

Cereno Scientific

Long-term EAP data supports Phase IIb rationale

Cereno Scientific has reported **additional analyses** from the 12-month Expanded Access Program (EAP) evaluating lead asset CS1 in pulmonary arterial hypertension (PAH). The data reinforce CS1's favourable long-term safety and tolerability profile while providing supportive clinical observations across multiple disease measures, including NYHA/WHO functional class, six-minute walk distance (6MWD) and REVEAL Risk Score 2.0. Although the open-label study was not designed or powered to assess efficacy (n=10; six completing 12 months), we believe that maintenance or improvement in clinical status across most clinically relevant parameters is encouraging, particularly in the context of a progressive disease such as PAH. The EAP also confirmed CS1's compatibility with current standard-of-care treatment, including Merck's activin inhibitor Winrevair (sotatercept), consistent with its planned evaluation as an add-on therapy in PAH. We continue to view the upcoming randomised Phase IIb study as the key catalyst for the programme and leave our estimates unchanged.

Year end	Revenue (SEKm)	PBT (SEKm)	EPS (SEK)	DPS (SEK)	P/E (x)	Yield (%)
12/24	0.0	(98.1)	(0.35)	0.00	N/A	N/A
12/25	0.0	(117.8)	(0.38)	0.00	N/A	N/A
12/26e	0.0	(103.7)	(0.33)	0.00	N/A	N/A
12/27e	0.0	(130.4)	(0.42)	0.00	N/A	N/A

Note: PBT and EPS are normalised, excluding amortisation of acquired intangibles, exceptional items and share-based payments.

The primary objective of the EAP was to assess long-term safety and tolerability of CS1 and in our view the programme successfully achieved this. As previously reported, no unexpected safety concerns or deaths occurred, and, importantly, no treatment discontinuations were attributed to CS1; withdrawals resulted from non-drug-related atrial fibrillation (two patients), withdrawal of consent (one patient) and loss to follow-up (one patient). We believe these findings further reinforce CS1's suitability as a long-term therapy. Notably, the EAP also demonstrated compatibility with both established PAH therapies (predominantly vasodilators) and Merck's recently approved activin signalling inhibitor Winrevair, supporting evaluation of CS1 as a complementary oral disease-modifying therapy alongside standard of care in the upcoming Phase IIb study.

While the EAP was not designed or powered to evaluate efficacy, the reported clinical observations are encouraging given the progressive nature of PAH, where patients typically deteriorate despite background therapy. Five of the six patients completing 12 months in the EAP maintained (1/6) or improved (4/6) NYHA functional class and NT-proBNP levels, while three patients demonstrated improvements in both 6MWD and REVEAL Risk Score 2.0. The limited patient numbers, absence of a control arm and changes in background therapy between completion of Phase IIa and enrolment into the EAP make it challenging to draw firm conclusions on benefits derived from CS1 alone, but we believe the observations warrant continued evaluation in larger, randomised trials. While the lack of consistent findings from the Fluidica imaging sub-study was disappointing, this was likely a consequence of the very small sample size (three patients), and we continue to view that pulmonary vascular remodelling remains central to validating CS1's proposed disease-modifying mechanism. We expect the company's focus to now be firmly on the initiation of the Phase IIb trial (expected imminently), which is the next key catalyst for the programme.

EAP data analyses

Healthcare

26 June 2026

Price **SEK5.89**
Market cap **SEK1,838m**

Net cash/(debt) at 31 March 2026 SEK(104.1)m
 Shares in issue 312.1m
 Free float 93.0%
 Code CRNO B
 Primary exchange NGM
 Secondary exchange N/A

Share price performance



Business description

Cereno Scientific is a clinical-stage biotech based in Sweden, focused on the development of innovative, effective and safe treatments for indications with high unmet needs. Lead asset CS1 is an HDAC inhibitor that acts as an epigenetic modulator. A Phase IIb study is expected to commence in pulmonary arterial hypertension in June 2026. Second asset CS014, a proprietary NCE and HDACi, is being developed for PH-ILD (Phase II-ready), and preclinical asset CS585 has finalised antiphospholipid syndrome, a rare autoimmune condition, as its lead target indication.

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