



Eledon
Pharmaceuticals

Targeted Immunology CD40/CD40L Therapeutics

Transplantation | Autoimmunity | ALS

November 2021

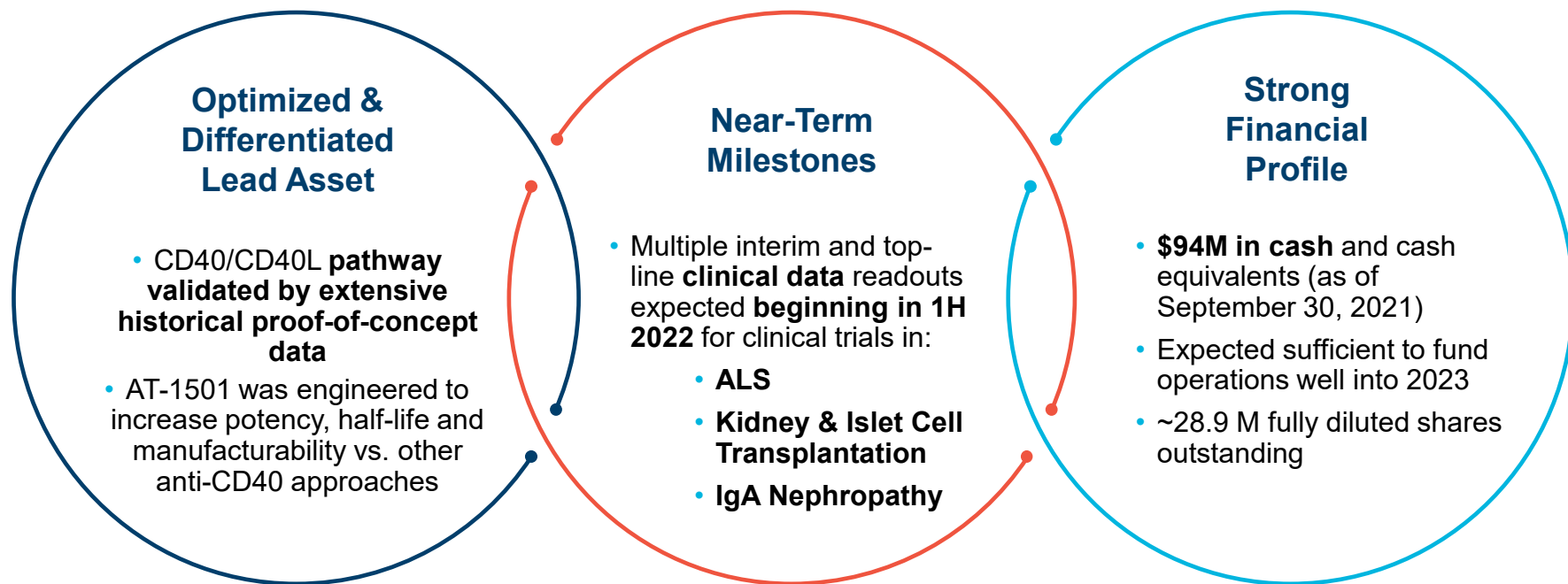
Forward-Looking Statements

This presentation contains forward-looking statements that involves substantial risks and uncertainties. Any statements about the company's future expectations, plans and prospects, including statements about its strategy, future operations, development of its product candidates, and other statements containing the words "believes," "anticipates," "plans," "expects," "estimates," "intends," "predicts," "projects," "targets," "could," "may," and similar expressions, constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995, although not all forward-looking statements include such identifying words. Forward-looking statements include, but are not limited to statements regarding: expectations regarding the timing for the commencement and completion of product development or clinical trials; the rate and degree of market acceptance and clinical utility of the company's products; the company's commercialization, marketing and manufacturing capabilities and strategy; the company's intellectual property position and strategy; the company's ability to identify additional products or product candidates with significant commercial potential; the company's estimates regarding expenses, future revenue, capital requirements and needs for additional financing; developments relating to the company's competitors and industry; and the impact of government laws and regulations.

Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: the ability to develop commercially viable product formulations; the sufficiency of the company's cash resources; the ability to obtain necessary regulatory and ethics approvals to commence additional clinical trials; whether data from early clinical trials will be indicative of the data that will be obtained from future clinical trials; whether the results of clinical trials will warrant submission for regulatory approval of any investigational product; whether any such submission will receive approval from the United States Food and Drug Administration or equivalent foreign regulatory agencies and, if we are able to obtain such approval for an investigational product, whether it will be successfully distributed and marketed. These risks and uncertainties, as well as other risks and uncertainties that could cause the company's actual results to differ significantly from the forward-looking statements contained herein, are discussed in our annual report on Form 10-K for the year ended December 31, 2020, and other filings with the SEC which can be found at www.sec.gov. Any forward-looking statements contained in this presentation speak only as of the date hereof and not of any future date, and the company expressly disclaims any intent to update any forward-looking statements, whether as a result of new information, future events or otherwise.

