

A photograph of two scientists in a laboratory setting. The scientist in the foreground is a man with a beard and glasses, wearing a white lab coat with a 'biomea FUSION' logo on the pocket. He is holding a blue pipette tip. The scientist in the background is also wearing a white lab coat and safety glasses. They are working with laboratory equipment, including racks of white boxes labeled 'TECH'.

Biomea Fusion Corporate Presentation

H.C. Wainwright 28th Annual Global Investment Conference
September 14-16, 2026



Legal disclaimer & forward-looking statements

Certain statements in this presentation and the accompanying oral commentary are forward-looking statements. These statements relate to future events or the future business and financial performance of Biomea Fusion, Inc. (the "Company") and involve known and unknown risks, uncertainties, and other factors that may cause the actual results, levels of activity, performance or achievements of the Company or its industry to be materially different from those expressed or implied by any forward-looking statements. In some cases, forward-looking statements can be identified by terminology such as "may," "will," "could," "would," "should," "expect," "plan," "anticipate," "intend," "believe," "estimate," "predict," "potential" or other comparable terminology. All statements other than statements of historical fact could be deemed forward-looking, including any projections of financial information or profitability, including our expected cash runway, the initiation, timing and results of pending or future preclinical studies and clinical trials, the actual or potential actions of the U.S. Food and Drug Administration (FDA), the status and timing of ongoing research, development and corporate partnering activities, any statements about historical results that may suggest trends for the Company's business; any statements of the plans, strategies, and objectives of management for future operations and any statements of expectation or belief regarding future events, potential markets or market size, or technology developments. The Company has based these forward-looking statements on its current expectations, assumptions, estimates, and projections. While the Company believes these expectations, assumptions, estimates and projections are reasonable, such forward-looking statements are only predictions and involve known and unknown risks and uncertainties, many of which are beyond the Company's control. For a discussion of these and other risks and uncertainties, and other important factors, any of which could cause our actual results to differ from those contained in the forward-looking statements, see the section entitled "Risk Factors" in our most recent annual report on Form 10-K filed with the Securities and Exchange Commission (the SEC), as well as discussions of potential risks, uncertainties, and other important factors in our other subsequent filings with the SEC. The forward-looking statements in this presentation are made only as of the date hereof. Except as required by law, the Company assumes no obligation and does not intend to update these forward-looking statements or to conform these statements to actual results or to changes in the Company's expectations. This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

Investment Thesis

Biomea Fusion founded in 2017 (public in 2021; NASDAQ: BMEA)

Clinical-stage company advancing two differentiated metabolic investigative programs

-  First-in-class beta-cell restorative therapy targeting menin in development for diabetes
-  Potential best-in-class Type 1 & 2 diabetes agent
-  Next generation oral GLP-1 receptor agonist (BMF-650) in Phase I for obesity
-  Multiple Phase II readouts over the next 12 months
-  Experienced leadership team with a clear vision and execution plan
-  Cash runway through key upcoming value inflection read outs

Key milestones - overview



Icovamenib in Type 1 Diabetes

PLANNED T1D Investigator Sponsored Study | Phase 2 Study | n=40 | Enrollment anticipated to **start 1Q 27**

PLANNED T1D | Phase 2 Study | n=36 | Enrollment anticipated to **start 1Q 27**

T1D
FDA End of Phase 2 Meeting and Phase 3 Initiation



Icovamenib in Obesity

LEICESTER DIABETES CENTER in Obesity | Phase 2 Study | n=64 | **Enrolling** | Topline data anticipated: end of 27



Icovamenib in Type 2 Diabetes

- Insulin deficient
- GLP-1 uncontrolled

COVALENT-211 in insulin deficient T2D | Phase 2 Study | n=64 | **Fully enrolled** | Topline data anticipated: 1Q 27

COVALENT-212 in GLP-1 uncontrolled T2D | Phase 2 Study | n=60 | Start: 2Q 26 | **Enrolling** | Topline data anticipated: 2Q 27

T2D
FDA End of Phase 2 Meeting and Phase 3 Initiation



BMF-650 Obesity and weight management

GLP-131 in Obesity | Phase I | 28-day weight loss

Current Cash Position
Runway into 2Q 2027

BMF-650 Phase 2
Initiation depending on Phase I results

Diabetes in the US and Worldwide

One of the biggest and fastest-growing chronic diseases

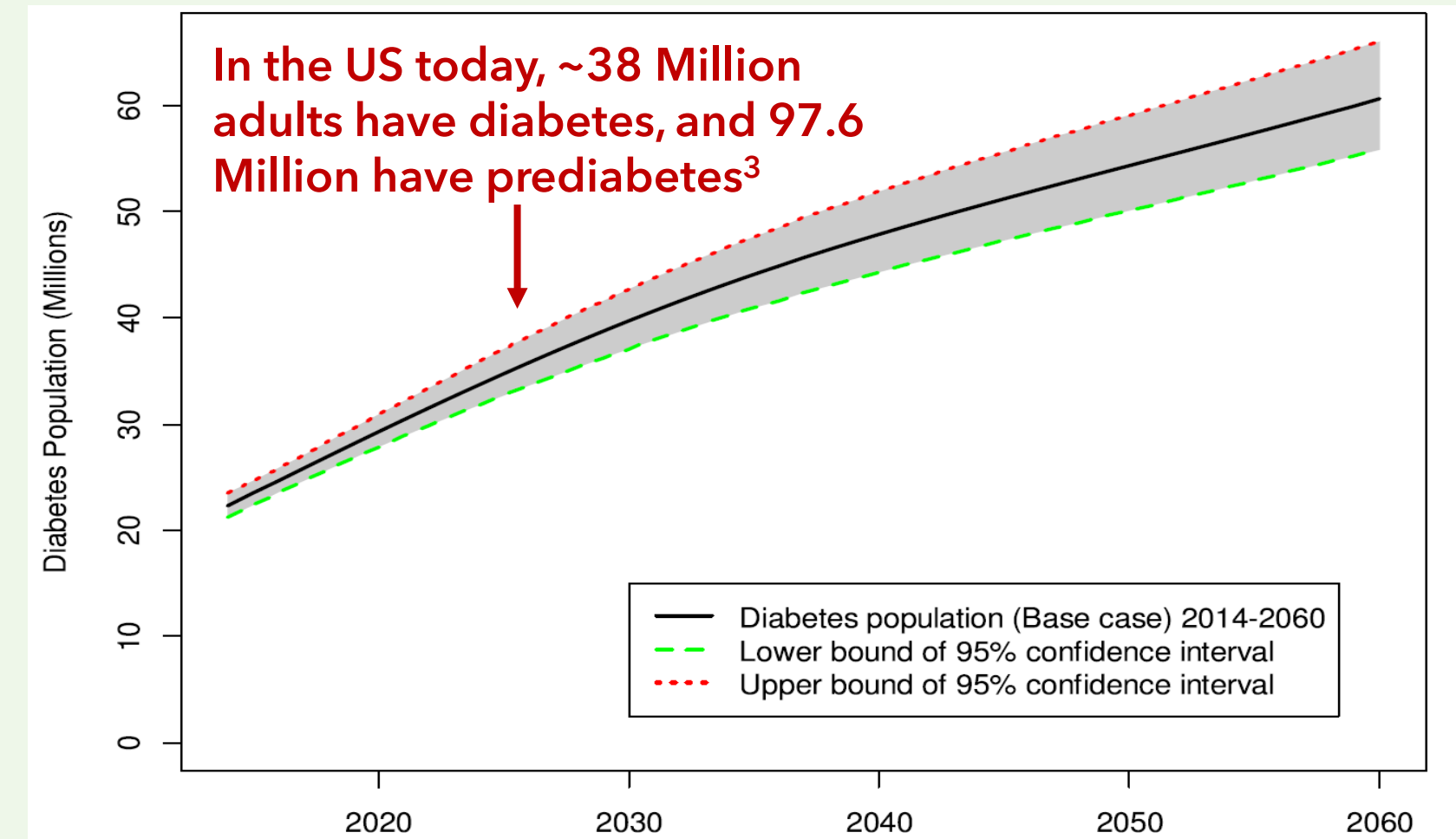
In the U.S. **80% of people with diabetes will die from diabetes.**¹ Premature mortality caused by diabetes results in an estimated **12-14 years of life lost.**²

Diabetes creates one of the largest economic burdens on the U.S. health care system. **\$1 out of every \$4 in U.S. health care costs** is being spent on caring for people with diabetes³.

