POOLBEG PHARMA

Company Presentation

May 2025

AIM: POLB

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Investment Highlights

- Highly Experienced Team with Proven Track Record
- High Value Programmes Targeting Critical Unmet Medical Needs
- Diversified Pipeline Programmes with Multiple Shots on Goal
- Focused on Partnering to Minimise Cost & Accelerate Development Pipeline
- Multiple Near-Term Value Inflection Points

AIM: POLB

High Value Pipeline Programmes

Multiple near-term value inflection points – positioned well for partnering

Product	Modality	Indication	Preclinical	Phase 1	Phase 2	Phase 3	Upcoming Expected Clinical Milestones
POLB 001	p38 MAPK inhibitor	Cancer Immunotherapy-induced CRS*	**Phase 2 ready**				▪ Proposed Phase 2a anticipated to commence later this year ▪ Would enable Phase 2a topline data in 2026
Oral Encapsulated GLP-1	GLP-1R agonist	Obesity and diabetes		AnaBio™ Technologies LTD.			▪ POC trial expected to start in the coming months ▪ Topline POC data expected 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

POLB 001

Potentially breakthrough orally delivered p38 MAPK inhibitor to prevent cancer immunotherapy-induced CRS

Cancer Immunotherapy-induced CRS is a High Unmet Need

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

Cytokine Release Syndrome (CRS)
A severe, potentially life-threatening side effect of cancer immunotherapies

Effective preventative therapy represents a >US$10B market opportunity[4]
May enable broader, safer delivery of cancer immunotherapies in outpatient setting

>70%[1] of patients experience CRS
on certain bispecific antibody / CAR T therapies and are restricted to specialist cancer centres

No approved therapies for prevention
Approved options for CRS management (tocilizumab – anti-IL-6 mAb) **have not adequately* prevented** Grade 2+ CRS in clinical trials

1. Average rate from Summary of Product Characteristics (SmPCs) for Yescarta, Tecartus, Abecma, Kymriah, Carvykti, Breyanzi, Elrexfio, Columvi, Epkinly, Tecvayli and Talvey; 2. Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023; 3. Abramson JS et al. Blood Adv. 2021 Mar 23;5(6):1695-1705. *In this context, *adequately* is defined as both not completely preventing grade 2+ CRS and potentially sufficient to support active clinical development towards a regulatory approval of a medicine. Grade 2 CRS is defined as described by Lee et al, Biol Blood Marrow Transplant . 2019 Apr;25(4):625-638. janssenscience.com & doi.org/10.1182/blood-2022-159381; 4. Independent research by Decisive Consulting Limited. https://teamdecisive.com/meet-the-team.

CAR T: Chimeric Antigen receptor T cell; CRS: Cytokine release Syndrome

Potential to Make Cancer Immunotherapies Safer & More Accessible

POLB 001 Overview

- Potent and selective p38 MAPK inhibitor
- Oral drug
- Excellent safety and tolerability profile
- Selectively targets excessive inflammation without immunosuppression
- Strong patent portfolio
- Potential for Orphan Drug Designation

Strong Preclinical & Clinical Data

- Phase 2 ready
- Effectively prevented CRS in humanised mouse model*
- Potent TNF-α and IL-6 inhibition shown in preclinical and clinical trials
- Potent reduction of a range of other inflammatory mediators

* There was no significant or meaningful difference between POLB 001 High dose group and no CRS control group at all timepoints. CRS clinical score is a symptomatic measurement of animal behaviour and appearance
CRS: Cytokine release Syndrome; MAPK: Mitogen Activated Protein Kinase; TNF: Tumour necrosis factor; IL-6: Interleukin-6

POLB 001 has Progressed Rapidly into Oncology

From concept to validated preclinical data in 12 months; Phase 2 ready in just 24 months

2023

- Strategic expansion of POLB 001 into oncology as a CRS preventative therapy, a significantly larger market than severe influenza with significant interest from Big Pharma to supply drug
- Patent applications filed
- LPS data generated & presented at the premier clinical conference in Haematology (ASH)

2024

- >US$10B market opportunity confirmed
- Independent KOLs endorse clinical potential
- Preclinical CRS data generated & presented at ASH

Today

- Phase 2 ready – key value inflection point
- Proposed POLB 001 Phase 2 trial anticipated to commence later this year which would enable topline data in 2026 to support partnering
- Data from this study is highly anticipated from potential partners

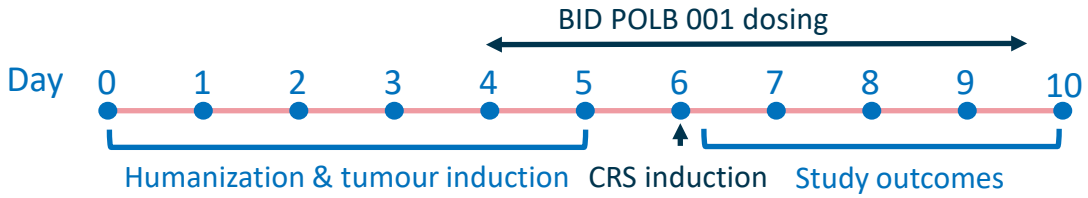
ASH: American Society Hematology Annual Meeting; CRS: Cytokine Release Syndrome; LPS: Lipopolysaccharide, an inflammatory stimulus

