



Shaping a near future
where today's hard-to-treat
cancers are *vincible*.

As featured in:

International
Business
Times

USA
TODAY
(US Audiences Only)

PUBLIC Company Presentation, Q3 2026



A HEALTHY PERSON HAS 1000 WISHES.

**A PERSON
FACING ILLNESS
HAS ONLY ONE.**

“ I am a stage 4 lung cancer patient and have been on L-DOS47 [with chemotherapy] since June of 2017. **To date my tumor has shrunk by 99%!** Early on in my diagnosis I was told I had maybe four months to live. I am now in remission, and looking forward to many years with my grandchildren. ”

Patient email to  **HELIX**
biopharma , January 2018

INVESTMENT HIGHLIGHTS

Helix BioPharma is on a mission to level the playing field against cancer’s biggest, most urgent challenges.

INNOVATING FROM STRENGTH

- 1 Assets with great potential and a head start
- 2 Management team with a track record of success
- 3 USD 140M raised to date

FOCUSED, AMBITIOUS PLAN AHEAD

- 1 Relocation to the US and NASDAQ listing
- 2 Grow world-class team
- 3 Near-term partnering/exits

PIPELINE

LEAD INDICATION

NEXT MILESTONE

POTENTIAL

RAISING

* L-DOS47 Antibody-Enzyme Conjugate (AEC)	 Non-small cell lung cancer	Phase IB CTA
C6 Antibody-Drug Conjugates (ADCs)	 Solid tumors	Patent filings
* LEUMUNA Small molecule, FDA Orphan status	 Leukemia relapse	Phase I/II IND
GEMCEDA First-in-class oral chemotherapy	 Advanced solid tumors	Phase I/II IND

≥30% efficacy added to checkpoint inhibitors
Overcome resistance, maximize efficacy
Long-term remission (2+ years) or cure
Significant increase in progression-free survival

USD 80 million
to reach major value inflection points and bring much-needed therapies to patients with hard-to-treat cancers.

*Priority projects nearest to major value inflection points.

OUR PIPELINE

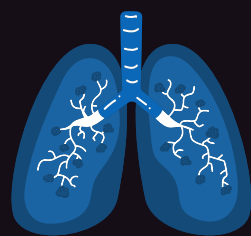
Diverse, clinical-stage pipeline of candidates with great potential and a head start, honed into first- and best-in-class oncology medicines.

PRODUCT / TYPE	DISCOVERY	PRECLINICAL	PHASE IA/B	PATENT LIFE	
L-DOS47 Tumor microenvironment (TME)-modifying AEC	Non-Small Cell Lung Cancer (NSCLC)			2036 + extensions	TECHNOLOGY PLATFORM ZEROING IN ON NOVEL TARGET, CEACAM6
C6 ADCs Bi-specific/radio-ligand	Solid tumors			2045	
LEUMUNA Oral immune checkpoint modulator	Leukemia relapse post-allogeneic stem cell transplantation (SCT)			2041	
GEMCEDA Oral gemcitabine + cedazuridine	Advanced solid tumors			2043	

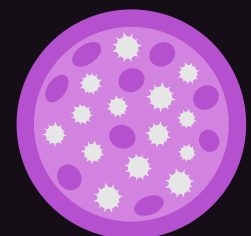
LEAD INDICATIONS

Prevalent and hard-to-treat cancers made vincible by novel therapies that rise to the challenge.

HOW WE WANT TO MOVE THE NEEDLE



ADD $\geq 30\%$ EFFICACY
to immune checkpoint inhibitors (ICIs) standard of care

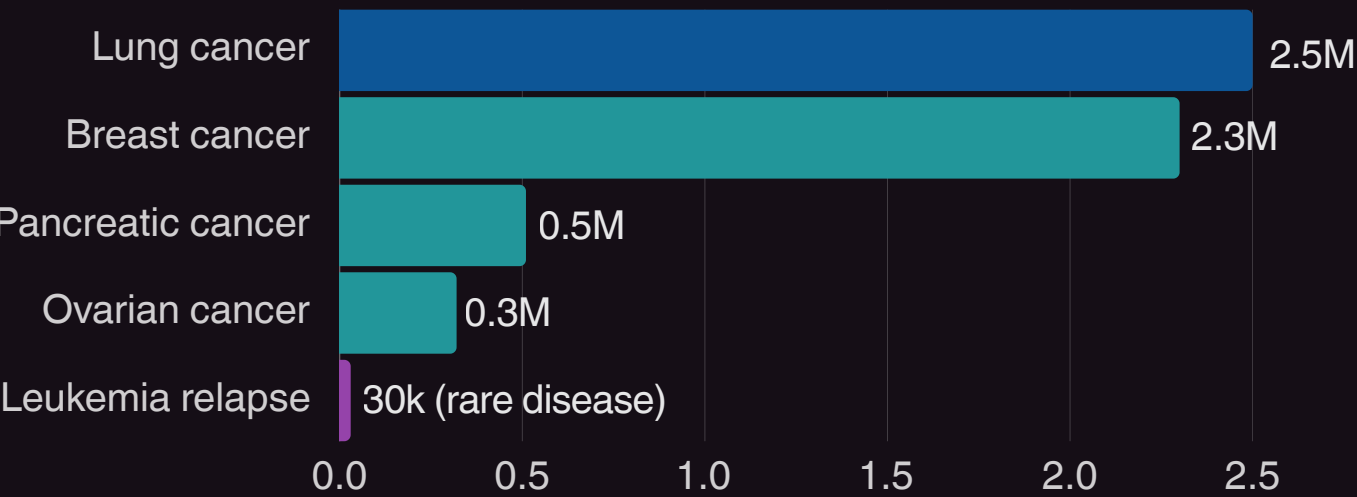


CURE OR LONG-TERM SURVIVAL
of 2+ years for patients relapsing with leukemia



REDEFINE MAINTENANCE THERAPY OUTCOMES
and significantly increase progression-free survival

LEAD INDICATIONS, GLOBAL INCIDENCE (MILLIONS)



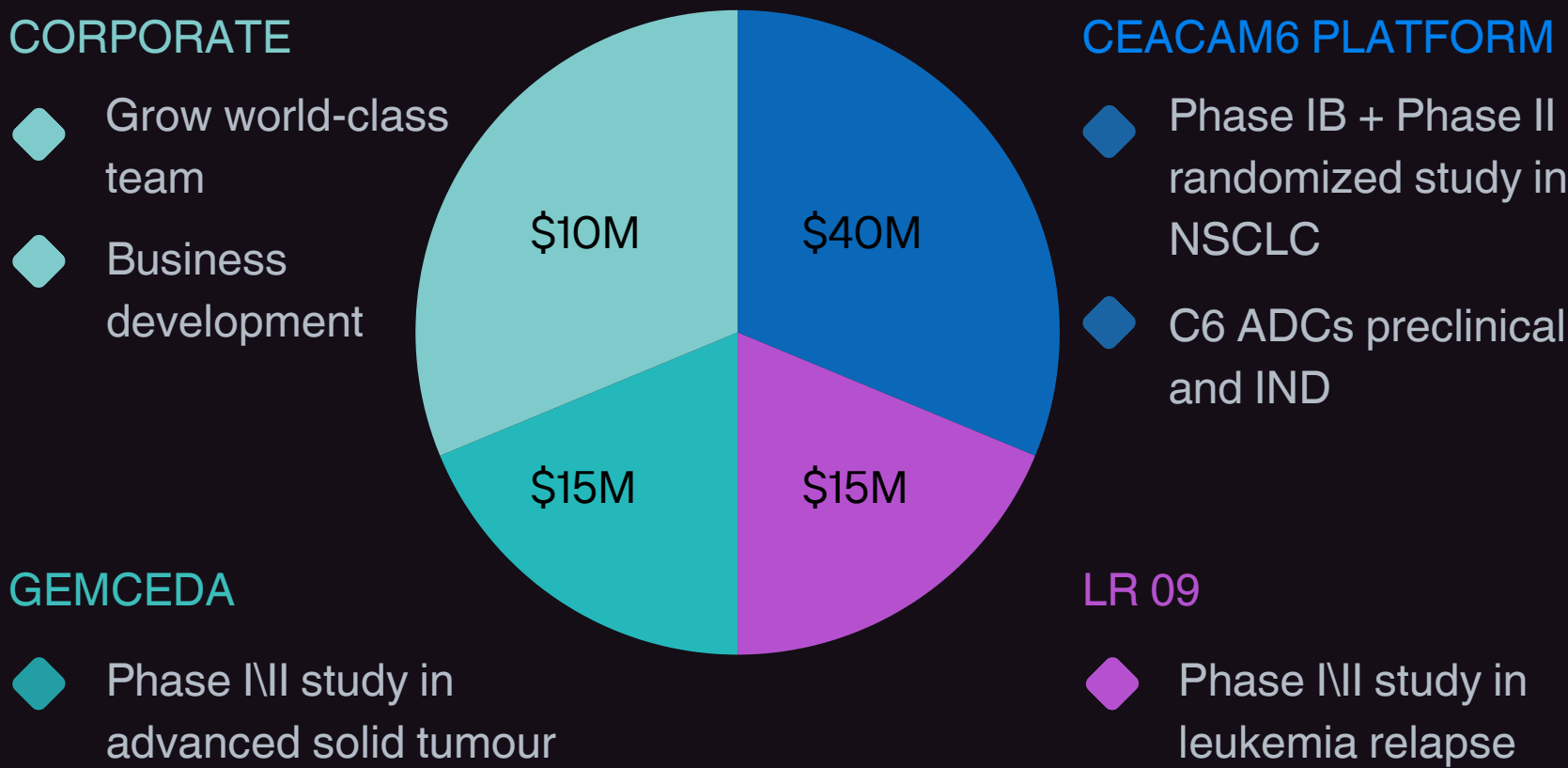
HIGH MORTALITY (5 YEARS FROM DIAGNOSIS):



