nykode therapeutics



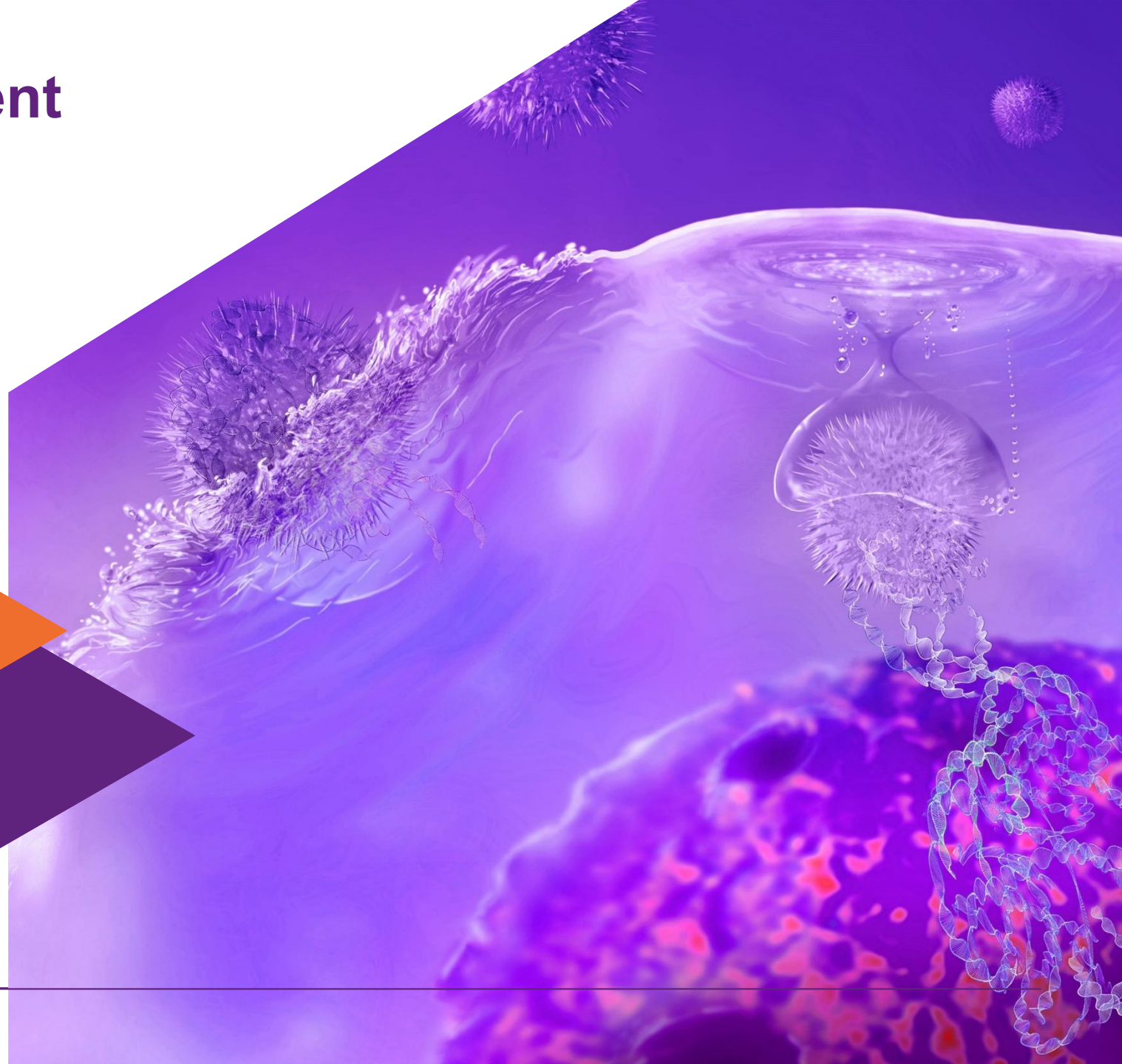
Company Presentation

November 2026

Forward-looking statement

This announcement and any materials distributed in connection with this presentation may contain certain forward-looking statements. By their nature, forward-looking statements involve risk and uncertainty because they reflect the company's current expectations and assumptions as to future events and circumstances that may not prove accurate.

A number of material factors could cause actual results and developments to differ materially from those expressed or implied by these forward-looking statements.



Nykode Therapeutics: Company Overview

NYKODE THERAPEUTICS (OSE: NYKD)

Nykode's Proprietary Platform / Technology

- Precision immune activation for oncology and immune modulation for autoimmune diseases

Off-the-shelf Cancer Vaccine Program

- Abi-suva (HPV16-specific off-the-shelf vaccine)
  - Currently enrolling patients in randomized phase 2 trial for treatment of 1L head and neck cancer (Abili-T)
    - First interim analysis expected in 2027
  - Clinical data across 3 indications in ~100 patients

Individualized Neoantigen Therapy (INT)

- VB10.NEO (personalized vaccines targeting tumor-specific mutations)
  - Clinical data in 67 patients
  - Clinical data across more than 10 tumor types; simpler pDNA production and simpler manufacturing process compared to mRNA supports competitive COGS and turn around time, AI-driven proprietary neoantigen target selection
  - Well positioned as the most attractive unencumbered asset in the area, with patent protection to 2039
  - Clinically validated modality: first positive Phase 3 for an INT: Merck & Moderna's INTerpath-001 (Aug 2026)

Antigen Specific Immune Tolerance (ASIT) Platform

- Autoimmune diseases program utilizing the core technology with preclinical package supporting best-in-class potential

Financing

- $67.3M in cash at 30 September 2026. Cash runway into 2029, extending beyond significant inflection points

Nykode pipeline & completed trials

Abi-Suva (VB10.16) *DNA-based therapeutic vaccine · HPV16-driven cancers - fully owned*

Study	Indication	Combination	Phase	Status	Key finding / milestone
VB-C-01	High-grade cervical intraepithelial neoplasia (n = 34)	-	Ph I/II FIH	Completed	Well-tolerated; early signs of clinical efficacy, including histological regression
VB-C-02	HPV16+ r/m cervical cancer (n = 52)	Atezolizumab	Ph II	Completed	Higher ORR & prolonged OS vs historical control (SKYSCRAPER-04)
VB-C-03	1L HPV16+, PD-L1+ r/m HNSCC (n = 13)	Pembrolizumab	Ph I	Ongoing	3, 6 and 9 mg abi-suva safety-cleared, immunogenicity & anti-tumour activity (ORR 39%). All patients recruited.
Abili-T	1L HPV16+, PD-L1+ r/m HNSCC (n = 96)	Pembrolizumab (vs pembro monotherapy)	Ph II	Ongoing	First interim data expected in 2027

VB10.NEO *Personalized neoantigen cancer vaccine · NeoSELECT™ AI platform - fully owned*

Study	Indication	Combination	Phase	Status	Key finding / milestone
VB N-01	Advanced solid tumours	CPI ± bempegaldesleukin	Ph I FIH	Completed	Feasibility, safety & broad durable neoantigen-specific T cell responses · completed Jan 2023 · NCT03548467
VB N-02	Advanced solid tumours (heavily pre-treated, median 5 prior lines)	Atezolizumab	Ph I / Ph Ib	Completed	Dose/regimen optimisation · broad tumour-specific immune responses confirmed · NCT05018273

Tolerance platform *Immune tolerance induction · autoimmune diseases - fully owned*

Study	Indication	Combination	Phase	Status	Key finding / milestone
Internal	Autoimmune (undisclosed)	Antigen-specific tolerance	Preclinical	Ongoing	Program details not yet disclosed

Completed phase · Active phase · Completed trial · Ongoing trial

ORR = objective response rate · OS = overall survival · HNSCC = head & neck squamous cell carcinoma · r/m = recurrent/metastatic · CPI = checkpoint inhibitor · FIH = first in human

Nykode executive management

Experienced and international management team



Michael Engsig

CEO

Takeda
NYCOMED
PPD
KLIFO



Agnete Fredriksen

CSO & BD

Affitech
Medinnova



Harald Gurvin

CFO

SFL
FLEX LNG



Louise Stubbe

CLO

KemPharm
ORPHAZYME
Ambu
LEO

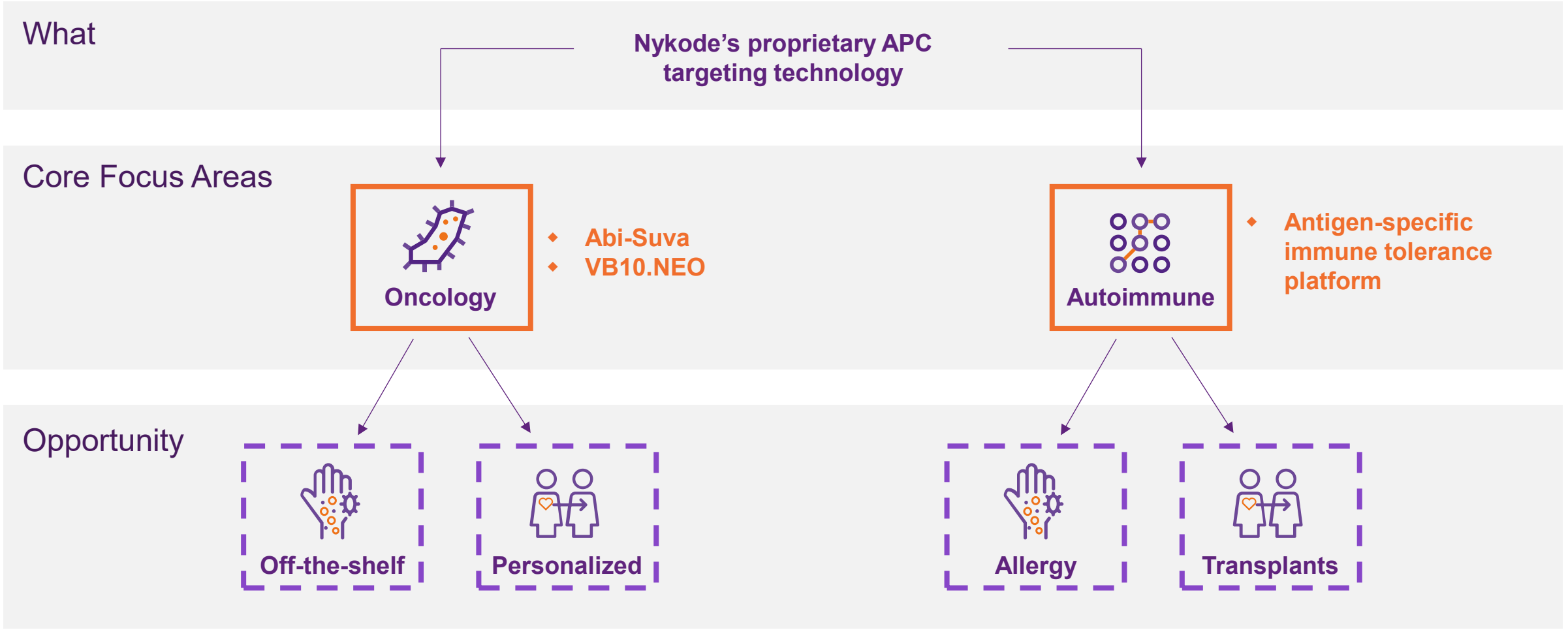


Jakob Rasmussen

CTO

novo nordisk
FRESENIUS KABI
maxygen

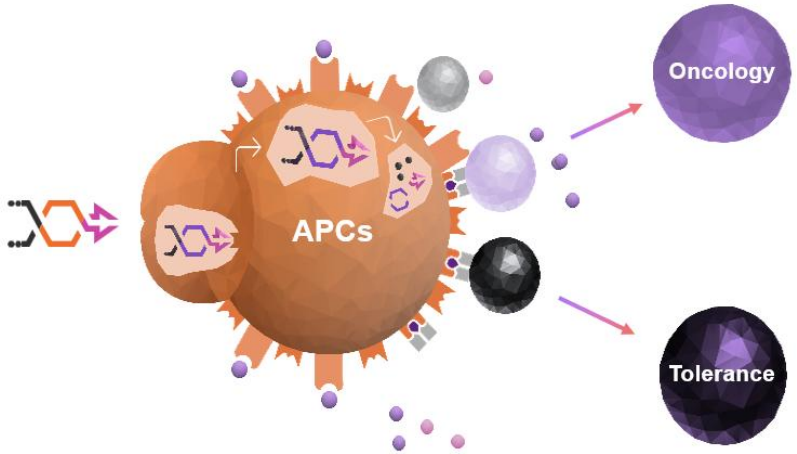
Clinically Validated Platform Focused on Oncology and Autoimmune Diseases



Targeting APCs drives precise immune response tailored to disease setting

APCs play key role in immune regulation

- Targets antigen-presenting cells (APCs), the key regulators of immune responses
- Nykode technology delivers antigens directly to selected APC subsets
- Trains the immune system to either:
  - Attack tumors, or
  - Restore immune tolerance in autoimmune disease



Nykode Modular Design to target APCs



APC-target fusion protein

Targeting unit → binds relevant APCs

Dimerization unit → strengthens binding

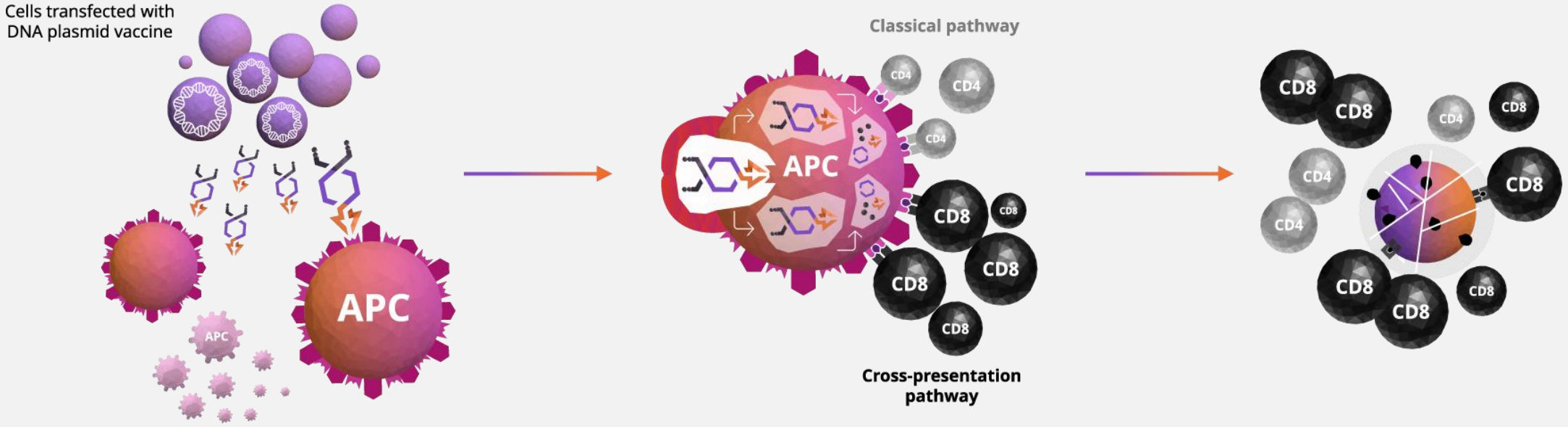
Antigen unit → determines disease target



