Kinarus KOL Webcast

27 June 2022

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Overview

- Kinarus Therapeutics Holding AG
  - Headquarters: Basel, Switzerland
  - Six Swiss Exchange: KNRS
  - Shares outstanding: 1.07 BN
  - Cash: CHF8.8 M*
  - Debt: CHF7.8 M*
  - Market cap: CHF36.4 M
  - Avg daily trading volume: 4.2 M
- Major Shareholders
  - Management & Board: 20.3%
  - Public free float: 52.4%

*as of 31 Dec 2021

- Phase 2 asset: KIN001
  - New drug combination
    - Pamapimod in-licensed from Roche (Phase 2)
    - Pioglitazone (marketed generic)
    - Combo is synergistic & addresses issues
  - Indications for value creation
    - AMD
    - IPF
    - Covid-19
- Strategy
  - In-license clinical-stage drug-candidates
  - Develop to proof of concept
  - Exit

Experienced Leadership

We are drug developers

Dr. Alexander Bausch
Chief Executive Officer

Roche

strekin

Dr. Matthew Wright
Chief Operations Officer
Head of Research

Roche

strekin

Dr. Thierry Fumeaux
Chief Medical Officer

SWISS NATIONAL COVID-19 SCIENCE TASK FORCE

G H O L

Claudia Berger
Chief Clinical Dev. Officer

NOVARTIS

ImmunOs THERAPEUTICS

strekin

Subhasis Roy
Interim CFO

NOVAREMED

Sirius Healthcare Partners

Kepler Cheuvreux

HSBC

UBS

Dresdner Kleinwort

- Direct know-how and in-depth expertise with Kinarus' therapeutic targets and disease indications
- Established relationships with leading experts in clinical development

Scientific and Clinical Advisors

Dr. Viktor Boerlin
Chief Medical Advisor

SANDOZ
NOVARTIS
Roche
strekin

Age-Related Macular Degeneration (AMD)

Prof. Dr. Hendrik Scholl

Director, Institute of Molecular and Clinical Ophthalmology Basel (IOB)

Professor and Chairman of the Department of Ophthalmology, University of Basel, Switzerland

Chair of the European Vision Institute EEIG, the European Alliance for the Promotion of Vision Research and Ophthalmology

Prof. Dr. Christian Prünte

Head of Clinical Trials Platform
Institute of Molecular and Clinical Ophthalmology Basel (IOB)

Professor and Clinical Chairman of the Department of Ophthalmology, University of Basel, Switzerland

Dr. Bianca Gerendas

Managing Director
Vienna Read Center, Vienna, Austria

Associate Director,
Christian Doppler Laboratory
of Ophthalmic Image Analysis

Idiopathic Pulmonary Fibrosis (IPF)
Katrin Hostettler MD, PhD

Head of Dept., Pulmonology
University Hospital Basel

Board of Directors

Dr. Hari Kumar, Ph.D. Chairman

Dr. Kumar served at Eisai as European Marketing Director, and Roche as Global Head of Transplant Immunosuppressives.

He moved to Amira Pharmaceuticals in 2007 as Chief Business Officer., and to Adheron Therapeutics as Chief Executive Officer.

At Amira, Dr. Kumar led the process that resulted in its acquisition by Bristol Myers Squibb in 2011. He also navigated the acquisition of Adheron Therapeutics by Roche, in his roles both as CEO and board member.

These transactions have delivered over a billion dollars in returns to investors.

Dr. Alexander Bausch, Ph.D., MTE (IMD)

Dr. Bausch has extensive commercial, development, and executive leadership expertise from a 20-year career in the pharmaceutical industry.

At Hoffmann La Roche, Dr. Bausch led research and development teams across seven therapeutic areas, and served as life cycle leader for a global phase 3 program (Bitopertin) where he developed the strategic roadmap for commercialization up to product launch.

Prior to founding Kinarus, he worked as an independent consultant supporting venture capital funds and small biotech companies.

Eugene Tierney

Mr. Tierney served as Head of Global Pharma Business Strategy at F. Hoffmann-La Roche and Therapeutic Area Head for anti-infectives & transplantation.

Mr Tierney held several affiliate sales & marketing roles of increasing seniority, including Country Manager for Genentech in the UK & Ireland.

Dr. Silvio Inderbitzin, Ph.D., MBA

Dr. Inderbitzin has held multiple senior positions in the pharmaceutical industry.

At Spirig Pharma, he was Head of Quality Assurance and served on the corporate management team, ultimately joining the Board of Directors and becoming co-owner of the privately-held 450-employee company.

Prior to the successful sale of the company to Galderma, he served as CEO and was responsible for its foreign subsidiaries.

Business strategy
Aligned with competencies

- In-license drug-candidates with a history of safety and activity in human clinical testing
  - Right drug, wrong indication
  - Limitations we can fix through innovation
- Leverage new knowledge
  - Findings specific to disease indication(s)
  - Findings specific to the molecule's mechanism of action
- Kinarus develops to clinical proof of concept, creates value & exits
  - License out
  - Trade sale
- Proven business model with many examples in biotech space

Pamapimod – Exemplifies Kinarus Strategy
Clinical-stage p38 MAPK inhibitor in-licensed from Roche

The Asset

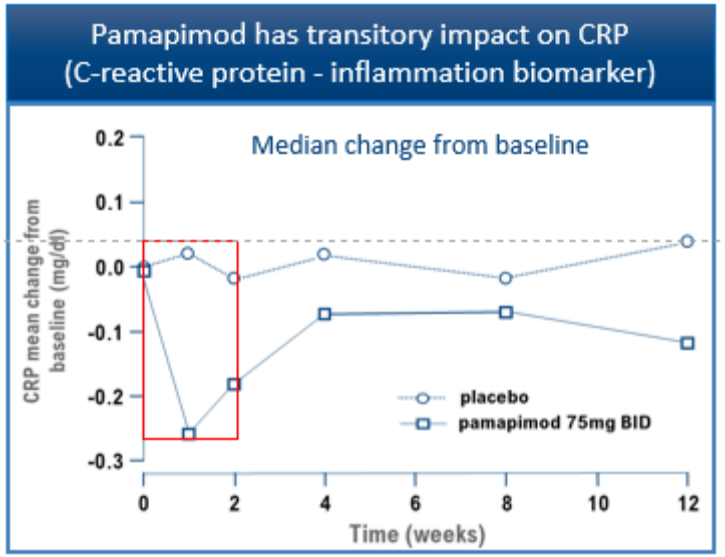
- p38 MAPK inhibitors were intensely studied by big pharma between 2005-2010 to treat inflammatory diseases (e.g. Rheumatoid Arthritis)
- Pamapimod was initially discovered and developed by Roche
  - ✓ Shown to be safe in preclinical and clinical testing
  - ✓ Engages with target and showed acute efficacy

The Problem

- Relatively short-lived efficacy (see graph)
  - Body has compensatory mechanisms that neutralize pamapimod
  - Clinical efficacy muted after 2 weeks
- Roche discontinued pamapimod development 2007

The Kinarus Solution

- Pamapimod + pioglitazone = KIN001
  - ✓ Pioglitazone neutralizes compensatory mechanisms
  - ✓ Prolonged pamapimod's efficacy without compromising safety
  - ✓ Novel intellectual property
- KIN001 is Phase 2-ready patent protected innovative drug that can capture the value promised by the original p38 MAPK inhibitors

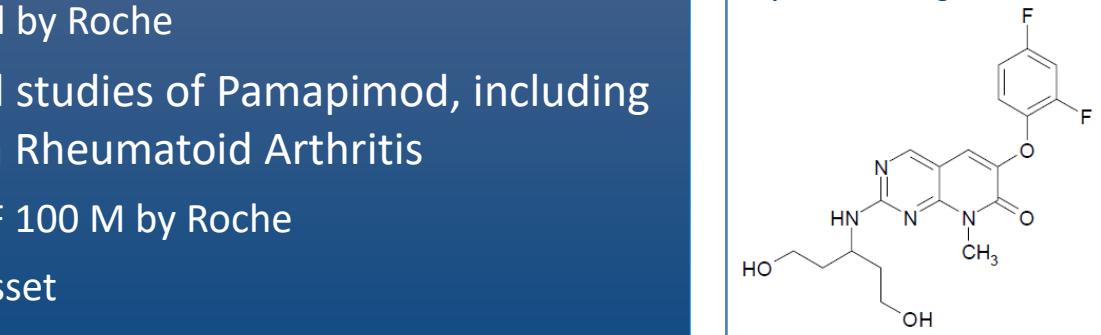


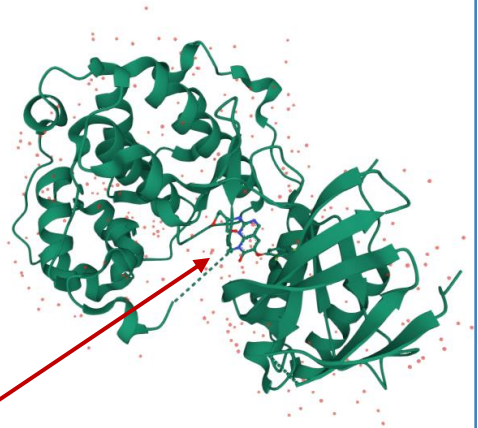
Diamond in the Rough

- Pamapimod is a high quality p38 MAPK inhibitor
  - Discovered and optimized by Roche
- Roche completed 10 clinical studies of Pamapimod, including two large Phase 2 studies in Rheumatoid Arthritis
  - Investment of approx. CHF 100 M by Roche
  - High quality big pharma asset
  - Excellent safety data package
- Kinarus obtained
  - Exclusive license and global rights
  - Phase 3 GMP supply of 500 kg API
  - Exclusive use of all clinical, CMC, preclinical data and regulatory documents
- Roche is eligible for
  - Low-to-mid single digit royalty
  - Low-to-mid double digit milestone payments
  - Right of first negotiation after first Phase 2 data

Pamapimod

Optimized through structure-based design





- **Blocks the catalytic site**
- **Highly potent and selective against p38 MAPKα**

p38 Isoform selectivity of pamapimod

Preactivated recombinant p38 isoforms were assayed for activity by ^{33}P incorporation into myelin basic protein substrate in the presence of varying concentrations of pamapimod as described.

