State of the Industry: Mid-Year Update

Janet Lambert
CEO, Alliance for Regenerative Medicine
September 5, 2018
ARM’s Role in the Sector

• Advocating for clear, predictable, and harmonized regulatory and review pathways
• Enabling market access and value-based reimbursement policies
• Addressing industrialization and manufacturing hurdles
• Conducting key stakeholder outreach, communication, and education
• Facilitating sustainable access to capital and identifying sources of potential public funding
Sector Overview

- **Global Sector Overview:** 2018
- **Clinical Progress:** 1H 2018
- **Anticipated Clinical Data Events:** 2018-2019
- **Sector Financings:** 1H 2018
- **Policy Environment:** 2018 and beyond
This presentation will be available via:

- ARM’s website: www.alliancerm.org
- Twitter @alliancerm
Current Global Sector Landscape

875
Regenerative Medicine Companies Worldwide, including Gene and Cell Therapies, and Tissue Engineering Therapeutic Developers

466
North America

235
Europe & Israel

135
Asia

23
Oceania
Australia, New Zealand, Marshall Islands

15
South America

1
Africa

Source data provided by: informa
Major Therapeutic Platforms & Enabling Technologies

• **Advanced cells:** Modified T-cells; hematopoietic stem cells; iPSCs; mesenchymal stem cells; adult progenitor cells (neural, liver, cardiac); etc.

• **Cell-based immunotherapies:** chimeric antigen receptors (CAR) T cell therapies, T cell receptor (TCR) therapies, natural killer (NK) cell therapies, tumor infiltrating lymphocytes (TILs), marrow derived lymphocytes (MILs), gammadelta T cells, and dendritic vaccines.

• **Novel and synthetic gene delivery vehicles:** Viral vectors: retroviruses, adenoviruses, herpes simplex, vaccinia, and adeno-associated virus (AAV); Non-viral vectors: nanoparticles and nanospheres

• **Genome editing:** meganucleases, homing endonucleases; zinc finger nucleases (ZFNs); transcription activator-like effector-based nucleases (TALEN); nucleases such as Cas9 and Cas12a that derive from the Clustered Regularly Interspaced Short Palindromic Repeats (CRISPR/Cas); homologous recombination of adeno-associated virus (AAV)-derived sequences.

• **Next-gen expression constructs:** novel capsids; innovative regulatory elements, including synthetic promoters that enable specificity, strength, and improve capacity; inducible elements to regulate gene expression temporally or in response to external stimuli: molecular kill switches to improve safety; etc.
Recent Product Approvals

Approvals YTD 2018:

• Gilead / Kite Pharma’s **Yescarta** cell therapy received approval from the European Commission for the treatment of DLBCL – August 27; approval from the European Commission to treat adult patients with r/r DLBCL and PMBCL – August 27

• Novartis’s **Kymriah** received FDA approval for a second indication: treatment of adult patients with r/r large B-cell lymphoma – May 1; approval from the European Commission for adult patients with r/r DLBCL and patients under the age of 25 with ALL – August 27

• TiGenix’s (now Takeda’s) **Alofisel** (previously Cx601) allogeneic stem cell therapy for treatment of perianal fistulas in Crohn’s disease patients received central marketing authorization from the European Commission – March 23

Approvals in 2017:

• Spark Therapeutics’ **LUXTURNA** gene therapy for biallelic RPE65-mediated inherited retinal disease – Dec 19; MAA submitted to EMA – July 31

• Gilead / Kite Pharma’s **Yescarta** CAR T-cell therapy for the treatment of adult patients with relapsed/refractory large B-cell lymphoma after two or more lines of systemic therapy – Oct 18;

• Novartis’s **Kymriah** CAR T-cell therapy for the treatment of children and young adults with relapsed or refractory B-cell acute lymphoblastic leukemia and for adults with r/r diffuse large B-cell – August 30; MAA submitted to EMA – Nov 6

• **TissueGene’s (now Kolon TissueGene) exclusive Asia licensee Kolon Life Science’s Invossa-K Inj** – July 12
Total Clinical Trials by Phase as of Mid Year 2018

