Keith Alexander – CFO 16 September 2025

The deadliest threat in women's health deserves a better defence

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expreS2ion

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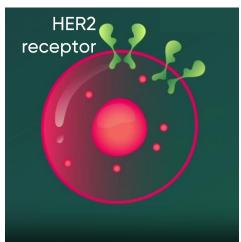
Breast Cancer is still killing 685,0001 women every year - will we let it continue?



HER2 expression

- 2.3 million women diagnosed each year¹ breast cancer is the most common cancer worldwide
- 685,000 deaths annually 1 the leading cause of cancer death in women
- HER2-expressing tumours are the majority of cases², yet resistance to today's drugs leaves too many patients with no options³
- Up to 50% relapse despite today's best drugs4
- #1 cancer in women under 50 cases up nearly 80% since 1990⁵
- By 2040, cases are projected to rise above 3 million per year, and deaths above 1 million – unless new solutions emerge⁶

Breast cancer is a relentless killer – claiming lives younger, resisting today's drugs, and growing unchecked – unless we change the fight



HER2 receptors send signals telling cells to grow and divide

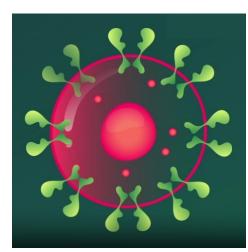
Too many HER2

receptors send more

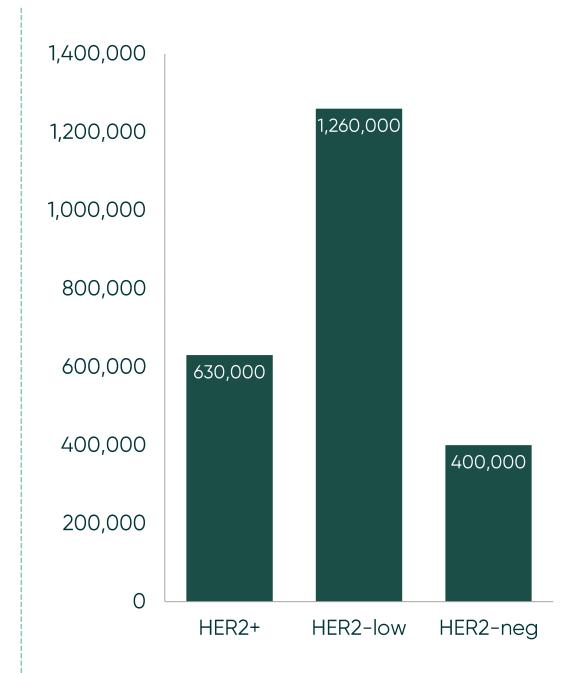
signals, causing cells

to grow too quickly

Breast Cancer Cell



Abnormal HER2+ Breast Cancer Cell Annual new breast cancer cases^{7,8}

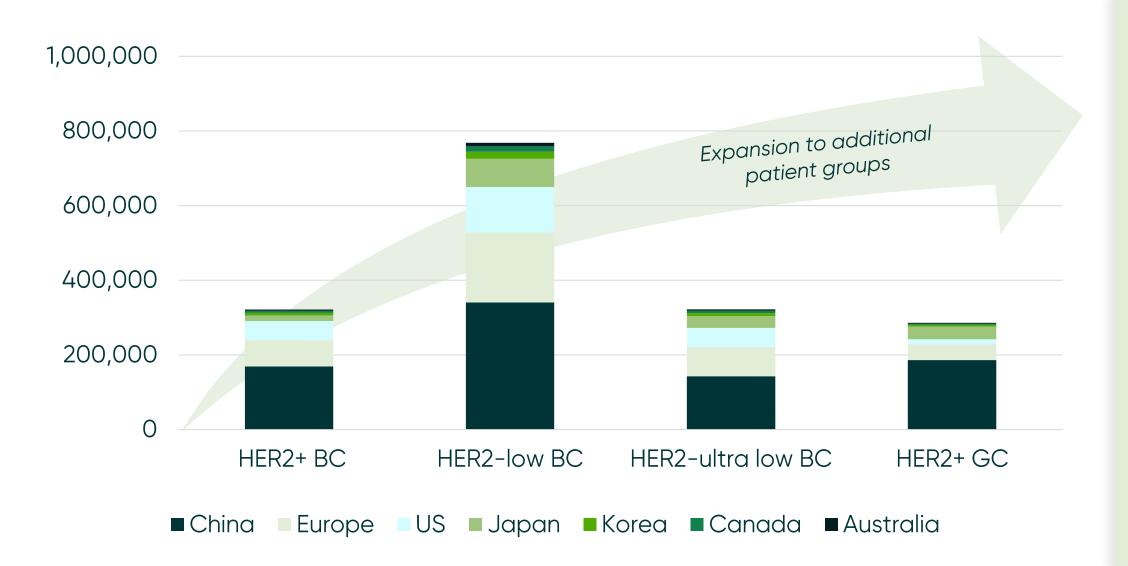


(Overexpression)

Significant Market Opportunity

ES2B-C001 is a First-in-Class breast cancer immunotherapy, targeting the entire extracellular domain of HER2

Patient distribution by region and cancer type¹



BC: Breast Cancer; GC: Gastric Cancer, including gastro-oesophagus junction

- Breast cancer is a **€27B global market** with 7% CAGR next 5 years²
- Key HER2 targeting drugs annual sales
 - Herceptin®: USD 1.7B (USD 7B at peak)
 - Herceptin biosimilars: USD 3.25B³
 - Perjeta®: USD 4.1B
 - Enhertu®: USD 2.6B
- Key market drivers for anti-HER2 drug market include
 - **Earlier LoT**
 - Low HER2 expression in BC
 - Other HER2 expressing cancers
 - International expansion
- ExpreS2ion's addressable HER2 market opportunity >€5B at peak (est.)

