2026-10-28

SoftOx Solutions (SOFTX)

Addressing the Infection That Antibiotics Cannot Eradicate

SoftOx Solutions AS ("SoftOx" or "the Company") addresses a limitation that antibiotics have not overcome: bacteria embedded in biofilm within the airways of patients with cystic fibrosis ("CF") and non-CF bronchiectasis ("NCFB"), where treatment suppresses the infection without eradicating it. SoftOx Inhalation Solution ("SIS") stabilizes hypochlorous acid, an endogenous antimicrobial produced by the body's neutrophils, and delivers it by nebulization into the airway together with an organic acid. With a pan-antimicrobial mechanism, safety established in two clinical studies and proof of concept expected during H1-27, Analyst Group considers SoftOx well positioned ahead of its key value inflection. Based on an rNPV model, we derive a present value of NOK 0.20 per share in a Base scenario, rising to approx. NOK 0.30 following a positive readout, with or without a subsequent licensing agreement.

▪ Mechanism Reaches Bacteria That Antibiotics Cannot

Inhaled antibiotics act against defined bacterial targets and require the organism to be metabolically active. Within biofilm, the bacteria reached are frequently dormant and the matrix can chelate and restrict the penetration of drugs, which is why inhaled antibiotics suppress bacterial burden without eradicating the chronic infection. SIS instead acts through multiple simultaneous oxidative interactions with microbial membranes, proteins, lipids and enzymes, making it independent of bacterial metabolism. The mechanism is relevant across bacteria, viruses, fungi and spores, does not distinguish between susceptible and resistant strains, and preclinical work has shown no evidence that SIS contributes to antimicrobial resistance.

▪ Safety Established, Proof of Concept During H1-27

A first-in-human study reported no serious adverse events, with all observed events mild and broadly in line with placebo. The dose escalation part of the ongoing Phase IIa study was completed in June 2026, again without serious adverse events, and the patient phase began in August 2026 at Rigshospitalet in Copenhagen. The primary endpoint is the change in bacterial load in expectorated sputum, measured directly and objectively, where a reduction of 2 $\log_{10}$, corresponding to a 100-fold decrease, serves as the target level of activity. Readout is expected during H1-27 and is assessed to constitute the key value inflection.

▪ Value Inflection at Proof of Concept

Analyst Group assesses that a positive readout would resolve the central clinical risk. As an illustration, with all other assumptions held unchanged, our derived value would rise to NOK 0.30 per share following proof of concept ("PoC"), and to NOK 0.41–0.48 following a positive Phase IIb. The uplift is driven by the removal of clinical risk, and the derived value is broadly similar whether SoftOx partners SIS following PoC or finances Phase IIb independently. Given that NCFB has been commercially validated without an approved antimicrobial therapy, and that SoftOx trades below Nordic clinical-stage peers, we consider the risk/reward ahead of the readout to be asymmetric.

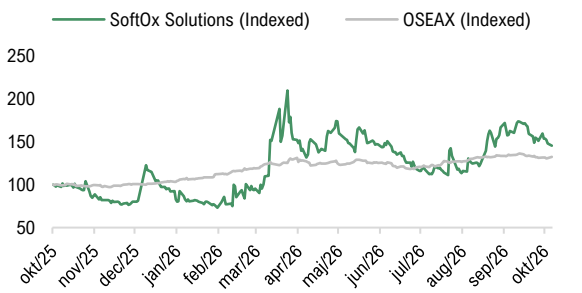
Valuation Range

Bear	Base	Bull
NOK 0.05	NOK 0.20	NOK 0.49

Key Information[1]

Share Price (2026-10-27)	0.11
Shares Outstanding	2,709,501,248
Market Cap (NOKm)	297.5
Net cash(-)/debt(+) (NOKm)	-21.4
Enterprise Value (NOKm)	276.1
List	Euronext Growth Oslo
Quarterly report 3 2026	2026-11-25

Share Price Development



Owners (Source: the Company)[2]

	INSIDER
PRO AS	12.92%
Nordnet Bank AB	5.40%
Nordnet Livsforsikring AS	4.32%
Aubert Invest AS	3.88%
Oslo Næringsutvikling AS	3.51%

Estimates (NOKm)	2026E	2027E	2028E	2029E
Risk-adj. revenues (CF)	0.0	0.0	0.0	0.0
Risk-adj. revenues (NCFB)	0.0	0.0	0.0	0.0
Risk-adj. revenues (license deal)	0.0	298.8	113.8	0.0
Project funding (EDF) / other income	11.0	6.0	0.0	0.0
Total risk-adj. revenues	**11.0**	**304.8**	**113.8**	**0.0**
Operating expenses	-39.0	-41.0	-29.0	-25.0
EBIT	**-28.0**	**263.8**	**84.8**	**-25.0**
EBIT margin (adj.)	neg.	86.5%	74.5%	neg.

[1] Net cash as of 30 June 2026, excluding capital raised after the period.
[2] Shareholder register as of 2026-10-27.

Please read our disclaimer at the end of the report

Introduction

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About the Company

SoftOx Solutions AS is a Norwegian clinical-stage pharmaceutical company founded in 2012, developing SoftOx Inhalation Solution (SIS), an inhaled non-antibiotic anti-infective for chronic airway infection. SIS is built on the Company's hypochlorous acid platform and is administered by nebulizer into the airways to reduce bacterial burden at the site of infection. The lead indication is cystic fibrosis, and a Phase IIa proof-of-concept study in patients with chronic airway infection, primarily CF, is ongoing, with non-CF bronchiectasis as the principal expansion indication, while a second clinical program applies the technology as an externally funded medical countermeasure. SoftOx has been listed on Euronext Growth Oslo since 2018 under the ticker SOFTX.

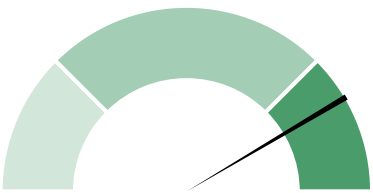
CEO and Chairman

CEO	Thomas Bjarnsholt
Chairman	Ulrik Spork

Analyst

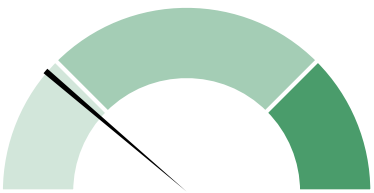
Name	David Rimbe
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Value Drivers



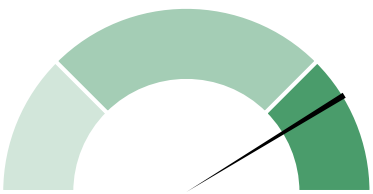
The most important near-term value driver is the proof-of-concept readout from the ongoing Phase IIa study SIS-03, expected during H1-27. A consistent reduction in bacterial burden would establish that the preclinical activity translates into infected human airways, which is assessed to raise the value of SIS regardless of whether a licensing agreement follows. Beyond the readout, expansion into NCFB, where no antimicrobial therapy is approved, constitutes the principal long-term driver, while the externally funded biodefense program adds human safety data.

Historical Profitability



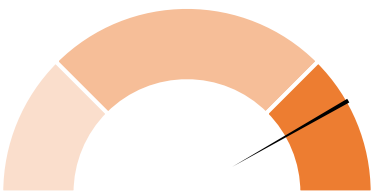
SoftOx is a clinical-stage pharmaceutical company without product revenues, and the Company therefore has a history of negative cash flows. Reported operating revenue consists of public project funding, principally from the European Defence Fund, which is recognized as project costs are incurred and therefore carries a limited net effect on operating profit. Nevertheless, we assess that SoftOx is operating with solid cost control. The rating is based on historical profitability and does not reflect forward-looking projections.

Management & Board



SoftOx is led by CEO and CSO Thomas Bjarnsholt, professor at the Costerton Biofilm Center and among the most cited biofilm researchers globally, with Ulrik Spork as Chairman since 2024, a combination of scientific depth in the very problem SIS addresses and board experience that Analyst Group considers well matched to a company dependent on clinical execution and partnering. Insider ownership amounts to approx. 6% of the share capital, with the Chairman having participated in the July 2026 placement.

Risk Profile



SoftOx's value is concentrated in a single asset in Phase IIa, where outcomes are binary and the study design places the emphasis on the magnitude and consistency of the observed effect, although established safety across two studies mitigates the risk to some extent. Cash is estimated to last into the H1-27 readout, after which continued development requires either a licensing partner or additional external capital, where the latter entails dilution for existing shareholders.

Investment Thesis

~12,400
Addressable Patients in CF

~445,000
Addressable Patients in NCFB

Multi-Target Oxidation Independent of Bacterial Metabolism

No Serious Adverse Events Across Two Clinical Studies

Base Scenario

Equity Value		Per Share
591 NOKm	=	0.20 NOK

~0.30 NOK
Per Share After Positive PoC (illustrative)

Funded Into the H1-27 Readout

Addressing a Treatment Gap in Two Markets With Established Willingness to Pay

Through SoftOx Inhalation Solution ("SIS"), SoftOx addresses chronic airway infection in cystic fibrosis ("CF") and non-CF bronchiectasis ("NCFB"), two diseases in which bacteria establish themselves permanently within biofilm and drive disease progression and reduced survival. Current inhaled antibiotics suppress the infection without eradicating it, and patients remain on lifelong cycled therapy at US list prices of approx. USD 68k to 76k per year, corresponding to a CF market of approx. USD 600m across some 12,400 treated patients. NCFB represents approx. 445,000 addressable patients, where the first approved therapy reached the market in August 2025 with first full-year guidance of USD 1.25–1.4bn, but addresses inflammation rather than infection, and no antimicrobial therapy has been approved for the indication. Given established reimbursement at specialty pricing and a bacterial component that remains untreated, Analyst Group considers that SoftOx addresses markets with substantial medical and commercial value.

A Pan-Antimicrobial Mechanism Reaching Bacteria That Antibiotics Cannot

Inhaled antibiotics act against defined bacterial targets and require the organism to be metabolically active, whereas bacteria within biofilm are frequently dormant and somewhat shielded by the matrix, which is why current treatment suppresses bacterial burden without eradicating the infection. SIS instead acts through multiple simultaneous oxidative interactions with microbial membranes, proteins, lipids and enzymes, making it independent of bacterial metabolism. The mechanism is relevant across bacteria, viruses, fungi and spores, does not distinguish between susceptible and resistant strains, and preclinical work has shown no evidence that SIS contributes to antimicrobial resistance. Since SIS shares no target with existing antibiotics, it complements current therapy rather than replacing it. The technology has been developed under co-inventor Thomas Bjarnsholt, professor at the Costerton Biofilm Center and the Company's CEO and Chief Scientific Officer.

Strong Safety Profile Supported by Clinical Data, With Proof of Concept Expected During H1-27

SIS is based on hypochlorous acid, an endogenous molecule produced by the body's neutrophils, and has been developed to exert its antimicrobial effect locally at the site of infection without systemic exposure. A first-in-human study reported no serious adverse events, with all events mild and broadly in line with placebo, and the dose escalation part of the ongoing Phase IIa study was completed in June 2026 with the same outcome. The patient phase began in August 2026 at Rigshospitalet in Copenhagen, with change in bacterial load as the primary endpoint and readout expected during H1-27. In parallel, a second clinical program funded through the European Defence Fund and the Norwegian Ministry of Defence generates additional human data without shareholder capital, and GMP drug substance and drug product have been released. Overall, both clinical data and the endogenous origin of the active molecule support a strong safety profile.

Forecast and Valuation

SoftOx's business model is to advance SIS through clinical proof of concept and thereafter either out-license the asset or finance further development before partnering. SoftOx is valued using an rNPV model, where our valuation assumes a global licensing agreement following PoC during 2027, with a total deal value of USD 750m, of which USD 52.5m is an upfront payment, and a 10% royalty, risk-adjusted using a likelihood of approval of 22.8% in CF and 12.7% in NCFB. Discounted at a WACC of 15%, this derives an equity value of approx. NOK 591m, corresponding to NOK 0.20 per share in a Base scenario. Should SoftOx instead finance Phase IIb independently, the derived value is broadly unchanged. As an illustration, with all other assumptions, including financing, held unchanged, a positive readout would raise the value to NOK 0.30 per share in both cases, and to NOK 0.41–0.48 following a positive Phase IIb.

Binary Readout and Partner Dependence Constitute the Central Risks

Clinical-stage biotech companies carry high development risk, as outcomes are binary, and SoftOx is in Phase IIa, where most drug candidates fail, although established safety across two studies and an objective microbiological endpoint mitigate this risk to some extent. SoftOx is estimated to be funded into the H1-27 readout, after which continued development requires either a licensing partner or additional external capital. A protracted partnering process would weaken the Company's negotiating position, while independent financing of Phase IIb would entail dilution for existing shareholders and leave the Phase IIb risk with them, which is reflected in our Bear scenario and in the alternative pathway presented in the Valuation section.

Company Description

Dictionary

Biofilm – a community of bacteria embedded in a protective matrix, within which they become far less susceptible to antibiotics.

Hypochlorous acid (HOCl) – an oxidizing agent produced naturally by the body's own white blood cells as part of the immune defense against microbes.

Nebulizer – a device that converts a liquid medicine into an aerosol fine enough to be inhaled into the lungs.

Sputum – mucus coughed up from the lower airways, used to measure the bacterial burden in the lungs.

***Pseudomonas aeruginosa* –** the bacterium most commonly responsible for chronic airway infection in cystic fibrosis and bronchiectasis.

CFU/g – colony-forming units per gram; a measure of the number of viable bacteria in a sample.

SoftOx Solutions is a Norwegian clinical-stage pharmaceutical company developing SoftOx Inhalation Solution ("SIS"), an inhaled anti-infective for chronic airway infection. SIS is built on the Company's patented hypochlorous acid platform and is administered by nebulizer directly into the lungs, where it is designed to reduce bacterial burden at the site of infection without systemic exposure. The lead indication is cystic fibrosis ("CF"), and SIS is evaluated in the Phase IIa study SIS-03 in chronic airway infection, primarily CF, at Rigshospitalet in Copenhagen, with non-CF bronchiectasis ("NCFB") as the principal expansion indication. A second clinical program, SIS-02, applies the same technology as a medical countermeasure against biological threats and is funded through the European Defence Fund and the Norwegian Ministry of Defence. The Company's strategy is to establish clinical proof of concept and thereafter realize the value of SIS through a licensing agreement, either following proof of concept or at a later stage.

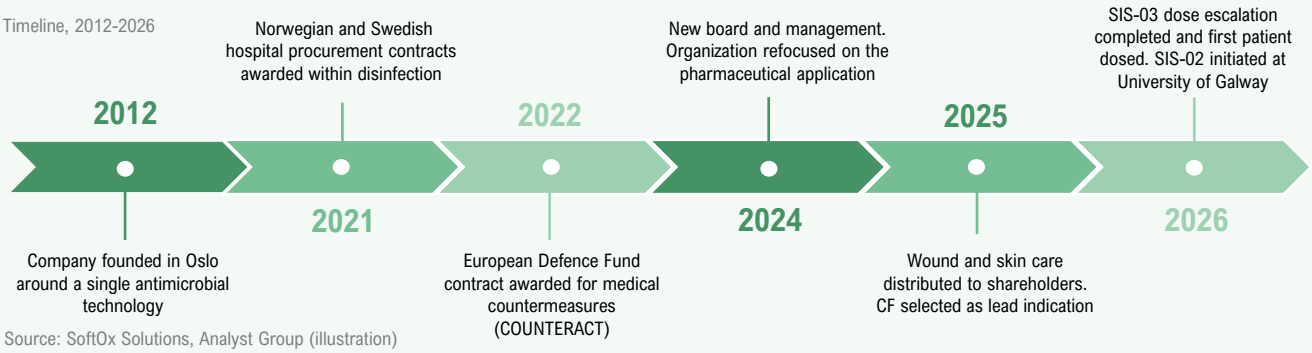
History

SoftOx Solutions was founded in 2012 in Oslo around a single antimicrobial technology based on two naturally occurring compounds, hypochlorous acid and an organic acid. The technology originated in collaboration with scientific teams at the University of Copenhagen within microbiology and at Lund University within chemistry, where the central challenge was to stabilize otherwise highly reactive components so that their antimicrobial effect could be retained in a usable formulation. Thomas Bjarnsholt, professor at the Costerton Biofilm Center at the University of Copenhagen and Rigshospitalet and among the most cited researchers globally within biofilm science, is co-inventor of the technology. Thomas research concerns the very problem SIS is designed to address, namely how bacteria organize into biofilm communities in the airways of patients with chronic lung disease and why conventional antibiotics lose their effect against them.

