

PRESENTATION OF **Q1-2021 REPORT**

Present from Ascelia Pharma:

CEO Magnus Corfitzen

CFO Kristian Borbos

CMO Carl Bjartmar

CCO Julie Waras Brogren

ASCELIA PHARMA

Share ticker: ACE Nasdaq Stockholm

WEBCAST:

12 May 2021, 10:00AM CET

https://tv.streamfabriken.com/asceliapharma-q1-2021

Dial-in teleconference:

SWE: +46 850 558 369

UK: +44 333 300 9260

US: +1 833 249 8403

DK: +45 787 232 50



www.ascelia.com



FORWARD LOOKING STATEMENTS

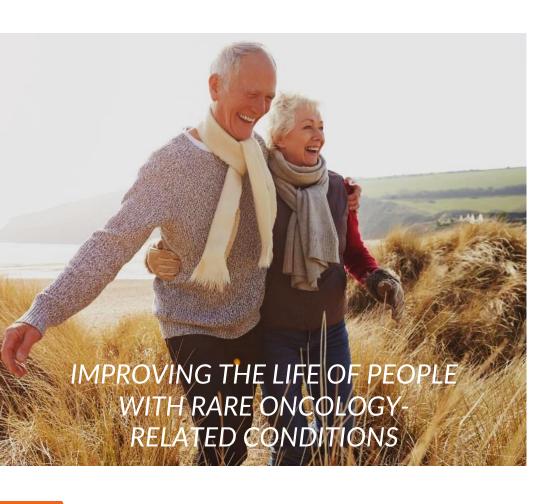
This presentation, which includes all information and data on the following slides, any oral statements made when presenting these slides, and any other material distributed or statements made at, or in connection with, such presentation (the "Presentation"), relates to Ascelia Pharma AB (publ) (hereinafter, together with its subsidiaries, the "Company") is furnished to you solely for your information and may not be reproduced or redistributed, in whole or in part, to any other person without the prior written consent of the Company. You should not rely upon it or use it to form the definitive basis for any decision, contract, commitment or action whatsoever, with respect to any transaction or otherwise.

The information included in this Presentation may contain certain forward-looking statements relating to the business, financial performance and results of the Company and/or the industry in which it operates. Forward-looking statements concern future circumstances and results and other statements that are not historical facts, sometimes identified by the words "believes", "expects", "predicts", "intends", "projects", "plans", "estimates", "aims", "foresees", "anticipates", "targets", and similar expressions. The forward-looking statements contained in this Presentation, including assumptions, opinions and views of the Company or cited from third party sources are solely opinions and forecasts which are subject to risks, uncertainties and other factors that may cause actual events to differ materially from any anticipated development. Neither the Company nor any of its affiliates, directors, employees or advisors provides any assurance that the assumptions underlying such forward-looking statements are free from errors nor do any of them accept any responsibility for the future accuracy of the opinions expressed in this Presentation or the actual occurrence of the forecasted developments. This Presentation speaks as of the applicable reporting date, and there may have been changes in matters which affect the Company subsequent to the date of this Presentation. Neither the issue nor delivery of this Presentation shall under any circumstance create any implication that the information contained herein is correct as of any time subsequent to the date hereof or that the affairs of the Company have not since changed, and the Company does not intend, and does not assume any obligation, to update or correct any information included in this Presentation.

Each person should make their own independent assessment of the merits of the Company and should consult their own professional advisors. By receiving this Presentation, you acknowledge that you will be solely responsible for your own assessment of the market and the market position of the Company and that you will conduct your own analysis and be solely responsible for forming your own opinion of the potential future performance of the Company's business.



ASCELIA PHARMA – ADVANCING ORPHAN ONCOLOGY



MANGORAL

- Diagnostic drug for liver MRI in population subset
- Global Phase 3 study ongoing
- \$500-600M annual addressable market with no competition

ONCORAL

- Oral daily chemotherapy initial focus on gastric cancer
- Phase 2 to start H2-2021

BUILDING GLOBAL CAPABILITIES

- Global network of KOLs and advisors
- Driving approval and commercialization of Mangoral

SOLID FINANCIAL POSITION

- Financed to reach key value creating milestones
- Listed on NASDAQ Stockholm



BUILDING ASCELIA PHARMA AND BUILDING VALUE



WITH GLOBALLY LEADING PRODUCTS AND A PROMISING PIPELINE

MANGORAL launch in the US

ONCORAL phase 2 near completion

Pipeline expansion?

