# Breakthrough Science to Increase Healthy Lifespan

Q4 Earnings Call and Update
April 2, 2018

OTCQX: CWBR
TSXV: COB.U

www.COHBAR.com

# Q4 Financials
# Jeff Biunno, CFO

# Forward Looking Statements

This presentation includes forward-looking statements (statements which are not historical facts) within the meaning of the Private Securities Litigation Reform Act of 1995, including statements regarding future plans, intentions, expectations, business prospects and opportunities. Examples of such forward-looking statements include: statements regarding anticipated outcomes and timing of our research and development programs, IND-enabling activities and pre-clinical and clinical trials for our MBTs; expectations regarding the future market for any drug we may develop; statements regarding the anticipated therapeutic properties of our MBTs or the properties and effects of newly-discovered mitochondrial-derived peptides; expectations regarding our ability to effectively protect and expand our intellectual property; statements regarding potential partnership programs and financing activities; and statements regarding the sufficiency and availability of capital to fund our operations. You are cautioned that such statements are not guarantees of future performance and that actual results or developments may differ materially from those set forth in these forward looking statements. Factors that could cause actual results to differ materially from these forward-looking statements include: unanticipated difficulties or unfavorable results encountered in our research and development programs; our ability to raise additional capital when necessary to continue our operations and complete our research and development programs; regulatory risks, including the risk of adverse decisions by regulatory authorities that could affect the viability or commercial potential of our drug candidates; our ability to recruit and retain key scientific personnel; competitive risks, and our ability to establish and maintain partnerships with research and industry partners. Additional assumptions, risks and uncertainties are described in detail in our registration statements, reports and other filings with the Securities and Exchange Commission and applicable Canadian securities regulators, including the “Risk Factors” set forth in our Annual Report on Form 10-K, as supplemented by our quarterly reports on Form 10-Q. The forward-looking statements and other information contained in this presentation are made as of the date hereof and CohBar, Inc. does not undertake any obligation to update publicly or revise any forward-looking statements or information, whether as a result of new information, future events or otherwise, unless so required by applicable securities laws.

# Q4 Financials

**Q4 Financial Discussion**

# Business Update
# Simon Allen, CEO

# A Leader in Mitochondrial Peptides

## Mission

**Increase healthy lifespan by treating the metabolic dysfunction underlying age related diseases and their comorbidities**

## COHBAR™ Technology

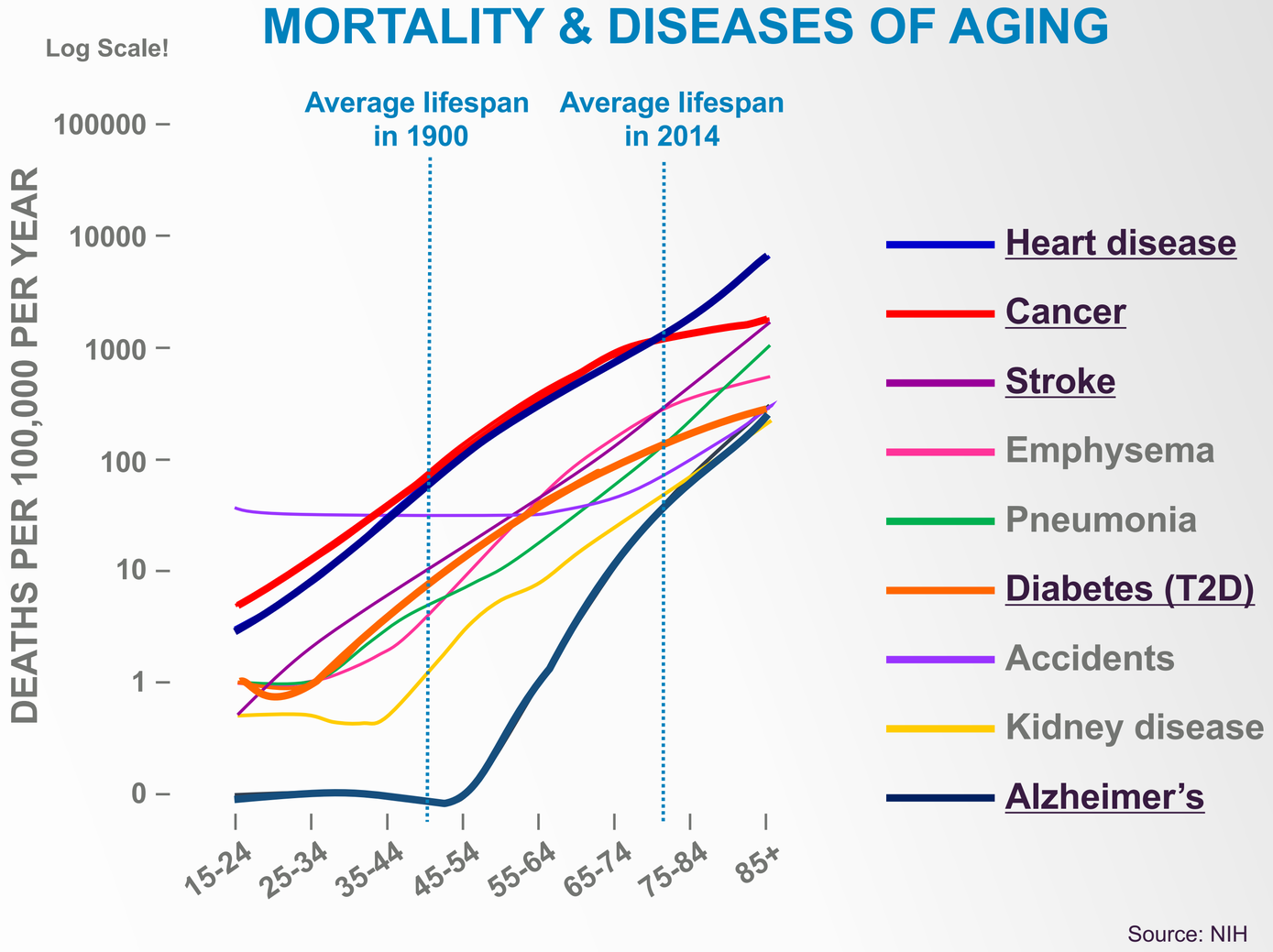
**Harnesses the power of the mitochondria and its encoded peptides to treat metabolic dysfunction**

## Highlights

- **Leader in developing mitochondrial peptides to treat age related diseases and their comorbidities**
- **Technology addresses NASH, obesity, diabetes, cancer, cardiovascular and CNS diseases**
- **First peptide on track to enter clinical trials mid-2018 with an activity readout expected in early 2019**
- **IP strategy encompasses the mitochondrial genome and covers over 100 new peptides**
- **Experienced team with proven success**
- **Highly focused and efficient capital expenditure**

