Corporate Update
Annual & Special Meeting
September 12, 2018

Link to webcast archive: http://services.choruscall.ca/links/resverlogixagm20180912.html

Forward Looking Statement

This news release may contain certain forward-looking information as defined under applicable Canadian securities legislation, that are not based on historical fact, including without limitation statements containing the words "believes", "anticipates", "plans", "intends", "will", "should", "expects", "continue", "estimate", "forecasts" and other similar expressions. In particular, this news release includes forward looking information relating to the Phase 3 BETonMACE clinical trial, Phase 2a kidney dialysis clinical trial and Fabry Disease clinical trial, and the potential role of apabetalone in the treatment of CVD, DM, chronic kidney disease, end-stage renal disease treated with hemodialysis, neurodegenerative disease, Fabry disease, peripheral artery disease and other orphan diseases. Our actual results, events or developments could be materially different from those expressed or implied by these forward-looking statements. We can give no assurance that any of the events or expectations will occur or be realized. By their nature, forward-looking statements are subject to numerous assumptions and risk factors including those discussed in our Annual Information Form and most recent MD&A which are incorporated herein by reference and are available through SEDAR at www.sedar.com. The forward-looking statements contained in this news release are expressly qualified by this cautionary statement and are made as of the date hereof. The Company disclaims any intention and has no obligation or responsibility, except as required by law, to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

Contact

Donald J. McCaffrey
Email: ir@resverlogix.com
Phone: 403-254-9252
Website: www.resverlogix.com

Resverlogix at a Glance

Snapshot

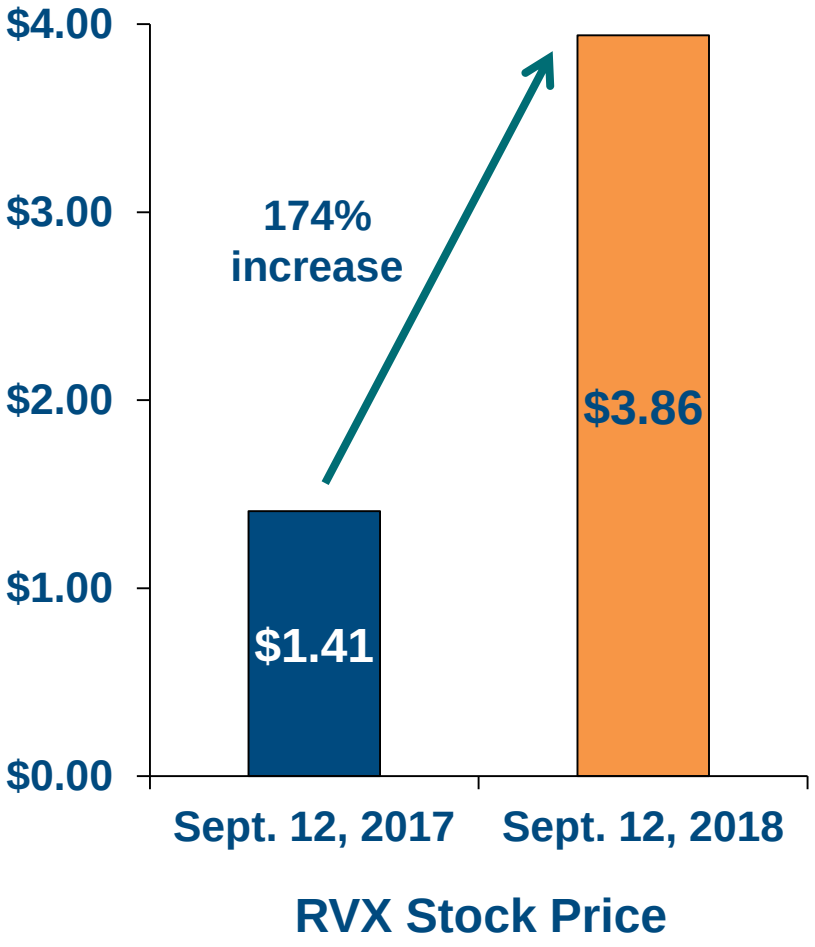
- Late-stage clinical biotechnology company that has built a leadership position in epigenetics
- Lead product candidate is Apabetalone, a first-in-class small molecule selective bromodomain extra-terminal (BET) protein inhibitor with broad applicability for cardiovascular, renal and other disease indications
- Fully enrolled Phase 3 trial for secondary prevention of MACE in patients with diabetes (type 2) and low HDL
- Attractive safety profile, with over 1,900 patients dosed and seven successful DSMB readouts in Phase 3

Profile

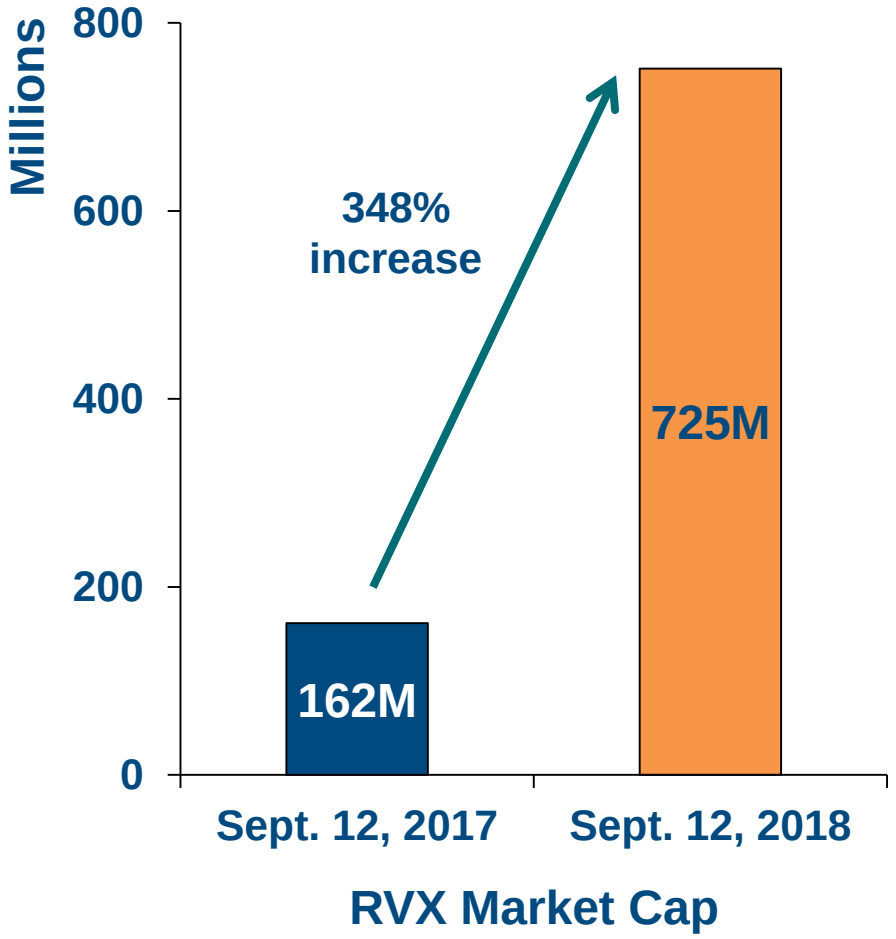
Listing	Toronto Stock Exchange: RVX
Market Cap	~C$735m[2] | ~US$550m[1]
Shares Outstanding	188.5m[2]

Note
1 Based on USD/CAD exchange rate of 1.30
2 As of September 10, 2018

Stock Price and Market Cap (TSX)



RVX Stock Price



RVX Market Cap

Our Pipeline Plan

Apabetalone Indication	Pre-clinical	Phase 1	Phase 2	Phase 3	Status Est.
Acute Coronary Syndrome (ACS)					**Initiation**: 2015 **Read-out:** Q1 2019 (Top line data)
Chronic Kidney Disease					**Initiation**: Q1, 2019 **Read-out:** Q4, 2019
Fabry's disease					**Initiation**: Q4 2018 **Read-out:** Q4 2019
Pulmonary Arterial Hypertension					**Initiation**: Q3 2019 **Read-out:** Q2 2020
Vascular Cognitive Dementia					**Initiation**: Q2 2019 **Read-out:** Q2 2020

Investment Highlights

1. **Global leader in epigenetic research and drug development**
2. **Apabetalone is a first-in-class BET inhibitor with potentially broad applicability across multiple disease indications**
3. **Addresses critical unmet need with 12 million + patients in top 8 markets**
4. **Lead program has completed enrollment of Phase 3 trial for high risk CVD patient population**
5. **Well established safety profile - to date, over 1,900 patients treated with apabetalone with no significant safety issues**
6. **Proven track record of funding development while minimizing shareholder dilution**
7. **Robust intellectual property position – patents extend to 2034**