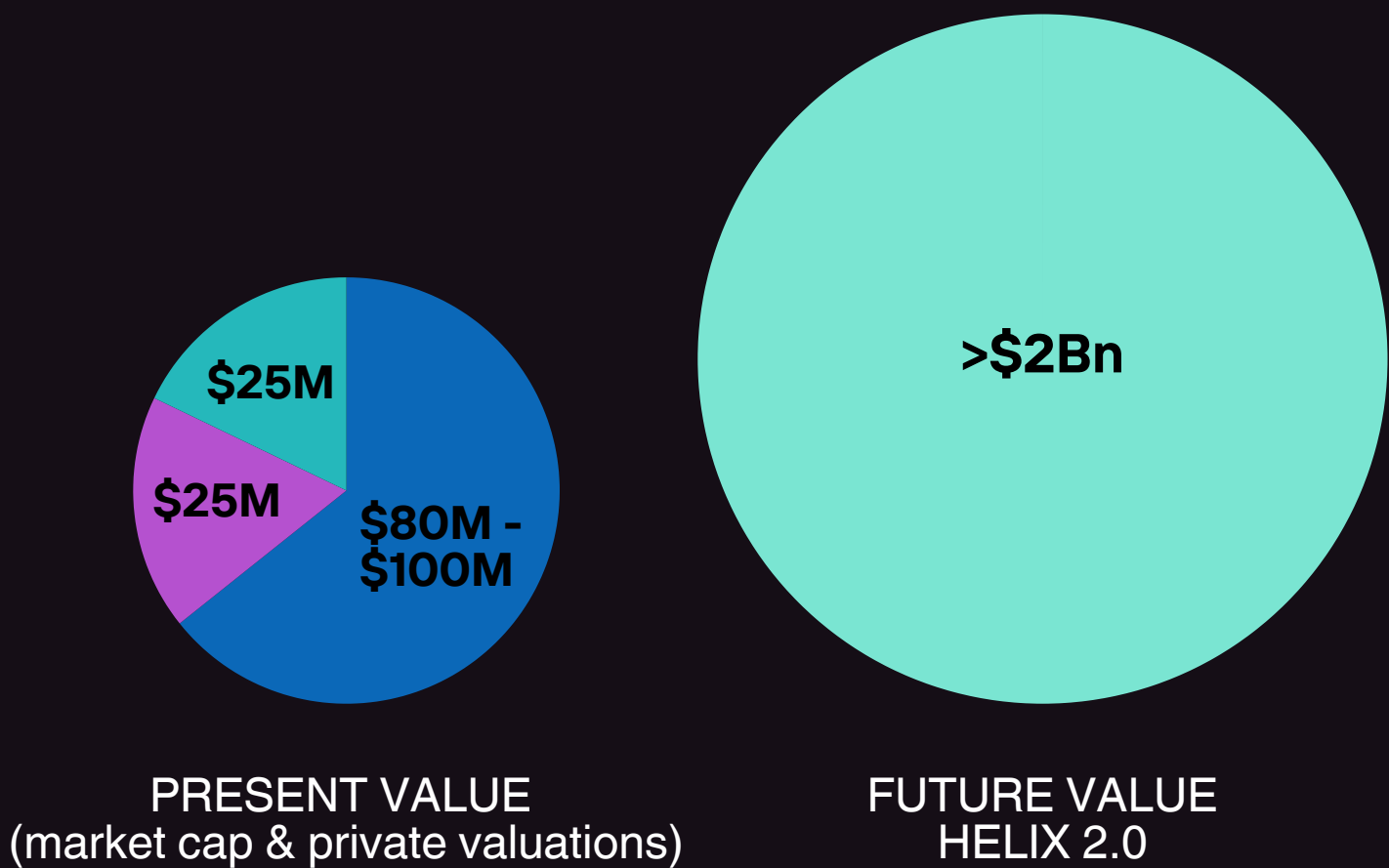
INVESTMENT & RETURN

USD 80M to achieve major project milestones and value inflection points for L-DOS47 and LEUMUNA as priority projects.

USE OF PROCEEDS OVER THE NEXT 36 MONTHS



THE WHOLE IS GREATER THAN THE SUM OF ITS PARTS



WHO WE ARE

A team built to translate science into value in oncology.

LEADERSHIP & CORPORATE AFFAIRS



Thomas Mehrling, MD, PhD
Chief Executive Officer



Veronika Kandziora
Chief Operating Officer



Rohit Babbar, CPA, CA
Chief Financial Officer



Jessica Kourniaktis, DPhil
Director of Communications



Helen Middleton, LPC
General Counsel



SCIENTIFIC TEAM



Davide Guggi, PhD
Chief Technology Officer



David Browning, MBA
VP of Clinical Operations



Brenda Lee, PhD
Director of Clinical Operations



Jonathan Davis, PhD
Director of ADC Discovery

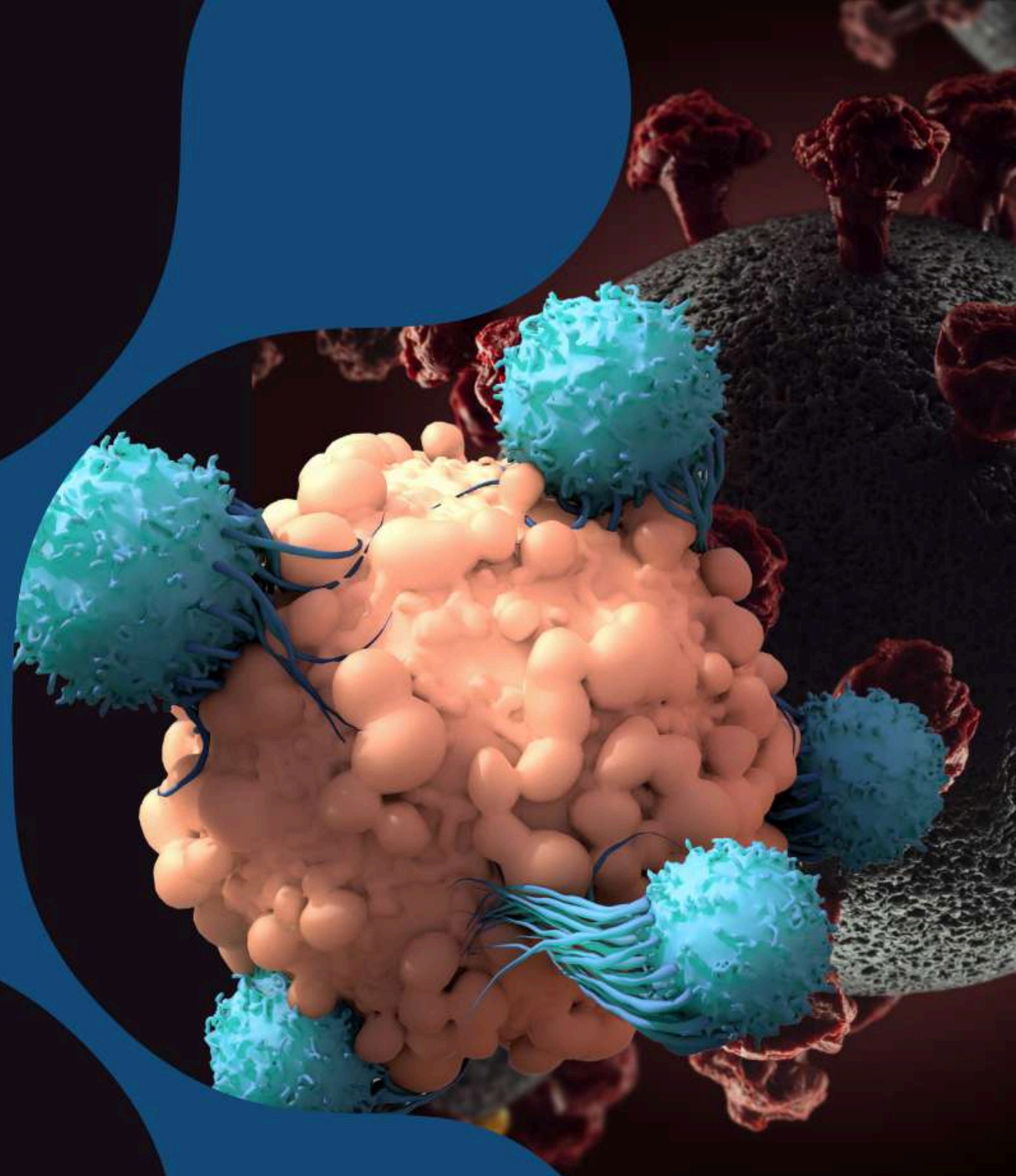


Kim Gaspar, MSc
Director of Quality Assurance



L-DOS47

A first-in-class, clinical-stage antibody-enzyme conjugate (AEC) delivering a **game-changing assist to anti-tumor immunity and blockbuster cancer immunotherapies.**



THE PROBLEM

TUMOR ACIDOSIS

The success of immune checkpoint inhibitors (ICIs) **depends on the availability of functioning immune cells** to mobilize against the tumor.

But in the **acidic microenvironment** of solid tumors, immune cells are blocked, suppressed and starved of energy, leaving ICIs with no functional immune population to mobilize.



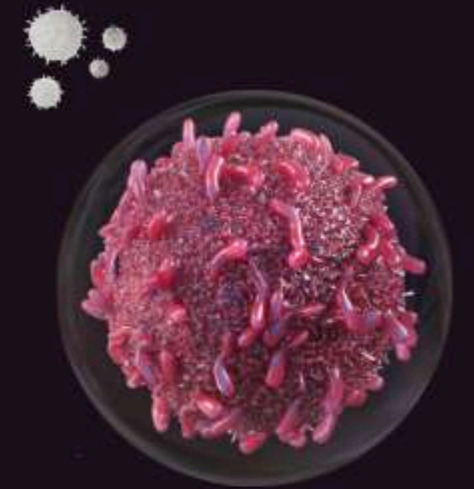
70% of cancer patients
don't respond to immunotherapy.¹



**Immunologically "cold"
(immune-excluded) tumors**
exhibit poorest responses to
immune checkpoint inhibitors.²



**The acidic tumor
microenvironment (TME)**
is a major driver of immune-
exclusion in solid tumors.³



1) Ramos et al, 2022.

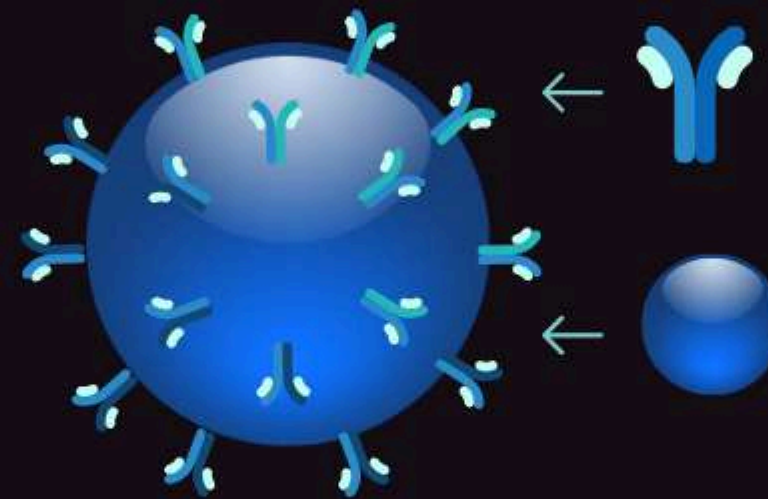
2) Zheng et al, 2023.

3) Ngwa et al, 2019.

THE SOLUTION

TUMOR DEFENCE BREAKER™ L-DOS47

A first-in-class AEC that **neutralizes the acidic pH of the TME**, helping turn **immunologically cold tumors “hot”**, and priming them for increased sensitivity to cancer immunotherapy.



