

Oncopeptides

**Stockholm Corporate Finance
Life Science Seminar**

March 11, 2020



Disclaimer

IMPORTANT: You must read the following before continuing. The following applies to this document, the oral presentation of the information in this document by Oncopeptides AB (the “Company”) or any person on behalf of the Company, and any question-and-answer session that follows the oral presentation (collectively, the “Information”). In accessing the Information, you agree to be bound by the following terms and conditions.

The Information is confidential and may not be reproduced, redistributed, published or passed on to any other person, directly or indirectly, in whole or in part, for any purpose. This document may not be removed from the premises. If this document has been received in error it must be returned immediately to the Company.

The Information is not intended for potential investors and does not constitute or form part of, and should not be construed as an offer or the solicitation of an offer to subscribe for or purchase securities of the Company, and nothing contained therein shall form the basis of or be relied on in connection with any contract or commitment whatsoever. This document and its contents may not be viewed by persons within the United States or “U.S. Persons” (as defined in Regulation S under the Securities Act of 1933, as amended (the “Securities Act”) unless they are qualified institutional buyers “QIBs” as defined in Rule 144A under the Securities Act. By accessing the Information, you represent that you are (i) a non-U.S. person that is outside the United States or (ii) a QIB. This document and its contents may not be viewed by persons within the United Kingdom unless they are persons with professional experience in matters relating to investments falling within Article 19(5) of the Financial Services and Markets Act 2000 (Financial Promotion) Order 2005 as amended (the “Order”), or high net worth entities falling within Article 49(2)(a) to (d) of the Order (each a “Relevant Person”). By accessing the Information, you represent that you are: (i) outside the United Kingdom or (ii) a Relevant Person.

The Information has been prepared by the Company, and no other party accepts any responsibility whatsoever, or makes any representation or warranty, express or implied, for the contents of the Information, including its accuracy, completeness or verification or for any other statement made or purported to be made in connection with the Company and nothing in this document or at this presentation shall be relied upon as a promise or representation in this respect, whether as to the past or the future.

The Information contains forward-looking statements. All statements other than statements of historical fact included in the Information are forward-looking statements. Forward-looking statements give the Company’s current expectations and projections relating to its financial condition, results of operations, plans, objectives, future performance and business. These statements may include, without limitation, any statements preceded by, followed by or including words such as “target,” “believe,” “expect,” “aim,” “intend,” “may,” “anticipate,” “estimate,” “plan,” “project,” “will,” “can have,” “likely,” “should,” “would,” “could” and other words and terms of similar meaning or the negative thereof. Such forward-looking statements involve known and unknown risks, uncertainties and other important factors beyond the Company’s control that could cause the Company’s actual results, performance or achievements to be materially different from the expected results, performance or achievements expressed or implied by such forward-looking statements. Such forward-looking statements are based on numerous assumptions regarding the Company’s present and future business strategies and the environment in which it will operate in the future.

No representation, warranty or undertaking, express or implied, is made as to, and no reliance should be placed on, the fairness, accuracy, completeness or correctness of the Information or the opinions contained therein. The Information has not been independently verified and will not be updated. The Information, including but not limited to forward-looking statements, applies only as of the date of this document and is not intended to give any assurances as to future results. The Company expressly disclaims any obligation or undertaking to disseminate any updates or revisions to the Information, including any financial data or forward-looking statements, and will not publicly release any revisions it may make to the Information that may result from any change in the Company’s expectations, any change in events, conditions or circumstances on which these forward-looking statements are based, or other events or circumstances arising after the date of this document. Market data used in the Information not attributed to a specific source are estimates of the Company and have not been independently verified.

Oncopeptides at a glance

Develops targeted cancer treatments

- Proprietary peptide-conjugated compounds
- Lead compound Melflufen a peptide-conjugated drug targeting Multiple Myeloma

Initial focus on Multiple Myeloma

- Significant market opportunity in orphan indication
- Melflufen Phase 2 study, O-12-M1, showed the best MM survival data to date

Application process initiated for accelerated approval in the US

- Target to submit in H1-20 based on ongoing phase 2 study HORIZON
- Triple-class refractory MM

Phase 3 expected to be fully enrolled in Q1 2020

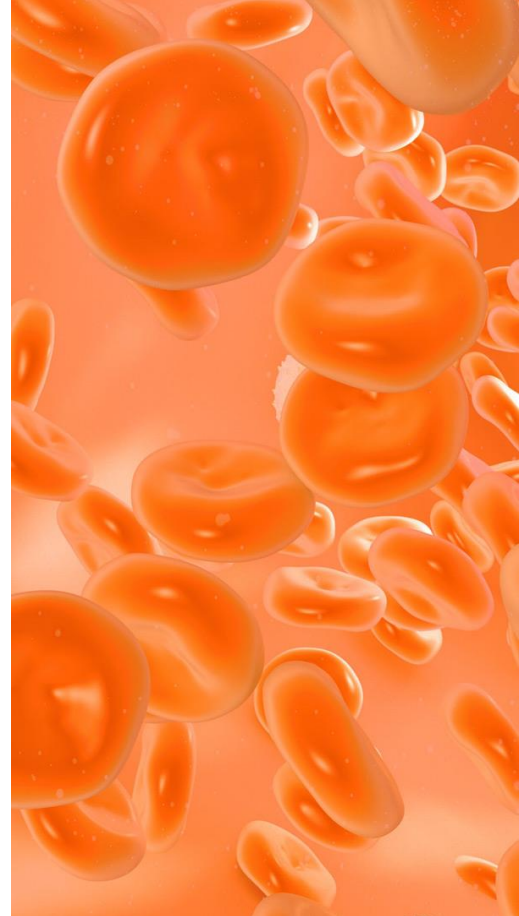
- Approximately 450 patients at 140 sites
- Two additional supporting studies ongoing. Additional phase 3 called LIGHTHOUSE will start early 2020

