THE SCIENCE OF CELLULAR SENESCENCE

**UNITY Investor and Analyst Event** December 11, 2018



# INTRODUCTIONS AND OVERVIEW

Ned David, Ph.D. Co-founder and President



#### SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This presentation and the accompanying oral commentary contain forward-looking statements, including: statements related to our understanding of cellular senescence and the role cellular senescence plays in diseases of aging; our expectations regarding the potential benefits, activity, effectiveness and safety of senolytic drug candidates; the status of our our preclinical, clinical and regulatory development plans and pipeline; our expectations with regard to the results of our clinical studies; and our expectations with regard to our ability to acquire, discover and develop additional drug candidates and advance such drug candidates into, and successfully complete, clinical studies. These statements involve substantial known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. The forward-looking statements in this presentation represent our views as of the date of this presentation. We anticipate that subsequent events and developments will cause our views to change. However, while we may elect to update these forward-looking statements at some point in the future, we have no current intention of doing so except to the extent required by applicable law. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this presentation.

For a further description of the risks and uncertainties that could cause actual results to differ from those expressed in these forward-looking statements, as well as risks relating to the business of the Company in general, see UNITY's most recently filed Quarterly Report on Form 10-Q for the quarter ended September 30, 2018, filed with the Securities and Exchange Commission on November 7, 2018, as well as other documents that may be filed by UNITY from time to time with the Securities and Exchange Commission.

This presentation concerns drug candidates that are under clinical investigation and which have not yet been approved for marketing by the U.S. Food and Drug Administration. They are currently limited by Federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.



#### THE SCIENCE OF SENESCENCE



Biology of senescence Judy Campisi, Ph.D.

Link between senescence, aging and particular diseases of aging *Jan van Deursen, Ph.D.* 

#### UNITY AND SENESCENCE

**Overview of UNITY's efforts to extend healthspan** *Ned David, Ph.D.* 



UNITY's edge in optimizing senolytic development Dan Marquess, D. Phil

The intersection of senolysis and oncology *Pedro Beltran, Ph.D.* 



Panel Q&A Moderated by Keith Leonard



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## TODAY'S EXPERT SPEAKERS

#### JUDY CAMPISI, PH.D.

- Professor at the Buck Institute for Research on Aging
- Sr. Scientist at Lawrence
   Berkeley National Laboratory
- National Academy of Science elected member





#### JAN VAN DEURSEN, PH.D.

- Professor of Biochemistry and Biology at The Mayo Clinic
- Professor of Pediatrics at The Mayo Clinic



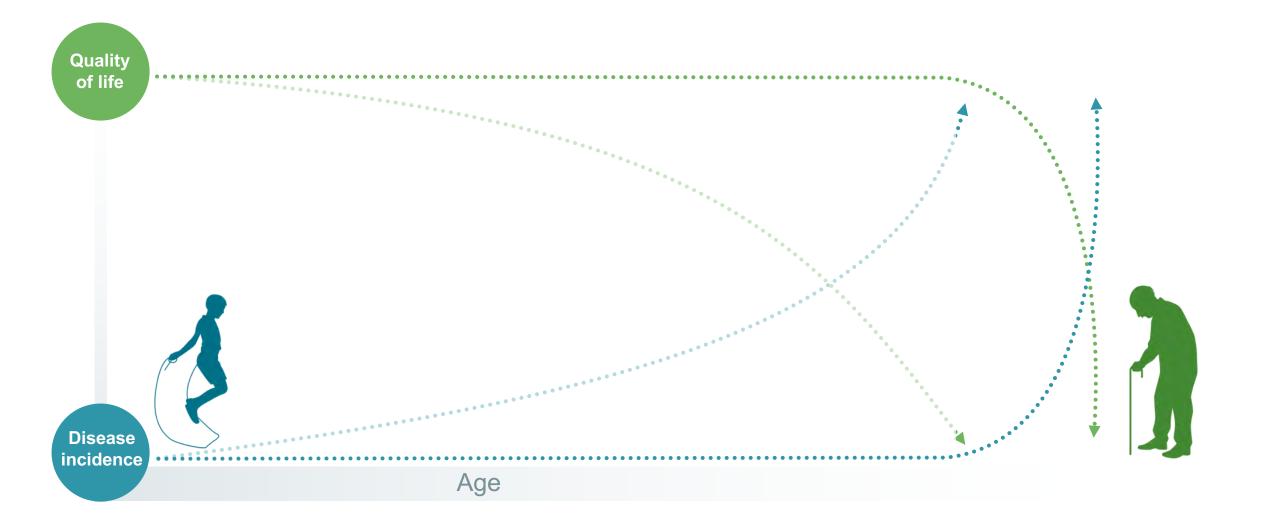


Health.span |helth' span | *noun* The period of one's life unburdened by the diseases of aging

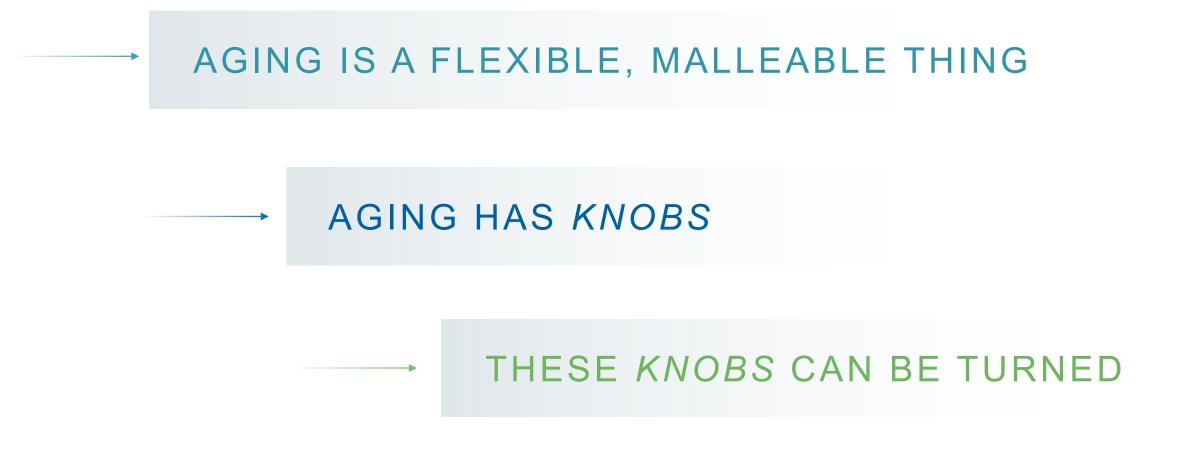
See also: anti-aging, healthy longevity



#### UNITY IS ADVANCING THERAPIES TO EXTEND HEALTHSPAN

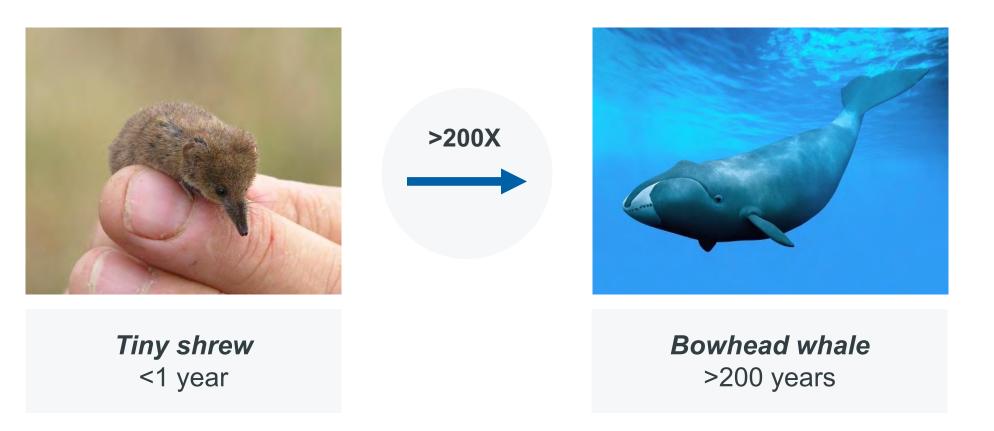






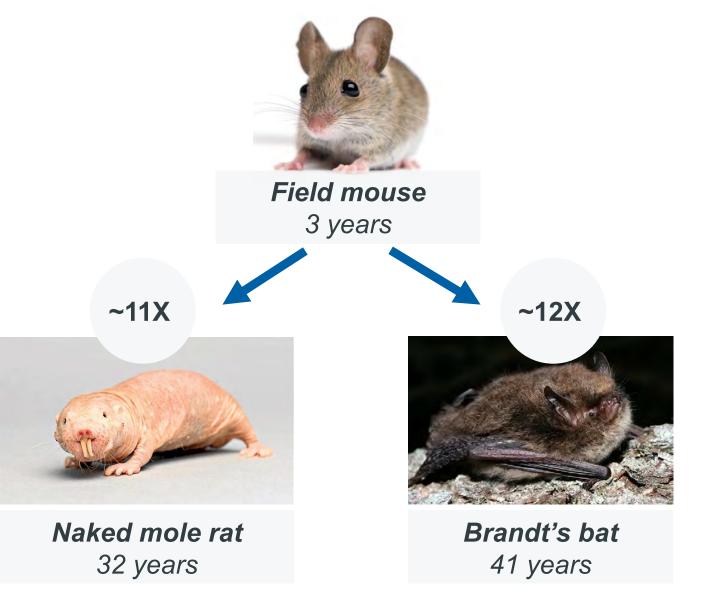


#### AGING IS A FLEXIBLE, MALLEABLE THING





#### AGING IS A FLEXIBLE, MALLEABLE THING

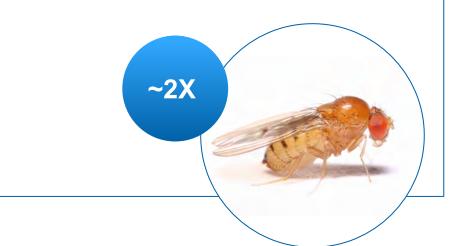




#### AGING HAS KNOBS



**Rogina Blanka** was able to extend a fly's lifespan by <u>**2-fold**</u> by creating a mutation in the *indy* gene





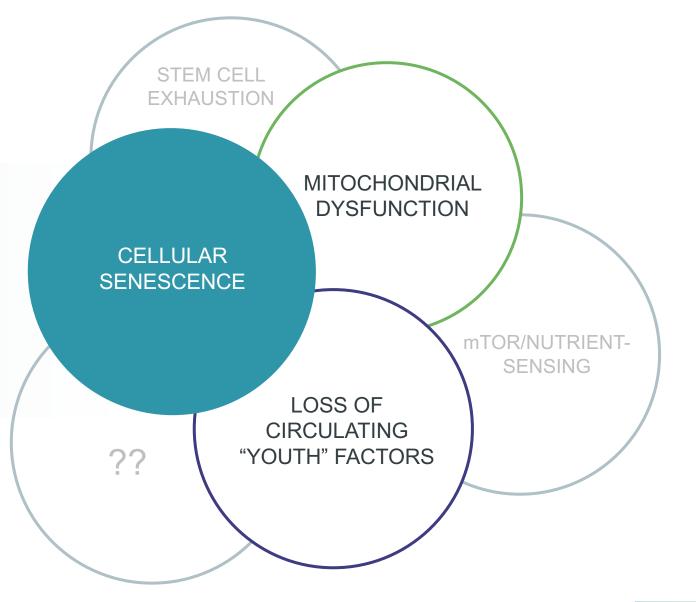
Andrzej Bartke was able to extend a mouse's lifespan by <u>2-fold</u> by mutating the growth hormone receptor gene and by restricting calorie intake





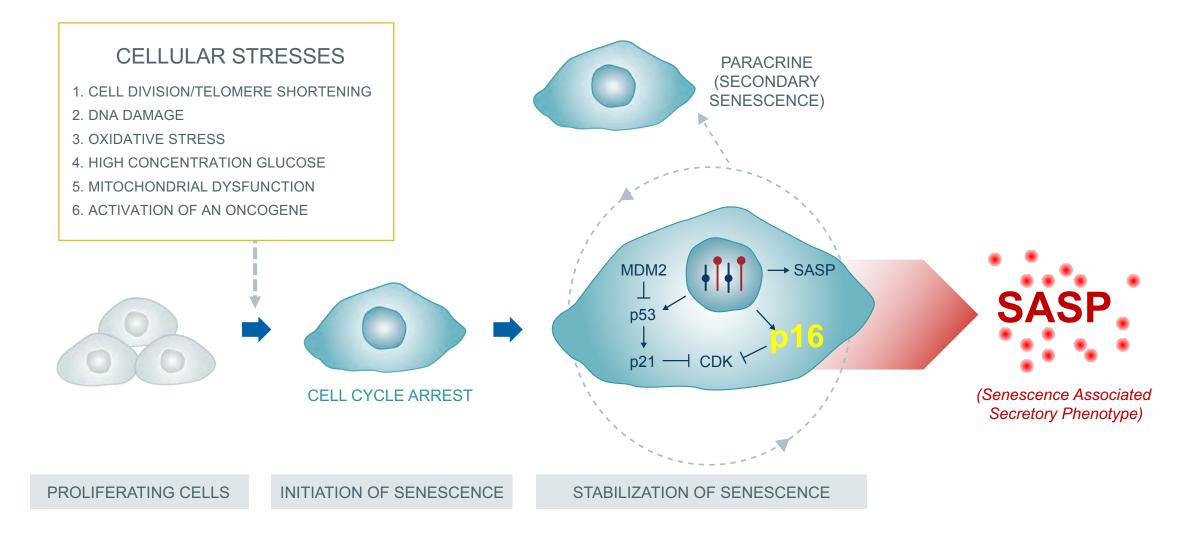
## MULTIPLE MECHANISMS DRIVE AGING

UNITY is pursuing multiple pathways to impact the aging process



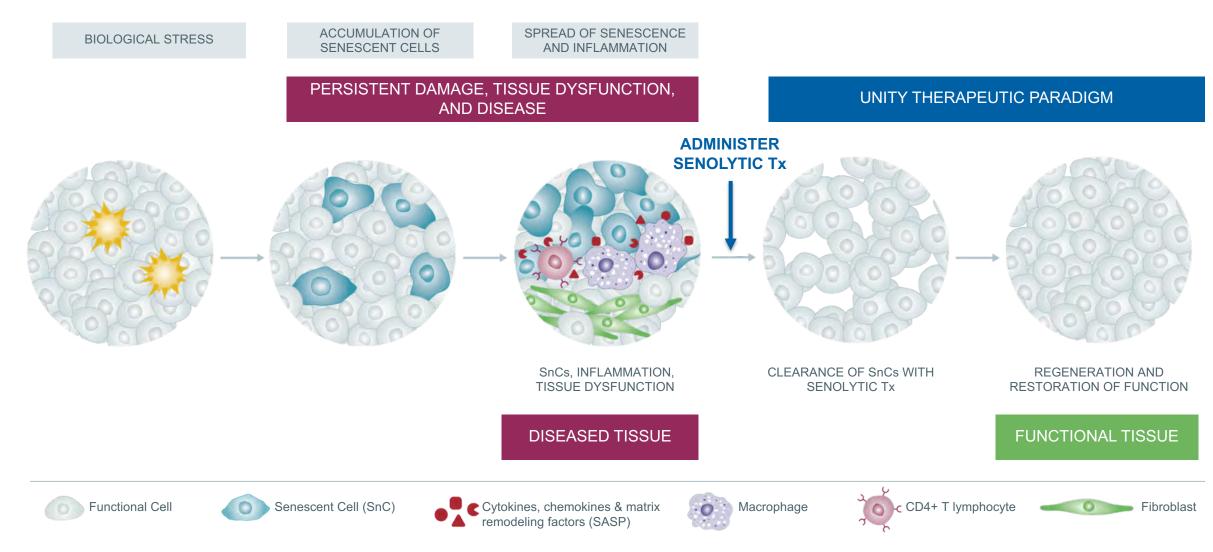


#### CELLULAR STRESSES TRIGGER SENESCENCE





### THE UNITY THERAPEUTIC PARADIGM



CELLULAR SENESCENCE: FROM BASIC BIOLOGY TO PHYSIOLOGY

Judy Campisi, Ph.D. Buck Institute for Research on Aging Lawrence Berkeley National Laboratory



Buck Institute for Research on Aging



# Cellular senescence: from basic biology to physiology

Lawrence Berkeley National Laboratory



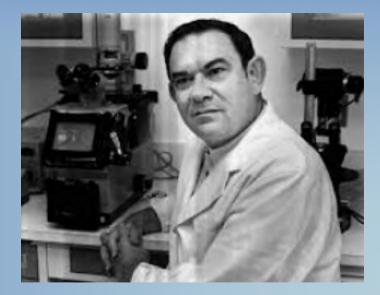
# In the beginning ....



