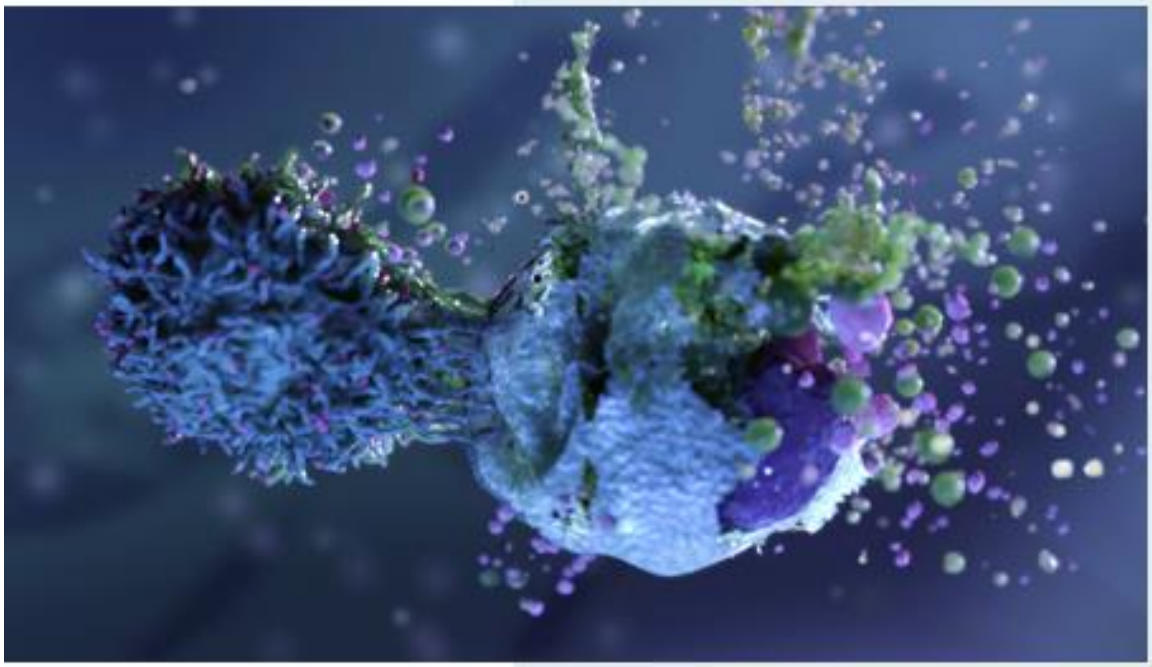
# 2023

# First Quarter Report

***Ultimovacs ASA***



ultimovacs

# Introduction

Ultimovacs is a clinical-stage biotech company developing novel immunotherapies against cancer. Lead product, UV1, is a cancer vaccine aiming to enhance the efficacy and durability of immune-oncology therapy when combined with checkpoint inhibitors. UV1 triggers an immune response against telomerase, which is present in 85-90% of cancer types in all stages of tumor growth and in all parts of the tumor, with potentially broad applicability across cancer indications. UV1 is off-the-shelf, easy to use, and does not require sophisticated infrastructure in hospitals.

Ultimovacs is advancing a broad clinical development program with five Phase II randomized, comparative clinical trials, where the universal cancer vaccine UV1 is combined with different checkpoint inhibitors. More than 670 patients in the U.S., Europe and Australia will be enrolled in the program. The first two randomized Phase II studies in malignant melanoma (INITIUM) and pleural mesothelioma (NIPU) have completed enrollment.

Ultimovacs is listed on Euronext Oslo Stock Exchange (ULTI).

# First Quarter 2023 Highlights

- Ultimovacs is well prepared for the data readout from the first two randomized UV1 Phase II studies in malignant melanoma (INITIUM) and metastatic pleural mesothelioma (NIPU).
- Data from the INITIUM study were previously expected during the first half of 2023, based on historical timelines for the disease progression and standard of care treatment. In April, Ultimovacs announced that it is taking longer than anticipated for the 156 patients in the INITIUM trial to experience disease progression, which is positive for the patients. Guidance on timeline for readout is extended from first half to the second half of 2023.
- The enrollment of 118 patients in the NIPU trial was completed in January 2023. Readout from the study continues to be expected during the first half of 2023.
- Enrollment in the randomized Phase II study in head and neck cancer (FOCUS) is more than 80%, with 61 out of 75 patients recruited.
- Ultimovacs received a Notice of Intention to Grant a European patent on UV1 in combination with checkpoint inhibitors, a counterpart to the U.S. patent granted last year.
- Ultimovacs continues to expect that the current cash resources will support operations until mid-2024, based on current programs. The extension of timeline for INITIUM topline readout has limited financial impact for Ultimovacs.

# CEO Statement

Throughout the first quarter of 2023, the Ultimovacs team continued to prepare for the topline results from the first two UV1 Phase II studies, INITIUM and NIPU, which were initially expected in the first half of this year.

In April, we announced that the patients participating in the INITIUM study in malignant melanoma are taking longer than anticipated to experience disease progression when comparing with historical data. Although we have not yet received the trial data, we are optimistic and encouraged by this positive development for the patients. We now expect to announce the topline results in the second half of 2023.

Ultimovacs is using a portfolio approach to assess UV1 in a broad program of five Phase II studies. One of the studies is sponsored by Ultimovacs, while the other four are initiated by university hospitals and leading clinical trial networks. The program is designed to evaluate the potential clinical value of UV1 in cancers with high telomerase activity in indications where checkpoint inhibitors are standard of care, and where there is a significant unmet need for new therapeutic options. Based on good safety and promising long-term efficacy signals from four Phase I studies, the program includes cancers with different tumor types and biology, disease stages and treatment regimens. Our objective is to get UV1 to the market as fast as possible for the benefit of patients. The data from these randomized Phase II studies will provide guidance for the best path forward towards regulatory approval.

We are encouraged by recent scientific and clinical developments across the industry. The positive interim results from AstraZeneca's DUO-O Phase III ovarian clinical trial affirm the design of the ongoing DOVACC study which will evaluate UV1 in combination with the same immune-oncology drugs. The presentation of positive results by Moderna and Merck for their personalized cancer vaccine has contributed to increased recognition of the potential value of cancer vaccines when combined with other immunotherapies in immuno-oncology.

We were also pleased to announce a Notice of Intention to Grant from the European Patent Office for a European patent on UV1 in combination with checkpoint inhibitors, providing protection until at least 2037. This patent underscores the novelty and broad applicability of UV1 as backbone therapy in different cancer types and immunotherapy combinations.

Looking ahead, we believe that our positive long-term Phase I survival data and strategically chosen Phase II program provide a strong basis for optimism for UV1 as an off-the-shelf, universal cancer vaccine. Our cash position is expected to provide funding to mid-2024, through the next important clinical milestones. These are exciting times for Ultimovacs, and I would like to take this opportunity to thank our patients and their caregivers and everyone who contribute to the studies, the Ultimovacs team for their unwavering dedication, and our shareholders for their steadfast support.

*Carlos de Sousa, Chief Executive Officer*

# First Quarter 2023 Summary

## Operational update

- On 23 January 2023, Ultimovacs announced that patient enrollment was completed in the NIPU Phase II clinical trial in metastatic pleural mesothelioma. *(Also reported in the Q4 2022 report)*
- On 13 April 2023, Ultimovacs announced that the Company has received a Notice of Intention to Grant from the European Patent Office (EPO) concerning its European Patent application 17729078.0 on UV1 in combination with CLTA-4, PD-1 or PD-L1 checkpoint inhibitors in cancer, providing protection until at least 2037. This patent is the European counterpart of the U.S. patent granted in April 2022.
- On 25 April 2023, Ultimovacs announced that it has adjusted guidance for communication of topline progression free survival data from the INITIUM Phase II trial in malignant melanoma patients from the first half to the second half of 2023. The guidance is revised because it is taking longer than estimated for the patients in the INITIUM study to experience disease progression compared to published historical data for the combination of ipilimumab and nivolumab. *(post period event)*

## Clinical program - enrollment, as of 9 May 2023, updated quarterly

- **INITIUM Phase II trial (malignant melanoma):** The enrollment of 156 patients was completed in July 2022. Enrollment is ongoing in the single arm supplementary study (not to be included in the INITIUM topline readout).
- **NIPU Phase II trial (metastatic pleural mesothelioma):** The enrollment of patients was completed in January 2023 with a total of 118 patients.
- **FOCUS Phase II trial (head and neck cancer):** 61 out of 75 patients have been enrolled to date, up from 50 as of the previous quarterly report.
- **DOVACC Phase II trial (ovarian cancer):** 24 out of 184 patients have been enrolled to date, up from 17 as of the previous quarterly report.
- **LUNGVAC Phase II trial (non-small cell lung cancer):** 7 out of 138 patients have been enrolled to date, up from 2 as of the previous quarterly report. In addition, 3 patients were treated with pembrolizumab prior to the change in reimbursement by Norwegian health authorities; these 3 patients will be maintained as a separate sub-group in the trial.
- **TENDU Phase I trial (prostate cancer):** The enrollment of patients was completed in mid-December 2022 with a total of 12 patients.

