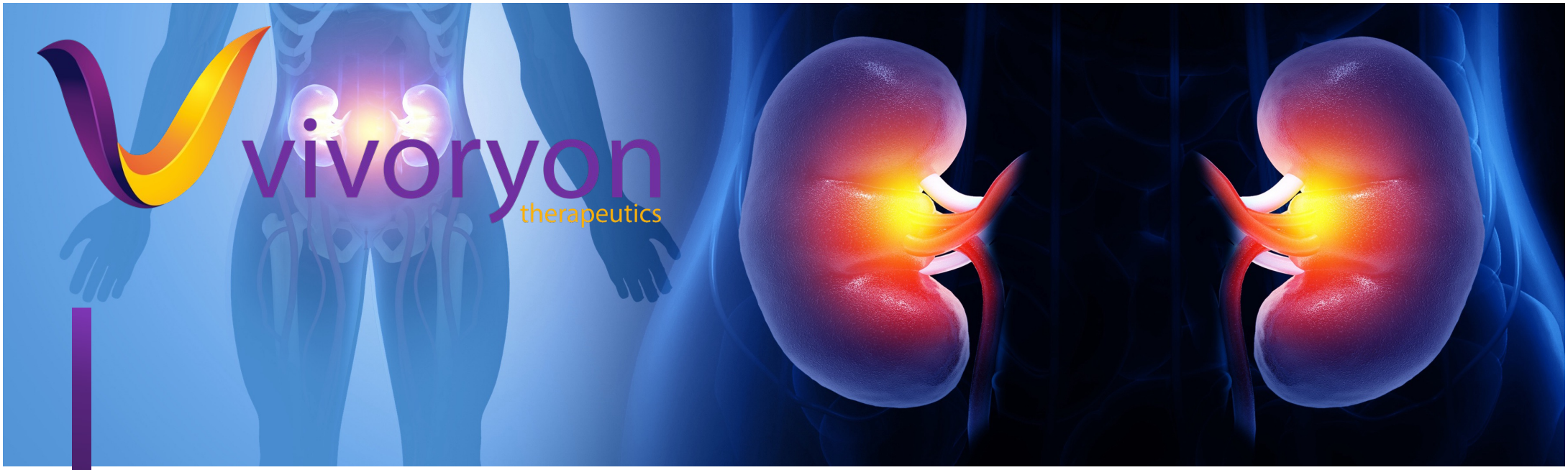

Half Year 2025: Financial Results & Operational Update

September 4, 2025

Vivoryon Therapeutics N.V.

Agenda

Recent Key Achievements

Julia Neugebauer, PhD
Chief Operating Officer

Financial Results

Anne Doering, CFA
Chief Financial Officer

Targeting QPCTL in Kidney Disease

Michael Schaeffer, PhD
Chief Business Officer

Advancing Strategic Priorities

Frank Weber, MD
Chief Executive Officer

Q&A

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Recent Key Achievements

Julia Neugebauer, PhD
COO

Vivoryon's approach and expertise positions company for future growth and supports development of innovative oral therapies for kidney disease and beyond

Transforming the treatment of kidney disease

- **Chronic Kidney Disease (CKD) is a rising global health problem** and is set to become the fifth leading cause of years of life lost by 2040[1]
- CKD manifests as a **progressive decline in kidney function** and can lead to **significant disability and/or premature death**
- **Diabetes is a major risk factor for CKD** and Diabetic Kidney Disease (DKD) is a leading cause of end stage kidney disease
- Treatments for CKD/DKD have advanced but still **do not halt or reverse kidney function decline**
- **Inflammation is a key underlying pathway** in driving progression of DKD and other kidney disorders

[1] *Foreman et al., Lancet 2018*

Varoglutamstat in DKD/CKD: Continuing to build robust body of evidence advancing kidney disease program

2023

Laying the groundwork

- Decision to explore varoglutamstat in kidney disease
- VIVIAD study protocol amended to investigate effect of varoglutamstat on kidney function biomarkers

2024

Data-driven shift to DKD

- Exciting kidney function data observed in Ph 2b study (VIVIAD)[1]
- Substantially larger treatment effect in diabetes subgroup
- Benefit on kidney function confirmed in second Ph 2 study (VIVA-MIND)[1]
- Data presented at ASN Kidney Week and favorably received by experts

