Kuros Biosciences The future of spinal fusions



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Kuros is on a mission to discover, develop and deliver innovative biologic fusion technologies



Corporate highlights



Swiss-headquartered biotech company with operations in the Netherlands and US. Listed on the SIX Swiss Stock Exchange (Ticker: KURN)



Over 300+ Publications and 10+ active clinical studies. Strong global network of KOLs



Strong financial foundation:

- Cash at \sim \$18.1M¹, with a runway at least into Q3 2024
- ~126% revenue growth² and potential \$21.3M milestone payments + up to \$142M sales milestone payments

Approx revenue from product

sales (000s, USD)





Strong start into 2023: 126% increase in MagnetOs sales in H1 2023 compared to H1 2022



MagnetOs surface modified biologics portfolio launched globally. Addressing \$1B+ market opportunity. Targeting \$100M annual sales within 5 years

Fibrin-PTH Phase 2 (under IND) in lumbar spinal fusion derisked by two successfully completed phase 2 studies in the trauma indication



Management overview

Executive management



Joost de Bruijn *Chief Executive Officer*



Daniel Geiger Chief Financial Officer



Chris Fair Chief Operating Officer

Extended leadership team



John Griffin SVP & President US Sales



Philippe Saudan Chief Development Officer



Marcel Borger Head of Quality & Regulatory Affairs



Katherine Sage VP Medical & Scientific Affairs



Sjoerd Musters VP Operations



Carly Dummer Director of Marketing



James Ryaby SVP Clinical Affairs



Florence de Groot Head of Development



Sandra Ten Haaf Global Head of HR





Strategic advisory board

Advisors



Andrew A. Sama, MD Co-Chief of HSS Spine, NY



Alpesh A. Patel, MD Director of Orthopedic Spine Surgery, Northwestern, Chicago



Kornelis Poelstra, MD, PhD Rothman Orthopaedics. President, The Natl. Robotic Spine Institute of Las Vegas



Thomas Cha, MD Assistant Chief of MGH Spine, Boston



R. Todd Allen, MD Orthopedic Surgeon, UCSD, San Diego



Faheem Sandhu, MD Director of Spine Surgery, Medstar Georgetown, Washington DC



Scientific advisor Prof. Bill Walsh PhD Division of Surgery, UNSW, Sydney



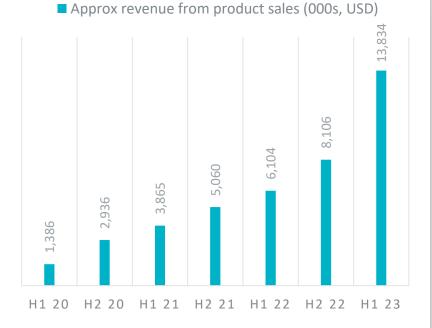
Operational highlights

- Accelerated commercial roll-out of MagnetOs in the U.S. on track
- Key efficacy data on MagnetOs bone graft published in two prestigious, peer-reviewed scientific journals
- In the first half of 2023, Kuros engaged into a limited, non-exclusive sales agency agreement with a top 3 spine company to represent our MagnetOs product line in selected geographies
- Completion of enrollment in the STRUCTURE trial, which is investigating the safety and efficacy of Fibrin-PTH (KUR-113) in single-level transforaminal lumbar interbody fusion (TLIF) procedures in patients with degenerative disc disease (DDD)
- Daniel Geiger appointed as Chief Financial Officer



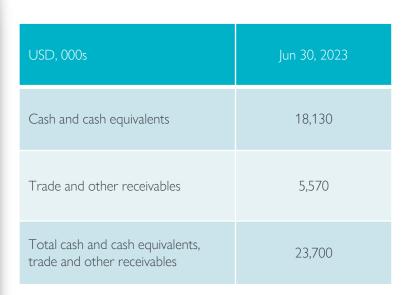
Financial highlights

Revenue from product sales



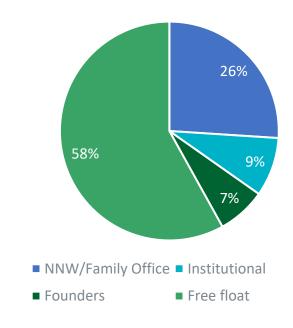
Consistent and significant growth in revenue from product sales reported over the past 2.5 years

