



MOLN Corporate Presentation

ZKB Swiss Equity Conference

Patrick Amstutz, CEO

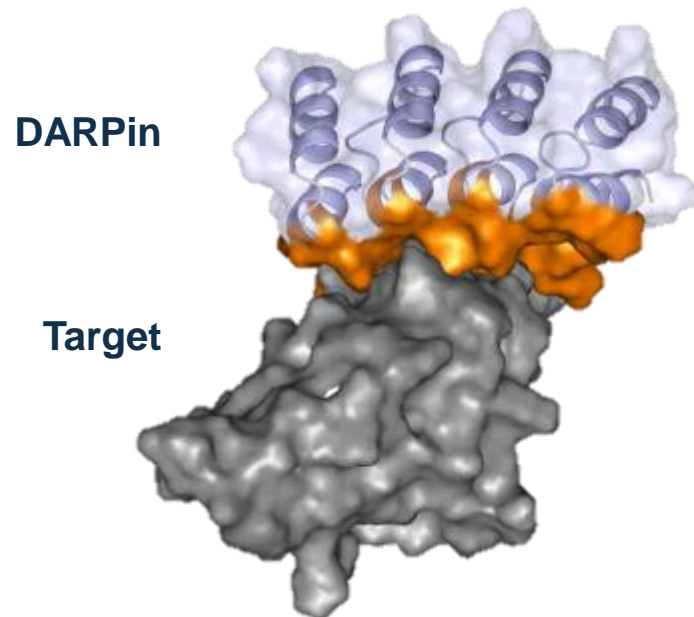
November 7th, 2024

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The DARPin Modality and Molecular Partners' Strategy



What we invented

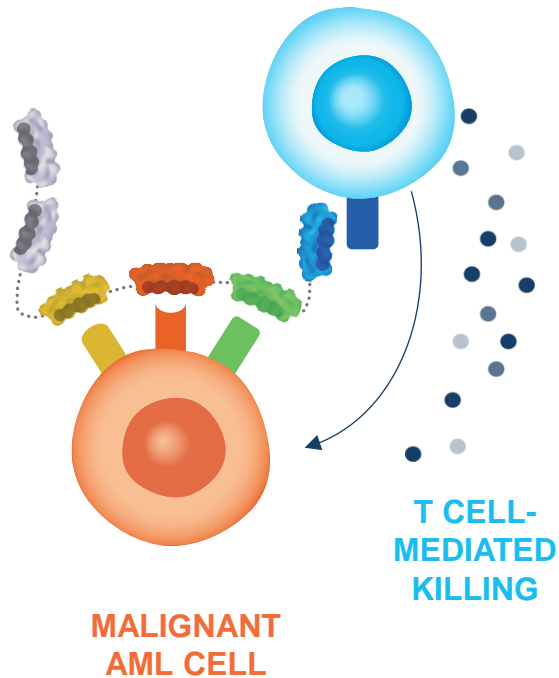
- New class of therapeutics: Designed Ankyrin Repeat Proteins (**DARPin**s)
- DARPin to **close the gap between small molecules and antibodies**
- 7 clinical-stage compounds, **>2500 patients treated**

How we apply it

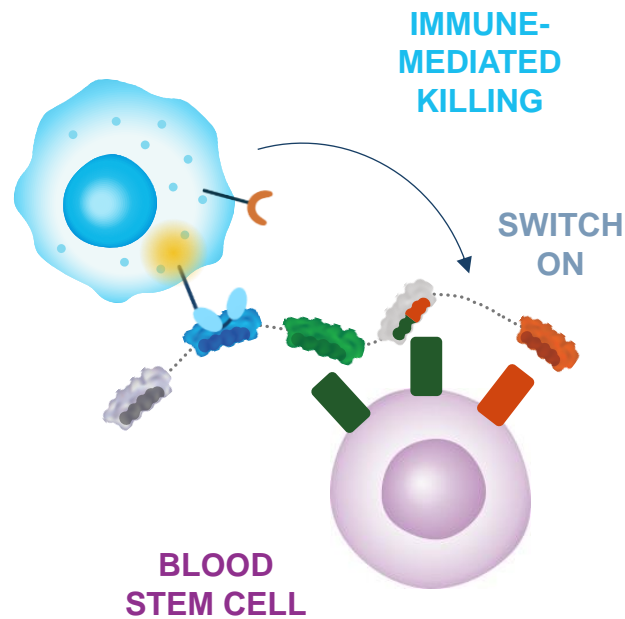
- **Unique DARPin solutions** for a defined medical problems not addressable by antibody designs
- Demonstrate **true patient value** with **early clinical readouts**
- Combine our **capabilities with world-class partners** to deliver innovative therapeutics

DARPin Platforms to Build Therapeutics for Cancer Patients

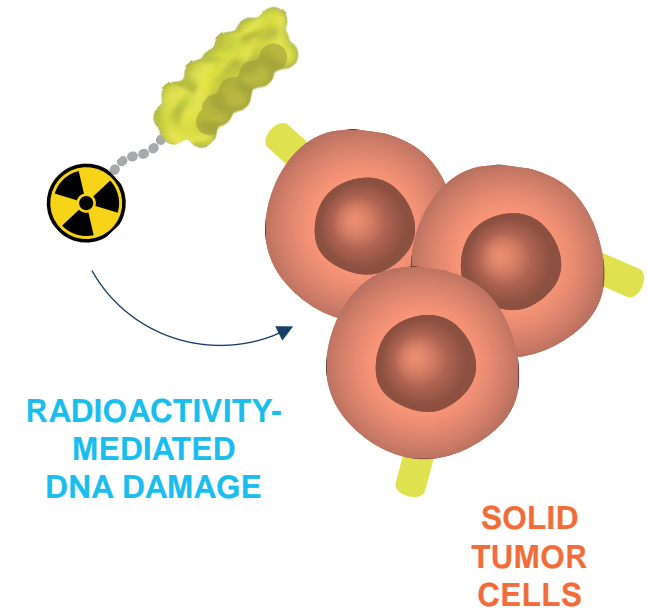
Multi-specific
T cell Engagers



Switch-DARPin
for Next-Gen Immune Cell
Engagers



Radio-DARPin
Therapeutics



Pipeline

MODALITY	CANDIDATE	RESEARCH	PRE-CLINICAL	PHASE 1	PHASE 2	RIGHTS
Radio-DARPin Therapy (RDT)	MP0712	SCLC & NETs DLL3	Co-development*			MOLECULAR partners
	Undisclosed Programs	Solid Tumors	3 programs*			oranomed
	Undisclosed Programs	Solid Tumors	In-house programs			MOLECULAR partners
	Undisclosed Programs	Solid Tumors	2 partnered programs			NOVARTIS
Tetra-specific T-cell Engager	MP0533	r/r AML and AML/MDS CD33 x CD123 x CD70 x CD3				MOLECULAR partners
Switch-DARPin	MP0621	HSCT cKit x CD16a x CD47				MOLECULAR partners
	Undisclosed Programs	Immune Cell Engager				
Localized Agonist	MP0317	Advanced Solid Tumors FAP x CD40				MOLECULAR partners

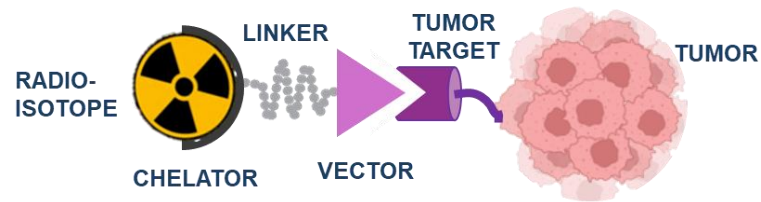


Radio-DARPin Therapy & MP0712 as first program

Platform & Pipeline

Targeted Radiotherapy: “Old” Modality Turned Hot Through Precision

A TARGETED RADIOTHERAPEUTIC:



- “see what you treat” & “treat what you see”
 - Early validation or kill point
- Proven clinical **benefit for oncology patients**
- Therapies with beta emitters established, data with **alpha emitters** on the rise
- **Opportunity: Broaden the target & indication space with vectors** amenable to selective tumor uptake

Example of a prostate cancer patient with extensive bone metastasis treated with ^{225}Ac -PSMA-617:

IMAGE → THERAPY → IMAGE



July 2017, PSA = 782 ng/ml
PET/CT, ^{68}Ga -PSMA-11

^{225}Ac -PSMA-617

8 MBq →

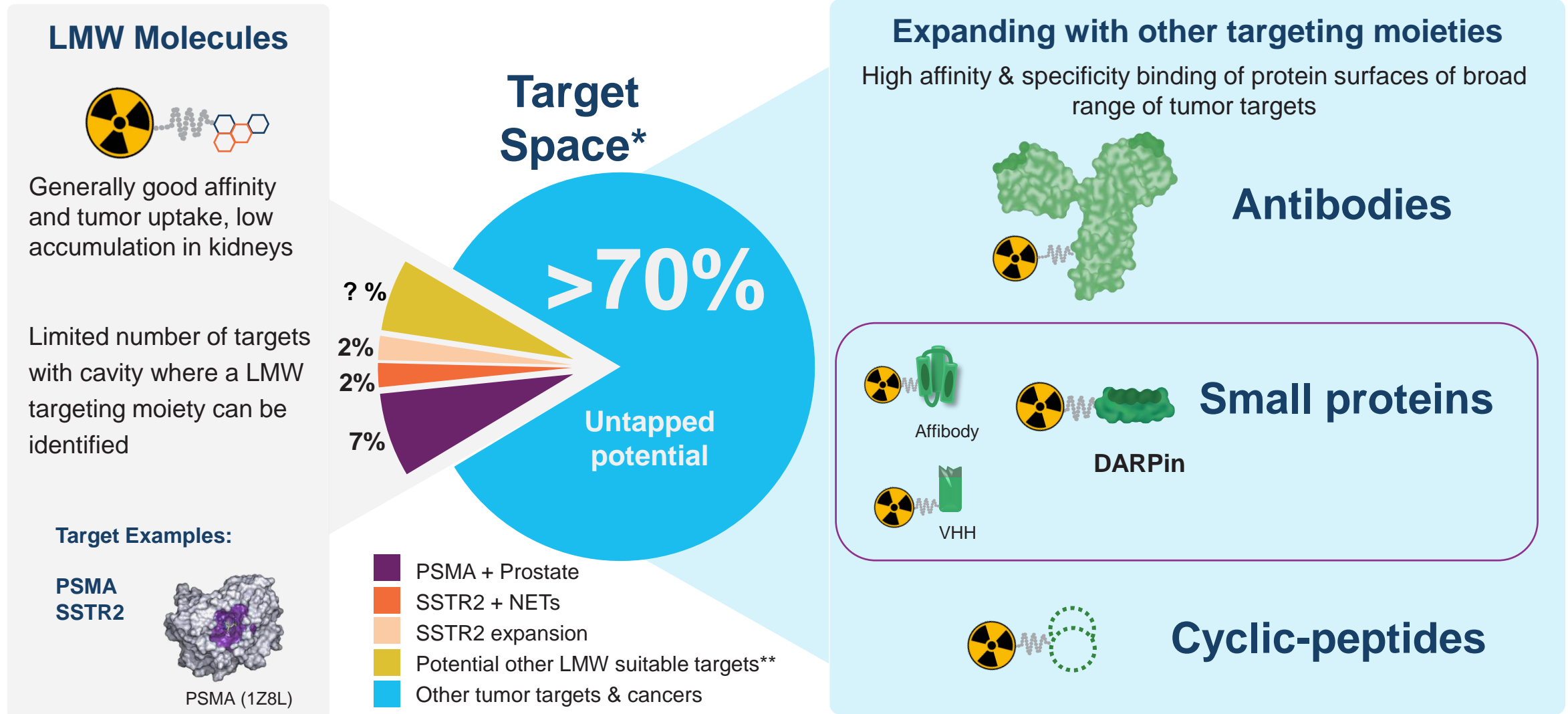
7 MBq →

8 MBq →



May 2018, PSA = 0.04 ng/ml
PET/CT, ^{68}Ga -PSMA-11

DARPinS Have the Potential to Broaden the Target Space



Opportunity to Evolve DARPins to Radio-DARPins

Enabled by the robust architecture of the DARPin scaffold

Proteins < 60 kDa are reabsorbed by kidneys

Breast cancer patient imaged after treatment with a Her2 DARPin:

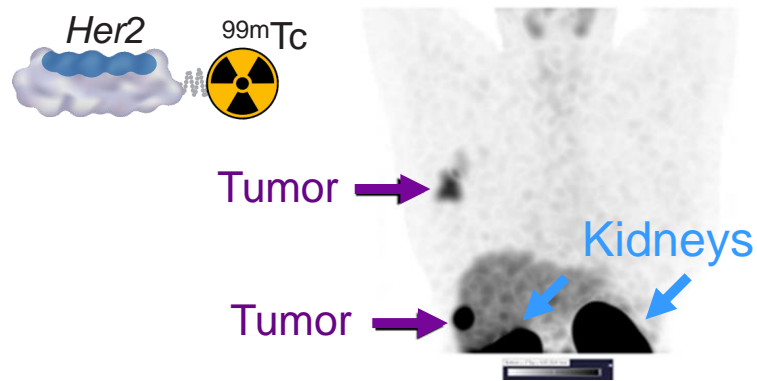
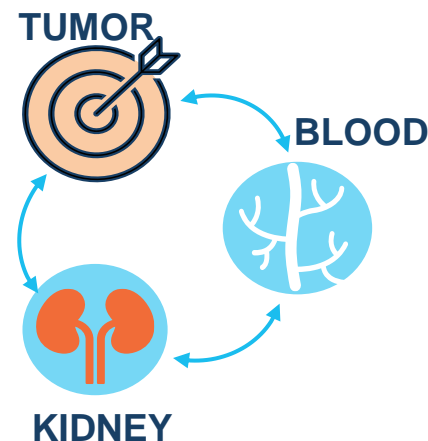
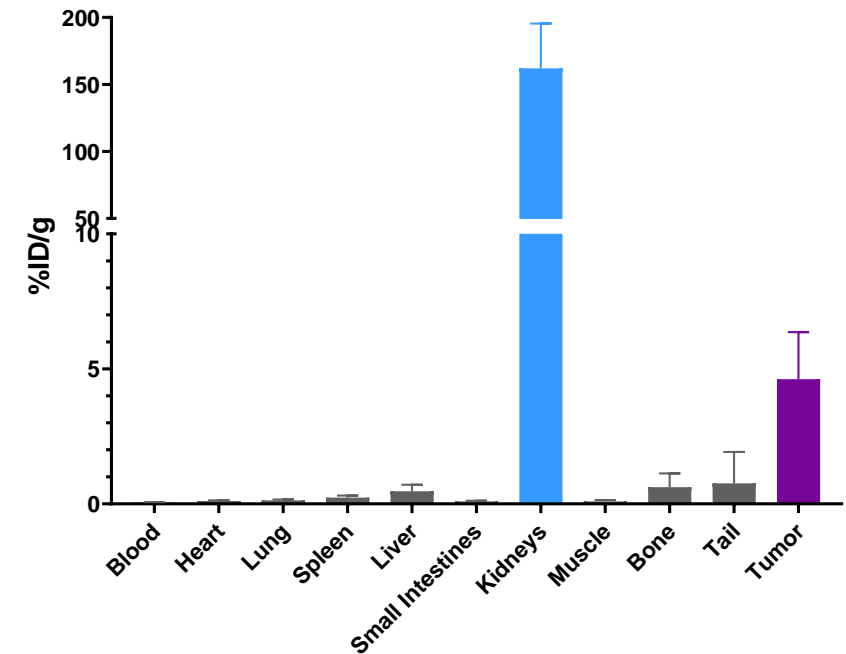


Image kindly provided by Dr. Bragina
Research Centrum for Oncotheranostics, Tomsk



BioD in Tumor Mouse Model



Unlocking DARPins for radiotherapeutic applications

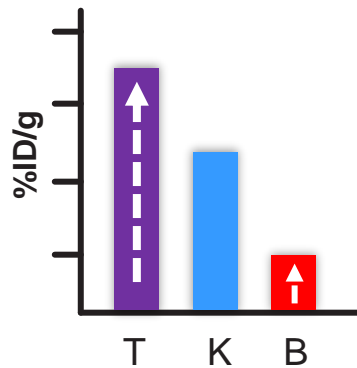
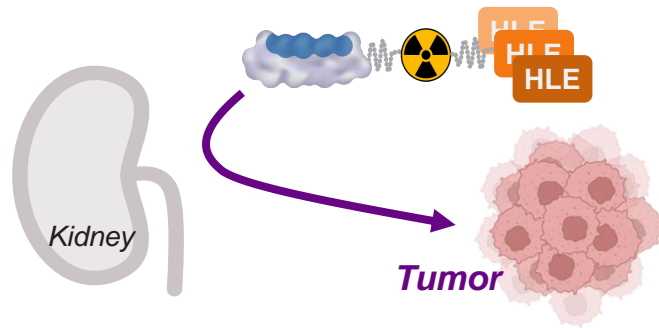
- Increase selective but moderate tumor uptake
- Reduce strong kidney accumulation

Radio-DARPin Platform Ready to Deliver Product Candidates

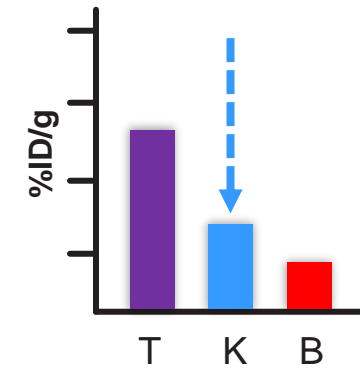
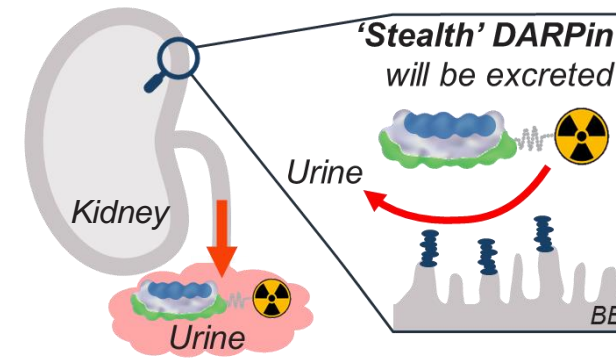
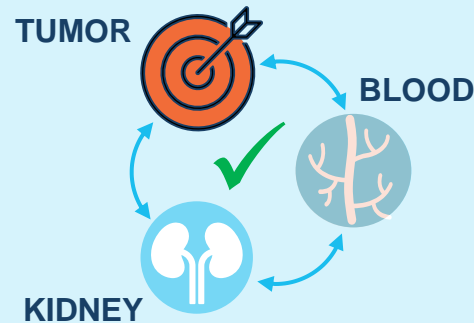
Increased tumor uptake
by half-life extension (HLE)*



Reduced kidney accumulation
by surface engineering (Stealth-DARPin)*

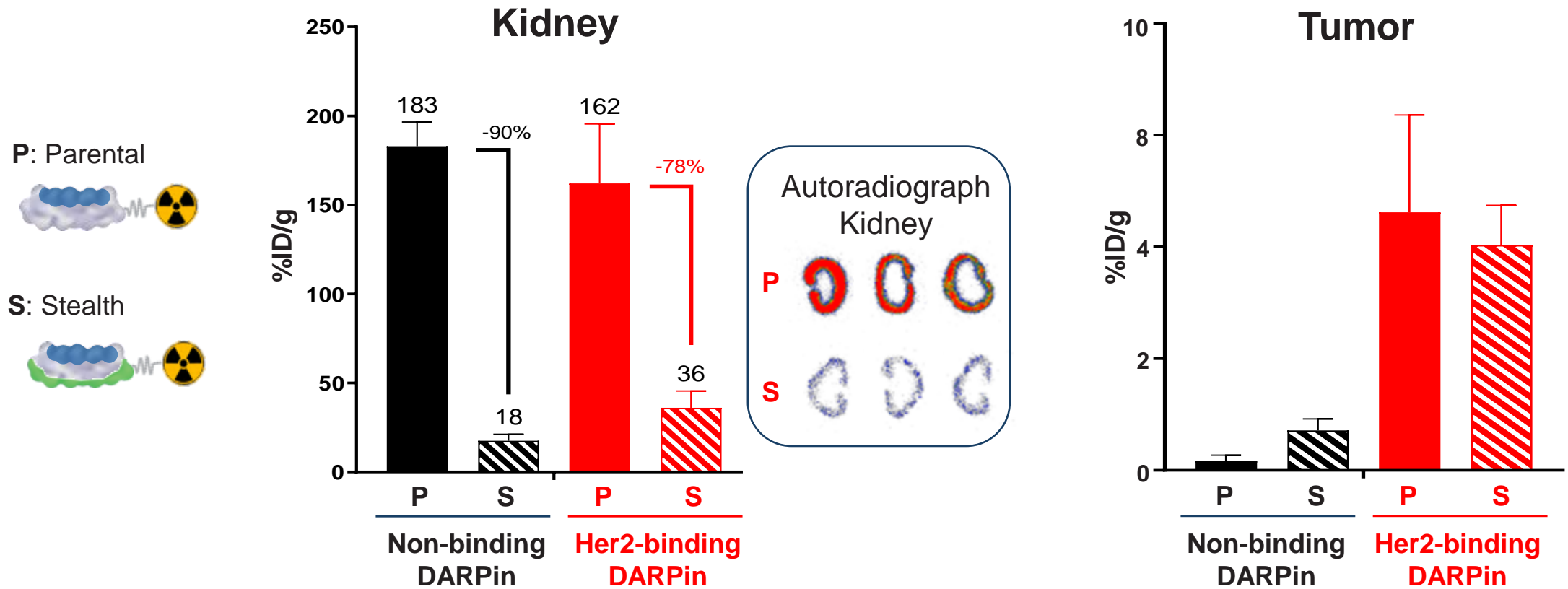


Optimized biodistribution
properties





Stealth DARPins Show Strongly Reduced Kidney Accumulation



→ Up to 90% reduction in kidney accumulation with maintained tumor uptake

MP0712: the First ^{212}Pb -DLL3 Targeted Radiotherapy

Combining distinctive DARPin features with the power of ^{212}Pb for efficacious cancer therapy

SCLC as indication

- Aggressive cancer with high unmet medical need
 - 2L: mPFS ~3m; 5y OS ~3%^{1,2}
- DLL3 is expressed in >85% of patients³

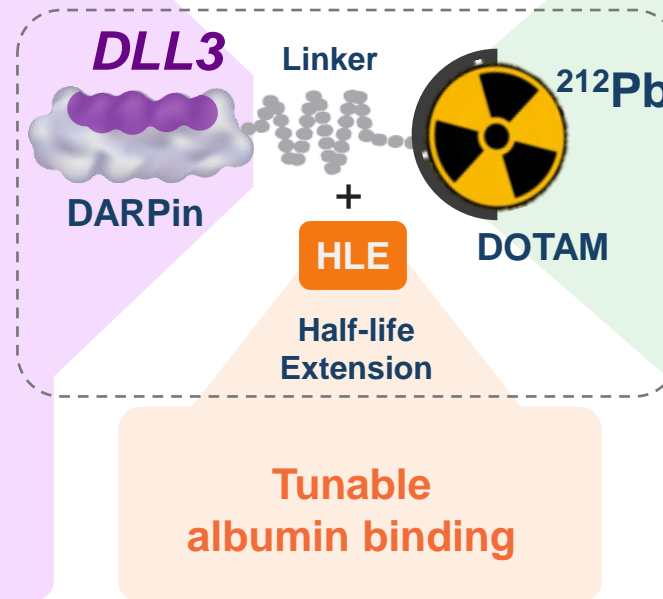
DLL3: a promising target

- Homogeneous tumor expression, but low expression level in patients
- No expression in healthy tissues
- New treatments with room for improvement: Tarlatamab (AMGEN) for 2L+; ORR ~40%

Diverse set of DARPins against DLL3

- Good developability
- Specific binding with high affinity

Product composition



^{212}Pb for targeted alpha therapy

- Strong cytotoxicity (dsDNA breaks)
- Single alpha decay (limited free daughters)
 - Limited irradiation of healthy tissues
- Relatively short half-life (10.6 h)
 - Fast energy deposition (efficacy)
 - Easier waste management

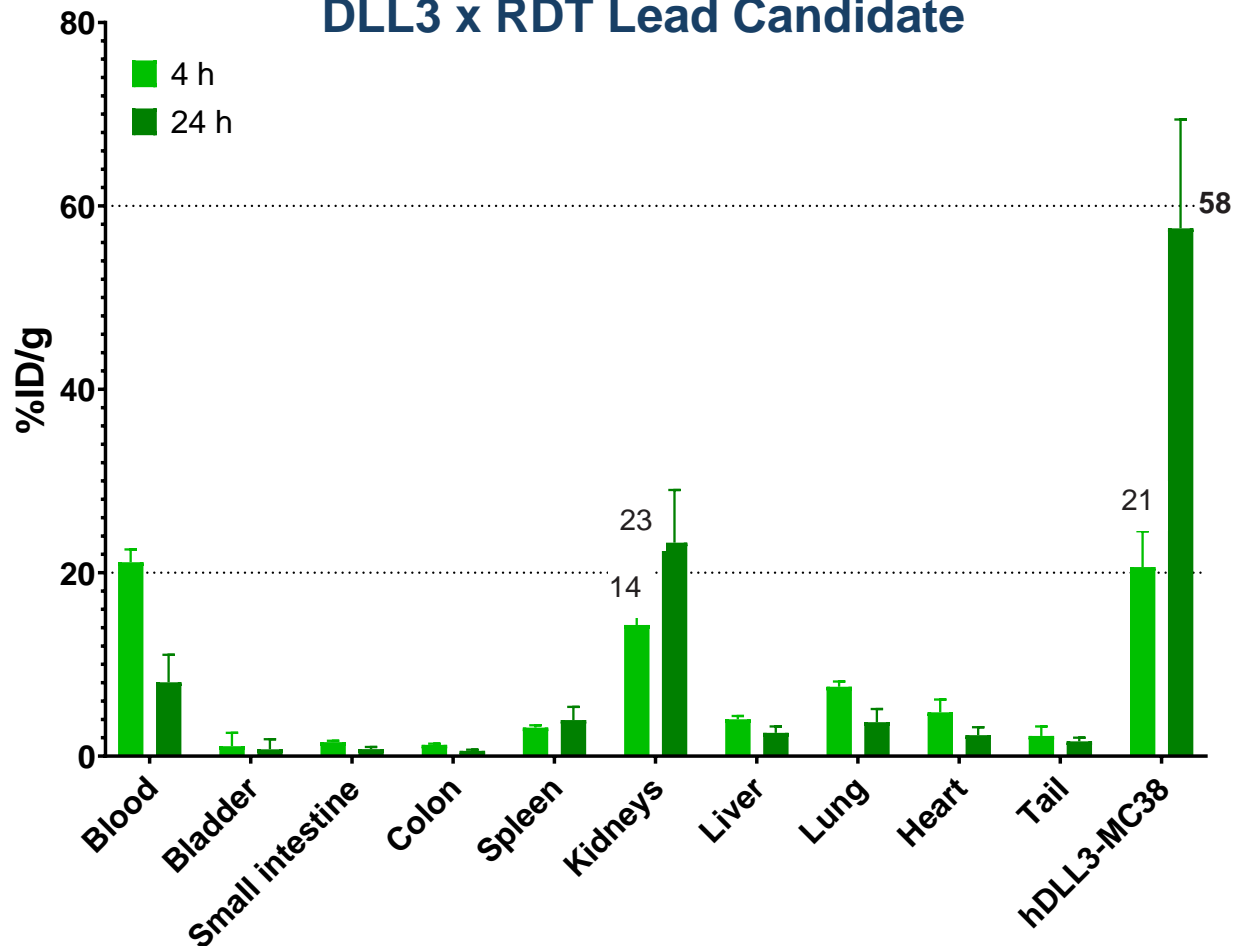
Co-Development with Orano Med

- The leader for ^{212}Pb & a committed partner
- Reliable & scalable ^{212}Pb production
- Independent production capacities (substantial inventory of purified ^{232}Th)