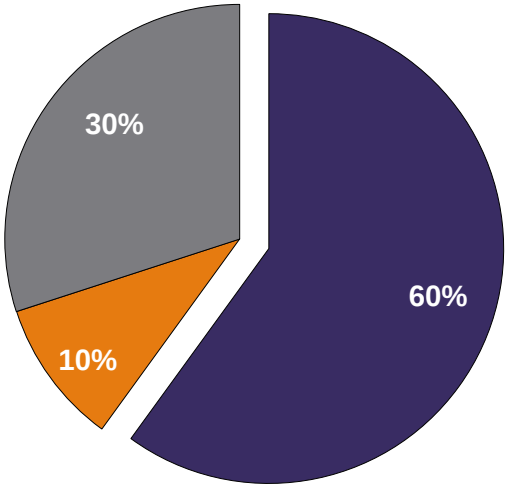
Addressing a Critical Unmet Need

Cardiovascular disease

Cardiovascular disease is still the number one killer of both males and females and costs the US healthcare system over $500B per year

Current CVD Therapies

- Statins are the top medication used to treat CVD
- Despite maximized use, current therapies only manage about 30% of CVD events



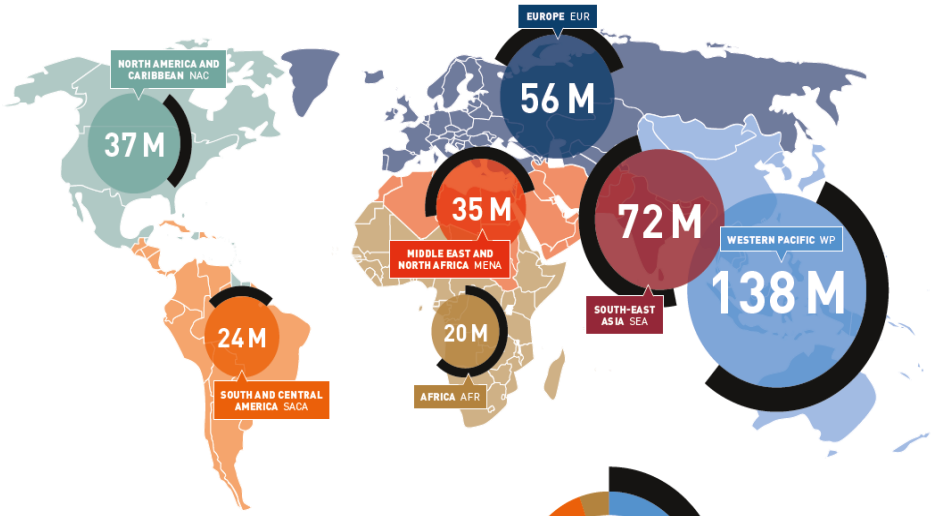
New LDL Modulators

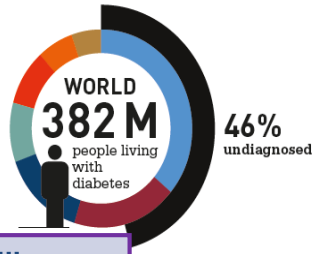
Several new types of LDL modulators are in clinic. Leading are the very expensive PCSK9's

Opportunity

Huge market potential resides in the remaining 60% unmet need in CVD management

The Diabetes Epidemic

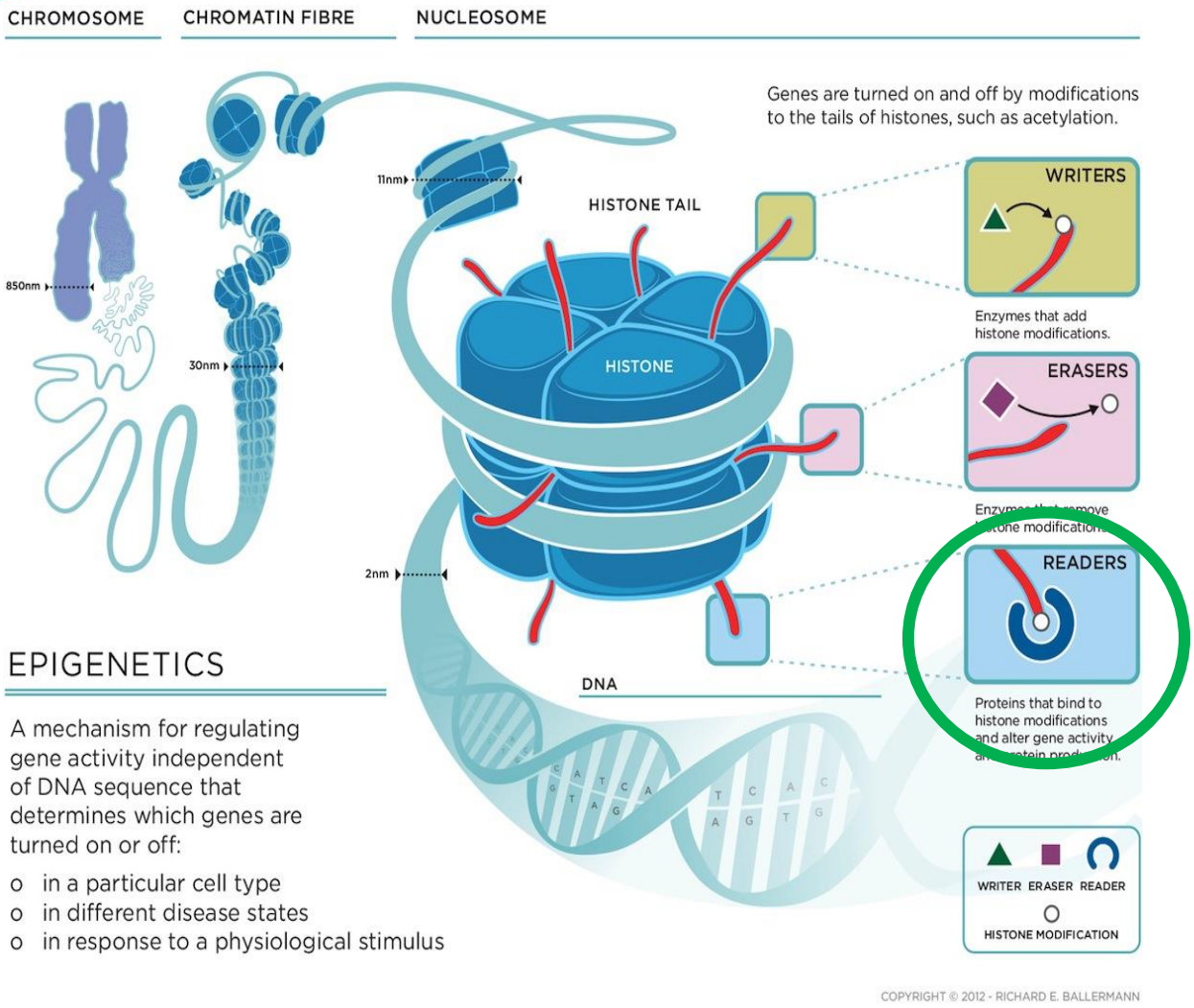




IDF Diabetes Atlas | Sixth edition

Diabetes prevalence; will increase by 55% in the next 30 years, with the Middle east region showing an increase of 96%.

Overview of Epigenetics

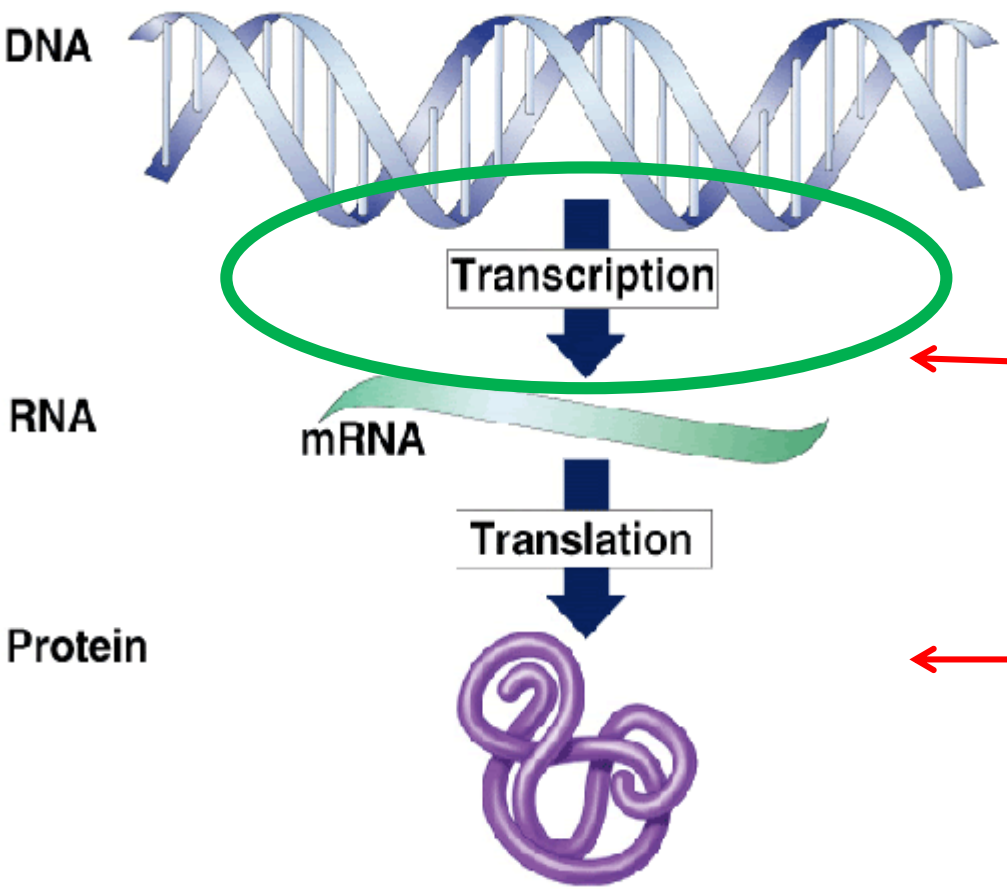


- The epigenetic code refers to modifications to chromatin components that regulate its activity
- Turning genes on or off is regulated by these modifications
- BET (Bromodomain and Extraterminal Domain) proteins recognize these modifications and turn genes on

