Corporate Presentation

World leader in the development and commercialization of anticancer drugs of marine origin.

August 2026

Our vision

We are inspired by the sea, driven by science, and motivated to improve the lives of cancer patients by delivering novel medicines. We intend to continue to be the world leader in marine medicinal discovery, development and innovation.

Corporate Overview

Global Fully Integrated Commercial Stage Biotech.

Developing marine-inspired oncology drugs

Discovery Platform Strengthening Oncology Pipeline

Diversified pipeline with late and early-stage assets

3 Approved Oncology Products

Established European oncology sales force

Yondelis (trabectedin)

Aplidin

ZEPZELCA (lurbinectedin) for injection 4 mg

Revenue Generating & Profitable

€221.4M	€68.1M	€167.8M	€1.4bn[1]	€5.4M/day
Revenues 2025	EBITDA 2025	Cash 2025	Market cap	Avg. Volume 2026 YTD

(1) As of 3rd August 2026

The Plan for Growth

Continue delivering value to shareholders

Lurbinectedin

- Approved for 1L maintenance in SCLC in both the US and EU
- Phase 3 trial with lurbinectedin in leiomyosarcoma
- Potential lurbinectedin approvals in other countries

Other drugs

- PM54 in PoC Phase I/IIb
- PM534 in PoC Phase I

Corporate development

- Looking for in-licensing products to market
- Outlicense
- Profitable with robust balance sheet

PharmaMar Pipeline

Expanding our Expertise in Oncology

		PHASE 1	PHASE 2	PHASE 3	MARKET
YONDELIS (trabectedin)					
Soft tissue sarcoma 2nd/3rd line	Monotherapy				
Ovarian cancer 2nd/3rd line	+PLD (pegylated liposomal doxorubicin)				
APLIDIN (plitidepsin)					
R/R Multiple myeloma[1] 3rd/4th line	+dexamethasone				
ZEPZELCA (lurbinectedin)					
Small cell lung cancer 2nd line US / other countries	Monotherapy				
Small cell lung cancer 1st line maintenance	+atezolizumab				
Leiomyosarcoma 1st line	+doxorubicin			SaLuDo	
PM54					
Solid tumours	Monotherapy				
Solid tumours	+pembrolizumab				
PM534					
Solid tumours	Monotherapy				

(1) Approved in Australia

ZEPZELCA

(Lurbinectedin) for injection 4 mg

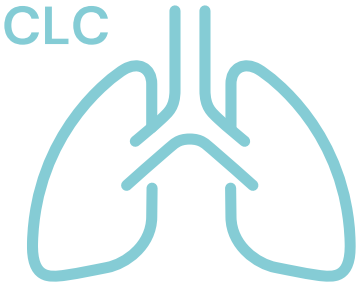
- **Practice changing in 1st Line maintenance** in US and launched in the EU

Small Cell Lung Cancer (SCLC)

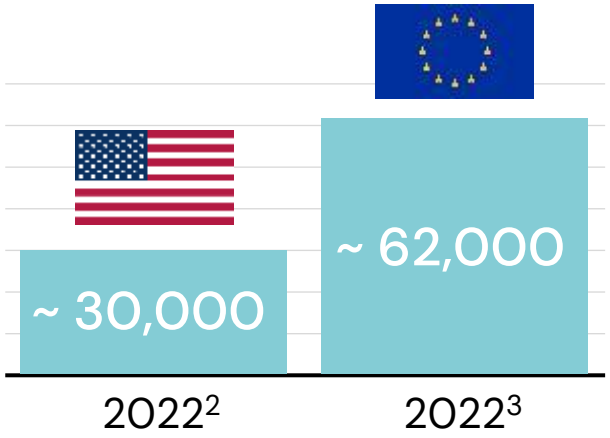
A still high unmet medical need

Among all Lung Cancers

~15% SCLC

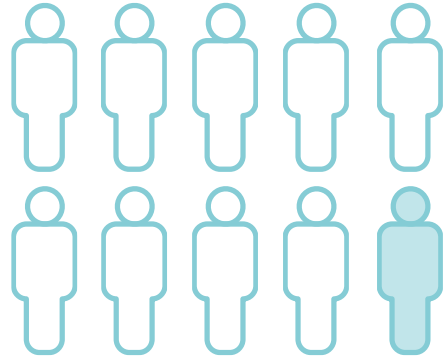


Limited treatment options in both the US and Europe



Newly diagnosed patients each year

Low survival rate at 5 years



- Highly aggressive tumour
- 5-year survival rate 5-10%[1]

(1) http://www.cancer.gov/types/lung/hp/small-cell-lung-treatment-pdq
(2) https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html as reference which comes to 29,464
(3) Data Monitor: Small Cell Lung Cancer (SCLC) Globocan 2022. All ages, both genders.

Zepzelca (lurbinectedin)
Extensive Stage SCLC Treatment Paradigm
Strong positioning opportunity

	FIRST LINE		SUBSEQUENT THERAPY
	INDUCTION	MAINTENANCE	
FDA Approved	Platinum/Etoposide + Atezolizumab or Durvalumab	Atezolizumab +**Lurbinectedin** Atezolizumab or Durvalumab monotherapy	- **Lurbinectedin** - Topotecan (sensitive) - Imdelltra

	FIRST LINE		SUBSEQUENT THERAPY
	INDUCTION	MAINTENANCE	
EMA Approved	Platinum/Etoposide + Atezolizumab or Durvalumab or Serplulimab or Tislelizumab	Atezolizumab +**Lurbinectedin** Atezolizumab or Durvalumab or Serplulimab or Tislelizumab (monotherapy)	- Topotecan - Imdelltra

Lurbinectedin: 1st line maintenance positioning

Phase 3 trial (IMforte) for first line-maintenance SCLC

INDUCTION PHASE

Extensive-stage SCLC (ES-SCLC)

- Atezolizumab + carboplatin + Etoposide
- 690 patients

RANDOMIZATION 1:1

≥SD

MAINTENANCE PHASE

Atezolizumab 1,200 mg q3wk
+ lurbinectedin 3.2 mg/m^2 q3wk

CO-PRIMARY
- IRC-assessed PFS, OS

SECONDARY
- ORR , DOR , etc.