	IC_{50}*	IC_{75}*
	μM	
p38α	0.014 ± 0.002	0.098 ± 0.014
p38β	0.48 ± 0.04	3.32 ± 2.0
p38γ	>100	>100
p38δ	>100	>100

* IC_{50} and IC_{75} values are expressed ± S.E.M.

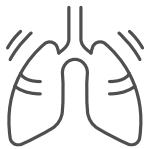
Hill RJ et al. JPET 2008 Pamapimod, a Novel p38 Mitogen-Activated Protein Kinase Inhibitor: Preclinical Analysis of Efficacy and Selectivity

KIN001 Has Broad Potential
Our focus: *wAMD & IPF*

Program Indications	Preclinical	Phase 1	Phase 2
KINETIC * COVID-19 hospitalized patients (severe)			
KINFAST COVID-19 ambulatory patients (mild-to-moderate)			
KIN001-AMD ** Wet-AMD patients (maintenance of vision)			
KIN001-IPF *** Idiopathic Pulmonary Fibrosis (rare lung disease)			

COVID-19

Wet AMD



IPF

* Independent Drug Safety Monitoring Board (DSMB) recommended to continue trial after interim safety assessment

** Trial initiation contingent upon financing

*** Trial initiation contingent upon interim results of KINETIC Covid-19 trial

Roche

Roche's preclinical and clinical development enables direct start of Phase 2 in Kinarus indications

Clinical Status & Expected Milestones

Strategic

Wet Age-Related Macular Degeneration (wAMD) & Idiopathic Pulmonary Fibrosis (IPF)

- wAMD Phase 2 trial
  - 12 month 100-patient randomized placebo-controlled
  - Initiation authorized in Switzerland and Germany
  - Top-line data about 24 months after initiation
- IPF Phase 2 trial
  - 12-month 75-patient randomized placebo-controlled study in preparation
  - Top-line data about 26 months after initiation

Opportunistic

COVID-19 (partly funded by Swiss government*)

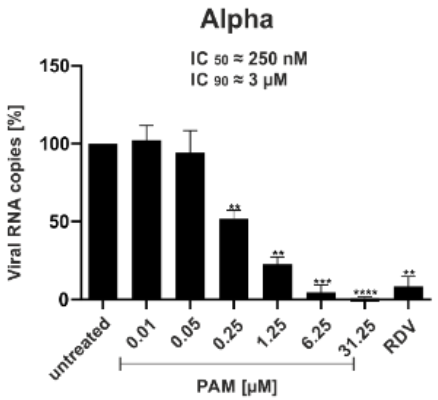
- Phase 2 study progressing in hospitalized COVID-19 patients
  - Initiated in DE, RUS, ROM, POL, BUL, ARG
  - Interim data: late 3Q 2022
  - Top-line data expected: 2023 (dependent on interim data)
- Phase 2b study in mild-to-moderate COVID-19 patients
  - Trial initiation 3Q 2022, authorized in CH and DE

*Up to CHF 7 M grant from Swiss Federal Office of Public Health Program for COVID Medicines

KIN001 Synergistic Antiviral Activity *Against SARS-CoV-2 and Variants of Concern**

*Published June 20, 2022, in the *International Journal of Molecular Sciences* (https://www.mdpi.com/1422-0067/23/12/6830)

Pamapimod



Pioglitazone

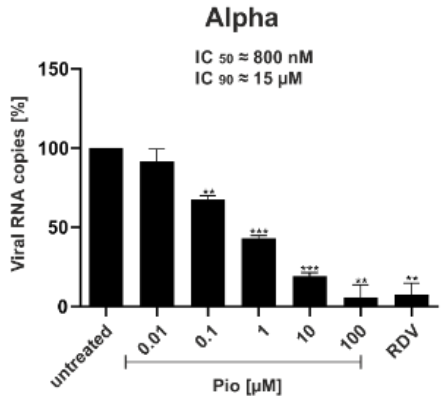


Table 1. IC_{50} and IC_{90} values of PAM and Pio against SARS-CoV-2 Wuhan type and all VoCs in Calu-3 cells.

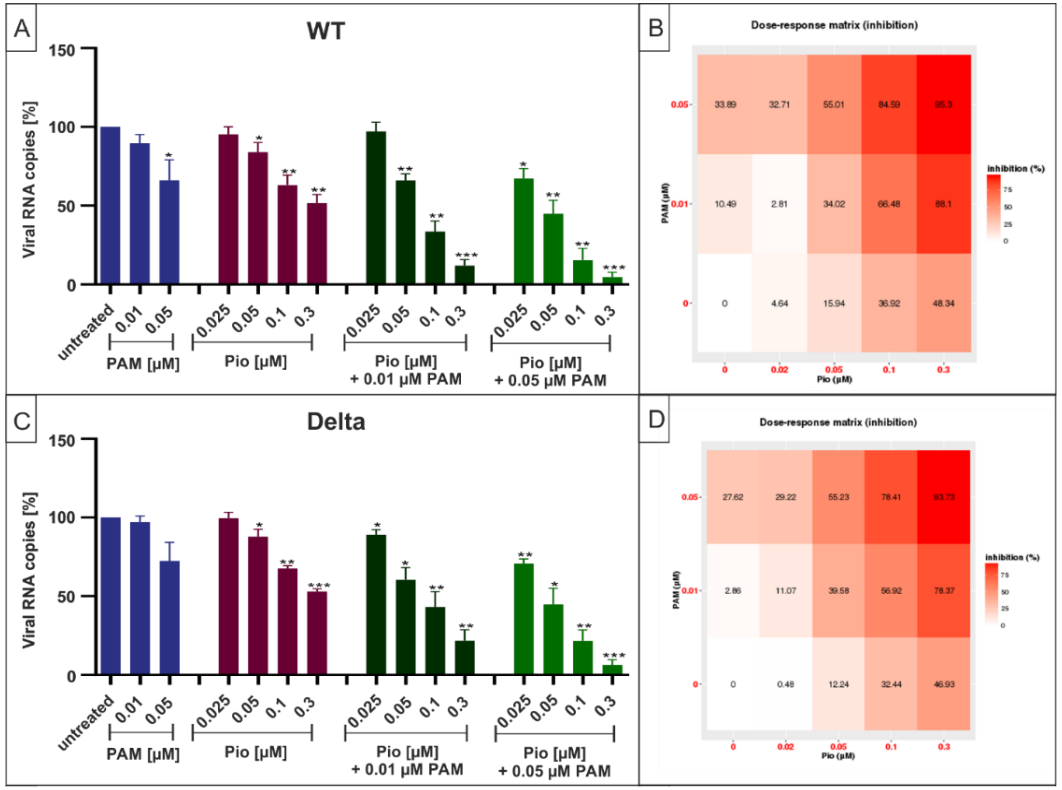
	PAM		Pio	
	IC_{50}	IC_{90}	IC_{50}	IC_{90}
Wuhan Type	≈100 nM	≈3 µM	≈800 nM	≈10 µM
Alpha	≈250 nM	≈3 µM	≈800 nM	≈15 µM
Beta	≈250 nM	≈3 µM	≈900 nM	≈15 µM
Gamma	≈250 nM	≈3 µM	≈700 nM	≈15 µM
Delta	≈250 nM	≈4 µM	≈500 nM	≈12 µM
Omicron	≈250 nM	≈3 µM	≈700 nM	≈12 µM

In comparison, the published IC_{50} and IC_{90} values for Remdesivir are: 600 nM and 1.28 µM in Calu-3,cells; 1.49 µM and 3 µM in Vero E6 cells.

KIN001 synergy vs. SARS-CoV-2_{PR-1} and SARS-CoV-2 Delta

Combination Testing of Pamapimod and Pioglitazone

Bliss Synergy Score
red = higher synergy



***In vitro* cell models**

- *High antiviral potency of both pamapimod and pioglitazone against SARS-CoV-2 – comparable to remdesivir*
- *Similar potency across all tested variants of concern (alpha, beta, gamma, delta, omicron)*
- *KIN001 combination is synergistic; i.e., greater efficacy of PAM/Pio in combination vs. the sum of the activity of the single drugs*

KIN001 for all stages of COVID-19

Three angles of attack + easy distribution

- **Anti-viral** activity has potential to reduce virus load, disease severity, and transmission risk
- **Anti-inflammatory** action can potentially prevent cytokine storm
- **Anti-fibrotic** action may prevent long-term consequences on heart, lung and nervous system

❖ KIN001 is an oral small molecule treatment facilitating stockpiling and broad availability

- ✓ Convenient out-patient self-administration
- ✓ Long shelf-life
- ✓ No cold storage
- ✓ Easy scale-up manufacturing and distribution via traditional pharma networks
- ✓ Characteristics facilitate broad access (unlike antibodies)
- ✓ Reduces transmission risk

"take KIN001 and call me in the morning…"

Opportunistic Covid-19 trials
Supported by non-dilutive financing

- **Ongoing:** *KINETIC* Trial - Treat hospitalized COVID-19 patients to improve outcomes in a Phase 2 randomized placebo-controlled trial
  - KIN001 vs. standard of care (i.e., anti-viral or anti-inflammatory drugs)
  - 4-week treatment with 8-week follow up assessment
  - Interim analysis (131 patients): late Q3 2022
  - Endpoints: Intubation, death, respiratory support-free days

- **Initiation pending:** *KINFAST* Trial - Treat mild-to-moderate COVID-19 patients to reduce duration and severity of symptoms in a Phase 2 randomized placebo-controlled trial
  - Swissmedic and Ethics Committee approvals in Switzerland have been obtained
  - Trial to include: 430 patients for a treatment period of 2 weeks
  - Endpoints: FDA patient reported outcome questionnaire

IOB Institute of Molecular and Clinical Ophthalmology Basel

Working hand in hand, IOB's molecular and clinical teams have championed projects that deepen our understanding of the biology of vision and bring us closer to novel diagnostic tools and treatments for eye diseases.

