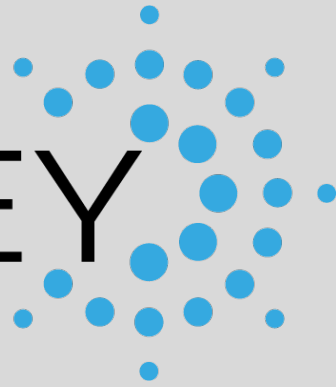


PROKIDNEY

Developing Solutions for Dialysis Prevention



RMCL-002 **Final Analysis**

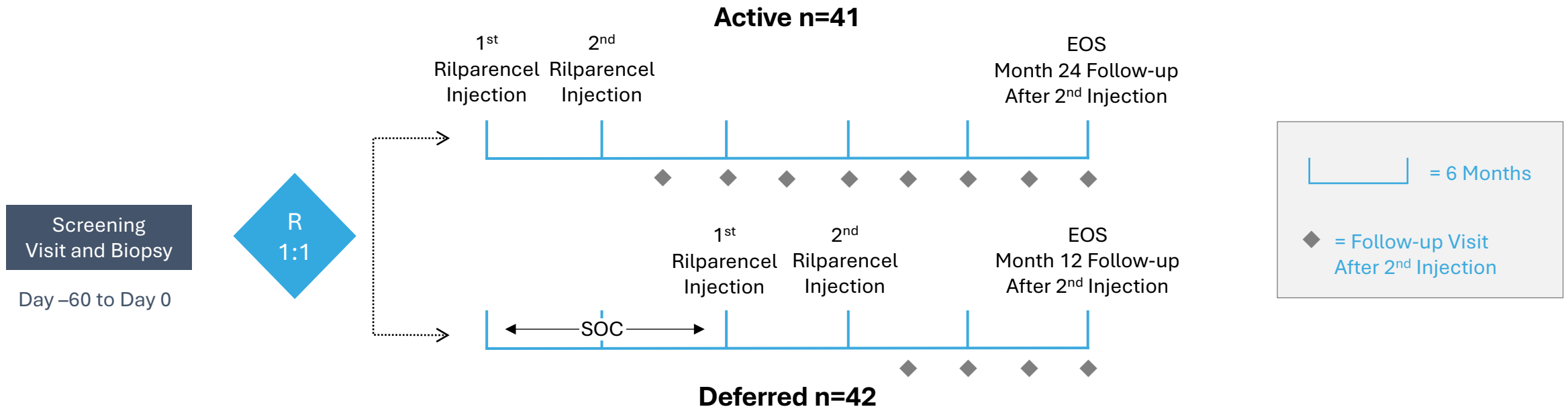
May 2024



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RMCL-002: Trial Design



Key Entry Criteria

- Type 2 Diabetes Mellitus (DKD)
- Male or female 30-80 years of age
- eGFR ≥ 20 and ≤ 50 mL/min/1.73m²
- Not on kidney dialysis, HbA1c <10%

Study Endpoints

- Rilparencel and procedure related adverse events**
- Change in kidney function (assessed by eGFR)**

Study Timeframe

- First patient injected in 2017
- RMAT granted for Phase 3 program in January 2022

RMCL-002: Study Objectives and Endpoints

Study Objectives

- To assess the safety and efficacy of up to two rilparencel injections given 6 months apart and delivered into the biopsied kidney using a percutaneous approach

Study Endpoints

- Procedural and investigational product-related adverse events
- Change in kidney function as measured by serial measurements of estimated glomerular filtration rate (eGFR)

RMCL-002 Baseline Subject Characteristics are Balanced and Represent a High-Risk CKD Population

