How to tell your Company’s Story in Just 15 Slides
What We Will Cover Today

• Quick sense of who’s in the room
• Review of The LHS Fifteen Slide Presentation® methodology
  • Sample slides
• Review methodology for elevator pitch
  • Practice your pitch live!

https://www.youtube.com/watch?time_continue=1&v=AclUQu8QgHI
Communicating Respect

Why are you here?

Your goal as a presenter is to suit your audience and be clear on your objectives

Whether small or large company
Credibility At Stake

If complex data or information does not coalesce into a few clear ideas, you’ve promised music but delivered noise.

It is not the chart or graph that they will judge, it’s the information itself.
Conventions are the Form of Expectation:

It will be harder to remember if you deviate from convention.

Influence of the brain and expectation are far greater than the raw data.
Example Conventions

- Up is good
- Down is bad
- North is up
- South is down
- Red is negative
- Green is positive
- Blue is cold
- Hierarchies move from top down
- Lighter color shades are emptier or lower
darker one

Work within Conventions
**Story-telling is an Art that Captures Audiences**

Transform your data and concepts into memorable stories

<table>
<thead>
<tr>
<th>Conceptual</th>
<th>Data Driven</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus</strong></td>
<td><strong>Focus</strong></td>
</tr>
<tr>
<td>Ideas</td>
<td>Statistics</td>
</tr>
<tr>
<td><strong>Goals</strong></td>
<td><strong>Goals</strong></td>
</tr>
<tr>
<td>Simplify, teach</td>
<td>Inform, enlighten</td>
</tr>
</tbody>
</table>

*Image of a man with a diagram and a bar chart.*
What's your story?
WHY?

End with why you’re excited about the opportunity
Corporate Introduction

March 2018

Scioto Biosciences

Bugs as Better Drugs

Conference Title

Presenter

October 2018

Scioto Biosciences

Bugs as Better Drugs

Conference Title

Presenter

Moving towards precision medicine in dermatology.

LEO Science & Tech Hub
Cambridge, MA (USA)

Michael SIers — Vice President

March 2017 Dermatology Innovation Forum
4-5 high-level bullets with key facts about your company

Answer the question, “why” up front to garner interest
## Company Overview

| **Founded:** | May 2017 between Nationwide Children’s Hospital (NCH) and Monon Bioventures LLC (MBV) |
| **Technology:** | Novel “Activated Bacterial Therapeutic” Delivery Platform (ABT) for Drug Development |
| **Stage:** | Phase I Clinical |
| **Focus:** | GI Disorders in Pediatrics, Geriatrics & Infectious Disease (Human and Animal Health) |
| **Located:** | Indianapolis, IN |
| **IP:** | Worldwide Exclusive License from NCH |
| **Prior Funding:** | Series A - $4M; $380K in Non-Dilutive Funding |
| **Target Raise:** | Series B - Up to $20M; 2H 2019 |
Capital Investment and Clinical Progress in the Microbiome Industry

• Since 2010 approximately $1.8B of venture investment (Seed round through Series C)
• 60% of the investment ($1B) in 2016 and 2017 alone
• Since 2014, an increase in Series B and C funding rounds demonstrate clinical progress

Slide 2:
The Agenda

Six Basic Elements

1. Medical Problem & Your Solution
2. Market Opportunity
3. Product Differentiation
4. Leadership Team, Board, Scientific Advisory Board
5. Development, Regulatory & Manufacturing
6. Commercial Strategy
Slide 3: The Problem

- Describe the problem
- Layman’s terms
- Use of infographics
- Back up facts
- Use of research
Slide 4: The Solution

- Description of products and services
- Compelling benefits
- Barriers to entry
- Differentiation
- Threats
- Opportunities
- Validation
CARs
“Distinct from natural T cell receptor” may cause more toxicity – no on/off switch
TAC Advantage: “Designing Safe and More Effective T-Cell Therapy”

