BONESUPPORT

Capital Markets Day 2023

November 28th

Introduction

Emil Billbäck, CEO

BONESUPPORT Capital Markets Day, November 28th , 2023

Focus: Innovation

Moderator: Charlotte Stjerngren, CORD

13:30 – 14:10	Strategic update - Emil Billbäck
14:10 – 14:45	Clinical update – Dr Michael Diefenbeck
14:45 – 15:00	Q&A
15:00 – 15:20	Coffee break
15:20 – 16:00	Clinical experience (incl Q&A) – Dr Stephen Quinnan Moderated by: Charlotte S and Michael D
16:00 – 16:30	Financial status and outlook – Emil Billbäck and Håkan Johansson

Speaker list:
Emil Billbäck, CEO BONESUPPORT
Håkan Johansson, CFO BONESUPPORT
Dr Michael Diefenbeck, Chief Medical Officer, EVP Medical & Clinical Affairs

Digital:
Dr Stephen Quinnan, Orthopedic Surgeon, Paley Orthopedics & Spine institute

Addition Bonesupport on-site:
Annelie Aava-Vikner, EVP Global Marketing
Dr. Michael Wrang- Mortensen, EVP R&D and Operations

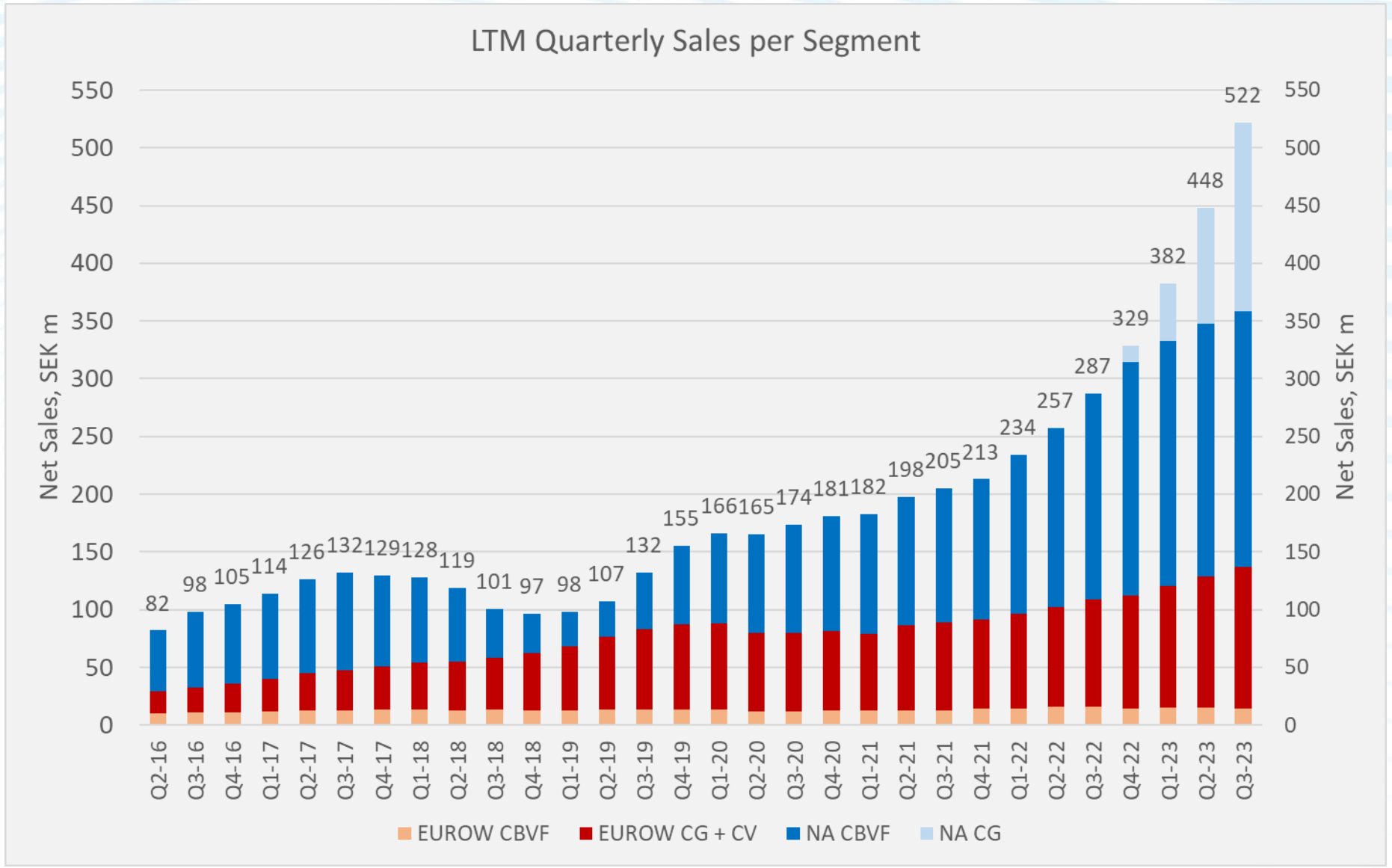
BONESUPPORT Capital Markets Day, November 28th 2023

- **Capital Markets Day in Sept 2019 focused on:**
  - New strategy
  - Reorganized European sales team
  - Regulatory pathways

- **Capital Markets Day in Sept 2022 focused on CERAMENT G roll-out in US:**
  - Medical Education
  - Booster program
  - CPO and IDN contracts

- **Focus for today's Capital Markets Day is innovation and business development:**
  - New indication: Spinal fusions
    - ➢ Market description and clinical relevance
  - Introduction of CERAMENT V in the US
  - Experience from CERAMENT G in the US
  - Clinical update

Accelerated market penetration. Biggest Q-over-Q net growth

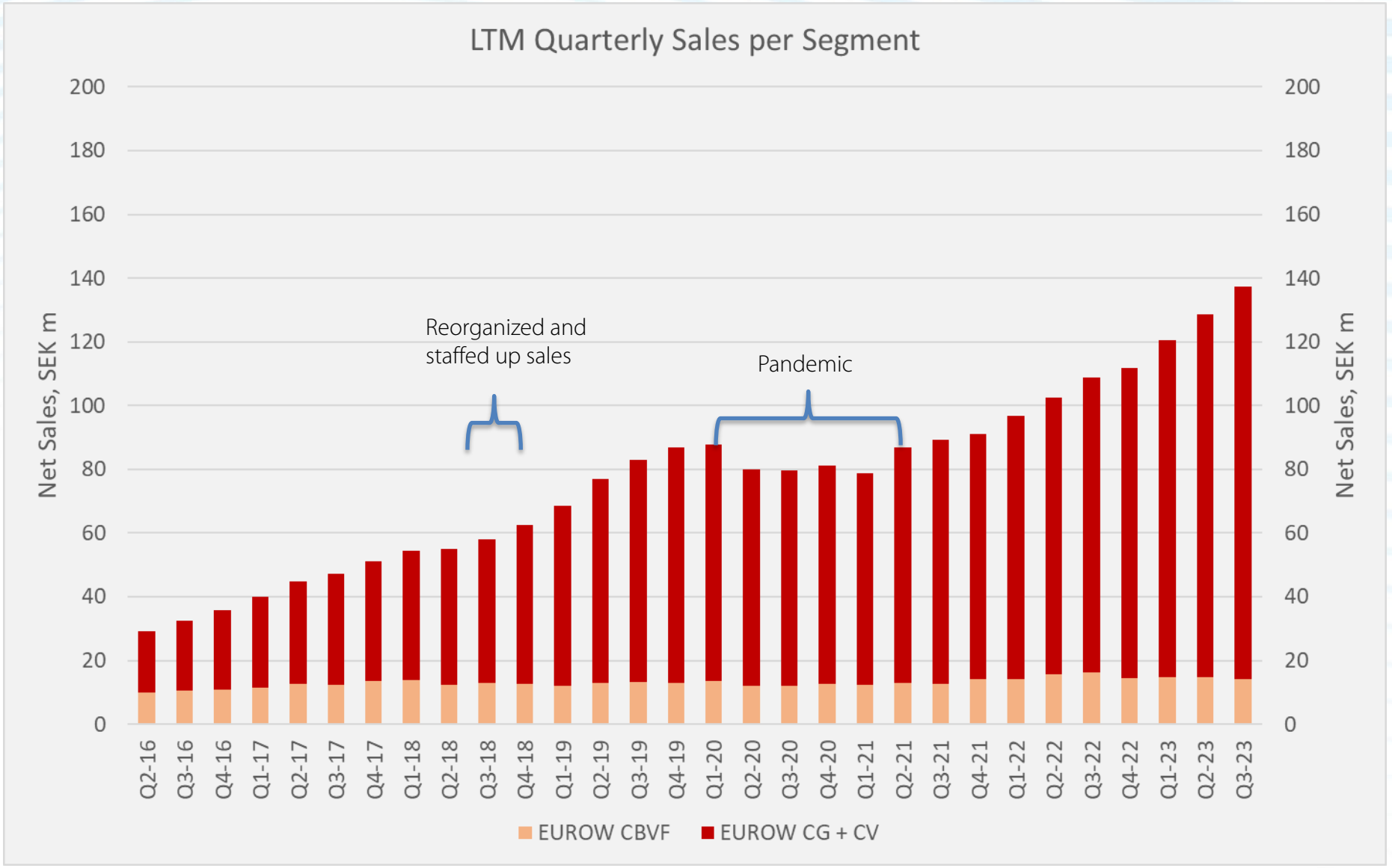


Incremental, Q-over-Q LTM growth:

Q3-22 30 MSEK
Q4-22 42 MSEK
Q1-23 53 MSEK
Q2-23 66 mSEK
Q3-23 74 mSEK

CBVF= CERAMENT Bone Void Filler
CG = CERAMENT G (Gentamicin)
CV = CERAMENT V (Vancomyciin)

EUROW - Steady and strong market penetration



Q3 LTM 2023 growing with:

+27% versus Q3 2022

(Ax: growth with 33%)

+54,2% versus Q3 2021

(Ax: growth with 80%)

Sales FTE direct markets: 26

Direct sales per head Q3 LTM:

400 k€

CBVF= CERAMENT Bone Void Filler
CG = CERAMENT G (Gentamicin)
CV = CERAMENT V (Vancomycin)

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Capital Markets Day 2023

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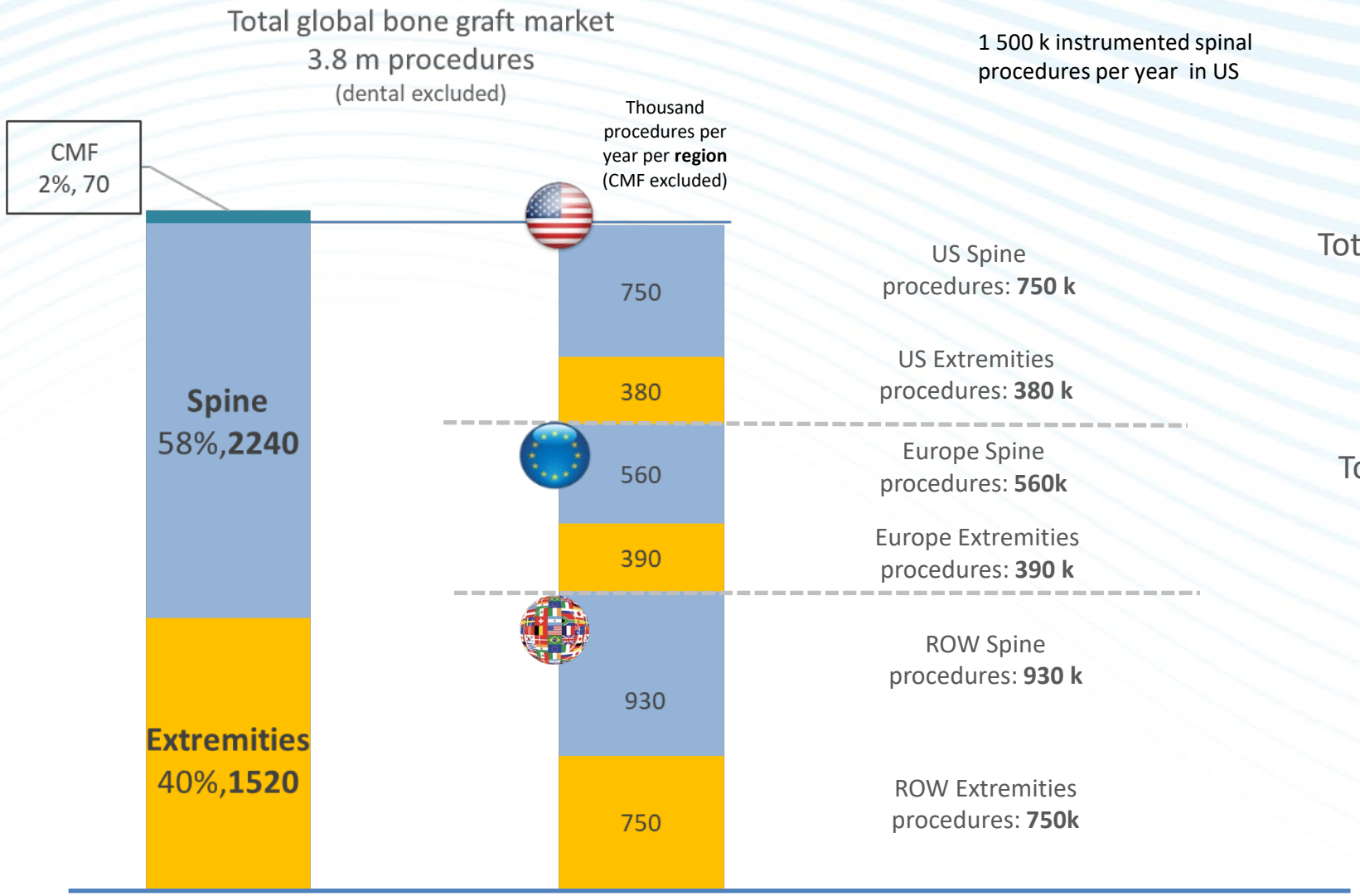
Emil Billbäck, CEO

Overview Total Bone Graft Market – Segment and Geography split



1 500 k instrumented spinal procedures per year in US

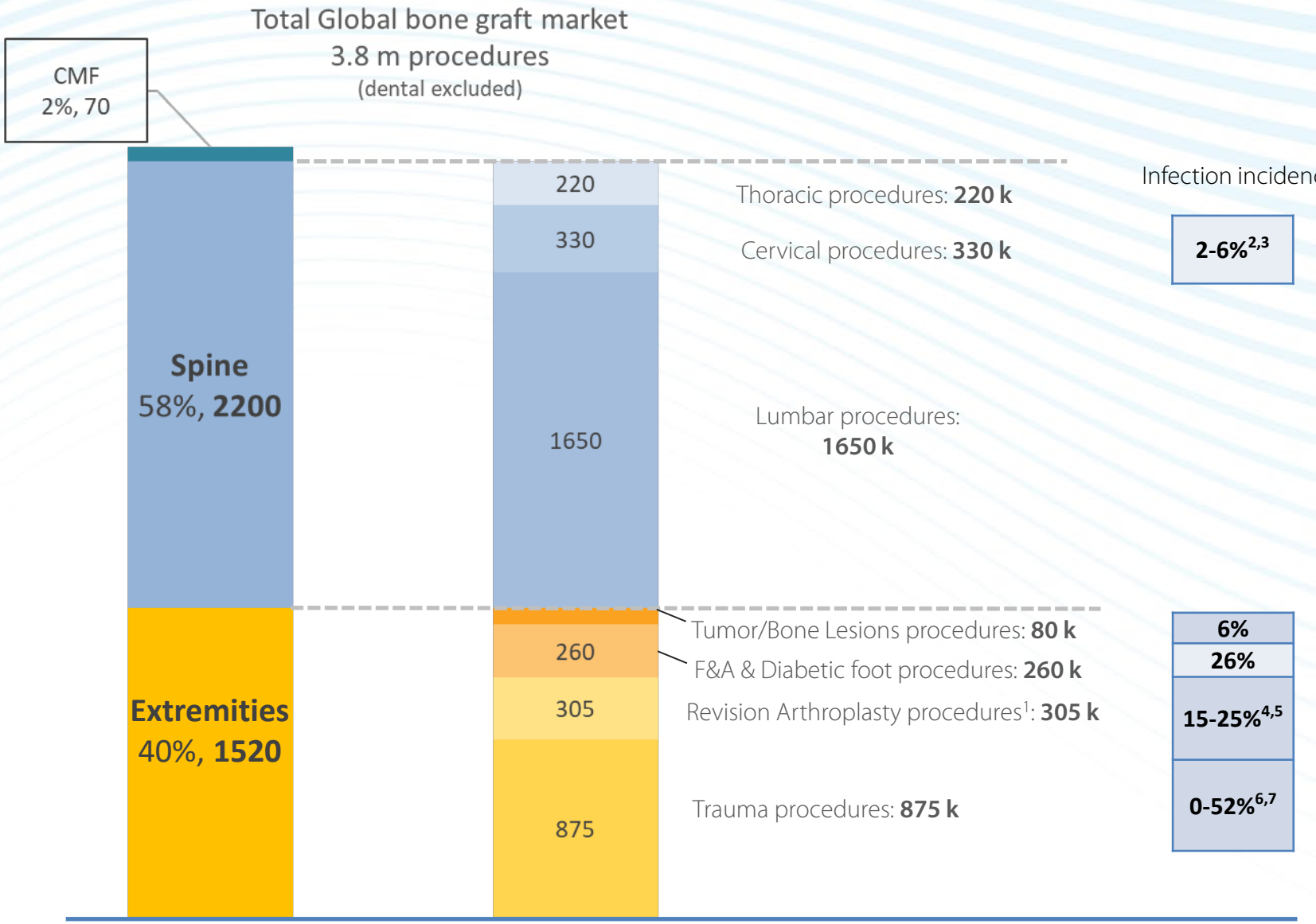
Total US Bone graft market
1130 k procedures

Total EU Bone graft market
950 k procedures

Total ROW Bone graft market
1680 k procedures

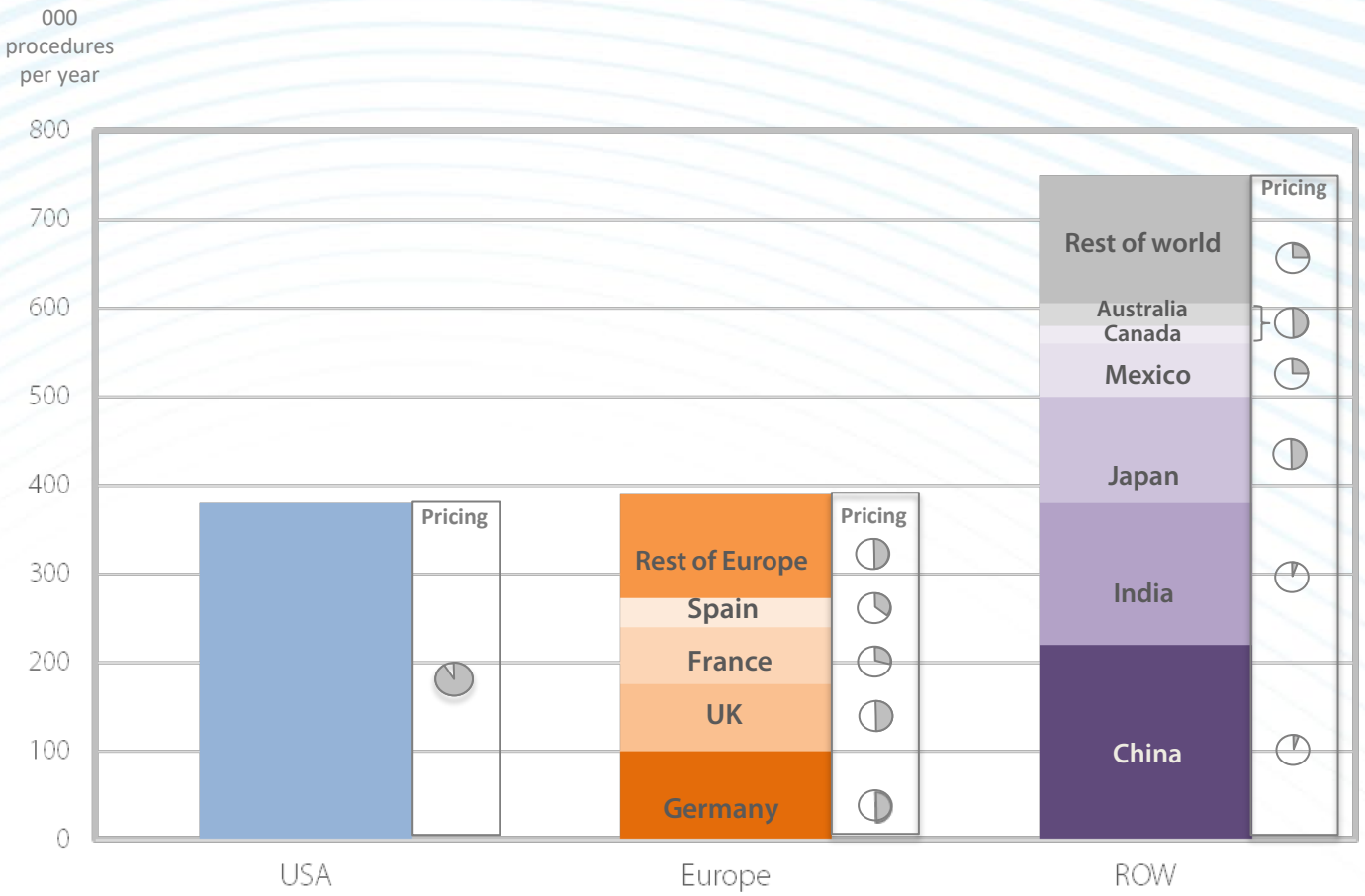
Market Research: Bruder Consulting & Venture Group, Precedence Research, Global Data, ReAnIn

