Cereno Scientific

Pioneering treatments to enhance and extend life

Annual Report 2024

Introducing Cereno Scientific

Innovative biotech pioneering treatments for people with rare cardiovascular and pulmonary diseases.

There is a rich scientific background behind the rationale of HDACis potential in cardiovascular disease following several years of research out of Sahlgrenska Akademin and University of Gothenburg led by Professor Sverker Jern. Today, Cereno Scientific develops pioneering disease-modifying treatments for rare cardiovascular and pulmonary diseases with high unmet needs. Our clinical drug portfolio comprises two well-tolerated histone deacetylase (HDAC) inhibitors with favorable safety profiles that act through epigenetic modulation. The HDACi portfolio has a differentiated and highly promising approach to treating disease driven by underlying pathophysiology such as vascular remodeling, fibrosis, and inflammation.

Vision

Empowering people with rare cardiovascular and pulmonary diseases to live life to the full.

CRNO B

Listed on Nasdaq First North Growth Market.

SWE & US

HQ in GoCo Health Innovation City, Gothenburg; Subsidiary in Kendall Square, Boston.

Our pipeline

A HDACi, proprietary reformulation of VPA, being developed as a well-tolerated oral therapy with favorable safety profile and disease-modifying effects for the rare disease pulmonary arterial hypertension (PAH). A Phase IIa trial has successfully been completed, now in preparation for Phase IIb.

A HDACi, proprietary new chemical entity, employing a multi-modal mechanism of action as an epigenetic modulator relevant for cardiovascular and pulmonary diseases with high unmet needs. Current target is the rare disease idiopathic pulmonary fibrosis (IPF). A Phase I trial is concluded with top-line results expected in June 2025.

A novel, selective and potent IP receptor agonist, being evaluated in preclinical stage. CS585 has demonstrated the potential to significantly improve disease mechanisms relevant to cardiovascular diseases.

Highlights of 2024

Strengthened validation of Cereno's clinical HDACi platform
Throughout 2024, both clinical and preclinical data continued to build the scientific and clinical case for Cereno's novel HDACi approach. CS1 and CS014 have demonstrated disease modification potential, possibly having the ability to stop and/or reverse disease progression in rare cardiovascular and pulmonary diseases. This uniquely positions Cereno as a leader in developing innovative, epigenetically modulating therapies.

Expanded access program initiated for CS1 in PAH
Cereno Scientific successfully launched and runs an Expanded Access Program (EAP) for CS1 in pulmonary arterial hypertension (PAH) patients as an extension of the Phase IIa trial. This provides continued treatment access to eligible patients. This is a validation of CS1's clinical potential and strengthens our position ahead of further clinical development.

Strengthened CS1 patent protection through 2037 and 2042
CS1's intellectual property position was significantly strengthened with additional granted patents during 2024, extending market exclusivity in major regions to 2037 and 2042, depending on the patent family. Two patent applications have been filed based on the encouraging efficacy signals observed in the Phase IIa trial and has the potential to extend the market exclusivity for CS1 in PAH to 2045. This enhanced protection underpins the commercial value of CS1 in the rare disease space.

Advancing toward Phase IIb: Positive FDA interactions on CS1 development
Following the completion of the Phase IIa trial, a Type C meeting with the U.S. Food and Drug Administration (FDA) was held to seek alignment on the design of the next clinical trial and further development. Planning is underway for a larger, placebo-controlled Phase IIb study.

First patent granted for CS014, securing long-term protection
Our novel HDACi CS014 obtained its first granted patent in the United Kingdom in 2024, securing protection through 2042. This marks an important step in establishing robust intellectual property coverage for CS014 across key global markets and strengthens the commercial positioning.

Phase I trial of CS014 successfully executed
Cereno Scientitifc completed the first-in-human Phase I clinical trial for CS014, with no major safety concerns observed. Top-line data are expected in June 2025. The successful execution of this trial represents a major milestone in the clinical advancement of CS014 toward becoming a disease-modifying therapy with favorable safety and tolerability in rare cardiovascular and pulmonary diseases.

CS585 preclinical program delivering strong results
Our preclinical drug candidate CS585, a novel prostacyclin (IP) receptor agonist, continues to show encouraging efficacy in thrombosis models without increased bleeding risk. New results were presented at leading scientific congresses during 2024, strengthening the scientific foundation for CS585 as a future candidate for rare thrombotic diseases.

Increased scientific footprint and collaboration network
Cereno's scientific leadership was further recognized in 2024 through presentations at major international congresses and strengthened collaborations with leading academic institutions, advancing external validation of the Company's innovative pipeline and broadening visibility among key stakeholders. Our collaboration with societies such as CVCT and PVRI allows us to take part in important scientific discussions and provides valuable access to networks with key thought leaders in our field.

Expanded leadership and expertise to support growth
In 2024, Cereno significantly strengthened its team to support its advancing clinical programs and strategic growth. Rahul Agrawal, MD, PhD, was appointed Chief Medical Officer and Head of R&D, bringing extensive clinical development expertise. Megha Ranjan, MSc, joined as Project Director to drive project execution and support business development activities, and Tove Bergenholt, MSc, was appointed Head of Investor Relations & Communications to enhance stakeholder engagement. Senior industry expert J. Donald (Don) de Bethizy, PhD, also joined as a senior advisor, adding valuable strategic experience to support the company's development and partnering activities. Changes were made to the Board of Directors with the appointment of Dr. Gunnar Olsson and Sten R. Sörensen bringing deep leadership and biotech experience. More information about Cereno's team can be found on the company's website.

* Events may also have taken place after the period.

Financial overview

	Group		Parent Company	
(SEK)	Jan-Dec 2024	Jan-Dec 2023	Jan-Dec 2024	Jan-Dec 2023
Net sales	-	-	-	-
Loss after financial items	-99 525 680	-48 106 210	-99 442 612	-48 181 632
Earnings per share before dilution	-0.38	-0.21	-0.35	-0.21
Earnings per share after dilution*	-0.32	-0.16	-0.32	-0.16
Equity/assets ratio %	46.4 %	75.9 %	46.4 %	75.9 %
Cash and bank balance	127 577 645	87 168 535	73 791 605	87 102 526

Earnings per share: Earnings for the period divided by by 281,701,842 shares as of 31 December, 2024 and 233,775,234 shares as of 31 December, 2023.

*Earnings per share after dilution: Earnings for the period divided by the number of outstanding shares and the number of shares that can be subscribed for with outstanding warrants as of the balance sheet date 12/31/2024 and 12/31/2023, respectively.

Annual General Meeting

The Annual General Meeting to be held on Tuesday, June 10, 2025 at 11 a.m. at MAQS Advokatbyrå, Masthamnsgatan 13 in Gothenburg. More information is available on the company's website.

Upcoming financial reports

Interim Report, Q1 2025.....May 22, 2025
Interim Report, Q2 2025.....August 27, 2025
Interim Report, Q3 2025.....November 27, 2025
Year-end Report, Q4 2025.....February 27, 2026

Letter from the CEO

Summarizing a year like 2024, and the period to date, is both exciting and humbling. It has been a transformative period for the company, not only in terms of scientific and clinical progress, but also in how we have built visibility, forged partnerships, and created lasting value for patients and shareholders alike.

I am very proud of what our team, collaborative partners, physicians and patients together have accomplished in the last year. From the clinic to investor relations, and from achieveing regulatory milestones to expanding our global outreach, the dedication and momentum within our organization have never been stronger. We continue to operate with one clear purpose: to pioneer new treatments that can enhance and extend life for people living with rare cardiovascular and pulmonary diseases. And in many ways, it feels as though we are only just getting started.

Growing recognition for our HDACi platform

Earlier this year, a review article in the renowned journal Lancet Respiratory Medicines underscored the urgent need for disease-modifying treatments in PAH, a sentiment echoed by leading experts who feel that current therapies fall short of their patients. At that point, we were already several years into preclinical and clinical trials working to demonstrate that our HDACi platform, which leverages epigenetic modulation, has the potential to meet that very need. We have further seen how our differentiated approach of targeting the root mechanisms of the target diseases been gaining traction within the scientific, pharma and investor communities.

Accumulating with both CS1 and CS014, we now have a growing body of preclinical and clinical evidence suggesting disease-modifying potential — a critical and rare quality in cardiovascular and pulmonary drug development. Combined with favorable safety and tolerability profiles and oral administration, our HDACi candidates are uniquely positioned to address unmet medical needs in large, underserved markets. Ultimately, our HDACi portfolio has wide potential and is not limited to the indications we have initially chosen for clinical development, which further adds to the commercial positioning of our drug candidates.

Advancing CS1: A year of clinical milestones

The past year marked significant progress in the clinical development of our lead candidate, CS1. In 2024, we successfully completed our exploratory Phase IIa trial in pulmonary arterial hypertension (PAH), a severe, progressive, life-threatening disease with limited treatment options. CS1 demonstrated a favorable safety and tolerability profile and, in addition, we observed early signs of reverse vascular remodeling, improved right heart function and suggested disease-modifying effects as seen through improving functional class, risk score, and quality of life.

But beyond the data, what has truly resonated is the response from clinicians and patients. Several physicians actively advocated to continue their patients on CS1 following the trial, which led to the initiation of an Expanded Access Program (EAP). This program is now underway, enabling continued treatment for eligible patients, and generating valuable long-term insights on treatment with CS1. Initial data from the 4-month follow-up is expected in June, with final 12-month data anticipated to provide a depper understanding of CS1's potential of sustained clinical effect. The program also includes a sub-study incorporating a novel imaging technology developed by Fluidda aimed at further exploring the potential for reverse vascular remodeling over a 12-month treatment period.

We are also preparing for the next stage of development. With the support of experienced regulatory advisors, we held a Type C meeting with the U.S. Food and Drug Administration (FDA) in April 2025. The discussions in the meeting indicate alignment on the design and strategy for our placebo-controlled Phase IIb trial, a critical step toward broader validation of CS1's potential. Preparations are underway for this multi-center global trial, including actively engaging CRO partners for trial preparation and execution across multiple countries.

CS014: A novel proprietary treatment

This spring, we successfully completed our Phase I trial for CS014, our second HDACi program and first new chemical entity. This first-in-human trial is an important

milestone that confirms initial safety and tolerability. Top-line results are expected in June 2025, and we are already preparing the next steps to advance CS014 into further clinical development, with an initial focus on idiopathic pulmonary fibrosis (IPF). CS014 was also granted its first patent, securing protection through 2042 in the UK.

CS585: Advancing the next wave

Our third drug candidate, CS585, is progressing in preclinical development. It functions as a selective prostacyclin (IP) receptor agonist, showing the ability to prevent thrombosis without increasing bleeding risk — a unique and highly desirable profile. New preclinical data presented at major scientific congresses in 2024 have helped position CS585 as a promising future candidate for the treatment of rare thrombotic diseases, such as e.g. anti-phospholipid syndrome (APS).

Strong collaborations driving Innovation

Strategic collaborations have continued to play a central role in our success. Our long-standing partnership with the University of Michigan has contributed to the preclinical development of CS014 and CS585, while our work with Abbott introduced the use of CardioMEMS technology in the CS1 trial earning us industry recognition for innovative trial design in PAH. Most recently, our use of Fluidda's imaging technology in the EAP program reflects our focus on real-world, patient-centered data collection.

These collaborations not only accelerate development but also enhance our credibility in the global biotech ecosystem, which is an essential advantage for an emerging biotech like Cereno Scientific.

FDA's renewed focus on rare disease

In early 2025, the FDA launched a new initiative focused on advancing therapies for rare diseases, reaffirming its commitment to accelerating development in areas of high unmet need. The initiative includes enhanced regulatory support, additional guidance on clinical endpoints for rare diseases, and expanded outreach to companies developing orphan-designated therapies. As 95% of rare diseases still lack approved treatments, this regulatory shift aligns perfectly with our mission and may offer additional momentum to our programs in the coming years.

Expanding global visibility & strategic focus on Asia

2024 also marked a turning point in our global visibility and outreach efforts. We have started to further focus on brand building, scientific communications, and participation at key global partnering events. This proactive approach has already begun to yield results — strengthening stakeholder engagement, increasing share of voice, and supporting our credibility with clinicians, investors, and potential partners.

Importantly, we also broadened our business development efforts to include key Asian market notably China,Japan and South Korea. China is rapidly evolving into a biopharma innovation hub driven by its expanding R&D capabilities, access to large patient populations, and strategic interest in repurposed and cost-effective therapies. Meanwhile Japan with its advanced healthcare infrastructure and history of early adoption of innovative treatments and collaborative regulatory environment offers a highly attractive and accessible market. These strategic expansion position Cereno to tap into significant partnership opportunities supporting long term value creation for both patients and other stakeholders.

Organizational strengthening to support growth

To support our expanding pipeline and global activities, we strategically strengthened our team during 2024. Dr Rahul Agrawal joined as Chief Medical Officer and Head of R&D, bringing deep experience in rare disease clinical development. Megha Ranjan was appointed Director of BD & Strategy to support our BD efforts and execution of the portfolio strategy, and Tove Bergenholt joined as Head of Investor Relations & Communications to strengthen market and stakeholder engagement.

We also welcomed new expertise to our board and advisory team. Dr. Gunnar Olsson, adding commercial expertise, and I joined the Board of Directors as part of our continued commitment to strong governance. Additionally, Dr. Don de Bethizy, a highly respected industry veteran, joined as a senior advisor, bringing strategic insight and global biopharma experience to our leadership circle.

Financial position and strategic outlook

In November 2024, we executed a strategic refinancing through a convertible loan structure, extending our runway beyond key milestones in 2025. This was a deliberate step to maintain flexibility while providing runway to reach key clinical and regulatory milestones for CS1 and CS014, as well as providing runway to, in parallel, expand our partnering process globally. While we remain focused on long-term value creation and responsible capital allocation to support continued growth, drug development is a capital-intensive endeavor.

Looking ahead

We've made tremendous progress — but this is still just the beginning. Our science is strong, our pipeline is progressing, and our team is deeply committed. I encourage you to follow us — on LinkedIn, in the media, or through our upcoming milestones — as we continue to push forward with purpose.

Thank you to all shareholders for your unwavering trust, confidence and support allowing us to continue to develop pioneering treatments for patients with rare cardiovascular and pulmonary diseases. I look forward to what we will achieve together in the year ahead.

May 2025

Sten R. Sörensen
Chief Executive Officer

Words from the Board

The Cereno Scientific Board of Directors have extensive expertise, experiences and networks garnered during their years working in large pharmaceutical companies, biotech and being KOLs. Here are their voices commenting on our science, achievements and industry trends.

What are the key milestones achieved in the past year, and how do they position Cereno Scientific for future success?

Joakim Söderström (JS): – The past year has been truly transformative for Cereno Scientific. We've not only matured as an organization but significantly expanded our international footprint and built a world-class global network. Our visibility in the industry has skyrocketed, and our IP portfolio has grown stronger than ever. With a robust pipeline advancing toward critical, value-creating milestones, we are not just well positioned — we are primed to lead. I am more confident than ever that we're on a clear path to deliver breakthrough treatments that will not only improve patients' lives globally, but also unlock significant long-term value for our shareholders and open up for highly attractive opportunities for strategic partnerships and collaborations.

Anders Svensson (AS): – I would say that the key milestones include first and foremost the completion and presentation of the Phase IIa study, demonstrating the remarkable potential of CS1 in PAH. Clearly HDAC inhibition can be profoundly beneficial in PAH, also indicated by the patients willing to continue in the EAP program. I believe that there are two other key achievements that position Cereno for continued success: a clear communication around achieved milestones tailored to our key target groups and building the internal organization with recruitment of key personnel.

Jeppe Øvlesen (JØ): – There is an impressive list of milestones Cereno achieved last year, favorably setting us up for future success. Importantly, I would like to stress that we are in a strong position for partnership agreements.

Gunnar Olsson (GO): – We have had a great year - the delivery of the Phase IIa trial with CS1 meeting its objective by showing good safety and tolerability plus efficacy signals suggesting a potential for disease modification was an important milestone. In addition, we brought our second compound CS014 into clinical testing in Phase I.

Sten R. Sörensen (SRS): – We demonstrated proof-of-concept of our HDACi portfolio with the Phase IIa trial with CS1, which I would say was a crucial event last year. It set the stage for the differentiated HDACi platform approach and suggests significant promise of our two HDACis CS1 and CS014. Moreover, we see increasing traction from large pharma companies we meet, starting after we announced top-line data of the Phase IIa trial of CS1 last year.

What is the general trend in the rare cardiovascular disease space and how does Cereno Scientific stack up against that?

AS: – There is a renewed interest in the overall cardiovascular space, especially in rare diseases. In PAH for example, available standard treatments have addressed symptoms, but the need is for disease modifying treatments that can change the progression of the disease and not just alleviate symptoms. Here HDAC inhibition offers a unique approach that can change the development of the disease. In the future, truly disease modifying drugs will be the ones that are successful. CS1 and CS014, through HDAC inhibition, offers a unique approach with the potential to be life changing for patients.

JØ: – I think that a general observation in the cardiovascular space is an increasing number of deals. M&A deal activity is coming back to the form it was pre-covid and that makes us confident in the opportunity and possibility of entering into a future partnership.

GO: – We are active in rare diseases with large unmet medical need with drug candidates that have potential to be disease modifying. This puts Cereno in a good position in the areas we are operating in.

SRS: – There has been an overall renewed interest in the HDAC inhibition approach, mainly in neurology, but we believe that is because no one has gotten to mid-late-stage development in cardiovascular disease yet. We could become the first-in-class with CS1 in PAH. There has also been an increasing interest in cardiovascular disease with several key players being quite active looking for biotechs developing innovative treatments for diseases with high unmet needs, such as Novo Nordisk, AstraZeneca, Novartis and Bayer

What competitive advantages does Cereno have compared to other companies in the cardiovascular drug development space?

AS: – Cereno is well positioned thanks to strong patents. and in CS1 relying on a wealth of safety data in another indication and different formulation. Lack of efficacy or safety issues kill

most early projects in the pharma industry, and here we are in a very good position with a well-known substance, and now also recognized clinical benefits. Having the benefit of working with world-leading experts in the field, and having a strong internal organization puts Cereno in a better position than many biotech companies.

GO: – We are pioneering a new approach to treat rare and severe diseases like PAH and IPF. Our drug candidates have the potential to be disease modifying - this puts us in an advantageous position.

SRS: – A key advantage is our orally administered drug candidates that are well-tolerated and has a favorable safety profile and are based on our HDACi platform targeting the root mechanisms of disease. Our HDACis, CS1 and CS014, are based on platform that have been extensively tested in the clinic. Additionally, the disease-modification potential of these drug candidates presents as an advantage. There is a great unmet need for disease modifying treatments that have not yet been translated into cardiovascular disease while it exists in so many other areas. So, we are the first pioneering a treatment using epigenetic modulation through HDACi in PAH. I also strongly believe that collaborations are a differentiator, working with large, well-known institutions and companies such as University of Michigan, Abbott and Fluidda to further our development programs, as well as our work together with key thought leaders in the cardiovascular and PAH space to extend our reach.

How do you assess the commercial potential of the company's current and upcoming therapies in terms of market demand and patient need?

AS: – There is an obvious need for disease-modifying treatments, and a willingness to pay for drugs that offers true benefits for patients. Key for commercial position will be the generation of convincing data in our future studies, in all our projects. There are huge market opportunities for treatments that offers a step change. Most likely combination treatments using several drugs will be seen in the future, but with older drugs going off patent this will still be affordable.

GO: – We are operating in diseases that are difficult to treat, i.e. in areas of large unmet needs despite the existing standard of care treatments. If the findings from our signal finding Phase IIa study can materialize in our coming Phase IIb and III studies, there is a clear commercial opportunity. We are not aware of other development programs in clinical phase utilizing the same mode of action in PAH, which means that we have a great commercial opportunity in our projects.

SRS: – We know that there is a huge unmet need for well tolerated effective treatments with favorable safety. Despite the recent market entry of a new drug in PAH, there's a remaining interest for novel, improved treatments that can enhance and extend the life of a PAH patient.

From a BD perspective, what are key factors for establishing and fostering good relationships with pharmaceutical companies?

