

April 9, 2026



Developing therapies for **Alzheimer's**

European
Innovation
Council



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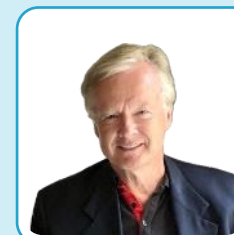


AlzeCure Pharma in brief

AlzeCure Pharma – In brief

- Working in **Alzheimer's Disease (AD) & Pain** – high unmet medical need & multi-billion sales potential
- Spin-out from **AstraZeneca** – as a result of their exit from the CNS area
- Founded in 2016, out of a research foundation sponsored by **Alzheimerfonden**
- Based at Novum Science Park, **Karolinska Institute**, Stockholm, Sweden
- Three project platforms with multiple **small molecule** candidates with **first-in-class properties**
 - **NeuroRestore®** – A novel symptomatic treatment for cognitive disorders, e.g. AD with disease modifying potential
 - **Alzstatin®** – An innovative preventive & disease-modifying treatment against AD
 - **PainLess** – Innovative projects for osteoarthritic & neuropathic pain
- Listed on **Nasdaq First North Premier** Growth Market, Sweden, (Ticker: ALZCUR)
- Market cap: **183 MSEK** (260407)
- **Cash position: 50.3 MSEK** (Q4 2025)
- **European Innovation Council (EIC) grant of 27.5 MSEK** (€ 2.5M) for phase IIa Alzheimer's trial

Professor Jan Lundberg – Board member
Former global head of R&D at Eli Lilly & global head of research at AstraZeneca joining & investing

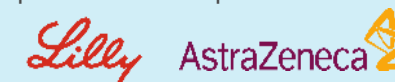


Professor Jan Lundberg

Jan Lundberg, Professor in neurotransmission

Professor Jan Lundberg has more than 25 years of experience from leading positions in global pharmaceutical companies, including as global head of research at Astra and then AstraZeneca (1996 – 2009) and **global head of research & development** at Eli Lilly (2010 – 2018). He has led the development of more than 200 drug candidates, including Alzheimer's & pain, with 30 approved products in several therapeutic areas.

Before joining Astra, Dr. Lundberg was professor of pharmacology at the Karolinska Institute, where he also received his PhD. His research has resulted in over 500 publications in peer-reviewed scientific journals.



Our Business Model

Are a **Research & Development** company

Research & develop through early clinical phase
and then to **out-license** or **partner** on our projects

Gain incomes through:



