



Company Presentation

July 2026

AIM: POLB

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A clinical-stage company developing POLB 001 that has the potential to transform the lives of cancer patients by delivering their cancer immunotherapy 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

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

- 3 Financial runway to Q2 2028 post-fundraise, enhances strength in partnering discussions

- 4 Partnering focused model with clear path to strategic transactions

2026 – Strong Progress & Multiple Upcoming Milestones

Building towards clinical data and partnering

Major patent grants

cancer immunotherapy-induced CRS patents granted in European, Canada & Australia furthering strengthening our global patent portfolio. Additional territories pending.

Peer-reviewed data published

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

Scientific Advisory Board Appointment

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

MHRA approval

All regulatory approvals received for TOPICAL trial

Multi-billion-dollar peak US sales potential

Identified for POLB 001 in independent US-focused pricing research

Strategic momentum

Active engagement across partnering and other value-enhancing opportunities

Multiple Development Milestones

POLB 001 trial
site initiation visits

First Two Sites Activated ✓

POLB 001 trial recruitment

First Patient Dosed ✓

POLB 001 interim data

Expected Late Summer 2026

Oral GLP-1 trial
commencement

H2 2026

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*					▪ TOPICAL trial in multiple myeloma patients ▪ Teclistamab provided by J&J for trial ▪ Interim data expected late summer 2026
Oral Encapsulated GLP-1	GLP-1R agonist	Obesity					▪ Progressing towards PoC trial commencement ▪ Planned to commence H2 2026
AI Programmes	Novel drug discovery	Influenza					▪ Potential partnership
		RSV					▪ Potential partnership

*Further life cycle opportunities, including severe influenza

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 these life-saving therapies from centralised specialist cancer centres into community hospitals, and ultimately, home-based treatment

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 opportunity¹
- Payer research indicates a willingness to pay at commercially meaningful price points
- No approved therapy for CRS prevention
- Growing number of CRS-inducing therapies in the clinic – increasing addressable market

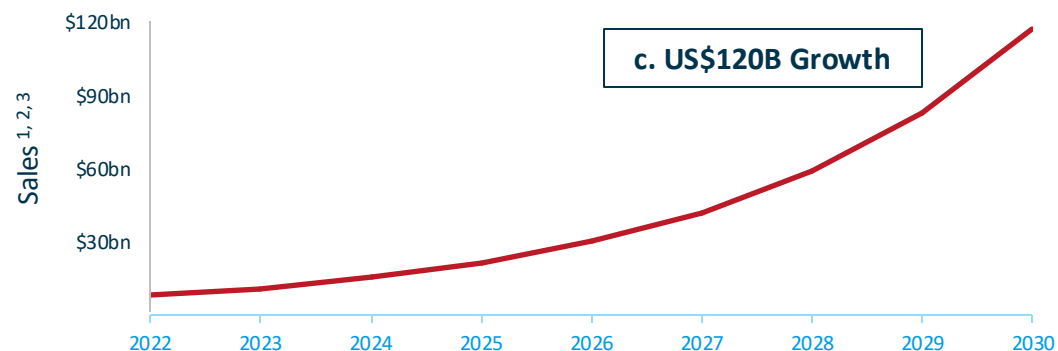
“Bispecific antibodies will only be delivered in specialist cancer centres until there is a way to make them safer. POLB 001 could make treatment safe enough to extend bispecifics to a much wider patient population.” *Professor Gareth Morgan, US*

Source: Independent research by Acumetis Global. 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

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

CRS Rates for Approved CRS-associated Immunotherapies

Drug	Company	Combined % Patients with All-Grade CRS*
Bispecific Antibodies		
Tecvayli	Johnson & Johnson	72%
Epkinly	AbbVie / Genmab	51%
Columvi	Roche (Genentech)	68%
Lunsumio	Roche (Genentech)	39%
Talvey	Johnson & Johnson	77%
Elrexio	Pfizer	58%
CAR-T Cell Therapies		
Kymriah	Novartis	64%
Yescarta	Gilead (Kite)	88%
Tecartus	Gilead (Kite)	91%
Breyanzi	BMS	50%
Abecma	BMS	81%
Carvykti	Johnson & Johnson	89%