	ACTIVE ARM (n=41)	DEFERRED ARM (n=42)
Age, years (mean +/- SD)	66.1 +/- 9.9	64.6 +/- 8.9
Female : Male, %	29% : 71%	36% : 64%
Hispanic or Latino, %	17%	10%
Race, %		
Black or African American	2.5%	14%
White	95%	74%
Other	2.5%	12%
Blood pressure, mm HG	133 / 72	135 / 73
eGFR, mL/min/1.73m² (mean +/- SD)	33.9 +/- 8.6	31.7 +/- 7.4
Stage 3A CKD, n (%)	5 (12%)	3 (7%)
Stage 3B CKD, n (%)	21 (51%)	18 (43%)
Stage 4 CKD, n (%)	15 (37%)	21 (50%)
UACR mg/g (median +/- interquartile range)	740 (68, 1597)	598 (58, 1985)
Geometric Mean of UACR mg/g	389	330
HbA1c, % (mean +/- SD)	7.2 +/- 1.0	7.1 +/- 1.0

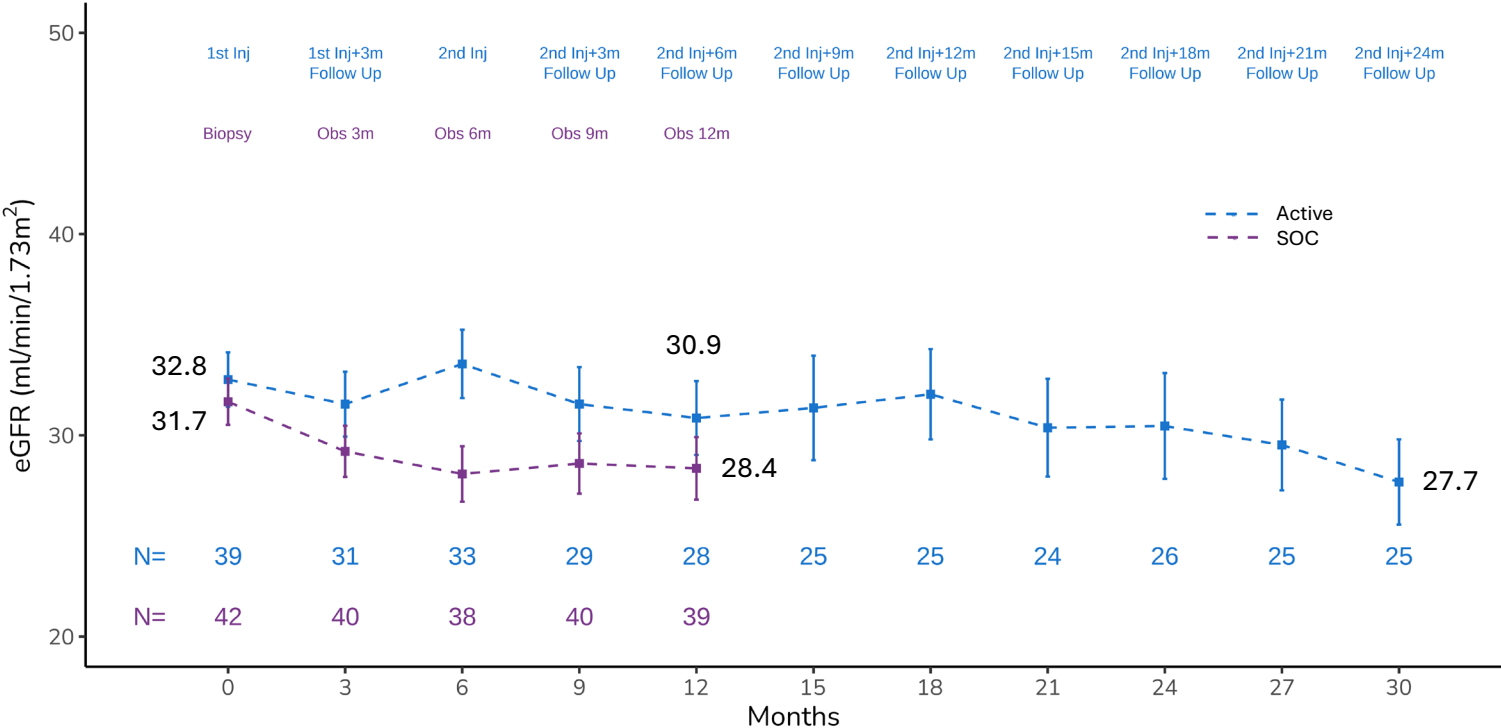
No Rilparencel-related SAEs Identified in RMCL-002

