DELIVERING NOVEL TARGETED THERAPIES TO CANCER PATIENTS

DNB'S 9TH ANNUAL NORDIC HEALTHCARE CONFERENCE 12 DECEMBER 2018

EDUARDO BRAVO, CEO

Nordic Nanovector ASA
Kjelsåsveien 168 B, 0884 Oslo, Norway
www.nordicnanovector.com
IR contact: IR@nordicnanovector.com

Forward-looking statements

This slide presentation contains certain forward-looking statements. These statements are based on management's current expectations and are subject to uncertainty and changes in circumstances, since they relate to events and depend on circumstances that will occur in the future and which, by their nature, will have an impact on Nordic Nanovector's business, financial condition and results of operations. The terms "anticipates", "assumes", "believes", "can", "could", "estimates", "expects", "forecasts", "intends", "may", "might", "plans", "should", "projects", "targets", "will", "would" or, in each case, their negative, or other variations or comparable terminology are used to identify forward looking statements. These forward-looking statements are not historic facts. There are a number of factors that could cause actual results and developments to differ materially from those expressed or implied in the forward-looking statements. Factors that could cause these differences include, but are not limited to, risks associated with implementation of Nordic Nanovector's strategy, risks and uncertainties associated with the development and/or approval of Nordic Nanovector's product candidates, ongoing and future clinical trials and expected trial results, the ability to commercialise Betalutin®, technology changes and new products in Nordic Nanovector's potential market and industry, Nordic Nanovector's freedom to operate (competitors patents) in respect of the products it develops, the ability to develop new products and enhance existing products, the impact of competition, changes in general economy and industry conditions, and legislative, regulatory and political factors. No assurance can be given that such expectations will prove to have been correct. Nordic Nanovector disclaims any obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.This presentation is for information purposes only and is incomplete without reference to, and should be viewed solely in conjunction with, the oral briefing provided by the Company. The information and opinions in this presentation is provided as at the date hereof and subject to change without notice. It is not the intention to provide, and you may not rely on these materials as providing, a complete or comprehensive analysis of the Company’s financial or trading position or prospects. This presentation does not constitute investment, legal, accounting, regulatory, taxation or other advice and does not take into account your investment objectives or legal, accounting, regulatory, taxation or financial situation or particular needs. You are solely responsible for forming your own opinions and conclusions on such matters and for making your own independent assessment of the Company. You are solely responsible for seeking independent professional advice in relation to the Company. No responsibility or liability is accepted by any person for any of the information or for any action taken by you or any of your officers, employees, agents or associates on the basis of such information.

NORDIC NANOVECTOR

Nordic Nanovector – Investment highlights

Introducing the next generation of radioimmunotherapies to address unmet needs in haematological cancers

- Focused on the development of novel, proprietary, targeted anti-CD37 immunotherapies

Lead product candidate Betalutin® – designed for treating non-Hodgkin's lymphoma (NHL)

- Promising Phase 1/2 data from a one-time administration in relapsed / refractory iNHL
- Pivotal Phase 2b trial (PARADIGME) on-going in 3L CD20-refractory R/R FL - read-out expected 1H 2020
- Fast track (US) and PIM designation (UK) (2018); Orphan designation (US, EU; 2014)

Betalutin® is a wholly owned asset; clear plan to bring it to market independently

- Robust market research and stakeholder feedback highlights attractive commercial opportunity and route to patients

Targeted anti-CD37 immunotherapies provide multiple pipeline opportunities in B-cell malignancies

Cash is expected to be sufficient to reach data read-out for PARADIGME in 1H 2020

iNHL: indolent non-Hodgkin's lymphoma; 3L R/R FL – 3rd-line relapsed or refractory follicular lymphoma

Management Team with international experience

EDUARDO BRAVO
Chief Executive Officer

TiGenix · Sanofi · GSK

LISA ROJKJAER, MD
Chief Medical Officer

Novartis · Molecular Partners · Morphosys

TONE KVÅLE
Chief Financial Officer

Kavli · Dynal Biotech · Life Technologies

MARCO RENOLDI, MD
Chief Operating Officer

Novartis · Pharmacia · Amgen

JOSTEIN DAHLE, PhD
Co-Founder, Chief Scientific Officer

Oslo University Hospital · Norwegian Radium Hospital

ANNIKEN HAGEN
Chief Technical and Operations Officer

Algeta · Syklotron senteret

RITA DEGE
Chief Human Resources Officer

xyntéo

ROSEMARIE CORRIGAN
Chief Quality Officer

ThromboGenics · Norgine · Stiefel

MALENE BRONDBERG
Vice President,
IR & Corporate Communications

ABG Sundal Collier

NORDIC NANOVECTOR

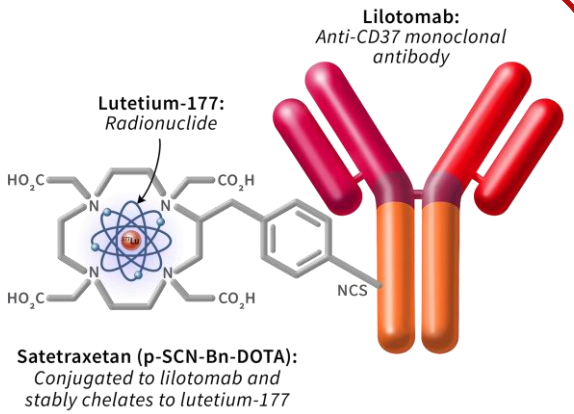
Exciting portfolio opportunities for novel CD37-targeting immunotherapies

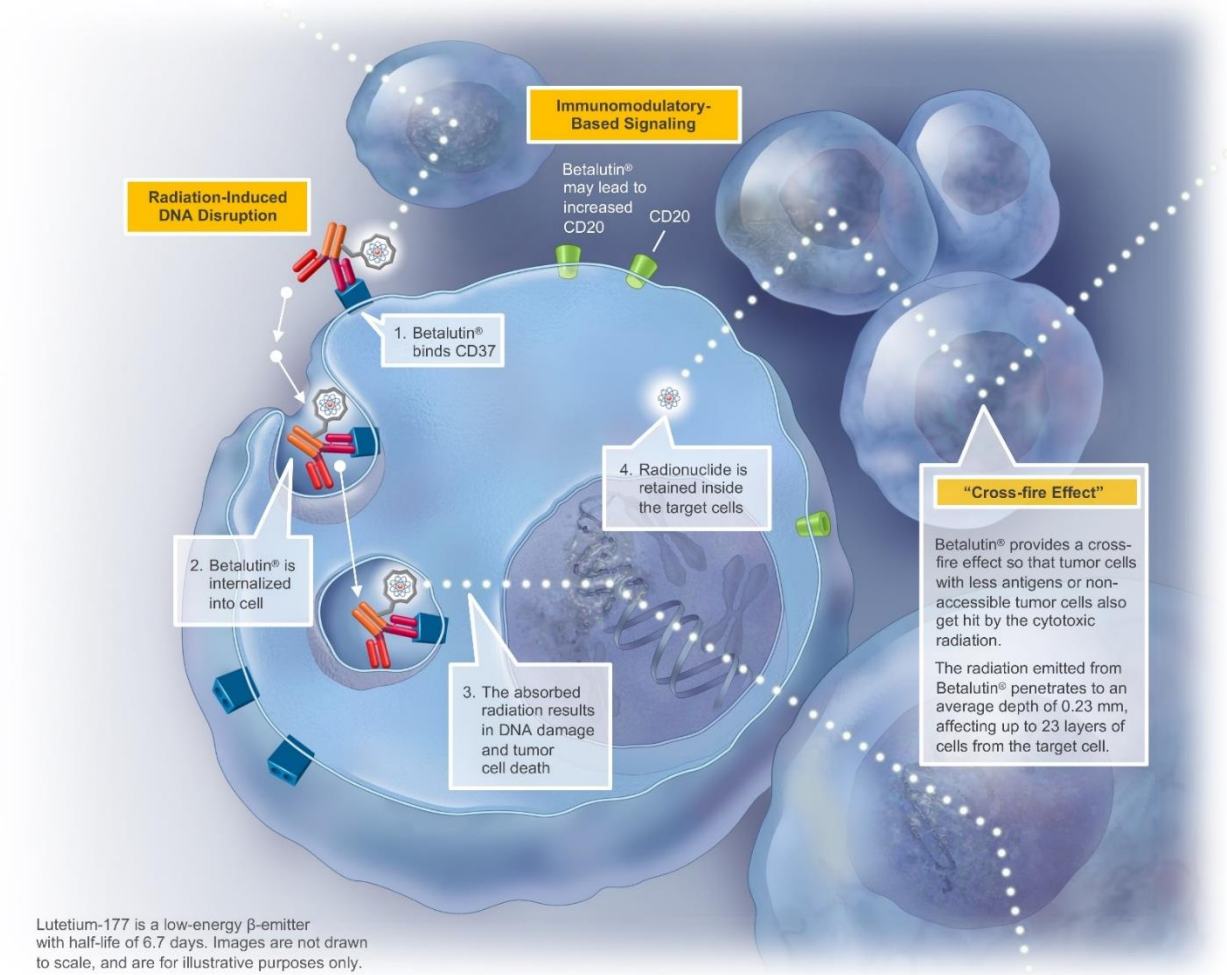
Candidate	Targeted indication	Discovery	Preclinical	Phase 1	Phase 2	Phase 3
Betalutin®	3L FL	PARADIGME – Pivotal Phase 2b				
Betalutin® (combination w/ RTX)	2L FL	Archer-1 – Phase 1b				
Betalutin®	R/R DLBCL (SCT ineligible)	LYMRIT 37-05 – Phase 1				
Betalutin® (single agent and combinations)	R/R DLBCL (conditioning) Other NHL/B-cell malignancies	Potential programmes				
Humalutin®*	iNHL	IND-ready				
Anti-CD37 radio-immunoconjugates and ADCs*	NHL, leukaemias (CLL)	R&D				

