



Resverlogix Corp. Corporate Update

May, 2018

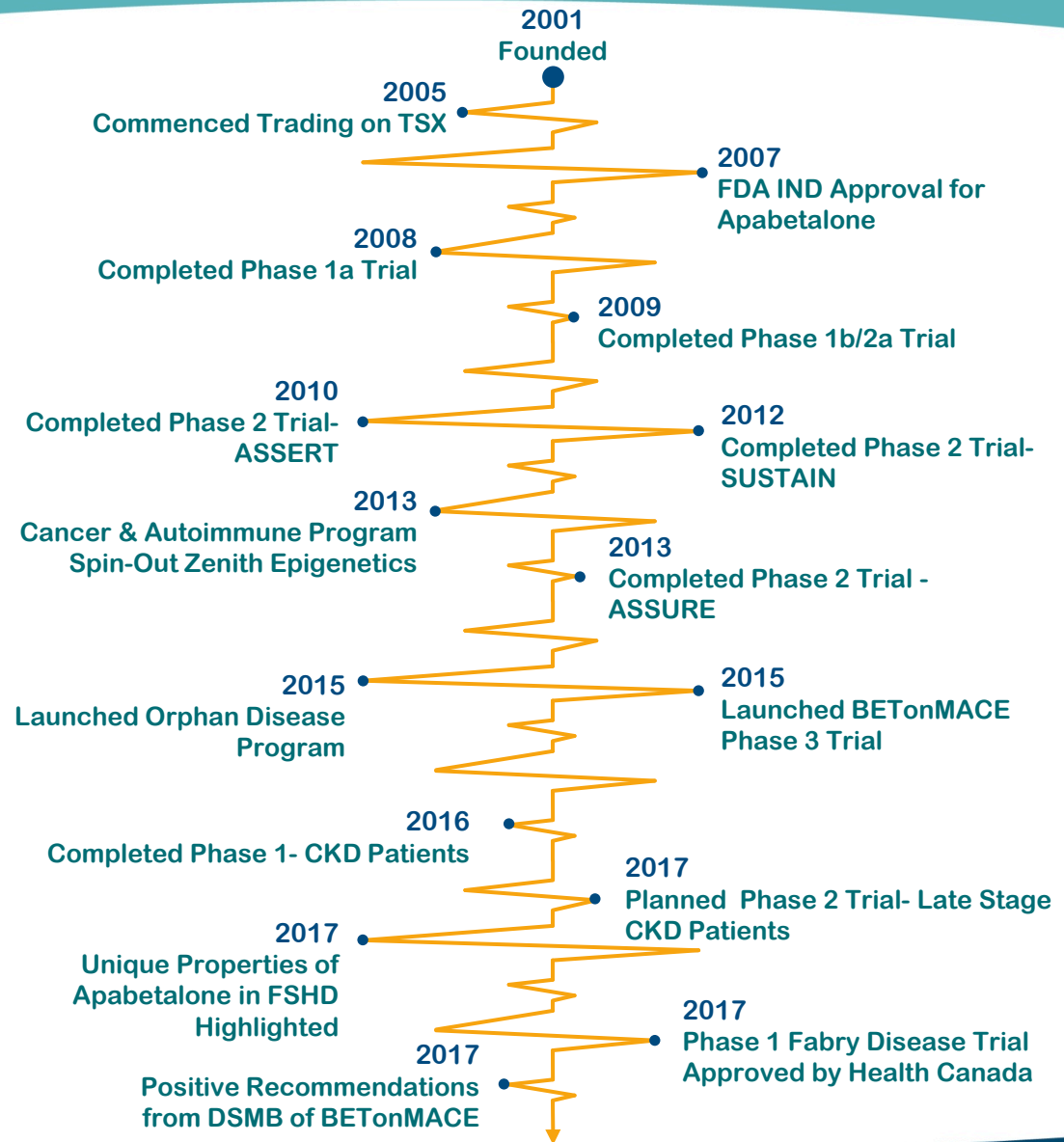
Calgary, AB & San Francisco, CA

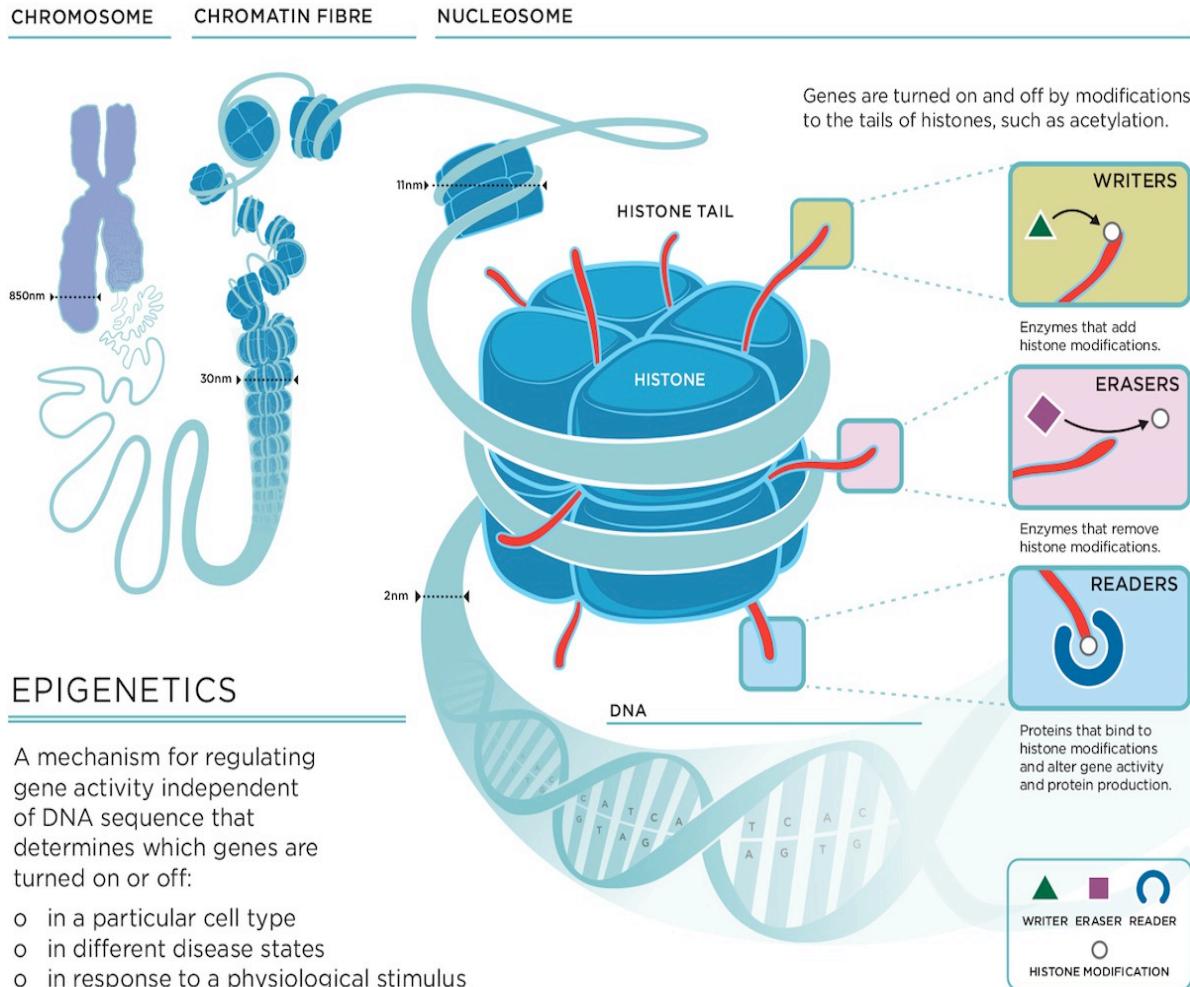
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About Resverlogix



- Resverlogix Corp. (TSX:RVX) is a Calgary and San Francisco based clinical stage biotechnology company focused on the development of apabetalone
- Apabetalone (RVX-208) is a first-in-class small molecule selective BET bromodomain inhibitor, which acts via an epigenetic mechanism that can turn disease-causing genes off, returning them to a quiescent state
- Apabetalone was the only selective BET bromodomain inhibitor in clinical trials for the past 10 years
 - Discovered & synthesized in 2006
 - Selected using a cell based screen for Apolipoprotein A-I



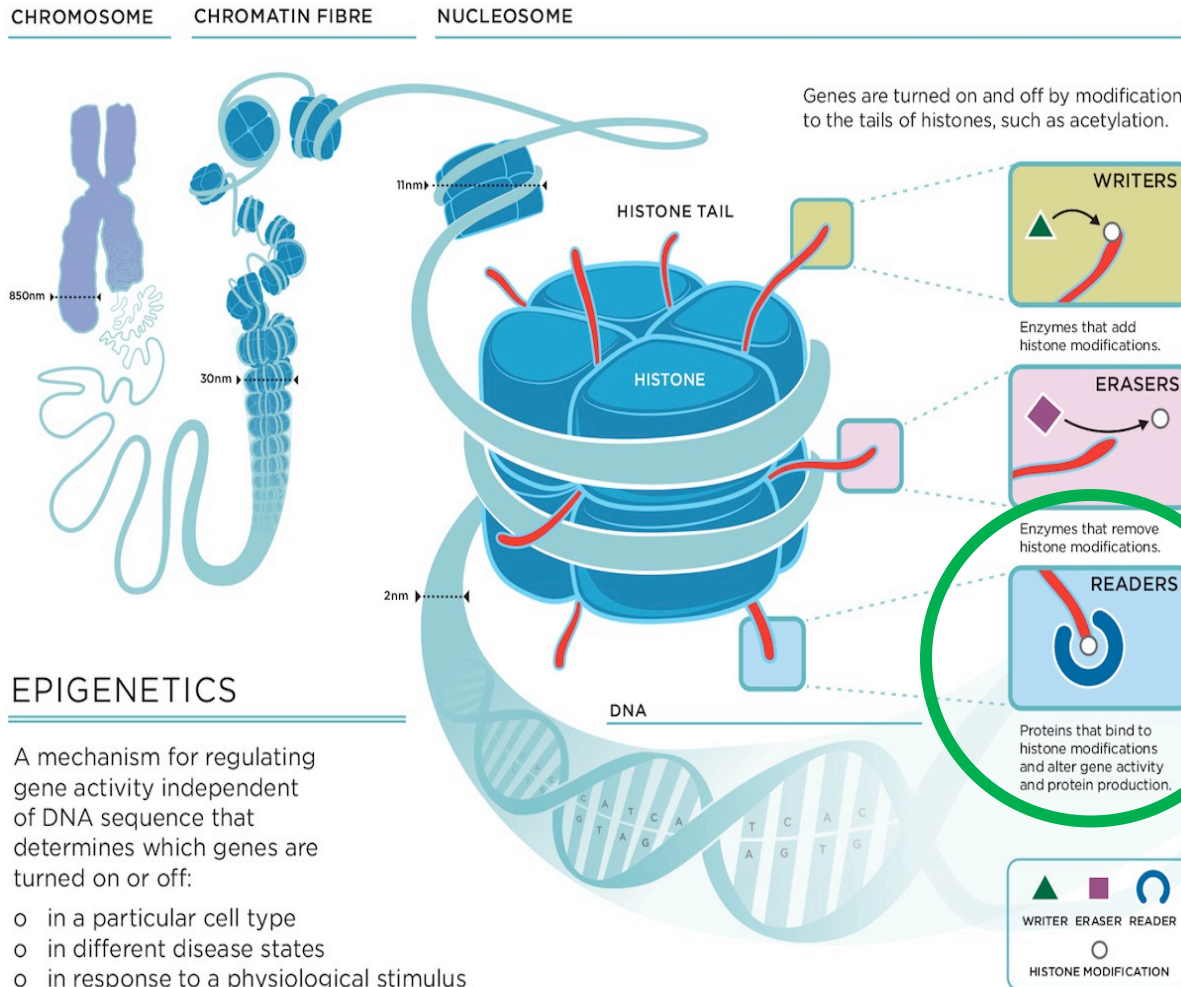


EPIGENETICS

A mechanism for regulating gene activity independent of DNA sequence that determines which genes are turned on or off:

- o in a particular cell type
- o in different disease states
- o in response to a physiological stimulus

- o The epigenetic code refers to modifications to chromatin components that regulate its activity
- o Turning genes **on** or **off** is regulated by these modifications
- o BET (Bromodomain and Extraterminal Domain) proteins recognize these modifications and turn genes **on**



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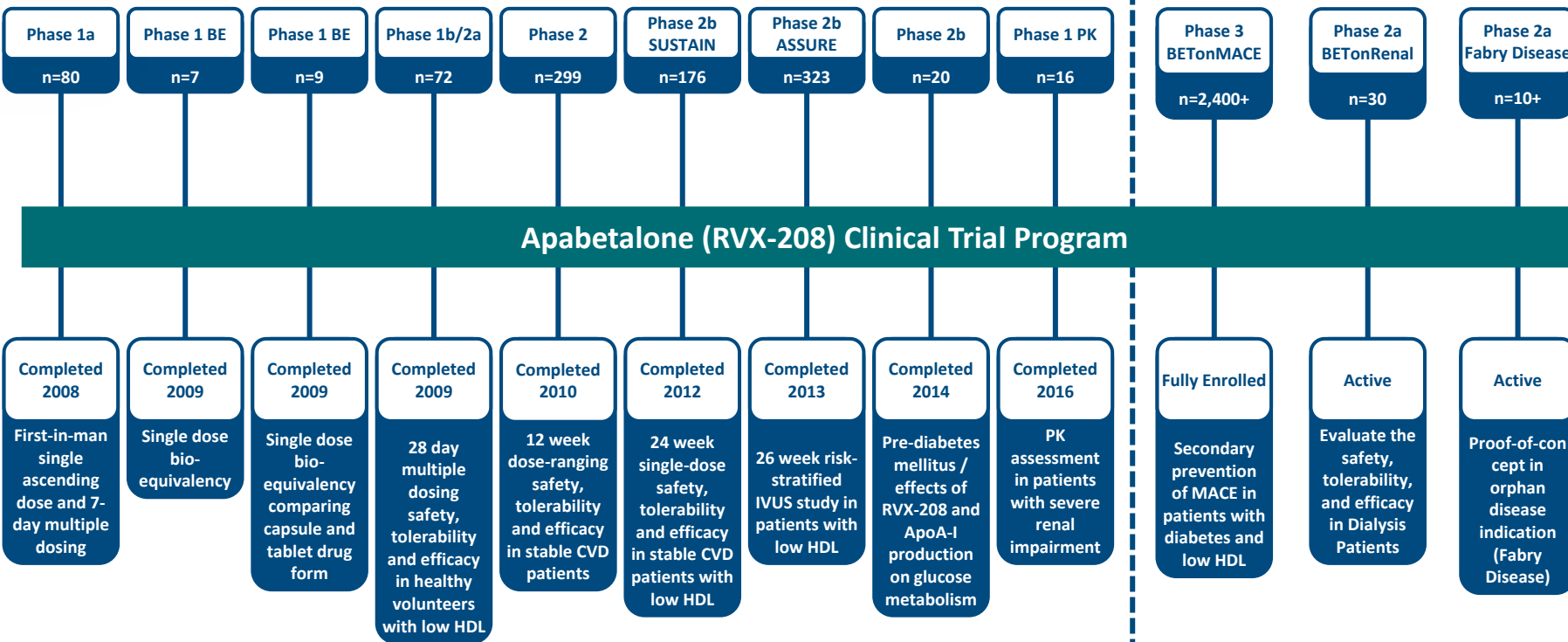
BET (Bromodomain and Extraterminal Domain) proteins recognize these modifications and turn genes **on**

Apabetalone Clinical Trials to Date



Completed Trials

Ongoing Trials



BET Literature Impact Growing CVD and Renal Risk



OPEN ACCESS Freely available online

PLOS ONE



RVX-208, an Inducer of ApoA-I in Bromodomain Antagonist

Am J Cardiovasc Drugs
DOI 10.1007/s40256-017-0250-3

ORIGINAL RESEARCH ARTICLE

Selective BET Protein Inhibition with Apabetalone and Cardiovascular Events: A Pooled Analysis of Trials in Patients with Coronary Artery Disease

Data in Brief 8 (2016) 1280–1288

Contents lists available at ScienceDirect



Data Article

Data on gene and protein expression induced by apabetalone in primary human whole liver and primary hepatocytes

Sylwia Wasiak^a, Dean Gilham^a, Christopher Halliday^a, Karen E. McLure^a, Peter R. Young^a, Ewelina Kulikowski^a, Jan O. Johansson^a, Norman C. Wong^{a,*}

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Benefit of Apabetalone on Plasma Proteins in Renal Disease

Sylwia Wasiak⁵, Laura M. Tsujikawa⁵, Christopher Halliday, Stephanie C. Stotz, Dean Gilham, Ravi Jahagirdar, Kamyar Kalantar-Zadeh, Richard Robson⁶, Michael Sweeney, Jan O. Johansson, Norman C. Wong, Ewelina Kulikowski⁷

J. of Cardiovasc. Trans. Res.
DOI 10.1007/s12265-017-9755-z

ORIGINAL ARTICLE

Downregulation of the Complement Cascade *In Vitro*, *In Mice* and in Patients with Cardiovascular Disease by the BET Protein Inhibitor Apabetalone (RVX-208)

Sylwia Wasiak¹ · Dean Gilham¹ · Laura M. Tsujikawa¹ · Christopher Halliday¹ ·
Cyrus Calosing¹ · Ravi Jahagirdar¹ · Jan Johansson² · Michael Sweeney² ·
Norman C. Wong¹ · Ewelina Kulikowski¹

Received: 21 December 2016 / Accepted: 17 May 2017
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Autoimmune Disease

Ravi Jahagirdar, Sarah Attwell, Suzana Marusic, Alison Bendele, Narmada Shenoy, Kevin G. McLure, Dean Gilham, Karen Norek, Henrik C. Hansen, Raymond Yu, Jennifer Tobin, Gregory S. Wagner, Peter R. Young, Norman C. W. Wong, and Ewelina Kulikowski

Resverlogix Corporation, Calgary, Alberta, Canada (R.J., S.A., K.G.M., D.G., K.N., H.C.H., R.Y., J.T., G.S.W., P.R.Y., N.C.W.W., E.K.); Hooke Laboratories Inc., Lawrence, Massachusetts (S.M.); Bolder BioPATH Inc., Boulder, Colorado (A.B.); and Aravasc Inc., Sunnyvale, California (N.S.)

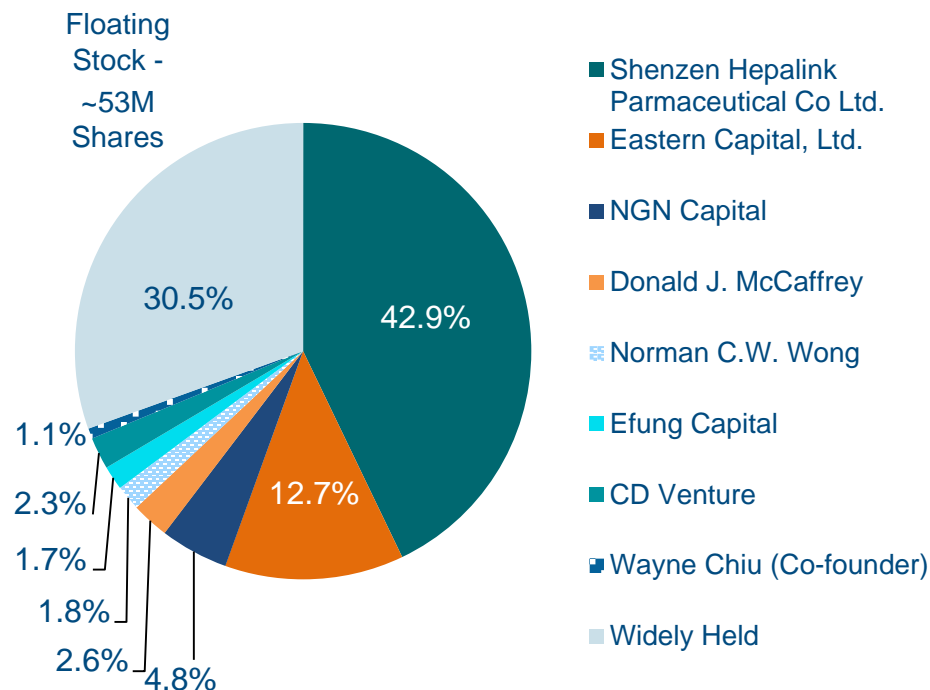
TSX: RVX

RES

- Resverlogix Corp. (TSX:RVX) is a Calgary and San Francisco based clinical stage biotechnology company focused on the development of **apabetalone**
- Apabetalone (RVX-208) is **a first-in-class** small molecule selective BET bromodomain inhibitor, which acts via an epigenetic mechanism that can turn disease-causing genes off, thereby normalizing gene function
 - Apabetalone was the only selective BET bromodomain inhibitor in clinical trials for the past 10 years
- Resverlogix has initiated clinical trial work for apabetalone in **three indications**:
 - Cardiovascular Disease (BETonMACE Trial) – Phase 3
 - Chronic Kidney Disease (BETonRENAL Trial) – Phase 2a
 - Fabry's Disease – Phase 2a