Overview Total Graft Market – Segment and sub-segment split



1.3000 k Arthroplasty procedures in the world. Approximately 10% leads to a revision, which has been defined as primary addressable market for CERAMENT 2.Edmiston, C., Leaper, D., Chitnis, A., Holy, C., & Chen, B. (2023). Risk and economic burden of surgical site infection following spinal fusion in adults. *Infection Control & Hospital Epidemiology, 44*(1), 88-95. doi:10.1017/ice.2022.32 3. Chahoud et al. Surgical site infections following spine surgery: eliminating the controversies in the diagnosis Infectious Agents and Disease Volume 1 - 2014 | https://doi.org/10.3389/fmed.2014.00007 4. Lum ZC, Shieh AK, Dorr LD. Why total knees fail-A modern perspective review. World J Orthop 2018; 9(4): 60-64 [PMID: 29686970 DOI: 10.5312/wjo.v9.i4.60] 5. Karachalios et al. Total hip arthroplasty: Survival and modes of failure. EFORT Open Reviews, 3(5), 232-239 doi.org/10.1302/2058-5241.3.170068 6. Gustilo RB et al. Problems in the management of type III (severe) open fractures: a new classification of type III open fractures. J Trauma. [Internet]. 1984; 24: 742–746. 7. Jahangir N, Niazi N, Aljawadi A, et al. The use of adjuvant local antibiotic hydroxyapatite biocomposite in the management of open Gustilo Anderson type IIIB fractures. A prospective review. Journal of orthopaedics. 2019;16(3):278-282.

Extremities split on Geographies - Procedures



- USA
  - Most developed market in the world
  - Strong developing trend for synthetic bone grafts
  - Allografts (incl DBM) holds larger share
  - 000 Procedures per mil. inhabitants: 1,2
- Europe
  - Defined as: see ref below[1]
  - Representing a population of 470 m
  - High share of autograft being used for bone repair and grafting. DBM less represented (5% of grafts)
  - 000 Procedures per mil. inhabitants: 0,7-1,0
- Rest of the World
  - Countries highlighted represent six largest market values
  - Very diverse treatment methods
  - 000 Procedures per mil. inhabitants: 0,2 (India) – 1,0 (Australia)

Ref 1: Germany, UK, France, Italy, Spain, Nordics, Benelux, Poland, Greece, Czech rep. Portugal, Austria and Switzerland

CERAMENT market penetration (LTM) in extremities

Europe

- Total Europe number of **Procedures** (extremities) 390 k → Total Europe market share CERAMENT: 2.4%
- Total Europe number of **Procedures** synthetics (extremities) 132 k → Total Europe market share CERAMENT: 7.0%
- Core markets[1]:
  - Market share Core[1] markets: 3.6 %
  - Market share Core[1] markets Synthetics: 10,7%
  - Market share Core[1] markets, infection management (treatment/recurrence and prevention): 8.3 %

US

- Total US number of **Procedures** (extremities) 380 k → Total US market share CERAMENT: 2.9%
- Total US number of **Procedures** synthetics (extremities) 103 k →Total US market share CERAMENT: 10.7%
- Total US market CERAMENT G in infection management (treatment/recurrence and prevention): 2,0%

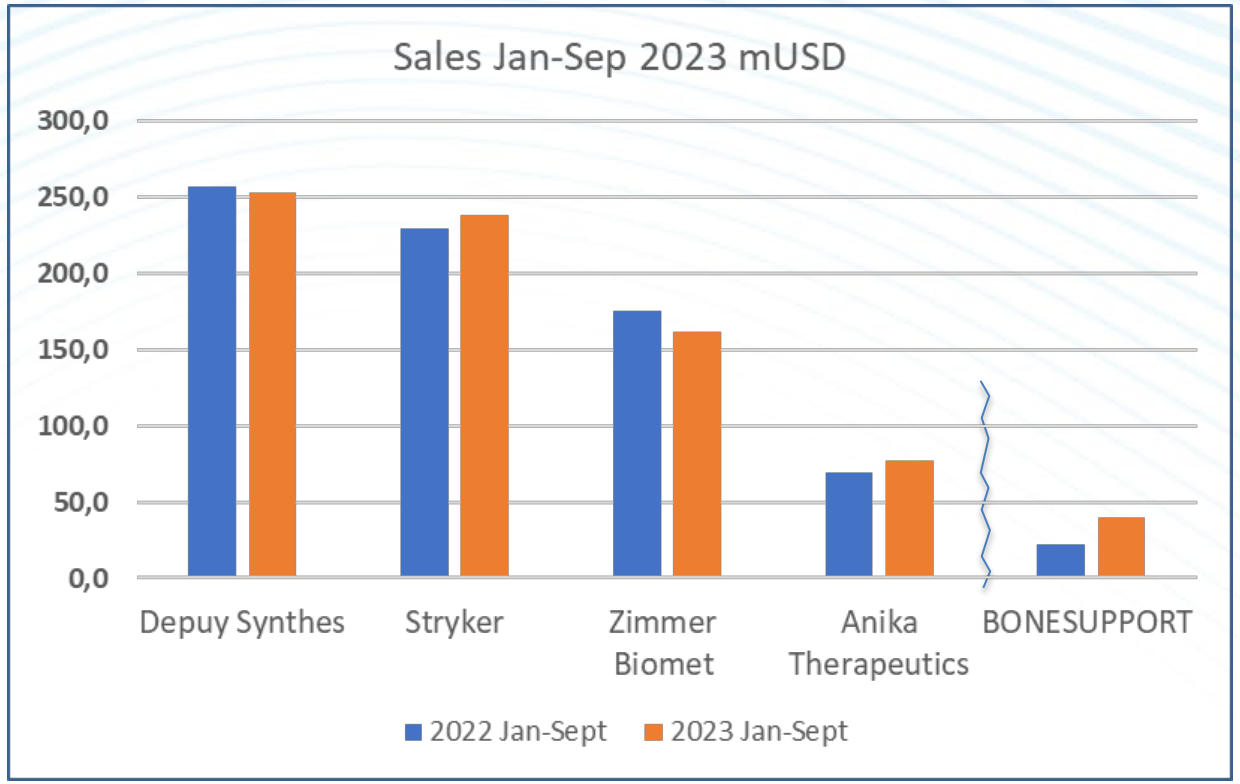
Get it right the first time

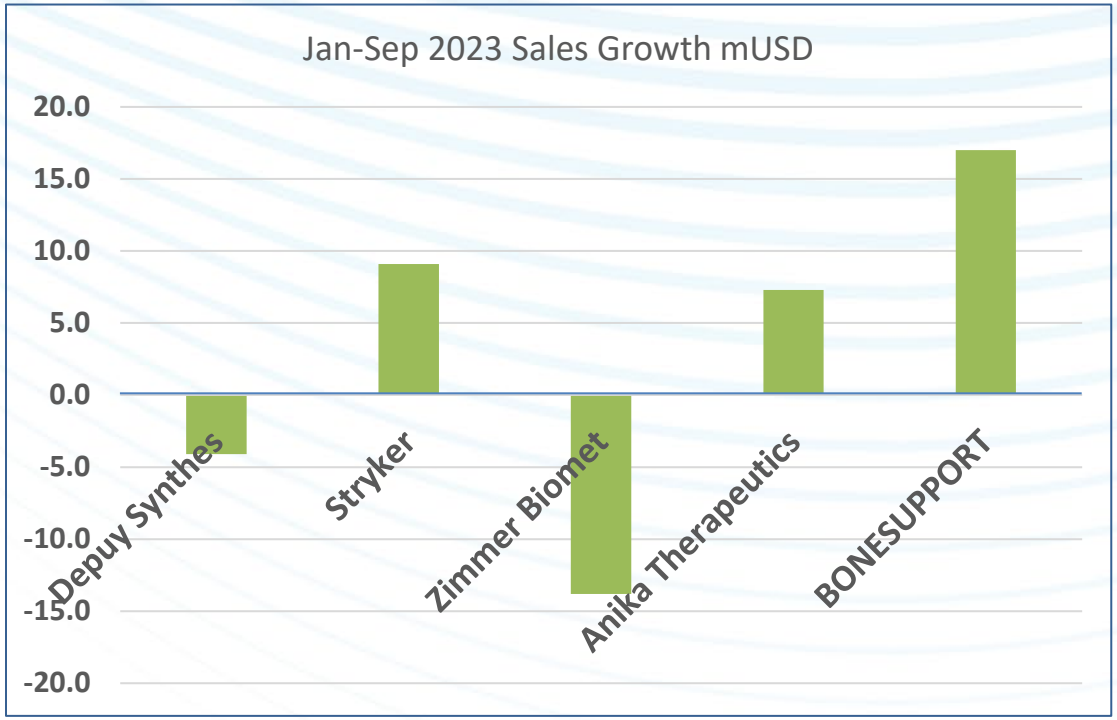
Ref: Market Research: Bruder Consulting & Venture Group, Precedence Research, Global Data, ReAnIn , BS Sales Data

Ref: 1. Markets where Bonesupport have actively and directly promoting CERAMENT for more than 5 years; UK, Sweden, Denmark, Germany

CERAMENT is outgrowing all major Orthobiologics companies

Sales of Orthobiologics Jan-Sept, 2023





Source: Orthoworld. Combination of reported data and Orthoworld estimates. Pure spine companies, excluded.

Trends in Orthobiologics

- Surgical volumes back to normal (pre-pandemic levels) in the US, not yet in Europe. Mainly due to staff shortage
- Orthobiologics benefit from highly favorable patient demographics.
- Trend towards synthetic bone graft substitutes procedures vs traditional autograft and/or allograft
- National Volume-Based Procurement in China disrupted orthopedic sales. Implant prices have drastically decreased and companies as ZimVie have left the Chinese market.
- Increase of procedures taking place in Ambulatory Surgical Centers (US) – which means that more of the elective surgery is going to take place in an outpatient setting, increasing the need to focus on outpatient reimbursement and funding.
- Slow adoption of instrumentation technologies & robotics. Only 11% of cases in joint replacement is using robotics and only 3% in spine. Meaning less impact of bundle solutions from big orthopedic companies then earlier anticipated.
- New MDR regulation is driving more efforts in European go-to-market model and product life cycle management. Market access also limited by health care provider's and other decision maker's availability

Source: Orthoworld, market insight, Medtech dive, Alphasense, company market insights.

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Major initiatives

1. Overview
2. Spine market entry
3. CERAMENT V for US

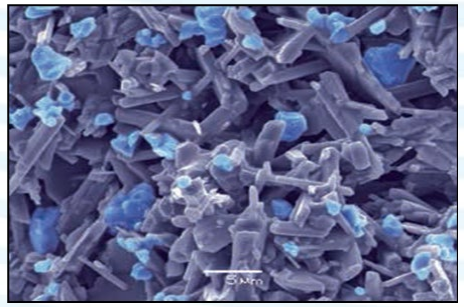
CERAMENT - The versatile platform for building bone

What makes CERAMENT unique ?

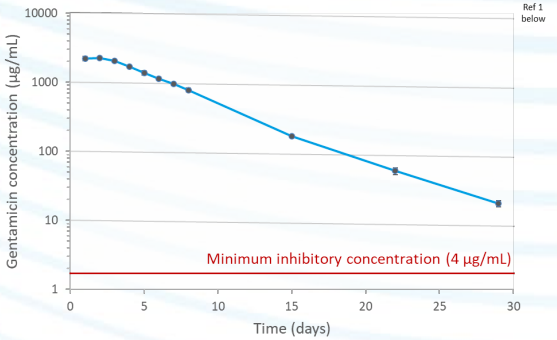
Proprietary technology platform that facilitates natural bone healing:

- Purpose engineered ceramic bio-composite
- Mimics natural healing
- Resorbs at pace of bone healing
- Builds a highly porous micro-scaffold that enables bone remodeling
- Predictable and engineered antibiotic elution
- Unique application properties reduces dead space

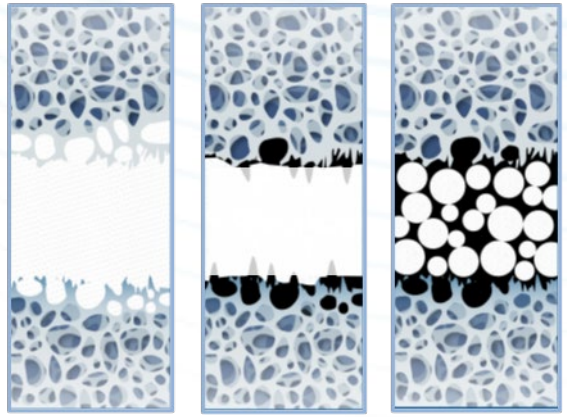
Purpose engineered



More than 30 days antibiotic elution significantly above MIC



Maximum surface contact (osteointerdigitation)



Native bone

Bone graft

Dead space

Ref: Simplified, schematic model to explain interdigitation with bone related to graft application variants

CERAMENT Putty Beads (up to 50% dead space)

Spinal fusion – Indication overview

The main reason for fusion surgery of the spine is to stabilize the spinal column and reduce pain caused by certain spinal conditions.

Fusion surgery involves joining two or more vertebrae together to create a solid bony bridge, with the purpose to eliminate motion between the fused vertebrae.

Pathogenesis for indicating spinal fusion:

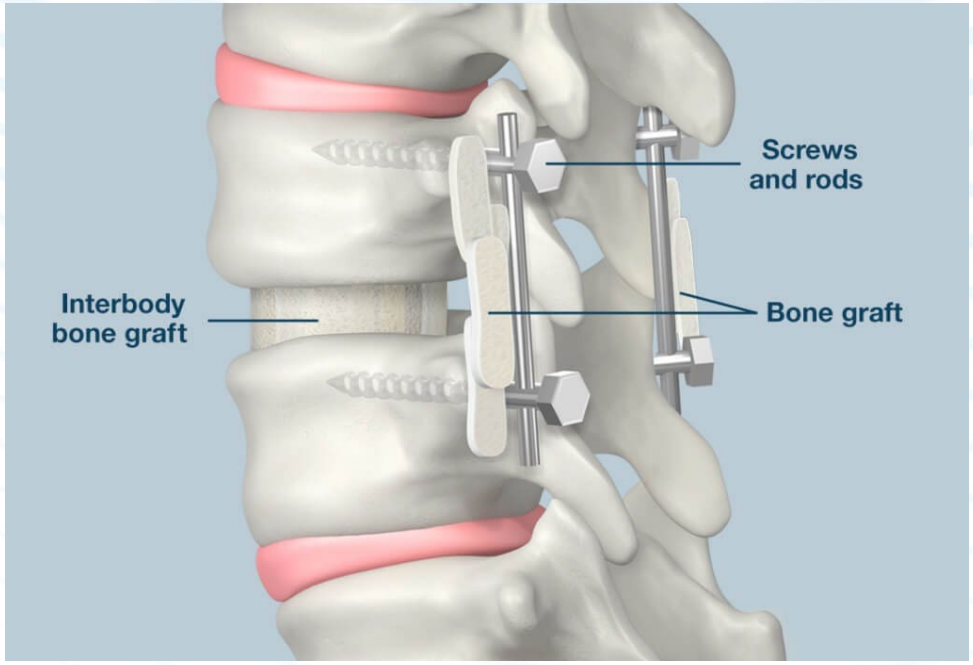
Spinal Instability: Fusion surgery is often performed when there is excessive motion between vertebrae, which can result from conditions such as degenerative disc disease, spondylolisthesis (vertebral slippage), or spinal fractures.

Disc Herniation: When a spinal disc bulges or ruptures, it can compress nearby nerves and cause pain. Fusion surgery may be considered if the disc is severely damaged and other conservative treatments have failed to provide relief.

Spinal Deformities: Conditions like scoliosis (abnormal sideways curvature of the spine) or kyphosis (excessive forward curvature) can lead to pain and functional limitations. Fusion surgery can be performed to correct the deformity and stabilize the spine.

Spinal Tumors or Infections: In some cases, fusion surgery may be necessary to remove tumors or treat spinal infections. Fusion helps restore stability after the affected vertebrae are removed.

Spinal Trauma: Severe spinal injuries, such as fractures or dislocations, may require fusion surgery to stabilize the spine and prevent further damage.



General categories of fusion:

- Posterolateral fusion (PLF)
- Interbody fusion

CERAMENT entry into US spinal fusion

Background:

750 k spinal fusion procedures are performed each year in the US.

Failure rate is **15-20%**[1] (fusion not achieved)

2-6%[2] of spinal fusions procedures develop a surgical site infection

Standard of Care:

- Use of bone graft to create cortical bone “bridge” between vertebrae
- Off-label local antibiotics preventively applied in **40%**[3] of procedures

Status:

CERAMENT BVF is FDA market-authorized for Posterolateral Fusion (PLF).

Application will be made for label extension into interbody fusion

Clinical data exists on CERAMENT BVF showing excellent bone remodeling in vertebrae repair

First pre-clinical (animal) study has shown spinal fusion for CERAMENT BVF

Additional data to be generated during 2024

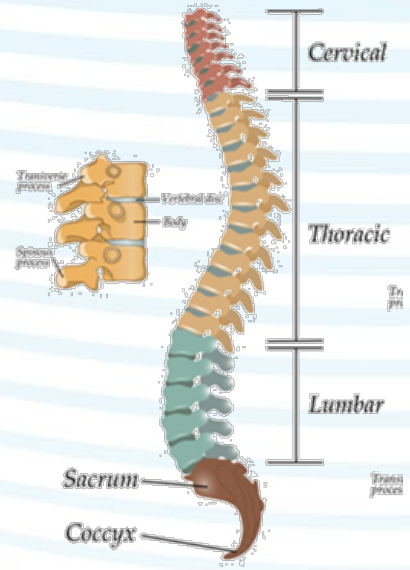
Regulatory:

Label extension through 510(k) submission for CERAMENT BVF to get full (Interbody fusion in addition to the Posterolateral fusion) market authorization

Timing:

Submission filing to FDA for full market authorization (BVF) **2024 Q4**

Antibiotic eluting CERAMENT for spinal fusion; timing to be developed



750 k procedures annually:

325 k Cervical fusion procedures

85 k Thoracic fusion procedures

340 k Lumbar fusion procedures

82% of Lumbar fusions are made with interbody procedure

1. Cruz A, et al. Failure in Lumbar Spinal Fusion and Current Management Modalities. Semin Plast Surg. 2021 Feb;35(1):54-62. doi: 10.1055/s-0041-1726102. Epub 2021 May 10. PMID: 33994880; PMCID: PMC8110346.
2. Edmiston et al. Risk and economic burden of surgical site infection following spinal fusion in adults.” Infection control and hospital epidemiology vol. 44,1 (2023): 88-95. doi:10.1017/ice.2022.32
3. Dodson et al. The effect of prophylactic vancomycin powder on infections following spinal surgeries: a systematic review; DOI: 10.3171/2018.10.FOCUS18470.

