Pioneering a World Free From Complement Disease

# Stifel Healthcare Conference

November 16, 2022

# Our Name Reflects Our Mission

Advancing transformative therapies for patients with complement-mediated diseases

# Complemented-Mediated Disease: A Dysregulation of the Complement System that Activates Immune Response

## Broad Impact

Nephrology
Neurology
Hematology
Dermatology
Ophthalmology
Immuno-oncology

## Goal of Therapy

- Achieve better, targeted and longer-acting immune modulation
- Preserve body's ability to fight new pathogens

# Kira is Unique in the Complement Space

**Clinical-Stage Company**

- Lead Asset: Successful Phase 1, Entering Phase 2
  - Multiple high value indications

**Bi-functional Lead Asset**

- Potent Inhibitor of proximal and terminal pathways provides potential for improved efficacy across many disease areas

**Proprietary LOGIC Platform**

- Unparalleled ability to address complex biology
- Potential for first-in-class, best-in-class compounds
  - Unique potency, duration and PKPD properties

**Robust Pipeline: 9 Drugs**

- Potential for 2 more assets to enter clinic within 18-24 months

**Quick and Cost-Effective**

- Unrivaled speed and cost-effectiveness through discovery, manufacturing, and clinical development via Chinese offices

# World-Class Science Led by a Global Team of Successful Executives and Entrepreneurs

**Frederick Beddingfield, MD, PhD**
CEO
Board Certified Dermatology, Mohs Micrographic Surgery, and Cutaneous Onc & Emergency Medicine

Associate Clinical Professor at UCLA

Allergan
CMO (Allergan Medical)

KYTHERA biopharmaceuticals
CMO

sienna biopharmaceuticals
CEO

**Wenchao Song, PhD**
Scientific Founder & Chair of SAB
Professor of Systems Pharmacology & Translational Therapeutics

U Penn Perelman School of Medicine

**Wenru Song, MD, PhD**
President & Head of R & D
Co-Founder

**Teri Loxam**
Chief Operating Officer & Chief Financial Officer

**Richard Lee, MD**
Chief Medical Officer

**Martin Rabe, MSc**
SVP, Head of Global Regulatory Affairs

**Gonghua Pan, MBA, PhD**
Head of External Alliances & Special Projects, Co-Founder

**Angela (Hui) Yan**
President of China and Asia Development and Operations

*formerly*

AstraZeneca
Global VP I/O

Pfizer
Global Clin Lead

SQZ BIOTECH
CFO

MERCK
SVP IR and Global Communications

Bristol Myers Squibb
Group Medical Director

ALEXION
Head of Hematology

Eisai

Pfizer

MERCK

WuXi AppTec
VP Operations

Pfizer

dMed 绰脉
Chief Operation Officer

Takeda

# Scientific Advisors Include 3 Globally Known Complement Experts

**Wenchao Song, PhD**

Scientific Founder & Chair of SAB
Professor of Systems Pharmacology & Translational Therapeutics
*UPenn Perelman School of Medicine*

**Paul Morgan, MB, PhD**

Professor of Immunology, Director of Systems Immunity Research Institute
*Cardiff University*

**Jörg Köhl, MD**

Professor and Founding Director, Institute for Systemic Inflammation Research
*University of Lübeck (UzL), Germany*

**Garret A. Fitzgerald, MD, FRS**

Professor of Medicine and
Systems Pharmacology & Translational Therapeutics
*Perelman School of Medicine, University of Pennsylvania*

**Ronald Levy, MD**

Robert K. Summy & Helen K. Summy
Professor of Medicine
*Stanford University*

# Strong, Committed Investors Across World's Largest Capital Markets

# Increased Interest in Complement Space: The “Complement Revolution”

## **Major Partnerships** (Mergers and Acquisitions)

| $3.7B | $1.5B | $39B | $1.2B | $930M | $2.1B | $825M |
|---|---|---|---|---|---|---|
| AMGEN | NOVARTIS | AstraZeneca | Apellis | ALEXION | ucb | Bioverativ |
| ChemoCentryx | GYROSCOPE VISION FOR LIFE | ALEXION | sobi | ACHILLION | Ra Pharma | True North Therapeutics |

