POOLBEG PHARMA

Company Presentation

October 2025

AIM: POLB

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POOLBEG PHARMA

A clinical-stage biopharmaceutical company with a core focus on transforming the cancer immunotherapy field. Poolbeg is also developing an oral, patient-friendly obesity treatment.

POOLBEG PHARMA

Investment Case

1. **Experienced team with proven track record**
2. **High value programmes targeting critical unmet medical needs**
3. **Programmes attractive for Pharma partnering**
4. **Cash runway into 2027, funding near-term clinical value inflection points in oncology & obesity**

Partnering Focused Model

- High value programmes with strong IP
- Proof-of-concept clinical trials
- High-quality & compelling human data
- Partnering

High Value Pipeline Programmes

Multiple near-term clinical value inflection points – positioned well for partnering

Product	Modality	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Key Milestones
POLB 001	p38 MAPK inhibitor	Cancer Immunotherapy-induced CRS*		**Commencing Phase 2**	**FDA Orphan Drug Designation**		▪ Trial at an advanced stage of preparation ▪ Approved bispecific antibody secured for trial ▪ Phase 2a interim data expected summer 2026
Oral Encapsulated GLP-1	GLP-1R agonist	Obesity		AnaBio™ Technologies LTD.			▪ Progressing towards PoC trial commencement ▪ Topline PoC data expected H1 2026
AI Programmes	Novel drug discovery	Influenza		CytoReason			▪ Potential partnership
		RSV		ONETHREE BIOTECH			▪ Potential partnership

*Further life cycle opportunities, including severe influenza

CRS: Cytokine Release Syndrome; **GLP-1**: Glucagon-like Receptor-1; **MAPK**: Mitogen Activated protein Kinase; **PoC**: Proof of Concept; **AI**: Artificial Intelligence.

POLB 001

Potentially breakthrough orally delivered p38 MAPK inhibitor to prevent cancer immunotherapy-induced Cytokine Release Syndrome (CRS)

Potential to Make Cancer Immunotherapies Safer & More Accessible

Effective preventative therapy represents a >US$10B market opportunity[1]

Cytokine Release Syndrome

- A severe, potentially life-threatening side effect
- >70%[2] of patients undergoing CAR T / BsAb treatment can be affected[2]

Impact of CRS

- Treatment restricted to specialist cancer centres
- Extended hospitalisation & high consumption of healthcare resources

Unmet Need

- No approved therapies for prevention
- Approved options for CRS management (tocilizumab) have not adequately[3] prevented Grade 2+ CRS

Potential Remedy – POLB 001

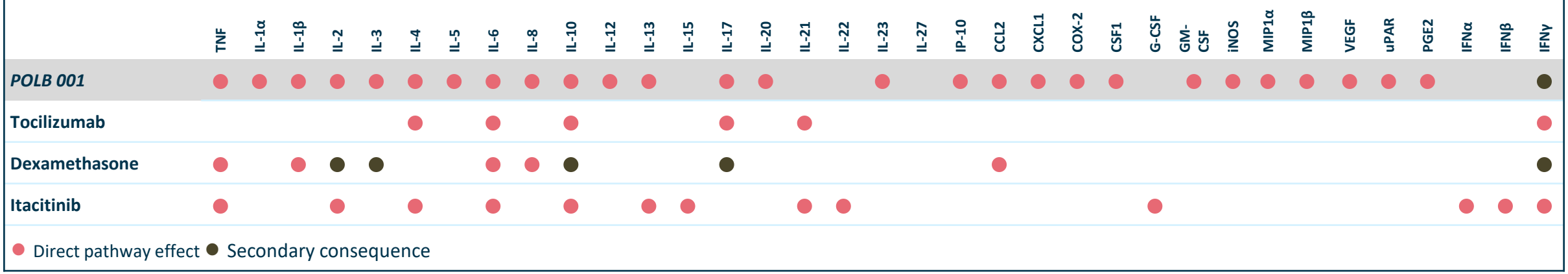
- Oral p38 MAPK - selectively prevent excessive inflammation without immunosuppression
- Favourable safety & tolerability profile
- Patent coverage until at least 2043 & FDA Orphan Drug Designation

1. Independent research by Decisive Consulting Limited. **2.** Average rate from Summary of Product Characteristics (SmPCs) for Yescarta, Tecartus, Abecma, Kymriah, Carvykti, Breyanzi, Elrexfio, Columvi, Epkinly, Tecvayli and Talvey; **3.** In this context, *adequately* is defined as both not completely preventing grade 2+ CRS and potentially sufficient to support active clinical development towards a regulatory approval of a medicine. Grade 2 CRS is defined as described by Lee et al, Biol Blood Marrow Transplant . 2019 Apr;25(4):625-638. janssenscience.com & doi.org/10.1182/blood-2022-159381; **CAR T:** Chimeric Antigen receptor T cell; **BsAb**: Bispecific Antibody; **CRS**: Cytokine Release Syndrome.

Inhibition of p38 MAPK – A Differentiated Solution For CRS

- p38 MAPK acts as a gatekeeper to inflammatory responses
- Inhibition causes a potent decrease of a wide range of pro-inflammatory cytokines without ablating the immune system
- Inhibition can *enhance tumour clearance* and does not decrease T cell proliferation[1]

*On-target effects of strategies to manage CRS**



POLB 001 has a novel and differentiated mechanism of action*

*The table presents a select overview of certain cytokines and certain comparative drugs and is not intended to depict the full pharmacological profile of each drug.

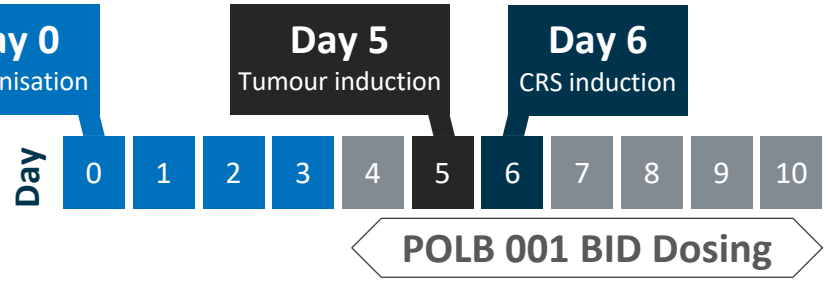
1. O'Neil et al. Int J Biochem Cell Biol. 2018 Jan;94:6–9. 2. Gurusamy et al, Cancer Cell . 2020 Jun 8;37(6):818-833.e9. **Table references**: Frevel et al, Mol Cell Biol. 2003 Jan;23(2):425–436. Tiedje et al, J Interferon Cytokine Res. 2014 Apr;34(4):220-32. Ogilvie et al, J Immunol (2005) 174 (2): 953–961. Dodeller et al, Eur J Immunol . 2005 Dec;35(12):3631-42. Vockerodt et al, Int J Cancer . 2005 Apr 20;114(4):598-605. Khaber. J Leukoc Biol. 2007 Mar 30;81(6):1335–1344. noubade et al. Blood. 2011 Jul 25;118(12):3290–3300. Yanagawa and Onoé. mmunology. 2006 Apr;117(4):526–535. Johansen et al. Br J Dermatol . 2010 Dec;163(6):1194-204. Guan et al, J Biol Chem . 1998 May 22;273(21):12901-8. Lahti et al, BMC Pharmacol. 2006 Feb 21;6:5. Gonsalves et al, J Immunol . 2010 Nov 15;185(10):6253-64. Grebenciucova and VanHaerents, Front Immunol . 2023 Sep 28:14:125553. Hudson et al, Nat Commun. 2018 Apr 6;9(1):1337. Menson et al, Am J Physiol Lung Cell Mol Physiol . 2020 Oct 1;319(4):L693-L709. Franchimont et al, Regul Pept . 1998 Jan 2;73(1):59-65. Spinelli et al, Rheumatology (Oxford). 2021 May 5;60(Suppl 2):ii3–ii10. yarilina et al, Arthritis Rheum. 2012 Dec;64(12):3856–3866. Johnson et al, Bioorg Med Chem Lett . 2019 Jun 15;29(12):1522-1531.