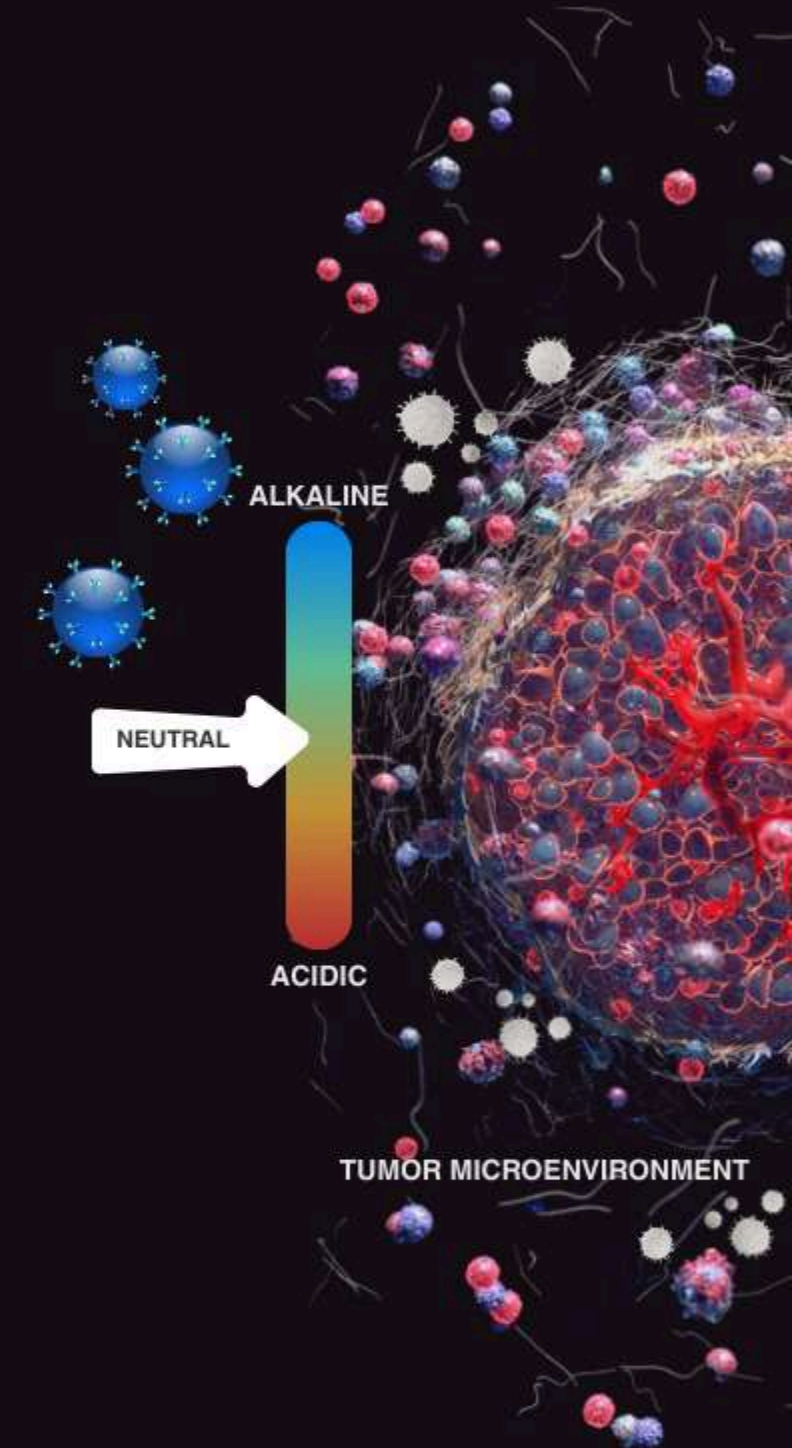
L-DOS47

Camelid nanobodies

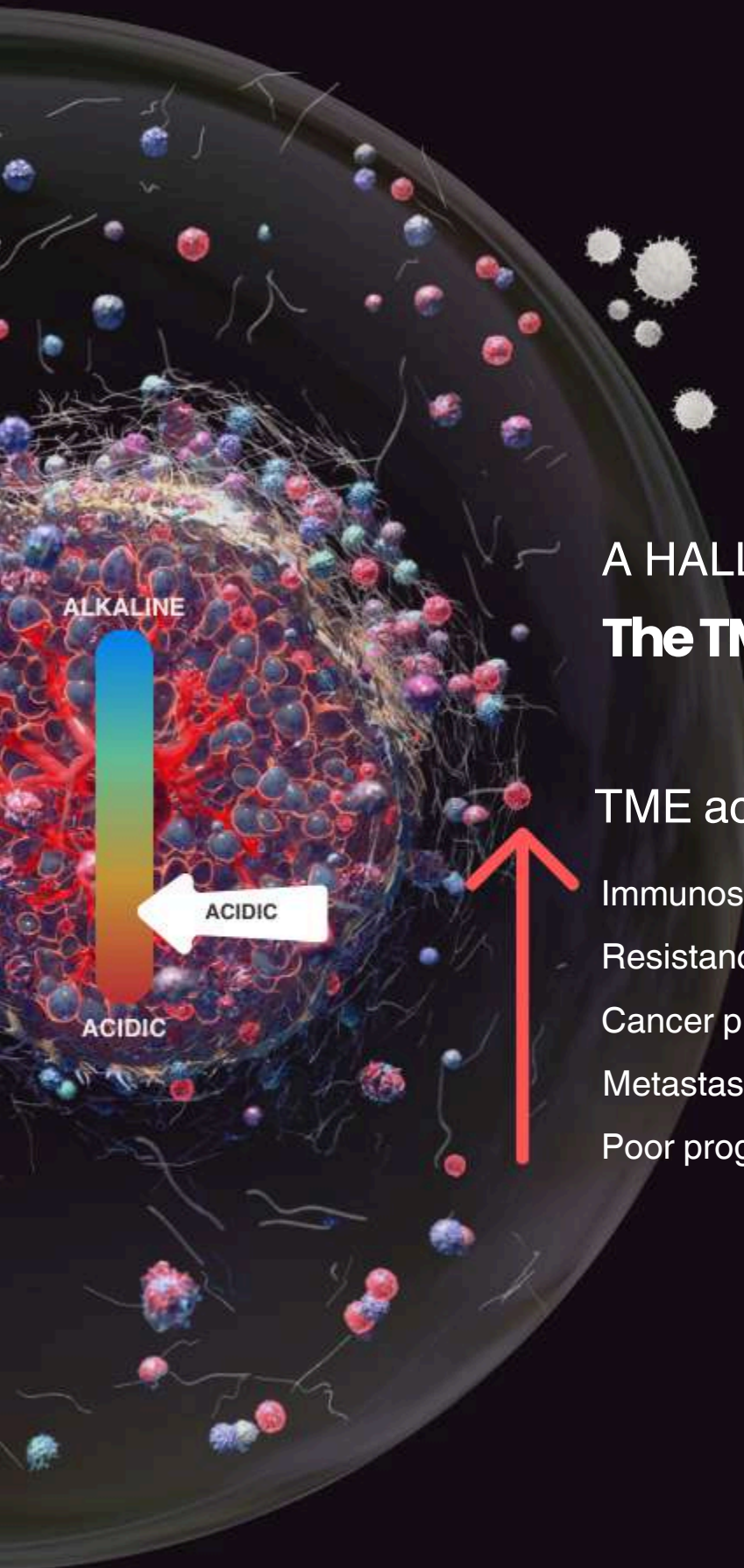
High binding affinity to CEACAM6.

Urease enzyme

Catalyzes urea breakdown into ammonia and CO₂, neutralizing the pH of the TME.



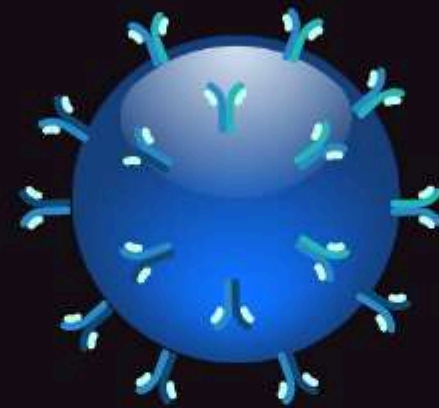
MECHANISM OF ACTION



A HALLMARK OF CANCER
The TME is acidic.

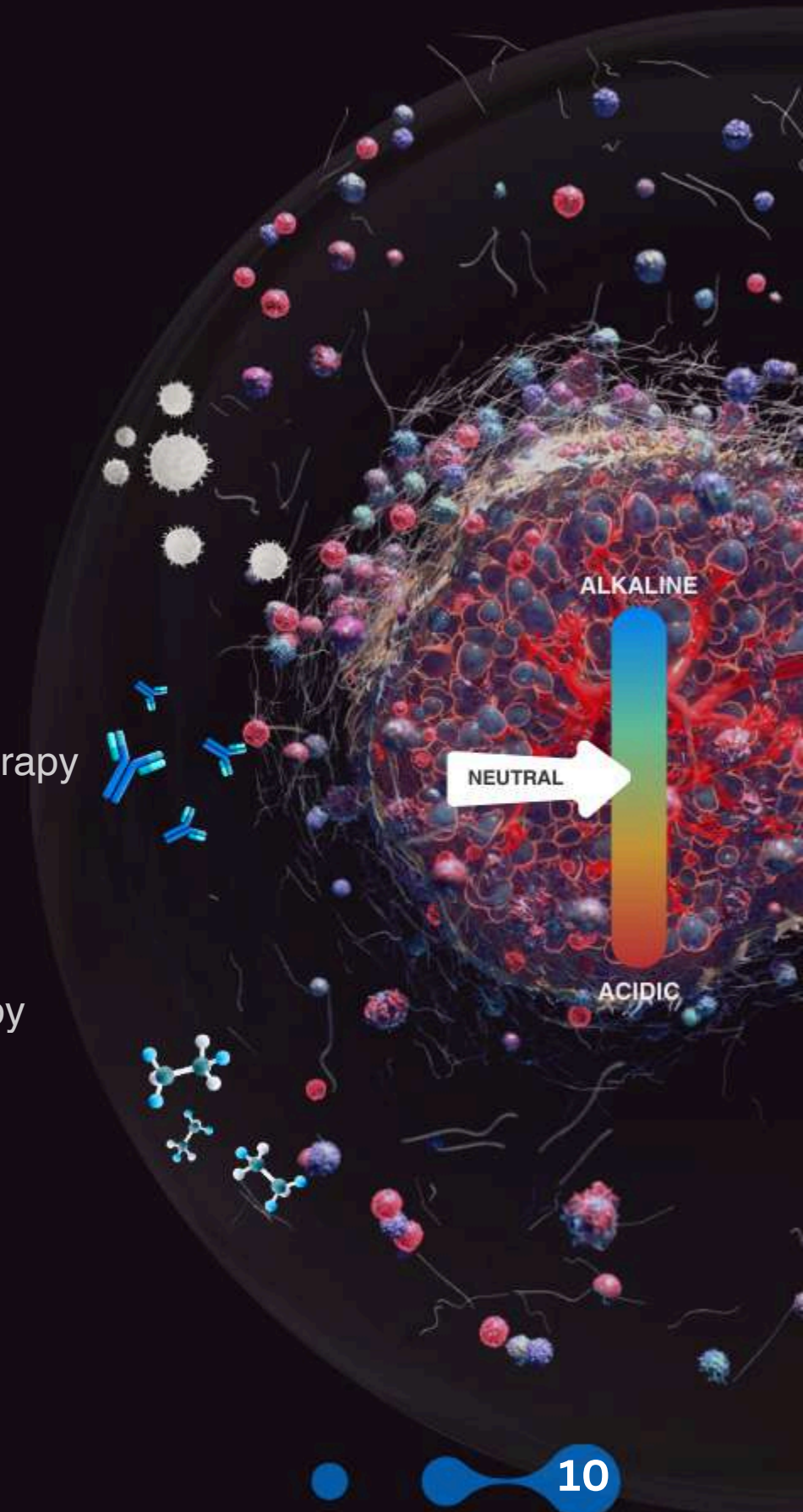
TME acidosis leads to:

- Immunosuppression (“cold” tumors)
- Resistance to treatment
- Cancer proliferation
- Metastasis
- Poor prognosis



L-DOS47

neutralizes tumor acidity,
taking the brakes off anti-tumor
immunity and delivering a game-
changing assist to ICIs.