Cash runway into Q3-2024



~\$24M cash & cash equivalents, trade and other receivables¹ – financed into Q3 2024

Kuros ownership

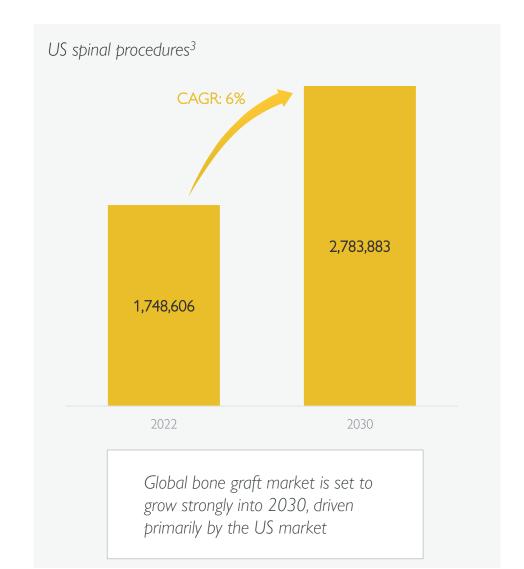


Strong institutional ownership, including Alpha Capital and Pictet



Potential addressable spinal fusion market







Spinal fusion surgery: challenges and opportunities





Spinal fusion surgeries are growing ~6% YoY. Despite this, failure rate for surgical treatment is 17%, jumping to 42% for patients with poor health¹⁻³

10% of patients will need a second operation to resolve their spine-related pain⁴

Surgeons, medical organizations and insurers are becoming more discerning about the products approved for these procedures

Insurers regularly refuse claims for unproven and off-label products

Improve 60%

Bone grafts are essential to improving fusion rates, increasing chances of success by up to $60\%^{2,5,6}$

Bone grafts supported by high-quality Level I clinical studies will ultimately become the solution of choice of surgeons, providers, and insurers





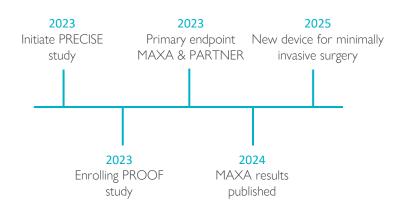
Kuros solutions

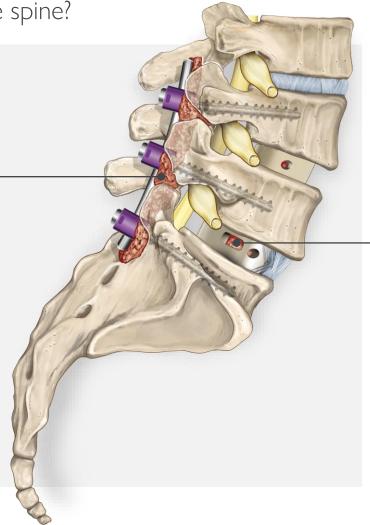
How do we address opportunities in the spine?

