

Resverlogix Corp. Bloom Burton & Co. Healthcare Conference May, 2017

Today's Agenda

- 1. Corporate Overview
- 2. Technology Review
- 3. BETonRENAL Clinical Trial Update
- 4. **BETonMACE Clinical Update**
- 5. Financial Position & Opportunities

6. Market Opportunity

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 includes forward looking information relating to the Company's clinical trials and the potential role of apabetalone in the treatment of CVD, DM, chronic kidney disease, Orphan diseases, and peripheral artery disease. Our actual results, events or developments could be materially different from those expressed or implied by these 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 presentation 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.

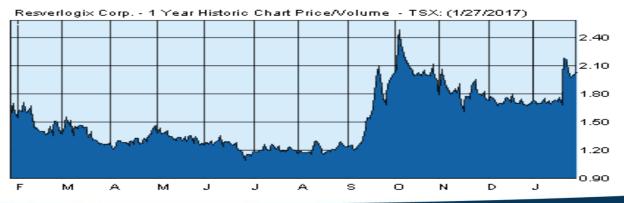




Corporate Review – Financial Profile

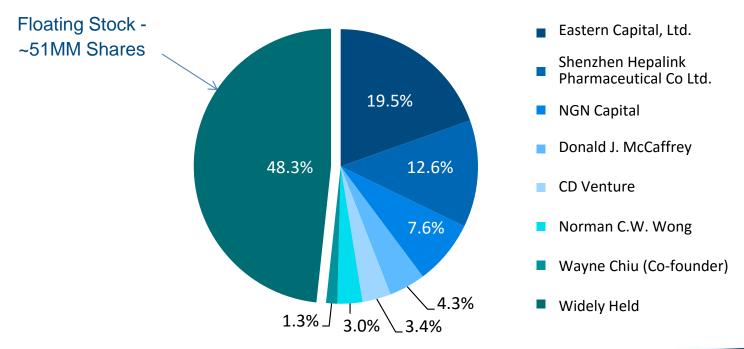


Founded	2001
Ticker	TSE-RVX
Market Cap	~\$230 MM
Shares Outstanding	105.4MM ~120MM fully diluted
Cash Burn	~\$2.0 MM + per month



Top Shareholders & Available Float

- RVX shareholder base is highly concentrated and relatively shallow
- Implies that the "float" (actual shares available for trading) is limited to ~51MM shares



RVX Top Shareholders

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Resverlogix Partnership





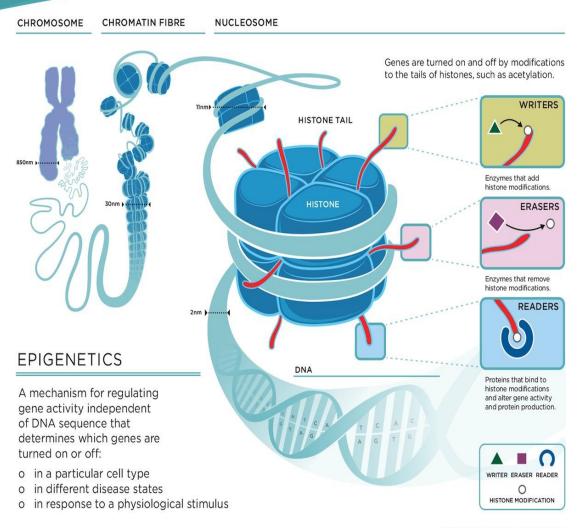
- Shenzhen Hepalink & Resverlogix announced a major licensing & milestone deal that could exceed USD \$450MM
- Largest single molecule deal in China history
- Apabetalone targets 140 MM China diabetes & CKD patients
- The market is 10% of the population and growing at 15% per year



