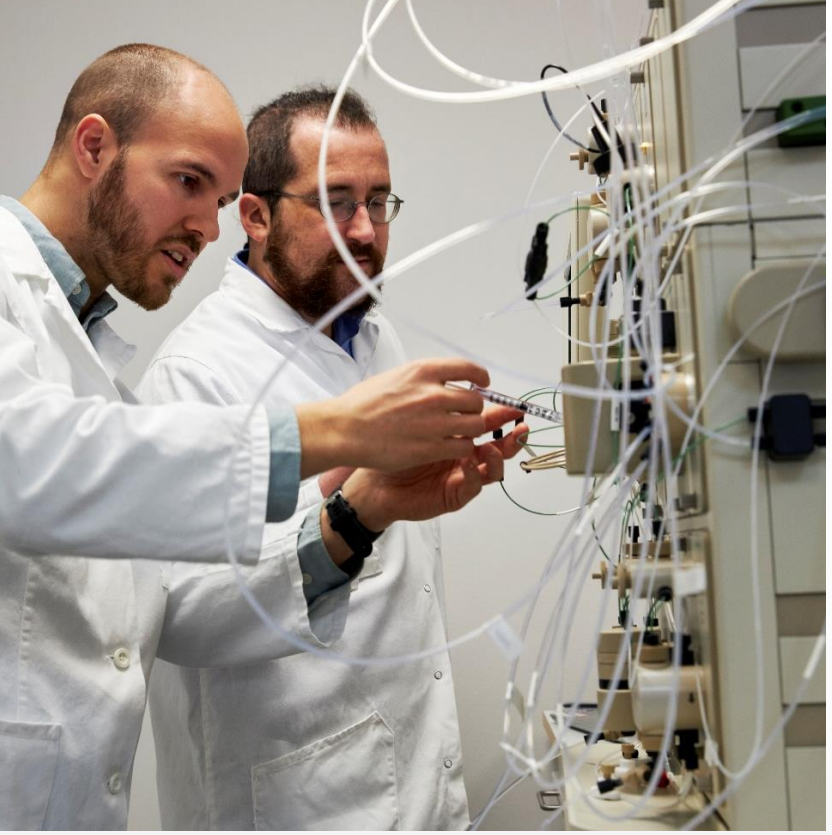

Precision Medicine for Autoimmune Diabetes in Pivotal Phase 3

DIAMYD MEDICAL

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TARGETING AUTOIMMUNE AND INSULIN DEFICIENT DIABETES

Leading clinical stage pipeline

- First-in-class **disease modifying therapies** Diamyd® and Remygen®
- **Pivotal program** with a **precision medicine approach**

De-risked development program

- **Responder patients** identified for Diamyd®, significantly **increasing likelihood for success** in pivotal program with a precision medicine approach
- **Excellent safety** profile and **simple procedure** support successful commercialization

Strong growth opportunity

- **Multibillion dollar market** and **label expansion** opportunities
- **Pivotal program** in Type 1 Diabetes (Diamyd®), **Prevention program** Type 1 Diabetes (Diamyd®), establishing **GMP biomanufacturing facility**

Experienced team

- Significant **operational experience** in **clinical development** within diabetes
- Access to **world leading** scientists and clinical experts

DIAMYD MEDICAL

3

AUTOIMMUNE DIABETES

Significant unmet medical need and health economic burden

Type 1 Diabetes
~ 500,000 new cases every year*
184,100 children and adolescents (0-19 years of age) and 329,000 adults are diagnosed with type 1 diabetes every year. It is more prevalent in western countries with the highest incidence in the Nordic countries.

The disease is characterized by life-long dependence on exogenous insulin therapy and blood glucose monitoring and the disease is associated with **severe short and long-term complications** that lead to shorter life-expectancy, decreased quality of life and significant health economic costs.

LADA (Latent Autoimmune Diabetes in Adults)
>2 million new cases every year
It is estimated that up to 10% of all type 2 diabetes patients have autoimmune diabetes characterized by autoantibodies against GAD and faster progression to insulin dependence. While type 1 diabetes is rare in many non-western countries, LADA is a prevalent form not only in western countries but also in India, China and Japan.

The disease is today (mis)treated as type 2 diabetes and **no disease modifying therapies are available**. It is associated with **severe short and long-term complications** that lead to shorter life-expectancy, decreased quality of life and significant health economic costs.

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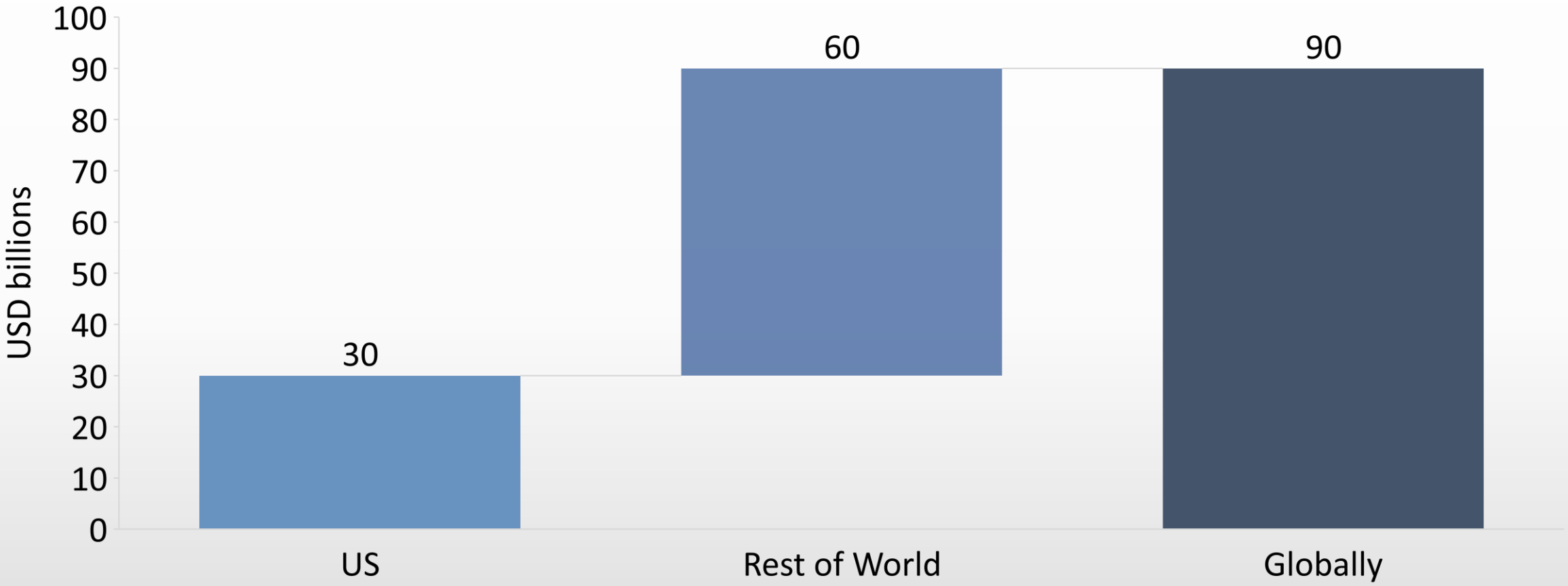
SIGNIFICANT ANNUAL ECONOMIC BURDEN OF TYPE 1 DIABETES



Disease modifying therapies for T1D are predicted to have a multibillion-dollar economic impact in the US alone

1) Modelling the total economic value of novel T1D therapeutic concepts, January 2020, Health Advances.

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Leading pipeline targeting autoimmune diabetes

Product	Indication	Sample size	Sponsor	Development Phase				Status
				Preclinical	I	II	III	
Diamyd®	Recently-diagnosed clinical (Stage 3) T1D	330 (target)	Diamyd Medical	DIAGNODE-3				**Ongoing in Europe, approved to start in the US Topline H2 2026**
	Recently-diagnosed Clinical (Stage 3) T1D	6	Linköping University	DIAGNODE-B				**Ongoing Topline Q4 2023**
	Latent Autoimmune Diabetes in Adults (LADA)	15	NTNU, Trondheim	GADinLADA				**Completed***
	Prevention of T1D in at-risk (Stage 1 & 2) individuals	15 (target)	Diamyd Medical	DiaPrecise				**Approved to start**
Remygen®	Long-term Clinical (stage 3) T1D	36	Uppsala University	ReGenerate-1				**Fully recruited Topline Q1 2023**

*Presented at EASD 2022 in Stockholm. Met primary endpoint of safety and tolerability, supports benefit for C-peptide preservation in HLA DR3-DQ2 individuals.

DIAMYD MEDICAL

Diamyd®

Recombinant GAD65 Formulated in Alum (rhGAD65/alum)

Primary Indication
New-onset (stage 3) Type 1 Diabetes with HLA type DR3-DQ2

Label Expansion
Type 1 Diabetes prevention (stage 1 & 2), LADA

Mechanism of Action
Induce immunological tolerance against GAD65

Clinical Effect and Benefit
Preserve the endogenous insulin production, reduce short- and long-term complications

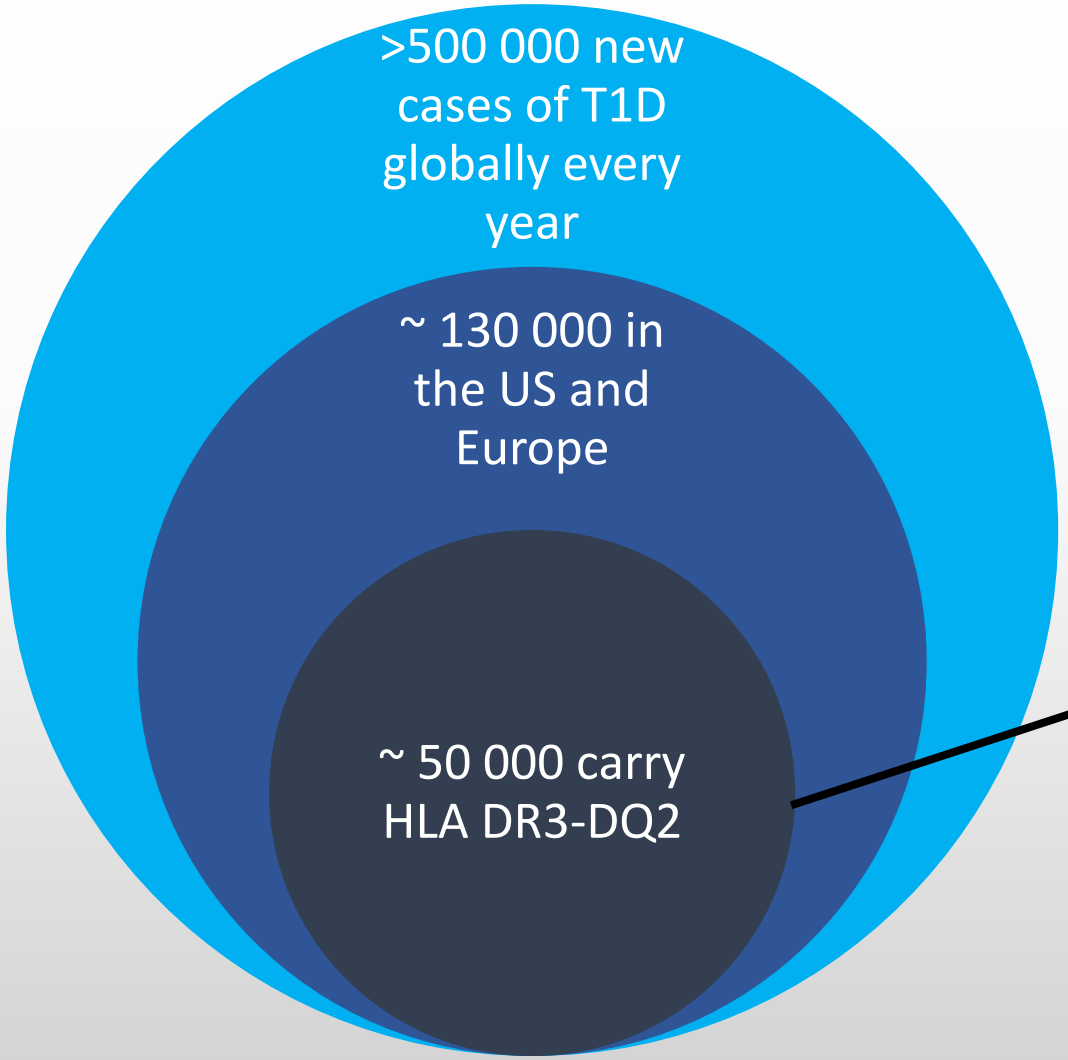
Mode of Administration
Three intranodal injections one month apart