[See MoA video.](#)

A FORCE MULTIPLIER FOR ANTI-PD-1 ANTIBODIES

Pembrolizumab + L-DOS47 synergistically and significantly reduces tumor growth, volume and weight compared to pembrolizumab alone in 28 days in pancreatic cancer mouse models.

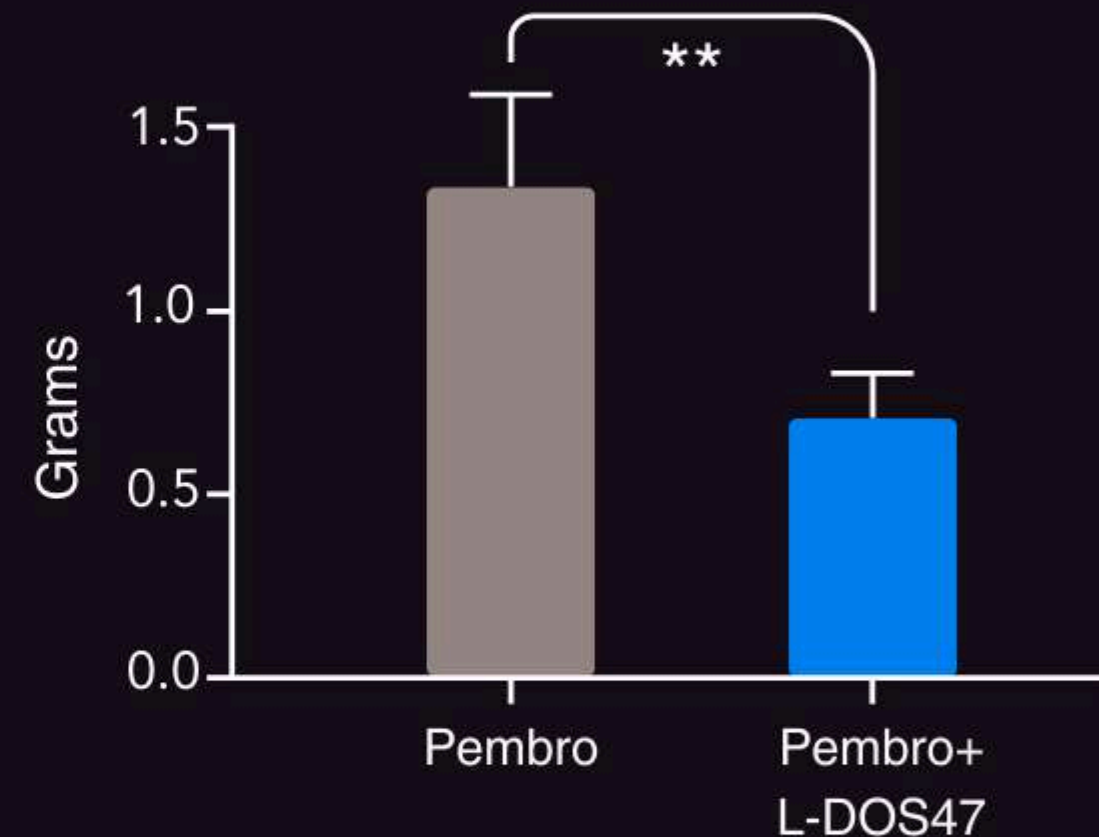


424 mm³
Pembro monotherapy



129 mm³
Pembro + L-DOS47

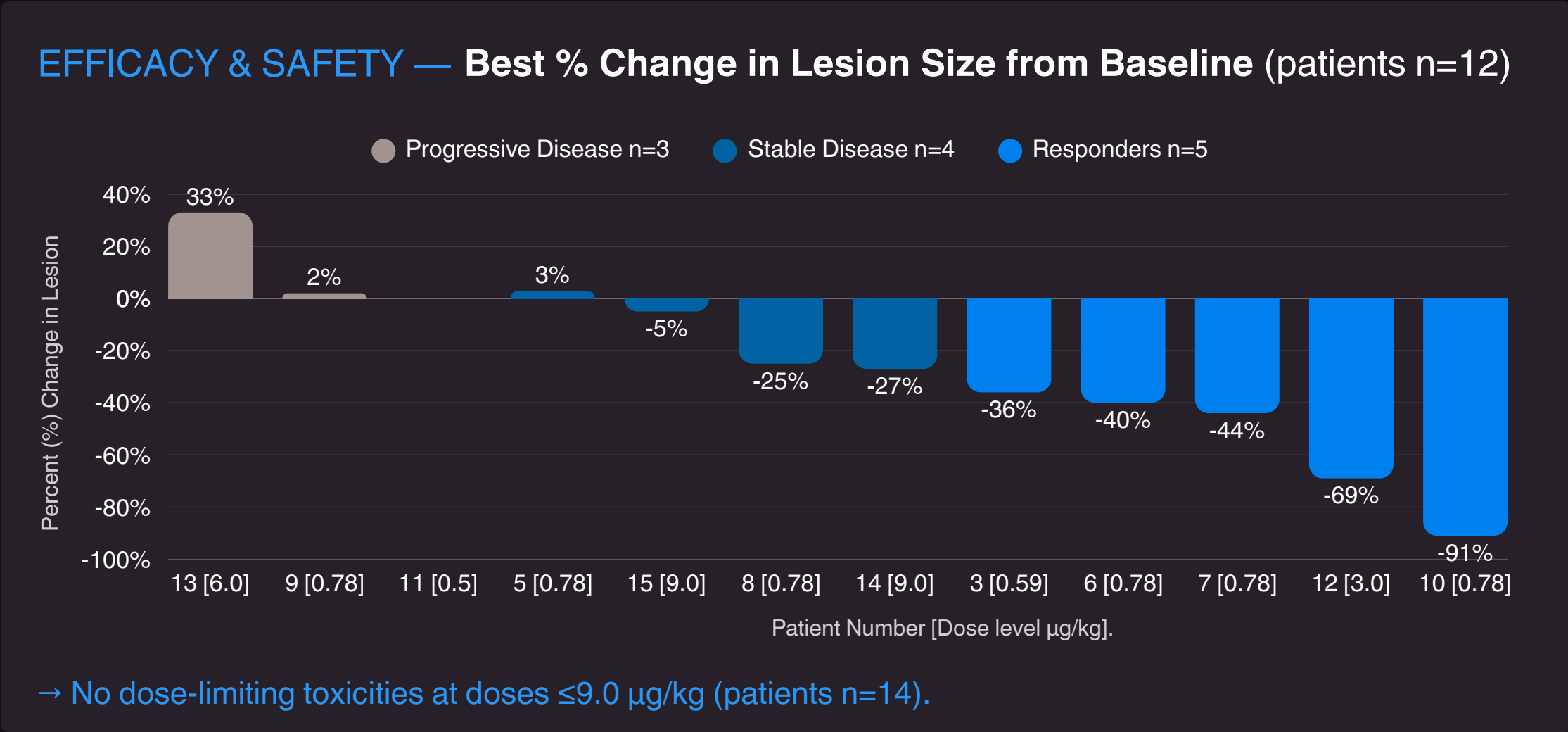
-70% greater tumor volume reduction
with L-DOS47 + Pembro vs. Pembro alone.



-50% greater tumor weight reduction
with L-DOS47 + Pembro vs. Pembro alone.

CLINICALLY SAFE AND EFFECTIVE WITH CHEMO

L-DOS47 in combination with Pemetrexed/Carboplatin delivers 75% overall clinical benefit in a Phase IB, open-label dose-escalation study in heavily pre-treated patients with Stage IV NSCLC.



STUDY HIGHLIGHTS

75%
overall clinical benefit

141 days
median duration of clinical benefit

42%
overall response

187 days
median duration of response

1
near complete remission

337 days
maximum duration of response

4 cycles of L-DOS47 (Days 1, 8 & 15 of each cycle) in combination with pemetrexed (500 mg/m²) + carboplatin (on Day 1 of each cycle). Patients who did not experience unacceptable toxicities continued to receive L-DOS47 on the same schedule until there was no longer a clinical benefit.

Study population: Patients: n=14 Mean age: 63.5 Sex: 50% female NSC carcinoma: n=5 Adenocarcinoma, NOS: n=9

TIMELY & CLOSE TO THE FINISH LINE

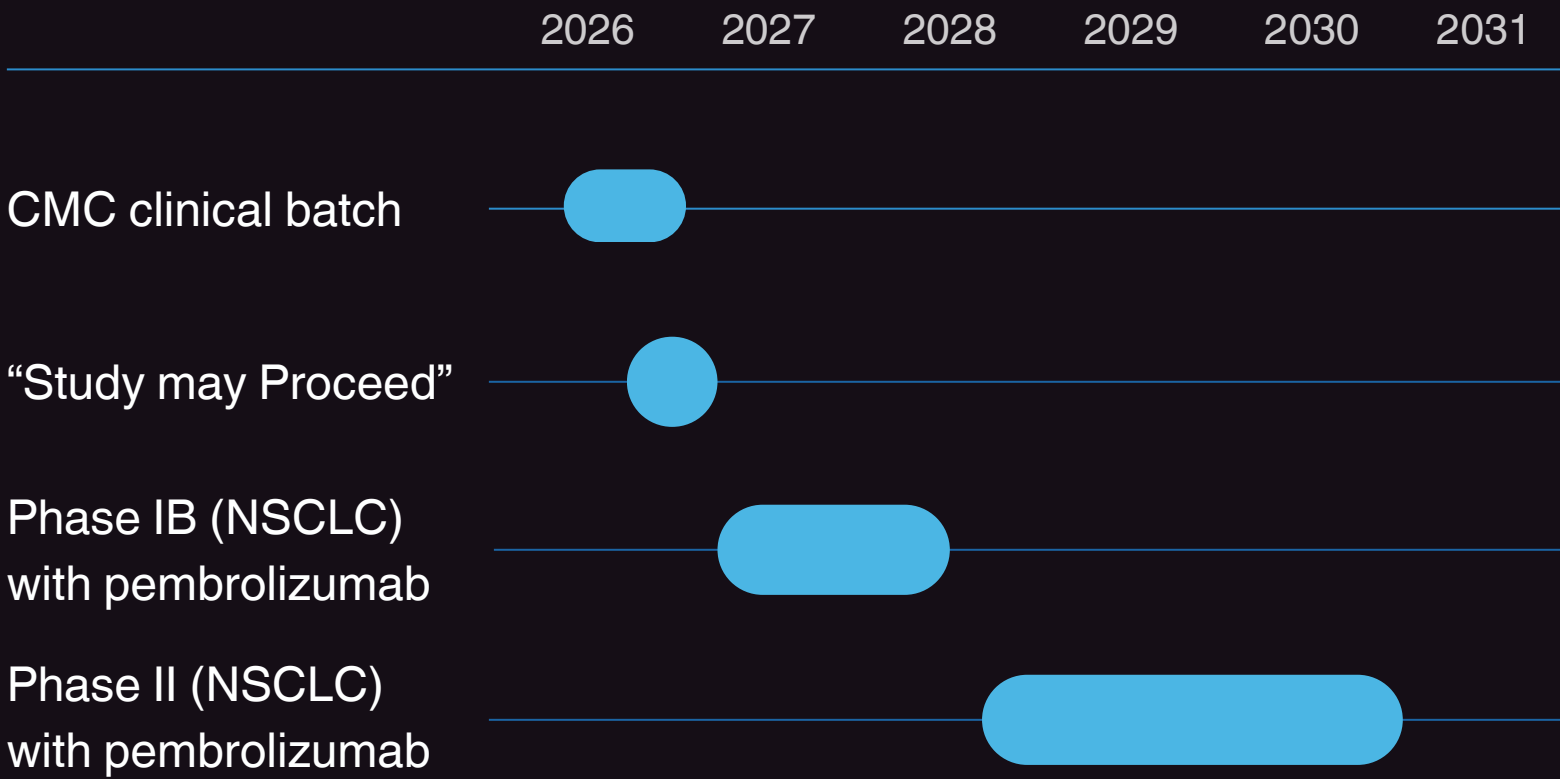
L-DOS47 STRENGTHS

- ✓ First-in-class TME AEC
- ✓ Phase Ib completed
- ✓ Results highly encouraging
- ✓ Combination therapy with ICIs
- ✓ Patents to 2036 + extensions
- ✓ FDA supports ICI combo
- ✓ NSCLC = High unmet need