# Encouraging Clinical Evidence Validates Complement Across Many Diseases

## Nephrology

**IgAN**
*IgA Nephropathy*

**C3G**
*Complement 3 glomerulopathy*

## Neurology

**gMG**
*Generalized myasthenia gravis*

**NMO**
*Neuromyelitis optica*

**GBS**
*Guillain-Barre syndrome*

## Hematology

**PNH**
*Paroxysmal Nocturnal Hemoglobinuria*

**aHUS**
*Atypical hemolytic-uremic syndrome*

**ANCA-AAV**
*antineutrophil cytoplasmic antibody-associated vasculitides*

**CAD**
*Coronary artery disease*

**ITP**
*Idiopathic thrombocytopenic purpura*

## Dermatology

**HS**
*Hidradenitis suppurativa*

**BP**
*Bullous pemphigoid*

**PG**
*Pyoderma gangrenosum*

## Ophthalmology

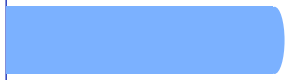
**dAMD**
*Dry age-related macular degeneration*

# Kira LOGIC* Platform Overcomes Three Key Challenges of Developing Complement Therapeutics

| | Challenge | Kira's Solution | Benefit |
|---|---|---|---|
| 1 | Complex biology | Unparalleled animal models for **target validation & indication selection** | **Selecting best target and indication** |
| 2 | High load and turnover of targeted complement system proteins | State-of-the-art **protein design** allowing **superior potency, antibody recycling, and longer lasting** inhibition | **Best-in-class efficacy and dosing** |
| 3 | Unreliable translation from clinic | Unique complement protein humanized transgenic mice allowing for **unrivaled PK/PD predictability** | **High probability of success in clinic** |

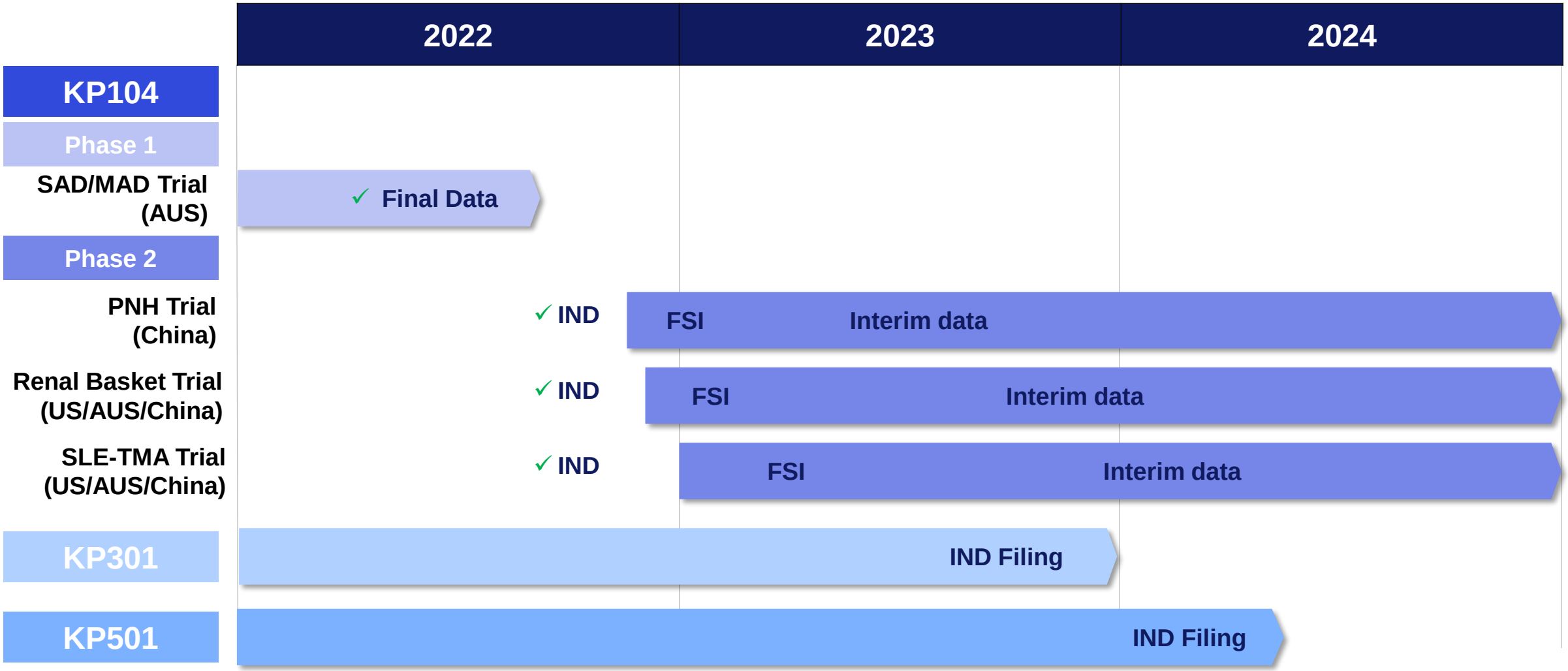
***** Kira "**LOGIC**" Platform: **L**ead identification, **O**ptimization and attributes **G**eneration, **I**n vivo **C**onfirmation