## Scientific publications and presentations

- On 26 January 2023, *Current Opinion in Oncology* published the article 'Therapeutic cancer vaccination against telomerase: clinical developments in melanoma' by Espen Ellingsen, Jens Bjørheim and Gustav Gaudernack. *(Also reported in the Q4 2022 report)*

## Financial update

- Ultimovacs continues to expect that the current cash resources will support operations until mid-2024, based on current programs. The extension of timeline for INITIUM topline readout has minor financial impact for Ultimovacs.
- Total operating expenses amounted to **MNOK 50.8** in Q1 2023, and total loss was **MNOK 34.1.**
- Net negative cash flow from operations was **MNOK 36.6** in Q1 2023, and net decrease in cash and cash equivalents, not including currency effects, was **MNOK 34.0** during Q1 2023. Cash and cash equivalents amounted to **MNOK 405.5** as per 31 March 2023.
- On 21 April 2023, a total of 160,000 options for shares in the Company were distributed amongst the employees. The number of options granted corresponds to 0.47% of the outstanding number of shares in the Company. Following the award of the new share options, a total of 2,298,885 share options have been granted, corresponding to 6.68% of the outstanding number of shares in the Company. *(post period event)*

**Key financials**

| NOK (000) Unaudited | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|
| **Total revenues** | **-** | **-** | **-** |
| Total operating expenses | 50 763 | 31 900 | 183 631 |
| **Operating profit (loss)** | **(50 763)** | **(31 900)** | **(183 631)** |
| **Profit (loss) for the period** | **(34 111)** | **(36 600)** | **(167 792)** |
| Diluted and undiluted earnings / (loss) per share (NOK) | (1.0) | (1.1) | (4.9) |
| Net increase / (decrease) in cash and cash equivalents | (33 952) | (44 507) | (155 426) |
| **Cash and cash equivalents at end of period** | **405 528** | **523 706** | **425 309** |
| | NOK/EUR - 11.3940 | | |
| **Cash and cash equivalents at end of period** - EUR (000) | ***35 591*** | | |

# Operational Review

## Lead product candidate: UV1

The Company's lead product candidate is UV1, a second-generation peptide-based cancer vaccine inducing a specific T cell response against the universal cancer antigen telomerase (hTERT), which is expressed at a high level in 85-90% of human tumors.

UV1's mode of action is to make the immune system produce CD4 T cells (i.e., T helper cells) that recognize cancer cells expressing telomerase. UV1 does not interfere with the activity of telomerase; no material safety issues have been observed to date.

UV1 expands T-cells that identify fragments of telomerase presented in the context of HLA molecules on cells in the tumor. This triggers an immune response towards the cancer. UV1 may potentially be applied universally across cancer types, in different stages of disease and in combination with different cancer treatments. The vaccine is easy to use and does not require sophisticated infrastructure in hospital. UV1 is manufactured as an off-the-shelf product with a long shelf life.

UV1 is being developed as a therapeutic cancer vaccine and a platform for other immune-oncology drugs which require an ongoing T cell response for their mode of action. Considering the evolving immuno-oncology landscape, it would be attractive to investigate the use of UV1 in adjuvant and neo-adjuvant setting longer term.

Treatment with UV1 has been assessed in three Phase I studies (metastatic prostate cancer, metastatic non-small cell lung cancer and metastatic malignant melanoma) in 52 patients at the Oslo University Hospital. The observed clinical outcomes from these three trials served as a strong basis for the clinical development of UV1, with respect to safety, immune response, and signals of clinical effect.

In addition, Ultimovacs is the sponsor of the fully enrolled and ongoing Phase I clinical study UV1-103 in the U.S. evaluating the safety and tolerability of treatment with UV1 and the PD-1 checkpoint inhibitor pembrolizumab in 30 patients with metastatic malignant melanoma.

UV1 is currently being evaluated in five Phase II randomized clinical trials in five different cancer types and in combination with different checkpoint inhibitors. The Phase II program will enroll more than 670 patients at approximately 100 hospitals in Europe, the U.S. and Australia.

UV1 is a patented, proprietary technology owned by Ultimovacs.

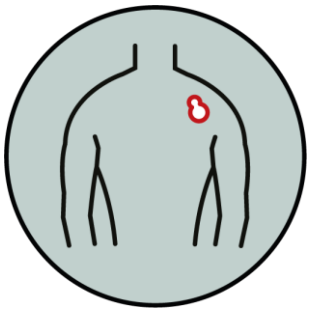
## Regulatory designations

**Fast Track Designation**
On October 2021, Ultimovacs announced that its universal cancer vaccine, UV1, in combination with checkpoint inhibitors, received Fast Track designation from the U.S. FDA for the treatment of unresectable or metastatic melanoma – either as add-on therapy to pembrolizumab or as add-on therapy to ipilimumab. Ultimovacs is currently evaluating UV1 as add-on therapy to ipilimumab and nivolumab as first-line treatment for unresectable or metastatic melanoma in the INITIUM trial.

**Orphan Drug Designation**
On December 2021, Ultimovacs announced that UV1 has received Orphan Drug designation from the U.S. FDA for the treatment of malignant melanoma. UV1, as add-on therapy to checkpoint inhibitors ipilimumab and nivolumab, is currently being studied as first-line treatment for unresectable or metastatic melanoma in INITIUM.

## UV1 clinical program

**The INITIUM Phase II trial in metastatic malignant melanoma**
INITIUM is an Ultimovacs-sponsored randomized, comparative, multi-center Phase II trial in which the universal cancer vaccine, UV1, will be evaluated in combination with the checkpoint inhibitors ipilimumab and nivolumab for first-line treatment of patients with metastatic malignant melanoma.



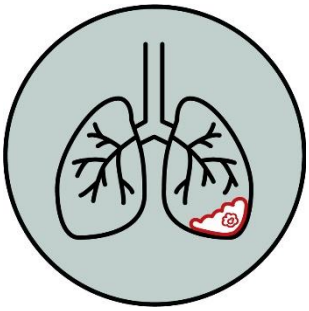
The first INITIUM patient was treated at the Oslo University Hospital (OUS) in June 2020, and the last patient was enrolled in the study in July 2022. The initial study design called for enrollment of 154 patients. Two additional patients were enrolled bringing the total number of patients in the study to 156. A total of 39 hospitals are participating in this trial being run in the U.S., UK, Belgium and Norway. Dr. Karl Lewis, University of Colorado Hospital (U.S.), is the International Coordinating Investigator of the INITIUM trial.

Half the 156 patients enrolled in the trial have been dosed with UV1 plus the PD-1 checkpoint inhibitor nivolumab and the CTLA-4 checkpoint inhibitor ipilimumab, while the other half received nivolumab and ipilimumab. The readout of the primary endpoint of progression-free survival is expected in H2 2023, after progression of cancer or death has been observed in 70 patients. Secondary endpoints will include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety. The objective of the study is to achieve a clinically meaningful progression-free survival (PFS) benefit in patients with metastatic malignant melanoma.

With the INITIUM enrollment completed, Ultimovacs is running a supplementary study to the INITIUM trial with 20 patients in a single-arm study. Patient enrollment in the supplementary study started in September 2022. The objective of the study is to provide further characterization of the manner in which an immune response specific to the UV1 vaccine translates into anti-tumor activity and clinical benefit for patients. All patients will receive experimental treatment, i.e. the triple combination of UV1, ipilimumab and nivolumab. Data collected from the supplementary study will not be part of the primary and secondary endpoint analyses of INITIUM and will not affect the timeline for topline read-out.

**The NIPU Phase II trial in metastatic pleural mesothelioma**

NIPU is a randomized, comparative, multi-center Phase II trial in which the universal cancer vaccine, UV1, will be evaluated in combination with the checkpoint inhibitors ipilimumab and nivolumab as second-line treatment in metastatic pleural mesothelioma. Prof. MD PhD Åslaug Helland is the principal investigator for the trial, which is sponsored by Oslo University Hospital (OUS). Bristol-Myers Squibb and Ultimovacs have entered into agreements with OUS to support the preparations and execution of the trial.



