Exonate Press Kit

Finance

- Strategic collaboration agreement with Janssen Pharmaceuticals, Inc., one of the Janssen Pharmaceutical Companies of Johnson & Johnson
- Further shareholder funds used for back up plans and overheads

Exonate Quick Facts

CEO
Dr Catherine Beech OBE
Catherine.Beech@exonate.com

CSO
Professor David Bates
David.Bates@exonate.com

Key Investors

- Janssen and J&J innovation
- Wellcome Trust
- Angel Co fund
- University of Nottingham
- o2h
- Uniseed
- Cambridge Angels
- Parkwalk
- IP Group PLC
- Wren Capital
- Martlet
- Angel Investors

Board Members

- Chairman - Sunil Shah
- CSO - Professor David Bates
- CEO - Dr Catherine Beech OBE
- Medical Director - Professor Steven Harper
- Dr Chris Torrance – CEO – PhoreMost Ltd
- Dr John Kurek – Uniseed
- Dr Sam Fazeli – Bloomberg Intelligence
- Dr Andrew Naylor – CEO Nottingham Technology Ventures

Management Team

- Dr Catherine Beech - CEO
- Professor David Bates - CSO
- Dr Loic Lhuillier - COO
- Chris O'Connor - Financial Controller
- Dr Kenneth McKechnie - Head of Biology
- Dr Andy Baxter - Discovery & Development Consultant

CAB

- Professor Lloyd Paul Aiello
- Professor Peter Campochiaro
- Professor Usha Chakravarthy
- Professor Robyn Guymer

Contacts

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Exonate Company Profile

Location	Headquarters- Cambridge Research & Development Laboratories- Nottingham
R&D focus	mRNA targeted therapies
Disease area	Ophthalmology– Diabetic Macular Oedema (DMO) and wet Age-related Macular Degeneration (wAMD)
Drugs in clinical development	Lead compound EXN407- Phase Ib/II Clinical Trials (Centre-Involved DMO)
Founding date	December 2013
Founders	Dr Catherine Beech, Prof David Bates, Prof Lucy Donaldson, Prof Steven Harper
No of employees	17
Financing to date (amount)	£2.6 million equity financing; £4.9 million Wellcome Trust Seeding Drug Discovery Investment; Strategic collaboration agreement with Janssen Pharmaceuticals
Investors	Janssen, Wellcome Trust, Angel Co fund, University of Nottingham, o2h, Uniseed, Cambridge Angels, Parkwalk, IP Group PLC, Wren Capital, Martlet, Angel Investors

About Exonate:

Exonate is an early stage biotechnology company leveraging expert knowledge on alternative splicing of Vascular Endothelial Growth Factor (VEGF) and small-molecule drug development for the treatment of retinal neovascular diseases.

Exonate's small molecules have the potential to inhibit serine/arginine-protein kinase 1 (SRPK1)-mediated VEGF splicing that initiate the production of specific disease causing, pro-angiogenic VEGF isoforms. Exonate's small-molecule drugs are poised to revolutionise the treatment of retinal diseases with their exceptional ocular permeability allowing targeted delivery to the retina with eye drops; removing the need for unpleasant intravitreal injections.

Exonate is a spin-out of the University of Nottingham led by an international management team with experience in medicine, drug development, and successful fundraising for early stage companies. The Company has R&D laboratories at MediCity and is headquartered in Cambridge, UK.

About Exonate's Target Retinal Neovascular Diseases:

Diabetic Macular Oedema (DMO) is the most common cause of vision loss among people with diabetic retinopathy and affects approximately 21 million people worldwide [1]. DMO is a build-up of fluid (Oedema) in a region of the retina called the macula and is associated with an increase in retinal thickness. This build up is caused by a breakdown of the blood-retina barrier allowing the leaking of fluid and plasma proteins which leads to scaring of the macula and causes central vision loss. The macula is important for the sharp, straight-ahead vision that is used for reading, recognizing faces, and driving. Although DMO is more likely to occur as diabetic retinopathy worsens, it can happen at any stage of the disease. The direct cause of DMO onset is complex but hyperglycaemia is known to be a leading causal factor.