- Designed to resemble and leverage nature’s T cell receptor
- Expected to "turn on or off" depending on antigen stimulation contrary to CARs that don’t have the on/off switch
Slide 5: The Market and Target Product Profile

- Clear definition
- Size, growth, and share
- Key players and strategies: differentiation, commoditization, pricing
- Payer distribution: private and public, reimbursement issues
EGFR Single/Double Mutant Inhibitor: 3rd Gen EGFR TKI

Proven therapeutic Target

• Only 1 approved third generation drug that targets the activating EGFR mutations including the T790M+ mutation (osimertinib)
  • Tagrisso, AZD9291

• The T790M+ mutation develops in:
  • Asia – ~50 % of all NSCLC patients
  • US – ~30% of all NSCLC patients

We believe that there is a need for a second drug that is potent, shows high activity to this mutation and importantly penetrates the blood brain barrier
Lead Program: SB-121 for Necrotizing Enterocolitis (NEC)

- 10% of infants born under 1500g develop NEC
- Mortality rate 20-30%
- NEC is the leading cause of death from GI disease in premature infants
- Cost associated with NEC is $500M-$1B in the U.S.

Scioto Opportunity:
Standard of Preventative Care
Most successful charts show a single salient point so clearly that we feel we understand the charts meaning without trying.
Effect On Incidence of NEC

PRE-CLINICAL OVERVIEW

* The live bacterial therapeutic platform delivery system provided the best protection against NEC that I have seen in all of my years doing this type of research.

~ Dr. Gail Besner, Chief of Pediatric Surgery

* p < 0.05

** p < 0.05 vs
ASCO Abstract 9033: Results from Phase 1/2 Study of Lazertinib (YH25448/GNS-1480), a 3rd-Generation EGFR-TKI, in Advanced NSCLC

Case Study 1: subject with extracranial tumor of del19/T790M mutation dosed with YH25448 40mg

Case Study 2: subject with intracranial brain tumor of del19/T790M(-) mutation dosed with 40mg

- Shows anti-tumor activity by reducing tumor size in the lung and the brain
- At lowest dose tested
- Highly selective against mutant forms of NSCLC
Advanced/ Metastatic Melanoma

**Indoximod plus Pembrolizumab (PD-1)**

*Impressive Clinical Benefit and Disease Control Rate*

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**Interim data support decision to initiate Pivotal Phase 3 vs single agent PD-1**
Encouraging Early Data in DIPG
Response for 9.4-Year-Old Male with Newly Diagnosed DIPG

Baseline (pretreatment)

DIPG scans reviewed by Tina Young-Poussaint, M.D., Boston Children’s Hospital

Patient 037 classified as: “Significant response”

After 6 weeks of indoximod + radiation (54 Gy)

Patient remains neurologically normal at 6 months from initial treatment
Slide 7: Team

- Photographs and background on key members
- Establish company’s pedigree
- Tell a story about the company’s culture
EXPERIENCED LEADERSHIP TEAM

Michael Almstetter
CEO
chemistry studies at TU Munich
Chemical synthesis, automation, and MedChem optimization

Thomas Loeser
CFO
economic studies at LMU Munich and HBS
Strategic alliances, US market entry strategy, Fundraising/Exits

Michael Thormann
CSO
biochemistry studies at Leipzig and Barcelona
Computer-Aided Drug Design, data and molecular modeling

Andreas Treml
COO
biology studies at University Regensburg
Assay technologies, biological screening, and compound profiling

Management team collaborates since late 90’s
Proven track record in deal making, milestone delivery, M&A, and exits
Specialist team (20 FTE’s) in drug design, compound synthesis, and characterization
Experience Executive Team