L-DOS47 OPPORTUNITIES

- ✓ Significant improvement in PFS
- ✓ Significant improvement in OS
- ✓ ICI market share expansion
- ✓ Other solid tumors

L-DOS47 NEXT STEPS



CAPITAL REQUIREMENT

USD 40M
(2026–30)

THE BIGGER PICTURE

CEACAM6

CEACAM6 (carcinoembryonic antigen-related cell adhesion 6) is a cell-surface protein overexpressed on hard-to-treat solid tumors and **a highly promising target** for antibody-based therapies.¹

Helix brings a **first-mover advantage** in **CEACAM6**, with L-DOS47 engineered to bind this antigen, and is expanding its **technology platform around this target** as part of its long-range plan.



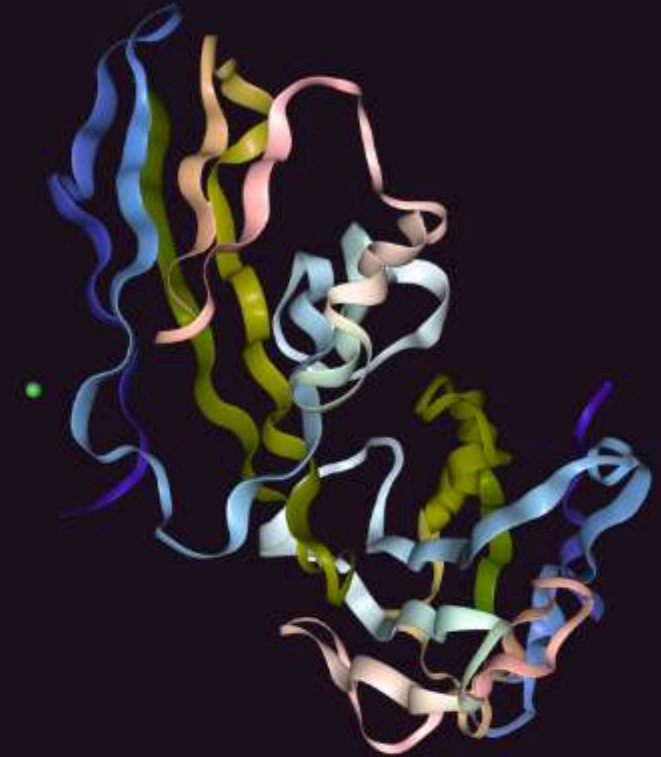
Overexpressed in major cancers

CEACAM6 is significantly low in healthy tissue.



Associated with poorer patient survival

including disease-free survival (DFS) and overall survival (OS).



Linked to malignancy progression

including cancer proliferation and metastasis.

¹⁾ [Zhao et al, 2024](#); [Wu et al, 2024](#).

PRODUCT 2, CEACAM6 PLATFORM

LEVERAGING RADIO- LIGAND TECHNOLOGY IN DISCOVERY



CEACAM6 Product 2

CEACAM6-RL-PDAC (radio-ligand targeting CEACAM6-expressing pancreatic adenocarcinoma).



Design

Single chain camelid nanobody with CEACAM6 high binding affinity.



Radio-Isotope

Alpha emitter, carefully selected to maximize tumor penetration and efficacy.

PRODUCTS 3 & 4, CEACAM6 PLATFORM

THE PROMISE OF OUR DISCOVERY ADCs

Carefully-designed ADCs capitalising on latest, state-of-the-art technology.



CEACAM6 Products 3 & 4

CEACAM6-GIT (Gastrointestinal)
CEACAM6-GYN (Gynecological)



Conjugation

Newest linker system,
ensuring systemic stability.



Design

Bi-specific, maximising target
engagement.

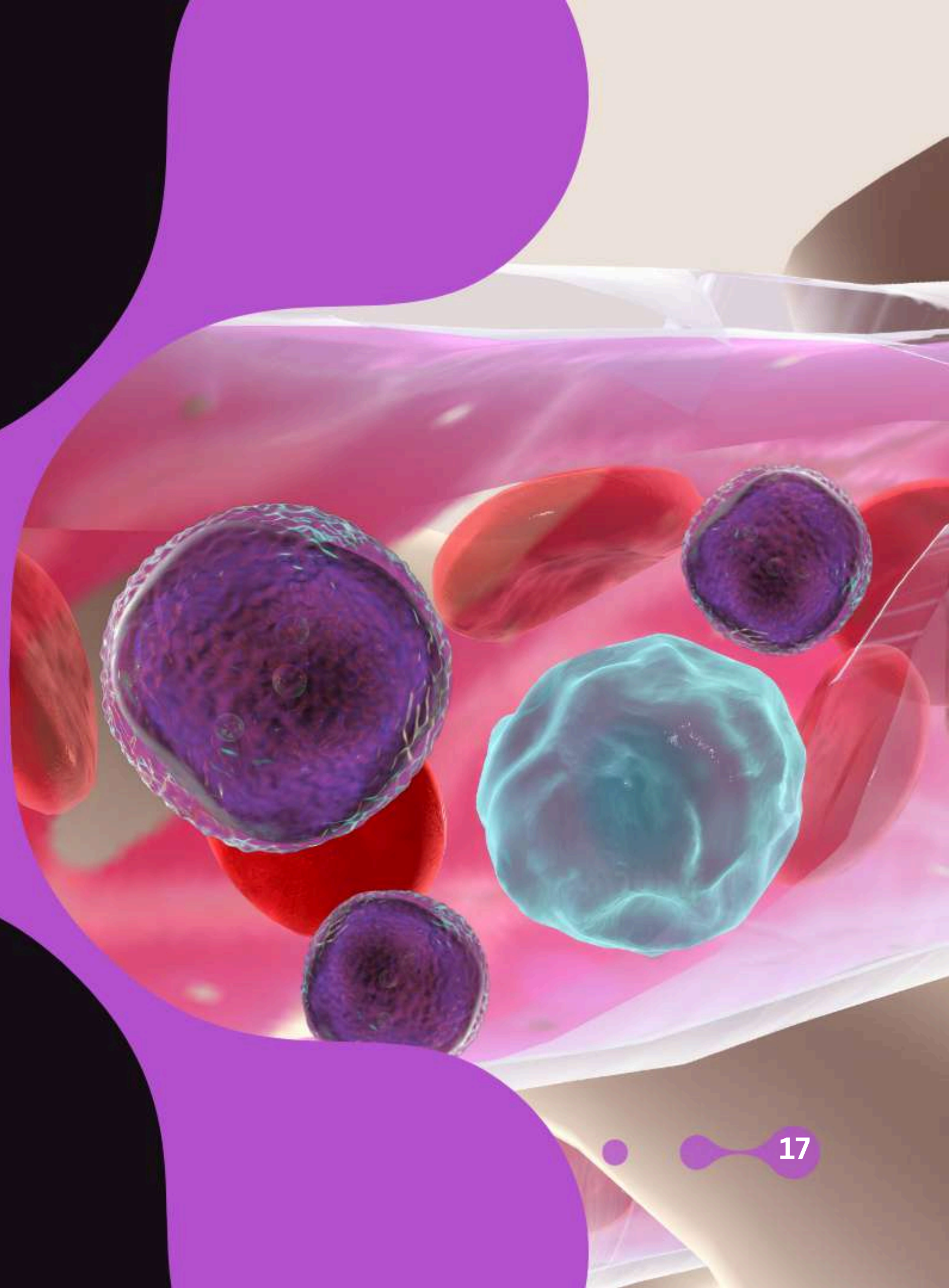


Payloads

Multi-payload - High DAR,
maximising efficacy, avoiding
resistance.

LEUMUNA™

An oral immune checkpoint modulator to
**bring long-term remission within
reach** for patients relapsing with leukemia.



THE PROBLEM

LEUKEMIA RELAPSE

Allogeneic stem cell transplantation (allo-SCT)

offers a potentially life-saving treatment for patients with hematological malignancies.

But nothing is more devastating than seeing the malignancy return, **stealing away the hope of remission** just when it seemed within reach.



More than 60,000

patients undergo allo-SCT each year.¹



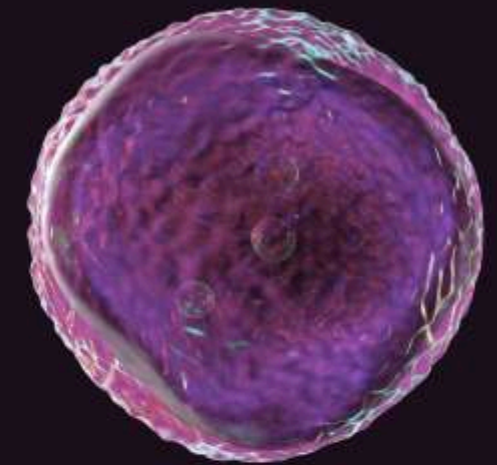
Up to 30% or 18,000

of patients relapse after allo-SCT.²



Survival: ~4 months

with only 21% of patients alive after 1 year.³



1) Gyurkocza, Rezvani & Storb, 2014.

2) Chen et al, 2023.

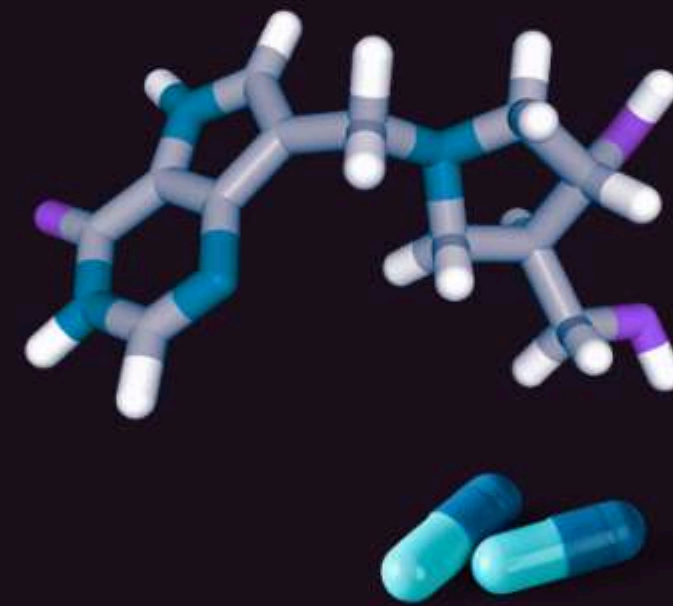
3) Michallet et al, 2011.