H1 2025 Achievements

Building evidence & Phase 2b DKD preparations

- Compelling kidney function data & meta-analysis from two Ph 2 studies - oral presentation at ERA 2025
- Novel U.S. composition of matter patent granted for varoglutamstat, expected exclusivity through 2044+[2]
- Preclinical synergistic effect for combination with an SGLT-2 inhibitor; new data supporting MoA in DKD model
- Preparations ongoing for Ph 2b of varoglutamstat in DKD
- Novel QPCT/L inhibitor VY2149 with improved profile nominated for development in DKD/CKD and rare diseases

[1] VIVIAD and VIVA-MIND Phase 2 studies in early Alzheimer's disease (AD) included prospectively defined measures of kidney function as safety and other exploratory endpoints, the primary and secondary endpoints in early AD were not met; [2] Potential for Hatch-Waxman extension of up to 5 years; SGLT-2: sodium glucose cotransporter-2; CKD/DKD: Chronic/diabetic kidney disease

H1 2025 Financial Results

Anne Doering, CFA
CFO

Key financial figures and corporate update

In €k	Six months ended Jun 30, 2025	Six months ended Jun 30, 2024
Revenue	0	0
Research & Development expenses	(2,768)	(10,308)
General & Administrative expenses	(2,755)	(3,501)
Net loss for the period	(5,473)	(13,559)

In €k	Jun 30, 2025	Dec 31, 2024
Cash & cash equivalents	4,837	9,365

Key Financials

- Cash runway into January 2026, does not include any funds from SEPA
- 2025 operating plan supports kidney disease strategy and strengthening of IP
- Actively pursing additional financing / partnership opportunities

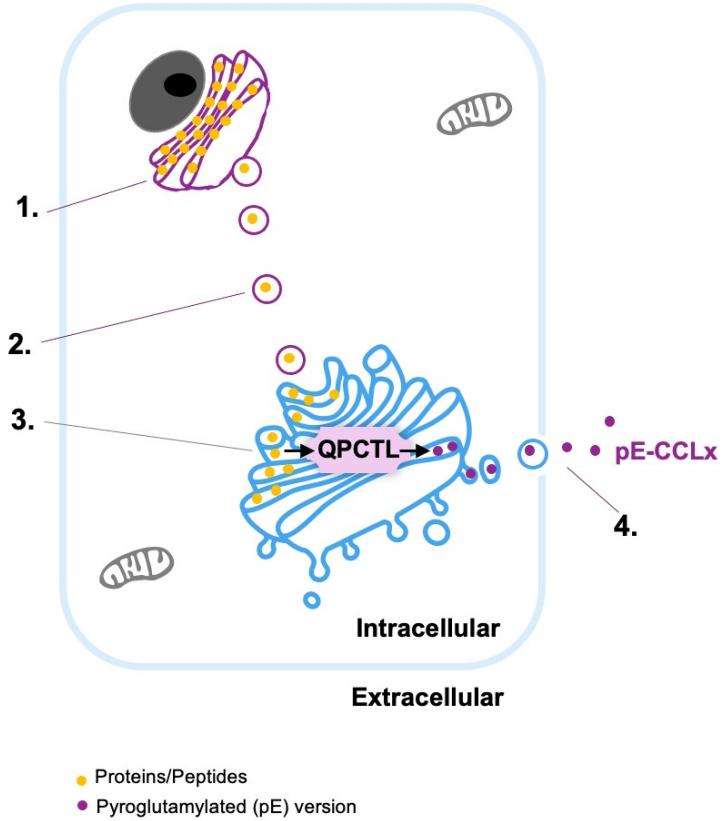
Corporate Update

- Anne Doering to take temporary partial leave of absence in the coming months to attend to a serious family health matter
- During this period, Marcus Irsfeld will assume the role of acting CFO, ensuring continuity in financial operations and supporting the Company's strategic objectives. Marcus has been supporting Vivoryon as consultant since December 2024.

