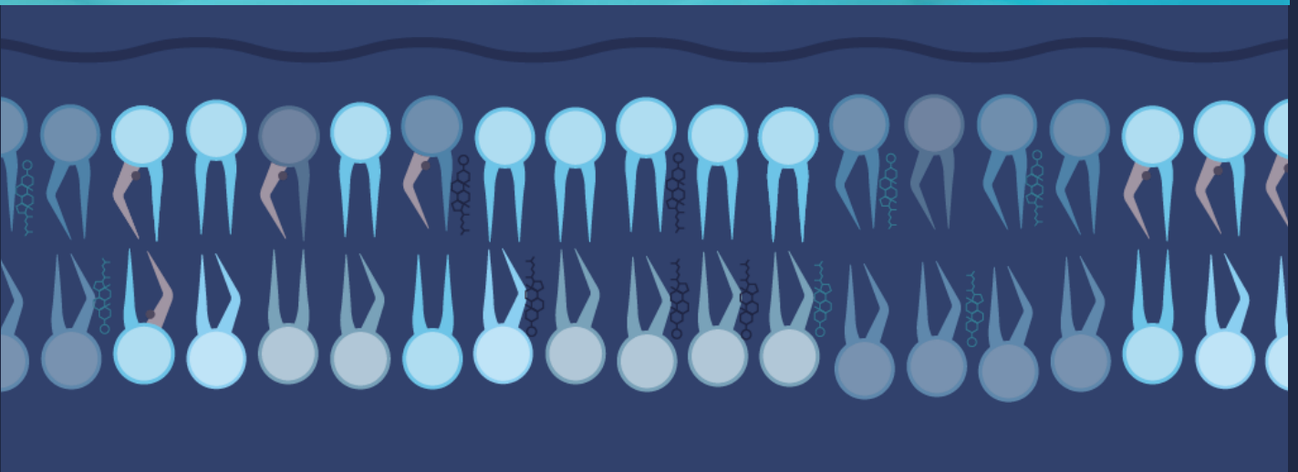

LAMINAR PHARMA

Next-generation medicines

Non-Confidential presentation

July 2025

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Laminar Pharma

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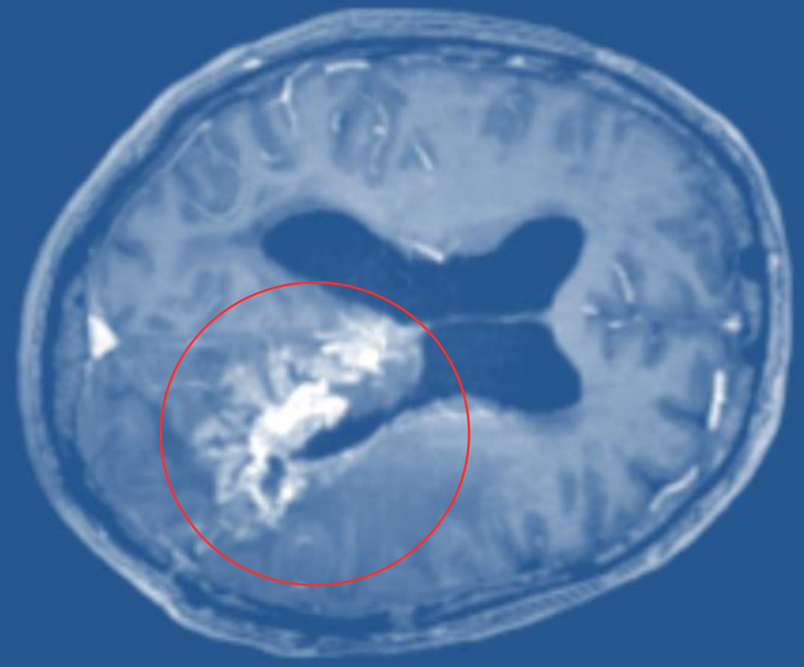
The MIN-003-1806 clinical trial interim information should be taken with caution since the study is still ongoing and providing new information. The final interpretation will only be apparent once the study has completed after reaching 90 OS events; and, although progression of the disease is a relevant clinical event, overall survival is the primary outcome of the trial and conclusions on the final effect of the drug need to wait until the final analysis is performed and data is reviewed by the IDMC.

The problem

Glioblastoma (GBM)

- Most aggressive and common brain cancer
- High unmet clinical needs
- Standard of care (SoC) is surgery+RT+TMZ, since 2005



Methylation of the **MGMT** promotor gen is key for prognosis, approximately

50% of the patients

Median survival:

14 months non-methylated

21 months methylated

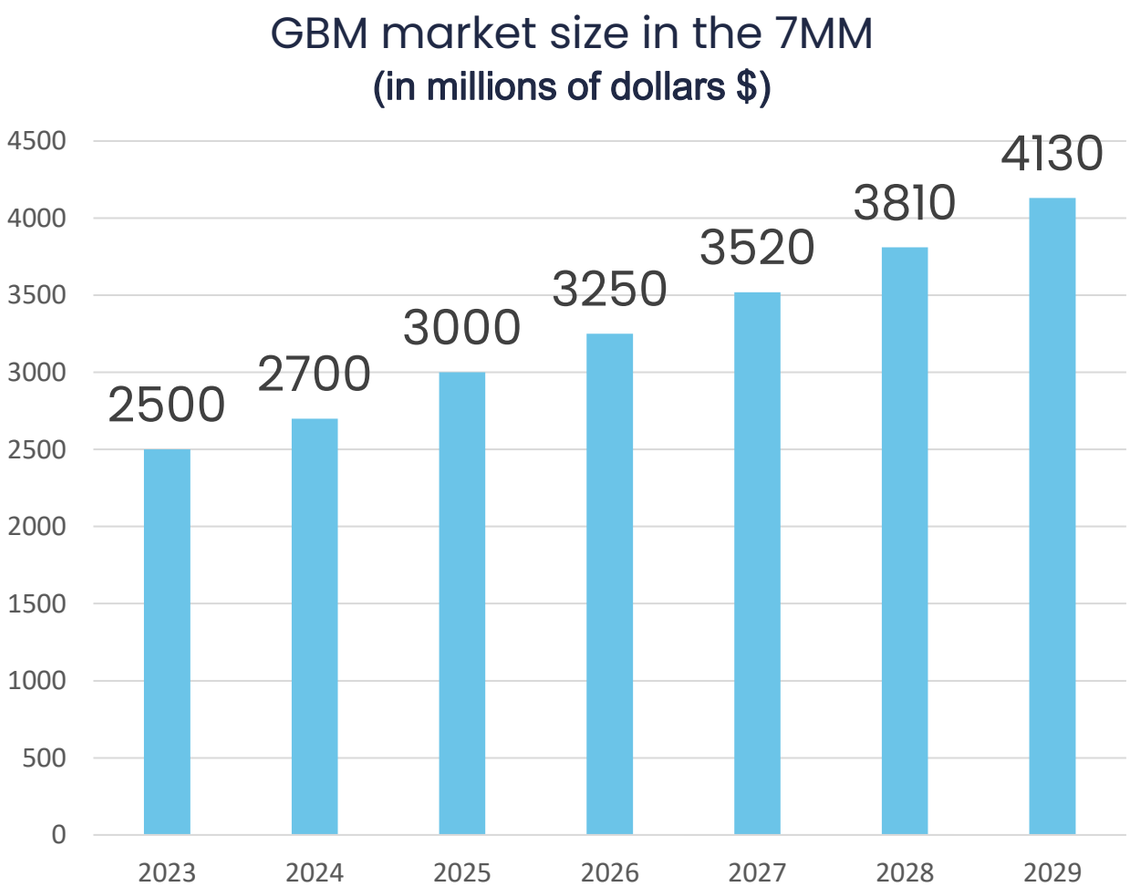
Median progression:

6 months non-methylated

10 months methylated

The opportunity

GBM in the 7MM*



+47,000
new cases
(2023)

2.5B$ market
(2023)

8.23% CAGR
(2024 to 2033)

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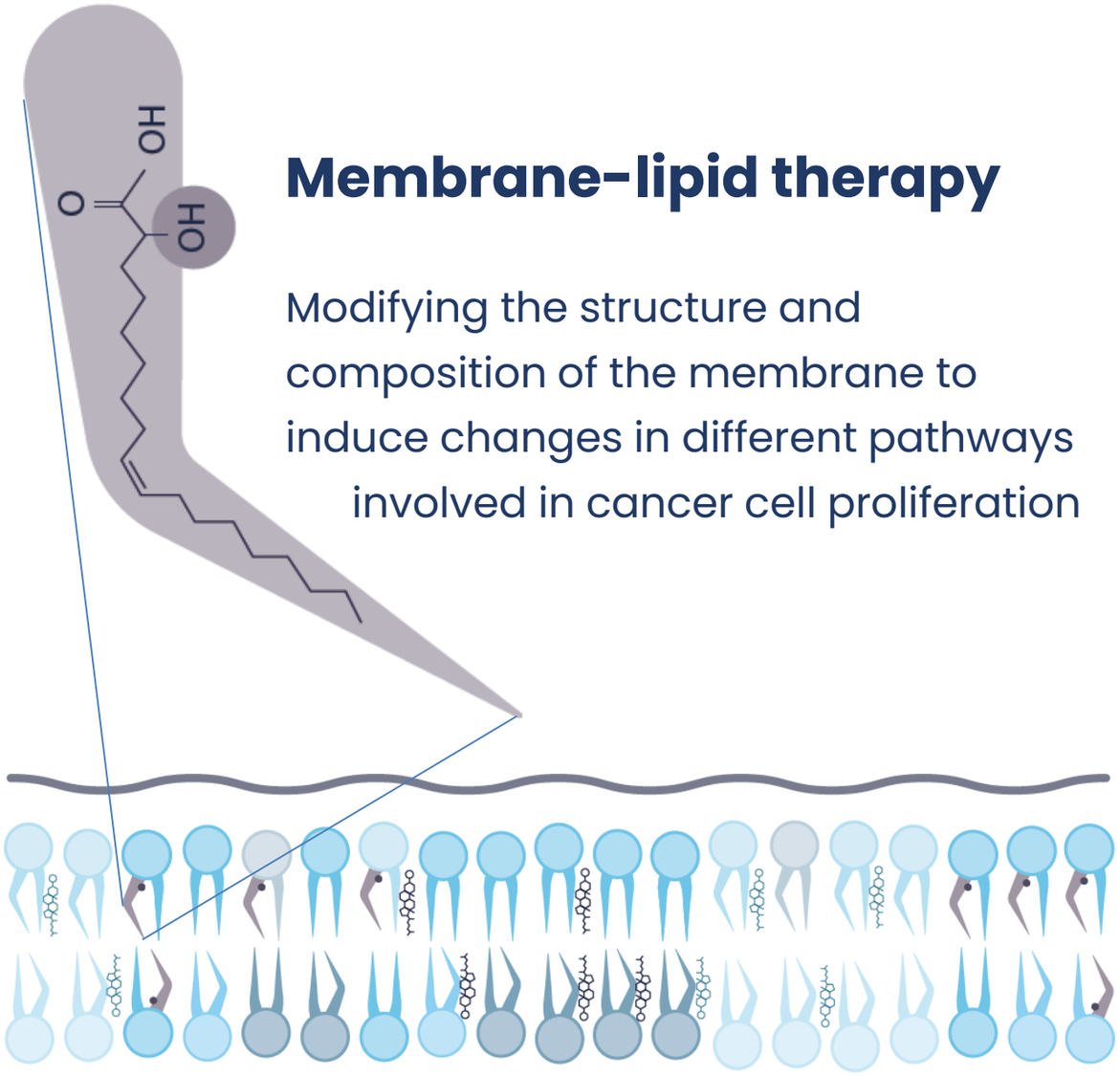
*EU5 (Germany, Italy, Spain, France, UK)+US+Japan
Sources: www.globenewswire.com / www.delveinsight.com

