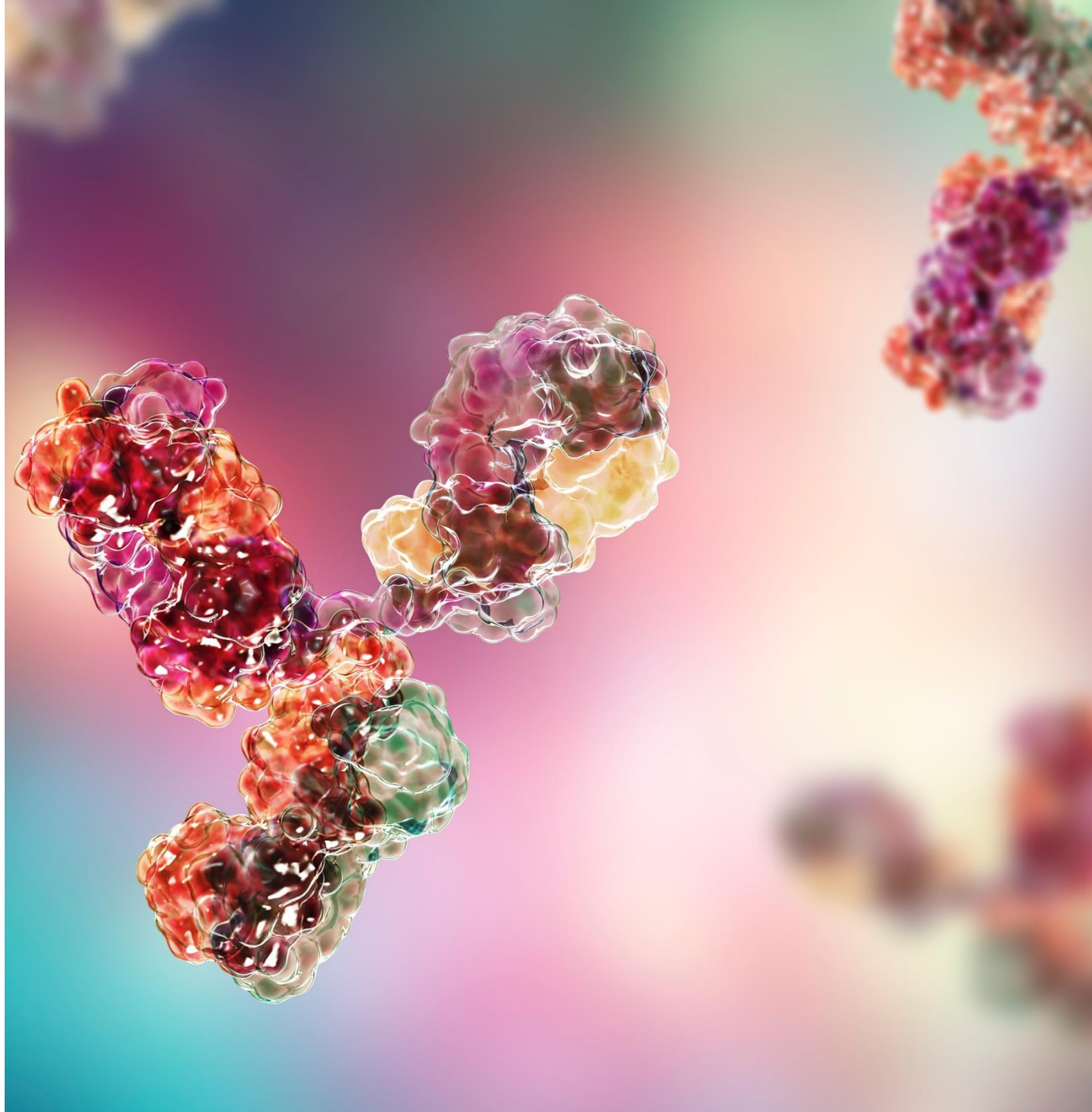
HANSA BIOPHARMA

Corporate Presentation

September 2025



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Evan Ballantyne

CFO

GAIN THERAPEUTICS · OncXerna THERAPEUTICS · Orchestra

Hitto Kaufmann, PhD

SVP and Chief R&D Officer

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COO, President US

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Novel, first-in-class IgG-cleaving enzyme from proprietary technology platform

FOCUS AREAS

DESENSITIZATION

- **Enabling Transplantation**
  First in class, paradigm shift for highly sensitized kidney transplant patients
- **Enabling Gene Therapy**
  Partnerships for pre-treatment to enable AAV gene therapy in patients with anti-AAV antibodies

RARE AUTOIMMUNE DISEASES

- **Anti-GBM and GBS**
  Clinical POC in two separate monophasic autoimmune disorders (anti GBM and GBS).
- **HNSA-5487**
  Next gen candidate with Phase 1b data shows promise of ability to re-dose

EU COMMERCIALIZATION

IDEFIRIX (imlifidase)

- **Conditional approval in Europe**
  for desensitization in kidney transplantation
- **Over 200 patients treated**
  utilization underscores clinical trial and real-world safety, tolerability and efficacy
- **Commercial-scale manufacturing**
  supports current and future launches

idefirix (imlifidase)

KEY FACTS

- **Publicly traded on OMX NASDAQ Sweden**
  significant ownership from global biotech specialist investor
- **Strong IP portfolio**
  with coverage until the 2040s
- **Upcoming Catalysts in 2025**
  US Phase 3 read out in 2H 2025 in Kidney Transplantation

  Phase 3 read out in 2H 2025 in anti GBM

  First clinical data in gene therapy (Sarepta Phase 1b)

  US FDA BLA submission in kidney transplantation, subject to data

Two novel molecules focused on Autoimmune Disease and Desensitization in Gene Therapy and Transplantation

What is IgG

- Immunoglobulin G (IgG): a protective antibody
- Autoimmune Disease: IgG becomes harmful and attacks the body's cells and tissues
- Gene Therapy/Transplantation: IgG interferes with delivery of therapy or procedure

Benefits of IgG Reduction

Rapid IgG reduction key to halt disease progression
Depletion of IgG antibodies may halt disease progression and prevent organ damage

Safe, targeted treatments are needed
IgG driven diseases have limited, or no FDA approved treatments

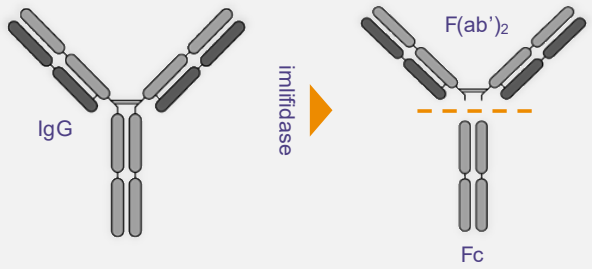
Market opportunity
Immune-mediated diseases are the largest field of research behind oncology

Hansa's IgG-cleaving Platform

Imlifidase – first gen, first in class IgG cleaving enzyme
Rapidly and effectively reduces IgG and inhibits its activity after one dose

Effectively and safely reduces IgG by > 95% in 2-6 hours

Conditionally approved in EU for desensitization in kidney transplantation, completed Phase 2 trials in Autoimmune disease (GBS, anti-GBM), ongoing clinical trials in Gene Therapy. Phase 3 readouts in kidney transplant and anti-GBM in 2H 2025

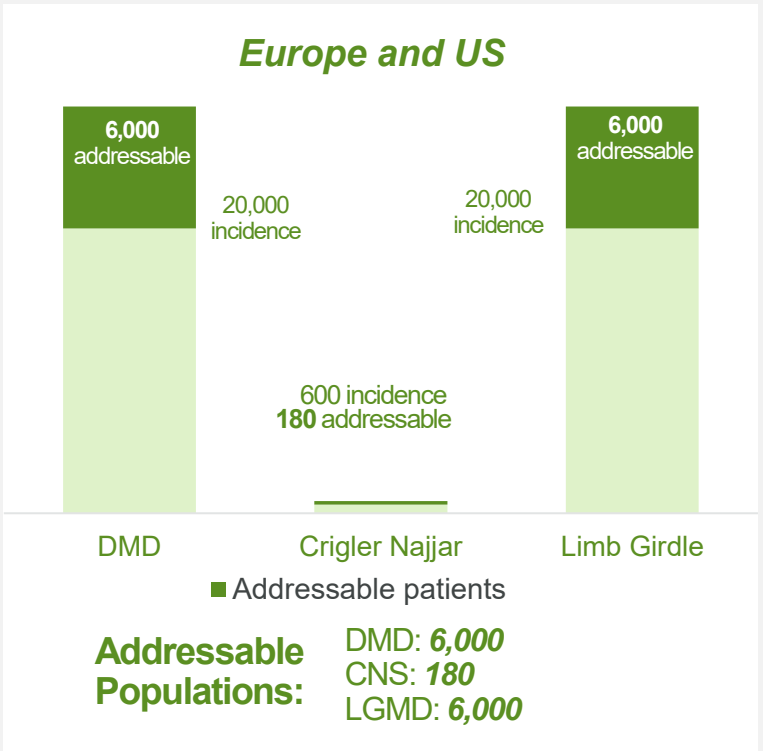


HNSA-5487 – next gen, IgG cleaving enzyme
Rapid and robust reduction in IgG with redosing potential