MANGORAL in Phase 3

ONCORAL Phase 2 ready

2023 2021 2022



RECENT KEY EVENTS

Q1-2020

Jan Presentation of clinical development plan for Oncoral

Mar Opening of US office in preparation for Mangoral launch

Mar Capital raise of 200 MSEK (gross proceeds) to be used for: Oncoral Phase 2 and Mangoral pre-launch activities





MANGORAL

Liver diagnostic drug in ongoing Phase 3

ONCORAL

Daily oral chemotherapy ready for Phase 2



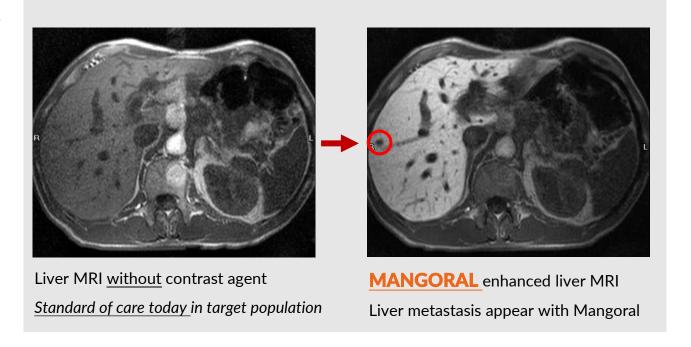
MANGORAL - LIVER MRI CONTRAST AGENT IN PHASE 3

NOVEL LIVER MRI CONTRAST AGENT

- Diagnostic drug for use in liver MRI scan to detect cancer
- Targeting patients at risk of potentially fatal side-effect from the current contrast agents on the market
- \$500-600M addressable market with no competition

SOLID PROGRESS

- Strong clinical Phase 2 results (p-values < 0.0001)
- Ongoing Phase 3 expected completion H2-2021
- Orphan Drug Designation from FDA





ONGOING PHASE 3 STUDY SPARKLE

PHASE 1 AND PHASE 2 RESULTS (6 STUDIES)

Consistent strong efficacy readout and safety profile

Blind read study of all images vs. unenhanced MRI (178 persons)

- Significantly improved MRI
- 33% more lesions
- Lesion visualization
 Delineation (border sharpness): p-value < 0.0001</p>
 Conspicuity (contrast vs. background): p-value < 0.0001</p>

Re-read study vs. gadolinium contrast agent (GBCA) (20 patients)

• Mangoral lesion visualization as effective as GBCA

PHASE 3 STUDY (ONGOING)



Global study, 200 patients No randomisation – each patient as own control



Unenhanced MRI + Mangoral MRI vs.

Unenhanced MRI



Lesion visualization

- Lesion border delineation
- Conspicuity





Less than a week





MANGORAL MARKET OPPORTUNITY AND COMMERCIAL PREPARATIONS

- Addressable market of \$500-600 million with no competition
- Decision makers understand the value that Mangoral provides
- Launch preparations progress with a strong case for own commercialization in the US
- US office opened in New Jersey
- US patent for second-generation Mangoral provides patent protection to year 2040



CAPTURING US MARKET VALUE WITH OWN TEAM



STRONG FOOTPRINT IN THE US

SPARKLE Phase 3 Study
with leading sites, incl.
Yale, Stanford, Harvard,
Massachusetts General etc.

Hepatic Impairment Study Texas Liver Institute



BUILDING AN ASCELIA US TEAM

~2,000

RADIOLOGISTS

~400 CLINICS/

HOSPITALS

Ascelia Pharma Inc. (NJ)

ASCELIA
PHARMA Manufacturing partner (NJ)

CCambrex

Imaging experts (NY)

RadMD

~20 FTE SALES TEAM

perform regular liver MRIs in kidney impaired patients¹

serve ~75% of kidney impaired patients¹

reach priority decision makers





MANGORAL

Liver contrast agent in ongoing Phase 3

ONCORAL

Daily oral chemotherapy ready for Phase 2



ONCORAL - IRINOTECAN CHEMOTHERAPY AS TABLET

TODAY - IV BOLUS INFUSION



- Widely used chemotherapy
- Established potent anti-tumour effect

UNMET NEEDS

- Toxicity and gastrointestinal side-effects common
- Sub-optimal compromise between tolerability and efficacy

TOMORROW – ONCORAL (ORAL, DAILY)



