Transformational Precision Medicine for Autoimmune Diabetes

Stockholm NASDAQ First North Growth Market – DMYD B

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®
- **R&D partnership with JDRF**

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

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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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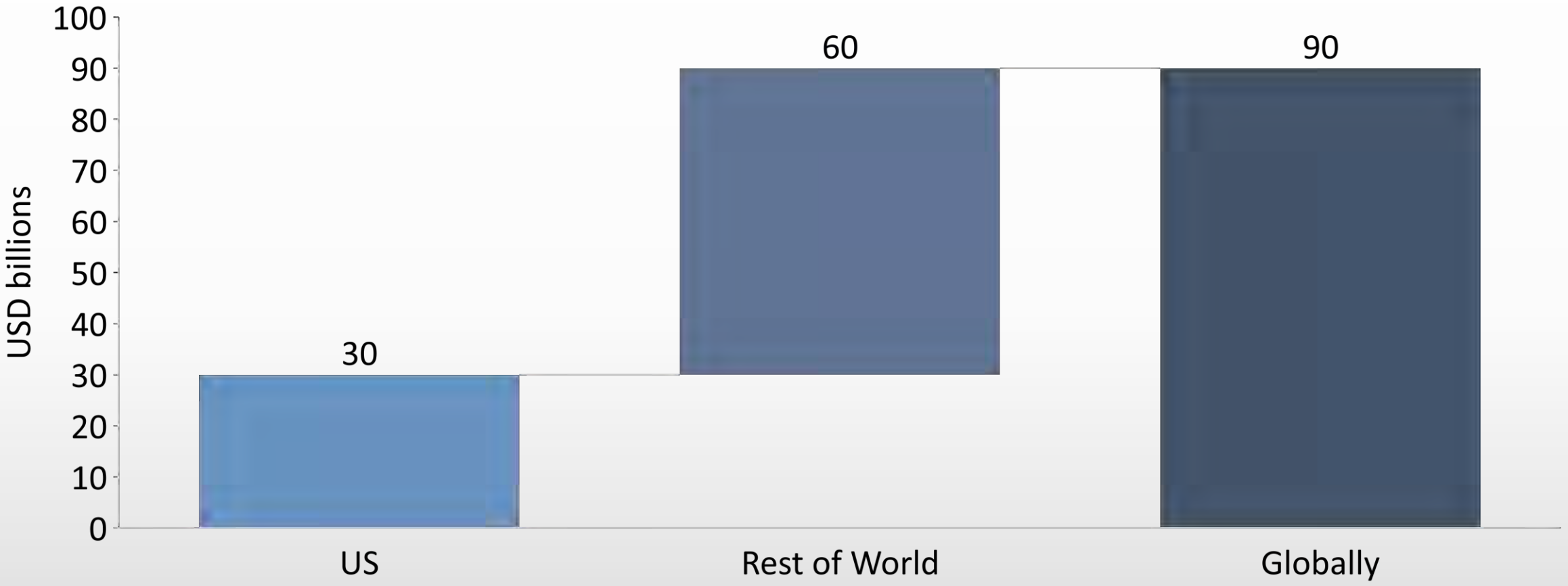
SIGNIFICANT ANNUAL ECONOMIC BURDEN OF TYPE 1 DIABETES



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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Recent deals emphasize the value of novel innovative therapies for T1D

$2.9 billion acquisition of ProventionBio by Sanofi. FDA-approved immunotherapy “TZIELD” to delay onset of T1D.

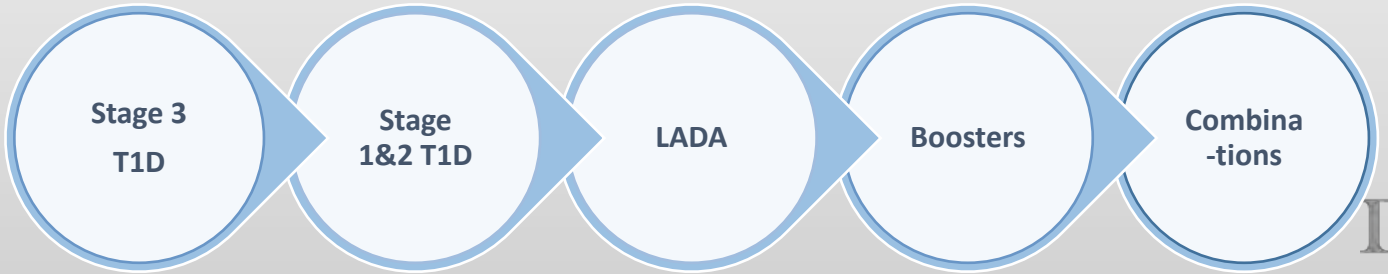
Vertex Pharmaceuticals acquisition of ViaCyte ($320M) and Semma Therapeutics ($950M) as well as $100M upfront licensing deal with CRISPR technologies to focus on cell-based treatments for T1D.

Lilly acquisition of Sigilon Therapeutics developing encapsulated cell therapies for the treatment of T1D with a total deal value of $309M.

Leading pipeline targeting autoimmune diabetes

PROGRAMME	DEVELOPMENT				STATUS	
Study / Indication	Preclinical	Phase 1	Phase 2	Phase 3	Global Rights	Milestones
DIAGNODE-3 Diamyd®, Recent-onset Stage 3 Type 1 Diabetes (Treatment)					DIAMYD MEDICAL	Ongoing in Europe, US start Q3 2023, interim analysis Q4 2024/Q1 2025, topline H2 2026
DiaPrecise Diamyd®, Stage 1 & 2 Type 1 Diabetes (Prevention)					DIAMYD MEDICAL	Approved, start H2 2023
DIAGNODE-B* Diamyd®, Type 1 Diabetes (*Booster)					DIAMYD MEDICAL	Ongoing, topline Q4 2023
GADinLADA Diamyd®, LADA					DIAMYD MEDICAL	Completed, topline presented at EASD 2022, Publication in preparation
Regenerate-1 Remygen®, Type 1 Diabetes for more than 5 years					DIAMYD MEDICAL	Completed, topline announced Q2 2023

Significant label expansion opportunities for Diamyd®



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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

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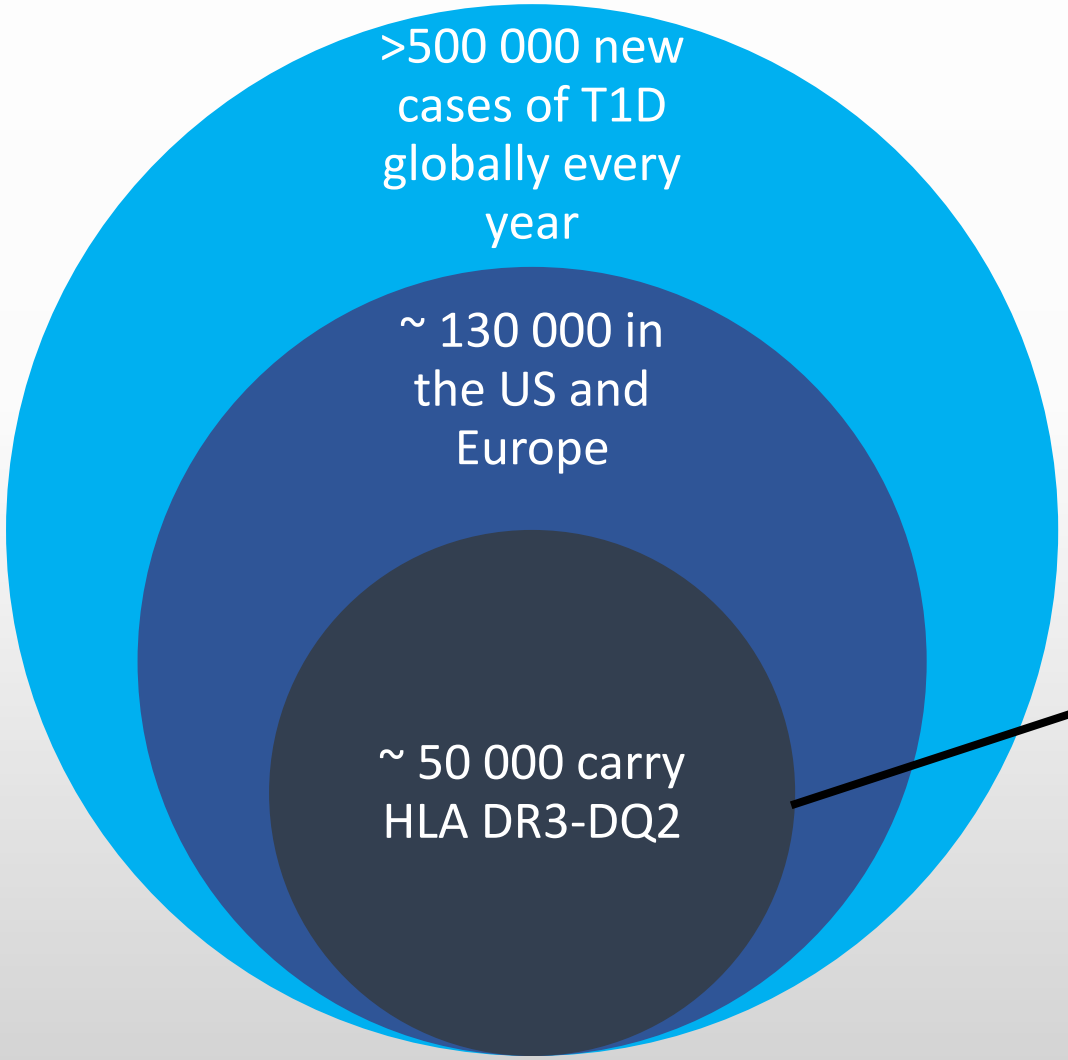
Multibillion total addressable market for Diamyd®



