

# Shionogi R&D Day 2021

September 29, 2021 SHIONOGI & Co., Ltd.



# **Agenda**



### 1. Shionogi R&D

Progress of COVID-19 Projects

## Ryuichi Kiyama, Ph.D.,

Senior Executive Officer, Senior Vice President, Pharmaceutical Research Division

#### Toshinobu Iwasaki, Ph.D.,

Senior Executive Officer, Senior Vice President, Global Development Division

- Progress of Shionogi R&D
  - > Research area
  - > Development area

### 2. Summary

3. Q&A

Ryuichi Kiyama Toshinobu Iwasaki

Isao Teshirogi, Ph.D.,

**President and CEO** 



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Isao Teshirogi, Ph.D.,





# **Progress of COVID-19 projects**



# Shionogi's Actions for Total Care of COVID-19



**Epidemic forecasting** 

**Prevention** 

**Diagnosis** 

**Treatment** 

Exacerbation suppression











 Sewage epidemiology surveillance service for early detection of COVID-19 incursion and outbreak trends

 Development of a recombinant vaccine for COVID-19 (S-268019)

- Antigen-test kit
- Th2 chemokine TARC\* kit for assisting in predicting exacerbations
- Novel rapid diagnostic method
- Discovery and development of novel antiviral drug (S-217622)
- Discovery of developmental candidate peptide

 Licensing out asapiprant, an exacerbation controlling candidate

Providing solutions for the overwhelmed medical system





# S-217622

COVID-19 therapeutic drug



## The Need for COVID-19 Oral Antivirals



- In order for COVID-19 to be managed like influenza, the following is required
  - ✓ Diagnostics
  - ✓ Vaccines
  - ✓ Therapeutic drugs: Antiviral drugs (especially oral drugs that can be used as an outpatient)
- Therapeutic agents currently available in Japan
  - ✓ Remdesivir (antiviral drug: intravenous injection)
  - ✓ COVID-19 antibody (cocktail, etc.: intravenous injection)
  - ✓ Suppressors of exacerbation (dexamethasone, etc.)

# Especially while the infection continues to spread, the burden on the medical field is heavy

**⇒** The need for oral antivirals is high



#### Re-deploying Strengths through Corona Therapeutic Drug Research



Bold resource shifts focused on COVID-19 research coupled with rapid decision-making

Shionogi's original drug discovery platform based on our knowledge of antiviral research and small molecule compound design"

Fusion of different strengths through collaboration with external partners, such as Hokkaido University and others

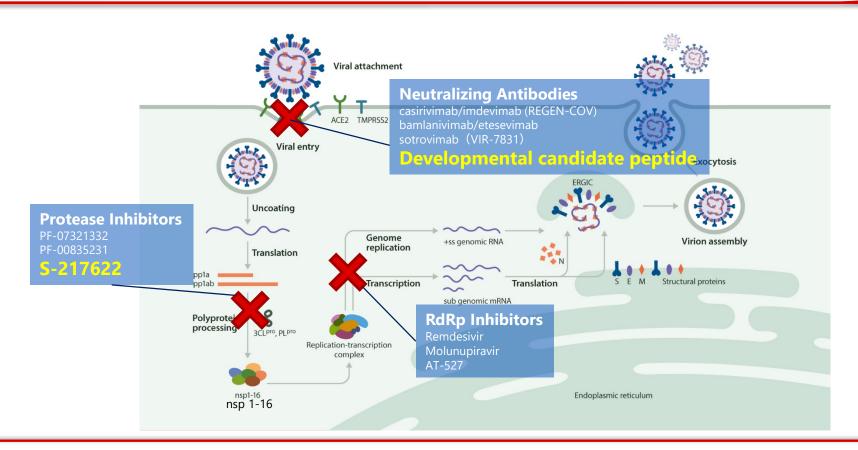
- Upon selecting a SARS-CoV-2 specific compound, enter clinical stage with top-class speed
  - Progressing at an unprecedented rate by conducting multiple required tests in parallel
    - Approximately 9 months after launching the project (approximately 4 months from the start of SAR\*) for the creation of SARS-CoV-2 specific compounds
    - Identified discovered development candidates including S-217622
      - Traditionally, the probability that a drug will reach the market is 1 in 25,000, and it takes five years from the start of drug discovery to a development candidate.
    - Clinical study initiated about 4 months after the discovery of S-217622

Re-deploying our strengths that created Tivicay and Xofluza to meet the need for small molecule drug discovery



# S-217622: 3C-Like protease







# S-217622: 3CL-protease As a Drug Discovery Target



# Superimposition of X-ray structures of various coronaviruses\*



SARS-CoV (2BX4) SARS-CoV-2 (6Y2E) MERS-CoV (5C3N)

# Amino acid sequence homology of SARS-CoV-2

- SARS-CoV: >95%
- MERS-CoV: >60%

#### **Reason for 3CL-pro selection**

- ✓ Highly conserved in the genus Coronavirus
- Active-center amino acids have low homology with human proteases, reducing safety concerns
- Drug discovery experience with diverse viral protease targets
- ✓ The X-ray complex structure has already been clarified\*, enabling rapid drug discovery using structural information
- ✓ Compared with the S protein, natural mutations that are not drug-induced mutations are less likely to occur (details on p.12)

Targets for drug discovery that can address new mutant viruses and the next pandemic



# S-217622: Antiviral Efficacy Against Mutant Strains



**Evaluation using monkey-derived cells** 

| Virus strain                             | ECEO (NA)      | Major mutation site           |              |
|--|----------------|-------------------------------|--------------|
| virus strain                             | EC50 (μM)      | Spike-protein                 | 3CL-protease |
| WK-521 strain                            | 0.37           | -                             | -            |
| <b>α strain</b><br>(QHN001/QHN002/QK002) | 0.31/0.46/0.33 | N501Y, D614G                  | -            |
| β strain<br>(TY8-612)                    | 0.40           | K417N, E484K, N501Y,<br>D614G | K90R*        |
| γ strain 0.50/0.43                       |                | K417T, E484K, N501Y,<br>D614G | -            |
| δ strain<br>(TY11-927-P1)                | 0.41           | L452R, T478K, D614G           | -            |

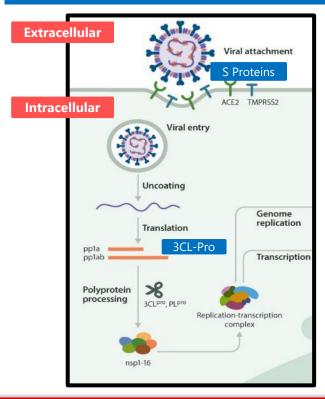
It is active against a wide range of strains, including the  $\delta$  strain creating the current wave of the pandemic



### **SARS-CoV-2 Mutation**



#### Cell invasion and growth process of SARS-CoV-2



#### Spontaneous mutations in the S protein

- Used for adhesion to and invade host cells, new mutations may increase infectivity or expand opportunities for new host infections.
- As a survival strategy of the virus, the mutation is replicated and expanded by the application of selective pressure irrespective of the use of any drug

#### **Drug resistance mutations in enzyme inhibitors**

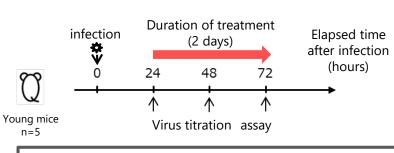
- Enzymes required for viral growth have low genetic diversity because mutations have negative effects (such as reduced substrate binding capacity)
- Drug-resistant strains selected to withstand the selective pressure of enzyme inhibitors often have reduced proliferative and pathogenicity due to decreased enzyme activity

Virus strains selected by host pressure, such as δ strains, and drug-resistant strains selected by enzyme inhibition have distinct differences in their proliferative and virulence potential which should be recognized



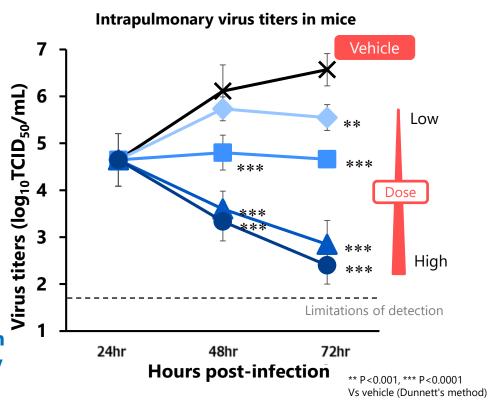
# S-217622: Efficacy in Mouse Model





Test Condition: treatment started after 24 hr infection Administration: oral

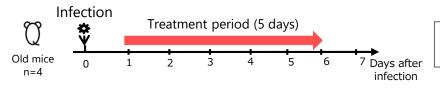
Confirming a dose-dependent viral reduction effect of S-217622 in the 48-72 h post-infection period when the virus is replicating in the body





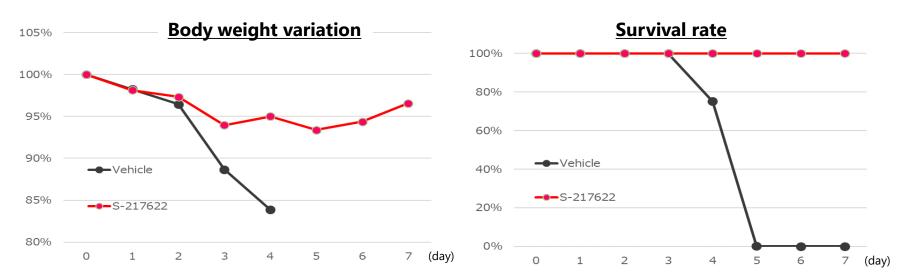
# S-217622: Assessment of Drug Efficacy in Mice





Test Condition: treatment started 24 hr after infection

Administration: oral



It is expected that S-217622 will reduce the sequelae of infection



# S-217622: Summary of Phase 1 Study



# Safety

No major clinical adverse events have been identified

### Pharmacokinetics

- Drug concentrations obtained were above the target
- No food effect on efficacy and safety identified

- Confirmed tolerability and absence of major safety issues at this time
- Will conduct Phase 2/3 at the originally planned dose

## S-217622: Domestic Clinical Trial Schedule And Supply





#### Domestic clinical trial and commercial drug supply plans

- Will submit data on symptom improvement/symptom occurrence reduction and antiviral effect in mild and asymptomatic patients from Japan Phase 2/3
- Preparation of domestic submission by the end of 2021

