



# Fulcrum Therapeutics

J.P. Morgan Presentation

January 2023



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# Unlocking the Power of Small Molecules to Change the Course of Genetically Defined Diseases

## Two Wholly Owned Clinical Programs

		Phase 1	Phase 2	Phase 3	
FSHD	<b>Losmapimod</b> (DUX4 Inhibitor)	First-to-market potential			Complete Phase 3 enrollment in 2H'23
SCD	<b>FTX-6058</b> (Oral HbF Inducer)	Best-in-class potential			Phase 1b data update in 4Q'23

## Wholly Owned Discovery Programs

Blood Disorder					
Neurologic Disorder					
Muscle Disorder					



# Losmapimod

for Facioscapulohumeral  
Muscular Dystrophy  
(FSHD)

Fast Track Designation

Orphan Drug Designation



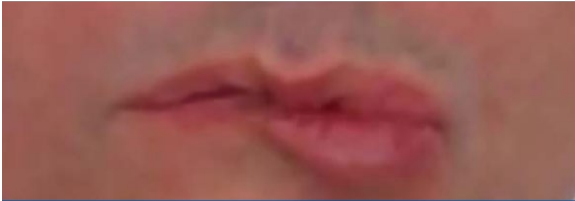


# FSHD: Debilitating Disease with No Approved Therapies

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Facial weakness



Wasting of muscles in chest, shoulders, and upper arms;  
Protuberant abdomen



Scapular winging



Impaired ability to raise arms caused by scapular elevation



Wheelchair dependence

# Implementing Innovative Clinical Outcome Measures and Metrics

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Reachable Workspace (RWS):

Measure of **disease progression**

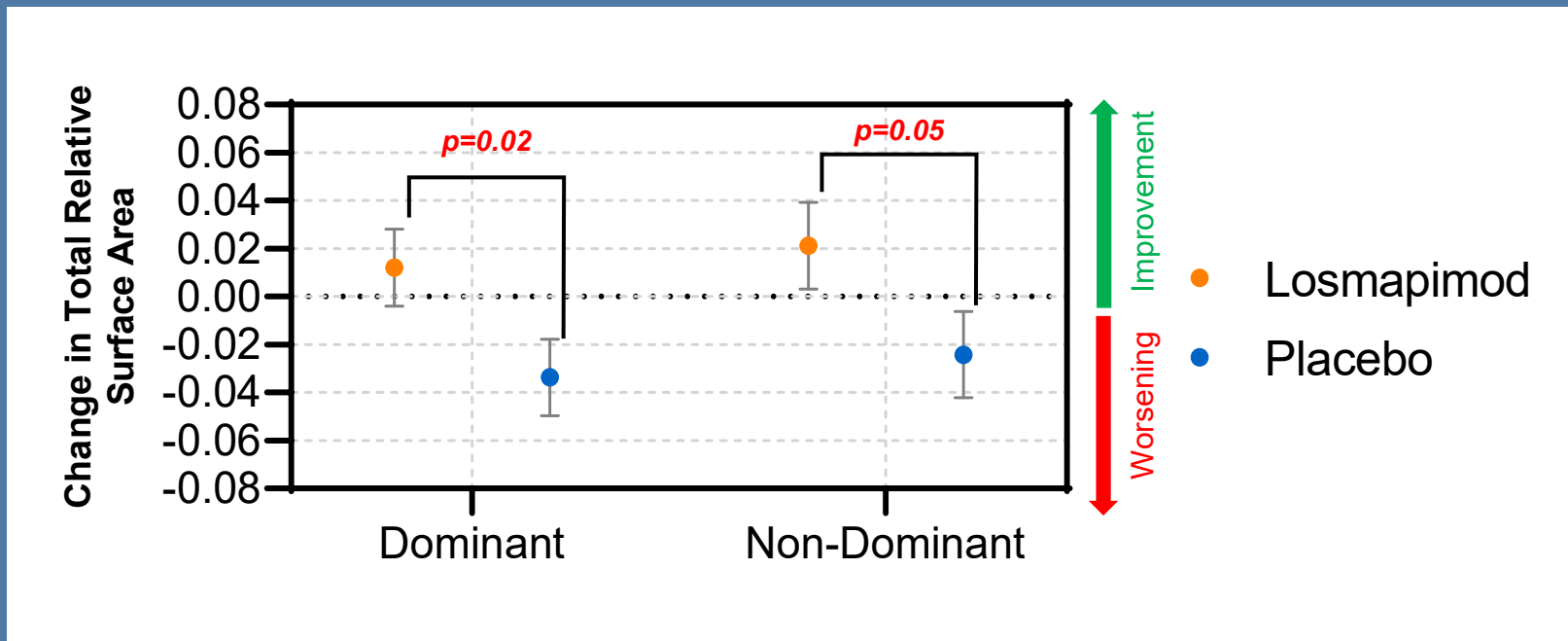
Muscle Fat Infiltration (MFI):

