

## Pepinemab - SEMA4D Antibody: Potential Treatment for Neurodegenerative Disease



### **Forward Looking Statement**

To the extent that statements contained in this presentation are not descriptions of historical facts regarding Vaccinex, Inc. ("Vaccinex," "we," "us," or "our"), they are forward-looking statements reflecting management's current beliefs and expectations. Words such as "may," "will," "expect," "anticipate," "estimate," "intend" and similar expressions or their negatives (as well as other words and expressions referencing future events, conditions, or circumstances) are intended to identify forward-looking statements. Examples of forward-looking statements in this presentation include, among others, statements regarding: (i) the timing and success of the commencement, progress and receipt of data from preclinical and clinical trials; (ii) our expectations regarding the potential safety, efficacy or clinical utility of our product candidates; (iii) the expected results of any clinical trial and the impact on the likelihood or timing of any regulatory approval; (iv) financial and financing expectations and opportunities and (v) the performance of third parties.

Forward-looking statements in this presentation involve substantial risks and uncertainties that could cause our research and preclinical development programs, clinical development programs, future results, performance, or achievements to differ significantly from those expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, uncertainties inherent in the execution, cost and completion of preclinical and clinical trials, risks related to our dependence on third parties, uncertainties related to regulatory approval, risks related to our dependence on our lead product candidate VX15 (pepinemab), risks related to competition, other matters that could affect our development plans or the commercial potential of our product candidates, expectations regarding the use of proceeds from our initial public offering, changes in costs and operations, and other risks regarding our capital requirements and results of operations. Except as required by law, we assume no obligation to update these forward-looking statements, or to update the reasons why actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future. For a further discussion of these and other factors that could cause future results to differ materially from any forward-looking statement, see the section titled "Risk Factors" in our quarterly report on Form 10-Q filed with the Securities and Exchange Commission ("SEC") and the other risks and uncertainties described in our prospectus for our initial public offering dated August 9, 2018, filed with the SEC pursuant to Rule 424(b) under the Securities Act of 1933, as amended,.

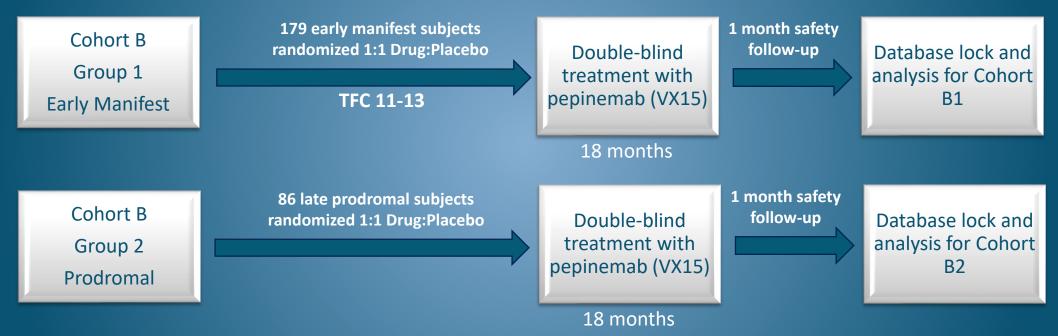
No representations or warranties are offered in connection with the data or information provided herein. This presentation is intended for informational purposes only and may not be relied on in connection with the purchase or sale of any security. Any offering of our securities will be made, if at all, only upon the registration of such securities under applicable securities laws or pursuant to an exemption from such requirements.





## SIGNAL: randomized placebo controlled trial in subjects with early HD





#### **Key Study Objectives**

- Safety and tolerability
- Co-primary endpoints: HD-CAB and Clinical global impression of change (CGIC)
- Secondary and Exploratory including Brain imaging measures



# Abbreviated Safety and Baseline Characteristics Cohort B1 and B2, ITT population



Pepinemab (PEPI)
SEMA4D blocking
antibody is
well tolerated

	Cohort B1	L (N=179)	Cohort B2 (N=86)		
	PBO (N=88)	PEPI (N=91)	PBO (N=45)	PEPI (N=41)	
Discontinued Treatment Early	10	13	2	0	
Had Any SAE (*)	8	4	4	2	
Had Any Grade 3+ AE (*)	14	17	6	8	
CAG repeat length	44.1 (3.8)	43.5 (3.1)	42.8 (2.3)	42.4 (2.7)	
CAP score (**)	470 (96)	466 (85)	374 (72)	404 (98)	
UHDRS-DCL at screening, n(%)					
0,1 –Normal or non-specific signs	0	0	0	0	
2 – May be HD (50%-89% confident)	0	0	31 (69%)	29 (71%)	
3 – Likely HD (90%-98% confident	0	0	14 (31%)	12 (29%)	
4 –Unequivocal HD (>99% confident)	88 (100%)	91 (100%)	0	0	

<sup>\*</sup>pre-COVID era; \*\*CAP score = age × (CAG repeat length – 33.66)



### Cognitive Assessment Battery: Cohort A, Early Manifest Effect Size

#### **SIGNAL Cohort A: Effect Size of Early Manifest HD-CAB Components**

Cognitive Assessment	Effect Size (Cohen's D)
HD-CAB Composite	0.49
OTS	0.45
PTAP	0.38
SDMT	0.10

Effect sizes based on six month slope from baseline to end of Month 6 during the double-blind treatment period in 15 participants with UHDRS-TFC score ≥11 and a previous definitive diagnosis of HD.

