POOLBEG PHARMA

Company Presentation

May 2026

AIM: POLB

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A clinical-stage company developing POLB 001 which has the potential to transform the lives of cancer patients by delivering their treatment safely & locally. Poolbeg is also developing an oral, patient-friendly obesity treatment.

Investment Case

1. Experienced team with proven track record of closing significant transactions / exits
2. High value clinical-stage programmes targeting critical unmet medical needs in large & growing markets
3. Financial runway into 2027, supporting near-term clinical value inflection points
4. Strong potential to secure partnerships based on positive data from clinical trials

Partnering Focused Model

High value programmes with strong IP

Proof-of-concept clinical trials

High-quality & compelling human data

Constructive engagement with prospective partners

FY25: A Transformative Year for Poolbeg

Building towards clinical data and partnering

CASH

£7.7m

As at 31 December 2025
Funded through near-term clinical milestones

FUNDRAISE

£4.865m

June 2025
Oversubscribed & upsized

POLB 001 MARKET OPPORTUNITY

>US$10bn

Multi-billion-dollar peak sales potential

TOPICAL trial fully prepared

ACT appointed, teclistamab secured from J&J at no cost, leading UK cancer centres join trial, protocol finalised

FDA Orphan Drug Designation

Granted to POLB 001 for the prevention of T-cell engager bispecific antibody induced CRS. Validating scientific rationale & commercial appeal

IP & partnering

Multiple new patents granted
Constructive partnering discussions with major & mid-sized pharma

Positive *in vivo* data

Supports the use of POLB 001 to prevent cancer immunotherapy-induced CRS

RISE programme

Industry partner alongside J&J on University of Manchester & The Christie research programme - wider research into immunotherapy-induced CRS

Oral GLP-1 advancing

Progress made towards commencement of proof-of-concept trial now expected to start H2 2026 due to revised manufacturing lead times

2026 – Strong Progress & Key Data Imminent

Building towards clinical data and partnering

Major patent grant
First national grant within Poolbeg's cancer immunotherapy-induced CRS patent family

MHRA approval
All regulatory approvals received for TOPICAL trial

Peer-reviewed data published
LPS human challenge trial results in Frontiers in Immunology confirm strong efficacy & safety profile for POLB 001

Multi-billion-dollar peak US sales potential
Identified for POLB 001 in independent US-focused pricing research

Scientific Advisory Board Appointment
Dr Adrian Kilcoyne brings a wealth of knowledge in haematological malignancies, T-cell therapies and CRS

Partnering momentum
Increased engagement with partners as we advance towards data

Multiple Upcoming Milestones

Scheduled	To commence shortly	Summer 2026	H2 2026
POLB 001 trial site initiation visits	POLB 001 trial patient recruitment & dosing	POLB 001 trial interim data expected	Oral GLP-1 trial commencement

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*			**FDA Orphan Drug Designation**		▪ TOPICAL trial in multiple myeloma patients ▪ Teclistamab provided by J&J for trial ▪ Interim data expected summer 2026
Oral Encapsulated GLP-1	GLP-1R agonist	Obesity		AnaBio™ Technologies LTD.			▪ Progressing towards PoC trial commencement ▪ Expected to commence H2 2026
AI Programmes	Novel drug discovery	Influenza		CytoReason			▪ Potential partnership
		RSV		ONETHREE BIOTECH			▪ Potential partnership

*Further life cycle opportunities, including severe influenza

AI: Artificial Intelligence; **CRS**: Cytokine Release Syndrome; **GLP-1**: Glucagon-like Receptor-1; **MAPK**: Mitogen Activated protein Kinase; **PoC**: Proof of Concept; **FIP**: First-in-Patient
TOPICAL - Trial of Prevention of ImmunoCytokine Adverse events in Myeloma

POLB 001 – potential first approved preventative therapy for cancer immunotherapy-induced Cytokine Release Syndrome (CRS)

POLB 001 has the potential to transform the cancer immunotherapy field through the prevention of CRS thereby expanding administration of cancer immunotherapies from centralised specialist cancer centres into community hospitals and ultimately home-based treatment

Changing Landscapes & the Role of Bispecific Antibodies

A cornerstone of next generation immunotherapies

Myeloma Patient 1

Diagnosed 2003

Treatment Options

- Chemotherapy + corticosteroid
- VAD chemotherapy triplet
- Thalidomide
- Stem cell transplant

5-year survival
c. 30-35%[1]

10-year survival
c. 20%[2]

Myeloma Patient 2

Diagnosed 2026

Treatment Options

- CAR T therapy
- Bispecific antibodies
- CD38 antibodies
- IMiDs, Selinexor
- Proteosome inhibitors
- ADCs, *CELMoDs*

5-year survival
est. >80%[3]

10-year survival
est. >60%[4]

Bispecific antibodies

Breakthrough immunotherapy with immense benefits across a growing range of cancers

Extending into earlier lines & new indications. Growing burden of CRS management in the clinic

Emerging therapies are limited to specialist centres: administration & patient management is challenging

CRS is a major barrier to becoming more widely available, >70% of patients can be affected[5]

Hospital stays due to the risk of or onset of CRS may negatively affect uptake

Where multiple effective options exist patient preference has an increasing impact on market uptake