# Broad Pipeline with Differentiated Assets Spanning Complement Pathways

| Product Candidate | MOA | Lead Indications | Development Stage (Discovery / Preclinical / Phase 1 / Phase 2 / Phase 3) | Next Anticipated Milestone |
|---|---|---|---|---|
| **KP104** | Anti-C5 mAb +Factor H bifunctional biologic | Renal basket study (IgAN, C3G) |  | Phase 2 Interim Data H2-2023 |
| | | Thrombotic Microangiopathies Secondary to Systemic Lupus Erythematosus (SLE-TMA) |  | Phase 2 Interim Data Late 2023/Early 2024 |
| | | Paroxysmal Nocturnal Hemoglobinuria (PNH) |  | Phase 2 Interim Data mid-2023 |
| **KP301** | Long-acting mAb against clinically validated target | Neutrophilic and other autoimmune inflammatory disorders |  | 2H2023 FIH IND |
| **KP501** | Long-acting Classical and Lectin Pathway biologic | Autoantibody-mediated disorders |  | 2024 FIH IND |
| **KP1020/ 2050** | Bi-specific biologics | dAMD |  | 2022 Lead Generation |

- 5 additional assets in the pipeline
- Precisely engineered biologics for novel MOA and potentially better efficacy

# Multiple Value-Add Catalysts Over Next 12-18 Months

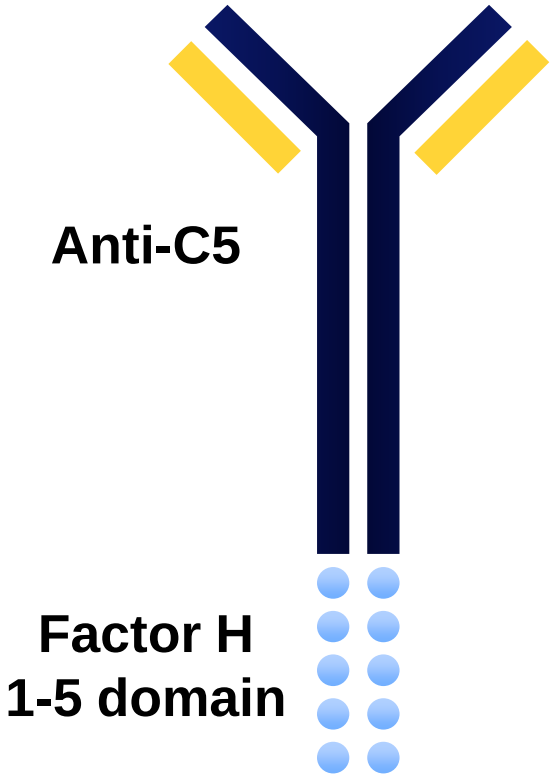


## Lead Asset – KP104

First-in-class, bi-functional biologic

Treats diseases where C5 or C3 inhibition alone is insufficient

# Lead Asset KP104: Breakthrough in Complement
# First-in-Class, Bifunctional Biologic, Overcomes Challenges of C5 or C3 Inhibition Alone




## KP104 Differentiation

- Inhibits Alternative (Factor H) and Terminal (C5) Pathways
  - FH is natural AP regulator
  - C5 engineered to have long half-life
  - Unique C5 binding epitope
  - C5 serves as tissue targeting for FH, creating synergistic effect
- Superior efficacy and potency
- High manufacturing yield & high purity

Advantageous for diseases with AP contribution and where C5 inhibition alone is inadequate