¹ ExpreS2ion Biotechnologies, AstraZeneca (Xu, Wang and Gibson, Isabel. "Epidemiology Data 2024 [Excel file]." AstraZeneca. https://www.astrazeneca.com/content/dam/az/Investor_Relations/Epidemiology-data-2024.xlsx. 20 May 2024),

² www.mordorintelligence.com. (n.d.). Breast Cancer Therapy Market | 2024 - 29 | Industry Share, Size, Growth - Mordor Intelligence. [online] Available at: https://www.mordorintelligence.com/industry-reports/breast-cancer-therapeutics-market.



Deals for HER2 Expressing Breast Cancer Drugs

Billion-dollar milestones driven by first and second lines of treatment

Key transactions

2009

 Roche \$47B acquisition of Genetech, including Perjeta (mAb), Herceptin (mAb) and Kadyla (ADC)

2015

 Novartis \$16B asset swap with GSK, including lapatinib (Tykerb)

2019

 AstraZeneca \$7B acquisition of Daiichi Sankyo's Enhertu (ADC)

2019-2021

- Merck \$4B acquisition of Seattle Genetic's Ladiratuzumab Vedotin (ADC) and Tukysa (TKI)
- Pierre Fabre \$700M+ acquisition of Puma Biotech's Nerlynx (TKI)

2023

 Abbvie's \$10B+ acquisition of ImmunoGen, including Elahere (ADC)

Key metrics

| Year | Product – generic name | Seller | Acquirer | Up-front (\$M) | Milestones (\$M) | Royalties | Geography |
|-----------|---|-----------------------|--------------|----------------|--------------------------------|--------------|------------------|
| 2025 | STX-478 | Scorpion Therapeutics | Eli Lilly | 2,5 | 500 | N/D | Global |
| 2023 | ZN-A-1041 | Zion Pharma | Roche | 70 | 610 | N/D | Global |
| 2023 | Mirvetuximab soravtansine | ImmunoGen | AbbVie | Ace | quired in ImmunoGen acquisitic | on | Global |
| 2020 | Tucatinib | Seattle Genetics | Merck | 210 | 65 | N/D | Asia, ME, LatAM+ |
| 2020 | Ladiratuzumab Vedotin | Seattle Genetics | Merck | 1,600 | 2,600 | N/D | Global |
| 2019-2021 | Nerlynx | Puma Biotech | Pierre Fabre | 114 | 588 | 10-20% | Global ex-US |
| 2019 | Trastuzumab deruxtecan | Daiichi Sankyo | AstraZeneca | 1,350 | 5,550 | 20-25% (est) | Global |
| 2015 | Lapatinib | GlaxoSmithKline | Novartis | | Part of \$16Bn asset swap deal | | Global |
| 2009 | Pertuzumab, Trastuzumab and Trastuzumab emtansine | Genentech | Roche | Ac | quired in Genentech acquisitio | n | Global |

Source: ExpreS2ion and company reports

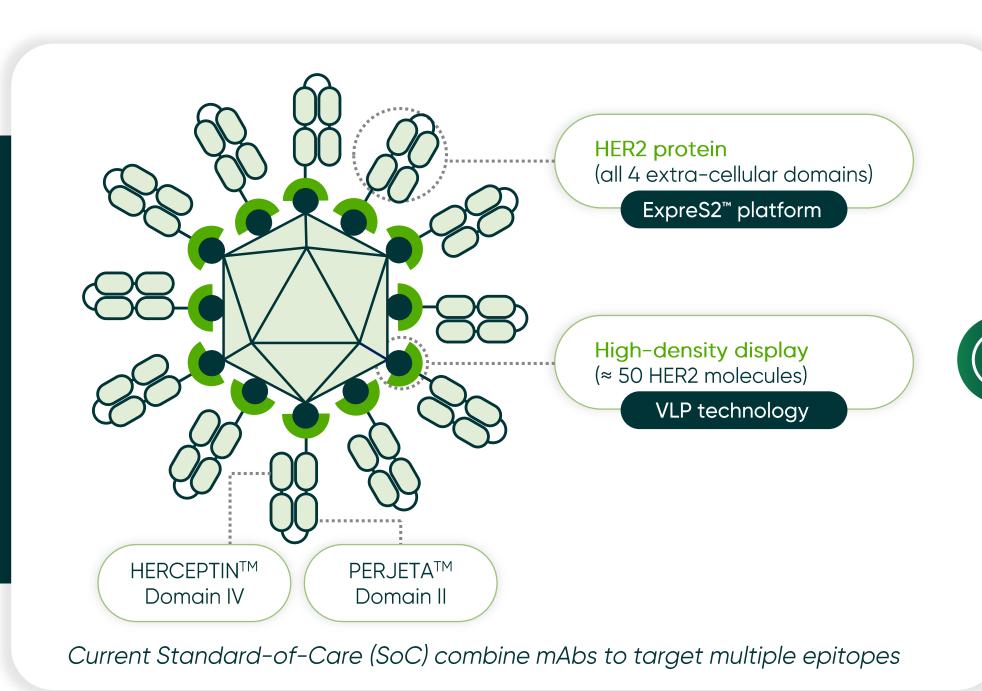


The Product – A Breakthrough HER2 Immunotherapy



Our Solution: First Immunotherapy to Target All of HER2 (4 Domains) with a Virus-Like





