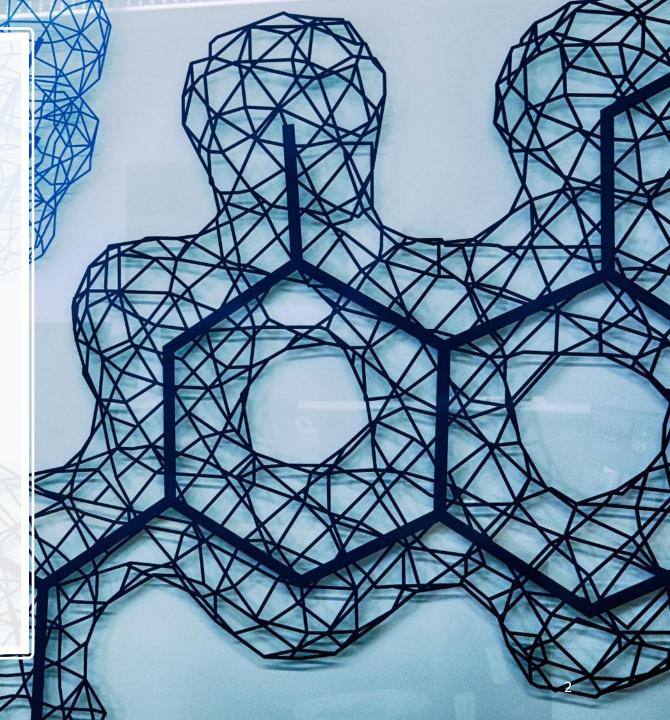
Resverlogix Corp. Annual General Meeting October 31, 2019

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 BETonMACE clinical 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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Executive Summary



- There is still a **high unmet need** in high-risk CVD/diabetes patients with ACS, renal disease and cognitive impairment for novel outcomes based treatment approaches
- Apabetalone is a first and only-in-class **Phase 3** select BET inhibitor with a highly differentiated mechanism of action targeting the reduction of MACE in high-risk CVD/diabetes patients
- November 16, 2019 BETonMACE results to be presented during a Late Breaking Science session during the American Heart Association (AHA) conference
 - Academic embargo restrictions will be strictly adhered to until November 16th
 - Monday, November 18, 2019 Resverlogix to hold a pre-market open conference call on additional key BETonMACE endpoints; details to be announced soon via news release
 - Early December Cognitive impairment data will continue to be embargoed until Clinical Trials on Alzheimer's Disease conference (CTAD: Dec. 4 – 7, 2019) when we expect to present additional BETonMACE results
- BETonMACE safety confirmed in **9 DSMB reports**, additional data available November 16th.
- Robust intellectual property position for composition, use, and manufacturing, with patent life ranging from 2027 to 2034

Apabetalone Mechanism of Action





Altering the sequence of DNA itself and then reintroducing **modified genes** into the body

There are currently **no FDA-approved** therapies based on gene editing

Transcriptional Regulation

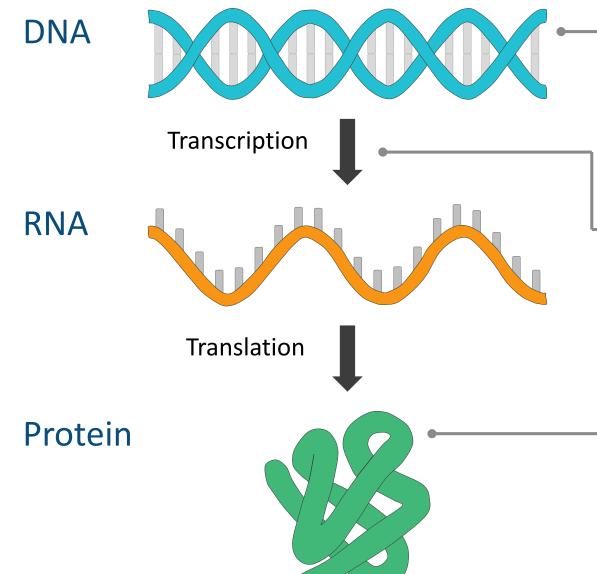
Adjusting the levels of **multiple** disease proteins by modulating their expression at the gene level

Apabetalone, acting upstream of traditional pharmaceuticals, represents a **paradigm** *shift* in the treatment of chronic disease

