

# Q2

## Interim report January–June 2022

AlzeCure® is a Swedish pharmaceutical company that develops new innovative small molecule drug therapies for the treatment of severe diseases and conditions that affect the central nervous system, such as Alzheimer's disease and pain – indications for which currently available treatment is very limited. The company is listed on Nasdaq First North Premier Growth Market and is developing several parallel drug candidates based on three research platforms: NeuroRestore®, Alzstatin® and Painless.

**NeuroRestore** consists of two symptomatic drug candidates where the unique mechanism of action allows for multiple indications, including Alzheimer's disease, as well as cognitive disorders associated with traumatic brain injury, sleep apnea and Parkinson's disease.

The **Alzstatin** platform focuses on developing disease-modifying and preventive drug candidates for early treatment of Alzheimer's disease and comprises two candidates.

**Painless** is the company's research platform in the field of pain and contains two projects: ACD440, which is a

drug candidate in the clinical development phase for the treatment of neuropathic pain, and TrkA-NAM, which targets other types of severe pain in conditions such as osteoarthritis. AlzeCure® aims to pursue its own projects through preclinical research and development to an early clinical phase and is continually working on business development to find suitable solutions for outlicensing to other pharmaceutical companies.

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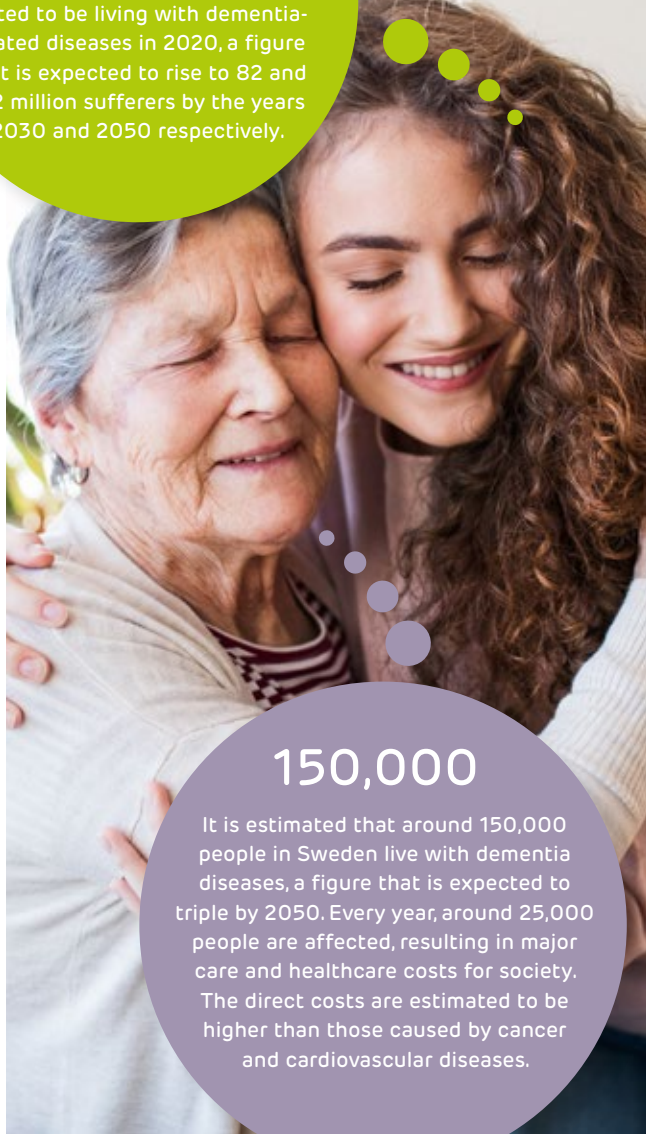
is the company's Certified Adviser.

For more information, please visit [www.alzecurepharma.com](http://www.alzecurepharma.com).



# 50 million

Alzheimer's is the most common form of dementia, and worldwide around 50 million people were estimated to be living with dementia-related diseases in 2020, a figure that is expected to rise to 82 and 152 million sufferers by the years 2030 and 2050 respectively.



# 150,000

It is estimated that around 150,000 people in Sweden live with dementia diseases, a figure that is expected to triple by 2050. Every year, around 25,000 people are affected, resulting in major care and healthcare costs for society. The direct costs are estimated to be higher than those caused by cancer and cardiovascular diseases.

## Financial information

### April-June 2022

*Figures in parentheses refer to the corresponding period of the previous year.*

- Net sales during the period totaled SEK 0 thousand (0).
- Earnings for the period totaled SEK -21,548 thousand (-15,693).
- Earnings per share, basic, totaled SEK -0.43 (-0.42).
- Total assets at the end of the period amounted to SEK 55,303 thousand (82,030).
- Cash and cash equivalents at the end of the period totaled SEK 51,673 thousand (77,915).

### January-June 2022

*Figures in parentheses refer to the corresponding period of the previous year.*

- Net sales during the period totaled SEK 0 thousand (0).
- Earnings for the period totaled SEK -34,194 thousand (-38,655).
- Earnings per share, basic, totaled SEK -0.77 (-1.02).
- Total assets at the end of the period amounted to SEK 55,303 thousand (82,030).
- Cash and cash equivalents at the end of the period totaled SEK 51,673 thousand (77,915).

## Significant events

### January-March 2022

- The company receives a guiding response from the FDA that supports the continued clinical development program for ACD440, and preparations for the upcoming Phase II clinical trial.
- The Board of Directors approved a rights issue, subject to the approval of the Extraordinary General Meeting on March 1, 2022.
- The new share issue was completed on March 22 and raised SEK 48.5 million before issue expenses for the company.
- In March, the company received new indicative data from the ongoing clinical phase I MAD study with ACD856 showing that the substance reaches the brain, the target organ for the substance which is developed as a treatment for Alzheimer's disease.

### April-June 2022

- A directed set-off issue was carried out in April in connection with ACD440 entering phase II and Acturum Life investing in the company. The set-off issue is the result of a previously agreed milestone payment, which will be made in the form of 845,070 shares instead of a cash payment.
- In April, the company presented results from the Phase I Single-Ascending-Dose-clinical study, which show that ACD856 has a good safety and tolerability profile in humans, as well as suitable pharmacokinetic properties, both of which support further clinical development of the substance. In addition, new preclinical data were also presented, demonstrating a dose-dependent positive effect of the NeuroRestore substance AC-0027136 on mitochondrial function, which is particularly interesting since impaired mitochondrial function is common in neurodegenerative conditions such as Alzheimer's disease.
- In April, the company also presented new data on a new potent small-molecule gamma-secretase modulator (GSM from the Alzstatin research platform). The presentation contained preclinical data from studies that show that the substance, AC-0027875, effectively crosses the blood-brain barrier and reaches this target organ, i.e. the brain, in high concentrations – which is essential for a good pharmacological effect. Furthermore, data show that the potent effect of the substance on  $\gamma$ -secretase leads to a reduction in the amount of harmful amyloid beta 42 (A $\beta$ 42) by more than 50 percent.
- In May, the company received approval to start a Phase II clinical trial with the non-opioid substance ACD440 for the treatment of neuropathic pain.
- In June, the first patient was included in the aforementioned study, the company's Phase II clinical trial in neuropathic pain patients with the non-opioid ACD440.
- The Phase I clinical trial Multiple-Ascending-Dose for AlzeCure's Alzheimer's project NeuroRestore ACD856 ended in June. The data show that ACD856, the primary drug candidate in the company's NeuroRestore platform, has good tolerability and safety. Furthermore, the results demonstrate that the substance has suitable pharmacokinetic properties with rapid uptake into the body, as well as relevant and dose-dependent exposure in the CNS. The data were presented at the Alzheimer's Conference AAC in July.

### Significant events after the end of the period

No significant events have occurred after the end of the period.

## A word from the CEO

The second quarter of 2022 was yet another active and successful period for AlzeCure, with the commencement of the first Phase IIa clinical trial in the company's history and in a field with a very high unmet medical need, neuropathic pain. In addition, we concluded our Phase I MAD study with NeuroRestore ACD856 for Alzheimer's and other cognitive disorders, according to plan. The study showed positive safety and tolerability data, which support continued development. We also generated new preclinical data in the TrkA-NAM pain project, where we showed that the compounds have not only analgesic but also anti-inflammatory effects.

