ExpreS2ion Biotech

Sector: Biotech

A polyclonal plot twist

Redeye initiates coverage of ExpreS2ion Biotech, a clinical-stage Scandinavian biotech company developing differentiated immunotherapies based on its phase III–validated ExpreS2 protein expression platform. Supported by compelling preclinical data and early clinical progress, its lead asset ES2B-C001 is targeting the multibillion-dollar HER2-expressing cancer market. We see meaningful long-term upside as the company advances a novel, multi-targeting cancer vaccine with blockbuster potential.

Differentiated HER2 vaccine built on a phase III–validated platform

ES2B-C001 is a novel VLP-based therapeutic cancer vaccine designed to induce a broad, polyclonal immune response against the full extracellular domain of HER2. By targeting multiple epitopes simultaneously, it aims to reduce immune escape and resistance seen with today's standard of care. Crucially, ES2B-C001 is built on ExpreS2ion's proprietary ExpreS2 platform, which has been clinically validated in a phase III program (ABNCoV2). We view this as a meaningful de-risking factor that supports the robustness, manufacturability, and translational relevance of the underlying technology. Targeting the USD+8bn HER2+ breast cancer market, with a possibility to expand to additional multibillion-dollar indications, we see a candidate with blockbuster potential.

Diversification through partner-led pipeline

Alongside its proprietary oncology focus, ExpreS2ion has built a portfolio of partner-led vaccine programs in indications such as malaria, influenza and Nipah virus. These collaborations leverage the ExpreS2 platform to deliver complex antigens while largely shifting development costs and risk to partners, often supported by non-dilutive funding. We see this model as an efficient way to further validate the platform across multiple indications and diversify the project portfolio while preserving upside through potential milestones and royalty streams.

Base case of SEK28 per share

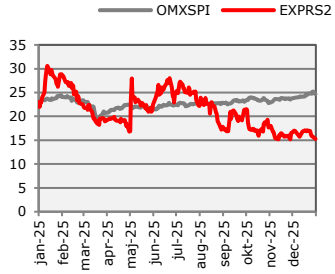
We base our valuation of ExpreS2ion on a sum-of-the-parts (SOTP) model of its current pipeline and operations. We initiate coverage with a base case of SEK28 per share, with respective bull and bear cases of SEK44 and SEK7. Our base case suggests an upside potential of around 100% from current share price levels (SEK14). With interim and topline results from the ongoing phase I trial in HER2+ breast cancer expected within the year, we see multiple inflection points ahead that could close our valuation gap.

Key Financials (SEKm)	2023	2024	2025e	2026e	2027e
Revenues	7	3	5	8	12
Revenue growth	n/a	n/a	n/a	n/a	n/a
EBITDA	-103	-64	-40	-43	-45
EBIT	-104	-66	-41	-45	-46
EBIT Margin (%)	n/a	n/a	n/a	n/a	n/a
Net Income	-90	-34	-36	-39	-40

FAIR VALUE RANGE

BEAR	BASE	BULL
7	28	44

EXPRS2 VERSUS OMXSPI (LTM)



REDEYE RATING

KEY STATS

Ticker	EXPRS2
Market	First North
Share Price (SEK)	14
Market Cap (SEKm)	50
Net Debt (SEKm)	-37
Free Float (%)	98
Avg. daily volume ('000)	257

ANALYSTS

Kevin Sule

Kevin.sule@redeye.com

Richard Ramanius

Richard.ramanius@redeye.se

Investment case

Case: Multi-targeting candidate with potential to revolutionize breast cancer treatment

With a differentiated scientific approach, a clinically validated technology platform, and disciplined execution, ExpreS2ion is entering a value-inflecting phase. Despite promising early clinical signals and a clear mechanistic rationale, investor sentiment toward the company remains cautious. We argue that the market may underestimate the long-term potential of ExpreS2ion's lead asset, ES2B-C001, and the strategic value of its underlying ExpreS2 platform.

ES2B-C001 is a therapeutic cancer vaccine targeting HER2-expressing breast cancer, designed to induce a broad, polyclonal antibody response against the full extracellular domain of HER2. This multi-epitope targeting approach differentiates the candidate from today's standard of care, which rely on single-epitope targeting. By activating the patient's own immune system, ES2B-C001 aims to overcome key resistance mechanisms and potentially deliver more durable disease control with a favorable tolerability profile.

As demonstrated by the success of current HER2-targeted therapies—including blockbuster products such as Herceptin, Perjeta, Kadcyla, and Enhertu—the commercial opportunity in this space is substantial. We believe ES2B-C001 has the potential to address the remaining unmet medical need and estimate that it could achieve annual global peak sales exceeding USD2.2bn.

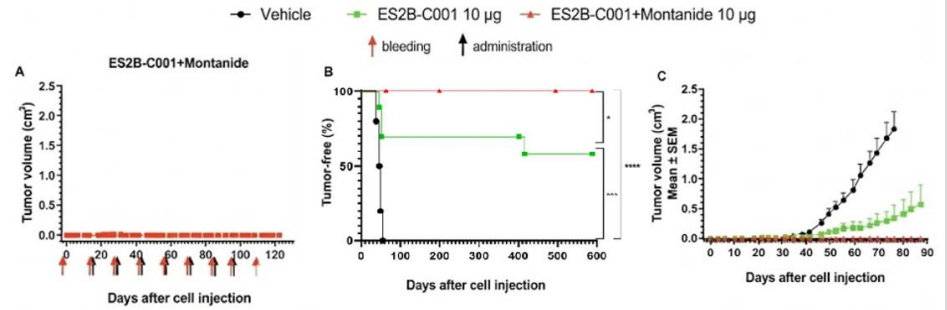
Evidence: Phase III validated technology

ES2B-C001 is developed using ExpreS2ion's proprietary ExpreS2 protein expression platform, which has been successfully validated in a previous phase III clinical program. This prior late-stage clinical validation significantly de-risks the core technology underpinning the company's pipeline, particularly with respect to antigen design, manufacturability, and scalability. Unlike many early-stage biotech companies built around unproven platforms, ExpreS2ion benefits from having a human-validated technology foundation, strengthening confidence in the translational potential of ES2B-C001 and other vaccine candidates built on the same platform.

Supportive analysis: Promising preclinical evidence

Preclinical studies of ES2B-C001 provide strong evidence for its potential as a HER2-targeting cancer vaccine. Across several mouse models, including HER2-transgenic mice with immune tolerance to HER2, ES2B-C001 induced robust antibody responses and tumour growth inhibition. A large proportion of vaccinated animals remained tumour-free long (+600 days) after challenge, and when formulated with adjuvant, ES2B-C001 achieved complete and durable tumour control in stringent models. Supporting in vitro data showed that vaccine-induced antibodies bind HER2 and inhibit tumour growth, while highlighting the vaccine's ability to address key resistance mechanisms seen with current HER2 therapy.

Preclinical ES2B-C001 data – Mammary carcinoma tumor progression in FVB mice



Source: Ruzzi, et al., Biomedicines (2022).

Challenge I: Phase II program funding

As a clinical-stage, pre-revenue biotech company, ExpreS2ion remains dependent on external financing and potential partnerships to advance its pipeline. Should ES2B-C001 successfully progress from the ongoing phase I study into a phase II trial, we expect a material increase in development costs. Consequently, additional capital will be required, either through equity financing, non-dilutive partnerships, or a combination thereof. We believe that ExpreS2ion's ability to secure such funding will likely be tied to the robustness of forthcoming clinical data.

Challenge II: Intangible protection and exclusivity

Intangible protection is essential for platform-based and clinical-stage biotechs, ensuring that years of development yield commercial returns. ExpreS2ion's foundational protection for its S2 vector system is currently set to expire in 2029 in Europe and Asia, and 2032 in the US. However, to safeguard the long-term potential of its ExpreS2 platform, the company has pending patent applications that could extend protection to 2040 in the US. In parallel, ExpreS2ion holds exclusive global rights from AdaptVac to the underlying VLP technology in HER2 cancer, with patents pending to 2041, and has recently filed a patent covering the full HER2–VLP construct, with potential expiry in 2046. Furthermore, Supplementary Protection Certificates and Patent Term Extensions could extend that with an addition five years.

Valuation: Long-term potential with short-term triggers

Our base case fair valuation amounts to SEK28 per share, suggesting around 100% upside from today's share price levels. We assume a USD650m licensing deal ahead of phase III trials in 2029e and apply a WACC of 16%. Furthermore, our bull and bear cases are equal to SEK44 and SEK7 per share, respectively.

We foresee exciting years ahead for ExpreS2ion as lead candidate ES2B-C001 has entered the clinic, with the ongoing phase I trial. Primarily, we judge that interim- and top-line data from the study and meaningful near-term milestones in the company's partner-led programs could induce share price re-ratings. In our valuation, we assume that the company will carry out a rights issue later in 2026, with our valuation therefore significantly impacted by the expected dilution from this financing. A higher share price at the time of the potential issue would reduce the level of dilution and support a higher valuation.

ExpreS2ion – Valuation

Valuation summary (SEKm) - Base case						
Program	Indication	Stage	Launch	Peak sales ($m)	Probability (LoA)	Value, r-adj (SEKm)
ES2B-C001	HER2+ breast cancer	I	2033	2250	9%	282
Platform/CRO						70
AdaptVac (34% ownership)						72
				Tech Value (SEKm)		424
				Est. net cash		37
				Shared costs		-154,8
				Equity Value		306
				Shares outstanding		3,5
				Est. Increase in shares (from est. share issues)		9,7
				Est. Increase in cash (from est. share issues)		63
WACC: 16%				Base case		28

Source: Redeye Research

Counter points

Competition from larger established players

While ES2B-C001 is differentiated by its vaccine-based, polyclonal approach to HER2 targeting, ExpreS2ion operates in a competitive landscape dominated by large, well-capitalized pharmaceutical companies such as Roche/Genentech, AstraZeneca, and Daiichi Sankyo. These players control the current standards of care and possess advantages in terms of R&D resources, clinical trial infrastructure, regulatory experience, manufacturing scale, and commercial reach. Even if ES2B-C001 were to demonstrate encouraging clinical efficacy, competing therapies may achieve stronger commercial relevance due to entrenched market positions and established relationships with key opinion leaders.

High development risk

While ExpreS2ion has worked with the development of vaccines for a long time and the ExpreS2 platform has been clinically validated through its use in the phase III-stage COVID-19 vaccine ABNCoV2 program, the company is exposed to significant development risks. Being in early-stage development, ExpreS2ion will need to undergo several clinical trial stages ahead.

Dependency on partners and investors

ExpreS2ion is a pre-revenue and pre-market company without any established marketing or sales channels. Therefore, it is heavily reliant on finding and cooperating with licensing/commercialization partners. As is the case for most early-stage biotech companies, there is a risk that ExpreS2ion may be squeezed for cash to finance its mid-/late-stage clinical development program. This could lead to dilutive and rebated rights issues in the future.

Key catalysts

- **ES2B-C001 phase I interim data (phase Ia)**

  ExpreS2ion initiated its ongoing phase I study with ES2B-C001 in H1 2025. The company has already communicated initial data from the first dose cohort and will continue to provide study updates with interim results as the trial has now advanced to the second dose cohort.

  Timeframe: 3-6 months
  Impact: Moderate

- **ES2B-C001 phase I topline results (phase Ib)**

  Topline results from the phase I study is expected in late 2026e and will be crucial in determining the maximum tolerated dose (MTD) and gathering immunogenicity and early efficacy data.

  Timeframe: 8-10 months
  Impact: Major

- **Developments in partner-led programs**

  Beyond progression related to ES2B-C001, there are also several meaningful near-term milestones in the company's partner-led programs (in malaria, Nipah virus and influenza). Most notably, data readouts from the 10 ongoing phase I and II malaria studies being run by the University of Oxford are expected over the coming 12 months.

  Timeframe: 0-12 months
  Impact: Moderate

Table of contents

Company description

ExpreS2ion Biotech is a Scandinavian biotechnology company focused on developing innovative vaccines and immunotherapies based on its proprietary *Drosophila* S2-cell expression technology, the ExpreS2 platform. The platform enables efficient and scalable production of complex proteins and has been clinically validated through its use in the phase III-validated COVID-19 vaccine ABNCoV2, developed by ExpreS2ion and AdaptVac (a biotech company that ExpreS2ion co-founded in 2017 and owns 34% of) through clinical phase I and by Bavarian Nordic through phase II and III.

The company's lead program, ES2B-C001, is a HER2-targeted therapeutic breast cancer vaccine designed to induce a strong and durable polyclonal antibody response against the full HER2 receptor. This approach aims to overcome treatment resistance and limitations associated with monoclonal antibody therapies such as Herceptin (trastuzumab) and Perjeta (pertuzumab). Following successful preclinical and toxicology studies, ES2B-C001 entered phase I clinical development in early 2025 at the Medical University of Vienna. The ongoing study focuses on patients with advanced HER2-expressing breast cancer and is designed to assess safety, tolerability, and immunogenicity, with secondary/exploratory endpoints including signs of efficacy, establishing the foundation for potential combination or earlier-line treatment studies.

Beyond its oncology program, ExpreS2ion applies its platform to a range of vaccine collaborations targeting malaria, Nipah virus, and influenza, working with partners such as the University of Oxford, and the Serum Institute of India. The company also provides contract research services to external partners leveraging its ExpreS2 technology for complex protein production.

Headquartered in Hørsholm, Denmark, and listed on Nasdaq First North Growth Market (ticker: EXPRS2), ExpreS2ion's strategy centers on advancing ES2B-C001 through clinical proof-of-concept while expanding partnerships and licensing opportunities built on its validated ExpreS2 expression platform.

Historical highlights

Year	Highlight
2010	ExpreS2ion Biotechnologies is founded in Hørsholm, Denmark, based on proprietary Drosophila S2 cell technology for recombinant protein expression.
2016	ExpreS2ion Biotech Holding AB (publ) is established in Sweden as the parent company and listed on Nasdaq First North Growth Market, raising approximately SEK18m in its IPO.
	The University of Oxford initiates a phase I/II trial for a new blood-stage malaria vaccine under a clinical license.
2017	The company repositions and expands its ExpreS2 platform for vaccine development in oncology, infectious diseases and immunological disorders and begins active collaborations with academic and industrial partners.
	AdaptVac ApS is founded jointly with NextGen Vaccines ApS, combining ExpreS2ion's ExpreS2 platform with AdaptVac's Virus-Like Particle (VLP) technology.
2018	ExpreS2ion announces positive results from the phase I/IIa malaria vaccine trial.
2019	ExpreS2ion announces the launch of a new tailormade S2 cell line, HighMan-S2, its first unique cell line for enhanced efficacy of vaccines and immunotherapy.
	ExpreS2ion appoints Bent U. Frandsen as new Chief Executive Officer.
2020	ExpreS2ion's technology is used in the ABNCoV2 COVID-19 vaccine developed by AdaptVac and Bavarian Nordic, advancing into clinical trials.
2021	The ABNCoV2 program receives an upfront payment of DKK80m as part of a funding of up to DKK800m from the Danish Ministry of Health.
2022	ExpreS2ion announces positive preclinical proof-of-concept results for ES2B-C001, advancing it toward clinical development.
	The ABNCoV2 vaccine enters phase III trials led by Bavarian Nordic, validating ExpreS2ion's platform in late-stage human studies.
2023	The company completes preclinical work and manufacturing scale-up for ES2B-C001 and prepares regulatory documentation for phase I trials.
	Positive phase III topline results are announced for the ABNCoV2 vaccine.
	ExpreS2ion receives a Horizon Europe grant amounting to EUR8m for Nipah virus vaccine development.
2024	The GLP toxicology study for ES2B-C001 is completed and the CTA ahead of clinical studies is approved.
	The company receives a SEK22.5m dividend from AdaptVac following Bavarian Nordic's phase III milestone payment.
	A new patent is issued for glyco-engineered immunization antigens.
	ExpreS2ion carries out a rights issue of SEK30m with associated TO 10 and TO 11 warrants.
	The CTA for the phase I clinical trial for ES2B-C001 is approved.
2025	The phase I study is initiated with first-in-human dosing of ES2B-C001 at the Medical University of Vienna.
	The company reports encouraging immunogenicity results from the first cohort of the phase I study.
	The company raises an additional ~SEK20m through its TO 10 and TO 11 warrants.
	ExpreS2ion signs Letter of Intent with WuXi Vaccines to initiate technology evaluation of ExpreS2.
	The company signs a definitive licensing agreement with Serum Institute of India for two novel blood-stage malaria vaccines.

Source: Holdings, Redeye Research

People and ownership

Management and board

ExpreS2ion Biotech has a focused and experienced leadership team supported by a scientifically driven and strategically engaged Board of Directors. Over the past few years, the company has reduced its management team from six to three members as part of a broader cost-reduction and efficiency initiative. We believe that despite this downsizing, ExpreS2ion has retained the core competencies necessary to drive the company forward, maintaining strong leadership in strategy, science, and finance as it advances its first clinical program.

CEO Bent U. Frandsen holds a master's degree in finance and strategic planning from Copenhagen Business School, Denmark. He has led the company since 2019, having also served as Chief Business Officer at the company prior to that. He brings extensive experience in international business development and corporate strategy within the life sciences sector. Under his leadership, ExpreS2ion has evolved from a research-focused technology platform into a clinical-stage biotech company. Frandsen has been instrumental in guiding the company's lead program, ES2B-C001, from preclinical development through to first-in-human trials, while fostering collaborations in malaria, CMV, influenza, and Nipah virus. His focus on capital efficiency, partnerships, and targeted value creation has been central to the company's transition toward clinical execution.

Chief Scientific Officer Dr. Max M. Søgaard brings more than 20 years of experience in scientific research and process development, including over a decade at ExpreS2ion in roles ranging from Senior Scientist to Vice President. With a PhD in Biochemistry from University College London and an MSc in Molecular Biology from Aarhus University, Dr. Søgaard combines deep academic expertise in structural biology and molecular biophysics with practical experience in vaccine and protein production. He leads ExpreS2ion's internal R&D efforts, advancing the ES2B-C001 program and expanding the application of the ExpreS2 platform for both the company's proprietary and partnered vaccine developments.

CFO Keith Alexander holds an MBA from The Wharton School of the University of Pennsylvania and combines financial and strategic expertise with a background in asset allocation, portfolio management and strategic consulting at Danske Bank, J.P. Morgan and Accenture. He joined ExpreS2ion in 2020 and has played a key role in stabilizing the company's financial position through successful rights issues and strict cost control. Alexander oversees financial strategy and investor relations – ensuring that the company remains agile and financially disciplined during this capital-intensive stage of development.

The Board of Directors, chaired by co-founder and serial entrepreneur Martin Roland Jensen, brings together strong scientific, commercial, entrepreneurial, and financial expertise. Jensen's track record as a founder of multiple biotech ventures, including Cell to Cure ApS and Unikum Therapeutics ApS, adds a clear entrepreneurial dimension to the board's profile. Collectively, the board contributes solid governance, investment experience, and strategic oversight, with backgrounds spanning life sciences, business development, and capital markets. This provides ExpreS2ion with a governance structure well suited to a company combining clinical development with platform-based partnerships and collaborative business models.

In our view, ExpreS2ion's streamlined management structure and active board provide an effective foundation for the next phase of the company's development. The leadership team retains the essential expertise to execute the ES2B-C001 clinical program and continue leveraging the ExpreS2 platform through strategic collaborations and service opportunities.

Ownership

Following the exercise of warrants of series TO 11 in October 2025, ExpreS2ion has approximately 3.5 million shares outstanding and a broadly distributed shareholder base dominated by private investors. The current ownership structure is relatively fragmented, with the ten largest shareholders each holding less than 2% of the total share capital and votes. John Harling is the largest single owner, representing roughly 1.5% of the capital, followed by a number of smaller private and corporate shareholders.

Top 10 Shareholders – ExpreS2ion

Shareholder	No. of shares	Value (MSEK)	Capital (%)	Votes (%)
John Harling	52 800	0,87	1,5%	1,5%
Avanza Pension	46 016	0,76	1,3%	1,3%
Danica Pension	40 558	0,67	1,1%	1,1%
Johnnie Nicklas Lagard	29 600	0,49	0,8%	0,8%
Bent Ulrich Frandsen	26 124	0,43	0,7%	0,7%
Konservesgaarden A/S	22 280	0,37	0,6%	0,6%
Martin Roland Jensen	22 938	0,38	0,6%	0,6%
Allan Rosetzsky	18 582	0,31	0,5%	0,5%
Johan Peter-Henrik Tesdorpf	17 915	0,29	0,5%	0,5%
Mikkel Storm Holding Aps	16 824	0,28	0,5%	0,5%
Other shareholders	3 236 596	53,27	91,7%	91,7%

Source: Holdings, Redeye Research

* The ownership chart reflects directly registered shareholders and aggregated nominee holdings as reported in the share register. As such, individual investors holding shares through nominee structures may have larger economic ownership than what is visible under their own names in the chart, potentially exceeding the stakes shown for some of the listed direct shareholders.

While this wide distribution reflects an active retail investor base, it also highlights a lack of strong institutional anchors or strategic long-term holders among the company's largest owners. Although this is relatively common for early-stage biotech companies on Nasdaq First North, it can limit stability in the shareholder structure and reduce the company's ability to attract sustained support in future financing rounds. This challenge was reflected in ExpreS2ion's most recent rights issue in 2024, which achieved a modest subscription rate of 36.4% (without underwriters). However, the company's recent warrants of series TO 11 were exercised to approximately 88.5% in October 2025 (without underwriters), showcasing a robust support.

The lack of institutional backing can make the company more dependent on underwriters and short-term market sentiment when raising capital. We believe that the inclusion of a few dedicated life-science or long-horizon investors could strengthen ExpreS2ion's ownership profile over time, enhance confidence among potential partners, and provide greater predictability in future financing rounds.

Insider ownership – ExpreS2ion

Insider holdings	No. of shares	MSEK	Capital (%)	Votes (%)
Bent Ulrich Frandsen	26 124	0,43	0,7%	0,7%
Martin Roland Jensen	22 938	0,38	0,6%	0,6%
Jakob Knudsen	7 111	0,12	0,2%	0,2%
Max M. Søgaard	2 271	0,04	0,1%	0,1%
Keith Alexander	1 702	0,03	0,0%	0,0%
Sara Sande	211	0,00	0,0%	0,0%

Source: Holdings, Redeye Research

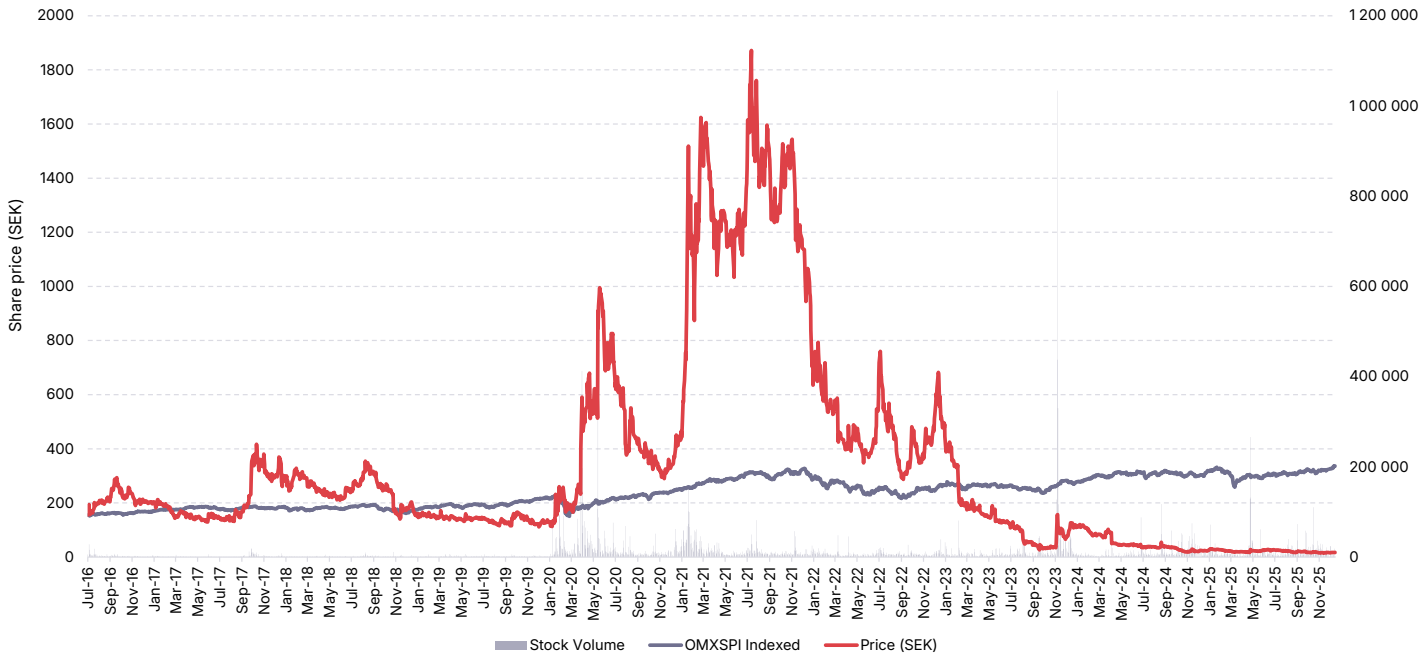
Insider ownership in ExpreS2ion Biotech is relatively limited, with combined holdings of management and board members amounting to some 1.6% of total shares. CEO Bent U. Frandsen is the largest insider shareholder with around 0.7%. While we would ideally like to see a larger insider ownership as it could strengthen investor confidence and suggest direct alignment with shareholders, we also argue that the current management team has long-standing involvement in ExpreS2ion's scientific and strategic development and a proven commitment to the company. Insiders have consistently participated in the company's fundraisings, with e.g., Frandsen having built up his position over time.

