HANSA BIOPHARMA

Hansa Capital Markets Day

June 25, 2026

Welcome and Strategic Outlook

Renée Aguiar-Lucander, Chief Executive Officer

Hansa Capital Market Day June 25, 2026

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 affiliates 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.

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Hansa Capital Markets Day Agenda

01	**Welcome and Strategic Outlook** Renée Aguiar-Lucander, CEO
02	**Kidney Transplantation -- Clinical Data Validation** Richard Philipson, CMO • Dr. Matthew Cooper • Dr. Nassim Kamar
03	**Kidney Transplantation -- Transforming Outcomes** Jennifer Leonard, Sr. Director US Medical Affairs • Dr. Roslyn Mannon • Dr. Annette Jackson
04	**Kidney Transplantation -- Q&A** Richard Philipson, CMO •Dr. Matthew Cooper • Dr. Nassim Kamar • Dr. Roslyn Mannon • Dr. Annette Jackson
05	**US Market Opportunity and Launch Preparations** Maria Törnsén, COO & President US
06	**Pipeline Overview** Richard Philipson, CMO
07	**Q&A and Closing Comments** Renée Aguiar-Lucander, CEO

Novel, First-in-Class IgG-Cleaving Enzyme from Proprietary Technology Platform

What is IgG

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

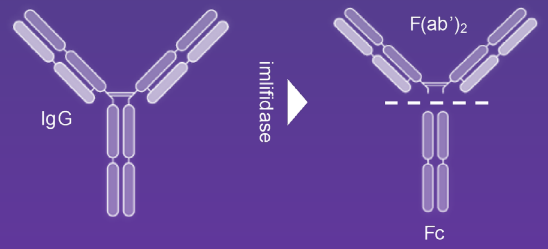
Benefits / Opportunity of IgG Reduction

- Rapid IgG reduction key to enable life saving treatments
- Targeted treatments to rapidly cleave antibodies and enable dosing of gene therapy for appropriate patients
- Potential for addressing acute / severe autoimmune diseases
- Orphan indications / no approved agents

Hansa's IgG-cleaving Platform

Imlifidase – proprietary, first in class IgG cleaving enzyme

- Rapid and targeted reduction of all IgG to > 95% in 2-6 hours
- Have run 11 clinical programs from preclinical to market
- Cleaves all types of IgG both intra and extra vascularly



HNSA-5487 – next gen, IgG cleaving enzyme

- Targeting late-stage clinical program in GBS, a serious autoimmune disease with no approved drugs.
- FDA interactions in Q2 2026 to advance clinical development program

Addressing Orphan / Rare Indications

THERAPEUTIC FOCUS

Desensitization

Enabling Transplantation
Paradigm shift for highly sensitized kidney transplant patients

Enabling Gene Therapy
Partnerships for pre-treatment to enable AAV gene therapy treatments

Rare autoimmune disease

GBS
Following successful POC Phase 2 trial with imlifidase; FDA interactions in Q2 2026 to initiate clinical development program for H5487

23+
Countries with reimbursement

11
Clinical & preclinical programs

~74
Million USD of cash end of Q1 2026

idefirix®

IDEFIRIX conditionally approved in the EU & the UK
For desensitization prior to kidney transplantation deceased donor

Out-licensing Agreement SERB Pharma, May 2026
Transaction is subject to typical closing conditions incl FDI review

US Regulatory Process

ConfIdeS Phase 3 trial topline data in September 2025.
Ongoing FDA review of BLA with PDUFA* date of December 19, 2026)

*PDUFA= Prescription Drug User Fee Act

Listed on Nasdaq OMX Stockholm (HNSA)

European Out-licensing Creates Strong Financial Position

Cash Position

- Transaction (upfront €110M or 1.3 BSEK) significantly increases Hansa's cash position
- Pro forma cash based on Q1 2026 cash on hand ~1.9 BSEK (~ $195m)
- Upon EMA acceptance of filing for approval; payment of €5M (~55 MSEK)

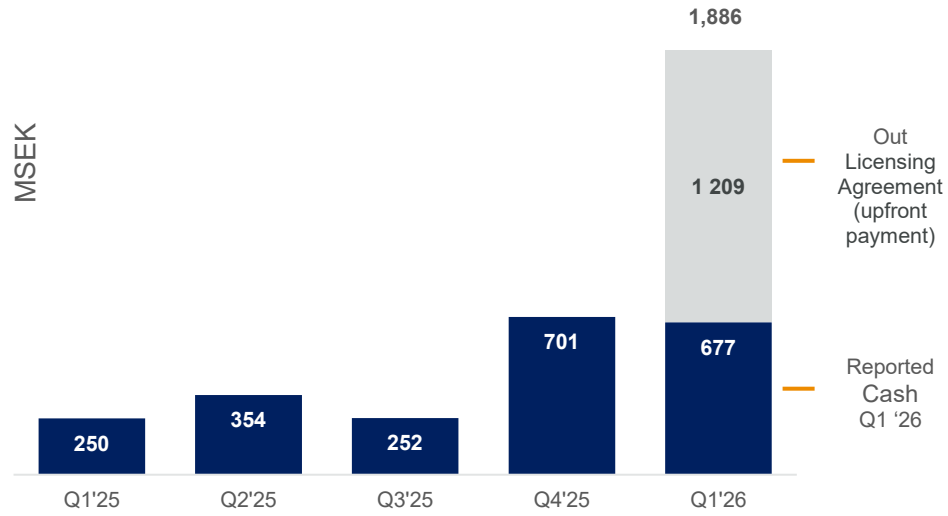
Reduced Cost Base

- Improves **Hansa's cost** base in 2H 2026 by up to 50 MSEK. Savings in 2027 up to 150 MSEK compared to budget
- Impact from:
  - Reduced Medical Affairs & Commercial costs, subject to consultation
  - Reduced R&D costs (PAES long-term follow-up and paediatric study transferred to SERB post MAH transfer)

Cash Runway

- In excess of 18 months runway irrespective of potential approval. Approval would provide **significant runway extension and path to profitability**
- US$15M payable at closing to Novaquest with $10 million offsetting the mid 2027 payment and the balance going towards 2028 and 2029 payments. In addition, a $3M lien release fee will be payable to NovaQuest at closing.

Pro Forma Q1 2026 Cash
with Out Licensing Agreement*



Before payment of fees and debt repayments

Euro to US$ 1.16
Euro to SEK 10.99
US$ to SEK 9.45

Focused Pipeline in Desensitization and Autoimmune Diseases

	Preclinical	Phase 1	Phase 2	Phase 3	Marketed	Partner	Upcoming Milestone
idefirix (imlifidase)	Desensitization Kidney Transplantation						Q4 2026: filing for full approval
Imlifidase	Desensitization Kidney Transplantation						PDUFA* date Dec 19, 2026
Imlifidase	Desensitization Gene Therapy (Crigler Najjar)					GENETHON	2H 2026: complete enrollment
Imlifidase	Desensitization Gene Therapy (DMD)					SAREPTA THERAPEUTICS	Discussions ongoing regarding next steps
Imlifidase	Autoimmune ANCA Investigator Initiated Trial (IIT)[1]						Recruitment phase concluded
HNSA-5487	Autoimmune GBS						Clinical development plan agreed with FDA in H2 2026

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

*Prescription Drug User Fee Act

Experienced and Proven Leadership Team

Proven track record delivering growth, approvals, and launches across renal, rare disease, and immunology

Renée Aguiar-Lucander

Chief Executive Officer

20+ yrs rare disease leader and former investor, took Calliditas to US commercial success and a $1.1bn exit

Adam Cutler

Chief Financial Officer

Seasoned biotech CFO with significant public company experience, previously with Mural Oncology and Q32 Bio.

Hitto Kaufmann, PhD

Chief Scientific and Technology Officer

20+ years of immunology drug development from Sanofi and Boehringer Ingelheim

Frank Bringstrup

Chief Regulatory Affairs Officer

25+ years of pharmaceutical industry experience; successfully filed several BLAs with Novo Nordisk

Maria Törnsén

Chief Operating Officer, President US

Successfully launched multiple orphan drugs in the US. Previous roles at Calliditas, Sarepta Therapeutics, Sanofi Genzyme and Shire plc

Richard Philipson, MD, PhD

Chief Medical Officer

Four approvals over 25+ years incl. rare disease & gene therapy; senior roles at Calliditas, GSK and Takeda

Brian Gorman

Chief Legal Officer and Corporate Secretary

Seasoned life-sciences lawyer at Sinclair, Calliditas, Endo, AstraZeneca; led acquisitions, integrations and global expansion