Atezolizumab 1,200 mg q3wk

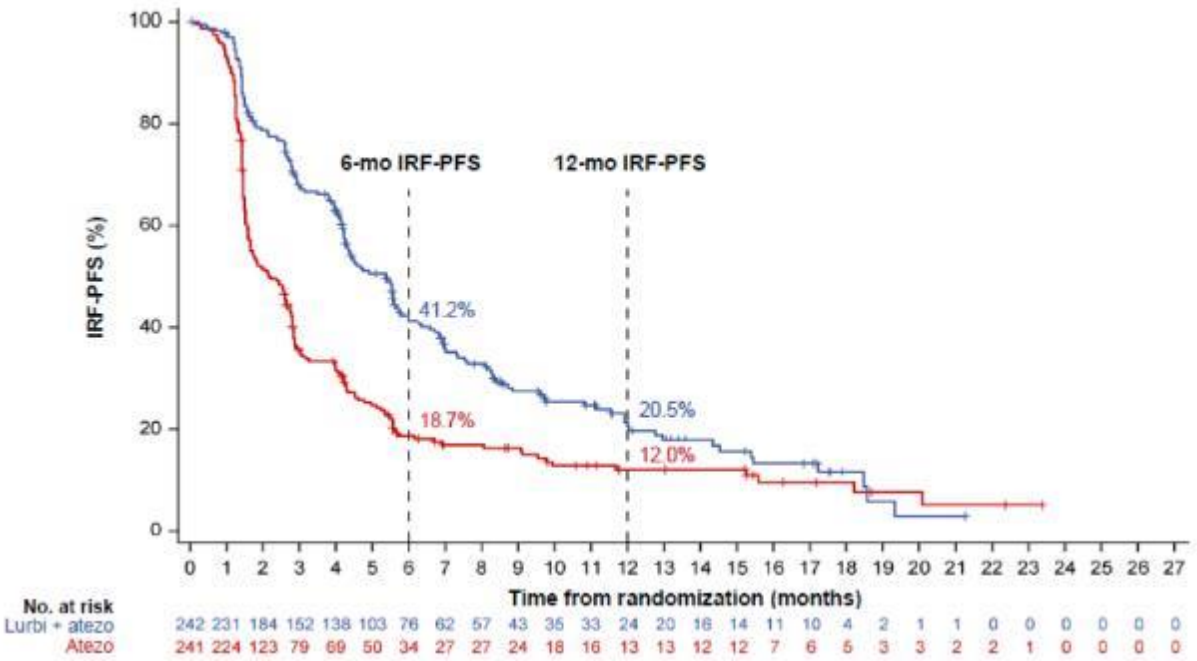
Paz-Ares L, et al. Lurbinectedin plus atezolizumab as first-line maintenance therapy in extensive-stage small-cell lung cancer (IMforte): a randomized, double-blind, phase 3 trial. **The Lancet.** 405: 2129–43; 2025.

(1) NCT05091567
(2) IRC=Independent Review Committee

Positive results from the IMforte Phase 3 clinical trial 1/4

Statistically significant and clinically meaningful OS & PFS benefit

IRF-PFS from randomization into maintenance phase



IRF-PFS	Lurbi + Atezo (n=242)	Atezo (n=241)
Events, n(%)	174 (71.9)	202 (83.8)
PFS, median (95% CI), mo	5.4 (4.2, 5.8)	2.1 (1.6, 2.7)
Stratified HR (95% CI)	**0.54 (0.43, 0.67)**	
Stratified *P* value (2-sided)	<0.0001	
α boundary (2-sided)	0.001	

PRESENTED BY: Luis Paz-Ares, MD, PhD

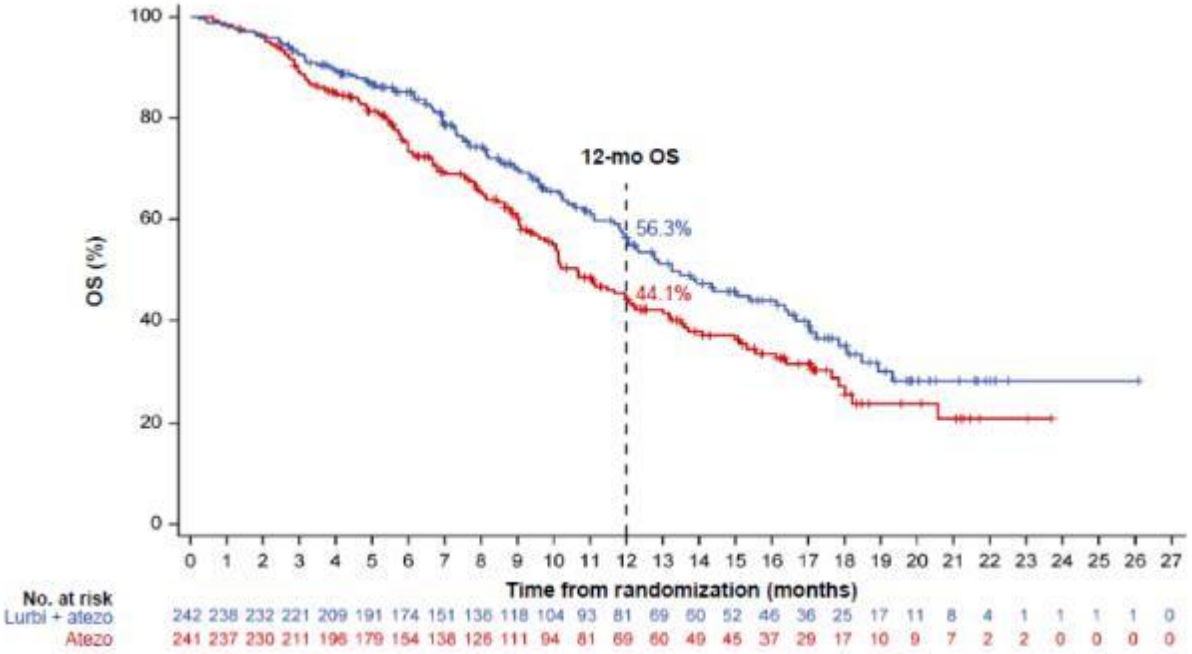
IMforte ASCO 2025
Abstract 8006

Positive results from the IMforte Phase 3 clinical trial 2/4

Statistically significant and clinically meaningful OS & PFS benefit

OS from randomization into maintenance phase

OS assessment started from randomization into the maintenance phase (median time from induction to randomization: 3.2 months in each arm)