SRS: – From my perspective, building strong relationships with pharma partners is about trust, consistency, and clear communication. I always try to listen closely and understand their strategic priorities—reading the room is key. It's not just about data; how you show up matters. Being prepared, delivering on promises, and staying responsive builds credibility. I also believe in staying top-of-mind, following up, sharing progress, and continuously reinforcing the value of our portfolio and upcoming milestones. That's how lasting partnerships are built.

GO: – We have had ongoing discussions with many pharmaceutical companies since several years. In preparation for a successful partnering, the building of mutual trust and collaborative spirit through longstanding contacts is key. This is the way Cereno is driving BD.

JØ: – The partnering conferences are particularly important with most key players attending providing access to BD partners at pharma companies. The annual BIO International Convention, this year in Boston, US, in June is one of the most important events in the whole year.

AS: – Being seen at scientific and partnering conferences, building relationships and visibility will be key in fostering good relationships with pharmaceutical companies. Personal relationships are built over time with experienced business development professionals, and here Cereno is in a good position.

What message would you like to convey to Cereno's employees, partners, and investors as the company progresses with its mission to transform rare disease treatment?

AS: – Thanks to the dedication of Cereno's employees and collaborators, the true promise of HDAC inhibition as first demonstrated by Sverker Jern and co-workers is now coming to fruition. This has the potential to be life changing for patients thanks to the hard work by a strong group of dedicated people at Cereno and academic collaborators.

GO: – I would like to express my thanks for the support and trust that all stakeholders are showing us. Furthermore, I think that it is rewarding to be on an exciting journey together with our stakeholders, a journey towards the introduction of new and important medicines for patients in need.

JS: – First and foremost, I want to extend my deepest gratitude to all our shareholders. Your trust, support, and belief in our vision are the driving force behind everything we do. It is because of your unwavering commitment that we can push the boundaries of innovation and take bold steps in addressing areas of high unmet medical need. To our outstanding employee, thank you for your relentless dedication and passion. It is your hard work that transforms support into tangible progress and groundbreaking results. Together, we are building something truly extraordinary.

Strategy

Pioneering treatments for rare markets

Strategy and business model

Cereno Scientific's strategy, business model, and organization are designed to support our overarching mission: to develop pioneering treatments for rare cardiovascular and pulmonary diseases where high unmet needs remain. The company has built a strong network of employees, consultants, advisors, and collaboration partners, bringing decades of collective experience in key areas critical for a successful, publicly listed biotech company.

Our strategy focuses on sourcing first-in-class drug candidates with high potential in rare diseases and advancing them to clinical proof-of-concept (typically Phase IIa/IIb/III). From there, the goal is to create opportunities for out-licensing or mergers and acquisitions (M&A), partnering with larger pharmaceutical companies to bring the treatments to market. This approach allows us to maximize value for both patients and shareholders.

Cereno's pipeline offers a broad therapeutic potential with two main paths to commercialization:

- In-house development for targeted rare disease indications, especially where orphan drug designation (ODD) has been obtained, as with CS1 in pulmonary arterial hypertension (PAH). Rare disease programs often benefit from smaller clinical trials, regulatory incentives, and market exclusivity.
- Strategic partnerships for indications where larger-scale resources are needed to fully realize the drug candidate's market potential.

In future partnership or M&A discussions, compelling clinical and preclinical data, a robust patent portfolio, and potential regulatory exclusivity will be key assets that add value to our projects.

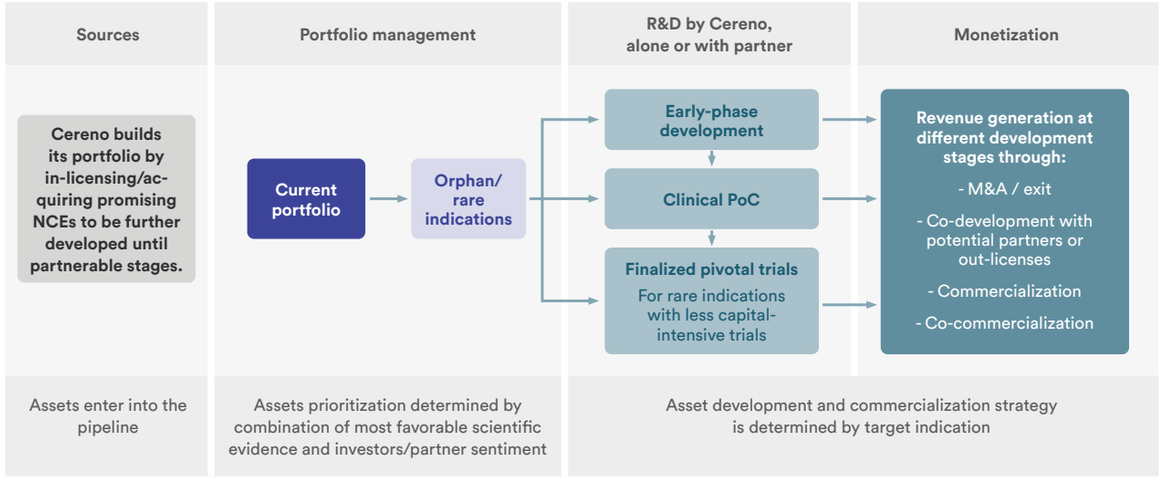
As a research and development company, Cereno Scientific currently does not have recurring revenue. The business is primarily financed through the capital markets and aims to generate future income through out-licensing or sale of its drug candidates. Financing activities are ongoing and run in parallel with efforts to secure strategic agreements that can help advance and commercialize Cereno's innovative pipeline.

Strategic differentiation for orphan drugs

The orphan drug development space benefits from a unique confluence of favorable factors. Development costs for orphan drugs are typically lower compared to therapies for more common conditions, and the supportive regulatory environment streamlines the path to approval through incentives and guidance. The high unmet medical need, driven by a lack of disease-modifying therapies, underpins strong demand and a favorable reimbursement landscape.

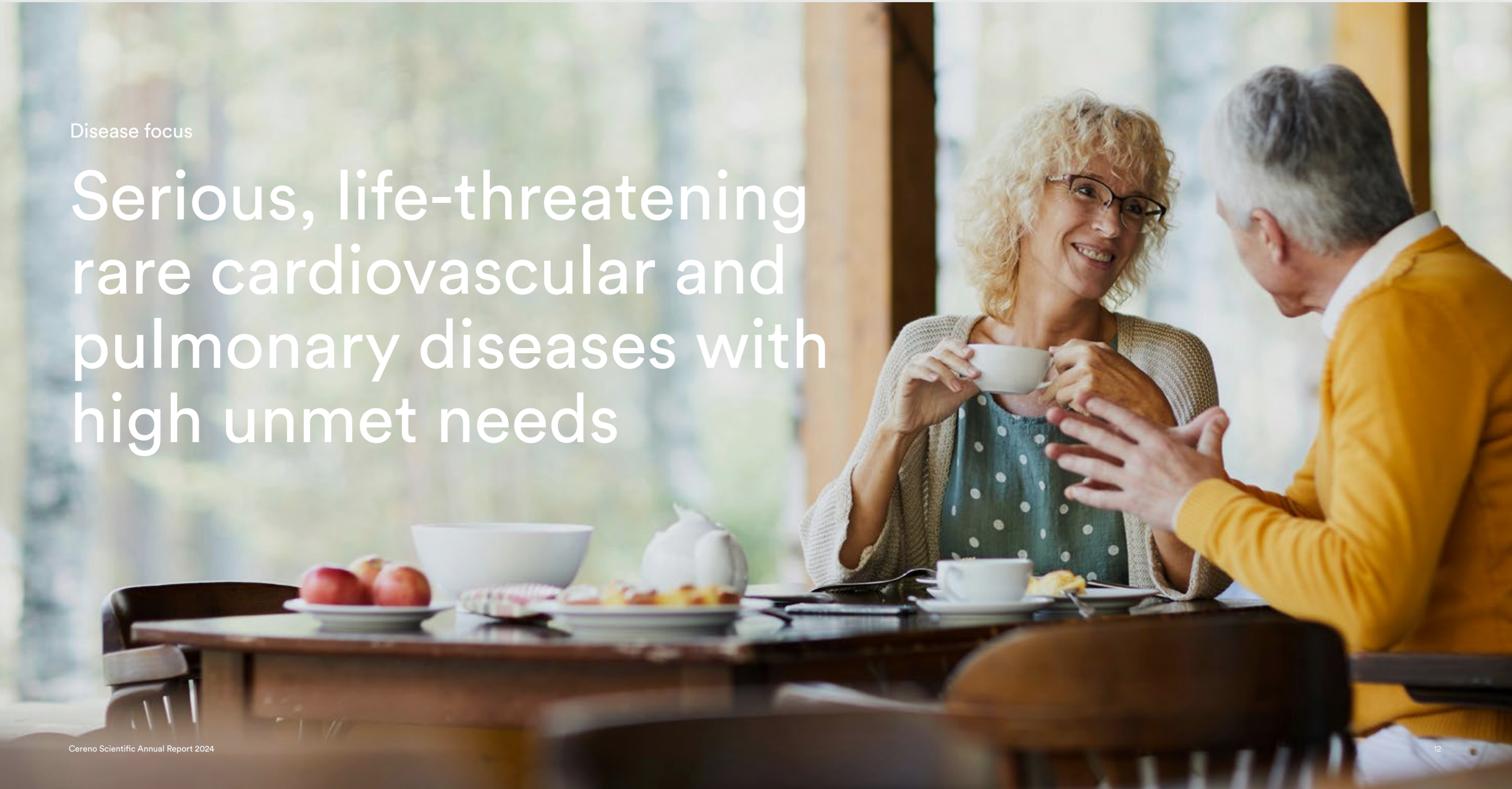
Importantly, orphan drugs exhibit a higher probability of clinical success compared to non-orphan drugs (25% vs. 10%), reflecting the focused nature of development and clearer endpoints.[1] The collaborative spirit within the rare disease ecosystem that encompasses patient advocacy groups, academic researchers, and regulatory agencies further enhances the potential for targeted, efficient drug development. This environment creates significant opportunities for companies like Cereno Scientific to deliver impactful therapies while also generating value for shareholders.

Cereno's strategy aims to develop first-in-class drugs and continuously evolve the asset portfolio via business partnerships and development efforts:



Disease focus

Serious, life-threatening rare cardiovascular and pulmonary diseases with high unmet needs



Rare cardiovascular and pulmonary disease

Rare cardiovascular and pulmonary diseases are a diverse group of conditions that affect the heart, blood vessels, and lungs. These conditions are often difficult to diagnose and manage, and in many cases, there are limited treatment options. Cereno Scientific has a long-standing commitment to advancing treatments in the cardiovascular disease area, the indications particularly relevant to the company pipeline are further presented in this section.

Although each rare disease affects relatively few people, together they represent a major global health challenge. There are an estimated 6,000–8,000 different rare diseases, and up to 6% of people worldwide may be affected.[1] This translates to about 30 million people in Europe and between 260–450 million people affected worldwide.[2] Even though these diseases are individually uncommon, many of them have no effective treatments and can seriously impact a person's quality of life.

In the cardiovascular field, rare diseases such as pulmonary arterial hypertension (PAH) present unique challenges in both diagnosis and treatment.

Similarly, rare pulmonary diseases encompass a broad range of conditions. Most of these are chronic (long-lasting) and idiopathic (without a known cause). While some are limited to the lungs, others have a systemic origin or affect multiple organs, for example, pulmonary hypertension due to interstitial lung disease (PH-ILD) and idiopathic pulmonary fibrosis (IPF).

Despite recent advances, most available treatments are symptomatic or supportive, rather than targeting the disease itself. A few newer therapies have been approved in recent years, but these are often associated with significant side effects. This underscores the ongoing need for effective treatments that not only target the disease itself but are also well-tolerated and safe.

What if every rare disease had a champion pushing boundaries for a breakthrough?

1. From Orphan to Opportunity: Mastering Rare Disease Launch Excellence, IQVIA White Paper, Published on April 30, 2024, Last Accessed on May 02, 2025.
2. From Orphan to Opportunity: Mastering Rare Disease Launch Excellence, IQVIA White Paper, Published on April 30, 2024, Last Accessed on May 02, 2025

Pulmonary Arterial Hypertension (PAH)

Pulmonary arterial hypertension (PAH) is a rare, progressive disease that affects the blood vessels in the lungs, leading to high blood pressure in the pulmonary circulation. In most cases, the cause is unknown. The disease is marked by thickening and narrowing of the small arteries in the lungs, including the development of characteristic plexiform lesions, which restrict blood flow from the right side of the heart to the lungs. Over time, these changes, combined with increased tissue scarring (fibrosis), reduce the elasticity of the blood vessels and increase resistance to blood flow. This process, known as vascular remodeling, raises the pressure in the pulmonary arteries and impairs circulation. In later stages, small blood clots (thromboses) may form locally, further worsening the condition. Ultimately, most patients develop right heart failure as the heart can no longer cope with the strain, which leads to death for most patients with PAH.

PAH's annual global impact

- Approx. 80 000 people with PAH in US and EU
- Approx. 9 500 death in US and EU
- Around $3.1Bn is the societal economic cost in the US
- Around €2Bn is the societal economic cost the EU

Understanding right heart failure in PAH

As pulmonary vessels become narrowed and stiff, the right side of the heart, especially the right ventricle, must work harder to pump blood through the lungs. This extra strain can cause the heart's tricuspid valve to leak (tricuspid regurgitation), leading to fluid build-up, enlargement of the right ventricle, and reduced pumping efficiency. As illustrated on the next page, this vicious cycle of pressure and overload weakens the heart over time, often resulting in right heart failure, the most common cause of death in patients with PAH.

Significant impact on patient's lives

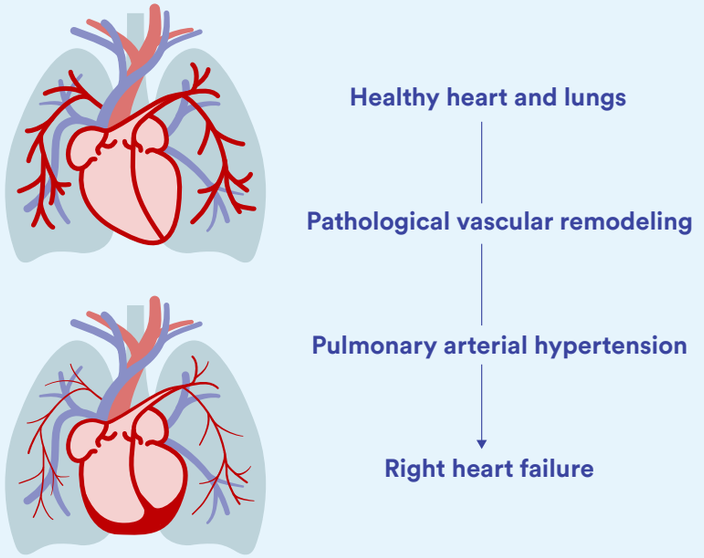
PAH significantly affects patients' quality of life. Common symptoms include shortness of breath, fatigue, chest pain, swelling, fainting, and heart palpitations. These symptoms often limit daily activities and can severely impact physical, mental, and social well-being. According to an ongoing global survey supported by the Pulmonary Vascular Research Institute (PVRI), most PAH patients report that the disease greatly affects their day-to-day life.[3]

Main burden according to PAH patients:[4]

- 74 % report negative impact on employment
- 54.5 % are disabled due to pulmonary hypertension (PH)
- 60 % struggle to walk short distances and climbing stairs

PAH is more common in women, particularly between the ages of 30 and 60.[5] The median age at diagnosis ranges from 53 to 69 years.[6] Globally, an estimated 192,000 people are living with PAH, with roughly half of those cases found in the US and Europe.

PAH disease progression



As a patient progresses in their PAH disease, the right heart and blood vessels in the lungs are increasingly strained and restricted until the heart gives up. Often only a few years after diagnosis.

3. https:/ph-ksp.com/wp-content/uploads/2025/03/Pulmonary-Hypertension-Global-Patient-Survey.pdf
4. https:/ph-ksp.com/wp-content/uploads/2025/03/Pulmonary-Hypertension-Global-Patient-Survey.pdf
5. American Lung Association (https://www.lung.org/lung-health-diseases/lung-disease-lookup/pulmonary-arterial-hypertension/learn-about-pulmonary-arterial-hypertension)
6. Harrison et.al.2023 (https://onlinelibrary.wiley.com/doi/full/10.1002/pul2.12258); M. Hoeper et.al, 2018 (https://publications.ersnet.org/content/erj/51/5/1800629)

Current treatment landscape and unmet need

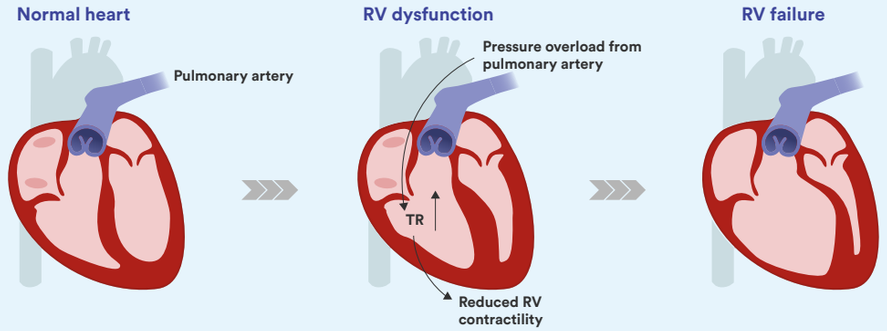
PAH is a severe, debilitating condition that worsens over time and does not improve on its own. Without treatment, the average life expectancy is 2.5 years; with current standard therapies, this increases to approximately 7.5 years.[7] There is currently no cure for PAH, aside from lung transplantation, a procedure that many patients are too ill to undergo.

The current standard of care includes vasodilator medications, which help relieve symptoms and may moderately slow disease progression when used in combination with supportive therapies. However, these treatments do not reverse the disease and are often associated with significant side effects, especially in patients with other health conditions. The recent approval of sotatercept (Winrevair™, Merck) marks a new development in the field, but its role in long-term treatment is still being evaluated.

Given the limitations of existing options, there is a clear and urgent need for new therapies that are not only safer and well-tolerated but also modify the disease itself—addressing the underlying mechanisms of PAH to enhance and extend patients' lives.

Main goals of PAH therapy	Clinical endpoints
Improve symptoms	Quality of life (QoL)
Enhance functional capacity	NYHA Functional class
Slow disease progression	REVEAL 2.0 risk score; NYHA Functional class; Right ventricular function
Reduce hospitalizations	Hospitalizations
Prolong survival	REVEAL 2.0 risk score; Right ventricular function

Right heart failure in PAH



Understanding right heart failure: Over time, PAH causes tricuspid regurgitation (TR) leading to the right ventricle (RV) to weaken until it fails.

Treatment goals and how progress is measured

The primary goals in treating PAH are to halt disease progression, improve symptoms and physical capacity, and reverse vascular remodeling. Ultimately, the aim is to enhance quality of life, improve patient function and extend survival utilizing disease-modifying treatments.

Progress is typically measured by:

- **Risk scores**, such as the REVEAL risk score
- **Functional class**, such as NYHA/WHO, which reflects a patient's physical capacity and symptom burden
- **Hemodynamic parameters**, including mean pulmonary arterial pressure (mPAP) and pulmonary vascular resistance (PVR)

Together, these indicators help guide treatment decisions and assess how well therapies are working over time.

What if patients with PAH could look forward to a longer life with fewer limitations and more possibilities?

7. Hoeper M. et.al, Temporal trends in pulmonary arterial hypertension: results from the COMPERA registry, European Respiratory Journal 2022 59(6): 2102024

Interstitial Lung Diseases (ILD)

Interstitial lung diseases (ILDs) are a broad group of disorders that cause scarring (fibrosis) in and around the lungs' air sacs (alveoli) and airways. The lung interstitium—the space between the air sacs and the small blood vessels—contains connective tissue that plays a vital role in gas exchange. When you breathe, oxygen passes through the alveoli and interstitium into the blood, while carbon dioxide moves in the opposite direction to be exhaled.

When scarring develops, the lungs become stiff and lose their ability to transfer oxygen efficiently, making breathing increasingly difficult. Over time, this can severely impact a patient's ability to perform everyday activities and significantly reduce quality of life.