Targeting acute, or periodic exacerbations in Autoimmune diseases

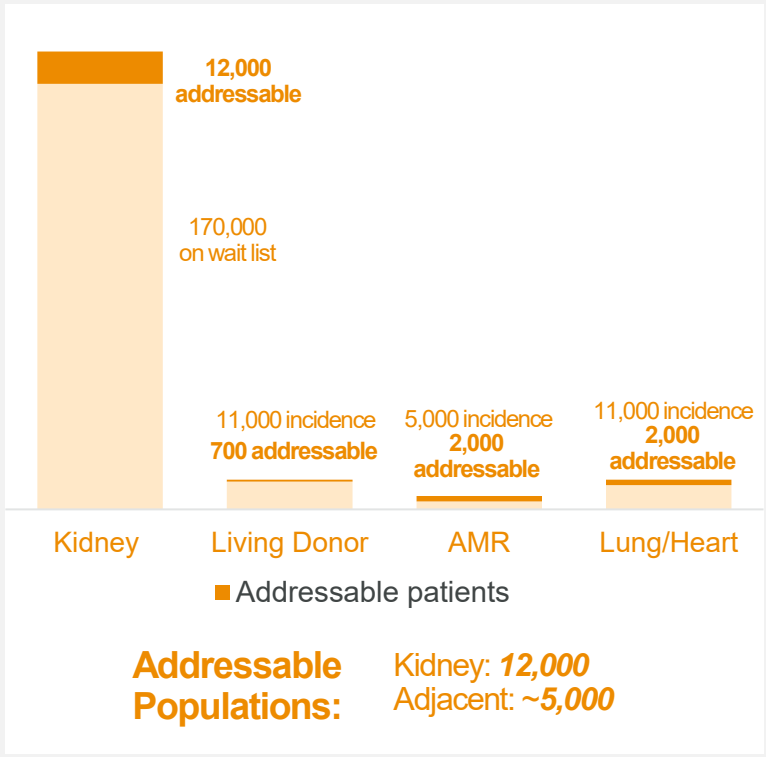
Significant addressable patient populations in areas of high unmet medical need

DESENSITIZATION
GENE THERAPY
GT market expected to reach $23.9B by 2028



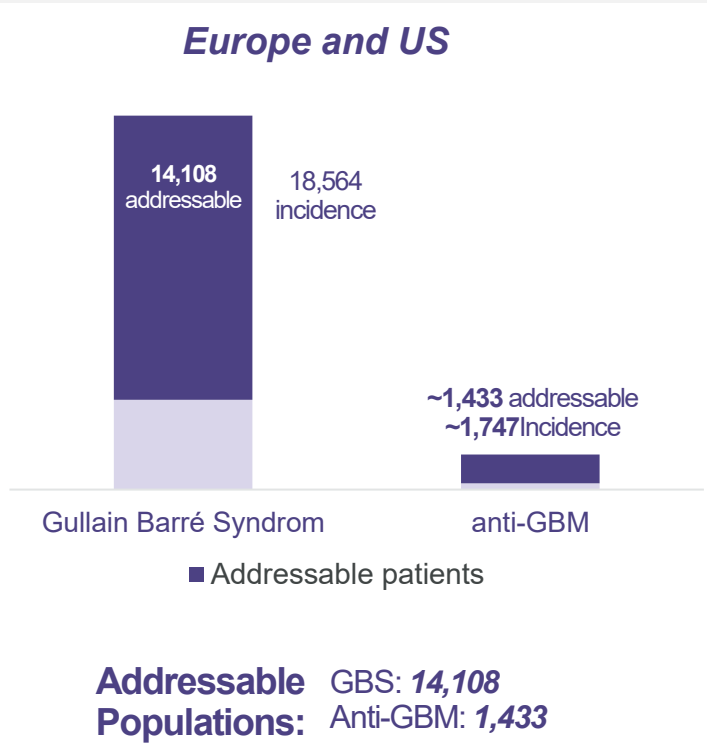
Addressable Populations:
DMD: ***6,000***
CNS: ***180***
LGMD: ***6,000***

DESENSITIZATION
TRANSPLANTATION
Potential market opportunity well > $1bn



Addressable Populations:
Kidney: ***12,000***
Adjacent: ***~5,000***

AUTOIMMUNE
IVIg market growth $40B by 2032



Addressable Populations:
GBS: ***14,108***
Anti-GBM: ***1,433***

GBS
McGrogan, A., Madle, G.C., Seaman, H.E., et al. (2009) The Epidemiology of Guillain-Barré Syndrome Worldwide. Neuroepidemiology, 32, 150-163
Anti-GBM
Canney et al, Spatial and Temporal Clustering of Anti-Glomerular Basement Membrane Disease. Clin J Am Soc Nephrol. 2016 Aug 8;11(8):1392-1399
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Schinstock, C., Stegall, M.D. Acute Antibody-Mediated Rejection in Renal Transplantation: Current Clinical Management. *Curr Transpl Rep* **1**, 78–85 (2014).
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Kobashigawa, J.A. et al.. Post-Transplant Outcome of the Highly Sensitized Patient Awaiting Heart Transplant Treated with Desensitization. The Journal of Heart and Lung Transplantation, Volume 40, Issue 4, S44
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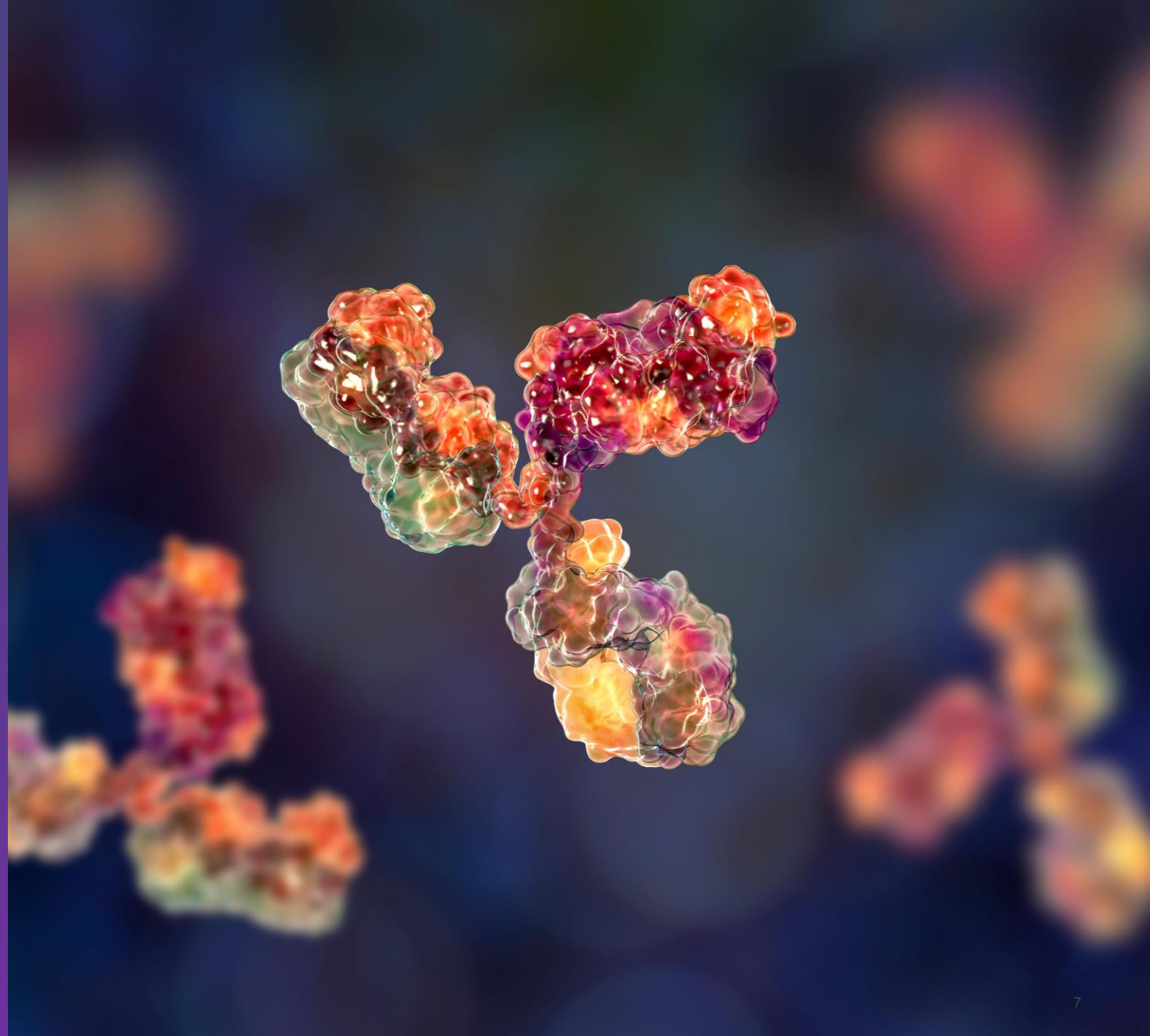
Ebrahimi A, Rahim F. Crigler-Najjar Syndrome: Current Perspectives and the Application of Clinical Genetics. Endocr Metab Immune Disord Drug Targets. 2018;18(3):201-211.
Mah JK, Korngut L, Fiest KM, Dykeman J, Day LJ, Pringsheim T, Jette N. A Systematic Review and Meta-analysis on the Epidemiology of the Muscular Dystrophies. Can J Neurol Sci. 2016 Jan;43(1):163-77. doi: 10.1017/cjn.2015.311. PMID: 26786644.

DESENSITIZATION
Transplantation



Desensitization is key to transplanting highly sensitized kidney patients

PREVALENCE

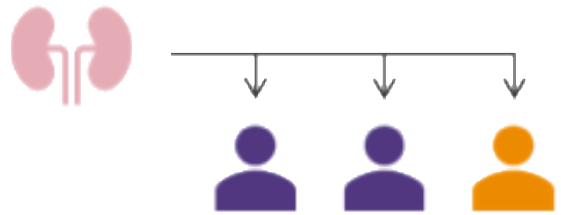
- ESRD affects 2.5M people worldwide
- 170K people are waiting for a transplant (US & Europe)
- 10-15% are highly sensitized and unlikely to be transplanted

HIGHLY SENSITIZED PATIENTS

- People with ESRD who have a high number of antibodies that would attack and reject the donor kidneys
- Causes include pregnancy, blood transfusions and previous transplants

CURRENT SITUATION

- Desensitization strategies have been predicated on compatibility and current approaches have limitations (e.g., plasmapheresis, immunoglobulins).
- Inability to timely and effectively desensitize patients remains a barrier to transplantation
- Average wait time for kidney transplant is 3-5 years.
- Highly sensitized patients may wait up to 10 years or more for a transplant and many never find a suitable match.