POLB 001 Prevented CRS in Humanised Mouse Model

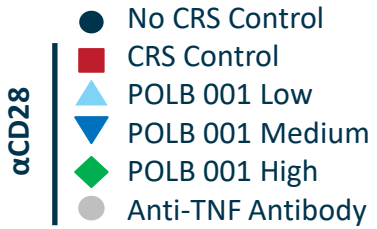
Highly effective and superior to a TNF-α antibody in a gold standard model of CRS

ASH '24

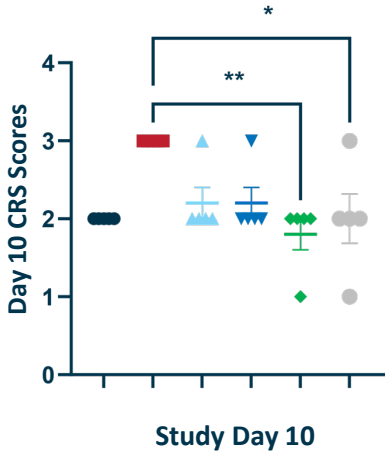
Study Design



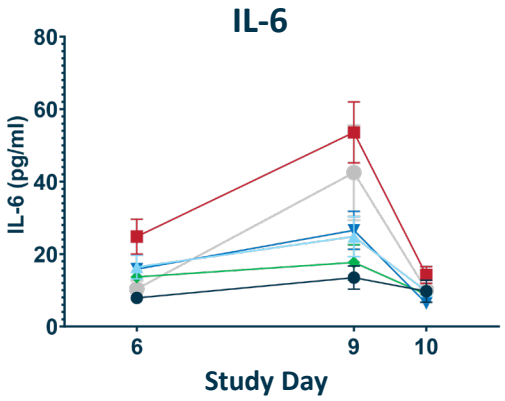
Study Groups

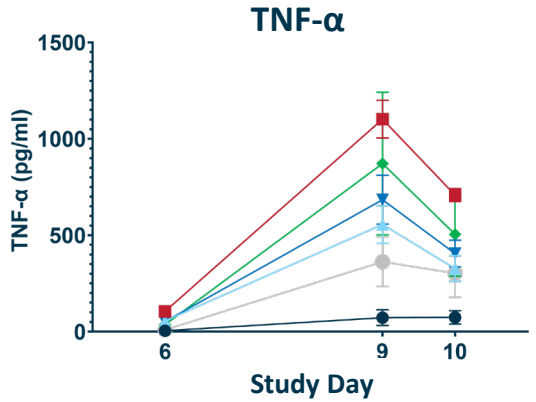


CRS Scores



CRS Biomarkers





POLB 001 prevented CRS symptoms*

POLB 001 decreased all key CRS biomarkers tested

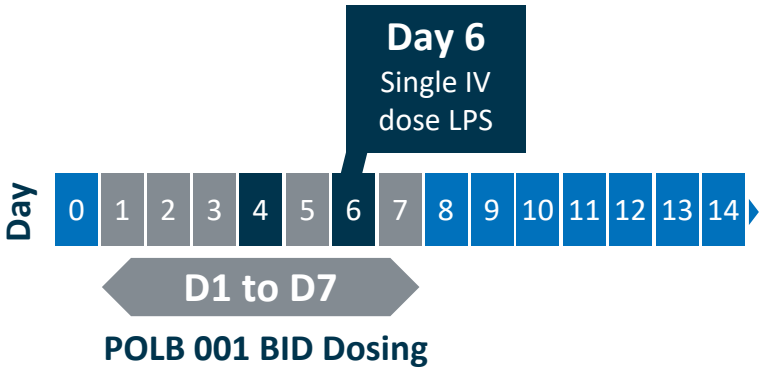
The experimental model is a previously validated CD28 superagonist induced CRS model in humanized tumour bearing mice performed by The Jackson laboratory. A TNF antibody was included as a robust comparator as these have been found empirically to be the most potent preventors of CRS in mice despite limited utility in humans. *Statistically significant reduction of CRS scores compared to untreated controls. CRS scores had no significant difference to *No CRS Control* group. **BID**: twice daily; **CRS**: Cytokine Release Syndrome; **TNF**: Tumour necrosis factor; **IL-6**: Interleukin-6.

LPS Human Challenge – Potent Inhibition of Excessive Inflammation

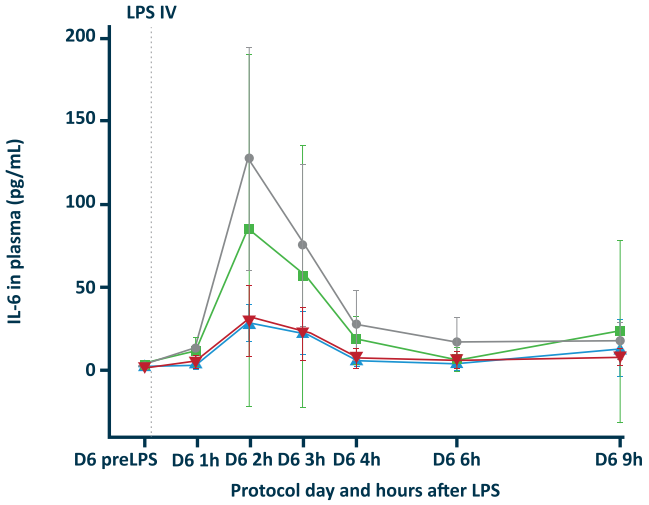
Positive data supports the potential of POLB 001 to effectively prevent CRS

ASH '23

Trial Design

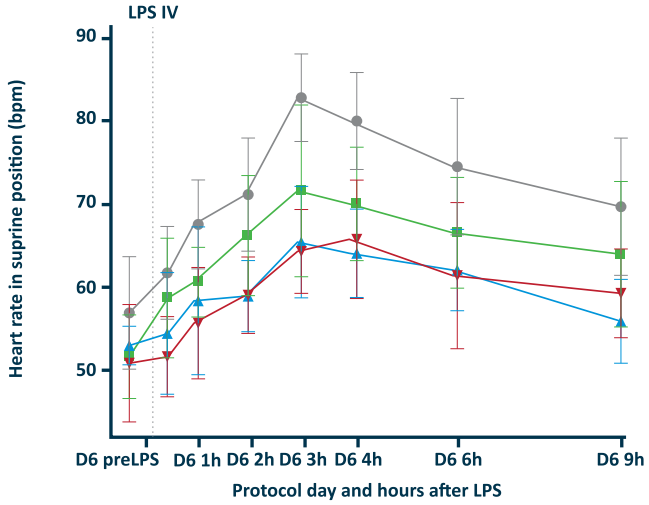


IL-6 Levels



57.4% and 63.5% decrease for 70 mg & 150 mg doses respectively (p = 0.0002)

Heart Rate (bpm)



Suppressed increase in heart rate following IV LPS administration

● Placebo ■ 30 mg POLB 001 ▲ 70 mg POLB 001 ▼ 150 mg POLB 001

Potential to effectively prevent CRS while preserving key immune system functionality

Trial design: Single site, randomized placebo controlled LPS challenge trial. Healthy males administered BID oral POLB 001 or vehicle only control & challenged with local dermal LPS on day 4 and systemic IV LPS on day 6 to evaluate effect of POLB 001 on local and systemic inflammatory responses respectively. n=9 per group, all endpoints were exploratory. **BID**: twice daily; **CRS**: Cytokine Release Syndrome; **ID**: Intradermal; **IV**: Intravenous; **IL-6**: Interleukin-6.