New indications and NCEs in development

- A Phase 1/2 study addressing AL amyloidosis to start shortly

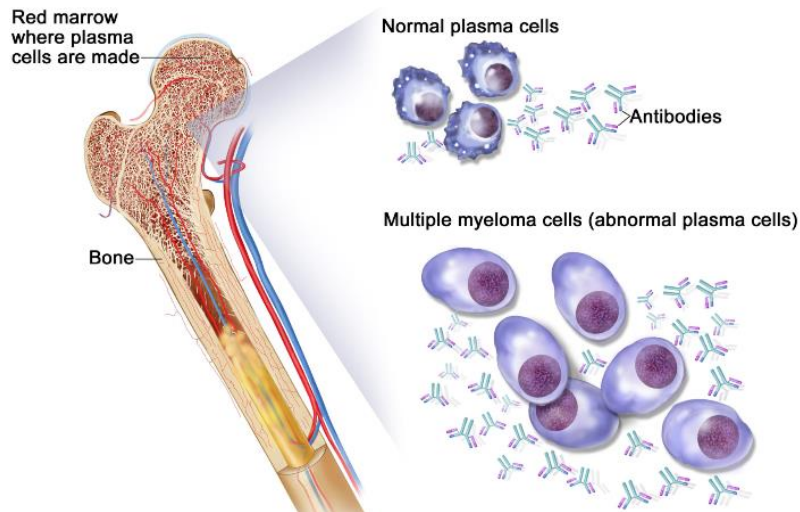
Listed on NASDAQ Stockholm, strong financial position