The platform was initially developed in parallel across three regulatory classifications, biocides, medical devices and pharmaceuticals, producing a portfolio spanning disinfection, wound care and respiratory applications. The disinfection business generated early commercial validation through Norwegian and Swedish hospital procurement contracts awarded in 2021, the same year SIS entered the clinic, and the Phase I study SIS-01 confirmed in 2022 that SIS was safe and well tolerated in healthy volunteers. In 2022 the European Defence Fund also awarded funding to the COUNTERACT project, through which SIS is developed as a medical countermeasure.

A new board and management were appointed in 2024 and the organization was refocused on the pharmaceutical application, after which the wound and skin care business was distributed to shareholders in February 2025, leaving the inhaled program as the Company's sole focus. In September 2025 the lead indication was selected. Development had previously been directed toward ventilator-associated pneumonia, an acute hospital indication with heterogeneous patient populations and correspondingly large and complex trials, however it was redirected toward chronic airway infection with CF as the entry point, a well-characterized patient population treated at specialist centers, with established endpoints and a disease in which bacterial burden can be measured directly and objectively in sputum, which allows proof of concept to be established in a small study.

Overall timeline for SoftOx's development toward a focused inhaled anti-infective platform



Source: SoftOx Solutions, Analyst Group (illustration)

SIS Delivers the Immune System's Own Antimicrobial to the Site of Infection

SIS is a nebulized, pan-antimicrobial anti-infective in which hypochlorous acid ("HOCl") is stabilized with an organic acid. HOCl is an endogenous molecule, produced by the body's own neutrophils as a central component of the innate immune response to microbial invasion, but it is highly reactive and unstable in aqueous solution.

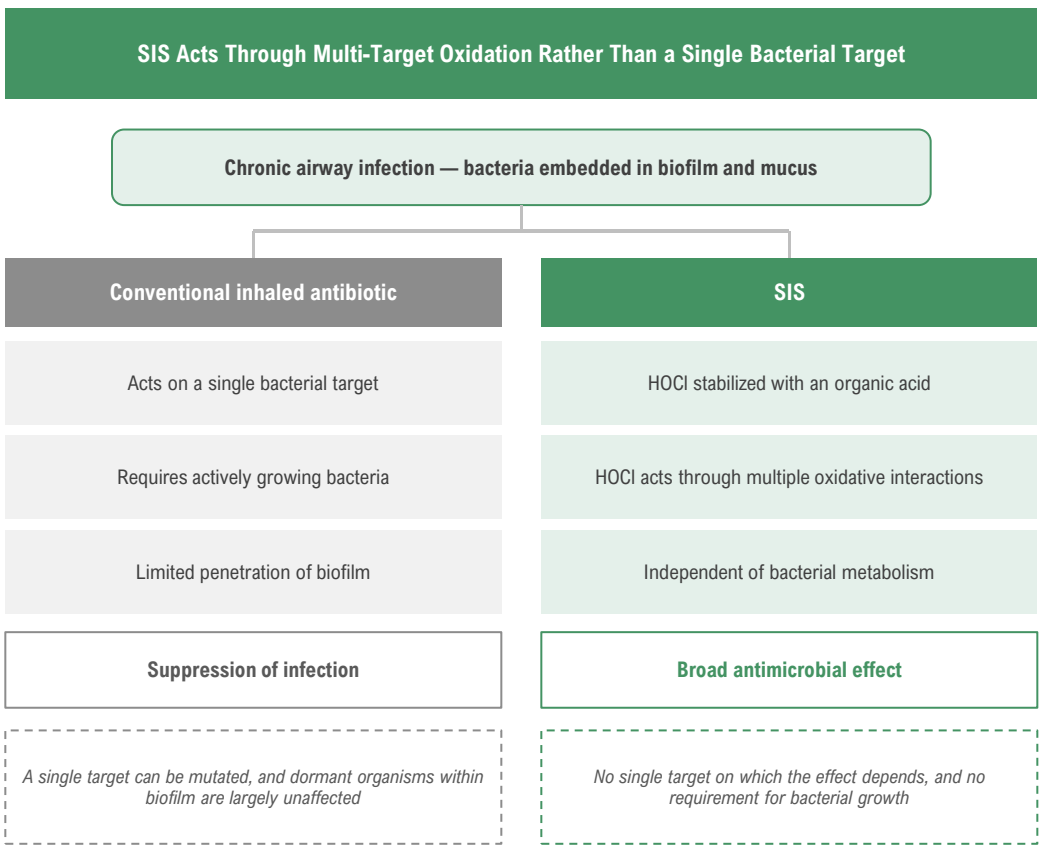
Company Description

The SoftOx technology stabilizes the molecule and delivers it by nebulization directly into the airway, thereby reinforcing one of the immune system's own mechanisms for eradicating pathogens at the site of infection. Since both components are naturally occurring compounds that mammalian physiology is adapted to handle, and since delivery is local, no systemic side effects have been observed in clinical studies to date.

What differentiates SIS from conventional antibiotics is its mechanism of action. Inhaled antibiotics used in CF, such as tobramycin and colistin, act against defined bacterial targets or metabolic pathways, and their effect therefore depends on the bacterium being metabolically active, whereas HOCl oxidizes multiple microbial components simultaneously, including membranes, proteins, lipids and enzymes, with no single molecular target on which the effect depends and no requirement that the organism be growing. This gives rise to three properties that Analyst Group considers central to the investment case. The oxidative mechanism is relevant across bacteria, viruses and fungi and does not distinguish between susceptible and resistant strains, which is the basis for the pan-spectrum profile documented preclinically. It retains its effect against bacteria in the slow-growing or dormant state that characterizes biofilm-associated infection, where most antibiotics lose theirs. Adaptation through a single mutation is furthermore considerably more difficult against a multi-target oxidative agent, and preclinical work has shown no evidence that SIS contributes to antimicrobial resistance, although Analyst Group notes that clinical confirmation requires longer patient exposure than has been generated to date.

Stabilization of HOCl with an Organic Acid

The organic acid component functions as a stabilizer of the formulation, and the combination constitutes the core of the product concept. In CF and NCFB airways, bacteria are embedded within biofilm and thickened mucus, which restricts drug penetration and shields organisms that are metabolically dormant, whereas HOCl acts without regard to whether the organisms inside are growing.



Company Description

Two Indications Addressed by the Same Mechanism

SIS is directed toward two chronic respiratory diseases that differ in origin but converge on the same clinical problem. In CF the cause is genetic, while in NCFB the airways are damaged by repeated infection and inflammation. In both, mucus clearance is impaired, bacteria establish themselves permanently within biofilm, and *P. aeruginosa* is the dominant pathogen. It is this shared mechanism that allows a single asset to address both indications, and it is the basis for the Company's strategy of establishing clinical proof of concept in the smaller and better characterized of the two before expanding into the larger.

Indication Areas – Cystic Fibrosis

Cystic Fibrosis

Disease Description

CF is a genetic disease caused by mutations in the CFTR gene, which regulates salt and water transport across cell membranes. The resulting thickened airway mucus impairs the lungs' natural clearance mechanism and creates an environment in which bacteria establish persistent infection. Chronic airway infection is a major contributor to disease progression and an independent risk factor for reduced survival. *Pseudomonas aeruginosa* is the most commonly treated pathogen.

Current Treatment

Current Treatment Approach

CFTR modulators have transformed the treatment of CF by addressing the underlying genetic defect and are available to the large majority of patients. They do not, however, resolve infection that is already established, and chronic inhaled antibiotics such as tobramycin and aztreonam remain the recommended standard for chronic *P. aeruginosa* infection. These therapies suppress rather than eradicate the infection, are administered in cycles over the patient's lifetime, and are constrained by biofilm-associated antibiotic tolerance and by resistance development over time.

SIS

Potential with SIS and status

SIS is intended to address what conventional inhaled antibiotics have not: bacteria embedded in biofilm, in a slow-growing state, within an environment that restricts drug penetration. As a multi-target oxidative agent delivered locally to the airway, it is designed to act independently of bacterial metabolism and across a broad pathogen range. CF has been selected as the clinical entry point because the patient population is well characterized, endpoints are established, and chronic inhaled anti-infective therapy is already an accepted treatment category. The Phase IIa study SIS-03 is ongoing at Rigshospitalet in Copenhagen, with proof-of-concept readout expected during H1 2027.

Indication Areas – Non-CF Bronchiectasis

Non-CF Bronchiectasis

Disease Description

NCFB is characterized by permanently widened airways and a self-reinforcing cycle of infection, inflammation and structural lung damage. Impaired clearance allows bacteria to persist, the resulting inflammation causes further airway damage, and that damage in turn worsens clearance. Patients experience recurrent pulmonary exacerbations, the frequency and severity of which are associated with disease progression. *P. aeruginosa* is the leading cause of chronic infection, within a patient population that harbors a range of bacterial species.

Current Treatment

Current Treatment Approach

Treatment has historically consisted principally of symptomatic management: airway clearance techniques, bronchodilators, corticosteroids, and antibiotics to treat exacerbations as they arise. In 2025 the first therapy approved specifically for NCFB reached the market, acting on the inflammatory component of the disease. No antimicrobial therapy has been approved specifically for the indication.

SIS

Potential with SIS and status

The disease mechanism closely resembles that in CF, involving the same dominant pathogen, the same biofilm-associated persistence and the same route of administration. The Company's strategy is therefore to establish clinical proof of concept in chronic airway infection, with CF as the lead indication, and thereafter expand into NCFB, which represents a substantially larger patient population. The indication remains preclinical for SIS and expansion would require a dedicated clinical program.

Company Description

Preclinical Data

SoftOx has completed the preclinical work required to support clinical entry. Reproducible and dose-dependent bactericidal and virucidal effects of inhaled SIS have been demonstrated in murine pneumonia models of *P. aeruginosa* and influenza A, and administration of SIS has been shown to prevent transmission of parainfluenza virus between co-housed mice. Testing of the second-generation formulation by consortium partners has further demonstrated activity against a range of respiratory pathogens, including *Bacillus anthracis*. In October 2026, the Company further reported a reduction of more than 7 log10 in viable *Yersinia pestis*, the bacterium that causes plague, within one minute of exposure to SIS in vitro.

Clinical Data

A first-in-human study evaluated the safety and tolerability of inhaled SIS in healthy volunteers. No serious adverse events were reported, and observed events were predominantly mild, occurring in 27.9% of volunteers receiving SIS against 21.4% receiving placebo. The dose escalation part of the ongoing Phase IIa study was completed in June 2026, again without serious adverse events or material tolerability concerns, which establishes the safety and tolerability profile required to proceed into patients.

SIS-03: Proof of Concept in Chronic Airway Infection

SIS-03 is conducted at Rigshospitalet in Copenhagen following approval by the Danish Medicines Agency in December 2025. The study is divided into two parts. Dose escalation in healthy volunteers began on 2 March 2026 and was completed in June 2026, and the patient proof-of-concept phase enrolling 15 to 25 patients with chronic airway infection began in August 2026. The primary endpoint is the change in bacterial load in expectorated sputum, measured in colony-forming units per gram ("CFU/g"), with a reduction of at least two $\log_{10}$, corresponding to a 100-fold decrease, as the target level of activity. The study compares each patient against their own baseline rather than a control arm, a design supported by the relative stability of bacterial burden in chronic patients over time, by the availability of historical antibiotic data as a reference, and by the objective character of a microbiological endpoint relative to symptom-based measures. The outcome is to be assessed on the totality of the data rather than against a single numerical threshold, with the magnitude of the effect, its consistency across patients and the relationship between dose and exposure all bearing on the interpretation. The study is scheduled to conclude during Q1-27 with readout expected during H1-27.

SIS-02: Phase 1 Within Biological Preparedness

SIS-02 is conducted through the wholly owned subsidiary SoftOx Defense Solutions at the University of Galway in Ireland following approval by the Irish Health Products Regulatory Authority in February 2026, with the first participant enrolled in June 2026. The study evaluates safety, tolerability and pulmonary exposure at higher concentrations, with the objective of broadening the documented therapeutic window for the platform. The program is conducted within the EDF COUNTERACT consortium together with the Norwegian Defence Research Establishment and other European partners, where SoftOx leads the antimicrobial pillar. It is funded by the EDF and the Norwegian Ministry of Defence, is ring-fenced from the parent company's financing, and commercial rights are retained within the SoftOx group. Readout is expected during H1-27.

Pipeline

Candidates	Indication area	Development	Discovery	Preclinical	Phase I	Phase II	Phase III
SIS	Cystic fibrosis	SoftOx					
	Non-CF bronchiectasis	SoftOx					
	Biological preparedness	Collaboration (EDF)					

SoftOx advances a single asset across two clinical programs and one preclinical expansion opportunity. CF is the clinical entry point and the source of the proof-of-concept data on which the Company's strategy depends. Biological preparedness runs in parallel as an externally funded program that broadens the human safety dataset. NCFB is the intended expansion indication and would follow, rather than precede, demonstration of clinical activity in CF.

Rigshospitalet

Rigshospitalet in Copenhagen is Denmark's largest hospital and hosts one of the country's two cystic fibrosis centers. The hospital is closely integrated with the University of Copenhagen, where SoftOx's CEO holds a professorship at the Costerton Biofilm Center. SIS-03 is conducted at Rigshospitalet following approval by the Danish Medicines Agency in December 2025, giving access to a well-characterized CF population treated at a single specialist center.

SoftOx Defense Solutions

SoftOx Defense Solutions is a wholly owned subsidiary developing SIS as a medical countermeasure against biological threats. The work is conducted within COUNTERACT, a pan-European consortium funded by the European Defence Fund and the Norwegian Ministry of Defence, where the antimicrobial pillar was granted approximately NOK 97m with SoftOx receiving approximately half. The program is ring-fenced from the parent company's financing, and SoftOx retains all commercial rights.

Company Description

Norwegian Defence Research Establishment (FFI)

FFI is the Norwegian Armed Forces' central research institution and SoftOx's principal research partner within biological preparedness since 2021. Within COUNTERACT, FFI tested the second-generation SIS formulation across commercially available nebulizer devices and selected the lead device for the Phase 1 study. The partnership provides access to biosafety infrastructure for testing against select agents that the Company could not conduct independently.

Clinical Advisory Board

In September 2026, Dr. Bruce Montgomery was appointed Chair of SoftOx's Clinical Advisory Board. Dr. Montgomery led the development of TOBI, the first FDA-approved inhaled antibiotic for CF, and of Cayston through approval and launch at Gilead. The board is to advise on the design of the planned Phase IIb dose-ranging study, including dose selection, endpoints and regulatory strategy.

The most advanced program is SIS-03 in chronic airway infection, with CF as the lead indication, where the patient proof-of-concept phase began in August 2026 and readout is expected during H1-27. The step thereafter is planned to be a Phase IIb dose-ranging study, the design of which is developed together with the Company's Clinical Advisory Board, while scope and financing will depend on the strength of the proof-of-concept dataset and on whether development is advanced independently or together with a partner. Within biological preparedness, SIS-02 is ongoing at the University of Galway with readout likewise expected during H1-27, and the EDF COUNTERACT project under which it is funded is expected to run until November 2027. NCFB remains preclinical for SIS, and the Company describes it as the principal longer-term opportunity for the platform.

