



# SerpinPC Phase 2a Results

SEPTEMBER 9, 2021



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# SerpinPC Phase 2a Results

## TODAY'S SPEAKERS



**SAURABH SAHA MD PhD**  
Chief Executive Officer



**TREVOR BAGLIN MedScD PhD**  
Co-founder & Chief Medical Officer of ApcinteX

## ADDITIONALLY AVAILABLE FOR Q&A



**ANTOINE YVER MD MSc**  
Chief Medical Officer



**GREG WEINHOFF MD MBA**  
Chief Financial Officer



## Mission

Deliver consequential medicines to patients by striving to make the unprecedented possible



# Pipeline

Centessa at a glance



**10** Wholly-owned Companies

**300** Active Patents

**20+** Subject-matter Experts

**1000+** Published Papers<sup>1</sup>



**16** Disclosed Programs

**14** Rare Disease Assets

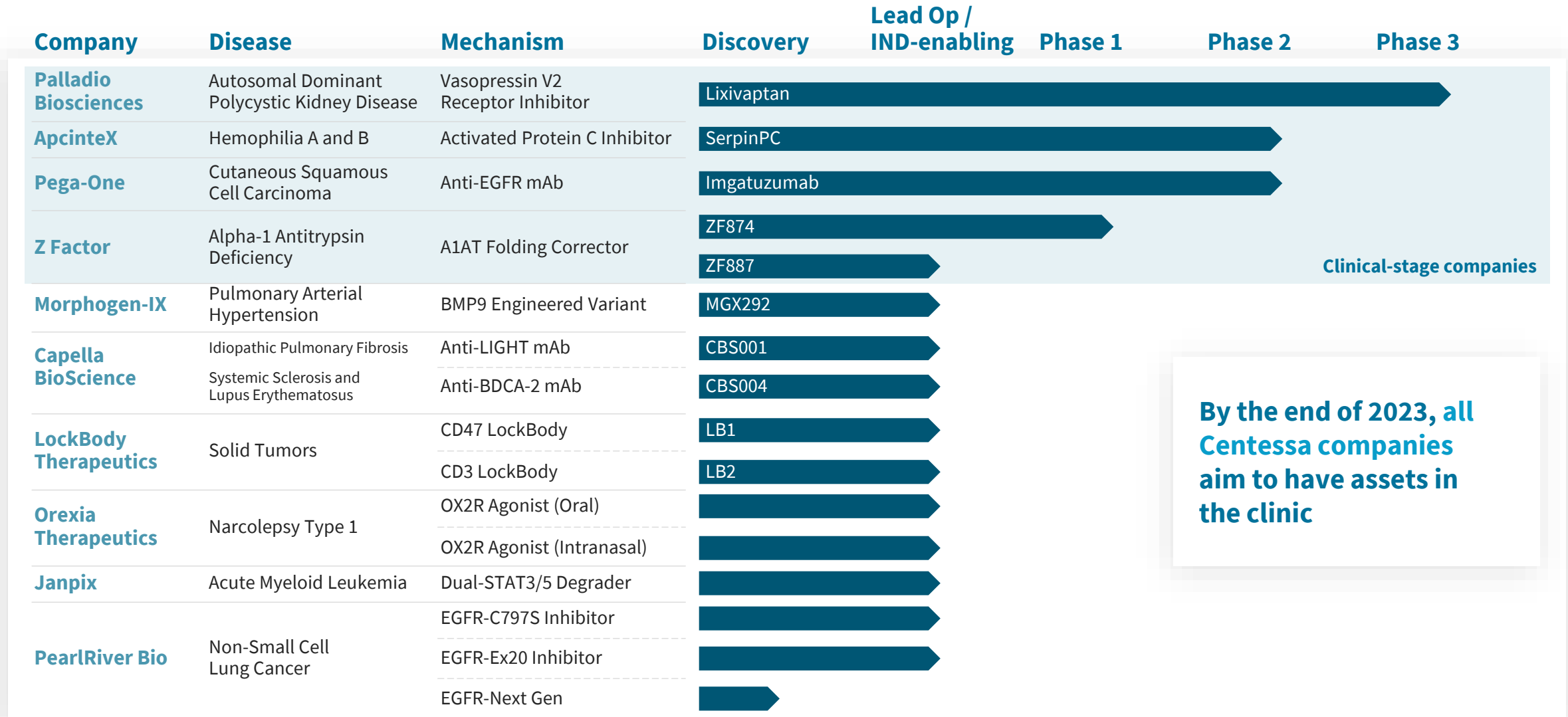
