

# DESTINY PWS Top-Line Data Call

June 8, 2020 | Soleno Therapeutics



# Certain Notices and Disclaimers

## Forward-Looking Statements

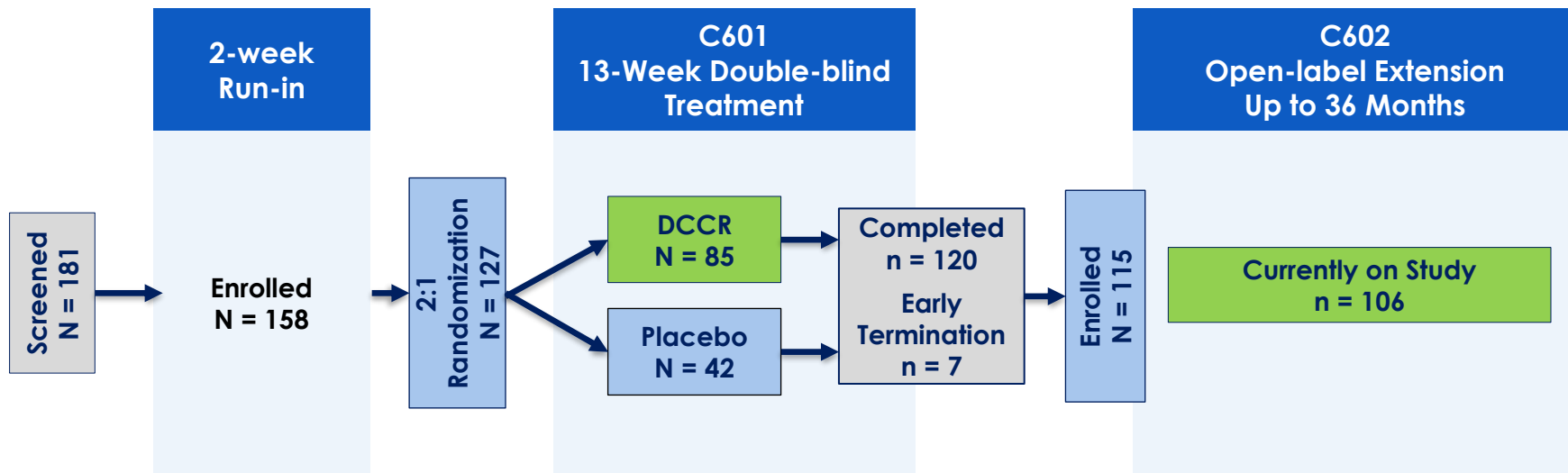
This presentation contains forward-looking statements that are subject to many risks and uncertainties. Forward looking statements appear in a number of places throughout this presentation and include statements regarding our intentions, beliefs, projections, outlook, analyses or current expectations concerning, among other things, our ongoing and planned product development and clinical trials; the timing of, and our ability to make, regulatory filings and obtain and maintain regulatory approvals for our product candidates; our intellectual property position; the degree of clinical utility of our products, particularly in specific patient populations; our ability to develop commercial functions; expectations regarding product launch and revenue; our results of operations, cash needs, and spending of the proceeds from this offering; financial condition, liquidity, prospects, growth and strategies; the industry in which we operate; and the trends that may affect the industry or us.

We may, in some cases, use terms such as “believes,” “estimates,” “anticipates,” “expects,” “plans,” “intends,” “may,” “could,” “might,” “will,” “should,” “approximately” or other words that convey uncertainty of future events or outcomes to identify these forward-looking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this presentation, we caution you that forward-looking statements are not guarantees of future performance and that our actual results of operations, financial condition and liquidity, and the development of the industry in which we operate may differ materially from the forward-looking statements contained in this presentation.

You should also read carefully the factors described in the “Risk Factors” section and other parts of our Quarterly Report on Form 10-Q, available at [www.sec.gov](http://www.sec.gov), in order to better understand the risks and uncertainties inherent in our business and underlying any forward-looking statements. As a result of these factors, we cannot assure you that the forward-looking statements in this presentation will prove to be accurate. Furthermore, if our forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified timeframe, or at all. Any forward-looking statements that we make in this presentation speak only as of the date of such statement, and we undertake no obligation to update such statements to reflect events or circumstances after the date of this presentation or to reflect the occurrence of unanticipated events.