#### **Alexis Carrel**

ON THE PERMANENT LIFE OF TISSUES OUTSIDE OF THE ORGANISM. BY ALEXIS CARREL, M.D. J Exp Med 15: 516-528

## The true start ....



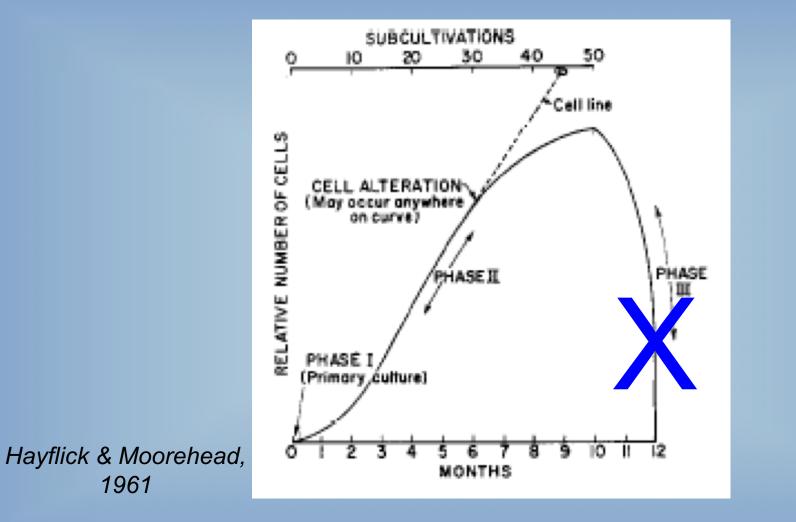


Leonard Hayflick

THE SERIAL CULTIYATION OF HUMAN DIPLOID CELL STRAINS L. HAYFLICK and P. S. MOORHEAD Wistar Institute of Anatomy and Biology, Philadelphia, Pa., (U.S.A.) *Exp Cell Res 25: 586-621, 1961* 

THE LIMITED IN VITRO LIFETIME OF HUMAN DIPLOID CELL STRAINS L. HAYFLICK The Wistar Institute of Anatomy and Biology, Philadelphia, Pa., U.S.A. *Exp Cell Res 37: 614-636, 1965* 

# The Hayflick limit, as originally defined



not QUITE correct .....

Importantly, tumor cells don't do this!

So .... cellular senescence as a tumor suppressive mechanism?

### YES!

Now validated by many mouse models and human patient data

BUT – a role in aging????

# Cellular senescence, at first, a simple phenotype

# Irreversible arrest of cell proliferation

Indeed, cell cycle inhibitors and tumor suppressor proteins, including p16<sup>INK4a</sup>, showed increased expression in senescent cells

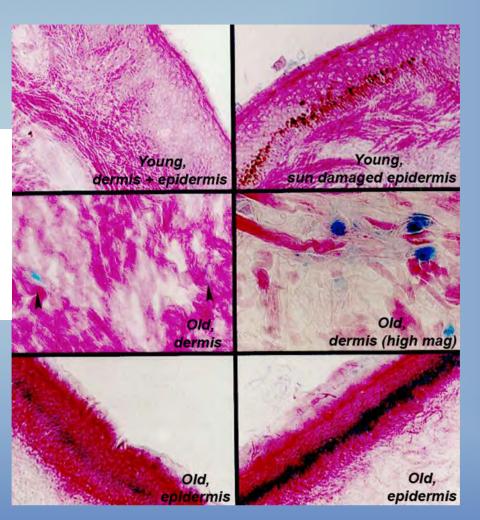
> Curr Opin Genet Dev, 9, 22-30, 1999 The INK4A/ARF locus and its two gene products N E Sharpless, R A DePinho

# Meanwhile, a serendipidous finding identified a senescent cell biomarker

SA-Bgal

#### and showed senescent cells increase with aging in human tissue:

Proc Natl Acad Sci 92: 9363-9367, 1995 A novel biomarker identifies senescent human cells in culture and in aging skin in vivo Dimri G P, Lee X, Basile G, Acosta M, Scott G, Roskelley C, Medrano E E, Linskens M, Rubelj I, Pereira-Smith O M, Peacocke M, Campisi J



# But .... many sporadic reports of altered gene/protein expression suggested something else was going on ....

Exp Cell Res 201:373-379 (1992) Differential expression of metalloproteinase and tissue inhibitor of metalloproteinase genes in diploid human fibroblasts Millis, A J T; Hoyle, M; McCue, H M; Martini, H

Proc. Nad. Acad. Sci. USA

Vol. 89, pp. 4683-4687, May 1992

Expression of interleukin 1-inducible genes and production of interleukin 1 by aging human fibroblasts

S. KUMAR, A. J. T. MILLIS, AND C. BAGLIONI\*

Experimental Cell Research 205:396-403 (1993) Enhanced expression of fibronectin during in vivo cellular aging of human vascular endothelial cells and skin fibroblasts T KUMAZAKI, M KOBAYASHI, Y MITSUI

Proc. Natl. Acad. Sci. USA Vol. 91, pp. 1559-1563, February 1994 Post-transcriptional regulation of interleukin la in various strains of young and senescent human umbilical vein endothelial cells SUSAN GARFINKEL, SONDI BROWN, JORG H. M. WESSENDORF, AND THOMAS MACIAG

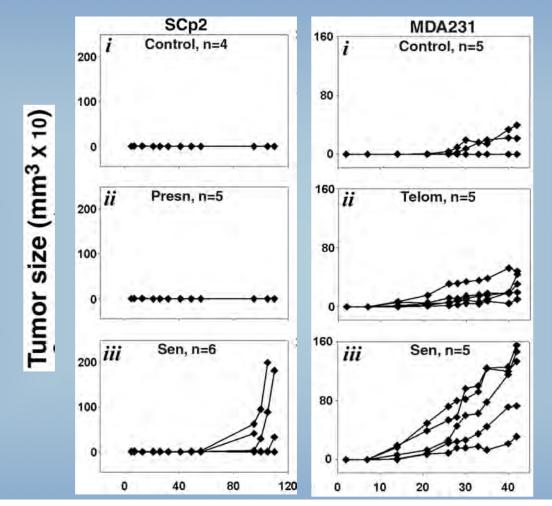
> Experimental Cell Research 219: 304-308 (1995) Senescence-dependent regulation of type 1 plasminogen activator inhibitor in human vascular endothelial cells P COMI, R CHIARAMONTE, J A M MAIER

# So maybe, just maybe, senescent cells DO have something to do with aging (but not due to arrested cell proliferation) ...

Cell, Vol. 84, 497–500, 1996 Replicative Senescence: An Old Lives' Tale? Judith Campisi

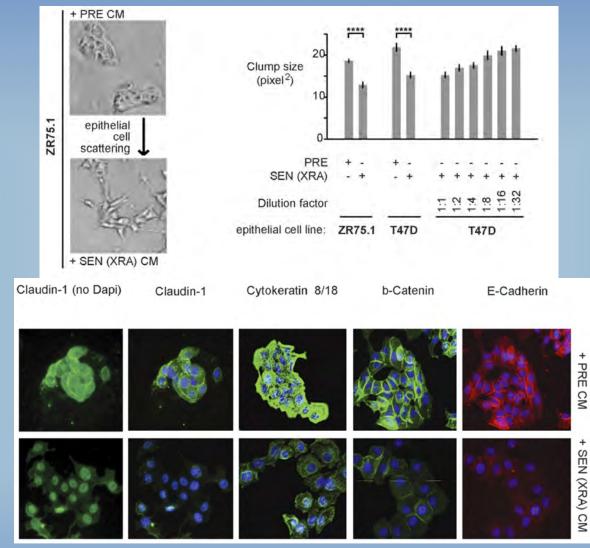
J Am Geriatric Soc 45: 1-6, 1997 Aging and cancer: The double-edged sword of replicative senescence Judith Campisi

#### Senescent cells can influence neighboring cells ....



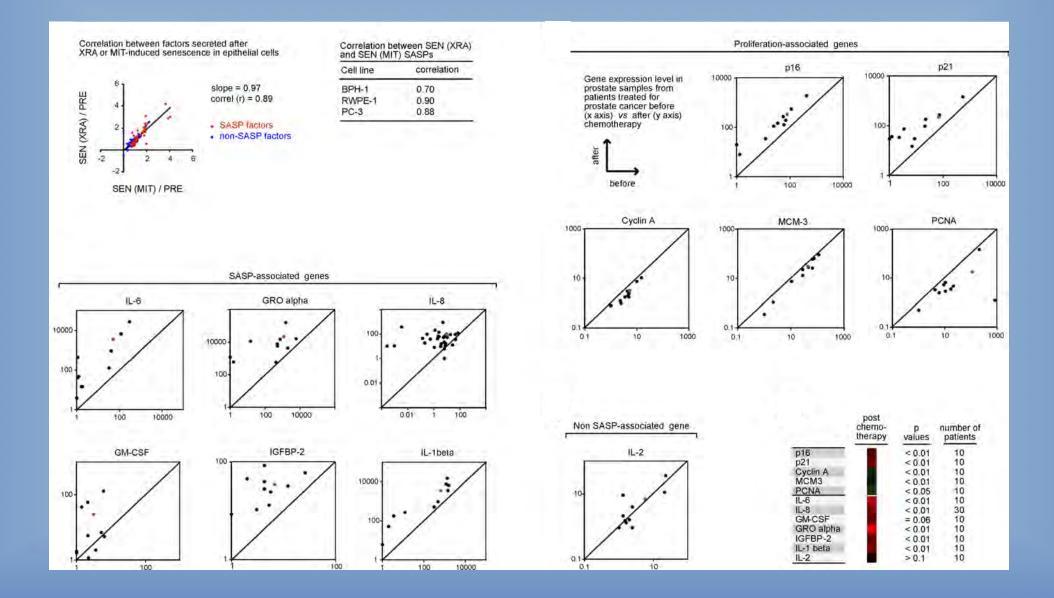
Proc Natl Acad Sci USA 98:12072-12077, 2001 Senescent fibroblasts promote epithelial cell growth and tumorigenesis: A link between cancer and aging Ana Krtolica\*, Simona Parrinello\*, Stephen Lockett\*†, Pierre-Yves Desprez‡, and Judith Campisi\* §

# It's the secretions

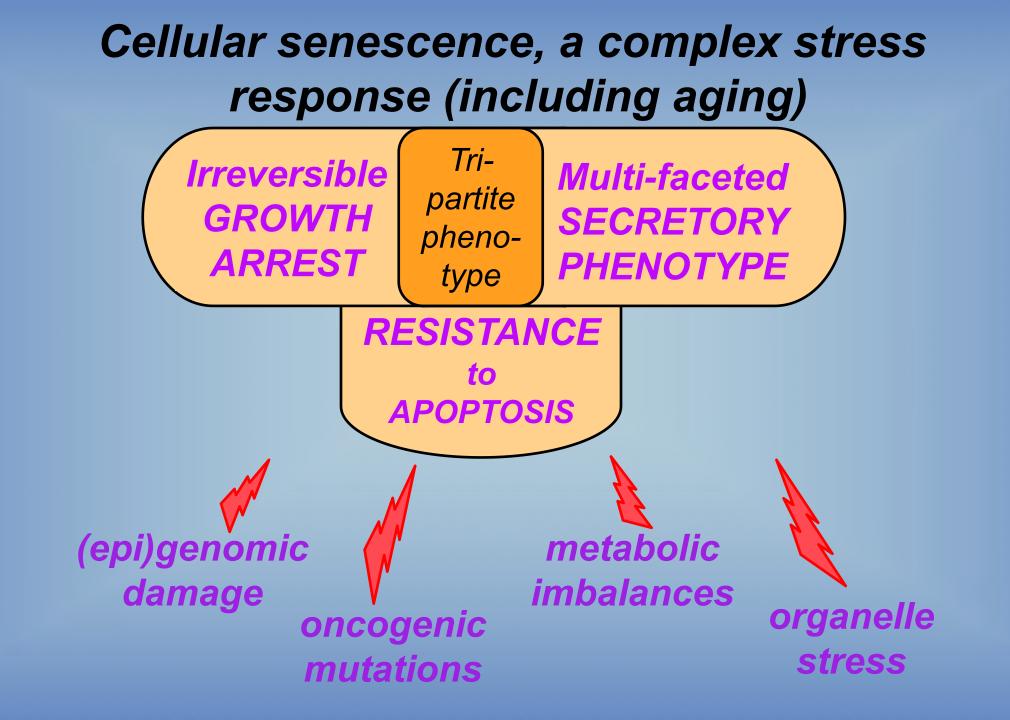


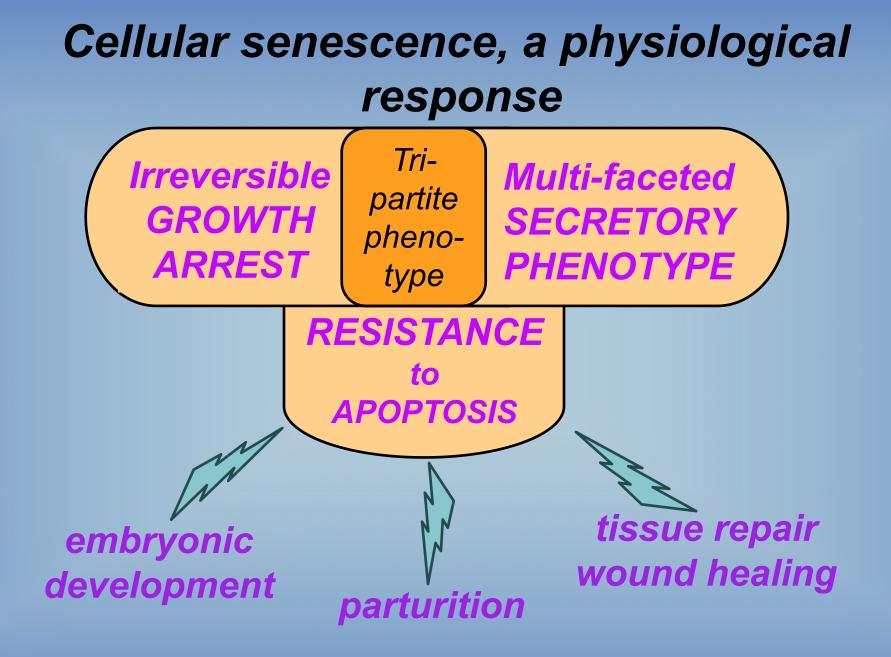
PLoS Biol 6, 2853-2868, 2008 Senescence-Associated Secretory Phenotypes Reveal Cell-Nonautonomous Functions of Oncogenic RAS and the p53 Tumor Suppressor Jean-Philippe Coppe<sup>-1</sup>, Christopher K. Patil1[, Francis Rodier1,2[, Yu Sun3, Denise P. Mun<sup>--</sup> oz1,2, Joshua Goldstein1., Peter S. Nelson3, Pierre-Yves Desprez1,4, Judith Campisi