Posterior column reconstruction

MagnetOs: Launched

A bone graft that unlocks previously untapped potential to stimulate stem cells and form new bone, even in soft tissue, throughout the graft for a predictable fusion^{*†1-4}





Anterior column reconstruction

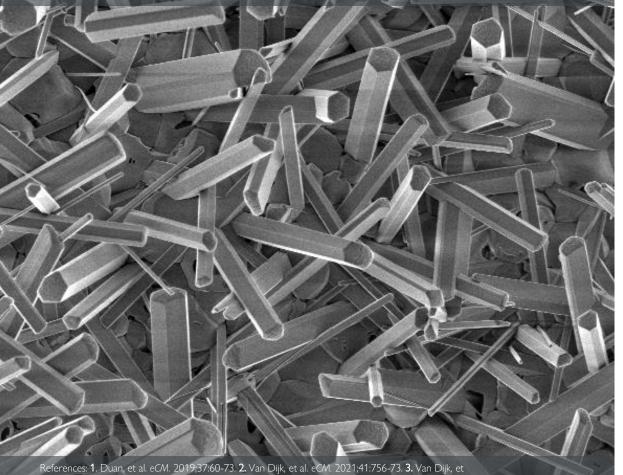
Fibrin-PTH (KUR-113): Phase 2

The first ever investigational drugbiologic candidate to be evaluated for spinal fusion; and the first to be compatible with truly non-invasive surgical procedures





References: **1.** Van Dijk, et al. *eCM*. 2021;41:756-73. **2.** Duan, et al. *eCM*. 2019;37:60-73. **3.** Van Dijk, et al. *JOR Spine*. 2018;e1039. **4.** Van Dijk, et al. *J Biomed Mater Res. Part B: Appl Biomater*. 2019;107(6):2080-2090. *Results from in vivo laboratory testing may not be predictive of clinical experience in humans. For important safety and intended use information please visit kurosbio.com.[†]MagnetOs is not cleared by the FDA or TGA as an osteoinductive bone graft. Ultra-high resolution scanning electron microscopy of the surface of MagnetOs: each needle is approximately 0.5 micron in diameter.



References: 1. Duan, et al. eCM. 2019;37:60-73. 2. Van Dijk, et al. eCM. 2021;41:756-73. 3. Van Dijk, et al. JOR Spine. 2018;e1039. 4. Van Dijk, et al. J Biomed Mater Res. Part B: Appl Biomater. 2019;107(6):2080-2090. 5. Van Dijk, et al. Clin Spine Surg. 2020;33(6):E276–E287. 6. Data on file, 2020 (Barrere et al., "From benchtop to clinic: a complete translational analysis of the innate human immune response to submicron needle-shaped surface features and its relevance to bone healing and spinal fusion"). *Results from in vivo laboratory testing may not be predictive of clinical experience in humans. For important safety and intended use information please visit kurosbio.com. *MagnetOs is not cleared by the FDA or TGA as an osteoinductive bone graft. *MagnetOs has been proven to generate more predictable fusions than two commercially available alternatives in an ovine model of posterolateral fusion.

1 µm

MagnetOs

NeedleGrip[™]: Getting a grip on non-unions

- MagnetOs is a bone graft like no other: thanks to its NeedleGripTM surface technology, it grows bone even in soft tissues. This surface technology provides traction for our body's vitally important 'pro-healing' immune cells (M2 macrophages).*†1,2
- This in turn, unlocks previously untapped potential to stimulate stem cells and form new bone throughout the graft.*³⁻⁶
- MagnetOs has been used in over 15,000 surgeries worldwide



MagnetOs suite of products





MagnetOs Granules

Strong Foundation and Proven; Harnessing the Immune System; Equivalent to the Gold Standard

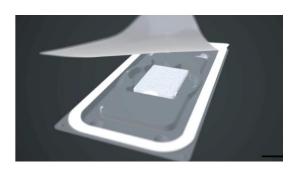
MagnetOs Putty

Easy to Handle, Apply and Store; One Product for Spine and Orthopedics



MagnetOs Easypack Putty

Ready-to-Use; Easy to Mold; Designed to Stay Put



MagnetOs Flex Matrix

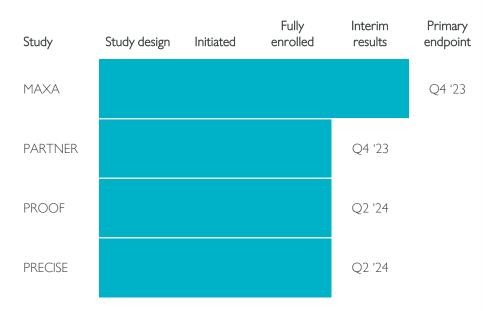
Flexible; Highly wickable; High granule-volume percentage; Practical and versatile