Our Differentiated BET Platform

- Resverlogix has discovered compounds that **selectively** bind the bromodomains of BET proteins
  - Bromodomain selectivity: Resverlogix's apabetalone selectively targets BD2
  - BET (BRD2, BRD3, BRD4) protein selectivity: Our expertise in medicinal chemistry and epigenetics allows us to identify small molecules that target one or a specified subset of BET proteins
- Our Phase 2 clinical program provided us with what was **the only blood bank of BET inhibitor-treated patients in the world**
  - In-depth analysis such as proteomics, genomics, and pathway analysis revealed advanced knowledge of BET activities
  - The resulting knowledge from these activities provided a level of sophistication around BET that surpasses that of many others working in this area
- The properties of Resverlogix's molecules **avoid side effects seen with other BETi**
  - BET programs in oncology can tolerate a high degree of side effects due to the nature of the disease being treated
  - Chronic conditions such as cardiovascular disease and renal impairment require treatments with a side-effect profile acceptable for long-term treatment

Unique Mechanism of Action



Genome Editing

The mechanism is based on cutting and pasting undesired/desired sequences into or out of the DNA, thereby altering the gene sequence and then re-introducing the modified DNA into the body.

CRISPR – gene editing within a cell sub population

Transcriptional Regulation

Mechanism is based on changing the levels of disease causing **proteins** by modulating their expression at the gene level

Apabetalone – reduces expression of disease mediators

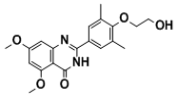
Protein Targeting

Focus on reducing or blocking the activity of **one** disease protein by using an inhibitor or antibody

Antibody or Inhibitor – blocks activity of one mediator of disease

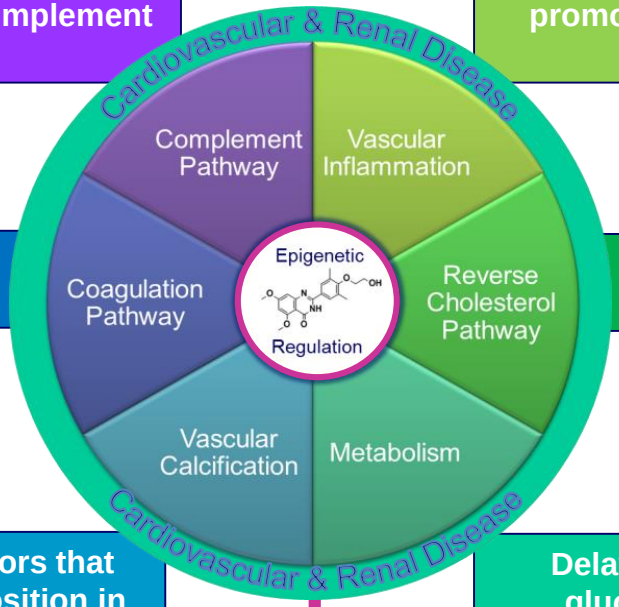
BET Inhibition Impacts the Pathways that Drive Cardiovascular Disease and Kidney Diseases

Apabetalone, a bromodomain extra-terminal (BET) protein inhibitor, regulates the expression of genes and restores the function of pathways underlying the pathogenesis of CVD and kidney disease



Reductions in the components and function of the complement cascade

Reductions in mediators that promote inflammation of the vasculature



Reductions in components of the coagulation cascade

Increased ApoA-I, positive effects on lipid content of HDL

Reductions in mediators that promote calcium deposition in the vasculature

Delayed and reduced oral glucose absorption and endogenous production

Reduced incidence of MACE

Our First Three Initial Opportunities

Top 8 Markets (U.S., Top 5 EU, Japan & Canada)

Apabetalone is a first-in-class, small molecule that is a selective BET inhibitor that produces a specific set of biological effects with important benefits while maintaining a well described safety profile. It is currently being evaluated for the following indications:

1 **High Risk Acute Coronary Syndrome (ACS) Patients with a Type II Diabetes Mellitus (DM) Comorbidity and Low High-Density Lipoprotein Cholesterol (HDL-C)**

1.9 M Patients by 2032

2 **High Risk Chronic Kidney Disease (CKD) Patients (Stages 3-5, Pre-Dialysis) with a Diabetes Mellitus Comorbidity and a History of Cardiovascular Disease (CVD)**

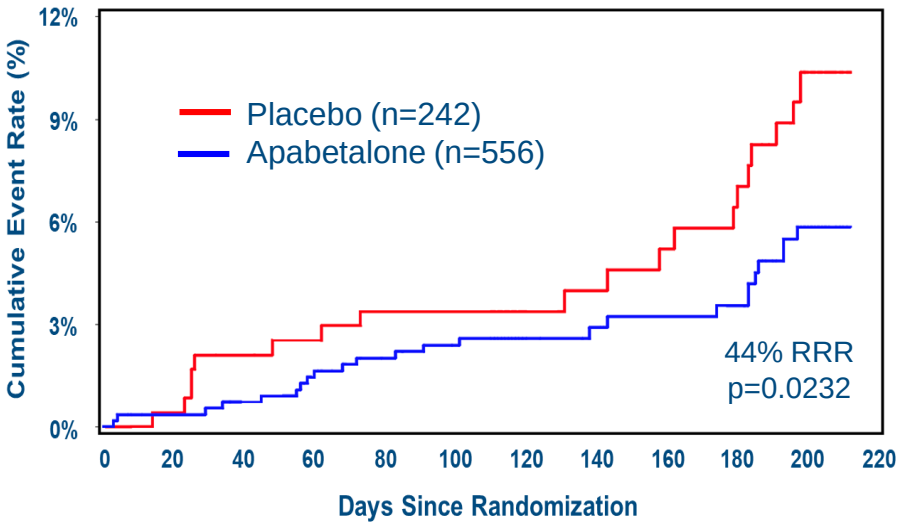
6.6 M Patients by 2032

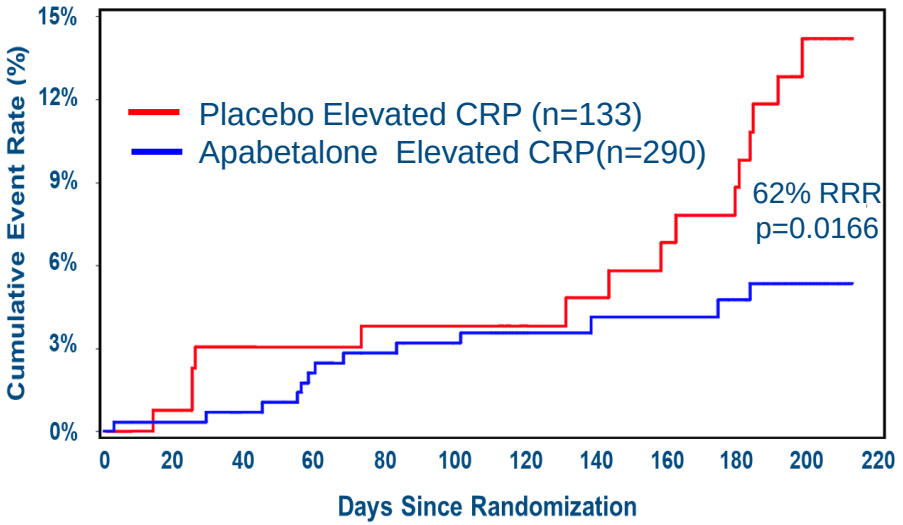
3 **Dementia and Mild Cognitive Impairment (MoCA score < 26) in Elderly (>65 years) Patients with Diabetes Mellitus Comorbidity and a History of CVD**