Stock performance

ExpreS2ion Biotech was listed on Nasdaq First North in 2016, positioning itself as a platform-driven biotechnology company with a broad set of vaccine development collaborations and its proprietary ExpreS2 platform. During the early years following its IPO, the share traded in a relatively narrow range, fluctuating between SEK150 and SEK300 (adjusted for the later 1:40 reverse split in 2024), reflecting modest but steady investor interest in the company's platform assets, CRO revenues, and early partnerships.

The COVID-19 pandemic marked the company's most dramatic share price inflection point. As the COVID-19 vaccine candidate (ABNCoV2) entered clinical development and eventually secured a license agreement with Bavarian Nordic, the ExpreS2ion share surged sharply. Between mid-2020 and early 2021, the stock rose to an all-time high corresponding to roughly SEK1,900 post-split, driven by extraordinary expectations for the COVID-19 booster market and the potential royalty impact for ExpreS2ion through its stake in AdaptVac. However, as global booster demand contracted and ABNCoV2 ultimately lost commercial viability despite favorable safety data and encouraging efficacy readouts, the share experienced a prolonged decline. By the end of 2023, the stock had retreated to levels correlating to near SEK20–40 post-split, and through 2024 continued to drift downward.

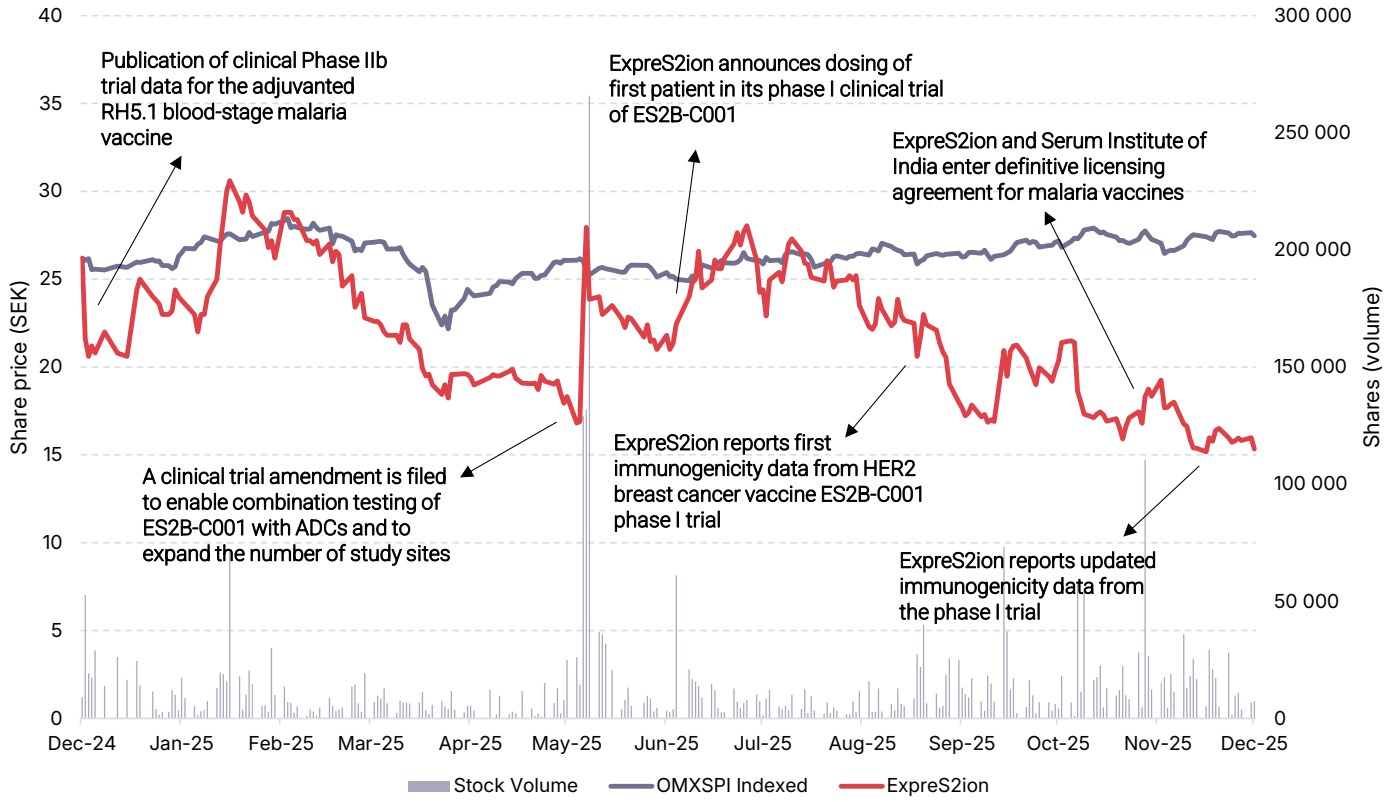
Share price performance since listing – Adjusted for reverse split



Source: Redeye Research, Millistream

Over the past 12 months, the share price has been more event-driven, with several scientific and corporate updates triggering short-term fluctuations. This reflects a return to fundamentals and an increased focus on the company's own pipeline. In the spring of 2025, the clinical amendment enabling combination testing of ES2B-C001 with HER2-targeting ADCs created a temporary uplift. Similarly, the announcement of first patient dosing in the ES2B-C001 phase I trial in June 2025 also produced a noticeable, albeit brief, increase in trading volume and share price, reflecting investor anticipation around the company's transition into clinical-stage oncology. These events signaled momentum in the company's internal development.

Share price performance – Last 12 months



Source: Redeye Research, Millistream, ExpreS2ion

Later in the year, ExpreS2ion reported the first human immunogenicity data from ES2B-C001, confirming its ability to induce HER2-specific antibodies. While scientifically meaningful, the update generated a more muted market reaction, suggesting that investors are cautiously awaiting broader safety data and early efficacy signals. A slightly more significant share price support came in late 2025 following the definitive licensing agreement with the Serum Institute of India for malaria vaccines, which served as an external validation of the ExpreS2 platform and highlighted the potential for non-dilutive income streams.

Despite these intermittent catalysts, the overall share trend during the last year has been downward-sloping, driven largely by macro-level biotech headwinds, financing overhang concerns, and the company's continued dependence on equity capital to fund clinical development. Trading volumes have remained relatively low outside of event windows, further contributing to share price volatility.

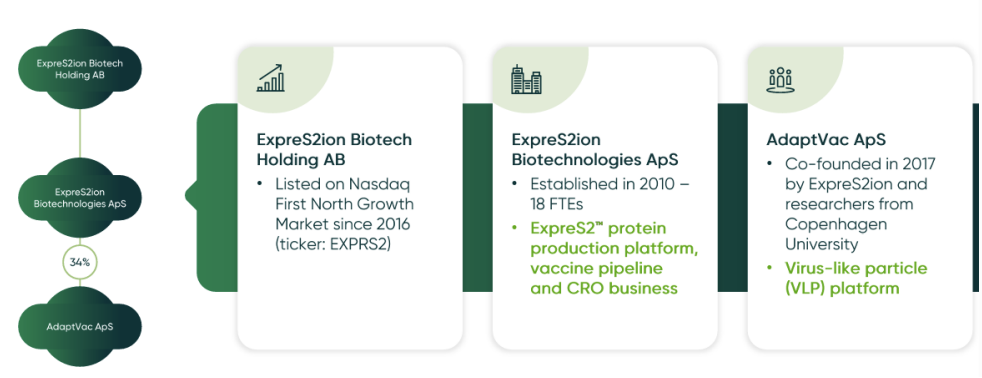
Looking ahead, we believe the ExpreS2ion share retains meaningful re-rating potential. The ongoing phase I trial of ES2B-C001 represents the company's most value-defining clinical program to date, and upcoming readouts—expanded immunogenicity, dose-escalation results, and any early efficacy trends—could materially impact investor sentiment. Additional catalysts such as progress in the malaria program, AdaptVac-related developments, or new strategic partnerships may also support upside. However, we do acknowledge that financing needs introduce some execution risk and may weigh on the share in the near term.

Overall, while the stock has undergone substantial volatility since the IPO and a clear contraction following the COVID-19 vaccine cycle, the company is now entering a phase where pipeline-driven value rather than macro waves will be the primary determinant of long-term share performance.

Business strategy and organization

ExpreS2ion Biotech Holding AB operates a hybrid business model built around its proprietary *Drosophila* S2-cell expression technology, the ExpreS2 platform, which underpins both the company's internal vaccine development programs and its collaborative and service-based activities. The group's headquarters and R&D operations are located in Hørsholm, Denmark, while its holding company is registered in Sweden and listed on Nasdaq First North Growth Market. This structure provides access to the Nordic life science ecosystem and facilitates collaboration with both European academic institutions and industrial partners.

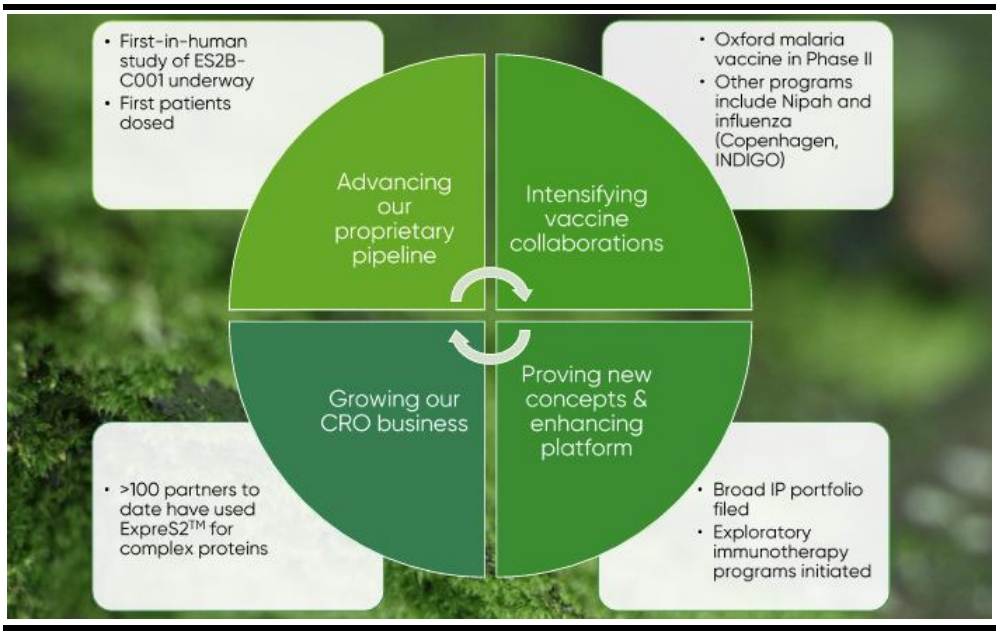
ExpreS2ion – Group structure



Source: ExpreS2ion

The company's operations are organized into multiple interconnected pillars. The first is proprietary vaccine development, where ExpreS2ion applies its platform to create novel therapeutic vaccines addressing oncology and infectious diseases. The current focus is primarily on advancing its lead program, ES2B-C001, a HER2-targeted breast cancer vaccine, through early clinical development with the goal of establishing proof-of-concept. The aim is to subsequently pursue an out-licensing or co-development deal with a larger pharmaceutical partner for the mid/late-stage development and commercialization of the candidate.

ExpreS2ion – Value-building segments



Source: ExpreS2ion

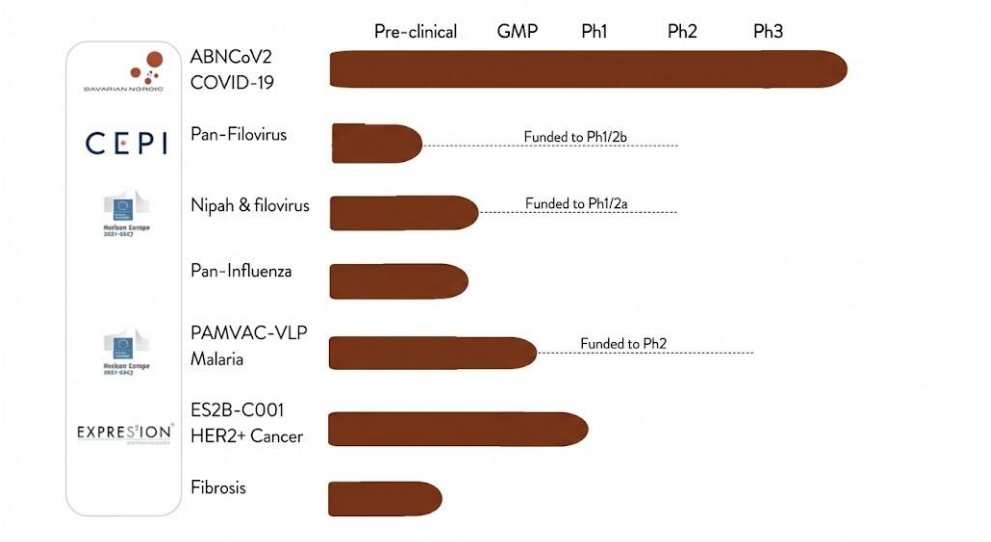
Through AdaptVac, a joint venture with NextGen Vaccines ApS, the company has access to an innovative virus-like particle (VLP) technology, which can be used as an antigen delivery vehicle to enable highly immunogenic vaccines and treatments. This platform has already demonstrated versatility across various applications, showcasing its potential as a powerful tool in a wide range of diseases. The AdaptVac collaboration has also established clinical and strategic validation through the ABNCoV2 COVID-19 vaccine, which advanced into phase III trials under Bavarian Nordic.

AdaptVac – Logo

Source: AdaptVac

ExpreS2ion holds a 34% ownership stake in AdaptVac, which was particularly notable in 2024, when ExpreS2ion received a SEK22.5m dividend payment from AdaptVac, triggered by Bavarian Nordic's EUR10m milestone payment to AdaptVac under the COVID-19 vaccine license agreement. AdaptVac has established a strong presence in both infectious disease and oncology vaccine development and its pipeline includes several active and partnered programs beyond the (now discontinued) ABNCoV2 program.

AdaptVac – Pipeline programs



Source: AdaptVac

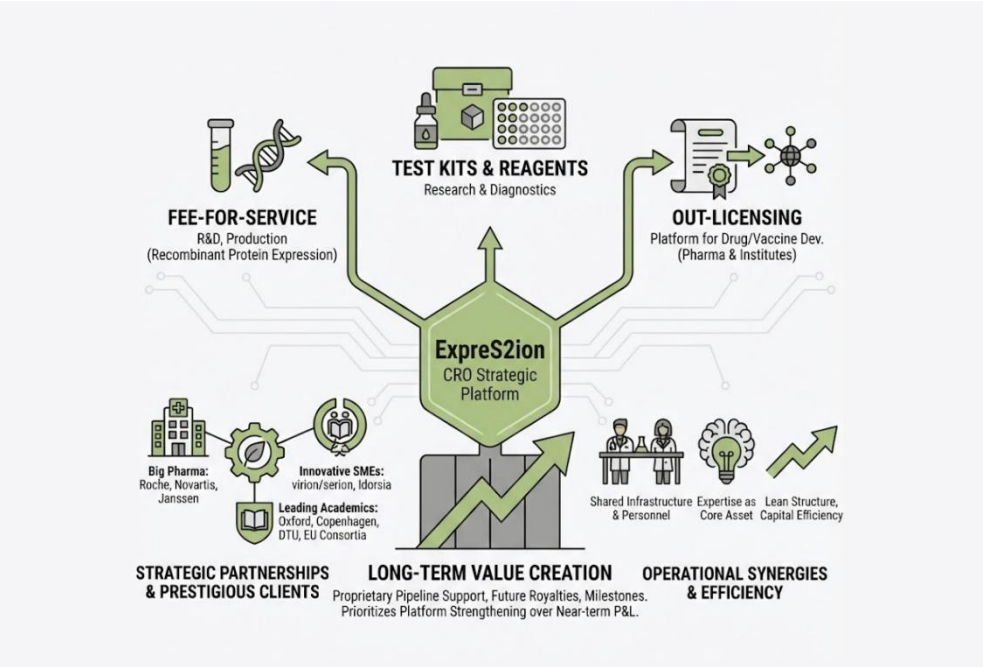
A significant component of AdaptVac's progress has been the substantial non-dilutive funding it has attracted. Over the years, the company and its partnered programs have collectively received more than EUR140m in platform supporting funding, including awards from the European Commission, CEPI, and other international funding bodies. This extensive external investment has not only accelerated development within AdaptVac's pipeline but has also indirectly strengthened ExpreS2ion's strategic position by validating the VLP technology.

CRO service business

Furthermore, the company is generating revenue through its CRO (contract research organization) service business, which offers contract research, development, and production services for external partners. This includes:

- Fee-for-service contract research and products related to recombinant protein expression.
- Selling ExpreS2 test kits and reagents for research purposes or diagnostic applications.
- Out licensing the ExpreS2 platform to research institutes and pharmaceutical companies, which by their own or in cooperation with the company, develop biopharmaceutical drugs and vaccines. The company currently maintains strategic research partnerships with leading institutions such as the University of Oxford, Evaxion Biotech, and the Serum Institute of India, as well as participation in EU-funded consortia for influenza (INDIGO) and Nipah virus (VICI-DISEASE).

ExpreS2ion – CRO business segment



Source: Redeye Research, ExpreS2ion

Importantly, ExpreS2ion does not operate the CRO business as a short-term profit center, but as a strategic platform for long-term enterprise value creation. The CRO segment is run to be self-sustaining at the cost level, while generating industry access, scientific collaboration, deal flow, and execution credibility that support both the proprietary pipeline and partner-led programs. This strategic reach is validated by a prestigious client roster that spans the entire pharmaceutical ecosystem: from Big Pharma leaders like Roche, Novartis, and Janssen, to innovative SMEs such as virion/serion and Idorsia, and world-renowned academic institutions including the University of Oxford, the University of Copenhagen, and the Technical University of Denmark (DTU).

By treating internal scientific and manufacturing expertise as a core asset rather than overhead, the company leverages its teams to solve complex R&D challenges that compound in value as programs scale. This approach deliberately prioritizes the strengthening of the platform and strategic partnerships over near-term P&L optimization.

We view this diversified model as offering both technological and financial flexibility. The CRO and collaborative elements provide recurring short-term service and grant revenues that partially offset development expenses. Simultaneously, the proprietary pipeline represents the primary source of long-term value creation, with a potential to generate future royalties, license fees, and milestone payments via partner-driven development of drug candidates.

Additionally, by sharing laboratory infrastructure and personnel across in-house and partner projects, ExpreS2ion can achieve synergies and maintain high scientific productivity despite its small organizational footprint. The company's recent down-sizing of its management team reflects a lean operational structure focused on efficiency, while retaining the key competencies needed for execution and external coordination.

We believe that ExpreS2ion's business model provides a sound balance between innovation and capital efficiency. The combination of proprietary vaccine assets, a validated protein-expression platform, and a network of academic and industrial partnerships offers a scalable and diversified path toward long-term growth. However, we also highlight that the company's performance in clinical studies, ability to attract strong institutional partners and financing capabilities will remain key to realizing the full potential of its technology and pipeline.

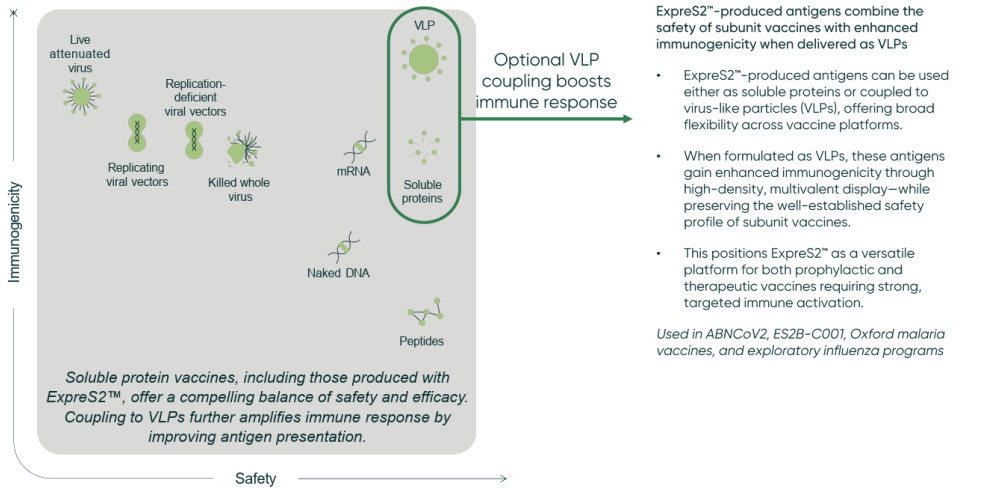
Medical need and project description

Background and technology platform

The ExpreS2 platform

The ExpreS2 recombinant protein expression platform forms the scientific and commercial foundation of ExpreS2ion Biotech's business model. Originating from *Drosophila melanogaster* (fruit fly) Schneider 2 (S2) insect-cell technology, the system represents more than a decade of optimization, proprietary vector development, and process refinement by ExpreS2ion's scientific team. The S2 cell line, established in the 1970s for basic research, is known for its stability, scalability, and capacity to express complex eukaryotic proteins that cannot be efficiently produced in bacterial or yeast systems. Since its founding in 2010, ExpreS2ion has transformed this academic cell system into a commercially viable, clinically validated platform through tailored genetic constructs, expression vectors, and production workflows optimized for both research and Good Manufacturing Practice (GMP) environments.

ExpreS2 platform



Source: ExpreS2ion

At its core, the ExpreS2 platform enables the expression of complex recombinant proteins and virus-like particles (VLPs) in a non-viral, serum-free insect-cell system. Unlike mammalian cell lines such as CHO (Chinese Hamster Ovary) and HEK293 (Human Embryonic Kidney 293), S2 cells offer a balance between biological complexity and cost efficiency by maintaining essential post-translational capabilities such as folding, disulfide bond formation, and glycosylation, while growing faster and requiring less stringent culture conditions. ExpreS2ion has further refined this framework through proprietary plasmid vectors, optimized promoters, and process-specific reagents, allowing for stable, high-yield expression without viral vectors or antibiotic selection. The company's workflows support a broad range of protein types, from soluble recombinant antigens to multimeric VLPs, which are particularly relevant for vaccine design due to their superior immunogenic properties.

From a technical standpoint, we believe that ExpreS2 possesses several key advantages that differentiate it within the protein-expression landscape. Its non-viral nature and serum-free suspension culture allows for manufacturing control, cost-effective scalability and consistent quality and could simplify regulatory pathways. The system excels at producing proteins that are difficult to express in other hosts, such as large glycoproteins, membrane-associated antigens, and complex multimeric structures, without the high cost and complexity associated with mammalian systems. Furthermore, ExpreS2ion develops glyco-engineered S2 cell lines

under the GlycoX-S2 brand name that enable modification of glycosylation patterns, improving the immunogenicity and functional performance of certain antigens.

A prominent example of a cell line from the company's GlycoX-S2 platform is the HighMan-S2 cell. It has been designed to control the glycosylation of expressed proteins, the process by which sugar groups (glycans) attach to proteins. Specifically, HighMan-S2 introduces mannose sugars to protein surfaces, mimicking the natural glycosylation patterns found on many viral pathogens. This modification enhances the immune system's ability to recognize and respond to these proteins, thereby improving their immunogenicity. In studies, proteins produced using HighMan-S2 have demonstrated immune responses comparable to those achieved with VLP presentation.

Nevertheless, the platform has natural limitations. The non-human glycosylation profile of insect cells differs from that of mammalian systems, which can affect pharmacokinetics or therapeutic function for some biologics. For this reason, ExpreS2 is less suitable for full-length antibody or glyco-sensitive therapeutic production, but it remains highly competitive for subunit vaccines and VLP-based immunotherapies. Moreover, large-scale commercial production would likely require partnerships with established vaccine manufacturers to reach global volumes — a model ExpreS2ion has already implemented through its collaborations with the Serum Institute of India, University of Copenhagen, Oxford University and Bavarian Nordic (through AdaptVac). The company also aims to improve the technology platform further to ensure competitiveness. This is primarily done by enhancing the ExpreS2 system, potentially adding relevant compatible technologies, and continuing the sale of licenses for the use of the ExpreS2 platform for new projects.

Collaborations – Logos

Source: Redeye Research

One of the platform's most significant milestones came through its use in the ABNCoV2 COVID-19 booster vaccine, which advanced into phase III clinical development under Bavarian Nordic. In this program, the ExpreS2 platform was used to produce VLP-displayed viral antigens, demonstrating the technology's scalability, reproducibility, and compatibility with global regulatory standards. Importantly, the ABNCoV2 trials, including the pivotal phase III study, showed that the vaccine was generally safe and well tolerated, with an adverse event profile comparable to or better than existing booster options.

