



Company Presentation

October 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.

Company Overview

- 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 Partnering focused model with clear path to strategic transactions

- 4 Financial runway into Q2 2028

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 ▪ Trial actively recruiting
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

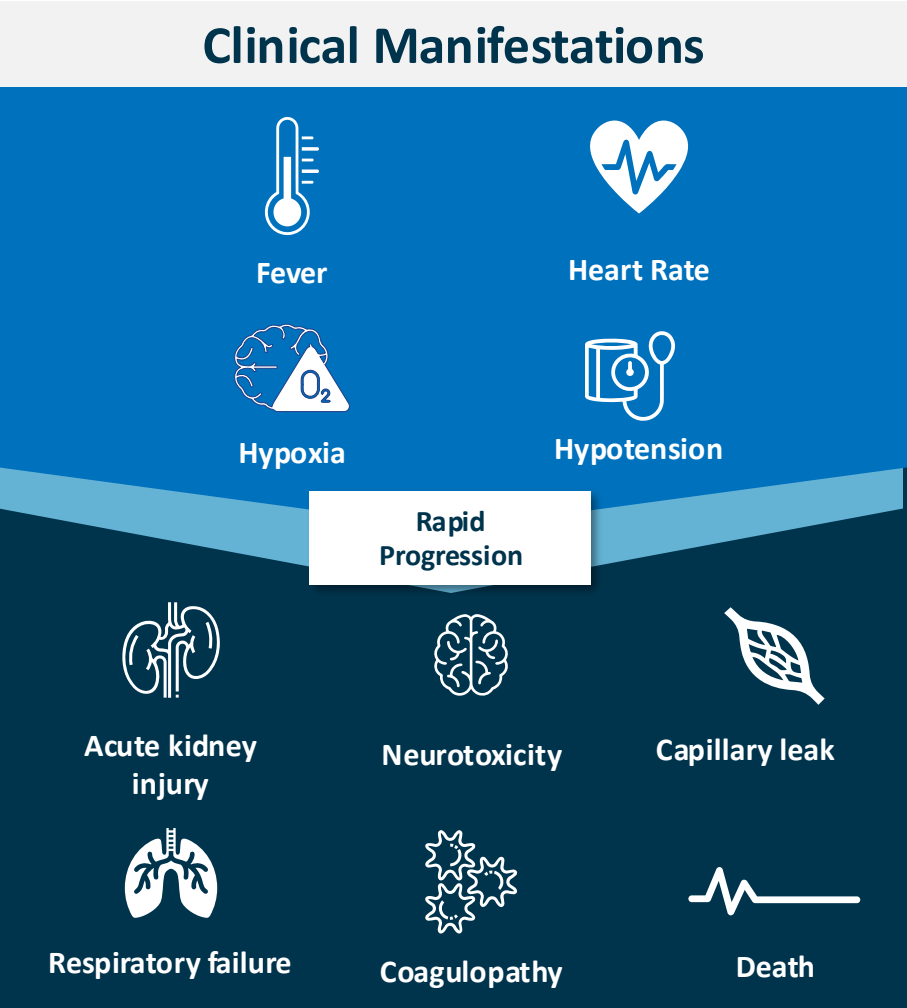
*Further life cycle opportunities, including severe influenza

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 as a Potential Solution For CRS

A systemic inflammatory side effect of some cancer immunotherapies



- POLB 001 is an oral p38 MAP Kinase inhibitor
- 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
- Favourable safety profile distinguishes POLB 001 from existing treatment options and positions it as an attractive preventative solution

<i>POLB 001: Broader Cytokine Inhibition Profile vs Competition</i>																																			
	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																																			

*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. 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. 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. Menon 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: Executive Summary

Potential to make cancer immunotherapies safer and more accessible

p38 MAPK INHIBITOR

- Selectively prevents excessive inflammation without immunosuppression
- Oral agent
- Strong patent portfolio, potential coverage out to 2044
- FDA granted Orphan Drug Designation

STRONG PRECLINICAL & CLINICAL DATA

- Favourable safety & tolerability profile
- Potent inhibition of IL-6, TNF and other key inflammatory markers in clinical & preclinical models
- Positive review of the six-patient interim safety cohort in the POLB 001 TOPICAL trial, continuation of the study as planned and no changes to the protocol