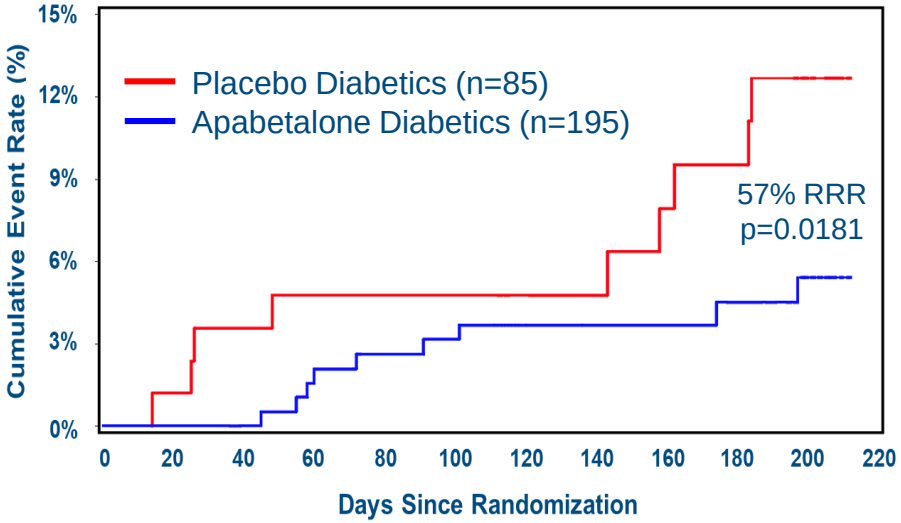
3.2 M Patients by 2032

Critical Conclusions from our Phase 2 CVD Trials

(ASSURE and SUSTAIN) Nicholls et al. 2017 Am J Cardiovasc Drugs







MACE: Major Adverse Cardiac Events including: death, myocardial infarction, stroke, coronary revascularization, hospitalization for acute coronary syndrome or heart failure

Decrease in MACE was most profound in patients who had a higher level of inflammation such as patients with diabetes

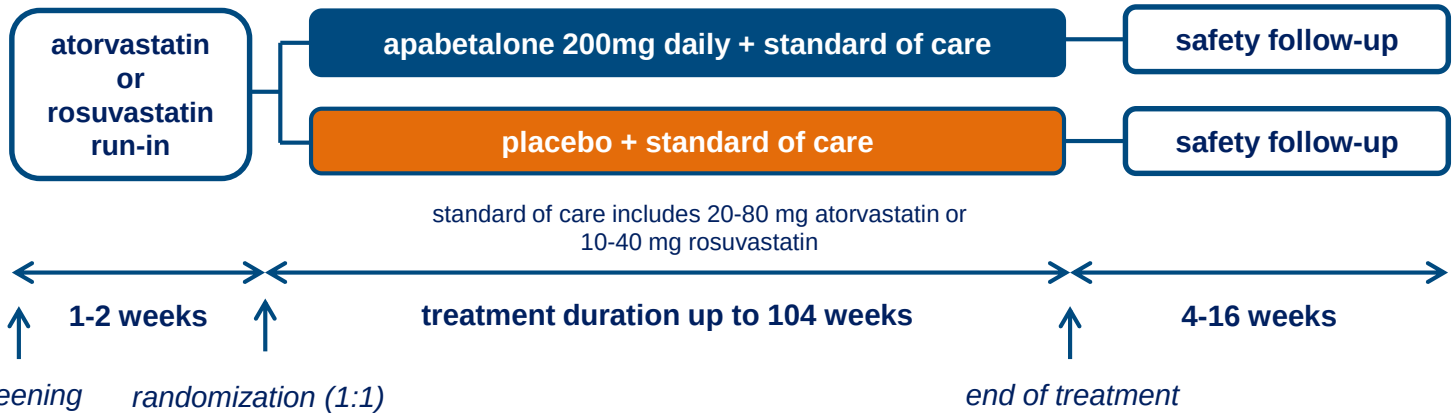
BETonMACE Phase 3 Trial

Enrollment Complete; Readout in Early 2019

BETonMACE
A CARDIOVASCULAR STUDY FOR PEOPLE WITH TYPE 2 DIABETES

2,400 + subjects

- double blinded
- 1-2 week statin run-in



The study is an event-based trial and continues until 250 narrowly defined MACE events have occurred

Key inclusion criteria

- Type II Diabetes Mellitus
  - HbA1c > 6.5% or history of diabetes medications
- CAD event 7 days - 90 days prior to screening
  - Myocardial infarction (MI), unstable angina or percutaneous coronary intervention
- HDL < 1.04 for males and < 1.17 for females

BETonMACE Commenced November ‘15

Apabetalone has already been tested in over 1,900 patients in 18 countries around the world, 14 countries have already approved Phase 3 usage

Apabetalone Target Product Profile

High Risk ACS with Diabetes and Low HDL-C

High Risk Acute Coronary Syndrome (ACS) Patients with a Type II Diabetes Mellitus (DM) Comorbidity and Low High-Density Lipoprotein Cholesterol (HDL-C)		
Phase 3 BETonMACE	**Primary Efficacy Endpoints**	• Time to the first occurrence of Major Adverse Cardiovascular Events (MACE) defined as: ○ CVD death; non-fatal myocardial infarction (MI); non-fatal ischemic stroke • Secondary endpoint includes: hospitalization for unstable angina, emergency revascularization procedures, and all-cause mortality

	Subgroups	• Assess potential improvement in kidney function, MACE, and renal serious adverse events (SAEs) (one time 40% or greater reduction in eGFR or doubling of serum creatinine) in population with baseline estimated GFR<60mL/min (stage 3+ CKD)
		  ○ Renal statistical analysis plan (SAP) in progress
		• Assess potential cognitive improvement based on a MoCA (Montreal Cognitive Assessment) in patients older than 70 years of age.
		  ○ Cognition statistical analysis plan (SAP) in progress

	Expected Efficacy Outcomes	• 30% relative risk reduction of MACE with statistical significance vs placebo with average treatment duration of 22- 24 months of treatment on top of current standard of care • Significant or trending results in defined subgroups such as CKD and cognition
Unique Selling Points		• Novel mechanism of action with multi-factorial approach for the reduction of MACE in high risk ACS patients • Orally available small molecule with low projected COGS and price compared to monoclonal antibodies and peptides • Potential for alternate indications and increased accretive value based on subgroup analysis of BETonMACE, proteomic analyses of serum data from past Phase 2 trials, and early pre-clinical signals of genes associated with disease risk

Clinical Trial Analysis Points and Time Lines

1. Maintain existing safety profile until trial completion, last dosing still expected in late 2018
2. Adaptive trial options – stop dosing at 230-235 events and wait for 250 events or stop at 250 events and probably accumulate 270+ events?
3. Futility analysis vs. SSRA? Neither appear to offer any trial benefit at this point. Both cause a statistical penalty against final powering. For now we have chosen neither.
4. Three point MACE event accumulation now stands around 200 with an occurrence rate of 10-15 per month
5. Adjudication of all 270 SAE MACE events will take two months post trial completion
6. Top line data will be announced immediately upon adjudication completion. Key secondary end points will also be released if available – Renal & Cognitive function
7. Throughout 2019 full outcomes, pre-specified endpoint data, safety results, and clinical implications will be reported and published

Committee Members for BETonMACE

Clinical Advisory Board

***Prof. Kausik K. Ray**, BSc (hons), MBChB, MD, MPhil (Cantab), FACC, FAHA, FESC, FRCP;*
Chairman Imperial College

***Dr. Gregory G. Schwartz**, MD, PhD*
University of Colorado Denver

***Dr. Stephen Nicholls**, MBBS, PhD*
South Australian Health and Medical Research Institute

***Dr. Henry N. Ginsberg**, MD, FAHA*
Columbia University

***Dr. Peter P. Toth**, MD, PhD, FAAFP, FICA, FAHA, FNLA, FCCP, FACC*
CGH Medical Center

***Dr. Kamyar Kalantar-Zadeh**, MD, MPH, PhD, FAAP, FACP, FASN, FAHA, FNKF*
University of California Irvine

Recent High Profile Publications

RVX-208, a BET-inhibitor for treating atherosclerotic cardiovascular disease, raises ApoA-I/HDL and represses pathways that contribute to cardiovascular disease- ***Atherosclerosis 2016***

Data on gene and protein expression changes induced by apabetalone (RVX-208) in ex vivo treated human whole blood and primary hepatocytes- ***Data in Brief 2016***

Downregulation of the Complement Cascade In Vitro, in Mice and in Patients with Cardiovascular Disease by the BET Protein Inhibitor Apabetalone (RVX-208)- ***Journal of Cardiovascular Translational Research 2017***

Selective BET Protein Inhibition with Apabetalone and Cardiovascular Events: A Pooled Analysis of Trials in Patients with Coronary Artery Disease- ***American Journal of Cardiovascular Drugs 2017***

Benefit of Apabetalone on Plasma Proteins in Renal Disease- ***KI Reports 2017***

