De-risking Orphan Drugs: A Unique Initiative for Advancing Therapeutics for Rare Diseases

Cydan

Cydan: Next Generation of Capital Efficient Companies



- De-risking: \$26M financing in 2013 secured from NEA, Pfizer Ventures, Lundbeckfond, Bay City Capital (BCC), Alexandria Investments for derisking to enable launch of up to 5 NewCo's in 4 years
- NewCo Spinouts: substantial additional VC capital reserved for launch
- Multiple therapeutic areas (except oncology) and diverse platforms
- Focused on orphan diseases with a characterized genetic etiology
- Experienced team of drug developers with broad, global experience
- Outsource de-risking experiments; non-clinical and early clinical
- Rigorous deliverables to support go-no go decisions to spin out companies based on prospectively set milestones



Cydan – Business Overview

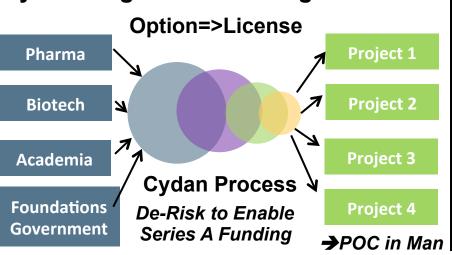


Cydan Portfolio

NewCo 1
NewCo 2
NewCo 3
NewCo 4
NewCo 5

- Initial high quality pre-clinical data set
- Well-designed, efficiently executed clinical studies
- => Leverages Cydan infrastructure and access to capital to found multiple NewCos

Cydan Diligence/De-risking Process



Societal Benefits



- Higher probability of success from portfolio
- Better drugs with disease-modifying impact
- In line with a value-based outcomes approach
- Efficient use of clinical and financial resources

Cydan Structure

Investors fund Cydan, LLC

 Cydan LLC forms Cydan Development as 100% owned C Corp subsidiary

Cydan, LLC Funds Cydan Development

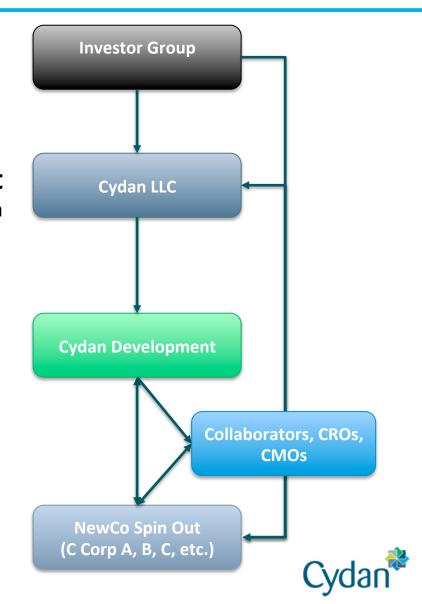
 Cydan, LLC contracts Cydan Development, which employs management team

Cydan Development De-Risks Assets

- Management team identifies & de-risks promising assets
- Engages outside service providers to de-risk

Rare Disease NewCo

 Cydan Development provides continuity with NewCo



The Cydan Diligence Approach

Initial screen

- · Agent identified
- Mechanism of Action
- Target->disease link
- Animal pharmacology in relevant model
- Intellectual Property
- Epidemiology
- Feasible clinical value inflection

Diligence

- De-risking <1 yr
- · De-risking cost
- · Large unmet need
- Regulatory path
- Competitive space
- Product differentiation
- Cydan portfolio fit
- NewCo clinical path
- NewCo business model

Examples of De-Risking Programs

Pharmacology

- Develop dose response
- Test in 2nd model

CMC

- Feasibility study
- Cell line suitability
- Engineering/tox material

Toxicology

- P1 enabling (2 species)
- Respiratory safety pharm
- P2 enabling (1 or 2 species)

