Resverlogix Corp.
Corporate Breakthroughs

February 4th, 2021 – Market Update
Forward Looking Statement

This presentation may contain certain forward-looking information as defined under applicable Canadian securities legislation, that are not based on historical fact, including without limitation statements containing the words "believes", "anticipates", "plans", "intends", "will", "should", "expects", "continue", "estimate", "forecasts" and other similar expressions. In particular, this presentation may include forward looking information relating to the Phase 3 BETonMACE2 clinical trial, COVID-19 planned trial, vascular cognitive dementia, chronic kidney disease, fabry disease and pulmonary arterial hypertension clinical trials, and the potential role of apabetalone in the treatment of high-risk cardiovascular disease, diabetes mellitus, chronic kidney disease, end-stage renal disease treated with hemodialysis, neurodegenerative disease, Fabry disease, peripheral artery disease and other orphan diseases. Our actual results, events or developments could be materially different from those expressed or implied by these forward-looking statements. We can give no assurance that any of the events or expectations will occur or be realized. By their nature, forward-looking statements are subject to numerous assumptions and risk factors including those discussed in our Annual Information Form and most recent MD&A which are incorporated herein by reference and are available through SEDAR at www.sedar.com. The forward-looking statements contained in this news release are expressly qualified by this cautionary statement and are made as of the date hereof. The Company disclaims any intention and has no obligation or responsibility, except as required by law, to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

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Resverlogix at a Glance

- Resverlogix Corp. is a Canadian public company developing an advanced cardiovascular/CKD drug called apabetalone. We are pioneering a technology that has the ability to turn multiple disease-causing genes on or off. No actual change to the human DNA occurs. Our exciting breakthrough technology places Resverlogix as a world leader in utilizing “epigenetics” to regulate disease-causing genes.

Today’s Update Subjects Include:

- Finance update details of the previously announced private placement by Sheikh Abdulgader Aboud Baeshen, President and CEO of Baeshen Trade, Abdulgader Baeshen Co.,
- BETonMACE2 design upgrades and partnering options
- COVID-19 trial update and apabetalone’s confirmed strong antiviral effect
Financing Details

• The pending investment transaction was **announced** on October 6\(^{th}\) 2020 with an estimated closing date of January 15\(^{th}\), 2021.

• Subsequently on October 14\(^{th}\) 2020 **ORI Capital converted** its full debt position of approximately $17.5MM CDN or $13.3MM USD.

• On December 3, 2020 Sheikh Abdulgader Aboud Baeshen received a very satisfactory “**Estimate of Fair Market Value**” that was commissioned by Resverlogix for the purpose of Deloitte providing a current valuation of just our core ACS program. The valuation does not include COVID-19, Pulmonary Arterial Hypertension or any other potential or ongoing programs. This 63 page report is confidential for his investment purpose only however its valuation ranges far exceed our current market cap.

• On December 22, 2020 the final Resverlogix review step took place with shareholders voting in favor of the transaction by **greater than 99%**.

• Since the AGM vote the Sheikh has been diligently working on the foreign exchange aspects of transferring funds from Saudi Arabia to Canada, a process that is expected to be completed within the month. His quote for today’s call is: “**I am happy to join your esteemed company, Resverlogix. Upon the emergency circumstances of 2020 and for my complete belief that your work will serve all mankind I am participating in this initial investment.**” Sheikh Abdulgader Aboud Baeshen.

• In addition, the Sheikh has requested an **upsized initial investment**.
BETonMACE2 & Designs and Timelines
FDA Approves Breakthrough Therapy Designation

“A breakthrough therapy designation is for a drug that treats a serious or life-threatening condition and preliminary clinical evidence indicates that the drug may demonstrate substantial improvement on a clinically significant endpoint(s) over available therapies.”