<table>
<thead>
<tr>
<th>Phase</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>324</td>
</tr>
<tr>
<td>Phase II</td>
<td>560</td>
</tr>
<tr>
<td>Phase III</td>
<td>93</td>
</tr>
</tbody>
</table>

Source data provided by: informa
Total Clinical Trials by Technology Type as of Mid Year 2018

**Gene Therapy**
- Total: 317
  - Phase I: 109
  - Phase II: 174
  - Phase III: 34

**Gene-Modified Cell Therapy**
- Total: 314
  - Phase I: 134
  - Phase II: 166
  - Phase III: 14

**Cell Therapy**
- Total: 322
  - Phase I: 76
  - Phase II: 208
  - Phase III: 38

**Tissue Engineering**
- Total: 24
  - Phase I: 5
  - Phase II: 12
  - Phase III: 7

Source data provided by: informa
Clinical Trials by Therapeutic Category

- **532 (54%) of all current clinical trials are in oncology**, including leukemia, lymphoma, and cancers of the brain, breast, bladder, cervix, colon, esophagus, ovaries, pancreas, and others.

- **74 (7.5%) are in cardiovascular disorders**, including congestive heart failure, myocardial infarction, critical limb ischemia, heart disease, and others.

- **61 (6%) are in musculoskeletal disorders**, including spinal muscular atrophy, osteoarthritis, muscular dystrophies, cartilage defects, and bone fractures and disorders, and others.
## Select Anticipated Late-Stage Data Events: 2018+