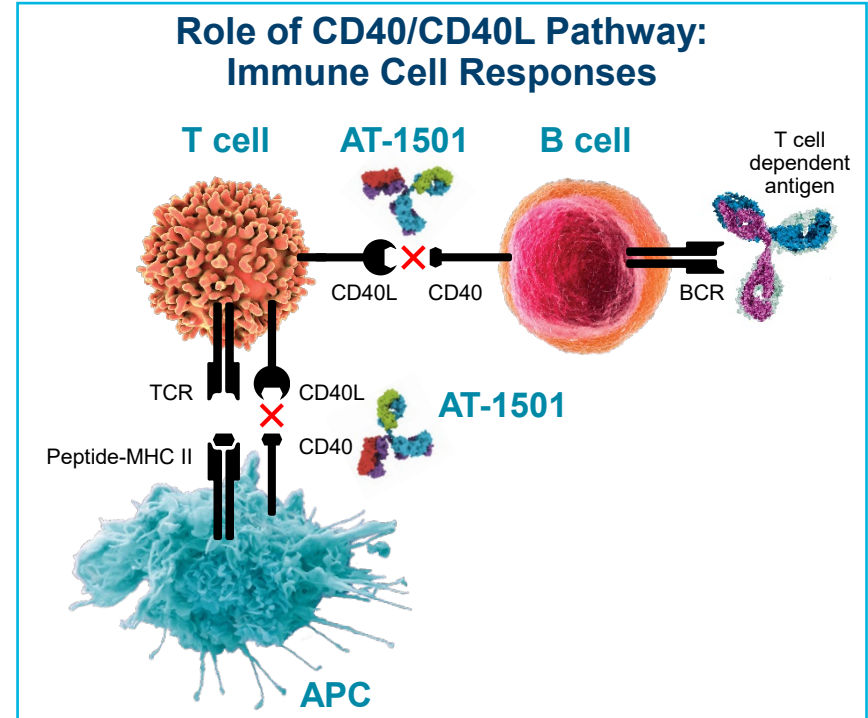


Single Company Focus: Leveraging Validated Biology to Develop Best-in-Class Immune-Modulating Therapeutics



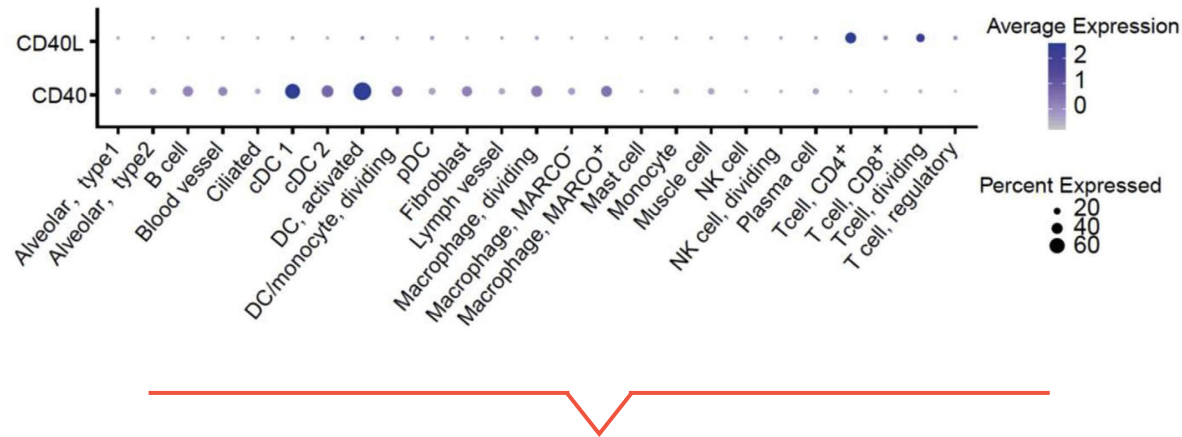
Mechanism Overview of CD40L Inflammatory Signaling

- Interaction of CD40 with CD40L on immune cells **mediates activation of the co-stimulatory immune pathway**, controlling "cross talk" between the adaptive and innate immune systems
- Maximal activation of inflammatory system is a 3-step process requiring co-stimulatory signaling
 - **Step 1:** Major histocompatibility complexes (MHC) and CD3/TCR engagement
 - **Step 2:** CD40 and CD40L binding resulting in cell division and clonal expansion
 - **Step 3:** Pro-inflammatory response by polarized T cells expressing inflammatory chemokines and cytokines
- Blocking CD40L shifts polarization from pro-inflammatory signaling to T cell anergy, apoptosis, and polarization to a Treg environment
 - Blocking CD40L thus **does not generally result in lymphopenia** often seen with immunosuppressive agents



