



Corporate presentation

October 2026

Emcitate® (tiratricol) US FDA Approval on September 28, 2026
EU Approval and Launch in Germany in May 2025

Disclaimer



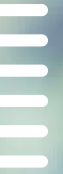
This presentation contains forward-looking statements within the meaning of applicable securities laws, including the commercialization and launch of Emcitate in the United States and Europe; anticipated pricing, revenue, and market opportunity; the expected capabilities of the Company's commercial infrastructure, patient access programs, and distribution arrangements; the potential monetization of a Rare Pediatric Disease Priority Review Voucher; the Company's intellectual property strategy and expected patent protections; the anticipated benefits of Emcitate for patients with MCT8 deficiency; plans for clinical development and potential indication expansion into RTH β ; post-marketing study commitments and timelines; and the Company's broader strategic plans for the development and commercialization of therapies for rare diseases. Forward-looking statements can generally be identified by words such as "expects," "anticipates," "intends," "believes," "estimates," "plans," "will," "may," "could," "potential," "targeted," or similar expressions, although not all forward-looking statements contain these words.

These statements are based on the Company's current expectations, assumptions, and assessments as of the date of this presentation and are subject to risks, uncertainties, and other factors that could cause actual results to differ materially from those expressed or implied. Such factors include, but are not limited to: the risk that the FDA may not approve Emcitate on the anticipated timeline or at all, or may impose labeling restrictions, post-marketing requirements, or other conditions that limit the commercial opportunity; risks related to the commercial launch and market acceptance of Emcitate in the United States and Europe; the ability to establish and maintain adequate commercial infrastructure, including distribution, patient support, and reimbursement arrangements; the ability to achieve anticipated pricing levels; the timing and terms of any monetization of the Priority Review Voucher, which is subject to market conditions and the availability of interested purchasers; the outcome of pricing and reimbursement negotiations in European markets; risks relating to the Company's reliance on a single commercial product and a limited patient population; the ability to successfully develop Emcitate for RTH β or other indications; the ability to maintain and enforce intellectual property protections; the Company's ability to secure adequate funding for its operations and commercial activities; dependence on third-party partners for manufacturing, distribution, and commercialization in certain geographies; competition from existing or future therapies; and general economic, market, and business conditions.

The clinical data and study results presented herein are based on completed and ongoing studies with limited patient populations and may not be predictive of results in broader clinical use. Triac Trial II did not meet its primary endpoints on neurocognitive development. Triac Trial II, ReTRIACt, the EMC Survival Study and certain real-world evidence data referenced herein have not yet been published in peer-reviewed journals.

For a further description of risks and uncertainties that could affect the Company's business and results, reference is made to the Company's most recent annual report and other filings with relevant regulatory authorities available at www.egetis.com. The Company undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise, except as required by applicable law or regulation.

WE CARE
FOR THE RARE



Egetis Overview

An integrated orphan drug company, focusing on late-stage development and commercialization

Strategic Value Drivers



1

Changing Patients' and Families' Lives

Emcitate addresses a devastating rare disease with severe lifelong morbidity, shortened life expectancy and substantial caregiver burden, consistent with Egetis' mission to bring unique therapies that improve and extend patient lives

2

US and European Approvals

EMCITATE® (tiratricol); First and only approved treatment for MCT8 deficiency in Europe as of February 12, 2025; First and only FDA-approved treatment in the U.S as of September 28, 2026

3

Established US Patient Foundation Supports Near-Term Launch

100+ diagnosed US patients have been identified and validated, including 60+ patients receiving expanded access treatment, with the identified patient pool expected to continue growing through year-end

4

Compelling Value Proposition Supports Premium Pricing in the U.S.

Emcitate's compelling clinical profile and significant impact on a devastating ultra-rare disease support premium pricing

5

RTH β Represents a Meaningful Additional Growth Opportunity

Potential expansion into a larger, non-overlapping rare-disease population with significant cardiovascular morbidity and mortality; development plan being finalized with a pivotal study targeted to begin in 2027

6

Durable Exclusivity

Orphan drug regulatory exclusivity of 7 years in the US and 10 years in Europe / Japan, bolstered by a growing patent portfolio expected to provide protection to approximately 2045 and beyond

Egetis Maintains Strong Regulatory Status As An Orphan Drug Commercial Stage Company



Key Regulatory & Commercial Highlights



First & Only FDA-Approved Drug

For MCT8 Deficiency;
FDA approval as of Sep 28, 2026



Breakthrough Therapy Designation

Granted by the FDA



Fast Track Designation

Granted by the FDA



Rare Pediatric Disease Designation

FDA Priority Review Voucher
granted



First & Only Approved Drug

For MCT8 Deficiency;
EMA approval as of Feb-25



Orphan Drug Designation

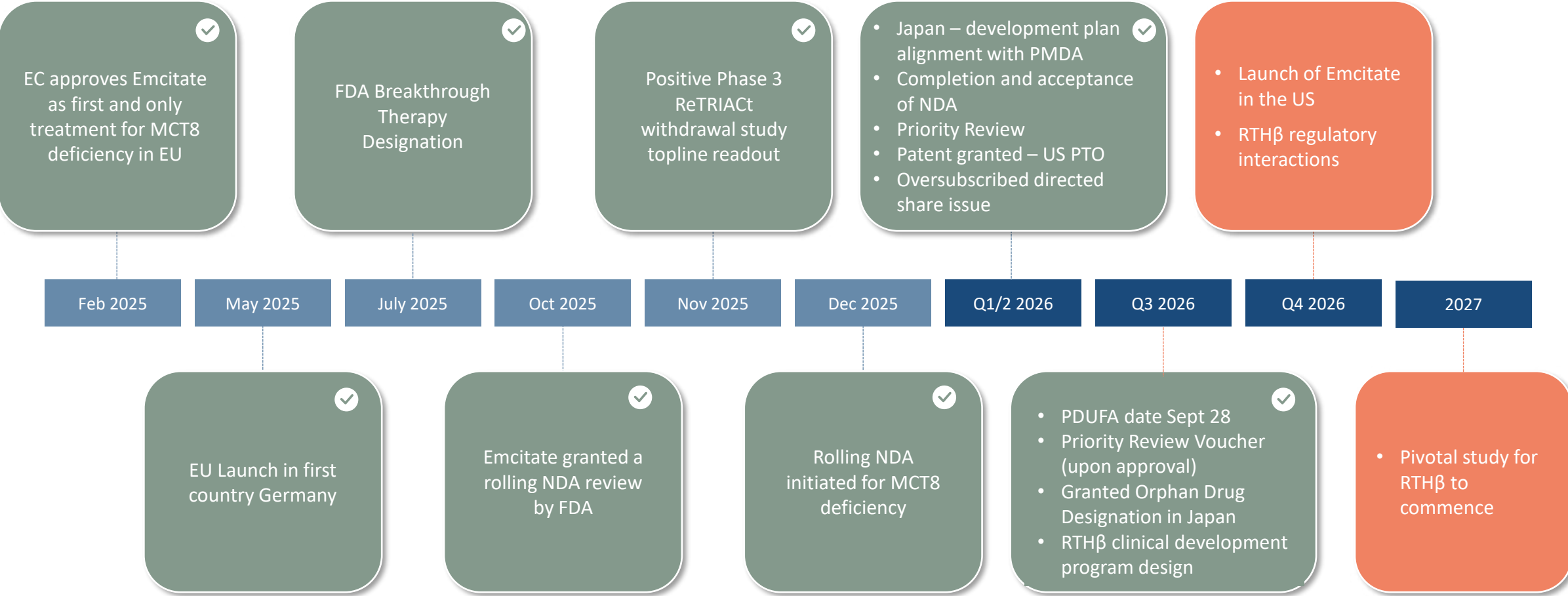
Granted by EMA, FDA, and MHLW; Market
Exclusivity of 10 Years (EU, JP) and 7 Years (US)



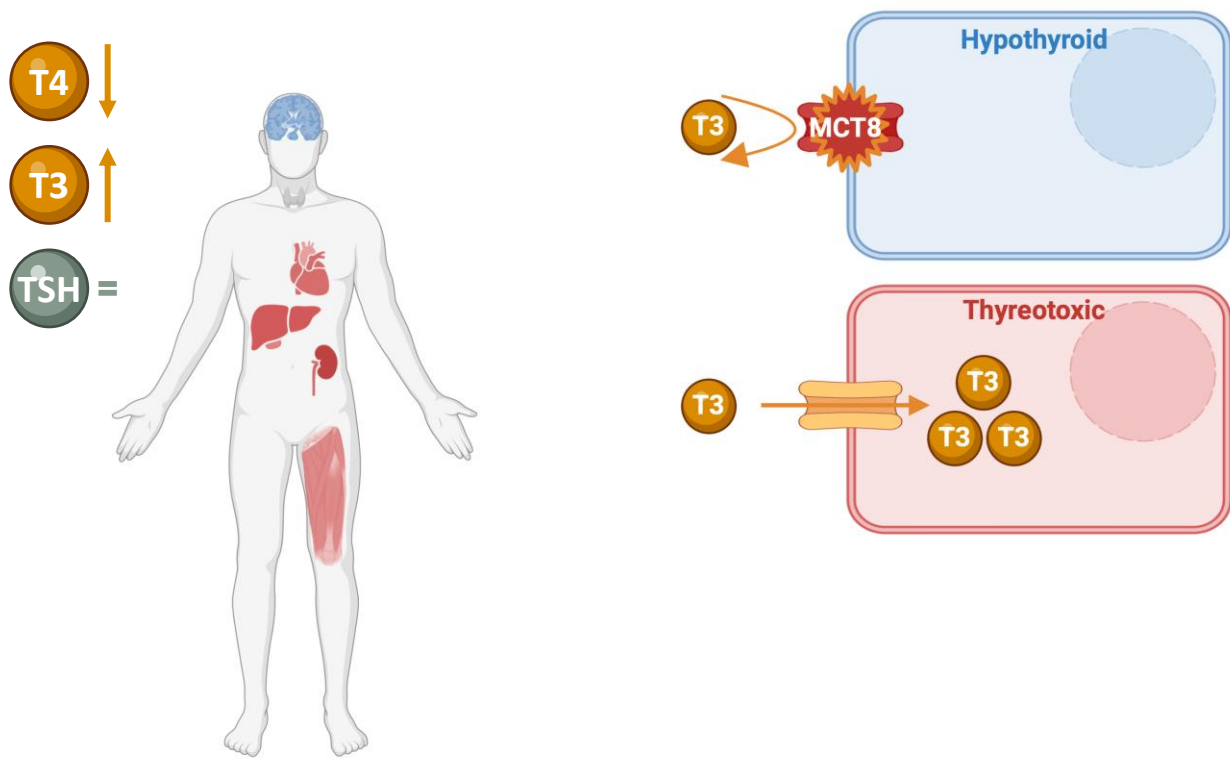
RoW Partnerships

In Place
(e.g., Er-Kim İlaç, Taiba Rare,
Orspec Pharma, Fujimoto in Japan)

Strong Execution in 2025-26 Positions Egetis for Emcitate US Launch in 2026



MCT8 Deficiency Results in Dysfunctional Thyroid Hormone Trafficking



MCT8 deficiency results in simultaneous too high and too low thyroid hormone levels – causing system wide issues

MCT8 Deficiency Key Features

10 Months Median Age of Diagnosis	35 Years Median Life Expectancy	1 in 70K Estimated Incidence (Male Births)
~30% Patients Dying in Childhood	Sudden Cardiac Death Main Cause of Mortality	90% Hypotonia, Hypertonia & Persistence of Primitive Reflexes
75% Severe Underweight	76% Cardiac Arrhythmias (PAC)	8% Ability to Sit Independently
4 Months Median Onset of Symptoms	100% Life-Long 24-Hour Care	100% Severe Intellectual Disability

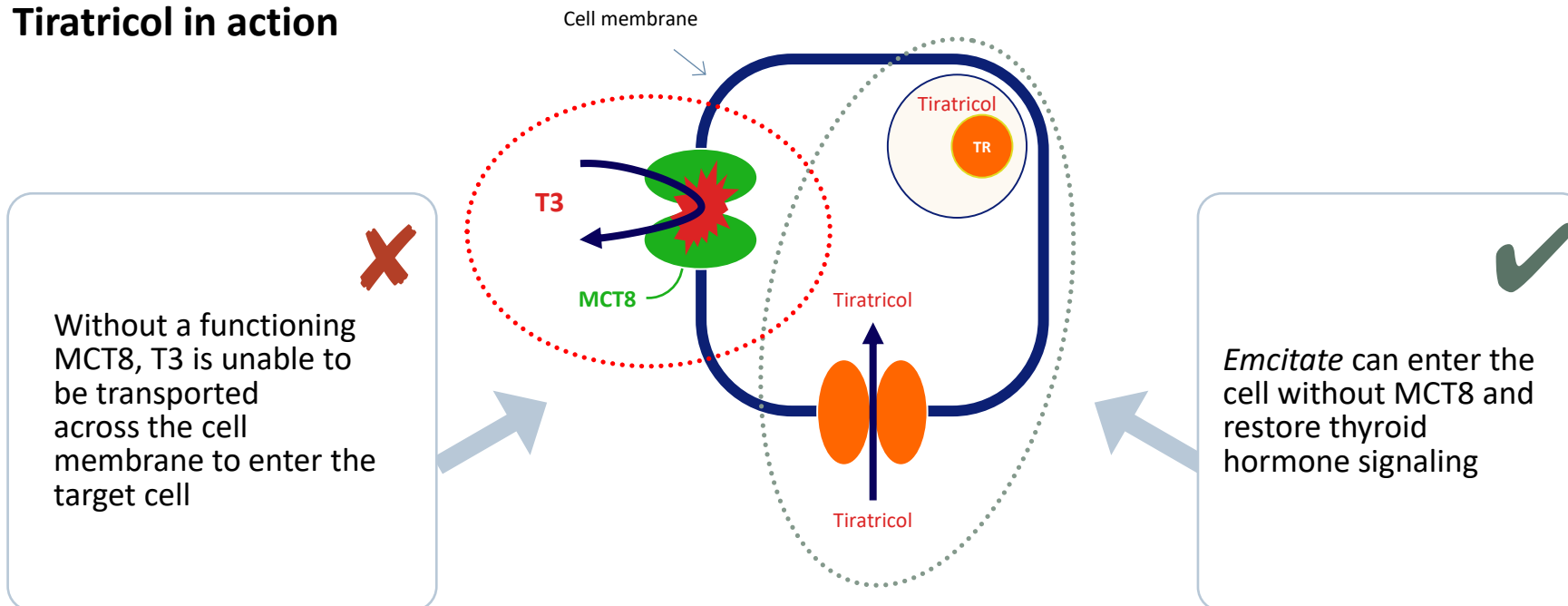
Note: Median life expectancy of 35 years with 30% of patients dying in childhood.

