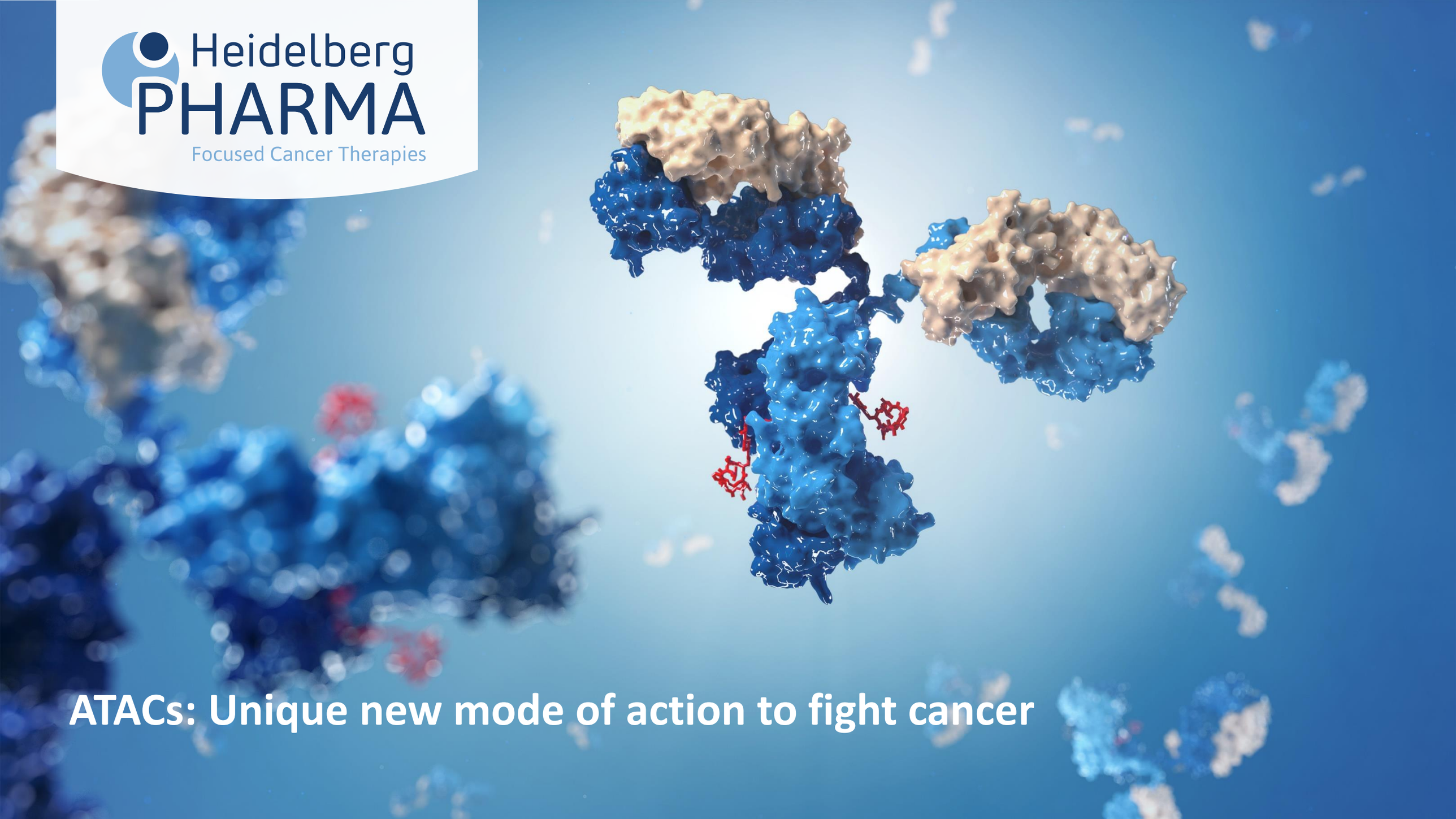
Heidelberg PHARMA
Focused Cancer Therapies



ATACs: Unique new mode of action to fight cancer

Safe Harbor

Forward looking statements

This communication contains certain forward-looking statements, relating to the Company's business, which can be identified by the use of forward-looking terminology such as "estimates", "believes", "expects", "may", "will" "should" "future", "potential" or similar expressions or by general discussion of strategy, plans or intentions of the Company. Such forward-looking statements involve known and unknown risks, uncertainties and other factors, which may cause our actual results of operations, financial condition, performance, or achievements, or industry results, to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements.

Such factors include, among others, the following: uncertainties related to results of our clinical trials, the uncertainty of regulatory approval and commercial uncertainty, reimbursement and drug price uncertainty, the absence of sales and marketing experience and limited manufacturing capabilities, attraction and retention of technologically skilled employees, dependence on licenses, patents and proprietary technology, dependence upon collaborators, future capital needs and the uncertainty of additional funding, risks of product liability and limitations of insurance, limitations of supplies, competition from other biopharmaceutical, chemical and pharmaceutical companies, environmental, health and safety matters, availability of licensing arrangements, currency fluctuations, adverse changes in governmental rules and fiscal policies, civil unrest, acts of God, acts of war, and other factors referenced in this communication.

Given these uncertainties, prospective investors and partners are cautioned not to place undue reliance on such forward-looking statements. We disclaim any obligation to update any such forward-looking statements to reflect future events or developments.

This material is not intended as an offer or solicitation for the purchase or sale of shares of Heidelberg Pharma AG. This material may not be distributed within countries where it may violate applicable law.

Key achievements

Differentiated ADC Technologies

- In Plug & Play mode
- 2 years from target to IND

Strong IP

- Several IP families
- Monopoly in the Amanitin/MoA space

GMP Manufacturing

- Fully synthetic process for Amanitin
- 5 GMP batches completed

Strategic partnerships

- Huadong: China-focused partnership
- Takeda: ATAC technology partnership

Clinical Stage

- 1 ATAC in ongoing Phase I
- 2 additional ATAC INDs within the next year

Corporate & Finance

- Experienced leadership team
- Cash (runway): EUR 50.7m* (mid-2025)