The first patient in the NIPU trial was treated at the Oslo University Hospital in June 2020, and the last patient was enrolled in January 2023. The study is being conducted in 118 patients in five countries (Norway, Sweden, Denmark, Spain, and Australia). Half of the patients in the trial has been treated with the combination of UV1, ipilimumab and nivolumab and the other half have been treated with ipilimumab and nivolumab. The readout of the primary endpoint of progression-free survival is expected in H1 2023, after progression of cancer or death has been observed in 69 patients. Secondary endpoints will include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety. The objective of the study is to achieve a clinically meaningful progression-free survival (PFS) benefit in patients with metastatic pleural mesothelioma after progression on first-line standard platinum doublet chemotherapy.

**The FOCUS Phase II trial in head and neck cancer**

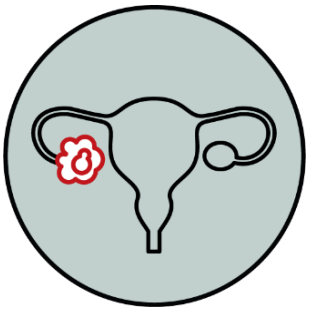
The FOCUS trial (**F**irst-line metastatic **O**r recurrent HNSCC/**C**heckpoint inhibitor **U**V1 **S**tudy) is an investigator-sponsored, randomized, comparative Phase II clinical trial. It will enroll patients with recurrent or metastatic PD-L1 positive head and neck squamous cell carcinoma at 10 sites across Germany. Prof. Mascha Binder is the principal investigator for the trial, which is sponsored by University Medicine Halle in Germany.

The trial will evaluate the addition of UV1 to standard of care treatment of PD-1 checkpoint inhibitor pembrolizumab as compared to pembrolizumab monotherapy. A total of 75 patients indicated for treatment with pembrolizumab will be enrolled in FOCUS, randomized 2-to-1 so that 50 patients will receive UV1 and pembrolizumab and 25 patients will receive pembrolizumab alone.

The first patient in the FOCUS trial was treated in August 2021 and 61 out of 75 patients have been enrolled. The FOCUS trial is a landmark study. The primary endpoint of the study is progression-free survival rate at 6 months after the last patient has been enrolled. Secondary endpoints will include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety.

Topline readout is expected in H1 2024.

**The DOVACC Phase II trial in ovarian cancer**



DOVACC (**D**urvalumab **O**laparib **VACC**ine) is a multicenter, randomized, comparative Phase II clinical collaboration trial with the Nordic Society of Gynaecological Oncology – Clinical Trial Unit (NSGO-CTU), the European Network of Gynaecological Oncological Trial Groups (ENGOT), AstraZeneca and Ultimovacs. This second-line maintenance study will enroll patients with high-grade BRCA-negative ovarian cancer after partial or complete response following the second round of chemotherapy. MD Manzoor Raza Mirza is the principal investigator for the trial, which is sponsored by NSGO-CTU.

The trial is designed to evaluate UV1 in combination with AstraZeneca's durvalumab, a PD-L1 checkpoint inhibitor, and olaparib, a PARP inhibitor which is approved for the patient population in this trial. The trial will be conducted at more than 40 hospitals in more than 10 European countries. Ultimovacs will provide the UV1 vaccine and AstraZeneca will provide durvalumab and olaparib for the study.

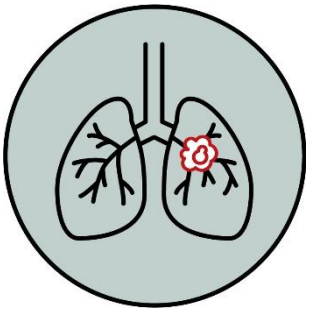
Enrollment began in December 2021. A total of 24 out of 184 patients have been enrolled in DOVACC. Multi-national, multi-center clinical trials such as DOVACC engage a large number of specialists and are administratively complex to organize. Treating a patient requires approval from a national drug authority and, subsequently, approval from an ethical committee at the individual hospital or treatment center.

The study includes three arms treating a total of 184 patients. The first arm will enroll 46 patients receiving the PARP inhibitor olaparib. The 46 patients enrolled in the second arm will receive olaparib and the checkpoint inhibitor durvalumab. The third arm will include 92 patients who will receive Ultimovacs' UV1 vaccine in combination with both AstraZeneca drugs.

The primary endpoint is progression-free survival (PFS) in the treatment arm with PARP inhibitor olaparib monotherapy, versus PFS in the triple combination treatment arm. Secondary endpoints will include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety. Topline data on the primary endpoint are expected in H2 2024.

**The LUNGVAC Phase II trial in non-small cell lung cancer (NSCLC)**

The LUNGVAC trial is a Phase II multi-center, randomized, comparative open-label trial assessing the safety and efficacy of UV1 in combination with cemiplimab versus cemiplimab alone in NSCLC patients with advanced or metastatic disease.



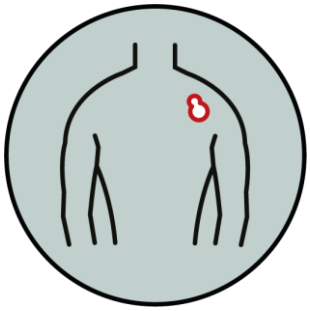
The trial will enroll previously untreated patients with adenocarcinoma or squamous NSCLC, where tumor biopsies show a PD-L1-expression score above 50%. These subgroups represent approximately 30% of all advanced and metastatic NSCLC patients.

Professor Odd Terje Brustugun is the principal investigator for the trial which is sponsored by Drammen Hospital in Vestre Viken Hospital Trust, Norway. The trial will enroll 138 patients and will be conducted at approximately 10 clinical centers in Norway. The trial will evaluate the addition of UV1 to standard of care treatment with PD-1 checkpoint inhibitor cemiplimab as compared to cemiplimab monotherapy. Half of the patients in the trial will be treated with UV1 + cemiplimab and the other half will be treated with cemiplimab monotherapy.

The first patient in the LUNGVAC trial was enrolled in October 2022. In December 2022, the Norwegian health authorities changed the reimbursement in the indication from pembrolizumab to cemiplimab. Following this decision, the LUNGVAC study changed the PD-1 inhibitor in the study from pembrolizumab to cemiplimab. 7 out of 138 patients have been enrolled in the study since the change to cemiplimab 1 January 2023. The three patients enrolled prior to 1 January 2023 will continue treatment with pembrolizumab and will be maintained as a separate sub-group in the trial.

The primary endpoint of the trial will be progression-free survival. Secondary endpoints will include overall survival (OS), objective response rate (ORR), duration of response (DOR) and safety. Topline readout is expected in H2 2025.

**The UV1-103 Phase I trial in metastatic malignant melanoma**



This U.S.-based Phase I clinical trial is evaluating UV1 in combination with the PD-1 checkpoint inhibitor pembrolizumab as a first-line treatment in patients with metastatic malignant melanoma. The first cohort of 20 patients was enrolled by September 2019. The second cohort of 10 additional patients was enrolled by August 2020. In addition to UV1, the first cohort received 37.5 mcg of the adjuvant GM-CSF and the second cohort received the standard 75 mcg dose.

UV1 has demonstrated a good safety profile, and no unexpected safety issues related to UV1 have been observed in this trial. At the end of the study, the clinical results for the 30 patients in cohort 1 and cohort 2 combined are:

- Objective response rate (ORR): 57%
- Complete response rate (CR): 33%

- Median Progression Free Survival (mPFS): 18.9 months (as measured by iRECIST)
- Overall survival rate after 12 months: 87%
- Overall survival rate after 24 months: 73%
- Overall survival rate after 36 months (cohort one): 71%

After the study ended at two years follow up, the protocol was amended to allow extended follow-up of patients for up to five years to evaluate overall survival. After two years, three patients in cohort 1 did not consent to further follow up, changing the number of participating patients in cohort 1 from 20 to 17. At the three years cut-off date for patients in the first cohort, the three-year overall survival rate was a positive 71% (12 out of 17 patients).

*The UV1-103 trial – biomarker analyses*

The analyses of five different biomarkers in the UV1-103 trial, published in Q4 2022 in Journal of Translational Medicine, signal efficacy in patients treated with UV1 in combination with pembrolizumab. These results are supportive of the addition of UV1 to checkpoint inhibitors, with the potential for improving both efficacy in current target patient populations and extending the use of immunotherapy to broader patient populations in multiple cancer types, underserved by existing therapies. The potential value of expanding the number of patients that can benefit from UV1 could be substantial.