THE SOLUTION

LEUMUNA™

A pre-IND, first-in-class oral immune checkpoint modulator and inhibitor of PNP to initiate **graft-versus-leukemia (GvL) effect** in patients relapsing with leukemia after allogeneic SCT.

GvL is the most effective path to long-term remission,¹ making LEUMUNA potentially curative in a rare disease with **no standard of care (SoC)**.



LEUMUNA

Activates transplanted immune system to fight resurging leukemia

Activated T-Cells



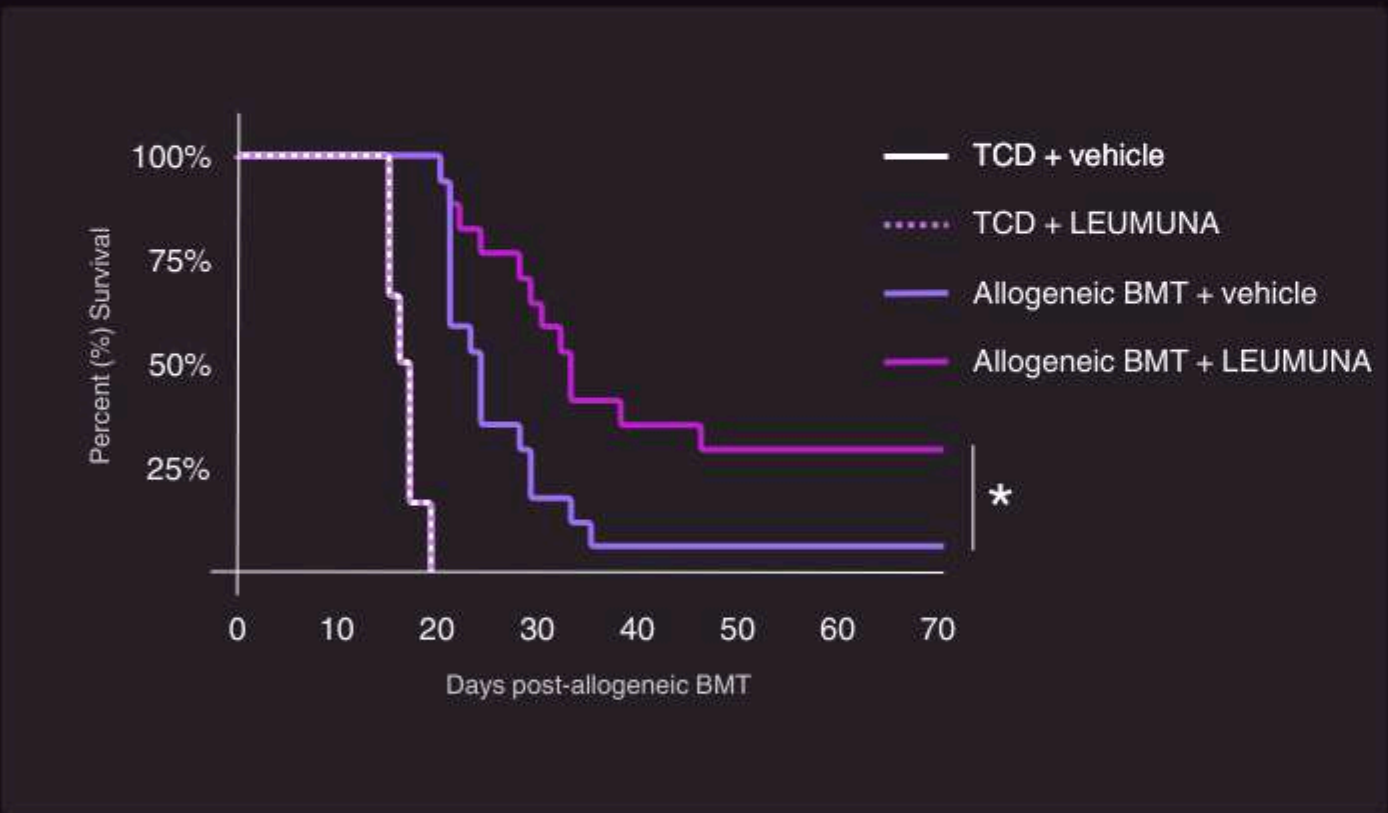
Activated B-Cells

EVIDENCE WITH LEUMUNA

LEUMUNA significantly reduces risk of relapse mortality in preclinical minor-MHC mismatch B Cell Acute leukemia model.

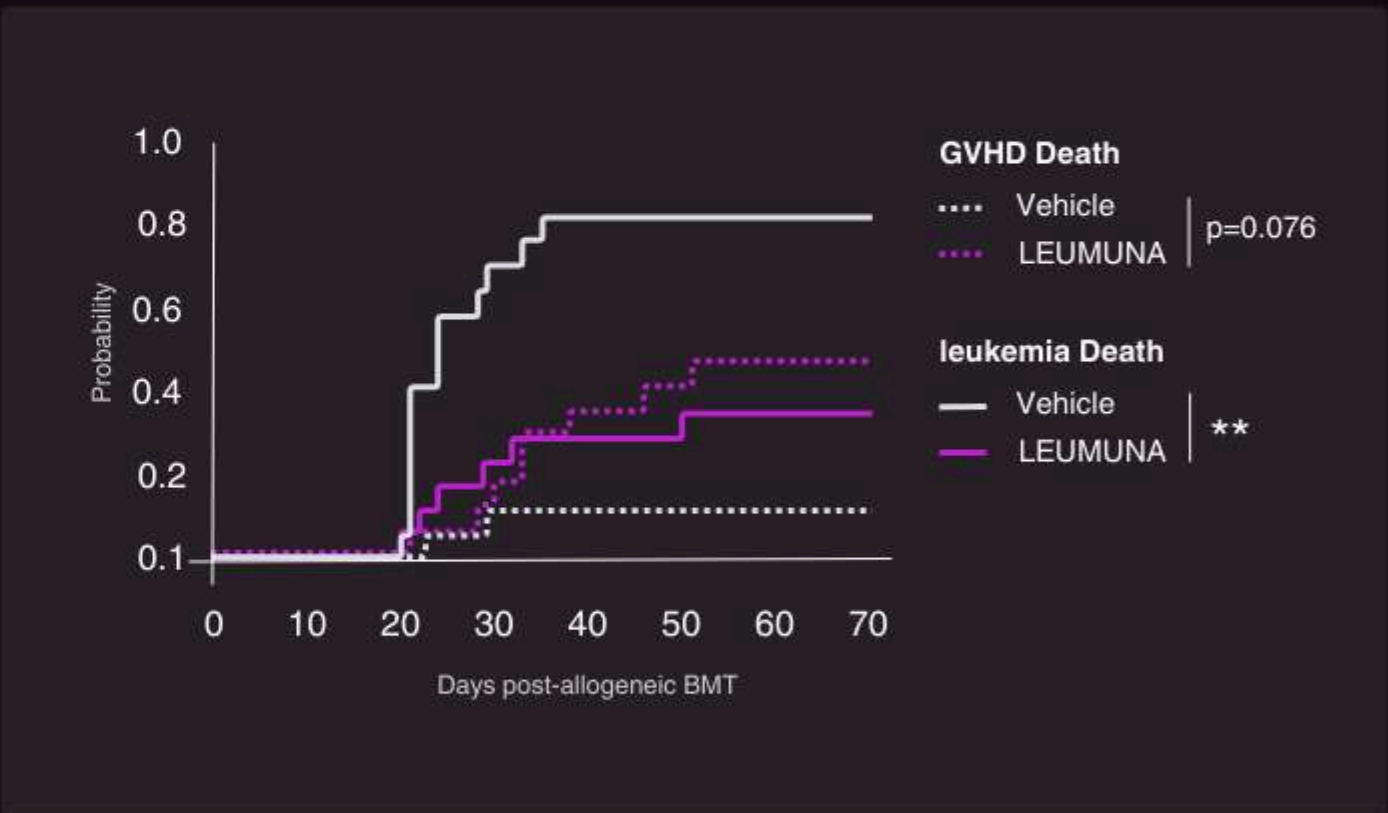
1) OVERALL SURVIVAL

Improvement in survival with LEUMUNA is **due to T-cell activation and initiation of graft-versus-leukemia (GvL) effect.**



2) COMPETING RISK ANALYSIS

Risk of graft-versus-host disease (GVHD) mortality outweighed by **statistically-significant reduction leukemic death risk with LEUMUNA.**



Unpublished data; study carried out at the Fred Hutchinson Cancer Center.

TCD: T-Cell Depleted bone marrow.

BMT: Bone Marrow Transplantation.

HISTORICAL CLINICAL DATA

Predecessor compound, Ulodesine (BCX4208), developed in gout and psoriasis, and analog, forodesine hydrochloride.

BCX4208: OUTSTANDING SAFETY AND TOLERABILITY

Demonstrated in Phase I & II studies in 500+ volunteers.

Infectious Adverse Events (AEs)	Placebo (n=56)	5mg (n=56)	10mg (n=56)	20mg (n=56)	40mg (n=54)
Any infections AEs N(%)	11 (20%)	10 (18%)	10 (18%)	9 (16%)	11 (20%)
Typical cold symptoms	6 (11%)	7 (13%)	2 (4%)	4 (8%)	4 (7%)
Lower respiratory tract	2 (4%)	0	1 (2%)	0	1 (2%)
Bacterial/Potentially bacterial	5 (9%)	2 (14%)	9 (16%)	5 (9%)	7 (13%)
Viral/Potentially viral	10 (18%)	9 (16%)	3 (5%)	4 (8%)	6 (11%)
Fungal/Potentially fungal	1 (2%)	1 (2%)	1 (2%)	1 (2%)	1 (2%)

COMPLETE REMISSION ACHIEVED

A 3-year old pediatric patient was cured of relapsed T-Cell Acute Lymphoblastic Leukemia (T-ALL) with PNP inhibitor, Forodesine.



You can view Katie Lambertson’s patient case, titled *When a Drug Becomes a Child’s Last Hope for T-Cell Leukaemia* (Albert Einstein College of Medicine) [here](#).

Forodesine, which is scientifically and pharmacologically interchangeable with LEUMUNA, was later discontinued for commercial reasons.

Long-Term Safety: A Phase 2 BCX4208 24-Week Blinded Safety Extension and Vaccine Challenge Study. Presented at EULAR, Berlin, June 6 – 9 2012.

Gore L, et al.. Semin Oncol. 2007;34(6 Suppl 5):S35-39. doi:10.1053/j.seminoncol.2007.11.005.