CD40 Ligand and CD40 Receptor are Differentially Expressed

CD40L and CD40 Expression Profiles in Human Cells (Lung scRNA-seq)



- mRNA levels of CD40L are relatively higher in T cells
- mRNA levels of CD40 are relatively higher in B cells & myeloid cell lineages

AT-1501: Potential Best-in-Class Anti-CD40/CD40L Antibody

Targeting CD40 Ligand vs. CD40 Receptor		IgG1 vs. fusion protein, pegylated FAB or IgG4
CD40L and CD40	CD40L only	
Targeting both anti-CD40L and anti-CD40 inhibits B cell polarization and class switching, as well as inhibits the pro-inflammatory polarization of CD4 ⁺ Helper T cells	✓ Blocking anti-CD40L also inhibits CD11 costimulatory receptors on antigen presenting cells, thus blocking the pro-inflammatory polarization of CD8 ⁺ Cytotoxic T cells	✓ Up to over 2x times longer half-life
	✓ Blocking CD40L also polarizes CD4 ⁺ lymphocytes to FoxP3 ⁺ Regulatory T cells (Tregs), thus creating a potentially more tolerogenic environment	✓ Manufacturing advantages
	✓ CD40L is more selectively expressed, providing the potential for additional safety and PK/PD/dosing advantages	✓ Less anti-drug antibodies

AT-1501 Phase 1a/1b Single Ascending Dose Trial Completed in Healthy Subjects and ALS Patients

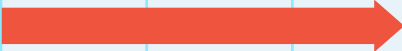


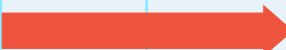

Healthy Volunteers or ALS Patients Receiving Either AT-1501 (mg/kg, IV) or Placebo

Subjects	Healthy	Healthy	ALS	Healthy	Healthy	Healthy	1501	Placebo
Dose (mg/kg)	0.5	1	1	2	4	8	NA	NA
n=	6	3	3	3	3	6	24	8

Number of Subjects (%) Experiencing TEAEs by Maximum Toxicity Grade								
Grade 1 (% Subjects Experiencing Events)	3 (50.0%)	2 (66.7%)	2 (66.7%)	2 (66.7%)	1 (33.3%)	1 (16.7%)	11 (45.8%)	5 (62.5%)
Grade 2 (% Subjects Experiencing Events)	—	—	1 (33.3%)	—	—	1 (16.7%)	2 (8.3%)	—
Grade 3	—	—	—	—	—	—	—	—
Grade 4	—	—	—	—	—	—	—	—
Grade 5	—	—	—	—	—	—	—	—

Drug associated new onset diabetes and/or renal injury has not been reported to date with AT-1501

AT-1501: Pipeline in a Product Opportunity

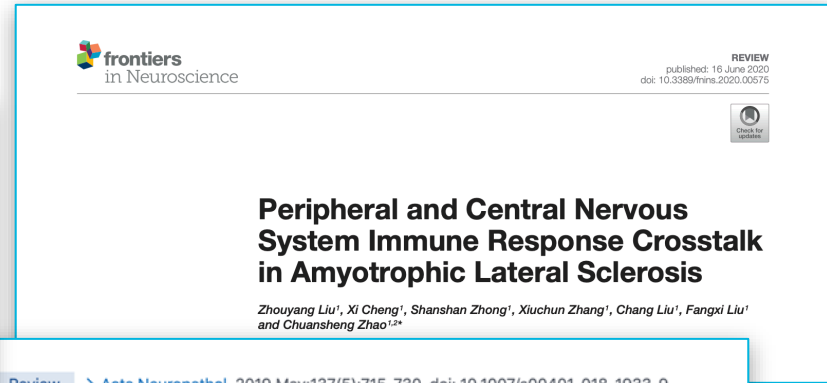
Product Candidate	Indication	Development Stage				Anticipated Milestones
		Pre-clinical	Phase 1	Phase 2	Phase 3	
AT-1501	Amyotrophic Lateral Sclerosis (ALS)					Complete enrollment in 4Q 2021 Phase 2 results expected in 1H 2022
	Kidney Transplantation					Initiate ex-US Clinical study 4Q 2021 Interim data readout expected in 2022
	Islet Cell Transplantation for Type 1 Diabetes					Enroll first Phase 2 patient Interim data readout expected in 2022
	IgA Nephropathy					Initiate ex-US Clinical study 4Q 2021 Interim data readout expected in 2022
AT-2001	Autoimmune Indications					Lead optimization

Note: Development plans and timelines may change, including based on US and global regulatory interactions.