Supported by high-quality Level I clinical studies to become the solution of choice of surgeons, providers, and insurers

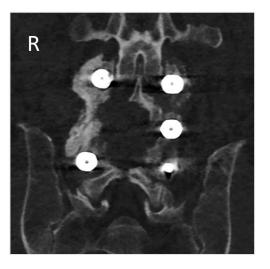


MagnetOs: Overview of clinical studies

Prospective clinical studies



Results from an ongoing prospective clinical trial



Coronal fine-cut CT scans at one-year follow-up. MagnetOs Granules implanted on right hand side of patient, leading to solid spinal fusion.

3D reconstruction at one-year follow-up. Blue: Fusion w/ MagnetOs Granules; Gray: Autograft; Light Gray: Instrumentation.

- Data from one randomized controlled trial shows fusion rate for MagnetOs of 78%, compared to 42% for the gold standard bone graft (autograft) *†1
- Compares favorably to fusion rates of 55-71% reported for other synthetic bone grafts evaluated in similar posterolateral fusion trials ^{2, 3}





Fibrin-PTH (KUR-113)

First drug-biologic combination for spinal fusion

- Fibrin-PTH combines the well-established mechanism of action of parathyroid hormone (PTH) with the natural healing matrix known as fibrin, promoting spinal fusion by increasing the number and lifespan of bone-forming cells
- First drug-biologic combination product to be compatible with narrow gauge cannulas for truly non-invasive surgical procedures
 - Approval as a drug opens additional avenues for pricing and reimbursement compared to devices
- Phase 2 clinical trial ongoing in the US; first data expected in 2023; full results in 2024
 - The drug approval process requires a more rigorous and comprehensive data package compared to that required for approval of devices used for the current standard-of-care



Fibrin-PTH Phase 2: STRUCTURE



- Prospective, randomized controlled single blind multicenter study which intends to demonstrate safety and efficacy of Fibrin-PTH (KUR-113) versus local autograft
- 50 patients in two stages (2 dose levels vs local autograft)
- Randomized-stage (n=30) and second non-randomized stage (n=20) with higher dose fully enrolled July 2023



- Single-level TLIF with Fibrin-PTH or local autograft added in and around any static FDA cleared monoblock PEEK cage
- Posterior lumbar fusion (PLF) (fixation plus MagnetOs Putty)



Primary endpoint

 Radiological fusion determined by CT-scans and assessed by IREP at 12 months



- Patients enrolled in 15 study sites
- Includes strategic research centers such as BWH, HSS, UCSD, Northwestern, Medstar Georgetown



Strategic plan for growth: 4 key value drivers

Expand depth and breadth of our commercial footprint by increasing our US sales team and investing into international partnerships

Phase II clinical trial for Fibrin-PTH with interim results readout in Q1 2024

O3 Driving uptake with surgeons, providers and insurers with unprecedented quality and quantity of clinical research (*Project FUSION*)

Maximize the efficiency of clinical programs and feeding our new product development strategy (*Project ENGAGE*). Includes establishment of 5 advisory board across EU/US to regularly discuss clinical data, strategy, and innovation to allow increased agility in development

	2023	2024	> 2025
Clinical	MagnetOs Primary endpoint: MAXA and PARTNER 	 MagnetOs Complete enrollment of PRECISE study Complete enrollment of PROOF study 	
	 Fibrin-PTH Completion of Phase 2 enrolment; first data 	Fibrin-PTHPhase 2 results	Fibrin-PTHPhase 3 studies start
Commercial		MagnetOs • MAXA results published	MagnetOs New device for minimally invasive surgery