OS	Lurbi + Atezo (n=242)	Atezo (n=241)
Events, n(%)	113 (46.7)	136 (56.4)
OS, median (95% CI), mo	13.2 (11.9, 16.4)	10.6 (9.5, 12.2)
Stratified HR (95% CI)	**0.73 (0.57, 0.95)**	
Stratified *P* value (2-sided)	0.0174	
α boundary (2-sided)	0.0313	

Positive results from the IMforte Phase 3 clinical trial 3/4

Safety summary during the maintenance phase

Patients with ≥1 AE, n (%)	Lurbi + Atezo (n=242)	Atezo (n=240)
All-cause AEs	235 (97.1)	194 (80.8)
Grade 3/4 AEs	92 (38.0)	53 (22.1)
Treatment-related Grade 3/4 AEs	62 (25.6)	14.0 (5.8)
Grade 5 AEs	12 (5.0)	6 (2.5)
Treatment-related Grade 5 AEs	2 (0.8)[1]	1 (0.4)[2]
Serious AEs	75 (31.0)	41 (17.1)
AEs leading to discontinuation of any study drug	15 (6.2)	8 (3.3)
AEs leading to dose interruption / modification of any study drug[3]	92 (38.0)	33 (13.8)

Patients with ≥1 AE, n (%)	Lurbi + Atezo (n=242)	Atezo (n=240)
Lurbinectedin AESI[4]	93 (38.4)	62 (25.8)
Grade 5 AESI	7 (2.9)	4 (1.7)
Atezolizumab AESI[4]	76 (31.4)	54 (22.5)
Grade 5 AESI	0	0
Atezolizumab AESI requiring corticosteroids	40 (16.5)	18 (7.5)
Median treatment duration, mo	4.1 (lurbi)/ 4.2 (atezo)	2.1
Median number of doses received	6.5 (lurbi)/ 7.0 (atezo)	4.0

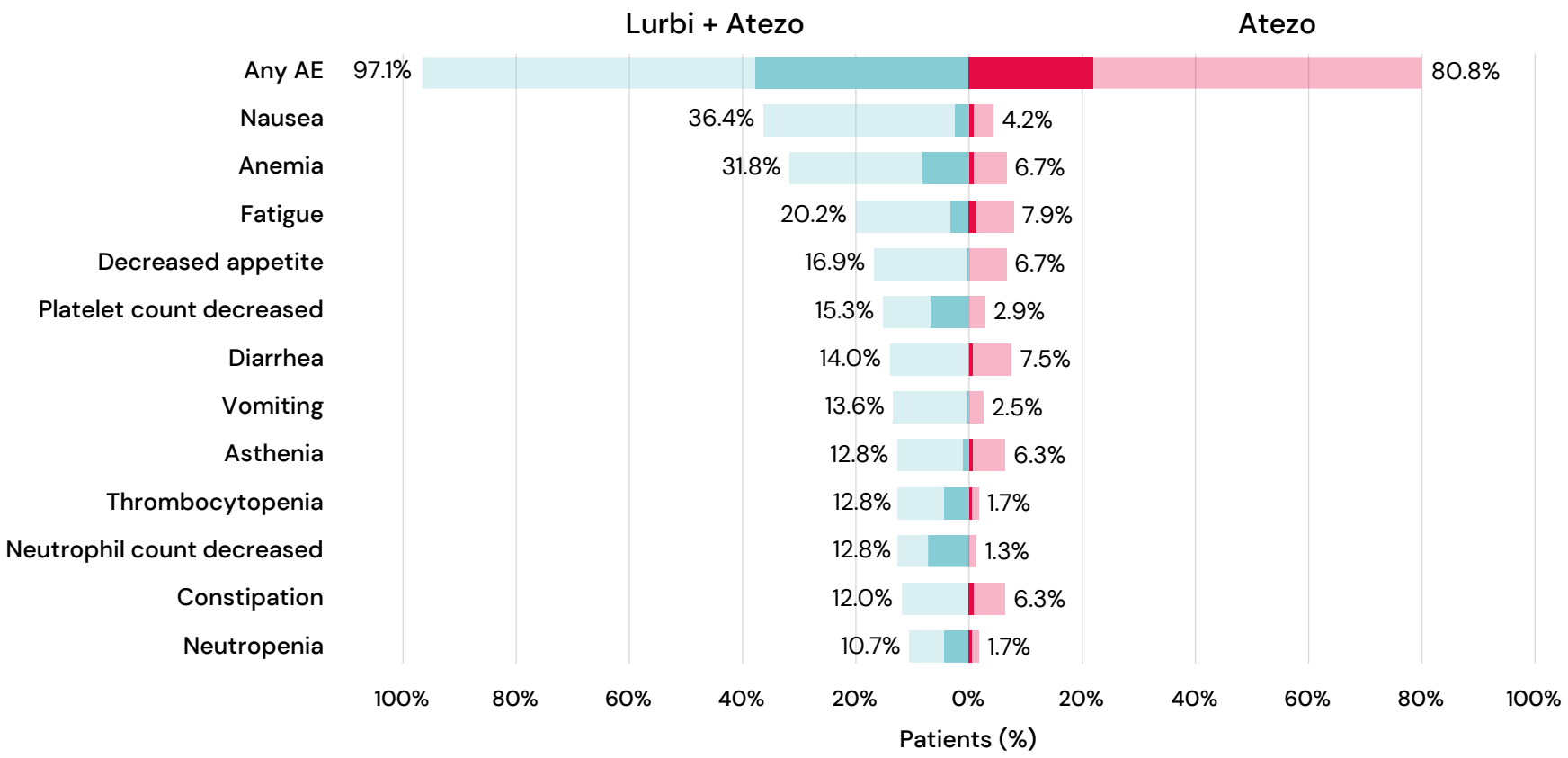
Clinical cutoff: July 29,2024. One patient randomized to the atezo arm did not receive treatment and was not included in the safety analysis set.
(1) Sepsis and febrile neutropenia, both considered related to lurbi,.
(2) Sepsis considered related to atezo
(3) Atezo dose modifications were not permitted
(4) AESI for lurbi and atezo were pre-specified based on their mechanism of action and were independent of the casual relationship assigned by the investigator.
AE, adverse event; AESI, adverse event of special interest.