<table>
<thead>
<tr>
<th>Company</th>
<th>Product</th>
<th>Therapeutic Modality</th>
<th>Indication</th>
<th>Clinical Stage</th>
<th>Expected Reporting Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiadis</td>
<td>ATIR101</td>
<td>Allo-depleted T-Cell Immunotherapy</td>
<td>AML or ALL</td>
<td>Conditional EU approval</td>
<td>2H 2018; launch 2019</td>
</tr>
<tr>
<td>bluebird bio</td>
<td>Lentiglobin</td>
<td>Gene therapy</td>
<td>Transfusion dependent beta-thalasemia</td>
<td>MAA filing</td>
<td>New data was presented in June 2018; on track to submit MAA in 2H 2018</td>
</tr>
<tr>
<td>Enzyvant Tx</td>
<td>RVT-802</td>
<td>Tissue-based therapy</td>
<td>Complete DiGeorge Syndrome</td>
<td>BLA submission</td>
<td>Enzyvant announced initiation of rolling BLA submission in July 2018; BLA expected to be completed in 2018</td>
</tr>
<tr>
<td>Juno/Celgene</td>
<td>Liso-cel (formerly JCAR017)</td>
<td>CAR-T cell therapy</td>
<td>NHL</td>
<td>BLA submission</td>
<td>2H 2018</td>
</tr>
<tr>
<td>Abeona</td>
<td>EB-101</td>
<td>Gene therapy</td>
<td>Epidermolysis Bullosa</td>
<td>Ph III</td>
<td>Trial commences 2018</td>
</tr>
<tr>
<td>Athersys</td>
<td>MultiStem</td>
<td>Cell therapy</td>
<td>Ischemic Stroke</td>
<td>Ph III (under SPA)</td>
<td>Initiating 2018</td>
</tr>
<tr>
<td>AveXis</td>
<td>AVXS-101</td>
<td>Gene Therapy</td>
<td>Pediatric SMA Types 1, 2, and 3</td>
<td>Ph III</td>
<td>Expected to initiate in late Q4 2018 or early 2019.</td>
</tr>
<tr>
<td>BioMarin</td>
<td>Valoctocogene roxaparvovec</td>
<td>Gene therapy</td>
<td>Hemophilia A</td>
<td>Ph III</td>
<td>Increase in enrolment to 130 participants anticipated by 1Q 2019.</td>
</tr>
<tr>
<td>bluebird bio</td>
<td>Lentiglobin</td>
<td>Gene therapy</td>
<td>Transfusion dependent beta-thalasemia &amp; beta-0/beta-0 genotypes</td>
<td>Ph III – Northstar-3 (HGB-212)</td>
<td>End-year 2018</td>
</tr>
<tr>
<td>bluebird bio</td>
<td>Lenti-D</td>
<td>Gene therapy</td>
<td>Cerebral Adrenoleukodystrophy</td>
<td>Ph III – Starbeam 102</td>
<td>End-year 2018</td>
</tr>
<tr>
<td>Bone Therapeutics</td>
<td>PREOB</td>
<td>Cell therapy (autologous)</td>
<td>Osteonecrosis of the hip</td>
<td>Ph III</td>
<td>Interim results expected 2H 2018</td>
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*Source: Company-provided or publicly-available information*
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<td>Ph III</td>
<td>Interim results expected 2H 2018</td>
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<tr>
<td>Brainstorm</td>
<td>NurOwn</td>
<td>Mesenchymal Stem Cell Therapy</td>
<td>ALS</td>
<td>Ph III</td>
<td>Topline results expected late 2019</td>
</tr>
<tr>
<td>Cytori</td>
<td>ECCI-50</td>
<td>Cell therapy</td>
<td>Male stress urinary incontinence</td>
<td>Ph III</td>
<td>Data anticipated in 1H 2019</td>
</tr>
<tr>
<td>Cytori</td>
<td>Habeo</td>
<td>Cell therapy</td>
<td>Hand scleroderma</td>
<td>Ph III</td>
<td>Planned data readout 2H 2018</td>
</tr>
<tr>
<td>Mesoblast</td>
<td>MPC-150-IM</td>
<td>Mesenchymal Precursor Cell Therapy</td>
<td>Mod to Severe Chronic Heart Failure</td>
<td>Ph III</td>
<td>Complete enrollment 2H CY 2018</td>
</tr>
<tr>
<td>Mesoblast</td>
<td>MSC-100-IV</td>
<td>Mesenchymal Stem Cell Therapy</td>
<td>Acute Graft Versus Host Disease</td>
<td>Ph III</td>
<td>Day 180 safety data Q3 CY18</td>
</tr>
<tr>
<td>Mesoblast</td>
<td>MPC-06-ID</td>
<td>Mesenchymal Precursor Cell Therapy</td>
<td>Chronic Low Back Pain Due to Disc Degeneration</td>
<td>Ph III</td>
<td>Enrollment in the trial completed in Q1 2018</td>
</tr>
<tr>
<td>Nightstar Therapeutics</td>
<td>NSR-REP1</td>
<td>Gene therapy</td>
<td>Choroideremia</td>
<td>Ph III</td>
<td>Complete enrollment 1H 2019</td>
</tr>
<tr>
<td>Pfizer</td>
<td>Fidanacogene elaparvovec</td>
<td>Gene therapy</td>
<td>Hemophilia B</td>
<td>Ph III</td>
<td>Initiated trial July 2018</td>
</tr>
</tbody>
</table>

Source: Company-provided or publicly-available information
## Total Global Financings: Q2 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Global Financings Q2 2018</th>
<th>Increase from Q2 2017</th>
<th>Increase YOY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$4.1B</td>
<td>164%</td>
<td>79% ($7.9B YTD 2018)</td>
</tr>
<tr>
<td>Gene-Based Therapies</td>
<td>$2.7B</td>
<td>124%</td>
<td>133% ($5.8B YTD 2018)</td>
</tr>
<tr>
<td>Cell Therapy</td>
<td>$2.2B</td>
<td>416%</td>
<td>83% ($4.2B YTD 2018)</td>
</tr>
<tr>
<td>Tissue Engineering</td>
<td>$421M</td>
<td>526%</td>
<td>25% ($784M YTD 2018)</td>
</tr>
</tbody>
</table>

*Source data provided by: informa  
*both Gene-Based Therapies & Cell Therapy categories include financings from companies active in developing gene-modified cell therapies*
Total Financings by Type, by Year

- **Corporate Partnerships (Upfront Payments Only)**
  - 2018: $913
  - 2017: $1,086
  - 2016: $647

