WEBINAR

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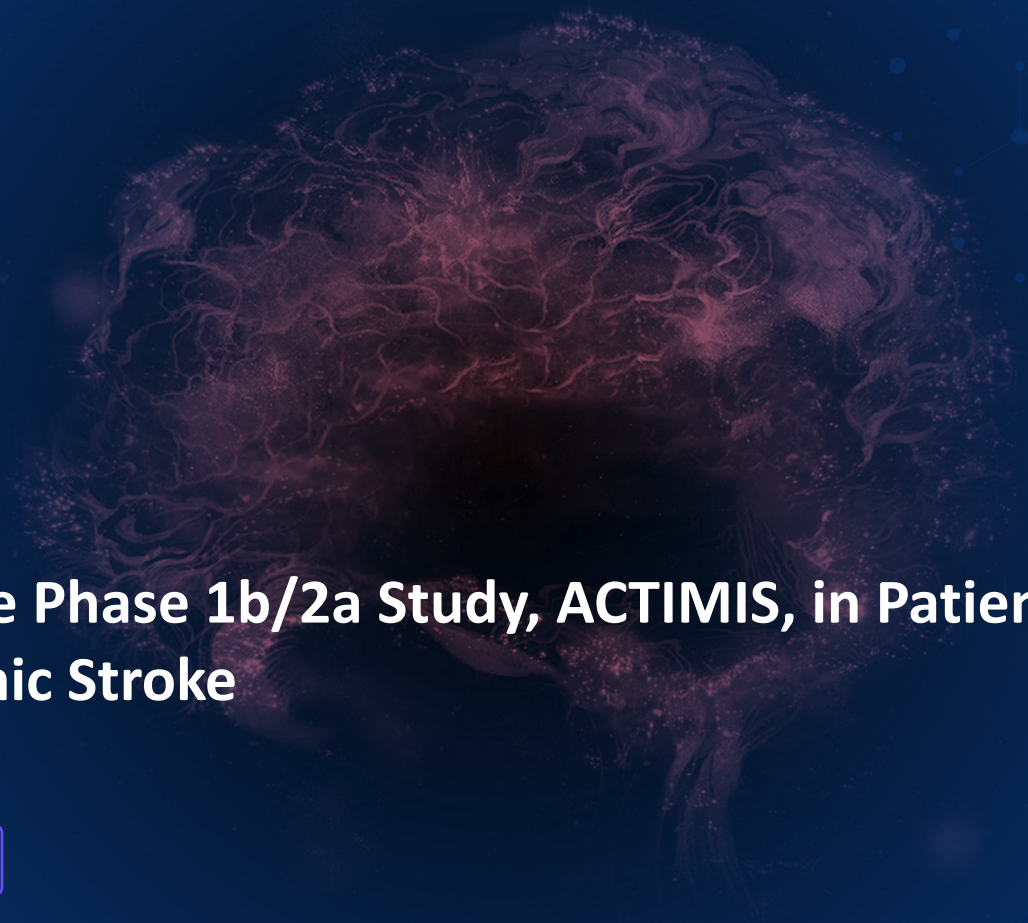

Results of the Phase 1b/2a Study, ACTIMIS, in Patients with Acute Ischemic Stroke

February 2022

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ACTICOR BIOTECH, develops a first-in-class drug for cardiovascular emergencies

Founded in 2013. Result of 10 years of French research (Inserm) listed on Euronext Growth in November 2021

Glenzocimab, a product for major cardiovascular pathologies: stroke, pulmonary embolism and myocardial infarction, the leading cause of death in the world

Proof of efficacy and safety in stroke patients

An expert drug development team of 20 people (France - USA) with world leaders in the sector

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Speakers

Pr. Mikael MAZIGHI MD, PhD

Coordinating Investigator for ACTIMIS

Hôpital Lariboisière
Paris - France

Gilles AVENARD MD

Chairman & CEO & co-founder

Acticor Biotech

Yannick PLÉTAN MD, PhD

General Manager & CMO

Acticor Biotech

Sophie BINAY PhD

General Manager & CSO

Acticor Biotech

Eric COHEN MBA

Chief Financial Officer

Acticor Biotech

Reminder: ACTIMIS - Phase 1b/2a

Evaluate the safety of glenzocimab within 4.5 hours of an AIS, in addition to the standard of care

