



Bio-Europe Spring 2024

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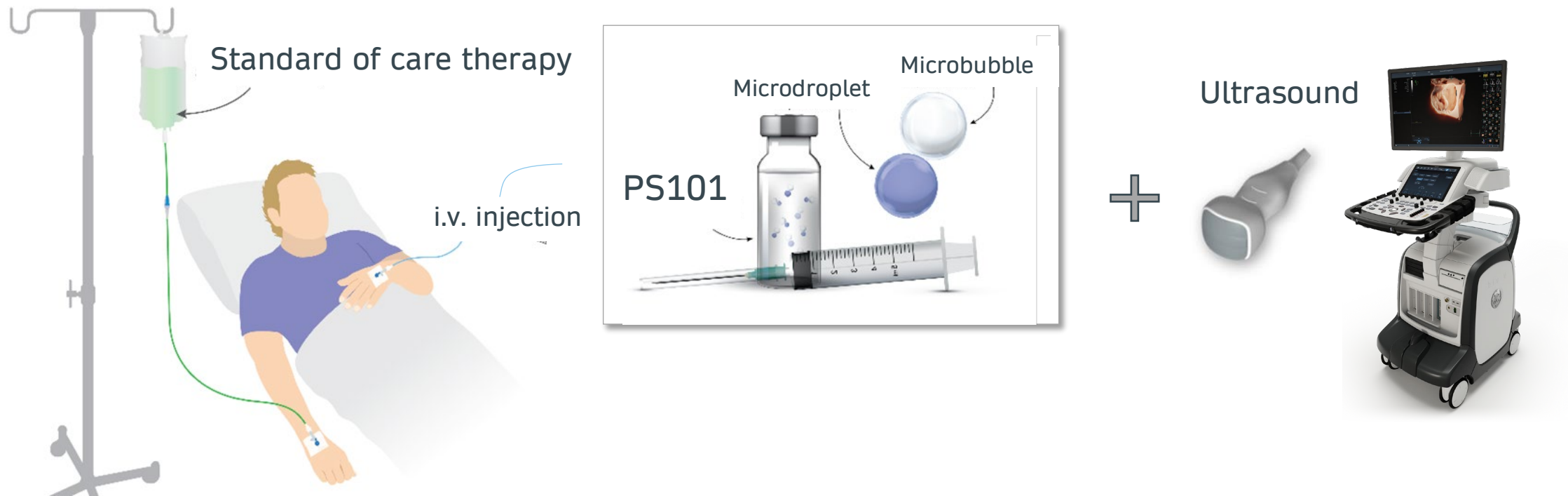
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The ACT[®] technology defeats biological barriers that hamper drug delivery



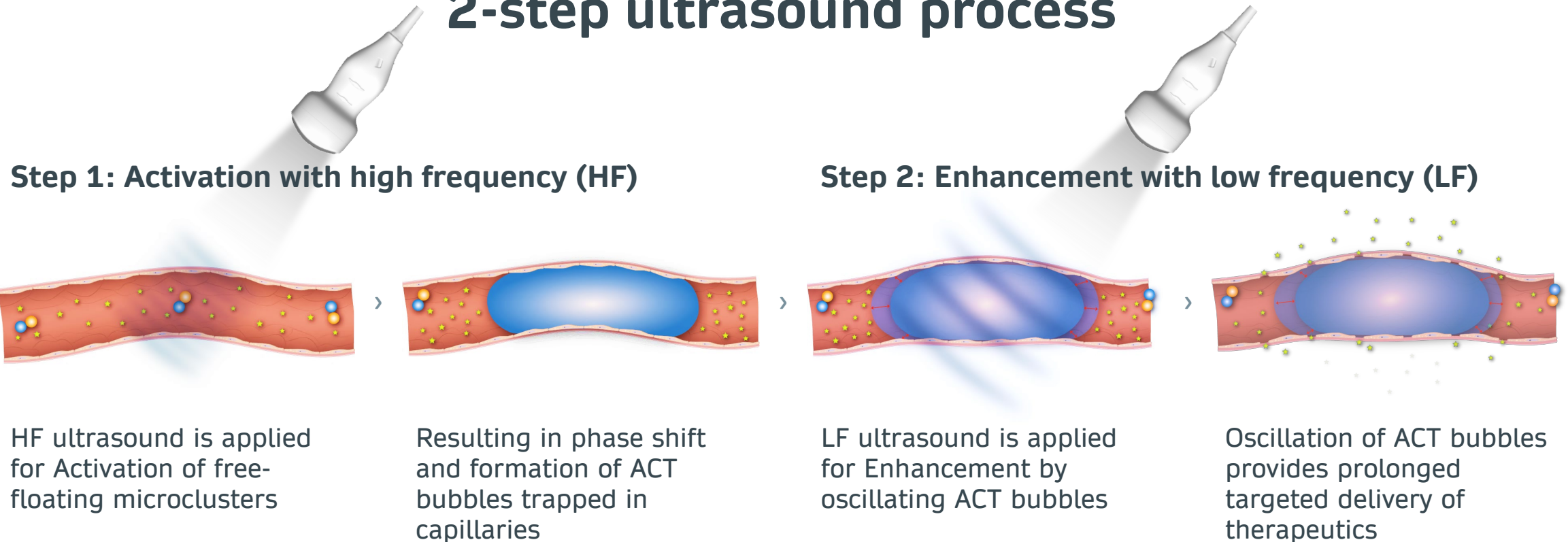
- Designed to provide targeted delivery of drugs to tissues throughout the body
- Focus on enhancing standard of care therapies across several tumour types