POLB 001 Prevented CRS in Humanised Mouse Model

Highly effective and superior to a TNF-α antibody in a gold standard model of CRS

ASH '24

Study Design

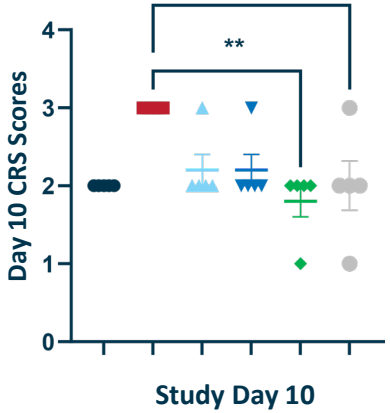


Study Groups

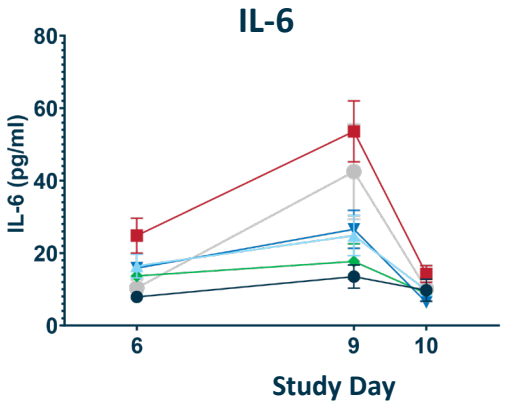
αCD28

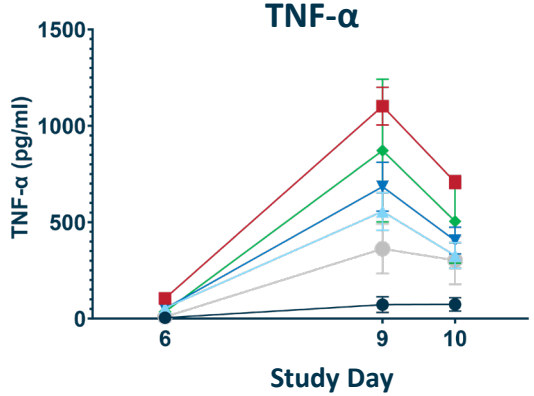
- No CRS Control
- CRS Control
- POLB 001 Low
- POLB 001 Medium
- POLB 001 High
- Anti-TNF Antibody

CRS Scores



CRS Biomarkers





POLB 001 prevented CRS symptoms*

POLB 001 decreased all key CRS biomarkers tested

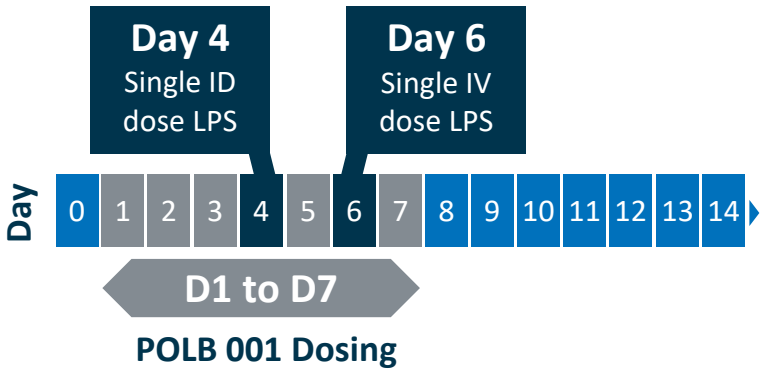
The experimental model is a previously validated CD28 superagonist induced CRS model in humanized tumour bearing mice performed by The Jackson laboratory. A TNF antibody was included as a robust comparator as these have been found empirically to be the most potent preventors of CRS in mice despite limited utility in humans. *Statistically significant reduction of CRS scores compared to untreated controls. CRS scores had no significant difference to *No CRS Control* group. BID: twice daily; CRS: Cytokine Release Syndrome; TNF: Tumour necrosis factor; IL-6: Interleukin-6; IL-8: Interleukin-8

LPS Human Challenge – Potent Inhibition of Excessive Inflammation

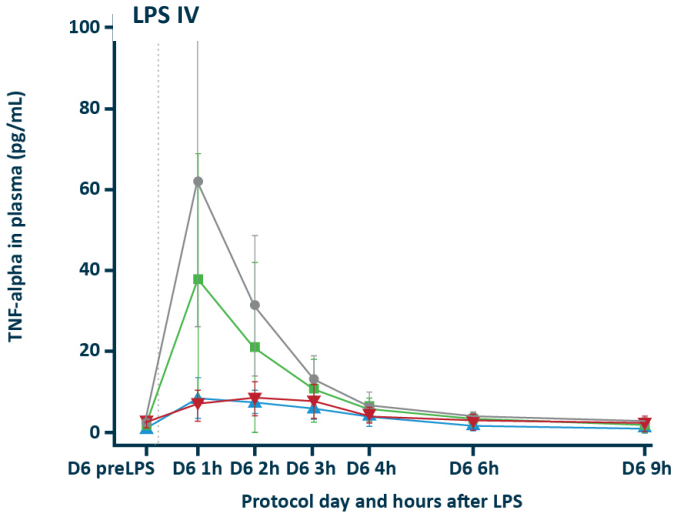
Positive data supports the potential of POLB 001 to effectively prevent CRS

