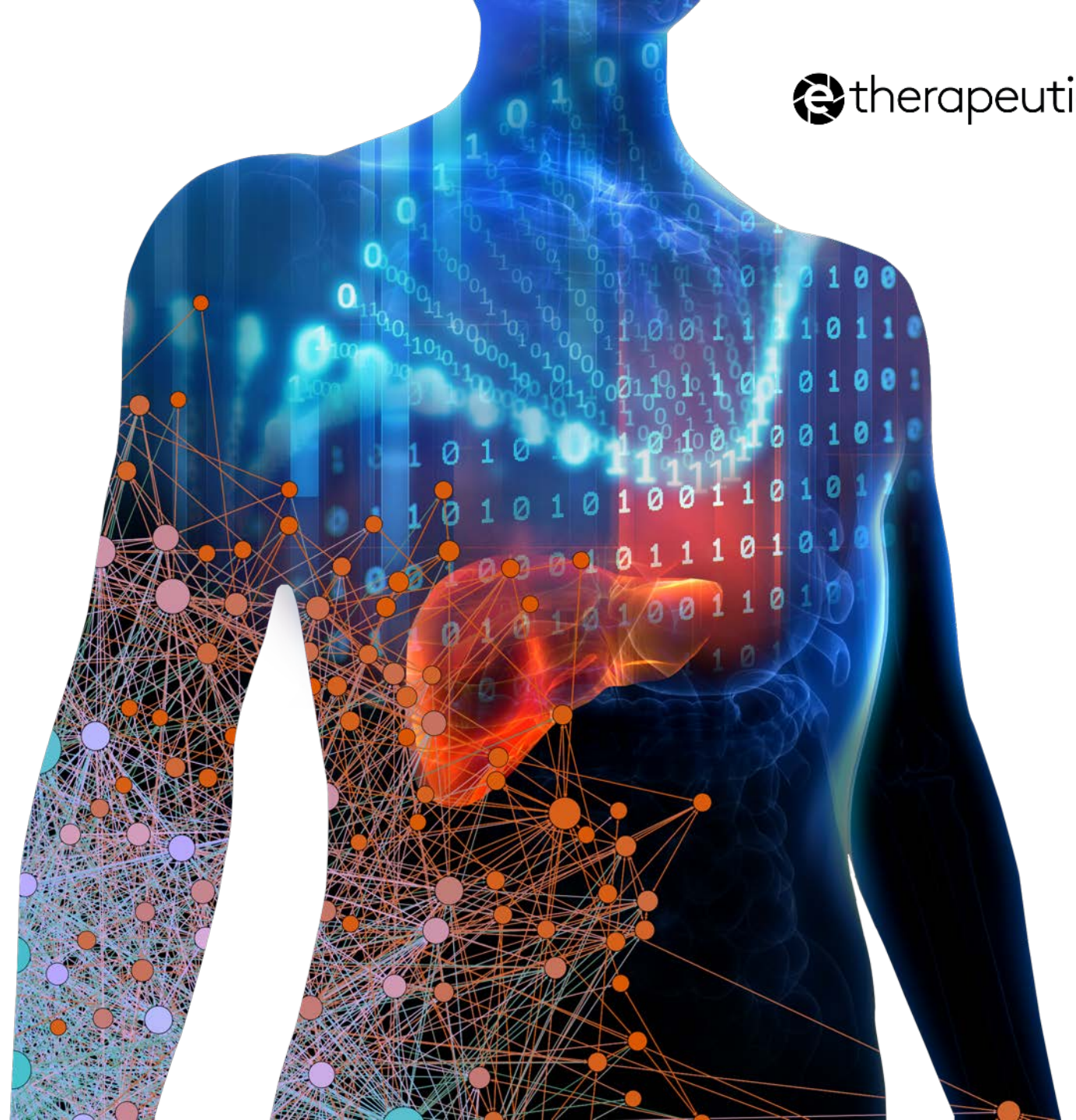


Computational Drug Discovery

From Machine to Man



Investor presentation
May 2021



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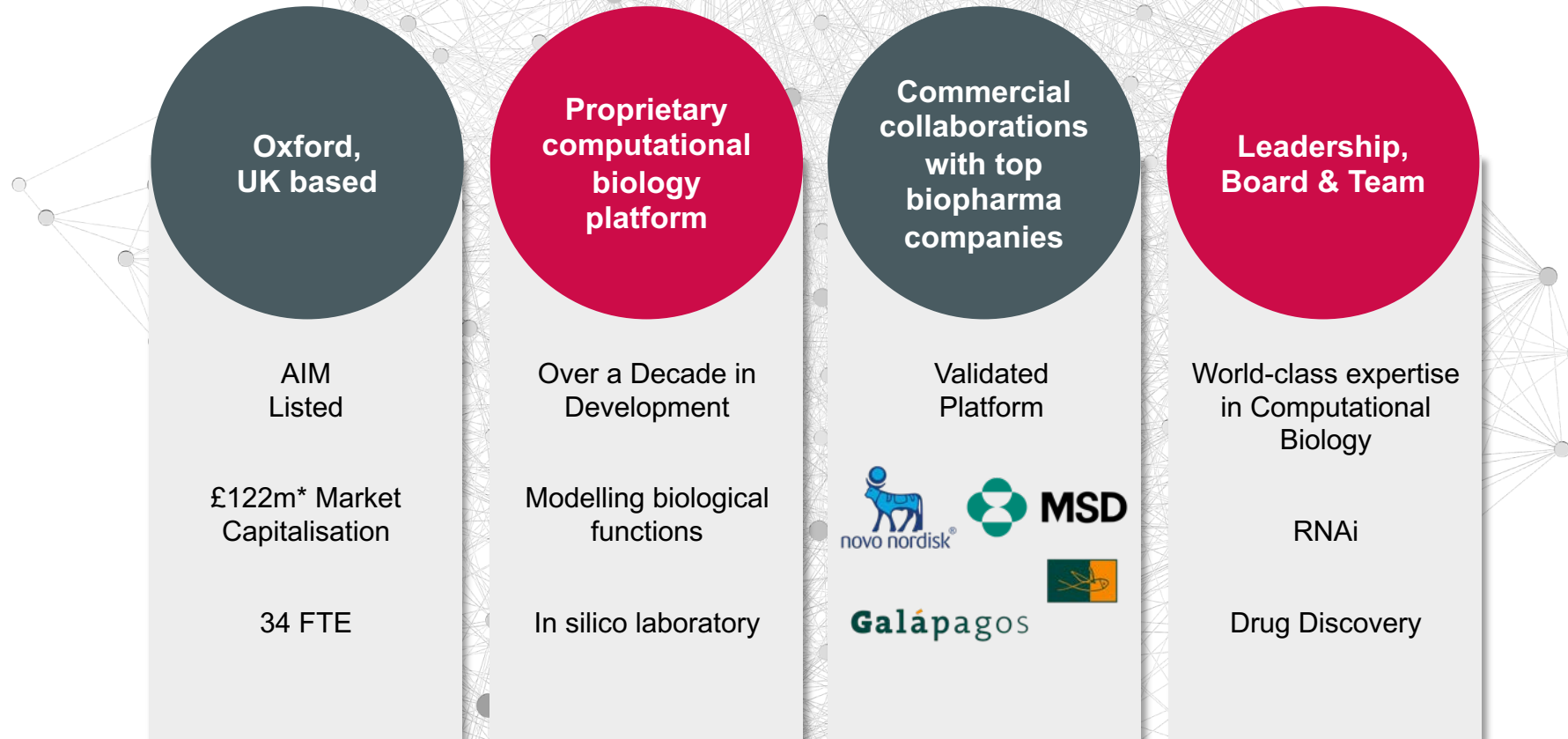