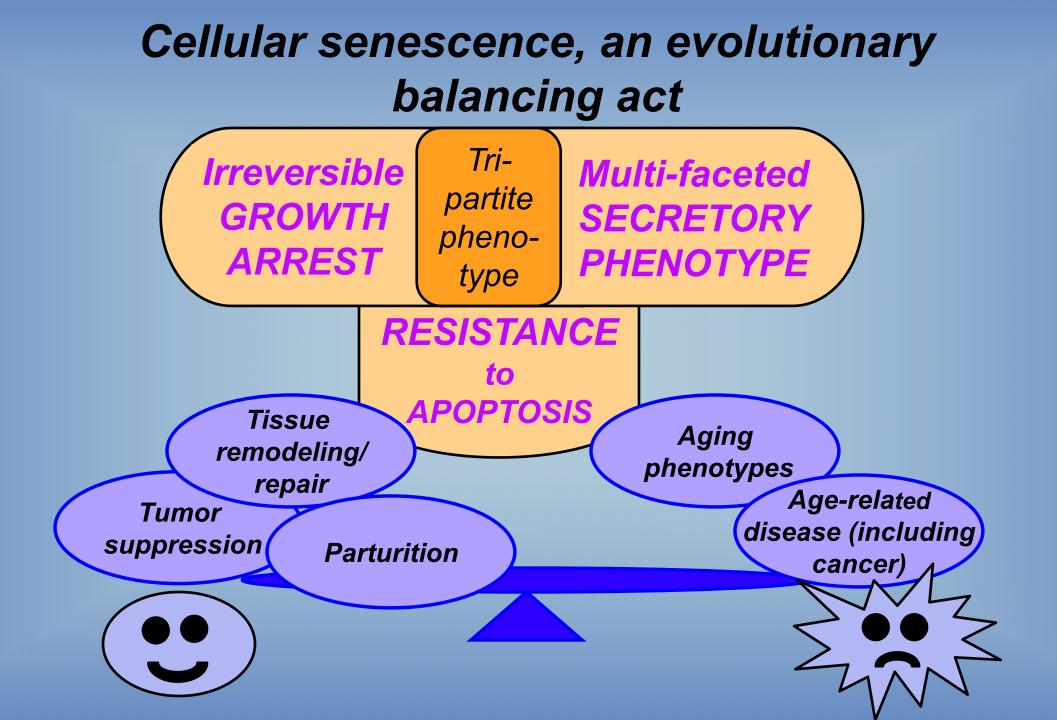
# And it happens in vivo ....

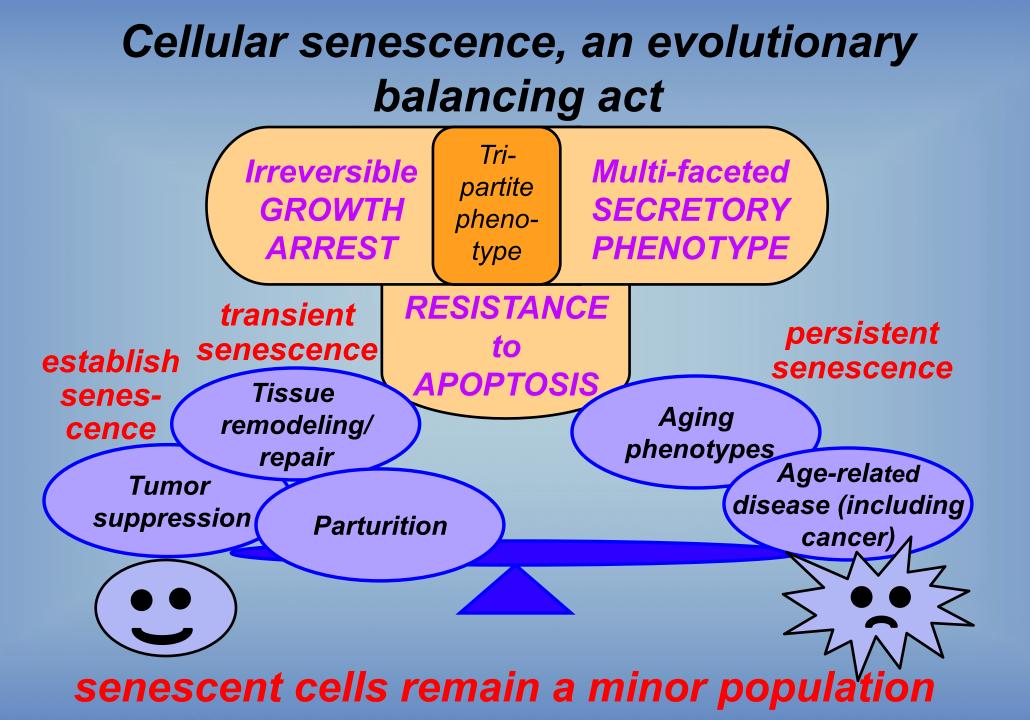


#### How best to view cellular senescence

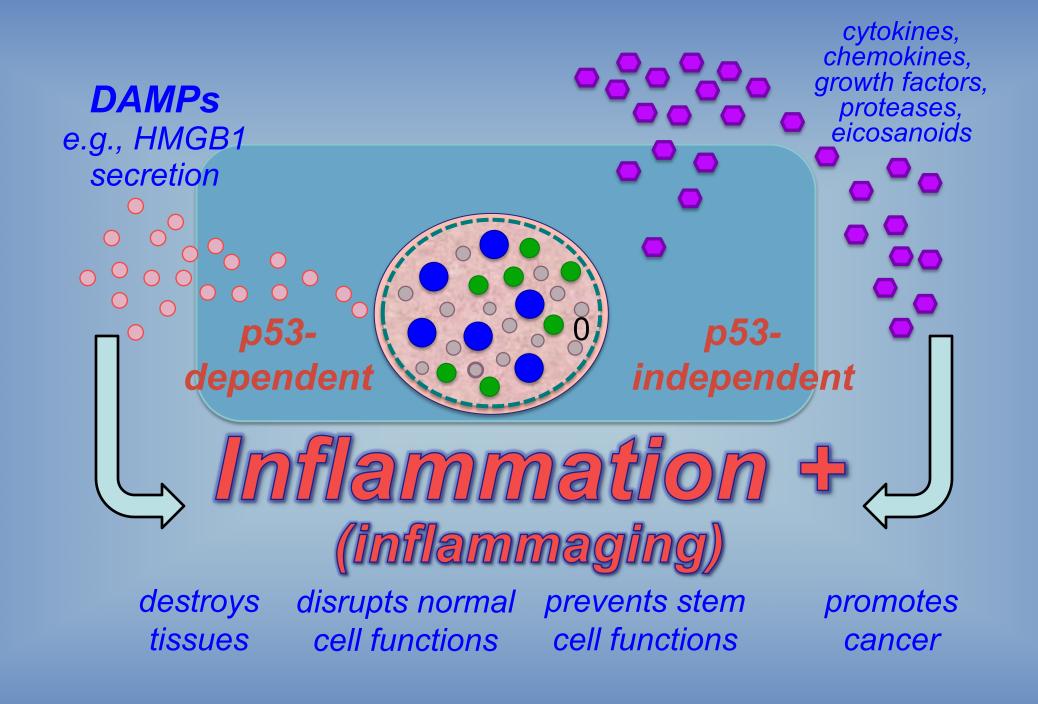








How might senescent cells drive aging phenotypes and pathologies?



DO senescent cells drive aging phenotypes and pathologies?

Two transgenic mouse models in which senescent cells can be eliminated by an otherwise benign drug

Small molecules that mimic the effects of the transgenes (senolytics)

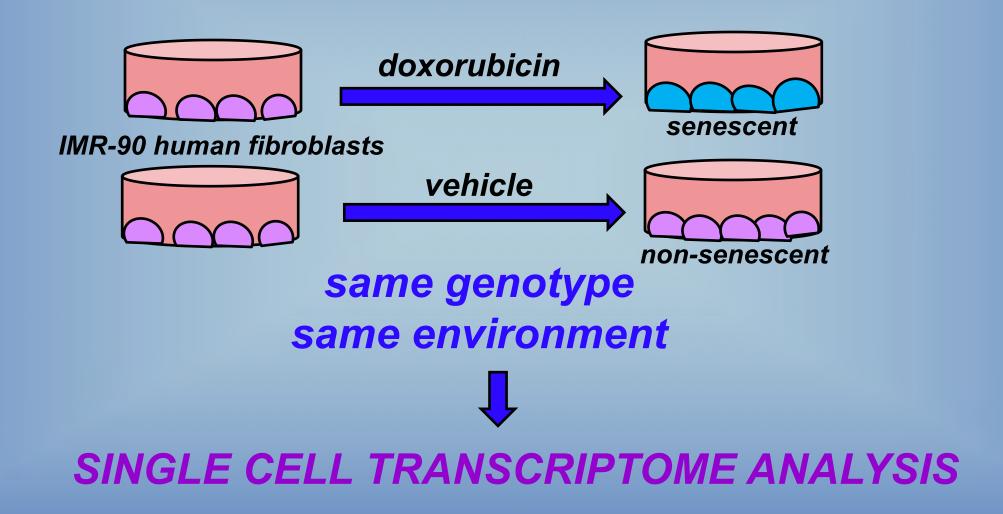
# Senescent cells cause or contribute to:

Alzheimer's@@ and Parkinson's\* disease Atherosclerosis\*\* Cardiovascular dysfunction\*\*# Cancer metastasis and recurrence\*\*\* Chemotherapy (HAART) cardiotoxicity, blood clots, fatigue\*\*\* Cognitive decline/loss of neurogenesis **Diabetes** Myeloid ->Iymphoid skewing # Pulmonary fibrosis<sup>#\*</sup> Osteoarthritis ## Osteoporosis ### Sarcopenia/frailty Wound healing, tissue regeneration @

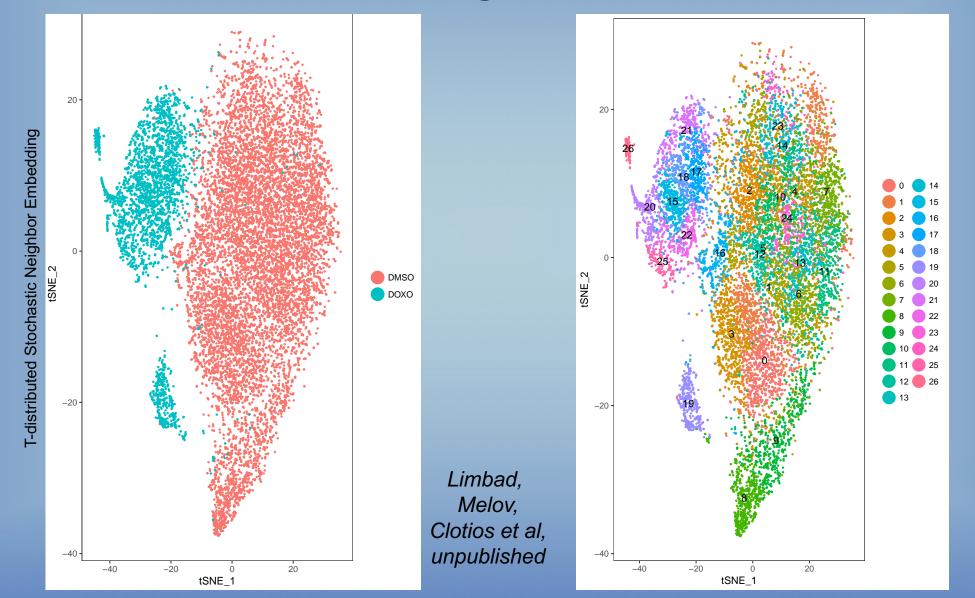
\*Chinta et al, Cell Reports, 2018; \*\*Childs et al, Science, 2016; \*\*\*Baker et al, Nature, 2016; \*\*\*Demaria et al, 2017; \*Chang et al, Nature Med, 2016; \*\*Schafer et al, Nature Comm, 2017; \*\*Jeon et al, Nature Med, 2017; \*\*\*Farr et al, Nature Med, 2017; @ Demaria et al, Dev Cell, 2014; @@Bussian et al, Nature, 2018

# New horizons?

Better understanding the complexity of senescent phenotypes in order to develop more specific small molecule interventions Senescent cells are surprisingly heterogeneous (even in culture)



# Senescent cells are surprisingly heterogeneous



### SUMMARY

Eliminating senescent cells: An unprecedented opportunity to extend health span

(not certain about life span)

# Life span extension ..... humans??



*I expect to die at 110, shot by a jealous husband.* 

Present lab members Nicholas Aguirre Fatouma Alimirah Natan Basisty **Ulises Castro** Albert Davalos Jose Domingo-Lopez **Okhee Jeon** Chisaka Kuehnemann Abhijit Kale Clare Kim Chandani Limbad **Christopher Wiley** Ying Zou

#### THANKS!

Past lab members Christian Beausejour (Montreal U) Marco Demaria (ERIBA) Pierre Desprez (CA Pacific Med Cntr) Peter de Keizer (Erasmus U) Remi-Martin Laberge (Unity) Francis Rodier (Montreal U)

#### Collaborators

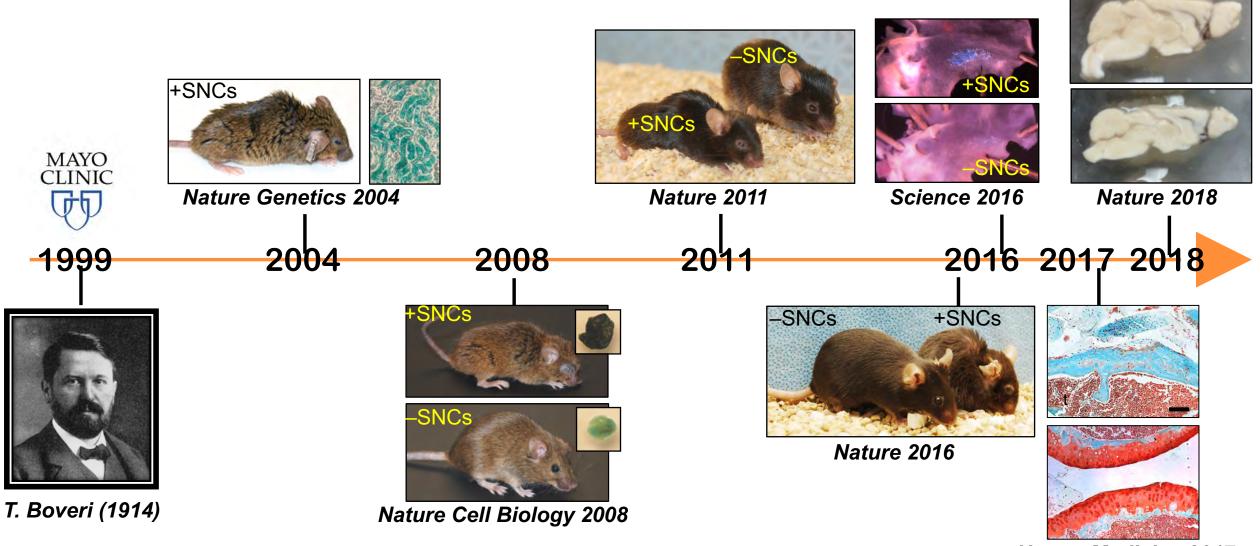
PPG: Jan Vijg, Yousin Suh (Einstein); Jan Hoeijmakers (Erasmus); Paul Hasty (UTHSCSA) Jennifer Elisseeff (Johns Hopkins U) Claude LeSaux (UCSF); Pete Nelson (Fred Hutch) Steve Yannone, Paul Yaswen, Cilla Cooper (LBNL) Julie Andersen, Pankaj Kapahi, Simon Melov, Brad Gibson, Birgit Schilling, Arvind Ramachandran (Buck Inst) Irina Conboy (UC Berkeley) Eiji Hara, Naoko Ohtani (Osaka & Tokyo Universities) Jan van Deursen, Jim Kirkland, Darren Baker (Mayo) Daohong Zhou (U Florida))