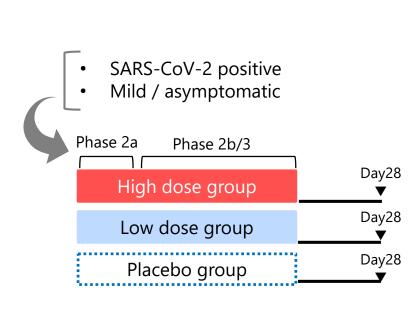
We intend to provide oral therapeutic agents that can be easily taken by large number of asymptomatic and mild patients with limited treatment options



# S-217622: Design of Domestic Phase 2/3 Study



| Study title           | A Phase 2/3 Study of S-217622 in Participants<br>Infected with SARS-CoV-2  |  |
|-----------------------|--|--|
| subject               | Asymptomatic or mild COVID-19 patients   |  |
| Clinical trial design | Multicenter, randomized, double-blind, placebo-<br>controlled study  |  |
| Treatment group       | High dose group, low dose group, placebo   |  |
| Primary<br>endpoint   | Phase 2a: Change in virus titer from baseline<br>Phase 2b/3: Mild: Time to resolution of COVID-19<br>symptoms, Asymptomatic: Proportion of<br>participants with occurrence of COVID-19<br>symptoms |  |
| Dosage                | Oral administration, once a day for 5 days (tablet)  |  |
| Number of subject*    | Total about 2,100 subjects   |  |



# S-217622: Global Development Plan



#### **Global COVID-19 situation**

- High severity rate, hospitalization rate, mortality rate
- Existing antibodies, which are therapeutic agents for mild to moderate patients, are administered by injection and expensive
- Improving the medical environment and reducing the burden with simple oral therapeutic agents can have great social significance
- Global Phase 3 study is being designed to meet worldwide unmet needs
  - Plan to assess the same endpoints as used for other anti COVID-19 drugs\*
  - Discussions with FDA and EMA will be initiated in 3Q 2021 (October-December)

Initiate discussions with regulatory authorities and accelerate the start of the global phase 3 study

Prepare to provide oral therapeutic agents globally as soon as possible





# S-268019

COVID-19 vaccine

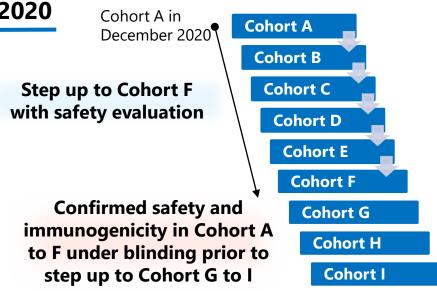


#### S-268019: Efforts for Commercialization of Domestic Vaccine



### **Initiated Phase 1/2 Study in December 2020**

| Design                 | Randomized, double-blind   |  |
|------------------------|--|--|
| Subject                | Japanese healthy adult men and women (20-64 years old)   |  |
| Main<br>Purpose        | Safety and tolerability at the time of 2 doses   |  |
| Primary<br>Endpoints   | Adverse Events/Vaccine Reactions/Serious Adverse<br>Events/Frequency of Specific Adverse Events, Vital<br>Signs, Laboratory Tests, Electrocardiogram |  |
| Secondary<br>Endpoints | Neutralizing antibody titer<br>Anti-S protein IgG antibody titer   |  |
| Number of Subjects     | 10 subjects in each cohort<br>(Active drugs: 8 subjects, Placebo: 2 subjects)  |  |



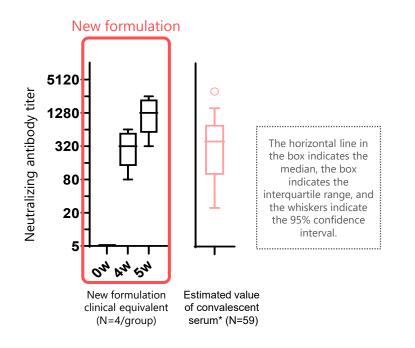
- Considering the importance of Th1> Th2 type balance from research results on SARS\* and MERS\*2, we selected an adjuvant that is less likely to cause VDE\*3/ADE\*4 and has a clinical record of administration
- Although clinical trials were conducted at a wide range of doses and confirmed high safety and constant induction of cell-mediated immunity, the neutralizing antibody titer was not sufficiently high.

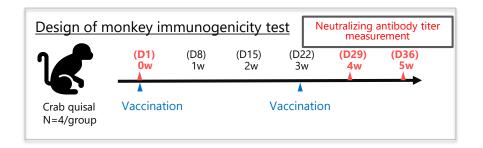


# S-268019: Change to New Adjuvant



Monkey immunogenicity test: Neutralizing antibody titer Day29 / 36





- Confirmed similar neutralizing antibody titer compared to convalescent serum by combination of new adjuvant
- Phase 1/2 trial dosing with new adjuvant initiated in August
- In Phase 3, verification by comparison of neutralizing activity is under discussion with the regulatory agency.



# S-268019: Phase 1/2 Study with New Adjuvant





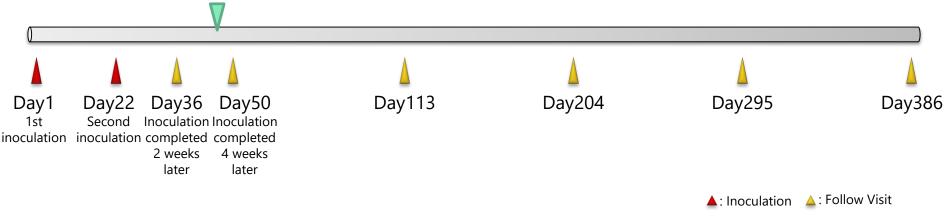
## Initiated Phase 1/2 Study with New Adjuvant in August 2021

| Design                    | Randomized, double-blind  |  |
|---------------------------|---|--|
| Subject                   | Japanese healthy adult men and women (20-64 years old)  |  |
| Main Purpose              | Safety, tolerability  |  |
| <b>Secondary Purpose</b>  | Immunogenicity (neutralizing antibody titer, IgG antibody titer, cell-mediated immunity)  |  |
| <b>Primary Endpoints</b>  | Adverse Events/Vaccine Reactions/Serious Adverse Events/Frequency of Specific Adverse Events, Vital Signs, Laboratory test, Electrocardiogram results |  |
| Target Number of Subjects | 60 subjects in 3 groups (Active drug: 24 subjects x 2 groups, Placebo: 12 subjects)   |  |
| Dosing Regimen            | Intramuscular injection, 2 inoculations (Day 1 and Day 22)  |  |
| Dose                      | Antigen 5 μg, Antigen 10 μg, Placebo  |  |
| Study Period              | August 2021-September 2022  |  |

# S-268019: Phase 1/2 Study with New Adjuvant



# 9/24 Completed Day 36 observation for all 60 subjects

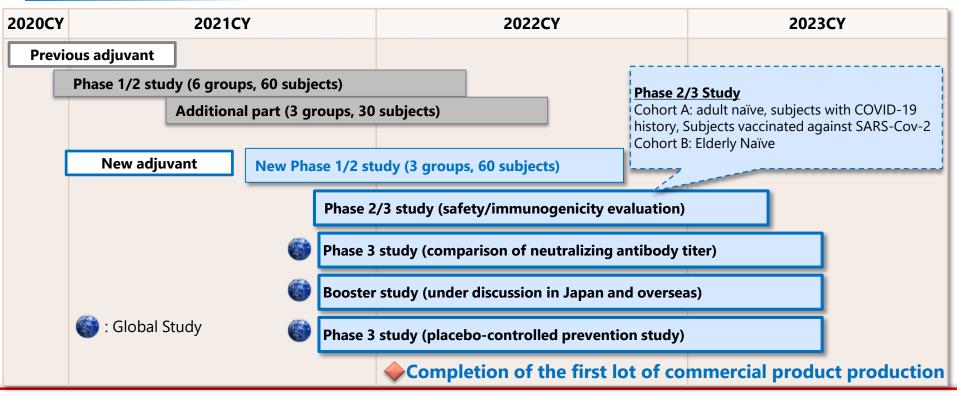


No serious adverse events or adverse events leading to discontinuation Scheduled Initiation of Phase 2/3 Study in Japan in late October

# S-268019: Development Schedule



# Initiation of Final Stage Studies and Aim to Supply in FY2021



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Toshinobu Iwasaki

Isao Teshirogi, Ph.D.,

resident and CEC





## Research area

# **Actions for COVID-19**

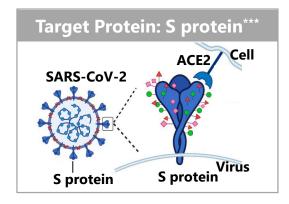


# **Creating COVID-19 Drug Candidates Using PDPS**



#### **Deploying PDPS\* Drug Discovery Capabilities for Corona Drug Discovery**

CY2017 From 2017 From 2020 **PDPS** Identify hits for the disease target **Application of screening expertise** technology Evolution of data acquisition methods COVID-19 licensing **Therapeutic Extending the Small Molecule Drug** Evolve and accelerate SAR\* drugs **Discovery Engine to Peptides** Advance hit refinement software



#### Drug discovery challenges:

- Broad and potent drug efficacy against mutant viruses
- Oral delivery convenient for outpatients in the early stages of infection



Promote PDPS Drug Discovery with a Focus on Drug Discovery Issues

Strategically and exhaustively PDPS screen SAR Very good Discovery

Very good Discovery of therapeutic quality HIT drug candidates

Rapidly generate candidate peptides by utilizing accumulated experience and expertise in cooperation with Hokkaido Univ. and AMED



## **Nonclinical Drug Efficacy of Development Candidate Peptides**

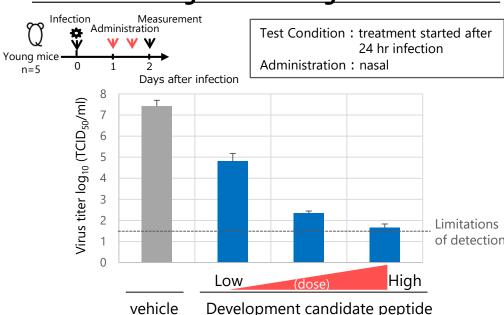


The developmental candidate peptides exhibited broad and strong antiviral effects against each mutant strain