Technology Review

Epigenetics

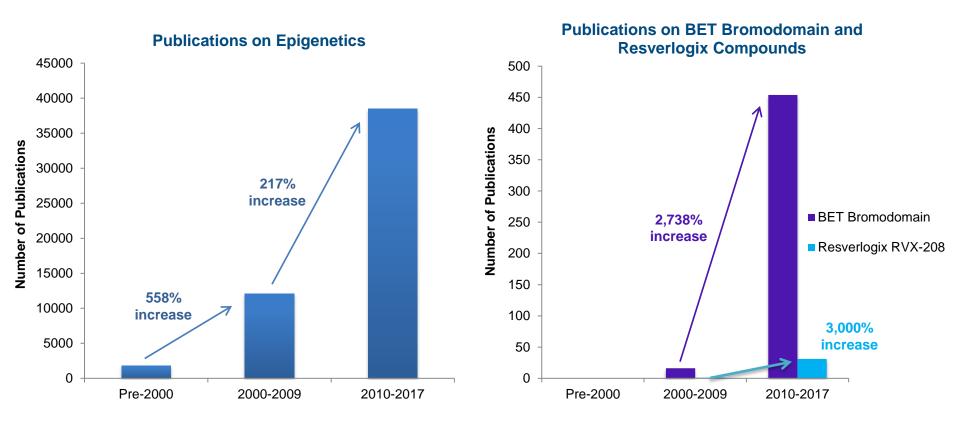




- The Epigenetic code refers to secondary modifications to chromatin components that regulate its activity
- Transcription is regulated by addition, removal or recognition of these modifications (writers, erasers, readers)
- Acetylation is associated with active transcriptional regions of chromatin
- BET (Bromodomain and Extraterminal Domain) proteins bind to acetylated lysines on histones and recruit additional transcription factors

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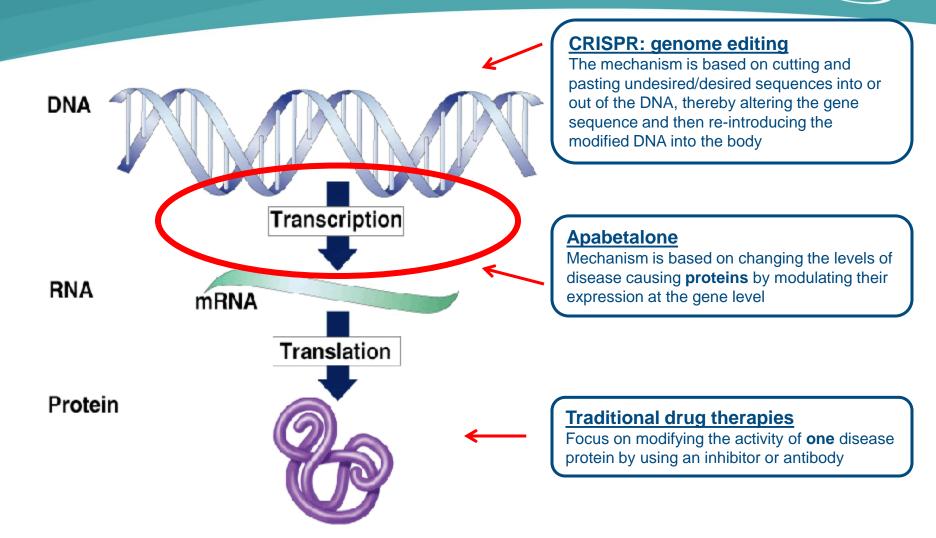
Dramatic growth of publications over the past decade in Epigenetics and BET Inhibition



Source: PubMed Database: Historical Review Q1 2017

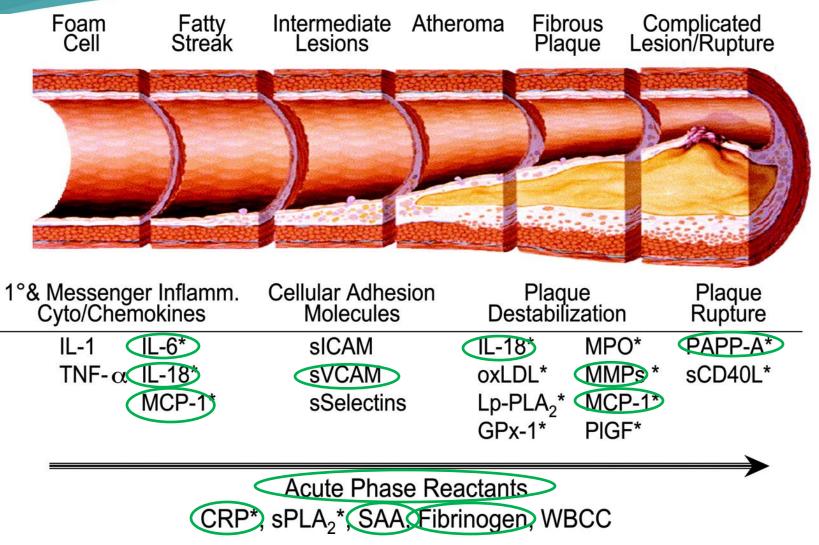
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Apabetalone's Advanced Mechanism