Key Take-aways

- Next steps need to capitalise on breakthrough life changing therapies for multiple myeloma patients by **broadening access** and extending learnings from academic centers on how to deliver bispecific antibodies and CAR T cells at scale

- **Patient preference** plays a large role in treatment selection. With so many approved options, patient preference plays a larger role. Patients highly value;
    - staying close to home
    - reducing treatment related toxicities
    - staying with existing healthcare teams

- **Outpatient delivery of certain immunotherapies is not feasible**. Attempts to migrate treatments in world leading hospitals have required extensive resourcing, wearables, technological enablement, education and is only suitable for fit patients with a full time care-giver who can remain in close proximity to the hospital

POLB 001 First-in-Patient Phase 2a Trial

Supply of approved bispecific antibody secured at no cost to Poolbeg

TOPICAL - Trial of Prevention of ImmunoCytokine Adverse events in Myeloma

Chief Investigator	Dr Emma Searle, MBChB MA MRCP FRCPath PhD
Trial run by	Accelerating Clinical Trials (ACT) - specialist blood cancer trials organisation
Sites	The Christie NHS Foundation Trust and other leading UK specialist cancer centres
Objective	To investigate the safety and efficacy of POLB 001, in particular its ability to reduce incidence of CRS in patients receiving an approved bispecific antibody
Number of subjects	c. 30
Patient population	Relapsed/refractory multiple myeloma patients

"I have seen first-hand the challenges that CRS presents to the delivery of cancer immunotherapies, requiring many of our patients to be hospitalised for treatment. These transformative therapies will continue to be restricted until there is a way to administer them more safely. POLB 001 holds great promise in tackling this issue; potentially leading to improved patient wellbeing, reducing the strain on healthcare systems while making these treatments more accessible to a broader patient population."

Dr Emma Searle, Consultant Haematologist

BsAb: Bispecific antibody; **CRS**: Cytokine Release Syndrome; **Tx**: Treatment.
*Bispecific antibody dosing days estimated for demonstrative purposes only and may vary.

Accelerating clinical trials for patients

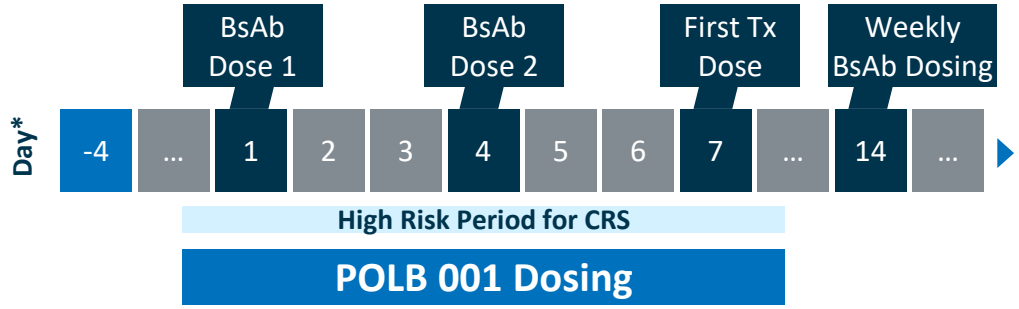
- A specialised trials delivery organisation dedicated to blood cancers
- Experienced team embedded in the UK haematology community
- Extensive and positive relationship with the leading cancer centres in the UK
- Equipped to provide registrational standard trials, and an ideal profile to complete TOPICAL clinical trial
- Driven by a mission to improve outcomes for patients with blood cancers

"At ACT we work hand-in-hand with the haematological community to accelerate the delivery of clinical trials of new therapies, leveraging our wide network of research centres in the UK. We look forward to completing this study with POLB 001 which holds great potential to transform the cancer immunotherapy field and address this critical unmet medical need."
Dr Paul Sherrington, CEO

POLB 001 Phase 2a Trial

Trial designed to produce rapid & compelling data for the effectiveness of POLB 001 to prevent CRS

Proposed Trial Design



2x Daily Oral | **Single Arm** | **N = ~30** | **Approved BsAb** | **Open Label**

Key Endpoints

- Incidence of CRS
- Severity of CRS
- Confirm safety & pharmacokinetics
- CRS management / tocilizumab usage

Milestones

- ✓ Supply of approved bispecific antibody secured at no cost to Poolbeg
- ✓ Supply of GMP grade POLB 001 ready
- ✓ Trial at an advanced stage of preparation
- ❑ Interim data expected Summer 2026

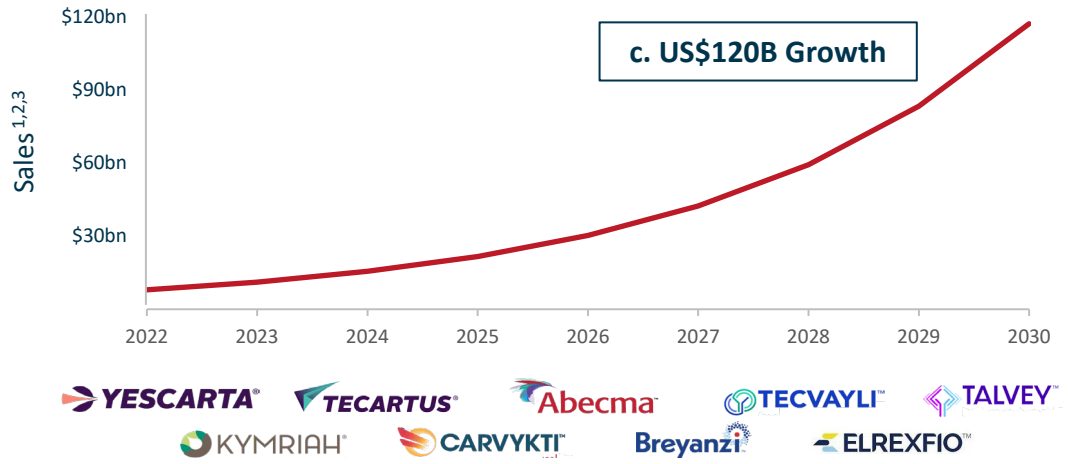
Potential for partnering on positive data

BsAb: Bispecific antibody; **CRS**: Cytokine Release Syndrome; **Tx**: Treatment.
*Bispecific antibody dosing days estimated for demonstrative purposes only and may vary.