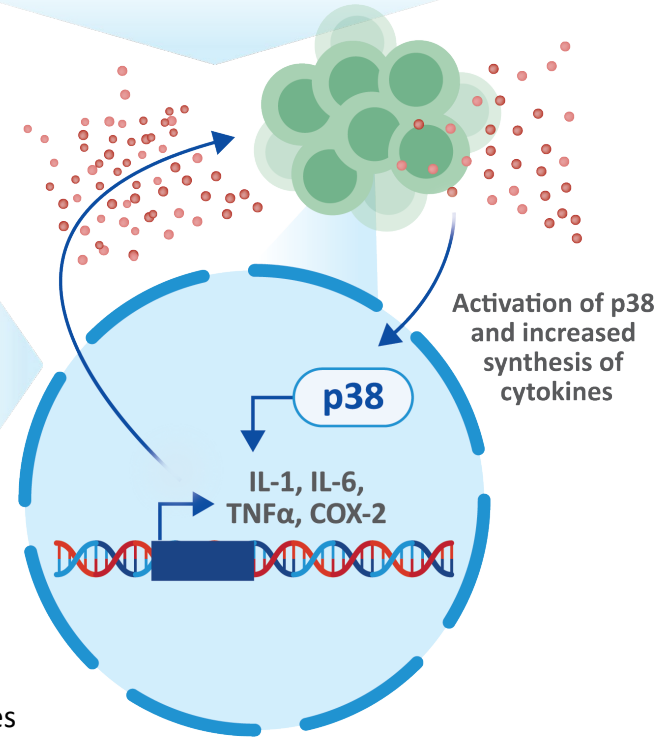
1. Michel Attal, M.D., et al. A Prospective, Randomized Trial of Autologous Bone Marrow Transplantation and Chemotherapy in Multiple Myeloma. N Engl J Med, 1996. DOI: 10.1056/NEJM199607113350204. **2.** Recent major improvement in long-term survival of younger patients with multiple myeloma. Blood (2008) 111 (5): 2521–2526. **3.** MajesTEC-3: 'Unprecedented' Benefit in Previously Treated Multiple Myeloma. The ASCO Post. Feb 2026. **4.** New long-term progression free survival data projections reinforce subcutaneous DARZALEX® (daratumumab) quadruplet therapy as a foundational standard of care for patients with newly diagnosed multiple myeloma. Johnson & Johnson Innovative Medicine. 25 April 2025. **5.** Average rate from Summary of Product Characteristics (SmPCs) for Yescarta, Tecartus, Abecma, Kymriah, Carvykti, Breyanzi, Elrexfio, Columvi, Epkinly, Tecvayli and Talvey.

Illustrative: How POLB 001 Could Make Cancer Immunotherapy Safer

Transforming cancer care for patients and healthcare systems

Patient 1 — Current Standard of Care

1. Immunotherapy activates the immune system to fight cancer



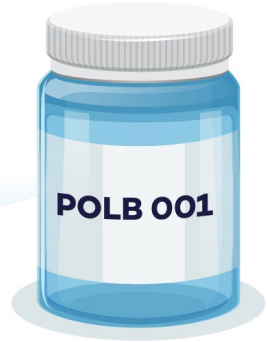
2. Immune activation can trigger CRS a potentially life-threatening side-effect

3. CRS can prolong hospital stay, delay treatment and/or cause permanent discontinuation

4. Significant challenge in expanding treatment beyond specialist centres

Patient 2 — Utilising POLB 001

1. Patient takes POLB 001 before treatment



2. Immunotherapy activates the immune system to fight cancer

3. POLB 001 blocks p38 MAPK, a key driver of CRS

4. By preventing CRS, POLB 001 could decrease hospital stay, enable outpatient administration, and improve patient quality of life

POLB 001: Executive Summary

Potential to make immunotherapies safer and more accessible

p38 MAPK INHIBITOR

- Selectively prevents excessive inflammation without immunosuppression
- Oral agent
- Strong patent portfolio, potential coverage out to 2044

STRONG PRECLINICAL & CLINICAL DATA

- Favourable safety and tolerability profile
- Potent inhibition of IL-6, TNF and other key inflammatory markers in clinical & preclinical models

SIGNIFICANT MARKET OPPORTUNITY

- >US$10B market opportunity[1]
- No approved therapy for CRS prevention
- Growing number of CRS-inducing therapies in the clinic – increasing addressable market

"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 bispecifics to a much wider patient population." *Professor Gareth Morgan, US*

1. Independent research by Decisive Consulting Limited. **CRS**: Cytokine releases Syndrome. **MAPK**: Mitogen Activated Protein Kinase. **TNF**: Tumour necrosis factor, **IL-6**: Interleukin-6, **TOPICAL** - Trial of Prevention of ImmunoCytokine Adverse events in Myeloma

Phase 1b LPS Human Challenge – Potent Inhibition of Excessive Inflammation

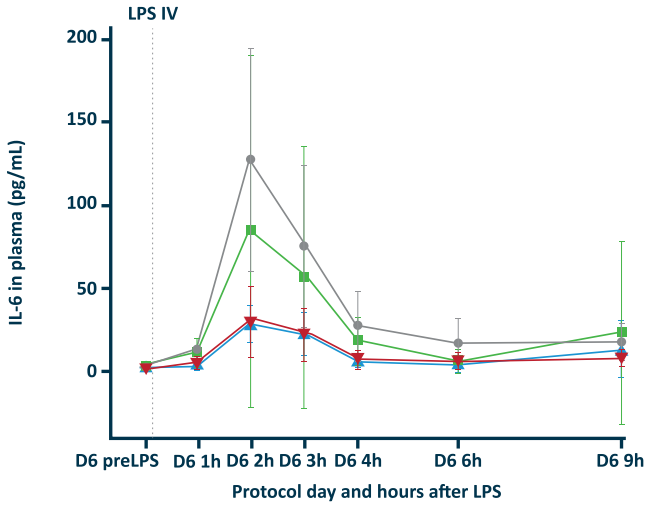
Positive data supports the potential of POLB 001 to effectively prevent CRS