Business Model

SoftOx's strategy is to advance SIS through the ongoing Phase IIa study (a so-called proof-of-concept study) and, upon favorable results, either out-license SIS to an external partner or finance a Phase IIb study and partner from a more advanced position. A licensing agreement may take several forms with varying structures of upfront payments, milestone payments and royalty revenues. An upfront payment is received at the signing of the agreement, milestone payments are made as development progresses and predetermined clinical, regulatory and commercial goals are met, and royalty revenues are earned as a share of future product sales.

A potential partner deal may also vary in scope, covering either both indications or CF alone. If no partner deal is signed following the Phase IIa study, SoftOx may continue development independently and resume discussions with external parties at a later stage, from a more mature position. In the longer term, given favorable study results and assuming a partnership is secured, cash flows from such a deal are expected to be reinvested into SoftOx's operations and used to develop SIS in further indications for which the Company has preclinical data, with non-CF bronchiectasis as the nearest.

Strategic Outlook

- **Deliver proof of concept in chronic airway infection.** The patient phase of SIS-03 is underway with readout expected during H1-27. A consistent reduction in bacterial load, accompanied by an acceptable safety and tolerability profile, would establish that the activity observed preclinically translates into infected human airways. This is the event around which the Company's near-term development is organized.
- **Broaden the human dataset through SIS-02.** The study documents safety, tolerability and pulmonary exposure at higher concentrations, supporting a wider therapeutic window for the platform, and is executed without drawing on shareholder capital.
- **Complete the IP landscape analysis and KOL assessment.** Both form part of the evidence package a prospective partner would evaluate, and results are expected to be communicated when finalized.
- **Advance partner discussions.** The partnering strategy is being developed in parallel with the clinical program. The Company has indicated that successful proof of concept would materially strengthen its position in such discussions, and that the strategy will be communicated when appropriate.
- **Establish a funded pathway into later-stage development.** Management has identified this as the central question beyond the readout: how quickly clinical evidence can be translated into a financed route through Phase IIb, whether through a partner, further financing, non-dilutive sources, or a combination.
- **Expand into larger respiratory indications.** NCFB represents a substantially larger patient population addressed by the same mechanism and route of administration. Expansion would follow demonstration of clinical activity in CF and would require a dedicated clinical program.

Market Analysis

SoftOx develops an inhaled anti-infective for chronic airway infection, with cystic fibrosis (CF) as the clinical entry point and non-CF bronchiectasis (NCFB) as the intended expansion indication. Both diseases are characterized by permanent bacterial colonization of structurally damaged airways, both are managed in the outpatient specialist setting, and in both the bacterial component of the disease is treated with therapies that suppress infection without eliminating it.

Biofilm Sustains Chronic Airway Infection Despite Treatment

Healthy lungs clear inhaled bacteria through the continuous upward transport of mucus. In CF this mechanism is impaired by thickened secretions caused by the underlying genetic defect, and in NCFB by structural airway damage. Bacteria that would normally be removed instead establish themselves permanently and organize into biofilm, a community embedded in a matrix within which individual organisms slow their metabolism or become dormant.

Most antibiotics act against a defined target involved in bacterial growth and therefore require the organism to be metabolically active. Within biofilm, the matrix restricts drug penetration and the organisms reached are frequently not growing. Chronic inhaled antibiotics consequently suppress bacterial burden without eradicating the infection, patients remain on cycled therapy indefinitely, and the sub-therapeutic concentrations reaching the biofilm create conditions under which resistant strains are selected.

1.27 MILLION
DEATHS ATTRIBUTABLE TO BACTERIAL AMR IN 2019

The Global Research on Antimicrobial Resistance study estimated that bacterial antimicrobial resistance was directly responsible for approximately 1.27 million deaths globally during 2019[1]. *Pseudomonas aeruginosa*, the dominant pathogen in both CF and NCFB, features in its carbapenem-resistant form on the World Health Organization's Bacterial Priority Pathogens List, which identifies the pathogens for which new therapies are most urgently required[2].

Reimbursement Structure Has Determined Commercial Outcomes in Anti-Infectives

The commercial record of newly approved antibiotics is weak, and the cause is structural rather than clinical. In the acute hospital setting, treatment is reimbursed through bundled per-admission payments, which means that a hospital administering a newer and more expensive agent absorbs the incremental cost. Several approved antibiotics have consequently generated negligible revenue despite regulatory success.

USD 434m
ARIKAYCE GLOBAL REVENUE IN 2025

The anti-infectives that have achieved commercial scale share a different profile. They treat chronic disease managed in the outpatient setting, they are reimbursed through the medical benefit rather than through an admission bundle, and they serve an identifiable population treated at specialist centers. Arikayce, an inhaled liposomal amikacin for refractory *Mycobacterium avium* complex lung disease, is the established example, with global revenue of approximately USD 434m during 2025 and guidance of USD 450m to 470m for 2026[3]. Brinsupri, approved for NCFB in the US in August 2025 and in the EU in November 2025, acts on inflammation rather than infection but confirms that the same outpatient specialist setting supports specialty pricing in NCFB.

Analyst Group regards this distinction as material to the assessment of SoftOx. SIS is directed at chronic airway infection managed in the outpatient specialist setting, which places the program in the same commercial category as the two anti-infectives that have achieved scale in respiratory disease.

Biofilm Formation Explains Why Chronic Airway Infection Persists Despite Treatment

Impaired clearance
Thickened mucus and structural airway damage prevent removal of inhaled bacteria, allowing permanent colonization.

Biofilm formation
Bacteria organize into a community protected by a matrix, within which many enter a slow-growing or dormant state.

Antibiotic tolerance
Antibiotics penetrate the matrix poorly and require actively growing bacteria, so treatment reduces bacterial burden without eradicating the infection.

Source: Analyst Group (illustration)

[1] Murray CJL et al. Global burden of bacterial antimicrobial resistance in 2019. The Lancet (2022)
[2] World Health Organization, WHO Bacterial Priority Pathogens List 2024
[3] Insmed, company reporting and guidance.

Market Analysis

Cystic Fibrosis

CF is an inherited disease caused by mutations in the CFTR gene, which regulates salt and water transport across cell membranes. Approximately 68,000 diagnosed patients are recorded across the United States and the four largest European markets plus the United Kingdom[1]. National patient registries have existed for decades in both regions, which makes the epidemiology unusually reliable by the standards of rare disease.

Addressable Population and Pricing

~12,400
ADDRESSABLE CF PATIENTS IN THE US AND EU4+UK

Not all diagnosed patients are addressable for an anti-infective therapy. According to the US patient registry, approximately 24.6% of individuals recorded a positive *P. aeruginosa* culture during 2023, a proportion we apply across both regions[1]. Of those, approximately 88% are aged six or above, the population in which chronic inhaled antimicrobial therapy is used, and approximately 84% of that group receive chronic inhaled antibiotics for at least 90 days per year. The resulting addressable population amounts to approximately 12,400 patients.

Pricing in this category is established rather than hypothetical. The two chronic inhaled antibiotics used in CF, aztreonam and tobramycin, carry US list prices of approximately USD 68,000 and USD 76,000 per patient and year according to Red Book[2]. European pricing is materially lower, with Cayston reimbursed at approximately USD 28,000 per year in Denmark and approximately USD 18,000 in the United Kingdom[3]. Weighting these levels across the addressable population in each region produces a market opportunity of approximately USD 600m annually, in line with the Company's own assessment.

USD 600m
ANNUAL MARKET OPPORTUNITY IN CF

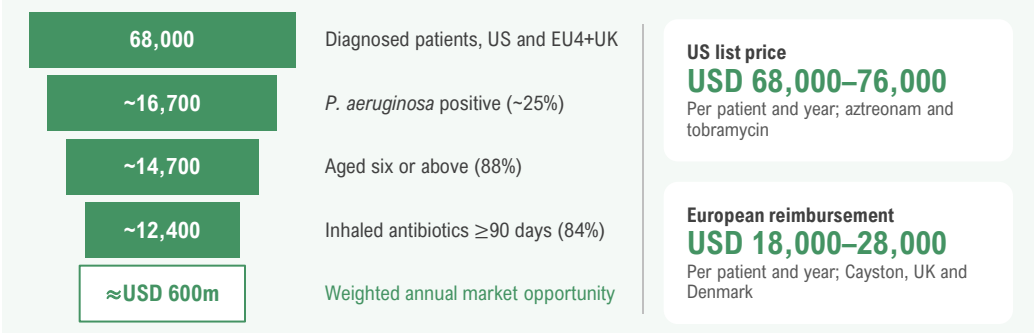
CFTR Modulators Have Not Resolved Chronic Infection

CFTR modulators have transformed the treatment of CF and built the largest franchise in rare respiratory disease. Vertex guides to total revenue of USD 13.1bn to 13.2bn for 2026, of which non-CF products are expected to contribute USD 500m or more, and continues to expand the franchise through the next-generation modulator Alyftrek[4]. The modulators correct the underlying ion channel defect but do not eliminate bacteria already established within the airways. Chronic airway infection remains a major contributor to disease progression and an independent risk factor for reduced survival. Chronic inhaled antibiotics remain the recommended standard of care for chronic *P. aeruginosa* infection under both European and US treatment guidelines[5]. Analyst Group therefore views the infection component of CF as a therapeutic problem that remains open notwithstanding the commercial scale of the modulator franchise, and notes that the continued expansion of the modulator class enlarges rather than reduces the population living long enough to require chronic anti-infective treatment.

Potential Competitors in Development

Development effort in CF has been concentrated on CFTR modulation rather than on infection, and no antibacterial candidate is currently in Phase III[6]. Three candidates are in Phase II, and a fourth, an inhaled bacteriophage therapy, was discontinued during 2025 following data monitoring committee feedback on tolerability at the doses required.

Market Data for Cystic Fibrosis



Source: CFF Patient Registry, ECFS Patient Registry, Red Book, Analyst Group

[1] Cystic Fibrosis Foundation and European Cystic Fibrosis Society Patient Registry Annual Data Report 2023
[2] Merative Micromedex RED BOOK
[3] Medicinpriser.dk; British National Formulary
[4] Vertex, Company reports
[5] Castellani C et al. J Cyst Fibros (2018); Mogayzel PJ et al. Am J Respir Crit Care Med (2013)
[6] ClinicalTrials.gov; company reporting

Market Analysis

Non-CF Bronchiectasis

NCFB describes permanently widened and structurally damaged airways arising from repeated infection and inflammation. The disease is sustained by a self-reinforcing cycle in which impaired clearance allows bacteria to persist, the resulting inflammation causes further airway damage, and that damage worsens clearance. Patients experience recurrent pulmonary exacerbations, the frequency of which is associated with disease progression and mortality. A claims-based analysis by Weycker et al. derived approximately 139 cases per 100,000 adults in the United States, implying roughly 473,000 diagnosed patients, while sell-side estimates published around the launch of Brinsupri place the figure at approximately 500,000[1]. European estimates are considerably less firm, with published national studies spanning a wide range, and the figure of approximately 640,000 across EU4 and the United Kingdom should be regarded as an approximation.

Addressable Population and Pricing

~445,000
ADDRESSABLE NCFB PATIENTS IN THE US AND EU4+UK

Applying the proportion of patients who seek treatment and the proportion with bacterial colonization produces an addressable population of approximately 445,000, reflecting a therapy active against the full range of bacterial species colonizing the airways, which is the profile SIS is developed to provide. The distinction matters, since a meta-analysis by Wang et al. covering 98 studies and approximately 55,000 patients identified *P. aeruginosa* in around 26% of cases, with *Haemophilus influenzae* and other species accounting for much of the remainder[2]. The *P. aeruginosa*-colonized subset alone corresponds to a market of approximately USD 5bn at the weighted price applied in our forecast, in line with the Company's assessment, while the breadth of SIS extends the addressable population beyond it. Pricing is anchored by the only therapy approved specifically for the indication, Brinsupri, which carries a US list price of approximately USD 88,000 per year, with gross-to-net deductions guided by the manufacturer to the mid to high twenties in percentage terms[3].

Brinsupri Has Validated the Commercial Opportunity

USD 1.25–1.4BN
BRINSUPRI REVENUE GUIDANCE FOR ITS FIRST FULL YEAR

No therapy was approved specifically for NCFB before August 2025. Treatment consisted of airway clearance techniques, bronchodilators, corticosteroids and antibiotics used to manage exacerbations as they arose, and the European Respiratory Society guideline published in 2025 continues to describe antimicrobial management in the indication as largely dependent on agents used outside their approved labeling. Brinsupri, an oral DPP1 inhibitor acting on neutrophilic inflammation, recorded global revenue of USD 309m during Q2 2026, growth of 49% over the preceding quarter and bringing first-half revenue to USD 517m. Full-year 2026 guidance was raised to USD 1.25–1.4bn from a previous outlook of at least USD 1bn, and the long-term peak sales estimate was raised to above USD 7bn from above USD 5bn. The manufacturer reported approximately 7,000 new patients during the quarter and stated that these represented organic demand rather than a backlog.

The scale of that outcome is best understood against what the market was assumed to be worth beforehand. GlobalData valued the bronchiectasis market across the eight major markets at approximately USD 1.5bn during 2023 and forecast growth around 10% annually to 2033[4]. A single therapy in its first full year is guided to approach the entire pre-launch value of the market, which indicates that the commercial opportunity in NCFB had been materially understated before an approved product existed to reveal it. Three conclusions follow for the assessment of SoftOx. NCFB is a commercially significant market rather than a theoretical one. Payers reimburse a branded therapy in the indication at specialty pricing. And because Brinsupri addresses inflammation rather than infection, its adoption expands the diagnosed and treated population without competing for the same therapeutic role.

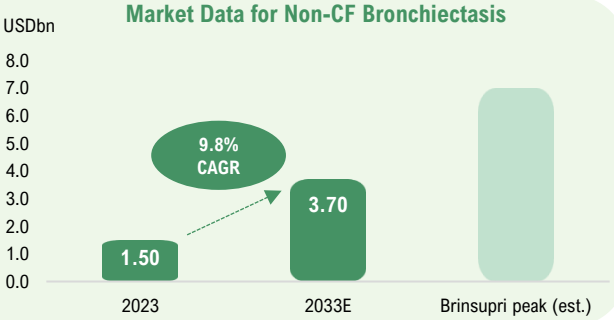
~26%
of NCFB patients colonized by *P. aeruginosa*



>USD 7bn
Brinsupri peak sales estimate, almost twice the 2033E market forecast



Market Data for Non-CF Bronchiectasis



[1] Weycker D et al. Prevalence and incidence of non-cystic fibrosis bronchiectasis among US adults. Chronic Respiratory Disease
[2] Wang Y et al. Respiratory Research (2025)
[3] Insmed, company reporting and business update
[4] GlobalData, Bronchiectasis: Eight-Market Drug Forecast

Market Analysis

Potential Competitors in Development

No antimicrobial therapy has been approved specifically for NCFB in the US or Europe. Two antibacterial candidates are in Phase II, being the inhaled bacteriophage therapy AP-PA02 from Armata Pharmaceuticals, targeting *P. aeruginosa*, and the intravenously administered bispecific antibody AZD0292 from AstraZeneca, while the remaining candidates in development address inflammation or symptom burden. An inhaled therapy with activity across the bacterial species colonizing the airways would, upon demonstrating a meaningful reduction of bacterial burden, be first in its class in the indication.

Trends in Biopharma Licensing

USD 166.7bn
LICENSING VALUE ANNOUNCED DURING H1-26

~6%
UPFRONT SHARE OF ANNOUNCED DEAL VALUE

SoftOx is expected to partner SIS at some stage of development, either following proof of concept or after Phase IIb, which makes the structure of the licensing market directly relevant to the financial forecast. According to J.P. Morgan, announced biopharma research and development licensing value reached USD 166.7bn during the first half of 2026, already more than half of the record full-year 2025 figure, and twenty-five transactions disclosed upfront payments of USD 100m or above during the half, more than half the full-year 2025 count for transactions of that size[1]. The structure of these agreements is the more important observation for forecasting purposes. Upfront cash represented approximately 6% of total announced deal value during the first half of 2026, modestly below the 7% level that prevailed from 2023 through 2025[1]. Deal structures continue to place the weight of consideration in development, regulatory and commercial milestones, which allows the acquiring party to secure access to an asset while retaining downside protection. The headline value of a licensing agreement consequently exceeds the cash received at signing by a wide margin, and a substantial proportion of announced value remains contingent on clinical and regulatory progress that the licensor does not control.