LINK BETWEEN SENESCENCE, AGING AND DISEASES OF AGING

Jan van Deursen, Ph.D. The Mayo Clinic



### "THE GOLDEN DECAGE"

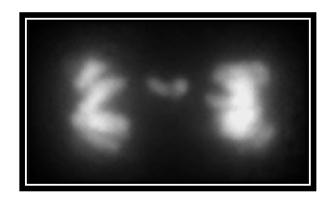


Nature Medicine 2017

### SERENDIPITY

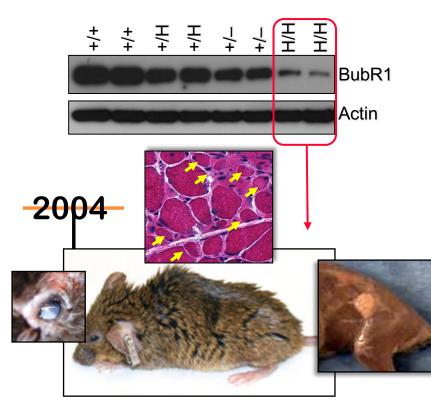


T. Boveri (1914)

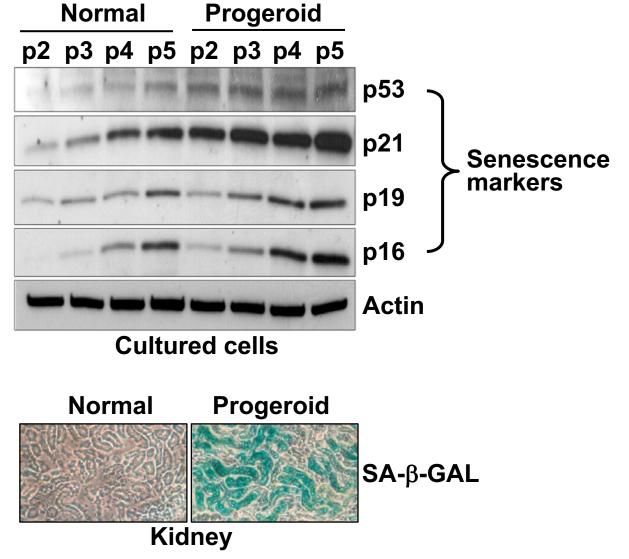


Chromosome missegregation A hallmark of cancer Does it cause cancer?

# A NEW ACCELERATED AGING SYNDROME

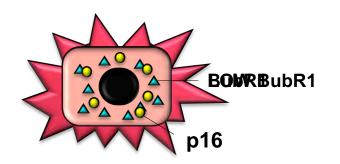


**Progeroid mouse** 



Baker et al., 2004 Nature Genetics

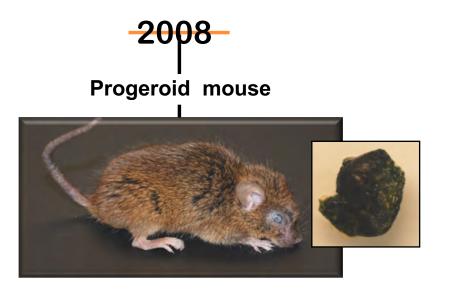
# **TESTING THE SENESCENCE THEORY OF AGING**



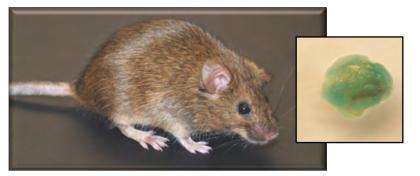
Cellular senescence



Sarcopenia Cataracts Fat loss

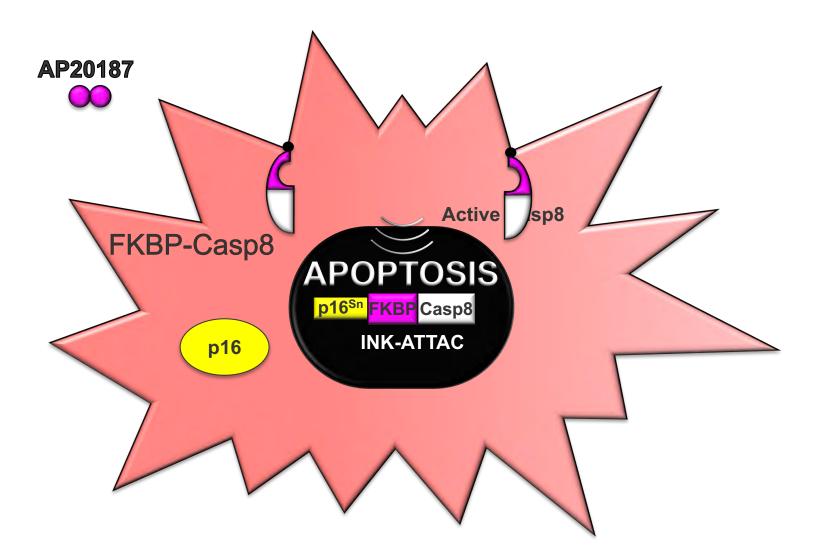


Progeroid mouse without p16

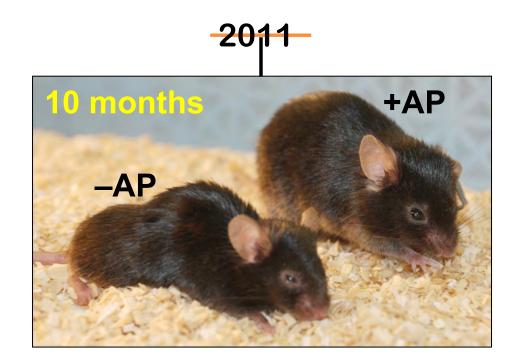


Baker et al., 2008 Nature Cell Biology

### **INK-ATTAC APPROACH**



# **APPROACH VALIDATION**

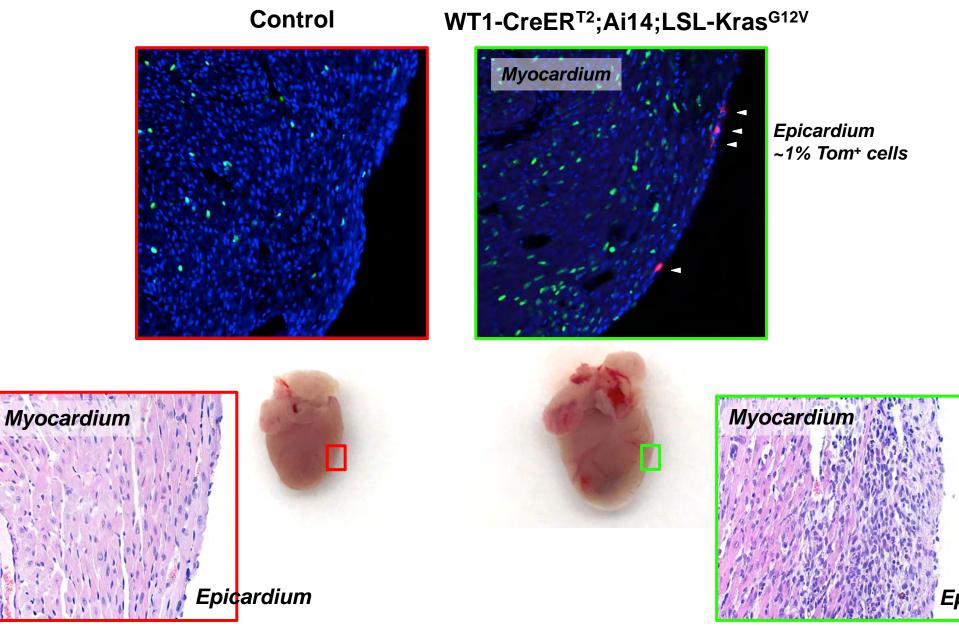


Baker et al., 2011 Nature

| -2016-                    | Start clearance   |           | Healthspan analysis |       |
|---------------------------|---|-----------|---------------------|-------|
| Baker et al., 2016 Nature |   |           | t t                 |       |
| INK                       | -ATTAC  |           |                     | Death |
| Birth                     | 12  | mo        | 18 mo               |       |
| AG<br>                    | 30% EXTENSION O<br>ING PHENOTYPES<br>Glomerulosclerosis<br>Lipodystrophy<br>Cataractogenesis<br>Reduced locomotor<br>Cancer<br>Osteoarthritis<br>Sarcopenia<br>Cardiac stress sensi<br>Cardiomyocyte hype | THAT SLOW | <u>DOWN</u> :       |       |
| 28-ma                     | onth-old INK-A  | TTAC litt | ermates             | Car P |

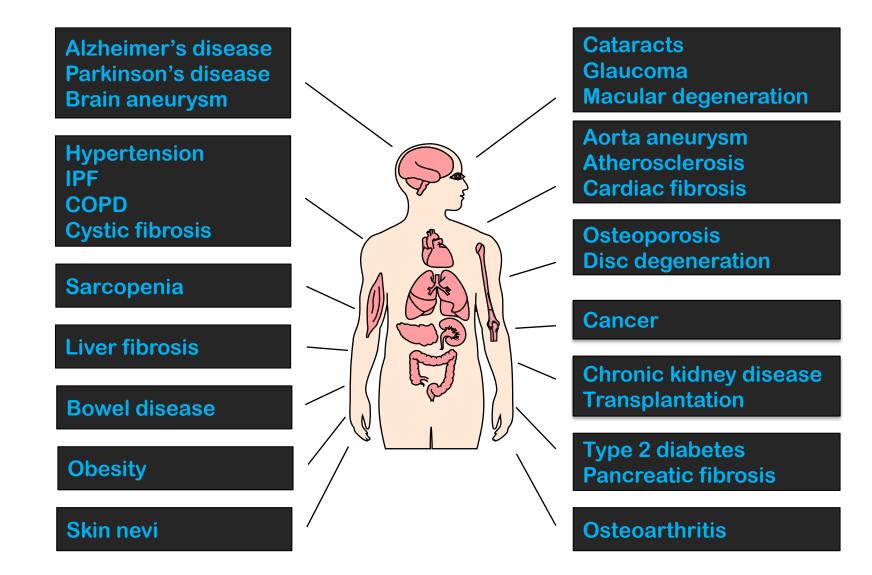
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### **REVERSE APPROACH**

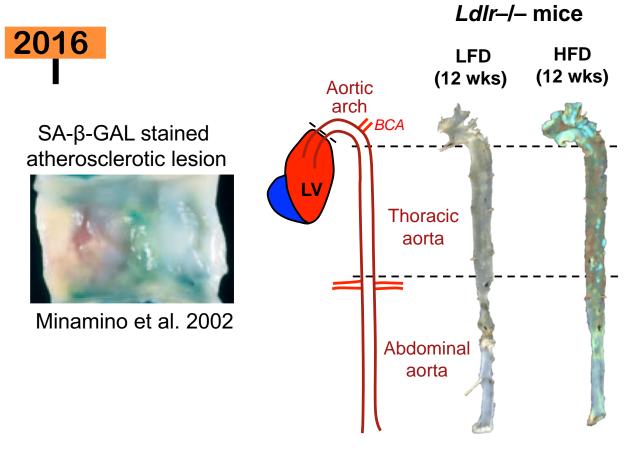


Ep<mark>icardium</mark>

# **SNCs** are implicated in numerous diseases



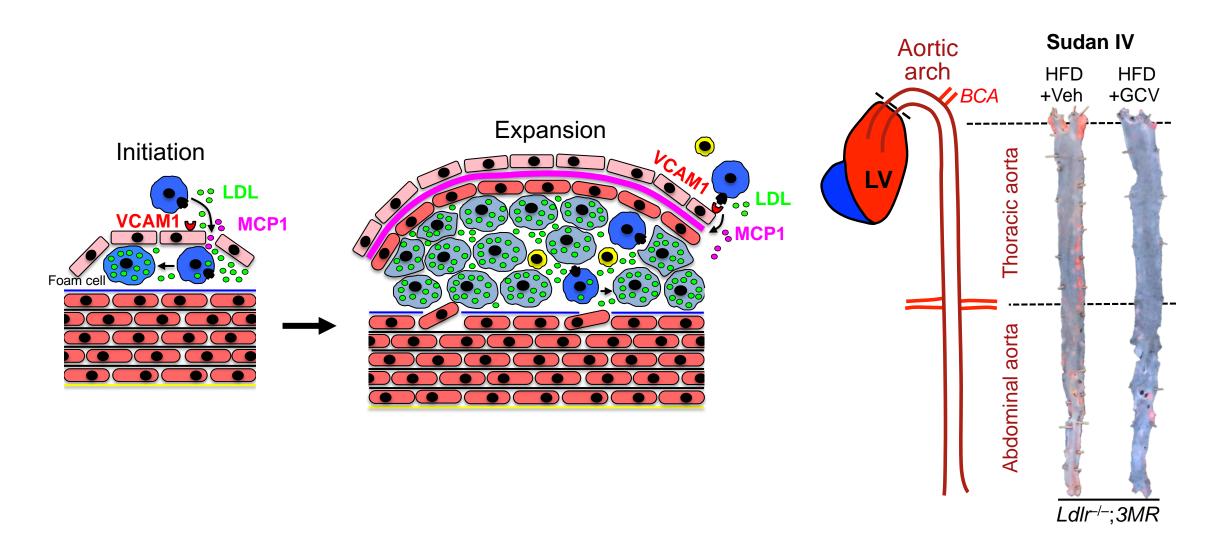
### **ATHEROSCLEROSIS**



SA β-Gal

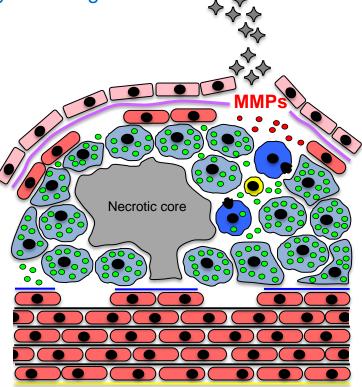
Childs et al. Science 2016

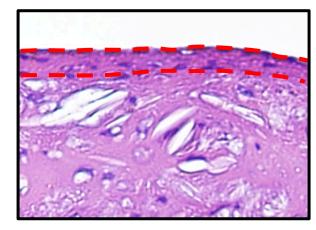
### SENESCENCE DRIVES PLAQUE FORMATION



### SENOLYSIS REVERSES PLAQUE MATURATION

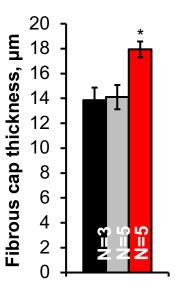
- VSMC death
- Fibrous cap degradation (MMPs)
- Rupture + platelet aggregation
- End organ damage







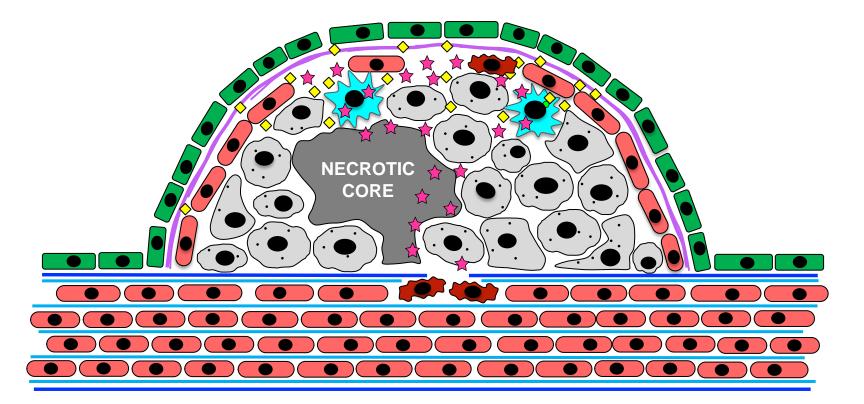
6 mo HFD baseline
6 mo +9 wks Vehicle
6 mo +9 wks ABT263