A major factor influencing survival in ILD patients is the development of pulmonary hypertension (PH) secondary to pulmonary fibrosis. Pulmonary hypertension is increasingly recognized as a key complication in fibrotic lung diseases and may become a cornerstone of care for these patients. Among patients with pulmonary fibrosis referred for lung transplantation, pulmonary hypertension is present in approximately 25% of cases.

Pulmonary hypertension in ILD (PH-ILD) is associated with worse outcomes and significantly higher mortality. Studies show that patients with ILD who develop pulmonary hypertension have a three-year survival rate of only 32%, underscoring the severe impact of this complication.[8]

Epidemiology and Common Forms of ILD

The global prevalence of ILDs is estimated to range from 6.3 to 71 cases per 100,000 people, reflecting differences in diagnostic practices and definitions across studies.[9]

Among the different forms of ILD:10

- Idiopathic pulmonary fibrosis (IPF) is the most common, accounting for about one-third of ILD cases.
- Hypersensitivity pneumonitis represents approximately 15% of ILD cases.
- Connective tissue disease-associated ILD (CTD-ILD) accounts for around 25% of cases.

Each of these conditions shares the common problem of lung fibrosis but differs in cause, progression, and treatment approaches. Regardless of type, fibrosis and the potential development of pulmonary hypertension remain major contributors to poor outcomes in ILD patients.

Idiopathic pulmonary fibrosis (IPF)

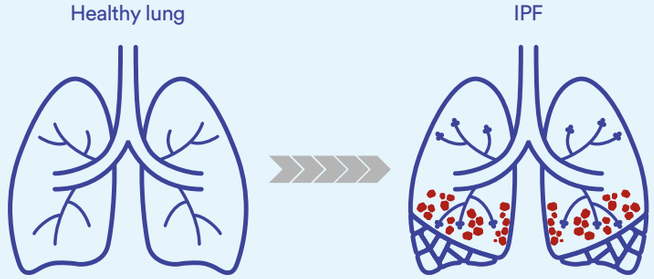
Idiopathic pulmonary fibrosis (IPF) is a chronic, progressive fibrosing interstitial lung disease (ILD) that causes gradual scarring of the lungs, leading to a steady decline in lung function. Patients typically experience symptoms such as a severe dry cough, fatigue, and increasing shortness of breath with physical activity (exertional dyspnea). Over time, progressive scarring damages the lung tissue (parenchyma) and disrupts normal gas exchange, eventually resulting in respiratory failure.

The median age at diagnosis is 66 years, and men are more commonly affected than women.

The estimated prevalence of IPF is 5.67 per 10,000 people in the United States and 3.58 per 10,000 people in the EU.[11]

IPF disease progression

As fibroses develops due to the IPF disease, the patient will ultimately develop respiratory failure.



Pulmonary Hypertension in IPF

Pulmonary hypertension (PH) frequently develops as a complication of IPF. Its reported prevalence ranges from 8–15% in the early stages to over 60% in patients undergoing evaluation for lung transplantation.[12]

The presence of PH in patients with IPF is particularly concerning, as it is a strong predictor of both increased morbidity and mortality. Pulmonary hypertension compounds the challenges of IPF by further reducing physical capacity and significantly worsening survival outcomes.[13,14]

Current Treatment Landscape and Unmet Needs

There is currently no cure for IPF, and life expectancy after diagnosis is typically 3 to 5 years. Treatment options remain limited, with only two approved antifibrotic medications: nintedanib and pirfenidone. Both therapies have been shown to slow the decline of lung function and disease progression. However, they are often associated with side effects and tolerability issues, and they do not halt or reverse the underlying fibrosis.

Lung transplantation remains the only treatment that can significantly extend survival in IPF, with an average post-transplant survival time of 4–5 years. However, the limited availability of donor organs and the risk of chronic rejection restrict access to this option for many patients.

Furthermore, these antifibrotic treatments have not been studied extensively in patients with pulmonary hypertension due to IPF. Emerging evidence suggests that standard antifibrotic therapy does not improve prognosis in IPF patients with pulmonary hypertension. Notably, IPF patients with elevated baseline pulmonary arterial systolic pressure (PASP > 50 mmHg) treated with pirfenidone or nintedanib had significantly worse survival outcomes.[15]

As a result, there remains a critical unmet need for new, disease-modifying therapies that offer both effective management of fibrosis and better safety and tolerability profiles, especially in patients with pulmonary hypertension. Addressing this need could significantly improve daily functioning, quality of life, and survival for people living with IPF.

8. Evolution of pulmonary hypertension in interstitial lung disease: a journey through past, present, and future, Front. Med., 17 January 2024, Sec. Pulmonary Medicine, Volume 10 – 2023
9. Gupta, R. S. et al. Incidence and prevalence of interstitial lung diseases worldwide: a systematic literature review: BMJ Open Respiratory Research 2023;10:e001291.
10. Maher TM. Interstitial Lung Disease: A Review. JAMA. 2024;331(19):1655–1665.
11. Salisbury et al., Ann Am Thorac Soc, 2020; Holtze et al. Respir Res, 2020; Maher et al., Respir Res, 2021.
12. Evolution of pulmonary hypertension in interstitial lung disease: a journey through past, present, and future, Front. Med., 17 January 2024, Sec. Pulmonary Medicine, Volume 10 – 2023
13. Ruffenach, G., Hong, J., Vaillancourt, M. et al. Pulmonary hypertension secondary to pulmonary fibrosis: clinical data, histopathology and molecular insights. Respir Res 21, 303 (2020)
14. Idiopathic pulmonary fibrosis and pulmonary hypertension: predictors of mortality and impact on outcomes, Halawa, Abdul Rahman et al., CHEST, Volume 166, Issue 4, A5940 - A5941
15. Kacprzak, A., Tomkowski, W., & Szturmowicz, M. (2023). Pulmonary Hypertension in the Course of Interstitial Lung Diseases—A Personalised Approach Is Needed to Identify a Dominant Cause and Provide an Effective Therapy. Diagnostics, 13(14), 2354).

Rare thrombotic indications

Rare thrombotic disorders are a group of uncommon but potentially life-threatening conditions characterized by abnormal blood clot formation in veins or arteries. Unlike more common thrombotic events such as deep vein thrombosis (DVT) or pulmonary embolism (PE), these disorders often involve unusual locations, genetic predispositions, or autoimmune mechanisms.

Examples of rare thrombotic disorders include:
- Antiphospholipid Syndrome (APS)
- Heparin-Induced Thrombocytopenia (HIT)
- Thrombotic Thrombocytopenic Purpura (TTP)

Clinical challenges and unmet needs
These conditions often present with non-specific or atypical symptoms, making diagnosis challenging and frequently delayed. Specialized diagnostic tests, such as ADAMTS13 activity testing in TTP or anti-phospholipid antibody testing in APS, are often required to confirm the diagnosis.

Despite being rare, these disorders carry a high clinical burden due to their acute presentations, risk of relapse, and potential for serious complications. While treatment options have expanded over recent years, the therapeutic landscape remains fragmented.

For most rare thrombotic disorders, standard of care involves anticoagulant therapies, which, although effective in many cases, carry a significant risk of bleeding. Moreover, anticoagulants may not fully address the underlying disease mechanisms in these conditions.

There is therefore a clear unmet need for new treatments that can prevent thrombosis effectively without significantly increasing bleeding risk. A safer and more targeted therapy could transform the current treatment approach and significantly improve outcomes for patients with these rare, high-risk clotting disorders.

Antiphospholipid Syndrome (APS)

Antiphospholipid syndrome (APS) is a systemic thrombo-inflammatory disorder characterized by vascular blood clots (thrombosis) and/or pregnancy complications, linked to the presence of persistently elevated antiphospholipid antibodies (aPLs).

APS can occur as a primary condition, meaning it appears on its own, or secondary to other autoimmune diseases, most commonly systemic lupus erythematosus (SLE). In rare cases, patients may develop catastrophic antiphospholipid syndrome (CAPS), a severe form of APS where blood clots form in multiple small blood vessels across different organs, leading to multi-organ failure and a high risk of mortality.

Pathology and clinical impact
The underlying pathology of APS is driven by immune cell and platelet activation. Antiphospholipid antibodies stimulate immune responses, triggering NETosis (the release of neutrophil extracellular traps into the bloodstream) and platelet-mediated clot formation. This process results in clotting in microvasculature, contributing to organ damage and dysfunction.

A hallmark feature of APS is a decrease in cyclic AMP (cAMP) levels within neutrophils, leading to further immune cell activation and the promotion of clot formation.

The estimated global prevalence of APS is around 50 per 100,000 people, with significant differences observed between males and females.[16]

Current Treatment Landscape and Unmet Needs
Currently, the mainstay of APS treatment is anticoagulant therapy, including:

- Aspirin
- Warfarin or other vitamin K antagonists
- Direct oral anticoagulants (DOACs) such as rivaroxaban in select patients (Xarelto)

While these therapies are effective in about 80% of cases for large-vessel thrombosis prevention, they do not protect against clotting in the small blood vessels (microvasculature). As a result, patients remain at risk for organ dysfunction and failure despite ongoing treatment, in addition, to the increased risk of bleeding.

There remains a significant unmet need for new therapies that can address both large and small vessel thrombosis, modulate the underlying immune activation, and offer safer, more effective protection against disease progression in APS.

What if life-threatening blood clots could be prevented with treatment that does not increase the risk of patient-relevant bleedings?

16. Pedro G. et.al, Epidemiology of antiphospholipid syndrome: macro- and microvascular manifestations, Rheumatology, Volume 63, Issue SI, February 2024, Pages SI24–SI36

Pipeline

Innovative epigenetic modulating HDAC inhibitors

Pipeline

Cereno Scientific has the potential to deliver high treatment value to patients leveraging our innovative pipeline and disease-modifying approach to address the pathophysiology of rare and fatal diseases. We are committed to pioneering treatments to enhance and extend life for people suffering from rare cardiovascular and pulmonary diseases.

Clinical HDACi portfolio

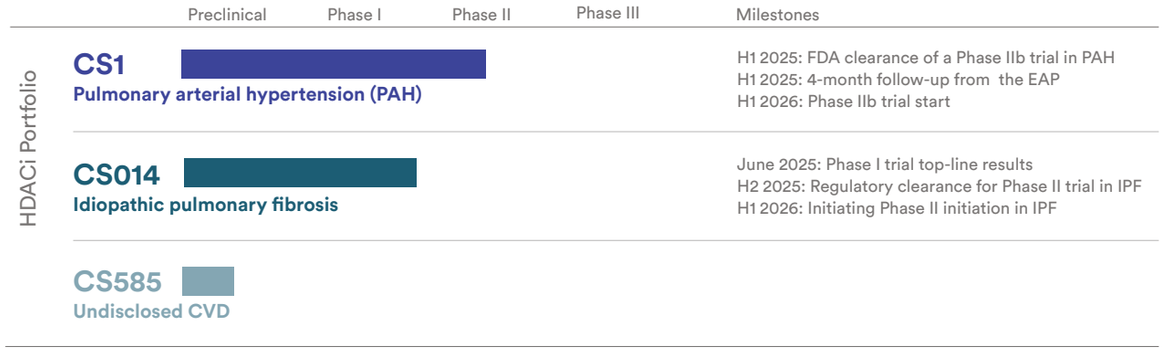
Epigenetic modulators, such as HDAC inhibitors (HDACi), can influence how genes are turned on or off without changing the DNA itself. They have been shown to have a wide spectrum of potentially disease-modifying effects by addressing the pathophysiology of cardiovascular and pulmonary diseases. Cereno Scientific's HDACi portfolio aims to untap the full potential of epigenetic modulation to develop disease-modifying treatments for diseases with high unmet needs. Learn more about HDAC inhibition through epigenetic modulation on page 20.

CS1 in Phase II

Lead candidate CS1 is a well-tolerated oral therapy with a favorable safety profile and showed signals of disease-modifying effects as observed in a Phase IIa trial in patients with the rare disease pulmonary arterial hypertension (PAH). The aim for CS1 is to offer an effective disease-modifying treatment with the ability to enhance quality of life and extend life for PAH patients. Unlike standard therapy that focus on managing symptoms, CS1 represents a novel therapeutic approach by targeting the root mechanisms of PAH. Specifically, CS1 aims to reverse the pathological vascular remodeling of the small pulmonary arteries. A successful Phase IIa trial was concluded in 2024. Insights into the long-term use of CS1 are being gathered in an expanded access program with 10 patients from the Phase IIa trial. Preparations are currently underway for a larger placebo-controlled Phase IIb trial to continue advancing CS1 toward regulatory approval and wider patient access.

CS014 in Phase I

CS014 is a proprietary new chemical entity, a deuterated VPA, with a multimodal mechanism of action. Being an epigenetic modulator, CS014 has the potential to target the underlying pathophysiology of several rare cardiovascular and pulmonary diseases with high unmet medical needs. The initial target is idiopathic pulmonary fibrosis (IPF). In preclinical studies, CS014 has demonstrated strong effects on vascular remodeling, suggesting disease-modifying potential. A Phase I trial has recently been completed, and top-line results are expected in June 2025. The findings will guide the next steps in advancing CS014 as a potential new treatment option for patients with severe, progressive diseases lacking effective therapies.



The status bars are only an illustration and should not be interpreted as exact development status.

Preclinical phase

CS585

CS585 is an oral, highly potent, and selective prostacyclin (IP) receptor agonist developed to address key disease mechanisms in cardiovascular conditions. Preclinical studies suggest that CS585 has the potential to offer effective thrombosis prevention without increasing bleeding risk, a major limitation of current anti-thrombotic therapies. Additionally, CS585 shows promise in the treatment of pulmonary hypertension and other rare diseases with significant unmet needs. The target indication for CS585 is currently under evaluation based on these promising preclinical findings. A preclinical development program is actively ongoing to support future clinical advancement.

HDAC inhibitor platform

Cereno Scientific is pioneering the development of treatments for cardiovascular and pulmonary diseases using epigenetic modulation, a cutting-edge approach that focuses on changing gene expression without altering the underlying genetic code. This unique platform includes two promising drug candidates, CS1 and CS014, both of which leverage HDAC inhibition to offer a novel pathway for treating cardiovascular conditions

Understanding epigenetic modulation

Epigenetic modulation refers to the process of changing how genes are expressed within cells, influencing how the body's DNA is used to produce proteins. Unlike genetic mutations, epigenetic changes don't alter the DNA sequence itself, but they can still have significant effects on cell function and disease risk. One of the key players in this process is histone deacetylase (HDAC), a family of enzymes found in almost all cells. By regulating the activity of HDACs, it is possible to impact various cellular mechanisms, which can, in turn, affect disease development.

Classes of HDACs

HDACs are classified into four groups based on their structure and function:

Class I: HDAC1, HDAC2, HDAC3, and HDAC8
Class II: HDAC4, HDAC5, HDAC6, HDAC7, HDAC9, and HDAC10
Class III: SIRT1, SIRT2, SIRT3, SIRT4, SIRT5, SIRT6, and SIRT7
Class IV: HDAC11

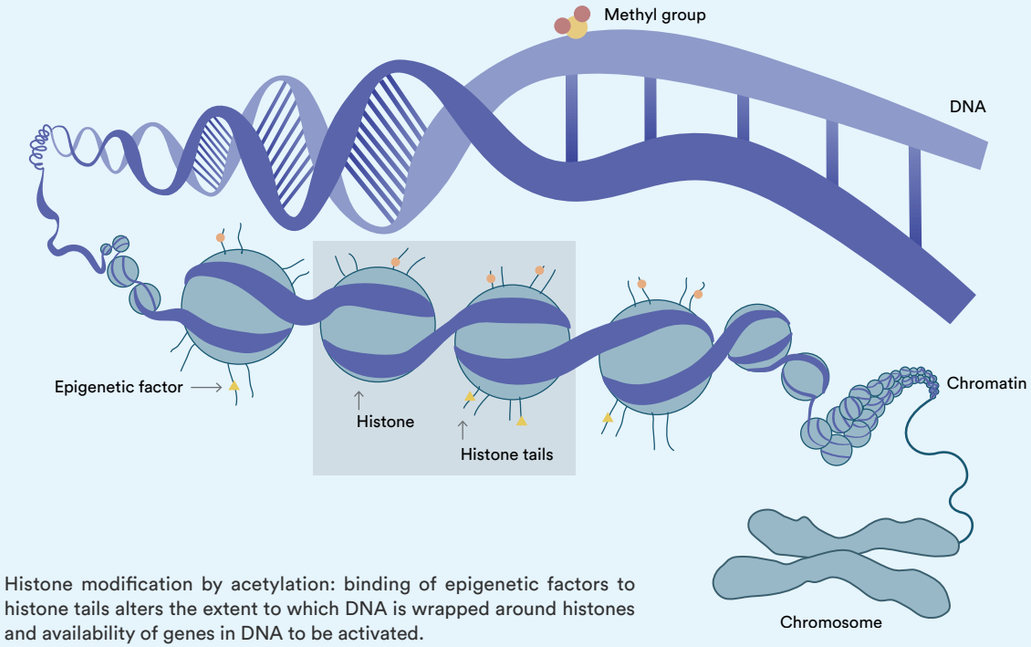
Dysregulation of Class I HDACs has been linked to several serious diseases, including pulmonary arterial hypertension (PAH) and idiopathic pulmonary fibrosis (IPF), both of which are central to Cereno Scientific's focus.

A Novel Approach to Cardiovascular Disease

While epigenetic modulation has already shown promise in the treatment of cancer, its application in cardiovascular and pulmonary diseases is still in its early stages. However, recent advancements have demonstrated the potential of HDAC inhibitors to regulate disease-causing epigenetic changes, offering a new approach for therapeutic development in cardiovascular disease. HDAC inhibitors work by binding to HDAC enzymes, blocking their function, and exerting disease-modifying effects that could alter the course of cardiovascular and pulmonary conditions.

Cereno Scientific is among the first biotechnology companies to harness the potential of Class I HDAC inhibitors for treating these diseases. This approach not only targets key pathological processes like fibrosis, inflammation, and hypertrophy but also shows strong cardioprotective effects, positioning Cereno Scientific's drug candidates as promising candidates for addressing significant unmet medical needs in these therapeutic areas.

Our HDCi portfolio candidates work through epigenetic modulation and inhibition of HDAC Class I



Histone modification by acetylation: binding of epigenetic factors to histone tails alters the extent to which DNA is wrapped around histones and availability of genes in DNA to be activated.

Drug candidate CS1

– First-in-class HDACi with disease-modifying potential for PAH

CS1 is our lead drug candidate currently in Phase II development, being advanced as a first-in-class treatment for the rare disease pulmonary arterial hypertension (PAH). CS1 is a histone deacetylase inhibitor (HDACi) that works through epigenetic modulation, uniquely targeting the underlying mechanisms driving disease progression in PAH.

In a completed Phase IIa trial, CS1 demonstrated a favorable safety and tolerability profile and showed data supportive of disease-modifying potential. The combined preclinical and clinical evidence is consistent with CS1 reversing pathological vascular remodeling, which is a core feature of PAH progression. Results from the Phase IIa trial suggest that CS1 treatment may improve patients' risk scores, functional class, and overall quality of life. A larger placebo-controlled clinical Phase IIb trial is being planned.

Importantly, CS1 is designed to be used on top of the current standard therapy for PAH, offering an additive disease-modifying benefit without compromising existing treatments.

Targeting the underlying pathophysiology of PAH

CS1 is a novel, oral, controlled-release formulation of the Class I HDACi valproic acid (VPA). By targeting key disease-driving processes such as pathological vascular remodeling, CS1 has the potential to be an effective disease-modifying therapy for PAH patients also due to the favorable safety and tolerability profile. Furthermore, CS1 may be an effective treatment option providing an alternative that may alleviate patients from side effects affecting their everyday life.

In preclinical cardiovascular disease models, VPA has shown potential disease-modifying effects. including reverse pathological remodeling, as well as anti-fibrotic, anti-inflam-matory, pulmonary pressure-reducing, anti-proliferative and anti-thrombotic effects

The main objectives of the CS1 treatment are to enhance quality of life and extend life for patients with PAH. CS1's unique efficacy profile aligns closely with the underlying mechanisms that drives the progression of PAH. This further position CS1 as a uniquely differentiated and highly promising treatment option.