"You expect to see more responses with the combo, which you did, deeper responses, which you did, and toxicity, but fortunately it did not translate into stopping people from getting therapy…discontinuation due to toxicity was in the single digits".

Dr. Stephen V. Liu, Chief of Hematology & Oncology, Head of Developmental Therapeutics, at Georgetown Lombardi Comprehensive Cancer Center

Positive results from the IMforte Phase 3 clinical trial 4/4

All-cause AEs with incidence ≥10% in either arm



"This approach is truly practice changing and has been readily adopted in clinical practice."

***Dr. Joshua K. Sabari**, Assistant Professor of Medicine, Medical Oncology; Perlmutter Cancer Center NYU Langone Health*

Febrile neutropenia
Lurbi + atezo: 1.7%[1]
Atezo: 0%

Grade 3/4 infections and infestations[2]
Lurbi + atezo: 6.6%
Atezo: 5.0%

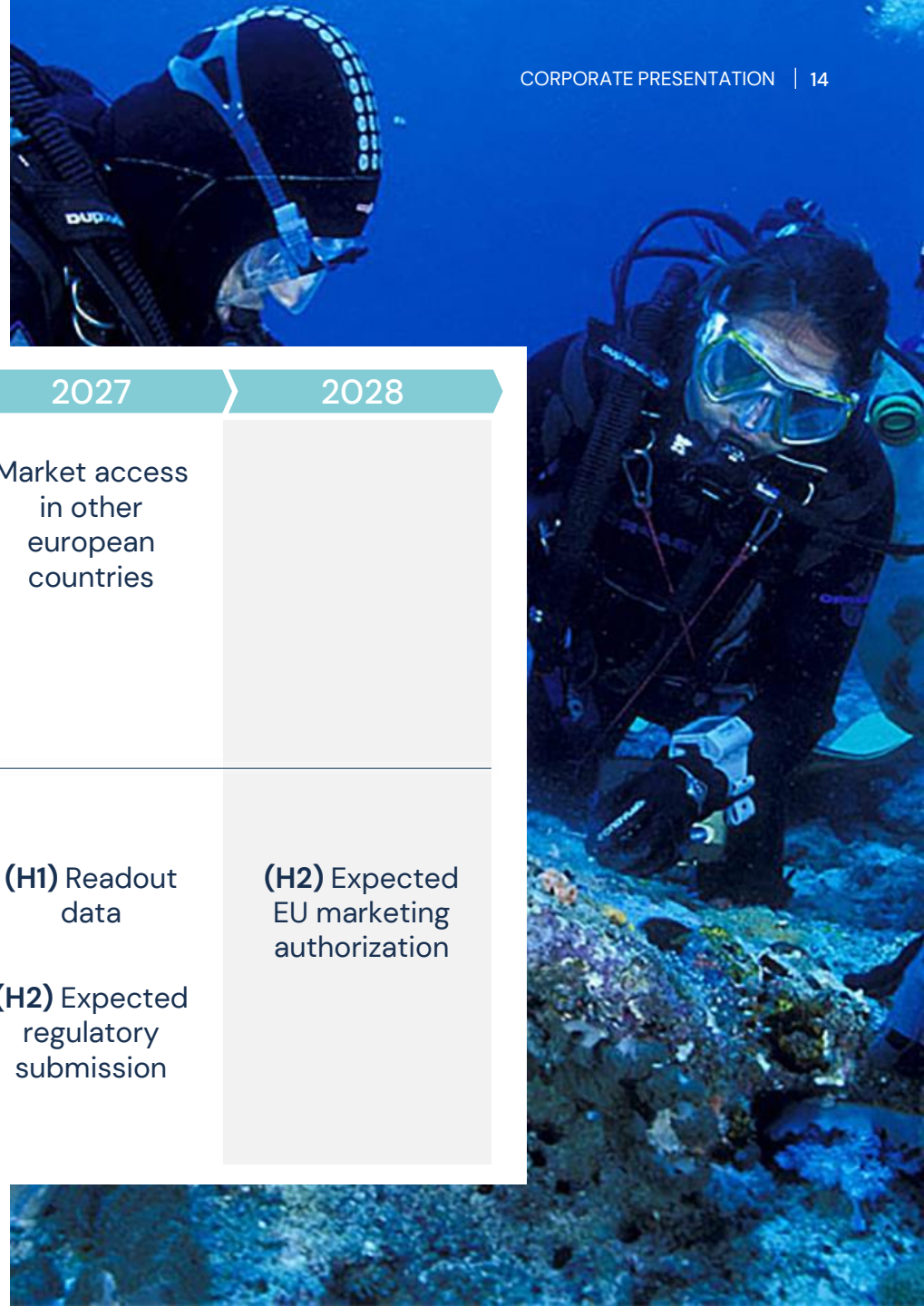
Grade 1 / 2

Grade 3 / 4

Clinical cutoff: July 29, 2024. Percentage labels represent all-grade AEs, including Grade 5 AEs. Grade 5 AEs occurred in 12 (5.0%) patients in the lurbi + atezo arm and 6 (2.5%) patients in the atezo arm.
(1) Includes 1 Grade 5 AE.
(2) Grade 5 infections: lurbi + atezo arm (n=6 [2.5%]): COVID-19 pneumonia, pneumonia, pneumonia viral, sepsis, septic shock, and vascular device infection (n=1 each); atezo arm (n=4 [1.7%]): pneumonia (n=2), abscess intestinal, and sepsis (n=1 each).