# Targeting Leading Causes of Death

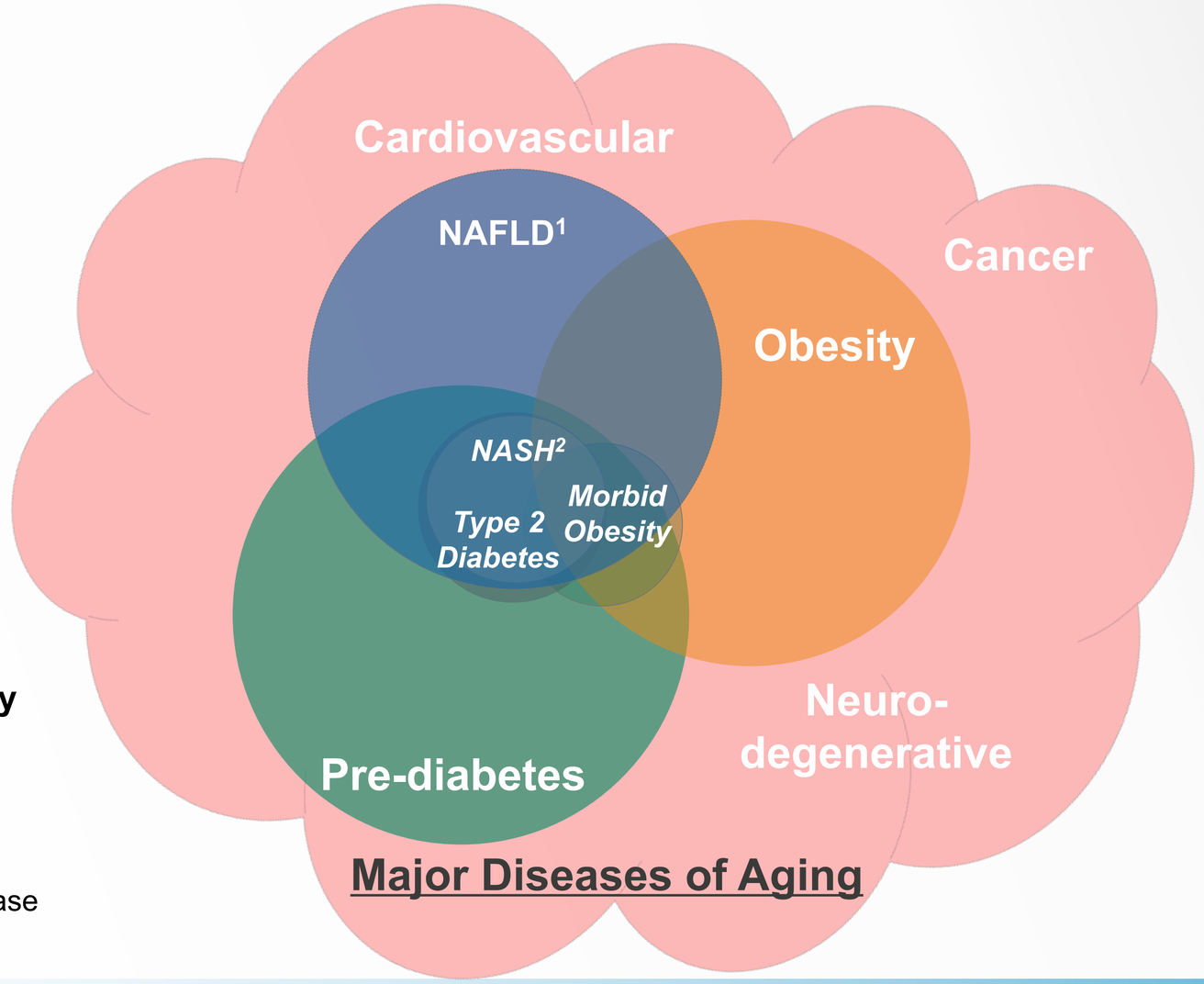
- **Diseases with metabolic dysfunction are the leading killers in our society:**
  - **Mortality escalates rapidly when we turn 50**
  - **Diseases often appear decades before we die, degrading our quality of life**
  - **Comorbidities are common**
  - **Account for 80% of our healthcare expenditure**
  - **Substantial burdens on family and society**
- **Ineffective solutions and risks:**
  - **Pharma often focus on the symptoms of a disease rather than its causes**
  - **Escalating mortality**
  - **Largest threat to our healthcare system**
- **Centenarians have minimal illness until their final few years of life**
  - **Chronological vs. Biological age**




Source: NIH

# Comorbid diseases of aging with underlying metabolic dysfunction

- **At least 68 percent of people age 65 or older with diabetes die from some form of heart disease; and 16% die of stroke.**
- **Adults with diabetes are two to four times more likely to die from heart disease than adults without diabetes.** ***(AHA)***
- **People with Type 2 diabetes and NAFLD have 2x the "all-cause" mortality rate.** ***(Diabetes UK Conf.)***



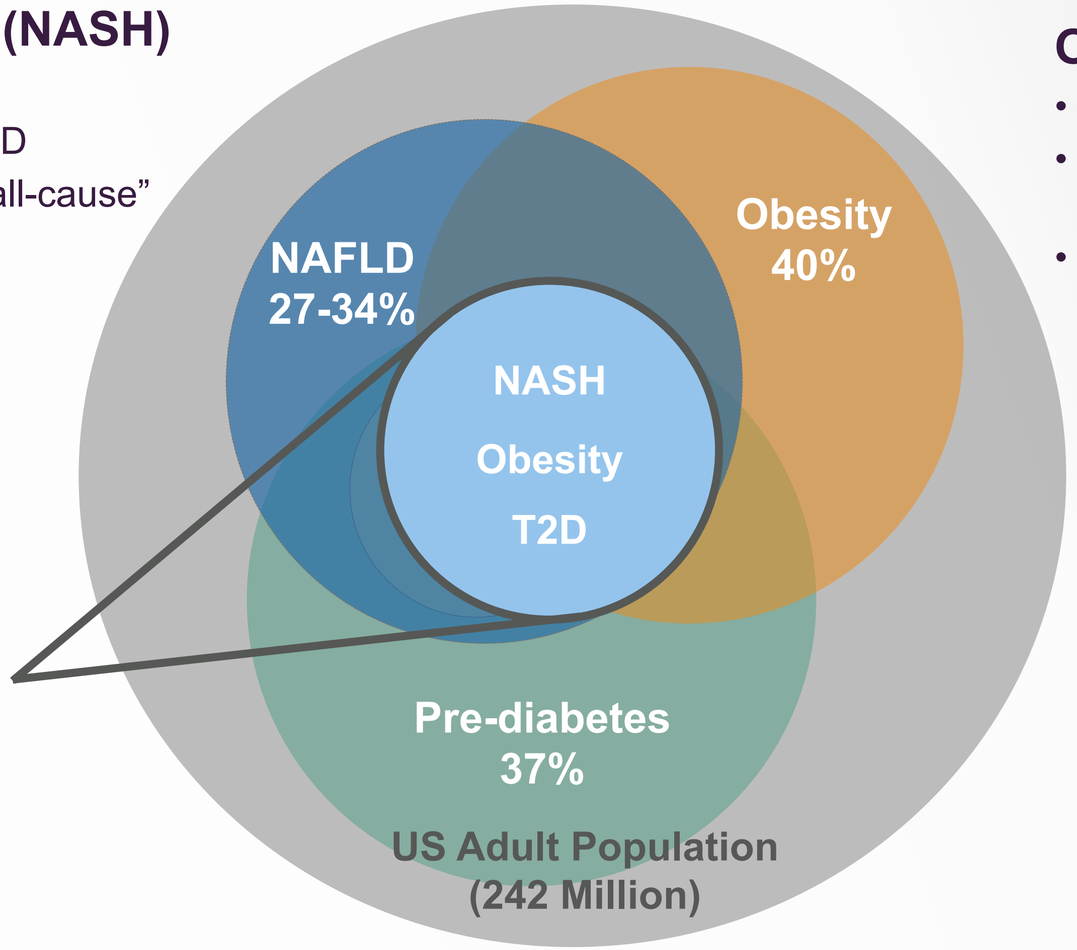

- **About 20% of all cancers are caused by excess weight.** ***(J. Obesity)***
- **"strong correlation between obesity and the development of Alzheimer's disease and Parkinson's disease"** ***(Life Sciences, 2017)***
- **"obesity is one of the most important independent risk factors for cardiovascular disease"** ***(NIH)***

1- Non-Alcoholic Fatty Liver Disease
2- Non-Alcoholic Steatohepatitis

# CohBar's Current Disease Focus – Epidemic Metabolic Diseases

## Nonalcoholic Steatohepatitis (NASH)

- Up to 12% of US adults have NASH
- 70-90% are morbidly obese or have T2D
- People with T2D/NAFLD have 2x the "all-cause" mortality rate




## Obesity

- 40% of US Adults are obese
- Associated with T2D, coronary heart disease, stroke, hypertension and cancer
- 91% of obese may have NAFLD

## Core Disease Focus

Addressable patient populations

NASH: 12M-29M

Obesity: 80M

T2D: 21M

## Type 2 Diabetes

- 9% of US adults have Type 2 Diabetes (T2D)
- Obesity and age are major risk factors

Source: Company data and other sources including CDC, NIH, WHO, World Journal of Gastroenterology, American Diabetes Association, Diabetes Management, Journal of Clinical Endocrinology and Metabolism, American Society for Metabolic and Bariatric Surgery

