HARMA

Herantis Pharma Company Presentation 16 December 2020

Disclaimer

By accepting to receive this presentation from Herantis Pharma Plc (the "Company"), you agree to be bound by the following conditions.

This presentation and any oral communication in connection with it (the "**Information**") are strictly confidential and are being provided to you solely for your information. This presentation may not be retained by you and the Information may not be reproduced, further distributed to any other person or published, in whole or in part, for any purpose.

The Information does not constitute, and should not be construed as, an offer to sell or issue or solicitation of an offer to buy or subscribe for securities anywhere in the world or an inducement to enter into investment activity.

No part of the Information should form the basis of, or be relied on in connection with, any contract or commitment or investment decision whatsoever. The Information does not constitute investment, legal, accounting, regulatory, taxation or other advice and the Information does not take into account investment objectives or legal, accounting, regulatory, taxation or financial situation or particular needs that you may have. The Information shall not be construed as comprising an investment recommendation in respect of any securities. You are solely responsible for forming your own opinions and conclusions and for making your own independent assessment of the Information and for seeking adequate independent professional advice.

The Information has been prepared by the Company and has not been independently verified and no representation or warranty, express or implied, is made or given by or on behalf of the Company or Swedbank AB (publ) ("**Swedbank**"), or any of their respective members, directors, officers or employees or any other person as to, and no reliance should be placed upon, the accuracy, completeness or fairness of the Information or opinions contained in the Information. None of the Company or Swedbank or any of their respective members, directors, officers or employees or any other person accepts any liability whatsoever for any loss howsoever arising from any use of the Information or otherwise arising in connection therewith.

The Information may include forward-looking statements. The words "believe," "expect," "anticipate," "intend," "may," "plan," "estimate," "will," "should," "could," "aim," "target," "might," or, in each case, their negative, or similar expressions identify certain of these forward-looking statements. Others can be identified from the context in which the statements are made. Such forward-looking statements involve known and unknown risks, uncertainties and other important factors beyond the Company's control that could cause the Company's actual results, performance or achievements to be materially different from the expected results, performance or achievements are based on numerous assumptions regarding the Company's present and future business strategies and the environment in which it will operate in the future, involve elements of subjective judgment and analysis and are based upon the best judgment of the Company as at the date of this presentation.

The Information is provided as at the date of this presentation and is subject to change without notice.



Herantis Pharma at the Forefront of Biologic & Gene Therapies

Company Background

- Founded in 2008 in Helsinki, Finland
- Listed on Nasdaq First North Finland & Sweden
- Assets originate from world leading research at University of Helsinki
 - Published in top tier journals





HERANTIS

PHARMA

Regenerative Disease Modifying Science

- Focused on slowing, stopping, or reversing disease pathology
- CDNF (Cerebral Dopamine Neurotrophic Factor)
 - Ground-breaking biological therapy for neurodegenerative diseases
- Lymfactin® (VEGF-C)
 - Cutting-edge gene therapy for lymphatic diseases



Establishing New Frontiers of Care in Debilitating Diseases

- Herantis aiming to bring treatments into the 21st century
 - Parkinson's Disease CDNF same standard of care since 1950's
 - Lymphedema VEGF-C no medical therapies currently available
- Both programs into the clinic, demonstrated safety, and now moving to establish efficacy





Focused Pipeline Targeting Unmet Medical Needs

Drug Candidate/ Project	Indication	Discovery Pr	esearch/ eclinical	Phase 1	Phase 2	Phase 3	Next Anticipated Milestone	Market Potential
	#1. Parkinson's Disease (CED device need for surgery)						 Met Primary Endpoints at 12-Month Expanding to new route of administration #2 	Approx. EUR 1.6 bn ^a
	#2. Parkinson's Disease (new RoA without need for surgery), & other Neurodegenerative Diseases					•	 Data on progress of new administration routes 	Approx. EUR 3 bn ^a
xCDNF	#3. Parkinson's and other Neurodegenerative Diseases						 Lead Candidate Selection 2021 	Approx. > EUR 5 bnª
L umfactin®	#1. Breast Cancer Related Secondary Lymphedema						Topline Results Expected In Q1/2021	Approx. > EUR 600m ^a
	#2. Other Lymphatic Diseases							

HERANTIS



Experienced Leadership Team to Lead Herantis to Success

The Key Ingredient to Building a Successful Bioscience Company



Craig Cook Chief Executive Officer MD, MBA

Serial CEO in public and private sectors, a respected track record of financing at scale, positioning high science companies for commercial success and exits, and successfully taking sophisticated programs through development

Joined Herantis Pharma in 2020

Previously CEO, COO, CMO at Midatech Pharma; Founder CEO at SpaceCode Healthcare Technologies; Founder CEO Swisscare Health; Increasingly senior positions at major pharma including Eli Lilly, J & J, Novartis, Serono.