ADVERSE EVENT	BIOPSY # of events (n=83)*	RILPARENCEL INJECTION # of events (n=132)*
Hematoma (including Page Kidney during biopsy)	2	2
Pain	0	2
Acute Kidney Injury	1	1
CKD progression (eGFR progression)	0	1
Pyrexia	0	1
Anemia	0	1
Pneumonia	0	1
Creatinine increase	0	1

Other events with possible-relatedness include kidney fibrosis and indeterminate renal vessel occlusion or vasospasm

Active Cohort Subjects Showed No Clinically Meaningful eGFR Decline Over 30 Months

Active Arm Subjects vs Deferred Arm Subjects

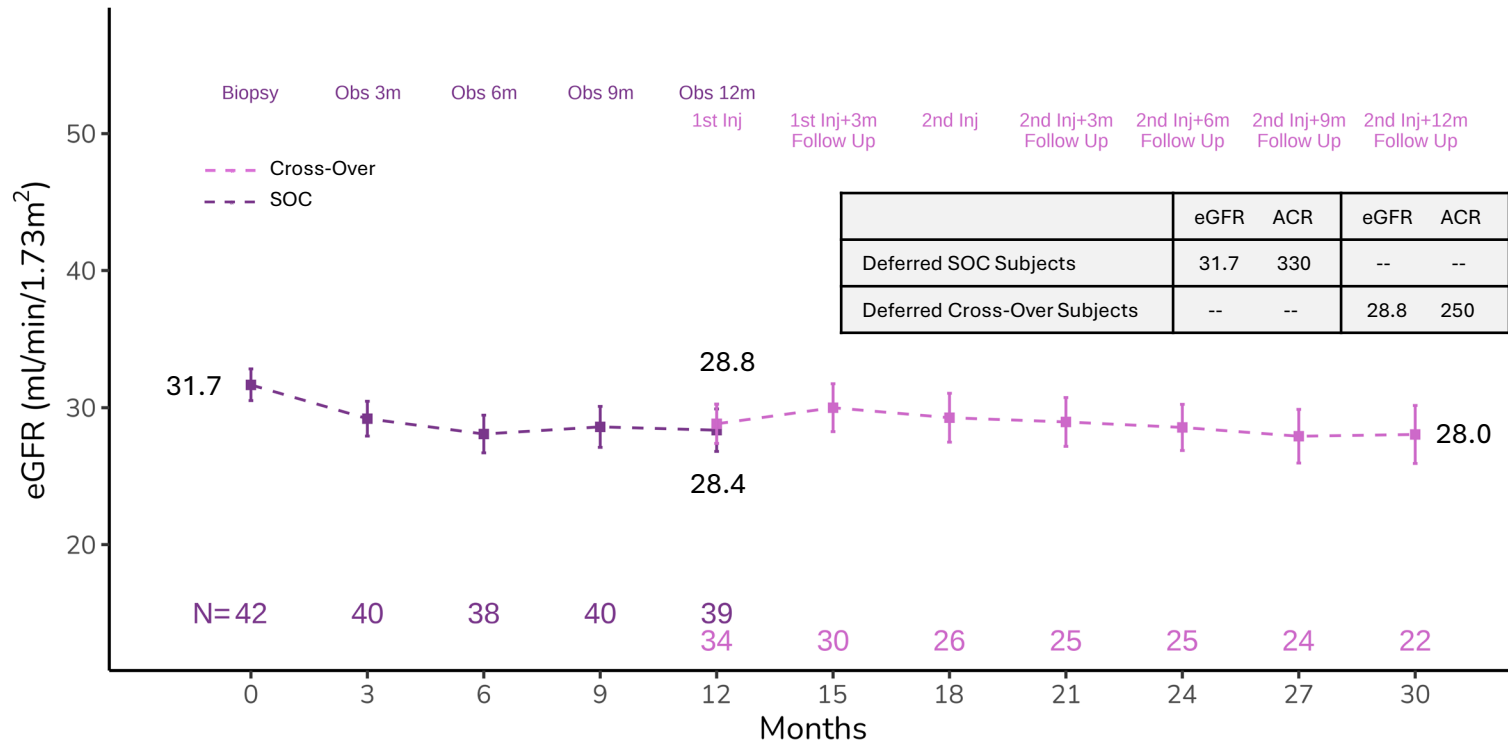


