Addressing beta-cell depletion in diabetes with icovamenib

Progressive decline in beta-cell function in T2D	Characterized by a decrease in beta-cell mass and function over time
Role of menin in glucose homeostasis	Menin is a scaffold protein that regulates glucose homeostasis
	Inhibiting menin enhances insulin secretion through beta-cell proliferation and increased GLP-1 receptor expression
Icovamenib: an oral covalent small molecule menin inhibitor	Currently in clinical development for T2D and T1D
COVALENT-111: Multiple Ascending Dose	Participants with T2D maintained glycemic control up to 22 weeks after 4 weeks of daily icovamenib
COVALENT-111: Phase 2 Expansion*	Design, methods, and Week 26 topline results are presented

*ClinicalTrials.gov/NCT05731544

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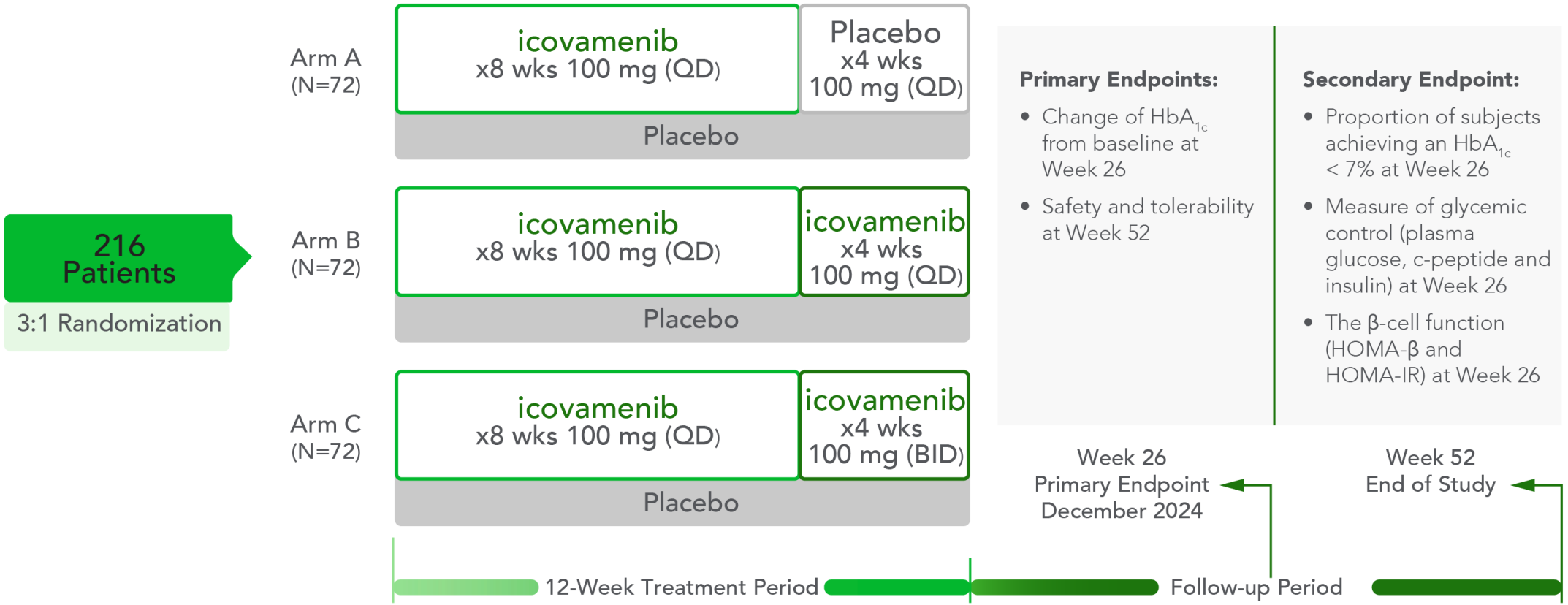
Key Eligibility Criteria and Study Design

- Adults (18-65 years old) with T2D (<7 yr T2D duration)
- HbA_{1c} 7.0-10.5%; BMI 25-40 kg/m^2
- Treated with up to 3 antidiabetic agents (excluding insulin and SFUs)
- N=72 participants per arm (3:1 ratio, icovamenib:PBO)



COVALENT-111: EVALUATING LONG-TERM EFFICACY AND SAFETY OF SHORT-TERM ICOVAMENIB TREATMENT IN PERSONS WITH TYPE 2 DIABETES