**Executive Team**

**Joseph Trebley, PhD**
Chief Executive Officer

**Jim Schulz**
Chief Financial Officer

**Mark Heiman, PhD**
Chief Science Officer

**Kevin Meyer**
Chief Operating Officer

**Board of Directors**

**Graeme Martin, PhD**
former CEO, Takeda Ventures

**Micah Mackison**
SVP, Corp. Development, Assembly BioSciences

**Brian Stemme**
Project Director, BioCrossroads
Scientific Team

Scientific Advisors

Jaswant Gidda, PhD
Preclinical

Sam Corveleyn
CMC Drug Development

Nationwide Children’s Hospital: Scientific Team

Steven Goodman, PhD
Principle Investigator, Center for Microbial Pathogenesis

Gail Besner, MD
Chief of Pediatric Surgery

Michael Bailey, PhD
Principle Investigator, Center for Microbial Pathogenesis

Lauren Bakaletz, PhD
VP for Basic Science Research
Slide 8/9: Pre-clinical and Clinical Pipeline

- Names and descriptions of preclinical compounds, indications, platforms, programs behind the lead compounds
- Differentiating features of each
- Synergies between programs
- Goals
- Safety and efficacy
- Estimated data timeline
Product Pipeline: SB-121

**Pediatric & Geriatric Indications**
- Healthy Adults: Q4 '18
- Premature Infants (NEC)
- Antibiotic Associated Diarrhea
- Hypertension or Mucositis

**Animal Health Indications**
- Necrotic Enteritis (Poultry)

**Timeline**
- DISCOVERY
- PRE-CLINICAL
- IND
- PHASE I
- PHASE II

- Q1 '19
- Q3 '19
- Q4 '19

**Additional Notes**
- Three months ahead of original timeline
- Successful Ph I study provides a bridge to multiple indications (Ph II studies) in 2019
### Promising & Diversified Pipeline

<table>
<thead>
<tr>
<th>Target</th>
<th>Profile</th>
<th>Tumors</th>
<th>Clinic Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROR1</strong>&lt;sup&gt;(Tyrosine-protein kinase transmembrane receptor)&lt;/sup&gt;</td>
<td>Promise in multiple large solid tumor markets</td>
<td>Lung, breast, colon, gastric, pancreatic, and CNS tumors</td>
<td>H2 – 2019</td>
</tr>
<tr>
<td><strong>HER2</strong>&lt;sup&gt;(human epidermal growth factor receptor 2; Receptor tyrosine-protein kinase erbB-2)&lt;/sup&gt;</td>
<td>Much improved animal efficacy &amp; safety compared to CAR-Ts</td>
<td>Glioblastoma; osteosarcomas; other HER2 over-expressing tumors</td>
<td>H2 – 2019</td>
</tr>
<tr>
<td>Undisclosed</td>
<td>Promise in solid tumors</td>
<td>Solid tumors, high unmet need</td>
<td>2020 – 2021</td>
</tr>
<tr>
<td><strong>BCMA</strong>&lt;sup&gt;(B-Cell Maturation Antigen)&lt;/sup&gt;</td>
<td>Best-in-class potential (autologous and/or allogeneic)</td>
<td>Multiple Myeloma</td>
<td>2019 – 2020</td>
</tr>
<tr>
<td><strong>CD19</strong>&lt;sup&gt;(B-Cell Antigen)&lt;/sup&gt;</td>
<td>Best-in-class safety and efficacy potential</td>
<td>DLBCL</td>
<td>Early 2019</td>
</tr>
<tr>
<td><strong>Platform Development</strong></td>
<td>Off-the-shelf TAC T-cells, complementary chimeric receptors to enhance TAC T-cells, CMC improvements, etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Successful pre-CTA** meeting with Health Canada in December 2016: Agreement on key preclinical, clinical and manufacturing requirements; Next **Pre-CTA update** meeting with Health Canada planned for **Early Q2-2018**
Discuss geographic strategy

Highlight milestones achieved to date

Provide overview: BLA, SPA, Orphan status, Pediatric voucher, Fast track
Xadago® (Safinamide) Approved and Launched in Europe for the Treatment of Parkinson's Disease