Outlook for H2 2023

- Reaching the 12-month endpoint of the randomized part of Phase 2 clinical study of Fibrin-PTH in spine fusion at the end of 2023, expect to report results early 2024
- Completion of PARTNER study, data to be finalized for publication Q4 2023
- Submission of two retrospective investigator driven interbody fusion studies with MagnetOs
- Primary endpoints for MAXA study by Q4 2023, expect to report results early 2024



[Appendix]

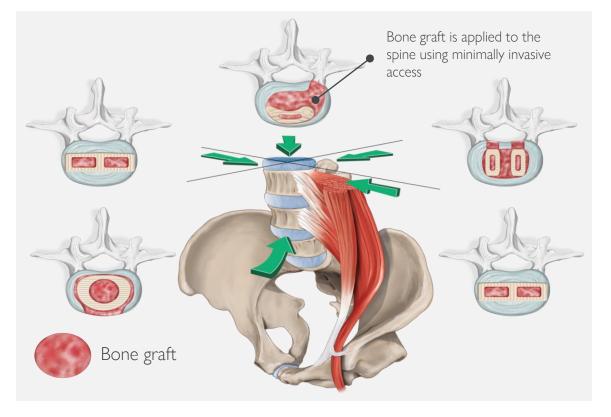


Spinal fusion surgery

Two main types of surgery

Anterior column 770k lumbar bone grafts per annum in the US¹

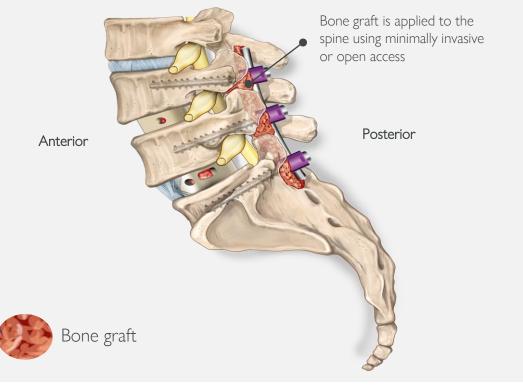
Today's competitive landscape shows solutions that deliver high safety or efficacy... but rarely both. And none that are suitable for truly non-invasive surgical approaches.



Posterior column

640k lumbar bone grafts per annum in the US¹

There is a clear market opportunity for a product that increases fusion rates, is backed by high quality clinical data, but provided at a lower price point.





Reference: 1. Company estimates based on proprietary quantitative market research study of 100 US spine surgeons

Ongoing studies

Trial Name	Location	Details
STRUCTURE	US	Phase II trial; Fibrin PTH in transforaminal lumbar interbody fusion (TLIF) procedures in patients with degenerative disc disease. N=30 enrolled in randomized section; n=20 enrolled in non-randomized section, enrollment completed July 2023.
	-	
MAXA	Europe	N=100 patients; MagnetOs Granules vs autograft in instrumented posterolateral spinal fusion. Open, up to 6 levels. Primary endpoint due Q4 2023.
PARTNER	US	N=30 patients; MagnetOs Putty vs autograft in patients undergoing posterolateral lumbar fusion. MIS, up to 3 levels. Primary endpoint Q4 2023
PROOF	US	N=30 patients; MagnetOs Putty vs autograft in patients undergoing posterolateral lumbar fusion. Open, up to 2 levels. Full enrollment in Q2 - 2024.
PRECISE	US	N=30 patients; Flex Matrix vs Trinity Elite in patients undergoing posterolateral lumbar fusion. Open, up to 3 levels. Full enrollment in Q2 - 2024.