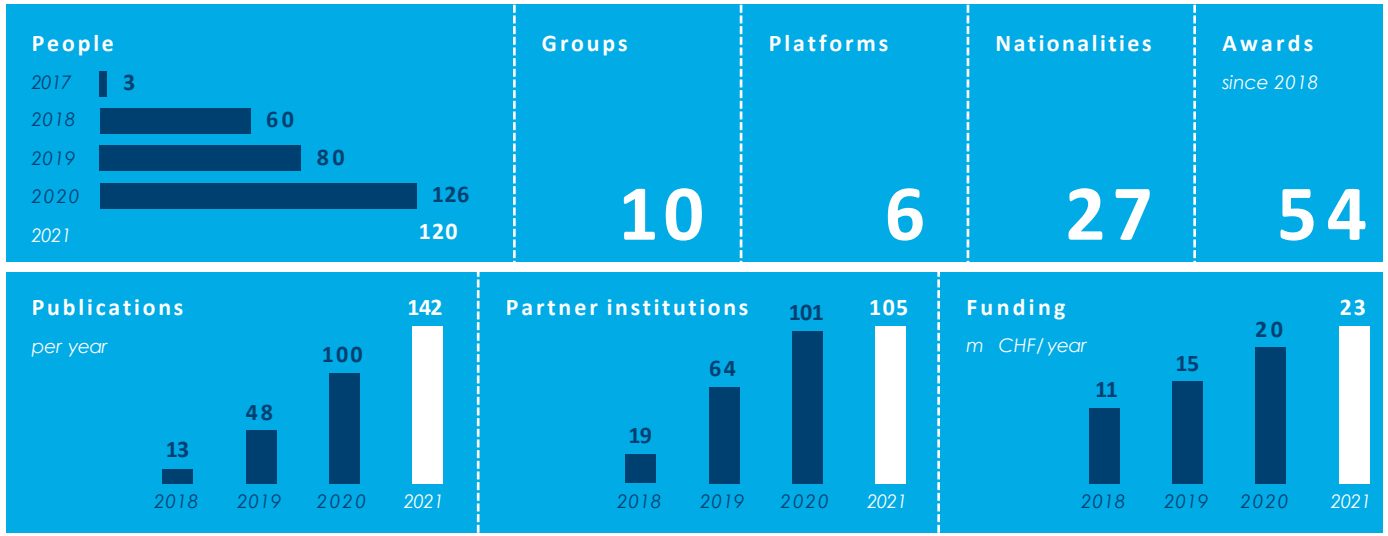
IOB CLINICAL RESEARCH CENTER

PLATFORM LEADERS

Christian Prünte Hendrik Scholl

IOB in Numbers

Research and Clinical Groups



	MOLECULAR	CLINICAL
10 Groups	› Central Visual Circuits Group › Human Retinal Circuits Group › Theoretical & Computational Neuroscience Group › Quantitative Visual Physiology Group › Visual Cortex Plasticity Group	› Ophthalmic Genetics Group › Ophthalmic Imaging & OCT Group › Ophthalmic Translational Research Group › Myopia Research Group › Genetic Epidemiology of Ophthalmic Diseases Group
6 Platforms	› Human Organoid Platform › Complex Viruses Platform › Single-Cell Genomics Platform › Scientific Computing Platform	› Clinical Trial Center Platform › Visual Neurophysiology Platform

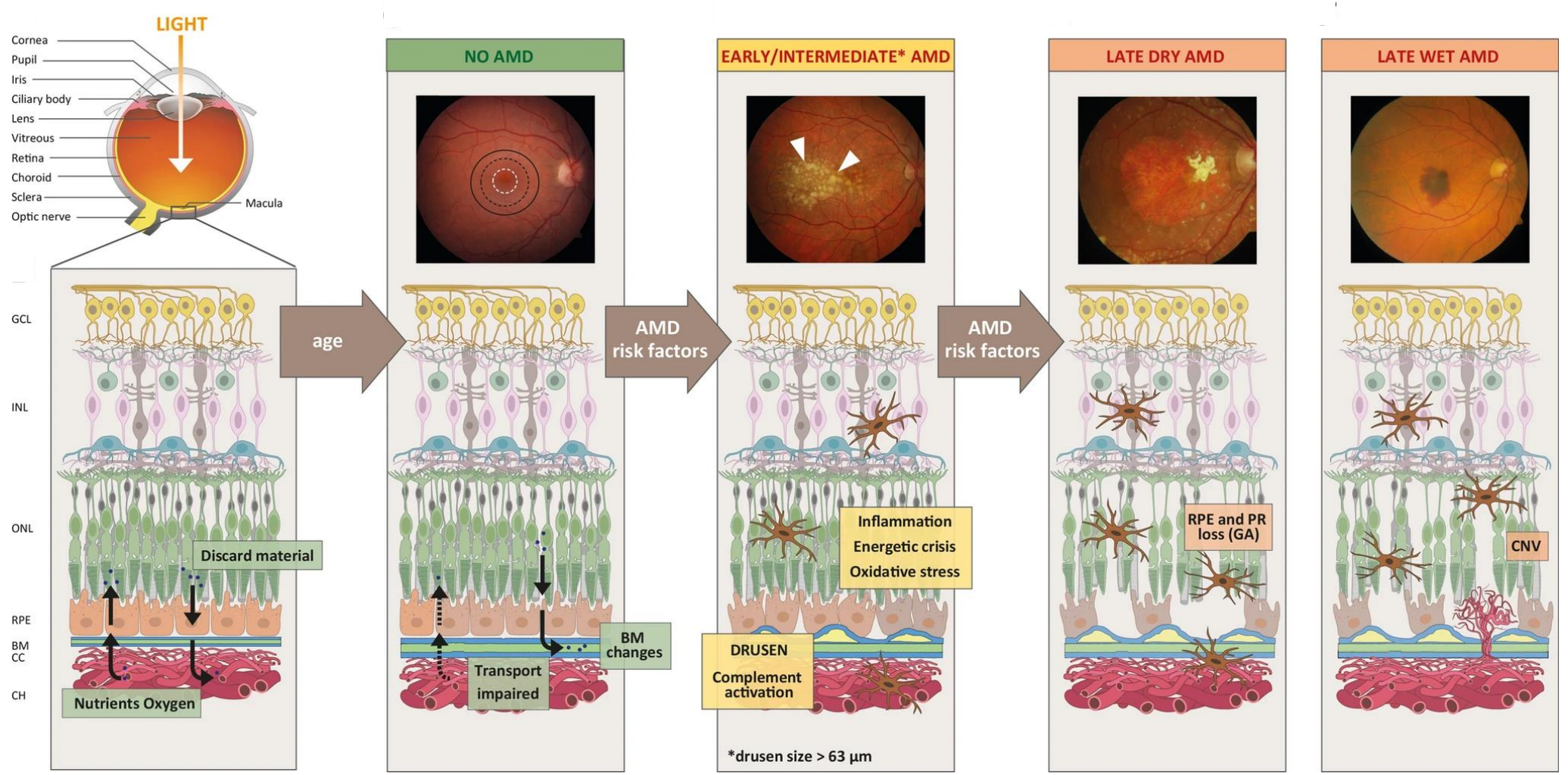
Exudative Retinal Diseases

	Avg age of onset	Prevalence* (MM)	Disease overview	
Wet AMD	**70 yrs**	**1.9**	A leading cause of blindness in the elderly	
Diabetic Macular Edema	**60 yrs**	**1.9**	Most frequent cause of blindness in middle aged adults	
Retinal Vein Occlusion	**55 yrs**	**2.5**	Second most common cause of vision loss due to vascular disease	
Diabetic Retinopathy w/o DME	**45-50 yrs**	**5.1**	Common cause of vision loss among diabetics classified as NPDR vs PDR	

wAMD = wet AMD; DME = Diabetic Macular Edema; BRVO = Branch Retinal Vein Occlusion; CRVO = Central Retinal Vein Occlusion; NPDR = Non-Proliferative Diabetic Retinopathy; PDR = Proliferative Diabetic Retinopathy

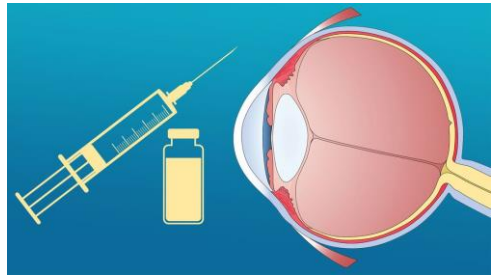
Source: epidemiology data based on multiple literature sources, diagnosis rates based on Datamonitor Report, DRG Market Forecast Assumptions; other sources: Regeneron USA: 230k anti-VEGF treated patients, Roche USA: 200k patients under ophtha care https://www.gene.com/stories/retinal-diseases-fact-sheet and DRG Market Forecast Assumptions; *US, EU5, Japan

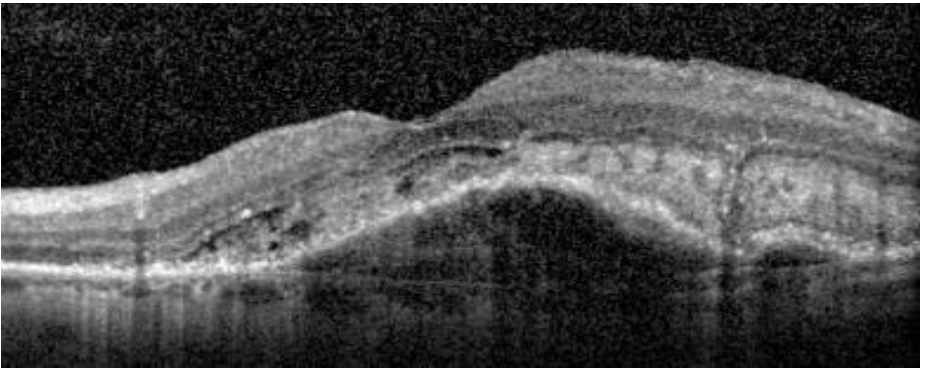
Development of Wet Macular Degeneration



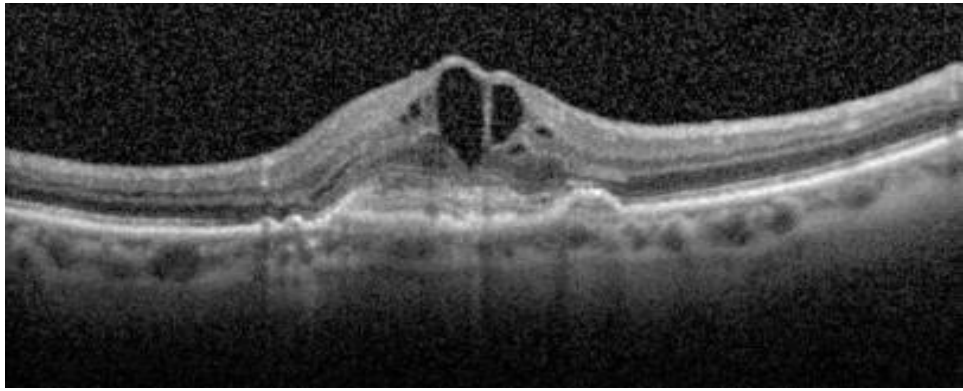
Armento, A., Ueffing, M. & Clark, S.J. The complement system in age-related macular degeneration. *Cell. Mol. Life Sci.* **78,** 4487–4505 (2021). https://doi.org/10.1007/s00018-021-03796-9