RTX – rituximab; DLBCL – diffuse large B-cell lymphoma: SCT – Stem cell transplant; ADC: antibody-drug conjugate; CLL: chronic lymphocytic leukaemia
*On hold, refocusing resources towards PARADIGME

NORDIC NANOVECTOR

Betalutin®: A novel CD37-targeting radioimmunotherapy





Lutetium-177 is a low-energy β-emitter with half-life of 6.7 days. Images are not drawn to scale, and are for illustrative purposes only.

NORDIC NANOVECTOR

NHL – high unmet need despite available treatments

7th most common cancer in the US[1]

- B-cell NHL includes indolent (e.g. FL) and aggressive (e.g. DLBCL) sub-types
- Incidence across G7* is 17 per 100,000 per year, resulting in over 130,200 new cases in 2014[2]
- Expected to grow by nearly 20% by 2024, as a result of population growth and aging population[2]
- 80% of diagnosed patients aged > 55, median age at diagnosis is 67[1]
- Only 71% with 5-year survival rate, despite available treatments[1]
- Market potential expected to reach $28.7 billion by 2026[3]

85% - B-cell NHL
15% - T-cell NHL

Rationale for development of Betalutin®

- Treatment dominated by anti-CD20 immunotherapy (RTX) and chemotherapies in 1L and 2L
- Patients commonly develop resistance to RTX, having another therapeutic target is important
- CD37 is highly expressed in B-cell NHL
- Patients might not be able to tolerate chemotherapy because of age or co-morbidities, so “chemo-free” regimens are in high demand

[1]https://seer.cancer.gov/statfacts/html/nhl.html; [2]Pharmacor Oncology: Non-Hodgkin’s Lymphoma, by Decision Resources Group, 2015; [3]Landscape & Forecast: Non-Hodgkin’s Lymphoma and Chronica Lymphocytic Leukemia, by Decision Resources Group, 2017
* France, Germany, Italy, Spain, United Kingdom, United States, Japan

NORDIC NANOVECTOR

Betalutin® is targeting the two largest NHL subtypes

Relapsed / Refractory (R/R) Follicular Lymphoma

Treatment goal

- 2nd Line: **Prolong PFS**, in particular in patients who **respond poorly** to current first-line treatment options
- 3rd Line: **Improve outcomes while maintaining QoL**, in particular in patients who are **refractory to RTX**, are **elderly** or have co-morbidities

Patient population

- 2nd line: approx. 9,000 pts in the US, 7,000 in EU-5[1]
- 3rd line: approx. 5,800 pts in the US, 4,500 in EU-5[1]

R/R Diffuse Large B-cell Lymphoma

Treatment goal

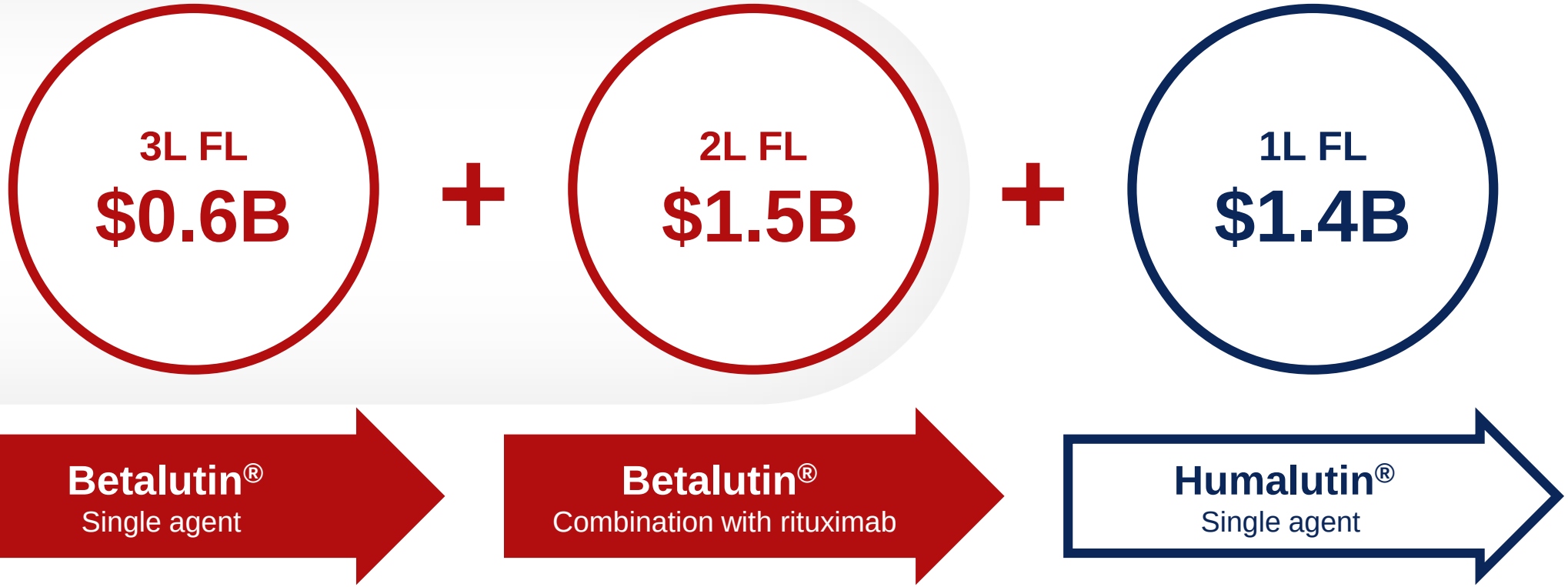
- Improve outcomes in **patients** with **aggressive R/R NHL** who are **not eligible** for **stem cell transplant**
- Improve outcomes in patients with difficult to treat **ABC sub-type**

Patient population

- 2nd line: approx. 9,500 pts in the US, 8,200 in EU-5[1]
- 3rd line: approx. 5,600 pts in the US, 4,000 in EU-5[1]

[1]Decision Resources, Non-Hodgkin's Lymphoma, 2015
ABC: Activated B-cell; PFS: Progression-free survival; QoL: Quality of Life