Highly sensitized patients are less likely to find a matching organ from a deceased donor through KAS

Degree of sensitization	cPRA%	Est. no. of organs to find match[2]	Estimated number of patients on waitlist (U.S)[3]
Less or moderate	0-20	1-2	~66,000
	20-80	2-14	~16,000
Highly sensitized	80-98	14-300	~5,000
	98-99.9	300-3,000	~3,500
	>99.9	3,000-300,000	~2,500

[1] OPTN, https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf
[2] p=95%, Clinical Journal of the American Society of Nephrology. 2016
[3] Company estimates, OPTN and Global Observatory on Donation and Transplantation

Jager KJ, et al. A single number for advocacy and communication—worldwide more than 850 million individuals have kidney diseases. Nephrol Dial Transplant. 2019;34(11):1803-1805
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Abecassis M, Bartlett ST, Collins AJ, Davis CL, Delmonico FL, Friedewald JJ, Hays R, Howard A, Jones E, Leichtman AB, Merion RM, Metzger RA, Pradel F, Schweitzer EJ, Velez RL, Gaston RS. Kidney transplantation as primary therapy for end-stage renal disease: a National Kidney Foundation/Kidney Disease Outcomes Quality Initiative (NKF/KDOQITM) conference. Clin J Am Soc Nephrol. 2008 Mar;3(2):471-80. doi: 10.2215/CJN.05021107. Epub 2008 Feb 6. PMID: 18256371; PMCID: PMC2390948.

Hansa's Phase 3 pivotal ConfIdeS trial data expected in 2H 2025

EU Conditional Approval

Submission based on data from four Phase 2 studies including 46 adult patients at six transplant centers in the US and EU

Hospital Necker, Paris, France, Uppsala University Hospital, Upsala, Sweden, Karolinska University Hospital, Stockholm, Sweden, Cedars-Sinai Medical Center, Los Angeles, CA, John Hopkins Hospital, Baltimore, MD, NYU Langone Transplant Institute, NY

Study Overview

Open-label, controlled, randomized trial evaluating 12-month kidney function in highly sensitized kidney transplant patients with positive crossmatch against a deceased donor, comparing desensitization using imlifidase with standard of care.

Primary Endpoint: Estimated glomerular filtration rate (eGFR)
Secondary Endpoint: Graft and patient survival parameters, antibody mediated rejection parameters, anti-drug antibody measures, imlifidase PK

Pre-screening

- Organ offer received via virtual crossmatch
- Key inclusion criteria: positive crossmatch against deceased donor

12-month Post Transplant Follow Up

All patients will receive:

- Induction therapy
- Maintenance immunosuppression

At 12-months:

- All patients will undergo a kidney biopsy

Trial Specifics

64 patients randomized

150 consented patients

23 participating sites

Key Centers and KOLs

- Robert Montgomery, NYU Langone
- Matt Cooper, Medical Center Wisconsin
- Osama Gaber, Houston Methodist Hospital

Catalysts and Timeline

- Randomization completed (May 2024)
- Topline data expected 2H 2025
- BLA submission in late 2025 / early 2026

If approved in the US, imlifidase could enable kidney transplantation for 10k-15k highly sensitized kidney transplant patients.*

**cPRA of 98% or higher*

PAES study completed enrolment; anticipate increased commercial utilization in key EU markets

ABOUT PAES

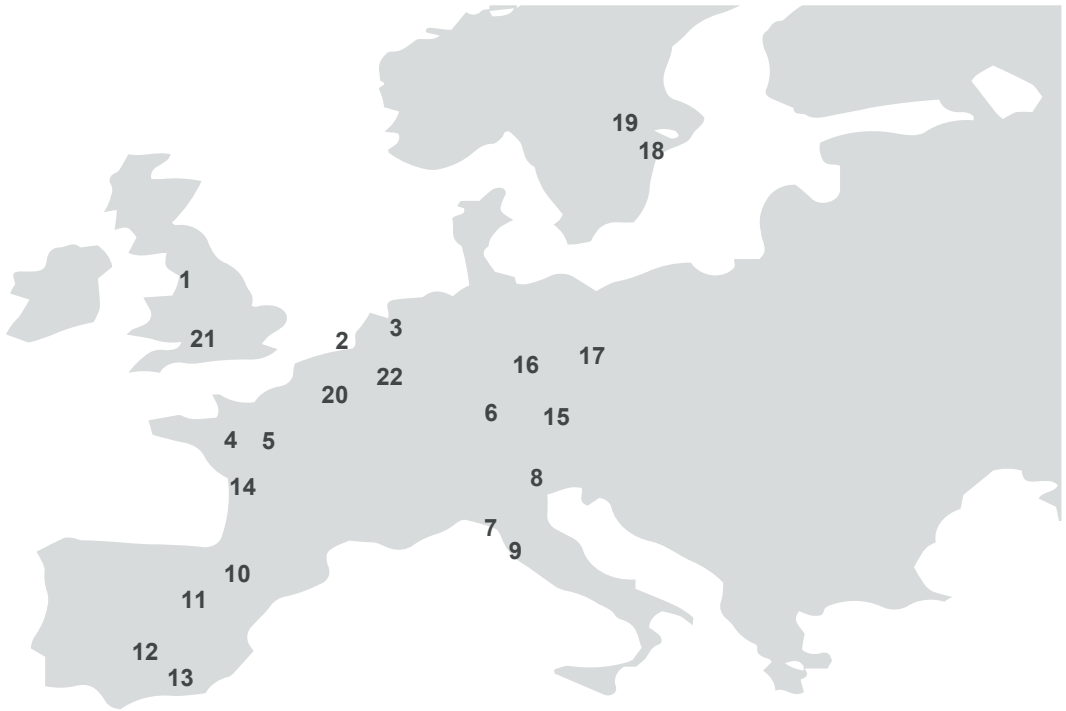
- Open label Phase 3 study
- 50 highly sensitized patients with positive crossmatch against an available deceased donor across multiple countries and centers in Europe
- Obligation to the EMA to complete full marketing authorization in the EU

STATUS

- 22 total centers in the trial
- 177 patients consented
- 50 patients treated & transplanted
- Enrolment completed (Jan)

WHAT'S NEXT

- Data readout in 2026
- EMA submission to follow

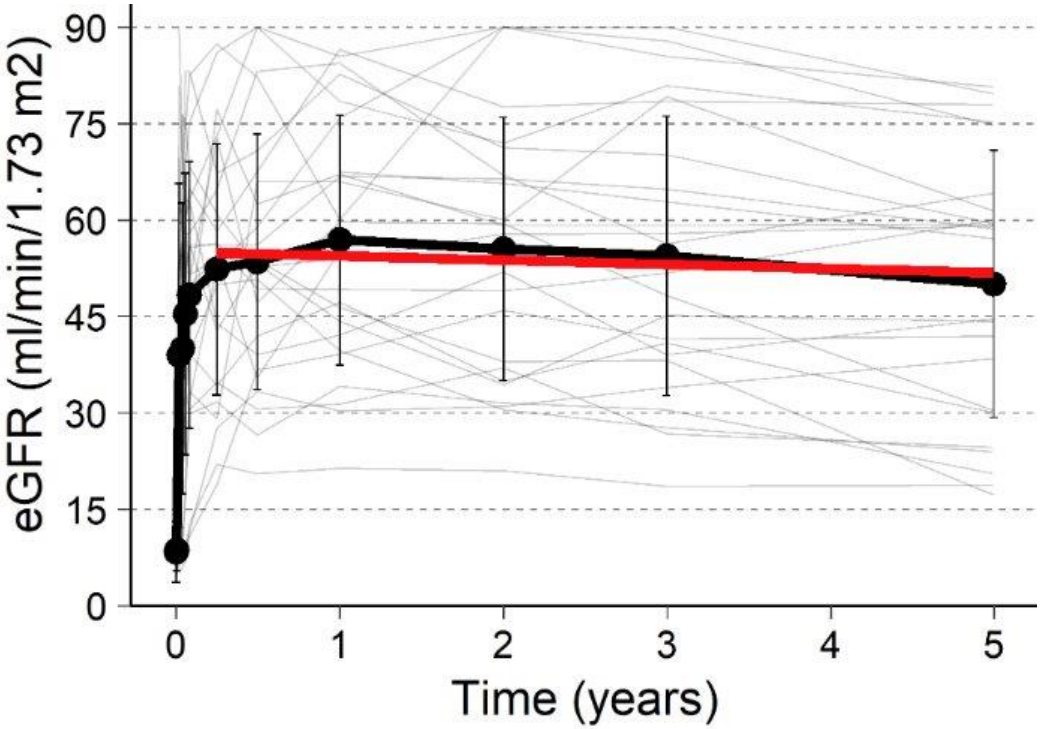


1. Leeds Teach Hospital NHS Trust-St James University Hospital
2. Leiden University Medical Center
3. Erasmus University Medial Center, Rotterdam
4. CHJU Rouen/Hospital bois Guillaume
5. Necker Hospital, Paris
6. Klinikum rechts der Isar der Technische Universitat Munchen
7. Azienda Ospedaliera di Padova
8. University Medical Centre Ljubjana
9. Azienda Ospedaliero – Universitaria di Parma (Maggiore Hospital)
10. Hospital Universitario Val d'Hebron
11. Hospital Universitario 12 de Octubre, Madrid
12. Hospital Del Mar, Barcelona
13. Hospital Clinic de Barcelona
14. Centre Hospitalier Universitaire (CHU) de Grenoble Aples – Hospital Michallon
15. Medizinische Universtät Wien
16. IKEM Prague
17. Charite – Universitätsmedizin Berlin
18. University Hospital Karolinska
19. University Hospital Uppsala
20. UZ Leuven - Campus Gasthuisberg (Belgium)
21. University Hospital of Leicester (UK)
22. University Medical Center Groningen (Netherlands)

Long-term follow-up study showed durable graft and patient survival

Study Overview

Extended pooled analysis from the 17-HMedIdeS-14 study
A long-term follow-up study of patients who have received a kidney transplant following desensitization with imlifidase.