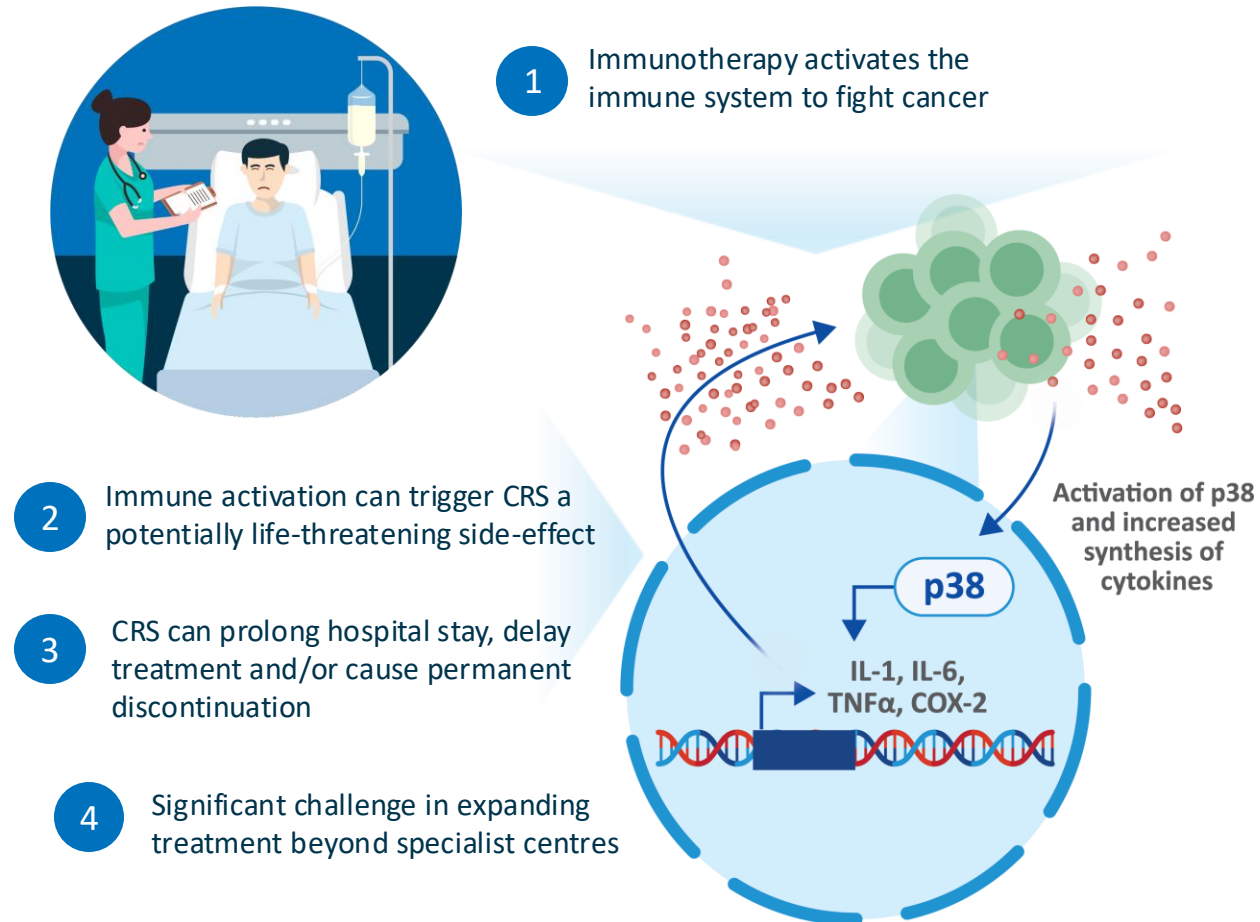
Sources: 1. Grand View Research. 2. CAR T-Cell Therapy Market Analysis 2023-2030; Grand View Research. 3. Bispecific Antibodies Market Size, Share & Trends Analysis Report. As per product label **BsAb**: Bispecific Antibody; **CAR T**: Chimeric Antigen Receptor T cell therapy; **CRS**: Cytokine Release Syndrome.