Lurbinectedin. Pathway to market in EU

Key events



	2024	2025	2026	2027	2028
IMforte trial Lurbinectedin + atezolizumab **1st line maintenance** SCLC	**(Q1)** End of recruitment **(Q4)** Positive results of PFS and OS	**(H1)** Regulatory submission EMA	**(H1)** EU marketing authorization **(H2)** Market launch	Market access in other european countries	
SaLuDo trial Lurbinectedin + doxorubicin **1st line** Leiomyosarcoma			**(1H)** End of recruitment	**(H1)** Readout data **(H2)** Expected regulatory submission	**(H2)** Expected EU marketing authorization

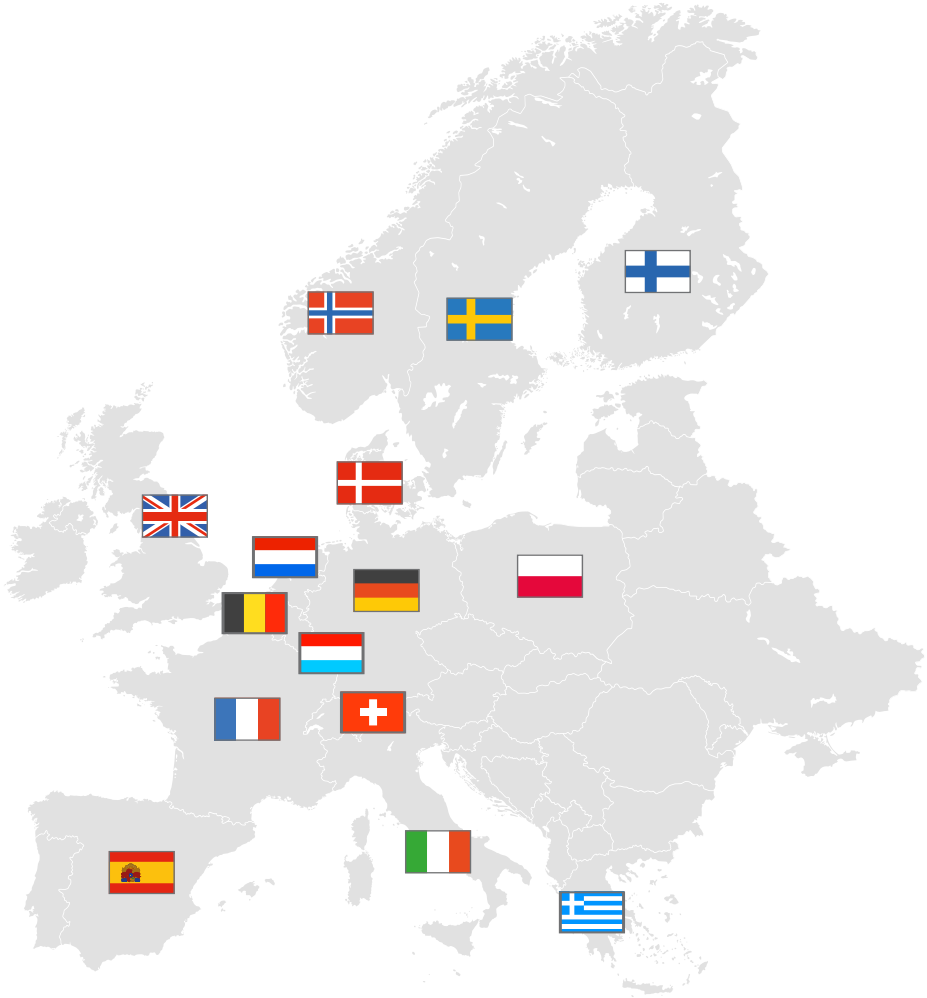
Lurbinectedin – European incidence

SCLC in EU

Total lung cancer incidence in Europe 484,306 patients [1]

SCLC 13%–15%
62,960 patients

Country / Area	Population 2022 (Million)	Lung Cancer Incidence 2022	SCLC incidence [3]
Germany	83.8	62,025	8,063
Italy	60.3	43,808	5,695
France	65.7	49,613	6,450
Spain	46.7	30,041	3,905
Rest [2]	172.7	134,578	17,495
Total	**429.1**	**320,065**	**41,608**



- c. 95% of the patients are treated in first line
- c. 70% - 80% of the patients are treated in first line maintenance

(1) Global Cancer Observatory – World Health Organization. 2022
(2) Rest includes UK, Sweden, Switzerland, Scandinavia, Poland, Greece, BeNeLux.
(3) Calculated as a 13% of total lung cancer incidence