Significant market potential in first-to-market indication

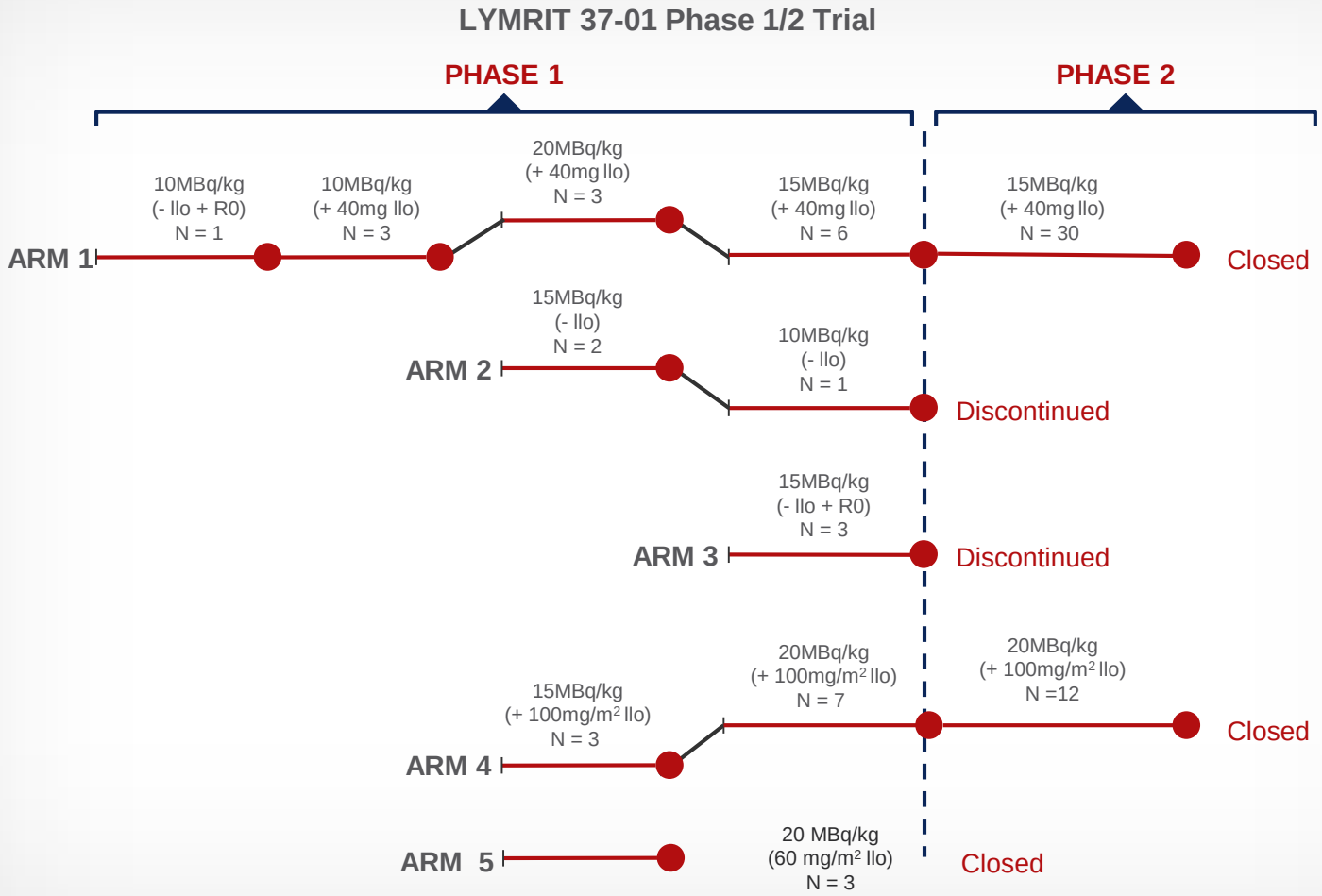


2L and 3L segments combined potential in key 7 markets* exceeds $2B

The slide shows the overall market potential – Source; Pharmacor Oncology: Non-Hodgkin's Lymphoma, by Decision Resources Group, 2015
* Germany, France, Italy, Spain, United Kingdom, United States, Japan

NORDIC NANOVECTOR

LYMRIT 37-01: Designed to determine the best dosing regimen for Betalutin®



Key Questions:

- Is pre-dosing with lilotomab really needed?
- What about using RTX instead of lilotomab for pre-dosing?
- Which dose of lilotomab should be used?

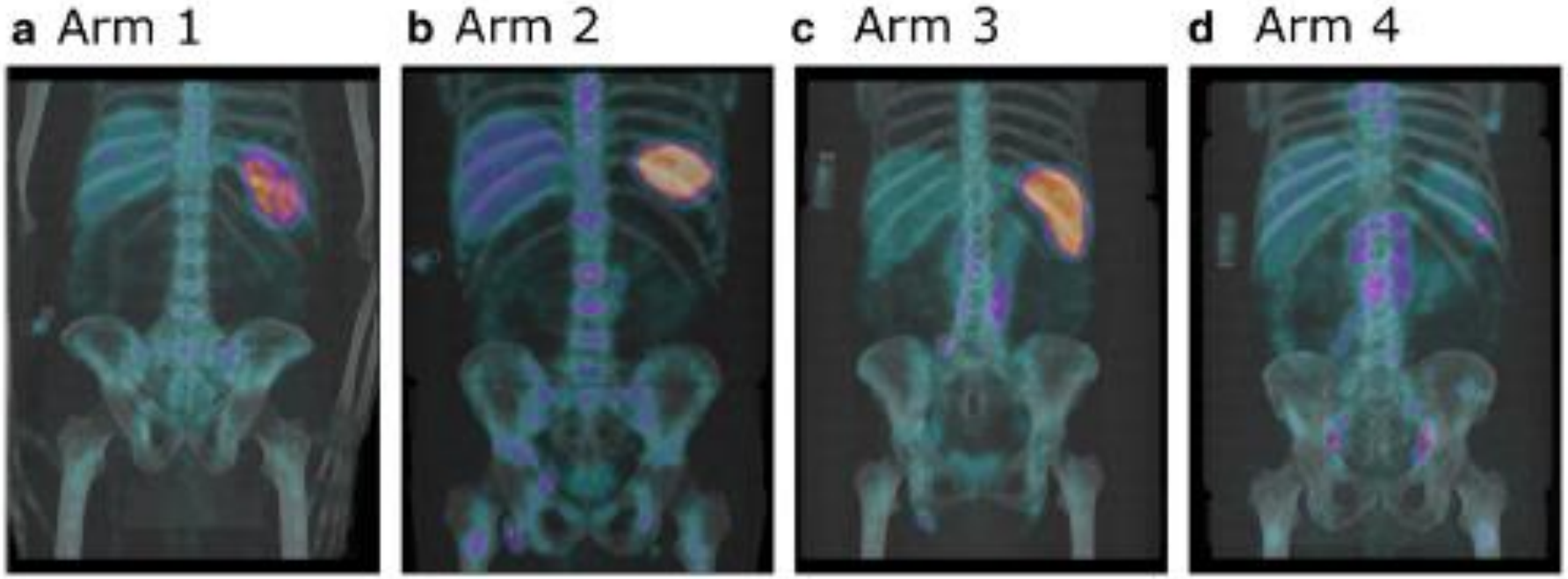
And most importantly,

- Is Betalutin® treatment safe?
- Does Betalutin® work?

MBq – Megabecquerel; Ilo – lilotomab; R0 – RTX predosing on day 0; ● Completed step (all patients enrolled).

NORDIC NANOVECTOR

LYMRIT 37-01: Effect of lilotomab pre-dosing confirmed by dosimetry data



Pre-dosing	40 mg lilotomab	No pre-dosing	375 mg/m² rituximab	100 mg/m² lilotomab
Red marrow dose	0.94 mGy/MBq	1.55 mGy/MBq	1.44 mGy/MBq	0.89 mGy/MBq
Tumour dose	1.62 mGy/MBq	2.1 mGy/MBq	0.83 mGy/MBq	2.78 mGy/MBq

Stokke et al, EJNMMI, 2018

Elderly, heavily-pre-treated, primarily FL patients with advanced stage disease at baseline

	All Patients (n=74)	FL (n=57)	Other * (n=17)
Median age, years (range) ≥65, n (%)	68 (38-87) 51 (69%)	69 (40-80) 36 (63%)	68 (57-88) 12 (70%)
Ann Arbor stage at diagnosis ** I/II III/IV Unknown	 5 (12%) 27 (64%) 10 (24%)	 5 (17%) 18 (62%) 6 (21%)	 0 (0%) 9 (69%) 4 (31%)
Prior regimens, median (range) ≥2 prior regimens Prior alkylating agent Rituximab refractory	3 (1-9) 48 (65%) 60 (81%) 33 (44%)	3 (1-9) 37 (65%) 44 (77%) 30 (53%)	3 (1-7) 11 (65%) 16 (94%) 3 (18%)

* Mantle cell lymphoma (MCL; n=7), marginal zone lymphoma (MZL; n=9), small lymphocytic lymphoma (SLL; n=1)
** Info available for Phase 2 patients only (n=42)

Kolstad A, et al. Abstract 2879, ASH 2018.