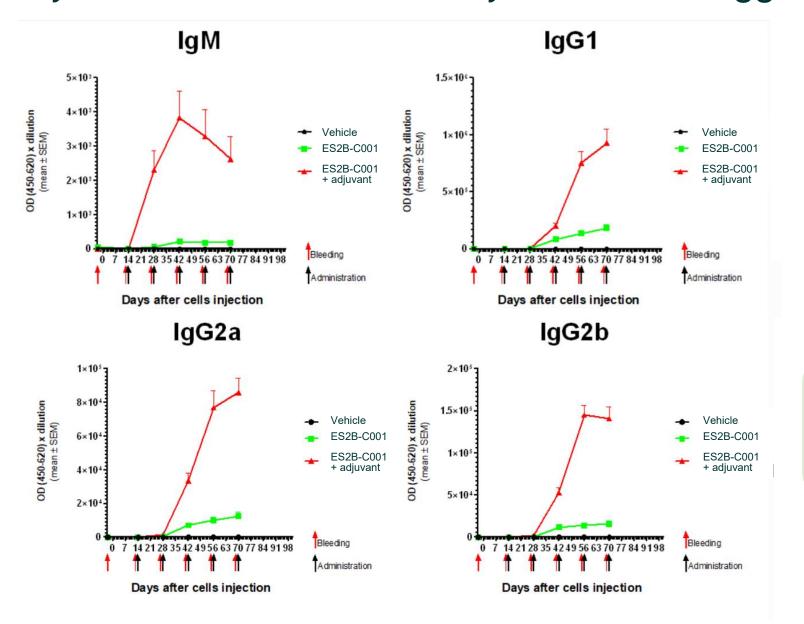
Particle (VLP)

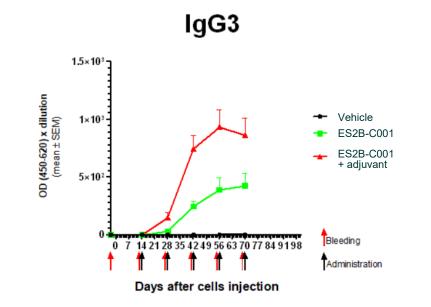
Generates a broad immune attack (polyclonal antibodies against multiple HER2 epitopes)

- Overcomes immune tolerance and lasts longer
- Proven safe in other VLP vaccines

Broad Immune Response: Treatment Produced All Key Antibody Types – Going Beyond What a Single Monoclonal Can Do

Every chart shows the same story: ES2B-C001 triggered strong antibody responses

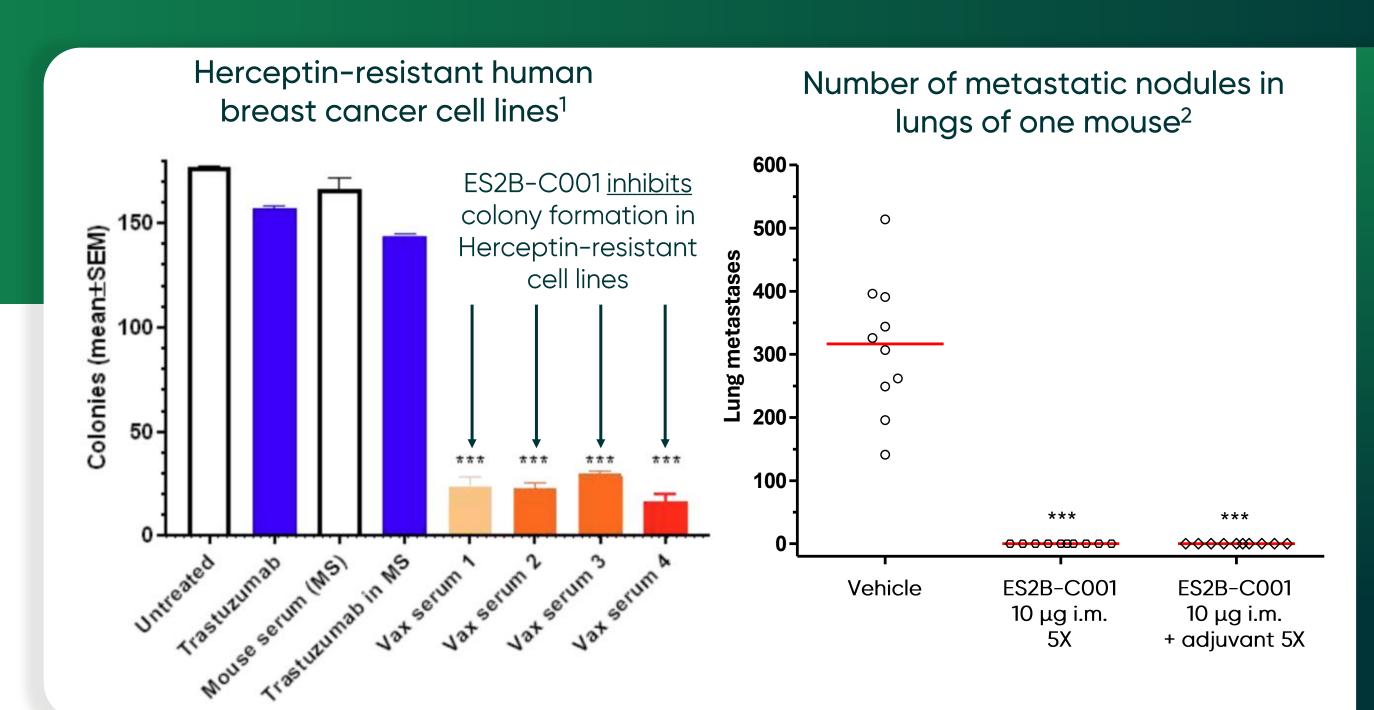




Monoclonals fire a single shot - our immunotherapy launches a squadron In animal models, ES2B-C001 triggered a broad polyclonal immune response, producing all major antibody subtypes.