LEIOMYOSARCOMA

Leiomyosarcoma

Incidence and treatment paradigm

INCIDENCE ~2,100(1) in USA

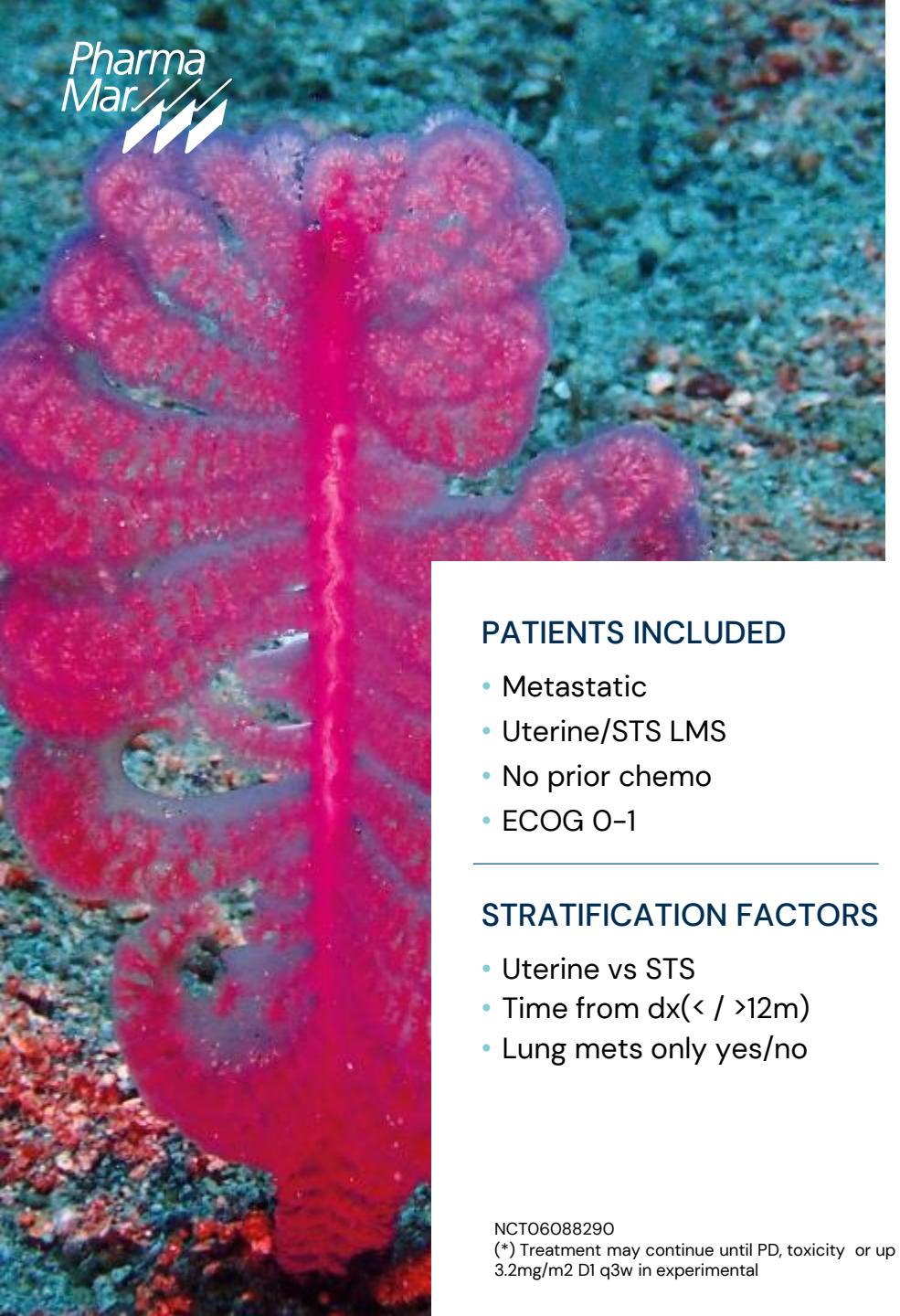
	FIRST LINE	SECOND LINE
FDA Approved	- Doxorubicin - Ifosfamide	- Trabectedin - Pazopanib
NCCN Guidelines	- Doxorubicin + trabectedin	- Dacarbazine - Ifosfamide - Gemcitabine based regimen

INCIDENCE ~4,500(2) in EUROPE

	FIRST LINE	SECOND LINE
EMA Approved	- Doxorubicin - Ifosfamide	- Trabectedin - Pazopanib
ESMO Guidelines		- Gemcitabine + Docetaxel - Dacarbazine / Gemcitabine - Regorafenib

(1) The American Cancer Society
(2) ESMO Sarcoma guidelines 2021

Leiomyosarcoma is one of the most common soft tissue sarcomas (STS), accounting for approximately 10%–20% of all STS.