- **Private Placement / PIPES**
  - 2018: $680
  - 2017: $658
  - 2016: $884

- **Follow On / Secondary Public Offering**
  - 2018: $2,803
  - 2017: $3,978

- **IPO**
  - 2018: $913
  - 2017: $254
  - 2016: $588

- **Venture Capital**
  - 2018: $1,942
  - 2017: $1,260

**Source data provided by:** informa
Total M&A Transactions Values, By Year

1H 2018 has already surpassed full-year 2017

Source data provided by: informa
Select Corporate Partnerships & Public Financings: 1H 2018

Corporate Partnerships: (Upfront Payments)
• Spark Therapeutics signs $110 million upfront agreement with Jazz Pharmaceuticals – April 30
• REGENXBIO receives $100 million accelerated license payment from AveXis – June 11
• Eli Lilly signs $63M upfront agreement with Sigilon Therapeutics – April 4
• Sarepta Tx signs $60M upfront agreement with Myonexus Tx – May 3
• Oxford BioMedica & Axovant enter into a $30M upfront license agreement – June 6
• Athersys & Healios expand collaboration, incl. $30M upfront payment – June 7

Private Placements & Venture Financings:
• Allogene $300M Series A – April 3
• Humacyte $150M Private Placement – June 11
• Freeline Tx $116.6M Series B – June 19
• Precision Biosciences $110M Series B – June 26
• Beam Tx $87M Series A – May 14
• Celyad $54M Private Placement – May 23
• Carisma $53M Series A – June 27
• Magenta Tx $52 Series C – April 9
• Tessa Tx $50M – April 11
• Nohla Tx $45M Series B – May 15

Public Offerings: (IPOs & Follow-Ons)
• Sangamo Therapeutics $230M follow on financing – April 30
• Cellectis $190.5M follow on financing – April 10
• Autolus $172.5M initial public offering – June 26
• Homology Medicines $165.6M initial public offering – April 3
• uniQure $147.5M follow-on financing – May 7
• AxoGen $141.5M follow-on financing – May 14
• AVROBIO $114.7M in initial public offering – June 25
• Magenta Tx $100M initial public offering – June 25
• MeiraGTx $75M initial public offering – June 12
• Vericel $74.8 follow-on financing – June 5
Supportive Policy Environment – United States

• FDA:
  • RMAT designation
  • FDA’s 6 new draft guidances for gene therapy
  • Sector supportive U.S. FDA Commissioner Scott Gottlieb:

  “We’re at a key point when it comes to cell and gene therapy. These therapies have the potential to address hundreds, if not thousands, of different rare and common diseases […] The field is moving ahead rapidly, and our FDA scientists are focused on addressing the challenges in manufacturing and clinical development that arise.”
  - Remarks from Commissioner Gottlieb at ARM’s RMAT policy lunch

• NIH:
  • Recent proposal to limit the NIH and its Recombinant DNA Advisory Committee (RAC) in the review of human gene therapies to reduce overlap between FDA and NIH oversight

• CMS:
  • Actively participate in conversations with therapeutic developers about alternate payment models

• Congress:
  • The House of Representatives’ Health Care Innovation Caucus has requested stakeholder input on experiences and recommendations regarding value-based reimbursement models
Supportive Policy Environment – EMA and EC

• European Commission and EMA developed a joint ATMP plan of actions, with ARM providing input on proposals. The actions include:
  
  • Reduce discrepancies across the EU regarding the application of GMO rules to ATMPs containing or consisting of GMOs (gene therapies).
  • Revision of EMA procedures regarding the assessment of ATMPs to reduce administrative burden and address specific needs of ATMP developers
  • Provide enhanced scientific support for the development of ATMPs (ongoing as part of PRIME)
  • Address hospital exemption different interpretations in different MS and discuss different options
  • Revision of the EMA Guideline on Safety and Efficacy and Risk Management Plans for ATMPs to reduce administrative burden in the post-marketing phase

• The European Commission has proposed new European legislation aimed at coordinating some health technology assessment activities - namely clinical assessments - at the European level, with the potential to create increased international harmonization and reduced duplication of efforts when companies apply for HTA of their products.
## Policy Makers Actively Seeking Guidance in Regenerative Medicine