- Market cap: SEK 5.8 B
- Cash position: SEK 926 M as of December 31

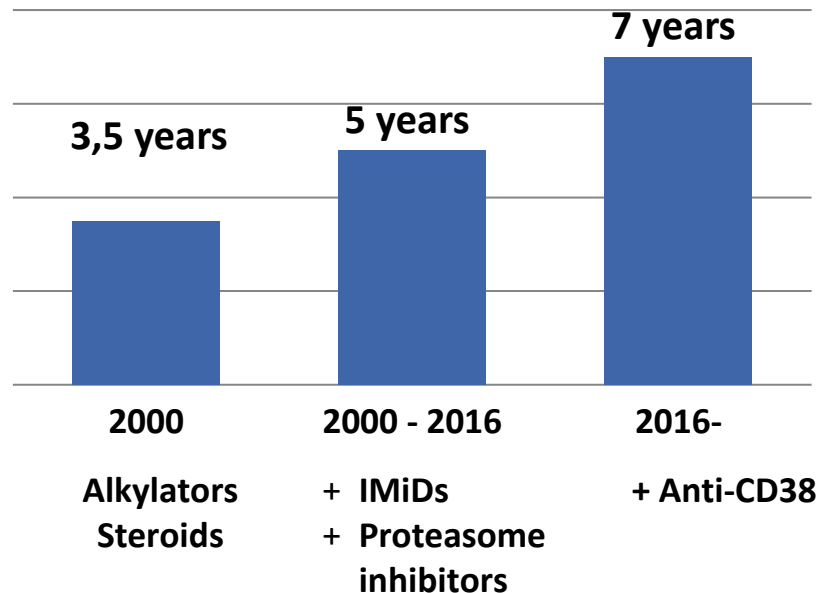


Multiple Myeloma is a hematological cancer without cure

Myeloma – Uncontrolled plasma cell proliferation

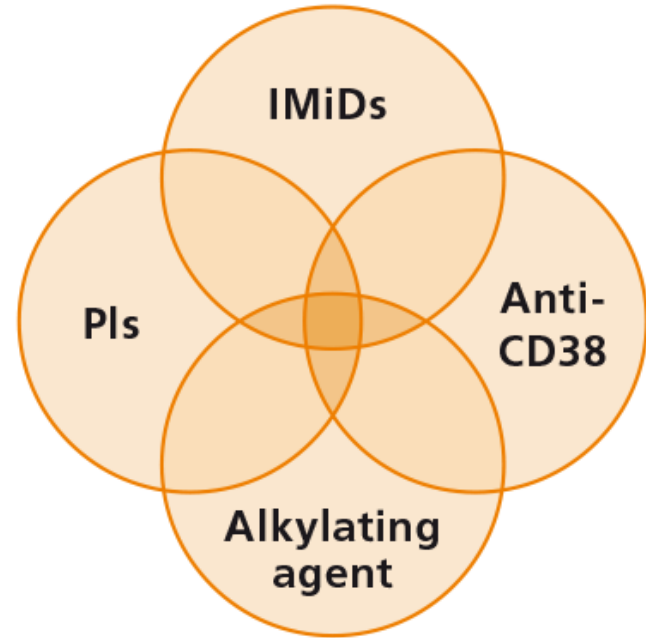


Median Survival increasing with more available treatment options



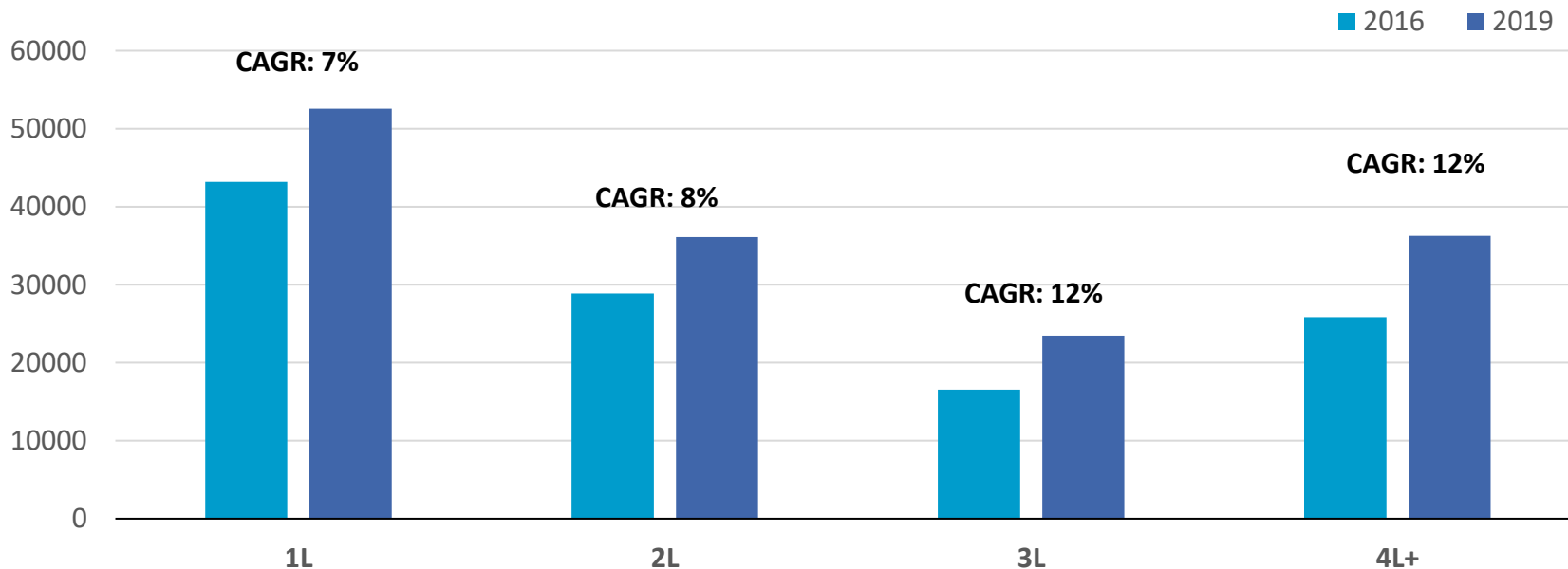
Significant medical needs remain

- Four treatment modalities used with inevitable resistance development
- Currently, the majority of patients have been treated with all four modalities after 2-3 lines of therapy with limited treatment options left
- Frequent co-morbidities further compounding the problem with limited treatment options



Improved outcomes lead to fast growth in number of treated patients in later lines of therapy