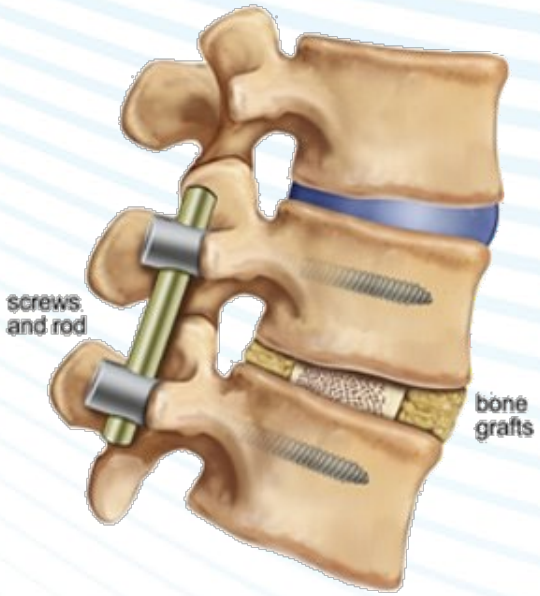
CERAMENT entry into US spinal fusion

Bone repair needs contact[1]

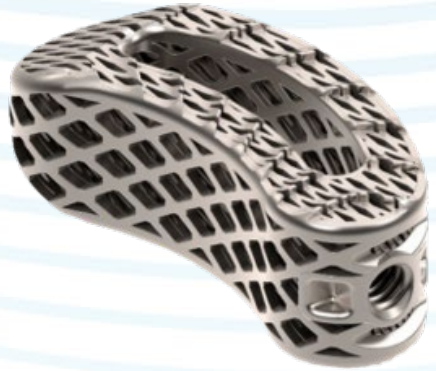
CERAMENT

Putty

Beads (up to 50% dead space)



Interbody fusion



Interbody fusion cage

Lumbar Spinal Fusion Surgery | Spine-health

https://www.spine-health.com/treatment/spinal-fusion/lumbar-spinal-fusion-surgery

1. Ref: Simplified, schematic model to explain interdigitation with bone related to graft application variants

CERAMENT entering SPINE - Short summary

- Very attractive and adjacent therapeutic area, with 2,2 m procedures a year (extremities are 1,5 m), with several synergies and leverage from the proven CERAMENT platform. **Focus on the 750 k procedure / year US market**

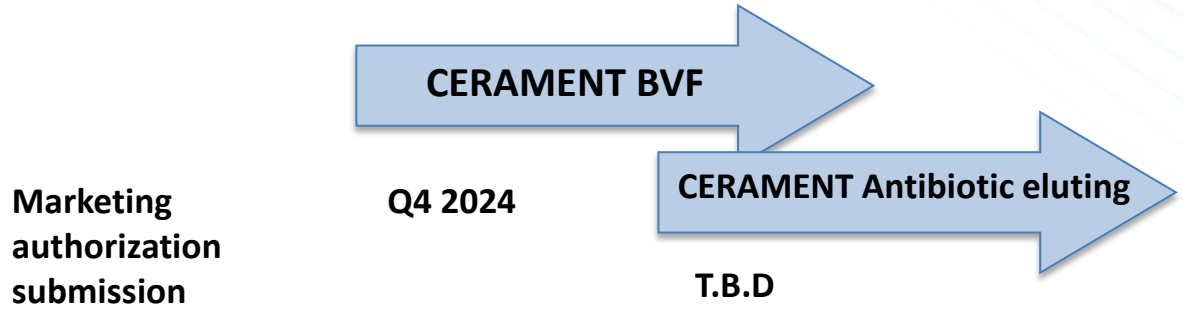
- **The clinicians are:**
  - Orthopedic spine surgeons
  - Interventional radiologists
  - Spine neurologists

- BONESUPPORT is bringing a well proven, clinically validated and versatile platform for bone repair

- Go-to-market model will follow the successful roll-out of **CERAMENT BV**F and **CERAMENT G** within extremities indications

- Good knowledge and experience within the company

- Go to market in 2 waves :



CERAMENT V for bone infection (extremities) in the USA market

Background:

CERAMENT G is available in the US since Oct 2022.

Gentamicin is very potent and with no material side effects shown, when administered locally. There are patients with **specific resistant microbials** as well as patients with several co-morbidities and **polymicrobial infection** that could benefit from a combination of antibiotics.

BONESUPPORT aims at providing a solution to this need without the surgeon having to revert to off-label mixing.

In **15 -20%** of the cases it could be beneficial to combine CERAMENT G and CERAMENT V.
In **5 -10%** of the cases Vancomycin will be more suitable than Gentamicin

Standard of Care:
Systemic antibiotics + off-label antibiotic mixing

Status:
Breakthrough device status achieved by FDA on October 16.

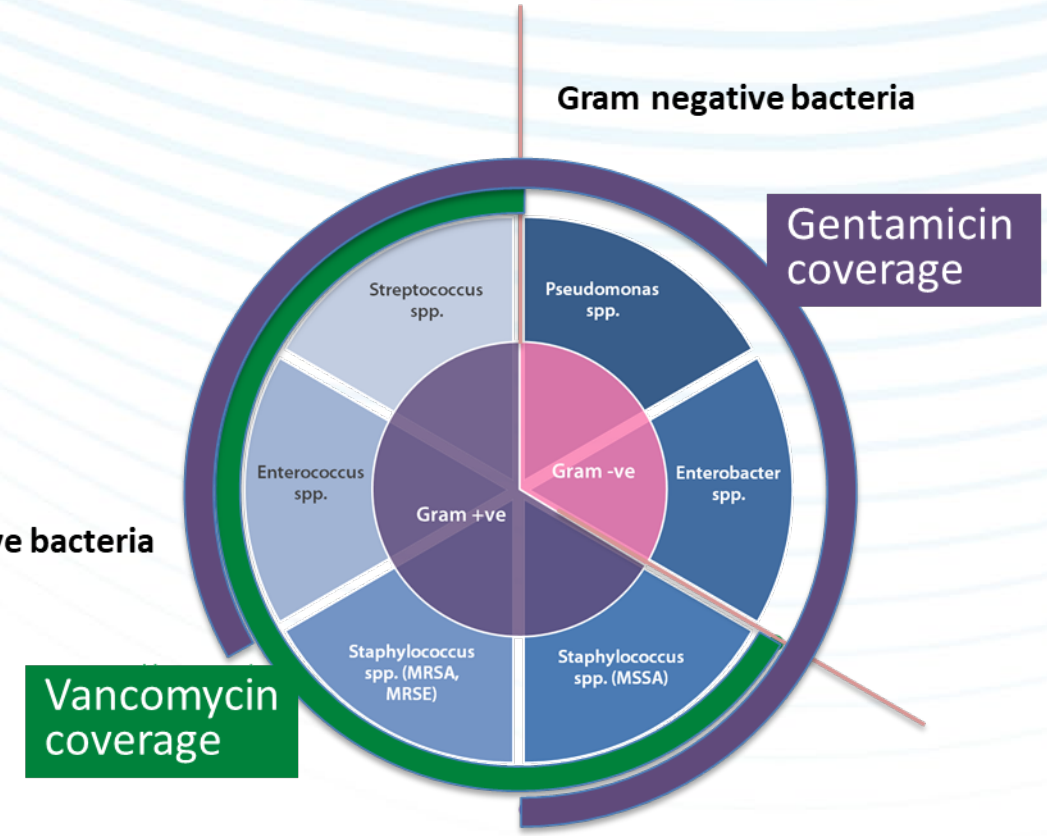
Real world clinical data exists. Assumption is no need for supplementary clinical study

Regulatory:

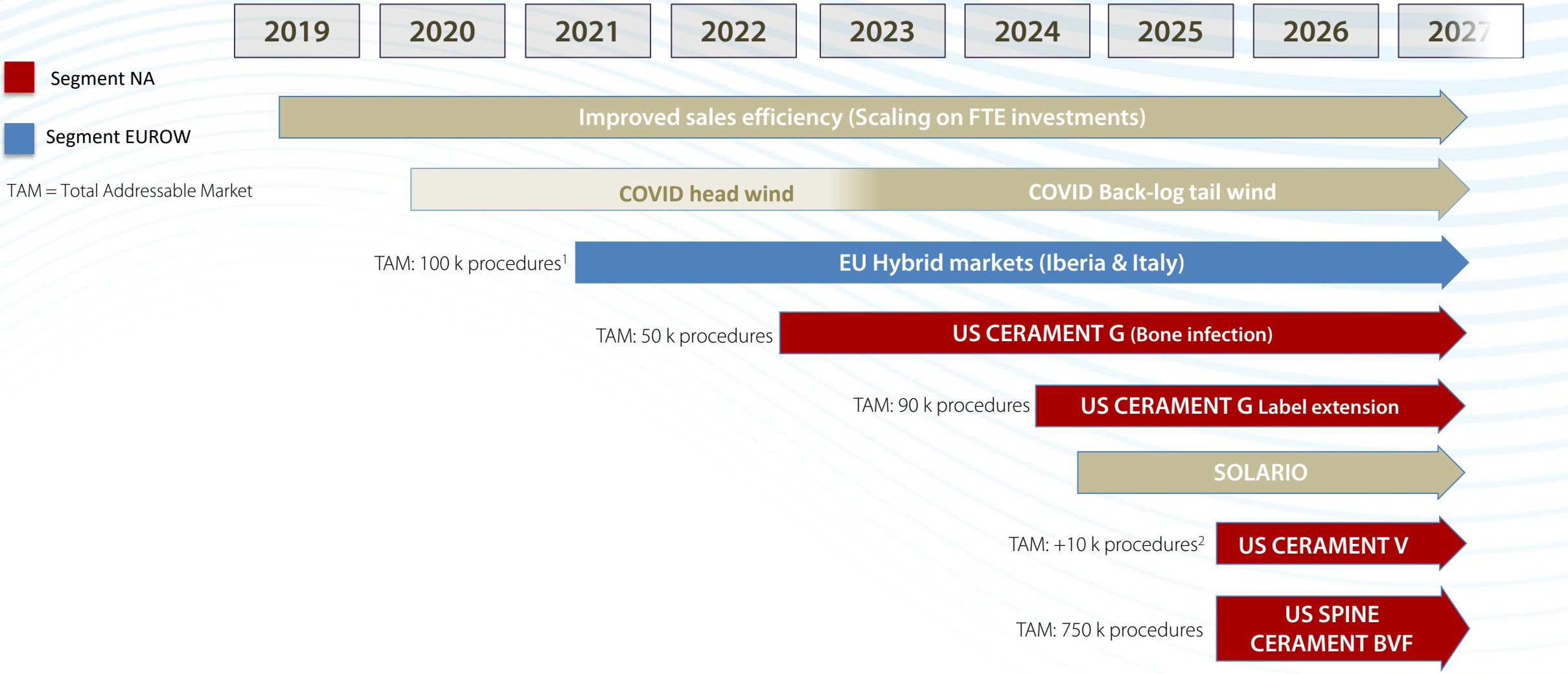
De Novo submission

Timing (preliminary):

Submission filing to **FDA Q1 2025**



Strong business momentum, with additional vectors for growth



1. Addressable market defined as bone grafting extremities market Spain, Portugal and Italy
2. Addressable market defined as 15%-20% use in addition to CERAMENT G
3. Not incremental. Included in the 750 k procedures for total spinal fusion. Local antibiotics is used (off-label) in 40% of the US spinal fusion procedures + 45 k treatment

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Capital Markets Day 2023

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Emil Billbäck, CEO

Bonesupport Capital Markets Day, Nov 28th 2023

- **Expect strong continued growth momentum in the current business:**

Sales in 2024 will be above 40%[1]

- **Preparations for entry into spinal fusion**
  - FDA market authorization submission Q4 2024

- **Preparations for market introduction of CERAMENT V in the US**
  - FDA market authorization submission Q1 2025

1. Year on year sales development in constant currency

BONESUPPORT Capital Market Day November 28th, 2023

Clinical update

Michael Diefenbeck MD, PhD
Chief Medical Officer

Introduction:

Michael Diefenbeck, MD, PhD
Orthopaedic Surgeon

Chief Medical Officer, BONESUPPORT AB since April 2017

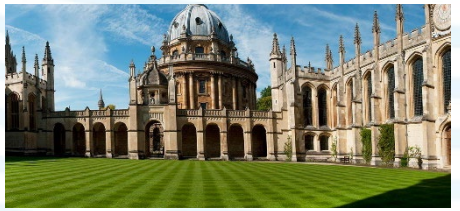
EVP Clinical and Medical Affairs since Jul 2018

Honorary Consultant, Nuffield Orthopaedic Centre, Oxford University Hospitals, NHS in 2016

Founder of “Scientific Consulting in Orthopeadic Surgery and Traumatology”, Hamburg in 2014

Clinical positions at:

- Schön Klinik Hamburg Eilbek, Bone infection unit, Consultant for orthopaedic surgery, 2012-14
- University Hospital Jena, 2006-12
- BG Kliniken Bergmannstrost Halle/Saale, 2004-06
- BG Unfallklinik Murnau, 2000 – 03

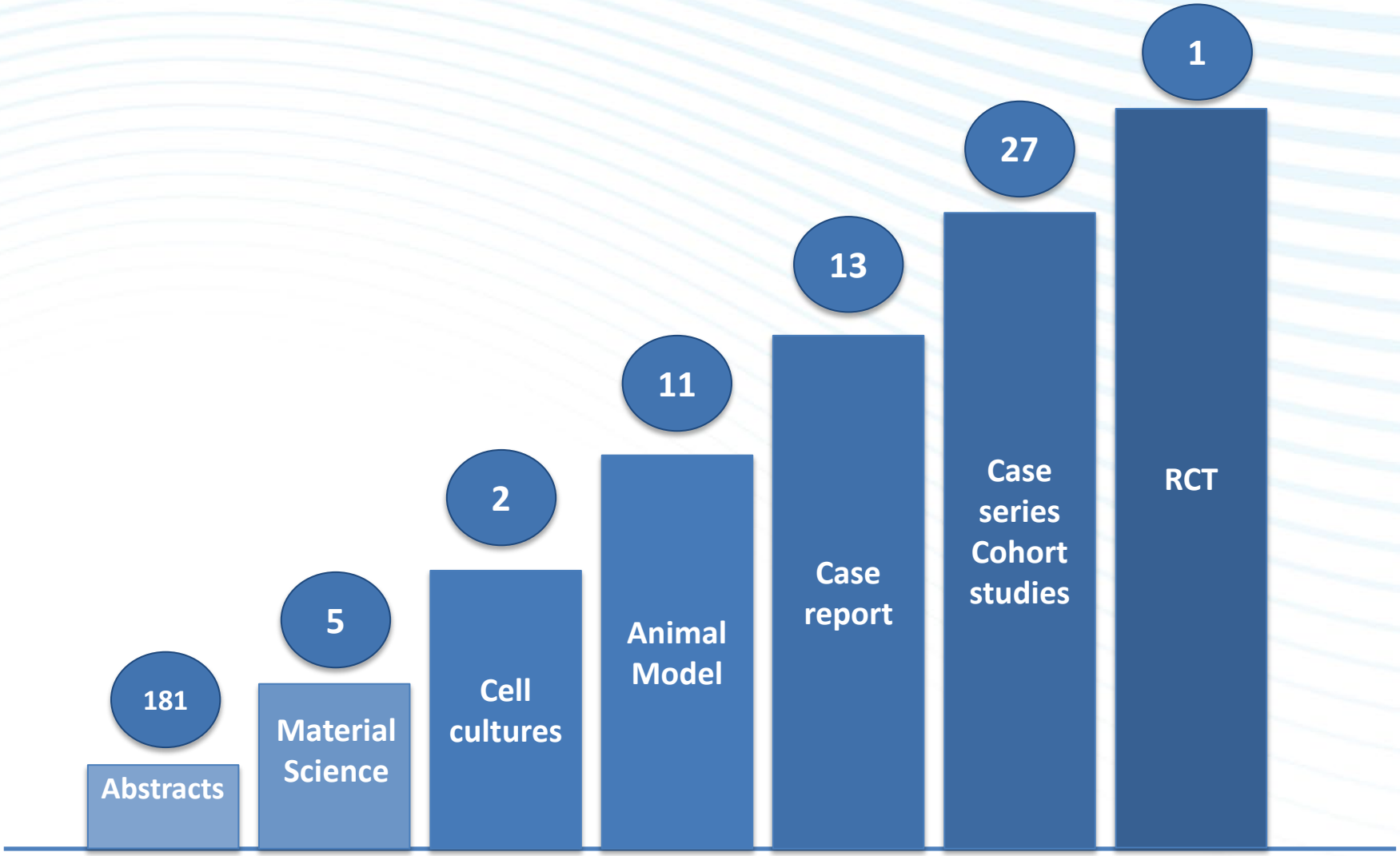





Agenda

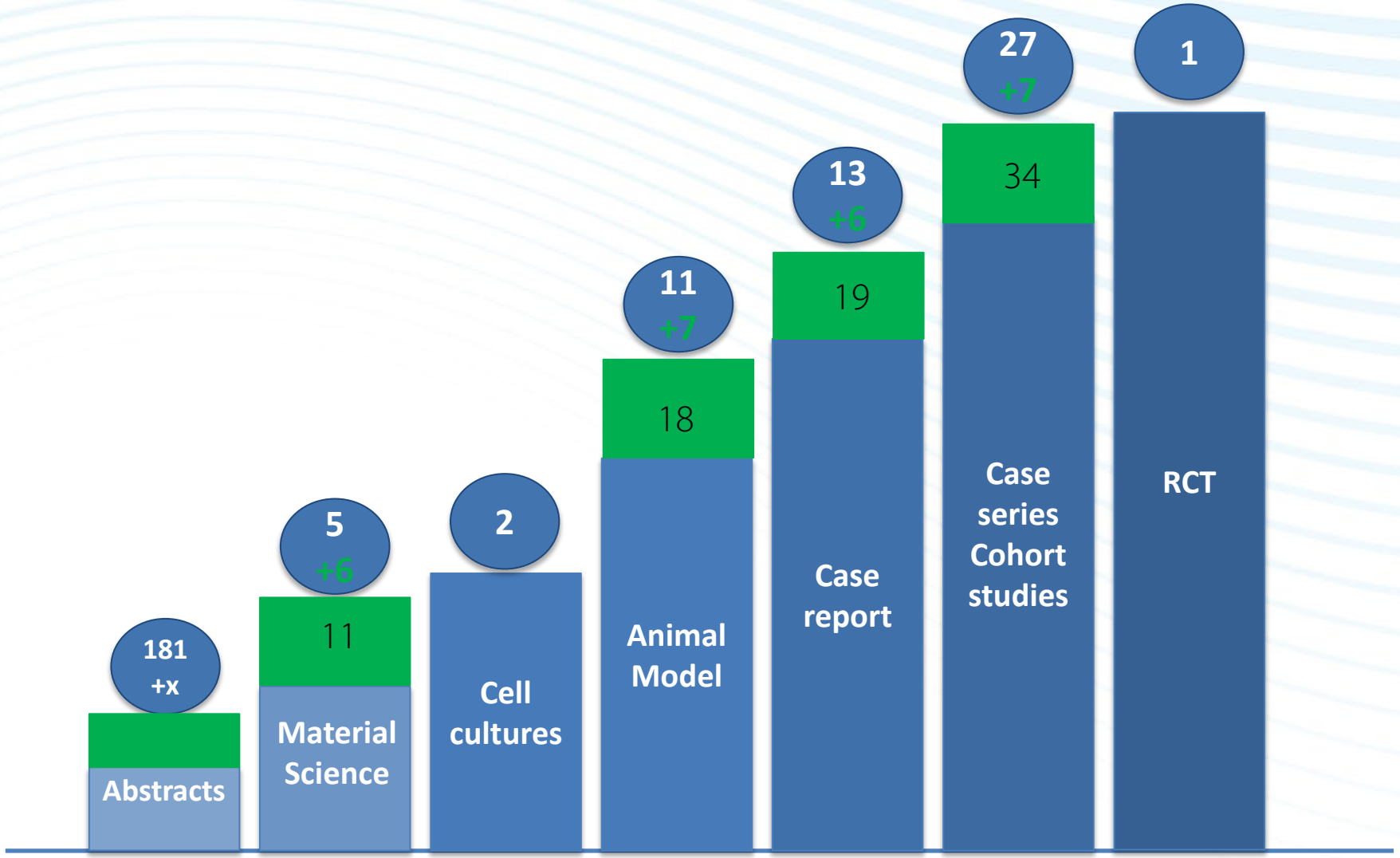
- New clinical evidence in key indications
- Antibiotic Stewardship
- CERAMENT's primary mode of action: Remodelling into bone
- CERAMENT and the future: Spinal fusion and bone active substances