- Multiple antibody classes provide added benefit on top of targeting many HER2 epitopes
- In animal models, antibody levels were orders of magnitude higher than those from intermittent monoclonal drug administration

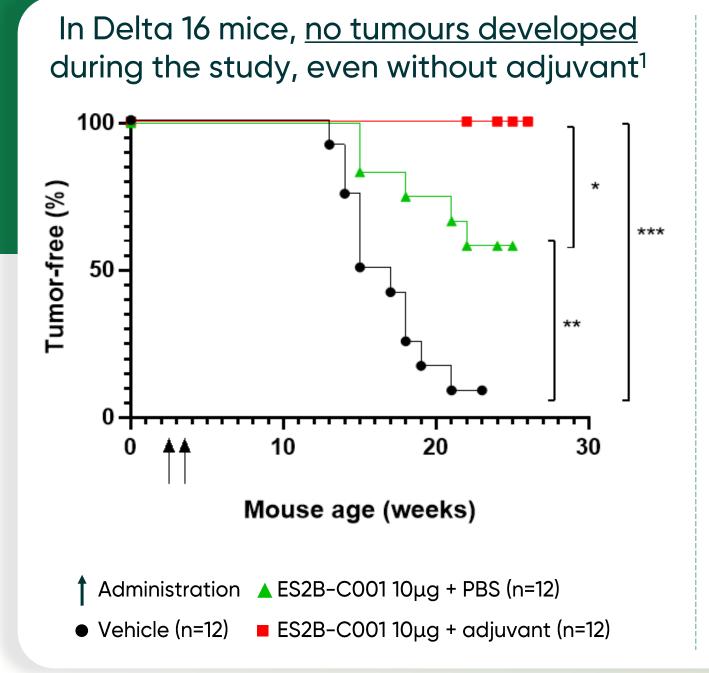
Effective Even in Resistant Tumors



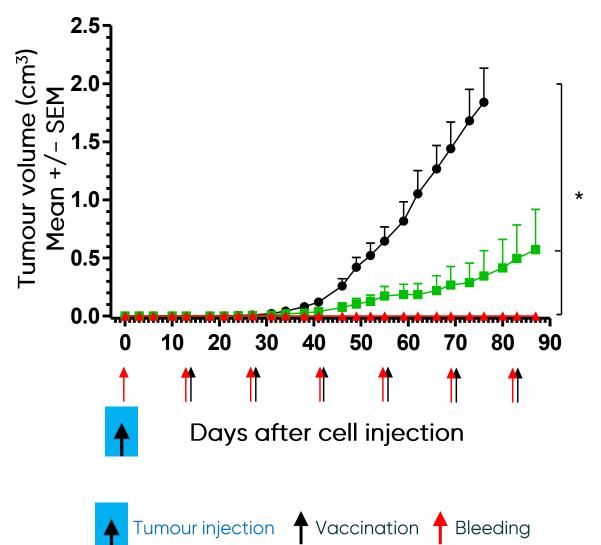
- In preclinical resistant models, ES2B-C001 blocked tumour growth – even in settings where Herceptin no longer worked.
- In vaccinated mice, 0
 metastases vs many in
 controls
- Shows potential to overcome resistance – one of the biggest unmet needs in breast cancer

Preclinical mouse and cell line data; human trials ongoing

Compelling Outcomes in Preclinical Therapeutic Models



In FVB mice, <u>all</u> vaccinated animals survived the study, unlike controls.²



- In mouse therapeutic models, vaccinated animals showed no tumour growth during study
- All vaccinated mice survived the study period; controls succumbed rapidly
- No adverse effects observed at expected dosing in animals
- Supports further clinical testing as a potential HER2targeted therapy

Phase I Underway – First Patients Dosed, First Immune Response Observed



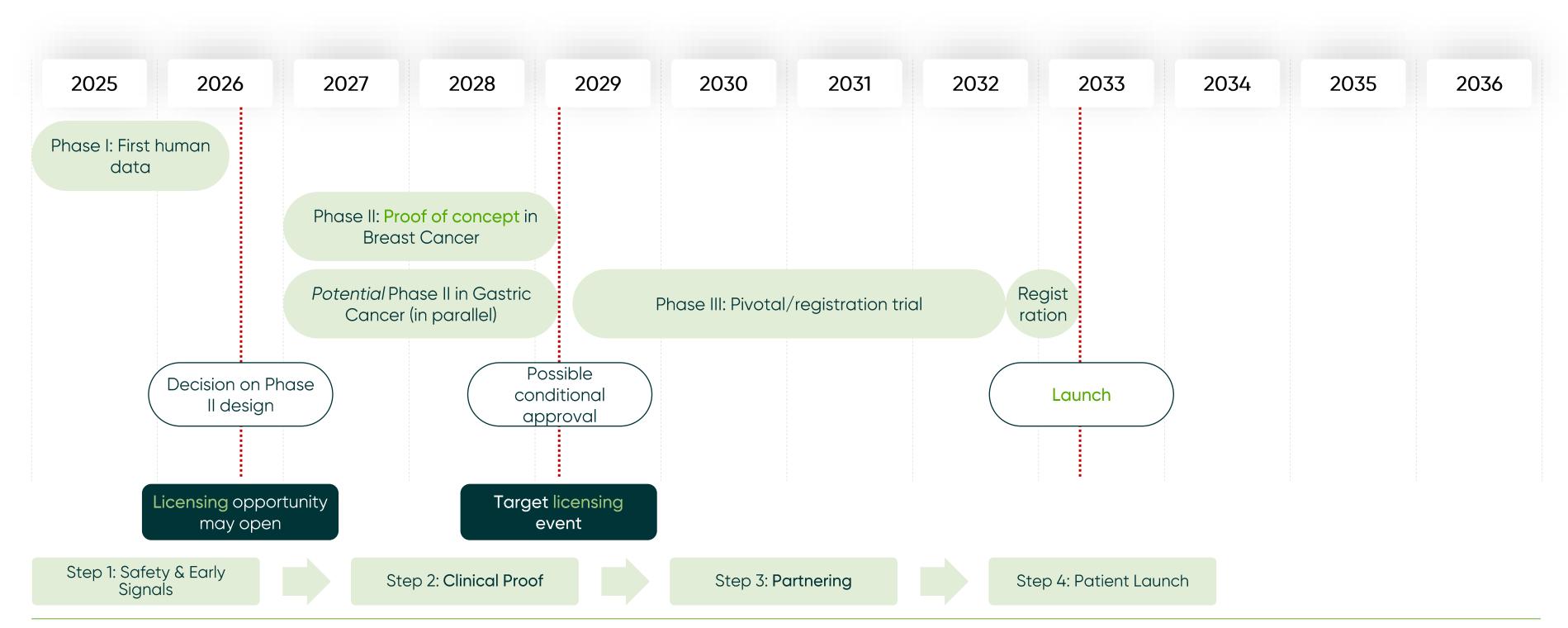
- Immunogenicity: First patient show significant increase in HER2-specific antibodies after second dose, demonstrating immune response and breaking of HER2 tolerance
- Design: Open-label, dose escalation Phase I in metastatic HER2+ and HER2-low breast cancer
- Sites: Medical University of Vienna activated; adding 2 new Austrian sites
- Patients: Up to 27 planned; includes escalation and expansion cohorts
- Dosing: Escalating doses; expansion cohort at optimal dose
- Status: First 3 patients dosed (as of Aug 2025); 4th patient in screening
- Safety combo: Trial protocol approved to test combination with a HER2 ADC (e.g. EnhertuTM) in some patients
- Endpoints: Safety & max tolerated dose (primary); immune response & early efficacy signals (secondary); interim data expected mid-2026, subject to recruitment pace