Upfront
payments



Milestone
payments

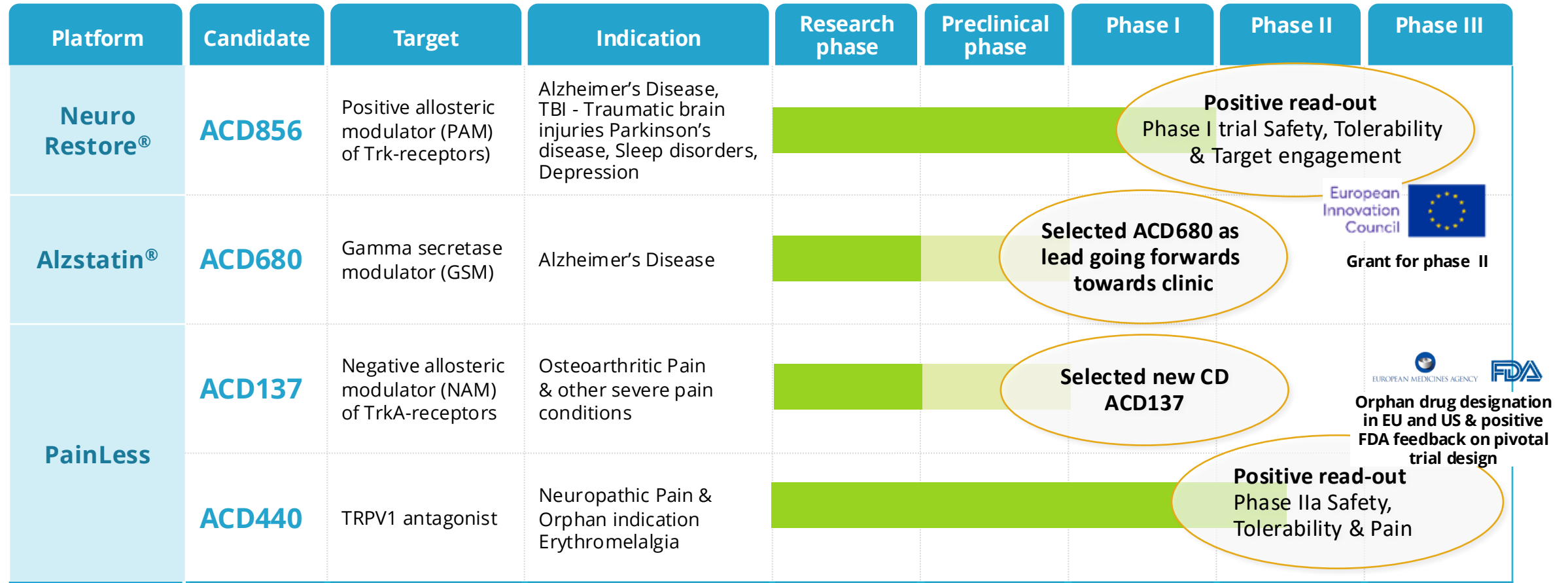


Royalties on
sold products



A pipeline of Small-Molecule Programs

Multiple candidates increase chance of success



 Phase completed

 Phase ongoing

Focus Area

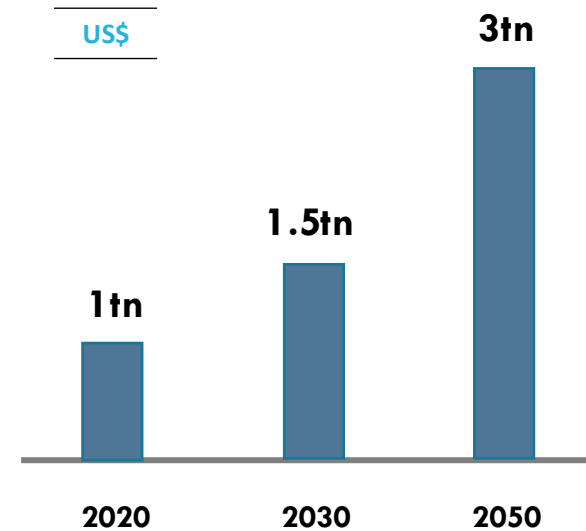
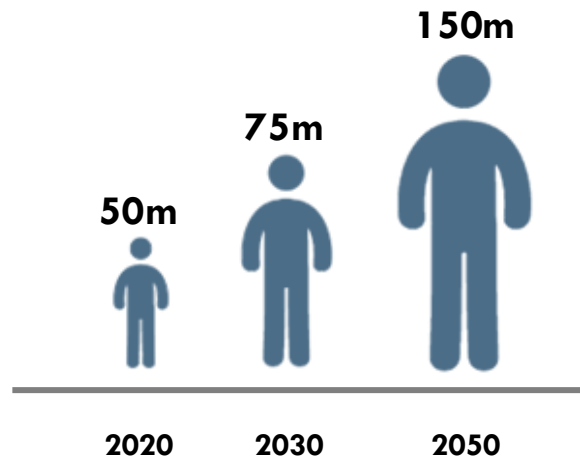
Alzheimer's Disease

- Cost the society more than **oncology, diabetes and cardiovascular diseases TOGETHER!!!**
- **The cost will triple** in the next 30 years



Dementia & Alzheimer is a Major Global Concern

- A Tripling Patient Population & Cost

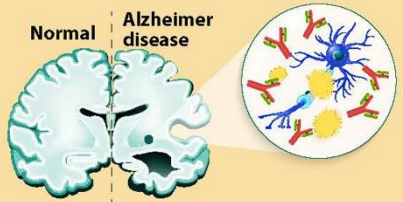


- **50 million** people worldwide live with Dementia ...
- ... and **doubling every 20 years**
- Alzheimer's stands for 60-70% of all cases of dementia

if **the total cost** for Dementia would be a country based on total cost in 2026, it would represent the 15th largest economy in the world

Only 5-8% of Alzheimer's patients* are estimated to be eligible for anti-bodies treatment

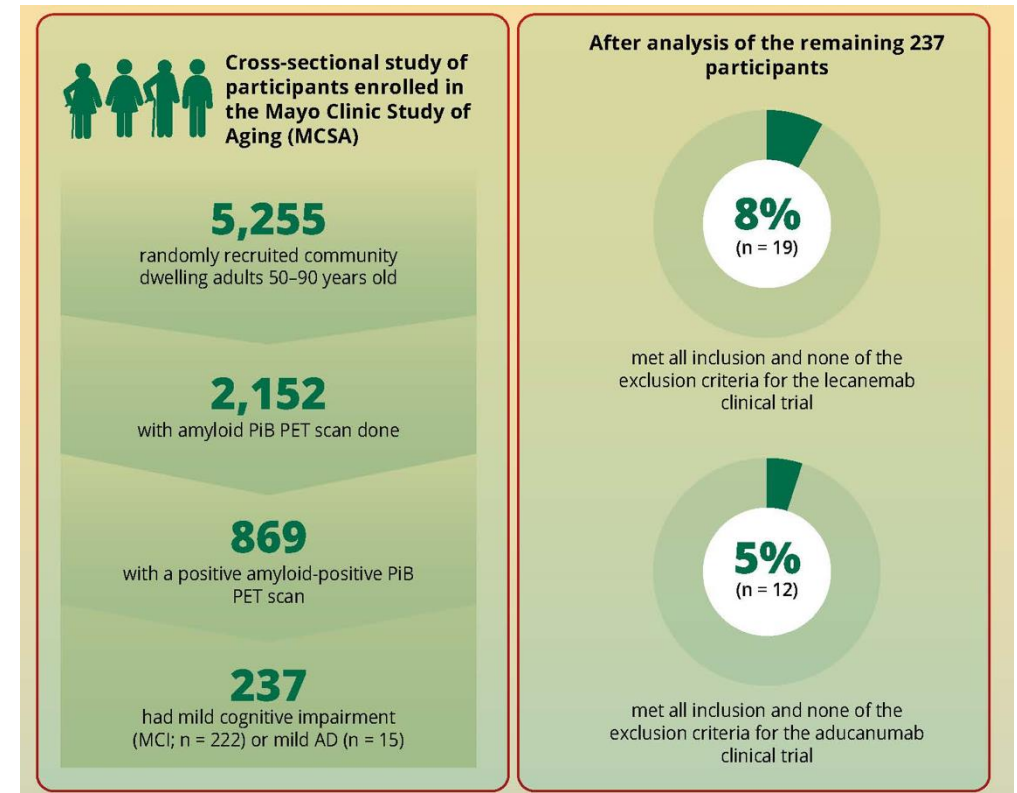
Determining Eligibility for Anti-Beta Amyloid Antibody Treatment in Adults with Mild Cognitive Impairment or Dementia



The anti-beta amyloid monoclonal antibodies (mAbs) lecanemab and aducanumab were recently approved by the FDA for use in the treatment of early symptomatic Alzheimer disease (AD)

What proportion of patients with mild cognitive impairment (MCI) or mild AD seen in a memory clinic would meet the inclusion criteria used in the clinical trials of aducanumab and lecanemab?