Neurodegeneration: ALS

Autoimmune Pathogenesis of ALS is Increasingly Recognized



Review > Acta Neuropathol. 2019 May;137(5):715-730. doi: 10.1007/s00401-018-1933-9. Epub 2018 Nov 21.

Inflammation in ALS/FTD pathogenesis

Madelyn E McCauley¹, Robert H Baloh^{2, 3}

ALS Overview & Market Opportunity

Characterized
by **gradual,
progressive
muscle
weakness**

Affects
**~30,000
Americans**

~5,000
new cases
diagnosed
annually in the
US and
~600,000 cases
globally

Average age
of **55** at time
of diagnosis

Only **10%**
of ALS cases
are **hereditary**

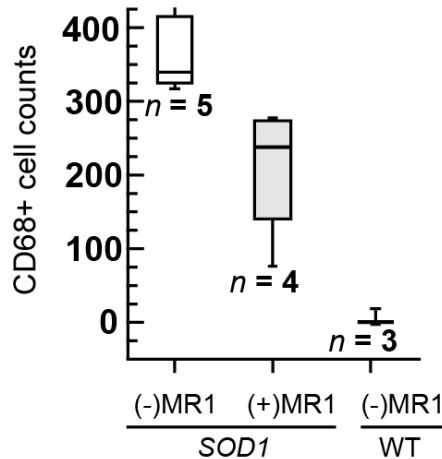
People with ALS ultimately **lose the ability to ambulate**, lose the ability to swallow, and when breathing muscles become affected, need permanent ventilatory support to assist with breathing

50% and 80% of ALS patients die within **3 and 5 years** from diagnosis, respectively.
Most people die from respiratory failure or cachexia

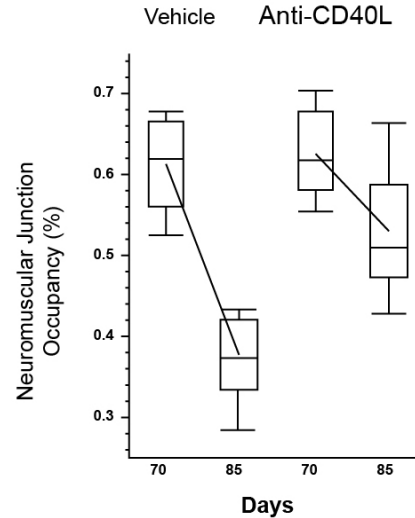
Very high 5-year ALS morbidity and mortality despite two FDA approved treatments

Anti-CD40L Historical Antibody Improves Motor Neuron Survival & Decreases Inflammation in Peripheral Nerves of ALS Mice

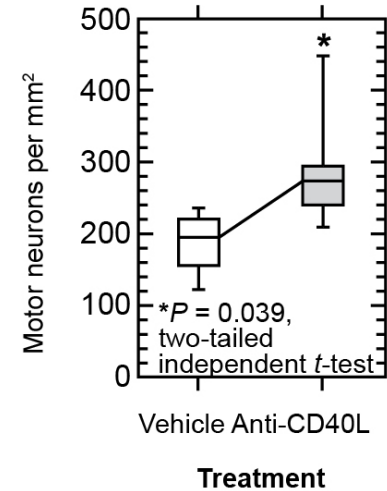
Anti-CD40L (MR1) treatment reduces macrophage infiltrate and “attack” of denervated peripheral nerves in skeletal muscle



Anti-CD40L treatment reduces macrophage infiltrate resulting in increased neuromuscular junction occupancy



Anti-CD40L treatment reduces neuroinflammation in the spinal cord resulting in improved motor neuron survival



Phase 2 ALS Study Design

DESIGN

- 12-week, open label, multiple ascending dose level study
- Four dose cohorts of up to ~18 patients each
- Each subject serves as own control by comparing changes from baseline

PLANNED DATA GENERATION

- **Safety & tolerability**
- **Biomarkers of CD40L target engagement**
 - e.g., CXCL13
- **Pro-inflammatory chemokines and cytokines upregulated in ALS**
 - e.g., TNF- α , MCP1, IL-6, IL-1, Enraged
- **Exploratory endpoints**
 - e.g., ALS Functional Rating Scale, respiratory function, Neurofilament Light Chain



Transplantation: Kidney & Islet Cell

Kidney Transplant Market Opportunity: Potential to Replace CNIs to become Standard of Care in Transplant



- **~23,000 U.S. kidney transplants per year** and ~227,000 Americans living with a functioning kidney graft



- CNIs are associated with an over **20% incidence of new onset diabetes in first 6 months post-transplant**, as well as **hypertension, kidney- and neuro-toxicity**
- **Fewer than 50% of transplanted kidneys** from deceased donors **function more than 10 years**