It is satisfying to see that AlzeCure continues to progress the portfolio, according to plan. During the past quarter we also received capital from the new share issue, which ended in March, with investments from both previous and new shareholders. The capital will be invested in our Alzheimer's and pain projects. During April, we secured additional liquidity when Acturum Life chose to receive shares in the company as remuneration for ACD440 entering Phase II studies, fully in accordance with the current in-licensing agreement. The choice by Acturum Life to receive shares instead of capital indicates their belief in AlzeCure. The capital provides us with additional financing to further develop operations.

During the second quarter, we also presented new favorable preclinical data within Alzstatin, our platform to develop preventive and disease-modifying treatments for Alzheimer's disease. This time the data came from a series of molecules that are expected to be advantageous from a patent perspective. These data showed that a molecule from the series can lower the harmful amyloid-beta levels in vivo by between 50 and 60 percent, which is extremely promising. Interest in gamma-secretase modulators such as Alzstatin are also receiving increasing attention as potentially important treatments for Alzheimer's. Naturally, this trend is positive for our business development work with Alzstatin since only a few companies publicly claim that they are running active gamma-secretase modulator programs. With multiple preclinical compounds, we can ensure that we have the best possible drug candidate when we move into clinical trials.

ACD856, our leading drug candidate, is part of the innovative NeuroRestore platform with a primary focus on the treatment of

Alzheimer's disease to improve learning and memory capabilities and to counteract memory impairments and other cognitive problems. During the second quarter, we concluded the clinical Phase I MAD study, according to plan, with favorable results. The results, which support continued development work with ACD856, were presented at the world-leading Alzheimer's Association International Conference (AAIC) in late July/early August. During the quarter, we also presented additional positive data showing that ACD856 crosses the blood-brain barrier and can be measured in the spinal fluid, which means that the drug reaches the target organ. We also announced new NeuroRestore data indicating that ACD856 improves both mitochondrial function and cell health, which further supports the likelihood that the compound may have a disease-modifying effect, but also suggests that it could potentially be used in several other indications.

We also see continued promising progress in our pain platform Painless, which consists of two projects, ACD440 and TrkA-NAM. ACD440 is a TRPV1 antagonist for topical use aimed at treating peripheral neuropathic pain. The project is based on discoveries that were awarded with the 2021 Nobel Prize in Physiology or Medicine. The groundbreaking discovery of TRPV1 and its role in pain perception is of great significance and provides the basis for our ACD440 clinical program. During the quarter, we started our very first Phase II trial with ACD440 in patients with peripheral neuropathic pain. The completion of the Phase IIa clinical trial is planned for the first half of 2023 and we expect to receive the study results in the summer of that same year. The study is taking into account feedback received from the FDA related to the documentation we submitted for a pre-IND meeting.



*Martin Jönsson, CEO*

Drugs for the treatment of neuropathic pain represent the single largest market for pain relievers, with sales of over USD 11 billion (GlobalData 2021). Nevertheless, as many as 80 percent of patients with neuropathic pain currently do not achieve adequate pain relief. Furthermore, many patients with neuropathic pain in the US are prescribed opioids, which US authorities want to prevent. These circumstances indicate a great unmet medical need and thus strengthen the potential for our ACD440 project.

Our second pain project, TrkA-NAM, with a focus on arthritis of the knee, also continues to make good progress. Although the project is in the early stages of development, TrkA-NAM has drawn the attention of several external parties with whom we have regular meetings. During the quarter, we announced that we generated new data indicating that TrkA-NAM not only has an analgesic effect,

but also anti-inflammatory properties. We have been invited to present these results at the world's largest pain congress, IASP, which is being held in September in Toronto. The anti-inflammatory effect of TrkA-NAM is positively linked to pain relief and is expected to generate further external interest in the project, which benefits our business development.

During the quarter we continued to have a strong focus on marketing communication and participated in several meetings and events, both in Sweden and internationally. We are constantly working on reaching out to both private and institutional investors, as well as other pharmaceutical and research companies that may be interested in investing in, in-licensing or partnering our development projects, or alternatively in entering into a partnership.

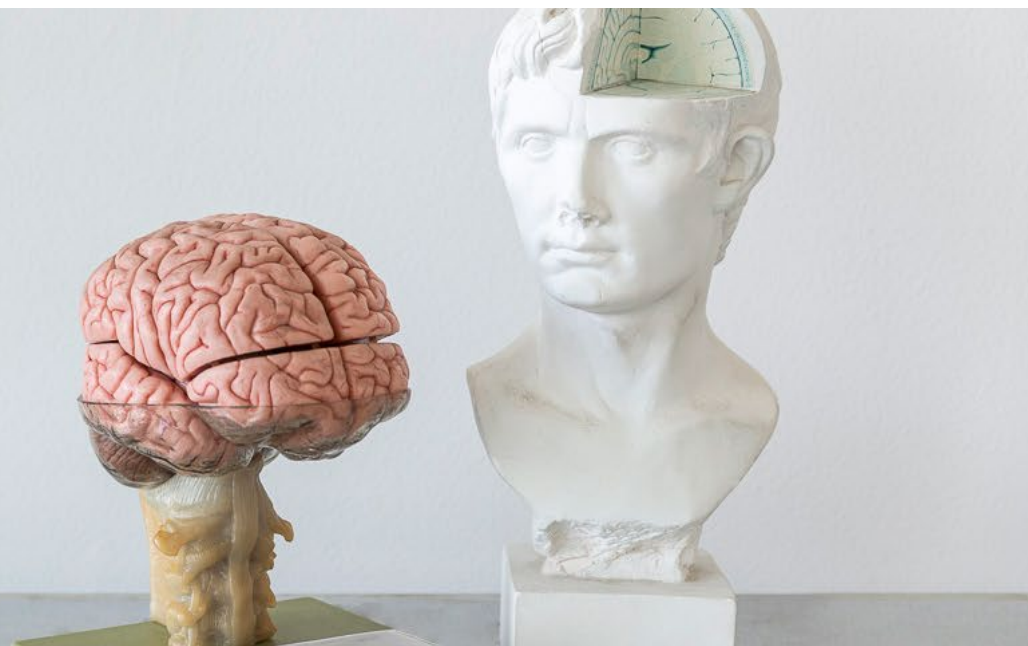
I am pleased and proud to report that AlzeCure continues to make good progress thanks to our talented and ambitious employees. We continue to have several promising projects under development within fields with great unmet medical need, which is incredibly satisfying and motivating. We view the growing interest in the field of Alzheimer's and in AlzeCure as a company as an acknowledgement that we are on the right path. I continue to be confident about the future, proud that AlzeCure is now developing into a Phase II company, according to plan.

Stockholm, August 2022

*Martin Jönsson*

” The second quarter of 2022 was yet another active and successful period for AlzeCure, with the commencement of the first Phase IIa clinical trial in the company's history, in a field with a very high unmet medical need, neuropathic pain. In addition, we concluded our Phase I MAD study with NeuroRestore ACD856 for Alzheimer's and other cognitive disorders, according to plan, and received positive safety and tolerability data that supports our continued development work on this important asset.

Martin Jönsson, CEO



# Project portfolio

AlzeCure works with several research platforms:

NeuroRestore® and Alzstatin® – with a focus on Alzheimer’s disease, where the leading candidate ACD856 is in clinical development phase.

Painless – focuses on pain treatment and contains two projects: ACD440 in clinical development phase and TrkA-NAM in research phase.

There are several small molecule drug candidates in the various platforms: two in NeuroRestore and two in Alzstatin. There are also two projects in the Painless platform. A diversified portfolio of drug candidates paves the way for other indications, such as cognitive disorders associated with Alzheimer’s, traumatic brain injury, sleep disturbances and Parkinson’s disease, as well as for severe pain in conditions such as neuropathy and osteoarthritis.

- The NeuroRestore platform is developing a new generation of symptomatic drugs for the treatment of illnesses with cognitive disorders, such as Alzheimer’s disease. The target mechanism also has other potential indications, including depression and cognitive disorders in Parkinson’s disease, traumatic brain injury and sleep disorders.
- Innovative disease-modifying and preventive oral drugs for Alzheimer’s disease are under development within the Alzstatin platform. They are intended to enable simple administration of the drug and be more cost-effective.
- The Painless platform includes two projects: TrkA-NAM and ACD440, which both focus on severe pain conditions.
  - The drug candidate ACD440 was in-licensed in January 2020 and targets a specific biological mechanism – a discovery that was awarded the 2021 Nobel Prize in Physiology or Medicine. The compound is being developed for the treatment of neuropathic pain, a field with great unmet medical need. The project is currently in the clinical development phase.
  - The TrkA-NAM project is aimed at treating other severe pain conditions caused by disorders such as osteoarthritis, which today lacks sufficiently effective treatment. The project is currently in the research phase.