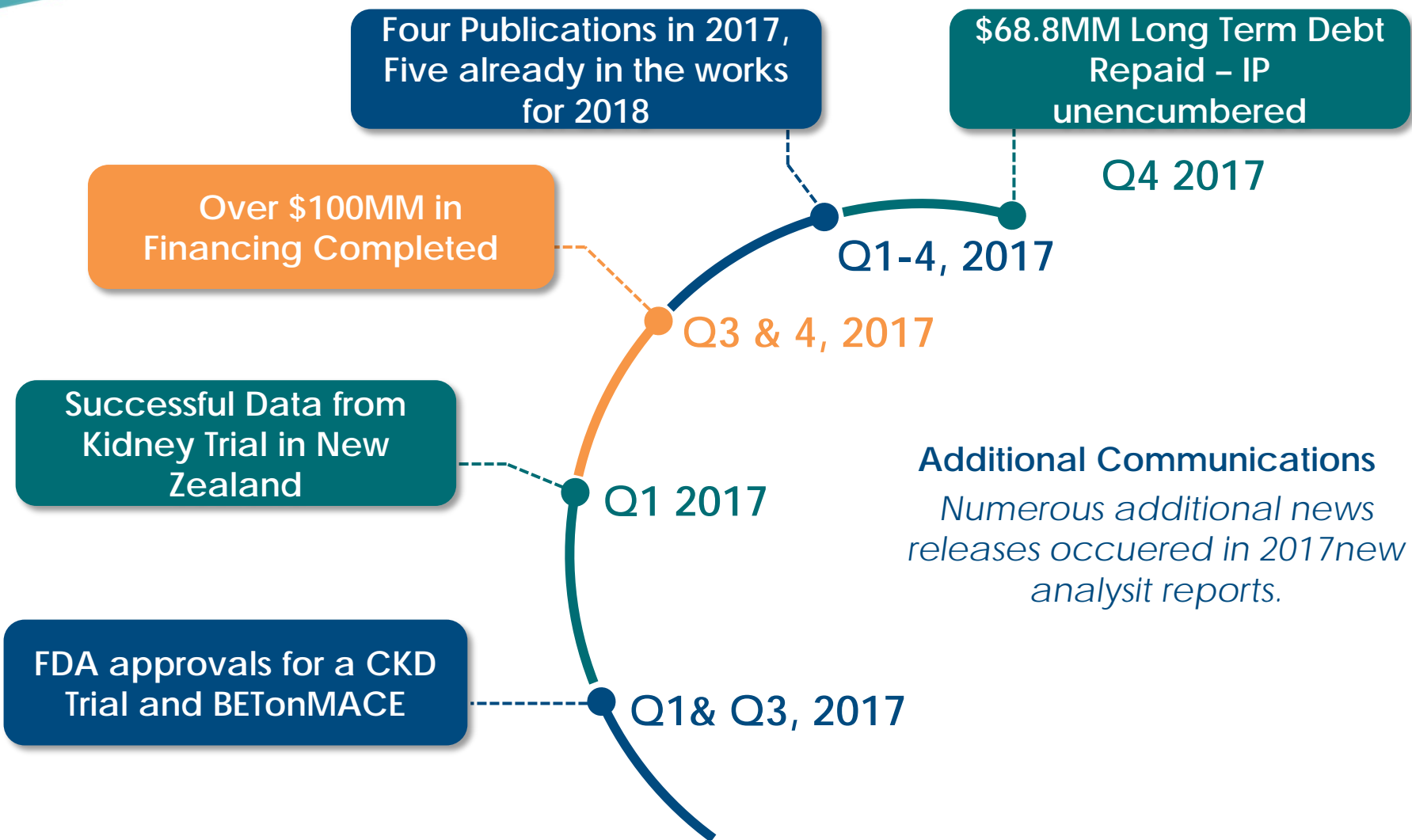
Founded	2001
Ticker	TSX: RVX
Market Cap	~C\$250MM
Shares Outstand	175.04MM
Cash Burn (Annual)	~C\$40.0M
Finance	\$30MM USD– Announced April 2018

RVX Top Shareholders



- RVX shareholder base consists of several long term investors who have been supportive over 10 years
- RVX maintains a diversified public market float of approximately 54M shares

2017's Major Accomplishments



Shenzhen Hepalink Partnership

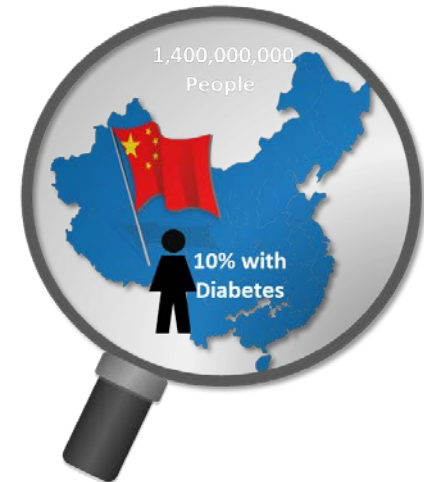


Resverlogix's partnership with Shenzhen Hepalink represents the largest single molecule deal in the history of China



Resverlogix – Shenzhen Hepalink Exclusive Licensing Agreement

Compound	<ul style="list-style-type: none"> • Apabetalone (RVX-208)
Licensor	<ul style="list-style-type: none"> • Resverlogix Corp.
Licensee	<ul style="list-style-type: none"> • Shenzhen Hepalink Pharmaceutical Co., Ltd.
Territory	<ul style="list-style-type: none"> • China, Hong Kong, Taiwan, and Macau
Indications	<ul style="list-style-type: none"> • Any approved indication
Deal Structure	<ul style="list-style-type: none"> • US\$35M in equity investments in Resverlogix • >US\$400M in projected future China sales milestones and licensing royalties
Developmental Costs	<ul style="list-style-type: none"> • Shenzhen Hepalink is responsible for all developmental costs for the licensed territories • This includes the cost of additional clinical trials in the licensed territories, regulatory applications, etc.

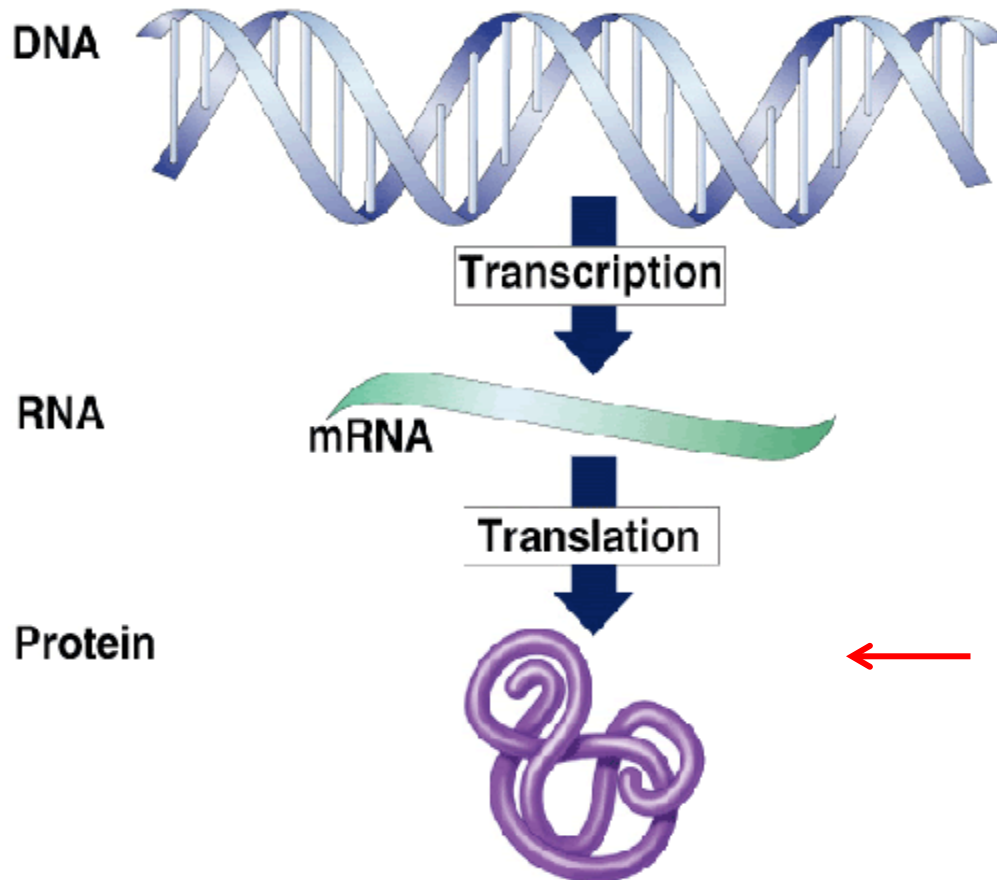


Hepalink



Apabetalone and the BET Platform

Unique Mechanism of Action



Genome Editing

The mechanism is based on cutting and pasting undesired/desired sequences into or out of the DNA, thereby altering the gene sequence and then re-introducing the modified DNA into the body.

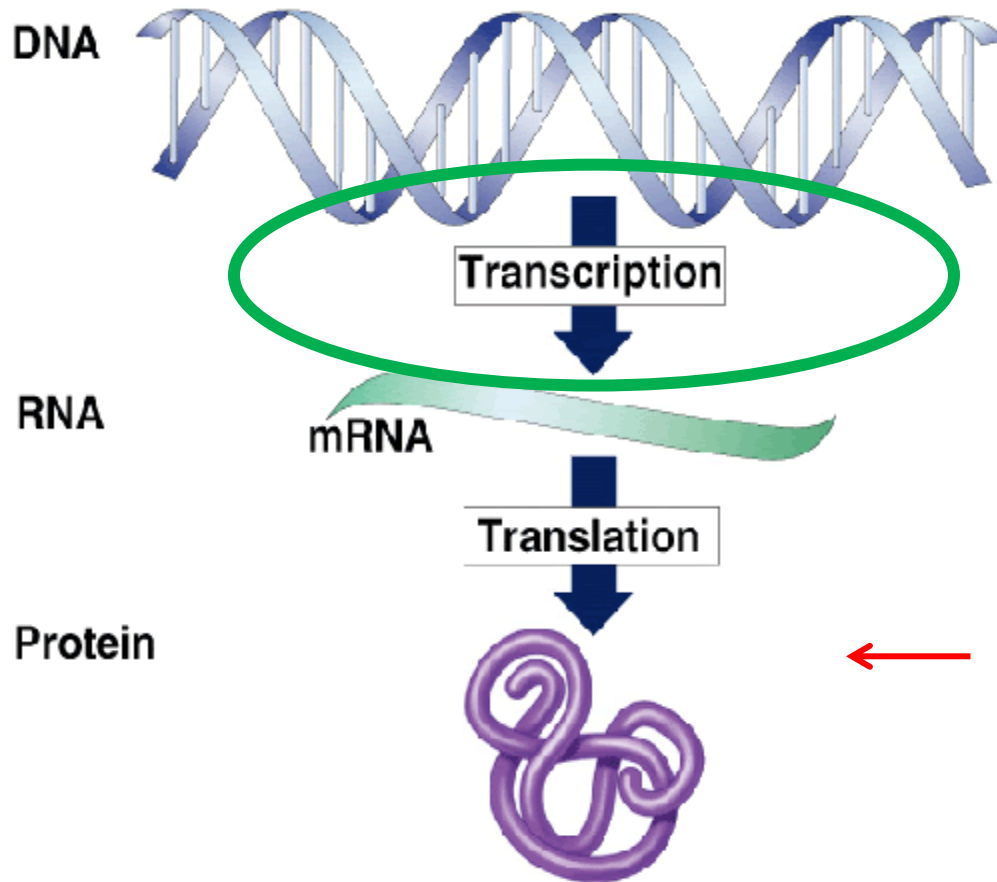
CRISPR – gene editing within a cell sub population

Protein Targeting

Focus on reducing or blocking the activity of **one** disease protein by using an inhibitor or antibody