Measure of **muscle health**

**Quantifying disease progression is a key focus**

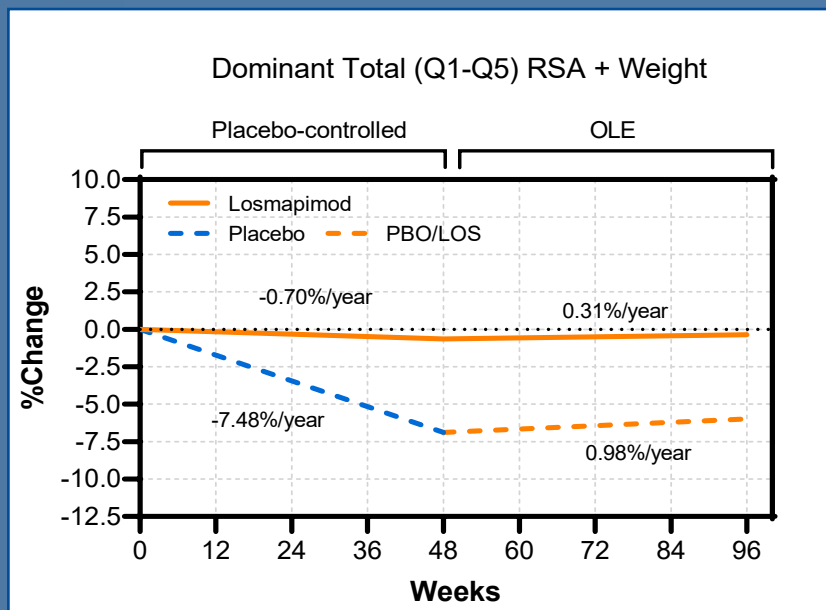
# Losmapimod Demonstrated Significant Improvement in RWS Relative to Placebo at 48 Weeks