FDA Website

As the result of very safe and promising data the FDA granted Resverlogix the coveted Breakthrough Therapy Designation.
**Basic Trial Design**
- Type 2 Diabetes patients post ACS 7-90 days
- Estimated glomerular filtration rate (eGFR) between 25 and 75 mL/min/1.73 m²
- SGLT2 inhibitor if clinically indicated mandated for all subjects
- Endpoint, time to the first occurrence of narrowly defined MACE (CV death and MI) or hospital admission for CHF

**Clinical Cost est.**
$200,000,000 USD
To be paid for by the Pharma side in a partnership agreement
**TARGETED - GLOBAL DEVELOPMENT PLAN**

Planning details between Resverlogix and various potential partners

**Trial Size**
- 3,600 patients

**Basic Trial Design**
- Type 2 Diabetes patients post ACS 7-180 days
- Estimated glomerular filtration rate (eGFR) between 20 and 60 mL/min/1.73 m²
- SGLT2 inhibitor if clinically indicated mandated for all subjects
- Endpoint: time to the first occurrence of narrowly defined MACE (CV death and MI) or hospital admission for CHF

**Clinical Cost est.**
- $60-70,000,000 USD
  - To be paid for by the Pharma side in a partnership agreement

**2021**
- Patient enrollment will start H2 2021. (pending COVID-19 issues)
- Targeted enrollment should be completed 4 months from start
- Interim analysis of 300 targeted patient events should happen 6 months after enrollment
- Pending interim success FDA approval is possible due to the Breakthrough Therapy Designation

**2022**
- Fixed dose combo with an existing SGLT2
- Time released once a day formulation
- Pre-Clinical scale up of commercial supply
- Chemistry preparation could be done in 12 months.

**2023**
- Reformulation to a tablet form
- Preferred chemistry upgrades can be done in parallel
- Reformulation to a tablet form

**Reformulation to a tablet form**
- Chemistry preparation could be done in 12 months.

**Timeline**
- Patient enrollment will start H2 2021. (pending COVID-19 issues)
- Targeted enrollment should be completed 4 months from start
- Interim analysis of 300 targeted patient events should happen 6 months after enrollment
- Pending interim success FDA approval is possible due to the Breakthrough Therapy Designation
BETonMACE 2-Design Considerations

Targeted focus on the renally impaired CV population

- T2DM 7-180 days post ACS (potentially longer than 180 days – FDA opinion required)
- Estimated glomerular filtration rate (eGFR) between 20 and 60 mL/min/1.73 m$^2$ and urinary albumin:creatinine ratio ≥200 mg/g
- SGLT2 inhibitor if clinically indicated mandated for all subjects

Primary endpoint

- Time to the first occurrence of narrowly defined MACE (CV death and MI) or hospital admission for CHF

A sample size of approx. 3,600+ randomized subjects will yield approximately 90% power for HR=0.78

- Total number of events: 600-650
- Interim analysis and official trial success at mid point of 300 events

The increased number of primary endpoints coupled with the strong signal on CHF in the first study will ensure adequate power and a high likelihood of patient benefit
Relative Annual of Major Adverse Cardiac Events (MACE) in Target Patient Groups

- General Population: 0.2%
- Diabetics: 3.0%
- ACS Patients with Diabetes: 9.4%
- CKD Patients with History of CVD (ACS / CAD): 11.4%
- Dialysis Patients: 12.9%
- Dialysis Patients with History of CVD: 25.5%

Calculated from:
- General Population: CDC Heat Disease Facts;
- Diabetics: ACCORD (2008); ADVANCE (2010); SAVOR-TIMI (2013); EXAMINE (2013); EMPA-REG (2015); LEADER (2016); SUSTAIN-6 (2016); CANVAS (2016); EXSCEL (2017);
- ACS – Diabetes: TRITON-TIMI 28 (2008); PLATO (2010); PROSPECT (2012); EXAMINE (2013); PEGASUS-TIMI 54 (2016); Taiwan ACS Registry(2017);
- CKD – ACS / CVD: PPP (2004); VA-HIT (2004); CREDO (2008); Kang, YI. (2009); PLATO (2010); Liu, Y. (2014); Miller-Hodges, E. (2018);
- Dialysis: 4D (2005); FOSIDIAL (2006); AURORA (2009); Eckardt, KU. (2015);
COVID - 19
Phase 2 Trial
Since the initial publication demonstrating an interaction between SARS-CoV-2 proteins and BETs (Gordon et al., 2020) and our announcement in March 2020 that apabetalone reduces expression of host cell receptors, new findings from multiple labs support the potential utility of BET inhibition as a therapeutic for COVID infection.
Number of US Deaths Due to Current Diseases in 2020
Posted on CNN - Nov. 2020 – AGM Slide

