

Update: Q3 report 2025

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Xintela: Focus on study results and financing

- Final study results support XSTEM's disease-modifying potential in OA
- Rights issue of MSEK 72.8 announced at SEK 0.26 per share
- Q&A with CEO Evy Lundgren Åkerlund on the new Targinta collaboration



Xintela released its Q3 report on November 4 instead of the 21st as originally scheduled. The company delivered figures much in line with our expectations. A takeaway was a negative operating cash flow of 6.7 MSEK and a cash balance of MSEK 3.4.

The financial situation was addressed a few days later when Xintela announced a preferential rights issue of MSEK 72.8. The main shareholder, **Flerie**, has committed to subscribe for MSEK 29, of which MSEK 24 offsets a loan and MSEK 5 is an advance payment.

If fully subscribed, the rights issue could add a net amount of MSEK 41.2 to Xintela. The subscription will take place between November 19 and December 3 at SEK 0.26 per share. In addition, the company was provided a loan of MSEK 20 from **Fenja Capital II A/S**.

In late September, Xintela reported the final results from the phase I/IIa study with XSTEM in knee osteoarthritis (OA). The data from the 24-month follow-up of the highest dose group confirmed XSTEM's disease-modifying potential. This is very encouraging for the next step.

In October, Xintela's subsidiary **Targinta** announced a collaboration with the renowned **Memorial Sloan Kettering Cancer Center's Therapy Accelerator** (MSK) in the US. This is a program aimed at stimulating the development of new cancer treatments. MSK will lead clinical development of Targinta's integrin α10β1-targeted antibodies for the treatment of patients with aggressive sarcoma. The collaboration within sarcoma could potentially lead to an orphan drug designation and accelerated development for Targinta's drug candidate. We contacted CEO **Evy Lundgren-Åkerlund** with a few questions on the subject.

The company provided no substantial news regarding the license agreement with **EQGen Biomedical** (EQGen). The development work is ongoing, and EQGen is working on securing funding to advance the project to clinical studies.

We will await the outcome of the financing round before updating our forecast and revising the fair value.

24-month data confirm earlier findings

The 24-month data give support for a disease modifying potential of XSTEM

The final follow-up data in the phase I/Ia study with XSTEM in OA have been presented. Besides showing an expected safety and tolerability profile, the results show sustained pain reduction, improved joint function and also improved cartilage and bone structure which support XSTEM as a disease-modifying treatment.

Observations using X-ray and magnetic resonance imaging (MRI) show that XSTEM stopped the breakdown of articular cartilage and improved the quality of cartilage tissue. The results also indicate that the treated joint exhibits improvement in the structure of bone tissue.

While the company awaits the final study report, it is also preparing and planning for the next phase, including ongoing dialogue with potential partners. We will update the timelines in our model once the financing round is completed.

The last patient was dosed in the VLU study

The sixth and last patient has been dosed in the phase I/Ia study on difficult-to-heal venous leg ulcers. The main objective of the study is to evaluate the safety and tolerability of the treatment. We expect the results to be finalised and presented during Q1 2026. Xintela expresses the ambition to continue to explore XSTEM in other difficult-to-heal wounds, such as burns. The company repeats that future studies may also ultimately benefit patients with venous leg ulcers.

Awaiting progression with EQGen Biomedical

In the agreement with EQGen Biomedical, Xintela is assigned to develop a GMP-compliant process for producing EQSTEM, Xintela's stem cell product for horses. The development process is ongoing and is financed by EQGen. Following the establishment of the production process, Xintela will undertake the subsequent manufacturing of EQSTEM for use in clinical studies. The study will be carried out once EQGen has financing in place.

Financials

For Q2 2025, Xintela reported a cash flow from operating activities of MSEK -6,8 and ended the quarter with cash holdings of MSEK 3,4. We noted lower R&D costs than forecasted.

A few days after the release of the Q3 report, Xintela sought to address its financial situation by announcing a rights issue totalling MSEK 72.8. The rights issue is carried out to finalise clinical studies, optimise and prepare XSTEM for the next clinical stage, support business development activities and to strengthen Xintela's and XSTEM's position in partnering and licensing discussions.

Approximately 40.6 per cent of the rights issue is covered by subscription commitments and 17.2 per cent by guaranteed commitments, totalling 57.8 per cent or about MSEK 42.

The principal owner, Flerie, will subscribe for shares corresponding to about MSEK 29, partly through the set-off of receivables of approximately MSEK 24 from previous loans. Flerie's commitment includes an advance payment of MSEK 5.