Clinical

Early trials

Market Research

Up to 5 NewCo



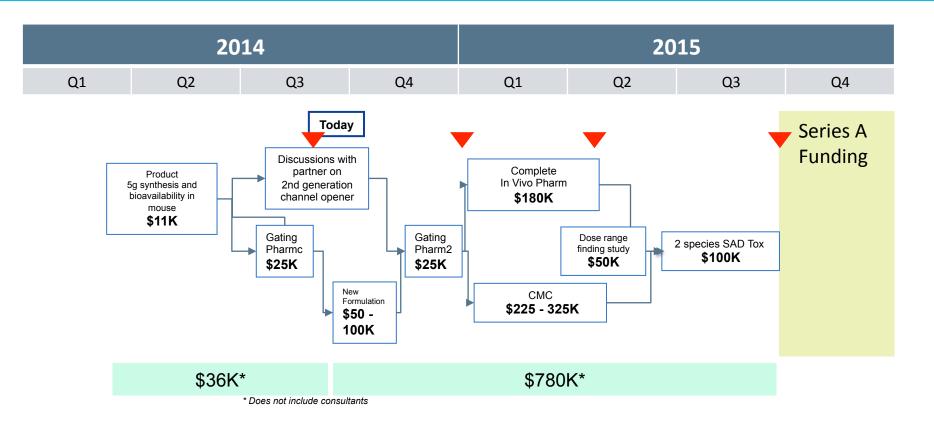
Cydan Criteria for Advanced Diligence

Criteria	Example
Asset identified (Phase xx drug candidate, failed on efficacy, no SAE)	✓
Large unmet need; no disease modifying treatment available	✓
Competitive Target Product Profile; novel target and mechanism	У
Clinical biomarker for early Proof of Mechanism and/or Concept	✓ *
<i>In vitro</i> → <i>in vivo</i> preclinical → human-disease link	У
Strong foundation/patient advocacy	V
Commercial model for NewCo; early exit or product approval	V
Suitable for Cydan de-risking (<=\$2M and ~12 months)	V

^{*} To be determined



Project Timeline and Estimated De-risking Activities









Criteria Employed to Prioritize Diseases

Unmet Need Significant level of morbidity and/or mortality No disease modifying therapies; marginal symptomatic improvement with SOC Etiology of rare disease; genetic, monogenic, acquired, etc. Level of confidence around current preclinical models Translation to clinic & probability of success Target Product Profile likely to achieve reimbursement Clinical Landscape Homogeneity of patient populations Natural history well-documented; reliable patient registry available Clinical research landscape (current and future programs) Existing centers of excellence and established trial sites/network Regulatory Potential future requirements for approval Current standard of care (SOC) Programs in development by MOA; number of disease modifying agents in development M&A, licensing and ongoing investment Treatable patient population and current prevalence minimum: ~3000 (US/EU/ROW) Driver of patient numbers (incidence, prevalence - disease dependent); special populations & geographies Level of severity addressed given clinical benefit with SOC Presence and influence of patient advocacy and foundations	Criteria	Description
Understanding - Level of confidence around current preclinical models - Translation to clinic & probability of success - Target Product Profile likely to achieve reimbursement - Homogeneity of patient populations - Natural history well-documented; reliable patient registry available - Clinical research landscape (current and future programs) - Existing centers of excellence and established trial sites/network - Regulatory precedence and/or agreement on clinical endpoints - Potential future requirements for approval - Current standard of care (SOC) - Programs in development by MOA; number of disease modifying agents in development - M&A, licensing and ongoing investment - Treatable patient population and current prevalence minimum: ~3000 (US/EU/ROW) - Driver of patient numbers (incidence, prevalence - disease dependent); special populations & geographies - Level of severity addressed given clinical benefit with SOC	Unmet Need	, , , , , , , , , , , , , , , , , , ,
 Clinical Landscape Clinical research landscape (current and future programs) Existing centers of excellence and established trial sites/network Regulatory Regulatory precedence and/or agreement on clinical endpoints Potential future requirements for approval Development Competition Current standard of care (SOC) Programs in development by MOA; number of disease modifying agents in development M&A, licensing and ongoing investment Treatable patient population and current prevalence minimum: ~3000 (US/EU/ROW) Driver of patient numbers (incidence, prevalence - disease dependent); special populations & geographies Level of severity addressed given clinical benefit with SOC 		 Level of confidence around current preclinical models Translation to clinic & probability of success
 Potential future requirements for approval Current standard of care (SOC) Programs in development by MOA; number of disease modifying agents in development M&A, licensing and ongoing investment Treatable patient population and current prevalence minimum: ~3000 (US/EU/ROW) Driver of patient numbers (incidence, prevalence - disease dependent); special populations & geographies Level of severity addressed given clinical benefit with SOC 		 Natural history well-documented; reliable patient registry available Clinical research landscape (current and future programs)
 Programs in development by MOA; number of disease modifying agents in development M&A, licensing and ongoing investment Treatable patient population and current prevalence minimum: ~3000 (US/EU/ROW) Driver of patient numbers (incidence, prevalence - disease dependent); special populations & geographies Level of severity addressed given clinical benefit with SOC 	Regulatory	
 Driver of patient numbers (incidence, prevalence - disease dependent); special populations & geographies Level of severity addressed given clinical benefit with SOC 	•	• Programs in development by MOA; number of disease modifying agents in development
Confidential	Business Model	 Driver of patient numbers (incidence, prevalence - disease dependent); special populations & geographies Level of severity addressed given clinical benefit with SOC Presence and influence of patient advocacy and foundations