More clinical evidence for CERAMENT than any other grafting therapy



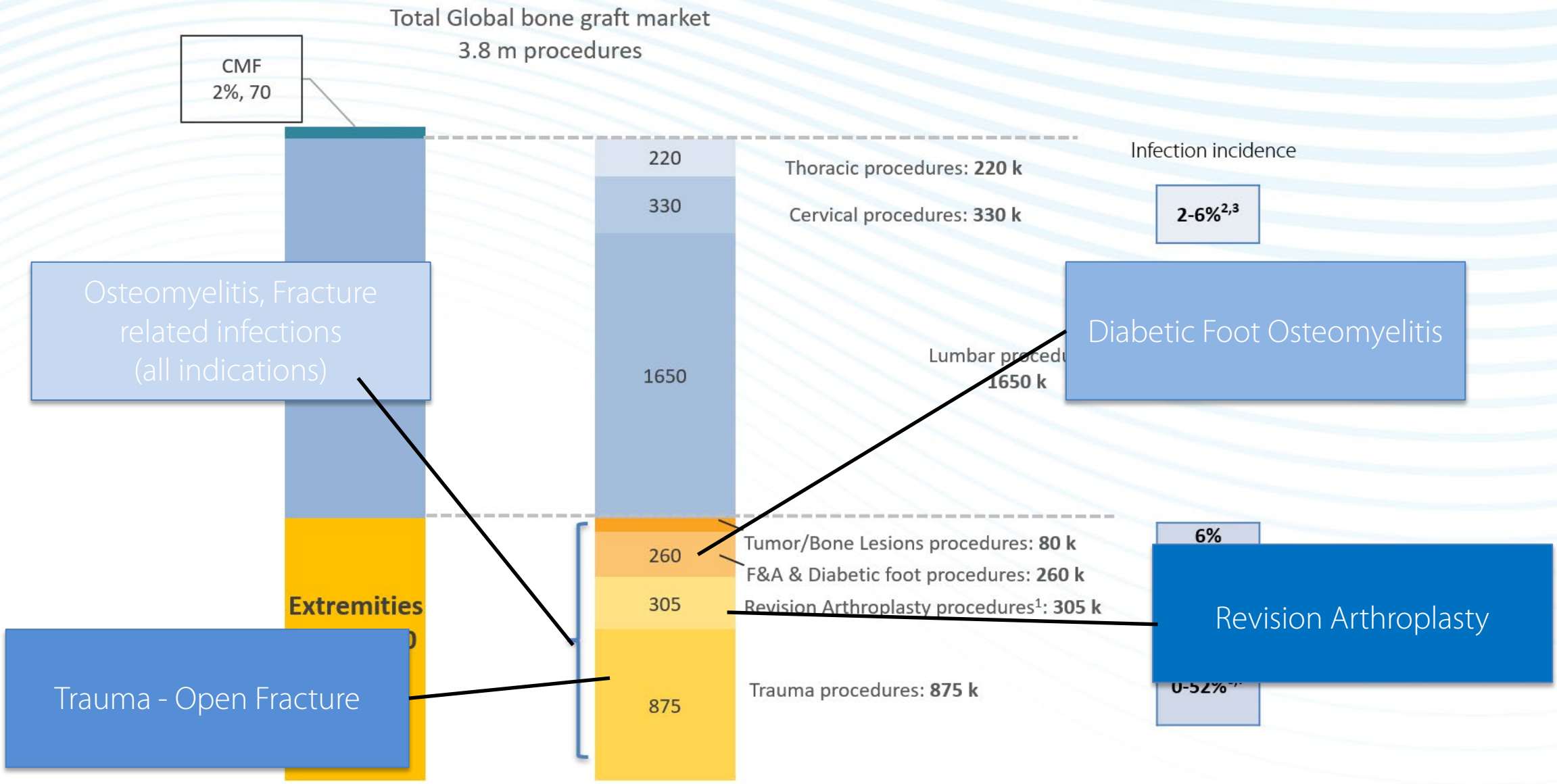
Reference: Clinical Evaluation Reports 2021

More clinical evidence for CERAMENT than any other grafting therapy



Reference: Clinical Evaluation Reports 2023

New clinical evidence in key indications



Diabetic Foot Osteomyelitis a hard-to-treat indication

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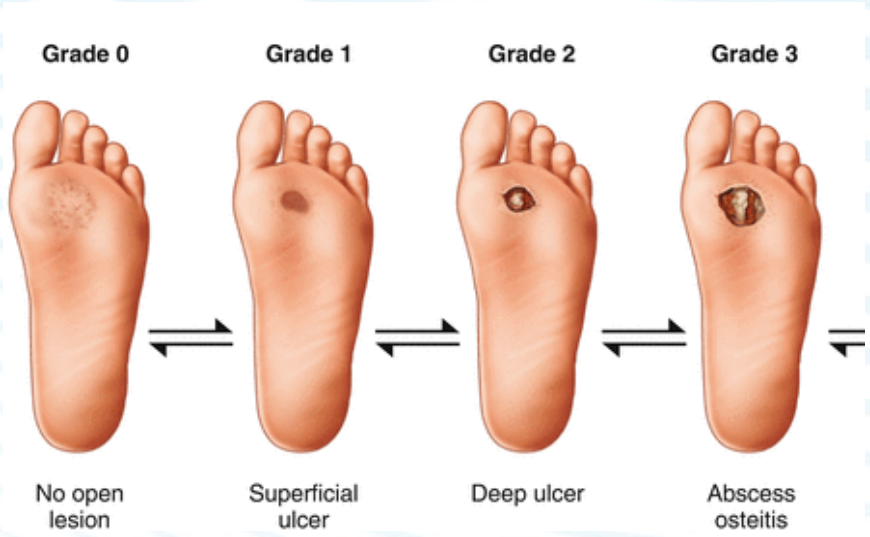
Diabetic Foot Osteomyelitis

Diabetic Foot Osteomyelitis (DFO) is mostly a consequence of a soft tissue infection (e. g. Diabetic foot ulcer) that spreads into the bone, first involving the cortex and then the marrow

The typical sequence is usually:

- Deformity of the foot (shortening of tendons)
- Lack of protective sensation (no pain)
- Superficial foot ulcer / contamination
- Deep foot ulcer with infection
- Bone infection / Osteitis / Diabetic Foot Osteomyelitis
- …
- Amputation



Pinzur, M.S. (2016). The Diagnosis and Treatment of Diabetic Foot Infections. In: Herscovici, Jr., D. (eds) The Surgical Management of the Diabetic Foot and Ankle. Springer, Cham.

Diabetic Foot Osteomyelitis a hard-to-treat indication

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Diabetic Foot Osteomyelitis

Journal of *Clinical Medicine*

MDPI

Article

Evaluation of Adjuvant Antibiotic Loaded Injectable Bio-Composite Material in Diabetic Foot Osteomyelitis and Charcot Foot Reconstruction

Venu Kavarthapu [1,*], Jasdeep Giddie [1], Varun Kommalapati [1], Joanne Casey [2], Maureen Bates [2] and Prashanth Vas [2]

Design: Retrospective case series
Indication: Diabetic Foot Osteomyelitis and Charcot Foot
Patients: 53 (17 DFO and 37 Charcot foot)
Treatment: One stage debridement and CERAMENT® (Group 1) or one stage (Group 2a; 19) or two stage (Group 2b; 18) Charcot foot reconstruction with CERAMENT®
Product: CERAMENT® V was used in 39% and CERAMENT® G in 65 % (2 patients both)
Follow-up: Mean 30 months [12 – 98 months]
Results: **Group 1:** 15/19 pat : Complete eradication of infection in 87%, 2 persisting ulcers, cons. therapy
Group 2: 100% primary ulcer resolution,100% limb salvage and 76% bony union rate. Five patients required reoperations due to problems with bone union. Two deep infections needing revision surgery (2b)

Benchmark: Diabetic Foot Osteomyelitis
Standard of care: Amputation rate up to 24%[1]

[1]Pemayun TG et al. Risk factors for lower extremity amputation in patients with diabetic foot ulcers: a hospital-based case-control study. Diabet Foot Ankle. 2015; 6: 29629

Revision arthroplasty

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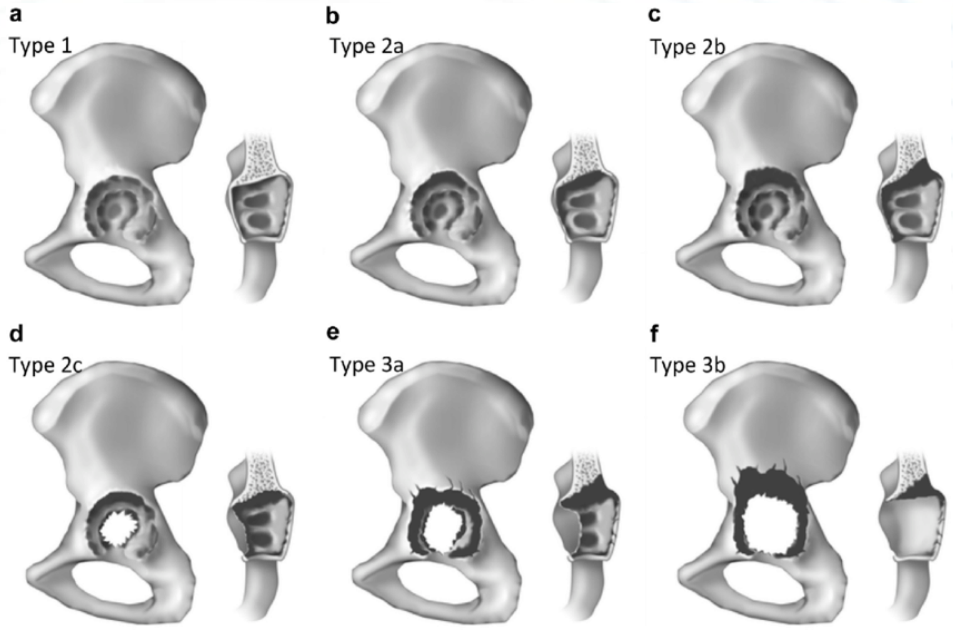
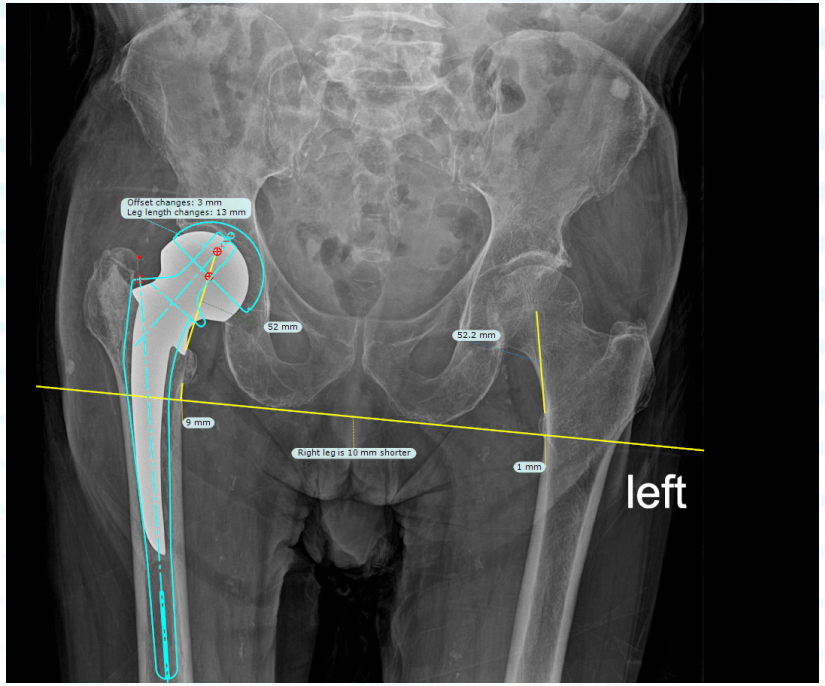
Revision Arthroplasty

Revision arthroplasty is to be performed when a primary joint replacement fails.
Reasons for failure are infection, aseptic loosening, recurrent dislocation or fracture.
There are 3 million arthroplasty a year, and 10% goes into revision.
At revision there is often significant bone loss, which needs to be addressed.



Paprosky classification of acetabular defects[1, 2]



1) Paprosky WG et al. Acetabular defect classification and surgical reconstruction in revision arthroplasty. A 6-year follow-up evaluation. J Arthroplasty. 1994 Feb;9(1):33-44.
2) Honcharuk E, Kayiaros S, Rubin LE. The direct anterior approach for acetabular augmentation in primary total hip arthroplasty. Arthroplast Today. 2017 May 12;4(1):33-39.

Revision arthroplasty

BONESUPPORT

Revision Arthroplasty

Contents lists available at ScienceDirect

Arthroplasty Today

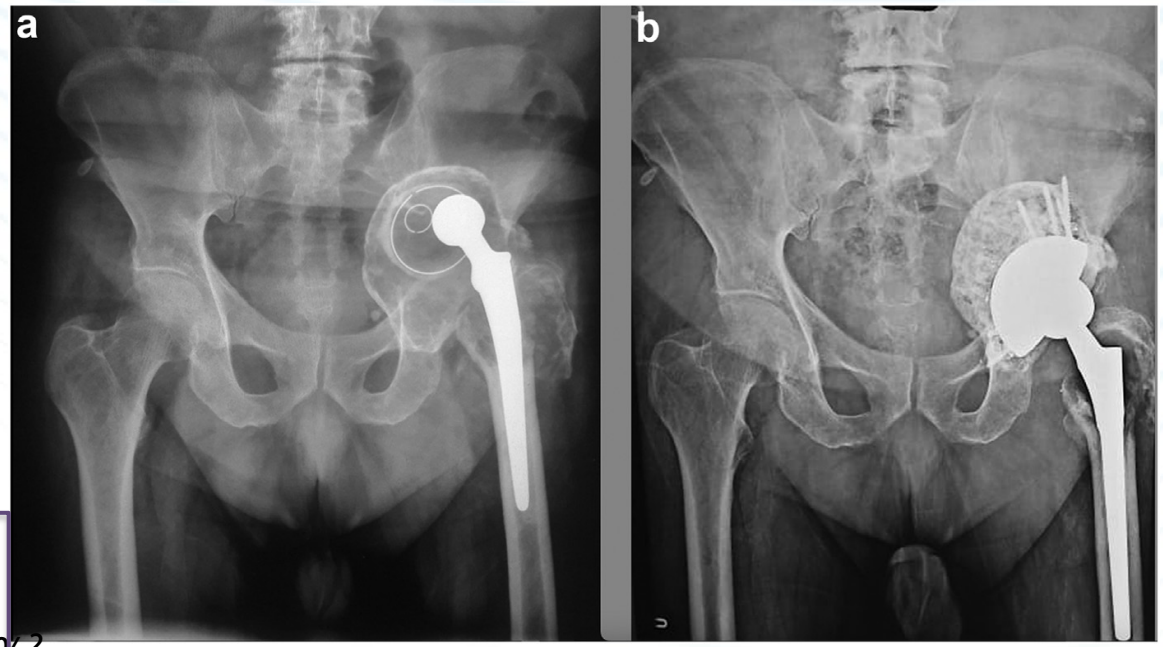
journal homepage: http://www.arthroplastytoday.org/

Original Research

Alternating Layers of Morselized Allograft and Injectable Ceramic Bone Graft Substitute in Acetabular Reconstruction: A Novel 'Sandwich' Technique

Rajesh Malhotra, MS, FRCS, FACS, All India Institute of Medical Sciences, New Delhi, Delhi, India

Published: 2023
Patients: 24 pat.
Treatment: Bone defect filling with CERAMENT G and allograft
Follow-up: 60 and 82 months



Results:

- Consolidation of the bone graft was seen in all the 24 cases within a range of 96 to 165 days
- With revision of the component as end point, the survivorship was 100% at 82 months
- Infection free: 100%
- Follow-up rate 100%

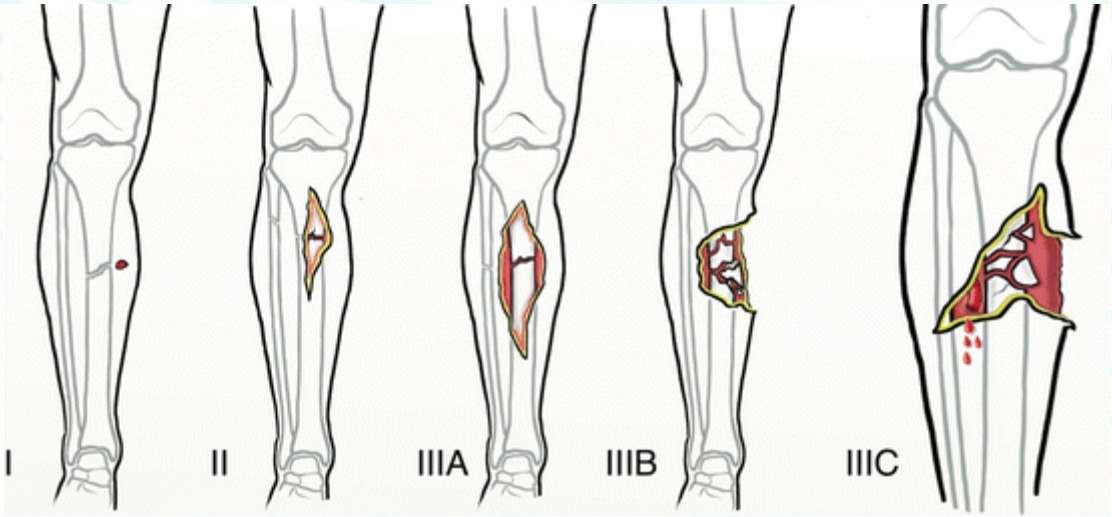
Benchmark:
Infection rate after aseptic arthroplasty revision: 4.8%[1]
Revision rate for aseptic loosening after arthroplasty revision: 6.8%[2]

1) Edmiston CE Jr et al. Longitudinal Rates, Patient Risk Factors, and Economic Impact of Superficial and Deep Incisional Surgical Site Infection After Primary and Revision Total Hip Arthroplasty: A U.S. Retrospective Commercial Claims Database Analysis. Surg Infect (Larchmt). 2023 May;24(4):366-375.
2) Pelt Ceet al. Early outcomes after revision total hip arthroplasty with a modern modular femoral revision stem in 65 consecutive cases. Arthroplast Today. 2018 Nov 17;5(1):106-112.