Only a small proportion of participants in the MCSA would be eligible for anti-amyloid mAbs if the criteria used in the clinical trials of lecanemab and aducanumab were applied in routine practice

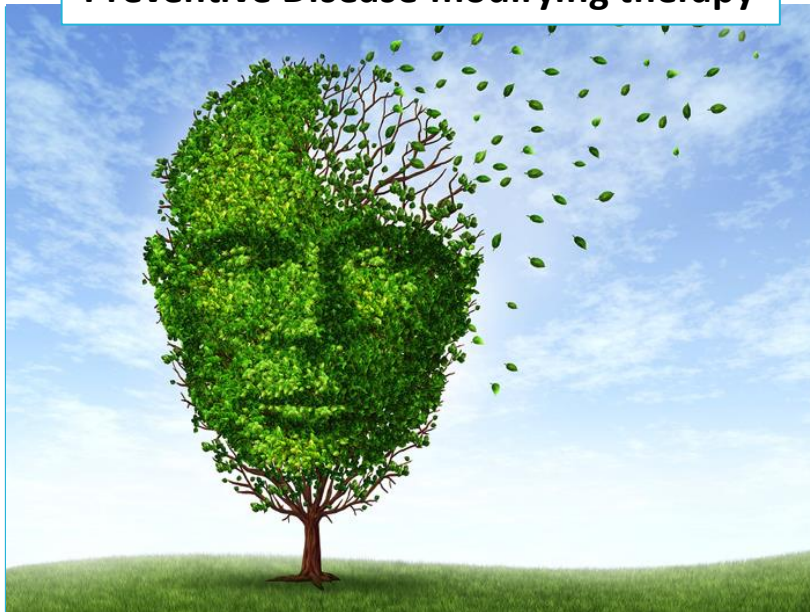


- **Huge unmet medical need remains** for alternative Alzheimer's treatments

Two Alzheimer's platforms - 1st-in-class properties & potential game-changers

MEETING NEEDS OF AD PATIENTS – ADDRESSING SHORT TERM NEEDS WITH LONG-TERM BENEFITS

Preventive Disease-modifying therapy



Alzstatin[®]

Gamma-secretase modulator
Targeting Amyloid Production
- Novel Oral Small Molecule

Symptomatic & pot.
Disease-modifying therapy



NeuroRestore[®]

Trk-PAM
Improving Neuronal & Cognitive Function
- Novel Oral Small Molecule



Alzstatin[®] – *gamma-secretase modulator targeting amyloid production for prevention and treatment of Alzheimer's disease*



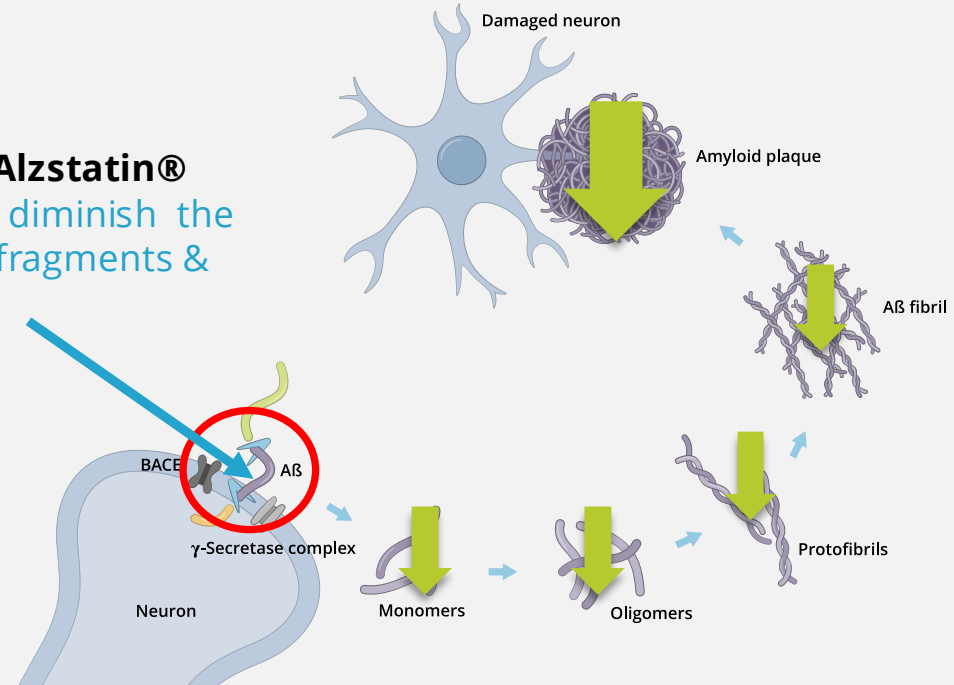
The Alzheimer's Brain and its Destruction by Toxic Protein

The Amyloid Cascade

Toxic protein formations, built up of A β 42, are harming and destroying brain structures