The solution

LAM561

- First-in class & best-in class sphingolipid modulator
- Oral administration
- Unparalleled safety profile



Membrane-lipid therapy

Modifying the structure and composition of the membrane to induce changes in different pathways involved in cancer cell proliferation

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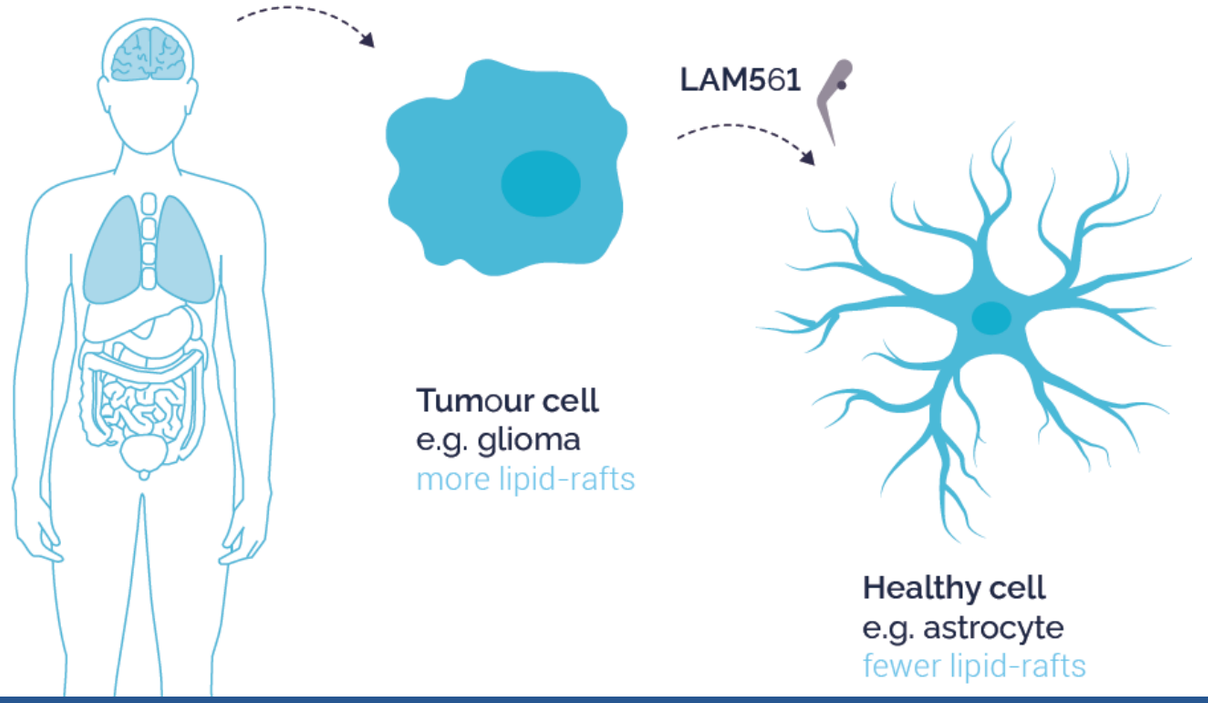
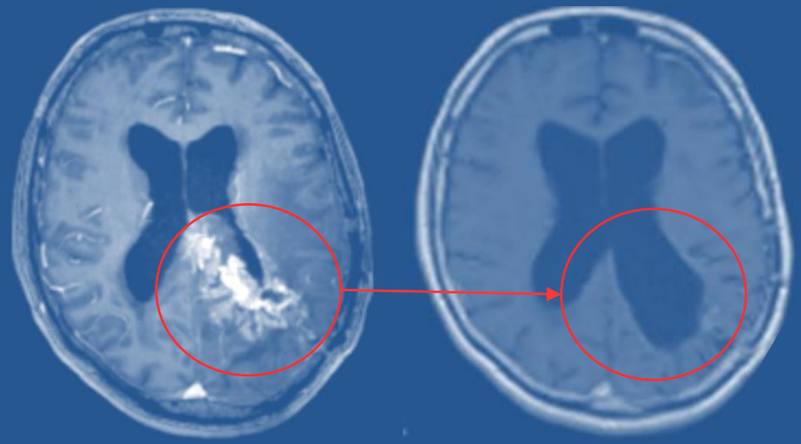
The solution

LAM561

- ORPHAN DRUG (FDA/EMA)
- ACTIVE IND & FAST-TRACK (FDA)
- RARE PEDIATRIC DISEASE DESIGNATION (FDA)
- Phase-3 trial recruitment completed, expected to finish Q2 2026 with potential approval Q1 2027 (EMA)





A complete response in a GBM patient in the phase 1/2a

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Clinical history

LAM561

Phase	Context	Safety	Activity/Efficacy
Phase 1/2a x54	Monotherapy Dose-escalation Safety and activity Solid tumors	MTD: 12 g/day NO DLTs nor SAEs at MTD	38% response in glioma 1 complete response in glioma Activity signals in other solid tumors
Phase 1b x18	Combination with SoC Safety GBM	Dose: 12 g/day No DLTs nor SAEs	N/A
Phase 2b/3 x144	Combination with SoC Double-blind vs placebo Safety and efficacy First-line GBM	Dose: 12 g/day Well-tolerated in combination with SoC (1 SUSAR in >1000 months treatment follow-up)	IDMC recommended continue without modifications and removing the blind Positive PFS and OS data for MGMT-methylated patients
Phase 1/2a x28	Monotherapy/Combo Dose-escalation Safety and activity Brain tumors	Well-tolerated 2 cohorts completed without DLTs nor SAEs Third cohort starting	On-going