Strengthened protection through orphan designations

The development of CS1 in PAH is further supported by Orphan Drug Designation (ODD) from the U.S. Food and Drug Administration (FDA), granted in March 2020, and Orphan Medicinal Product Designation (OMPD) from the European Commission (based on EMA's recommendation) in August 2024. These designations recognize CS1's potential therapeutic benefit for a rare, life-threatening disease and confer important regulatory and commercial advantages, including:

- 7 years of market exclusivity post-approval in the US
- 10 years of market exclusivity in the EU
- Assistance with regulatory processes and potential financial incentives

An overview of CS1's patent protection can be found in the Market-section on page 27.

CS1's multifold disease-modifying characteristics

1. Reverse pathological remodeling
2. Anti-fibrotic
3. Anti-inflammatory
4. Pulmonary pressure reducing
5. Anti-thrombotic

CS1 Phase IIa trial in PAH

A Phase IIa trial evaluating the safety, tolerability pharmacokinetics, and exploratory efficacy of CS1 on top of standard therapy in patients with PAH was completed in 2024. The Phase IIa trial was conducted at 10 US clinics over 12 weeks with a total of 25 patients of which 21 were evaluated for efficacy parameters. The trial successfully met its primary endpoint of safety and tolerability, with no drug-related serious adverse events.

CS1 was also shown to have a positive impact on exploratory clinical efficacy endpoints including parameters of risk, functional class, and quality of life consistent with disease-modifying effects in PAH. Treatment with CS1 lowered patients' REVEAL 2.0 risk score, a key predictor of clinical worsening and mortality, where 43% (9/21) showed an improved REVEAL 2.0 risk score and 71% (15/21) improved or had stable risk score after the 12-week treatment period. Patients reported functioning better in daily life when treated with CS1 as reflected in the 33% (7/21) of patients with improved NYHA functional class and 86% (18/21) of patients with improved or stable NYHA functional class after the treatment period. 67% (14/21) of the patients had sustained pressure reduction reflected in mean pulmonary arterial pressure (mPAP, AUC) when treated with CS1.

Further analysis conducted after the trial's top-line reporting showed:

- CS1 showed a significant improvement of right-ventricular Global Longitudinal Strain (RVGLS), a sensitive measure of right heart function and treatment response. The RVGLS is a highly predictive indicator of right-ventricular remodeling at early stages of disease and future mortality.
- Alongside RVGLS, an improvement and/or stabilization in tricuspid regurgitation (TR)—a condition in which the valve fails to close completely during right ventricular contraction, leading to increased pressure—was also observed over the 12-week treatment period.
- CS1 further demonstrated a gradual improvement over time on the REVEAL 2.0 risk score and the NYHA functional class in the 12-week treatment period.
- CS1 also demonstrated a positive impact on quality of life (QoL) in patients with PAH as measured by PAH-SYMPACT and Minnesota Living with Heart Failure Questionnaire.
- A sub-group of patients were identified being in the early stage of PAH disease who experienced marked improvement of pulmonary vascular resistance (PVR).

The trial utilized an implantable technology for daily monitoring of pulmonary arterial pressure and other cardiopulmonary hemodynamic variables in patients. This was made possible through a collaboration with the global healthcare company Abbott and their pioneering technology CardioMEMS HF System.

Current status of CS1 program

Expanded Access Program for CS1 in PAH

CS1 has been approved by the FDA for an expanded access program (EAP) as an extension of the Phase IIa trial in PAH. This program allows patients who have completed the Phase IIa trial to continue CS1 treatment if deemed suitable by investigators. Under an FDA-approved protocol, the EAP enables Cereno Scientific to collect long-term safety and efficacy data on CS1 use in PAH patients. This initiative supports ongoing treatment while providing valuable data for regulatory discussions and planning future Phase IIb or pivotal Phase III trials.

"Fluidda study:" Impact of long-term CS1 use on structural vascular changes

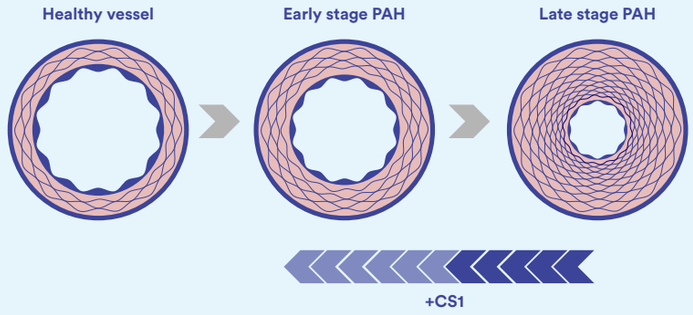
A sub-study of the EAP was initiated in February 2025 supporting the translation of the well-documented reverse vascular remodeling effects of CS1 in preclinical models to clinical practice. The lack of non-invasive methods available to demonstrate this effect in patients present a challenge. The innovative imaging technology Functional Respiratory Imaging (FRI), developed by Fluidda, has been explored as a potential non-invasive tool to solve this challenge by providing detailed, patient-specific insights into pulmonary vascular changes. The study is designed to include three CT scans in certain patients enrolled in the EAP during a 12-month period. The study is expected to provide a visualization of how long-term treatment of CS1 on top of standard therapy may impact disease characteristic structural changes in small pulmonary arteries, demonstrated by improvements in blood vessel volume and change in vessel wall thickness in these arteries on the CT images. This may provide valuable insights into CS1's disease-modifying potential that can transform the PAH treatment landscape.

Preparations for further clinical development

The clinical development plan for CS1 is to continue the evaluation of CS1 as a well-tolerated oral therapy with a favorable safety profile and potential disease-modifying effects in PAH. A larger placebo-controlled Phase IIb trial is being planned, and a Type C meeting to seek alignment with the U.S. Food & Drug Administration (FDA) on further clinical development has successfully been held.

Cereno Scientific's clinical development plan for CS1 is focused on continuing to evaluate it as a well-tolerated, orally administered therapy with a favorable safety profile and robust disease-modifying effects in PAH. Following the promising Phase IIa results, a larger, placebo-controlled Phase IIb trial is currently being planned. To support the next phase of development, Cereno Scientific has successfully held a Type C meeting with the FDA to gain alignment on the proposed clinical development path.

CS1 has the potential to stop, halt or reverse the PAH disease progression



PAH is a debilitating and fatal disease with no spontaneous improvement. Epigenetic modulation through the effect of histone deacetylase (HDAC) inhibition with CS1 drive disease progression and continuous deterioration.

Drug candidate CS014

– Novel HDACi with disease-modifying potential

CS014 is a new chemical entity, designed as a HDAC inhibitor with a multi-modal mechanism of action. By acting as an epigenetic modulator, CS014 could target the underlying pathophysiology of several rare cardiovascular and pulmonary diseases with significant unmet medical needs. The drug is currently being evaluated in a recently concluded Phase I trial and top-line results expected in June 2025.

Mechanism of action and disease-modifying potential

CS014 employs a novel mechanism of action through epigenetic modulation, making it highly relevant for a variety of conditions, including idiopathic pulmonary fibrosis (IPF) and pulmonary arterial hypertension (PAH). In preclinical studies, CS014 has demonstrated the ability to reverse fibrosis and exhibit a dose-dependent beneficial effect on pulmonary pathological vascular remodeling, with a reduction in plexiform lesions, suggesting strong disease-modifying potential.

A therapy that directly targets thrombosis, which no currently approved or investigational treatment does, could be particularly valuable in diseases such as idiopathic pulmonary fibrosis (IPF) and pulmonary arterial hypertension (PAH), where vascular injury, abnormal clotting, and impaired blood flow are key drivers of disease progression.

In IPF, microvascular thrombosis exacerbates tissue remodeling and fibrosis. In PAH, thrombosis in the small pulmonary arteries contributes to elevated pulmonary pressure and right heart failure. By addressing the thrombotic component of these diseases, CS014 may slow disease progression, improve oxygenation, and enhance overall cardiopulmonary function.

Importantly, this mechanism of action may also have therapeutic relevance across a broader spectrum of cardiovascular and pulmonary diseases where thrombosis and vascular dysfunction play a central role.

Potential for treating rare cardiovascular and pulmonary diseases

Given its multi-modal mechanism of action, CS014 has the potential to address a broad range of cardiovascular and pulmonary diseases that currently lack effective disease-modifying therapies. The drug's ability to target fibrosis, vascular remodeling, and thrombosis positions it as a strong candidate for treating rare and life-threatening cardiovascular and pulmonary diseases.

Phase I trial: Safety and tolerability

An open-label Phase I trial was successfully concluded in April 2025 with top-line results expected in June 2025. The Phase I trial evaluated safety, tolerability, pharmacokinetics (PK), and pharmacodynamics (PD) of single and multiple ascending oral doses of CS014 in healthy volunteers. The trial was conducted in two parts: part one explored safety, tolerability and PK of single ascending oral doses (SAD) of CS014; part two explored safety, tol-erability, PK, and PD following multiple ascending doses (MAD) of CS014, dosed for seven days. In total, 48 subjects were included in the trial, 30 in the SAD and 18 in the MAD part. The study was conducted in Sweden.

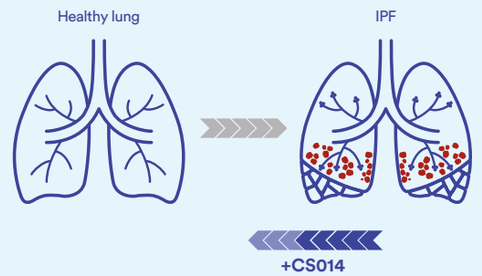
The first part (SAD) of the trial has successfully been completed with results showing that CS014 exhibited an acceptable safety profile supporting its potential for further clinical development.

Current status of CS014 development

The top-line results of the Phase I trial are in preparation. After the last patient's last visit in April 2025, a structured set of activities has taken place to close out the trial, analyze the data, and prepare for regulatory and strategic next steps. The trial's top-line results are expected to be announced in June 2025.

Simultaneously, preparations and studies are underway to enable the transition to a Phase II trial of CS014.

CS014 has the potential to reverse the fibrosis developing in IPF as shown in preclinical models



Drug candidate CS585

– Novel IP receptor agonist

Drug candidate CS585 is a highly potent, oral and selective prostacyclin (IP) receptor agonist that has demonstrated the potential to significantly improve disease mechanisms relevant to cardiovascular disease. In preclinical studies, CS585 has demonstrated efficacy through potent and selective stimulation of the prostacyclin (IP) receptor, showing the ability to prevent thrombosis without an associated increased risk of bleeding. CS585 is currently undergoing preclinical evaluation.

Preclinical data suggest that CS585 provides a new option of activating the IP receptor to decrease platelet reactivity and could represent the first viable option for targeting the IP-receptor on platelets for inhibition of thrombosis with a reduced risk of bleeding. These promising data suggest that CS585 could emerge as one of the most effective prostacyclin receptor agonists (PRA) under development, with potential applicability in rare thrombotic diseases such as antiphospholipid syndrome (APS).

The preclinical results with CS585, including a head-to-head comparison of CS585 and the FDA-approved IP receptor agonists selexipag and iloprost, indicate a favorable profile for inhibiting platelet activation and clot formation. CS585 was shown to have a higher selectivity and more sustained efficacy than the currently available IP receptor agonists. CS585 demonstrated a sustained duration of action in mice in the ability to inhibit platelet activation through several routes of administration, including oral.

New preclinical data for Cereno Scientific's novel IP Receptor Agonist CS585 was presented at ESC Congress 2024, indicating that CS585 inhibits platelet activation and clot formation up to 24 hours post-administration.[1]

The growing body of evidence around drug candidate CS585 supports favorable tolerability and efficacy in preclinical studies. Data published in the top-tier journal Blood[2] show that CS585 is a highly potent and selective compound, effective both orally and intravenously, preventing thrombosis for up to 48 hours in preclinical models. Following the publication, a commentary article[3] and podcast[4] highlighted that these new findings could represent a significant milestone in improving anti-thrombotic treat-ment strategies without increasing the risk of bleeding.

A license agreement for drug candidate CS585 with the University of Michigan provides Cereno exclusive rights to further development and commercialization of CS585.

Research collaboration with the University of Michigan

The University of Michigan, located in Ann Arbor, Michigan, US, is a leading public re-search institution renowned for its successful collaborations with the pharmaceutical industry. Prof. Michael Holinstat, an esteemed pharmacologist with a PhD from the University of Illinois in Chicago, heads Cereno's preclinical work at the University. He also serves as a Professor in the Department of Pharmacology, the Department of Internal Medicine (Division of Cardiovascular Medicine), and the Department of Vascular Surgery at the University of Michigan, leading translational programs in drug development for hemostasis and thrombosis. Prof. Holinstat's extensive research spans thrombosis, pharmacology, and hematology, and he has established a cutting-edge laboratory for studying pharmacological effects on platelets and coagulation, both in vitro and in vivo.

1. European Heart Journal, Volume 45, Issue Supplement_1, October 2024, ehae666.3341, https://doi.org/10.1093/eurheartj/ehae666.3341
2. Stanger L, Yamaguchi A, Yalavarthi P, Lambert S, Gilmore D, Rickenberg A, Luke C, Kumar K, Obi AT, White A, Bergh N, Dahlöf B, Holinstat M. The oxylipin analog CS585 prevents platelet activation and thrombosis through activation of the prostacyclin receptor Blood (2023) 42(18):1556–1569. https://doi.org/10.1182/blood.2023020622.
3. Rondina MT. Targeting prostacyclin: all gain with no pain? Blood (2023) 142(18):1506–1507. https://doi.org/10.1182/blood.2023022227.
4. Blood Podcast. (2023, November 2) Targeting prostacyclin to inhibit platelet activation; MRD-tailored myeloma maintenance; AREG and HSC function in DNA damage repair eficiency and aging. (Audio podcast). Retrieved from https://ashpublications.org/blood/pages/blood_podcast_s6_ep18.

Market

Filling unmet treatment needs for patients with rare disease

Rare and orphan disease market

The rare and orphan disease market represents one of the fastest-growing segments in the global pharmaceutical landscape. According to the *Rare and Orphan Drug Market Report 2025* by Evaluate Pharma, orphan drugs are projected to account for one-fifth of the forecasted USD 1.6 trillion in worldwide prescription drug sales by 2030—a market share that has doubled over the past decade.

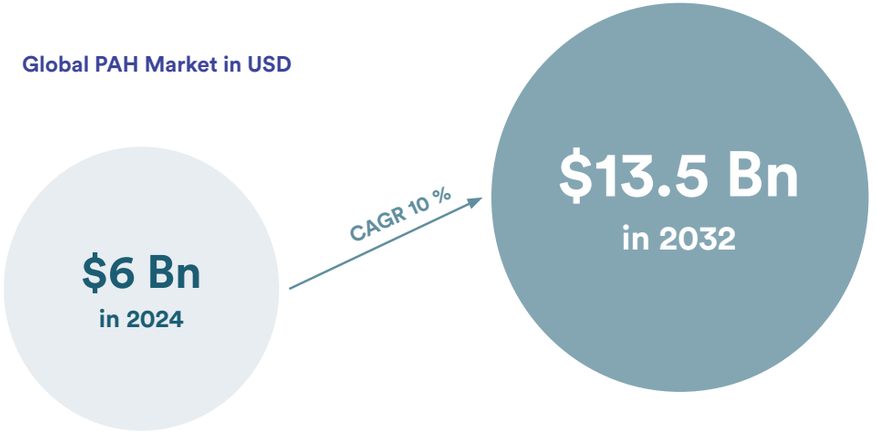
The rising global prevalence of rare diseases is a primary driver behind the growth of the orphan drug market. This trend is also reflected in the rate of regulatory approvals. An IQVIA 2024 report on orphan drugs highlights that, over the past five years, orphan drugs have represented more than half of new active substance approvals in the US and approximately 45% of approvals in Europe.[1] Furthermore, rare diseases are a significant focus of innovation, with 44% of global clinical trial activity targeting rare conditions. Despite this progress, a substantial unmet medical need remains, with an estimated 95% of the approximately 7,000–10,000 rare diseases still lacking approved treatments.[2]

Although potential headwinds exist, including pricing pressures and policy changes, the orphan drug market is anticipated to continue its growth trajectory. Factors contributing to this positive outlook include increased government and healthcare organization investments into rare disease research, the establishment of patient registries and databases, and ongoing scientific advancements that facilitate better disease understanding and drug development.

Regulatory authorities play a crucial role in encouraging pharmaceutical companies to invest in treatments for rare and orphan diseases. In the United States, the Orphan Drug Act (ODA) of 1983 provides incentives such as tax credits for clinical research, research grants, and seven years of market exclusivity following approval. Similarly, in Europe, the European Medicines Agency (EMA) grants ten years of market exclusivity for orphan drugs alongside financial incentives and regulatory support, including protocol assistance.

Market for clinical drug candidate CS1

Cereno's lead clinical candidate, CS1, is being developed for the treatment of pulmonary arterial hypertension (PAH), a rare and severe disease characterized by progressive remodeling of the small pulmonary arteries, leading to increased pulmonary vascular resistance, right heart failure, and ultimately death. Currently, there is no curative treatment for PAH, the closest would be lung transplantation, a procedure for which many patients are too ill to qualify. Without treatment, the average survival for a person diagnosed with PAH is approximately 2.5 years.



With today's standard therapeutic regimens, survival can be extended to an average of 7.5 years.

Globally, an estimated 192,000 individuals are living with PAH, with approximately half of these patients located in the United States and Europe.[3] In Cereno Scientific's target markets, the US and EU, around 80,000 people are currently diagnosed with PAH with 9,500 individuals dying from PAH, annually.

The global market for PAH therapeutics is projected to reach approximately USD 10.2 billion by 2030, expanding further to USD 13.5 billion by 2032, corresponding to a compound annual growth rate (CAGR) of 6.2%. Within the key markets (U.S., EU4 + UK, and Japan), the U.S. alone accounts for about 60% of total sales.

Current standard-of-care therapies primarily target symptom management and offer only modest benefits, typically improving patients' functional capacity by approximately 11% and moderately slowing disease progression. In 2024, the approval of the activin signaling inhibitor Winrevair (sotatercept) marked a significant advancement in the PAH treatment landscape. There are, however, substantial unmet medical needs remaining for disease-modifying therapies that target the underlying cause of the disease.

1. From Orphan to Opportunity : Mastering Rare Disease Launch Excellence, IQVIA White Paper, Published on April 30, 2024, Last Accessed on May 02, 2025
2. From Orphan to Opportunity : Mastering Rare Disease Launch Excellence, IQVIA White Paper, Published on April 30, 2024, Last Accessed on May 02, 2025

Market for the drug candidate CS014

The drug candidate CS014 has potential in several rare cardiovascular and pulmonary diseases where there are significant unmet medical needs and effective disease-modifying treatments are lacking. The initial objective for CS014 is to be developed as a disease-modifying treatment for idiopathic pulmonary fibrosis (IPF).

There is currently no cure for IPF. Management strategies focus on relieving symptoms, slowing disease progression, and improving quality of life. The primary goal of current therapies is to delay the loss of lung function, with antifibrotic agents such as pirfenidone and nintedanib demonstrating some ability to extend survival. However, clinical use of these therapies remains challenging. Their effectiveness, poor tolerability, and safety profiles vary significantly between patients and depend on the timing of treatment initiation. While both agents can slow disease progression, they have not been shown to reverse the fibrotic remodeling which is characteristic of IPF.

Furthermore, management of adverse events is often necessary, with dose adjustments, treatment interruptions, and supportive medications such as anti-diarrheals frequently required.[4] Studies have reported that approximately 20–48% of patients undergoing treatment with pirfenidone (Esbriet) or nintedanib (Ofev) require hospitalization due to treatment-related complications.[5]

The global IPF market was valued at approximately USD 4.01 billion in 2024 and is projected to reach USD 8.88 billion by 2032, reflecting a robust compound annual growth rate (CAGR) of 8.7%. This expansion is driven by factors such as an aging population, greater disease awareness, and advancements in diagnostic practices.

With its multimodal mechanism of action through epigenetic modulation, CS014 is well-positioned to address the critical unmet needs in IPF, offering the potential for a novel, disease-modifying treatment.

Market for the drug candidate CS585

Drug candidate CS585 is currently undergoing preclinical evaluation, and a specific indication for clinical development has not yet been decided. In preclinical studies, CS585 has demonstrated efficacy through potent and selective stimulation of the prostacyclin (IP) receptor, showing the ability to prevent thrombosis without an associated increased risk of bleeding. These promising data suggest that CS585 could emerge as one of the most effective prostacyclin receptor agonists (PRA) under development, with potential applicability in rare thrombotic diseases such as antiphospholipid syndrome (APS).