Clinical analyses from the UV1-103 study indicate efficacy of the UV1-pembrolizumab combination in patients with low levels of PD-L1 (<1%). Low PD-L1 levels are a key predictive biomarker associated with lower efficacy for pembrolizumab and other anti-PD-1 therapies, in some tumor types. The analyses showed robust responses in patients treated with the combination of UV1 and pembrolizumab, regardless of patients' PD-L1 status.

| Population | ORR (%) | iCR (%) | iPR (%) |
|---|---|---|---|
| PD-L1 (≥1%) (n=8) | 4 (50.0%) | 3 (37.5%) | 1 (12.5%) |
| PD-L1 (<1%) (n=14) | 8 (57.1%) | 5 (35.7%) | 3 (21.4%) |
| Stage III B/C (n=11) | 8 (72.7%) | 5 (45.5%) | 3 (27.3%) |
| Stage IV (n=19) | 9 (47.4%) | 5 (26.3%) | 4 (21.1%) |

**ORR** = Objective Response Rate, **iCR** = Complete Response Rate according to iRECIST, **iPR** = Partial Response Rate according to iRECIST

In addition to the sub-analysis of PD-L1 status, the study also evaluated four other key biomarkers that, in other historical studies, have indicated how responsive patients may be to pembrolizumab monotherapy: baseline tumor mutational burden (TMB), predicted neoantigens, interferon gamma (IFN-gamma) gene signature, and levels of tumor infiltrating lymphocytes (TILs). In the UV1-103 study, objective responses were observed also in patients with low TMB, in patients with low neoantigen tumors, and in patients with tumors which were not enriched for IFN-gamma. These patient groups have tumors which previous clinical data have shown would be less responsive to treatment with pembrolizumab monotherapy in various cancer types. Lastly, the study also showed that clinical responders did not have higher levels of TILs prior to treatment.

**Earlier UV1 Phase I trials (in long-term follow-up)**

In addition to UV1-103, Ultimovacs has conducted three Phase I trials with UV1: in metastatic prostate cancer (n=22 patients), in metastatic non-small cell lung cancer (n=18 patients), and in metastatic malignant melanoma with UV1 in combination with ipilimumab (named 'UV1-ipi', n=12 patients). Enrollment of patients in these trials took place during 2013-2015.

Data from these clinical trials showed that UV1 was generally well tolerated and there were no dose limiting toxicities. UV1 immune monitoring data from these studies showed a robust immune response induction with dynamic T cell responses lasting up to 7.5 years.

The observed clinical outcomes from these three completed trials served as a strong basis for the further clinical development of UV1, both with respect to safety, immune response and signals of clinical effect.

**The TET technology platform**

Ultimovacs is developing a vaccine adjuvant technology platform, TET (Tetanus-Epitope Targeting). The patent protected TET-platform combines antigens and a vaccine adjuvant in the same molecule. This allows a beneficial safety profile and easy administration, offering a promising approach to inducing T cell responses against cancer-specific peptides. The platform can generate multiple first-in-class cancer vaccine candidates that harness pre-existing antibody responses against tetanus induced by standard tetanus vaccination. TET vaccine candidates can be tailored to many types of cancer, and potentially to infectious diseases.

**The TENDU Phase I clinical trial**

The TENDU trial is the first Phase I trial exploring the TET technology. In TENDU, the TET technology incorporates prostate-cancer-specific antigens, and the trial will provide valuable safety and immune activation data that will support the further development of new vaccine solutions based on the TET technology.

The TENDU trial is being conducted at Oslo University Hospital. The first patient was treated in February 2021, and the last patient was enrolled in December 2022. A total of 12 patients have been enrolled. Three different doses of TENDU have been investigated: 40mcg (3 patients), 400mcg (3 patients) and 6 patients received the highest dose (960mcg). All patients are followed up for 6 months after their last treatment. So far, the TENDU treatment has been shown to be safe and well tolerated. Readout of safety and immune responses is expected during H2 2023.

## Patents and IP

On 13 April 2023, Ultimovacs announced that the Company has received a Notice of Intention to Grant from the European Patent Office (EPO) concerning its European Patent application 17729078.0 on the use of vaccine-checkpoint inhibitor combinations to treat cancer. Subject to grant formalities including translations and fee disbursement, the European patent will issue with a patent term to June 2037. When granted, the European patent and its counterpart in the U.S. add substantially to the strong intellectual property base Ultimovacs is building around UV1 combination therapies. Supplementary Patent Certificates around UV1-combination therapies have the potential to further extend protection beyond 2037.

The patent is the European counterpart of the U.S. patent No. 11419927 which was granted in April 2022. The Company has similar patent applications pending in other territories worldwide, including Japan, Canada and Australia. They cover synergistic cancer treatments that include the UV1 peptide vaccine in combination with an anti-CTLA-4, anti-PD-1 or anti-PD-L1 antibody checkpoint inhibitor. The primary patents of many of the current CTLA-4 and PD-1/PD-L1 checkpoint inhibitors face expiry over the course of the next several years.
*(post period event)*

## Organization and board

On 20 April 2023, Ultimovacs ASA held its annual General Meeting. All the matters on the agenda were approved.

The General Meeting re-elected the following persons as Board members with an election term until the General Meeting in 2024: Jónas Einarsson (chair), Kari Grønås, Eva Dugstad, Leiv Askvig, Ketil Fjerdingen, Henrik Schüssler, Haakon Stenrød and Aitana Peire.

The General Meeting re-elected the following persons as members of the Nomination Committee with an election term until the General Meeting in 2025: Ole Kristian Hjelstuen (chair), Hans Peter Bøhn, Jakob Iqbal.

# Outlook

Ultimovacs' UV1 vaccine triggers an immune response against telomerase, which is present in 85-90% of cancers in all stages of tumor growth, making it a potential universal vaccine that may have an effect across most types of cancer and could be used in combination with different types of cancer treatment. The cancer vaccine is expected to generate immune responses across the general population (i.e., regardless of HLA type). The vaccine is easy to manufacture and does not require sophisticated hospital infrastructure to be administered. If the ongoing clinical development and testing of Ultimovacs' cancer vaccine demonstrates that UV1 provides clinical benefit to cancer patients, the potential clinical use of UV1 and related financial benefits could be highly attractive.

As of now, UV1 is being investigated in five randomized Phase II trials in five different cancer types in combination with different checkpoint inhibitors, with Ultimovacs sponsoring one of the trials. The five Phase II clinical trials will enroll more than 670 patients in total, representing a strong potential foundation for Ultimovacs to support a possible registration path of the universal cancer vaccine, UV1. The main study objectives are efficacy and safety data on combination therapies.

Guidance for expected timeline readout from the UV1 Phase II clinical program is as follows:

- NIPU (metastatic pleural mesothelioma): H1 2023
- INITIUM (malignant melanoma): H2 2023
- FOCUS (head and neck cancer): H1 2024
- DOVACC (ovarian cancer): H2 2024
- LUNGVAC (non-small cell lung cancer): H2 2025

Ultimovacs will provide an update to the guidance for expected timelines for topline readouts with the Q4 2023 reporting.

Based on current funding, plans and expectations, Ultimovacs current cash balance is expected to support operations to mid-2024.

Ultimovacs continues to pursue strategic collaborations with cancer institutions and pharmaceutical companies to document the effect and safety of UV1 in a range of cancer types and in combination with different cancer treatments. Ultimovacs makes clinical development choices based on the universal nature of UV1 as a cancer vaccine. UV1 can potentially play a role across most cancer types, in most patients, in different stages of cancer and in combination with many cancer treatments. Positive results from ongoing randomized clinical trials would reinforce the significant potential of UV1 to improve the treatment of cancer.

Ultimovacs is also seeking to broaden its pipeline of drug candidates. The Company's research activities are currently focused on the development of new first-in-class cancer vaccine

solutions, building on Ultimovacs' base technology, the TET-platform, and the development of new molecules and technologies based on biobank material from the ongoing and planned clinical studies conducted with UV1. Pending final confirmation of the safety of the TET technology through the Phase I TENDU trial and further preclinical development, Ultimovacs' ambition is to apply the TET technology to identify new cancer vaccine program candidates and to advance them into clinical development.