SIGNIFICANT MARKET OPPORTUNITY

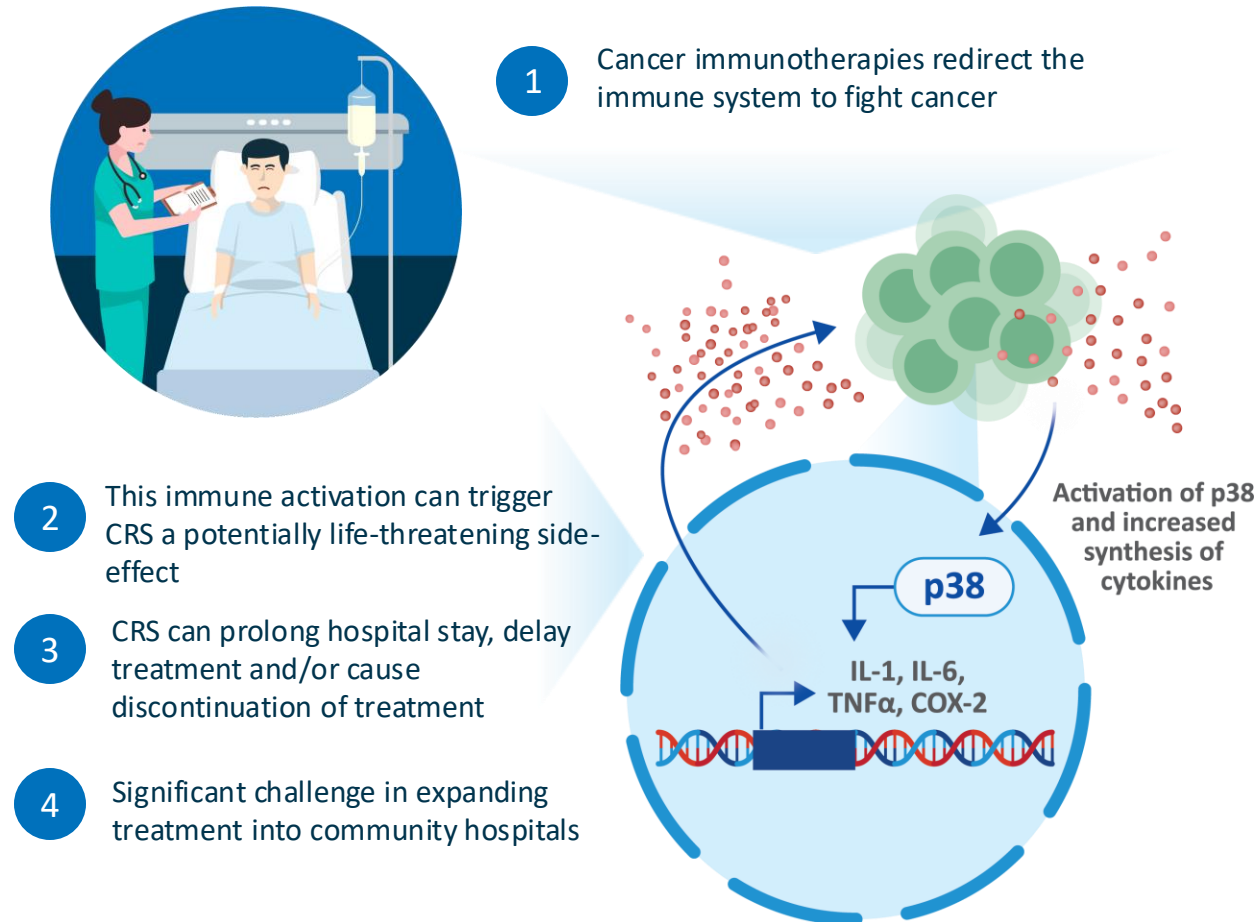
- FDA agreed on Phase 3 endpoint & indication - attractive route to market
- >US\$10B market opportunity¹
- Payer research indicates a willingness to pay at commercially meaningful price points
- Multi-billion US\$ peak sales potential¹

POLB 001's Intended Impact: An Illustrative Patient Journey

Transforming cancer care for patients and healthcare systems

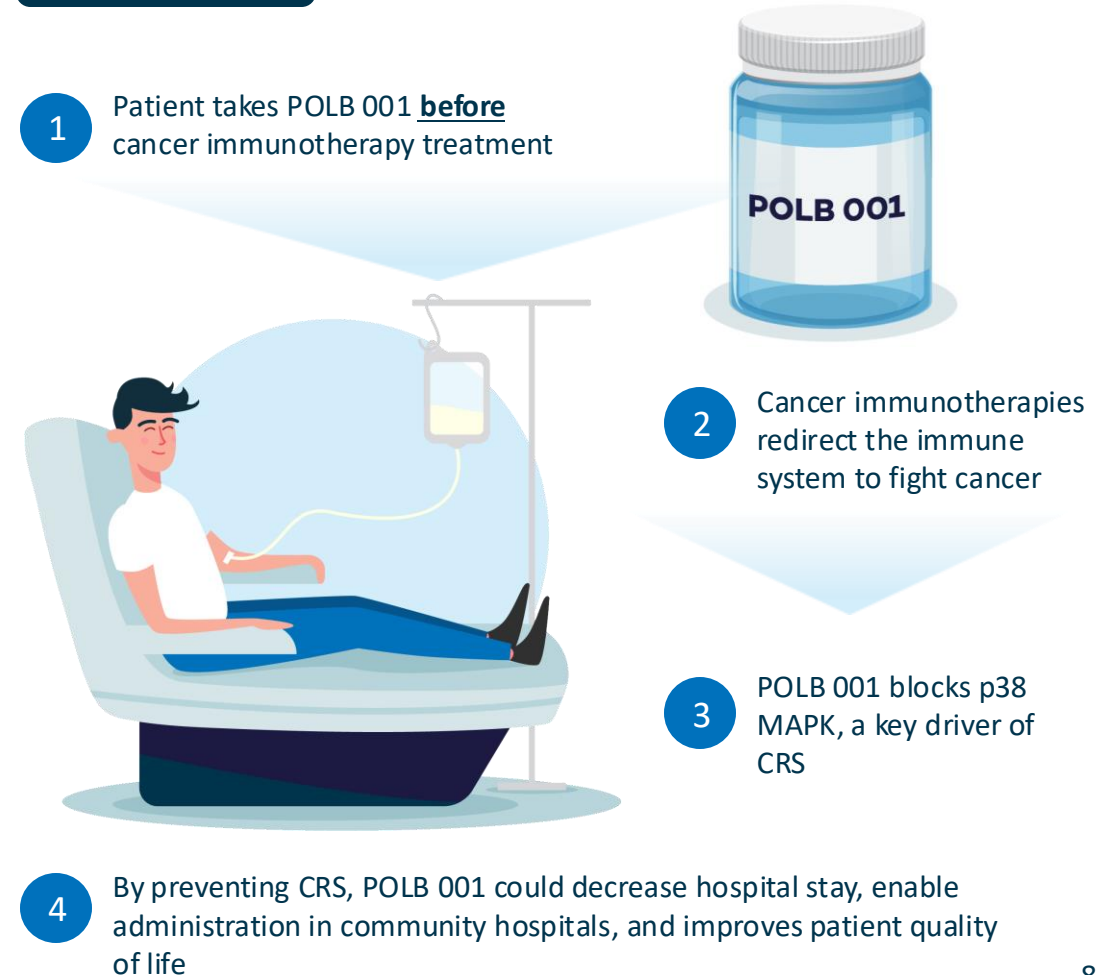
Patient 1

Current Standard of Care



Patient 2

Utilising POLB 001



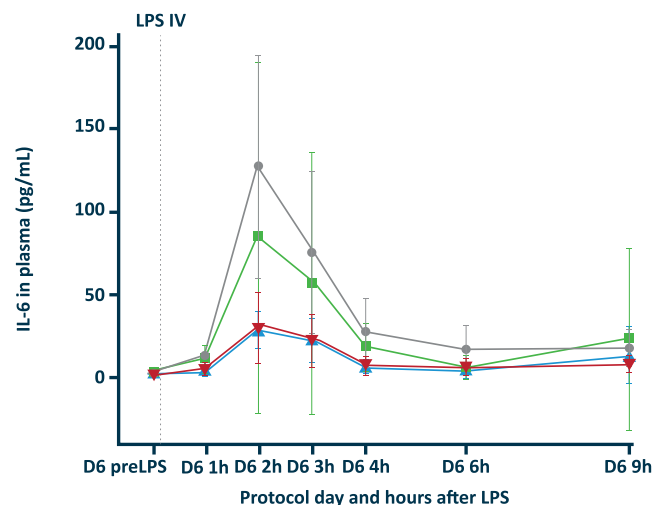
Phase 1b LPS Human Challenge – Potent Inhibition of Excessive Inflammation