Development Status
Phase III – Stage 3 T1D
Phase I/II – Stage 1&2 T1D
Phase I/II - LADA

Licensing Status
Global rights available

DIAMYD MEDICAL

Multibillion total addressable market for Diamyd®



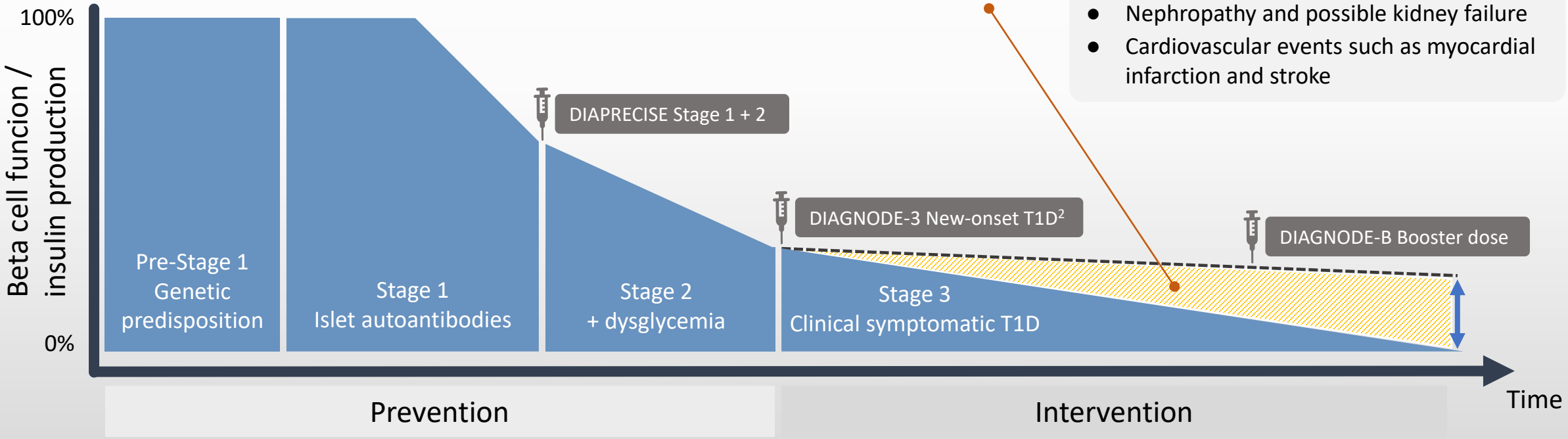
- Estimated pricing in US in line with existing drugs on the market (65k – 100k+)
- Market for Stage 3 T1D with HLA DR3-DQ2 in US and Europe > $2Bn

DIAMYD MEDICAL

Focus on preemptive medicine

Diamyd® is designed to prevent diabetes complications and improve glucose control by stopping the autoimmune destruction of beta cells

Illustrative decline of functional beta cell mass in autoimmune diabetes



Reduced risk of[1]

- Severe hypoglycemia
- Life-threatening ketoacidosis
- Retinopathy and possible blindness
- Neuropathy and possible limb amputation
- Nephropathy and possible kidney failure
- Cardiovascular events such as myocardial infarction and stroke

[1] Lam et al. J Clin Invest. 2021 Feb 1;131(3):e143683. Gubitosi-Klug et al. J Clin Invest. 2021;131(3):e143011. McGee et al. Diabet Med. 2014;31(10):1264–1268. doi: 10.1111/dme.12504. Steffes et al. Diabetes Care. 2003;26(3):832–836. Palmer et al. Diabetes. 2004;53(1):250–264.DCCT Investigators. Ann Intern Med. 1998;128(7):517–23.

[2] Within 6 months from clinical diagnosis of (Stage 3) clinical T1D

DIAMYD MEDICAL

Significant label expansion opportunities for Diamyd®

Stage 3 T1D

Stage 1&2 T1D

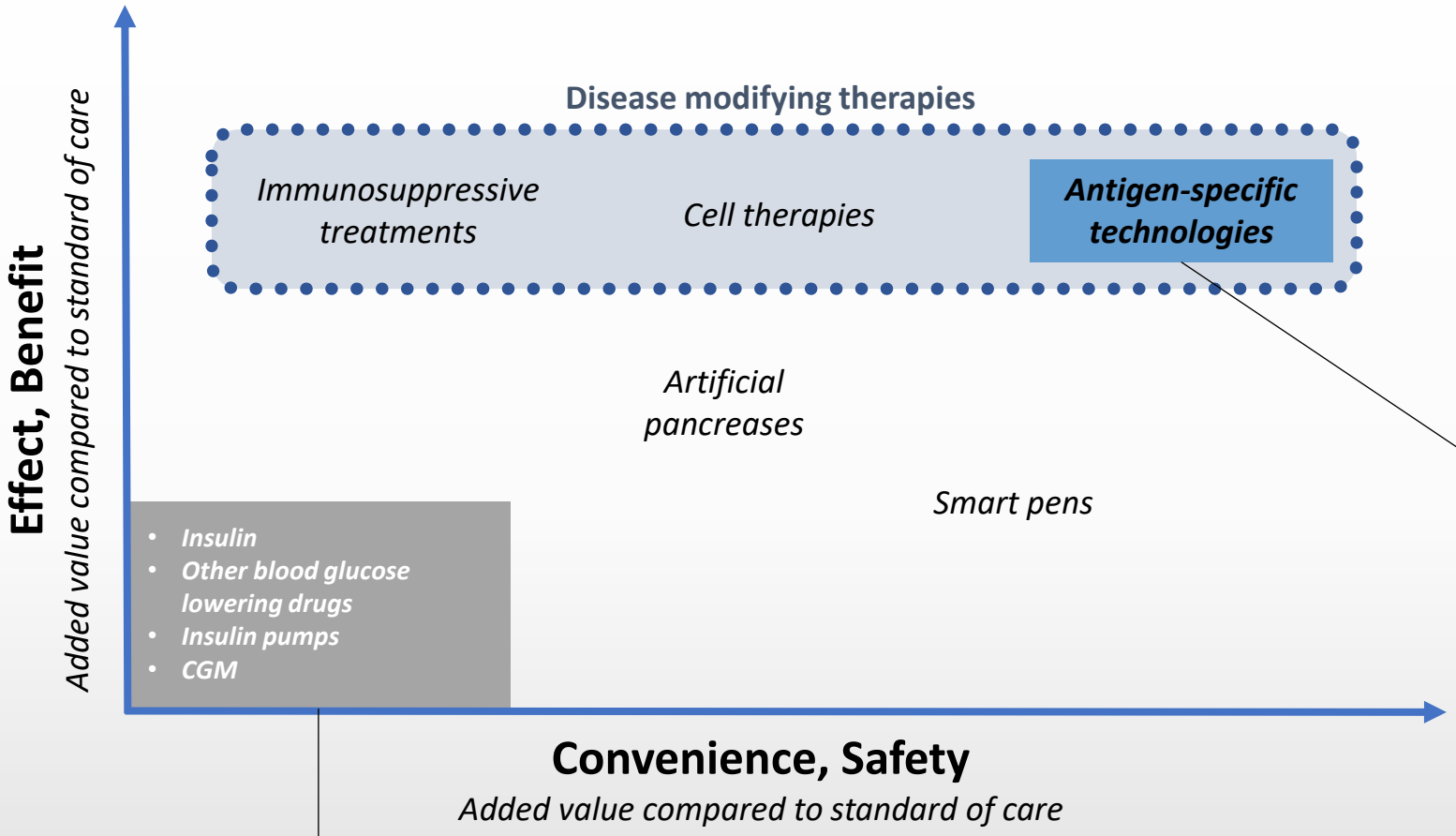
LADA

Boosters

Combinations

DIAMYD MEDICAL

POSITION DIAMYD® TO MAXIMIZE EFFICACY, SAFETY, CONVENIENCE



Antigen-specific immunotherapy with Diamyd® targets the body's immune system by reprogramming it to stop attacking the insulin-producing cells. This treatment has the potential for long-term efficacy. Compared with other technologies under development often requiring hospitalization, the diabetes vaccine Diamyd® displays an excellent safety profile and is a fast and easy treatment.

The current **standard treatment** for type 1 diabetes is life-sustaining, subcutaneous deliveries of insulin by injection or pump therapy, combined with continuous glucose monitoring (CGM). In addition to non-insulin anti-diabetic drugs and aids, such as artificial pancreases and smart insulin pens to help patients manage their condition, therapies targeting the underlying causes of the disease are also being developed.

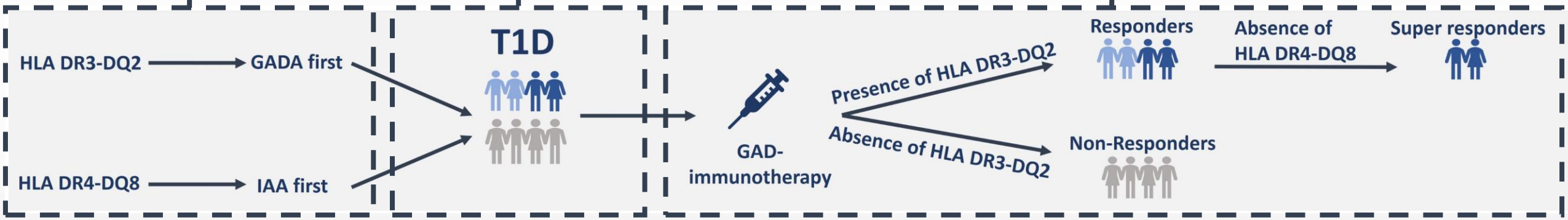
New-onset (Stage 3) Type 1 Diabetes with HLA type DR3-DQ2

RESPONDERS TO DIAMYD® TREATMENT

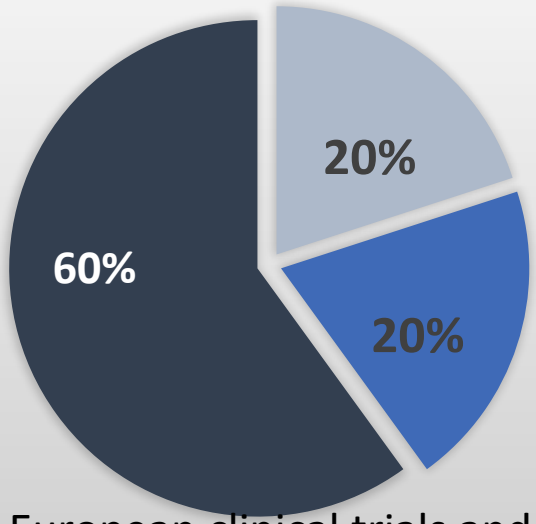
Genetic variants influence the appearance of autoimmunity

T1D is a collection of distinct endotypes

GAD-specific immunotherapy is influenced by the same genetic variants that influence autoimmunity. Individuals with GAD autoimmunity respond best to GAD immunotherapy



Non-responders
Absent HLA DR3-DQ2



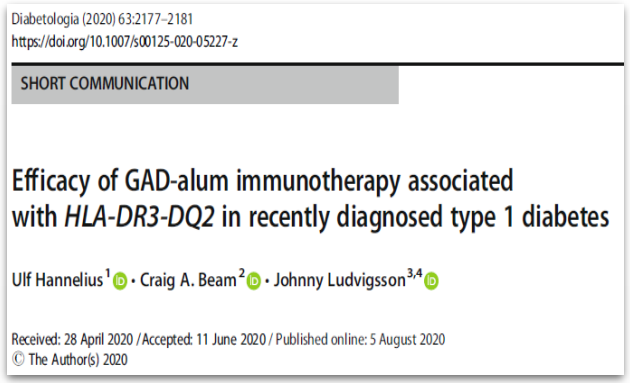
Super responders
Present HLA DR3-DQ2
Absent HLA DR4-DQ8