Targeting QPCTL in Kidney Disease

Michael Schaeffer, PhD
CBO

Varoglutamstat's target QPCTL plays a crucial role in protein maturation and inflammation



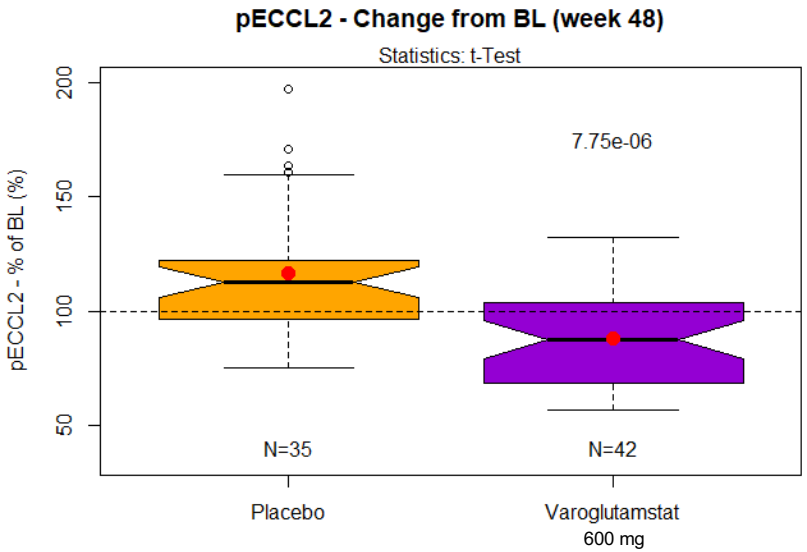
Chronic kidney tissue damage can lead to higher expression of QPCTL which can accelerate inflammation and organ fibrosis, organ dysfunction and finally kidney failure

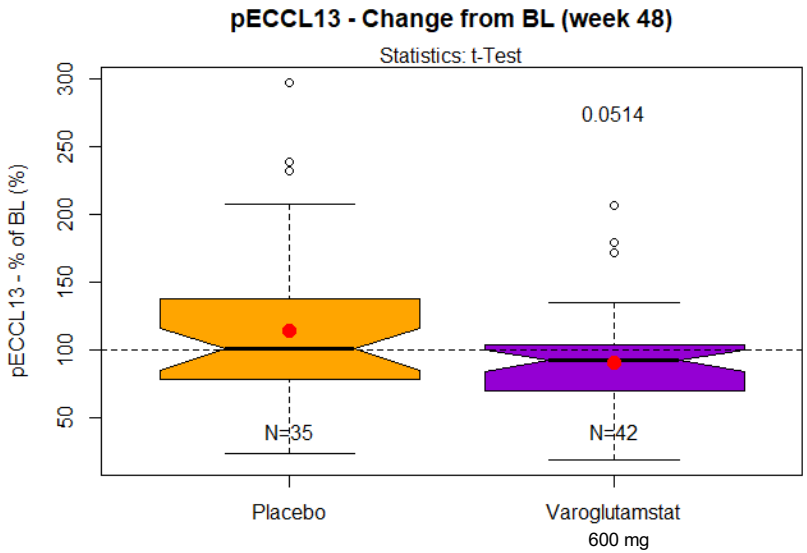
1. Peptides including pro-inflammatory chemokines are synthesized on the endoplasmic reticulum (ER)
2. These are transported to the Golgi apparatus where they undergo further maturation / modification
3. The enzyme QPCTL resides in the Golgi and mediates pyroglutamylation, a crucial step in enhancing the potency and stability of certain proteins
4. Pyroglutamylation leads to excretion of more mature, potent and resilient proteins from the cell, including chemokines such as pE-CCL2 and pE-CCL13

pE-CCLx – various pE chemokines; Notes: Graphic is for illustrative purposes only; not to scale.

Varoglutamstat effectively reduces pro-inflammatory cytokines pE-CCL2 and pE-CCL13 in plasma

- Measurement of VIVIAD plasma samples[1] using new, highly sensitive, liquid chromatography-mass spectrometry (LC/MS)-based assay revealed a reduction in pE-CCL2 and pE-CCL13 levels
- Statistically significant, dose-dependent reduction of pE-CCL2, consistent with previous analyses