## Reachable Workspace using 500 g Weight at 48 weeks

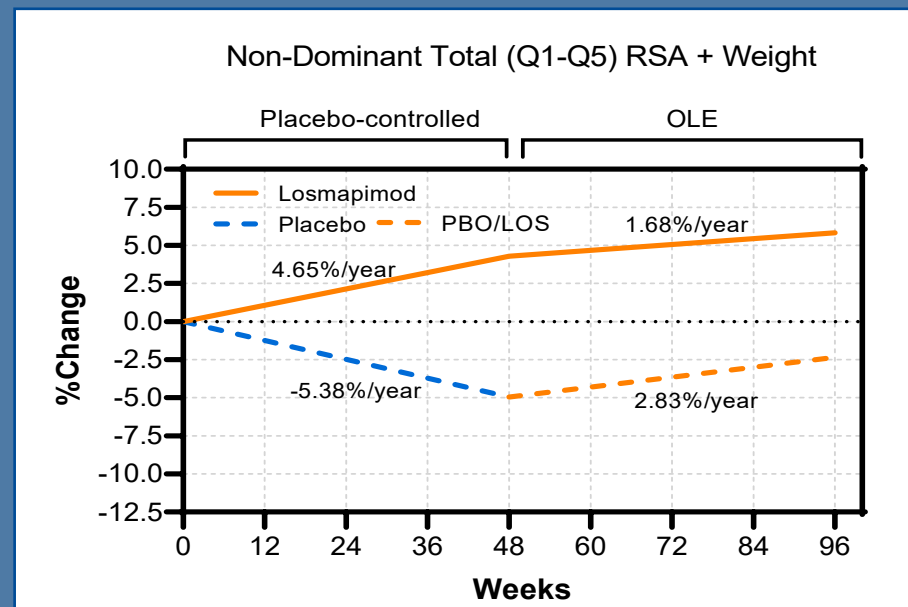


# 96-week OLE Results Demonstrate Durability of Effect in Treatment Arm and Stabilization in Cross-over Arm

Dominant Total (Q1-Q5) RSA+ Weight



Non-Dominant Total (Q1-Q5) RSA+ Weight



Phase 3 trial enrollment ongoing, plan to complete enrollment in 2H 2023



# FTX-6058

for Sickle Cell Disease

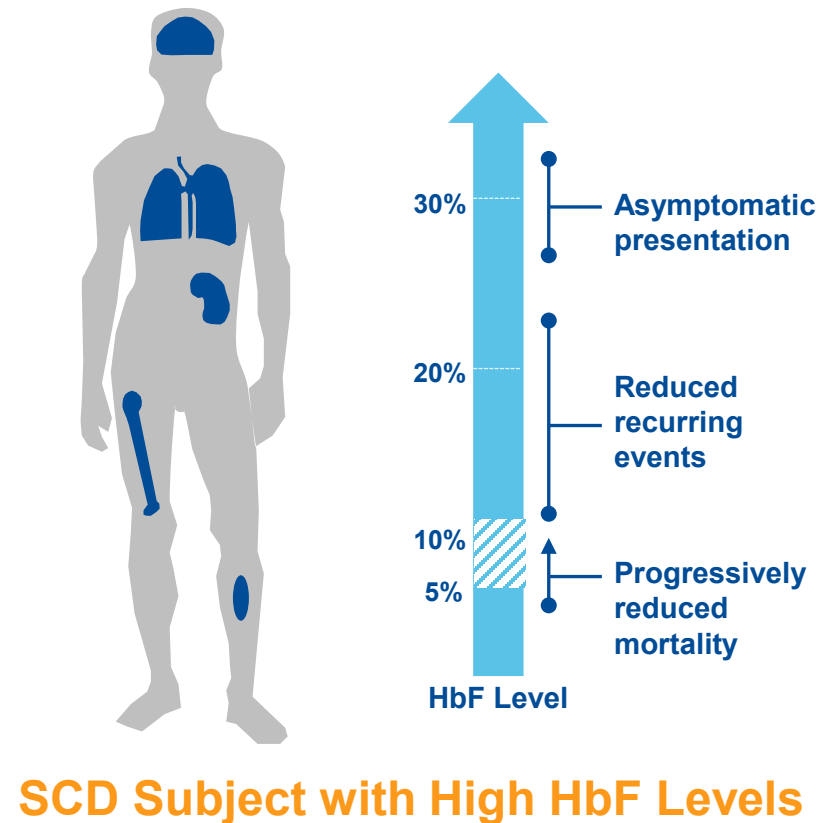
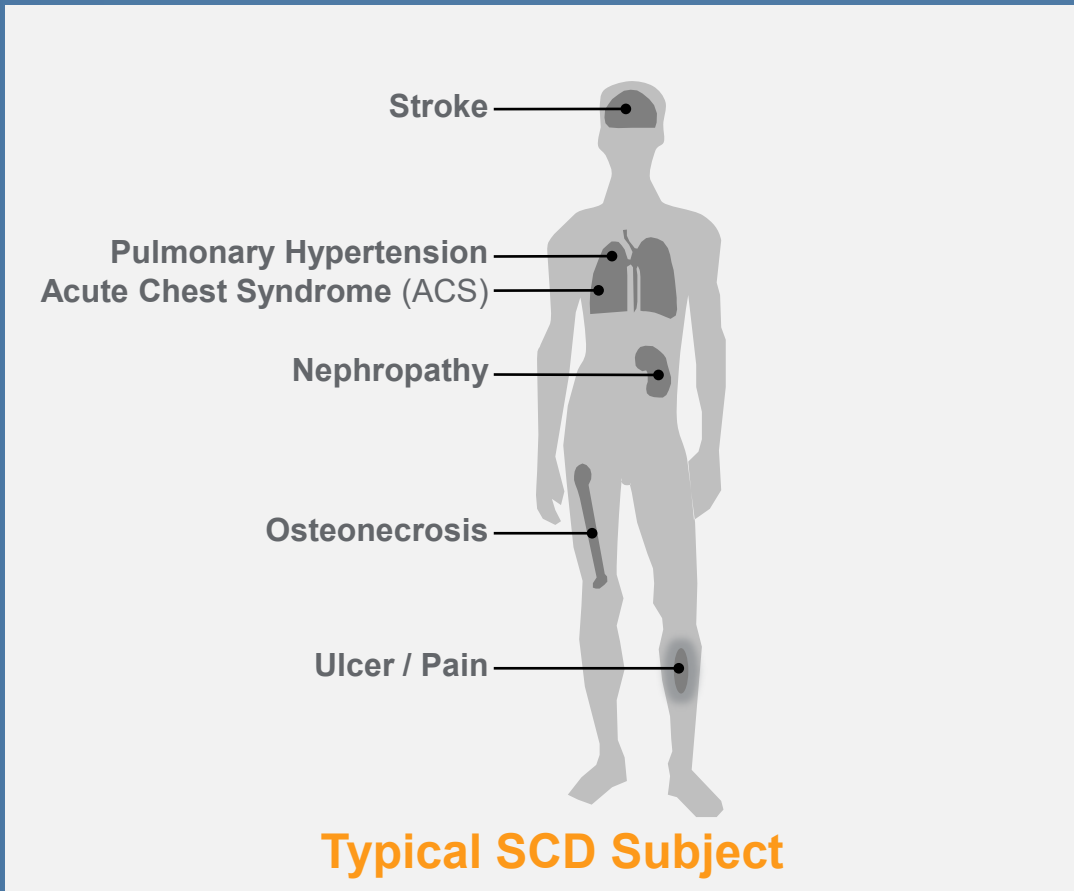
Fast Track Designation

Orphan Pediatric Designation



# Higher HbF Levels Result in Reduced Symptomology in People Living with Sickle Cell Disease

Even incremental increases in HbF can lead to meaningful improvement in disease severity