Responders
Present HLA DR3-DQ2

Target population:
Up to 40% of all recent-onset T1D*

*Based on data from US and European clinical trials and publications

CRUCIAL RESEARCH ADVANCES IN PRECISION MEDICINE FOR TYPE 1 DIABETES

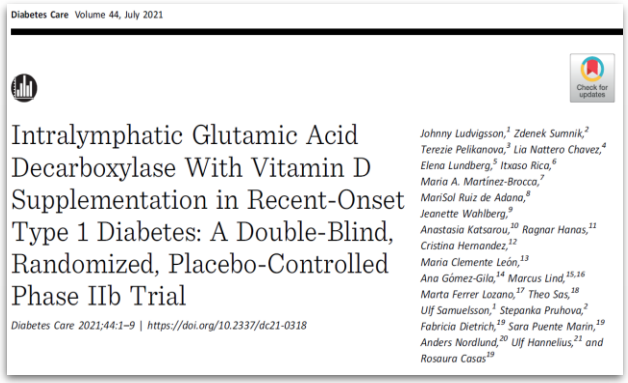

Diabetologia (2020) 63:2177–2181
https://doi.org/10.1007/s00125-020-05227-z

SHORT COMMUNICATION

Efficacy of GAD-alum immunotherapy associated with *HLA-DR3-DQ2* in recently diagnosed type 1 diabetes

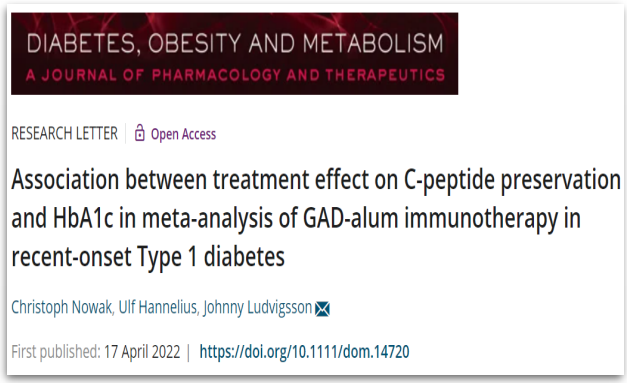
Ulf Hannelius[1] · Craig A. Beam[2] · Johnny Ludvigsson[3,4]

Received: 28 April 2020 / Accepted: 11 June 2020 / Published online: 5 August 2020
© The Author(s) 2020


Diabetes Care Volume 44, July 2021

Intralymphatic Glutamic Acid Decarboxylase With Vitamin D Supplementation in Recent-Onset Type 1 Diabetes: A Double-Blind, Randomized, Placebo-Controlled Phase IIb Trial

Diabetes Care 2021;44:1–9 | https://doi.org/10.2337/dc21-0318


DIABETES, OBESITY AND METABOLISM
A JOURNAL OF PHARMACOLOGY AND THERAPEUTICS

RESEARCH LETTER | Open Access

Association between treatment effect on C-peptide preservation and HbA1c in meta-analysis of GAD-alum immunotherapy in recent-onset Type 1 diabetes

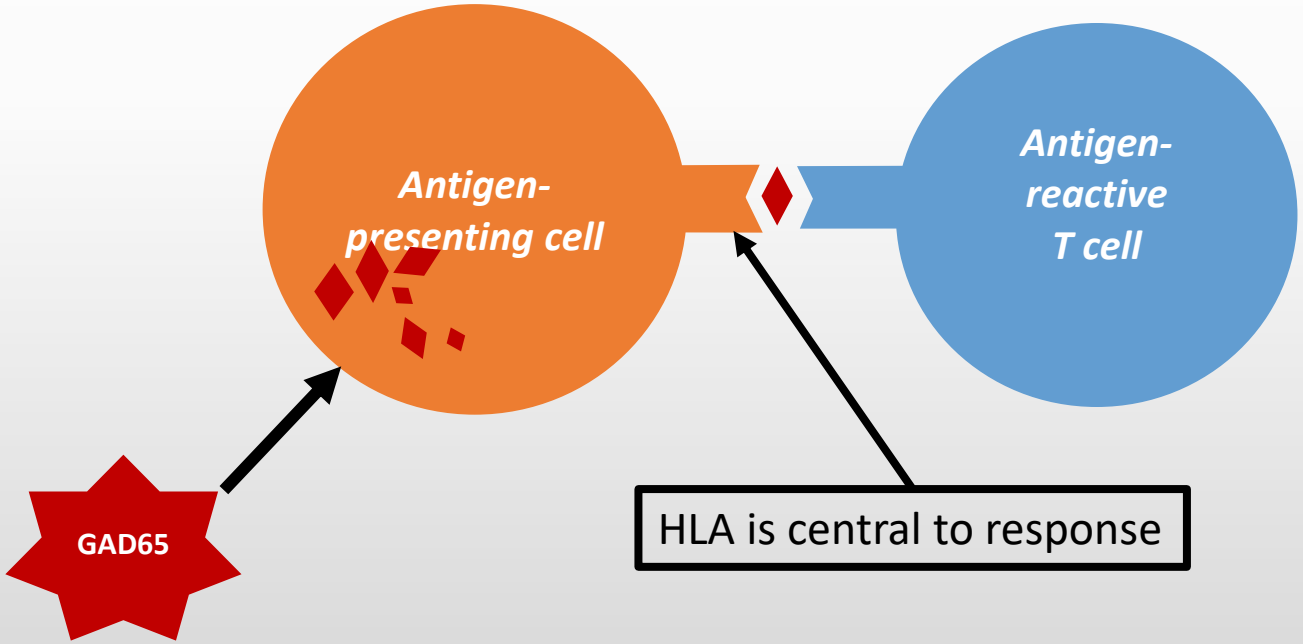
Christoph Nowak, Ulf Hannelius, Johnny Ludvigsson

First published: 17 April 2022 | https://doi.org/10.1111/dom.14720


JCEM THE JOURNAL OF CLINICAL ENDOCRINOLOGY & METABOLISM

Article Contents

Intralymphatic GAD-alum (Diamyd®) improves glycaemic control in Type 1 diabetes with HLA DR3-DQ2



Significant treatment effects on:

1. Preservation of endogenous insulin production
2. Improved HbA1c
3. Less glycemic variability
4. More time spent in optimal glucose range
5. Less time spent in hyperglycemia

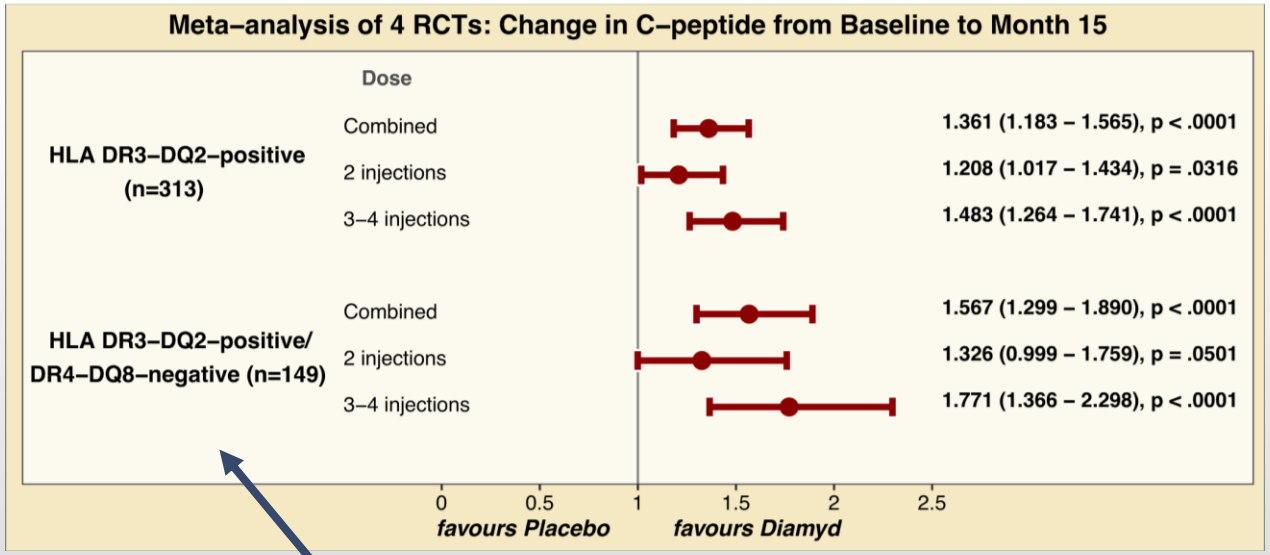
HLA INFLUENCES EFFECT OF DIAMYD®

Significant and dose-dependent treatment effect of Diamyd® (GAD-alum) in HLA DR3-DQ2 positive individuals on preservation of own insulin production and HbA1c

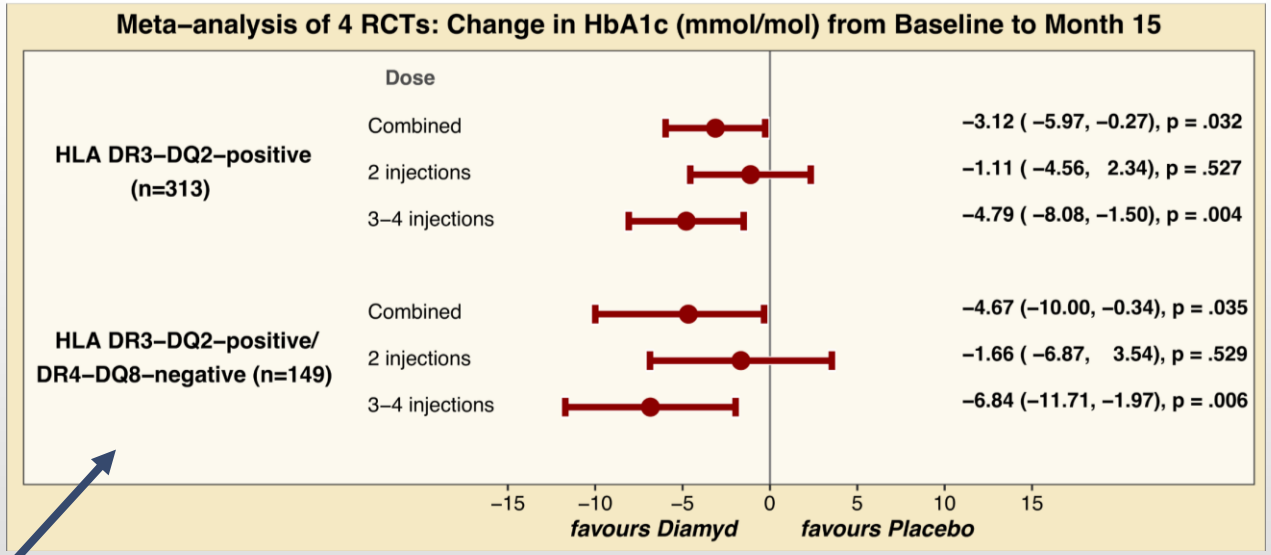
Meta-analysis with >600 recent-onset T1D patients