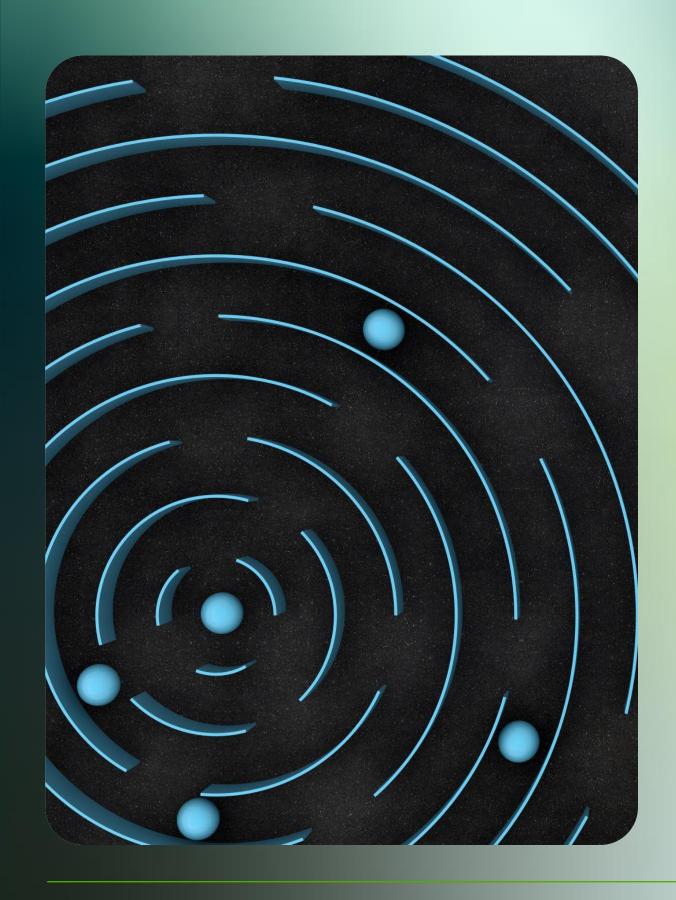




From First Signals to Pharma Deal

Goal: Out-license when Phase II delivers proof – or earlier if signals are strong