Identification of Priority Diseases

- Performed initial screen on >1100 diseases
 - Thomson Pharma Cortellis 2013 search of products with discovery/ preclinical/clinical data to ensure established disease pathway and molecular understanding
 - Orphanet list of rare diseases (http://www.orpha.net)
 - Team list from prior experience and network
 - Current or passed diseases from passive & active deal flow
- Based on prevalence (~1:100,000), incidence and scientific evidence, identified 120 diseases for initial team review
 - Excluded diseases with:
 - Marketed disease modifying therapies and/or little-to-no unmet need
 - Epidemiology numbers below Cydan threshold to support NewCo business/commercial model (~3000 in the US/EU/ROW)
 - Weak or no scientific data identifying or supporting intervention
- Further diligence on 120 diseases; prioritized ~20 diseases

Confidential 10 Cydan Cy

Cydan Disease Portfolio – September 2014

Priority	Exploratory	Technology	Opportunistic
Myotonic Dystrophy Friedreich Ataxia CMT2A (all CMT) Rett Syndrome Fragile X Syndrome Ototoxicity (Chemotherapy) Achondroplasia Neurofibromatosis (NF-1) Sickle Cell Disease Retinitis Pigmentosa Niemann Pick Disease Phenylketonuria (PKU) Epidermolysis Bullosa Simplex	Dystrophic Epidermolysis Bullosa Spinal Muscular Atrophy SCA-3 (Spinal Cerebellar Ataxia) Duchenne Muscular Dystrophy ALS β-Thalassemia Osteogenica Imperfecta Choroideremia Stargardt Primary Progressive MS	AAV/ Lentiviral GT RNAi Blood Brain Barrier Stop Codon Exon Skipping microRNAi CRISPR/Cas-9	Ataxia Telangiectasia Spinal Bulbar Muscular Atrophy Leber Hereditary Optic Neuropathy (LHON) Oculopharyngeal Muscular Dystrophy Cerebrotendinous Xanthomatosis Neuromyelitis Optica Carbamoyl Phosphate Synthetase I Dravet Syndrome α-1 Antitrypsin Deficiency



Cydan Team Expertise

Global Network

- Foundations & advocacy groups
- Academia & NIH
- Biotech and Pharma
- Venture Groups

Commercial

- Product assessment/opportunity
- Epidemiology/patient need
- Competitive landscape
- Pricing
- Reimbursement (managed care, NICE, METI)

Diligence/Strategy

- Consulting
- Transactions/licensing/M&A

12

- Outsourcing
- Global (US, EU, BRIC, JP)
- Technology evaluation

Preclinical Translation

- In vitro pharmacology
- Assay development
- In vivo pharmacology & animal model development
- CROs, academics, etc.
- Toxicology study design

Development

- Regulatory (FDA, EMA, PMDA)
- Manufacturing/CMC/production
- Toxicology
- Registration clinical programs
- Market research

Clinical Translation

- Exploratory trials
- Clinical assay design & implementation
- Pharmacogenomics
- Biomarkers, PK/PD



The Cydan Team

Chris Adams, PhD, MBA **Chief Executive Officer**







James McArthur, PhD **Chief Scientific Officer**









Aileen Healy, PhD Vice President, Preclinical Dev







Cristina Csimma, PharmD, **Director and Advisor**









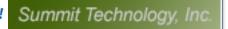
Laura Alessio **Executive Administrator**















Cydan: An Orphan Drug Accelerator

- Disease Area:
 - Orphan diseases, therapeutic area agnostic (excluding oncology)
 - Focused on disease-modifying therapies for high unmet-need conditions
- Strategy: Outsourced approach to de-risking and delivering high quality therapeutic products in a highly cost-effective manner
- Business Model : Option=> License/Spin Off =>Asset Sale/Exit
- Expertise: Team of executives with many years of developing drugs, as well as founding and leading venture-backed companies
- Financing from top tier venture and strategic investors through human proof of concept
- Opportunity: address unmet need in rare and orphan diseases by spinning off up to 5 NewCo's in 4 years