The Active Cohort showed a cumulative change in average eGFR of **-5.1 mL/min/1.73m² after 30 months**;

The Deferred Cohort, receiving standard of care, showed a cumulative change in average eGFR of **-3.3 mL/min/1.73m² after 12 months**.

Deferred to Cross-Over Subjects Showed Preservation of eGFR after Rilparencel Injection

Deferred Arm Subjects



Average eGFR of the Deferred cohort was 31.7 at baseline vs 28.4 at 12 months

[absolute difference of -3.3 ml/min/1.73m² over 12 months]

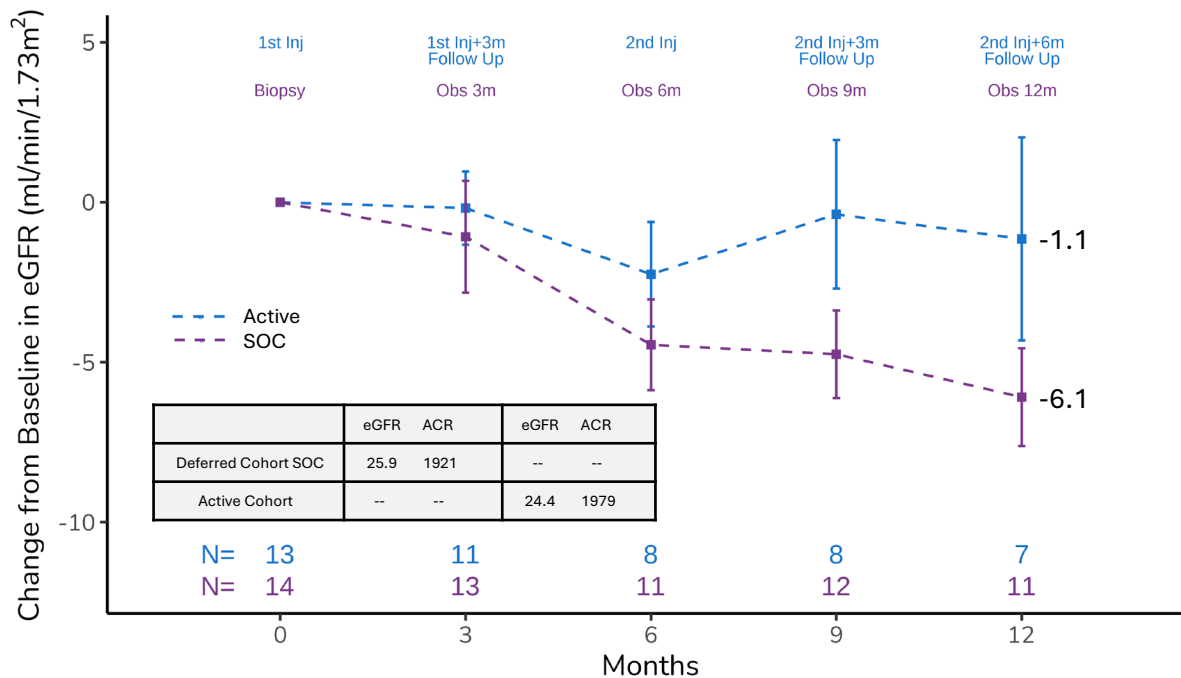
Average eGFR at 1st injection after cross-over was 28.8 vs 28.0 at 18 months