ASCO: Ph2 clinical data ^{212}Pb -DOTAMTATE (AlphaMedixTM) showed an ORR of 55.6%⁴

MP0712: ^{212}Pb -DLL3 Lead Candidate with Attractive BioD Profile

**Biodistribution Profile of
DLL3 x RDT Lead Candidate**

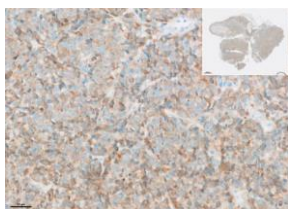


- **MP0712 selected as Lead Candidate** for ^{212}Pb -DLL3 Radio-DARPin Therapy
- Encouraging biodistribution profile with **T:K Ratio >2** in MC38 model
- Similar profile in NCI-H82 model (patient relevant DLL3 expression) with T:K Ratio >1 (*data not shown*)

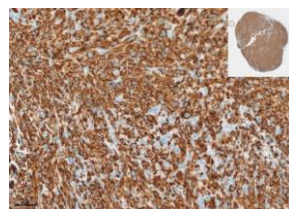
MP0712: Attractive BioD Profile and Tumor Specificity

DLL3 expression & distribution by IHC

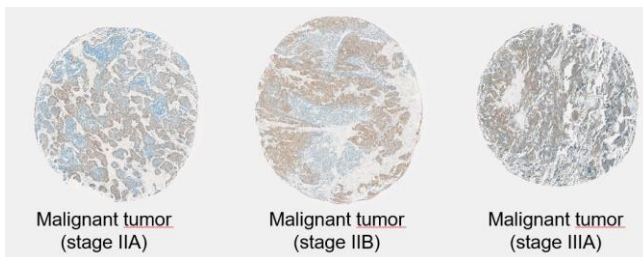
NCI-H82 tumors



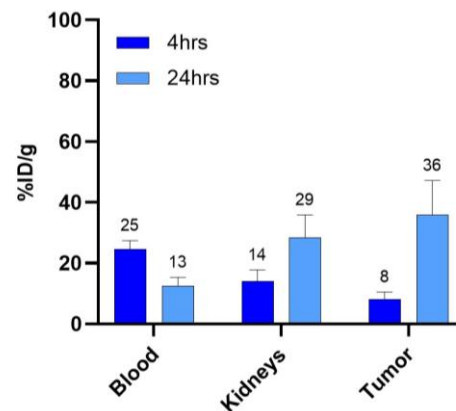
hDLL3-MC38 tumors



Human SCLC tumors



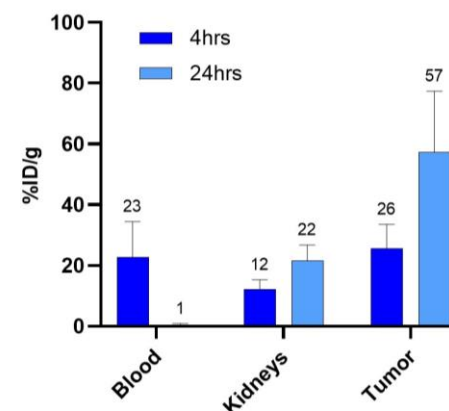
R2G2 mice xenografted s.c. with NCI-H82



T:K at 4h = 0.6 / at 24h = 1.2



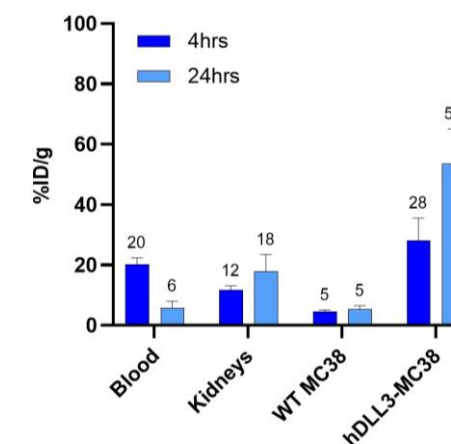
R2G2 mice xenografted i.v. with NCI-H82



T:K at 4h = 2.1 / at 24h = 2.6



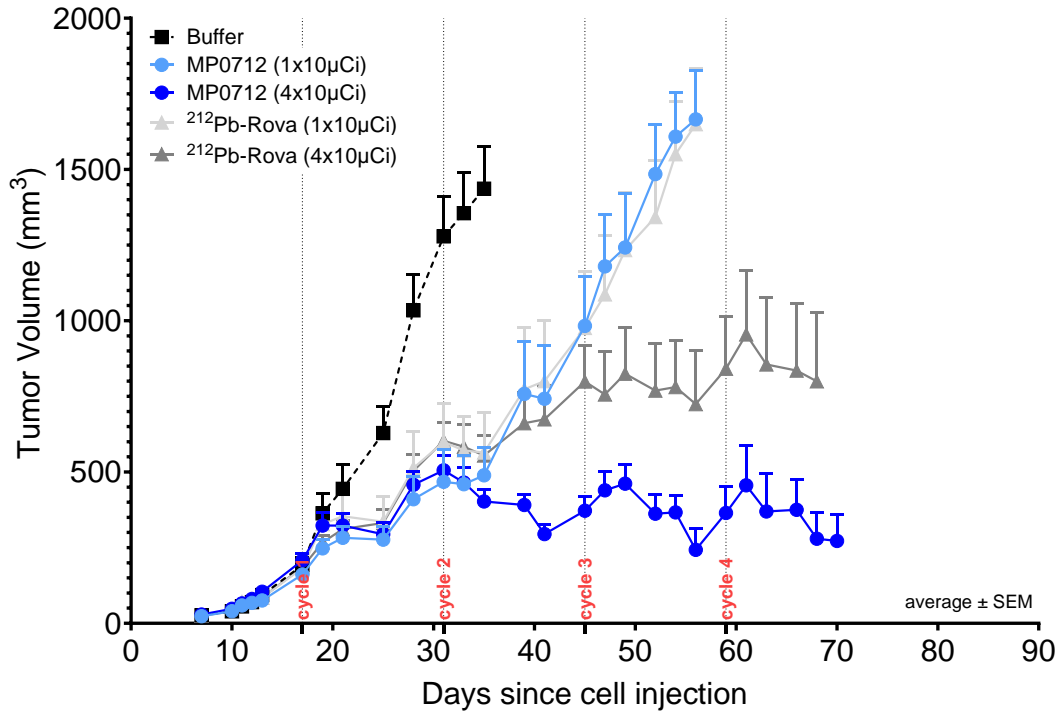
ATH nude mice double xenografted s.c. with hDLL3-MC38 + WT-MC38



T:K at 4h = 2.4 / at 24h = 3

- MP0712 reached T:K ratios > 2 in mouse model matching clinically relevant DLL3 expression levels
- Selective uptake in DLL3-expressing tumors confirmed high target specificity of MP0712

MP0712: Potent Efficacy at Clinically-Relevant Dose



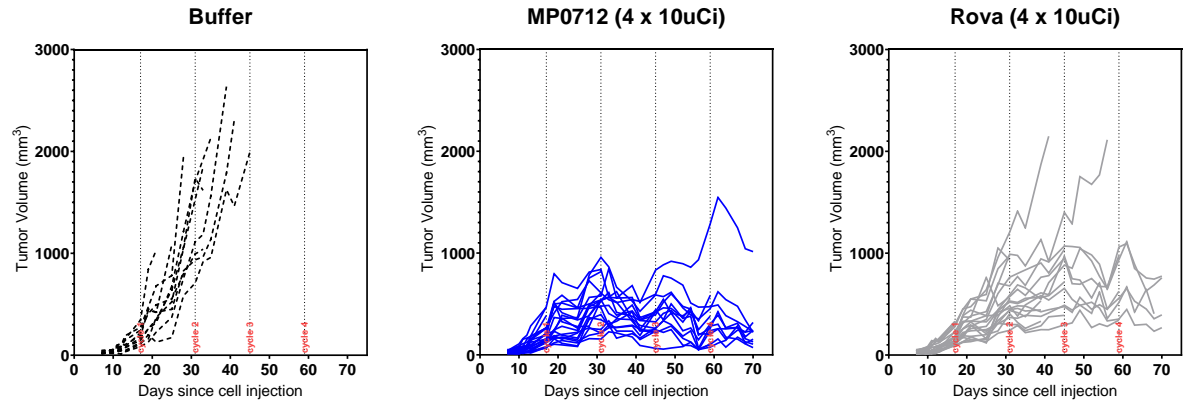
Median survival

Buffer	MP0712 1x10 μ Ci	MP0712 4x10 μ Ci	Rova 1x10 μ Ci	Rova 4x10 μ Ci
4.7 wks	7.9 wks	15.7 wks	7.9 wks	8.9 wks