Projected US multiple myeloma patients by line of therapy

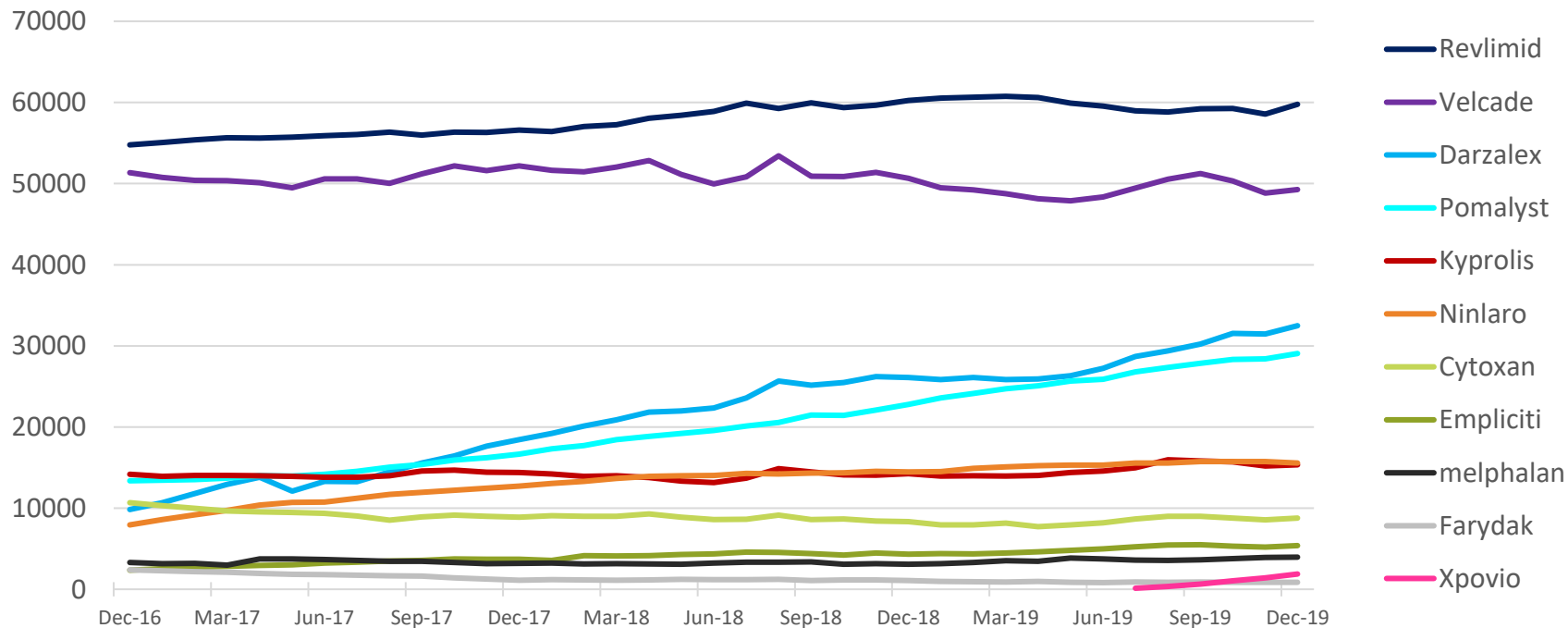


Source: Intrinsiq MAT 2019

Note: 3-yr annual growth rate for 4Q2016-4Q2019

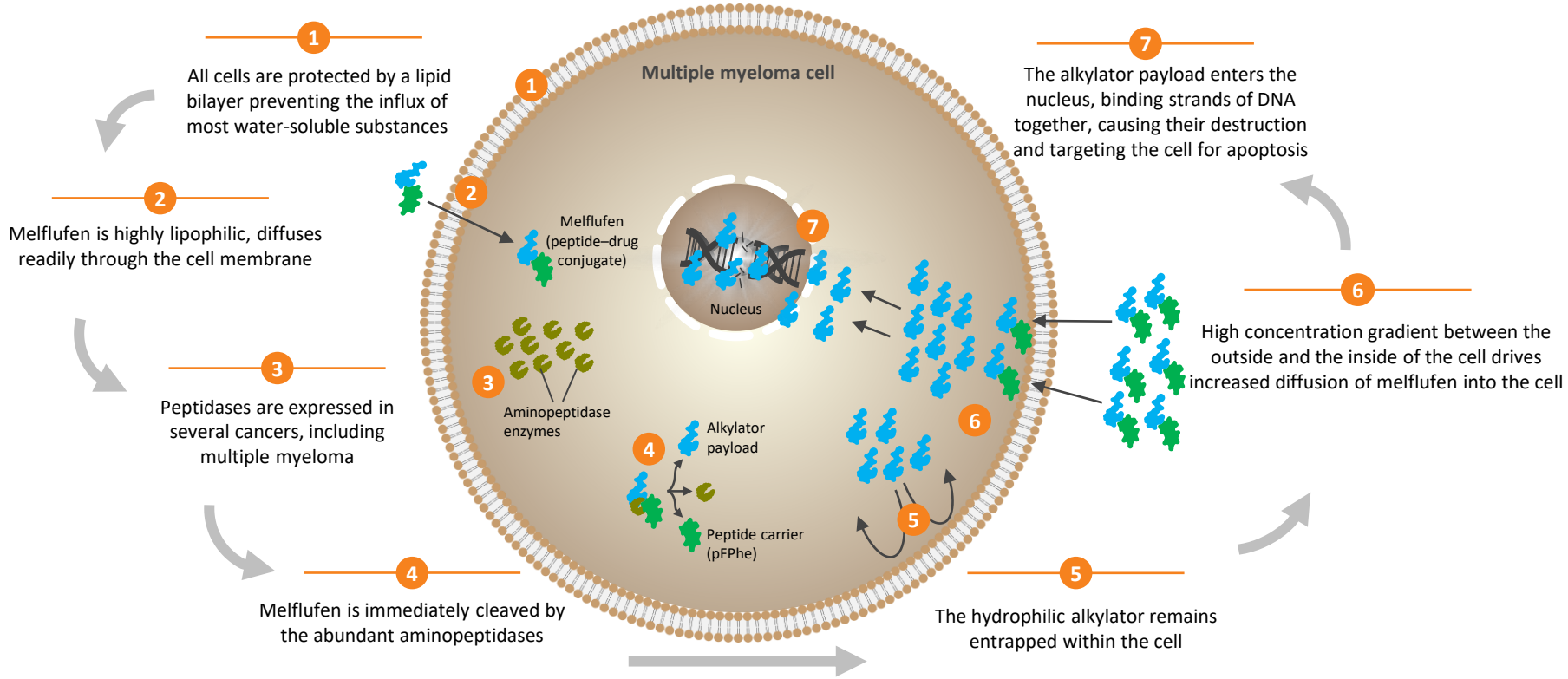
Newer products used in addition to older products as survival improves

US MM # of Patients by Product

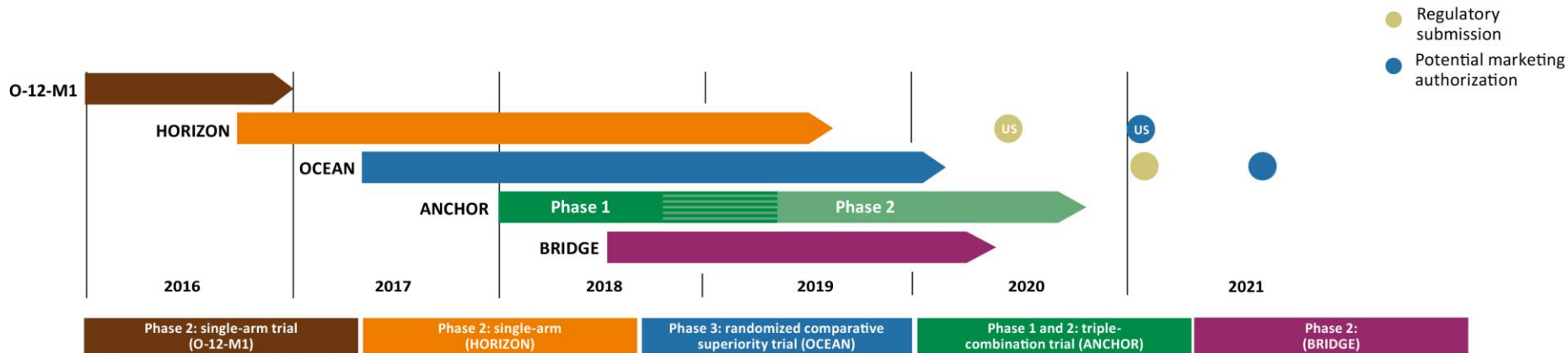


Melflufen is a novel peptide-drug conjugate

- Uses high peptidase levels to target myeloma cells



Overview of our present clinical development program in multiple myeloma



O-12-M1

Show single-agent activity in RRMM

HORIZON

Show single-agent activity in RRMM

OCEAN

Show single-agent Superiority over SoC backbone in RRMM (pomalidomide)

ANCHOR

Show combination synergy and tolerability with daratumumab and bortezomib

BRIDGE

Show that melflufen can be used in patients with renal impairment

Requirements for success in Relapsed Refractory Multiple Myeloma

MUST HAVE CHARACTERISTICS

Single agent +/- steroid activity in multi-refractory patients of >20% Overall Response Rate

Single agent +/- steroid approval in refractory patients

Efficacy synergy in combination with other main myeloma drugs with good tolerability

No major quality of life/ tolerability issues

No co-morbidity limitations

NICE TO HAVE CHARACTERISTICS

Easy administration schedule



Proven single agent activity

 Pomalyst[®]

 DARZALEX[®]

Comorbidity or tolerability limitations

 Kyprolis[™]

 FARYDAK[®]
(panobinostat) capsules
10mg / 15mg / 20mg

Limited to no single agent data

 NINLARO[®]

 Empliciti[™]
(elotuzumab)

Development program for Melflufen is designed to support its potential as a new agent after IMiD and PI failure

MUST HAVE CHARACTERISTICS

Single agent +/- steroid activity in multi-refractory patients of >20% Overall Response Rate

Single agent +/- steroid approval in refractory patients

Efficacy synergy in combination with other main myeloma drugs with good tolerability

No major quality of life/ tolerability issues

No co-morbidity limitations

NICE TO HAVE CHARACTERISTICS

Easy administration schedule

MELFLUFEN

O-12-M1 showed an ORR of 31% and HORIZON an ORR of 29% in multi-refractory patients