- 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

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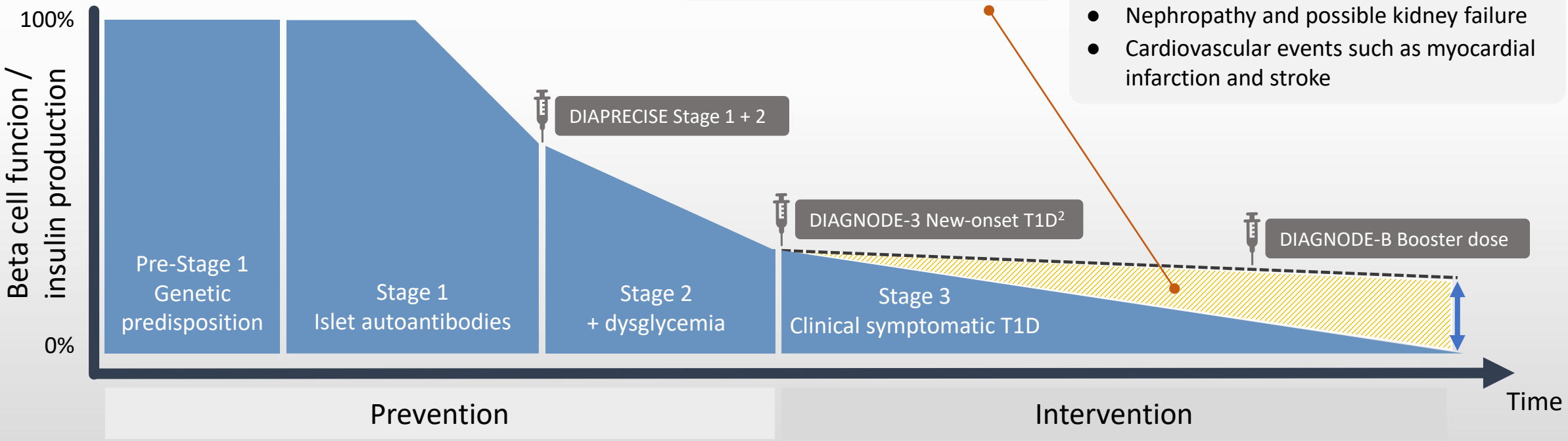
Focus on preemptive medicine

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

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Significant label expansion opportunities for Diamyd®

Stage 3 T1D → Stage 1&2 T1D → LADA → Boosters → Combinations

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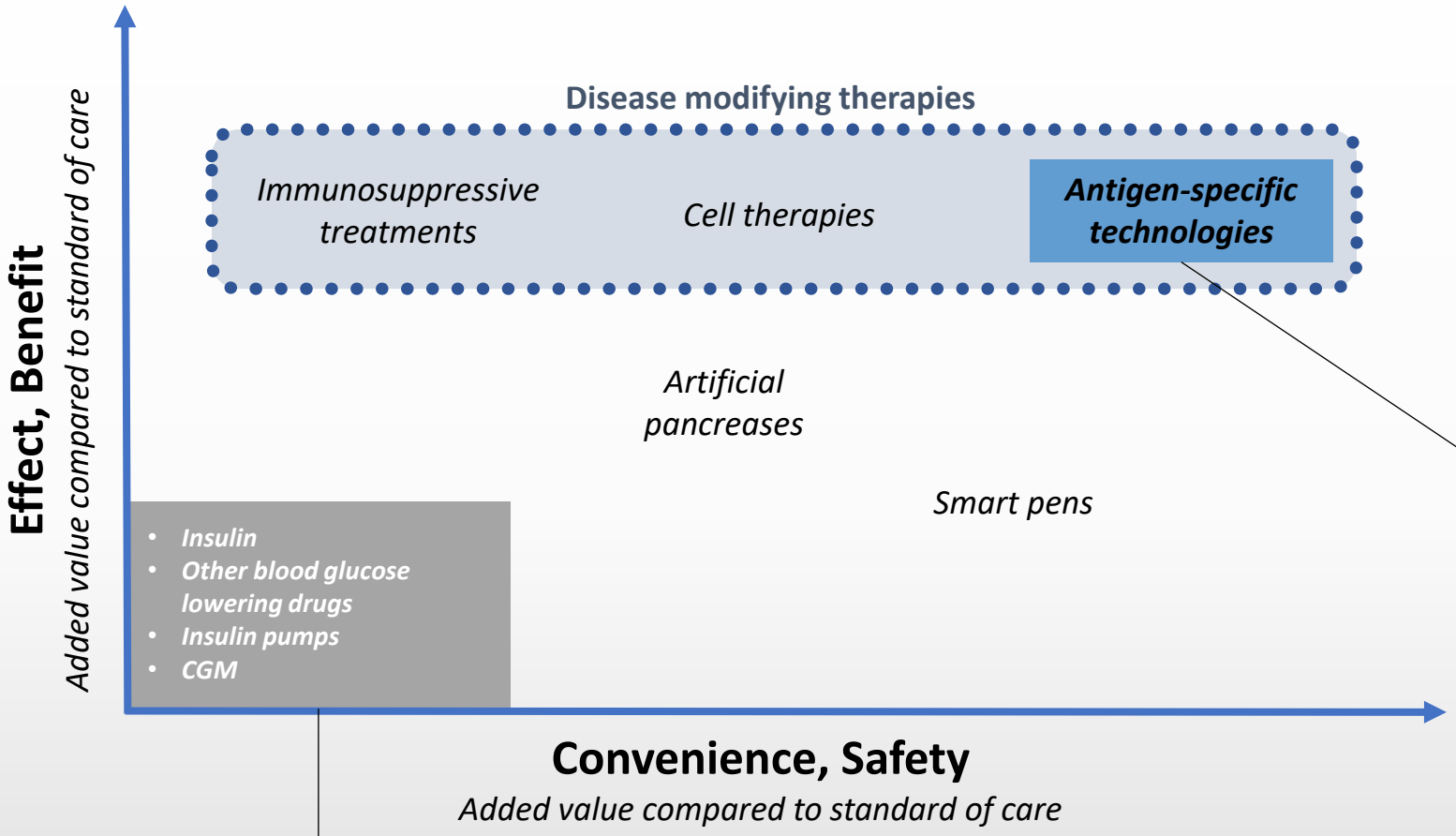
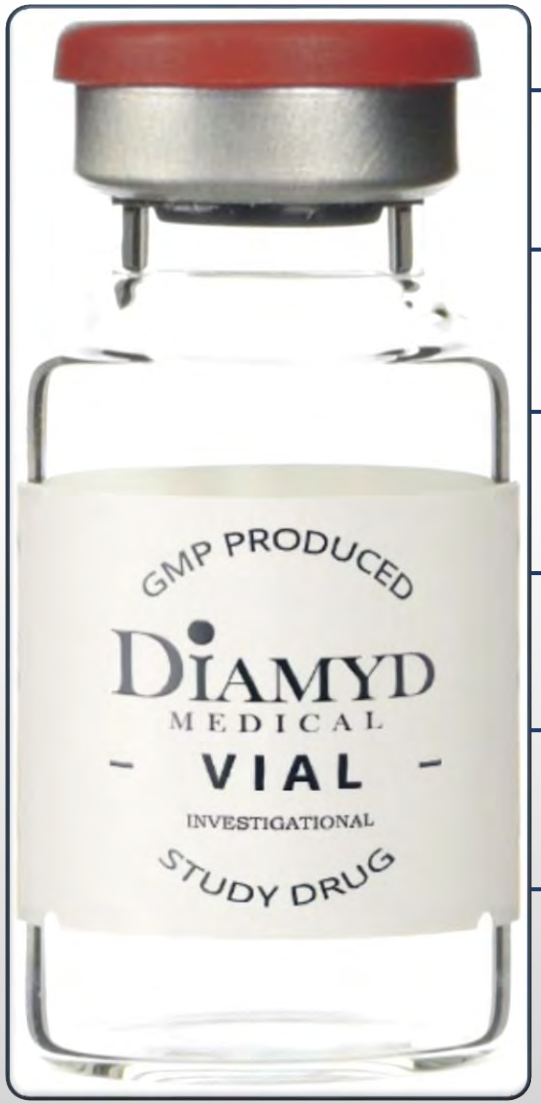
POSITION DIAMYD® TO MAXIMIZE EFFICACY, SAFETY, CONVENIENCE



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.