Tone Kvåle Chief Financial Officer CA

Serial public company CFO with impressive track record of significant fundraising, exemplary investor relations, multiple asset monetization transactions, and sound management of investor funds

Joined Herantis Pharma in 2020

Previously CFO at Nordic Nanovector, Nordiag, Dynal Biotech



Antti Vuolanto Chief Operating Officer D. Sc

A pioneering world expert in lymphatic diseases and VEGF-C gene therapy; accomplished track record in building programs and functions to deliver successful drug development results

Joined Herantis Pharma in 2018

Previously at COO at Valo Therapeutics, Executive VP at Targovax ASACOO and Co-founder at Oncos Therapeutics



Henri Huttunen Chief Scientific Officer PhD

Distinguished world expert in neurobiology and CDNF, several top tier publications, intellectual brilliance, and rich track record in translating discovery science into treatments for severe neurodegenerative diseases

Joined Herantis Pharma in 2008

Previously Founder CEO Herma Pharma, Docent in Neurobiology at University of Helsinki, Massachucetts General Hospital & Harvard Medical School, PhD

Parkinson's Disease & Other Neurodegenerative Diseases

CDNF & xCDNF

Significant Unserved Market Needing Disease Modifying Treatments



Total Neurodegenerative Disease Market 2018 Estimated \$35 Billion, Projected \$63 Billion 2026; CAGR of 7.2%²



Current Treatments Cause Undesirable Side-Effects and Only Somewhat Manage Symptoms



Parkinson's Large Unmet Need Affecting > 10 Million Patients Worldwide, ~1 Million Patients in the US Alone ¹



CDNF & xCDNF's Disease Modifying Regenerative Potential Put Herantis at the Forefront of New Emerging Therapeutic Strategies Targeting Parkinson's and Other Neurodegenerative Diseases



Global Parkinson's Disease Treatment Market is Expected to Reach USD 5.69 billion by 2022 from USD 4.24 Billion in 2017, at a CAGR of 6.1% ³



CDNF Can Protect Neurons From Degeneration and Restore The Function Of Already Degenerating Neurons

HERANTIS Obtainable Market for Herantis Products Estimated Could be in Excess of USD 3 Billion ⁴



Technology Platform with Potential for Treating Other Neurodegenerative Diseases



A Word on the Mechanism of Action CDNF & Proteostasis

Proteins are the building blocks of everything in the body. Functionality of all cells (particularly neurons) depends on the balance of the three cornerstones of proteome regulation: synthesis, folding and degradation. If any of these becomes dysfunctional, problems will follow



PHARMA

Key CDNF Target is the Endoplasmic Reticulum, the Largest Organelle in Cells

Proteostasis – Remember The Word



CDNF First-in-Human Study

Main Study – 6 Months	Extension Study – 6 Months	Follow-up Study – 4 Years		
λ (abiala (n=6)	Mid-dose CDNF			
venicie (n–o)	High-dose CDNF	Safety follow-up		
Mid-dose CDNF (n=6)		All patients		
High-dose CDNF (n=5)				
Monthly Infusions x 6	Monthly Infusions x 6	Safety Follow-up, No Infusions		

Characteristic (n = 18)	Placebo n=6	CDNF (low-mid-mid) n=6	CDNF (low-mid-high) n=5
Age (years)	63.8 ± 6.4	63.2 ± 8.9	57.8 ± 6.7
Disease duration since first motor symptoms (years)	10.5 ± 2.7	10.7 ± 3.1	10.8 ± 2.3



Treatment groups

Primary Endpoint Met



Majority of the Reported Drug-Related TEAE's Were Mild And Have Recovered



Similar Safety Profile in Main (0 – 6 Months) And Extension (6 – 12 Months) Study



Similar Safety Profile Between Dose-Groups



No Dose-Limiting Toxicities Related To CDNF



SAE's Related To Device, Improvements Made To Use And Preparation



Not an Efficacy Study

other than to say no worsening of disease, and promising biological signals in some patients



"In addition to the study's favourable safety profile, it is encouraging to observe an improvement in the UPDRS motor score as well as an indication of a biological response compared to baseline, which may be clinically relevant. In chronic diseases, such as Parkinson's, where patients continue to decline over time despite receiving treatment, the differences observed in this study present a potential opportunity for the development of meaningful therapeutic effects."