Oncology

Nykode's cancer vaccine platform induces a rapid, robust and long-lasting CD8 T cell response against cancer cells

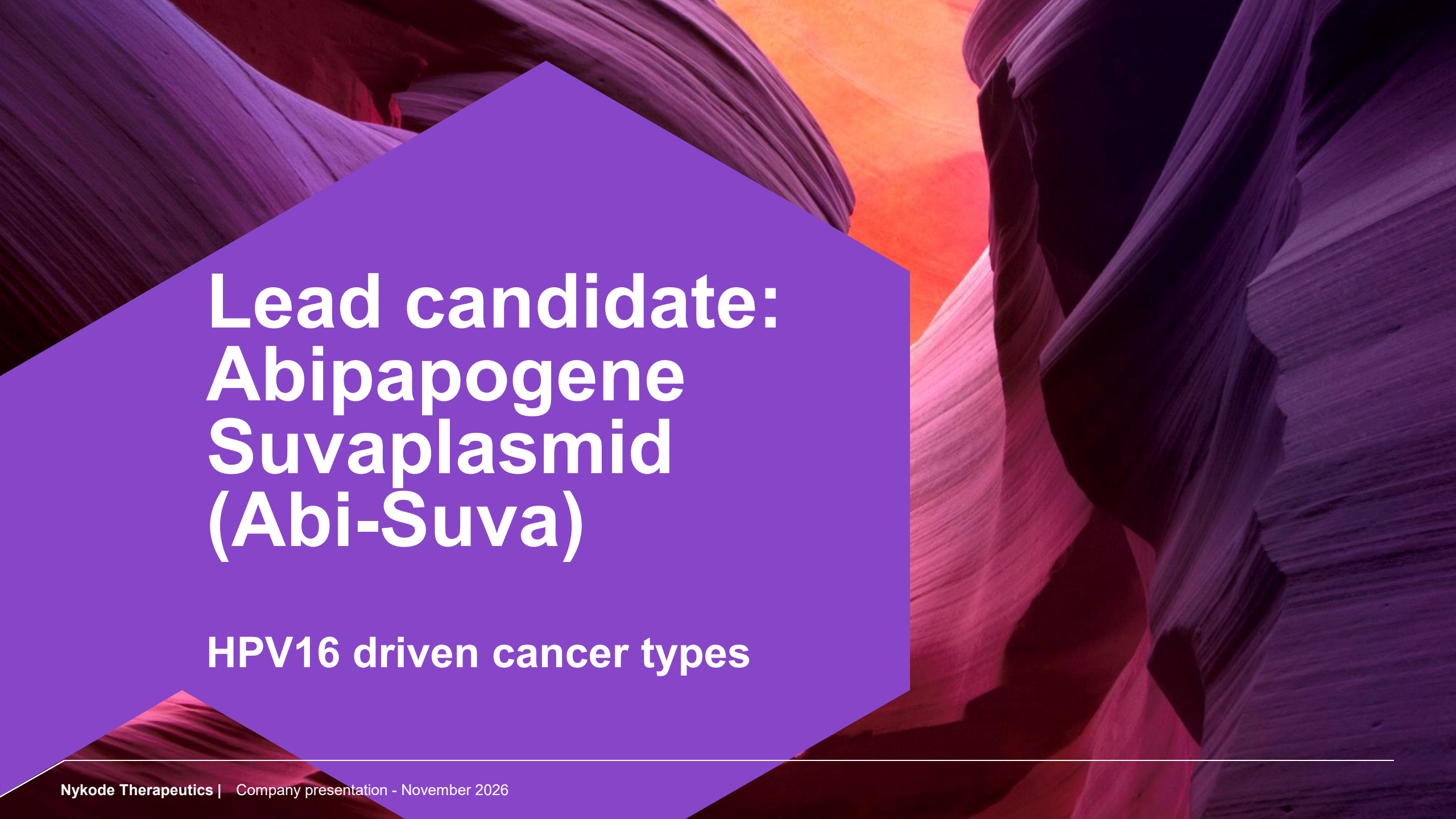
MECHANISM OF ACTION OF DNA PLASMID EXPRESSING ACTIVE FUSION PROTEIN FOR T CELL INDUCTION VIA APC



1 Cells encode and secrete Vaccibody proteins, which attract a high concentration of APCs.

2 The APCs process and present the vaccine antigens to T cells and effectively activate CD8 killer T cells via cross-presentation.

3 The T cells attack cancer cells or pathogen-infected cells expressing the antigens.



Lead candidate: Abipapogene Suvaplasmid (Abi-Suva)

HPV16 driven cancer types

Abi-suva - a therapeutic cancer vaccine addressing HPV16+ cancers

HPV16 infection drives multiple cancer types

Persistent HPV16 infection is oncogenic and causes cancer in several organs including head & neck and cervical

Impacts younger patient populations

Increasing incidence in Head and Neck cancer with an expected CAGR of 1,5% over the next 10 years[1]

Significant unmet need



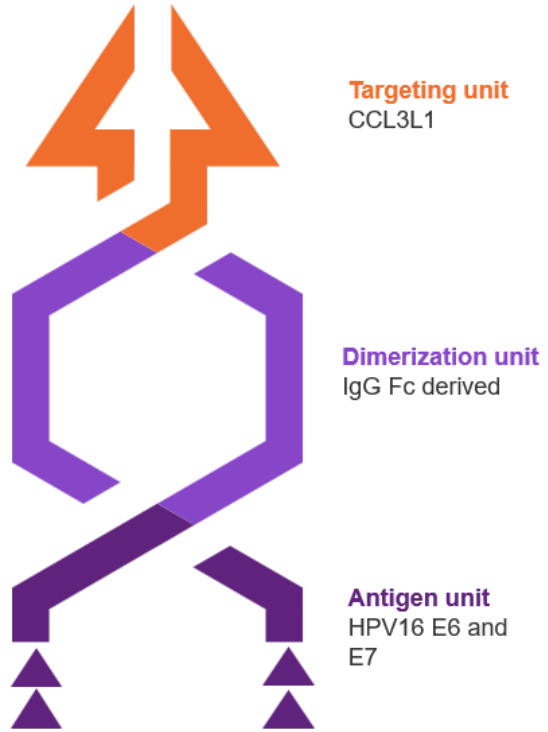
HPV16 viral oncogenes E6 & E7 are strong cancer vaccine targets

Expressed uniformly in tumor tissue

When high-risk HPV16 persists, its DNA integrates into the host genome, destroying E2, the gene that normally suppresses E6 and E7.

The solution: abi-suva

Abi-suva
Off-the-shelf immunotherapy targeting viral antigens



[1] Long-term impact of HPV vaccination and COVID-19 pandemic on oropharyngeal cancer incidence and burden among men in the USA: A modeling study – PMC. The number reflect HPV16+ OPC cases.

Abi-suva has broad potential across HPV-driven cancers

Derisked through clinical data across tumor types and monotherapy data in premalignant setting

FINALIZED. REPORTED POSITIVE DATA

C-01
Ph 1/2a Pre-cancerous Cervical Lesions

- 34 patients
- Monotherapy of VB10.16, 3 mg
- CIN2/3 (HSIL) patients
- Well tolerated and strong antigen specific immune responses correlating with potential clinical efficacy

FINALIZED. REPORTED POSITIVE DATA

C-02
Ph 2a Cervical Cancer

- 52 patients
- Abi-suva, 3 mg in combination with atezolizumab (Tecentriq®)
- Advanced cervical cancer
- Strong and durable clinical response – correlated with immune responses
- Favorable safety profile

ONGOING. INTERIM RESULTS PRESENTED IN MARCH 2026

C-03
Ph 1/2a Head and Neck Cancer

- 13 patients
- Abi-suva, up to 9 mg in combination with pembrolizumab (Keytruda®)
- 1st line unresectable recurrent or metastatic head and neck cancer (HNSCC) and PD-L1+
- Interim data with all doses safety cleared and a confirmed ORR of 38.5%

ONGOING: FIRST INTERIM DATA EXPECTED IN 2027

Abili-T
Randomized phase 2 in 1L r/m HNSCC

- ~ 100 patients
- Abi-suva 9 mg in combination with Pembrolozimab (Keytruda ®)
- 1st line unresectable recurrent or metastatic head and neck cancer (HNSCC) and PD-L1+
- First interim data expected in 2027

FURTHER POTENTIAL

Earlier lines and other HPV+ driven cancers

- Adjuvant/locally advanced HPV16+ cervical and HNSCC
- Additional HPV16+ cancers (anal, penile, vaginal)
- PD-L1- HPV16+ tumors

Abili-T on track towards first interim analysis in 2027

Abili-T trial design

~100 patients
with HPV16-positive head & neck cancer that has returned or spread, receiving their first treatment for advanced disease

Randomly split into two equal groups

Abi-suva + pembrolizumab
Our vaccine added to today's standard of care

vs

Pembrolizumab alone
Today's standard of care (comparison group)

Tumor response (ORR): do tumors shrink?

Progression-free survival (PFS): how long is the cancer kept in check?

Key question: does adding abi-suva help patients more than standard of care alone?
First look at efficacy after ~1/3 of patients (interim analysis)

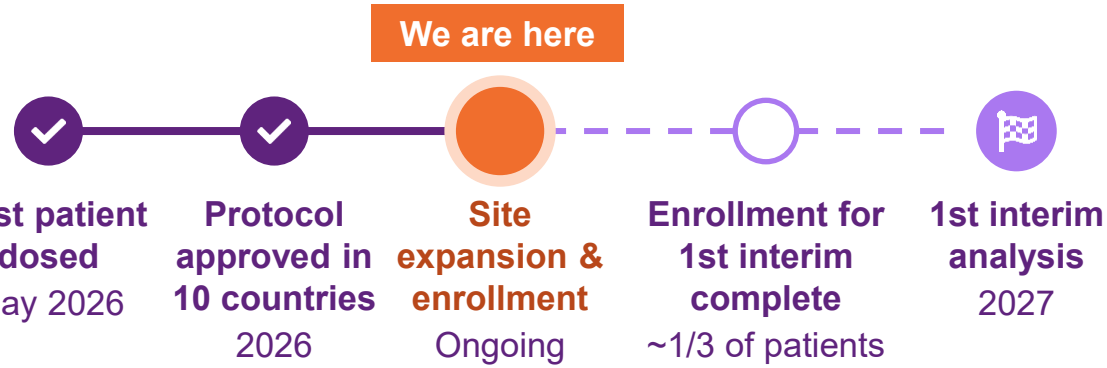
Progress towards first interim analysis

On track
Enrollment progressing according to plan towards first interim analysis in 2027

10 countries with protocol approval

6 countries actively enrolling patients

20+ trial sites open, expanding towards ~50



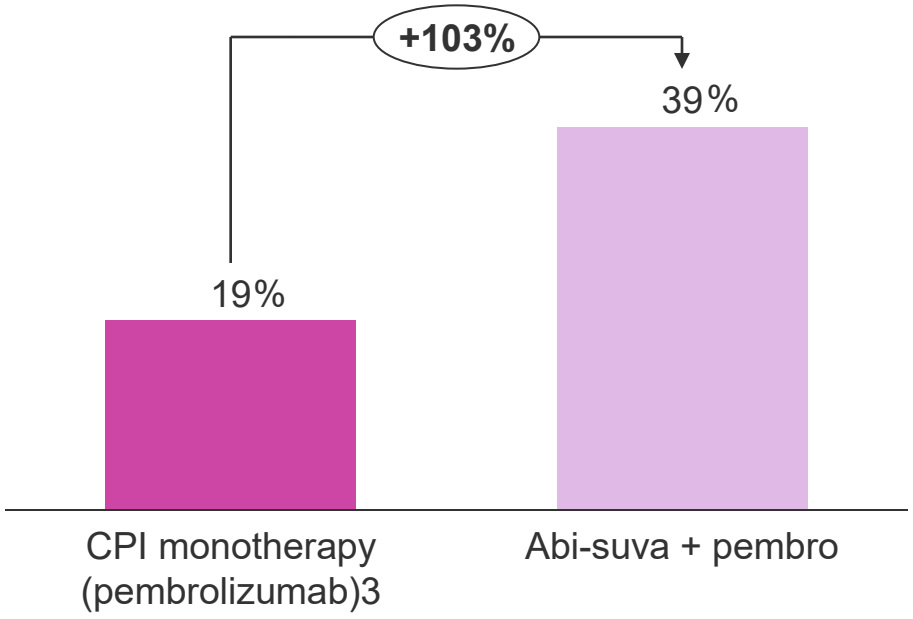
Abi-suva shows strong and consistent clinical effect across several trials and HPV16 driven indications

Consistent overall response rate (ORR) improvement compared to CPI monotherapy across indications

Objective response rate (ORR) of abi-suva in combination with CPI compared to historical CPI monotherapy[1]