ASH '23

Trial design

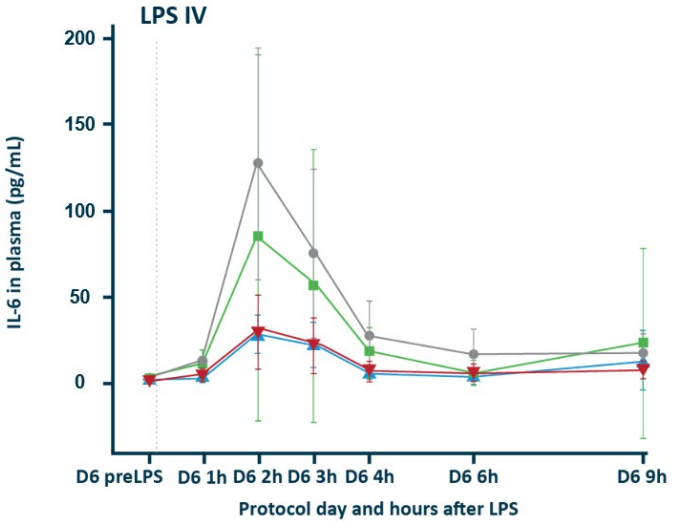


Results - TNF-α



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

Results - IL-6



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

● Placebo ■ 30 mg POLB 001 ▲ 70 mg POLB 001 ▼ 150 mg POLB 001

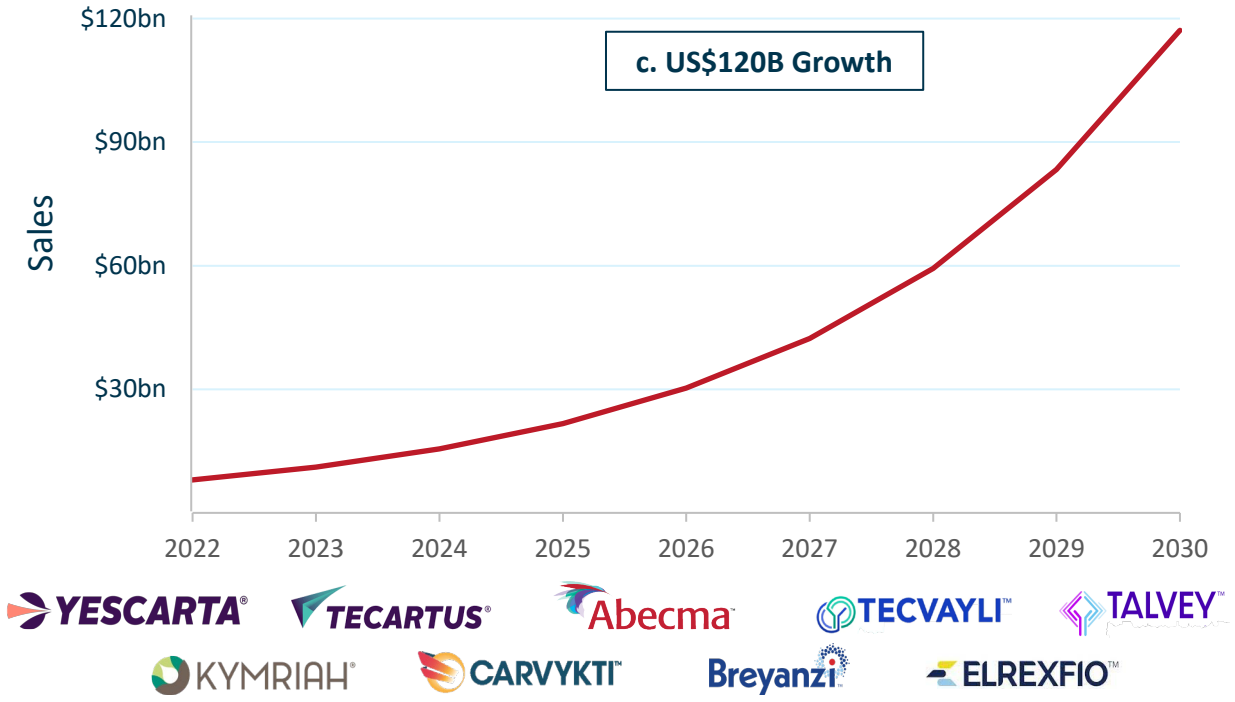
Potential to effectively prevent CRS while preserving key immune system functionality

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. Clinically meaningful parameters such as temperature, heart rate, C-reactive protein and blood pressure were monitored, along with target inhibition and a range of exploratory biomarkers. CRS: Cytokine release Syndrome; ID: Intradermal; IV: Intravenous; TNF: Tumour necrosis factor; IL-6: Interleukin-6;

Significant Market Opportunity in a Rapidly Growing Field

Cytokine Release Syndrome is a major issue and rate limiting in delivering cancer immunotherapies

