



Isofol Medical AB
Annual General Meeting 2025

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ISOFOL



1. 2025 in Review
2. 2026 First Quarter
3. Imperatives Ahead

ISO FOL

2025

Selected Highlights



Clinical study program restarted, FDA pre-IND meeting conducted



Additional financing secured: Rights issue conducted, gross proceeds of 91 MSEK



Reestablished network of advisors: clinical advisory board, Charité collaboration



Solasia cooperation enhanced, shareholding increased – providing external validation



Strengthened team

Q1 2026

Key Events

- Preliminary, positive interim results from the ongoing clinical study
- Participation in scientific congresses (ASCO-GI, AACR)
- Extended license and patent in Autism Spectrum Disorder / Cerebral Folate Deficiency
- Warrants of series T01 exercised to ~94 percent, gross proceeds SEK ~19 M
- Q2: Regulatory approval of improved study design: faster, bigger, better

Trial progress | addressing concerns



Improving the phase Ib/II trial in mCRC: faster, bigger, better

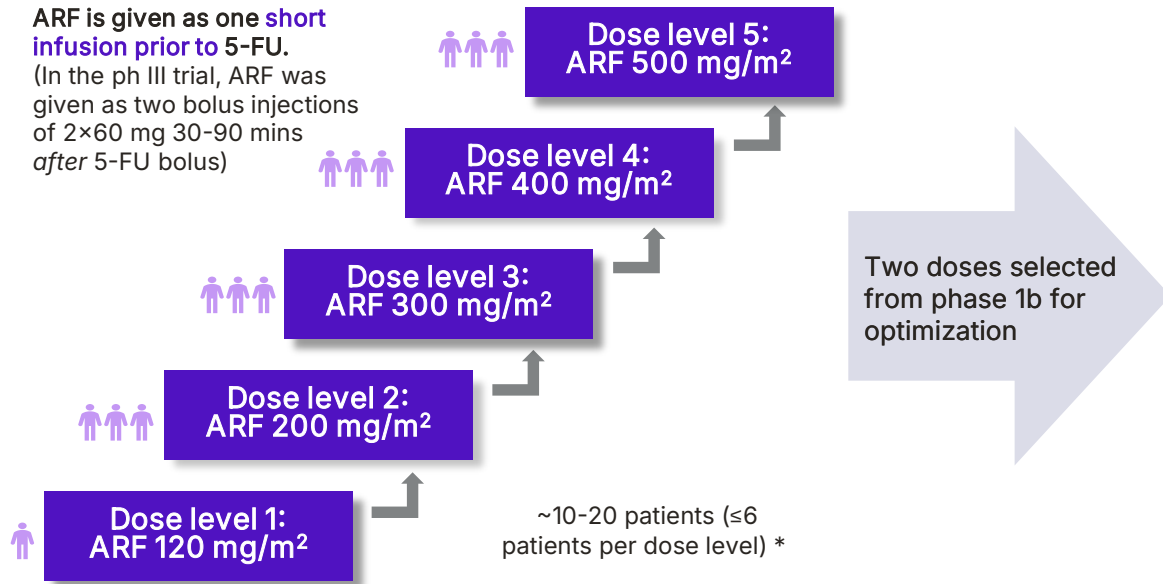
- Phase Ib: Adding one (two) sites to address recruitment issues at lead site
- Ph II: Additional study centers: from 1 center in 1 country to 10-15 sites in 3-4 countries [+ Expanded Japanese bridging study]
- Expanded patient population: from RAS-mut to also including RAS-wt
- Allowing an additional chemo regimen: from FOLFOX to also including FOLFIRI
- From sequential to parallel and competitive enrollment
- Control arm added

