## **Klaus Sindahl**

Head of IR

# Redeye Theme: Regenerative Medicine & Cell Therapy

February 14, 2024 Stockholm

© 2024 Hansa Biopharma AB

# **Forward-looking statements**

This presentation may contain certain forward-looking statements and forecasts based on our current expectations and beliefs regarding future events and are subject to significant uncertainties and risks since they relate to events and depend on circumstances that will occur in the future. Some of these forward-looking statements, by their nature, could have an impact on Hansa Biopharma's business, financial condition and results of operations [or that of its parent, affiliate, or subsidiary companies]. Terms such as "anticipates", "assumes", "believes", "can", "could", "estimates", "expects", "forecasts", "intends", "may", "might", "plans", "should", "projects", "will", "would" or, in each case, their negative, or other variations or comparable terminology are used to identify forward-looking statements. There are a number of factors that could cause actual results and developments to differ materially from those projected, whether expressly or impliedly, in a forward-looking statement or affect the extent to which a particular projection is realized. Such factors may include, but are not limited to, changes in implementation of Hansa Biopharma's strategy and its ability to further grow; risks and uncertainties associated with the development and/or approval of Hansa Biopharma's product candidates; ongoing clinical trials and expected trial results; the ability to commercialize imlifidase if approved; changes in legal or regulatory frameworks, requirements, or standards; technology changes and new products in Hansa Biopharma's potential market and industry; the ability to develop new products and enhance existing products; the impact of competition, changes in general economy and industry conditions and legislative, regulatory and political factors.

The factors set forth above are not exhaustive and additional factors could adversely affect our business and financial performance. We operate in a very competitive and rapidly changing environment, and it is not possible to predict all factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements. Given these risks and uncertainties, investors should not place undue reliance on forward-looking statements as a prediction of actual results.

Hansa Biopharma expressly disclaims any obligation to update or revise any forward-looking statements to reflect changes in underlying assumptions or factors, new information, future events or otherwise, and disclaims any express or implied representations or warranties that may arise from any forward-looking statements. You should not rely upon these forward-looking statements after the date of this presentation.





# Hansa Biopharma today

A successful track record and a promising future...



### A validated technology

- Commercial stage biotech company
- Approval in kidney transplantation (EU)
- Market Access in 14 European markets
- PoC in autoimmune diseases
- Three partnerships in gene therapy



## Broad clinical pipeline

- Imlifidase being investigated in seven ongoing clinical programs in transplantation and autoimmune disease
- Ongoing clinical study in gene therapy
- HNSA-5487: Encouraging data from phase I first-in-human trial



#### Skilled and experienced team

- A high-performance organization with 20 years on average in life science
- Purpose driven culture
- Headquartered in Lund, Sweden (168 employees Dec'23)
- Operations in both EU and the US



## **Financial position**

- Hansa is financed into 2025
- Market cap (SEK): ~2bn (Feb. 2023)
- Listed on Nasdaq Stockholm
- 20,000 shareholders
- Foreign ownership make up ~43%

3



# Hansa enters 2024 in a strong position to successfully execute on our key priorities

# Q4: Strong commercial performance

## Strong revenue generation in Q4 2023

- SEK 43m in Idefirix product sales
- Growth supported by U.K., Germany, and Spain

## Commercial partnership with NewBridge

- Covering MENA in kidney transplantation
- Market Access for Idefirix<sup>®</sup> in Slovenia
- Initiated restructuring program
  - Will provide SEK 75-85m in annual savings

## Pipeline: Encouraging read-outs across several indications

- AMR: Full data from AMR phase 2 study
- ✓ GBS: Positive high-level phase 2 data
- Anti-GBM: Positive momentum continues
- **HNSA-5487:** Encouraging high-level P1 data

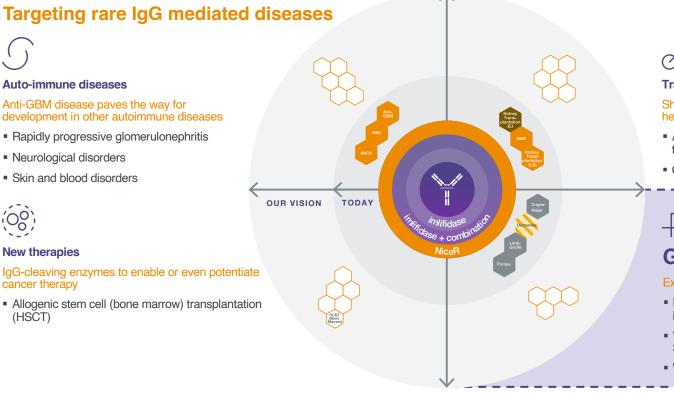
## Kidney Transplantation:

- ConfldeS: Randomization completion mid-2024
- Sustained positive outcomes out to year 5

## SRP-9001-104 imlifidase in DMD:

Initiation of phase 1 study mid-December 2023

# Our unique antibody cleaving enzyme technology may have relevance across a range of indications





#### **Transplantation**

#### Shaping a new standard for desensitization will help enable new indications in transplantations

- Antibody mediated rejection (AMR) in kidney transplantation
- Other transplantation types

## Gene therapy

Exploring opportunities in gene therapy

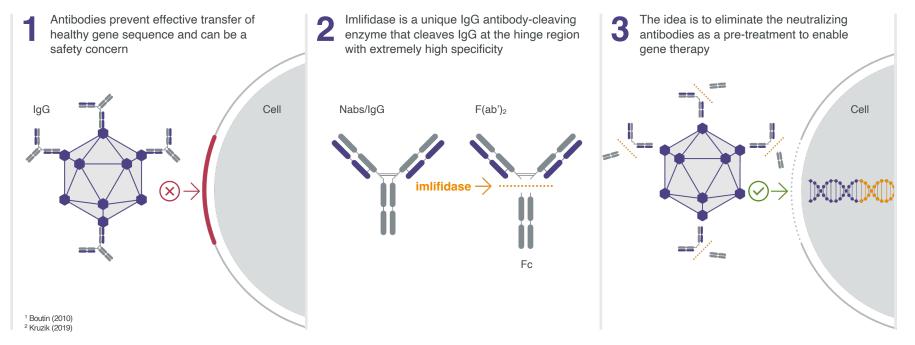
- Encouraging preclinical data published in Nature
- Validation through collaborations with Sarepta, AskBio, and Genethon
- Wide indication landscape beyond

(HSCT)

# Neutralizing antibodies (Nabs) are immunological barriers in gene therapy; imlifidase may potentially eliminate Nabs



Between approximately 5%-70%<sup>1,2</sup> of patients considered for gene therapy treatment carry neutralizing anti-AAV antibodies forming a barrier for treatment eligibility





# Imlifidase pre-treatment decreases pre-existing antibodies and enhances transduction and transgene expression in NHPs

#### Transduction<sup>†</sup> Expression in Skeletal Muscle<sup>‡</sup> 1.5 vg/nucleus normalized to Cohort 1 (a.u.) ns 1.0 eGFP expression (%Area) 50 40 30 0.5 20 10 0.0 0 Cohort 3: Cohort 4: Cohort 5: Cohort 3: Cohort 4: Cohort 5: AAV AAV Pre-treatment AAV treatment AAV treatment with no Pre-treatment with imlifidase treatment with imlifidase treatment pre-existing Ab with pre-existing Ab to decrease pre-existing Ab with no with preto decrease pre-existing existing Ab<sup>¶</sup> pre-existing Ah§ Ab¶

\*P<0.05. <sup>†</sup>Data are represented as mean ± SEM and analyzed by one-way ANOVA followed by post-hoc analysis with Dunnett's multiple comparison test . <sup>‡</sup>Data are represented as the mean ± SEM for the percent area for all of the muscle tissues analyzed at terminal necropsy. <sup>§</sup>AAVrh74 titer <1:400. <sup>¶</sup>AAVrh74 titer 1:800–1:1600.

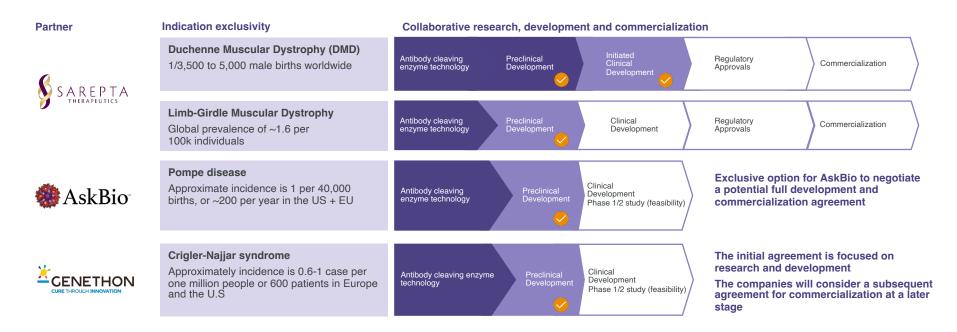
AAV, adeno-associated virus; AAVrh74, adeno-associated virus rhesus isolate serotype 74; Ab, antibody; a.u., arbitrary units; eGFP, enhanced green fluorescent protein; NHP, non-human primate; ns, not significant; vg, viral genome.

