

The Azeliragon Elevage Study: Study Update and Preliminary Data on Baseline Characteristics of Participants with Mild Alzheimer's Disease and Type 2 Diabetes Randomized in Part 1

<u>Ann M Gooch PhD</u>, Louis Kirby MD, Leslie Humphries, Imogene Dunn PhD, Carmen Valcarce PhD, Aaron H Burstein, PharmD

vTv Therapeutics, High Point, NC, USA



Disclosures

Ann Gooch, Leslie Humphries, Imogene Dunn, Carmen Valcarce and Aaron Burstein

Full time employees of vTv Therapeutics LLC

Louis Kirby

Paid consultant for vTv Therapeutics LLC



Forward-looking statements

- The statements made in this presentation include forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1955 relating to the future development of azeliragon.
- These forward-looking statements may be accompanied by such words as "aim," "anticipate," "believe," "could," "estimate," "expect," "forecast," "intend," "may," "plan," "potential," "possible," "will," "would," and other words and terms of similar meaning. Drug development involves a high degree of risk, and only a small number of research and development programs result in commercialization of a product. Results in early-stage clinical trials may not be indicative of full results or results from later-stage or larger-scale clinical trials and do not ensure regulatory approval. You should not place undue reliance on these statements or the scientific data presented.
- These forward-looking statements are only estimations based upon the information available to vTv Therapeutics Inc. as of the

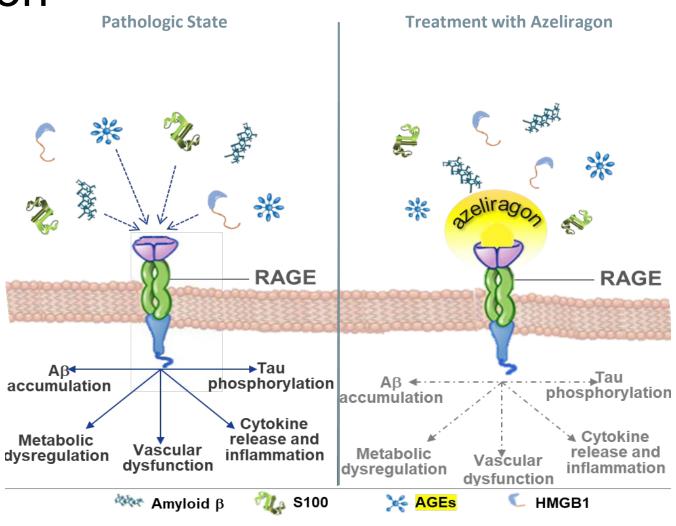
- date of this presentation. Except as required by law, we expressly disclaim any responsibility to publicly update or revise our forward-looking statements, whether as a result of new information, future events or otherwise. Thus, the forward-looking statements herein involve known and unknown risks and uncertainties and other important factors such that actual future operations, opportunities or financial performance may differ materially from these forward-looking statements.
- For a more detailed discussion of our risks, see the Risk Factors section in our prospectus filed with the SEC and our other filings with the SEC, including our most recent 2019 Annual Report on Form 10-K.
- Undue reliance should not be placed on forward-looking statements, which speak only as of the date hereof. All forwardlooking statements contained herein are qualified in their entirety by the foregoing cautionary statements.



Receptor for Advanced Glycation Endproducts (RAGE) and Azeliragon

- RAGE is pattern recognition receptor with diverse ligands
- RAGE expression is usually low in the majority of healthy adult tissues
- Upregulated under pathologic conditions (e.g., AD, Diabetes)
- Azeliragon antagonizes RAGE, blocking ligands from binding to the receptor and blunting resultant downstream pathological events





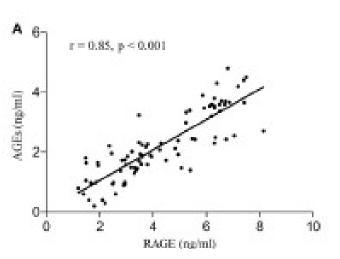
STEADFAST Study in Mild Alzheimer's Disease

- Two Phase 3 randomized, double-blind, placebo-controlled, parallel group, 18-month trials (A-Study and B-Study)
- 880 subjects with probable mild AD
 - 2011 NIA-AA criteria, Screening MMSE 21-26, CDR-global 0.5-1
- Successfully demonstrated safety and tolerability of azeliragon 5 mg/day
- Failed to demonstrate statistically significant benefit of azeliragon on coprimary endpoints of ADAS-cog and CDR-sb in mild AD



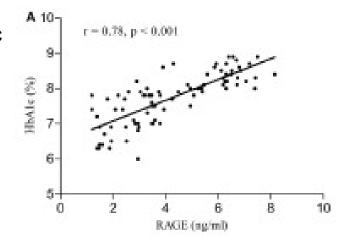
HbA1c: a surrogate for increased RAGE expression