Significant Market Opportunity in a Rapidly Growing Field

CRS is a major issue and rate limiting in delivering cancer immunotherapies

BsAb & CAR T Market Expected to Grow Exponentially



Need for effective CRS management is driven by rapid growth of CRS-inducing cancer immunotherapies

Potential Benefits of FDA Orphan Drug Designation

Granted May 2025

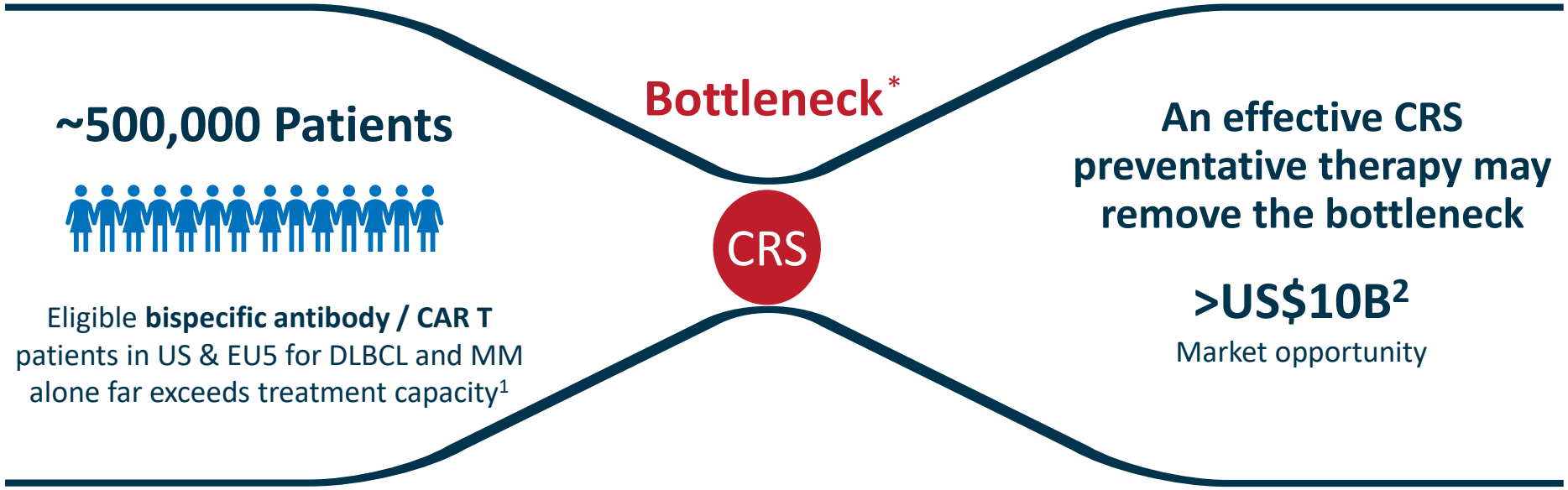
- 7 years U.S. marketing exclusivity from approval
- Waiver of New Drug Application fees (value > US$4m)
- Earlier access to Special Protocol Assessment to agree on pivotal trial designs
- Tax credits for qualified clinical trials

POLB 001 – potential first approved preventative therapy for cancer immunotherapy-induced CRS

1. Grand View Research. CAR T-Cell Therapy Market Analysis 2023-2030. **2.** Grand View Research. Bispecific Antibodies Market Size, Share & Trends Analysis Report. **3.** Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023.
BsAb: Bispecific Antibody; **CAR T**: Chimeric Antigen Receptor T cell therapy; **CRS**: Cytokine Release Syndrome.

Potential to Greatly Enhance Uptake of BsAb and CAR T Therapies

Effective prevention of CRS by POLB 001 may enable broader access to cancer immunotherapies



"Bispecific antibodies will only be delivered in specialist cancer centres until there is a way to make them safer. POLB 001 could make treatment safe enough to extend them to a much wider patient population"

Prof Gareth Morgan, myeloma specialist, US

"If there was a therapy that was orally delivered, a whole lot of infrastructure requirement falls away"

Prof Martin Kaiser, myeloma specialist, UK

1. Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023. **2.** Independent research by Decisive Consulting Limited.
*CRS prevention may contribute to bottleneck removal. Other issues, such as manufacturing, supply and other adverse events, may also present barriers to wider uptake.

POLB 001 has the potential to transform the cancer immunotherapy field by expanding administration of cancer immunotherapies from centralised specialist cancer centres into community hospitals by making the treatment safer through the prevention of the life-threatening side effect, CRS. As such, POLB 001 could increase the number of patients that can receive these life-saving treatments, thereby increasing the market opportunity.

GLP-1 Programme

Oral encapsulated GLP-1R agonist targeting the obesity market

Oral GLP-1R Agonist Targeting the Obesity Market

Proof of concept trial topline data expected H1 2026

- **Proprietary** delivery technology with leading expert in obesity & metabolic medicine
- Microencapsulated GLP-1 with **targeted gut delivery** with potential to improve convenience and bioavailability
- Potential to overcome oral delivery challenges of peptide-based biologicals

Trial Investigator: Prof Carel le Roux

Site: University of Ulster

Objective: Demonstrate GLP-1 uptake

Endpoints: Safety, tolerability & PK

N = Up to 20

Population: Obese subjects

"This trial is designed to generate impactful data that demonstrates our ability to safely and efficiently deliver an oral GLP-1R agonist using a validated technology." **Prof Carel le Roux**

Successful results from the trial may support partnering & multiple opportunities for value creation

GLP-1: Glucagon like-peptide-1; **PK**: Pharmacokinetics.

Significant Potential for Oral GLP-1 to Claim Market Share

Major shortcomings within currently approved treatment options

Large Growing Market

US$347B

Economic impact of obesity on US businesses & employees 2023[1]

US$150B

GLP-1R agonist market projection by 2031[2]

42%

US population effected by Obesity[3]

Shortcomings of Existing Options

c.99%

API wasted in current oral options[4]

>45%

Patients **discontinue** GLP-1s within 1 year[5]

64%

Patients cite **nausea** for discontinuation[6]

45%

Patients cite **vomiting** for discontinuation[6]

56%

Discontinuations would **prefer oral** alternatives[6]

AnaBio's Encapsulation Centre of Excellence

- 2,000m^2 state of the art manufacturing facility
- FFSC2200, FDA accredited
- Commercialises encapsulated bioactives in food and beverage applications

1. Global Data, Assessing the Economic Impact of Obesity and Overweight on Employers, Feb 2024. **2.** The Economist, March 2023. **3.** Stierman B, Afful J, Carroll MD, et al. National Health and Nutrition Examination Survey 2017–March 2020 prepandemic data files development of files and prevalence estimates for selected health outcomes. Natl Health Stat Report. 2021;158. **4.** PMID: 26921819 **5**. PMID: 35101924. 6. PMID: 29033597.

API: Active Pharmaceutical Ingredient; **GLP-1**: Glucagon like-peptide-1.