*Disputed by medical monitor

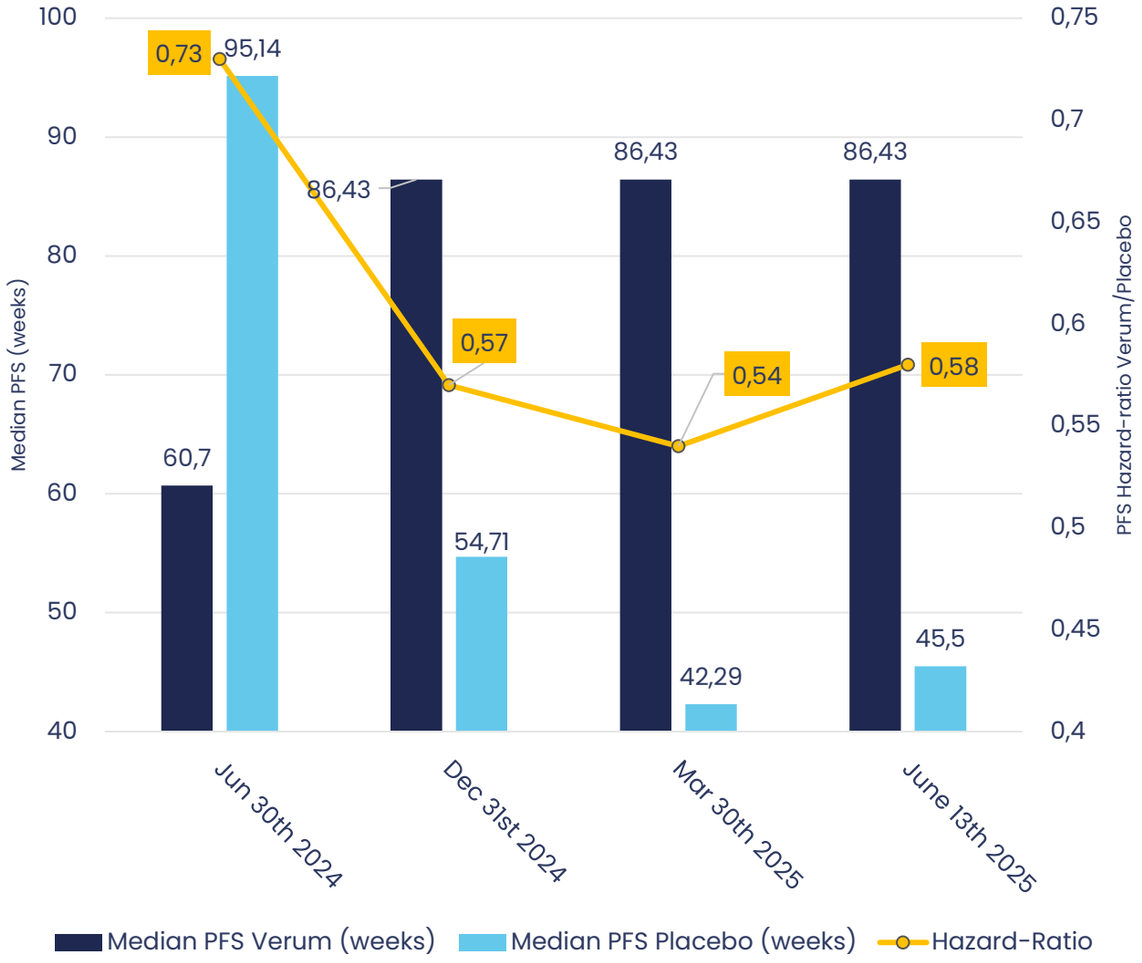
The phase-3 clinical data – clinical benefit

LAM561

(PFS data Jun 30th 2024 – June 13th 2025)

- PFS HR 0.58 when comparing methylated LAM561+SoC vs methylated placebo+SoC patients.
- 42% reduction of the probability of progression in LAM561 treated methylated patients against placebo in any time point of the trial
- +41 weeks PFS

Median PFS and Hazard-ratio positive trend for LAM561 on methylated patients **(June 13th 2025)**



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The phase-3 clinical data – clinical benefit

LAM561 (PFS and OS summary)

Progression-Free Survival (PFS) Data

PFS Hazard Ratio (HR): 0.58 (Methylated LAM561+SoC vs placebo+SoC)

42% reduction in progression risk with LAM561 treatment

+41 weeks increase PFS LAM561 vs SoC

Overall survival (OS) Data

OS Hazard Ration (HR): 0.73

27% reduction in mortality risk in LAM561-treated patients

+41 weeks increase OS LAM561 vs SoC

The phase-3 clinical data - efficacy

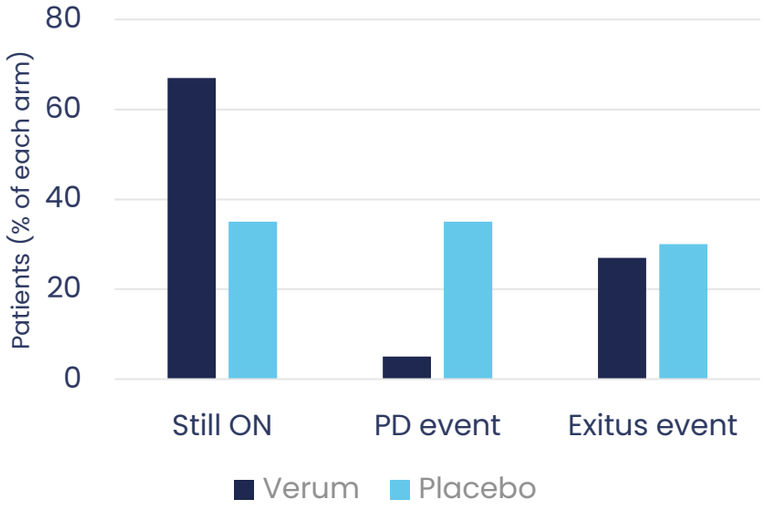
LAM561

(PFS data Jun 30th 2024 – June 13th 2025)