## AlzeCure’s project portfolio<sup>1</sup>

Platform	Candidate	Indication	Research phase	Preclinical phase	Phase I	Phase II	Phase III
NeuroRestore	ACD856	Alzheimer’s disease Sleep disorders Traumatic brain injury Parkinson’s disease	In progress	In progress	In progress		
	ACD857	Alzheimer’s disease	In progress	In progress			
Alzstatin	ACD679	Alzheimer’s disease	In progress	In progress			
	ACD680	Alzheimer’s disease	In progress				
Painless	ACD440	Neuropathic pain	In progress	In progress	In progress	In progress	
	TrkA-NAM	Osteoarthritic pain & other severe pain conditions	In progress				

 In progress  Completed

1) For definitions of the phases, please see the AlzeCure Pharma website, [www.alzecurepharma.com](http://www.alzecurepharma.com)

# Project development

AlzeCure works with research and development of innovative and effective new small molecule drugs for treatment of diseases that affect the nervous system and the brain, with a focus on Alzheimer's disease and pain. The need for new treatments for these severe illnesses is great; for example, disease-modifying therapy for Alzheimer's is expected to be able to generate more than USD 15 billion in annual sales.

The company is simultaneously developing four drug candidates based on the two research platforms NeuroRestore and Alzstatin, along with two projects within the Painless platform – TrkA-NAM and ACD440.

A diversified portfolio of drug candidates paves the way for other indications, such as cognitive disorders associated with traumatic brain injury, Parkinson's disease and sleep disorders. With its broad portfolio of assets, the company maximizes shareholder value by working in multiple indication areas where there is scientific support for the biological target mechanisms.

## Neurology

Within NeuroRestore, a new generation of symptomatic drugs is being developed for the treatment of cognitive dysfunction (memory disorders) in Alzheimer's disease. The company initiated the first clinical trial with the primary drug candidate in NeuroRestore, ACD856, in late 2019. The study, known as a "SAD" study, was completed on schedule in the second quarter of 2020, with results showing that ACD856 was well-suited for further clinical development. Consequently, continued clinical trials could be initiated at the end of 2020, also according to plan. In the third quarter of 2021 the MAD study was also initiated and both of these studies, which are part of the phase I program for the drug candidate, have the primary purpose of assessing safety and tolerability in humans. The MAD study, which was completed as planned in June 2022, showed that ACD856 has a good tolerability and safety profile in humans. Furthermore, the results demonstrated that the substance displayed good pharmacokinetic properties with rapid absorption in the body, but also that ACD856 crosses the blood-brain barrier well and can be measured in the spinal fluid, which is important data that supports the further clinical development

work. ACD857 is in the research phase and also has the primary indication of cognitive dysfunction/Alzheimer's disease. New pre-clinical data within the NeuroRestore platform presented in January 2022 also show positive effects on mitochondrial function, which is disrupted in neurodegenerative diseases such as Alzheimer's.

AlzeCure's disease-modifying research platform for Alzheimer's disease, Alzstatin, focuses on reducing the production of toxic amyloid beta (A $\beta$ ) in the brain. A $\beta$  plays a key pathological role in Alzheimer's disease and begins to accumulate in the brain years before clear symptoms develop.

The target mechanism in Alzstatin is confirmed by previously reported study results, which we believe validate the amyloid hypothesis and thus Alzstatin's focus. The goal is to develop a tablet preparation for oral use that will be easily administered within the healthcare system.

The leading drug candidate within Alzstatin, ACD679, is in preclinical phase and alongside this work, the development of an additional drug candidate (ACD680) is in progress to ensure that the company has the best compound for clinical studies. New positive preclinical Alzstatin data from a newly developed series of molecules, which are expected to be advantageous from a patent perspective, indicate reductions in toxic A $\beta$  by more than 50%.

## Pain

The Painless platform contains two projects aimed at developing new treatments for pain. Both projects involve non-opiates, which is important to emphasize, because of the inherent risk associated with opiates for abuse, overdose and secondary injuries – which has led to avoidance of opiates as first-line treatment for pain. Despite this treatment problem they are still frequently used, for which reason the need for new non-opiate treatments is great.

1

**NeuroRestore®** – the platform is developing a new generation of symptomatic drugs for the treatment of cognitive disorders, such as Alzheimer's disease.

2

**Alzstatin®** – the platform is developing innovative disease-modifying and preventive drugs for Alzheimer's disease.

3

**Painless** – contains two projects: TrkA-NAM and ACD440, which both focus on severe pain conditions.

”Diagnostics and biomarkers within Alzheimer's are important focus areas, where key advances made in recent years have been of great importance for diagnostics, as well as for evaluating new drug candidates.

Professor Henrik Zetterberg, University of Gothenburg;  
University College of London

In January 2020, a drug candidate in the clinical development phase aimed at treating neuropathic pain, ACD440, was in-licensed. This project is an important strategic in-licensing that strengthens the company's current clinical portfolio. The ACD440 project has its origins in Big Pharma and is based on strong scientific grounds. The 2021 Nobel Prize in Physiology or Medicine was awarded for the discovery of and insights into TRPV1, the biological system that serves as the basis for ACD440 and is central to temperature regulation and pain. The compound that is being developed as a gel for topical treatment has previously undergone clinical trials, but at that time as oral treatment. As planned, AlzeCure initiated a Phase Ib clinical trial of the drug candidate in late 2020, which was completed in April 2021 and showed positive proof-of-mechanism result, i.e. an analgesic effect in humans. The efficacy of ACD440 was clearly significant compared with placebo. The compound was also well tolerated as a topical gel on the skin, indicating good suitability for further clinical development as topical treatment for neuropathic pain conditions. During the first quarter of 2022, feedback was received from the FDA on the material and documentation submitted for a preparatory pre-IND meeting. The response was informative, and the company has initiated a phase II study with ACD440 in patients with peripheral neuropathic pain in June 2022. The study, which is a double-blind, placebo-controlled,

randomized cross-over study, aims to evaluate the efficacy, safety and pharmacokinetics of the company's leading drug candidate in pain. Results from the study are expected in mid-2023.

TrkA-NAM builds on the knowledge amassed and assets developed in the NeuroRestore platform, but with the purpose of developing new compounds that focus on providing pain relief in several conditions associated with severe pain. The goal of the project is to develop a small molecule "TrkA-negative allosteric modulator" that can reduce movement-induced and spontaneous pain in patients with painful osteoarthritis. The project, which is in the research phase, has strong preclinical and clinical validation. The company received the first positive preclinical efficacy data during the latter part of 2020 and is actively working on the development of a drug candidate for preclinical safety studies. In June 2022, AlzeCure reported that data with new substances, identified as potent and selective negative modulators of NGF/TrkA signaling in cell-based assays, will be presented at the IASP International Pain Conference in September. There, results from preclinical pain models are also shown in more detail, where, in addition to a significant pain-relieving effect, a potent anti-inflammatory effect was also observed – something that is seen as a strength for the further development of the project.

## 50 million

In the US alone, an estimated 50 million adults live with chronic or severe pain, and more people suffer from pain than diabetes, heart disease and cancer combined.

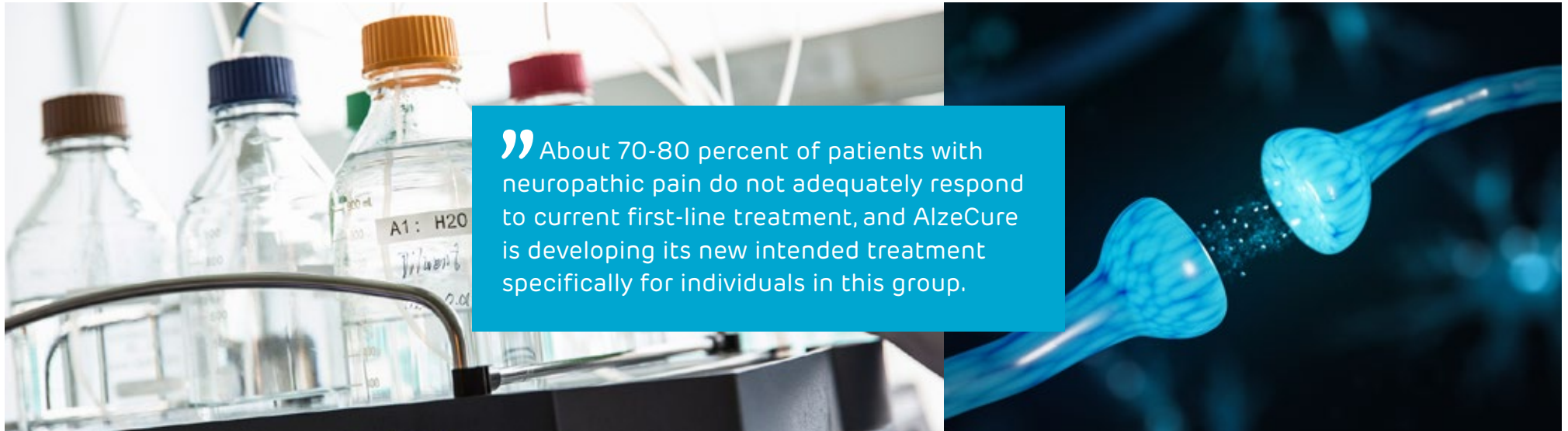
## Nobel Prize

The 2021 Nobel Prize in Physiology or Medicine was awarded for Professor David Julius' discovery of TRPV1, the biological system that serves as the basis for ACD440 and is central to temperature regulation and pain.