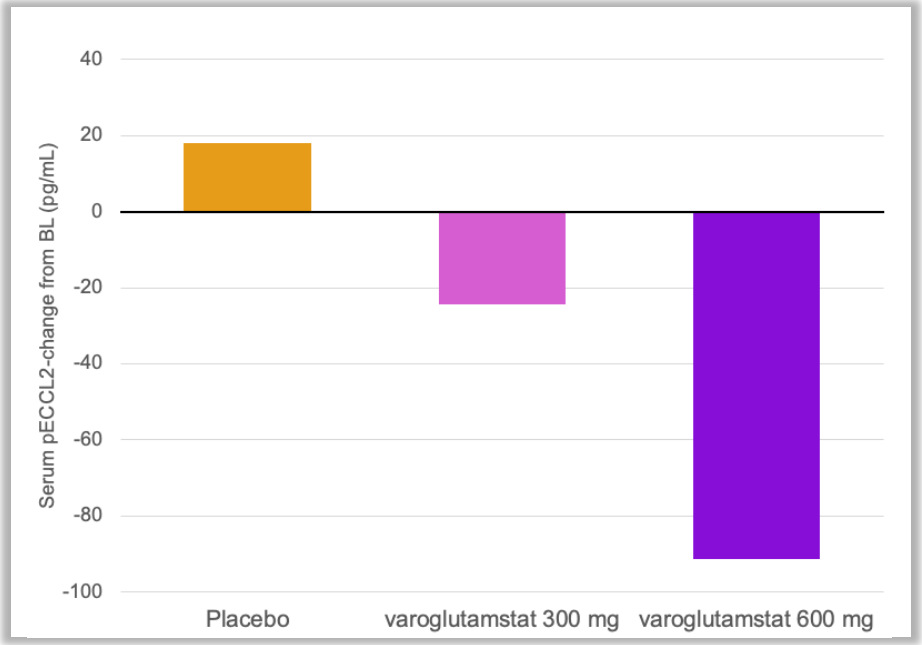




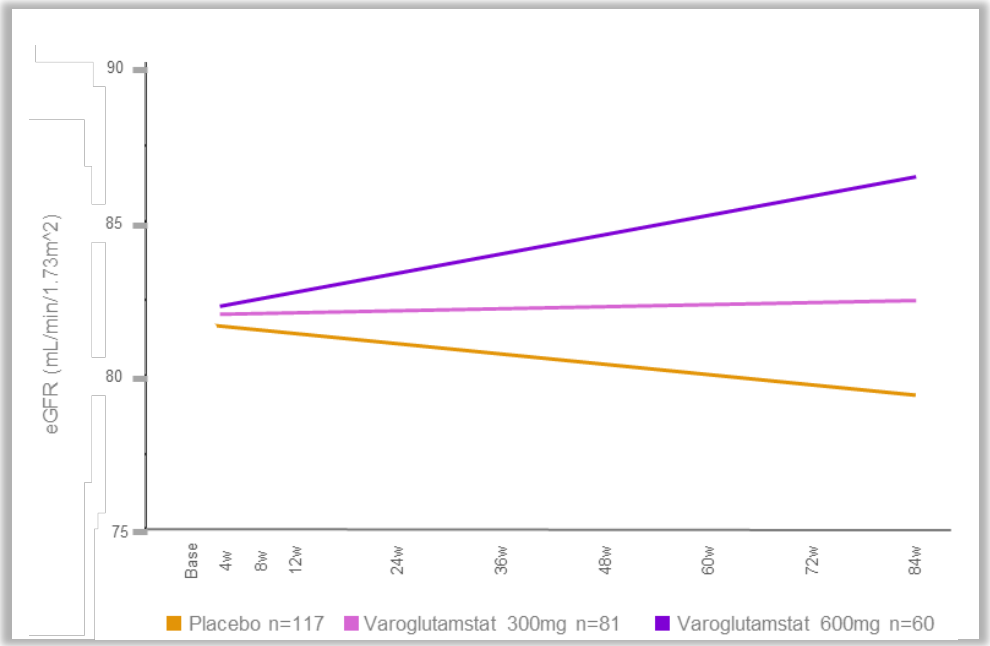
[1] *Data obtained from VIVIAD biomarker sample set with available screening at baseline and week 48 based on informed consent*

Dose-dependent reduction of pE-CCL2 correlates with improvement of eGFR

Median reduction in pE-CCL2 levels at week 48 compared to baseline with varoglutamstat
(total population)