#### **MODEL** for plaque stabilization by senotherapy

SASP component(s) inhibiting VSMC proliferation/migration/activity, and/or promoting VSMC apoptosis

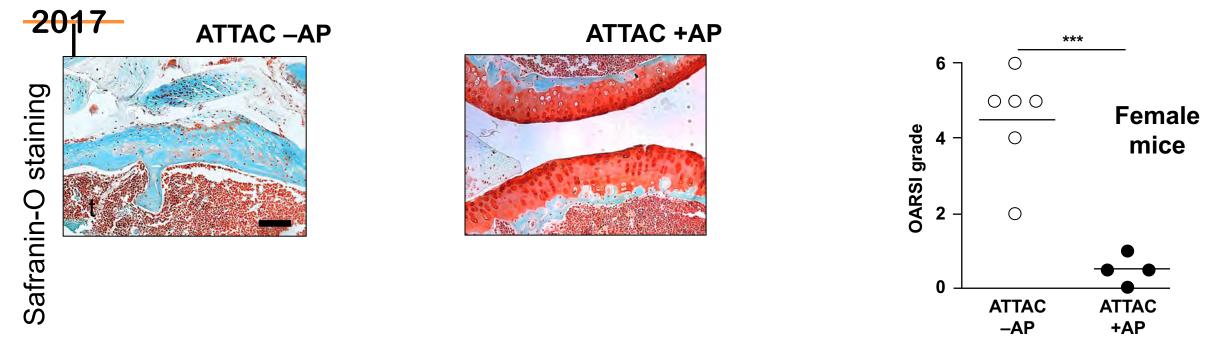
♦ Proteolytic SASP component(s) (MMPs)



# SNC clearance prevents age-related osteoarthritis

### <u>0A</u>

- Degeneration of articular cartilage leading to pain and physical disability
- Senescent cells are found in the articular cartilage and the synovium

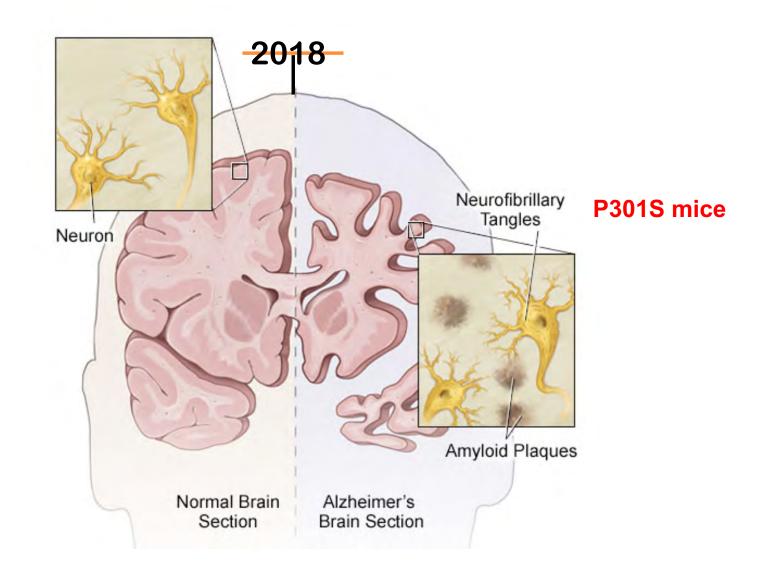


#### Anterior cruciate ligament transection (ACLT)

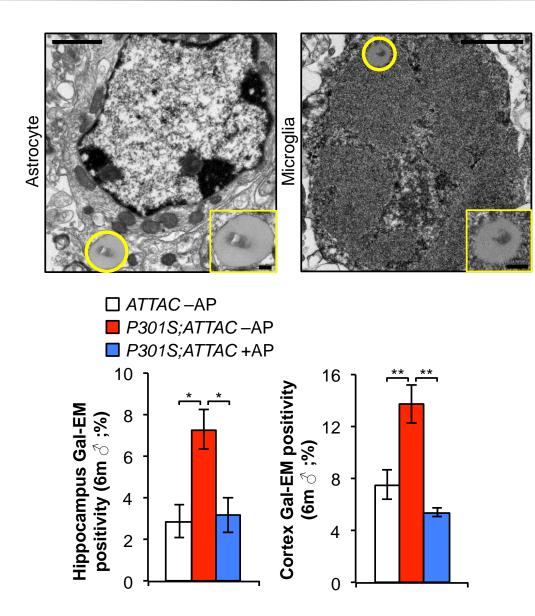
- Senescent cells are found in the articular cartilage and the synovium
- Clearance of senescent cells reduces pain and promotes cartilage formation

Okhee Jeon et al. Nature Medicine 2017

### ALZHEIMER'S DISEASE

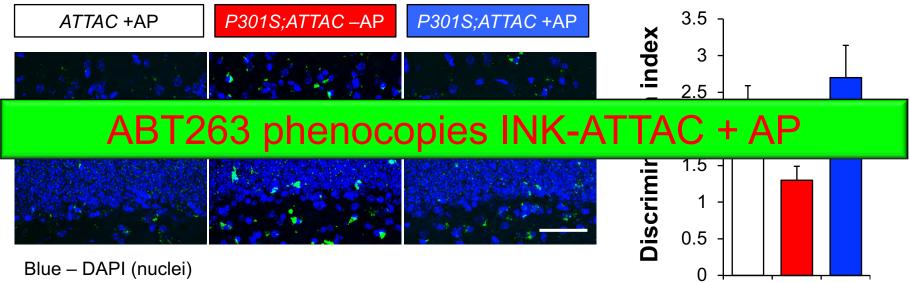


#### Senescent glial cells accumulate in the P301S AD model



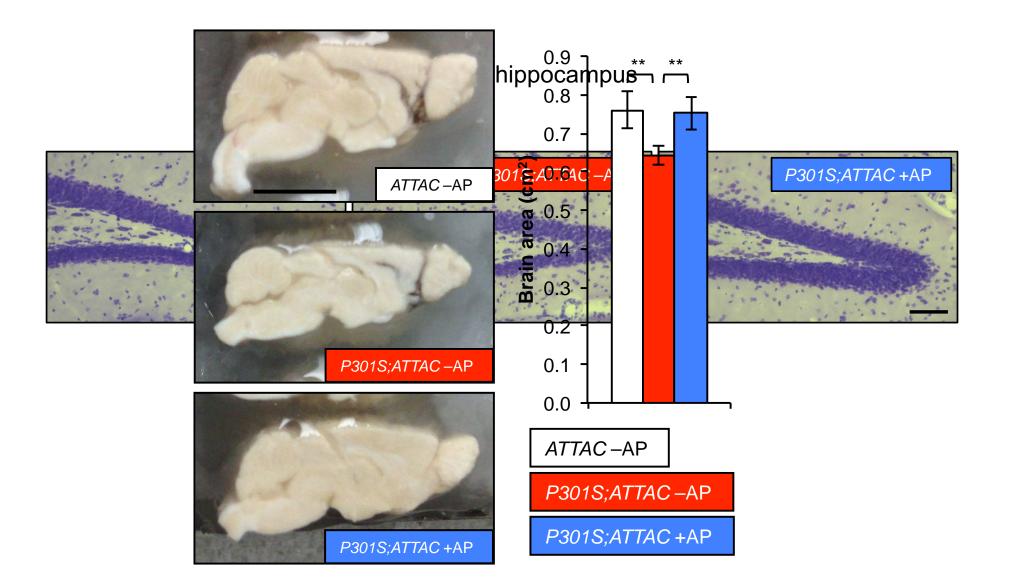
#### **SNCs drive tangle formation and dementia**

#### 8-month-old hippocampus

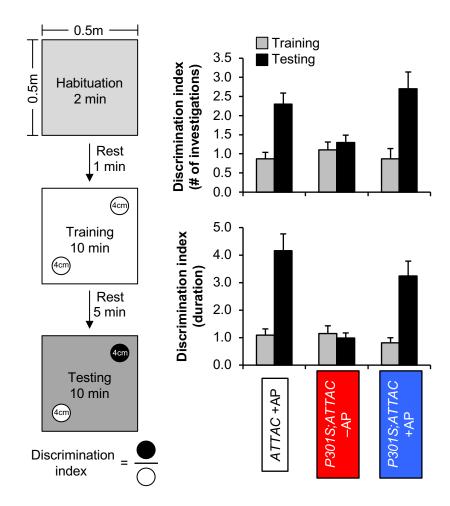


Green – thioflavin S (neurofibrillary tangles)

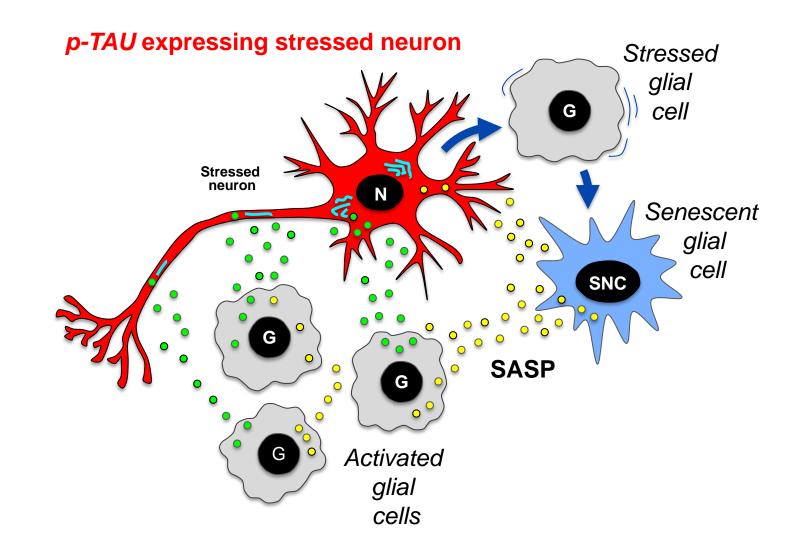
# **SNCs drive neurodegeneration**



# SENOLYSIS PREVENTS MEMORY LOSS



#### **MODEL** for preventing neuronal loss by senotherapy



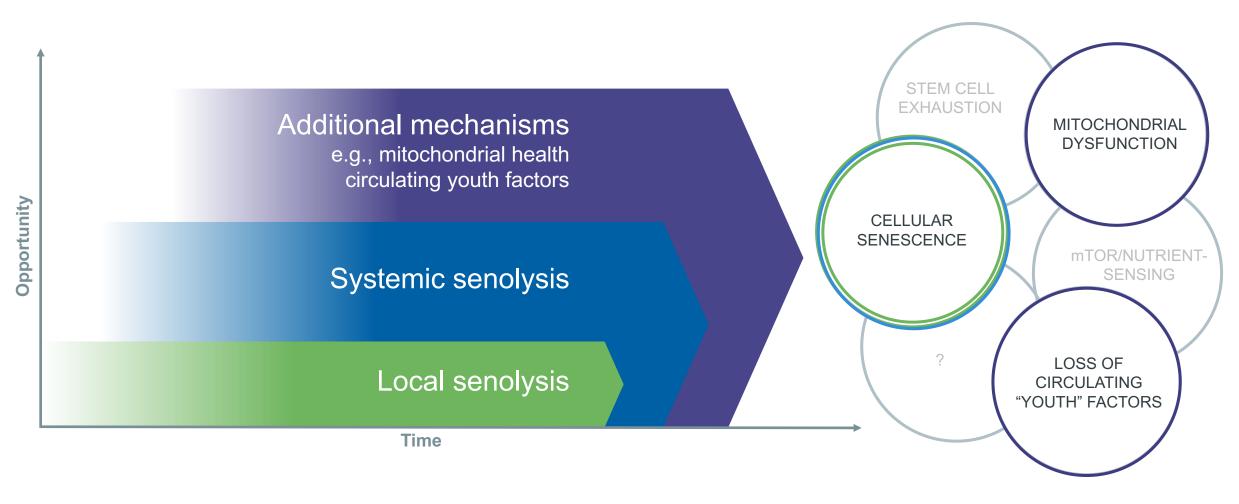
# THERAPEUTIC APPROACHES TO AGING

Ned David, Ph.D.



### BROAD STRATEGY TO EXTEND HEALTHSPAN

Early effort in local senolytic therapy will expand to systemic senolytics and other mechanisms

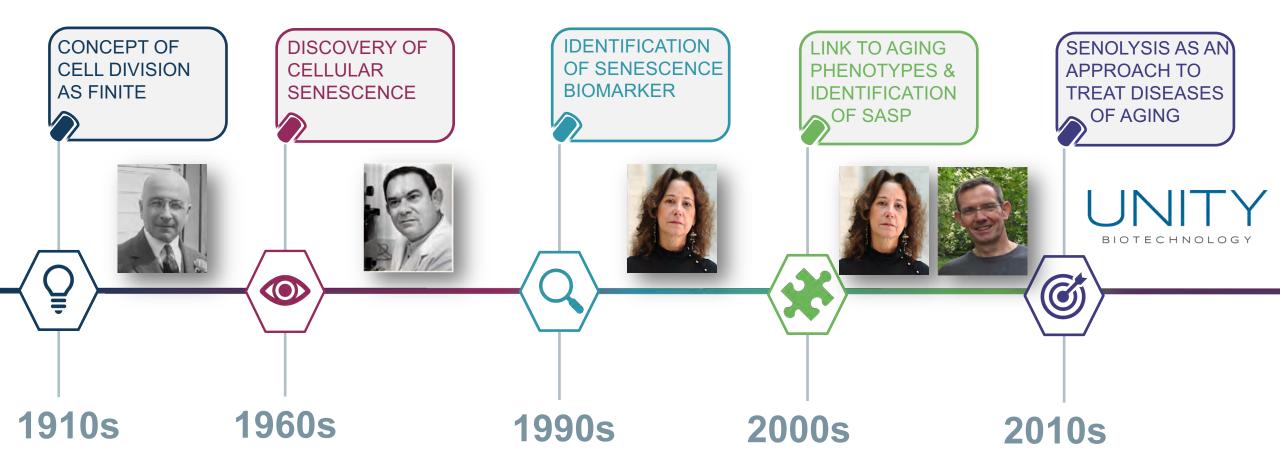


UNITY plans to address multiple modalities to fully enable potential of age-related therapies



