A placebo-controlled, double-blind, first-in-human study of pemvidutide (ALT-801), a novel GLP-1/glucagon dual receptor agonist for the treatment of NASH and obesity

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PEMVI: GLP-1/GLUCAGON RECEPTOR DUAL AGONIST

Optimized for weight loss and NASH

Designed for significant reductions in:



BODY WEIGHT

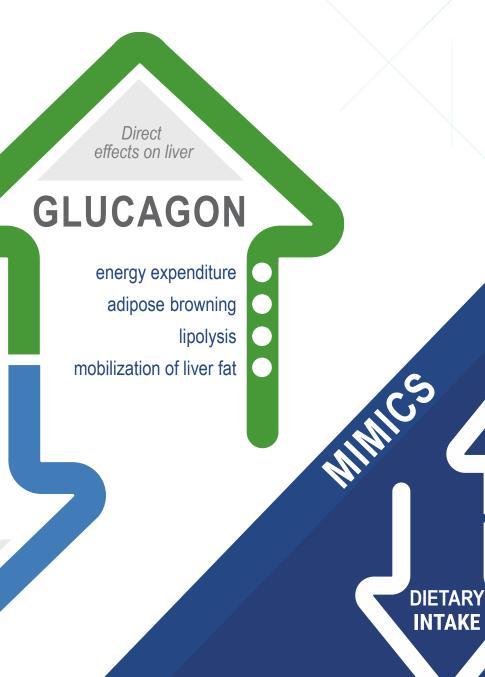


LIVER FAT, INFLAMMATION, & RESULTING FIBROSIS



GLP-1

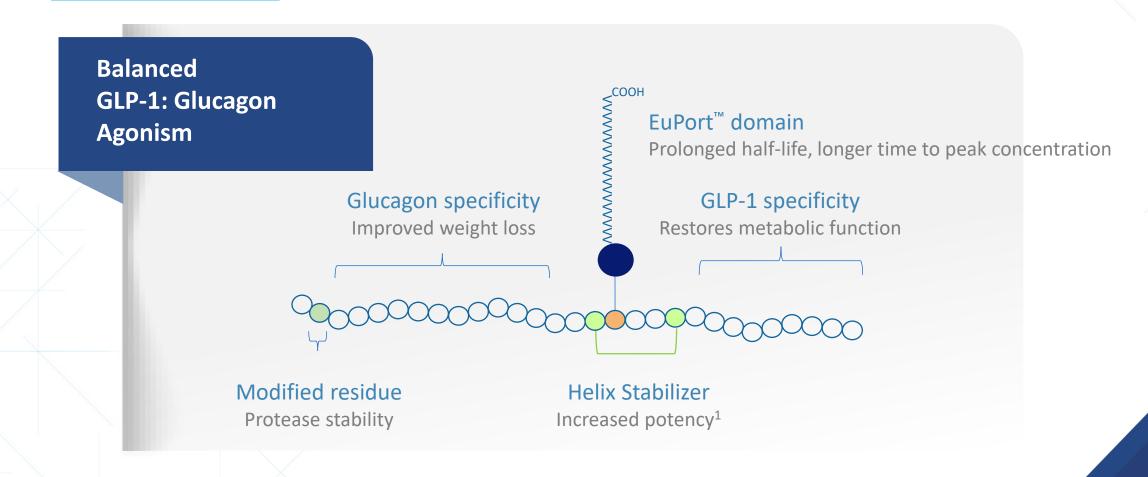
Indirect effects on liver



EXERCISE

PEMVI: RATIONALLY DESIGNED AND HIGHLY DIFFERENTIATED

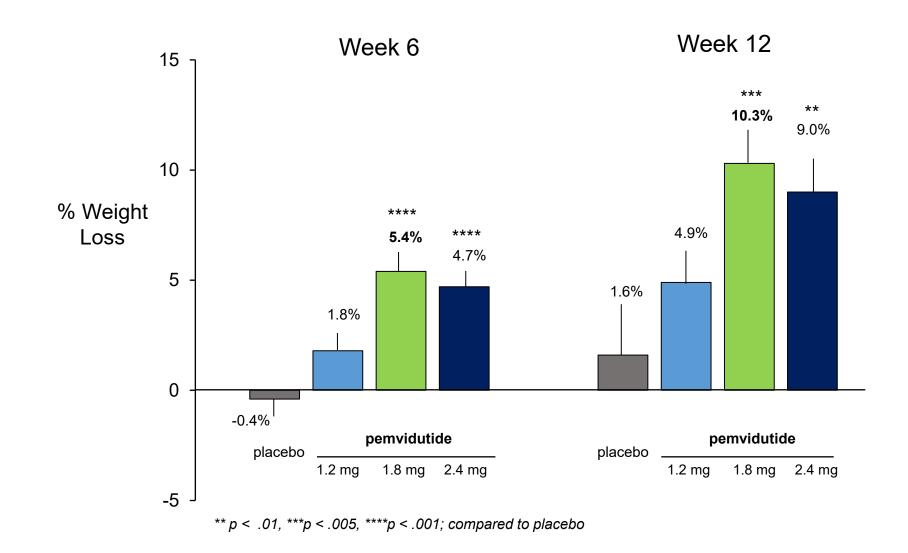
DESIGNED WITH THE GOAL OF ENHANCED EFFICACY AND TOLERABILITY WITHOUT USE OF DOSE TITRATION