* as per end of August 2023

Strong in-house R&D capabilities and expertise

Heidelberg PHARMA

Synthetic chemistry

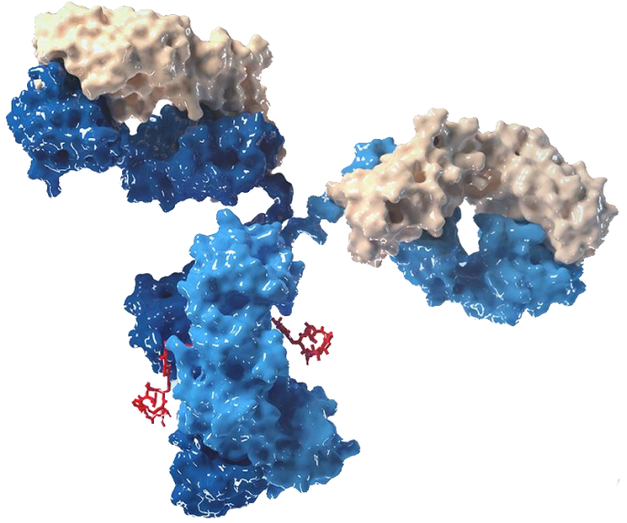
Antibody generation & bioconjugation

Preclinical testing

CMC

Bioanalytical sciences

Clinical Development

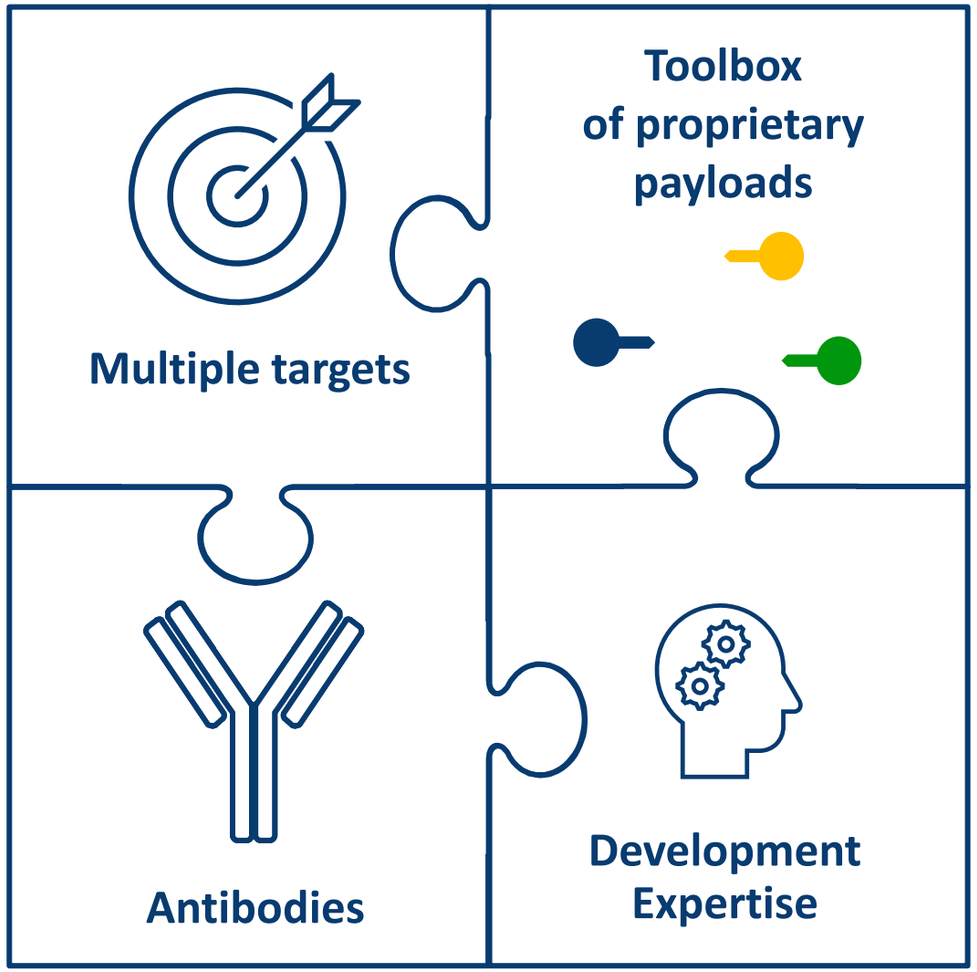


Best ADC candidate in the shortest time

Value creation through development of best-in-class ADC assets

Discovery & development engine

Scouting
Partnering
In-licensing



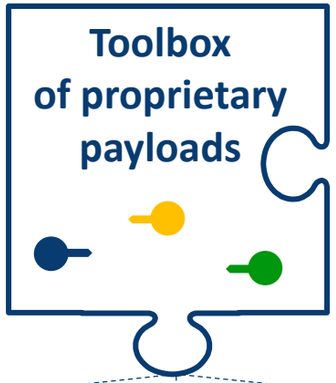
Partnering at IND-ready, First clinical data, EOP1, Clinical POC

Co-Development

Upside : Retain territorial rights for potential commercialization

We are NOT a Target ID Company
We are NOT Ab Discovery Company

Payload Toolbox – Multiple MOAs



ATAC-Technology

RNA-Polymerase II Inhibitor

Amanitin-based

TOPO1-Technology

Topoisomerase I Inhibitor

Exatecan-based

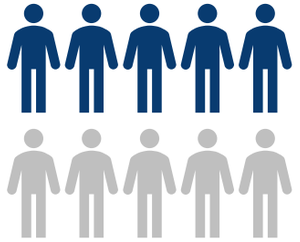
IM-Technology

TLR7 agonist

Growing pipeline of proprietary and partnered programs

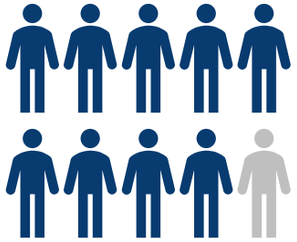
	Product	Target	Indication	Research	Preclinic	Phase I	Phase II	Phase III	Partner
ATAC pipeline	HDP-101	BCMA	Multiple Myeloma						Huadong (China+)
	HDP-102	CD37	NHL (DLBCL/CLL)						Huadong (option China+)
	HDP-103	PSMA	Prostate cancer						Huadong (China+)
	HDP-104	GCC	Gastrointestinal (e.g., CRC)						Huadong (option China+)
TOPO	HDP-201	n/a	Solid tumors						Proprietary
ATAC partners	TAK-ATAC	n/a	Oncology						Takeda
Legacy assets	TLX250-CDx	CA-IX	Renal Carcinoma Urothelial Carcinoma, TNBC						Telix
	TLX250	CA-IX	Renal carcinoma						Telix
	RHB-107		Oncology/GI, Covid-19						RedHill

Resistance is one of the biggest challenges in oncology



1 in 2

people will be diagnosed with cancer in their lifetime



> 90%

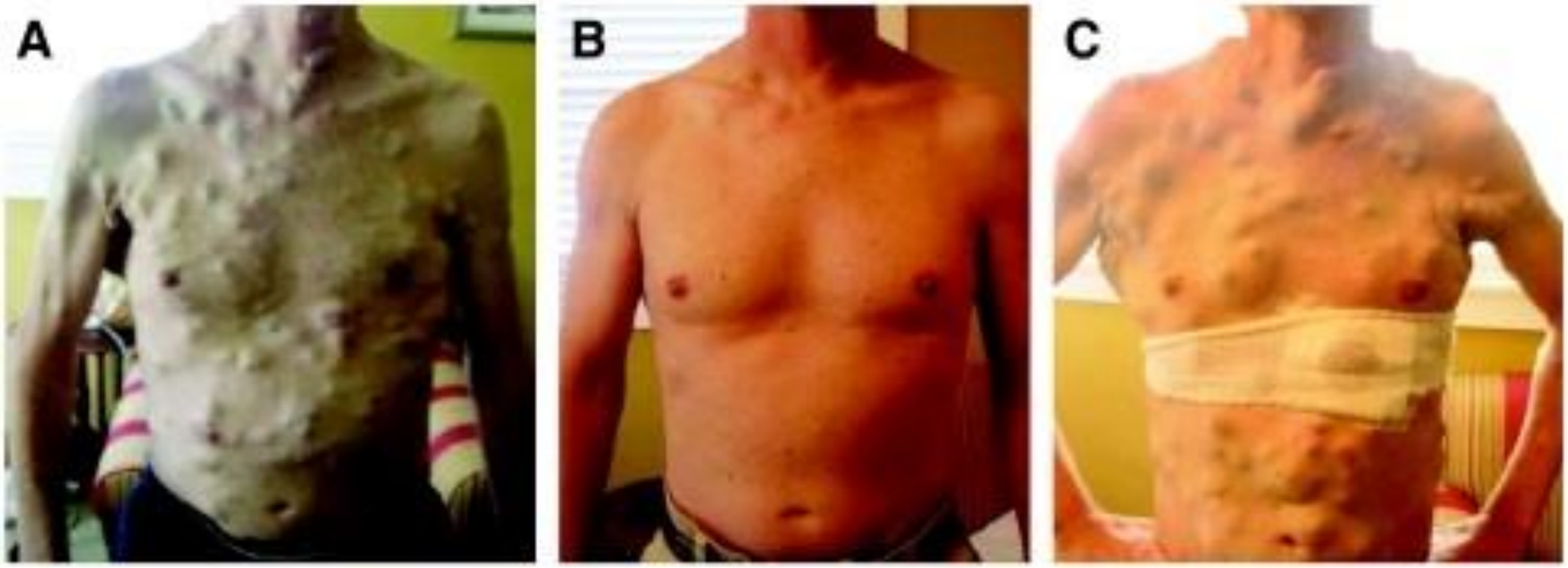
of cancer deaths are caused by drug resistance