Sandra Frithiof

Chief Human Resources Officer

25+ years of experience in human resources in different industries

02

Kidney Transplantation – Clinical Data Validation

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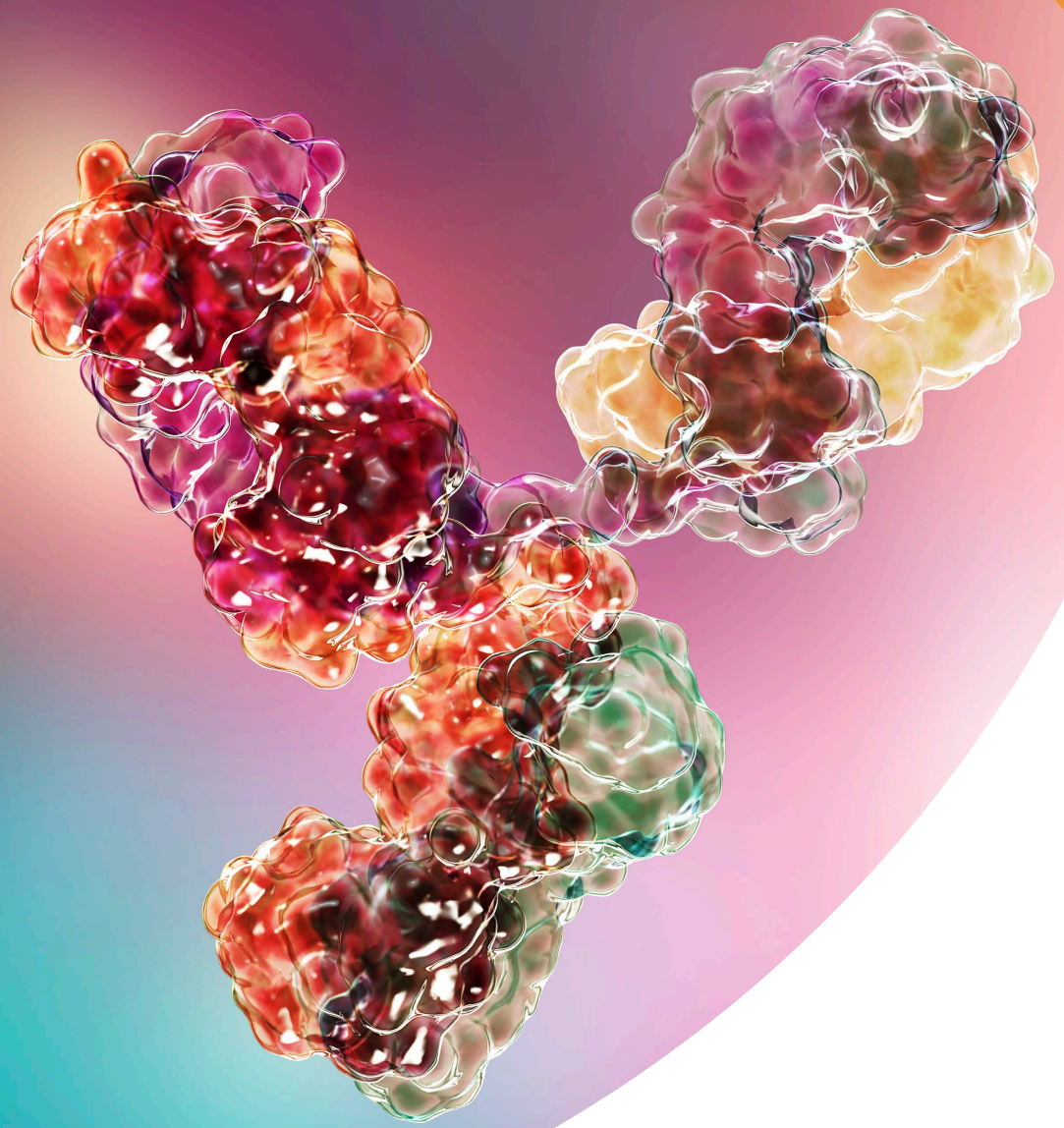
Topline European Post Authorization Efficacy Study (PAES)

Richard Philipson, MD, Chief Medical Officer

Hansa Capital Market Day June 25, 2026



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Study 20-HMedIdeS-19 (PAES)

A controlled, open-label post-authorisation efficacy and safety study in imlifidase desensitised kidney transplant patients with positive crossmatch against a deceased donor prior to imlifidase treatment, including non-comparative registry and concurrent reference cohorts

Objectives

Primary

To determine the 1-year graft failure-free survival in highly sensitized kidney transplant patients, pre-treated with imlifidase to turn a positive crossmatch against a deceased donor into a negative crossmatch

Secondary

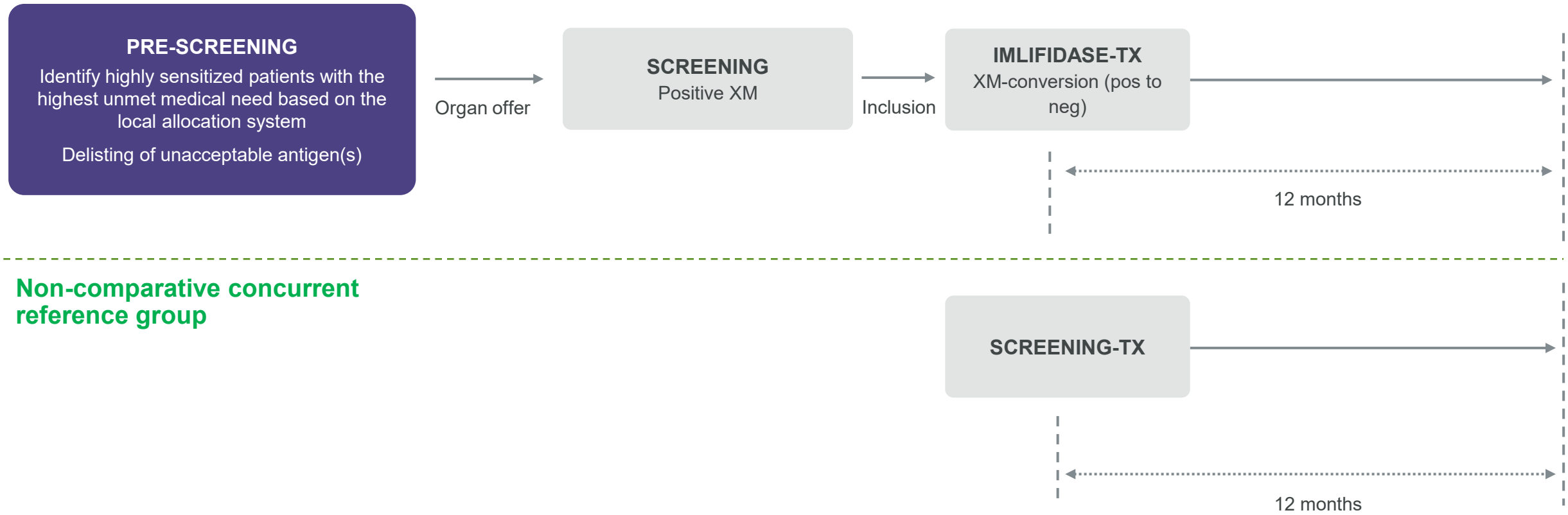
To evaluate, up to 1 year after transplantation:

- Renal function
- Patient survival
- Graft survival

Safety

Study Design

Imlifidase treatment group



Non-comparative concurrent reference group

Non-comparative historical reference group

Eligibility

Imlifidase cohort	Non-comparative concurrent reference cohort	Non-comparative historical reference cohort
Male or female patient aged 18-75 years with ABO-compatible deceased donor aged 10-70 years	Male or female patient aged 18-75 years with ABO-compatible deceased donor aged 10-70 years	Male or female patient aged 18-75 years with ABO-compatible deceased donor aged 10-70 years
Highly sensitized (cPRA or equivalent ≥95%)	Not sensitized	Sensitized (cPRA or equivalent ≥50%)
Crossmatch positive to donor organ offer	Crossmatch negative to donor organ offer	Crossmatch negative to donor organ offer
		Transplanted in Europe in the period 2010 to 2017

01

Disposition, demographics and exposure

Disposition

	Imlifidase	Concurrent reference cohort
Accepted organ offer	51	63
Dosed, n (%)	51	N/A
Transplanted, n (%)	50 (98.0)	63 (100)
Analysis sets, n (%)		
Safety	51 (100)	63 (100)
Intention to treat	50 (98.0)	63 (100)
Completed trial, n (%)	48 (94.1)	57 (90.5)
Early terminated, n (%)	3 (5.9)	6 (9.5)

Demographics

	Imlifidase (N=50)	Concurrent reference cohort (N=63)
Age (mean)	50.1	55.6
Female, n (%)	20 (40.0)	26 (41.3)
Pregnancy, n (% of female)	12 (60.0)	21 (80.8)
Male, n (%)	30 (60.0)	37 (58.7)
Race, n (%)		
White	39 (78.0)	53 (84.1)
Black	6 (12.0)	5 (7.9)
Asian	1 (2.0)	2 (3.2)
Other	1 (2.0)	1 (1.6)
Not reported	3 (6.0)	2 (3.2)
BMI (mean)	24.5	26.7

Baseline Characteristics

	Imlifidase (N=50)	Concurrent reference (N=63)
Currently on dialysis, n (%)	50 (100)	56 (88.9)
Years on dialysis, mean	8.7	2.3
Dialysis modality, n (%)		
Peritoneal	4 (8.0)	12 (21.4)
Hemodialysis	46 (92.0)	44 (78.6)
Number of previous transplants		
0	6 (12.0)	56 (88.9)
1	25 (50.0)	7 (11.1)
2	13 (26.0)	0 (0.0)
3+	6 (12.0)	0 (0.0)

Exposure

	Imlifidase (N=50)
One dose, n (%)	46 (92.0)
Two doses, n (%)	4 (8.0)

02

Efficacy and Safety Outcomes

Graft Failure-Free Survival

Primary endpoint – Imlifidase arm

	Imlifidase (N=50)
Events, n (%)	5 (10.0)
Kaplan-Meier survival estimate at 1 year (95% CI)	90.0 (77.6, 95.7)

Secondary endpoint – Concurrent reference cohort

	Concurrent reference cohort (N=63)
Events, n (%)	5 (7.9)
Kaplan-Meier survival estimate at 1 year (95% CI)	92.0 (81.9, 96.6)

Patient Survival

Imlifidase arm

	Imlifidase (N=50)
Events, n (%)	1 (2.0)
Kaplan-Meier survival estimate at 1 year (95% CI)	98.0 (86.6, 99.7)

Concurrent reference cohort

	Concurrent reference cohort (N=63)
Events, n (%)	2 (3.2)
Kaplan-Meier survival estimate at 1 year (95% CI)	96.8 (87.8, 99.2)