POLB 001's Intended Impact: An Illustrative Patient Journey

Transforming cancer care for patients and healthcare systems

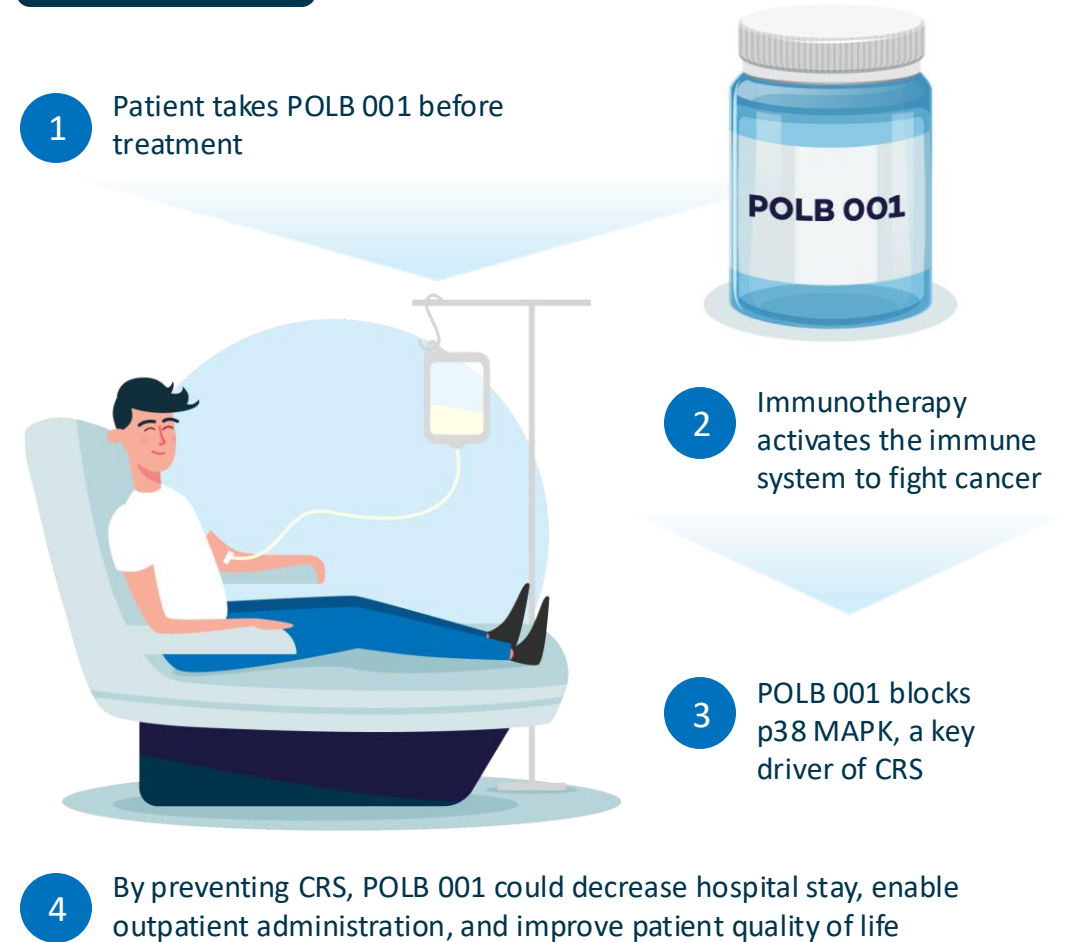
Patient 1

Current Standard of Care



Patient 2

Utilising POLB 001



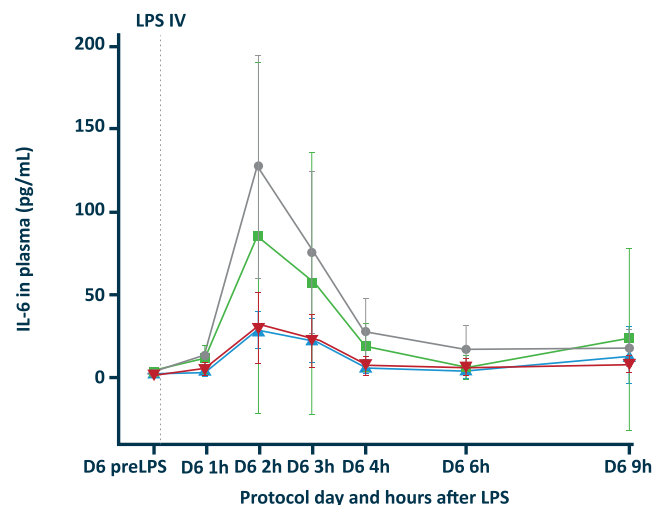
Phase 1b LPS Human Challenge – Potent Inhibition of Excessive Inflammation

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

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 ($p = 0.0002$)

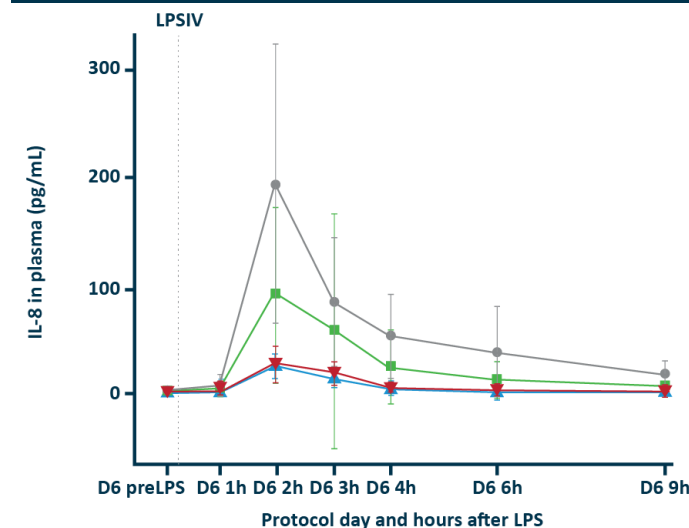
● Placebo

■ 30 mg POLB 001

▲ 70 mg POLB 001

▼ 150 mg POLB 001

IL-8 levels



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

Potential to effectively prevent CRS while preserving key immune system functionality

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



"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

Leading Cancer Research Centres

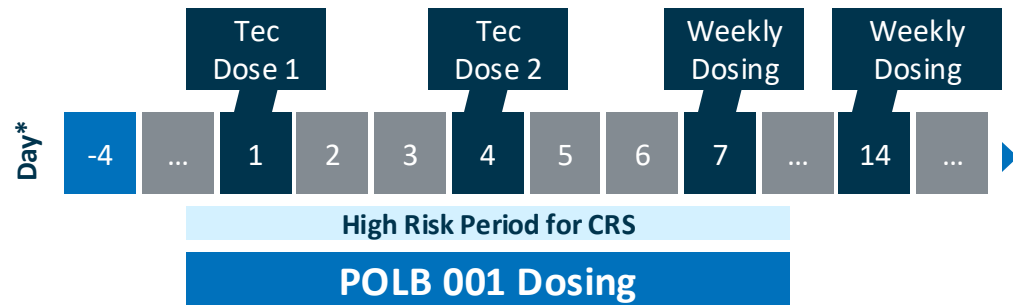
1. The Christie
2. University College London Hospitals
3. The Royal Marsden
4. University Hospitals Birmingham
5. NHS Lothian
6. Royal Stoke University Hospital



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

Key Endpoints

- Safety of POLB 001
- Incidence of CRS
- Severity of CRS
- Confirm safety & pharmacokinetics
- CRS management / tocilizumab usage

Trial underway and interim data expected late summer 2026

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.