ASH '23

Phase 1b LPS Human Challenge Trial

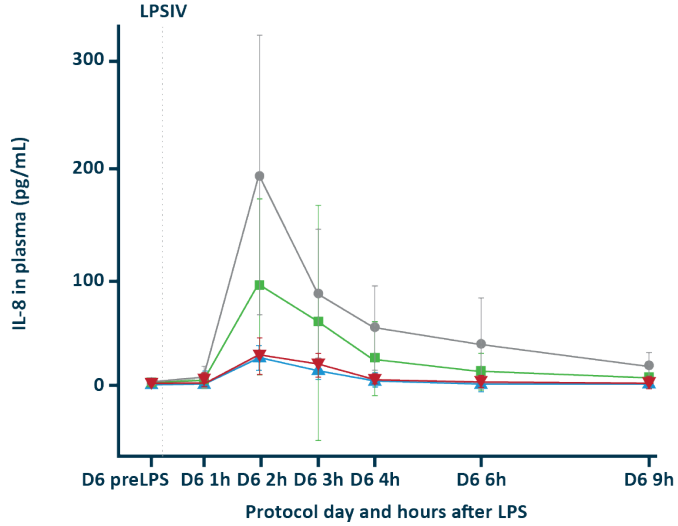
- Excellent safety & tolerability profile
- Potent target inhibition confirmed
- Clear dose response relationship observed
- Major reduction of key inflammatory markers

IL-6 Levels



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

IL-8 levels



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

● 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.

POLB 001 First-in-Patient TOPICAL Trial

J&J supplying approved bispecific antibody teclistamab

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
Objective	To investigate the safety and efficacy of POLB 001, in particular its ability to reduce incidence of CRS in patients receiving approved bispecific antibody teclistamab
No. subjects	c. 30
Patient population	Relapsed/refractory multiple myeloma patients

Leading Cancer Research Centres

1. The Christie
2. University College London Hospitals
3. The Royal Marsden
4. University Hospitals Birmingham
5. NHS Lothian
6. Royal Stoke University Hospital

"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."

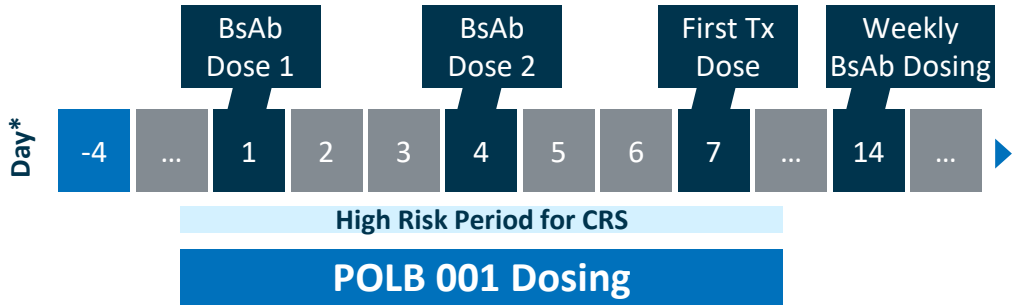
Dr Emma Searle, Consultant Haematologist

CRS: Cytokine Release Syndrome; **TOPICAL** - Trial of Prevention of ImmunoCytokine Adverse events in Myeloma

POLB 001 First-in-Patient TOPICAL Trial

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

Trial Design



2x Daily Oral	Single Arm	N = ~30	Teclistamab *Provided by J&J*	Open Label

Milestones

- ✓ Supply of approved teclistamab secured from J&J at no cost to Poolbeg
- ✓ Protocol finalised
- ✓ All regulatory approvals received
- ✓ Site initiation visits scheduled
- ✓ Patient recruitment & dosing commencing shortly
- ❑ Interim data expected summer 2026

Key Endpoints

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

BsAb: Bispecific antibody; **CRS**: Cytokine Release Syndrome; **GMP:** Good manufacturing practice; **Tx**: Treatment; **TOPICAL** - Trial of Prevention of ImmunoCytokine Adverse events in Myeloma
*Bispecific antibody dosing days estimated for demonstrative purposes only and may vary.

The RISE Programme: Academic & Industry Validation

Poolbeg as lead industry partner in a groundbreaking CRS research programme

ABOUT RISE

R *educing*
I *mmune*
S *tress from*
E *xcess cytokine release in advanced therapies*

PROGRAMME PARTNERS

University of Manchester – programme lead

The Christie NHS Trust – clinical lead

Poolbeg Pharma – lead business partner

Johnson & Johnson – industry partner providing teclistamab

LED BY

Dr Jonathan Lim

Clinical Senior Lecturer & Honorary Consultant Medical Oncologist in Advanced Immunotherapy & Cell Therapy

POLB 001 TOPICAL Trial
A key element of the programme

Generating additional clinical data
On CRS from bispecific antibodies and CAR T-cell therapies, complementing the TOPICAL trial dataset

Recognition of Unmet Need
In CRS management which is a significant bottleneck to the broader availability and uptake of cancer immunotherapies.