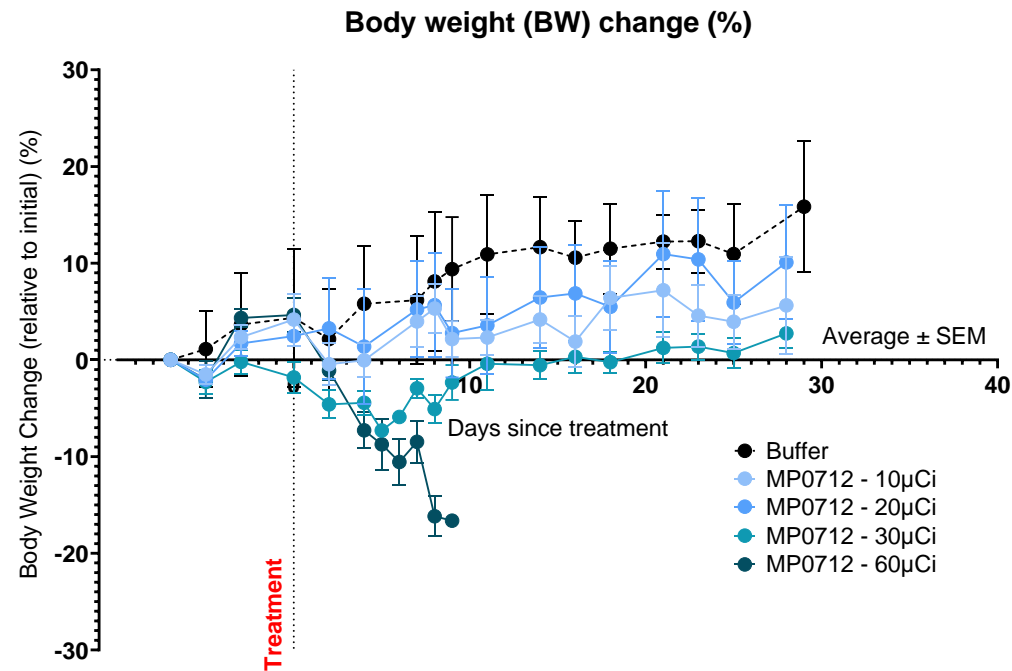
R2G2 mice xenografted s.c. with
NCI-H82

Tumor growth curve for each animal

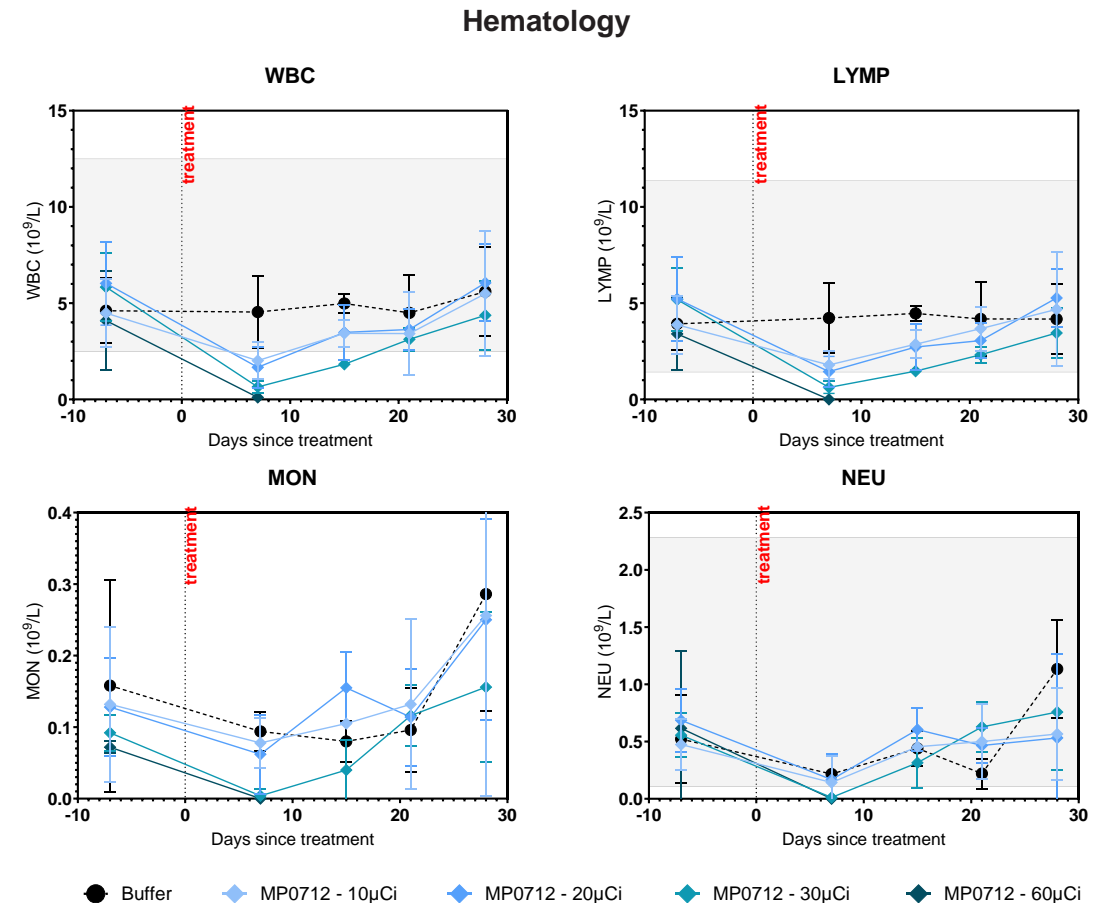


- **MP0712 induced tumor stabilization in NCI-H82 tumor model**

MP0712: Favorable Safety Profile



- Complete recovery of body weight loss after 10 days
- Complete recovery of hematologic profile after 28 days
- MP0712 treatment up to 30 μ Ci well tolerated



^{212}Pb has Key Advantages as Radioisotope

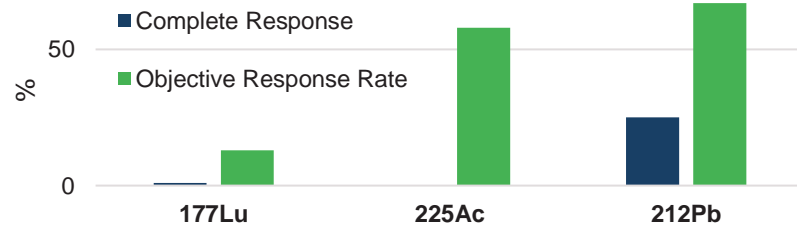
Efficacy

Short decay half-life leads to high energy deposition on tumor in short time frame

^{212}Pb demonstrated efficacy and good tolerability in GEP-NET patients treated with AlphaMedix™: 57% ORR in ph 1+2 combined (Strosberg et al, ASCO 2024)

^{212}Pb bears best-in-class potential for certain indications

	Beta		Alpha
	177Lu (1)	225Ac (2)	212Pb (3)
Therapy	177Lu-DOTATATE (=Luthatera®)	225Ac-DOTATATE	212Pb-DOTAMTATE
Phase	Phase 3 NETTER-1	Comp. use	Phase 1
Patients (n)	111	26	12



Clinical data comparing ^{212}Pb with other radioisotopes in treatment-naïve NET patients treated with SSTR-targeting RLTs

Selectivity

Localized and limited exposure of healthy cells with alpha particles

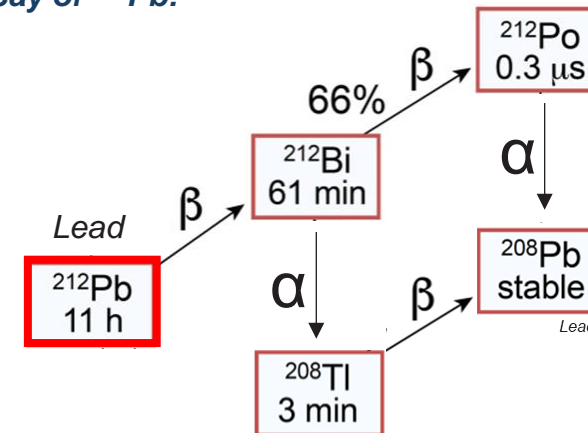
Safety

Clean decay profile: ^{212}Pb is an alpha precursor with low risk for long-lived free daughter radionuclides

Waste management

Less problematic thanks to short half-life

Decay of ^{212}Pb :



Adapted from Li et al., Current Medicinal Chemistry, 2020

Orano Med – Partner to Co-develop Radio-DARPin Therapies



“Endless” starting material as basis for ^{212}Pb supply

Leader in targeted alpha therapies

Large-scale, reliable, independent production and supply capabilities of ^{212}Pb

- Proprietary stockpile
- Achieve high purity of ^{212}Pb
- 4 GMP sites available or in construction across US and EU
- Excellent logistics

Clinical capabilities demonstrated with ^{212}Pb and AlphaMedix™ in Phase 2 study in collaboration with RadioMedix

Strong partner for RDTs

Co-development agreement signed in 2024:

- 50:50 cost and profit share
- Four RDT programs, including MP0712 (DLL3)
- Molecular Partners commercialization rights for DLL3



22,000 drums of ^{232}Th

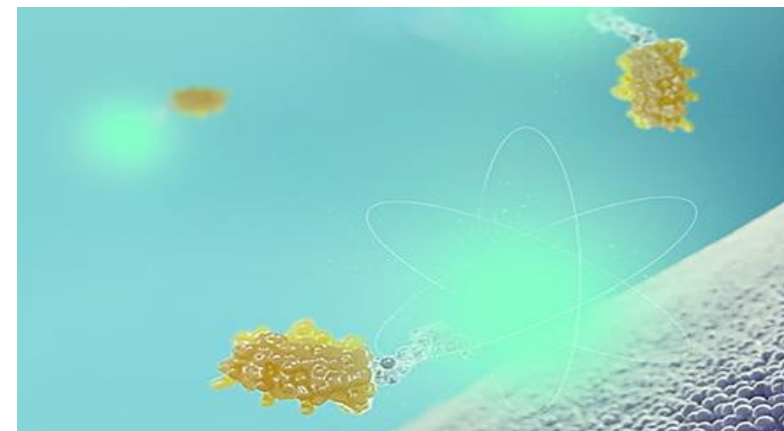
Lead-212 is obtained **chemically** by **successive extractions and purifications** of the descendants of thorium-232

Orano Med owns more than 20,000 drums of highly purified thorium-232 offering virtually illimited supply



Summary – Radio-DARPin Therapy (RDT) & MP0712

- Successful RDT platform optimization **with attractive biodistribution profile** (tumor, kidney, blood)
- **MP0712 selected as Lead Candidate for targeted ^{212}Pb -DLL3** Radio-DARPin Therapy: encouraging safety & efficacy *in vivo*
- IND-enabling package working towards completion; **initial clinical data expected in 2025**

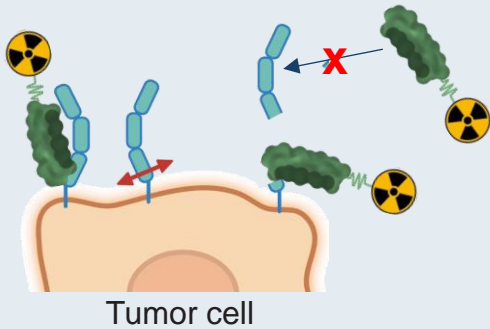


TARGET	RESEARCH	DEV.	RIGHTS
DLL3	MP0712		
Target 2			MOLECULAR partners
Target 3			oranomед
Target 4			
Target X			NOVARTIS
Target Y			
Several targets in evaluation			MOLECULAR partners

RDT Outlook:

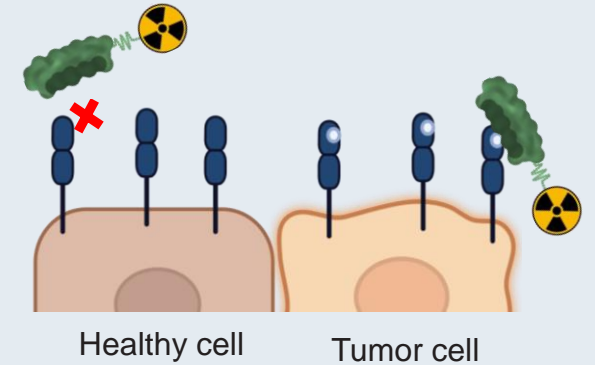
- **Advance MP0712 and additional pipeline candidates**
- **Continue to evolve RDT platform for next differentiated RDT programs**
- **Progress collaboration projects with Orano Med and Novartis**

Outlook: Leverage DARPin Differentiation to build RDT portfolio

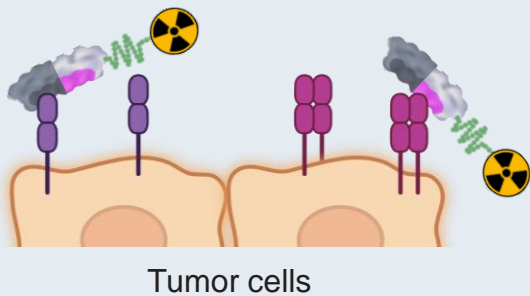


Selectivity for **membrane-bound antigen** vs **shed antigen** for high tumor uptake

Selectivity to antigens with **high surface homology** to other targets



2in1 DARPin



Bi-specific DARPins to achieve **broader distribution in tumors & overcome heterogeneity**, especially for targeted alpha therapy

Created in part with [BioRender.com](https://www.biorender.com)

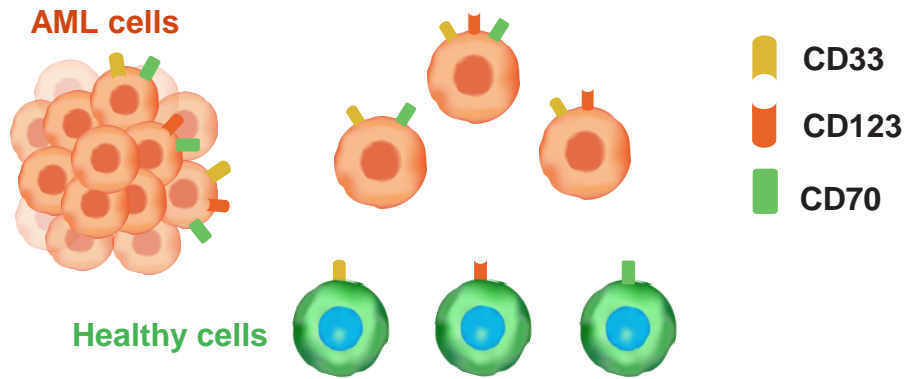


MP0533

Tetra-specific T-cell Engager for AML

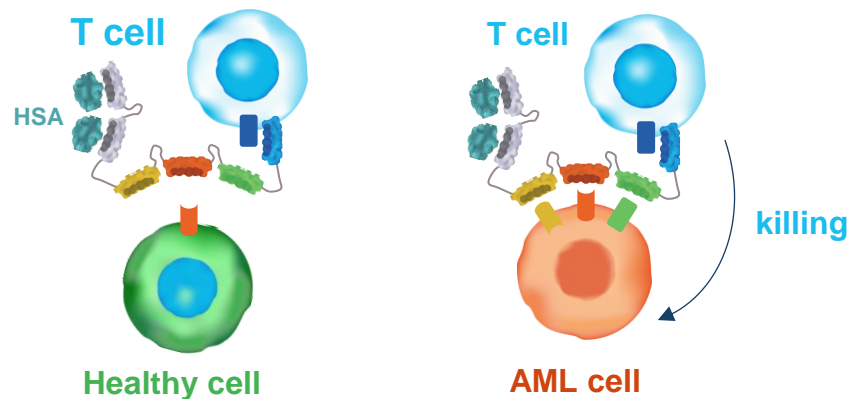
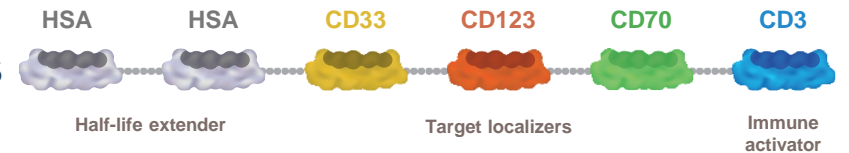
MP0533: Avidity-Driven Selectivity for Cancer Cells in AML

Problem: AML tumor-associated antigens are expressed on healthy cells



- **AML remains a deadly disease** and persistence of **leukemic stem cells (LSCs)** drives relapse
- **AML cell population is heterogeneous**: individual AML blasts and LSCs lack a clean target. AML cells can be differentiated from healthy cells (e.g. HSCs) by their **co-expression of specific targets** (e.g. CD33, CD123, CD70)