> — Prof Per Svenningsson, Karolinska University Hospital (Study Principal Investigator) HERANTIS

Solid Foundation for a Winning CDNF Program

Three Key Pillars

Develop Standalone CDNF Product

- Move away from invasive surgical drug-device combination to patient friendly, regulator friendly, physician friendly RoA
- Focus on ongoing development of alternative routes of administration
- 1. Nose-to-Brain (intranasal)
- 2. Skin injection (subcutaneous)
- Back CDNF (and xCDNF) without relying on invasive surgical device

Accelerate Development and Time to Partnerability

- Administration routes focus on increasing chances of successful and quicker development, approval, commercialization
- Accelerates time to potential partnering transaction

Target Earlier Stage Patients

- Expand target population to earlier disease patients with more dopaminergic neuron populations to rescue
- This is the target for CDNF



Leveraging Proteostasis + Blood Brain Barrier Traversal

Three Key Programs



- 1. Protective, immunomodulatory and regenerative effects
- 2. Treatment for urgent interventions
- 3. Broad applicability in acute degenerative CNS diseases
- 1. Crosses BBB therapeutic levels; subcutaneous injection 2. Access to early stage patients, large patient populations
- 3. Broad applicability in degenerative CNS diseases



1. Reduced safety risks; patient friendly, physician friendly

3. Broad applicability in degenerative CNS diseases

2. Access to early stage patients; accelerated route to market

1. Nose-to-Brain Administration for Parkinson's & Neurodegenerative Conditions

Four Key Factors Determine The Efficiency:

- Lipophilicity of the Drug
- Tight Junction Pass Through
- Reaches Olfactory Region
- Long Residence Time + Crossing Nasal Membrane

Optimized: typically low for proteins Optimized: CDNF 18.5 kDa Optimizing: device Optimizing: formulation

Pre-Clinical Data Suggests Therapeutic Levels In Brain Is Achievable

Penetration % to achieve a pharmacologically active concentration

Direct Pathway Between Olfactory/Trigeminal Neuroepithelium Nasal Mucosa And Brain Striatum



Up to 10% of CDNF Theoretically Targeted to Cross into Brain



2. Skin Injection for Acute Neurodegenerative Conditions

- 1. Damage Due to Ischemia Disrupts Blood Brain Barrier (BBB) Membrane Permeability
- 2. Cytotoxic and Vasogenic Mechanisms Break Down and Open The BBB

- 3. CDNF Administered Systemically, Crosses Compromised BBB to Exert Effect
- 4. Pre-clinical Data Supports I.V. and S.C. Delivery and BBB Crossing in Preclinical Models Such as for Stroke

PHARMA



3. xCDNF A Compelling Asset in Parkinson's Disease

Potential Indications in Parkinson's Disease and Several Other Neurodegenerative Diseases

CDNF Results Provide Solid Platform for • xCDNF



Common Challenge In CNS Diseases is ●-Drug Delivery to the Brain

xCDNF (Small Engineered Fragments of CDNF)

- Retain the biological activity of CDNF
- Penetrate the BBB
- Highly potent molecules
- Engineered for improved metabolic stability

xCDNF at Final Stages of Compound Selection to Take Forward into Development

- Will not require surgical device
- Administration via simple injection



Potency: xCDNF Retains Potency of CDNF (in vitro)

xCDNF Lead Compound's Maximum Effect for In Vitro Neuroprotection at 0.5 nM



HER/

PHARMA

STUDY: Rat mesencephalic neuron cultures treated with 4 µM MPP+ and increasing concentrations of either CDNF or xCDNF lead compound for 48 h, followed by immunostaining with tyrosine hydroxylase (TH) or alpha-synuclein antibodies and automated image analysis. n=5-6.

Other Proteostasis Players: We Are in Good Company

Prothena / Roche	Yumanity	Calico Labs	Denali
 Prasinezumab (PRX002/R G7935), an alpha-synuclein mAb, is currently in Phase 2 (the most advanced 	 Originates from MIT research, early preclinical (PD drug in Phase 1) 	 Preclinical, Google- backed company focusing on aging-related diseases 	 Deep pipeline addressing neurodegenerative diseases
therapy with disease modifying potential in PD)	 Lead molecule YTX-7739 is an inhibitor of stearoyl CoA 	 Network of partnerships including Abbvie, MIT, Harvard 	 DNL343 is an EIF2B activator currently in Phase 1 in ALS (FTD also?)
 Partnership with Roche (a \$600Mn deal) 	desaturase and protects from alpha-synuclein toxicity	• EIF2B activators for modulation of integrated	• Market cap \$5Bn
• Market cap \$500Mn	\$500Mn deal with Merck announced 06/2020	stress response (overlap with ER stress signaling pathways	
		 Injected \$2.5Bn into research 	

Formidable Companies, Formidable Deals, Formidable Investments, Formidable Growth, and Formidable Return on Investment

Herantis Assets Target Positioning in the Market



Source: Management estimate; Company information.