#### **Evaluation using monkey-derived cells**

| Virus strains | EC <sub>50</sub> (nM) |
|---------------|-----------------------|
| WK-521 strain | 4.2                   |
| α strain      | 8.5                   |
| β strain      | 2.2                   |
| γ strain      | 6.4                   |
| δ strain      | 7.8                   |

#### **Evaluation using a mouse lung infection model**



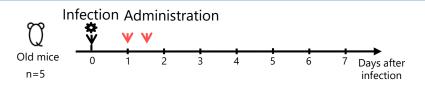
Single-day administration is expected to improve symptoms with rapid viral elimination



# **Nonclinical Drug Efficacy of Development Candidate Peptides**

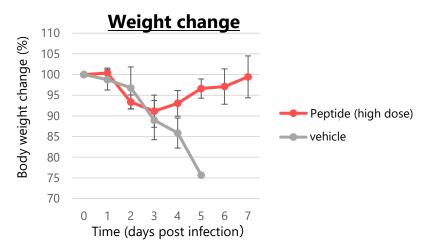


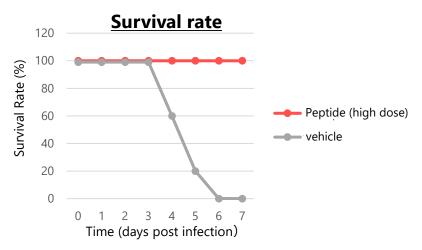
#### The developmental candidate peptide maintained weight and survival in an aged mouse model



Test Condition: treatment started after 24 hr infection

Administration: nasal



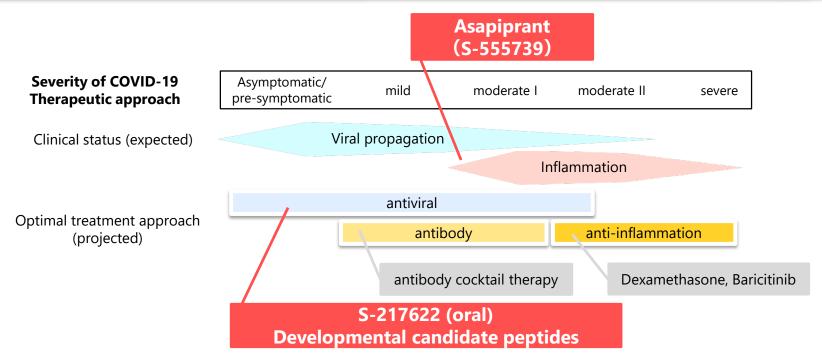


Single-day administration is expected to reduce the severity of the effect even in patients at high risk of severe disease



# Positioning\* of COVID-19 Drugs





Our mission is to develop a portfolio of drugs to assist patients across the spectrum of COVID-19 disease and restore normality to the medical system



# **Direction of Future Efforts Regarding Vaccines**



# [Current issue] Timely supply of safe and secure vaccines for mutant strains

#### **Clinical entry in FY2022**

Expand to **nasal vaccine** by utilizing the know-how and external cooperation cultivated in S-268019

Infection prevention ability that can cover a wide range of viruses, Improved convenience

#### **Clinical entry in FY 2023, Platform construction**

Challenge to design a truly effective and safe **universal antigen** from human immune data

Prepare for a new pandemic

Providing safe recombinant protein vaccines to the market and relieving people from the threat of infectious diseases



#### **Biomarker Initiatives in The Area of Infectious Diseases**



 Since July 2021, the Department of Biomarker Research and Development has been under the Pharmaceutical Research Division to further promote the development of biomarkers/diagnostics supporting proper use of pharmaceuticals, adding value, improving diagnosis in target areas, etc. from the research stage

### Initiatives as Biomarker R&D Dept. for COVID-19

# **Establishment of in-house vaccine efficacy metrics**

Obtaining evidence and providing information on antibody titers

#### **Test for the pathogen**

**Testing to meet medical needs** 

- High-sensitivity antigen test (lumira)
- Simple rapid test, etc.

#### **Prediction of severity**

Early assessment of the risk of severe disease

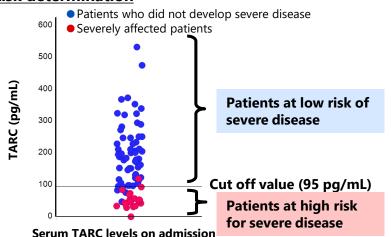
 Selection of subjects for administration of therapeutic drugs by HISCL®TARC



# **Results of HISCL ® TARC\* Clinical-Performance Test**



# Severity of corona patients by TARC measurements \*\* Risk determination



- Days from onset to TARC determination in critically ill individuals (19 patients) averaging 6.3 days (1-10 days)
- Days from onset to TARC determination for those who did not become severely ill (59 patients): mean 7.7 days (0-28 days)
- Clinical Study Period: January to May 2020

# Relationship between Positive Determination by TARC and Severity in Early-Onset Individuals

Positive cases with TARC levels below the cutoff (95.0 pg/mL) obtained on admission

|      |          | Severity  |                                    |
|------|----------|---|------------------------------------|
|      |          | Severe (moderate II or<br>higher with respiratory<br>failure) group | Mild (moderate I or less)<br>group |
| TARC | Positive | 94.7%<br>(Sensitivity)  | 6.8%                               |
|      | Negative | 5.3%  | 93.2%<br>(Specificity)             |

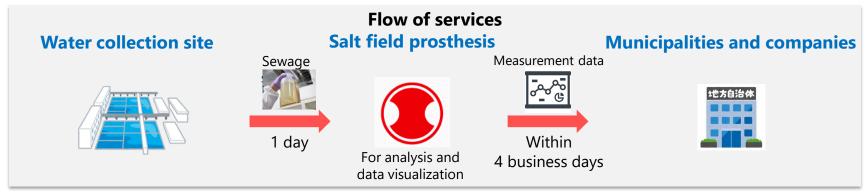
Continue efforts to maximize optimize treatment and development by providing rapid and accurate feedback on actual use after product launch, as well as obtaining data prior to commercialization

## **Efforts to Apply Sewage Epidemiology to Benefit Society**



#### Successful development of a highly sensitive Hokkaido Univ.-Shionogi method (tentative) and construction of an inspection system

- Since June 2021, the Sewage Epidemiology Surveillance Service for new coronaviruses has started
- Included in Suggestions by the Subcommittee on Control of New Coronavirus Infections\*
- The Law identifies\*\* use for sewage surveillance by the Investigation Committee on New Coronaviruses, which is jurisdictional to the Ministry of the Republic
- Expanding services by contracting with multiple municipalities
- Discussing a business alliance with Shimadzu that leverages the strengths of both parties



Even in areas where the number of infected people is relatively low, due to a sensitive evaluation system, it is expected to capture the prevalence of new coronaviruses

<sup>\*</sup> https://www.cas.go.jp/jp/seisaku/ful/taisakusuisin/bunkakai/dai4/ict\_teigen.pdf

SHIONOGI \*\* Media publication: (Link)-(Link) of publication of new coronavirus (Link)RNA (Link) levels of incoming sewage at sewage treatment sites (Link)(mlit.go.jp)(Link) of the Ministry of Land, Infrastructure, Transport and Tourism

# **Actions by Research Division for the Next Pandemic**



2002 ~

2013 ~

2019 ~

20xx ~

**SARS** 

**MERS** 

COVID-19

**New Pandemic** 

Cases: Over 200 million\*

- Expected outbreak of respiratory infection pandemic due to new animal-derived beta-coronavirus and influenza virus
- Developed as a platform that can quickly adapt to new pandemics with the know-how and technology cultivated from COVID-19

#### **Information maintenance**

- Creating a database of infectious disease research know-how
- Appropriate selection of drug discovery targets
- Data conversion using research skills and accurate analytical operation



#### **Asset enrichment**

- Building a compound library that can handle a wide range of viruses
- Enhancement of virus / strain library
- Creation of evaluation models for various diseases



#### **Partnering**

- Building a network that can handle multiple modalities
- Securing resources by utilizing external assets





## Research area

S-648414, S-365598

**HIV** infection



# **Global HIV Drug Discovery Trends**



In anticipation of the penetration of oral GE products into the HIV market after 2028, companies have shifted focus **long-acting formulations** that bring a range of benefits to patients

- Partnership between Gilead and Merck (March, 2021)
  - Announced a partnership for joint development of long-acting formulations
- **GSK** announced Vision for pursuing Integrase-based long-acting regimen (Jun,2021)
- High demand from patients who participated in the clinical trial

#### S-648414

Difficult to formulate a long-acting formulation that meets patient needs
 → Development discontinued

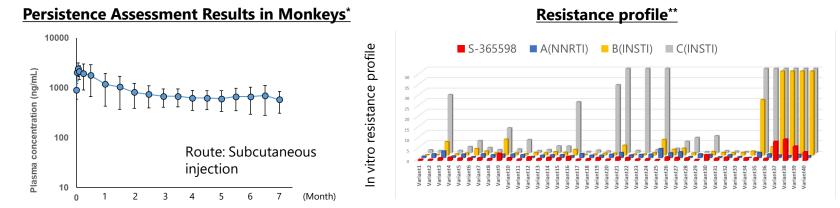


# **Shift Towards Ultra Long-Acting Formulations**



#### S-365598

- Third-generation HIV integrase inhibitors
- Targeting creation of ultra-long-acting HIV regimens with dosing intervals of three months or longer
- Potent anti-HIV activity, including against mutant viruses



Creating compounds with the potential to form ultra-long regimens that meet patient needs



#### **Agreement with ViiV Healthcare for S-365598**



Announced a licensing agreement with ViiV for the third-generation HIV integrase inhibitor, S-365598, to create ultra-long-acting regimens (announced September 28, 2021)

#### **Cabotegravir**

1<sup>st</sup> long-acting regimen for treatment

#### S-365598

Further improvement in QOL for people living with HIV

Intend to initiate first time in human studies by 2023

#### **Financial provisions**

- Upfront payment: £20M
- Development milestone: £15M
- Royalty: Aligned with royalty levels in existing Integrase Inhibitors agreement
- Shionogi contributes to development costs up to an annual maximum

#### Taken by 17 million

**Dolutegravir** 

people globally

- Collaborating with ViiV, bring forward innovative approaches for HIV
- Continuing to pursue new drug discovery with the aim of cure of HIV





#### **Research area**

S-309309

Obesity



#### **Unmet Need for Anti-obesity Drugs and Required Profile**



- Growing obese population: More than 200 million obese people in Japan, the US and Europe
- Low drug treatment rate for obesity: 0.4%-2.3%

#### **Safety concerns**

- Central nervous system side effects (CV\* risk, anxiety, dizziness, insomnia, paresthesia)
- Gastrointestinal side effects of GLP-1 analogs

#### **Insufficient effect**

- Long-term potent effect (weight loss of 8%-10% / year required)
- Clinical satisfaction low with currently approved drugs.