Graft survival

Imlifidase arm

	Imlifidase (N=50)
Events, n (%)	4 (8.0)
Kaplan-Meier survival estimate at 1 year (95% CI)	92.0 (80.0, 96.9)

Concurrent reference cohort

	Concurrent reference cohort (N=63)
Events, n (%)	3 (4.8)
Kaplan-Meier survival estimate at 1 year (95% CI)	95.2 (85.7, 98.4)

Kidney Function

Imlifidase arm

	Imlifidase (N=50)
eGFR (mL/min/1.73 m^2) at 1 year, Mean	51.6
n	44
95% CI	(44.7, 58.5)

Concurrent reference cohort

	Concurrent reference cohort (N=63)
eGFR (mL/min/1.73 m^2) at 1 year, Mean (SD)	55.9
n	56
95% CI	(50.0, 61.9)

Safety

	Imlifidase (N=51)
At least one TEAE, n (%)	51 (100)
Relationship, n (%)	
At least one possibly or probably related TEAE	3 (5.9)
At least one TESAE, n (%)	28 (54.9)
At least one AESI, n (%)	13 (25.5)
At least one TEAE leading to study withdrawal, n (%)	0 (0.0)
At least one TEAE leading to death, n (%)	0 (0.0)

03

Conclusions

Conclusions

>90% of patients completed the trial

Demographics and baseline characteristics in keeping with a kidney transplant population

Efficacy outcomes at 12 months in imlifidase-treated patients were excellent:

Graft failure-free survival = 90.0%

Patient survival = 98.0%

Graft survival = 92.0%

eGFR = 51.6 mL/min/1.73 m2

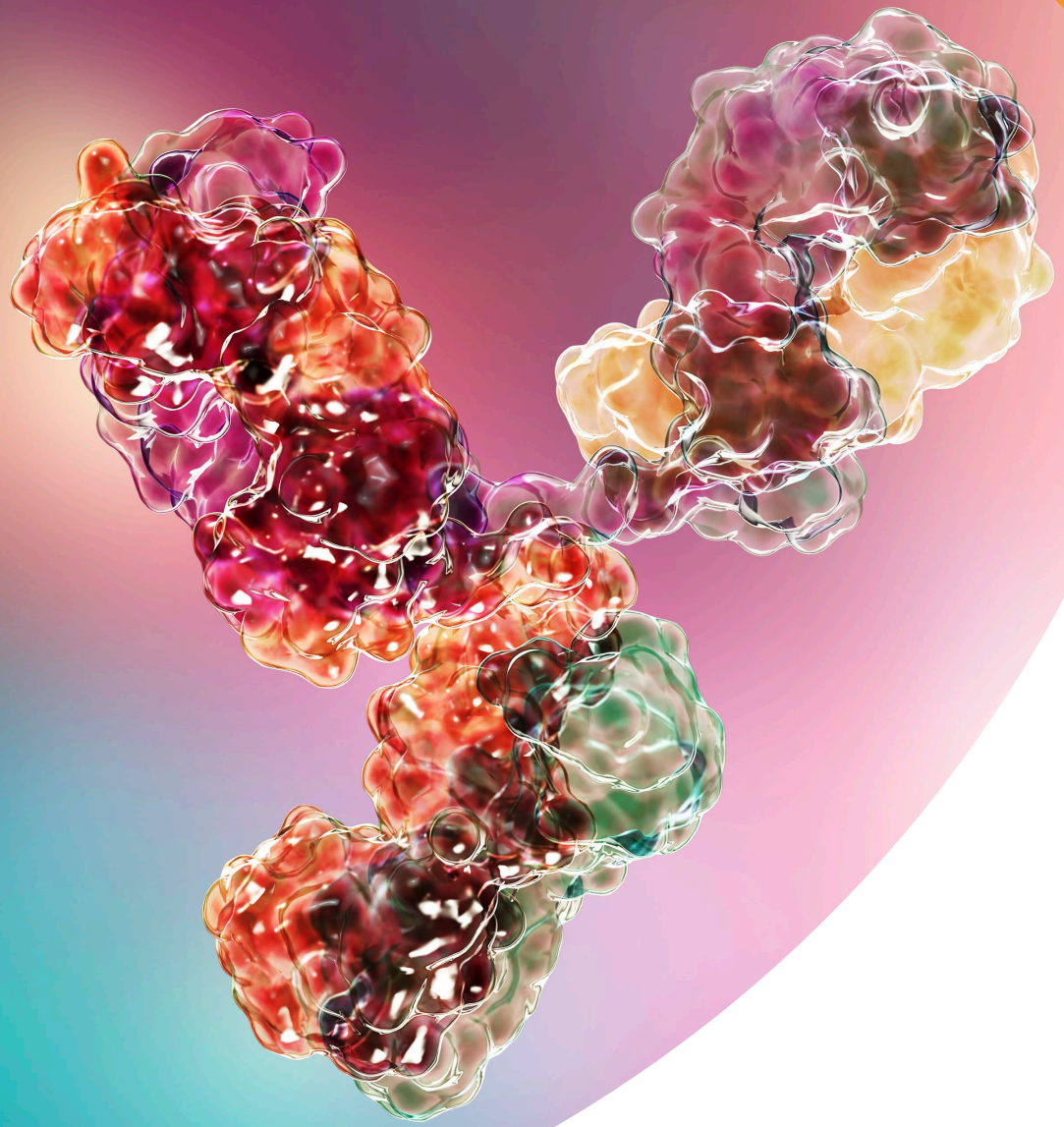
Imlifidase was generally well tolerated, with a safety profile consistent with previous clinical trial experience; there were no new safety findings

US Phase 3 ConfIdeS Study

Matthew Cooper, MD, Chief of Transplantation and Director of Solid Organ Transplant

Medical College of Wisconsin

Hansa Capital Market Day June 25, 2026



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Report from ConfIdeS, a Randomized Desensitization Trial

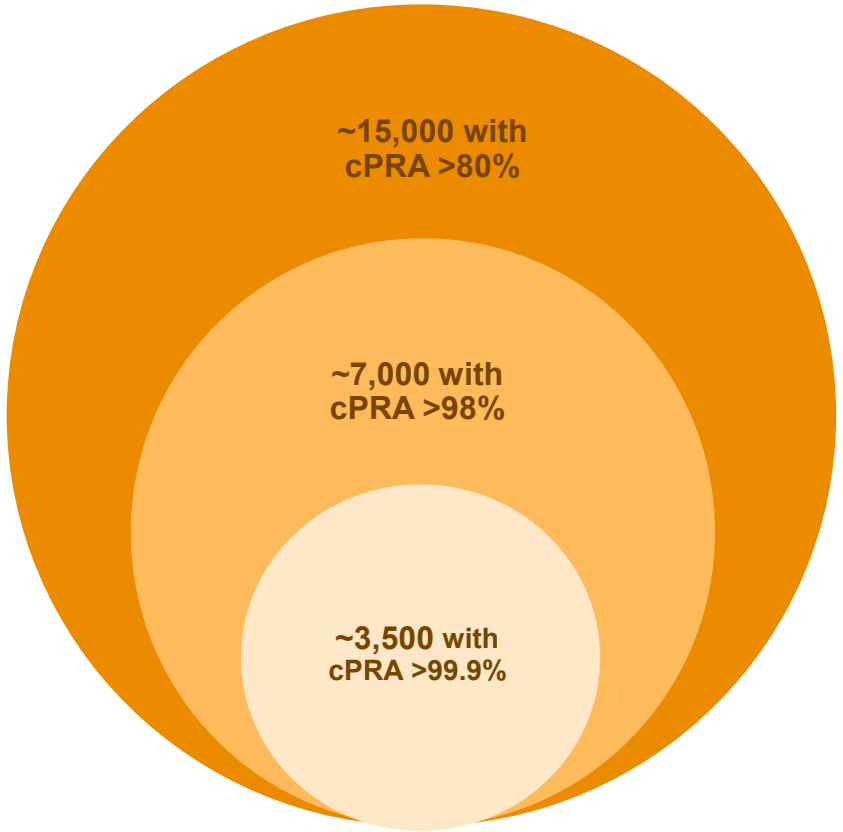
Superior 1-year eGFR Among Highly-Sensitized Patients Desensitized with Imflifidase Compared with the Control Arm

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

Background

Highly sensitized US patients have low rates of transplantation leading to an indefinite dependency on dialysis

Number of Highly Sensitized Patients Based on cPRA Threshold



Inability to match or effectively desensitize patients remains a barrier for transplantation in highly sensitized patients

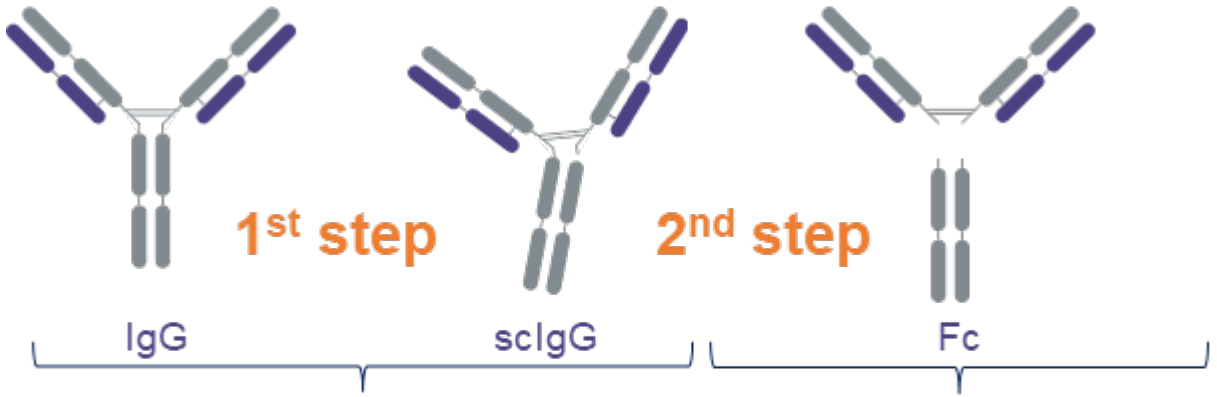
cPRA, calculated panel reactive antibody.
1. Based on SRTR data of Kidney Transplant recipients and candidates