There are over 60+ approved type 2 diabetes therapies, but these therapies **struggle to address the root cause of the disease.**

Over 800 million adults globally are living with diabetes⁴

Today diabetes remains poorly controlled in 50% of patients treated with standard of care agents⁴



1. Tabish Int J Health Sci. 2007 Jul;1(2):V-VIII.
2. National library of Medicine 1(2); 2007 Jul PMC3068646

3. CDC National Diabetes Statistics Report accessed January 2025
4. Zohu Lancet 2024; 404: 2077-93

The Opportunity

Growing market with large unmet need

Diabetes

>38M

People living with diabetes in U.S.¹

>35M

People with T2D in U.S.²

1:3

People in U.S. with T2D using Insulin³

25%

Of U.S. healthcare dollars go to treat those diabetes⁴



Obesity

>190M

People in U.S. are obese or overweight⁵

100M +

People in U.S. are obese⁵

5M+

People in U.S. discontinue GLP-1⁶

Large unmet need

for durable, well-tolerated therapies



Addressing root biology has the potential to address patient outcomes

1. CDC, Natl. Diabetes Stat. Rep., 2022
2. ADA, Standards of Care in Diabetes, Diabetes Care, 2024
3. Li J Diabetes Complications 2012;26(1):17-22

4. CDC Health and Economic Benefits of Diabetes Interventions
5. CDC National Health and Nutrition Examination Survey
6. IQVIA prescription data

Menin is naturally inhibited during pregnancy and breastfeeding

Allowing for adaptive beta cell mass increase & reduced diabetes risk

- Physiologic states such as pregnancy and lactation suppress menin, enabling beta-cell expansion and increased insulin output
- Preclinical and human data consistently link reduced menin signaling to improved beta-cell mass and function.

First in a 2005 paper in Proceedings of the National Academy of Sciences (PNAS) by Satyajit K. Karnik et al. titled "Menin regulates pancreatic islet growth by promoting histone methylation and expression of genes encoding p27^{Kip1} and p18^{INK4c}"

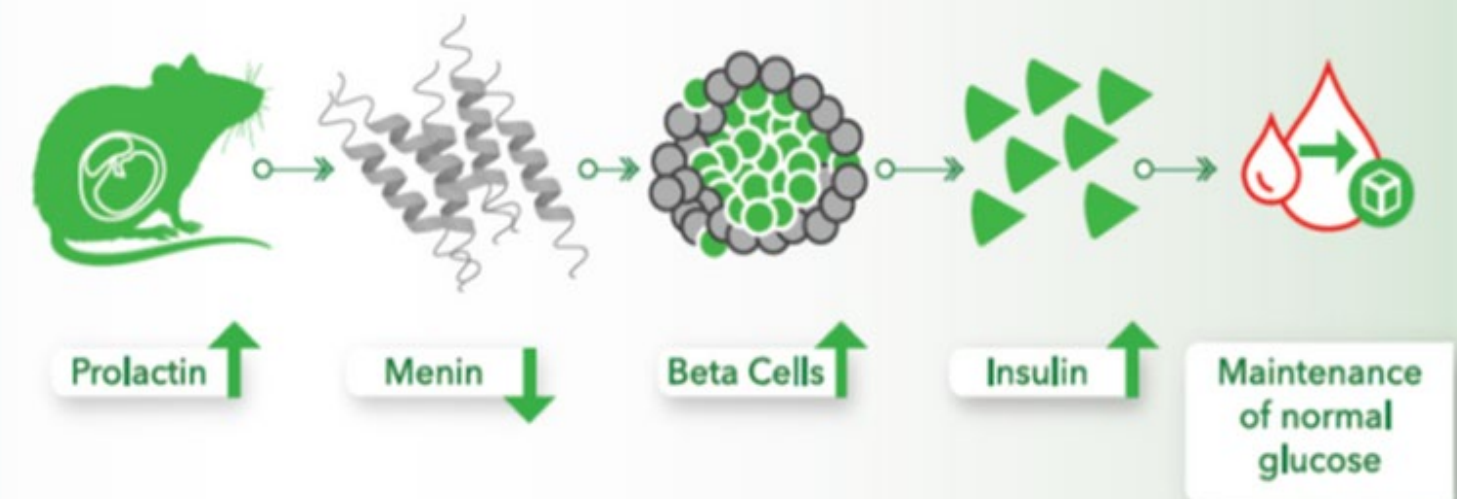
- Icovamenib has been shown to directly inhibit menin, aiming to pharmacologically replicate a naturally occurring, validated biologic process



Menin Controls Growth of Pancreatic β -Cells in Pregnant Mice and Promotes Gestational Diabetes Mellitus

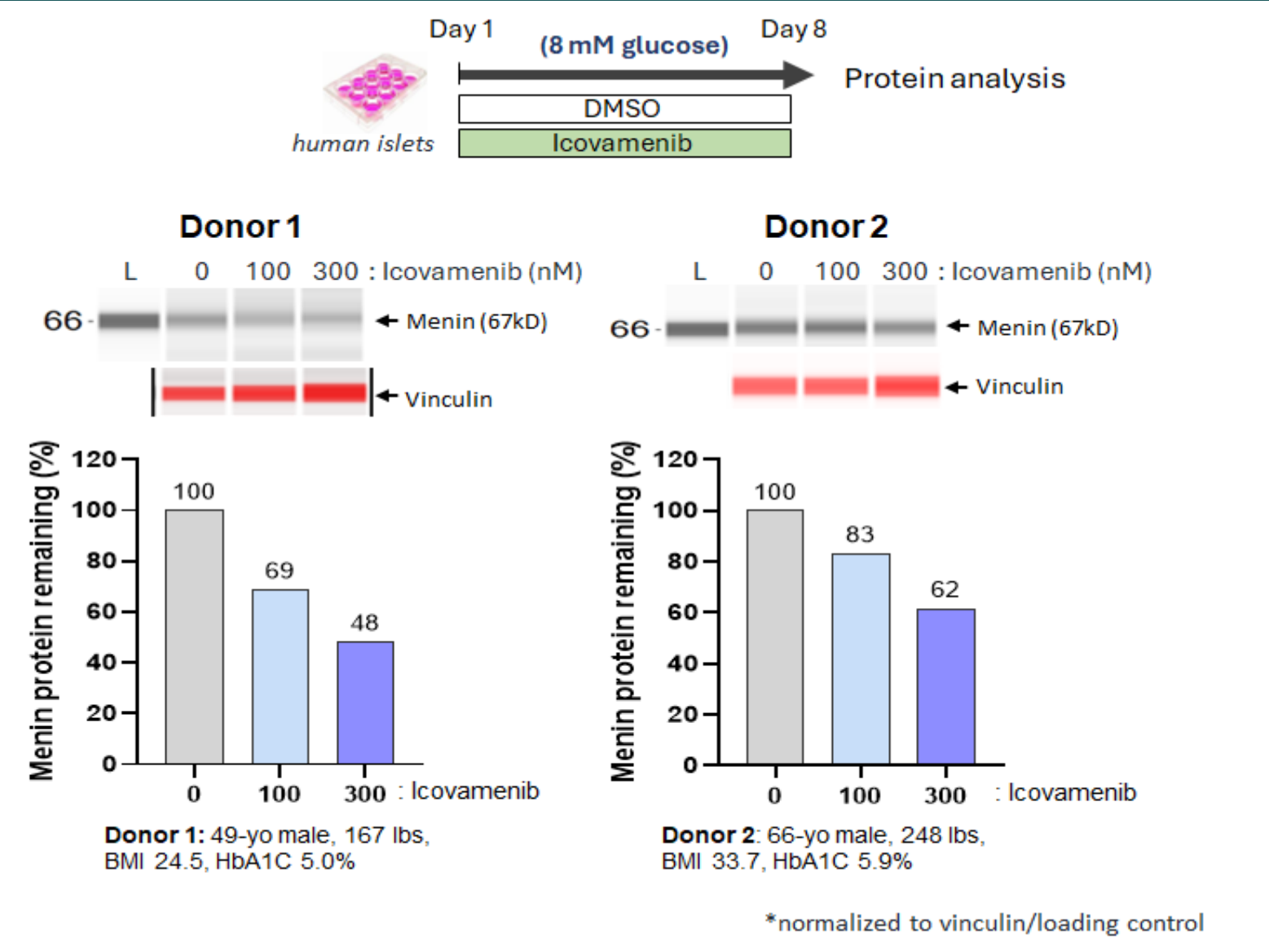
Satyajit K. Karnik,¹ Hainan Chen,^{1*} Graeme W. McLean,^{1*} Jeremy J. Heit,^{1*} Xueying Gu,¹ Andrew Y. Zhang,¹ Magali Fontaine,² Michael H. Yen,^{1,3} Seung K. Kim^{1,3†}