Diamyd® (rhGAD65/alum)
In Pivotal Phase 3 Program aligned with FDA and EMA



- Strong **safety** profile – evaluated in almost 1,000 persons aged 4-70 years
- Compelling efficacy for **preserving insulin producing capacity** and improving glucose control based on data from >600 patients
- **Simple** and short treatment - only 3 outpatient injections one month apart
- **No hospitalization**, no known major adverse reactions, no immunosuppression, well tolerated
- **Precision medicine** - increased likelihood of clinical & commercial success
- **Responder patients** easily identified by HLA testing routinely available in US and EU

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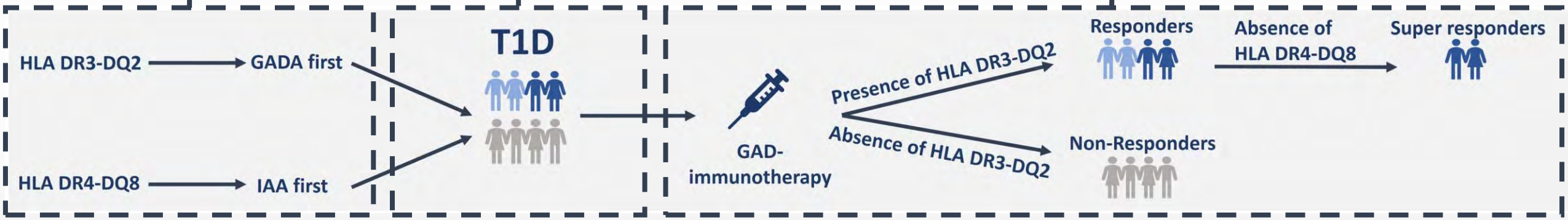
New-onset (Stage 3) Type 1 Diabetes with HLA type DR3-DQ2

RESPONDERS TO DIAMYD® TREATMENT

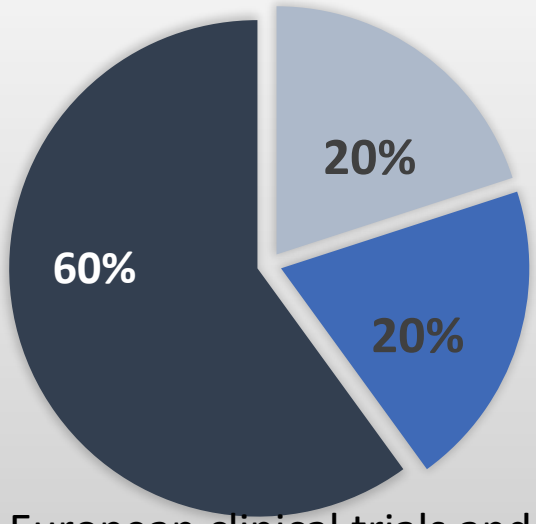
Genetic variants influence the appearance of autoimmunity

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



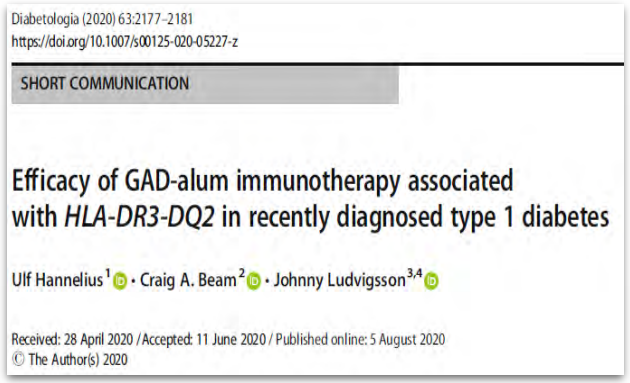
Super responders
Present HLA DR3-DQ2
Absent HLA DR4-DQ8

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
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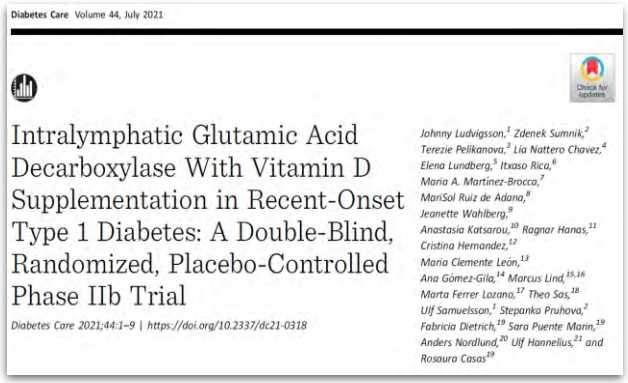
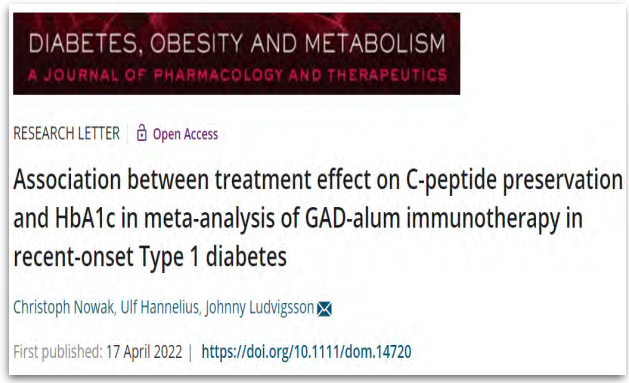

Diabetes Care Volume 44, July 2021

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

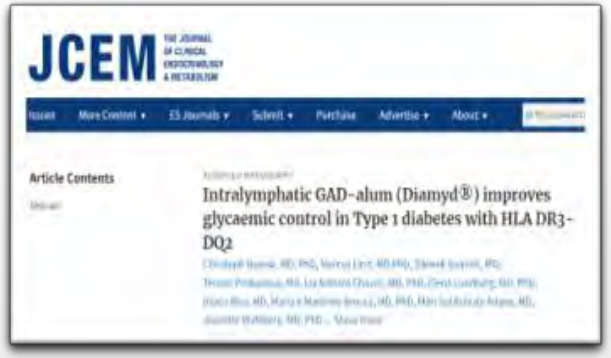

DIABETES, OBESITY AND METABOLISM
A JOURNAL OF PHARMACOLOGY AND THERAPEUTICS

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

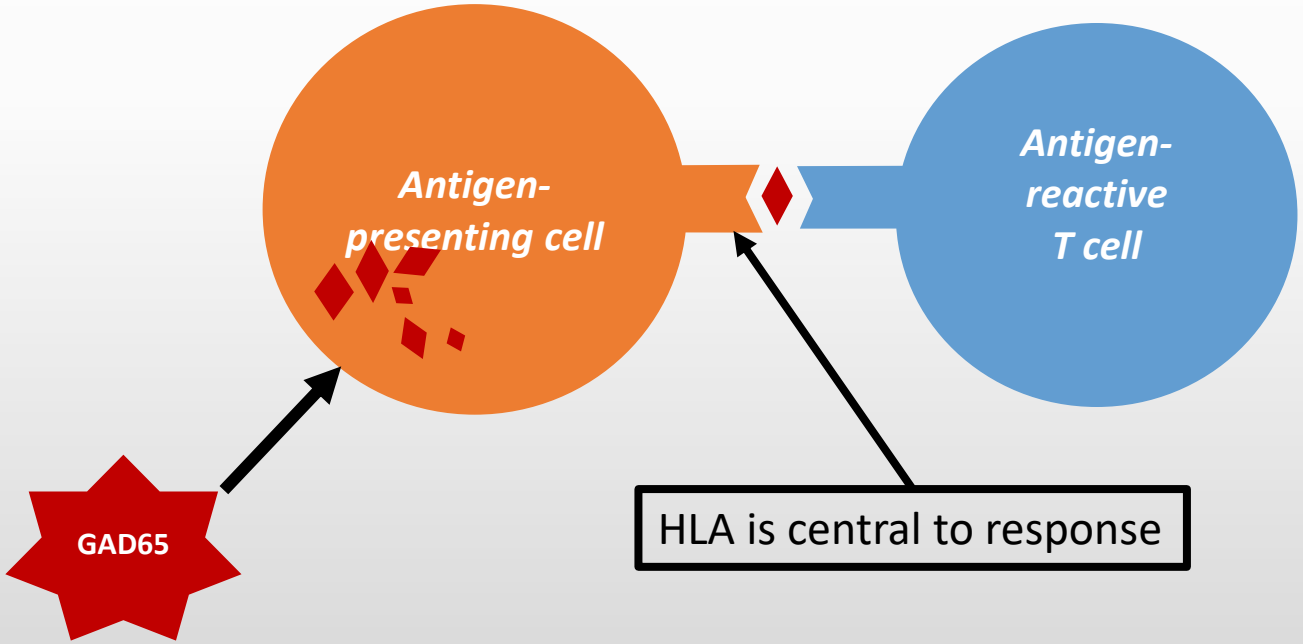
Christoph Nowak, Ulf Hannelius, Johnny Ludvigsson