OCEAN head to head study vs. Pomalyst/dex is designed for approval

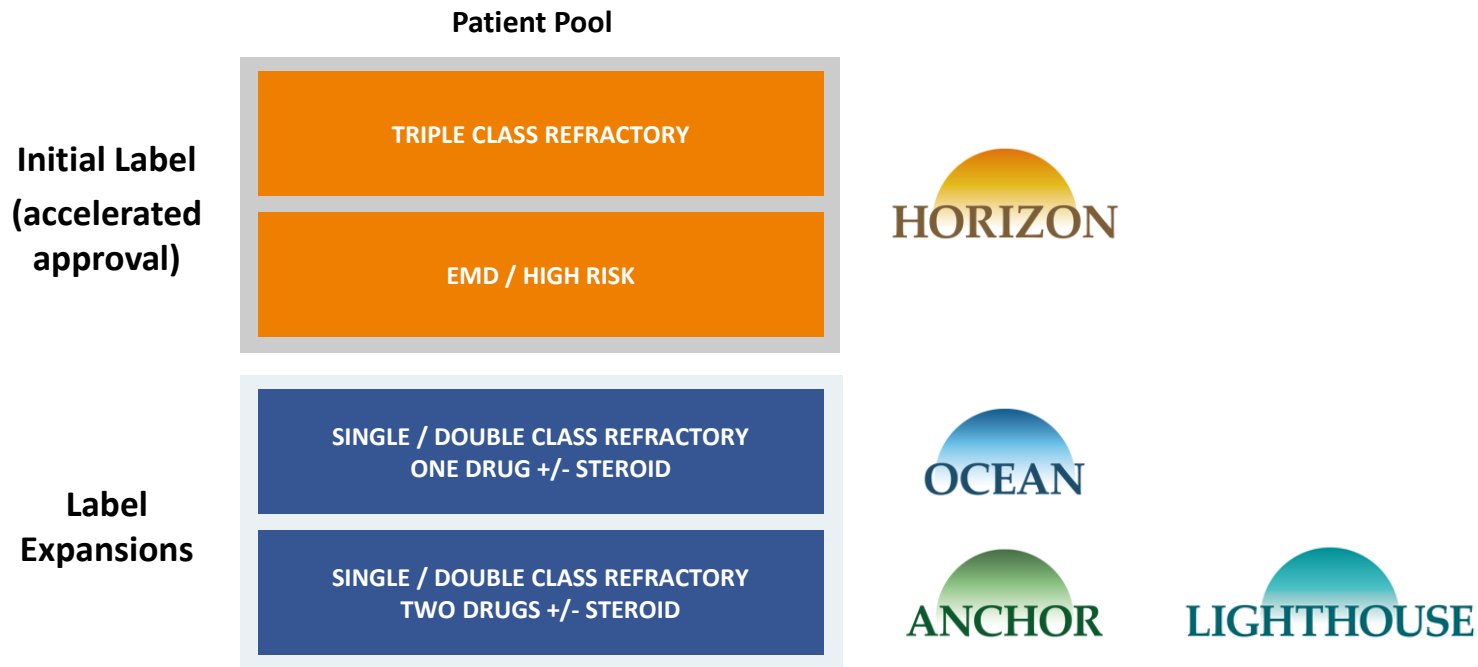
ANCHOR shows excellent synergy and good tolerability with daratumumab and bortezomib (early data)

Good QoL with almost no non-hematological AEs

No co-morbidity or drug-drug interactions limitations

One 30-minute infusion every 28 days

Label journey with current development program in myeloma



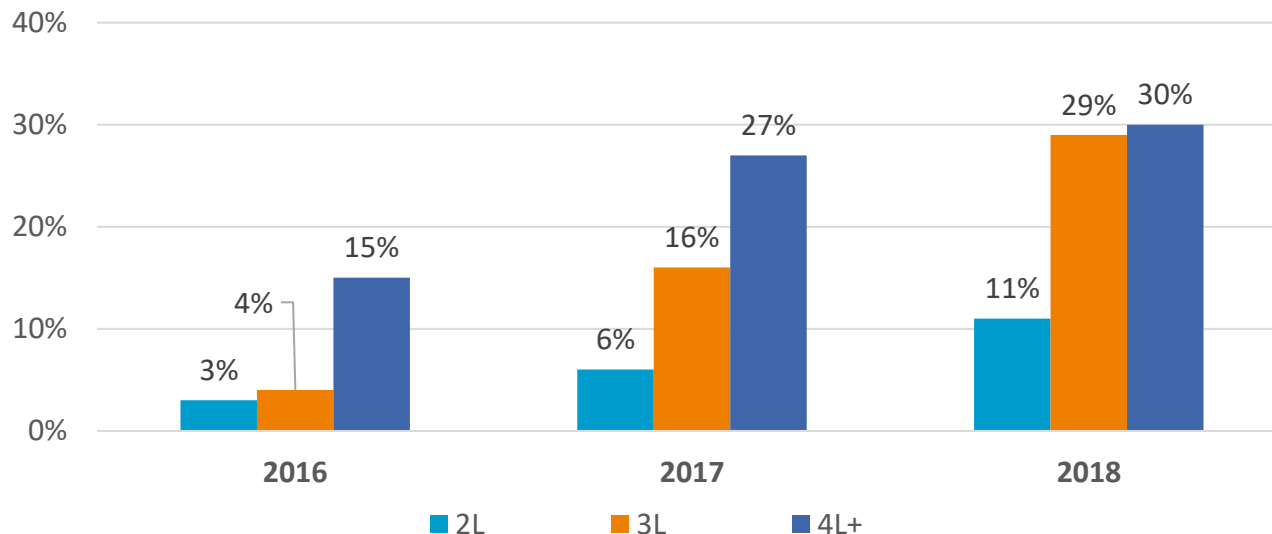
Melflufen triple-class RRMM data highly competitive



	Melflufen	Xpovio Karyopharm US approval July 2019	Belantamab GSK In filing
Number of patients studied	93	122	97
Overall Response/Clinical Benefit Rate	24%/37%	25%/39%	31%/34%
Duration of response	7.5 months	4.4 months	NR (≈7-8months)
Progression-free Survival	4.0 months	3.7 months	2.9 months
Overall survival	11.3 months	8.0 months	NR (≈10months)
Share of patients with EMD	34%	22%	23%
Serious Adverse Event Rate	51%	58%	36% (excl. ocular tox.)
Non-hematologic toxicity (grade 3/4) reported in >5% of patients	Pneumonia 8.4%	Fatigue 25.2% Hyponatremia 20.3% Nausea 9.8% Pneumonia 8.9% Diarrhea 7.3% Sepsis 5.7% Hypokalemia 5.7% Mental status 5.7% General det. 5.7%	Keratopathy/ 27.4% Blurred vision Hypercalcaemia 7.4% Pneumonia/ 6.3% Lung infections

Initial indication of triple-class refractory disease is a significant and growing unmet medical need in myeloma