Strategic & Financial Highlights

Funded through key clinical milestones in high interest areas

Strategic & Financial Highlights

Clear plan to deliver shareholder returns

- **Partnering Focused Model**: Cost-effective trials designed to produce high-quality human data and accelerate partnering discussions
- **Proven Team**: Expertise in trial execution and deal-making – CEO Jeremy Skillington was instrumental in Inflazome's US$450M+ sale to Roche in 2020
- **Well Capitalised**: Cash balance of £10.0M (30 June 2025), including £4.865M gross proceeds raised as part of an oversubscribed and upsized fundraise, giving a runway into 2027
- **Multiple Potential Value Catalysts Ahead**:
  - POLB 001 Phase 2a trial initiation, interim analysis and topline data
  - Oral GLP-1 proof-of-concept trial initiation and topline data readout

Well-capitalised and entering a catalyst-rich period

Investment Highlights

Experienced team with proven track record

High value programmes targeting critical unmet medical needs

Programmes attractive for **Pharma partnering**

Cash runway into 2027, funding near-term clinical value inflection points in oncology & obesity

AIM: POLB

Appendix

Leadership Team with Record of Delivering Value

Track record of building successful life-science companies

Cathal Friel

Executive Chairman

hVIVO formerly Open Orphan plc

AMRYT PHARMA

Raglan Capital

Jeremy Skillington PhD

Chief Executive Officer

INFLAZOME Targeted Therapies for Inflammatory Diseases

Genentech A Member of the Roche Group

ETHRIS

Ian O'Connell

Chief Financial Officer

hVIVO formerly Open Orphan plc

AMRYT PHARMA

Deloitte.

Board Includes Leading Non-Executive Directors

A long history of success in the life sciences industry

Prof Luke O'Neill

Non-Executive Director

Trinity College Dublin, The University of Dublin; INFLAZOME Targeted Therapies for Inflammatory Diseases; GSK

- ✓ Co-Founder Inflazome which was acquired by Roche in 2020 for €380M + milestones
- ✓ Previously scientific advisory board member of GSK & Pfizer

Eddie Gibson

Non-Executive Director

WICKENSTONES; Bristol Myers Squibb; AVEO ONCOLOGY

- ✓ Market access expert
- ✓ Supported numerous drug companies secure pricing and reimbursement

Prof Brendan Buckley

Non-Executive Director

EUROPEAN MEDICINES AGENCY SCIENCE MEDICINES HEALTH; UNIVERSITY OF OXFORD; ICON

- ✓ Former Chief Medical Officer at ICON plc
- ✓ Former member of Committee for Orphan Medicinal Products & Scientific Advisory Group for Diabetes and Endocrinology at the EMA

An Oral p38 MAPK Inhibitor That Selectively Targets Key Inflammatory Path Without Broad Immunosuppression

Phase 2 ready asset with a comprehensive pre-clinical and clinical data package

Favourable Safety and Tolerability Profile

- 97 subjects dosed during Phase I FIH and LPS Challenge studies
- No SAEs or discontinuations due to AEs, all were of mild intensity
- No clinically meaningful findings in clinical laboratory test results, vital signs or ECG
- Favourable safety & tolerability profile

Designed to Prevent Immunotherapy-Induced CRS

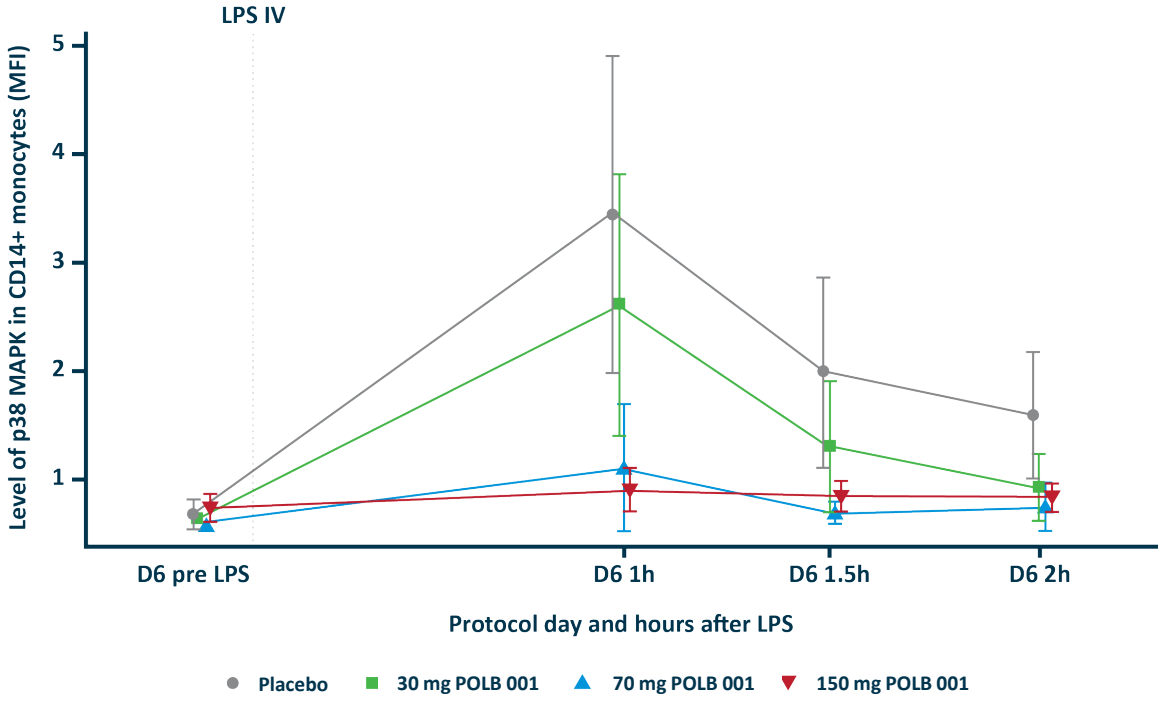
- Suitable for at-home dosing (used in LPS Challenge Trial)
- Hepatic metabolism and biliary excretion profile favourable for multiple myeloma and renally impaired populations
- BID oral regimen designed to provide targeted protection during CRS risk period
- Half-life of 7-14 hours provides adequate exposure and avoids excessive exposure beyond periods of CRS risk

AE: adverse event; **FIH**: First in human; **SAE**: Serious adverse events; **ECG**: Electrocardiogram.

Potent and Selective Inhibition of p38 MAPK Signalling

Effective target engagement demonstrated in LPS human challenge trial

Levels of Phosphorylated p38 MAPK in Circulating Monocytes



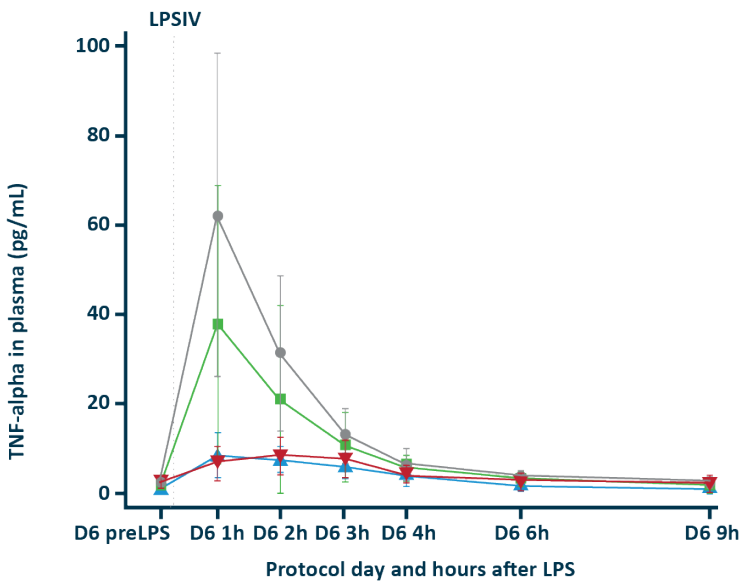
- POLB 001 was **widely distributed**
- POLB 001 **inhibited p38 MAPK activation**, direct measurement of activation
- POLB 001 i**nhibited in vivo and ex vivo responses** to LPS-induced TNF-α, indirect measurement of p38 MAPK inhibition

Blood samples were taken before and after administration of intravenous LPS. Peripheral blood samples were analysed by flow cytometry. Monocytes were gated by FSC, SSC and CD14+. Data is presented as mean MFI values of phospho-p38 +/- SEM.