**6** Oncology Assets

**4** Assets in the Clinic

<sup>1</sup> Publications by members of the Centessa team

# Pipeline

Our diverse portfolio includes 16 programs across multiple therapeutic areas



# Milestones

Significant momentum with 2021 accomplishments

## JANUARY 2021

- Launch
- Acquisition of 10 biotech companies
- \$250M Series A

## MAY 2021

- Upsized \$380M IPO

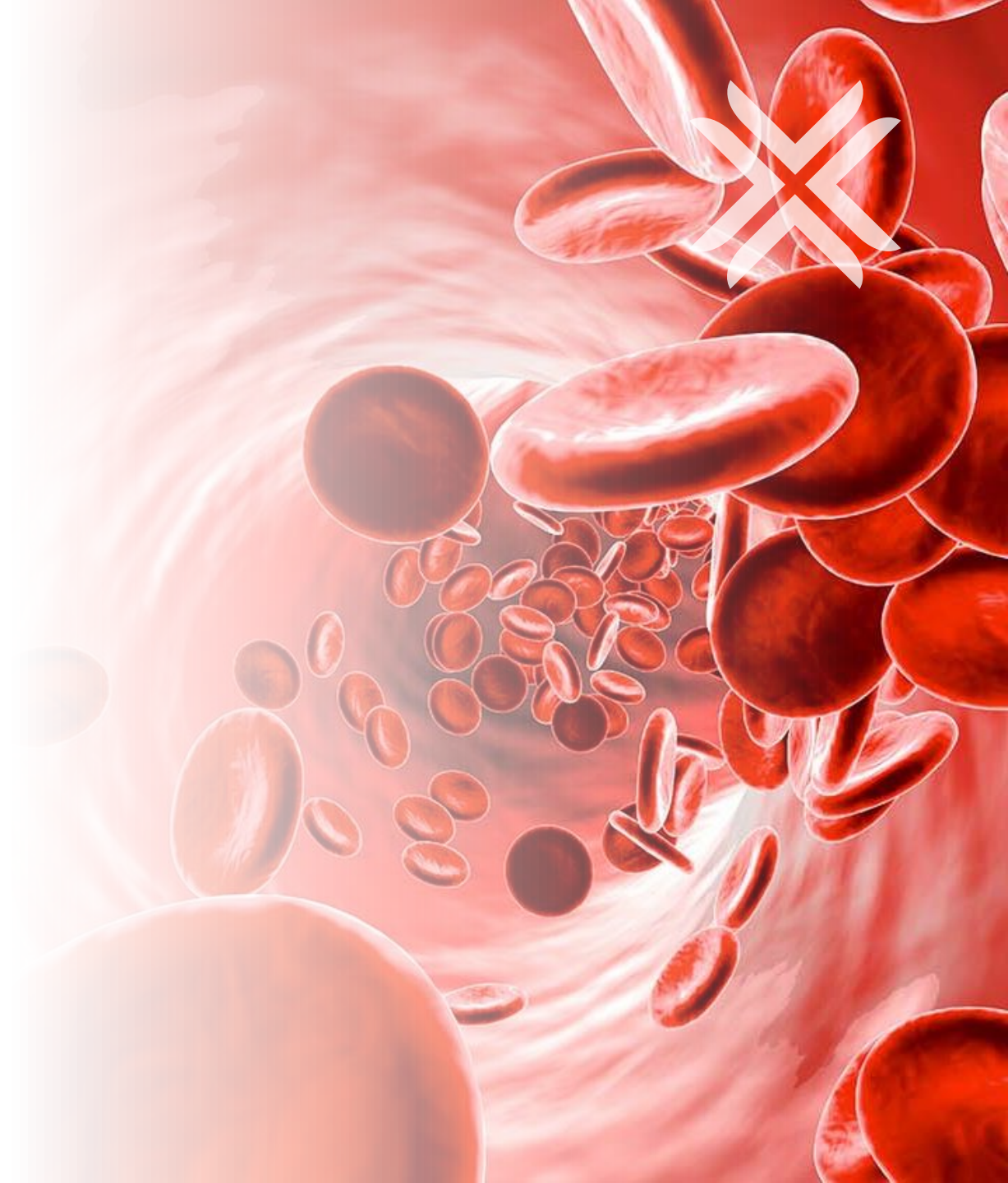
## SEPTEMBER 2021

*Today's focus*

- **Proof of Concept Ph2a topline data for ApcinteX's SerpinPC**

## SerpinPC

Designed to be a first-in-class coagulation rebalancing agent for the treatment of **hemophilia A and B**