Karnik SK, et al. Science. 2007;318:806-809



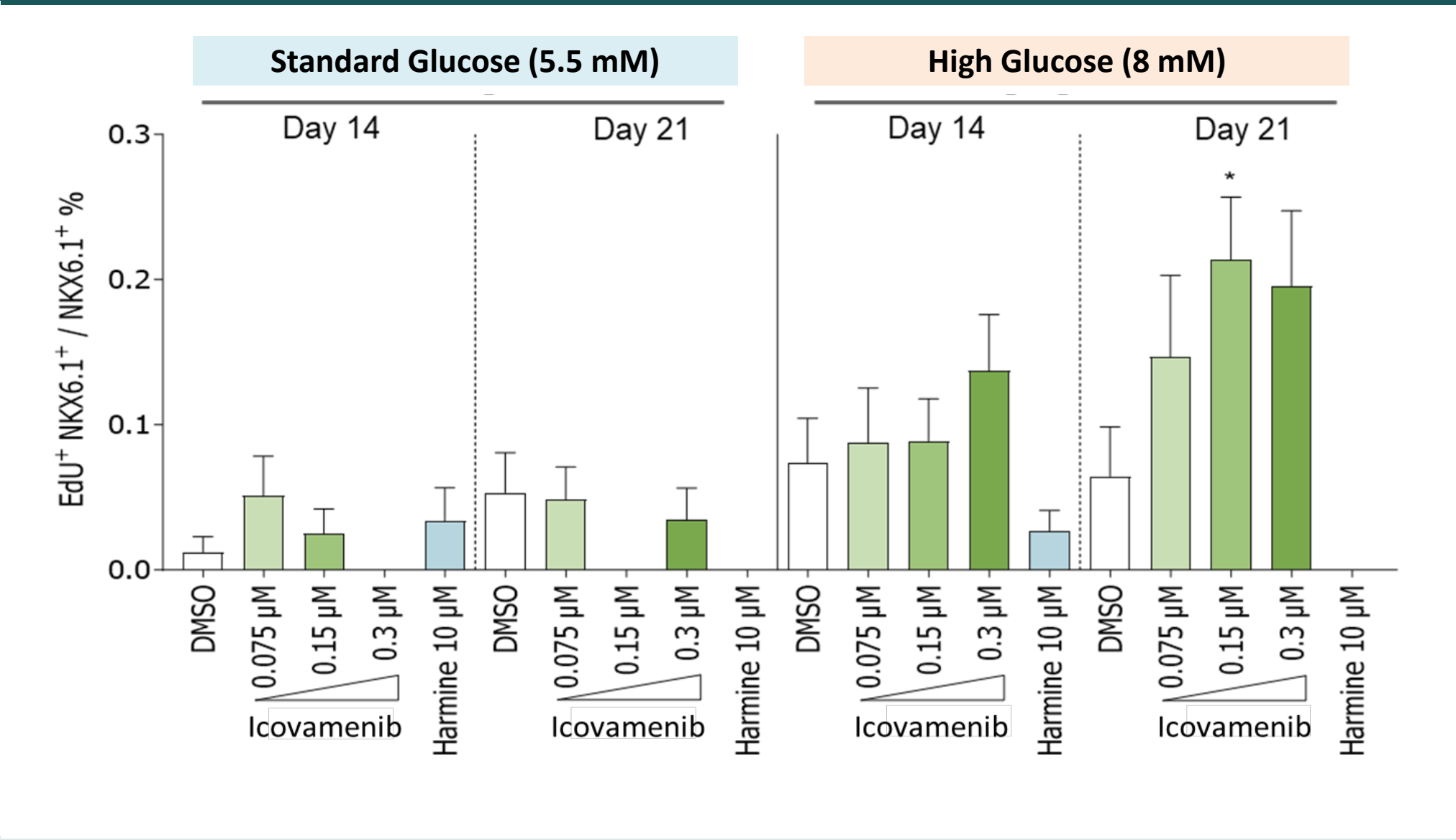
Icovamenib downregulated menin protein levels & promoted beta cell proliferation in ex vivo human islet cultures