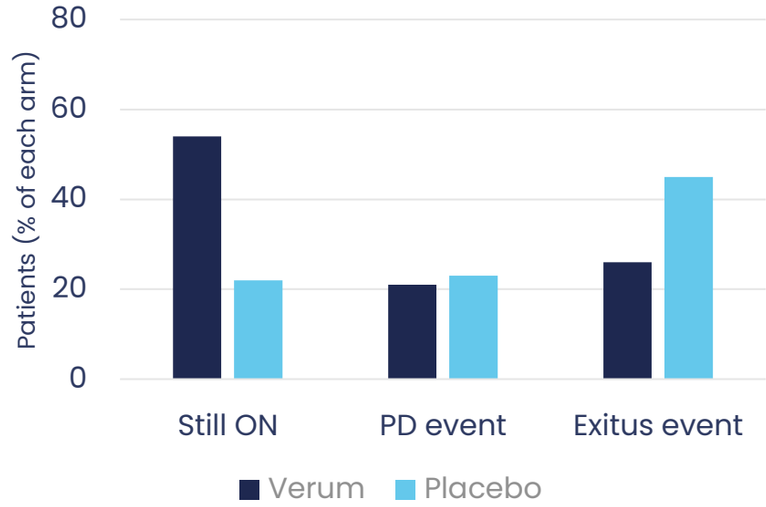
Results expected to improve with time due to the % of patients without progression in each of the subgroups

These graphs show that the numbers of tumor progressions and death events are higher in the group of patients treated with placebo along time. Differences between November and June records are in line with the above data.

Methylated patients
(completed at least 1 Cycle)
November 30th , 2024



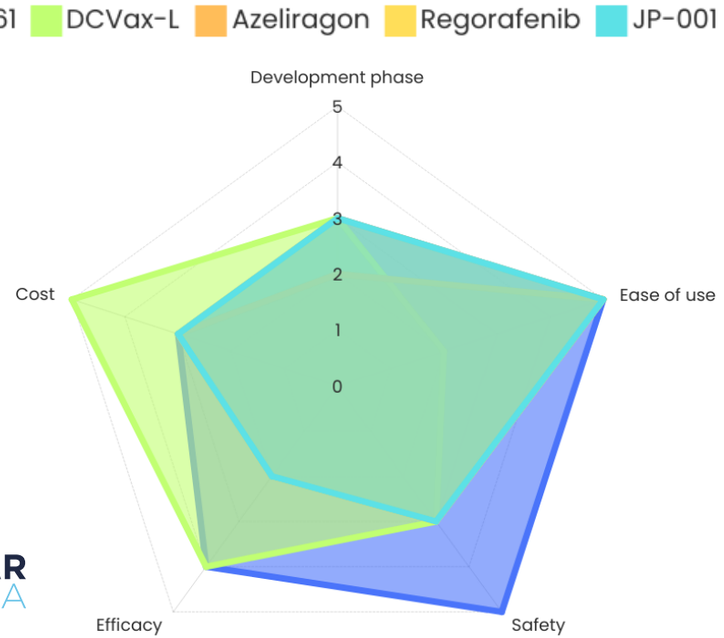
Methylated patients
(completed at least 1 Cycle)
June 13th , 2025



ON: No progression; PD: Progressive Disease

Competitive landscape

- **LAM561 is at least 2 years ahead of any competitor in development**
  - **JP-001: Since 2023 without updates**
  - **Azeliragon: In phase 1/2a, no GBM PoC in humans yet.**
  - **Regorafenib: Targeting recurrent glioblastoma, not a competitor of LAM561 aiming to be new SoC for newly-diagnosesd GBM**
  - **DCVax-L: A personalized vaccine, with extremely high costs and therefore limited reach.**



Product	Company	Phase	Status
LAM561	Laminar Pharma	III	**Marketing Authorization request expected in 2026**
JP-001	Johnpro Biotech	III	Marketing Authorization request expected in 2028
Azeliragon	Cantex Pharmaceu-ticals	II	Currently in phase-2
Regorafenib	Bayer	III	Second line of treatment (Not a real competitor as LAM561 is first-line treatment)
DCVax-L	Northwest Biotherapeu-tics	III	A personalized vaccine, expensive and unable of treating the whole population.

The advantage

LAM561 vs Temozolomide (SoC)