<table>
<thead>
<tr>
<th>ARM’s Recent Comments, Letters, &amp; Testimony</th>
<th>Purpose</th>
<th>Recipient</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments on EMA 'Draft qualification opinion on Cellular therapy module of the EBMT Registry'</td>
<td>Provide recommendations to improve the use of the EBMT registry as a source of long-term follow-up data for the use of CAR-T products</td>
<td>EMA</td>
<td>Aug. 2018</td>
</tr>
<tr>
<td>Letter to CBER recommending future disease specific guidances that should be issued</td>
<td>Ask the FDA to consider a number of factors when prioritizing future disease-specific guidances for cell and gene therapies &amp; disease areas that could benefit from further guidance from the FDA</td>
<td>FDA/CBER</td>
<td>Aug. 2018</td>
</tr>
<tr>
<td>Response to the House of Representatives’ Health Care Innovation Caucus</td>
<td>Provide information regarding value-based payment reform and value-based arrangements</td>
<td>Congress</td>
<td>Aug. 2018</td>
</tr>
<tr>
<td>Position statement on the proposed Regulation amending Directive 2011/24/EU (COM(2018) 51 final)</td>
<td>Provide key recommendations intended to ensure the success of the proposed joint HTA in order to facilitate market access and promote convergence of requirements</td>
<td>EC, EP, NCAs</td>
<td>July 2018</td>
</tr>
<tr>
<td>Comment on Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs</td>
<td>Encourage HHS to consider the potential value of cell and gene therapies to patients and society, and the need to enable new pricing and reimbursement approaches that can help make them available to patients</td>
<td>HHS</td>
<td>July 2018</td>
</tr>
<tr>
<td>Comment on Medicare Hospital Inpatient Prospective Payment Systems</td>
<td>Encourage appropriate payment for innovative therapies, identify concerns with CMS criteria for NTAP eligibility, and urge CMS to implement a more frequent NTAP approval process</td>
<td>CMS</td>
<td>June 2018</td>
</tr>
<tr>
<td>Comment on National Coverage Analysis Tracking Sheet for CAR-Ts</td>
<td>Request that CMS rescind the planned NCA; also identified several issues that CMS is encouraged to address if NCA were to continue forward</td>
<td>CMS/CAG</td>
<td>June 2018</td>
</tr>
<tr>
<td>Submission of comments on EMA 'Guideline on safety and efficacy follow-up and risk management of ATMPs'</td>
<td>Request clarification throughout the guidance document &amp; suggests the creation of a separate document for pre-authorization safety expectations</td>
<td>EMA</td>
<td>April 2018</td>
</tr>
<tr>
<td>ARM’s Recent Comments, Letters, &amp; Testimony</td>
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<tr>
<td>-----------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Letter to CBER regarding gene therapy (GT) guidance announcement</td>
<td>Request clarification on disease selection, expert input, end point selection, patient reported outcomes and clinical trials in forthcoming gene therapy guidance.</td>
<td>FDA/CBER</td>
<td>March 2018</td>
</tr>
<tr>
<td>Position on possible solutions to foster development and expand patient access for ATMPs in Europe</td>
<td>Provide additional recommendations to support and complement EMA/EC Action Plan on ATMPs</td>
<td>EMA, EC</td>
<td>March 2018</td>
</tr>
<tr>
<td>Comment on FDA Draft Guidance for Industry: “Expedited Programs for Regenerative Medicine Therapies for Serious Conditions”</td>
<td>Request clarification regarding terminology and definitions used in RMAT designation, as well as advantages of RMAT vs. Breakthrough Therapy designations</td>
<td>FDA</td>
<td>March 2018</td>
</tr>
<tr>
<td>Comment on FDA Draft Guidance “Chemistry, Manufacturing, &amp; Controls Changes to an Approved Application: Certain Biological Products”</td>
<td>Encourage FDA to recommend a risk-based approach for CMC changes that takes the level of evidence and internal quality systems into account in determining when the appropriate reporting category for all post approval alterations; request additional feedback from FDA to specify C&amp;GT products not covered by this guidance</td>
<td>FDA</td>
<td>March 2018</td>
</tr>
<tr>
<td>Public Testimony regarding NTAP program</td>
<td>Suggest improvements to CMS’s NTAP program, including the payment rate &amp; the criteria used to award additional payments</td>
<td>CMS</td>
<td>Feb. 2018</td>
</tr>
<tr>
<td>Response to OIG Solicitation of New Safe Harbors and Special Fraud Alerts</td>
<td>Express the need for an anti-kickback safe harbor to facilitate value-based purchasing agreements</td>
<td>OIG/HHS</td>
<td>Feb. 2018</td>
</tr>
</tbody>
</table>
FDA’s RMAT Designation