I could actually end this post right here by stating one simple, predominant reason why the science of drug discovery is so tortuous: **it's because biology is complex.**

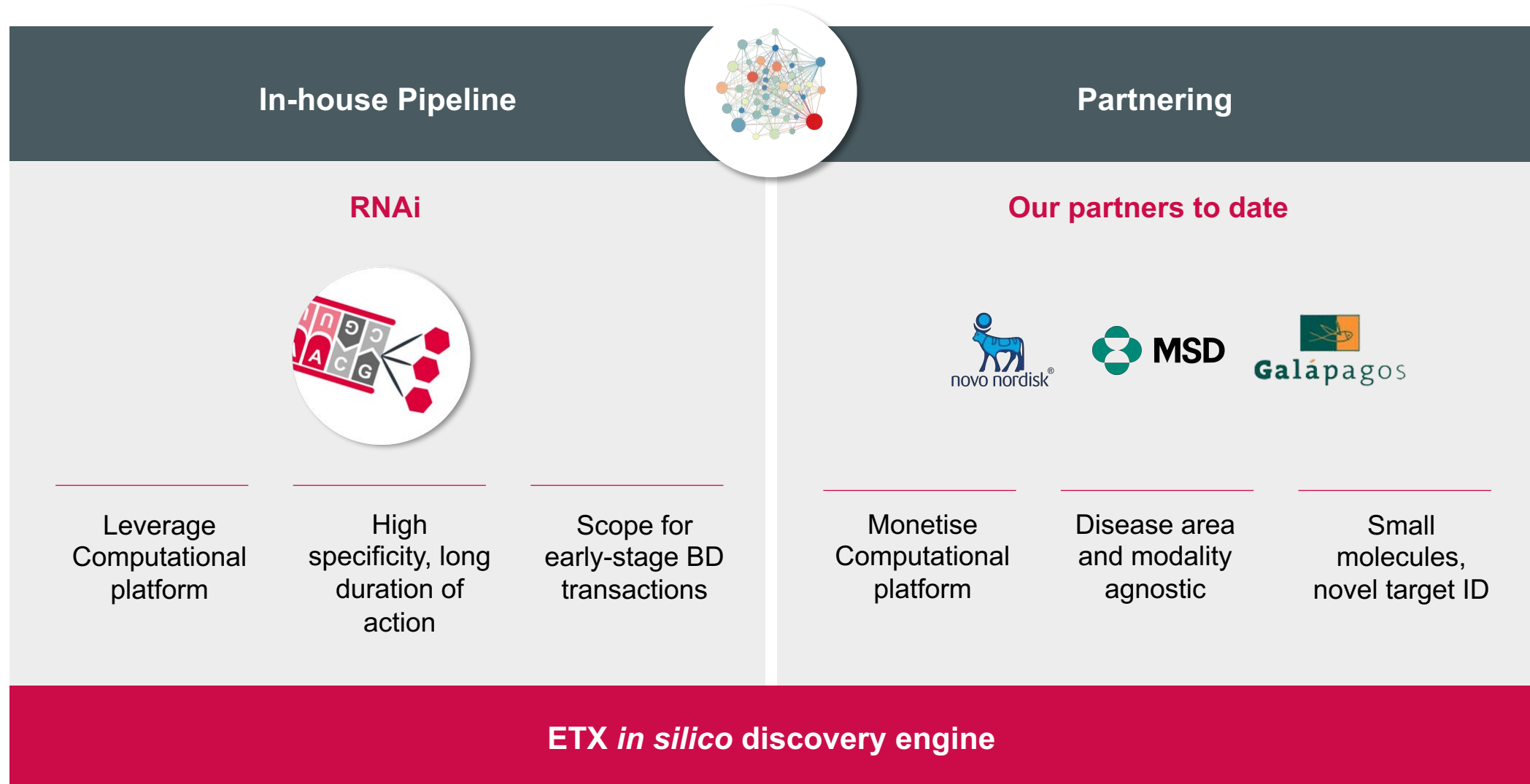
Why Drugs are Expensive, Scientific American, 2014

Ashutosh Jogalekar

About us



* As of 06th May 2021



How do we understand biology better?