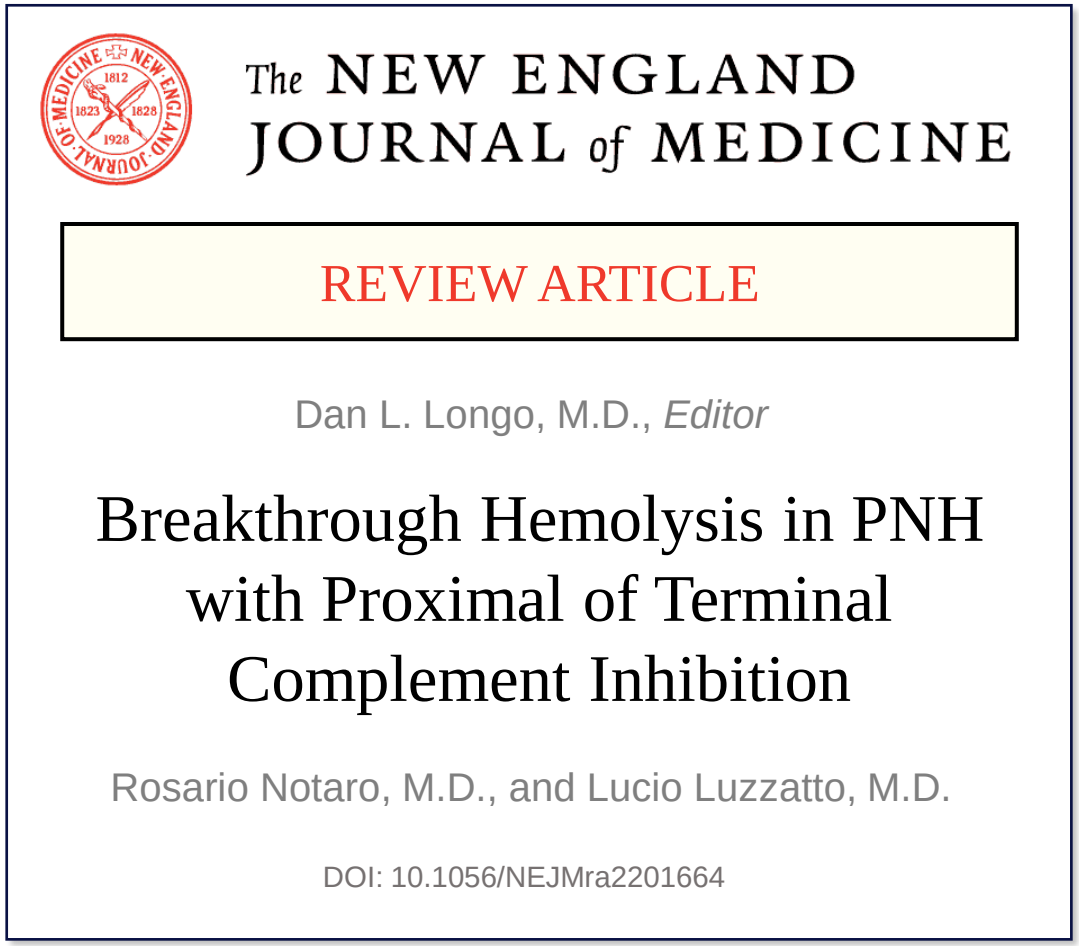
# Phase 1 Demonstrated Proof of Mechanism for KP104 Dual Inhibition and Provides High Confidence for Phase 2 Success

- Potent and sustained Terminal Pathway (TP) and Alternative Pathway(AP) Inhibition
  - Fully reduced free C5 levels (<0.5µg/mL) (biomarker for TP inhibition)
  - Continuously inhibited C3b deposition (biomarker for AP inhibition)
  - Continuously inhibited rabbit RBC hemolysis (Mixed model for AP & TP inhibition)
- Single IV loading dose achieved quick inhibition and SubQ dosing achieves steady state thereafter
  - MAD PK half-life ~ 16 days with IV loading followed by SQ weekly
- KP104 is only biologic in clinical development that simultaneously inhibits C5 and Alternative Pathway
- Potential for significant differentiation with ability for dual inhibition and SubQ dosing

# Phase 1 Demonstrated KP104 was Safe and Well Tolerated

- No major safety findings in SAD and MAD
  - No deaths
  - No Serious Adverse Events
  - No drug-related treatment discontinuations due to AEs
  - No severe TEAEs (Grade 3) - majority of TEAEs were mild (Grade 1)
  - No Dose Limiting Toxicities
- Low incidence of ADAs and presence of ADAs did not impact safety, PK or PD
- Safety Review Committee deemed KP104 to be safe and well tolerated

# Need for Dual AP/TP Inhibition in PNH Called Out in Recent NEJM Article



The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

Dan L. Longo, M.D., *Editor*

Breakthrough Hemolysis in PNH with Proximal of Terminal Complement Inhibition

Rosario Notaro, M.D., and Lucio Luzzatto, M.D.