Design

Phase 1b

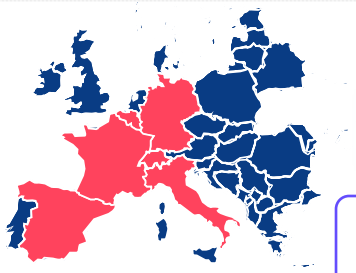
60 patients recruited
(48 glenzocimab, 12 placebo)

125 mg | 250 mg | 500 mg | 1 000 mg

Phase 2a

100 patients recruited

1000 mg | placebo



6 European centers

Preliminary safety results

- ✓ Safety: serious adverse events (SAE), intracerebral hemorrhage (ICH)

Key Secondary End Points

Efficacy – Neurology

- ✓ Short-term recovery: NIHSS[1] at 24hrs vs baseline NIHSS
- ✓ Final recovery at discharge: mRS at Day 90

Résultats préliminaires en termes d'innocuité

First 60 patients in Phase 1b:

- ✓ No increase in bleeding with alteplase +/- TM
- ✓ No dose-response relationship on safety

Selection of the optimal dose of 1000 mg
Confirmation of good tolerance in patients

Remarque : (1) Stroke Scale of National Institutes of Health (NIH)

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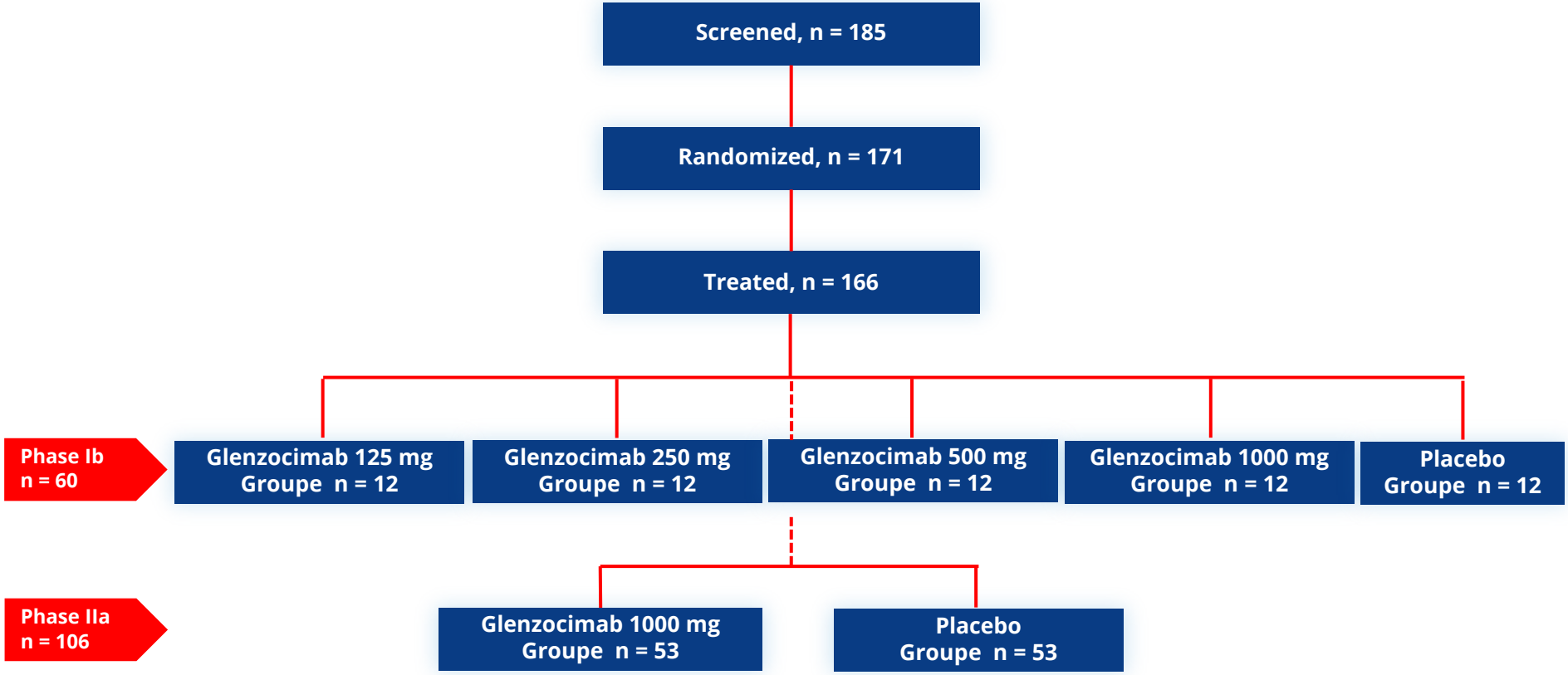
Disposition of Patients