Clear Route to Market

Programme positioned for rapid development following TOPICAL study

FDA pre-IND meeting conducted in May 2026

- Significant clarity achieved on nonclinical package, indication, Phase 3 design and Phase 3 endpoints
- Feedback was aligned with companies envisioned clinical development path and is compatible with an attractive route to market and an attractive Phase 3 design
- Feedback on indication aligned with significant commercial opportunity and sales forecasts from recent US commercial payer research
- Feedback was aligned with companies envisioned clinical development path and is compatible with an attractive route to market and an attractive Phase 3 design
- Further information on proposed nonclinical, clinical and CMC development available under CDA

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)

\$402,500

(\$300,000 to \$475,000)

AVERAGE COST OF BsAb
THERAPY (2023)

\$250,000

(\$155,000 to \$290,000)

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

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. Sources: 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); Hansen DK, Liu YH, Ranjan S, Bhandari H, Potluri R, McFarland L, De Braganca KC, Huo S. The Impact of Outpatient versus Inpatient Administration of CAR-T Therapies on Clinical, Economic, and Humanistic Outcomes in Patients with Hematological Cancer: A Systematic Literature Review. Cancers (Basel). 2023. 7;15(24):5746; Decisive Consulting 2023 and 2026.

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

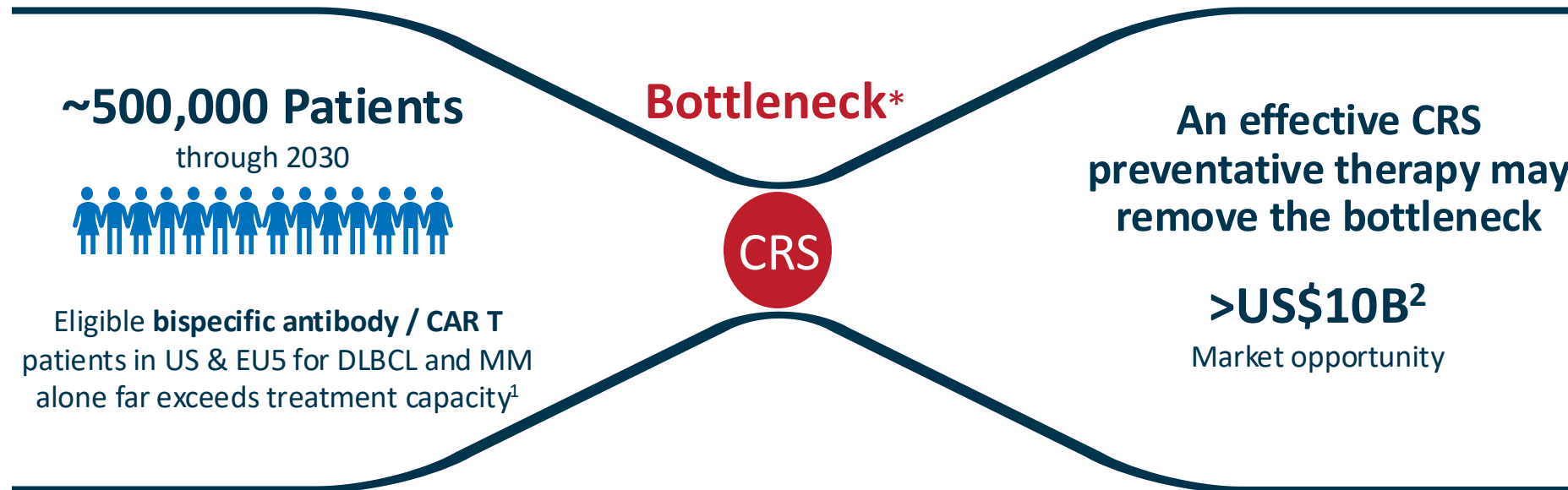
Multi-billion \$
POLB 001 peak
sales potential

*"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 either oral and or more efficacious...a whole lot of infrastructure requirement...would fall away and would improve."

Prof Martin Kaiser, Royal Marsden

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 protection¹

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

- Data room open and under review by multiple parties
- Ongoing discussions with mid-sized and Big Pharma
- Cancer supportive care and cancer immunotherapy companies

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

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

US\$347 billion

Economic impact of obesity on US businesses & employees 2023

US\$150 billion

GLP-1R agonist market projection by 2031

Sources: J.P. Morgan Q4 2025 Biopharma Licensing and Venture Report, January 2026; 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

- 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

- 2,000m² state of the art manufacturing facility
- FFSC2200, FDA accredited
- Commercialises encapsulated bioactives for food and beverage applications



Proof of Concept Trial Planned 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

Investment Highlights

- 1 Experienced team with proven track record of closing significant transactions

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

- 3 Financial runway to Q2 2028 post-fundraise, enhances strength in partnering discussions

- 4 Partnering focused model with clear path to strategic transactions



Appendix

Leadership Team with Record of Delivering Value

A clinical-stage biopharmaceutical company with a core focus on transforming the cancer immunotherapy field