# Summary

Successful proof-of-concept results

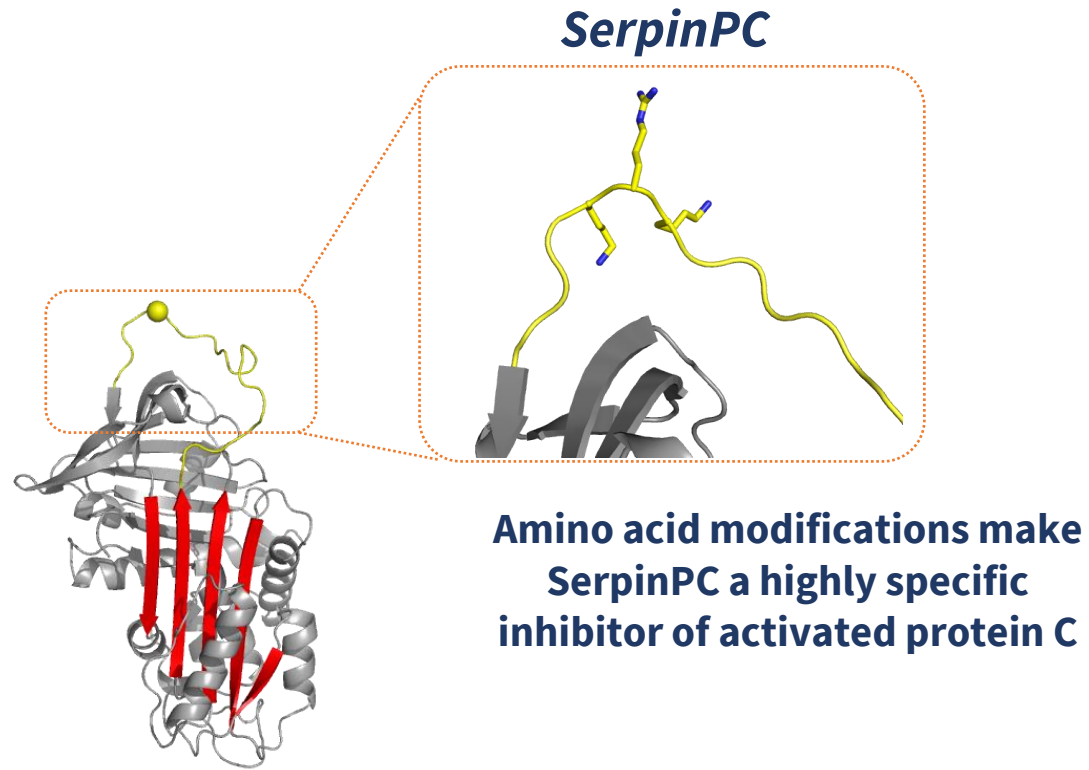
The goals of this Phase 2a clinical proof-of-concept study were to evaluate the safety and efficacy of once monthly, subcutaneous SerpinPC in a population of hemophilia A and B patients not on prophylaxis and with a history of substantial bleeding

We observed compelling reductions in all bleeding measures tested in both hemophilia A and B patients, and SerpinPC was observed to be well-tolerated

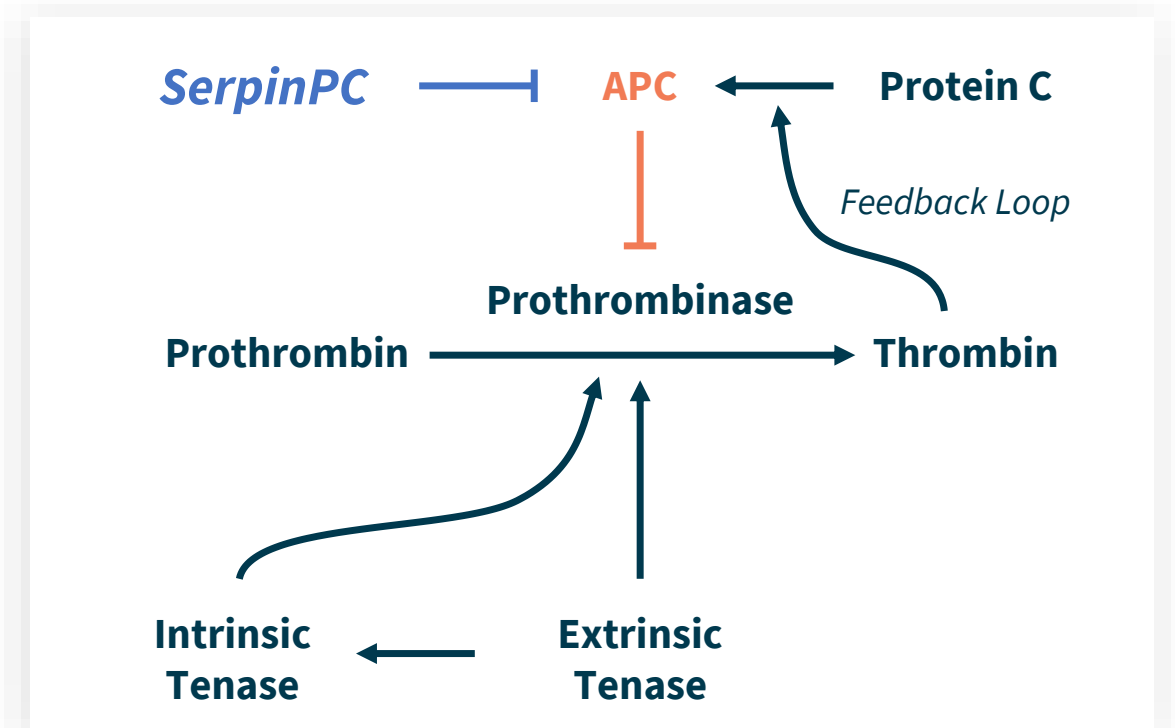
We are excited to follow-up these promising results with a global full development plan aimed at one or more registrations