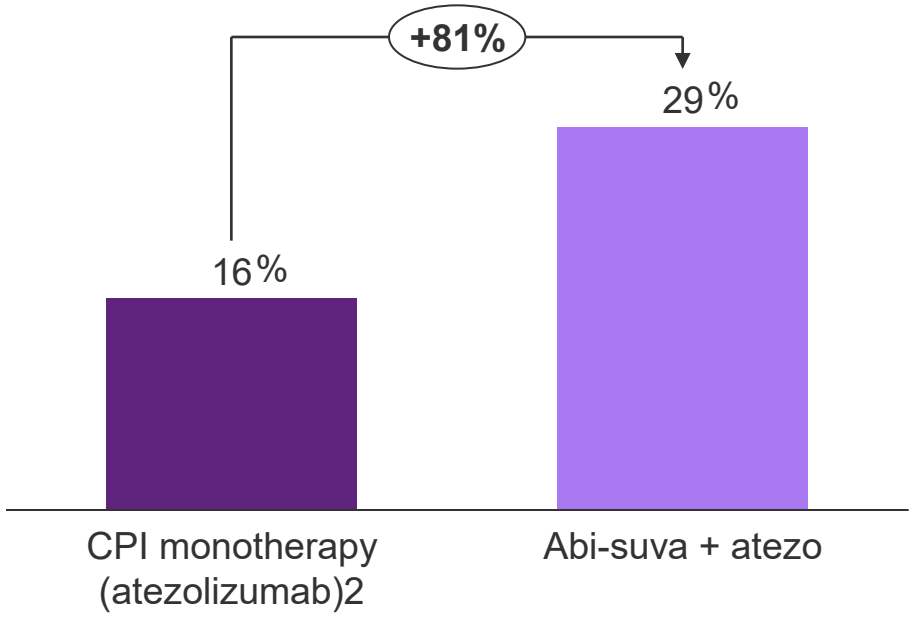
VB-C-03 – 1L r/m Head and Neck Cancer

ORR



VB-C-02 – 2L+ r/m Cervical Cancer

ORR



[1] Compared to CPI used in combination with abi-suva in clinical trial, [2] Salani et al. Efficacy and safety results from Skyscraper-04: An open-label randomized phase 2 trial of tiragolumab plus atezolizumab for PD-L1-positive recurrent cervical cancer. IGCS 2023., [3] Pembrolizumab alone or with chemotherapy versus cetuximab with chemotherapy for recurrent or metastatic squamous cell carcinoma of the head and neck (KEYNOTE-048): a randomised, open-label, phase 3 study. VB-C-02: Abi-suva in combination with atezolizumab in 2L+ r/m Cervical Cancer & VB-C-03: Abi-suva in combination with pembrolizumab in 1L r/m HNSCC. C-03 data: Even et al, ICHNO 2026, Therapeutic cancer vaccine abipapogene suvaplasmid (VB10.16) plus pembrolizumab as 1L treatment for HPV16-positive, PD-L1-positive r/m oropharyngeal cancer: a phase 1 dose-escalation trial. C-02 data: Hillemanns et al, JITC 2025 13(1), Safety and efficacy of the therapeutic DNA-based vaccine VB10.16 in combination with atezolizumab in persistent, recurrent or metastatic HPV16-positive cervical cancer: a multicenter, single-arm phase 2a study

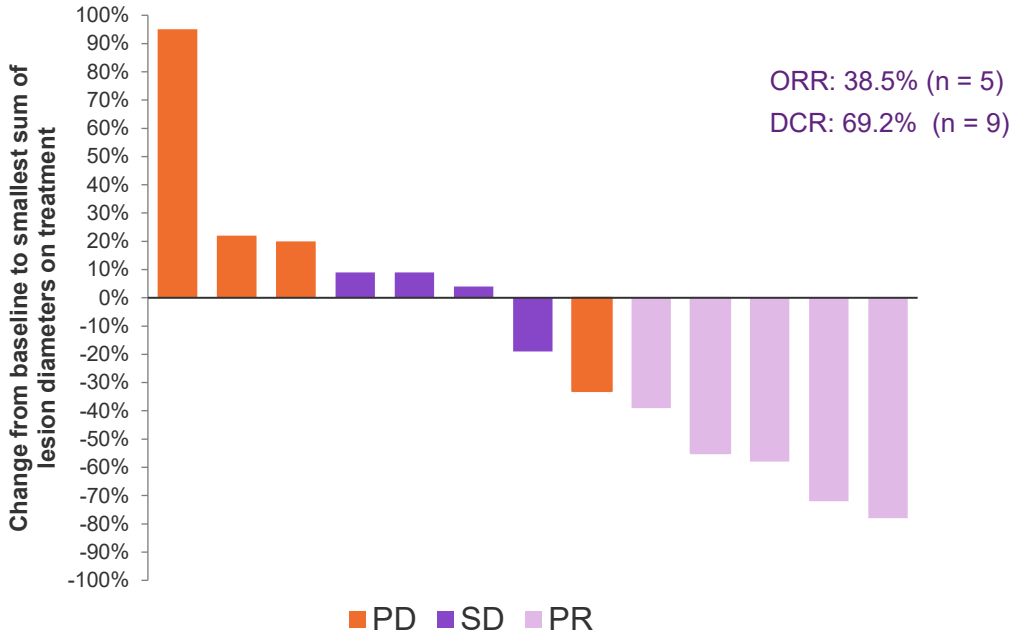
Abi-suva shows strong and consistent clinical effect across several trials and HPV16 driven indications

Overall response rate (ORR) indicates a strong clinical effect of abi-suva

VB-C-03 (1L r/m Head and Neck Cancer)

Abi-suva in combination with pembrolizumab

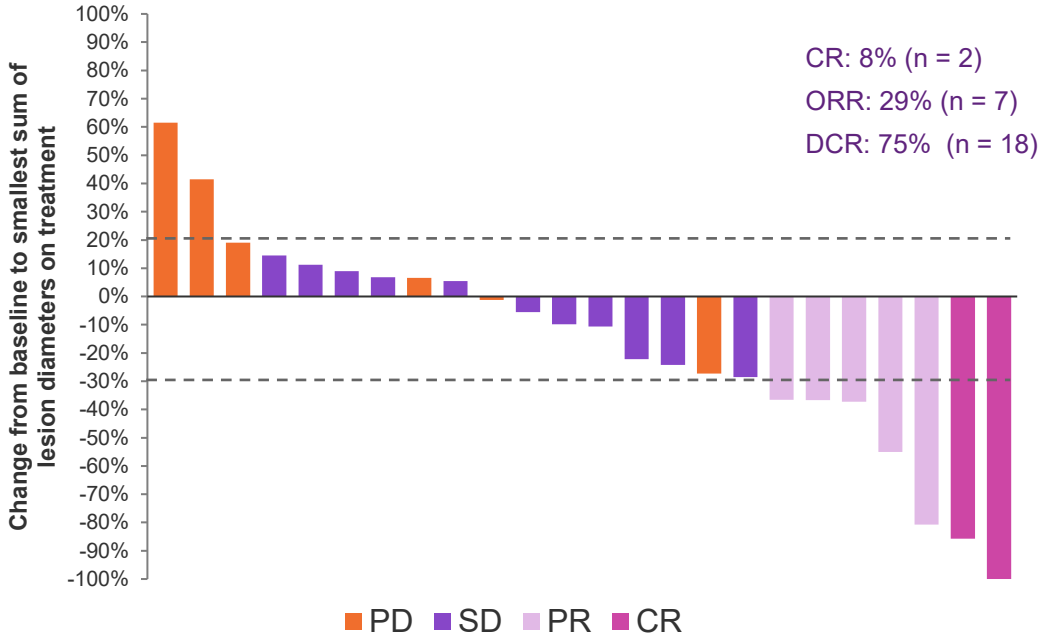
Overall response in PD-L1+ (n = 13)



VB-C-02 (2L+ Cervical Cancer)

Abi-suva in combination with atezolizumab

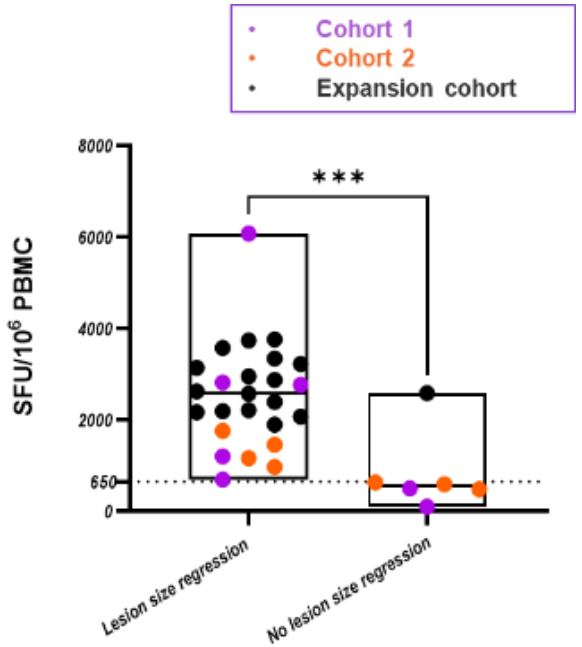
Overall response in PD-L1+ (n = 24)



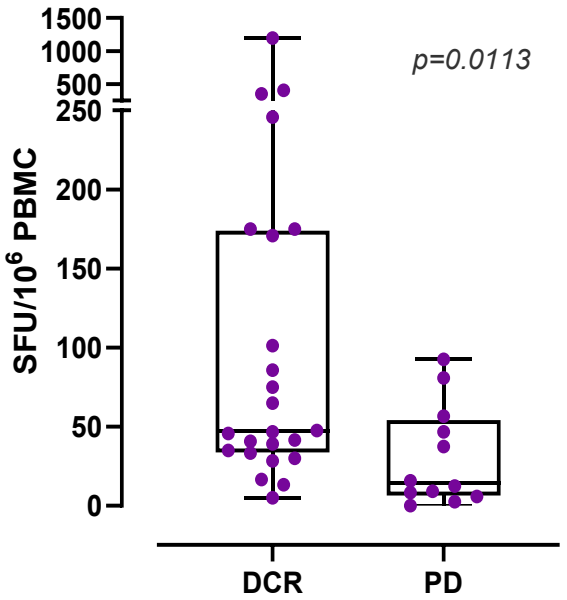
C-03 data: Even et al, ICHNO 2026, Therapeutic cancer vaccine abipapogene suvaplasmid (VB10.16) plus pembrolizumab as 1L treatment for HPV16-positive, PD-L1-positive r/m oropharyngeal cancer: a phase 1 dose-escalation trial. C-02 data: Hillemanns et al, JITC 2025 13(1), Safety and efficacy of the therapeutic DNA-based vaccine VB10.16 in combination with atezolizumab in persistent, recurrent or metastatic HPV16-positive cervical cancer: a multicenter, single-arm phase 2a study

Immune responses strongly correlate with clinical outcomes across trials

VB-C-01 HSIL patients monotherapy



VB-C-02 2L+cervical cancer in combination with atezolizumab



- HPV16-specific T-cell responses associated with lesion size reduction
- Correlation observed across multiple trials

VB-C-01 data: Hillemanns et al, 2022, Clinical Cancer research 28 (22): 4885-92, A therapeutic antigen-presenting cell targeting DNA vaccine VB10.16 in HPV16-positive high grade cervical intraepithelial neoplasia: results from a phase I/IIa trial. VB-C-02 data: Hillemanns et al, JITC 2025 13(1), Safety and efficacy of the therapeutic DNA-based vaccine VB10.16 in combination with atezolizumab in persistent, recurrent or metastatic HPV16-positive cervical cancer: a multicenter, single-arm phase 2a study

HSIL: high-grade squamous intraepithelial cell lesions; PBMC: peripheral blood mononuclear cells; DCR: disease control rate; PD: progressive disease

Key takeaways from Abi-Suva

Key Achievements for Abi-Suva

~100

Patients treated with Abi-suva show consistent clinical activity, promising efficacy and favorable safety profile across 3 HPV16+ indications (C-01, C-02, C-03)

Added Benefit

Clinical trials demonstrate improved ORR and survival vs historical standard of care, now supported by C-03 data (19% vs. 39%)

Clinical Correlation

Clinical responses consistently correlate with HPV16-specific immune activation across trials

Future near-term milestones

- Initiated validating randomized Phase 2 Abili-T trial in 1L r/m HNSCC
- Expanding countries / sites in Abili-T trial; first interim data expected 2027
- Potential expansion into locally advanced settings – a patient population recently validated by peer data
- High market potential for HNSCC and additional HPV16+ indications



VB10.NEO Personalized cancer vaccine

Personalized cancer vaccines

Personalized vaccines targeting tumor-specific mutations

Neoantigens

- Tumor-specific mutations not found in healthy tissue

INT Platform

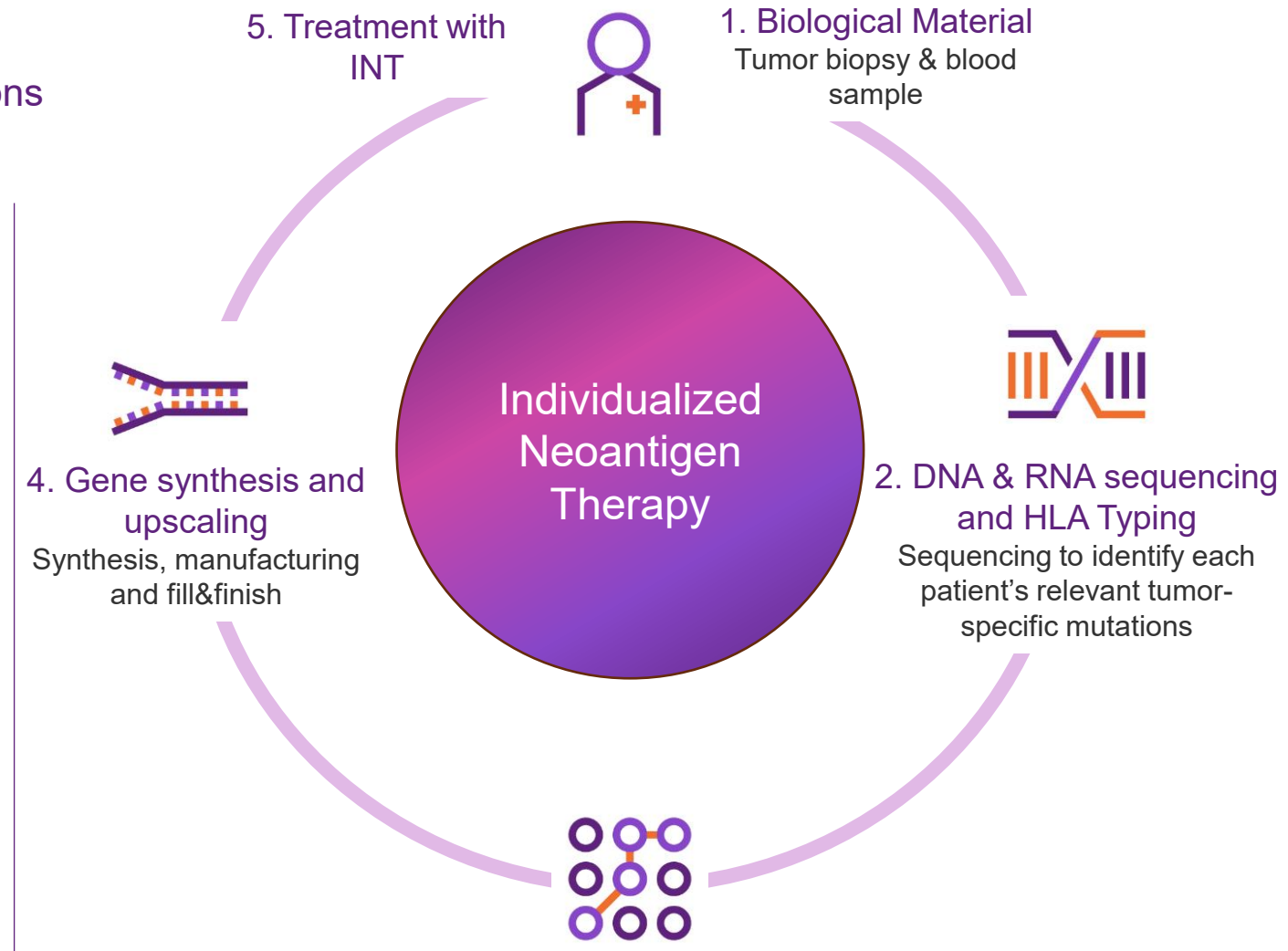
- Fully personalized per patient
- Algorithm-driven neoantigen selection
- Scalable manufacturing with competitive TAT[1]

