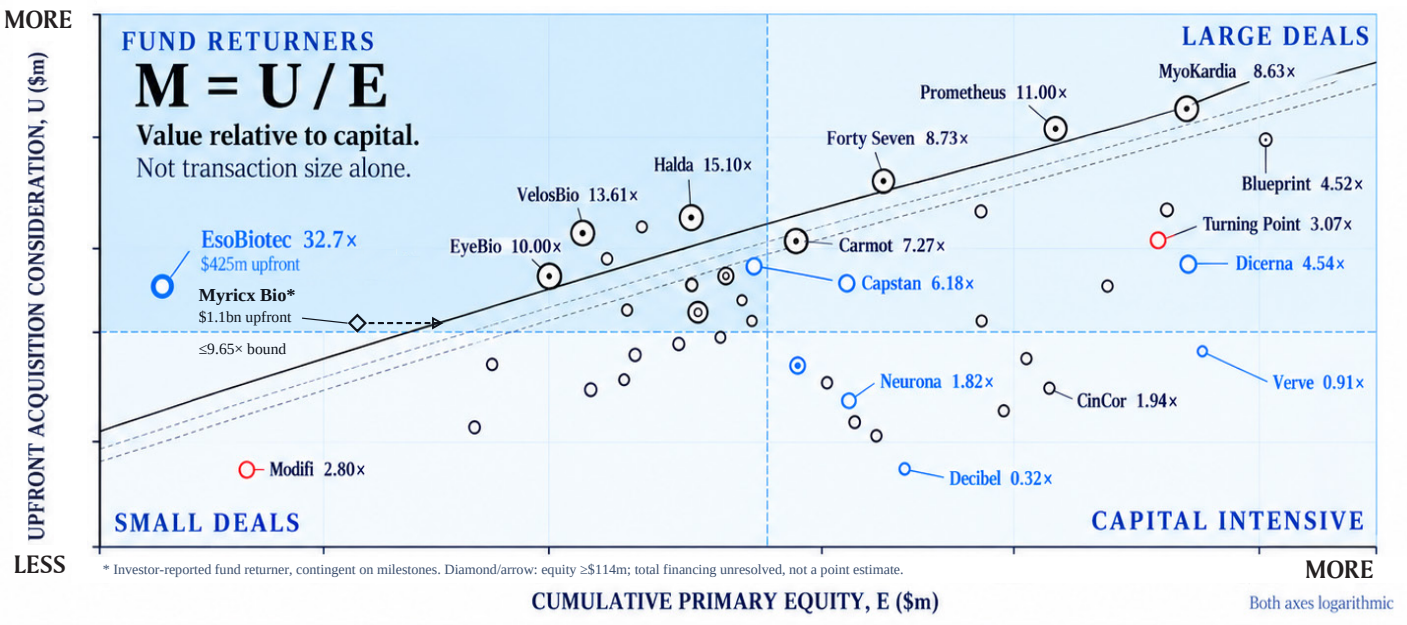
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Anatomy of a Fund Returner: Evidence From 2020-2026 Biotech Exits



Area scales with U/E Advanced therapies Other therapies Centre dot: stricter-source subset (n=7; not audited)

Native EUR, not plotted: Inflazome €55m equity / €380m upfront = 6.91×. Bonds and participant scenarios excluded from public-source counts. EsoBiotec plotted as participant-supplied working scenario.
Public-source sample expanded from 22 to 33 financial observations (+50%); 125/379 records classified at 10×. Unknown outcomes are not low returns.

EXCEPTIONAL EXITS CLUSTER IN THE EARLY-HUMAN WINDOW

6/7 ≥7× public-source cases were acquired in Phase I–II; all four ≥10× cases were also in Phase I–II.

This is a clustering pattern, not proof that earlier timing alone causes higher returns.

CONTROL THE EQUITY STORY

15.1× vs **4.54×**

Halda: $3.05bn / $202m equity
Dicerna: $3.30bn / $727m equity
Similar upfront, 3.6× more equity.
Illustrative cases, not a causal test..

ADVANCED THERAPIES: EARLIER ACQUISITION

77% vs **41%**

43/56 advanced vs 110/266 other therapies
Preclinical or Phase I/II acquisitions.
Cell, gene and RNA therapies are typically acquired earlier.

GOVERN FOR CHOICE
INFORMATION Patient-relevant evidence → **FINANCING** Complete package + runway → **LIQUIDITY** Several credible windows →
PLAN A Attractive early sale
PLAN B Continued development

Safety · manufacturing · intellectual property · data readiness. Stop/redesign when the thesis fails.

CORE DISCUSSION/ Exceptional biotechnology exits depend not only on acquisition size, but on the capital required to reach the transaction and the evidence available when buyers act. We analysed a curated register of 379 biotechnology acquisition announcements from 1 January 2020 to 25 September 2026. Upfront consideration divided by cumulative primary equity provides a company-level capital-efficiency proxy—not an investor's return—with 10× as the benchmark and 7× and 8× as sensitivities. Seven observations reach ≥7×, six ≥8× and four ≥10×. Six of seven ≥7× acquisitions and all four ≥10× occurred during Phase I–II. Halda and Dicerna illustrate capital proportionality: similar upfronts of $3.05 billion and $3.30 billion, but qualified equity estimates of $202 million and $727 million imply 15.1× and 4.54×. Among 322 stage-classifiable acquisitions, advanced therapies—cell, gene, editing and RNA medicines—were acquired preclinically or in Phase I/I–II more often than other modalities: 76.8% versus 41.4%. Earlier development stage does not establish shorter holding periods or superior returns. Among 144 acquisitions with compatible disclosed upfront and maximum consideration, median upfront shares were approximately 52% preclinically, 74% in Phase I/I–II, 72% in Phase II, 91% in Phase III/II–III and 100% at registration and commercial stages. Early sales need not crystallise headline value. Findings remain descriptive: selective disclosure, unresolved financing and incomplete coverage of failed or unacquired companies prevent estimating success probabilities or optimal exit timing. Controlling the equity story means financing value-changing evidence, keeping capital proportionate to credible acquisition outcomes and preserving runway. The objective is early value creation with financial strength—not the earliest sale or smallest financing.