ETX *in silico* laboratory



Indication of interest
e.g. COVID-19



Disease process
of interest
e.g. Cytokine storm

We create network models of biological processes



Proprietary data
sets



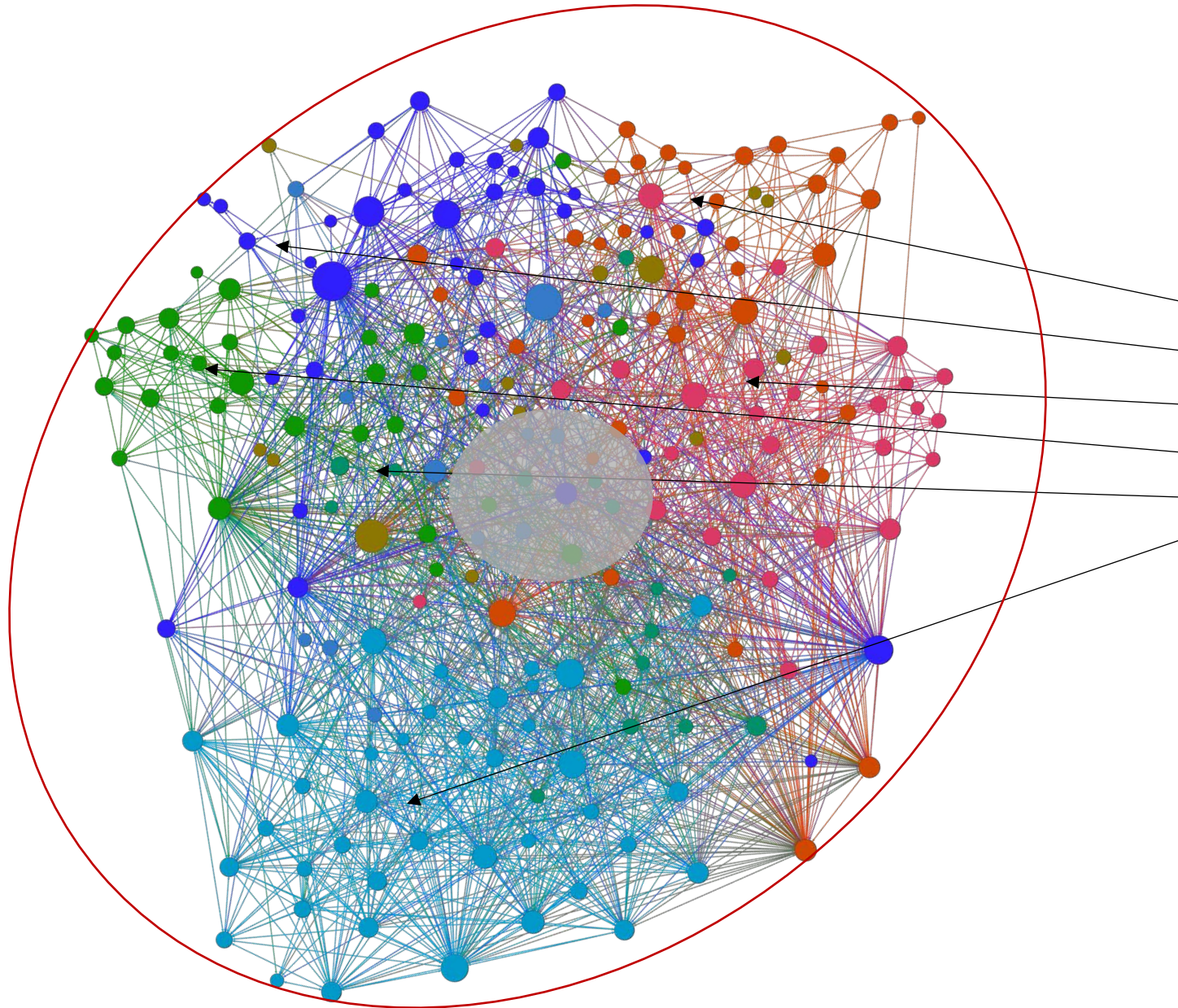
ML/AI & Network
Algorithms



Computational
biologists

in silico Discovery Engine

ETX network maps of cellular function



Cellular functions

Represented as network models

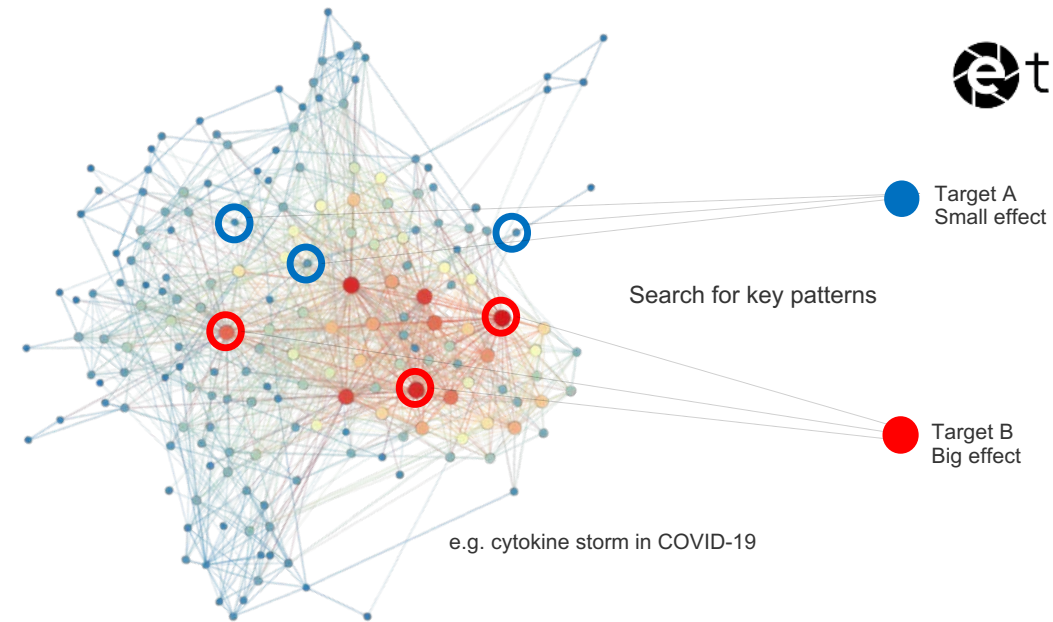
We study these processes and how they interact in the context of disease

- Trophic signaling
- Endocytosis
- Proteostasis
- Oxidative phosphorylation
- Exocytosis
- ER chaperone regulation
- Etc...

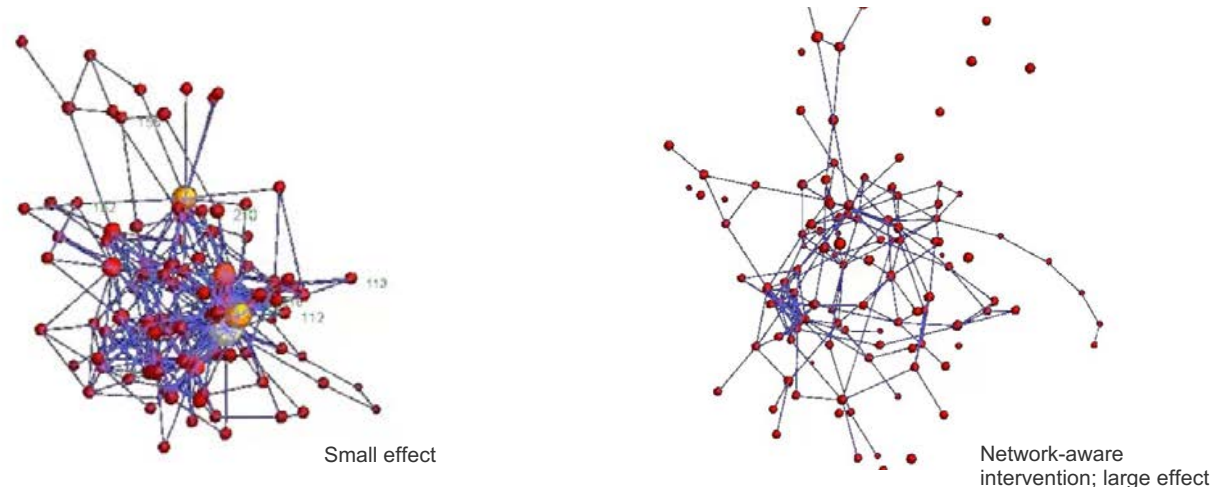
This enables us to propose rational therapeutic interventions