#### **Economic burden**

- Low insurance reimbursement rate (about 70% out of pocket)
- High drug price of about \$40/day for GLP-1 analogs

#### Required anti-obesity drug profile

Good safety profile:

Sustained potent effect:

Low economic burden:

continuous treatment without clinically significant safety concerns

weight loss of 10% / year or more

affordable drug price, insurance reimbursement

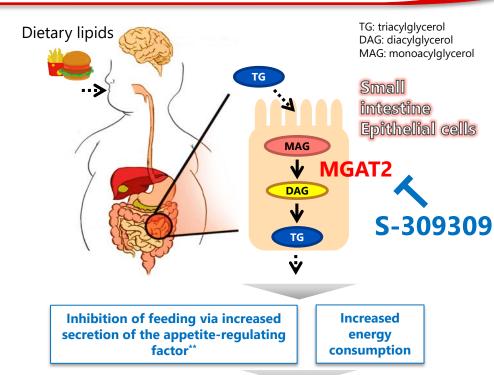


\*cardiovascular

#### S-309309: Non-clinical Findings



- Strongly inhibits MGAT2\*, an enzyme involved in triglyceride resynthesis of small intestinal epithelial cells
- Exerts anti-obesity effects by a novel mechanism of action that is not present in existing drugs (right panel)
  - ✓ Suppression of TG absorption (decrease in energy amount)
  - ✓ Appetite suppression
  - ✓ Increased energy consumption
- Strong inhibition of body weight gain
  - ✓ Exert stronger effects than existing drugs
  - ✓ Therapeutic effect in combination with a new GLP-1 formulation (Semaglutide)
- No toxicity concerns in non-clinical safety studies (GLP)

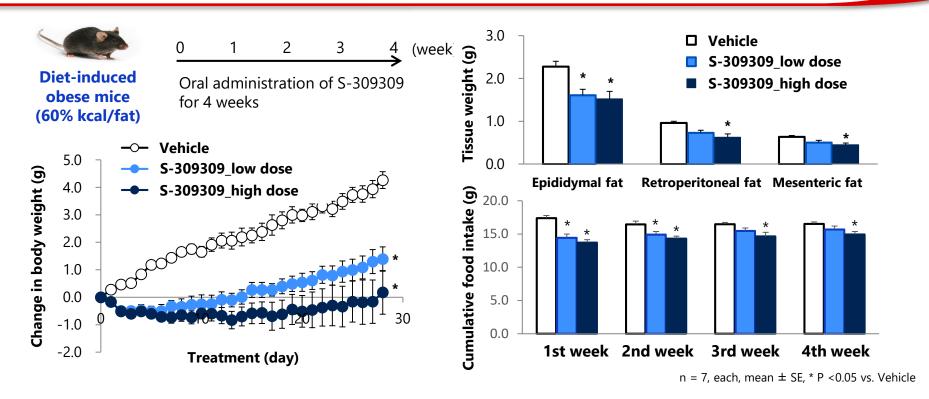


Weight decreased



#### S-309309: Effect on Body Weight, Visceral Fat, and Food Intake



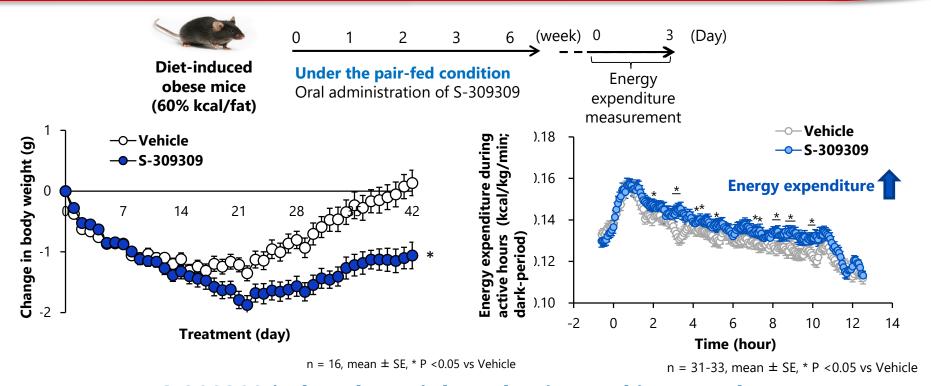


S-309309 reduced body weight and visceral fat weight\*\* following decrease in food intake



## S-309309: Effect on Increased Energy Expenditure



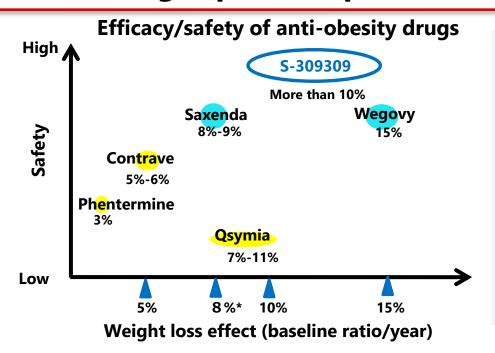


S-309309 induced a weight reduction and increased energy expenditure under pair-fed condition



#### S-309309: Target product profile





#### **Limitations with approved drugs**

- Oral preparations
  - Central nervous system side effects (CV risk, anxiety, dizziness, insomnia, paresthesia)
  - Insufficient medicinal effect
- GLP-1 injection
  - High drug price (\$ 40/day)
  - Frequent gastrointestinal symptoms (dose should be titrated for up to 4 months to reach maintenance dose and avoid side effects)

#### S-309309: First-line drug in the treatment of obesity

- No safety concern, The most potent efficacy among oral drugs (10%/year weight loss)
- · Lower economic burden than GLP-1 analogs, affordable price suitable for long-term treatment



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Ryuichi Kiyama

Toshinobu lwasaki

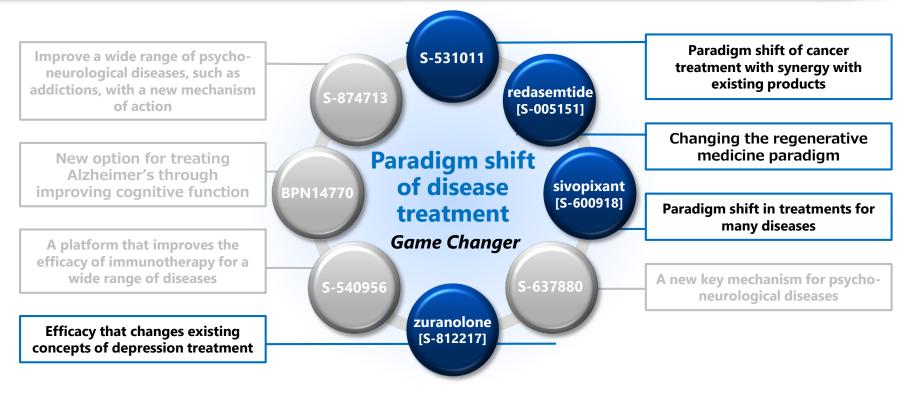
Isao Teshirogi, Ph.D.,

resident and CEC



# The Outcome We Envision from our Core Pipeline





Creating products and services for diseases with high unmet medical needs





# **Development area**

# **S-600918** [sivopixant]

Refractory chronic cough (RCC) Sleep apnea syndrome (SAS)



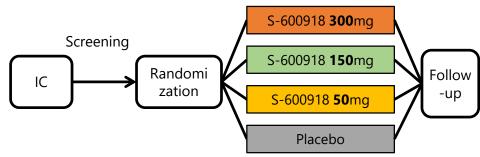
# **Sivopixant: Refractory Chronic Cough (RCC)**



Phase 2b dose finding study

| Patients         | Refractory/Unexplained chronic cough                                      |  |
|------------------|---|--|
| Endpoints        | Efficacy (cough counts, QoL etc.) ,<br>Safety, PK                         |  |
| Primary endpoint | Cough Counts per hour in 24hr   |  |
| Design           | Multicenter, randomized, double-blind, placebo-controlled, parallel-group |  |
| Regions          | Japan, US, Europe   |  |
| No. of patients  | 372   |  |
| Dosing regimen   | Once daily, 4 weeks   |  |

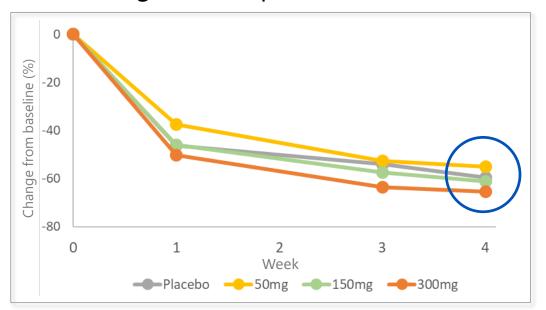
Last Patient Last Visit (LPLV) was completed in Dec. 2020 successfully, as minimizing impact of COVID-19



## **Sivopixant: RCC (Primary Endpoint)**



Cough counts per hour in 24hr (FAS, Full Analysis Set)



|         | N   | Placebo-adjusted<br>change<br>(at 4wks) | P-value |
|---------|-----|---|---------|
| Placebo | 102 | <del>_</del>                            | _       |
| 50 mg   | 100 | 13.17%                                  | 0.3532  |
| 150 mg  | 102 | - 1.77%                                 | 0.8935  |
| 300 mg  | 96  | - 12.47%                                | 0.3241  |
| J       |     |   |         |