## Risks and uncertainties

Ultimovacs is a clinical stage biotechnology company conducting research and development. The Company has not generated revenues historically and is not expected to do so in the near term. The product development process, from research and development up to regulatory approval, is subject to considerable risk and is a capital-intensive process. The Company's candidates for cancer vaccines and technology platforms are dependent on research and development and may be delayed and/or incur higher costs than currently expected. Competing biopharmaceutical products can capture market shares or reach the market faster than Ultimovacs. If competing projects have a better product profile (e.g., better efficacy and/or less side effects), the future value of Ultimovacs' product offerings may be lower than expected. Operations may also be impacted negatively by changes or decisions regarding laws and regulations. In addition, the Company is also dependent upon intellectual property rights.

The primary financial risks are foreign exchange risks and financing risks. The Company is affected by foreign exchange risk as the research and development costs for UV1 are mainly paid in USD and EUR. In addition, the Company has invested in foreign operations, the net assets of which are exposed to currency translation risk. Adequate sources of funding may not be available when needed or may not be available on favorable terms. The Company's ability to obtain such additional capital or financing will depend in part upon prevailing market conditions as well as conditions of its business and its operating results, and those factors may affect its efforts to arrange additional financing on satisfactory terms. The Board of Directors works continuously to secure the business operation's need for financing.

Ultimovacs' financial risk exposures are described in more detail in the Annual Report 2022. No significant changes have occurred that affect these reported risks.

# Financial review

## Financial results

Ultimovacs does not yet generate revenues, as the Company is in a research and development phase.

Total payroll and payroll related expenses were significantly higher in Q1 2023 (**MNOK 21.0**) compared to the same period in FY 2022 (MNOK 11.4). Regular salaries not including option expenses were slightly higher in Q1 2023 compared to Q1 2022 as the first quarter in 2023 had one more full-time equivalent (FTE) employed compared to Q1 2022. However, option expenses and the social security tax accrual related to share options, which fluctuates with the company share price, was MNOK 8.4 higher in Q1 2023 compared to Q1 2022, explaining most of the difference these two quarters.

Other operating expenses (**MNOK 29.1** in Q1 2023 vs. MNOK 19.9 in Q1 2022) are primarily comprised of R&D related expenses. These expenses, including IP and external R&D expenses, offset by government grants, amounted to **MNOK 23.7** in Q1 2023 vs. MNOK 14.7 in Q1 2022. The main contributors to the increase in R&D expenses so far in FY 2023 were the INITIUM trial and chemistry, manufacturing and controls (CMC) activities.

Net financial items amounted to **MNOK 16.7** in Q1 2023, compared to MNOK (4.7) in Q1 2022. Financial items are primarily comprised of currency fluctuations from EUR at bank and the value of EUR currency future contracts swapped on a quarterly basis, in addition to interest gain from cash at bank accounts. In Q1 2023, the financial income is comprised of MNOK 3.2 in interest from bank, MNOK 1.4 in currency gain from cash in EUR bank account and MNOK 12.6 in currency gain from the EUR currency future contracts.

Total loss for the Q1 2023 period amounted to **MNOK 34.1**, compared to MNOK 36.6 in Q1 2022.

## Financial position

Total assets per 31 March 2023 were **MNOK 495.2**, a decrease of MNOK 14.5 from 31 December 2022, primarily as a consequence of negative operational cashflow. The Company has entered into EUR swap contracts to mitigate the foreign exchange risk related to expected future costs in ongoing projects. By the end of the quarter, the EUR swaps amounted to MEUR 15.0, and **MNOK 0.6** in 'Receivables and prepayments' are related to the fair value of these EUR swap contracts by the end of the quarter.

Total liabilities as of 31 December 2022 amounted to **MNOK 72.0**, of which MNOK 14.6 are non-current.

Total equity equaled **MNOK 423.1** as of 31 March 2023. Total equity has, since year-end 2022, been decreased by the period's operating loss and currency translation, amounting to **MNOK 30.4**, and has in addition been increased by the recognition of share-based payments/stock options of **MNOK 4.2**.

## Cash flow

The total net decrease in cash and cash equivalents in Q1 2023, not including currency effects, was **MNOK 34.0**, which is primarily related to net negative cash-flow from operations amounting to **MNOK 36.6.**

Total cash and cash equivalents were **MNOK 405.5** per 31 March 2023, of which MNOK 11.2 (**MEUR 1.0**) is held on EUR account.

**Key financials**

| NOK (000) Unaudited | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|
| **Total revenues** | **-** | **-** | **-** |
| Total operating expenses | 50 763 | 31 900 | 183 631 |
| **Operating profit (loss)** | **(50 763)** | **(31 900)** | **(183 631)** |
| **Profit (loss) for the period** | **(34 111)** | **(36 600)** | **(167 792)** |
| Diluted and undiluted earnings / (loss) per share (NOK) | (1.0) | (1.1) | (4.9) |
| Net increase / (decrease) in cash and cash equivalents | (33 952) | (44 507) | (155 426) |
| **Cash and cash equivalents at end of period** | **405 528** | **523 706** | **425 309** |
| | NOK/EUR - 11.3940 | | |
| **Cash and cash equivalents at end of period** - EUR (000) | ***35 591*** | | |

**The Board of Directors and CEO of Ultimovacs ASA**

Oslo, 9 May 2023

Jónas Einarsson
Chairman of the Board
(Sign.)

Kari Grønås
Board member
(Sign.)

Eva S. Dugstad
Board member
(Sign.)

Henrik Schüssler
Board member
(Sign.)

Ketil Fjerdingen
Board member
(Sign.)

Leiv Askvig
Board member
(Sign.)

Aitana Peire
Board member
(Sign.)

Haakon Stenrød
Board member
(Sign.)

Carlos de Sousa
CEO
(Sign.)

## Interim condensed consolidated statement of comprehensive income

| NOK (000) Unaudited | Note | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|---|
| Other operating income | | - | - | - |
| **Total revenues** | | - | - | - |
| Payroll and payroll related expenses | 3, 5 | 21 002 | 11 384 | 71 466 |
| Depreciation and amortization | | 699 | 630 | 2 648 |
| Other operating expenses | 4, 5 | 29 061 | 19 886 | 109 517 |
| **Total operating expenses** | | **50 763** | **31 900** | **183 631** |
| **Operating profit (loss)** | | **(50 763)** | **(31 900)** | **(183 631)** |
| Financial income | | 17 186 | 1 225 | 17 375 |
| Financial expenses | | 534 | 5 925 | 1 536 |
| **Net financial items** | | **16 652** | **(4 699)** | **15 839** |
| **Profit (loss) before tax** | | **(34 111)** | **(36 600)** | **(167 792)** |
| Income tax | | **-** | **-** | **-** |
| **Profit (loss) for the period** | | **(34 111)** | **(36 600)** | **(167 792)** |
| Other comprehensive income (loss) - Currency translation | | 3 700 | (2 921) | (1 889) |
| **Total comprehensive income (loss) for the period** | | **(30 411)** | **(39 521)** | **(169 681)** |
| Diluted and undiluted earnings/(loss) pr share (NOK) | 6 | (1.0) | (1.1) | (4.9) |

## Interim condensed consolidated statement of financial position

| NOK (000) Unaudited | Note | 31 Mar 2023 | 31 Mar 2022 | 31 Dec 2022 |
|---|---|---|---|---|
| **ASSETS** | | | | |
| Goodwill | | 11 434 | 10 453 | 10 701 |
| Licenses | | 55 505 | 50 741 | 51 944 |
| Patents | | 5 596 | 6 350 | 5 784 |
| Property, plant and equipment | | 204 | 273 | 220 |
| Right to use asset | 11 | 4 973 | 1 627 | 5 444 |
| **Total non-current assets** | | **77 712** | **69 444** | **74 093** |
| Receivables and prepayments | 7 | 11 942 | 8 409 | 10 270 |
| Bank deposits | | 405 528 | 523 706 | 425 309 |
| **Current assets** | | **417 469** | **532 115** | **435 579** |
| **TOTAL ASSETS** | | **495 182** | **601 559** | **509 672** |
| | | | | |
| **EQUITY** | | | | |
| Share capital | | 3 440 | 3 422 | 3 440 |
| Share premium | | 1 076 308 | 1 070 841 | 1 076 308 |
| **Total paid-in equity** | | **1 079 747** | **1 074 264** | **1 079 747** |
| Accumulated losses | | (706 224) | (540 921) | (672 113) |
| Other equity | | 44 962 | 23 306 | 40 752 |
| Translation differences | | 4 664 | (69) | 964 |
| **TOTAL EQUITY** | 6, 9 | **423 149** | **556 580** | **449 350** |
| **LIABILITIES** | | | | |
| Lease liability | 11 | 3 201 | 391 | 3 713 |
| Deferred tax | | 11 434 | 10 453 | 10 701 |
| **Non-current liabilities** | | **14 635** | **10 844** | **14 414** |
| Accounts payable | | 21 956 | 5 921 | 7 655 |
| Lease liability | 11 | 1 852 | 1 347 | 1 767 |
| Other current liabilities | | 33 590 | 26 867 | 36 485 |
| **Current liabilities** | 8 | **57 398** | **34 135** | **45 907** |
| **TOTAL LIABILITIES** | | **72 033** | **44 979** | **60 321** |
| **TOTAL EQUITY AND LIABILITIES** | | **495 182** | **601 559** | **509 672** |