7



# Global exclusive agreements with three partners in gene therapy

To develop and promote imlifidase as pre-treatment ahead of gene therapy in select indications



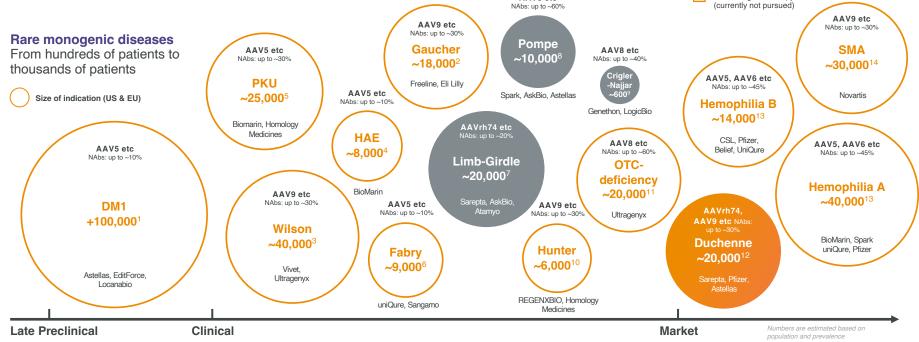


Preclinical programs with Sarepta, AskBio and Genethon

Ongoing clinical study with Sarepta Potential gene therapy indications

# Systemic gene therapy is an emerging opportunity

with a focus on the potential to correct diseases causing genes in rare monogenic diseases



AAV8 etc

Rarediseases.org. https://rarediseases.org/rare-diseases/dvstronhv-mvstoric/ [Accessed 2023-06-28]
 Medimeplus.gov, https://medimeplus.gov/genetics/condition/naucher-disease/effectuency\_Accessed 2023-06-20

diseases/nomne-disease/ [Accessed 2023-07-12] Internet/Conter-nauar-syndrome/ [Accessed 2023-06-15]

Recursing Langer L. Markin CE, Wang H, Wess KH, OF. The Prevaience of Withows Disease: An Update Hepatology. 2020 Feb;71(2):722-722. doi: 10.1002/hep.30911. Epub 2020 Jan 31. PMID. 31449670.
 Gavard A, Benclary anguadema: epidemiology. management, and role of liaithant. Biologics. 2017;110:13. doi: 10.217/BTTS27666. Epidemiology. 2017 May 3: PMID. 31449670.
 Gilvard A, Benclary anguadema: epidemiology. Intergeneet, and role of liaithant. Biologics. 2017;110:13. doi: 10.217/BTTS27666. Epidemiology. 2017 May 3: PMID. 2017. PMID: 2017. doi: 10.1012/hep.30911. Epud 2020 Jan 31. PMID. 31449670.
 Gilvard A, Benclary anguadema: epidemiology. Intergeneet, and role of liaithant. Biologics. 2017;110:13. doi: 10.2176/BTTS27666. Epidemiology. 2017 May 3: PMID. 2017. PMID: 2017. doi: 10.1012/hep.30911. Epud 2020 Jan 31. PMID. 31449670.
 Gilvard A, Benclary anguadema: epidemiology. Perspective.com. 2014 doi: 10.2176/BTTS27666. Epidemiology. 2010. doi: 10.2176/BTTS27666. Epidemiology. 2017 Jan 3: PMID: 2017. doi: 10.2176/BTTS27666. Epidemiology. PMID: PMID: 2017 Jan 3: PMID: 2017 J

Medineptus.gov, https://medineptus.gov/perelics/condition/listry-disease/lifezyary/ (Accessed: 2023-07-12)
 Zuarg, WC, Jong, YJ, Wang, OH, et al. Clinical, pathological, maging, and genetic characterization in a Tawanese cohort with first-girdle muscular dystrophy. Orphanet J Rare Dis 15, 160 (2020). <a href="https://doi.org/10.1186/s13023-02b-12">https://doi.org/10.1186/s13023-02b-12</a>