Solution: MP0533 – Avidity-driven selectivity and killing by T cells



- MP0533 is designed to induce **T cell-mediated killing preferentially when two or three target antigens (CD33, CD123, CD70) are co-expressed**
- MP0533 is hypothesized to preserve healthy cells hence **opening a therapeutic window**
- MP0533 has the potential to kill all AML cells (blasts and LSCs) despite heterogeneity, ensuring **long term disease control**

MP0533 Phase 1 Dose Escalation in R/R AML Patients

Rapid progress up to cohort 7 with need to explore higher doses

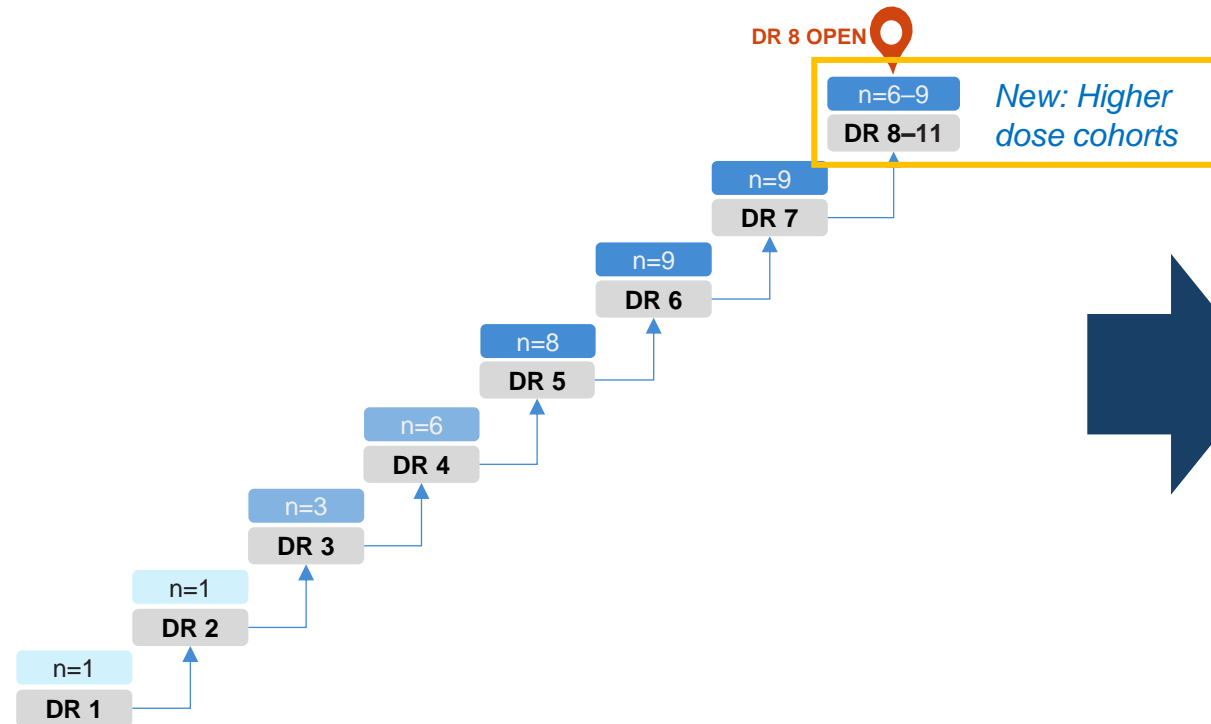
STUDY DESIGN

- FIH, single-arm, open-label, Phase 1/2a study of MP0533 monotherapy (NCT05673057)

STUDY OBJECTIVES

- Safety / tolerability
- PK / exposure
- Preliminary activity / PD
 - Clinical response as per ELN (incl. MRD status)
 - Blasts and LSCs counts
 - T-cell activity
 - MP0533 presence in BM
 - Target (co-)expression
 - Evolution of disease clonality

PHASE 1 DR ESCALATION OF MP0533 MONOTHERAPY



Study on-going across 9 sites in EU, DR 8 enrolling

PHASE 2A PoC OF MP0533 MONO- / COMBINATION THERAPY

Expansion
with RP2D-R

n=30

MP0533 Phase 1 Patient Characteristics and Safety Profile

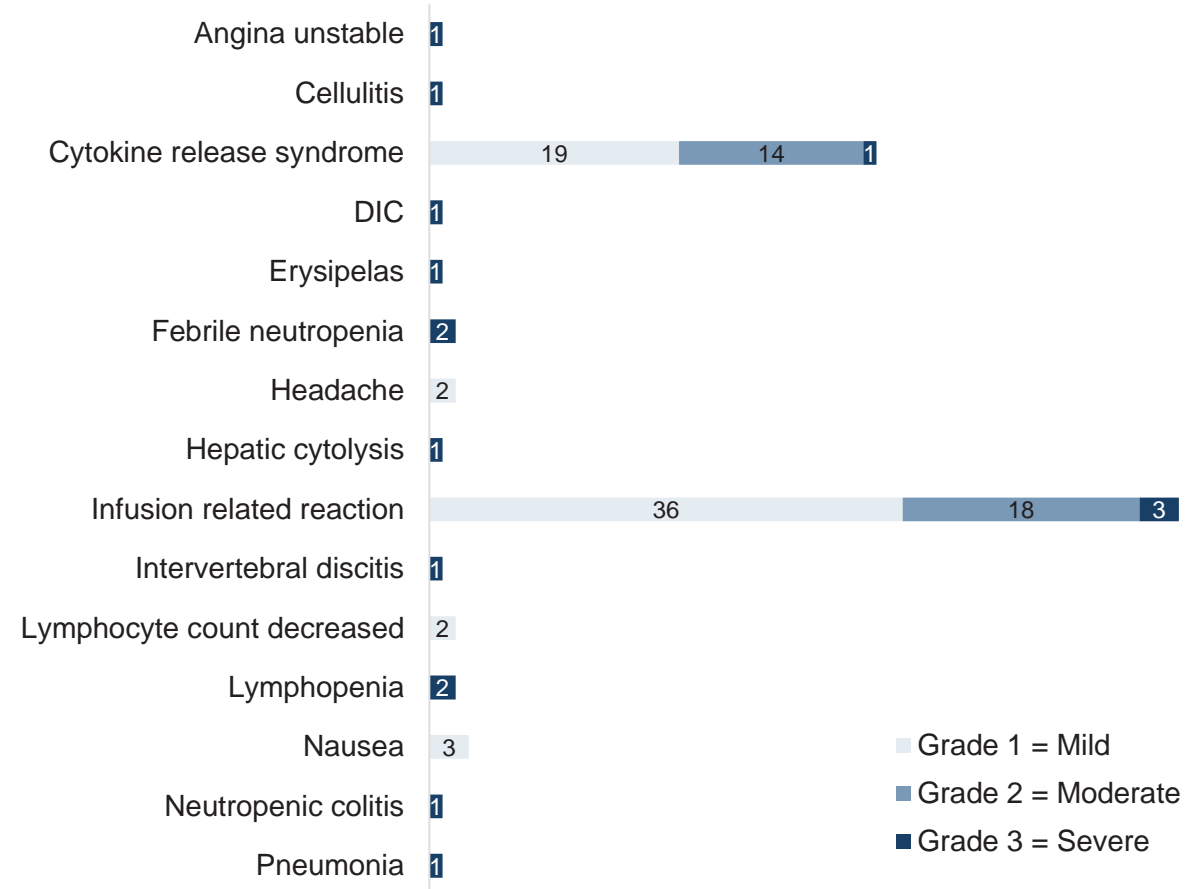
BASILINE CHARACTERISTICS	DR COHORTS 1-6 (n=28)
Sex, n (%)	
Female / male	14 (50) / 14 (50)
Age	
Mean / Median (range)	68 / 74 (22-82)
ECOG PS, n (%)	
0 / 1 / 2	11 (39) / 15 (54) / 2 (7)
Hematologic malignancy, n (%)	
AML / MDS/AML	19 (68) / 9 (32)
ELN risk category, n (%)	
Intermediate / adverse	4 (14) / 24 (86)*
No. of prior systemic treatment lines, n (%)	
1 / 2 / ≥3	12 (43) / 10 (36) / 6 (21)

*TP53 mutated: 7 (25%)

Acceptable safety profile for MP0533 reported for DR 1-6‡:

- IRR and CRS are the most frequent MP0533-related TEAEs (mostly Grade 1-2, occasional Grade 3)
- No DLTs up to DR 6

MP0533-RELATED TEAEs‡

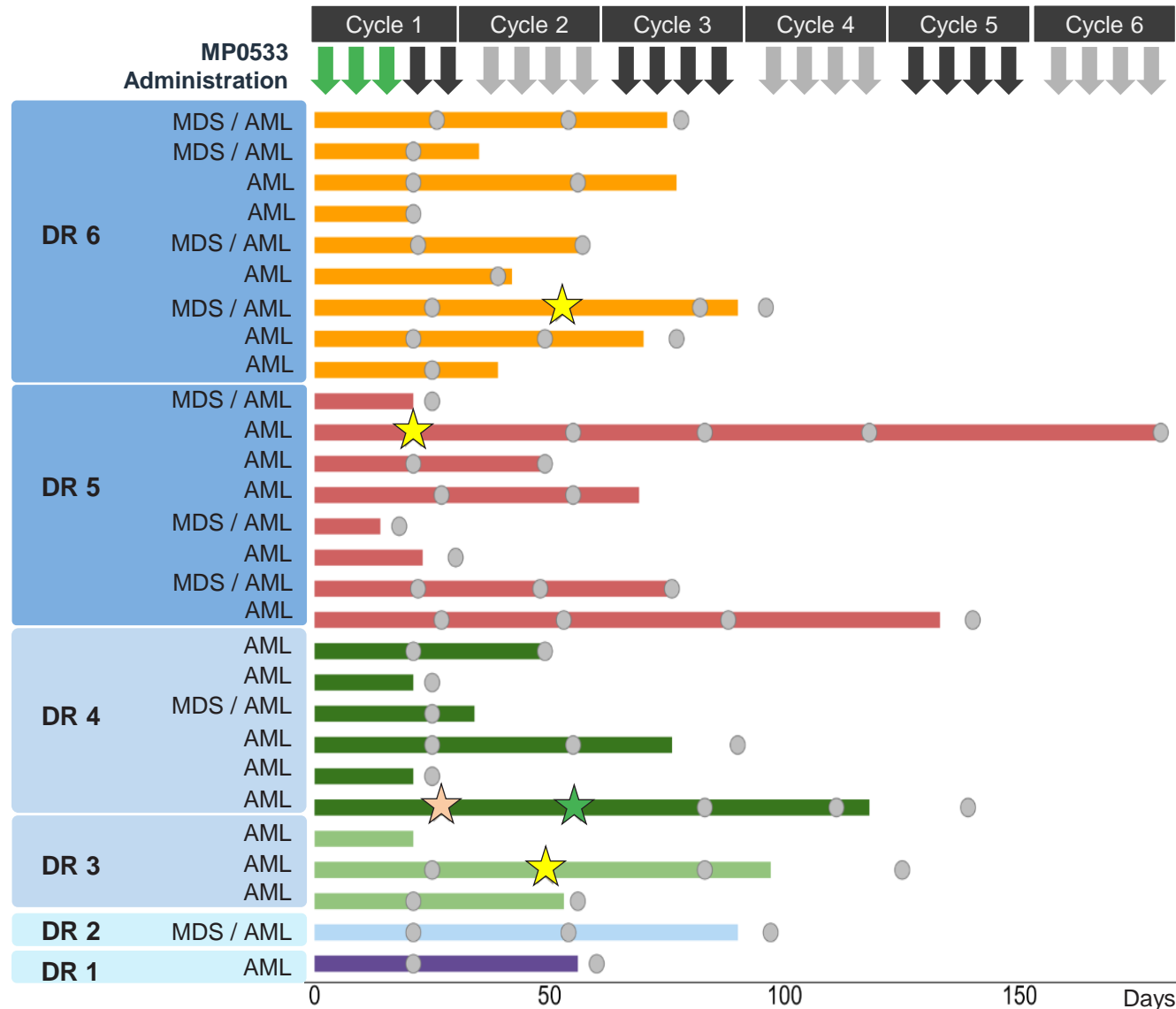


MP0533 Treatment & Clinical Response

Four responders reported in DR 3-6:

- CR in 1 patient at DR 4
- MLFS in 3 patients, 1 each at DR 3, DR 5 and DR 6

DR 8 enrolling patients



LEGEND

- ★ CR
- ★ CRi
- ★ MLFS
- No ELN response

Response (2022 ELN¹) was assessed every 4 weeks until disease progression and results are presented as indicated