Emcitate® (tiratricol) Mechanism of Action in MCT8 Deficiency

with clear scientific and mechanistic rationale

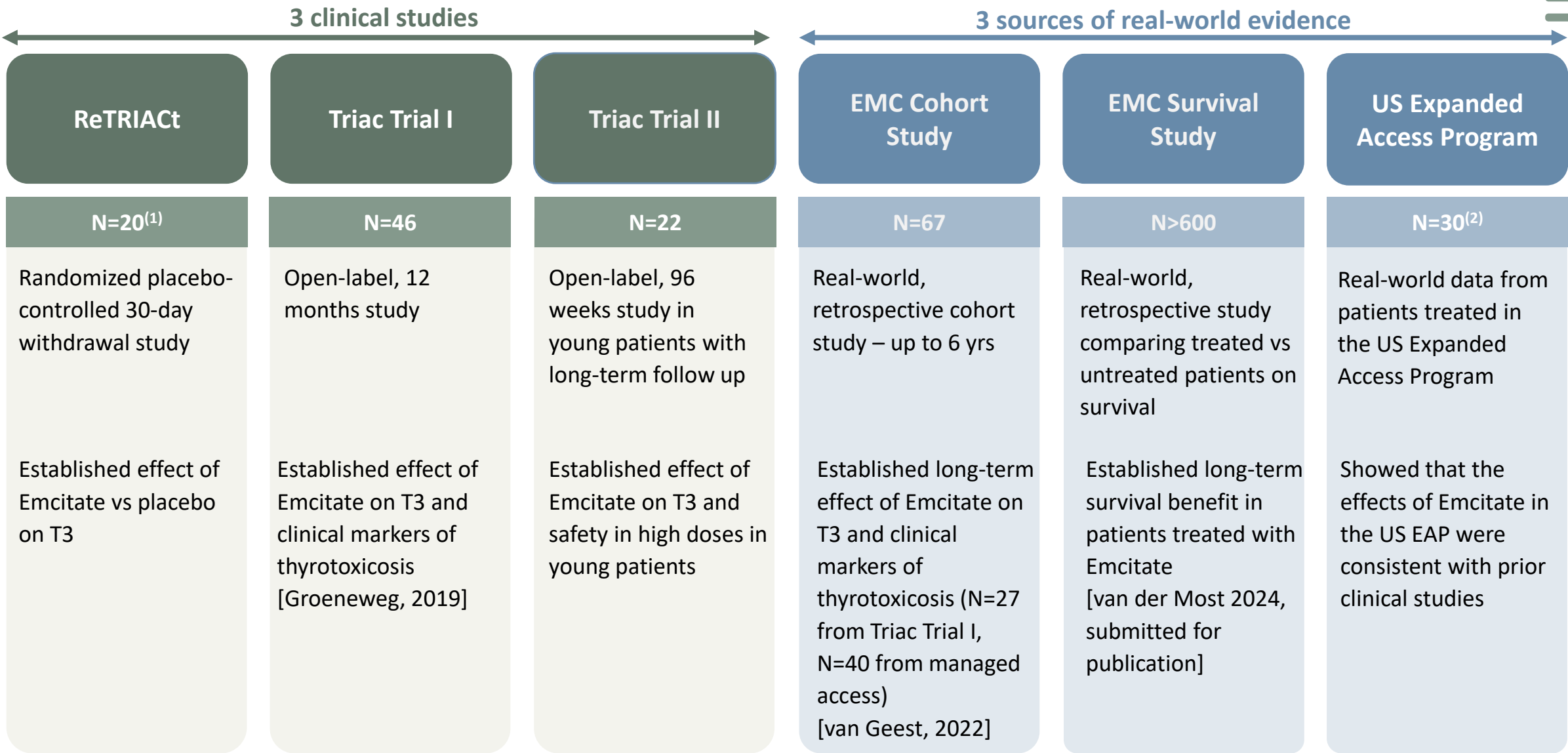
- Tiratricol is a small molecule, thyroid hormone receptor agonist
- Unlike T3, tiratricol can cross cellular membranes without a functional MCT8 transporter
- Tiratricol can bypass the problem in patients with MCT8 deficiency, enter MCT8 deficient cells, and restore thyroid hormone signalling

Tiratricol in action



Emcitate® (tiratricol) Approved in EU and US

Robust dataset in an ultra-rare genetic disease

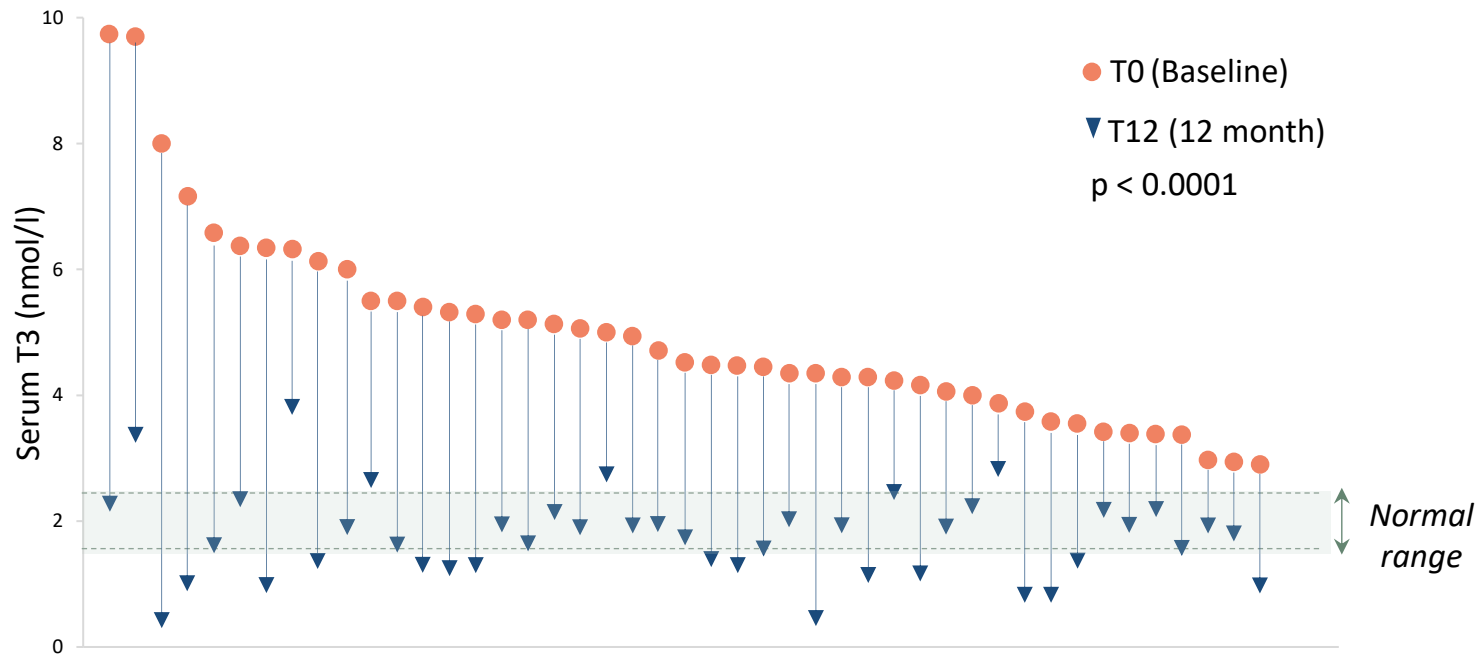


(1) 20 patients enrolled in study; only 15 patients randomized and included in the analysis of the Primary Endpoint.
(2) Currently 60 patients in EAP.

Tiratricol treatment in patients with MCT8 deficiency has been shown to be associated with survival benefits



In the Triac Trial I, tiratricol reached target level serum T3 & improvements in clinically relevant outcome measures



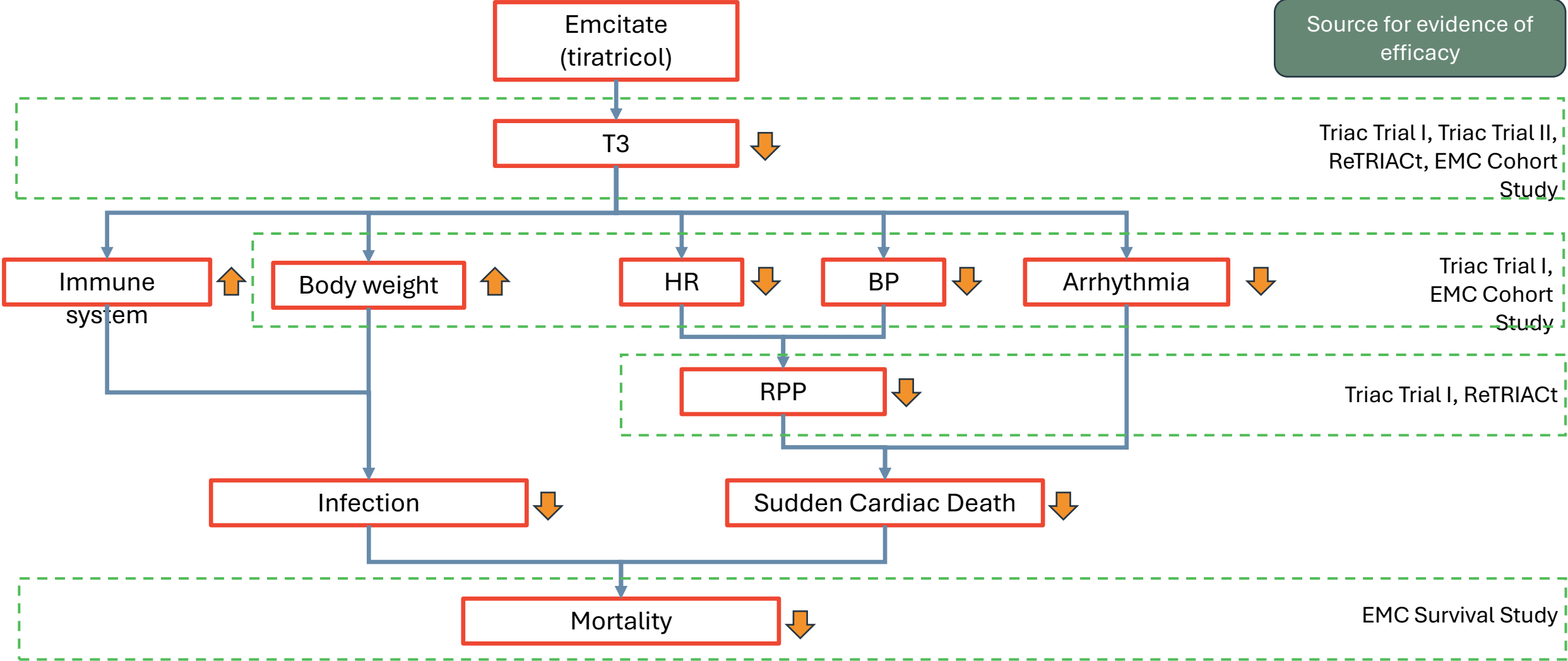
Tiratricol has been shown to be associated with a 3x lower risk of mortality in patients with MCT8 deficiency

Retrospective real-world cohort study in >300 patients - Abstracts Aug. 2024 & May 2025

Key demonstrated clinical results

- ✓ Significant and durable reduction of T3 levels within the normal range
- ✓ Normalization of thyrotoxicosis in patients of all ages
- ✓ Statistically & clinically significant effects on key disease parameters such as cardiovascular health and bodyweight
- ✓ Beneficial effects are maintained or continue to improve over time, up to six years
- ✓ Benign safety profile

Tiratricol's Effect on T3 Lowering May Explain Mortality Benefit



Final USPI for Emcitate

Approved by the FDA on September 28th



1

EU-Style Indication Statement

Treatment of peripheral thyrotoxicosis in adults and pediatric patients with MCT8 deficiency

2

No Age Restriction

Adults and pediatric patients alike

3

Narrow Limitation Of Use

LoU for primary hypothyroidism — intended to limit potential use as a standard thyroid hormone replacement therapy

4

Standard Class Boxed Warning

FDA standard text on use of thyroid hormones for weight loss, shared with e.g. levothyroxine and liothyronine

5

Benign Safety Section

4 adverse reactions above 5%, no organ toxicity, a single contraindication (primary hyperthyroidism) and no REMS

6

Key Clinical Outcomes Included In Section 14

ReTriact and Triac Trial I, with heart rate, systolic blood pressure and body weight-for-age Z-score alongside the T3 normalization. However, no mortality data.

Multiple Sources Lead to Consistent MCT8 Deficiency Incidence Estimates



Relevant Sources & Data

Visser et al., Clinical Endocrinology 2013

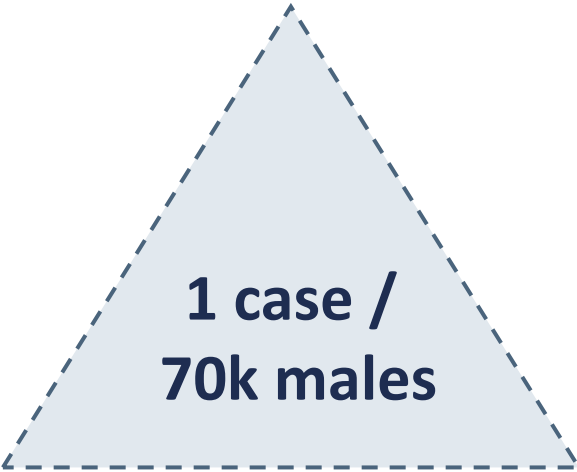
Neonatal Screening - Netherlands

Triac Trial II - Germany

Available Data Leads to Consistent MCT8 Deficiency Incidence Estimates

- Multiple cohorts of patients with X-linked mental retardation under study
 - MCT8 deficiency prevalence in studied populations implies a 1:50k-100k male incidence perimeter
-
- 140k births and 70k males a year with 1-2 diagnosed cases a year on average over the past years
 - Implies more than 1:70k incidence
-
- 20 months of screening and 400k live births yielded 12 patients below 30 months of age
 - Implies at least ~1:30k incidence

