



abvance
therapeutics

A Novel Insulin-Glucagon Combination Enabling Optimized Glucose Control
by Reducing Hypoglycemia

Corporate Presentation

September 2024



Abvance Therapeutics Management Team

World renowned scientific and business leaders in diabetes



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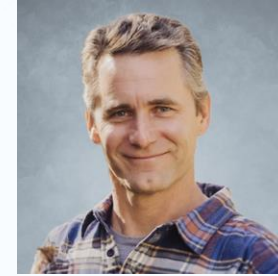
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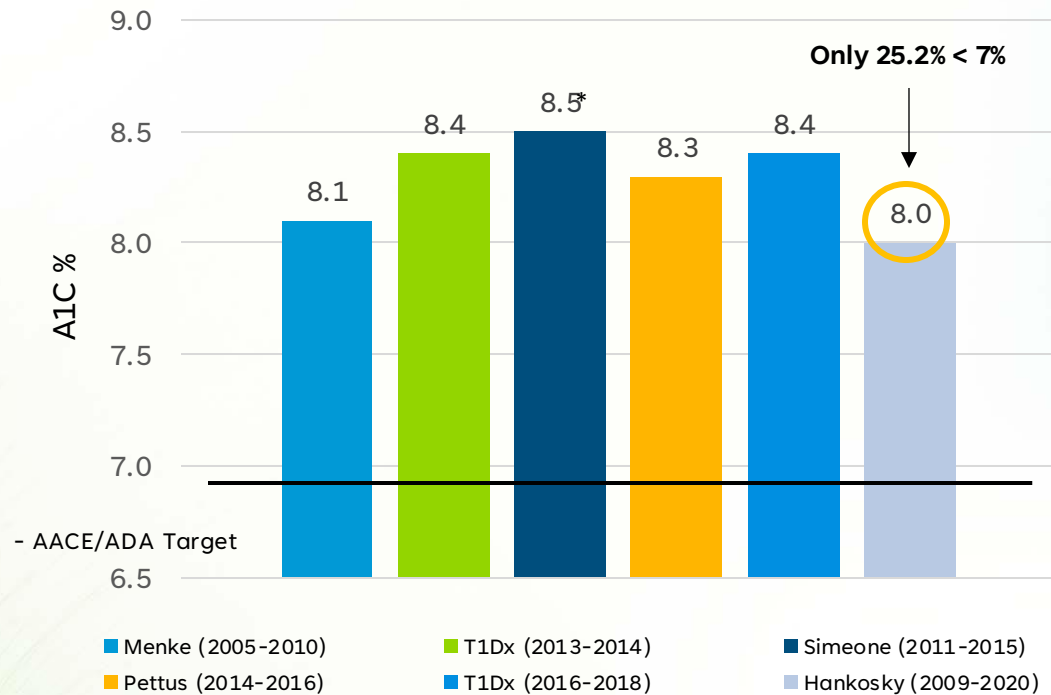
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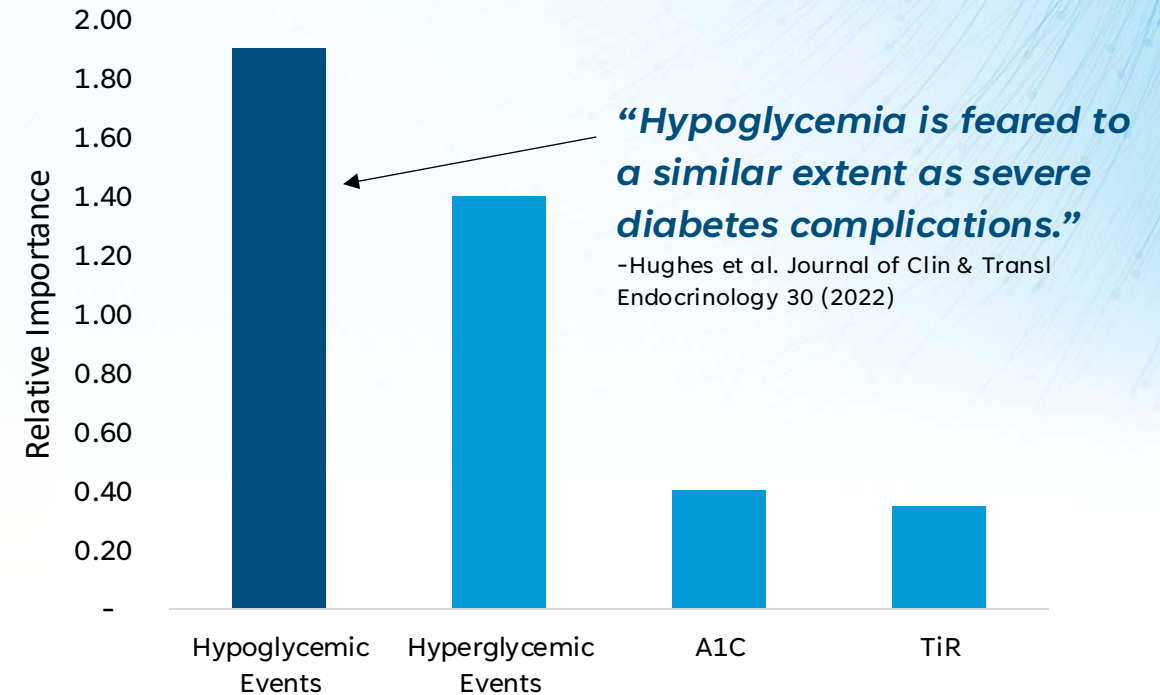
Plus... A Broad Group of Top Industry Experts and Global Diabetes Advisors