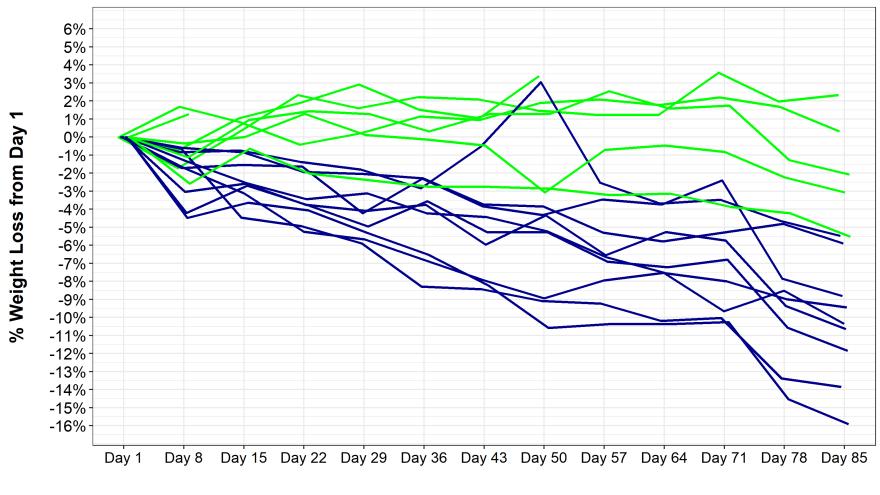
SUBSTANTIAL WEIGHT LOSS AT WEEK 12

10.3% MEAN WEIGHT LOSS ACHIEVED AT 1.8 MG DOSE

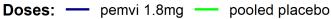




MAJORITY OF SUBJECTS AT 1.8 MG DOSE ACHIEVED 10% OR MORE WEIGHT LOSS AT WEEK 12



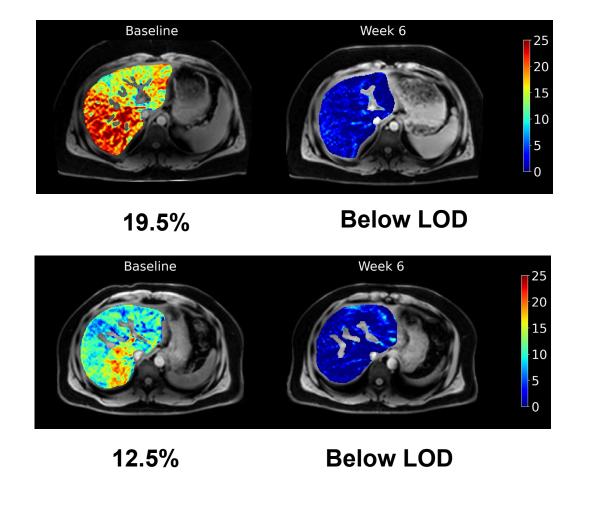
- 55% of subjects
 achieved 10% or more
 weight loss by Week 12
- 100% of subjects achieved 5% or more weight loss by Week 12

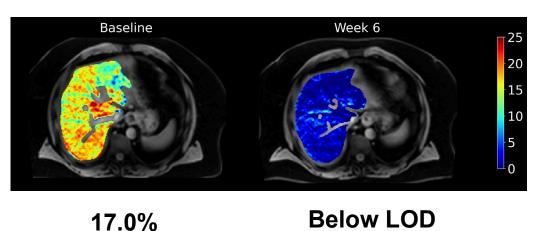




GREATER THAN 90% REDUCTION IN LIVER FAT BY MRI-PDFF IN 6 WEEKS

PEMVIDUTIDE DECREASED LFC TO UNDETECTABLE LEVELS AT THE 1.8 MG AND 2.4 MG DOSES





Exploratory analysis of subjects with baseline LFC ≥ 5%

All subjects receiving pemvidutide 1.8 or 2.4 mg achieved undetectable levels of liver fat by MRI-PDFF — a greater than 90% reduction — at Week 6



SAFETY OVERVIEW

NO STUDY DISCONTINUATIONS DUE TO ADVERSE EVENTS

| Characteristic | | Treatment | | | |
|--------------------------------|-------|-----------|-----------|-----------|-------------------|
| | | 1.2 mg | 1.8 mg | 2.4 mg | Pooled placebo |
| AEs leading to discontinuation | n (%) | 0 (%) | 0 (%) | 0 (%) | 0 (%) |
| Serious or severe AEs | n (%) | 0 (%) | 0 (%) | 0 (%) | 0 (%) |
| Nausea | | | | | |
| Mild | n (%) | 1 (14.3%) | 5 (55.6%) | 5 (45.5%) | 1 (14.3%) |