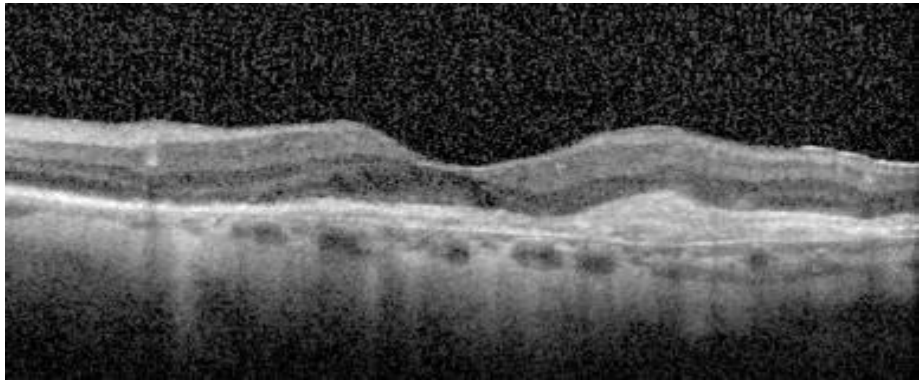
Current Neovascular AMD Treatment
Intravitreal VEGF Inhibition



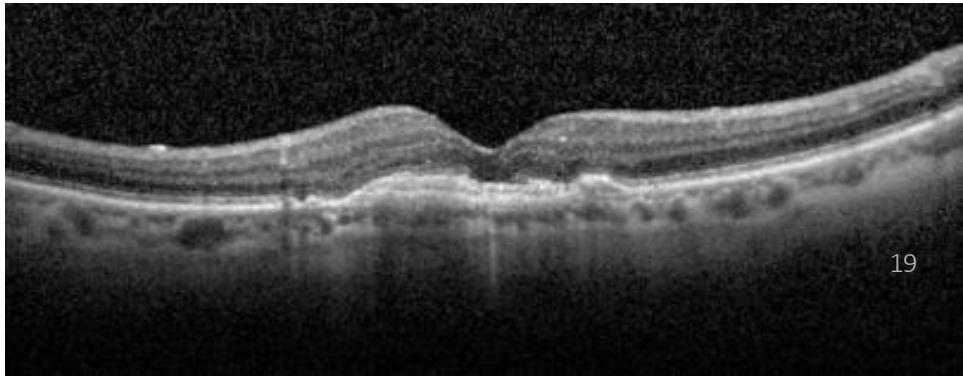


Before anti-VEGF





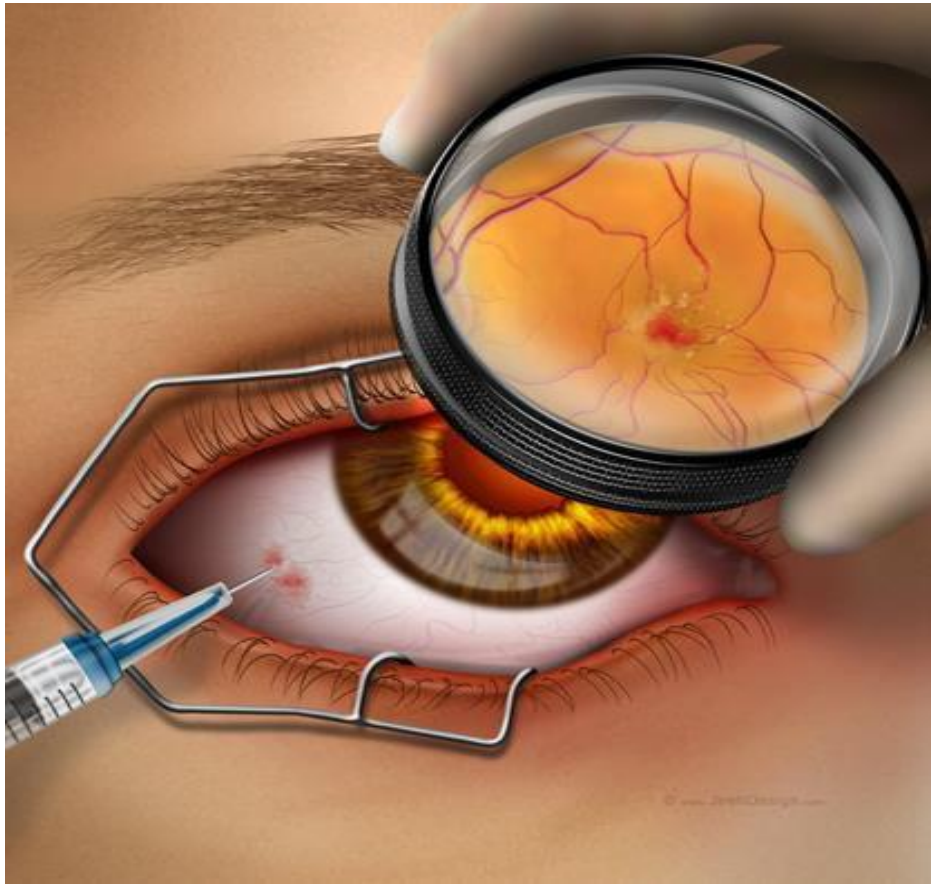
After anti-VEGF



Real World Data

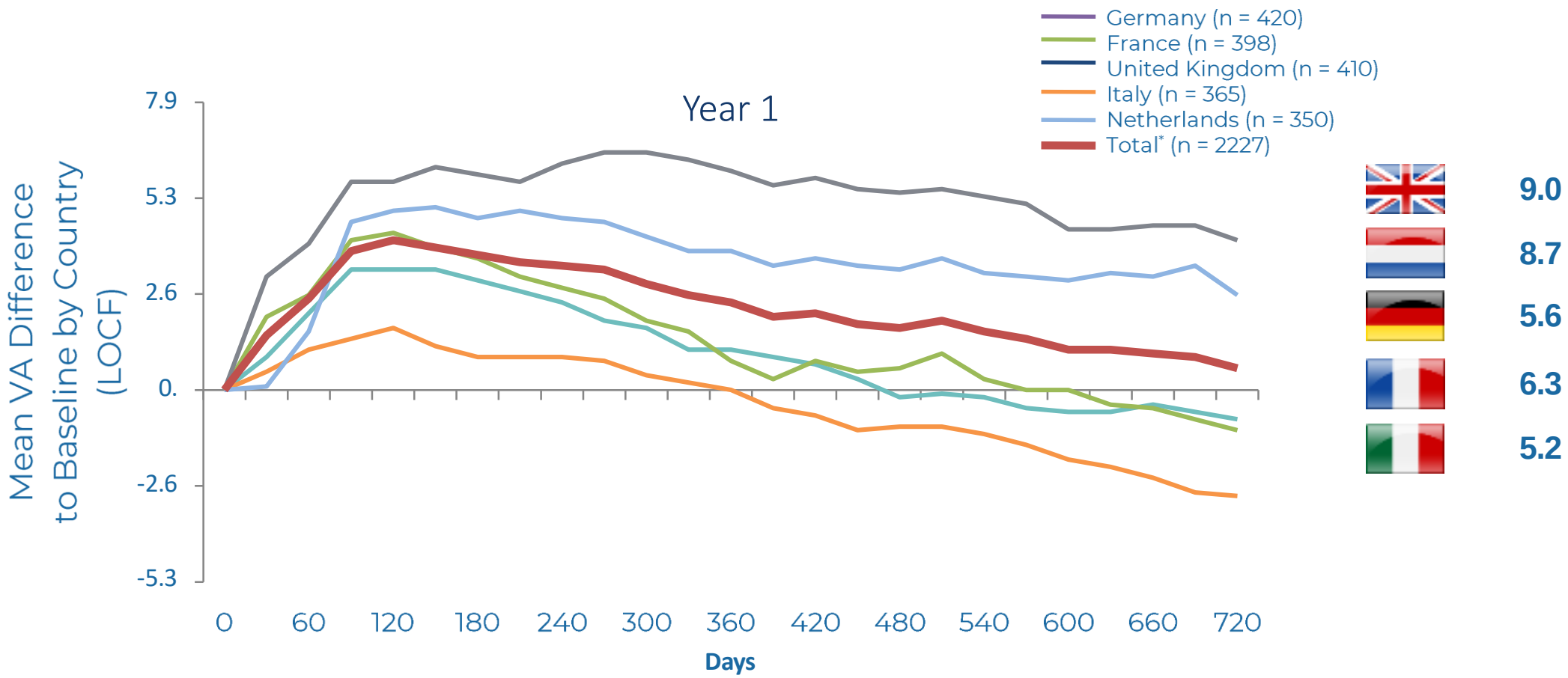
Most Patients With Wet AMD Receive ~5 Injections per Year

	Study Population	Injection Duration, Year	Mean Injection Rate
Medicare analysis[1]	459,237	1	4.3
LUMINOUS[2]	4,437	1	4.3-5.5
Retrospective claims analysis[3]	11,688	1	4.5-6.8
Retrospective claims analysis[4]	53,621	1	4.6-6.9



1. Lad EM, et al. *Am J Ophthalmol*. 2014;158(3):537-543.e2.
2. Holz FG, et al. *Br J Ophthalmol*. 2013;97(9):1161-1167.
3. Kiss S, et al. *Ophthalmic Surg Lasers Imaging Retina*. 2014;45(4):285-291.
4. Holekamp NM, et al. *Am J Ophthalmol*. 2014;157(4):825-833.e1.

Real World Use of anti-VEGF Therapy is Associated with Poorer Visual Outcomes Compared to the Clinical Trial Setting



***Only countries meeting or exceeding enrollment target (n = 444) were included.**

Holz FG, et al. *Br J Ophthalmol.* 2015;99(2):220-226.

