

HTL'023 | DUAL GLP-2/GLP-1 Agonist

EXECUTIVE SUMMARY

- HTL'023 is a highly potent (Sub nM), dual GLP-2/GLP-1 candidate molecule with excellent preclinical PK profile – well-tolerated in rodent and NHP DRF tox. studies
- Novel multifunctional peptide: expected to provide superior efficacy to current SoC in SBS
 - Current SoC pharmacotherapy is Teduglutide (Gattex[®]; Revestive[®]) - selective GLP-2 agonist
 - HTL'023 has a superior PK profile to teduglutide (> 24 hour cover on single dose)
 - Combination of GLP-2 and GLP-1 agonist activity expected to provide superior efficacy to GLP-2 agonism alone – greater reduction in parenteral nutrition and improved QoL
 - Differentiation from SoC (teduglutide) demonstrated in pre-clinical efficacy model
- Opportunity for HTL'023 as a novel treatment for NASH
 - Clinical benefit of GLP-1 agonism in NASH is precedented (liraglutide/semaglutide)
 - GLP-2 agonism postulated to reduce hepatic inflammation via reduced endotoxin absorption from G.I. tract
 - HTL'023 demonstrated efficacy in pre-clinical models of metabolic disease

TARGET AND DISEASE INDICATION(S)

- Short bowel syndrome (SBS) / Intestinal Failure (IF) – Estimated peak sales – ~\$500M¹
- Non-alcoholic steatohepatitis (NASH) – Market size to reach \$27bn by 2029²

RATIONALE

- Provides superior efficacy to current SOC in SBS - GLP-2 agonist, via added benefit of GLP-1 agonism
- Provides superior efficacy to GLP-1 agonist in NASH by reducing hepatic inflammation via GLP-2 agonist activity

TARGET PRODUCT / MOLECULE PROFILE

- Highly potent and selective, dual GLP-2/GLP-1 agonist peptide suitable for once daily (preferably once weekly) subcutaneous injection

CURRENT STATUS

- Preclinical development (rodent and primate DRFs completed)

Sources: ¹ Globe Life Sciences; ² ResearchAndMarkets.com

In vitro properties

In Vitro Pharmacology

GLP2R cAMP pEC50	10.9
GLP1R cAMP pEC50	10.5
Selectivity ratio GLP-2R: GLP-1R	3*

Pharmacokinetic parameters

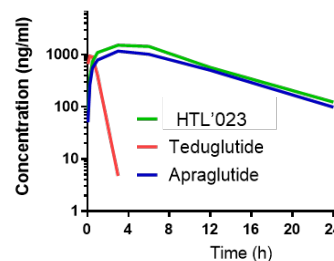
Hu blood/plasma stability	No degradation
In Vivo Rat CL	0.015 L/hr/kg
In Vivo Rat Vss	0.07 L/kg

* Clear pharmacological differentiation from other GLP-2 agonists in development (reduced GLP-1R selectivity)

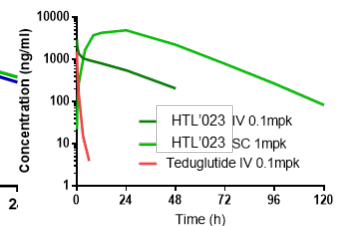
- Teduglutide & apraglutide: >10,000
- Glepaglutide ~30

Excellent PK profiles in rodent and non-rodent species

Mouse SC PK (0.4mg/kg)