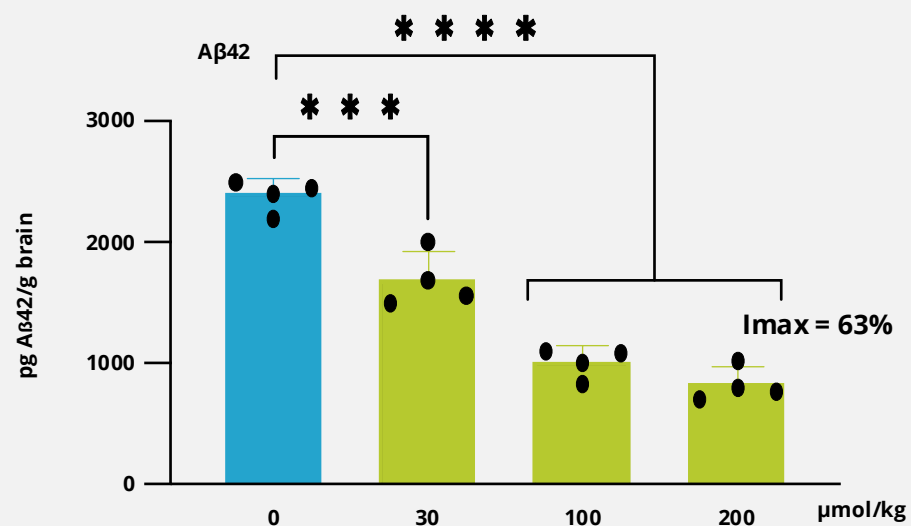


AlzeCure's GSM¹ **Alzstatin®** reduces A β 42 to diminish the build-up of toxic fragments & plaque

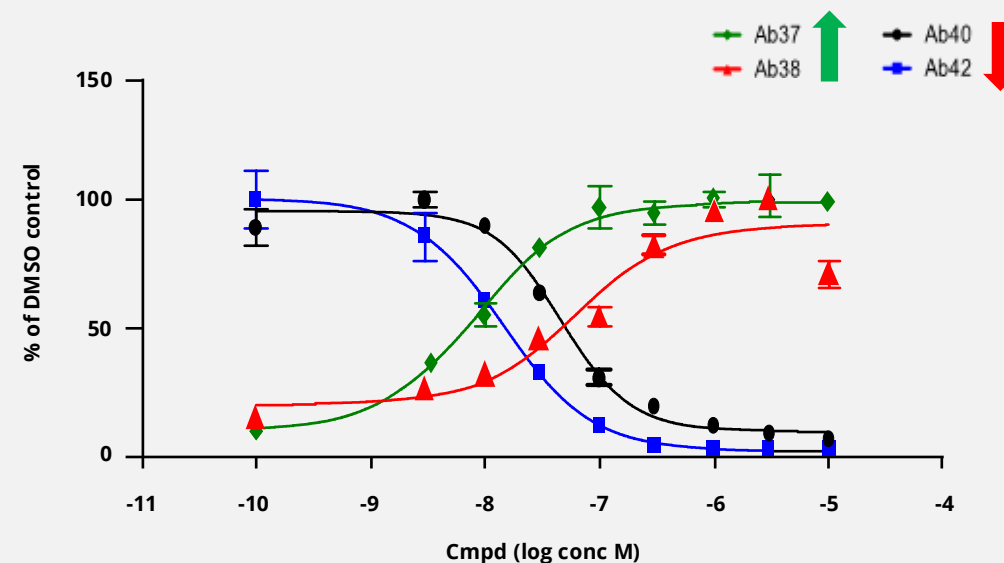


Alzstatin® – Potent Reduction of Toxic A β 42 & Increasing Protective A β 37 & A β 38