5/12/2021



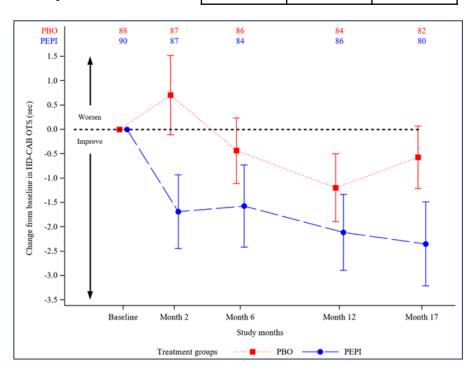
# Cognitive Assessment Co-Primary 1a: Test of Planning and Memory Co-Primary 1b: Test of Timing and Processing Speed



### 1a: One Touch Stockings

**Early Manifest HD** 

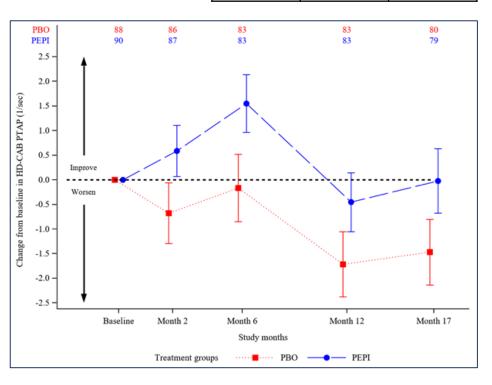
One-sided p-value	Favors PEPI	Success [Critical value]
0.028	Yes	No [0.025] [0.0125]



### **1b: Paced Finger Tapping Task**

**Early Manifest HD** 

One-sided p-value	Favors PEPI	Success [Critical value]
0.06	Yes	No [0.025] [0.0125]



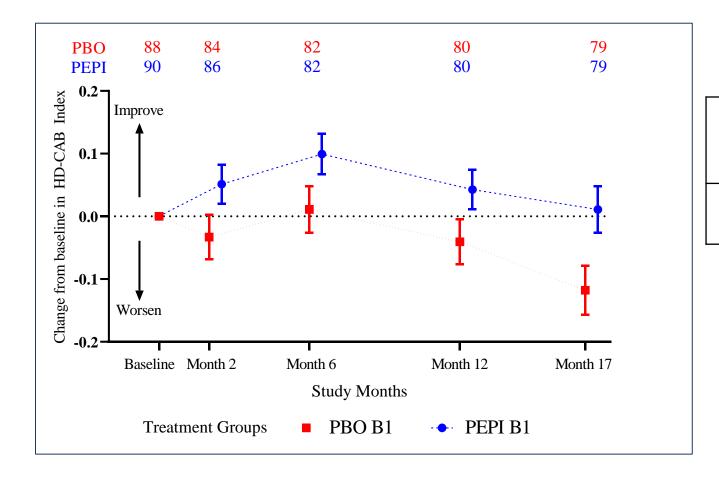


### Cognitive Assessment Battery: Prespecified exploratory analysis, HD-CAB Composite Score



HD-CAB Composite Index of 6 Cognitive Assessments

Early manifest HD



One-		
sided p-	Favors	Critical
value	PEPI	value
0.007	Yes	Yes [0.025]



### Cognitive Assessment Battery: Prespecified exploratory analysis, HD-CAB Composite Score



	<b>B1.</b>
<b>Early</b>	Manifest

	PBO		PEPI		Difference, PEPI - PBO	
Population / Parameter	$N^a$	Mean (SE)	Na	Mean (SE)	Estimate (95% CI)	One-Sided p-value (+ Favors PEPI)b
Cohort B1 mITT (N=178)	88		90			
OTS (sec) <sup>c</sup>	88	-0.33 (0.72)	89	-2.30 (0.73)	-1.98 (-4.00, 0.05)	0.028 (+)
PTAP (1/sec) <sup>d</sup>	87	-1.67 (0.65)	89	-0.24 (0.64)	1.43 (-0.37, 3.23)	0.060(+)
$SDMT^e$	88	-3.59 (0.70)	89	-2.97 (0.71)	0.62 (-1.35, 2.59)	0.27(+)
$\mathrm{EMO^f}$	88	-0.09 (0.33)	89	0.28 (0.33)	0.37 (-0.55, 1.30)	0.22 (+)
HVLT-R <sup>g</sup>	88	0.21 (0.73)	89	0.65 (0.73)	0.44 (-1.59, 2.47)	0.34 (+)
TMT-B (sec) <sup>h</sup>	88	8.27 (4.24)	89	1.06 (4.26)	-7.21 (-19.09, 4.66)	0.12 (+)
HD-CAB Index (Cohort B1 reference) <sup>i</sup>	87	-0.12 (0.04)	89	0.01 (0.04)	0.13 (0.03, 0.23)	0.007 (+)