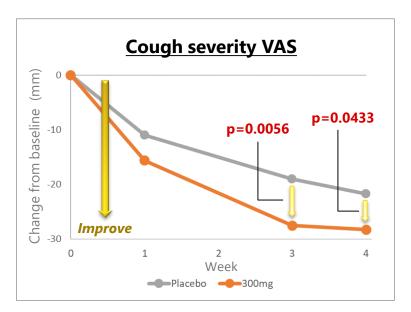
Primary endpoint was not met (statistical significance was not observed in any of sivopixant groups)

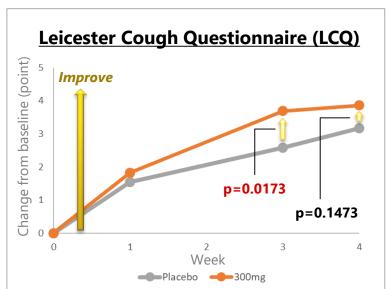


## **Sivopixant: RCC (Secondary Endpoints)**



Cough severity VAS, cough-specific QoL questionnaire at 300 mg





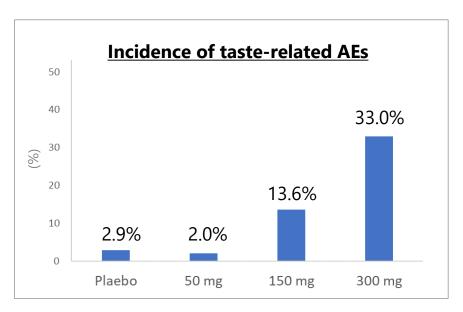
Sivopixant 300 mg dose group showed a tendency toward efficacy in some secondary endpoints



# **Sivopixant: RCC (Secondary Endpoints)**



Safety, taste-related AEs (Safety Analysis Population)

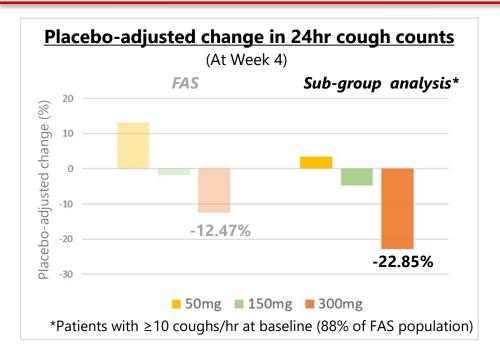


- 1-month administration of sivopixant was well tolerated
  - ✓ Discontinuation ratio was less than 5% in any of sivopixant groups
- On the other hand, incidence of tasterelated AEs increased dose-dependently



#### **S-600918: RCC (Next steps)**





#### For the next phase

- To determine clinical optimal dose
- To manage placebo effect
- To differentiate from competitors

Taking post-hoc analysis into consideration as well, appropriateness of dose selection, Ph3 study design etc. will be discussed at EoPh2 meetings

→ Aiming to submit IND/CTA/CTN by the end of FY2021

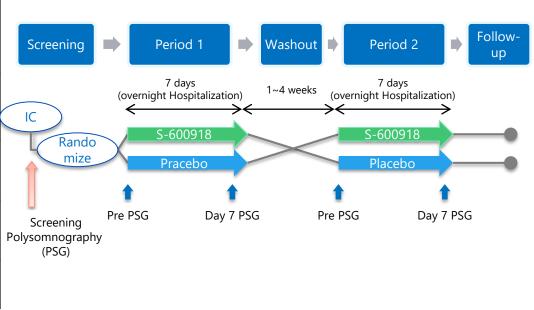


# **Sivopixant: Sleep Apnea Syndrome (SAS)**



Overview of Proof of Concept (PoC) Study

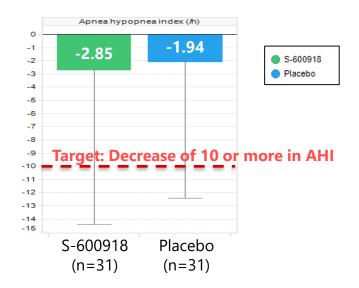
| Target<br>Patients | Moderate to severe sleep apnea<br>syndrome patients<br>(15≤ Apnea-Hypopnea Index (AHI) <50) |
|--------------------|---|
| Study<br>design    | Placebo controlled, Multi study sites,<br>Randomized, Crossover assignment,<br>Double blind |
| Endpoints          | Apnea-Hypopnea Index (AHI) change from baseline, etc.                                       |
| Dosing             | S-600918 300 mg, Placebo for 7 days<br>(Once a day, before bedtime, oral)                   |
| Enrollment         | 33 participants   |



# **Sivopixant: SAS (Result in PoC study)**

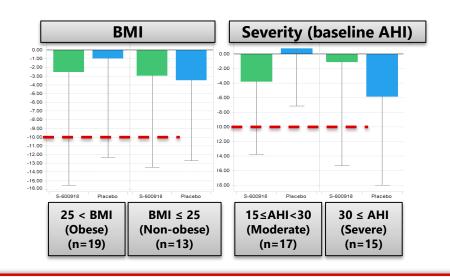


• Primary endpoint: Apnea-Hypopnea Index (Change in AHI at Day 7 from baseline)



No major safety concerns were identified

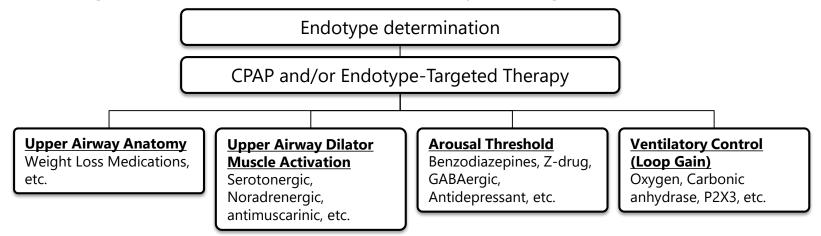
# No meaningful efficacy is seen in moderate to severe SAS patients



#### **Sivopixant: Next Action for SAS**



- Suspended/discontinued the development of S-600918 for general SAS (moderate to severe)
- Exploratory the classification of the endotype in SAS (including background factors),
   and identify the therapy for each endotype (Precision Medicine)
- ⇒ Pursuing research and development in SAS by utilizing the experience of PoC study







## **Development area**

# S-005151 [redasemtide]

- Dystrophic Epidermolysis Bullosa
- Acute Ischemic Stroke
- Chronic Liver Disease
- Knee Osteoarthritis
- Cardiomyopathy

- : Investigator initiated study was completed and the efficacy on DEB patients was confirmed. Additional clinical study is in preparation.
- : Phase 2 study is ongoing, LPI was achieved.
- : Investigator initiated Phase 2 study is ongoing.
- : Investigator initiated Phase 2 study is ongoing.
- : Investigator initiated study is in preparation.



# Redasemtide: Dystrophic Epidermolysis Bullosa



 Outline of Clinical Studies for Epidermolysis Bullosa

Shionogi conducted the follow up study for assessing the efficacy until all subjects reached 52 weeks after administration

#### **Investigator Initiated Study**

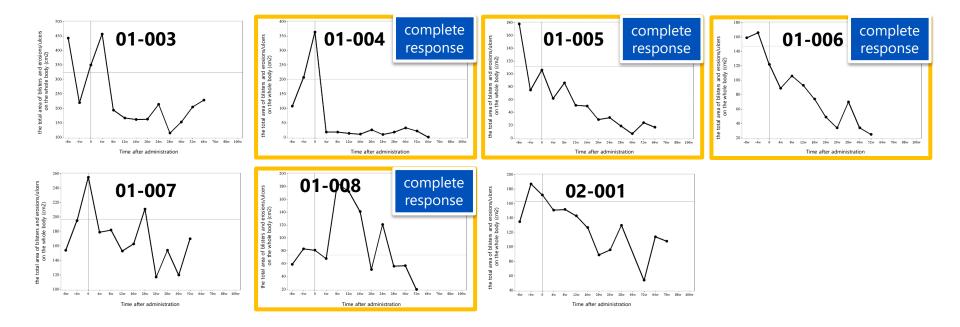
| Target<br>Population | Dystrophic Epidermolysis Bullosa (DEB) patients, n=9 (active drug only)                                       |
|----------------------|---|
| Primary<br>objective | Percentage change from baseline in the total area of blisters and erosions/ulcers on the whole body           |
| Dosage               | Drip intravenous infusion, 10 times/4 weeks<br>[Week 1: 4 days, Week 2-4: 2 days/week (1<br>dosage/3-4 days)] |

# Investigator Initiated Study Infusion (10 times/4 weeks) -8w -4w 0w 4w 8w 12w 16w 20w 24w 28w DEB patients (n=9) Baseline Assessment (blisters and erosions/ulcers on the whole body, and so on) Assessment of Efficacy Duration



#### Redasemtide: Total Area of Lesion on The Whole Body (cm<sup>2</sup>); Data from 7 Subjects Showing Positive Efficacy





- Positive efficacy was observed in 7/9 subjects
- Imaging from 4 patients showing complete response are in the next slide



# **Redasemtide: Clinical Course of 4 patients**



| Drastic improvement of elbow*refractory scar (No. 01-004)      |  |   | Drastic improvement of back refractory scar (No. 01-005)  |    |   |  |  |
|--|--|---|---|----|---|--|--|
| Ov   | <b>^</b>   | 28w   |   | 0w |   | 28w  |  |
|  | Blisters and<br>erosions<br>were on the<br>scar.                         |   | The scar was disappeared, blisters and erosions also almost disappeared.                          |    | scabs were on<br>scar.                        | Dramatical improvement of scar, erosions and scabs |  |
| Drastic improvement of lower leg refractory ulcer (No. 01-006) |  | Drastic improvement of lower leg refractory scar (No. 01-008) |   |    |   |  |  |
| Ov   | 0w 28w 0w  |   | W   | 75 | ō₩**  |  |  |
|  | Refractory<br>ulcer was on<br>the scar (no<br>healed for a<br>long time) |   | The scar<br>became milder<br>and<br>epithelializatio<br>n of refractory<br>ulcer was<br>observed. |    | Skin ulcer on<br>the<br>inflammator<br>y scar |  | Dramatical<br>improvement<br>of scar,<br>disappearance<br>of ulcer |



# Redasemtide: Dystrophic Epidermolysis Bullosa



#### NDA Preparation

- The result of discussion with PMDA
  - > Dramaticl improvement was observed in the Investigator initiated study, however, additional efficacy data is needed for NDA