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

Imlifidase

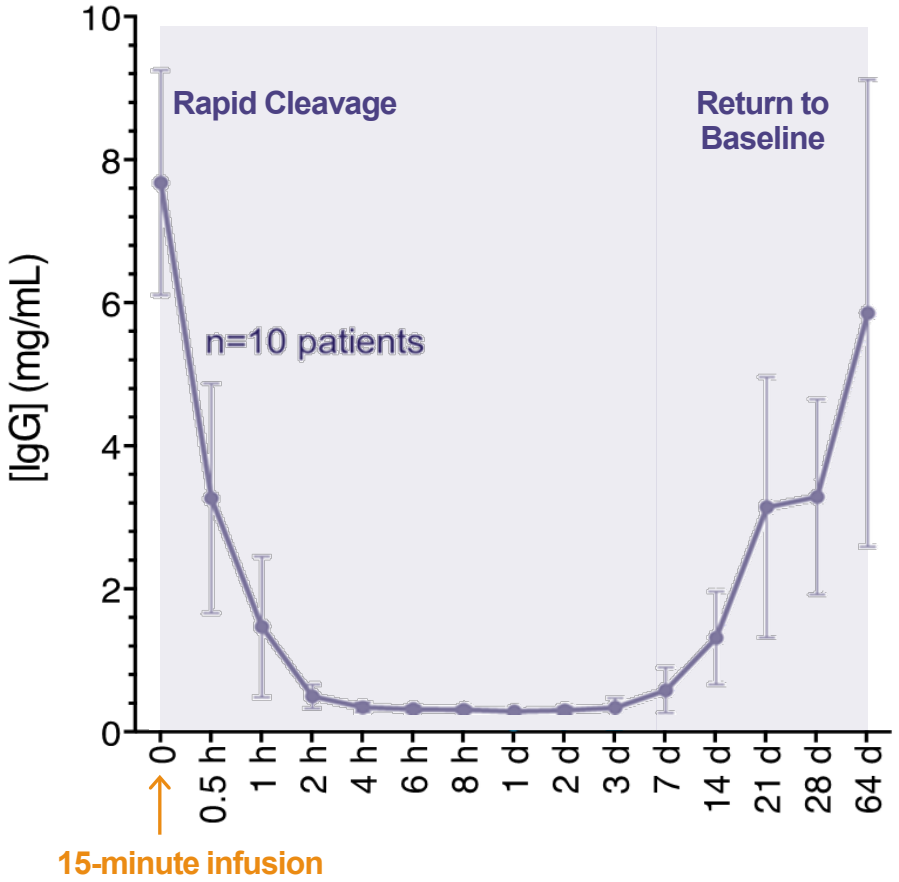
An IgG-degrading enzyme of Streptococcus pyogenes as a novel desensitization treatment

Imlifidase cleaves human, intra- and extravascular, IgG within 2-6 hours of administration.



STEP 1: Single-cleaved IgG molecule (scIgG) with one intact heavy chain is generated

STEP 2: One $F(ab')_2$ fragment and one Fc fragment are generated



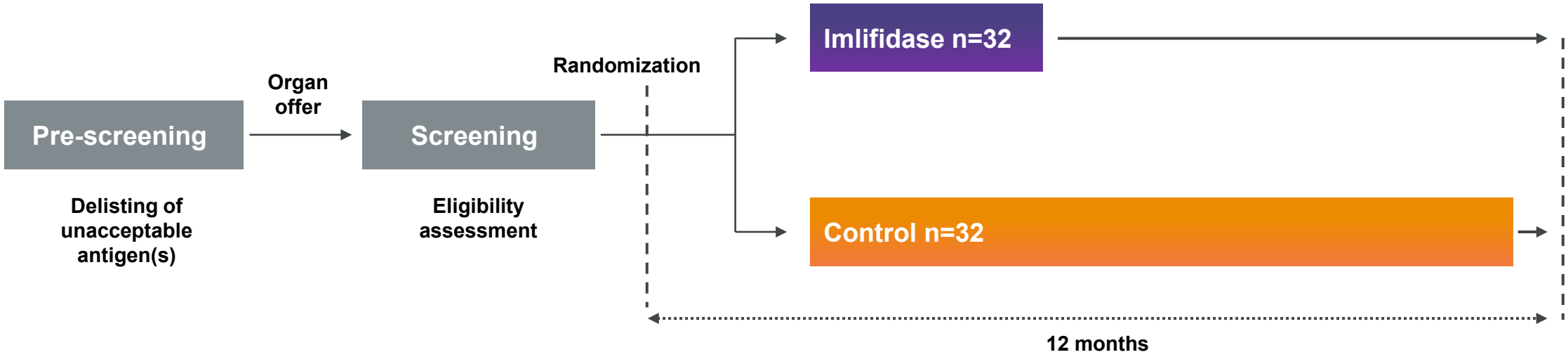
d, day; $F(ab')_2$, antigen-binding fragment; Fc, fragment crystallizable; h, hour; IgG, immunoglobulin G.

1. von Pawel-Rammingen et al. *EMBO*. 2002;21:1607-1615. 2. Winstedt L et al. *PLoS One*. 2015;10:e0132011.
3. Ryan MF et al. *Mol Immunol*. 2008;45:1837-1846.

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

ConfIdeS Trial Design

Randomized controlled trial in highly sensitized patient population with a cPRA value ≥99.90%



Imlifidase	**Accept organ offer ➲ Imlifidase treatment (positive-to-negative XM conversion) ➲ Proceed to transplant** **(n=28/32 patients transplanted at randomization)**
Control	**Accept organ offer ➲ Local desensitization treatment ➲ Proceed to transplant** **OR** **Reject organ offer ➲ Wait for more compatible organ offer(s) within a 12-month period** **(n=15/32 patients transplanted during the 12 months post-randomization)**

cPRA, calculated panel reactive antibody; XM, crossmatch.

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

ConfIdeS Results Presented

Demographics and baseline characteristics

Primary endpoint, kidney function (eGFR at 12 months)

Key secondary endpoints

- Dialysis dependency
- Patient survival

Other secondary endpoints

Graft survival

Delayed graft function (DGF)

Antibody-mediated reaction (AMR)

Donor-specific antibodies (DSAs)

Safety

eGFR, estimated glomerular filtration rate

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

Demographics & Baseline Characteristics

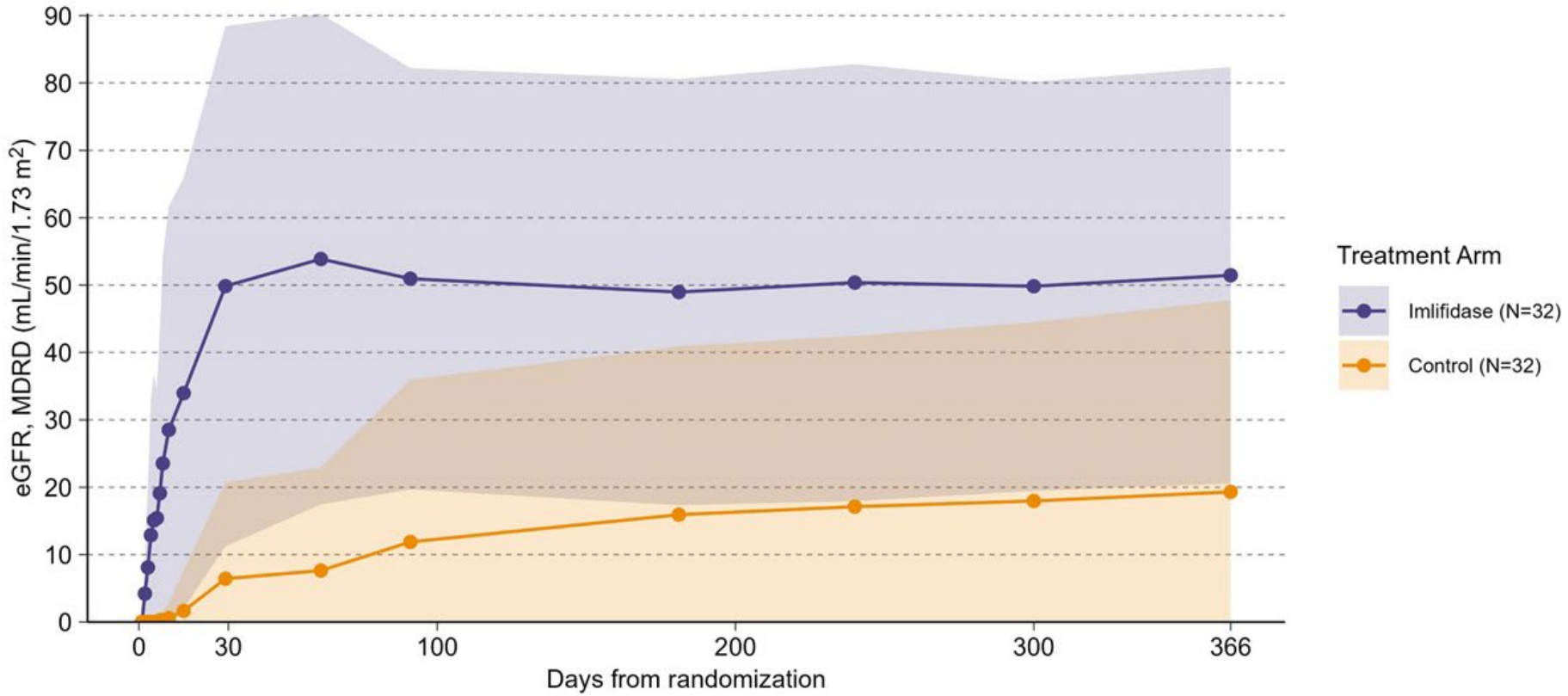
Characteristics	Imlifidase (n=32)	Control (n=32)	p-values
Mean patient age (SD) — yr	45.8 (12.3)	44.7 (12.5)	ns
Female — no. (%)	18 (56.3)	15 (46.9)	ns
Race — no. (%) **Asian** **Black** **White** **Other** **Mixed**	 1 (3.1) 16 (50.0) 14 (43.8) 0 (0) 1 (3.1)	 2 (6.3) 14 (43.8) 13 (40.6) 2 (6.3) 1 (3.1)	ns
Mean time on waitlist (SD) — yr	7.3 (6.8)	5.2 (3.7)	ns
Previous transplant — no. (%)	30 (94)	23 (72)	ns
Median baseline sum DSA (range) — MFI	33,452 (2190–157,217)	21,860 (4465–86,154)	ns
Mean cold ischemia time (SD) — h	25.2 (9.5)	19.6 (7.4)	ns
Delayed graft function — no. (%)	10 (36)	6 (47)	ns