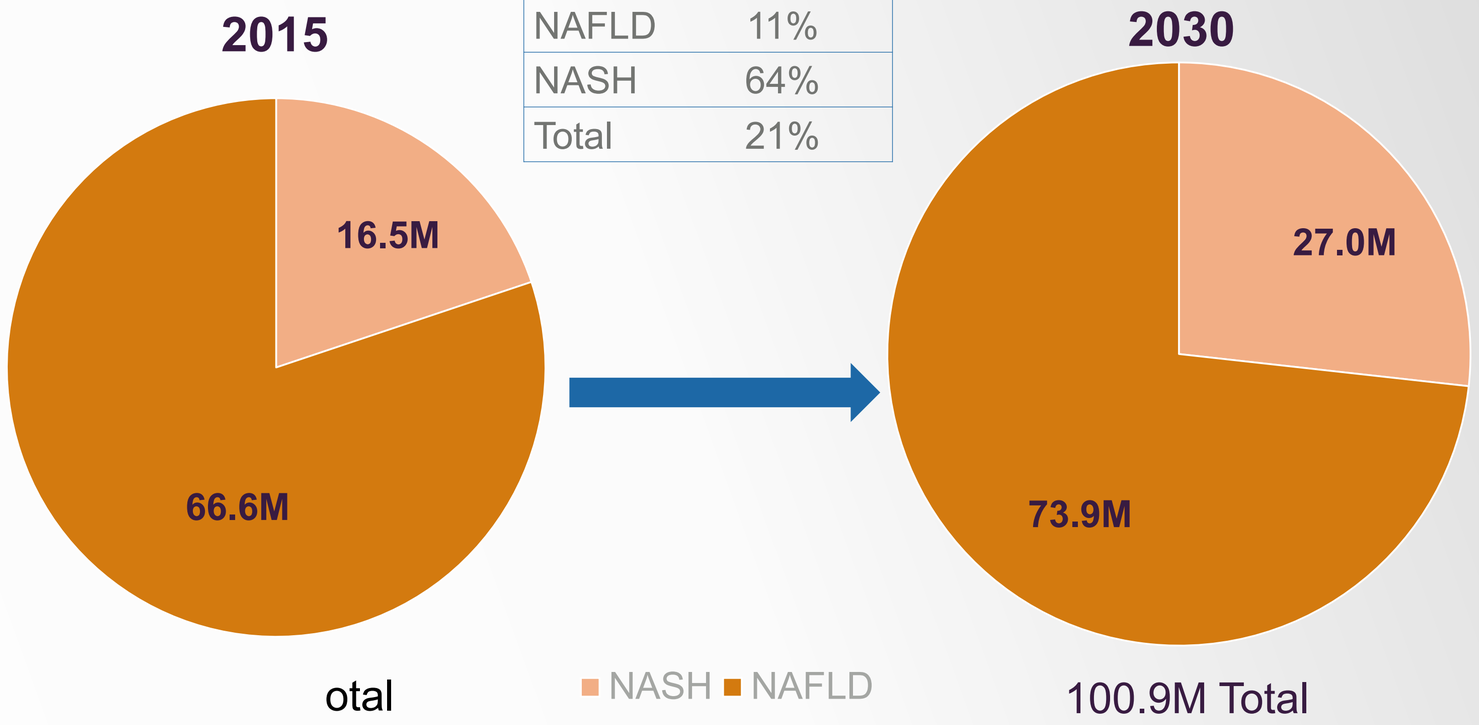
# NAFLD and NASH (US Adult Population 2015-2030)

## NAFLD and NASH

- Stealth epidemic - prevalence underestimated due to limited diagnostics
- Disease stages and progression:

  NAFLD → NASH
  Steatosis → Inflammation → Fibrosis
- Drug development historically focused on NASH and later stage disease – fibrosis, cirrhosis and liver cancer
- Optimizing patient outcomes thought to require combination therapy within/across stages
- Pharma increasingly focused on multiple mechanisms at various phases of clinical development
- Improving metabolic regulation and reducing steatosis is relevant at all stages of the disease (NAFLD/NASH)

| | Increase |
|---|---|
| NAFLD | 11% |
| NASH | 64% |
| Total | 21% |




**Est. 40% of US population above 50 yrs. old has NAFLD**

Source: HEPATOLOGY, VOL. 67, NO. 1, 2018 pages 123-133

# Harnessing the Power of Mitochondrial Peptides

***Mitochondria and Metabolic Dysfunction***

Mitochondria:

- 20% of cell volume, 90% of cell energy
- Mitochondria decline with age, leading to metabolic dysfunction underlying age related disease and comorbidities
- Thought to have just 37 genes but CohBar has identified hundreds more

These new MDPs demonstrated varying degrees of biological activity in pre-clinical models of multiple age related diseases

***CohBar and our Founders***

Our founders discovered the first Mitochondrial Derived Peptides (MDPs) and demonstrated their potential as a new class of therapeutics

CohBar is developing Mitochondria Based Therapeutics (MBTs) with potential to treat age related diseases

Lead program targets NASH and obesity

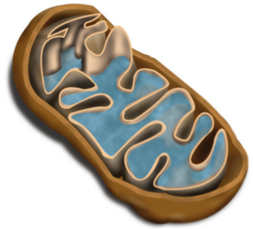
Prioritizing new peptides to treat multiple diseases

IP strategy to capture the space

# CohBar™ Technology: Identify and Optimize MDPs, Develop MBTs

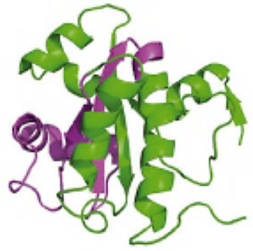
Red = CohBar Proprietary Technology

**Mitochondria (Powerhouse of the Cell)**



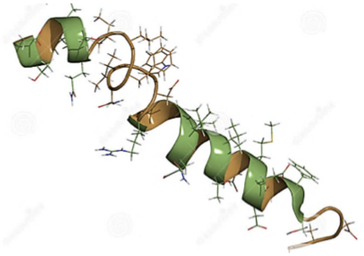
1

**Mitochondria Derived Peptide (“MDP”)**



2

**Optimized Peptide (“Analog”)**



3

**Mitochondria Based Therapeutic (“MBT”)**

## Identify

Identify/characterize peptides with biological activity encoded within mitochondria

File Intellectual Property (“Own the Space”)

Quantify therapeutic potential across diseases

## Optimize

Optimize drug like properties

- Proprietary assays
- Disease models

Match analogs with greatest therapeutic potential to medical needs and market opportunities

## Develop and Partner

Prioritize for internal clinical development and partnership opportunities

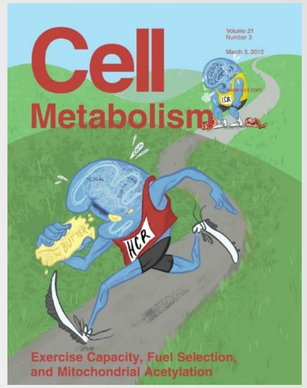
Advance lead therapeutic candidates to the clinic

# R&D Update
# Ken Cundy, CSO

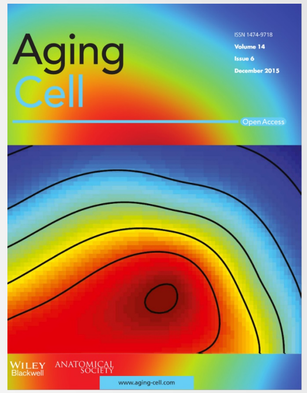
# CB4211: Lead Program for NASH and Obesity

## Optimized Analog of the Mitochondrial Peptide MOTS-c

- CB4211 is being developed for the treatment of NASH and Obesity
- Novel Mechanism of Action involving regulation of fat cells (adipocytes) - new data on the molecular mechanism
- Preclinical data demonstrated:
  - Reduction in the NAFLD Activity Score (NAS) in STAM® mice
  - Improvement in liver triglycerides and plasma ALT
  - Selective normalization of body weight in obese animals
- IND-enabling activities nearing completion
- Phase 1a/b expected to start in mid-2018 with an activity readout relevant to NASH and obesity expected in early 2019
- Intellectual property coverage filed (PCT in 2017)




Cell Metabolism, March 2015



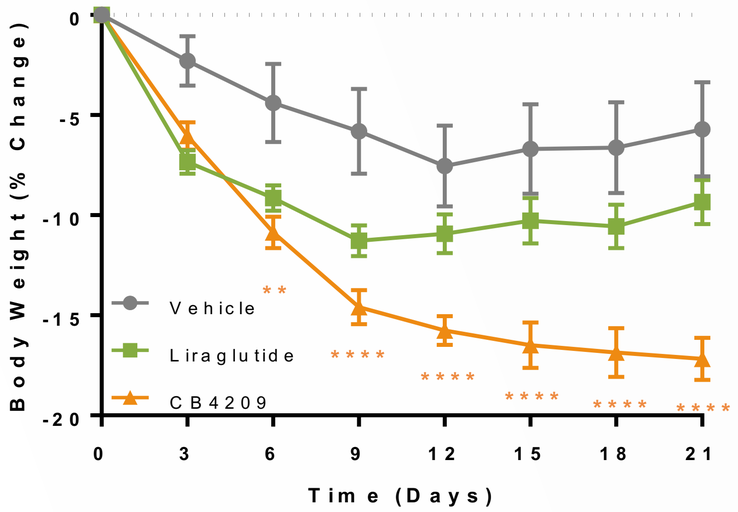

Aging Cell, Aug 2015

# CB4211: Reduces Body Weight in Obese Mice

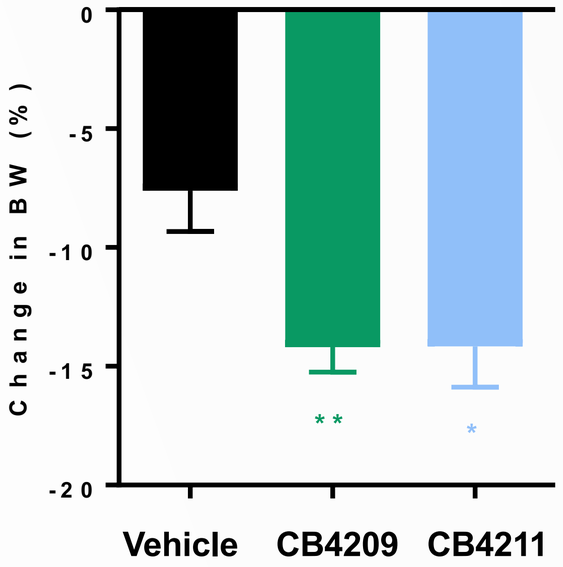
**Sustained Weight Reduction**
**(Diet Induced Obesity Model)**