APS is a rare autoimmune disorder characterized by an increased risk of thrombosis, with significant morbidity and mortality, and no effective treatment and the only available warfarin have increased risk of bleeding. The global market for APS therapies was valued at approximately USD 18 billion in 2023 and is projected to double by 2031. Market growth is driven by rising awareness of APS, improved diagnostic capabilities, and increasing demand for novel therapeutic options that can offer improved efficacy and safety over current standard of care.

The development of CS585 for rare thrombotic indications such as APS could address a critical unmet medical need by offering a differentiated, targeted treatment option with a favorable safety profile.

Patent portfolio

A robust patent portfolio is a cornerstone of commercial success and strategic value in the biotechnology sector. Cereno Scientific works actively to secure and expand patent protection for its three development programs to optimally strengthen the company's competitive position ahead of potential partnership agreements. In addition to the already granted patents outlined below, additional patent applications for all drug candidates are currently undergoing national registration processes in strategically selected markets. If approved, these could provide further market exclusivity. The company's intellectual property assets are continuously evaluated and updated based on new preclinical and clinical data, offering opportunities for extending and reinforcing patent protection over time.

Patent for drug candidate CS1

Cereno Scientific has established three patent families related to CS1. Across these families, patents have been granted in key global markets, including Australia, Europe, Israel, Japan, Canada, Malaysia, Mexico, the US, Russia, South Korea, and India. These patents provide protection for CS1 through 2035 and 2037, depending on the patent family. Additional applications from these patent families are undergoing national registration processes, with the potential to further strengthen market exclusivity in additional territories. Furthermore, two patent applications have recently been filed based on the encouraging efficacy signals observed in the Phase IIa trial of CS1 in the rare disease pulmonary arterial hypertension (PAH). These patent applications combined with the existing patent portfolio have the potential to extend the market exclusivity for CS1 in PAH to 2045.

Patent for drug candidate CS014

CS014 currently benefits from one issued patent in the UK, valid through 2042. In parallel, an international (PCT) patent application was filed and has recently been converted into national phase applications in 22 strategically selected markets. If approved, these applications could offer broad and geographically extensive patent protection for CS014.

Patent for drug candidate CS585

CS585 is covered by two patent families, with patents already granted in Europe, China and the US. Based on the current granted patents, CS585 is protected until at least 2039. Additional applications from these patent families are undergoing national registration processes in selected countries, with the potential to further strengthen market exclusivity in additional territories. Ongoing efforts are aimed at further strengthening and expanding patent coverage as new data emerge from the preclinical development program.

4. Podolanczuk, A.J., Cottin, V. A Narrative Review of Real-World Data on the Safety of Nintedanib in Patients with Idiopathic Pulmonary Fibrosis. Adv Ther 40, 2038–2050 (2023)
5. M.He et. Al. Front. Pharmacol., 23 February 2024, Sec. Respiratory Pharmacology, Volume 15 – 2024

Organization

Experienced team advancing a rare pipeline

Photo: Semrén & Månsson/Krister Engström

Organization

Cereno Scientific is guided by a management team with deep expertise across all stages of pharmaceutical development and operations. The company has strategically prioritized securing the critical competencies required to realize its vision: developing innovative treatments that enhance quality of life and extend life for patients suffering from rare cardiovascular and pulmonary diseases. Given the multidisciplinary nature of pharmaceutical R&D, successful development often hinges on collaborations and partnerships. Cereno recognizes this and fosters strong ties within both academic and industry circles to ensure optimized strategies and high productivity in its research and development efforts.

Global presence and operational base

Cereno operates internationally, with a presence in both Sweden and the US. The company's headquarters is located in GoCo Health Innovation City, a new life sciences hub in Gothenburg/Mölndal, Sweden, while its American subsidiary, Cereno Scientific Inc., is based in Kendall Square, one of the world's premier biotech centers in Boston, Massachusetts. This dual-base structure enhances the company's access to a global global network of researchers, industry experts, and collaborators, supporting its mission to advance cardiovascular and pulmonary disease treatments.

Advisory and expert networks

Cereno has assembled a distinguished group of advisors, bringing invaluable expertise in preclinical and clinical drug development, business development, and commercialization. These thought leaders play a key role in defining clinical strategy, designing optimal programs, and advancing the company's drug development projects. Their broad industry experience and deep knowledge of cardiovascular and pulmonary diseases ensure that Cereno Scientific's R&D efforts remain closely aligned with the latest clinical realities and emerging research trends. Furthermore, these collaborations open doors to a vast network of researchers, opinion leaders, and industry connections, enriching Cereno Scientific's development efforts.

Collaborations and partnerships

Our progress is supported by well-established collaborations with both academic institutions and contract research organizations (CROs). For instance, parts of the preclinical development programs and Phase I-enabling studies for CS014 and CS585, two of our promising drug candidates, are being conducted in collaboration with the University of Michigan. This prestigious university, with one of the largest annual research budgets in the US, has a long history of successful partnerships with the pharmaceutical industry. Dr. Michael Holinstat, Professor of Pharmacology at the University of Michigan, is the Director of Translationl Research at Cereno Scientific and works with the team to advance our preclinical research programs to Phase I.

In addition to academic collaborations, we partner with established Contract Research Organizations (CROs) for a range of services including safety studies, pharmacokinetic evaluation, formulation development, and clinical trials. These strategic partnerships ensure that Cereno can efficiently manage its development programs, from preclinical stages to clinical trials.

A key collaboration for our clinical program CS1 is with the global healthcare company Abbott and has been instrumental in the Phase IIa trial of CS1. Abbott's pioneering CardioMEMS HF System, an implantable technology, was used in the trial for daily monitoring of pulmonary artery pressure and continues to be a component in the expanded access program (EAP).

Another important collaboration for our CS1 program is with medtech company Fluidda. Currently, a sub-study of the EAP is ongoing using an innovative non-invasive imaging technology developed by Fluidda. This is an innovative method supporting the translation of the well-documented reverse vascular remodeling effects of CS1 in preclinical models to clinical practice.

What if deep scientific expertise and entrepreneurial spirit could truly reshape the future of medicine?

Cereno Scientific's Scientific Advisory Board

Dr. Bertram Pitt, chairman
Professor Emeritus in Medicine, University of Michigan School of Medicine

Dr. Pitt is a Professor Emeritus in Medicine at the University of Michigan School of Medicine, US. Pitt assumed directorship of the division of Cardiology at the University of Michigan School of Medicine in 1977. Among his achievements, he has been awarded the James B Herrick award from the American Heart Association as well as life-time achievement awards from the Heart Failure Society of America and the European Heart Failure Society. He has served on the editorial boards of several cardiovascular journals and has published over 750 articles, chapters and books. Co-chairman, CVCT Global Forum. In 2023, Dr Bertram Pitt was acknowledged by the European Society of Cardiology (ESC), the world's largest association of cardiologists, who awarded him the ESC Gold Medal for his outstanding lifetime achievements.

Dr. Raymond Benza
Professor and network director of pulmonary vascular disease at Mount Sinai Heart, Icahn School of medicine in New York City, Principal Investigator of the Phase IIa study of CS1

Benza is currently Professor and network director of pulmonary vascular disease at Mount Sinai Heart, Icahn School of medicine in New York City. He has extensive clinical trial experience with involvement in over 100 different clinical trials. Dr Benza has published over 200 scientific manuscripts in leading journals and has written several books focused on pulmonary hypertension.

Dr. Deepak Bhatt
MD, MPH, MBA, FACC, FAHA, FESC, MSCAI, Director of the Mount Sinai Fuster Heart Hospital and the Dr. Valentin Fuster Professor of Cardiovascular Medicine at the Icahn School of Medicine at Mount Sinai in New York City, Principal Investigator of the Phase IIa study of CS1

Dr. Deepak Bhatt was Professor of Medicine at Harvard Medical School between 2012-2022. He has been listed in Best Doctors in America from 2005 to 2020. Dr. Bhatt has authored or co-authored over 2000 publications and has been listed by the Web of Science Group as a Highly Cited Researcher from 2014 to 2023. He is the Editor of Cardiovascular Intervention: A Companion to Braunwald's Heart Disease and of Opie's Cardiovascular Drugs: A Companion to Braunwald's Heart Disease.

Dr. Gunnar Olsson
MD & Ph.D. in Medical Sciences, Karolinska Institute

Olsson is an MD, PhD in Medical Sciences at the Karolinska Institute. He was previously Adjunct Professor at the Karolinska Institute and has extensive experience from leading R&D positions in the pharmaceutical industry. He has over 20 years of experience in different Global R&D management positions at AstraZeneca and contributed to more than a dozen successful global product registrations for medicines in cardiovascular, vascular and gastrointestinal indications. Dr. Gunnar Olsson has been on the board of ESC, that awarded him the ESC President Award in recognition of his outstanding lifetime achievements, in 2023.

Dr. Gordon Williams
Professor of Medicine at Harvard Medical School

Dr. Williams is a Professor of Medicine at Harvard Medical School since 1981 and was the founder and Director of its Scholars in Clinical Science Program until 2008. A lifelong interest of his has been to understand the mechanisms by which aldosterone participates in cardiovascular diseases. He has published more than 600 original articles, reviews, chapters and books, including co-editing his seminal textbook "Clinical and Translational Science."

Dr. Faiez Zannad
Professor emeritus of Therapeutics and Cardiology, Université de Lorraine

Dr. Zannad is a Professor Emeritus of Therapeutics and Cardiology at Université de Lorraine, France. Zannad is involved in a number of major cardiovascular clinical trials, as a Principal Investigator and/or as a chair or member of several Steering Committees, Critical Event Committees and Data Safety and Monitoring Boards. Founder & chairman, CVCT Global Forum.

Board of Directors

Joakim Söderström
Chairman of the Board since 2023
Born 1984

Joakim Söderström is an entrepreneur and biotech investor with experience as CEO, board member, and chairman. Joakim was previously the CEO of SäkerhetsBranschen and Vice President of Euroalarm. Moreover, Joakim has previously held multiple managerial positions within the Swedish Police Authority. Joakim is considered independent of the Company, its management and major shareholders according to the Swedish corporate governance code.

Education: Police Academy at Umeå University, courses through The Swedish Civil Contingencies Agency (MSB) and the Swedish Defense University as well as selected courses in political science at Umeå University, behavioral science at Linköping University, Administrative and Labor Law at Malmö University.

Other ongoing assignments: CEO of Svensk Bakgrundsanalys AB and Security Holding Sverige AB. Board member of Svensk Bakgrundsanalys AB and Security Holding Sverige AB.

Shareholding: 1,618,105 Class B shares and 3,000,000 warrants.

Dr. Gunnar Olsson
Member of the Board since 2024
Born 1953

Dr. Gunnar Olsson is an MD, PhD in Medical Sciences at the Karolinska Institute. He was previously Adjunct Professor at the Karolinska Institute and has extensive experience from leading R&D positions in the pharmaceutical industry. He has over 20 years of experience in different Global R&D management positions at AstraZeneca and contributed to more than a dozen successful global product registrations for medicines in cardiovascular, vascular and gastrointestinal indications. Dr. Gunnar Olsson has been on the board of ESC, that awarded him the ESC President Award in recognition of his outstanding lifetime achievements, in 2023. He was a board member in Cereno Scientific between 2016-2018 and has been a member of the Scientific Advisory Board since this was established in 2019. Dr. Gunnar Olsson has been a senior advisor to the executive management team since 2018.

Education: MD and PhD in Medical Sciences at the Karolinska Institute, Stockholm.

Other ongoing assignments: Board member of IRLAB Therapeutics AB and Amplifier Tx AB. He is Vice Chair for the Swedish Heart Lung Foundation and Bundy Academy, Lund University.

Shareholding: 5,000 Class B shares and 600,000 warrants.

Dr. Anders Svensson
Member of the Board since 2018
Born 1951

Anders Svensson is a licensed physician, medical doctor, and lecturer with over 20 years of experience in academic medicine; his scientific focus is cardiovascular diseases. He has extensive experience in international pharmaceutical development after almost 20 years in leading positions within the global pharmaceutical industry such as F. Hoffmann-LaRoche where he was responsible for the global clinical development of diabetes and cardiovascular. Prior to that he was working as Vice President and responsible for the clinical development of cardiovascular and later gastrointestinal drugs at AstraZeneca. Anders Svensson has almost 100 publications to his name.

Education: MD and Ph.D. from the University of Gothenburg.

Other ongoing assignments: Founder of C Anders Svensson Consulting.

Shareholding: 488,200 Class B shares and 1,100,000 warrants.

Sten R. Sörensen
Member of the Board since 2024
Born 1953

Sten R. Sörensen has been the CEO of Cereno Scientific since 2015 and has extensive experience from the pharma, biotech, and finance industries. Prior to Cereno Scientific, he held senior positions in major pharma including Head of International Marketing Operations for the 10 BSEK pharma portfolio at Monsanto and Global Marketing Director for the 4 BSEK portfolio of Secondary Prevention Products, Cardiovasculars at AstraZeneca. At Monsanto and AstraZeneca, he initiated two groundbreaking preventive survival studies in heart failure, RALES and MERIT-HF, both establishing a paradigm shift for mineralocorticoid receptor (MR) antagonism and beta-blocker drug therapies in heart failure, significantly improving quality of life and life expectancy. He was also a Board member of Cereno Scientific between 2014-2016.

Education: Bachelor's degree in chemistry from Lund University.

Other ongoing assignments: CEO of Cereno Scientific. Chairman of SARomics Biostructure and board member of SynAct Pharma.

Shareholding: 1,128,514 Class B shares and 5,666,666 warrants.

Jeppe Øvlesen
Member of the Board since 2023
Born 1962

Øvlesen has experience in building biotech companies with strong focus on business development and M&A. He has been involved in more than 20 successful start-ups in medtech, biotech, and IT-healthcare, including CLC Bio, Cetrea, Go-Pen, Cercare Medical, Pnn Medical, Action Pharma and Resother Pharma. Øvlesen is Co-founder and CEO at SynAct Pharma AB (publ), and has previously been CEO at ChemoMetec A/S and other executive positions in TXP Pharma and CFO and Vice President of business development at Action Pharma A/S, whose lead candidate was acquired by AbbVie for 110 MUSD.

Education: MBA with a focus on leadership and finance from the University of Hartford, US.

Other ongoing assignments: Chairman in Cercare Medical A/S and Go-Pen A/S. Board member in Perfusion Tech Aps, ResoTher Pharma Aps, HG Energy Group.

Shareholding: 85,234 Class B shares and 1,000,000 warrants.

Ongoing assignments refer to assignments registered with the Swedish Companies Registration Office as of May 2, 2025, adjusted for changes known o the company up to May 2, 2025. Shareholdings refer to holdings registered in the Euroclear Sweden AB share register as of May 2, 2025, adjusted for changes known by the company up to May 13, 2025.

Executive Management Team

Sten R. Sörensen
CEO since 2015
Born 1959

Sten R. Sörensen has extensive experience from the pharma, biotech, and finance industries. Before Cereno, he held senior positions in major pharma including Head of International Marketing Operations for the 10 BSEK pharma portfolio at Monsanto and Global Marketing Director for the 4 BSEK portfolio of Secondary Prevention Products, Cardiovasculars at AstraZeneca. At Monsanto and AstraZeneca, he initiated two groundbreaking preventive survival studies in heart failure, RALES and MERITHF, both establishing a paradigm shift for mineralocorticoid receptor (MR) antagonism and beta-blocker drug therapies in heart failure, significantly improving quality of life and life expectancy. He is Chairman of SARomics Biostructure and Board Member of SynAct Pharma. He was also a Board member of Cereno Scientific between 2014-2016.

Education: Sten R. Sörensen hold a bachelor's degree in chemistry from Lund University.

Shareholding: 1,128,514 Class B shares and 5,666,666 warrants.

Dr Björn Dahlöf
Chief Scientific Officer, engaged in Cereno since 2012
Born 1953

Björn Dahlöf has over 35 years of clinical experience added to his extensive experience in cardiovascular research, pharmacology, drug development, and clinical trials (all phases) and has lectured in these areas internationally. Adviser to small and large pharmaceutical companies regarding drug development in all phases from preclinical development to larger lifecycle management studies after registration. Björn Dahlöf has initiated and led several major national and multinational mortality and morbidity studies that have had significance for guidelines in cardiovascular prevention and authored over 400 scientific publications.

Education: Dr. Björn Dahlöf is a Medical doctor from the University of Gothenburg, internal medicine physician and associate professor at Sahlgrenska University Hospital, University of Gothenburg.

Shareholding: 1,123,920 Class A shares, 1,439,076 Class B shares, 333,333 Qualified Personnel Warrants and 2,500,000 Warrants Series 2023/2026:1.

Dr Rahul Agrawal
Chief Medical Officer and Head of R&D since 2024
Born 1965

Dr. Rahul Agrawal is an experienced senior executive leader with a diverse background spanning Big Pharma and biotech. His expertise encompasses the entire value chain including R&D, Medical Affairs, commercial and strategy experience across various therapeutic areas such as cardiovascular, renal, respiratory, and rare/orphan drugs and he has launched seven drugs globally. Previous roles include CMO at Cardior, VP and Global Medicines Leader at AstraZeneca, and Global Director of Medical Affairs and Clinical Development at Bayer HealthCare.

Education: Dr. Rahul Agrawal has an MD degree from the Free University of Berlin, Germany and Cornell University, New York, USA, and is board-certified in cardiology, internal medicine, and emergency medicine. Additionally, he holds an MBA from Buckinghamshire New University, UK.

Shareholding: 2,000,000 warrants.

Eva Jagenheim
Chief Financial Officer (CFO) sedan 2023
Born 1966

Eva Jagenheim has a broad experience of various roles within finance. Previous experience includes working as an accountant at PWC, consultant at the accounting firm Arthur Andersen, and at companies of varying sizes across several different industries. She most recently worked as CFO at RLS Global, a medtech company listed on Nasdaq First North Growth Market.

Education: M.Sc. in Business and Economics from Linné University, Växjö, and an MBA from Gothenburg Business School.

Shareholding: 275,000 Class B shares and 1,000,000 warrants of series 2023/2026.

Nicholas Oakes
Head of Preclinical Development since 2022
Born 1961

Nicholas Oakes has more than 20 years of experience working in the pharmaceutical industry with both efficacy and safety-related aspects of preclinical research to discover and develop new effective and safe medicines in metabolic, cardiovascular, and renal disease areas.

Education: Nicholas Oakes holds a Ph.D. in cardiovascular and metabolic research from the University of New South Wales, Sydney, Australia.

Shareholding: 250,000 warrants of series 2023/2026 and 333,333 warrants of series KPO.

Tove Bergenholt
Head of IR & Communications since 2024
Born 1988

Tove Bergenholt has over a decade of ecperience from the healthcare and biotech sectos, working across communications, investor relations, integrated marketing and business strategy. She has broad experience in milestone communications at various points of the business and product life cycle, brand building and stakeholder engagement on global, regional and local markets. She has worked with several biotech companies listed on Nasdaq Stockholm, Nasdaq First North and Spotlight. Previous experience in global healthcare PR for AstraZeneca, Merck KGaA and Bayer. Tove worked with the company in a consultancy capacity between 2020-2024.

Education: Tove Bergenholt holds a M.Sc. in Digital Business Management from Manchester Metropolitan University, UK. Dual B.Sc. in Business Administration with specialization in Business Development and Accounting from the University of Borås.

Shareholding: -

For shareholders

Investing in innovation with purpose

Investment case

1.

Strong market opportunity

- Cereno Scientific is addressing rare and underserved areas within cardiovascular and pulmonary diseases, with an initial focus on pulmonary arterial hypertension (PAH) — a market expected to reach USD 13.5 billion by 2032.
- There is a significant **unmet medical need** for disease-modifying therapies in these indications, positioning Cereno Scientific's portfolio for strong commercial potential and meaningful patient impact.

2.

Differentiated and innovative MoA

- Cereno Scientific's drug candidates are based on **epigenetic modulation** — a novel therapeutic approach with the potential to transform the treatment landscape in cardiovascular disease.
- The lead candidate, CS1, has demonstrated a favorable safety and tolerability profile and promising efficacy signals in clinical development, offering the **potential for disease-modifying effects in PAH.**

3.