Antibody or Inhibitor – blocks activity of one mediator of disease

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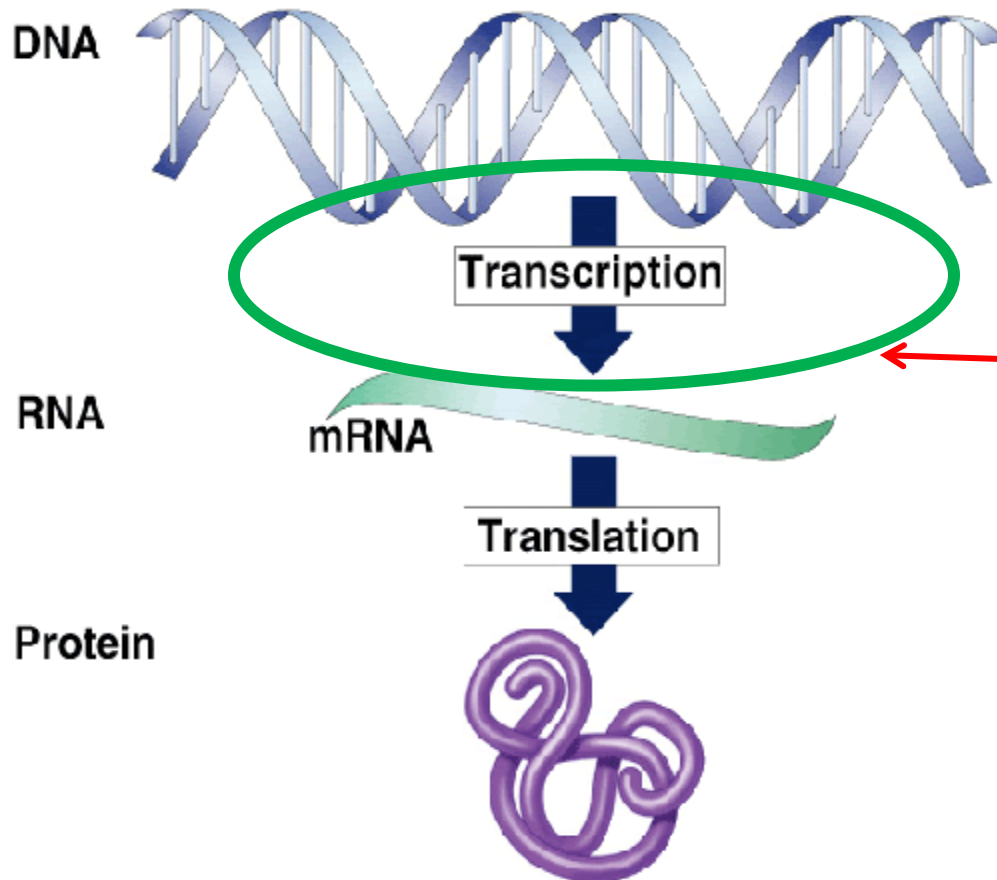
CRISPR – gene editing within a cell sub population

Protein Targeting

Focus on reducing or blocking the activity of **one** disease protein by using an inhibitor or antibody

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Unique Mechanism of Action



Transcriptional Regulation

Mechanism is based on changing the levels of disease causing **proteins** by modulating their expression at the gene level

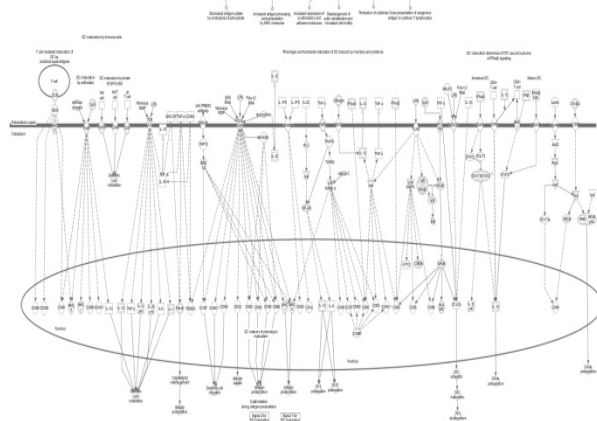
Apabetalone – reduces expression of disease mediators

SOMAscan® Analysis of Plasma Proteome

IPA Canonical Pathways: Top 5 Pathways Upregulated

Dendritic Cell Maturation

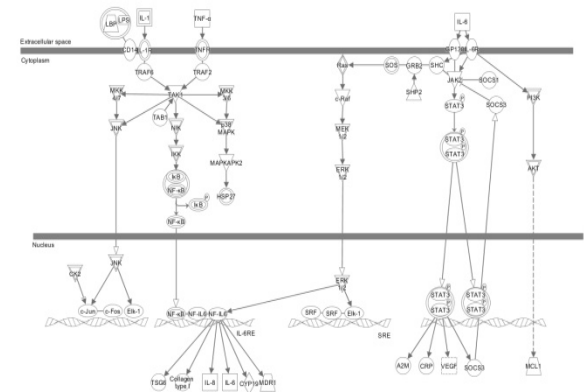
Dendritic cell maturation



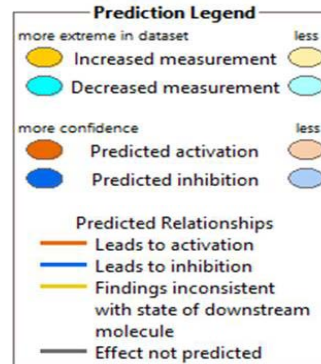
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IL-6 Signaling

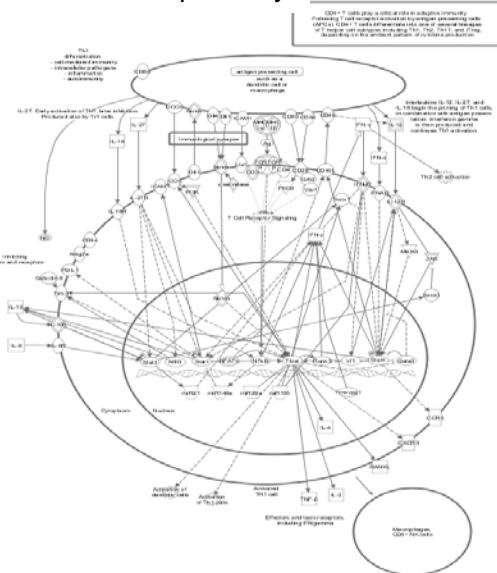
IL6 Signaling



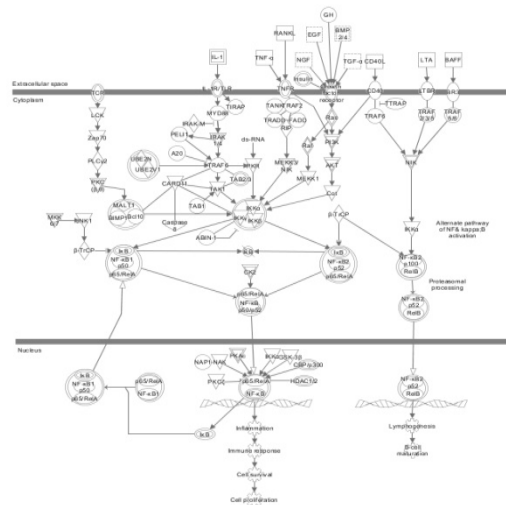
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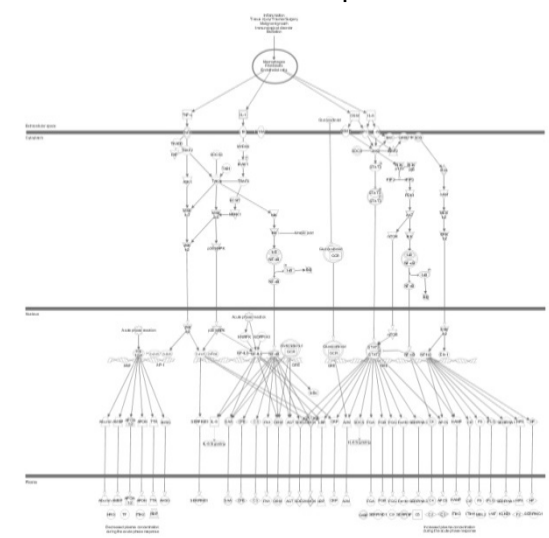
Th1 pathway



NF-kB Signaling



Acute Phase Response



$\Delta > 10\% p \leq 0.05$

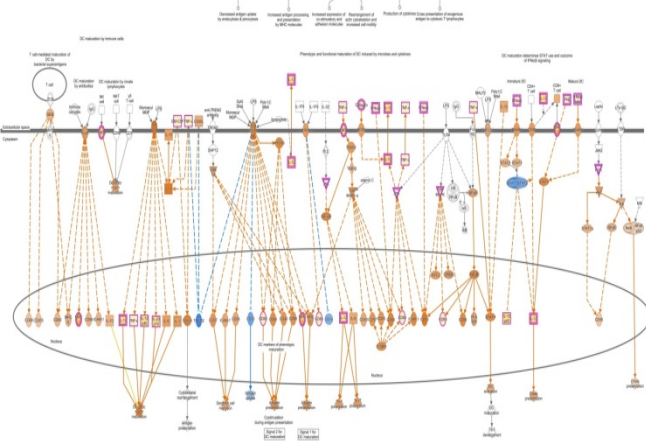
Wasiak et al., 2017

SOMAscan® Analysis of Plasma Proteome

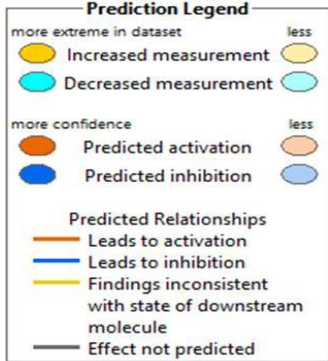
IPA Canonical Pathways: Top 5 Pathways Upregulated

Dendritic Cell Maturation

Dendritic cell maturation

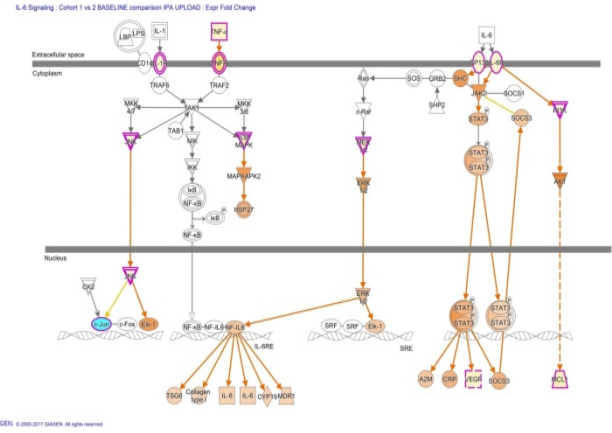


Baseline

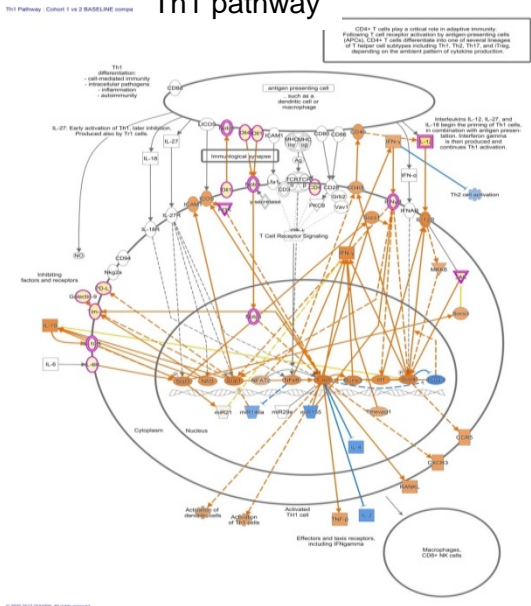


IL-6 Signaling

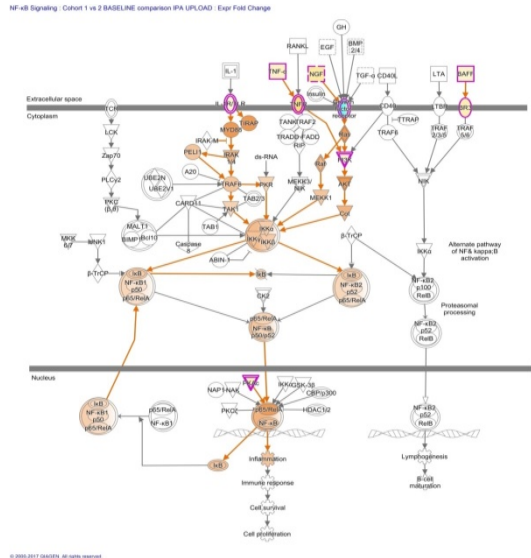
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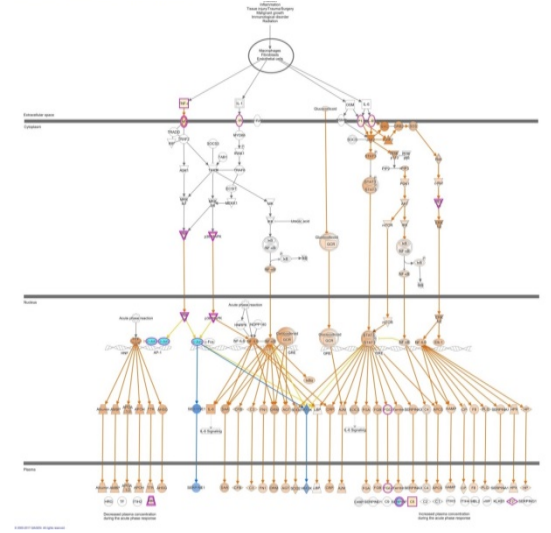
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NF-κB Signaling