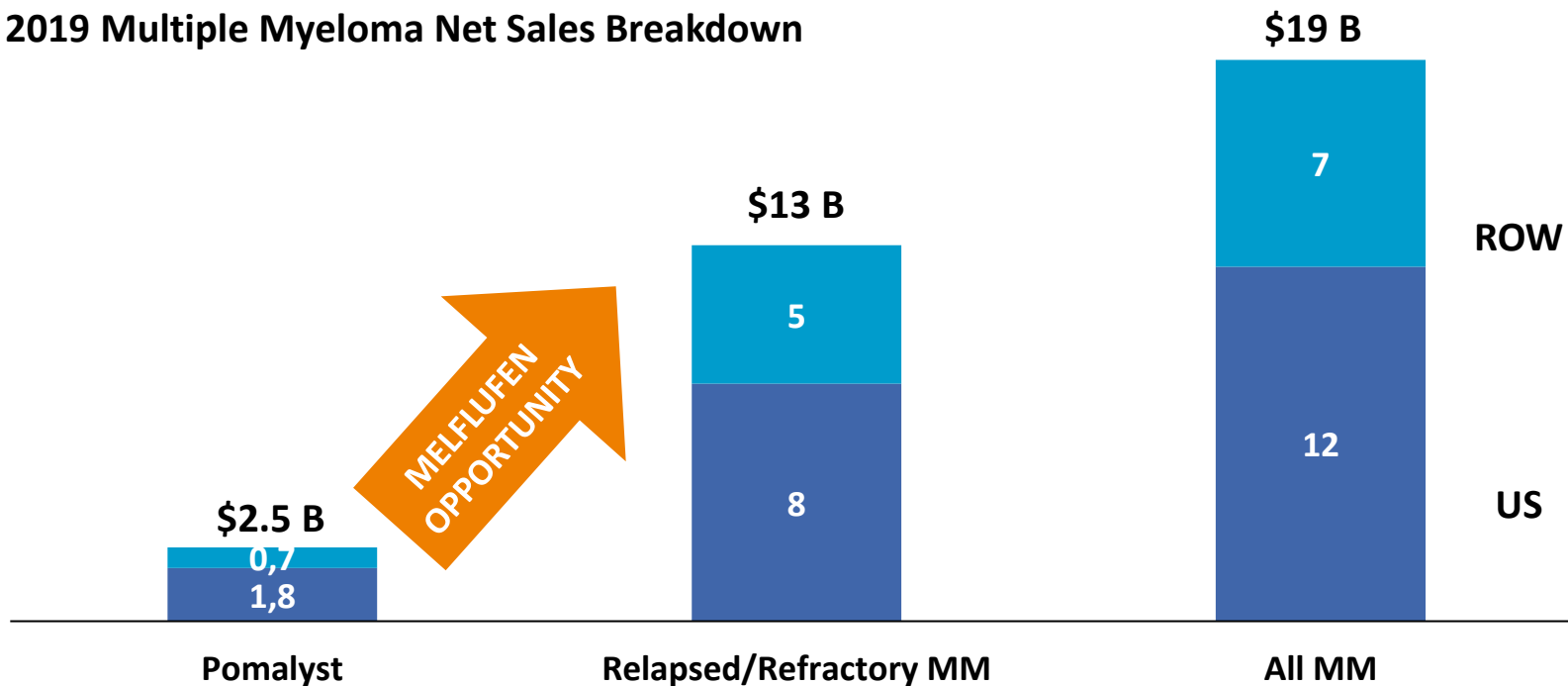
Triple-class refractory patient share after each Line of therapy



Estimated
>20,000
Triple-class
refractory
patients in the
US and
growing

Melflufen opportunity in Relapsed Refractory Multiple Myeloma

– 2019 Multiple Myeloma Net Sales Breakdown



Recent highlights

Clinical programs progressing

- AL Amyloidosis study initiated, first patient to be dosed shortly
- The phase 3 study, OCEAN, on track to recruit last patient in Q1-20
- LIGHTHOUSE, phase 3 combination study to start in the coming months
- HORIZON, targeting submission during Q2-20

Promising clinical data presented at ASH in December

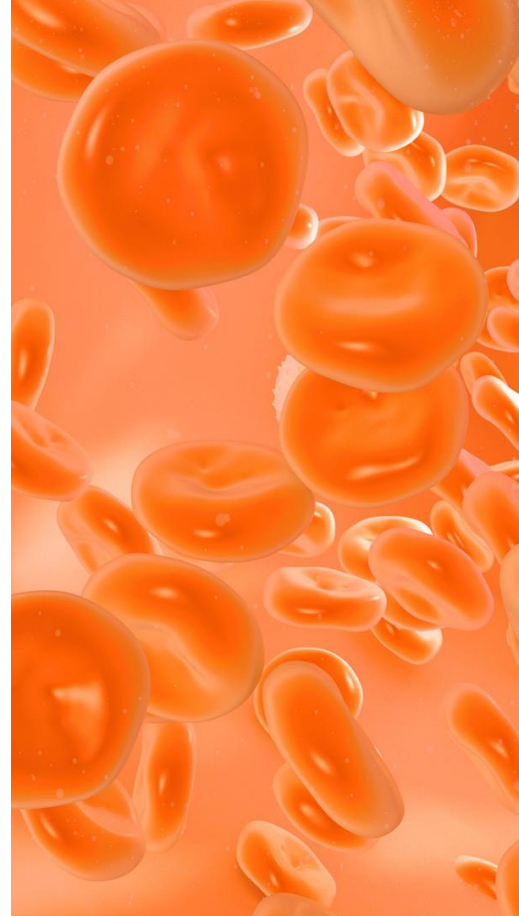
- ORR of 29% in HORIZON, 24% in triple-class refractory myeloma patients
- Progression-free survival of 14.3 months for melflufen in combination with daratumumab in RRMM (ANCHOR study) presented

NDA submission process on track with submission planned during first half of 2020