MENIN LEVELS DOWNREGULATED

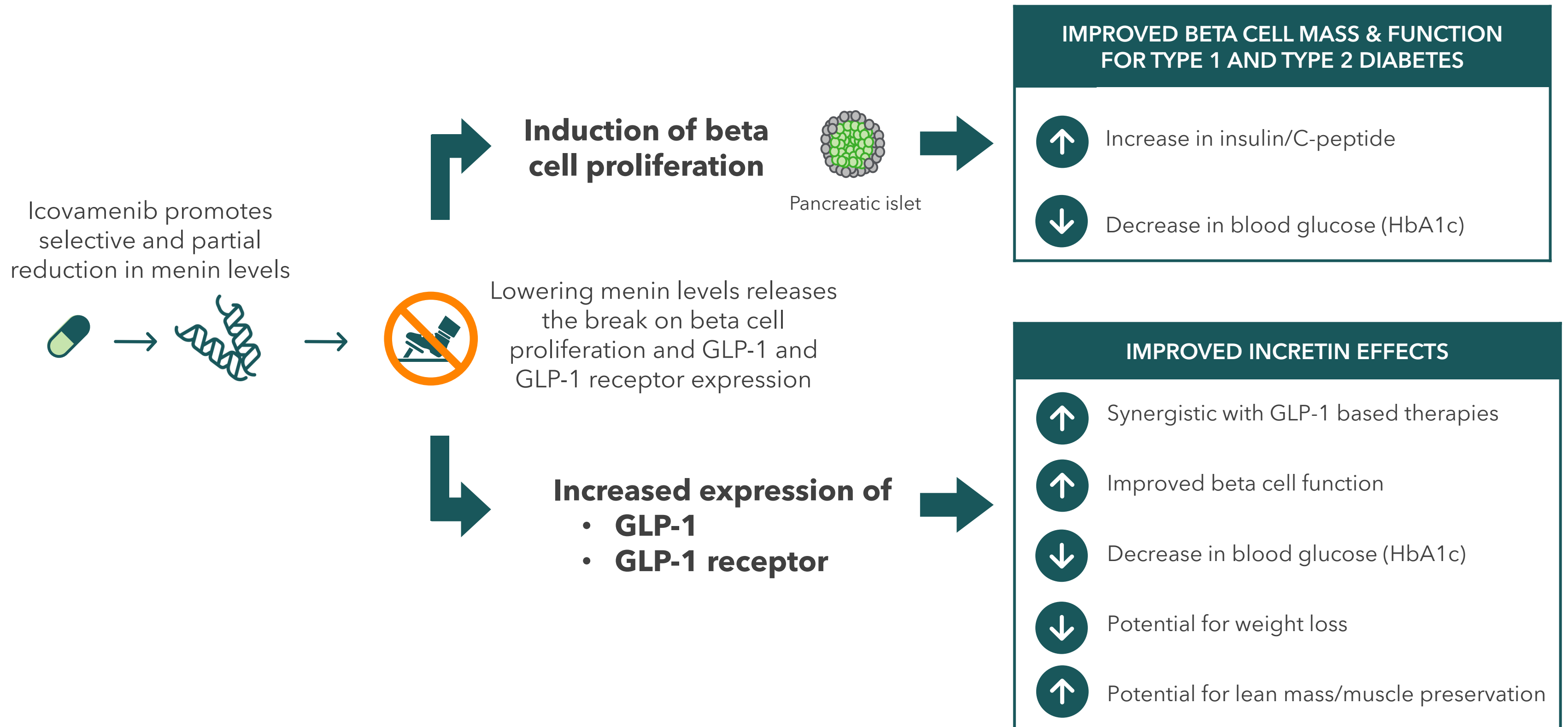


*normalized to vinculin/loading control

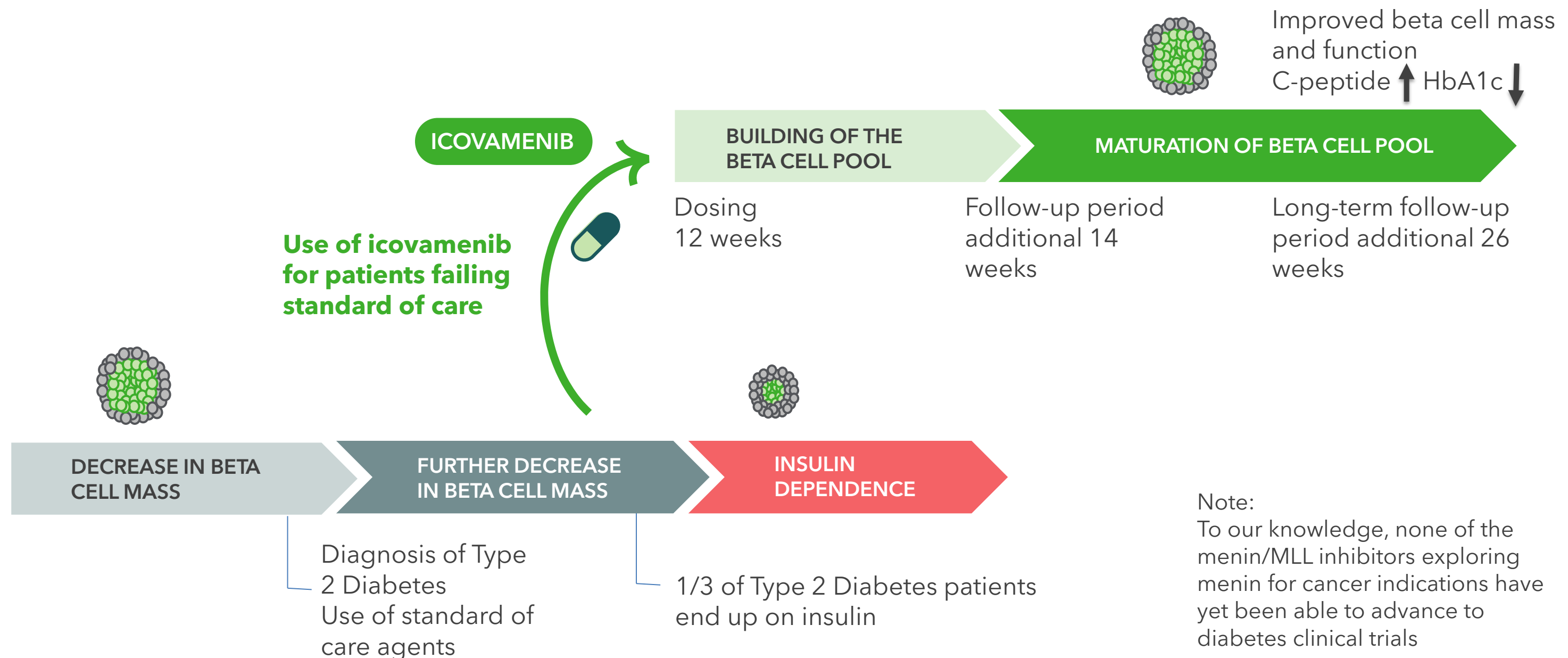
ICOVAMENIB CONDITIONALLY PROMOTED BETA CELL PROLIFERATION
ONLY UNDER HYPERGLYCEMIC CONDITIONS



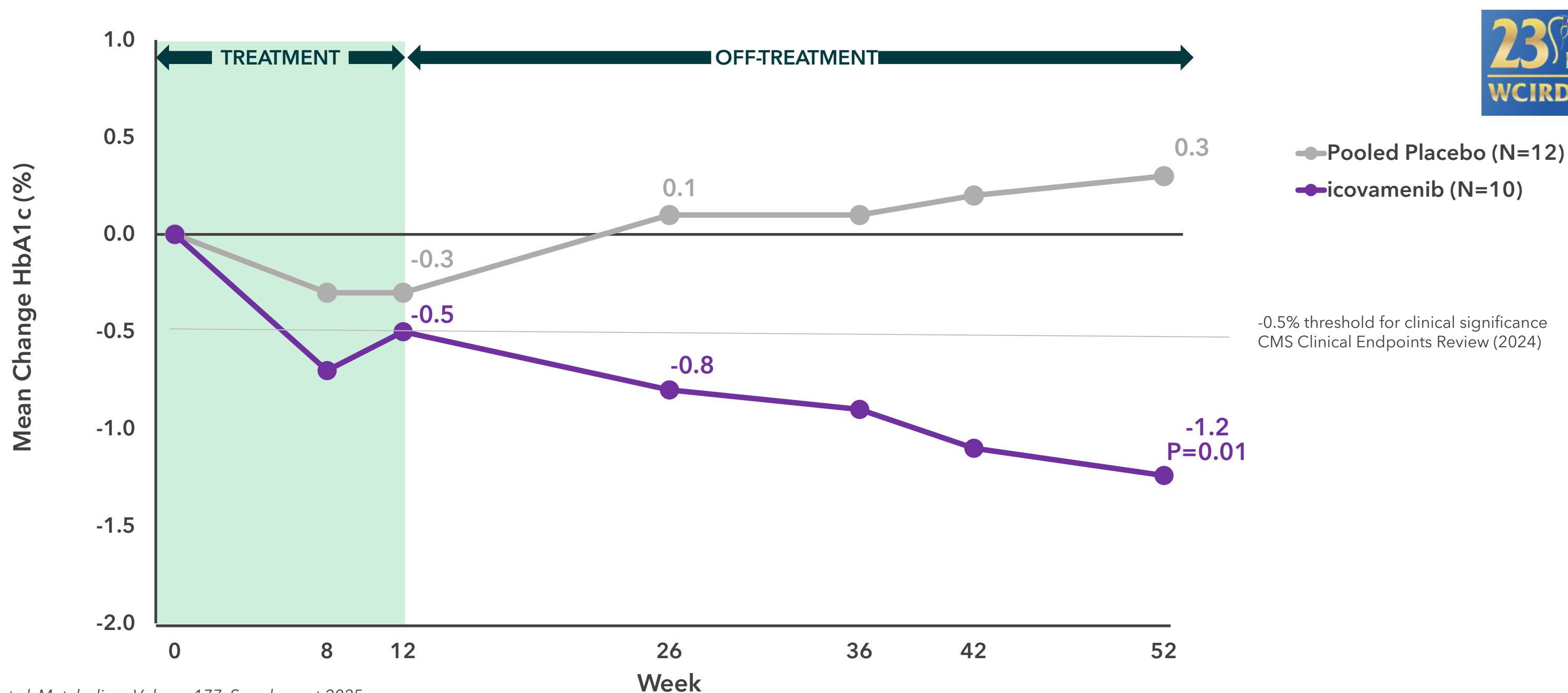
Icovamenib's mechanism of action



Icovamenib increased beta cell quantity, function & GLP-1 receptor expression following a short treatment period



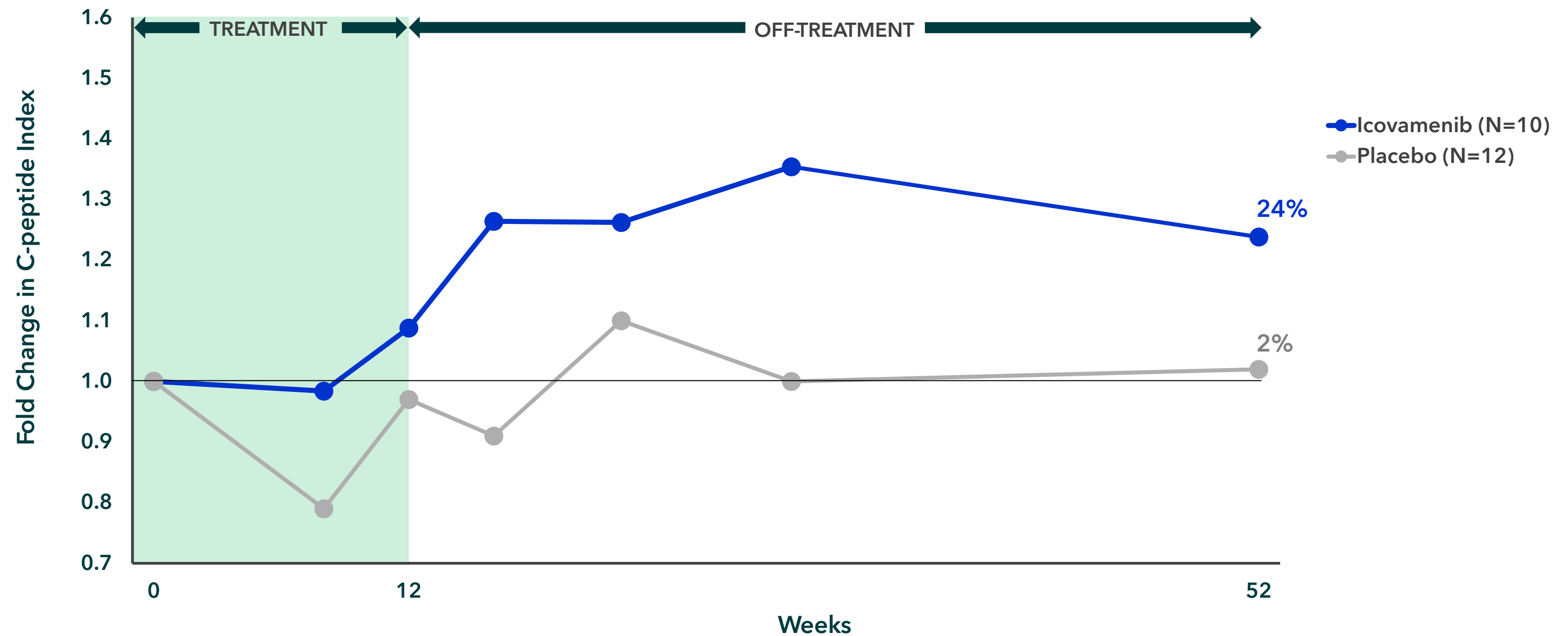
12 weeks of dosing (arms B&C) delivered lasting benefit through 52 weeks for severe insulin-deficient diabetes patients



Frias, et al. Metabolism, Volume 177, Supplement, 2025

Arm A was excluded from this analysis because it included only 8 weeks of dosing which the company is not planning to pursue.