4 RCTs (Phase III EUR, Phase II SWE, Phase II US, Phase IIb EUR)

C-peptide

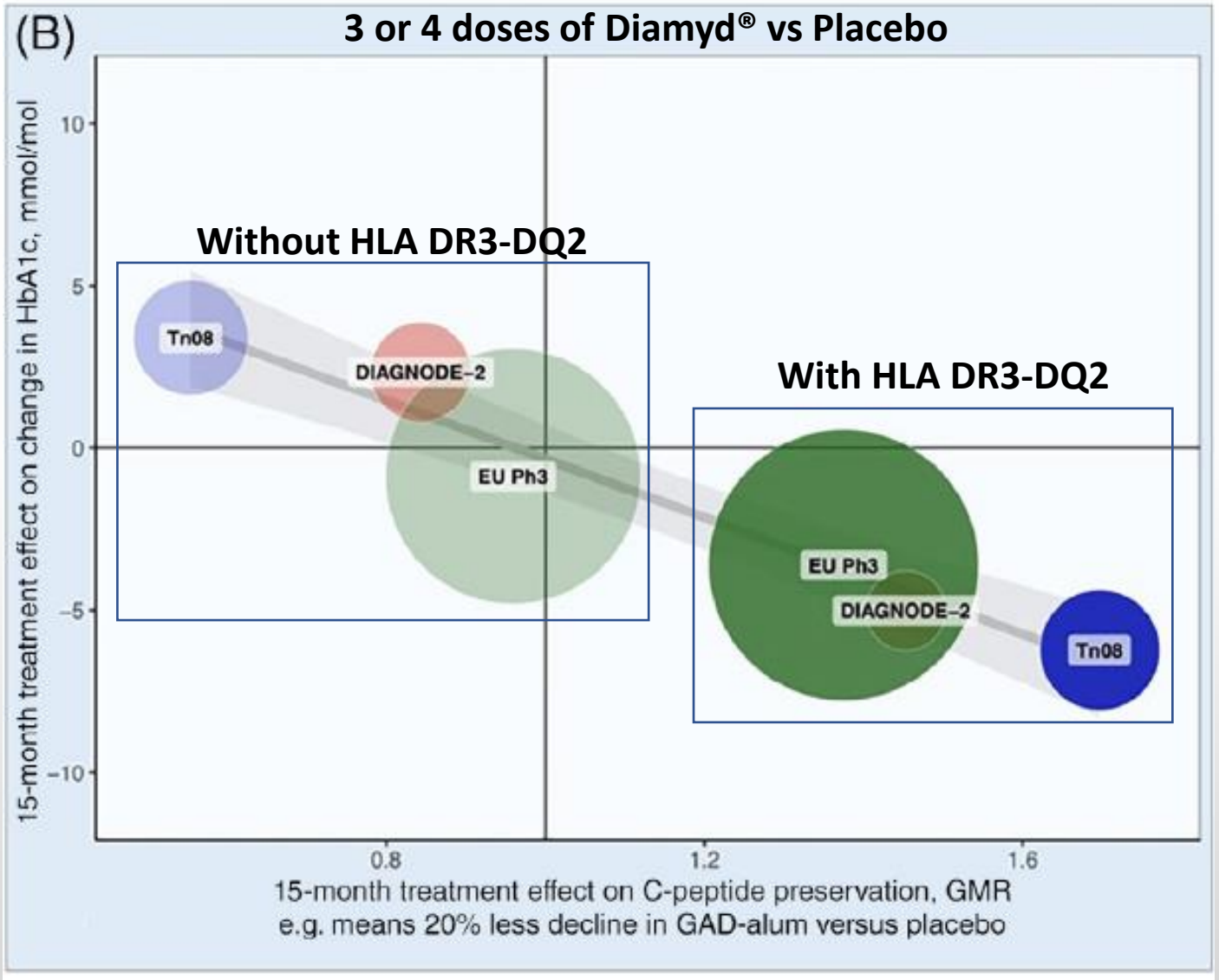


HbA1c



High responder group lacking HLA DR4-DQ8

CORRELATED TREATMENT EFFECTS (CHANGE FROM BASELINE TO MONTH 15 VERSUS PLACEBO) ON C-PEPTIDE AND HBA1C



Size of circle is corresponding to the relative number of individuals

DIABETES, OBESITY AND METABOLISM
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RESEARCH LETTER | Open Access

Association between treatment effect on C-peptide preservation and HbA1c in meta-analysis of GAD-alum immunotherapy in recent-onset Type 1 diabetes

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First published: 17 April 2022 | https://doi.org/10.1111/dom.14720

Sensitivity analyses, including adjustment for insulin dose, confirm robust effect

The first ever precision medicine Phase III trial in Type 1 Diabetes

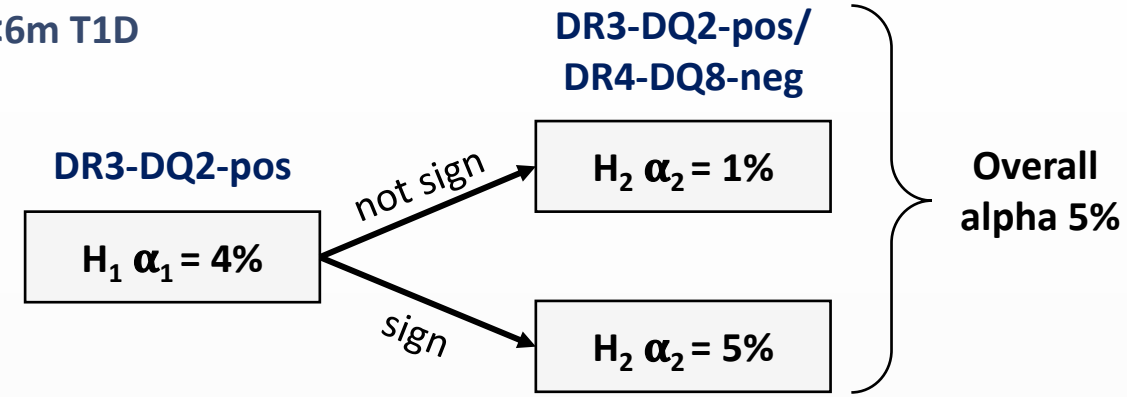
- **Diamyd® in individuals recently diagnosed with type 1 diabetes and positive for the HLA DR3-DQ2 haplotype**
- **Ongoing in 8 European countries, approved to start in the US**

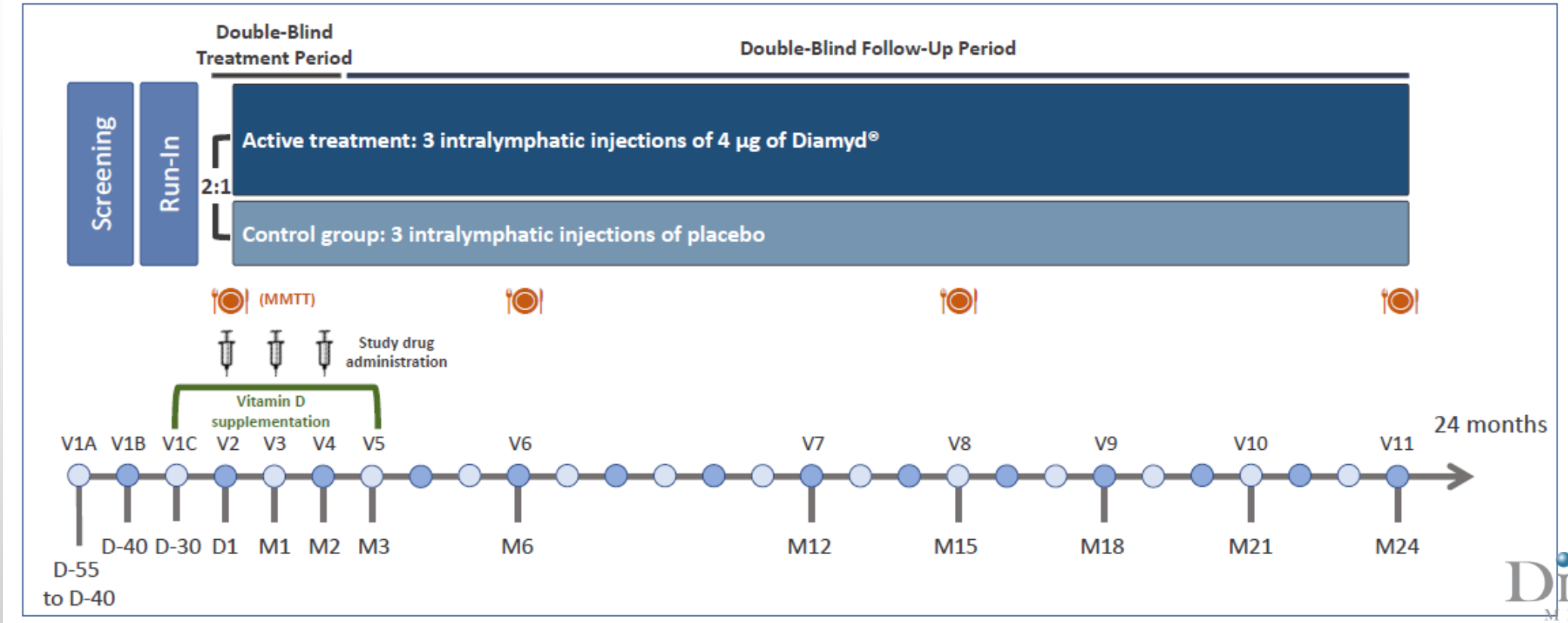
Diagnode-3 study

www.diagnode-3.com

RESULTS SUPPORT DESIGN OF PIVOTAL, GLOBAL PHASE III TRIAL DIAGNODE-3

- Responder population HLA DR3-DQ2 (40-50%) with GADA, 12-28 yr, <6m T1D
- Intralympatic injections (superior to subcutaneous injections)
- 3 monthly injections (superior to 2 injections)
- Co-primary endpoints C-peptide and HbA1c (baseline to Month 24)
- Total n = 330



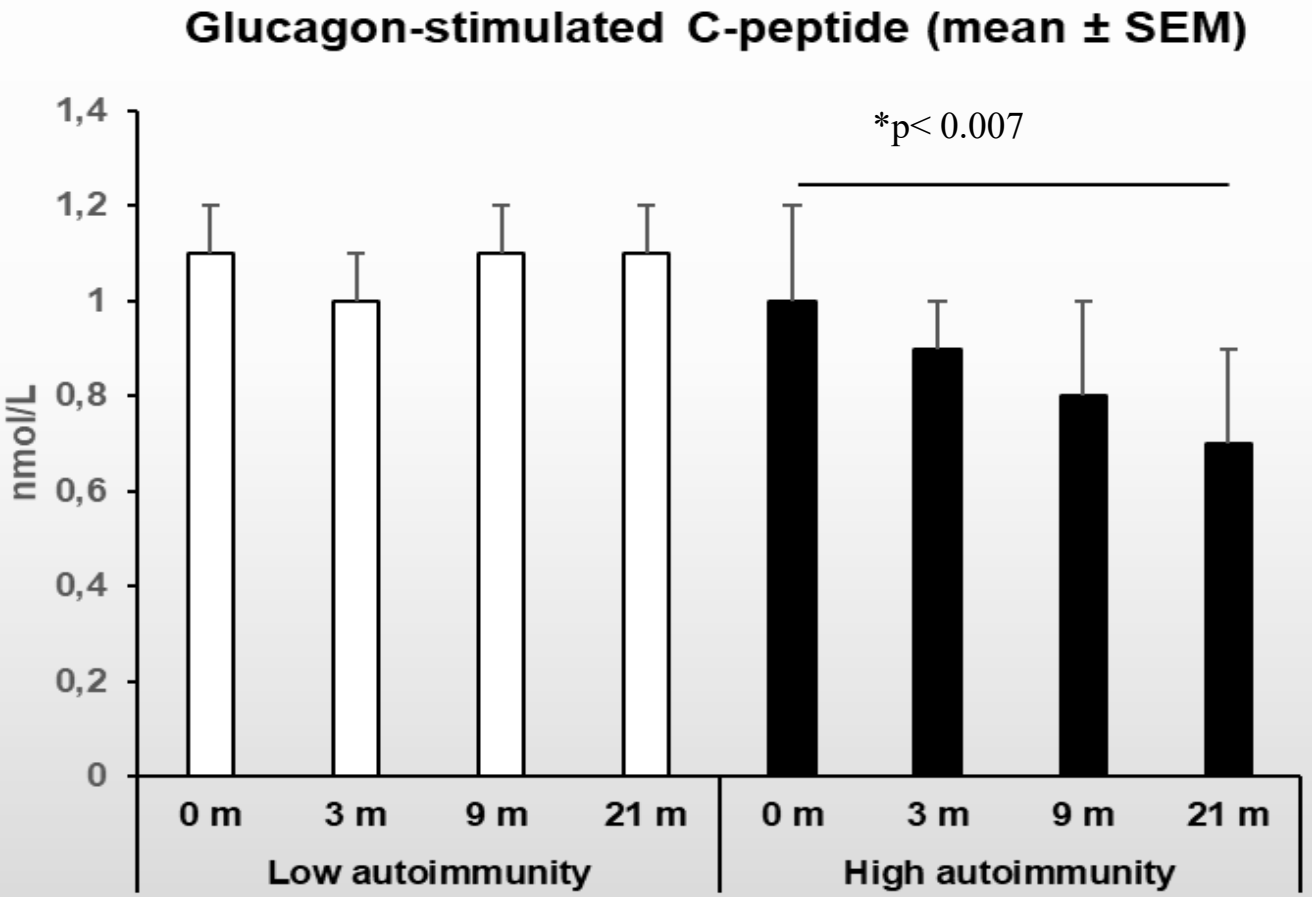


Latent Autoimmune Diabetes in Adults (LADA)*

*Also called Slowly progressing Autoimmune Diabetes (SAID) or Slowly progressing insulin-dependent diabetes mellitus (SPIDDM)