### CELLULAR SENESCENCE

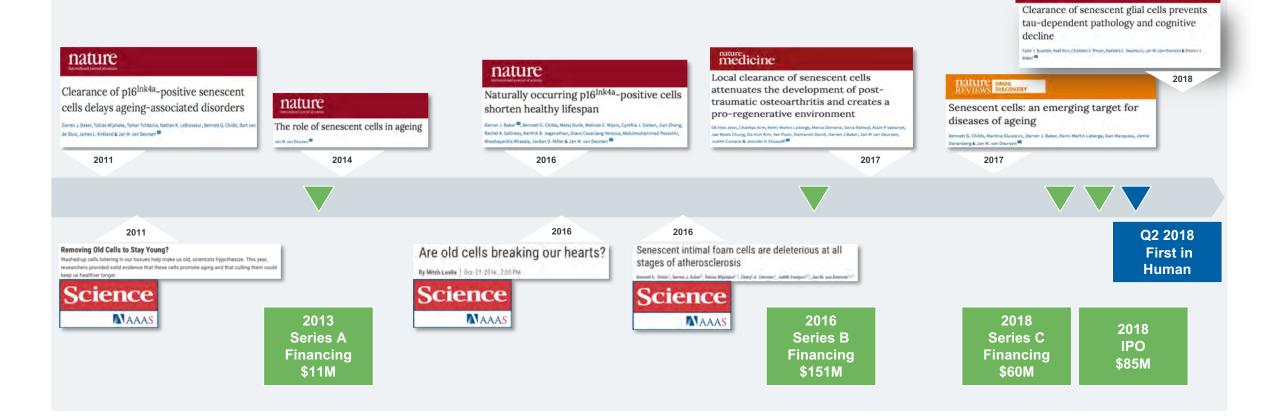
#### A history of our understanding





### UNITY: ESTABLISHING LEADERSHIP IN HEALTHSPAN

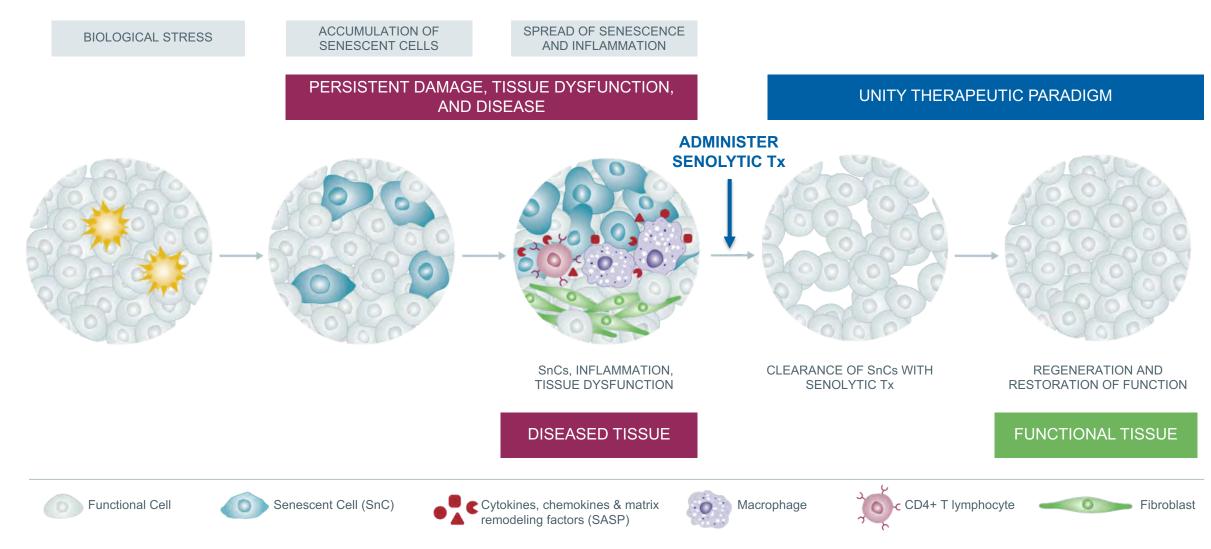
#### Robust funding for R&D with notice in prestigious scientific journals





nature

### THE UNITY THERAPEUTIC PARADIGM



BIOTECHNOLOGY

### ADVANTAGES OF OUR APPROACH

#### TARGET THE ROOT CAUSE

#### INTERMITTENT DOSING



# RESTORE TISSUES

- Selective elimination of SnCs & SASP
- Rather than inhibit a single disease factor,
- senolytics could inhibit many factors at once
- Targeting disease at its source
- After clearance, new SnCs may take months or years to re-accumulate
- Intermittent, instead of chronic, treatment
- SnC accumulation may simplify indication selection
- Possible patient selection using senescence biomarkers
- Monitoring drug response by tracking reduction of senescence biomarkers
- Our belief that SnCs generally do not accumulate in young people suggests that accumulation is unnecessary for normal tissue function and that clearing them may be restorative



#### A single medicine could remove many diseasecausing factors

Intermittent dosing may:

- Improve drug tolerability
- Improve patient adherence

Clustered SnCs may reveal treatable diseases



Simple paradigm to restore tissues to a more youthful state



### UNITY PIPELINE

#### Broad therapeutic potential, addressing multiple mechanisms of aging

|            |                                      | INDICATION                                    | RESEARCH | LEAD OPTIMIZATION | IND-ENABLING | CLINICAL DEVELOPMENT        |
|------------|--------------------------------------|---|----------|-------------------|--------------|-----------------------------|
| SENESCENCE | MUSCULOSKELETAL                      | Osteoarthritis                                |          | UBX0101           |              | Phase 1   Phase 2   Phase 3 |
|            | OPHTHALMOLOGY<br>UBX1967             | Diabetic Retinopathy & Diabetic Macular Edema |          |                   |              |                             |
|            |                                      | Glaucoma                                      |          |                   | ,            |                             |
|            |                                      | Age-Related Macular Degeneration              |          |                   |              |                             |
|            | PULMONARY                            | Idiopathic Pulmonary<br>Fibrosis              |          |                   |              |                             |
|            |                                      | Systemic Sclerosis                            |          |                   |              |                             |
|            |                                      | Chronic Obstructive<br>Pulmonary Disease      |          |                   |              |                             |
| OTHER      | LOSS OF CIRCULATING<br>YOUTH FACTORS | Cognition                                     |          |                   |              |                             |
|            |                                      | Kidney Disease                                |          |                   |              |                             |



### MANAGEMENT

#### An experienced team with a track record of success



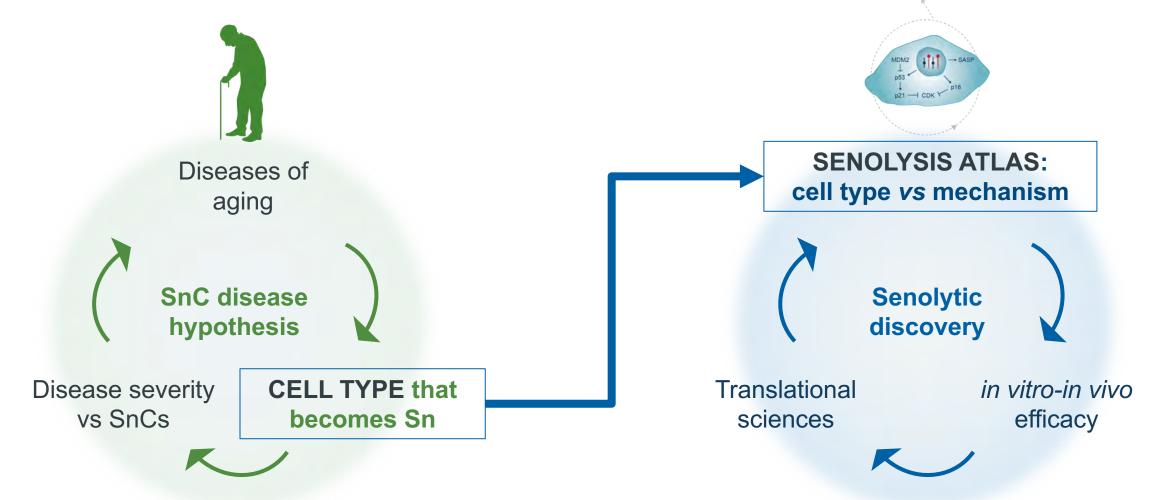


## UNITY'S EDGE IN DEVELOPING SENOLYTICS

Dan Marquess, D. Phil, Chief Scientific Officer



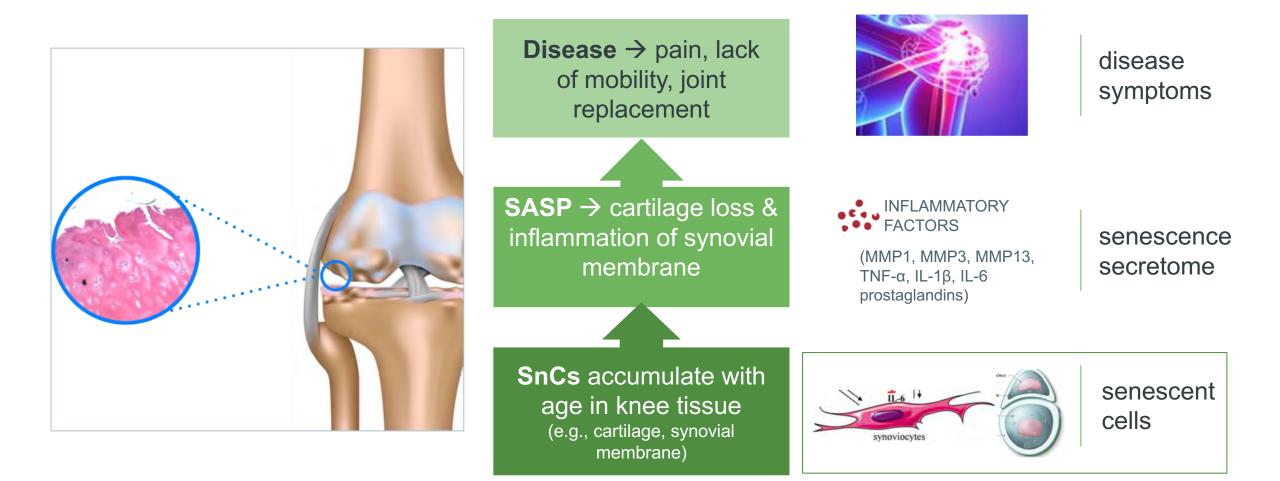
## UNIQUE APPROACH TO CREATING SENOLYTIC MEDICINES



#### Integration of SnC disease hypothesis & senolytic discovery $\rightarrow$ unique insights



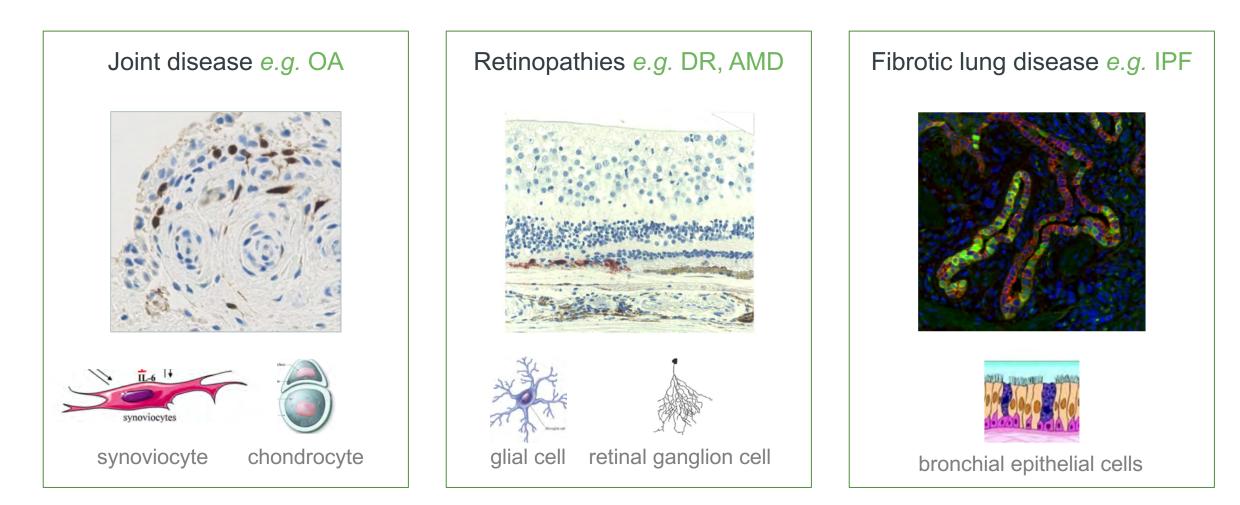
## SENESCENCE DISEASE HYPOTHESIS: OSTEOARTHRITIS



Identifies cell types for senolysis on a disease by disease basis



## IDENTIFY SnC TYPES IN EACH DISEASE OF AGING



Definition of cell types causal to disease  $\rightarrow$  evaluate senolytic efficacy



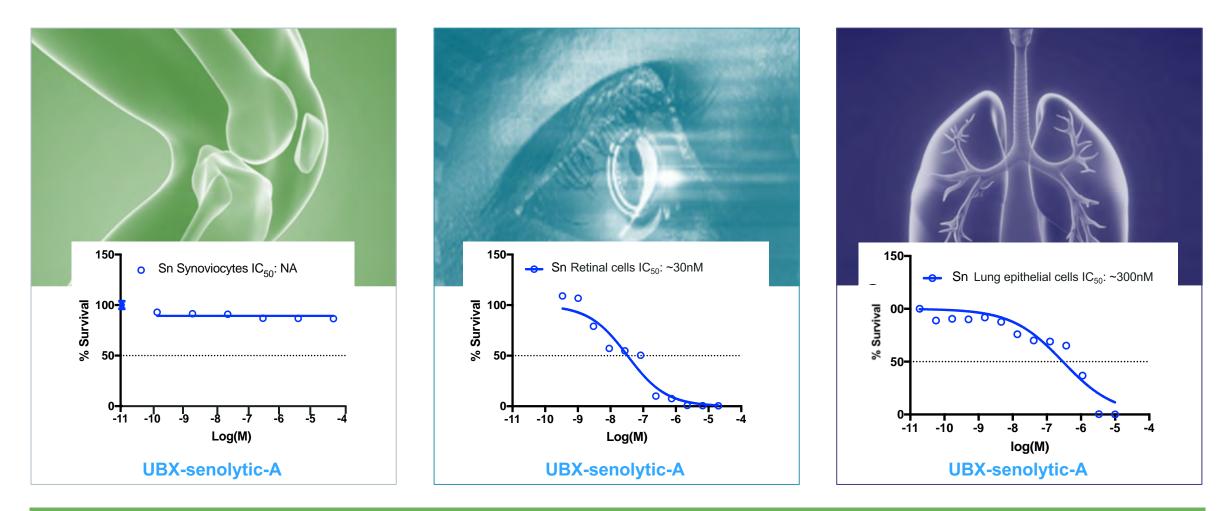
## IDENTIFY & TARGET SnC SURVIVAL PATHWAYS



Continue to search for & explore new mechanisms & modalities



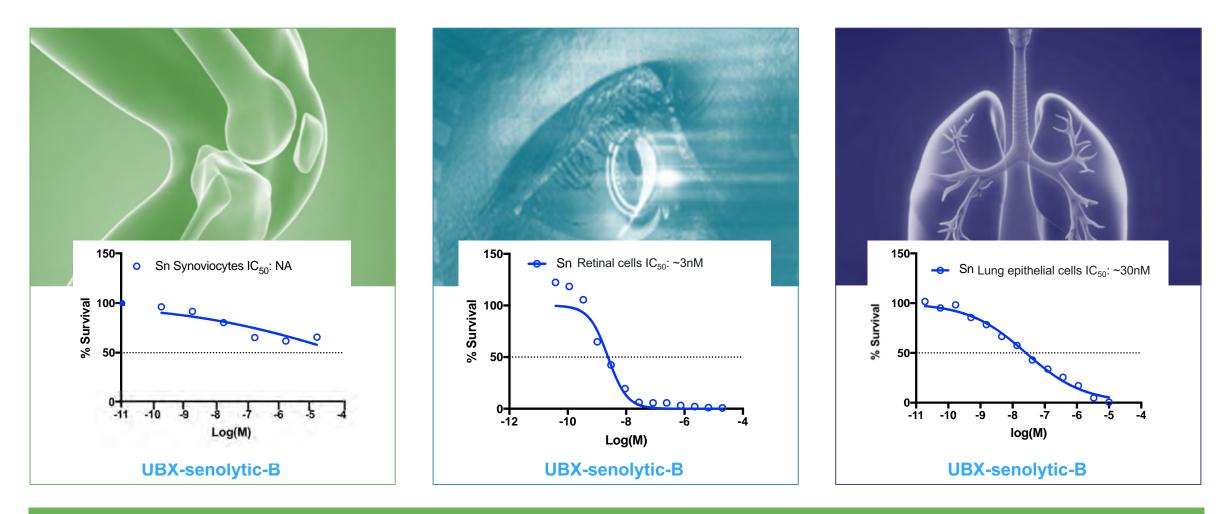
## SENOLYTIC POTENCY ACROSS DIFFERENT SnC TYPES



Combine insights on senolysis at different cell types  $\rightarrow$  compare mechanisms