# Phase III Program Design

- C601 (DESTINY PWS): Multi-center, randomized, double-blind, placebo-controlled, parallel arm study in patients with PWS (Phase III)
- C602: Open-label safety extension study



# C601 Demographics and Baseline Characteristics (ITT Population)

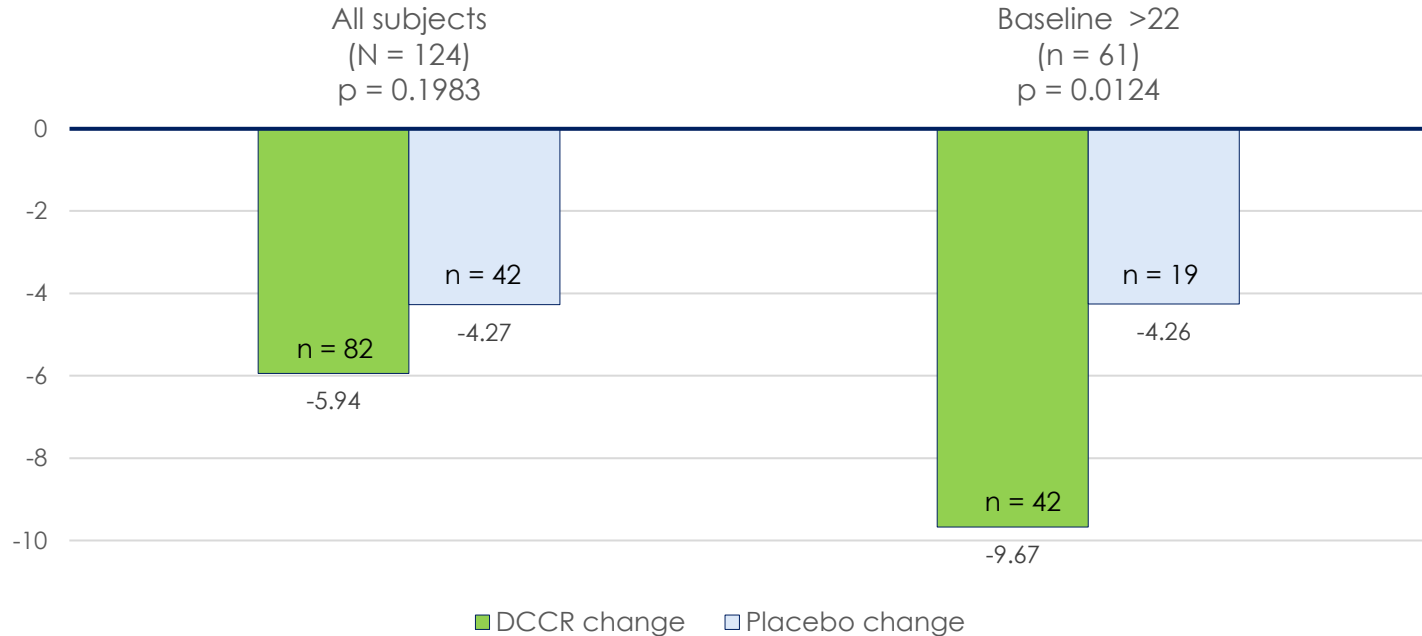
Parameter	DCCR (N = 82)	Placebo (N = 42)	Overall (N = 124)
<b>Mean Age (years) (SD)</b>	13.4 (6.82)	13.6 (7.37)	13.5 (6.98)
<b>Gender, n (%)</b>			
Male	36 (43.9)	19 (45.2)	55 (44.4)
Female	46 (56.1)	23 (54.8)	69 (55.6)
<b>Country, n (%)</b>			
United Kingdom	19 (23.2)	6 (14.3)	25 (20.2)
United States	63 (76.8)	36 (85.7)	99 (79.8)
<b>PWS Type, n (%)</b>			
Deletion	48 (58.5)	28 (66.7)	76 (61.3)
Non-deletion	33 (40.2)	14 (33.3)	47 (37.9)
Not Available	1 (1.2)	0 (0.0)	1 (0.8)

# C601 Primary Analysis – Change From Baseline in Hyperphagia to Visit 7

	<b>DCCR (N = 82)</b>	<b>Placebo (N = 42)</b>
LS Mean (SE)	-5.94 (0.879)	-4.27 (1.145)
95% CI	(-7.68, -4.20)	(-6.53, -2.00)
LS Mean Difference [DCCR-Placebo] (SE)	-1.67 (1.294)	
95% CI	(-4.24, 0.89)	
p-value	0.1983	