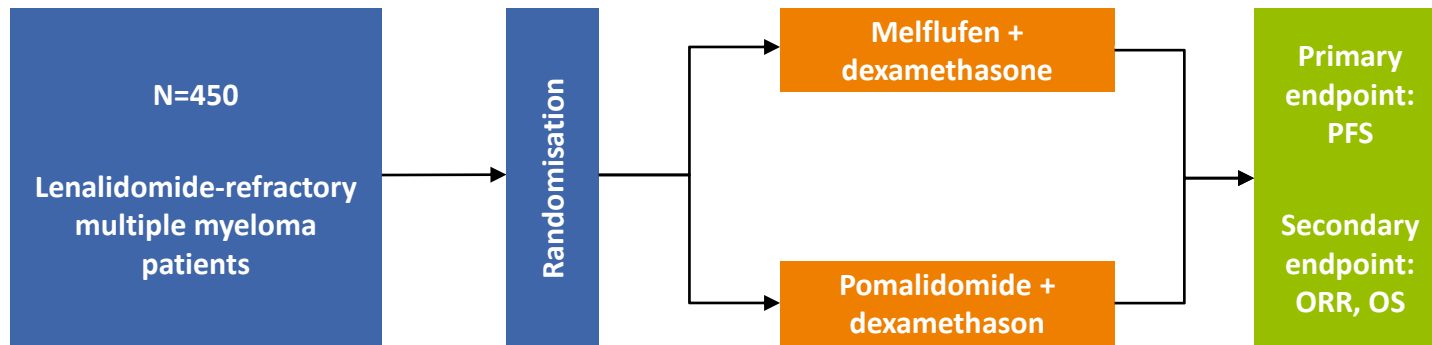
- Pre-NDA meeting held with the FDA in December confirming plans to submit on all 157 patient included in the study
- Application for accelerated approval in triple class refractory on track for Q2 2020

Key staff members recruited

- In the process of preparing for a potential launch in the United States, Joseph Horvat was appointed as President North America



Data to date provide high conviction for success in our ongoing phase 3 study OCEAN



RRMM data from pomalidomide FDA label and O-12-M1 study

Treatment	ORR	CBR	Median PFS	Median DOR	Median OS
Melflufen + Dexamethasone	31%	49%	5.7 months	8.8 months	20.7 months
Pomalidomide + Dexamethasone	24%	NR	3.6 months	7.0 months	12.4 months

Pomalidomide shares resistance mechanism with lenalidomide

Average IMiD free period was significant in pomalidomide registration study

- Only 29% received lenalidomide as last treatment

Lenalidomide used more aggressively today

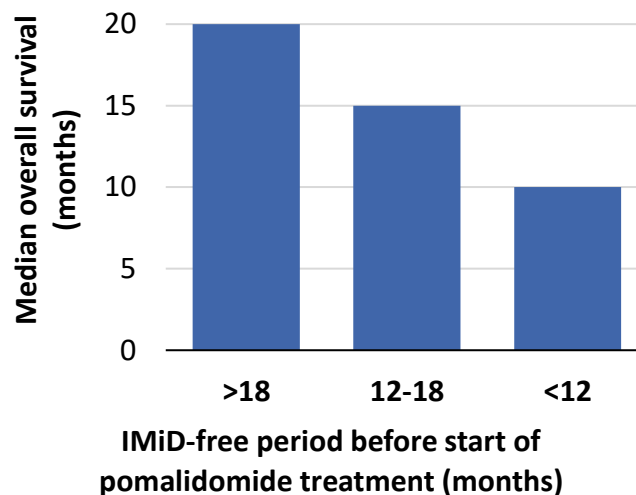
- Median maintenance duration 24 months instead of 10 months

In OCEAN all patients have failed on lenalidomide within 18 months

- Vast majority has lenalidomide as last treatment

No assumptions have been made in OCEAN power calculation to account for increased cross resistance

Pomalidomide efficacy decreases for recent lenalidomide failures

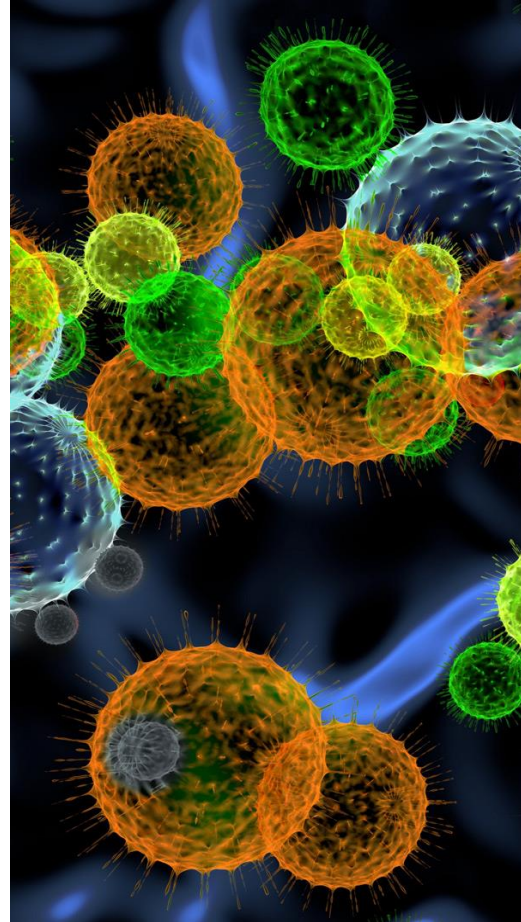


Source: Pomalidomide with Low Dose Dexamethasone Is Effective Irrespective of Primary or Secondary Resistance to Lenalidomide but the IMiD-Free Interval Is Important (Dimopoulos et. al. ASH poster 2016).

Encouraging data for melflufen in combination with daratumumab

Summary of combination with daratumumab – n=33

- Median of 2 prior lines of therapy
- True RRMM population (not maintenance refractory) – 39% had disease progression while on last line of therapy and 60% high-risk cytogenetics
- **ORR of 76%** with good tolerability and deepening responses - 22 patients ongoing
- Median **PFS of 14.3 months**