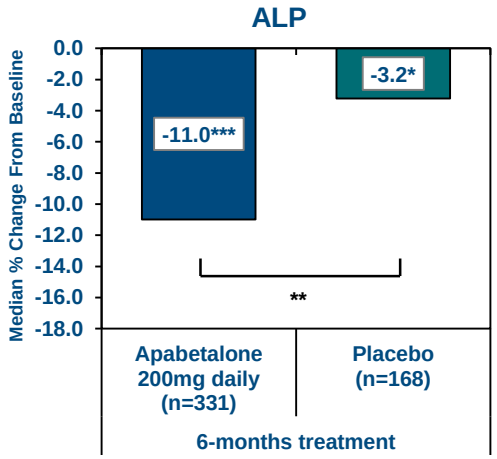
Apabetalone Mediated Epigenetic Modulation is Associated with Favorable Kidney Function and Alkaline Phosphatase Profile in Patients with Chronic Kidney Disease – ***Kidney and Blood Pressure Research 2018***

Chronic Kidney Disease Clinical Program Overview

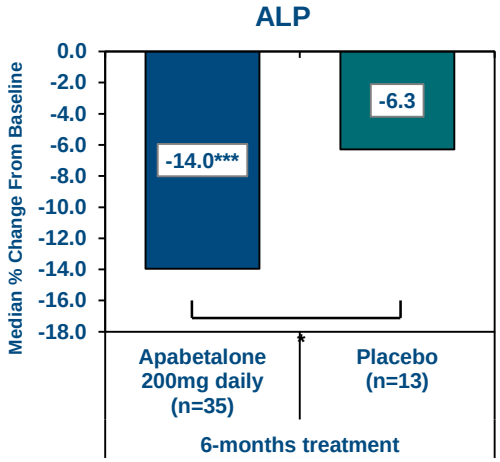
Rationale for Kidney Disease Phase 2b/3

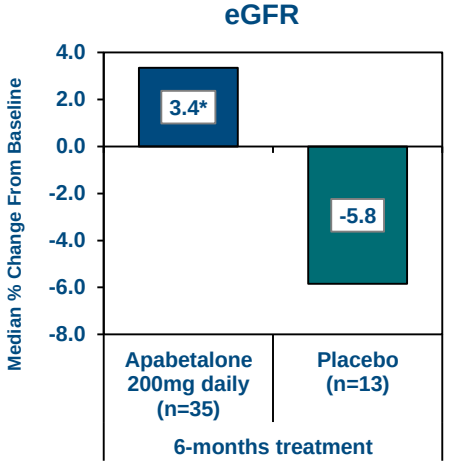
- Apabetalone has demonstrated reductions in alkaline phosphatase (a strong marker of CKD risk) and improvements in eGFR in CKD patients (eGFR < 60 mL/min/1.73m^2) with CVD in the phase 2 ASSURE and SUSTAIN trials

All Patients



Patients With Baseline eGFR<60 mL/min/1.73m^2





Data Presented in Keynote Address at the 2015 American Society of Nephrology Conference, San Diego

- Resverlogix believes that BET inhibition and apabetalone may have the potential to improve kidney function, as measured by eGFR, in patients suffering from various stages of kidney disease
- Resverlogix is currently investigating the potential for expansion into specific kidney indications:
  - CKD (Stages 3a and 3b) patients, with a history of CVD (Phase 3 BETonMACE subgroup)
  - High Risk CKD Patients on Dialysis (Phase 2b BETonRenal study)

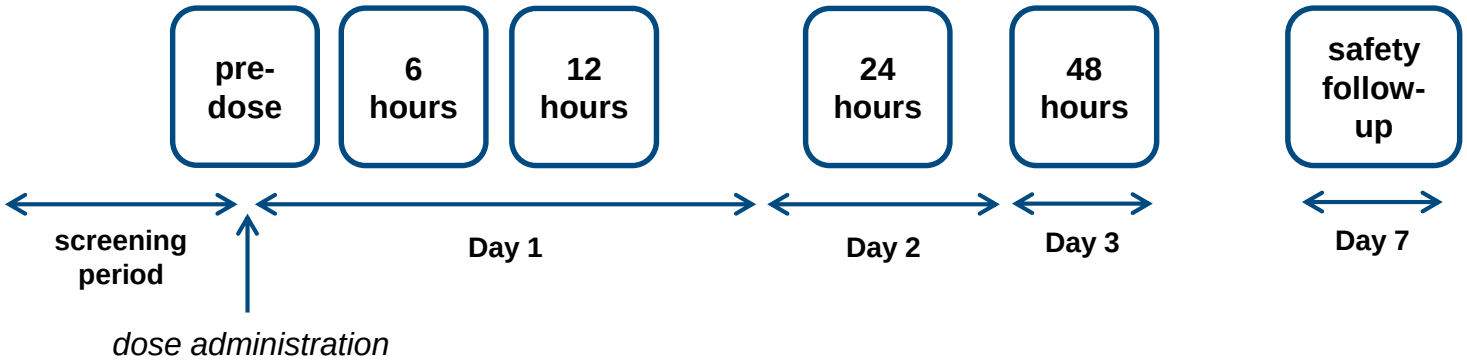
Kidney Disease Phase I Study

A Phase I, Open-Label, Parallel Group Study to Evaluate the Safety and Pharmacokinetics of a Single Oral Dose of Apabetalone in Subjects with Severe Renal Impairment

Cohort 1
Previously diagnosed with CKD (stage IV) and not on dialysis (eGFR <30 mL/min/1.73m^2) N=8

Cohort 2
Volunteers matched for age (±10 years), weight (±20%), and gender with the subjects in Cohort 1 (renal impaired subjects); eGFR ≥60 mL/min/1.73m^2 N=8

apabetalone 100mg single dose



Trial demonstrated that apabetalone has a highly differential effect on protein levels based on disease status, healthy vs sick, reducing a variety of plasma proteins and downregulating pathways activated in the CKD cohort

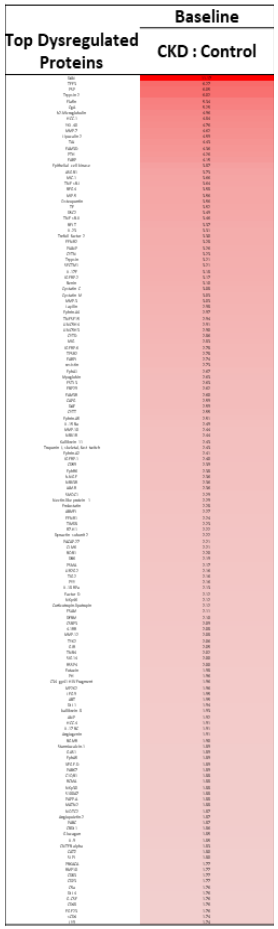
CKD Program - Phase 1 Data

Effect of Apabetalone on Differentially Expressed Proteins

288 proteins were different between the plasma of CKD patients and matched controls (red indicates higher protein levels in CKD/control)

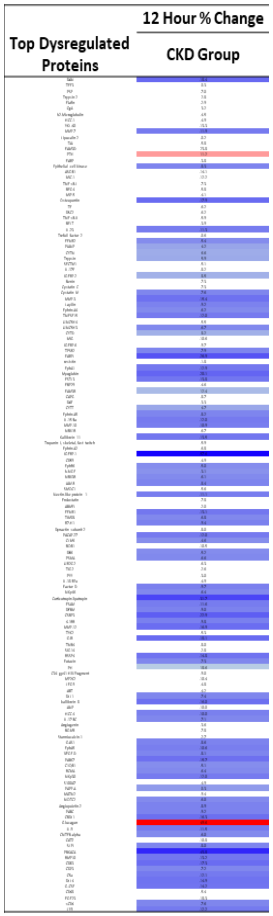
CKD = Subjects with stage 4 Chronic Kidney Disease

152 of the 288 differentially expressed proteins in the CKD patients were downregulated at 12 hours following one dose of apabetalone



100mg Dose Apabetalone

Blue = downregulated;
white = no change;
Red = upregulated



In CKD patients, one dose of apabetalone reduced CKD and CVD biomarkers that were dysregulated at baseline