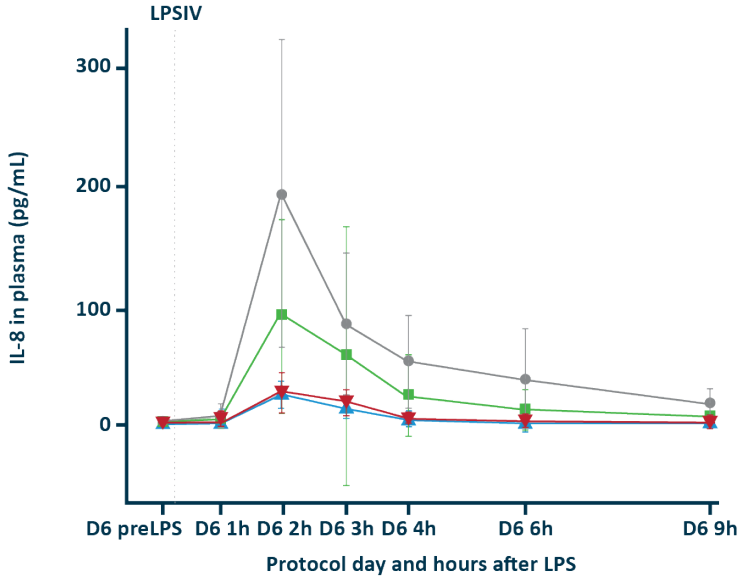
Reduced Key Inflammatory Cytokines Following LPS Challenge

Dose dependent reductions, without ablation of immune function

TNF-α



IL-8



Placebo ■ 30 mg POLB 001 ▲ 70 mg POLB 001 ▼ 150 mg POLB 001

TNF-α reduction of **73.5% and 56.2%** seen for **70 mg and 150 mg doses respectively** (p = 0.0003)

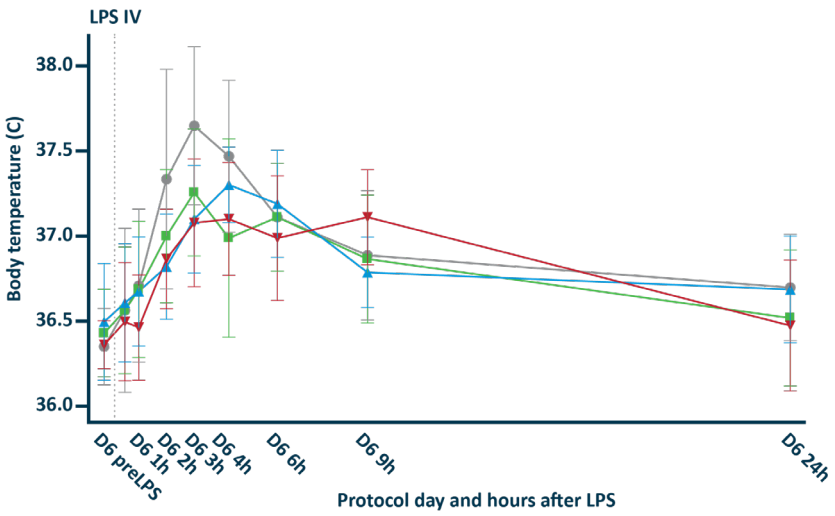
IL-8 reduction of **80.7% and 76.7%** seen for **70 mg and 150 mg doses respectively** (p < 0.0001)

TNF-α and IL-8 levels decreased between 56-81% in subjects treated with 70 mg or 150 mg POLB 001 twice daily

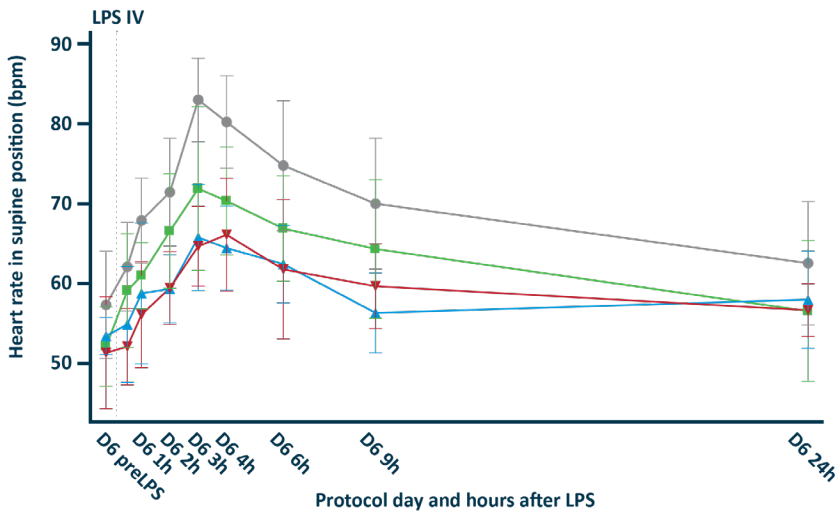
Reduced Key Indicators of LPS-Induced Systemic Inflammation

The reduction of systemic cytokines align with improvement in clinically meaningful endpoints

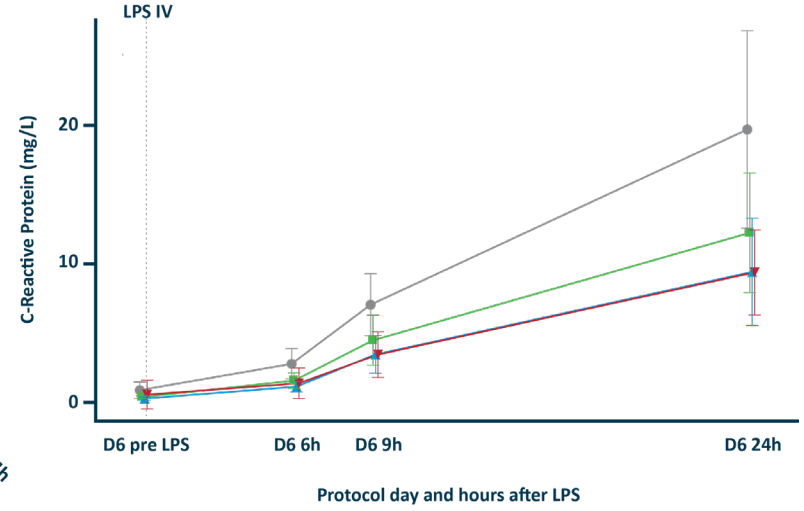
Mean Body Temperature



Heart Rate Rise (bpm)



C-Reactive Protein (CRP)



Placebo | 30 mg POLB 001 | 70 mg POLB 001 | 150 mg POLB 001

No significant effect on body temperature with a trend towards reduction compared to placebo

Suppressed increase in heart rate following IV LPS administration

CRP level reduction of **33.1% and 33.3%** seen for **70 mg and 150 mg** doses respectively