Background

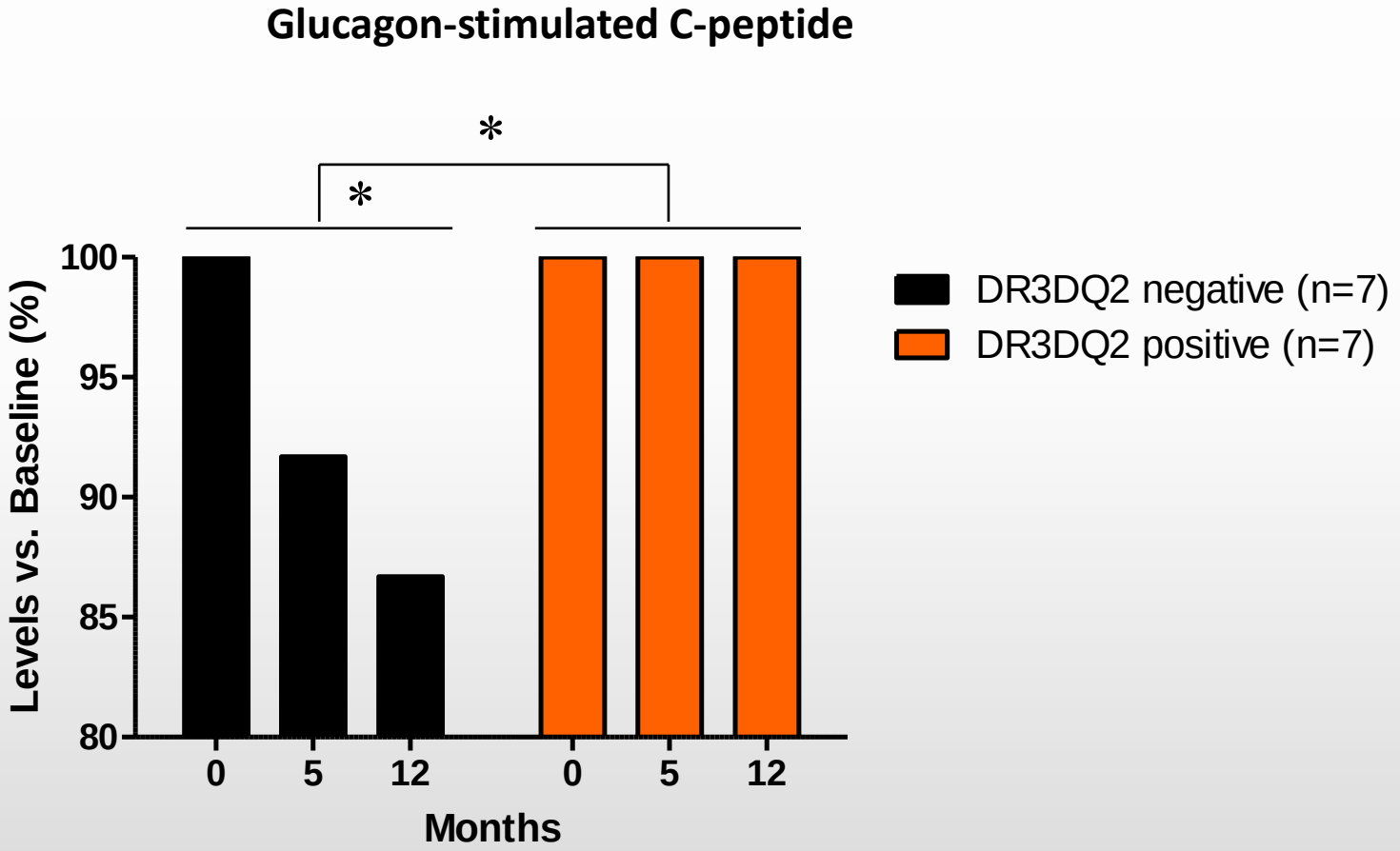
In highly autoimmune LADA individuals: treatment that directly targets autoimmunity is needed



Hals IK, Fiskvik Fleiner H, Reimers N, Astor MC, Filipsson K, Ma Z, Grill V, *Björklund A. Investigating optimal β-cell-preserving treatment in latent autoimmune diabetes in adults: Results from a 21-month randomized trial*. Diabetes Obes Metab. 2019 Oct

Glucagon-stimulated C-peptide levels unchanged at 12 months vs Baseline (0 months) in the HLA-DR3DQ2 positive subgroup

Phase 2 trial with Diamyd in up to 70 year-old LADA patients



*p< 0.03 for median 13.3% reduction at 12 months vs. Baseline (0 months) in the DR3DQ2 negative subgroup (n=7).

*p< 0.04 for difference between HLA subgroups in change at 12 months vs. Baseline (0 months).

Note: Unpublished results. First presented at EASD 2022 in Stockholm, Sweden by Ingrid Hals, NTNU Norway

Conclusions

- Treatment with intralymphatic GAD is well tolerated in LADA individuals – no safety concerns
- GAD-induced immune responses appear compatible with those in studies with type 1 diabetes
- Results on C-peptide suggest an HLA-dependent beneficial effect akin to type 1 diabetes

Also see

- Latent Autoimmune Diabetes in Adults: Background, Safety and Feasibility of an Ongoing Pilot Study With Intra-Lymphatic Injections of GAD-Alum and Oral Vitamin D, Björklund et al, Front Endocrinol, 2022
- Press release: Updated results from clinical trial with Diamyd® presented today at diabetes conference

Type 1 Diabetes prevention (Stage 1 & 2)

DIAMYD MEDICAL COORDINATES THE ASSET MILIEU

A T1D Forum to drive precision medicine, prevention and screening

Contact with T1D research community

Aim for a European-level contact network

Partnerships in developing AI algorithms

Discuss best practices for screening programs

Integration of data from different cohort studies

www.asset.healthcare

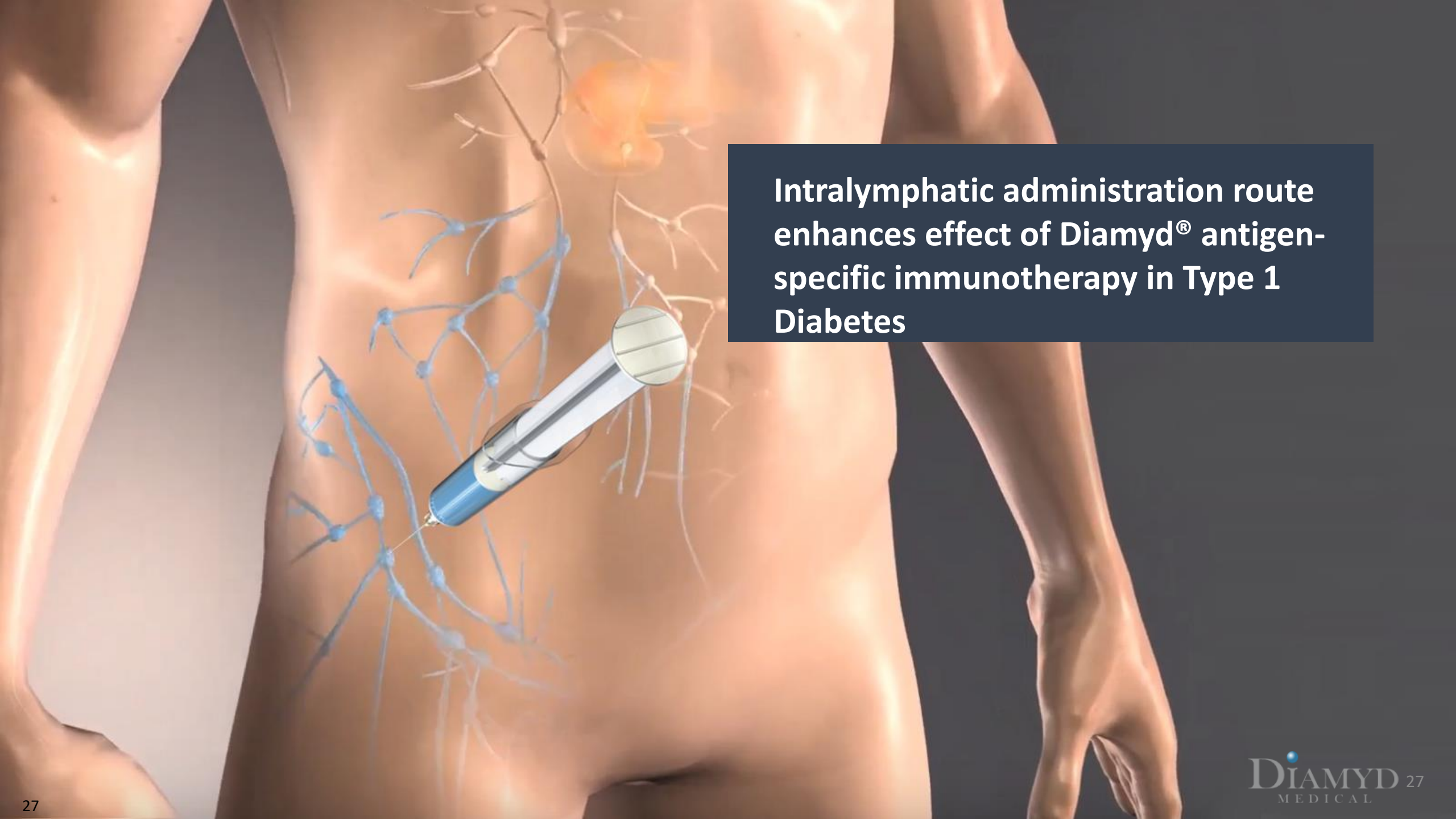
ABOUT ASSET

The innovation milieu ASSET (AI for Sustainable Prevention of Autoimmunity in the Society – www.asset.healthcare) will develop and evaluate new algorithms based on AI to be able to assess the individual risk of developing Type 1 Diabetes (T1D), and the likelihood of responding to different treatments. Data from cohort studies such as TEDDY (The Environmental Determinants of Diabetes in the Young), from Diamyd Medical's clinical trials with Diamyd® and from sources such as the National Diabetes Registry will consitute the initial training dataset for the algorithm. T1D will form the pilot project for the program, but the goal is extend the functionality to other indications including other autoimmune diseases that are strongly linked to T1D such as celiac disease (gluten intolerance) and autoimmune thyroiditis (inflammatory disease of the thyroid gland). The prediction algorithm will be evaluated in clinical prevention trials where individuals at high risk for type 1 diabetes will be treated preventively with the diabetes vaccine Diamyd®. In parallel, ASSET will study organizational, economic, and legal prerequisites and consequences of applying the approach as a tool for precision health in the Swedish health care system. The project has a duration of five years and is financed via the Swedish innovation agency VINNOVA.