Bispecific Antibodies & CAR T Therapies[1,2,3]



- Bispecific antibody and CAR T therapy market expected to grow exponentially
- No approved therapy for CRS prevention & few approved for CRS management
- The need for effective CRS management is being driven by rapid growth of CRS-inducing immunotherapies

POLB 001 – potential first approved preventative therapy for cancer immunotherapy-induced CRS

1. Grand View Research. CAR T-Cell Therapy Market Analysis 2023-2030. **2.** Grand View Research. Bispecific Antibodies Market Size, Share & Trends Analysis Report. **3.** Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023.
CAR T: Chimeric antigen receptor T cell

CRS Preventative Therapy: >US$10B US Market Opportunity

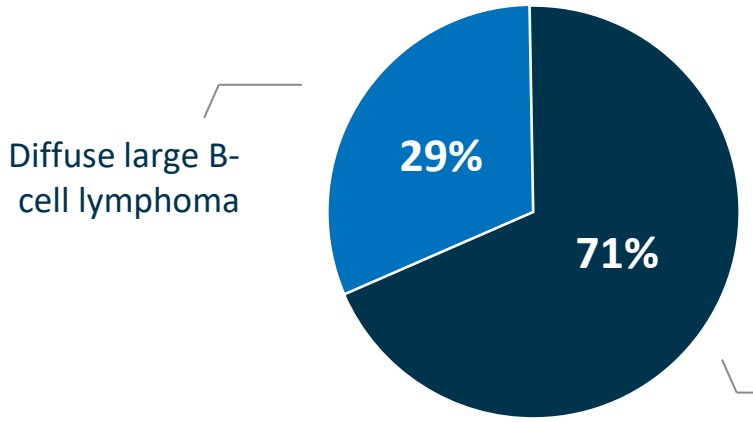
Significant opportunity exists for POLB 001 as CRS preventative for BsAb & CAR T treatment[3]

1st, 2nd and 3rd line+ MM and DLBCL patients in the US and EU5, 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

Addressable MM and DLBCL population by 2030 in the US and EU5



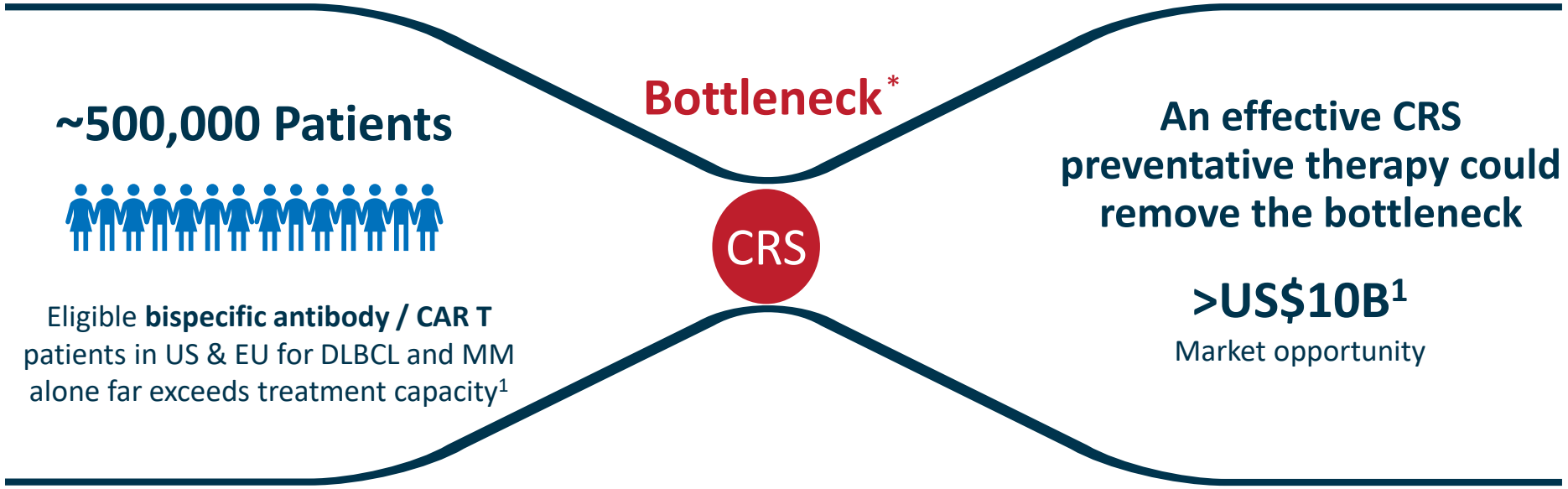
n = ~500,000 patients[1]

Estimate encompasses solely MM & DLBCL due to rapid advancements in bispecific antibody & CAR T treatment for these indications. Conservative price estimate versus market peers

BsAb: Bispecific antibody; CAR T: Chimeric Antigen Receptor T cell therapy; CRS: Cytokine release Syndrome; MM: Multiple Myeloma; DLBCL: Diffuse Large B-Cell Lymphoma;
1. Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023. 2. Hansen DK et al., Cancers (Basel). 2023. 7;15(24):5746. 3. Independent research by Decisive Consulting Limited. https://teamdecisive.com/meet-the-team

Potential to Greatly Enhance Uptake of BsAb and CAR T Therapies

Effective prevention of CRS by POLB 001 may enable broader access to cancer immunotherapies



"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 them to a much wider patient population"

Prof Gareth Morgan, myeloma specialist, US

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

Prof Martin Kaiser, myeloma specialist, UK

KOL: Key opinion leader; 1. Datamonitor Healthcare. Forecast: Diffuse Large B-Cell Lymphoma and Multiple Myeloma, 2023. 2. Abramson JS et al. Blood Adv. 2021 Mar 23;5(6):1695-1705. 3. Independent research by Decisive Consulting Limited. https://teamdecisive.com/meet-the-team.