KEY TAKEAWAYS

- 82% five-year graft survival
- 90% patient survival
- 50 ml/min/m^2 eGFR
- Presented at AST (June 2024)
- ESOT: recommended imlifidase as a desensitization strategy for kidney transplant
- Kidney International Reports/AST: Real World Evidence Study (June 2024)

EGFR estimated glomerular filtration rate is a measure of how well kidneys are functioning

EU commercial opportunity in desensitization – kidney transplantation

IDEFIRIX Launch in Europe

REIMBURSEMENT

18 markets across the EU representing 75% of the transplant market

PRODUCT REVENUE

FY ’24: 140.1 MSEK
Q1 ‘25: 65.7 MSEK

CLINICAL ADOPTION

36 clinics with clinical experience; 66% have repeat utilization; 200 patients treated

Potential Market Opportunity

- 72,000 patients on wait list in EU
- 5-30% of patients on wait list are highly sensitized*
- 30% anticipated peak penetration

*Access to transplantation for high sensitized patients varies from country to country and dependent on prioritization programs and level of sensitization

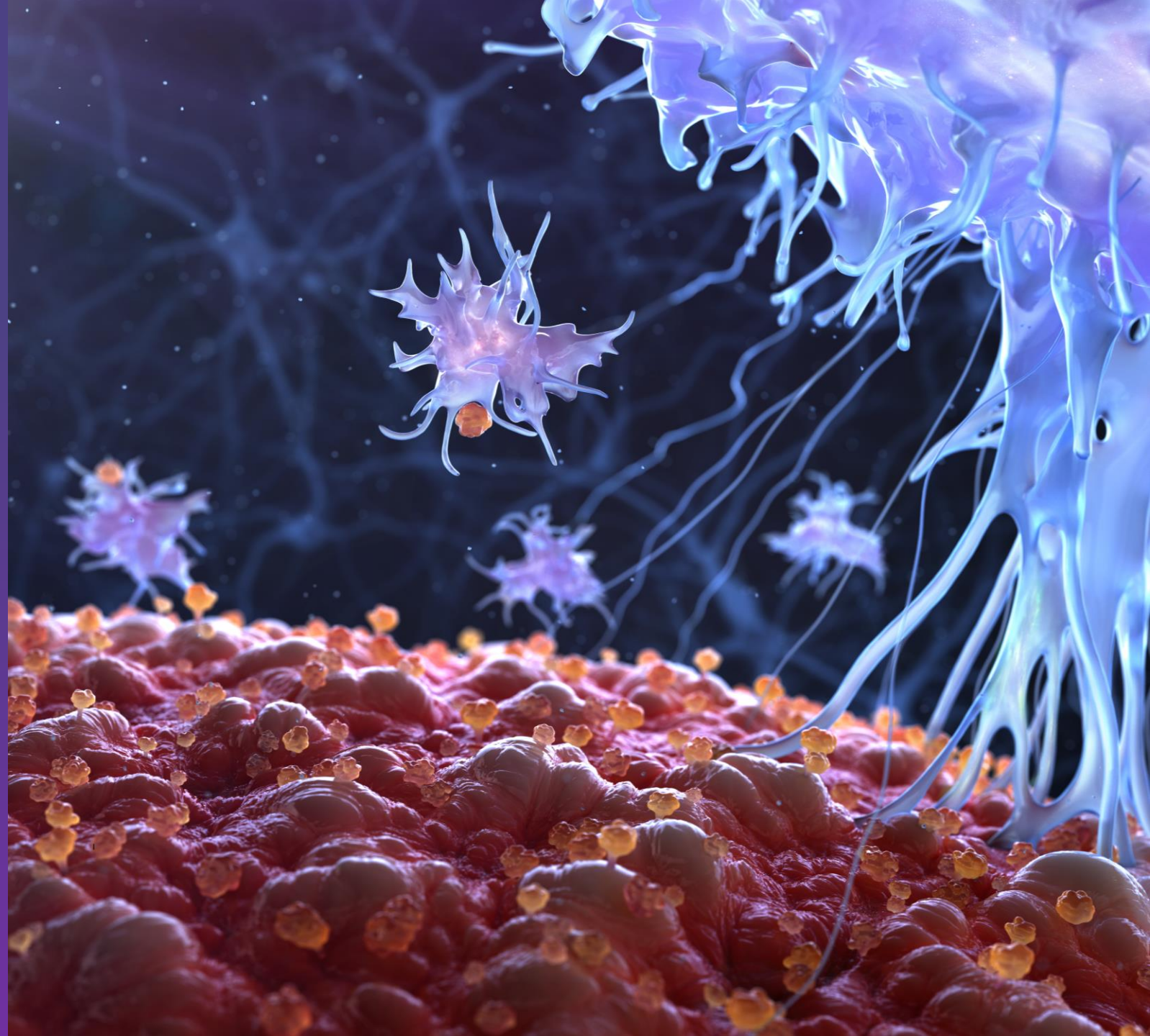
EU Market Challenges

- Long and complex local reimbursement processes
- Limited resources allocated to Medical Affairs pre-launch
- New approach - No clinical guidelines
- No standard approach to organ allocation
- Conditional approval with limited data
- Limited sites in Ph 2 clinical trial

Key Learnings

- **Treating Clinicians** slow to adopt new approaches and P2P engagement key; positive first experience critical
- **Payers/ Policy Makers / Regulators** requires significant and experienced team to parallel process
- **Account approach** clinicians and center level specifics important to navigate and understand for adoption
- **Prof Societies and patient groups** key to create urgency, elevate unmet need and support Guidelines

AUTOIMMUNE DISEASE



Anti-GBM is a rare, acute inflammatory disease driven by IgG

Anti-Glomerular Basement Membrane Disease

an acute, rare, and very severe inflammatory disease in which IgG autoantibodies attack the glomerular basement membrane in the kidneys and, in some patients, the lungs.

Symptoms

Early signs are often unspecific which can vary from malaise, weight loss, fatigue and fever. Kidney symptoms usually include blood and protein in the urine. Lung symptoms include coughing up blood, chest pain, cough, and shortness of breath.

Prevalence

Affects around 1.6 people per million annually. Only one in three will have a preserved renal function after six months with current standard of care.[5]

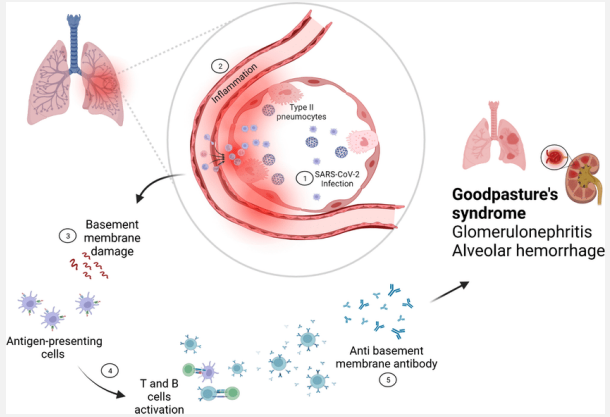
Treatment

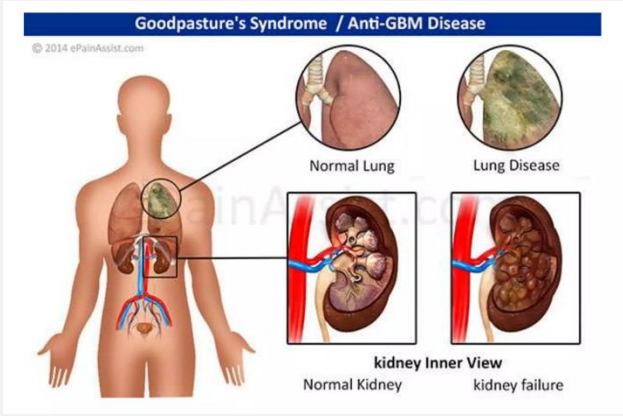
There are no approved drugs for anti-GBM. Standard of care consists of a combination of immunosuppressives, glucocorticoids, and plasma exchange.

Unmet Need

Severe anti-GBM can be life-threatening resulting in kidney failure and bleeding in the lungs. The acute autoimmune attacks can become fatal in up to one in eight patients in the first year, while most patients lose their kidney function and end up on dialysis.

IgG plays a central role in anti-GBM binding to the GBM and causing damage to the kidneys





"Given the severity of anti-GBM's acute phase, the autoimmune reaction needs to be counteracted and stopped as quickly as possible if we want to limit the damage to the organs. Only if treatment is instituted early, there is a chance of salvaging the organ's function."

Mårten Segelmark,
Professor of Nephrology at Lund University.

UNC Kidney Center: Anti-GBM Disease. Available at: https://unckidneycenter.org/kidneyhealthlibrary/glomerular-disease/anti-gbm-disease/.
Qu, Z., Cui, Z., Liu, G. et al. The distribution of IgG subclass deposition on renal tissues from patients with anti-glomerular basement membrane disease. BMC Immunol 14, 19 (2013). https://doi.org/10.1186/1471-2172-14-19
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McAdoo SP, Pusey CD. Anti-Glomerular Basement Membrane Disease. Clin J Am Soc Nephrol. 2017 Jul 7;12(7):1162-1172. doi: 10.2215/CJN.01380217
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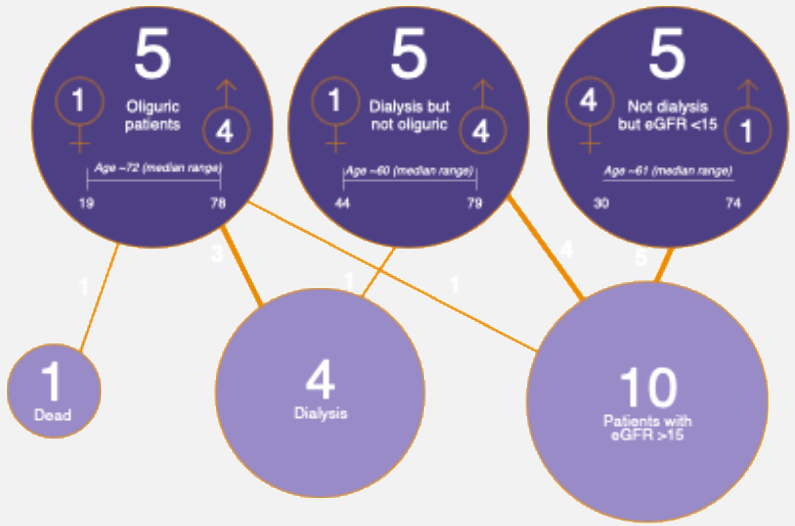
Sánchez-Agesta M, et al. (2022) Anti-glomerular Basement Membrane Glomerulonephritis: A Study in Real Life. Front. Med. 9:889185. doi: 10.3389/fmed.2022.889185
Uhlin et al JASN (2022)
McAdoo et al: Kidney Int 92: 693–702. 2017

Topline data from GOOD-IDES-02 Phase 3 anti-GBM trial expected in 2H 2025

Results from Phase 2 Study Results Published in JASN (2022)

10 out of 15 patients were dialysis independent after six months vs. the historical cohort, where only 18% had functioning kidney



Imlifidase granted orphan drug designation by US FDA and EMA

GOOD-IDES-03 Open Label Phase 3 Trial

- Fully enrolled 50 patients from 30+ centers in US, UK and EU
- Primary Endpoints: eGFR at 6 months and need for dialysis
- Secondary Endpoints: anti-GBM antibody levels, pulmonary symptoms, safety, PK/PD and health related quality of life
- 25 patients were randomized to receive imlifidase in combination with SOC and 25 patients received only SOC

SOC: Standard of Care consisting of a combination of immunosuppressives, glucocorticoids, and plasma exchange,

Ohlin et al. JASN (2022)
Journal of the American Society of Nephrology https://pubmed.ncbi.nlm.nih.gov/35260419/
McAdoo et al.: Patients double-seropositive for ANCA and anti-GBM antibodies have varied renal survival, frequency of relapse, and outcomes compared to single-seropositive patients. Kidney Int 92: 693–702, 2017

Guillain-Barré Syndrome (GBS) is a rare, acute inflammatory disease driven by IgG

Guillain-Barré Syndrome

a rare, acute, paralyzing, inflammatory disease of the peripheral nervous system caused by the immune system damaging nerve cells and structures.