Hypoglycemia Remains a Major Challenge in Optimizing Diabetes Management Despite 100 Years of Progress

Analyses Show Persistent Uncontrolled Glycemia in T1D



People with T1D Prioritize Avoidance of Hypoglycemia over Other Attributes**



Hypoglycemia and the fear of it promote insulin undertreatment resulting in most patients not achieving target A1C goal

*Simeone n = 275,130 (MarketScan, Optum EMR, Optum Integrated databases)

**Adapted from: Marinac et al Patient Preference & Adherence 14: 1719-1731 2020 BreakthroughT1D and Helmsley Charitable Trust Sponsored

GLP-1s and Insulin are Critical to Care but do not Fully Meet Patient Needs

GLP-Therapies

20 years old and transforming treatment of T2D and Obesity

GLPs are not indicated for use in T1D

In T2D, GLP therapies offer great benefit for many but no evidence to date that demonstrates they eliminate the eventual need for insulin therapy

Many GLP-treated subjects do not achieve optimum A1C even with other metabolic benefits (e.g. weight reduction)

Most people with T2D will require additional intensification steps, beyond GLPs, as the disease advances



Insulin

100 years old and the mainstay for T1D and late T2D

Insulin has a narrow therapeutic window, and hypoglycemia is a common occurrence

Hypoglycemia is unpredictable and cannot be fully mitigated with technology (e.g. pump, CGM, AID)

Technology options do not fully eliminate hypoglycemia

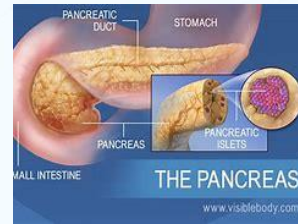
Majority of people with T1D and T2D underdose insulin through fear of hypoglycemia and have A1C >7%

Insulin-induced weight gain is an impediment to optimized insulin use



Abvance Aims to Combine Two Critical Islet Hormones: Restoring a Physiologic Response to High Glucose by Providing a Cushion Against Hypoglycemia

PHYSIOLOGY



INSULIN and GLUCAGON secreted from the pancreatic islets working in close tandem to regulate blood glucose and broader metabolism