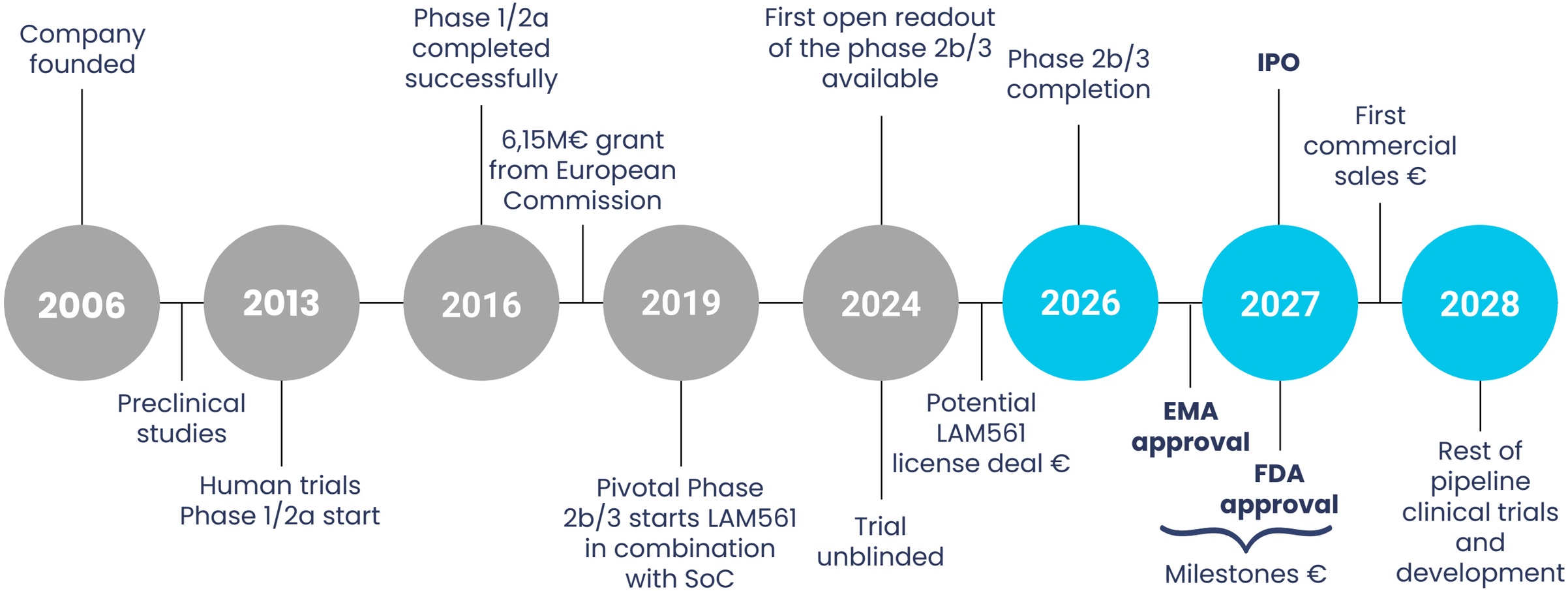
	TMZ	LAM561
Median PFS on mMGMT (versus placebo)	10.3 weeks (2005)	+41 weeks (April 2025)
Main Target	GBM	GBM
Other Targets	Yes	Yes
Recommended treatment duration	6 months	Until progression
Maximum treatment duration	Less than 1 year	Years (no max. set)
Approx. price/year (USA)	$49,000 (2024)*	$+150,000 (2027 exp.)
Peak Sales/year (global)	$1 B$ (2024)*	>$1B (2033)
IP status	Patent expired	Patent GBM 2042
Generics	YES	NO
Evergreening and new IP	NO	YES

Current Standard of Care: Radiotherapy + TMZ;
New expected SoC: LAM561+Radiotherapy + TMZ

*Singlecare journal
*Market reports (notes)

The roadmap

LAM561



Blue dots are estimates

The financials

Laminar Pharma

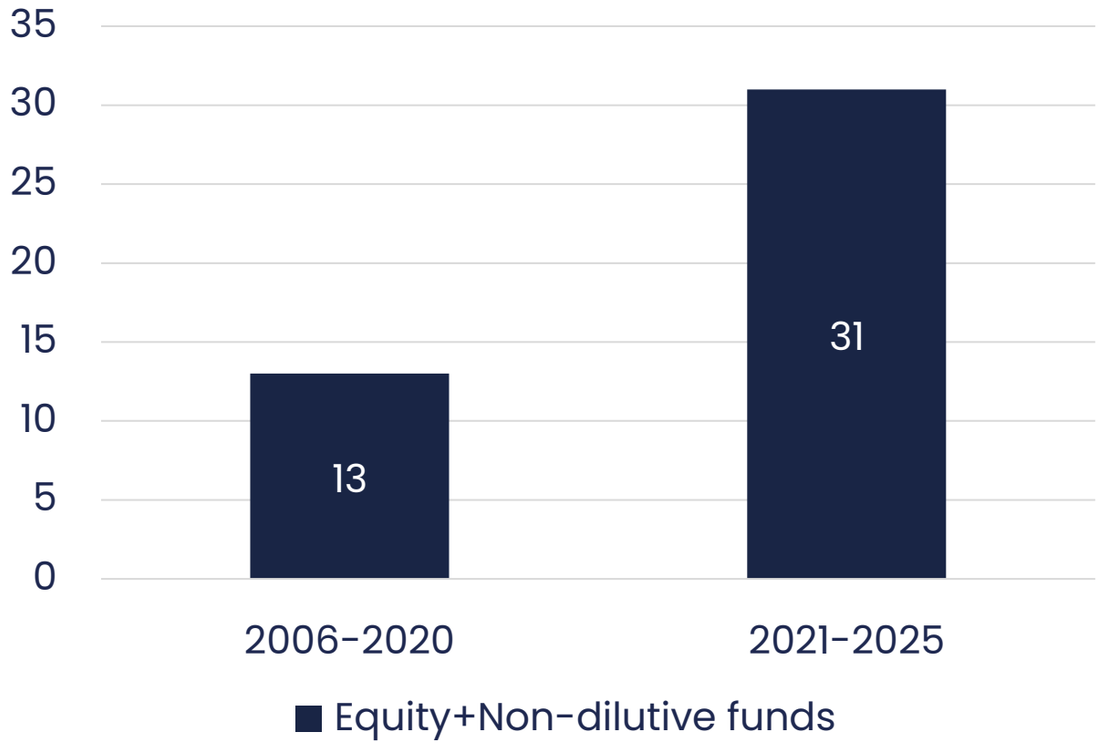
LAM561 Expected Sales (2028-2042):
Over $1B/year

Company External Valuation (Jan 2025):
€377M

Equity Raised:
2006-2020: €13M
2021-2025: €31M

Potential Revenue Model:
License Deals (Upfront + Milestones)
Public & Private Funding
Royalties from Net Sales (+20%)

Equity + NDF raised by Laminar
(in millions of euros €)