# Changes from Baseline in HQ-CT at Visit 7

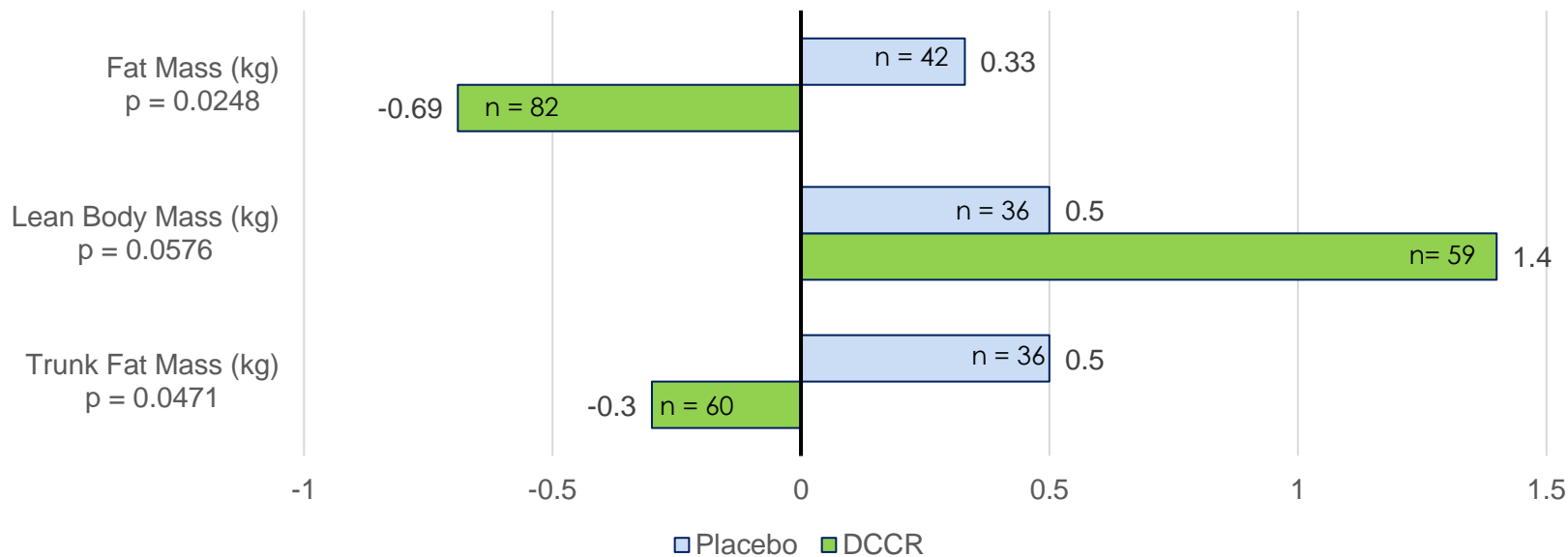
ITT Population



# Key Secondary Endpoints

Endpoint	p-value
Clinical Global Impression of Improvement at Visit 7 (CGI-I)	0.029
Mean Change From Baseline in Body Fat Mass (DXA)	0.025
Caregiver Global Impression of Change at Visit 7 (CGI-C)	0.409