The journey of many cancer patients

Before Treatment

Treatment

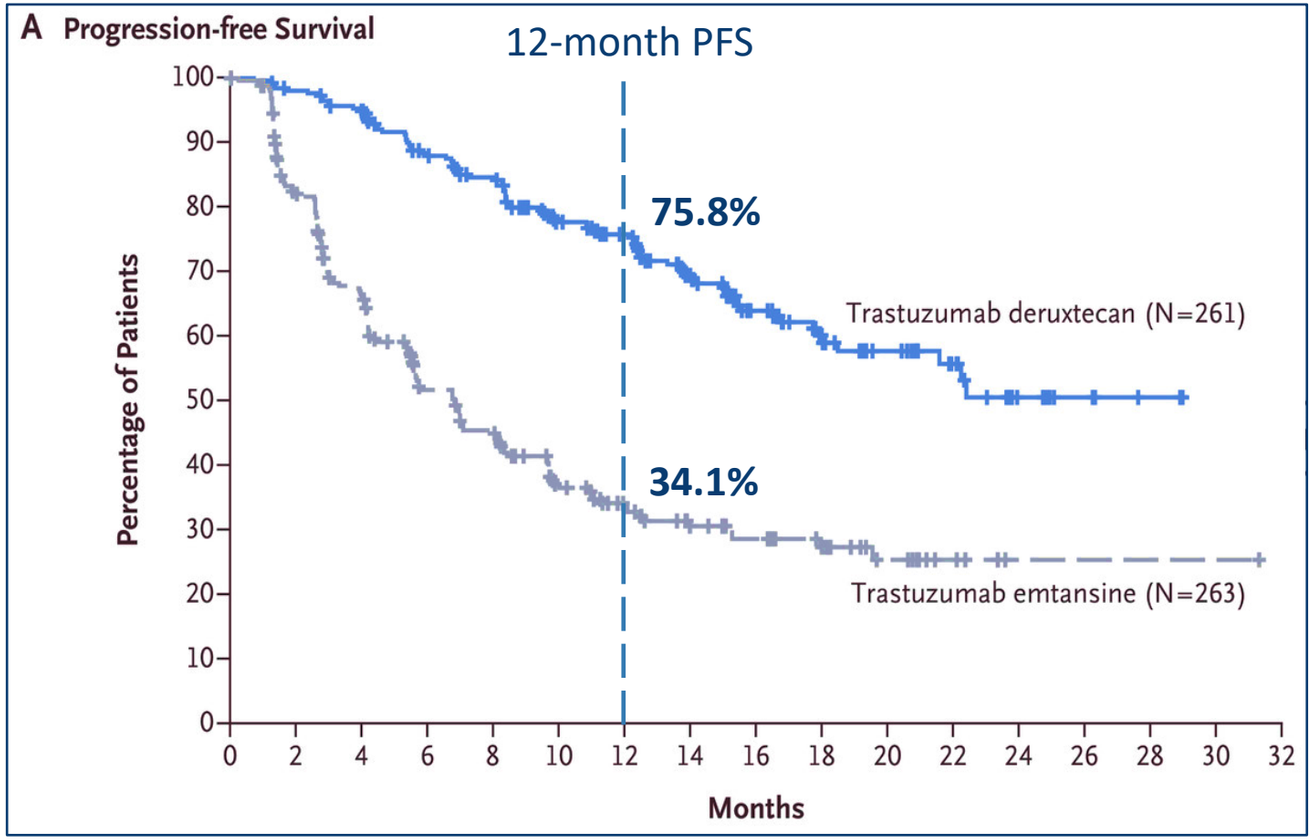
Resistance & Relapse



Wagke, N.*et al*, J Clin Oncol. 2011; 29(22): 3085–3096

We need new drugs with new mode-of-action to overcome resistance

The payload MOA is what makes the difference!



Cortés, J. *et al*, N Engl J Med 2022; 386:1143-1154

Enhertu®
Payload: deruxtecan (Topo 1 inhibitor)

Kadcyla®
Payload: emtansine (Tubulin inhibitor)

Same target (Her2), same antibody (Trastuzumab), same patient population

Novel payloads to overcome resistance

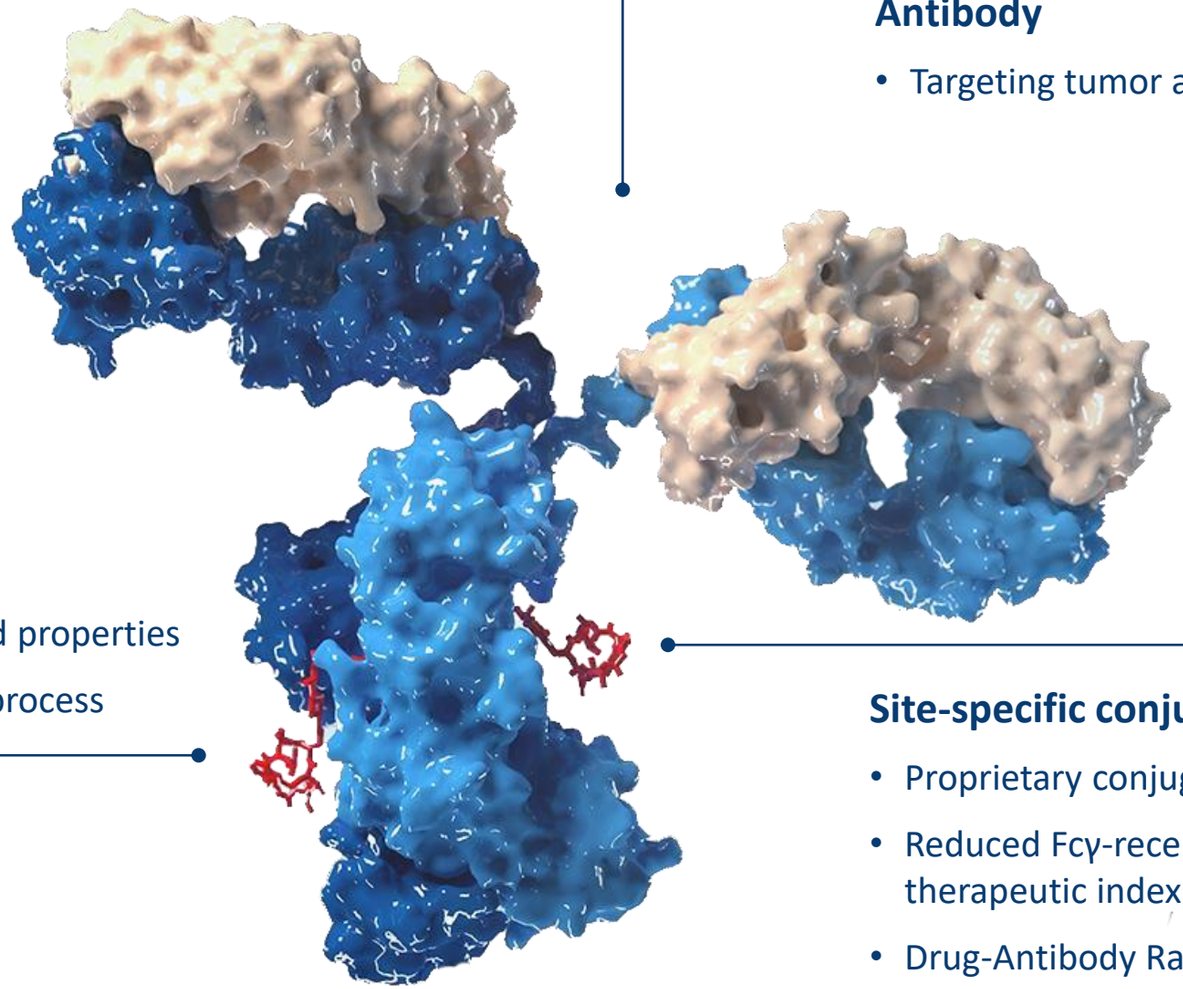
	Tubulin inhibitors *e.g. Maytansines & Auristatines*	**DNA-damaging agents** *e.g. PBDs, PDDs, IGNs, Calicheamicin, Duocarmycins*	**Topoisomerase inhibitors** *e.g. Camptothecins, Deruxtecan, SN-38*	**RNA polymerase inhibitors** **Amanitin**
Potency	High	Ultra-high	Low	Medium
Hydrophilicity	✗	✗	✗	✓
Overcome resistance	✗	✗	✗	✓
Active on non-dividing cells	✗	✓	✗	✓
Biomarker	✗	✗	✗	✓
Target Exclusivity / Single player / IP monopoly	✗	✗	✗	✓

Amanitin has a mechanism of cytotoxicity that is radically different from that of conventional chemotherapy