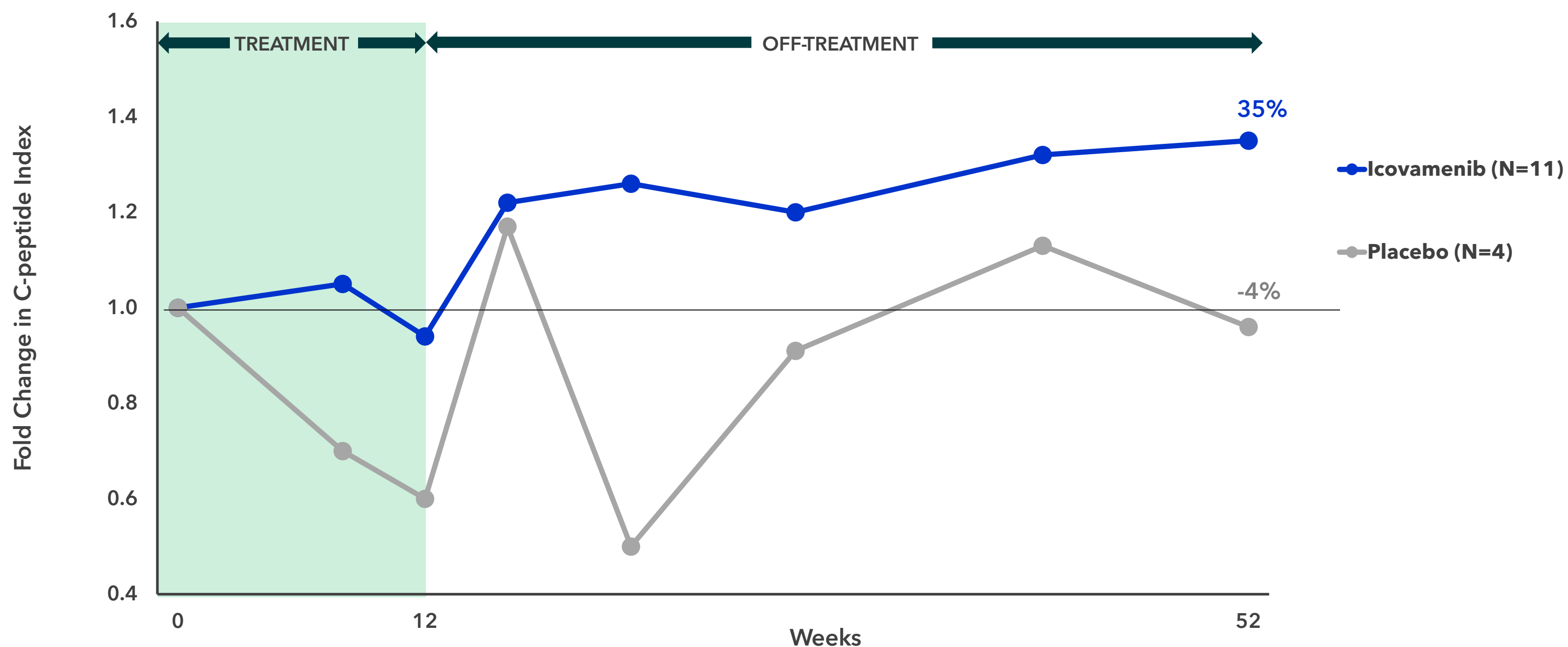
Icovamenib increased insulin secretion as measured by C-peptide index in severe insulin-deficient patients (arms B&C)



Patients on a GLP-1 based therapy at enrollment showed durable & clinically meaningful response in reduction of blood sugar (HbA1c)



Icovamenib increased insulin secretion as measured by C-peptide index in GLP-1 RA treated patients - 9 months post last dose



Data censored at onset of rescue medication, defined as any modification in antihyperglycemic therapy

Short treatment with icovamenib delivered HbA1c reductions comparable to chronic injectable & oral standards of care

Comparing icovamenib to currently approved type 2 diabetes agents with chronic dosing

THERAPY	DOSING REGIMEN	ADMINISTRATION ROUTE	OBSERVATION PERIOD	MEAN HbA1C REDUCTION (PLACEBO ADJ. %)
Ozempic (GLP-1 agonist)	Chronic dosing	Injectable	Week 52 (SUSTAIN 8)	-1.5 (1mg)
Mounjaro (GLP-1/GIP agonist)	Chronic dosing	Injectable	Week 40 (SURPASS 1)	-1.9 (5mg) -2.1 (15 mg)
Jardiance (SGLT2 inhibitor)	Chronic dosing	Oral	Week 52 (Extension study)	-0.6 (10mg) -0.6 (25mg)
Januvia (DPP4 inhibitor)	Chronic dosing	Oral	Week 52 (Sitagliptin)	-0.5 (100mg)
Ozempic FDA Label; Mounjaro FDA Label; Jardiance FDA Label; Januvia FDA Label				
Icovamenib (menin inhibitor)	12 weeks dosing	Oral	Week 52 (COVALENT-111)	-1.5% to -1.8%* (100 mg)

*Icovamenib data are from a Phase II study in selected populations: insulin deficient diabetes patients and GLP-1 inadequate responders.
Disclaimer: The data presented above are based on cross-study comparisons and are not based on any head-to-head clinical trials. Cross-study comparisons are inherently limited and may suggest misleading similarities and differences.
The values shown in the cross-study comparisons are directional and may not be directly comparable.

Favorable 52-week safety profile



Parameter	Arm A icovamenib (N=67)	Arm B icovamenib (N=67)	Arm C icovamenib (N=67)	Combined Arms icovamenib (N=201)	Combined Arms placebo (N=66)
Patients with ≥ 1 TEAE, N (%)	19 (28)	22 (33)	14 (21)	55 (27)	18 (27)
Treatment-Related SAEs, N (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
SAEs*, N (%)	1 (1)	0 (0)	1 (1)	2 (1)	1 (1)
Treatment Discontinuation due to TEAE, N (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Study Discontinuation due to TEAE, N (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
ALT increase, N (%)	3 (4)	0	2 (3)	5 (3)	0
AST increase, N (%)	3 (4)	0	1 (1)	4 (2)	0
Resolution of ALT/AST w/o treatment interruption (%)	100	100	100	100	N/A
Deaths, N (%)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Data are n (%) TEAE = Treatment Emergent Adverse event. SAE = Serious Adverse Event. Data are n (%) of TEAE with $\geq 5\%$ frequency in any arm. ALT (alanine aminotransferase) or AST (aspartate aminotransferase) increase irrespective of incidence %.

*Arm A had an SAE of atrial fibrillation, unrelated to study treatment and occurred during the treatment period.

*Arm C had an SAE of COVID-19. Unrelated to study treatment and occurred during the treatment period.

*Placebo Arm had an SAE of nephrolithiasis. Unrelated to study treatment and occurred during the treatment period.

ALT increase: In the icovamenib arms, 4 of the 5 events were Grade 1 and 1 event was Grade 2.

AST increase: In the icovamenib arms, all 4 events were Grade 1.

All incidences of ALT and AST elevations resolved without interruption.