Cathal Friel
Executive Chairman



Jeremy Skillington PhD
Chief Executive Officer



Ian O'Connell
Chief Financial Officer



Liam Tremble
Principal Scientist



Meena Arora
VP Medical Affairs & Development



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



- ✓ 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



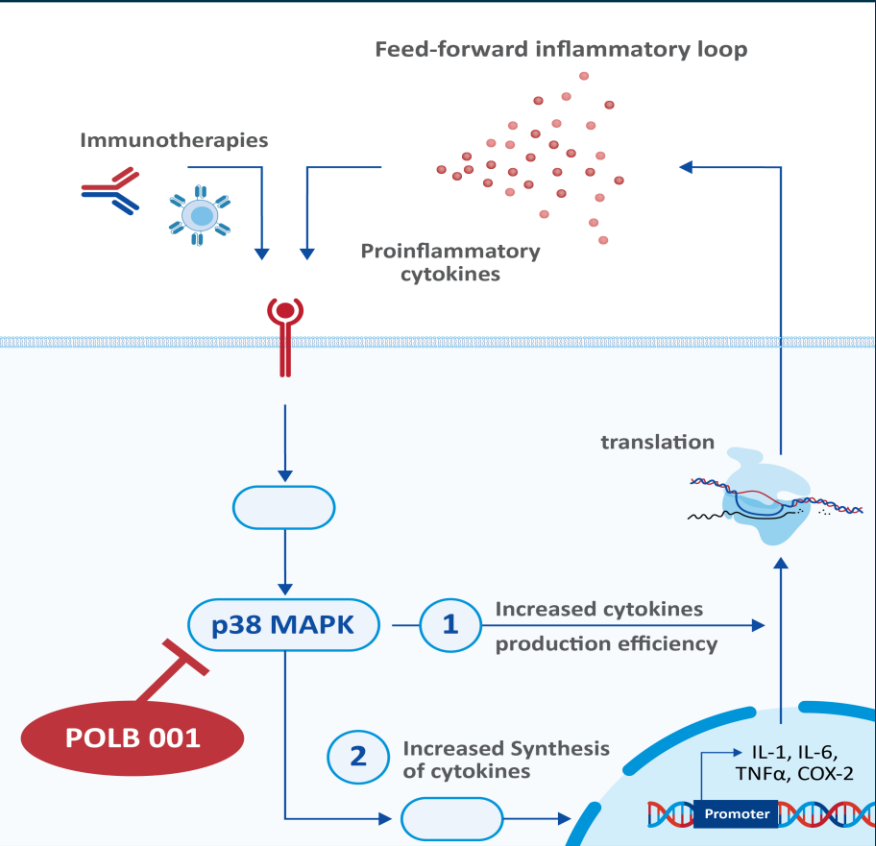
UNIVERSITY OF
OXFORD



- ✓ 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
- Differentiated mechanism, potential to ameliorate full spectrum of CRS-related symptoms

POLB 001: Broader Cytokine Inhibition Profile vs Competition

	TNF	IL-1 α	IL-1 β	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	MIP1 α	MIP1 β	VEGF	uPAR	PGE2	IFN α	IFN β	IFN γ			
<i>POLB 001</i>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●			●		●	●	●	●	●		●	●	●	●	●	●	●			●			
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. Dodeler 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. immunology. 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

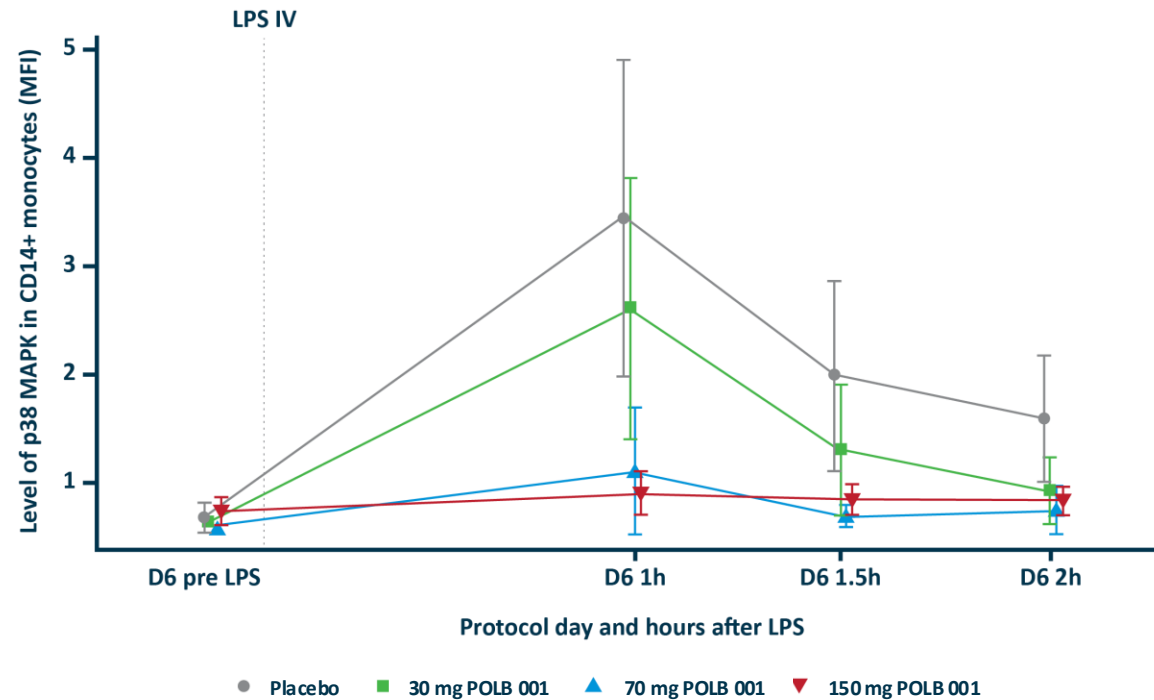


Half-life of 7-14 hours provides adequate exposure and avoids excessive exposure beyond periods of CRS risk