LEUMUNA FACTS & PROSPECTS

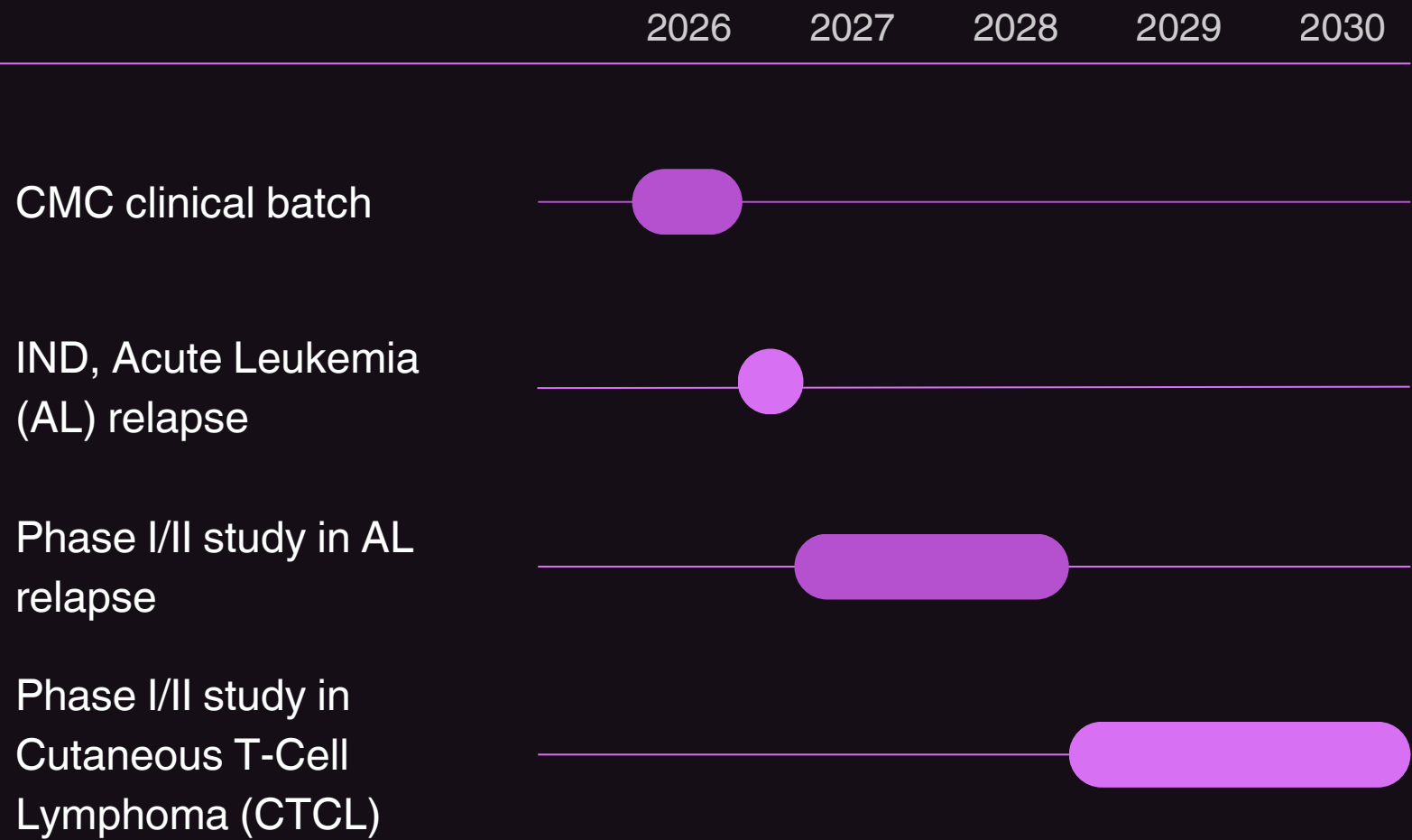
LEUMUNA STRENGTHS

- ✓ FDA Orphan status
- ✓ CoM Patent (exp. 2041)
- ✓ Supporting clinical evidence
- ✓ Established safety (n=500)
- ✓ First-in-class CP modulator
- ✓ Easy, oral administration

LEUMUNA OPPORTUNITIES

- ✓ Potential 2+ yrs. OS or cure
- ✓ Poised to become SoC
- ✓ Breakthrough potential and accelerated approval
- ✓ Orphan pricing of USD 180k/patient/year.
- ✓ Upsides (other liquid tumors; licensing agreement in place)

LEUMUNA NEXT STEPS



CAPITAL REQUIREMENT

USD 28M
(2026–30)

OS: Overall Survival.

GEMCEDA™

A first-in-class oral gemcitabine to enrich the spectrum of **disease-limiting and life-enhancing outcomes** for patients whose cancer has progressed.

THE PROBLEM

ORAL GEMCITABINE

Gemcitabine is a WHO-designated Essential Medicine used to treat one-third of all cancers and is among the most widely prescribed therapies worldwide.¹

But with intravenous (IV) delivery as the only available option, its use in maintenance, metronomic schedules, and combinations is severely limited.



More than 30%

of the 900 chemotherapy agents in development are oral agents, to improve access to care.²



Oral chemotherapy

opens the door to maintenance therapy, metronomic dosing, and stronger combination outcomes.³



10% oral bioavailability

of gemcitabine has made it nearly impossible to create an oral form of this essential drug.⁴



1) Ciccolini et al, 2016; Paroha et al, 2021.

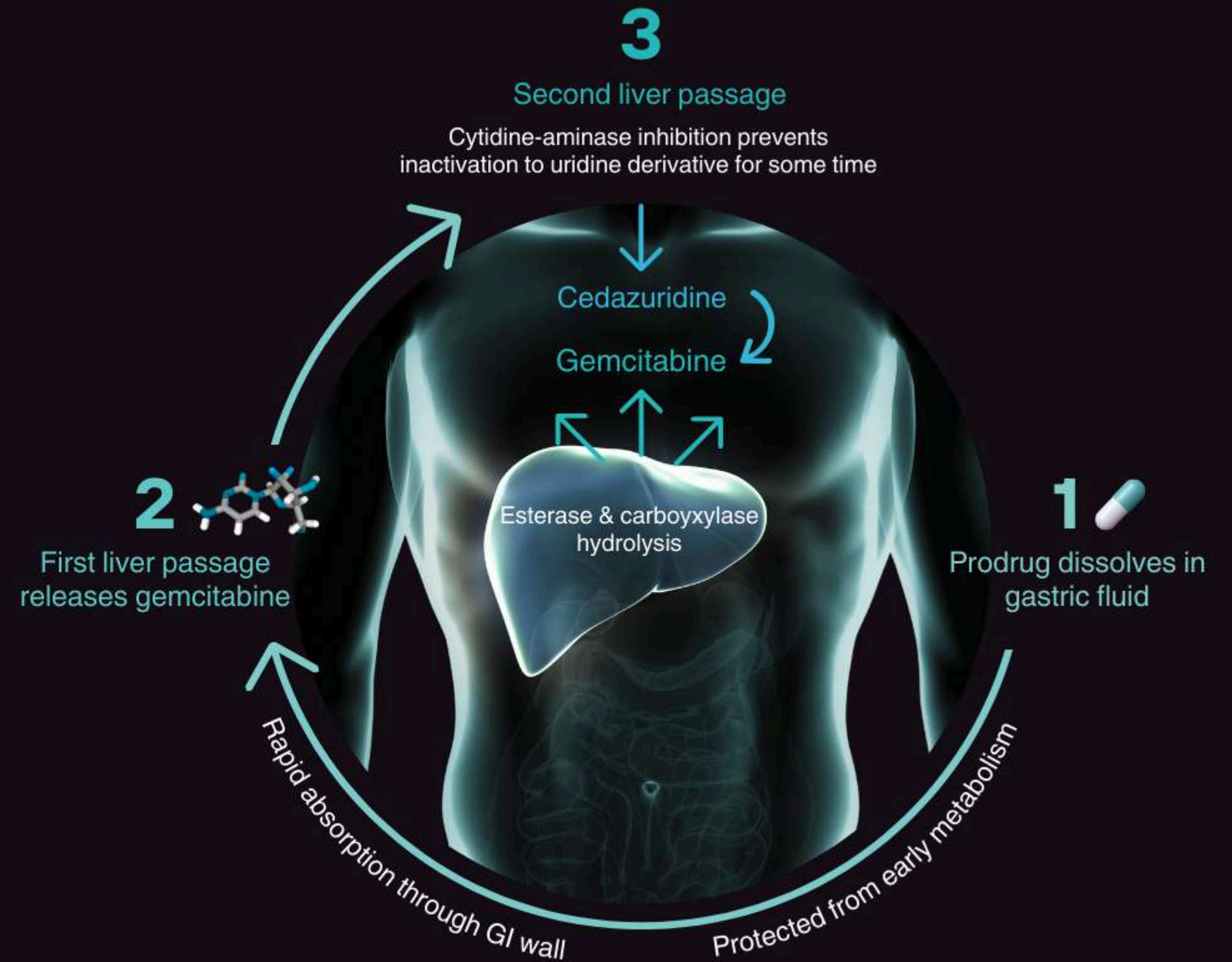
2) HOPA, 2024.

3) Muraro et al, 2023.

4) Thompson et al, 2020.

GEMCEDA

A pre-IND, first-in-class oral gemcitabine prodrug combined with cedazuridine, **with bioavailability on par with IV (90%)**, for metronomic therapy to control tumor growth and preserve quality of life.



GEMCITABINE ORAL CHEMOTHERAPY

Target indications with biomarkers predictive of gemcitabine efficacy.



High-grade Serous Ovarian Cancer*

High vs low replication stress (RB1, CDKN2A loss, or surplus of CCNE1, KRAS, MYC).

Combination with PARP or ATR inhibitor.



Pancreatic Ductal Adenocarcinoma

Use GemciTest® to predict gemcitabine response.



Non-Small Cell Lung Cancer (NSCLC)

Determine serum CDA levels for oral gemcitabine maintenance after Pt/gem induction.**

Combination with PD-1/PD-L1 inhibitor sintilimab.***

Injury signals from tumor cells more immunogenic than killing tumor cells.****

* Konstantinopoulos et al, 2021.