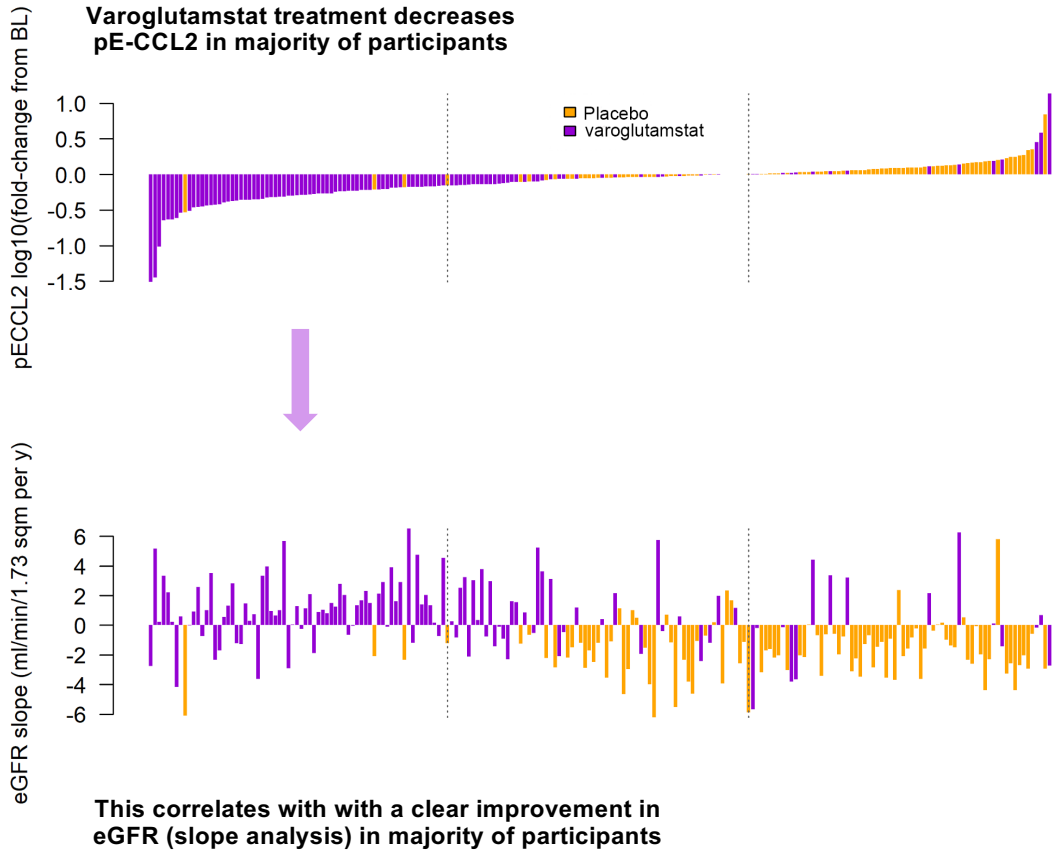


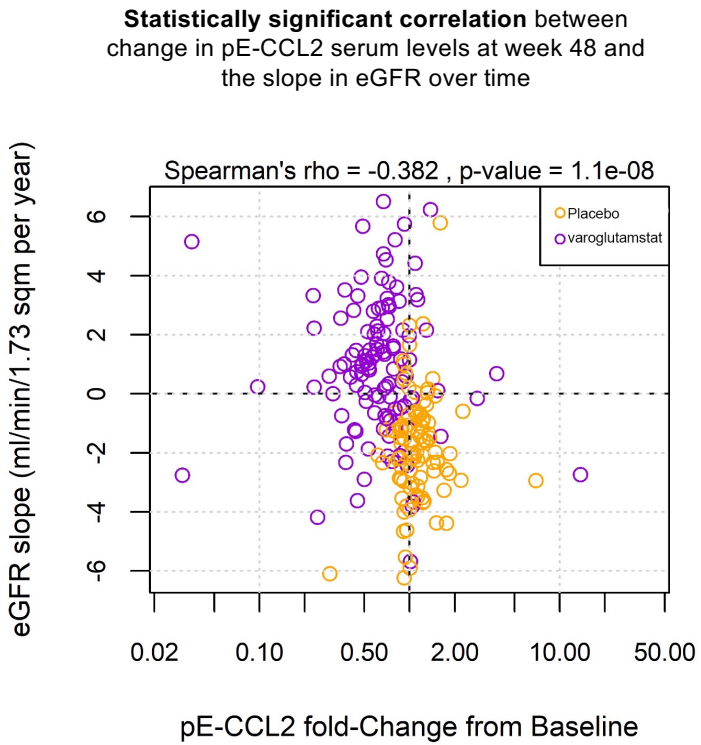
Varoglutamstat effect on kidney function outcomes
(total population; change in eGFR over time slope analysis (MDRD)[1])