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

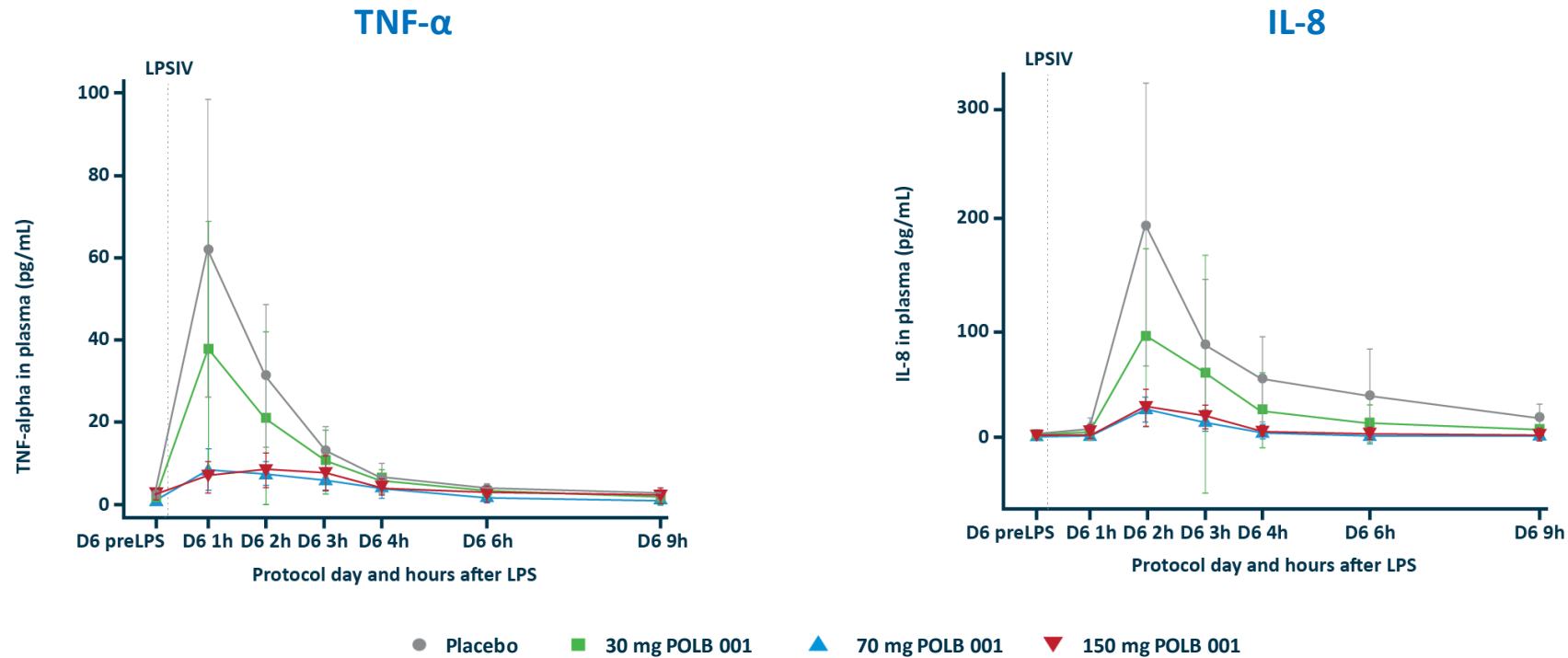


- POLB 001 was **widely distributed**
- POLB 001 **inhibited p38 MAPK activation**, direct measurement of activation
- POLB 001 **inhibited in vivo and ex vivo responses** to LPS-induced TNF- α , indirect measurement of p38 MAPK inhibition

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

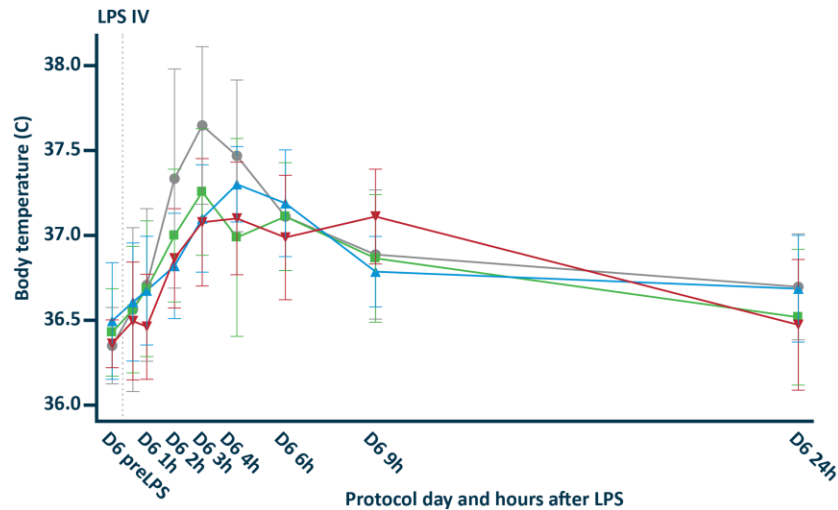
IL-8 reduction of **80.7% and 76.7%** seen for
70 mg and 150 mg doses respectively ($p < 0.0001$)