# FTX-6058: Potential Best-in-Class Therapeutic Profile

## HbF Induction

Hydroxyurea  
Gene Editing  
FTX-6058

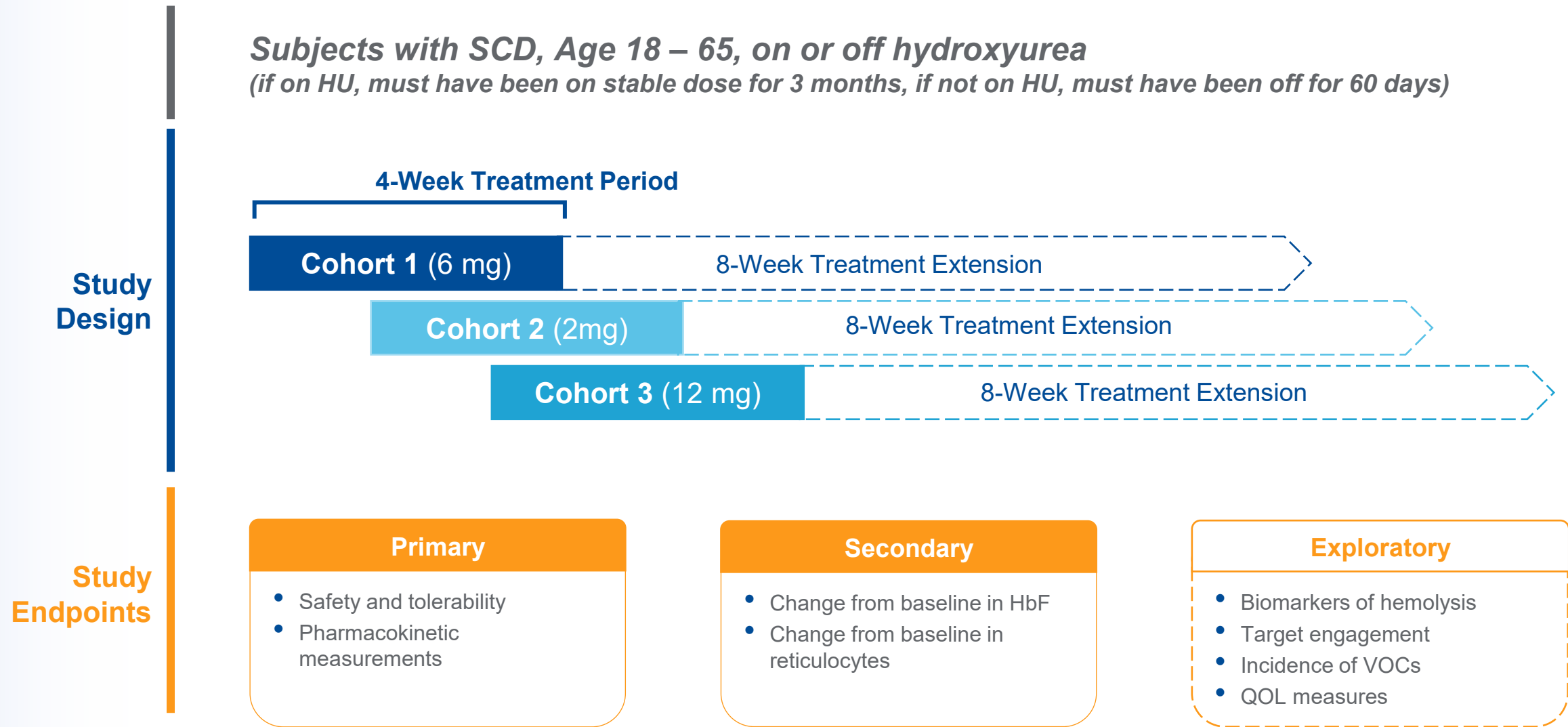
Physiologic  
Disease  
Modification

## FTX-6058

- Raises HbF level
- Potential to ameliorate disease pathology
- Convenient oral dosing
- Potential to differentiate on safety and tolerability



# Ongoing Phase 1b Clinical Trial in SCD Subjects



# SCD Phase 1b Demographics

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- 2 subjects at 2 mg
- 10 subjects at 6mg
- 8.4% mean baseline HbF
- 3 subjects at 6mg on Hydroxyurea



# Overall FTX-6058 Was Generally Well Tolerated

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- 14 Treatment-emergent Adverse Events (TEAEs)
  - 2/14 TEAEs reported as possibly related to study drug (headache, lip numbness)
  - Mild severity and non-serious
- 2/14 TEAEs characterized as VOCs unrelated to study drug
  - One VOC reported as an SAE with acute chest syndrome (in non-adherent subject)
- No lab-related adverse events
- No discontinuations due to TEAEs





# Instituted Observed Dosing and On-Treatment Analysis Following Initial Non-Adherence

Subject	Dose	Confirmed treatment duration (days)	On-treatment analysis eligible <sup>+</sup>
1	6 mg	56	✓
2	6 mg	42	✓
3	6 mg	42	✓
4*	6 mg	0	
5	6 mg	0	
6	6 mg	0	
7**	6 mg	84	✓
8	6 mg	84	✓
9**	6 mg	28	✓
10**	6 mg	28	✓
11	2 mg	56 (ongoing)	✓
12	2 mg	56 (ongoing)	✓