Trauma: Open Fracture

- Open fracture is a fracture with an open wound or break in the skin near the site of the broken bone
- Most often caused by a fragment of bone breaking through the skin at the moment of injury
- Once the skin is broken, bacteria from dirt and other contaminants can enter the wound, potentially causing an infection at the site of injury

Gustilo type	Definition
I	Open fracture, clean wound, wound <1 cm in length
II	Open fracture, wound >1 cm in length without extensive soft-tissue damage, flaps, avulsions
III	Open fracture with extensive soft-tissue laceration, damage, or loss or an open segmental fracture. This type also includes open fractures caused by farm injuries, fractures requiring vascular repair, or fractures that have been open for 8 h prior to treatment
IIIA	Type III fracture with adequate periosteal coverage of the fracture bone despite the extensive soft-tissue laceration or damage
IIIB	Type III fracture with extensive soft-tissue loss and periosteal stripping and bone damage. Usually associated with massive contamination. Will often need further soft-tissue coverage procedure (i.e. free or rotational flap)
IIIC	Type III fracture associated with an arterial injury requiring repair, irrespective of degree of soft-tissue injury.



Cross, W. W., 3rd, & Swiontkowski, M. F. (2008). Treatment principles in the management of open fractures. Indian journal of orthopaedics, 42(4), 377–386. https://doi.org/10.4103/0019-5413.43373

New publication on IIIb open fractures with mean 55 months follow-up

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Trauma - Open Fracture

Long-Term Follow-Up of Open Gustilo-Anderson IIIB Fractures Treated With an Adjuvant Local Antibiotic Hydroxyapatite Bio-Composite

Joshua A. Henry [1], Almigdad Ali [1], Ibrahim H. Elkhidir [2], Adam Reid [3], Jason Wong [3], Anand Pillai [1]

1. Department of Trauma and Orthopaedics, Wythenshawe Hospital, Manchester Foundation Trust, Manchester, GBR
2. Department of Medicine, University of Khartoum, Khartoum, SDN 3. Department of Plastic Surgery, Wythenshawe Hospital, Manchester Foundation Trust, Manchester, GBR

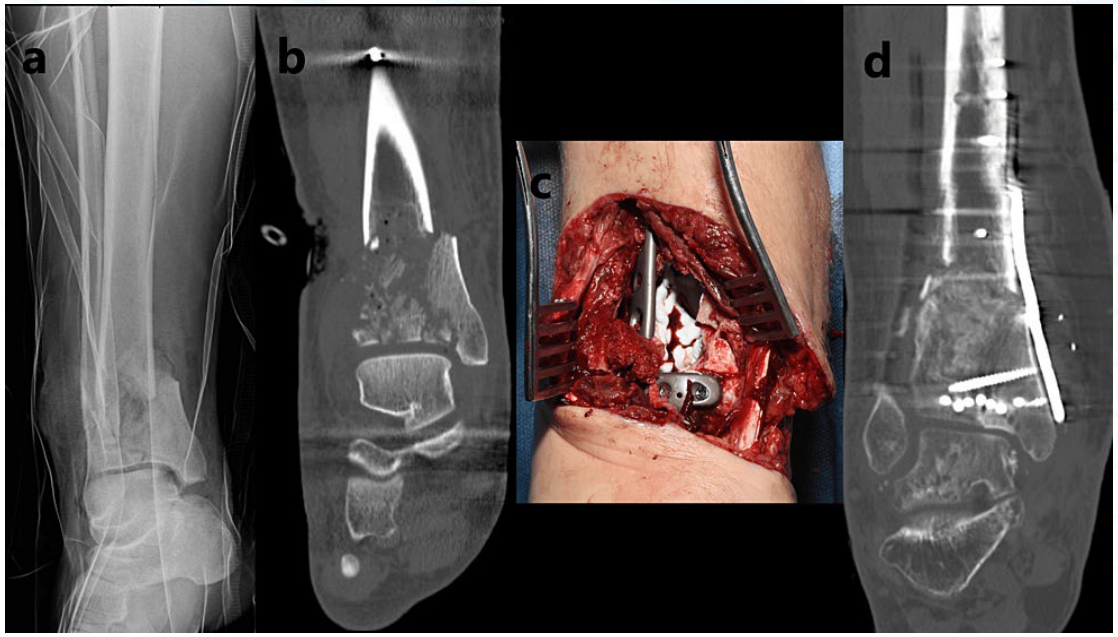
Corresponding author: Joshua A. Henry, jhenry89@gmail.com

Published: 2023
Patients: 81
Treatment: Filling of fracture defects with CERAMENT G
Follow-up: min. 11 months (mean **55 months** [11-110 m])

Results:

Infection rate:	**3.7%**
Union rate:	**96%**
Limb salvage rate:	**96.3%**

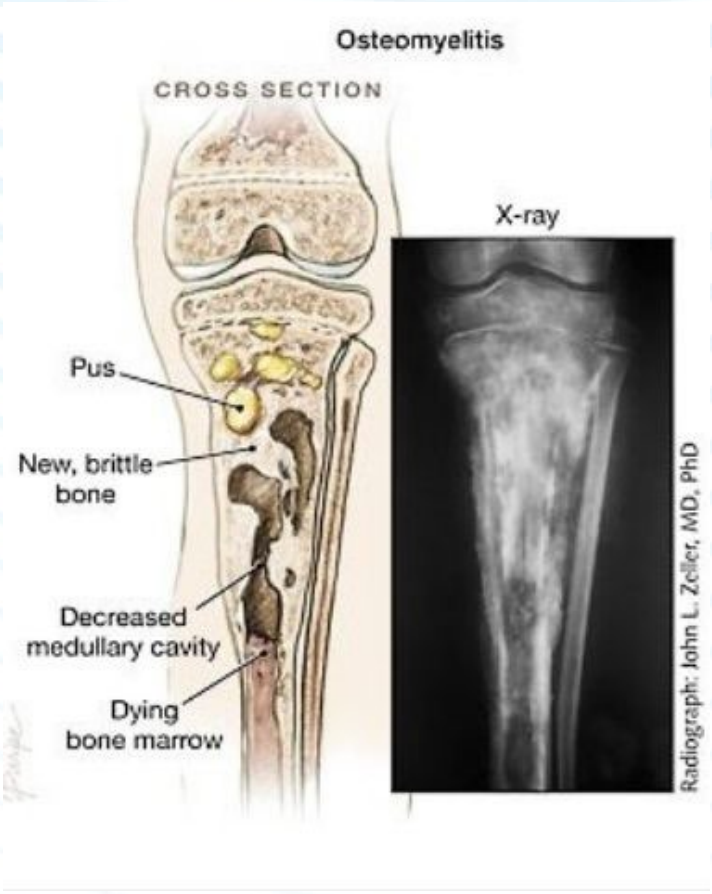
Benchmark: Trauma: Open fracture
Standard of care: Infection rate average 15%[1]



1Mathews JA, Ward J, Chapman T, Khan U, Kelly M. Single-stage orthoplastic reconstruction of Gustilo–Anderson Grade III open tibial fractures greatly reduces infection rates. Injury. 2015;46(11):2263–2266.

Osteomyelitis (OM)

- McNally et al. (2016) definition: bone infection, with minimum of 6 months symptoms, with clinical and radiological features accompanied by at least one of the following:
  - The presence of a sinus, an abscess or intraoperative pus
  - Supportive histology
  - Or two or more microbiological cultures with indistinguishable organisms
- May present as recurrent or intermittent disease
- Vast majority is posttraumatic after fracture and internal fixation
  → OM is usually a subset of Fracture Related Infections (FRI)



Benchmark Osteomyelitis: PMMA beads
Two-stage surgery (min two interventions, min two hospital stays)
Infection rate (published data): **13.3%**[1]
Meta analysis (published data): **13.2%**[2]

1. McNally MA, Small JO, Tofighi HG, Mollan RA. Two-stage management of chronic osteomyelitis of the long bones. The Belfast technique. J Bone Joint Surg Br. 1993 May;75(3):375-80.
2.. Meta-analysis of published data from 7 studies on PMMA-beads as part of treatment of osteomyelitis, submitted to FDA as part of CERAMENT G application

CERAMENT G in osteomyelitis with mean 6 year follow-up

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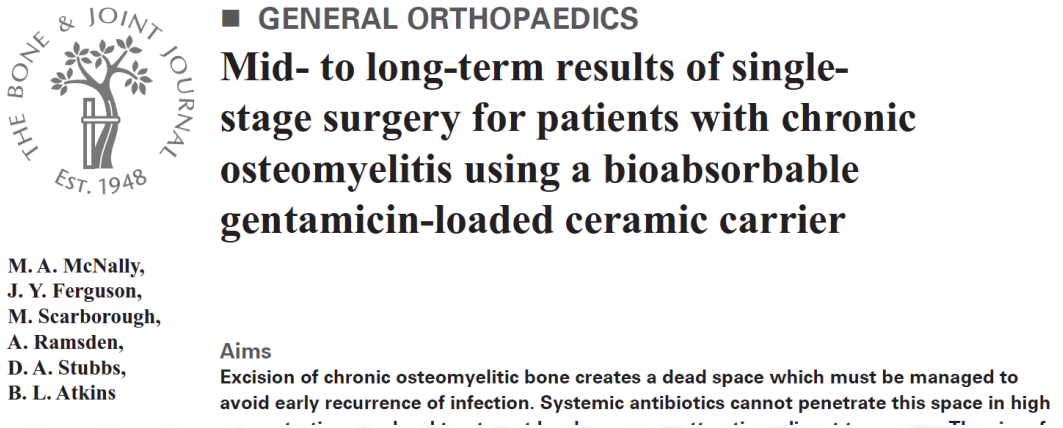
Osteomyelitis



THE BONE & JOINT JOURNAL EST. 1948

■ GENERAL ORTHOPAEDICS

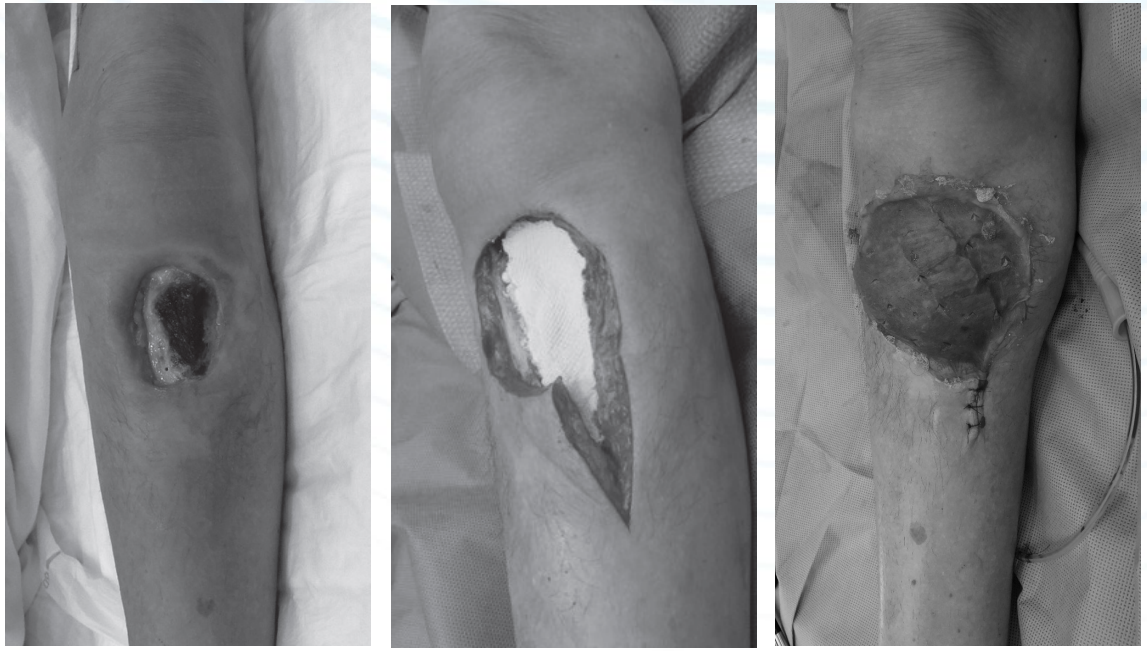
Mid- to long-term results of single-stage surgery for patients with chronic osteomyelitis using a bioabsorbable gentamicin-loaded ceramic carrier

M. A. McNally,
J. Y. Ferguson,
M. Scarborough,
A. Ramsden,
D. A. Stubbs,
B. L. Atkins

Aims
Excision of chronic osteomyelitic bone creates a dead space which must be managed to avoid early recurrence of infection. Systemic antibiotics cannot penetrate this space in high

Published:	2022
Patients:	100 pat
Treatment:	Debridement and dead-space management with CERAMENT G
Follow-up:	min. **4.4 years** (mean **6.05 years** [4.4-8.4y]
Recurrence of infection:	**6%** (6/100 pat)
Pathologic fractures:	**3%** (all within the first 11 months)
Mortality:	5 pat. (infection free)
Lost to Follow-up	4 pat. ; Follow-up rate 96%

Benchmark Osteomyelitis: PMMA beads 13.2%



CERAMENT G in osteomyelitis with mean 6 year follow-up

BONESUPPORT

Osteomyelitis

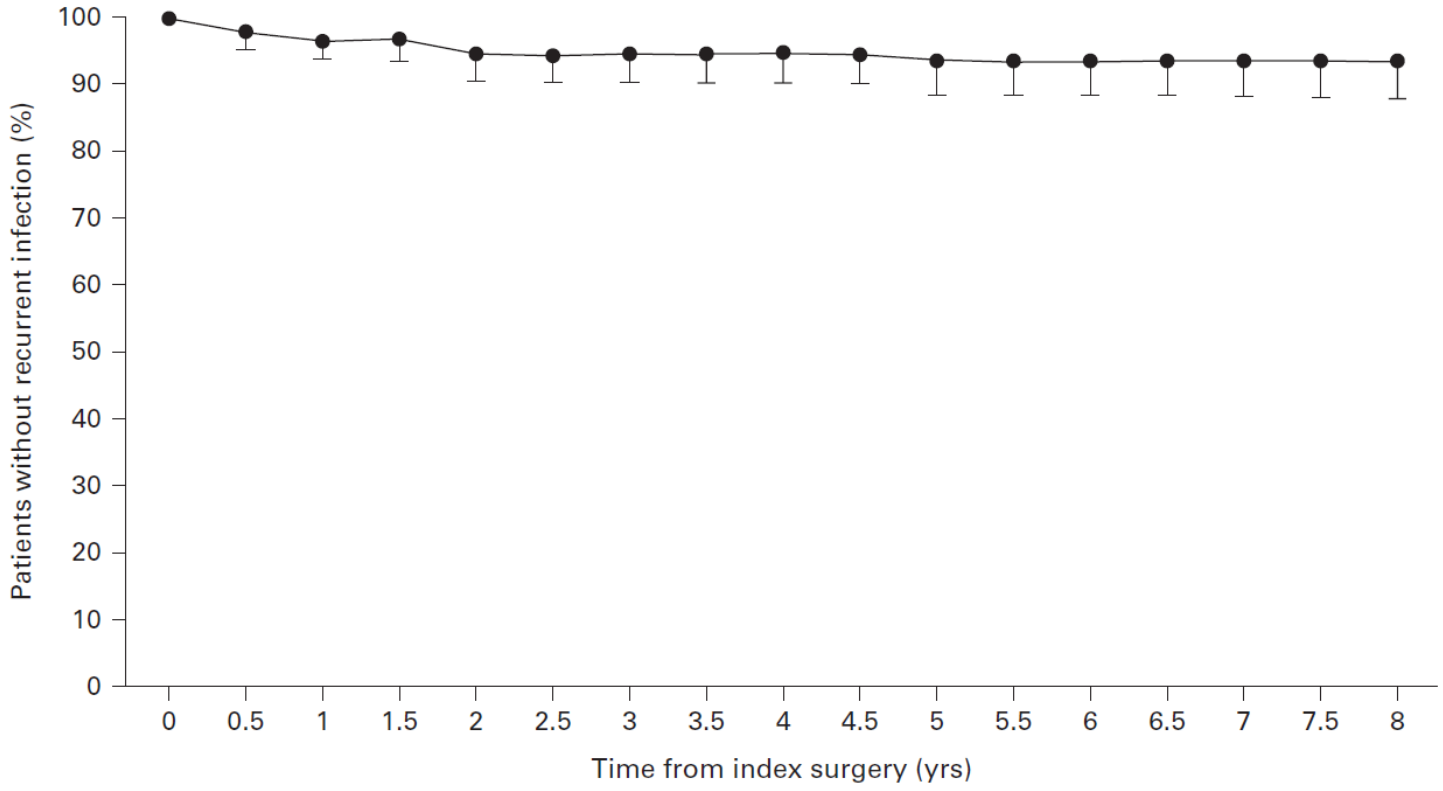


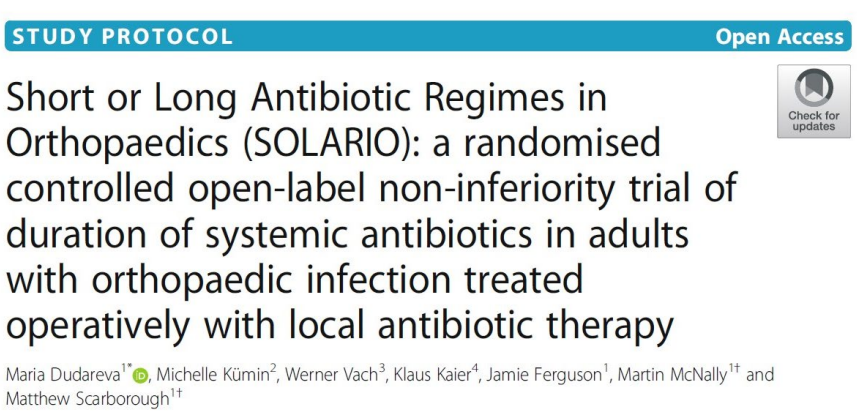
Fig. 4

Kaplan-Meier graph of survival until eight years after surgery.

"At final follow-up, six patients (six bones) had recurrent infection; thus 94% were infection-free. Three infections recurred in the first year, two in the second year, and one 4.5 years postoperatively.

Benchmark Osteomyelitis: PMMA beads 86%

SOLARIO – a randomized trial on 500 patients


STUDY PROTOCOL Open Access

Short or Long Antibiotic Regimes in Orthopaedics (SOLARIO): a randomised controlled open-label non-inferiority trial of duration of systemic antibiotics in adults with orthopaedic infection treated operatively with local antibiotic therapy

Maria Dudareva[1*], Michelle Kümin[2], Werner Vach[3], Klaus Kaier[4], Jamie Ferguson[1], Martin McNally[1†] and Matthew Scarborough[1†]

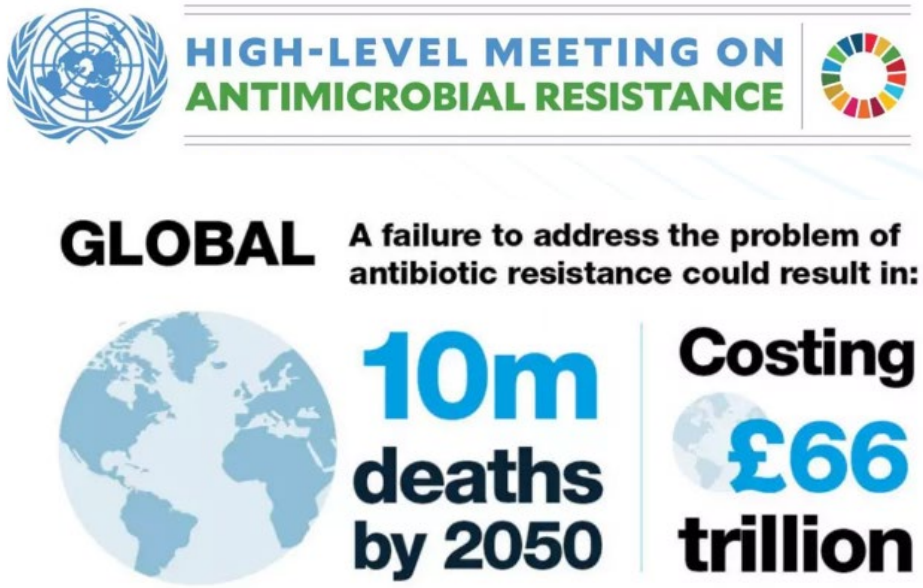
Title:	**S**hort **O**r **L**ong **A**ntibiotic **R**egimes **I**n **O**rthopaedics **(SOLARIO)**
Design:	Randomized, multi-centre, non-inferiority study
Indication:	Infections of the musculoskeletal system (cOM, FRI, PJI)
Patients:	500 pat, LPI August 2023, planned LPO August 2024
Treatment:	Debridement and dead-space management with an approved antibiotic eluting device plus systemic antibiotic treatment. Comparison of a short course of systemic antibiotics (1 week or less) to a long course of systemic antibiotics (4 weeks or more).
Hospital:	19 clinical sites
Follow-up:	12 months
Endpoint:	Primary: Treatment success defined by an "clinical endpoint committee" according to the recorded data
Consequence:	Change of the Standard of Care (SOC) for musculoskeletal infections to the combination of an antibiotic eluting device plus systemic antibiotic treatment for only one week (in stead of four or more)

CERAMENT G and Antibiotic Stewardship

Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients.