SOMAscan® Analysis of Plasma Proteome – Phase 1 Trial

Apabetalone Reduces CVD and CKD Biomarkers

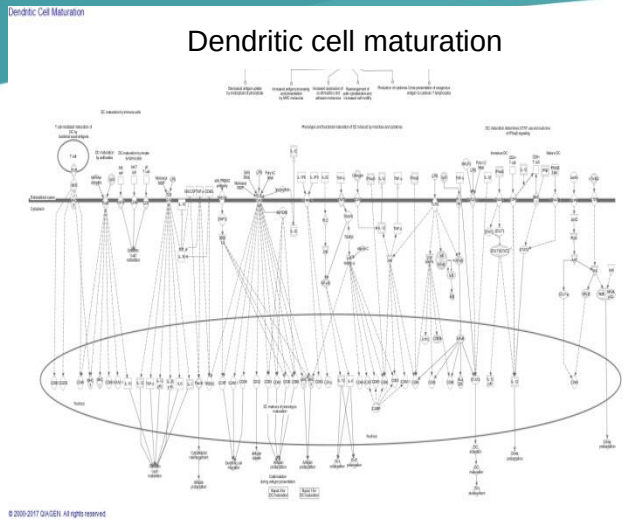
	Protein Name	Gene Symbol	Subjects with CKD (stage IV) (n=8) treated with 100 mg Apabetalone		Matched Control Subjects (n=8) treated with 100 mg Apabetalone	
			% Δ from baseline at 12h	p-value	% Δ from baseline at 12h	p-value
Inflammation	Interleukin-6	IL6		0.05	NS	
	Interleukin-1 alpha	IL1A		0.01	NS	
	Interferon gamma	IFNG		0.04	NS	
	TNF receptor superfamily member 1A	TNFRSF1A		0.05	NS	
	C-reactive protein	CRP		0.04	NS	
	Tumor necrosis factor	TNF		0.02	NS	
Cell Adhesion	P-selectin	SELP		0.04	NS	
	E-selectin	SELE		0.01		0.02
	Intercellular adhesion molecule 1	ICAM1		0.05		0.04
	Vascular cell adhesion protein 1	VCAM1		0.01	NS	
Matrix Remodeling Calcification	Fibronectin	FN1		0.02	NS	
	Stromelysin-1	MMP3		0.02	NS	
	Stromelysin-2	MMP10		0.02	NS	
	Osteopontin	SPP1		0.01		0.04
Thrombosis	Plasminogen activator inhibitor 1	SERPINE1		0.04	NS	
	Tissue-type plasminogen activator	PLAT		0.01	NS	
	Urokinase-type plasminogen activator	PLAU		0.01	NS	
	D-dimer	FGA/B/C		0.05	NS	
	Urokinase plasminogen activator surface receptor	PLAUR		0.02	NS	

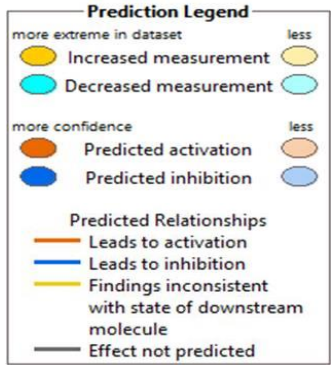
Apabetalone reduces markers of inflammation, cell adhesion, matrix remodeling, calcification and thrombosis in the CKD cohort after one dose and 12 hours

SOMAscan® Analysis of Plasma Proteome in CKD Patients

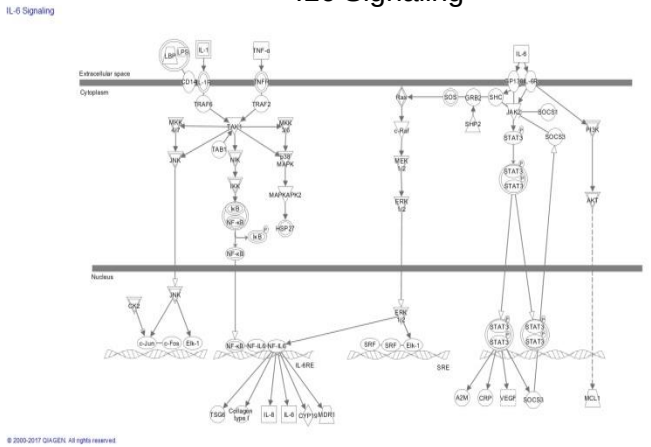
IPA Canonical Pathways

Dendritic cell maturation

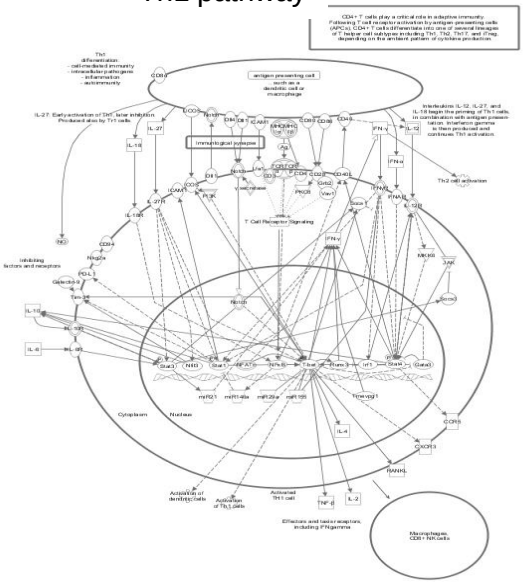




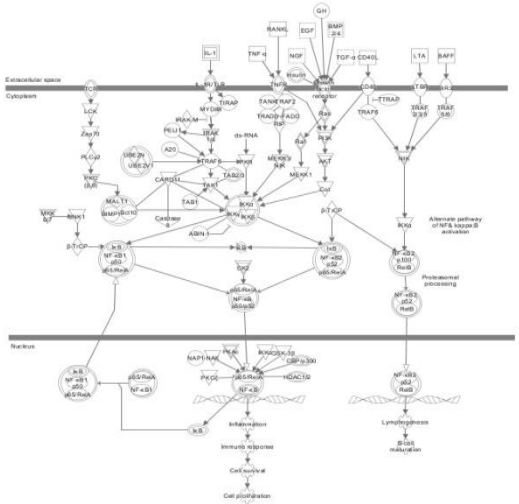
IL6 Signaling



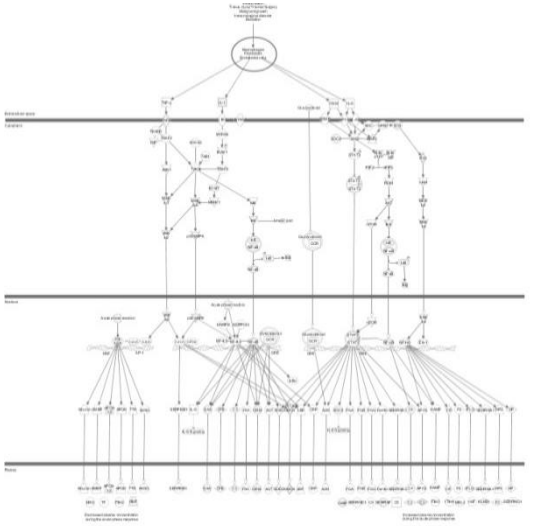
Th1 pathway



NF-kB Signaling



Acute Phase Response



Wasiak et al., 2017

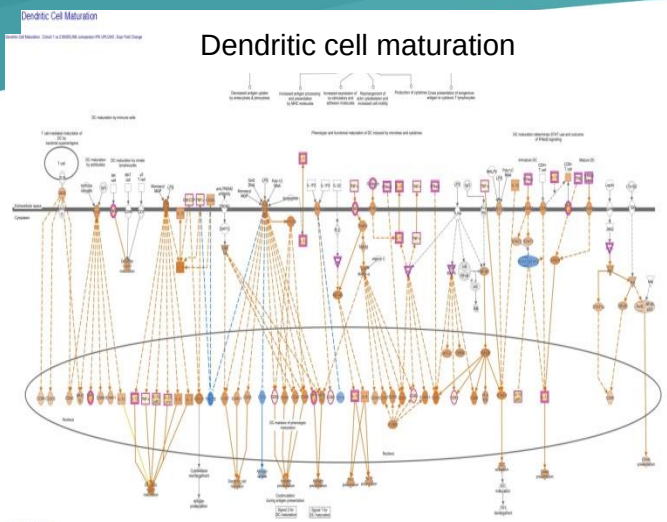
Δ>10% p≤0.05

SOMAscan® Analysis of Plasma Proteome in CKD Patients

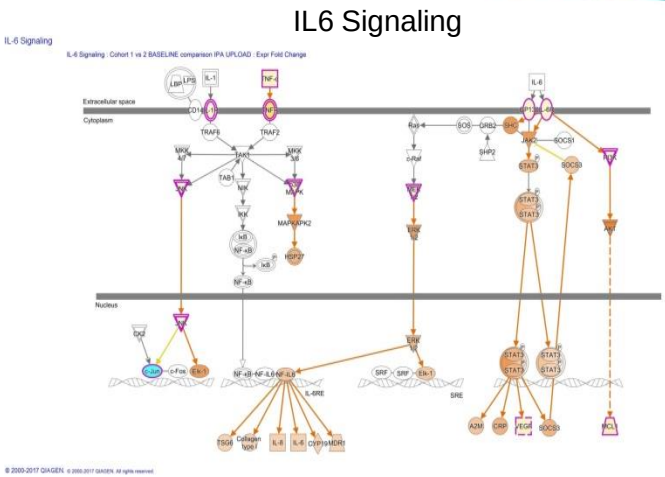
IPA Canonical Pathways: Top 5 Pathways Upregulated at Baseline