NORDIC NANOVECTOR

Most common grade 3/4 adverse events were transient, reversible neutropenia and thrombocytopenia

G3/4 AEs occurring in 2 or more patients

Adverse Event	G3 n (%)	G4 n (%)
Neutropenia	26 (35%)	14 (19%)
Thrombocytopenia	21 (25%)	15 (20%)
Leukopenia	30 (40%)	4 (5%)
Lymphopenia	23 (31%)	2 (3%)
Infections		
Urinary tract infection	1 (1%)	--
Pneumonia	1 (1%)	--
Sepsis/neutropenic sepsis		2 (3%)
Bleeding		
Epistaxis	1 (1%)	--
Hematuria	1 (1%)	--
Hyperglycemia	2 (3%)	--
Lymphoma progression	4 (5%)	1 (1%)

- Overall, Betalutin® was well-tolerated
- SAEs* occurred in 14 patients (19%). SAES in ≥2 patients were atrial fibrillation, thrombocytopenia, NHL progression and sepsis (all n=2)
- No cases of febrile neutropenia
- Low incidence of platelet transfusions (5 in total; 2 for bleeding)
- 18 months after subsequent treatment with bendamustine (24 months after Betalutin®), MDS/CMML** was reported in 1 patient with prior alkylating agent exposure
- No study drug-related deaths occurred in the treatment period

*SAEs: Serious Adverse Events
**MDS/CMML: Myelodysplastic Syndrome/Chronic Myelomonocytic Leukemia

Kolstad A, et al. Abstract 2879, ASH 2018.

NORDIC NANOVECTOR

Overall response rates (ORR=CR+PR) for all patients (n=74):

Promising ORRs in follicular (FL) and marginal zone lymphoma (MZL)

Subtype	ORR* n (%)	CR* n (%)	PR* n (%)	SD* n (%)	PD* n (%)
FL (n=57)	**37 (65%)**	**16 (28%)**	**21 (37%)**	**10 (18%)**	**10 (18%)**
MZL (n=9)	7 (78%)	4 (44%)	3 (33%)	2 (22%)	--
MCL (n=7)**	1 (14%)	1 (14%)	--	2 (28%)	4 (57%)
SLL (n=1)**	--	--	--	--	1
Total	61%	28%	32%	19%	20%

* ORR – Overall Response Rate; CR – Complete Response; PR – Partial Response; SD – Stable Disease; PD – Progressive Disease
** MCL - Mantle Cell Lymphoma – SLL Small Lymphocytic Lymphoma

Kolstad A, et al. Abstract 2879, ASH 2018

NORDIC NANOVECTOR

Highly active in advanced follicular lymphoma and in FL patients who are refractory to rituximab

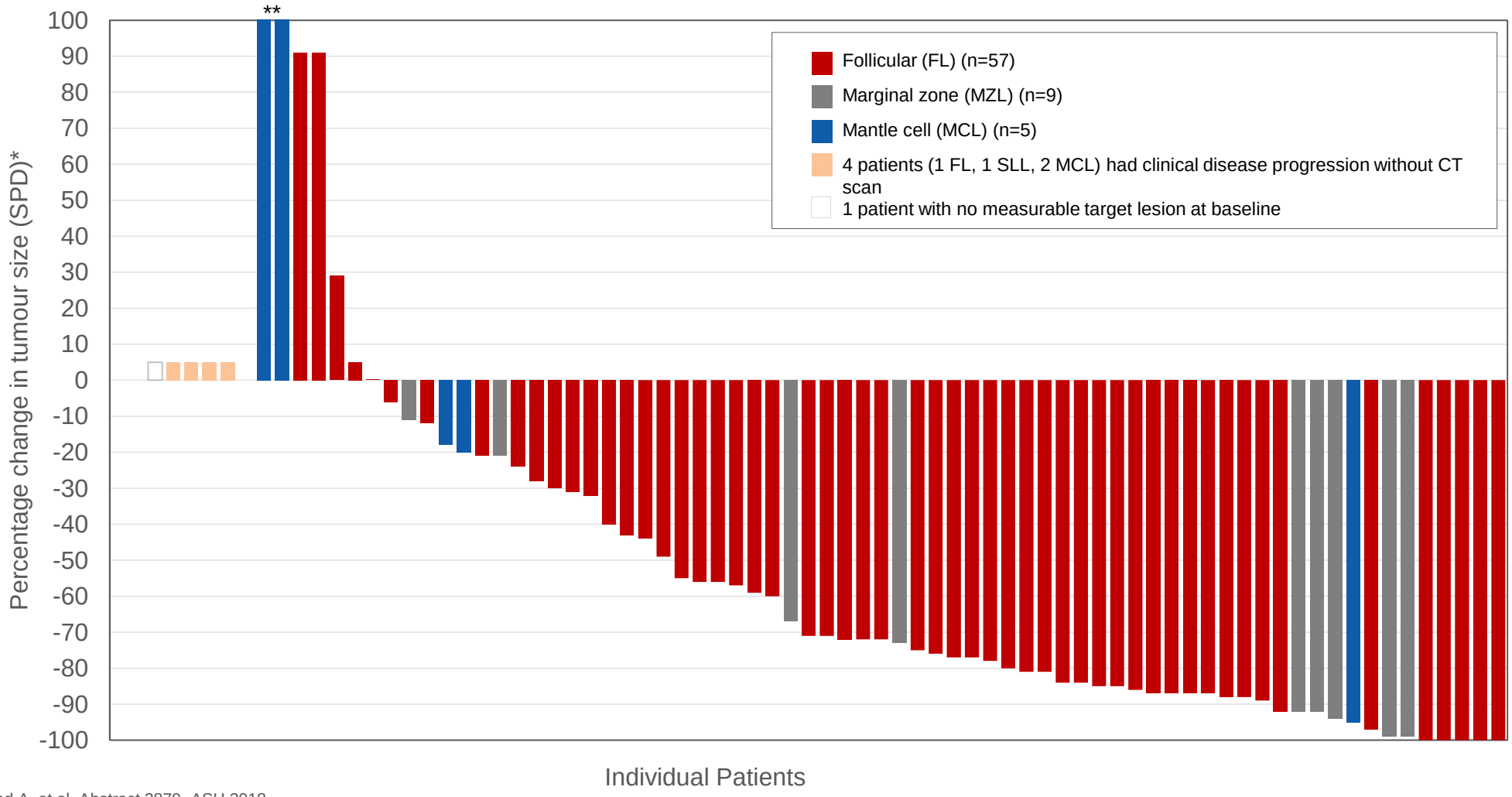
	ORR (CR + PR)	CR
All FL patients (n=57)	65%	28%
Arm 1 (40/15) (n=25)	64%	32%
Arm 4 (100/20) (n=16)	69%	25%
FL with ≥2 prior therapies (n=37)	70%	32%
RTX*-refractory FL, ≥2 prior therapies (n=21)	62%	19%