B2. Prodromal

	PBO			PEPI	Difference, PEPI - PBO	
Population / Parameter	Na	Mean (SE)	Na	Mean (SE)	Estimate (95% CI)	One-Sided p-value (+ Favors PEPI)b
Cohort B2 mITT (N=86)	45		41			
OTS (sec) <sup>c</sup>	44	-0.89 (0.74)	41	-0.94 (0.74)	-0.05 (-2.14, 2.05)	0.49 (+)
PTAP (1/sec) <sup>d</sup>	44	0.08 (1.02)	41	-1.00 (1.04)	-1.08 (-3.98, 1.82)	0.77 (-)
SDMT <sup>e</sup>	45	1.07 (1.05)	41	-0.29 (1.09)	-1.36 (-4.38, 1.65)	0.82 (-)
$\mathrm{EMO^f}$	44	0.35 (0.47)	41	-0.42 (0.47)	-0.77 (-2.09, 0.55)	0.88 (-)
HVLT-R <sup>g</sup>	45	2.86 (0.83)	41	3.25 (0.86)	0.39 (-1.99, 2.77)	0.38 (+)
TMT-B (sec) <sup>h</sup>	45	-9.58 (3.63)	41	0.72 (3.76)	10.30 (-0.21,20.80)	0.98 (-)
HD-CAB Index (Cohort B2 reference)i	44	0.18 (0.06)	41	0.08 (0.06)	-0.11 (-0.27, 0.06)	0.90 (-)

MMRM analysis of HD-CAB Month 17 change from baseline in Early Manifest (B1) and Prodromal (B2) Subjects



### Cognitive Assessment Battery: Post-hoc sensitivity analysis, HD-CAB Composite Score

Full 6-item Composite P = 0.007 (1-sided) Omitting OTS P = 0.018 (1-sided)

Omitting OTS and PTAP P = 0.046 (1-sided)

- 1) HD-CAB components that assess different cognitive domains need not contribute equally to the Composite Score. Relative contribution is likely dependent on stage of disease.
- 2) The Composite Score is a sensitive measure of the overall direction of change in all six components. This adds information not available from individual scores, and, as shown by sensitivity analysis, allows the Composite to be relatively independent of a single dominant component.

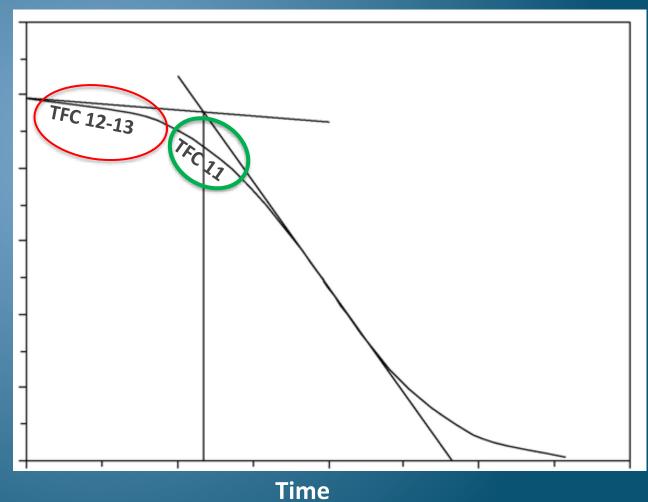
5/12/2021



## Total Functional Capacity (TFC) and HD disease progression

18-month change may be difficult to detect at top of TFC range (TFC 12-13)

**HD Progression Scale** 



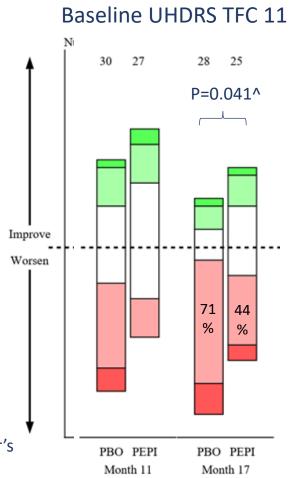


### Co-Primary 2: CGIC Post-hoc Subgroup Analysis — Early Manifest HD



Subjects were less likely to experience decline in CGIC following treatment with pepinemab compared to placebo.

This difference was evident in subjects with somewhat more advanced disease (TFC 11).



CGIC – Subjects with

Baseline UHDRS TFC 12 and 13 Very much worse Improve Much worse Minimally worse Worsen No change Minimally improved Much improved

PBO PEPI

Month 17

CGIC – Subjects with

PBO PEPI

Month 11

'nominal one-sided p-value, Fisher's exact test for worsening score

11