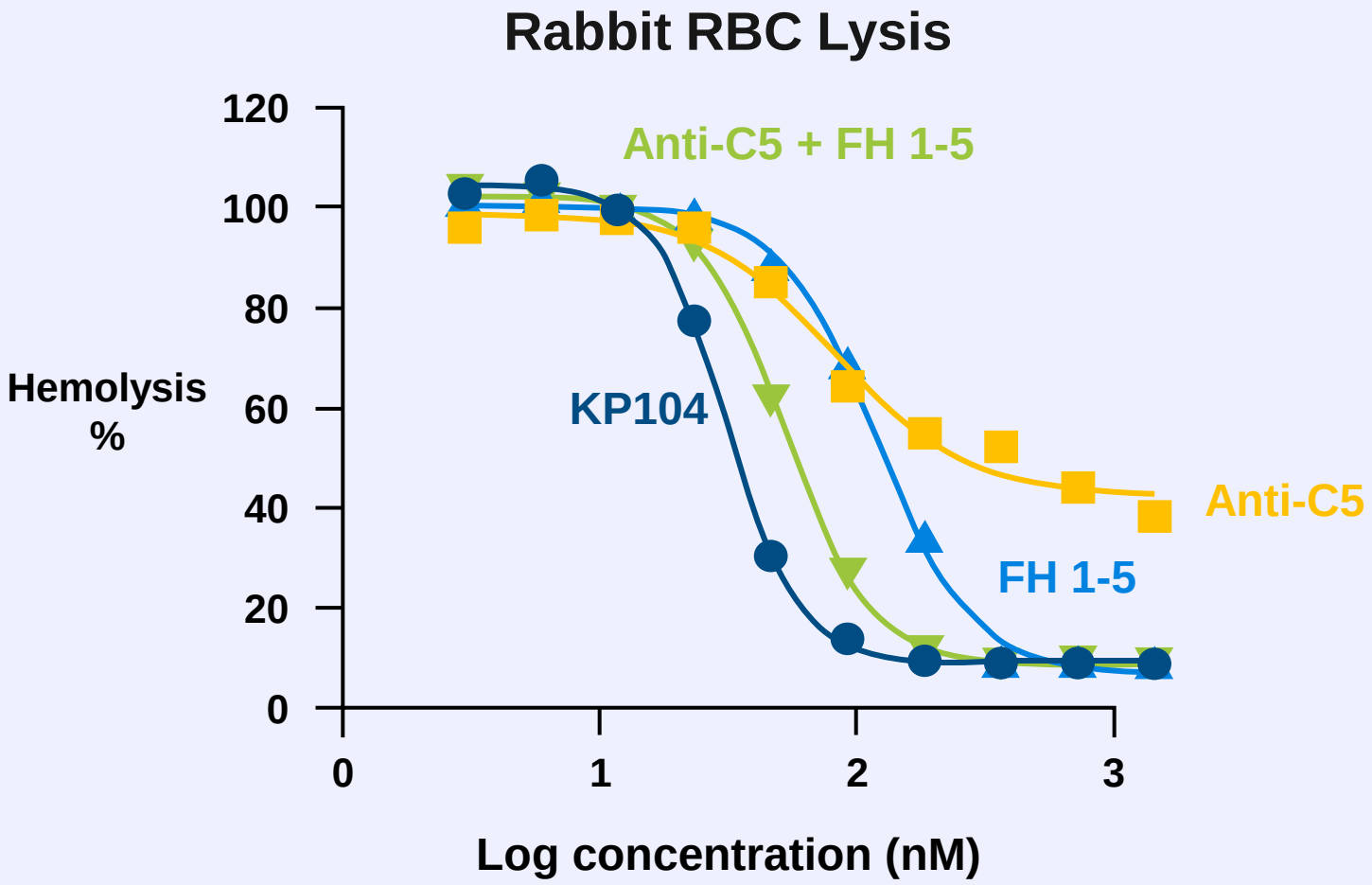
DOI: 10.1056/NEJMra2201664

***"We now understand more clearly how even partial inhibition of the terminal complement pathway may be synergistic with proximal complement inhibition."***

***"The combined approach might prevent C3 binding to PNH red cells and thus extravascular hemolysis, in addition to preventing massive breakthrough hemolysis."***

***"Such an approach would improve clinical benefits with respect to both efficacy and safety in controlling hemolysis in patients with PNH."***

# KP104 as Single Agent TP/AP Dual-Inhibitor Could Resolve Affordability Issue of Combining Single Agents While Also Potentially Providing Synergistic Efficacy