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” About 70-80 percent of patients with neuropathic pain do not adequately respond to current first-line treatment, and AlzeCure is developing its new intended treatment specifically for individuals in this group.



# Market trends affecting AlzeCure®

## Increased social costs for Alzheimer’s and other neurodegenerative diseases.

Costs associated with Alzheimer’s and other neurodegenerative diseases are sharply rising and account for a substantial burden on the public healthcare system. The global cost to society for dementia is estimated at more than USD 1 trillion and is expected to triple over the next 30 years. These burgeoning costs increase the need for disease-modifying and/or preventive treatments appreciably.

## Increased need for treatment due to an aging population.

Old age is the greatest risk factor in dementia-related illnesses such as Alzheimer’s, but also for pain problems. Life expectancy is anticipated to rise globally as a result of improving living standards and improved health care.

## New treatment for Alzheimer’s disease targeting amyloid plaques receives FDA approval

An antibody therapy (Aduhelm) targeting amyloid pathology received approval in the US in June 2021 as the first disease-modifying treatment for Alzheimer’s disease through the FDA’s Accelerated Approval process. The approval is based on a “surrogate endpoint,” in this case the reduction of beta-amyloid in the brain. Three other antibody therapies targeting amyloid pathology

have also recently been granted “Breakthrough Therapy Designation” status, giving them access to the FDA’s other fast track processes, which could lead to a significantly faster pathway to market for drugs in this important area.

## Major pharmaceutical companies are allocating investments in CNS-related illnesses to specialized research projects.

An increasing number of major pharmaceutical companies are starting investment funds aimed at smaller research companies and drug companies, as this is where a great deal of innovation takes place. The trend favors smaller R&D companies as opportunities for licensing agreements concerning the research, development and commercialization of drug candidates are increasing.

## Development related to diagnostics & biomarkers

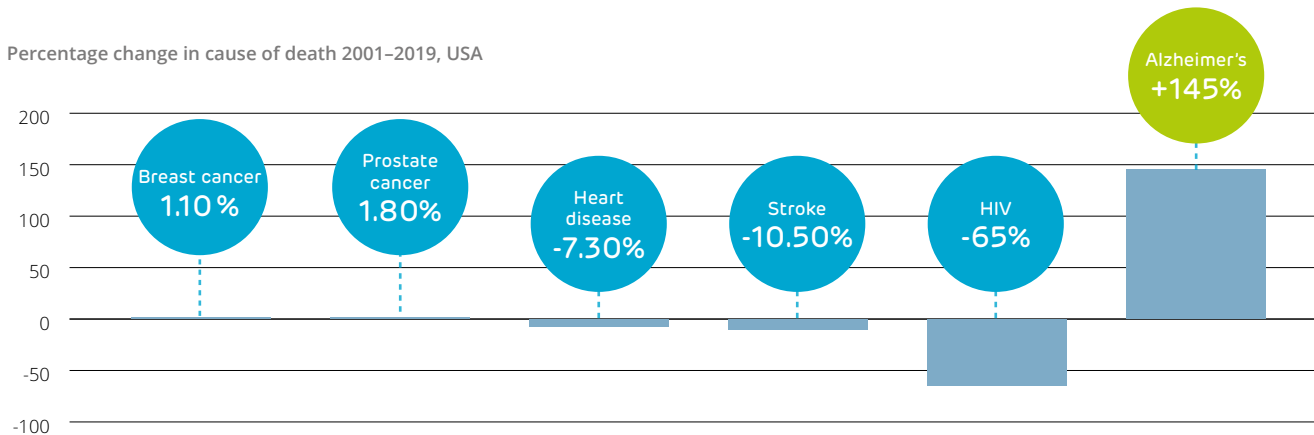
Significant progress has been made in this field through intensive work, including recent findings that a combination of blood-based biomarkers and simple cognitive tests have very high sensitivity for detection of Alzheimer’s disease at an earlier stage. Currently, Alzheimer’s disease is mainly diagnosed through clinical examination, including a lumbar puncture combined with tests of cognitive ability and brain imaging (PET). A spinal fluid test is an invasive procedure in which spinal fluid is drawn for analysis. PET diagnostics

is a nuclear medicine imaging method used to identify differences between healthy brains and brains in patients with Alzheimer’s. There is a great need to be able to correctly diagnose Alzheimer’s in order to include a relevant population in clinical trials to develop drugs for the disease and the development that is taking place in the field, including in blood-based biomarkers, entails significant progress for the area.

## Great need for new pain treatments

In the US alone, an estimated 50 million adults live with chronic or severe pain, and more people suffer from pain than diabetes, heart disease and cancer combined. Data from Europe show similar results and the health and socioeconomic costs are estimated at 3-10 percent of gross domestic product in Europe. Regarding the efficacy of currently available drugs in the field, for example, approximately 80% of patients with neuropathic pain do not respond adequately to current treatment. Because of the risk of abuse, overdose and secondary injuries, there is also an effort to avoid opiates for treatment of pain. Consequently, there is currently a high unmet medical need for new, non-opiate treatments in this field.

Percentage change in cause of death 2001–2019, USA



The mortality rate for Alzheimer’s disease has risen sharply, while several other causes of death have fallen.

**x3** The number of people worldwide with dementia is expected to triple from the current 50 million to more than 150 million in 2050.



# Alzheimer's disease

Alzheimer's is the most common form of dementia, with around 60–70 percent of all dementia cases stemming from this illness. It is a deadly disease that has a huge impact on sufferers and their relatives alike. Yet despite this, there is currently a lack of preventive and disease-modifying treatments on the global market.

Alzheimer's disease is a neurodegenerative disease, which is a collective term for various conditions in which the nerve cells of the brain gradually deteriorate and eventually die. Nerve cells have very limited regeneration and damage to them therefore becomes clear and crucial for the functionality of the nervous system. Nerve cell death in the brain in connection with Alzheimer's manifests through a variety of symptoms, such as impaired memory, as well as difficulties finding words, expressing oneself and understanding. Difficulties with the concept of time are also common. Eventually, sufferers experience orientation problems in their surroundings, and difficulties reading, writing and counting or managing practical tasks. Some have problems with perception and difficulty in recognizing what they see, and reasoning and planning become