Despite these strengths, the program was ultimately discontinued due to insufficient commercial potential in a rapidly contracting COVID-19 booster market, rather than safety or efficacy concerns. Demand for new booster vaccines declined sharply as global vaccination

strategies shifted and procurement volumes dropped, making the commercial pathway for a late entrant substantially less attractive.

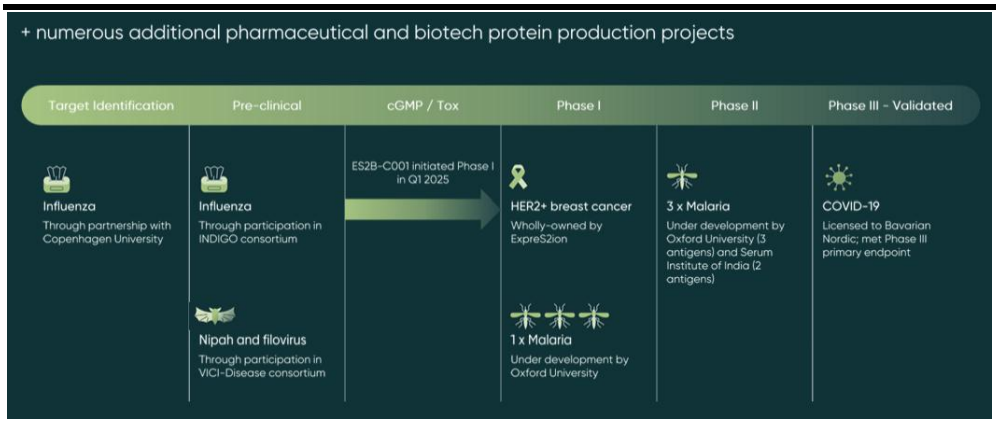
ABNCoV2 COVID-19 booster vaccine

Source: Bavarian Nordic, Redeye Research

Even so, the progression of ABNCoV2 into late-stage clinical trials remains a major validation of the underlying technology. It provided tangible proof that ExpreS2ion's platform can support industrial-scale manufacturing, stringent quality requirements, and successful navigation of large international regulatory processes. We see this as a meaningful endorsement for an independent biotechnology platform.

Building on that success, ExpreS2ion has extended the use of ExpreS2 into its internal pipeline, most notably in ES2B-C001, a HER2-targeted therapeutic breast cancer vaccine currently in phase I clinical development. The vaccine combines the ExpreS2-produced HER2 antigen with AdaptVac's VLP technology to induce a strong, durable, polyclonal immune response against HER2-expressing tumors, aiming to overcome limitations of existing monoclonal antibody (mAb) therapies.

ExpreS2ion Biotech – Collaborations and proprietary pipeline

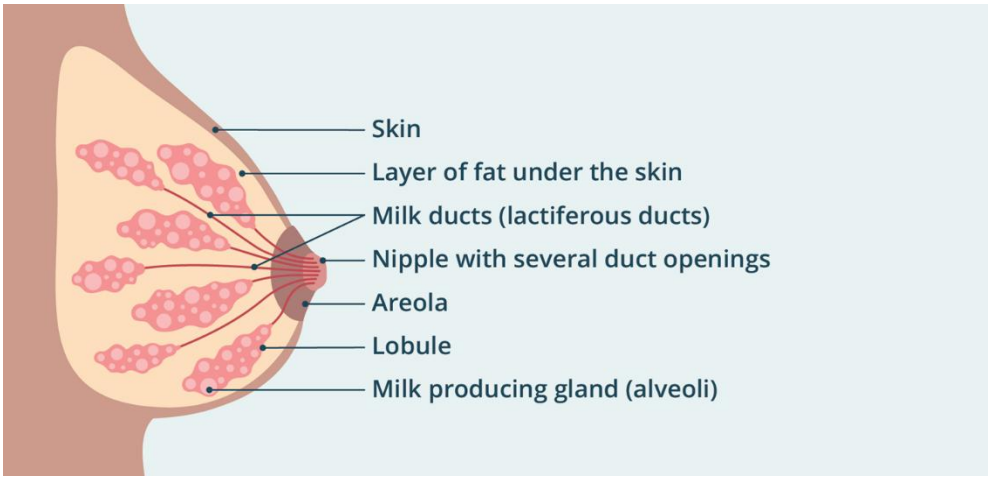


Source: ExpreS2ion

Disease overview: HER2-expressing breast cancer

Breast cancer is a malignant disease originating in the lining of the milk ducts or lobules, biologically categorized by a complex interplay of molecular markers. The **HER2-positive (HER2+)** subtype is a specific, aggressive form characterized by the overexpression of the human epidermal growth factor receptor 2 (HER2) protein, driven by the amplification of the *ERBB2* gene, causing uncontrolled cell growth. However, the diagnostic landscape has evolved to recognize **HER2-low** tumors—those with lower levels of HER2 expression (IHC 1+ or 2+/FISH-negative) without gene amplification. While historically classified as HER2-negative, HER2-low tumors represent a distinct clinical entity that may still respond to novel antibody-drug conjugates (ADCs), despite lacking the extreme receptor density of HER2+ cases.

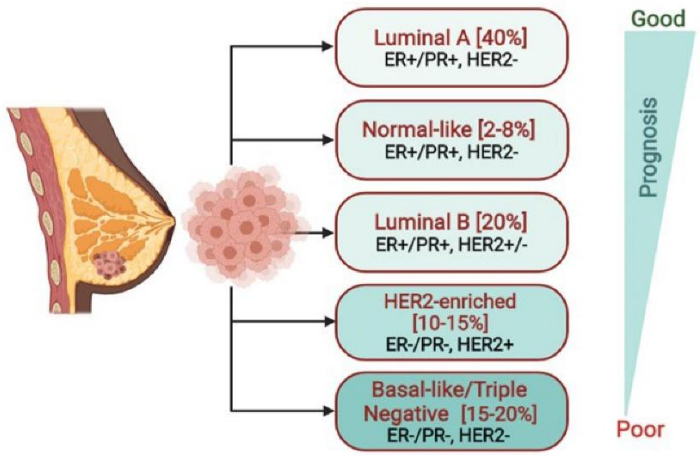
The anatomy of the breast



Source: Healthdirect Australia Limited.

Disease progression and phenotype are further dictated by **Hormone Receptor (HR)** status. Tumors can be HR-positive (expressing estrogen and/or progesterone receptors) or HR-negative. HER2+ cancers can co-express hormone receptors (HR+/HER2+), often benefiting from a combination of HER2-targeted therapy and endocrine therapy, whereas HR-negative/HER2+ tumors tend to be more aggressive and rely exclusively on the HER2 pathway for proliferation. If untreated, these aggressive subtypes carry a high risk of spreading (metastasizing) to the lymph nodes, bones, liver, lungs, and brain.

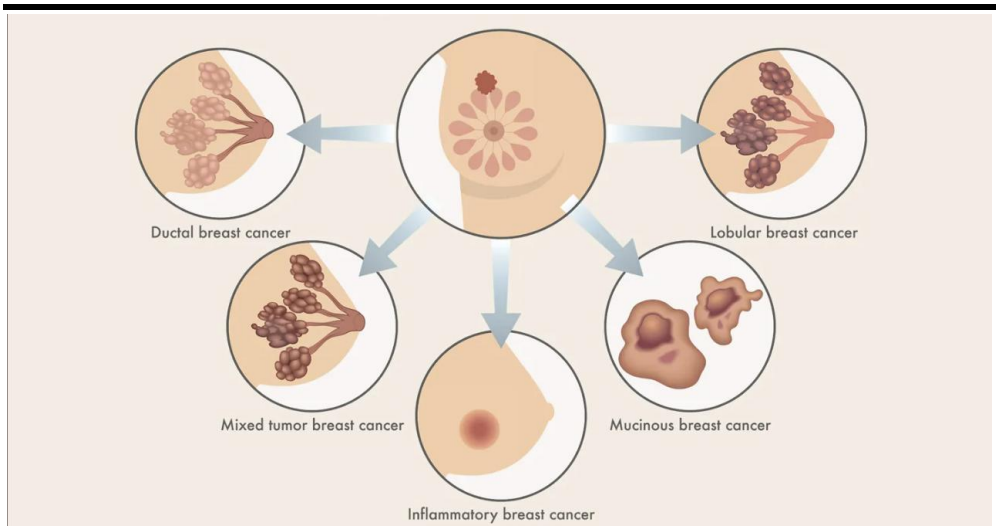
Molecular subtypes of breast cancer



Source: Kavarthapu, R. et al. 2021. *Crosstalk between PRLR and EGFR/HER2 Signaling Pathways in Breast Cancer.*

Breast cancer is the most frequently diagnosed cancer globally, with approximately 2.3 million new cases annually. It remains the leading cause of cancer-related death among women, accounting for roughly 685,000 deaths per year. HER2+ breast cancer accounts for approximately 20–30% of invasive breast cancers. While advancements in targeted therapies like mAbs have improved outcomes, recurrence and resistance remain significant challenges; metastatic HER2+ breast cancer is currently considered treatable but generally incurable.

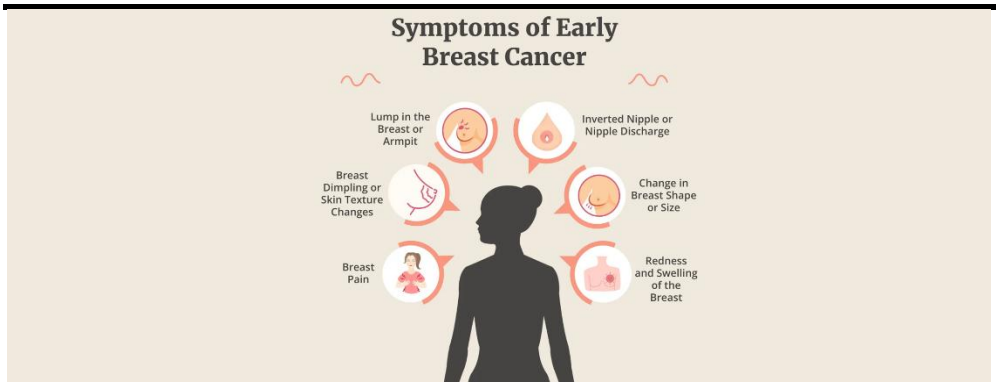
Types of breast cancer



Source: Everyday Health, Inc.

While the risk of breast cancer increases with age, particularly after 50, incidence rates are rising among younger women. HER2+ breast cancer, specifically, tends to be more aggressive and often affects younger women more frequently than other subtypes.

Breast cancer - Symptoms



Source: Everyday Health, Inc.

HER2+ breast cancer shares many general symptoms with other breast cancers, though it may grow faster. Symptoms may include:

- A lump or mass in the breast or underarm
- Change in size, shape, or contour of the breast
- Skin changes such as dimpling, puckering, or scaling
- Redness or swelling of the breast
- Nipple discharge (other than breast milk) or inversion
- Bone pain, chest pain, or headaches (if metastasized)

Breast cancer – Risk factors

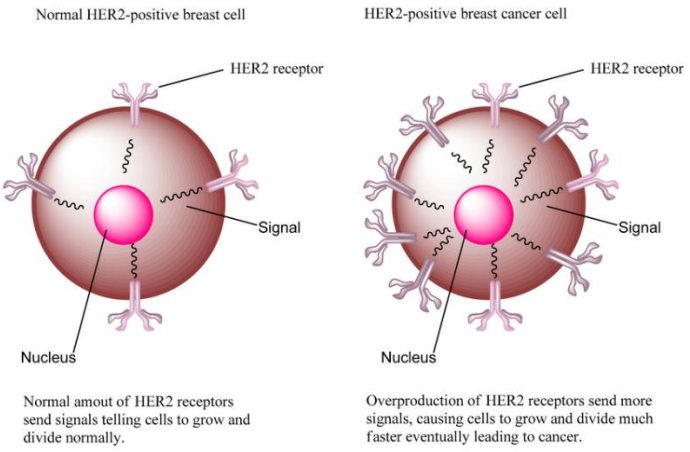
Source: Pink Ribbon

Risk factors for developing HER2+ breast cancer include:

- Being female and aging (most significant factors)
- Genetic mutations (e.g., *BRCA1*, *BRCA2*)
- Reproductive history (early menstruation, late childbirth, late menopause)
- Dense breast tissue
- Previous hormone therapy or radiation therapy to the chest
- Lifestyle factors such as obesity, alcohol consumption, and physical inactivity

Breast cancer is a highly heterogeneous disease, biologically categorized by the presence or absence of specific molecular markers. The HER2+ subtype is distinctively driven by the amplification of the *ERBB2* gene. This genetic alteration results in the overexpression of the HER2 protein on the surface of cancer cells, which acts as a potent driver of uncontrolled cell proliferation and tumor growth. This specific pathophysiology fundamentally distinguishes HER2+ cases from hormone receptor-positive (luminal) or triple-negative cancers, necessitating a targeted treatment approach.

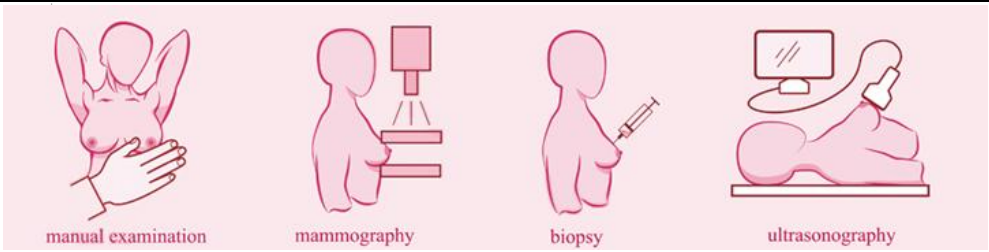
Normal vs HER2+ breast cancer cell



Source: Okarvi, S. M. & Aljammaz, Ibrahim. 2019. *Development of the Tumor-Specific Antigen-Derived Synthetic Peptides as Potential Candidates for Targeting Breast and Other Possible Human Carcinomas*.

While mAb therapies such as trastuzumab (Herceptin) have revolutionized the standard of care (SoC) by binding to specific epitopes on the HER2 receptor, they are not without limitations. Resistance mechanisms frequently develop, often driven by the tumor's ability to evolve. For instance, most patients with metastatic HER2+ breast cancer acquire resistance to trastuzumab within the first year of treatment. Current therapies, which generally target single epitopes, can be circumvented by tumor heterogeneity or changes in the receptor structure that prevent drug binding. This molecular complexity underscores the urgent need for novel therapeutic approaches. We argue that strategies that induce a polyclonal antibody response, targeting the entire extracellular domain of the HER2 protein rather than a single binding site, offer a promising avenue to overcome these resistance mechanisms and improve long-term patient outcomes.

Breast cancer – Diagnosis



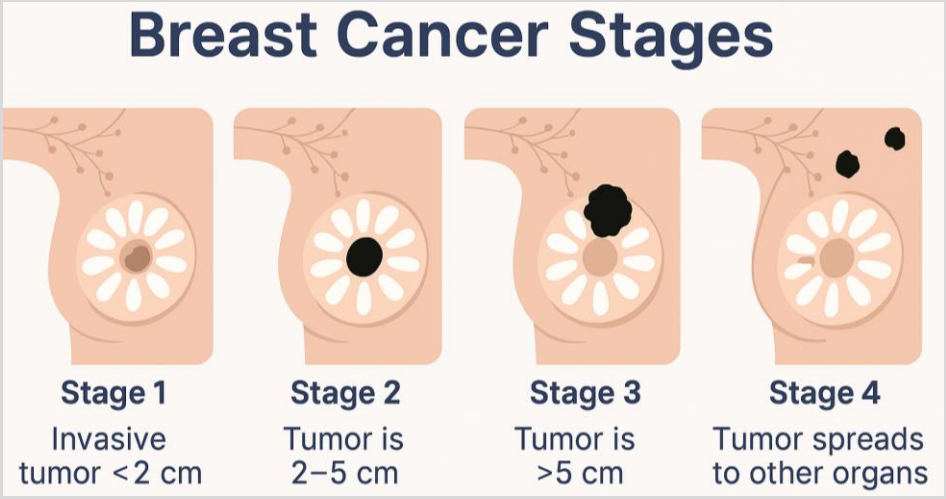
Source: Julide Sagiroglu MD. FACS., Associate Professor of Surgery.

Diagnosis involves a combination of physical exams, imaging, and biopsy. Mammograms and ultrasounds are used to visualize the tumor, while a biopsy confirms malignancy. Crucially, determining HER2 status is a standard part of clinical assessment. Pathologists use Immunohistochemistry (IHC) to measure the amount of HER2 protein on the cell surface. If IHC results are equivocal (2+), Fluorescence in situ hybridization (FISH) is used to count the number of copies of the *ERBB2* gene inside the cancer cells. Accurate HER2 testing is vital for identifying patients who will benefit from targeted anti-HER2 therapies.

(HER2+) Breast cancer - Stages of disease progression

HER2-expressing breast cancer progresses through four main stages, each indicating the extent of tumor growth and spread within the body. Understanding these stages is essential for determining prognosis and guiding treatment strategies. Progression from Stage I to Stage IV reflects the increasing severity of the disease, and treatment becomes more complex as the cancer advances. Early detection remains critical, as patients diagnosed at earlier stages generally have significantly better outcomes, particularly given the aggressive nature of HER2+ tumors.

Breast cancer – Stage I – stage IV visualized



Source: Oncodaily

Stage I marks the earliest phase of invasive disease, where the cancer has broken through the walls of the milk ducts or lobules and invaded the surrounding breast tissue. At this stage, the tumor is typically small (<2cm) and has not spread to the lymph nodes. While surgery is the primary treatment, the aggressive biology of HER2+ cancer often necessitates adjuvant systemic therapy even for smaller tumors to reduce recurrence risk.

Stage II indicates more advanced local growth or early spread. The tumor may be larger (2–5cm) or cancer cells may have spread to a small number of nearby axillary lymph nodes. Treatment typically involves a multimodal approach, often starting with neoadjuvant (pre-surgical) chemotherapy and dual HER2-targeted blockade to shrink the tumor and assess pathological response, followed by surgery and continued adjuvant therapy.

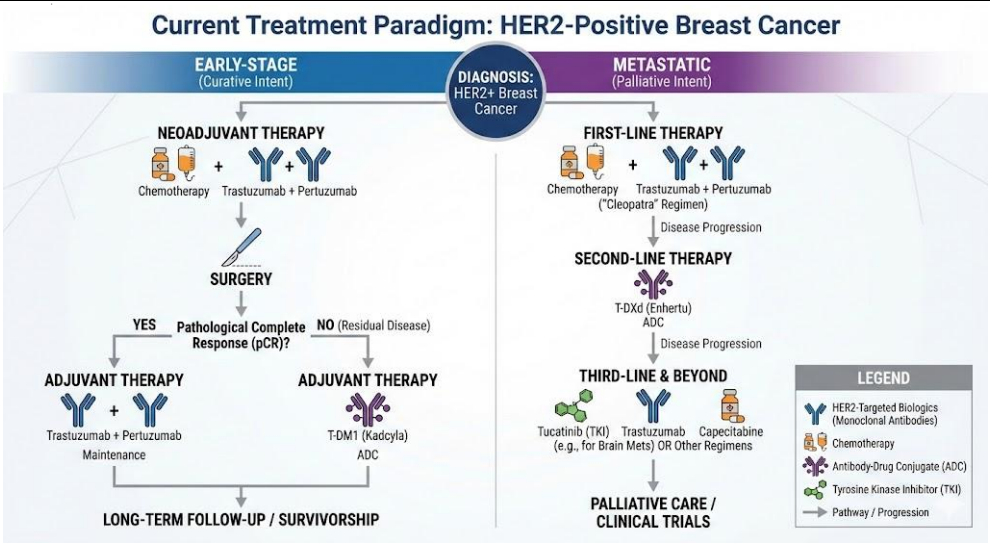
Stage III is characterized by extensive local spread, often referred to as locally advanced breast cancer. The tumor may be large (>5cm) or has spread to the chest wall, skin (causing swelling or ulceration), or a significant number of lymph nodes, including those near the collarbone or breastbone. SoC almost universally involves aggressive neoadjuvant systemic therapy to downstage the disease before surgery is attempted, followed by radiation and long-term targeted maintenance therapy.

Stage IV represents metastatic breast cancer (mBC), where cancer cells have spread to distant organs such as the bones, lungs, liver, or brain. HER2+ breast cancer has a particular propensity for spreading to the brain compared to other subtypes. This stage is considered incurable in most cases, but treatment is focused on systemic chemotherapy and advanced HER2-targeted agents (including mAbs and ADCs) and aims to prolong life, manage symptoms, and control disease progression.

Current treatment paradigm for HER2+ breast cancer

HER2+ breast cancer remains a major global health challenge and is an aggressive form of the disease associated with a high risk of recurrence and mortality. While treatment has evolved significantly over the past two decades with the introduction of targeted mAbs and ADCs, the disease continues to pose serious clinical hurdles. Standard treatment is anchored in HER2-targeted biologics combined with chemotherapy. However, outcomes remain suboptimal; while early-stage disease is curable, recurrence rates persist, and metastatic disease remains treatable but generally incurable, characterized by the inevitable development of resistance.[1]

Simplified current treatment paradigm of HER2+ breast cancer - Illustration



Source: Redeye research

*This is a simplified illustration of the current treatment paradigm of HER2+ breast cancer based on Redeye research. Actual treatment guidelines from regulatory authorities, such as the European Society For Medical Oncology (ESMO) guidelines, are usually more complex and may deviate from the illustration above.

The treatment strategy for HER2+ breast cancer is generally organized by disease stage, **early-stage (curative intent)** and **metastatic (palliative intent)**, and further stratified by lines of therapy based on disease progression. ExpreS2ion's ES2B-C001 is primarily being developed as an innovative alternative to overcome resistance mechanisms and potentially replace or complement existing therapies across these settings.

Early-stage treatment (Curative intent)

Treatment for early-stage HER2+ breast cancer is anchored in a multimodal approach designed to eradicate the tumor and prevent recurrence. The current SoC typically involves neoadjuvant (pre-surgical) systemic therapy comprising chemotherapy (taxanes and/or platinum agents) combined with dual HER2-blockade using trastuzumab (Herceptin) and pertuzumab (Perjeta). This regimen serves as the foundation of therapy, aiming to downstage the tumor and achieve a pathological complete response (pCR) at the time of surgery.

Today, the majority of patients with tumors larger than 2 cm or node-positive disease receive this intensive neoadjuvant regimen. Following surgery, patients continue with adjuvant (post-

[1] Approximately 50% of patients treated in the first-line setting experience disease progression within 12 months, and up to 70% eventually develop resistance, often driven by HER2 pathway bypass mechanisms such as PI3K or MET signaling. These limitations underscore the need for complementary treatment approaches. By inducing a broad polyclonal antibody response against the full HER2 extracellular domain, ES2B-C001 has demonstrated inhibition of multiple resistance pathways in preclinical models, supporting its potential role in combination or adjuvant settings aimed at reducing relapse rates and improving long-term disease control.

surgical) HER2-targeted therapy to eliminate any remaining micrometastases. If invasive cancer remains after surgery (residual disease), the treatment paradigm often shifts to trastuzumab emtansine (T-DM1/Kadcyla), an ADC which has been shown to improve invasive disease-free survival compared to trastuzumab alone.

Despite the widespread use of these curative regimens, clinical challenges remain. A significant proportion of patients do not achieve pCR, and even among those who do, recurrence remains a risk. Treatment success can be limited by tumor heterogeneity, primary resistance mechanisms, and tolerability constraints associated with intensive HER2-targeted and chemotherapy-based regimens, which may restrict treatment duration or intensity. Together, these factors contribute to the risk of relapse, underscoring the limitations of current standards and highlighting the need for therapeutic approaches that can induce a broader, polyclonal immune response to help prevent recurrence.

Metastatic treatment (First and Second Line)

For patients with metastatic HER2+ breast cancer, or those who relapse following early-stage treatment, therapeutic goals typically shift toward prolonging survival while preserving quality of life. In the first-line metastatic setting, treatment remains anchored in the CLEOPATRA regimen, consisting of dual HER2 blockade with trastuzumab and pertuzumab combined with a taxane chemotherapy. This regimen has been the global standard of care for more than a decade and delivers meaningful overall survival benefits by inhibiting HER2 signaling through complementary antibody mechanisms.

Enhertu – trastuzumab deruxtecan (T-DXd)

Source: Daiichi Sankyo / AstraZeneca

Upon disease progression, patients transition to second-line therapy, a setting that has been fundamentally reshaped by the introduction of trastuzumab deruxtecan (T-DXd/Enhertu). As a next-generation antibody–drug conjugate, T-DXd combines high-affinity HER2 targeting with delivery of a potent topoisomerase I inhibitor payload via a cleavable linker, enabling both direct cytotoxicity and a bystander effect. In the pivotal DESTINY-Breast03 phase III trial, T-DXd demonstrated a marked improvement in progression-free survival (PFS) and objective response rate (ORR) compared with T-DM1. Median PFS was 29 months in the T-DXd arm versus 7.2 months with T-DM1 at the updated analysis. Moreover, T-DXd achieved a confirmed objective response rate of 78.9%, compared with 36.9% for T-DM1, representing a substantial step change in efficacy. These results firmly established T-DXd as the preferred second-line

standard of care in metastatic HER2+ breast cancer and significantly raised expectations for treatment outcomes in this setting.[2]

Despite these advances, metastatic HER2+ breast cancer remains incurable, and treatment benefit is ultimately finite. Resistance eventually emerges even to T-DXd, and its clinical utility is tempered by meaningful safety concerns, most notably the risk of interstitial lung disease (ILD), which requires careful monitoring and may limit long-term use. In addition, patients are exposed to cumulative toxicity from sequential HER2-targeted therapies and ongoing chemotherapy, underscoring the need for novel approaches that could complement existing regimens, reduce treatment burden, or extend disease control through alternative mechanisms of action.