Note:

In AML studies icovamenib demonstrated a well-tolerated safety profile across all dose levels, with up to 500 mg QD / 325 mg BID, and dose durations extending over 1 year

Icovamenib aims to delay need for insulin therapy

And reduce complications and disease burden

Early-Stage

β-cell stress

Insulin deficiency/resistance
Metabolic dysregulation

Mid-Stage

Microvascular disease

Diabetes nephropathy
(early)
Peripheral neuropathy
Autonomic neuropathy
(early)

Late-Stage

Macrovascular disease

Coronary artery disease
Chronic kidney disease
Severe autonomic neuropathy
Retinopathy
Stroke

**Persistent HbA1c
elevation despite
optimized therapy**

**Basal Insulin
± Intensification**

Lifestyle

Metformin

**GLP-1 / SGLT2
± Other Add-Ons**

icovamenib

*In the U.S., >50% of patients with diabetes remain above HbA1c targets $\geq 7\%$ ¹
Depending on the GLP-1 RA agent, 15-45% do not achieve HbA1c < 7% in clinical trials²*

Optimal dose, dose-duration, target population identified for phase IIb program

Phase IIa key derisking-insights:

- ✓ Optimal dose selected, 100 mg
- ✓ Food Effect Study confirmed optimal PK exposure of icovamenib within 30 minutes after a meal
- ✓ 12-week treatment observed to drive durable and lasting effects, no chronic treatment required
- ✓ Strong clinical activity in insulin-deficient and GLP-1 inadequate responder populations
- ✓ Treatment-emergent AEs comparable to placebo

COVALENT-211

Phase II trial in type 2 insulin deficient diabetes patients failing standard of care

- Adult participants with T2D who were treated with 1-3 antidiabetic medications
- HbA1c 7.5%-10.5% and BMI ≤ 32 kg/m²
- Background therapy maintained unless rescue required

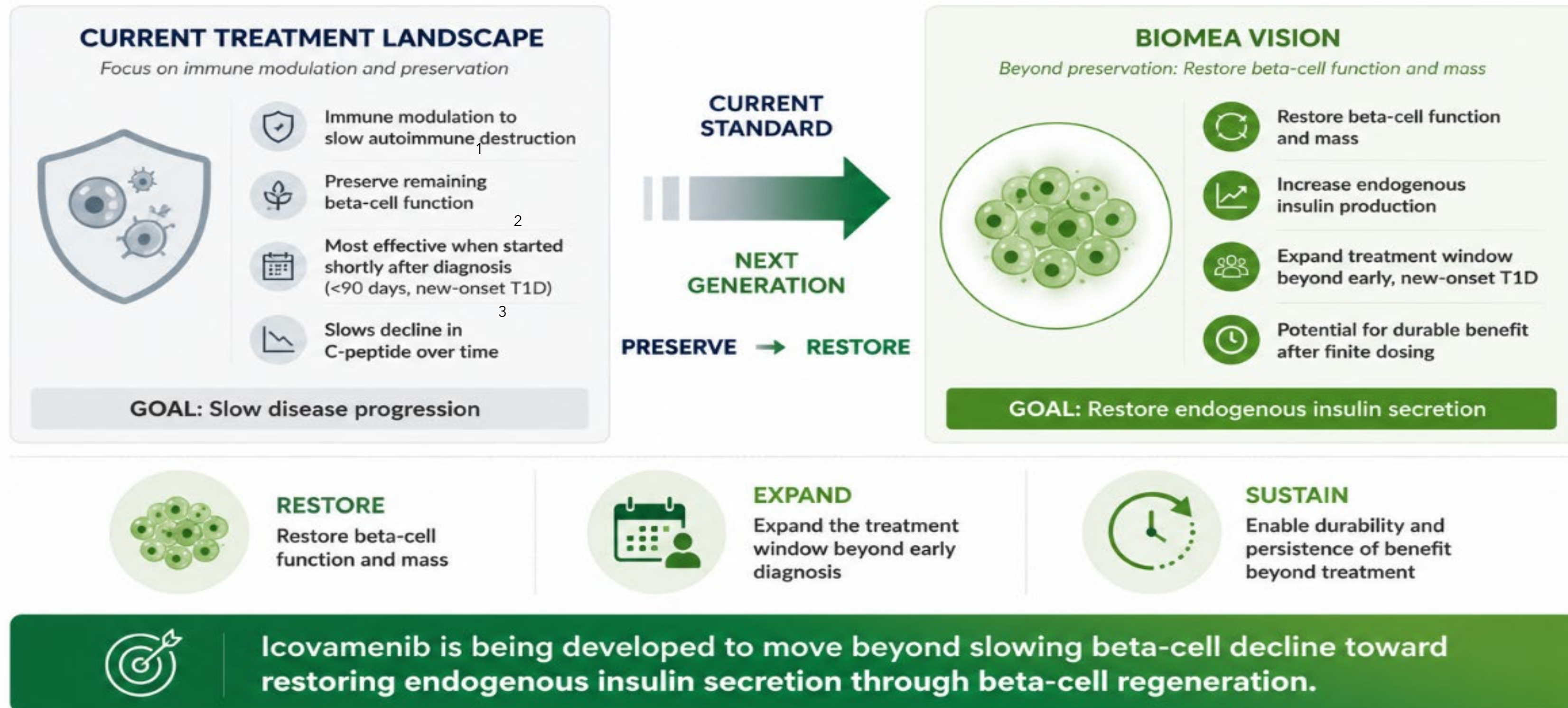
COVALENT-212

Phase II trial in type 2 diabetes patients failing standard of care while on a GLP-1 RA

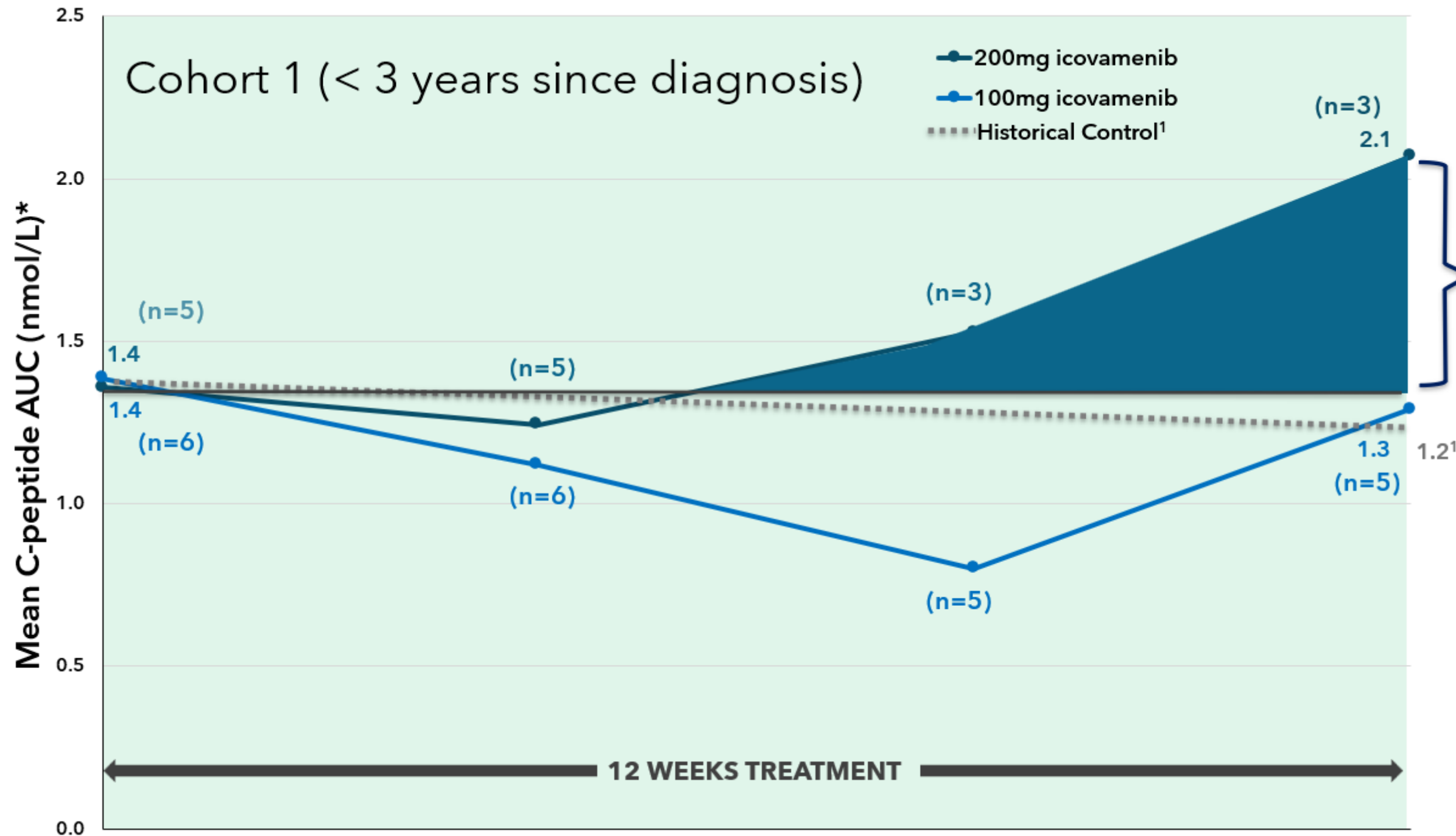
- Adult participants with T2D who are not achieving glycemic targets despite GLP-1-based therapy
- HbA1c $\geq 7.0\%$ and $\leq 10.5\%$ and BMI 25 to 45 kg/m²
- Background therapy maintained unless rescue required

ICO - TYPE 1 DIABETES

Current T1D therapies are designed to preserve and protect icovamenib is developed to RESTORE beta cell function



Compelling Signal of Beta Cell Restoration in T1D with Icovamenib



- 52% Mean increase in C-Peptide AUC* at Week 12
- Durable effect through Week 52 after only 12 weeks of dosing
- Greatest response in patients ≤ 3 years since diagnosis
- No Systemic immune activation
- Favorable safety profile through 52 weeks

Data represents post-hoc analysis of patients who received per statistical analysis plan, 80% of planned doses

¹ Historical control in T1D patients (n=1549) C-peptide declining over first 7 years at 47% yearly. Diabetes Care. 2018 Jun 7;41(7):1486-1492

* 4-hour Mixed Meal Tolerance Test (MMTT)

Frias, J. (ADA) Diabetes 2026; 75 (Supplement_1): 2858-LB.