Symptoms

Rapid onset and progression of muscle weakness leading to severe paralysis of the arms and legs. Most GBS patients also have sensory disturbance (tingling or numbness or ataxia) and pain, and some patients have double vision or problems with swallowing.

Treatment

No FDA approved treatments. IVIg/PLEX are considered standard of care. IVIg is approved in the EU.

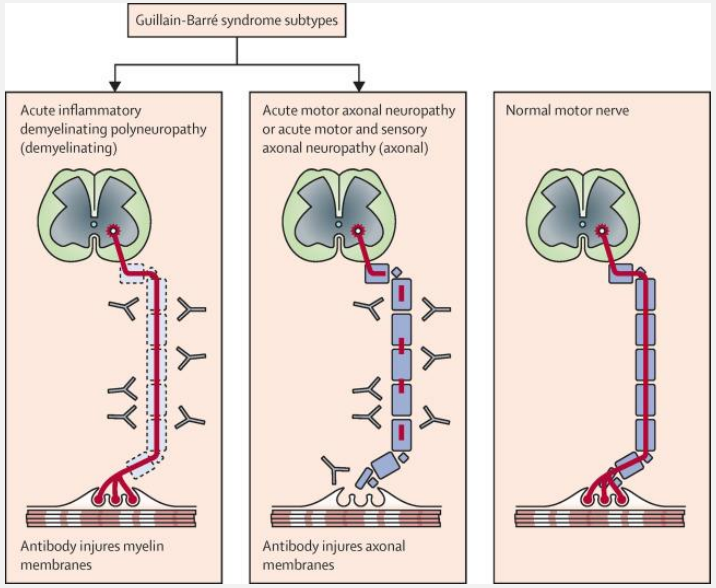
Prevalence

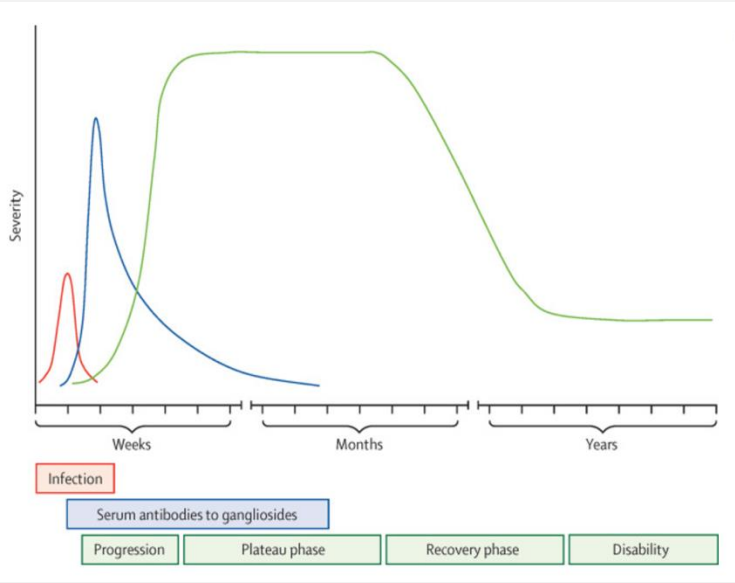
Affects 1-2 in 100,000 people annually. Approximately 3,000 – 6,000 cases annually in the US.

Unmet Need

~25% of patients require mechanical ventilation for days to months following the acute autoimmune attack, and 20% are unable to walk after six months.

IgG is a key driver of inflammatory attacks on peripheral nerves and has been clinically linked to the severity and progression of the disease.





Willison et al, Lancet, 2016, Vol 388:10045:717-727

"In the treatment of GBS and subsequent recovery process, early improvement and the ability to walk independently are important clinical milestones as they indicate a return to basic mobility and independence, and to an improved quality of life for patients. This analysis supports the potential role of imlifidase followed by standard of care IVIg as a potentially new treatment option in GBS. These are important results for patients and clinicians in the GBS community."

Professor Shahram Attarian,
Head of Department of Neuromuscular Diseases and ALS, Hopitaux Universitaires de Marseille (APHM).

Fletcher DD et al. Long-term outcome in patients with Guillain-Barré syndrome requiring mechanical ventilation. Neurology. 2000 Jun 27;54(12):2311-5. doi: 10.1212/wnl.54.12.2311
Van Doorn PA. Diagnosis, treatment and prognosis of Guillain-Barré syndrome (GBS). Presse Med. 2013 Jun;42(6 Pt 2):e193-201. doi: 10.1016/j.lpm.2013.02.328
McGrogan A, et al. Neuroepidemiology. 2009; 32(2):150-63

15-HMedIdeS-09 Phase 2 Study demonstrated the role imlifidase may play in halting the progression of GBS

Study Overview

- Open-label, single arm, multi-center study across the UK, France, and the Netherlands. Patients with severe GBS were included (GBS DS ≥ 3)
- Evaluated safety, tolerability, and efficacy of single dose imlifidase (0.25 mg/kg) in combination with IVIg in 27 adult GBS patients

Rapid overall improvement in functional status including expedited muscle recovery

37% of patients able to walk independently at Week 1

67% of patients able to walk independently at Week 8

63% of patients able to run or had no functional disability (GBS DS<1) at 6 months

Administration of imlifidase was overall safe and well tolerated

GBS disability score (DS) is defined as: 0 = Healthy; 1 = Minor symptoms and capable of running; 2 = Able to walk independently 10 meters or more but unable to run; 3 = Able to walk more than 10 meters across an open space with help; 4 = Bedridden or chair bound; 5 = Needing mechanical ventilation; 6 = Dead

Indirect treatment comparison demonstrates the robust, consistent benefit of imlifidase in combination with IVIg in GBS

15-HMedIdeS-09 data compared to IGOS

- Indirect comparison of 15-HMedIdeS-09 Phase 2 single arm trial data (n=27) to IGOS real-world IVIg comparator group with severe GBS patients (n=754)
- Unanchored matched-adjusted indirect comparison method

Weighted Prognostic Variables

Time from weakness onset to treatment initiation and baseline values for:

Age ● GBS DS ● Cranial Nerve Involvement ● MRC sum score ● Preceding Diarrhea

Clinically Meaningful Endpoints

Identified four clinically meaningful endpoints related to disease recovery including GBS DS and MRC sum score

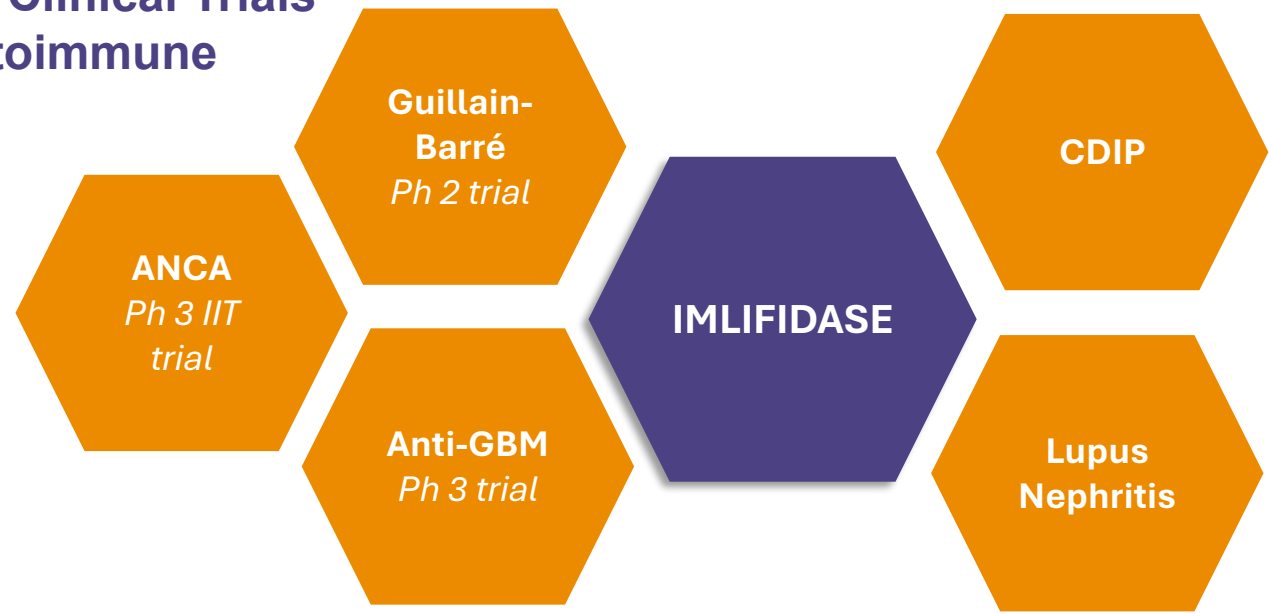
Median time to return to independently walking **6 weeks sooner** than IVIg comparator group (*p=0.03*)

Median time to improvement by at least one grade on GBS DS **3 weeks sooner** (*p=0.002*)

Phillippo DM, et al. NICE DSU Technical Support Document 18. 2016.