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Inflammation in Cardiovascular Disease



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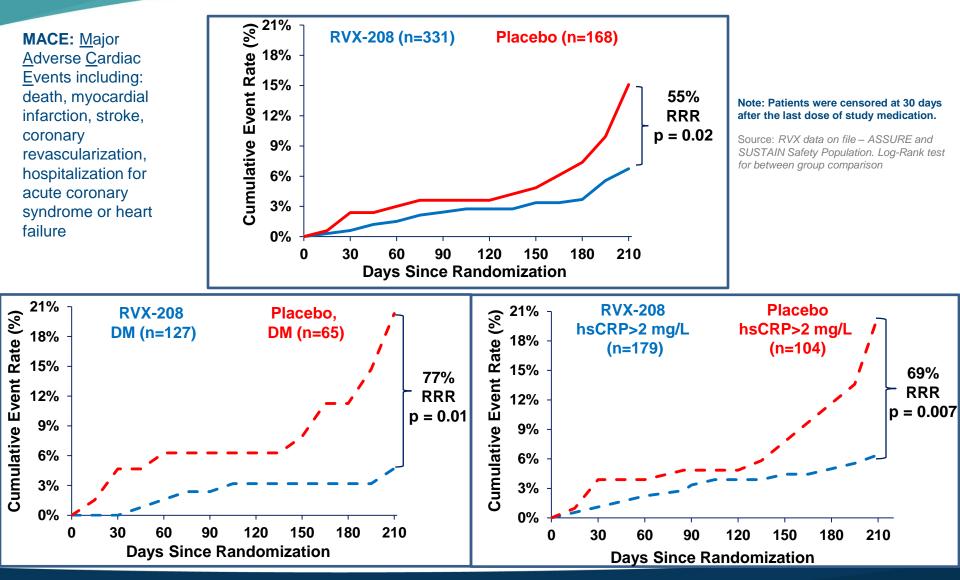
Source: Koenig, W. and Khuseyinova, N. (2007). "Biomarkers of Atherosclerotic Plaque Instability and Rupture." Arterioscler Thromb Vasc Biol; 27: 15-26



Examples of Detailed Science Compilation

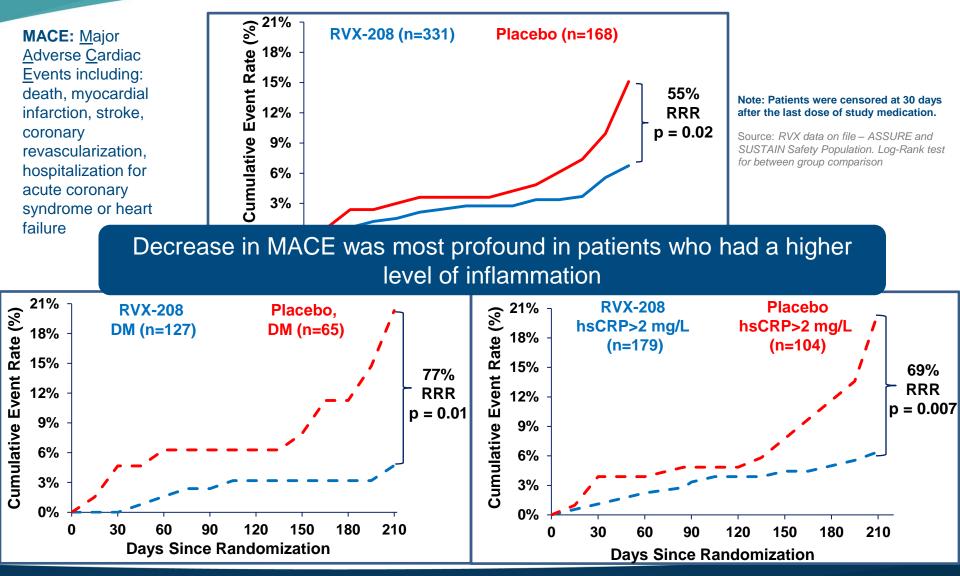
Strong Clinical Trial Data Indicated a Diverse Mechanism of Action