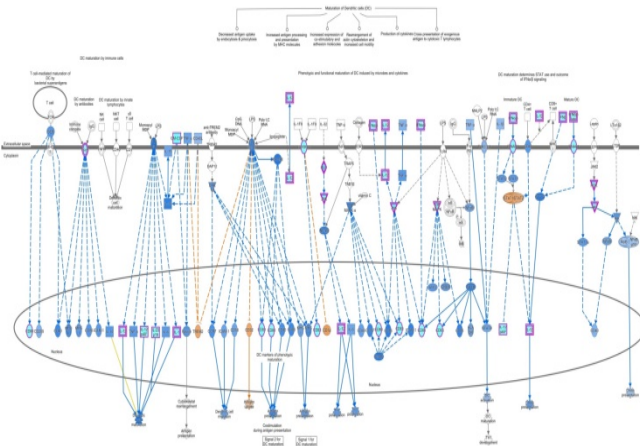
Acute Phase Response



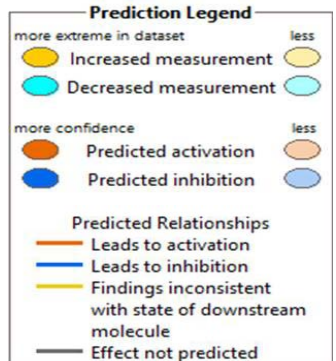
Wasiak et al., 2017

Δ>10% p≤0.05

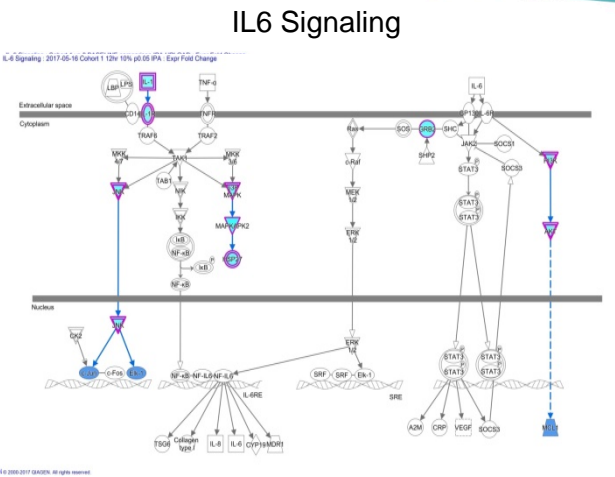
Dendritic cell maturation



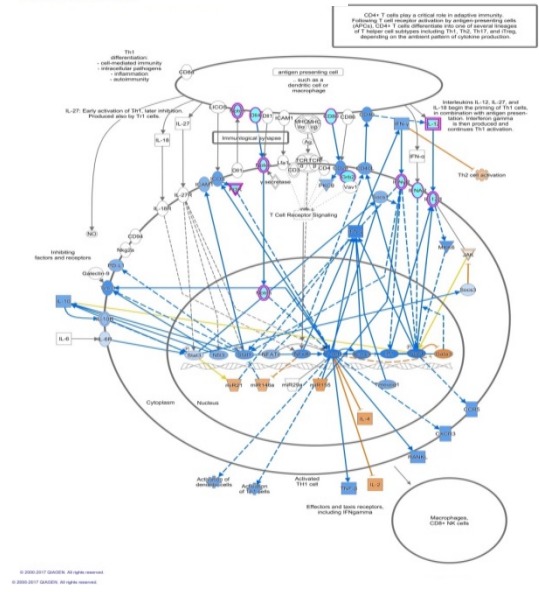
Apabetalone



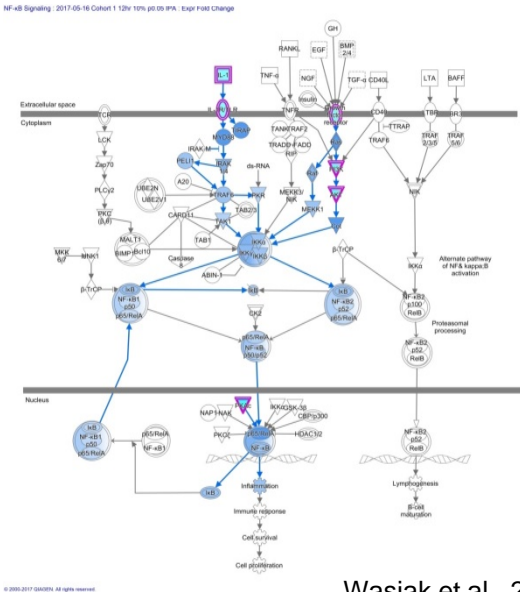
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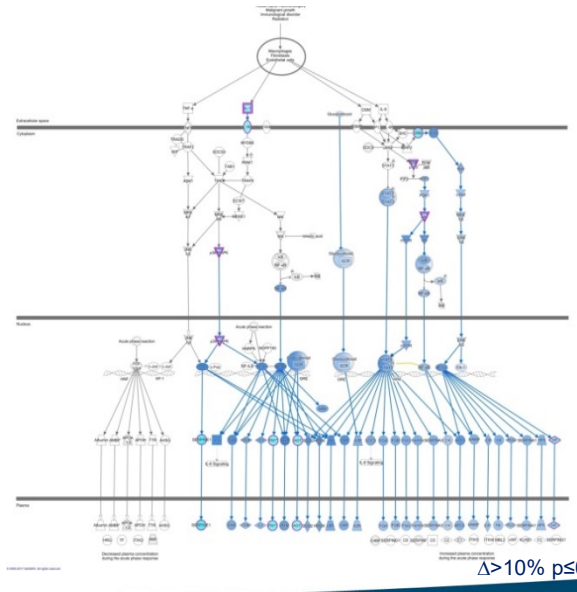
Th1 pathway



NF-κB Signaling



Acute Phase Response



Wasiak et al., 2017

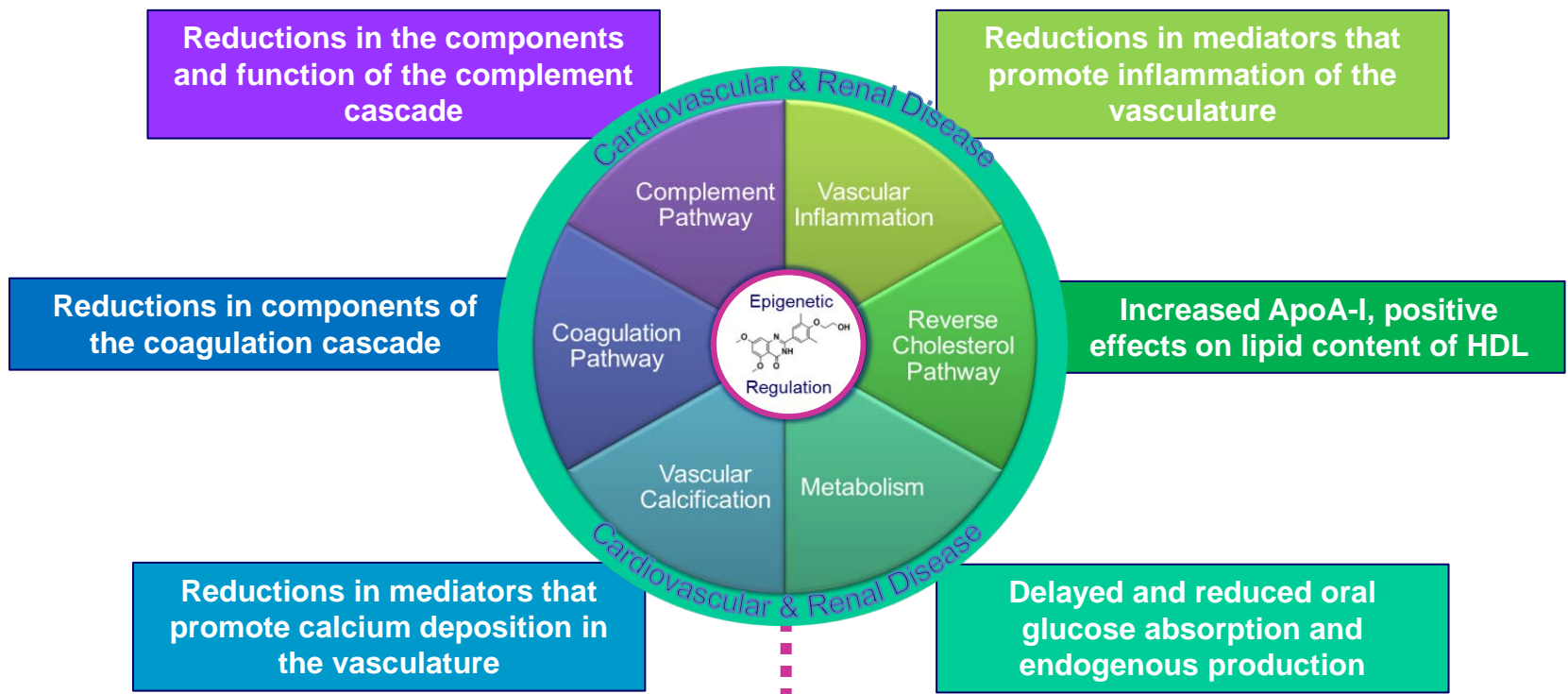
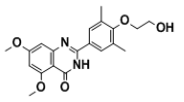
Δ>10% p≤0.05

- Resverlogix has discovered compounds that **selectively** bind the bromodomains of BET proteins.
 - Bromodomain selectivity: Resverlogix's apabetalone selectively targets BD2
 - BET (BRD2, BRD3, BRD4) protein selectivity: Our expertise in medicinal chemistry and epigenetics allows us to identify small molecules that target one or a specified subset of BET proteins
- Our Phase 2 clinical program provided us with what was **the only blood bank of BET inhibitor-treated patients in the world**
 - In-depth analysis such as proteomics, genomics, and pathway analysis revealed advanced knowledge of BET activities
 - The resulting knowledge from these activities provided a level of sophistication around BET that surpasses that of many others working in this area
- The properties of Resverlogix's molecules **avoid side effects seen with other BETi**
 - BET programs in oncology can tolerate a high degree of side effects due to the nature of the disease being treated
 - Chronic conditions such as cardiovascular disease and renal impairment require treatments with a side-effect profile acceptable for long-term treatment

BET Inhibition Impacts the Pathways that Drive Cardiovascular Disease and Kidney Diseases