* CRS prevention may contribute to bottleneck removal, change of treatment can only be decided by regulatory authorities. Other issues, such as manufacturing, supply and other adverse events, may also present barriers to wider uptake.

GLP-1 Programme

Oral encapsulated GLP-1R agonist targeting the obesity market

Significant Potential for Oral GLP-1 to Claim Market Share

Major shortcomings within currently approved treatment options

Large Growing Market

US$347B Economic impact of obesity on US businesses & employees 2023[1]

US$150B GLP-1R agonist market projection by 2031[2]

42% US population effected by Obesity[3]

- Microencapsulated GLP-1 with **targeted gut delivery** with potential to improve convenience and bioavailability
- Potential to overcome oral delivery challenges of peptide-based biologicals[1]
- Proof of concept trial to start within the coming months with **topline data expected 2026,** with the potential for partnering on positive data

AnaBio's Encapsulation Centre of Excellence

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

1. Global Data, Assessing the Economic Impact of Obesity and Overweight on Employers, Feb 2024. 2. The Economist, March 2023. 3. Stierman B, Afful J, Carroll MD, et al. National Health and Nutrition Examination Survey 2017–March 2020 prepandemic data files development of files and prevalence estimates for selected health outcomes. Natl Health Stat Report. 2021;158. 4. PMID: 26921819 5. PMID: 35101924. 6. PMID: 29033597.
API: Active Pharmaceutical Ingredient; GLP-1: Glucagon like-peptide-1

AI Programmes

Transforming unique human challenge trial data into potential clinical assets

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

Actively discussing the exciting outputs from our AI-led programmes with prospective partners

AI: Artificial Intelligence; RSV: respiratory Syncytial Virus

Investment Highlights

- Highly Experienced Team with Proven Track Record
- High Value Programmes Targeting Critical Unmet Medical Needs
- Diversified Pipeline Programmes with Multiple Shots on Goal
- Focused on Partnering to Minimise Cost & Accelerate Development Pipeline
- Multiple Near-Term Value Inflection Points

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.

Board Includes Leading Non-Executive Directors

A long history of success in the life sciences industry

Prof Luke O'Neill
Non-Executive Director

- ✓ 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

- ✓ Market access expert
- ✓ Supported numerous drug companies secure pricing and reimbursement

Prof Brendan Buckley
Non-Executive Director

- ✓ 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

An Oral p38 MAPK Inhibitor That Selectively Targets Key Inflammatory Path 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

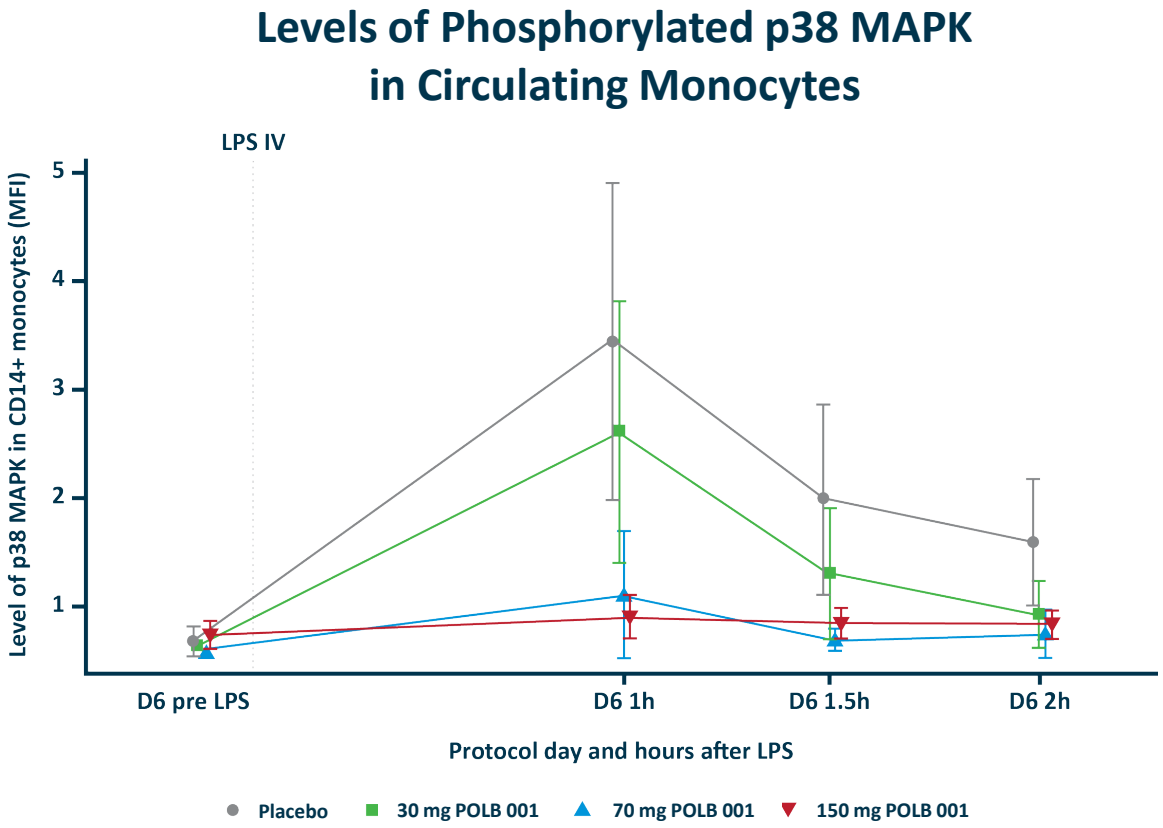
Designed to Prevent Immunotherapy-Induced CRS