** Tibaldi et al, 2018.

*** ASCO Post, 2021.

**** Sriram et al, 2021.

GEMCEDA FACTS & PROSPECTS

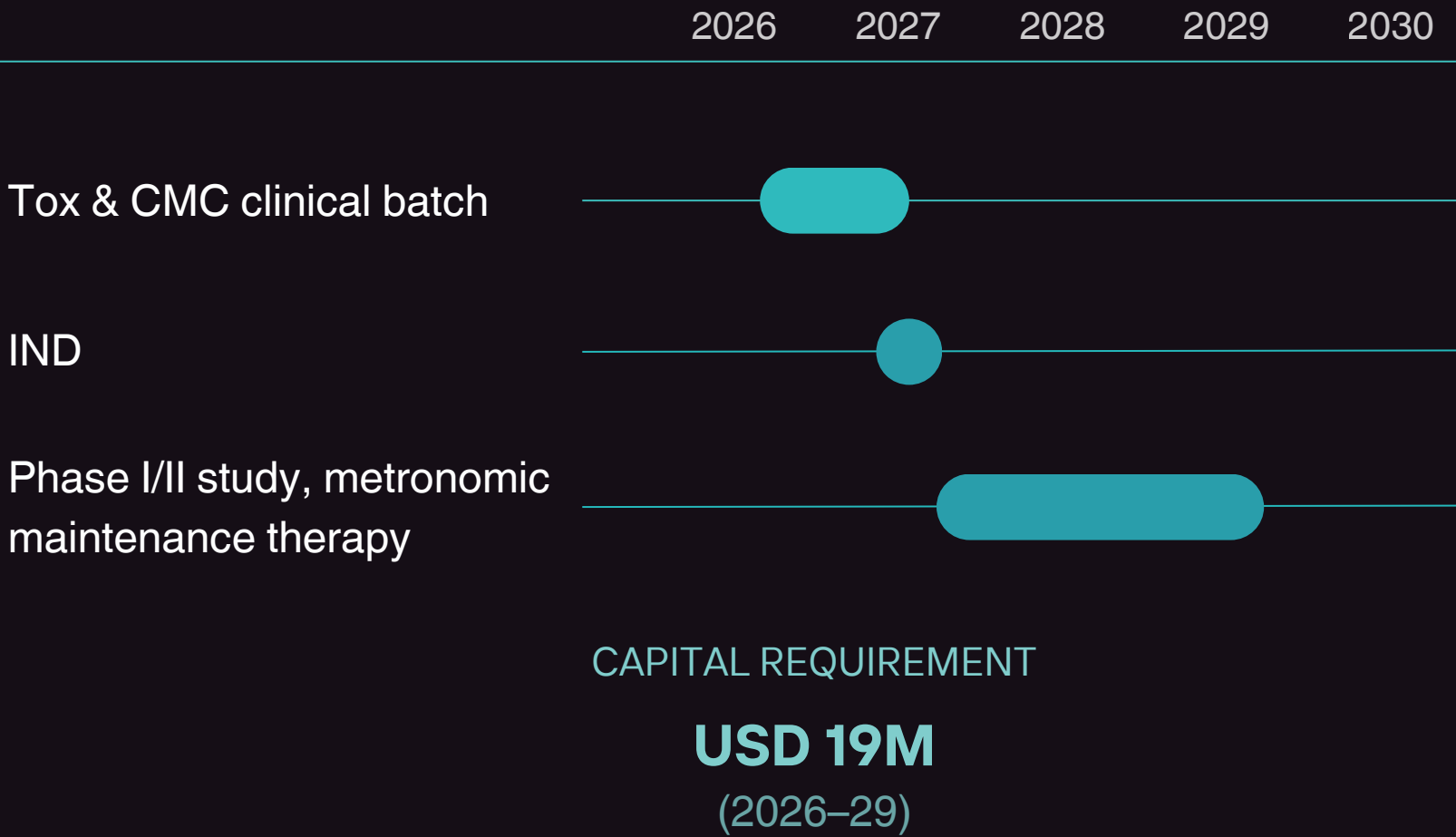
GEMCEDA STRENGTHS

- ✓ First-in-class oral gemcitabine
- ✓ Oral bioavailability ≈ IV
- ✓ CoM Patent (exp. 2043)
- ✓ Established manufacturing
- ✓ Low COGs
- ✓ Easy, oral administration

GEMCEDA OPPORTUNITIES

- ✓ IV gem. treats 1/3 of cancers
- ✓ Regulatory 505(b)2 pathway
- ✓ Maintenance therapy
- ✓ Combination therapy
- ✓ Partnering & non-dilutive financing opportunities
- ✓ Gemcitabine market size: \$789M (2024) → \$1.5Bn (2034)¹

GEMCEDA NEXT STEPS



¹) [Global Market Insights, Mar. 2025.](#)

THE BOTTOM LINE



OUR STRATEGY

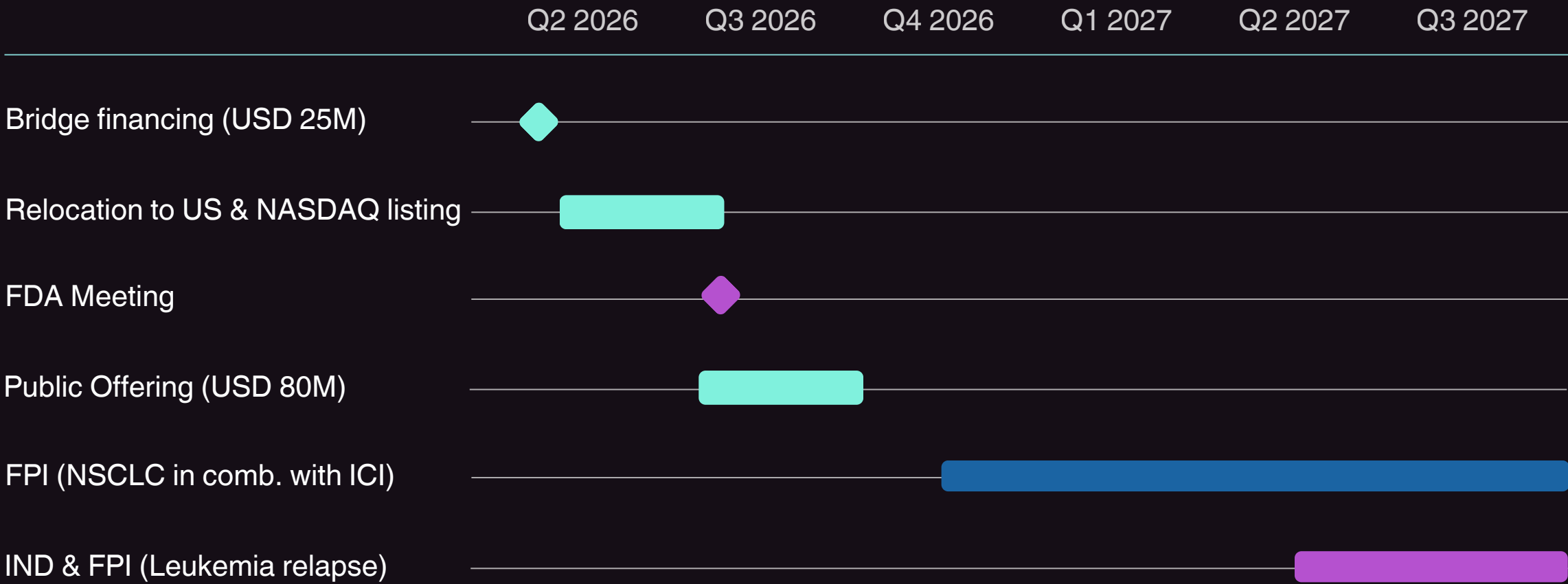
Innovating from strength to shape a near future where hard-to-treat cancers are *vincible*.

CANDIDATE	L-DOS47	LEUMUNA™	GEMCEDA™	C6 RDCs & ADCs
HARD-TO-TREAT CANCER	 Non-small cell lung cancer (NSCLC)	 Leukemia relapse	 Advanced solid tumors	 Solid tumors
HOW IT INNOVATES FROM STRENGTH	Synergistic efficacy with pembrolizumab (checkpoint inhibitor; standard of care)	Backed by clinical safety and efficacy data + FDA Orphan Designation	WHO Essential Medicine with oral bioavailability on par with IV (90%)	Latest state-of-the-art ADC technology and CEACAM6 know-how
HOW IT MOVES THE NEEDLE	Add ≥30% efficacy to checkpoint inhibitors	Long-term remission (2+ years) or cure	Significant increase in progression-free survival	Overcome resistance, maximize efficacy
STAGE OF DEVELOPMENT	Clinical-stage	Pre-IND	Pre-IND	Discovery

UPCOMING MILESTONES

Our ambitious plan on our priority projects over the next 18 months.

-  Financial / Corporate Milestone
-  L-DOS47 Milestone
-  LEUMUNA Milestone



EXPERT COLLABORATORS' OPINIONS

on Helix BioPharma's most advanced assets.



Professor Robert Gillies, Moffitt Cancer Center Vice-Chair Radiology, Director of Experimental Imaging Program & US Key Opinion Leader, **on L-DOS47**

“

For years, we have proven that neutralizing the acidic tumor environment can prolong the life of mice. [...] However, our trials in the clinic have not been successful. We are excited to be able to use Helix's technology because it allows us to neutralize the acidic tumor environment directly and very precisely. We have high expectations that this will be an innovative approach to successfully treat cancer.

”



Professor Caius Radu, Departments of Molecular and Medical Pharmacology and Surgery, UCLA, California, US **on LEUMUNA**

“

There is a good chance of recovery in patients. [...] It's effective in terms of inhibiting PNP, it's very effective in mice and patients, and given its mechanism of action could be used across a variety of malignancies including converting a cold tumor into one that could better respond to immunotherapy.

”

FORWARD-LOOKING STATEMENTS

This presentation document contains certain forward-looking statements and information (collectively, “forward-looking statements”) within the meaning of applicable securities laws. Forward-looking statements are statements and information that are not historical facts but instead include financial projections and estimates; statements regarding plans, goals, objectives, intentions and expectations with respect to Helix’s future business, operations, research and development, including the focus of Helix on its CEACAM6 platform generally and CEACAM6-AEC in particular, the anticipated timelines for the commencement or completion of certain activities, including enrolment of patients in Helix’s clinical trials, the expansion of the CEACAM6 platform into other compounds and indications and other information in future periods. Forward-looking statements, which may be identified by words including, without limitation, “expects”, “plans”, “will”, “intends”, “may”, “pending”, “objective”, “exploring”, “potential”, “projected”, “possible” and other similar expressions, are intended to provide information about management’s current plans and expectations regarding future operations.

Although Helix believes that the expectations reflected in such forward-looking statements are reasonable, such statements involve risks and uncertainties that may cause actual results or events to differ materially from those anticipated and no assurance can be given that these expectations will be realized, and undue reliance should not be placed on such statements. Risk factors that could cause actual results or events to differ materially from the forward-looking statements include, without limitation: (i) the inherent uncertainty involved in scientific research and drug development, including with respect to costs and difficulties in predicting accurate timelines for the commencement or completion of certain activities; (ii) the risks associated with delay or inability to complete clinical trials successfully and the long lead-times and high costs associated with transacting or obtaining regulatory approval to market any product which may result from successful completion of such trials; (iii) need to secure additional financing on terms satisfactory to Helix or at all, including that the additional funding required in order to complete clinical trials will be obtained on terms satisfactory to Helix or at all; (iv) clinical trials that yield negative results, or results that do not justify future clinical development; (v) Helix’s clinical development plan does not proceed in the manner or on the timelines anticipated by Helix or at all; and (vi) those risks and uncertainties affecting Helix as more fully described in Helix’s most recent Annual Information Form, including under the headings “Forward-Looking Statements” and “Risk Factors”, filed under Helix’s profile on SEDAR at www.sedar.com (together, the “Helix Risk Factors”). Certain material factors and assumptions are applied in making the forward-looking statements, including, without limitation, that the Helix Risk Factors will not cause Helix’s actual results or events to differ materially from the forward-looking statements.

Forward-looking statements and information are based on the beliefs, assumptions and expectations of Helix’s management on the date of this presentation and are presented solely to acquire a better understanding of Helix and may not be appropriate for other purposes nor should this presentation be redistributed to other parties. Helix does not assume any obligation to update any forward-looking statement or information should those beliefs, assumptions or expectations, or other circumstances change, except as required by law.



Shaping a near future
where today's hard-to-treat
cancers are *vincible*.

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