Later-line treatment (Third line and beyond)

In the third-line setting and beyond, treatment options for metastatic HER2+ breast cancer become increasingly fragmented. Therapeutic choices at this stage often include Tyrosine Kinase Inhibitors (TKIs) such as tucatinib (Tukysa), often combined with trastuzumab and capecitabine, which is particularly effective for patients with brain metastases, a common site of spread in HER2+ disease. Other options include revisiting chemotherapy combinations not previously used, older ADCs like T-DM1 if not used earlier or unapproved treatments in a clinical study setting.

These drugs are generally reserved for patients who have progressed after standard antibody and ADC regimens. However, resistance mechanisms in this setting are complex and multifaceted. For the majority of patients, these later-line therapies offer shorter intervals of progression-free survival (PFS) compared to earlier lines. Additionally, their use is often associated with increased toxicity, such as diarrhea and liver toxicity with TKIs, and diminishing quality of life. Few new agents have demonstrated broad and durable efficacy without significant side effects in this setting.

Unmet medical need

Globally, breast cancer causes approximately 670,000 deaths annually, with around 2.3 million new diagnoses in 2022, according to the World Health Organization (WHO). While outcomes for patients with HER2+ disease have improved substantially over the past two decades following the introduction of HER2-targeted mAbs and, more recently, ADCs, prognosis remains challenging for many patients. Approximately 50% of patients do not benefit from HER2-targeted therapy and up to 70% eventually develop resistance, underscoring that long-term disease control remains elusive for a significant proportion of patients.[3][4]

The introduction of T-DXd has meaningfully raised the efficacy bar in the metastatic setting, demonstrating superior progression-free survival and response rates compared with earlier standards. However, resistance to T-DXd also eventually emerges, and its use is associated with cumulative toxicity and safety concerns, such as interstitial lung disease. As a result, a substantial unmet medical need persists, particularly for durable, well-tolerated treatment

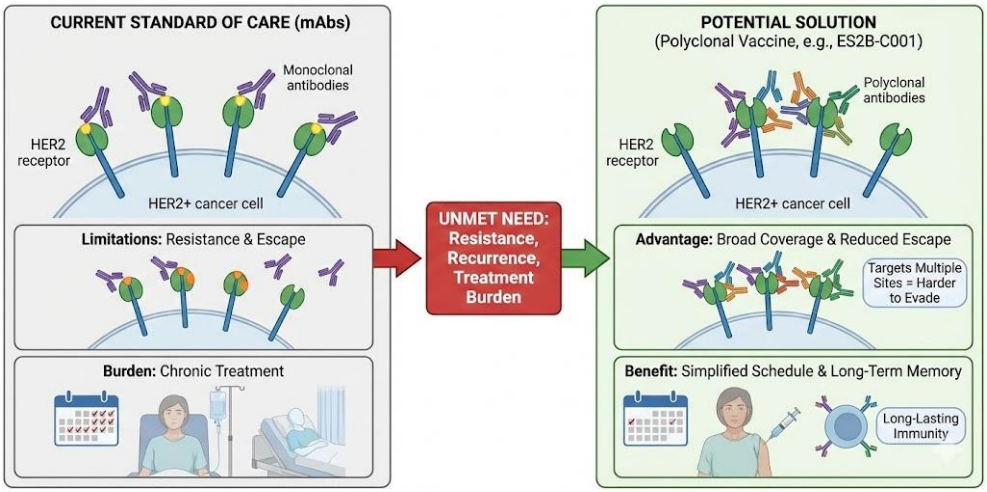
[2] Cortés, J., Hurvitz, S.A., Im, SA. et al. *Trastuzumab deruxtecan versus trastuzumab emtansine in HER2-positive metastatic breast cancer: long-term survival analysis of the DESTINY-Breast03 trial.* Nat Med 30, 2208–2215 (2024).

[3] Rivas, E.I., Linares, J., Zwick, M. et al. *Targeted immunotherapy against distinct cancer-associated fibroblasts overcomes treatment resistance in refractory HER2+ breast tumors.* Nat Commun 13, 5310 (2022).

[4] Wang ZH, Zheng ZQ, Jia SC, Liu SN, Xiao XF, Chen GY, Liang WQ, Lu XF. *Trastuzumab resistance in HER2-positive breast cancer: Mechanisms, emerging biomarkers and targeting agents.* Front Oncol. (2022).

approaches that can be deployed earlier in the disease course or in combination with existing standards to delay or prevent relapse.

Unmet medical need in HER2+ breast cancer



Source: Redeye research

Against this backdrop, ES2B-C001 could address an important gap if it demonstrates clinically meaningful efficacy in ongoing and future studies consistent with its preclinical profile. Unlike passive HER2-targeted therapies, ES2B-C001 is designed to induce an active, polyclonal antibody response against the full extracellular domain of HER2, enabling simultaneous targeting of multiple epitopes. This breadth may reduce the risk of tumor escape driven by epitope loss, mutation, or pathway bypass – mechanisms that frequently underpin resistance to single-epitope therapies.

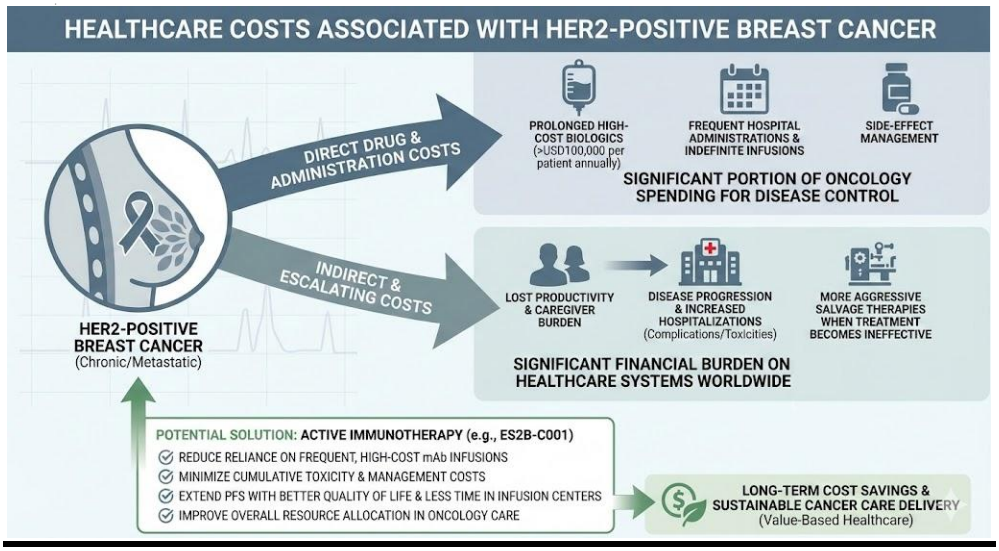
Importantly, ES2B-C001's mechanism is complementary to ADCs such as T-DXd, supporting a potential role in combination strategies, particularly in neoadjuvant or adjuvant settings where durable immune control is critical. As a therapeutic vaccine, ES2B-C001 also offers the prospect of long-lasting immune memory and a reduced treatment burden, in contrast to the chronic administration required for mAbs and ADCs. Should early clinical data support this hypothesis, we believe that ES2B-C001 could emerge as an attractive candidate for combination studies or strategic partnerships, e.g., in a phase II setting, aimed at extending the durability of HER2-targeted treatment and reducing relapse rates across disease stages.

Healthcare costs associated with HER2+ breast cancer

HER2+ breast cancer imposes a significant financial burden on healthcare systems worldwide. As a chronic and often incurable disease in the metastatic setting, treatment involves prolonged use of high-cost biologics, side-effect management, and frequent hospital administrations. A significant portion of oncology spending is driven by these continuous therapies where patients require indefinite infusions to maintain disease control.

Beyond direct drug costs, which can exceed USD100,000 per patient annually, the disease drives indirect societal costs, including lost productivity and caregiver burden. Importantly, these costs escalate when treatment becomes ineffective, leading to disease progression, the need for more aggressive salvage therapies, and increased hospitalizations due to complications or toxicities.

Healthcare costs and potential savings



Source: Redeye research

Improving the efficacy and administration profile of treatment, particularly by introducing an active immunotherapy like ES2B-C001, represents one of the most impactful ways to curb this financial burden. By inducing a durable response with a vaccine-based approach, a new therapy could:

- Reduce the reliance on frequent, high-cost mAb infusions.
- Minimize cumulative toxicity and associated management costs.
- Extend PFS with better quality of life and less time spent in infusion centers.
- Improve overall resource allocation in oncology care.

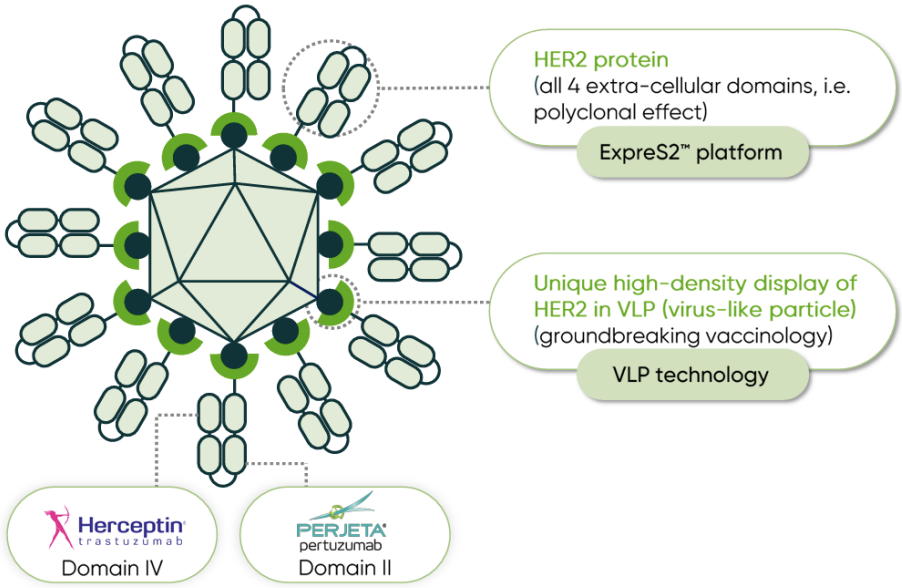
In doing so, it may not only improve patient outcomes but also generate long-term cost savings by reducing the logistical burden of chronic intravenous therapy. In an era of value-based healthcare, such improvements in efficacy and efficiency are increasingly essential – not only for patients, but for sustainable cancer care delivery.

ES2B-C001 (HER2-targeting breast cancer vaccine)

Background and mechanism of action

ExpreS2ion Biotech was established in 2010 based on the proprietary ExpreS2 protein expression platform, developed to enable the scalable production of complex, hard-to-express proteins. Through a strategic joint venture with scientists from the University of Copenhagen to form AdaptVac ApS, the company integrated this expression capability with advanced capsid Virus-Like Particle (cVLP) technology. This collaboration laid the scientific groundwork for ES2B-C001, a novel therapeutic vaccine designed to transform the treatment landscape for HER2-expressing cancer.

ES2B-C001 – Visualized



HER2 directed SoC mAbs target only single epitope

Source: ExpreS2ion

The human epidermal growth factor receptor 2 (HER2) is a transmembrane protein crucial for cell growth and division. In HER2+ breast cancer, the ERBB2 gene is amplified, leading to overexpression of HER2 receptors, which drives uncontrolled cell proliferation. Unlike currently available mAb therapies, which rely on passive immunity by binding to a single specific epitope on the HER2 protein, ES2B-C001 induces the patient's own immune system to generate an active, polyclonal antibody response. This distinction is clinically important, as tumors often develop resistance to mAbs through epitope masking or mutation. By displaying the entire extracellular domain of the HER2 protein on the surface of a high-density VLP, ES2B-C001 has the potential to target multiple epitopes simultaneously, thereby breaking immune tolerance and reducing the likelihood of tumor escape.

In other words, the VLP structure mimics a viral pathogen, effectively stimulating the immune system to mount a robust response against the displayed HER2 antigens. This mechanism facilitates the breaking of immune self-tolerance, overcoming the natural regulatory processes that typically prevent the immune system from targeting endogenous proteins. Consequently, a polyclonal antibody response is induced, targeting multiple distinct epitopes on the HER2 receptor. This broad epitope coverage reduces the likelihood of tumor immune evasion, offering a distinct advantage over the single-target specificity characteristic of monoclonal antibody therapies. Furthermore, the broad polyclonal antibody response may allow ES2B-C001 to

remain effective even at lower HER2 expression levels, potentially enabling treatment of HER2-low patients and thereby expanding the addressable patient population.

In this way, ES2B-C001 represents a rational advancement in immunotherapy, offering the potential for long-lasting immune memory and a simplified administration schedule compared to the chronic infusions required for current biologics.

To date, ExpreS2ion has completed a comprehensive preclinical development program for ES2B-C001, demonstrating its ability to inhibit tumor growth even in trastuzumab-resistant models. These studies have built a robust foundation of safety and efficacy data, including the successful completion of Good Laboratory Practice (GLP) safety and toxicology studies in 2024. Furthermore, the underlying technology platform has been de-risked through the successful phase III clinical validation of the ABNCOV2 COVID-19 vaccine, positioning ES2B-C001 as a promising candidate built on a proven technological base.

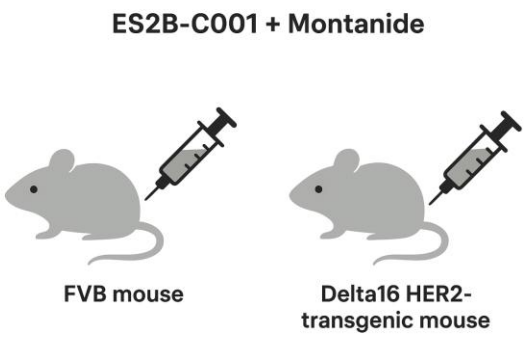
Currently, the company is conducting a first-in-human phase I clinical trial investigating ES2B-C001 as a therapeutic treatment for patients with HER2-expressing breast cancer. The trial is an open-label, dose-escalation study designed to assess safety, tolerability, and immunogenicity. Early data reported in the third and fourth quarter of 2025 confirmed that the vaccine successfully induced strong HER2-specific antibody responses in the first three patients, providing early validation of the MoA in a clinical setting. The study aims to establish the recommended phase II dose (RP2D) to support further clinical evaluation of efficacy.

Scientific evidence and development

Preclinical findings

ExpreS2ion's preclinical program for ES2B-C001 included a comprehensive set of therapeutic, preventive and mechanistic studies designed to evaluate the vaccine's capacity to induce anti-HER2 immune responses and inhibit tumour growth across several mouse models. Both adjuvanted and non-adjuvanted formulations of ES2B-C001 were evaluated. Experimental tumour challenges were carried out in standard FVB mice (a laboratory mouse strain) as well as in Delta16 HER2-transgenic mice, the latter representing a stringent model of immune tolerance toward human HER2. Across all studies, the design included either therapeutic vaccination, initiated after tumour inoculation, or preventive vaccination in young, tumour-prone transgenic animals. In parallel, in vitro assays using sera from vaccinated animals were conducted to investigate antibody binding, subclass distribution, functional inhibition of tumour growth and activity against trastuzumab-resistant cells.

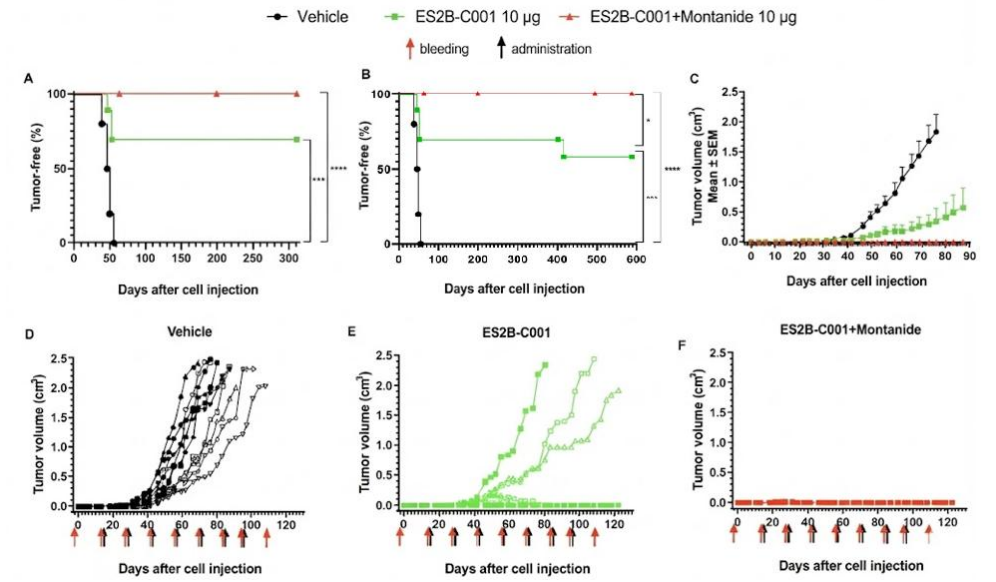
Illustration of ES2B-C001 tested with adjuvant Montanide in preclinical mouse models



Source: Redeye Research

In the therapeutic local tumour model, FVB mice were orthotopically implanted with HER2+ tumour cells and vaccinated two weeks after challenge. ES2B-C001 without adjuvant markedly slowed tumour outgrowth, and approximately 70% of animals remained tumour-free long after all control mice developed tumours. When formulated with the adjuvant Montanide (Montanide ISA 51), ES2B-C001 achieved complete tumour control, with all mice remaining tumour-free for the duration of observation up to (at least) day 600.

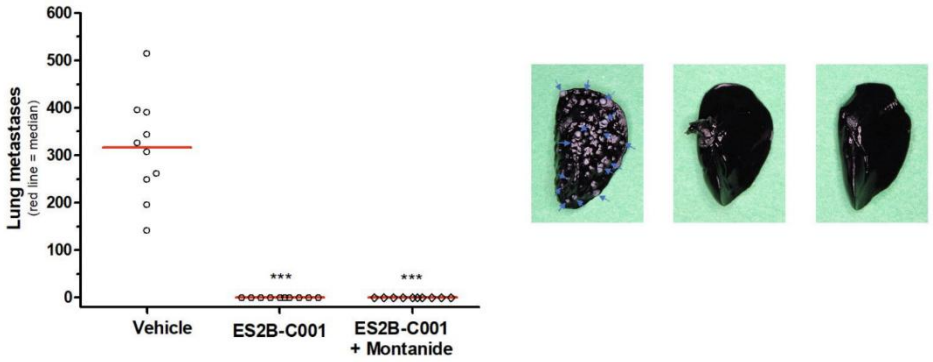
Preclinical ES2B-C001 data – Therapy of mammary carcinoma in FVB mice



Source: Ruzzi, et al., Biomedicines 2022, 10, 2654. *Prevention and Therapy of Metastatic HER-2+ Mammary Carcinoma with a Human Candidate HER-2 Virus-like Particle Vaccine.*

Similar potency was observed in the metastatic tumour model, where intravenous inoculation of tumour cells resulted in extensive lung metastases in all control animals. In contrast, all mice vaccinated with ES2B-C001 in the FVB model, with or without adjuvant, were completely free of detectable lung metastases upon necropsy.

Preclinical ES2B-C001 data – Therapy of lung metastases in FVB mice



Source: Ruzzi, et al., Biomedicines 2022, 10, 2654. *Prevention and Therapy of Metastatic HER-2+ Mammary Carcinoma with a Human Candidate HER-2 Virus-like Particle Vaccine.*

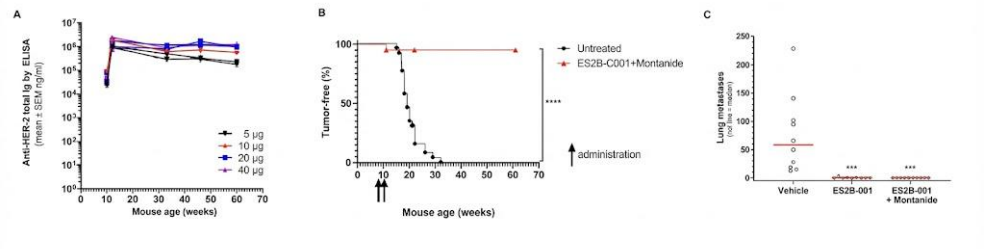
** Lungs were perfused with black India ink to contrast metastatic nodule. Pictures show one representative left lung with blue arrows indicating some metastatic nodules (to the left: vehicle; in the middle: ES2B-C001; to the right: ES2B-C001+Montanide).*

The Delta16 HER2-transgenic model, which presents a stronger immunological barrier owing to tolerance against human HER2, produced consistent results. In this model, ES2B-C001 with

adjuvant prevented metastases in 100% of mice, whereas the non-adjuvanted vaccine protected 73%, with the remainder exhibiting only minimal nodular spread.

Preventive studies in Delta16 mice further demonstrated the vaccine's ability to overcome tolerance and establish immune protection before tumour onset. A simple two-dose regimen in young, tumour-prone mice was sufficient to prevent mammary carcinoma development in approximately 95% of animals for at least a year, while all mice in the control group developed spontaneous tumours within four to eight months. These preventive results carry particular relevance for the concept of maintenance immunotherapy in human HER2+ breast cancer, where sustained suppression of microscopic residual disease is clinically important.

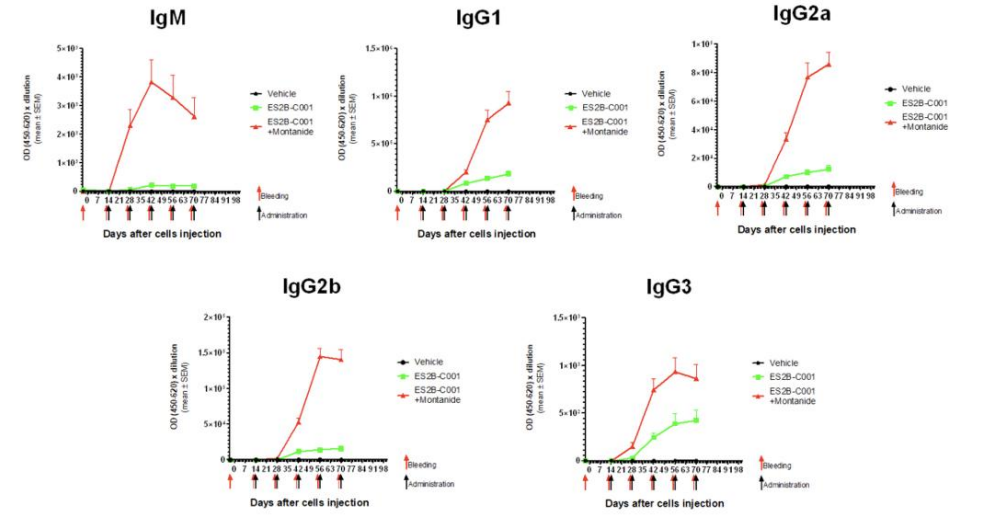
Preclinical ES2B-C001 data – Mammary carcinoma onset in transgenic mice



Source: Ruzzi, et al., Biomedicines 2022, 10, 2654. *Prevention and Therapy of Metastatic HER-2+ Mammary Carcinoma with a Human Candidate HER-2 Virus-like Particle Vaccine.*

Mechanistic analyses across studies revealed that ES2B-C001 induces a strong and persistent humoral immune response. Antibody titers remained elevated for months after final vaccination, spanning all IgG subclasses, with IgG2a, IgG2b and IgG3 prominently represented. These subclasses are associated with enhanced Fc-mediated effector functions such as ADCC (Antibody-Dependent Cell-mediated Cytotoxicity) and CDC (Complement-Dependent Cytotoxicity), suggesting a functionally broad polyclonal response. In vitro assays further confirmed that sera from vaccinated mice effectively inhibited the growth of human HER2+ breast cancer spheroids.