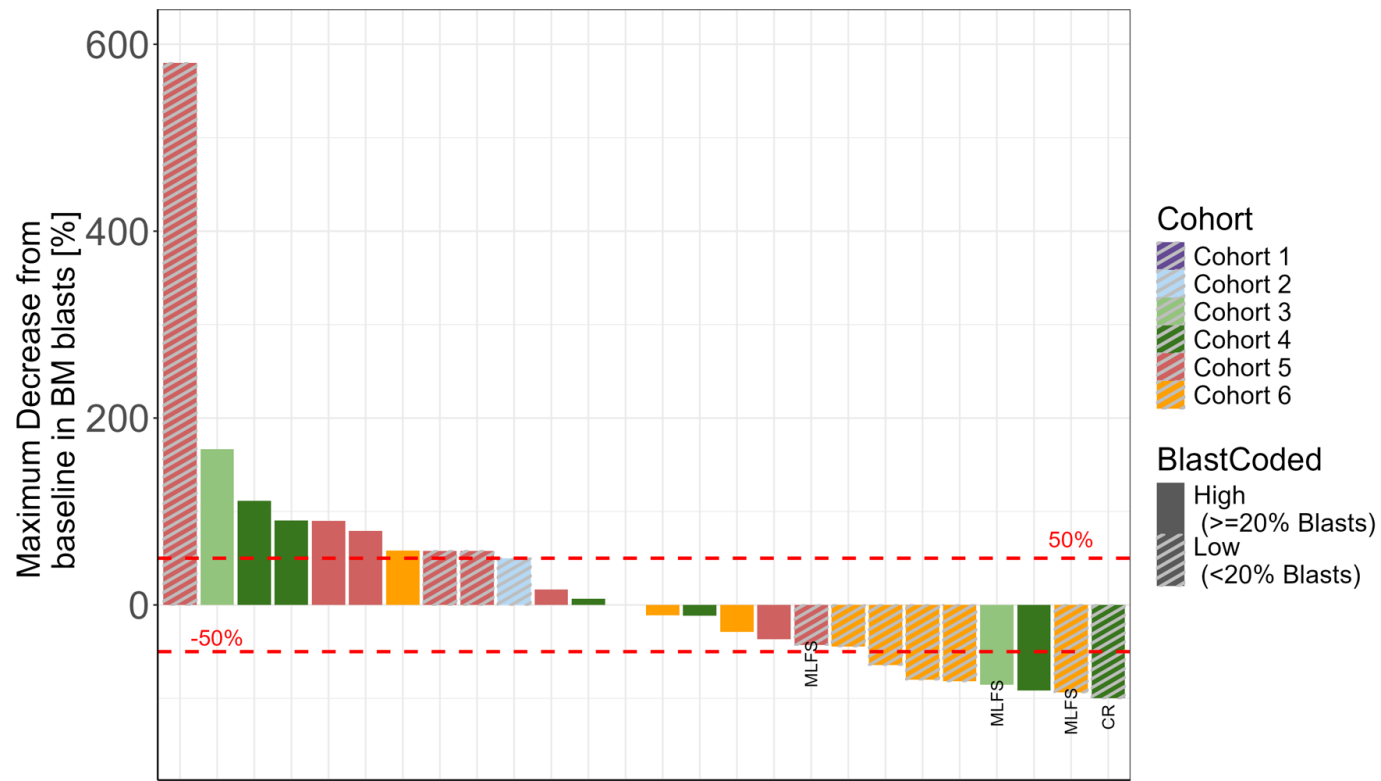
Arrows at the top indicate MP0533 administration at D1, D5, D8, D15 and weekly thereafter

Step-up dosing is presented in green arrows

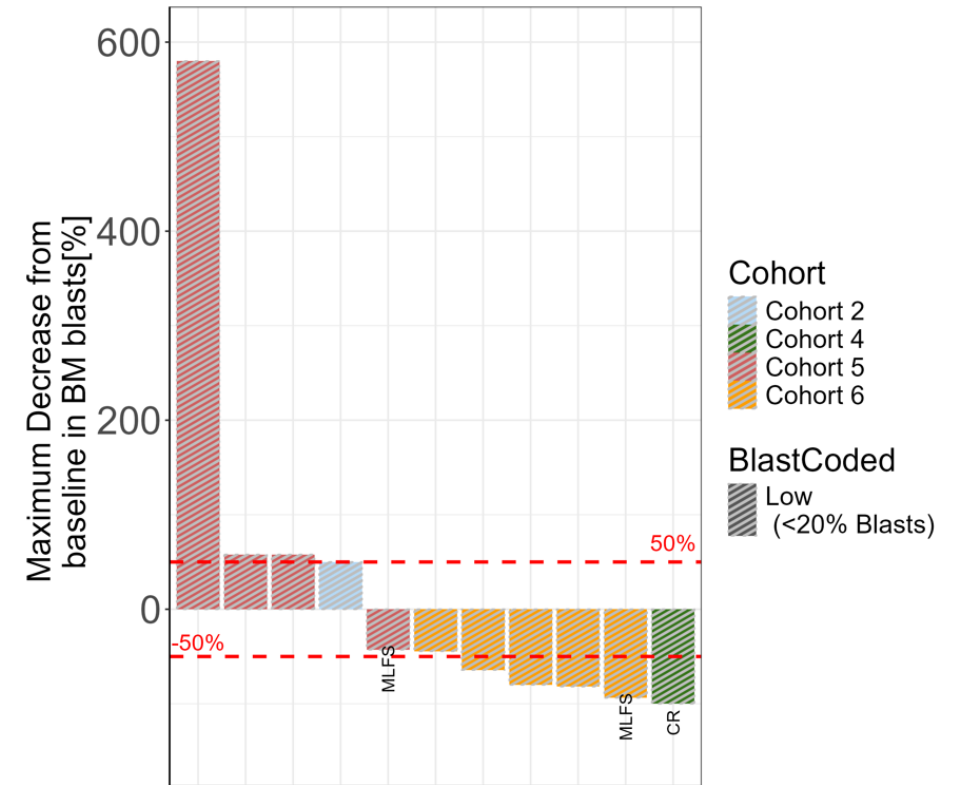
Color changes in blue arrows indicate start of a new 28-day cycle

Encouraging Blast Reduction Observed, Particularly in Patients with Lower Disease Burden*

7 of 26 evaluable patients displayed >50% blast reduction in the bone marrow

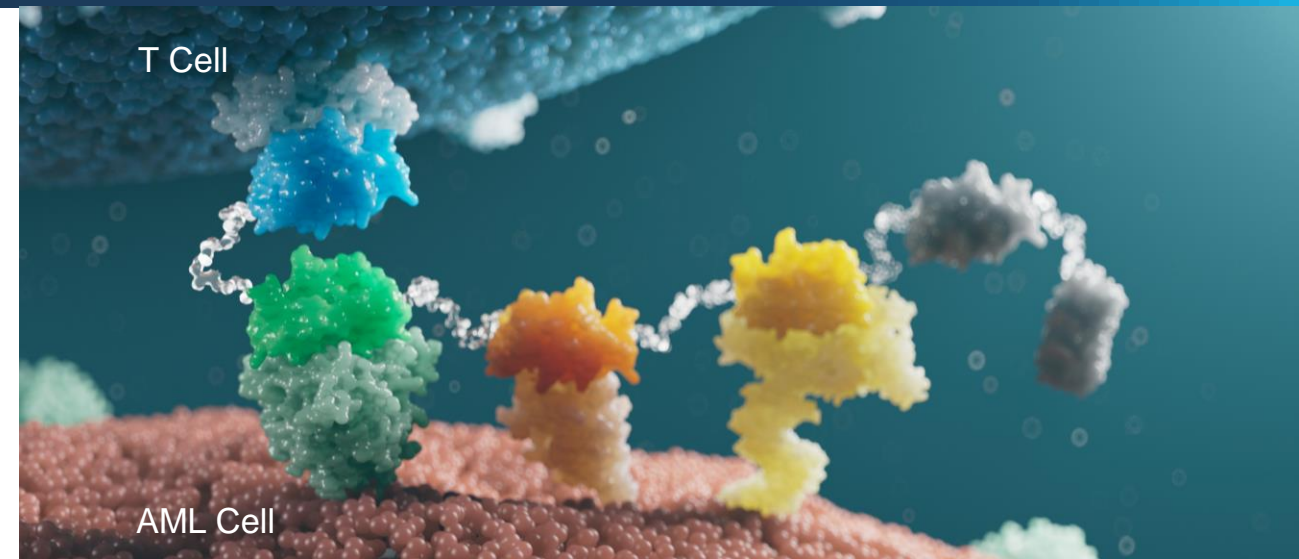


5 of 11 patients with **lower disease burden*** displayed blast reduction >50 %



MP0533 Summary

- **Rapid progress of MP0533 phase 1** with engaged clinical experts & sites
 - DR 8 enrolling, 28 patients treated in DR 1–6
- **Acceptable safety profile** supports higher dosing
 - IRRs & CRS as most frequent MP0533-related TEAEs
- **Initial antitumor activity** in highly heterogeneous r/r AML population
 - 4 responders reported (1 responder per cohort, DR 3–6)
 - Encouraging reduction in BM blasts observed
- Need to **improve suboptimal exposure** to **unleash the full potential of MP0533**
 - Increase response rate, depth and durability



Outlook

- Protocol being amended for **both higher & more frequent dosing** (in first weeks)
- Clinical update on the program at ASH 2024 and on the **amended dosing scheme in 2025**
- **Results** from these activities will **gate future development**



Switch-DARPin Platform & MP0621

Targeted and conditional activation of immune cells

Logic-gated Switch-DARPin(s) for Conditional Immune Activation

Swiss knives for enhanced immune engagers

1st Antigen Binder

- Anchoring to target cells
- Adding avidity for selectivity and address tumor heterogeneity

✓ CLINICALLY VALIDATED

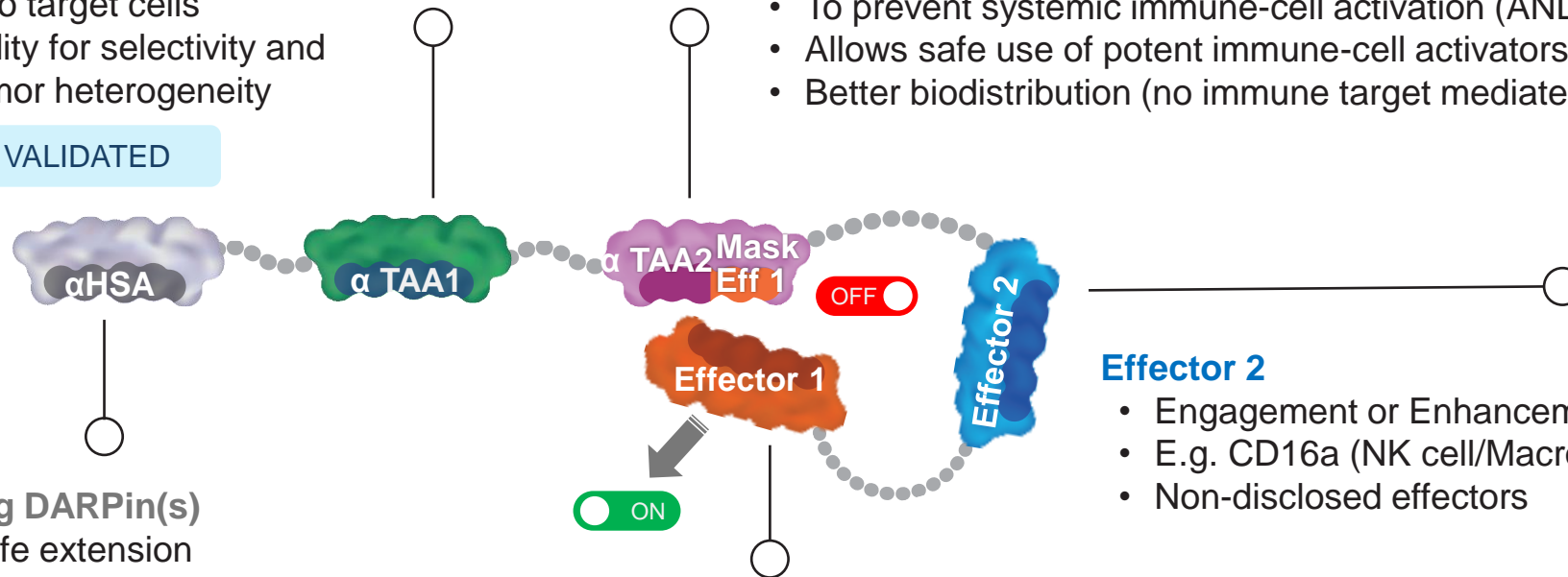
2-in-1 DARPin: Exclusive Binding to 2nd Antigen or Masking Effector 1

- To prevent systemic immune-cell activation (AND gate)
- Allows safe use of potent immune-cell activators
- Better biodistribution (no immune target mediated sink)

HSA Binding DARPin(s)

- For half-life extension

✓ CLINICALLY VALIDATED



Effector 2

- Engagement or Enhancement of immune response
- E.g. CD16a (NK cell/Macrophage engagement)
- Non-disclosed effectors

Effector 1 (Switched on/off by Masking DARPin)

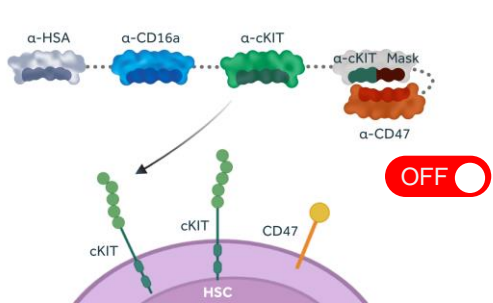
- Engagement or enhancement of immune responses
- E.g. CD47 (block don't-eat-me signal)
- E.g. CD3 ("Signal 1" T-cell engagement)