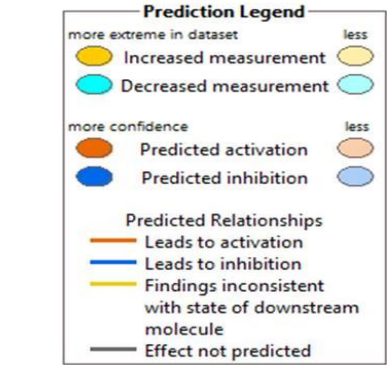
Baseline

Dendritic cell maturation

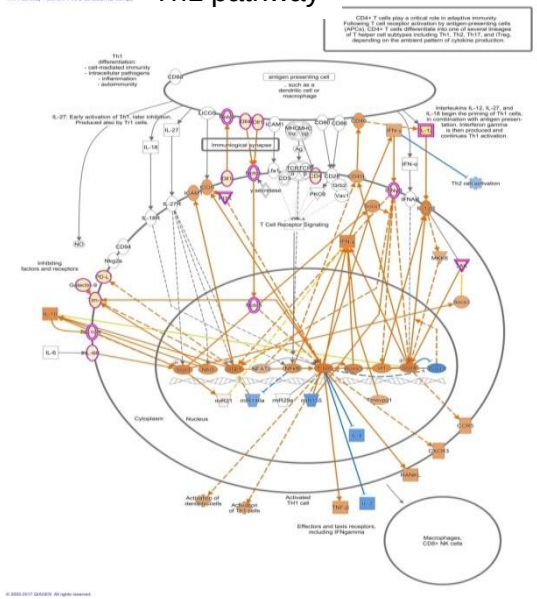


IL6 Signaling

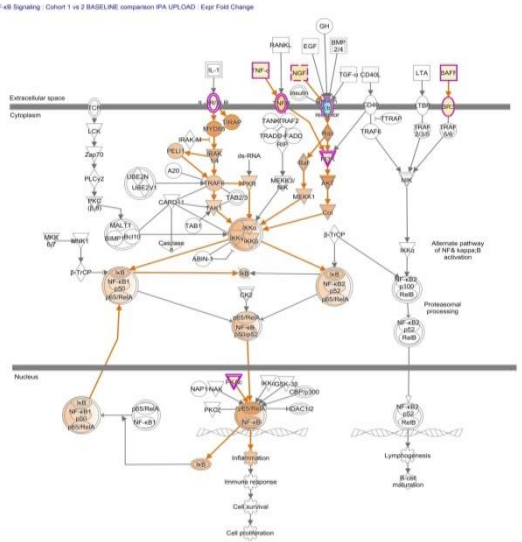




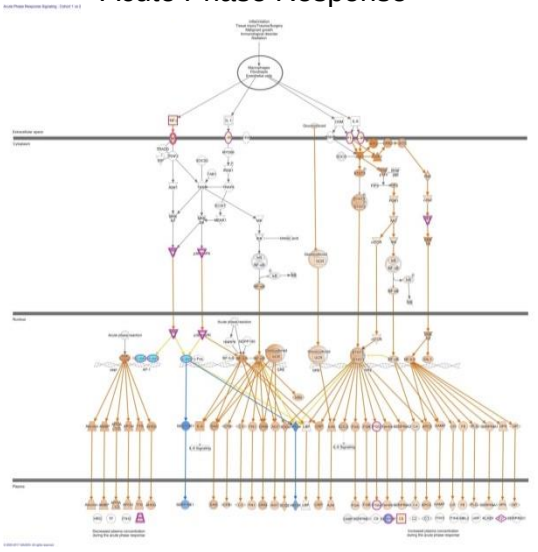
Th1 pathway



NF-kB Signaling



Acute Phase Response



Wasiak et al., 2017

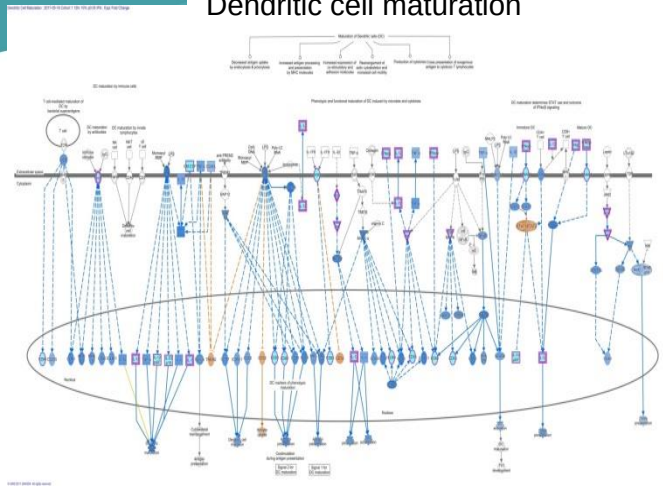
Δ>10% p≤0.05

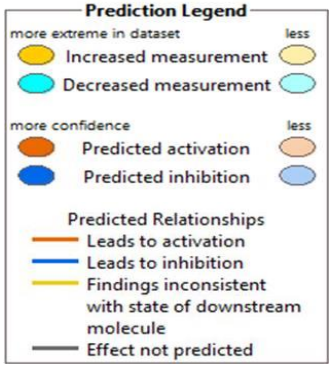
SOMAscan® Analysis of Plasma Proteome in CKD Patients