Robust clinical development and strategic collaborations

- Cereno Scientific has advanced its clinical programs with clear upcoming milestones that could serve as **significant value inflection points**.
- Strategic collaborations with leading institutions, such as the **University of Michigan and global healthcare company Abbott, and medtech Fluidda,** provide strong scientific validation and enhance development efficiency.

4.

Commercialization potential and IP strength

- Cereno Scientific's commercial strategy includes **flexible pathways through potential partnerships and licensing agreements** after demonstrating clinical proof-of-concept.
- A strong and expanding intellectual property portfolio across all three drug candidates supports **long-term market exclusivity and strategic optionality**.

5.

Experienced leadership and strong execution capabilities

- Cereno Scientific is **led by a seasoned management team** with deep expertise in pharmaceutical development, regulatory strategy, and commercialization.
- A proven track record in **securing funding, building strategic partnerships, and delivering on key development milestones** supports continued operational success and shareholder value creation.

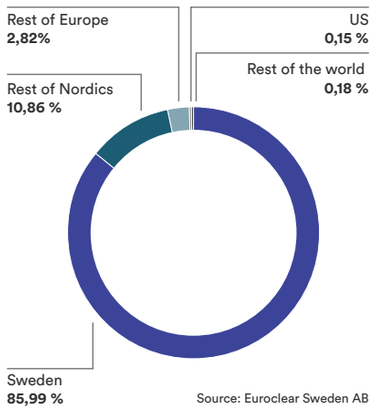
The share

Cereno Scientific's share has been listed on Nasdaq First North Growth Market since June 14, 2023, and previously on Spotlight Stock Market since June 22, 2016. At the turn of the year, the share capital amounted to SEK 28,170,184 divided into 281,701,842 shares, of which 722,48 Class A shares. The shares have a ratio value of SEK 0.10. All shares carry one vote where the Class A share gives ten (10) votes per share and one (1) vote per Class B share. The number of shareholders on December 31, 2024 was approximately 9,463. The ten largest owners held nearly 30 percent of the share capital.

Size per class on December 31, 2024

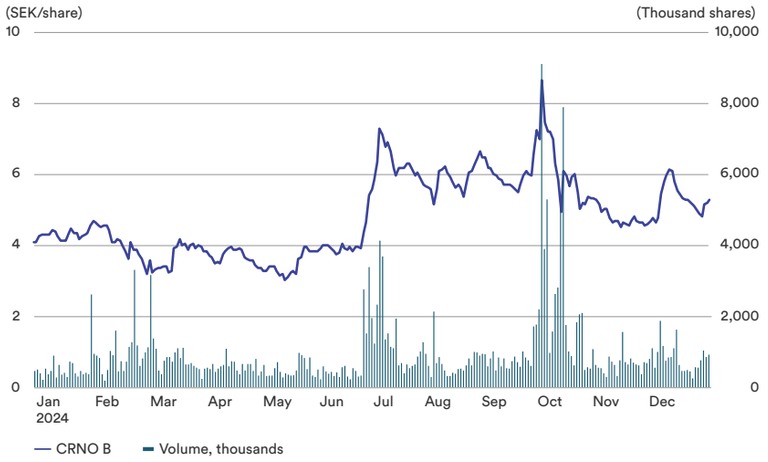
Holding	Number of shareholders	Quantity A shares	Quantity B shares	Holding (%)	Votes (%)	Market value (KSEK)
1 - 500	2,895	0	481,745	0.17 %	0.17 %	2 705
501 - 1,000	1,022	0	812,310	0.29 %	0.28 %	4 561
1,001 - 2,000	2,629	0	6,718,363	2.38 %	2.33 %	37 724
5,001 - 10,000	999	0	7,496,236	2.66 %	2.60 %	42 091
10,001 - 15,000	472	0	5,886,410	2.09 %	2.04 %	33 052
15,001 - 20,000	349	0	6,228,805	2.21 %	2.16 %	34 975
20,001 -	1,421	722,248	253,355,725	90.19 %	90.42 %	1 422 592
Total	**9,787**	**722,248**	**280,979,594**	**100.00 %**	**100.00 %**	**1 577 700**

Shares per regions on Dec 31, 2024



Source: Euroclear Sweden AB

Share development



Financial reporting

Administration Report

The Board of Directors and the CEO of Cereno Scientific AB (556890-4071) hereby submit the Annual Report for the fiscal year 2024-01-01 - 2024-12-31. The Annual Report is prepared in Swedish kronor, SEK.

Operations

Cereno Scientific is pioneering treatments to enhance and extend life. Our innovative pipeline offers disease-modifying drug candidates to empower people suffering from rare cardiovascular and pulmonary diseases to live life to the full.

Lead candidate CS1 is an HDACi that works through epigenetic modulation, being developed as an effective and disease modifying treatment with a favorable safety and tolerability profile for rare disease Pulmonary Arterial Hypertension (PAH). A Phase IIa trial evaluating CS1's safety, tolerability, and exploratory efficacy in patients with PAH demonstrated that CS1 has a favorable safety profile, is well-tolerated and showed a positive impact on exploratory clinical efficacy parameters. An Expanded Access Program enables patients that have completed the Phase IIa trial to gain access to CS1. CS014, in Phase I development, is a new chemical entity with disease-modifying potential. CS014 is a HDAC inhibitor with a multimodal mechanism of action as an epigenetic modulator having the potential to address the underlying pathophysiology of rare cardiovascular and pulmonary diseases with high unmet needs such as idiopathic pulmonary fibrosis (IPF). Cereno Scientific is also pursuing a preclinical program with CS585, an oral, highly potent and selective prostacyclin (IP) receptor agonist that has demonstrated the potential to significantly improve disease mechanisms relevant to cardiovascular diseases. While CS585 has not yet been assigned a specific indication for clinical development, preclinical data indicates that it could potentially be used in indications like Thrombosis prevention without increased risk of bleeding and Pulmonary Hypertension.

The Company is headquartered in GoCo Health Innovation City, in Gothenburg, Sweden, and has a US subsidiary; Cereno Scientific Inc. based in Kendall Square, Boston, Massachusetts, US. Cereno Scientific is listed on the Nasdaq First North (CRNO B).

Financial performance

During the year 2024, the company mainly invested in the conduct of the clinical Phase IIa study with CS1 in PAH, in the production of clinical supplies, in the development of its patent portfolio, Phase I study with the HDAC inhibitor CS014 and in preclinical studies with CS585 A share issue was done in April (T03), which provided the company with approximately SEK 77 million before deduction of transaction costs. At the end of the year, the group had a cash balance of approximately SEK 127 million and an equity/assets ratio of 46.4 %.

Risk factors

A number of risk factors can have a negative impact on Cereno Scientific's operations. It is therefore of great importance to take into account relevant risks in addition to the company's growth opportunities. These risks are described without mutual arrangement and without claims to be comprehensive in the company's prospectus issued in connection with the rights issue in May 2023 and which can be read on the Company's website.

Company structure and shareholding

Cereno Scientific Group comprises parent company Cereno Scientific AB and its US subsidiary Cereno Scientific Inc. The US subsidiary was formed on 20 December 2019, and is wholly owned by Cereno Scientific AB.

Company share

Cereno Scientific's B shares were listed on Spotlight Stock Market on 22 June 2016 but since 14 June 2023 the shares are trading on Nasdaq First North Growth Market with the short name "CRNO B" and ISIN code SE0008241558. The Company's Certified Adviser is DNB Carnegie Investment Bank AB and helps the company comply with Nasdaq First North Growth Market rules and regulations.

Share capital

On 31 December 2024, the share capital was divided across 281 701 842 shares. The company has two classes of shares of which 722 248 are Class A shares. The Class A share carries the right to ten (10) votes per share. Each Class B share carries the right to one (1) vote per share. Each share gives equal rights to the company's assets and earnings. The ratio value (share capital divided by number of shares) amounts to SEK 0.10.

Long-term employee stock option program (qualified employee stock options) for employees

The Extraordinary General Meeting on 28 February 2022 resolved to implement a long-term incentive program for employees of the company, through the issue of not more than 3,000,000 qualified employee stock options, which will be granted to the participants without consideration. Each stock options entitles the participant to acquire one new share of series B in the company at an exercise price amounting to SEK 0.10, equivalent of the share's ratio value. Allocation of stock options to the participants shall be made no later than 31 December 2022. The allocated stock options vest during 36 months and may only be utilized to acquire new shares if the participant still is an employee of the company and all other requirements for qualified employee stock options under the Swedish Income Tax Act are fulfilled. The participant may utilize allocated and vested stock options from the end of the vesting period up to and during the entire tenth year calculated from the date of allocation. The Meeting also resolved to issue not more than 3,000,000 warrants to enable delivery of new shares to the participants of the program. A total of 2,444,442 stock options was allocated

to employees before 31 December 2022. With employees who have left their employment with the company taken into account, the number of allocated stock options that remains amounts to 1,666, 665. After the completed share issue in May 2023, the restated number of Class B shares that the stock options give entitlement to is 1,754,719.

Long-term employee stock option program (qualified employee stock options) for board members

The Extraordinary General Meeting on 28 February 2022 resolved to implement a long-term incentive program for board members of the company, through the issue of not more than 1,111,111 qualified employee stock options, which will be granted to the participants without consideration. Each stock options entitles the participant to acquire one new share of series B in the company at an exercise price amounting to SEK 0.10, equivalent of the share's ratio value. Allocation of stock options to the participants shall be made no later than 31 December 2022. The allocated stock options vest during 36 months and may only be utilized to acquire new shares if the participant still is a board member or otherwise remain engaged in the company and all other requirements for qualified employee stock options under the Swedish Income Tax Act are fulfilled. The participant may utilize allocated and vested stock options from the end of the vesting period up to and during the entire tenth year calculated from the date of allocation. The Meeting also resolved to issue not more than 1,111,111 warrants to enable delivery of new shares to the participants of the program. A total of 1,111,110 stock options was allocated to board members before 31 December 2022. With board members who have left their engagement with the company taken to into account, the number of allocated stock options that remains amounts to 444,444. After the completed share issue in May 2023, the restated number of Class B shares that the stock options give entitlement to is 467,925.

Implementation of a long-term incentive program (warrants)

The Extraordinary General Meeting on 28 February 2022 resolved to implement a long-term incentive program for certain key individuals in the company that cannot be allocated qualified employee stock options, through the issue of not more than 3,333,333 warrants. After the completed issue in May 2023, the recalculated number of shares to which the options entitle amounts to 3,509 440, of which 807,171 have been allocated as of December 31, 2023. The warrants shall be issued the company and then be transferred to participants in the program at a price corresponding to the warrants' market price at the time of the transfer, calculated pursuant to the Black & Scholes model. Each warrant entitles to subscription for one new share of series B in the company at a subscription price corresponding to 150 percent of the volume-weighted average share price during the fifteen-day period which immediately precedes allocation. Subscription for new shares by virtue of the warrants.

Warrants of series 2023/2026:1 and series 2023/2026:1

The Extraordinary General Meeting on September 14 2023 resolved to issue 13,000,000 warrants of series 2023/2026:1 to be transferred to employees at market price, calculated pursuant to the Black & Scholes model. Each warrant entitles to subscription for one new share of series B in the company at a subscription price of 2 SEK. The subscription time is set to 16 November to 30 November, 2026. The extraordinary General Meeting resolved to issue 7,000,000 warrants to some Members of the Board. The warrants of series 2023/2026:2 are transferred to the board members at market price, calculated pursuant to the Black Scholes model. Each warrant entitles to subscription for one new share of series B in the company at a subscription price of 2 SEK. The subscription time is set to 16 November to 30 November, 2026.

Warrants of series 2023/2026:3 and series 2023/2026:4

The Extraordinary General Meeting on November 7 2023 resolved to issue 250,000 warrants of series 2023/2026:4 to be transferred to employees at market price, calculated pursuant to the Black & Scholes model. One (1) Warrant of series 2023/2026:3 provides the right during the period from 30 November 2026 up to and including 14 December 2026 subscribe to one Share at a Subscription Price amounting to 200 percent of the volume-weighted average price of the Company's share of series B on Nasdaq First North Growth Market during the period from and including 24 October 2023 until and including 6 November 2023, however, never lower than the Shares' quota value. The extraordinary General Meeting resolved to issue 1,000,000 warrants to a new Member of the Board. The warrants of series 2023/2026:4 are transferred to the board member at market price, calculated pursuant to the Black Scholes model. One (1) Warrant of series 2023/2026:3 provides the right during the period from 30 November 2026 up to and including 14 December 2026 subscribe to one Share at a Subscription Price amounting to 200 percent of the volume-weighted average price of the Company's share of Class B on Nasdaq First North Growth Market during the period from and including 24 October 2023 until and including 6 November 2023, however, never lower than the shares' ratio value.

The Extraordinary General Meeting on December 12, 2023, resolved, in accordance with the board of director's proposal, to adjust the terms and conditions for the warrants of series 2023/2026:1 and 2023/2026:4, respectively, and necessary adjustments of the agreements between the holders of the warrants and the Company related to the respective incentive program.

The general meeting also resolved, in accordance with a shareholder groups' proposal, to adjust the terms and conditions for the warrants of series 2023/2026:1 and 2023/2026:4, respectively, and necessary adjustments of the agreements between the holders of the warrants and the Company related to the respective incentive program.

Warrants of convertible loans

The Financing Agreement is divided into three components: (i) a cash loan in two tranches totaling 175 MSEK (the "Loan"), (ii) the issue of convertible loans of 75 MSEK to the Financiers (the "Convertibles"), and (iii) the issue without consideration of 5,749,017 warrants to the Financiers (the "Warrants").

The Convertibles are issued by the Board of Directors of Cereno Scientific pursuant to the authorization granted by the general meeting on 16 April 2024. The Convertibles will be due for repayment on 30 April 2026 and could be converted into Class B shares in the company to a conversion price fixed at 6.09 SEK, only subject to customary recalculation principles. Conversion of the Convertibles can be done during the whole term of the Convertibles.

The Warrants are also issued by the Board of Directors of Cereno Scientific pursuant to the abovementioned authorization. Each Warrant is eligible for subscription of one (1) new B-share in the company until 30 April 2029 at a subscription price per Class B share of 6.82 SEK, only subject to customary recalculation principles. Exercise of the Warrants can be done during the whole term of the Warrants. Upon full exercise of the Warrants, the company will receive additional issue proceeds of approximately 39.2 MSEK.

Share capital development

Year	Event	Ratio value (SEK)	Difference shares	Change (SEK)	Total number shares	Total share capital (SEK)
2012	Rights issue	1	50 000	50 000	50 000	50 000
2012	Directed issue	1	10 605	10 605	60 605	60 605
2016	Stock dividend issue	1	1 200	1 200	61 805	61 805
2016	Share split 100:1	10		556 245	61 805	618 050
2016	Subdivision A-/B- shares	0.10	6 118 695		6 180 500	618 050
2016	Directed issue	0.10			6 180 500	
2016	Directed issue	0.10	1 420 000	1 420 000	7 600 500	760 050
2016	IPO	0.10	450 000	45 000	8 050 500	805 050
2016	Conversion	0.10	2 940 000	294 000	10 990 500	1 099 050
2018	Conversion	0.10	188 679	18 868	11 179 179	1 117 918
2018	Conversion	0.10	444 444	44 444	11 623 623	1 162 362
2018	Conversion	0.10	540 540	54 054	12 164 163	1 216 416
2018	Conversion	0.10	483 870	4 838 700	12 648 033	1 264 803
2018	Conversion	0.10	419 354	41 935	13 067 387	1 306 739
2018	Conversion	0.10	384 614	38 461	13 452 001	1 345 200
2018	Conversion	0.10	269 230	26 923	13 721 231	1 372 123
2018	Conversion	0.10	307 692	30 769	14 028 923	1 402 892
2018	Conversion	0.10	333 333	33 333	14 362 256	1 436 226
2018	Conversion	0.10	285 714	28 571	14 647 970	1 464 797
2019	Conversion	0.10	533 333	53 333	15 181 303	1 518 130
2019	Conversion	0.10	666 666	66 667	15 847 969	1 584 797
2019	Conversion	0.10	3 333 333	333 333	19 181 302	1 918 130
2019	Rights issue	0.10	19 181 302	1 918 130	38 362 604	3 836 260
2019	Overallotment issue	0.10	1 724 137	172 414	40 086 741	4 008 674
2019	Remuneration issue	0.10	132 571	13 257	40 219 312	4 021 931
2020	Directed issue	0.10	31 600 000	3 160 000	71 819 312	7 181 931
2021	Share issue TO1	0.10	33 442 470	3 344 247	105 261 782	10 526 178
2022	Share issue TO2	0.10	32 253 062	3 225 306	137 514 844	13 751 484
2023	Rights issue	0.10	96 260 390	9 626 039	233 775 234	23 377 523
2024	Share issue TO3	0.10	47 926 608	4 792 661	281 701 842	28 170 184
At end of period		**0.10**			**281 701 842**	

Share and owners

The largest shareholders by 31 Dec 2024.

Owners	Capital	Votes
Försäkringsaktiebolaget Avanza Pension	16.27 %	15.90 %
Myrlid, AS	5.86 %	5.73 %
Jern, Claes Sverker	0.64 %	1.35 %
Ejlegard, Andreas	1.34 %	1.31 %
Gevryie, Dory	1.33 %	1.30 %
Butt, Jan	1.22 %	1.19 %
Nordnet Pensionsförsäkring AB	1.13 %	1.11 %
Frank, Fredrik	1.11 %	1.09 %
Bergh, Olof Niklas	0.12 %	0.84 %
Borgquist, Niklas	0.81 %	0.79 %
Total ten largest owners	**29.83 %**	**30.61 %**
Other shareholders	70.17 %	69.39 %
Total (9 463 shareholders)	**100 %**	**100 %**

Key individuals in executive management and Board hold shares through companies and/or related parties and are therefore not included in the list above. This includes Sten R. Sörensen, Björn Dahlöf, and Joakim Söderström.

Annual General Meeting

The Annual General Meeting to be held on Tuesday, June 10, 2025 at 11 a.m. at MAQS Advokatbyrå, Masthamnsgatan 13 in Gothenburg. More information is available on the company's website.

Upcoming financial reports

Interim report, Q1 2025.....22 May 2025
Interim report, Q2 2025.....27 August 2025
Interim Report, Q3 2025.....27 November 2025
Year-end Report, Q4 2025.....27 February 2026

Development of the Group's operations, profit/loss and position*

(SEK)	2024-12-31	2023-12-31	2022-12-31	2021-12-31	2020-12-31
Net sales	-	-	-	-	-
Loss after financial items	-99,525,680	-48,106,210	-27,648,649	-16,250,680	-16,017,060
Total assets	413,772,093	284,986,216	215,653,647	180,738,186	112,231,644
Equity/assets ratio %	46.40	75.9	93.4	94.1	88.9
Cash and bank balance	127,577,645	87,168,535	67,045,679	89,634,757	66,004,352

*The Group commenced on 20 December 2019.

Development of the Parent Company's operations, profit/loss and position

(SEK)	2024-12-31	2023-12-31	2022-12-31	2021-12-31	2020-12-31
Net sales	-	-	-	-	-
Loss after financial items	-99,442,612	-48,181,632	-27,747,301	-16,576,604	-16,015,061
Total assets	413,769,805	284,957,107	215,606,906	180,729,727	112,159,718
Equity/assets ratio %	43.30	75.9	93.5	94.1	88.9
Cash and bank balance	127,466,516	87,102,526	67,012,503	89,594,519	65,955,827

Proposed disposition of the company's result

The Board of Directors and the CEO propose that available losss, SEK -108,126,107, be disposed of as follows:

Share premium reserve 68,812,405
Retained earnings..... -77,495,900
Profit/loss for the year ..... -99,442,612
Amount..... -108,126,107

Retained in new account..... -108,126,107
Amount..... -108,126,107

Regarding the company's profit/loss and position in general, reference is made to subsequent income statements and balance sheets with accompanying notes.