Product sponsor benefits:
• Guaranteed interactions with the FDA.
• Eligibility for priority review and accelerated approval.
• Flexibility in the number of clinical sites used and the possibility to use patient registry data and other sources of “real-world” evidence for post-approval studies (pending FDA approval).

Implementation:
• In early 2017, FDA published application instructions.
• ARM’s February RMAT webinar for members included FDA officials.
• ARM advocated that gene therapies qualify; FDA confirmed late 2017.
• 21 products have publicly announced they have received the designation (as of mid August 2018).
FDA’s RMAT Designation

1. Abeona EB-101 (recessive dystrophic EB)
2. Abeona ABO-102 AAV gene therapy (MPS IIIA)
3. Asterias’s AST-OPC1 (spinal cord injury)
4. Athersys’s MultiStem (ischemic stroke)
5. Audentes Tx’s AT132 (X-Linked Myotubular Myopathy)
6. bluebird bio’s LentiGlobe (severe sickle cell disease)
7. Caladrius’s CD34+ cell therapy (refractory angina)
8. Capricor CAP-1002 (Duchenne muscular dystrophy)
9. Cellerant’s Romyelocel-L cell therapy (treatment of infection)
10. Cellvation’s CEVA101 (traumatic brain injury)
11. Enzyvant’s RVT-802 (DiGeorge syndrome)
12. Humacyte’s Humacel (vascular access for hemodialysis)
13. jCyte’s jCell (retinitis pigmentosa)
14. Juno’s JCAR017 (r/r aggressive large B cell NHL)
15. Kiadis’s ATIR101 (leukemia)
16. Mallinckrodt’s Stratagraft (deep partial-thickness burns)
17. Mesoblast’s MPC-150-IM (heart failure)
18. MiMedx’s AmnioFix (osteoarthritis of the knee)
19. Nightstar Tx’s NSR-REP1 (choroideremia)
20. Vericel’s ixmyelocel (dilated cardiomyopathy)
21. Voyager Tx’s VY-AADC (Parkinson’s Disease)
ARM’s Current Legislative & Regulatory Priorities

CMC Goals
• Assess all FDA and EMA CMC guidance relevant to cell and gene therapy, working to modify, revise or propose guidance provisions as appropriate
• Lead a consortium to produce a case study based white papers advising on CMC challenges for both cell therapy and gene therapy product development

Regulatory Goals
• Promote clear, predictable, and efficient regulatory framework.
• Assess all FDA, EMA, and related guidance relevant to cell and gene therapy, including guidance related to manufacturing, CMC, and related issues.
• Drive international convergence of key regulation and guidance to promote global product development by identifying specific areas of regulatory inconsistency.

Reimbursement Goals
• Develop principles of ARM-endorsed global value framework.
• Enact strategies to remove or mitigate barriers via regulatory changes or legislation for public and private payers both in the U.S. and in key EU countries.
• Secure favorable access and reimbursement for RM / AT products.
Key Takeaways

**Supportive policy environment:**
- U.S. and globally

**Strong scientific data:**
- Potential for positive, widespread patient impact
- Significant near-term late-stage anticipated clinical milestones

**Sustained investor, partnering interest:**
- Substantial year-over-year increases across financing types
- Significant increase in IPO activity
- Strong M&A activity; additional activity anticipated

**Commercial opportunities and challenges:**
- Transformative products already on the market; many more to come near-term
- Success dependent on addressing market access, regulatory convergence, and industrialization issues
Thank You!