CURRENT CARE

INSULIN
10M treated US + EU
Pen + Pump forms



GLUCAGON
Emergency Rescue Use
Under-prescribed & underutilized



ABVANCE SOLUTION

Insulin manages plasma glucose rise
Glucagon protects against hypoglycemia
Patented molar ratio combination
Coformulated product replaces use of insulin



Abvance Pipeline

Human Proof-of-Concept Confirmed in People with T1D

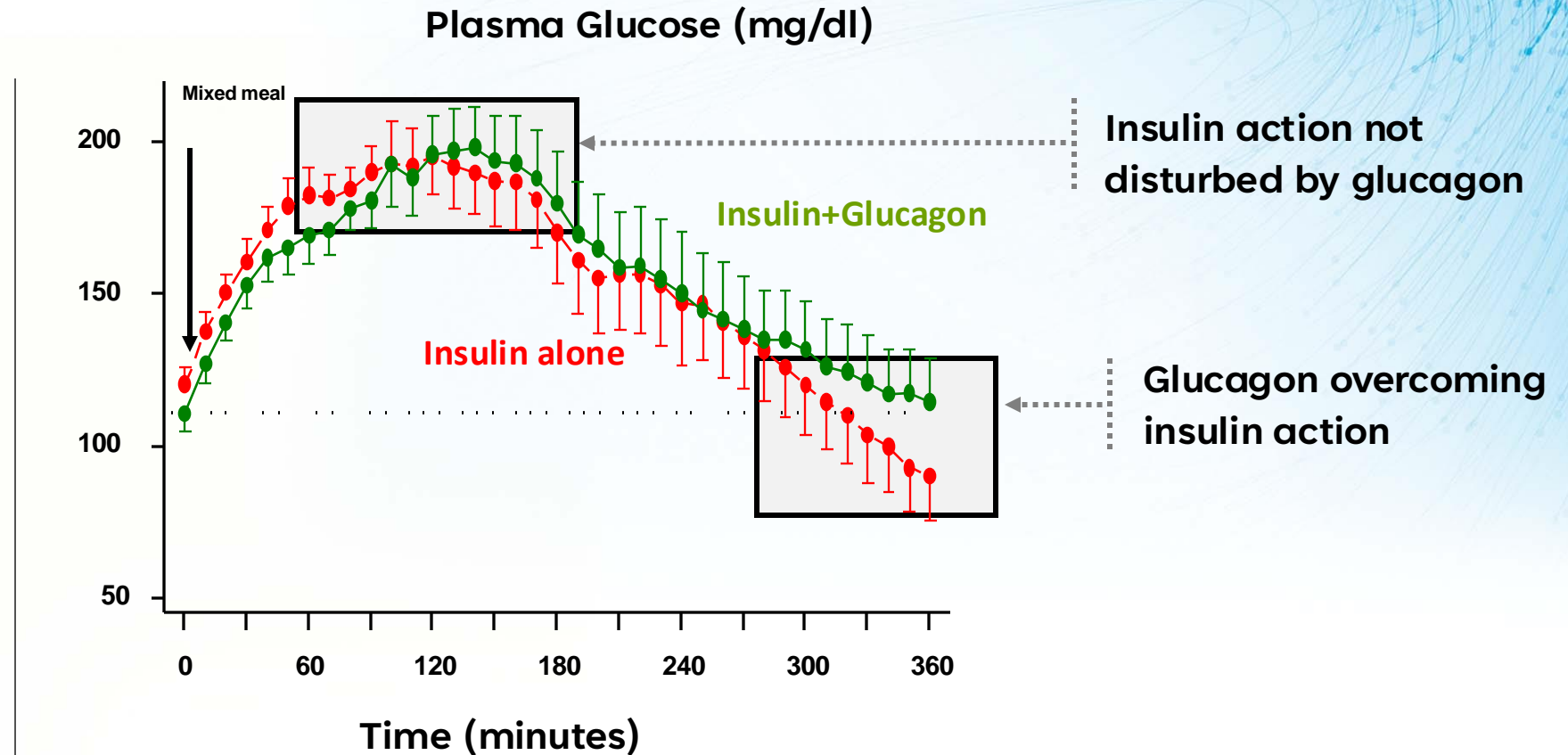
Study conducted by
Dr. Bruce Bode (Atlanta GA)