- Novel tablet formulation
- Enteric coating of active ingredient

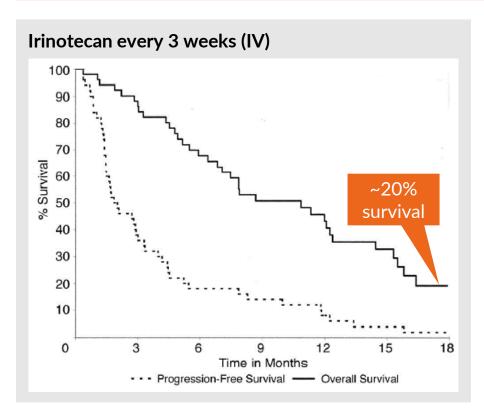
POTENTIAL

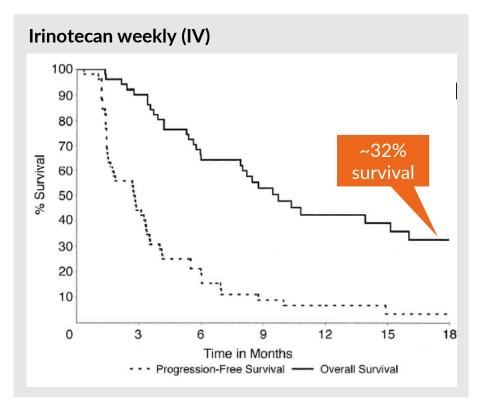
- Improved efficacy driven by pharmacokinetic/dynamic profile
- Improved tolerability due to lower peak exposure with less severe side effects and manageable toxicity with flexible dosing



IMPROVING IRINOTECAN **EFFICACY** BY FREQUENT LOW DOSING

Overall survival: Improved from 20% (dosing every third week) to 32% (weekly dosing)¹



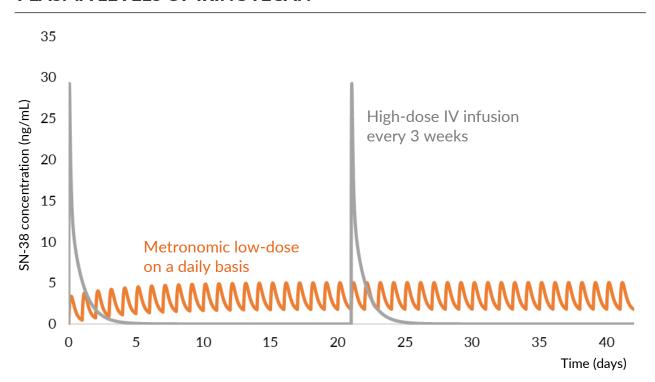


Study in patients with metastatic refractory breast cancer, N=103



IMPROVING IRINOTECAN TOLERABILITY BY FREQUENT LOW DOSING

PLASMA LEVELS OF IRINOTECAN



Source: Simulation of Oncoral vs. IV Camptosar performed by Pkxpert AB

Infrequent high-dose IV irinotecan

Gastrointestinal and haematological side effects, ~30% severe or life-threatening (grade 3 or 4)¹

Frequent (metronomic) low-dose irinotecan

- Several studies show improved tolerability^{2,3}
- Daily dosing adjust quickly if acute toxicity

Oncoral Phase 1 results

- Well tolerated, no unexpected side-effects
- Haematological toxicities mild-moderate (grade 1 or 2)⁴
- Efficacy: Stable disease even in patients previously treated with IV irinotecan



ONCORAL SCIENTIFIC ADVISORY BOARD

Prof Josep Tabernero, MD, PhD

Head of the Medical Oncology Department at the Vall d'Hebron Barcelona Hospital Campus, Director of the Vall d'Hebron Institute of Oncology (VHIO), and Professor of Medicine

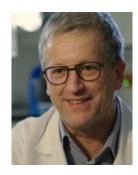
President (2018 – 2019) of ESMO and an Executive Board and Council Member



Prof Eric Van Cutsem, MD, PhD

Professor and Division Head of Digestive Oncology at University of Leuven (KUL) and University Hospitals Gasthuisberg, Leuven, Belgium

Co-founded ESMO GI/World Congress on GI Cancer. Serves/served on the board/ committee of ESMO, ASCO, ENET, EORTC, ECCO, ESDO



Prof Jaffer A Ajani, MD

Department of Gastrointestinal Medical Oncology, Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, USA

Chairs the NCCN committee for gastroesophageal cancers



Prof Jeff Evans, MD

Professor of Translational Cancer Research and Clinical Lead of the Institute of Cancer Sciences, University of Glasgow

Member of the NCRN Upper GI Cancer Pancreatic Cancer and Gastro-Oesophageal Cancer sub-groups



Joint view that Oncoral would be an important treatment option for cancer patients, especially in later disease stages



PHASE 2 - STUDY IN PREPARATION

OBJECTIVES OF PHASE 2

- Clinical proof-of-concept in metastatic gastric cancer
 - Potential orphan drug designation
 - Clinical guidelines support efficacy of irinotecan
- Compelling Phase 2 data package for further development
 - Potential for subsequent label expansion to other solid tumor indications

STUDY DESIGN

Type of study



Randomized controlled, multicentre, multinational study: Oncoral + Standard of Care vs. Standard of Care