IPA Canonical Pathways: Top 5 Pathways Downregulated with Apabetalone

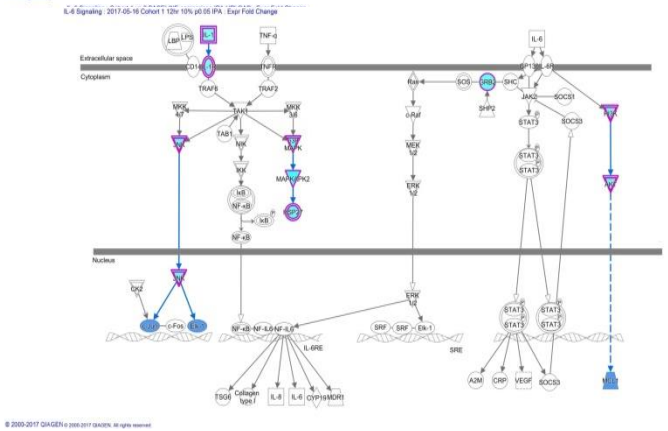
Apabetalone

Dendritic cell maturation

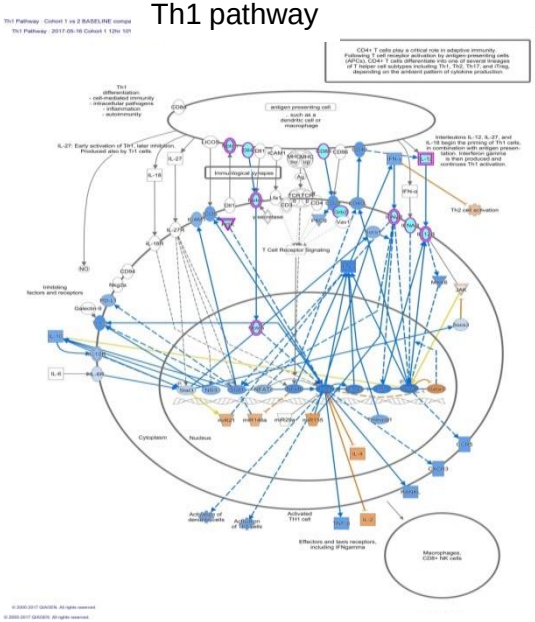




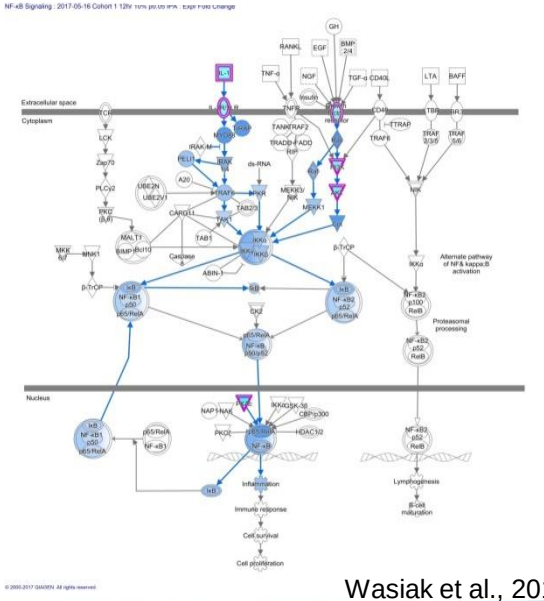
IL6 Signaling



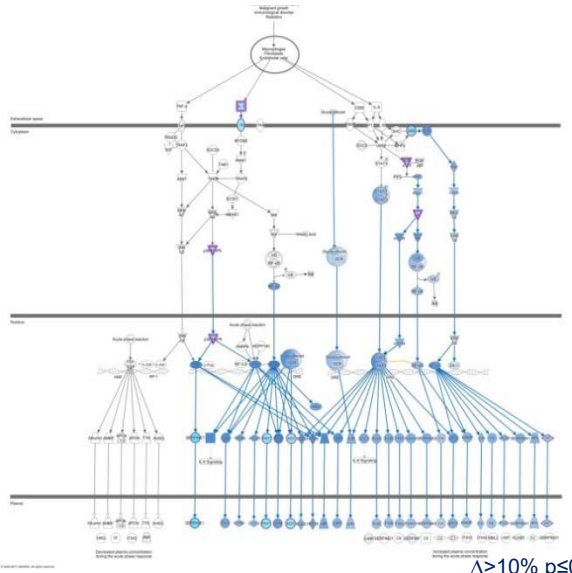
Th1 pathway



NF-kB Signaling



Acute Phase Response



Wasiak et al., 2017

Δ>10% p≤0.05

Apabetalone Target Product Profile

CKD (Stages 3-5, Pre-Dialysis) with Diabetes and History of CVD

High Risk Chronic Kidney Disease (CKD) Patients (Stages 3-5, Pre-Dialysis) with a Diabetes Mellitus Comorbidity and a History of Cardiovascular Disease (CVD)		
Phase 3 BETonCKD	**Primary Efficacy Endpoints**	• Progression to end stage renal disease, defined as the need for maintenance dialysis for 12 weeks or more or kidney transplantation • Time to the first occurrence of Major Adverse Cardiovascular Events (MACE) defined as: ○ CVD death; non-fatal myocardial infarction (MI); non-fatal ischemic stroke
	Secondary Efficacy Endpoints	• Hemoglobin (Hb) change and response from baseline • Evaluate changes in alkaline phosphatase over time and between treatment groups including isoforms • Evaluate transcription (mRNA) change in whole blood • Evaluate changes in inflammation variables including hsCRP, fibrinogen, and haptoglobin within and between treatment groups
	Expected Efficacy Outcomes	• Maintain glomerular filtration rate of treated group vs placebo at a statistically significant level • 25% relative risk reduction with statistical significance vs placebo with 18 months of treatment on top of current standard of care
Unique Selling Points		• Novel mechanism of action with multi-factorial approach for the reduction of MACE in high risk CVD patients, and for the delayed and/or improvement of renal function in CKD patients • Orally available small molecule with low projected COGS and price compared to monoclonal antibodies and peptides • Potential for alternate indications and increased accretive value based on subgroup analysis of BETonMACE, proteomic analyses of serum data from past Phase 2 trials, and early pre-clinical signals of genes associated with disease risk

Kidney Disease Program Clinical Advisory Board

Dr. Kamyar Kalantar-Zadeh
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University Hospital RWTH Aachen

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Member
University of Calgary Chair Medical Research

Dr. Srinivasan Beddhu
Member
University of Utah

Dr. Mathias Haarhaus
Member
Karolinska University Hospital

Investment Highlights

1. **Global leader in epigenetic research and drug development**
2. **Apabetalone is a first-in-class BET inhibitor with potentially broad applicability across multiple disease indications**
3. **Addresses critical unmet need with 12 million + patients in top 8 markets**
4. **Lead program has completed enrollment of Phase 3 trial for high risk CVD patient population**
5. **Well established safety profile - to date, over 1,900 patients treated with apabetalone with no significant safety issues**
6. **Proven track record of funding development while minimizing shareholder dilution**
7. **Robust intellectual property position – patents extend to 2034**

Resverlogix Corp.

AGM Corporate Update

September 12, 2018 Calgary, Alberta

Appendix

BET Literature Impact Growing CVD and Renal Risk

RESVERLOGIX

OPEN ACCESS Freely available online

PLOS ONE

RVX-208, an Inducer of ApoA-I in H
Bromodomain Antagonist

Am J Cardiovasc Drugs
DOI 10.1007/s40256-017-0250-3

CrossMark

ORIGINAL RESEARCH ARTICLE

Selective BET Protein Inhibition with Apabetalone and Cardiovascular Events: A Pooled Analysis of Trials in Patients with Coronary Artery Disease

Data in Brief 8 (2016) 1280–1288

Contents lists available at ScienceDirect

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Data Article

Data on gene and p
induced by apabetal
treated human who
primary hepatocyte

Sylwia Wasiak [a], Dean Gil
Christopher Halliday [a], Ka
Kevin G. McLure [a], Peter H
Ewelina Kulikowski [a], Jan
Norman C. Wong [a,*]

[a] Resverlogix Corp., Calgary, Canada
[b] Resverlogix Corp., San Francisco, USA

KI REPORTS

Kidney International Reports

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Article in Press

Benefit of Apabetalone on Plasma Proteins in Renal Disease

Sylwia Wasiak[5], Laura M. Tsujikawa[5], Christopher Halliday, Stephanie C. Stotz, Dean Gilham, Ravi Jahagirdar, Kamyar Kalantar-Zadeh, Richard Robson[6], Michael Sweeney, Jan O. Johansson, Norman C. Wong, Ewelina Kulikowski

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pher Halliday [a],
sson [b], Michael Sweeney [b],

J. of Cardiovasc. Trans. Res.
DOI 10.1007/s12265-017-9755-z

ORIGINAL ARTICLE

Downregulation of the Complement Cascade In Vitro, in Mice and in Patients with Cardiovascular Disease by the BET Protein Inhibitor Apabetalone (RVX-208)

Sylwia Wasiak [1] · Dean Gilham [1] · Laura M. Tsujikawa [1] · Christopher Halliday [1] · Cyrus Calosing [1] · Ravi Jahagirdar [1] · Jan Johansson [2] · Michael Sweeney [2] · Norman C. Wong [1] · Ewelina Kulikowski [1]

Received: 21 December 2016 / Accepted: 17 May 2017
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, Has Therapeutic Effects
ation and

Autoimmune Disease

Ravi Jahagirdar, Sarah Attwell, Suzana Marusic, Alison Bendele, Narmada Shenoy, Kevin G. McLure, Dean Gilham, Karen Norek, Henrik C. Hansen, Raymond Yu, Jennifer Tobin, Gregory S. Wagner, Peter R. Young, Norman C. W. Wong, and Ewelina Kulikowski

Resverlogix Corporation, Calgary, Alberta, Canada (R.J., S.A., K.G.M., D.G., K.N., H.C.H., R.Y., J.T., G.S.W., P.R.Y., N.C.W.W., E.K.); Hooke Laboratories Inc., Lawrence, Massachusetts (S.M.); Bolder BioPATH Inc., Boulder, Colorado (A.B.); and Aravasc Inc., Sunnyvale, California (N.S.)

BET Inhibition and HIV-1

- Recent high profile publications illustrate apabetalone-induced activation of latent HIV-1 *in vitro and ex vivo*
- Suggest that apabetalone synergistically reactivated latent HIV-1 and could combine with cART drugs to inhibit viral infection

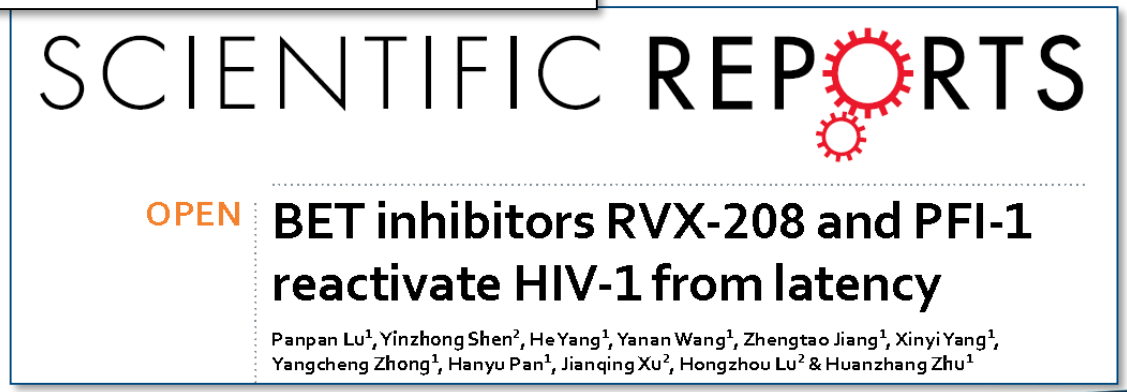
Acta Pharmacologica Sinica

www.nature.com/aps

ARTICLE

The BET bromodomain inhibitor apabetalone induces apoptosis of latent HIV-1 reservoir cells following viral reactivation

Xuan-xuan Zhang[1], Jian Lin[1], Tai-zhen Liang[1], Heng Duan[2], Xing-hua Tan[3], Bao-min Xi[1], Lin Li[1] and Shu-wen Liu[1]



SCIENTIFIC REPORTS

OPEN

BET inhibitors RVX-208 and PFI-1 reactivate HIV-1 from latency

Panpan Lu[1], Yinzhong Shen[2], He Yang[1], Yanan Wang[1], Zhengtao Jiang[1], Xinyi Yang[1], Yangcheng Zhong[1], Hanyu Pan[1], Jianqing Xu[2], Hongzhou Lu[2] & Huanzhang Zhu[1]

Additional Indications

- Paroxysmal nocturnal hemoglobinuria – orphan indication
- Neurofibromatosis – Malignant Peripheral Nerve Sheath Tumors (MPNST) orphan indication
- Pulmonary Arterial Hypertension: orphan indication
- Muscular Dystrophy/Facio Scapulo Humeral Dystrophy: orphan indication
- Fabray's Disease: orphan indication
- Neuroinflammation
- HIV eradication