Medical Research Council (MRC) Grant
£3.4 million to The University of Manchester and The Christie NHS Foundation Trust under Prosperity Partnership

Prophylactic treatment of CRS represents a significant market opportunity in excess of US$10bn

A significant opportunity exists for CRS prophylaxis as adjunct therapy to BsAb and CAR-T treatment

AVERAGE COST OF CAR-T THERAPY (2025)[1]

$402,500

($300,000 to $475,000)

AVERAGE COST OF BsAb THERAPY (2025)[2]

$360,700

(~$235,000 to ~$486,500)

DIAGNOSED DLBCL & MM PATIENTS ARE CALCULATED TO REACH ~500,000 PATIENTS IN THE US & EU5 FROM 2023- 2030

(other indications are under development)

SUPPORTING COMPARATOR

NEULASTA (NEUTROPENIA) PEAK YEAR SALES

$5.8bn @ ~$18,000 per cycle

- **1st, 2nd and 3rd line+ MM and DLBCL patients in the US and EU5,** may become eligible to receive CAR T and bispecific antibody therapy[1]
- An effective preventative therapy for CRS could **enable outpatient administration and broader uptake** of immunotherapies[2]
- Potential across additional haematological malignancies, solid tumours and new areas like severe influenza
- The cost to treat a patient with grade 3 CRS can be >$70k[2]

BsAb, Bispecific Antibody; **CAR-T,** Chimeric Antigen Receptor T-cell therapy; **CPI**, Consumer Price Index; **CRS**, Cytokine Release Syndrome; **DLBCL,** Diffuse Large B-Cell Lymphoma; **MM,** Multiple Myeloma. 1. American Society of Cancer, 2025. **2.** Keesari, P.R., Samuels, D., Vegivinti, C.T.R. et al. Navigating the Economic Burden of Multiple Myeloma: Insights into Cost-effectiveness of CAR-T and Bispecific Antibody Therapies. Curr Hematol Malig Rep 20, 3 (2025). **3.** Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023. **4.** An average of Badaracco et al. (2022), McGarvey et al. (2023), and Locke et al.

Independent Payer Research Covering ~75M Lives Across Commercial Insurance, Medicare & Medicaid

Multi-billion $

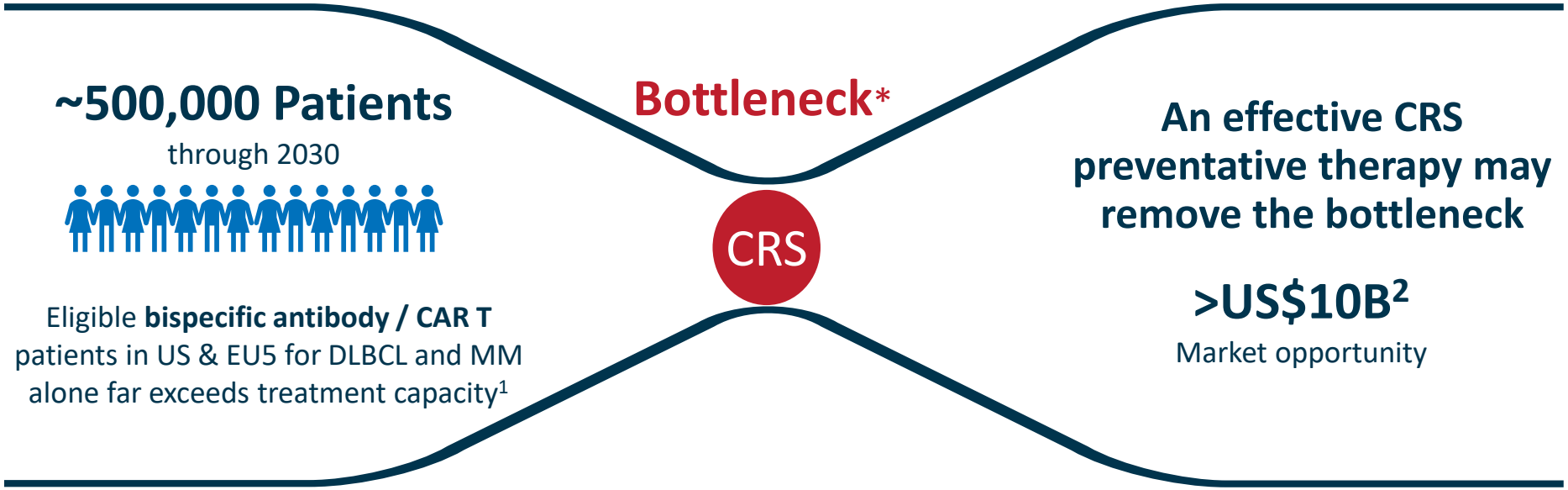
POLB 001 peak sales potential

"This research validates both the scale of that unmet need and the appetite among payers for an effective preventative approach. We observed a ***willingness to pay at commercially meaningful price points****, driven by the potential to reduce hospitalisation costs, potentially allowing for care to be decentralised and ultimately delivering better outcomes for some of the sickest patients****. This positions POLB 001 as a compelling CRS solution with significant market potential****."*

Chris Grimes Crompton, Partner, Value Strategy, Acumetis Global

Significant Market Opportunity

Potential to greatly enhance uptake and access to BsAb and CAR-T therapies



"The development of an oral CRS preventive therapy will mean no or shorter hospital stays."

Myeloma specialist, FR

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

Prof Martin Kaiser, Royal Marsden

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

Partnering Focussed

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

Pharma Seeking Assets

- Growing number of CRS - inducing cancer immunotherapies in the clinic
- Pharma patent cliff - between 2025 and 2030, $300 billion in annual prescription drug revenue will lose patent protection[1]

Key Conference Attendance

- JPM Week, Jan 26
- BIO Europe, Mar 26
- LSX World Congress, Mar 26
- British Society for Hematology Annual Scientific Meeting, Apr 26
- EHA 2026 Congress, June 26
- BIO Convention, June 26

Discussions Ongoing

- Approved bispecific antibody teclistamab secured from J&J
- Ongoing discussions with key mid-sized and Big Pharma
- Cancer supportive care and cancer immunotherapy companies

1. Evaluate, 2026

GLP-1 Programme

Oral encapsulated GLP-1R agonist targeting the obesity market

GLP-1 Market

US$20.2 billion

2025 marked a record year for obesity and diabetes deal-making[1]

US$347 billion

Economic impact of obesity on US businesses & employees 2023[2]

US$150 billion

GLP-1R agonist market projection by 2031[3]

1. J.P. Morgan Q4 2025 Biopharma Licensing and Venture Report, January 2026. 2. Global Data, Assessing the Economic Impact of Obesity and Overweight on Employers, Feb 2024. **3.** The Economist, March 2023. **GLP-1**: Glucagon like-peptide-1.