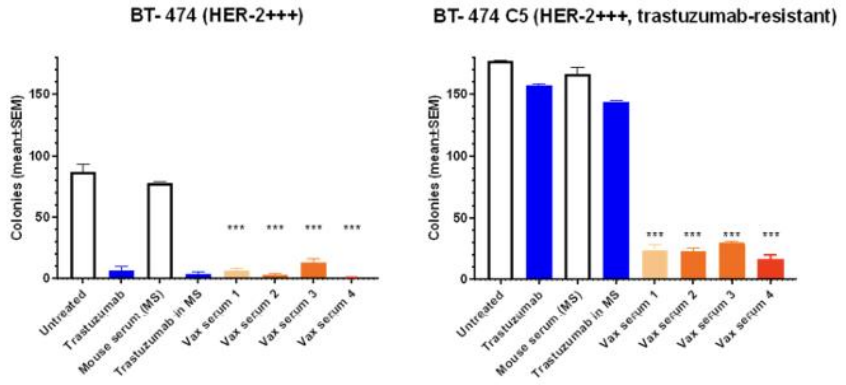
Preclinical ES2B-C001 data – Mammary carcinoma onset in transgenic mice



Source: Ruzzi, et al., Biomedicines 2022, 10, 2654. *Prevention and Therapy of Metastatic HER-2+ Mammary Carcinoma with a Human Candidate HER-2 Virus-like Particle Vaccine.*

Notably, vaccine-induced antibodies inhibited proliferation of a trastuzumab-resistant BT-474 subclone (BT-474 C5) at levels comparable to their activity against trastuzumab-sensitive cells, whereas trastuzumab itself showed little or no inhibitory activity against the resistant line. This finding supports the hypothesis that a polyclonal vaccine approach, targeting multiple HER2 epitopes, may reduce the likelihood of tumour escape that can occur with single-epitope monoclonal antibodies. T-cell responses were detectable but modest, and cytokine profiling revealed no evidence of systemic inflammatory toxicity, supporting a favourable preliminary safety profile.

Preclinical ES2B-C001 data – Suppressed resistant tumour colony growth



Source: Ruzzi, et al., Biomedicines 2022, 10, 2654. *Prevention and Therapy of Metastatic HER-2+ Mammary Carcinoma with a Human Candidate HER-2 Virus-like Particle Vaccine.*

Across all studies, the use of Montanide ISA-51 consistently amplified antibody titers, improved tumour suppression and produced uniform protective outcomes. While ES2B-C001 without adjuvant demonstrated meaningful biological activity, the adjuvanted formulation yielded more potent and durable responses, suggesting that an appropriate adjuvant will be central to achieving optimal immunogenicity in humans. The preclinical data collectively show that ES2B-C001 can mitigate immune tolerance, generate high-affinity polyclonal antibodies with functional anti-tumour activity, prevent both primary tumour formation and metastatic spread, and inhibit growth of tumour cells resistant to current HER2-directed monoclonal antibody therapies.

Together with the successfully completed GLP safety study in non-human primates in 2024, these findings provide a compelling rationale for clinical translation. The durable, multi-epitope immune response generated by ES2B-C001 may address several well-recognized limitations of chronic antibody therapy in HER2+ breast cancer, including treatment fatigue, resistance development and the burden of frequent infusions. However, while the data from both wild-type and transgenic mouse models are encouraging, limitations inherent to murine models remain as tumour heterogeneity, human immune regulation and tolerability cannot be fully predicted in preclinical settings. The role of cellular immunity also remains incompletely characterized and may warrant deeper exploration in early clinical trials. A first-in-human (FIH) study, with detailed immunogenicity, pharmacodynamic and biomarker readouts, is therefore essential to determine whether the strong efficacy signals observed in mice can translate into therapeutic benefit for patients.

Phase I trial

ES2B-C001 is currently being evaluated in a FIH phase I clinical trial initiated in Q1 2025. The trial is an open-label, dose-escalation study designed primarily to evaluate safety, tolerability and the maximum tolerated dose (MTD) of ES2B-C001, administered either alone or in combination with the adjuvant Montanide ISA-51. Secondary and exploratory objectives include

assessing immunogenicity, defined by induction of anti-HER2 antibodies, and gathering preliminary evidence of antitumor activity (efficacy).

Phase I trial – Study design

Phase I ES2B-C001 study		
Study design	**Measure**	**Description**
Primary indication	HER2-positive breast cancer	• Diagnosis of HER2-positive metastatic or locally advanced inoperable breast cancer (MBC). • Life expectancy of at least 3 months. • ECOG performance status 0-2.
Study plan	Open-Label, Dose-Escalating Trial	• ES2B-C001 vaccine administration with or without adjuvant every third week for a total of five vaccinations. • A total of 27 patients will be enrolled • The dose-escalation scheme includes at least three cohorts: 50 µg, 150 µg and 450 µg.
Primary endpoints	Safety, tolerability, maximum tolerated dose (MTD) for ES2B-C001 alone or in combination with adjuvant.	• Nature and frequency of dose-limiting toxicities (DLTs). • Incidence, nature and severity of Aes • Incidence, nature and severity of injection site reactions
Secondary endpoints	Immunnogenicity and preliminary antitumor activity of ES2B-C001 alone or in combination with adjuvant.	• Immunogenicity as humoral immune response: Total anti-HER2 Immunoglobulin G (IgG) and IgG lambda titers in sera • Immunogenicity as humoral immune response: Optional: Isotyping of anti-HER2 Immunoglobulins in selected sera • Progression free survival (PFS), Disease-free survival (DFS), Overall survival (OS), Disease Control Rate (DCR), Complete Remission (CR) & Partial Response (PR)

Source: ExpreS2ion

The study is funded by ExpreS2ion itself and is carried out in collaboration with the Medical University of Vienna. Although the study was initially set to primarily be conducted at a single center, a regulatory study protocol amendment was submitted in May 2025 to allow the addition of further trial sites in Austria to improve enrolment. The study protocol amendment was later approved and led to 2 additional clinical sites in Austria, namely in Linz and Graz, as well as multiple referral centers in Vienna. Similarly, the study protocol was also amended to allow, for select patients, combination therapy with HER2-targeted ADCs such as trastuzumab deruxtecan (Enhertu) — a reflection of the evolving SoC practice for metastatic HER2+ disease. While the combination trial was initially intended for the vaccine's later-phase clinical development, the approval of reimbursement of Enhertu by Austrian health authorities created an opportunity to accelerate the generation of combination treatment data.

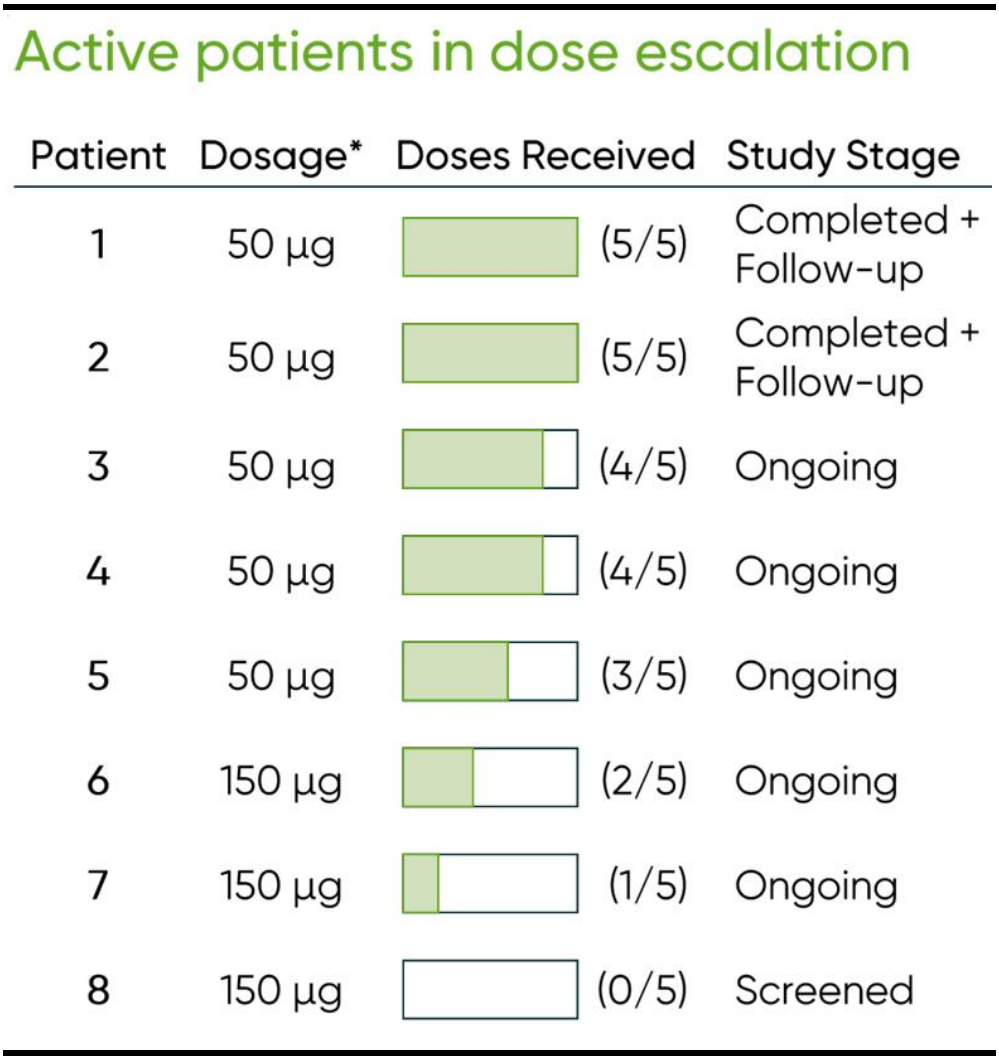
A total of up to 27 patients with metastatic or locally advanced, inoperable HER2-expressing breast cancer who have no further treatment options (post 2-3 lines SoC therapy) will be enrolled. Eligible participants must be adults (≥18 years), have adequate performance status (ECOG 0–2), and sufficient organ function; they may not have certain unsafe comorbidities, symptomatic uncontrolled CNS metastases, heart failure, or active autoimmune disease — in line with standard phase I oncology trial criteria.

Treatment administration involves intramuscular injections of ES2B-C001 every third week, for a total of five vaccinations per patient over the dosing period. The dose-escalation scheme includes up to three cohorts: 50 µg, 150 µg and 450 µg, with a potential early stop after the second cohort if MTD is reached or if consistent antibody titers between the first and second dose levels is measured. Each dose level may be administered with or without Montanide adjuvant, depending on cohort assignment. The use of Montanide aims to enhance immunogenicity, building on the abovementioned preclinical data that showed stronger and more durable anti-HER2 antibody responses in adjuvanted animals.

The first patient was dosed in June 2025 and the first immunogenicity data following the initial two doses (received over six weeks) for the first patient was reported in September 2025. Blood samples are taken before dosing (baseline) and three weeks after each dose and analyzed for antibody levels against the HER2 protein. Encouragingly, a significant increase in

HER2-specific antibodies was observed three weeks after the second dose, compared to pre-dose baseline, already in the first immunogenicity results.

Phase I trial – Study progress (as of January 2026)



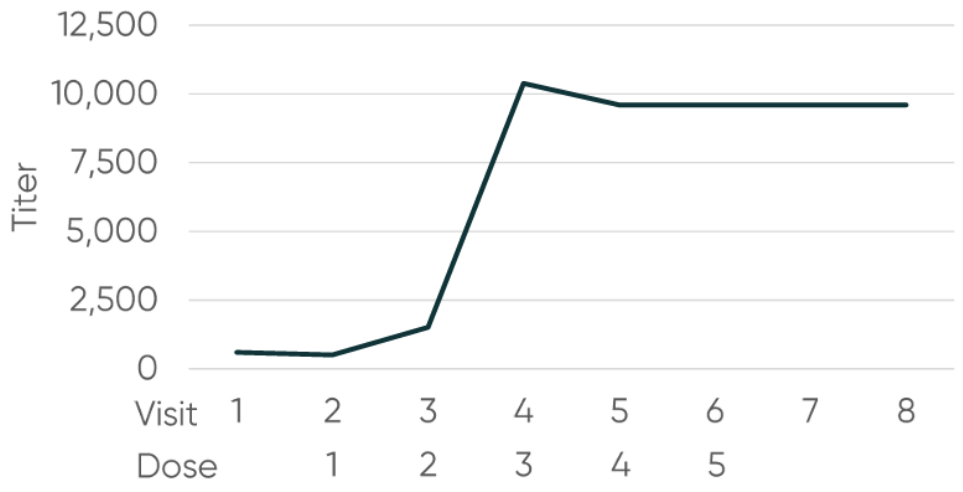
Source: ExpreS2ion
*ES2B-C001 + adjuvant

Similarly, in December 2025, ExpreS2ion reported updated immunogenicity data from the ongoing study, including results from the first three enrolled patients. Analyses from this initial cohort showed induction of HER2-specific immune responses following vaccination, with antibody levels increasing to well above pre-dose baseline in all patients. Early follow-up data further suggest that these vaccine-induced antibody responses may be maintained over the observation period, without an apparent decline. While conclusions are necessarily limited by the small patient number and early-stage nature of the study, the data indicate the potential for a robust and durable immune response.

Importantly, the observed antibody responses are actively generated by the patients' own immune systems and are not influenced by prior treatment with HER2-targeted monoclonal antibodies or ADCs. As such, the findings provide the first clinical evidence that ES2B-C001 can activate the human immune system and overcome immune tolerance to HER2, in line with the vaccine's proposed mechanism of action. By translating strong preclinical data into first-in-human evaluation, the phase I study represents a key milestone for the program. Beyond establishing safety and tolerability of a novel VLP-based cancer vaccine, the trial is designed to

deliver early signals of immunogenicity and potential anti-tumour activity, informing dose selection, future combination strategies, and the design of subsequent phase II studies.

Phase I trial – Anti-HER2 λ light chain geometric mean titer over time (as of January 2026)

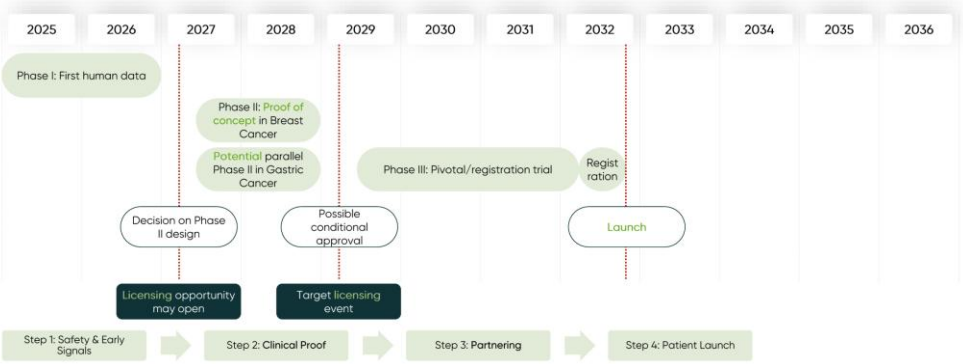


Source: ExpreS2ion

* Geometric mean titers calculated from all patients with evaluable samples at each visit (n=4 at Visits 1–2; n=2 at Visits 3–4; n=1 at Visits 5–8). Exploratory phase I data.

Following a review of the available safety data from the first cohort of three patients treated with the 50 µg dose of ES2B-C001 plus adjuvant, the independent Data Safety Monitoring Board (DSMB) recommended progression to the next cohort. Accordingly, the study has advanced to dosing three additional patients with the mid-dose level of 150 µg ES2B-C001 plus adjuvant, in line with the protocol.

ES2B-C001 – Company-estimated development timeline



Source: ExpreS2ion

** Timelines and trial designs are estimations and subject to change.*

ExpreS2ion estimates that topline data from the initial phase Ia part will be available around mid-2026, while the phase Ib results are anticipated toward the end of 2026. In addition, we expect further interim data updates along the way as more patients are dosed and the study advances through the dose cohorts. However, timelines are subject to patient recruitment rate, potential drop-outs and other factors beyond the control of the company.

Potential for indication expansion

While ExpreS2ion's primary clinical focus is currently on HER2+ breast cancer, we argue that ES2B-C001 holds significant optionality value through potential label expansion into HER2-low breast cancer and other HER2-expressing solid tumors. The biological rationale is rather straightforward: ES2B-C001 is designed to induce a polyclonal antibody response against the HER2 protein itself, regardless of the tissue of origin. Therefore, any tumor type driven by HER2 overexpression or amplification is a theoretically viable target.

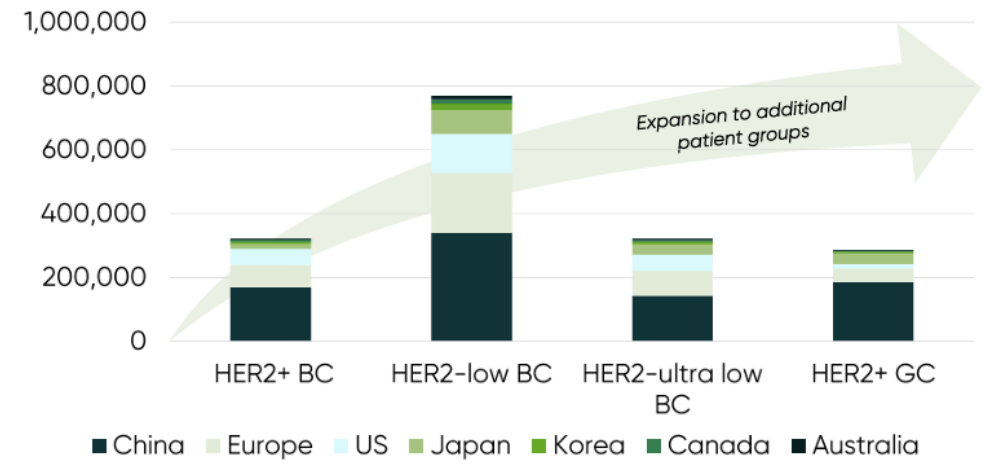
The most immediate and scientifically validated expansion opportunity lies in HER2-low breast cancer, a segment that has recently emerged as a clinically and commercially validated indication. HER2-low disease, typically defined as IHC 1+ or IHC 2+ without gene amplification, was historically classified as HER2-negative and not considered a viable target for HER2-directed therapies.

This paradigm shifted following the pivotal DESTINY-Breast04 phase III trial, which demonstrated that T-DXd significantly improved outcomes versus physician's choice chemotherapy in patients with HER2-low metastatic breast cancer. In the study, T-DXd achieved a median PFS of 9.9 months versus 5.1 months and a median OS of 23.4 months versus 16.8 months, firmly establishing HER2-low as a clinically actionable category. Importantly, HER2-low tumors are estimated to account for approximately 30–40% of all breast cancer cases, substantially expanding the addressable treatment population.

Against this backdrop, ES2B-C001's design may be particularly well suited to HER2-low disease. Unlike mAbs or ADCs that rely on sufficient receptor density for effective binding and payload delivery, ES2B-C001's polyclonal immune response against the full extracellular domain of HER2 may enable immune recognition even in settings of low or heterogeneous HER2 expression. As such, the candidate could potentially overcome one of the key biological limitations of single-epitope, density-dependent therapies.

Moreover, by generating a patient-driven antibody response rather than delivering a fixed cytotoxic payload, ES2B-C001 could offer a mechanistically complementary approach to existing HER2-low standards such as T-DXd. This supports a rationale for future exploration in earlier lines of therapy, maintenance, or combination strategies in HER2-low breast cancer as well.

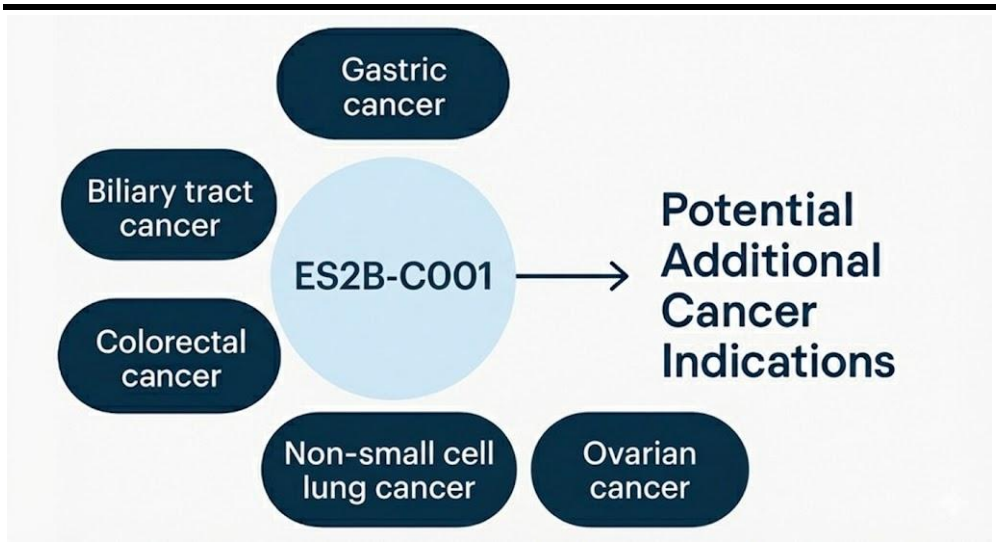
Market opportunity in HER2-expressing cancers – Patient distribution by region and indication



Source: ExpreS2ion

While any expansion into HER2-low breast cancer remains contingent on supportive clinical (and preclinical) data, we view this indication as one of the most likely and scientifically grounded label-expansion opportunity for ES2B-C001. Success in this setting would materially increase the program's commercial potential and strengthen the strategic attractiveness of ES2B-C001 in partnering discussions, particularly given the rapidly evolving HER2-low treatment landscape. The HER2-low treatment market was valued at approximately USD3.5bn across the seven major markets (7MM) in 2025, according to DelveInsight.

ES2B-C001 – Potential additional indications



Source: Redeye Research

Another opportunity is within gastric and gastroesophageal junction (GEJ) cancer where a significant subset (approximately 15-20%) overexpress HER2.[5] For example, trastuzumab (in combination with chemotherapy) has been a part of the SoC for HER2+ metastatic gastric cancer for over a decade, following the pivotal ToGA trial which showed that adding trastuzumab to chemotherapy prolonged median overall survival versus chemotherapy alone. More recently, T-Dxd produced substantial responses and regulatory approvals in the post-trastuzumab setting, reshaping the treatment landscape. That said, prognosis remains poor, with median OS often under 14 months in the metastatic setting.

Similar to the case in breast cancer, ES2B-C001's MoA could offer important advantages through its polyclonal anti-HER2 humoral response against multiple epitopes of the HER2 extracellular domain – reducing the risk of tumour escape while addressing the treatment-burden and cost issues associated with chronic infusions through durable antibody titers. This is further reinforced by the candidate's preclinical evidence which demonstrated anti-metastatic activity, the ability to break immunological tolerance in stringent HER2-transgenic models and showed functional inhibition of trastuzumab-resistant cells in vitro.

ExpreS2ion has hinted at the possibility of exploring gastric cancer, along with a range of possible other indications, in a potential future phase II trial setting. This could, for example, be pursued by an opportunistic approach encompassing a basket trial covering a number of relevant secondary indications. We view the potential expansion into gastric cancer not merely as a scientific endeavor but as a strategic lever for value creation. Successfully showcasing PoC in a phase II study in gastric cancer would significantly expand the total addressable market (TAM) for ES2B-C001 without requiring a fundamental change in the drug's manufacturing or formulation. Furthermore, demonstrating efficacy in a second major

[5] Jørgensen JT. *Role of human epidermal growth factor receptor 2 in gastric cancer: biological and pharmacological aspects.* World J Gastroenterol. 2014 Apr 28;20(16):4526-35.

indication would drastically de-risk the asset and likely increase the interest from potential partners.

That said, translating a breast-cancer vaccine into gastric cancer raises several pragmatic and scientific challenges that will shape any potential phase II development plan. Clinically relevant issues include the frequent intratumoral and interpatient heterogeneity of HER2 expression in gastric cancer, which is greater than in breast cancer and complicates both patient selection and assessment of response. Standardized testing (IHC/FISH) and strict eligibility thresholds (e.g., IHC 3+ or IHC 2+/ISH+) will therefore be essential to assess patients most likely to benefit from treatment. Furthermore, such a study would likely be costly and require larger, multicenter enrolment networks.

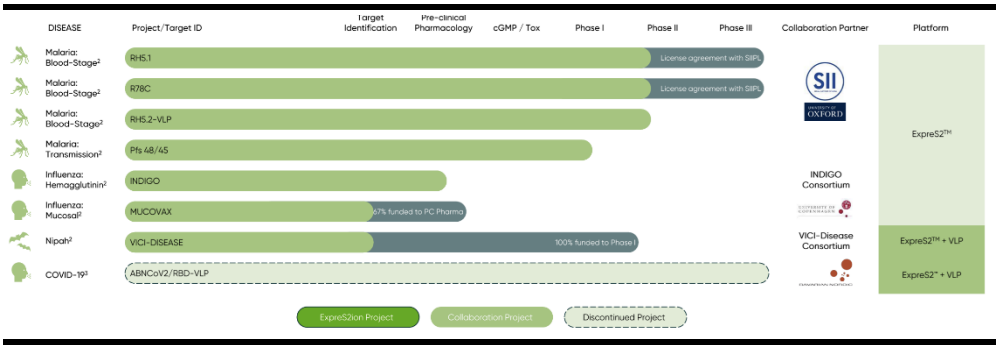
ExpreS2ion has stated that it may explore partnering opportunities for a potential gastric cancer program for ES2B-C001. Given that approximately 70% of global gastric cancer cases occur in Asia, a regional partner in Asia could be strategically attractive. However, this is speculative and any such discussions are likely to be highly data-dependent, with no concrete advancements in place at this time.

Beyond gastric cancer, HER2 amplification or overexpression is observed in subsets of other solid tumors, including biliary tract cancer, colorectal cancer (approx. 3-5% of KRAS wild-type), non-small cell lung cancer (NSCLC), and ovarian cancer. While our current valuation is anchored in the breast cancer indication, successful expansion into other cancers (primarily gastric cancer) represents a substantial optionality value that the market is likely not yet pricing in. The annual global market size for the treatment of gastric cancer, biliary tract cancer, colorectal cancer, NSCLC and ovarian cancer are estimated at around USD5.4bn, USD0.4bn, USD11.5bn, USD21.45bn and USD3.4bn, respectively, according to Grand View Research.