BMF-650: A potential best-in-class oral GLP-1 receptor agonist

THE CURRENT GLP-1 MARKET

Injectable GLP-1 RAs

-  Some patients averse to injections
-  Inconvenient
-  Injection site reactions

First Generation Oral GLP-1 RAs

-  High rates of GI side effects
-  Many do not reach maintenance dose
-  High discontinuation rates



Long, complex titration

Typically, 4-8+ steps, which can take 3-9 months depending on product



7 out of 10

Patients **discontinue** GLP-1 therapy due to side effects¹

BMF-650

Designed for sustainable weight loss management

Next Generation Oral GLP-1 RA



Oral administration

Convenience without injections



Designed for improved GI tolerability

Potential for better tolerability and adherence



One-step titration

Faster path to maintenance dose



Built to improve persistence

Helping more patients stay on therapy



Chronic therapy in mind

Designed for sustainable weight loss management

THE PROJECTED IMPACT



Weight Loss Management

Better tolerability will lead to continuous weight management



Better Patient Experience

Simpler regimen and fewer GI side effects



Higher Persistence

More patients stay on therapy and reach therapeutic benefit



Long-term Health Benefits

Sustained weight management supports cardiometabolic health



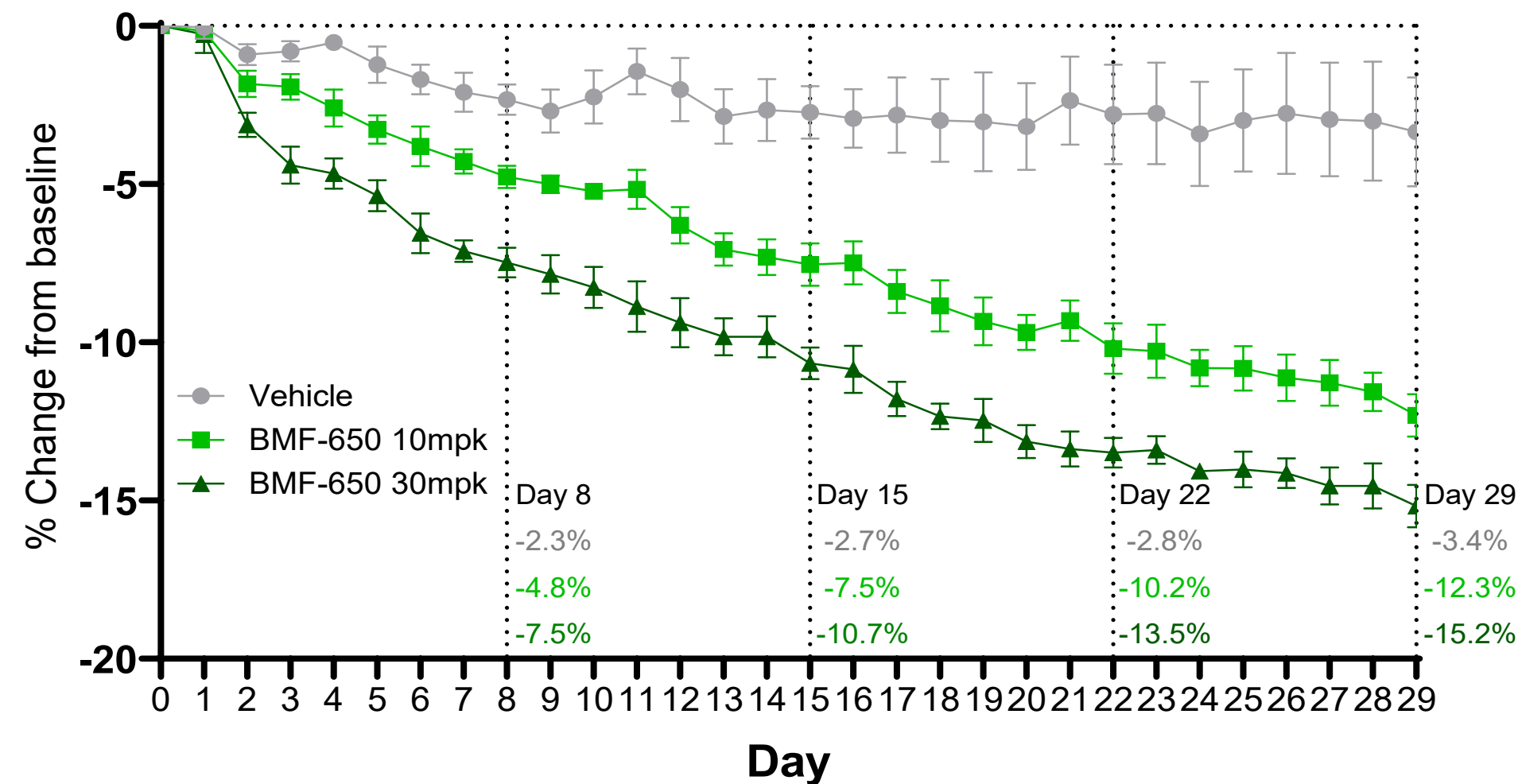
BMF-650 is designed to be the oral GLP-1 RA patients can start, stay on, and have long term benefits from



BMF-650 demonstrated robust, dose dependent weight loss in obese monkeys

Weight loss in cross-study comparison with CT-996 (Roche/Carmot), while not head-to-head appeared favorable

BMF-650 UP TO ~15% BODY WEIGHT REDUCTION AFTER 28-DAYS



CT-996 BODY WEIGHT CHANGE

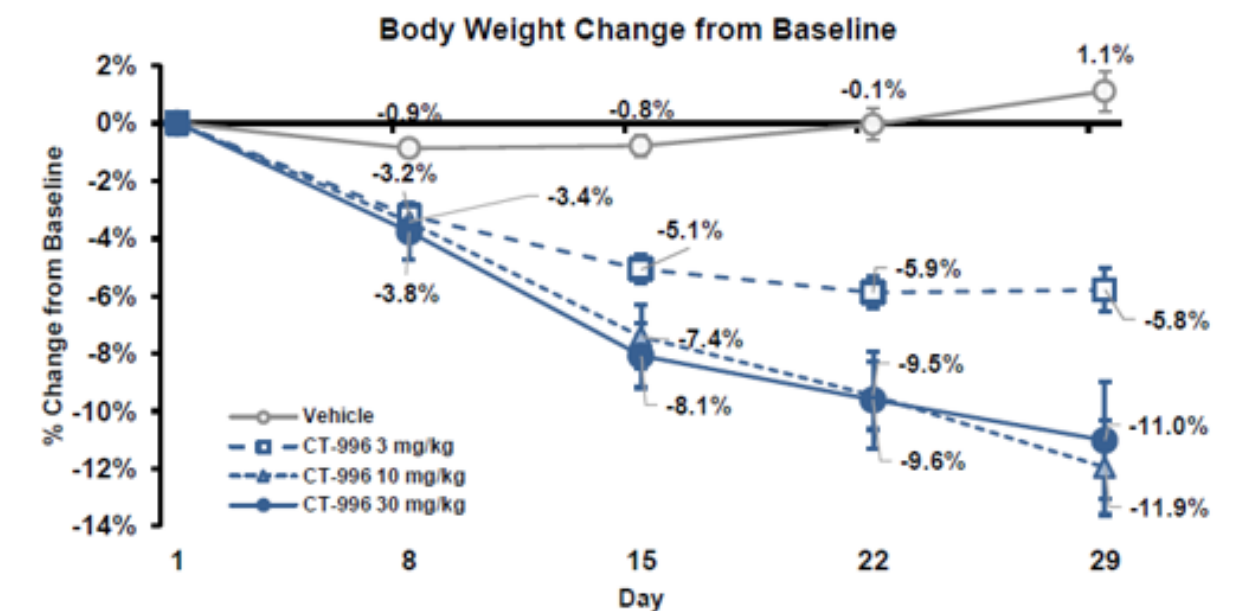


Figure 6. Effects of CT-996 on body weight in obese cynomolgus monkeys following once-daily oral administration. Weekly body weight percent change is represented as mean ($\pm$ SE) from baseline. N = 6/group.