**Selective Reduction of Fat Mass vs Lean Mass**

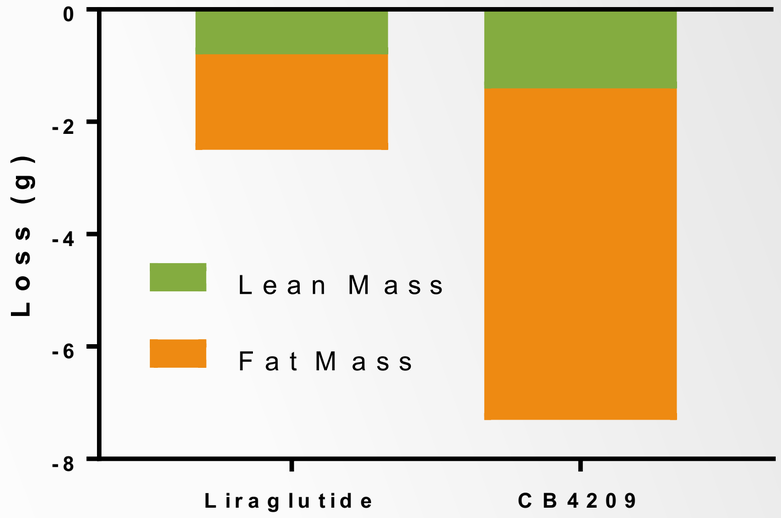
## 3x Greater Overall Weight Loss




## Weight Loss at Day 21




## 2x Greater Selectivity




Weight Loss*
Liraglutide = -3.6% CB4209 = -11.5%

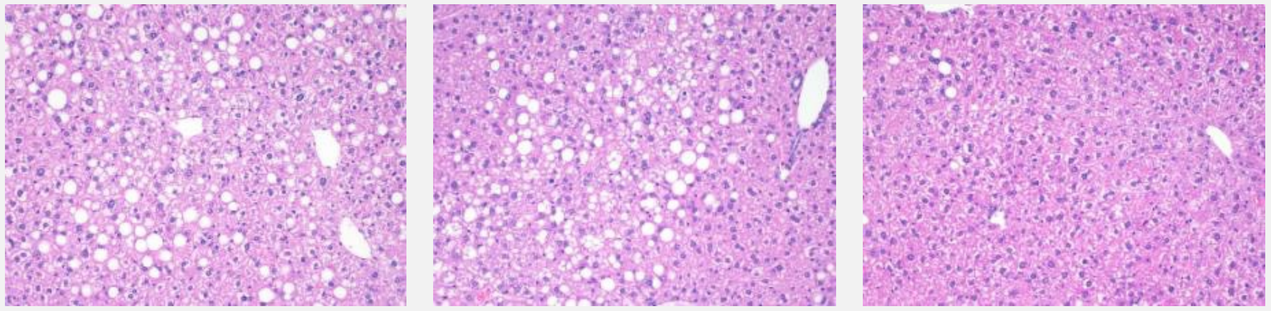
* Corrected for Vehicle

Fat:Lean Ratio
Liraglutide = 2:1 CB4209 = 4:1

(Similar data observed for CB4211 and CB4209)