DSA, donor-specific antibody; h, hours; MFI, mean fluorescence intensity; ns, not significant; SD, standard of deviation; yr, years.

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

Primary Endpoint – eGFR at 12 Months

eGFR was 51.5 mL/min/1.73 m2 in imlifidase arm compared with 19.3 mL/min/1.73 m2 in the control arm, resulting in a clinical and significant difference of 32.2 mL/min/1.73 m2 (p<0.0001)



eGFR, estimated glomerular filtration rate; MDRD, modification of diet in renal disease.

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

Dialysis Dependency & CKD at 1 Year

Dialysis dependency was lower in the imlifidase arm (5 patients) than in the control arm (17 patients) (p=0.0007)

CKD stage at 12 months for transplanted patients

eGFR (mL/min/1.73 m^2)	Imlifidase (n=28) no. (%)	Control (n=15) no. (%)
>90	4 (14)	0
≥60	8 (28)	4 (27)
30–59	14 (50)	5 (33)
15–29	1 (4)	1 (7)
<15	1 (4) deceased	5 (33)

CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate.

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

Patient Survival & AEs

Patient survival was 97% with imlifidase compared with 100% in the control arm

AEs and SAEs reflect post-transplant complications per current immunosuppressive practice and are consistent with previous clinical trial experience

No imlifidase infusion was discontinued due to an AE

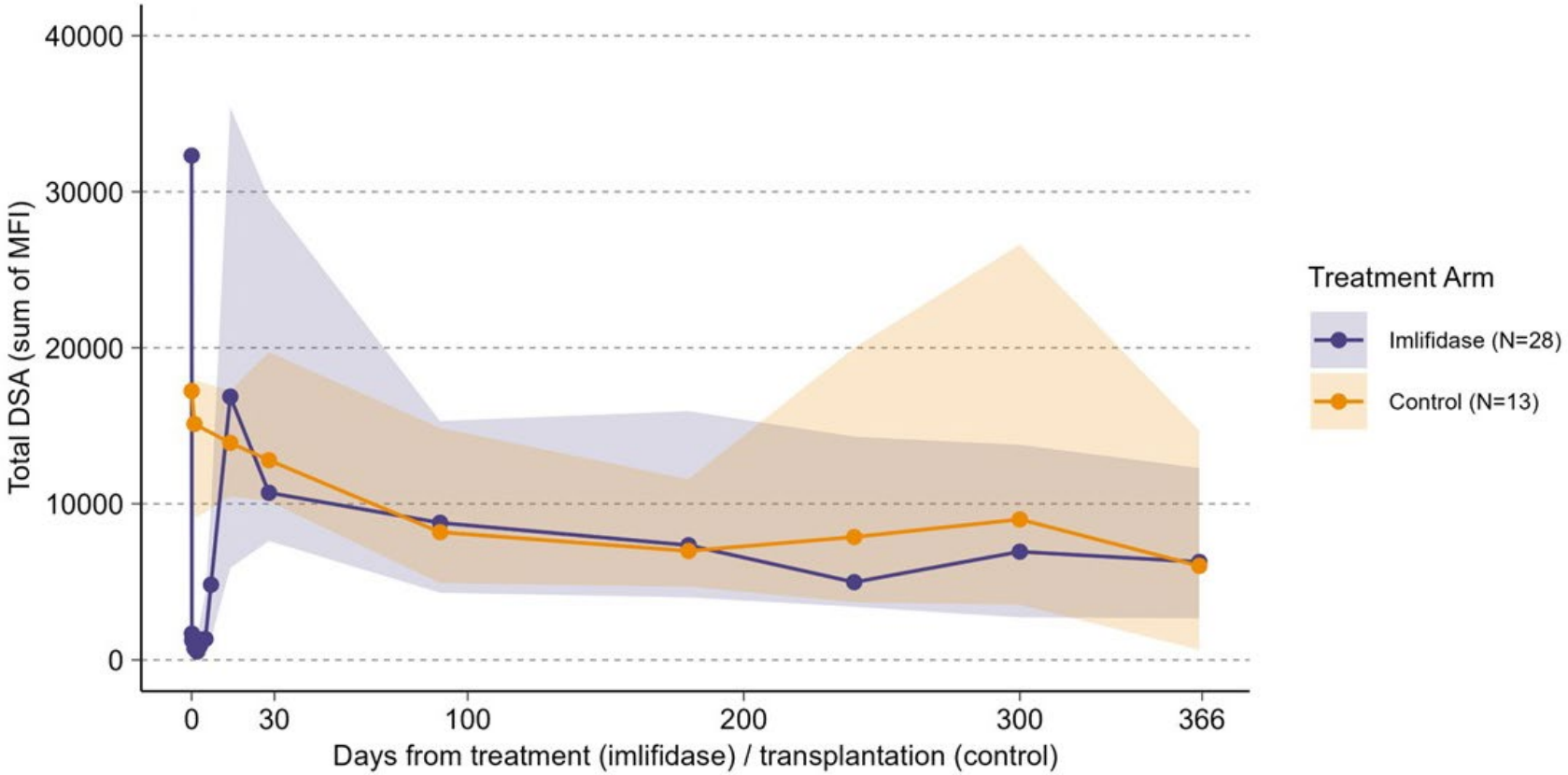
No new safety signals were detected in the trial

AE, adverse event; SAE, serious adverse event.

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

DSA Over Time

Patients in the imlifidase arm maintained a low DSA during the first week; DSA peaked on day 15, then decreased thereafter



DSA, donor-specific antibody; MFI, mean fluorescence intensity.

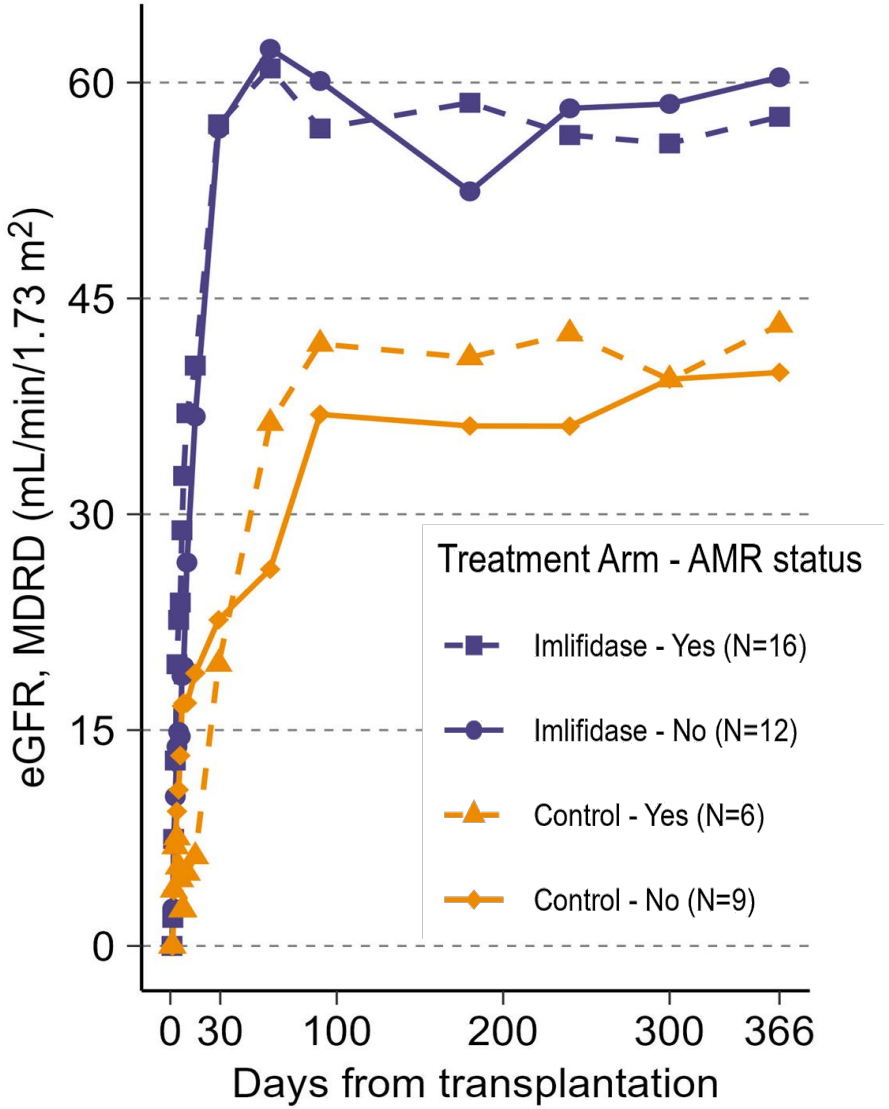
Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

AMR Status & Effect on eGFR at 12 Months

AMR occurred in 16/28 patients in the imlifidase arm (57%) vs. 6/13 in the control arm (46%)

No grafts in the imlifidase arm were lost due to AMR

AMR did not impact kidney function



AMR, antibody-mediated rejection; eGFR, estimated glomerular filtration rate; MDRD, modification of diet in renal disease.