Zepzelca (lurbinectedin)-Leiomyosarcoma

Phase III

Recruitment ended in May 2026

PATIENTS INCLUDED

- Metastatic
- Uterine/STS LMS
- No prior chemo
- ECOG 0-1

STRATIFICATION FACTORS

- Uterine vs STS
- Time from dx(< / >12m)
- Lung mets only yes/no

1 : 1 : 1
Up to ~ 450 pts

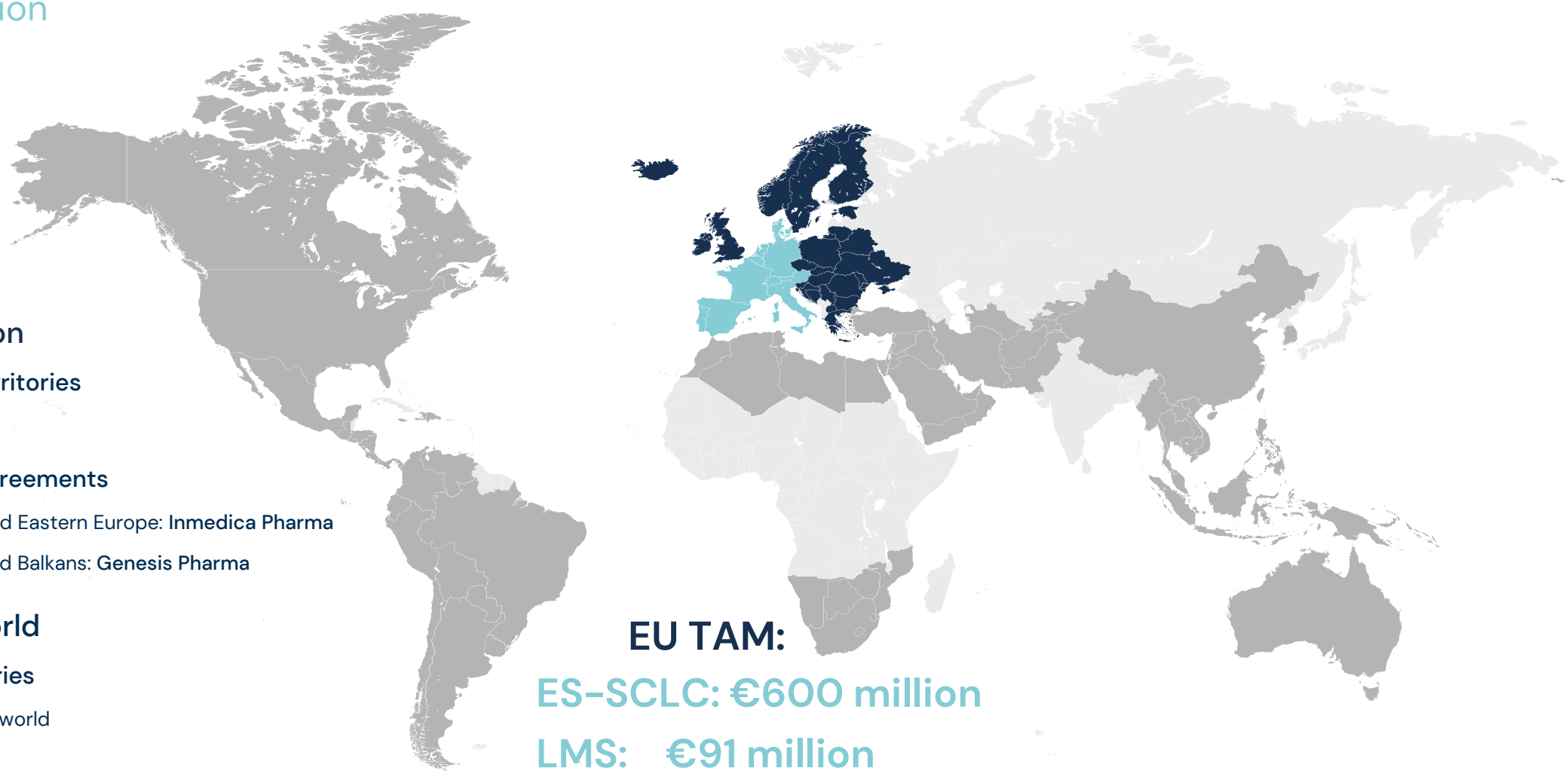
- Doxorubicin* 50 mg/m2 + Lurbinectedin 2.2 mg/m2 + G-CSF D1 q3wk
- Doxorubicin* 25 mg/m2 + Lurbinectedin 3.2 mg/m2 + G- CSF D1 q3wk
- Doxorubicin* 75 mg/m2 D1 q3wk

Primary endpoint:
PFS by IRC
Powered for OS

NCT06088290
(*) Treatment may continue until PD, toxicity or up to 450mg/m2 of maximum cumulative dose of Doxo (continuing Lurbinectedin 3.2mg/m2 D1 q3w in experimental

Lurbinectedin. Total Addressable Market

European Union



European Union

- **PharmaMar Territories**
  Western EU
- **Commercial agreements**
  UK, Scandinavia and Eastern Europe: **Inmedica Pharma**
  Greece, Cyprus and Balkans: **Genesis Pharma**

Rest of the world

- **Partner Territories**
  US and rest of the world

EU TAM:

ES-SCLC: €600 million

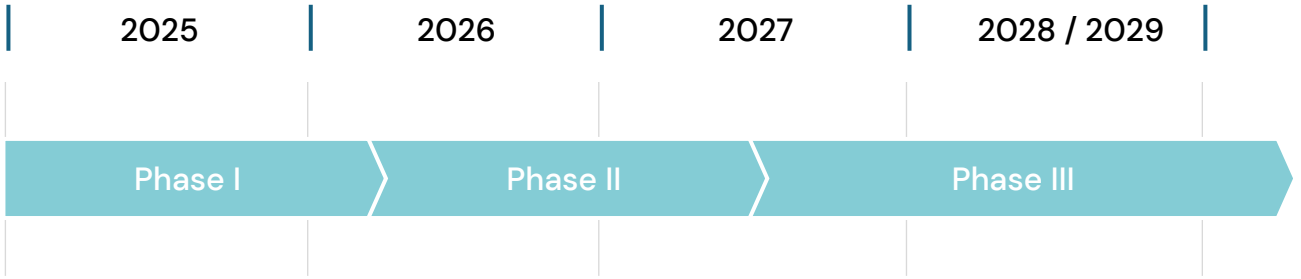
LMS: €91 million

Clinical development

Key pillars for sustainable growth

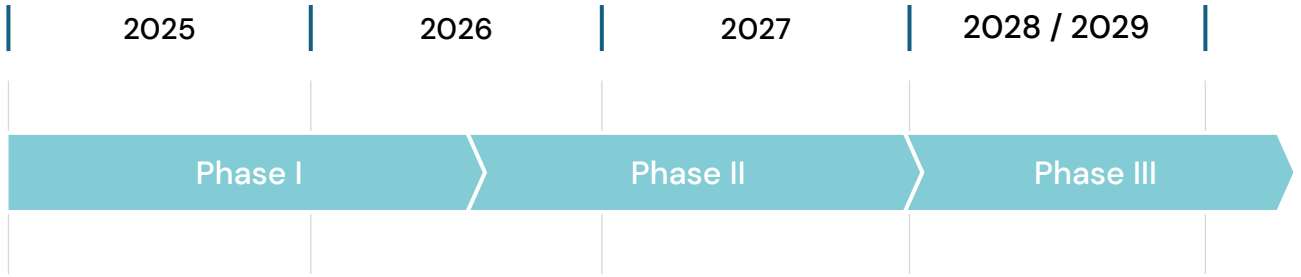
PM54

- Potential 2nd generation of Lurbinectedin
- Novel active transcription inhibitor
- Early signs of activity in solid tumors
- Good safety profile
- Synergy in combination with immunotherapy and cytotoxic