[1] Chart shows change in eGFR (estimated glomerular filtration rate) over time based on creatinine and calculated using modification of diet in renal disease (MDRD) method; Data obtained from VIVIAD

Improvement of eGFR correlates with reduction of pE-CCL2 on individual patient level, in line with total population data





Data obtained from VIVIAD, all patients with available baseline and week 48 pE-CCL2 analysis (210 participants)

New diabetic kidney disease preclinical model results corroborate effects of varoglutamstat on inflammation, fibrosis and kidney function

- Evaluated varoglutamstat in an established preclinical model specific for DKD (reninAAV-accelerated DKD model in single kidney db/db mice)
- QPCT/L inhibition with varoglutamstat resulted in statistically significant reduction in inflammation (CD11c), fibrosis (glomerulosclerosis) and plasma creatinine, supporting an improvement in kidney function
- These data are consistent with prior data showing a similar effect of varoglutamstat on key kidney disease biomarkers in the ADI/CKD model

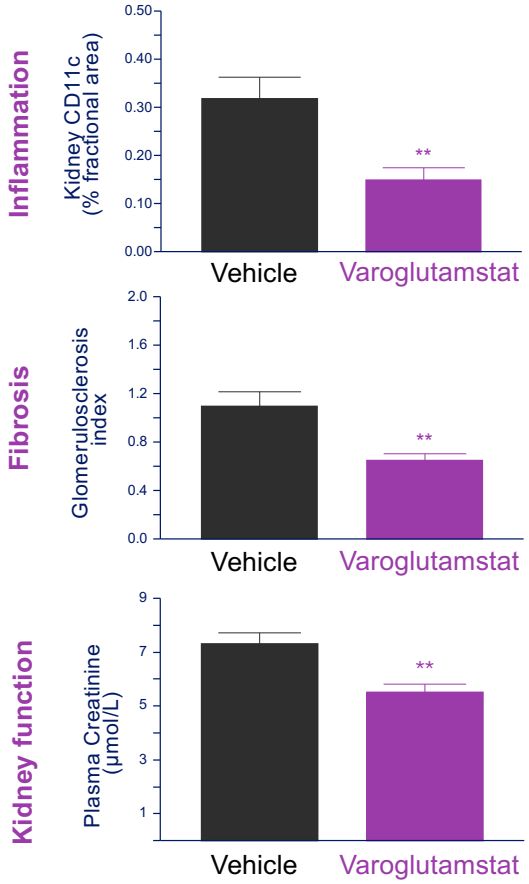


*Chart data: Values expressed as mean ± 95%CI, N = 13 to 17 per group, Dunnett's test one-factor linear model. **: P < 0.01 compared to vehicle*

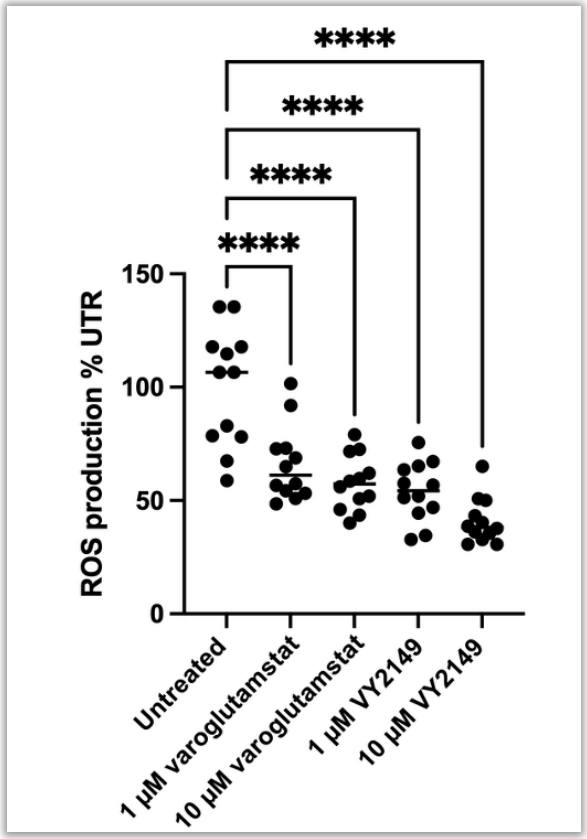
Varoglutamstat reduces oxidative stress in Fabry disease kidney cells