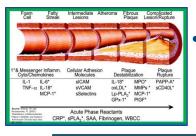


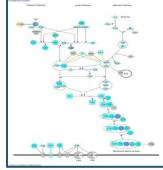
Strong Clinical Trial Data Indicated a Diverse Mechanism of Action



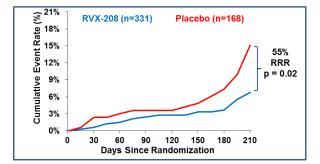


- Based on data generated in phase 2 studies, Apabetalone treatment resulted in a reduced incidence of MACE (Major Adverse Cardiac Events) in CVD patients (especially with Diabetes)
- Arrays from primary human hepatocytes and human whole blood demonstrated marked effects on numerous pathways that drive CVD

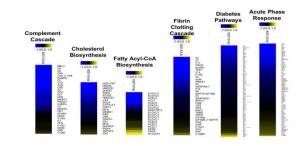


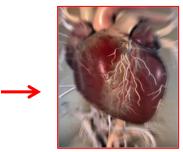


- BET epigenetic regulation and Apabetalone mediated inhibition of these pathways was confirmed in cellular, animal and human studies.
 - complement and coagulation
 - vascular inflammation
 - acute phase response
 - vascular calcification
 - reverse cholesterol transport
 - diabetes and glucose metabolism.



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Cardiovascular Disease

Current & Ongoing Studies Support Alternate Indications



- <u>Neurofibromatosis Malignant Peripheral Nerve Sheath Tumors (MPNST)</u>: studies have examined the effect of apabetalone, in vitro and in vivo, on MPNST (potential orphan indication)
- **Pulmonary Arterial Hypertension:** studying the effects of apabetalone on primary lung SMCs was positive, animal study of the effect of apabetalone on top of standard of care
- <u>Muscular Dystrophy/Facio Scapulo Humeral Dystrophy</u>: We have tested apabetalone and ~20 alternate RVX compounds for target and biomarker engagement in muscle cells, we are also analyzing human muscle biopsies from patients treated with apabetalone
- <u>Calciphylaxis/Calcification</u>: due to positive in vitro data animal studies of calcification are ongoing (also supports CVD)
- **Fabrys Disease:** arranging ex-vivo treatment of Fabry patient blood, to analyze the effect of apabetalone on inflammatory mediators to move into a safety/efficacy Phase 2 study
- <u>Neuroinflammation</u>: direct effects of apabetalone demonstrate reduced inflammation and microglial activation with drug treatment and no detrimental effects on neurons – animal study is ongoing
- **Paroxysmal Nocturnal Hemoglobinuria (PNH)**: due to positive data on the effect of apabetalone on the complement cascade, plans to start a safety/efficacy trial have been initiated
- Chronic Kidney Disease (CKD): proteomic analysis of data from CKD PK study is ongoing
- <u>Characteristics of BET Inhibitors</u>: studies investigating PK/tissue distribution of apabetalone and other BET inhibitors are underway, new scientist hired to investigate distribution, formulation and route of administration of BETi for other indications and target organs



BETonRENAL Clinical Update

Phase 1 PK Study Design



Cohort 1 Previously diagnosed with ESRD and not on dialysis (eGFR <30 mL/min/1.73m ²)	\longrightarrow	apabetalor single N=	dose
Cohort 2 Healthy volunteers matched for age (±10 years) weight (±20%), and gender with the subjects in Cohort 1 (renal impaired subjects); eGFR ≥60 mL/min/1.73m ²	· · · · · · · · · · · · · · · · · · ·	apabetalor single N=	dose
pre- dose 6 12 hours hours	24 hours Day 2	48 hours Day 3	safety follow -up Day 7
dose administration			

Proteomic Analysis of Phase 1 CKD Study



Top 100 proteins from Somalogic, ranked by magnitude of effect at 12 hours post dose vs baseline, compare biomarkers of patients with severe renal impairment versus healthy controls