\* Subject #4 initiated observed dosing on day 53

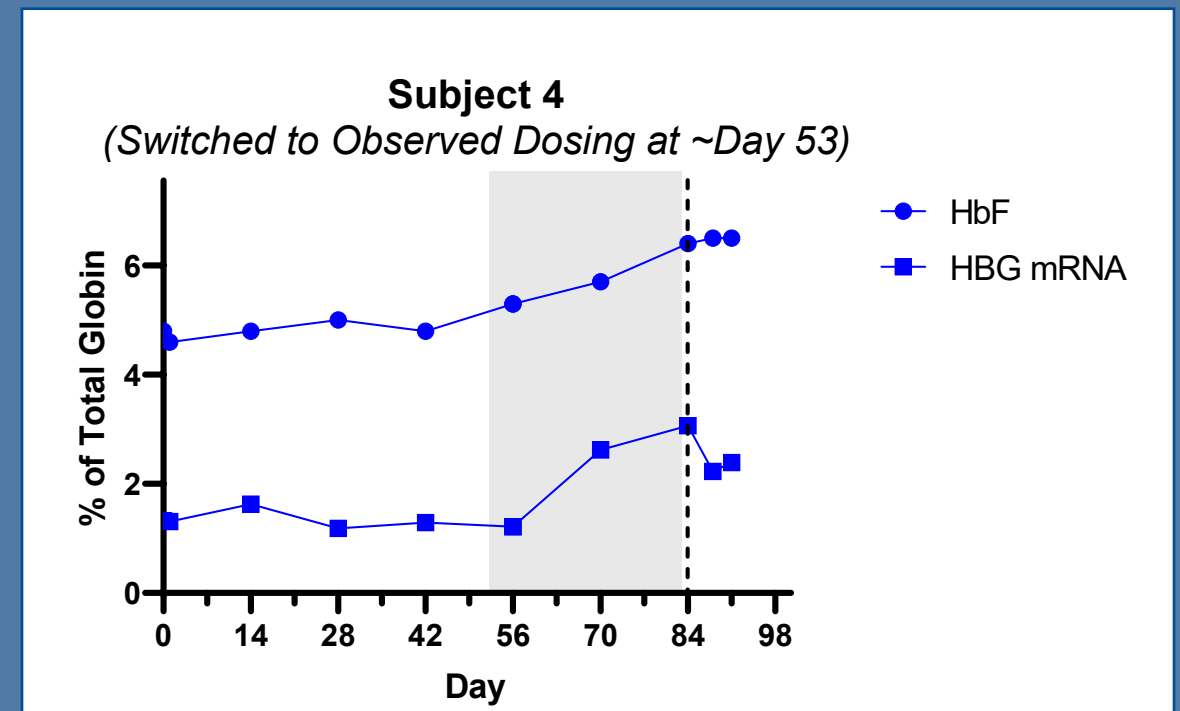
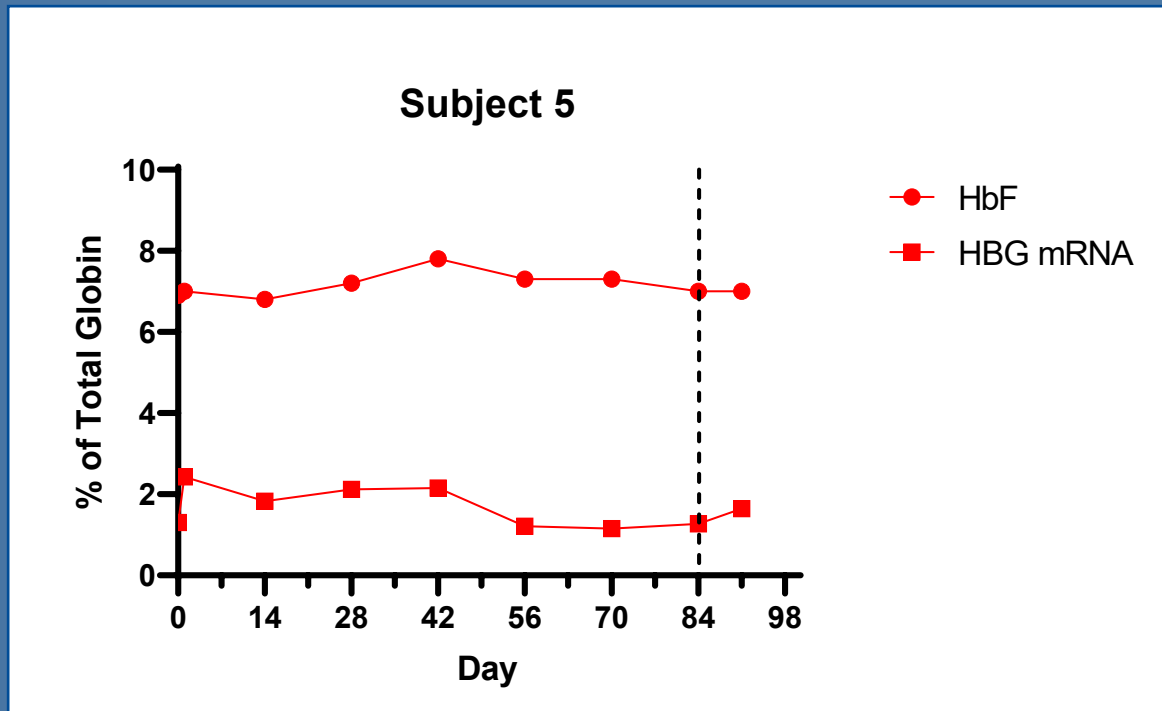
\*\* Subjects concurrently receiving hydroxyurea

<sup>+</sup> On-treatment analysis eligible requires Detectable Drug Levels (PK) and drug accountability/subject interview

Confirmed treatment duration days are consecutive days of dosing starting on first day of dosing