ATACs are ADCs with amanitin as a payload

Antibody

- Targeting tumor antigen



Amanitin as warhead

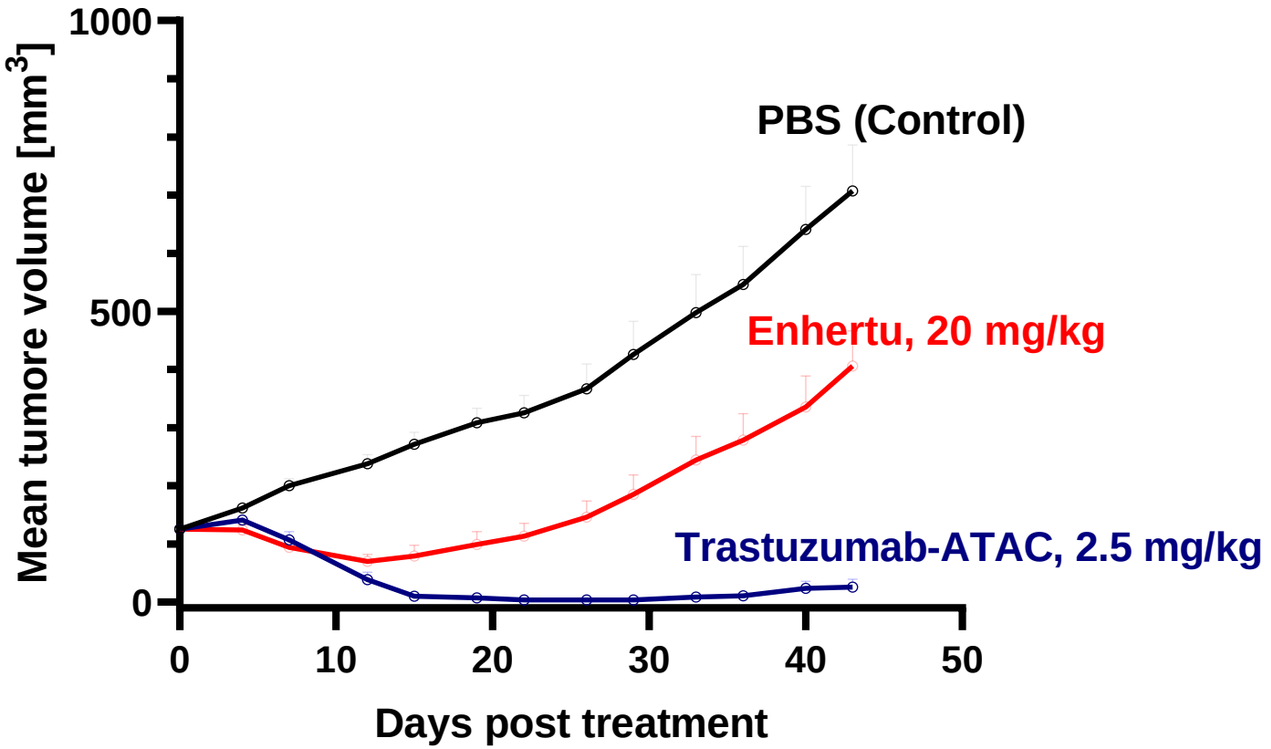
- Differentiated mechanism of action:
  inhibition of RNA Polymerase II
  - Kills dormant tumor cells
  - Overcomes resistance
  - Predictive biomarker
- Synthetic amanitin derivatives with improved properties
- GMP manufacturing through fully synthetic process

Site-specific conjugation

- Proprietary conjugation sites
- Reduced Fcγ-receptor binding for improved therapeutic index (TI)
- Drug-Antibody Ratio (DAR) = 2.0

The Payload Makes The Difference

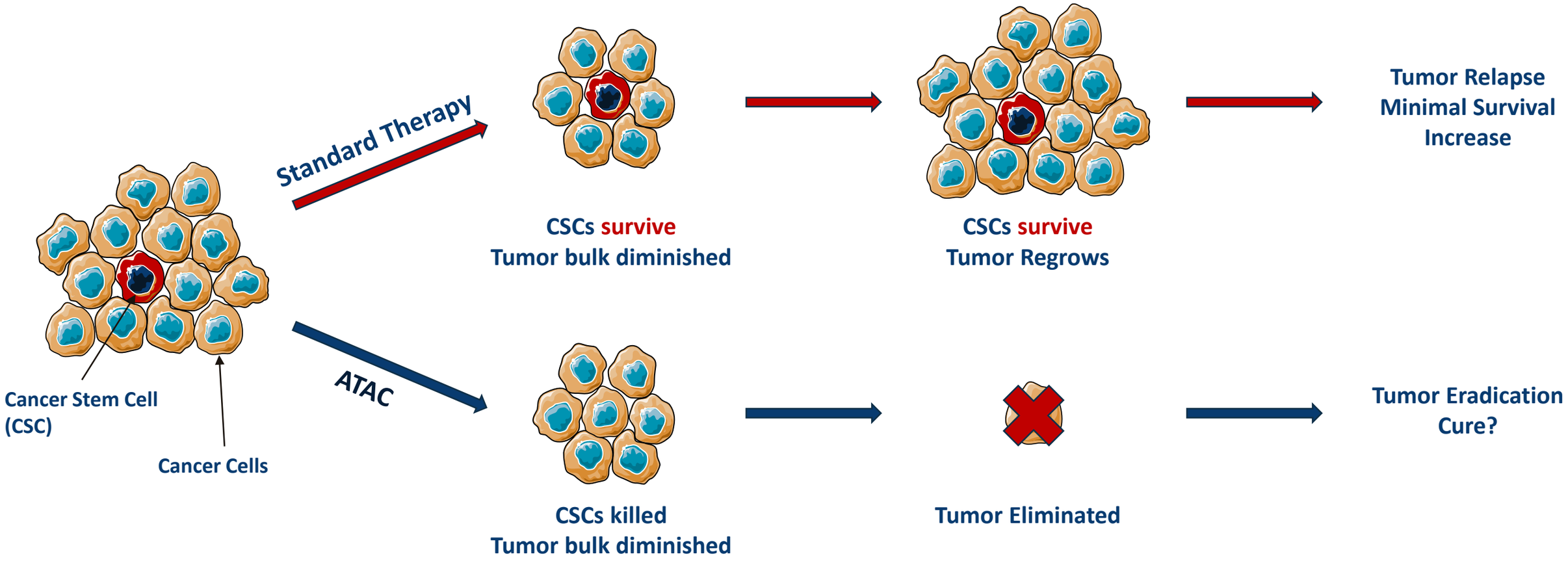
Breast cancer model (JIMT-1 Xenograft) is resistant to Kadcyla® and Enhertu®



- Same antibody (Trastuzumab), different payload (amanitin vs. topoisomerase inhibitor)
- **Complete remission after single-dose application of HER2-ATAC.**

Trastuzumab ATAC leads to complete remission in resistant model after single-dose

ATACs address the limitations of current cancer therapies



Amanitin has a mechanism of cytotoxicity that is radically different from that of conventional chemotherapy

Del(17p): Potential platform-wide predictive biomarker

Deletion of TP53 (tumor suppressor)

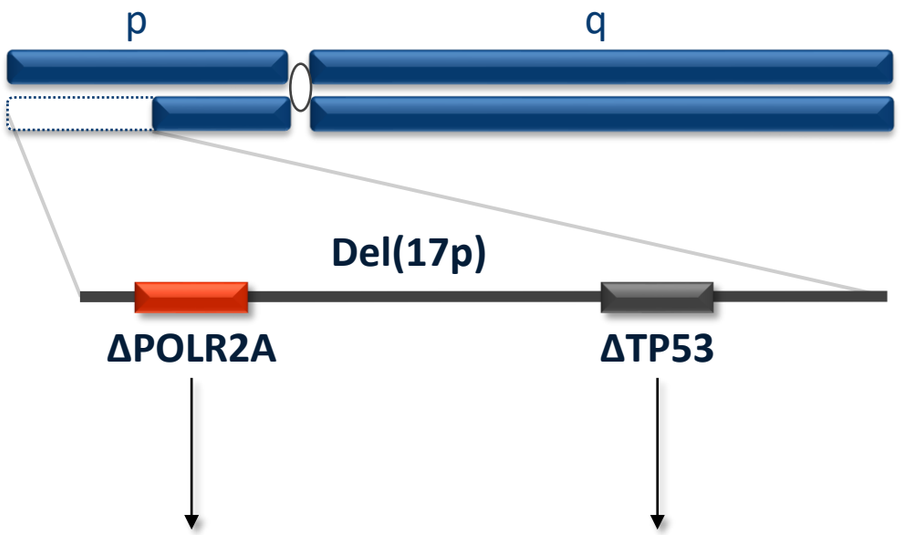
- High incidence
- More aggressive tumors **resistant** to SoC and poor prognosis

Deletion of RNA Polymerase II (POLR2A is co-deleted)