Endpoints



Primary: Progression Free Survival

Secondary: Response rate, PK, Safety and Overall Survival data in a follow up analysis

No. of patients

Approximately 100 patients

Study period



H2 2021 - 2024

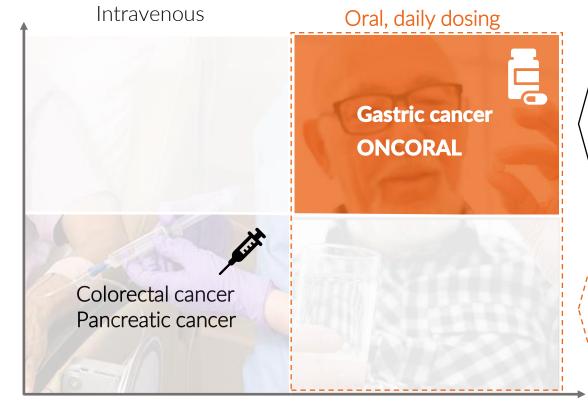


HIGH VALUE OPPORTUNITY IN GASTRIC CANCER

New

cancer indications

Approved cancer indications



GASTRIC CANCER

- 3rd most frequent cause of cancer death¹
- \$3-4bn market²
- Orphan indication (US and EU)

POTENTIAL FOR EXPANSION INTO OTHER INDICATIONS



¹⁾ International Agency for Research on Cancer (IARC, 2021

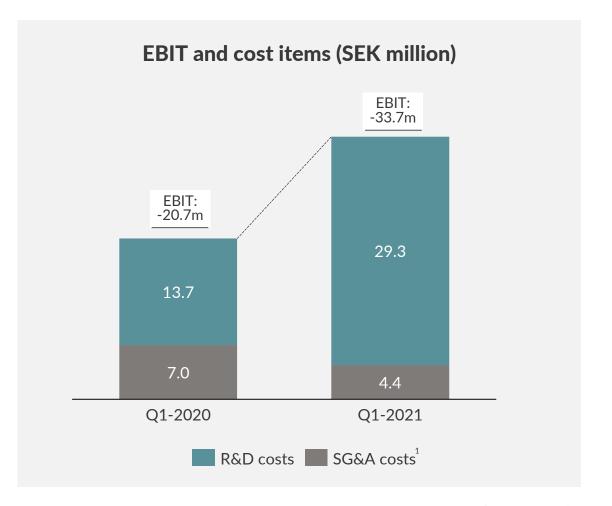
²⁾ GlobalData - Gastric and Gastroesophageal Junction Adenocarcinoma – Global Drug Forecast and Market Analysis to 2024



FINANCIAL HIGHLIGHTS Q1 2021 - OPERATING RESULTS

Increased operating loss y/y mainly driven by higher R&D activity for Mangoral Phase 3 study:

- Clinical development
- Manufacturing preparations
- Regulatory preparations

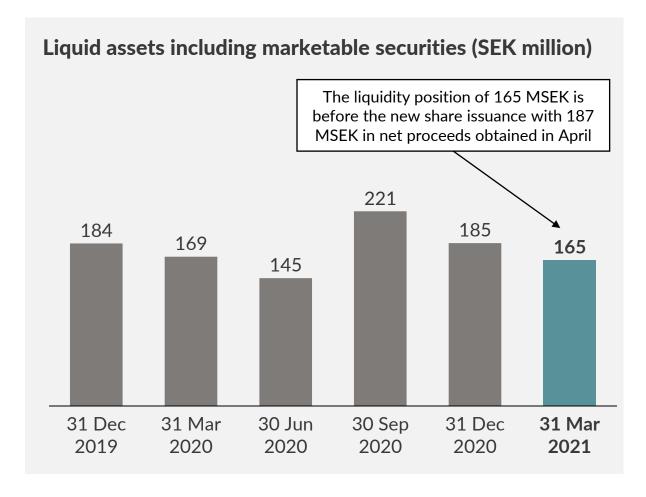




FINANCIAL HIGHLIGHTS Q1 2021 - LIQUIDITY POSITION

Solid liquidity position:

- Liquid assets of 165 MSEK by 31 March 2021
- New share issuance of 200 MSEK with net proceeds of 187 MSEK obtained in April 2021 following EGM approval
- Liquidity mainly to be used for Mangoral clinical Phase 3 and pre-commercial activities as well as Oncoral Phase 2







PRIORITIES 2021

Complete Mangoral Phase 3 patient enrolment (top line results planned for 2H 2021)¹

Prepare for Mangoral launch (planned Q4-2022 – H1-2023)¹

Initiate Phase 2 study for Oncoral (planned start in H2-2021)



ASCELIA PHARMA

ascelia.com