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


JCEM

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

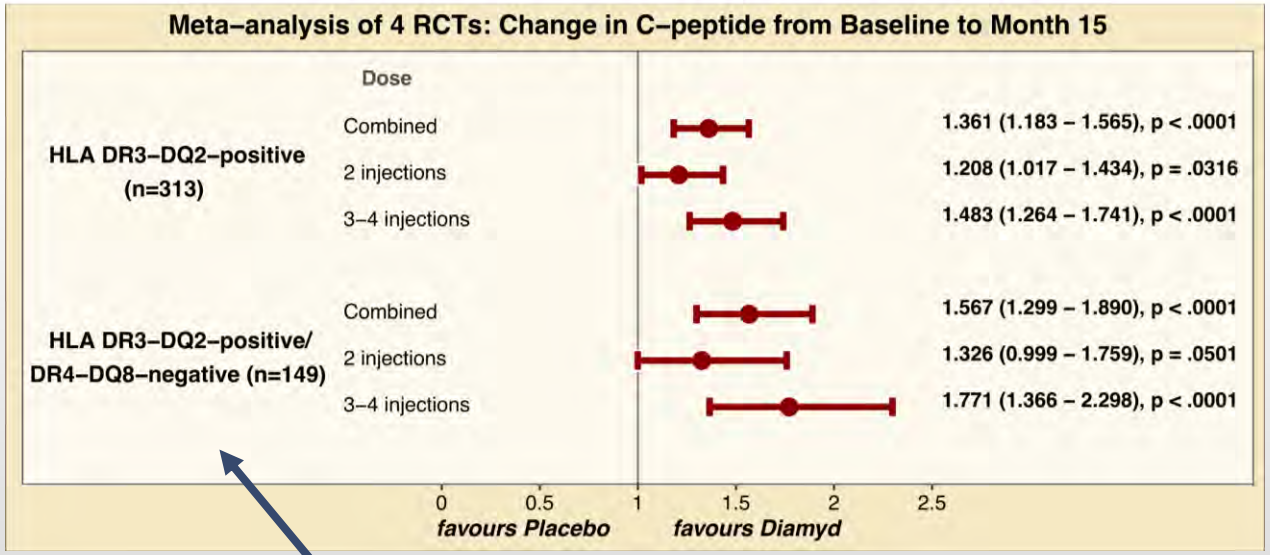
HLA INFLUENCES EFFECT OF DIAMYD®

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

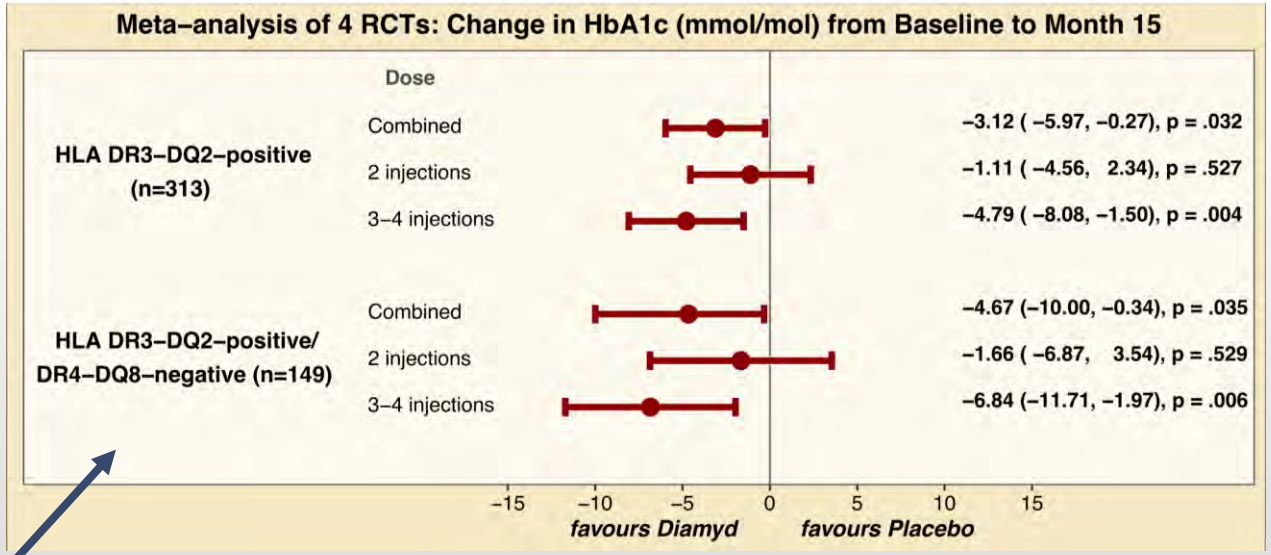
Meta-analysis with >600 recent-onset T1D patients

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

C-peptide

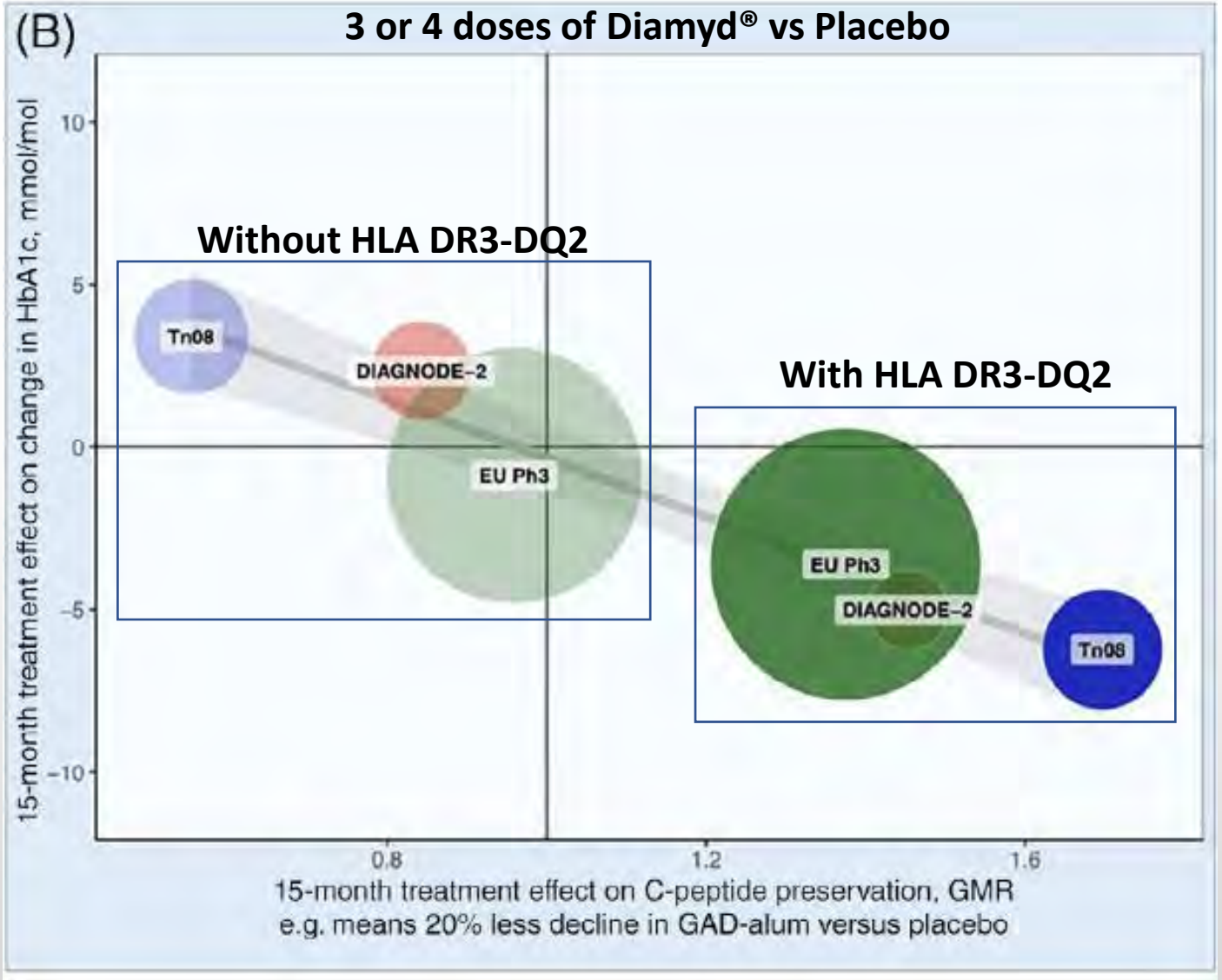


HbA1c



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
A JOURNAL OF PHARMACOLOGY AND THERAPEUTICS

RESEARCH LETTER | Open Access

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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**

Diagnode-3
study

www.diagnode-3.com

DIAGNODE-3 Pivotal Precision Medicine Phase 3 trial

Ongoing at just over 50 clinical sites in Europe


Germany


Czech Rep


Estonia


Spain


Hungary


Netherlands


Sweden


Poland

Approved by FDA to start in US, ca. 10 US sites planned, starting summer of 2023

Diamyd Medical partners with JDRF to advance the DIAGNODE-3 Phase 3 trial in Type 1 Diabetes