Phase 2 GBS study supports potential for imlifidase in additional Autoimmune Diseases

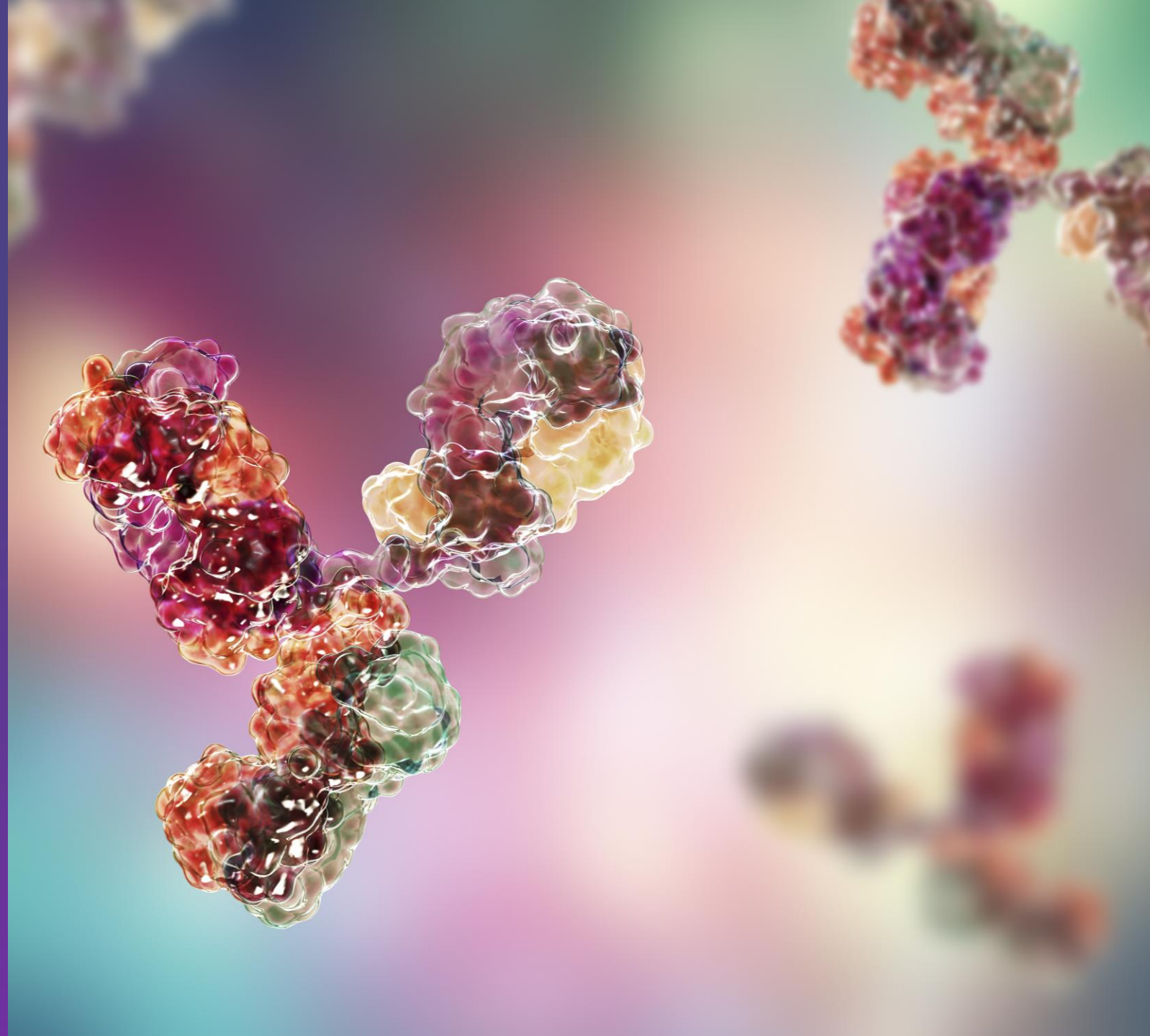
Imlifidase Clinical Trials in Autoimmune


Guillain-Barré
Ph 2 trial
ANCA
Ph 3 IIT trial
IMLIFIDASE
Anti-GBM
Ph 3 trial

Potential Opportunities for Imlifidase in Autoimmune

CDIP
Lupus Nephritis

DESENSITIZATION
Gene Therapy



Desensitization holds the promise to provide access to gene therapies for rare disease patients with anti-AAV antibodies

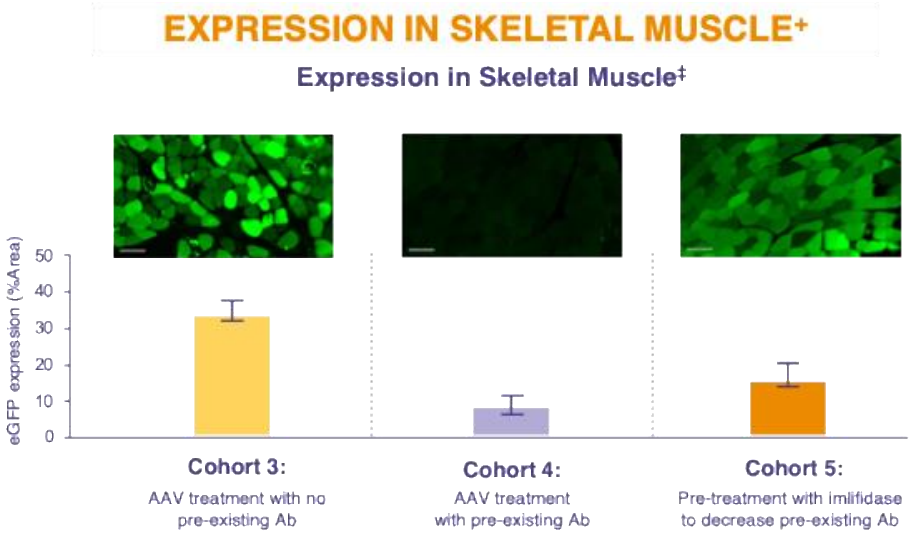
PREVALENCE

- Over 7,000 known rare monogenic diseases worldwide
- AAVs are used as a delivery system for most gene therapies
- 1-3 people can't benefit from gene therapies due to anti-AAV antibodies

PEOPLE WITH ANTI-AAV ANTIBODIES

- AAVs are from common viruses; many people have been exposed and developed antibodies against them
- Anti-AAV antibodies excludes rare disease patients from Gene Therapy trials and treatments

Imlifidase pre-treatment decreases pre-existing antibodies and enhances transduction and transgene expression in animal models



Data from animal models

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

Boycott K.M, et al. Rare-disease genetics in the era of next-generation sequencing: discovery to translation. Nat Rev Genet. 2013 Oct;14(10):681-91. doi: 10.1038/nrg3555. Epub 2013 Sep 3. PMID: 23999272.
Boutin S, et al. Prevalence of serum IgG and neutralizing factors against adeno-associated virus (AAV) types 1, 2, 5, 6, 8, and 9 in the healthy population: implications for gene therapy using AAV vectors. Hum Gene Ther. 2010 Jun;21(6):704-12. doi: 10.1089/hum.2009.182. PMID: 20095819.
Calcedo R, Wilson JM. Humoral Immune Response to AAV. Front Immunol. 2013 Oct 18;4:341. doi: 10.3389/fimmu.2013.00341. PMID: 24151496; PMCID: PMC3799231
Veron P, Leborgne C, Monteilhet V, Boutin S, Martin S, Moullier P, Masurier C. Humoral and cellular capsid-specific immune responses to adeno-associated virus type 1 in randomized healthy donors. J Immunol. 2012 Jun 15;188(12):6418-24. doi: 10.4049/jimmunol.1200620. Epub 2012 May 16. PMID: 22593612.
Kruzik A, et al. Prevalence of Anti-Adeno-Associated Virus Immune Responses in International Cohorts of Healthy Donors. Mol Ther Methods Clin Dev. 2019 Jun 7;14:126-133. doi: 10.1016/j.omtm.2019.05.014. PMID: 31338384; PMCID: PMC6629972.

Representative global exclusive agreements

SAREPTA THERAPEUTICS

CAPABILITIES & RESOURCES

- World leader in gene therapy in muscular dystrophies
- Pre-clinical and clinical plan
- Regulatory & Promotion
- FDA approval in 2023

INDICATION EXCLUSIVITY

Duchenne Muscular Dystrophy (DMD) - 1/3,500 to 5,000 male births worldwide

Limb-Girdle Muscular Dystrophy - global prevalence of ~1.6 per 100K individual

TERMS $10M upfront w/ milestones totaling ~$400M

GENETHON
CURE THROUGH INNOVATION

CAPABILITIES & RESOURCES

- A pioneer in the discovery and development of gene therapies
- Conducts pre-clinical and clinical trials (Phase 1/2)