Study conditions

- IV infusion of insulin¹ (same dose each visit) and glucagon² (at fixed molar ratio) for 6h
- Meal challenge (100g CHO, Vanilla Boost) time 0

Studied subjects (n=15)

- 7 male, 8 female
- Age 34 ± 3 year
- A1C $6.8 \pm 0.2\%$



Administration of insulin and glucagon at the Abvance proprietary molar ratio controls hyperglycemia and protects against hypoglycemia

¹Novolin (human insulin)

²Novo Glucagen (human glucagon)

Abvance is a Fast-Moving, Pre-Clinical Company with Human Evidence that its Coformulation Can Provide Hypoglycemia Protection

Pipeline

Unlocking the previously unknown synergistic mechanism of action of Insulin and Glucagon

Lead Program ABV101: first product designed to expand the insulin therapeutic window by tailoring glucagon action to minimize **hypoglycemic risk**

Pipeline of novel therapies leveraging insulin and glucagon that can meet patients where they are in their injectable therapy journey

Proof

Human feasibility for the mechanism already demonstrated

Human feasibility study completed demonstrating mitigation of hypoglycemia with no worsening of hyperglycemia

Large body of animal data from Cherrington Laboratory (Vanderbilt)

Potential

Transforming outcomes & quality of life for people taking insulin

Of the 6.5M insulin dependent in the US, 4 million use rapid acting insulin, but most are not at treatment goals due to hypoglycemia and fear of hypoglycemia

Multiple product form have global market potential of **~\$15B**

Pipeline potential of novel glucagon analogs generating additional value

Plan

Accelerated development plan with highly derisked lead program (ABV101)

Collaborating with large **insulin and glucagon** API manufacturers for lead program ABV101

Development of *de novo* glucagon analog sourcing (Abvance proprietary IP) will drive balance of portfolio