## Interim condensed consolidated statement of changes in equity

| NOK (000) Unaudited | Share Capital | Share Premium | Accum. losses | Other equity | Transl. differenc. | Total equity |
|---|---|---|---|---|---|---|
| **Balance at 1 Jan 2022** | **3 422** | **1 070 841** | **(504 321)** | **20 358** | **2 853** | **593 152** |
| Loss for the period | - | - | (36 600) | - | - | (36 600) |
| Issue of ordinary shares | - | - | - | - | - | - |
| Share issue costs | - | - | - | - | - | - |
| Recognition of share-based payments | - | - | - | 2 948 | - | 2 948 |
| Translation differences | - | - | - | - | (2 921) | (2 921) |
| **Balance at 31 Mar 2022** | **3 422** | **1 070 841** | **(540 921)** | **23 306** | **(69)** | **556 580** |
| | | | | | | |
| **Balance at 1 Jan 2023** | **3 440** | **1 076 308** | **(672 113)** | **40 752** | **964** | **449 350** |
| Loss for the period | - | - | (34 111) | - | - | (34 111) |
| Issue of ordinary shares | - | - | - | - | - | - |
| Share issue costs | - | - | - | - | - | - |
| Recognition of share-based payments | - | - | - | 4 210 | - | 4 210 |
| Translation differences | - | - | - | - | 3 700 | 3 700 |
| **Balance at 31 Mar 2023** | **3 440** | **1 076 308** | **(706 224)** | **44 962** | **4 664** | **423 149** |

## Interim condensed consolidated statement of cash flow

| NOK (000) Unaudited | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|
| **Loss before tax** | **(34 111)** | **(36 600)** | **(167 792)** |
| **Non-cash adjustments** | | | |
| Depreciation and amortization | 699 | 630 | 2 648 |
| Interest received incl. investing activities | (3 207) | (1 225) | (8 887) |
| Net foreign exchange differences | (13 553) | 5 842 | (7 176) |
| Other finance expense | 108 | 30 | 105 |
| Share option expenses | 4 210 | 2 948 | 20 395 |
| **Working capital adjustments:** | | | |
| Changes in prepayments and other receivables | (2 150) | (1 081) | (1 859) |
| Changes in payables and other current liabilities | 11 406 | (15 722) | (5 129) |
| **Net cash flow from operating activities** | **(36 598)** | **(45 179)** | **(167 695)** |
| Purchase of property, plant and equipment | (25) | (108) | (195) |
| Interest received | 3 207 | 1 225 | 8 887 |
| **Net cash flow used in investing activities** | **3 182** | **1 117** | **8 691** |
| Proceeds from issuance of equity | - | - | 5 484 |
| Share issue cost | - | - | - |
| Interest paid | (108) | (30) | (105) |
| Payment of lease liability | (428) | (415) | (1 802) |
| **Net cash flow from financing activities** | **(537)** | **(445)** | **3 577** |
| Net change in cash and cash equivalents | (33 952) | (44 507) | (155 426) |
| Effect of change in exchange rate | 14 170 | (5 955) | 6 567 |
| **Cash and cash equivalents at beginning of period** | **425 309** | **574 168** | **574 168** |
| **Cash and cash equivalents at end of period** | **405 528** | **523 706** | **425 309** |

# Notes

## 1. General information

Ultimovacs ASA (the Company or Ultimovacs) and its subsidiary (together the Group) is a clinical-stage biotechnology Group developing novel immunotherapies against cancer. The Company is a public limited liability company listed on the Oslo Stock Exchange in Norway.

Ultimovacs is headquartered at the Oslo Cancer Cluster Innovation Park in Oslo, Norway, and is an active member of the Oslo Cancer Cluster and The Life Science Cluster.

## 2. Basis for preparations and accounting principles

The Group's presentation currency is NOK (Norwegian kroner).

These interim condensed financial statements have been prepared in accordance with IAS 34 Interim Financial Reporting. The accounting policies applied in the preparation of these financial statements are consistent with those followed in connection with the Company's 2022 financial statements. These condensed interim financial statements should therefore be read in conjunction with the 2022 financial statements.

The Group uses derivative financial instruments to hedge its risks associated with foreign exchange rates. Derivatives are initially and subsequently measured at fair value. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. The gain/(loss) arising from changes in fair value of currency derivatives is presented as part of "Financial income/expenses" in the consolidated statement of comprehensive income.

The Group does not have any derivatives that are used for hedge accounting.

The consolidated financial statements comprise the financial statements of Ultimovacs ASA and its 100% owned subsidiary, Ultimovacs AB, as of the reporting date.

These interim financial statements were approved for issue by the Board of Directors on 9 May 2023. The figures in the statements have not been audited.

## 3. Personnel expenses

**Personnel expenses**

| NOK (000) | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|
| Salaries | 11 767 | 10 722 | 38 215 |
| Social security tax | 1 888 | 1 700 | 9 142 |
| Social security tax related to options | 2 141 | (4 970) | 2 016 |
| Pension expenses | 844 | 780 | 2 818 |
| Share-based compensation | 4 210 | 2 948 | 20 395 |
| Other personnel expenses | 153 | 204 | 702 |
| Government grants | - | - | (1 822) |
| **Total personnel expenses** | **21 002** | **11 384** | **71 466** |
| | | | |
| Number of FTEs at end of period | 24 | 23 | 23 |

Please refer to note 10 for additional information regarding the share-based compensation.

## 4. Operating expenses

The Group's programs are in clinical and preclinical development and the majority of the Group's costs are related to R&D. These costs are expensed in the statement of comprehensive income.

**Operating expenses**

| NOK (000) | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|
| External R&D expenses | 22 401 | 14 401 | 95 175 |
| Clinical studies | 10 151 | 9 479 | 66 772 |
| Manufacturing costs | 8 445 | 3 164 | 19 899 |
| Other R&D expenses | 3 805 | 1 758 | 8 504 |
| IP expenses | 1 306 | 324 | 3 571 |
| Rent, office and infrastructure | 1 541 | 1 024 | 4 221 |
| Accounting, audit, legal, consulting | 1 648 | 2 899 | 9 246 |
| Other operating expenses | 2 165 | 1 238 | 5 020 |
| Government grants | - | - | (7 717) |
| **Total other operating expenses** | **29 061** | **19 886** | **109 517** |

## 5. Government grants

The following government grants have been received and recognized in the statement of profit and loss as a reduction of operating expenses and personnel costs.

**Government grants**

| NOK (000) | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|
| Skattefunn from The Research Council of Norway (RCN) | - | - | 4 750 |
| Innovation Norway | - | - | - |
| Innovation Project grant from the RCN | - | - | 4 194 |
| Other grants | - | - | 594 |
| **Total government grants** | **-** | **-** | **9 538** |

Please refer to note 3 and 4 for information on how the government grants have been attributed to (i.e. deducted from) personnel expenses and other operating expenses.

## 6. Earnings per share

The basic earnings per share are calculated as the ratio of the profit/loss for the period divided by the weighted average number of ordinary shares outstanding.

**Earnings per share**

| NOK (000) | Q1-23 | Q1-22 | FY22 |
|---|---|---|---|
| Loss for the period | (34 111) | (36 600) | (167 792) |
| Average number of shares during the period ('000) | 34 396 | 34 222 | 34 247 |
| **Earnings/loss per share (NOK)** | **(1.0)** | **(1.1)** | **(4.9)** |

The share options issued to employees as a part of the Ultimovacs Employee Share Option Program have a potential dilutive effect on earnings per share. No dilutive effect has been recognized as potential ordinary shares only shall be treated as dilutive if their conversion to ordinary shares would decrease earnings per share or increase loss per share from continuing operations. As the Group is currently loss-making, an increase in the average number of shares would have anti-dilutive effects. Diluted and basic (undiluted) earnings per share are therefore the same.