CRS Preventative Therapy: >US$10B US Market Opportunity

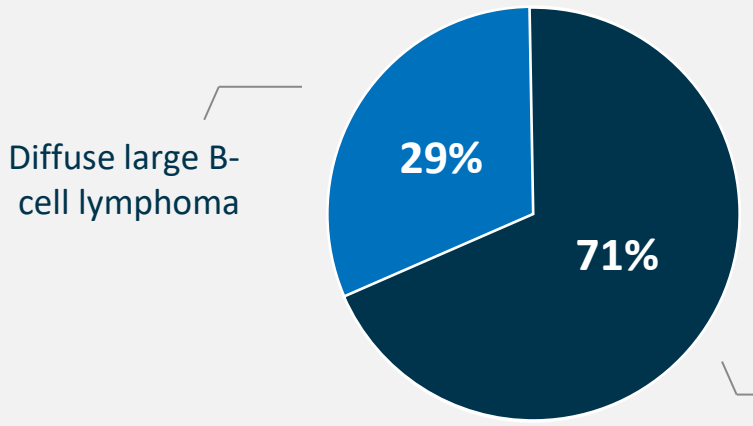
Significant opportunity exists for POLB 001 as CRS preventative for BsAb and CAR T treatment3

1st, 2nd and 3rd line+ MM and DLBCL patients in the US and EU5, receive CAR T and bispecific antibody therapy[1]

An effective preventative therapy for CRS could **enable outpatient administration and broader uptake** of cancer immunotherapies[2]

Potential across additional haematological malignancies, solid tumours and new areas like severe influenza

Addressable MM and DLBCL population by 2030 in the US and EU5



n = ~500,000 patients[1]

Estimate encompasses solely MM & DLBCL due to rapid advancements in bispecific antibody & CAR T treatment for these indications. Conservative price estimate versus market peers

1. Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023. **2.** Hansen DK et al., Cancers (Basel). 2023. 7;15(24):5746. **3.** Independent research by Decisive Consulting Limited.
BsAb: Bispecific antibody; **CAR T**: Chimeric Antigen Receptor T cell therapy; **CRS**: Cytokine Release Syndrome; **MM**: Multiple Myeloma; **DLBCL**: Diffuse Large B-Cell Lymphoma.

Grades & Severity of CRS

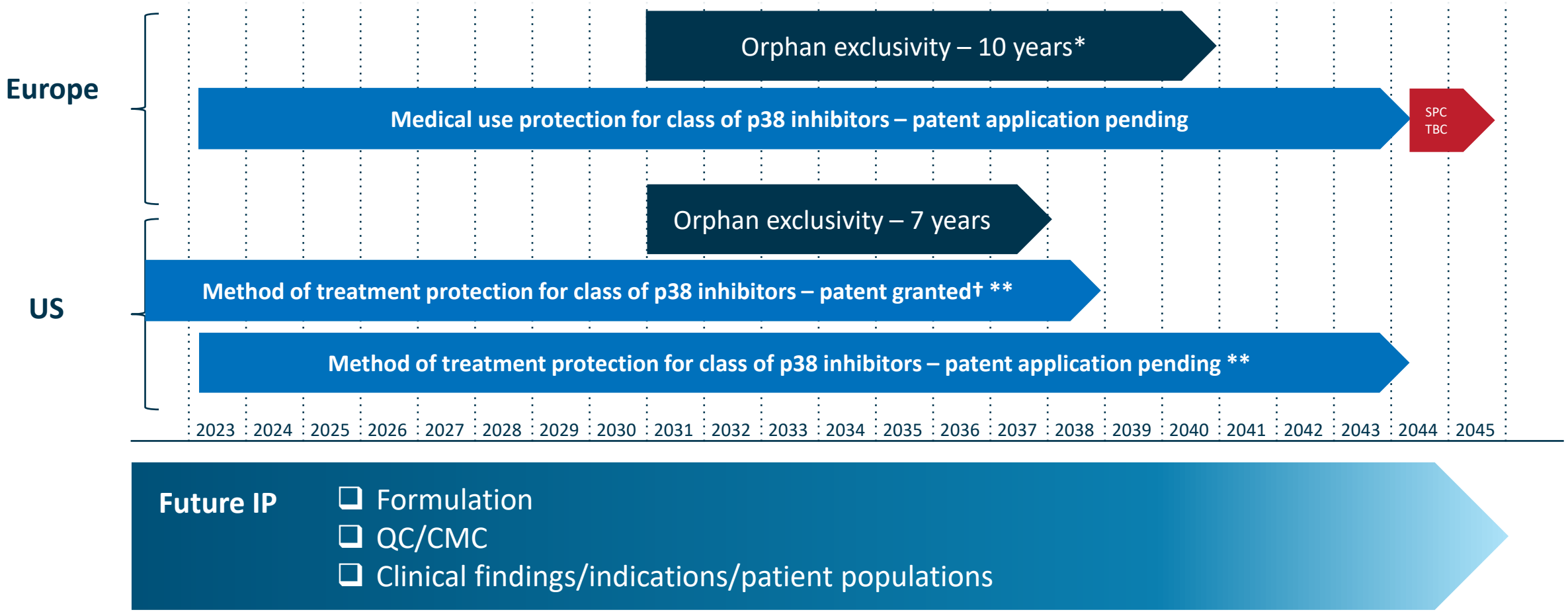
CRS is a common adverse event following CAR T and bispecific antibody treatment

CRS Parameter[1]	Grade 1	Grade 2	Grade 3	Grade 4
Fever	Fever ≥ 38°C (not attributable to any other cause). In patients who have CRS then receive antipyretics or anti-cytokine therapy such as tocilizumab or steroids, fever is no longer required to grade subsequent CRS severity. In this case, CRS grading is driven by hypotension and/or hypoxia			
Hypotension*	None	Not requiring vasopressors	Requiring a vasopressor ± vasopressin	Requiring multiple vasopressors (excluding vasopressin)
Hypoxia*	None	Requiring low-flow oxygen (≤6 L/min)	Requiring high-flow oxygen (>6 L/min)	Requiring oxygen by positive pressure

*CRS severity is determined if either hypotension or hypoxia criteria is achieved for a given grade