Arfolitixorin phase Ib/II-study

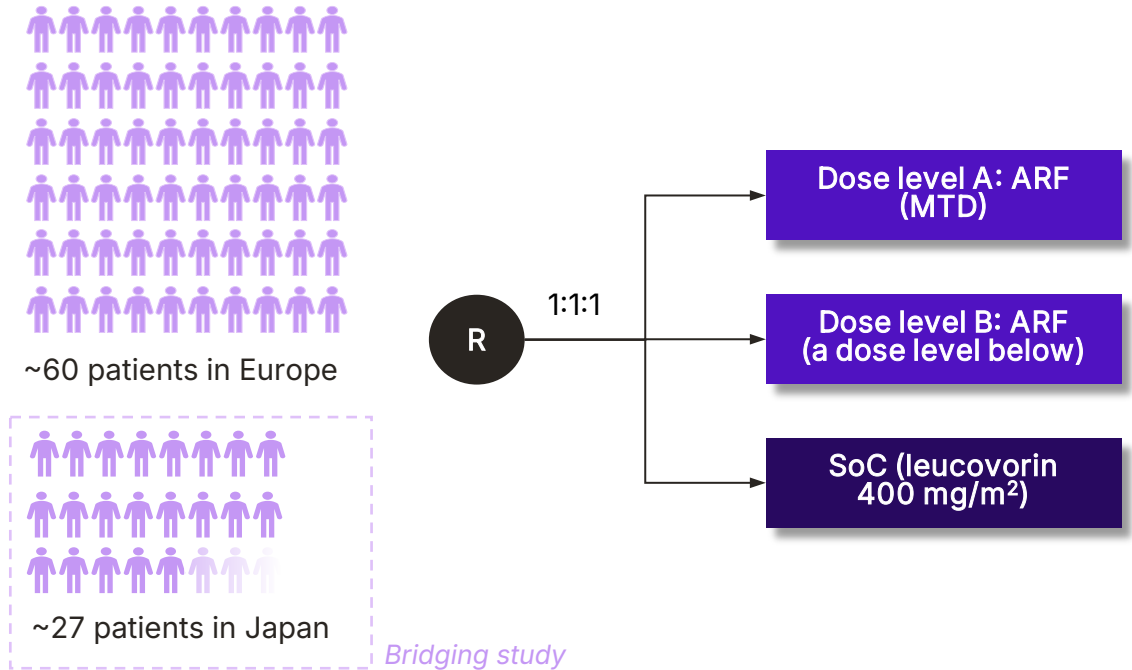
Enrolling 1st line mCRC patients to be treated with standard chemotherapy regimens (ph 1b: FOLFOX+bev, ph 2: FOLFOX/FOLFIRI+bev/cet/pan) where ARF replaces LV in the experimental arms

Ongoing phase 1b 2025-2026: Dose escalation. RAS-mutant patients

ARF is given as one short infusion prior to 5-FU. (In the ph III trial, ARF was given as two bolus injections of 2x60 mg 30-90 mins after 5-FU bolus)



Planned phase 2 (randomized) 2026-2027: Dose optimization. RAS mut and RAS/BRAF WT.



Key objectives and endpoints	
Primary:	Safety, tolerability
Secondary:	ORR, PFS, DoR, OS

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Primary:	Safety, tolerability; ORR, DoR
Secondary:	PFS, TTR, OS, DCR, DpR

*Treatment administered until disease progression, undue toxicity, or any other protocol-defined stopping criterion following a BOIN, Bayesian optimal interval design.
ARF= arfolitixorin; LV= leucovorin; ORR= Objective Response Rate; PFS = Progression Free Survival; DoR= Duration of Response; OS= Overall Survival; TTR= Time to Response; DCR= Disease Control Rate; DpR= Depth of Response

2026-2027

Strategic Imperatives

01

Swift clinical and regulatory development, demonstrating arfoltixorin's safety and efficacy

02

Enhancing business development, nurturing key partnerships and scientific network

03

Ensuring trust and confidence from investors and other external stakeholders

Urgency | Collaboration | Integrity | Care

Isofol's goal

We aim to have a central impact on tomorrow's cancer treatment by giving millions of patients the opportunity to respond better to their treatment, improve their prognosis, and gain more time with life.

By this, we strive to create significant value for patients and their families, healthcare providers, shareholders and partners and ultimately for society at large.



Patients, partners, employees
and shareholders –
thank you!