Improving antibiotic prescribing and use is critical to

- Effectively treat infections
- Protect patients from harms caused by unnecessary antibiotic and
- Combat antibiotic resistance.



CERAMENT G and Antibiotic Stewardship

Effectively treat infections

- The right drug:
- At the right dosage (concentration):
- At the right time:
- With a good clinical outcome:

Protect patients from harms caused by unnecessary antibiotic use:

- Systemic side effects:
- Compliance / Does the pat. take the tablets?

Combat antibiotic resistance: Do local antibiotics cause antibiotic resistance in bacteria?

- In vitro: Bidossi et al. :
- In vivo: Young et al.:

Bidossi A, et al. In Vitro Evaluation of Gentamicin or Vancomycin Containing Bone Graft Substitute in the Prevention of Orthopedic Implant-Related Infections. Int J Mol Sci. 2020 Dec 4;21(23):9250.
Young BC et al. Microbial Persistence, Replacement and Local Antimicrobial Therapy in Recurrent Bone and Joint Infection. Antibiotics (Basel). 2023 Apr 5;12(4):708

CERAMENT G and Antibiotic Stewardship

Effectively treat infections	**CERAMENT G offers**
▪ The right drug:	**Active against gram-positive and gram-negative bacteria**
▪ At the right dosage (concentration):	**High local concentration (burst elution)**
▪ At the right time:	**Right after debridement, available for 28 days above MIC**
▪ With a good clinical outcome:	**Infection free: 94% of pat. at 6.04 years (mean)**

Protect patients from harms caused by unnecessary antibiotic use:

▪ Systemic side effects:	**No systemic side effects of locally implanted CERAMENT G**
▪ Compliance / Does the pat. take the tablets?	**CERAMENT is implanted, no worries of compliance**

Combat antibiotic resistance: Do local antibiotics cause antibiotic resistance in bacteria?

- In vitro: Bidossi et al. : **Did not lead to stable or transient adaptations in either of the tested bacterial strains**
- In vivo: Young et al.: **Treatment of orthopaedic infection with local antibiotics was not associated with the emergence of antimicrobial resistance**

Bidossi A, et al. In Vitro Evaluation of Gentamicin or Vancomycin Containing Bone Graft Substitute in the Prevention of Orthopedic Implant-Related Infections. Int J Mol Sci. 2020 Dec 4;21(23):9250.
Young BC et al. Microbial Persistence, Replacement and Local Antimicrobial Therapy in Recurrent Bone and Joint Infection. Antibiotics (Basel). 2023 Apr 5;12(4):708

CERAMENT G and Antibiotic Stewardship

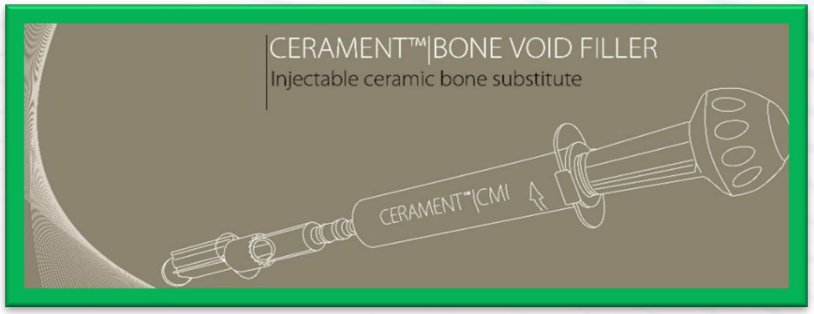
Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients.
Improving antibiotic prescribing and use is critical to

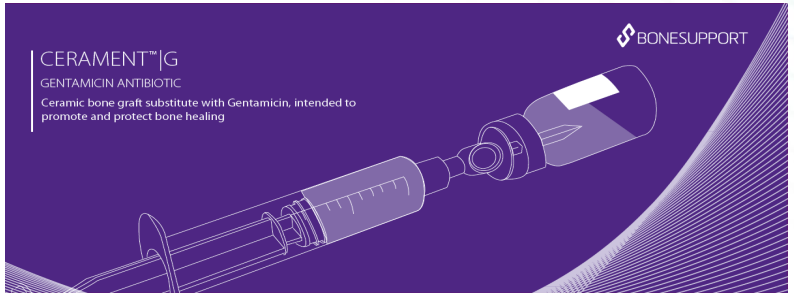
- Effectively treat infections
- Protect patients from harms caused by unnecessary antibiotic and
- Combat antibiotic resistance.

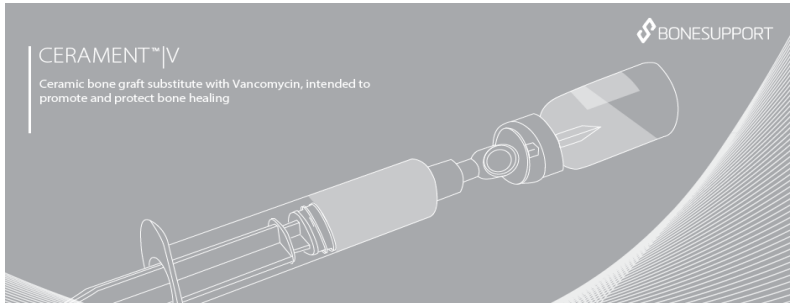
CERAMENT is optimal
Antibiotic Stewardship

PARTNERS IN ANTIBIOTIC STEWARDSHIP

Primary mode of action: Remodelling into bone







Key features:

Remodelling to bone

Remodelling to bone

+

Elution of Gentamicin

Remodelling to bone

+

Elution of Vancomycin

Bone remodeling – a critical success factor in bone repair

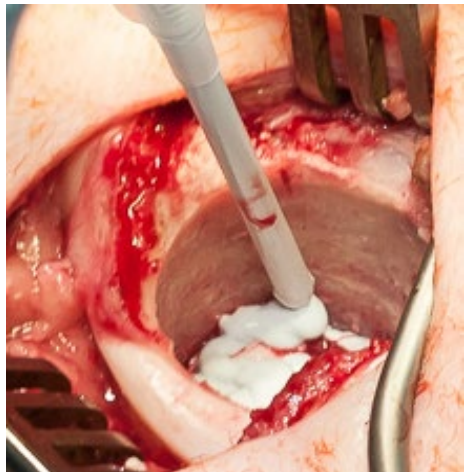
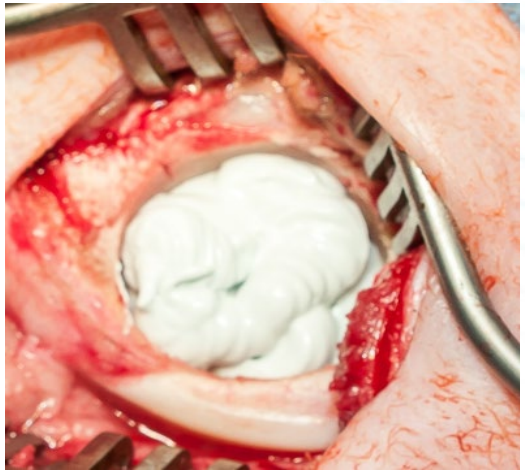
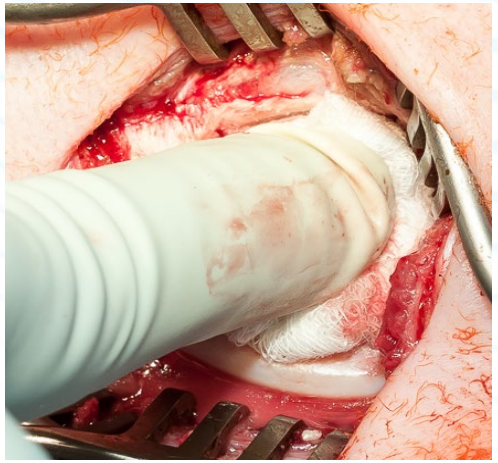
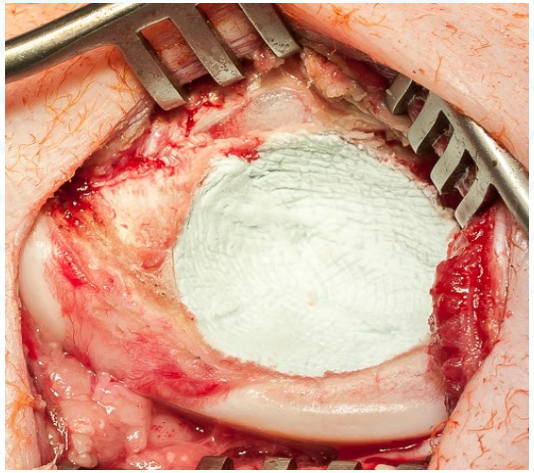
APMIS JOURNAL OF PATHOLOGY, MICROBIOLOGY AND IMMUNOLOGY

APMIS 127: 53–63

DOI 10.1111/apm.12918

Establishment and effects of allograft and synthetic bone graft substitute treatment of a critical size metaphyseal bone defect model in the sheep femur

WERNER HETTWER,[1] PETER F. HORSTMANN,[1] SABINE BISCHOFF,[2] DANIEL GÜLLMAR,[3] JÜRGEN R. REICHENBACH,[3] PATRINA S. P. POH,[4] MARTIJN VAN GRIENSVEN,[4] FLORIAN GRAS[5] and MICHAEL DIEFENBECK[6,7]

Bone remodeling – a critical success factor in bone repair

Material and Methods

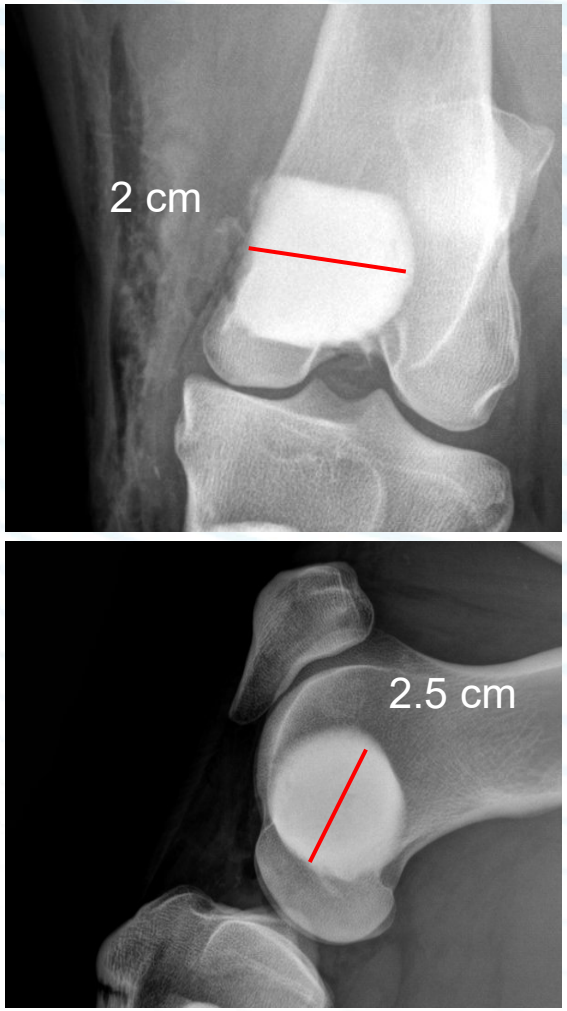
Drill hole dist. femur of sheep

- Volume: 10ml

Three months later surgery on contralateral leg

10 sheep

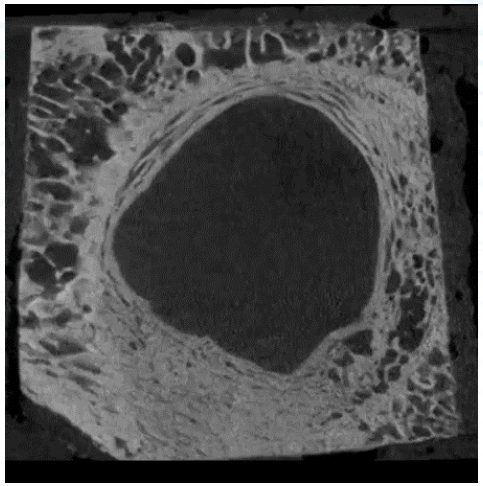
- Radiology, µCT, MRI, histology between 3 days and 12 months

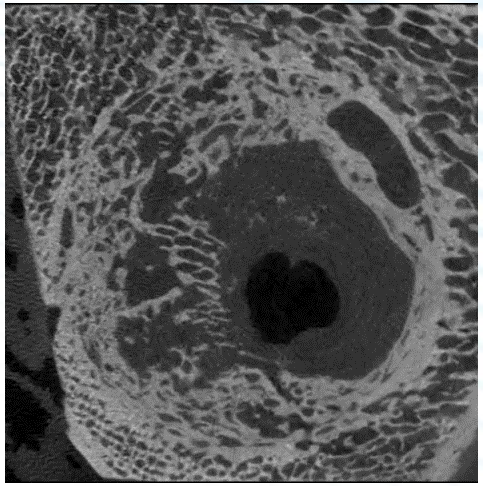


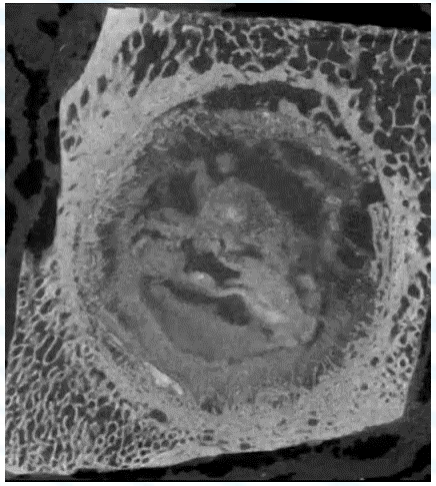
Hettwer W et al. Establishment and effects of allograft and synthetic bone graft substitute treatment of a critical size metaphyseal bone defect model in the sheep femur. APMIS. 2019 Feb;127(2):53-63.

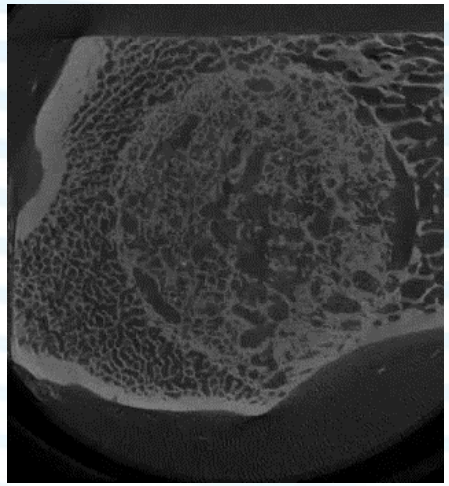
Bone remodeling – a critical success factor in bone repair

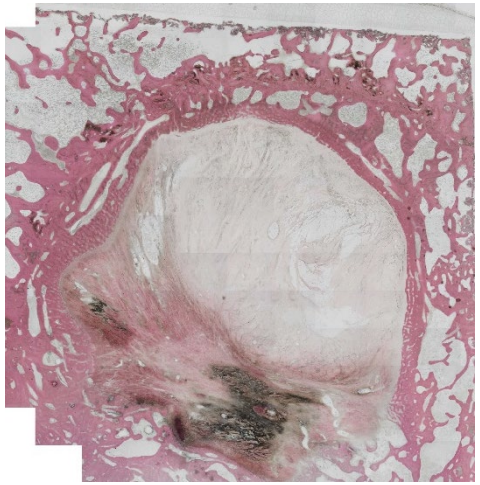
1. Animal model: unfilled vs. allograft vs. CERAMENT

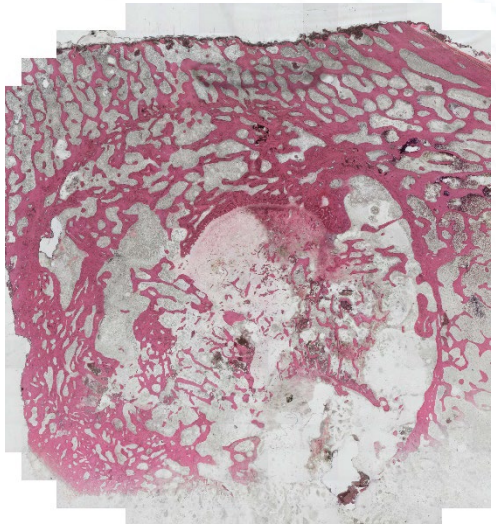


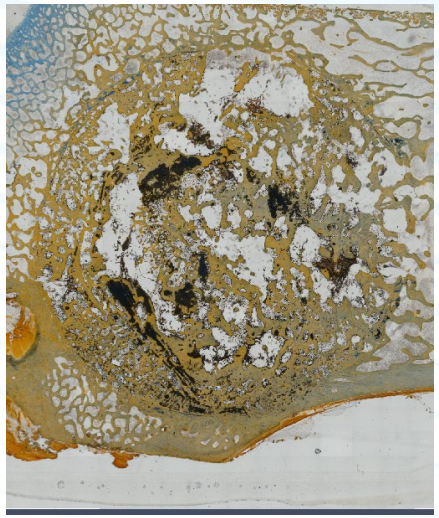












Empty, 6 months

Allograft, 6 months (Gold standard)

CERAMENT, 6 months

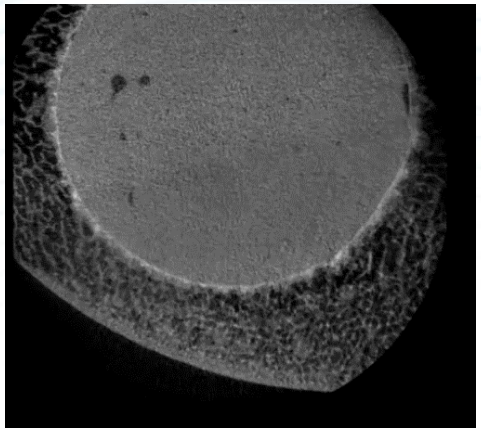
CERAMENT, 12 months

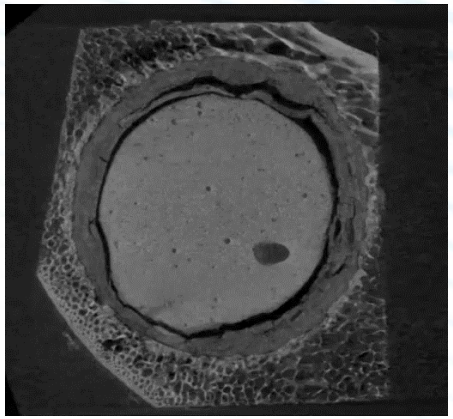
Masson Goldner

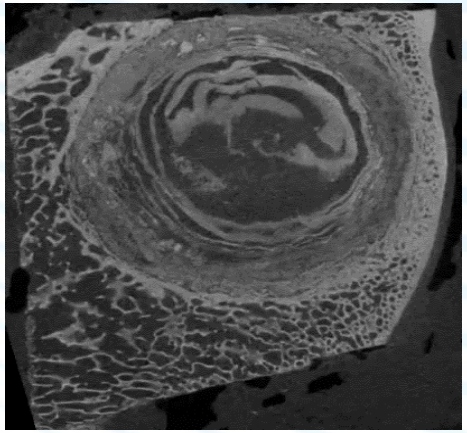
BONESUPPORT, data on file

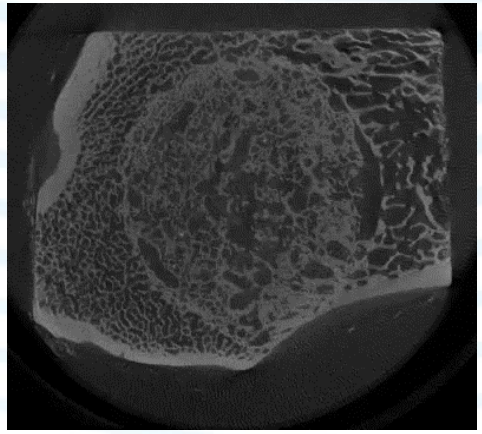
Bone remodeling – a critical success factor in bone repair