- Higher sensitivity to ATAC treatment

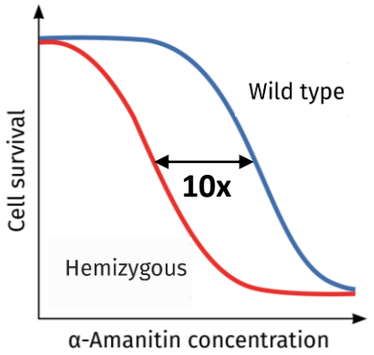
Occurs only in tumor cells

- Wider therapeutic window in patients with del(17p) tumors
- Across cancer indications and tumor types



Intracellular target of amanitin: Increases ATAC sensitivity

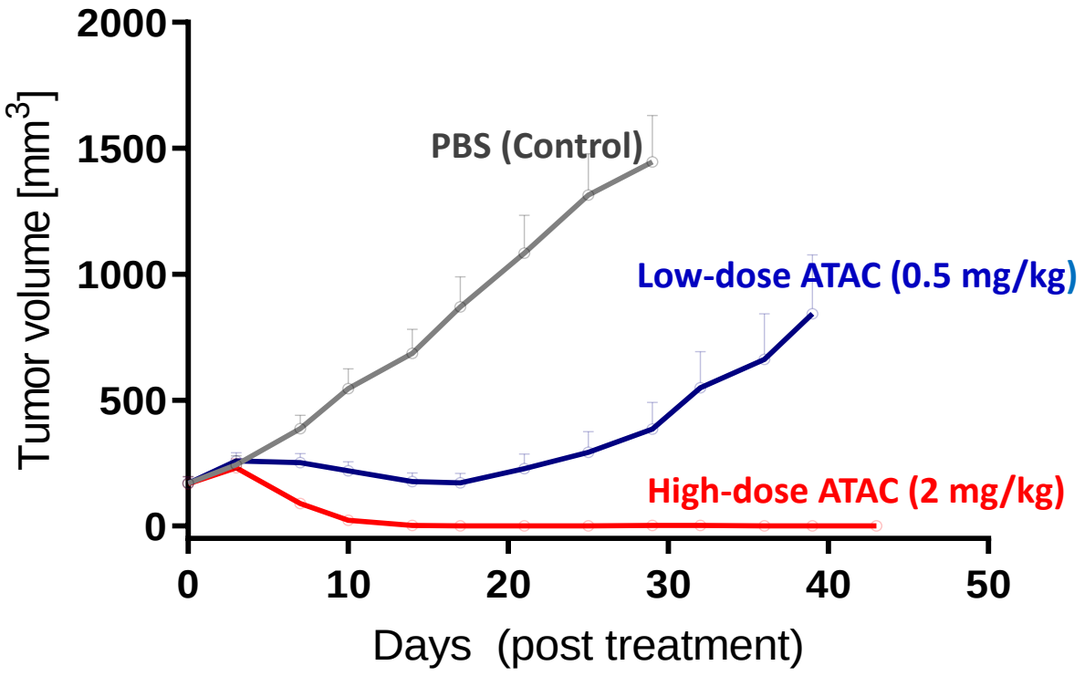
Tumor suppressor: Increases tumor aggressiveness & resistance



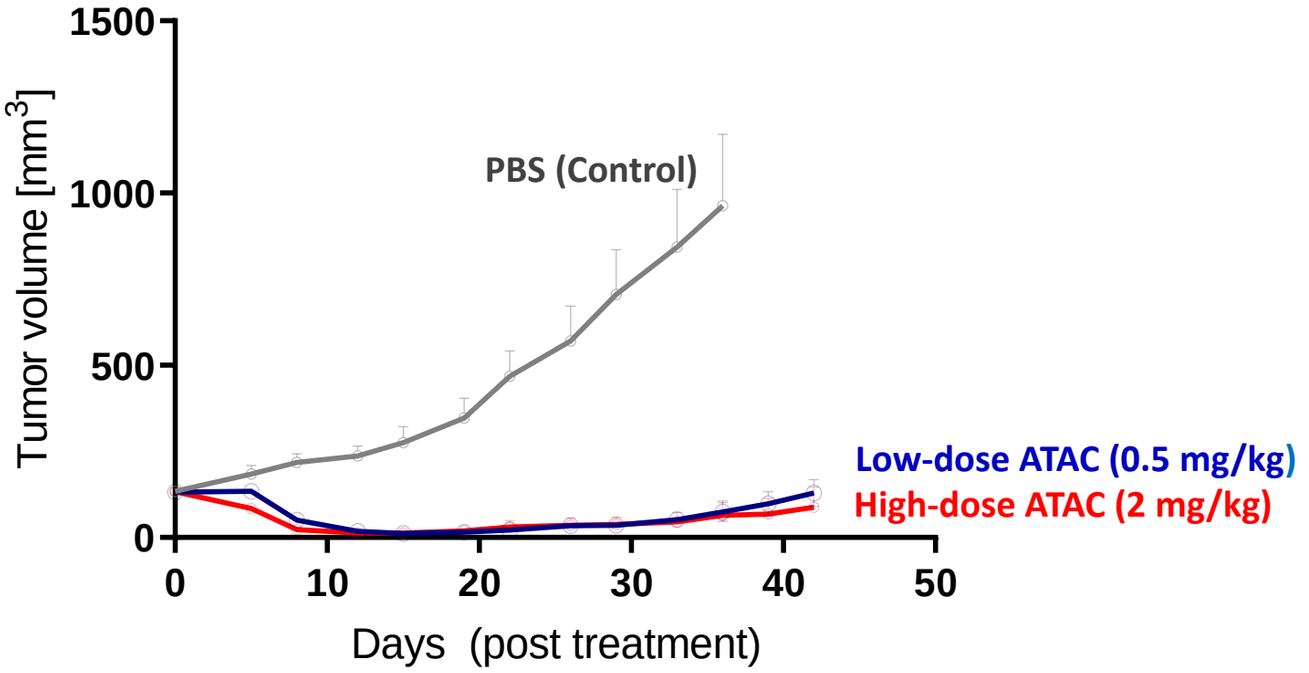
Del(17p): Potential platform-wide predictive biomarker

Her2 1+ patient-derived xenograft models

Wildtype - normal RNA Pol II levels



Del(17p) - reduced RNA Pol II levels



Less amanitin is required to kill del(17p) cells

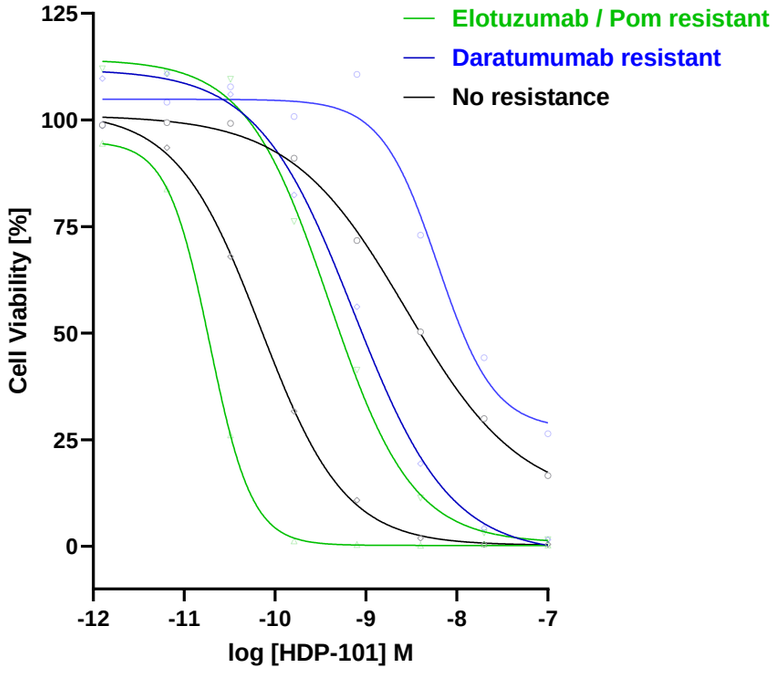
Wider therapeutic index in patients with del(17p) tumors

Sci. Transl. Med. 13 (2021)