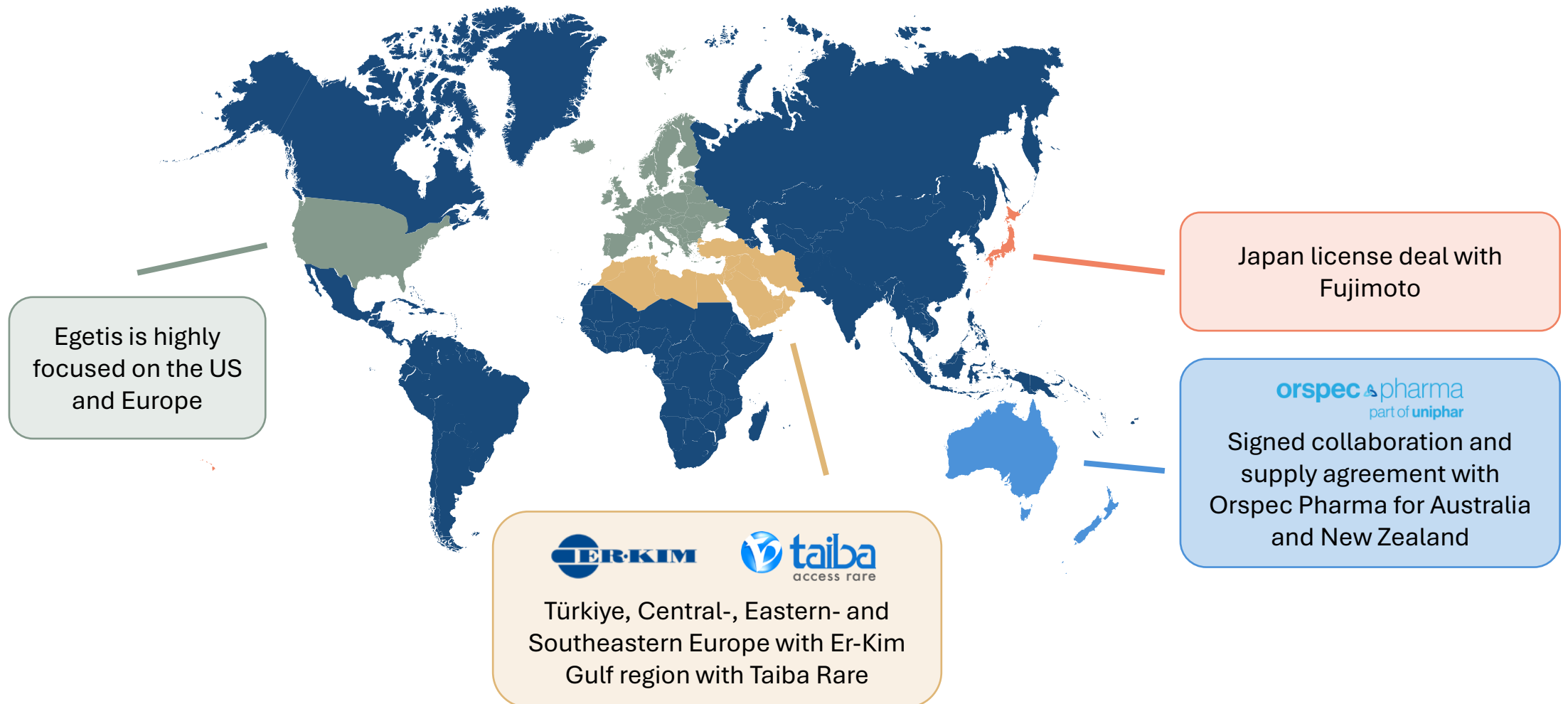
Supporting Our Conservative Estimate



Emcitate® (tiratricol) Launch By Egetis and Partners

Executing the US & European market preparations and launches through the Egetis team

To optimize for launch, Egetis is focusing in-house resources on the US and Europe while expanding to additional countries through partners



A First for the U.S. MCT8 Deficiency Community



FIRST AND ONLY

FDA-approved treatment for peripheral thyrotoxicosis in adults and pediatric patients with MCT8 deficiency in the U.S.

Not recommended for the treatment of primary hypothyroidism.

First approved therapy

A new option for the MCT8 deficiency community

Egetis' first U.S. commercial product

Beginning our transition to a commercial rare disease company

Built on rigorous clinical evidence

Clinical trials and real-world experience across the global development program

US Launch Readiness: Building Momentum Toward Launch

Launch readiness remains on track, with a fully assembled team and activated infrastructure

Key Priorities

1 Execute EAP continuity of care readiness

Ensure compliant, seamless transition across sites, providers, patient support, and payers

2 Maximize transition of known patients

Prioritize identified and EAP patients to accelerate access at approval

3 Complete launch-critical infrastructure

Finalize Patient Support Program operations, payer engagement, LC-MS sponsored program, materials, and field readiness

Functional Readiness



Regulatory / NDA

- ✓ FDA approval 28 Sept



Medical Affairs

- ✓ Scientific engagement expanding
- ✓ 4 RMDs in field
- ✓ 17-expert advisory group



Commercial & Field

- ✓ DSE training done
- ✓ 4 KAMs active
- ✓ CRM live



Market Access & Pricing

- ✓ Account coverage in place
- ✓ Targeting final price Sep-26
- ✓ Advancing payer strategy and value communication



Distribution & Patient Support

- ✓ Cardinal and PANTHERx model in detailed design
- ✓ Support capabilities established



Safety & Medical Info

- ✓ Call-center vendor contracted
- ✓ Go-live at PDUFA



LCMS Testing

- ✓ Test validation and program development underway
- ✓ Live mid Oct-26



Advocacy & Awareness

- ✓ Partnerships and caregiver council established and are informing launch execution



Corporate Comms

- ✓ Narrative and scenario releases mobilizing

U.S. Launch Readiness: Continuity of Care for EAP Patients is Our Top Priority



Patient-level transition planning

Confirm the pathway and treating physician for each EAP patient



Enrollment & prescriber readiness

Enrollment/Prescription processes and prescriber/caregiver education prepared ahead of approval



Coverage and continuity safeguards

Coordinate payer engagement, affordability support, and bridge mechanisms to ensure uninterrupted patient access during treatment initiation



Activation & monitoring

Track each transition across the physician, caregiver, specialty pharmacy, patient services, and payer



Tiratricol EAP continuity of care — ensuring uninterrupted treatment at approval

A coordinated transition from expanded access to commercial supply is intended to minimize treatment disruption and support the earliest commercial uptake.

In parallel, we will engage known patients not yet on therapy and continue expanding diagnosis and patient identification.

*~60 patients across 17 sites in EAP today
— growing month over month*

A Concentrated Starting Point Supports Focused Launch Execution



60+

Patients treated in the EAP program

17

Sites



Patients concentrated

EAP patients managed at a few experienced centers

Physicians engaged

Every EAP investigator and care team engaged multiple times ahead of approval

Ready to execute

Account-level activation plans prepared across early access centers

Egetis' Pricing Principles



Access to Therapy

Enable broad, equitable and reliable access to therapy for MCT8 deficiency



Affordability

Support appropriate patient access and help eligible patients & families navigate financial and administrative requirements



Value of Our Medicine

Reflect the high burden and unmet need as the first-and-only approved therapy for MCT8 deficiency



Sustaining Innovation

Fund continued research in MCT8 deficiency and other rare, underserved conditions

Early payer engagement, the absence of approved alternatives, and the ultra-rare population support constructive reimbursement discussions.

Egetis RareLink™: One Connected Patient Support Program



Developed in partnership with
PANTHERx Rare Pharmacy

Designed to help eligible patients, families,
and providers navigate access efficiently



Patient Support Liaison

Personalized treatment
education and program
support



Care Manager

Help coordinate
insurance requirements
and financial support
options



Educational Materials

Education and guidance
across treatment,
coverage, and access



Specialty Pharmacy Coordination

Helps patients access,
receive, and stay supported
on therapy

ONE CONNECTED PROGRAM • Education • Access Support • Specialty Pharmacy Coordination

Active Launch Execution Ahead of Commercial Availability



Current Activity



Physicians

Readiness and continuity of care planning



Payers

Commercial and Medicaid coverage discussions underway



Patients and caregivers

Egetis RareLink enrollments, benefits investigation, and access coordination

Long-Term Value

Disciplined execution

Delivery and appropriate patient access

Standard of care

EMCITATE for peripheral thyrotoxicosis in MCT8 deficiency

Foundation for growth

Establishes Egetis as a commercial rare disease company

Multi-Channel Patient Identification Strategy



Analytics & Genetic Testing Partnerships

Prospective patient ID partnership with Invitae and Gene Dx is live, flagging every newly confirmed MCT8 Dx patient directly to Egetis



Targeted HCP & Referral Network Engagement

Expand field resources in places most likely to diagnose MCT8 deficiency, map and prioritize referral networks, equip physicians with EHR patient-ID tools and retrospective chart review, and grow conference presence



Scaled Awareness & Lead Generation

Targeted outreach (4,000+ Ped Endo / Neuro), peer-to-peer education, and KOL advocacy to raise awareness and ID treating physicians



Advocacy & Community-Driven Patient Finding

Partner with advocacy organizations and community events, facilitate Caregiver Advisory Council, and launch social media disease-awareness campaigns

...while engaging known patients who are not yet on therapy expands diagnosis and patient identification

European Thyroid Association (ETA) Recommends Emcitate (tiratricol) as Long-Term Therapy for MCT8 Deficiency

ETA recommends the **use of tiratricol as long-term therapy for all patients** with MCT8 deficiency, and for certain patients with RTH β

Inaugural 2024 Guidelines were commissioned by the Executive Committee of the ETA and developed by an independent team of experts. Authors include well-known U.S. KOL

Potential to expand to U.S. guidelines post-FDA approval



European Thyroid Journal (2024) 13 e240125
<https://doi.org/10.1530/ETJ-24-0125>

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Version of Record published 3 August 2024

GUIDELINES

2024 European Thyroid Association Guidelines on diagnosis and management of genetic disorders of thyroid hormone transport, metabolism and action

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A Phased EU Launch Through In-House Commercial Organization Started in Germany In May 2025

Launch execution in two waves, starting with EU4

Pricing & reimbursement processes

Wave 1

Germany, France, Italy, Spain & countries with alternative funding pathways



Wave 2

Phased on a country-by-country approach
Rest of Europe



Deliver the *Emcitate* clinical and economic value proposition in P&R processes, outlining:

- MCT8 deficiency and its rarity
 - Summarizing available literature
- High burden of MCT8 deficiency
 - Confirmed by Egetis sponsored Caregiver study
- Significant unmet medical need
 - Emcitate the first & only approved treatment
- Benefit of treatment
 - Supported by publications & ETA guidelines⁽¹⁾

Finalized national pricing and reimbursement process in Germany and submitted in Spain; submissions in additional Wave 1 countries postponed until survival data published in peer reviewed journal

(1) European Thyroid Association guidelines published 2024.

Europe & International

Q2 revenue MSEK 17.4, +23% (CER) vs Q2 2025 and +30% vs Q1 2026; finalized national pricing and reimbursement process in Germany and submitted in Spain

Germany

- Price negotiations with GKV-Spitzenverband concluded in Q2 2026
- Continued disease awareness, physician engagement and congress presence with pediatric endocrinologists, pediatric neurologists and other specialist physicians

Progressing toward reimbursed pathways in additional countries; submissions in additional Wave 1 countries postponed until survival data published in peer reviewed journal

- Spain: National pricing and reimbursement dossier submitted
- Italy and France: Value dossiers to be strengthened with Emcitate survival data
- Rest of Europe: Moving towards funded access routes in more countries

Partnerships driving named patient access in more geographies

- Er-Kim (Turkey, Central, Eastern & Southeastern Europe) and taiba rare (Gulf region) initiating funded treatment
- New agreement with Orspec Pharma for Australia and New Zealand
- Ongoing dialogue with potential partners in additional geographies



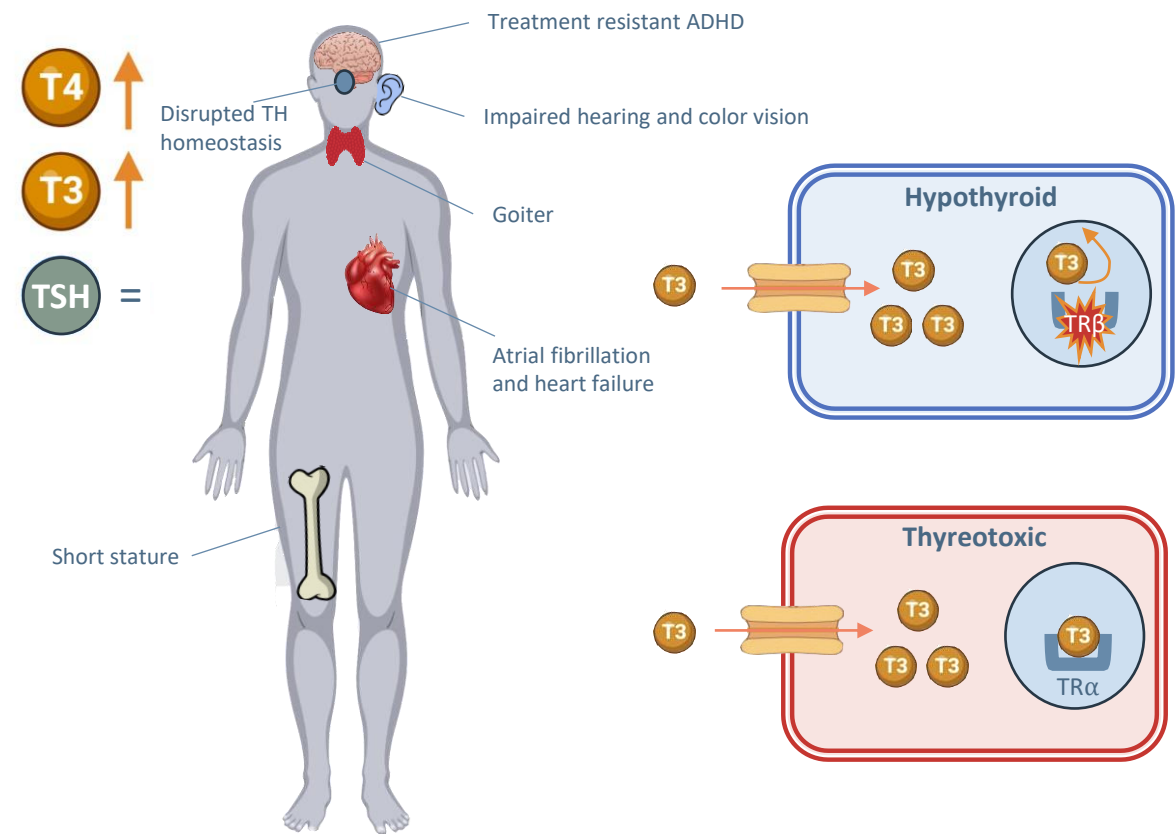
Pipeline Overview

Emcitate® (tiratricol) – Launched in Germany May 2025; US PDUFA date September 28, 2026



Candidate	Preclinical	Phase I	Phase II / III	MAA / NDA	Comments
Emcitate EU MCT8 deficiency	Launched				EC approval received Feb 12, 2025 Launched in Germany May 1, 2025
Emcitate US MCT8 deficiency					FDA approved Sep 28, 2026 Priority Review Voucher granted
Emcitate RTH-beta					ODD granted by FDA & EMA in 2022 Finalizing development plan

RTHβ Disrupts Thyroid Hormone Homeostasis, Leading to Imbalanced TH Signalling Between Compartments



RTHβ Key Features

1 in 20-40k Estimated prevalence (both genders)	2.84x All cause mortality	-11 years Average life years lost
6.35x Heart failure	3.49x Major adverse cardiovascular event	10.56x Atrial fibrillation
30 years Median age of diagnosis	40% MACE before age of 55	7% Increased risk of death per additional pM free T4