Broad Applicability

- Applicable across solid tumors with identifiable mutations
- Combines effectively with other immunotherapies

Clinically Validated Modality

- First positive Phase 3 for an INT: Merck & Moderna's INTerpath-001 (Aug 2026)



1: TAT: Turn-around-time

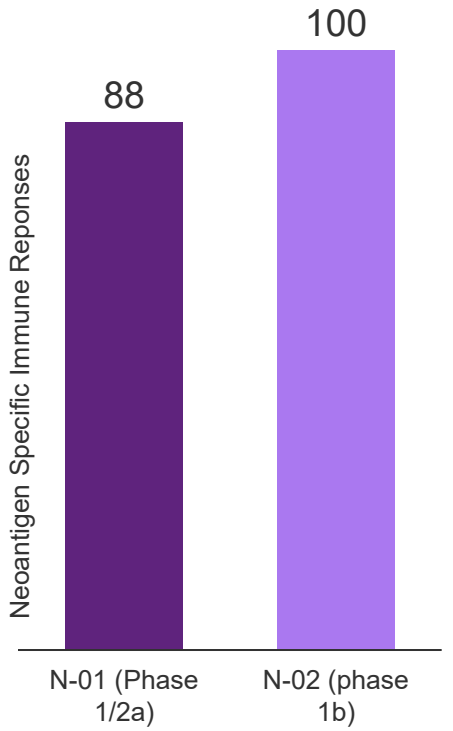
VB10.NEO Clinical Proof-of-Concept

Robust immune activation in heavily pre-treated patients

VB-N-01 (Phase 1/2a) *Earlier line, longer exposure*	
Patients	41
Indications	r/m melanoma, NSCLC, RCC, urothelial, SCCHN
Dose	3 mg + CPI
Median prior lines of treatments	2
Median duration of treatments	92 weeks
Median number of VB10.NEO doses	11 doses
Median overall survival	35.2 months

VB-N-02 (Phase 1b) *Later-line, heavily pre-treated, multi-tumor*	
Patients	26
Indications	r/m cancer, >10 solid tumors
Dose	3-9 mg + atezolizumab
Median prior lines of treatments	**5**
Median duration of treatments	10.4 weeks
Median number of VB10.NEO doses	3.5 doses
Median overall survival	6.4 months

Strong Vaccine-Induced Immune Reponses

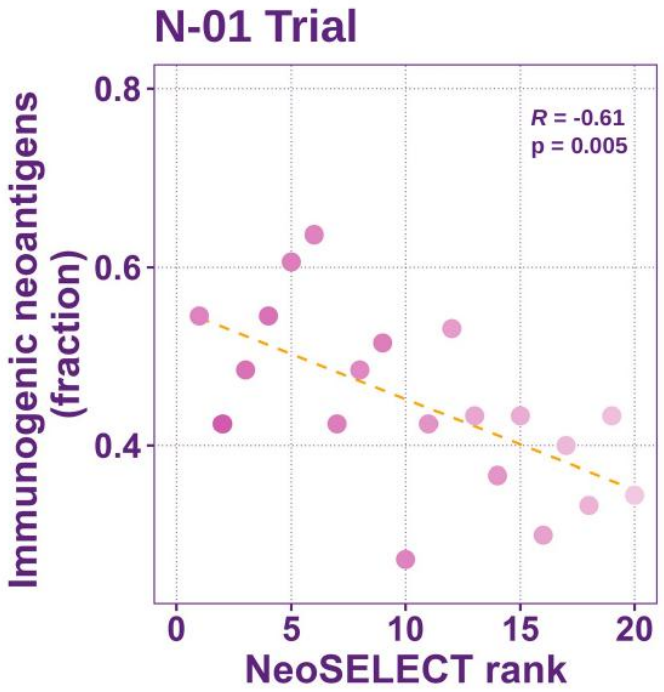


- **100% of patients in N-02 showed vaccine-induced immune responses,** even in heavily pre-treated late-stage patients after few vaccinations*
- High proportion of *de novo* neoantigen responses
- High percentage of immunogenic neoantigens

Administered by needle-free jet injection (PharmaJet® Stratis), which drives higher DNA vaccine expression than needle injection alone and has generated strong T cell responses across six Nykode clinical trials.

Source: Aure et al, 2025 SITC, "Integrative analyses of multiomics data and biomarker readout demonstrate clinical and immunological relevance of individualised vaccine design via the NeoSeLECT platform

NeoSELECT™: clinically proven neoantigen selection across more than ten indications



- The proprietary AI-driven platform, NeoSELECT™ systematically prioritizes the most immunogenic neoantigens
  - Validated in clinical trials across multiple tumor types, including tumor types with low TMB*
- Clear correlation between prioritized neoantigens by NeoSELECT™ and their proven immunogenicity in patients

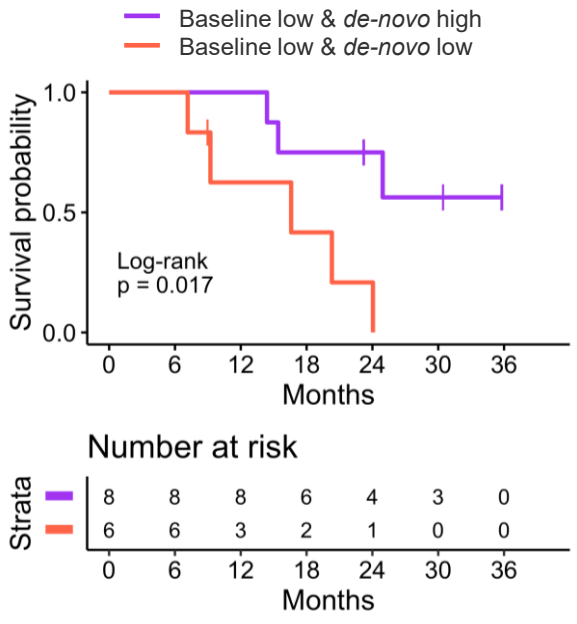
*HNSCC, TNBC, NSCLC, RCC, CRC, SACC, MM, UC, PDAC, SCC, GEJC, ISA and VIN

Source: Aure et al, 2025 SITC, "Integrative analyses of multiomics data and biomarker readout demonstrate clinical and immunological relevance of individualised vaccine design via the NeoSeLECT platform

To our knowledge, the only INT to link immunogenicity to survival

Antigen-specific immunogenicity correlated with overall survival (OS) in the N-01 trial

In patients with low baseline immunogenicity, more *de-novo* immune responses led to improved overall survival

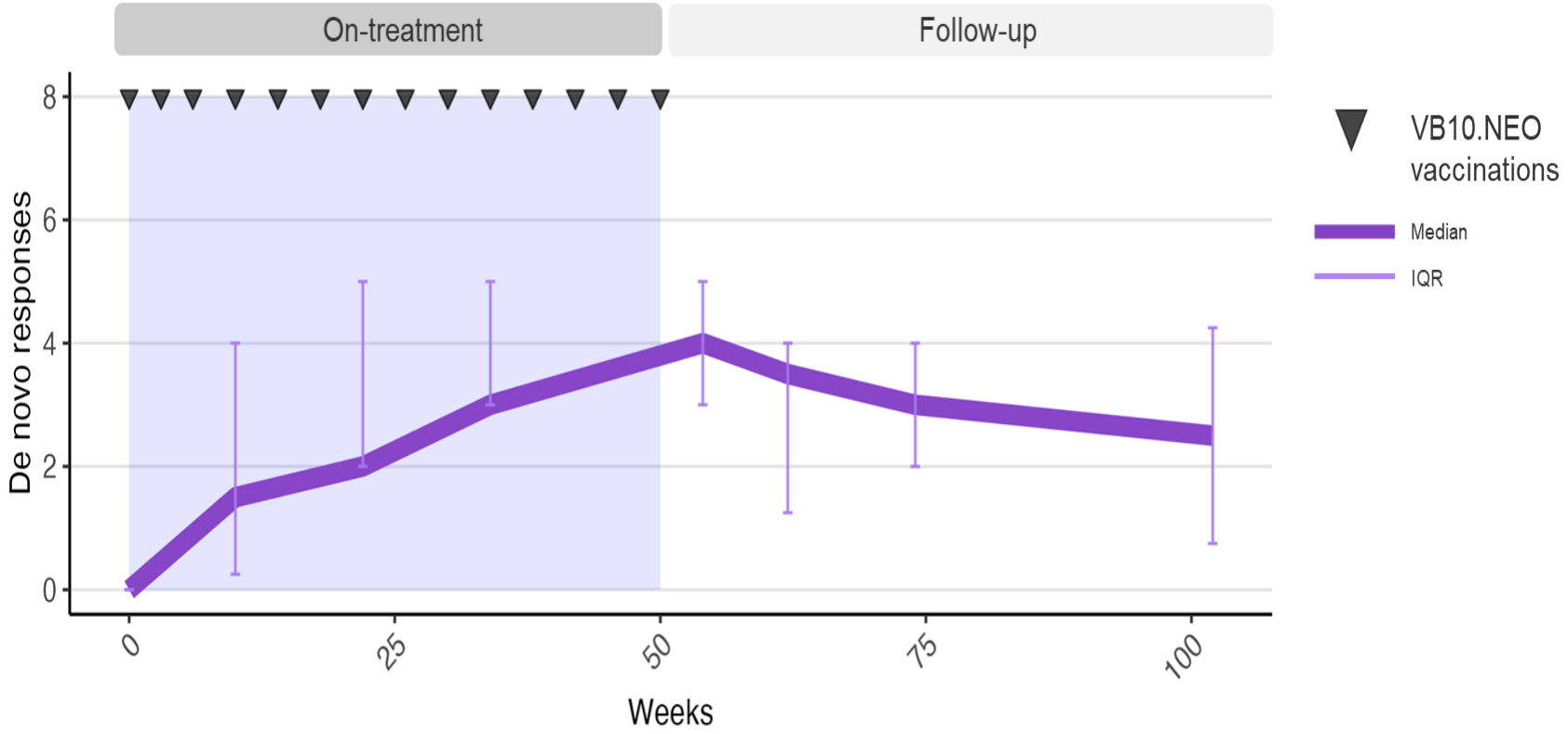


- In N-01, antigen immune-responses correlated with overall survival (OS)
- In patients with weak baseline immunity, those in whom VB10.NEO generated more new antigen-specific responses, survived longer

Source: Aure et al, 2025 SITC, "Integrative analyses of multiomics data and biomarker readout demonstrate clinical and immunological relevance of individualised vaccine design via the NeoSeLECT platform

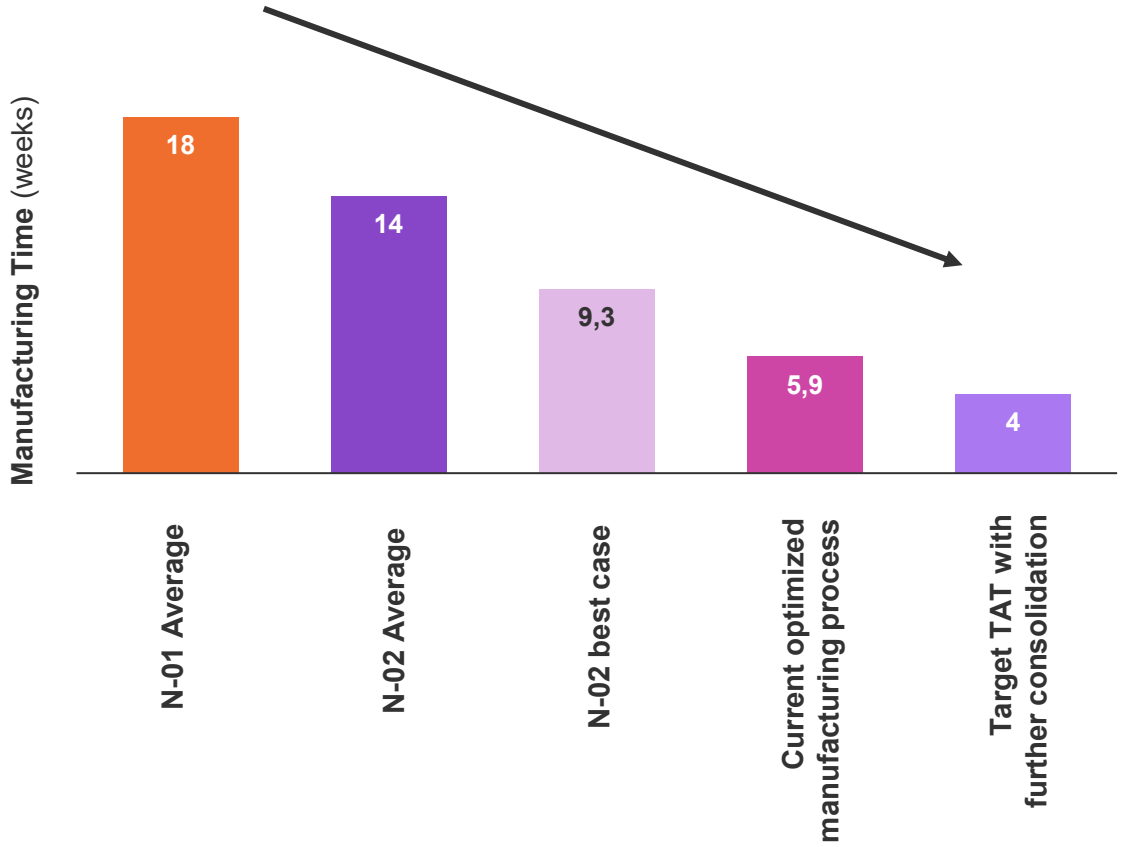
Vaccine-specific T cells remain functional and immunogenic at least 1-year after last vaccination