Network biology

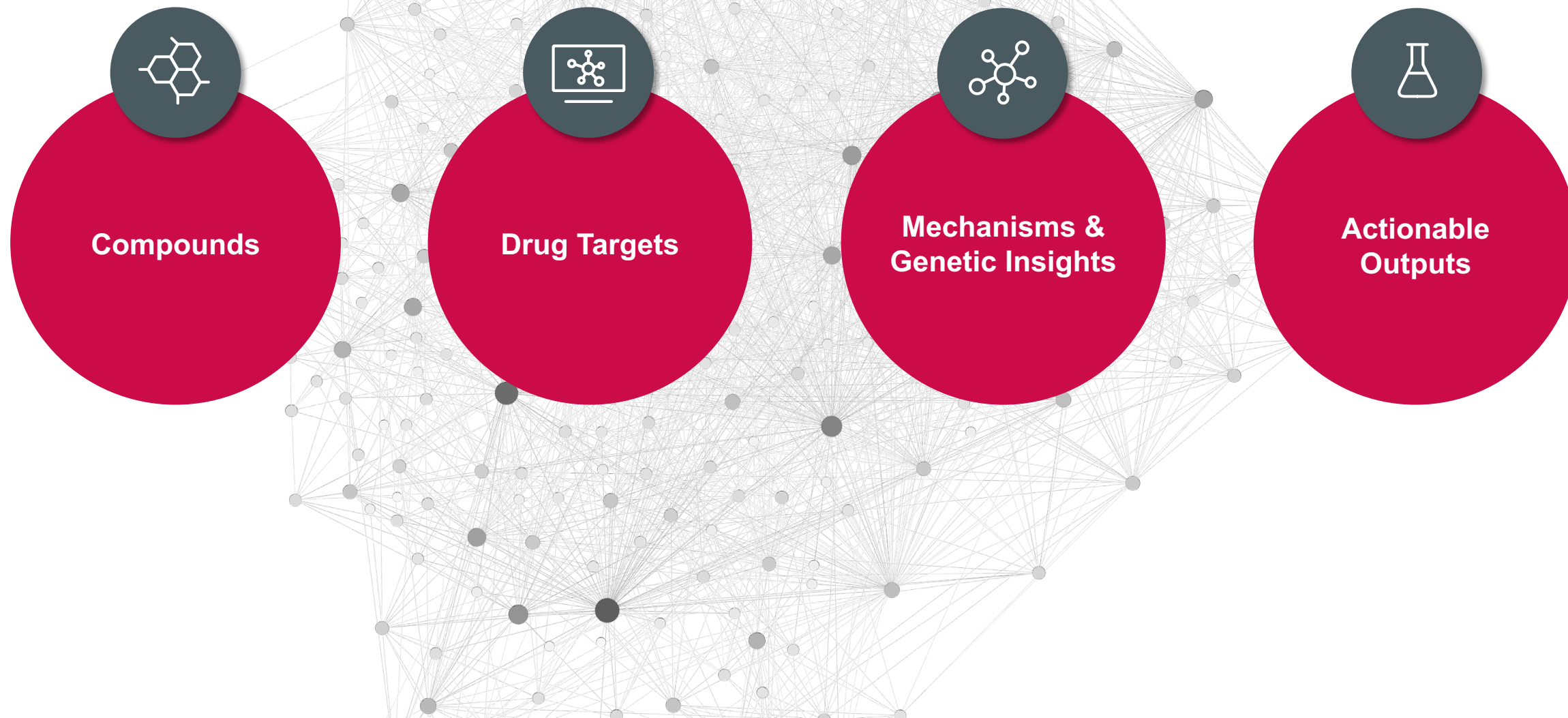
- Biological functions are controlled by **networks of genes and proteins**
- Understanding these networks is key to **understanding disease**
- Millions of network models of **disease processes** built to ask therapeutic questions
- Ability to test **millions of interventions**