- ~90,000 Americans face a **3-5 year wait for a kidney** **BUT** up to **15% of transplants per year are re-transplants** further limiting organ availability for new patients

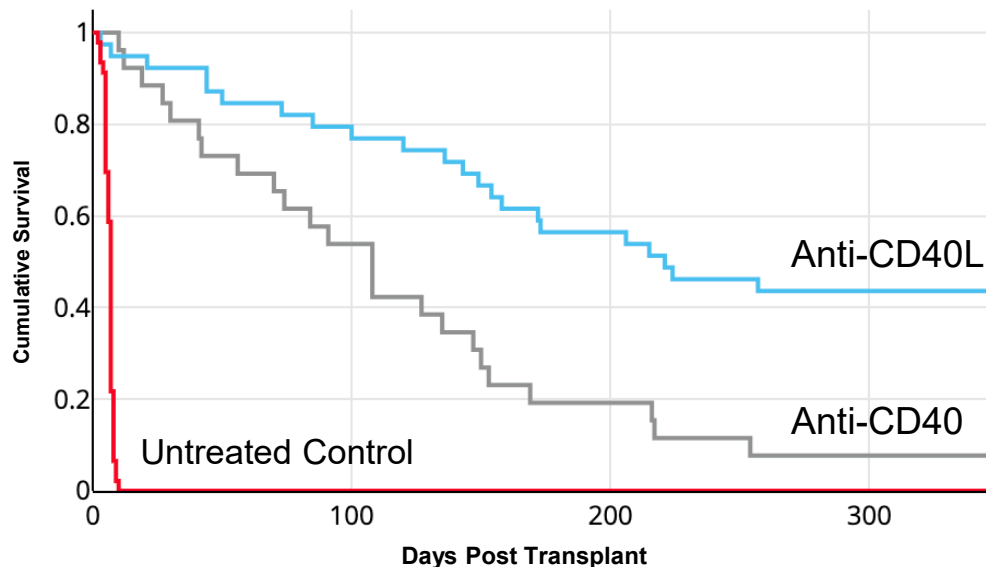


- **Pre-transplant: ~\$90,000 per year cost for dialysis**
- **~450% increase in annual medical cost** to treat transplant patients who experience renal graft failure

AT-1501 has
**potential to reduce
drug-associated morbidity
and improve graft survival**
associated with standard of
care regimens, such as
those including calcineurin
inhibitors (CNIs)

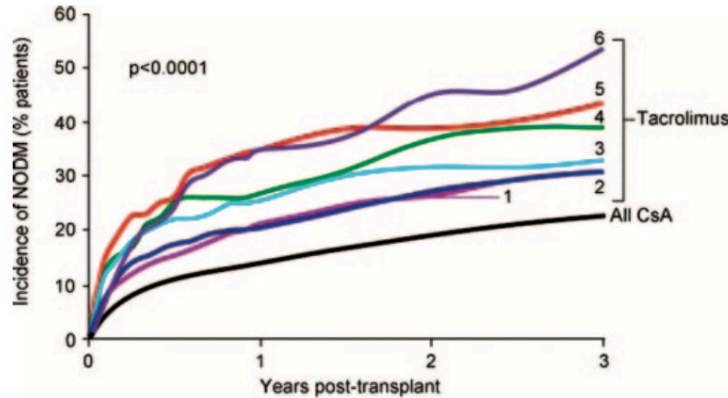
Inhibition of CD40L Improved Survival vs. CD40 Inhibition in Non-Human Primate (NHP) Kidney Transplantation Monotherapy Studies

1-Year NHP Survival Post Kidney Transplant



In aggregated data from published studies, **NHPs receiving anti-CD40L** (e.g., 5c8, AI794, IDEC-131) immunomodulation monotherapy post kidney transplantation **had longer average survival** than both those receiving anti-CD40 monotherapy (e.g., 4D11, cH5D12, Chi220, ASKP1240) and untreated controls

Incidence of CNI Related Adverse Events Such as NODM May Increase with Time Post Kidney Transplantation



Group	Steroid dose (mg/kg/day)	Tacrolimus dose (mg/kg/day)	Incidence of NODM (%)
6 (n=81)	>0.75	>0.23	54%
5 (n=219)	>0.75	0.12-0.23	43%
4 (n=159)	>0.75	<0.12	39%
3 (n=273)	<0.75	>0.23	33%
2 (n=966)	<0.75	0.12-0.23	31%
1 (n=1,197)	<0.75	<0.12	31%
All CsA (n=5,943)	0.0-1.23	0.10-25.0 (CsA)	23%

Kidney transplant recipients who develop New Onset Diabetes Mellitus (**NODM**) may have an approximately:

- **63% increased risk of graft failure**, and
- **2 to 3 fold increased risk of cardiovascular events**