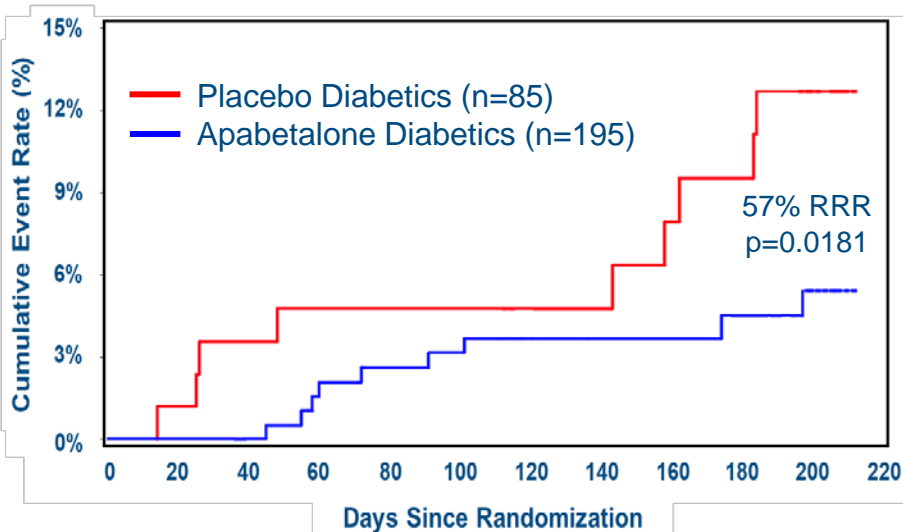
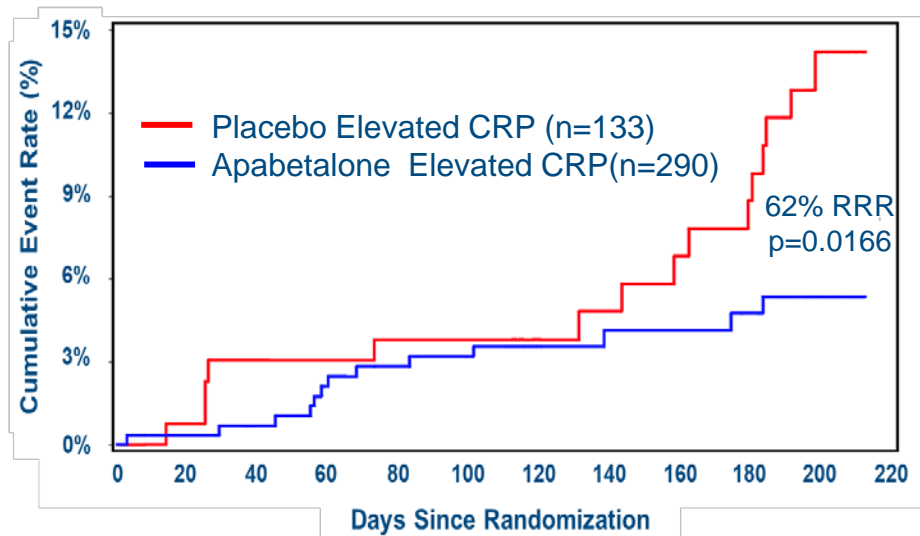
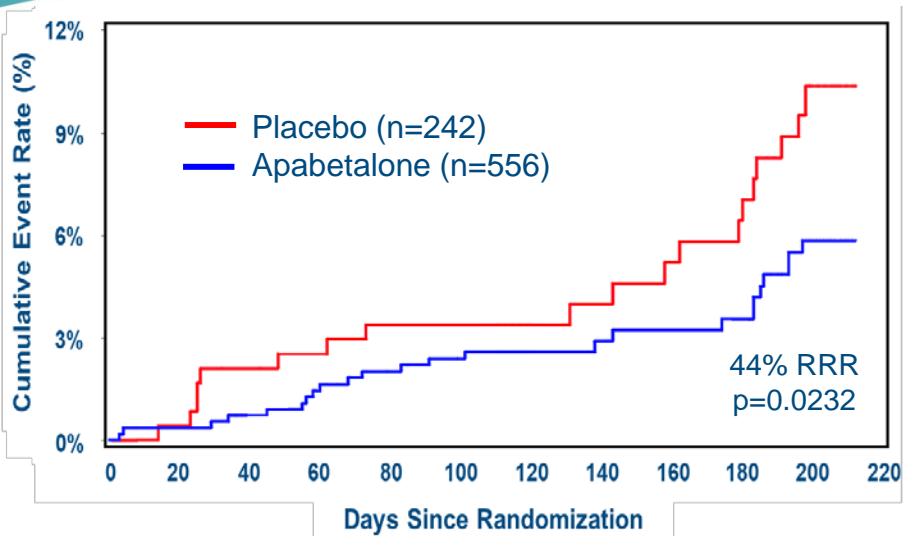
Apabetalone, a bromodomain extra-terminal (BET) protein inhibitor, regulates the expression of genes and restores the function of pathways underlying the pathogenesis of CVD and kidney disease



Reduced incidence of MACE



BETonMACE Clinical Program Overview



MACE: Major Adverse Cardiac Events including: death, myocardial infarction, stroke, coronary revascularization, hospitalization for acute coronary syndrome or heart failure

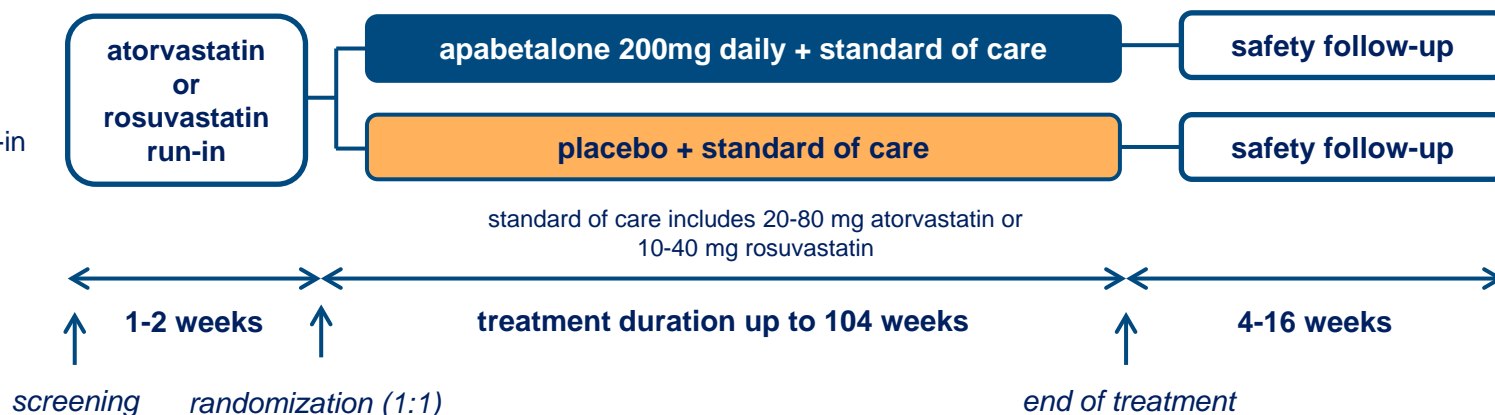
Decrease in MACE was most profound in patients who had a higher level of inflammation such as patients with diabetes

CVD Program Moving Forward- BETonMACE CV Outcomes Study



2,400 + subjects

- double blinded
- 1-2 week statin run-in



The study is an event-based trial and continues until 250 narrowly defined MACE events have occurred

Key inclusion criteria

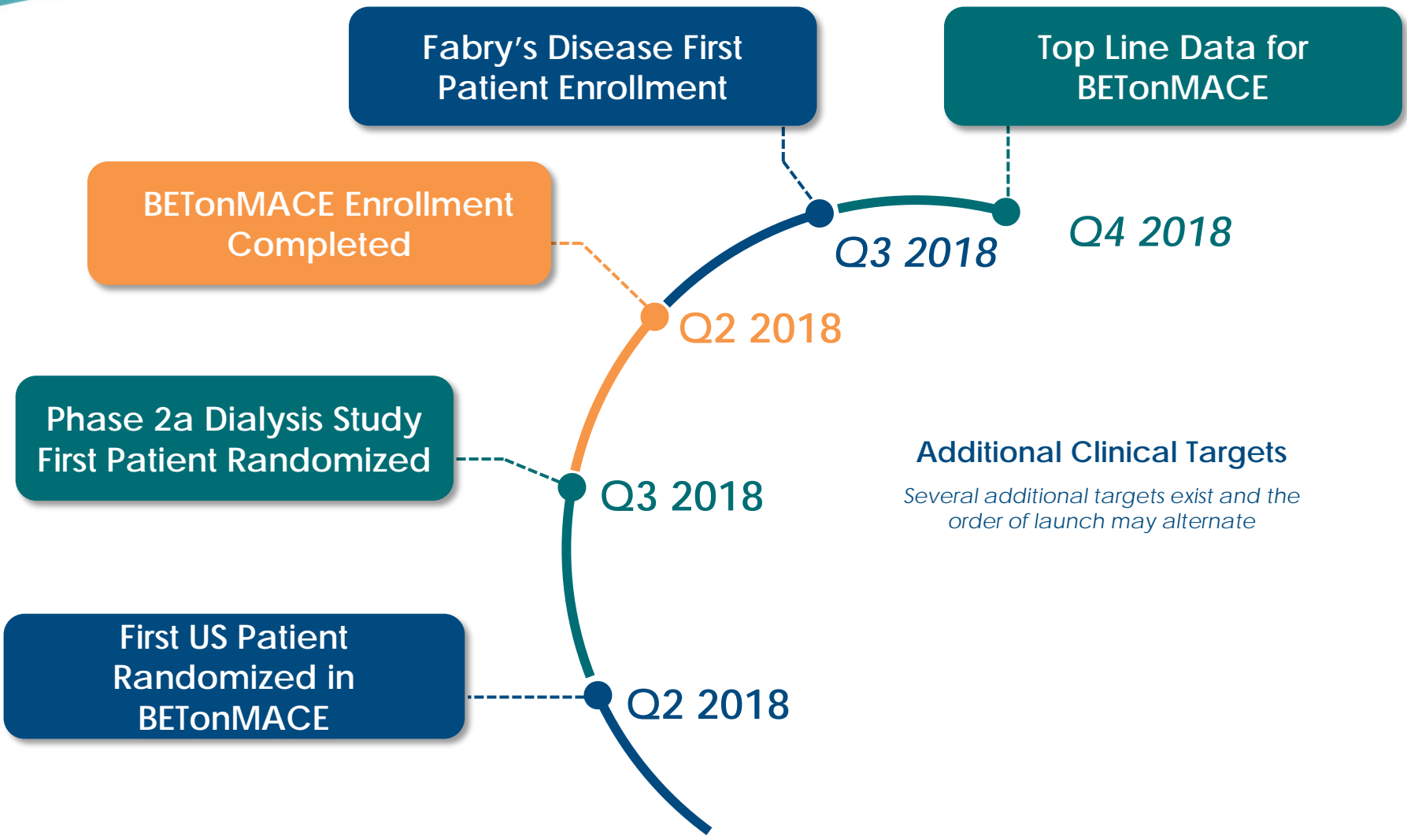
- Type II Diabetes Mellitus
 - HbA1c > 6.5% or history of diabetes medications
- CAD event 7 days - 90 days prior to screening
 - Myocardial infarction (MI), unstable angina or percutaneous coronary intervention
- HDL < 1.04 for males and < 1.17 for females

BETonMACE Commenced November 2015



Apabetalone has already been tested in over 1,800 patients in 18 countries around the world.