Secondary Lymphedema and Other Lymphatic Disease

VEGF-C Lymfactin®

Our Novel Gene Therapy Targets Breast Cancer Related Lymphedema (BCRL)



Up to 200 Million Patients Suffer From Lymphedema Worldwide, Either due to Infection (50%) or Cancer Related (50%) ¹



Currently Efficacious Therapies, No Cure or Disease-Modifying Treatments on the Market. Decompressive Care Still Mainstay of Therapy in All Stages of Disease Severity



Breast Cancer Commonest Cause of Cancer Related Lymphedema, Affecting More Than ~500K Patients in the US and EU Alone^{2.}

HERANTIS

Herantis' Novel Gene Therapy Drug Lymfactin[®] Has Disease Modifying Potential for Reconstituting a Functional Lymphatic System



30% Of Breast Cancer Patients Undergo Mastectomy, of Which Up To 30% Will Develop BCRL



Potential For Use in a Broader Secondary Lymphedema Setting, as Well as in Other Lymphatic Based Diseases



Obtainable Market for Herantis Products For BCRL Alone Estimated Could be in Excess of USD 600 Million ⁴

research that the annual peak sales for Lymfactin® may reach EUR 600 million in the USA and Europe.



¹ WHO <u>https://www.who.int/neglected_diseases/integrated_media_lf/en/</u>². Company Information; ²Lymphedema Treatment Market Research, Size, Share, Trends, Global Analysis, 2025: MRFR. (n.d.). Retrieved from https://www.marketresearchfuture.com/reports/lymphedema-treatment-market-8440; ⁴. 3The Company's management estimates based on proprietary market

HERANTIS

Vascular Endothelial Growth Factor (VEGF) a Potent Ubiquitous Growth Promoter



HER

PHARMA

Source: Rauniyar K, Biology of Vascular Endothelial Growth Factor C in the Morphogenesis of Lymphatic Vessels, Frontiers in Bioengineering and Biotechnology Vol 6, 2018

Lymfactin® has Potential to be First Medical Therapy for Lymphedema

As a part of breast cancer treatments, axillary (armpit) lymph nodes are often removed. This results in compromised lymph flow. Radiation therapy may also harm the lymphatics.

Lymfactin® VEGF-C gene therapy is

administered locally into the armpit together with lymph node transfer surgery as a single-dose treatment where it promotes **reconstitution of a functional lymphatic system** and thus may potentially cure the lymphedema





Lymfactin[®] Development on Track

Phase I Study Safety Established and Maintained

- Data confirms safety and tolerability maintained through 24 months
- Was not an efficacy study (no control group), nevertheless encouraging improvements observed in signs & symptoms of LE at 12and 24- month follow-up
 - -Volume reduction in approx. 50% patients, improved lymphatic flow in some patients, and improved quality of life in most patients

Phase II 'Adele' Efficacy Study All Treatments Concluded

- Adjunct to lymph node transplantation surgery
- 39 patients randomized in Lymfactin® vs. placebo
- Topline results expected **Q1/2021** (after 12-month blinded follow-up)
- Primary endpoints: Efficacy in signs and symptoms of BCRL



"Breast cancer related lymphedema is a chronic disease that severely compromises quality of life of patients. Lymfactin® gene therapy is a highly promising investigational product that has the potential to transform the treatment of this debilitating disease"

- Associate Professor Anne Saarikko of Hospital of Helsinki (Study Principal Investigator)



Summary

Herantis Development Milestones & Newsflow



Key Investment Highlights

2

3

4

Clinical Stage Biotech Company with Multiple Projects

Cutting Edge Science in Biological and Gene Therapy that we Have Successfully Moved from Science Into Humans

Potential Significant Impact on Diseases that Have Shown Limited Progress in Decades

Highly Skilled Team Who Know What is Needed, and How To Do It, With a Track Record Of Delivery

5 *Robust Newsflow Expected for CDNF, xCDNF and Lymfactin*® *Over Next* 12 – 18 *Months*



Clear Path to Potential Partnerability and Commercialization



Thank You!