RTHβ is caused by disrupted TH homeostasis due to reduced sensitivity to TH, resulting in compensatory excessive circulating TH levels, leading to cardiovascular morbidity and mortality due to the CV system's TRα dominance

Autosomal dominant pattern, through dominant negative inhibition, where mutant TRβ copy forms a dimer with WT and binds DNA but is not activated by T3. Homozygous disease has been described and causes devastating outcome with cardiac failure and death in childhood

RTH β : Emcitate is Uniquely Positioned to Address High Unmet Need

Potential indication expansion for Emcitate into larger non-overlapping patient population



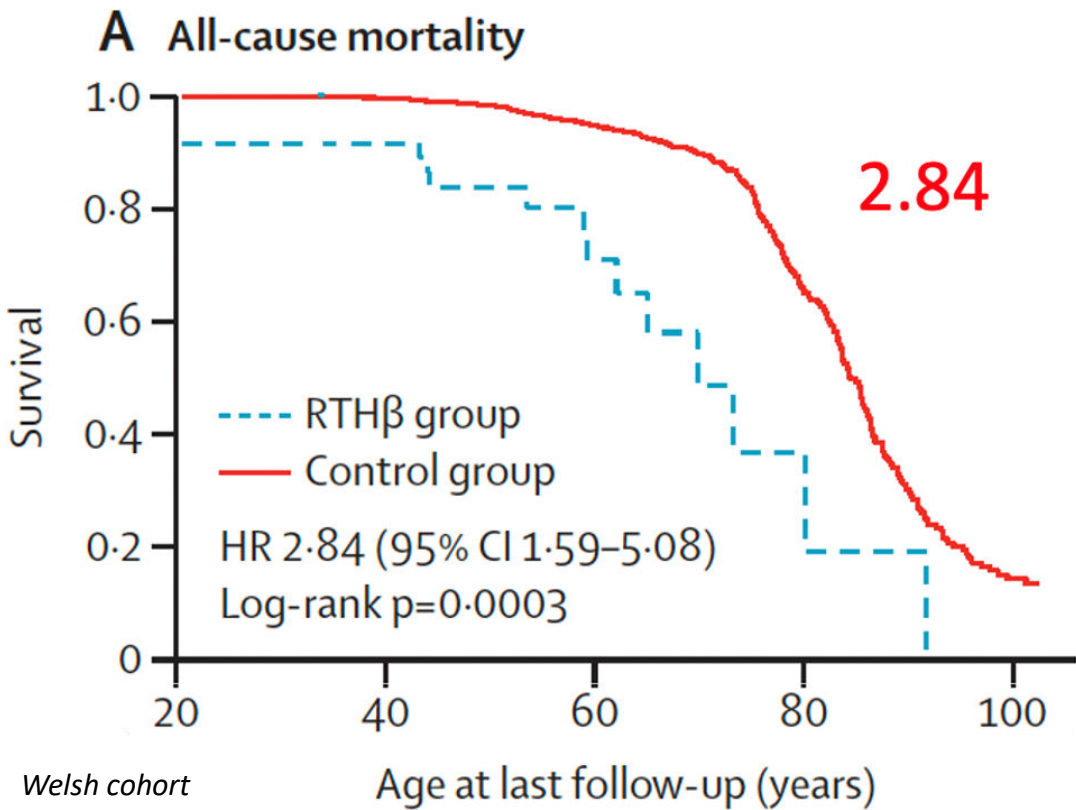
Emcitate as Potential Treatment for RTH β

- Emcitate efficacious in restoring signaling in majority of TR β mutations in vitro due to greater affinity for TR β than for TR α , relative to T3
- Initial clinical experience demonstrates positive effects on key clinical symptoms in RTH β patients, including cardiovascular, thyrotoxic and neuropsychiatric symptoms¹
- Emcitate received orphan drug designation for RTH β from FDA and EMA in 2022
- Use of Emcitate recommended by European Thyroid Association for certain patients with RTH β in 2024²
- Over 50 RTH β patients treated with Emcitate in Managed Access Program in Europe

Development plans being finalized include Scientific Advisory Board at ETA in September and regulatory engagement preparations

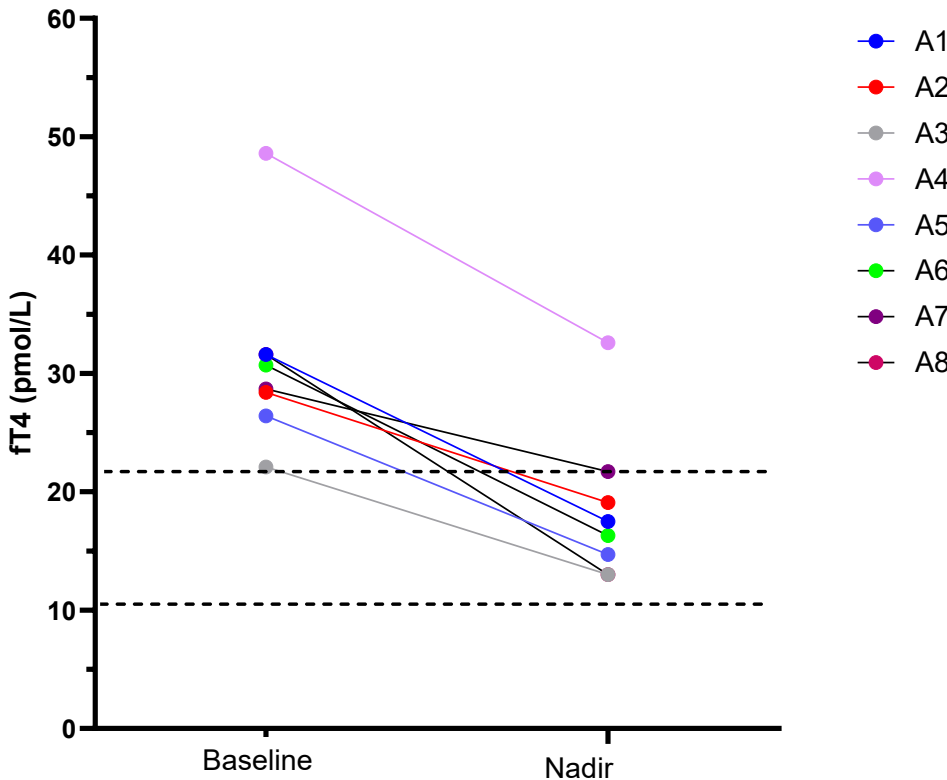
RTHβ: Thyroid Hormone Concentration on Triac Treatment

Increased Mortality in RTHβ⁽¹⁾ (Untreated RTHβ Patients vs. Control Group)



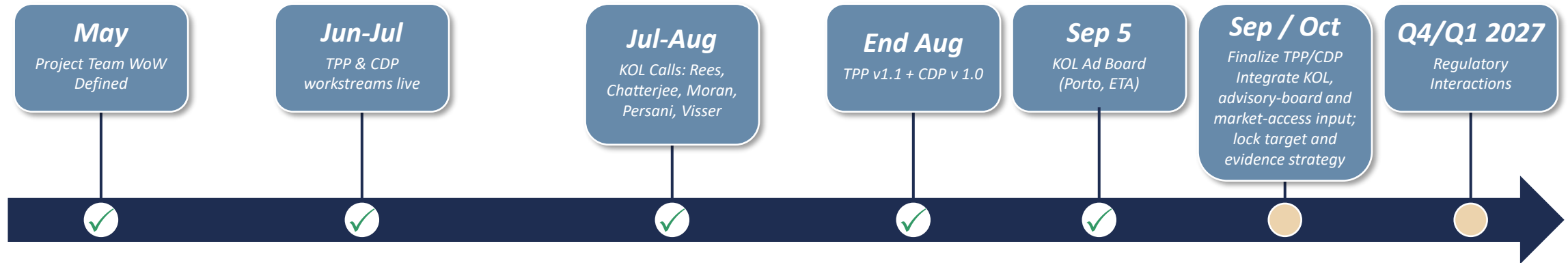
Welsh cohort
55 patients RTH Beta
2750 Age and sex matched controls
Median age 1st event 56 vs 67

Free T4 Concentration⁽²⁾ (Emcitate-Treated RTHβ Patients)



(1) Okosieme, Lancet Diabetes Endocrinology 2023. PMID 37475119
(2) Moran et al. (2025) The Journal of Clinical Endocrinology & Metabolism, 2025, 00, 1-8

RTHβ: TPP & CDP – Where We Stand



Target Product Profile

Defines the Target

v1.0 → v1.1

75%

- Min / Target / Optimal framework applied across attributes
- FT4 normalization set as primary efficacy anchor
- Route defined: US sNDA / EU Type 2 variation
- Leadership-aligned; market-access inputs ongoing



Clinical Development Plan

Proves the Target

v1.0 drafting

60%

- Endpoints and trial design shaped by research and KOL calls
- TPP → CDP attribute-linkage mapped
- Regulatory strategy: FDA Type B
- Anchored to 2027 clinical-trial start

RTHβ: Target Product Profile v1.0 – Progress by Attribute



Six Attributes	Target / Optimal Profile
 Population & Indication	▶ All ages incl. pediatric; treatment of RTHβ indication (disease modification)
 Efficacy & Claim	▶ FT4 normalization + improvement in clinical manifestations (CV, PRO + disease markers / signs)
 Dosing	▶ Start dose and titration interval mirror MCT8; goal is FT4 normalization
 Safety	▶ No clinically-meaningful hepatic / metabolic signals on chronic therapy
 Regulatory Route	▶ ODD granted (FDA + EMA), Optional PRIME / accelerated assessment, sNDA / EU Type 2 variation
 Market Access	▶ PRO + RWE value story; market-access input ongoing
	<i>ODD granted by FDA & EMA, leveraging approved MCT8 tiratricol package (EU Feb 2025 / US Sep 2026) and new RTHβ publications on CV risk / mortality</i>

RTHβ: Emerging Pivotal Trial Design



Primary Endpoint - FT4 normalization
Biochemical anchor; goal is normalization + supportive clinical improvement



Trial Design

- Parallel-group, robust placebo control
- Blinded mock titration under evaluation
- Open-label extension



Population

- Genetic confirmation
- Exclude assay interference / TSHoma
- Include pediatrics ≥ 5–6 y



Dosing

- Two pragmatic start doses at 10 kg cutoff
- Mirrors MCT8 deficiency algorithm
- Faster titration in trial TBD



Safety & Monitoring

- Cardiac: HR, rhythm burden, imaging TBD (tachycardia → AF)
- Liver / lipids / insulin resistance surveillance
- β-blocker stratification + protocolized taper TBD



Evidence Strategy To De-risk the Endpoint

- Meta-analysis across UK, Italy, NL cohorts (~400 genetically-confirmed UK cases) to reinforce FT4 as clinically-meaningful
- Managed-access titration data (Chatterjee / Moran) to inform starting dose & titration interval
- Patient survey (25–30 pts) confirms cardiac burden as a key unmet need for regulatory storytelling

Strong Financial Foundation for Strategic Execution

Solid Cash Position

- **Cash position as of June 30, 2026:** SEK 378 million
 - Does not reflect net proceeds from expected sale of US Rare Pediatric Disease Priority Review Voucher related to Emcitate
- **Number of outstanding shares:** 464,947,224
- **Market Cap:** ~SEK 4.2 billion* (~USD 425 million)
- **Listing venue:** Nasdaq Stockholm, Main Market; **Ticker:** EGTX

Directed Share Issue April 2026 of SEK 350m (USD 38m)

- **Oversubscribed with participation from new and existing investors**
- **US biotech investors**
 - Frazier Life Sciences
 - Invus
 - Parkman & Woodline
- **Swedish investors**
 - Linc AB, Fjärde AP-fonden
 - Cidro Förvaltning (Peter Lindell)
 - Unionen
 - Others

Top 10 Largest Shareholders

#	+	Owner →	→ EGTX	Value (MSEK)	↓ Capital
1	+	 Frazier Life Sciences (1)	77,437,961 	713.2	16.65%
2	+	 Peter Lindell (2)	46,900,000 	431.9	10.09%
3	+	 Peder Walberg (3)	28,776,221 	265.0	6.19%
4		 Feoh Investments UK LLP (4)	28,274,950 	260.4	6.08%
5	+	 The Invus Group (5)	21,911,823 	201.8	4.68%
6	+	 Linc AB (6)	17,917,860 	165.0	3.85%
7		 Avla Holding AB (7)	17,668,330 	162.7	3.80%
8		 Avanza Pension (8)	12,309,075 	113.4	2.65%
9	+	 Woodline Partners LP (9)	11,325,960 	104.3	2.42%
10	+	 Fjärde AP-fonden (10)	10,715,207 	98.7	2.30%

Financial Overview – Second Quarter 2026

- Total revenue
 - Q2-2026 of 17.4 MSEK vs. 14.5 MSEK for Q2-2025, +23% YoY CER.
- Cost of goods sold impacted by intangible R&D depreciation
 - During Q2-2026 R&D depreciation of 10.1 MSEK is included in COGS
 - Excluding the depreciation Gross profit would have been 13.7 MSEK in the second quarter 2026, adj. gross margin 79%.
- Results after tax in Q2-2026 amounted to -108.9 MSEK vs. -77.6 MSEK for Q2-2025
 - The increased YoY costs are primarily attributed to the US NDA-process and US commercial build-up and pre-launch activities.
 - Opex includes -5.6 MSEK ESOP related non-cash bookings due to the share price appreciation in the quarter, vs. 6.9 MSEK positive booking in Q2-2025. Leading to a YoY delta of 12.5 MSEK
- Cash flow from operating activities in Q2-2026 amounted to -93.9 MSEK vs. -59.0 for Q2-2025
 - April 21, Egetis Therapeutics successfully carried out an oversubscribed directed share issue amounting to 350 MSEK
 - The issue was priced at 5.25 SEK/share, corresponding to 0% discount to market close
 - The cash position per end of June 2026 was 378.4 MSEK vs. 202.6 MSEK per end of June 2025.

MSEK	2026	2025	2026	2025	2025
	Apr-Jun	Apr-Jun	Jan-Jun	Jan-Jun	Jan-Dec
Revenue	17.4	14.5	30.7	27.1	62.4
Gross profit	3.6	1.5	3.3	4.7	12.4
Operating result	-108.3	-78.5	-202.2	-143.1	-339.9
Results after tax	-108.9	-77.6	-203.4	-140.5	-342.5
Cash flow from operations	-93.9	-59.0	-158.2	-125.1	-267
Cash position	378.4	202.6	378.4	202.6	215.8

Egetis Announces Grant of Patent for MCT8 Deficiency Composition in the U.S.



- USPTO granted patent
- Provides protection for a novel composition containing tiratricol as active ingredient
- Claims cover a method of treating MCT8 deficiency, including dose regiments
- Orange Book-listable with expiration 2045

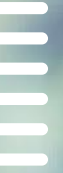


Egetis Announces Grant of Patent for MCT8 Deficiency Composition in the U.S.