* RTX: rituximab

Kolstad A, et al. Abstract 2879, ASH 2018

NORDIC NANOVECTOR

90% of evaluable patients had a decrease in tumour size

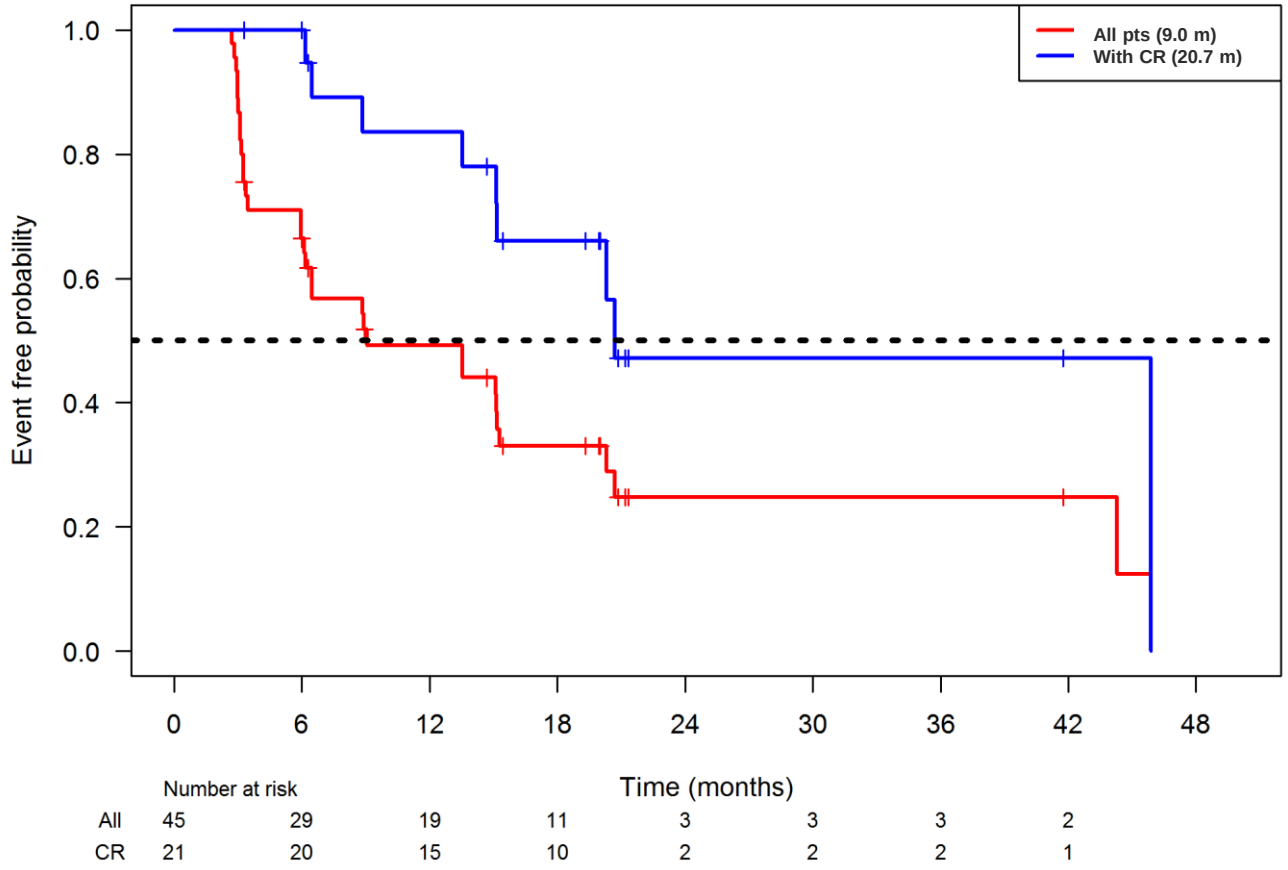


Kolstad A, et al. Abstract 2879, ASH 2018.
*SPD = sum of the products of the diameters.
** Change in size of target lesion is beyond the scale for this figure (n=2).

NORDIC NANOVECTOR

Median duration of response (9 months for all patients with CR or PR; n=45)

More durable responses for patients with a CR (20.7 months)

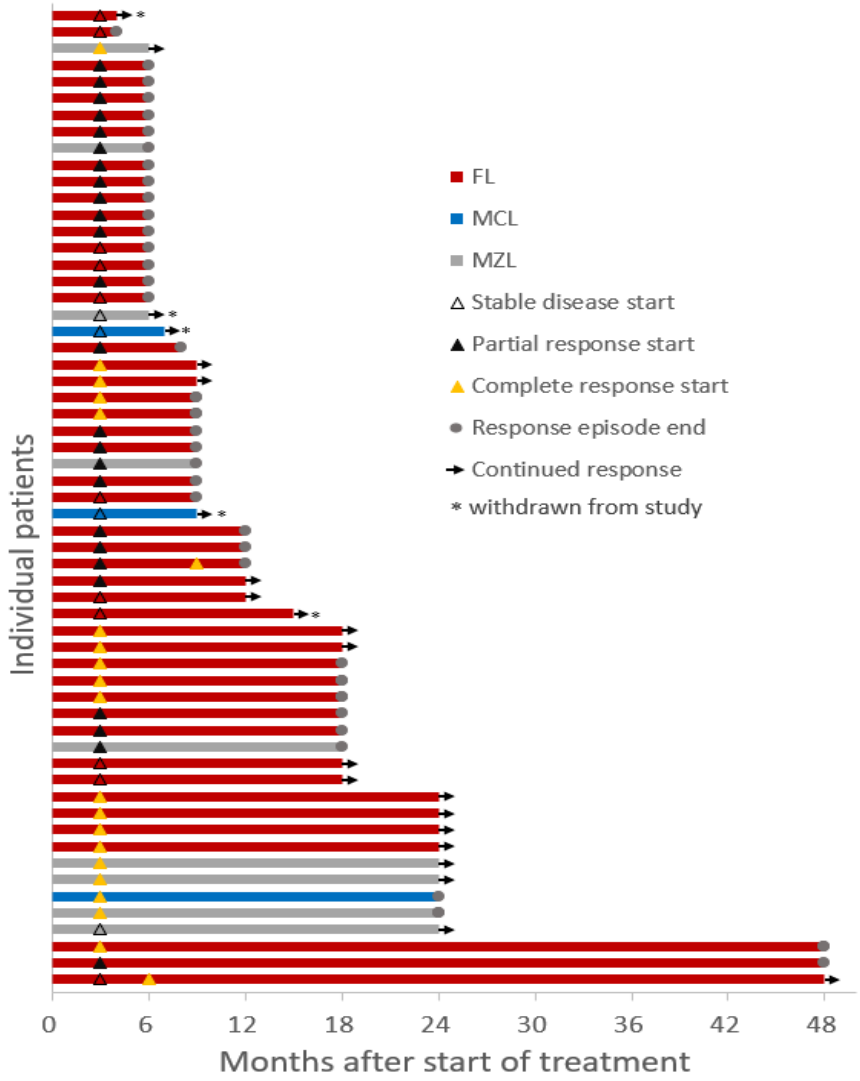


Kolstad A, et al. Abstract 2879, ASH 2018.

NORDIC NANOVECTOR

Response duration for all pts (CR, PR, SD) by NHL subtype (n=59)

34% of all 74 patients remain free of disease progression for ≥12 months

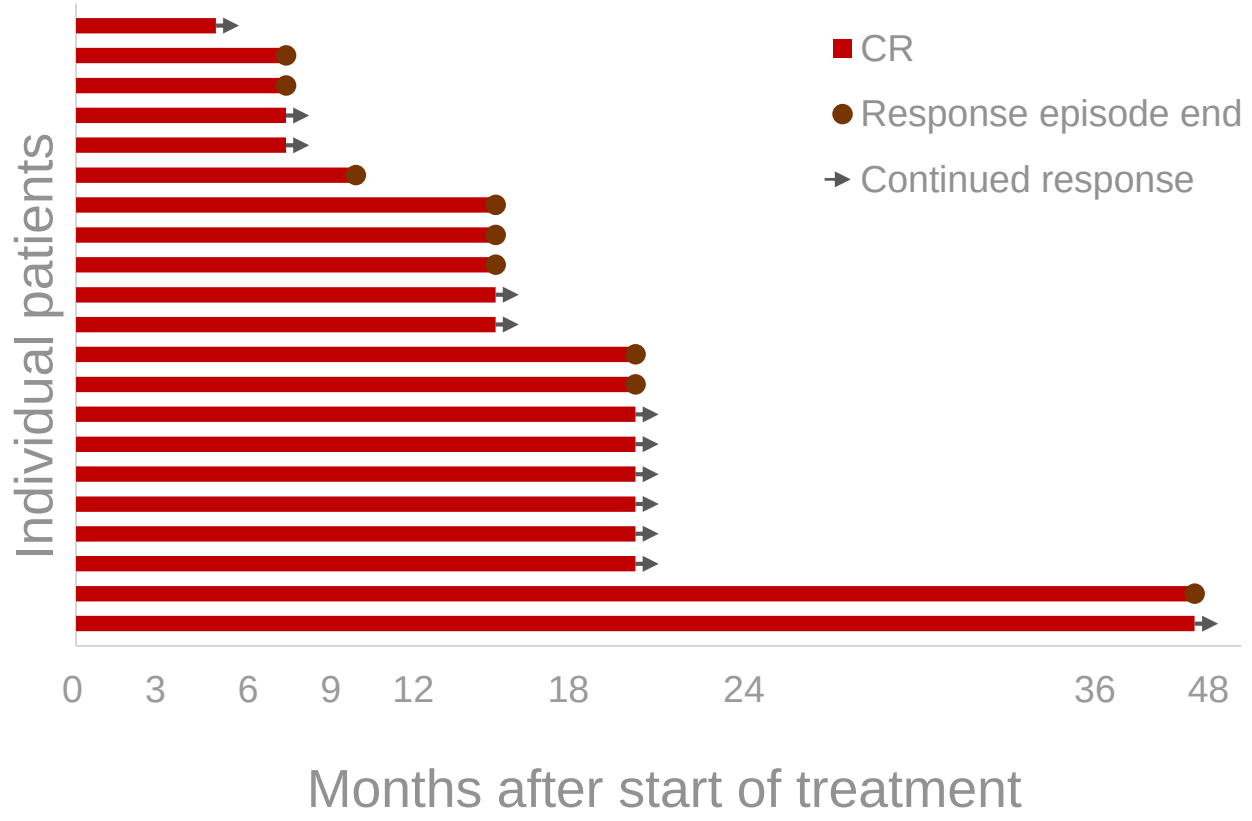


Kolstad A, et al. Abstract 2879, ASH 2018.