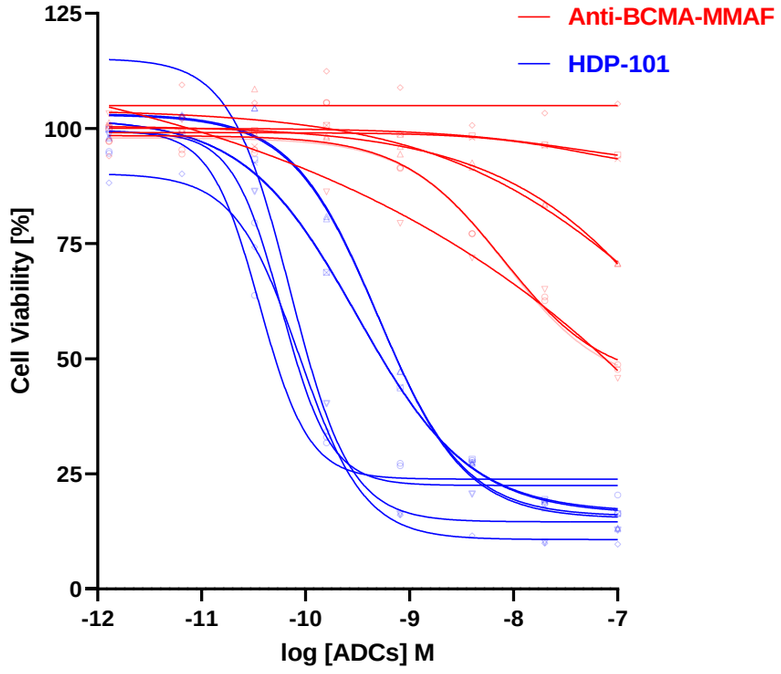
We know ATACs work

HDP-101 is highly efficacious in primary myeloma cells from patients

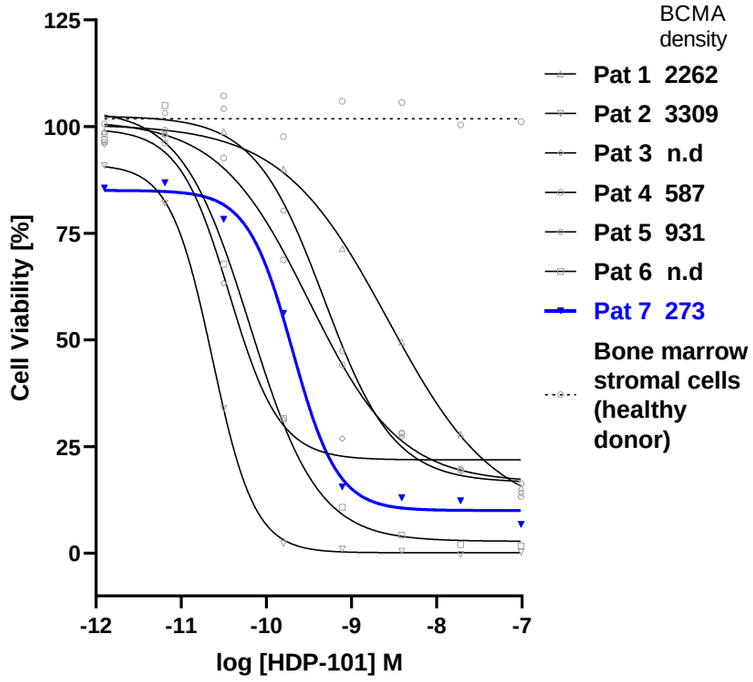
Overcomes resistance in patients refractory to SOC



More efficacious than other payloads by killing non-dividing tumor cells



Overcomes resistance through antigen escape by killing cells with ultra-low antigen expression

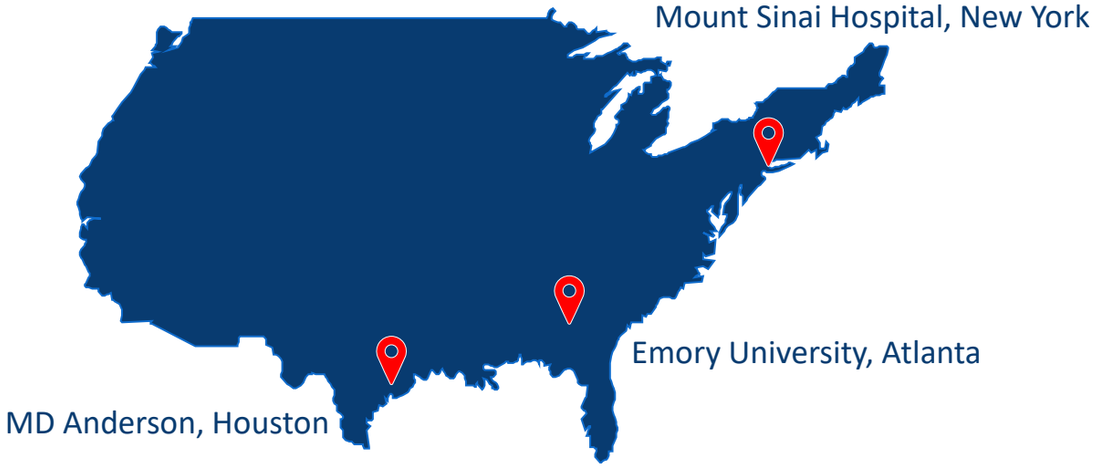


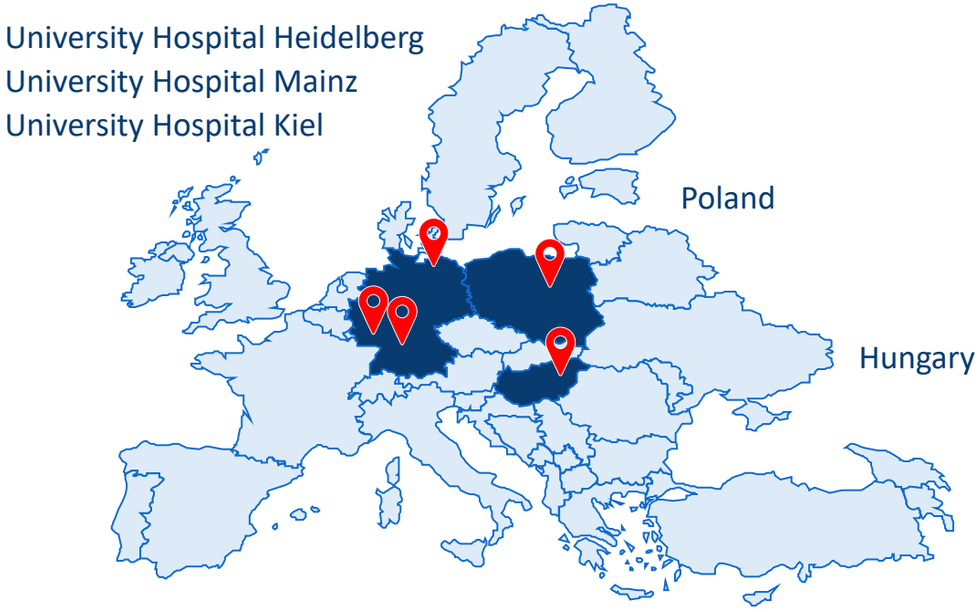
HDP-101 overcomes multiple types of resistance in patient cells

HDP-101 Phase I/II study

Study status

- Four patient cohorts (20, 30, 60 and 80 µg/kg) completed, 12 patients in total
- Latest Safety Review Committee conclusions (September 2023):
  - Treatment is safe and well-tolerated in the four cohorts
  - Continue dose escalation
- Dose escalation continues with 100 µg/kg in the fifth cohort





HDP-101: It works in the clinic

- 1 patient from cohort 3 with SD for 14 cycles, on monotherapy for 11 months

Cohort 1 - 20µg/Kg

- **0101001**
  - Start date - 14Feb2022
  - Stop date - 12Apr2022
  - Progressive Disease - Survival FU
- **4904001**
  - Start date - 21Feb2022
  - Stop date - 22Mar2022
  - Withdrew consent

Cohort 2 - 30µg/Kg

- **0101002**
  - Start date - 01Jun2022
  - Stop date - 18Jul2022
  - Progressive Disease - Survival FU
- **4904002**
  - Start date - 13Jun2022
  - Stop date - 13Jul2022
  - Progressive Disease - Survival FU