Oral GLP-1

A differentiated approach

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- Generally Recognised as Safe (GRAS) oral encapsulation technology encapsulates an approved GLP-1 receptor agonist
- Directing GLP-1 receptor agonist to a specific area of the gut using a pH sensitive release mechanism, to deliver the drug to its intended site of action
- Potential to overcome oral delivery challenges of peptide-based biologicals, and improve bioavailability

AnaBio's Encapsulation Centre of Excellence

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

Proof of Concept Trial Expected to Commence H2 2026

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

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

The study has been designed to complete quickly following first subject dosing, providing a rapid path to readout once underway.

"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*

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

Investment Highlights

Experienced team with proven track record of closing significant transactions / exits

High value clinical-stage programmes targeting critical unmet medical needs in large & growing markets

Financial runway into 2027, **supporting** near-term **clinical value inflection points**

Partnering focused Strong potential to secure partnerships based on positive data from clinical trials

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.

Liam Tremble

Principal Scientist

hVIVO formerly Open Orphan plc

UCC Coláiste na hOllscoile Corcaigh, Éire University College Cork, Ireland

Trinity College Dublin The University of Dublin

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

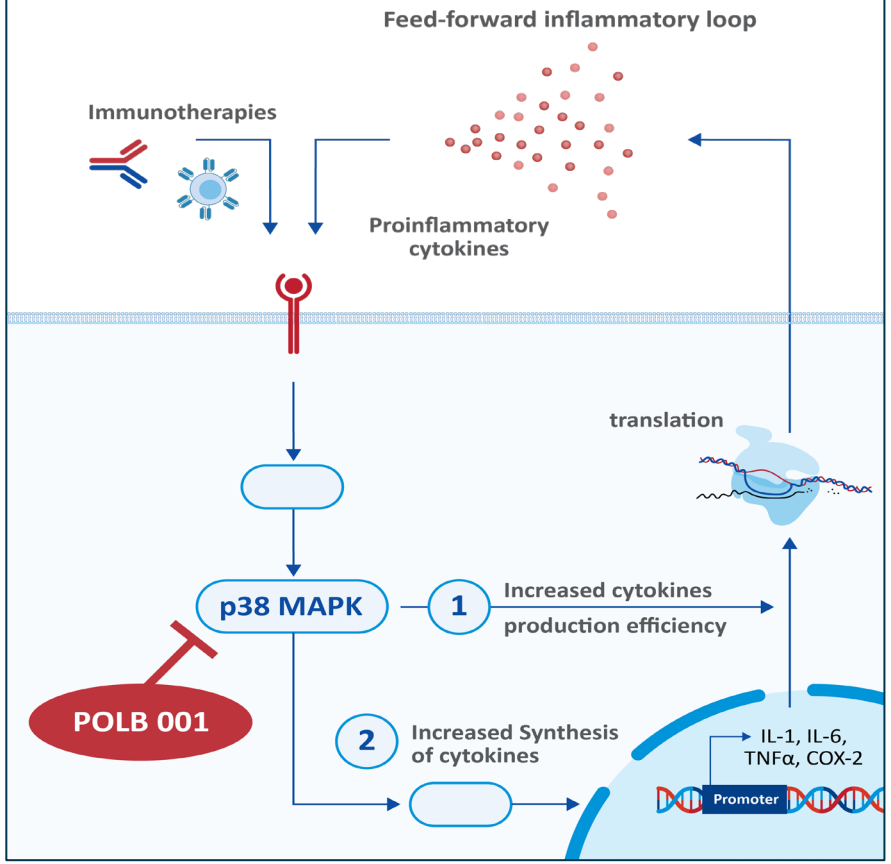
Non-Executive Director

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

Inhibition of p38 MAPK – A Differentiated Solution For CRS

Mechanism of action



- 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

POLB 001: Broader Cytokine Inhibition Profile vs Competition

	TNF	IL-1α	IL-1β	IL-2	IL-3	IL-4	IL-5	IL-6	IL-8	IL-10	IL-12	IL-13	IL-15	IL-17	IL-20	IL-21	IL-22	IL-23	IL-27	IP-10	CCL2	CXCL1	COX-2	CSF1	G-CSF	GM-CSF	iNOS	MIP1α	MIP1β	VEGF	uPAR	PGE2	IFNα	IFNβ	IFNγ
POLB 001	●	●	●	●	●	●	●	●	●	●	●	●		●	●			●		●	●	●	●	●		●	●	●	●	●	●	●			●
Tocilizumab						●		●		●				●		●																			●
Dexamethasone	●		●	●	●			●	●	●				●							●														●
Itacitinib	●			●		●		●		●		●	●			●	●								●								●		●

● Direct pathway effect ● Secondary consequence

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.

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.