The same dataset shows median upfront payments by large-cap acquirers rising with development stage at signing, from USD 62m for platform and discovery-stage assets to materially higher levels for Phase II and Phase III programs. Two qualifications apply before reading these levels across to SoftOx. The medians reflect in-licensing by companies with market capitalizations above USD 50bn and are calculated on limited transaction counts, and a substantial share of recent large-upfront activity has involved assets originating in China, which accounted for 42% of large-cap licensing transactions with upfront payments above USD 50m. The directional conclusion is that licensing economics improve materially with clinical maturity, which is the commercial rationale for seeking a partner following rather than preceding proof of concept.

Summary: A Treatment Gap Present in Both Indications

The two indications SoftOx addresses differ in origin but converge on the same unresolved problem. In CF the genetic defect has been addressed with considerable commercial success, while the chronic infection it produces continues to be managed with therapies that suppress rather than eradicate, and the competing pipeline is limited to three Phase II candidates with none in Phase III. In NCFB the inflammatory component has been addressed by an approved therapy guided to USD 1.25–1.4bn in its first full year, while the bacterial component that sustains the disease cycle has no approved inhaled treatment.

The Bacterial Component Remains Unaddressed in Both Indications

	CF	NCFB
Disease driver	Genetic defect	Inflammatory component
Addressed by approved therapy	Yes, with considerable commercial success	Yes, approved therapy guided to USD 1.25–1.4bn in its first full year
Bacterial component	Chronic infection managed with therapies that suppress rather than eradicate; three Phase II candidates, none in Phase III	Sustains the disease cycle; no approved inhaled treatment
SIS	**Directed at the chronic bacterial infection in both CF and NCFB**	

Source: Analyst Group (illustration)

[1] J.P. Morgan, Q2 2026 Biopharma Licensing and Venture Report; DealForma.com database

Financial Forecast

PROOF OF CONCEPT IS THE KEY VALUE INFLECTION

Financial History and Basis for Forecasts

SoftOx is a clinical-stage company without product revenue, and reported operating income consists of project funding from the European Defence Fund. The financial forecast reflects the long-term revenue potential of SIS and is constructed around the economics of an out-licensing agreement, where revenue exposure is modeled through an upfront payment at signing, development, regulatory and commercial milestone payments, and royalties on the licensee's net product sales. The licensing terms are used to measure the value of SIS at each stage of development, since agreements for comparable assets provide an observable market price for the stage in question, rather than as an assumption that a transaction follows immediately. The agreement is assumed to cover CF and NCFB on a global basis, since the same drug product, administration route and dominant pathogen apply across both diseases, which means that a licensee acquiring rights in one indication carries limited incremental cost to develop the second.

All forecasted revenue streams are risk-adjusted using likelihood-of-approval assumptions specific to each indication. Given the partnered structure, the Company is not assessed to require investment in production-related assets, and working capital is assumed to be driven principally by receivables arising from milestone payments, with a marginal net effect over time.

Optionality Outside the Base Scenario

The Base scenario is limited to the two chronic respiratory indications. The biological preparedness program is excluded, notwithstanding that it generates human clinical data and is externally funded, since stockpiling contracts are episodic, procurement volumes and timing follow national preparedness budgets rather than clinical demand, and no procurement relationship has yet been established. Analyst Group therefore treats the program as an option outside the forecast, which could add value should a procurement relationship be established. Acute respiratory infections such as hospital-acquired and ventilator-associated pneumonia, which the Company identifies as a further opportunity, and primary ciliary dyskinesia, which is mechanistically adjacent but small, are likewise excluded, as neither has a defined development program.

Later-Stage Development Requires a Partner or Substantial Capital

~USD 130M
ESTIMATED COST OF REMAINING CLINICAL DEVELOPMENT

Development of SIS through Phase III and into commercialization would require capital substantially beyond the Company's resources, and Analyst Group considers a partnership at some stage of development to be the most likely route, either following proof of concept or after an independently financed Phase IIb. Applying published per-patient cost data for respiratory trials to study sizes typical of pivotal programs in each indication, the combined clinical program represents an investment in the order of USD 130m before manufacturing scale-up and commercial infrastructure[1], where the scale is set by NCFB. The timing of a partnership is thereby a strategic choice, where a later agreement allows SoftOx to retain a larger share of the value at the cost of dilution and development risk, an alternative presented later in this section. Our valuation is based on a licensing agreement following proof of concept, where the partner carries the remaining development costs.

A prospective partner is expected to evaluate safety and tolerability, the magnitude and consistency of microbiological activity, the dose-exposure relationship, manufacturing scalability, the intellectual property position and the regulatory pathway. Several of these elements are already in place, with safety established across two studies and GMP drug substance and drug product manufactured, while human proof of concept in patients is the element the ongoing Phase IIa study is designed to deliver during H1-27.

Licensing and Collaboration Benchmarks

To contextualize the assumed economics, we benchmark SIS against licensing agreements involving anti-infective and respiratory assets. The set spans preclinical to commercial-stage assets and provides reference points for upfront payments, total deal values and royalty structures relevant to SIS at its current stage.

[1] Sertkaya A et al. JAMA Network Open (2024); David FS, The Pharmagellan Guide to Biotech Forecasting and Evaluation; trial sizes benchmarked against registered pivotal studies on clinicaltrials.gov.

Financial Forecast

Anti-Infective and Respiratory Licensing Transaction Benchmarks.

Licensor	Licensee	Year	Therapy area	Stage at deal	Upfront (USDm)	Deal value (USDm)	Upfront share	Territory
Locus Biosciences	Janssen (J&J)	2019	Antibacterial, respiratory tract	Preclinical	20	818	2.4%	Global
Scynexis	Hansoh	2021	Antifungal	Phase III	10	122	8.2%	Greater China
Verona Pharma	Nuance Pharma	2021	Inhaled respiratory (COPD)	Phase III	25[1]	219	11.4%	Greater China
Spero Therapeutics	GSK	2022	Antibacterial, oral (cUTI)	Phase III	66	591	11.2%	Global ex. Japan
Scynexis	GSK	2023	Antifungal	Approved and Phase III	90	593	15.2%	Global ex. China
AstraZeneca	Insmed	2016	Non-CF bronchiectasis	Phase I	30	150	20.0%	Global
Average					**40**	**416**	11.4%	
Median					**28**	**405**	11.3%	
SoftOx Solutions		**2027E**	**CF and NCFB**	**Phase II, post PoC**	**52.5**	**750**	**7.0%**	**Global**

Source: company press releases and annual reports, Analyst Group

Across the benchmark set, upfront payments range from USD 10m to USD 90m irrespective of headline deal value, with a median upfront share of 11.3%. That level sits above the approximately 6% recorded across all announced biopharma licensing value during H1-26, against 7% over the preceding three years,[2] which reflects that four of the six agreements concern Phase III or approved assets. Disclosed royalty structures range from mid-single digits to the mid-teens on a tiered basis. The relationship between headline value and cash at signing is weak, with the upfront representing 2.4% of headline value for Locus Biosciences against 15.2% for Scynexis and GSK, since the headline reflects the number of milestones stacked into an agreement whereas the upfront reflects asset maturity and the negotiating position of the licensor. The AstraZeneca and Insmed transaction is the most directly comparable by indication, concerning a Phase I asset in NCFB licensed globally for USD 30m upfront against total consideration of approximately USD 150m. It was concluded in the opposite direction to the one modeled here, with a large pharmaceutical company divesting a deprioritized asset to a smaller counterparty, which means that the upfront reflects what the acquirer could fund rather than what the asset commanded. The asset subsequently became the first approved therapy in the indication and is guided to USD 1.25–1.4bn in its first full year,[3] illustrating both the value that can accrue in NCFB and the extent to which it is realized through milestones rather than at signing.

LICENSING AGREEMENT ESTIMATED IN 2027

Estimated Licensing Agreement Following Proof of Concept

USD 52.5M
ESTIMATED UPFRONT PAYMENT

USD 750M
ESTIMATED DEAL VALUE

10%
ESTIMATED ROYALTY RATE

We estimate that SoftOx enters a global licensing agreement covering CF and NCFB during 2027, following proof-of-concept readout in H1-27. The agreement is modeled at a total deal value of USD 750m with an upfront payment of USD 52.5m, equivalent to 7% of total consideration, and a royalty of 10% on the licensee's net sales, within the mid-single-digit to mid-teens range disclosed in the benchmark set. The upfront share sits below the set median of 11.3% and in line with aggregate market data, consistent with SIS being licensed at an earlier stage than the Phase III assets that dominate the set. The deal value sits above the median of USD 405m for the set as a whole and 27% above the USD 592m median for the four agreements concluded on global rather than regional terms. The applied level is supported by the agreement covering two indications rather than one. Furthermore, the commercial scale of the expansion indication has been established since most of the referenced transactions were concluded, with the first approved NCFB therapy raising its long-term peak sales estimate to above USD 7bn during 2026.[2] The closest analogue among non-traditional antibacterial approaches, a bacteriophage platform directed at respiratory tract infection, also carried a headline of USD 818m when licensed preclinically to a large pharmaceutical company. Most of the consideration is contingent on predefined clinical, regulatory and commercial milestones. Risk-adjusted and discounted to present value, the USD 750m headline corresponds to approximately USD 133m after risk adjustment and approximately USD 63m in present value, equivalent to 8% of the announced figure, and headline deal values should be read accordingly. The assumed level also embeds an assumption regarding market exclusivity, since a licensee prices its duration directly into deal value, and should be revisited when the results of the ongoing intellectual property landscape analysis are communicated.

[1] Verona Pharma/Nuance Pharma: the upfront consideration of USD 40m comprised USD 25m in cash and USD 15m in equity; the table reflects the cash component. Including the equity component, the upfront share amounts to 18.3%.
[2] J.P. Morgan, Q2 2026 Biopharma Licensing and Venture Report; DealForma.com database
[3] Insmed, Q2 2026 financial results and business update.

Financial Forecast

Estimated Deal Structure Following Proof of Concept.



Source: Analyst Group's estimates

Sales Forecast: Cystic Fibrosis

Prevalence and Addressable Population

~12,900
ADDRESSABLE CF PATIENTS AT MARKET ENTRY

In our sales estimates for SIS, we base our projections on sales across the US and EU4+UK, where national patient registries have recorded the CF population for decades. These registries record approximately 68,000 diagnosed patients across the two regions. According to the US registry, approximately 24.6% recorded a positive *Pseudomonas aeruginosa* culture during 2023, a proportion we apply across both regions[1]. Of those, approximately 88% are aged six or above, the population in which chronic inhaled antimicrobial therapy is used, and we estimate that around 84% of that group receive chronic inhaled antibiotics for at least 90 days per year. Assuming annual growth of 0.5% in the prevalent population, this results in an addressable population of approximately 12,400 patients today and approximately 12,900 at the estimated market entry in 2034, corresponding to a market of approximately USD 600m in line with the Company's own assessment.

Pricing and Market Share

USD 48k
ESTIMATED PRICE PER TREATMENT

In our model, we assume a treatment price for SIS of USD 75k in the US and EUR 20k in the other markets. This is based on current pricing for the standard therapy, being the chronic inhaled antibiotics aztreonam and tobramycin, which carry US list prices of approximately USD 68k to 76k per patient and year according to Red Book. Prices have been weighted according to each region's share of the addressable population to derive an average revenue per treatment of approximately USD 48k, and are assumed to increase with inflation at 2% annually. Royalties are calculated on net sales, applying a gross-to-net deduction of 22%, in line with the approximately 20% reported for Arikayce in the US.

20%
ESTIMATED PEAK MARKET SHARE

Analyst Group estimates that SIS can reach a peak market share of 20% of the addressable population, corresponding to approximately 2,700 patients in the peak year. SIS is modeled as an addition to rather than a replacement for existing therapy, in a category where chronic inhaled antimicrobial treatment is already established and where no competing candidate has reached Phase III. The estimate also accounts for the possibility that competing candidates reach the market before SIS.

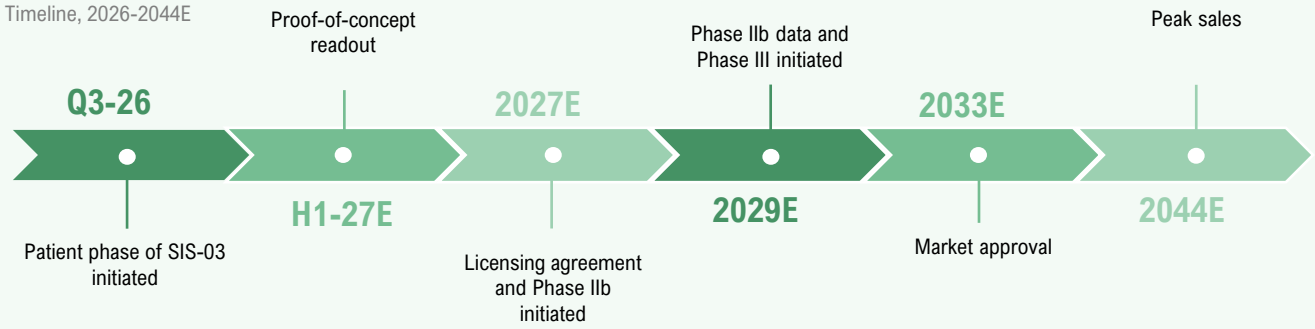
Expected Timeline and Peak Sales

Following proof-of-concept readout in H1-27, a Phase IIb dose-ranging study enrolling approximately 55 patients is estimated to be initiated in H2-27, either by a licensee or by SoftOx, intended to establish dose, patient population and endpoints in a controlled setting, with data available during 2029. A Phase III program is estimated to follow, with regulatory submission during 2032, market approval during 2033 and revenues generated from 2034. Peak sales are estimated to be reached in 2044, amounting to approximately USD 185m annually, which after a gross-to-net deduction of 22% and at a royalty rate of 10% implies annual revenues of approximately USD 14m for SoftOx. The adoption curve applied is gradual, consistent with the uptake of Arikayce, which continues to grow in its eighth year on the market. Revenues are then expected to be generated until market exclusivity is estimated to expire in 2044, after which revenues are assessed to decline.

[1] CFF Patient Registry Annual Data Report 2023; ECFS Patient Registry Annual Data Report 2023

Financial Forecast

Overall Estimated Timeline for SIS in CF, Given Successful Studies



Source: Analyst Group's estimates

Sales Forecast: Non-CF Bronchiectasis

Prevalence and Addressable Population

~495,000
ADDRESSABLE NCFB PATIENTS AT MARKET ENTRY

In our sales estimates for SIS in NCFB, we base our projections on sales across the same geographies as in CF. Published epidemiological studies and sell-side estimates place the diagnosed population at approximately 1,140,000 patients across the US and EU4+UK[1]. We estimate that around half of these seek active treatment and that approximately 78% carry bacterial colonization, covering the species collectively responsible in the indication rather than *P. aeruginosa* alone, which is appropriate given that SIS is developed as a broad-spectrum agent. Assuming annual growth of 0.9% as diagnosis rates continue to improve, this results in an addressable population of approximately 445,000 patients today and approximately 495,000 at the estimated market entry in 2038.

Pricing and Market Share

USD 43k
ESTIMATED PRICE PER TREATMENT

4%
ESTIMATED PEAK MARKET SHARE

In our model, we assume a treatment price for SIS in NCFB of USD 70k in the US and EUR 20k in the other markets, giving a weighted average revenue per treatment of approximately USD 43k, increasing with inflation at 2% annually. US pricing is set below the CF level and below the USD 88k list price of the only approved therapy in the indication, reflecting the substantially higher prevalence of NCFB and the corresponding payer sensitivity to volume. Royalties are calculated on net sales, applying a gross-to-net deduction of 28%, in line with guidance from the manufacturer of that therapy. That therapy acts on the inflammatory component of the disease, and no antimicrobial therapy has been approved specifically for NCFB in the US or Europe. Analyst Group estimates that SIS can reach a peak penetration of approximately 4% of the addressable population, corresponding to approximately 22,000 patients in the peak year, which is considered conservative. The estimate reflects that SIS has not yet entered clinical development in the indication and that competing candidates may reach the market first.