Protein Inhibition

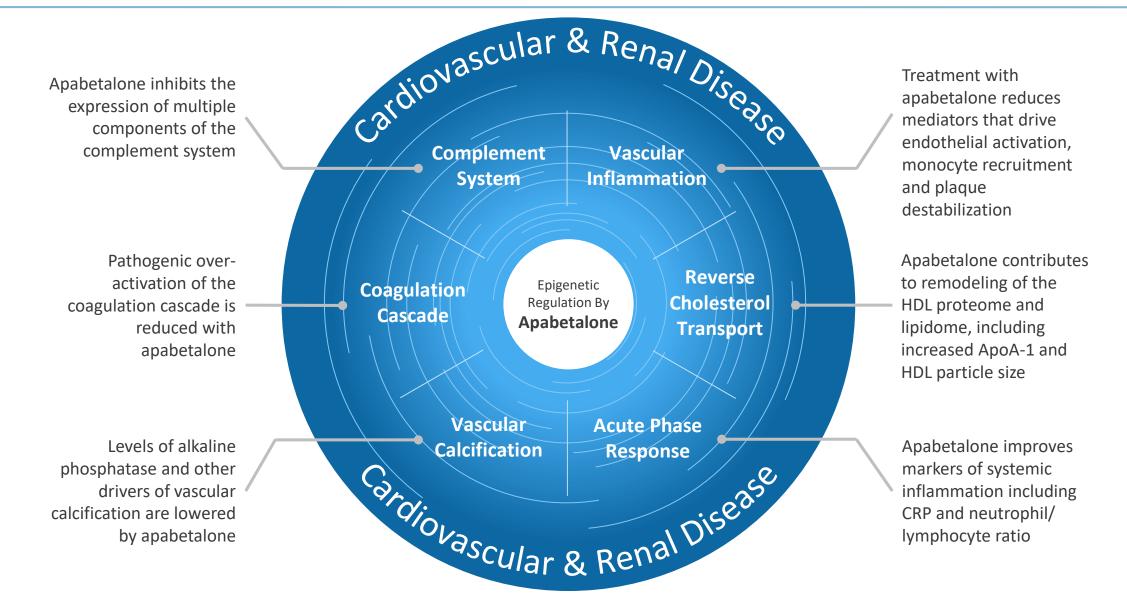
Reducing or blocking the activity of **one** disease protein by using an inhibitor or antibody