Combination study LIGHTHOUSE

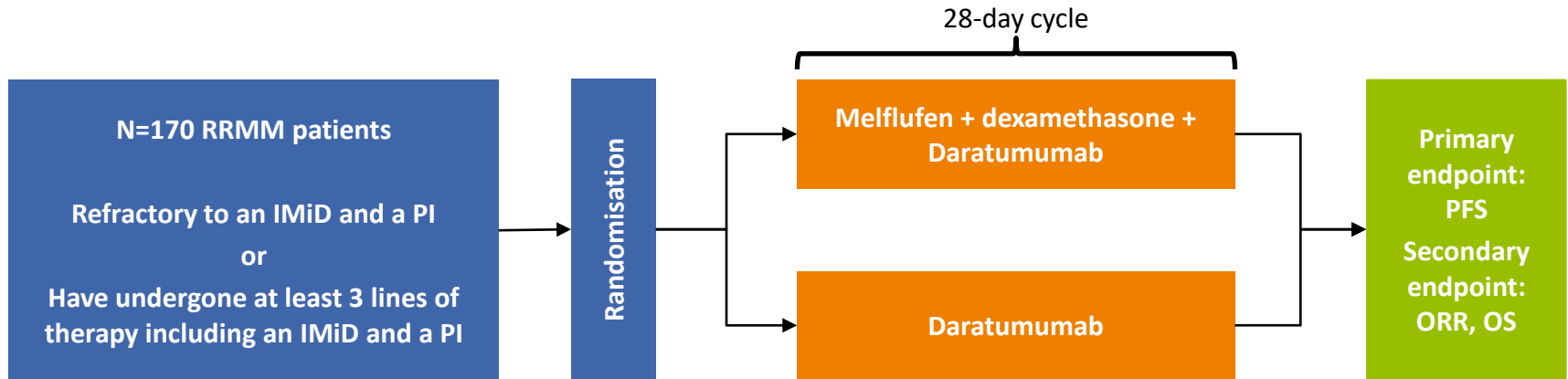
Our second confirmatory phase 3 study – final preparations ongoing

Second phase 3 study with melflufen in multiple myeloma

- Melflufen + daratumumab vs daratumumab randomized 2:1

Two objectives:

- Expand market potential – extend label with melflufen in combination with daratumumab in earlier line patients
- De-risk development program – add a third study that can result in market registration in the EU and US



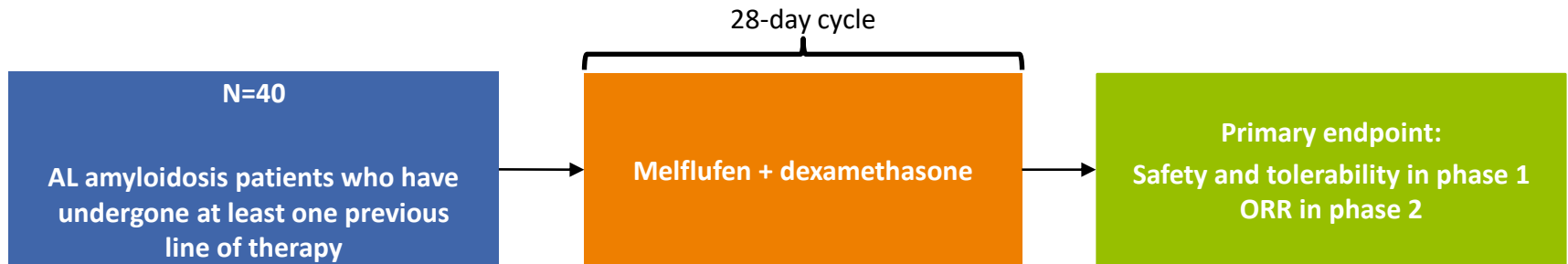
Phase 1/2 study in AL amyloidosis initiated - patients are in screening

Similar to myeloma, AL amyloidosis is a disease of the B-cell system

- Antibody light-chains misfold and form deposits in multiple organs with organ dysfunction as a result
- Orphan disease - 30-45,000 patients in the USA and the EU¹⁾
- Majority of patients >65 years old

Similar drug use as for myeloma – drugs that are efficacious in myeloma are most of the time also used in AL amyloidosis

Limited treatment options with median overall survival of 1.5-2.0 years (1995-2013) with a trend towards improved survival (3.5 years for the period 2010-2013²⁾)



The coming quarters will be very information rich

Q1 2020	Q2 2020	Q3 2020	Q4 2020
First patient in Amyloidosis study	Last patient in BRIDGE	Top-line results OCEAN	Potential accelerated approval in US
Last patient in OCEAN	New data and updates at EHA	Last patient in ANCHOR	Potential Launch in US
First patient in LIGHTHOUSE	NDA submission		

Summary

Significant unmet needs in Multiple Myeloma

- \$19 B orphan market

Melflufen has the potential to become a new treatment backbone for relapsed refractory multiple myeloma

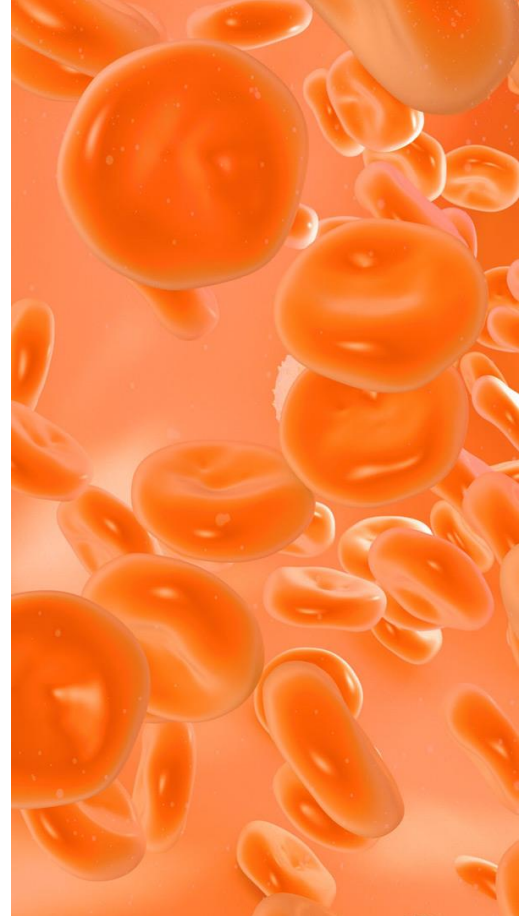
- Phase 2 study, O-12-M1, showed very strong survival data
- Both phase 2 studies, HORIZON and ANCHOR show strong overall response (ORR) data and competitive profile for progression-free survival (PFS)
- Generally well tolerated giving patients good quality of life

Late stage development program with multiple ways to get approval

- Submission for accelerated approval for triple-class refractory patients in the US targeted during Q2 2020 based on HORIZON data
- Phase 3 study OCEAN expected to be fully enrolled Q1 2020
- Additional Phase 3 study, LIGHTHOUSE will start in the coming months

Strong financial position

- Cash position: SEK 926 M (\$ 95 M) as of December 31



***Thank you for
your attention!***