Expected Timeline and Peak Sales

Following demonstration of activity in CF, a Phase IIb study in NCFB is assumed to be initiated during 2030, enrolling approximately 145 patients with reduction in bacterial burden and exacerbation frequency as endpoints. The development history of the first approved therapy in the indication, where Phase III initiation in 2020 was followed by regulatory submission at the end of 2024 and approval during 2025, indicates a period of six to seven years from Phase IIb initiation to submission, reflecting the scale of pivotal trials in NCFB. Market approval is accordingly estimated for 2038, at which point revenues begin to be generated. Peak sales are estimated to be reached in 2047, amounting to approximately USD 1.45bn annually, which after a gross-to-net deduction of 28% and at a royalty rate of 10% implies annual revenues of approximately USD 104m for SoftOx.

Probability of Success (PoS) and Likelihood of Approval (LoA)

A central parameter in evaluating drug candidates under clinical development is the probability of success (PoS) in each phase and the cumulative likelihood of market approval (LoA). LoA is thus a key component in risk-adjusting future revenue streams and cash flows, as it accounts for the inherent uncertainty in clinical trials. In determining the LoA for SoftOx's indications, Analyst Group has drawn on data covering 12,728 development transitions between 2011 and 2020, disaggregated by therapy area and by disease prevalence, applied to each indication based on its current phase as shown in the table below[2].

[1] Weycker D et al. Chronic Respiratory Disease (2017)
[2] BIO, Informa Pharma Intelligence and QLS Advisors, Clinical Development Success Rates and Contributing Factors 2011–2020 (2021)

Financial Forecast

CF

12.9k patients
Addressable population

USD 48k
Per patient and treatment

20%
Market share (peak)

NCFB

495k patients
Addressable population

USD 43k
Per patient and treatment

4%
Market share (peak)

PoS[1]	Phase I → II	Phase IIa (PoC)	Phase IIb	Phase II → III	Phase III → NDA	Approval	LoA
All indications	52.0%	–	–	28.9%	57.8%	90.6%	7.9%
Infectious disease	57.9%	–	–	38.4%	64.0%	92.9%	13.2%
Rare diseases	67.4%	–	–	44.6%	60.4%	93.6%	17.0%
SIS in CF	100.0%	65.0%	59.1%	38.4%	64.0%	92.9%	22.8%
SIS in NCFB	100.0%	–	–	23.1%	59.5%	92.6%	12.7%

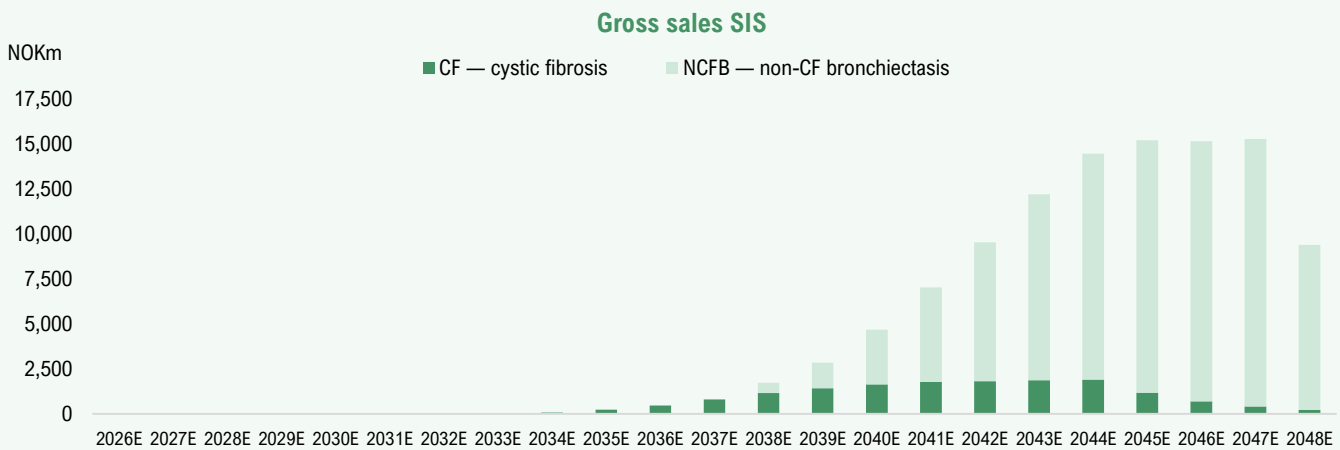
SIS is an anti-infective, and we therefore apply the benchmark for infectious disease. For both indications we apply a PoS of 100% for Phase I, where first-in-human safety has been established and the dose escalation part of the ongoing study has been completed without serious adverse events. For CF, the transition from Phase II to Phase III of 38.4% is divided between the ongoing proof-of-concept study, where we estimate a 65% probability of a positive readout given an objective endpoint, established safety and preclinical activity against the target pathogen, and a subsequent Phase IIb, with an implied probability of 59% given a positive readout. This results in an LoA of 22.8% today, which increases to 35.1% following a positive readout and to 59.5% following a positive Phase IIb. For NCFB we apply the benchmark of 12.7% for chronic, high-prevalence diseases, conditional on activity in CF, since a program in the indication is only initiated once such activity has been demonstrated.

Commercial risk is applied in addition to the clinical probabilities. We estimate an 85% probability that a licensing agreement follows a positive readout, given an objective endpoint that is directly interpretable by a partner, an NCFB market commercially validated without an approved antimicrobial therapy, and continued transaction activity within anti-infectives, while the remaining 15% reflects the risk that terms are not agreed within the forecast period. Combined with the 65% probability of a positive readout, this gives a 55% probability of an agreement, which is applied to the upfront payment, while subsequent milestones and royalties combine the 85% with the applicable LoA. For NCFB, an 80% probability that the licensee initiates a dedicated program is applied in addition.

Summary of Revenue Forecast

We estimate that SoftOx enters into a global licensing agreement for SIS covering both CF and NCFB following proof of concept during 2027. The agreement is modeled at a total deal value of USD 750m, of which USD 52.5m is an upfront payment and the remainder milestone payments tied to clinical, regulatory and commercial progress, together with royalties of 10% on future net sales, which are not included in the deal value. Clinical risk is applied through a stage-gated structure, with a 65% probability of a positive readout and an LoA of 22.8% in CF and 12.7% in NCFB, while commercial risk is applied through an 85% probability that an agreement follows.

For CF, the addressable population is projected to reach approximately 12,900 at market entry, with SIS estimated to capture a market share of 20%, resulting in peak sales of approximately USD 185m. For NCFB, the addressable population is estimated at approximately 495,000 patients at market entry, and with a peak penetration of approximately 4%, peak sales are estimated at approximately USD 1.45bn. Royalties are applied to net sales after gross-to-net deductions of 22% and 28% respectively, while SIS-02 within biological preparedness and acute respiratory infections are not included and constitute options beyond the forecast.



[1]For SIS in CF, Phase IIa (PoC) and Phase IIb together constitute the Phase II → III transition (65.0% × 59.1% = 38.4%). For SIS in NCFB, the benchmark for chronic, high-prevalence diseases is applied, conditional on activity in CF. Source: BIO, Informa Pharma Intelligence and QLS Advisors (2021), Analyst Group.

Financial Forecast

Independent Financing of Phase IIb Constitutes an Alternative to Partnering After Proof of Concept

Analyst Group's financial forecast and valuation are primarily based on a licensing agreement following proof of concept, whereby SoftOx gives up part of the future economics but transfers the cost and clinical risk of further development to the licensee. Analyst Group assesses that a positive readout would, however, also give SoftOx the alternative of financing a Phase IIb study independently and partnering on controlled efficacy data, which the Company has identified as one of the potential routes into later-stage development. In this alternative, SoftOx would retain a greater share of the economics, but would need to raise new capital, accept the associated dilution and carry the Phase IIb development and clinical risk. To assess whether the alternative alters our view of the value, we have modeled it on the same assumptions regarding market, pricing and probability of success, where only the timing and terms of the agreement and the capital requirement differ.

In the alternative pathway, the Phase IIb study is estimated to run from H2-27 with data during 2029, after which a global licensing agreement is assumed during 2030 at a total deal value of USD 1.1bn, an upfront share of 11% and a royalty of 11%, with a 90% probability that an agreement follows positive Phase IIb data. The higher deal value and upfront share reflect the additional clinical validation, in line with the two Phase III-stage agreements with GSK in the benchmark set, at 11% and 15%. The timeline thereafter is unchanged, as Phase III is assumed to start during 2030 in both pathways.

An Independent Phase IIb Is Estimated to Require NOK 100–125m

NOK 100–125m
Estimated Capital Requirement for an Independent Phase IIb

The Company has not yet estimated the capital required for an independent Phase IIb, and the range presented below is therefore Analyst Group's own estimate. Assuming a dose-ranging study of approximately 55 patients over two years at a clinical cost of approximately NOK 0.8m per patient, costs for CRO, central microbiology, CMC and regulatory work of approximately NOK 27m, and fixed costs of approximately NOK 16m per year from study start to signing, we estimate that an independent Phase IIb would require approximately NOK 100–125m in new capital, depending on study size and the time to an agreement. The financing is assumed to be raised following a positive readout, at a discount to our derived value at that point, and is modeled at the upper end of the range to allow for a buffer. The requirement concerns Phase IIb in CF alone and compares with the approximately USD 130m estimated for the full remaining clinical program through Phase III in both indications, which a partner is assumed to carry.

Phase IIb cost estimate	NOKm
Number of patients (n)	55
Study duration (years)	2.0
Clinical cost (patients × cost per patient)	44.0
CRO, project management and monitoring	8.0
Microbiology and central laboratory	4.0
CMC: GMP batches, stability and device	12.0
Regulatory: End-of-Phase-2 and Phase III design	3.0
Fixed costs and R&D base, PoC to signing	44.0
Loss of EDF funding from November 2027	1.0
Estimated requirement before buffer[1]	**116.0**

CF as a Clinical Validation Pathway for NCFB

CF is assessed to represent both an initial commercial indication and the clinical validation for the broader market for chronic pulmonary infection. Several elements of the CF program are expected to carry over into NCFB, including the drug product and formulation, the GMP manufacturing process and CMC package, the nebulizer configuration, the human safety database from SIS-01, SIS-02 and SIS-03, the dose selected in Phase IIb and, above all, clinical evidence of activity against *P. aeruginosa*, the pathogen most associated with severe disease in NCFB. The indication nonetheless requires dedicated development, being a Phase IIb study in NCFB patients covering a broader pathogen spectrum and a Phase III program with exacerbation frequency as the primary endpoint and without orphan designation. The model reflects this sequence, as the NCFB program is initiated only after activity has been demonstrated in CF, with an 80% probability that it is initiated, and the probability of success in NCFB increases as the CF program advances.

[1]Including a buffer of approximately 5%, the requirement corresponds to the upper end of the NOK 100–125m range.

Financial Forecast

Cost Base

SoftOx's operating expenses have historically been primarily attributable to research and development and payroll. Following the narrowing of the Company's scope and the separation of the wound and skin care business, total operating expenses amounted to approximately NOK 27m during 2025 against NOK 40m during 2024. Beyond study costs, the cost base is primarily assumed to consist of personnel costs for a small internal organization, IP costs, corporate governance and listing costs. Reported operating income consists of public project funding rather than product revenue, amounting to approximately NOK 15.6m during 2025 and NOK 5.8m during H1-26, principally related to the European Defence Fund COUNTERACT project. The grant is recognized as project costs are incurred, which means that the income and a corresponding part of the cost base move together, and the net effect on operating profit of the project concluding in November 2027 is consequently limited. We therefore model project funding of approximately NOK 11m during 2026 and NOK 6m during 2027, and nil thereafter, with a corresponding reduction in the associated cost base.

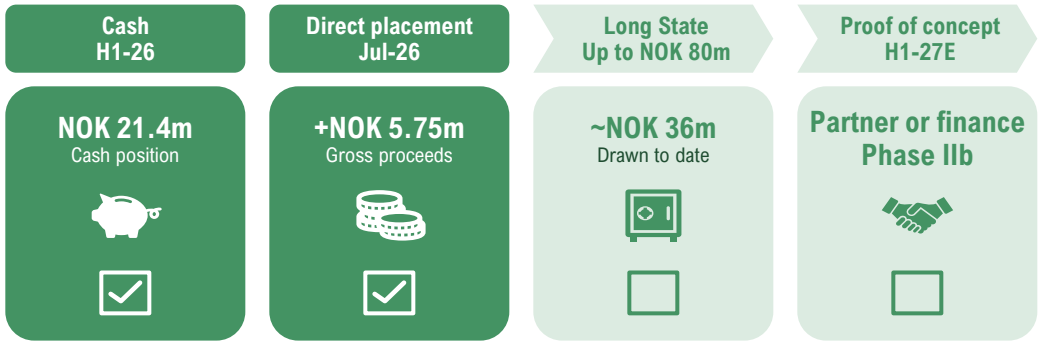
SoftOx has one ongoing study bearing material cost to shareholders, being the Phase IIa study SIS-03 in patients with chronic airway infection, primarily CF, where the patient phase is estimated to run into H1-27, while SIS-02 is externally funded. Operating expenses amounted to NOK 19.5m during H1-26, and we estimate total operating expenses of approximately NOK 39m during 2026 and NOK 41m during 2027, as SIS-03 concludes and the Company prepares the next stage of development, after which the cost base is expected to decline. In the event of a licensing agreement, which is estimated to be signed in 2027, Analyst Group assumes that the license partner will assume responsibility for continued clinical development and all future costs related to manufacturing, regulatory execution and commercialization, and the cost base is expected to decline toward approximately NOK 20m by 2030 and stabilize between NOK 13m and 17m thereafter. Should SoftOx instead finance Phase IIb independently, the cost base would remain elevated until an agreement, as described on page 18.

Financial Position

SoftOx is currently a research-stage company with no product revenues and has historically been dependent on external capital to finance its operations. Cash amounted to NOK 21.4m at the end of H1-26, after net proceeds from equity issues of NOK 20.1m during the half, and was strengthened after the period through a direct placement in July with gross proceeds of approximately NOK 5.75m and a draw under the financing facility in October of approximately NOK 6.4m at NOK 0.13 per share. The financing facility with Long State Investments of up to NOK 50m, extendable to NOK 80m, under which approximately NOK 36m has been drawn to date, provides further capacity at the Company's discretion. Applying a burn rate in line with the average since the Phase IIa study commenced, and taking into account project funding under the European Defence Fund project, cash together with the remaining facility capacity is estimated to be sufficient into H1-27, which coincides with the proof-of-concept readout.

The Company has previously indicated a total capital requirement of approximately EUR 8m to fund the clinical activities required to demonstrate the clinical utility of SIS and enable partnering discussions during 2027, a substantial part of which has already been incurred and financed. Bridging the remaining period to an estimated licensing agreement during 2027 requires approximately NOK 9m on our assumptions, and we model a requirement of NOK 33m in the Base scenario to allow for a delayed transaction, which falls within the extended capacity of the financing facility. Should SoftOx instead finance Phase IIb independently, we estimate a further requirement of approximately NOK 100–125m.

Overview of SoftOx's Financial Position.