Please see note 10 for more information regarding the option program.

## 7. Current assets

**Receivables and prepayments**

| NOK (000) | 31 Mar 2023 | 31 Mar 2022 | 31 Dec 2022 |
|---|---|---|---|
| Government grants | 4 750 | 4 750 | 4 990 |
| Prepayments | 1 655 | 1 064 | 2 916 |
| Financial instruments | 606 | - | 1 083 |
| Other receivables | 4 931 | 2 595 | 1 280 |
| **Total receivables and prepayments** | **11 942** | **8 409** | **10 270** |

## 8. Current liabilities

**Current liabilities**

| NOK (000) | 31 Mar 2023 | 31 Mar 2022 | 31 Dec 2022 |
|---|---|---|---|
| Accounts payable | 21 956 | 5 921 | 7 655 |
| Public duties payable | 3 704 | 2 105 | 3 698 |
| Public duties payable related to options | 17 044 | 7 420 | 14 904 |
| Lease liability | 1 852 | 1 347 | 1 767 |
| Financial instruments | - | 6 460 | - |
| Other current liabilities | 12 841 | 10 882 | 17 883 |
| **Total current liabilities** | **57 398** | **34 135** | **45 907** |

## 9. Shareholder information

The share capital as of 31 March 2023 was NOK 3,439,646.1, with 34,396,461 ordinary shares, all with equal voting rights and a nominal value of NOK 0.10 per share. Ultimovacs ASA has over 5,000 shareholders as of 31 March 2023 and the 20 largest shareholders as of this date are listed below:

**Share register as per 31 March 2023**

| Shareholder | # of shares | Share-% |
|---|---|---|
| Gjelsten Holding AS | 6 495 866 | 18.9 % |
| Canica AS | 2 705 957 | 7.9 % |
| Watrium AS | 1 780 575 | 5.2 % |
| Inven2 AS | 1 555 492 | 4.5 % |
| Folketrygdfondet | 1 515 813 | 4.4 % |
| Radforsk Investeringsstiftelse | 1 512 163 | 4.4 % |
| Langøya Invest AS | 1 389 006 | 4.0 % |
| Helene Sundt AS | 965 802 | 2.8 % |
| CGS Holding AS | 882 132 | 2.6 % |
| Sundt AS | 803 321 | 2.3 % |
| Danske Invest Norge Vekst | 719 549 | 2.1 % |
| Stavanger Forvaltning AS | 589 432 | 1.7 % |
| Prieta AS | 533 988 | 1.6 % |
| Verdipapirfondet Nordea Avkastning | 473 573 | 1.4 % |
| SEB Prime Solutions Sissener Canopus | 400 000 | 1.2 % |
| Verdipapirfondet KLP Aksjenorge | 348 416 | 1.0 % |
| Wiarom AS | 250 000 | 0.7 % |
| Verdipapirfondet Nordea Kapital | 246 178 | 0.7 % |
| Swedbank AB | 226 200 | 0.7 % |
| Gade, Leif Johan | 225 500 | 0.7 % |
| **20 Largest shareholders** | **23 618 963** | ***68.7%*** |
| Other shareholders | 10 777 498 | *31.3%* |
| **Total** | **34 396 461** | ***100.0%*** |

## 10. Share-based payments

**Share option program**

The Ultimovacs Employee Share Option Program was introduced in June 2019. The share option program is groupwide and includes all employees. At the Annual General Meeting held on 20 April 2023, the Board was authorized to increase the Company's share capital in connection with the share incentive arrangement by up to NOK 343,964.6. The authorization is valid until the next ordinary General Meeting in 2024.

Each option gives the right to acquire one share in the Company and is granted without consideration. Pursuant to the vesting schedule, 25% of the options will vest one year after the day of grant, 25% of the options will vest two years after the day of grant and the remaining 50% will vest three years after the day of grant. The options granted in 2020 to the CEO, Carlos de Sousa, will vest with 33.33% one year following the grant date, 33.33% after two years, and the remaining 33.34% on the third

anniversary following the grant date. Vesting is dependent on the option holder still being employed in the Company.

The exercise price for all options granted in 2019 was NOK 31.25, NOK 39.15 for the options granted in 2020, NOK 61.99 for the options granted in 2021 and NOK 83.46 for the options granted in 2022. Options that are not exercised within 7 years from the date of grant will lapse and become void.

The Ultimovacs Employee Share Options' fair value is calculated according to the IFRS-2 regulations. As stated in IFRS-2 Appendix B §B5, the Black-Scholes-Merton Option Pricing Model ("B&S Model") may be used to estimate the fair value of employee share options, which is therefore used to estimate the fair value of the Ultimovacs Employee Share Options. The model uses the following parameters: the exercise price, the current price of the underlying shares, the life of the option, the expected volatility of the share price, the dividends expected on the shares, and the risk-free interest rate for the life of the option.

Equity-settled share-based payments are measured at the fair value of the equity instruments at the grant date. The cost of equity-settled transactions is recognized in payroll and other payroll related expenses, together with a corresponding increase in equity over the period in which the service and, where applicable, the performance conditions are fulfilled (the vesting period). The cumulative expense recognized for equity-settled transactions at each reporting date until the vesting date reflects the extent to which the vesting period has expired and the Company's best estimate of the number of equity instruments that will ultimately vest. The expense or credit in the statement of profit or loss and other comprehensive income for a period represents the movement in cumulative expense recognized as of the beginning and end of that period.

**Movement of share options**

| | Number of share options | Weighted average strike |
|---|---|---|
| **Outstanding at closing balance 31 December 2022** | **2 138 885** | **54.55** |
| Granted | - | - |
| Exercised | - | - |
| Forfeited | - | - |
| **Outstanding at closing balance 31 March 2023** | **2 138 885** | **54.55** |
| Vested at closing balance | 860 454 | 40.76 |

The total IFRS cost recognized for the option program in Q1 2023 is MNOK 4.2, and MNOK 2.1 in social security tax accruals related to the options.

On 21 April 2023, a total of 160,000 options for shares in the Company were distributed amongst the employees. The number of options granted corresponds to 0.47% of the outstanding number of shares in the Company. Following the award of the new share options, a total of 2,298,885 share options have been granted, corresponding to 6.68% of the outstanding number of shares in the Company.

## 11. IFRS 16 – rental contracts

The agreements classified as operating leases are the rental agreement for office premises in Oslo with 3 years left of the rental contract as of 31 December 2022, and four car-leasing contracts. The weighted average discount rate applied is 8.3%. Please see the 2022 Annual report for more information.

## 12. Events after the balance sheet date

On 21 April 2023, a total of 160,000 options for shares in the Company were distributed amongst the employees. The number of options granted corresponds to 0.47% of the outstanding number of shares in the Company. Following the award of the new share options, a total of 2,298,885 share options have been granted, corresponding to 6.68% of the outstanding number of shares in the Company.

On 25 April 2023, Ultimovacs announced that it has adjusted guidance for communication of topline data from the INITIUM Phase II trial in malignant melanoma patients from the first half of 2023 to the second half of 2023. The guidance is revised because it is taking longer than estimated for the patients in the INITIUM study to experience disease progression compared to published historical data for the combination of ipilimumab and nivolumab.

No other events with significant accounting effect have occurred after the balance sheet date.