In silico testing of therapeutic interventions – modelling biological effects

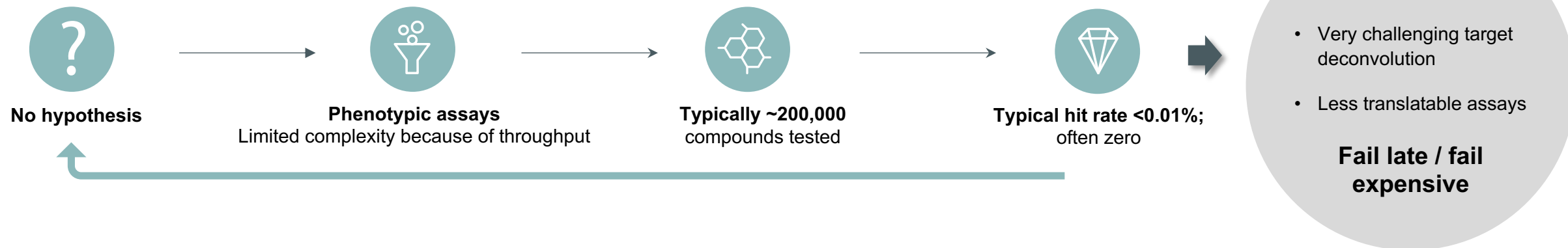


Our in silico laboratory outputs

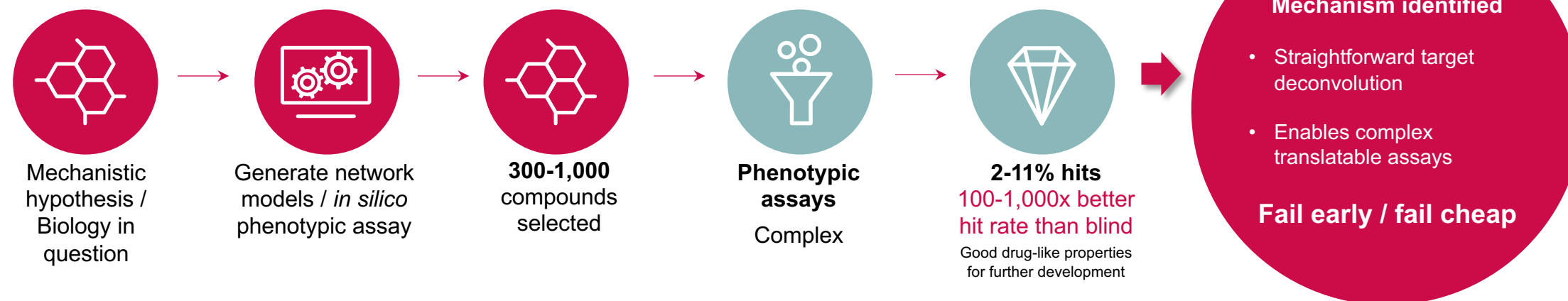


ETX in silico discovery engine

Traditional Approach: Blind Phenotypic Screening



e-therapeutics: Computational Biology Platform Guided Phenotypic Screening



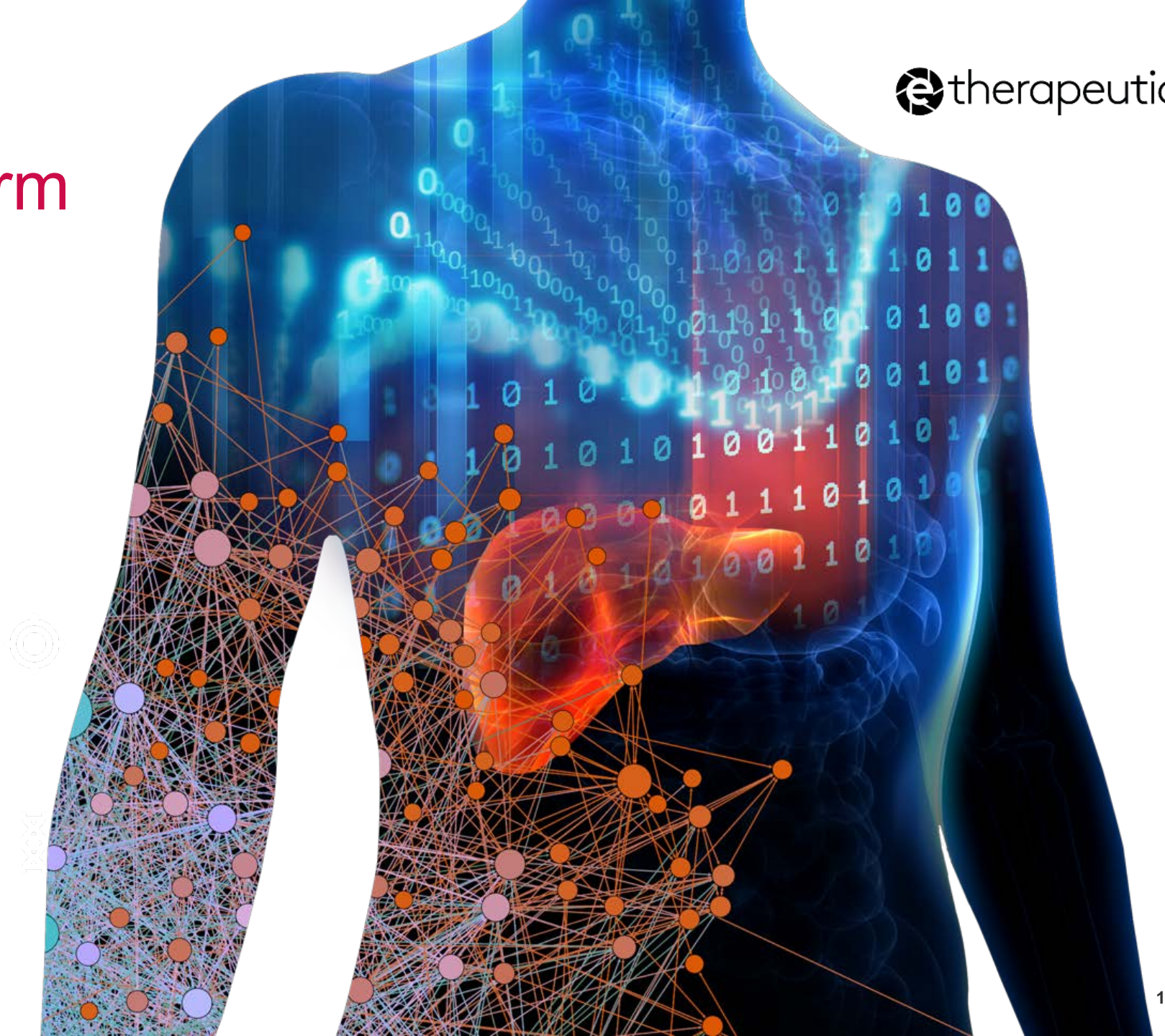
Building collaborations in small molecules

- **Disease area agnostic**, including type 2 diabetes, fibrosis and neurodegeneration to date
- **Maximising platform** value through creative deal structures
- **Third party validation** of ETX's technology