# CB4211: Reduces Liver Fat Deposits (Steatosis)

## Decreases Liver Fat
**(DIO mice at Day 21)**

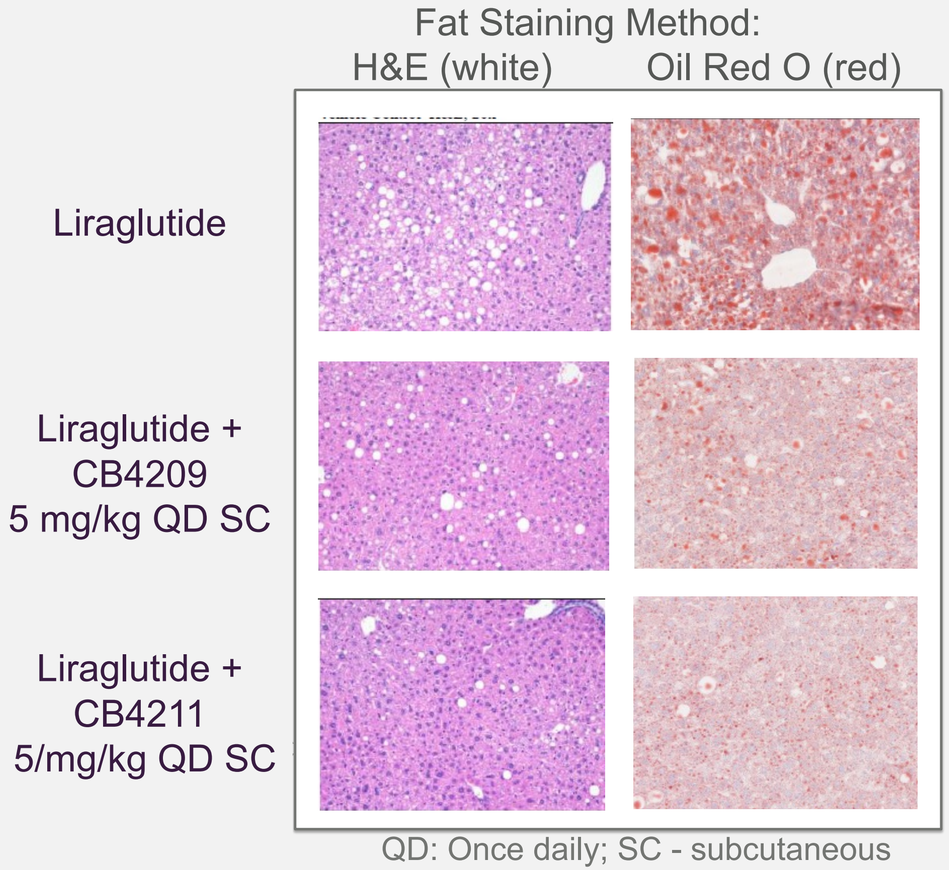


**Vehicle Control** | **Liraglutide** | **CB4209**

**Fewer Fat Deposits**

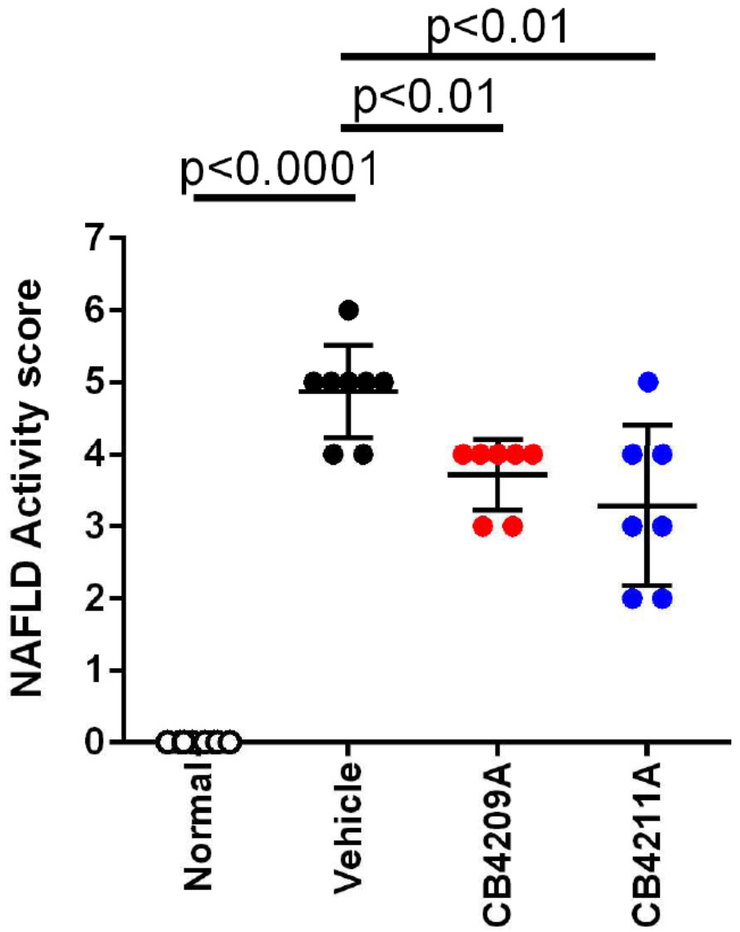
Similar Data Observed with CB4211

## Synergistic Effect with GLP-1 Agonist
**(DIO Mice at Day 21)**




QD: Once daily; SC - subcutaneous

# CB4211: Reduces NAS Score in STAM Model of NASH




## CB4211 Significantly Reduced NAFLD Activity Score (NAS)*

- NAS is a composite score of liver fat (steatosis), liver cell damage (hepatocyte ballooning) and inflammation.
- Treatment with CB4211 led to significant reduction in NAS at 9 weeks of age:

  CB4211: 33% reduction in NAS
- Compares favorably with published data:

  Intercept's Obeticholic acid (FXR agonist): 23% NAS reduction*

  Allergan's Cenicriviroc® (CCR2/5 inhibitor): 25 to 30% NAS reduction*
- CB4211 significantly reduced plasma ALT (marker of liver damage) and liver triglyceride (fat) levels

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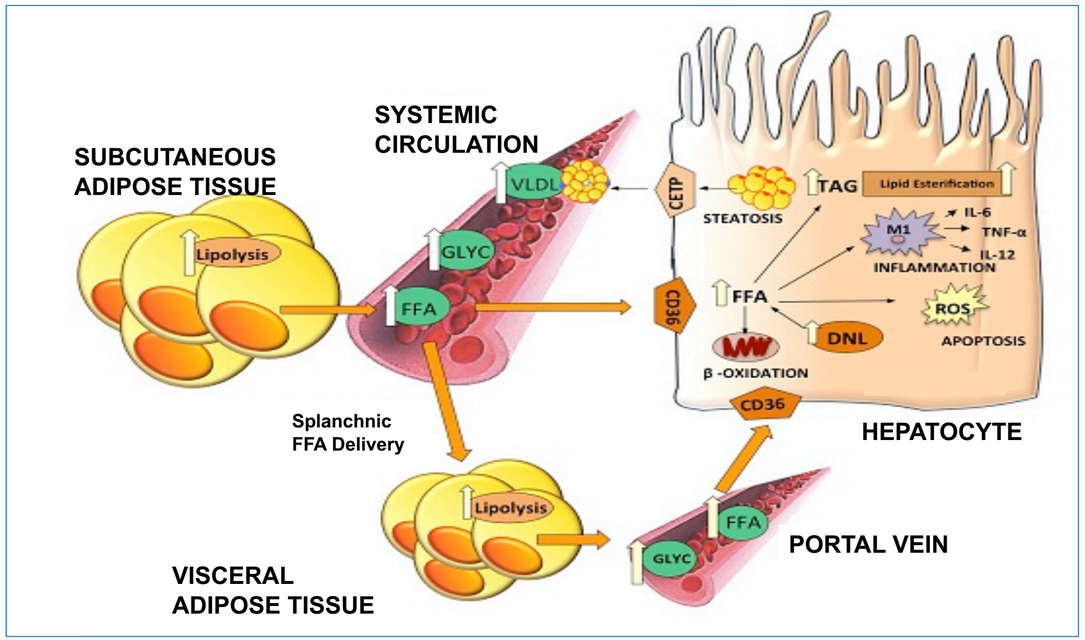
* Presented at 2017 AASLD Liver Meeting

# CB4211 Mechanism of Action – Advancing our Understanding

## Empirical Mechanism

**CB4211 inhibits/regulates lipolysis in adipose tissue**

- Reduction of steatosis -> reduction in NAS score
- Normalization of body weight

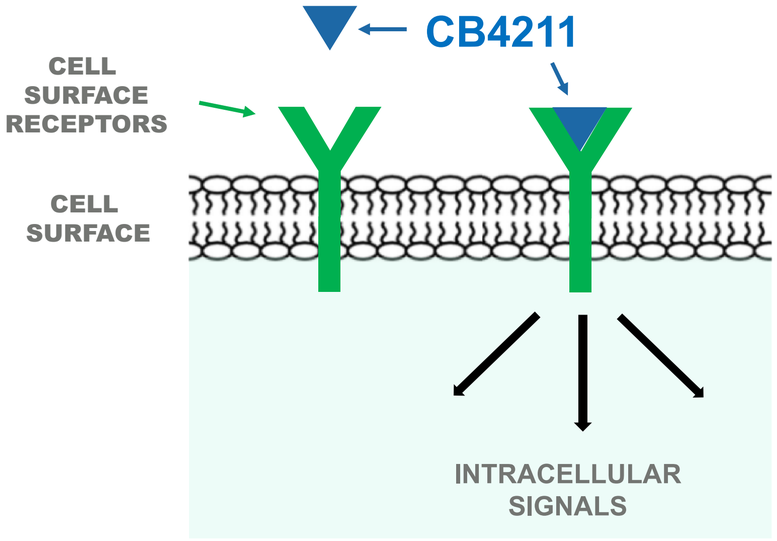



*Source: Nutrients 2015,7, 9453–9474*

## Molecular Activity

**CB4211 interacts with a cell surface receptor that plays a central role in metabolism**

- Supportive of certain MDPs potentially being integral components of metabolic regulation and protection




- Data to be made available at a future scientific conference

# CB4211: Phase 1a/b Design and Activities

- Conventional Phase 1a SAD/MAD in healthy normal subjects
  - Safety, tolerability, PK, selection of maximum dose, cardiovascular safety assessment
- Placebo controlled Phase 1b arm in obese subjects with NAFLD– exploratory activity study
  - 4 week treatment period with once daily subcutaneous dosing at maximum dose
- Activity assessed by change in liver fat (MRI-PDFF) and body weight
  - Precedent for significant effect on liver fat after 4 week treatment (Merck Phase 1b study NCT01431521)
  - Provides earlier data on changes in liver fat (foundational event of NASH) and body weight in obese humans (primary endpoint for obesity)


- **Anticipated advantages** compared to a typical Phase 2a NASH study:
  - Potentially provides a readout of activity relevant to NASH and obesity more than a year earlier
  - Saves approximately $3-5M in cost of achieving an initial activity readout
  - Validates dose selection, reduces risk for Phase 2 and subsequent studies