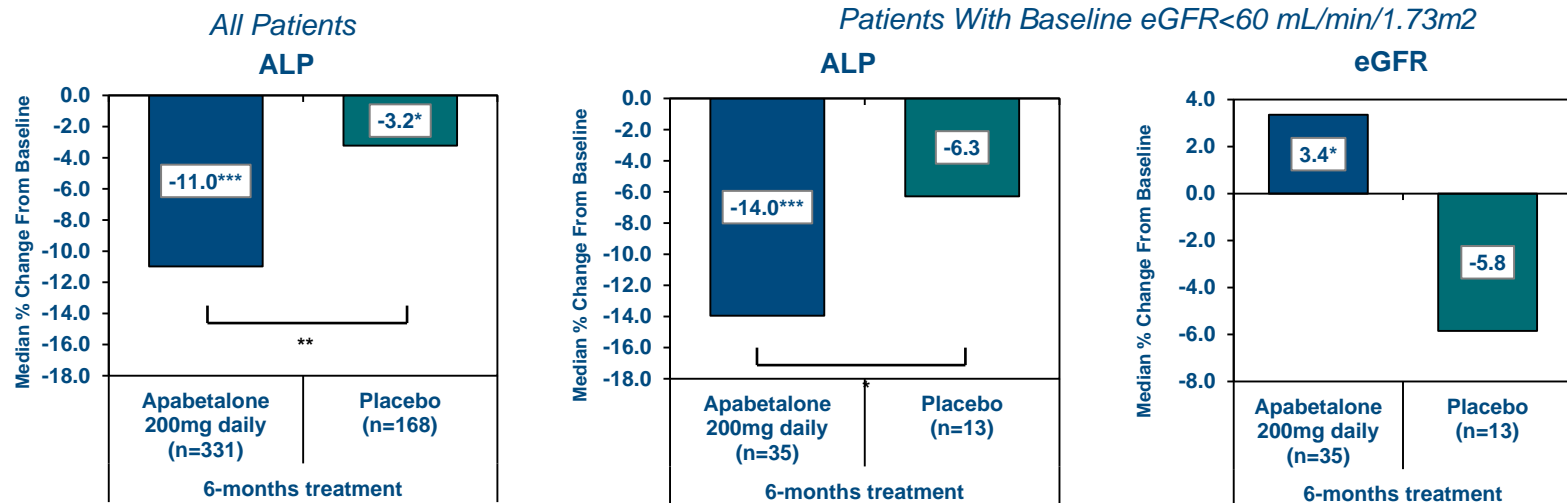
The Upcoming Clinical Year Estimates





Chronic Kidney Disease Clinical Program Overview

- Apabetalone has demonstrated reductions in alkaline phosphatase (a strong marker of CKD risk) and improvements in eGFR in CKD patients (eGFR < 60 mL/min/1.73m²) with CVD in the phase 2 ASSURE and SUSTAIN trials.

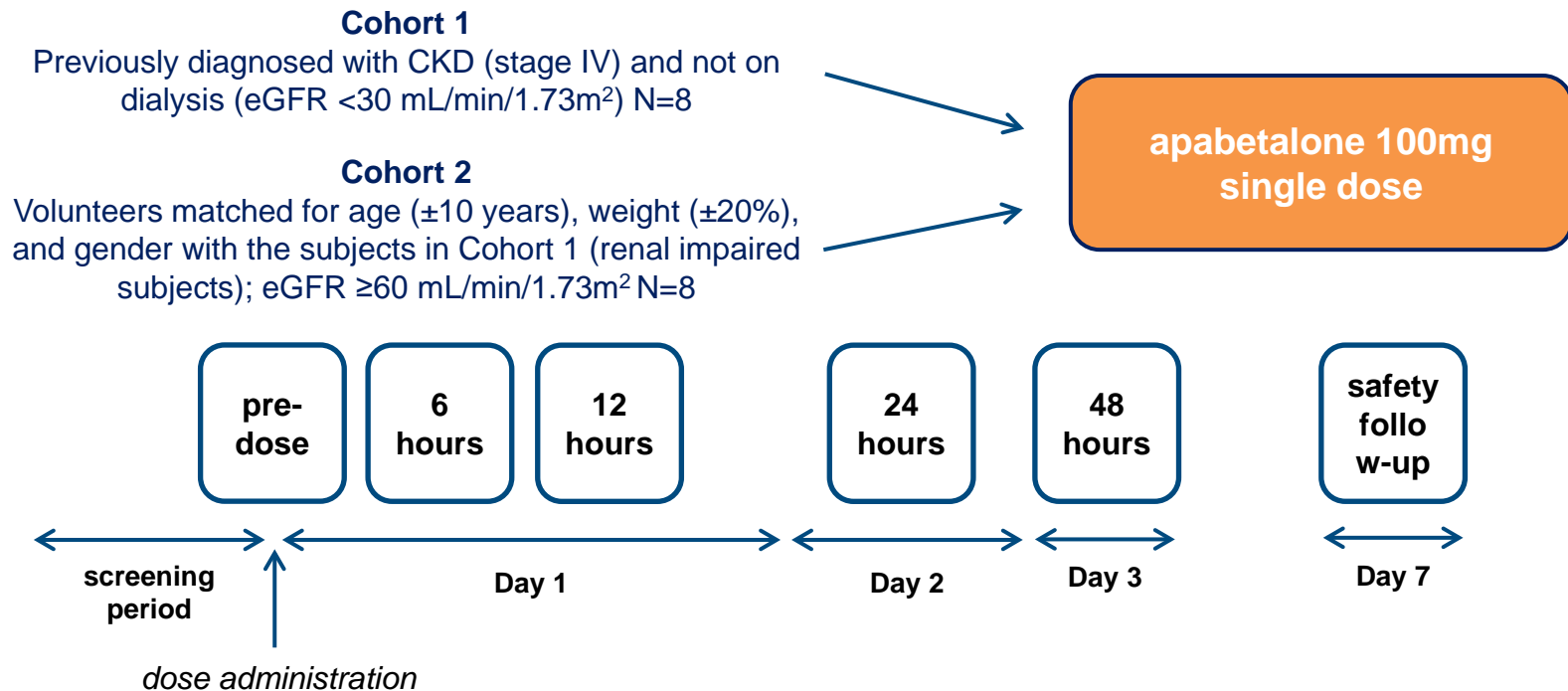


Data Presented in Keynote Address at the 2015 American Society of Nephrology Conference, San Diego

- Resverlogix believes that BET inhibition and apabetalone may have the potential to improve kidney function, as measured by eGFR, in patients suffering from various stages of kidney disease.
- Resverlogix is currently investigating the potential for expansion into specific kidney indications:
 - CKD (Stages 3a and 3b) patients, with a history of CVD (Phase 3 BETonMACE subgroup)
 - High Risk CKD Patients on Dialysis (Phase 2a BETonRenal study)

Kidney Disease: Phase I Study

A Phase I, Open-Label, Parallel Group Study to Evaluate the Safety and Pharmacokinetics of a Single Oral Dose of RVX000222 in Subjects with Severe Renal Impairment



Trial demonstrated that apabetalone has a highly differential effect on protein levels based on disease status, healthy vs sick, reducing a variety of plasma proteins and downregulating pathways activated in the CKD cohort

CKD Program - Phase 1 Data

Effect of Apabetalone on Differentially Expressed Proteins



289 proteins were different between the plasma of CKD patients and matched controls (red indicates higher protein levels in CKD/control)

CKD = Subjects with stage 4 Chronic Kidney Disease

Top Dysregulated Proteins	Baseline	
	CKD : Control	
ACE	1.25	
ACE2	1.25	
ACE3	1.25	
ACE4	1.25	
ACE5	1.25	
ACE6	1.25	
ACE7	1.25	
ACE8	1.25	
ACE9	1.25	
ACE10	1.25	
ACE11	1.25	
ACE12	1.25	
ACE13	1.25	
ACE14	1.25	
ACE15	1.25	
ACE16	1.25	
ACE17	1.25	
ACE18	1.25	
ACE19	1.25	
ACE20	1.25	
ACE21	1.25	
ACE22	1.25	
ACE23	1.25	
ACE24	1.25	
ACE25	1.25	
ACE26	1.25	
ACE27	1.25	
ACE28	1.25	
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ACE30	1.25	
ACE31	1.25	
ACE32	1.25	
ACE33	1.25	
ACE34	1.25	
ACE35	1.25	
ACE36	1.25	
ACE37	1.25	
ACE38	1.25	
ACE39	1.25	
ACE40	1.25	
ACE41	1.25	
ACE42	1.25	
ACE43	1.25	
ACE44	1.25	
ACE45	1.25	
ACE46	1.25	
ACE47	1.25	
ACE48	1.25	
ACE49	1.25	
ACE50	1.25	
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ACE92	1.25	
ACE93	1.25	
ACE94	1.25	
ACE95	1.25	
ACE96	1.25	
ACE97	1.25	
ACE98	1.25	
ACE99	1.25	
ACE100	1.25	

Blue = downregulated;
white = no change;
Red = upregulated

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ACE21	1.25
ACE22	1.25
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ACE39	1.25
ACE40	1.25
ACE41	1.25
ACE42	1.25
ACE43	1.25
ACE44	1.25
ACE45	1.25
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ACE51	1.25
ACE52	1.25
ACE53	1.25
ACE54	1.25
ACE55	1.25
ACE56	1.25
ACE57	1.25
ACE58	1.25
ACE59	1.25
ACE60	1.25
ACE61	1.25
ACE62	1.25
ACE63	1.25
ACE64	1.25
ACE65	1.25
ACE66	1.25
ACE67	1.25
ACE68	1.25
ACE69	1.25
ACE70	1.25
ACE71	1.25
ACE72	1.25
ACE73	1.25
ACE74	1.25
ACE75	1.25
ACE76	1.25
ACE77	1.25
ACE78	1.25
ACE79	1.25
ACE80	1.25
ACE81	1.25
ACE82	1.25
ACE83	1.25
ACE84	1.25
ACE85	1.25
ACE86	1.25
ACE87	1.25
ACE88	1.25
ACE89	1.25
ACE90	1.25
ACE91	1.25
ACE92	1.25
ACE93	1.25
ACE94	1.25
ACE95	1.25
ACE96	1.25
ACE97	1.25
ACE98	1.25
ACE99	1.25
ACE100	1.25



Blue = downregulated;
white = no change;
Red = upregulated

12 Hour % Change	
Top Dysregulated Proteins	CKD Group
ACE	1.25
ACE2	1.25
ACE3	1.25
ACE4	1.25
ACE5	1.25
ACE6	1.25
ACE7	1.25
ACE8	1.25
ACE9	1.25
ACE10	1.25
ACE11	1.25
ACE12	1.25
ACE13	1.25
ACE14	1.25
ACE15	1.25
ACE16	1.25
ACE17	1.25
ACE18	1.25
ACE19	1.25
ACE20	1.25
ACE21	1.25
ACE22	1.25
ACE23	1.25
ACE24	1.25
ACE25	1.25
ACE26	1.25
ACE27	1.25
ACE28	1.25
ACE29	1.25
ACE30	1.25
ACE31	1.25
ACE32	1.25
ACE33	1.25
ACE34	1.25
ACE35	1.25
ACE36	1.25
ACE37	1.25
ACE38	1.25
ACE39	1.25
ACE40	1.25
ACE41	1.25
ACE42	1.25
ACE43	1.25
ACE44	1.25
ACE45	1.25
ACE46	1.25
ACE47	1.25
ACE48	1.25
ACE49	1.25
ACE50	1.25
ACE51	1.25
ACE52	1.25
ACE53	1.25
ACE54	1.25
ACE55	1.25
ACE56	1.25
ACE57	1.25
ACE58	1.25
ACE59	1.25
ACE60	1.25
ACE61	1.25
ACE62	1.25
ACE63	1.25
ACE64	1.25
ACE65	1.25
ACE66	1.25
ACE67	1.25
ACE68	1.25
ACE69	1.25
ACE70	1.25
ACE71	1.25
ACE72	1.25
ACE73	1.25
ACE74	1.25
ACE75	1.25
ACE76	1.25
ACE77	1.25
ACE78	1.25
ACE79	1.25
ACE80	1.25
ACE81	1.25
ACE82	1.25
ACE83	1.25
ACE84	1.25
ACE85	1.25
ACE86	1.25
ACE87	1.25
ACE88	1.25
ACE89	1.25
ACE90	1.25
ACE91	1.25
ACE92	1.25
ACE93	1.25
ACE94	1.25
ACE95	1.25
ACE96	1.25
ACE97	1.25
ACE98	1.25
ACE99	1.25
ACE100	1.25