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 ($p = 0.0002$)

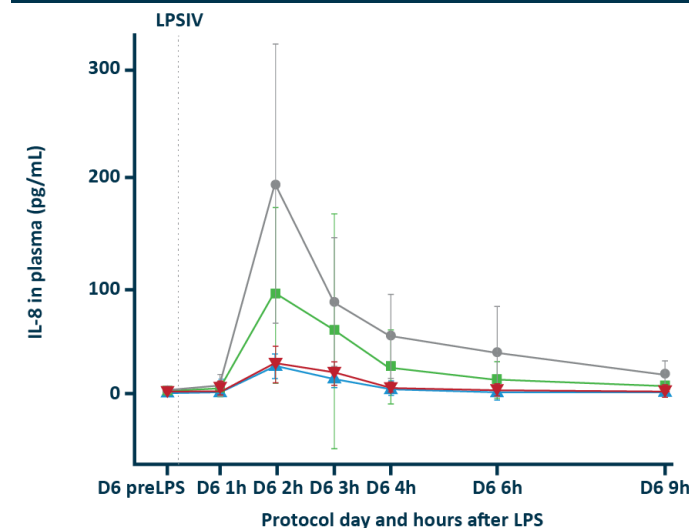
● Placebo

■ 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 the 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 the 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

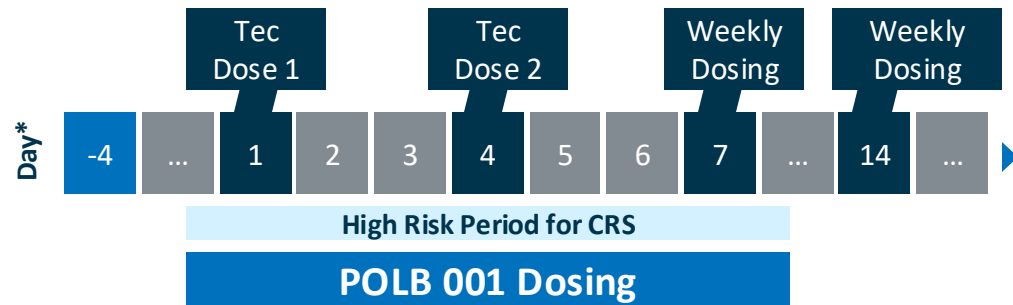
1. The Christie, Manchester
2. University College London Hospitals
3. The Royal Marsden
4. University Hospitals Birmingham
5. NHS Lothian
6. Royal Stoke University Hospital



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 = c. 30

Tecdistamab
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 has progressed through a positive review of data from the interim safety cohort with the trial continuing as planned, with no changes required to the study protocol

POLB 001 Trial is Designed to Generate Clinical Data Quickly

Focused 1-2 month CRS monitoring window, versus multi-year outcomes monitoring in a typical oncology trial

Short, focused trial design

Short-term Monitoring

1-2 Months

Typical oncology trials tend to take years to complete. POLB 001 trial focused on if the patient gets CRS or not.

Open Label

Rapid Visibility

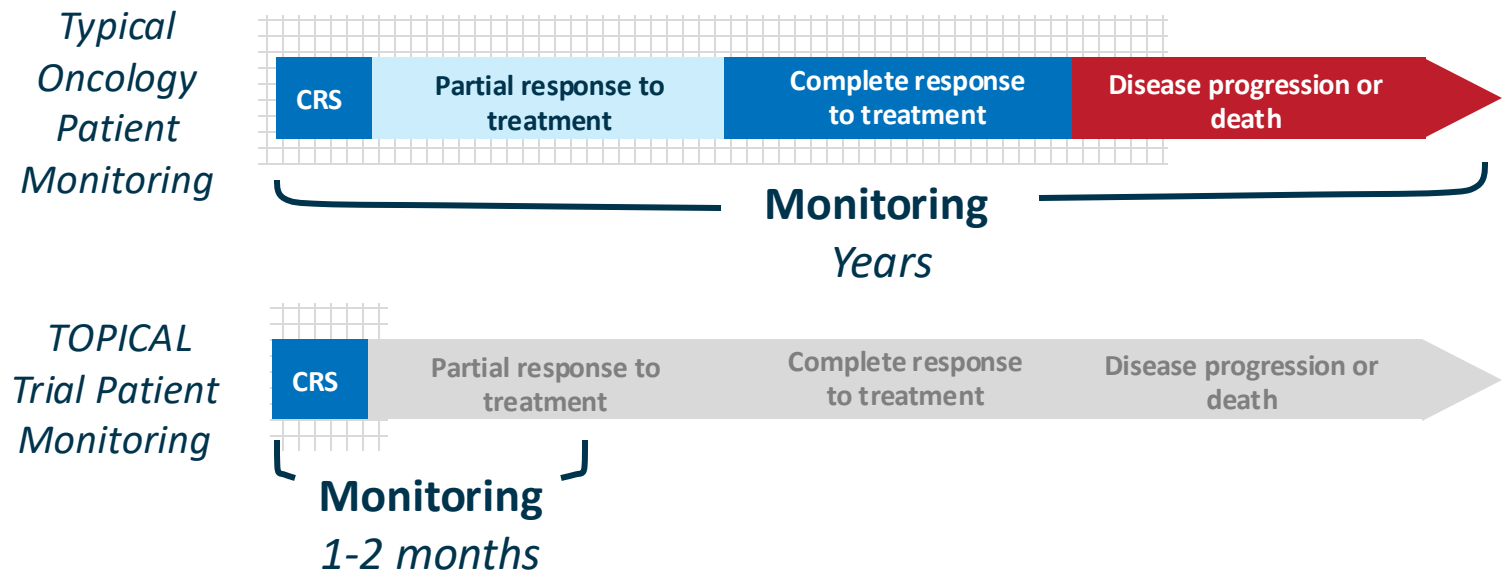
Investigators can observe participant outcomes immediately, without waiting for treatment blinding to be broken.