The rights issue comprises up to 279,825,872 new shares, corresponding to a dilution of about 28.6 per cent. Shareholders receive one subscription right per share, and five rights entitle the holder to subscribe for two new shares at a price of SEK 0.26 per share.

The record date is 17 November 2025, and the subscription period runs from 19 November to 3 December 2025.

We will await the outcome of the financing round before making any changes in our model.

Progress in Targinta

Xintela's subsidiary, **Targinta**, has entered into a strategic collaboration with the **Therapeutics Accelerator at Memorial Sloan Kettering Cancer Center (MSK)** in New York. The partnership aims to advance the development of Targinta's integrin $\alpha 10\beta 1$ -targeting antibody therapy for patients suffering from aggressive forms of sarcoma.

Sarcoma is a rare cancer form that originates in connective tissue in the body, such as bones, muscles, tendons, and cartilage. Despite treatment options such as surgery, radiation therapy, and chemotherapy, the prognosis is very poor.

Under the agreement, Targinta will be responsible for antibody production and preclinical development, while MSK will lead a future phase I/IIa clinical trial. Targinta's contribution to the project will be financed through a directed new share issue in Targinta.

Targinta's lead candidates—*TARG9*, an antibody-drug conjugate, and *TARG10*, a function-blocking antibody—have demonstrated strong anti-tumour activity in preclinical models of aggressive cancers, including triple-negative breast cancer, glioblastoma, and sarcoma. Research from Dr **Samuel Singer's** team at MSK supports these findings and highlights integrin $\alpha 10\beta 1$ as a promising therapeutic target.

Dr Singer and his team have extensively studied integrin $\alpha 10\beta 1$ in challenging sarcoma subtypes such as myxofibrosarcoma and undifferentiated pleomorphic sarcoma, identifying its critical role in tumour growth, metastasis, and survival. Their research shows that 30 – 50 per cent of these sarcomas express high levels of integrin $\alpha 10\beta 1$, which correlates with poor clinical outcomes. According to Dr Singer, Targinta's antibody-based therapies have the potential to significantly improve the outcome for patients with these difficult-to-treat cancers.

As this collaboration marks a milestone for Targinta, Västra Hamnen reached out to Xintela's CEO, Evy Lundgren-Åkerlund, with a few questions.

Could you explain what the Therapeutics Accelerator at MSK is?

- Firstly, I would like to highlight that MSK is one of the world's leading cancer centres. The Therapeutics Accelerator at MSK is an initiative to stimulate collaboration between MSK and Pharma/Biotech companies, in which MSK can provide know-how in preclinical and clinical research and development, service infrastructure, access to patients, and more, to accelerate the development of cancer therapies.

What preclinical work is required before initiating a phase I/IIa study?

- To get our antibody 'IND-ready', meaning FDA approved as an Investigational New Drug for clinical studies together with MSK, we will perform GMP-manufacturing, toxicology, stability and pharmacokinetic /pharmacodynamic studies.

Will Targinta be able to use *TARG9* and *TARG10* in the project, or will the company develop new antibodies?

- The collaboration will use our existing antibodies and likely *TARG10* to start with. Our antibodies, our strong preclinical results and strong patents are the reasons MSK wants to partner with us.

Targinta will be funded through a directed share issue to new investors – how large is this financing round?

- We aim to raise around 60-70 MSEK to be invested directly into Targinta.

Will MSK and Dr Singer take part in the share issue?

- According to our collaboration agreement, they will get a very modest equity stake in Targinta in conjunction with the share issue.

Could you tell us anything about the time plan for the project?

- We estimate it will take 18-24 months to have our antibody IND-ready. The time plan for the clinical study itself will depend on the number of patients to be included.

What are the conditions for Targinta when the project reaches the clinical stage?

- Our primary aim is to partner/out-license our oncology program during or after the phase I/Ila clinical studies for further clinical development in sarcoma and other cancer indications. However, at that point, our investors may wish to take the development into phase IIb to capture additional shareholder value.

Will sarcoma replace Targinta's focus on glioblastoma and triple-negative breast cancer?

- Aggressive sarcoma is our focus in the collaboration with MSK. Clinical studies of our targeted antibodies in aggressive sarcomas, such as Myxofibrosarcoma and Undifferentiated Pleomorphic Sarcoma, which are orphan indications, will accelerate the clinical development and approval of our antibodies and pave the way for other aggressive cancer indications, including triple-negative breast cancer and glioblastoma. Finding financing or partners for clinical studies in other indications will be an option to pursue in parallel.

Finally, what is the next step?

- Now we focus on landing the required investment in Targinta and planning for the upcoming preclinical and clinical development activities.

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