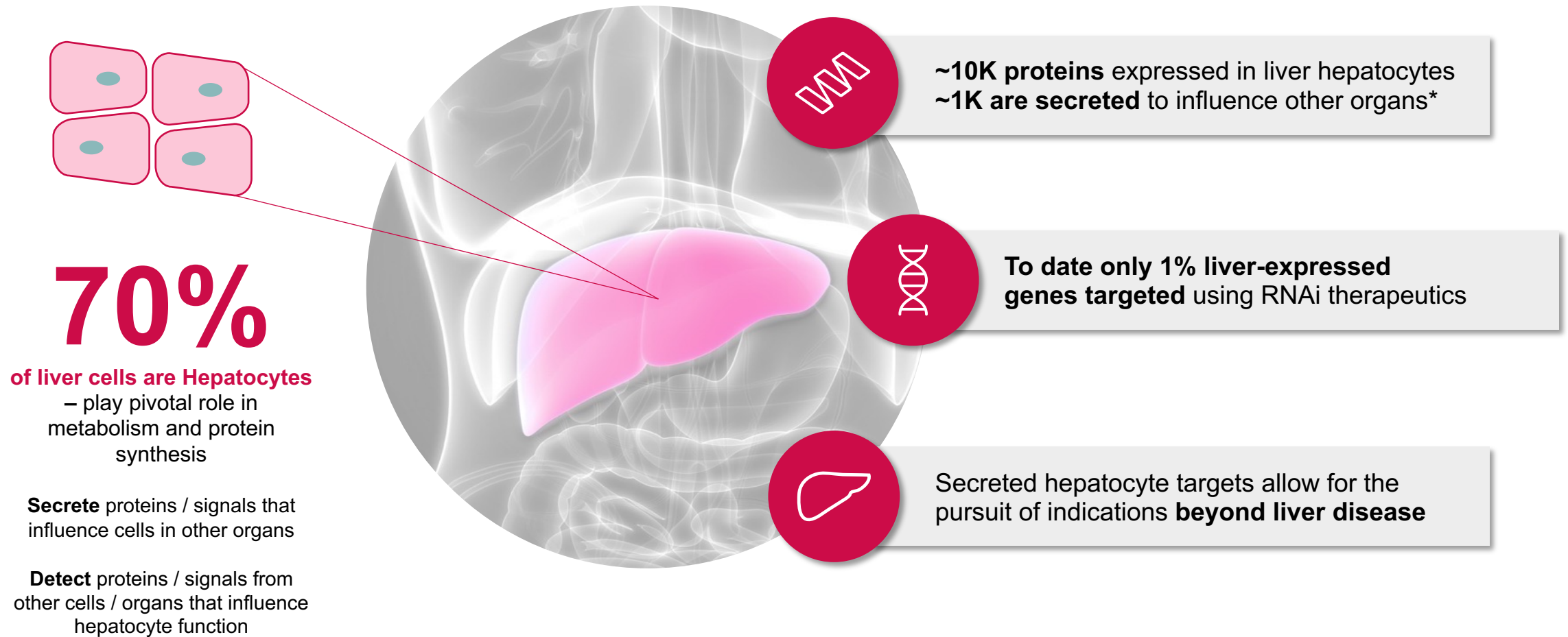


RNAi Drug Platform

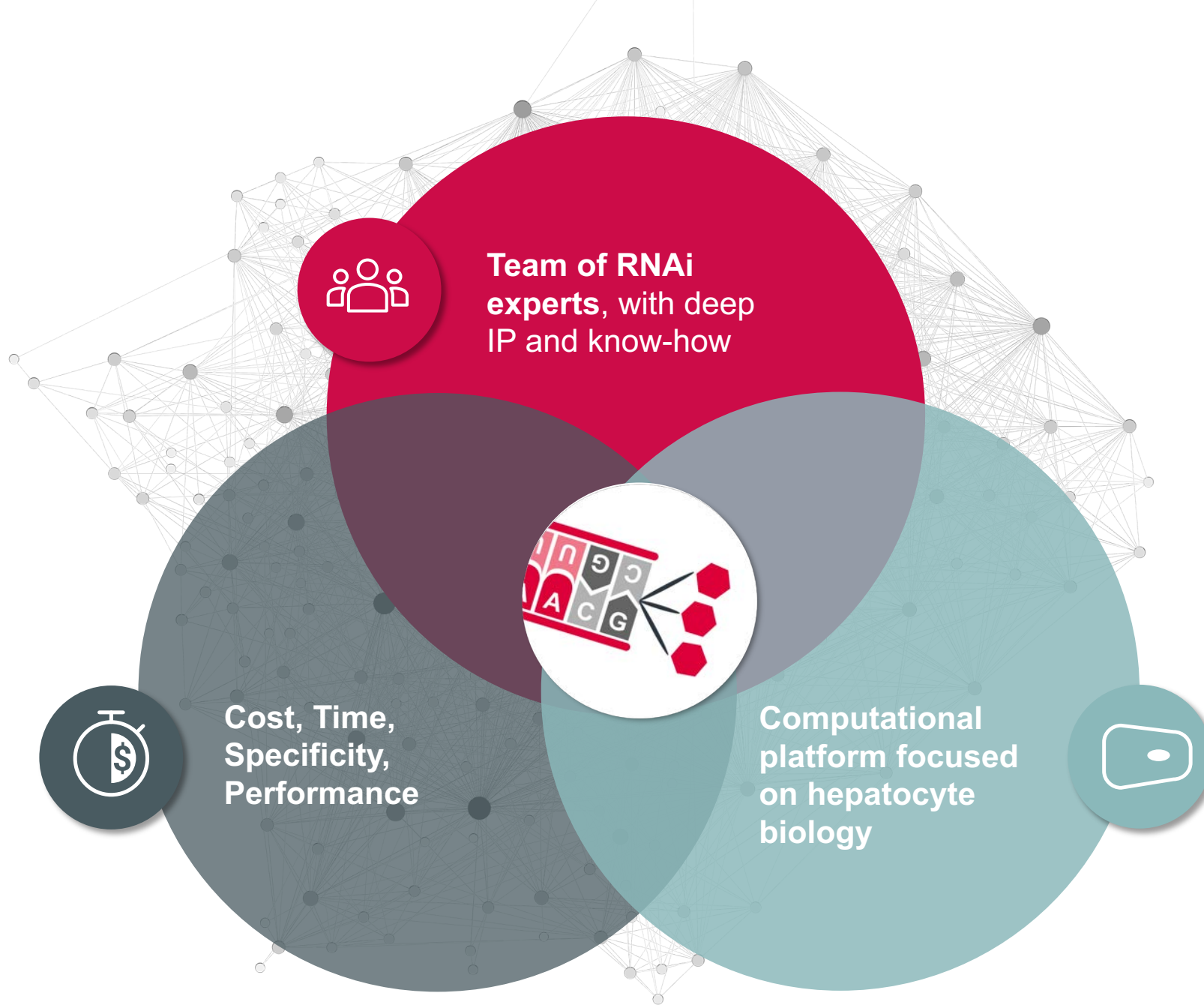
In-house pipeline



Liver presents large opportunities



Why RNAi?