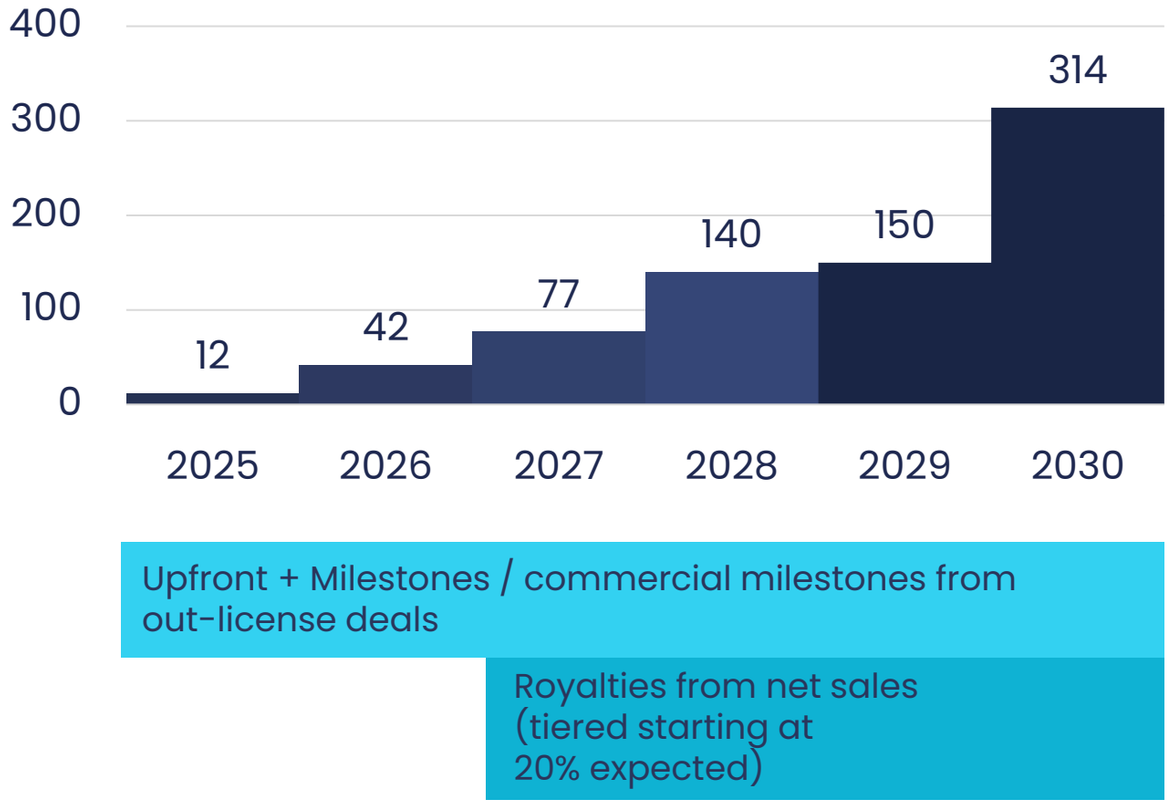
The ask

Laminar Pharma

- **Looking for up to 25M€**
- **Pre-money valuation of 260M€**
- **Complete phase 3 trial (Q2 2026)***
- **Approval of LAM561 for nd-GBM patients in comb. with SOC (Q1 2027)***
- **IPO (2027)***

*Expected/potential dates

Laminar forecasted net revenue (only considering sales from EU+US)
(in millions of euros €)



The pipeline

Laminar Pharma

We are currently seeking a partner for further development and market introduction of LAM561

Programs	Preclinical	Phase I	Phase II	Phase III	Approval
LAM561 Glioblastoma					**2027**
LAM561 Pediatric Tumors					**2028/2029**
LAM182 Oncology*					**2028/2029**
LAM181 Neuropathic Pain					**2029/2030**
LAM561 Mesothelioma					**2028/2029**
LAM AC1 Viral infections					**2030/2031**
LAM226 Down/Alzheimer's/Parkinson					**2032/2033**

* Out-licensed under a B2B exploitation model

Additional assets

LAM181 for Neuropathic Pain

- Chronic pain type caused by damage in peripheral nerves, the spinal cord or the brain, resulting from injury or disease.
- Phase 1/2a completed successfully ✅