Current anti-VEGF Therapies are Minimally Differentiated and do not Adequately Address Key Unmet Needs

Current anti-VEGF therapies	Off-label use	Approved		
	AVASTIN bevacizumab	LUCENTIS RANIBIZUMAB INJECTION	EYLEA (aflibercept) Injection For Intravitreal Injection	Beovu (brolucizumab-dbll) Injection
Approved indications	**Off-label use** in wAMD, RVO, and DME	wAMD RVO PDR & NPDR DME	wAMD RVO NPDR DME	wAMD (10/19) RVO (2021E) DME (2022E)
Efficacy	Perceived to be broadly equivalent		Perceived to have improved durability vs Lucentis and Avastin, and improved efficacy particularly in DME	Trial results show superior retinal fluid reduction compared to Eylea (changes in BCVA is equivalent)
Safety	Broadly equivalent safety profiles			Early safety data indicates increased inflammatory events
Labeled dosing intervals*	Q4W across indications		**wAMD:** 3 monthly loading, followed by Q8W or Q4W **RVO:** Q4W **DME:** 5 monthly loading, followed by Q8W **DR:** 5 monthly loading, followed by Q8W	**wAMD:** 3 monthly loading, followed by Q8W^ or Q12W **RVO:** 6 monthly loading, followed by PRN **DME:** 5 monthly loading, followed by PRN

Physician perception of performance: Favorable / Less favorable

Note: * Based on U.S. label ; EU labels may indicate a dose and extend approach ; Dosages delivered in 0.05 mL
^ Patients in Brolucizumab's Hawk and Harrrier study were interval adjusted to Q8W if disease was present at Q12W

Source: Company websites, National Eye Institute, Package inserts, Cowen Therapeutic Categories Outlook 2019, Klufas et. al (2018), Dugel et. al (2019), Clinicaltrials.gov

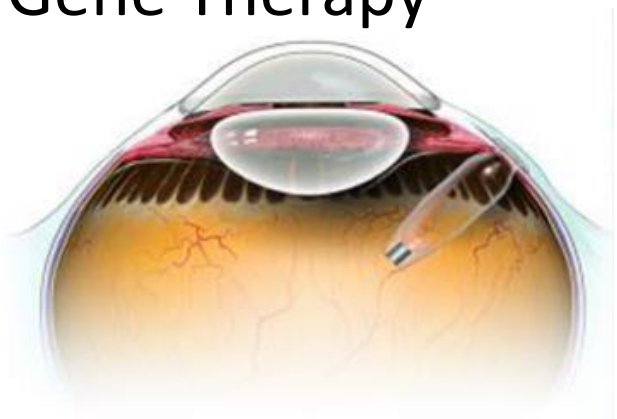
Extending Anti-VEGF Durability
New anti-VEGF Injectable Agents – Limited Success

Brolucizumab (Beovu®)	- recent approval, concern over the inflammatory profile of the drug, with intraocular inflammation, such as retinal vasculitis and retinal occlusive vasculitis, occurring in some patients
Faricimab (Vabysmo®)	- recent FDA and Swissmedic approval, bispecific targets both VEGF and angiopoietin 2 (ANG2)
Abicipar*	- high ocular inflammation, not accepted by FDA
Conbercept*	- approved in China, US trials did not achieve primary endpoint
KSI-301*	- phase 2 trials in wet AMD did not demonstrate noninferiority to Eylea

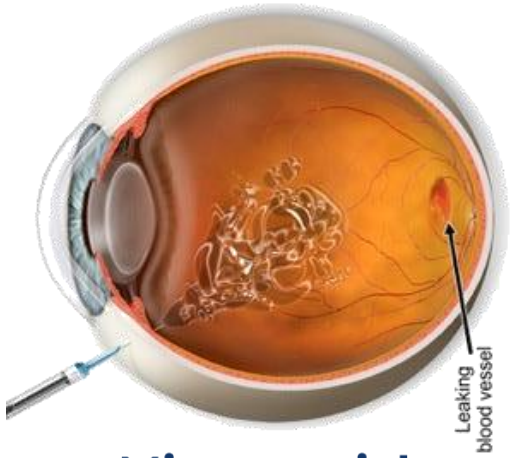
*Not FDA Approved
[+]Approved in China; Phase 3 in US underway

Extending Anti-VEGF Durability
Other Current Approaches

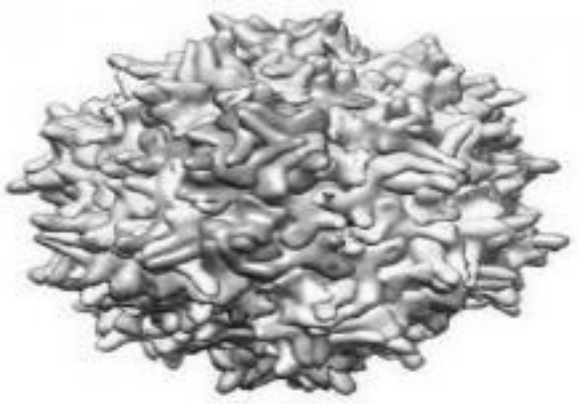
- Oral Agents
  - KIN001, AKST4290
- Sustained Release Eye Implants
- Microparticle Formulations (biodegradable polymers or hydrogels)
  - GB-102 (Sunitinib TKI)
  - Others: OTX TKI/OTX-IVT, AXT 107
- Gene Therapy



Reservoir-based Port Delivery



Microparticles



Viral Vector Delivery

Neovascular AMD Management
Room for Significant Improvement in the Future

- Individualized anti-VEGF therapy
  - Available agents: ranibizumab, aflibercept, bevacizumab
  - All require indefinite, frequent treatment/evaluations
  - Treat and Extend most common and non-inferior to monthly Rx
- Real World
  - Widespread undertreatment
  - Early detection = better vision but not less treatment
- Major unmet need = more durable anti-VEGF
  - Decreased burden for patient, caregivers, healthcare system
- Ultimate Aim
  - Better long-term visual outcomes for patients
  - Oral treatments like KIN001 might play an important role complementary to anti-VEGF treatment

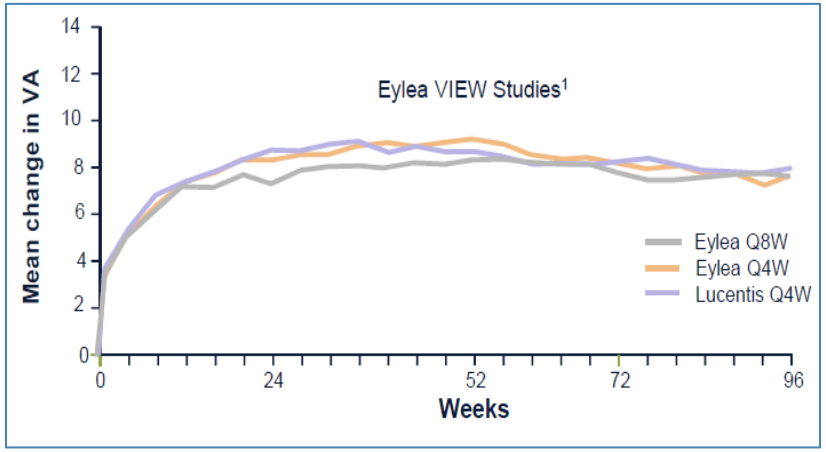
Wet Age-Related Macular Degeneration *KIN001: potential first oral complement to Lucentis/Eylea*

- wAMD is the leading cause of blindness in older adults
- Lucentis and Eylea are blockbuster anti-VEGF drugs for wAMD
  - Both are approved to be administered every few weeks – as injections directly into the eye
  - Patients and payers want to increase time between Lucentis/Eylea injections
    - Eye injections are burdensome for patients and caregivers
    - Costs are high (injection, office visit, diagnostics, follow-up, complications, etc.)
- Current medical practice is to evaluate progression and, if possible, delay next injections
- Value Proposition
  - KIN001 could be the first complementary oral therapy to reduce intraocular injections
  - 30% reduction in intraocular injections could be highly impactful
  - As an oral small molecule, KIN001 offers opportunities for broader access than injectables

Significant Under-use of anti-VEGF Drugs

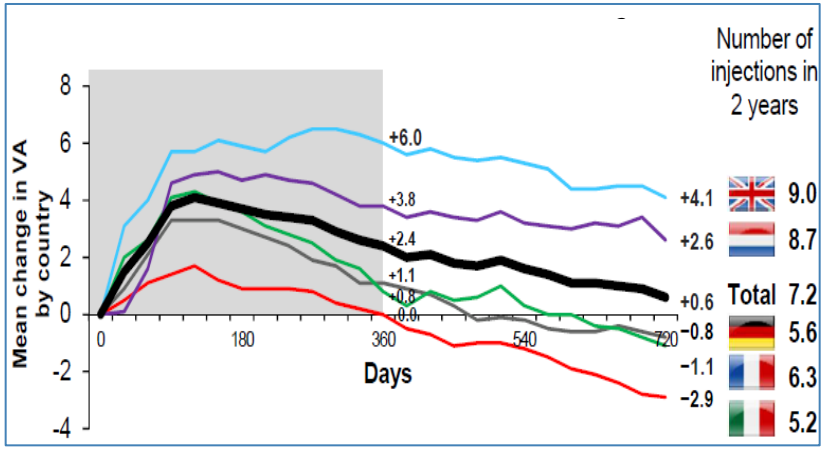
Leads to Continued Loss of Vision in wAMD

Data reported in clinical trials



In the original clinical trials, high intensity dosing of anti-VEGF drugs (Eylea, Lucentis) was maintained, halting gradual loss of vision **(VA)** and preventing eventual blindness

Experience in medical practice



Real word data of current clinical use shows that high intensity of dosing is not achieved (5-9 administrations over 2 years compared to a target of 13-24). This results is a gradual loss of vision over time.

Overall lack of efficacy linked to lack of compliance (injection into the eye); cost; ease of obtaining an appointment; patient inconvenience; impact of frequent injections on caregiver burden; overall loss of efficacy with anti-VEGF drugs

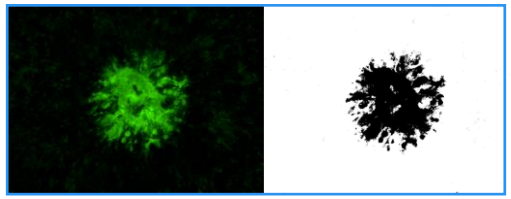
[1]Schmidt-Erfurth U, Kaiser PK, Korobelnik J-F, Brown DM, Chong V, Nguyen QD, et al. Intravitreal aflibercept injection for neovascular age-related macular degeneration: ninety-six-week results of the VIEW studies. Ophthalmology, 121(1).