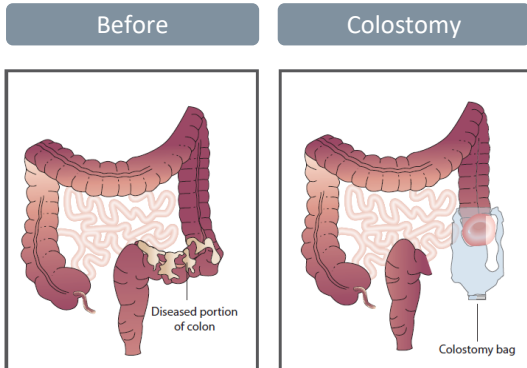
Cyno IV/SC PK



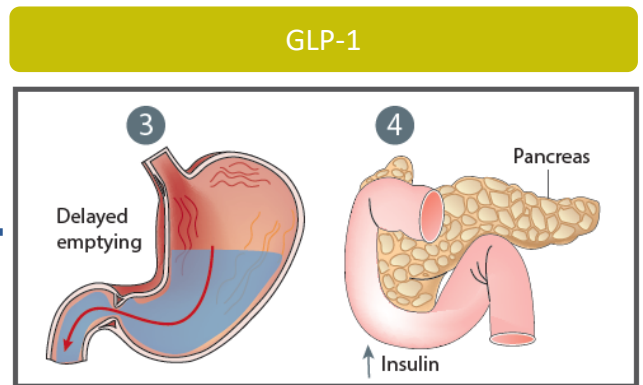
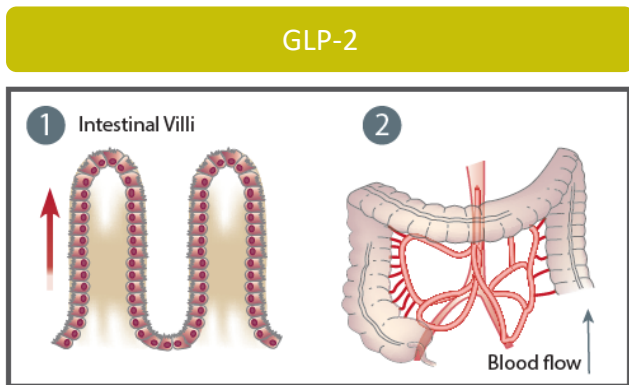
- Clear PK differentiation from Teduglutide
- Supports low dosing frequency in clinical use, likely once weekly dosing

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PROPOSED MECHANISTIC HYPOTHESIS FOR SUPERIOR TREATMENT OF SBS/IF*



- Promotes mucosal growth and healing** – GLP-2 is a trophic factor: through enhanced crypt cell proliferation and intestinal villi length, GLP-2 enhances the nutrient absorptive capacity in the remnant bowel following intestinal resection.
- Enhances intestinal blood flow** – GLP-2 stimulates mesenteric blood flow and may facilitate nutrient absorption.
- Reduced GI transit** – GLP-1 slows gastric emptying and intestinal transit. This allows more time for water and nutrient absorption resulting in reduced ostomy output and diarrhoea.
- Improved glucose homeostasis** – GLP-1 agonists improve glucose handling and minimise risk of complications associated with higher blood glucose levels in patients on long term parenteral nutrition (PN) therapy.



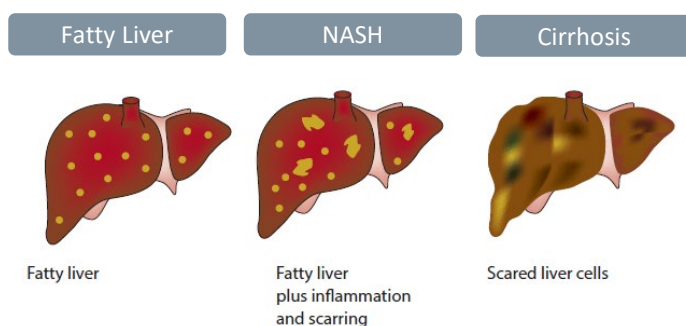
* Clinical Proof of Principle demonstrated in SBS patients - infusion of GLP-1 and GLP-2 native peptides provides additive effects on intestinal absorption compared to either peptide given alone (Madsen et al (2013) Regul Pept. 184: 30-39)

PROPOSED MECHANISTIC HYPOTHESIS IN NASH

TREATMENT OBJECTIVE

- Reduce excessive fatty accumulation in the liver and inflammation, decrease hepatocyte ballooning and fibrosis

STAGES OF NON-ALCOHOLIC FATTY LIVER DISEASE



PROPOSED BENEFITS OF GLP-2/GLP-1 AG PEPTIDE

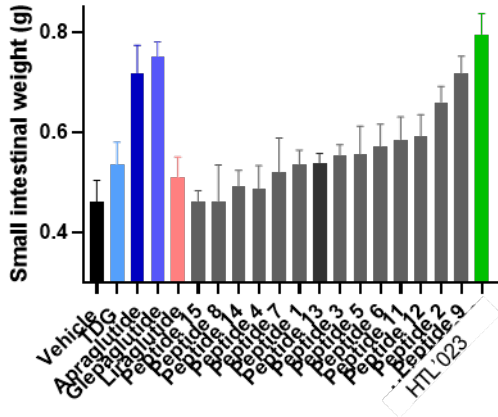
- Reduced hepatic inflammation**
GLP-2 agonists decrease the permeability of the intestinal epithelial barrier by enhancing tight junction integrity, leading to reduced translocation of bacterial endotoxins.
- Weight loss/hepatic benefits**
GLP-1 agonists reduce body weight in NASH patients resulting in reduced de novo lipogenesis, decreased adipose tissue lipolysis, decreased hepatic lipid accumulation and oxidative stress.
- Improved metabolic function**
GLP-1 agonists enhance glucose-stimulated insulin secretion and reduce glucagon secretion, resulting in improved glycaemic control and lowered HbA1c.