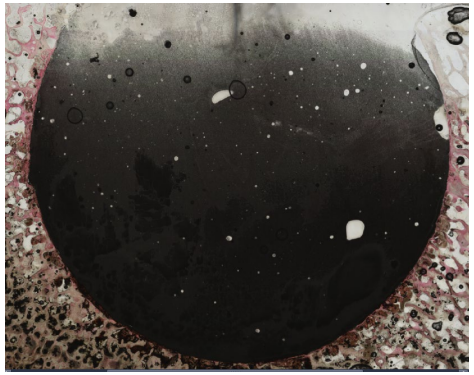
2. Animal model: CERAMENT radiological examination, Micro-CT and histology at different time points





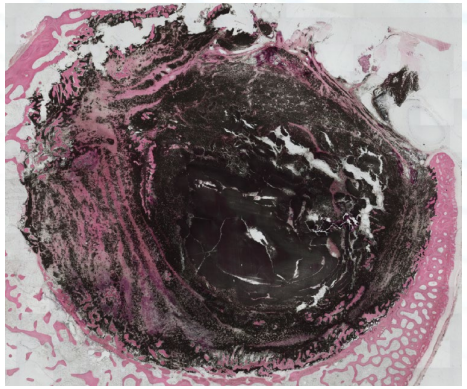




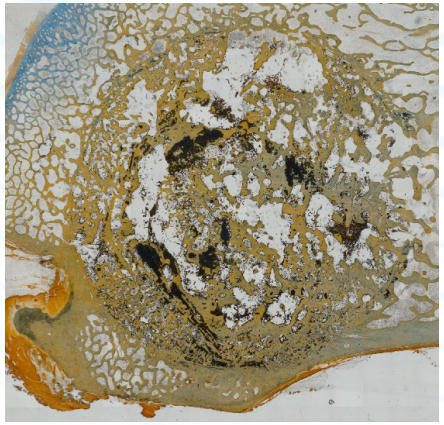


CERAMENT ® 3 days

CERAMENT ® 6 weeks



CERAMENT ® 3 months



CERAMENT ® 12 months

Bone remodeling – a critical success factor in bone repair

3. Level 1 Randomized Clinical Trial, CERTiFy, 135 patients

Autologous Iliac Bone Graft Compared with Biphasic Hydroxyapatite and Calcium Sulfate Cement for the Treatment of Bone Defects in Tibial Plateau Fractures

A Prospective, Randomized, Open-Label, Multicenter Study

Alexander Hofmann, MD, PhD, Stanislav Gorbulev, PhD, Thorsten Guehring, MD, PhD, Arndt Peter Schulz, MD, PhD, Rupert Schupfner, MD, Michael Raschke, MD, PhD, Stefan Huber-Wagner, MD, PhD, and Pol Maria Rommens, MD, PhD, on behalf of the CERTiFy Study Group*

CERTiFy
CERAMENT™ Tibia Fracture Study

Design: Randomized Clinical Trial
Patients: 135 (18 to 65 Y)
Indication: Tibia plateau fractures
Treatment: Autologous Iliac Bone Graft vs. CERAMENT BONE VOID FILLER
Centers: 20 orthopedic trauma centers in Germany

Outcome:
Primary: SF-12 Physical Component Summary at 26 weeks
Co-primary: Pain level at 26 weeks
Secondary: SF-12 Mental Component Summary & SF-12 PCS at 1,6 and 12 weeks
Bone-healing radiographs

Designed to show non-inferiority of CERAMENT BVF vs autograft

Bone remodeling – a critical success factor in bone repair

3. Level 1 Randomized Clinical Trial, CERTiFy, 135 patients

Autologous Iliac Bone Graft Compared with Biphasic Hydroxyapatite and Calcium Sulfate Cement for the Treatment of Bone Defects in Tibial Plateau Fractures

A Prospective, Randomized, Open-Label, Multicenter Study

Alexander Hofmann, MD, PhD, Stanislav Gorbulev, PhD, Thorsten Guehring, MD, PhD, Arndt Peter Schulz, MD, PhD, Rupert Schupfner, MD, Michael Raschke, MD, PhD, Stefan Huber-Wagner, MD, PhD, and Pol Maria Rommens, MD, PhD, on behalf of the CERTiFy Study Group*

CERTiFy
CERAMENT™ Tibia Fracture Study

Design: Randomized Clinical Trial
Patients: 135 (18 to 65 Y)
Indication: Tibia plateau fractures
Treatment: Autologous Iliac Bone Graft vs. CERAMENT BONE VOID FILLER
Centers: 20 orthopedic trauma centers in Germany

Outcome: ✓ SF-12 Physical Component Summary at 26 weeks
Primary: ✓ Pain level at 26 weeks
Co-primary: ✓ SF-12 Mental Component Summary & SF-12 PCS at 1,6 and 12 weeks
Secondary: ✓ Bone-healing radiographs

✓ CERAMENT BVF is equivalent to autograft

Bone remodeling – a critical success factor in bone repair

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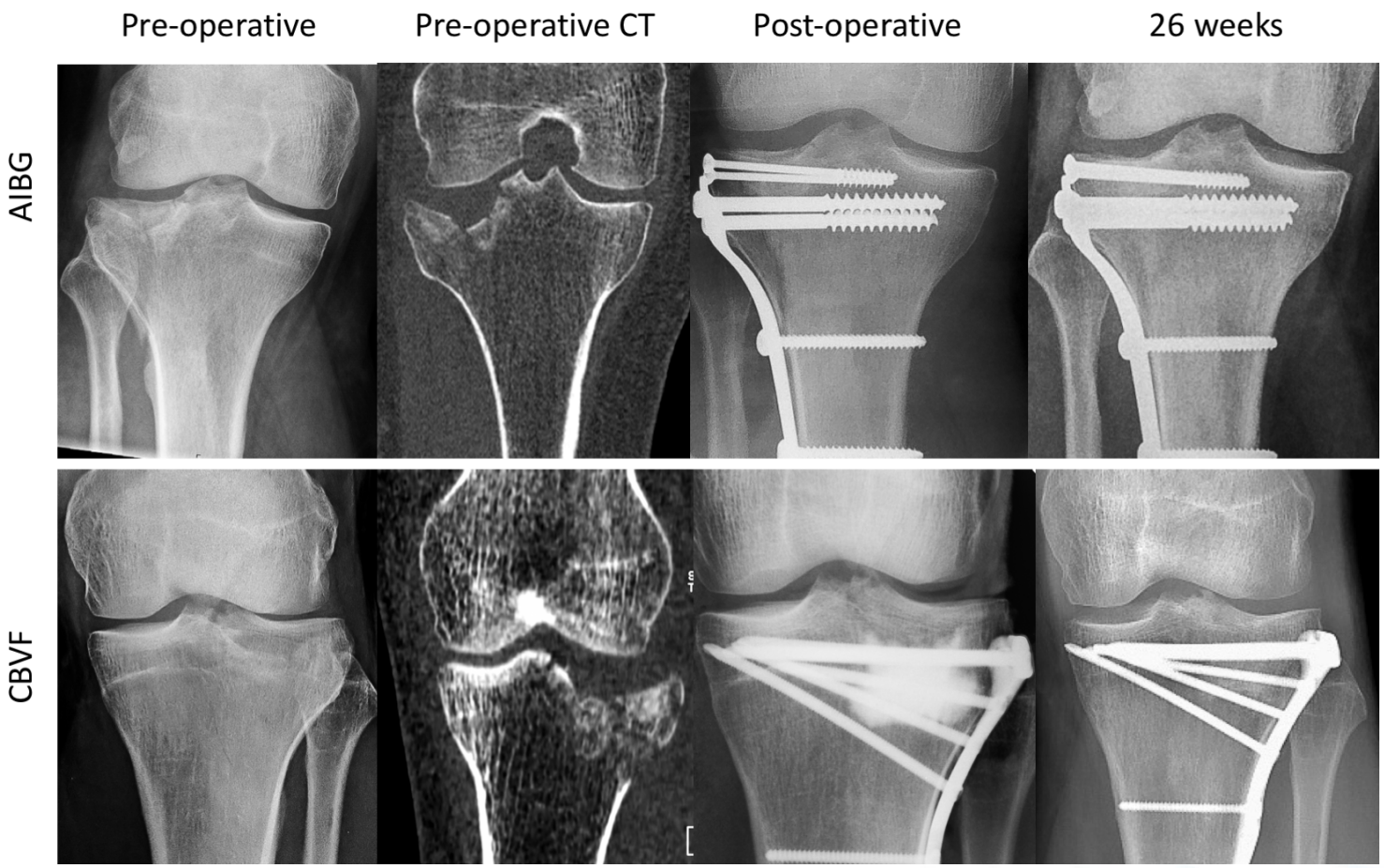
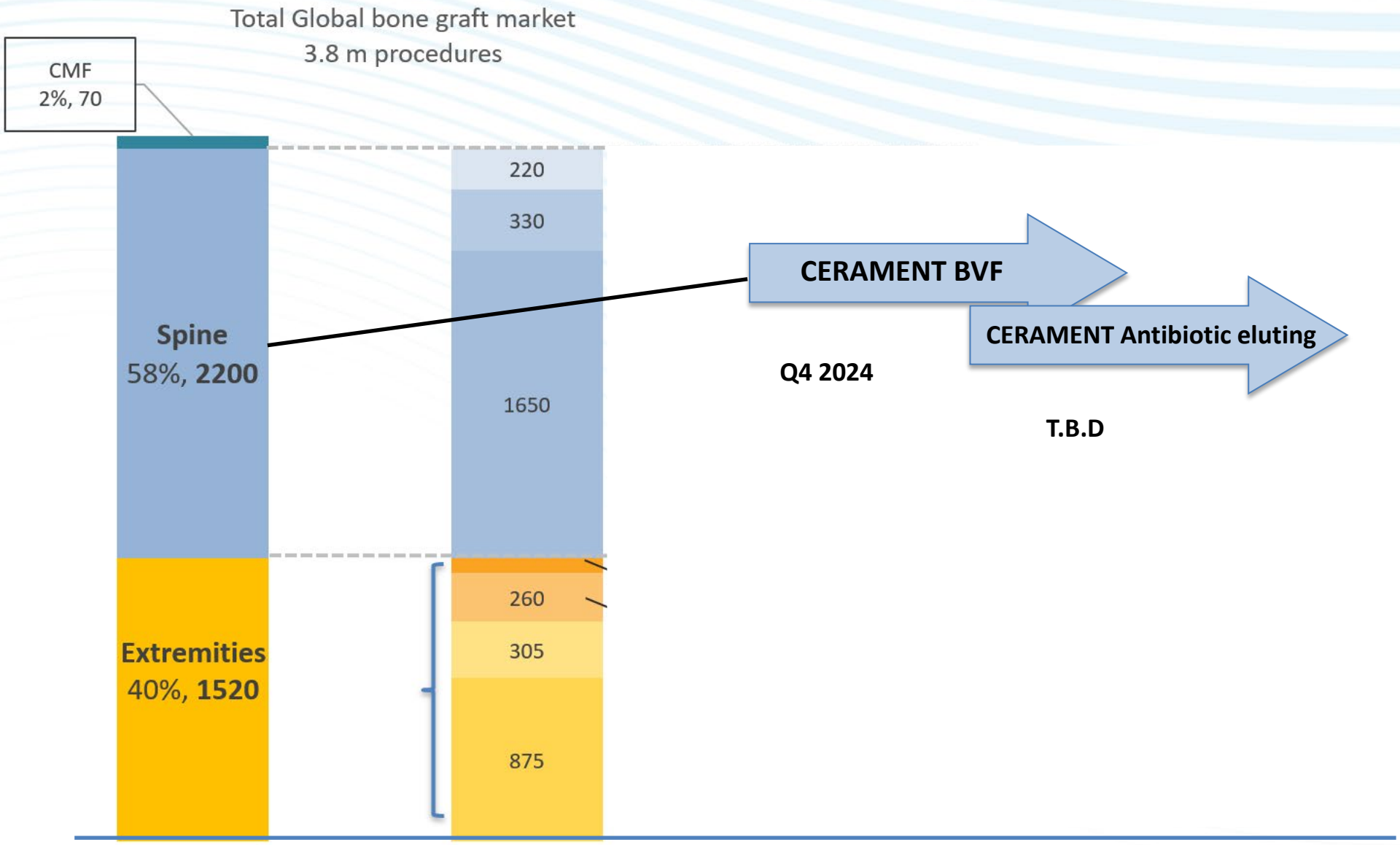


Hofmann A, Gorbulev S, Guehring T, et al. Autologous Iliac Bone Graft Compared with Biphasic Hydroxyapatite and Calcium Sulfate Cement for the Treatment of Bone Defects in Tibial Plateau Fractures: A Prospective, Randomized, Open-Label, Multicenter Study. *J Bone Joint Surg Am*. 2020;102(3):179-193.

CERAMENT and the future



CERAMENT and the future – use in spinal fusion

Calcium sulfate/hydroxyapatite mediated controlled co-delivery of BMP-2 and zoledronic acid enhances spinal fusion in a rat posterolateral spinal fusion model

Tian X, Vater C , Raina DB, Findeisen L, Matuszewski LM, Tägil M, Lidgren L, Schaser KD, Disch KD, Zwingenberger S.

Methods: A standard posterolateral spinal fusion at L4 to L5 was performed bilaterally in rats by implanting group dependent scaffolds. At 3 weeks, 12 animals per group, and at 6 weeks 10 animals per group were euthanized for µCT, histological staining, or mechanical testing.

Groups:

Group	
1)	C BVF
2)	C BVF plus BMP-2
3)	C BVF plus systemic ZA
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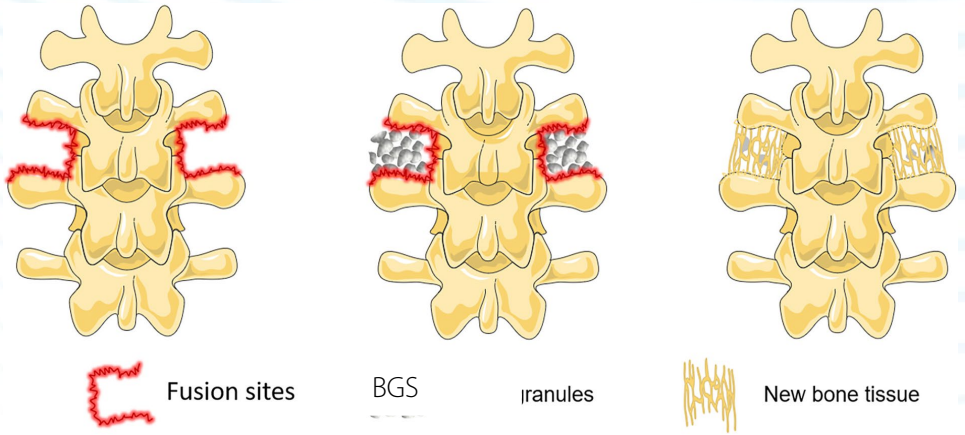
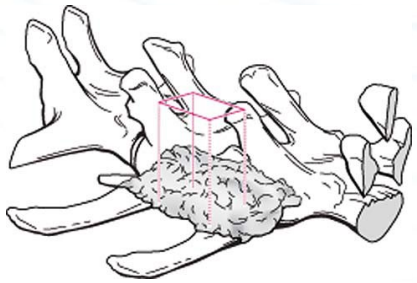




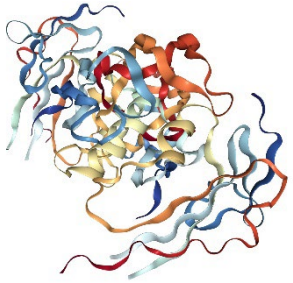
Presented at ORS 2023 Annual Meeting, Feb 10.-14, Dalles, Texas, USA

CERAMENT and the future – bone active substances

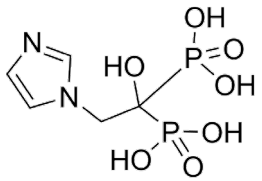
First Product	Second Product	Evidence: Animal Models	Brief outcome
BMP-2 BMP-2 plus Zoledronate (ZA) Zoledronat	C BVF	Raina DB, Matuszewski LM, Vater C, Bolte J, Isaksson H, Lidgren L, Tägil M, Zwingenberger S. A facile one-stage treatment of critical bone defects using a calcium sulfate/hydroxyapatite biomaterial providing spatiotemporal delivery of bone morphogenic protein-2 and zoledronic acid. Sci Adv. 2020 Nov 27;6(48):eabc1779.	rhBMP-2 and zoledronic acid (ZA) was combined with C BVF. The delivery of rhBMP-2 was necessary for critical defect healing and restoration of mechanical properties, but co-delivery of BMP-2 and ZA led to denser and stronger bone.
BMP-2 plus Zoledronate (ZA)	C BVF	Raina DB, Larsson D, Sezgin EA, Isaksson H, Tägil M, Lidgren L. Biomodulation of an implant for enhanced bone-implant anchorage. Acta Biomater. 2019 Sep 15;96:619-630. doi: 10.1016/j.actbio.2019.07.009. Epub 2019 Jul 10. PMID: 31301423.	A very strong effect on peri-implant bone formation was observed when a fenestrated PEEK implant was filled with C BVF plus ZA or plus a combination of rhBMP-2 + ZA. The results from the implant integration model clearly indicates that local controlled delivery of ZA alone is sufficient to enhance bone implant anchorage without the need of adding rhBMP-2.
Zoledronat (ZA)	C BVF	Raina DB, Larsson D, Sezgin EA, Isaksson H, Tägil M, Lidgren L. Biomodulation of an implant for enhanced bone-implant anchorage. Acta Biomater. 2019 Sep 15;96:619-630. doi: 10.1016/j.actbio.2019.07.009. Epub 2019 Jul 10. PMID: 31301423.	
Zoledronate(ZA) ***Tetracycline (TC)*** ***18F-fluoride (18F)***	**C BVF**	**Raina DB, Liu Y, Isaksson H, Tägil M, Lidgren L. Synthetic hydroxyapatite: a recruiting platform for biologically active molecules. Acta Orthop. 2020 Apr;91(2):126-132.**	**Systemically administered ZA, TC and 18F seek HA acting as a recruiting moiety. The HA particles acted as a ZA-recruiting moiety and resulted in improved bone–implant anchorage**
Parathormone (PTH)	CG	Freischmidt H, Armbruster J, Bonner E, Guehring T, Nurjadi D, Bechberger M, Sonntag R, Schmidmaier G, Grützner PA, Helbig L. Systemic Administration of PTH Supports Vascularization in Segmental Bone Defects Filled with Ceramic-Based Bone Graft Substitute. Cells. 2021 Aug 11;10(8):2058.	PTH alone nor the combination of CG and PTH led to the formation of a stable union. PTH induce vascularization, both as a single adjuvant treatment and in combination with CG. Systemic PTH is a potential synergistic co-treatment to CG