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

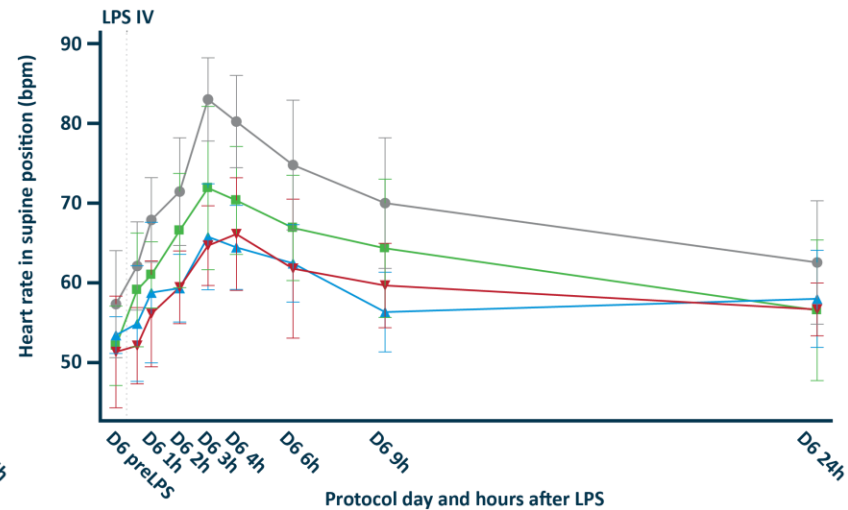
Reduced Key Indicators of LPS-Induced Systemic Inflammation

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

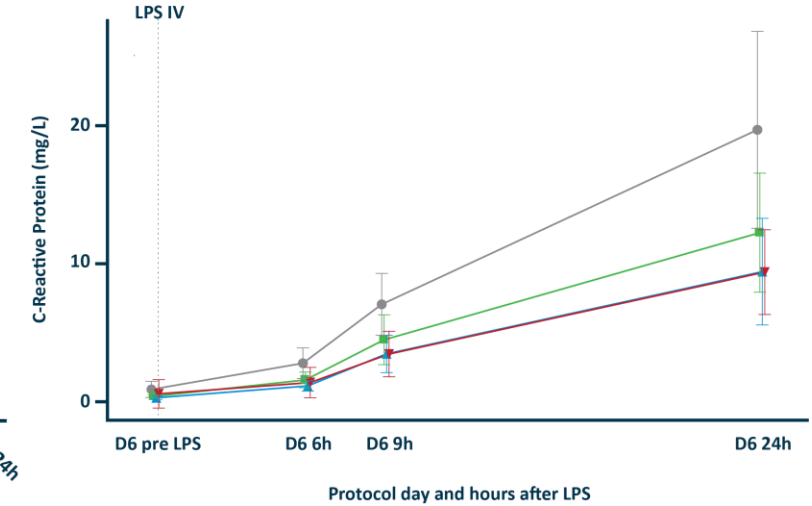
Mean Body Temperature



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 $\geq 38^{\circ}\text{C}$ (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 $\pm$ 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

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

The RISE Programme: Academic & Industry Validation

Poolbeg as lead industry partner in a groundbreaking CRS research programme

ABOUT RISE

Reducing
Immune
Stress from
Excess 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