✓ CD3 TCE CLINICALLY VALIDATED

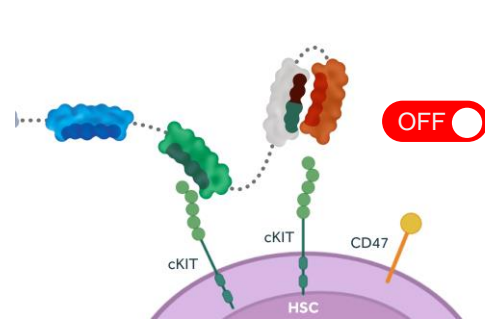
cKIT x CD16a x CD47 Switch-DARPin MoA

Targeted, conditional and potent elimination of HSCs

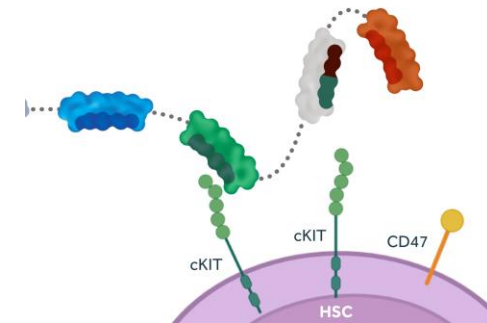
1 First α -cKIT binder binds cKIT on HSCs



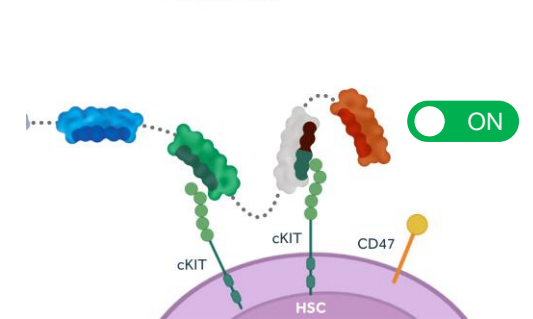
1 First α -cKIT binder binds on HSCs



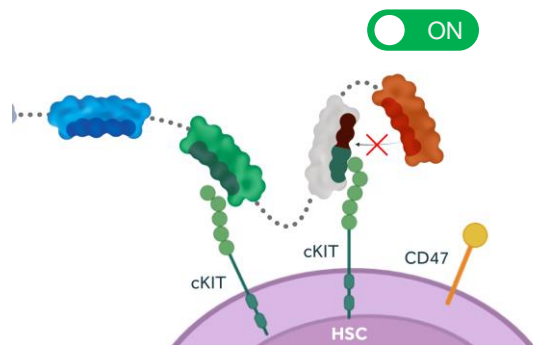
3 Constant masking-unmasking of the α -CD47 binder



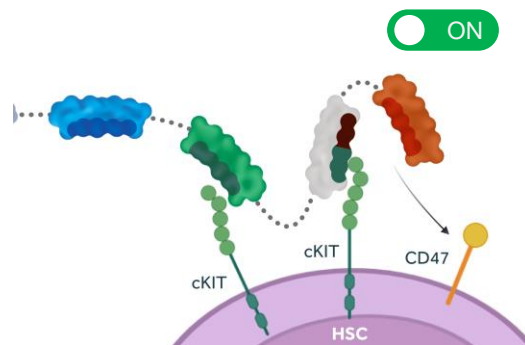
4 Second α -cKIT binder binds second cKIT



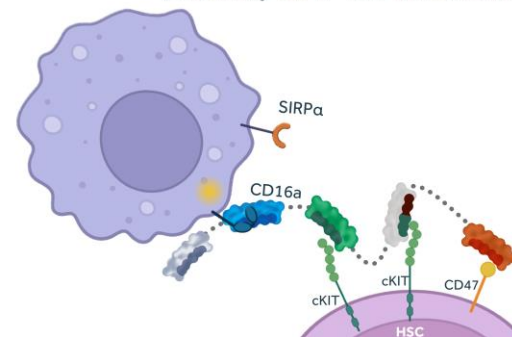
5 This prevents re-masking of α -CD47...



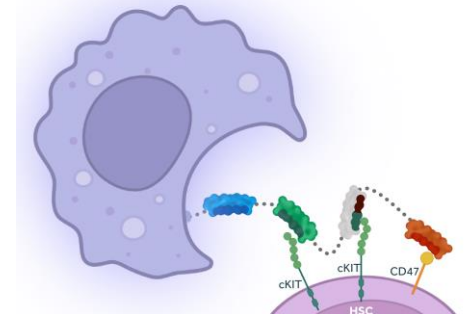
6 ...and allows binding of CD47, blocking the "do-not-eat-me" signal



7 A macrophage is activated via CD16a and phagocytosis is facilitated (i.e., not blocked by CD47-SIRP α interaction)

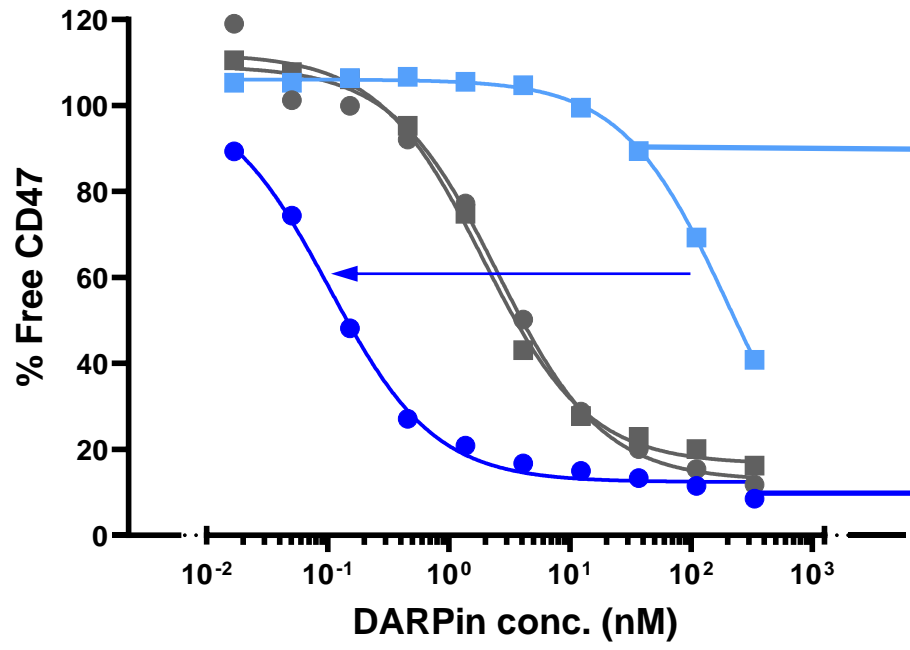


8 Potent elimination of HSC

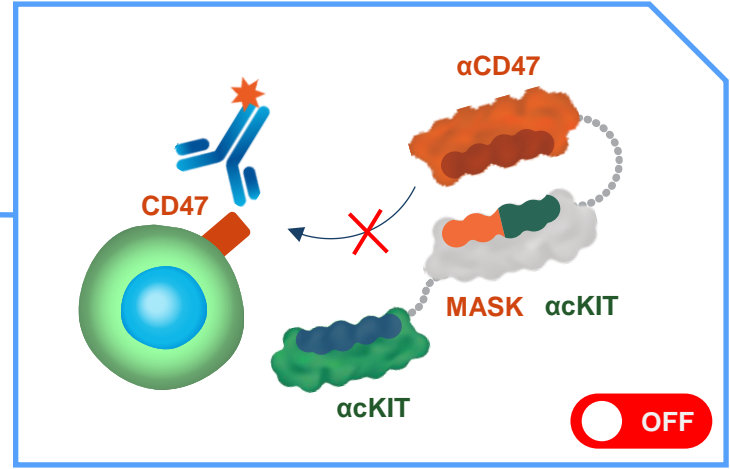


Switch-DARPin POC – CD47 is Blocked Only on cKit Positive Cells

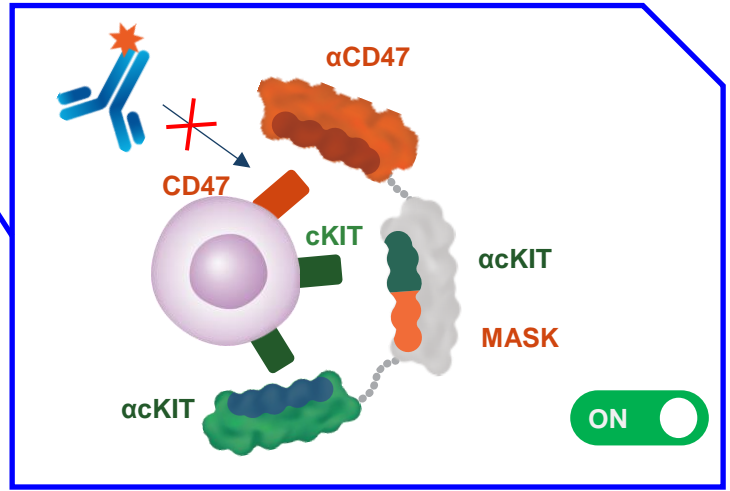
c-Kit-dependent CD47 blockade



- MP0621 on cKit⁺ cells
- MP0621 on cKit⁻ cells
- α-CD47 on cKit⁺ cells
- α-CD47 on cKit⁻ cells



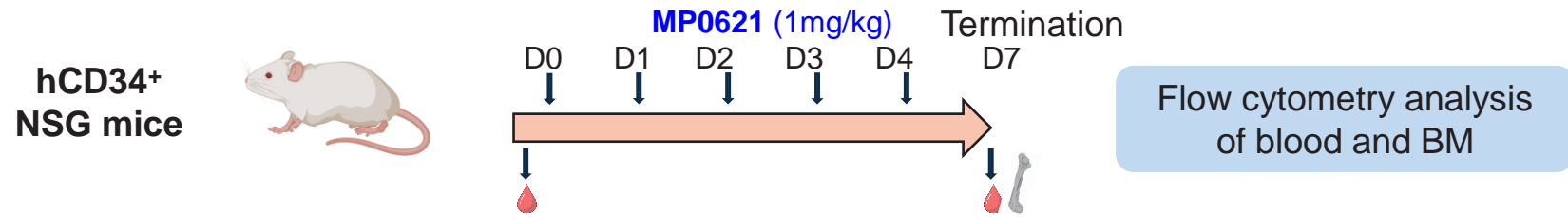
cKit Negative cells
Switch is OFF
CD47 is NOT blocked



cKit Positive cells
Switch is ON
CD47 is Blocked

anti-CD47 detection agent

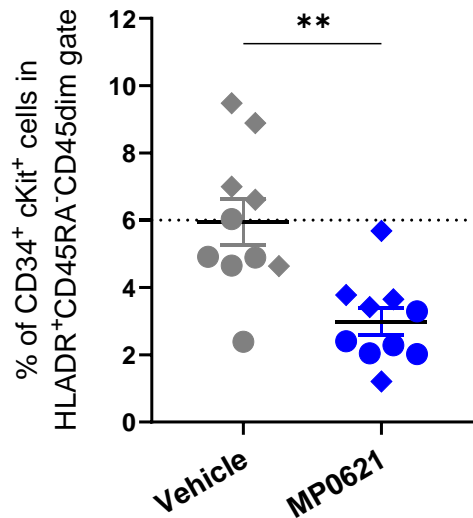
MP0621 Depletes cKit+ Cells in Bone Marrow Without Affecting Circulating Immune Cells in Humanized Mice



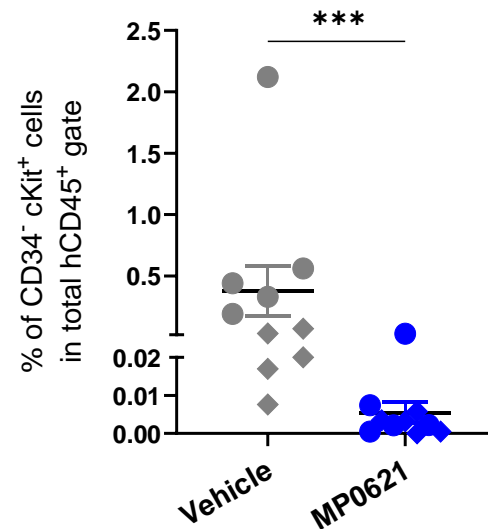
Targeted cKit⁺ cells depleted in bone marrow