Source: SoftOx and Analyst Group

Valuation

Valuation: rNPV Model

SoftOx is valued using a risk-adjusted net present value (rNPV) model, which incorporates our projections for SIS in CF and NCFB and assumes that a global licensing agreement with a total deal value of USD 750m is signed during 2027. The upfront payment is risk-adjusted for the 55% probability that an agreement is concluded, while subsequent milestones and royalties are risk-adjusted for the 85% probability that an agreement follows a successful proof-of-concept result, since the proof-of-concept risk is already captured in the LoA, combined with the cumulative probability of reaching each development stage and, for NCFB, an 80% probability that the licensee initiates the program. The resulting cash flows are discounted to present value at the applied WACC. After deduction of forecast operating expenses, NOPAT is derived, taking into account tax loss carry-forwards of approximately NOK 403m at the end of 2025, and forms the basis for the risk-adjusted free cash flows.

Over the coming year, SoftOx's cost base is expected to be driven by the ongoing Phase IIa study SIS-03 in chronic airway infection, primarily CF, after which a licensing agreement is estimated to be signed, where the license partner would assume all future costs for clinical development, manufacturing and commercialization. Following this, SoftOx is expected to operate with a low fixed cost base and is not assessed to require investments in production-related assets. Given that SIS is currently in Phase IIa, product approval and associated commercial revenue lie materially beyond the near-term forecast horizon, and the derived value is consequently driven predominantly by the present value of the upfront and milestone payments, while royalty streams account for approximately 14% of the derived enterprise value. A summary of the key valuation assumptions is presented in the Appendix.

rNPV: Summary (NOKm)	
Risk-adjusted EV (present)	524
Net cash and issue proceeds	-67
Equity Value	591
Shares outstanding (m)	3,000
Value per share (NOK)	**0.20**

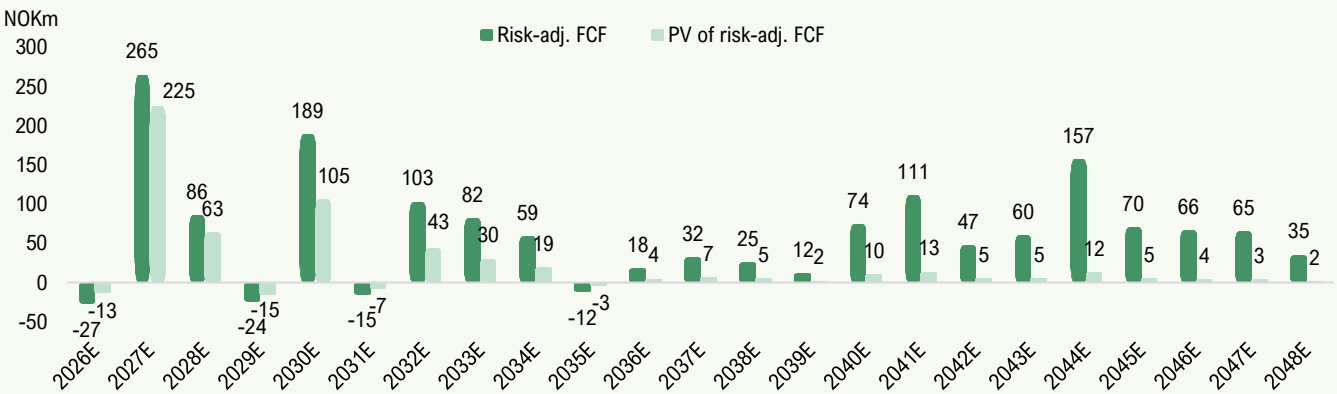
Present Value of Risk-Adjusted Future Cash Flows

NOK 0.20 PER SHARE IN A BASE SCENARIO

To calculate the present value of the risk-adjusted cash flows, a discount rate (WACC) of 15% is applied, which reflects the required rate of return and the risks associated with the Company not related to market approval. These risks are primarily tied to SoftOx's size and to the uncertainty regarding the timing and terms of a future partnership, which have yet to be agreed. Financing risk is instead modeled through the share count, since applying it in both would constitute a duplication. By discounting all risk-adjusted future cash flows, the net present value of the Company (Enterprise Value) amounts to NOK 524m in a Base scenario. SoftOx is estimated to require approximately NOK 33m ahead of a licensing agreement, which is modeled as an equity issue and adds approximately 290 million shares. In summary, with a derived enterprise value of NOK 524m, net cash and issue proceeds of approximately NOK 67m, and approximately 3,000 million shares outstanding, this corresponds to a potential net present value of NOK 0.20 per share.

The timing aspect has a significant impact on the present value of the estimated risk-adjusted free cash flows.

Estimated risk-adjust. FCF and discounted risk-adjust. FCF, Base scenario 2026E-2048E



Source: Analyst Group's estimates

Capital Structure and Dilution

The valuation reflects the capital structure following the placement completed in October 2026, which brought the number of shares outstanding to approximately 2,710m. We estimate that SoftOx requires approximately NOK 33m ahead of a licensing agreement, assumed to be raised under the existing financing facility, the timing of which is at the Company's discretion, and model it as an equity issue since the per-share effect is material. An assumed issue price of NOK 0.115, in line with recent capital raises, implies approximately 290m new shares and dilution of approximately 10%.

Valuation

Actual dilution will depend on the capital required and the price at which it is raised, where a larger requirement or a lower share price would increase dilution, and vice versa. Outstanding warrants under the financing facility carry a subscription price of NOK 0.1506, above the assumed issue price, and are therefore not assumed to be exercised.

Sensitivity Analysis

Risk-adjusted models include several assumptions regarding variables far into the future, which significantly impact the derived value per share. The tables below illustrate how total deal value and the probability and timing of a licensing agreement affect the implied value per share. Deal value carries the greatest influence, with USD 400m to 1,400m corresponding to NOK 0.11 to 0.35 per share. A probability of 70% to 100% that an agreement follows a positive readout corresponds to NOK 0.16 to 0.23 per share, and a delay of one year reduces the value by approximately NOK 0.015 per share. An upfront share of 3% to 11% corresponds to NOK 0.16 to 0.23 per share, while the royalty rate has the most limited effect, at NOK 0.19 to 0.20 per share.

Given the complexity of the model, and that the most material assumptions concern a transaction yet to be negotiated, there is scope for error. The valuation should therefore be regarded as an indication of the potential that SIS is assessed to hold, rather than as an absolute figure.

Sensitivity Analysis Based on Deal Value, Probability and Timing of Agreement

Total Deal Value (USDm)

WACC	400	575	750	1,000	1,400
13%	0.12	0.17	0.21	0.28	0.37
14%	0.12	0.16	0.20	0.27	0.36
15%	0.11	0.16	**0.20**	0.26	0.35
16%	0.11	0.15	0.19	0.25	0.33
17%	0.10	0.14	0.18	0.24	0.32

Year of Agreement

P(Agreement | PoC)	2027	2028	2029
70.0%	0.16	0.15	0.14
77.5%	0.18	0.17	0.15
85.0%	**0.20**	0.18	0.17
92.5%	0.21	0.20	0.18
100%	0.23	0.21	0.20

Comparable Transactions

Given the limited number of publicly listed peers developing inhaled anti-infectives for chronic airway infection, the licensing transactions presented on page 14 provide additional reference points for the valuation of SoftOx, where value is primarily determined by the strength of the data package, the breadth of licensed rights and the commercial scale of the target indication rather than by near-term product revenues. The rationale for positioning the modeled deal value above the median of the set, and the upfront share below it, is set out on page 14.

Proof of Concept Raises the Value of SIS in Both Development Pathways

Our valuation of NOK 0.20 per share is based on a licensing agreement following proof of concept. To illustrate how the value develops as clinical risk is removed, Analyst Group has calculated the value per share at each major clinical decision point, both in the licensing pathway and in the alternative pathway in which SoftOx finances Phase IIb independently. The calculation uses the same rNPV model, where the probability of each completed step is set to 100% while all other assumptions are held unchanged. The values are expressed as present values at the valuation date, are conditional on both the clinical outcome and the assumed financing and dilution, and should therefore not be regarded as a valuation for any future financing.

[1] Independent Phase IIb values are presented as ranges, as they depend on the amount and terms of the Phase IIb financing, as illustrated on the following page.

Value per Share by Clinical Position[1].

Clinical position	Licensing after PoC (our valuation)	Independent Phase IIb	Remaining LoA, CF / NCFB	Remaining clinical risk	Strategic alternatives
Today, Phase IIa ongoing	**0.20**	0.20	22.8% / 12.7%	Phase IIa, Phase IIb, Phase III and approval	Complete SIS-03
Positive Phase IIa (proof of concept)	**0.30**	0.29–0.31	35.1% / 19.6%	Phase IIb, Phase III and approval	Partner, or finance Phase IIb
Positive Phase IIb (Phase III-ready)	**0.41**	0.47–0.50	59.5% / 33.1%	Phase III and approval	Partner, co-develop or strategic transaction

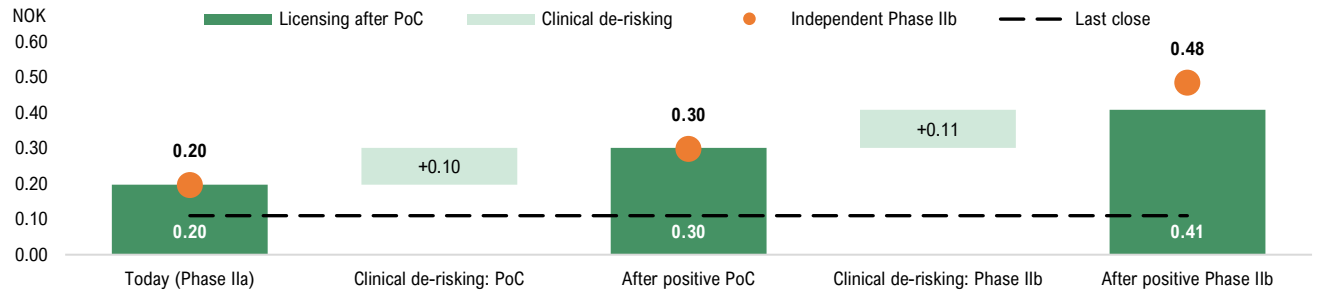
Source: Analyst Group's estimates

Valuation

A positive readout would raise the value from approximately NOK 0.20 to approximately NOK 0.30 per share in both pathways, as the remaining LoA in CF increases from 22.8% to 35.1%, which means that the increase is attributable to the reduced clinical risk rather than to a transaction. Before any new financing, the alternative pathway amounts to approximately NOK 0.31 per share, which illustrates the stand-alone value of SIS following proof of concept. Analyst Group considers the similar values at proof of concept an outcome of the analysis rather than an indication that the alternatives are economically equivalent. Partnering transfers the cost and risk of further development to a licensee at the expense of future economics, while an independent Phase IIb retains a larger share of the economics but requires approximately NOK 100–125m in new capital on our estimates and leaves the Phase IIb risk with shareholders. Following a positive Phase IIb, independent development is estimated to have retained approximately NOK 0.47–0.50 per share, against approximately NOK 0.41 per share had SIS been partnered at proof of concept, where the outcome depends primarily on the amount and terms of the financing, as illustrated below.

Value per Share by Clinical Position and Financing (NOK)

Clinical de-risking in the licensing pathway underlying our valuation, and the effect of financing on value per share. Conditional present values at the valuation date.



Value per share = equity value ÷ diluted shares. The same clinical outcome yields a different value per share depending on how much capital is raised and at what price.

Illustrative Financing Scenarios: From Equity Value to Value per Share

Scenario	Capital raised (NOKm)	Issue price (NOK)	New shares (m)	Diluted shares (m)	Dilution vs. today	Equity value after PoC (NOKm)	Value per share after PoC	Value per share after Phase IIb
Licensing after PoC								
Smaller raise near last close	20 before PoC	0.12	167	2,876	6%	888	0.31	0.42
Our valuation	**33 before PoC**	**0.115**	**290**	**3,000**	**10%**	**902**	**0.30**	**0.41**
Larger raise at a discount	60 before PoC	0.08	750	3,460	22%	928	0.27	0.36
Independent Phase IIb								
Favorable terms	33 before + 100 after PoC	0.25	400	3,400	20%	1,041	0.31	0.50
Central (shown in chart)	33 before + 120 after PoC	0.21	571	3,571	24%	1,061	0.30	0.48
Less favorable terms	33 before + 125 after PoC	0.18	694	3,694	27%	1,066	0.29	0.47

Source: Analyst Group's estimates. Value per share equals equity value divided by diluted shares, with the enterprise value of SIS held constant. Dilution is measured against approximately 2,710m shares today. The central case corresponds to the markers in the chart. Illustrative only, not a forecast of any future financing.

Relative Valuation: Companies Developing Therapies for Chronic Pulmonary Infection

The clinically closest comparisons are found among US-listed companies developing inhaled therapies for chronic pulmonary infection and rare respiratory disease, outlined in the table below. Savara has advanced a nebulized inhaled biologic for a rare respiratory indication through Phase III without a licensing partner and now awaits FDA action on its BLA in November 2026, indicating the value assigned to a registration-stage inhaled therapy for a rare lung disease. Armata Pharmaceuticals is considered particularly relevant. Its inhaled bacteriophage cocktail AP-PA02, directed against *Pseudomonas aeruginosa*, is to Analyst Group's knowledge the only candidate besides SIS in clinical development as an inhaled non-antibiotic anti-infective for chronic airway infection in both CF and NCFB. Armata has completed a Phase Ib/IIa study in CF and a placebo-controlled Phase II study in NCFB, with proof of concept measured as a reduction in *P. aeruginosa* in sputum, the same type of endpoint applied in SIS-03. Unlike SIS, AP-PA02 is specific to a single pathogen, whereas the broad activity of SIS extends the addressable population in NCFB.

The valuation discrepancy between the companies is significant, which Analyst Group considers largely justified given Armata's greater clinical maturity, its US listing and its Phase III-ready systemic program AP-SA02 in *S. aureus* bacteremia. The pulmonary program nonetheless constitutes a clinically validated value driver in its own right and indicates the order of magnitude that a successful proof-of-concept readout in SIS-03 could support for SoftOx.

Valuation

The pulmonary program nonetheless constitutes a clinically validated value driver in its own right and indicates the order of magnitude that a successful proof-of-concept readout in SIS-03 could support for SoftOx.

US-listed companies

Company[1]	List	Lead candidate	No. Of candidates in clinical development	Clinical phase (leading project)	Cash Position (NOKm)	Market cap (NOKm)
Armata Pharmaceuticals	NYSE American	AP-PA02	2	Phase II completed	224	1,195
Savara	Nasdaq	MOLBREEVI	1	BLA under FDA review	1,612	8,651
Average					**918**	**4,923**
Median					**918**	**4,923**
SoftOx Solutions	**Euronext Growth Oslo**	**SIS**	**1**	**Ongoing Phase IIa**	**21**	**298**

Relative Valuation: Nordic Biotechnology Companies

To provide additional context, we have also compared SoftOx to Nordic listed biotechnology companies at a comparable stage, where the next value driver is a Phase II readout or the initiation of a Phase IIb study. These companies differ in terms of therapy area, addressable market and financial position. Nevertheless, Analyst Group deems the comparison relevant and notes that the median peer is valued above SoftOx, notwithstanding that SoftOx has two clinical programs in execution and a proof-of-concept readout expected within twelve months, thereby supporting our derived valuation of the Company.

Nordic-listed companies

Company[1]	List	Lead candidate	No. Of candidates in clinical development	Clinical phase (leading project)	Cash Position (NOKm)	Market cap (NOKm)
Cereno Scientific	First North	CS1	2	Phase IIb	36	929
Lytix Biopharma	Euronext Growth Oslo	LTX-315	1	Ongoing Phase II	91	604
Oncoinvent	Oslo Bors	Radspherin	1	Ongoing Phase II	107	418
Initiator Pharma	First North	Pudafensine	2	Ongoing Phase II	16	143
Modus Therapeutics	First North	Sevuparin	1	Ongoing Phase IIa	12	31
Average					**53**	**425**
Median					**36**	**418**
SoftOx Solutions	**Euronext Growth Oslo**	**SIS**	**1**	**Ongoing Phase IIa**	**21**	**298**

Valuation: Summary

In summary, based on our rNPV model, an applied WACC of 15.0% and consideration of the capital structure, we derive an equity value of approximately NOK 591m, corresponding to NOK 0.20 per share in a Base scenario, which is estimated to rise to approximately NOK 0.30 per share following a positive readout. The relative valuation gives support to the above, where the median company in the Nordic comparison group trades at a market cap of NOK 418m.