Group – Change in equity

1 January - 31 December 2024	Share capital	Other contributed capital	Other capital including profit/ loss for the year
At start of period	23,377,523	297,413,530	-104,366,617
Qualified personell warrants	-		1,419,813
Exchange rate differences when translating foreign subsidiaries	-	-	2,810
New share issue	4,792,661	71,889,912	-
Issue expenses	-	-3,077,507	-
Loss for the period	-	-	-99,525,680
At the end of the period	**28,170,184**	**366,225,935**	**-202,469,674**

Parent company – Change in equity

1 January - 31 December 2024	Share capital	Fund for development expenses	Share premium reserve	Retained earnings	Net loss for the period
At start of period	23,377,523	190,941,749	51,688,498	-1,519,591	-48,181,632
Disposal according to AGM resolution	-	-	-51,688,498	3,506,866	48,181,632
Qualified personell warrants	-	-	-	1,419,813	-
New share issue	4,792,661	-	71,889,912	-	-
Issue expenses	-	-	-3,077,507	-	-
Redistribution in equity	-	80,902,988	-	-80,902,988	-
Loss for the period	-	-	-	-	-99,442,612
At the end of the period	**28,170,184**	**271,844,737**	**68,812,405**	**-77,495,901**	**-99,442,612**

Group – Income statement

(SEK)	Note	1 Jan 2024 31 Dec 2024 12 months	1 Jan 2023 31 Dec 2023 12 months
Net sales		-	-
Capitalised work for own account	1,6	80,902,988	49,276,646
		80,902,988	**49,276,646**
Operating expenses			
Other external costs		-128,675,259	-71,152,162
Personnel costs	3	-25,820,634	-18,748,415
Depreciation of tangible fixed assets	8	-286,944	-14,308
Other operating cost	4	-1,956,311	-4,011,820
Operating loss		**-75,836,160**	**-44,650,060**
Loss from financial items			
Interest income and similar income		2,397,367	1,840,942
Interest expenses and similar expenses	11	-26,086,887	-5,297,093
Loss after financial items		**-99,525,680**	**-48,106,210**
Loss before tax		**-99,525,680**	**-48,106,210**
Income taxes	5	0	0
Loss for the period		**-99,525,680**	**-48,106,210**

Group – Balance sheet

(SEK)	Note	31 Dec 2024	31 Dec 2023
ASSETS			
Fixed assets			
Intangible assets			
Capitalised expenditures for development activities	6	263,386,283	182,483,295
Patents, trademarks, licenses and similar rights	7	13,780,255	13,780,255
		277,166,537	**196,263,550**
Tangible assets	**8**		
Fixtures, tools and installations		1,266,347	14,315
Expenditure on improvements to leased property		2,332,275	0
		3,598,622	**14,315**
Financial assets			
Other long-term receivables	9	10,187	9,264
		10,187	**9,264**
Total fixed assets		**280,775,346**	**196,287,129**
Current assets			
Current receivables			
Other receivables		2,879,594	1,123,911
Prepaid expenses and accrued income		2,539,507	406,641
		5,419,101	**1,530,552**
Cash and bank balance		**127,577,645**	**87,168,535**
Total current assets		**132,996,746**	**88,699,087**
TOTAL ASSETS		**413,772,093**	**284,986,216**

(SEK)	Note	31 Dec 2024	31 Dec 2023
EQUITY AND LIABILITIES			
Equity	12		
Share capital		28,170,185	23,377,523
Other contributed capital		271,844,737	299,084,217
Other capital including loss for the year		-108,088,476	-106,037,304
Equity attributed to the Parent Company's shareholders		**191,926,446**	**216,424,436**
Total equity		**191,926,446**	**216,424,436**
Long-term liabilities	11		
Other liabilities to credit institutions		190,400,000	45,400,000
		190,400,000	**45,400,000**
Current liabilities			
Accounts payable		13,950,527	6,930,366
Other liabilities		11,999,674	1,231,118
Accrued expenses and deferred income	13	5,495,446	15,000,296
		31,445,647	**23,161,780**
TOTAL ASSETS		**413,772,093**	**284,986,216**

Group – Cash flow statement

(SEK)	Note	1 Jan 2024 31 Dec 2024 12 months	1 Jan 2023 31 Dec 2023 12 months
OPERATING ACTIVITIES			
Loss after financial items		-99,525,680	-48,106,210
Adjustments for items not included in the cash flow			
Depreciations		286,944	14,308
Translation differences		0	34,002
Accrued expenses for borrowings		6,125	0
Accrued interest cost		0	777,040
Qualified Personnel warrants		1,419,813	1,670,687
		-97,812,798	**-45,610,173**
Cash flow from operating activities before changes in working capital		**-97,812,798**	**-45,610,173**
Cash flow from changes in working capital			
Increase (-)/Decrease (+) in operating receivables		-3,861,403	52,288
Increase (+)/Decrease (-) in operating liabilities		-1,747,516	8,642,852
Cash flow from operating activities		**-103,421,717**	**-36,915,033**

(SEK)	Note	1 Jan 2024 31 Dec 2024 12 months	1 Jan 2023 31 Dec 2023 12 months
Investing activities			
Acquisition of intangible assets	6,7	-80,902,988	-49,276,646
Acquisition of tangible fixed assets	8	-3,871,250	
Cash flow from investing activities		**-84,774,238**	**-49,276,646**
Financing activities			
New share issue	12	76,682,573	77,008,311
Issue expenses	12	-3,077,507	-15,693,775
Proceed from borrowings	11	155,000,000	45,000,000
Cash flow from financing activities		**228,605,066**	**106,314,536**
Cash flow for the period		**40,409,110**	**20,122,856**
Cash and cash equivalents at start of period		**87,168,535**	**67,045,679**
Cash and cash equivalents at end of period		**127,577,645**	**87,168,535**

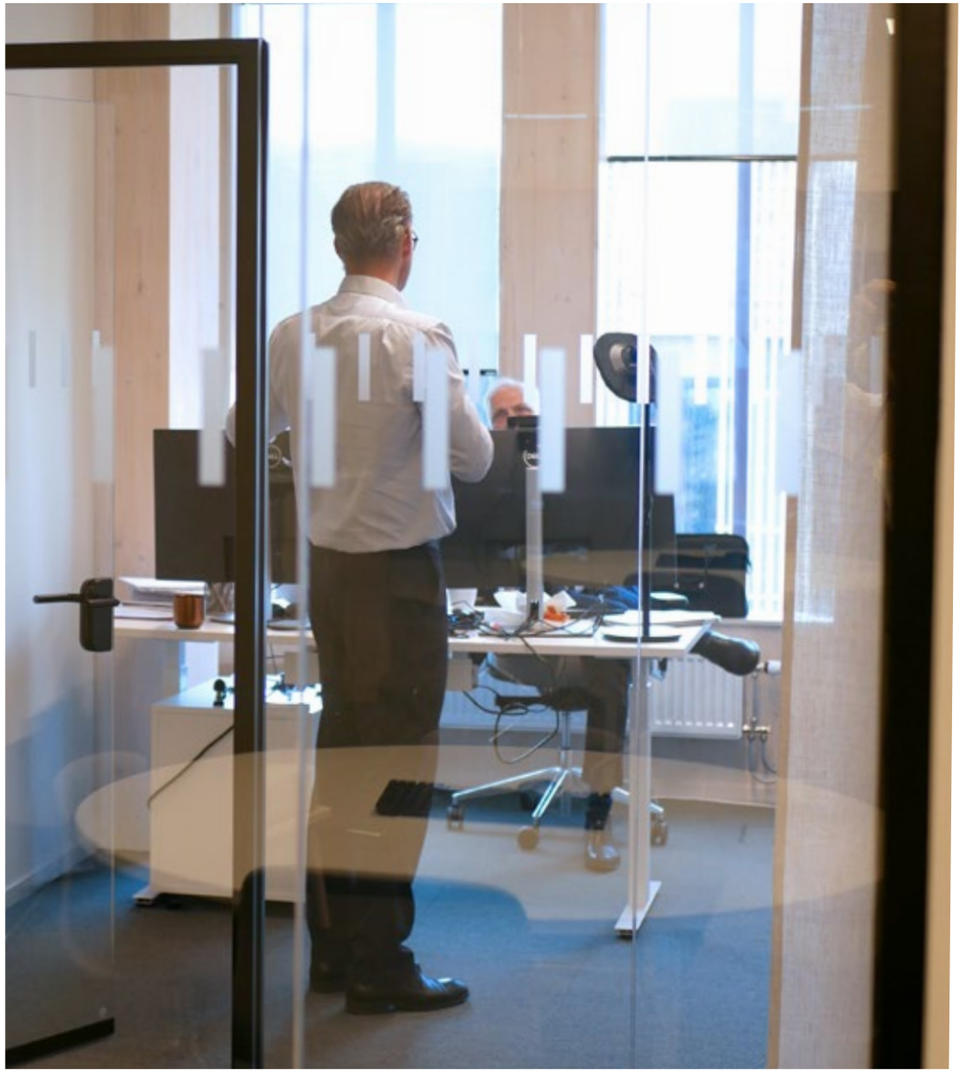
Group – Change in equity

1 January - 31 December 2024	Share capital	Other contributed capital	Other capital including profit/ loss for the year
At start of period	23,377,523	297,413,530	-104,366,617
Qualified personell warrants	-		1,419,813
Exchange rate differences when translating foreign subsidiaries	-	-	2,810
New share issue	4,792,661	71,889,912	-
Issue expenses	-	-3,077,507	-
Loss for the period	-	-	-99,525,680
At the end of the period	**28,170,184**	**366,225,935**	**-202,469,674**

1 January - 31 December 2023	Share capital	Other contributed capital	Other capital including profit/ loss for the year
At start of period	13,751,484	245,725,032	-57,965,096
Qualified personell warrants	-	-	1,670,687
Exchange rate differences when translating foreign subsidiaries	-	-	34,002
New share issue	9,626,039	67,382,273	-
Issue expenses	-	-15,693,775	-
Loss for the period	-	-	-48,106,210
At the end of the period	**23,377,523**	**297,413,530**	**-104,366,617**

Parent company – Income statement

(SEK)	Note	1 Jan 2024 31 Dec 2024 12 months	1 Jan 2023 31 Dec 2023 12 months
Net sales		-	-
Capitalised work for own account	1, 6	80,902,988	49,276,646
		80,902,988	**49,276,646**
Operating expenses			
Other external costs	2	-128,592,190	-71,227,587
Personnel costs	3	-25,820,634	-18,748,415
Depreciation of tangible fixed assets	8	-286,944	-14,308
Other operating cost	4	-1,956,312	-4,011,817
Operating loss		**-75,753,092**	**-44,725,481**
Loss from financial items			
Interest income and similar income		2,397,367	1,840,942
Interest expenses and similar expenses	11	-26,086,886	-5,297,093
Loss after financial items		**-99,442,612**	**-48,181,632**
Loss before tax		**-99,442,612**	**-48,181,632**
Loss for the period		**-99,442,612**	**-48,181,632**



Parent company – Balance sheet

(SEK)	Note	31 Dec 2024	31 Dec 2023
ASSETS			
Subscribed unpaid capital		-	-
Fixed assets			
Intangible assets			
Capitalised expenditures for development activities	6	263,386,283	182,483,295
Patents, trademarks, licenses and similar rights	7	13,780,255	13,780,255
		277,166,537	**196,263,550**
Tangible assets			
Fixtures, tools and installations	8	1,266,347	14,315
Expenditure on improvements to leased property	8	2,332,275	0
		3,598,622	**14,315**
Financial assets			
Other long-term receivables	10	941	941
		941	**941**
Total fixed assets		**280,766,100**	**196,278,806**
Current assets			
Current receivables			
Receivables from group companies		118,087	107,154
Other receivables		2,879,594	1,023,629
Tax receivables		-	-
Prepaid expenses and accrued income		2,539,507	406,640
		5,537,188	**1,537,423**
Cash and bank balance		**127,466,516**	**87,102,526**
Total current assets		**133,003,705**	**88,639,949**
TOTAL ASSETS		**413,769,805**	**284,918,755**

(SEK)	Note	31 Dec 2024	31 Dec 2023
EQUITY AND LIABILITIES			
Equity	12		
Restricted equity			
Share capital		28,170,184	23,377,523
Fund for development expenses		271,844,737	190,941,749
		300,014,921	**214,319,273**
Unrestricted equity			
Share premium reserve		68,812,405	51,688,498
Retained earnings		-77,495,900	-1,519,591
Profit/loss for the period		-99,442,612	-48,181,632
		-108,126,107	**1,987,274**
Total equity		**191,888,814**	**216,306,547**
Long-term liabilities	11		
Other liabilities to credit institutions		190,400,000	45,400,000
Other long-term liabilities			
		190,400,000	**45,400,000**
Current liabilities			
Accounts payable		13,913,023	6,930,366
Other liabilities		12,072,522	1,192,765
Accrued expenses and deferred income	13	5,495,445	15,089,077
		31,480,990	**23,212,208**
TOTAL EQUITY AND LIABILITIES		**413,769,805**	**284,918,755**

Parent company – Change in equity

1 January - 31 December 2024	Share capital	Fund for development expenses	Share premium reserve	Retained earnings	Net loss for the period
At start of period	23,377,523	190,941,749	51,688,498	-1,519,591	-48,181,632
Disposal according to AGM resolution	-	-	-51,688,498	3,506,866	48,181,632
Qualified personell warrants	-	-	-	1,419,813	-
New share issue	4,792,661	-	71,889,912	-	-
Issue expenses	-	-	-3,077,507	-	-
Redistribution in equity	-	80,902,988	-	-80,902,988	-
Loss for the period	-	-	-	-	-99,442,612
At the end of the period	**28,170,184**	**271,844,737**	**68,812,405**	**-77,495,901**	**-99,442,612**

1 January - 31 December 2023	Share capital	Fund for development expenses	Share premium reserve	Retained earnings	Net loss for the period
At start of period	13,751,484	141,665,103	55,565,518	18,268,153	-27,747,301
Disposal according to AGM resolution	-	-	-55,565,518	27,818,216	27,747,301
Qualified personell warrants	-	-	-	1,670,687	-
New share issue	9,626,039	-	67,382,273	-	-
Issue expenses	-	-	-15,693,775	-	-
Redistribution in equity	-	49,276,646	-	-49,276,646	-
Loss for the period	-	-	-	-	-48,181,632
At the end of the period	**23,377,523**	**190,941,749**	**51,688,498**	**-1,519,591**	**-48,181,632**

Parent – Cash flow statement

(SEK)	Note	1 Jan 2024 31 Dec 2024 12 months	1 Jan 2023 31 Dec 2023 12 months
OPERATING ACTIVITIES			
Loss after financial items		-99,442,612	-48,181,632
Adjustments for items not included in the cash flow			
Depreciations	8	286,944	14,308
Accrued interest cost		6,125	777,040
Qualified stock warrants		1,419,813	1,670,687
		-97,729,730	**-45,719,597**
Cash flow from operating activities before changes in working capital		**-97,729,730**	**-45,719,597**
Cash flow from changes in working capital			
Increase (-)/Decrease (+) in operating receivables		-3,961,413	40,512
Increase (+)/Decrease (-) in operating liabilities		-1,775,694	8,731,217
Cash flow from operating activities		**-103,466,838**	**-36,947,867**

(SEK)	Note	1 Jan 2024 31 Dec 2024 12 months	1 Jan 2023 31 Dec 2023 12 months
Investing activities			
Acquisition of intangible assets	6,7	-80,902,988	-49,276,646
Acquisition of tangible assets	6,7	-3,871,250	-
Cash flow from investing activities		**-84,774,238**	**-49,276,646**
Financing activities			
New share issue	12	76,682,573	77,008,311
Issue expenses	12	-3,077,507	-15,693,775
Proceed from borrowings	11	155,000,000	45,000,000
Cash flow from financing activities		**228,605,066**	**106,314,536**
Cash flow for the period		**40,363,990**	**20,090,022**
Cash and cash equivalents at start of period		**87,102,526**	**67,012,503**
Cash and cash equivalents at end of period		**127,466,516**	**87,102,526**

Accounting policies and notes

Note 1 Accounting policies

Amounts in SEK unless otherwise indicated.

This Annual Report has been prepared in accordance with the Annual Accounts Act and the Swedish Accounting Standards Board BFNAR 2012:1 Annual Report and Consolidated Accounts (K3).

The accounting policies are unchanged from the previous year.

Assets, provisions and liabilities have been measured at cost unless otherwise indicated below.

Consolidated financial statement

Subsidiaries

Subsidiaries are companies in which the Parent Company directly or indirectly holds more than 50 per cent of the voting rights or otherwise exercises a controlling interest. A controlling interest entails the right to design a company's financial and operational strategies for the purpose of obtaining financial benefit. The recognition of business acquisitions is based on the economic entity approach, which means that an acquisition analysis is prepared as of the point in time when the acquirer obtains a controlling interest. As of that point in time, the acquirer and the entity acquired are regarded as a single economic entity. Furthermore, the application of the economic entity approach means that all assets (including goodwill) and liabilities, as well as revenue and costs, are taken into account in their entirety, even for partially owned subsidiaries.

The cost of subsidiaries is calculated as the sum of fair value on the acquisition date for assets paid for plus liabilities that have arisen or were taken over, as well as equity instruments issued, expenditures directly attributable to the business acquisition and any purchase considerations. The acquisition analysis establishes the fair value on the acquisition date, with a few exceptions, of identifiable assets acquired and liabilities taken over as well as minority interests. Minority interests are measured at fair value on the acquisition date. As of the acquisition date, the consolidated financial statement includes the company's revenue and costs, identifiable assets and liabilities, and any goodwill or negative goodwill that has arisen.

Elimination of intra-Group transactions

Intra-Group receivables and liabilities, revenue and costs, and unrealised gains or losses that arise in conjunction with intra-Group transactions are eliminated in their entirety. Unrealised losses are eliminated in the same manner as unrealised gains, but only to the extent that there is no indication of a need for impairment.

Intangible fixed assets

Intangible fixed assets are recognised at cost less accumulated amortisations and impairments. In addition to the purchase price, the costs includes expenditures directly attributable to the acquisition.

Research and development expenditures

When recognising expenditures for development, the capitalisation model is applied. This means that expenses that arose during the development phase are recognised as assets when all the conditions below have been met:

- Completion of the intangible fixed asset is possible so that it can be used or sold.
- The intent is to complete the intangible fixed asset, either to use it or to sell it.
- The conditions exists to use or sell the intangible fixed asset.
- It is probably that the intangible fixed asset will generate future financial benefit.
- The necessary technological, financial and other resources are adequate for completing development and for using or selling the intangible fixed asset.
- The expenditures attributable to the intangible fixed asset can reliably be calculated.

Amortisations

The asset is amortised on a straight-line basis over its estimated useful life. The amortisation is recognised as a cost in profit or loss. No intangible assets were amortised during the year. Amortisations will take place when the products are commercialised.

Impairments

At every balance sheet date, the asset is assessed to determine whether there is any indication that its value is less than its carrying amount. If there is such an indication, the recoverable amount of the asset is calculated.

The recoverable amount is the higher of fair value less selling costs and value in use. Calculation of value in use estimates the present value of future cash flows that the asset is expected to give rise to in operating activities, and when it is sold or disposed of. The discount rate used is before tax, and reflects the market assessments of the time value of the money and the risks pertaining to the asset. A prior impairment is cancelled only if the reasons that formed the basis for calculating the recoverable amount at the most recent impairment have changed.

Tangible fixed assets

Tangible fixed assets are recognised at cost less accumulated depreciation and impairments. In addition to the purchase price, the costs includes expenditures directly attributable to the acquisition.

Depreciation

The asset is depreciated on a straight-line basis over its estimated useful life, since this reflects the expected use of the asset's future financial benefit. The depreciation is recognised as a cost in profit or loss.

The estimated residual value, established at the time of purchase at the price level then prevailing, is taken into account.

	Useful life
Equipment, tools, fixtures and fittings	5 years

Leases (lessees)

All leases have been classified as finance or operating leases. A finance lease is a lease under which the risks and benefits associated with owning an asset are essentially transferred from the lessor to the lessee. An operating lease is a lease that is not a finance lease.

Finance leases

Rights and obligations under finance leases are recognised as assets and liabilities in the balance sheet. At initial recognition, the asset and liability are measured at the lesser of the asset's fair value and the present value of the minimum lease payments. Expenditures directly attributable to signing and arranging the lease are added to the amount recognised as an asset.

Operating leases

Lease payments under operating leases, including increased initial rent but excluding expenditures for services such as insurance and maintenance, are recognised as a cost on a straight-line bases over the term of the lease.