VB10.NEO induces a favorable and long-lasting T cell memory phenotype



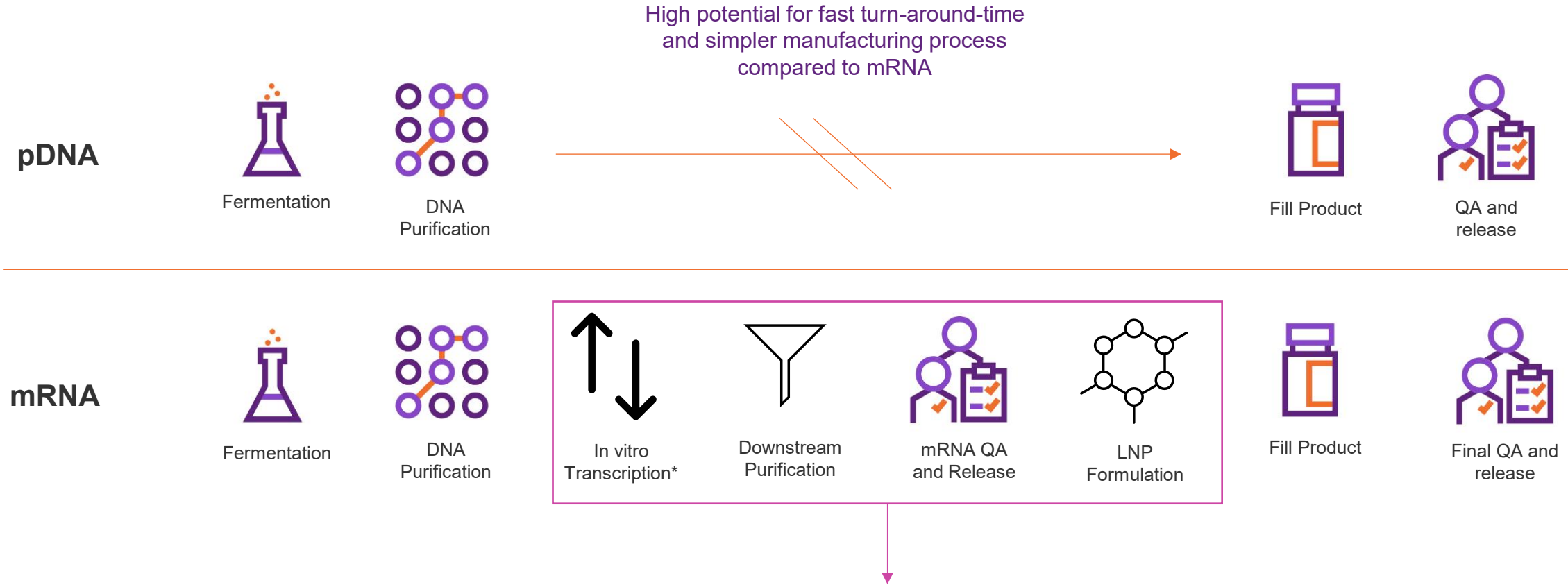
N=10 patients with on-treatment (OT) and follow-up (FU) samples. IQR: Interquantile range. OT data: actual *de novo* responses at weeks 10/11, 22, 34, 54. FU data: The latest positive timepoint defined the persistence of response. neoantigens were called positive at earlier FU timepoints if positive at later FU timepoint(s)).

Our current optimized manufacturing process has a turnaround time (TAT) of less than 6 weeks



- Current TAT of 5.9 competitive vs peers
- Clear path to further reduction by optimizing logistics

Simpler pDNA production and simpler manufacturing process compared to mRNA positions VB10.NEO competitively in the INT field



- Depending on the setup, the in vitro transcription (IVT) process for mRNA production can involve multiple steps (RNA transcription, 5' capping, and the addition of a 3' poly(A) tail) or done in a co-transcriptional process.

Key takeaways from VB10.NEO

VB10.NEO uniquely positioned as the most attractive unencumbered asset

- Moderna's positive Phase 3 for INTerpath-001 has validated the field
- Two completed trials across more than 10 tumor types, 88–100% of patients responding, and a clean safety profile
- Immunogenicity correlated with overall survival, to our knowledge, uniquely in this class
- Competitive manufacturing: turnaround of less than 6 weeks, 100% batch success, simpler manufacturing process compared to mRNA supporting lower COGS and TAT. US patents to 2039

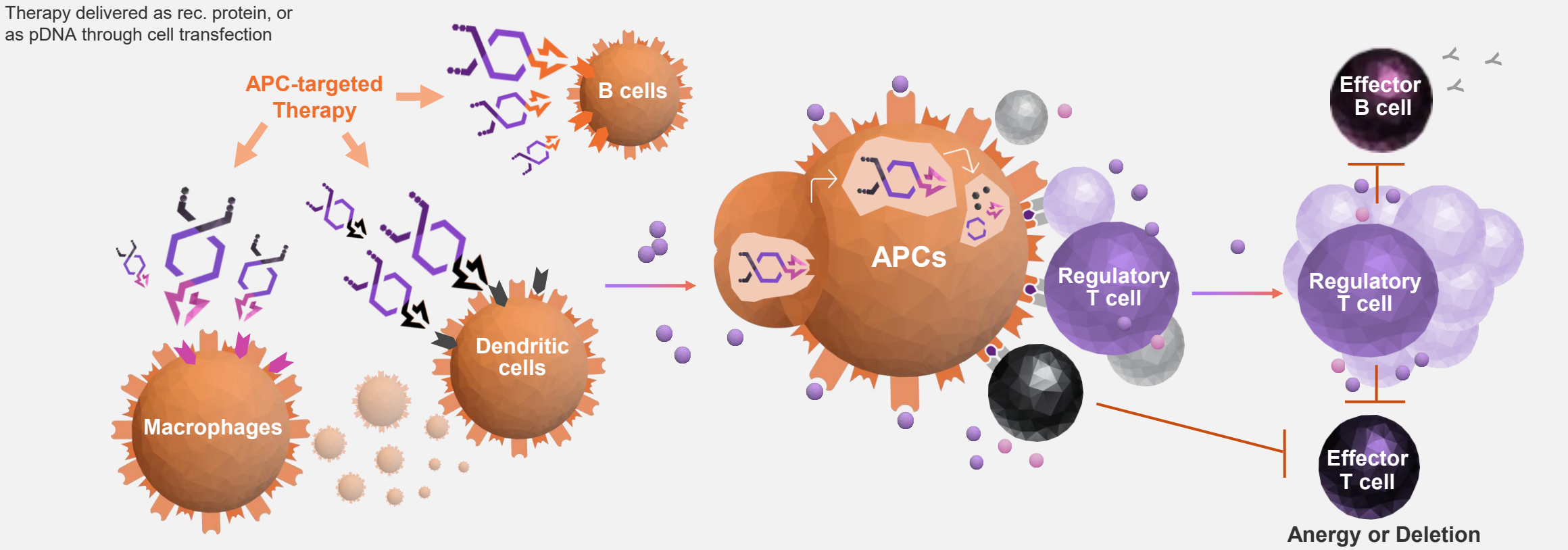
Next steps: Evaluating next development plans incl. manufacturing upgrades



Antigen-Specific Immune Tolerance

Induction of antigen-specific immune tolerance by targeting disease causing epitopes to specific APCs

TARGETING SPECIFIC TOLERANCE INDUCTION



1 Distinct APC targeting

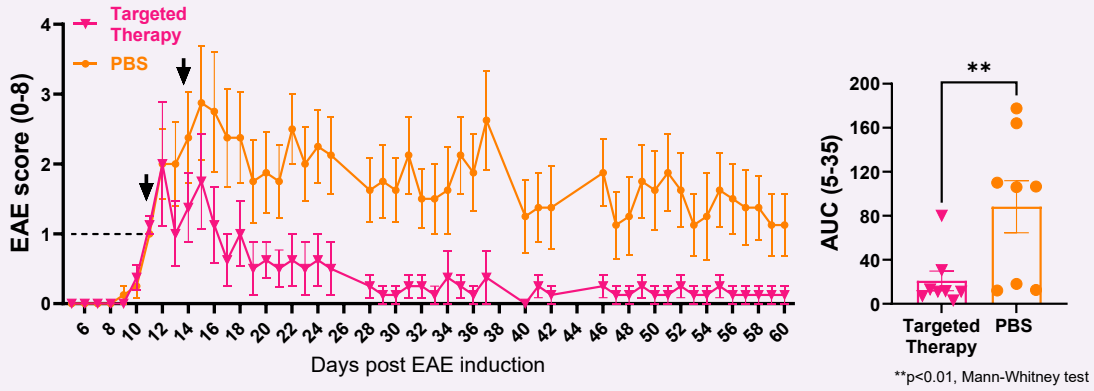
2 Modified adaptive response

3 Specific effector regulation

Long lasting efficacy demonstrated across autoimmune disease models

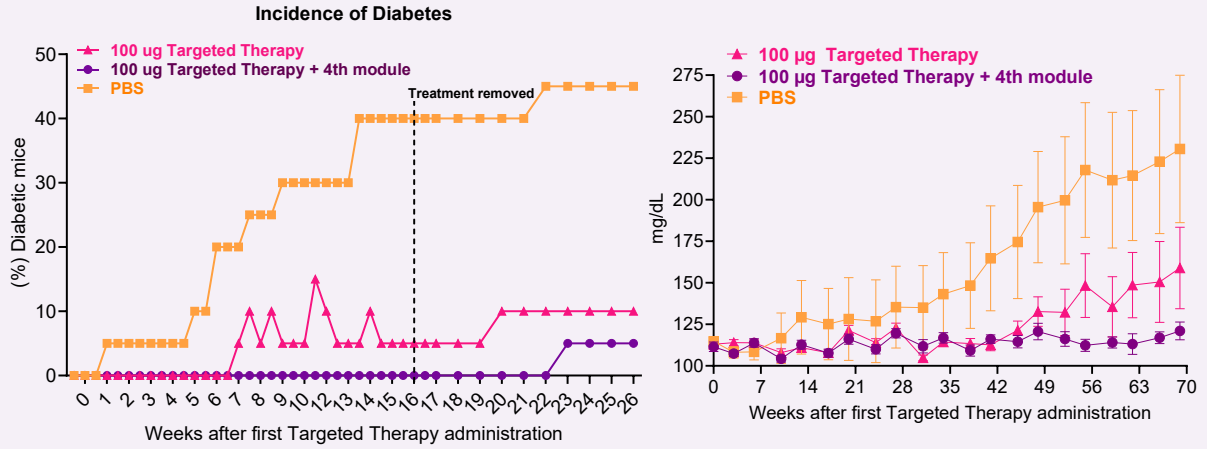
EAE Model – Later Therapeutic Treatment

- Treatment after symptom onset results in strong and durable therapeutic effect



NOD (T1D) Model – Disease Prevention

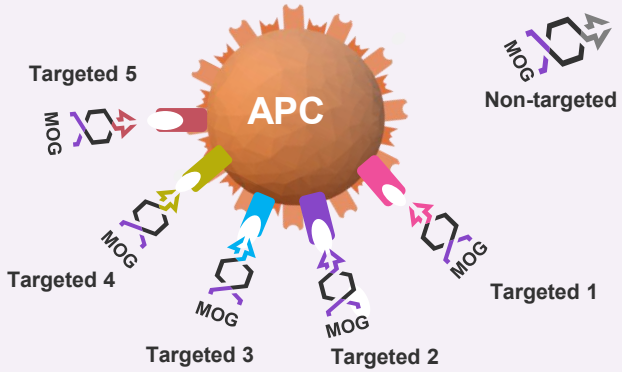
- Effective and durable prevention of disease in late-stage insulitis, 9-week-old NOD mice
- Diabetes antigen: PPI – significant blood glucose reduction

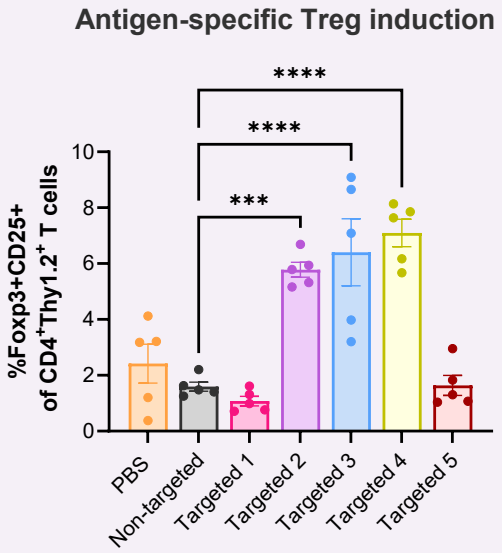


APC targeting drives precise and potent antigen-specific immune engagement

Differentiated T Cell Engagement & Treg Induction

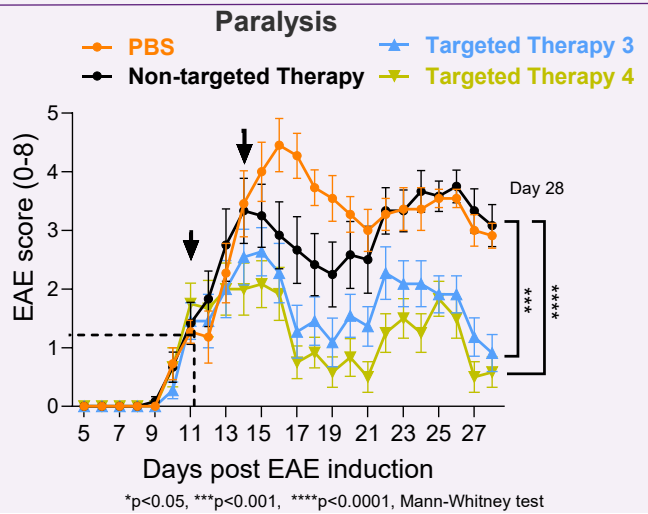
- APC targeting enables precise and potent antigen-specific T cell engagement
- Differentiated and robust induction of regulatory T cells (Tregs)