- 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



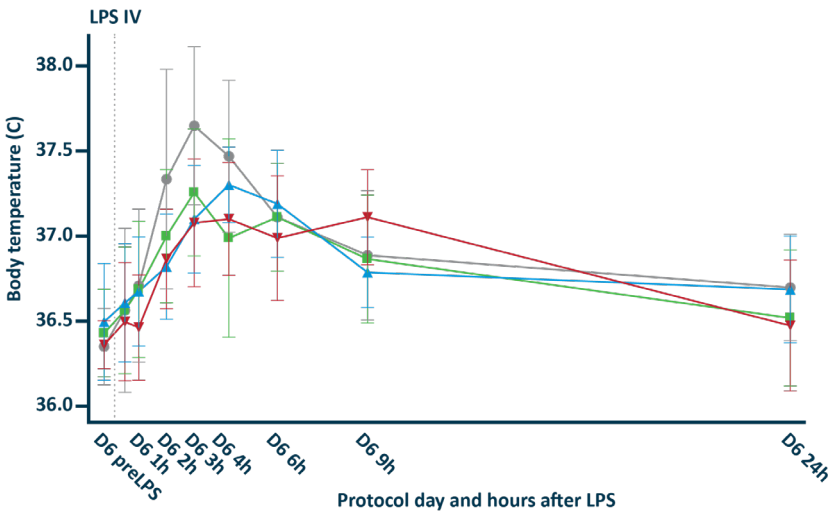
Blood samples were taken before and after administration of intravenous LPS. Peripheral blood samples were analysed by flow cytometry. Monocytes were gated by FSC, SSC and CD14+. Data is presented as mean MFI values of phospho-p38 +/- SEM

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

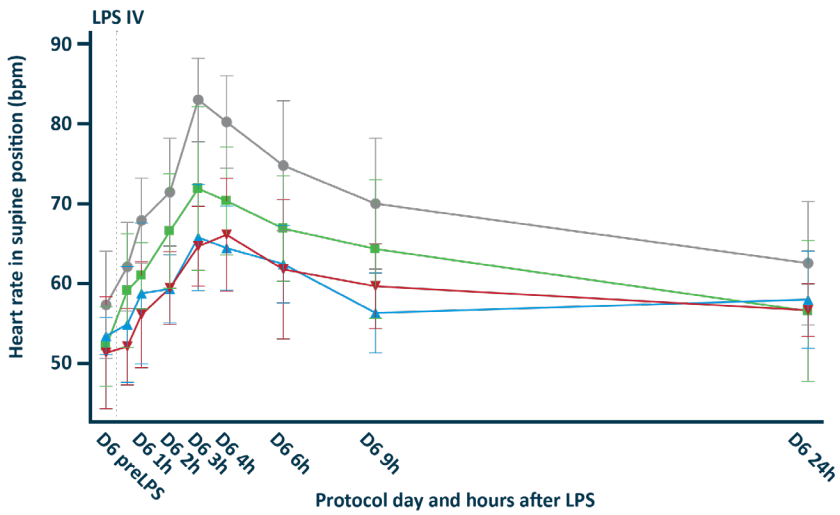
Reduced Key Indicators of LPS-Induced Systemic Inflammation