Partner-led programs

ExpreS2ion Biotech pursues a dual-track strategy that balances its proprietary clinical development with a robust portfolio of partner-led programs. This collaborative arm leverages the company's proprietary ExpreS2 protein expression platform to produce complex antigens for external partners, allowing ExpreS2ion to participate in high-impact vaccine projects for infectious diseases without bearing the primary financial burden of clinical development. These partnerships, often supported by non-dilutive grant funding or strategic licensing agreements, validate the platform's versatility while providing potential downstream revenue through milestones and royalties. The partner-led pipeline is currently anchored by major programs in malaria, influenza, and Nipah virus, each of which has reached significant milestones.

ExpreS2ion pipeline overview – Partner-led programs



Source: ExpreS2ion

Malaria

The most advanced and commercially significant component of the partner-led pipeline is the malaria vaccine program, which recently took a transformative step forward. Following a previous term sheet, ExpreS2ion announced in November 2025 that it had entered a definitive licensing agreement with the Serum Institute of India (SII), the world's largest vaccine manufacturer. This agreement grants SII the rights to develop, manufacture, and commercialize two novel blood-stage malaria vaccine candidates, RH5.1 and R78C, both of which rely on the ExpreS2 platform for antigen production.

Under the terms of the deal, ExpreS2ion is eligible for upfront and milestone payments totaling low single-digit millions of Euros, along with royalties on future net sales ranging from below one percent to mid-single digits. Although the agreement provides a rather limited potential financial gain, it also represents a near zero risk opportunity without any cost burden for the company. Furthermore, we argue that this partnership is important not only for its commercial potential but also for the validation it provides. SII's engagement confirms the industrial viability of the ExpreS2 system for large-scale global health solutions.

The scientific foundation of the company's malaria program is a long-standing collaboration with the University of Oxford, which continues to drive an extensive clinical campaign. As of December 2025, there are four ExpreS2-based vaccine candidates in active clinical development, spanning phases Ia through IIb, with trials ongoing. These trials are testing next-generation "multi-stage" vaccination strategies.

For instance, a newly initiated phase Ib trial (NCT06958198) is evaluating the co-administration of the blood-stage antigens (RH5.1 and R78C) alongside the WHO-recommended liver-stage vaccine R21/Matrix-M. This approach aims to block the parasite at multiple points in its lifecycle, preventing it from entering the liver and stopping it from multiplying in the blood, potentially offering superior protection compared to existing vaccines.

University of Oxford and SII malaria vaccine candidates

Vaccines in trial	Trial abbreviation	Phase	Sites	Trial status	Estimated completion
Pfs48/45 in Matrix-M	VAC-085	I	Oxford, UK	Concluded	March 2025
	VAC-099	Ib	INSTech, Burkina Faso	Recruiting	Q3 2026
RH5.1 in Matrix-M*	BIO-002	Ia	Sheffield, UK	Fully recruited	Q3 2025
RH5.1 & R78C in Matrix-M*	VAC-089	Ia	Oxford, UK	Fully recruited	Q1 2026
	BIO-003	Ib/II	IHI Bagamoyo, Tanzania	Fully recruited	Q2 2026
	VAC-087	IIb	IRSS CRUN, Burkina Faso	Not yet recruiting	Q4 2026
	VAC-093	Ib	IRSS CRUN, Burkina Faso	Recruiting	Q4 2026
	BIO-005	I/IIa	Oxford, UK	Recruiting	Q2 2027
RH5.1 & RH5.2-VLP in Matrix-M	BIO-001	Ia	Oxford, UK	Fully recruited	Q1 2026
	VAC-091	IIb	IRSS CRUN, Burkina Faso	Fully recruited	Q3 2026
RH5.2-VLP & R21 in Matrix-M	VAC-086	Ib	MRC Unit, The Gambia	Fully recruited	Q4 2025

Source: University of Oxford, ClinicalTrials.gov & ExpreS2ion

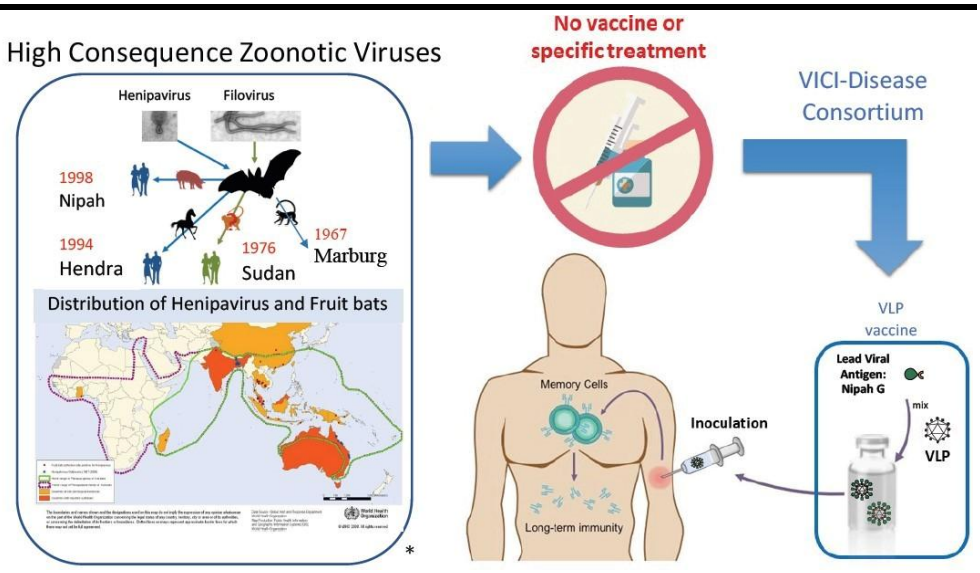
With multiple clinical readouts expected between now and 2027, the malaria program represents a mature and diversified asset within the company's broader portfolio. ExpreS2ion retains the right to negotiate commercial terms related to its technology if any candidates progress to phase III or commercialization, offering further potential future value creation linked to the platforms success.

Nipah virus (The VICI-Disease Consortium)

The pipeline also includes a high-priority program targeting the Nipah virus, a zoonotic pathogen with a fatality rate of 40–75% and epidemic potential. ExpreS2ion is a key partner in the VICI-Disease consortium, which main objective is to develop a vaccine candidate portfolio and perform clinical PoC studies to enable stocks of vaccine candidates ready for further development (phase II & III) in case of pandemic outbreaks. The consortium is funded by an EUR8m grant from Horizon Europe and ExpreS2ion's contribution represents approximately 53% of the project's direct costs, reflecting the company's central role in the vaccine development. In October 2025, the consortium reached a pivotal decision point by formally selecting the lead vaccine antigen, a Nipah virus G protein displayed on a VLP.

This selection marks the program's official transition from the discovery phase into preclinical development, supporting the project's progression toward clinical evaluation. With the lead candidate finalized, the consortium has initiated the process for GMP (Good Manufacturing Practice) production of the antigen using the ExpreS2 platform. This step is a prerequisite for regulatory submissions and the subsequent initiation of a first-in-human clinical trial. Given the lack of approved vaccines for Nipah virus and its designation as a priority pathogen by the WHO, this program not only highlights the versatility of ExpreS2ion's technology but also positions the company at the forefront of pandemic preparedness efforts.

The role of the VICI-Disease Consortium



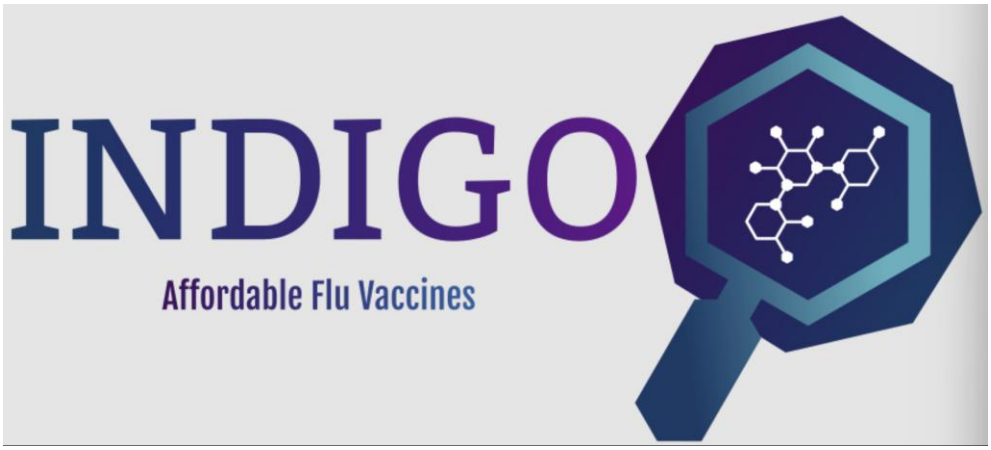
Source: University of Copenhagen

The consortium brings together a strong international network of academic and translational partners, including AdaptVac, Friedrich-Loeffler-Institut , Radboud University Medical Center, and the University of Copenhagen (serving as project coordinator), alongside global collaborators such as NIH/NIAID, PSG Institute of Medical Sciences and Research, and CERMEL.

Influenza

In the influenza space, ExpreS2ion is advancing two distinct projects aimed at overcoming the limitations of current seasonal vaccines. The first is the EU-funded INDIGO consortium (Project INDIGO), which is a large collaboration between public and private R&D organizations from the EU, India, and the United States, that focuses on developing next-generation influenza vaccines with improved efficacy and lower production costs. The project has been awarded a EUR10m Horizon 2020 grant from the EU, of which ExpreS2ion's participation was directly awarded EUR0.6m.

The INDIGO consortium



Source: Project INDIGO

The consortium is advancing the development of two next-generation influenza vaccine concepts, combining preclinical innovation with targeted clinical evaluation. Clinical activities under INDIGO focus on assessing a novel, highly potent adjuvant developed by LiteVax BV (Netherlands), tested in combination with currently licensed influenza vaccines. In parallel, ExpreS2ion's proprietary ExpreS2™ protein expression platform is being used to generate advanced antigen constructs for preclinical research on future vaccine candidates. These antigens form the scientific backbone of the project's effort to improve immune breadth and consistency.

The overarching ambition of INDIGO is to address the persistent variability and only moderate effectiveness of current flu vaccines. Global data indicate that as many as ~60% of individuals respond poorly or not at all to standard influenza shots, leaving a substantial unmet need. INDIGO's goal is to reduce this proportion of non-responders to below 10%, a transformative improvement that, if achieved, would significantly strengthen global influenza protection. The consortium further aims to deliver lower-cost, scalable vaccine production, improving accessibility in both high-income and resource-limited settings.

As of late 2025, the program is approaching completion. Consortium partners are now evaluating pathways to advance the most promising antigen–adjuvant combinations into structured follow-on development. For ExpreS2ion, INDIGO serves both as a validation of the ExpreS2 platform's utility in global vaccine innovation and as a potential springboard for future influenza partnerships or proprietary product opportunities.

The MucoVax collaboration represents ExpreS2ion's second major influenza initiative and targets one of the most ambitious frontiers in vaccinology: the development of intranasal, mucosal vaccines capable of inducing strong local immunity in the respiratory tract, the primary site of influenza infection. Launched in 2023 as a five-year collaboration with the University of Copenhagen, MucoVax is supported by a Grand Solutions grant from Innovation Fund Denmark (IFD), which finances approximately 71% of the total program budget. The project aims to advance platform technologies for broadly protective mucosal influenza vaccines that could complement—or ultimately surpass—the performance of traditional injectable formulations.

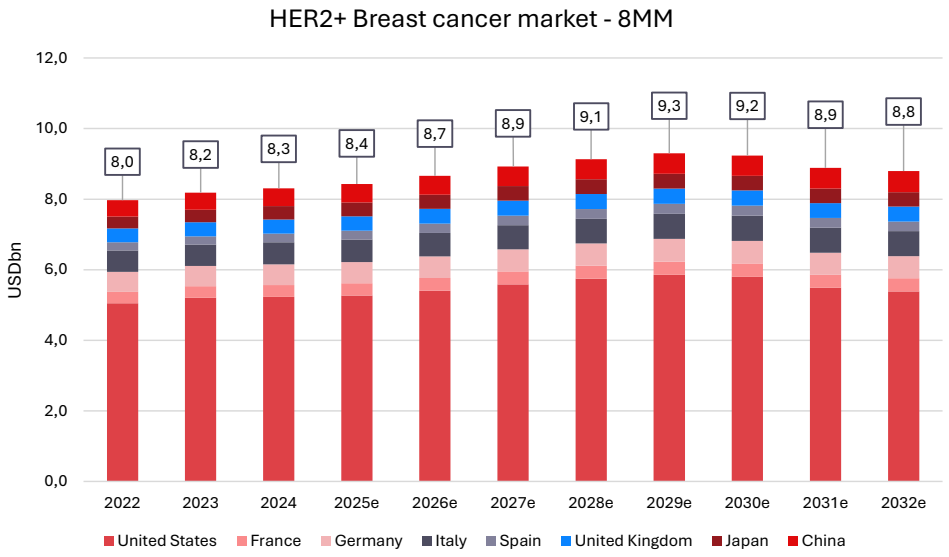
Throughout 2025, the MucoVax program achieved several key preclinical milestones. ExpreS2ion completed the design and preparation of influenza antigens using transfected S2 cell lines, while also progressing the development of VLPs and alternative antigen-presenting systems tailored for mucosal delivery. A central technical achievement was the near-completion of a GLP-compliant HighMan S2 cell line, enabling controlled high-mannose glycosylation of vaccine antigens. This capability is expected to enhance antigen stability and immunogenicity at mucosal surfaces, an essential requirement for effective intranasal vaccines.

The market for HER2-expressing cancer treatment

The market for HER2-targeting cancer treatment remains one of the most valuable segments in oncology. Based on recent market reports and the financial reports of the key industry players, the annual global market size for all HER2-targeting therapies is currently estimated at approximately USD16–20bn with further growth anticipated over the coming years. While historically defined by HER2+ breast cancer, the landscape is undergoing a paradigm shift driven by next-generation ADCs, which have established a new HER2-low market segment. Furthermore, the addressable market is broadening beyond breast cancer with the rise of the HER2-expressing gastric cancer market, while similar developments are emerging treat HER2-expressing colorectal, lung, ovarian and biliary tract cancers.

While we acknowledge ES2B-C001's broader potential in all HER2-expressing cancers, as of now, we primarily focus on the candidate's potential in HER2+ breast cancer. According to estimates based on GlobalData, the HER2+ breast cancer market across the eight major markets (8MM) was valued at approximately USD8.0bn in 2022. It is projected to grow to a peak of USD9.3bn by 2029e, before stabilizing at USD8.8bn in 2032e. The US represents the dominant share of this landscape, contributing nearly 63% of total sales, while the European markets and Japan continue to represent key strategic regions. The market is expected to grow at an overall CAGR of 3.3% during the forecast period.

HER2+ Breast cancer treatment market 2022-2032, 8MM, by country (USDbn)



Source: GlobalData, Redeye Research

Growth in the HER2+ treatment market is being fueled the rising incidence of breast cancer, particularly in younger populations, and the widespread adoption of targeted therapies. Advancements in precision medicine, including the development of novel ADCs like Enhertu (trastuzumab deruxtecan) and Kadcyla (trastuzumab emtansin) and TKIs, are reshaping the treatment landscape. However, the SoC in the first-line metastatic setting remains heavily reliant on mAbs such as Herceptin (trastuzumab) and Perjeta (pertuzumab), which often require indefinite administration and are associated with eventual resistance development.

Following the forecast period (2026-2032e), Herceptin, Perjeta and Kadcyla are expected to have faced patent expiries and biosimilar erosion, which will represent the biggest barrier of market growth to date. To mitigate this impact, Roche/Genentech has introduced Phesgo, a subcutaneous fixed-dose combination of Herceptin and Perjeta, designed to offer greater

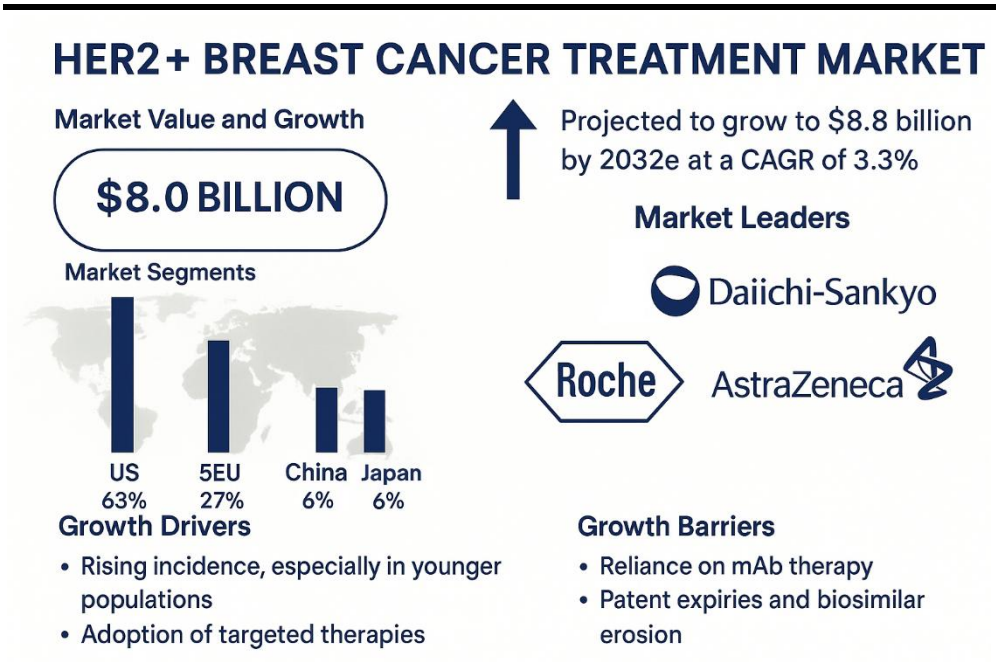
convenience for both patients and healthcare providers. This strategy aims to consolidate revenues and sustain Roche/Genentech's market leadership. Concurrently, Daiichi Sankyo and AstraZeneca's agent, Enhertu is expected to make a large impact of clinical practice by replacing Kadcyla in the second-line metastatic setting and threatening it's patient share in the adjuvant setting following superior clinical outcomes.

The commercial landscape for HER2-targeting therapies has consistently demonstrated blockbuster potential, driven by the critical role these agents play in breast cancer treatment. As the pioneering HER2-targeted therapy, Herceptin set the commercial benchmark for the class. It achieved peak annual sales of approximately USD7bn in 2018, prior to the onset of biosimilar competition. Often used in combination with Herceptin to provide a dual blockade of HER2 signaling, Perjeta successfully built upon this foundation. It generated peak annual sales of approximately USD4.3bn in 2022.

As the first HER2-directed ADC, Kadcyla established the commercial viability of this modality. It reported sales of USD2.2bn in 2023. Enhertu, being the newest generation of ADC in HER2-expressing cancers, has rapidly eclipsed its predecessors and generated USD3.75bn in sales in 2024. This growth is widely projected to continue at a fast pace as GlobalData's analyst consensus forecast predicts Enhertu to reach global sales of more than USD11bn by 2030.

However, the reliance on chronic mAb therapy highlights a key unmet need that we believe ExpreS2ion's ES2B-C001 is well-positioned to address. The metastatic and maintenance settings represent a substantial patient volume where treatment burden, cost, and quality of life are critical concerns. With no currently approved therapeutic vaccine for HER2-expressing breast cancer, ES2B-C001 has First-In-Class potential. A treatment that offers durable efficacy with a simplified administration schedule could provide a high-value alternative to continuous infusions, addressing both clinical fatigue and healthcare resource constraints.

The HER2+ breast cancer treatment market - Summary



Source: GlobalData, Redeye Research

With its differentiated mechanism of inducing a polyclonal antibody response to overcome resistance, ES2B-C001 has the potential to seize market share within the evolving HER2+ breast cancer treatment landscape. If successful in ongoing and future clinical trials, the candidate

could fill a critical gap by offering a more convenient, long-acting alternative to chronic mAb infusions, becoming a significant revenue driver, especially in regions like the US and Europe where there is a high willingness to pay for innovations that improve patient outcomes and optimize healthcare efficiency.

External clinical pipeline

The external development landscape for HER2-targeted breast cancer treatments remains active but with most candidates at a relatively early stage. According to GlobalData, there are currently 10 ongoing clinical trials evaluating therapeutic vaccines for HER2+ breast cancer, reflecting continued scientific interest in leveraging immunization strategies to overcome resistance to monoclonal antibodies and antibody–drug conjugates. While the overall field is fragmented—spanning peptide vaccines, DNA/RNA platforms, dendritic-cell vaccines, and VLP-based constructs—few programs have advanced beyond exploratory, small-scale studies. Below we provide a summarizing table of the most prominent vaccine candidates in clinical development.

Prominent HER2 targeting vaccine drugs – Pipeline

HER2+ breast cancer - Vaccine candidates in clinical development					
Trial Title	Drug Name	Trial Phase	Trial Status	Sponsor	Subjects Planned
FLAMINGO-01	GP-2	Phase III	Ongoing, recruiting	Greenwich LifeSciences Inc	750
TPIV100 and Sargramostim for the Treatment of HER2 Positive, Stage II-III Breast Cancer	TPIV-100	Phase II	Ongoing, recruiting	Academic & Community Cancer Research United	480
Concurrent WOKVAC Vaccination, Chemotherapy, and HER2-Targeted Monoclonal Antibody Therapy	EP-302	Phase II	Ongoing, recruiting	University of Washington	25
A Study to Evaluate Concurrent VRP-HER2 Vaccination and Pembrolizumab	AVX-901	Phase II	Ongoing, not recruiting	Duke University	39
HER-2 B Cell Peptide Vaccine	B-Vaxx	Phase I	Ongoing, recruiting	Indiana University	42
A Vaccine (H2NVAC) Before Surgery for the Treatment of HER2-Expressing Ductal Carcinoma In Situ	TPIV-110	Phase I	Ongoing, recruiting	Mayo Clinic	43
A First-in-human, Clinical Trial Assessing the Safety of ES2B-C001-S01	ES2B-C001	Phase I	Ongoing, recruiting	ExpreS2ion Biotech	27

Source: GlobalData, Redeye Research

The most clinically advanced program is FLAMINGO-01, a phase III trial run by Greenwich LifeSciences Inc. evaluating the vaccine HER2/neu Peptide GLSI-100 (GP2 + GM-CSF) in combination with trastuzumab for preventing recurrence in HER2-low and HER2+ breast cancer. FLAMINGO-01 stands out as the only late-stage efficacy study in the current global pipeline and represents the leading effort to validate HER2 vaccination in a large, randomized setting (n=750). With an anticipated readout in 2026, its progress underscores both the therapeutic potential of HER2-directed vaccines and the challenges the field has historically faced in demonstrating consistent clinical benefit.

Outside of FLAMINGO-01, most ongoing studies remain in early development and vary widely in mechanism, antigen design, and immunologic strategy. This diversity highlights the absence of a dominant vaccine approach and illustrates the substantial unmet need for modalities capable of inducing stronger, more durable, and broader anti-HER2 immune responses than conventional targeted biologics.

In this context, ExpreS2ion's ES2B-C001 enters a competitive landscape that is scientifically active but clinically under-validated, with significant opportunity for differentiation if clinical data continue to reinforce its promising profile.

Financials

Historical financials

ExpreS2ion Biotech's historical financials reflect its evolution from a diversified, platform-driven preclinical company into a more focused, clinically advancing biotech. Unlike many clinical-stage companies, ExpreS2ion has generated recurring revenues through its CRO/contract research services, leveraging the ExpreS2 expression platform to produce recombinant proteins for external partners. Net sales from these activities have fluctuated between SEK3–13m annually during 2020–2024, reflecting both natural variability in project-based work and shifting internal resource priorities. These revenues have historically played a useful role in partially offsetting operating costs, although they remain modest relative to total expenditures.

In addition to service revenues, the company's topline has periodically been supplemented by grant-related income, captured under "Other operating income". This has included funding from large collaborative projects such as the EU-funded INDIGO consortium and Innovation Fund Denmark–supported MucoVax initiative. These grants strengthen the company's financial base while enabling advancement of platform technologies without fully relying on shareholder capital. A notable non-recurring income contribution occurred in 2024, when ExpreS2ion received a dividend payment from AdaptVac, triggered by Bavarian Nordic's milestone payment under the COVID-19 vaccine license agreement. While this materially boosted the net result for 2024 (recognized as a SEK22.1m cash flow from investments in associated companies), it did not represent a recurring revenue stream.