RNAi platform advantages



Time & Cost

Drug design

Traditional
**Small
molecules**

c.Cost
\$4m
c.4 years

e-therapeutics
siRNA

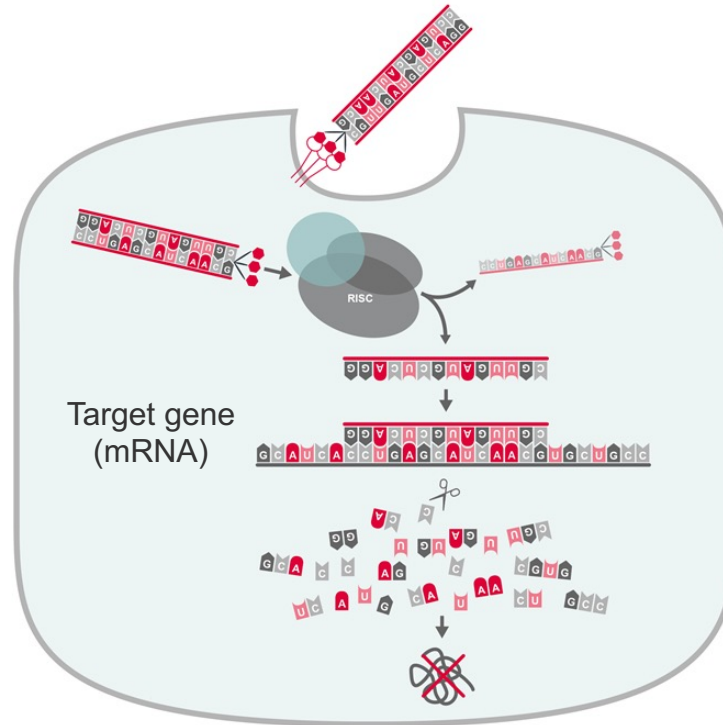
Cost
\$500K
5-6 months

Cost of
development
phase reduced
drastically with
RNAi



Specificity

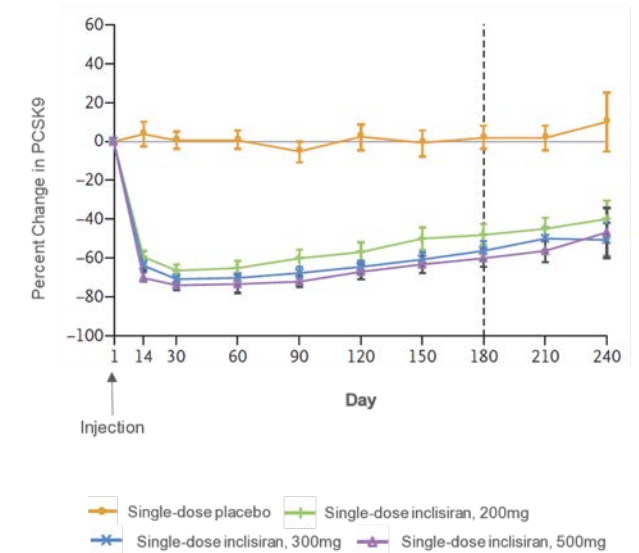
Hepatocytes and target gene



Performance

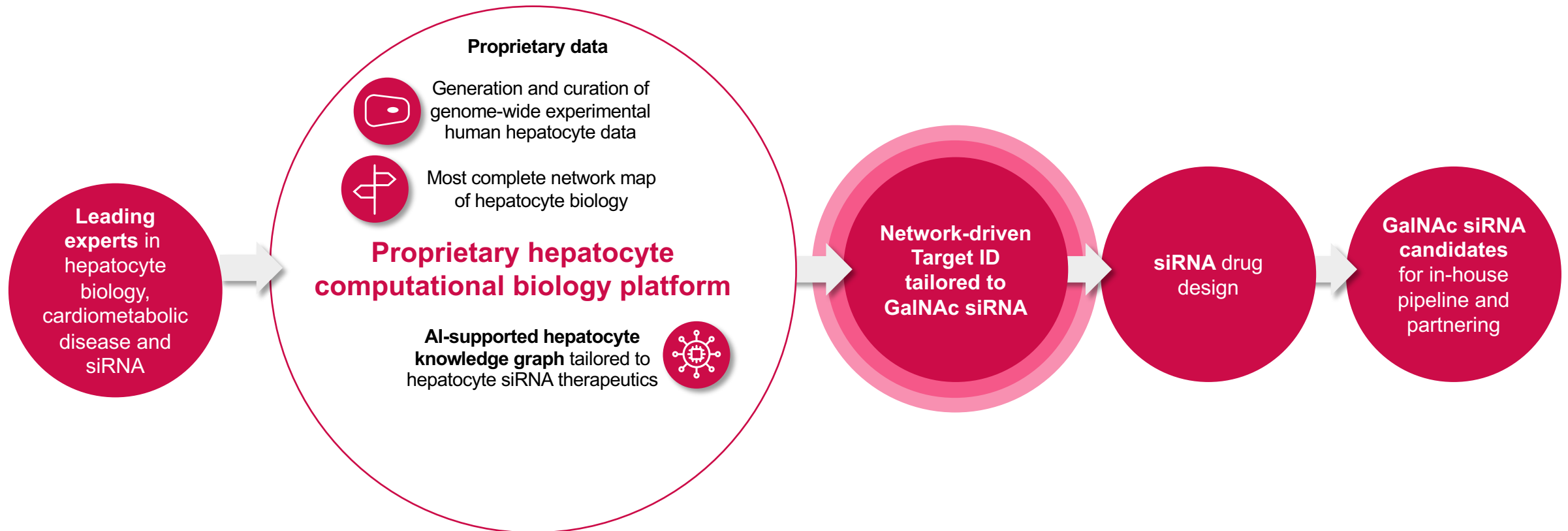
Changes in PCSK9 Levels with a single dose regimen of Inclisiran vs. placebo

Data from Phase 2 ORION-1 trial in patients with high cardiovascular risk and elevated LDL-C