APC-Directed Targeting Unit is Essential

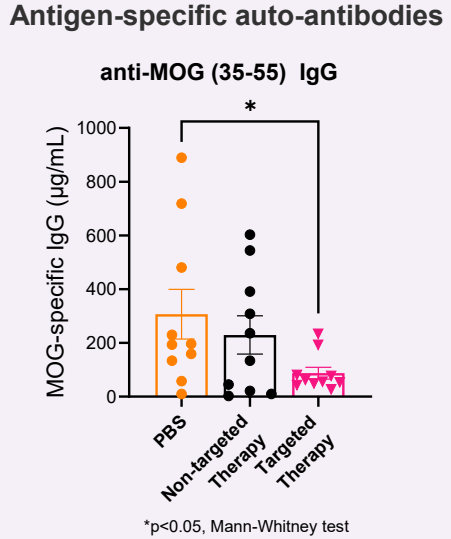
- APC-directed targeting unit required for effective reversal of EAE disease in symptomatic mice
- Targeted delivery differentiates therapy from untargeted antigen approaches



Multi-layered immune regulation demonstrated across key endpoints

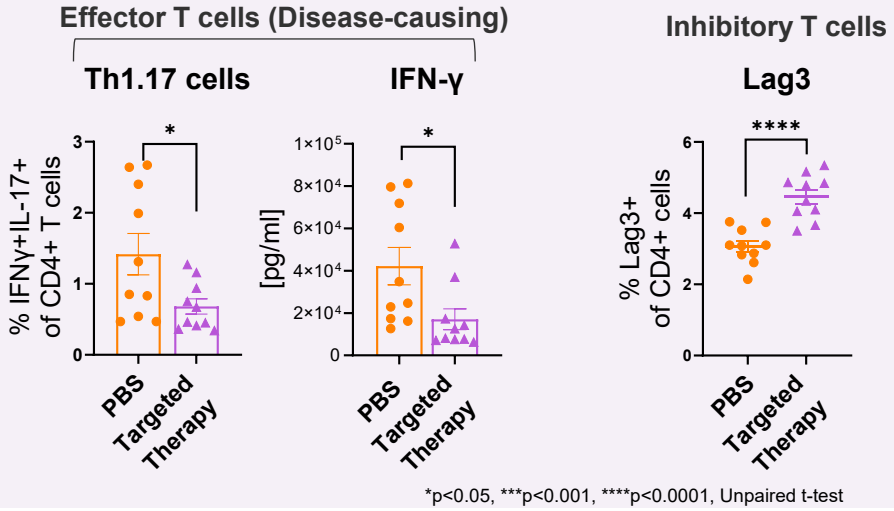
Therapeutic Reduction of Auto-Antibodies

- Significant reduction of disease specific auto-antibodies in EAE mice (10 µg dose per timepoint)
- APC targeting is essential for reducing auto-antibody responses



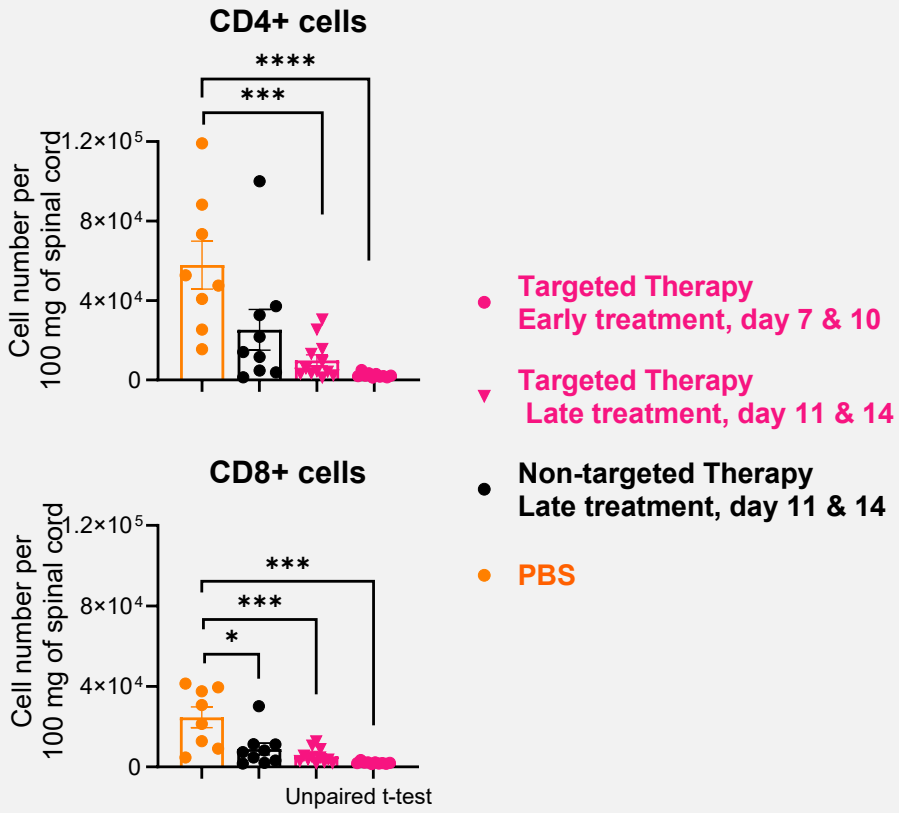
T Cell Modulation

- Simultaneous suppression of antigen-specific effector responses and induction of inhibitory T cells (30 µg dose per timepoint)

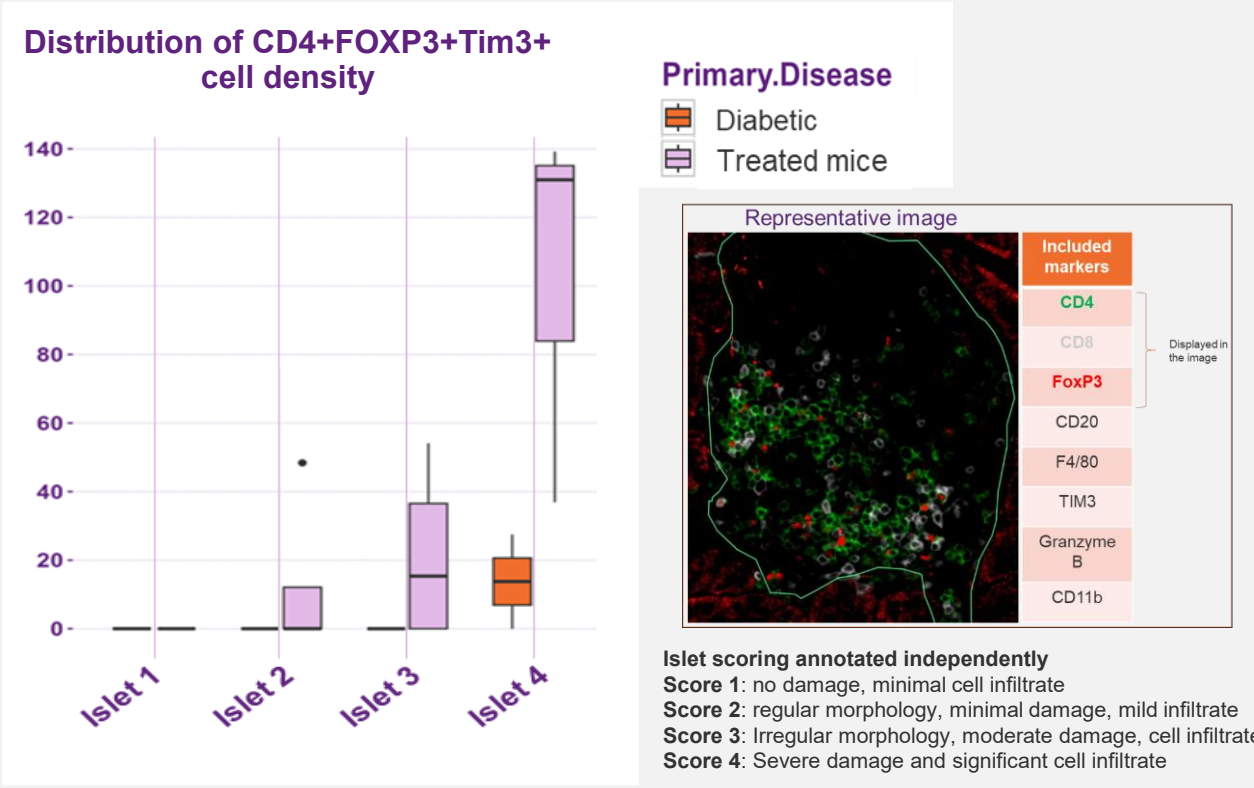


Regulation of disease in the disease relevant organs

SIGNIFICANTLY REDUCE THE NUMBER OF CNS-INFILTRATING CELLS IN EAE



BOOSTS PANCREATIC ISLET CD4+ T CELLS WITH A REGULATORY PHENOTYPE IN NOD (T1D)



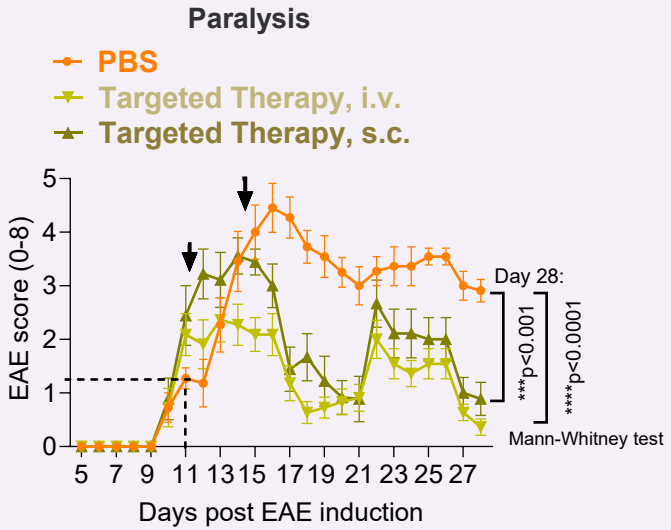
Islet scoring annotated independently
Score 1: no damage, minimal cell infiltrate
Score 2: regular morphology, minimal damage, mild infiltrate
Score 3: Irregular morphology, moderate damage, cell infiltrate
Score 4: Severe damage and significant cell infiltrate

PRELIMINARY IHC RESULTS

Multiple translational enablers support rapid clinical progression

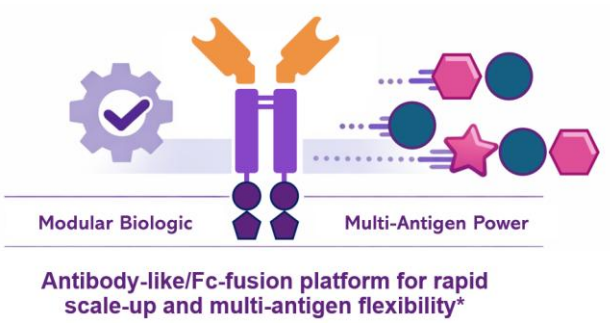
Subcutaneous Administration

- S.C. delivery provides equivalent therapeutic benefit to I.V. in the EAE model
- Translational and clinically beneficial



Modular Multi-Antigen Platform

- AI-guided design reduce billions of potential candidates to 39 screened constructs, of which 16 met quality criteria
- Ab-derived fusion protein benefitting from long standing manufacturing and regulatory precedent



01 **Built for scale:** a platform manufacturable on standard biologics infrastructure

02 **Simplified CMC** *vs* competing formats, accelerating timelines and reducing risk

03 **AI-driven design** that maximizes yield and quality

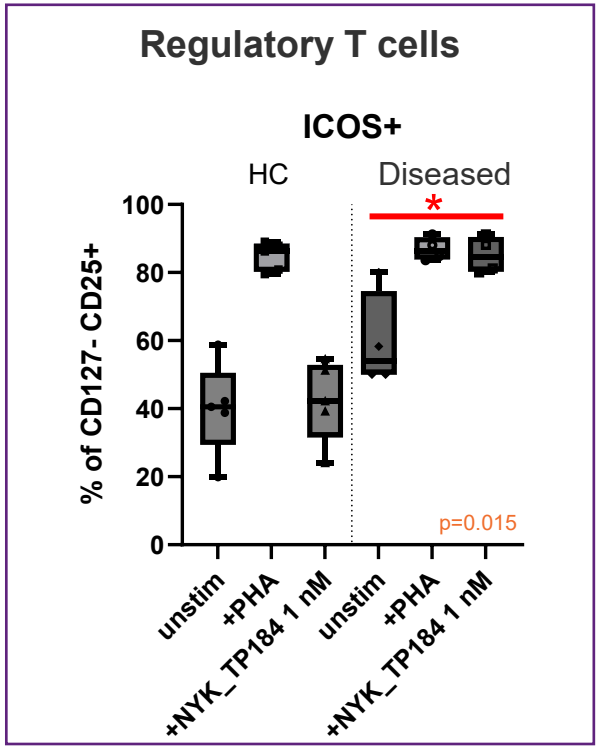
Human cell data: Nykode's therapy activated immune-calming cells only in patient samples

The experiment:

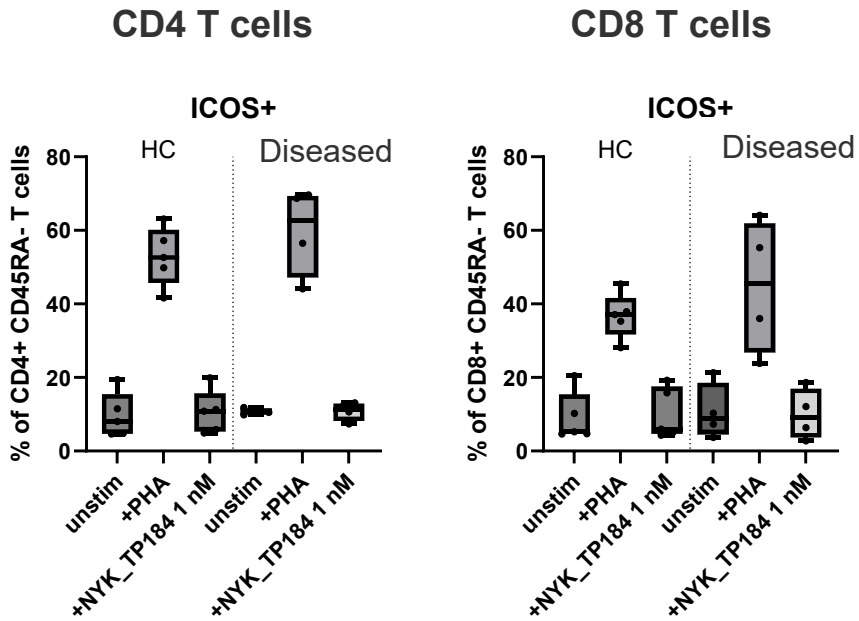
Blood immune cells from autoimmune disease patients and healthy donors, treated with Nykode's tolerance therapy carrying a disease-relevant target

Reading the charts
HC / Diseased: healthy donors / patients
unstim: untreated cells
+PHA: positive control (general stimulant)
+NYK_TP184: Nykode therapy

Calm the immune system



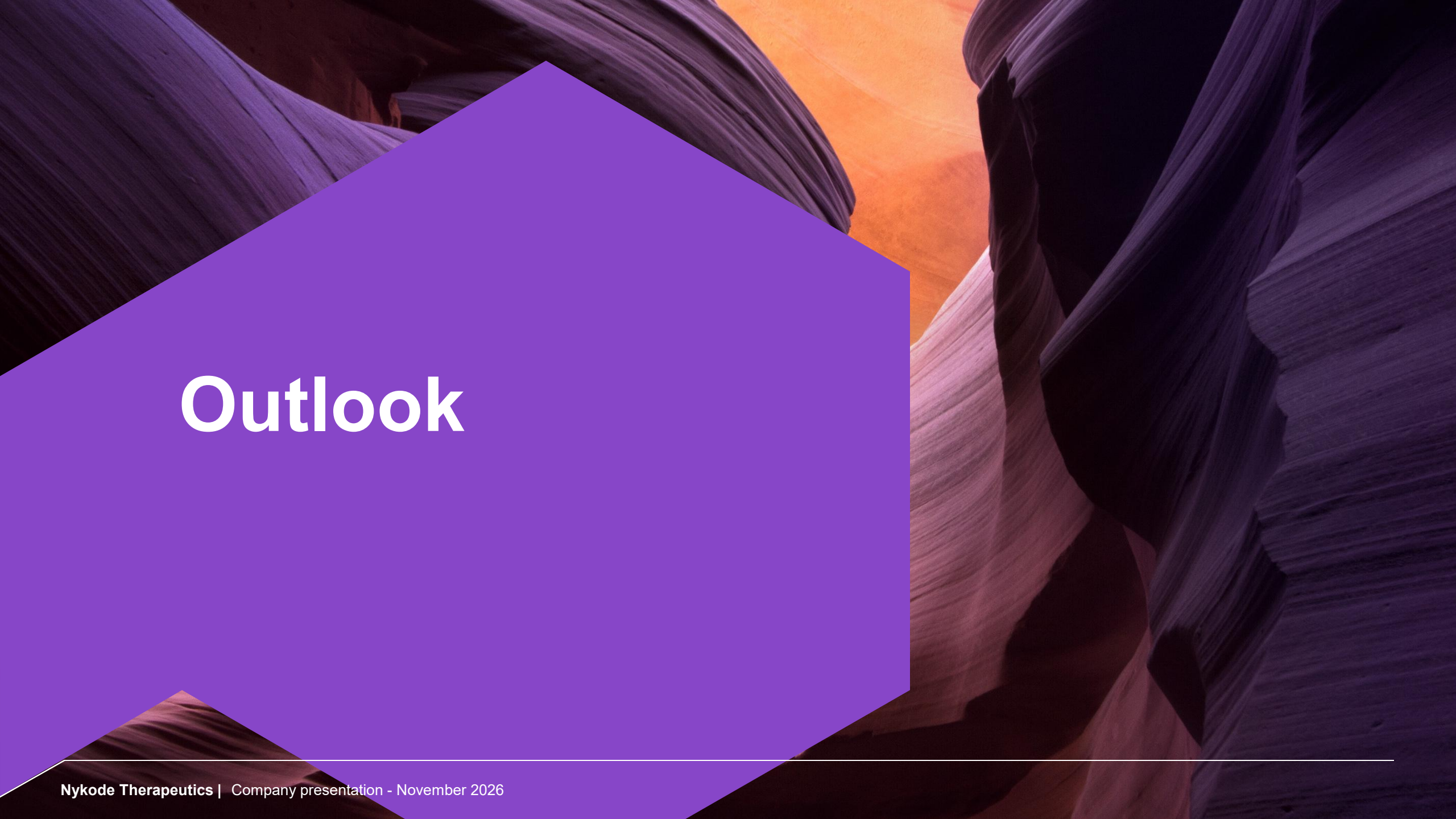
Drive inflammation



➢ **Precise:** therapy switched on regulatory T cells in patient samples only (p=0.015); healthy-donor cells and inflammatory T cells were unaffected

Key takeaways from Nykode's ASIT platform

- Promising data show long-lasting efficacy across autoimmune disease models
- In house AI/ML expertise and multi-antigen design capabilities
- Wide potential across autoimmune diseases, allergy and organ transplant
- A high market potential with 1 in 10 being affected by autoimmune diseases and an estimated sales of $226bn



Outlook

Funded into 2029, with key readouts in 2027

Outlook: upcoming catalysts across all three programs

2029

Cash runway into 2029, with $67.3M in cash at 30 September 2026

Abi-suva — 2027

Abili-T Phase 2: first interim analysis, on about a third of patients

VB10.NEO — 2027

Currently evaluating next steps for the VB10.NEO program including next development plans

ASIT — H1 2027

First indication selected for the tolerance platform

Cancer vaccine field — 2026–H1 2027

More Moderna readouts expected in kidney, bladder and lung cancer

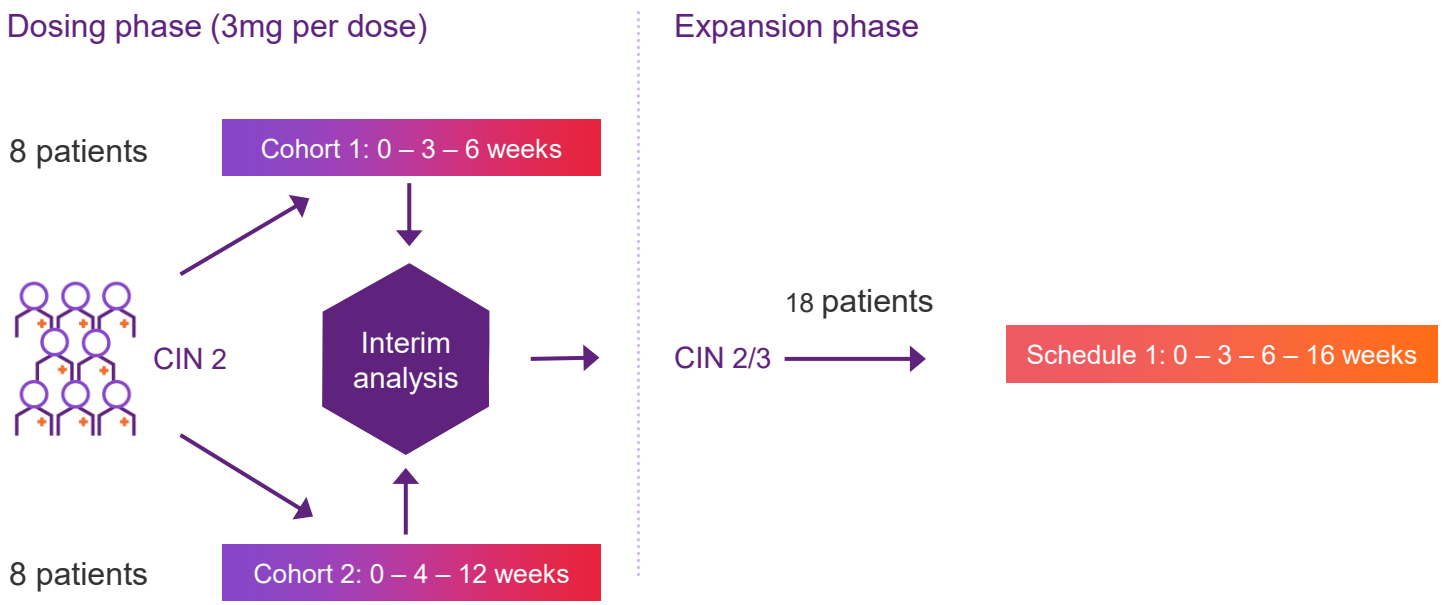


Appendix

ABI-SUVA

VB C-01: first trial with VB10.16 as monotherapy for treatment of HPV16+ precancerous lesions

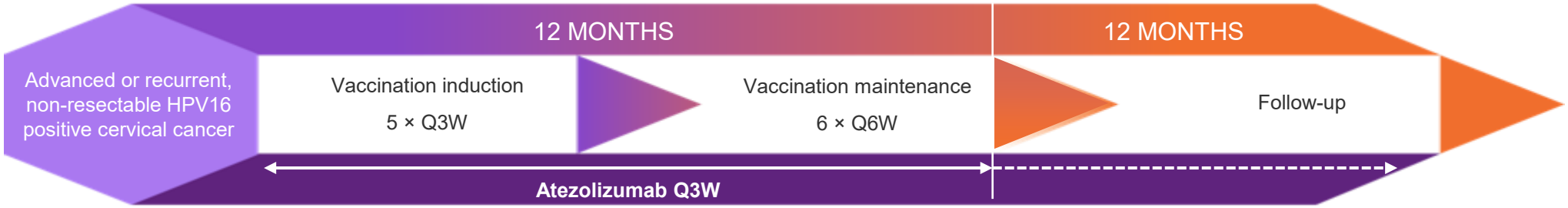
VB C-01:
Exploratory, open labelled, multi-centre study in patients with HPV16+ High Grade Cervical Intraepithelial Neoplasia (HSIL, CIN 2/3)



C-02: VB10.16 plus atezolizumab (Tecentriq®) in advanced cervical cancer

A Multi-Centre, Single Arm, Open-label Phase 2a Trial of the Combination of VB10.16 and atezolizumab in Patients with Advanced or Recurrent, Non-resectable HPV16 Positive Cervical Cancer (NCT04405349)

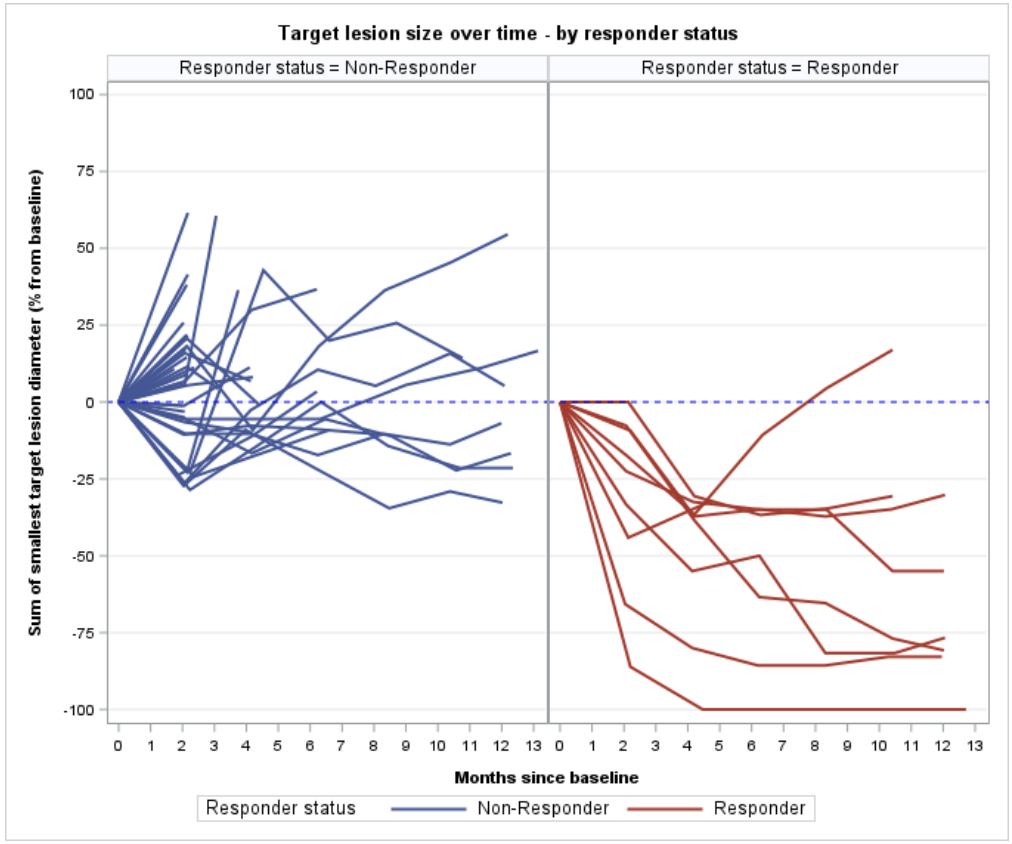
- **Objectives:** Safety/tolerability, immunogenicity and efficacy
- **Primary endpoints:** Incidence/severity of AEs, overall response rate (ORR) as per RECIST 1.1 by blinded independent central review (BICR)
- **Secondary endpoints:**
  - Duration of response (DOR)
  - Progression-free survival (PFS)
  - Overall survival (OS)
  - Evaluate immunogenicity of VB10.16 in combination with atezolizumab by analysing HPV16 E6/E7-specific cellular immune responses
- Conducted in Europe in 6 countries (Germany, Belgium, Bulgaria, Czech Republic, Poland and Norway)
- Fully enrolled with 52 patients
- Enrolled patients received treatment with 3 mg VB10.16 in combination with 1200 mg atezolizumab up to 48 weeks, with atezolizumab monotherapy dosed every 3 weeks, and a follow up period of up to 12 months