Immune cells in blood

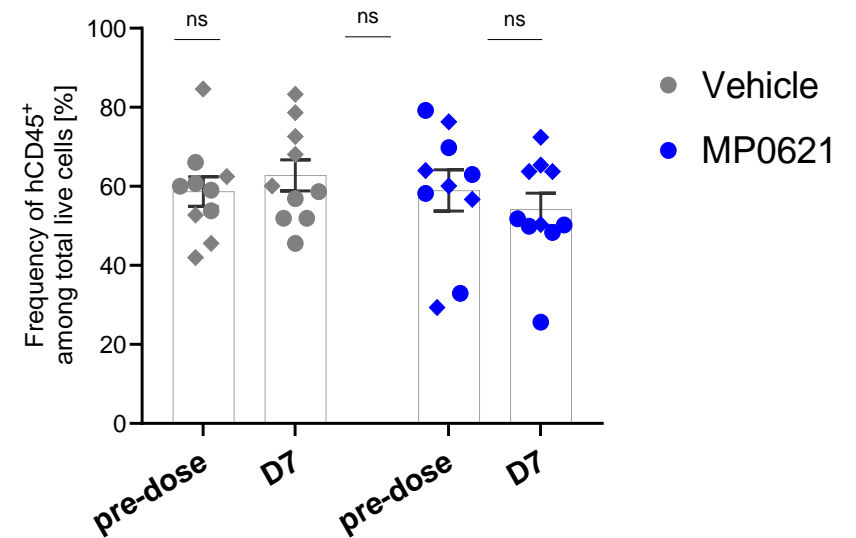
hcKit⁺ hCD34⁺ cells, incl. HSCs



hcKit⁺ hCD34⁻ cells

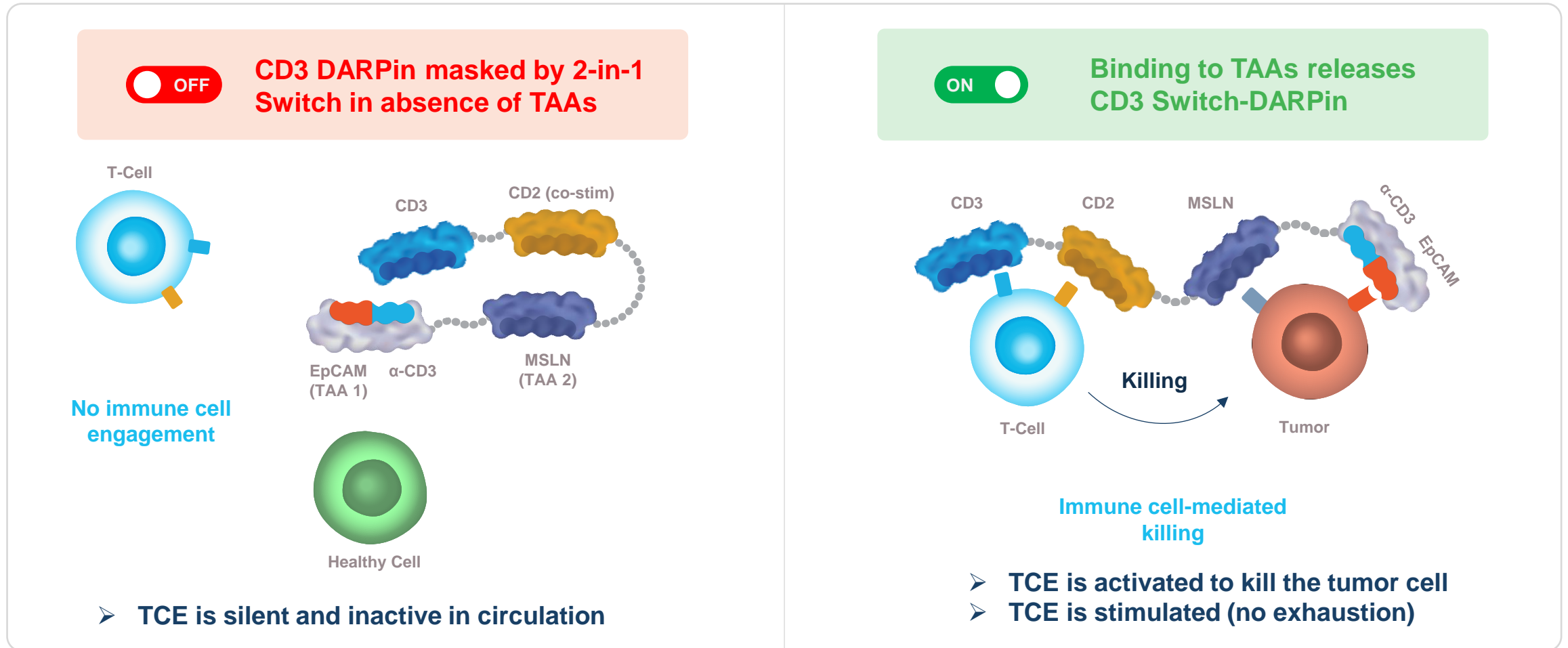


hCD45⁺ immune cells



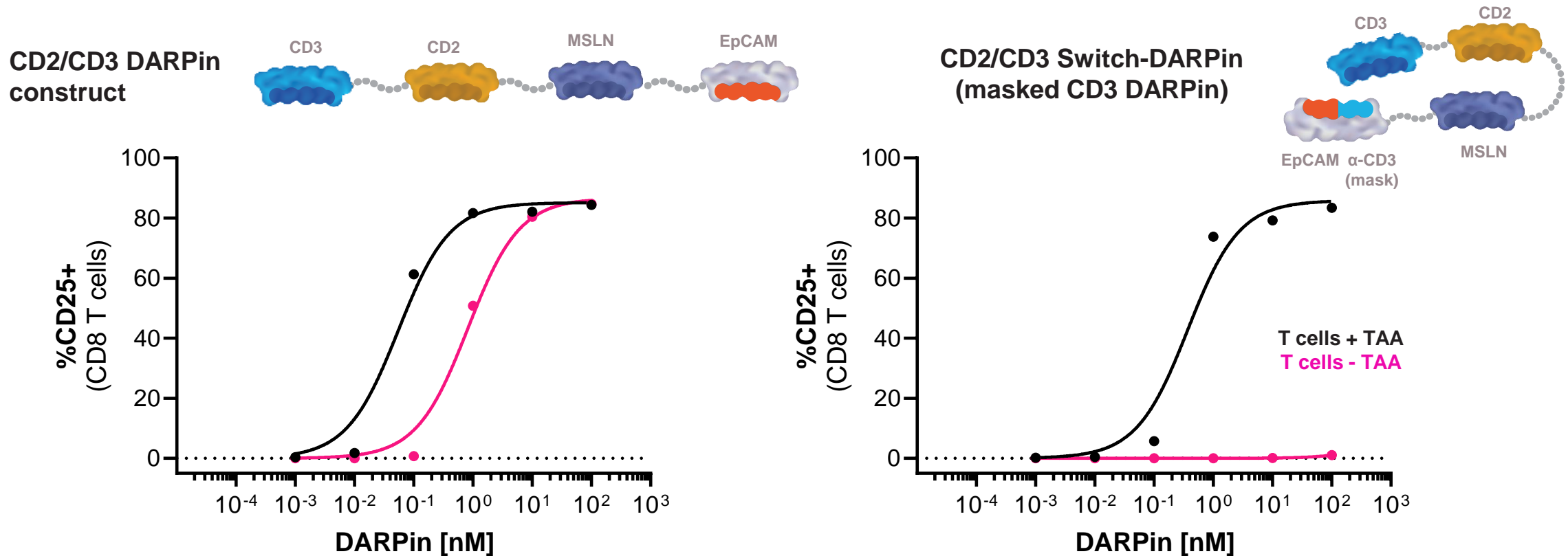
CD3 Switch-DARPin for Next-gen TCEs with Enhanced Function

Tackling current limitations of TCEs in solid tumors



Outlook: Preclinical proof-of-concept to be presented at SITC 2024

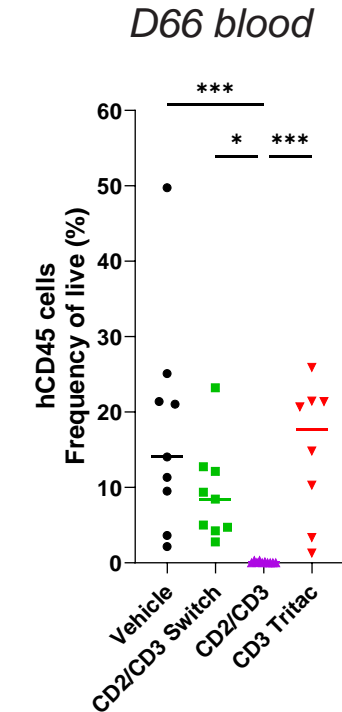
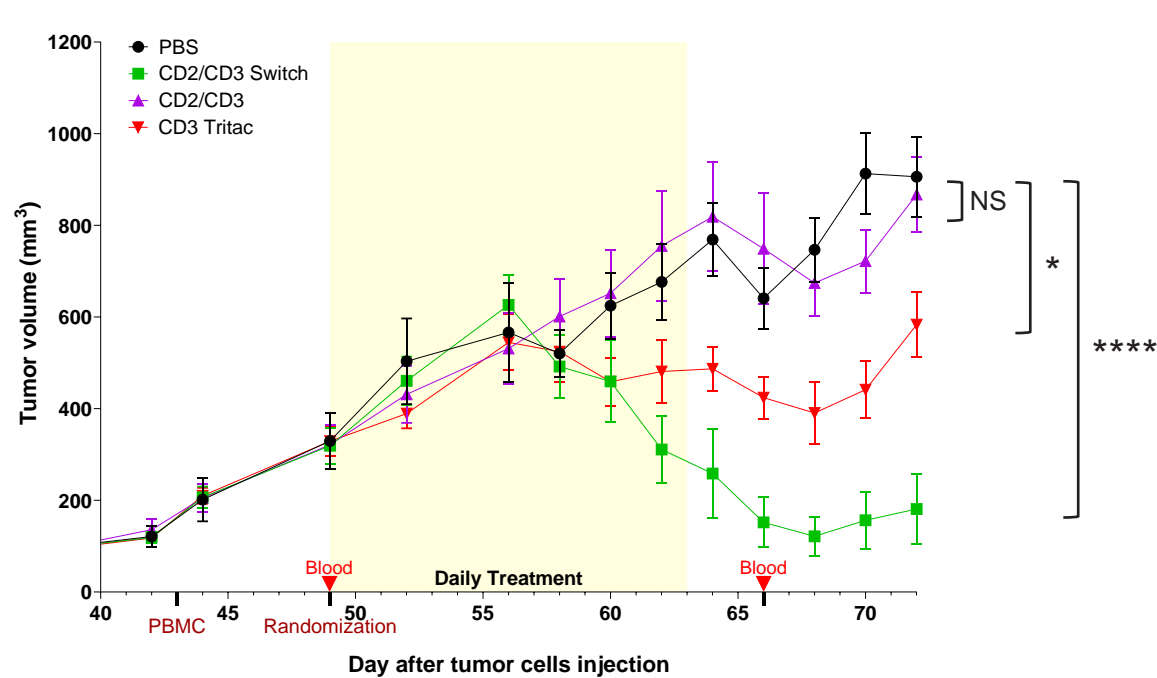
CD3 Mask prevents T cell activation in the absence of TAAs



- **Co-engagement of CD2 leads to sustained T cell activation** and cytotoxic capacity (*not shown*)
- CD2/CD3 co-stimulation induces non-specific activation of T cells in absence of TAAs
- **Masking CD3 allows to have T cells activated only in presence of TAAs**

Pre-clinical Proof-of-Concept of CD2/CD3 Switch-DARPin

CD2/CD3 Switch induces regression of established tumors

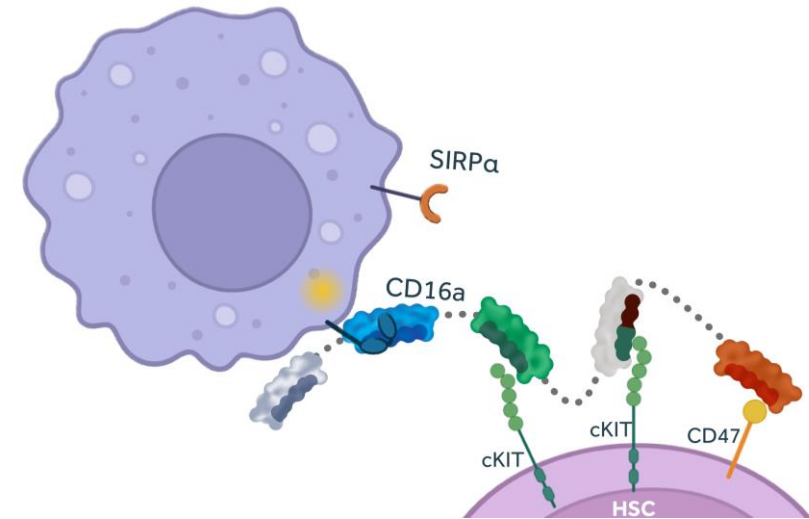


- Masking CD3 DARPin allows for “silent” T cell engager (TCE) in the periphery while demonstrating potent efficacy on tumors, potentially allowing for better safety profile of TCEs

Switch-DARPin & MP0621 – Summary

Summary

- ✓ Dual-binding DARPin (the “Switch”) provides a **logic-gated “on/off” function** to a multi-specific DARPin
- ✓ Conditional, target-specific immune activation demonstrated for **Switch-DARPin platform** *in vitro*
- ✓ MP0621: a **cKit x CD16a x CD47 Switch-DARPin** as next-gen conditioning for HSCT
- ✓ MP0621 effectively depletes targeted cells *in vivo* with a safe profile (EHA 2024)
- Introducing **CD3 Switch-DARPin as next-gen T cell engagers with enhanced function** to tackle current limitations in solid tumors



Outlook

- Update on MP0621 preclinical studies at ASH 2024
- Preclinical proof-of-concept on CD3 Switch-DARPin platform to be presented at SITC 2024



Outlook

2024 Outlook and Upcoming Milestones

Radio-DARPin Therapy (RDT) & MP0712

- Advance MP0712 into IND-enabling studies with **initial clinical data expected in 2025**
- Expand portfolio with additional **differentiated RDT programs**, update in H1 2025
- Continue to progress RDT collaborations with Orano Med and Novartis

MP0533

- Protocol being amended for both **higher & more frequent dosing** (in first weeks)
- Clinical update at ASH 2024, data on **amended dosing scheme expected in 2025**

Switch-DARPin & MP0621

- Update on MP0621 preclinical studies at **ASH 2024**, opportunity for HSCT partnership
- Preclinical proof-of-concept on **CD3 Switch-DARPin platform** presented at SITC 2024

MP0317

- Final data from the FIH dose-escalation Phase 1 study to be presented at SITC 2024
- Clinical exploration of combinations possibly via **investigator-initiated trials**

CHF ~158 million cash* (incl. short-term time deposits) ensures **funding into 2027**



Thank You