The Foundational Advance Platform

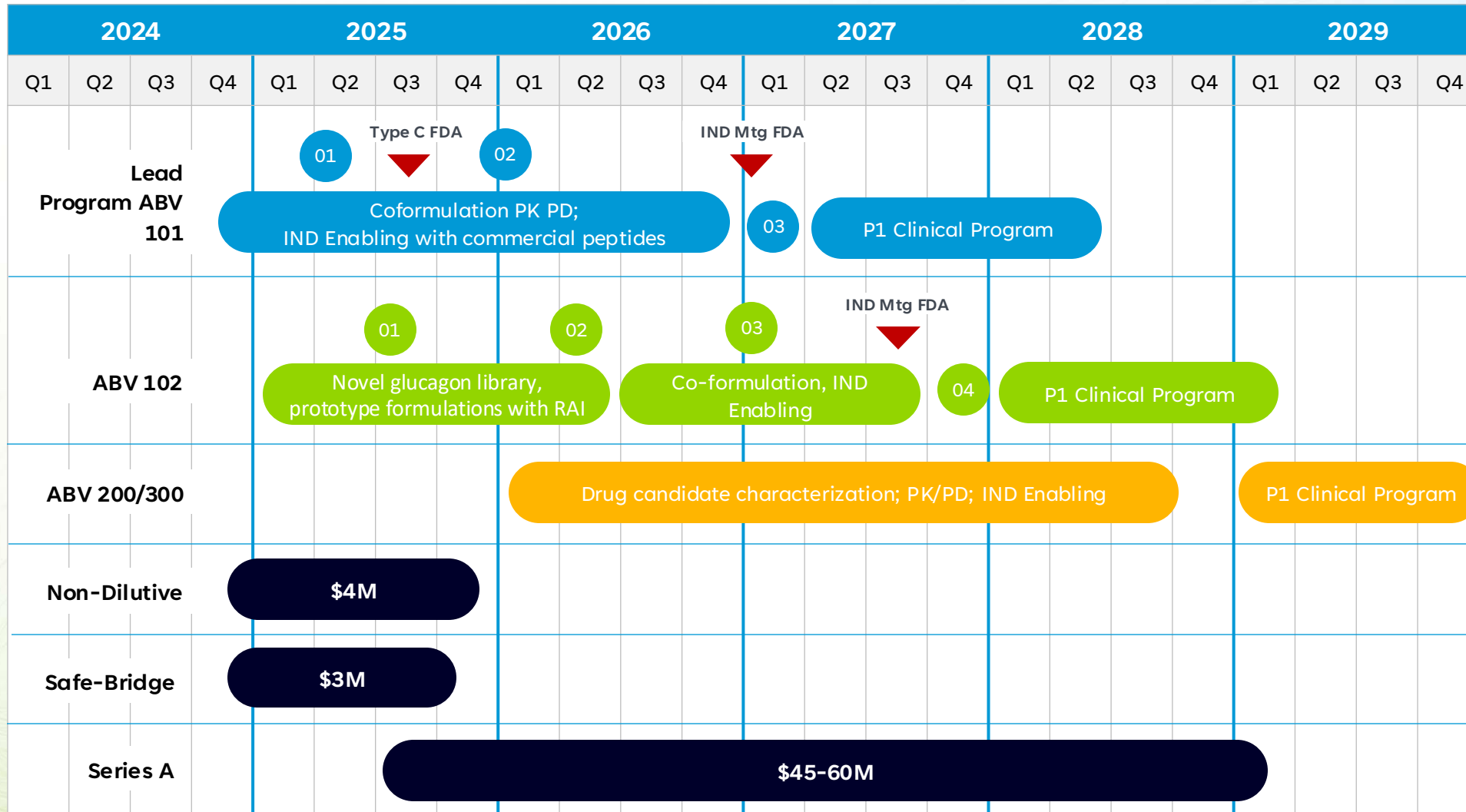
Leveraging both approved and novel glucagon peptides to develop a robust pipeline

| | Discovery | Preclinical | Ph. I | Ph. II-III |
|---|---------------------|--|---|------------|
| ABV 100 <i>(Rapid-Acting Insulin)</i> | | | | |
| ABV 101 Lead Program | Commercial Peptides | | Proof of concept accelerator program leveraging already marketed insulins/glucagon and could become commercial assets | |
| ABV 102 | Novel ABV Glucagon | | | |
| ABV 200 (Rapid-Acting Insulin) | | ABV100 program informs potential for a fixed-dose mealtime product designed for T2D; adjunctive to GLPs and long-acting insulins | | |
| ABV 300 <i>(Long-Acting Insulin)</i> | | Longer-term program to apply same insulin-glucagon relationship now in a long-acting product form | | |

Short-term focus on rapid-acting products for both pump and pen administration

Advance platform has the potential to deliver breakthrough diabetes treatments that allow optimized use of insulin by leveraging the attributes of glucagon

Development Timeline to EOP1, Inclusive of Broader Pipeline: ABV101 Fast to Clinic



ABV101 Inflection Points

01

Early PK proof that establishes formulation feasibility

02

Candidate Selection for IND enabling work with commercial peptides; insulin manufacturer engagement

03

Initiate P1 for ABV101

Abvance Solution will Build on One Century of Insulin Use to Transform Care of the Insulin-Treated

Insulin dependent population is large and growing despite the impact of the GLPs

Major impediment to optimal insulin dosing is the fear of hypoglycemia

Abvance approach will allow for more appropriate and aggressive management of blood glucose highs while providing a cushion for dangerous lows WITHOUT a departure from current insulin standard of care

Initial financing will enable early proof and inflection
Full A raise will take program forward to EOP1 and enable pipeline