An Oral p38 MAPK Inhibitor That Selectively Targets Key Inflammatory Pathway 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

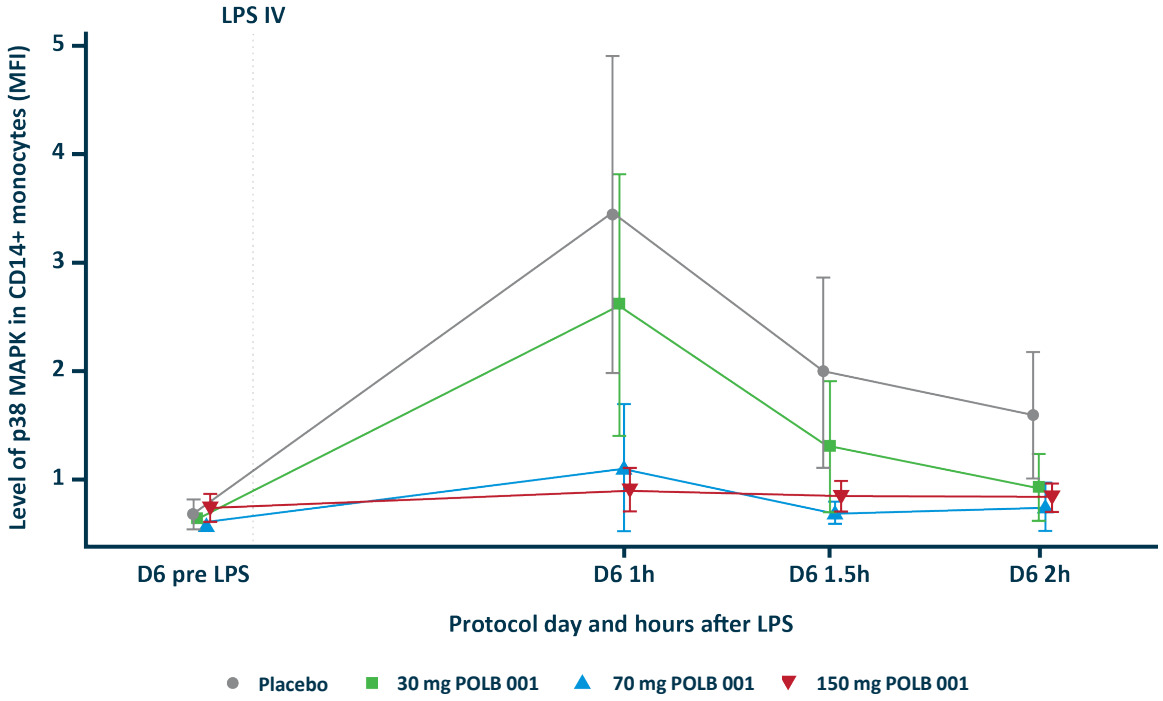
- Suitable for at-home dosing (used in LPS Challenge Trial)
- Hepatic metabolism and biliary excretion profile favourable for multiple myeloma and renally impaired populations
- BID oral regimen designed to provide targeted protection during CRS risk period
- Half-life of 7-14 hours provides adequate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



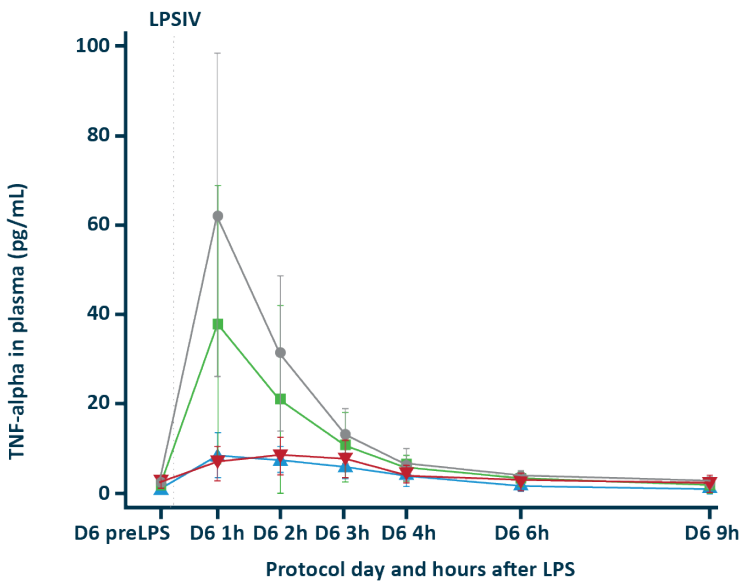
- POLB 001 was **widely distributed**
- POLB 001 **inhibited p38 MAPK activation**, direct measurement of activation
- POLB 001 **inhibited in vivo and ex vivo responses** to LPS-induced TNF-α, indirect measurement of p38 MAPK inhibition

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.

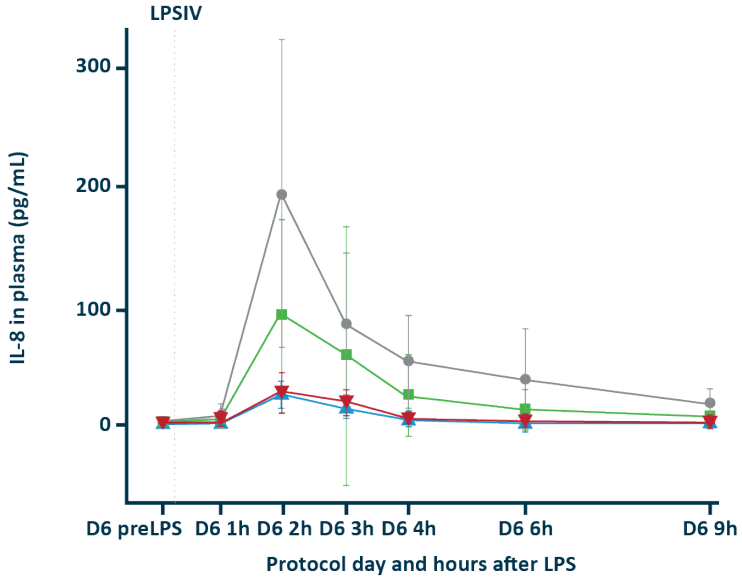
Reduced Key Inflammatory Cytokines Following LPS Challenge