Wet Age-Related Macular Degeneration (wAMD): is caused by the growth of new vasculature from the choroid which causes disruption to the usually uniform layer of photoreceptive cells responsible for vision. This initially presents as a central blurriness which eventually progresses to a complete loss of central vision. If untreated patients are likely to lose sight in the affected eye within 24 months of disease onset. wAMD is a leading cause of vision loss in people aged 50 years or older and affects more than 170 million people worldwide with this figure expected to increase to almost 300 million people in an ageing population.

Current Treatment Options:

- anti-VEGF antibody drugs – 1st line treatment for DMO and wAMD. To prevent the growth of new blood vessels these drugs are injected into the eye every 1 or 2 months. These treatments are relatively unpleasant, expensive, and only improve vision in approximately 30% of DMO and wAMD patients [2,3].
- Laser surgery – to destroy abnormal blood vessels in the eye. This type of surgery is only suitable if blood vessel damage is not too extensive and if the abnormal blood vessels aren't close to the fovea, as performing surgery close to this part of the eye can cause permanent vision loss.
- Photodynamic therapy (PDT) – to help destroy abnormal blood vessels if anti-VEGF injections are not working in wAMD.
- Corticosteroids – to help treat DMO if anti-VEGF injections are not working or not suitable. Corticosteroids are either injected or implanted into the eye.

For more information please visit our website
https://www.exonate.com/technology/target-indicators/

References:

1. Yau, JWY for the META-EYE Disease Study Group. Global Prevalence and Major Risk Factors of Diabetic Retinopathy. Diabetes Care 2012, 35:556-564.
2. https://www.nhs.uk/conditions/age-related-macular-degeneration-amd/treatment/
3. https://www.hey.nhs.uk/patient-leaflet/treatments-patients-diabetic-macular-oedema-dmo/

Catherine Beech MB,ChB,OBE - Personal Biography

Catherine is a serial entrepreneur with experience in founding, growing and investing in early stage life science companies. She was a co-founder of The Cambridge Gateway Fund and a non-executive director of Regenerative Medicine, Medtech, Biotech and Digital health companies.
Catherine gained a degree in medicine and then worked in multinational pharmaceutical companies in the USA and as European Medical Director.

Catherine is currently the CEO of Exonate a UK/Australian biotechnology company which aims to develop a revolutionary, game-changing eye drop for the treatment of retinal vascular diseases.

Catherine was a member of the UK Government's Technology Strategy Board, Chair of the UK BioIndustry Association's Fledgling Company Committee, Chair of Women in Technology, an industry adviser to the UK Governments Department of Business and Regulatory Reform Bioscience group and a member of the Eastern Region Biotechnology Initiative steering group.

In 2008 Catherine was awarded the OBE in the Queen's Birthday Honours for Services to Technology and Innovation.

Professor David Bates PhD, F.Physiol. FRSB - Personal Biography

Dave has extensive expertise in angiogenesis and the regulation of pre-mRNA splicing. He received his PhD in Physiology from the University of London in 1992 and has been working on VEGF regulation of physiological function since 1994.

In 2001 he established the Microvascular Research Laboratories within the School of Veterinary Sciences at the University of Bristol. In the same year, he discovered the anti-angiogenic class of VEGF splice variants, VEGF-A_{xxx}b, and has published almost one half of the total publications on VEGF-A_{165}b in the scientific literature. Dave was appointed Professor of Microvascular Biology and Medicine in the Department of Physiology and Pharmacology in Bristol in 2007, the year he identified how VEGF splicing was regulated. He now investigates the therapeutic potential of VEGF-splice variants and their control in eye disease, cancer, diabetes, pregnancy, lung and kidney disease.

He is the lead inventor of the patents on regulation of splicing and therapeutic use of this mechanism and 9 other patents including composition of matter patents on splicing regulatory molecules (SPHINXes) and that describe $VEGF_{165}$b as a therapeutic.

In 2013 Dave was appointed Professor of Oncology and Head of Division of Preclinical Oncology at the University of Nottingham where he has re-established and extended the laboratory expertise from Bristol and added numerous cancer models to the armoury of research approaches that he has pioneered. He is currently Director of the University of Nottingham Centre for Cancer Sciences, and lead of the cancer Research Priority Area, Head of Department of Cancer Biology within the Division of Cancer and Stem Cells and co-Director of Research and Deputy Head of the School of Medicine.