Incidence of CNI Related Adverse Events Such as Nephrotoxicity May Increase with Time Post Transplant

Organ Transplant	Duration of CNI Exposure (Years)	CNI Nephrotoxicity (defined as decreased kidney function / histology)
Kidney-Pancreas	1	30%
	5	55%
	10	100%
Liver	4	16%
	5	18%
Bone Marrow	8	67%
Heart	5	9%
	10	9% ESRD
Lung	5	14%
Intestine	5	21%

CNI related nephrotoxicity risks adversely impacting the functional lifespan of transplanted kidneys

Phase 1b Kidney Transplantation Study Design

DESIGN

- 52-week, open label, single dose level study
- 6 – 12 subjects undergoing kidney transplantation at multiple sites in Canada, with potential for European expansion
- Kidney transplant using standard induction therapy plus maintenance therapy with AT-1501 as a replacement for CNIs (tacrolimus)

PLANNED DATA GENERATION

- **Safety & tolerability**
- **PK/PD**
- **Graft survival & function**
- **Biopsy proven acute rejection**
- **Immune cell infiltrate of graft biopsy**
- **Biomarker measures of kidney injury and rejection risk**

Islet Cell Transplant Opportunity: Potential to Unlock Islet Cell Transplant Market



- ~1.3M Americans live with Type 1 diabetes (T1D)



- ~70,000 (5%) estimated to have Brittle form of T1D



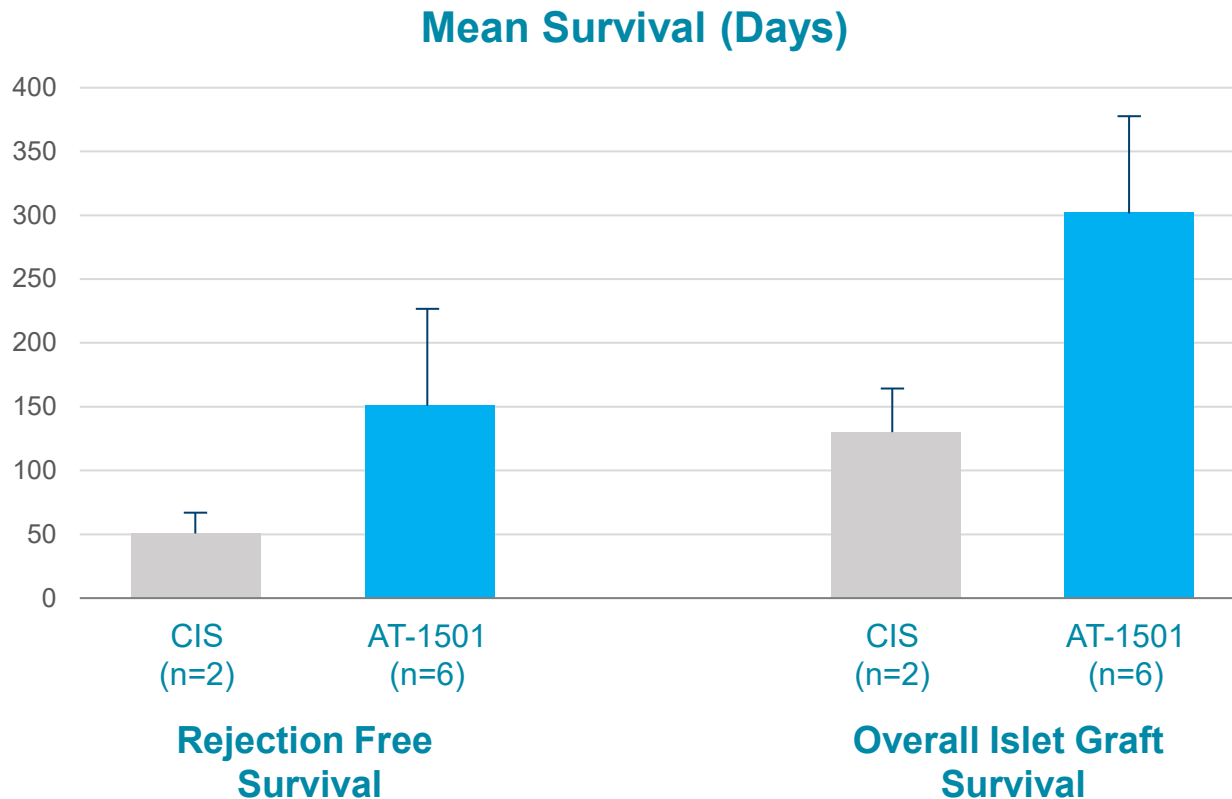
- BT1D patients have difficult-to-manage glucose levels with **severe blood glucose fluctuations despite treatment** and **higher risk of diabetes related death**