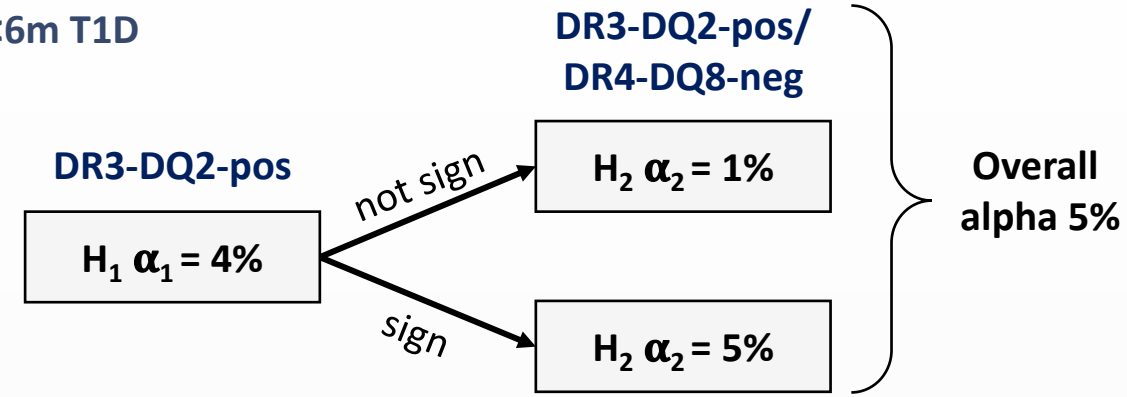
April 04, 2023 – Diamyd Medical and JDRF, the leading global type 1 diabetes research and advocacy organization, have entered into a four-year research and development collaboration including a non-dilutive $5 million award to Diamyd Medical to support its ongoing Phase 3 trial with the precision medicine antigen-specific immunotherapy Diamyd®. The grant will be funded under JDRF's Industry Discovery & Development Partnerships program that focuses on commercialization of therapeutics and devices for the treatment, cure, and prevention of type 1 diabetes and its complications.