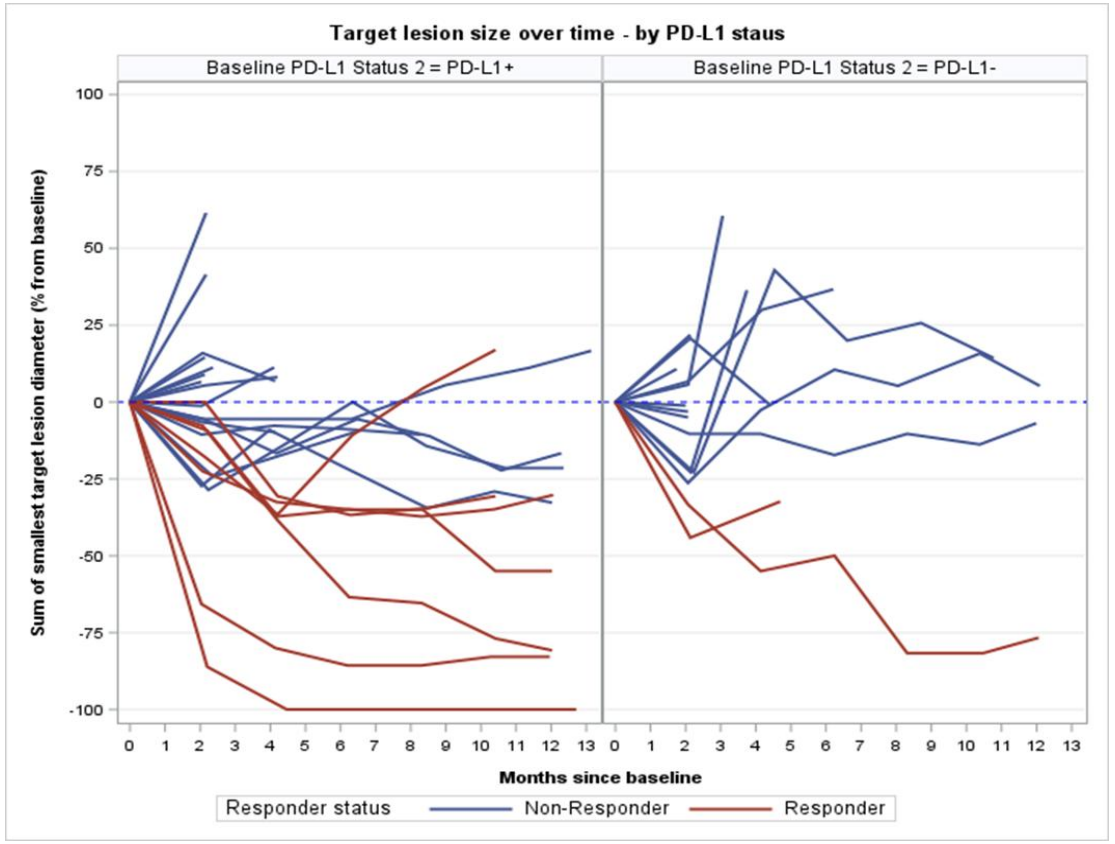
Powerful long-lasting responses aligned with mDOR n.r.

C-02 trial

All (n = 47)



By PD-L1 status (n = 40)

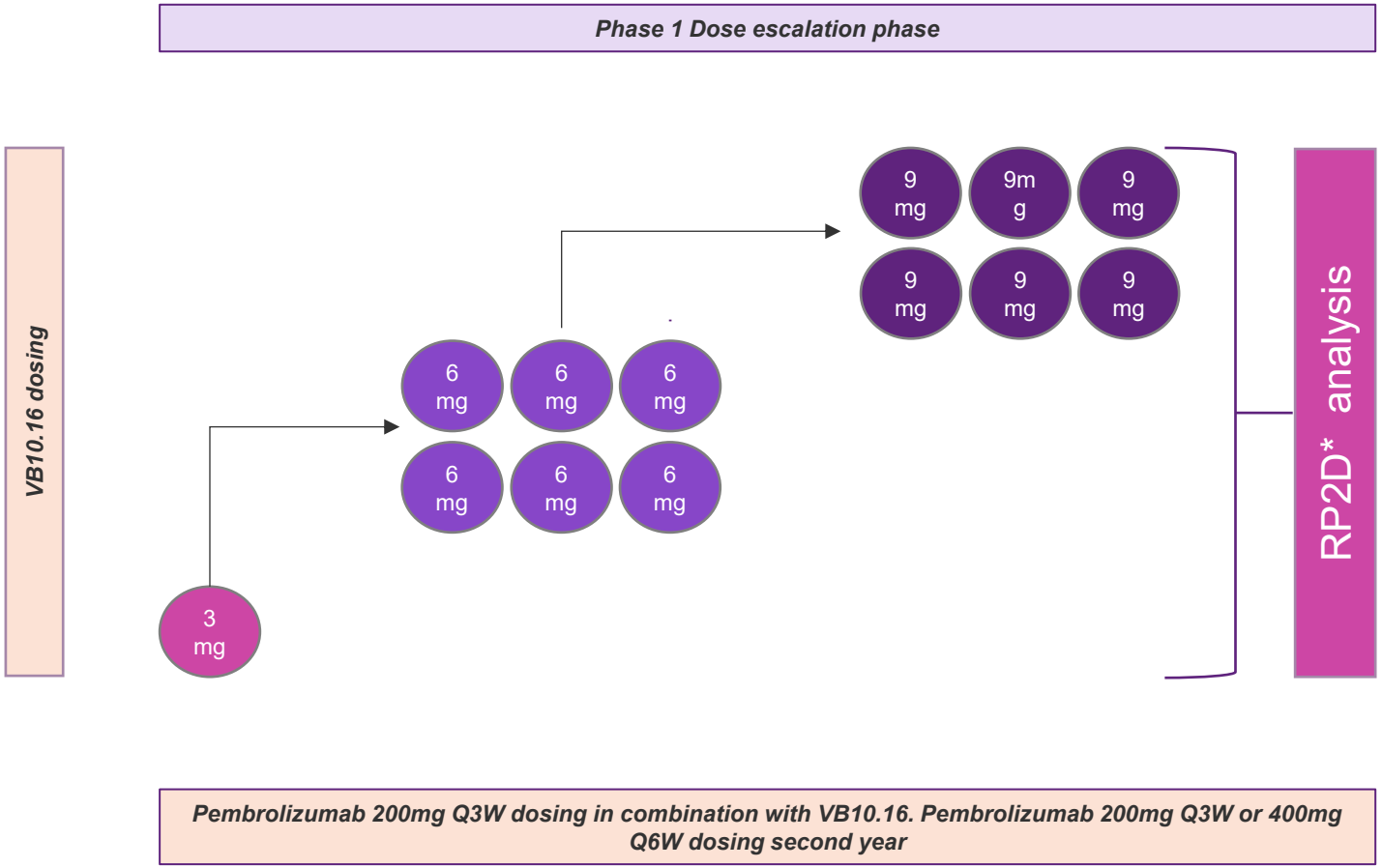


Note: 7 out of 47 responders had PD-L1 unknown status, 40 out of 47 had known PD-L1 status

C-02 data: Hillemanns et al, JITC 2025 13(1), Safety and efficacy of the therapeutic DNA-based vaccine VB10.16 in combination with atezolizumab in persistent, recurrent or metastatic HPV16-positive cervical cancer: a multicenter, single-arm phase 2a study

VB-C-03 – dose escalation 3 to 9 mg in 1L r/m HNSCC

Combination treatment of VB10.16 + pembrolizumab in 1L HPV16+, PD-L1+ r/m HNSCC



- Recruitment finalized
- All doses safety cleared
- First preliminary data presented in March 2026
- Preliminary data indicates similar level of added benefit as previous Abi-Suva trials

*RP2D=Recommended Phase 2 Dose
**OBD= Optimal Biological Dose

VB10.NEO

The platform: a neoantigen vaccine that targets antigen-presenting cells and improve T cell responses



Targeting unit

- *Attracts and binds APCs*

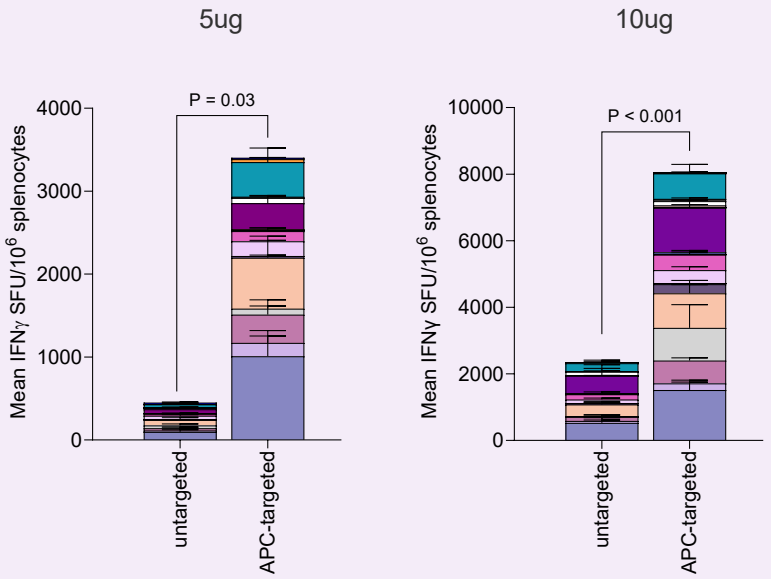
Dimerization unit

- *Facilitates strong bivalent binding*

Antigenic unit

- *Presents entire antigens or a set of T cell epitopes from cancer*

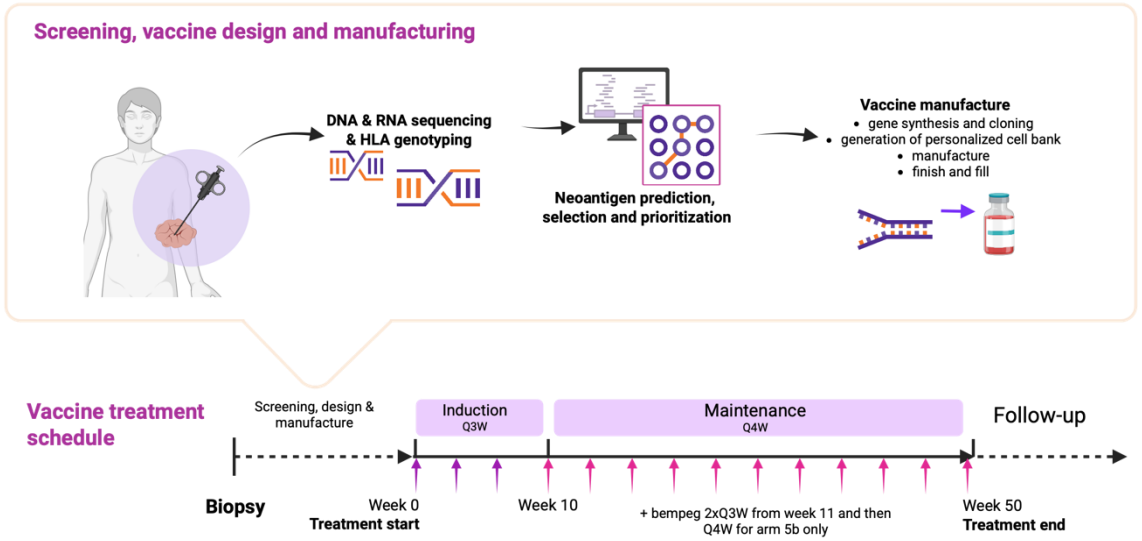
Improved T cell responses compared to antigen alone



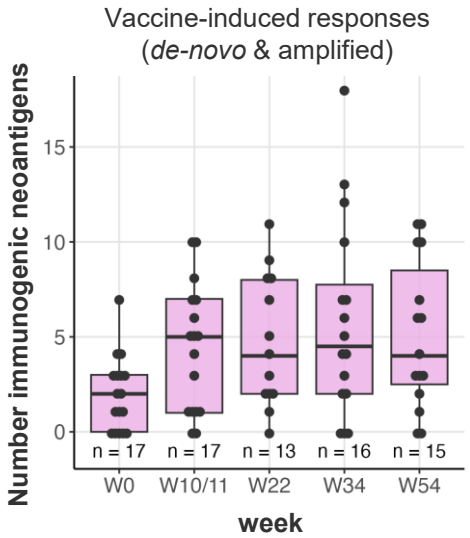
Significantly increased IFNγ responses versus a non-APC-targeted vaccine encoding the identical neoantigens
(MC38 colon carcinoma model)

Vaccination results in an expanded breadth of neoantigen immune responses that increase in magnitude over time

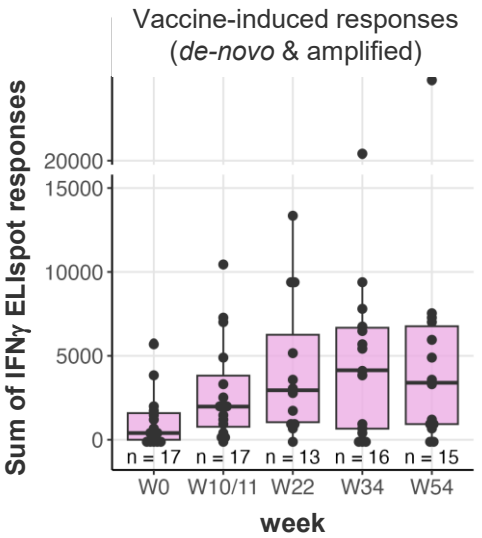
N-01 clinical trial



Breadth of Responses



Magnitude of Responses



- Maximum breadth achieved by week 10 after 3 vaccinations during the induction phase of treatment
- Magnitude of responses continue to increase up to week 34

Immunogenicity was determined by in vitro stimulation (IVS) and expansion of patient PBMC with neoantigen peptides for 12-14 days followed by IFNγ ELIspot assay. Positive responses were defined using the distribution-free resampling (DFR) method with a >1.3-fold above background signal. 'De novo' responses were negative at baseline and immunogenic on at least one on-treatment timepoint. 'Amplified' responses were immunogenic at baseline and showed a >1.3-fold increase on at least one on-treatment timepoint with a >100 spot-forming unit (SFU)/mill increase.

END OF PRESENTATION