Source: US Centers for Disease Control, National Highway Traffic Safety Administration
Graphic: Daniel Wolfe, CNN
Number of US Deaths Due to Current Diseases in 2020
COVID-19 Updated to February 2021

460k
COVID-19 deaths

670.6k
Heart disease

612.7k
Cancer

24.2k
24.2k
45.4k
142k

Cause of death:
- Car crashes
- Influenza
- Suicide
- Stroke
- Cancer
- Heart disease

Source: US Centers for Disease Control, National Highway Traffic Safety Administration
Graphic: Daniel Wolfe, CNN
Repurposing Apabetalone for SARS-CoV-2 infection with a Dual Mechanism

Infection of human cells with SARS-CoV-2

The SARS-CoV-2 virus causes life threatening complications including acute coronary syndrome, venous thromboembolism and hyperinflammation in the lung.

SARS-CoV-2 “Spike Protein” binds the human cell surface receptor Angiotensin-Converting Enzyme 2 (ACE2) for entry into host cells and initiation of infection; ACE2 expressing cells in the respiratory track are the first to be infected.

Recombinant ACE2 or neutralizing ACE2 antibodies reduce viral infection and replication in host cells, establishing ACE2 as a target for SARS-CoV-2 intervention.

SARS-CoV-2 infection is associated with the dysregulation of the inflammatory immune responses. When inflammation is not modulated or resolved it develops into hyperinflammation or becomes chronic and can result in tissue damage, organ failure, cardiovascular and renal complications, etc.

Dual Mechanism of Apabetalone for COVID-19 treatment

Apabetalone treatment reduces ACE2 gene expression, cell surface ACE2 protein levels and binding of SARS-CoV-2 spike protein (receptor binding domain) to human lung cells. ACE2 gene expression is downregulated by apabetalone in various cell types including lung, kidney, and liver cells with potential to reduce SARS-CoV-2 infection in multiple organs.

Preliminary results demonstrate that apabetalone treatment of human lung cells blocks infection & replication of live SARS-CoV-2 virus.

Apabetalone may reduce the hyperinflammatory state brought on by SARS-CoV-2 infection by reducing the hyperactivation of immune cells and the levels of circulating inflammatory mediators and risk factors that lead to sepsis and post-COVID syndromes.
COVID-19 CLINICAL TRIAL LAUNCH IN Q1 - 2021
Resverlogix’ First Short Term Revenue Potential

**Trial Size**

100 patients

**Basic Trial Design**

- 4 week open label COVID-19 study for hospitalized patients
- Endpoints will be based on WHO and NIH guidelines
- Patients will have had symptoms for 7 days or less.

**Clinical Cost est.**

$3,000,000 USD

To be paid for by either RVX or by various Government interests under application

Desired chemistry upgrades, other than commercial scale up, NOT required for this program but can happen in parallel regardless.

Positive P2 results would launch a larger Phase 3.

Phases 3 will be much faster than vaccine trials. Safety already in place.

Emergency supply, manufacturing & partnership agreements can commence during final P3 emergency trial.

Long term potential is large as our dual mechanism approach should include all corona viruses and their variants.

FDA filing in Feb 2021 & Patient Enrollment

Q1

Q2

Q3

Q4

Reformulation to a tablet form

Fixed dose combo with an existing SGLT2

Time released once a day formulation

Pre-Clinical scale up of commercial supply

Chemistry preparation would be expedited under emergency management rules
COVID-19 Treatment Study

- **This will be an open-label**, exploratory clinical study to assess the patient safety and effect of oral apabetalone for up to 4 weeks compared to standard of care in hospitalized subjects with COVID-19 Infection

- **Hospitalized patients >18 years with NIH defined moderate illness**
  - Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have saturation of oxygen (SpO2) ≥94% on room air at sea level.
  - PCR confirmed Covid-19
  - Seven days or less since the onset of symptoms

- **Primary Endpoint**
  - Individuals who show evidence
  - Change in the WHO Ordinal Scale for Clinical Improvement

- **Secondary Endpoints**
  - Changes in the AUC of biomarkers of inflammation (IL-6, IL-8, TNF-α, CRP)
  - Change in components of 14-point symptom questionnaire completion
  - Change in viral load

- **Conducted in US centers**
Questions & Answers

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