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

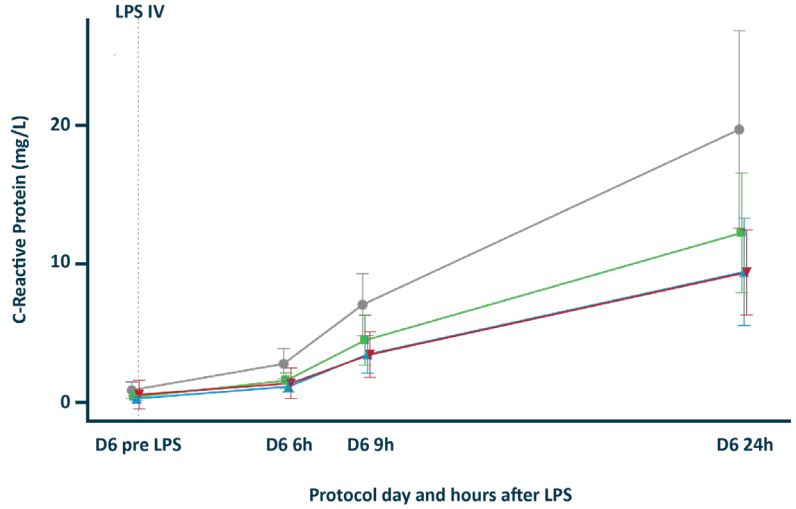
Mean Body Temperature



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

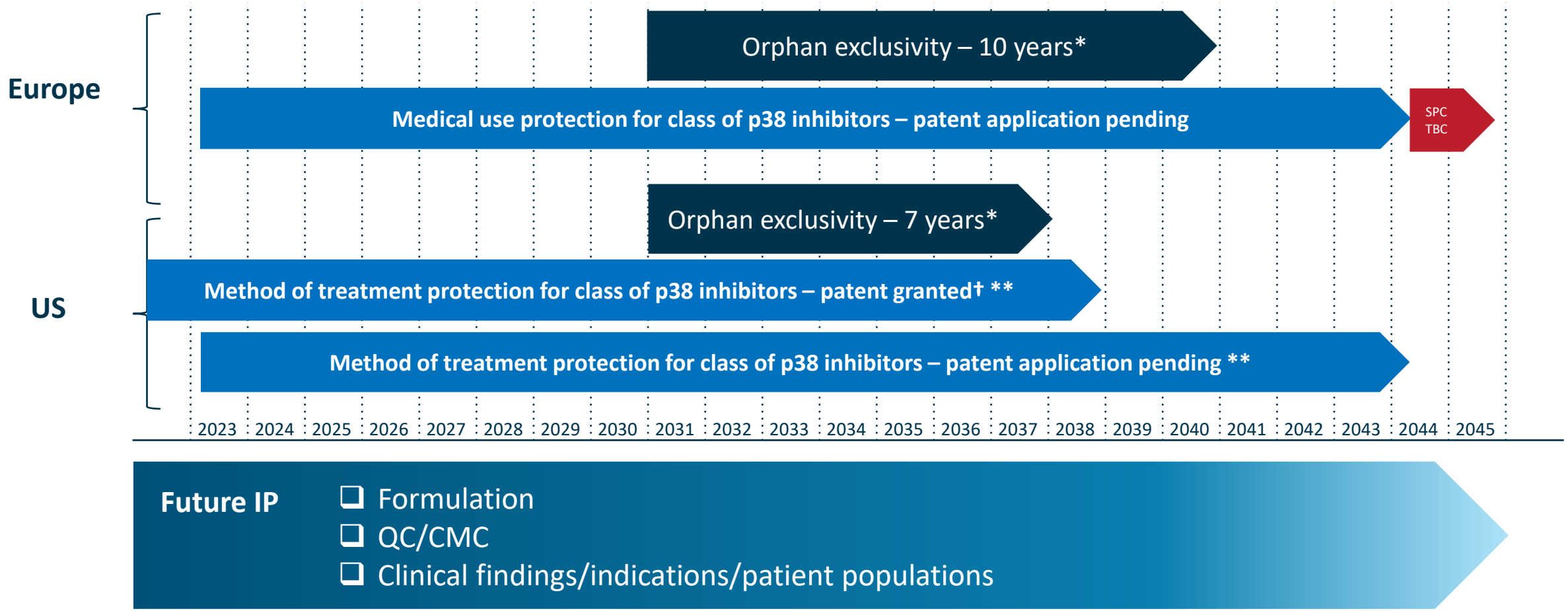
CRS is a common adverse event following CAR T and bispecific antibody treatment