A simple and non-invasive treatment process



ACT achieves therapeutic benefit through a **2-step ultrasound process**



Strong preclinical evidence across models *and* drugs



Proof-of-concept model



Brain

Demonstrated **targeted, temporary, and safe** blood-brain-barrier disruption

Prof de Lange Davies,
NTNU, Norway

Mice cancer models, combining different cancer drugs with ACT



Pancreas

5x increase in complete disappearance of cancer using ACT with standard of care therapeutics

Prof's Von Hoff & Han,
TGen, Arizona, US



Breast

ACT + therapy caused the cancer to completely disappear in **>60 % of animals vs. 0 % with therapy only**

Prof Jeff Bamber,
ICR, UK



Colon

4x increase in complete disappearance of cancer using ACT with standard of care

Prof Jeff Bamber,
ICR, UK



Prostate

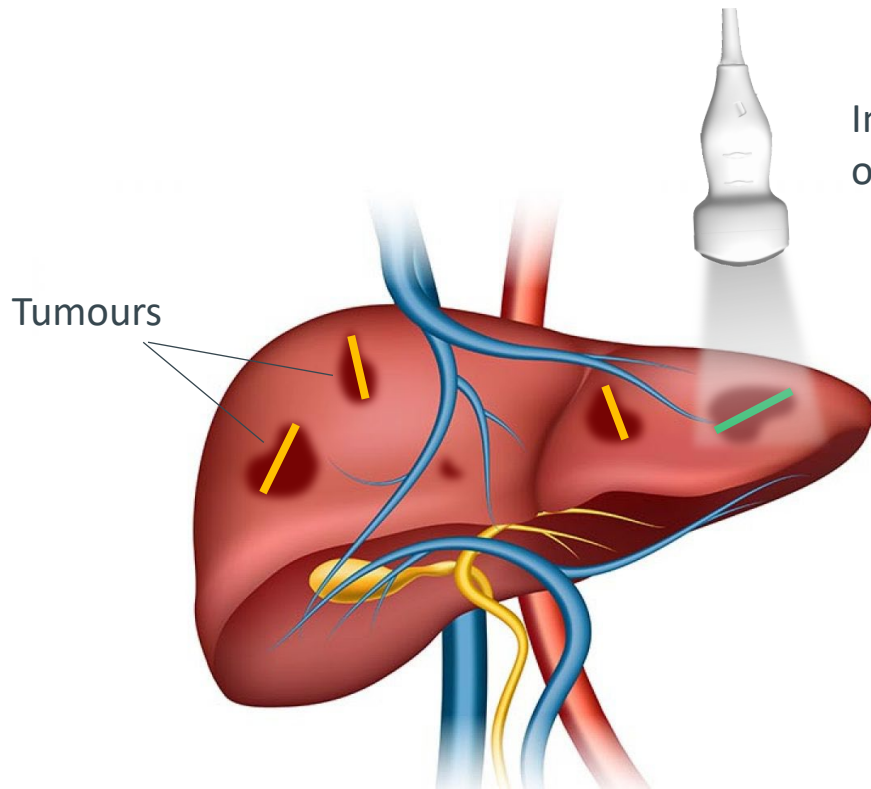
ACT + therapy caused the cancer to completely disappear in **>70%, of animals vs. 0% with therapy only**