Additional Clinical Study (tentative)

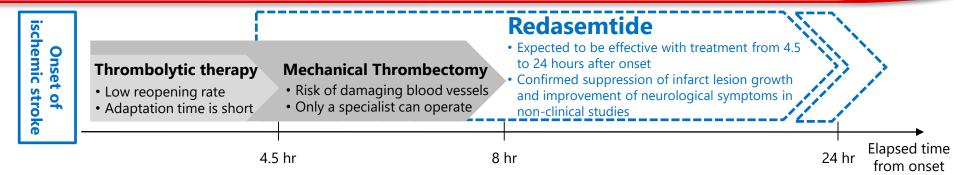
| Target<br>Population | Dystrophic epidermolysis bullosa patients   |  |  |
|----------------------|---|--|--|
| Primary objective    | Epithelialization of refractory ulcer   |  |  |
| Dosage               | Drip intravenous infusion,<br>10 times/4 weeks [Week 1: 4 days,<br>Week 2-4: 2 days/week (1 dosage/3-4 days)] |  |  |

An additional clinical study is planned to confirm the reproducibility of the Investigator initiated study results



#### **Redasemtide: Acute Ischemic Stroke**





- Unmet Medical Needs for Acute ischemic stroke
  - Drugs with an expanded time window for use
- Expected value of redasemtide compared to other therapies
  - Could be dosed with a expanded time window compared to standard therapies
  - Can offer stable supply and manage product quality easily compared to the existing regenerative medicine including stem cell transplantation

The development of redasemtide as a next-generation medicine has great significance

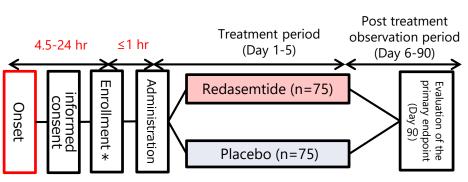
- **Expanded time window** compared to standard therapies
- Potential for a regenerative modality with stable supply and affordable price compared to other regenerative approaches



# **Redasemtide: Acute Ischemic Stroke PoC study**



| Primary<br>objective | To evaluate the efficacy and safety of redasemtide compared to placebo in patients with acute ischemic stroke |  |
|----------------------|---|--|
| objective            | (Within 4.5-24 hours of onset, Male or female patients aged $\geq$ 60 to < 85 years)                          |  |
| Study design         | Multicenter, randomized, double-blind, placebo-controlled, parallel-group                                     |  |
|                      | Redasemtide (1.5 mg/kg): 75 subjects  |  |
| Sample size          | Placebo: 75 subjects  |  |
|                      | 150 subjects in total   |  |
| Dosage               | 90 minutes intravenous infusion,<br>Once daily, 5 days  |  |
| Primary endpoint     | modified Rankin Scale (mRS**) 90 days after the first administration  |  |



Standard therapies except for t-PA and endovascular recanalization therapy can be used \* Allocation factor: NIHSS, Time from onset of acute ischemic stroke to enrollment

Completion of enrollment of the last subject was achieved as planned even in coronavirus crisis (Jul-2021)

Last observation in Oct-2021
Top-line result will be available in 3Q-2021
(October-December)

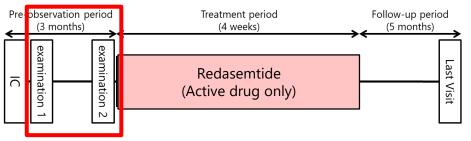
\*\* modified Rankin Scale: A scale commonly used to measure the degree of disability or dependence in daily activities of people suffering from stroke or other causes of neuropathy



# Redasemtide: Chronic Liver Disease Investigator initiated Phase 2 study



| Primary<br>objective | To evaluate the efficacy and safety of Redasemtide in patients with chronic liver disease.   |  |
|----------------------|--|--|
| Study design         | Single center, non-randomized, single arm, open label  |  |
| Target population    | Patients with chronic liver disease whose liver stiffness is 4 kPa or more measured by MR elastography. 10 patients in total.  |  |
| Dosage               | <ul> <li>1.5 mg/kg (free form), 90 minutes intravenous infusion</li> <li>Cohort A: 4 times / 4 weeks [once a week]</li> <li>Cohort B: 7 times / 4 weeks [Week 1: 4 days, Week 2-4: once a week (1 dosage/3-4 days)]</li> </ul> |  |
| Study<br>duration    | Pre-observation: 3 months Treatment and follow-up: 6 months  |  |
| Site                 | Division of Gastroenterology and<br>Hepatology, Niigata University Medical and<br>Dental Hospital  |  |



Efficacy and safety of redasemtide are exploratorily evaluated by improvement of fibrosis, inflammation and liver function in patients whose pathophysiology is stable during 3-month pre observation period.

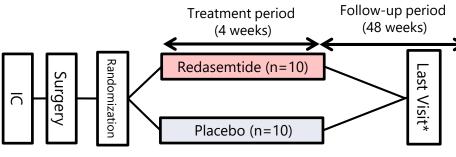
Ongoing: Administration to 1st patient was achieved on Mar-2021



# Redasemtide: Knee Osteoarthritis Investigator initiated Phase 2 study



| Primary<br>objective | To evaluate the efficacy and safety of redasemtide compared to placebo in patients with knee osteoarthritis (OA) |  |  |
|----------------------|--|--|--|
| Study design         | Single center, randomized, placebo-controlled, double blinded, parallel-group                                    |  |  |
| Target<br>population | Patients with knee OA who have undergone high tibial osteotomy (HTO) and microfracture                           |  |  |
| Sample size          | Redasemtide (1.5 mg/kg) : 10 subjects Placebo: 10 subjects 20 subjects in total                                  |  |  |
| Dosage               | 90 minutes intravenous infusion,<br>8 times / 4 weeks [1 dosage/3-4 days].                                       |  |  |
| Study<br>duration    | 12 months after the initial administration   |  |  |
| Site                 | Department of Orthopaedic Surgery,<br>Hirosaki University  |  |  |



\*joint cartilage biopsy at follow-up surgery of HTO (plate removal)

Efficacy and safety of redasemtide compared to placebo are exploratorily evaluated with structural/functional endpoint and QOL in patients with knee osteoarthritis (OA) who undergone high tibial osteotomy and arthroscopic microfracture.

# Ongoing: Administration to 1st patient was achieved in Feb-2021

High tibial osteotomy: Surgery to reduce knee pain by correcting the O-leg to the X-leg so that the load is applied to the outside and reducing the burden on the inside.

Arthroscopic microfracture: A treatment that promotes the outflow of stem cells, which may differentiate into articular cartilage cells, from the bone marrow to the damaged part by making a small hole in the subchondral bone of the mother bed of the damaged cartilage.





## **Development area**

# S-812217 [zuranolone]

Depression



## **Zuranolone: Domestic Phase 2 Study Outline**



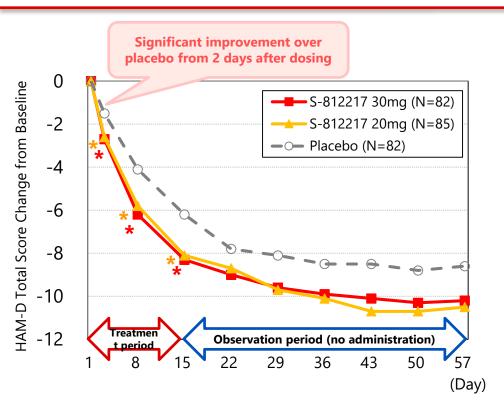
| Subject                                       | Patients with moderate to severe major depressive disorder   |  |
|---|--|--|
| Primary<br>endpoint                           | Change of total score of Hamilton Depression<br>Rating Scale for 17 items (HAM-D17) 2 weeks<br>after administration (Day 15) from baseline |  |
| Design  | Multicenter, randomized, double-blind, placebo-<br>controlled, parallel-group controlled trial   |  |
| Area  | Japan  |  |
| Target number of patients                     | 80 patients in each group, 240 patients in total   |  |
| Administration method / administration period | Once daily for 2 weeks   |  |

- Unmet needs for existing depression treatment
  - ✓ Necessity for long-term medication until the therapeutic effect is exhibited
  - ✓ Insufficient therapeutic effect
  - ✓ Long-term drug treatment
  - ✓ Insomnia and anxiety
- Expected value provided by zuranolone
  - ✓ Immediate therapeutic effect
  - ✓ Strong improvement of depressive symptom
  - ✓ Sustained therapeutic effect after drug withdrawal
  - ✓ Improvement of insomnia symptoms associated with depression
- Increasing needs for quick onset of therapeutic effects and improvement of insomnia associated with depression in COVID-19 pandemic



#### **Zuranolone: Domestic Phase 2 Study Results**





#### **Efficacy**

- Achieved the primary endpoints at both 20 mg and 30 mg
  - Significant improvement over placebo from Day 3 (first observation) to Day 15 (end of administration) at 20 mg and 30 mg of change in total HAM-D score from baseline
  - Response rate\*\* was significantly improved on Day 8 and Day 15 compared to placebo
  - ⇒ Confirm the "Quick onset"
  - Throughout the observation period from Day 15 to Day 57, although there was no significant difference from placebo, trend in continuous therapeutic effect was observed.

#### Safety

- **Confirmed the safety** 
  - All adverse events were mild or moderate, with no new concerns



#### **Zuranolone: Development strategy**



#### **Features of zuranolone**

- **Quick onset** 
  - Effective 2 days after dosing (existing antidepressants take 4-6 weeks)
- **Durability** 
  - Durability is indicated for 6 weeks after the end of the treatment period
- Ease to use
  - High adherence to complete administration in 2 weeks
- Safety
  - Mild / moderate with no new concerns

- Product positioning that takes advantage of these 4 characteristics
- Phase 3 study will be started in 4Q of FY2021, JNDA filing in FY2023, approval in FY2024





# **Development area**

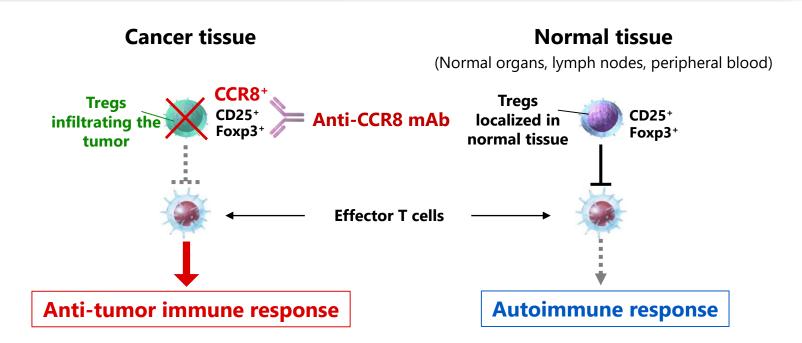
S-531011

Solid tumor



#### S-531011: Therapeutic drug concept





Selective removal of tumor-infiltrating Tregs can be expected to reduce the risk of autoimmune disease and enhance anti-tumor immunity.