	Severe Renal Impaired						Healthy Control			
	Severe Kenar Impaired									
Protein/Gene		6 Hours	12 Hour	24 s Hours	48 Hours	6 Hour	rs Hours	24 Hours	48 Hours	
nsulin-like growth factor-binding protein 1	IGFEP	-40.2	57.4	-11		-37.0		12.8	12.8	
hosphoglycerate mutase 1 Natelet factor 4	PGAN PE4		545	-40 5			11.3	-20.1 -33.3	-20.0	
14-3-3 protein family Casein kinase II 2-alpha:2-beta heterotetramer	CSNIC		-42 -42	-63.8			25.5	-36.5	-343	
AMP-dependent protein kinase catalytic subunit alpha MAP kinase-activated protein kinase 2	PRICAL MAPI		40	-42.			-22.2	-8.4	-29.0	
Methionine aminopeptidase 1	META		-	-45			17.9	-25.6	-28.2	
Tasminogen activator inhibitor 1	SLEPT		-41.6	-11			11.0	-19.4 -23.8	-22.7	
tukaryotic translation initiation factor 4H 4-3-3 protein beta/alpha	DF4H YWHA		-41	-4 4			0.8	-22.6	-31.9	
Protein kinase C theta type	PRKCE AIP		-40.	-05			14.5	-22.2	-24.8	
W receptor-interacting protein Chloride intracellular channel protein 1	CUC1		-39.5	-01			1.5	-26.8	-30.5	
C motif chemokine 17 Copine-1	CEL17 CPNE		-19.1	-42.5			33.0 17.6	-4.3	-2.4 -27.8	
Ignal transducer and activator of transcription 3 MAP kinase-activated protein kinase 3	STAT:		-39.1	-44			15.8 14.6	-29.3	-29.7	
Fyrosine-protein kinase Tec	TEC		-38.8	-04			22.1	-30.0	-21.5	
Calcineurin Natelet-derived growth factor subunit A	PPP3C PDGF		-38.7	-4(2 -415			17.9	-29.3	-10.7	
temit methyltransferase family member 2 Fyrosine-protein kinase Pyn	NGAN FYN		-32.4	-38.5			11.0	-24.2	-24.2	
Tyrosine-protein kinase Fer bual specificity protein phosphatase 3	FER DUSP		-31.2	-11.0			22.9	-14.2	-20.5	
Vetalloproteinase inhibitor 3	TIMP:		-37.9	-413			10.3	-19.0	-17.4	
Gycylpeptide N-tetradecanoy/transferase 1 Ghydroxyacyl-CoA dehydrogenase type-2	NMT1 HSD1		-37.7 -37.7	-32.0			12.6	-26.9	-20.9	
teceptor-type tyrosine-protein kinase FLT3 Fyrosine-protein kinase BTK	FLT3 BTK		-37.6	-42.3			9.5	-35.	-30.5	
Tyrosine-protein kinase Lyn	LYN SMAC		-37.3	-42.4			14.3 22.9	-28.2	-21.6	
Nothers against decapentaplegic homolog 2 seta-adrenergic receptor kinase 1	ADRE		-37.3	-42-			21.2	-28.0	-25.8	
Ubosomal protein 55 kinase alpha-3 Pyruvate dehydrogenase (acetyl-transferring)) kinase is	RP568		-37.2	-32.2			0.3	-16.4 -15.6	-31.5	
tibosome maturation protein SBDS	SBOS		-36.6	-12			29.2	-11.0	-27.3	
CDS ligand	ICOSL		-36.4	-28.0			7.8	-15.0	-15.4	
Yeptidyl-prolyl cis-trans isomerase D Altogen-activated protein kinase B	PPID MAPK		-36.4	-017			18.9	-30.0	-30.5	
kmyloid beta A4 protein Fyrosine-protein kinase CSK	APP CSK		-36.3	-35.1 -453			16.1 20.7	-21.9 -31.4	-14.9	
ntegrin alpha-I: beta-1 complex Nucleoxide diphosobate kinase A	ITGA1		-36.1	-36.7			9.3	-7.3	-15.7	
Dual 3',5'-cyclic-AMP and -GMP phosphodiesterase 11A	PDE1		-36.1	-35.0			6.3	-34.0	-24.6	
Utogen-activated protein kinase 1 AMP-regulated phosphoprotein 19	MAPE ASPP		-36.0	-31.2			9.9 12.3	-30.3	-25.5	