NORDIC NANOVECTOR

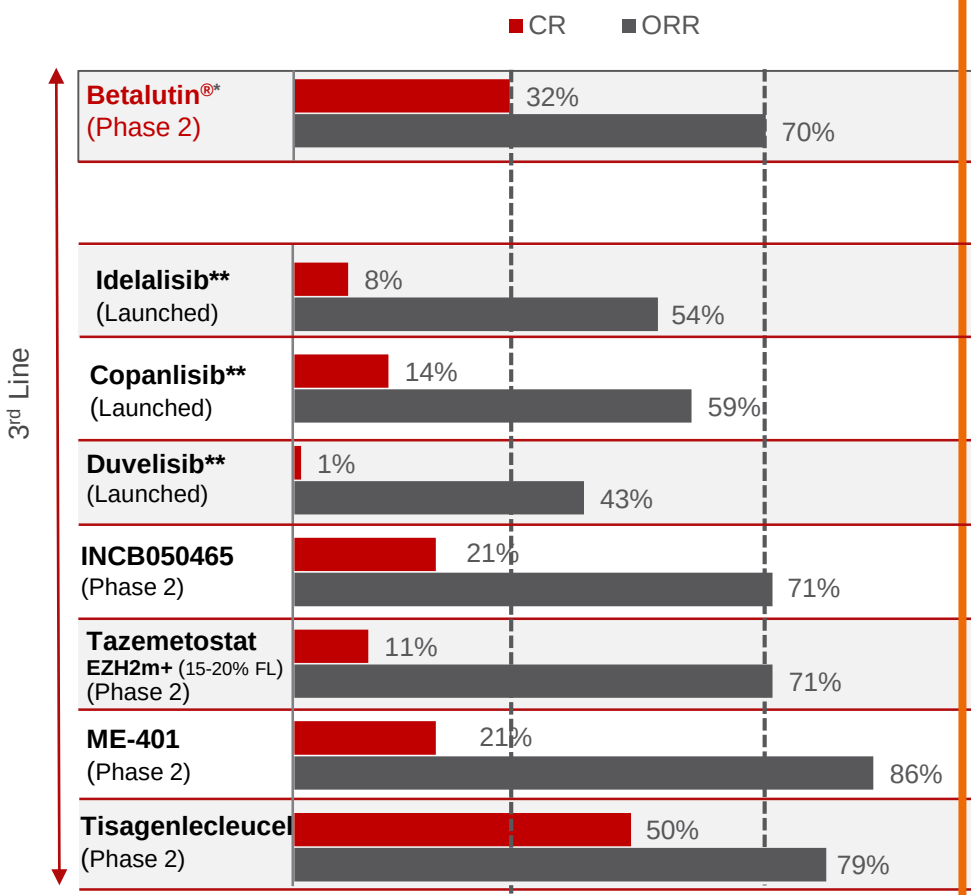
Complete responders have long lasting responses (20.7 months)

12 out of 21 CRs are still in follow up



Kolstad A, et al. Abstract 2879, ASH 2018. Adapted from poster #2879

Betalutin®: Promising clinical profile from a one-time treatment

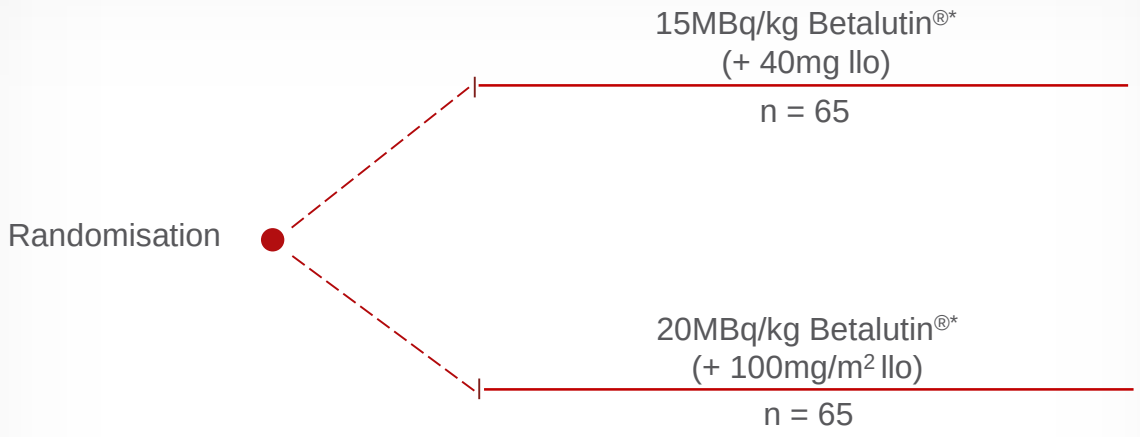


	DoR (months)	Source	Mechanism of action	Route of administration	Additional care required
Betalutin®* (Phase 2)	9.0	Kolstad et al, ASH 2018 (37 3L FL pts)	CD37-targeting RIT	IV infusion (one time administration), preceded by 1 RTX and 1 lilotomab	No - convenient one-time administration
Idelalisib** (Launched)	12.5	Prescribing info (125 pts)	Pi3k inhibitor	Oral, twice daily	Combination with other treatments may increase toxicity
Copanlisib** (Launched)	12.2	Prescribing info (104 pts)	Pi3k inhibitor	IV infusion (weekly – 3 weeks on and 1 week off) until progression	No
Duvelisib** (Launched)	7.9	Zinzani et al (83 pts - EHA 2017)	Pi3k inhibitor	Oral, twice daily, until disease progression	No
INCB050465 (Phase 2)	n/a	ASH 2017 (14 pts)	Pi3k inhibitor	Oral, once daily	No
Tazemetostat **EZH2m+** (15-20% FL) (Phase 2)	9	Epizyme, EHA 2018 (82 pts)	EZH2 inhibitor	Oral, twice daily	No
ME-401 (Phase 2)	n/a	ASCO 2018 (30 pts)	Pi3k inhibitor	Oral, once daily	No
Tisagenlecleucel (Phase 2)	15 (83%)	Novartis, ASH 2016 (14 pts)	CAR-T cell therapy	IV infusion of re-engineered autologous T-cells, preceded by leukapheresis and CT	Not all patients eligible; leukapheresis may not yield enough T cells; few institutions can deliver this treatment

Results from different trials for comparison purpose only and NOT head to head studies
RIT – radioimmunotherapy; RTX: rituximab; IV: intravenous; CT: chemotherapy
* Data is from the LYMRIT 37-01 trial (Phase I/IIa) presented at ASH December 2018
** Accelerated Approval based on Phase II

NORDIC NANOVECTOR

PARADIGME: Seamless design for a robust dose selection aligned with regulatory feedback



**All patients to receive 375 mg/m² RTX on day -14*

- **Target is 130 patients at 80-85 sites in approximately 20 countries**
- **Primary endpoint**: Overall response rate (ORR)
- **Secondary endpoints**: Duration of response (DoR), Progression free survival (PFS), Overall survival (OS), Safety, Quality of life

- Two potential Betalutin® dosing regimens emerged from LYMRIT 37-01 based on safety, efficacy and dosimetry data
- These will be compared in a global Phase 2b randomised controlled trial (PARADIGME) with the goal to select the best Betalutin® dosing regimen
- Patient population: 3L FL patients who are refractory to anti-CD20 based therapy
- Seamless design approach based on data from the first part of the 37-01 trial – more efficient than separate Phase 2 trial