Almost all **current therapeutics** function via protein inhibition



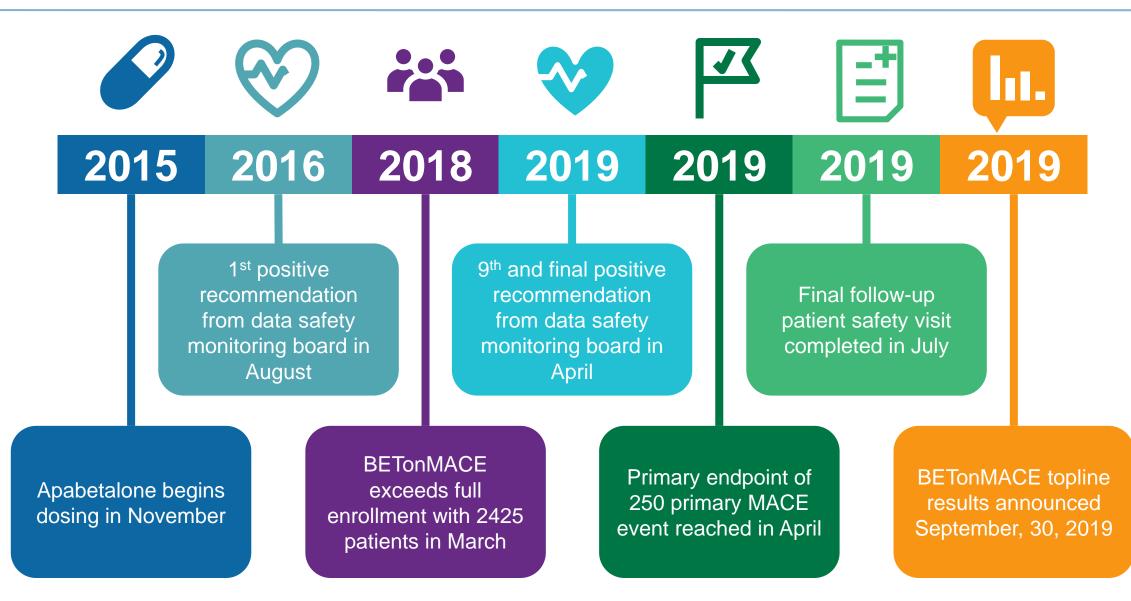
Apabetalone Mechanism of Action





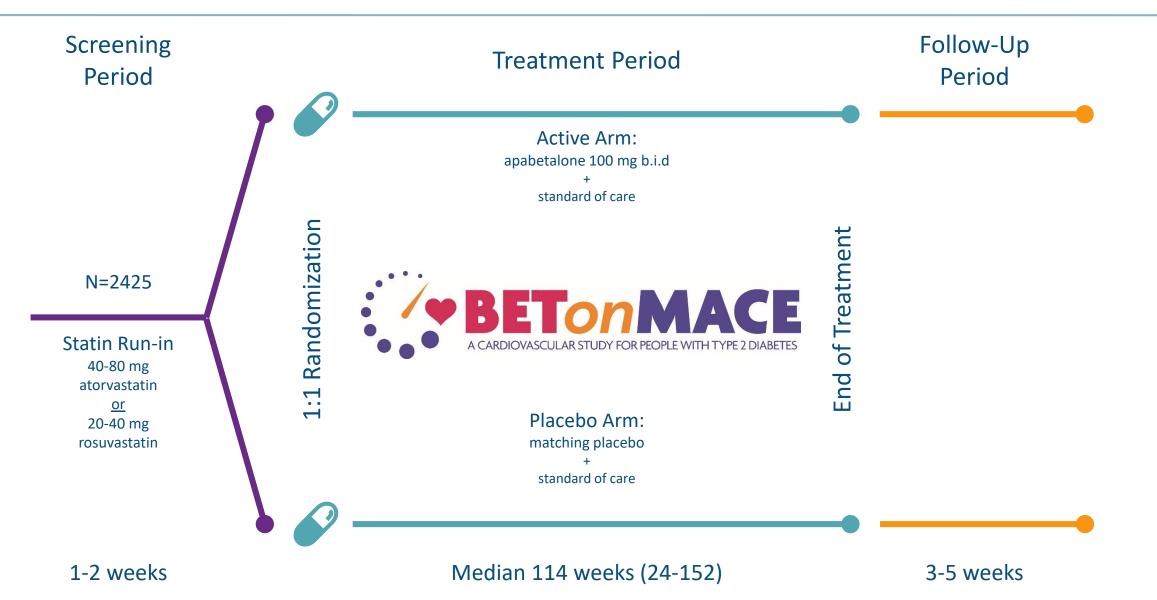
BETonMACE Trial Timeline





BETonMACE Study Design

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BETonMACE a Global, Multi-centered Clinical Trial





With 14 approved countries around the world, BETonMACE included patients randomized at 220 different sites



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 CV death or non fatal MI or stroke.

Key Inclusion Criteria

- Type 2 Diabetes Mellitus
 - HbA1c >6.5% or history of diabetes medications
- Acute coronary syndrome 7-90 days prior to the screening visit
 - Unstable angina (Limited to 25% of total participants) or acute myocardial infarction
- Low HDL cholesterol
 - <40 mg/dL (1.04 mmol/L) for males; <45 mg/dL (1.17 mmol/L) for females at the screening visit

Primary Endpoint

Time to first occurrence of adjudication-confirmed triple
MACE

Key Secondary and Exploratory Endpoints

- Change in kidney function in chronic kidney disease sub-population
 - Baseline estimated glomerular filtration rate (eGFR) <60 mL/min/1.7m²
- Change in Montreal Cognitive Assessment (MoCA)
 - Evaluated in at-risk sub-population (>70 years old at randomization)

How Will BETonMACE Data be Presented at AHA?

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1st Step – A Statistical Analysis Called a Forest Plot

Primary End Point	Hazard Ra	tio (95% CI)	
First occurrence of primary end point – Announced September 30 th , 2019	9 – Marginal miss		
Key Secondary End Points First occurrence of primary end point or hospitalization for unstable angina or urgent or emergency revascularization procedure First and recurrent primary end point events Cardiovascular death or non-fatal myocardial infarction Coronary heart disease death or non-fatal myocardial infarction Non-fatal myocardial infarction Cardiovascular death Stroke All cause mortality	Data on this side of the line would indicate that Apabetalone outperformed placebo. HR less than 1.0	Data on this side of the line would indicate that Placebo outperformed drug. HR greater than 1.0	Hazard ratios are indicative of the effect size, while 95% confidence intervals (CI) are a measure of our level of certainty in the result Remember, Placebo in this trial includes the top standard of care available in the world
First hospitalization for congestive heart failure			
Other Pre-specified End Points	Ŭ		
First and recurrent hospitalization for CHF		1	
First occurrence of primary end point, excluding undetermined death		1	
0.25	0.50 1	.00 2.	00
	Apabetalone Better	Placebo Better	10