CKD Program - Phase 1 Data

Effect of Apabetalone on Differentially Expressed Proteins



289 proteins were different between the plasma of CKD patients and matched controls (red indicates higher protein levels in CKD/control)

CKD = Subjects with stage 4 Chronic Kidney Disease

152 of the 289 differentially expressed proteins in the CKD patients were downregulated at 12 hours following one dose of apabetalone

Baseline	
Top Dysregulated Proteins	CKD : Control
ACE	1.25
ACE2	1.25
ACE3	1.25
ACE4	1.25
ACE5	1.25
ACE6	1.25
ACE7	1.25
ACE8	1.25
ACE9	1.25
ACE10	1.25
ACE11	1.25
ACE12	1.25
ACE13	1.25
ACE14	1.25
ACE15	1.25
ACE16	1.25
ACE17	1.25
ACE18	1.25
ACE19	1.25
ACE20	1.25
ACE21	1.25
ACE22	1.25
ACE23	1.25
ACE24	1.25
ACE25	1.25
ACE26	1.25
ACE27	1.25
ACE28	1.25
ACE29	1.25
ACE30	1.25
ACE31	1.25
ACE32	1.25
ACE33	1.25
ACE34	1.25
ACE35	1.25
ACE36	1.25
ACE37	1.25
ACE38	1.25
ACE39	1.25
ACE40	1.25
ACE41	1.25
ACE42	1.25
ACE43	1.25
ACE44	1.25
ACE45	1.25
ACE46	1.25
ACE47	1.25
ACE48	1.25
ACE49	1.25
ACE50	1.25
ACE51	1.25
ACE52	1.25
ACE53	1.25
ACE54	1.25
ACE55	1.25
ACE56	1.25
ACE57	1.25
ACE58	1.25
ACE59	1.25
ACE60	1.25
ACE61	1.25
ACE62	1.25
ACE63	1.25
ACE64	1.25
ACE65	1.25
ACE66	1.25
ACE67	1.25
ACE68	1.25
ACE69	1.25
ACE70	1.25
ACE71	1.25
ACE72	1.25
ACE73	1.25
ACE74	1.25
ACE75	1.25
ACE76	1.25
ACE77	1.25
ACE78	1.25
ACE79	1.25
ACE80	1.25
ACE81	1.25
ACE82	1.25
ACE83	1.25
ACE84	1.25
ACE85	1.25
ACE86	1.25
ACE87	1.25
ACE88	1.25
ACE89	1.25
ACE90	1.25
ACE91	1.25
ACE92	1.25
ACE93	1.25
ACE94	1.25
ACE95	1.25
ACE96	1.25
ACE97	1.25
ACE98	1.25
ACE99	1.25
ACE100	1.25



Blue = downregulated;
white = no change;
Red = upregulated

In CKD patients, one dose of apabetalone reduced CKD and CVD biomarkers that were dysregulated at baseline

12 Hour % Change	
Top Dysregulated Proteins	CKD Group
ACE	0.00
ACE2	0.00
ACE3	0.00
ACE4	0.00
ACE5	0.00
ACE6	0.00
ACE7	0.00
ACE8	0.00
ACE9	0.00
ACE10	0.00
ACE11	0.00
ACE12	0.00
ACE13	0.00
ACE14	0.00
ACE15	0.00
ACE16	0.00
ACE17	0.00
ACE18	0.00
ACE19	0.00
ACE20	0.00
ACE21	0.00
ACE22	0.00
ACE23	0.00
ACE24	0.00
ACE25	0.00
ACE26	0.00
ACE27	0.00
ACE28	0.00
ACE29	0.00
ACE30	0.00
ACE31	0.00
ACE32	0.00
ACE33	0.00
ACE34	0.00
ACE35	0.00
ACE36	0.00
ACE37	0.00
ACE38	0.00
ACE39	0.00
ACE40	0.00
ACE41	0.00
ACE42	0.00
ACE43	0.00
ACE44	0.00
ACE45	0.00
ACE46	0.00
ACE47	0.00
ACE48	0.00
ACE49	0.00
ACE50	0.00
ACE51	0.00
ACE52	0.00
ACE53	0.00
ACE54	0.00
ACE55	0.00
ACE56	0.00
ACE57	0.00
ACE58	0.00
ACE59	0.00
ACE60	0.00
ACE61	0.00
ACE62	0.00
ACE63	0.00
ACE64	0.00
ACE65	0.00
ACE66	0.00
ACE67	0.00
ACE68	0.00
ACE69	0.00
ACE70	0.00
ACE71	0.00
ACE72	0.00
ACE73	0.00
ACE74	0.00
ACE75	0.00
ACE76	0.00
ACE77	0.00
ACE78	0.00
ACE79	0.00
ACE80	0.00
ACE81	0.00
ACE82	0.00
ACE83	0.00
ACE84	0.00
ACE85	0.00
ACE86	0.00
ACE87	0.00
ACE88	0.00
ACE89	0.00
ACE90	0.00
ACE91	0.00
ACE92	0.00
ACE93	0.00
ACE94	0.00
ACE95	0.00
ACE96	0.00
ACE97	0.00
ACE98	0.00
ACE99	0.00
ACE100	0.00

SOMAscan® Analysis of Plasma Proteome – Phase 1 Trial

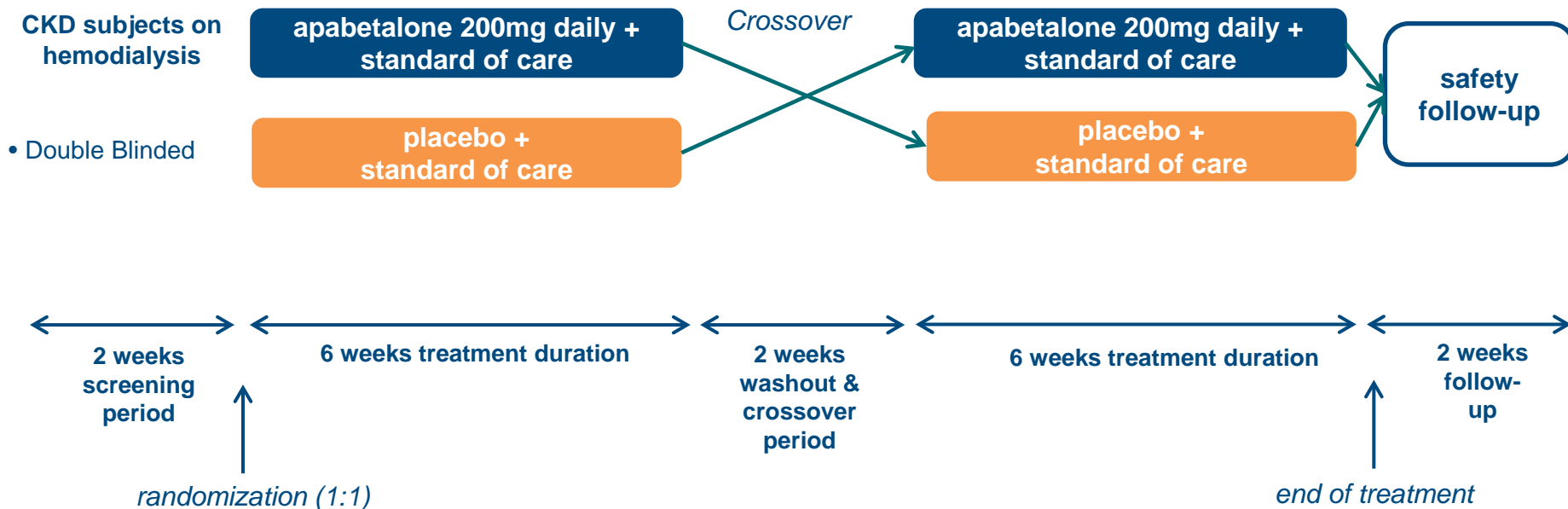
Apabetalone Reduces CVD and CKD Biomarkers



	Protein Name	Gene Symbol	Subjects with CKD (stage IV) (n=8) treated with 100 mg Apabetalone		Matched Control Subjects (n=8) treated with 100 mg Apabetalone	
			% Δ from baseline at 12h	p-value	% Δ from baseline at 12h	p-value
Inflammation	Interleukin-6	IL6		0.05	NS	
	Interleukin-1 alpha	IL1A		0.01	NS	
	Interferon gamma	IFNG		0.04	NS	
	TNF receptor superfamily member 1A	TNFRSF1A		0.05	NS	
	C-reactive protein	CRP		0.04	NS	
	Tumor necrosis factor	TNF		0.02	NS	
Cell Adhesion	P-selectin	SELP		0.04	NS	
	E-selectin	SELE		0.01		0.02
	Intercellular adhesion molecule 1	ICAM1		0.05		0.04
	Vascular cell adhesion protein 1	VCAM1		0.01	NS	
Matrix Remodeling Calcification	Fibronectin	FN1		0.02	NS	
	Stromelysin-1	MMP3		0.02	NS	
	Stromelysin-2	MMP10		0.02	NS	
	Osteopontin	SPP1		0.01		0.04
Thrombosis	Plasminogen activator inhibitor 1	SERPINE1		0.04	NS	
	Tissue-type plasminogen activator	PLAT		0.01	NS	
	Urokinase-type plasminogen activator	PLAU		0.01	NS	
	D-dimer	FGA/B/C		0.05	NS	
	Urokinase plasminogen activator surface receptor	PLAUR		0.02	NS	

Apabetalone reduces markers of inflammation, cell adhesion, matrix remodeling, calcification and thrombosis in the CKD cohort after one dose and 12 hours

BETonRENAL Dialysis Study Design



- The study is an sequential cross-over trial to evaluate the safety, tolerability, and efficacy of apabetalone in CKD patients on hemodialysis in addition to standard of care
- 30 CKD patients receiving standard regimens of hemodialysis three days per week
- Clinical sites identified and prepared to begin patient enrollment



Dr. Kamyar Kalantar-Zadeh
Chair
UC Irvine Chief Nephrology



Dr. Marcello Tonelli
Member
University of Calgary Chair Medical Research



Prof. Vincent Brandenburg
Member
University Hospital RWTH Aachen



Dr. Srinivasan Beddhu
Member
University of Utah



Dr. Carmine Zoccali
Member
University Pisa



Dr. Mathias Haarhaus
Member
Karolinska University Hospital

- **Phase 3 company** focused on significant unmet need in high-risk CVD patient population with lead therapeutic - **apabetalone**
- **Market leader with significant potential** – targeting high-risk unmet need in several patient groups – Over 10MM patients in top 7 markets
- **Advancing development** of apabetalone in high-risk (dialysis) CKD patients – New phase 2 clinical trials to commence in early 2018
- **Well established safety profile** - to date, over 2,000 patients treated with apabetalone with no significant safety issues
- **Proven track record** of funding development while minimizing shareholder dilution



Resverlogix Corp.

Corporate Update

May, 2018

Calgary, AB & San Francisco, CA