Cohort 3 - 60µg/Kg

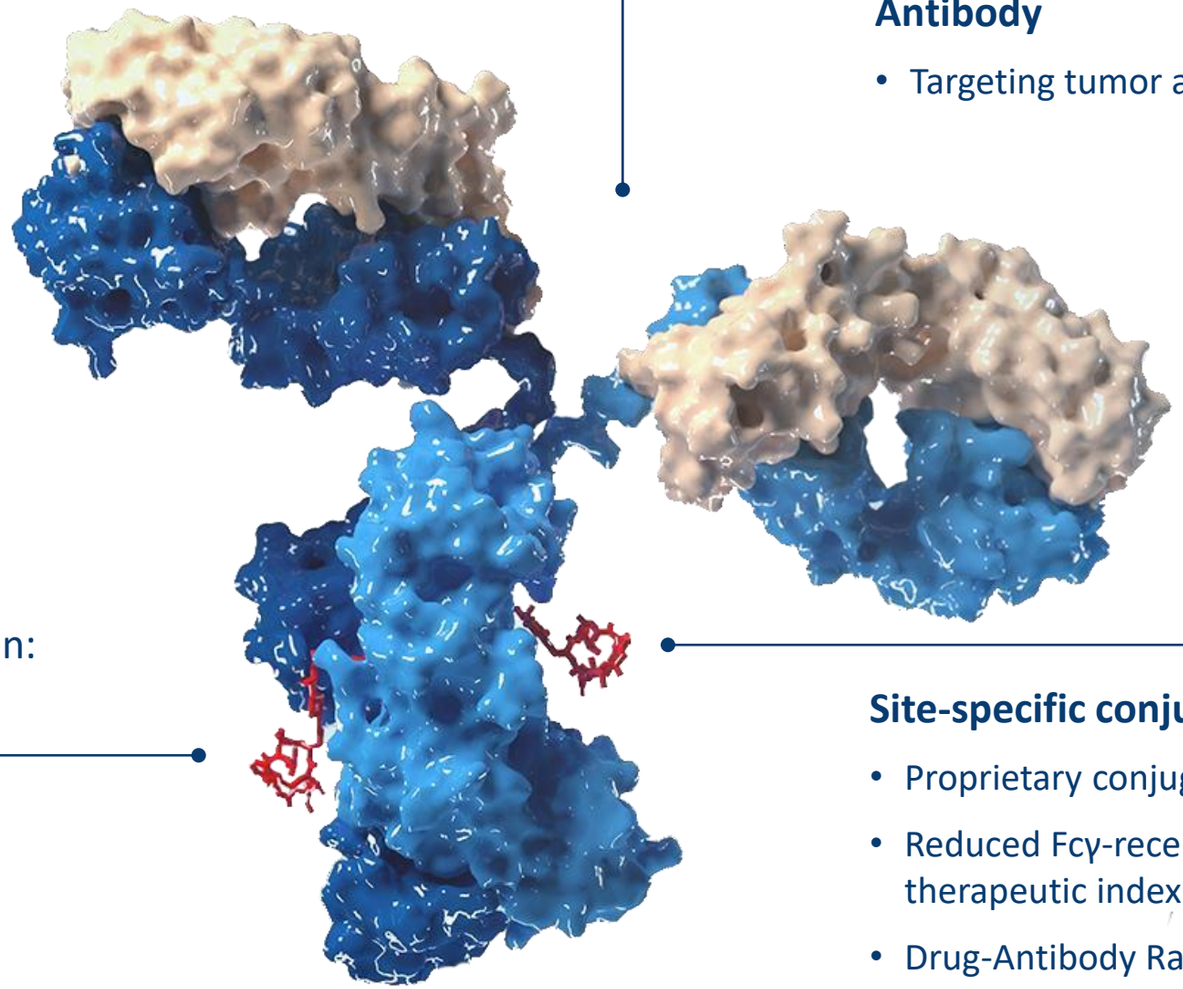
- **0102002**
  - Start date - 11Oct2022
  - Stop date - 18Jul2022
  - Progressive Disease - Survival FU
- **4904004**
  - Start date - 19Dec2022
  - Progressive Disease
- **0103001**
  - Start date - 05Jan2023
  - Withdrawn, showed reduction in M-Protein
- **0102003**
  - Start date - 23Jan2023
  - **Stable Disease**
  - **17 cycles completed**
  - No signs of toxicity, improving organ function

Dose elevated to 80 µg/kg

Cohort 4 - 80µg/Kg

- **4815003**
  - Start date – 10Jul2023
  - Treatment discontinued/ Progressive Disease
- **4815004**
  - Start date – 17Jul2023
  - Treatment discontinued/ Progressive Disease
- **3613001**
  - Start date – 01Aug2023
  - Treatment discontinued/ Progressive Disease
- **0102004**
  - Start date – 02Aug2023
  - Treatment discontinued/ Progressive Disease

ADCs with TOPOI inhibitor as a payload



Antibody

- Targeting tumor antigen

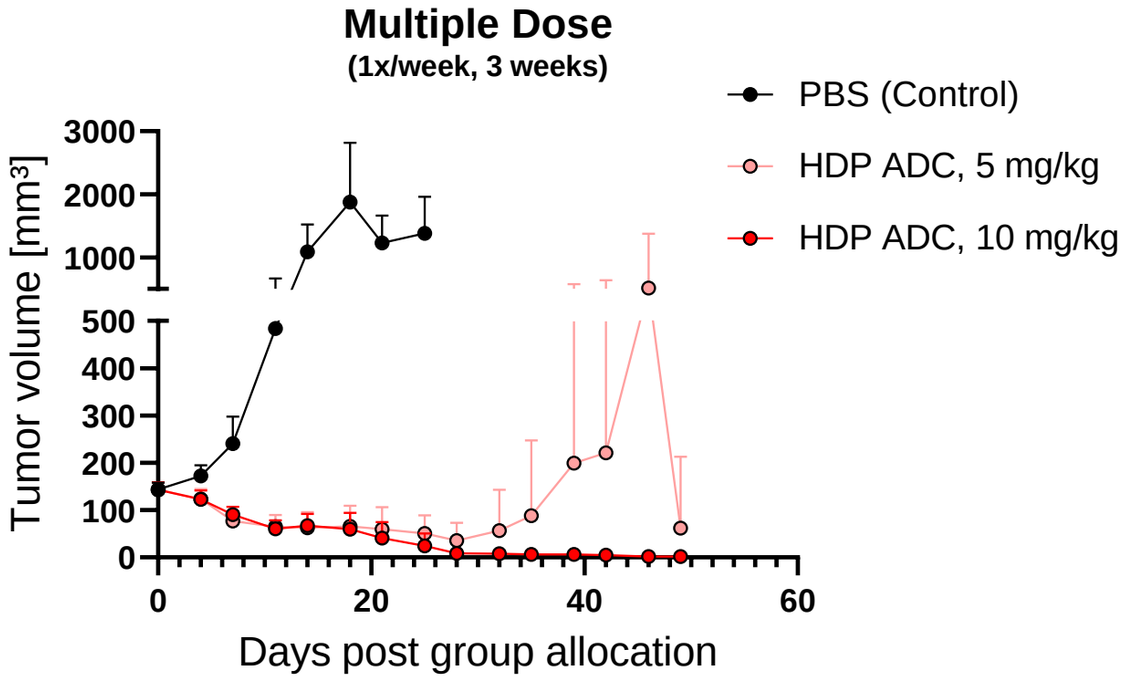
TOPOI inhibitor as warhead

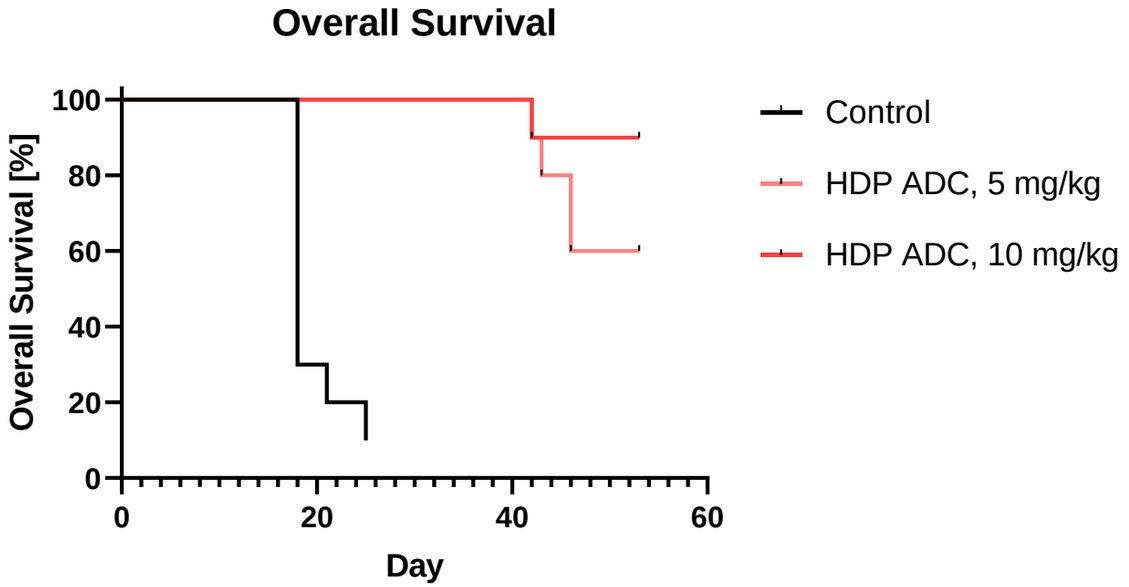
- Clinically validated mechanism of action: *inhibition of Topoisomerase I*