About Fabry disease

- Rare genetic disorder affecting more than 1/15,000 people[1], resulting from a deficiency of the enzyme alpha-galactosidase A
- Leads to accumulation of certain metabolic products inside cells of the kidney (podocytes), heart and other organs
- This triggers a cellular stress response including generation of reactive oxygen species (ROS) which are major drivers in Fabry nephropathy
- Existing therapies (e.g. ERT, oral chaperones) have limited efficacy especially in advanced disease leaving a significant need for therapies targeting underlying molecular mechanisms[2]

New pre-clinical data

- Vivoryon has investigated the effect of two QPCT/L inhibitors, varoglutamstat and VY2149 on Fabry podocytes
- Promising preliminary data show a significant dose-dependent reduction of ROS production, establishing a basis for further research in rare disease applications



ERT= Enzyme replacement therapy; ROS = Reactive oxygen species, % UTR = percentage of untreated control

[1] https://www.orpha.net/en/disease/detail/324 ; [2]Thompson et al., 2025, Biomedicines

Advancing Strategic Priorities

Frank Weber, MD
CEO

Varoglutamstat: Potential to become a convenient new oral therapy to transform the treatment of kidney disease

Medical Need

Therapies that can stabilize or improve kidney function for majority of patients

Opportunity

Varoglutamstat is a first-in-class **single agent** oral compound that has been shown to **stabilize and partially recover** kidney function

- Clear development path to market
- Future program based on robust available data
  - ✓ Statistically significant and clinically meaningful improvement in eGFR
  - ✓ Effects observed in two independent Phase 2 studies
  - ✓ Most promising subgroup identified: Substantially larger effect size in participants with diabetes
  - ✓ Excellent safety profile consistent across two years of study duration
  - ✓ Highly synergistic effect on top of current DKD SoC
  - ✓ Planned Phase 2b in DKD stage 3b/4 to evaluate effect in target population[1]
  - ✓ Further potential in certain rare diseases that impact kidney function, e.g. Fabry disease and Alport Syndrome

[1] *Subject to funding / partnership; DKD: Diabetic kidney disease; SoC: standard of care*

Where we are today

Compelling Body of Evidence

- Strong proof of concept that varoglutamstat increases eGFR and improves kidney function
- Strong evidence supporting MoA: inhibition of intracellular QPCTL reduces amount of activated potent pyroglutamylated pro-inflammatory and pro-fibrotic peptides
- Very consistent clinical and pre-clinical results
- Evidence to date established in subjects with Alzheimer's disease with no/minor kidney disease[1]

Upcoming Milestones

- Phase 2b study to confirm the treatment effect of varoglutamstat in patients with moderate to advanced DKD stage 3b/4
- Efficient study design enables topline data 24 months after study start[2]

[1] VIVIAD and VIVA-MIND Phase 2 studies in early Alzheimer's disease (AD) included prospectively defined measures of kidney function as safety and other exploratory endpoints, the primary and secondary endpoints in early AD were not met; [2] Subject to funding / partnership

Advancing Strategic Priorities

Financing/Partnership

- New study requires additional funds
- Actively pursuing financing and partnership opportunities in parallel
- Significant interest from pharma companies, with BD activities under CDA ongoing
- Opportunity/quality of data and results well-received, with important input provided on required deliverables for late-stage development program
- Partnering package ideally includes clinical data in specific population (prospectively defined DKD patients)

Phase 2b Preparations

- In final steps to select CRO for planned Phase 2b DKD study
- Activities ongoing aimed at minimizing time/cost to actual study start[1]
- Discussion of protocol with kidney experts ongoing
- Supply of study medication secured

[1] *Subject to funding / partnership*

Q & A

Vivoryon Therapeutics N.V.

Halle (Saale)
Weinbergweg 22
06120 Halle (Saale), Germany

Munich
Franz-Josef-Delonge-Str. 5
81249 München, Germany

IR@vivoryon.com
+49 (0)345 555 99 00

www.vivoryon.com