EU MARKETING AUTHORIZATION (RECEIVED FEBRUARY 2015)

- Both dopaminergic and non-dopaminergic mechanisms
- Sustained efficacy for 2 years for ON Time, OFF Time and UPDRS III
- “Very much/much improved” in Clinical Global Impression
- Significant improvement in activities of daily living (UPDRS III)
- Well tolerated
- No drug interactions; no age, gender or race restrictions
- No dietary restrictions
- No requirement for laboratory tests, ECG, or any other examination

FDA APPROVAL

- FDA agrees no additional evaluation of abuse liability or dependence / withdrawal effects in humans is required
- NDA re-submitted Sept 2016: Class II re-submission – 6 month review
- FDA approval date: March 21, 2017
Regulatory Strategy

- **Timing:**
  - Pre-IND to be filed by end of Q1 2018
  - Single dose (nasal gavage) - prophylactic treatment given immediately after birth (likely within 48 hrs)
  - Dr. Jaswant Gidda: Supporting

- **Focus of registration:**
  - Propose a Phase II interventional trial to investigate the role of a Lr biofilm on GI maturity and immune response of premature infants

- **Indications:**
  - Time to establish full enteral feeds
  - Reduction of time/days in the NICU
  - Incidence of necrotizing enterocolitis
  - Time until full term birth weight

- **Inclusion Criteria:**
  - Gestational age 30 - 32 weeks
  - Very Low Birth Weight - 1,500g or less (~60,000 patients per year)
Slide 11: Manufacturing Strategy

- In-house or contract manufacture (and why)
- Timing of production
- Inventory levels
- Special issues
Manufacturing Plans

- Current process uses **lentivirus** and is similar to CAR-T process
- Conducting **scale-up** of manufacturing process in our lab
- Manufacturing at the **Centre of Excellence for Cellular Therapy (CETC)** in Montreal for first-in-man studies
  - The CETC facility 37,000 ft² and is compliant with US, EU and Canadian GMP
  - Tech transfer initiated April 2017 after optimization and scale-up
Slide 12: Commercial Strategy

- Out-license or commercialize
- Domestic or international partners
- Marketing & PR plan
- Advocacy Relations
- Medical Comms Strategy
  - KOL Development
  - Publication and medical meeting strategy
Significant Commercial Opportunity in Safinamide (Xadago®)

- US: Re-submitted to US FDA in September 2016; PDUFA date: March 21, 2017
- EU: Launched in Germany, UK, Italy, Spain and other EU territories, plus Switzerland
- Latin America: Confirmatory Phase II/III and long-term Phase III studies initiated
- Japan: Partner to submit application for regulatory approval
- Australia/New Zealand:

- Milestone and royalty revenues to Newron since 2012
- Long period of market exclusivity (patent life: 2029 in EU, 2031 in the US)
- Peak sales potential $450m - $700m+ (analyst estimates)

7 TO 10 million worldwide

20 to 30 percent in early stage
70 to 80 percent in mid to late stage
>$4 Billion worldwide market
Slide 13: Financial Position

Summary financials
- Balance sheet
- Income statement as appropriate
- Put numbers in context
- Current financial guidance as appropriate

Market position
- Shares outstanding
- Insider holdings
- Market capitalization
Financing

• Current Financing to Date
  • NCH – Active RO1
  • Scioto - $380,000 NIH STTR Award Phase I
  • Series A Preferred Stock – Led by BioCrossroads
    • Up to $4 million (>1.7M committed and scheduled to close April 23, 2018)
  • Animal health venture - Signed option for poultry rights
    • $50,000 payment (100+ chicken study planned)

• Future Potential Financing
  • NIH - Therapeutic for Rare and Neglected Disease Division (Finalist)
  • April 2018 – Submission of New Phase I SBIR ~ $350,000
  • September 2018
    • Follow on submission of Phase II STTR ~ $2.5 million
    • Submission of new Phase I SBIR ~$350,000
## Financial Position