UC-beta serine/threonine-protein kinase vrosine-protein phosphatase non-receptor type 6	AKT2 PTPN		-36.0	-324			164	-20.4	-22.2	
Sapase-3 Collagen alpha-1(XXII) chain	CASP		-35.4	-41.			17.4	-17.4	-34.4	
Peptidyl-prolyl cis-trans isomerase F, mitochondrial	PPIF		-35.8	-448			-0.6	-22.5	-28.5	
tcl2-associated agonist of cell death phingosine kinase 1	BAD SPHIC		-35.8 -35.7	-42.			16.3 22.4	-31.1	-27.4	
rotein kinase C beta type (uplice variant beta-li) ranslationally-controlled tumor protein	PRICE TPT1		-35.6	-42			26.0	-30.7	-26.7	
Upha-enclase	ENO1 DNAI		-35.4	-35.0			17.6	-22.8	-21.9	
Inal homolog subfamily 8 member 1 Protein disulfide-isomerase A3	PDIA3		-35.3	-35.3			16.9 12.6	-25.3	-26.5	
Tatelet-derived growth factor subunit B Sukaryotic translation initiation factor 4 gamma 2	POGR DIF4G		-35.2	-342			24.1	-24.5	-8.2	
Vacuolar protein sorting-associated protein VTA1 homo Altogen-activated protein kinase 14	NAP		-35.1	-12.7			17.7	-29.5	-22.2	
Casein kinase II 2-alpha':2-beta heterotetramer	CSNC		-34.9	-35.2			14.8	-23.4	-26.8	
nhibitor of growth protein 1 MP Kinase (alpha2beta2gamma1)	ING1 PRKA		2.K. 2.K.	-113			13.3	-20.0	-20.1	
Calcium/calmodulin-dependent protein kinase type II s Neutrophil activating peptide 2	PPEP		-34.5	-37.5			11.2	-24.3	-26.1	
GMP-specific 3',5'-cyclic phosphodiesterase 20 kDa heat shock protein, mitochondrial	PDES		344	-11.7			21.1	-26.4	-22.8	
iro-beta/gamma	CIELI		-34.1	-35.9			17.1	-10.6	-30.5	
Ignal transducer and activator of transcription 6 Annexin A6	STATE		-34.1 -34.1	-23.5 -25.6			1.7 15.9	-19.8 -16.0	-18.4 -11.9	
Calcium/calmodulin-dependent protein kinase type II s Tytosine-protein kinase Yes	UBICAMB		-34.1 -31.9	-37.1			19.8	-22.7	-19.4	
- C motif chemokine 5	CCLS SNX4		-114	-34.5			26.1	-19.3	-13.1	
iorting nexin-4 Vfatoxin 81 aldehyde reductase member 2	AKR7		-33.5	-021			17.6	-28.1	-24.6	
Wtogen-activated protein kinase 3 Dickkopf-related protein 1	MAPR DEX1		-31.5 -31.4	-111			20.5	-33.0	-18.4	
Dynein light chain roadblock-type 1 leat shock protein HSP 90-alpha/beta	DINU HSP90		-31.2	-42			17.0	-28.3	-37.	
hp90 co-chaperone Cdc37	CDC3		-33.1	-23.0			9.0	-23.3	-22.5	
Yrosine-protein phosphatase non-receptor type 11 Calcium/calmodulin-dependent protein kinase type II s	ub CAMP		-31.0	-32.3			6.3 18.0	-22.2	-17.4	
Yatelet glycoprotein VI Thrombopoletin	GP5 THPD		-32.9	-35.9			16.0	-30.6	-27.6	
Sytokine receptor common subunit gamma	IL2RG		-32.7	-37.0			13.0	-33.4	-21.0	
tranıgelin-2 IAC-alpha/beta/gamma serine/threonine-protein kinar			-32.7 -32.5	-22.6			4.2 52.9	-15.3	-19.1	
Voesin Proto-oncogene vav	MSN VAV2		-32.4 -32.3	-25.6			-9.4	-16.3	-21.9 -21.5	
imall ubiquitin-related modifier 3 Atogen-activated protein kinase kinase kinase 7:TGF-b	SUMC		-32.2 -32.1	-35.0			11.1	-27.8	-25.9	
OMM domain-containing protein 7 kmphiregulin	COM		-321 -321	-32.8			11.9	-9.0		
ro-opiomelanocortin	AREG	-6.2	-32.1 -31.7	-3112	-25.3	1.7	-15.9	-31.3	-12.3	