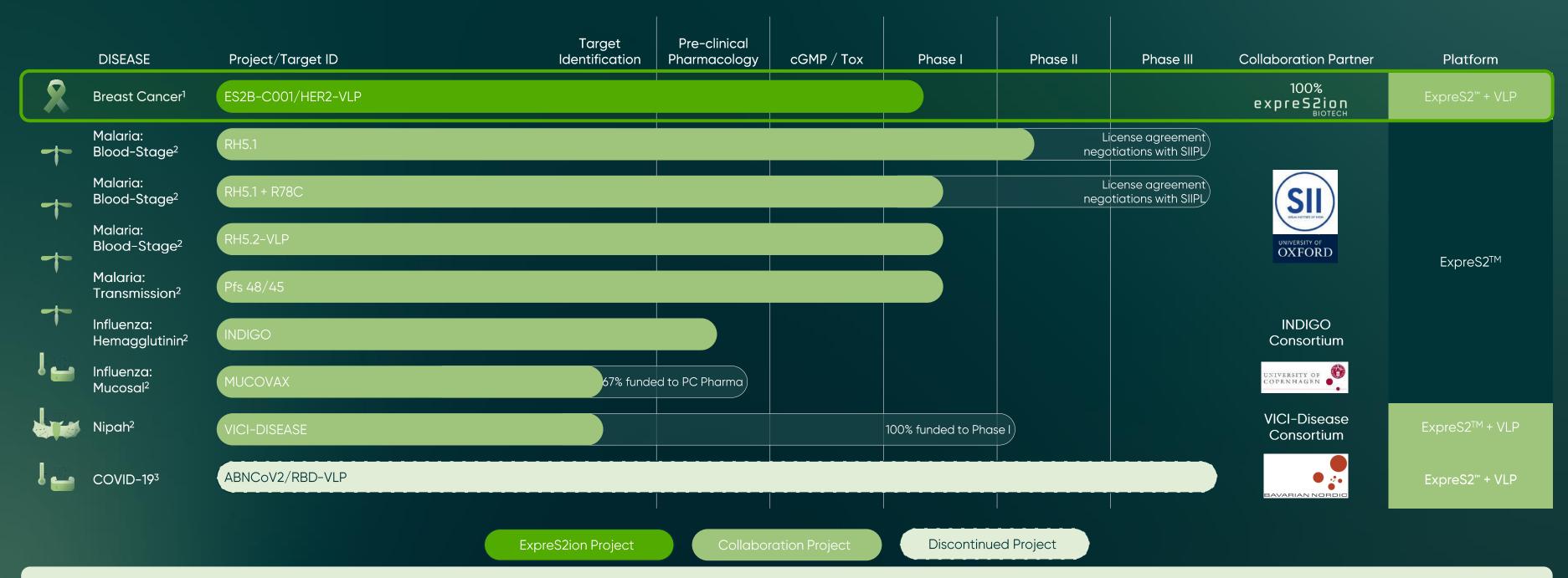
Big Shots, Small Waistline





We Are a Platform-Based Vaccine Company

Multiple shots on goal across cancer and infectious diseases, powered by our ExpreS2 platform



All programs rely on ExpreS2-based manufacturing, often combined with AdaptVac's VLP technology

Extensive Immunotherapy Development and Oncology Experience



Executive Management

Fully capable of executing to phase II POC











Genmab

vaxxinity

Leadership Team





DEPARTMENT OF BIOCHEMISTRY
UNIVERSITY OF OXFORD







Dr. Timothy R. Howe, Esq. Business Development PhD, OHSU School of Medicine J.D., Univ. of San Diego SOL