PM534

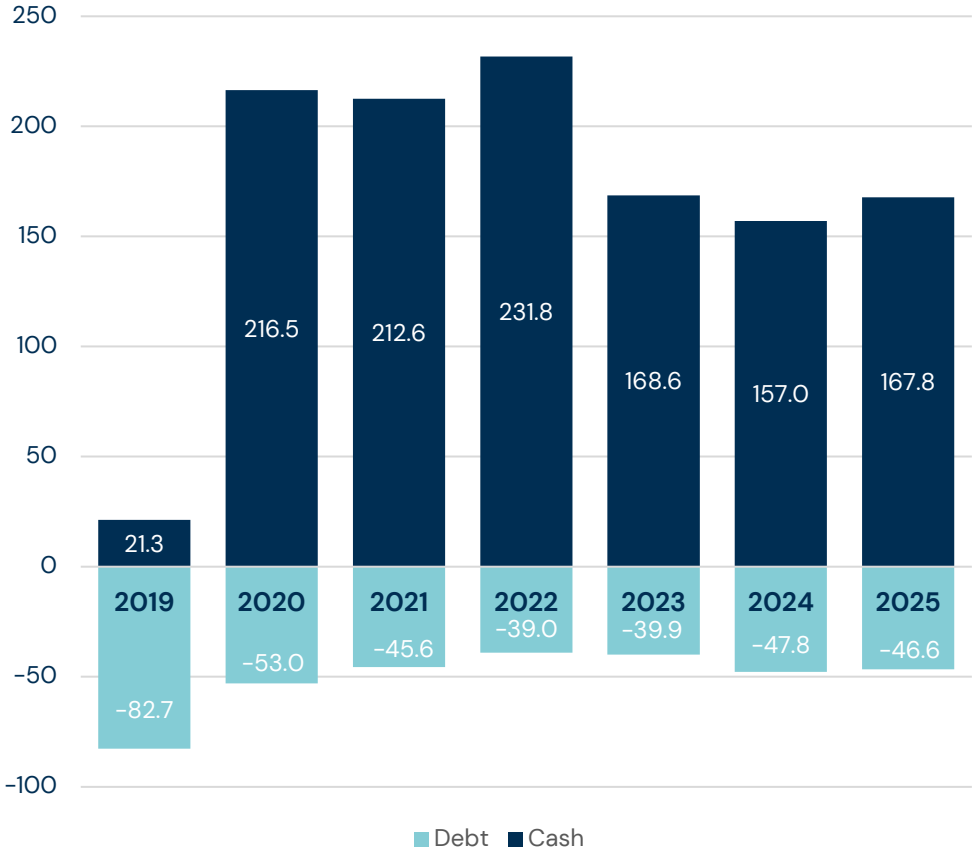
- Novel tubulin inhibitor
- Dual anti-proliferative and anti-angiogenic activity
- Early evidence of efficacy in solid tumors



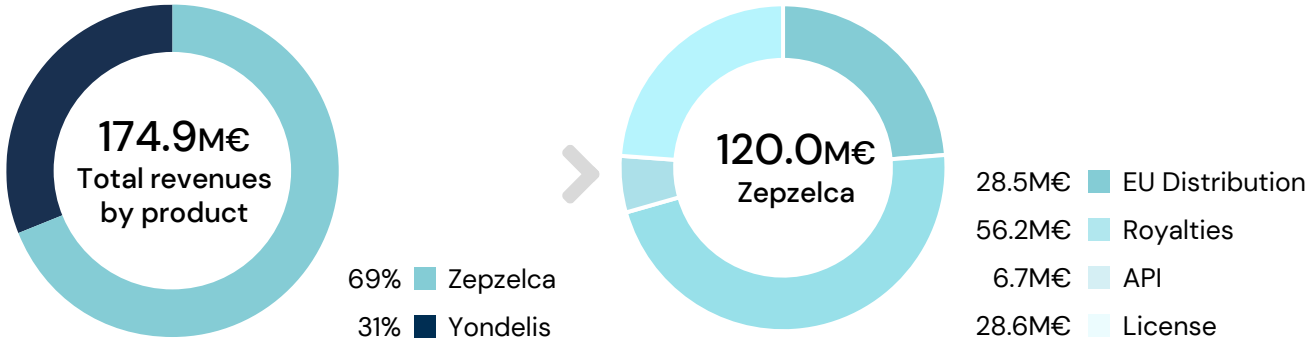
Financials

Profitable, solid and stable financial position

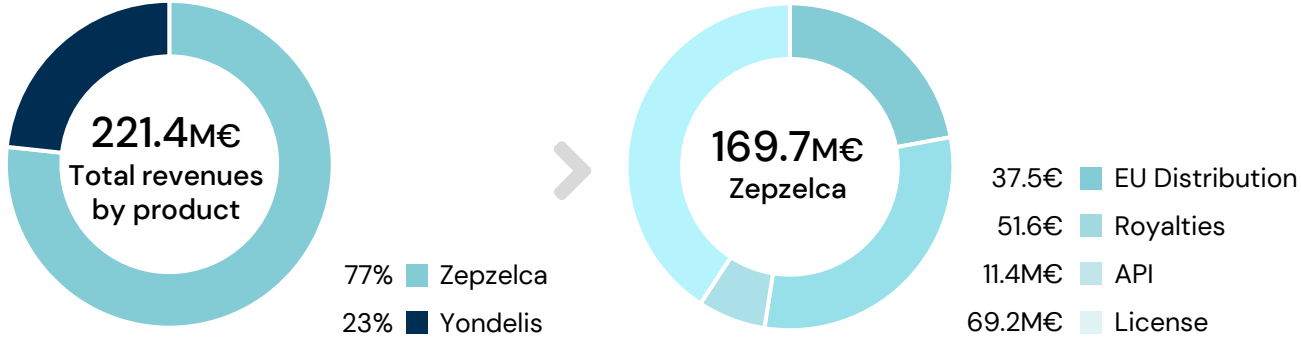
Robust cash position M€



Total revenues by product 2024 M€



Total revenues by product 2025 M€



Key Events

Catalyst Calendar

• Out-license (Japan)	DONE ✔
• Approval lurbinectedin in 1L maintenance in US	DONE ✔
• Approval lurbinectedin in 1L maintenance in EU	DONE ✔
• Full recruitment SaLuDo trial	DONE ✔
• Lurbinectedin: commercial launch in Germany and Austria	DONE ✔
• Potential lurbinectedin approvals and launches in other countries	Ongoing ...
• Pipeline Data	2026
• Read out data SaLuDo trial	1H 2027 ...

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