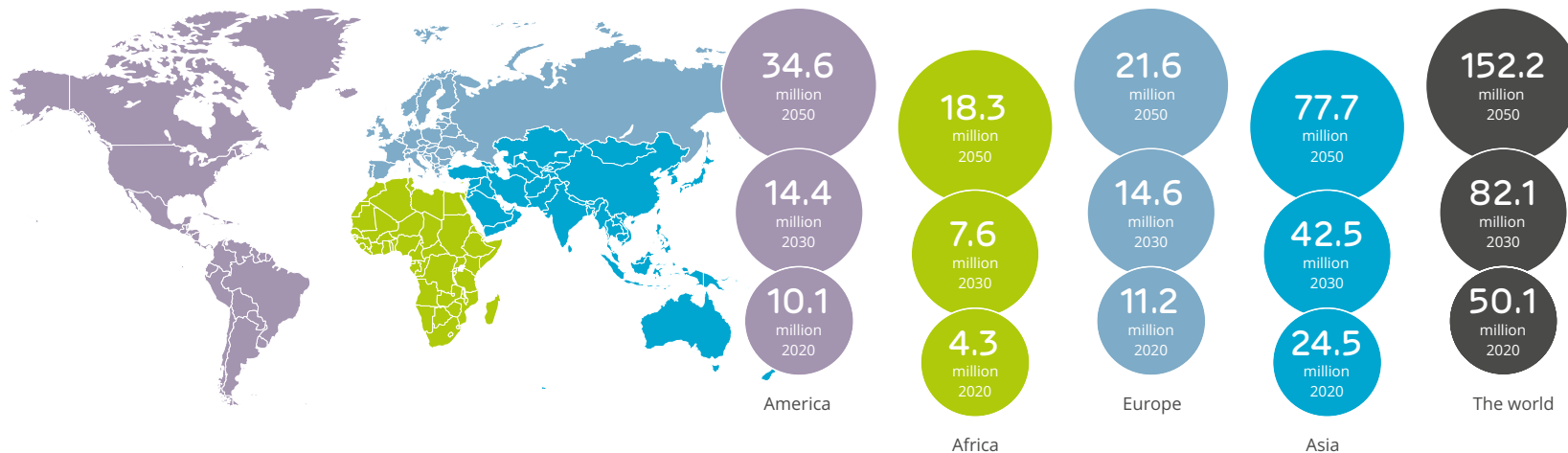
more difficult. With the passage of time, sufferers become more and more dependent on help from relatives and/or care services. Because a characteristic of the disease is its gradual onset, it can be difficult to identify when the problems actually began. Symptoms may also vary from person to person.

Alzheimer's is the most common form of dementia, with around 60–80 percent of all dementia cases stemming from this illness. Even though it is a deadly disease that has a huge impact on both sufferers and their relatives, currently no preventive or disease-modifying treatments are available. The disease starts with amyloid beta (Aβ) protein beginning to clump in the brain, which ultimately form the amyloid plaques so characteristic of the illness. These have a negative impact on nerve cell function and lead, inter alia,

to reduced levels of important neurotransmitters in the brain. These neurotransmitters, such as acetylcholine and glutamate, are necessary for nerve cells to communicate with each other and for the normal operation of the brain. With time, the ability of nerve cells to survive also deteriorates and they die.

The reasons that some individuals develop the disease while others do not are as yet unknown, but it is clear that accumulations of Aβ amyloid in the brain play a central part in Alzheimer's. The most common risk factors for developing Alzheimer's are old age and genetic proclivity. The disease may appear early, between the ages of 40 and 65 for the hereditary form, but is most common after 65. The course of disease begins many years before the brain suffers from widespread nerve cell death and the patient shows clinical symptoms. A person diagnosed with Alzheimer's disease lives for an average of four to eight years after being diagnosed.

Geographic distribution and expected growth of prevalence of dementia.



Today, growing sums are being invested in medical research in Alzheimer's due to the extensive human suffering, and the costs to healthcare and society are considerable. Total global costs for dementia-related illnesses are estimated at around USD 1 trillion, which is expected to triple by 2050. The lack of effective symptomatic treatments and efficacious treatments that slow or prevent the course (disease-modifying) of the disease represent an urgent medical need. The few approved drugs sold in today's global market have only a limited symptom-relieving effect and entail problematic side effects. Thus there is a very urgent medical need for new symptomatic and disease-modifying treatments. A disease-modifying therapy for Alzheimer's is considered capable of generating more than USD 15 billion in annual sales.

In June 2021, the FDA approved a new Alzheimer's drug in the US, Aduhelm™ (aducanumab), for which one year of treatment costs about USD 28,000. Subsequently, three additional antibody drugs for the treatment of Alzheimer's disease received "Breakthrough Therapy Designation" from the FDA. This status provides access to FDA's other "fast track" processes. Applications for approval of two of these drugs were also submitted to the FDA. Taken together, this trend reveals an accessible regulatory pathway for drugs within the field, thereby leading to growing interest in research into new drugs for Alzheimer's disease.

## Symptoms

Usually, the first signs of Alzheimer's are impaired memory, difficulties in finding words, expressing oneself and understanding. Difficulties with the concept of time are also common. Eventually, sufferers experience orientation problems in their surroundings, and difficulties reading, writing and counting or managing practical tasks. Some have problems with perception and difficulty in recognizing what they see, and reasoning and planning become more difficult. With the passage of time, sufferers become more and more dependent on help from relatives and/or care services. Because a characteristic of the disease is its gradual onset, it can be difficult to identify when the problems actually began. Symptoms may also vary from person to person.

## Prevalence

As previously mentioned, Alzheimer's is the most common form of dementia, and worldwide over 50 million people were estimated to be living with dementia-related diseases in 2020, a figure that is expected to rise to 82 and 152 million sufferers by the years 2030 and 2050 respectively. Geographical distribution and the anticipated increase in dementia is shown in the figure above.

It is estimated that around 150,000 people in Sweden are living with dementia diseases, a figure that is expected to double by 2050. Every year, around 25,000 people are affected, resulting in major care and healthcare costs for society. The direct costs in Sweden are greater than those caused by cancer and cardiovascular diseases together.

## Treatment

On the global market there are currently two different classes of approved symptomatic drugs for the treatment of Alzheimer's disease to improve cognition and memory function.

- Cholinesterase inhibitors: The drug allows the neurotransmitter acetylcholine to work longer in the brain and thus boost nerve cell communications. The drug primarily provides symptom relief, rather than slowing the course of disease.
- NMDA inhibitors: The drug affects glutamate signaling, which plays an important part in nerve cell communications.

However, the effect of the above treatment methods is usually limited and associated with side effects. The most common side effects are gastrointestinal symptoms, including nausea, diarrhea and stomach pain. Other common side effects are problems associated with the heart, high blood pressure, dizziness and headache. The need for new drugs with better symptom-relieving effect and fewer side effects is thus urgent.

AlzeCure's NeuroRestore® and Alzstatin® platforms act in a completely different manner in their treatment of the disease than the drug classes described above. NeuroRestore seeks to improve communication between nerve cells by strengthening the signaling of neurotrophins such as BDNF and NGF, so that memory function is improved in the patient while also avoiding difficult side effects. Alzstatin is aimed at preventing or delaying the very occurrence of the illness by reducing production of toxic amyloid in the brain and thereby preventing the formation of amyloid aggregates such as oligomers and plaque in the brain.



Every 5 seconds  
someone in the  
world is diagnosed  
with Alzheimer's.

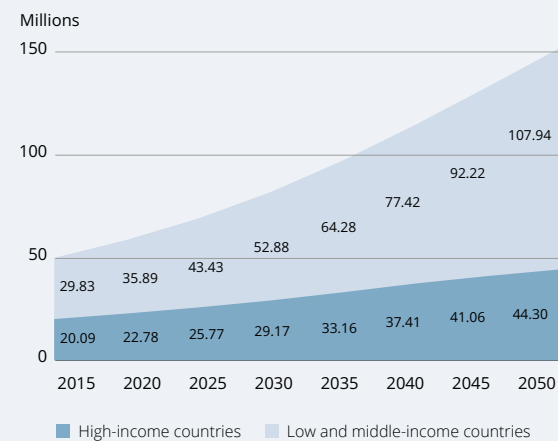


” The socioeconomic costs of Alzheimer’s disease are currently very high. At the individual level, the problems the disease causes for patients and their families are of course the most important. Currently there is no effective medication for the disease, and subsequently there is a high unmet medical need for both new symptomatic and disease-modifying drugs within this important area.

Professor Bengt Winblad, Karolinska Institutet

The figure below shows the expected growth in the number of cases of dementia between 2015 and 2050. The largest increase in number of cases of dementia and Alzheimer’s is expected to occur in low and medium income countries (LMIC), since these countries are expected to demonstrate a higher relative improvement in quality of life than high-income countries (HIC), which leads to an increased life expectancy. The need for novel therapies continues to be very high since there are currently no satisfactory treatment options for such patients.

The number of individuals with dementia in low and middle-income countries compared with high-income countries



## Other diseases with cognitive dysfunction

There are several other diseases in which cognitive functions such as memory function and learning are affected; in addition to the classic neurodegenerative diseases such as Alzheimer’s and Parkinson’s disease, other indications include sleep disorders and traumatic brain injury. The cognitive dysfunction in these indications could be addressed by drug candidates from the Neuro-Restore platform.