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Positive results of the ACTIMIS study - Phase 1b/2a

- ✓ Primary endpoint met: Very favorable safety profile of glenzocimab
- ✓ Reduction in intracranial hemorrhage (ICH) and mortality in the glenzocimab group

Safety Profil

- Intracranial hemorrhage (ICH)
- Other adverse events
- Death

Efficacy

- Evolution of the NIHSS score (*National Institute of Health Stroke Score*)
- mRS Score *(Modified Ranking Scale)*
- Death

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Safety - No IntraCranial Hemorrhages (ICH) at 1000mg

DECREASE OF s-ICH and ns-ICH

Major finding

Symptomatic ICH incidence

Phase Ib & IIa
- 1/101 (1%) glenzocimab all doses
- *0/65 (0%) glenzocimab 1000 mg*
- 5/65 (8%) placebo

No s-ICHs in glenzocimab 1000 mg group in both Phases Ib & IIa

Non-symptomatic ICH incidence

Phase Ib & IIa
- 31/101 (31%) glenzocimab all doses
- *20/65 (31%) glenzocimab 1000 mg*
- 31/65 (48%) placebo

Lower rate of ns-ICHs in glenzocimab 1000 mg group in both Phases Ib & IIa

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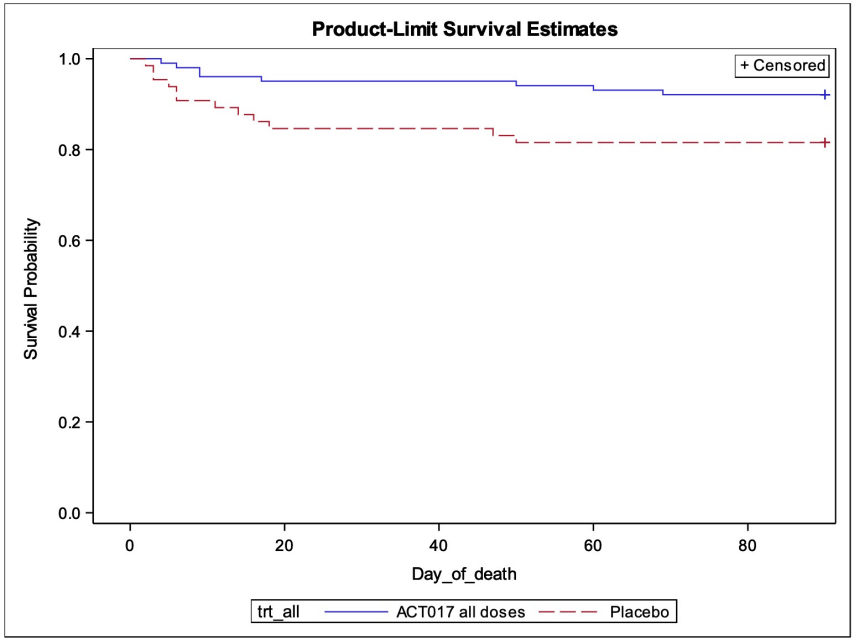
Safety - Unexpected improvement of Survival



Test of Equality over Strata			
Test	**Chi-Square**	**DF**	**Pr > Chi-Square**
Log-Rank	4.3952	1	0.0360
Wilcoxon	4.5772	1	0.0324
-2Log(LR)	4.5131	1	0.0336

Analysis - Kaplan-Meier Curve

All dose glenzocimab vs Placebo (Phase Ib + IIa)

Decreased number of deaths in the glenzocimab group compared to placebo (8% vs. 19%)

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Safety: Discussion and Conclusion

- ✓ Symptomatic and non-symptomatic intracranial hemorrhages under SOC were comparable to published data
- ✓ Symptomatic and non-symptomatic intracranial hemorrhages were seen less frequently with glenzocimab 1000 mg than with placebo
- ✓ Fewer all-cause deaths and fewer stroke-related deaths were reported under glenzocimab 1000 mg