Mainly.AI LUNDS UNIVERSITET NDR NATIONELLA DIABETESREGISTRET

DIAMYD MEDICAL VÄSTRA GÖTALANDSREGIONEN SAHLGRENSKA UNIVERSITETSSJUKHUSET Leading Health Care VINNOVA

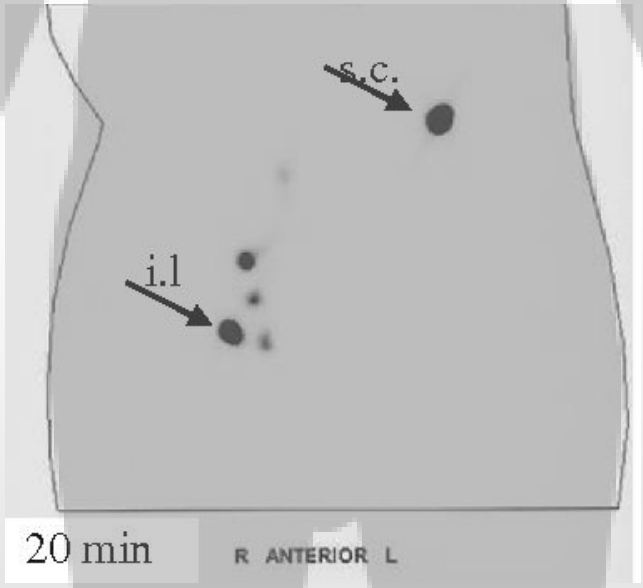
Safety and administration of Diamyd®

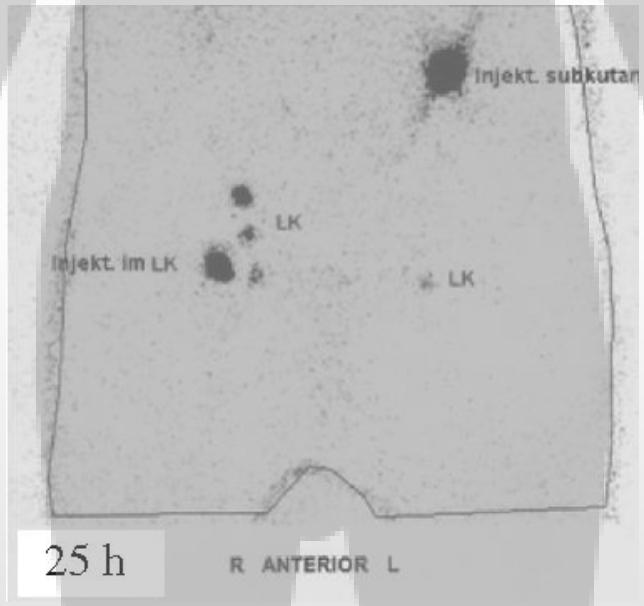


Intralymphatic administration route enhances effect of Diamyd® antigen-specific immunotherapy in Type 1 Diabetes

MORE EFFICIENT UPTAKE IN AND DRAINAGE TO LYMPH NODES FOLLOWING INTRALYMPHATIC COMPARED TO SUBCUTANEOUS ADMINISTRATION

Lessons Learned from Allergy Immunotherapy Trials



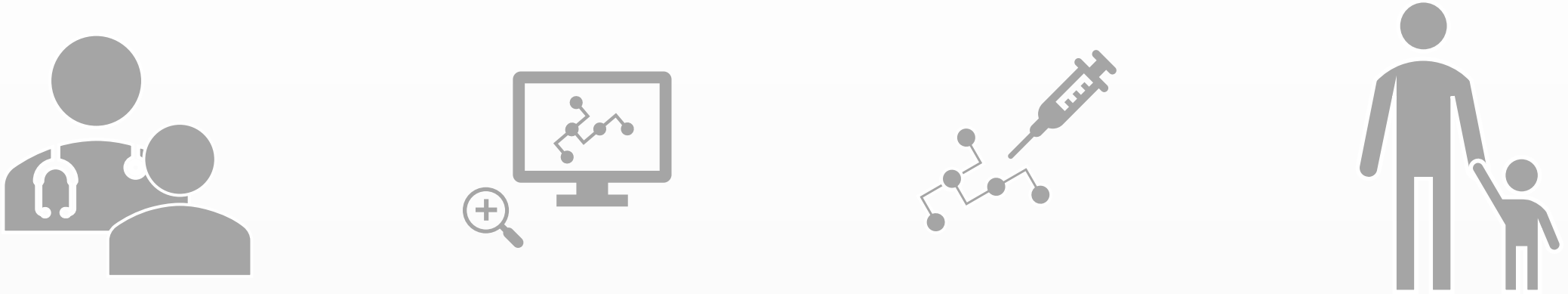


Subcutaneously (S.C.) injected large molecules including proteins do not effectively spread to the draining lymphnodes. Intranodal (I.L.) injections lead to immediate spreading to deeper lymphnodes. The image depicts radio tracing of labeled IgG at 20 minutes and 25 hours after subcutaneous and intranodal injection in a healthy human volunteer.

Adapted from: Intralymphatic immunotherapy, Senti & Kündig, World Allergy Organization Journal 2015

CONVENIENT OUTPATIENT PROCEDURE ENHANCES VALUE PROPOSITION FOR DIAMYD®

Potential to reach patients outside specialized clinics and avoiding costs related to hospitalization

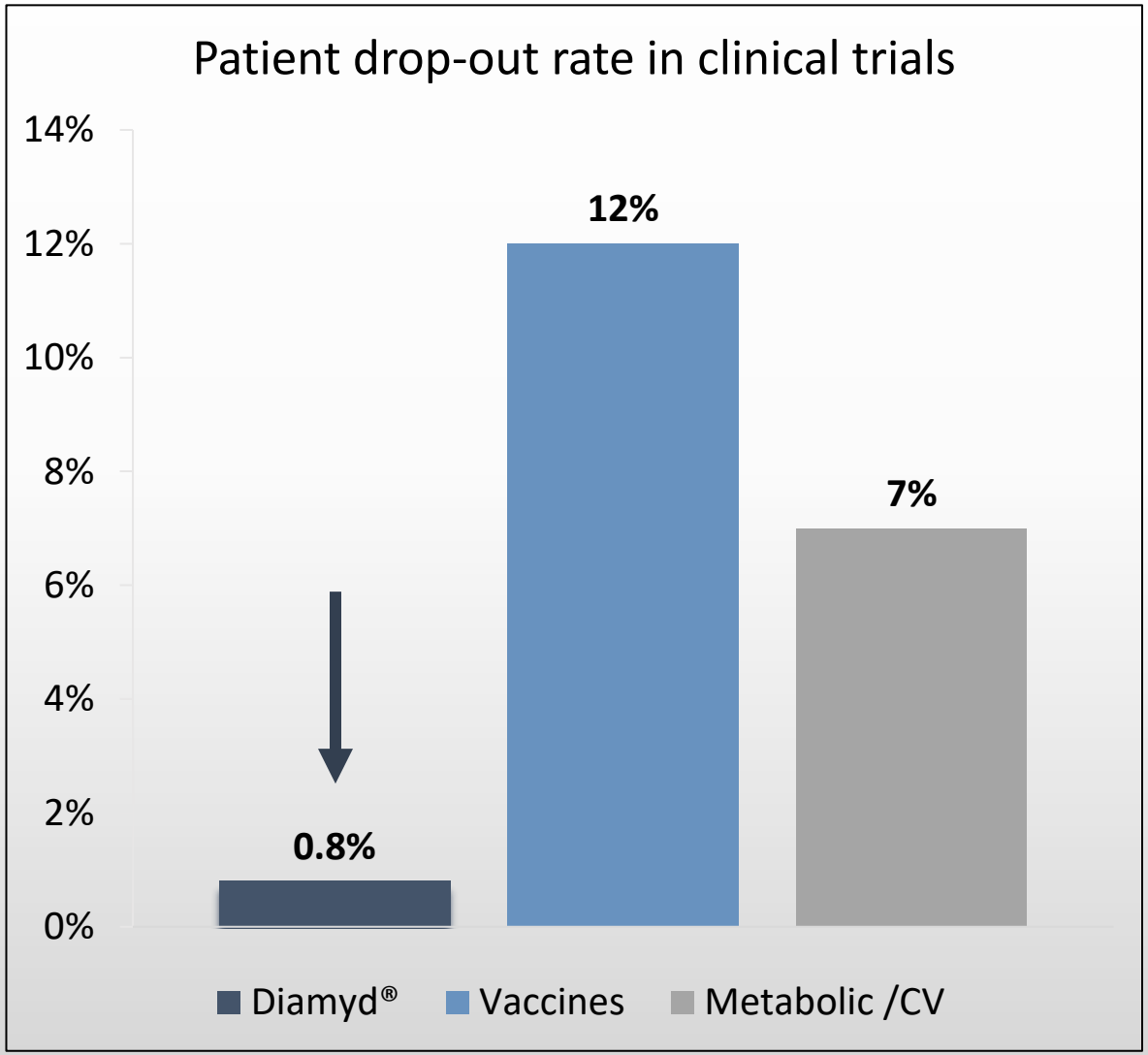


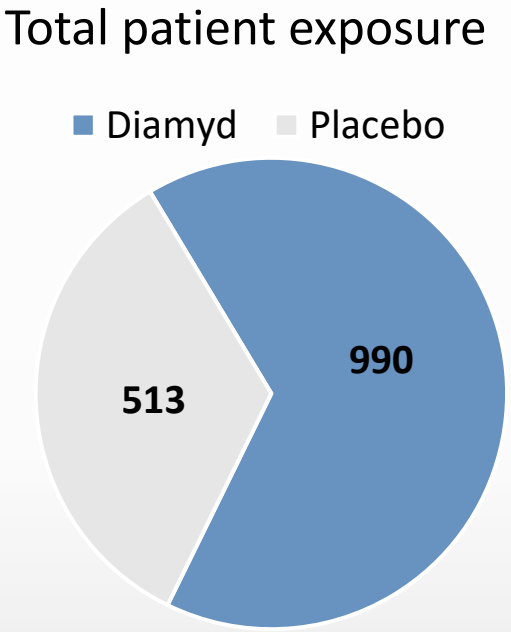
The procedure is performed by a radiologist by way of ultrasound guided injections that are given three times, one month apart. Clinical results and safety support the addition of annual booster injections in the pivotal trial.

Confirmed* by interviews and questionnaires involving radiologists and study nurses taking part in the ongoing Phase IIb program, the procedure is simple and convenient, and can be performed using hand-held ultrasound devices. Non-radiologists could be educated to perform the procedure.