# Glossary

| Words/terms | Description |
|---|---|
| General/basic terms | |
| UV1 | UV1 is Ultimovacs' synthetic peptide vaccine |
| Peptides | Peptides are short or long-chains of amino acids, and amino acids are the building blocks of protein. |
| Adjuvant | A medical substance used to enhance the effect of another medical substance. |
| GM-CSF | "Granulocyte-macrophage colony-stimulating factor". Ultimovacs uses GM-CSF as adjuvant together with UV1 to strengthen the ability of UV1 to stimulate the immune system. |
| Immune checkpoint inhibitors | Medicines that "takes the brakes off the immune system". The immune system has brakes necessary to balance a normal immune response. The downside to these brakes is that it makes it easier for a tumor to grow because the immune system becomes less able to fight the tumor. By "blocking the brakes", the immune system becomes more potent in killing tumor cells. PD-1 / PDL-1 inhibitors (e.g., pembrolizumab, cemiplimab and nivolumab) and CTLA-4 inhibitors (e.g. ipilimumab). There are many others in development. |
| Immune response | The activity of the immune system against foreign substances (antigens). |
| Investigational New Drug (IND) | The United States Food and Drug Administration's Investigational New Drug (IND) program is the means by which a biopharmaceutical company obtains permission to start human clinical trials and to ship an experimental drug across state lines (usually to clinical investigators) before a marketing application for the drug has been approved. Similar procedures are followed in the European Union, Japan, and Canada. |
| CTLA-4 | A protein found on T cells (a type of immune cell) that helps balancing a normal immune response. The balance is needed to avoid collateral damage of normal cells. When CTLA-4 is bound to another protein called B7, it helps keep T cells from multiplying and killing other cells, including cancer cells. Ipilimumab works by making it difficult for the CTLA-4 to bind to B7. Ipilimumab was the first checkpoint inhibitor to reach the market. |
| PARP inhibitor | PARP inhibitors are a group of pharmacological inhibitors of the enzyme poly ADP ribose polymerase. They are developed for multiple indications, including the treatment of heritable cancers. Several forms of cancer are more dependent on PARP than regular cells, making PARP an attractive target for cancer therapy. |
| PD-1 / PD-L1 | A protein found on T cells (a type of immune cell) that helps balancing a normal immune response. The balance is needed to avoid collateral damage of normal cells. When PD-1 is bound to another protein called PD-L1, it helps keep T cells from killing other cells, including cancer cells. Some anticancer drugs, called immune checkpoint inhibitors, are used to block PD-1 or PD-L1. When this checkpoint is blocked, the "brakes" on the immune system are released and the ability of T cells to kill cancer cells is increased. |
| Telomere | To prevent the loss of genes as chromosome ends wear down, the tips of eukaryotic chromosomes have specialized DNA "caps" called telomeres. |
| Telomerase | Some cells have the ability to reverse telomere shortening by expressing human telomerase (hTERT), an enzyme that extends the telomeres of |

| | |
|---|---|
| | chromosomes. Telomerase is expressed at a high level in 85-90% of human tumors. UV1 uses telomerase (hTERT) as an immune therapy target. |
| Tetanus | Tetanus is a serious illness contracted through exposure to the spores of the bacterium, Clostridium tetani, which live in soil, saliva, dust, and manure. The bacteria can enter the body through deep cuts, wounds or burns, affecting the nervous system. The infection leads to painful muscle contractions, particularly of the jaw and neck muscle, and is commonly known as “lockjaw”. Tetanus vaccination protects against the disease. |
| Checkpoint and PARP inhibitors | |
| Ipilimumab | CTLA-4 checkpoint inhibitor from BMS (Bristol-Myers Squibb) |
| Nivolumab | PD-1 checkpoint inhibitor from BMS (Bristol-Myers Squibb) |
| Pembrolizumab | PD-1 checkpoint inhibitor from Merck (Merck & Co. Inc.) |
| Durvalumab | PD-L1 checkpoint inhibitor from AstraZeneca |
| Cemiplimab | PD-L1 checkpoint inhibitor from Regeneron Pharmaceuticals |
| Olaparib | PARP inhibitor from AstraZeneca |
| Clinical trial terms | |
| CR | Complete response (The disappearance of all signs of cancer in response to treatment. Also called complete remission.) |
| PR | Partial response (A decrease in the size of a tumor, or in the extent of cancer in the body, in response to treatment. Also called partial remission.) |
| SD | Stable disease (Cancer that is neither decreasing nor increasing in extent or severity.) |
| PD | Progressive disease (Cancer that is growing, spreading, or getting worse.) |
| ORR | Objective response rate = CR + PR |
| DOR | Duration of response (The length of time that a tumor continues to respond to treatment without the cancer growing or spreading.) |
| OS | Overall survival (The length of time from either the date of diagnosis or the start of treatment for a disease, such as cancer, that patients diagnosed with the disease are still alive. In a clinical trial, measuring the overall survival is one way to see how well a new treatment works.) |
| PFS | Progression-free survival (The length of time during and after the treatment of a disease, such as cancer, that a patient lives with the disease but it does not get worse. In a clinical trial, measuring the progression-free survival is one way to see how well a new treatment works.) |
| mOS | Median overall survival means (The length of time during and after the treatment of a disease, such as cancer, that half of the patients in a group of patients diagnosed with the disease are still alive.) |
| mPFS | Median progression-free survival (The length of time during and after the treatment of a disease, such as cancer, that a patient lives with the disease but it does not get worse. In a clinical trial, measuring the progression-free survival is one way to see how well a new treatment works.) |
| Medical terms | |
| Intradermal | In order to initiate an immune response, a vaccine must be taken up by antigen presenting cells (dendritic cells). UV1 is administered via the intradermal route, i.e., injection in the dermis, one of the layers of the skin. |

| | |
|---|---|
| | This layer, underneath the epidermis, is highly vascularized and contains a large number of immune cells, mainly dermal dendritic cells. |
| Biopsy | A piece of tissue, normal or pathological removed from the body for the purpose of examination. |
| IgE | Immunoglobulin E (IgE) are antibodies produced by the immune system. With an allergy, the individual's immune system overreacts to an allergen (what they are allergic to) by producing IgE. These antibodies travel to cells that release chemicals, causing an allergic reaction when an allergen enters the body. |
| Metastasis / Metastatic cancer | The development of malignant growths at a distance from a primary site of cancer / Metastatic cancer is cancer that spreads from its site of origin to another part of the body. |
| SAE | A serious adverse event (SAE) in human drug trials is defined as any untoward medical occurrence that at any dose<br>1. results in death,<br>2. is life-threatening<br>3. requires inpatient hospitalization or causes prolongation of existing hospitalization<br>4. results in persistent or significant disability/incapacity<br>5. is a congenital anomaly/birth defect, or<br>6. requires intervention to prevent permanent impairment or damage.<br><br>The term "life-threatening" in the definition of "serious" refers to an event in which the patient was at risk of death at the time of the event; it does not refer to an event which hypothetically might have caused death if it were more severe. Adverse events are further defined as "Any untoward medical occurrence in a patient or clinical investigation subject administered a pharmaceutical product and which does not necessarily have to have a causal relationship with this treatment." |
| PSA | Prostate-specific antigen (PSA) is an enzyme (protein) important for reproduction. PSA is present in small quantities in the serum of men with healthy prostates but is often elevated in the presence of prostate cancer or other prostate disorders. |

# Disclaimer

The information in this presentation has been prepared by Ultimovacs ASA ('Ultimovacs' or the 'Company').

The presentation is based on the economic, regulatory, market and other conditions as in effect on the date hereof and may contain certain forward-looking statements. By their nature, forward-looking statements involve risk and uncertainty because they reflect Ultimovacs' current expectations and assumptions as to future events and circumstances that may not prove accurate. It should be understood that subsequent developments may affect the information contained in this document, which neither Ultimovacs nor its advisors are under an obligation to update, revise or affirm. Important factors that could cause actual results to differ materially from those expectations include, among others, economic and market conditions in the geographic areas and industries that are or will be major markets for the Company's businesses, changes in governmental regulations, interest rates, fluctuations in currency exchange rates and such other factors.

This presentation has not been reviewed or approved by any regulatory authority or stock exchange.

## Contact us

Ultimovacs ASA
Ullernchausséen 64
0379 Oslo
Norway

ir@ultimovacs.com

+47 413 80 080

## About Ultimovacs

Ultimovacs is a clinical-stage biotech company. It seeks to become a leader in developing immune-stimulatory vaccines to treat a broad range of cancers. Ultimovacs' lead universal cancer vaccine candidate, UV1, leverages the high prevalence of the human telomerase (hTERT) to be effective across the dynamic stages of the tumor's growth and its microenvironment. By directing the immune system to hTERT antigens that are present in 85-90% of all cancers, UV1 drives CD4 helper T cells to the tumor with the goal of activating an immune system cascade to increase anti-tumor responses.

Ultimovacs' strategy is to clinically demonstrate UV1's impact in many cancer types and in combination with other immunotherapies. The Company will expand its pipeline using its novel TET-platform, which is a next-generation vaccine technology that could generate multiple vaccine candidates designed to achieve increased T cell responses to a broad range of target antigens and cancers.

Ultimovacs was established in 2011 and is a public limited liability company listed on the Euronext Oslo Stock Exchange in Norway. The Company and its proprietary technology are based on preclinical and clinical research on immunotherapies conducted at the Oslo University Hospital. Ultimovacs is headquartered at the Oslo Cancer Cluster Innovation Park in Oslo, Norway, and also has an office in Uppsala, Sweden. Ultimovacs is an active member of the Oslo Cancer Cluster and the Life Science Cluster.

ultimovacs