May 5, 2026

Stockholm, Sweden, May 5, 2026. Egetis Therapeutics AB (publ) ("Egetis" or the "Company") (NASDAQ Stockholm: EGTX) today announced that the United States Patent and Trademark Office (USPTO) granted Patent No. US 12611383B1 for the Company's patent application No. 19/261,360 entitled "Pharmaceutical Compositions for Treating MCT8 Deficiency".

The newly granted patent provides protection for a novel composition, which contains tiratricol as the active ingredient, designed to correct the disrupted thyroid hormone signaling characteristic of MCT8 deficiency. The claims cover, among other things, a method of treating MCT8 deficiency with the claimed pharmaceutical composition that encompasses tiratricol, dosing regiments, and tiratricol compositions with specific excipients. This patent represents a significant milestone in strengthening the Company's intellectual property portfolio. Egetis expects the granted patent will be Orange Book-listable. The patent has an expiration date of 2045.



Appendix 1

Overview of MCT8 deficiency

MCT8 deficiency results in dysfunctional thyroid hormone trafficking

MCT8 deficiency has two co-manifestations

New Research Sheds Light on Thyroid Hormone Transport

- In 2003, MCT8 was identified as one of the first thyroid hormone transporters
 - Previously, thyroid hormone was incorrectly believed to be able to passively cross cellular membranes, without the need for a specific transporter
- Several additional transporters have been identified with preferential distribution across different tissue types and cells

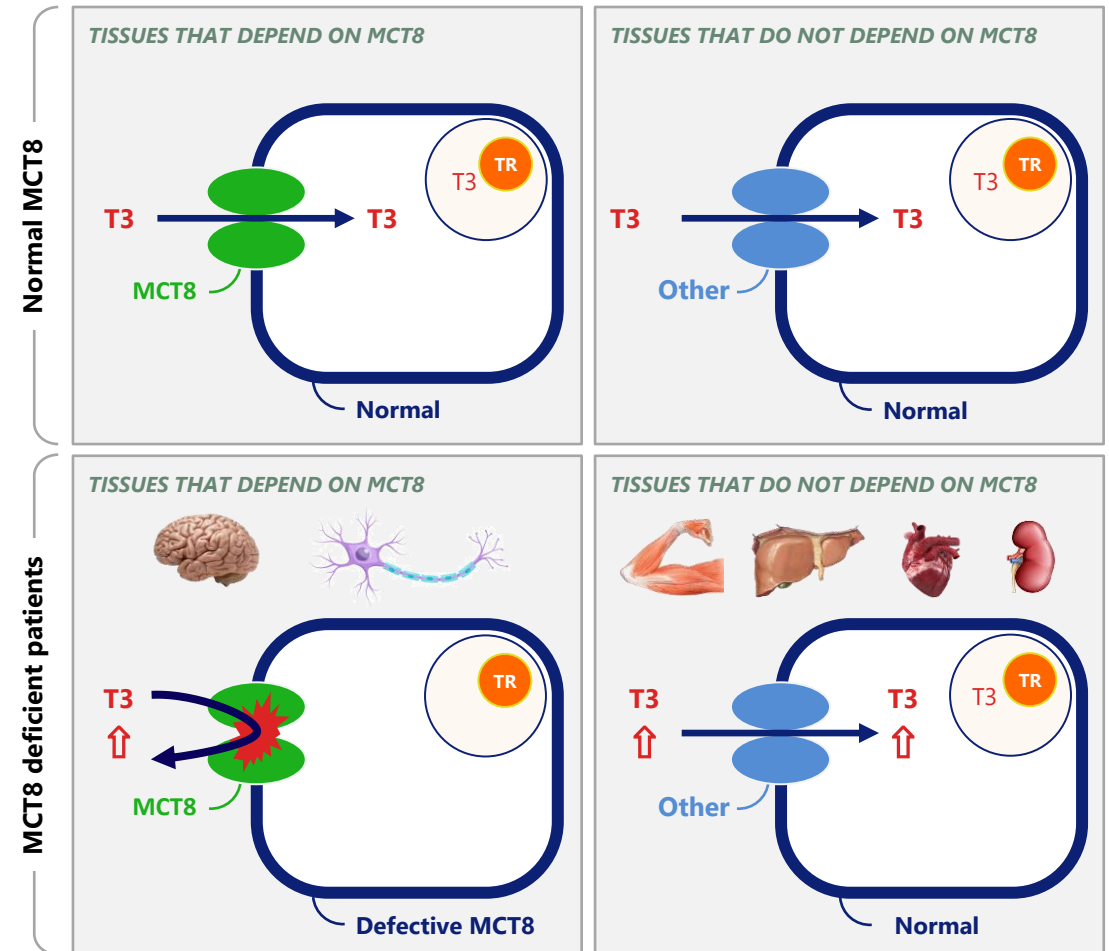
MCT8 Plays a Key Role in Neurocognitive Development

- MCT8 is the only thyroid hormone transporter in the cells of the blood brain barrier and neurons
 - The human brain is dependent on thyroid hormone for its normal development. Absence of thyroid hormone in the CNS leads to disruption of neurocognitive development and results in severe neurocognitive and motor impairment

And Causes Many Additional Symptoms

- Disrupted thyroid hormone homeostasis leads to an increase of peripheral serum T3 levels
- Tissues dependent on transport other than MCT8 suffer from too high levels of thyroid hormone:
 - Increased heart frequency, blood pressure and arrhythmias
 - Severe wasting and weight loss
 - Impaired liver / kidney function
 - Altered bone metabolism and blood lipids
 - Increased risk of sudden and premature death

MCT8 deficiency results in simultaneous too high and too low thyroid hormone levels – causing system wide issues



MCT8 deficiency: a detrimental condition with significant unmet medical need



What is MCT8 deficiency?	What does it mean?	What are the challenges?	How do you manage the disease?	Quick facts from natural history ²																										
<ul style="list-style-type: none">Genetic X-linked disorderImpaired thyroid hormone trafficking across cellular membranesMCT8 is a key thyroid hormone transporter in the bodyIncidence 1:70,000 males <div></div> <p>Patients with MCT8 Deficiency¹⁾</p>	<ul style="list-style-type: none">Non-functional MCT8 protein: T3 cannot cross blood-brain-barrierLow amounts of thyroid hormone in the brain & CNSDisrupted feedback loop results in a compensatory increase in circulating thyroid hormone <div></div> <ul style="list-style-type: none">Simultaneous too high & too low thyroid hormone in different tissues	<ul style="list-style-type: none">Patients appear normal at birthInitial symptoms within the first months of lifeSevere intellectual disabilityMost patients never able to sit or walk; limited ability to communicateLife-long morbidity: agitation, CV symptoms, wasting & impaired life expectancy <div></div> <ul style="list-style-type: none">Heavily dependent on caregivers resulting in very high disease burden	<ul style="list-style-type: none">No available therapyEasy diagnosis once considered with readily available, low-cost lab-testLarge proportion of patients remain undiagnosed with significant delay to diagnosis <div></div> <ul style="list-style-type: none">Significant unmet medical need: humanitarian, health economic, societal	<table><tr><td>Median onset of symptoms:</td><td>4 months</td></tr><tr><td>Median age of diagnosis:</td><td>10 months</td></tr><tr><td></td><td>(prior to 2017: 24 months)</td></tr><tr><td>Patients surviving into adulthood:</td><td>70%</td></tr><tr><td>Severe intellectual disability:</td><td>100%</td></tr><tr><td>Ability to sit independently:</td><td>8%</td></tr><tr><td>Hypotonia, hypertonia & persistence of primitive reflexes:</td><td>90%</td></tr><tr><td>Severe underweight:</td><td>75%</td></tr><tr><td>Cardiac arrhythmias (PAC):</td><td>76%</td></tr><tr><td>Median life expectancy:</td><td>35 years</td></tr><tr><td>Patients dying in childhood:</td><td>~30%</td></tr><tr><td>Main cause of mortality:</td><td>Sudden cardiac death</td></tr><tr><td>Life long 24-hour care:</td><td>100%</td></tr></table>	Median onset of symptoms:	4 months	Median age of diagnosis:	10 months		(prior to 2017: 24 months)	Patients surviving into adulthood:	70%	Severe intellectual disability:	100%	Ability to sit independently:	8%	Hypotonia, hypertonia & persistence of primitive reflexes:	90%	Severe underweight:	75%	Cardiac arrhythmias (PAC):	76%	Median life expectancy:	35 years	Patients dying in childhood:	~30%	Main cause of mortality:	Sudden cardiac death	Life long 24-hour care:	100%
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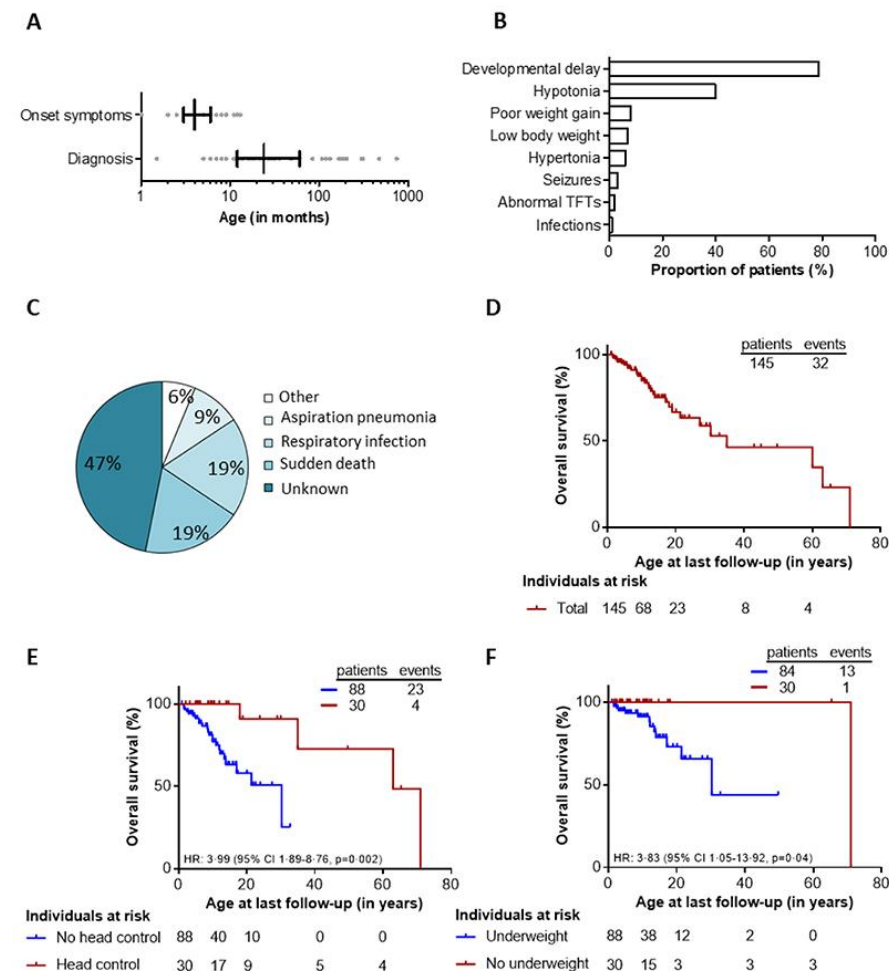
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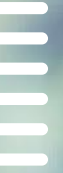
Note: 1) Picture from Schwarz et al; Clin Endocrinol & Met 2007; 2) Groeneweg et al, Lancet Diabetes & Endocrinology, 2020

Natural history study revealed poor survival with a high prevalence of treatable underlying risk factors

An international, retrospective, multicentre cohort study from 2014-2020 in 151 patients

- 151 patients were enrolled with 73 different MCT8 (SLC16A2) mutations
- Median age at diagnosis was 24.0 months
- 21% patients died; the main causes of mortality were pulmonary infection (six patients or 19%) and sudden death (six patients or 19%)
- Median OS was 35.0 years (95% CI 8.3-61.7)
- Individuals who did not attain head control by age 1.5 years had an increased risk of death compared with patients who did attain head control ($p=0.0041$)
- Patients who were underweight during age 1-3 years had an increased risk for death ($p=0.021$)
- The few motor & cognitive abilities of patients did not improve with age, as evidenced by the absence of significant correlations between biological age and scores on the Gross Motor Function Measure-88 and Bayley Scales of Infant Development III
- Tri-iodothyronine concentrations were above the age-specific upper limit in 96 (95%) of 101 patients and free thyroxine concentrations were below the age-specific lower limit in 94 (89%) of 106 patients. 59 (71%) of 83 patients were underweight. 25 (53%) of 47 patients had elevated systolic blood pressure above the 90th percentile, 34 (76%) of 45 patients had premature atrial contractions, and 20 (31%) of 64 had resting tachycardia
- The most consistent MRI finding was a global delay in myelination, which occurred in 13 (100%) of 13 patients





Appendix 2

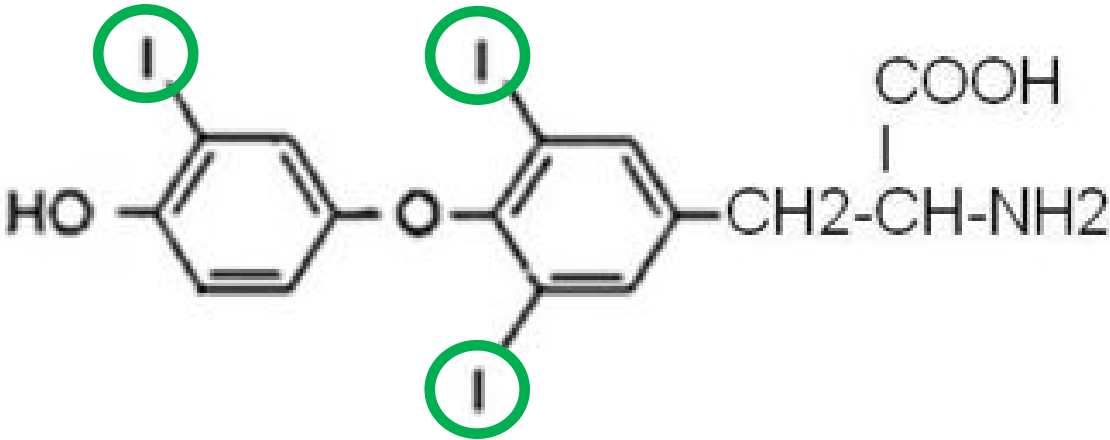
Emcitate (tiratricol): Mode of action and clinical experience

Discovery of *Emcitate* (Triac, tiratricol)

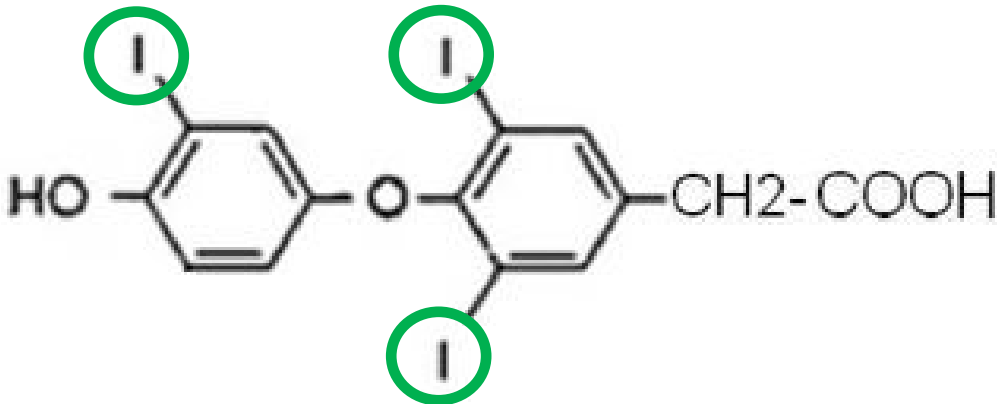


ROSALIND PITT-RIVERS
M.Sc., Ph.D. Lond.