[absolute difference of -0.8 ml/min/1.73m² over 18 months]

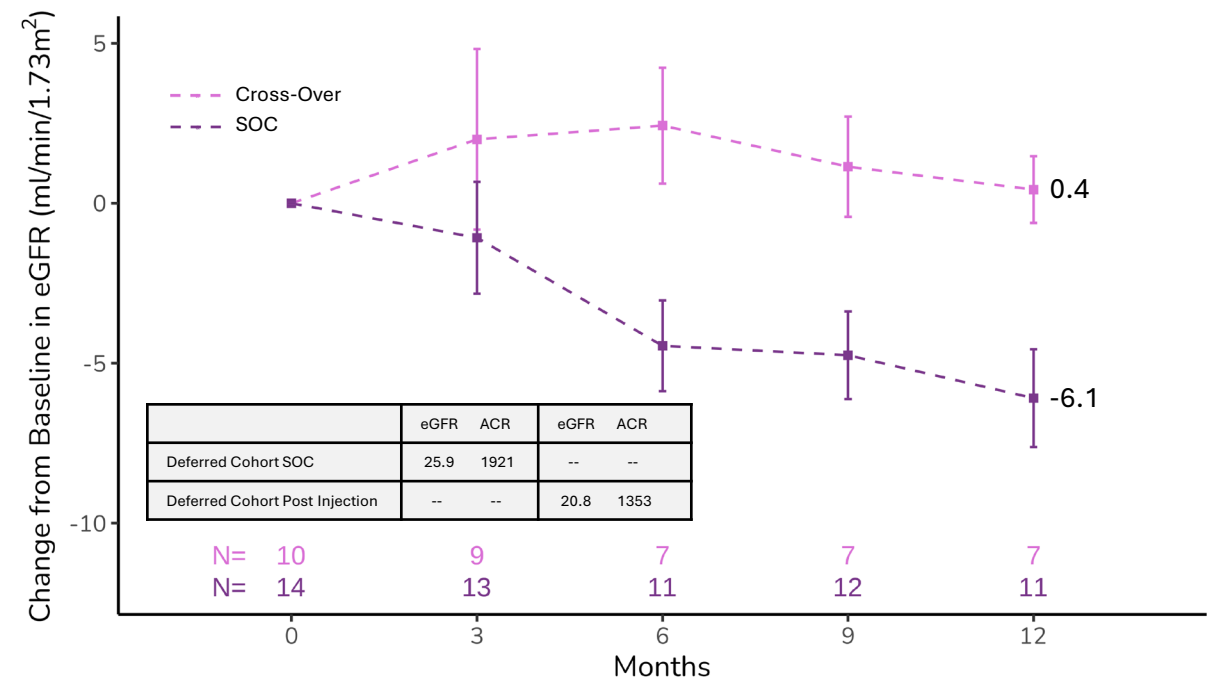
Subgroup Analysis of Diabetic Subjects with CKD Stage 4 and Class A3 Albuminuria*

Stabilization of Kidney Function in Active and Deferred Arm Subjects at 12 Months vs SOC

UACR Severe & CKD4 Subgroups in Active vs Deferred Arm



UACR Severe & CKD4 Subgroups in Deferred Arm



***Patients with Stage 4 CKD & Class A3 (Severe Albuminuria, >300 mg/g) are one of the fastest progressing CKD patient populations¹**

RMCL-002 Summary

Key Findings

- Showed potential to **preserve kidney function** for up to 30 months in several patient groups
- Benefit to kidney function was most notable in subjects who had the **highest risk of kidney failure** (Stage 4 CKD with high UACR¹)
- Injections were **well tolerated** with a consistent safety profile comparable to kidney biopsy