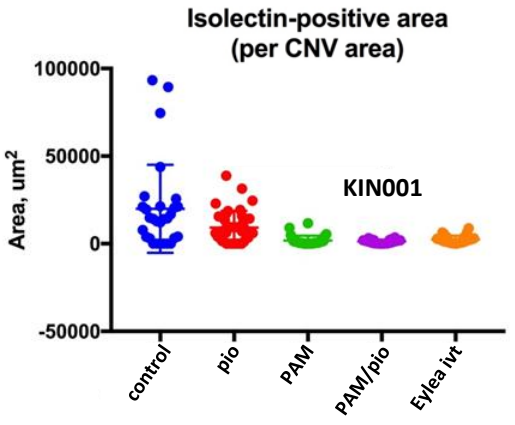
[2]Holz FG, Tadayoni R, Beatty S, Berger A, Cereda MG, Cortez R, Hoyng CB, Hykin P, Staurenghi G, Heldner S, Bogumil T, Heah T, Sivaprasad S. Multi-country real-life experience of anti-vascular endothelial growth factor therapy for wet age-related macular degeneration. Br J Ophthalmol. 2015 Feb;99(2):220-6.

KIN001 Reduces Pathological Neovascularization in Mouse and Primate Models Reflecting wAMD

Endothelial area (new vessels)

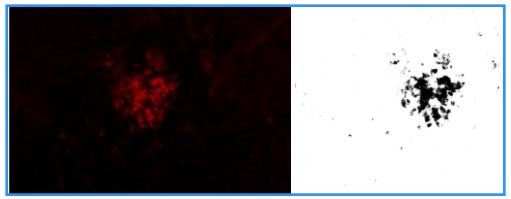
choroidal CNV area immunostained for isolectin (left); inverted image for area measurement (right)

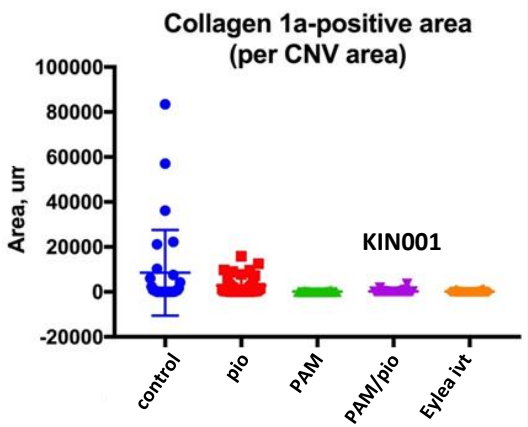




Fibrosis area

choroidal CNV area immunostained for collagen 1a (left); inverted image for area measurement (right)

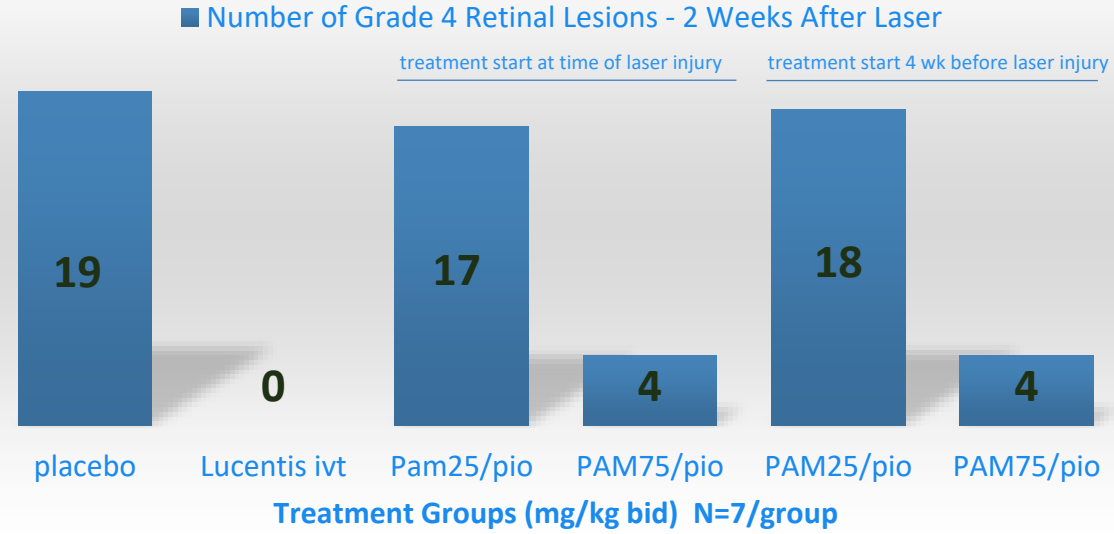




Mouse Model

- *Strong effect of KIN001 to reduce neovascularization of laser-induced retinal lesions in **mouse CNV** study*
- *KIN001 also reduced retinal fibrotic area*
- *N=10 animals per treatment group, single ivt injection of Eylea as positive control, 2 wk treatment*

Effect of KIN001 on Choroidal Neovascularization in the Laser-induced CNV Monkey Model

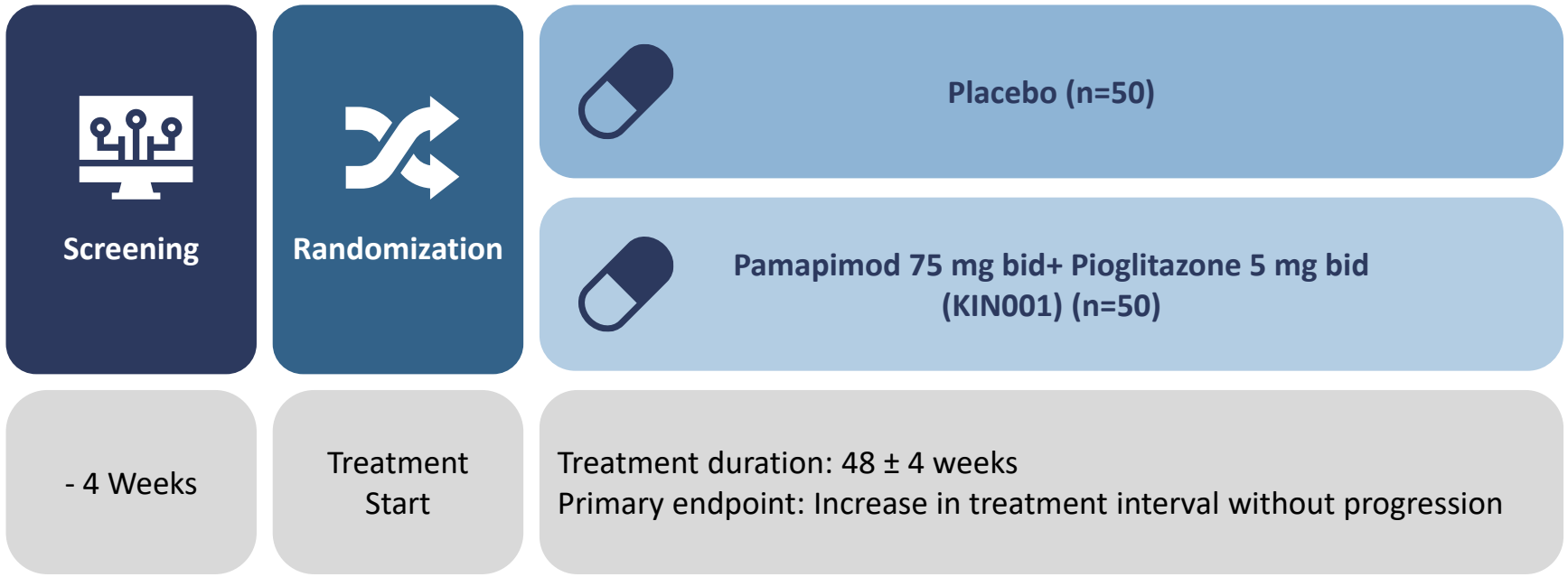


Primate Model

- *Strong effect of KIN001 (equiv. human 75 mg dose pamapimod) to reduce CNV retinal lesion severity in Cynomolgus monkey*
- *Equal efficacy of KIN001 in 4 wk pretreatment and immediate treatment groups vs. time of laser injury*
- *Supports Kinarus hypothesis that KIN001 combination overcomes loss of efficacy over time*

- Complementary positioning to Lucentis and Eylea may satisfy patients and payers without changing current medical practice

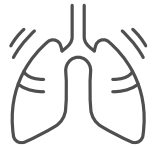
KIN001 wAMD Phase 2 Trial



- Design follows “treat and extend” regimen, reflecting current treatment strategy
- Fully powered to detect a difference of 50% prolongation of time between injections
- Patients with only one diagnosed eye will preferentially be recruited. Second eye will be analyzed for reduced incidence of conversion of dry (geographic atrophy, for which there is no treatment) to wAMD
- Trial conducted under guidance of world leader in ocular diseases: Prof. Hendrik Scholl & Prof. Christian Prünte, Institute of Molecular and Clinical Ophthalmology, Basel