# S-531011: Phase 1b/2 Study



| Study title                | A Phase 1b/2, multicenter, open-label study of S-531011 as monotherapy and in combination with an immune checkpoint Inhibitor (ICI) in participants with locally advanced or metastatic solid tumors                        |
|----------------------------|---|
| Arms                       | Part A-1: Dose escalation, S-531011 monotherapy Part A-2: Dose escalation, S-531011 combination therapy with ICI Part B: Dose Expansion, S-531011 monotherapy Part C: Dose Expansion, S-531011 combination therapy with ICI |
| Enrollment                 | Part A-1: 24 participants, Part A-2: 18 participants, Part B, C: 232 participants   |
| Tprimary endpoint          | Part A: Safety and tolerability Part B, C: Antitumor efficacy * (ORR **)  |
| Secondary<br>endpoint      | Part A: Antitumor efficacy (ORR), progression-free survival (PFS), progression-free survival (OS) Part B, C: Safety, tolerability Part A, B, C: Pharmacokinetics, biomarker (CCR8 tissue staining, TMB***)                  |
| Usage                      | S-531011, ICI once every three weeks, up to 1 year  |
| Region and number of sites | Part A: Japan/US (each 3 sites), Part B, C: North America / Asia / Europe (35 sites in total)   |





# **Development area**

**SDT-001** 

Inattentive ADHD (pediatric)



# **SDT-011: Phase 2 Study Protocol**



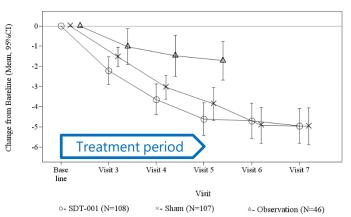
| Objective          | Evaluate efficacy & safety of SDT-001 in pediatric ADHD patients comparing with Sham*. Evaluate efficacy of SDT-001 and appropriateness of Sham in comparison to Observation cohort.  *Appli. w/similar appearance excluding core mechanism of Dual task & Difficulty adjustment |  |  |  |  |
|--------------------|--|--|--|--|--|
| Study design       | Screening Treatment Follow up  -4W Day 0 2W 4W 6W 8W 10W  Double-blind SDT-001  1:1 Randomization  Naive Observation w/psychosocial therapy  Open  |  |  |  |  |
| Target patients    | Patients who were judged to be ineffective in psychosocial treatment including environmental adjustment in both SDT-001 / Sham / Observation。  |  |  |  |  |
| Target sample size | 247 patients (106 patients each for SDT-001/Sham group, 35 patients for Observation cohort)  |  |  |  |  |
| Duration           | Once daily (25min) for 7 days/week,6-weeks   |  |  |  |  |
| Endpoints          | <ul> <li>Change in ADHD RS Inattention subscale scores from baseline to each timepoints</li> <li>Change in TOVA ACS from baseline to each timepoints, etc.</li> </ul>  |  |  |  |  |



## SDT-001: Phase 2 study in pediatric ADHD



# ADHD Rating Scale-IV Inattention score Change from baseline to each timepoint



| Treatment group       |   | Change from<br>Baseline                     | Week 6(Visit 5)<br>vs Sham           |         |  |
|-----------------------|---|---|--------------------------------------|---------|--|
|                       |   | Mean (SD)                                   | Difference of<br>LS Mean<br>[95% CI] | p-value |  |
| SDT-001               |   | -4.6(4.2)                                   | -0.8 [-1.9, 0.3]                     | 0.1750  |  |
| Sham                  |   | -3.9(4.2)                                   |                                      |         |  |
| Observation           |   | -1.7(3.2)                                   |                                      |         |  |
| Post-hoc<br>analysis* |   | Estimated efficacies vs Observation group** |                                      |         |  |
|                       | Estimated difference at Week 6 (Visit 5) compared with Observation group [95% CI] p-value |   |                                      |         |  |
| SDT-001               | -2.5 [-3.7, -1.4]   |   |                                      | <0.0001 |  |
| Sham                  | -1.7 [-2.9, -0.5]   |   |                                      | 0.0051  |  |

 $<sup>{}^{\</sup>star}\text{Observation}$  group not randomized in this study

#### Efficacy

- SDT-001 showed larger improvements in clinical endpoints; ADHD Rating Scale-IV Inattention score and Hyperactivity/Impulsivity and Total scores, CGI-I etc. compared with Sham though not statistically significant
- Analysis with propensity score (Reference values) suggested that SDT-001 can show efficacies in various endpoints vs Observation cohort (existing psychosocial therapy including environmental adjustment)

#### Safety

Adverse device reactions were irritability and headache, 1 each in SDT-001 and Sham group, somnolence in 2 events (Sham), asthenopia in 1 events (Sham) tinnitus and nausea in 1 event (SDT-001), and all the events were mild in severity



<sup>\*\*</sup>Analysis by inverse probability weighting with propensity score (Reference values)

## **SDT-001: Development Strategy**



#### **US Akili**

EndeavorRX

Prescribed by self-financed medical treatment and insurance reimbursement after FDA approved in 2020,6,15

**Indications:** a digital therapeutic indicated to improve attention function as measured by computer-based testing in children ages 8-12 years old with primarily inattentive or combined type ADHD, who have a demonstrated attention issue

- ADHD (13-17 years old), (adult) open label test underway 510 (K) application planned
- Clinical trial of COVID-19 brain fog underway Joint research with academia\*

#### **Japan**

- Improving the treatment paradigm for ADHD
   Providing a new concept of treatment (digital treatment app) for pediatric ADHD patients who are concerned about side effects of drug treatment and long-term administration
- Scheduled to consult with PMDA regarding Phase 3 implementation





# **Development area**

S-770108

Idiopathic Pulmonary Fibrosis



## S-770108: Rationale for Development



#### Oral pirfenidone (Pirespa® & Esbriet®)

- The efficacy in IPF is established in pivotal studies\*, 2\*, 3\*, and recommended IPF therapy in the international guideline\*4
- High incidence of adverse drug reactions\*5
  - Photosensitivity reactions (14.4%)
  - Decreased appetite (27.9%), Nausea (8.0%)
- In more than half of the patients, the recommended dose level (1800 mg) cannot be achieved due to adverse drug reactions (ADR)<sup>5\*</sup>.
- Approximately 20% of patients discontinued the treatment due to adverse events<sup>5\*</sup>

#### **Inhaled pirfenidone (S-770108)**

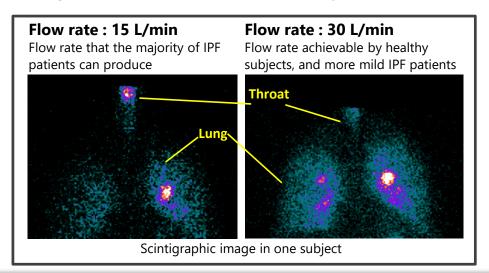
- Administered directly in the lung by inhalation, systemic exposure will be markedly reduced (1/50)
- Incidence of ADRs would be greatly decreased, and high drug concentration in the lung and superior adherence could enhance the efficacy.



#### S-770108



- Lung deposition study (Phase 1)
  - Pirfenidone deposition (concentration) in the lung was evaluated during a lung deposition study conducted in 2020, in place of a Phase 2 dose-finding study, to allow progression to the Phase 3 program.
  - During the lung deposition study, deposition parameters in healthy subjects were evaluated at two different Inhalation flow rates, achievable by the target IPF patient population, which were identified during a previous clinical research study\*



Lung delivery and deposition of S-770108 was confirmed at both inhalation flow rates.

The higher flow rate is estimated to deliver a larger amount of drug in the lung in IPF patients.



<sup>\*</sup> After training healthy subjects to achieve the target inspiratory rate, inhale S-770108 at that inspiratory rate and evaluate lung deposition.

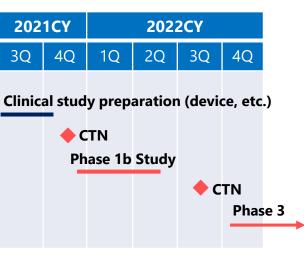
## S-770108: Future Development Plan



# Plan to initiate Japan Ph1b study in Oct prior to conduction of Phase 3 study with the new inhalation device

- Obtain inhalation flow profiles with the new inhalation device in IPF patients (during screening)
- Evaluate safety, tolerability, and PK in IPF patients when the drug is inhaled 3 times a day for 15 days (To evaluate the long-term acceptability of S-770108 treatment)

| Title            | Ph1 study of S-770108 in IPF patients   |  |
|------------------|---|--|
| Objective        | Primary : Safety, tolerability<br>Secondary: Pharmacokinetics<br>Exploratory: Inhalation parameters |  |
| Design           | Open  |  |
| Target patients  | 20 IPF patients (8 or more subjects with <75% %FVC)   |  |
| Study drug       | S-770108 (6 mg/cap, 2 capsules/dose, 3 times a day)   |  |
| Device           | New inhalation device   |  |
| Treatment period | 15 ± 3 days   |  |
| Study period     | Oct 2021 (CTN) – Apr 2022.4 (LPLV)  |  |



Under discussion with regulatory agencies to minimize timeline disruption caused by device change





