------------------------------------|
| TASQUINIMOD  | <u>Ph 1b/2a</u> ✓ First patient dosed | Further preclinical combination data available | <u>Ph 1b/2a-mono</u> Readout safety Start MTD expansion <u>Ph1b/2a-combo</u> Start | <u>Ph 1b/2a-combo</u> Readout safety | <u>Ph1b/2a-mono</u> Readout prelim response <u>Ph1b/2a-combo</u> Start expansion cohort | <u>Ph 2b-mono:</u> Start |

Clinical program in multiple myeloma

- Progress ongoing phase 1b/2a study with tasquinimod in multiple myeloma
- Prepare for start of confirmatory phase 2b study in 2023

Translational program in multiple myeloma

Collaboration with Wistar Institute, Philadelphia, US

- Correlative analyses of clinical samples collected from the ongoing clinical phase 1b/2a study
- Mechanistic studies to improve understanding of tasquinimod differentiation and potential synergistic effects in combinations with other therapies

Abbrev: MTD - Maximum Tolerated Dose

Ongoing and planned clinical trials may be affected by COVID-19. We will provide updates as needed.



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