A Bad Forest Plot would Look Something Like This



Primary End Point	Hazard Ratio (95% CI)
First occurrence of primary end point	· · · · · · · · · · · · · · · · · · ·
Key Secondary End Points	
First occurrence of primary end point or hospitalization for unstable angina or urgent or emergency revascularization procedure	· · · · · · · · · · · · · · · · · · ·
First and recurrent primary end point events	
Cardiovascular death or non-fatal myocardial infarction	I
Coronary heart disease death or non-fatal myocardial infarction	⊢−−−− −
Non-fatal myocardial infarction	
Cardiovascular death	⊢
Stroke	• • • • • • • • • • • • • • • • • • •
All cause mortality	 <mark> </mark>
First hospitalization for congestive heart failure	
Other Pre-specified End Points	i
First and recurrent hospitalization for CHF	· · · · · · · · · · · · · · · · · · ·
First occurrence of primary end point, excluding undetermined death	· · · · · · · · · · · · · · · · · · ·
0.25 0.5	50 1.00 2.00
	Test Drug Better Placebo Better

A Very Good Forest Plot would Look Something Like This



rimary End Point Hazard Ratio (95% CI)		
First occurrence of primary end point		
Key Secondary End Points		
First occurrence of primary end point or hospitalization for unstable angina or urgent or emergency revascularization procedure	⊢	
First and recurrent primary end point events	⊢	
Cardiovascular death or non-fatal myocardial infarction	⊢ •i	
Coronary heart disease death or non-fatal myocardial infarction	⊢ ⊢	
Non-fatal myocardial infarction	⊢	
Cardiovascular death	⊢ − − − − − − − − − −	
Stroke	• • • • • • • • • • • • • • • • • • •	
All cause mortality	↓ ↓ ↓	
First hospitalization for congestive heart failure	ı _ ı	
Other Pre-specified End Points		
First and recurrent hospitalization for CHF	·	
First occurrence of primary end point, excluding undetermined death	⊨4	
0.25	0.50 1.00 2	
1	Test Drug Better Placebo Better	



Questions for, and considerations around, various paths forward:



Can Resverlogix proceed with the current registration of Apabetalone for use in indications that clearly demonstrated success in BETonMACE trial?

Longshot but possible



Continuation of the BETonMACE trial in a bolt-on fashion? Adding enough new patients to achieve the power calculations. This scenario can be partnered etc. if required.

Good Potential



Commencement in new trials for varying indications such as the existing CVD in Diabetics, orphan indications, Renal, Cognitive impairment etc.?

Expensive but partners are available



Drug Name	Year	Indication	Company	Initial Result	Regulatory Decision
Situro	2019	Drug-Resistant Tuberculosis	Johnson & Johnson	Demonstrated improved ability to kill tuberculosis bacteria in Phase 3 trial, however 10 patients died in treatment group, compared with 2 in placebo	Approved
Vyndaqel	2019	Transthyretin- Mediated Amyloidosis	Pfizer	FDA initially rejected the drug in 2012 as a therapy for familial amyloid polyneuropathy, while dozens of other countries approved it for that indication	Approved
Aducanumab	2019	Alzheimer's Disease	Biogen	Biogen halted two Phase 3 trials (EMERGE and ENGAGE) after futility analyses showed they were unlikely to yield significant results, but later requested FDA approval based on subset analysis of the pooled data	Decision pending
Zyprexa Pamaoate	2014	Schizophrenia	Eli Lilly	Phase 3 trial denoted heavy sedation in a small number of patients at least one hour post-injection, but clear efficacy	Approved, with warning label
Solanezumab	2012	Alzheimer's Disease	Eli Lilly	Pooled results from two failed Phase 3 trials indicated improved cognition and reduced amyloid burden	TBD, trial ongoing
Nuplazid	2009	Parkinson's Related- Psychosis	Acadia Pharmaceuticals	After not meeting pre-specified end point in Phase 3 trial, Acadia argued to FDA to revise the scale used to assess efficacy	Approved, after additional small trial
Fotolyn	2009	Rare Blood Cancers	Spectrum Pharmaceuticals	Reduced tumors in 29/107 patients, with no measured improvement in life expectancy, and poor safety/tolerability; positive surrogate measurements presented to FDA	Accelerated approval
Ulroic	2009	Gout	Takeda Pharmaceuticals	Rejected due to adverse CV events in 2005/6 Phase 3, but a follow- up trial saw normative safety and tolerability; Post-market surveillance confirmed elevated CV risk	Approved

RESVERLOGIX – Short Term Timelines