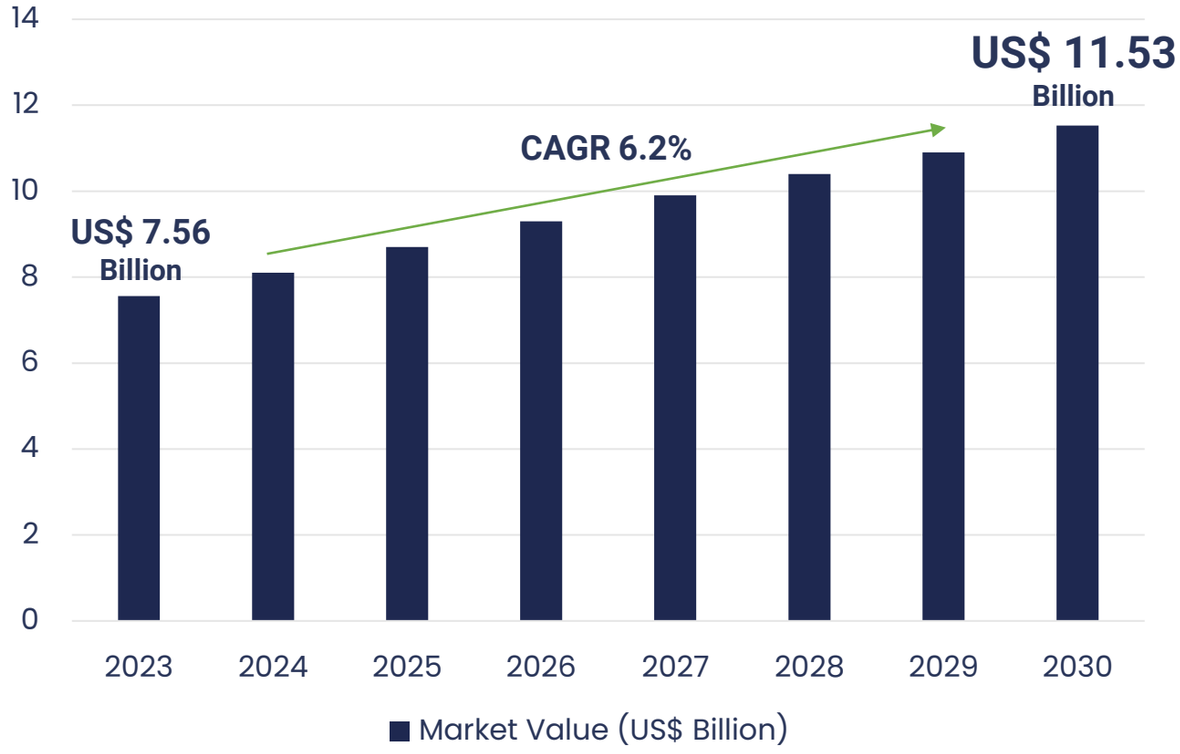
Problem

Compared to non-pathological conditions, **damaged neurons have an altered membrane composition and structure**

Solution

LAM181 targets damaged neurons by integrating itself into their membranes and normalizing membrane lipid composition as further detailed: Melitherapy

Neuropathic pain market analysis



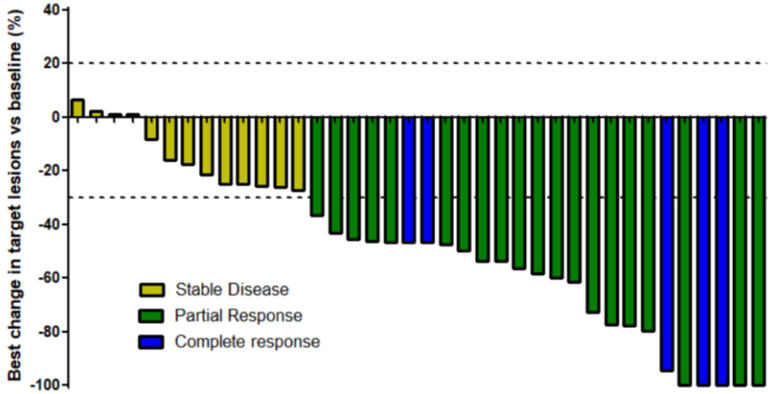
Source: coherentmarketinsights

Additional programs

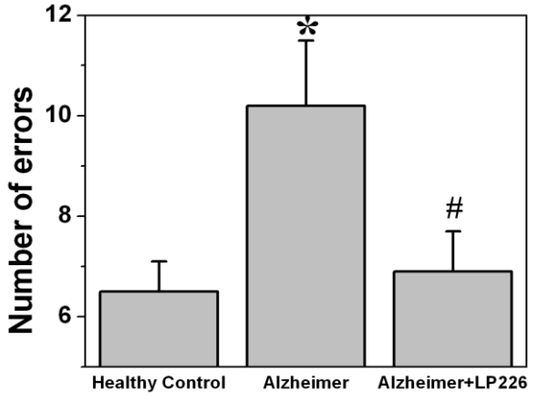
LAMs family

LAM182 on cancer*

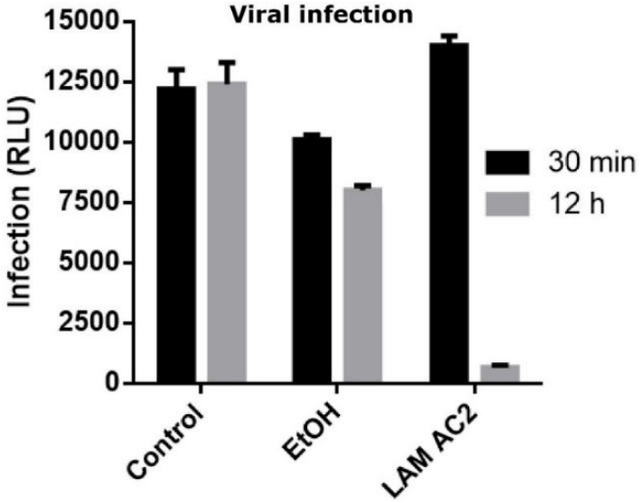
* Outlicensed



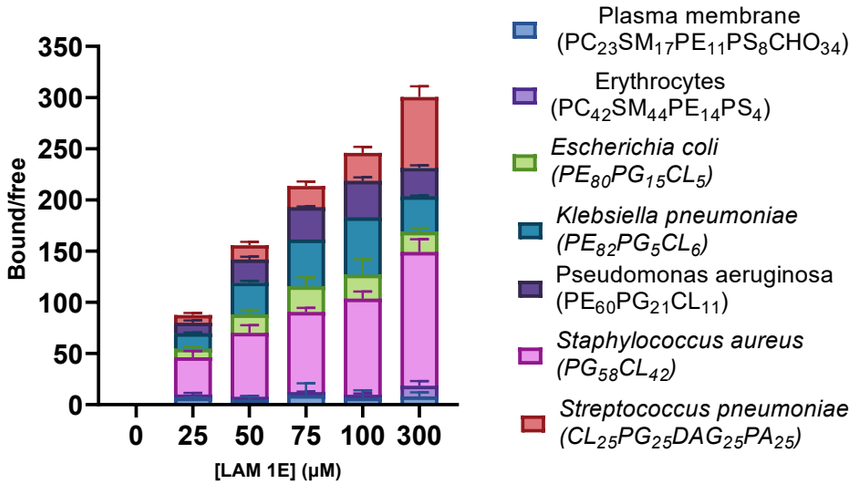
LAM226 against cognitive decline (in vivo AD model)



LAM AC1 against viral infections



LAM1E against bacterial infections (R&D)



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