Income statement

Condensed Consolidated Income Statement IFRS in TCHF, for period	2023, Jan-Jun 6 months	2022, Jan - Dec 12 months
Revenue from product sales	12,866	13,265
Revenue from collaborations	-	4,721
Total revenue	12,866	17,986
Costs of goods sold	(2,142)	(7,217)
Gross profit	10,724	10,769
Research & development costs	(2,291)	(5,194)
General and administrative costs	(3,759)	(6,598)
Sales & marketing costs	(9,332)	(12,785)
Other income	129	362
Operating loss	(4,529)	(13,446)
Net finance result	(352)	(2,545)
Loss before tax	(4,880)	(15,991)
Income taxes	(172)	1,396
Net loss	(5,052)	(14,595)



Balance sheet

Consolidated balance sheet	2023	2022
IFRS in TCHF, as of December 31	June 30	December 31
Total non-current assets	51,168	51,553
Current Assets		
Inventories	4,389	3,170
Prepayments and other assets	657	540
Trade receivables	4,162	2,817
Other receivables	1,018	801
Cash & cash equivalents	16,861	24,065
Total current assets	27,087	31,393
Total assets	78,256	82,946
Total shareholders' equity	63,960	68,860
Non-current liabilities		
Non-current lease liabilities	2,289	1,497
Total non-current liabilities	2,289	1,497
Current liabilities		
Financial liabilities from collaborations	5,660	5,812
Current lease liabilities	578	416
Accrued expenses	4,583	4,958
Provisions	-	101
Trade and other payables	1,186	1,302
Total current liabilities	12,007	12,589
Total shareholders' equity and liabilities	78,256	82,946



Spine-related pain is taking a huge toll on our society: more days in bed, more days off work, and at a greater financial cost to westernized healthcare than any other condition.



Trend in physician visits back and neck pain.

Share total list workdays in past 12 months with and without back pain.

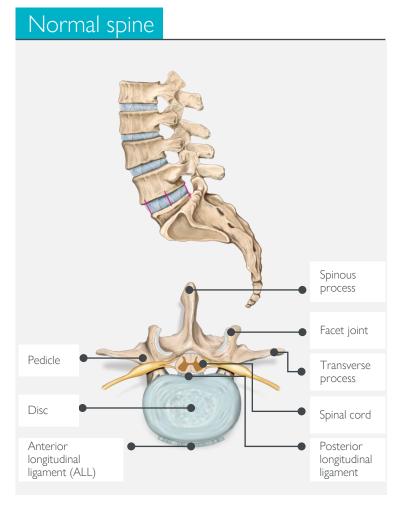
Share total bed days in past 12 months with and without back pain.



References: **1**. National ambulatory medical care survey (NAMCS). 1998-2013. https://www.cdc.gov/nchs/ahcd_questionnaires.htm. January 14, 2016. **2**. National Health Interview Survey (NHIS)_Adult sample, 2013, 2014, 2015. http://www.cdc.gov/nhis/data-questionnaires-documentation.htm. July 23, 2016. **3**. National Health Interview Survey (HIS)_Adult sample, 2013, 2014, 2015. http://www.cdc.gov/nhis/data-questionnaires-documentation.htm. July 23, 2016. **3**. National Health Interview Survey (HIS)_Adult sample, 2013, 2014, 2015. http://www.cdc.gov/nhis/data-questionnaires-documentation.htm. July 23, 2016. **3**. National Health Interview Survey (HIS)_Adult sample, 2013, 2014, 2015. http://www.cdc.gov/nhis/data-questionnaires-documentation.htm. July 23, 2016. **3**. National Health Interview Survey (HIS)_Adult sample, 2013, 2014, 2015. http://www.cdc.gov/nhis/data-questionnaires-documentation.htm. July 23, 2016.