Historical financial figures– ExpreS2ion, 2020-2025e (SEKm)

	2020	2021	2022	2023	2024	Q1 25	Q2 25	Q3 25	Q4 25e	2025e
(SEKm)										
Revenues	**15,3**	**13,7**	**6,2**	**8,8**	**7,8**	**3,0**	**3,4**	**2,3**	**4,5**	**13,2**
Net sales	5,3	12,2	5,1	7,1	3,0	1,3	1,5	0,4	1,5	4,7
Milestones	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Other operating income	10,0	1,5	1,1	1,8	4,8	1,6	1,9	1,9	3,0	8,5
Gross profit	**15,3**	**13,7**	**6,2**	**8,8**	**7,8**	**3,0**	**3,4**	**2,3**	**4,5**	**13,2**
COGS	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
OPEX	**-43,6**	**-60,3**	**-132,5**	**-113,2**	**-73,9**	**-15,2**	**-14,8**	**-11,7**	**-12,8**	**-54,5**
R&D costs	0,0	-9,8	-71,3	-51,4	-26,7	-2,8	-2,0	-2,4	-3,6	-10,7
Raw materials & consumables	-6,1	-7,5	-5,1	-3,7	-5,7	-0,6	-1,3	-0,8	-1,0	-3,7
SG&A	-16,0	-32,4	-41,3	-43,3	-27,0	-7,5	-7,1	-5,9	-5,6	-26,1
Other external costs	-21,5	-3,5	-14,8	-14,8	-14,5	-4,4	-4,4	-2,5	-2,5	-13,9
EBITDA	**-25,4**	**-44,8**	**-125,2**	**-102,8**	**-64,5**	**-11,9**	**-11,0**	**-9,1**	**-7,9**	**-39,8**
D&A	-2,9	-1,8	-1,2	-1,6	-1,6	-0,4	-0,4	-0,3	-0,3	-1,5
EBIT	**-28,3**	**-46,6**	**-126,4**	**-104,4**	**-66,1**	**-12,3**	**-11,4**	**-9,4**	**-8,3**	**-41,3**
EBIT margin	-185%	-339%	-2055%	-1186%	-847%	-415%	-334%	-410%	-184%	-314%
Net income	**-28,8**	**-42,1**	**-117,4**	**-89,8**	**-34,4**	**-11,1**	**-9,7**	**-8,1**	**-7,0**	**-35,8**
Cash & Equivalents	**106,8**	**37,1**	**111,0**	**57,6**	**81,5**	**58,0**	**48,8**	**36,9**	**41,1**	**41,1**

Source: Redeye Research, ExpreS2ion

On the cost side, ExpreS2ion's operating expenses (OPEX) have undergone a marked transformation over the past several years. Between 2019 and 2021, OPEX rose significantly, peaking at SEK60.8m in 2021, as the company expanded internal research operations, advanced multiple pipeline candidates, and invested in platform and manufacturing capabilities. During this period, several programs—such as ES2B-C001, influenza vaccine research, and partnered projects with AdaptVac and Evaxion—were actively progressing in parallel.

From 2023 onward, however, the company initiated a broad restructuring aimed at cost discipline, organizational streamlining, and strategic reprioritization. This included reducing headcount, consolidating management roles (from six executives to three), and discontinuing lower-priority programs, such as the CMV vaccine project with Evaxion. These measures, together with the completion of costly preclinical toxicology studies and substance manufacturing, produced a sharp reduction in OPEX, falling from SEK132.5m in 2022 to SEK73.9m in 2024, with further declines seen across all quarters of 2025. By Q3 2025, quarterly

OPEX had fallen to SEK11.7m, reflecting a much leaner operating model that focuses resources primarily on ES2B-C001 and select platform development initiatives.

The initiation of the phase I clinical trial for ES2B-C001 in 2025 has introduced new types of expenses, such as GMP manufacturing, regulatory activities, and clinical site operations, but these costs have so far been manageable within the company's reduced cost structure. Importantly, the clinical program is still early and relatively small-scale, allowing ExpreS2ion to advance its lead asset without returning to historical peak spending levels.

Despite ongoing operating losses, typical for a biotech at this stage, the company has significantly improved its financial efficiency. EBIT has narrowed from SEK-126.4m in 2021 to SEK-66.1m in 2024, and quarterly losses in 2025 have continued to diminish as restructuring benefits take effect. Net income follows the same trajectory, with a sharp improvement from SEK-117.4m loss in 2021 to SEK-34.4m loss in 2024.

ExpreS2ion's cash position has fluctuated alongside its investment cycle and financing activities. The company reported a cash position of SEK36.9m in its recent Q3 2025 report following a net cash flow for the period of SEK-10.6m. However, since then, the company has received approximately SEK11.8m before issue costs from its TO 11 warrants program and an associated directed issue. While the company remains dependent on external financing, the operational runway has meaningfully improved due to sustained cost reductions.

Short-term future financial outlook

ExpreS2ion's short-term financial outlook is shaped by the dual dynamics of continued cost discipline and the increasing capital requirements associated with its first clinical study. While the company has undergone a substantial organizational streamlining over the past several years, we anticipate that OPEX will rise moderately in the near term, driven primarily by expanded patient recruitment and operational activity in the ongoing phase I trial of ES2B-C001. This increase is expected to be incremental rather than structural, as ExpreS2ion continues to demonstrate a conservative and methodical approach to expense management.

Financial estimates – ExpreS2ion, 2024 – 2028e (risk-adjusted)

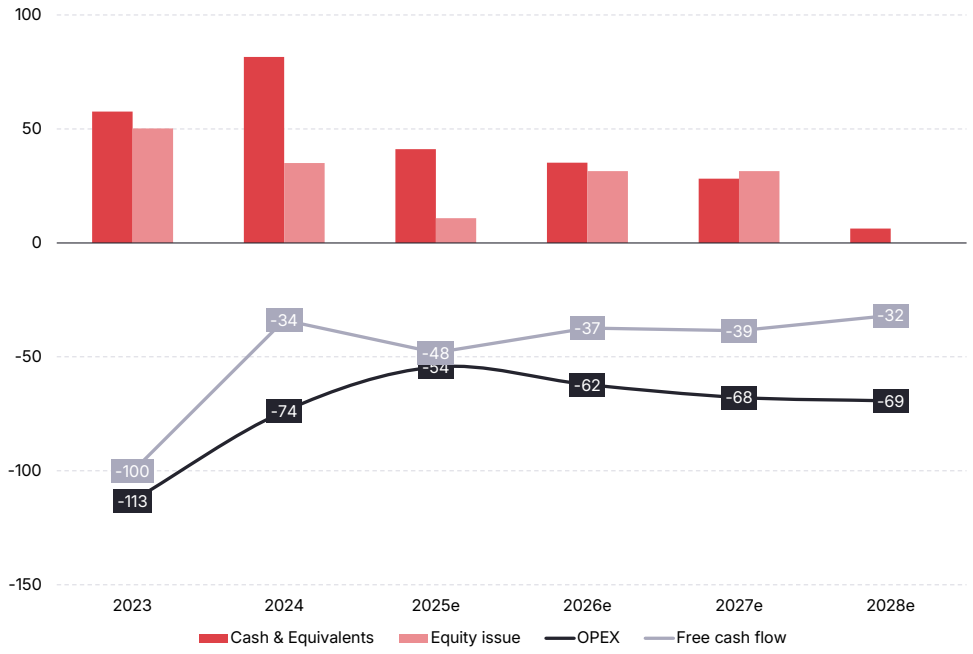
	2024	Q1 25	Q2 25	Q3 25	Q4 25e	2025e	2026e	2027e	2028e
(SEKm)									
Revenues	**7,8**	**3,0**	**3,4**	**2,3**	**4,5**	**13,2**	**17,3**	**21,5**	**24,9**
Net sales	3,0	1,3	1,5	0,4	1,5	4,7	8,4	11,8	14,1
Milestones	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Other operating income	4,8	1,6	1,9	1,9	3,0	8,5	8,9	9,8	10,8
Gross profit	**7,8**	**3,0**	**3,4**	**2,3**	**4,5**	**13,2**	**17,3**	**21,5**	**24,9**
COGS	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
OPEX	**-73,9**	**-15,2**	**-14,8**	**-11,7**	**-12,8**	**-54,5**	**-62,2**	**-67,8**	**-69,3**
R&D costs	-26,7	-2,8	-2,0	-2,4	-3,6	-10,7	-16,2	-25,2	-25,2
Raw materials & consumables	-5,7	-0,6	-1,3	-0,8	-1,0	-3,7	-4,4	-5,1	-5,9
SG&A	-27,0	-7,5	-7,1	-5,9	-5,6	-26,1	-26,9	-22,1	-22,7
Other external costs	-14,5	-4,4	-4,4	-2,5	-2,5	-13,9	-14,6	-15,3	-15,5
EBITDA	**-64,5**	**-11,9**	**-11,0**	**-9,1**	**-7,9**	**-39,8**	**-43,4**	**-44,8**	**-43,0**
D&A	-1,6	-0,4	-0,4	-0,3	-0,3	-1,5	-1,5	-1,5	-1,5
EBIT	**-66,1**	**-12,3**	**-11,4**	**-9,4**	**-8,3**	**-41,3**	**-44,9**	**-46,3**	**-44,4**
EBIT margin	-847%	-415%	-334%	-410%	-184%	-314%	-259%	-215%	-179%
Net income	**-34,4**	**-11,1**	**-9,7**	**-8,1**	**-7,0**	**-35,8**	**-38,8**	**-40,0**	**-33,3**
Cash & Equivalents	**81,5**	**58,0**	**48,8**	**36,9**	**41,1**	**41,1**	**35,2**	**28,2**	**6,3**

Source: Redeye Research, ExpreS2ion
*Estimates (2027e &2028e) are risk-adjusted and are therefore lower than what would actually be realized.

On the revenue side, we expect the company's CRO/contract research services to remain an important contributor. Given stable demand for ExpreS2ion's protein expression capabilities and a gradual return of internal resources as early-stage platform development milestones are reached, we project a modest increase in CRO revenues. Furthermore, in 2025, the company reinvested in business development by hiring a dedicated BD resource to rebuild and grow the

CRO business. However, these revenues are likely to remain broadly in line with historical levels, reflecting the inherently project-based nature of the segment and its role as a supplementary revenue driver. Similarly, the company is also entitled to some modest milestone payments from its established licensing agreements, such as the recently signed agreement with SII for malaria vaccines.

Cash Balance, equity issues, operating expenditures and free cash flow



Source: Redeye Research, ExpreS2ion
*Estimates are risk-adjusted.

Furthermore, we estimate ExpreS2ion's cash position to provide operational visibility over Q2 2026e, in line with the company's own projections. Given the expected uptick in clinical expenditures, we believe the company will need to raise additional capital in 2026e to maintain its operational momentum and extend its financial runway. Until ExpreS2ion secures a licensing agreement with a substantial upfront payment or significantly increases its recurring revenue, the company will remain reliant on external financing and effective cost control to ensure operational continuity.

Estimated rights issue – Dilution table

Rights issue scenario table

Capital raised (SEKm)	Subscription price 5,7	6,5	7,3	8,1	8,9
71	90%	85%	81%	77%	74%
67	86%	81%	77%	74%	71%
63	81%	77%	73%	70%	67%
59	76%	72%	68%	65%	62%
55	69%	66%	63%	60%	57%

Source: Redeye Research

As further explained in the "Sales model and assumptions" section below, given the expected significant cost of a phase II study in HER2+ breast cancer (estimated at around SEK100-300m), we assume that the company will finance an upcoming phase II study partly through partnering and partly through a capital raising. A share issue appears the most likely route, consistent with the historical financing pattern of the company and among early clinical-stage biotechs. We therefore model a rights issue in 2026e, potentially with attached warrants maturing in 2027e, generating estimated net proceeds of around SEK60m in our valuation framework.

Furthermore, we present a sensitivity analysis above to illustrate how much dilution could be expected if ExpreS2ion conducts a rights issue. Naturally, dilution increases with larger issue size and a lower issue price per share. In our assumptions for the subscription price in the rights issue, we use a 50% discount to the trading price of the share, similar to what was seen in the company's latest rights issue in 2024. This implies a dilution effect of approximately 73% for non-participating shareholders.

That said, ExpreS2ion has a track record of securing non-dilutive funding, both through direct grant applications and participation in international research consortia. While no such funding is assumed in our base case to avoid speculative upside, successful grant financing could partially offset development costs and reduce the company's reliance on dilutive capital raises, thereby improving the overall funding profile for a future phase II program.

Sales model and assumptions – ES2B-C001

For now, our sales model of ES2B-C001 exclusively contains HER2+ breast cancer as the targeted indication. Should ExpreS2ion indicate clear plans and secure funding to initiate clinical trials in any other indications in the future, primarily HER2-low breast cancer and gastric cancer, we will evaluate and potentially add these to our sales model in upcoming research updates.

Valuation assumptions for ES2B-C001

Timeline and licensing deal

ExpreS2ion initiated its ongoing phase I trial in H1 2025, with the first patient dosed in June 2025. While dependent on whether or not the study proceeds to the final dose-escalation cohort (450 µg), we anticipate that topline study results from the phase I trial will be announced in H2 2026e. In our view, these results will be essential in determining the company's possibilities of securing a partnering agreement for ES2B-C001.

ES2B-C001 – Estimated timeline

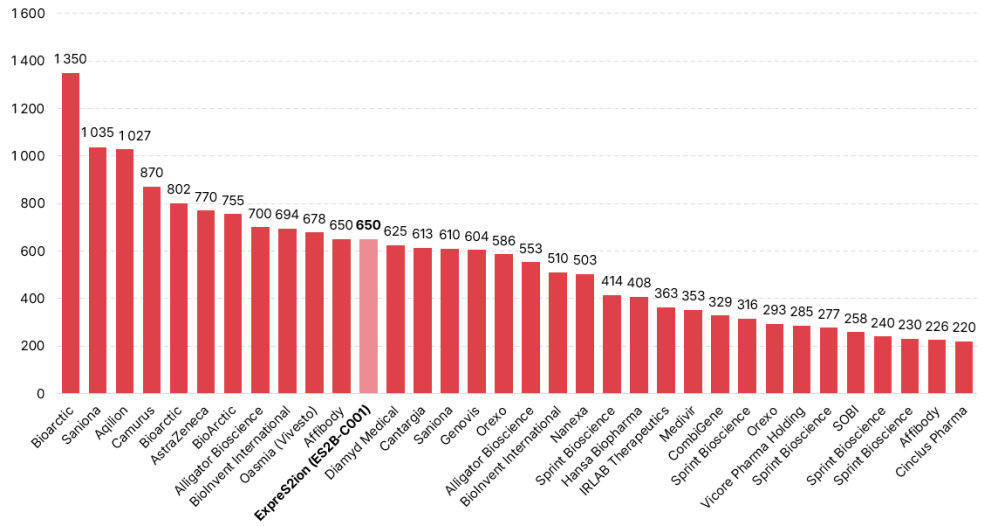
Source: Redeye Research, ExpreS2ion
*The table above is based on Redeye estimates

While we acknowledge that the company could try to secure enough funding to carry out a subsequent phase II trial completely in-house, we assume in our valuation model that ExpreS2ion will seek some form of partnering for ES2B-C001 ahead of mid-stage clinical development to facilitate the financing of the study. In our base case, we assume a regional co-development partnership in 2027e, where ExpreS2ion transfers the commercial rights of ES2B-C001 for the Eastern Asia region in return for partial funding of the phase II study and high single digit royalties on future sales.

Similarly, contingent on positive phase II results, we assume a global (excl. Eastern Asia) licensing deal for ES2B-C001 ahead of phase III clinical development. In our base case scenario, we model an agreement with a total deal value worth some USD650m, with USD50m paid upfront and the remaining USD600m spread across development- and sales-based milestone payments. We model a royalty rate of some 15% on future ES2B-C001 sales, and that the licensing partner bear the majority of the late-stage development and marketing costs. While these assumptions may appear conservative for a promising, phase II–validated HER2-targeting asset, ExpreS2ion's likely modest cash position and market capitalization could limit its negotiating leverage and weigh on headline deal value. In addition, licensing transactions involving Swedish biotech companies have historically been smaller than comparable, for example, US-based deals, supporting a more cautious valuation framework.

In this scenario, we assume that ExpreS2ion signs a combined partnership covering all region (apart from Eastern Asia) following phase II trials. Alternatively, the company may sign separate agreements for the different regions. Ultimately, we believe these relatively smaller deals would result in similar cumulative milestone and royalty payments.

Licensing deals – Swedish biotech peers (USDm)



Source: Redeye Research

As a reference point for our deal-related assumptions, we list a summary of some comparable licensing deals within the Swedish biotech space in the chart above. Similarly, we also highlight some of the most relevant global licensing deals within the HER2-targeting treatment space in the table below.

Licensing deals of HER2-targeting treatments (USDm)

Licensing deals - HER2-targeting treatments

Year	Product name	Type	Seller	Acquirer	Stage at acquisition	Up-front (USDm)	Milestones (USDm)	Royalties	Geography
2025	Trastuzumab rezetecan (SHR-A1811)	ADC	Hengrui Pharma	Glenmark	Approved (China)	18	1 093	N/D	Emerging Mkts (ex-China/US/EU)
2025	STX-478	Small-molecule inhibitor	Scorpion Therapeutics	Eli Lilly	Phase I/II	2 500		N/D	Global
2023	ZN-A-1041	Small-molecule inhibitor	Zion Pharma	Roche	Phase I	70	610	N/D	Global
2023	DB-1303	ADC	DualityBio	BioNTech	Phase II	170	2	Single to Double Digit	Global (ex-China)
2023	Mirvetuximab soravtansine	ADC	ImmunoGen	AbbVie	Approved	Acquired in ImmunoGen acquisition			Global
2023	Tucatinib	Small-molecule inhibitor	Pfizer	Seagen	Approved	Acquired in Seagen acquisition			Global
2022	Zanidatamab	mAb	Zymeworks	Jazz Pharmaceuticals	Phase II	50	1 760	10-20%	US, Europe, Japan & other APAC
2021	Disitamab vedotin	ADC	RemeGen	Seagen	Phase II	200	2 500		Global
2020	Tucatinib	Small-molecule inhibitor	Seattle Genetics	Merck	Approved	125	65	N/D	Asia, ME, LatAM+
2020	Ladiratuzumab Vedotin	ADC	Seattle Genetics	Merck	Phase II	1 600	2 600	N/D	Global
2019-2021	Nerlynx	Small-molecule inhibitor	Puma Biotech	Pierre Fabre	Approved	114	588	10-20%	Global ex-US
2019	Trastuzumab deruxtecan	ADC	Daiichi Sankyo	AstraZeneca	Phase III	1 350	5 550	20-25%	Global
2018	Margetuximab	mAb	MacroGenics	Zai Lab	Phase III	25	135	Tiered	Greater China
2015	Lapatinib	Small-molecule inhibitor	GlaxoSmithKline	Novartis	Approved	Part of $16Bn asset swap deal			Global
2009	Pertuzumab, Trastuzumab and Trastuzumab emtansine	mAbs, ADC	Genentech	Roche	Phase III/Approved	Acquired in Genentech acquisition			Global
				Average	**Phase III**	**566**	**1490**	**~15%**	
				Median	**Phase III**	**125**	**852**	**~15%**	

Source: Redeye Research

Likelihood of approval

An essential part of the process of evaluating drug candidates in clinical progress is to assess the probability of success (PoS) for each upcoming development phase, as well as the candidate's overall likelihood of approval (LoA). The LoA determines the risk-adjustment percentage used when discounting future cash flows and has an incremental impact on the overall valuation. Defining definite values for the PoS and LoA of biotech companies is tricky and riddled with uncertainty. However, when assessing a clinical candidate's LoA, our starting point is always in historical success rate data within the field. In the case of ES2B-C001, we

primarily base our PoS and LoA assumptions on phase transition success rate estimates in breast cancer from GlobalData.

ES2B-C001 – Probability of success and likelihood of approval

	Phase I	Phase II	Phase III	MAA/BLA	LoA (phase I)
Breast cancer	70%	29%	49%	92%	9%
ES2B-C001	**70%**	**29%**	**49%**	**92%**	**9%**

Source: Redeye Research, GlobalData

Although ES2B-C001 is a first-in-human therapeutic cancer vaccine, there is an argument to be made that the candidate warrants a higher-than-average LoA. The underlying ExpreS2 protein platform and the AdaptVac VLP technology have already been clinically validated through the ABNCoV2 COVID-19 vaccine program, which progressed all the way to phase III under Bavarian Nordic. This provides early reassurance regarding manufacturability, antigen presentation, and general platform-level safety, strengthening the scientific rationale behind ES2B-C001.

However, despite these encouraging aspects, ES2B-C001 remains an oncology program in phase I development. The transition from infectious disease immunogenicity to meaningful anti-tumor activity also introduces uncertainty that cannot be directly de-risked using ABNCoV2 experience alone.

For these reasons, while one could justify assigning ES2B-C001 a higher LoA than the indication average, we ultimately adopt a more conservative stance. In our model, we align the program's PoS with GlobalData's historical phase-transition benchmarks for breast cancer and assign ES2B-C001 a LoA of 9%.

Pricing

When estimating a reasonable pricing level for ES2B-C001, we benchmark against currently approved HER2-targeted breast cancer therapies. Pricing varies significantly across geographies and drug classes, particularly between mAbs and ADCs. For example, the ADC Enhertu carries an annual cost of therapy (ACOT) of roughly USD170,000 in the US and USD40,00 in Japan, while the monoclonal antibody Perjeta has an ACOT of about USD100,000 in the US and USD20,000 in Japan, according to GlobalData. These figures illustrate the broad pricing range within the HER2 segment, driven by product type, clinical benefit, and regional reimbursement dynamics.

Given this context, and considering that ES2B-C001 is a therapeutic vaccine with a novel immunological mechanism, we apply a rather conservative approach in our projections. Based on cross-market oncology pricing research and typical net price adjustments after rebates and discounts, we estimate a net annual price per patient of approximately USD100,000 in the US, with USD50,000 assumed for Europe and USD20,000 for Eastern Asia. We believe that these assumptions balance current HER2 market benchmarks with realistic expectations for a novel immunotherapy entering a crowded and reimbursement-sensitive oncology environment.

Incidence

We estimate the addressable patient population to be drug-treated HER2+ breast cancer prevalence in the US, EU5 and Japan. While we do not rule out the possibility of ES2B-C001 being launched in other regions, we understand ExpreS2ion would need to find local partners and possibly conduct additional clinical study in local patient populations.

More specifically, as of now, we see ES2B-C001's addressable patient population as diagnosed metastatic HER2+ breast cancer patients receiving 2nd line treatment (and beyond). Based on

epidemiology statistics from, primarily, GlobalData, we estimate this prevalence to be approximately 50,000, 50,000 and 100,000 patients in the US, EU5 and Eastern Asia, respectively.[6] While EU5 has an estimated addressable patient population in line with the US, and Eastern Asia has one that significantly surpasses the US, we still estimate the US to be a significantly larger potential market for ES2B-C001 due to its higher pricing possibilities.

[6] In 2033e, our estimated launch year for ES2B-C001.

ES2B-C001 sales model – HER2+ breast cancer

Our sales projections are based on a 20% market penetration of the addressable patient population in the US and EU5, and 15% in Eastern Asia, based on our view of the current and future competitive landscape. We assume a six-year launch curve before reaching this market penetration, based on a study by Robey & David (2017) which analyses historical averages for prescription drugs. Our estimate for sales erosion from this point relates mainly to market exclusivity/patent expiry. We estimate ES2B-C001 to be patent protected over 2044e. Considering our estimated market launch in 2033e, this would provide 12 years of market exclusivity.

The key assumptions in our ES2B-C001 mCRC sales model are:

- Market Launch in 2033e.
- Peak market penetration of 20% in the US and Europe, and 15% in Eastern Asia.
- An average annual net price per patient of USD100,000 in the US, USD50,000 in Europe and USD20,000 in Eastern Asia.
- Royalty rates of 15% in the US and Europe, and 8% in Eastern Asia.
- Regional Eastern-Asia co-development partnership in 2027e (ahead of phase II trials), in return for partial funding of the phase II study and high single digit royalties on future sales.
- A global (excl. Eastern Asia) licensing deal in 2029e (ahead of phase III trials), including an upfront payment of USD50m and a total deal value of USD650m.
- A 9% likelihood of reaching the market.

Based on these assumptions, we arrive at annual global peak sales of more than **USD2.2bn** for ES2B-C001 in breast cancer by 2044e.