* Evaluation of the Feasibility of Intralymphatic Injection of Diamyd®, Selam Fessehaye 2019, Master Thesis, Uppsala University

SUPERIOR SAFETY PROFILE



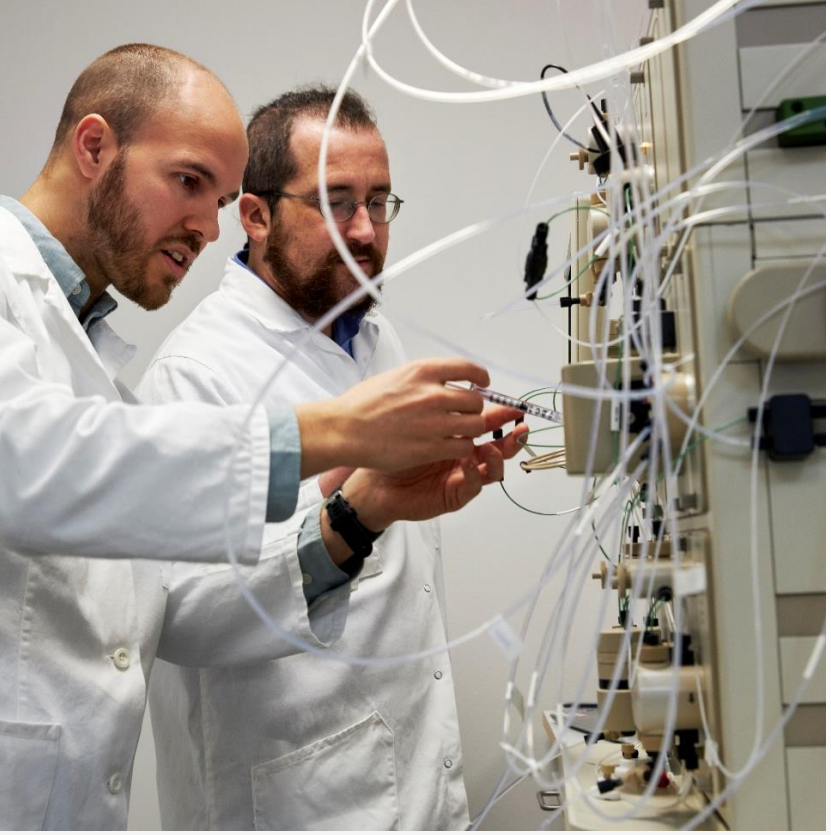


Most commonly reported adverse events:

- tenderness, injection site edema, injection site pain and injection site reaction.
- no difference in the rate of occurrence of the adverse events between active Diamyd® treatment and placebo

Source: Industry averages, Tufts CSDD, February 2, 2020:
https://www.centerwatch.com/articles/24543-recruitment-rates-rising-but-retention-rates-fall-according-to-new-study

Manufacturing and Market Exclusivity of Diamyd®



Biomanufacturing – control and predictability

- 20,000 square feet site comprising clean rooms, laboratory facilities and office space
- In-house manufacturing of recombinant GAD65 (active pharmaceutical ingredient in the diabetes vaccine Diamyd®)
- Independent of third parties
- Goal to be production ready in 2023

DIAMYD MEDICAL

DIAMYD® (rhGAD65/ALUM) MANUFACTURING

Upstream process:

Baculovirus expression system
&
Insect cells

Downstream process:

Clarification
Capture
Polish
Nanofiltration

DP formulation

DIAMYD® IP & MARKET EXCLUSIVITY

Core Intellectual Property

- **Substance of matter** in the US until **2032**
- **Intralymphatic administration** of Diamyd® in Europe, Japan, China, Australia and Russia, additional countries pending, expiry **2035.**
- Intralymphatic administration of additional betacell antigens (proinsulin, preproinsulin etc) approved in Australia, additional countries pending.
- **Precision medicine patent** based on HLA subgroups approved in Europe and Eurasia, expiry **2035**, additional countries pending.

Regulatory exclusivity

- US BLA approval provides **12 years exclusivity**
- US orphan designation provides **7 years exclusivity** from approval
- European approval provides **10 years of exclusivity**
- Accelerated approval pathways are being evaluated

DIAMYD MEDICAL

Modified Release GABA

Primary Indication
Type 1 diabetes

Label expansion
LADA, Insulin-deficient type 2 diabetes

Mechanism of Action
Activate GABA-receptors in the pancreas

Clinical Effect
- *Regenerate endogenous insulin production, reduce short- and long-term complications*
- *Prevention of hypoglycemia*

Mode of Administration
Oral

Development status
Phase Ib/IIa ongoing

Licensing Status
Global rights available

Remygen®

CLINICAL RESULTS WITH ATTRACTIVE PATH TO MARKET FOR REMYGEN®

- Ongoing clinical Phase IIa trial*
  - ReGenerate-1 at the University of Uppsala where Remygen® (proprietary formulation of GABA) alone and in combination with low-dose alprazolam (GABA receptor modulator to enhance effect, see next slide) are being evaluated in long-standing type 1 diabetes patients
- Clinical effects (dose-escalation) from ReGenerate-1 shown on **preventing hypoglycemia by correcting the counter regulatory hormone response** and **increasing time-in-range** in long-term type 1 diabetes*
- Clinical effects of GABA shown on **decreasing glucagon secretion** in recent-onset type 1 diabetes**
- Preclinical effects on insulin secretion, glucagon secretion and beta cell regeneration
- Endogenous substance with very good safety profile***

*Favorable clinical effects following dose-escalation communicated in November 2019
**Preliminary results presented at EASD 2019 by Professor Kenneth McCormick, University of Alabama at Birmingham
***Favorable safety review following dose-escalation in November 2019 and combination with Alprazolam in January 2021

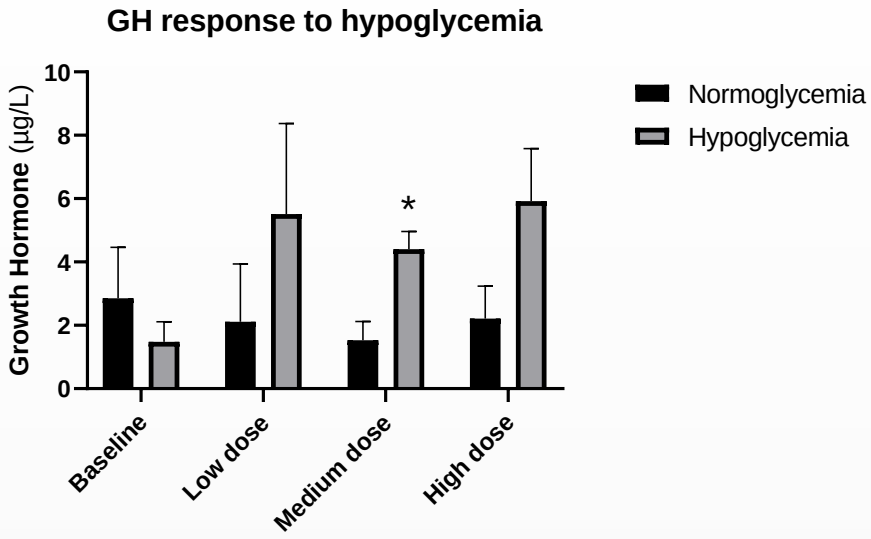
Open access Original research

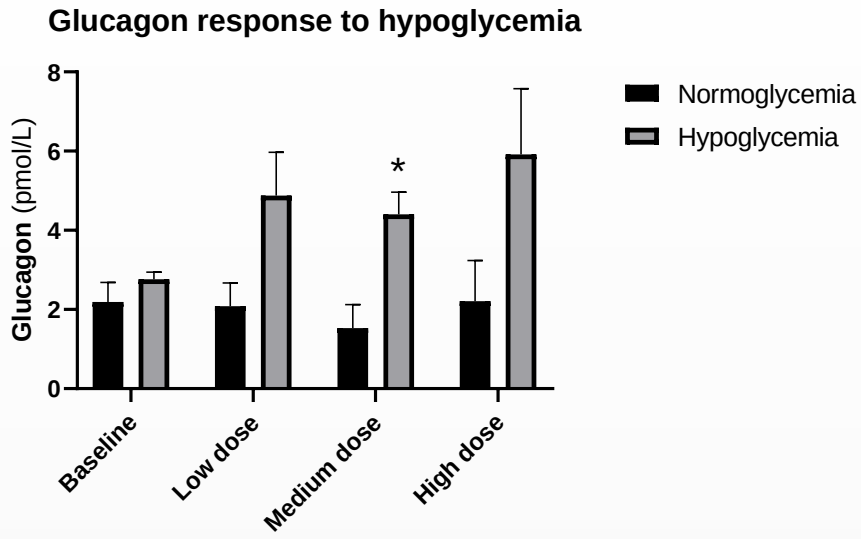
BMJ Open Diabetes Research & Care

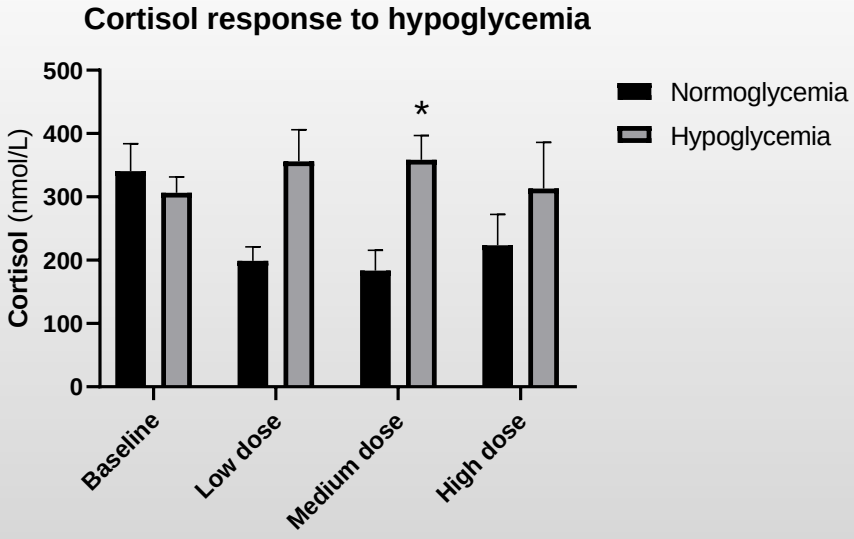
GABA induces a hormonal counter-regulatory response in subjects with long-standing type 1 diabetes

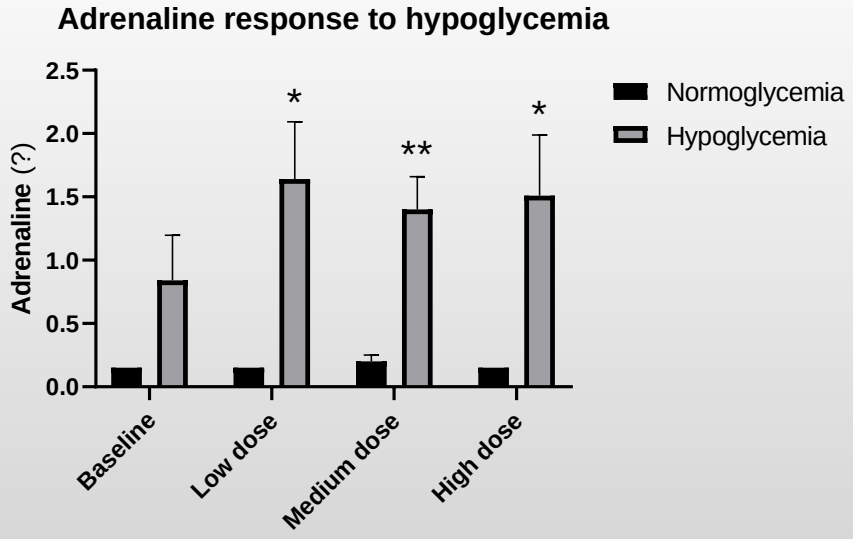
Daniel Espes ,[1,2] Hanna Liljebäck,[3,4] Henrik Hill,[5] Andris Elksnis,[3] José Caballero-Corbalan,[4] Per-Ola Carlsson[3,4]

GABA TREATMENT IMPROVES THE HORMONAL RESPONSE TO HYPOGLYCEMIA





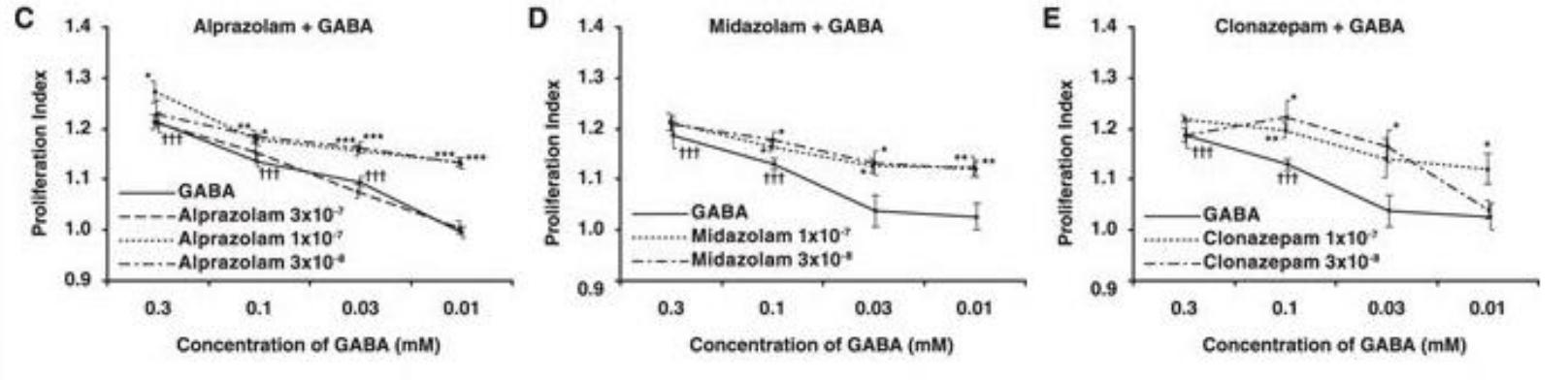




Comparisions between noro- and hypoglycemia for the respective group using a multiple T-test with p-values corrected for multiple testing using the Holm-Sidak method.
* denotes $p<0.05$, ** <0.01
Values are given as mean±SEM

