SynAct strengthens IP portfolio – Grant of key European patent covering AP1189

SynAct Pharma AB ("SynAct") today announced that a European patent was granted covering the company's leading drug candidate AP1189 in methods of treating kidney diseases.

SynAct has received information that its European patent EP 3 743 064 B1 was granted on 11 August 2021. The European patent provides exclusivity on the medical use of AP1189 and similar compounds in treating kidney disease, specifically primary nephrotic syndrome, and including membranous nephropathy which is currently being tested in clinical trials.

The European patent will now be validated in selected European contracting states.

This follows on to the information conveyed in the press release by SynAct on 13 April 2021 informing on the 'Intention to grant" of a European patent; this European patent has now finally proceeded to grant, as expected.

"Granting of the patent is fortifying a strong and robust patent portfolio for our lead drug candidate AP1189. SynAct Pharma intends to further develop AP1189 for different indications with great unmet medical need, including some of which are covered by the new patent," said SynAct's CSO Thomas Jonassen.

The information was submitted, through the agency of the contact person below, for publication on August 25, 2021

For further information about SynAct Pharma AB, please contact:

Jeppe Øvlesen
CEO, SynAct Pharma AB
Phone: +45 28 44 75 67
Mail: joo@synactpharma.com

Thomas Jonassen
CSO, SynAct Pharma AB
Phone: +45 40 15 66 69
Mail: tj@synactpharma.com

About SynAct Pharma AB

SynAct Pharma AB conducts research and development in inflammatory diseases. The company has a platform technology based on a new class of drug candidates aimed at acute deterioration in chronic inflammatory diseases with the primary purpose of stimulating natural healing mechanisms. For more information: www.synactpharma.com.

About AP1189

The mechanism of action of SynAct Pharma´s lead compound AP1189 is to promote resolution of inflammation through melanocortin receptor activation directly on macrophages, thereby reducing the pro-inflammatory activity of macrophages and by stimulating macrophage efferocytosis, a specific ability to clear inflammatory cells (J Immun 2015, 194:3381-3388). This effect has shown to be effective in disease models of inflammatory and autoimmune diseases and the clinical potential of the approach is

currently tested in three clinical phase 2a studies in patients with active rheumatoid Arthritis, nephrotic syndrome and COVID-19 associated respiratory distress. https://clinicaltrials.gov/ct2/show/NCT04004429?term=AP1189&draw=2&rank=1) https://clinicaltrials.gov/ct2/show/NCT04456816?term=AP1189&draw=2&rank=2