Glenzocimab 1000 mg showed a very favorable safety profile, particularly in terms of hemorrhagic events and deaths Including in patients aged above 80 years *(40% of the population)*

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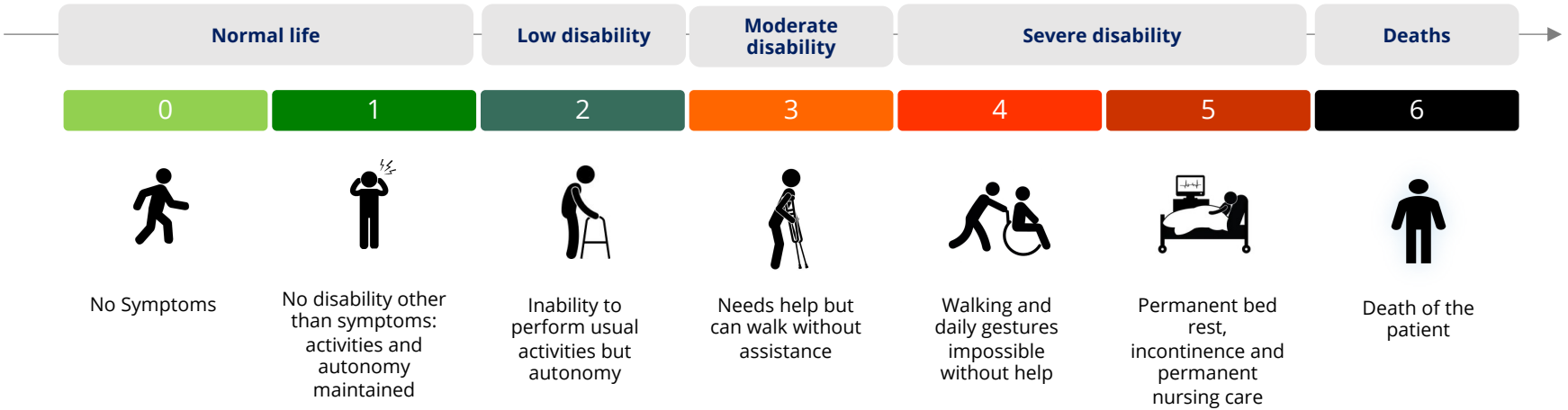
Efficacy : the mRS score assesses the level of disability



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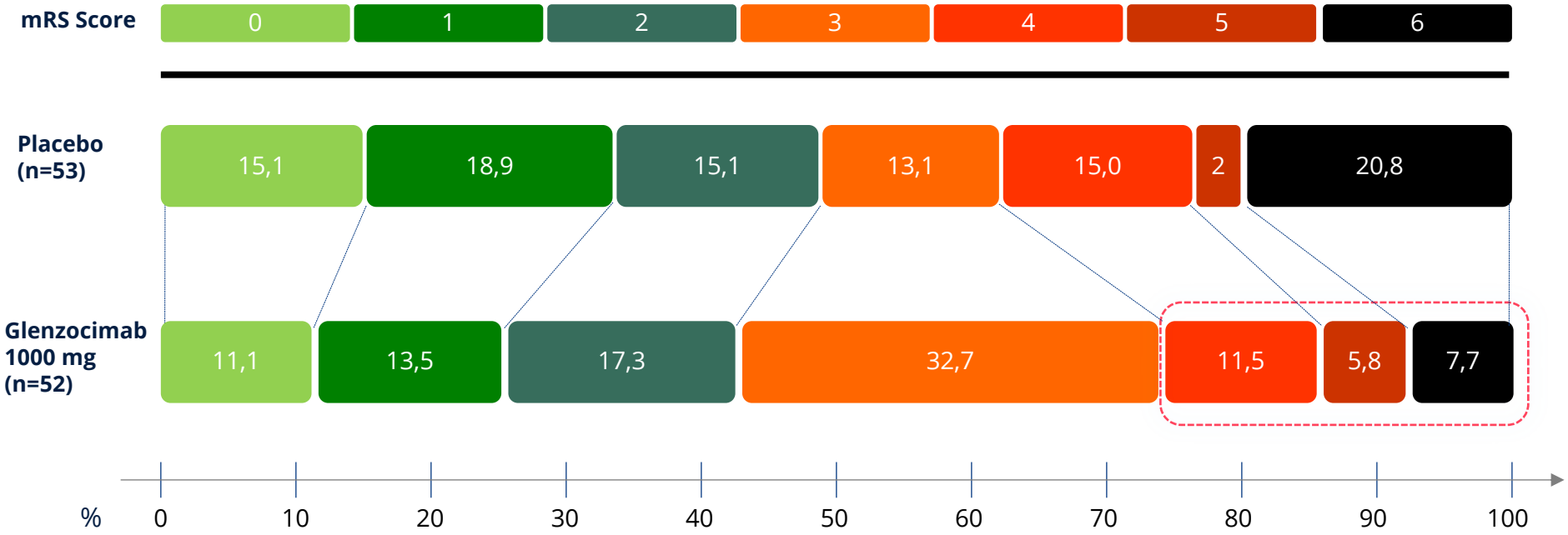
Efficacy: mRS score at day 90 by study treatment group – Glenzocimab 1000 mg (n= 52) / placebo (n=53)