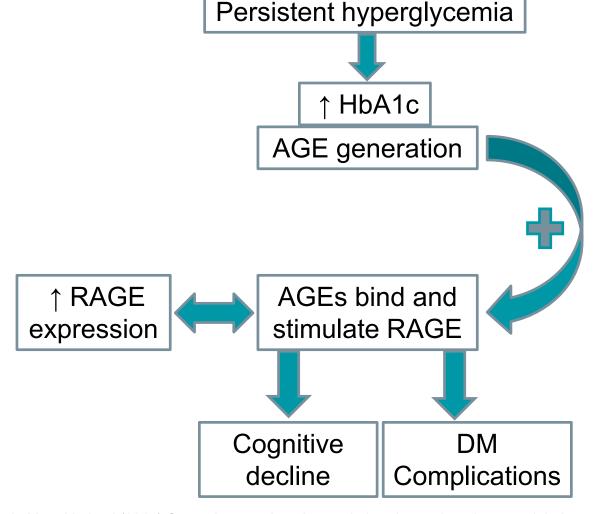
Correlation of RAGE with AGEs in group of diabetic elderly patients with MCI



Correlation of HbA1c with RAGE in group of diabetic elderly patients with MCI







- 1. Gorska-Ciebiada M, Saryusz-Wolska M, Borkowska A, Ciebiada M and Loba J (2015) C-reactive protein, advanced glycation end products, and their receptor in type 2 diabetic, elderly patients with mild cognitive impairment. Front. Aging Neurosci. 7:209. doi: 10.3389/fnagi.2015.00209
- 2. Zheng, F., Yan, L., Yang, Z. et al. HbA1c, diabetes and cognitive decline: the English Longitudinal Study of Ageing. Diabetologia 61, 839–848 (2018). https://doi.org/10.1007/s00125-017-4541-7

Cognitive Benefit in Diabetes Subgroup of STEADFAST A - Study

ADAS-cog11

Im provement Baseline Δ =4.9 p<0.001* Change from Worsening 12 3 9 15 18 Month Azeliragon (n=26) Placebo (n=21)

 Δ =5.5 p=0.006*

Type 2 Diabetes: Patients with diabetes (HbA1c ≥ 6.5% at any time during the study)

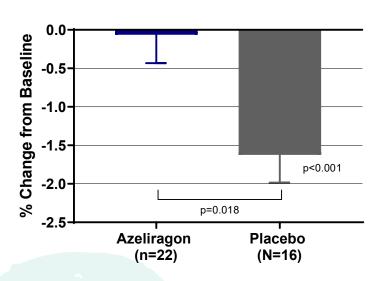
Results are LSMeans \pm SE based on MMRM model.

*All p values are nominal. FAS =Full Analysis Set



Brain MRI, FDG-PET and Plasma Inflammatory Biomarker Results Support Biological Effect in Dementia with Diabetes

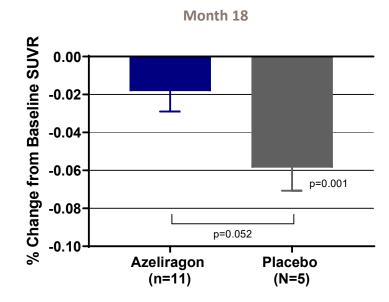
Less Brain Atrophy Whole Brain Month 18



Ann Gooch, PhD

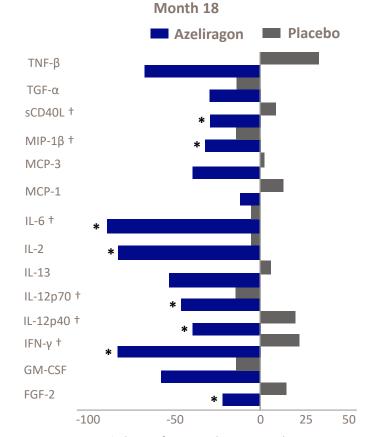


Less Reduction in Brain Glucose Utilization*



*FDG-PET SUVR composite (unweighted combination of frontal, anterior/posterior cingulate, lateral parietal, lateral temporal, and hippocampus)

Reduction in Plasma Inflammatory Biomarkers



% Change from Baseline at Month 18

Results are Medians

- * Nominal p<0.05 Wilcoxon test
- † Biomarkers with direct relationship to RAGE

Elevage Study Objectives

Strategic Objective

- Replicate STEADFAST post-hoc subgroup analysis in Phase 2 POC study before embarking on expanded Phase 3 study
- Part 1 results used to potentially adapt Part 2