Single Arm

Every Participant Receives POLB 001

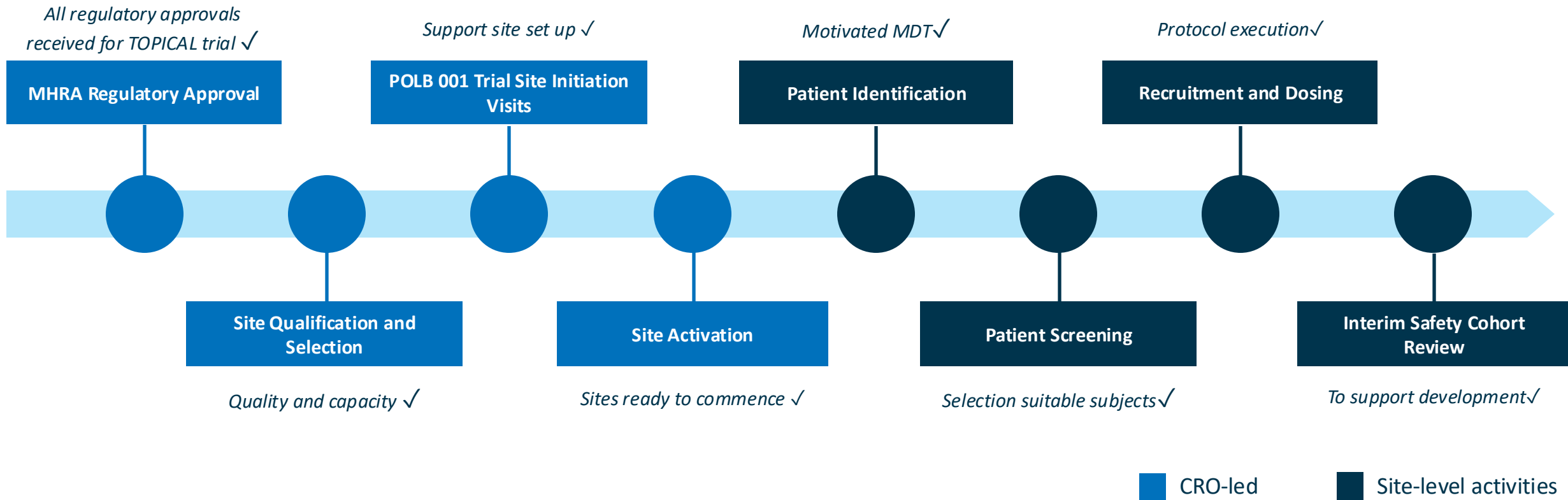
All enrolled participants receive POLB 001 with no placebo arm.

Timeline of a Trial Participant



POLB 001 – Activities Completed to Reach Key Milestones

Motivated study team & partners efficiently advancing TOPICAL trial



TOPICAL Clinical Trial Interim Data

Completion of the review represents important milestone for POLB 001 clinical development

Positive recommendation to continue the study as planned

Interim Data Safety Review Complete

- Interim safety cohort data reviewed
- Recommendation to continue as planned
- No study protocol changes required

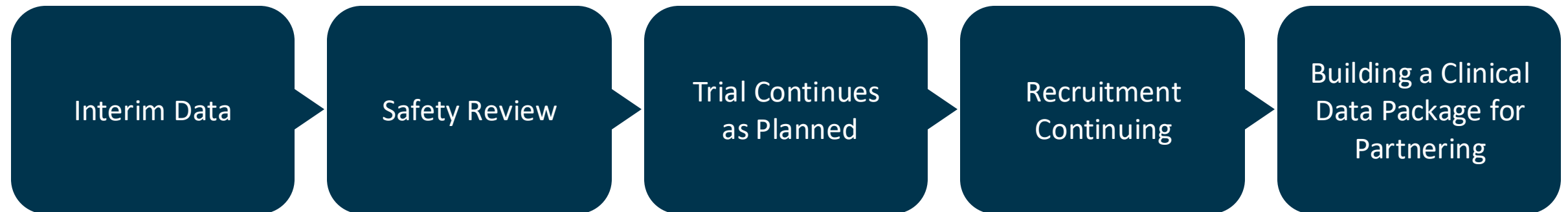
POLB 001 TOPICAL Trial Recruitment continues

- Recruitment continues across leading UK sites
- Additional clinical sites activation

Business Development Advancing Partnering Discussions

- Progression supports building a clinical data package for partnering
- Catalyst for partnering discussions

Building towards partnering POLB 001



Clear Route to Market

Programme positioned for rapid clinical development following TOPICAL study

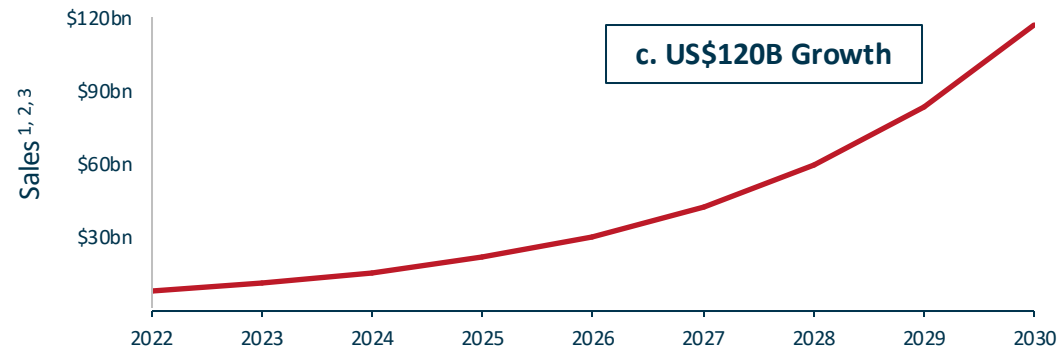
FDA pre-IND meeting conducted in May 2026