Glenzocimab results in a reduction in severe disability (mRS 4, 5 and 6): 25% versus 38%.

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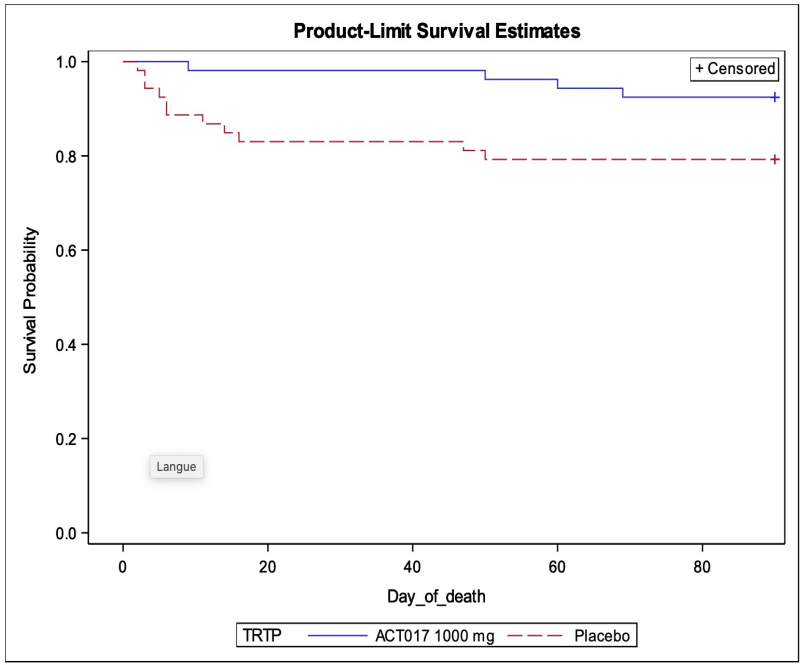
Efficacy : survival analysis



Summary of the Number of Censored and Uncensored Values					
Stratum	TRTP	Total	Failed	Censored	Percent Censored
1	ACT017 1000 mg	53	4	49	92.45
2	Placebo	53	11	42	79.25
Total		106	15	91	85.85

Test of Equality over Strata			
Test	Chi-Square	DF	Pr > Chi-Square
Log-Rank	4.1174	1	0.0424
Wilcoxon	4.4495	1	0.0349
-2Log(LR)	4.5612	1	0.0327

Analyse - Courbe Kaplan-Meier

Glenzocimab 1000 mg vs. Placebo (Phase IIa)

3 times reduction of mortality with glenzocimab

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Efficacy : Discussion and Conclusion

- ✓ Stroke-related deaths were significantly 3 times less frequent in patients treated with glenzocimab 1000mg that in patients receiving the SOC only.

- ✓ Favorable trend in terms of 90-day functional status assessed by mRS with the most severe categories (mRS 4-5 i.e., major disability), and 6 (i.e., death) shifting favorably between SOC alone and glenzocimab.

In this study, Glenzocimab 1000mg :
- showed a dramatic benefit in terms of death rate (divided by 3)
- decreased the proportion of patients with the most severe level of handicap.

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Conclusions

- ✓ 1st proof of efficacy of glenzocimab in patients !
- ✓ Very good safety profile
- ✓ Decrease of HIC and deaths
- ✓ Decrease of percentage of most severe patients mRS 4, 5 & 6

Unexpected and unprecedented significant reduction of mortality in stroke patients

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