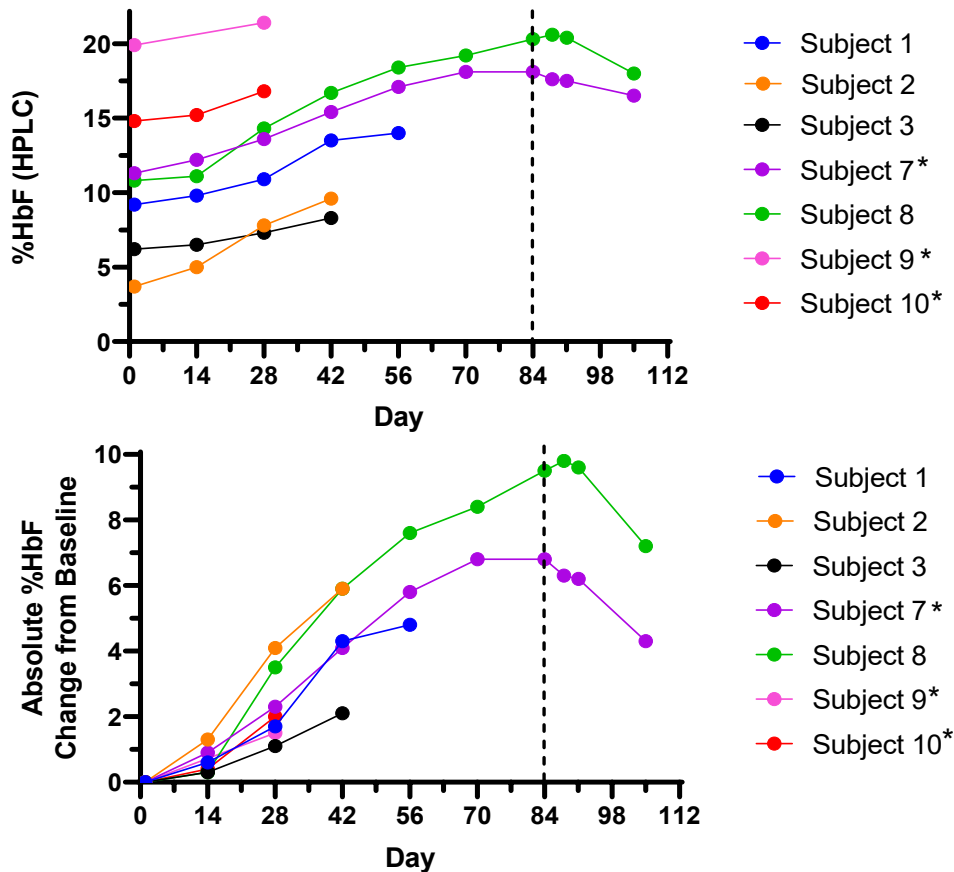
Shading indicates subjects enrolled after observed dosing initiated