World Leading Committee Members



Renal Clinical Advisory Board



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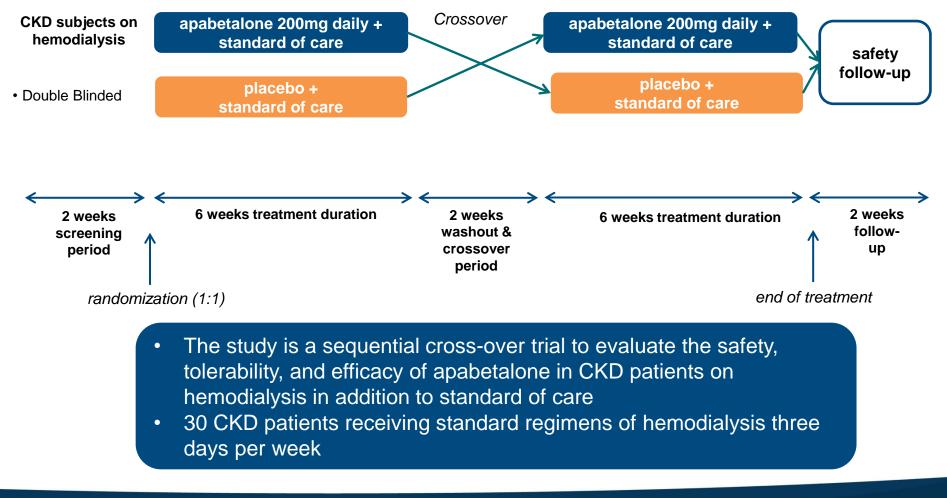


Dr. Srinivasan Beddhu Member *University of Utah*



Dr. Mathias Haarhaus Member *Karolinska University Hospital*

Phase 2 Renal Study Design: Primary Endpoint Change in ALP



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FDA Interactions: Cardio/Renal Division

- Filed for a Type B Meeting early fall 2016
- Completed Type B Meeting late fall 2016, face to face in Washington
- Received positive feedback on trial design and positive instructions to enhance the program without affecting the IND filing timeline
- New Cardio/Renal IND on track for H1 2017



BETonMACE Clinical Update

2,400 patients in total, over 50% enrolled



Apabetalone has already been tested in over 1,200 patients in 18 countries around the world.

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Primary Objective

To evaluate if treatment with apabetalone as compared to placebo increases time to the first occurrence of triple MACE. Triple MACE is defined as a single composite endpoint of: 1) CV Death or 2) Non-Fatal MI or 3) Stroke.

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

Primary Endpoint

Time from randomization to the first occurrence of adjudication-confirmed triple MACE defined as a single composite endpoint of: 1) CV Death or 2) Non-Fatal MI or 3) Stroke.

Secondary Endpoint

Time from randomization to the first occurrence of adjudication-confirmed MACE including:

- revascularization and unstable angina
- changes in apoA-I, apoB, LDL-C, HDL-C, and TG
- changes in HbA1c, fasting glucose, and fasting insulin
- changes in ALP and eGFR



Market Opportunity

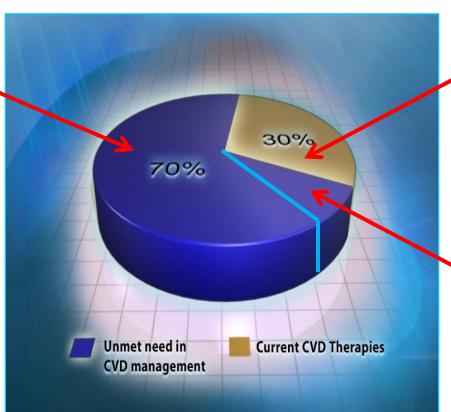
Unmet Need Segment is Still 70%

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 Cardiovascular disease is still the number one killer of both males and females and costs the US healthcare system over \$500B per year

Opportunity

 Huge market potential resides in the remaining 70% unmet need in CVD management



Current CVD Therapies

- Statins are the top
 medication used to treat
 CVD
- Despite maximized use, current therapies only manage about 30% of CVD events

New LDL Modulators

 Several new types of LDL modulators are in clinic.
 Leading are the very expensive PCSK9's

- Phase 3 company focused on significant unmet need in <u>high-risk CVD</u> 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 – Phase 2 clinical trials to commence in H1 2017
- Well established safety profile to date, <u>over 1,200 patients</u> treated with apabetalone with no significant safety issues
- Proven track record of funding development while minimizing shareholder dilution



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