T3



Triac
(tiratricol)



Preliminary Communication

PHYSIOLOGICAL ACTIVITY OF THE
ACETIC-ACID ANALOGUES OF SOME
IODINATED THYRONINES

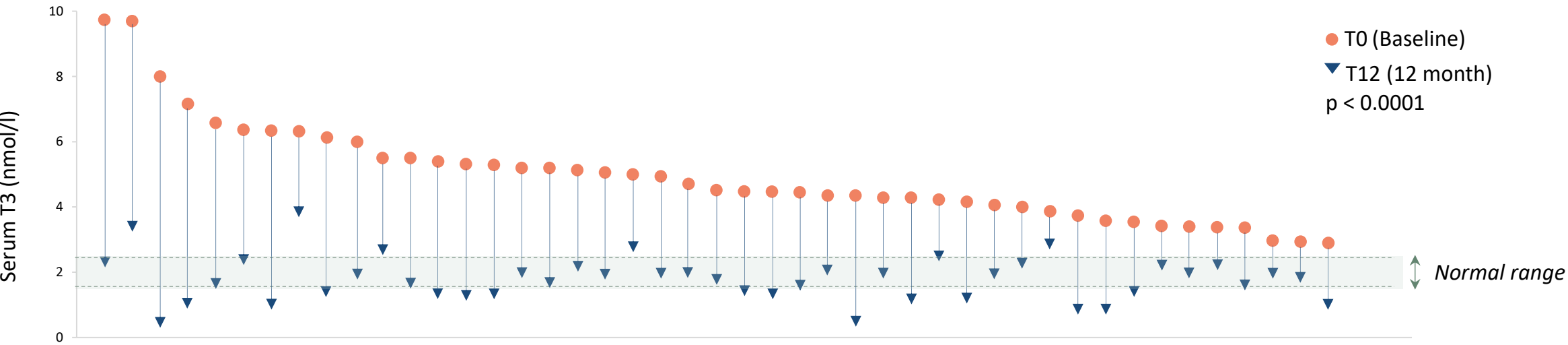
Overview of completed Phase IIb – Triac Trial I

Primary objective and results	<ul style="list-style-type: none">Evaluate the efficacy and safety of oral administration of tiratricol in male patients with MCT8 deficiency of all agesHighly significant primary outcome - Change in T3 serum concentrationsSafe and tolerableResults published in <i>The Lancet</i> 2019
Secondary objective and results	<ul style="list-style-type: none">Change in other thyroid hormone function tests, thyrotoxic symptoms and markersSignificant and clinically relevant effects observed across secondary endpoints
Description	<ul style="list-style-type: none">An international, single-arm, open-label, Phase II trialClinicalTrials.gov identifier: NCT02060474
# of patients	<ul style="list-style-type: none">46 MCT8 patients in 9 countries
Timetable	<ul style="list-style-type: none">Initiated in 2014 (first patient in)Completed in 2018



Consistent, clinically relevant and highly significant results

Triac Trial I: Reached target level serum T3 & improvements in clinically relevant outcome measures

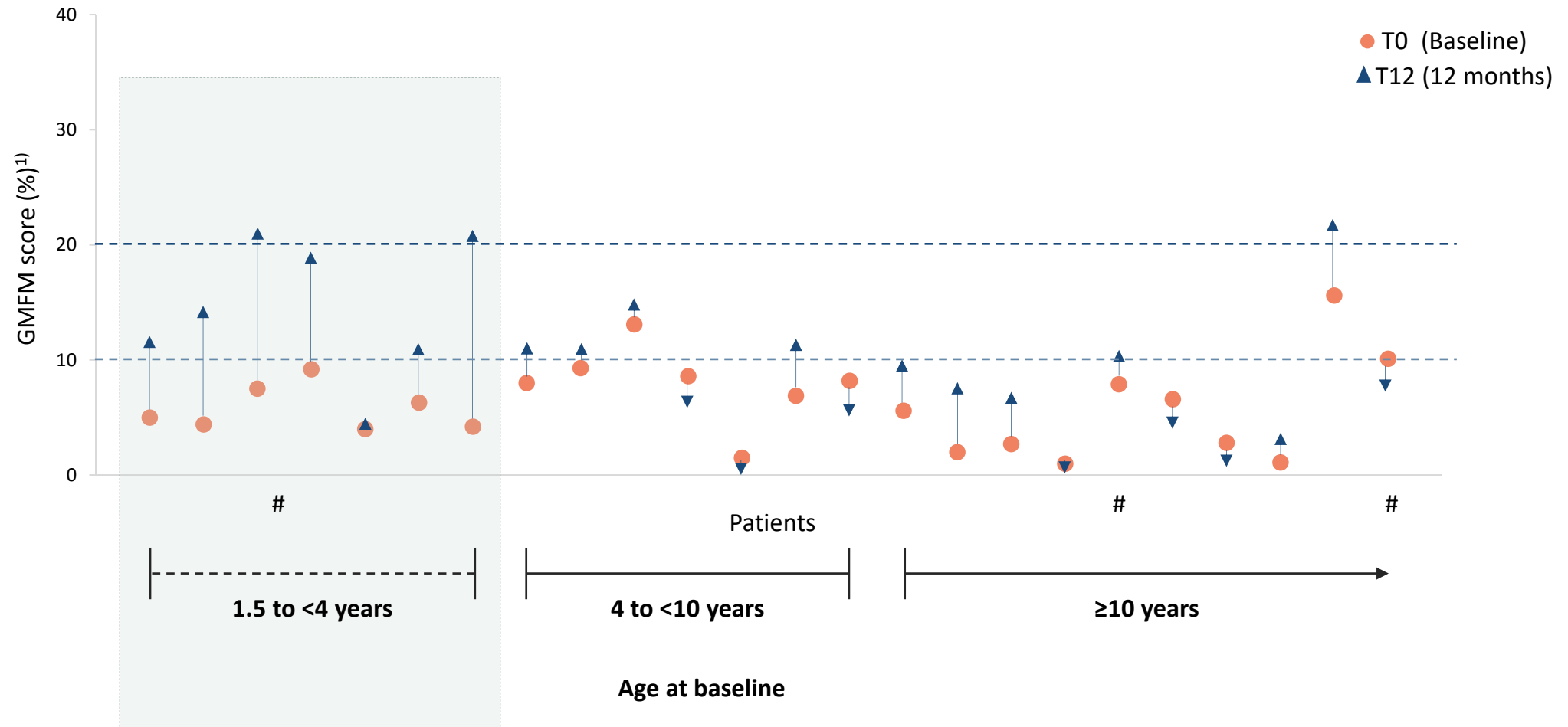


Endpoints	Baseline mean (± SD)	12 months mean (± SD)	Difference in means (95% CI)	p-value
Serum T3 (nmol/L)	4.97 (± 1.55)	1.82 (± 0.69)	-3.15 (-3.62, -2.68)	<0.0001
Weight for age (z score)	-2.98 (± 1.93)	-2.71 (± 1.79)	0.27 (0.03, 0.50)	0.025
Resting heart rate (bpm)	112 (± 23)	104 (± 17)	-9 (-16, -2)	0.01
Mean heart rate 24 h (bpm)	102 (± 14)	97 (± 9)	-5 (-9, -1)	0.012
SHBG (nmol/L)	212 (± 91)	178 (± 76)	-35 (-55, -15)	0.0013
Total cholesterol (mmol/L)	3.2 (± 0.7)	3.4 (± 0.7)	0.2 (0.0, 0.3)	0.056
CK (U/L)	108 (± 90)	161 (± 117)	53 (27, 78)	<0.0001

Source: Groeneweg et al; Lancet D&E 2019

Triac Trial I: Indication of positive effect on neurocognitive development

Triac Trial II did not meet its primary endpoints



Real-world evidence: Long-term efficacy and safety of Emcitate® in MCT8 deficiency patients

Published in October, 2021

ACCEPTED MANUSCRIPT

Long-term efficacy of T3 analogue Triac in children and adults with MCT8 deficiency: a real-life retrospective cohort study

Ferdy S van Geest, Stefan Groeneweg, Erica L T van den Akker, Iuliu Bacos, Diana Barca, Sjoerd A A van den Berg, Enrico Bertini, Doris Brunner, Nicola Brunetti-Pierri, Marco Cappa ... [Show more](#)

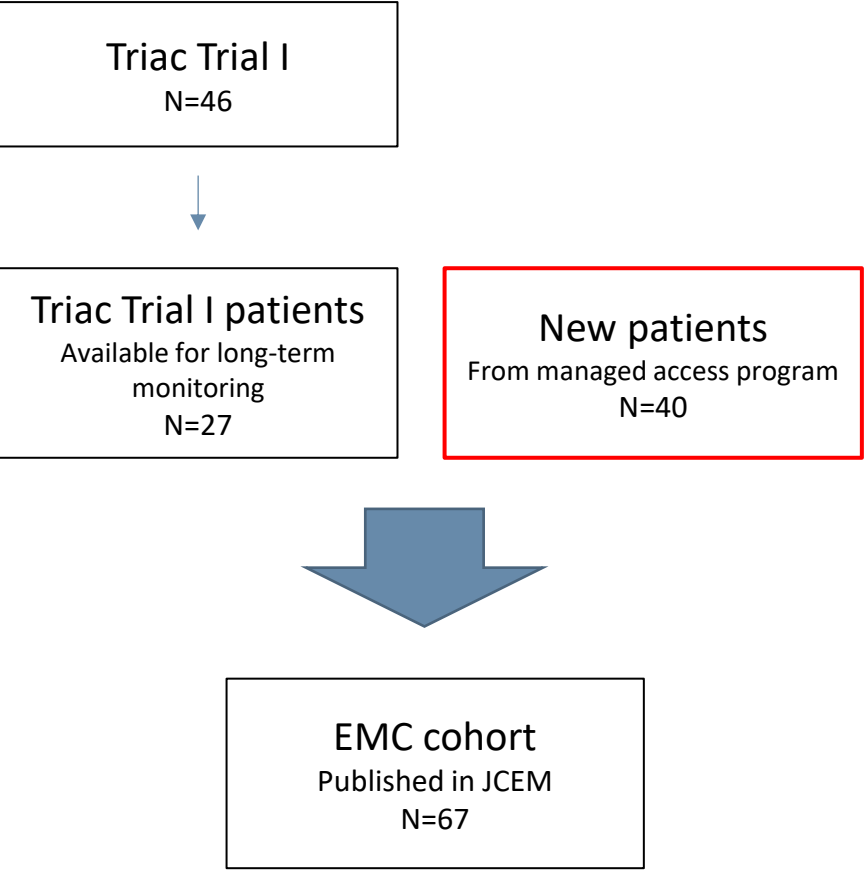
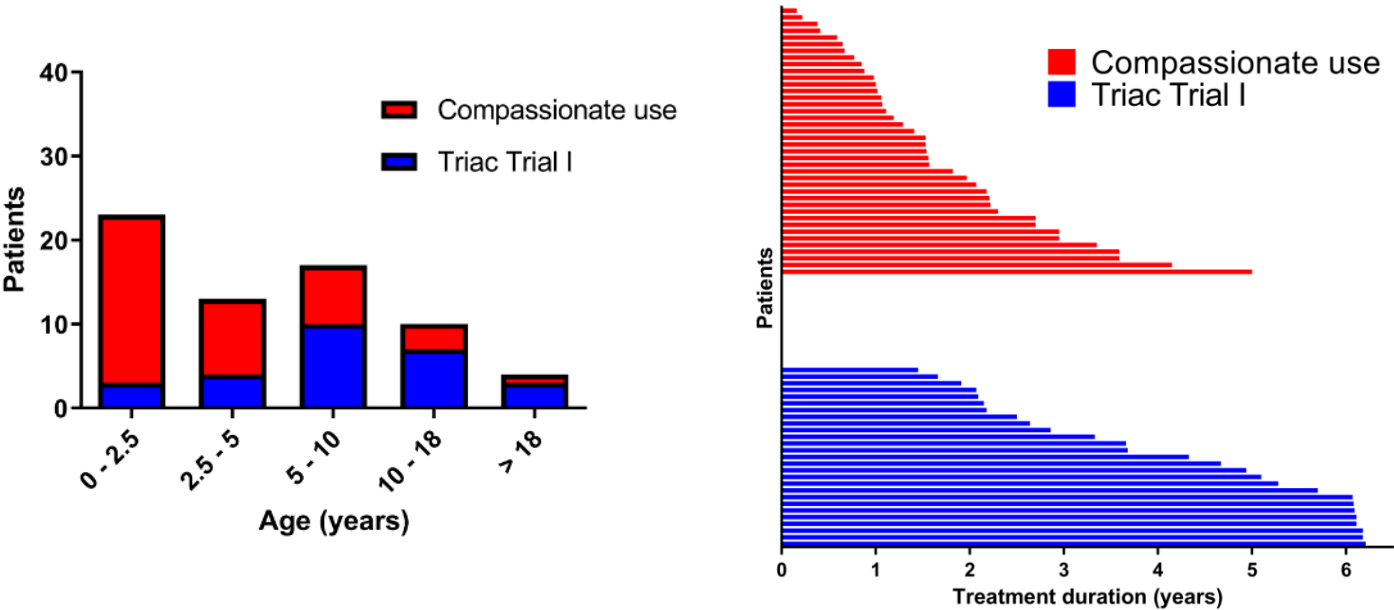
[Author Notes](#)

JCEM THE JOURNAL
OF CLINICAL
ENDOCRINOLOGY
& METABOLISM

- Investigator-initiated real-world cohort study at 33 sites conducted by the Erasmus Medical Center
- Investigated efficacy and safety of *Emcitate* in 67 patients with MCT8 deficiency
 - Median baseline age of 4.6 years (range: 0.5–66 years) and were treated with tiratricol for up to 6 years, with a median of 2.2 years (range 0.2 – 6.2 years)
 - The primary endpoint in the study was the change in serum T3 concentration from baseline to last-available measurement
 - The pre-specified secondary endpoints were key measurements of clinical complications of chronic peripheral thyrotoxicosis