Extract from data presented at American Transplant Congress (ATC) 2026 by R. Montgomery, MD, DPhil on behalf of the ConfIdeS Study Group

Conclusion

At 1-year post-randomization, desensitization with imlifidase was associated with clinically meaningful and statistically significant kidney function measured as eGFR

- 51.5 mL/min/1.73 m^2 which was superior to 19.3 mL/min/1.73 m^2 in control arm ($p<0.0001$)

Imlifidase enabled successful transplantation and resulted in a higher transplant rate compared with control

1-year dialysis dependency: 5 patients in imlifidase arm vs. 17 patients in control arm ($p=0.0007$)

No imlifidase grafts were lost due to AMR

Imlifidase treatment was well tolerated with a safety profile typical of transplant recipients

If approved, imlifidase offers a novel and effective therapeutic option for highly sensitized patients to receive a successful kidney transplant

AMR, antibody-mediated rejection; eGFR, estimated glomerular filtration rate.

On Behalf of the ConfIdeS Trial Group

Randomizing Centers

M. Kapturczak, L. Ratner, D. Anderson, R. Wesson, B. Lonze,

L. Riella, M. Cooper, A. O. Gaber, D. Christopher, N. Leca, A. Patel,

S. Jordan, R. Parsons, J. Wellen, P. Witkowski, R. Montgomery

Participating Centers

D. Adey, D. Axelrod, K. Bodziak, H. Khamash, J. Kim, V. R. Peddi,

K. Ramanathan, D. Sawinski, M. Stegall

Hansa Biopharma

A. Maldonado, T. Hartlen, A. Runström, J. Tollemar, K. Sjöholm

French Real-World Data ISKIA Registry

Nassim Kamar, MD, PhD

(Toulouse University Hospital, France)

Dr Kamar's slides are not currently available for public distribution and have been removed from this presentation.

03

Kidney Transplantation -- Transforming Outcomes

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Clinical Impact in the US

Jennifer Leonard, Pharm D

Roslyn Mannon, MD

Annette Jackson, PhD, F(ACHI)

04

Kidney Transplantation – Q&A

Hansa Capital Market Day June 25, 2026

Kidney Transplantation – Q&A

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US Market Opportunity and Launch Preparations

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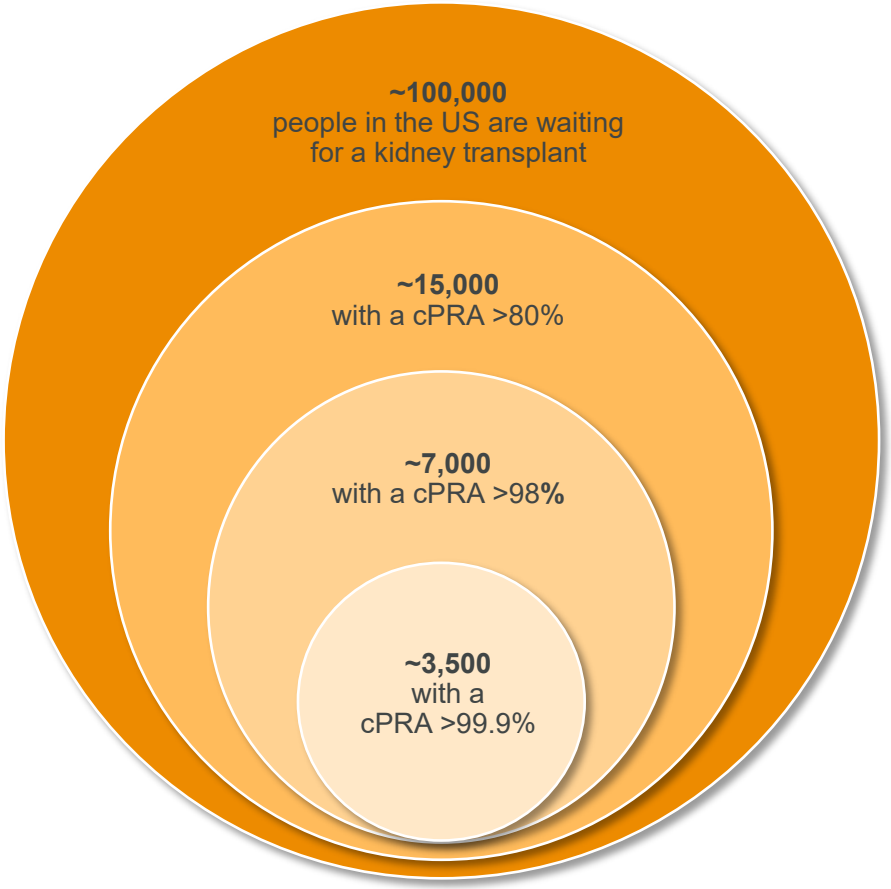
Hansa Capital Market Day June 25, 2026

Disclaimer

This presentation is intended for an investor audience only. Imlifidase in not approved in the United States and is currently subject to review by the Food & Drug Administration ("**FDA**"). All references in the following slides regarding the potential market opportunity or product profile are subject to FDA approval of imlifidase, which cannot be guaranteed.

US Kidney Transplant: A Growing Market with High Unmet Needs

Significant unmet medical need with thousands of highly sensitized patients waiting for a transplant



Calculated Panel Reactive Antibodies (cPRA) is a measure for HLA-sensitization

US Transplant Waitlist is growing

~45,000
added to the waitlist each year
(~ 9,000 cPRA> 80%, ~4,000 cPRA >98%, ~2,000 cPRA>99.9%)

~10,000
die or become too sick to transplant each year and 2,500 of those have a cPRA>80%

7 years
median time on waitlist for patients with a cPRA >99.9%

~9,000
recovered kidneys are discarded and 60%, or >5,000, due to a recipient not located and list exhausted

~$2Bn
estimated market opportunity for cPRA>98%

Launch Preparations Ongoing: Focused and Led by an Experienced US Team

1 Market Research Insights*

- **Strong clinical need** for a quick and effective product that can enable HLAi transplants; **imlifidase's profile is viewed positively**
- **Patients' perception of product profile is positive**
- **Most centers do not do experimental desensitization approaches;** perception of being ineffective, logistically not feasible for diseased donors and burdensome
- **KAS and KPD have not addressed the need** for highly sensitized patients

2 Market Development

- **Fully staffed market access and medical affairs teams**; full commercial build in Q4
- **Scientific Exchange** with KOLs and Multi-Disciplinary Transplant Teams
- **Disease awareness education** focused on unmet medical need in highly sensitized patients
- **Significant clinical experience from ConfIdeS** creates foundation for launch

3 Transplant Center Readiness

- **Concentrated market** with 200 transplant centers: initial focus on **~100 centers that represent 80% of US transplant volume**
- **Transplant Center profiling:** current management of highly sensitized patients; financial and operational profile; mapping of key stakeholders
- Site readiness: **clinical and operational readiness**

Launch Ready at PDUFA and imlifidase potentially available to order in Q1 2027**

*Source: Hansa market research **Subject to FDA Approval

Financial Stakeholders Recognize the Value of Imlifidase*

Majority of patients have Medicare insurance; however opportunity exists with Commercial plans