# Non-Adherent Subject Switched to Observed Dosing Demonstrated HbF Induction

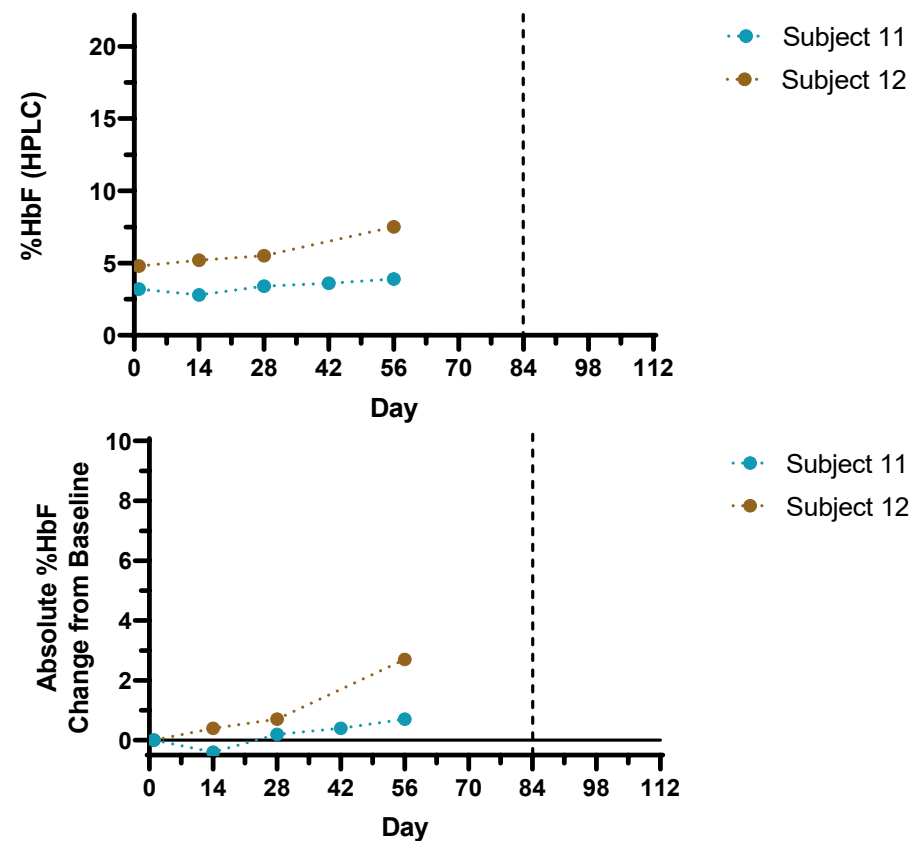


# FTX-6058 Appears to Have a Dose Dependent, Clinically Relevant and Consistent Increase in HbF

6 mg



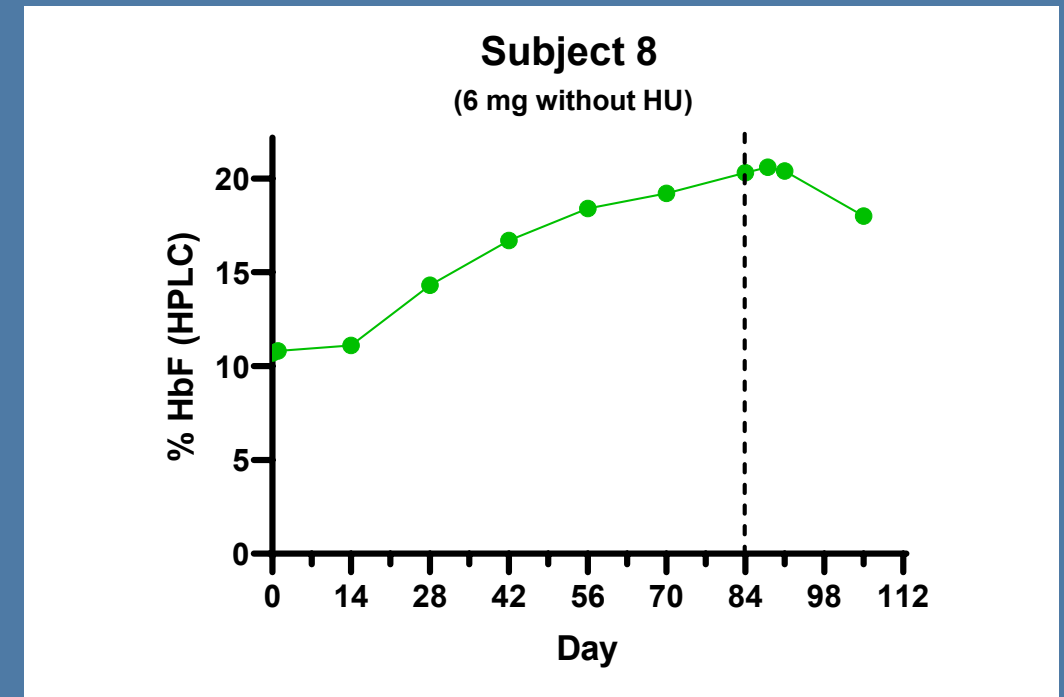
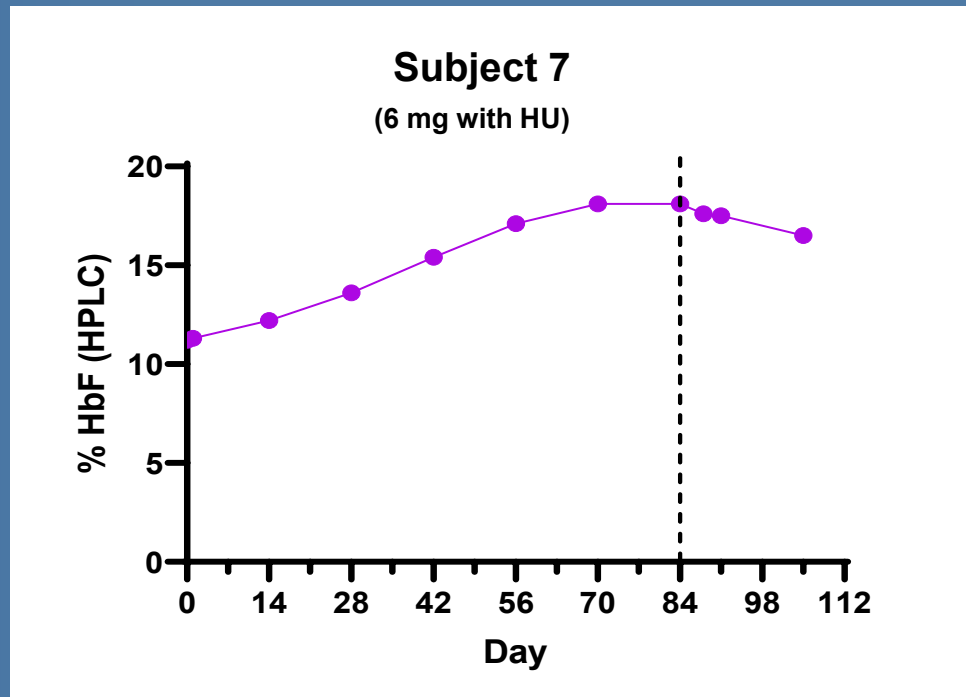
2 mg (ongoing)