# Mechanism of action

Unique MoA, supported by human genetics



**Serpin:  
alpha-1-antitrypsin**



# Differentiation

## Potential benefits of SerpinPC



Novel MoA for  
**hemophilia A and B**



**Compelling efficacy**



**Excellent  
safety profile**  
without potential  
thrombosis

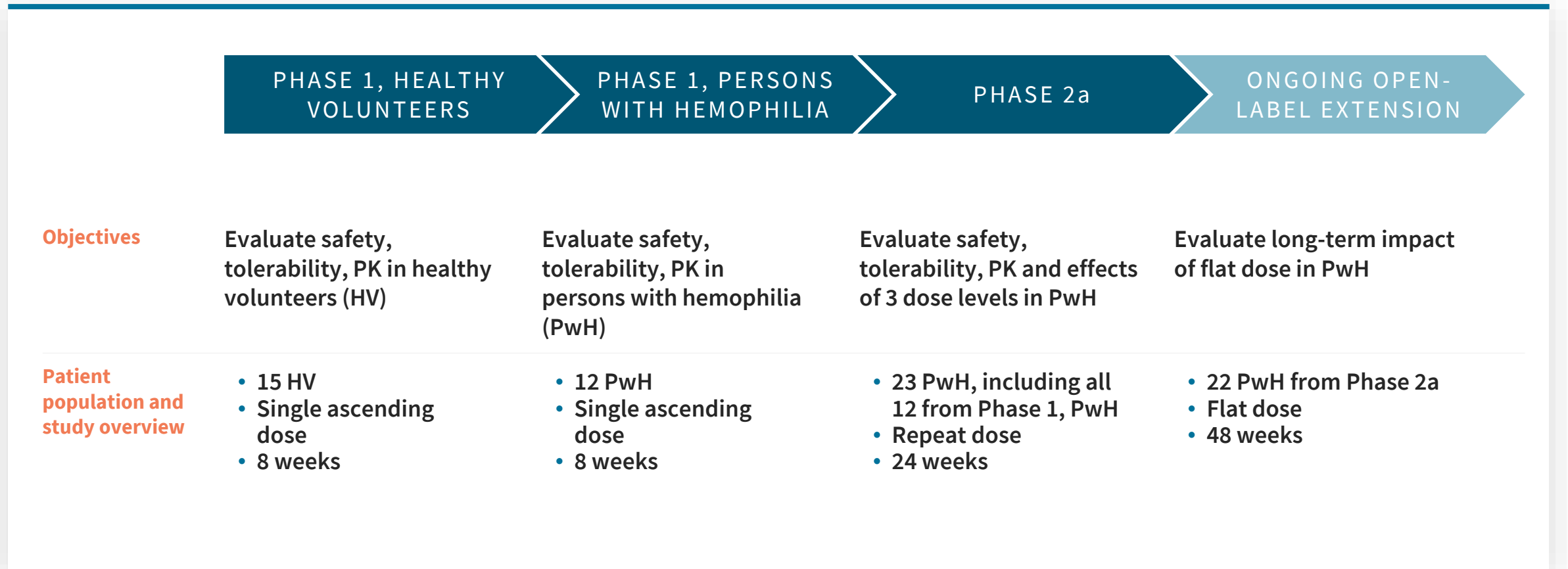


Convenient  
**subcutaneous  
administration**

# Overview of AP-0101

## Phase 1/2a proof of concept study

### AP-0101



Clinicaltrials.gov identifier: NCT04073498 (<https://clinicaltrials.gov/ct2/show/NCT04073498>)