## SENOLYSIS POTENCY FROM DIFFERENT MECHANISMS



Integrate insights on senolysis for mechanism & cell type  $\rightarrow$  ATLAS



## PROVIDES INSIGHTS TO ACCELERATE LATER PROGRAMS

|        |      |             |                      |                  |                         | ATLAS   |  |  |
|--------|------|-------------|----------------------|------------------|-------------------------|---|--|--|
|        |      |             | IC <sub>50</sub> /nM |                  |                         | ADSC<br>ADSC<br>Syn_Fib<br>CASMC<br>SAEC<br>HUVEC<br>HUVEC<br>HUVEC<br>HUVEC<br>HUVEC<br>TM<br>TM |  |  |
| Indica | tion | Cell type   | BCL                  | Novel            | Class I<br>senolytics   |   | Catalog of<br>cell-type surviv<br>pathways     |  |
|        |      |             | UBX-A                | UBX-B            | Class II<br>senolytics  |   | patiways                                       |  |
|        | OA   | Synoviocyte | >10 <sup>5</sup>     | >10 <sup>5</sup> | Class III<br>senolytics | 1.00  | Details which<br>senolytics mig                |  |
| (g     | Eye  | Retinal     | 30                   | 3                | Ť                       |   | eliminate SnC                                  |  |
| RA     | IPF  | Epithelial  | 300                  | 30               | Other<br>agents         |   | Opportunity to<br>accelerate<br>exploration of |  |

# vival

ight C types

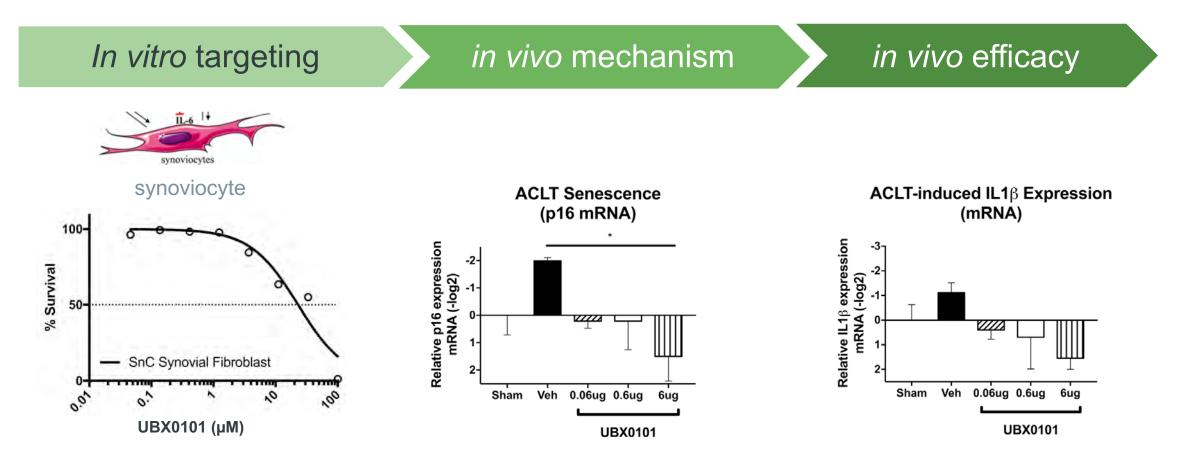
to of new indications

#### Creates further **insights** on how to eliminate SnCs in different tissues & diseases



## OA: PRE-CLINICAL IN VITRO-IN VIVO EFFICACY

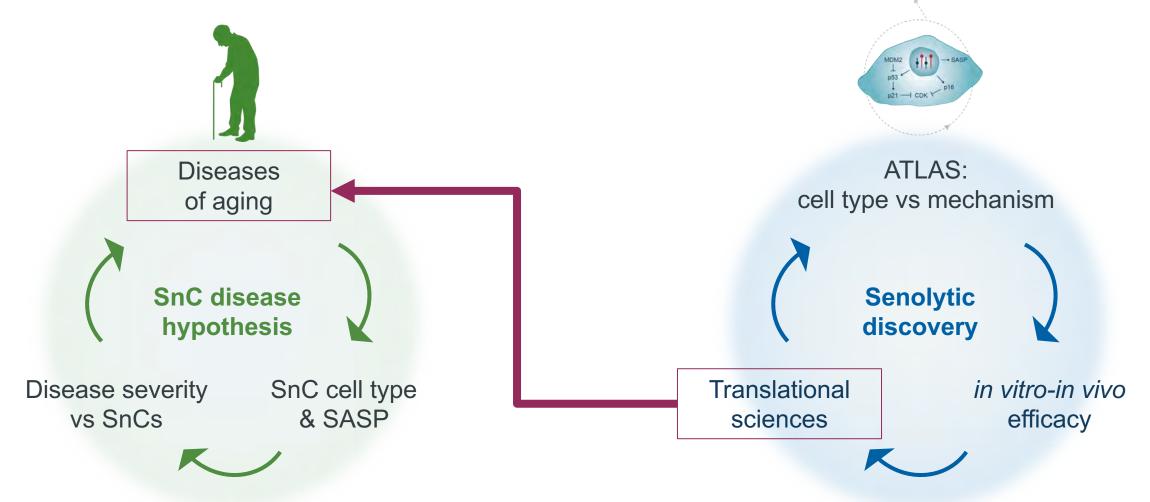




#### Foundation for translation to clinical studies to create senolytic medicines



## TRANSLATING SENOLYSIS INTO BENEFIT TO PATIENTS



Additional integration with other relevant therapeutic areas, e.g. oncology

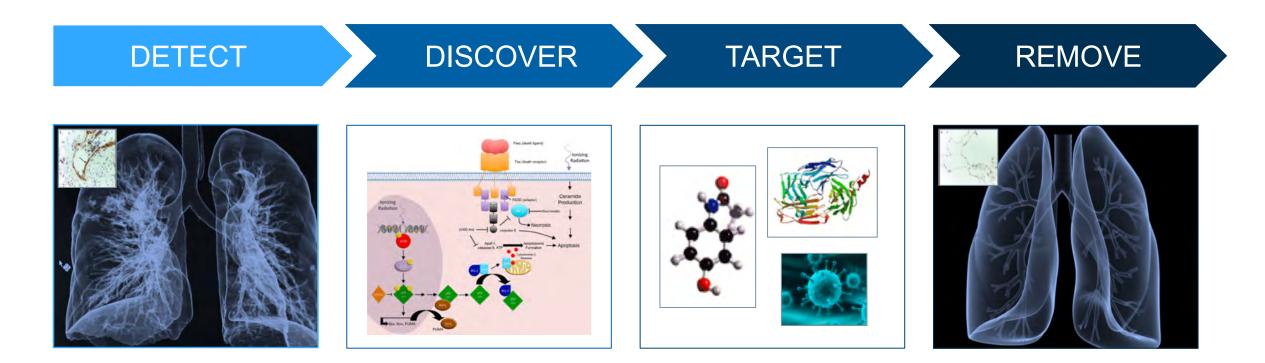


## THE INTERSECTION OF SENOLYSIS AND ONCOLOGY

Pedro Beltran, Ph.D., Senior Vice President of Biology



## OUR STRATEGY

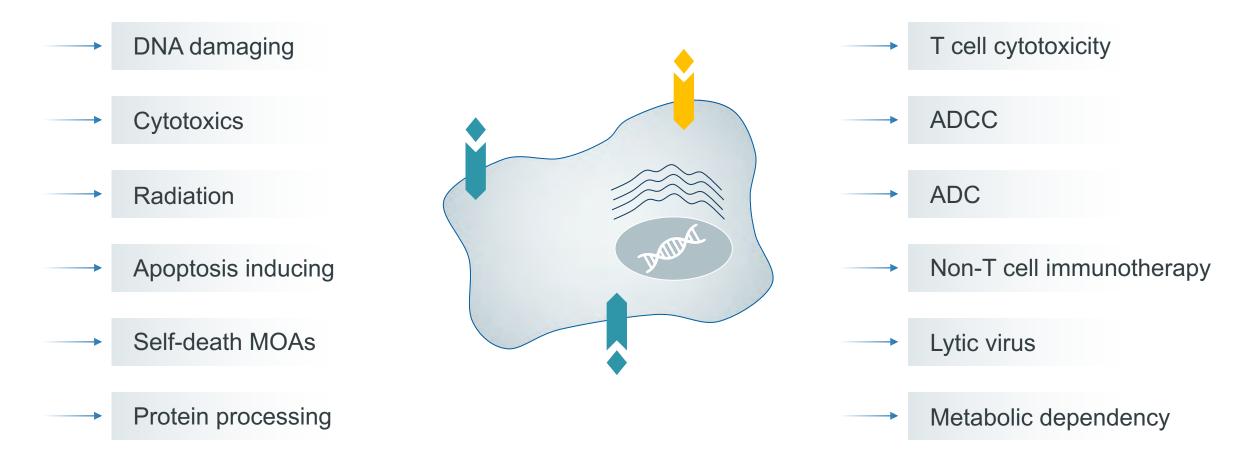


## Oncology modalities and targets play a key role in senolytic development



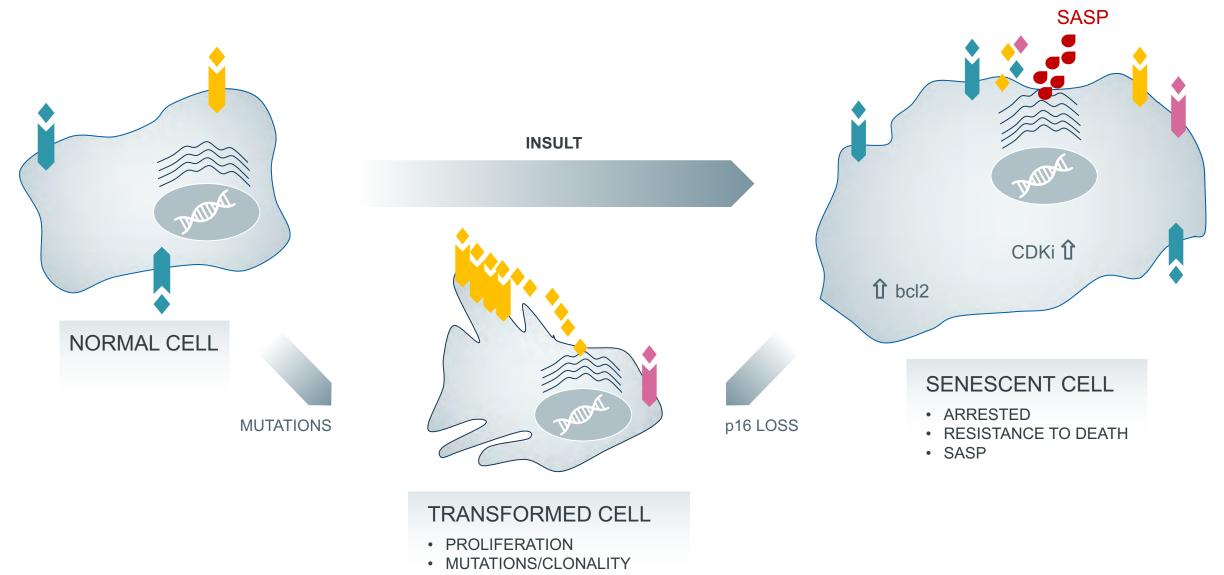
## TO ELIMINATE A CELL

### Normal, senescent or transformed





## DIFFERENT PHENOTYPES, DISTINCT VULNERABILITIES



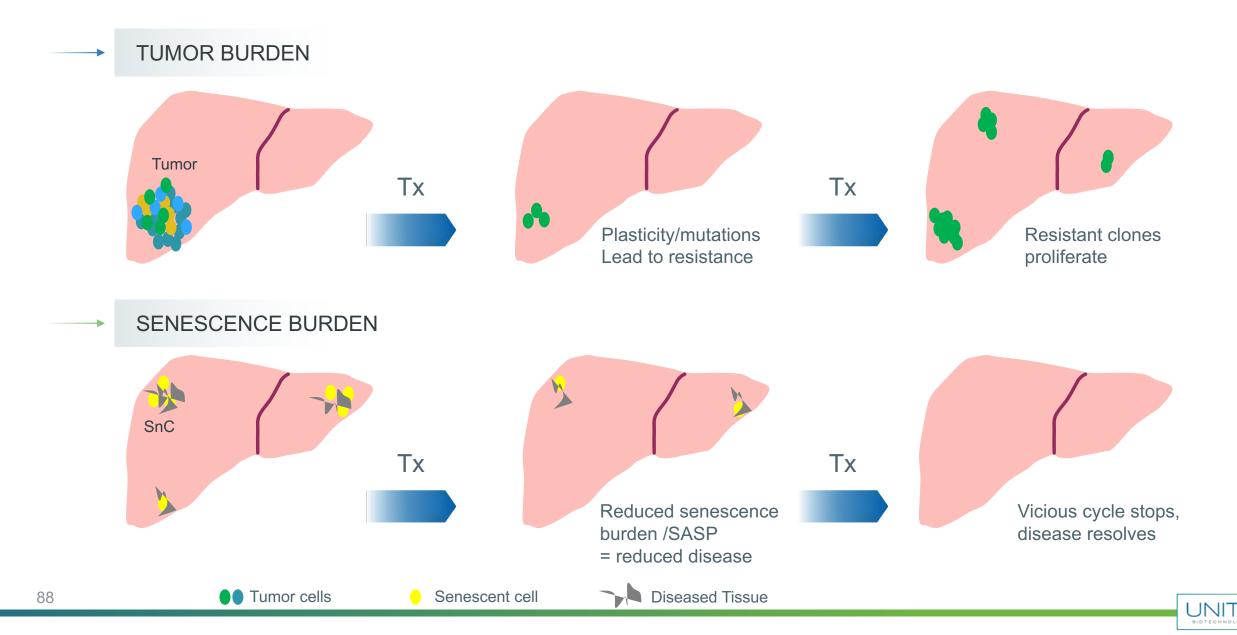


## SENESCENCE BIOLOGY INSIGHTS GUIDE OUR BETS

|                          | Transformed  | Senescent    |
|--------------------------|--------------|--------------|
| Proliferation/division   | $\checkmark$ |              |
| Mutations/clonality      | $\checkmark$ |              |
| Neoantigens/T-cells      | $\checkmark$ |              |
| Apoptosis/self-death     | $\checkmark$ | $\checkmark$ |
| Metabolic dependency     | $\checkmark$ | $\checkmark$ |
| Non-T cell immunotherapy | $\checkmark$ | $\checkmark$ |
| Protein synthesis        | $\checkmark$ | $\checkmark$ |
| Lytic viruses            | $\checkmark$ | $\checkmark$ |



## THE ISSUE OF RESISTANCE: NO PLASTICITY IN SnCs



## LOCAL TO SYSTEMIC DELIVERY

#### SYSTEMIC DELIVERY

#### LOCAL DELIVERY & TARGETING

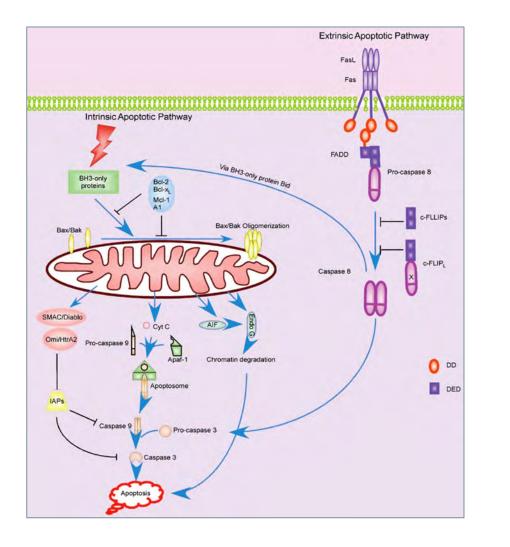
| Senolytic MOA | Known Clinical SAEs | UBX Tx      | Tissue : Plasma ratio |
|---------------|---------------------|-------------|-----------------------|
| 1             | Neutropenia         | Lung (OA)   | >400:1                |
| 2             | Thrombocytopenia    | Kidney (IV) | 171:1                 |
| 3             | Diarrhea            | Eye (IVT)   | >10,000:1             |
| 4             | Anemia              | Liver (IV)  | 65:1                  |