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)

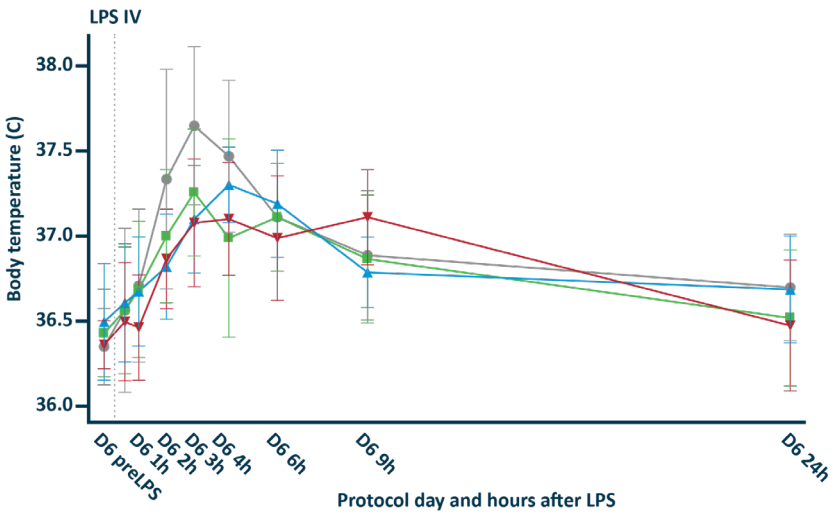
IL-8 reduction of **80.7% and 76.7%** seen for **70 mg and 150 mg doses respectively** (p < 0.0001)

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

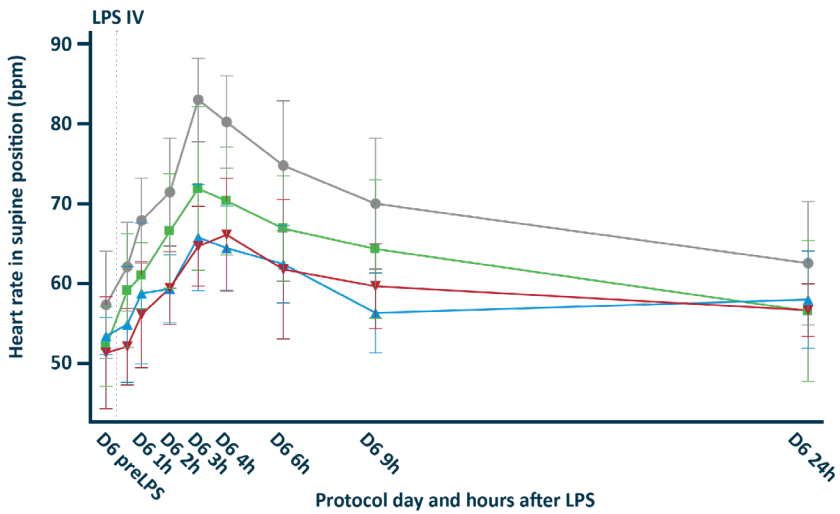
Reduced Key Indicators of LPS-Induced Systemic Inflammation