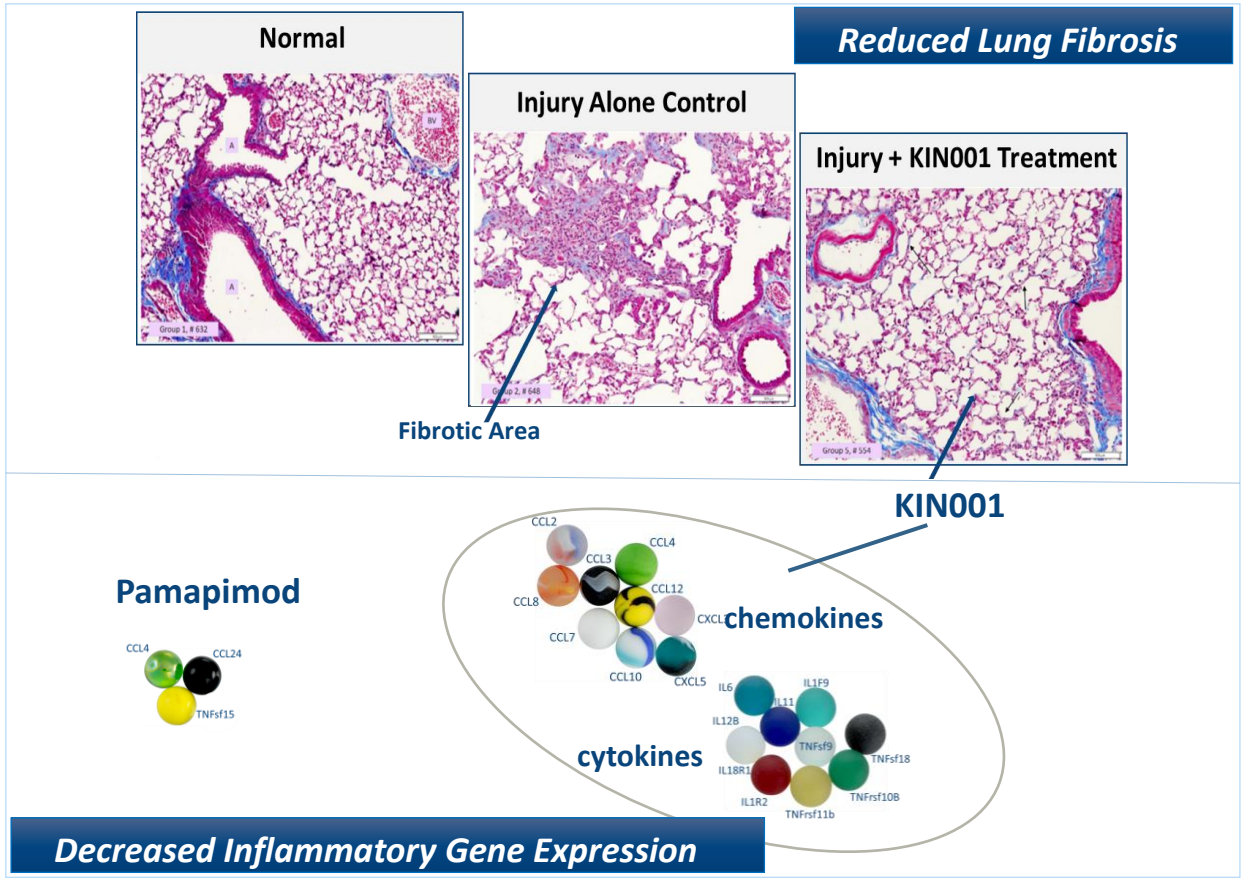
Idiopathic Pulmonary Fibrosis

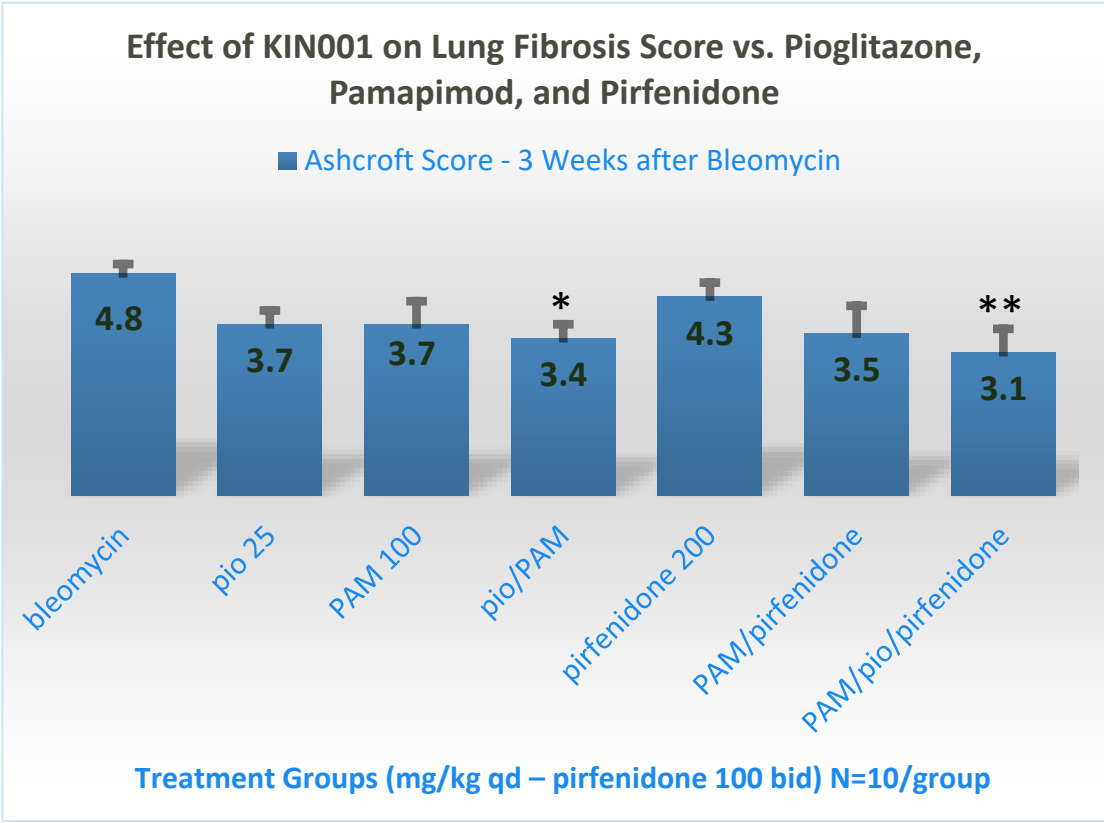
More effective, better tolerated therapies needed



- IPF is a rare, severe lung disease with two approved therapies
  - Esbriet® (pirfenidone; Roche) and Ofev® (nintedanib; BI) are marketed drugs
    - ➢ Efficacy is limited
    - ➢ Significant side effects
  - Several drugs against novel targets have failed in late clinical development
  - Both components in KIN001 target key pathological mechanisms in IPF
    - ✓ fibrotic tissue remodeling
    - ✓ inflammation

KIN001 Reduces Lung Fibrosis and Inflammatory Gene Expression in IPF Mouse Lung Injury Model

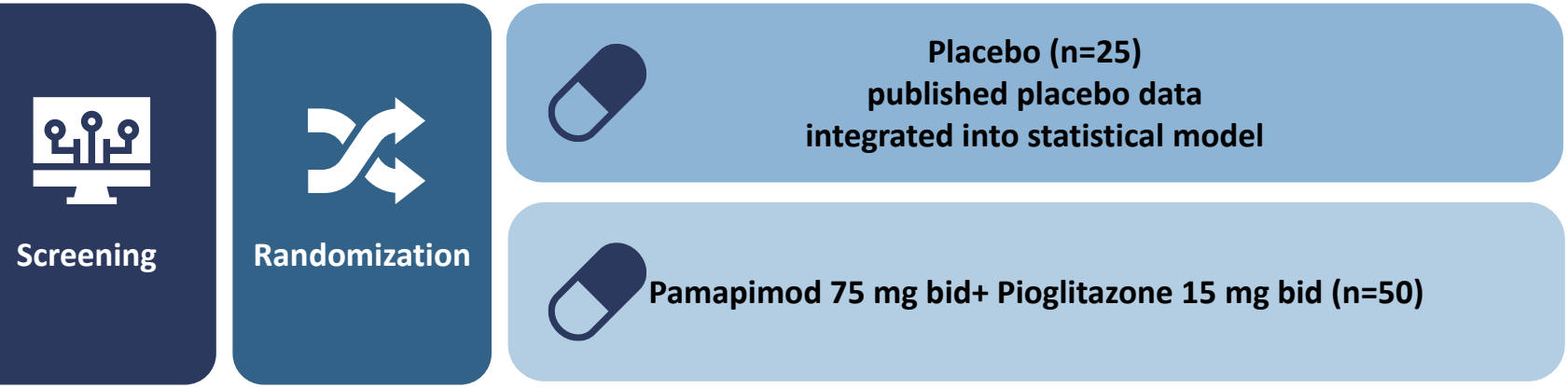




Mouse Model

- *Strong effect of KIN001 to reduce fibrotic tissue in **bleomycin lung injury** study*
- *Synergistic effect of KIN001 to broadly downregulate lung inflammatory genes*
- *Better efficacy of KIN001 vs. pirfenidone*
- *KIN001 may be used in treatment refractory IPF and as a complementary agent with pirfenidone*