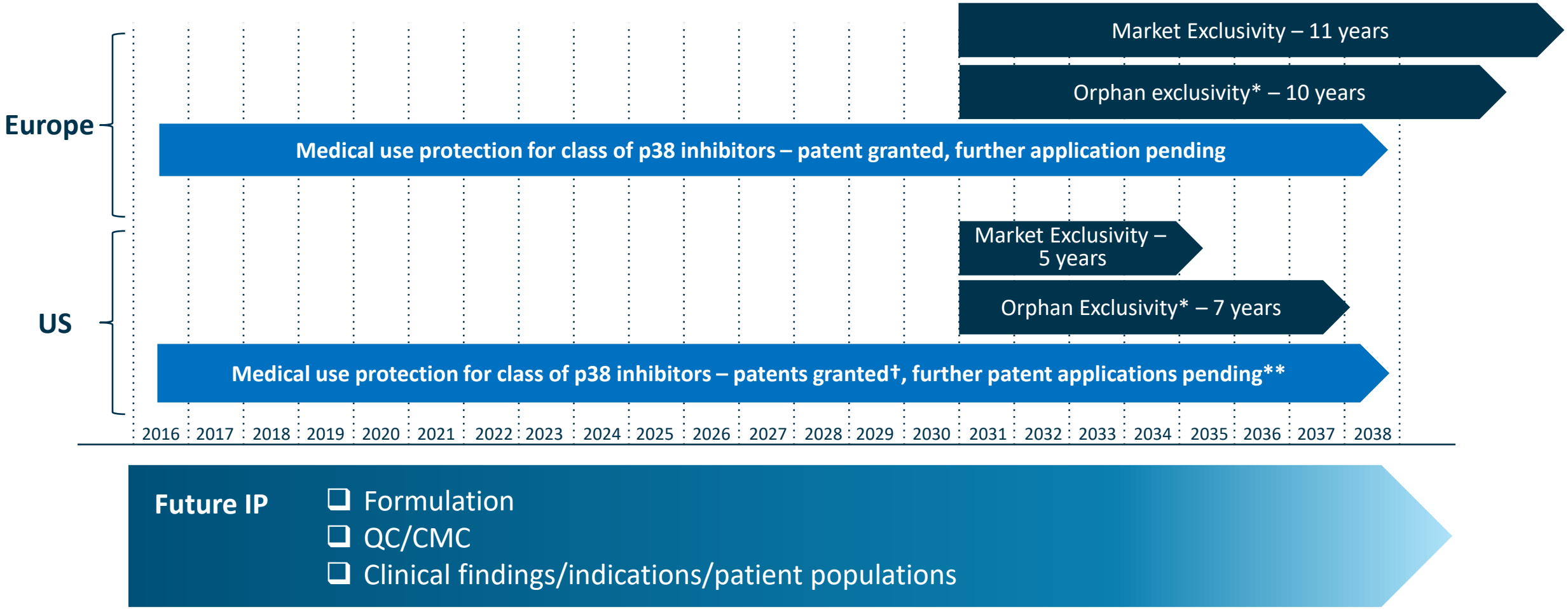
1. Ayuketang FA, Jäger U. Management of Cytokine Release Syndrome (CRS) and HLH. 2022. The EBMT/EHA CAR T Cell Handbook. Chapter 26.

POLB 001: Oncology CRS - Regulatory Exclusivity / Patent Timeline



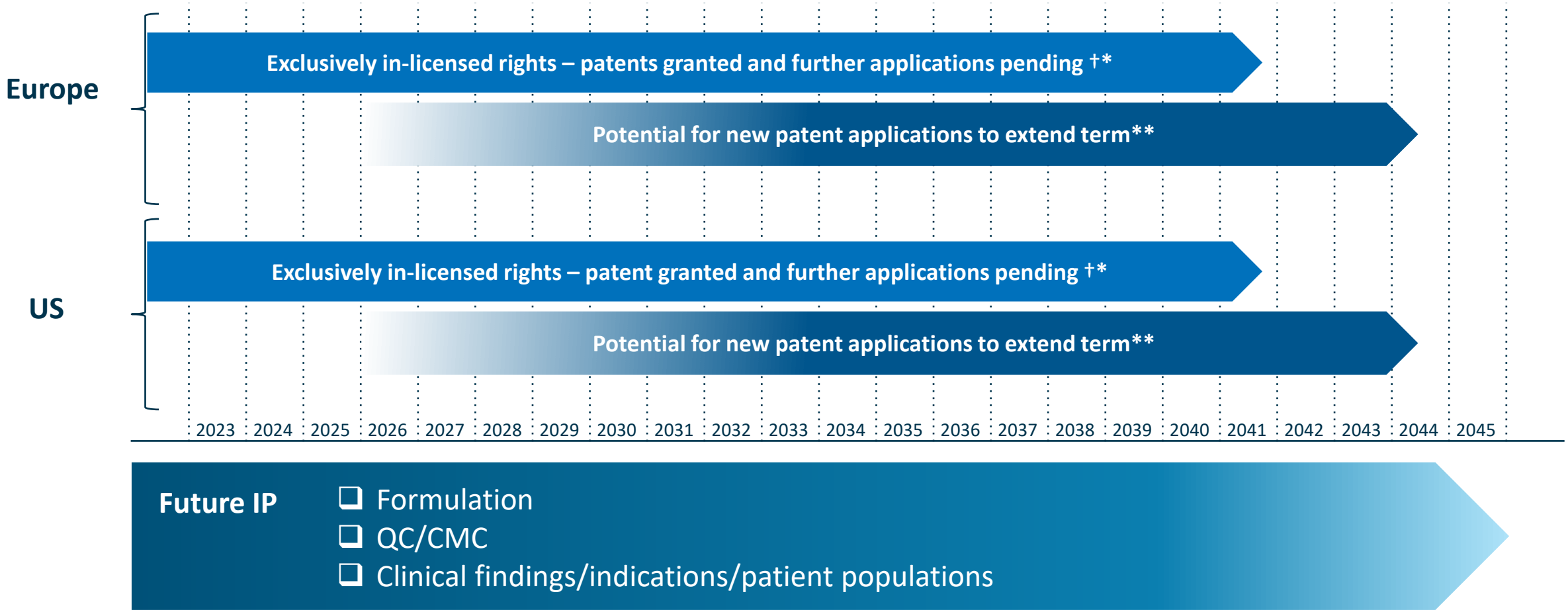
†Portfolio includes a patent covering use of POLB 001 for hypercytokinemia/CRS that was granted by the US Patent Office in April 2024, with a latest expiry date in Dec 2038 excl. extensions.
*Orphan exclusivity subject to grant of Orphan Designation by EMA
** Subject to any extensions: patent term adjustment (PTA) and/or patent term extension (PTE)
Note: Commencement date for market exclusivity and Orphan exclusivity is for demonstrational purposes only and is not intended to reflect actual, anticipated or proposed dates by the Company

POLB 001: Flu & Hypercytokinemia - Regulatory Exclusivity / Patent Timeline



†Portfolio includes a patent covering use of POLB 001 for hypercytokinemia/CRS that was granted by the US Patent Office in April 2024, with a latest expiry date in Dec 2038 excl. extensions.
*Orphan exclusivity subject to grant of Orphan Drug designation and Orphan Designation by FDA and EMA respectively
** Subject to any extensions: patent term adjustment (PTA) and/or patent term extension (PTE)
Note: Commencement date for market exclusivity and Orphan exclusivity is for demonstrational purposes only and is not intended to reflect actual, anticipated or proposed dates by the Company

Oral Encapsulated GLP-1 - Regulatory Exclusivity / Patent Timeline



*Subject to any extensions, such as US patent term adjustment (PTA).
**Unfiled; filing date TBC.
† Extent of coverage of specific products in development is TBC.

Human Challenge Data has Attracted Expert AI Collaborators

CytoReason

Novel influenza drug targets successfully identified and prioritised

CytoReason's Partners

Pfizer · Roche · sanofi · MERCK

"Human challenge data is extremely rare, and the number of such datasets is limited. None of them have the same richness as this dataset"

Prof Shai Shen-Orr, Co-Founder & Chief Scientist

ONETHREE BIOTECH

Successfully identified drugs with potential to combat RSV with existing clinical data in other indications

OneThree Biotech's Partners

AstraZeneca · Boehringer Ingelheim · LEO · Stanford University

"One thing I was excited about was the uniqueness and quality of the data. AI is only as powerful as the data you bring in"

Neel Madhukar, PhD, CEO

Progressing potential partnerships

AI: Artificial Intelligence; **RSV**: Respiratory Syncytial Virus.

POOLBEG PHARMA

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Listed on the London Stock Exchange, AIM ticker: POLB