| Moderate | n (%) | 1 (14.3%) | 1 (11.1%) | 5 (45.5%) | 0 (0.0%) |
| Vomiting | | | | | |
| Mild | n (%) | 1 (14.3%) | 1 (11.1%) | 5 (45.5%) | 1 (14.3%) |
| Moderate | n (%) | 0 (0.0%) | 1 (11.1%) | 3 (27.3%) | 0 (0.0%) |
| Diarrhea | | | | | |
| Mild | n (%) | 0 (0.0%) | 0 (0.0%) | 2 (18.2%) | 0 (0.0%) |
| Moderate | n (%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |
| Constipation | | | | | |
| Mild | n (%) | 0 (0.0%) | 1 (11.1%) | 2 (18.2%) | 0 (0.0%) |
| Moderate | n (%) | 0 (0.0%) | 1 (11.1%) | 1 (9.1%) | 0 (0.0%) |
| Hyperglycemia | n (%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) | 0 (0.0%) |

Gastrointestinal Adverse Events

- Most frequently mild at 1.8 mg dose with on-drug resolution and not requiring treatment
- No study discontinuations due to AEs

No significant effects on

- Blood glucose control by fasting serum glucose and HbA1c
- Mean heart rate at Week 6 and Week 12



CONCLUSIONS

- Double-digit weight loss in 12 weeks and reduction of LFC to below detectable levels potentially sets new standards for weight loss and liver fat reduction for NASH therapeutics
- These effects were achieved without the use of dose titration



Thank you

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