# Positive proof of concept data from Phase 2a

**SerpinPC was observed to be well-tolerated with no evidence of thrombotic risk**

## **Improvements observed in multiple bleeding measures**

At highest dose of **1.2 mg/kg SC once monthly**:

- All bleed ABR: Median **88% reduction**
- Spontaneous joint bleed ABR: Median **94% reduction**
- Zero target joints\* at end of treatment period: **6 of 8 subjects**
- Zero or one bleeds during assessment period<sup>\*\*</sup>: **5 of 8 subjects**
- Zero visible bleeds during the assessment period<sup>\*\*</sup>: **8 of 8 subjects**

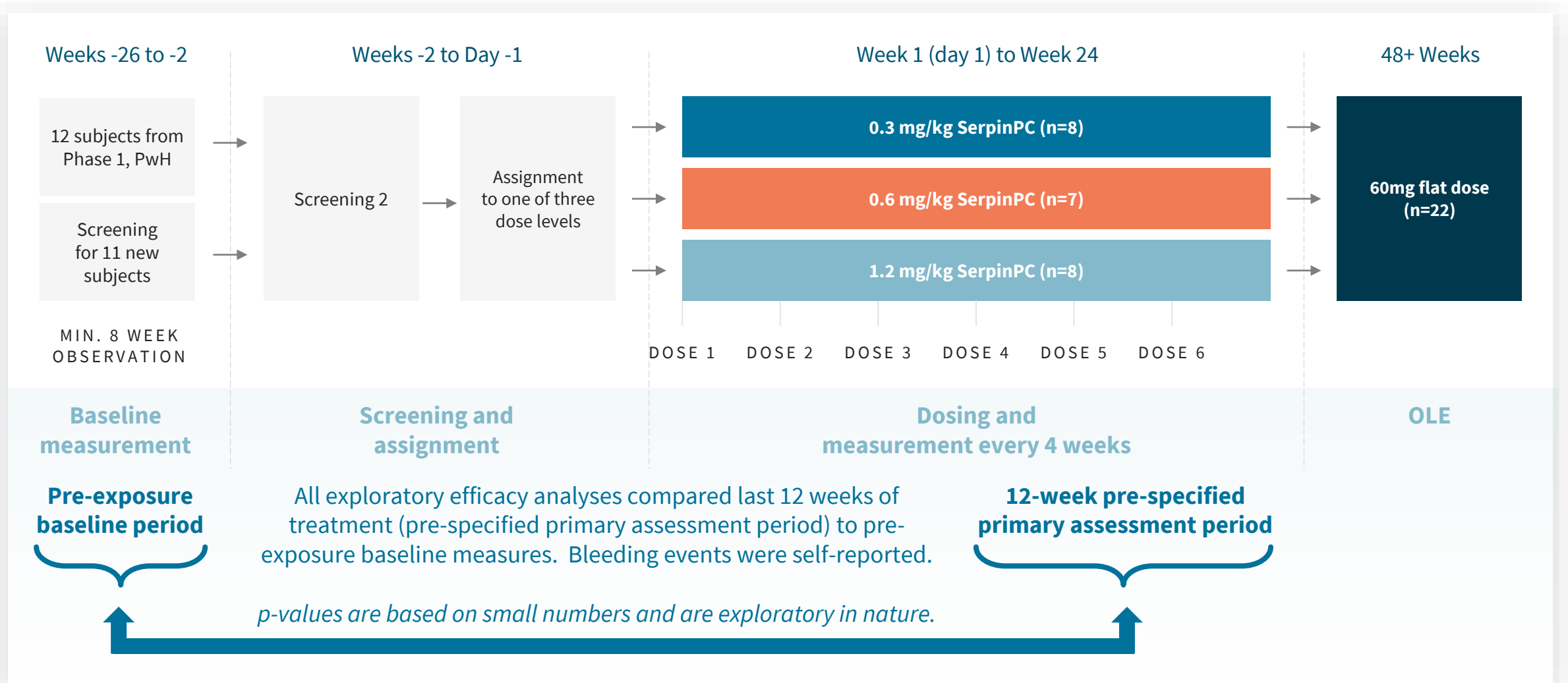
Note: all bleeding events are self reported

\* Target joint = joint with >3 bleeds in any 6-month period

\*\* Pre-specified assessment period: second half of treatment (weeks 13-24)