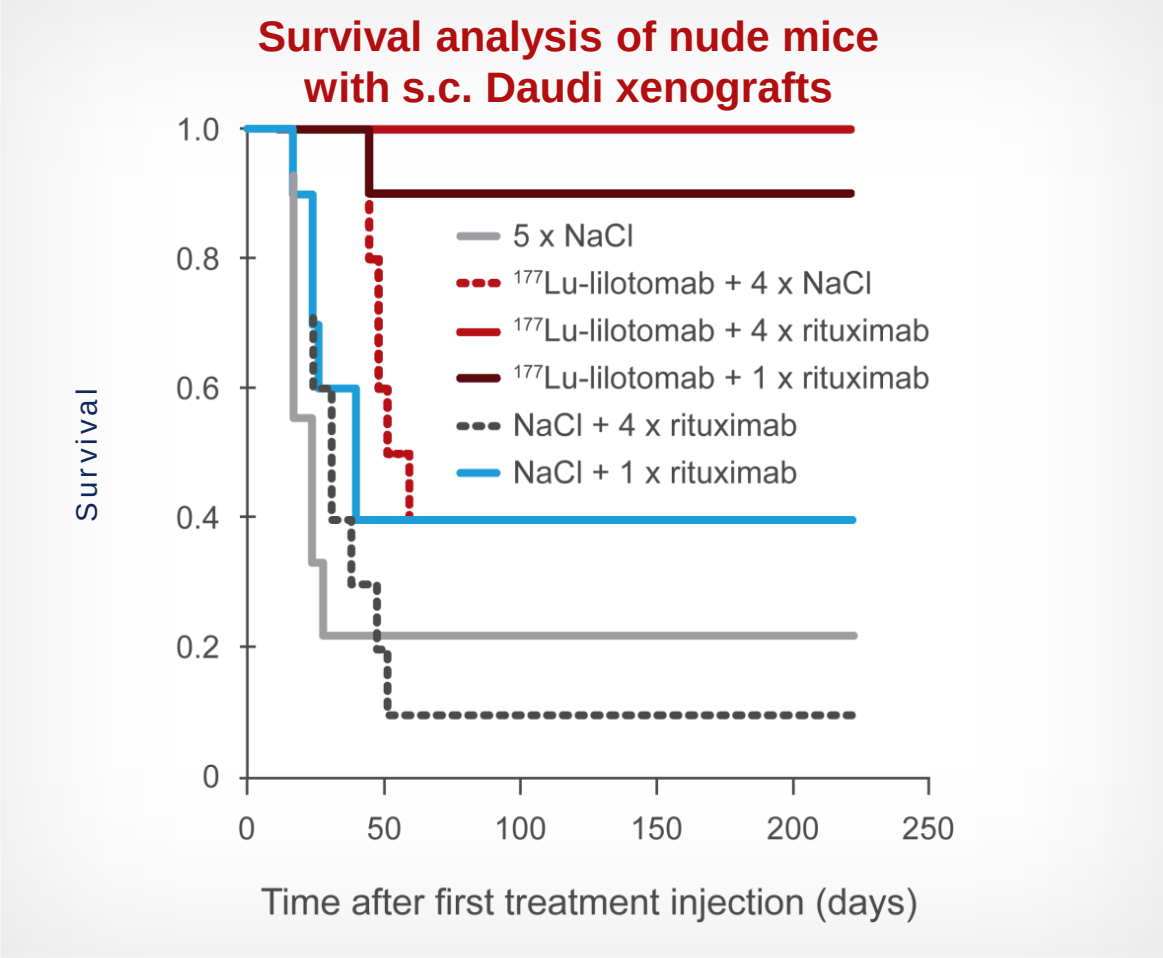
NORDIC NANOVECTOR

PARADIGME status: progress and priorities

- 51 clinical sites in 16 countries are open for enrolment (as of November 5th, 2018)
  - First US site in Long Beach, CA was activated on October 25th
  - Sites selected are clinical centres of excellence in the treatment of NHL and haematological malignancies

- Designations granted to enhance dialogue with regulators and bring Betalutin® to FL patients quicker
  - Fast Track designation granted in US in June 2018
  - Promising Innovative Medicine (PIM) designation granted in the UK in October 2018
  - Based on promising data from LYMRIT 37-01 and recognition of Betalutin®'s potential to address unmet need in R/R FL
  - Other designations under consideration (e.g. PRIME, Breakthrough Therapy)

Archer-1: Synergistic effect of Betalutin® in combination with RTX in a preclinical NHL model



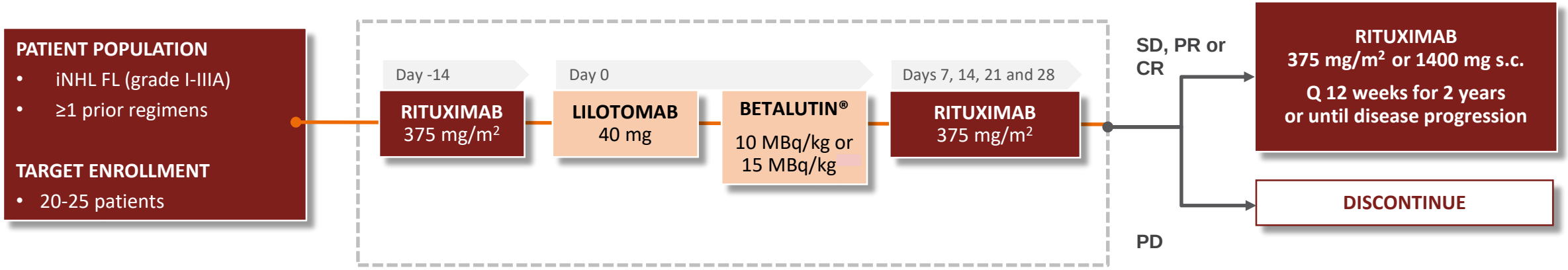
- Betalutin® increased binding of rituximab to NHL cells and uptake of RTX in NHL tumours
- Strong synergistic effect of combination of Betalutin® and RTX on survival of mice with NHL (Hazard ratio = 0.024, Cox regression)
- Median survival time in combination: >222 days ($p < 0.05$)
- Median survival time with either treatment alone was 31 - 40 days with rituximab or 50 days with Betalutin®

Repetto-Llamazares A *et al*. Eur J Haematol 2018

NORDIC NANOVECTOR

Archer-1: Betalutin + rituximab in relapsed/refractory FL

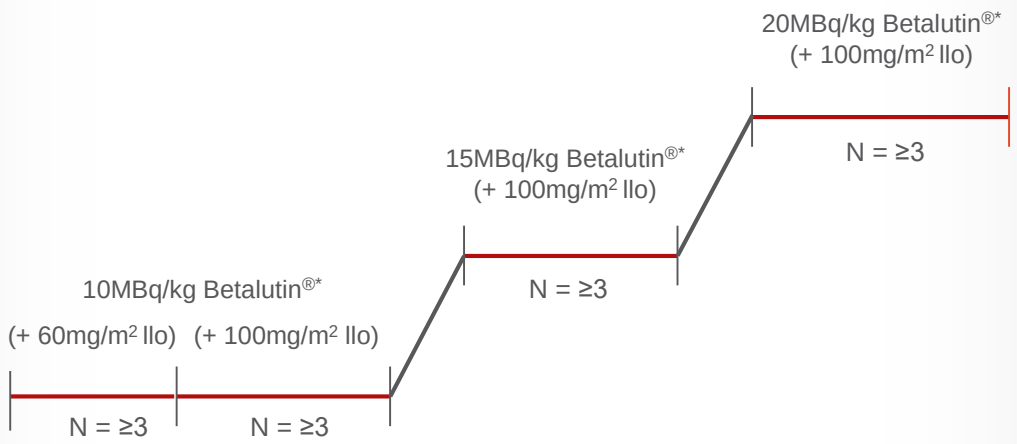
- Betalutin® + RTX inhibited tumour growth and significantly prolonged overall survival in a preclinical NHL model – provided the pre-clinical proof of concept to investigate this combination in patients
- **Design:** Phase 1b open-label, single-arm dose escalation study in 2L FL



- **Primary objective**: To evaluate the safety and tolerability of Betalutin® in combination with RTX
- **Secondary objective**: To evaluate the preliminary anti-tumour activity of combination treatment
- First patient dosed in November 2018

PR – partial response; SD – stable disease; PD – progressive disease

LYMRIT 37-05: Phase 1 open label, single injection, dose escalation trial in US and EU