35 years experience in licensing & tech transfer



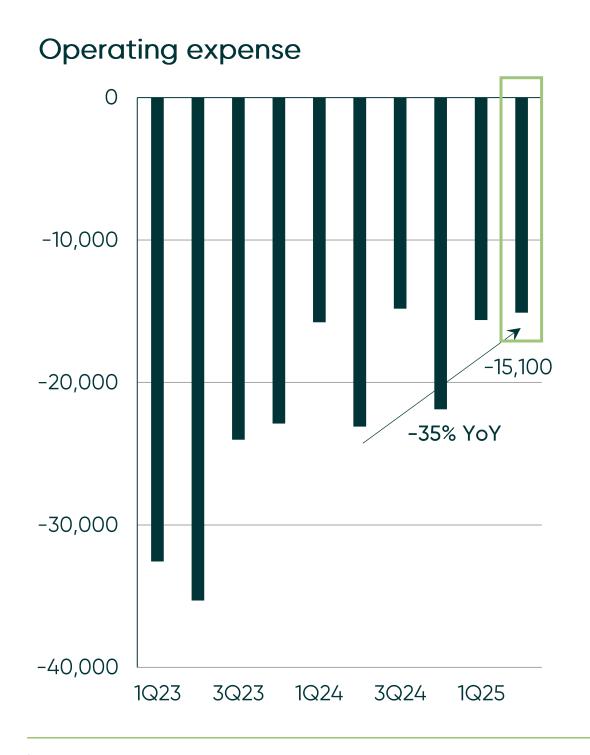


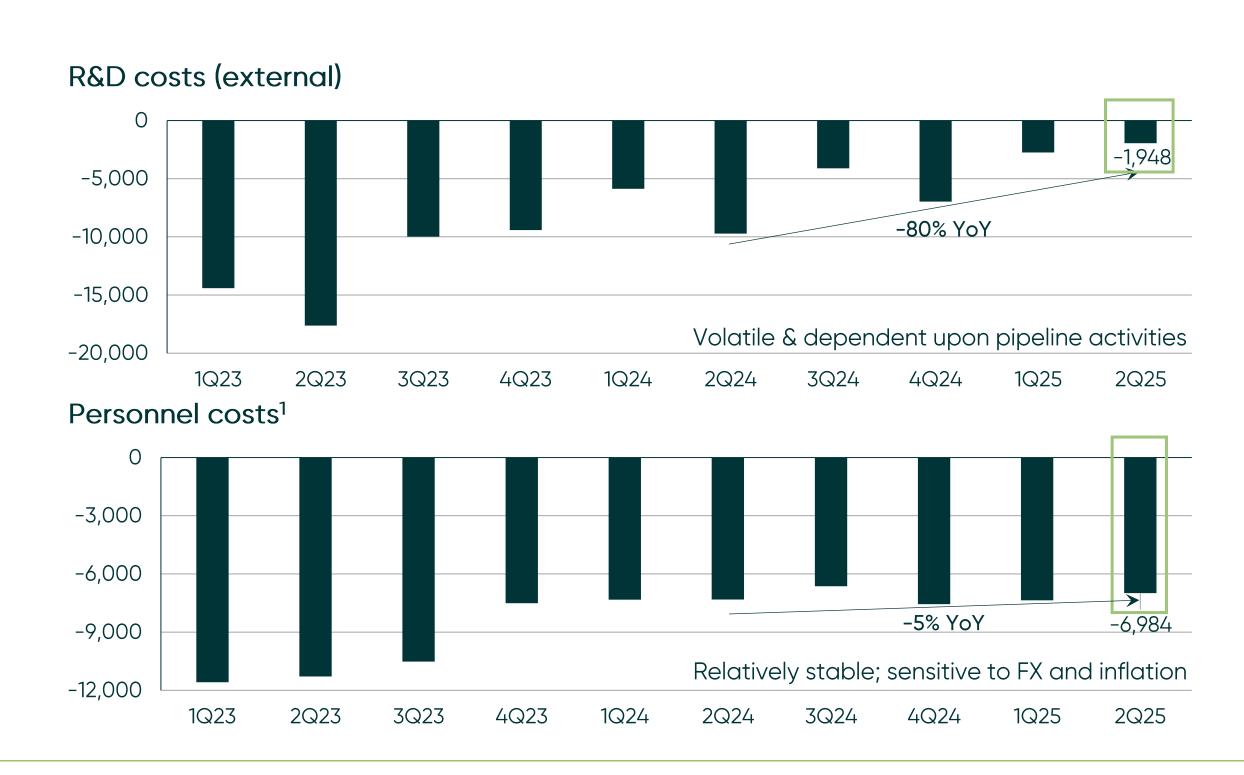




Cost Discipline & Runway: Lean Operations

SEK '000s





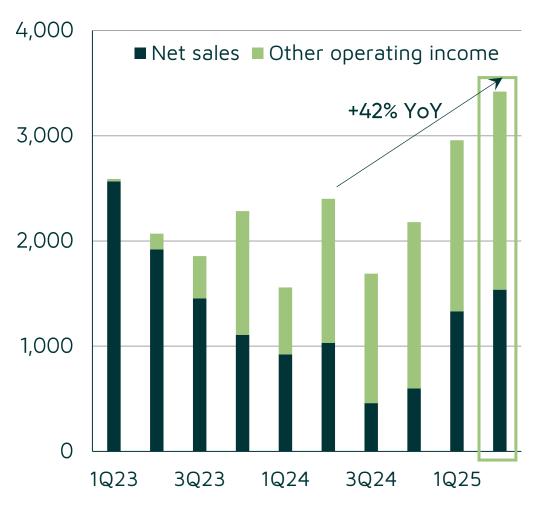
¹ Personnel costs are excluding costs from vesting of share-based compensation.