Prof de Lange Davies,
NTNU, Norway

Six different cancer drugs included – ACT strongly enhanced efficacy of all

ACTIVATE Phase I study

- Innovative assessment of anticancer activity



Insonation of one tumour

Sum of diameters and volume of selected liver metastases

	Control	Insonated
Baseline		
Week 8 follow up		

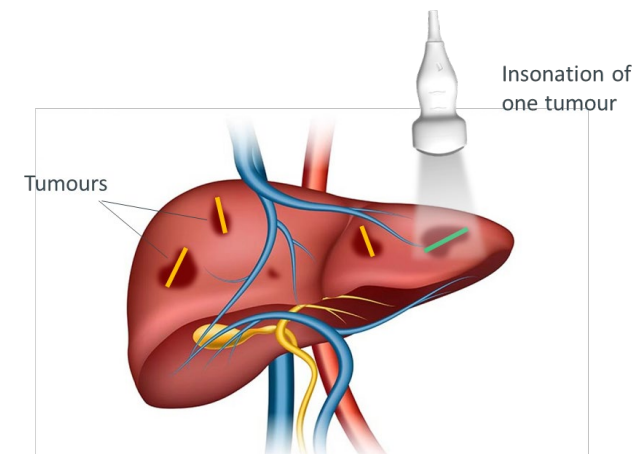
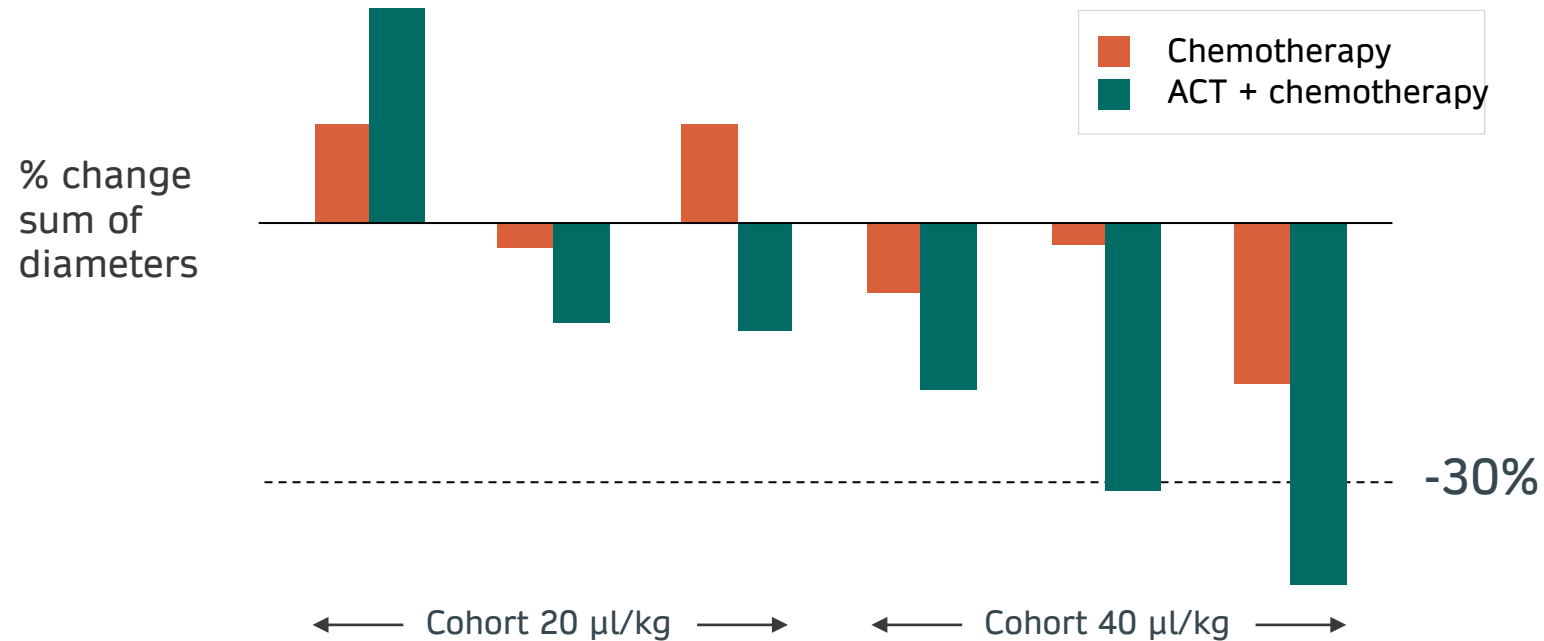