# CB4211 Path to the Clinic in mid-2018

**Activities:**

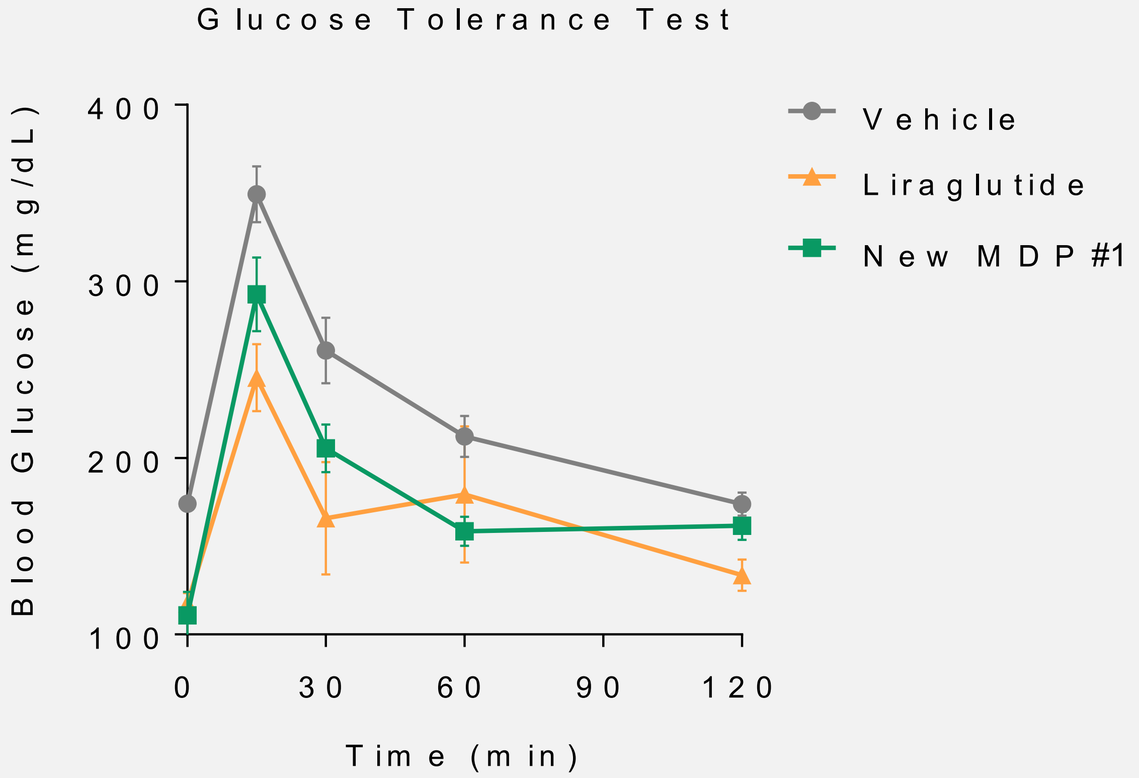
- Preparing required data for IND submission
- Working with clinical CRO partner Covance on clinical preparations
- Consulting with an expanded group of NASH experts
- Communicate with FDA
- First human dose on track for mid-2018
- Initial activity readout from Phase 1a/b expected early 2019

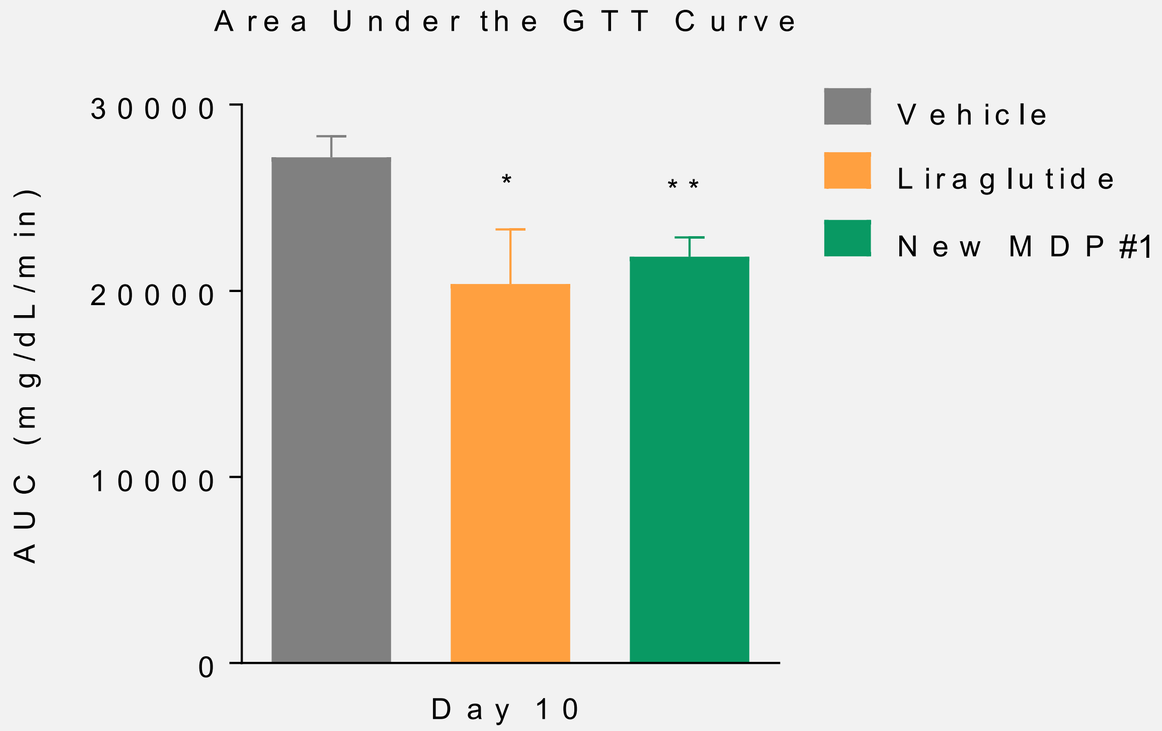
# CohBar's MBT Pipeline

| Target Indication | Preclinical | | IND Enabling Activities | Phase 1 |
|---|---|---|---|---|
| | Discovery | Optimization | | |
| **CB4211 (MOTS-c Analog)** | | | | |
| NASH | | | | |
| Obesity | | | | |
| **MDP Analogs** | | | | |
| NASH and Obesity | | | | |
| Type 2 Diabetes | | | | |
| Cancer | | | | |
| Neurodegenerative Diseases | | | | |
| Cardiovascular Disease | | | | |

# New MDPs* – Improved Glucose Tolerance in Mice

## Glucose Tolerance Test – Bolus Injection of Glucose
(10 Day DIO mouse study)




*non-optimized analogs

# New MDPs* - In Vitro Inhibition of Tumor Cell Proliferation

20 Different Human Tumor Cell Types

20 Novel Peptide Analogs

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 8 | 4 | 5 | 8 | 8 | 4 | 6 | 5 | 5 | 7 | 6 | 10 | 6 | 5 | 7 | 7 | 8 | 8 | 9 | 7 |
| 2 | 9 | 5 | 8 | 8 | 8 | 8 | 7 | 7 | 8 | 8 | 7 | 8 | 8 | 6 | 7 | 8 | 8 | 5 | 8 | 8 |
| 3 | 8 | 6 | 8 | 3 | 6 | 8 | 8 | 4 | 8 | 5 | 7 | 6 | 7 | 5 | 8 | 8 | 7 | 8 | 8 | 6 |
| 4 | 8 | 8 | 9 | 6 | 8 | 8 | 9 | 8 | 8 | 8 | 8 | 9 | 8 | 6 | 8 | 8 | 8 | 8 | 8 | 9 |
| 5 | 8 | 8 | 12 | 8 | 6 | 8 | 9 | 8 | 8 | 8 | 8 | 10 | 8 | 8 | 9 | 8 | 8 | 8 | 8 | 9 |
| 6 | 8 | 8 | 8 | 3 | 9 | 8 | 8 | 8 | 8 | 8 | 6 | 8 | 8 | 8 | 7 | 8 | 8 | 9 | 8 | 8 |
| 7 | 8 | 8 | 9 | 8 | 8 | 9 | 8 | 8 | 8 | 7 | 8 | 8 | 8 | 6 | 8 | 8 | 8 | 9 | 8 | 8 |
| 8 | 8 | 6 | 8 | 7 | 8 | 7 | 7 | 7 | 7 | 8 | 7 | 6 | 8 | 6 | 8 | 8 | 8 | 8 | 8 | 10 |
| 9 | 9 | 8 | 8 | 8 | 8 | 6 | 7 | 8 | 5 | 8 | 6 | 8 | 8 | 6 | 8 | 8 | 9 | 8 | 8 | 8 |
| 10 | 8 | 7 | 8 | 8 | 8 | 8 | 7 | 7 | 8 | 7 | 6 | 8 | 8 | 8 | 7 | 8 | 8 | 8 | 8 | 8 |
| 11 | 8 | 9 | 10 | 3 | 8 | 8 | 9 | 7 | 9 | 7 | 8 | 11 | 8 | 7 | 8 | 9 | 8 | 8 | 8 | 9 |
| 12 | 8 | 8 | 10 | 6 | 9 | 8 | 9 | 8 | 9 | 8 | 8 | 9 | 8 | 7 | 9 | 9 | 8 | 8 | 8 | 9 |
| 13 | 8 | 8 | 10 | 6 | 7 | 7 | 8 | 8 | 8 | 8 | 7 | 8 | 7 | 8 | 9 | 8 | 8 | 8 | 8 | 9 |
| 14 | 9 | 8 | 12 | 9 | 6 | 8 | 8 | 9 | 8 | 6 | 8 | 10 | 8 | 9 | 8 | 8 | 8 | 8 | 8 | 9 |
| 15 | 7 | 2 | 4 | 3 | 6 | 8 | 5 | 5 | 4 | 2 | 1 | 3 | 2 | 6 | 4 | 7 | 4 | 2 | 8 | 1 |
| 16 | 5 | 8 | 4 | 5 | 4 | 7 | 5 | 4 | 4 | 4 | 2 | 1 | 6 | 3 | 4 | 5 | 6 | 6 | 7 | 2 |
| 17 | 7 | 7 | 5 | 4 | 6 | 8 | 8 | 5 | 7 | 6 | 6 | 3 | 5 | 4 | 5 | 6 | 8 | 4 | 6 | 6 |
| 18 | 7 | 7 | 6 | 7 | 6 | 7 | 6 | 5 | 6 | 5 | 6 | 3 | 6 | 6 | 6 | 7 | 8 | 8 | 8 | 6 |
| 19 | 9 | 7 | 7 | 7 | 11 | 8 | 8 | 6 | 8 | 5 | 8 | 7 | 6 | 5 | 8 | 8 | 8 | 8 | 8 | 8 |
| 20 | 10 | 8 | 7 | 5 | 6 | 6 | 8 | 6 | 6 | 8 | 7 | 6 | 8 | 4 | 8 | 9 | 9 | 8 | 8 | 8 |