Alzstatin® potently reduces the amount of toxic brain A β 42 in animals

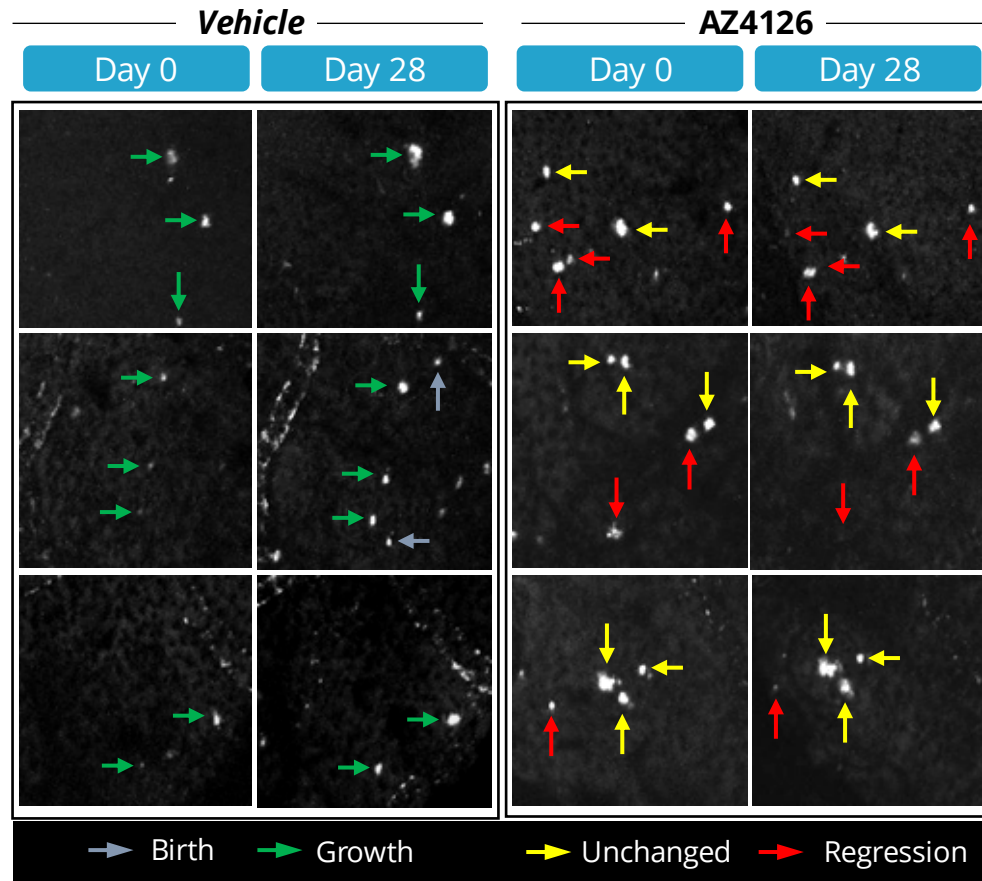


Alzstatin® reduces toxic A β 42 and A β 40, while increasing protective A β 38 and A β 37 peptides

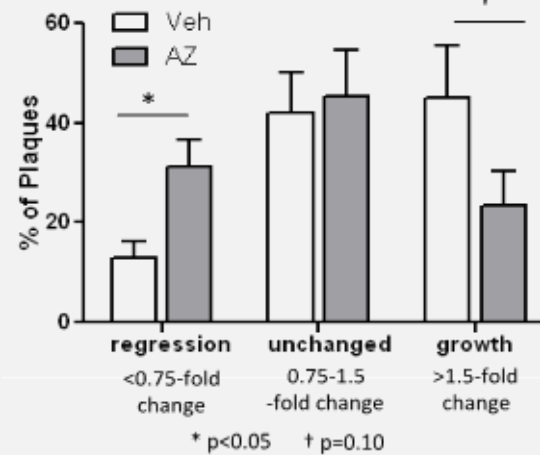


New preclinical data shows Induced Plaque Regression

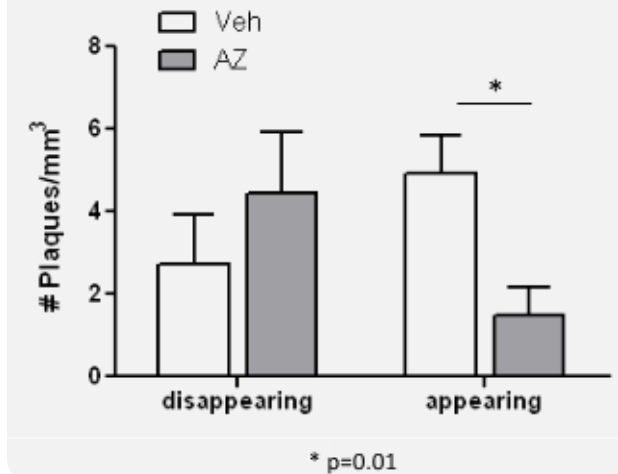
Two-photon-study preclinical study in APP/PS1 mice



Distribution of plaque growth & regression



Plaque appearance or disappearance



28-day GSM treatment

Reduces amyloid plaque growth

Decreases new plaque appearance

Induces plaque regression¹

Multiple Potential Treatment Populations for Alzstatin

– Maintenance, Combination & Preventive Therapy

Maintenance therapy - in patients with established Alzheimer's disease

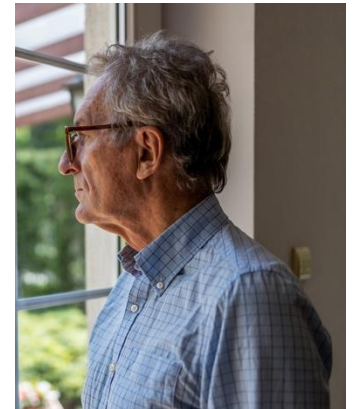
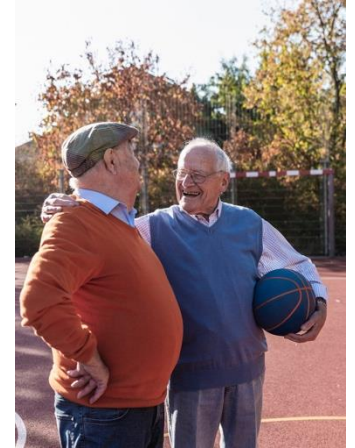
- Treatment after initial plaque clearance by monoclonal antibody treatment (as initially proposed by Lilly) e.g., with: Lecanemab (Eisai/Biogen/Bioarctic) & Donanemab (Lilly)

Combination therapy - together with monoclonal antibody treatment - early AD

- Combine plaque clearance by monoclonal antibody treatment and reduction of A β 42 production by GSM