- Significant clarity achieved on nonclinical package, indication, **Phase 3 design** and **Phase 3 endpoints**
- Feedback was aligned with:
 - The Company's envisioned clinical development pathway with a clear route to market and a commercially attractive Phase 3 development programme
 - Significant commercial opportunity and sales forecasts from recent US commercial payer research
- Programme has the potential to advance rapidly following TOPICAL trial - clear path to pivotal trial initiation **through partnering**

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



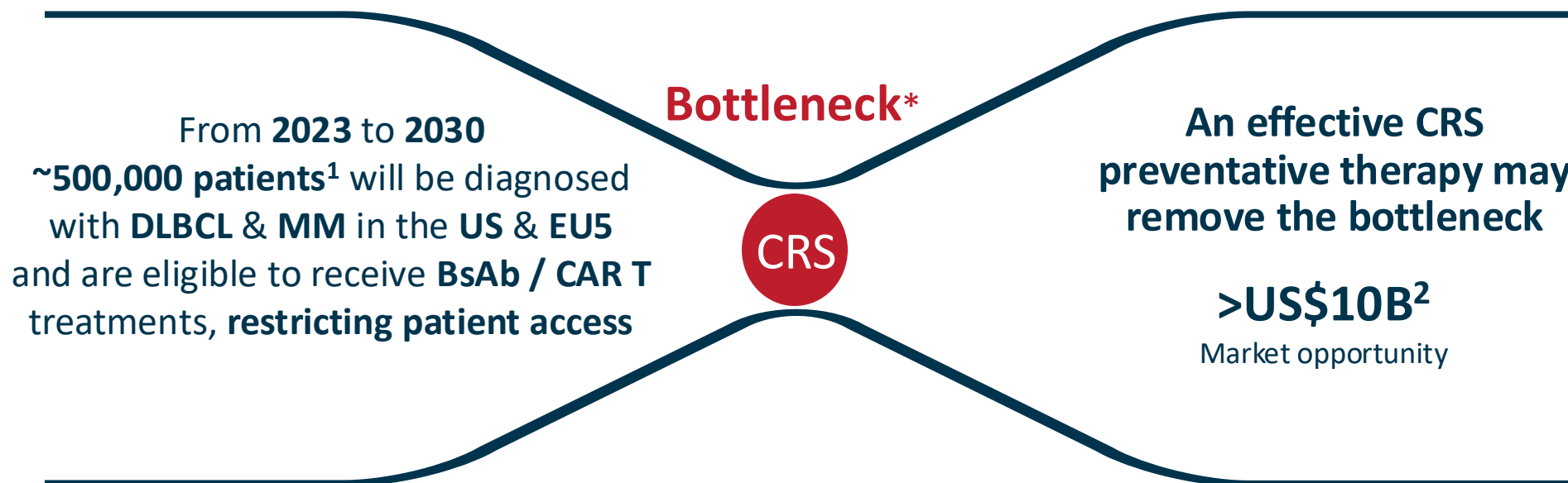
Need for effective CRS management is driven by rapid growth of CRS-inducing cancer immunotherapies

CRS Rates for Approved Cancer Immunotherapies

Drug	Company	Combined % Patients with All-Grade CRS*
Bispecific Antibodies		
Tecvayli	Johnson & Johnson	72%
Epkinly	AbbVie / Genmab	51%
Columvi	Roche	68%
Lunsumio	Roche	44%
Talvey	Johnson & Johnson	77%
Elrexfio	Pfizer	58%
CAR T-Cell		
Kymriah	Novartis	64%
Yescarta	Gilead / Kite	88%
Tecartus	Gilead / Kite	91%
Breyanzi	BMS	50%
Abecma	BMS	81%
Carvykti	Johnson & Johnson	89%

Prevention of CRS by POLB 001 May Transform Cancer Immunotherapies

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



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

Prof Martin Kaiser, Royal Marsden, UK

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

Myeloma specialist, FR

US Payer and Pricing Insights

Payer willingness-to-pay research & economic arguments to support pricing readiness

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

Multi-billion \$
POLB 001 peak
US 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

POLB 001 – Built for Partnering

Scientific, clinical, regulatory and commercial workstreams progressed in parallel to strengthen the partnering package

SCIENTIFIC

Scientific rationale

- Oral p38 MAPK inhibitor
- No approved therapy for CRS prevention
- Strong pre-clinical & clinical data

CLINICAL

Clinical execution

- Interim data marks positive milestone
- Active recruitment and dosing
- Interest from other leading UK cancer centres

REGULATORY

Development pathway

- Positive FDA pre-IND meeting:
 - Alignment on proposed endpoint for future Phase 3
 - Greater clarity on route-to-market

INTELLECTUAL PROPERTY

Market exclusivity

- FDA Orphan Drug Designation¹
- Key patent grants (coverage to at least 2044)
- Continued expansion of patent portfolio

COMMERCIAL

Commercial validation

- >US\$10B global market opportunity²
- US payer research – strong willingness to pay³
- Multi-billion-dollar US peak sales potential

PARTNERING

Business development

- Active discussions with data room open
- Expanding pool of potential partners
- Market dynamics increasing demand for high potential programmes with proof of concept

Positive interim safety review marks important company milestone

MAPK: Mitogen Activated protein Kinase; CRS: Cytokine Release Syndrome; FDA: U.S. Food and Drug Administration pre-IND meeting: pre-Investigational New Drug meeting.

1. FDA Orphan Drug Designation for the prevention of T cell engager bispecific antibody induced CRS. 2. Independent research by Decisive Consulting Limited. 3. Independent research by Acumetis

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 - ~US\$400bn+ in revenue at risk as patents expire over the coming decade ¹

Discussions Ongoing

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

Summary

- 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 Partnering focused model with clear path to strategic transactions