Part 1 Study Objectives

- Primary Evaluate effect of 6 months of treatment with oral azeliragon on cognitive performance in subjects with mild AD and impaired glucose tolerance
- Secondary
 - Evaluate efficacy of azeliragon treatment on measures of function and activities of daily living
 - Evaluate the efficacy of azeliragon treatment on complications of diabetes
- Ann Gooch, PhD Evaluate the safety and tolerability of 6 months of azeliragon treatment
 - Evaluate effect of azeliragon on biomarkers and markers of inflammation

Elevage Study

Studies	Part 1 – Proof of concept	Part 2 – Phase 3 confirmatory	
Design	6-month, randomized, double-blind, placebo-controlled Phase 2 study	18-month, randomized, double-blind, placebo-controlled Phase 2 study	
Sample Size Geography	100 (Planned); 43 (Actual) United States and Canada	200 TBD	
Population	 Mild Alzheimer's disease Clinical dx of probable AD (2011 NIA-AA criteria) MMSE 21-26, CDR global 0.5 or 1, ADAScog14 ≥ 10 Impaired glucose tolerance HbA1c 6.5-9.5% 		
Dose Regimen	Azeliragon 5 mg or placebo once daily; randomized 1:1		
Primary Endpoint	Change from Baseline in ADAScog14 at Month 6	 Change from Baseline in ADAScog14 at Month 18 Change from Baseline in CDR-sb at Month 18 	
Secondary Endpoints	CDR-sb, FAQ, Amsterdam-IADL, eGFR	 FAQ, Amsterdam-IADL, MMSE, eGFR, whole brain volume 	



Demographics

Statistic	STE <u>AD</u> FAST T2D Subgroup N=47	Elevage-Part 1 N=43		
Country, n (%)				
Canada	4 (8.5)	11 (25.6)		
USA	43 (91.5)	32 (74.4)		
Ethnicity, n (%)				
Hispanic or Latino	10 (21.3)	2 (4.7)		
Not Hispanic or Latino	37 (78.7)	41 (95.3)		
Race, n (%)				
White	42 (89.4)	41 (95.3)		
Black or African American	3 (6.4)	2 (4.7)		
Asian	1 (2.1)	0		
American Indian or Alaska Native	1 (2.1)	0		
Sex, n (%)				
Female	9 (19.1)	20 (46.5)		
Male	38 (80.9)	23 (53.3)		
Age: Mean (SD)	76.8 (7.44)	76.7 (6.1)		



Baseline Characteristics - Body Measurements

Statistic	STE <u>AD</u> FAST T2D Subgroup N=47	Elevage-Part 1 N=43
Height (cm), Mean (SD)	171.4 (9.29)	167.8 (10.0)
Weight (kg), Mean (SD)	82.9 (14.16)	81.6 (14.6)
BMI (kg/m2), Mean (SD)	28.2 (3.73)	28.9 (4.4)



Baseline Characteristics – AD & T2D

Statistic	STE <u>AD</u> FAST T2D Subgroup N=47	Elevage-Part 1 N=43		
ApoE status, n (%)				
Heterozygous	21 (44.7)	20 (46.5)		
Homozygous	2 (4.3)	2 (4.7)		
Non-carrier	24 (51.1)	21 (48.8)		
Education, n (%)				
High School	13 (27.7)	14 (32.6)		
Other (trainings, certifications)	6 (12.8)	3 (7.0)		
Some college	10 (21.3)	7 (16.3)		
Associate's Degree	3 (6.4)	3 (7.0)		
Bachelor's Degree	11 (23.4)	11 (25.6)		
Master's Degree	3 (6.4)	5 (11.6)		
Doctoral Degree	1 (2.1)	0		
Background AD Medication, n (%)				
Memantine	16 (34.0)	16 (37.2)		
Acetylcholinesterase inhibitor	45 (95.7)	37 (86.0)		
Both	14 (29.8)	10 (23.3)		
HbA1c at Baseline, Mean (SD)	6.6 (0.64)	7.2 (0.67)		



Baseline Characteristics - Scales

Statistic	STE <u>AD</u> FAST T2D Subgroup N=47	Elevage-Part 1 N=43		
MMSE, Mean (SD)	23.7 (2.62)	23.4 (2.55)		
ADAScog11, Mean (SD)	15.5 (5.13)	17.4 (6.16)		
CDR Global, n (%)				
0.5	27 (57.4)	23 (53.5)		
1	20 (42.6)	20 (46.5)		
CDR Sum of Boxes	4.1 (1.77)	4.5 (1.84)		



Conclusions

- Elevage Part 1 has closed enrollment
- Preliminary results suggest that the Elevage study population has baseline characteristics similar to the diabetes subgroup from the STEADFAST Study and reflect the main eligibility criteria shared across both studies.
- Elevage Part 1 study results targeted for 2Q 2021.



We sincerely appreciate all the patients, families, investigators and staff for their participation in the Elevage study.