Income +61% YoY – Leveraging CRO Services & Grants

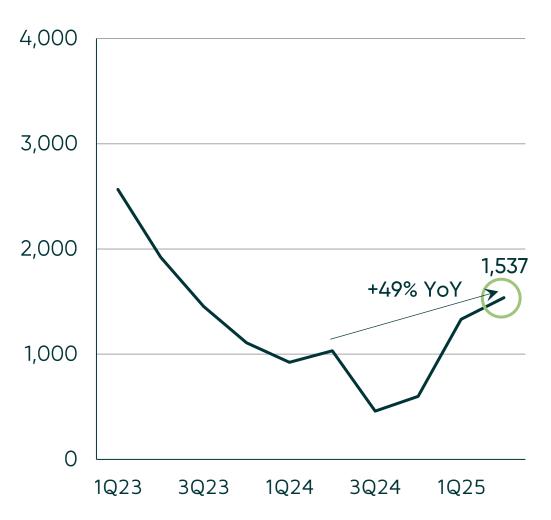


SEK '000s

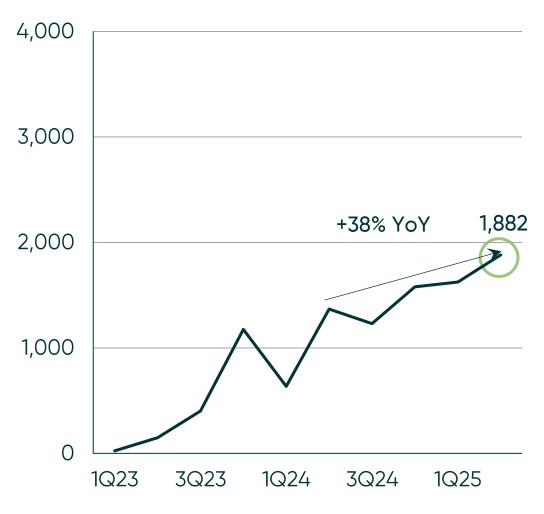
Operating income



Net sales



Other operating income

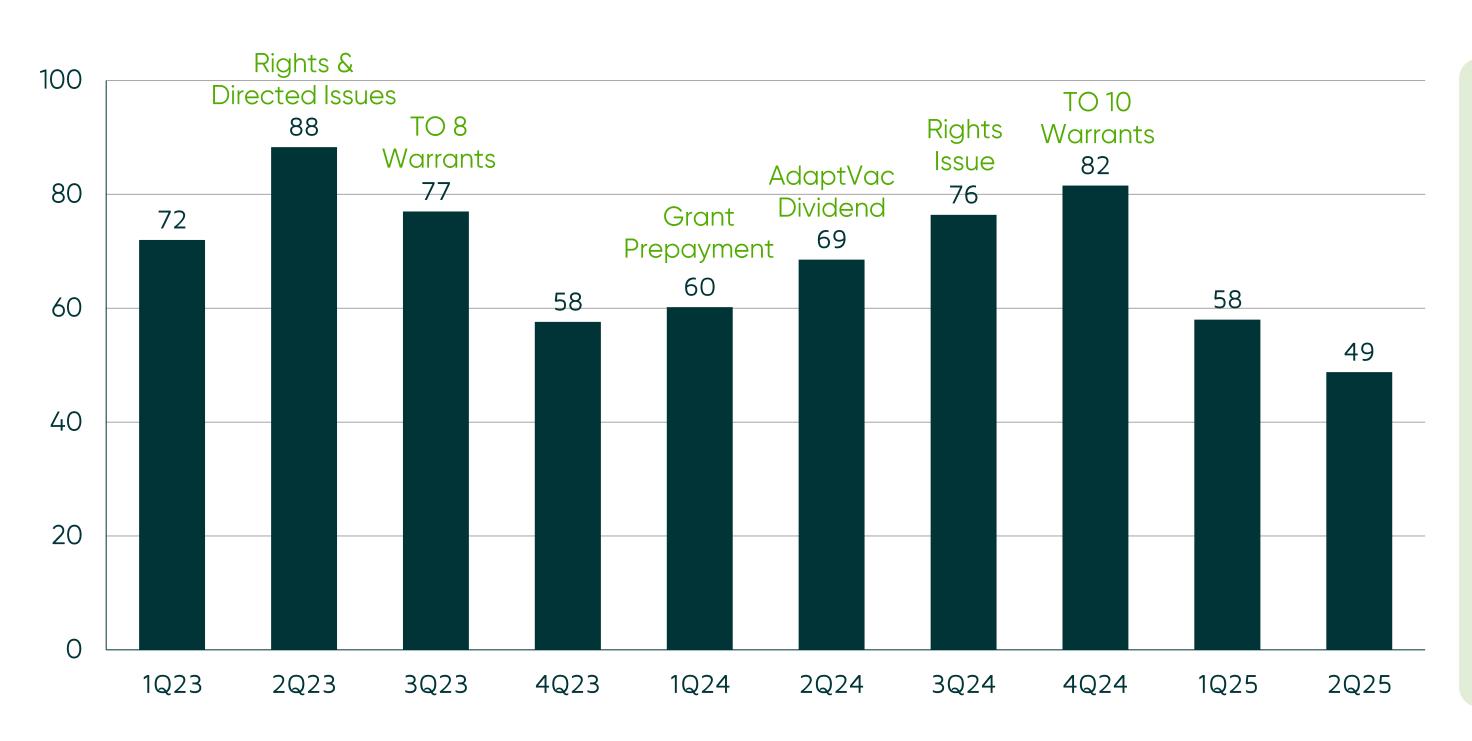


| Operating Income | 2025 | 2024 | Growth |
|------------------|-------|-------|--------|
| Year-to-date | 6,376 | 3,958 | +61% |
| Second quarter | 3,419 | 2,400 | +42% |



Cash Balance & Key Drivers (1Q23 – 2Q25)

SEK millions



- Cash: SEK 49m at Q2 2025
- Runway: Through Q1 2026 (does not include TO 11s)
- TO 11 Subscription: Sept /
 Oct 25
- Target milestones: Phase Ia
 (Q2'26) & Phase Ib (Q4'26)*
- Track record: Raised
 ~mSEK 91 over past 18
 months via grants,
 AdaptVac dividend, Rights
 Issue and TO 10 warrants



Catalysts, Capital, and Caution



Why Invest Now – Upcoming Catalysts



Clinical & Pipeline Catalysts

- ES2B-C001
 - Safety readout expected mid-2026
 - Immunogenicity & early efficacy signals (if observable at this early stage) in late 2026
- Nipah Vaccine Lead Candidate Selection: H2 2025
- Oxford Malaria Trials: Phase la data in 2H 2025 & Ilb data in Q2 2026



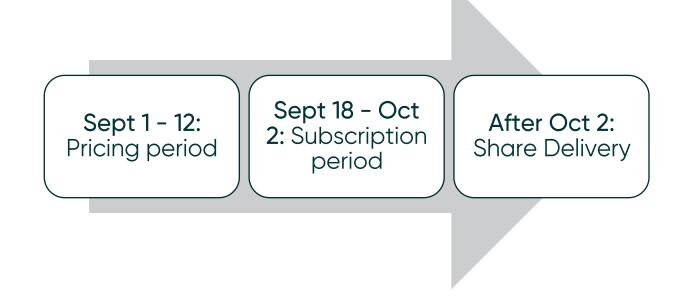
Strategic & Financial Catalysts

- Serum Institute License: Aim to finalize malaria vaccine license deal (negotiations ongoing)
- IP & Platform: New patents filed/issued in 2025 and 2026
- Grant Projects Progress
 - INDIGO flu vaccine entering next phase discussions
- Potential new grant funding
- Financial Milestone: CRO business growth continues (already +49% YoY in Q2 2025)

TO 11 Warrants – Investor Upside & Company Funding



- Exercise Period
 - Subscription period: Sept 18 Oct 2, 2025
 - Exercise price: 14.65 SEK (30% discount from VWAP during Sept 1–12)
- Ratio: 40 warrants = 1 new share
- Listed & Tradeable: Listed on Nasdaq FN tradeable by all investors (not limited to existing shareholders)
- Investor Upside: 30% discount to market price (subject to floor). Provides upside if progress drives share higher, while protecting downside via floor price.



Further information will be provided

- Press releases & investor presentations
- Brochure, application form and T&C

https://investor.expres2ionbio.com/rights-issue-2024/

Sept 2025 warrant window: 30% discount for investors, potential upside and funding for ExpreS2ion

Key Risks & How We Mitigate Them







Clinical Trial Risk

- Risk: Enrolment pace and earlyphase timing uncertainty
- Mitigation: Expanded sites (Vienna +2 new) and dose-escalation design help address enrolment timing uncertainty; first patients already dosed

Partnership Dependence

- Risk: External programs (malaria, influenza, Nipah) rely on partner timelines
- Mitigation: Portfolio diversified across multiple external programs (e.g. Oxford, 9 trials), largely grantfunded, though timelines depend on partners

Funding & Runway

- Risk: Cash needs exceed current reserves; dependent on financing
- Mitigation: TO11 warrants (Sept/Oct 2025, subject to investor exercise and market conditions); disciplined P&L; raised SEK 91m past 18 months

Innovative vaccines for a healthier world

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