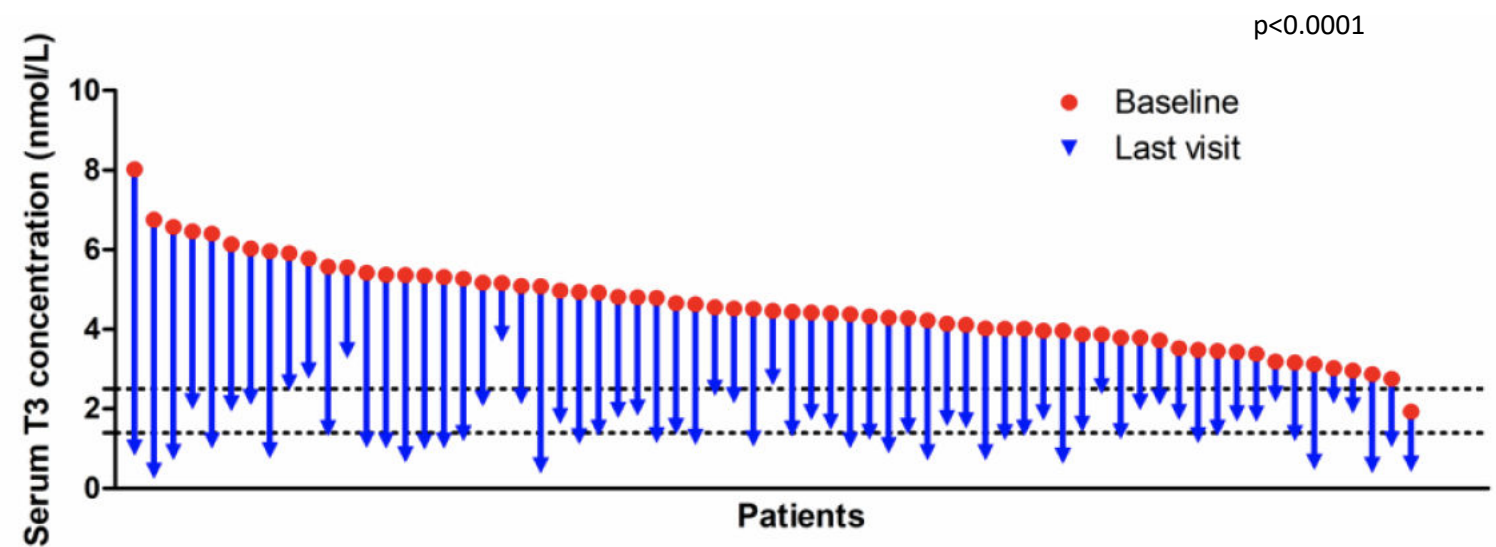
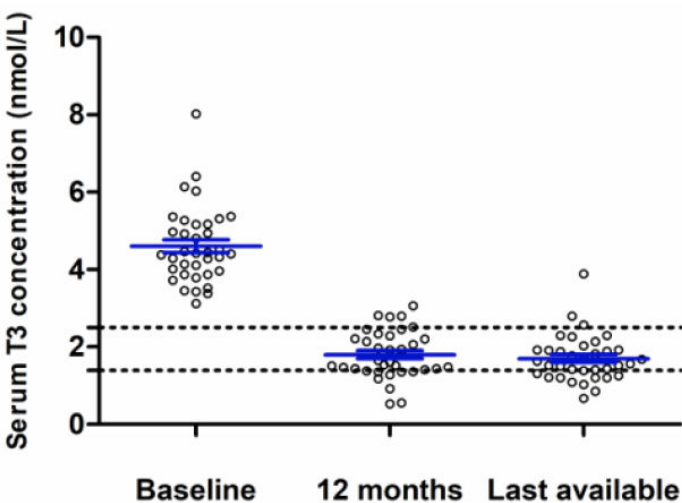
New patient cohort of equal size to the Triac Trial I

Long term follow up, up to >6 years



New cohort confirms primary endpoint results in Triac Trial I

Fast and durable normalization of T3 values in almost all patients



Consistent, clinically relevant and highly significant results across endpoints

- Data confirm the positive results from previous study, Triac Trial I
- Normalization of serum T3 corresponds to improvement in thyroid hormone status in end target tissues
- Beneficial effects are maintained or continue to improve over time, up to six years
- Consistent efficacy seen across key clinical and biochemical parameters that were sustainably alleviated in patients with MCT8 deficiency regardless of age

Table 2: Changes from baseline to last visit in predefined outcomes

	Baseline mean (SD)	Last visit mean (SD)	Mean change (95% CI)	P value
Primary outcome				
T3 (nmol/L; n=67)	4.58 (1.11)	1.66 (0.69)	-2.92 (-3.23 to -2.61)	<0.0001
Secondary outcomes				
<i>Anthropometric parameters and heart rate</i>				
Body weight (kg; n=58)	17.8 (12.1)	23.6 (14.5)	5.7 (4.2 to 7.2)	
Weight-for-age Z score (n=58)	-2.81 (1.94)	-2.64 (1.81)	0.17 (-0.18 to 0.53)	0.3263
Δ Weight-for-age – predicted weight-for-age Z score (n=55)	0.07 (1.83)	0.79 (1.92)	0.72 (0.36 to 1.09)	0.0002
Height (cm; n=44)	101 (21)	116 (23)	15 (12 to 19)	
Height-for-age Z score (n=44)	-1.84 (1.77)	-1.92 (1.51)	-0.09 (-0.50 to 0.32)	0.6705
Δ Height-for-age – predicted height-for-age Z score (n=43)	-0.44 (1.38)	0.14 (1.41)	0.58 (0.12 to 1.05)	0.0139
Weight-for-height Z score (n=44)	-2.02 (2.49)	-1.50 (2.44)	0.52 (-0.35 to 1.39)	0.2358
Heart rate (bpm; n=48)	113 (21)	97 (20)	-17 (-24 to -10)	<0.0001
Heart rate-for-age Z score (n=48)	1.59 (0.89)	0.96 (1.01)	-0.64 (-0.98 to -0.29)	0.0005
<i>Thyroid function tests</i>				
TSH (mU/L; n=62)*	3.32 (2.30)	0.95 (0.73)	-2.38 (-2.98 to -1.77)	<0.0001
Free T4 (pmol/L; n=64)	9.5 (2.3)	3.4 (1.6)	-6.1 (-6.7 to -5.4)	<0.0001
T4 (nmol/L; n=63)	54.2 (11.8)	18.1 (9.8)	-36.1 (-39.5 to -32.7)	<0.0001
<i>Peripheral markers</i>				
Sex hormone-binding globulin (nmol/L; n=48)	245 (99)	209 (92)	-36 (-57 to -16)	0.0008
Creatinine (μmol/L; n=47)	32 (11)	39 (13)	7 (6 to 9)	<0.0001
Creatine kinase (U/L; n=47)*	110 (87)	128 (80)	18 (-8 to 45)	0.2166
All outcomes were assessed in all patients who received Triac treatment longer than the mean time to optimal dose (5.0 months; N=64). Data are mean. Body weight-for-age Z scores were calculated using TNO growth calculator and heart rate-for-age Z scores were calculated using the Boston Z score calculator. Abbreviations: T3=tri-iodothyronine. TSH=thyroid-stimulating hormone. T4=thyroxine. *TSH and creatine kinase concentrations were log-transformed to ensure a normal distribution before paired t tests were done (non-transformed means [SDs] and mean changes [95% CIs] are presented for the sake of interpretability).				

Triac Trial II objective and design:

Triac Trial II was designed to investigate a potential additional benefit on neurocognitive development in 22 patients with MCT8 deficiency below 30 months of age treated with Emcitate[®] (tiratricol) during 96 weeks

Primary Objective	<ul style="list-style-type: none">Confirm findings from Triac Trial I in youngest age groupImprovement in neurocognitive development as measured by GMFM¹ and BSID-III² compared to natural history controls
Secondary Objective	<ul style="list-style-type: none">Achievement of motor milestones (e.g. hold head, sit independently)Normalization of thyroid hormone function tests and markers of thyrotoxicosis
Description	<ul style="list-style-type: none">Open label, multi-centre trial in very young children with MCT8 deficiencyInternational trial with centres in CZ, DE, NL & USDesign discussed and anchored with EMA and FDAClinicalTrials.gov identifier: NCT02396459
# of Patients	<ul style="list-style-type: none">22 children, 0-30 months of age
Timetable	<ul style="list-style-type: none">Topline 96-week results announced on June 19, 2024The trial did not meet its primary endpoints (please see next slide)Market approval not dependent on Triac Trial II data



1. GMFM: Gross Motor Function Measure
2. BSID: Bayley Scales of Infant and Toddler Development

Triac Trial II Summary

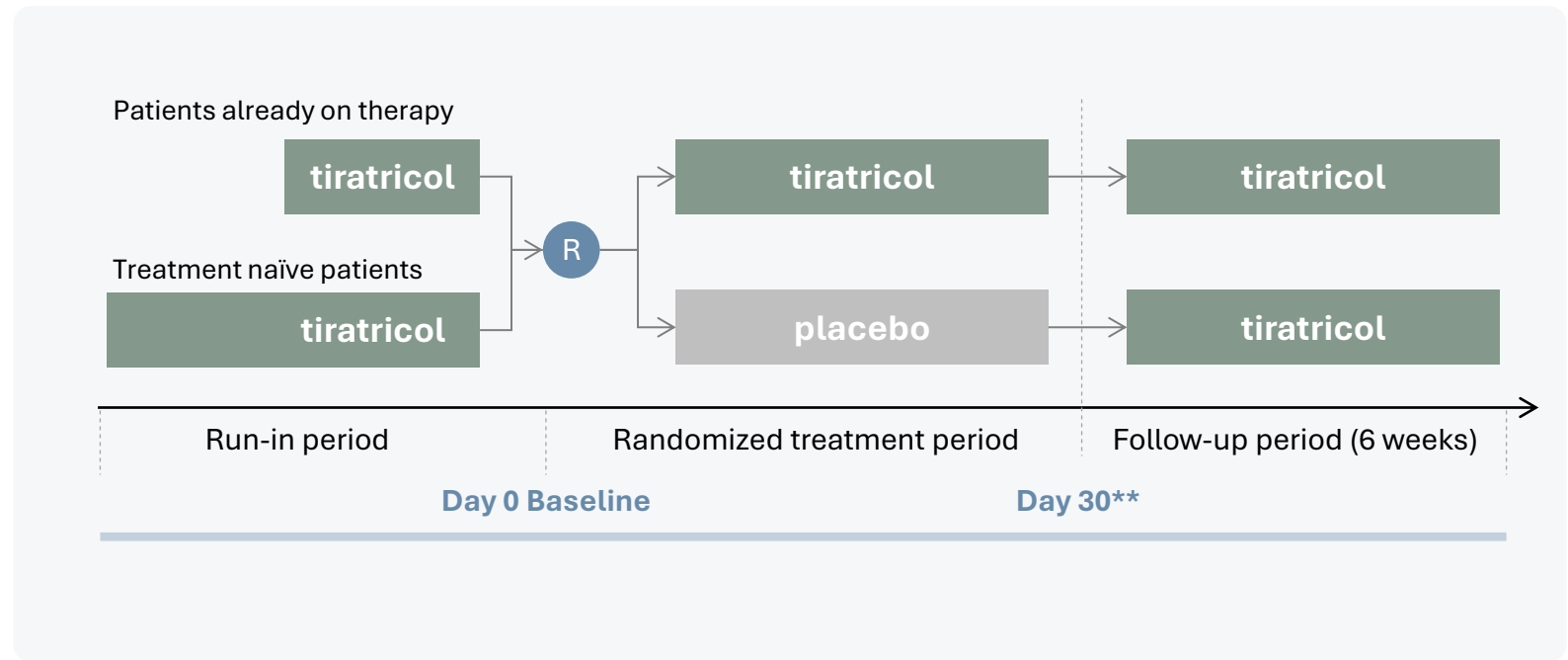


- Triac Trial II results:
 - The numerical improvements versus baseline observed on the primary endpoints of neurocognitive development assessed by the GMFM-88 and BSID-III scales did not show a statistically significant improvement versus historical controls.
 - The trial confirmed the significant and durable reduction of T3 levels in all patients - relevant to alleviate features of thyrotoxicosis in patients with MCT8 deficiency.
 - Well-tolerated safety profile of tiratricol seen in previous clinical studies.

ReTRIACt Trial Designed to Support NDA Submission

Aligned with FDA to Include ReTRIACt Data as Complementary and Not Pivotal

- A 30-day, randomized placebo-controlled withdrawal study in 15 patients
- The study allowed inclusion of patients already on therapy and treatment naïve patients
- Treatment naïve patients required a longer run-in period to stabilize T3 levels around normal range before randomization



Positive topline results demonstrate a statistically significant ($p=0.034$) difference in the rate of change in serum T3 in patients randomized to withdrawal (placebo) vs. in patients continuing therapy (tiratricol)

ReTRIACt trial data will be used in combination with other historical data sets to support approval

EMCITATE approved by FDA on September 28, 2026

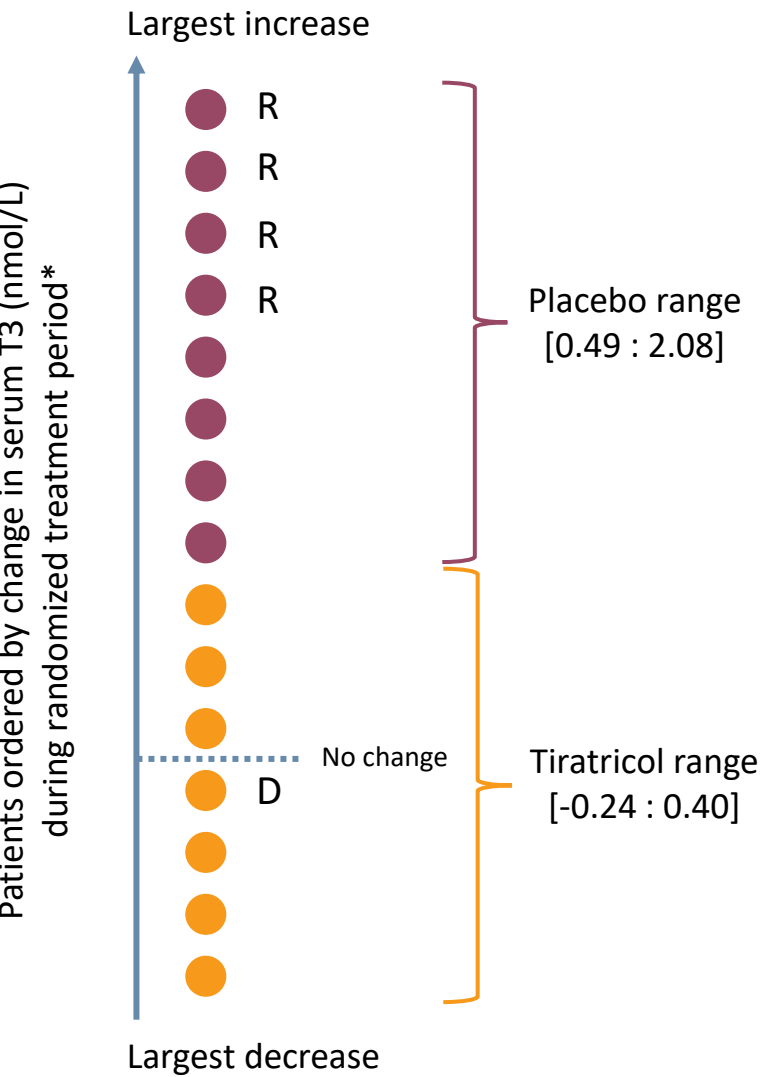
BTD: Breakthrough Therapy Designation

* ULN: Upper Limit of Normal

** Randomized treatment period ends after 30 days or when rescue criterion ($T3 > ULN$) is met, whichever comes first

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ReTRIACt study: Results on primary endpoints