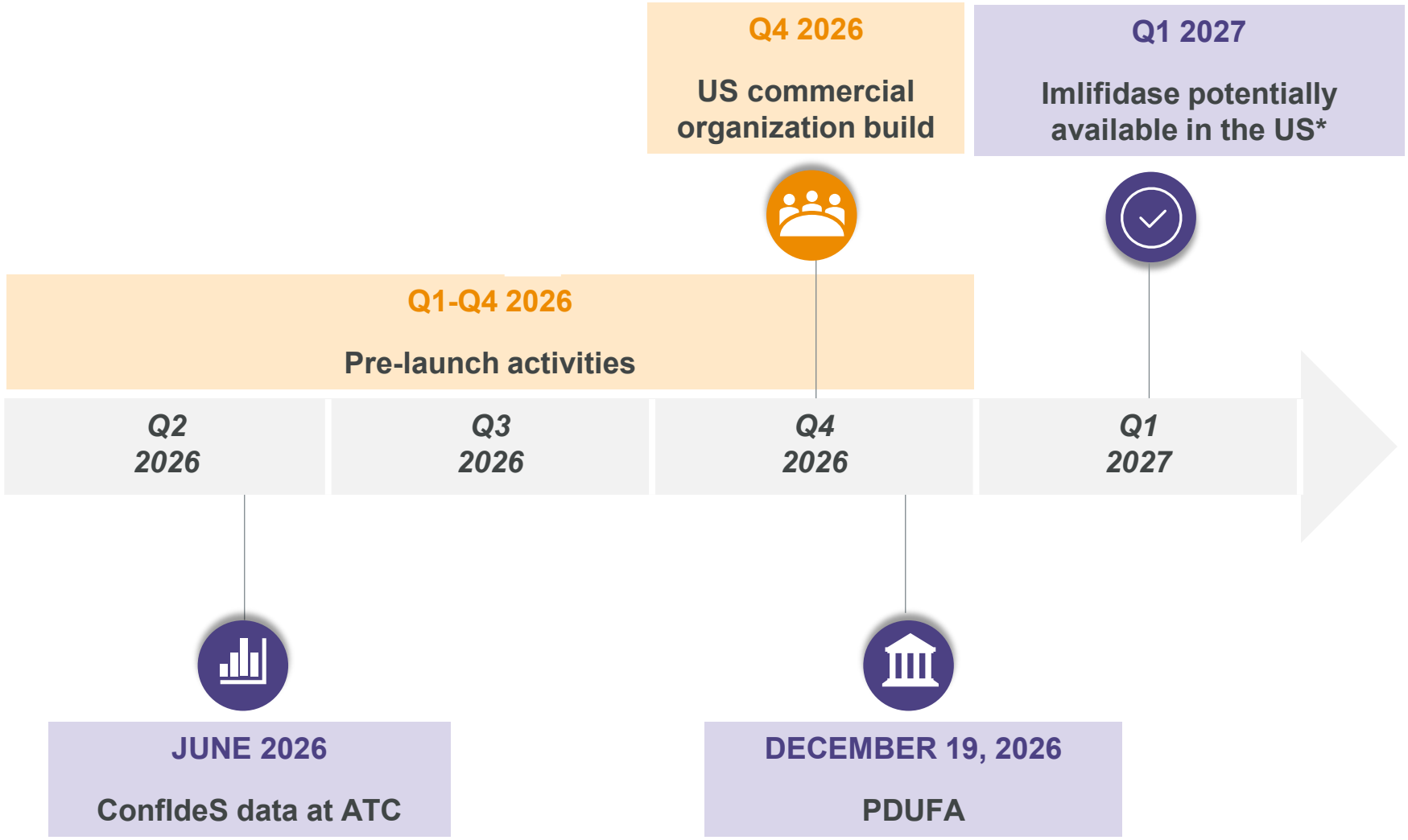
- ✓ Approximately **2/3 of patients have Medicare**
- ✓ Dialysis prolongation represents a meaningful patient burden & **significant cost to Medicare**
- ✓ Medicare covers kidney transplant via **DRG and outlier payments**
- ✓ Hansa will apply for **NTAP** in October 2026
- ✓ Hansa market access team will provide education to support **formulary** inclusion by health systems
- ✓ **Commercial plans have policies** with contracted rates for kidney transplants; **Imlifidase can be covered via commercial policies or single-case agreements**, similar to early CAR-T adoption

Early adoption likely to come from large volume, operationally sophisticated transplant centers

- ✓ **Stakeholders recognize imlifidase's value:** enabling a transplant that would otherwise likely not occur
- ✓ High dialysis burden and limited alternatives create **urgency across stakeholders**
- ✓ One-time inpatient administration simplifies **operational execution**
- ✓ Early adoption will likely come from transplant centers with high **clinical sophistication** and **transplant volume**
- ✓ Volume expected to scale post NTAP, similar to CAR-T launches

*Source: Hansa Market Research; DRG= Diagnosis Related Group; NTAP= New Technology Add on Payment

Launch Ready at PDUFA and Imlifidase Potentially Available in Q1 2027*



*Subject to FDA Approval

Hansa Pipeline Overview

Richard Philipson, MD, Chief Medical Officer

Hansa Capital Market Day June 25, 2026

Focused Pipeline in Desensitization and Autoimmune Diseases

	Preclinical	Phase 1	Phase 2	Phase 3	Marketed	Partner	Upcoming Milestone
idefirix (imlifidase)	Desensitization Kidney Transplantation						Q4 2026: filing for full approval
Imlifidase	Desensitization Kidney Transplantation						PDUFA* date Dec 19, 2026
Imlifidase	Desensitization Gene Therapy (Crigler Najjar)					GENETHON	2H 2026: complete enrollment
Imlifidase	Desensitization Gene Therapy (DMD)					SAREPTA THERAPEUTICS	Discussions ongoing regarding next steps
Imlifidase	Autoimmune ANCA Investigator Initiated Trial (IIT)[1]						Recruitment phase concluded
HNSA-5487	Autoimmune GBS						Clinical development plan agreed with FDA in H2 2026

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

*Prescription Drug User Fee Act

Guillain-Barré Syndrome Overview

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.

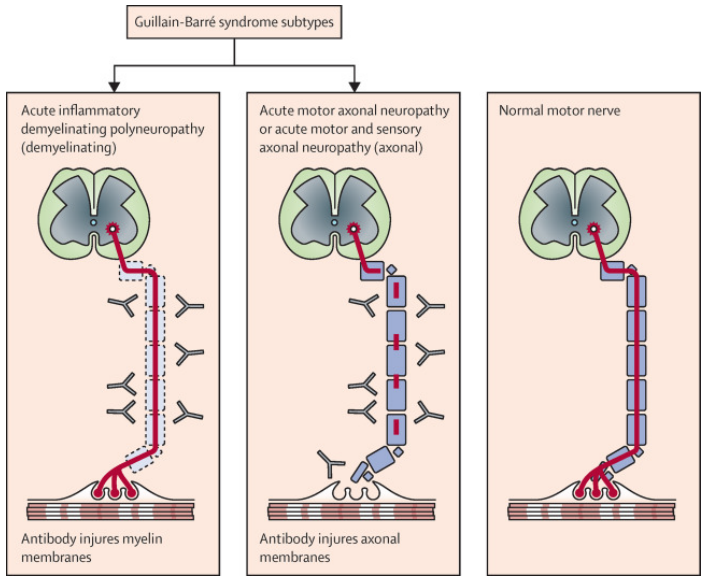
Prevalence

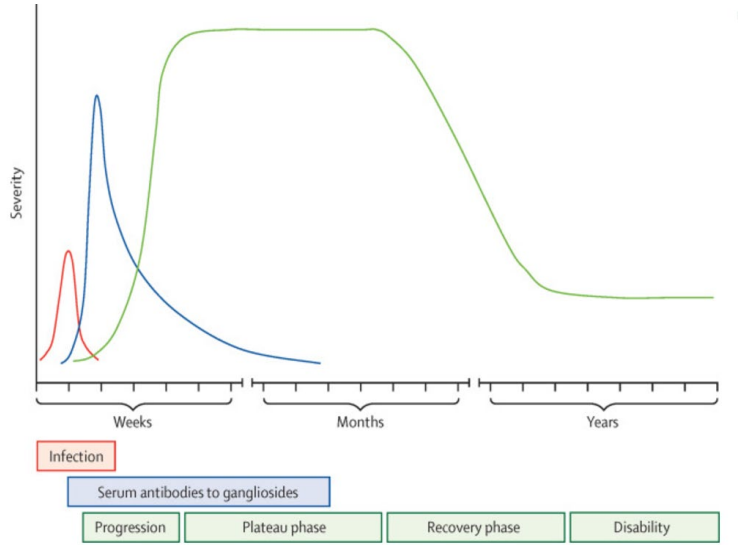
Affects 1-2 in 100,000 people annually.[3] Approximately 3,500 – 7,000 cases annually in the US.

Unmet Need

Approximately 25% of patients require mechanical ventilation for days to months following the acute autoimmune attack, and 20% are unable to walk after six months.[1, 2]

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





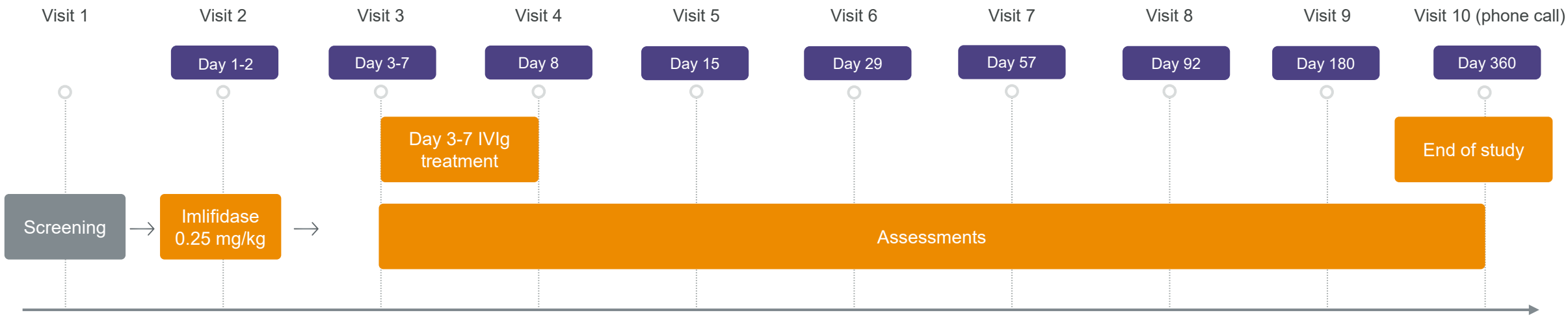
Willison et al, Lancet, 2016, Vol 388:10045:717-727

"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)

1. 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
2. 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

Overview of Imlifidase Phase 2 Study in GBS (15-HMedIdeS-09)



30 patients with severe GBS included (GBS DS ≥3)

Assessment of safety, disability status, need of mechanical ventilation and hospitalization/ICU admittance

Demographics and Baseline Characteristics

		15-HMedIdeS-09, N=27 n (%)
Median Age		60
Female Gender		13 (48)
Baseline GBS DS		6 (22) 20 (74) 1 (4)
Baseline MRC sum score	3 4 5	27 42 39
Mean days from onset of weakness to start of treatment	N Median Mean	4.5
Cranial nerve involvement at baseline		12 (44)
Presence of diarrhea (<4 wks prior to screening)		15 (56)