Spine-related pain

Two most common ailments



Displaced vertebra Herniated disc Compressed nerves



Bone graft options for spinal fusion

Graft category	Properties	Advantages	Disadvantages
lliac crest bone graft	OsteoconductiveOsteoinductiveOsteogenic	• Gold standard	 Patient complications such as pain & secondary site infections
First & second generation synthetics (off-label for anterior)	OsteoconductiveBioactiveOsteostimulative	Available in range of formatsReproducible & simple supply chain	Efficacy is dependent on structure & chemistryResorb either too quickly or not at allLevel of clinical evidence is variable by product
Demineralized bone matrices (DBMs)	OsteoconductiveOsteoinductive	Long history of clinical useAvailable in range of formats	 Small chance of disease transmission Variability in osteogenic factors between products, and from lot-to-lot. Variability in amount of osteoconductive scaffold between products
Growth factors (off-label for posterior)	Osteoinductive	• High level of efficacy in on- label indications	 Premium price Safety concerns when used in off-label indications (PLF is currently off-label)
Cell-based allografts	OsteoconductiveOsteoinductiveOsteogenic	• Contain viable stem cells	 Premium price Very low evidence of efficacy (Level IV studies with no control group) Frozen supply chain



Company overview

Bilthoven (NL)

- MagnetOs manufacturing hub
- Clinical development & R&D
- Marketing & International sales
- Regulatory affairs
- Quality management
- Logistics

Schlieren (CH)

- Financial head office
- Fibrin-PTH development hub
- Business Development

Atlanta (US)

- Sales & Marketing
- Medical Education
- Clinical development

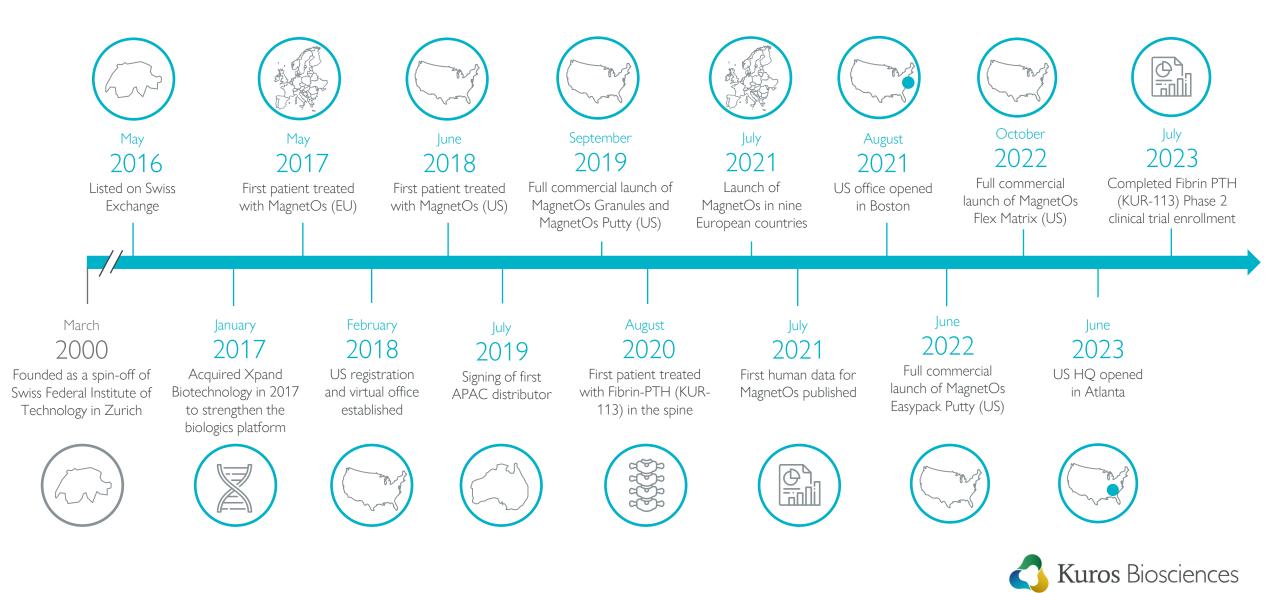
Listed on the SIX Swiss Stock Exchange (Ticker: KURN)