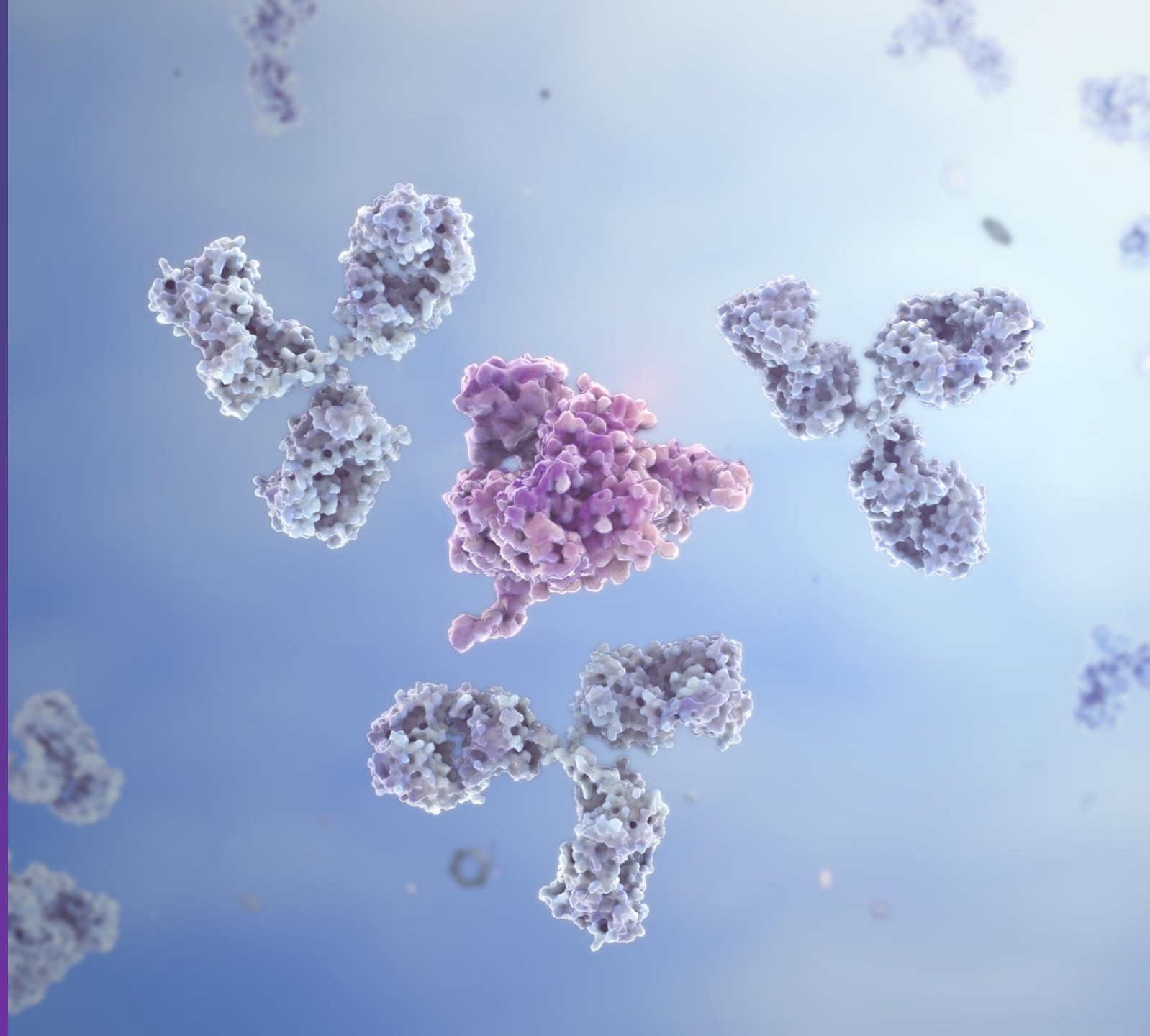
INDICATION EXCLUSIVITY

Crigler-Najjar syndrome - approximate incidence is 0.6-1 case per one million people or 600 patients in Europe and the U.S

TERMS Undisclosed

Emery AE. Population frequencies of inherited neuromuscular diseases--a world survey. Neuromuscul Disord. 1991;1(1):19-29. doi: 10.1016/0960-8966(91)90039-u. PMID: 1822774.
Stark AE. Determinants of the incidence of Duchenne muscular dystrophy. Ann Transl Med. 2015 Nov;3(19):287. doi: 10.3978/j.issn.2305-5839.2015.10.45. PMID: 26697447; PMCID: PMC4671860.
https://www.genethon.com/our-pipeline/crigler-najjar-syndrome/. Last accessed: 29 November 2024
Taglia A, Picillo E, D'Ambrosio P, Cecio MR, Viggiano E, Politano L. Genetic counseling in Pompe disease. Acta Myol. 2011 Dec;30(3):179-81. PMID: 22616199; PMCID: PMC3298105.
1.Understanding Neuromuscular Disease Care. IQVIA Institute. Parsippany, NJ. (2018).
2.Narayanaswami, P. *et al.* Evidence-based guideline summary?: Diagnosis and treatment of limb-girdle and distal dystrophies. *Neurology* (2014).
3.Wicklund, M. P. Limb-Girdle Muscular Dystrophies. in *Encyclopedia of the Neurological Sciences* (2014). doi:10.1016/B978-0-12-385157-4.00623-0

HNSA-5487
Next Generation Molecule



NICE-01 first in human trial data demonstrated redosing potential for HNSA-5487 with rapid and robust IgG reduction

Study Overview

- Double blind, randomized, placebo-controlled trial in 36 healthy volunteers received a single ascending doses of HNSA-5487 administered as a single intravenous (IV) infusion.
- Assessed safety, tolerability, PK and PD, and immunogenicity

Rapid and robust IgG reduction by more than 95% within a few hours

Redosing potential with significantly reduced ADA response*

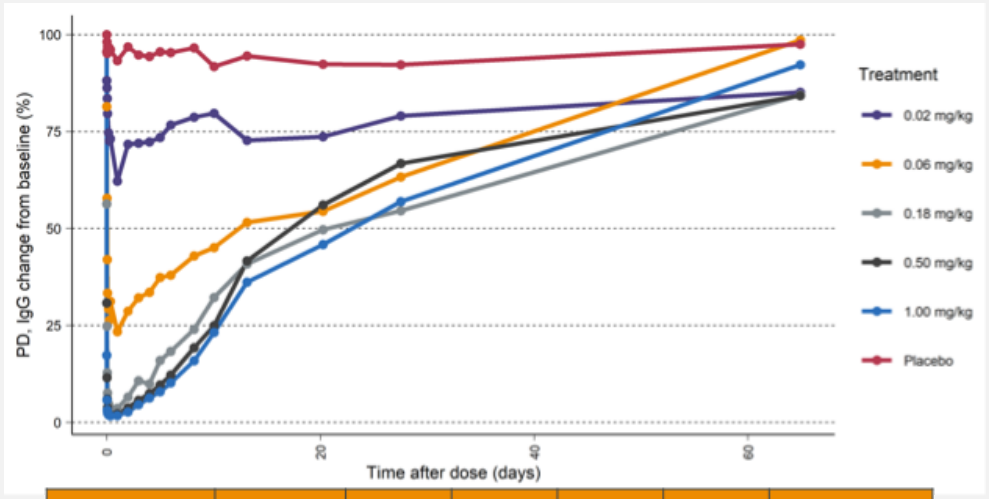
Efficient IgG reduction in samples at 6 and 12 months post initial dose

As efficacious as imlifidase in reducing total IgG levels

*as compared to imlifidase
ADA: anti-drug antibody

HNSA-5487 demonstrated rapid, robust reduction of IgG by 95% after a single dose

As efficacious as imlifidase in IgG reduction

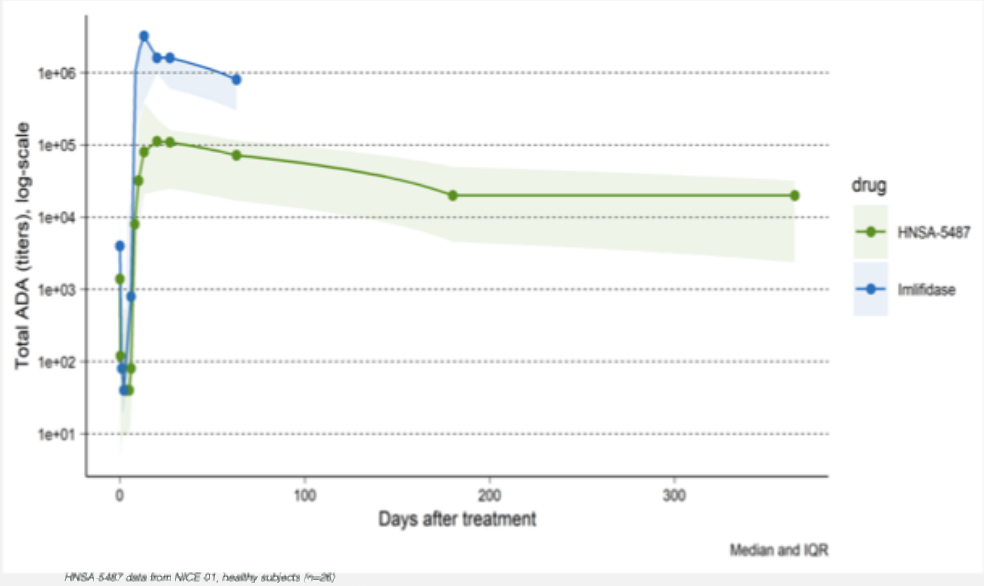


	0.02 mg/kg n=4	0.06 mg/kg n=4	0.18 mg/kg n=6	0.50 mg/kg n=6	1.00 mg/kg n=6	Imlifidase** 0.25 mg/kg n=23
Responders*	0%	25%	83%	100%	100%	88%

*A subject with IgG level <5% of baseline 24 hours post dosing
** Data from 18-HMedIdes-15 and 21-HMedIdeS-29