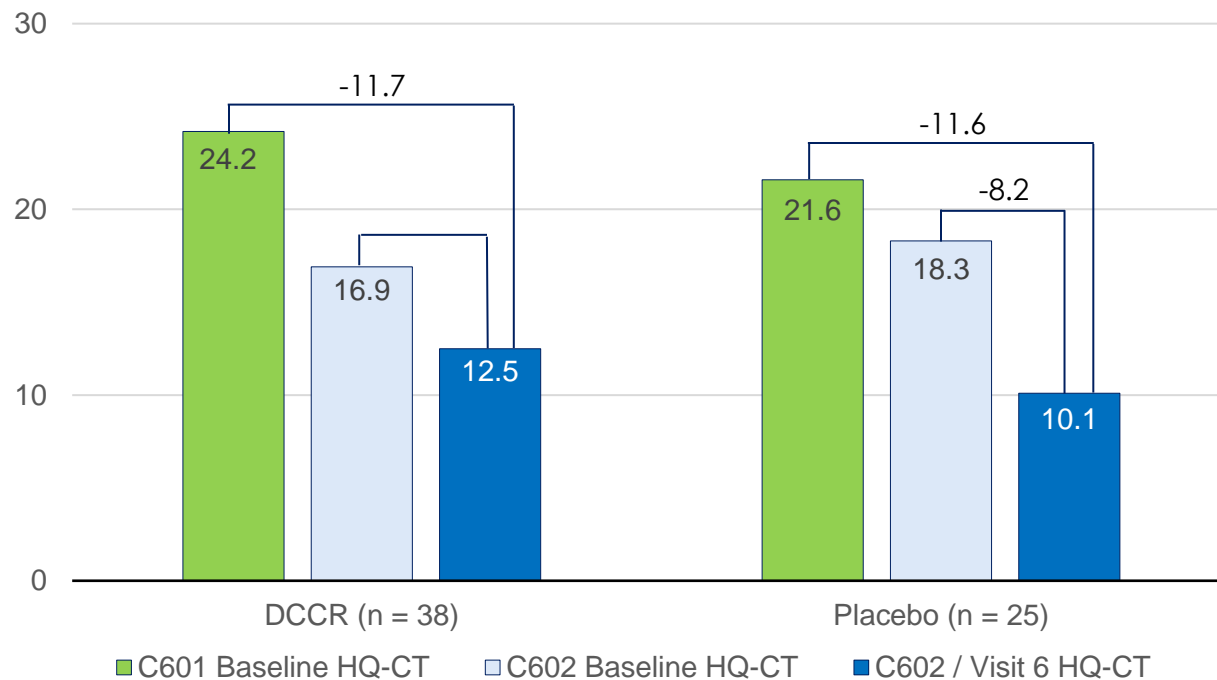
# C601 Changes in Body Composition



Endpoint	p-value
Lean Body Mass to Fat Mass Ratio	0.001

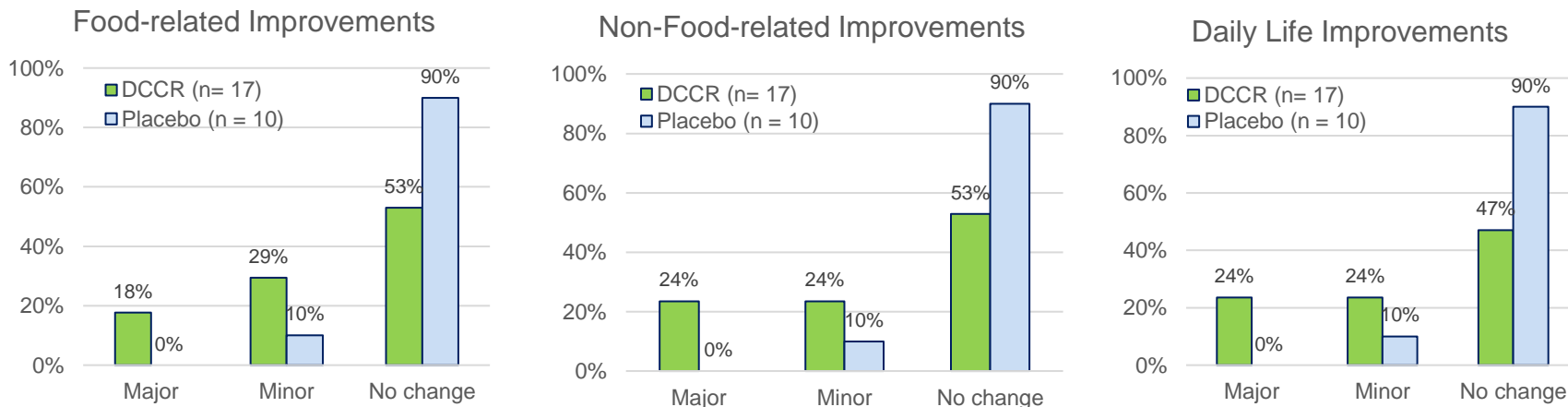


# Changes in HQ-CT after 13 or 26 Weeks of DCCR Treatment in C601 and C602



# PWS Outcomes Assessment – Interim Analysis

- Caregiver interviews at the end of C601
- Positive improvements in all 3 domains reported for a significant proportion of DCCR patients (~48%); major improvements reported for 18 - 24% of the patients
- Minor improvements reported for one placebo patient (10%); no major improvements were reported for the placebo patients



“Minor” includes improvements classified as between major and minor, as well as mixed.

# C601 Safety

Summary of Adverse Events		
Number (%) of subjects with at least one:	DCCR (N=84) n (%)	Placebo (N=42) n (%)
TEAE	70 (83.3)	31 (73.8)
TEAE resulting in premature discontinuation of study drug	4 (4.8)	1 (2.4)
SAE	6 (7.1)	0 (0)
SAE related to study drug	1 (1.2)	0 (0)
SAE leading to premature discontinuation of study drug	2 (2.4)	0 (0)

TEAEs in >5% of DCCR Subjects		
Preferred Term	DCCR (N=84) n (%)	Placebo (N=42) n (%)
Hypertrichosis	30 (35.7)	6 (14.3)
Hirsutism	6 (7.1)	3 (7.1)
Upper Respiratory Tract Infection	9 (10.7)	5 (11.9)
Edema, peripheral	17 (20.2)	4 (9.5)
Pyrexia	5.0 (6)	0 (0)
Headache	5 (6)	6 (14.3)
Blood glucose increased	5.0 (6)	2 (4.8)
Hyperglycemia	10 (11.9)	0 (0)

# DCCR Safety Profile

- The safety profile of DCCR in C601 was generally consistent with the known profile of diazoxide and prior experience with DCCR.
- Most events were Grade 1 in severity, including all events of hypertrichosis (except one Grade 2 in the placebo group).
- No Grade 4 or higher events were reported in this study.
- There were no serious unexpected adverse events (SUSARs) related to DCCR.

# DESTINY PWS Top-Line Data Call

June 8, 2020 | Soleno Therapeutics