- Minimally invasive islet cell transplantation underutilized in part because of **need for multiple transplant grafts** (usually within 90 days) in part due to immunosuppressive regimens with **CNIs, that may be toxic to transplanted insulin producing islet cells**

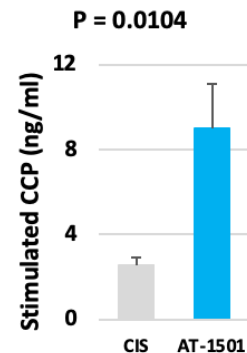
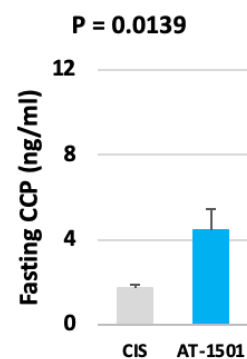
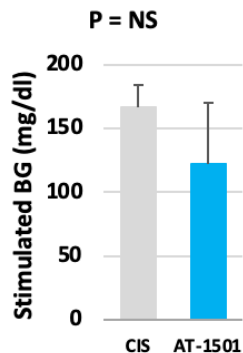
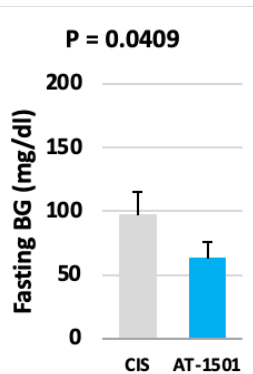
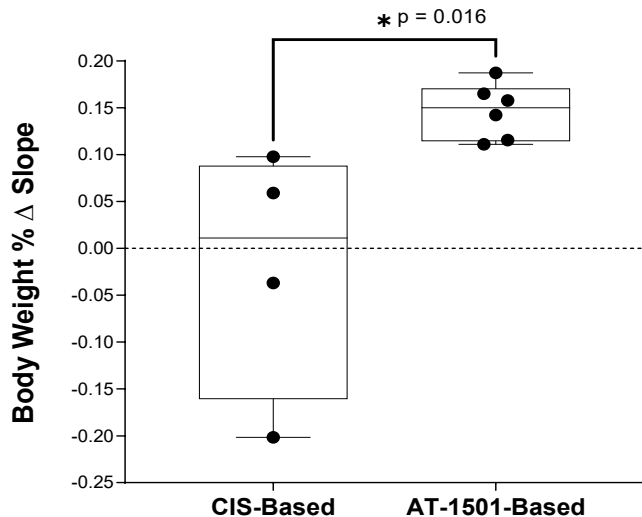
AT-1501 has
**potential to unlock
islet cell transplant market
by improving islet cell
graft survival &
reducing side effects**
associated with standard of
care regimens, such as
those including calcineurin
inhibitors (CNIs)

AT-1501 Prolonged Graft Survival vs. CNI Containing Regimen (CIS) in a Non-Human Primate Islet Cell Transplant Model...



...and AT-1501 Was Associated With Better Metabolic Control as Well as Healthier Animals Overall as Demonstrated by Body Weight

AT-1501 (AT) vs. CNI Regimens (CIS) in NHP Model of Islet Cell Transplantation



Phase 2 Islet Cell Transplantation for T1D Study Design

DESIGN

- 52-week, open label, single dose level study
- Initial group of up to 6 subjects with Type 1 Diabetes (T1D) at a Canadian and at an American site
- Islet cell transplant combined with induction therapy plus AT-1501 and mycophenolate mofetil every third week by IV infusion

PLANNED DATA GENERATION

- **Safety & tolerability**
- **Graft function & insulin independence**
 - e.g., C-peptide, HbA1C
- **Number of hypoglycemic events**
- **Need for repeat islet cell transplant(s)**