HQ in Switzerland, operational base in the Netherlands, Sales office in US

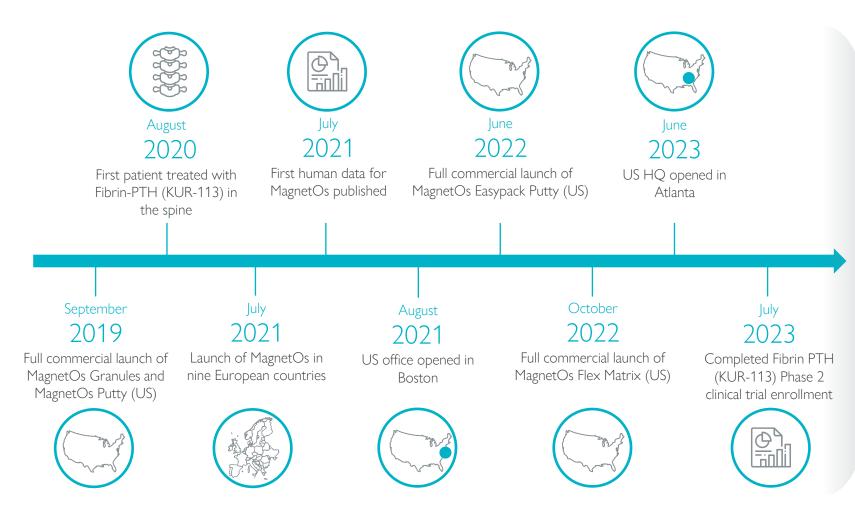
73 Employees



Company timeline



Our transformation over the past 4 years



- Transitioned from research/B2B to science-focused & clinically driven commercial organization
- Strategically focused on a highvalue market segment (spine)
- Defocused non-core workstreams and products
- Established a physical presence in the US, our core market



MagnetOs case report

Case courtesy of Dr. Alpesh A. Patel, Northwestern Memorial Hospital, Chicago, IL, USA 60-year-old female

Diagnosis:

Unstable fractures at C2 and C4 that failed conservative treatment

Procedure:

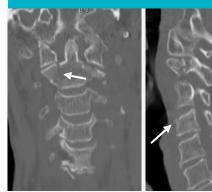
This patient underwent a 3-level posterior cervical fusion surgery with screws, rods, and MagnetOs bone graft

Post-Operative Outcomes:

Post-Operative XRs and CTs show healed cervical fusion from C1-C4 with restoration of bony alignment and complete bony fusion

Pre-Operative

CTs





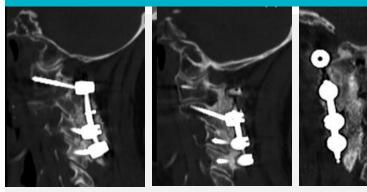
Upright X-ray with lateral tilt

Post-Operative



X-rays

8-Month Post-Operative



CTs



MagnetOs is cleared for standalone use in the for extremities and as an autograft extender in posterolateral spine. In these cases, MagnetOs was implanted as an extender to bone in posterolateral fusion. Please refer to the Instructions for Use for a full list of indications, contraindications, precautions and warnings.





Expand the depth and breadth of our commercial footprint, by doubling our US sales team and expanding new territories

United States

- Direct sales team that spans 50 states
- Supported by growing network of independent agents & distributors
- Sales in all major metropolitan areas
- Accounts include prestigious names across the country such as: HSS (NY), Northwestern (Chicago), Medstar (DC), UCSD (CA)

International

- Launched MagnetOs in 13 new EU countries and 1 APAC country
- EU distributors in Switzerland, The Netherlands, UK, France, Italy, Spain, Portugal, Austria, Denmark, Norway, Sweden, Finland, and Greece
- Strong distributor partner in Australia