Lower number/more red = less proliferation

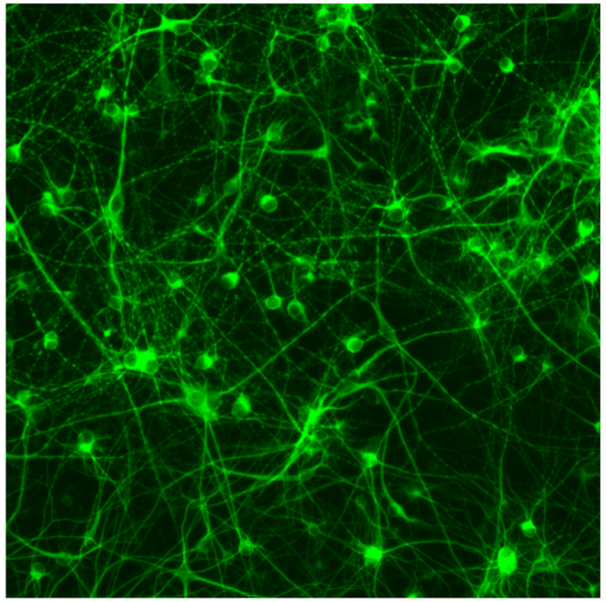
**Significant Reduction in Tumor Cell Growth in Vitro**
**(Human Tumor Cells in Vitro)**

- Systematic evaluation of human tumor cell proliferation
- 20 different human tumor cell types screened against 20 CohBar peptides
- Evidence of effects across a broad range of tumor types

*non-optimized analogs

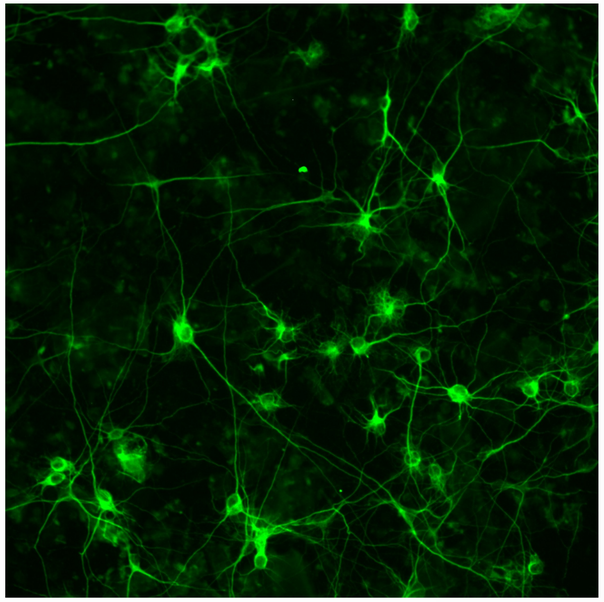
# New MDPs* – Neuroprotective Effects in Cultured Neurons

**Primary Cortical Neurons (Rat)**



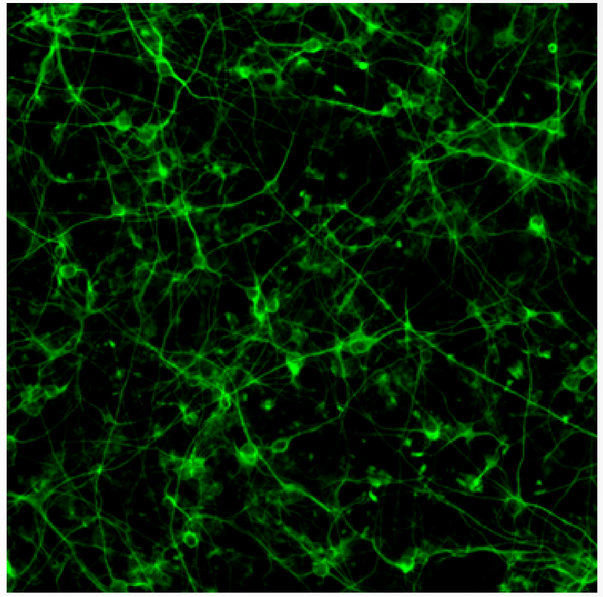
Untreated Control

**Primary Cortical Neurons Exposed to Amyloid Beta**

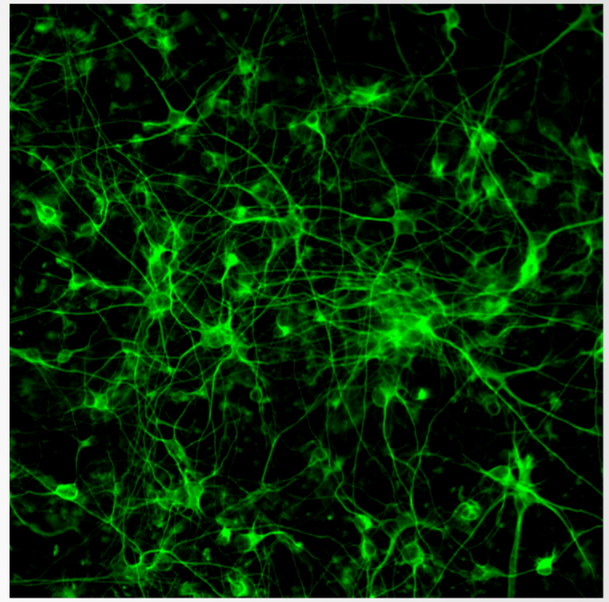


$A\beta_{1-42}$ (20 µM) at 24 hr

**New MDP #4 Protects Neurons and Neurite Network from Amyloid Beta Toxicity**



$A\beta_{1-42}$ (20 µM)
+ New MDP #4 (100 nM)



$A\beta_{1-42}$ (20 µM)
+ New MDP #4 (10 µM)

**Example of a CohBar New MDP that is Neuroprotective in this Cell-Based Model of Alzheimer's Disease**

*non-optimized analogs

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# Market Perspective & Partnering

# CB4211 Potential Market Value Drivers

| Preclinical Differentiator | Potential Value |
|---|---|
| ☑ Novel Mechanism of Action<br>☑ Significant reduction in NAS score<br>☑ Normalization of Body Weight<br>☑ Significant reduction of liver steatosis, liver enzymes and triglycerides<br>☑ 3x greater body weight loss<br>☑ 2x improvement in fat mass ratio<br>☑ Synergy with GLP-1 | • A novel mechanism that addresses a foundational event in metabolic dysfunction<br>• The ability to regulate metabolism and normalize body weight is unique<br>• Potential to treat NASH and Obesity<br>• 33% reduction in the NAS score for the STAM model compares favorably to leading NASH assets<br>• DIO studies demonstrated superiority over liraglutide, the market leader for obesity<br>• Combination with other drugs, like GLP-1, could improve their efficacy and safety |

Source: CohBar team analysis.