- 4 Financial runway into Q2 2028



Stay in touch



Listed on the London Stock Exchange
Ticker: POLB



Register for RNS alerts



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



INFLAZONE
Targeted Therapies for Inflammatory Diseases



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



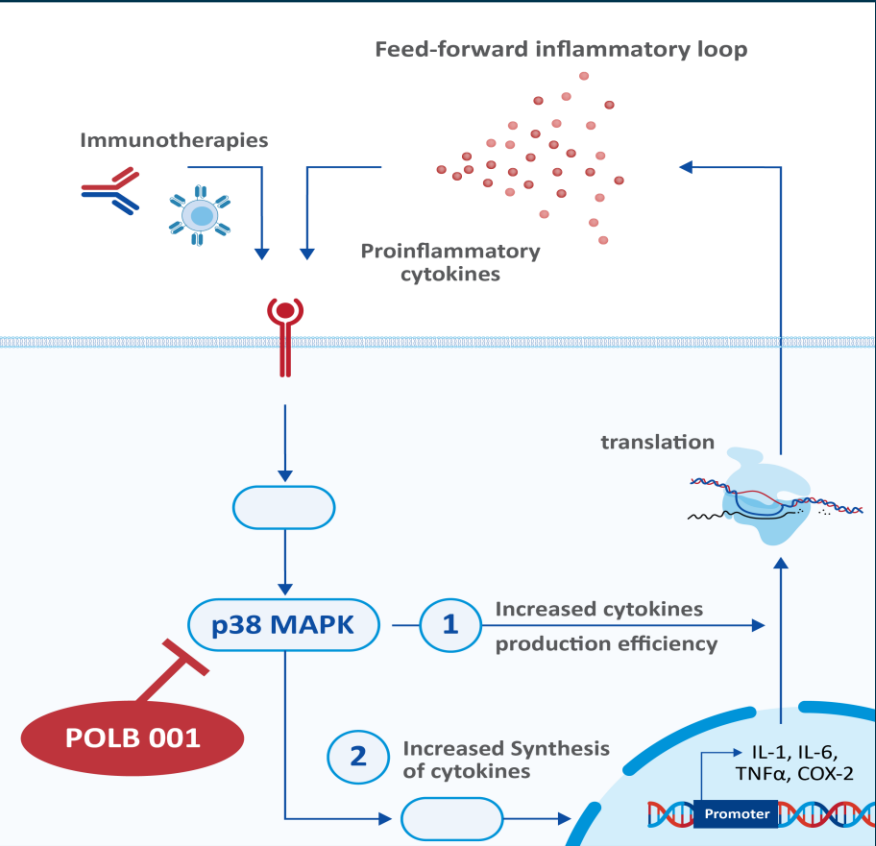
UNIVERSITY OF
OXFORD



- ✓ 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-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. 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

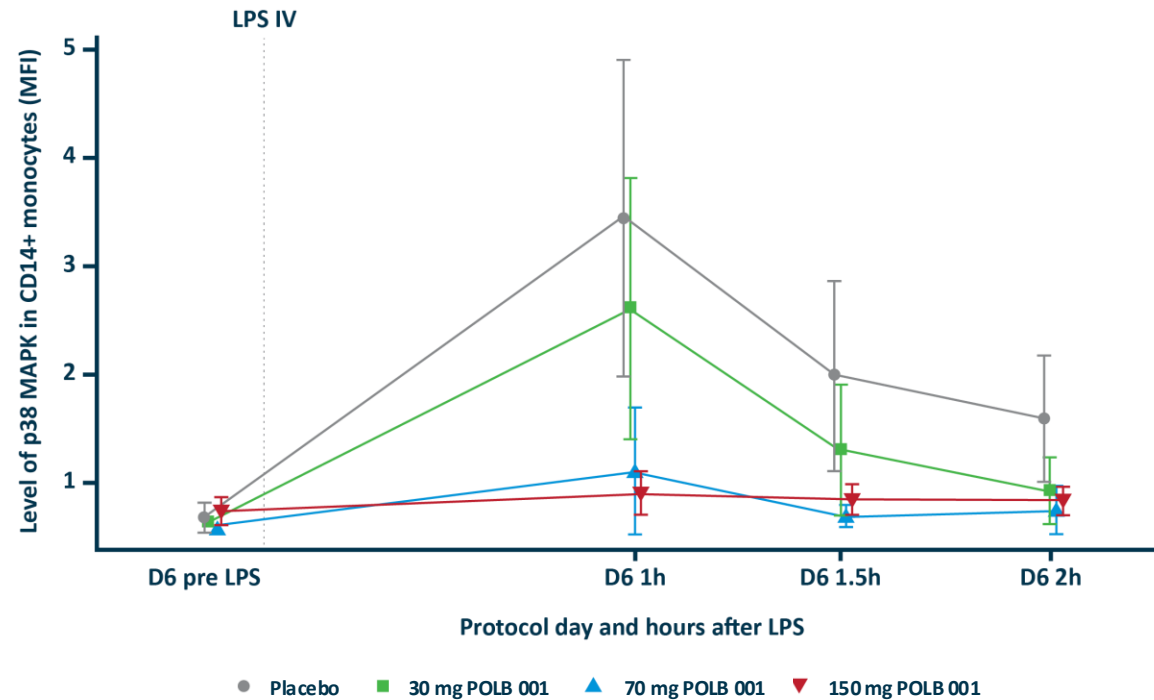


Half-life of 7-14 hours provides adequate exposure and avoids excessive exposure beyond periods of CRS risk