### Sleep apnea

More than 900 million people worldwide suffer from sleep apnea, the majority of whom are undiagnosed. A Swedish population study shows that 50 percent of women between the ages of 20 and 70 have mild sleep apnea and that 6 percent suffer from sleep apnea that is severe enough to require treatment. The condition occurs in particular with overweight and high blood pressure. As the population gradually becomes more overweight, the incidence of sleep apnea is also expected to increase. There is also a hereditary component associated with the condition. One consequence of suffering from sleep apnea is that the patient suffers from extreme fatigue, since the body reflexively wakes up when breathing stops. The body also suffers oxygen insufficiency since breathing is absent for long periods and the body does not get a chance to recover. This fatigue also leads to impaired cognitive ability. The patients’ symptoms are somewhat similar to Alzheimer’s, since memory function, learning and other cognitive abilities are negatively impacted by sleep apnea.

### Traumatic brain injury (TBI)

Traumatic brain injury (TBI) is caused by external trauma where the nerve cells in the brain are immediately damaged. TBI is a major global health and socioeconomic problem and is a common cause of death, especially among young adults, and can cause lifelong injuries among those who survive. Every year about 10 million people suffer from TBI worldwide. In North America, TBI affects about 1.7 million individuals annually, with total medical costs of more than SEK 600 billion. The global market for treatment of TBI is expected to grow from SEK 970 billion in 2017 to SEK 1,350 billion in 2024. The two most common causes of TBI are traffic accidents and falls. The majority of other causes of cases of TBI are violence or work or sports-related. The increase in TBI is due in part to the increased use of vehicles in low and middle-income countries.

TBI has been shown to increase the risk of developing dementia-related diseases, such as Alzheimer’s disease and other neurodegenerative diseases, such as Parkinson’s disease. Studies show that a person who sustains a TBI is at an approximately 24 percent increased risk of suffering from dementia.

The symptoms of TBI may be both physical and mental, and vary depending on the severity of the injury. Common symptoms include memory loss, headache, fatigue, sleep difficulties, concentration difficulties and mood swings. Depression during or after TBI is common. Within one year, half of all people with TBI suffer from depression, and within seven years, two thirds are affected.

### Parkinson’s disease

Parkinson’s disease is a chronic and progressive neurodegenerative disease. The diagnosis is based on the patient having a combination of motor symptoms, such as tremors, mobility impairment, muscle stiffness, and balance and walking difficulties. The symptoms occur mainly as a result of a gradual loss of dopamine-containing nerve cells in the brain. In addition to the motor problems, impairment of cognitive functions such as memory and attention are also common.

Common cognitive problems include difficulties with:

- Attention and concentration.
- Planning such as organizing an eventful day.
- Following complicated conversations and the ability to solve complex problems.
- Being able to quickly formulate thoughts.
- Remembering events or special details, but where clues often guide the memory back.

Dementia associated with Parkinson’s disease is not an uncommon type of dementia, accounting for about 1.5–3 percent of all dementia cases.

# Pain

Pain, both acute and chronic, afflicts millions of people around the world. Pain can be categorized in different ways, but one of the most common is nociceptive versus neuropathic pain.

Nociceptive pain is the result of activity in signaling pathways caused by tissue damage. Nociceptive pain is usually acute and develops in response to a specific situation, such as postsurgical pain and pain associated with sports injuries. It tends to disappear when the affected body part heals. An example of chronic nociceptive pain that lasts for more than 3–6 months is pain from osteoarthritis.

The body contains specialized nerve cells called nociceptors that detect harmful stimuli or things that can injure the body, such as extreme heat or cold, pressure, crushing and chemicals. These warning signals are then transmitted along the nervous system to the brain. This happens very quickly in real time, such as quickly pulling away hands after touching a hot oven, or not putting weight on an injured ankle.

Neuropathic pain is pain resulting from dysfunction in or direct damage to the nervous system. Neuropathic pain is almost always chronic. Chronic pain is a disabling disease that affects every aspect of the patient's life, which includes the ability of the individual to work and engage in social and leisure activities. Neuropathic pain affects a total of approximately 7–8 percent of the adult population, which means about 600 million people worldwide. People with certain diseases, such as diabetes and HIV, suffer from neuropathic pain to a greater extent; about 25 and 35 percent of patients with these conditions, respectively, experience neuropathic pain.

Peripheral neuropathic pain results from various types of damage to the nerve fibers, such as toxic, traumatic, metabolic, infection-related, or compressional injuries. Common symptoms are painful tingling or itching that can be described as a stabbing or burning pain, including a sensation of getting an electric shock. Patients may also experience allodynia (pain caused by a stimulus that usually does not cause pain) or hyperalgesia (increased pain from a stimulus that normally provokes pain). Examples of conditions associated with neuropathic pain are painful peripheral

neuropathy caused by conditions such as diabetes, painful postherpetic neuralgia (shingles), neuropathic pain induced by chemotherapy and/or direct injury to the nerve.

Osteoarthritis (“wear and tear arthritis”) can affect all joints of the body, but most common are the knees, hips, back and shoulders. It was previously believed that this pain was due entirely to local inflammation. It is now known that other mechanisms are involved, and that the pain is primarily nociceptive in nature. Osteoarthritis pain also affects most aspects of the patient's life; in addition to the severe pain itself, it limits mobility and the ability to work, while also making it difficult to engage in leisure activities and a social life. Physical exercise can only help to a limited extent, while existing drug treatments have only a small effect on the pain and should not be given to patients with conditions such as cardiovascular or lung disease. Therefore there is a great need for new effective drugs for the treatment of osteoarthritis pain.

## Prevalence

An estimated 50 million adults in the US suffer from chronic pain that requires treatment. More Americans currently suffer from pain than diabetes, heart disease and cancer combined. The data from Europe show similar results and health and socioeconomic costs are estimated at 3–10 percent of gross domestic product in Europe.

The neuropathic pain market is characterized by high unmet medical need in all indications and in all major markets, where only 20–30 percent of patients respond to existing treatments. The patient population is expected to continue to grow, due to factors such as an aging population, an increased incidence of type 2 diabetes, and a growing number of cancer survivors who were previously treated with chemotherapy. The global market for neuropathic pain was valued at about USD 11 billion in 2020 and is expected to grow to USD 25 billion by 2027.

## Woman suffering from postherpetic neuralgia after developing shingles:

“When I was diagnosed, and if someone had told me then, that – this is what you'll have to live with – then I'd have done something really crazy. This has really destroyed a large part of my life. I can tolerate a lot of pain, I've had breast cancer surgery, received chemotherapy and never complained, but this is horrendous. I've just received a new treatment, but I don't think it helps at all.” Britt.

## 600 million

Neuropathic pain affects a total of approximately 7–8 percent of the adult population, which means about 600 million people worldwide.

## USD 25 billion

The global market for neuropathic pain was valued at about USD 11 billion in 2020 and is expected to grow to USD 25 billion by 2027.

## Treatment

There is currently a major medical need for several different severe pain conditions. For example, about 70–80 percent of patients with neuropathic pain do not experience adequate pain relief with existing treatments. Because of the risk of abuse, overdose and secondary injuries, nowadays doctors avoid prescribing opiates as first-line treatment for pain. Despite this treatment problem they are still frequently used, for which reason the need for new non-opiate treatments is great.

# Comments on the report

## Financial Overview

SEK thousand	April-June 2022	April-June 2021	January-June 2022	January-June 2021	January-December 2021
Net sales	0	0	0	0	0
Operating profit/loss	-21,574	-15,731	-34,240	-38,735	-77,926
Earnings for the period and comprehensive income	-21,548	-15,693	-34,194	-38,655	-77,781
Earnings per share, basic (SEK)	-0.43	-0.42	-0.77	-1.02	-2.06
Research expenses as a percentage of operating expenses (%)	87.4	83.3	84.6	84.0	85.0
Total assets	55,303	82,030	55,303	82,030	45,647
Cash and cash equivalents	51,673	77,915	51,673	77,915	41,741
Debt/equity ratio (%)	77.6	87.9	77.6	87.9	72.2
Average number of shares, basic	50,639,468	37,765,715	44,658,818	37,765,715	37,765,715
Average number of employees	13	10	14	8	11

See the definitions below.

## Revenue and profit/loss

The company had no net sales during the period. Other operating income largely relates to currency gains this quarter, just as for full-year 2021. Government aid for increased sick pay totaling SEK 11 thousand (0) was received during the first quarter, which is also the figure for the period January to June.

Earnings for the second quarter of 2022 totaled SEK -21,574 thousand (-15,731). The operating loss for the period January to June was SEK -34,240 thousand (-38,735). The company continued to conduct its research activities at an intensive pace during the second quarter, with steady development. Research expenses accounted for 87.4 percent of operating expenses in the second quarter of 2022. For the first half of 2022, research expenses accounted for 84.6 percent (84.0) of operating expenses. More information about research at AlzeCure can be found in the "AlzeCure's Project Portfolio" and "Project Development" sections of this report.