* = change from baseline to rescue or end of randomized treatment period
R = patient meeting rescue criterion during randomized treatment period
D = patient discontinued during randomized treatment period

Primary Endpoint 1: T3 rate of change during Randomized Treatment Period (30 days)

Treatment	N	T3 rate of change [95% CI]	Ratio of T3 rate of change Placebo / Tiratricol [95% CI]	P-value
Placebo	8	1.590 [1.194; 2.117]	1.494 [1.035; 2.155]	0.034
Tiratricol	7	1.064 [0.847; 1.337]		

Note: Estimates from random effects model

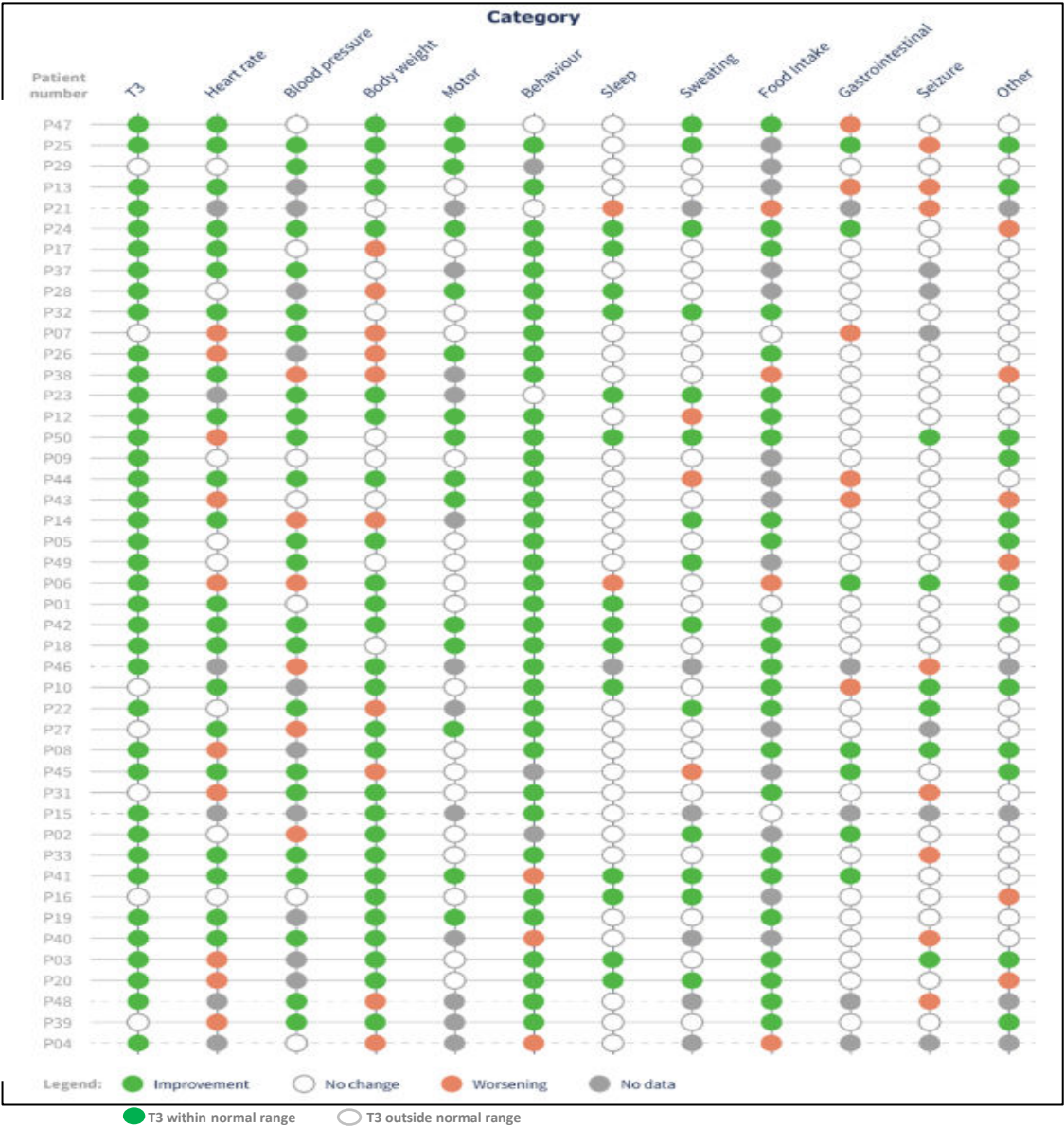
Primary Endpoint 2: T3 rescue during Randomized Treatment Period (30 days)

Treatment	N	Number of observed rescues	Number of imputed rescues	Total number of rescues	Proportion of patients with rescue	P-value
Placebo	8	4	0	4	50%	0.182
Tiratricol	7	0	1*	1	14%	
Sensitivity analysis						
Placebo	8	4	-	4	50%	0.070
Tiratricol	6	0	-	0	0%	

Note: P-value from Fisher's exact test

Note (*): Patient discontinued during randomized treatment period imputed as meeting rescue criterion

Overview of changes in clinical variables during Triac Trial I



Real-world evidence: Tiratricol (Emcitate®) treatment in patients with MCT8 deficiency is associated with survival benefits



- Abstract published ahead of the ETA/ITC Annual Meeting report that treatment with tiratricol (Emcitate®) in patients with MCT8 deficiency is **associated with a 3x lower risk of mortality**.
- Retrospective real-world cohort study investigated the effects of tiratricol on mortality in 265 patients with MCT8 deficiency.



New data shows tiratricol (Emcitate®) treatment in patients with MCT8 deficiency is associated with survival benefits

August 21, 2024

- Abstract by F. van der Most et al. published ahead of the 46th Annual Meeting of the European Thyroid Association, to be held in Athens, Greece, on September 7-10, 2024.
- An international real-world cohort study included data from 228 patients collected from 173 sites in 48 countries.
- Treatment with the investigational drug tiratricol (Emcitate®) in pediatric and adult patients with MCT8 deficiency is associated with an approximately three times lower risk of mortality. This corroborates previous findings indicating that tiratricol sustainably alleviated key clinical features resulting from peripheral thyrotoxicosis.

Stockholm, Sweden, August 21, 2024. Egetis Therapeutics AB (publ) (“Egetis” or the “Company”) (Nasdaq Stockholm: EGTIX), today announced the content of an abstract by Dr Floor van der Most and co-authors, Erasmus Medical Center, Rotterdam, The Netherlands, published ahead of the 46th Annual Meeting of the European Thyroid Association, to be held in Athens, Greece, on September 7-10, 2024. In the Abstract, treatment with the investigational drug tiratricol (Emcitate®) in paediatric and adult patients with MCT8 deficiency is associated with an approximately three times lower risk of mortality compared to MCT8 deficiency patients not treated with tiratricol.

Post-hoc analysis reports effects of tiratricol on patient-centered outcome measures in patients with MCT8 deficiency



- According to the Abstract, there were improvements upon tiratricol treatment reported by caregivers related to improved interaction (22/39), greater alertness (19/39), improved motor skills (12/39), improved head control (7/39), and improved sleep (8/39).
- Compared to the baseline visit, excessive sweating was much less reported (48.6% vs. 8.1%) and less reduction in salivary flow was observed (30.6% vs. 22.2%) by the caregivers at the end study visit.
- **All parents (40/40)** preferred to continue tiratricol treatment.

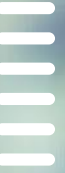


New post-hoc analysis reports effects of tiratricol on patient-centered outcome measures in patients with MCT8 deficiency

August 28, 2024

- An Abstract by Dr M. Freund and co-authors from Erasmus Medical Center, Rotterdam, The Netherlands, published ahead of the Annual Meeting of the European Thyroid Association reports that treatment with the investigational drug tiratricol exerts beneficial effects on several patient-centered outcome measures in MCT8 deficiency.

Stockholm, Sweden, August 28, 2024. Egetis Therapeutics AB (publ) (“**Egetis**” or the “**Company**”) (Nasdaq Stockholm: EGTIX), today announced the content of an Abstract by Matthijs Freund and co-authors, Erasmus Medical Center, Rotterdam, The Netherlands, published ahead of the 46th Annual Meeting of the European Thyroid Association, to be held in Athens, Greece, on September 7-10, 2024. In this analysis the authors performed post-hoc analyses on caregiver-reported patient-centered outcome measures in the Triac Trial I (1). In this trial, 40 patients with MCT8 deficiency completed 1 year of tiratricol treatment. At baseline, during clinical visits and at the end of the study, semi-structured interviews were held with caregivers on complex needs and daily care challenges, including motor skills, sleep problems, and seizure frequency. Moreover, parents were asked to report perceived changes in (thyrotoxic) symptoms such as increased sweating and reduction in salivary flow.



Appendix 3

Priority Review Voucher

Egetis Granted PRV following U.S. Approval of EMCITATE®

Recent U.S. Rare Pediatric Disease Voucher (PRV) Value Range: \$180M-\$220M

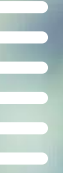


Overview of PRV

- The FDA grants Rare Pediatric Disease designation (RPD) to therapies for serious or life-threatening diseases affecting fewer than 200,000 people in the USA
- Sponsors holding a RPD can apply to receive a Priority Review Voucher (PRV) upon approval
- Provides accelerated FDA review of a new drug application (NDA) for another drug candidate, in any indication, shortening time to market in the U.S.
- The voucher may be sold or transferred to another sponsor
- During 2026 PRVs have been sold ranging from \$180m-\$220m

Examples of PRVs sold in 2026

Seller	Buyer	Value
Jazz Pharmaceuticals	Undisclosed	\$200M
Fortress Biotech	Undisclosed	\$205M
Rocket Pharmaceuticals	Undisclosed	\$180M
Denali Therapeutics	Undisclosed	\$195M
Undisclosed	BMS	\$220M



Appendix 4

Leadership Team and Board of Directors

Leadership team with global experience & proven track record



Nicklas Westerholm

CEO

- Joined 2017
- AstraZeneca 1995-2017
- VP Late-stage development CVMD
- Executive Officer & VP Japan Operations
- Director Investor Relations



Tiago Nunes, MD, PhD

Chief Medical Officer

- Joined 2026
- SVP, Clinical Development, Mirum Pharmaceuticals
- Clinical development lead, Nestlé
- Residency in gastroenterology, Rio de Janeiro



Sofie Broberg

VP Regulatory Affairs

- Joined 2026
- Regulatory affairs roles at Sobi, Amgen, Bayer, Diamyd Medical & SDS Life Sciences



Yilmaz Mahshid, PhD

CFO

- Joined 2021
- Investment Manager & Controller at Industrifonden
- Sell-side analyst at Pareto & Öhman
- CEO Medivir



Christian Sonesson, PhD

VP Product Strategy & Development

- Joined 2017
- AstraZeneca 13 years
- Late-stage development expertise from FORXIGA, MOVANTIK, ONGLYZA, BRILINTA & QTERN



Laetitia Szaller

General Counsel & Head of Compliance & ESG

- Joined 2023
- Senior legal roles at AM Pharma, UCB & Zoetis



Anny Bedard

President Egetis North America

- Joined 2022
- Commercial leadership roles at Shire and Sarepta



Katayoun Welin-Berger, PhD

VP Technical Operations

- Joined 2023
- VP Operations at Calliditas Therapeutics
- Previously at BioGaia and AstraZeneca



Nils Hallen

Global Head of HR

- Joined 2021
- Adjunct professor in work & organizational psychology



Henrik Krook, PhD

VP Commercial Operations

- Joined 2020
- Commercial roles at Alexion, Novartis, Roche and Affibody



Karl Hård, PhD

VP IR & Business Development

- Joined 2022
- Redx Pharma, Optimum Strategic Communications, Kiadis, AstraZeneca

Board of directors



Mats Blom

Chair of the board since 2024

- Shares in Egetis: 3,499,762
- BA, Business Administration & Economics, Lund University; MBA, IESE University of Navarra
- Other assignments: Board member Hansa Biopharma, Auris Medical, Altamira Therapeutics & Pephexia Therapeutics



Gunilla Osswald

Board member since 2017

- Shares in Egetis: 40,000
- PhD in biopharmacy and pharmacokinetics
- Other assignments: CEO BioArctic AB



Behshad Sheldon

Board member since 2023

- Shares in Egetis: 0
- BS in neuroscience
- Other assignments: Chair of the Board of FORCE (Female Opioid Research and Clinical Experts) in Princeton, NJ, Board Member, Camurus AB and Maxona Pharmaceuticals; EVP & MD, Biotech Value Advisors



Margarida Duarte

Board member since 2025

- Shares in Egetis: 0
- BS in Pharmaceutical Sciences & Executive Master's degree in Medical Marketing Management
- Other assignments: Executive Vice President, Global Chief Commercial Officer, Deciphera Pharmaceuticals



Birgitte Volck

Board member since 2026

- Shares in Egetis: 0
- MD, PhD
- Strategic Advisor, Omass Therapeutics; NED & Chair Nominating and Corporate Governance Committee at Soleno Therapeutics; Consultant at BIVO



Jay Donovan Wu

Board member since 2026

- Shares in Egetis: 0
- EVP & President, Ascendis US

Step-wise building team to execute on key activities at the right time for launch success



Key projects driven by recognized industry talents recruited to the Egetis Commercial & Medical Affairs Team

– Core team brings launch skills and best practices from in total 150+ years at international companies



Henrik Krook, SE
VP, Commercial Operations



Anny Bedard, US
President Egetis North America



Henna Oittinen Corbinelli, CH
Medical Director Europe & International



Ann-Marie Redmond, US
Head of Market Access & Pricing,
North America



Nadia Georges, CH
Global Head, Market Access & Pricing



Karen Anderson, US
Head of Medical Affairs,
North America



Azza Trad, FR
GM France



Nigel Nicholls, UK
Global Patient Advocacy Director &
GM UK, Northern Europe & Iberia



Peter Verwaijen, NL
Global Head Brand Strategy &
Commercial Business Expansion,
GM Benelux



Raymond Francot, NL
GM for DACH, IT,
Central & Eastern Europe



Thank you!

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