**All patients who successfully completed Phase 2a have enrolled in the ongoing open-label extension study**

# Clinical trial design and exploratory efficacy analyses



# Endpoints, subjects and inclusion criteria

## ENDPOINTS

**Primary endpoint:** Safety and tolerability

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**Secondary endpoint:** PK

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**Exploratory endpoint:** Reduction in ABR

## SUBJECTS



**23**

PwH in Georgia and Moldova

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**19**

Hemophilia A without inhibitors

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**4**

Hemophilia B without inhibitors

## KEY INCLUSION CRITERIA

Males ages 18-60 with severe hemophilia

On-demand therapy only

ABR of 6 or more during the observational phase

# Demographics and baseline characteristics

## CHARACTERISTIC

## PHASE 2a (n=23)

Age, median (min-max)	39 years (21-56 years)
Male, %	100%
Hemophilia A, %	83% (n=19)
Hemophilia B, %	17% (n=4)
Baseline ABR*, median total bleeds	35.5
Target joints**, %	100%
Target joints, median	2.5

\* Annualized rate of self-reported bleeds

\*\* Target joint = joint with >3 bleeds in any 6-month period

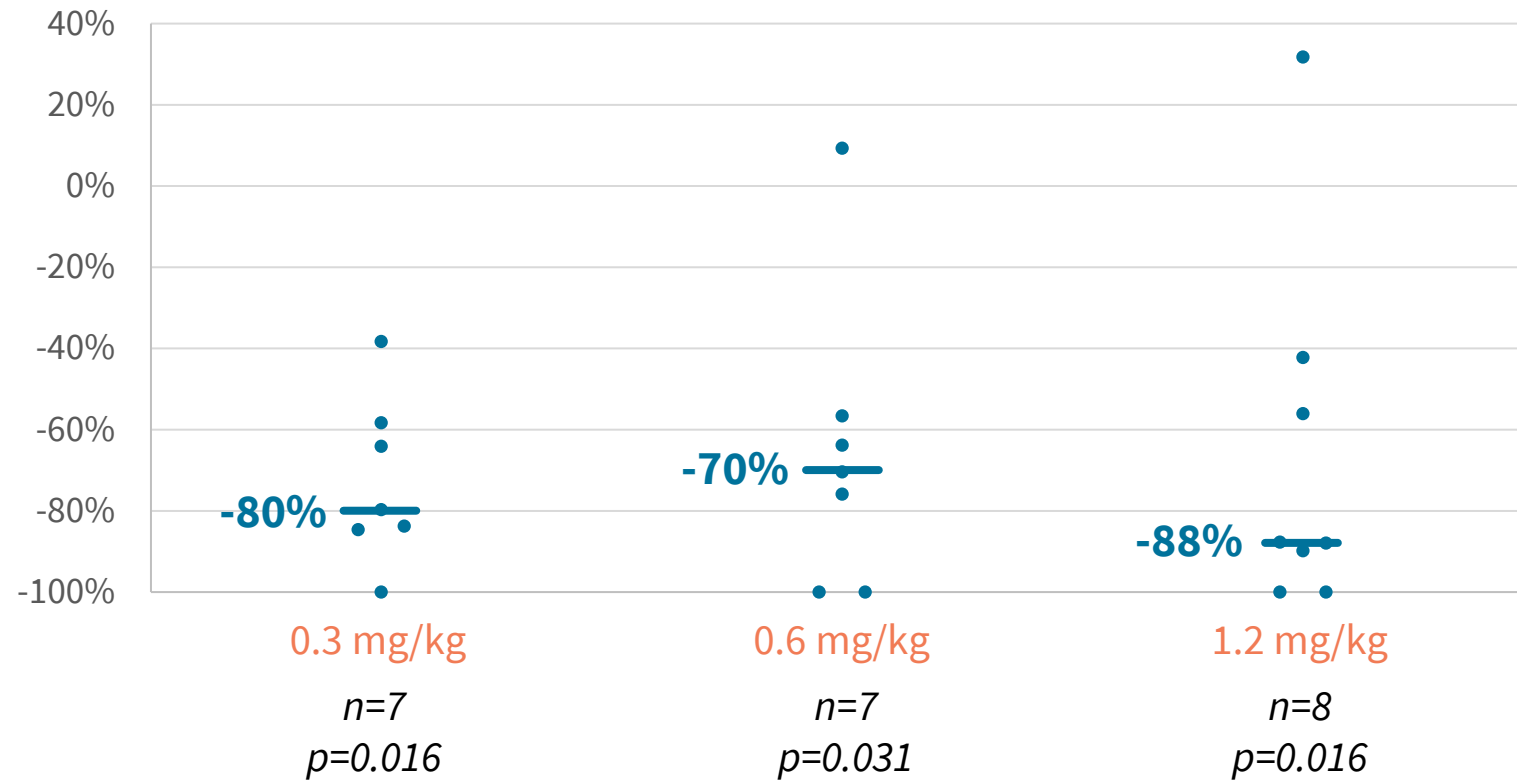


# SerpinPC was well tolerated, with no evidence of thrombotic risk

- No thrombosis
- No instances of sustained elevations in D-dimer
- 1 moderate skin reaction that led to withdrawal of a patient with a history of a skin disorder
- 2 patients with ADAs, with no apparent impact on ABRs
- No other SerpinPC-related AEs