Foreign currency

Monetary items in foreign currency are restated at the exchange rate on the balance sheet date. Non-monetary items are not restated, but are recognised at the exchange rate on the date of purchase.

Exchange rate differences arising from the settlement or restatement of monetary items are recognised in profit or loss for the financial year in which they occur.

Financial assets and liabilities

Financial assets and liabilities are recognised in accordance with Chapter 11 (Financial instruments measured on the basis of cost) of BFNAR 2012:1.

On initial recognition, financial assets are measured at cost including any transaction expenditures directly attributable to the acquisition of the asset.

Non-current financial liabilities are recognised at amortised cost. Expenditures directly attributable to raising loans have adjusted the cost of the loan.

Bridge loan

Outstanding bridge lon are recognised at amortised cost. The costs for loans raised are recognised as an adjustment of the cost of the loan and are allocated over the term of the bridge loan.

Government grants

A government grant that is not linked with requirements for future performance is recognised as revenue when the conditions for winning the assignment have been met.

A government grant that is linked with requirements for future performance is recognised as revenue when performance is complete. If the grant has been received before the conditions for reporting it as revenue are met, the grant is recognised as a liability.

A government grant attributable to the acquisition of a fixed asset is recognised as a reduction in the cost of the asset.

Income tax

Total tax consists of current tax and deferred tax. Current tax refers to income tax for the current financial year and the proportion of income tax for previous financial years which is yet to be reported. Deferred tax is income tax which refers to future financial years as a result of previous events.

Note 2 Operating leases (leeses)

	Group		Parent Company	
(SEK)	**2024**	**2023**	**2024**	**2023**
Rent for premises	892,239	217,395	819,633	154,100
Total	**892,239**	**217,395**	**819,633**	**154,100**

Future rent for premises totals for the Group 1.0 MSEK 2025 and thereafter 1.1 MSEK per year. For the Parent, the numbers are 930 KSEK for next year and thereafter 1.0 MSEK per year.

Note 3 Employees

	Group		Parent Company	
(SEK)	**2024**	**2023**	**2024**	**2023**
Average no. employees	10	5	10	5
of which women	5	2	5	2
Total	**10**	**5**	**10**	**5**

Salaries and other remunerations, social costs, including pension costs (KSEK)	**2024**	**2023**
Salaries and other remunerations		
Board of Directors, CEO, 8x (9x)	5,315	3,748
Tantiem to Board		
Other employees, 11x (5x)	8,842	5,946
Total salares and remunerations	**14,157**	**9,694**
Pension costs and other benefits to Board of Directors, CEO and similar* 8x (9x)	1,137	9,689
Pension costs and benefits for other employees* 5x (4x)	3,024	4,063
Other social security costs	5,783	5,141

Salaries and other remunerations per person (KSEK)	2024		2023	
Board of Directors and CEO	**Salary**	**Pension, benefits***	**Salary**	**Pension, benefits***
Sten R Sörensen, CEO	3,950	1,137	2,793	4,554
Joakim Söderström, Chairman	544	-	236	2370
Anders Svensson	244	-	127	790
Jeppe Øvlesen	244	-	18	-
Gunnar Olsson	203	-	-	-
Lena Mårtensson Wernrud **	48	-	127	395
Jonas Faijersson Säljö **	41	-	103	790
Sverker Jern **	41	-	127	790
Rein Piir ***	-	-	48	-
Klementina Österberg ***	-	-	48	-
Catharina Bäärenhielm ***	-	-	97	-
Niklas Bergh ***	-	-	24	-
Total	**5,315**	**1,137**	**3,748**	**9,689**

* Includes warrants received free of charge as benefit.
** Member until April 2024
*** Member until June 2023

Note 4 Other operating costs

	Group		Parent Company	
(SEK)	**2024**	**2023**	**2024**	**2023**
Foreign exchange losses	-1,956,311	-411,817	-1,956,312	-411,817
Foreign exchange losses		-3,600,000		-3,600,000
Total	**-1,956,311**	**-4,011,817**	**-1,956,311**	**-4,011,817**

Note 5 Income tax

	Group		Parent Company	
(SEK)	**2024**	**2023**	**2024**	**2023**
Current taxes	-	-	-	-
Deferred taxes	-	-	-	-
Total	**0**	**0**	**0**	**0**

Note 6 Capitalised expenditures for development activities

	Group		Parent Company	
(SEK)	**2024**	**2023**	**2024**	**2023**
Opening balance	182,483,294	135,709,679	182,483,294	135,709,679
Capitalization for the year	80,902,987	46,773,615	80,902,987	46,773,615
Closing carrying amount	**263,386,281**	**182,483,294**	**263,386,281**	**182,483,294**

Note 7 Patents

	Group		Parent Company	
(SEK)	**2024**	**2023**	**2024**	**2023**
Opening cost	13,780,254	11,277,224	13,780,254	11,277,224
New purchases	0	2,503,030	0	2,503,030
Closing carrying amount	**13,780,254**	**13,780,254**	**13,780,254**	**13,780,254**

Note 8 Equipment, tools and installations

	Group		Parent Company	
(SEK)	2024	2023	2024	2023
Opening balance	71,547	71,547	71,547	71,547
New purchases	1,416,224	-	1,416,224	-
Closing balance	**1,487,771**	**71,547**	**1,487,771**	**71,547**
Opening depreciation	-57,232	-42,924	-57,232	-42,924
Depreciation for the year	-164,192	-14,308	-164,192	-14,308
Closing accumulated depreciation	**-221,424**	**-57,232**	**-221,424**	**-57,232**
Closing balance	**1,266,347**	**14,315**	**1,266,347**	**14,315**
Expenditure on improvements to leased property				
Opening balance	0	0	0	0
Investment for the year	2,455,026	0	2,455,026	0
Closing balance	**2,455,026**	**0**	**2,455,026**	**0**
Opening depreciation	0	0	0	0
Depreciation for the year	-122,751	0	-122,751	0
Closing accumulated depreciation	**-122,751**	**0**	**-122,751**	**0**
Closing balance	**2,332,275**	**0**	**2,332,275**	**0**

Note 9 Current receivables

	Group		Parent Company	
(SEK)	2024	2023	2024	2023
Receivables from Group companies			118,087	107,154
Other receivables	2,879,594	1,123,911	2,879,594	1,023,629
Prepaid expenses and accrued income	2,539,507	406,641	2,539,507	406,640
Summa	**5,419,101**	**1,530,552**	**5,537,188**	**1,537,423**

Other receivables mainly consist of VAT receivables.
Prepaid expenses mainly consist of prepaid insurance premiums, rent, and accrued supplier invoices.

Note 10 Shares and participations in Group companies

	Parent Company	
(SEK)	2024-12-31	2023-12-31
Opening cost	941	941
Purchases	-	-
Closing accumulated costs	**941**	**941**
Closing carrying amount	**941**	**941**

Information on the corporate identity numbers and domiciles of subsidiaries is indicated below.

Company, corp. ID no., domicile	Number of shares	Participation (%)	Carrying amount
Cereno Scientific Inc., Cambridge, MA, USA	100	100	941

Pertains to owner share of capital, which also corresponds with the share of votes for the total number of shares.

Note 11 Non-current liabilities

	Group		Parent Company	
(SEK)	2024	2023	2024	2023
Tillväxtverket	400,000	400,000	400,000	400,000
Fenja Capital	56,250,000	45,000,000	56,250,000	45,000,000
Fenja Capital convertible loan	33,750,000		33,750,000	
Arena Investors	68,750,000	0	68,750,000	0
Arena Investors convertible loan	41,250,000		41,250,000	
Short term	-10,000,000		-10,000,000	
Total	**190,400,000**	**400,000**	**190,400,000**	**45,400,000**
Closing carrying amount	**190,400,000**	**45,400,000**	**190,400,000**	**45,400,000**

The loan from the Swedish Agency for Economic and Regional Growth is a conditional loan, and no amortization plan exists. The obligation to repay the loan arises only in conjunction with the project reaching the commercial phase and generating revenue. Annual interest of 6% is paid twice a year.

Cereno has been granted an loan of 250 MSEK of which 200 MSEK have been received as at year end. The remaining 50 MSEK could if be received until September 2025. The loan runs with an interest rate at 11% + STIBOR 3Mts, which is paid quarterly.

The loan is due for repayment in May 2026. There is a conditional downpayment plan. The shortterm part of the loan is included in other short term liabilities.

Note 12 Change in equity

Group

1 January - 31 December 2024	Share capital	Other contributed capital	Other capital including profit/loss for the year
At start of period	23,377,523	297,413,530	-104,366,617
Qualified personell warrants	-		1,419,813
Exchange rate differences when translating foreign subsidiaries	-	-	2,810
New share issue	4,792,661	71,889,912	-
Issue expenses	-	-3,077,507	-
Loss for the period	-	-	-99,525,680
At the end of the period	**28,170,184**	**366,225,935**	**-202,469,674**

1 January - 31 December 2023	Share capital	Other contributed capital	Other capital including profit/loss for the year
At start of period	13,751,484	245,725,032	-57,965,096
Qualified personell warrants	-	-	1,670,687
Exchange rate differences when translating foreign subsidiaries	-	-	34,002
New share issue	9,626,039	67,382,273	-
Issue expenses	-	-15,693,775	-
Loss for the period	-	-	-48,106,210
At the end of the period	**23,377,523**	**297,413,530**	**-104,366,617**

Parent company

1 January - 31 December 2024	Share capital	Fund for development expenses	Share premium reserve	Retained earnings	Net loss for the period
At start of period	23,377,523	190,941,749	51,688,498	-1,519,591	-48,181,632
Disposal according to AGM resolution	-	-	-51,688,498	3,506,866	48,181,632
Qualified personell warrants	-	-	-	1,419,813	-
New share issue	4,792,661	-	71,889,912	-	-
Issue expenses	-	-	-3,077,507	-	-
Redistribution in equity	-	80,902,988	-	-80,902,988	-
Loss for the period	-	-	-	-	-99,442,612
At the end of the period	**28,170,184**	**271,844,737**	**68,812,405**	**-77,495,901**	**-99,442,612**

1 January - 31 December 2023	Share capital	Fund for development expenses	Share premium reserve	Retained earnings	Net loss for the period
At start of period	13,751,484	141,665,103	55,565,518	18,268,153	-27,747,301
Disposal according to AGM resolution	-	-	-55,565,518	27,818,216	27,747,301
Qualified personell warrants	-	-	-	1,670,687	-
New share issue	9,626,039	-	67,382,273	-	-
Issue expenses	-	-	-15,693,775	-	-
Redistribution in equity	-	49,276,646	-	-49,276,646	-
Loss for the period	-	-	-	-	-48,181,632
At the end of the period	**23,377,523**	**190,941,749**	**51,688,498**	**-1,519,591**	**-48,181,632**

Note 13 Accrued Costs

	Group		Parent Company	
(SEK)	2024	2023	2024	2023
Accrued costs	5,495,446	15,000,296	5,495,445	15,089,077

Consists mainly of accrued vacation and tax on pensions. In 2023, the balance further consists of accrued invoices related to the clinical development program for CS1.

Note 14 Securities pledged and contingent liabilities

	Group		Parent Company	
(SEK)	2024	2023	2024	2023
Securities pledged	None	None	None	None
Contingent liabilities	None	None	None	None

Note 15 Related party transactions

	Group		Parent Company	
(SEK)	2024	2023	2024	2023
Purchases of consulting services	677,025	1,966,218	677,025	1,966,218

All related party transactions are obtained under normal market conditions.

Note 16 Significant events after the end of the fiscal period

- On February 11, it was shared that the first part of two in the Phase I trial of CS014 was completed with an acceptable safety profile. Part two, MAD part, is currently ongoing according to plan. The full Phase I trial is expected to be completed in mid-2025.
- On February 19, a sub-study of the Extended Access Program (EAP) utilizing innovative imagng technology developed by Fluidda was initiated following approval by the local Institutional Review Board (IRB). The study is expected to provide a visualization of how long-term treatment of CS1 on top of standard therapy may impact disease characteristic structural changes in small pulmonary arteries, demonstrated by improvements in blood vessel volume in these arteries on the CT images.
- On February 20, a Type C meeting request has successfully been submitted to align the next development steps of CS1 with the FDA's expectations and is expected to be held within 75 days in accordance with FDA's timelines.
- On February 25, additional data from the Phase IIa trial of CS1 was shared following Clinical Study Report completion. The additional data showed encouraging signs of reverse vascular remodeling effects of CS1, which are accompanied by measures of improved right-ventricular function of the heart, increasing impact over time on REVEAL 2.0 risk score and NYHA functional class as well as improved quality of life. The combined preclinical and clinical data supports that the epigenetic modulating HDAC-inhibitor CS1 has a strong potential to transform the lives of PAH patients as a well-tolerated oral therapy with favorable safety profile and disease-modifying effects.
- On March 12, announced that a Type C meeting has been scheduled on April 21, 2025, by the U.S. Food and Drug Administration (FDA). The intention is to seek advice from the FDA to reach alignment on multiple aspects of the planned development program of CS1 based on the encouraging signals suggesting reverse vascular remodeling effects of CS1 observed in the Phase IIa trial.
- On March 17, announced that a new patent has been granted in the US for drug candidate CS1's second patent family. Two patent applications have, additionally, been filed based on the encouraging efficacy signals observed in the recently completed Phase IIa trial of CS1 in the rare disease pulmonary arterial hypertension (PAH). These patent applications combined with the existing patent portfolio has the potential to extend the market exclusivity for CS1 in PAH to 2045.
- Cereno Scientific participated at the partnering conference BioEurope Spring in Milan, Italy, on March 17-19, 2025.
- Cereno Scientific presented at the 9th Annual NordicAmerican Healthcare Conference (NAHC), organized by the DNB//Back Bay Healthcare Partnership, in collaboration with Nasdaq Nordic, in New York City on March 26-27, 2025.
- On April 16, it was reported that the Phase I trial of CS014 has been concluded. Data management, database lock, and analysis commenced after the last patient's last visit, and the trial's top-line results are expected to be announced in June 2025.
- On April 22, that the company has completed a Type C meeting with the U.S. Food and Drug Administration (FDA). The discussions during the meeting indicate alignment between the FDA and Cereno Scientific on the plans for the Phase IIb trial and further clinical development of CS1.
- Cereno Scientific participated at the ChinaBio Partnering Forum virtually on April 29-30, 2025.
- On May 7, the nomination committee proposed new Board with particular expertise in M&A/partnering and business development (BD). The Nomination Committee's proposal means that Jeppe Øvlesen is proposed as the new Chairman of the Board, that Moi Brajanovic is proposed to be newly elected as a Board member and that Joakim Söderström is not proposed to be a member of the Board. The other Board members Anders Svensson, Gunnar Olsson and Sten R. Sörensen are proposed to be re-elected.
- On May 9, an oral presentation titled "Exploratory outcomes of CS1 in Pulmonary Arterial Hypertension: Phase 2A, Prospective, Randomized, Open-Label, Multicenter Trial" was presented at the 5th Baltic Pulmonary Hypertension Conference 2025 in Kaunas, Lithuania.
- Cereno Scientific presented at the ABGSC Investor Days on May 13-14, 2025.
- Cereno Scientific will participate at the annual partnering conference LSX Nordics on May 20-21, 2025, in Bergen, Norway.
- Cereno Scientific to attend the partnering conference BIO International Convention 2025 – largest and most comprehensive event for biotechnology – on June 16-19, 2025, in Boston.

Signatures

Gothenburg in May 2025

Joakim Söderström
Chairman of the board

Gunnar Olsson
Board member

Jeppe Øvlesen
Board member

Anders Svensson
Board member

Sten R. Sörensen
Chief Executive Officer and Board member

Our Audit Report has been submitted in May 2025
Frejs Revisorer AB

Mikael Glimstedt
Chartered Accountant

Glossary

APS – Antiphospholipid Syndrome
A rare autoimmune disorder that increases the risk of blood clots.

AUC – Area Under the Curve
A pharmacokinetic metric representing the total drug exposure over time after administration.

CAGR – Compound Annual Growth Rate
A measure expressing the consistent annual growth rate of an investment or metric over a given period.

CS1
Cereno Scientific's lead drug candidate, a well-tolerated oral HDAC inhibitor in clinical development for pulmonary arterial hypertension (PAH), with disease-modifying potential.

CS014
A next-generation HDAC inhibitor with a multimodal mechanism, currently in Phase I development, targeting rare cardiovascular and pulmonary diseases including idiopathic pulmonary fibrosis (IPF).

CS585
A preclinical drug candidate, CS585 is an oral, selective prostacyclin (IP) receptor agonist with potential for thrombosis prevention without increased bleeding risk.

EMA – European Medicines Agency
The EU regulatory authority overseeing the approval and supervision of medicines in member states.

FDA – U.S. Food and Drug Administration
The U.S. federal agency that regulates the development, approval, and safety of drugs and medical devices.

HDACi – Histone Deacetylase Inhibitor
A class of epigenetic drugs that regulate gene expression by modifying chromatin structure, with potential to reverse disease mechanisms in various conditions.

IPF – Idiopathic Pulmonary Fibrosis
A progressive lung disease causing scarring of lung tissue, leading to breathing difficulties and reduced oxygen exchange.

mPAP – Mean Pulmonary Arterial Pressure
A key diagnostic and monitoring value in pulmonary hypertension, measuring average pressure in the lung arteries.

NYHA / WHO Functional Class
Standardized scales used to categorize the severity of symptoms and functional limitation in patients with heart failure or PAH.

ODD – Orphan Drug Designation
A U.S. FDA designation providing development incentives for drugs intended to treat rare diseases affecting fewer than 200,000 patients annually in the U.S.

OMPD – Orphan Medicinal Product Designation
An EMA regulatory incentive supporting drug development for rare conditions within the European Union.

PAH – Pulmonary Arterial Hypertension
A rare condition characterized by high blood pressure in the lung arteries, leading to heart strain and progressive functional decline.

PVR – Pulmonary Vascular Resistance
A measure indicating the resistance in the lung circulation that the heart must overcome to pump blood.

R&D – Research and Development
The process by which new therapies are discovered, developed, and advanced through preclinical and clinical testing.

REVEAL Risk Score
A validated prognostic tool for evaluating survival risk in patients with pulmonary arterial hypertension.

RV – Right Ventricle
The heart chamber that pumps blood into the pulmonary arteries and is commonly affected in PAH.

RVGLS – Right Ventricular Global Longitudinal Strain
An advanced echocardiographic metric used to assess right ventricular function in PAH patients.

TR – Tricuspid Regurgitation
A leakage of blood backward through the tricuspid valve, often assessed in cardiac imaging to evaluate heart function in PAH.

Cereno Scientific

Cereno Scientific is pioneering treatments to enhance and extend life. Our innovative pipeline offers disease-modifying drug candidates to empower people suffering from rare cardiovascular and pulmonary diseases to live life to the full.

Lead candidate CS1 is an HDACi that works through epigenetic modulation, being developed as an oral, safe, well tolerated and effective disease modifying treatment for rare disease Pulmonary Arterial Hypertension (PAH). A Phase IIa trial evaluating CS1's safety, tolerability, and exploratory efficacy in patients with PAH demonstrated that CS1 was safe, well-tolerated and showed a positive impact on exploratory clinical efficacy parameters. An Expanded Access Program enables patients that have completed the Phase IIa trial to gain access to CS1. HDACi CS014, in Phase I development, is a new chemical entity with disease-modifying potential. CS014 employs a multi-modal mechanism of action as an epigenetic modulator, targeting key unmet needs in patients with rare disease Idiopathic Pulmonary Fibrosis (IPF). Cereno Scientific is also pursuing a preclinical program with CS585, an oral, highly potent and selective prostacyclin (IP) receptor agonist that has demonstrated the potential to significantly improve disease mechanisms relevant to cardiovascular diseases. While CS585 has not yet been assigned a specific indication for clinical development, preclinical data indicates that it could potentially be used in indications like thrombosis prevention without increased risk of bleeding and Pulmonary Hypertension.

The Company is headquartered in GoCo Health Innovation City, in Gothenburg, Sweden, and has a US subsidiary; Cereno Scientific Inc. based in Kendall Square, Boston, Massachusetts, US. Cereno Scientific is listed on the Nasdaq First North (CRNO B).

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