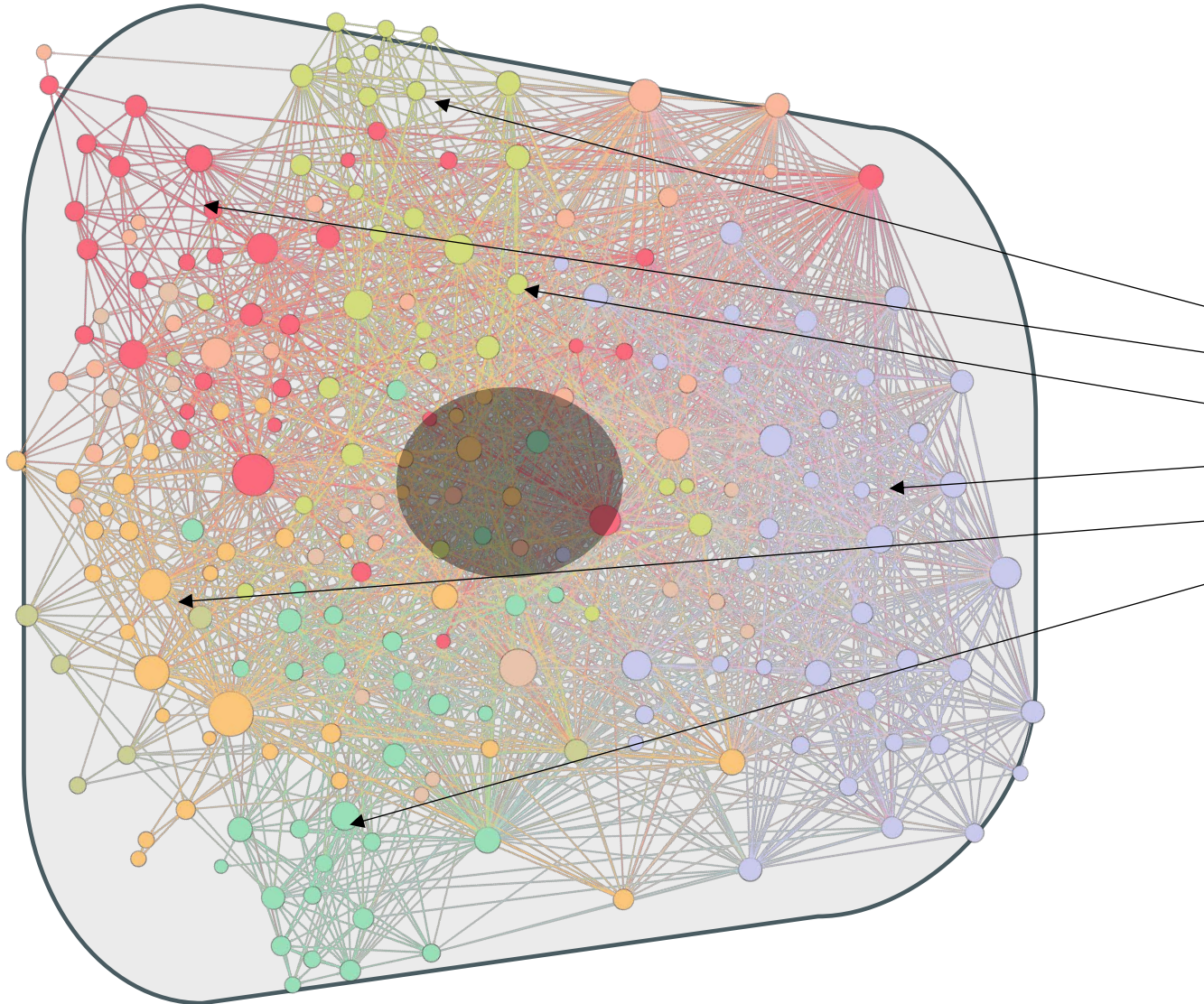


Hepatocyte target team

Zooming into hepatocytes



Proprietary ETX hepatocyte network map



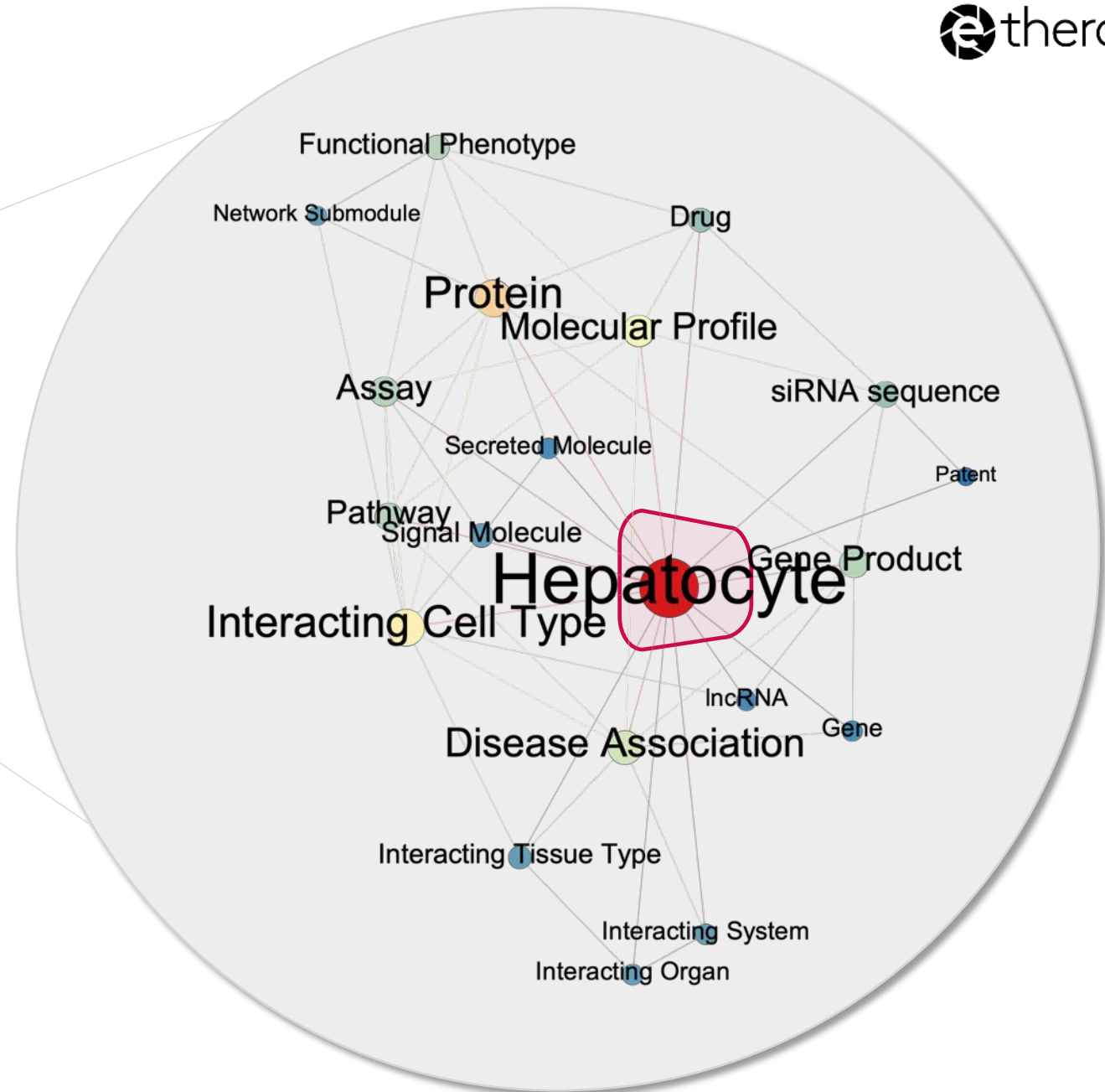
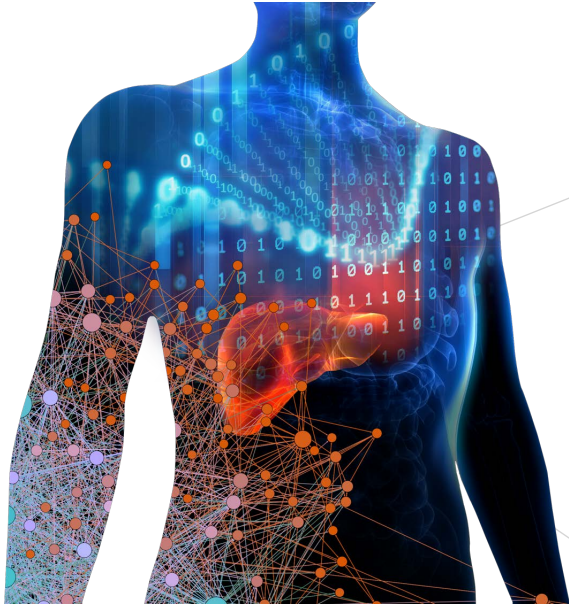
Hepatocyte biological functions

Represented as network models

- Insulin signaling
- Glucagon signaling
- Lipid metabolism
- Xenobiotic metabolism
- Glucose production
- Clotting factor synthesis & secretion
- Etc...















The hepatocyte atlas

Proprietary knowledgebase



- Proprietary NLP mined literature knowledge
- Proprietary experimental data
- Public data sources
- Proprietary data enhancement
- Prediction of missing relationships
- Network Biology
- Genetic Data

RNAi – Significant early stage financials

| RNAi Platforms | | | | | | | | |
|---|--|--|--|---|--|--|---|--|
| Platform/Preclinical Deal | | Phase I | Phase 2 | Phase 3 | Approved | | | |
| <div><div><p>2018 4 targets \$22M + \$105M milestones per target</p></div><div><p>Mallinckrodt 2019 3 targets \$20M upfront</p></div></div> | | <div><div><p>2019 1 asset (HBV) \$200M upfront \$1.47B milestones</p></div></div> | <div><div><p>2020 1 asset (AAT) \$300M upfront \$740M milestones</p></div><div><p>2018 1 asset (HBV) \$175M upfront \$1.6B milestones</p></div></div> | <div><div><p>2020 1 asset (PCSK9) \$9.7B acquisition</p></div></div> | <div><div><p>FDA approval Aug 10, 2018</p><p>Hereditary transthyretin-mediated amyloidosis</p></div></div> | <div><div><p>FDA approval Nov 20, 2019</p><p>Acute hepatic porphyria</p></div></div> | <div><div><p>FDA approval Nov 23, 2020</p><p>Primary hyperoxaluria type 1</p></div></div> | <div><div><p>EU Approval Dec 9, 2020</p><p>Hypercholesterolaemia Dyslipidaemia</p></div></div> |
| <div><div><p>2019 30 targets \$175M + \$357.5M milestones per target</p></div><div><p>2018 3 targets \$1.9B option, milestones</p></div></div> | | | | | <div>> US\$4B sales 2026</div> | | | |
| <div><div><p>2019 \$400M + \$200M milestones</p></div><div><p>2018 10+ targets \$100M + \$350M milestones per target</p></div></div> | | | | | US\$1.18B | US\$333M | US\$734M | US\$ 1.89B |

Source: Alnylam Q4 & full year financial results Feb 11, 2021; GlobalData consensus Q4 2020; Alnylam royalty 2026 forecast US\$233M.

Experienced management team and scientific board



Ali Mortazavi
Chief Executive Officer



Alan Whitmore
Chief Scientific Officer



Jonny Wray
Chief Technology Officer



Colin Stubberfield
Chief Research Officer



Karl Keegan
Chief Financial Officer



Laura Roca-Alonso
Chief Business Officer



Stephanie Maley
Chief People Officer

Board of Directors

Ali Mortazavi
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Non-Executive Chairman

Michael Bretherton
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Professor RNA Biology, UNSW Sydney
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