



santhera
Pharmaceuticals

**Development of SNT-317
(INN: omigapil) in CMD and
other neuromuscular diseases**

July 2, 2007

Disclaimer

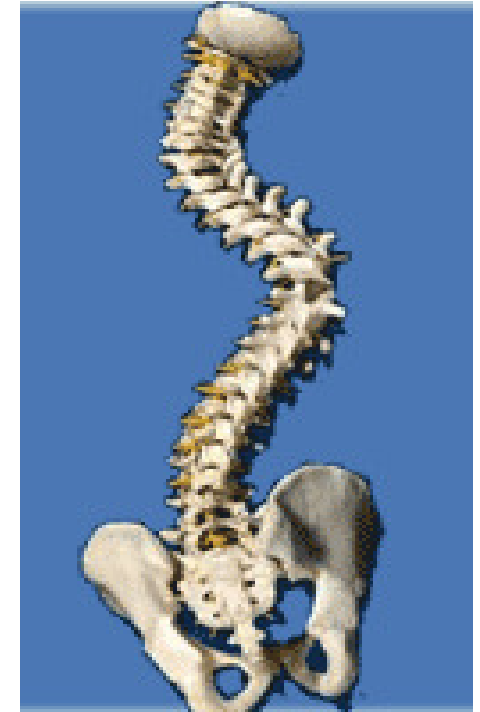


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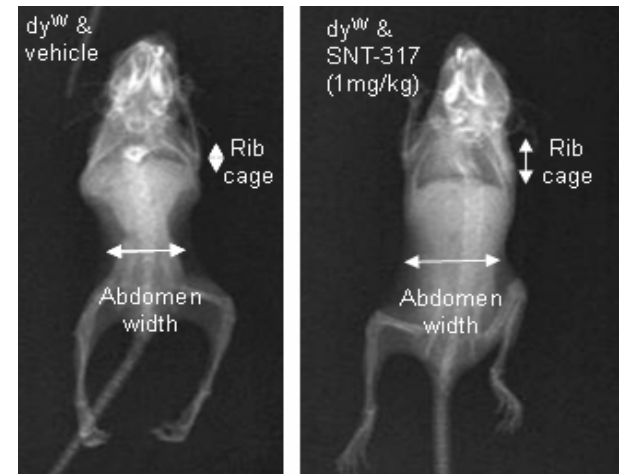
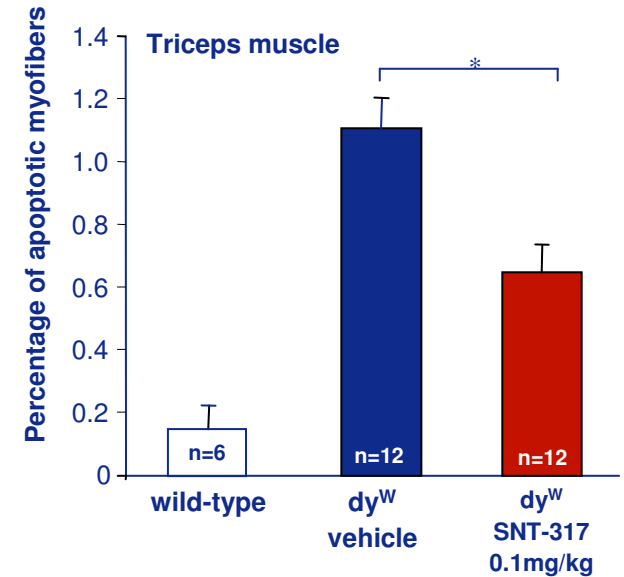
SNT-317 (INN: omigapil) in Congenital Muscular Dystrophy (CMD)

- Severe muscle weakness at birth (“floppy infant syndrome”) or in early childhood lead to reduced life expectancy
- Several genetically and clinically different sub-forms (MDC1A, Ullrich CMD and Bethlem myopathy being the most common in the Western world)
- CMD usually leads to immobility, skeletal deformation (scoliosis) and respiratory distress
- Few if any recent epidemiological figures available. Best estimate is 1 in every 20,000 – 50,000 newborn in the UK (Source: British Muscular Dystrophy Campaign)
- Currently no approved pharmaceutical treatment available or in advanced clinical development



SNT-317: development and regulatory status

- Omigapil binds to GAPDH and acts as inhibitor of apoptosis
- In dy^W mouse animal model for MDC1A, omigapil ...
 - reduces early mortality and body weight loss
 - improves muscle histology
 - ameliorates skeletal deformations
 - improves locomotion
- Compound originally developed by Novartis for neurological diseases (PD, ALS), discontinued due to lack of efficacy
- Santhera has access to all preclinical and clinical data for omigapil generated by Novartis
- Clinical development under Novartis' open IND



SNT-317: partnering agreement with Novartis



- In-licensing of omigapil from Novartis for clinical development in CMD with option to expand to other NMDs
- Upfront payment and milestone payments upon start of pivotal trial and marketing approval plus royalties on product sales
- Santhera has full access to all preclinical and clinical data
- Santhera receives remaining drug substance on stock at Novartis
- Novartis retains buy back option under certain conditions.