Effective redosing at 6 and 12-months

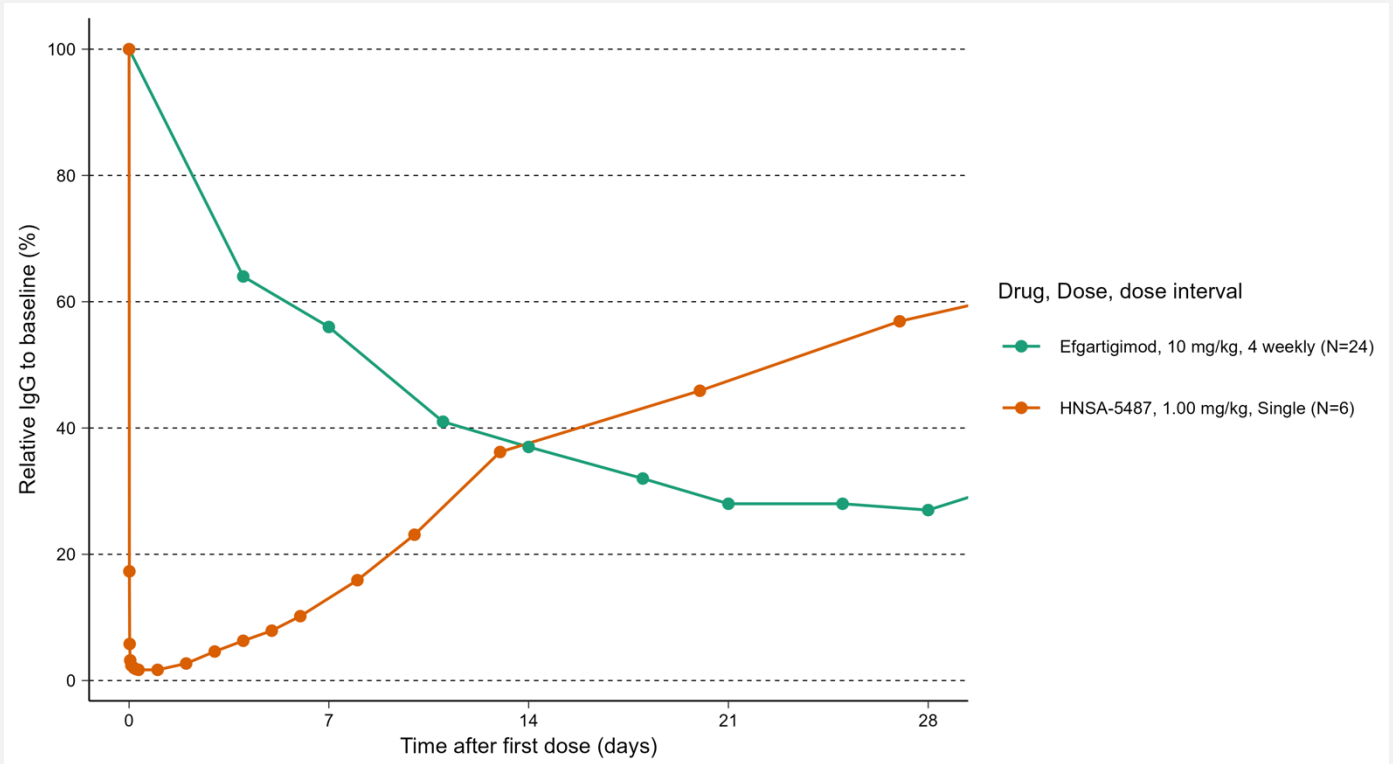
Data plotted using two separate Phase 1 trials in healthy human subjects
No head-to-head trial has been conducted between HNSA-5487 and imlifidase



HNSA 5487 data from NICE-01, healthy subjects (n=26)
Imlifidase data from 18-HMedIdeS-15, healthy subjects (n=11)

HNSA-5487 is uniquely positioned to treat acute autoimmune diseases or periodic exacerbations due to its rapid IgG reduction

HNSA-5487 provides unmatched speed in reducing IgG

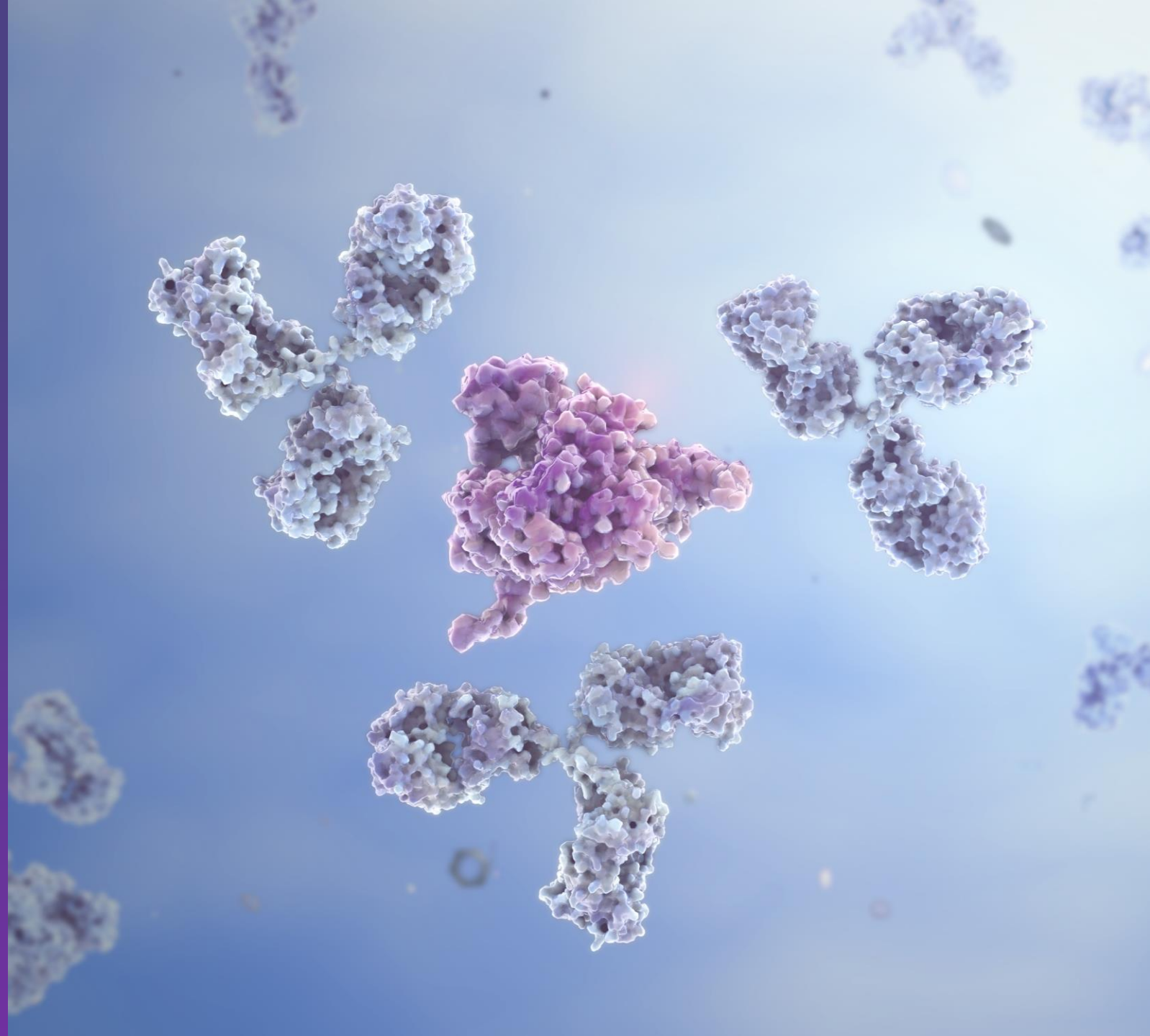


IgG cleaving enzymes cleave antibodies across all domains

IgG lowering modalities	Intravascular IgG	Extravascular IgG	Cell bound IgG
Imlifidase	✓	✓	✓
HNSA-5487	✓	✓	✓
FcRn inhibitor	✓	-	✗
PLEX	✓	✗	✗

Idefirix Summary of Product Characteristics. https://www.ema.europa.eu/en/documents/product-information/idefirix-epar-product-information_en.pdf. Accessed June 2024.
Gil I. Wolfe, E. Sally Ward, Hans de Haard, Peter Ulrichts, Tahseen Mozaffar, Mamatha Pasnoor, Gestur Vidarsson,. gG regulation through FcRn blocking: A novel mechanism for the treatment of myasthenia gravis, Journal of the Neurological Sciences,Volume 430, 2021,118074, ISSN 0022-510X,https://doi.org/10.1016/j.jns.2021.118074.(https://www.sciencedirect.com/science/article/pii/S0022510X2100770X).

Pipeline and Financing



Focused pipeline in Desensitization and Autoimmune Diseases

	Preclinical	Phase 1	Phase 2	Phase 3	Marketed	Partner	Upcoming Milestone
idefirix (imlifidase)	Desensitization Kidney Transplantation						2026: EU Ph 3 PAES data read out
	Desensitization Kidney Transplantation						2H 2025: ConfIdeS US Phase 3 data read out
	Desensitization Gene Therapy (Crigler Najjar)					GENETHON	2025: GNT-018-IDES complete enrolment
	Desensitization Gene Therapy (DMD)					SAREPTA THERAPEUTICS	2025: SRP-9001-104 data read out
	Desensitization Gene Therapy (Limbe Girdle)					SAREPTA THERAPEUTICS	Preclinical Research
	Autoimmune GBS						2025:15-HMedIdeS-09 data publication
	Autoimmune anti-GBM						2025: GOOD-IDES-02 data read out
	Autoimmune ANCA (Investigator Initiated Trial)[1]						2025: Complete enrolment

[1] Investigator-initiated study by Dr. Adrian Schreiber and Dr. Philipp Enghard, at Charité Universitätsmedizin, Berlin, Germany

Current financial snapshot

Nasdaq OMX Stockholm	HNSA
# of Shares Outstanding:	67.8 million
Market Cap:	1.5556 BSEK (~$161.6 million) @ 23.72 SEK (~$2.47) per share
Cash & Cash Equivalents:	250.2 MSEK (~$26.0 million)

Debt and Restructuring Terms

- July 2022, the Company entered into a US $70.0 million funding agreement with NovaQuest (MOIC: 2.0)

Non-binding Term Sheet

- Offset $14.9M in debt with equity; addt'l $14.9M in debt with equity or cash at Hansa's discretion
- No additional payments until June 2027
- Repayment obligation - $150.5M (MOIC: 2.15)
- Remaining paid June 2027 through January 2029

Top 10 Shareholders as of March 31, 2025

Shareholder Name	Number of Shares	Ownership %
Redmile Group LLC	13,156,700	19.40%
Braidwell LP	8,247,600	12.16%
Theodor Jeansson Jr.	2,620,000	3.86%
Hansa Biopharma AB	2,204,667	3.25%
Nexttobe AB	2,155,379	3.18%
Fourth Swedish National Pension Fund (AP4)	2,094,000	3.09%
Thomas Olausson	1,917,000	2.83%
Handelsbanken Fonder	1,847,989	2.73%
Sphera Funds Management	1,107,000	1.63%
Avanza Pension	1,098,270	1.62%
All other	31,365,636	46.25%
Total Shares Outstanding	67,814,241	100.00%

Source: Modular Finance compiled and processed data from various sources, including Euroclear, Morningstar, FactSet and the Swedish Financial Supervisory Authority (Finansinspektionen).

Hansa Biopharma had approximately 20,000 shareholders as of March 31, 2025.

Thank you