Administrative expenses this quarter were on a par with such expenses during the same period the previous year. For the period

January to June, administrative expenses decreased by 14 percent, compared with the same period the previous year. The company plans to continue to focus on communication and business development and to expand internationally.

The company had 14 employees on the closing date. The Covid-19 pandemic is still ongoing, even though restrictions have been lifted and much has returned to normal. However, the company continues to take the necessary measures to limit any negative impact on the company's operations. The company's business has not been affected to any great extent by the pandemic thus far.

Earnings per share, basic, totaled SEK -0.43 (-0.42) for the second quarter, and SEK -0.77 (-1.02) for the period January to June 2022.

## Financial position

At the end of the period, equity was SEK 42,925 thousand (72,100) and the debt/equity ratio was 77.6 percent (87.9). During the first quarter of the year, a rights issue was completed that raised SEK 48.5 million for the company before issue expenses. Issue expenses totaled SEK 7.2 million. A total of 12,122,580 shares were

issued and share capital increased by SEK 303 thousand. Moreover, in a set-off issue in the second quarter a total of 845,070 shares were issued and share capital increased by SEK 21 thousand. The issue amount was SEK 3 million and issue expenses were SEK 113 thousand.

Cash and cash equivalents at the end of the period totaled SEK 51,673 thousand (77,915).

In 2019 the company launched an incentive program with warrants for the Board of Directors. A total of 110,000 warrants were issued. The subscription period for these warrants expired on June 30, 2022 and no shares were subscribed for in this program.

During the second quarter of 2020 the company launched an incentive program, this time with warrants for the company's Chief Executive Officer. A total of 300,000 warrants were issued. For more details regarding the warrant programs, please see "Share-related compensation programs" in the report.

As of the closing date of June 30, a total of 410,000 warrants were issued, resulting in a dilution effect of 0.8 percent.

## Cash flow and investments

Cash flow from operating activities including changes in working capital for the second quarter of 2022 totaled SEK 23,188 thousand (-16,194). For the period January to June 2022, the corresponding cash flow totaled SEK -34,213 thousand (-34,465).

Cash flow from investing activities totaled SEK -0 thousand (-54) during the second quarter. The corresponding figures also applied for the period January to June 2022. In 2021, the company invested SEK 54 thousand, mainly in laboratory equipment.

Cash flow from financing activities totaled SEK 2,802 thousand (0) for the second quarter of 2022. For the period January to June, cash flow from financing activities totaled SEK 44,145 thousand (0). Cash flow includes the rights issue that was completed in March and raised SEK 48,490 thousand before issue expenses, which totaled SEK 7,231 thousand, as well as a set-off issue in April of SEK 2,999 thousand before issue expenses, which totaled SEK 113 thousand.

## Accounting policies and valuation principles

### General information and compliance with IAS 34

This interim report has been prepared in accordance with IAS 34 Interim Financial Reporting. AlzeCure Pharma AB (publ) is domiciled in Stockholm. Because the company is not a group, it applies IFRS with the adjustments required under RFR2 Accounting for legal entities.

### Significant accounting policies and valuation principles

This interim report has been prepared in compliance with the accounting policies and valuation principles applied in the company's most recent annual report.

### Significant estimates and assumptions

When preparing interim reports, the Board and the CEO must, in accordance with the applicable accounting policies and valuation policies, make certain estimates, assessments and assumptions that affect the recognition and valuation of assets, provisions,

liabilities, income and expenses. The outcome may deviate from these estimates and assessments and will very rarely amount to the same sum as the estimated outcome.

The estimates and assessments made in the interim report, including the assessment of the main causes of uncertainty, are the same as those applied in the most recent Annual Report.

## Key ratios and definitions

*Earnings per share:* net sales for the period divided by the average number of shares during the period.

*Debt/equity ratio:* equity, and where applicable untaxed reserves (less deferred tax), in relation to total assets.

*Research expenses as a percentage of total operating expenses:*

research expenses divided by operating expenses, which include research expenses, administrative expenses and other operating expenses. Research expenses include the company's direct expenses relating to research activities such as expenditures for personnel, material and external services.

## Significant risks and uncertainties

The company develops drug candidates and activities will always involve regulatory, market and financial risks. No significant changes regarding those risks and uncertainty factors took place during the period compared with those presented in the most recent annual report. Financing risk constitutes the ability to finance projects to commercialization. The company manages this by the timely preparation of new share issues.

The Covid-19 pandemic is still ongoing, even though restrictions have been lifted and most things have returned to normal. Nevertheless, the company continues to take the necessary measures to protect its employees and limit any negative impact on the company's operations.

The geopolitical situation in the world is extremely uncertain, and it is difficult to say how it may affect the company's development. The company currently has no transactions or activities associated with Russia.

## Related party transactions

During the second quarter, a consulting agreement was signed on commercial terms, with a board member who actively assists in the company's business development.

## Continued operation

The Board of Directors believes that the company's available funds and equity as of June 30, 2022 are sufficient to cover the liquidity needed to conduct the identified possible activities for the next 12 months. Otherwise, the company has the option of re-prioritizing its operations and adjusting its costs and expenses, based on the capital available in the company.

## Reconciliation of alternate performance measures

SEK thousand	April-June 2022	April-June 2021	January-June 2022	January-June 2021	January-December 2021
<i>Research expenses as a percentage of total operating expenses:</i>					
Research expenses	-18,888	-13,334	-29,050	-32,867	-66,715
Administrative expenses	-2,618	-2,621	-5,143	-6,002	-11,265
Other operating expenses	-110	-60	-161	-277	-500
<b>Total operating expenses</b>	<b>-21,616</b>	<b>-16,015</b>	<b>-34,354</b>	<b>-39,146</b>	<b>-78,480</b>
<b>Research expenses as a percentage of total operating expenses:</b>	<b>87.4%</b>	<b>83.3%</b>	<b>84.6%</b>	<b>84.0%</b>	<b>85.0%</b>
<i>Debt/equity ratio (%) June 30, 2022:</i>					
Total equity at end of period	42,925	72,100	42,925	72,100	32,974
Total assets at end of period	55,303	82,030	55,303	82,030	45,647
<b>Debt/equity ratio (%):</b>	<b>77.6%</b>	<b>87.9%</b>	<b>77.6%</b>	<b>87.9%</b>	<b>72.2%</b>

# The share, share capital & ownership structure

## The share

The share has traded on Nasdaq First North Premier Growth Market under the name ALZCUR since November 28, 2018. On June 30, 2022, the number of shares in the company totaled 50,733,365. As a result of a new share issue in March 2022, the number of shares increased by 12,122,580 to a total of 49,888,295 shares. A set-off issue in April caused the number of shares to increase by 845,070 to a total of 50,733,365 shares.

## Owners as of June 30, 2022

The ten largest owners as of June 30, 2022	Number of shares	Share capital and votes
BWG Invest Sàrl	6,080,628	12.0%
FV Group AB	2,800,000	5.5%
Sjuenda Holding AB	2,800,000	5.5%
SEB-Stiftelsen	1,960,000	3.9%
Nordnet Pensionsförsäkring AB	1,719,374	3.4%
AlzeCure Discovery AB	1,710,000	3.4%
Futur Pension	1,444,480	2.8%
Stein Grimsvik	1,288,148	2.5%
Avanza Pension	1,259,470	2.5%
Thomas Pollare	1,234,627	2.4%
<b>10 largest owners</b>	<b>22,296,727</b>	<b>43.9%</b>
Other	28,436,638	56.1%
<b>TOTAL</b>	<b>50,733,365</b>	<b>100%</b>

## Share-related compensation programs

In 2019 the company launched an incentive program with warrants aimed at some members of the Board of Directors. A total of 110,000 warrants were issued: 35,000 warrants went to Thomas Pollare and 25,000 warrants each went to An van Es Johansson, Ragnar Linder and Pirkko Sulila Tamsen.

The warrants, which were issued at the market price as of May 22, 2019, entitled the holder to subscribe for shares during the period June 15–30, 2022. The warrants were not exercised.

In 2020 the company also launched an incentive program, this time with warrants for the Chief Executive Officer. A total of 300,000 warrants were issued.

The warrants, which were issued at the market price based on an external valuation as of May 20, 2020, entitle the holder to subscribe for shares during the period June 15, 2023 – July 5, 2023. The issue price for newly subscribed shares totaled 150 percent of the volume-weighted average closing price for the company's shares on the Nasdaq First North Premier Growth Market during the 10 trading days preceding the Annual General Meeting on Wednesday, May 20, 2020.