ES2B-C001 sales model in mCRC – US, Europe & Japan

ES2B-C001		2033e	2034e	2035e	2036e	2037e	2038e	2039e	2040e	2041e	2042e	2043e	2044e
Diagnosed HER2+ breast cancer patients	US	225 636	230 149	234 752	239 447	244 236	249 120	254 103	259 185	264 368	269 656	275 049	280 550
	EU5	231 472	236 102	240 824	245 640	250 553	255 564	260 676	265 889	271 207	276 631	282 164	287 807
	E. Asia	455 914	465 032	474 333	483 819	493 496	503 366	513 433	523 701	534 176	544 859	555 756	566 871
Addressable patients (TAM)	US	49 893	50 891	51 909	52 947	54 006	55 086	56 188	57 312	58 458	59 627	60 820	62 036
	EU5	51 184	52 207	53 252	54 317	55 403	56 511	57 641	58 794	59 970	61 170	62 393	63 641
	E. Asia	100 813	102 829	104 886	106 984	109 123	111 306	113 532	115 803	118 119	120 481	122 890	125 349
Penetration	US	1,8%	5,0%	9,2%	13,2%	16,0%	18,0%	20,0%	20,0%	20,0%	20,0%	20,0%	20,0%
	EU5	1,8%	5,0%	9,2%	13,2%	16,0%	18,0%	20,0%	20,0%	20,0%	20,0%	20,0%	20,0%
	E. Asia	1,4%	3,8%	6,9%	9,9%	12,0%	13,5%	15,0%	15,0%	15,0%	15,0%	15,0%	15,0%
Adherent treated patients	US	898	2 545	4 776	6 989	8 641	9 915	11 238	11 462	11 692	11 925	12 164	12 407
	EU5	921	2 610	4 899	7 170	8 864	10 172	11 528	11 759	11 994	12 234	12 479	12 728
	E. Asia	1 361	3 856	7 237	10 591	13 095	15 026	17 030	17 370	17 718	18 072	18 434	18 802
Net price	US	100 000	100 000	100 000	100 000	100 000	100 000	100 000	100 000	100 000	100 000	100 000	100 000
	EU5	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000	50 000
	E. Asia	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000	20 000
Product Sales (USDm)	US	90	255	478	699	864	992	1 124	1 146	1 169	1 193	1 216	1 241
	EU5	46	131	245	359	443	509	576	588	600	612	624	636
	E. Asia	27	77	145	212	262	301	341	347	354	361	369	376
Worldwide product sales (USDm)		**163**	**462**	**867**	**1 269**	**1 569**	**1 801**	**2 041**	**2 082**	**2 123**	**2 166**	**2 209**	**2 253**

Source: Redeye Research

**The depiction above does not include the full sales model.*

Valuation

Valuation summary

In our valuation of ExpreS2ion, we estimate the sales potential of its main candidate, ES2B-C001, and assign an associated likelihood of reaching market approval. We then incorporate this into a risk-adjusted discounted cash flow (DCF) valuation model, which provides us with our Base Case. We use a weighted average cost of capital (WACC) of 16%, based on both qualitative and quantitative aspects of the company using our Redeye Company Quality model. It is worth noting that the valuation is heavily influenced by expected dilution from our estimated share issue. Should the share price rise from current levels, it would affect the estimated dilution and, in turn, increase our valuation.

ExpreS2ion – Valuation

Valuation summary (SEKm) - Base case						
Program	Indication	Stage	Launch	Peak sales ($m)	Probability (LoA)	Value, r-adj (SEKm)
ES2B-C001	HER2+ breast cancer	I	2033	2250	9%	282
Platform/CRO						70
AdaptVac (34% ownership)						72
				Tech Value (SEKm)		424
				Est. net cash		37
				Shared costs		-154,8
				Equity Value		306
				Shares outstanding		3,5
				Est. Increase in shares (from est. share issues		9,7
				Est. Increase in cash (from est. share issues)		63
WACC: 16%				Base case		28

Source: Redeye Research
** Numbers may not add up due to rounding.*

Scenario analysis

To provide a dynamic view of our valuation of ExpreS2ion, we also model both a pessimistic scenario (Bear Case) and an optimistic scenario (Bull Case). The differences in estimates between the scenarios are based on modifications of the assumptions used in the valuation process (see below).*

*The following assumptions apply to all three scenarios:

- A tax rate of 20.6% (Swedish corporate income tax)
- Per-share valuation is calculated on 13.2m outstanding shares (after estimated share issues).
- A WACC of 16%.

Bear case 7SEK

We factor in negative results from the ES2B-C001 phase I study and see limited prospects in the breast cancer indication. The company's cash position and remaining pipeline constitute the company's remaining value.

Base case 28SEK

The SOTP model above represents our Base Case scenario.

Bull case 44SEK

We factor in encouraging results from the ES2B-C001 phase I study that strongly support advancement into further clinical development. Consequently, we assume an increased LoA, an increased likelihood of finding a licensing partner and anticipate a larger licensing deal size.

Sensitivity Analysis

Our valuation of ExpreS2ion is highly affected by the WACC that we attribute to the company. WACC plays an essential part in calculating the discounted cash flow and reflects the uncertainties related to the company and the market. We illustrate the impact of applying changes to the WACC on our fair value range (Base Case, Bull Case, and Bear Case) valuation in a sensitivity analysis below.

ExpreS2ion: Sensitivity Analysis

Sensitivity analysis: WACC						
		14%	15%	16%	17%	18%
Value (SEK/share)	Bull	52,8	48,3	44	40,1	36,5
	Base	33,6	30,7	28	25,5	23,2
	Bear	8,4	7,7	7	6,4	5,8

Source: Redeye Research

Peer Valuation

To provide additional insight into the current valuation of similar biotech companies, we include a peer group analysis. The valuation of listed biotech companies in clinical development varies considerably, depending on project validation, potential, financial position, risk, etc. However, we base our relative valuation on the enterprise value (EV) (market cap minus net cash) of what we consider to be comparable drug development companies. Below we present a sample of Nordic peers.

ExpreS2ion: Peer Valuation

Peer Group Valuation					
(SEKm)	Market Cap	Cash*	EV	No. Projects	Dev. Stage
Company					
Elicera	263	40	223	2	Phase II
Active Biotech	110	9	101	3	Phase II
Alligator Bioscience	101	25	76	3	Phase II
OncoZenge	65	12	53	1	Phase III
Sprint Bioscience	169	11	158	6	Preclin.
Isofol	185	138	47	1	Phase II
Lipum	298	2	296	1	Phase II
Ascelia	341	72	269	2	NDA submitted
Average	192	39	153	2	Phase II
Median	177	18	159	2	Phase II
ExpreS2ion Biotech	52	37	15	1	Phase I

Source: Redeye Research
**Based on latest reports.*

Our peer valuation has no impact on our fair value range. It is instead a snapshot of comparable companies. However, based on the companies listed in the table, ExpreS2ion's valuation is currently below its peers. The median market cap (SEK177m) is significantly above the current market cap of ExpreS2ion (SEK52m). Similarly, the median EV of the listed peers (SEK159m) is also much higher than the EV of ExpreS2ion (SEK15m). The discrepancy in value reflects a significant upside potential, further strengthening our investment case and the upside suggested by our base case valuation. Although, it is worth noticing that the peer median number of projects in the pipeline is two and the median current development stage (for lead candidate) is phase II. ExpreS2ion currently only has one project in in phase I development.

Appendix I – Executive Management

ExpreS2ion: Executive Management

Name	Position	Shares	Options
Bent U. Frandsen	Chief Executive Officer		
 Mr. Bent U. Frandsen is the CEO of ExpreS2ion Biotech and brings nearly 30 years of experience in management, finance, and business development, including more than 25 years within the life sciences sector. He holds a Master's degree in Finance and Strategic Planning from Copenhagen Business School. Mr. Frandsen has held senior positions at several multinational and publicly listed companies, including Lundbeck, ALK-Abelló, and Coloplast, as well as at private biotech companies such as NsGene, CMC Biologics, and Amphidex. He has also served as a board member of AdaptVac ApS, providing relevant experience in platform-based vaccine development and strategic collaboration.		26 124	620 000
Keith Alexander	Chief Financial Officer		
 Mr. Alexander brings more than 20 years of experience in investment markets, investor relations, corporate strategy, and business development. He holds an MBA from The Wharton School of the University of Pennsylvania and a B.Sc. in Industrial Management, with a minor in Biological Sciences, from Purdue University. His professional background includes senior analytical, commercial, and leadership roles at J.P. Morgan Securities and J.P. Morgan Asset Management in New York, Danske Bank Asset Management in Denmark, and Accenture in the United States, providing him with a strong foundation in capital markets, strategic advisory, and financial communications.		1 702	380 000
Dr. Max M. Søgaard	Chief Scientific Officer		
 Dr. Max Søgaard holds a PhD in Biochemistry from University College London and an MSc in Molecular Biology from Aarhus University. With over 20 years of experience in scientific research and process development, he has spent the past 11 years at ExpreS2ion in roles ranging from Senior Scientist to Vice President. Prior to joining ExpreS2ion, he conducted 12 years of academic research in structural biology and molecular biophysics, focusing on infectious disease applications. At ExpreS2ion, Max leads internal R&D, driving the expansion of the company's expertise in ExpreS2 technology for both customer projects and in-house vaccine development.		2 271	380 000

Source: ExpreS2ion, Redeye Research

*The options are warrants with a 40:1 conversion rate.

Appendix II – Board of Directors

ExpreS2ion: Board of Directors

Name	Position	Shares	Options
Dr. Martin Roland Jensen	Chairman of the board		
 Dr. Martin Roland Jensen is a co-founder of ExpreS2ion Biotech and brings extensive scientific and entrepreneurial experience from the biopharmaceutical industry. He holds a Master of Science and a PhD in Molecular and Cellular Biology from the University of Copenhagen. Dr. Jensen has a strong background in immunology, cell biology, and cancer vaccine development, and has founded and co-founded several biotech companies as a serial entrepreneur. In addition to serving as Chairman of the Board at ExpreS2ion Biotechnologies ApS, he is Founder and CEO of Medic-Advice ApS and Martin Roland Holding ApS, as well as co-founder and board member of multiple biotech ventures. He has been an independent member of ExpreS2ion's board since the company's IPO in 2016.		22 938	-
Dr. Karin Garre	Director		
 Dr. Karin Garre is an independent member of the Board of Directors at ExpreS2ion Biotech, a position she has held since May 2021. She holds a Doctor of Medicine from the University of Copenhagen and brings more than 30 years of leadership and drug development experience from the life sciences industry. Her background spans senior roles in both pharmaceutical and biotech companies, including Symphogen, Astra, Novo Nordisk, and Genmab, as well as public-sector leadership as Executive Head of the Center of the Capital Region of Copenhagen. In addition to her role at ExpreS2ion, Dr. Garre serves as Associate Partner at Unique Human Capital and holds board positions at Bioneer A/S and Cervello A/S.		-	-
Jakob Knudsen	Director		
 Mr. Knudsen is an independent member of the Board of Directors at ExpreS2ion Biotech and has served in this role since 2017. He holds a Master of Law from the University of Copenhagen and an MBA from Imperial College London. Mr. Knudsen brings extensive experience in commercial operations, business development, marketing, and finance, with a background from ALK-Abelló A/S where he held several senior roles, including Head of Corporate Business Development. He has also served as both Chief Commercial Officer and Chief Financial Officer at the Danish pharmaceutical company Egalet Ltd. In addition to his board role at ExpreS2ion, he is CEO of ViroGates A/S and holds board positions at Ingeniørsystem A/S and PV Fonden.		7 111	-
Sara Sande	Director		
 Ms. Sara Sande is an independent member of the Board of Directors at ExpreS2ion Biotech, a position she has held since May 2021. She holds a Master of Science in Economics from the University of Copenhagen and brings extensive leadership and top management experience from high-tech B2B environments. Her background includes senior commercial and managerial roles as Vice President at Cooper Surgical and as Head of Grain & Beverages Sales, Europe, at Novozymes. In addition to her role at ExpreS2ion, Ms. Sande serves on the boards of several growth and technology companies and is an Investment Partner at the Export and Investment Fund of Denmark, contributing strong expertise in scaling, commercialization, and strategic growth.		211	-

Source: ExpreS2ion, Redeye Research

Appendix III – Patents

ExpreS2ion: Patent portfolio

ExpreS2ion - Patents				
Patent family	Patent number	Region	Case status	Expiry year
Improved protein expression system	17395GB00*	Global/international	Granted	2029
Improved protein expression system	17395US01	The US	Granted	2032
Virus-like particle with efficient epitope display**	WO2016112921	Global/international	Application filed	2036
New Flavivirus vaccine	20942EP01	European Patent Office	Application filed	2037
High Mannose/fucose antigens	21860CA00	Canada	Application filed	2040
High Mannose/fucose antigens	21860EP01	European Patent Office	Application filed	2040
High Mannose/fucose antigens	21860US00	The US	Granted	2040
Humanized glycosylation in S2 cells	21861CA00	Canada	Application filed	2040
Humanized glycosylation in S2 cells	21861EP01	European Patent Office	Application filed	2040
Humanized glycosylation in S2 cells	21861US00	The US	Application filed	2040
Peptide tags and binding partners	WO2021224451	Global/international	Application filed	2041
Recombinant production of protein having xylosylated N-glycans**	23433EP00	European Patent Office	Application filed	2043
Virus-Like Particles displaying HER2 extracellular domain	TBD	Global/international	Application filed	2046

Source: ExpreS2ion, Redeye Research

*Exact patent number differs depending on region/country.

** Exclusively in-licensed from AdaptVac under a Patent License Agreement.

Summary Redeye rating

The rating consists of three valuation keys, each constituting an overall assessment of several factors that are rated on a scale of 0 to 1 points. The maximum score for a valuation key is 5 points.

Ratings in the report

People: 3

We assess ExpreS2ion's management and board as experienced and well-aligned with the company's current stage as a platform-based, clinical-stage biotech. The organization operates with a deliberately lean structure, following recent cost reductions, yet retains core competencies across scientific development, partnering, and capital-efficient execution. CEO Bent U. Frandsen brings more than 25 years of life science industry experience from companies such as Lundbeck, ALK-Abelló, and Coloplast, providing broad insight into drug development, regulatory pathways, and strategic collaboration. The leadership team is complemented by strong in-house scientific expertise, particularly around the ExpreS2 platform, and by a board with relevant biotech and industrial experience.

Business: 2

Being a clinical-stage biotechnology company, ExpreS2ion currently generates limited recurring revenues and remains dependent on the capital markets, partnering income, and research collaborations to finance its operations. The company's value proposition is primarily driven by its proprietary ExpreS2 platform and its lead oncology program, ES2B-C001.

We primarily see significant commercial potential in ES2B-C001, given its differentiated mechanism of action and its potential positioning within the large and well-established HER2 treatment landscape. Based on our analysis and assuming successful clinical development, regulatory approval, and effective market access in major regions, we estimate annual global peak sales for ES2B-C001 exceeding USD2.2bn. In addition to ES2B-C001, ExpreS2ion's platform-based business model provides longer-term optionality through partnerships and additional pipeline opportunities, supporting the company's broader value creation potential.

Financials: 1

As ES2B-C001 progresses further in the clinic, we expect a gradual increase in clinical and development expenditures, particularly as patient numbers expand, dose escalation continues, and preparations for subsequent development phases are initiated. Given this expected cost trajectory, we believe the company will require additional capital in 2026 to maintain operational momentum and extend its financial runway. As such, ExpreS2ion is likely to remain dependent on the capital markets or strategic transactions, such as regional or global licensing agreements, to finance later-stage development and potential commercialization of its lead asset.

	2024	2025e	2026e	2027e
INCOME STATEMENT				
Revenues	8	13	17	22
Cost of Revenues	0	0	0	0
Gross Profit	8	13	17	22
Operating Expenses	-74	-54	-62	-68
EBITDA	-64	-40	-43	-45
D&A	-2	-1	-1	-1
EBIT	-66	-41	-45	-46
Net Financial Items	23	0	0	0
EBT	-43	-41	-45	-46
Income Tax Expenses	9	6	6	6
Non-Controlling Interest	0	0	0	0
Net Income	-34	-36	-39	-40
BALANCE SHEET				
Assets				
Current assets				
Cash & cash equivalents	82	41	35	28
Inventories	0	0	0	0
Accounts Receivable	1	2	2	2
Other Current Assets	3	1	2	2
Total Current Assets	95	58	53	46
Non-current assets				
Property, Plant & Equipment, Net	2	1	1	1
Goodwill	0	0	0	0
Intangible Assets	2	2	2	2
Right-of-Use Assets	0	0	0	0
Shares in Associates	0	0	0	0
Other Long-Term Assets	6	6	6	6
Total Non-Current Assets	10	8	9	9
Total Assets	105	66	61	54
Liabilities				
Current liabilities				
Short-Term Debt	0	0	0	0
Short-Term Lease Liabilities	0	1	1	1
Accounts Payable	8	2	2	2
Other Current Liabilities	29	25	26	26
Total Current Liabilities	38	27	28	28
Non-current liabilities				
Long-Term Debt	0	0	0	0
Long-Term Lease Liabilities	0	0	0	0
Other Long-Term Liabilities	1	1	1	1
Total Non-current Liabilities	1	1	1	1
Non-Controlling Interest	0	0	0	0
Shareholder's Equity	65	38	32	25
Total Liabilities & Equity	105	67	62	55
CASH FLOW				
EBT	-43	-41	-45	-46
Cash Flow from changes in Working Ca	24	-9	0	0
Operating Cash Flow	-34	-48	-37	-39
Capital Expenditures	0	0	0	0
Investment in Intangible Assets	0	0	0	0
Investing Cash Flow	21	0	0	0
Financing Cash Flow	35	10	32	32
Free Cash Flow	-34	-48	-37	-39

DCF Valuation Metrics	**Sum FCF (SEKm)**
ES2B-C001	282
Platform/CRO	70
AdaptVac	72
Technology value (SEKm)	424
Net cash (SEKm)	100
Shared costs (SEKm)	-155
Equity value (SEKm)	369
Shares outstanding (million)	3,5
Diluted shares outstanding (million)	13,2
Fair Value per Share	28

	2024	2025e	2026e	2027e
CAPITAL STRUCTURE				
Equity Ratio	0,6	0,6	0,5	0,5
Debt to equity	0,0	0,0	0,0	0,0
Net Debt	-81,5	-41,2	-35,4	-28,3
Capital Employed	6665%	3896%	3300%	2594%
Working Capital Turnover	250%	390%	700%	980%
GROWTH				
Revenue Growth	N/A	N/A	N/A	N/A
Basic EPS Growth	N/A	N/A	N/A	N/A
PROFITABILITY				
ROE	-53%	-94%	-122%	-161%
ROCE	-99%	-106%	-136%	-178%
ROIC	-69%	-204%	-363%	-1095%
EBITDA Margin (%)	N/A	N/A	N/A	N/A
EBIT Margin (%)	N/A	N/A	N/A	N/A
Net Income Margin (%)	N/A	N/A	N/A	N/A
VALUATION				
Basic EPS	-13,0	-10,1	-4,6	-3,0
P/E	neg	neg	neg	neg
EV/Revenue	neg	1,1	6,1	9,1
EV/EBITDA	0,4	neg	neg	neg
EV/EBIT	0,4	neg	neg	neg
P/B	0,8	1,5	4,4	9,0

SHAREHOLDER STRUCTURE	CAPITAL %	VOTES %
John Harling	1,5%	1,5%
Avanza Pension	1,3%	1,3%
Danica Pension	1,1%	1,1%
Johnnie Nicklas Lagard	0,8%	0,8%
Bent Ulrich Frandsen	0,7%	0,7%

SHARE INFORMATION	
Reuters code	EXPRS2
List	First North Stockholm
Share price	14,5
Total shares, million	3,5
Total shares, million (diluted)	13,2

MANAGEMENT & BOARD	
CEO	Bent U. Frandsen
CFO	Keith Alexander
Chairman	Martin Roland Jensen

ANALYSTS	Redeye AB
Kevin Sule	Mäster Samuelsgatan 42, 10tr
Richard Ramanius	111 57 Stockholm

Redeye rating and background definitions

Company quality

Company quality is based on a set of quality checks across three categories: PEOPLE, BUSINESS, FINANCE. These are the building blocks that enable a company to deliver sustained operational outperformance and attractive long-term earnings growth.

Each category is grouped into multiple sub-categories assessed by five checks. These are based on widely accepted and tested investment criteria and used by demonstrably successful investors and investment firms. Each sub-category may also include a complementary check that provides additional information to assist with investment decision-making.

If a check is successful, it is assigned a score of one point; the total successful checks are added to give a score for each sub-category. The overall score for a category is the average of all sub-category scores, based on a scale that ranges from 0 to 5 rounded up to the nearest whole number. The overall score for each category is then used to generate the size of the bar in the Company Quality graphic.

People

At the end of the day, people drive profits. Not numbers. Understanding the motivations of people behind a business is a significant part of understanding the long-term drive of the company. It all comes down to doing business with people you trust, or at least avoiding dealing with people of questionable character.

The People rating is based on quantitative scores in seven categories:

- Passion, Execution, Capital Allocation, Communication, Compensation, Ownership, and Board.

Business

If you don't understand the competitive environment and don't have a clear sense of how the business will engage customers, create value and consistently deliver that value at a profit, you won't succeed as an investor. Knowing the business model inside out will provide you some level of certainty and reduce the risk when you buy a stock.

The Business rating is based on quantitative scores grouped into five sub-categories:

- Business Scalability, Market Structure, Value Proposition, Economic Moat, and Operational Risks.

Financials

Investing is part art, part science. Financial ratios make up most of the science. Ratios are used to evaluate the financial soundness of a business. Also, these ratios are key factors that will impact a company's financial performance and valuation. However, you only need a few to determine whether a company is financially strong or weak.

The Financial rating is based on quantitative scores that are grouped into five separate categories:

- Earnings Power, Profit Margin, Growth Rate, Financial Health, and Earnings Quality.

Redeye equity research team

Management

Tomas Otterbeck
tomas.otterbeck@redeye.se

Technology team

Fredrik Nilsson
fredrik.nilsson@redeye.se

Henrik Alveskog
henrik.alveskog@redeye.se

Hjalmar Ahlberg
hjalmar.ahlberg@redeye.se

Jacob Benon
jacob.benon@redeye.se

Jessica Grunewald
jessica.grunewald@redeye.se

Mattias Ehrenborg
mattias.ehrenborg@redeye.se

Oskar Vilhelmsson
oskar.vilhelmsson@redeye.se

Rasmus Jacobsson
rasmus.jacobsson@redeye.se

Life science team

Christian Binder
christian.binder@redeye.se

Filip Einarsson
filip.einarsson@redeye.se

Filip Lindkvist
filip.lindkvist@redeye.se

Fredrik Thor
fredrik.thor@redeye.se

Gustaf Meyer
gustaf.meyer@redeye.se

John Westborg
john.westborg@redeye.se

Kevin Sule
kevin.sule@redeye.se

Oscar Bergman
oscar.bergman@redeye.se

Richard Ramanius
richard.ramanius@redeye.se

Disclaimer

Important information
Redeye AB ("Redeye" or "the Company") is a specialist financial advisory boutique that focuses on small and mid-cap growth companies in the Nordic region. We focus on the technology and life science sectors. We provide services within Corporate Broking, Corporate Finance, equity research and investor relations. Our strengths are our award-winning research department, experienced advisers, a unique investor network, and the powerful distribution channel redeye.se. Redeye was founded in 1999 and since 2007 has been subject to the supervision of the Swedish Financial Supervisory Authority.

Redeye is licensed to; receive and transmit orders in financial instruments, provide investment advice to clients regarding financial instruments, prepare and disseminate financial analyses/recommendations for trading in financial instruments, execute orders in financial instruments on behalf of clients, place financial instruments without position taking, provide corporate advice and services within mergers and acquisition, provide services in conjunction with the provision of guarantees regarding financial instruments and to operate as a Certified Advisory business (ancillary authorization).

Limitation of liability
This document was prepared for information purposes for general distribution and is not intended to be advisory. The information contained in this analysis is based on sources deemed reliable by Redeye. However, Redeye cannot guarantee the accuracy of the information. The forward-looking information in the analysis is based on subjective assessments about the future, which constitutes a factor of uncertainty. Redeye cannot guarantee that forecasts and forward-looking statements will materialize. Investors shall conduct all investment decisions independently. This analysis is intended to be one of a number of tools that can be used in making an investment decision. All investors are therefore encouraged to supplement this information with additional relevant data and to consult a financial advisor prior to an investment decision. Accordingly, Redeye accepts no liability for any loss or damage resulting from the use of this analysis.

Potential conflict of interest
Redeye's research department is regulated by operational and administrative rules established to avoid conflicts of interest and to ensure the objectivity and independence of its analysts. The following applies:

- For companies that are the subject of Redeye's research analysis, the applicable rules include those established by the Swedish Financial Supervisory Authority pertaining to investment recommendations and the handling of conflicts of interest. Furthermore, Redeye employees are not allowed to trade in financial instruments of the company in question, from the date Redeye publishes its analysis plus one trading day after this date.
- An analyst may not engage in corporate finance transactions without the express approval of management and may not receive any remuneration directly linked to such transactions.
- Redeye may carry out an analysis upon commission or in exchange for payment from the company that is the subject of the analysis, or from an underwriting institution in conjunction with a merger and acquisition (M&A) deal, new share issue or a public listing. Readers of these reports should assume that Redeye may have received or will receive remuneration from the company/companies cited in the report for the performance of financial advisory services. Such remuneration is of a predetermined amount and is not dependent on the content of the analysis.

Redeye's research coverage
Redeye's research analyses consist of case-based analyses, which imply that the frequency of the analytical reports may vary over time. Unless otherwise expressly stated in the report, the analysis is updated when considered necessary by the research department, for example in the event of significant changes in market conditions or events related to the issuer/the financial instrument.

Recommendation structure
Redeye does not issue any investment recommendations for fundamental analysis. However, Redeye has developed a proprietary analysis and rating model, Redeye Rating, in which each company is analyzed and evaluated. This analysis aims to provide an independent assessment of the company in question, its opportunities, risks, etc. The purpose is to provide an objective and professional set of data for owners and investors to use in their decision-making.

Redeye Rating (2026-02-02)

Rating	People	Business	Financials
5p	6	7	0
3p - 4p	128	116	46
0p - 2p	12	23	100
Company N	146	146	146

Duplication and distribution

CONFLICT OF INTERESTS

Kevin Sule owns shares in the company: No
Richard Ramanius owns shares in the company: No
Redeye performs services for the Company and receives compensation from the Company in connection with this.