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

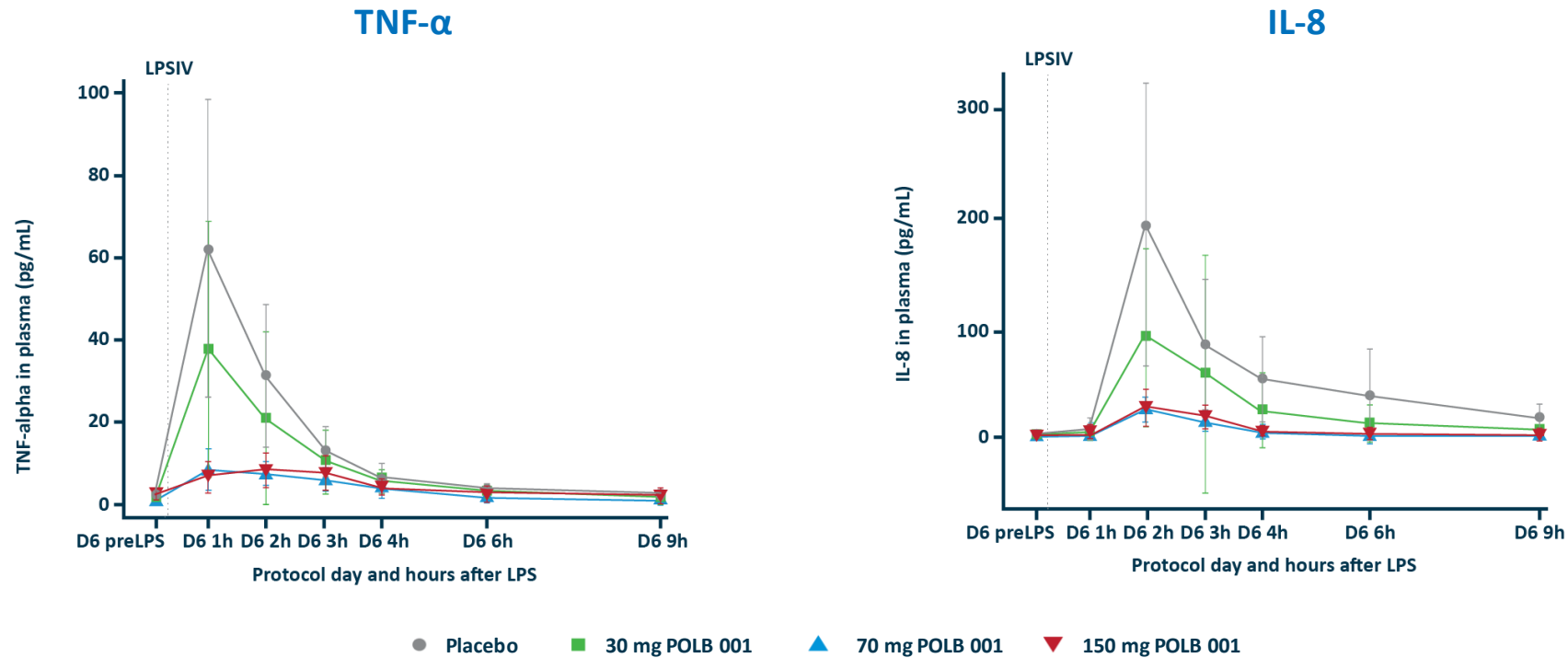


- POLB 001 was **widely distributed**
- POLB 001 **inhibited p38 MAPK activation**, direct measurement of activation
- POLB 001 **inhibited in vivo and ex vivo responses** to LPS-induced TNF- α , indirect measurement of p38 MAPK inhibition

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 ($p = 0.0003$)

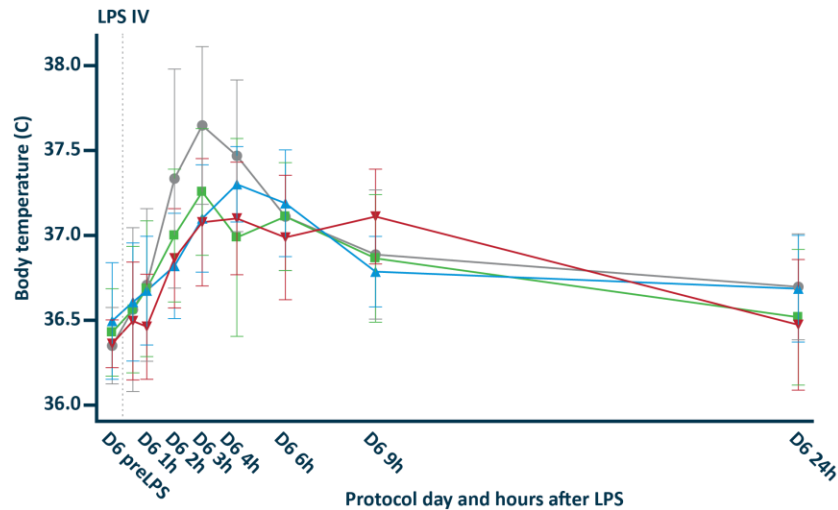
IL-8 reduction of **80.7% and 76.7%** seen for
70 mg and 150 mg doses respectively ($p < 0.0001$)

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

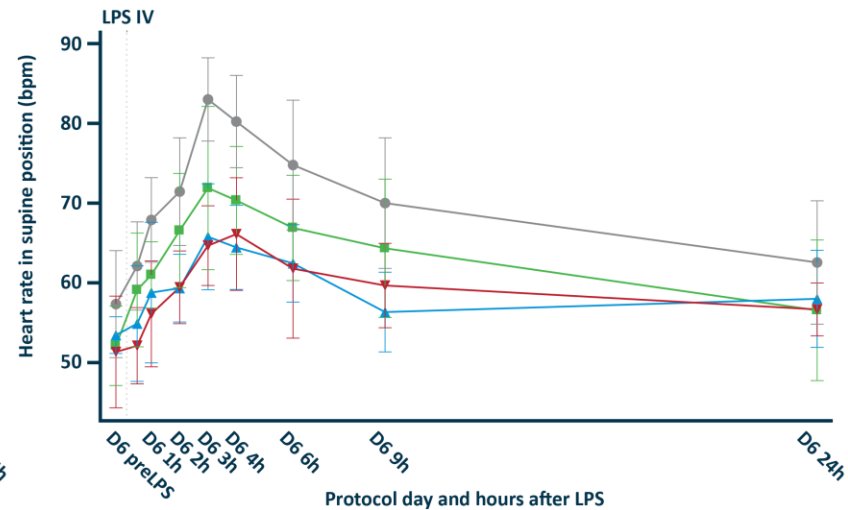
Reduced Key Indicators of LPS-Induced Systemic Inflammation