NOK 0.20 PER SHARE IN A BASE SCENARIO

Although the realization of the value in SoftOx's research portfolio is dependent on continued clinical progress, and thereby binary in nature, we assess that the potential in the Company's research portfolio is currently not reflected in the market valuation. SIS has established safety across two studies in healthy volunteers and is being evaluated in an ongoing Phase IIa study in patients with chronic airway infection, primarily CF, where proof-of-concept data are expected during H1-27, in parallel with the readout of the externally funded SIS-02 study. Beyond the two respiratory indications, the broad-spectrum mechanism constitutes an option element that is currently largely unexploited and thereby a potential long-term value driver. The need for new treatment alternatives in the indications SIS addresses, where no competing antibacterial candidate has reached Phase III in either indication and where no antimicrobial therapy has been approved specifically for the larger expansion indication, makes SoftOx in our assessment an attractive investment with a clearly asymmetric risk/reward profile.

Scenarios and Clinical Positions Represent Two Dimensions of the Valuation

The Bear, Base and Bull scenarios and the valuation by clinical position on pages 21–22 describe two different dimensions of the valuation. The scenarios reflect the range of commercial outcomes from today's position, where clinical risk is weighted by the applicable probabilities, while the valuation by clinical position shows how the Base value changes as specific clinical risks are removed. The value of approximately NOK 0.30 per share following a positive readout is therefore the Base value conditional on proof of concept and should not be confused with the Bull scenario, and following a positive readout, the range from Bear to Bull would itself shift upward.

[1]Source: Company reports, FactSet and Tikr. Converted at USD/NOK 9.3 as of 2026-10-27. Cash position for SoftOx as of 30 June 2026, before the placements after the period.

Bull & Bear

Bull Scenario

In a Bull scenario, it is estimated that the ongoing Phase IIa study delivers a clear and consistent reduction in bacterial burden, leading a potential partner to see greater value in SIS and resulting in a license deal at a higher value compared to the Base scenario. The agreement is projected at USD 1,400m, with an 8% upfront payment as well as royalties on future sales estimated at 12%. The probability that a licensing agreement follows a positive readout is estimated at 95%, corresponding to a 62% probability that an agreement is concluded, motivated by the strengthened clinical validation and the improved commercial attractiveness that follows from it. A stronger data package is also expected to support a higher market share. Within CF, a peak market share of 28% of the addressable population is estimated, and within NCFB a peak penetration of 5.5% of an addressable population that is approximately 10% larger, as a higher share of diagnosed patients is assumed to seek treatment, in both cases at a higher average price per treatment than in the Base scenario. The licensee is also expected to prioritize the expansion indication at an earlier stage, bringing first product sales forward by one year in CF and two years in NCFB, which extends the period of sales before market exclusivity expires.

The higher value also reflects an increased probability that SoftOx is evaluated in a broader strategic context, where the applicability of the technology beyond the two modeled indications and the absence of an approved inhaled antimicrobial therapy in the larger of them is expected to attract interest in the platform, which also increases the probability of a structurally larger transaction or an acquisition.

NOK 0.49
PER SHARE IN A BULL SCENARIO

Based on the rNPV model, a WACC of 15% and consideration of the capital structure, an equity value of approximately NOK 1,396m is derived, corresponding to NOK 0.49 per share based on approximately 2,865m shares, as the higher share price in the Bull scenario implies fewer new shares from the financing before an agreement.

Bear Scenario

In a Bear scenario, it is estimated that the ongoing Phase IIa study delivers a positive but less convincing result, and that SoftOx does not succeed in converting it into a licensing agreement within the expected timeframe. In this scenario the probability of a licensing agreement is estimated at 39%. A protracted process is assumed to weigh on the Company's financial position and to require a larger capital raise on less favorable terms, modeled as NOK 49m at NOK 0.08 per share, which also weakens its negotiating position. An agreement is therefore assumed to be concluded during 2029 on reduced terms, with a total deal value of USD 300m, an upfront payment of 5% and a royalty rate of 7%. Coverage is limited to CF while expansion into NCFB is excluded, and SIS is estimated to reach a peak market share of 12% against 20% in the Base scenario, at a lower average price per treatment.

NOK 0.05
PER SHARE IN A BEAR SCENARIO

Taken together, the Bear scenario reflects an increased binary risk related to the dependence on a partner, rather than a deteriorated clinical risk profile. Consistent with this, the LoA and the WACC are held unchanged across all scenarios, so that only commercial assumptions differ. Based on the rNPV model and consideration of the capital structure, an equity value of approximately NOK 171m is derived, corresponding to NOK 0.05 per share in a Bear scenario, based on approximately 3,315m shares.

Value per Share by Scenario and Clinical Position (NOK)

NOK per share	Today, pre-PoC	vs. last close	After positive PoC	After positive Phase IIb
Bull	0.49	+344%	–	–
Base	**0.20**	**+79%**	**0.30**	**0.41 / 0.48**
Bear	0.05	−53%	–	–

Source: Analyst Group's valuation. Bear, Base and Bull are risk-adjusted values from today's position, based on approximately 3,315m, 3,000m and 2,865m diluted shares respectively. The Base row shows the value conditional on each clinical step being completed, with all other assumptions unchanged, where NOK 0.41 refers to licensing after PoC and NOK 0.48 to an independent Phase IIb. Last close NOK 0.11.

Clinical Downside

Should the readout instead not support continued development, the value of SoftOx would largely be limited to the remaining cash after costs through the readout and a wind-down of the study, together with a limited option value in SIS-02 and the platform, corresponding to approximately NOK 0.01 per share.

Management & Board

Management



Thomas Bjarnsholt, CEO and Chief Scientific Officer

Thomas is professor of biofilms and chronic infections and a specialist in infection medicine, with research focused on bacterial, viral and fungal biofilms in chronic and acute infections and more than 300 peer-reviewed publications. He is a member of the Global Wound Biofilm Expert Panel, is among the most cited researchers in the world according to Web of Science, and is ranked as the leading biofilm researcher worldwide by Expertscape.

Shareholding: Thomas owns 11,470,574 shares in SoftOx.



Ingrid Juven, CFO

Ingrid brings over 25 years of consulting and management experience, with a strong focus on financial processes and project management across a wide range of industries. She has successfully led best practice optimization initiatives, streamlining financial operations and ensuring compliance with industry standards. Her expertise extends to managing funding processes and securing capital.

Shareholding: Ingrid owns 85,000,000 shares in SoftOx through Bonica AS.



Elin Lisby Kastberg Jørgensen, Clinical Project Lead and Director of Preclinical Development

Elin has broad clinical and research experience, including research with infection models, particularly wound models and biofilm-infected wounds. Elin has been part of SoftOx's R&D team since 2020 and has participated in all preclinical work performed on SIS.

Shareholding: Elin owns 1,696,154 shares in SoftOx.



Charlotte Pinholt, Head of CMC

Charlotte brings 20 years' experience in the pharmaceutical industry across early- and late-stage product and process development as well as CMC project management. Prior to joining SoftOx, she worked at ALK-Abelló and Novo Nordisk, and most recently at Ascendis Pharma.

Shareholding: Charlotte owns 14,375,338 shares in SoftOx.

Board

Ulrik Spork, Chairman of the Board



Ulrik Spork is currently active as chairman/board member in a half-dozen emerging life-science companies as well as two venture/PE funds-of-funds, and as ad hoc advisor for investment funds and companies. Over 25 years until 2015, Ulrik held senior positions in the Novo Group, including Head of Corporate Development in Novo Nordisk; founder and Senior Partner of Novo Ventures; Managing Partner, Novo Growth Equity and Principal Investments and member of the executive team in Novo Holdings A/S. Ulrik has served over the last 25+ years as chairman or board member in more than 30 development/early commercialization stage companies in the life science space, in jurisdictions including France, UK, Sweden, Denmark, Norway, Canada and USA. His board experience includes Novexel S.A. (Paris, France) and Corus Pharma Inc. (Seattle, USA), both companies engaged in the development of novel anti-infective therapies.

Shareholding: Ulrik owns 35,476,189 shares in SoftOx through Sporcon Lifescience Advisors.

Management & Board



Christian Vinding Thomsen, Board member and Vice Chairman

Christian Vinding Thomsen has 20+ years of experience as attorney-at-law and specializes in regulatory, life science, healthcare, M&A, and corporate law. Christian is also highly specialized in other legal issues facing the pharmaceutical industry and has represented multiple companies in issues regarding GCP, GMP, GDP, market access and marketing compliance. Further, he has acted as Team leader in multiple large successful transactions including listings and mergers within the pharmaceutical industry. Christian Vinding Thomsen is currently active as chairman/board member in five (5) emerging life-science companies as well as four (4) other companies, including serving as a chairman in Pharma Equity Group that is listed on the main list at Nasdaq Copenhagen stock exchange.

Shareholding: Christian owns 4,571,428 shares in SoftOx.



Adrian Bignami, Non-Executive Director

Adrian Bignami is one of the early co-inventors of the SoftOx technology and is currently the Vice President of Finance, Business Planning and Analysis at C4 Therapeutics, Inc, a clinical-stage biotechnology company in Watertown, Massachusetts in the US. Bignami has over a decade of experience in management consulting, business development and finance for the pharmaceutical, healthcare and investment banking sectors.

Shareholding: Adrian owns 3,571,428 shares in SoftOx.



Tore Duvold, Non-Executive Director

Tore Duvold is an experienced life science leader with more than 25 years in biotechnology, pharmaceuticals, and innovation. He is currently CEO of Spermosens AB and Roto Health ApS. His career includes senior executive positions such as Executive Vice President at Innovation Fund Denmark, CEO of Coegin Pharma AB and Edvince AB, and executive leadership roles at Aker BioPharma and LEO Pharma. Over the course of his career, Tore has gained extensive expertise in drug discovery, clinical development, regulatory affairs, corporate governance, business development, and financing, and has successfully built and led companies, advanced drug candidates through clinical phases, completed M&A transactions, secured substantial funding, and established international partnerships across Europe, North America, and Asia.

Shareholding: Tore owns 0 shares in SoftOx.

Clinical Advisory Board

Bruce Montgomery, Chair of the Clinical Advisory Board

Dr. Bruce Montgomery is a physician and biotechnology executive with more than 35 years of experience in pulmonary medicine and drug development. As Executive Vice President of R&D at PathoGenesis, he led the development of TOBI, the first FDA-approved inhaled antibiotic for CF, and subsequently founded Corus Pharma, which was acquired by Gilead, where he led the development of Cayston through approval and launch. The appointment is advisory, and Dr. Montgomery holds no executive or operational responsibility within SoftOx.

Appendix

Key Valuation Assumptions, Base Scenario

Assumption	Base	Basis
Clinical		
Probability of positive Phase IIa (PoC)	65.0%	Analyst Group estimate
Probability of positive Phase IIb given PoC	59.1%	Derived from benchmark
Phase III to NDA, CF / NCFB	64.0% / 59.5%	Benchmark
Approval, CF / NCFB	92.9% / 92.6%	Benchmark
LoA CF: today / after PoC / after Phase IIb	22.8% / 35.1% / 59.5%	Derived
LoA NCFB: today / after PoC / after Phase IIb	12.7% / 19.6% / 33.1%	Derived
Probability that an NCFB program is initiated	80%	Analyst Group estimate
Commercial, CF		
Addressable population, today / at launch (2034)	approx. 12,400 / 12,900	Patient registries
Weighted price per patient and year	approx. USD 48k	Comparable therapies
Gross-to-net deduction	22%	Benchmark
Peak market share	20%	Analyst Group estimate
Peak sales (2044)	approx. USD 185m	Derived
Commercial, NCFB		
Addressable population, today / at launch (2038)	approx. 445,000 / 495,000	Published data
Weighted price per patient and year	approx. USD 43k	Comparable therapies
Gross-to-net deduction	28%	Manufacturer guidance
Peak penetration	approx. 4%	Analyst Group estimate
Patients at peak / peak sales (2047)	approx. 22,000 / USD 1.45bn	Derived
Licensing, our valuation		
Agreement following PoC	2027	Analyst Group estimate
Total deal value / upfront	USD 750m / USD 52.5m (7%)	Transaction benchmarks
Royalty	10%	Transaction benchmarks
Probability of agreement after positive PoC	85%	Analyst Group estimate
Licensing, independent Phase IIb		
Agreement following Phase IIb	2030	Analyst Group estimate
Total deal value / upfront	USD 1.1bn / USD 121m (11%)	Transaction benchmarks
Royalty	11%	Transaction benchmarks
Probability of agreement after positive Phase IIb	90%	Analyst Group estimate
Financing and valuation		
Capital raised before an agreement	approx. NOK 33m	Analyst Group estimate
Capital for an independent Phase IIb	approx. NOK 100–125m	Analyst Group estimate
Net cash incl. placements after H1-26	NOK 33.6m	Company reporting
Tax loss carry-forwards, end of 2025	NOK 403m	Company reporting
WACC	15%	Analyst Group estimate

Sources as stated in the respective sections of the report.

Abbreviations

Abbreviation	Meaning	Abbreviation	Meaning
AMR	Antimicrobial resistance	**GMP**	Good manufacturing practice
BLA	Biologics License Application	**HOCl**	Hypochlorous acid
CF	Cystic fibrosis	**IP**	Intellectual property
CFTR	Cystic fibrosis transmembrane conductance regulator	**KOL**	Key opinion leader
CFU	Colony-forming units	**LoA**	Likelihood of approval
CMC	Chemistry, manufacturing and controls	**NCFB**	Non-CF bronchiectasis
CRO	Contract research organization	**NDA**	New Drug Application
EDF	European Defence Fund	**NOPAT**	Net operating profit after tax
EU4	France, Germany, Italy and Spain	**PoC**	Proof of concept
EV	Enterprise value	**PoS**	Probability of success
FCF	Free cash flow	**rNPV**	Risk-adjusted net present value
FDA	U.S. Food and Drug Administration	**SIS**	SoftOx Inhalation Solution
FFI	Norwegian Defence Research Establishment	**WACC**	Weighted average cost of capital