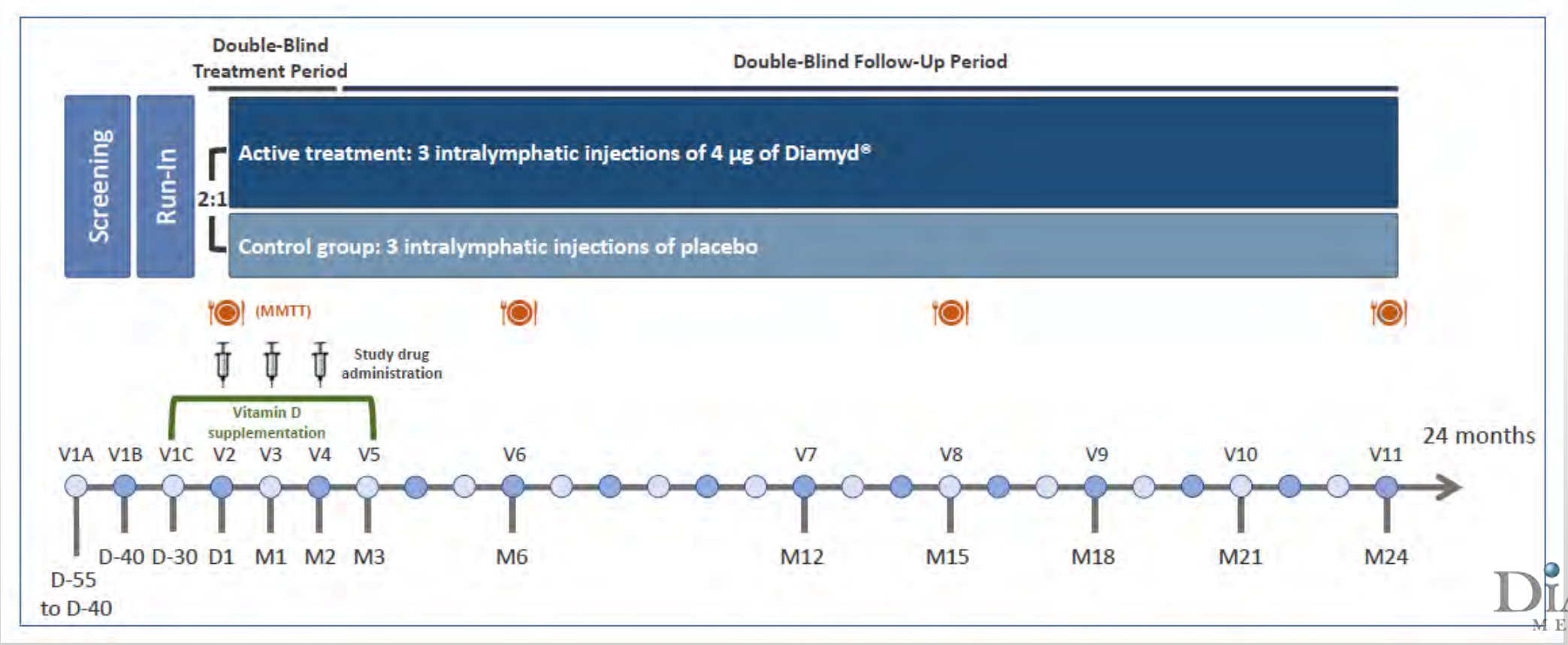
Joint press release, 4 April 2023

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



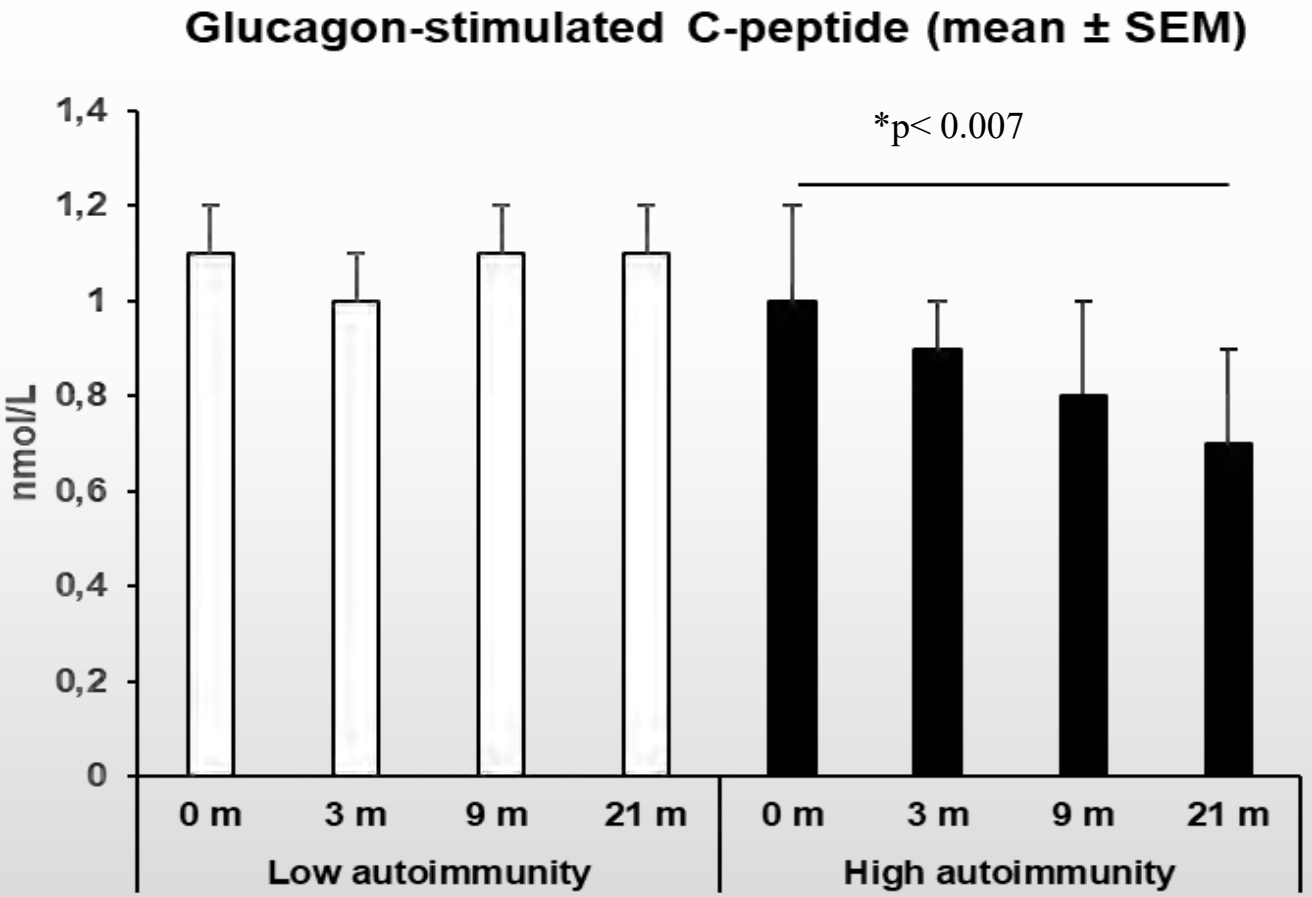


Latent Autoimmune Diabetes in Adults (LADA)*

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

Background

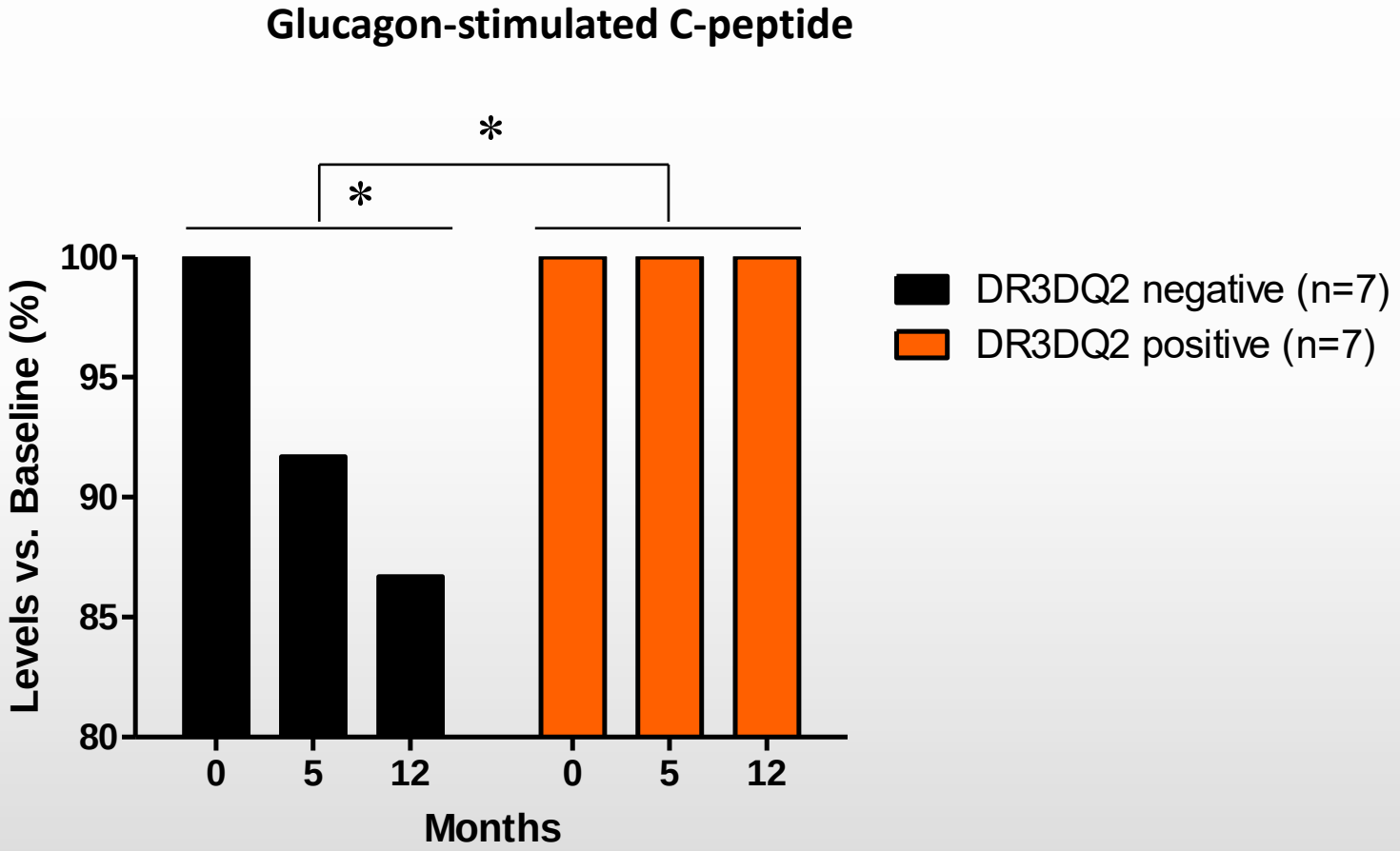
In highly autoimmune LADA individuals: treatment that directly targets autoimmunity is needed



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

ASSET

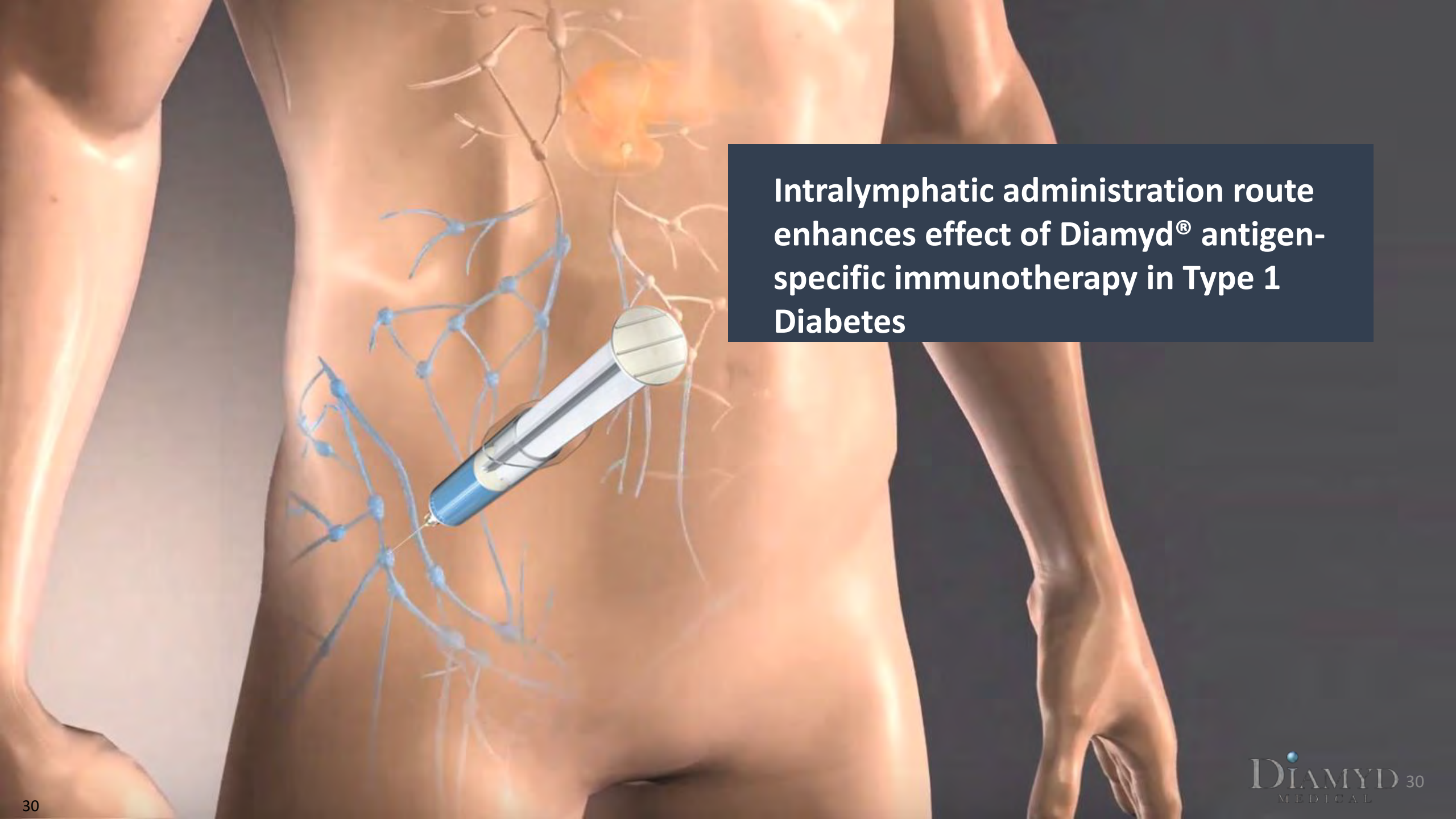
ABOUT ASSET

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®

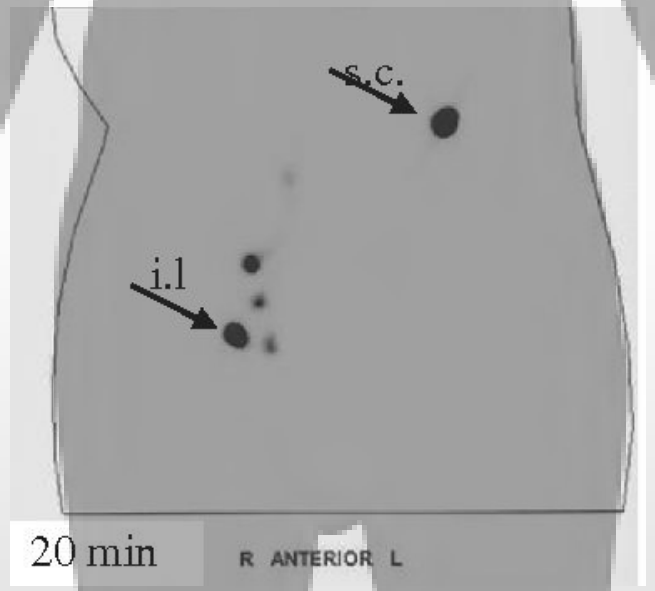


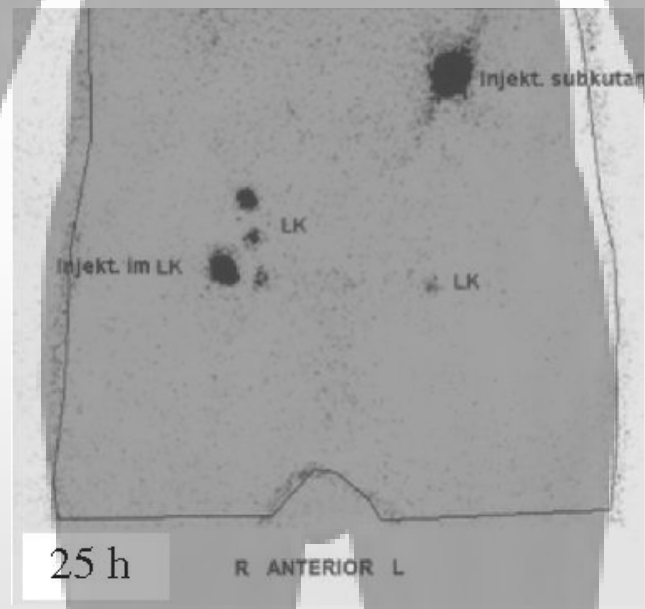
Intralymphatic administration route enhances effect of Diamyd® antigen-specific immunotherapy in Type 1 Diabetes