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

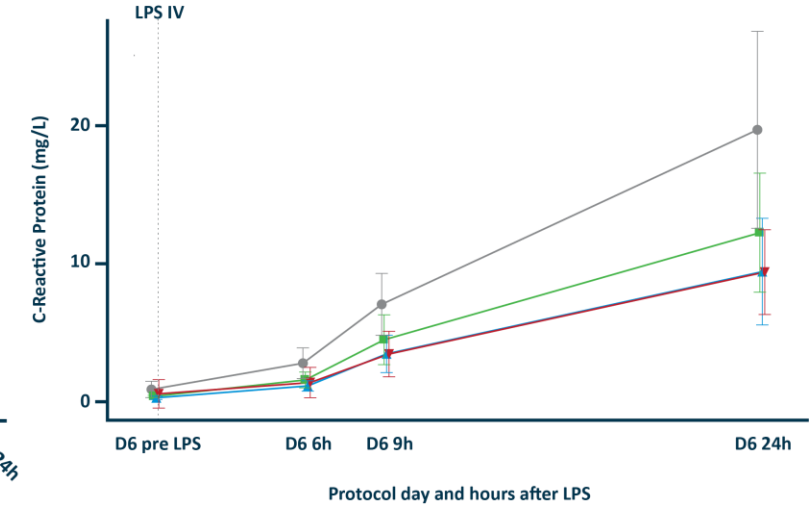
Mean Body Temperature



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

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

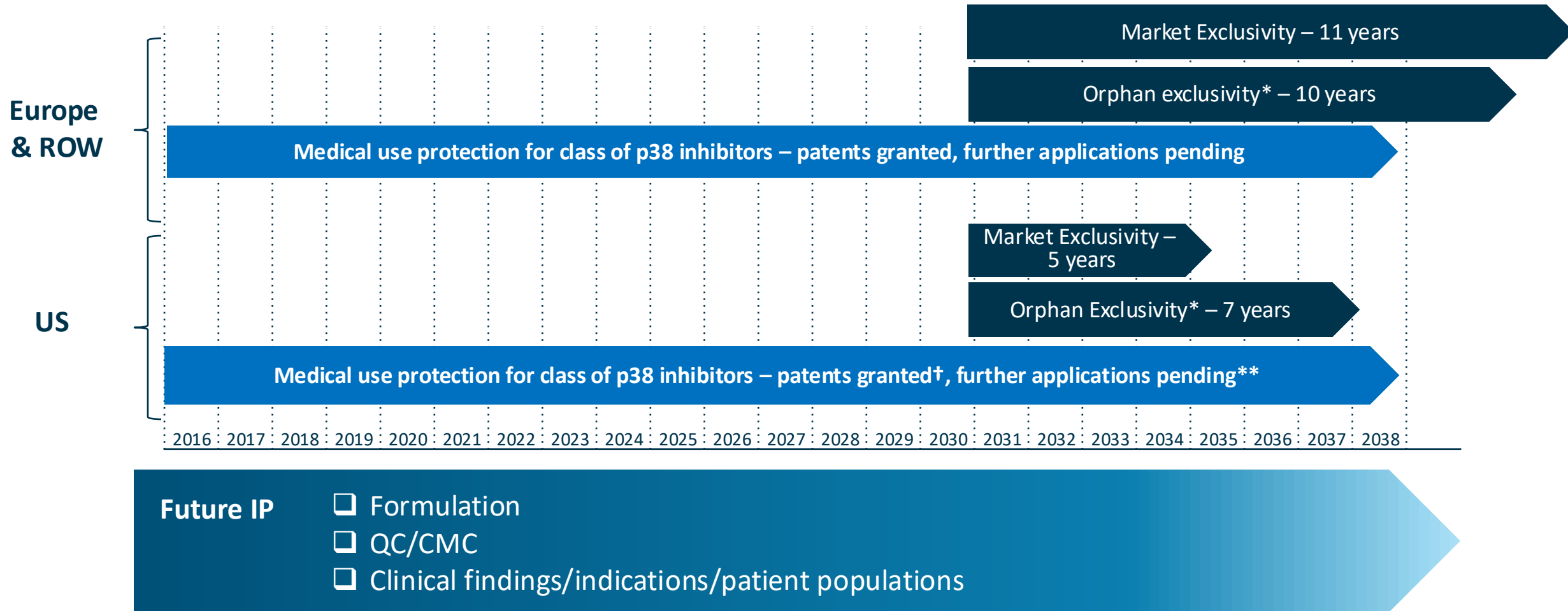
Recognition of Unmet Need

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



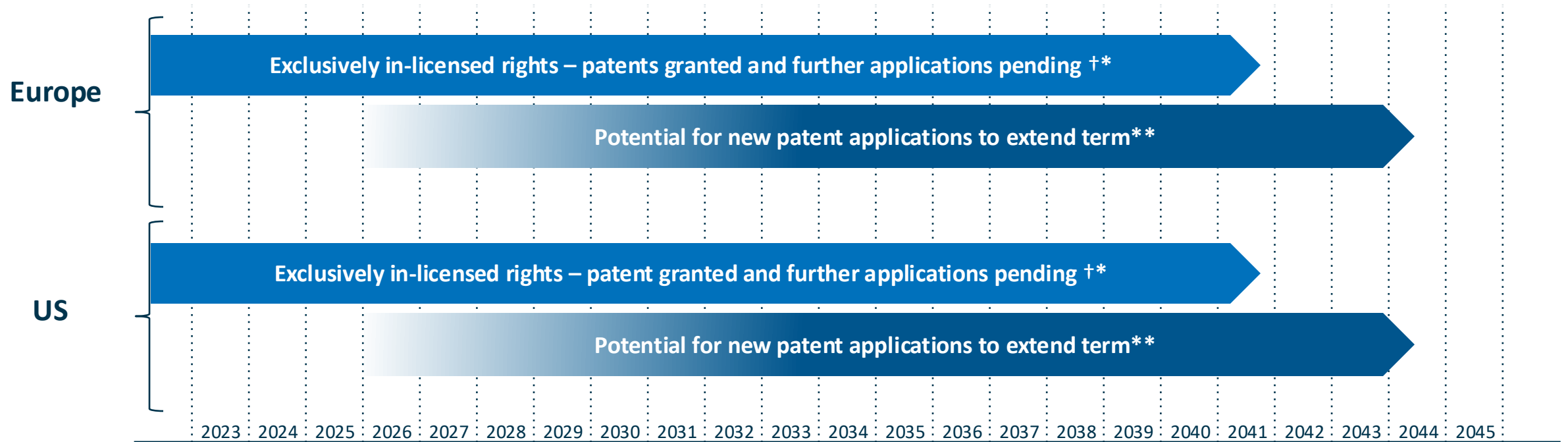
†Portfolio includes a patent covering use of POLB 001 for hypercytokinemia/CRS that was granted by the US Patent Office in April 2024, with a latest expiry date in Dec 2038 excl. extensions.

*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



Future IP

- ☐ Formulation
- ☐ QC/CMC
- ☐ Clinical findings/indications/patient populations

*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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