----- Represents last dose  
\* Subjects also on hydroxyurea



# Adherent Subjects, On and Off Hydroxyurea, Reach Robust HbF Increases

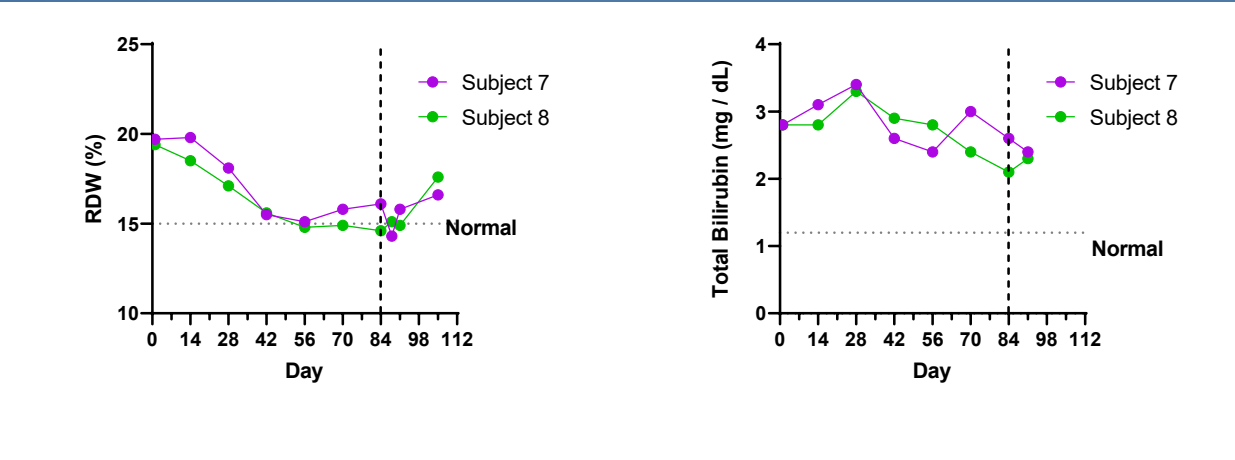


HbF increase was robust (6.8%-9.5%) at day 84  
No apparent response differences in HU vs non-HU treated subjects  
Potential for further HbF induction beyond 3 months  
Observed dosing was used to ensure adherence

# FTX-6058 (6 mg) Improved Biomarkers of Hemolysis

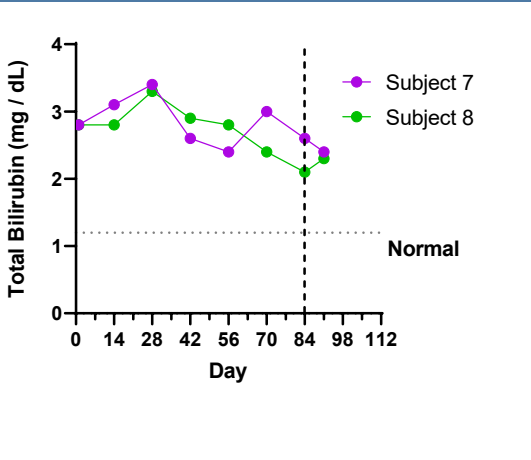
## Hemolysis Impact

Red Cell Distribution Width



Reductions in RDW indicate RBCs are becoming more uniform in shape

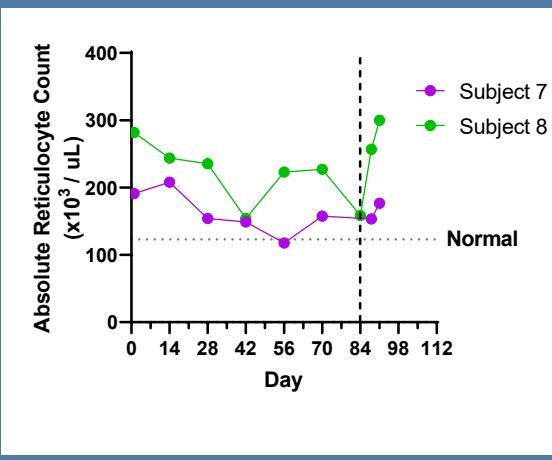
Total Bilirubin



Bilirubin decreases indicate less hemolysis

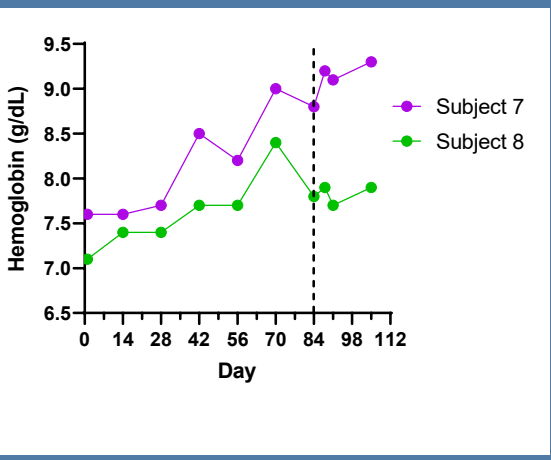
## Amelioration of Anemia

Absolute Reticulocyte Count



Reductions in reticulocytes and increases in total hemoglobin indicate less anemia and healthier bone marrow function

Total Hemoglobin



# Next Steps: Complete Phase 1b to Enable Registration Dose Selection

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**Amend Protocol and Increase Number of Sites:**  
Streamline PK Collection and Reduce Patient Burden

**Accelerate Enrollment**



Optimize Treatment Effect:  
**Continue Dose Escalation to 12 mg**

**Completion of Phase 1b**



**Refine PK / PD Model:**  
Select Optimal Therapeutic Dose

**Final Dose for Pivotal Trial**







# Diversified, Differentiated Pipeline of Clinical Assets

**Losmapimod:**  
Complete enrollment in REACH Phase 3 in 2H 2023

**Positions losmapimod to be first-to-market for patients living with FSHD**

**FTX-6058:**  
Complete Phase 1b and select registrational dose in 4Q 2023

**FTX-6058 has best-in-class potential**

**Cash runway through late 2024**

**Well positioned to deliver on goals**