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

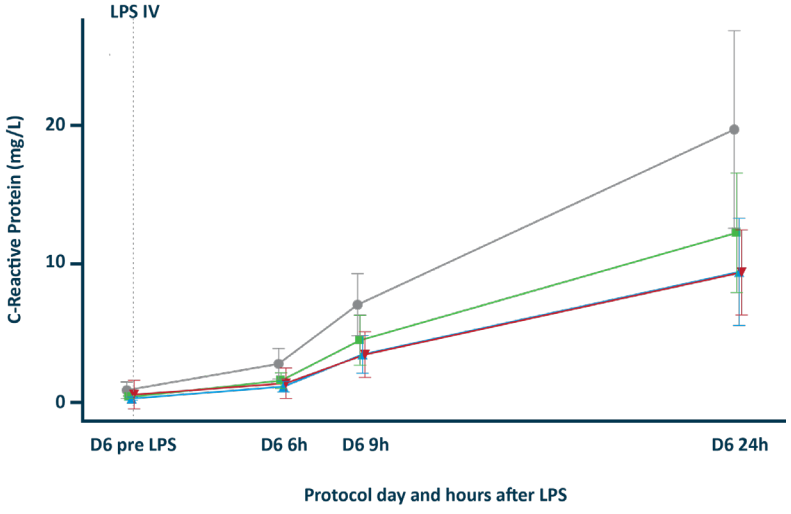
Mean Body Temperature



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

Grades & Severity of CRS

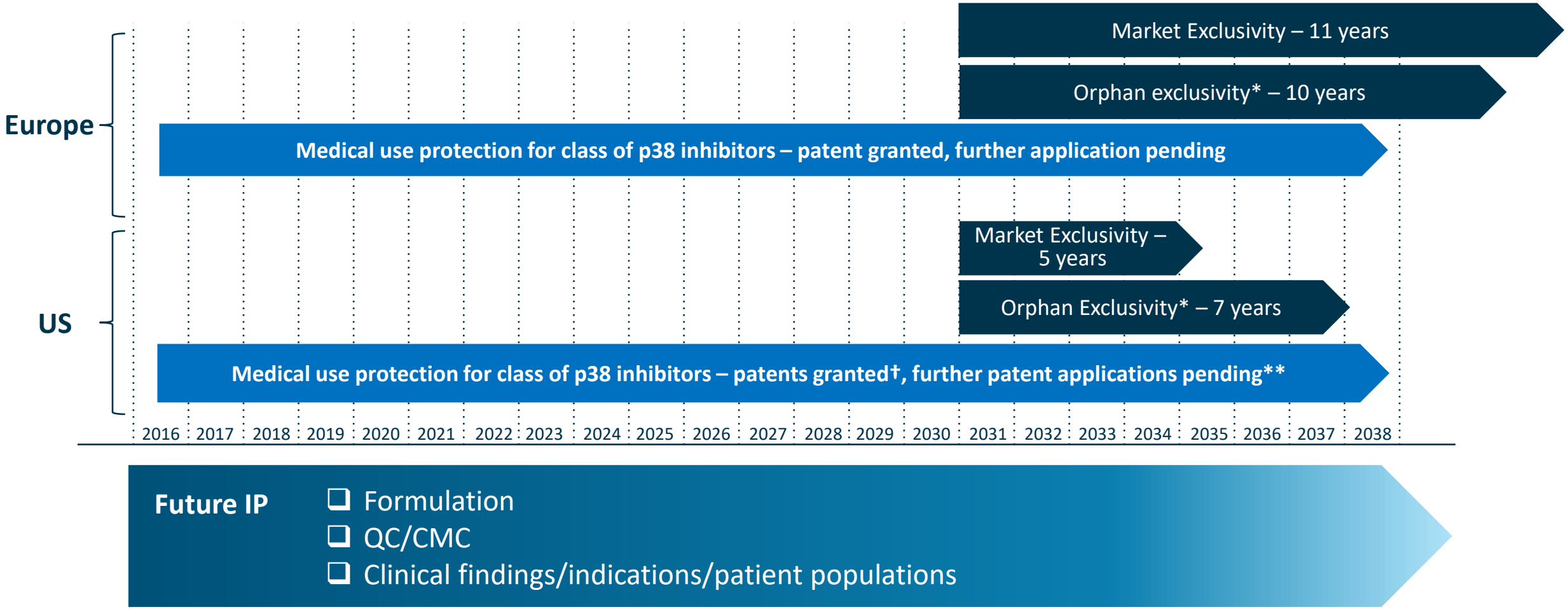
CRS is a common adverse event following CAR T and bispecific antibody treatment

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

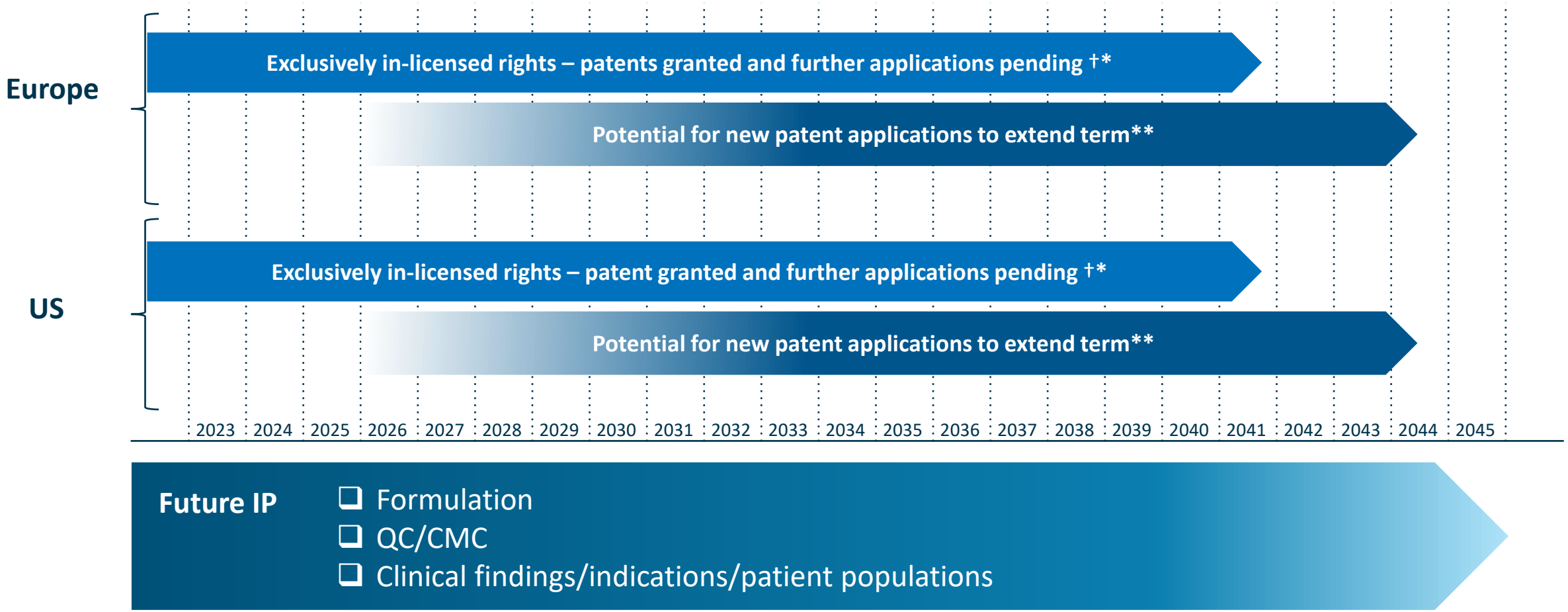
1. Ayuketang FA, Jäger U. Management of Cytokine Release Syndrome (CRS) and HLH. 2022. The EBMT/EHA CAR T Cell Handbook. Chapter 26.

POLB 001: 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.

POLB 001 has the potential to transform the cancer immunotherapy field through the prevention of CRS thereby expanding administration of cancer immunotherapies from centralised specialist cancer centres into community hospitals

Stay in touch

Listed on the London Stock Exchange
Ticker: POLB

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