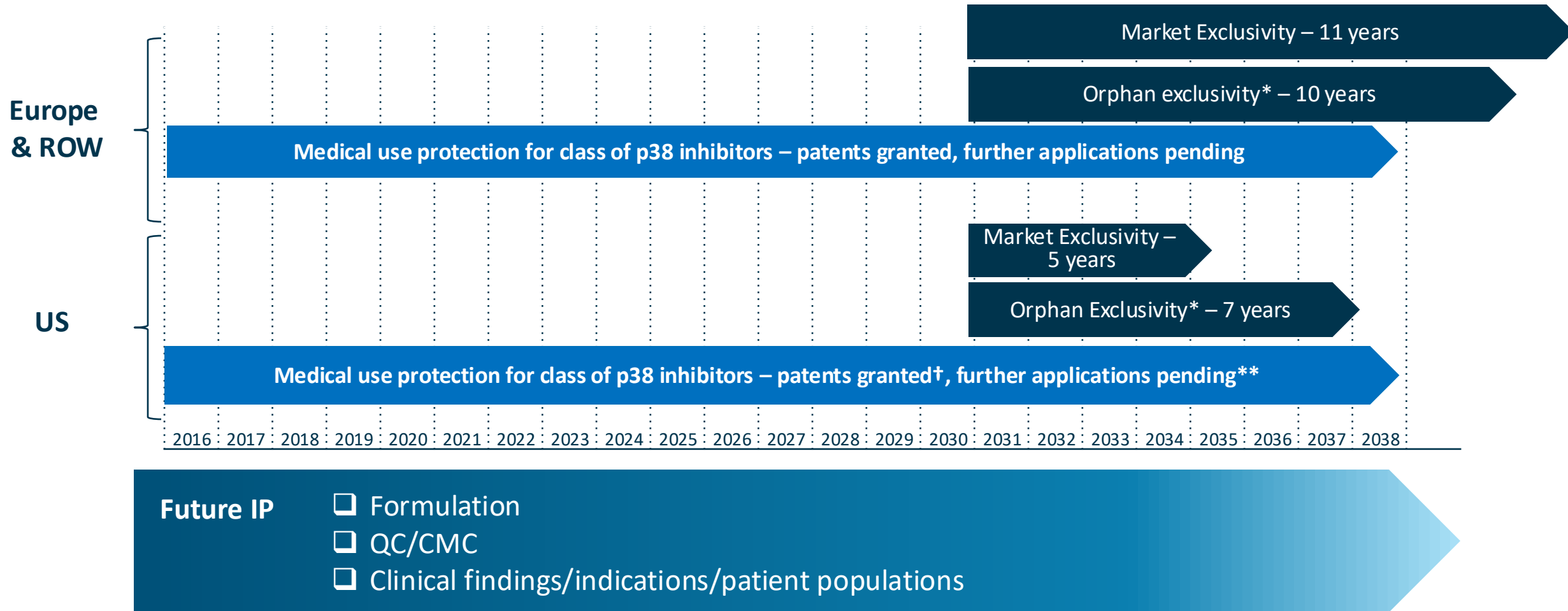
Recognition of Unmet Need

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

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



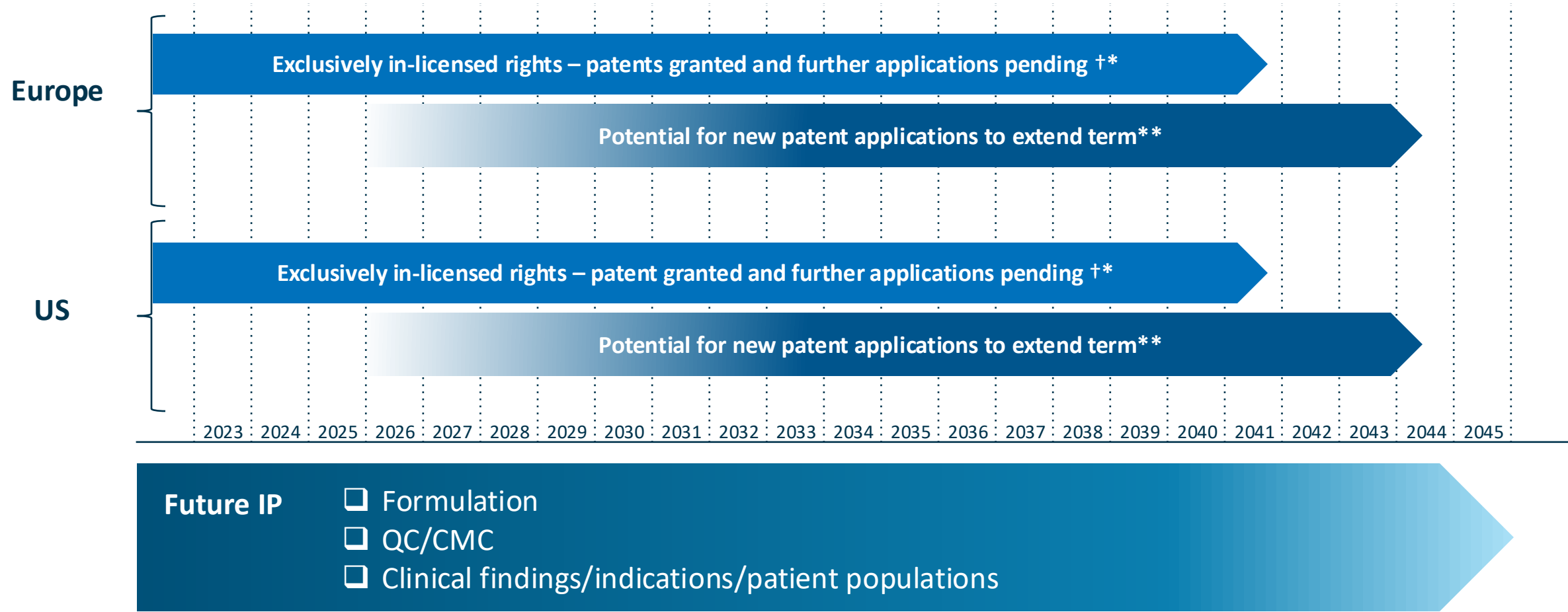
†Portfolio includes a patent covering use of POLB 001 for hypercytokinemia/CRS that was granted by the US Patent Office in April 2024, with a latest expiry date in Dec 2038 excl. extensions.

*Orphan exclusivity subject to grant of Orphan Drug designation and Orphan Designation, subject to re-examination at time of market authorisation by EMA, and subject to approval within the orphan designation indication by EMA and FDA

** 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



Novel influenza drug targets successfully identified
and prioritised

CytoReason's Partners



"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



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

OneThree Biotech's Partners



"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



Stay in touch



Listed on the London Stock Exchange
Ticker: POLB



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