Press Release
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Oncopeptides to present clinical and translational data on Pepaxti at EHA 2026 in Stockholm

STOCKHOLM – May 27, 2026 – Oncopeptides AB (publ) (Nasdaq Stockholm: ONCO), a biotech company focused on difficult-to-treat cancers, today announces its comprehensive presence at the upcoming European Hematology Association (EHA) Congress, taking place in Stockholm, Sweden, from June 11–14, 2026. As a Stockholm-based company, Oncopeptides is proud to welcome the global hematology community to its hometown for this pivotal industry event.

Oncopeptides will present a robust program, including five scientific abstracts featuring new translational and clinical research, alongside a symposium.

"EHA is a cornerstone event for the hematology community, and it is a privilege to welcome our customers, partners and colleagues here in Stockholm," says **Sofia Heigis, CEO of Oncopeptides**. "Our presence this year reflects our commitment to advancing the science behind PDCs. By bridging the gap between mechanistic discovery and real-world clinical application, we aim to provide clinicians with the tools necessary to navigate the complex, rapidly evolving treatment landscape for patients with multiple myeloma."

For the congress, five abstracts with data that deepen the scientific understanding of the Peptide-Drug Conjugate (PDC) melflufen (Pepaxti) will be presented. The abstracts will also be available in the HemaSphere EHA 2026 abstract book:

- **Mechanistic Insights (EHA-5674):** New translational data demonstrates that melflufen induces damage to both nuclear and mitochondrial DNA. This dual targeting highlights mitochondrial involvement as a key component of melflufen's cytotoxic mechanism, potentially allowing it to overcome resistance mediated by cell cycle regulation and traditional DNA repair pathways.
- **Predictive Biomarkers (EHA-4492):** Findings suggest that melflufen may be particularly effective in patients with an exhausted immune system—a common profile in heavily pretreated multiple myeloma patients. The data identifies potential biomarkers (ERAP2, PSMA3, and USP16) that may help predict melflufen sensitivity, supporting a more tailored approach to patient stratification.
- **Real-World use from the Spanish Registry (EHA-3927)**: The largest report to date on the use of melflufen in patients with relapsed, refractory multiple myeloma (RRMM) in the real-world setting. Data suggest that this regimen is a safe and effective option for these challenging patients, including those previously exposed to immunotherapies.
- **Clinical Real-World Evidence (EHA-3027):** An update on the LAGOON (OP-115) study, a prospective, non-interventional study in Spain, continues to provide vital real-world data on the effectiveness and safety of melflufen in routine clinical practice.
- **Renal Safety Profile (EHA-4509):** Further analysis of pooled clinical data reinforces that melflufen maintains stable renal function in RRMM patients, including those with moderate renal impairment, with no signal of increased toxicity.

Parts of the data presented at EHA was also recently presented at the COMy congress in Paris.

In addition to the scientific abstracts, Oncopeptides will host a symposium titled: **Beyond immunotherapy - exploring the treatment class of PDCs and clinical realities**.

The session, open to congress attendees, will focus on the practical challenges of treatment sequencing in RRMM. As immunotherapy becomes a standard treatment pathway, it often necessitates new strategies for subsequent lines of therapy. Experts will discuss how the unique PDC design of melflufen offers an outpatient-friendly option that does not rely on immune activation or surface antigen targeting.

- **Date:** Thursday, June 11, 2026
- **Time:** 10:00–11:30 CEST
- **Location:** Hall A7, Stockholmsmässan, Stockholm, Sweden

Summary of abstracts published for EHA 2026.

Abstract Title	**Lead Author**	**Link**
Mitochondrial DNA damage contributes to the cytotoxic effect of the peptide-drug conjugate melflufen (EHA-5674)	Ulrica Westermark	View absctract
Melflufen treatment may be particularly effective in immunocompromised patients with multiple myeloma (EHA-4492)	Philipp Sergeev	View abstract
Melflufen and dexamethasone in heavily pretreated RRMM patients: A real-world descriptive study from the Spanish Registry (EHA-3927)	Javier de la Rubia	View abstract
LAGOON (OP-115): A non-interventional study of melflufen plus dexamethasone in patients with RRMM in Spain according to approved label (EHA-3027)	Enrique M. Ocio	View abstract
Maintained renal function with melflufen therapy in RRMM: results from analysis of pooled clinical data (EHA-4509)	Fredrik Schjesvold	View abstract

For more information, including Questions and Answers for investors, please visit www.oncopeptides.com.

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About Oncopeptides

Oncopeptides is a Swedish biotech company focusing on research, development and commercialization of targeted therapies for difficult-to-treat cancers.

The company uses its proprietary Peptide Drug Conjugate platform (PDC) to develop compounds that rapidly and selectively deliver cytotoxic agents into cancer cells. Its flagship drug is currently being commercialized in Europe with partnership agreements for South Korea, the Middle East and Africa and elsewhere.

Oncopeptides is also developing several new compounds based on its two proprietary technology platforms PDC and SPiKE.

The company was founded in 2000, has about 80 employees with operations in Sweden, Germany, Austria, Spain and Italy. Oncopeptides is listed on Nasdaq Stockholm with the ticker ONCO.

For more information see: www.oncopeptides.com

About Pepaxti

Pepaxti® (melphalan flufenamide, also called melflufen) has been granted Marketing Authorization, in the European Union, the EEA-countries Iceland, Lichtenstein and Norway, as well as in the UK. Pepaxti is indicated in combination with dexamethasone for the treatment of adult patients with multiple myeloma who have received at least three prior lines of therapies, whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and one anti-CD38 monoclonal antibody, and who have demonstrated disease progression on or after the last therapy. For patients with a prior autologous stem cell transplantation, the time to progression should be at least 3 years from transplantation.

Attachments

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