# Pharma Partnering Program

**Objective: To secure non-dilutive funding and Pharma expertise and resources to support development of multiple CohBar pipeline assets**

- Working with Torreya Partners - proven success in partnering multiple NASH assets
  - Track record of over 150 partnerships since 2007, strong global pharma network
- Exploring and evaluating opportunities for partnering CB4211
  - Increased visibility and attractiveness of CB4211 in the clinic
- Evaluating and prioritizing new peptides for internal development and partner opportunities
  - Matching our assets with partner's interest, experience and portfolio

# NASH Partnerships

| | Biotech | Pharma | Drug | Transaction | Year |
|---|---|---|---|---|---|
| | Alnylam | Regeneron | HSD17B13 gene (RNAi) | 50-50 collaboration to develop and commercialize drug candidates | **2018** |
| | MiNA | Boehringer Ingelheim | RNAi therapeutics | $358M commitment for up to three ***preclinical*** NASH **"**targets" | **2017** |
| ☑ Torreya | Dicerna | | RNAi therapeutics | $200 million (upfront payment, development and commercial milestone payments, royalties) for an undisclosed ***preclinical*** asset. | |
| | Bird Rock Bio | J&J | namacizumab | Undisclosed option to acquire company for a ***Phase 1a*** *asset* | |
| ☑ Torreya | Conatus Pharma | Novartis | Emricasan (pan-caspase inhibitor) | $50M upfront with undisclosed licensing terms for a ***Phase 2a*** *asset* | **2016** |
| | Nitto Denko | BMS | ND-L02-s0201 | $100M upfront with undisclosed licensing terms for a ***Phase 1b*** *asset* | |
| | Akarna Therapeutics | Allergan | AKN-083 (FXR agonist) | $50M acquisition for a ***preclinical*** *asset* | |
| | Tobira Therapeutics | | Cenicriviroc (TAK-652) | $1.7B acquisition for a ***Phase 2*** *asset* | |
| | Nimbus | Gilead | NDI-010976 (ACC inhibitor) | $1.2B asset acquisition for a ***Phase 1*** *asset*<br>• $400M upfront $800M earn-outs with $200M earned Nov 2016 | |
| | Pharmaxis | Boehringer Ingelheim | PXS4728 | $233M acquisition of a ***Phase 1*** *asset*<br>• $29M upfront, $58M in clinical and $147M in regulatory/commercial milestones | **2015** |
| | NGM Biopharma | Merck | NP-201 | $450M license agreement for ***preclinical*** *asset*<br>• $94M upfront, $106M equity at a 20% premium, $250M in development funding | |
| ☑ Torreya | Phenex | Gilead | PX102, PX103, PX104 (FXR agonists) | $470M acquisition of a ***Phase 1*** *asset* | |

Source: Global Data and Torreya

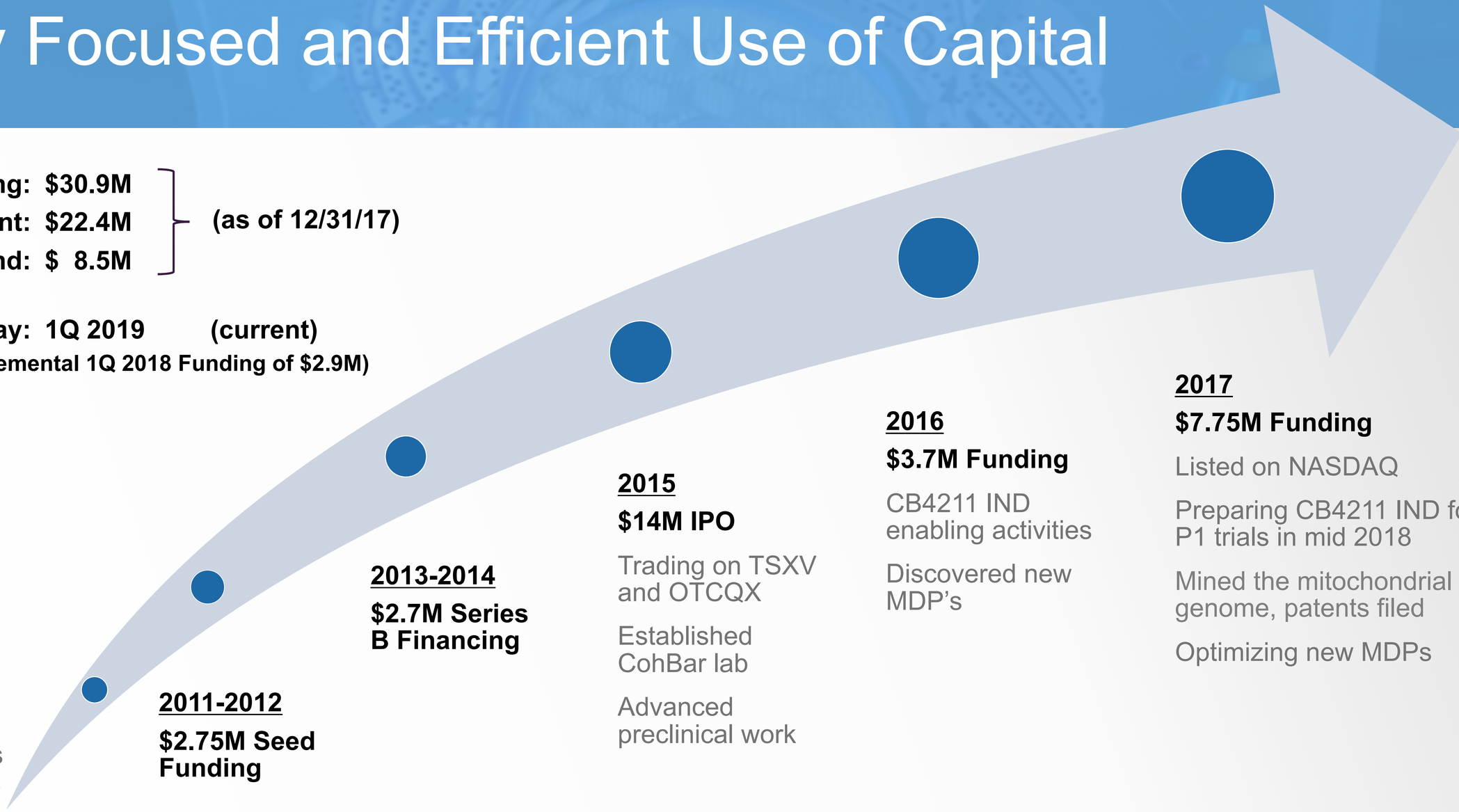
# Company Financing

# Highly Focused and Efficient Use of Capital

**Total Funding: $30.9M**
**Total Spent: $22.4M**
**Cash On Hand: $ 8.5M**

**(as of 12/31/17)**

**Cash Runway: 1Q 2019 (current)**
**(Includes Incremental 1Q 2018 Funding of $2.9M)**



**1998**

First MDP discovered

~$30M in grants to founders labs (as of 2014)

**2011-2012**

**$2.75M Seed Funding**

**2013-2014**

**$2.7M Series B Financing**

**2015**

**$14M IPO**

Trading on TSXV and OTCQX

Established CohBar lab

Advanced preclinical work

**2016**

**$3.7M Funding**

CB4211 IND enabling activities

Discovered new MDP's

**2017**

**$7.75M Funding**

Listed on NASDAQ

Preparing CB4211 IND for P1 trials in mid 2018

Mined the mitochondrial genome, patents filed

Optimizing new MDPs

# Financing Activities

**To Date**

- Seamless up-listing to NASDAQ in December - increased liquidity and first institutional investors
- Extensive evaluation of financing alternatives
- Near term considerations and dynamics:
  - Clinical Entry (mid-year)
  - Potential inclusion in Russell 2000 Index
  - Increasing scientific validation/industry recognition of CB4211/MDPs as metabolic regulators
- Interim Financing in March
  - To extend our runway through Q1 2019

**Going Forward**

- Evaluating follow-on financing objectives, dynamics, alternatives and timing
  - Phase 2 funding, new peptide program development
  - Increase liquidity, broaden institutional investor base

# Summary

- NASDAQ listing with increased visibility and engagement with the institutional investment community
- CB4211 continuing on track to the clinic at mid-year, novel Mechanism of Action
- Expanded NASH expertise with new consultants
- Partnering discussions ongoing
- Interim financing to fund operations through1Q 2019
- Evaluating potential near term value drivers going forward (clinical entry, Russell Index, MOA)
- Developing financing plans to expand the pipeline, extend funding into 2020 and CB4211 Phase 2

# CohBar – A Unique Opportunity to Address Enormous Medical Needs

- Strategically targeting the metabolic dysfunction underlying global epidemic diseases of aging
- Capitalizing on the breakthrough research and discoveries of our founders and scientists
- Unique opportunity to address enormous medical needs and related market opportunities
- Strong scientific and management team with demonstrated ability to execute cost-effectively
- Expanding pipeline of new peptides showing significant early-stage therapeutic potential in pre-clinical models for treating multiple diseases of aging
- IP strategy in place to preserve our lead in the MBT space
- First MBT, CB4211, on track to the clinic, has demonstrated unique characteristics and therapeutic potential for treating NASH and obesity, core epidemic drivers of comorbidities and mortality
- Partnering strategy and expertise in place, process underway targeting non-dilutive funding
- Strong shareholder base, increasing institutional awareness
- Potentially disruptive to existing healthcare and pharma models for our aging population