Appendix

Base scenario, risk-adjusted forecast (NOKm)	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E	2036E	2037E	2038E	2039E	2040E	2041E	2042E	2043E	2044E	2045E	2046E	2047E	2048E
CF — cystic fibrosis																							
Addressable population (thousands)	12.4	12.4	12.5	12.6	12.6	12.7	12.7	12.8	12.9	12.9	13.0	13.1	13.1	13.2	13.3	13.3	13.4	13.5	13.5	13.6	13.7	13.7	13.8
Penetration achieved	0%	0%	0%	0%	0%	0%	0%	0%	1%	3%	6%	10%	14%	17%	19%	20%	20%	20%	20%	12%	7%	4%	2%
Patients treated (thousands)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.4	0.8	1.3	1.8	2.2	2.5	2.7	2.7	2.7	2.7	1.6	1.0	0.5	0.3
Weighted price per patient per year (USDk)	48.0	49.0	49.9	50.9	51.9	53.0	54.0	55.1	56.2	57.4	58.5	59.7	60.9	62.1	63.3	64.6	65.9	67.2	68.5	69.9	71.3	72.7	74.2
Gross sales (NOKm)	0	0	0	0	0	0	0	0	75	229	470	803	1,152	1,434	1,643	1,773	1,818	1,863	1,910	1,175	702	411	211
Royalty rate	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Royalties (NOKm)	0	0	0	0	0	0	0	0	6	18	37	63	90	112	128	138	142	145	149	92	55	32	16
Risk adjustment CF (LoA × P(deal | PoC))	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%
Risk-adjusted royalty CF (NOKm)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**1.1**	**3.5**	**7.1**	**12.2**	**17.4**	**21.7**	**24.9**	**26.8**	**27.5**	**28.2**	**28.9**	**17.8**	**10.6**	**6.2**	**3.2**
NCFB — non-CF bronchiectasis																							
Addressable population (thousands)	444.6	448.6	452.6	456.7	460.8	465.0	469.2	473.4	477.6	481.9	486.3	490.7	495.1	499.5	504.0	508.6	513.1	517.7	522.4	527.1	531.9	536.6	541.5
Penetration achieved	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	2%	2%	3%	4%	4%	4%	4%	2%
Patients treated (thousands)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	2.5	5.2	8.8	12.6	16.6	19.7	21.6	21.8	22.0	13.3
Weighted price per patient per year (USDk)	43.3	44.2	45.1	46.0	46.9	47.9	48.8	49.8	50.8	51.8	52.8	53.9	55.0	56.1	57.2	58.3	59.5	60.7	61.9	63.1	64.4	65.7	67.0
Gross sales (NOKm)	0	0	0	0	0	0	0	0	0	0	0	0	575	1,419	3,043	5,262	7,737	10,351	12,566	14,057	14,467	14,889	9,194
Royalty rate	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Royalties (NOKm)	0	0	0	0	0	0	0	0	0	0	0	0	41	102	219	379	557	745	905	1,012	1,042	1,072	662
Risk adjustment NCFB (LoA × P(deal | PoC) × P(NCFB program))	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%
Risk-adjusted royalty NCFB (NOKm)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.6**	**8.8**	**19.0**	**32.8**	**48.2**	**64.5**	**78.3**	**87.6**	**90.1**	**92.8**	**57.3**
Licensing and other revenue																							
Risk-adjusted upfront and milestone payments (NOKm)	0.0	298.8	113.8	0.0	232.0	0.0	142.8	119.9	89.9	0.0	28.9	44.6	26.7	0.0	66.9	98.1	0.0	0.0	109.2	0.0	0.0	0.0	0.0
Project funding, EDF (NOKm)	11.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total risk-adjusted net revenue (NOKm)	**11.0**	**304.8**	**113.8**	**0.0**	**232.0**	**0.0**	**142.8**	**119.9**	**91.1**	**3.5**	**36.0**	**56.7**	**47.8**	**30.6**	**110.7**	**157.7**	**75.7**	**92.7**	**216.4**	**105.4**	**100.8**	**99.0**	**60.5**
Earnings and cash flow (NOKm)																							
Total OPEX incl. depreciation	-39.0	-41.0	-29.0	-25.0	-20.0	-15.0	-14.0	-14.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0	-13.0
EBIT	**-28.0**	**263.8**	**84.8**	**-25.0**	**212.0**	**-15.0**	**128.8**	**105.9**	**78.1**	**-9.5**	**23.0**	**43.7**	**34.8**	**17.6**	**97.7**	**144.7**	**62.7**	**79.7**	**203.4**	**92.4**	**87.8**	**86.0**	**47.5**
Tax	0.0	0.0	0.0	0.0	-23.0	0.0	-25.0	-23.3	-17.2	0.0	-3.0	-9.6	-7.6	-3.9	-21.5	-31.8	-13.8	-17.5	-44.8	-20.3	-19.3	-18.9	-10.4
Net income	**-28.0**	**263.8**	**84.8**	**-25.0**	**189.0**	**-15.0**	**103.7**	**82.6**	**60.9**	**-9.5**	**20.0**	**34.1**	**27.1**	**13.7**	**76.2**	**112.9**	**48.9**	**62.2**	**158.7**	**72.1**	**68.5**	**67.1**	**37.0**
Risk-adjusted free cash flow	-27.0	264.8	85.8	-24.0	189.0	-15.0	102.7	81.6	58.9	-11.5	18.0	32.1	25.1	11.7	74.2	110.9	46.9	60.2	156.7	70.1	66.5	65.1	35.0
Discount factor	1.000	0.848	0.738	0.641	0.558	0.485	0.422	0.367	0.319	0.277	0.241	0.210	0.182	0.159	0.138	0.120	0.104	0.091	0.079	0.069	0.060	0.052	0.045
PV of risk-adjusted FCF	**-13.1**	**224.6**	**63.3**	**-15.4**	**105.4**	**-7.3**	**43.3**	**29.9**	**18.8**	**-3.2**	**4.3**	**6.7**	**4.6**	**1.9**	**10.2**	**13.3**	**4.9**	**5.5**	**12.3**	**4.8**	**4.0**	**3.4**	**1.6**

Appendix

Bull scenario, risk-adjusted forecast (NOKm)	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E	2036E	2037E	2038E	2039E	2040E	2041E	2042E	2043E	2044E	2045E	2046E	2047E	2048E
CF — cystic fibrosis																							
Addressable population (thousands)	12.4	12.4	12.5	12.6	12.6	12.7	12.7	12.8	12.9	12.9	13.0	13.1	13.1	13.2	13.3	13.3	13.4	13.5	13.5	13.6	13.7	13.7	13.8
Penetration achieved	0%	0%	0%	0%	0%	0%	0%	2%	6%	11%	17%	23%	27%	28%	28%	28%	28%	28%	28%	17%	10%	6%	3%
Patients treated (thousands)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	0.7	1.4	2.3	3.0	3.5	3.7	3.7	3.7	3.7	3.8	3.8	2.3	1.3	0.8	0.4
Weighted price per patient per year (USDk)	55.2	56.3	57.4	58.5	59.7	60.9	62.1	63.4	64.6	65.9	67.2	68.6	70.0	71.4	72.8	74.2	75.7	77.2	78.8	80.4	82.0	83.6	85.3
Gross sales (NOKm)	0	0	0	0	0	0	0	187	480	984	1,563	2,119	2,516	2,715	2,783	2,853	2,925	2,998	3,074	1,890	1,130	662	339
Royalty rate	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%
Royalties (NOKm)	0	0	0	0	0	0	0	18	46	94	150	203	242	261	267	274	281	288	295	181	109	64	33
Risk adjustment CF (LoA × P(deal | PoC))	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%	22%
Risk-adjusted royalty CF (NOKm)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.9**	**10.0**	**20.5**	**32.5**	**44.1**	**52.4**	**56.5**	**58.0**	**59.4**	**60.9**	**62.4**	**64.0**	**39.4**	**23.5**	**13.8**	**7.1**
NCFB — non-CF bronchiectasis																							
Addressable population (thousands)	489.1	493.5	497.9	502.4	506.9	511.5	516.1	520.7	525.4	530.1	534.9	539.7	544.6	549.5	554.4	559.4	564.4	569.5	574.6	579.8	585.0	590.3	595.6
Penetration achieved	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	2%	3%	4%	5%	6%	6%	6%	6%	6%	3%	2%
Patients treated (thousands)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.8	4.7	9.6	15.7	22.0	27.1	31.0	31.3	31.6	31.9	32.2	19.5	9.8
Weighted price per patient per year (USDk)	50.3	51.3	52.3	53.3	54.4	55.5	56.6	57.7	58.9	60.1	61.3	62.5	63.7	65.0	66.3	67.6	69.0	70.4	71.8	73.2	74.7	76.2	77.7
Gross sales (NOKm)	0	0	0	0	0	0	0	0	0	0	1,114	3,057	6,293	10,524	14,997	18,865	22,063	22,707	23,369	24,051	24,753	15,285	7,866
Royalty rate	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%	12%
Royalties (NOKm)	0	0	0	0	0	0	0	0	0	0	100	275	566	947	1,350	1,698	1,986	2,044	2,103	2,165	2,228	1,376	708
Risk adjustment NCFB (LoA × P(deal | PoC) × P(NCFB program))	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
Risk-adjusted royalty NCFB (NOKm)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**10.3**	**28.3**	**58.2**	**97.3**	**138.7**	**174.5**	**204.1**	**210.0**	**216.2**	**222.5**	**229.0**	**141.4**	**72.8**
Licensing and other revenue																							
Risk-adjusted upfront and milestone payments (NOKm)	0.0	712.3	235.3	494.5	0.0	310.9	169.8	105.0	65.2	99.5	60.3	142.9	211.7	0.0	312.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Project funding, EDF (NOKm)	11.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total risk-adjusted net revenue (NOKm)	**11.0**	**718.3**	**235.3**	**494.5**	**0.0**	**310.9**	**169.8**	**108.9**	**75.1**	**120.0**	**103.2**	**215.3**	**322.3**	**153.9**	**509.0**	**233.9**	**265.0**	**272.5**	**280.2**	**261.8**	**252.5**	**155.2**	**79.8**
Earnings and cash flow (NOKm)																							
Total OPEX incl. depreciation	-39.0	-47.0	-35.0	-31.0	-25.0	-23.0	-22.0	-22.0	-20.0	-20.0	-20.0	-20.0	-19.0	-18.0	-18.0	-16.0	-16.0	-16.0	-16.0	-15.0	-15.0	-15.0	-15.0
EBIT	**-28.0**	**671.3**	**200.3**	**463.5**	**-25.0**	**287.9**	**147.8**	**86.9**	**55.1**	**100.0**	**83.2**	**195.3**	**303.3**	**135.9**	**491.0**	**217.9**	**249.0**	**256.5**	**264.2**	**246.8**	**237.5**	**140.2**	**64.8**
Tax	0.0	-52.9	-44.1	-102.0	0.0	-57.8	-32.5	-19.1	-12.1	-22.0	-18.3	-43.0	-66.7	-29.9	-108.0	-47.9	-54.8	-56.4	-58.1	-54.3	-52.2	-30.8	-14.3
Net income	**-28.0**	**618.5**	**156.3**	**361.5**	**-25.0**	**230.1**	**115.3**	**67.8**	**43.0**	**78.0**	**64.9**	**152.3**	**236.6**	**106.0**	**382.9**	**170.0**	**194.2**	**200.0**	**206.0**	**192.5**	**185.2**	**109.3**	**50.6**
Risk-adjusted free cash flow	-27.0	619.5	157.3	362.5	-25.0	230.1	114.3	66.8	41.0	76.0	62.9	150.3	234.6	104.0	380.9	168.0	192.2	198.0	204.0	190.5	183.2	107.3	48.6
Discount factor	1.000	0.848	0.738	0.641	0.558	0.485	0.422	0.367	0.319	0.277	0.241	0.210	0.182	0.159	0.138	0.120	0.104	0.091	0.079	0.069	0.060	0.052	0.045
PV of risk-adjusted FCF	**-13.1**	**525.5**	**116.0**	**232.5**	**-13.9**	**111.6**	**48.2**	**24.5**	**13.1**	**21.1**	**15.2**	**31.5**	**42.8**	**16.5**	**52.5**	**20.1**	**20.0**	**18.0**	**16.1**	**13.1**	**10.9**	**5.6**	**2.2**

Appendix

Bear scenario, risk-adjusted forecast (NOKm)	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E	2036E	2037E	2038E	2039E	2040E	2041E	2042E	2043E	2044E	2045E	2046E	2047E	2048E
CF — cystic fibrosis																							
Addressable population (thousands)	12.4	12.4	12.5	12.6	12.6	12.7	12.7	12.8	12.9	12.9	13.0	13.1	13.1	13.2	13.3	13.3	13.4	13.5	13.5	13.6	13.7	13.7	13.8
Penetration achieved	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	3%	5%	7%	8%	10%	11%	12%	12%	12%	6%	3%
Patients treated (thousands)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.2	0.3	0.6	0.9	1.1	1.4	1.5	1.6	1.6	1.6	0.8	0.4
Weighted price per patient per year (USDk)	40.2	41.0	41.9	42.7	43.6	44.4	45.3	46.2	47.1	48.1	49.1	50.0	51.0	52.1	53.1	54.2	55.2	56.3	57.5	58.6	59.8	61.0	62.2
Gross sales (NOKm)	0	0	0	0	0	0	0	0	0	0	32	81	182	323	479	624	777	890	961	985	1,010	518	265
Royalty rate	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%
Royalties (NOKm)	0	0	0	0	0	0	0	0	0	0	2	4	10	17	25	33	41	47	50	52	53	27	14
Risk adjustment CF (LoA × P(deal | PoC))	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%
Risk-adjusted royalty CF (NOKm)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.2**	**0.6**	**1.3**	**2.3**	**3.4**	**4.5**	**5.6**	**6.4**	**6.9**	**7.1**	**7.3**	**3.7**	**1.9**
NCFB — non-CF bronchiectasis																							
Addressable population (thousands)	355.7	358.9	362.1	365.4	368.7	372.0	375.3	378.7	382.1	385.5	389.0	392.5	396.1	399.6	403.2	406.8	410.5	414.2	417.9	421.7	425.5	429.3	433.2
Penetration achieved	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Patients treated (thousands)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Weighted price per patient per year (USDk)	33.6	34.3	35.0	35.7	36.4	37.1	37.8	38.6	39.4	40.2	41.0	41.8	42.6	43.5	44.3	45.2	46.1	47.1	48.0	49.0	49.9	50.9	52.0
Gross sales (NOKm)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Royalty rate	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%
Royalties (NOKm)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Risk adjustment NCFB (LoA × P(deal | PoC) × P(NCFB program))	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Risk-adjusted royalty NCFB (NOKm)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Licensing and other revenue																							
Risk-adjusted upfront and milestone payments (NOKm)	0.0	0.0	0.0	60.3	80.3	0.0	94.9	0.0	0.0	30.4	49.4	36.7	0.0	0.0	50.8	0.0	67.7	0.0	0.0	84.7	0.0	0.0	0.0
Project funding, EDF (NOKm)	11.0	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total risk-adjusted net revenue (NOKm)	**11.0**	**6.0**	**0.0**	**60.3**	**80.3**	**0.0**	**94.9**	**0.0**	**0.0**	**30.4**	**49.6**	**37.3**	**1.3**	**2.3**	**54.2**	**4.5**	**73.3**	**6.4**	**6.9**	**91.7**	**7.3**	**3.7**	**1.9**
Earnings and cash flow (NOKm)																							
Total OPEX incl. depreciation	-39.0	-34.0	-19.0	-11.0	-8.0	-7.0	-7.0	-6.0	-6.0	-6.0	-6.0	-6.0	-5.0	-5.0	-5.0	-5.0	-5.0	-5.0	-5.0	-5.0	-5.0	-5.0	-5.0
EBIT	**-28.0**	**-28.0**	**-19.0**	**49.3**	**72.3**	**-7.0**	**87.9**	**-6.0**	**-6.0**	**24.4**	**43.6**	**31.3**	**-3.7**	**-2.7**	**49.2**	**-0.5**	**68.3**	**1.4**	**1.9**	**86.7**	**2.3**	**-1.3**	**-3.1**
Tax	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-2.8	-0.5	0.0	0.0
Net income	**-28.0**	**-28.0**	**-19.0**	**49.3**	**72.3**	**-7.0**	**87.9**	**-6.0**	**-6.0**	**24.4**	**43.6**	**31.3**	**-3.7**	**-2.7**	**49.2**	**-0.5**	**68.3**	**1.4**	**1.9**	**84.0**	**1.8**	**-1.3**	**-3.1**
Risk-adjusted free cash flow	-27.0	-27.0	-18.0	49.3	72.3	-8.0	86.9	-8.0	-8.0	22.4	41.6	29.3	-5.7	-4.7	47.2	-2.5	66.3	-0.6	-0.1	82.0	-0.2	-3.3	-5.1
Discount factor	1.000	0.848	0.738	0.641	0.558	0.485	0.422	0.367	0.319	0.277	0.241	0.210	0.182	0.159	0.138	0.120	0.104	0.091	0.079	0.069	0.060	0.052	0.045
PV of risk-adjusted FCF	**-13.1**	**-22.9**	**-13.3**	**31.6**	**40.3**	**-3.9**	**36.7**	**-2.9**	**-2.6**	**6.2**	**10.0**	**6.1**	**-1.0**	**-0.7**	**6.5**	**-0.3**	**6.9**	**-0.1**	**0.0**	**5.6**	**0.0**	**-0.2**	**-0.2**

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