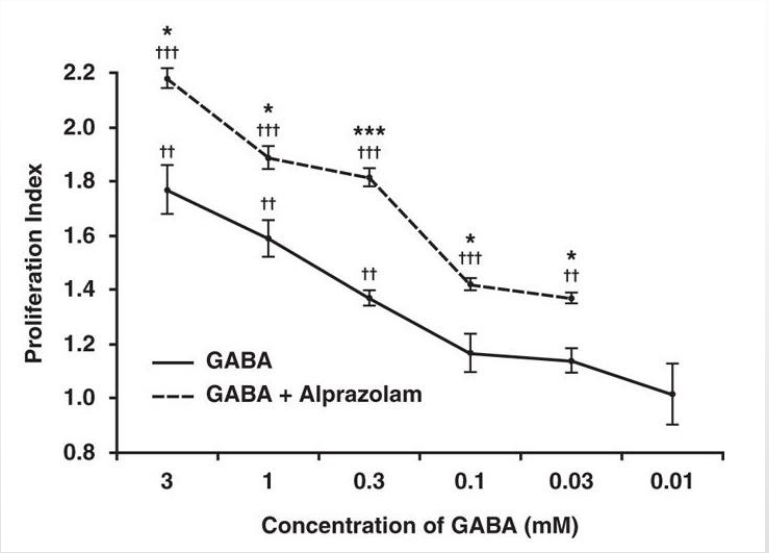
Data based on ReGenerate-1 clinical trial. First presented by professor Per-Ola Carlsson om the Word Diabetes Day 2020

Positive allosteric modulators enhance GABA:s beta cell regenerative effects*



Effect of PAMs on INS-1 cell proliferation. INS-1 cells were cultured with the indicated PAM at a dose range of 10^{-9} to 10^{-6} M and assessed for their proliferation. Data shown are the average rate of proliferation relative to that of cultures with media alone (designated as 1).

Alprazolam enhances GABA's ability to promote human islet cell replication. Human islets were incubated with a dose range of GABA together with alprazolam (100 ng/ml) for 4 days in the presence of ^{3}H thymidine. Data shown are the average rate of proliferation relative to that of cultures with medium alone (designated as 1) in a representative study. N = two independent studies with triplicate cultures. The results were very similar in both studies. $^{††}p < 0.01$ and $^{†††}p < 0.001$for GABA, or GABA + alprazolam vs. control medium alone; $*p < 0.05$ and $***P < 0.01$ for GABA + alprazolam vs. GABA alone, determined by Student T-test.



→ Potential to safely enhance GABA:s regenerative effects on beta cells by using a small (sub-CNS) dose of benzodiazepines

*Clinically applicable GABA receptor positive allosteric modulators promote ß-cell replication. ***Sci Rep. 2017 Mar 23***

REMYGEN® MARKET EXCLUSIVITY AND MANUFACTURING

Core Intellectual Property

- **Exclusive license from UCLA** on treating diabetes and other inflammatory diseases with GABA
- **Formulation patent** application (Remygen®). Application in national phase.
- **Exclusive license from UCLA** on GABA in combination with GABA receptor modulators to enhance the regenerative and immunomodulatry effect. Application in national phase.

Regulatory exclusivity

- 505(b)(2) regulatory pathway in the US provides potentially faster time to market at reduced cost

Manufacturing

- GMP drug substance (GABA) and drug product (Remygen®) manufacturing in place

Organization, Board, Management and Scientific Advisors

Erik Nerpin

Born in 1961. Lawyer. Self-employed with Advokatfirman Nerpin AB. Independent of the Company and its principal owners. Board member since 2012. Chairman of Kancera AB and Blasieholmen Investment Group AB and Board member in among others Effnetplattformen AB.

Holdings in Diamyd Medical as of August 31, 2022: 41 065 B-shares.

Anders Essen-Möller

Born in 1941. M.Sc. Founder of and CEO during 1996-2007 of Diamyd Medical and Chairman 2007 –2015. Independent of the Company, principal owner. Founder of Synectics Medical AB, sold to Medtronic, Inc. in 1996. Chairman of NextCell Pharma AB.

Holdings in Diamyd Medical as of August 31, 2022: 556 223 A-shares and 2 813 040 B-shares. Essen-Möller also holds 1 1878 000 B-shares via an endowment insurance.

Maria-Teresa Essen-Möller

Born in 1970. M.Sc. in Business Administration. Independent to the Company, not independent to its principal owners. Chief Commercial Officer at ScientificMed AB. Previous experience include CEO of Health Solutions AB, Digital Marketing Manager at Sanofi and Account Director at Creuna. Board member since 2009.

Holdings in Diamyd Medical as of August 31, 2022: 400 000 A shares, 963 998 B-shares.

Torbjörn Bäckström

Born in 1948. MD, PhD. CEO of Umecrine AB. Independent of the Company and its principal owners. Board member since 2017. Head of Neurosteroid Research Centre in Umeå and Senior Professor in the Department of Clinical Science, Obstetrics and Gynecology at Umeå University.

Holdings in Diamyd Medical as of August 31, 2022: 1 000 B-shares via company.

Mark A. Atkinson

Born in 1961. PhD. Professor of Diabetes Research, Department of Pathology, Immunology and Laboratory Medicine, University of Florida, USA. American Diabetes Association Eminent Scholar for Diabetes Research. Director, UF Diabetes Institute, University of Florida. Independent of the Company and its principal owners. Board member since 2018.

Holdings in Diamyd Medical as of August 31, 2022: 16 750 B-shares.

Karin Hehenberger

Born in 1972. M.D., Ph.D, Karolinska Institute, Post-doc at the Joslin center, Harvard Medical School. Founder and CEO of Lyfebulb, Member of the 3B Future Health Ventures Advisory board, Board observer AADI pharmaceuticals, Board member Rolf Luft Foundation for Diabetes research, Board member American Diabetes Association NY/NJ Community Board. Affiliated Board member since April 2021.

Holdings in Diamyd Medical as of August 31, 2022: 10 000 B-shares.

Ulf Hannelius
Chief Executive Officer

Born in 1975. PhD in Molecular Biology from Karolinska Institutet in Stockholm and Executive MBA from Stockholm School of Economics. Prior experience from business development in the biotech and medtech industries as well as from academic research in the fields of genetics and molecular biology. Joined Diamyd Medical in 2015, CEO since 2016.

Holdings in Diamyd Medical as of August 31, 2022:

167 500 B shares.

Martina Widman
Chief Operating Officer

Born in 1981. M.Sc. in Mechanical Engineering from the Royal Institute of Technology in Stockholm, with a specialization in Biomedical Engineering. Prior experience of clinical operation from the pharmaceutical industry. Joined Diamyd Medical in 2008.

Holdings in Diamyd Medical as of August 31, 2022:

10 000 B shares.

Anna Styrud
Chief Financial Officer

Born in 1961. B.Sc. in Business Administration from Uppsala University. Prior experience include Treasurer of Vasakronan AB and various positions in finance and control within real estate and engineering industry. Joined Diamyd Medical in 2010.

Holdings in Diamyd Medical as of August 31, 2022:

110 000 B-shares.

Anton Lindqvist
Chief Scientific Officer

Born in 1980. M.Sc in Molecular Biotechnology Engineering from Uppsala University. Research experience from University of Pittsburgh, Uppsala University, the Royal Institute of Technology and Karolinska Institutet. Prior experience in managing technical development at several bio-tech companies. Joined Diamyd Medical in 2013.

Holdings in Diamyd Medical as of August 31, 2022: -

Maja Johansson
Site Manager, Umeå

Born in 1962. PhD in Biochemistry from Umeå University and Associate professor in neuroendocrinology. Prior experience from biotech companies. Joined Diamyd Medical in May 2020.

Holdings in Diamyd Medical as of August 31, 2022:
-

Eva Karlström
Chief Regulatory Affairs Officer

Born in 1964. M.Sc. in Pharmacy from Uppsala University. Prior experience of Regulatory Affairs from the pharmaceutical industry in positions at Astra Zeneca. Joined Diamyd Medical in 2020.

Holdings in Diamyd Medical as of August 31, 2022:
-

Christoph Nowak
Chief Medical Officer

Born in 1986. PhD in molecular epidemiology from Uppsala University, MD from University of Oxford (UK), combined Bachelor-Master in Psychology from Braunschweig University (Germany). Prior experience includes Assistant Professor at Karolinska Institutet and physician at Raigmore Hospital in Inverness (Scotland). Joined Diamyd Medical in 2021.

Holdings in Diamyd Medical as of August 31, 2022: 4678 B-shares.

TOP WORLDWIDE EXPERTS

Covering the areas of clinical practice and scientific excellence in Type 1 Diabetes and

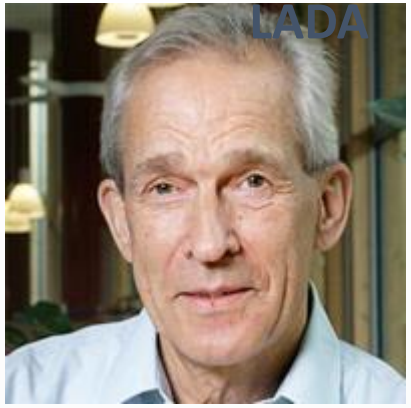
Prof. Johnny Ludvigsson

Professor of Pediatrics. First in the world to use immune intervention in children and teenagers with newly diagnosed T1D, and in collaboration with others

64kD was found. An alum-formulation of GAD was developed (Diamyd®), used as a treatment in an effort to deviate the immune system and create tolerance.

Prof. David Leslie

Professor of Diabetes and Autoimmunity. Professor Leslie has been Director of the British Diabetic Twin Study since 1982, the world's largest twin study of its type and Principal Investigator of the European Action LADA consortium. By studying twins, Professor Leslie has been able to show the possibilities for predicting and preventing autoimmune diabetes.



Prof. Åke Lernmark

Professor in Experimental Diabetes Research, Professor Lernmark has focused his research on diabetes and at an early stage identified the antigen that later proved to be GAD. He and his colleagues were the first to clone GAD65 from human islets using biochemical methods and was thus the first to define autoantibodies against GAD65 in patients with type 1 diabetes.

Prof. Daniel Kaufman

Professor Kaufman's research is focused on studies in the field of autoimmunity, particularly type 1 diabetes (T1D) and understanding the disease mechanisms in order to develop novel therapeutics in mouse models that could potentially be translated to clinical use. Using preclinical models, Dr. Kaufman’s lab helped to develop some of the GAD and GABA-based diagnostics and therapeutics for T1D that are in clinical use or are being tested in clinical trials.

Prof. Mark A. Atkinson

Professor of Diabetes Research, Department of Pathology, Immunology and Laboratory Medicine, University of Florida, USA. American Diabetes Association Eminent Scholar for Diabetes Research. Director, UF Diabetes Institute, University of Florida. Independent of the Company and its principal owners.

Diamyd Medical Board member.

DIAMYD MEDICAL

- Swedish clinical phase pharmaceutical company, founded 1994
- NASDAQ First North Growth Market, ticker DMYD B

FINANCES

- Market Cap Jan 25, 2023 ~ MSEK 1 210
- Cash Nov 30, 2022: MSEK 131

INDICATIONS

- Diabetes
- Autoimmunity

PRODUCT CANDIDATES

- Diamyd® (Phase III)
- Remygen® (Phase Ib/IIa)

INVESTMENTS

- NextCell Pharma (Stockholm, Sweden)
- MainlyAI (Stockholm, Sweden)

DIAMYD MEDICAL

Diamyd Medical

www.diamyd.com

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