Autoimmunity: IgA Nephropathy

IgA Nephropathy Overview & Market Opportunity

Characterized
by gradual,
progressive
**kidney function
deterioration**

Most common
primary
glomerulo-
nephritis
affecting over
**~100,000
Americans**

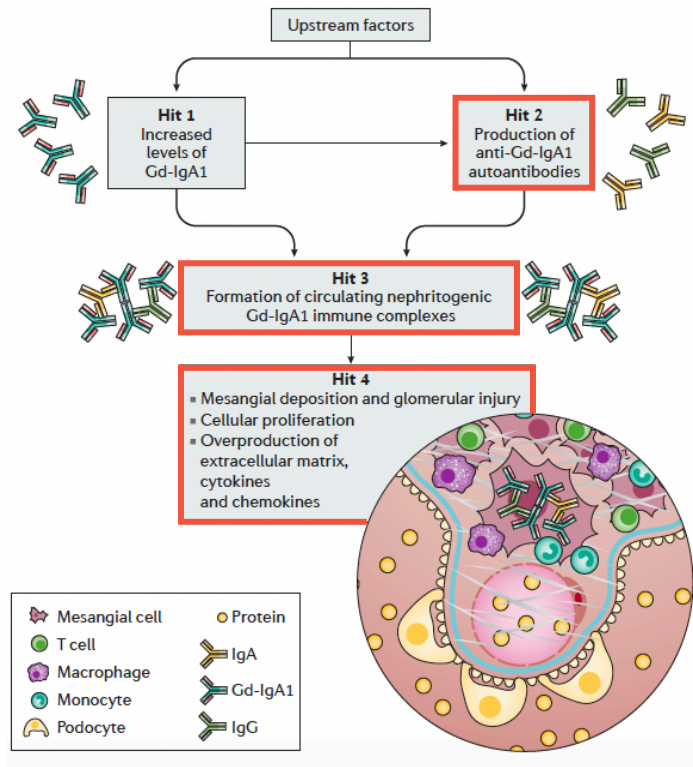
Up to **~40% of
patients** may
ultimately
progress to **End
Stage Kidney
Disease**

Average age
at time
of diagnosis
**between 20 to
40 years of age**

**Clear regulatory
path** starting with
proteinuria

- **Up to ~50-60% of patients may require additional therapy to control proteinuria and slow disease progression**
- **No FDA approved treatments**

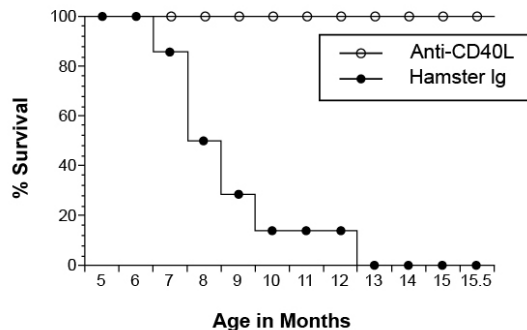
IgA Nephropathy Overview & Market Opportunity



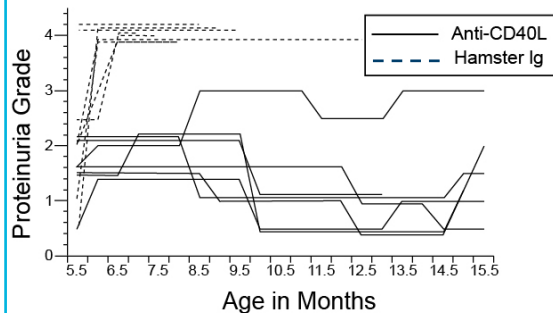
- Current Standard of Care and other drugs in development generally aim to either reduce production of antibodies or reduce the leakage of antibodies and subsequent tissue damage by decreasing local blood pressure (i.e., either Hits #2 or #4)
- **AT-1501 has the potential to hit at the root of the pathophysiology by reducing production of IgA autoantibodies and thus the immune complex formation (i.e., Hits #2, #3 and #4)**

Blocking CD40L Ameliorates Glomerulosclerosis and Proteinuria in Historical Autoimmune Nephritis Rodent Models

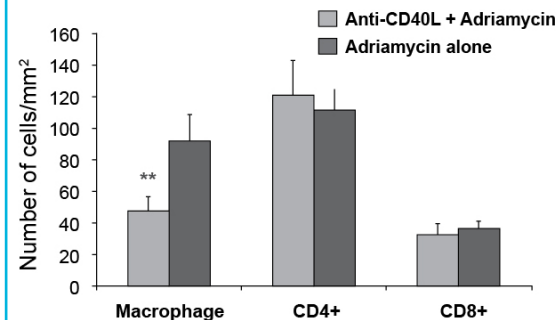
Blocking CD40L improved survival in a Lupus Nephritis mouse model



Blocking CD40L improved proteinuria in a Lupus Nephritis mouse model



Treatment with anti-CD40L reduced tissue damage and macrophage infiltration in Adriamycin induced glomerulosclerosis mouse model



2021 Execution Priorities

- Complete ALS Phase 2 study enrollment
- Begin enrollment of Islet Cell Transplantation for Type 1 Diabetes trial
- Initiate ex-US Kidney Transplantation clinical trial
- Initiate IgA Nephropathy clinical trial
- Continue Kidney Transplantation, AT-1501 monotherapy, non-human primate study
- Advance AT-1501 subcutaneous formulation



Targeting interim and top-line clinical data readouts in up to 4 indications in 2022, with the first data readouts expected beginning in 1H2022



Eledon Pharmaceuticals

19900 MacArthur Blvd., Suite 550
Irvine, California 92612, USA
info@eledon.com
+1 949-238-8090