KIN001 IPF Phase 2 Trial

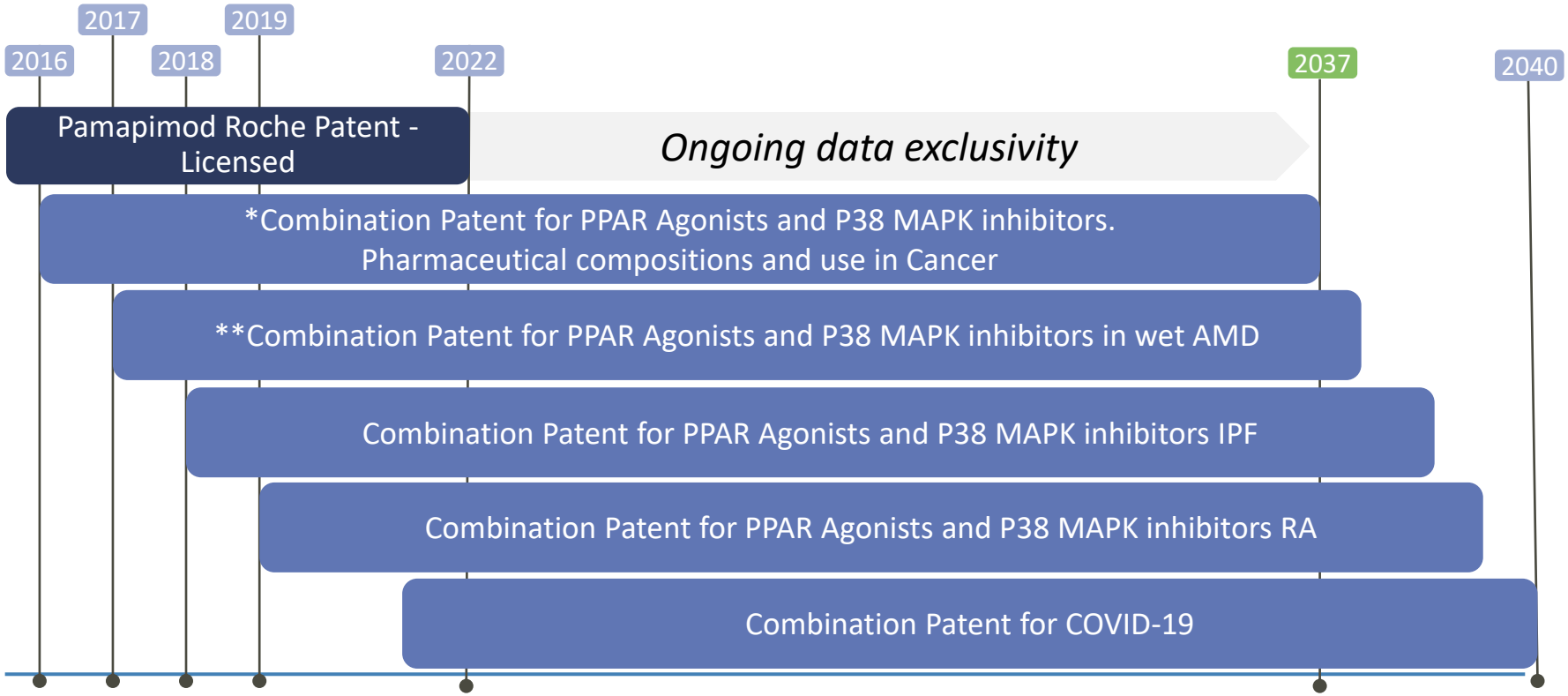


- Study in IPF patients who are: a) refractory or intolerant to standard of care (SOC); or b) in addition to standard of care
- The reduction in decline in lung capacity at 1 year is the primary endpoint (endorsed by FDA for Phase 3 outcomes)
- Trial is fully powered to show a clinically meaningful 40% reduction in forced vital capacity (FVC) decline compared to placebo
- Collaborator: Prof. Karin Hostettler, Univ. Hospital Basel

Trial initiation contingent upon interim results of KINETIC Covid-19 trial

Strong Patent Estate

Strong composition of matter protection through 2037

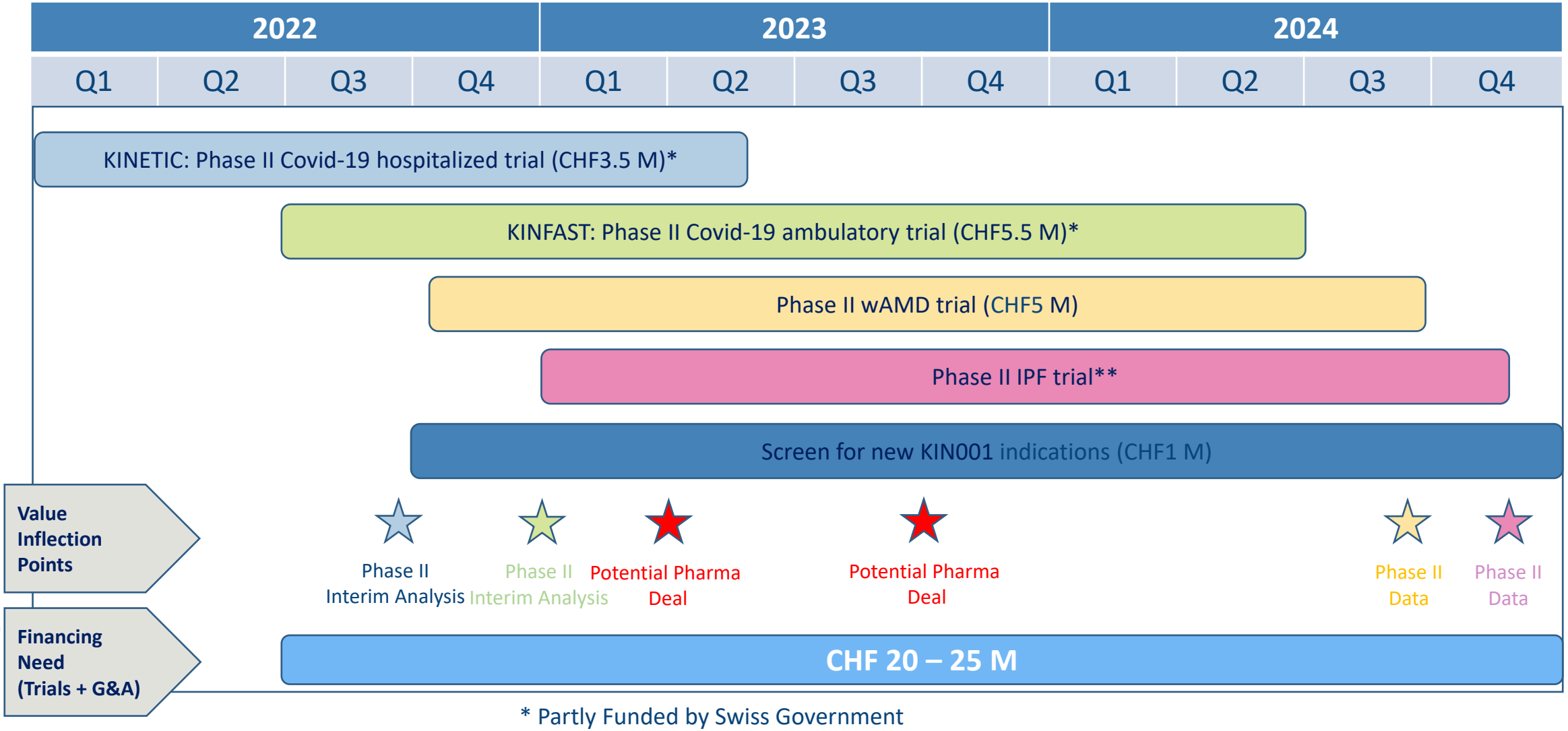


- **Granted:** in 24 countries
- Expired: 2/2022
- Ongoing data exclusivity - Roche data exclusively proprietary to Kinarus

- ***Granted:**
- **EU** Composition of Matter claim for pharmaceutical combination of pamapimod and pioglitazone
- **US** Composition of Matter claim granted in US for the pharmaceutical combination of pamapimod and pioglitazone
- China Composition of Matter allowed for the pharmaceutical combination of pamapimod and pioglitazone
- Other Countries: **Columbia, Hong Kong, Mexico, Ukraine, South Africa, Eurasia**

- ****Granted (AMD):**
- Israel – broad comp matter claims PPAR agonists combined with p38 inhibitors

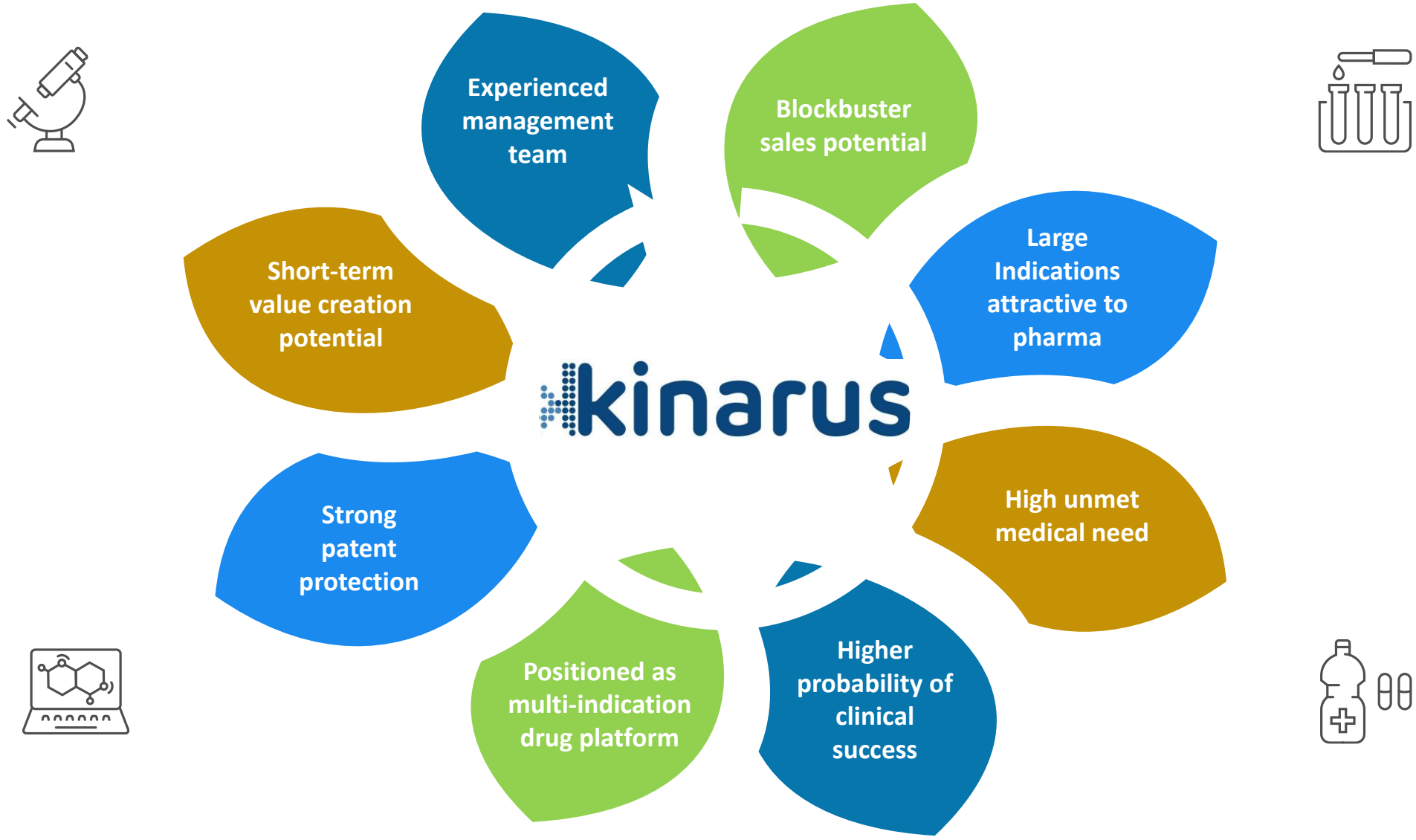
KIN001: Development Plan, Value Inflection Points & Financing Need



* Partly Funded by Swiss Government

** Trial initiation contingent upon interim results of KINETIC Covid-19 trial

Kinarus – A Compelling Investment Opportunity



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Thank you for attending Kinarus Therapeutics KOL event