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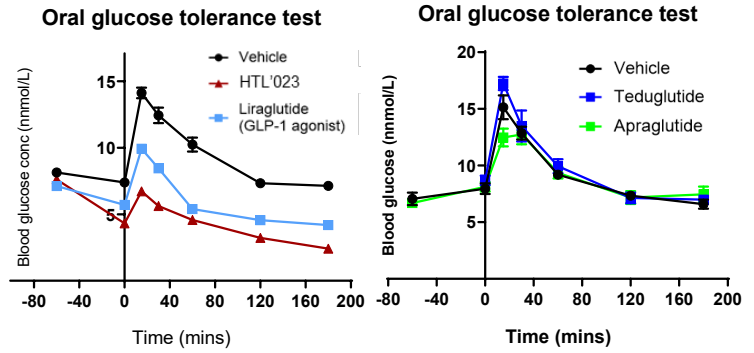
DATA SUMMARY

TARGET AND DISEASE INDICATION(S) – SBS

In vivo phenotypic screen in intestinal mass assay



HTL'023 shows differentiated profile to GLP-2 selective peptides

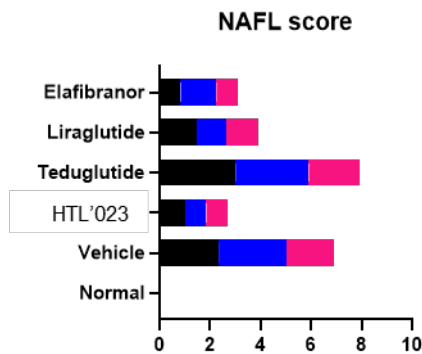


- Screening of novel peptides in the mouse intestinal mass assay led to the identification of HTL'023 which demonstrates superior efficacy compared to teduglutide.
- Daily dosing of HTL'023 promotes lengthening of intestinal villi and crypt depth. HTL'023 may offer promise in improving intestinal absorption and nutrient handling in SBS patients.

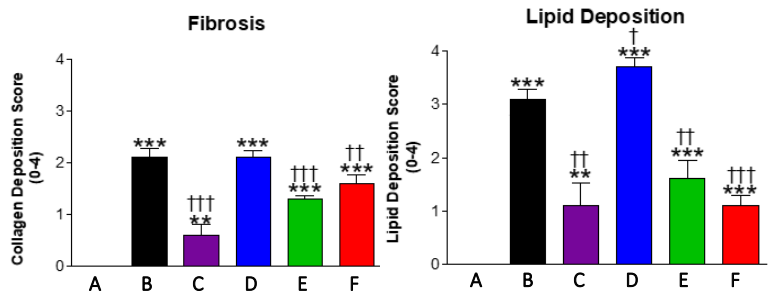
- HTL'023 shows robust efficacy in mouse oral glucose tolerance test, comparable to the clinical GLP-1 agent, liraglutide.
- Neither teduglutide nor apraglutide demonstrated benefits in the OGTT assay.
- Confirms benefit of GLP-1 activity via improving glucose homeostasis and delaying GI transit to allow more time for fluid and nutrient absorption.

TARGET AND DISEASE INDICATION(S) – NASH

HTL'023 reduces NAFL score in mice on choline deficient diet



HTL'023 shows differentiated profile to GLP-2 selective peptides



- Animals maintained on choline deficient diet for 6w develop changes in liver pathology and increase in non-alcoholic fatty liver disease activity score (NAS) consistent with the development of NASH.
- HTL'023 demonstrates benefits on liver lipid metabolism and improves histological signs of fibrosis.
- Data from mouse diet induced obesity (DIO) model also available. Clear benefits demonstrated on glucose handling and weight loss / body fat mass endpoints.

A: Normal vehicle
 B: Choline deficient diet: Vehicle
 C: Choline deficient diet: HTL'023
 D: Choline deficient diet: Teduglutide
 E: Choline deficient diet: Liraglutide
 F: Choline deficient diet: Elafibranor