30

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

Lessons Learned from Allergy Immunotherapy Trials



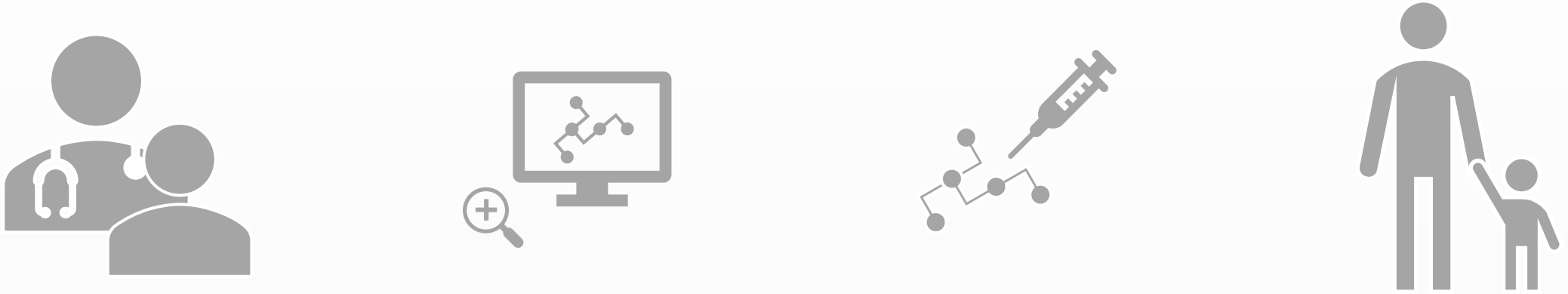


Subcutaneously (S.C.) injected large molecules including proteins do not effectively spread to the draining lymphnodes. Intranodal (I.L.) injections lead to immediate spreading to deeper lymphnodes. The image depicts radio tracing of labeled IgG at 20 minutes and 25 hours after subcutaneous and intranodal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

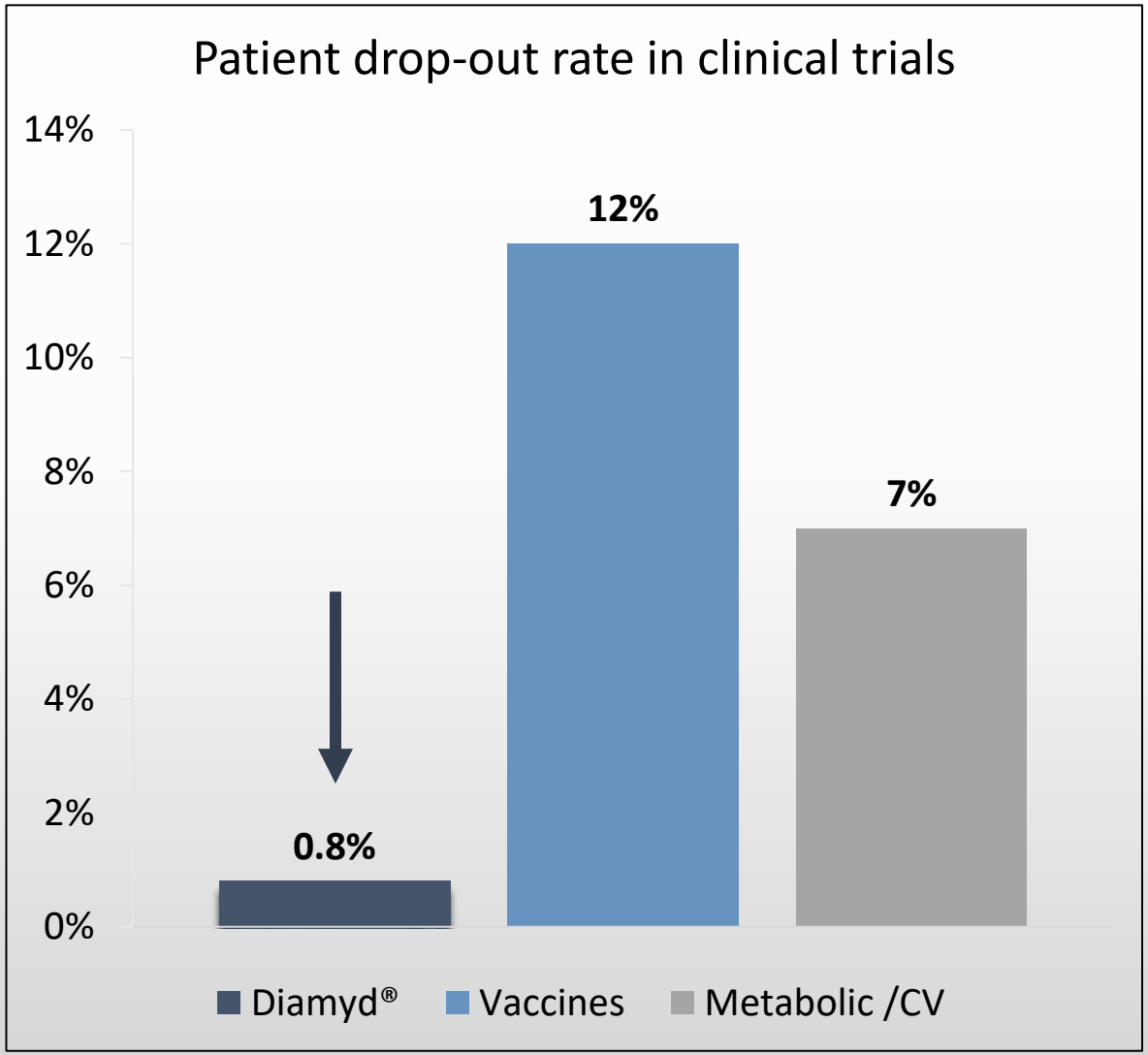


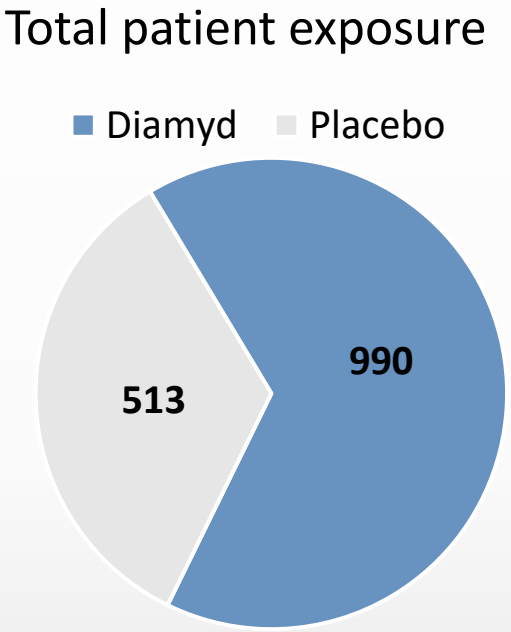
The procedure is performed by a radiologist by way of ultrasound guided injections that are given three times, one month apart. Clinical results and safety support the addition of annual booster injections in the pivotal trial.