# Median 88% reduction in ABR for all bleeds at 1.2 mg/kg

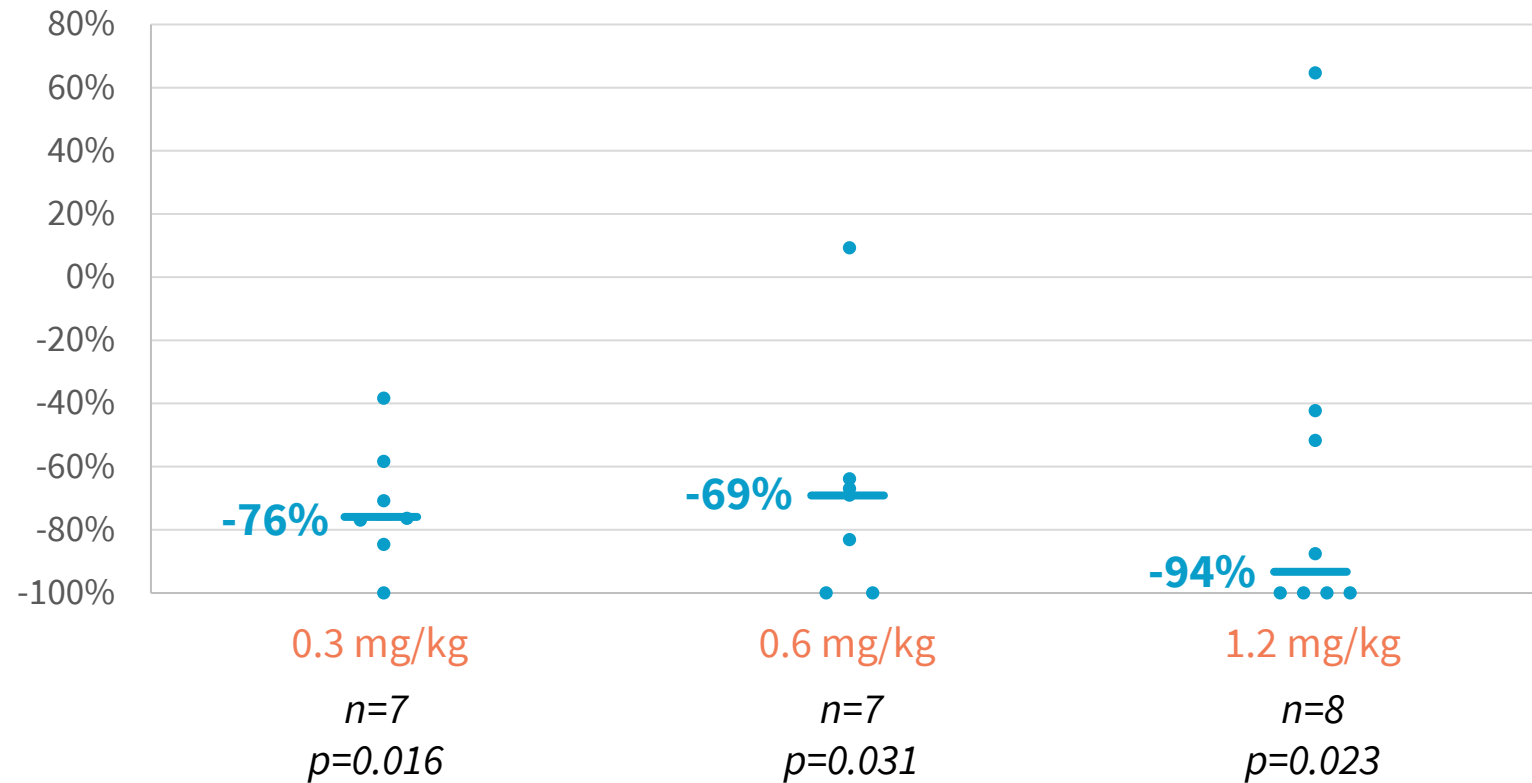
CHANGE  
IN ABR  
(%)