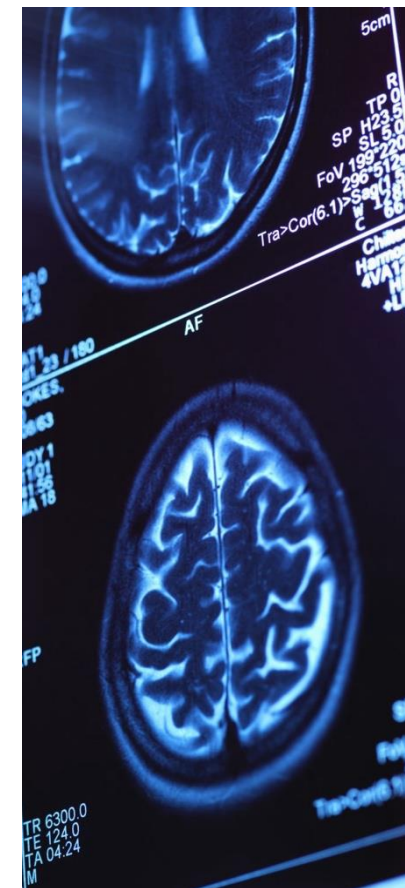
Preventive therapy - based on genetic risk factors¹ and biomarkers

- Early stand-alone treatment before onset of symptoms and any major neurodegeneration occurs (prior to rapid increase in Tau pathology)
- Prevents build-up of amyloid – an early pathological feature of AD
- Familiar forms of the disease (incl. Down's syndrome) suitable for initial proof of concept clinical studies



Early clinical Proof-of-Mechanism – Already in Phase I

- Phase I will demonstrate **proof of mechanism (PoM)** and **central target engagement**
 - SAD/MAD studies conducted in **healthy volunteers + Alzheimer's patients**
 - Evaluation of safety and tolerability after single and repeated administration – SAD/MAD study
 - Possibility to **explore biomarker effects** showing central target engagement already in **Phase I**
 - Show **reduction of toxic A β -species** – A β 42/40
 - Show **increase of shorter protective A β -forms** – A β 37/38
 - Measurements done both in CSF and plasma – using established **biomarker kits**



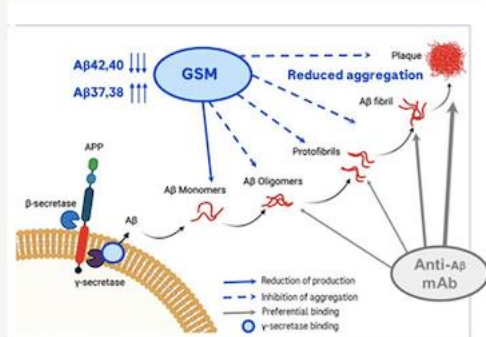
Interim phase II data on a GSM by Roche expected in 2026

RG6289, a FIC oral γ -secretase modulator in Alzheimer's disease

Targeting amyloid precursor protein processing to prevent $A\beta$ -aggregation

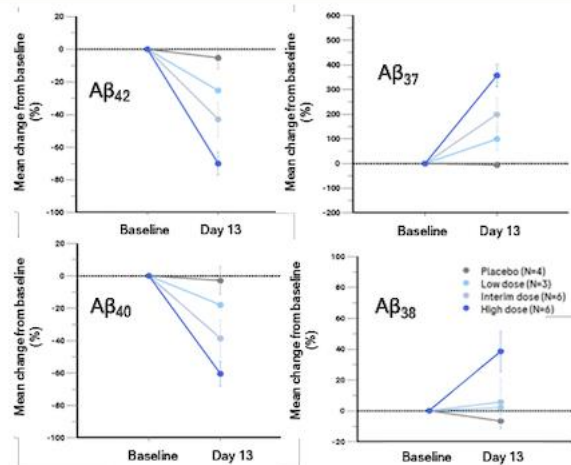


GSMs reduce $A\beta$ aggregation¹



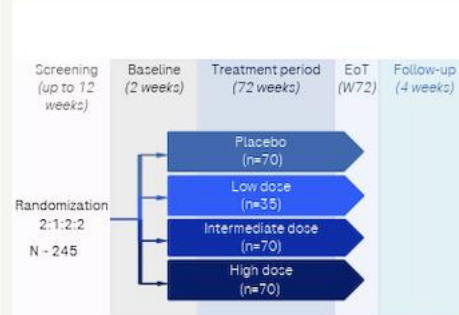
- RG6289 a potentially first-in-class oral GSM with high potency and selectivity
- GSMs alter APP processing: Reduction of $A\beta$ 42/40 and elevation of $A\beta$ 38/37
- Selective for APP with no effect on Notch
- GSMs prevent amyloid accumulation and halt plaque formation in animal model

Ph I dose escalation results for RG6289²



- Daily administrations of RG6289 decreased $A\beta$ 42/40 and increased $A\beta$ 37/38 concentrations in CSF of healthy volunteers in a dose dependent manner

Ph II (GABriella) study design³



- Ph IIa (GABriella) investigates RG6289 in individuals at risk for or at prodromal stage of AD exploring safety, tolerability and effects on AD-related biomarkers
- **Interim data expected in 2026**

The data is **validating & increasing interest** in Alzstatin®

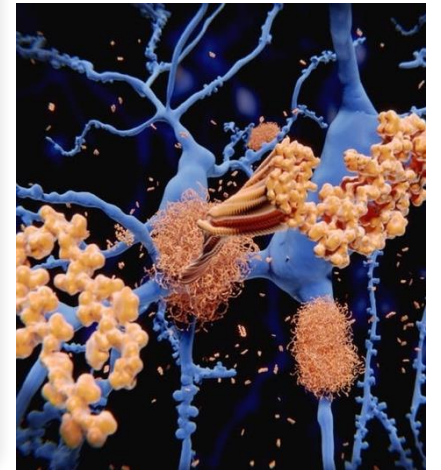


NeuroRestore[®] – *Trk-PAM improving neuronal function & cognition in Alzheimer's disease*