Literature data; Carmot Therapeutics (now part of the Roche group), ADA 2024.

Key milestones - overview



Icovamenib in Type 1 Diabetes

PLANNED T1D Investigator Sponsored Study | Phase 2 Study | n=40 | Enrollment anticipated to **start 1Q 27**

PLANNED T1D | Phase 2 Study | n=36 | Enrollment anticipated to **start 1Q 27**

T1D
FDA End of Phase 2 Meeting and Phase 3 Initiation



Icovamenib in Obesity

LEICESTER DIABETES CENTER in Obesity | Phase 2 Study | n=64 | **Enrolling** | Topline data anticipated: end of 27



Icovamenib in Type 2 Diabetes

- Insulin deficient
- GLP-1 uncontrolled

COVALENT-211 in insulin deficient T2D | Phase 2 Study | n=64 | **Fully enrolled** | Topline data anticipated: 1Q 27

COVALENT-212 in GLP-1 uncontrolled T2D | Phase 2 Study | n=60 | Start: 2Q 26 | **Enrolling** | Topline data anticipated: 2Q 27

T2D
FDA End of Phase 2 Meeting and Phase 3 Initiation

ICOVAMENIB



BMF-650



BMF-650 Obesity and weight management

GLP-131 in Obesity | Phase I | 28-day weight loss

Current Cash Position
Runway into 2Q 2027

BMF-650 Phase 2
Initiation depending on Phase I results

THANK YOU H.C. Wainwright (NASDAQ: BMEA)

For questions or inquiries, please reach out to
Meichiel Weiss at ir@biomeafusion.com

www.biomeafusion.com



KOL perspectives across clinical significance, biology, and future development in T1D



“

Efforts to intervene against type 1 diabetes (T1D) have historically focused on preserving remaining insulin secretion in people just diagnosed with T1D. These icovamenib data are unique in showing increased C-peptide-reflected insulin secretion in patients with established T1D during dosing and persistence of this effect after treatment was stopped. In people with established T1D, endogenous insulin secretion progressively declines to very low levels. Any evidence of improvement in endogenous insulin secretion—even among a few T1D individuals—is unprecedented and of immense biologic and clinical significance. These findings warrant rigorous and longer-term evaluation.



G. Alexander “Zan” Fleming, MD

FOUNDER & EXECUTIVE CHAIRMAN, KINEXUM
FORMER FDA SENIOR MEDICAL OFFICER AND
DIVISION LEADER FOR METABOLIC & ENDOCRINE
DRUGS, INVOLVED IN THE REVIEW OF LANDMARK
DIABETES AND METABOLIC THERAPIES
INCLUDING METFORMIN, THE FIRST RAPID-
ACTING INSULIN ANALOGS, EARLY STATINS, AND
PPAR AGONISTS

“

The new data presented today with icovamenib in patients with type 1 diabetes suggest a potential new therapeutic avenue in a disease where fundamental unmet need has long persisted. To date, approved therapies have not directly addressed the progressive loss of functional beta cells that underlies diabetes. Biomea has made critical progress in identifying and characterizing this molecule, which has demonstrated the ability to reduce menin protein levels and activate pathways associated with beta cell function. Today's icovamenib type 1 data further validates and deepens our understanding of icovamenib's mechanism of action. Congratulations to the Biomea team on reaching this important therapeutic milestone.



Rohit Kulkarni, MD, PhD

PROFESSOR OF MEDICINE, HARVARD MEDICAL
SCHOOL | SENIOR INVESTIGATOR & SECTION CO-
HEAD (ISLET CELL & REGENERATIVE BIOLOGY),
JOSLIN DIABETES CENTER

“

What stands out to me in the icovamenib diabetes data is not only the emerging signal of biological activity, but also the safety profile observed to date with using icovamenib in diabetes studies. That combination is important, because safety ultimately determines whether rational combination strategies can be explored as the program moves forward. Looking ahead, future studies will be critical in determining whether the improvements observed in beta cell function of these Type 1 diabetes patients can be maintained over time, particularly in the presence of ongoing immune activity. It will also be important to understand whether combination approaches—including immunomodulatory therapies—are needed and can further enhance or stabilize the observed effects. These are key questions that will inform the long term clinical potential of this approach.



David Baidal, MD

ASSISTANT PROFESSOR DIABETES RESEARCH
INSTITUTE, UNIVERSITY OF MIAMI MILLER
SCHOOL OF MEDICINE

KOL perspectives across clinical significance, biology, and future development in T1D

“

The icovamenib data in Type 1 diabetes naturally makes us pause and reflect on what it could ultimately mean for people living with Type 1 diabetes. While these early findings require confirmation, they suggest a different way of thinking about treatment, one that extends beyond glucose management and begins to engage underlying disease biology. For younger individuals in particular, the possibility of preserving or improving endogenous beta cell function over time could have meaningful implications for lifelong disease burden. Results like these invite consideration of how the treatment landscape in Type 1 diabetes may evolve if such approaches prove durable and safe.



Alice Cheng, MD

ENDOCRINOLOGIST, ASSOCIATE PROFESSOR OF
MEDICINE UNIVERSITY OF TORONTO

“

The icovamenib data in type 1 diabetes are encouraging, this is particularly interesting as icovamenib targets a pathway that has not been meaningfully explored in this disease. Despite advances in insulin delivery and glucose monitoring, disease-modifying options remain limited for patients. These findings support the need for focused, proof-of-concept studies in well-characterized patient populations to better understand this signal, its durability, and the underlying biology. An important next step will be examining the interplay between beta cell effects and the autoimmunity inherent in type 1 diabetes, and whether combination approaches with immunomodulatory therapies could further enhance or stabilize these beta cell effects.



Jason Gaglia, MD, MMSc

ASSISTANT PROFESSOR OF MEDICINE, HARVARD
MEDICAL SCHOOL | STAFF PHYSICIAN, JOSLIN
DIABETES CENTER – ONE OF THE WORLD'S
LEADING DIABETES CENTERS

“

While insulin therapy is life saving for people with Type 1 diabetes, chronic exogenous insulin use is not without consequence. Over time, it is associated with well recognized iatrogenic risks, including hypoglycemia, diabetic ketoacidosis, weight gain, lipohypertrophy, and increased cardiovascular burden. Targeting menin with icovamenib represents a fundamentally new therapeutic approach in diabetes. Rather than simply replacing insulin, it seeks to improve endogenous beta cell function. The early results we are seeing in Type 1 diabetes are highly encouraging. I am excited to explore longer dosing periods to fully assess the potential of enabling patients to regain their own beta cell-mediated glucose control which is something no current therapy has been able to achieve. If this approach is confirmed, this could represent a meaningful step towards allowing patients to live their daily lives with greater physiological stability and far less constant fear of their disease.



Ralph DeFronzo, MD

ENDOCRINOLOGIST, PROFESSOR OF MEDICINE
UTHSCSA

Key opinion leaders highlight icovamenib's potential to redefine diabetes care



"Icovamenib's recent data has shown an impressive restoration of beta cell function as demonstrated by significant elevations in C-peptide even after the treatment period ended.

This data validates the mechanism of action of this menin inhibitor as a disease modifying agent and helps address the poor adherence and persistence commonly seen in type 2 diabetes."



Steve Edelman, M.D.

ENDOCRINOLOGIST, PROFESSOR OF
MEDICINE UCSD / VA SAN DIEGO

"The icovamenib data looks exciting. The data presented today help to confirm icovamenib's mechanism of action. We have not previously seen data like this with any antihyperglycemic agent.

As more trials are conducted, I believe that inhibition of menin may lead to benefits across all subtypes of diabetes. I applaud Biomea for developing a potential new treatment option that may be disease modifying for patients with diabetes."



Ralph DeFronzo, M.D.

ENDOCRINOLOGIST, PROFESSOR OF
MEDICINE UTHSCSA

"Great foray into precision medicine. We need to be addressing patients in a much more individualized manner. By addressing insulin-deficient diabetes patients with icovamenib, we have seen post treatment that the beta cell pool is being restored and producing a higher level of insulin, as measured by C-peptide.

This indicates a fundamental and potentially lasting impact on the disease and validates the mechanism of action of menin inhibition."



Melanie Davies, M.D.

DIABETOLOGIST, PROFESSOR OF
DIABETES MEDICINE AT THE
UNIVERSITY OF LEICESTER