- **Target up to 24 patients with R/R DLBCL**
- **Primary objective**: Determine maximum tolerated dose (MTD)
- **Secondary objectives**: Safety and preliminary activity

- Objective to determine the maximum tolerated dose of Betalutin®
- Preliminary read-out:
  - No safety issues were identified in the first 2 cohorts
  - 10 MBq/kg Betalutin® showed limited activity in this aggressive tumour type
- The Safety Review Committee (SRC) for the trial has recommended proceeding to cohort 3 with Betalutin® dose escalation to 15MBq/kg and a lilotomab pre-dose of 100mg/m^2
- The final dose escalation cohorts will evaluate whether higher Betalutin® doses have a greater therapeutic potential

**all patients to receive rituximab 375 mg/m^2 on day -14*

NORDIC NANOVECTOR

Betalutin® is specifically designed as a one-time treatment for NHL – unique and differentiated value proposition

Betalutin®

- Alternative target to CD20, well suited for elderly patients who progress after RTX-based regimens
- High and durable response from one-time treatment in heavily pre-treated patients*
- Predictable and manageable toxicity, important for elderly patients who might not be able to tolerate chemotherapy*
- Convenience for patients – simple, one-time treatment, QoL
  Convenience for physicians – optimised resource utilisation
- Potential synergy from combination with anti-CD20 mAbs and other therapies

*Kolstad A, et al. Poster presented at ASH 2017. Abstract 2769.

NORDIC NANOVECTOR

Strong pipeline of next-generation radiopharmaceuticals

Marketed Drugs

- **Lutathera**, ^{177}Lu dotatate, GEP-NET tumours *(Novartis)*
  - AAA acquired by NVS for USD 3.9 billion in 2018
  - End Q2 2018 sales USD 24 million with 50 centres actively treating
- **Xofigo**, ^{223}Ra, Radium Dichloride, prostate cancer (*Bayer*)
  - Algeta acquired by Bayer for USD 2.9 billion in 2014
  - 2017 full year sales were EUR 408 million (+23.3%)
- **Zevalin**, ^{90}Y, CD20 Mouse Ig, NHL (*Spectrum*)
- **SIR-spheres**, ^{90}Y, liver cancer (*Sirtex*)
- **TheraSphere**, ^{90}Y, liver cancer (BTG)

Phase 3 Pipeline

- **^{177}Lu-PSMA-617,** metastatic CRPC (*Novartis/Endocyte*)
  - Endocyte in the process of being acquired by Novartis for USD 2.1 billion
- **IOMAB-B**, ^{131}I, CD45, R/R AML (*Actinium*)

Phase 1 and 2 Pipeline

Phase 2

- **Betalutin,** ^{177}Lu-lilotomab-satetraxetan, 3rd L FL, (*Nordic Nanovector*)
- **Actimab-A**, ^{225}Ac, CD33, 1st line AML (*Actinium*)
- **Epratuzumab tetraxetan**, ^{90}Y, CD22 (hum.) IgG1, paediatric ALL (*Immunomedics*)
- **CLR-131**, ^{131}I, phospholipid ether, haem & solid cancer (*Cellectar Biosciences*)
- **^{177}Lu-IPN-1072**, somatostatin analog, neuroendocrine tumours (*Ipsen*)

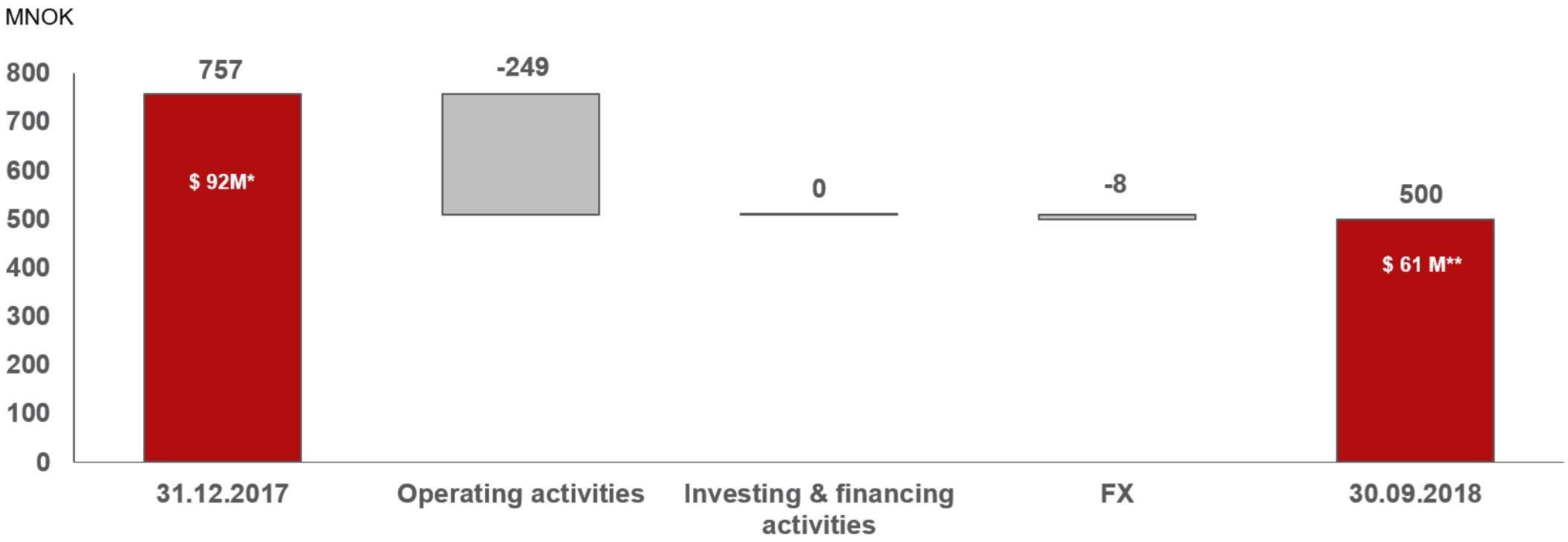
Phase 1

- **Betalutin,** ^{177}Lu-lilotomab-satetraxetan**,** 2nd L FL**,** R/R DLBCL *(Nordic Nanovector)*
- **b-somatostatin analogue**, neuroendocrine tumours (*OranoMed, partnered with RadioMedix)*
- **^{212}Pb-TCMC-trastuzumab**, solid cancers (*OranoMed*)
- **Epratuzumab**, ^{227}Th, CD22 (hum.) IgG1, NHL (*Bayer)*
- **TTC**, ^{227}Th, CD22, NHL (*Bayer*)
- **FPX-01**, ^{225}Ac, centryins, chemo-resistant tumours *(Fusion Pharma)*
- **^{177}Lu-PSMA-SR2,** metastatic CRPC* *(Novartis)*

*CRPC – Castration-resistant prostate cancer; AML – Acute myeloid leukaemia; ALL – acute lymphoblastic lymphoma

NORDIC NANOVECTOR

Solid cash position, expected to be sufficient to reach data read-out for PARADIGME in 1H 2020



* USD/NOK 8.24
** USD/NOK 8.16

NORDIC NANOVECTOR

Key company goals for 2018-2020

1H 2018	**Betalutin® in 3L FL**	PARADIGME: First patient dosed	✓
2H 2018	**Betalutin® in DLBCL**	LYMRIT 37-05: Preliminary update post initial dosing cohorts	✓
2H 2018	**Betalutin® + rituximab in 2L FL**	Archer-1: First patient dosed	✓
2H 2018	**Betalutin® in R/R iNHL**	LYMRIT 37-01: Six months data read-out at ASH	✓
1H 2019	**Betalutin® in DLBCL**	LYMRIT 37-05: Enrolment completed	
2H 2019	**Betalutin® in DLBCL**	LYMRIT 37-05: Data read-out	
1H 2020	**Betalutin® in 3L FL**	PARADIGME: Data read-out	

Nordic Nanovector – Investment highlights

Introducing next-generation radioimmunotherapies to address unmet needs in haematological cancers

Pipeline led by Betalutin® – a novel anti-CD37 immunotherapy designed for NHL

Betalutin® is a wholly owned asset; clear plan to bring it to market independently in the US

Targeted anti-CD37 immunotherapies provide multiple pipeline opportunities in B-cell malignancies

Experienced management team and board

Cash resources through to key value inflection points

NORDIC NANOVECTOR