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®

Full Control and Predictability of the Manufacturing Process

A nascent biomanufacturing plant in Umeå - Northern Sweden's cultural capital

- 20,000 square feet facility comprising clean rooms, laboratory facilities and office space
- Manufacturing facility property fully acquired in 2022. Goal to be be GMP ready in 2023.
- Full control over the manufacturing of recombinant GAD65
  - Independence from CDMOs, third parties
  - In control of costs and resource allocation
  - Potential beyond GAD manufacturing

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, Israel, 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

Licensing Status
Global rights available

Remygen®

CLINICAL RESULTS WITH ATTRACTIVE PATH TO MARKET FOR REMYGEN®

- Phase Ib/IIa first in man 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) evaluated in long-standing type 1 diabetes patients
  - Clinical effects (Phase Ib dose-escalation) shown on **preventing hypoglycemia by correcting the counter regulatory hormone response** and **increasing time-in-range** in long-term type 1 diabetes (published), potential trend for acute effect of Remygen shown in Phase IIa (further data analyses ongoing).
  - Long-term safety of all doses of GABA as well as combination with low-dose Alprazolam
- Clinical effects of GABA (non-proprietary formulation) shown on **decreasing glucagon secretion** in recent-onset type 1 diabetes and immunological effects shown on altering Th1 response
- Preclinical effects on insulin secretion, glucagon secretion and beta cell regeneration
- Endogenous substance with very good safety profile

biomedicines

MDPI

Article

GABA and Combined GABA with GAD65-Alum Treatment Alters Th1 Cytokine Responses of PBMCs from Children with Recent-Onset Type 1 Diabetes

Katie E. Heath [1,†], Joseph M. Feduska [1,†], Jared P. Taylor [1], Julie A. Houp [2], Davide Botta [1], Frances E. Lund [1], Gail J. Mick [3], Gerald McGwin, Jr. [4], Kenneth L. McCormick [3] and Hubert M. Tse [5,*]

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]

nature communications

Article

https://doi.org/10.1038/s41467-022-35544-3

A randomized trial of oral gamma aminobutyric acid (GABA) or the combination of GABA with glutamic acid decarboxylase (GAD) on pancreatic islet endocrine function in children with newly diagnosed type 1 diabetes

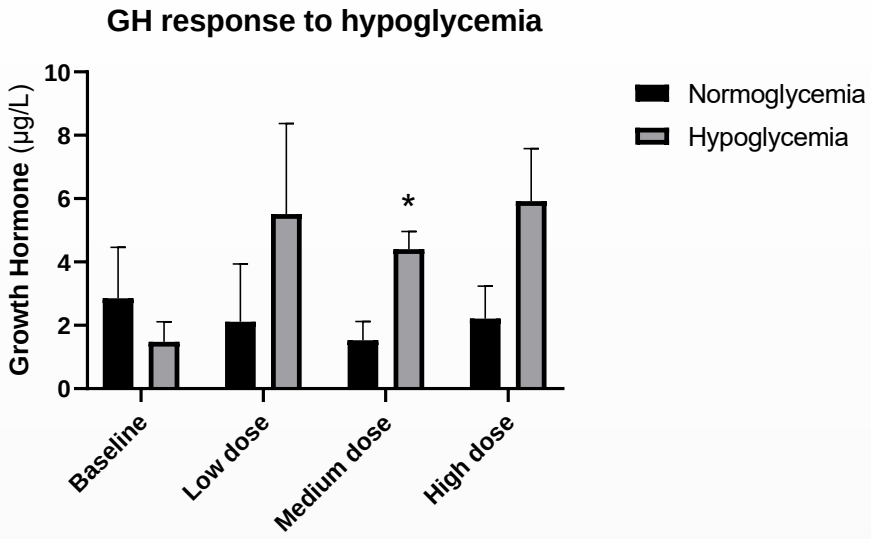
Received: 27 October 2021

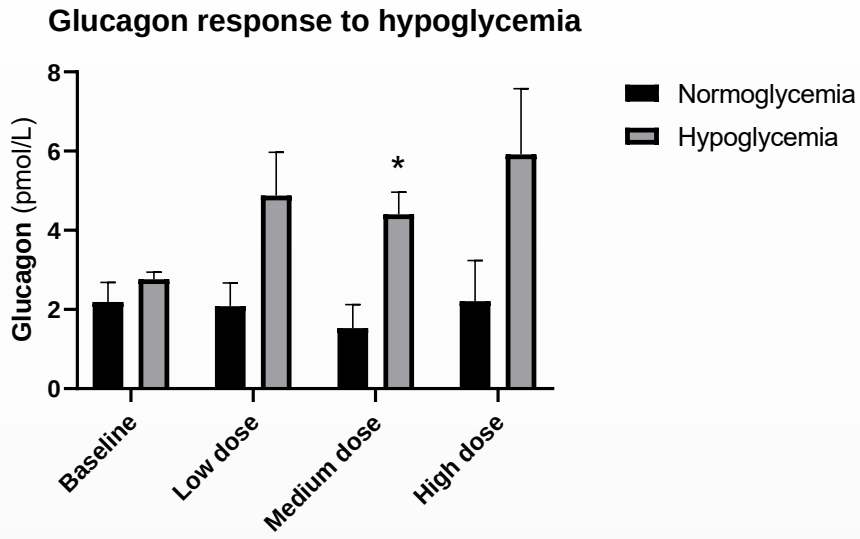
Accepted: 6 December 2022

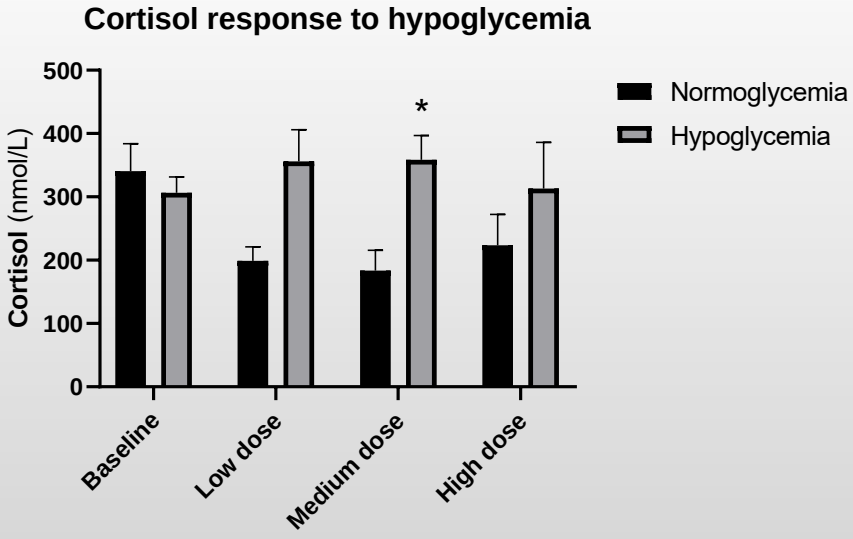
Published online: 24 December 2022

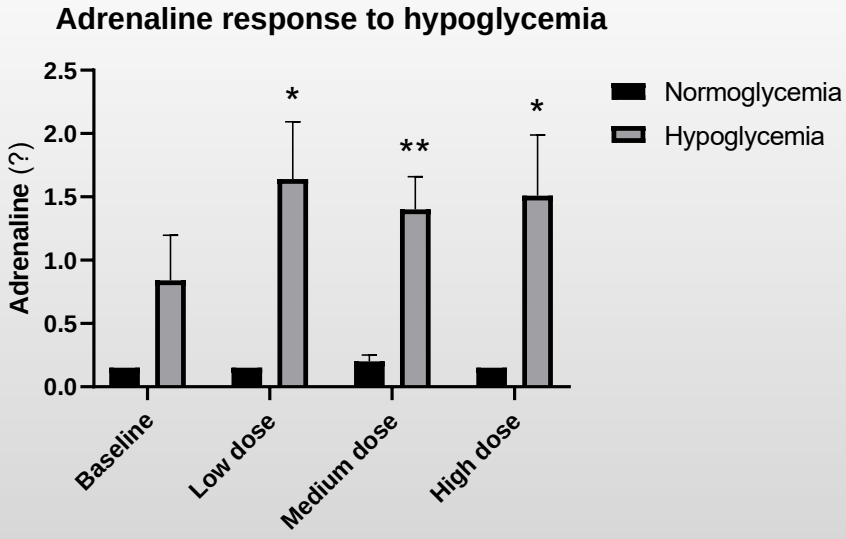
Alexandra Martin[1,4], Gail J. Mick[1,4], Heather M. Choat[1], Alison A. Lunsford[1], Hubert M. Tse[2], Gerald G. McGwin Jr.[3] & Kenneth L. McCormick[1]

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

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

Management

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President & Chief Executive Officer

Martina Widman, MSc
Chief Operating Officer

Anna Styrud, BSc
Chief Financial Officer

Anton Lindqvist, MSc
Chief Scientific Officer

Dr. Maja Johansson, PhD
Chief Operating Officer – Manufacturing Site

Eva Karlström, MSc
Chief Regulatory Affairs Officer

Dr. Christoph Nowak, MD, PhD
Chief Medical and Business Officer

Board of Directors

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Chairman of the Board

Anders Essen-Möller, MSc
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Dr. Mark Atkinson, PhD

Dr. Karin Hehenberger, MD, PhD

Dr. Karin Rosén, MD, PhD

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University of Florida

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University of London

Professor Dr. Åke Lernmark, MD, PhD
Lund University

Professor Dr. Daniel Kaufman, PhD
UCLA School of Medicine

DIAMYD MEDICAL

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 Jul 17, 2023 ~ MSEK 843
- Cash May 31, 2023: MSEK 77 (+ MSEK ~70 from share issue July 2023)

INDICATIONS

- Diabetes
- Autoimmunity

PRODUCT CANDIDATES

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

INVESTMENTS

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

Diamyd Medical

www.diamyd.com

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