The importance of BDNF & NGF signaling in Alzheimer's

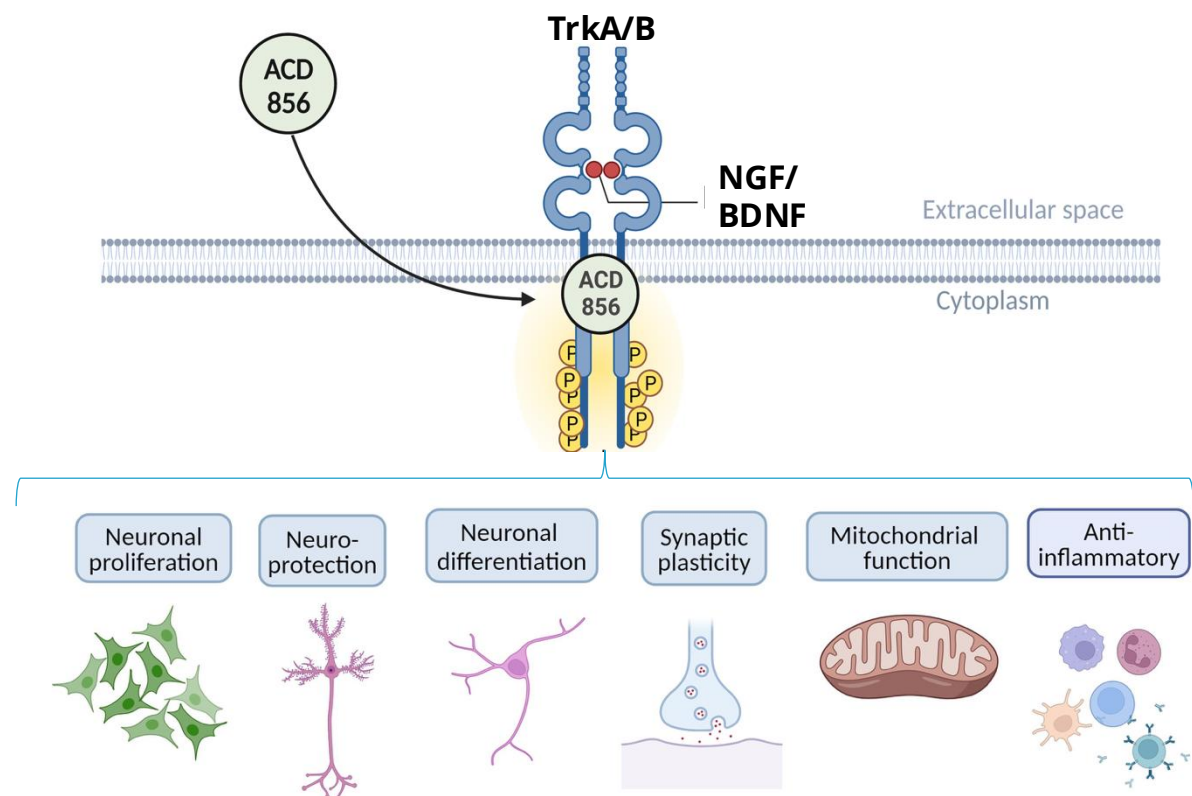
- The neurotrophins Brain-Derived Neurotrophic Factor (BDNF) and Nerve Growth Factor (NGF) bind to their respective receptors, TrkB and TrkA and are **key for brain health and cognition**
- BDNF& NGF signaling are implicated in several key neuronal functions, including **cholinergic function**, hippocampal neurogenesis and **synaptic plasticity**
- **Loss of NGF-dependent cholinergic neurons** in the basal forebrain and hippocampal atrophy are early hallmarks of Alzheimer's disease and **correlates with cognitive decline**
- **Certain genetics** in man, e.g. BDNF-Val66Met polymorphism, leads to **lower levels of BDNF**, and is associated with **more rapid cognitive impairment** and **increased disease progression** in Alzheimer's



Reduced BDNF and/or NGF-levels could limit the brain's ability to withstand pathological conditions

Mechanism of Action of NeuroRestore ACD856

- ACD856 is a novel oral small molecule positive modulator of Trk-receptors **enhancing the signaling** of neurotrophins such as **NGF & BDNF**
- The enhanced signaling leads to immediate **symptomatic effects** & with potential **long-term benefits**
- The long-term effects of ACD856 could include **improved neuronal function, increased mitochondrial function & enhanced cognition**, etc