CERAMENT and the future – bone active substances

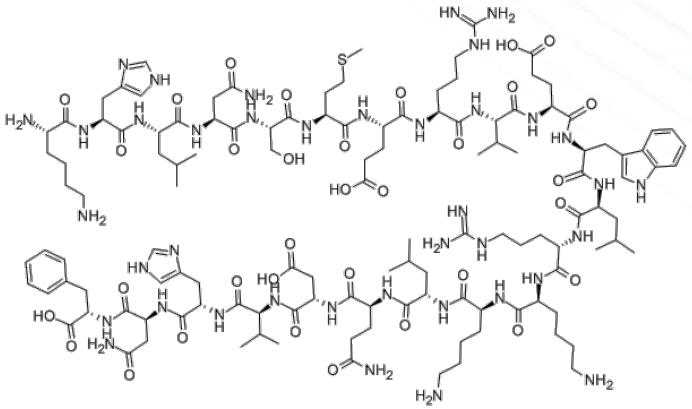
- So far, Zoledronate (ZA), BMP-2 and PTH have been tested together with CERAMENT
- All substances have one idea in common:
  Improve CERAMENT from an osteoconductive scaffold to an osteoinductive material
- Osteoinductive means that a substance can transfer stem cells into osteoblast, which generate bone
- CERAMENT is efficient in its current form; osteoinductive CERAMENT could be used in very challenging cases (e.g. non-unions, large bone defects, etc.)
- Only two osteoinductive products are on the market so far
- No decision yet, which substance to use for a commercial osteoinductive product



BMP-2



Zoledronate



PTH

?

other

Get it right the first time

CERAMENT and the future-use in spinal fusion

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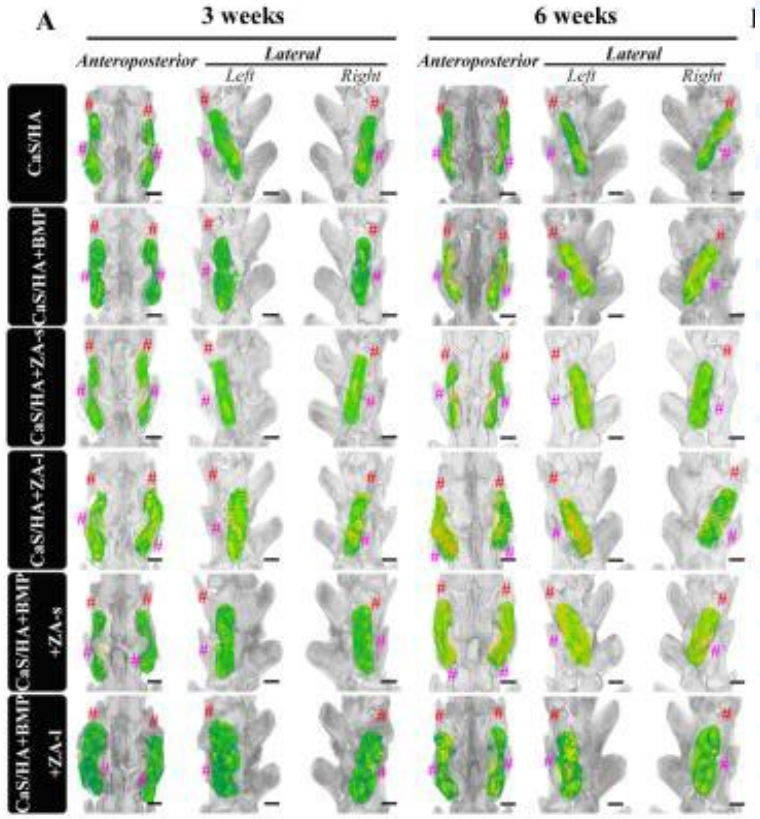


Summary

- New clinical evidence in key indications

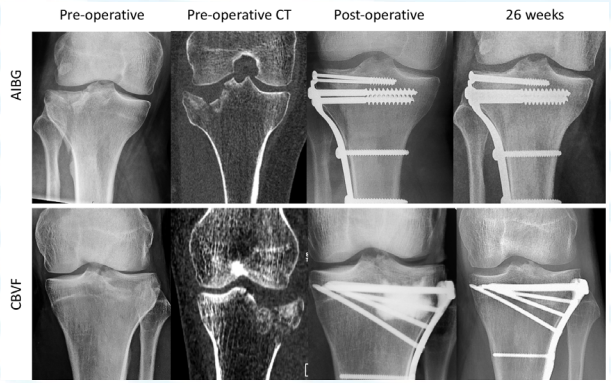
Diabetic Foot Osteomyelitis	**Revision Arthroplasty**
Trauma - Open Fracture	Osteomyelitis

- CERAMENT G is optimal Antibiotic stewardship

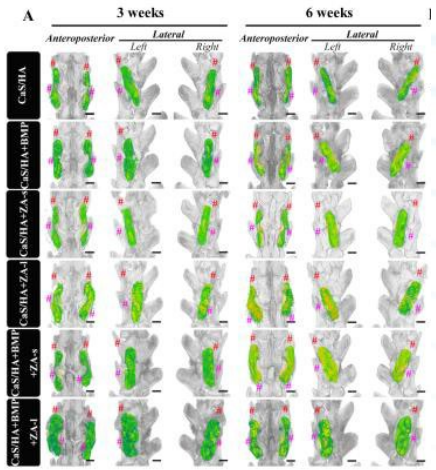
CERAMENT is optimal Antibiotic Stewardship

PARTNERS IN ANTIBIOTIC STEWARDSHIP

- Proven Remodelling into bone



- CERAMENT and the future:
  - Spinal fusion and Bone Active Substances



BONESUPPORT

Capital Markets Day 2023

Financial status and Outlook

Håkan Johansson, CFO

Emil Billbäck, CEO

Revised guidance

- The previous guidance, set at the capital markets day in Sept 2022, was established before the launch of CERAMENT G (Oct 2022) in the US
- At that time, we communicated the ambition to grow with 40% CAGR 2023-2025, in fixed currency
- 2023 has been a very strong performance year, well above expectations

Revised guidance:

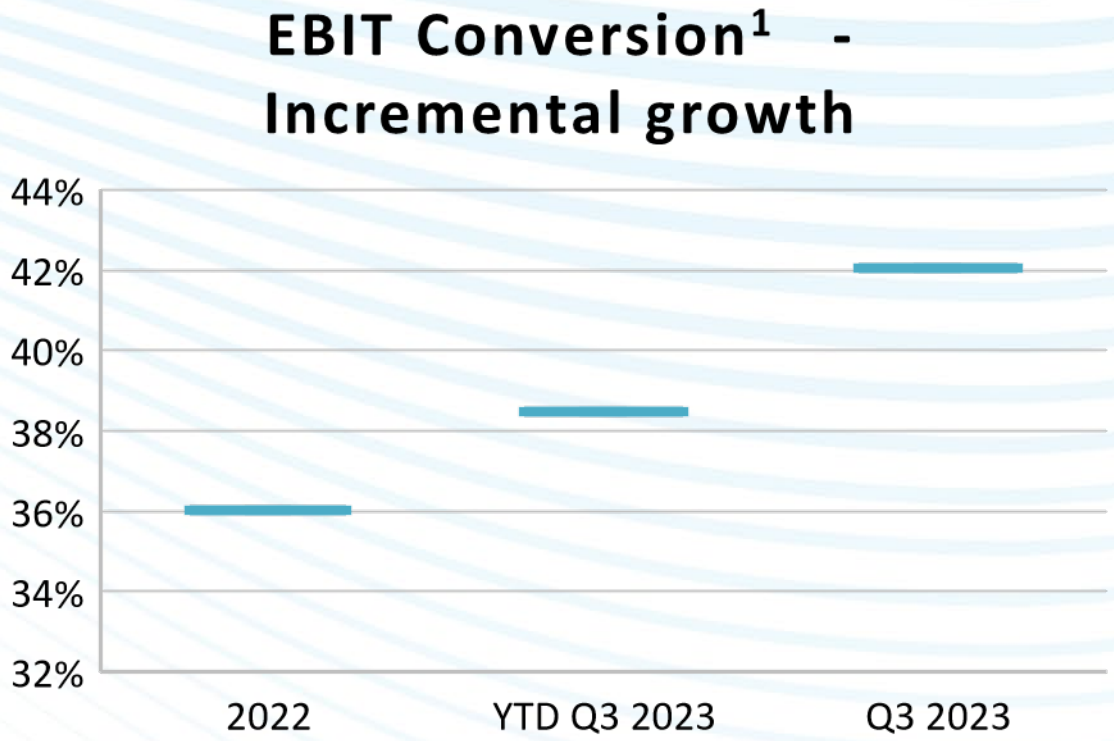
- **Sales growth in 2024 <u>over 40%</u> (CER[1])**

1. Constant exchange rate

Financial overview

YTD Q3 2023

SEK m	YTD Q3 2022	YTD Q3 2023
Net sales	**225,6**	**418,3**
North America	*143,5*	*310,8*
EUROW	*82,1*	*107,5*
Gross Profit	**203,3**	**382,3**
Gross Margin	**90,1%**	**91,4%**
Sales commission and fees (U.S.)	-44,9	-109,7
Other operating expenses	-184,4	-229,8
EBIT	**-26,1**	**42,8**
Cash at period end	212,6	164,1



YTD Q3 2023:

- Sales growth (CER): 75%. Reported growth +85%
- Strong gross margin following favorable product mix
- Increased commercial activity impacting operating expenses
- EBIT positive from Q1 2023 and cash flow positive in Q3 2023

Scalable business model:

- Gradually improved EBIT conversion from incremental sales growth confirming a strong scalability in the business model
- Scaling on existing commercial infrastructure;
  - Headroom to grow sales per FTE in EUROW
  - Strong US commercial infrastructure (380 commission-based sales reps)

[1] Calculated as EBIT improvement in relation to gross profit improvement

Consolidated financials per quarter

	2023			2022				2021
	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4
SEK m								
Net Sales	**158,2**	**140,4**	**119,7**	**103,2**	**84,6**	**74,6**	**66,3**	**61,4**
North America	*121,0*	*103,9*	*85,9*	*73,4*	*56,3*	*46,0*	*41,2*	*34,8*
EUROW	*37,2*	*36,5*	*33,8*	*29,8*	*28,3*	*28,6*	*25,2*	*26,6*
Cost of sales	-12,4	-12,2	-11,4	-8,8	-7,8	-8,2	-6,3	-6,6
Gross profit	**145,8**	**128,2**	**108,3**	**94,4**	**76,8**	**66,4**	**60,0**	**54,8**
Gross margin, %	**92,1%**	**91,3%**	**90,5%**	**91,5%**	**90,8%**	**89,0%**	**90,5%**	**89,3%**
Selling expenses	-53,5	-55,0	-49,0	-46,8	-38,8	-37,4	-35,2	-35,4
Sales commissions and fees	-42,7	-37,2	-29,9	-28,1	-21,1	-16,8	-14,3	-13,9
Research and development expenses	-12,5	-14,6	-12,5	-14,8	-12,6	-13,6	-12,1	-14,4
Administrative expenses, Adj[1]	-11,9	-12,1	-11,7	-12,1	-11,3	-10,9	-10,6	-10,0
Other operating income	9,4	17,3	3,1	4,4	19,9	11,9	7,0	5,2
Other operating expenses	-10,1	-12,8	-3,7	-7,2	-17,5	-8,7	-7,3	-3,3
Operating expenses	**-121,2**	**-114,6**	**-103,7**	**-104,5**	**-81,3**	**-75,5**	**-72,6**	**-71,8**
Operating result, Adj[1]	**24,6**	**13,7**	**4,6**	**-10,1**	**-4,4**	**-9,1**	**-12,5**	**-17,0**
Cost to sales ratio	0,77	0,82	0,87	1,01	0,96	1,01	1,09	1,17
Cash flow from operation	16,4	-38,8	-8,6	-6,5	-9,8	-23,5	-8,0	-16,7
Cash at period end	164,1	149,8	190,4	201,3	212,6	171,8	195,6	206,5

[1] Administrative expenses and Operating result before effects from the Group's incentive programs

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- R & D stable at an annual run rate of SEK 55 million, as a reference 15 MSEK below 2019, a year impacted by larger clinical trials.

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Cost of sales	-12,4	-12,2	-11,4	-8,8	-7,8	-8,2	-6,3	-6,6
Gross profit	**145,8**	**128,2**	**108,3**	**94,4**	**76,8**	**66,4**	**60,0**	**54,8**
Gross margin, %	**92,1%**	**91,3%**	**90,5%**	**91,5%**	**90,8%**	**89,0%**	**90,5%**	**89,3%**
Selling expenses	-53,5	-55,0	-49,0	-46,8	-38,8	-37,4	-35,2	-35,4
Sales commissions and fees	-42,7	-37,2	-29,9	-28,1	-21,1	-16,8	-14,3	-13,9
Research and development expenses	-12,5	-14,6	-12,5	-14,8	-12,6	-13,6	-12,1	-14,4
Administrative expenses, Adj[1]	-11,9	-12,1	-11,7	-12,1	-11,3	-10,9	-10,6	-10,0
Other operating income	9,4	17,3	3,1	4,4	19,9	11,9	7,0	5,2
Other operating expenses	-10,1	-12,8	-3,7	-7,2	-17,5	-8,7	-7,3	-3,3
Operating expenses	**-121,2**	**-114,6**	**-103,7**	**-104,5**	**-81,3**	**-75,5**	**-72,6**	**-71,8**
Operating result, Adj[1]	**24,6**	**13,7**	**4,6**	**-10,1**	**-4,4**	**-9,1**	**-12,5**	**-17,0**
Cost to sales ratio	0,77	0,82	0,87	1,01	0,96	1,01	1,09	1,17
Cash flow from operation	16,4	-38,8	-8,6	-6,5	-9,8	-23,5	-8,0	-16,7
Cash at period end	164,1	149,8	190,4	201,3	212,6	171,8	195,6	206,5

[1] Administrative expenses and Operating result before effects from the Group's incentive programs

- Gradual gross margin improvement following the growth in the US.
- Selling expenses growing following the US Booster program and increased momentum in marketing and sales promotion activities in both US and EUROW.
- R & D stable at an annual run rate of SEK 55 million, as a reference 15 MSEK below 2019, a year impacted by larger clinical trials.
- Administration remaining stable, with minor uptick following sales growth.

Consolidated financials per quarter

	2023			2022				2021
	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4
SEK m								
Net Sales	**158,2**	**140,4**	**119,7**	**103,2**	**84,6**	**74,6**	**66,3**	**61,4**
North America	*121,0*	*103,9*	*85,9*	*73,4*	*56,3*	*46,0*	*41,2*	*34,8*
EUROW	*37,2*	*36,5*	*33,8*	*29,8*	*28,3*	*28,6*	*25,2*	*26,6*
Cost of sales	-12,4	-12,2	-11,4	-8,8	-7,8	-8,2	-6,3	-6,6
Gross profit	**145,8**	**128,2**	**108,3**	**94,4**	**76,8**	**66,4**	**60,0**	**54,8**
Gross margin, %	**92,1%**	**91,3%**	**90,5%**	**91,5%**	**90,8%**	**89,0%**	**90,5%**	**89,3%**
Selling expenses	-53,5	-55,0	-49,0	-46,8	-38,8	-37,4	-35,2	-35,4
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Other operating income	9,4	17,3	3,1	4,4	19,9	11,9	7,0	5,2
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- Quarterly trajectory in cost to sales ratio and operating result confirms an underlying increase in operating leverage.

Consolidated financials per quarter

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Gross profit	**145,8**	**128,2**	**108,3**	**94,4**	**76,8**	**66,4**	**60,0**	**54,8**
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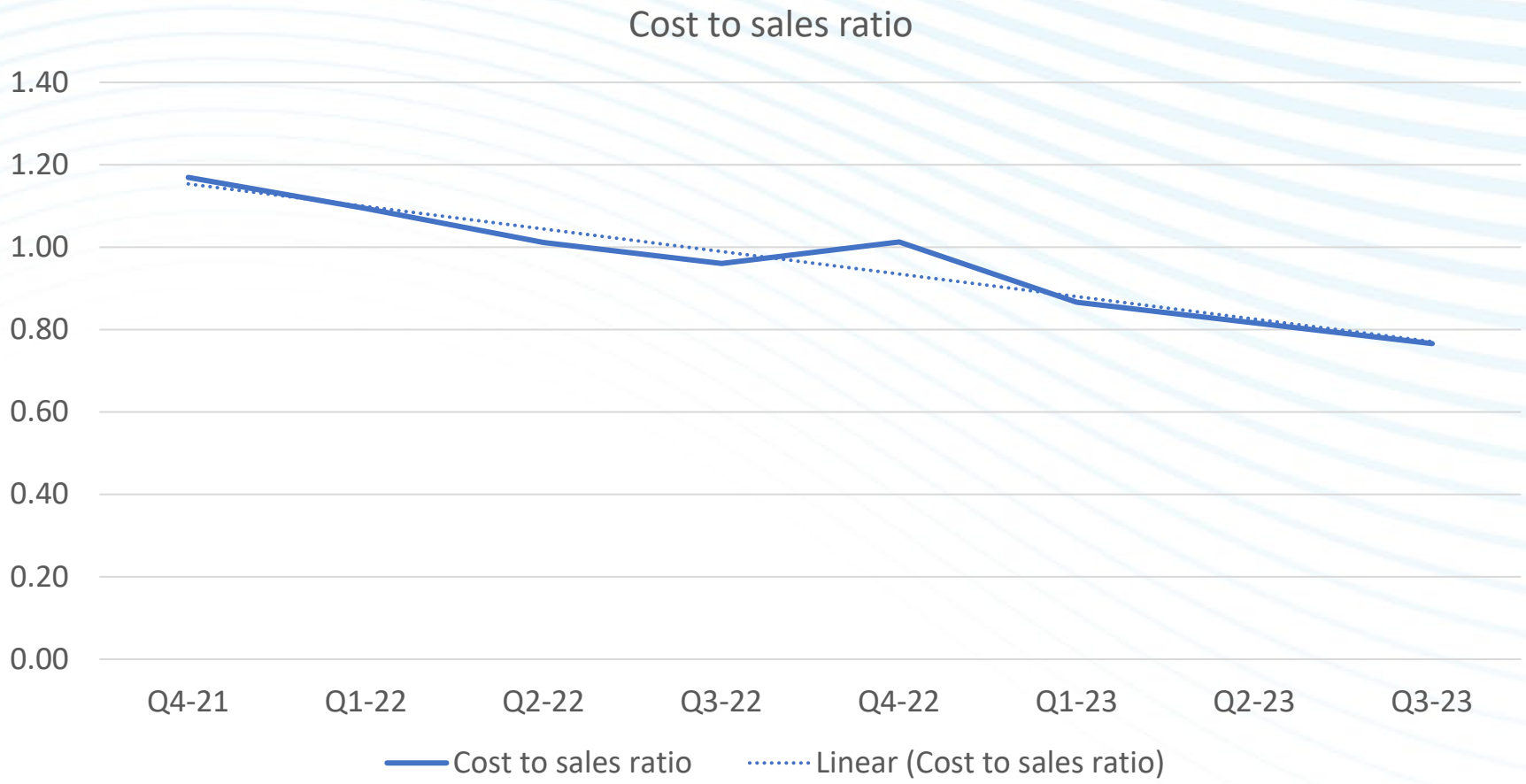
- Administration remaining stable, with minor uptick following sales growth.
- Quarterly trajectory in cost to sales ratio and operating result confirms an underlying increase in operating leverage.
- With current cash position and a business turning cash flow positive the business remain well funded.

Operating leverage continuously improving



Quarterly trajectory in cost to sales ratio confirms an underlying improvement in operating leverage.

Sustainability for BONESUPPORT

SUSTAINABILITY for our people

- We involve all employees and strive for integration of sustainability as a natural part of our business.

SUSTAINABILITY for our patients

- We provide solutions to global musculoskeletal healthcare challenges by ensuring access to innovative and effective products and procedures.

SUSTAINABILITY for our planet

- We take a proactive approach to sustainability by setting scienced based targets and engaging with suppliers and customers across our value chain.

BONESUPPORTs most relevant focus areas:

Sustainable value creation

Recent achievements

- Sustainability training of ESG core team
- Extensive value chain mapping
- Business Partner Code of Conduct established
- Improved employee health benefits
- Sustainability disclosures on our website

Short-term priorities

- Join the Science Based Target Initiative (SBTi) and set science-based emission reduction targets
- Establish the company emission baseline to enable target setting for reduction
- Further strengthened ability to meet stakeholder expectations
- Prepare for future CSRD reporting