Common SAEs are a result of bone marrow and gut exposure

Rational drug design optimizes for senolytic activity and against systemic exposure



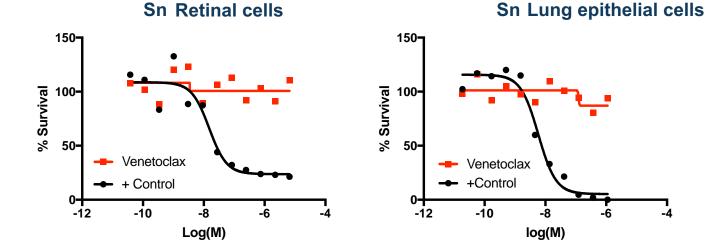
## INTRINSIC/EXTRINSIC APOPTOTIC PATHWAYS



#### ORIGINAL ARTICLE

#### Venetoclax–Rituximab in Relapsed or Refractory Chronic Lymphocytic Leukemia

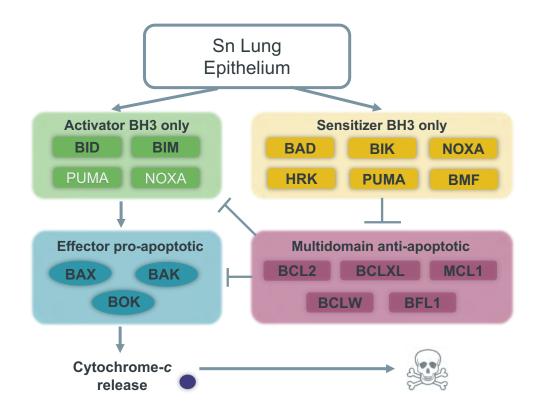
J.F. Seymour, T.J. Kipps, B. Eichhorst, P. Hillmen, J. D'Rozario, S. Assouline,C. Owen, J. Gerecitano, T. Robak, J. De la Serna, U. Jaeger, G. Cartron,M. Montillo, R. Humerickhouse, E.A. Punnoose, Y. Li, M. Boyer,K. Humphrey, M. Mobasher, and A.P. Kater

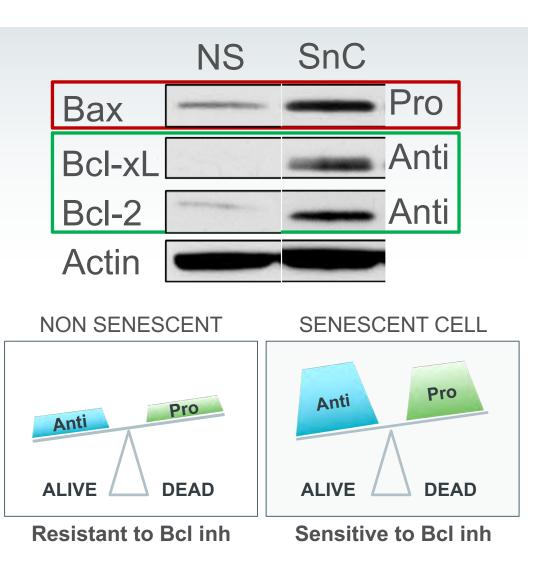




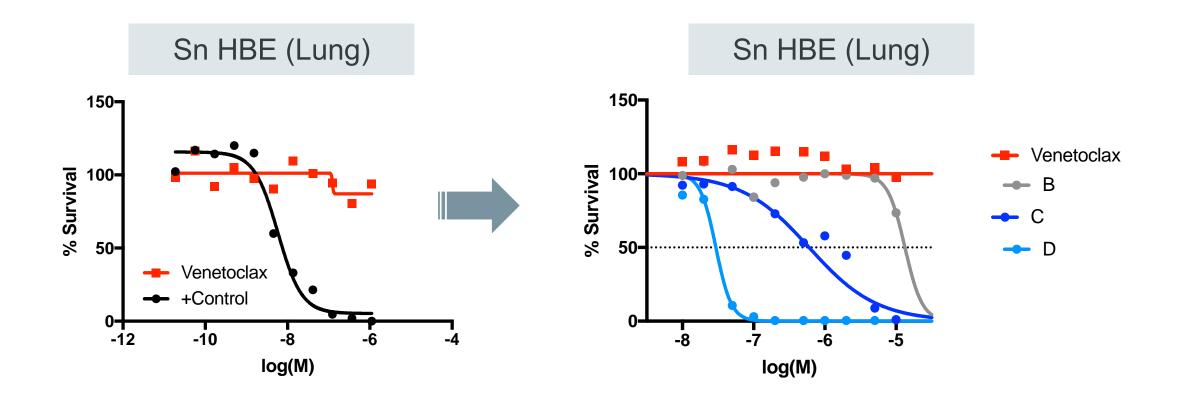
## RATIONAL SENOLYTIC DESIGN: FIT FOR INDICATION

What are the players in senescent lung epithelial cells?





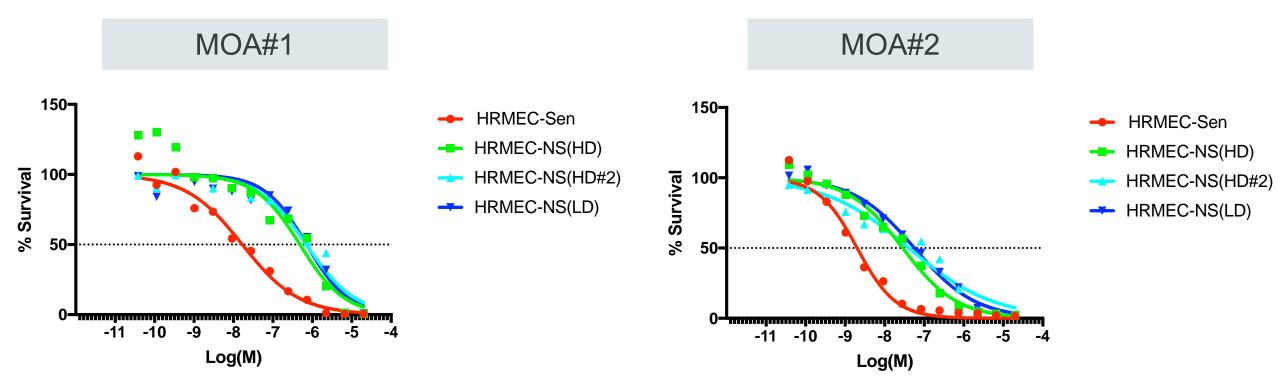
## UNDERSTANDING PATHWAYS IN SnCs LEADS TO POTENT SENOLYTIC STRATEGIES





## IS SELECTIVITY FOR A SENESCENT CELL POSSIBLE?

## **APOPTOSIS PATHWAYS**



#### Specificity has not been achieved but 10-100 fold selectivity is possible



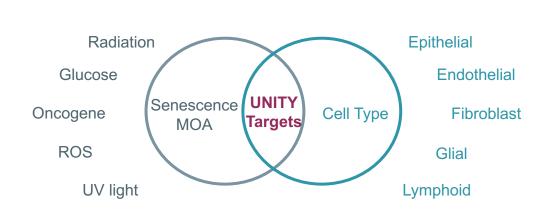
## UNITY INSIGHTS IN SENESCENCE BIOLOGY LEAD TO NEW TARGET SPACE



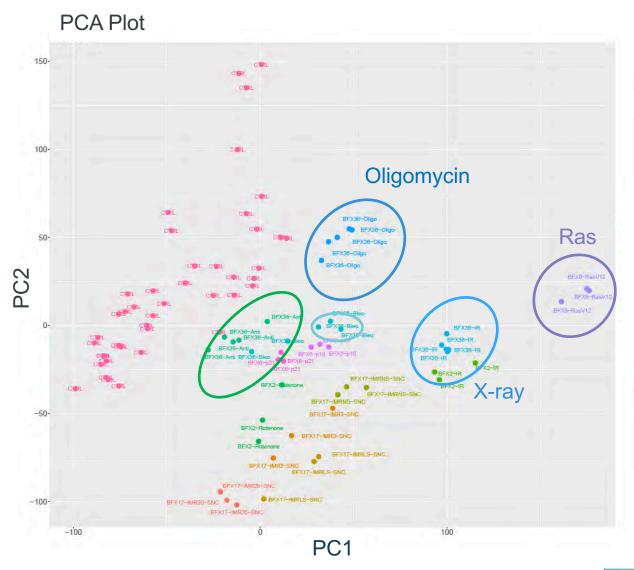
#### Success combines human, in vitro & in vivo platforms



## GENE EXPRESSION PROFILE VARIES WITH Sn INDUCTION MECHANISM

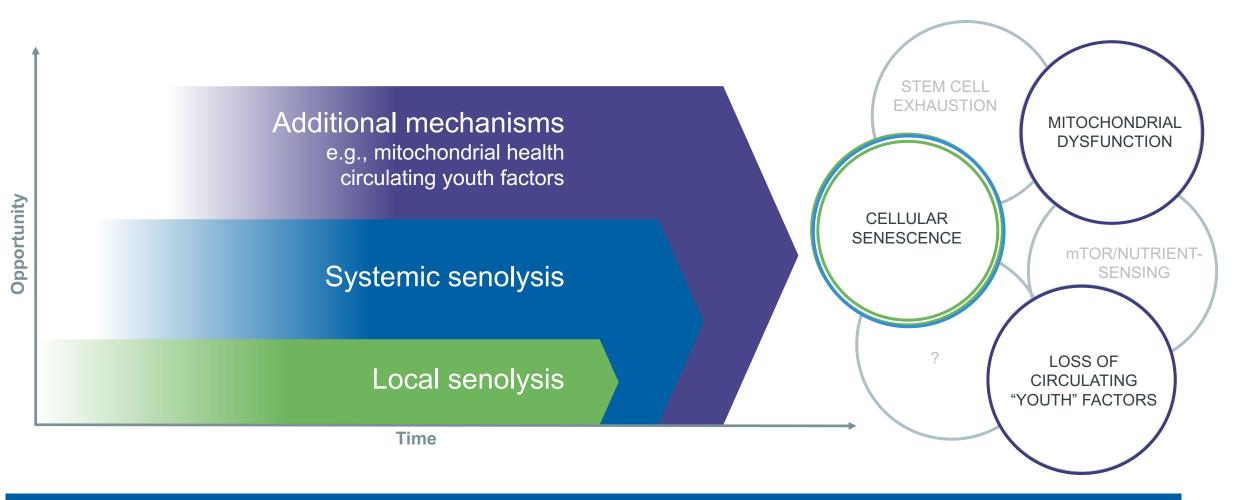


Need to pair mechanism with cell-type



## BROAD STRATEGY TO EXTEND HEALTHSPAN

Early effort in local senolytic therapy will expand to systemic senolytics and other mechanisms



UNITY plans to address multiple modalities to fully enable potential of age-related therapies



# UBX0101 SNAPSHOT + PANEL Q&A

Moderated by Keith Leonard, Chairman and Chief Executive Officer



## UNITY PIPELINE

#### Broad therapeutic potential, addressing multiple mechanisms of aging

|            |                                      | INDICATION                                    | RESEARCH | LEAD OPTIMIZATION | IND-ENABLING | CLINICAL DEVELOPMENT<br>Phase 1   Phase 2   Phase 3 |
|------------|--------------------------------------|---|----------|-------------------|--------------|---|
|            | MUSCULOSKELETAL                      | Osteoarthritis                                |          | UBX0101           |              |   |
|            |                                      | Diabetic Retinopathy & Diabetic Macular Edema |          |                   | ,            |   |
| Ш          | OPHTHALMOLOGY<br>UBX1967             | Glaucoma                                      |          |                   | ,            |   |
| SENESCENCE |                                      | Age-Related Macular<br>Degeneration           |          |                   |              |   |
| SE         |                                      | Idiopathic Pulmonary<br>Fibrosis              |          |                   |              |   |
|            | PULMONARY                            | Systemic Sclerosis                            |          |                   |              |   |
|            |                                      | Chronic Obstructive<br>Pulmonary Disease      |          |                   |              |   |
| OTHER      |                                      | Cognition                                     |          |                   |              |   |
|            | LOSS OF CIRCULATING<br>YOUTH FACTORS | Kidney Disease                                |          |                   |              |   |



## OSTEOARTHRITIS

A widespread disease; standard of care is pain mitigation or joint replacement



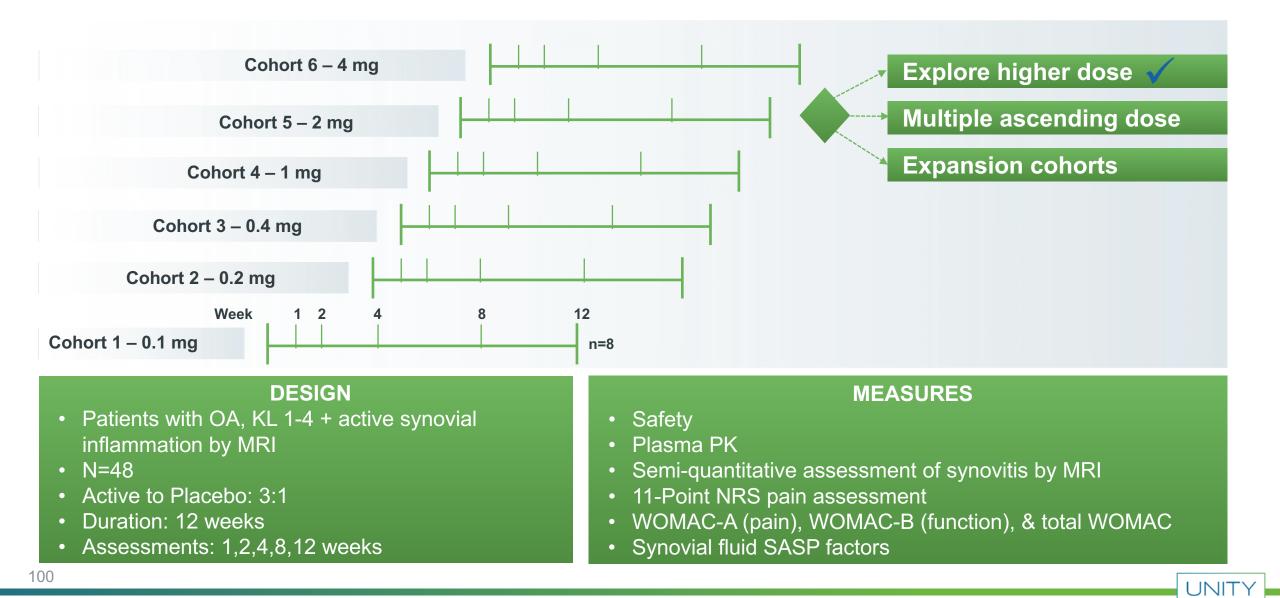
~10-15% of global population over 60 years of age

Aggregate annual expense associated with OA estimated at >\$150B per year in US

Current treatments are NSAIDs, steroids, knee replacement, and acquiescence



## UBX0101 PHASE 1 STUDY ENABLES OPTIONALITY



## PANEL Q&A



JUDY CAMPISI, PHD The Buck Institute for Research on Aging Lawrence Berkley National Laboratory



JAN VAN DEURSEN, PHD The Mayo Clinic



DAN MARQUESS, D. PHIL Chief Scientific Officer



NATHANIEL DAVID, PHD Co-founder & President



PEDRO BELTRAN, PHD SVP of Biology

#### **MODERATED BY**



KEITH LEONARD, MS, MBA Chief Executive Officer



Health.span |helth' span| *noun* The period of one's life unburdened by the diseases of aging *See also: anti-aging, healthy longevity* 