Comparing % change between baseline and Week 8 for insonated vs. control lesions

Encouraging clinical evidence of anticancer activity in Phase 1 study on liver metastases



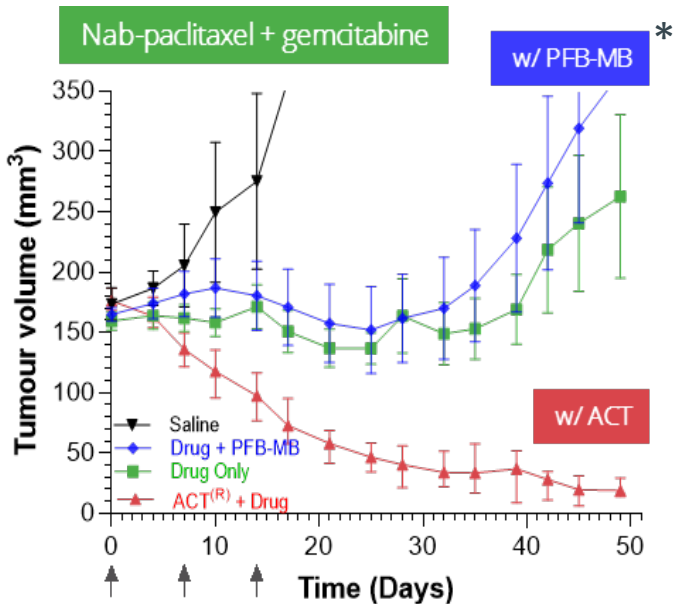
- 8 hard-to-treat patients enrolled, with a median of 5 prior lines of therapies (range 3-7)
- 6 evaluable for dose limiting toxicity and tumour response
- Assessment of insonated and control liver lesions at baseline and week 8
- Assessment by central reviewer, blinded to which lesion was insonated
- No adverse events considered by the investigator related to PS101 or the ultrasound



ACT for pancreatic cancer – strong preclinical data and prominent KOL support



Prof Daniel Von Hoff's clinical trial work has led to the approval of 3 of the 4 drug combinations for treatment of pancreatic cancer patients. The ACT study by his group was done in a **pancreatic cancer model** in mice with **patient derived material**, that largely **retain the stromal content of the originating tumour**.



Dr. Daniel Von Hoff, Distinguished Prof & national lead expert in pancreatic cancer

“Pancreatic cancer is notoriously resistant to treatment. The results are some of the most encouraging ones we have seen, and we look forward to being involved in the further development of this promising technology”

Dr. Haiyong Han, Prof. TGen's Molecular Medicine Division & study senior author

*“...ACT treatment resulted in in a significant increase in tumour growth inhibition and a **7.2 times higher probability of having a complete remission** of the tumour...”*

Advisory board established with US and EU KOLs in pancreatic cancer

* The ultrasound procedure with a standard diagnostic microbubble

Next study on pancreatic cancer enabling positioning for an attractive market



Phase 2 study in first line treatment of locally advanced pancreatic cancer

Vast commercial potential

64 000 new incidences* in the US in 2023 and average price of USD 150 000 per treatment year**



Demonstrated effect

Demonstrated convincing responses in human liver metastases and relevant pancreatic cancer models

Attractive competitive position

First mover with non-invasive local treatment, with straight commercial adoption using ultrasound – a modality found in hospitals globally

*<https://seer.cancer.gov/statfacts/html/pancreas.html>

**Applying an average 25% payer discount, as reported by Morgan et al., Health Policy 2017, to the average ~USD200,000 oncology drug list price reported by Miljković et al. (2022)

Note: LAPC – locally advanced pancreatic cancer

EXACT Therapeutics – a broad ACT-enabled pipeline



Building on ACT core strengths: defeating barriers in solid tumours & providing safe BBB passage

- Key clinical and preclinical catalysts in 2024
 - Read-out of Phase I ACTIVATE dose expansion
 - Opening of IND and initiation of the ENACT Phase II study in pancreatic cancer
 - ACT platform expansions: glioblastoma, immuno-oncology, neurological diseases

Area / disease		Preclinical	Phase I	Phase II/III
Oncology	Liver metastases			
	Pancreatic			
	Glioblastoma			
	Immunotherapy			
Other	CNS diseases			
	Gene therapy			

International leadership team with extensive industry experience



Anders Wold, Chairman

- 40 yrs from start-up to industrial success in Ultrasound & Med Tech
- Former President & CEO, GEHC CCS & Ultrasound
- BSc & MBA