# **Development milestones**



## **Development Products in FY2021: Major Progress Plans 1/2**



| Category | Pipeline | Indication                                | Milestone                            | Achievement |
|----------|----------|---|--------------------------------------|-------------|
| COVID-19 | S-217622 | Treatment of COVID-19                     | Japan: Submission, Approval          |             |
|          |          |   | Japan: Initiation of Phase 2/3       | © Sep       |
|          |          |   | Japan: Initiation of Phase 1         | © Jul       |
|          |          |   | Global: Initiation of Phase 3        |             |
|          | S-268019 | Prevention of COVID-19 (COVID-19 Vaccine) | Japan: supply                        |             |
|          |          |   | Global: Initiation of Phase 3        |             |
| Core 8PJ | S-531011 | Solid cancer                              | Japan, US: Initiation of Phase 1b/2  | © Aug       |
|          | S-600918 | Refractory/unexplained chronic cough      | Global: Initiation of Phase 3        |             |
|          | S-812217 | Depression                                | Japan: Initiation of Phase 3         |             |
|          | S-005151 | Epidermolysis bullosa                     | Japan: Initiation of follow up study |             |
|          | BPN14770 | Alzheimer's disease                       | Japan: Initiation of Phase 2         | © Apr       |
|          |          | Fragile X syndrome                        | Global: Initiation of Phase 2        | © Aug       |
|          | S-540956 | Infectious disease, Cancer                | US: Initiation of Phase 1            |             |
|          | S-874713 | Psycho-neurological disease               | Japan: Initiation of Phase 1         |             |



## **Development Products in FY2021: Major Progress Plans 2/2**



| Category | Pipeline   | Indication  | Milestone                     | Achievement |
|----------|--|---|-------------------------------|-------------|
| Others   | S-309309   | Obesity   | US: Initiation of Phase 1     |             |
|          | S-770108   | Idiopathic pulmonary<br>fibrosis                            | Japan: Initiation of Phase 1b |             |
|          | SDT-001  | Inattention symptom in ADHD patients (pediatric)            | Japan: Initiation of Phase 3  |             |
|          | Xofluza®Granules   | Influenza virus infection (pediatric,<br>body weight <20kg) | Japan: supplemental approval  |             |
|          | S-649266<br>[Cefiderocol<br>Tosilate Sulfate<br>Hydrate] | Various infectious diseases                                 | Japan: Submission             |             |

# **Agenda**



#### 1. Shionogi R&D

Progress of COVID-19 Projects

#### Ryuichi Kiyama, Ph.D.,

Senior Executive Officer, Senior Vice President, Pharmaceutical Research Division

#### Toshinobu Iwasaki, Ph.D.,

Senior Executive Officer, Senior Vice President, Global Development Division

- Progress of Shionogi R&D
  - > Research area
  - > Development area

#### 2. Summary

3. Q&A

Ryuichi Kiyama Toshinobu Iwasaki

Isao Teshirogi, Ph.D.,

President and CEO



# **Agenda**



#### 1. Shionogi R&D

Progress of COVID-19 Projects

#### Ryuichi Kiyama, Ph.D.,

Senior Executive Officer, Senior Vice President, Pharmaceutical Research Division

#### Toshinobu Iwasaki, Ph.D.,

Senior Executive Officer, Senior Vice President, Global Development Division

- Progress of Shionogi R&D
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- 3. Q&A

Ryuichi Kiyama Toshinobu Iwasaki

Isao Teshirogi, Ph.D.,

resident and CEO





# **Appendix**



#### **Other 8 Core Projects**



Progress and future plan

#### S-540956

- Preparing for Phase 1 study
  - Objective: Confirmation of safety and immune response as a vaccine adjuvant
  - Scheduled for US IND in December 2021
- Pursuing collaborations with antigen researchers and companies

#### S-874713

- Preparing for Phase 1 study
  - Objective: Confirmation of safety and setting of clinical dose
  - Scheduled to start clinical trial in the 2<sup>nd</sup> half of 2021
- Considering disease with high medical and value potential

#### **BPN14770**

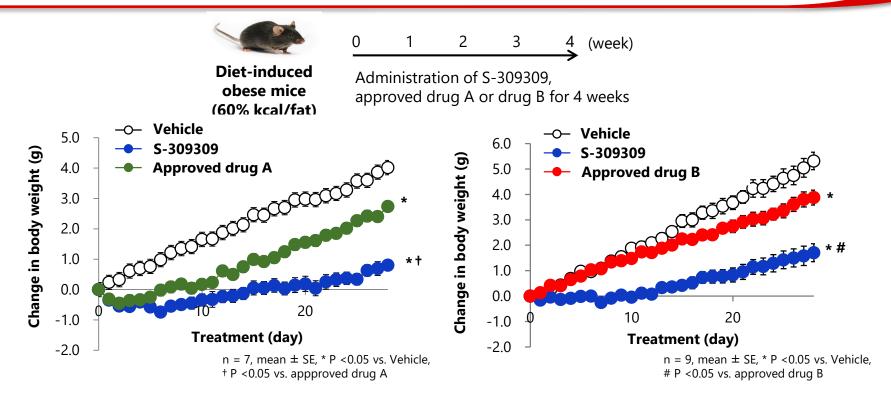
- Started Phase 2 trial in Alzheimer's disease (AD) and Fragile X syndrome (FXS)
  - AD: started Domestic Phase 2 study on April
  - FXS: started US Phase 2b study on August, discussions with FDA for Phase 3 study
- Accelerating the Phase 2 study for early transition to the Phase 3 study

#### S-637880

- Phase 2a study for neuropathic low back pain is underway in Japan
- Considering development in other diseases such as multiple sclerosis

#### S-309309: Comparison of Efficacy with Approved Drugs



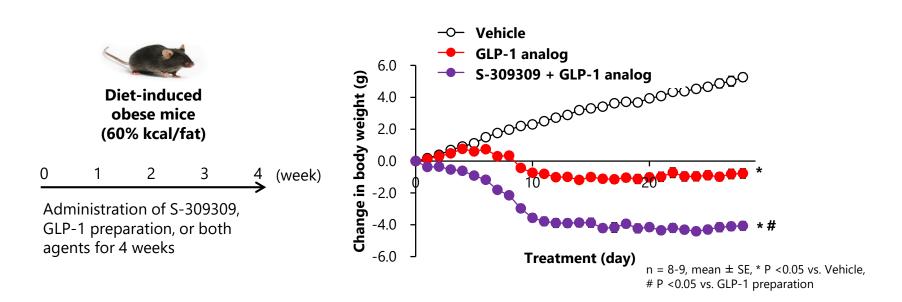


S-309309 showed a stronger anti-obesity effect than approved anti-obesity drugs



#### S-309309: Effect of Combined Use with GLP-1 Analog





# S-309309 had an add-on effect when co-administered with an approved GLP-1 analog

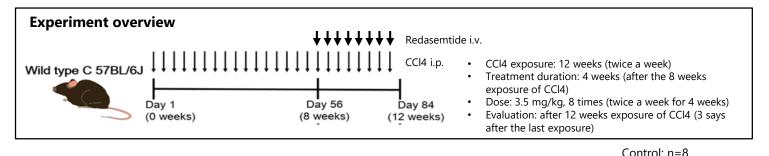


#### **Redasemtide: Chronic Liver Disease**



#### **Efficacy in CCI4-induced liver cirrhosis model mice (1)**

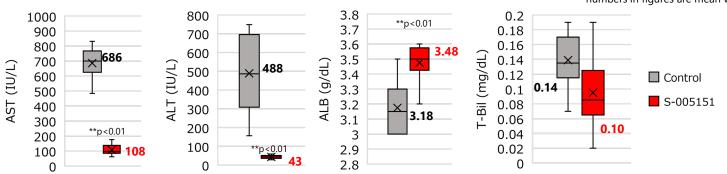
Research result at Division of Gastroenterology and Hepatology, Niigata University Medical and Dental Hospital



#### Liver damage indicators (AST, ALT), Liver function indicators (ALB, T-Bil) in Serum

numbers in figures are mean value 0.2 0.18 0.16 (mg/dL)0.14 0.12 ■ Control 0.14 0.1 S-005151 T-Bil 0.08 0.06 0.10 0.04 0.02 0

Redasemtide: n=8

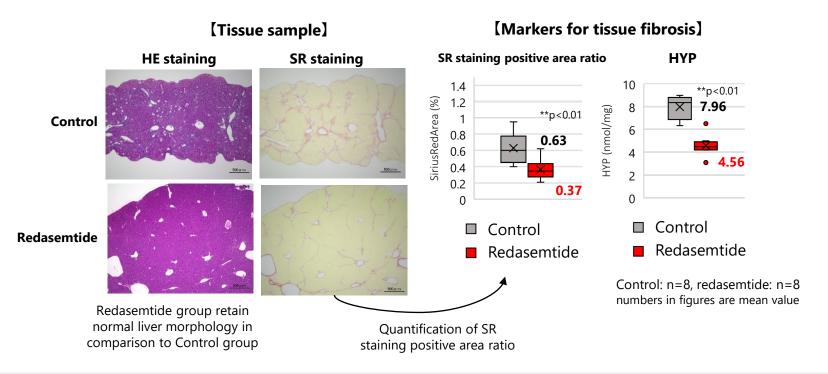


#### **Redasemtide: Chronic Liver Disease**



#### **Efficacy in CCI4-induced liver cirrhosis model mice (2)**

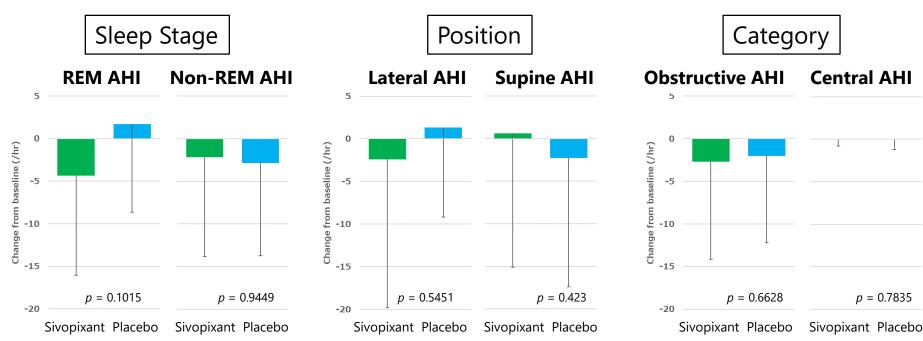
Research result at Division of Gastroenterology and Hepatology, Niigata University Medical and Dental Hospital



# **Sivopixant: SAS (Ad-hoc Analysis in PoC Study)**



Changes in the Apnea-Hypopnea index (AHI) for each condition



No significant changes were found in any AHI indicators analyzed