10. Galah P. Ramalingam K. Bhadratahthy D. A rare case of mucopolysechnicksisk Henter syndrome. J Ma Sci Bol Med. 2012 Jan;3(1):97-100. doi: 10.4103/0976-9668.95984 11. Referidances on Jamin International conductor descendantionic instrumentational Accessed 2023/07-12] 2. Contauli S. et Al. Global epidemiology of Ducherne mucoular dystophy: an updated systematic review and meta-analysis. Ophanet J Rare Dis. 2020 Jan 5;15(1):141. doi:

Charles Marco Mar

 Vertaart, I.E.C., Robertson, A., Wilson, I.J. et al. Prevalence, incidence and carrier frequency of 5q-linked spinal muscular atrophy – a literature review. Orphanet J Rare Dis 12, 124 (2017). https://doi.org/10.1186/s13023-017-0671-8 © 2023 Hansa Biopharma AB

<sup>9</sup> 

# Duchenne muscular dystrophy (DMD) is progressive and causes irreversible muscle damage and loss of function

#### Incidences

1 in 3,500 to 5,000

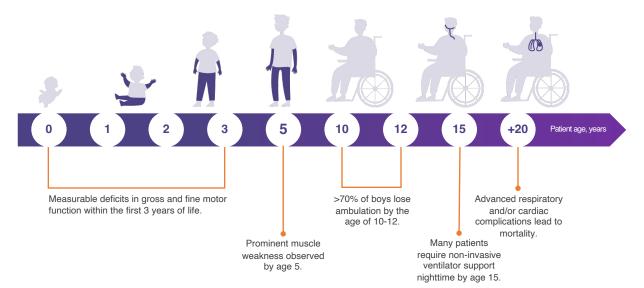
male births worldwide

~14% have pre-existing IgG antibodies to rh74

#### High unmet need

- DMD is a rare, fatal neuromuscular genetic disease
- Muscle weakness noticeable by age 3-5, and most patients use a wheelchair by the time they are 12, many require respiratory aid by late teens.
- Life expectancy 26-30 years





Source: Paranta Tharanautica http:

Sarepta Therapeutics, https://www.sarepta.com/ [Accessed 2023-06-13]





## 2023 achievements and upcoming milestones 2024/25

2023	2024	2025
Q4 2023		
<ul> <li>HNSA-5487 (Lead NiceR candidate): High-level data readout from Phase 1</li> <li>Long-term follow-up (Kidney tx): 5-year data readout</li> <li>GBS Phase 2: First data readout</li> <li>AMR Phase 2: Full data readout</li> <li>Sarepta DMD pre-treatment Phase 1b: Commence clinical study</li> </ul>	GBS Phase 2: Outcome of comparative efficacy analysis Genethon Crigler-Najjar Phase 1/2: Initiate clinical study with imilifidase prior to GNT-0003 HNSA-5487 (Lead NiceR candidate): Further analysis around endpoints to be completed in 2024 incl. lead indication U.S. ConfldeS (Kidney tx) Phase 3: Complete randomization Sarepta imlifidase in phase 1b in DMD: First high level data read-out from phase 1b	<ul> <li>U.S. ConfldeS (Kidney tx) Phase 3: BLA submission</li> <li>Anti-GBM disease Phase 3: Complete enrolment</li> </ul>

## **Contact our Investor Relations and Corporate Affairs team**

## Contact



#### Klaus Sindahl

VP, Head of Investor Relations Mobile: +46 (0) 709-298 269 Email: klaus.sindahl@hansabiopharma.com



#### **Stephanie Kenney**

VP, Global Corporate Affairs Mobile: +1 (484) 319 2802 E-mail: stephanie.kenney@hansabiopharma.com

## Calendar and events

Feb 14, 2024 Redeye Cell Therapy & Growth Day, Stockholm
Feb 28, 2024 Ökonomisk Ugebrev Life Science Event, Copenhagen
March 4-5, 2024 TD Cowen Healthcare Conference, Boston
March 6, 2024 Life Sciencedagen, Sahlgrenska Universitetssjukhuset Gothenburg
Mar 20, 2024 Annual Report 2023
April 8-11, 2024 Needham Healthcare Conference (virtual)
April 16-17, 2024 Van Lanschot Kempen Life Science Conference, Amsterdam
Apr 18, 2024 Interim Report for January-March 2024
June 27, 2024 2024 Annual General Meeting
July 18, 2024 Interim Report for January-September 2024