Dr Per Walday, CEO

- 30+ years developing pharmaceuticals from preclinical to commercialization, including drug-device combinations
- Former CEO, PCI Biotech; Global Head, Proj. Mgmt new pharma GEHC
- PhD



John M. Edminson, CFO

- Former CFO Questback. Experience from various CFO/FM roles including PatientSky, KPMG Boston, Kistefos, AC Nielsen
- MFin



Dr Svein Kvåle, COO & Co-founder

- 25+ years' experience from pharma R&D; Nycomed Imaging/Amersham Health/GE Healthcare
- Inventor in diagnostics cancer therapeutics
- PhD



Dr Amir Snapir, CMO

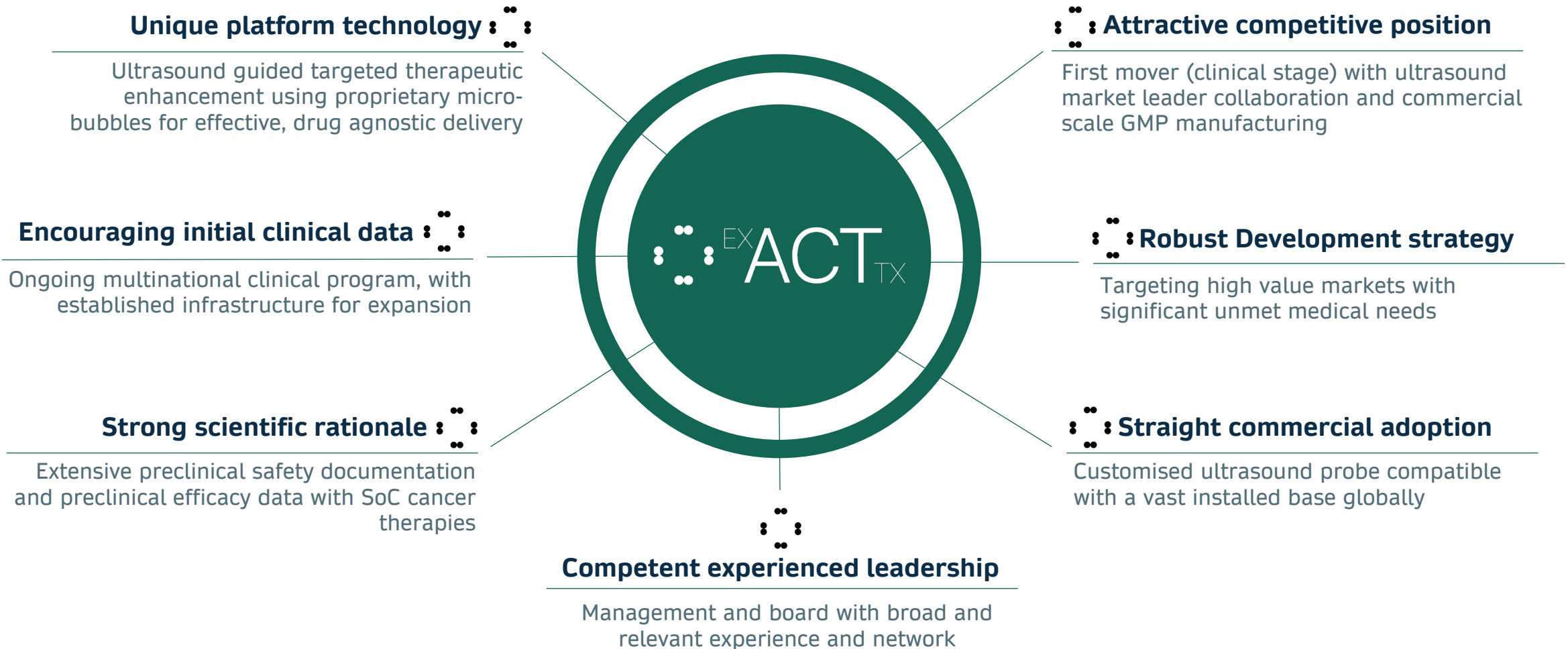
- Extensive experience in global clinical development of novel therapeutics and combination products, from early clinical translation to regulatory approval and marketing authorization
- MD PhD



Caspar Foghsgaard, SVP Commercial & Business Development

- Former Sr. Director Special Projects and part of the extended leadership team at Nykode Therapeutics. Prior to that, heading up Nykode's business development activities.
- BD and strategy roles at Arcus, Elopak and with Novozymes in Denmark, U.S. and U.K.
- BSc & MSc

EXACT Therapeutics – highlights





Q&A