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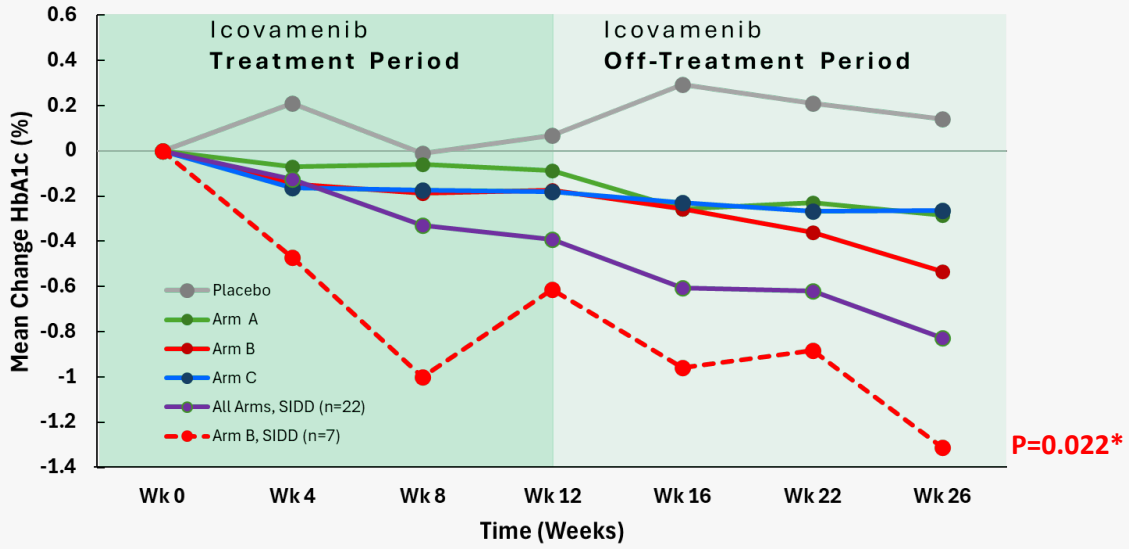
For all Arms, Severe Insulin Deficient Diabetes Patients (SIDD) on 1 or more antihyperglycemic medication(s) continued to exhibit a reduction in HbA1c with Arm B SIDD patients achieving significant reduction during the off-treatment period

(Week 26 represents 14 weeks since the completion of the treatment period)



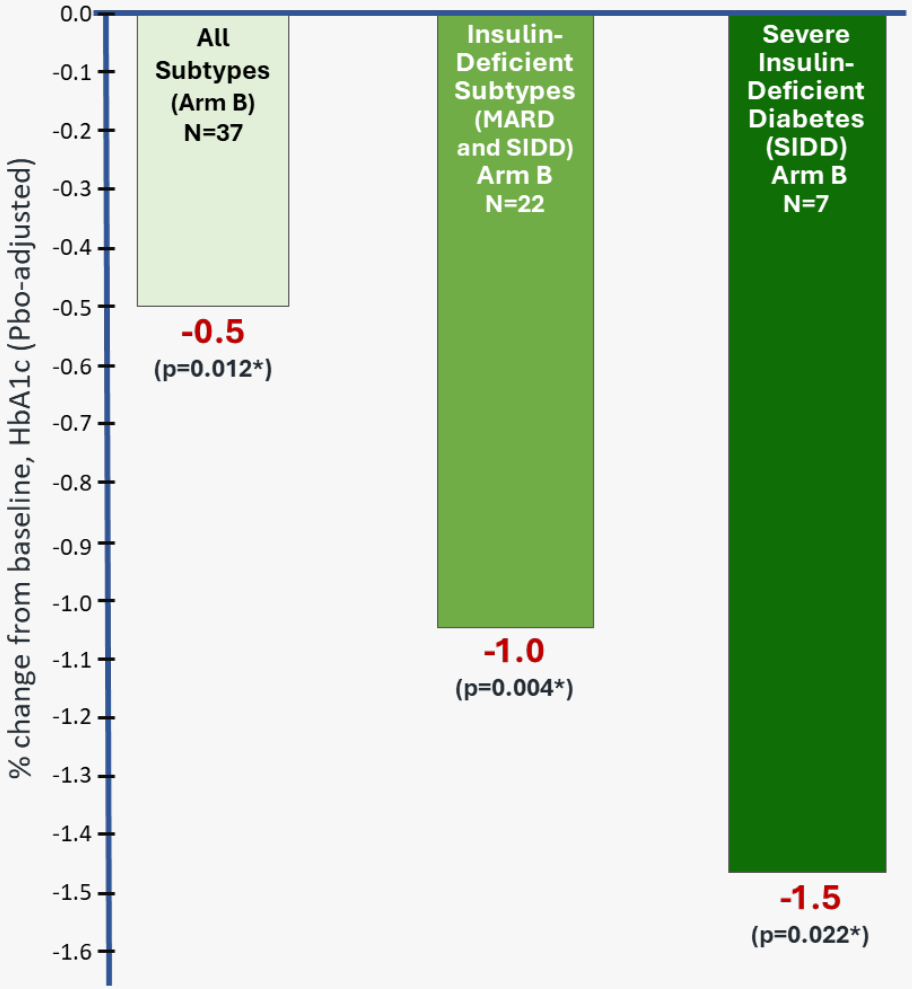
Overall, icovamenib was well tolerated with no study drug discontinuations due to TEAEs

Parameter	Arm A icovamenib (N=59)	Arm B icovamenib (N=54)	Arm C icovamenib (N=55)	Combined Arms icovamenib (N=168)	Combined Arms placebo (N=57)
Patients with ≥1 TEAE	18 (31)	19 (35)	13 (24)	50 (30)	18 (32)
SAEs*	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Treatment Discontinuation due to AE	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Study Discontinuation due to AE	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Deaths	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

*related SAEs

Icovamenib dosed at 100mg for 12 weeks (Arm B) demonstrated statistically significant reductions in HbA1c at Week 26

Further reduction in HbA1c in ARM B insulin deficient patient subtypes (SIDD + MARD) on 1 or more antihyperglycemic medication(s)



SIDD, severe insulin-deficient diabetes
MARD, mild age-related diabetes

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