The total dilutive effect of the two incentive programs is 0.8 percent on the closing date.

## Financial calendar

Interim report Q3, July–September 2022	November 10, 2022
Interim report Q4, October–December 2022	February 24, 2023

# The Board's assurance

The Board of Directors and the CEO hereby certify that this interim report provides a true and fair view of the company's operations, position and results and describes significant risks and uncertainties facing the company.

Huddinge, August 25, 2022

Thomas Pollare  
*Chairman of the Board*

Eva Lilienberg  
*Board member*

Ragnar Linder  
*Board member*

Ellen Donnelly  
*Board member*

Martin Jönsson  
*Chief Executive Officer*

This report has not been reviewed by the company's auditors.

For more information, please see [www.alzecurepharma.com](http://www.alzecurepharma.com) or contact:  
Martin Jönsson, CEO, [info@alzecurepharma.com](mailto:info@alzecurepharma.com)

FNCA is the company's Certified Adviser.  
FNCA Sweden AB, +46 (0)8 528 00 399, [info@fnca.se](mailto:info@fnca.se).



# Income statement and other comprehensive income

SEK thousand	April- June 2022	April- June 2021	January- June 2022	January- June 2021	January- December 2021
Net sales	0	0	0	0	0
<b>Operating expenses</b>					
Research expenses	-18,888	-13,334	-29,050	-32,867	-66,715
Administrative expenses	-2,618	-2,621	-5,143	-6,002	-11,265
Other operating income	42	284	114	411	554
Other operating expenses	-110	-60	-161	-277	-500
<b>Operating profit/loss</b>	<b>-21,574</b>	<b>-15,731</b>	<b>-34,240</b>	<b>-38,735</b>	<b>-77,926</b>
<b>Profit/loss from financial items</b>					
Interest income and similar profit/loss items	29	39	50	81	146
Interest expenses and similar profit/loss items	-3	-1	-4	-1	-1
<b>Loss after financial items</b>	<b>-21,548</b>	<b>-15,693</b>	<b>-34,194</b>	<b>-38,655</b>	<b>-77,781</b>
<b>Earnings for the period and comprehensive income</b>	<b>-21,548</b>	<b>-15,693</b>	<b>-34,194</b>	<b>-38,655</b>	<b>-77,781</b>
Earnings for the period per share, basic (SEK)	-0.43	-0.42	-0.77	-1.02	-2.06
Earnings for the period per share, diluted (SEK)	-0.43	-0.42	-0.77	-1.02	-2.06
Average number of shares, basic	50,639,468	37,765,715	44,658,818	37,765,715	37,765,715
Average number of shares, diluted	51,049,468	38,175,715	45,068,818	38,175,715	38,175,715

# Balance sheet

SEK thousand	June 30, 2022	June 30, 2021	December 31, 2021
<b>ASSETS</b>			
<b>Non-current assets</b>			
<i>Intangible fixed assets</i>			
Project rights	17	17	17
<b>Total intangible fixed assets</b>	<b>17</b>	<b>17</b>	<b>17</b>
<i>Tangible fixed assets</i>			
Equipment, tools and installations	1,133	1,713	1,422
<b>Total tangible fixed assets</b>	<b>1,133</b>	<b>1,713</b>	<b>1,422</b>
<i>Financial fixed assets</i>	7	7	7
<b>Total non-current assets</b>	<b>1,157</b>	<b>1,737</b>	<b>1,446</b>
<b>Current assets</b>			
<i>Current receivables</i>			
Advance to supplier	27	20	-
Trade receivables	-	80	-
Other current receivables	1,452	1,243	1,539
Prepaid expenses and accrued income	994	1,035	921
<b>Total current receivables</b>	<b>2,473</b>	<b>2,378</b>	<b>2,460</b>
<b>Cash and bank balances</b>	<b>51,673</b>	<b>77,915</b>	<b>41,741</b>
<b>Total current assets</b>	<b>54,146</b>	<b>80,293</b>	<b>44,201</b>
<b>TOTAL ASSETS</b>	<b>55,303</b>	<b>82,030</b>	<b>45,647</b>

SEK thousand	June 30, 2022	June 30, 2021	December 31, 2021
<b>EQUITY AND LIABILITIES</b>			
<i>Fixed equity</i>			
Share capital	1,268	944	944
<b>Total fixed equity</b>	<b>1,268</b>	<b>944</b>	<b>944</b>
<i>Free equity</i>			
Share premium reserve	322,663	278,842	278,842
Accumulated profit/loss	-246,812	-169,031	-169,031
Profit/loss for the period	-34,194	-38,655	-77,781
<b>Total free equity</b>	<b>41,657</b>	<b>71,156</b>	<b>32,030</b>
<b>Total equity</b>	<b>42,925</b>	<b>72,100</b>	<b>32,974</b>
<b>Current liabilities</b>			
Trade payables	4,463	5,865	5,971
Other current liabilities	360	306	319
Accrued expenses and deferred income	7,555	3,759	6,383
<b>Total current liabilities</b>	<b>12,378</b>	<b>9,930</b>	<b>12,673</b>
<b>Total liabilities</b>	<b>12,378</b>	<b>9,930</b>	<b>12,673</b>
<b>TOTAL EQUITY AND LIABILITIES</b>	<b>55,303</b>	<b>82,030</b>	<b>45,647</b>

# Statement of change in equity

SEK thousand	Share capital	Share premi- um reserve	Accumulated profit/loss	Profit/loss for the year	Total equity
<b>Opening balance January 1, 2021</b>	<b>944</b>	<b>278,842</b>	<b>-97,665</b>	<b>-71,366</b>	<b>110,755</b>
Appropriation of earnings			-71,366	71,366	0
Earnings for the year and comprehensive income				-77,781	-77,781
<b>Closing balance December 31, 2021</b>	<b>944</b>	<b>278,842</b>	<b>-169,031</b>	<b>-77,781</b>	<b>32,974</b>

<b>Opening balance January 1, 2022</b>	<b>944</b>	<b>278,842</b>	<b>-169,031</b>	<b>-77,781</b>	<b>32,974</b>
Appropriation of earnings			-77,781	77,781	0
Rights issue	303	48,187			48,490
Issue expenses		-7,231			-7,231
Set-off issue	21	2,978			2,999
Issue expenses		-113			-113
Earnings for the period and comprehensive income				-34,194	-34,194
<b>Closing balance June 30, 2022</b>	<b>1,268</b>	<b>322,663</b>	<b>-246,812</b>	<b>-34,194</b>	<b>42,925</b>

# Cash flow statement

SEK thousand	April- June 2022	April- June 2021	January- June 2022	January- June 2021	January- December 2021
<b>Operating activities</b>					
Operating loss before financial items	-21,574	-15,731	-34,240	-38,735	-77,926
<i>Adjustment for items not included in cash flow, etc.</i>					
Depreciation and amortization	145	161	289	285	576
Interest received	29	39	50	81	146
Interest paid	-3	-1	-4	-1	-1
Cash flow from operating activities before changes in working capital	-21,403	-15,532	-33,905	-38,370	-77,205
<b>Statement of change in working capital</b>					
Change in trade receivables	0	0	0	-72	8
Change in other current receivables	46,103	680	-13	1,119	957
Change in trade payables	433	-1,367	-1,508	1,899	2,005
Change in other current operating liabilities	-1,945	25	1,213	959	3,596
<b>Net cash flow from operating activities</b>	<b>23,188</b>	<b>-16,194</b>	<b>-34,213</b>	<b>-34,465</b>	<b>-70,639</b>
<b>Investing activities</b>					
Acquisition of tangible fixed assets	-	-54	-	-54	-54
<b>Cash flow from investing activities</b>	<b>0</b>	<b>-54</b>	<b>0</b>	<b>-54</b>	<b>-54</b>
<b>Financing activities</b>					
New share issue incl. transaction expenses	2,802	-	44,145	-	-
<b>Cash flow from financing activities</b>	<b>2,802</b>	<b>0</b>	<b>44,145</b>	<b>0</b>	<b>0</b>
<b>Cash flow for the year</b>	<b>25,990</b>	<b>-16,248</b>	<b>9,932</b>	<b>-34,519</b>	<b>-70,693</b>
Cash and cash equivalents at beginning of period	25,683	94,163	41,741	112,434	112,434
<b>Cash and cash equivalents at end of period</b>	<b>51,673</b>	<b>77,915</b>	<b>51,673</b>	<b>77,915</b>	<b>41,741</b>



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