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2018 End Cash and Equivalents</td>
<td>$143.9 million</td>
</tr>
<tr>
<td>YE 2018 Cash Projected</td>
<td>To be updated on Q2 call</td>
</tr>
<tr>
<td>Shares Outstanding as of March 31, 2018</td>
<td>37.2 Million</td>
</tr>
</tbody>
</table>

Resources sufficient to support focused clinical development of indoximod
Slide 14: Upcoming Milestones

Management View of milestone creating value
- Summarize company’s upcoming milestones

Upcoming news flow
- Clinical
- Regulatory
- Clinical/medical
- Commercial
- Manufacturing
- Transactions
- Operational
- Management
Future Milestones – 12 to 24 months

**Clinical and Regulatory**
- Submit Pre-IND meeting request to FDA
- Complete IND efforts and submit to FDA
- Initiate clinical study (Q2/3 2019)

**CMC and Preclinical Efforts for IND**
- Finalize contracts for master stocks, manufacturing, analysis and stability
- Formulation and clinical manufacturing process development

**Financing - Partnering**
- Complete initial partner trials in Q1 2018
- Aggressively seek non-dilutive funding
- Prepare for Series B and/or partner technology
- Identify potential partners for acquisition and licensing opportunities
NewLink Genetics – Key Takeaways

- Indoximod has a differentiated mechanism of action (MOA)
  - Reverses the effects of low tryptophan by increasing proliferation of effector T cells
  - Drives differentiation into T helper cells vs regulatory T cells
  - Downregulates IDO expression in dendritic cells

- Promising clinical activity of indoximod in combination with
  - Chemotherapy in AML
  - Checkpoint blockade in melanoma
  - Radiation and chemotherapy in DIPG

- Additional indoximod data to be presented at upcoming medical conferences
  - Melanoma & Pancreatic Cancer: Final Phase 2 results at ASCO, June 2018
  - DIPG: Updated Phase 1b data at ISPNO, July 2018
  - AML: Updated Phase 1b data intended 2H 2018

Differentiated MOA demonstrating clinical activity for multiple combinations and indications
Use the company’s brand statement for the title

Use the company’s elevator speech for the text

Capture the essence of the preceding 14 slides

Include a contact name, email address and company website address on the final slide

End with a call to action
Investment Highlights

- Major progress has been made in microbiome clinical development
  - Significant public and private investment
- Major opportunity based on delivering and sustaining live therapeutic bacteria
- Scioto’s novel ABT platform ensures safe and effective delivery of live therapeutic bacteria
- ABT platform can be used to address multiple indications in human and animal health
- Lead program: SB-121 ready for clinical development in 2019
  - First indication for Necrotizing Enterocolitis (NEC) in premature babies
  - NEC mortality rate of 20-30%
- Current partnership with the Research Institute at Nationwide Children’s Hospital (RINCH)
  - Seeking additional platform partnerships for other indications
A Great Elevator Pitch Answers:

• Who are we?
• What do we do?
• How do we do it?
• Whom do we do it for?
The Process of Creating a Great Elevator Pitch

• Identify answers to the four key questions – write down your answers
• Link them to create a paragraph
• Read the paragraph aloud
• Adapt it to your natural way of speaking
• Shorten it to fewer than 100 words or less than one minute
• Practice it with friends and take their advice seriously
• Memorize key messages so you can adapt and use it anywhere
• Keep your delivery fresh and natural
• Use it often
• Refine it as needed
Example of an Elevator Pitch

Who are we?
• LaVoieHealthScience is an integrated strategic communications agency

What do we do?
• We help health and science companies engage key audiences to build value for their innovations

How do we do it?
• Through integrated communications covering public relations & investor relations

Whom do we do it for?
• Emerging and established health and science companies throughout the globe
If you have any questions, please contact:

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617-372-8800 ext. 107
info@lavoiehealthscience.com