Potential for **disease modifying effect & improved learning and memory**

NeuroRestore® – Cognitive Enhancer Improving Learning & Memory Ability

Stages of memory formation



LEARN

Transforming information into a form that can be stored in memory

STORE

Maintaining the encoded information in memory

REMEMBER

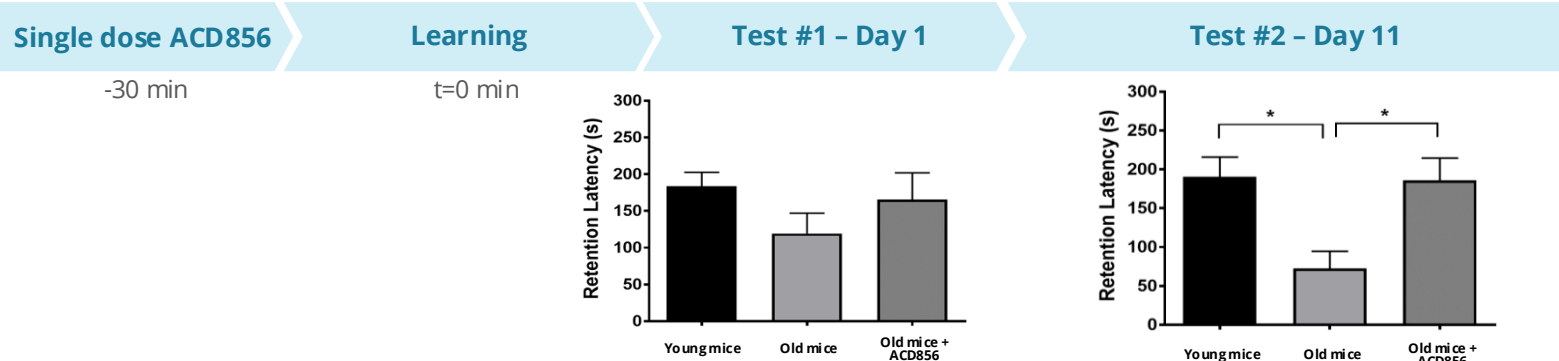
Re-accessing the information from the past which has been encoded & stored

NeuroRestore has in pre-clinical models shown that it can improve the ability to learn & remember information, so the information is accurately recollected when needed

Preclinical data on Pro-cognitive & Disease Modifying Effects

ACD856 improves aged-induced memory impairment

- 18-months old animals were used to study effects on age-induced memory impairment and compared to young animals
- Two memory tests were performed 1 or 11 days after learning



ACD856 could fully revert the memory impairment in old animals to the level in young animals

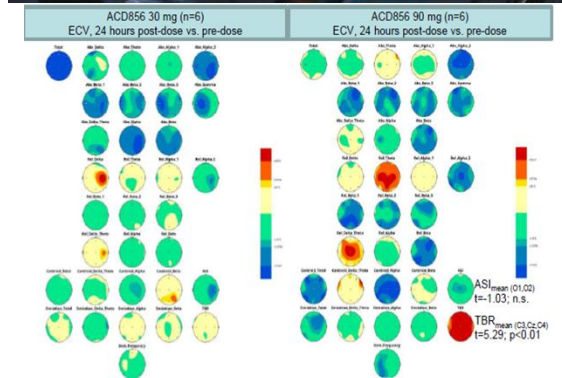
Supporting data

- ✓ Improves memory impairment, presumably via increased synaptic function/plasticity
- ✓ Increases the levels of BDNF in cortical neurons and in brains of aged mice
- ✓ Enhances neurite outgrowth and neuronal proliferation
- ✓ Protects against amyloid-beta induced neurotoxicity
- ✓ Improves mitochondrial function
- ✓ Displays a sustained antidepressant-like effect

Data also suggest a disease-modifying effect by increasing plasticity

Phase I Demonstrated Safety, Tolerability & Target Engagement

- ACD856 is **safe & well tolerated**
 - Single and repeated dosing with ACD856 did not result in any serious adverse events in healthy volunteers at the tested dose levels
- ACD856 has an **excellent PK profile** suitable for **once daily** oral dosing
 - ACD856 has a rapid absorption, a long half-life of ~ 20 hours, high bioavailability and a linear dose-dependent exposure
- ACD856 **present in CSF** with a ratio of ACD856 in CSF to unbound average ACD856 levels in plasma at **> 37%**
 - **ACD856 pass the BBB** and measured concentrations in CSF confirms a **high exposure** at the level of the brain
- ACD856 MAD qEEG results shows clear **CNS target engagement**
 - EEG pattern supports pro-cognitive as well as antidepressant effects of ACD856



Vigilance control brain maps for 30 and 90 mg cohorts

Now preparing for phase IIa study in Alzheimer's patients

Grant financed Phase IIa study to investigate the safety & efficacy of ACD856 in Alzheimer's disease

AlzeCure receives EU grant for Phase 2 clinical trial of NeuroRestore ACD856 for Alzheimer's disease

February 17, 2025

AlzeCure Pharma AB (publ) (FN STO: ALZCUR), a pharmaceutical company that develops candidate drugs for diseases affecting the nervous system, focusing on Alzheimer's disease and pain, today announced that its project NeuroRestore ACD856 has received €2.5m from the EU's European Innovation Council.

This funding will support AlzeCure's planned Phase IIa study of NeuroRestore ACD856 in Alzheimer's patients. In addition, higher doses of ACD856 will be evaluated in humans, as the good safety profile allows for further dosing. ACD856 has the potential to be the first drug in a new category of Alzheimer's drugs – positive allosteric modulators of Trk receptors (Trk-PAMs), which increase BDNF and NGF signaling.

"We are delighted to have been awarded a €2.5m grant from the European Innovation Council (EIC) for our innovative Alzheimer's treatment. The support from the EIC Accelerator program is a recognition of the project and will be crucial in advancing our clinical trials and bringing this much-needed Alzheimer's treatment to patients," said Johan Sandin, Chief Scientific Officer at AlzeCure Pharma

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Summary



Key Investment Highlights in AlzeCure



Targeting areas of **significant unmet medical needs**



Strong team with extensive experience and track record – from idea to clinic



Platforms with first-in-class properties and potential **game-changers**



Parallel investments in several candidates and potent **follow-up programs**



Multi-billion dollar market opportunities



Evolved from a discovery into a **phase II company** – supported by **EIC***



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