At highest dose of 1.2 mg/kg, median all bleeds ABR reduced from 36.0 to 4.4

# Median 94% reduction in ABR for spontaneous joint bleeds at 1.2 mg/kg

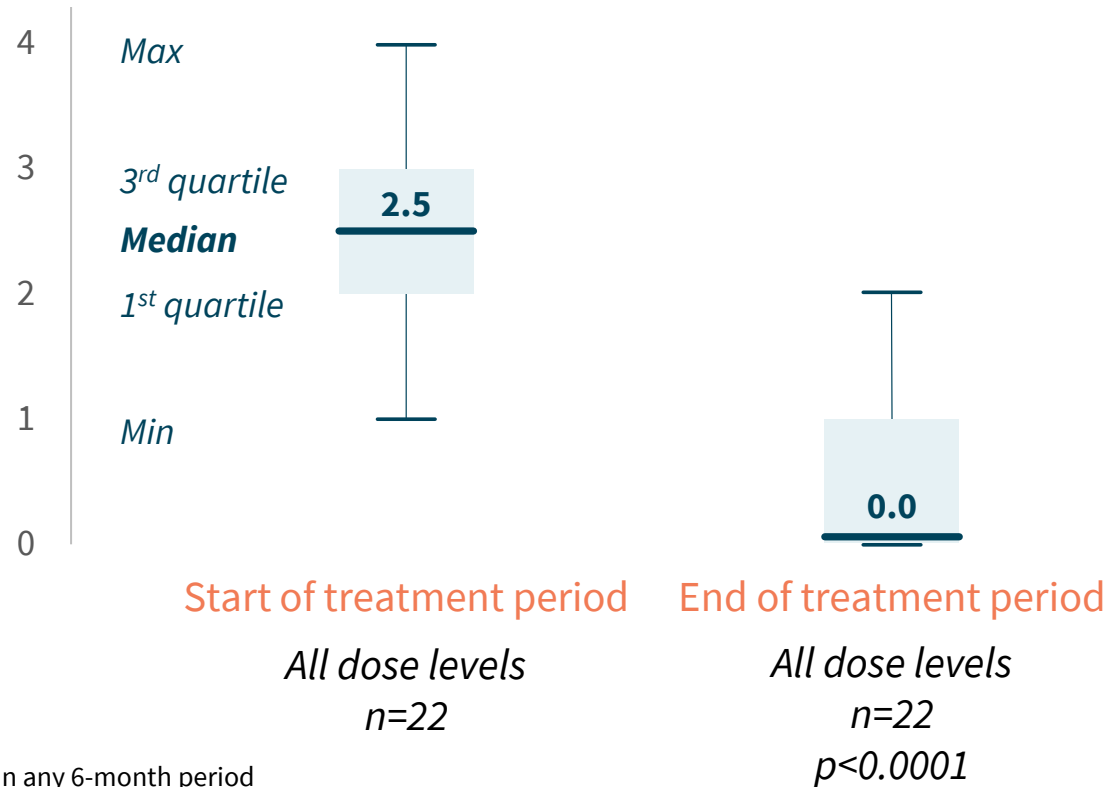
CHANGE  
IN ABR  
(%)



At highest dose of 1.2 mg/kg, median spontaneous joint bleeds ABR reduced from 21.1 to 2.2

# Observed reduction in median target joints from 2.5 to 0 at all dose levels

**TARGET JOINTS\* (NUMBER)**



Target joints reduced to zero in 6 of 8 subjects at 1.2 mg/kg and in 15 of 22 subjects for all dose levels

\* Target joint = joint with >3 bleeds in any 6-month period

## Similar reduction in ABR for **all bleeds** observed in hemophilia A and hemophilia B

Median change in <b>all bleeds</b> ABR	0.3 mg/kg	0.6 mg/kg	1.2 mg/kg
<b>Hemophilia A</b>	<b>-80%</b> (n=5)	<b>-64%</b> (n=5)	<b>-88%</b> (n=8)
<b>Hemophilia B</b>	<b>-72%</b> (n=2)	<b>-73%</b> (n=2)	No subjects

\* Post hoc analysis, no p-values calculated

# Potential benefits of SerpinPC



Novel MoA for  
**hemophilia A and B**



**Compelling efficacy**



**Excellent  
safety profile**  
without potential  
thrombosis



Convenient  
**subcutaneous  
administration**



## PATH FORWARD

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Following our positive readout in hemophilia A and B, we will pursue a global full development plan aimed at one or more registrations



# Thank you

Thank you to all patients who participated  
in this trial and to the clinical study team