- KP104 more potent than
  - Anti-C5 mAb alone
  - AP regulator (FH 1-5) alone
  - Anti-C5 mAb and AP regulator (FH 1-5) together
- Conclusion: there is synergy in potency when the anti-C5 mAb and AP regulator are combined in a single molecule of KP104

# KP104 Targeting Novel Indications with High Unmet Need and First-in-Class or Best-in-Class Opportunities Where C5 or C3 Inhibition Alone is Insufficient

- C5 Inhibition is Effective but Inadequate
- Involvement of Alternative Pathway
- Factor H Deficiency as a Potential Driver
- Aberrant AP Activity Manifests in Clinical Outcomes

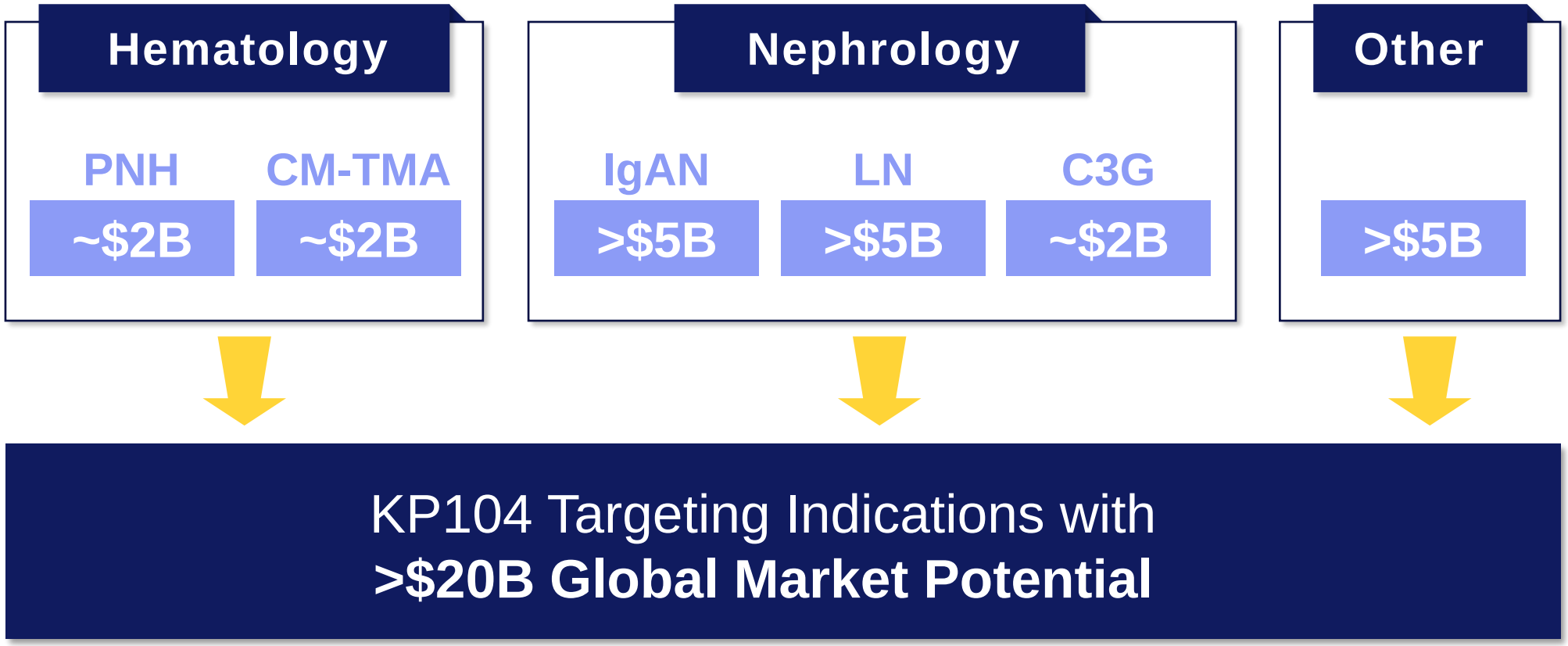
## Lead Asset (KP104) Opportunities

**Nephrology**
- IgA Nephropathy (IgAN)
- C3 Glomerulopathy (C3G)
- Lupus Nephritis (LN)

**Hematology**
- Complement-Mediated Thrombotic Microangiopathy (CM-TMA)
- Paroxysmal Nocturnal Hemoglobinuria (PNH)

**Other**
- Neurology

# KP104 Indications Have Significant Global Market Potential



# Summary of Strategy

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Kira
PHARMA