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

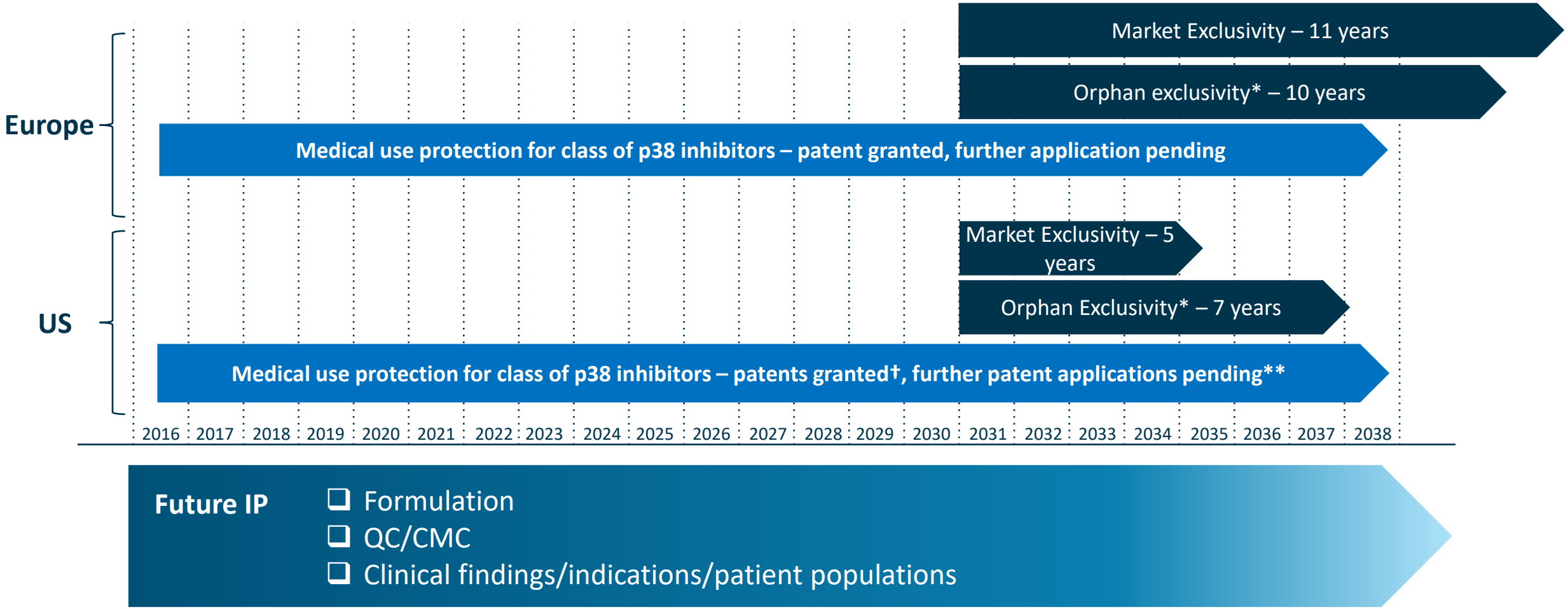
1. Ayuketang FA, Jäger U. Management of Cytokine Release Syndrome (CRS) and HLH. 2022. The EBMT/EHA CAR T Cell Handbook. Chapter 26.

POLB 001: Oncology 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 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

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



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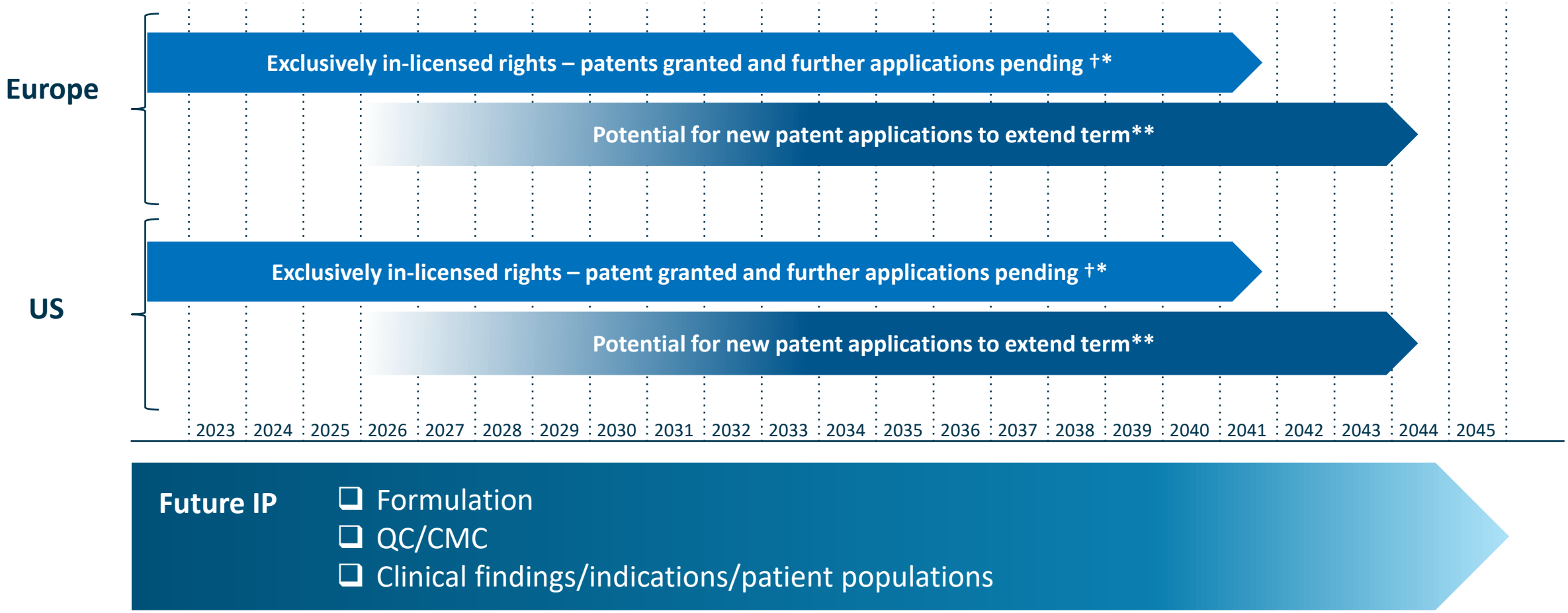
Oral Encapsulated GLP-1 - Regulatory Exclusivity / Patent Timeline



*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.

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