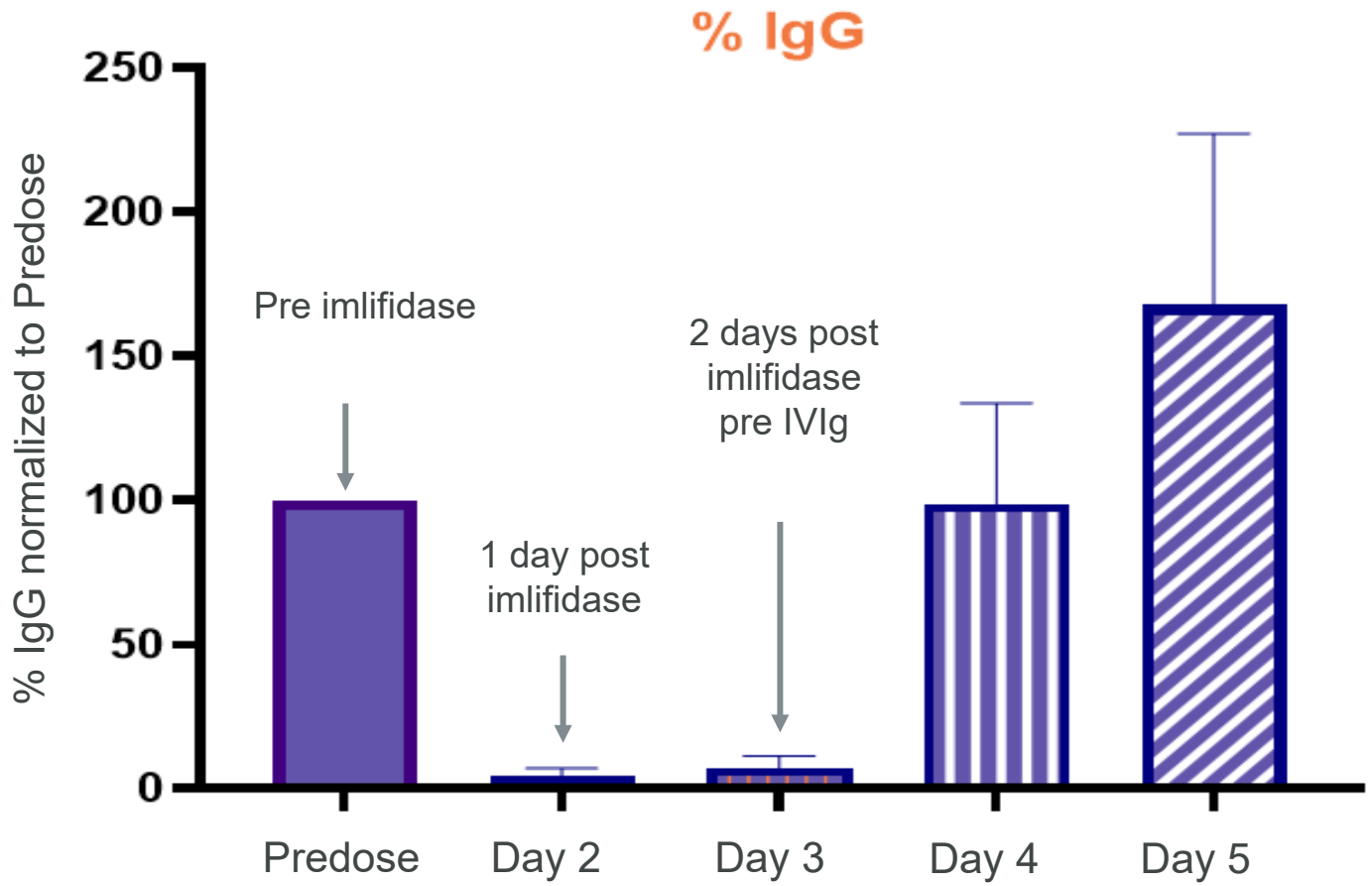
During the trial, 3 patients were re-diagnosed with other conditions*, leaving 27 patients with confirmed severe GBS (GBS disability score 3-5) eligible for efficacy evaluation

GBS DS

- **0** Healthy
- **1** Minor sx, able to run
- **2** Unable to run
- **3** Unable to walk 10m without help
- **4** Bedridden / chair bound
- **5** Requiring mechanical ventilation
- **6** Dead

* CIDP, encephalomyelitis and combined central and peripheral demyelination

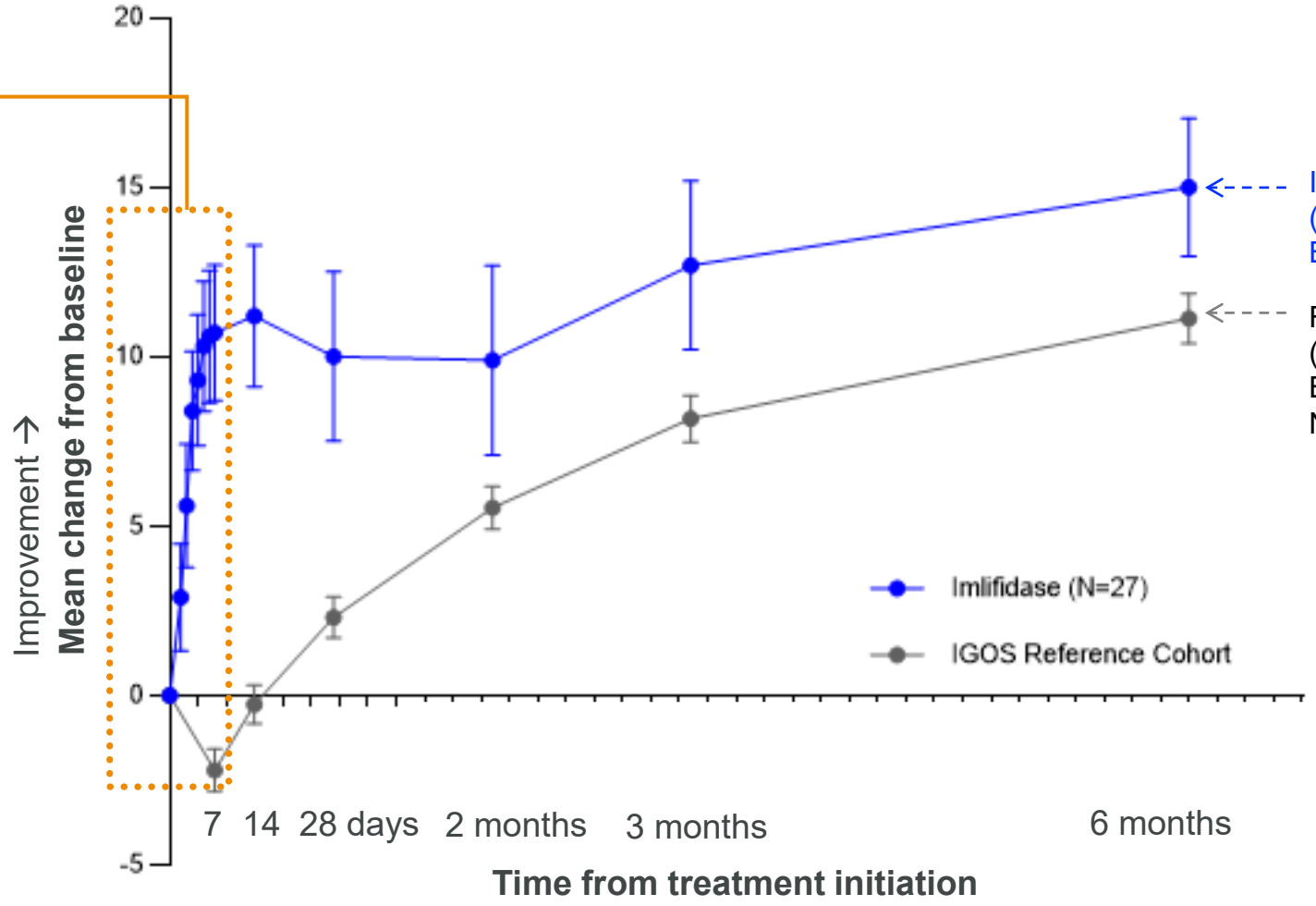
Total IgG was Rapidly Reduced by Imlifidase and Restored with IVIg Treatment



- ✓ Imlifidase rapidly reduces total IgG
- ✓ Standard of care IVIg is initiated 48 h after imlifidase and IgG levels return to normal

Mean Change in MRC Sum Score (+/-SEM) Over Time in Patients Treated with Imlifidase Followed by IVIg Compared to IGOS Cohort (Naïve Comparison)

MRC sum scores increase rapidly following imlifidase dosing and continue to increase in the months of follow-up Statistically significanta differences observed vs IGOS cohort up to week 4



Imlifidase followed by IVIg
(15-HMedIdes-09, n=27*)
Baseline mean score = 39

Reference cohort
(IGOS patients treated with IVIg)
Baseline mean score = 41.3
Naïve comparison (no-adjustment)

*No. of patients with confirmed GBS diagnosis post-treatment

[a] 2-way ANOVA Šídák's multiple comparisons test
p-values:
1 week <0,0001
2 weeks <0,0001
4 weeks 0.0098
2 months 0.4045
3 months 0.3638
6 months 0.5707

Current Status of HNSA-5487

- Phase 1 healthy volunteer study completed
  - Rapid and robust IgG reduction by more than 95% within a few hours
  - Significantly reduced ADA response
  - At least as efficacious as imlifidase in reducing total IgG levels
  - No tolerability or safety concerns
- Design of clinical development program completed
- Discussions with FDA ongoing – planned start of clinical development program by end-2026

Q&A and Closing Remarks

Renée Aguiar-Lucander, Chief Executive Officer

Hansa Capital Market Day June 25, 2026

Q&A and Closing Remarks

Renée Aguiar-Lucander

Maria Törnsén

Richard Philipson, MD

Thank You

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