Site-specific conjugation

- Proprietary conjugation sites
- Reduced Fcγ-receptor binding for improved therapeutic index (TI)
- Drug-Antibody Ratio (DAR) = 4.0

Strong efficacy of HDP's Topo 1 ADC upon multiple dose treatment

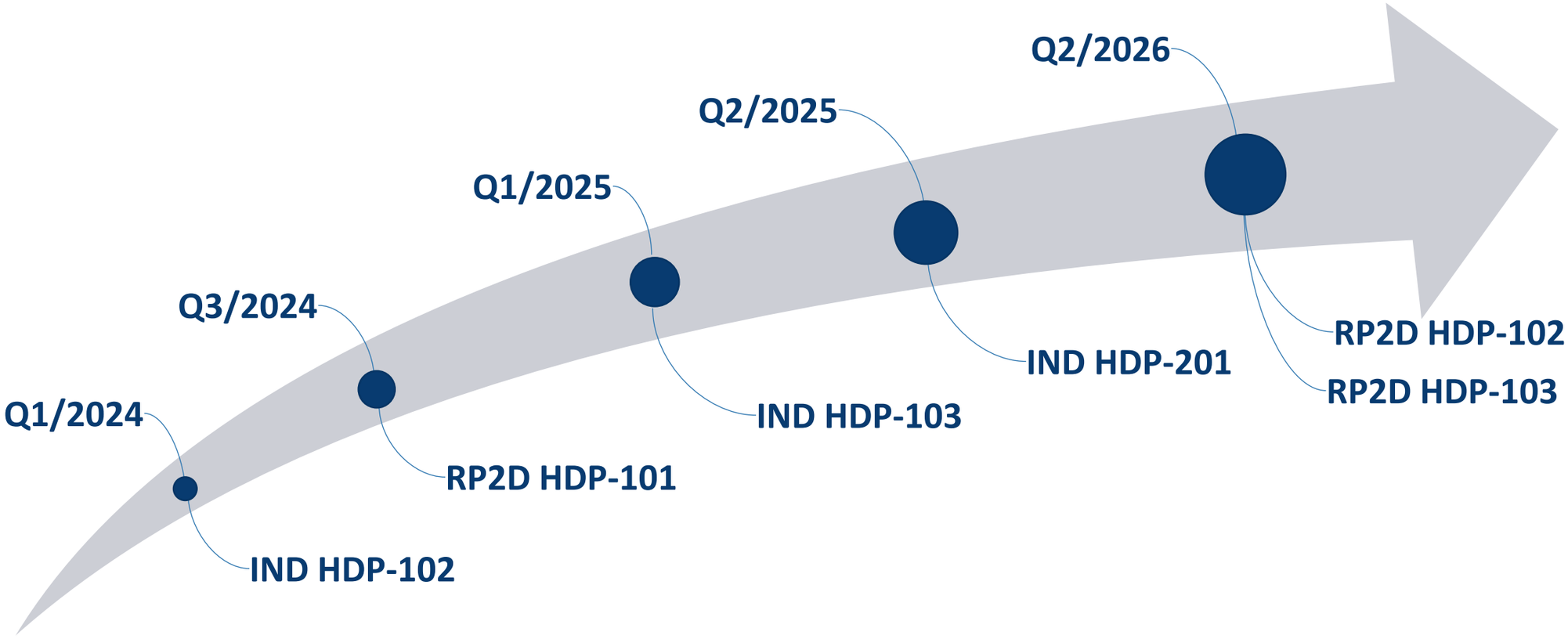


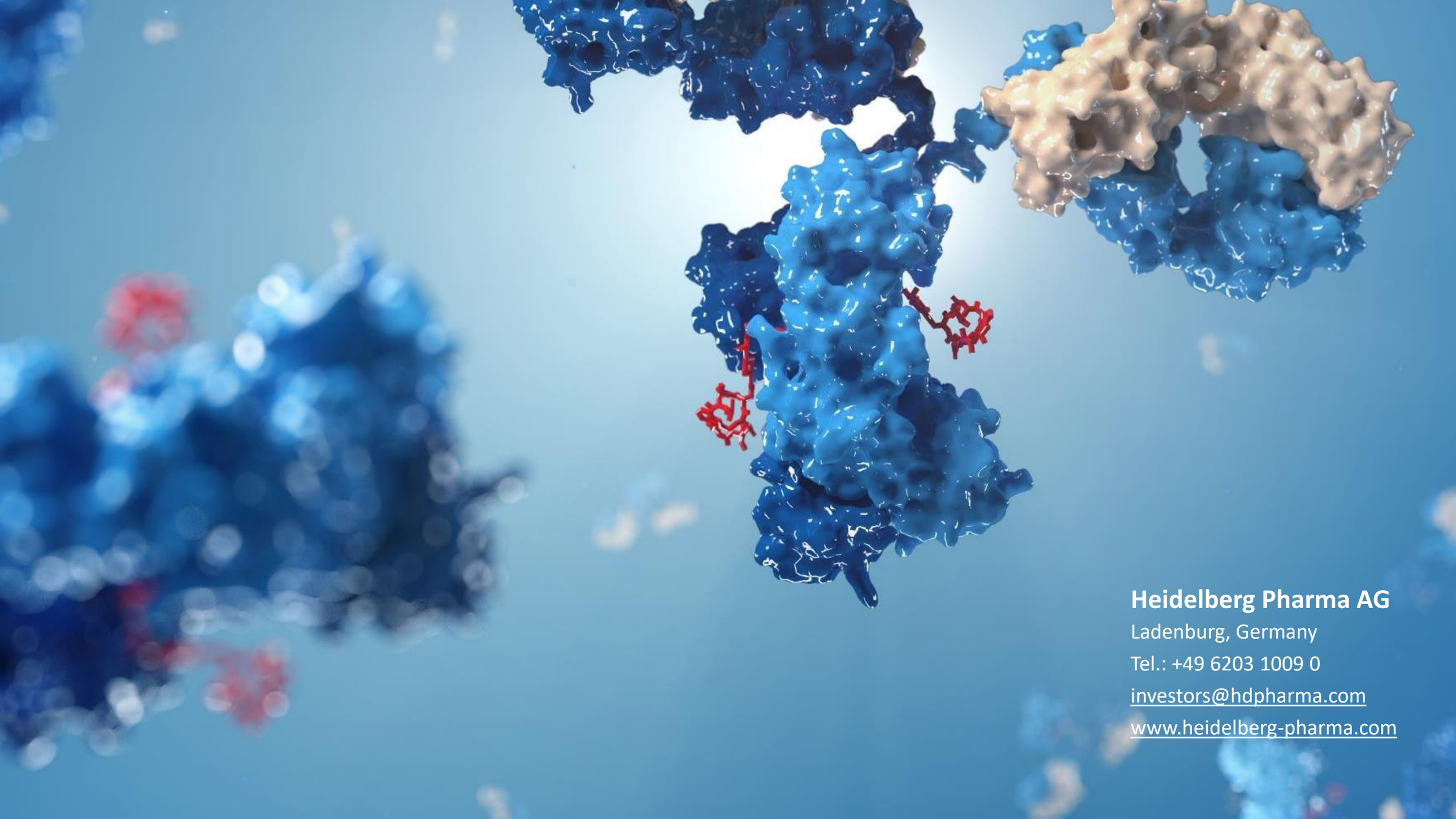


- **Efficacy of HDP ADC similar to Deruxtecan ADC**
- **Only half the amount of toxin (DAR 4 vs DAR 8-10)**

Outlook

- **We are a clinical-stage company with the goal of becoming a leading global ADC player**
- **Multiple inflection points over the next 36 months with potential to many-fold increase of company valuation**





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