UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8-K

CURRENT REPORT PURSUANT TO SECTION 13 OR 15(D) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of Report (Date of earliest event reported): January 18, 2022

Social Capital Suvretta Holdings Corp. III (Exact name of registrant as specified in its charter)

Cavman Islands	001-40560	98-1586514
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)
W. Horizon Ridge Parkway,		

2850 Suite 200 Henderson, NV (Address of principal executive offices)

89052 (Zip Code)

(650) 521-9007 ephone number, including area code)

Not Applicable

	(Former name or former address, if changed since last report)				
ollo	Check the appropriate box below if the Form 8-I wing provisions:	K filing is intended to simultaneously satisfy the f	filing obligation of the registrant under any of the		
	Written communications pursuant to Rule 425 un	nder the Securities Act (17 CFR 230.425)			
<	Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)				
	Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))				
	Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c)) Securities registered pursuant to Section 12(b) of the Act:				
	Title of each class	Trading Symbol(s)	Name of each exchange on which registered		
Cla	ss A ordinary shares, \$0.0001 par value per share	DNAC	Nasdaq Capital Market		

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company \boxtimes

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. \Box

Item 1.01 Entry into a Material Definitive Agreement.

On January 18, 2022, Social Capital Suvretta Holdings Corp. III ("SCS") entered into a Business Combination Agreement (the "Business Combination Agreement"), by and between SCS and ProKidney LP, an Irish limited partnership ("ProKidney").

Following the closing of the transactions contemplated by the Business Combination Agreement (the "<u>Closing</u>"), the combined company will be organized in an umbrella partnership-C corporation (a so called "<u>Up-C</u>") structure, and SCS's direct assets will consist of common units of ProKidney ("<u>ProKidney Common Units</u>") and equity interests of a private limited company organized under the laws of Ireland (the "<u>New GP</u>"), which will become the general partner of ProKidney upon the Closing, and substantially all of the operating assets and business of SCS will be held indirectly through ProKidney.

Pursuant to the Business Combination Agreement, among other things:

- (i) ProKidney will issue to SCS a number of ProKidney Common Units equal to the number of fully diluted outstanding SCS ordinary shares as of immediately prior to the Closing (but after giving effect to all redemptions of SCS Class A ordinary shares, par value \$0.0001 per share ("SCS Class A Common Stock") and the PIPE Investment (as defined below)), in exchange for (A) SCS Class B ordinary shares, par value \$0.0001 per share ("SCS Class B Common Stock"), which shares will have no economic rights but will entitle the holders thereof to vote on all matters on which shareholders of SCS are entitled to vote generally, (B) an amount in cash equal to the aggregate proceeds obtained by SCS in the PIPE Investment and (C) an amount in cash equal to the aggregate proceeds available for release to SCS from SCS's trust account (the "Trust Account") (after giving effect to all redemptions of shares of SCS Class A Common Stock and after payment of any deferred underwriting commissions being held in the Trust Account and payment of certain transaction expenses);
- (ii) New GP will be admitted as the general partner of ProKidney;
- (iii) existing ProKidney unitholders will continue to hold the ProKidney Common Units held as of immediately prior to the Closing and ProKidney will also distribute to such unitholders the shares of SCS Class B Common Stock received pursuant to clause (i)(A) above: and
- (iv) existing unitholders of ProKidney will receive an aggregate of 17,500,000 restricted common units of ProKidney and 17,500,000 restricted stock rights in respect of shares of SCS Class B Common Stock (collectively, the "Earnout Rights"), which Earnout Rights will vest in three equal tranches (and settle into ProKidney Common Units and shares of SCS Class B Common Stock, respectively) upon the trading price of a share of SCS Class A Common Stock, reaching \$15.00/share, \$20.00/share and \$25.00/share, respectively, on the terms set forth in the Business Combination Agreement.

The Closing is subject to the satisfaction or waiver of certain closing conditions contained in the Business Combination Agreement, including the approval of SCS's shareholders.

Following the Closing, each ProKidney Common Unit, together with one share of SCS Class B Common Stock, will generally be exchangeable for one share of SCS Class A Common Stock, subject to certain procedures and restrictions.

On January 18, 2022, concurrently with the execution of the Business Combination Agreement, SCS entered into subscription agreements (the "Subscription Agreements") with certain investors (collectively, the "PIPE Investors"), pursuant to which the PIPE Investors have subscribed for an aggregate of \$7,500,000 shares of SCS Class A Common Stock for an aggregate purchase price of \$575,000,000 (the "PIPE Investment"), of which (i) approximately \$155 million is committed by certain existing directors, officers and equityholders of SCS, SCS Sponsor III LLC, a Cayman Islands limited liability company and the sponsor of SCS (the "Sponsor"), and/or their

respective affiliates, and (ii) at least \$50 million (which may, at the election of such investors, be increased to up to \$100 million) is committed by certain existing directors, officers and equityholders of ProKidney and/or its affiliates (collectively, the "ProKidney Related PIPE Investors"). The PIPE Investment will be consummated prior to or substantially concurrently with the Closing. The ProKidney Related PIPE Investors may, pursuant to the applicable Subscription Agreements, purchase ProKidney Common Units (together with a corresponding number of shares of SCS Class B Common Stock, if applicable) in lieu of shares of SCS Class A Common Stock, at the same purchase price.

On January 18, 2022, SCS also entered into a Sponsor Support Agreement (the "Sponsor Support Agreement"), by and among SCS, the Sponsor, certain directors and officers of SCS agreed to, among other things, vote in favor of the Business Combination Agreement and the transactions contemplated thereby and not redeem their SCS ordinary shares in connection therewith, in each case, subject to the terms and conditions contemplated by the Sponsor Support Agreement.

On January 18, 2022, SCS also entered into a Company Unitholder Support Agreement (the "ProKidney Unitholder Support Agreement"), by and among SCS, ProKidney and each of the existing ProKidney unitholders, pursuant to which the ProKidney unitholders agreed to vote or provide consent with respect to the outstanding units of ProKidney held by such ProKidney unitholders adopting the Business Combination Agreement and transactions contemplated thereby.

A copy of the Business Combination Agreement, the form of Subscription Agreement for institutional investors, the form of Subscription Agreement for individual investors, the Sponsor Support Agreement and the ProKidney Unitholder Support Agreement will be filed by amendment on Form 8-K/A to this Current Report within four business days of the date hereof as Exhibits 2.1, 10.1, 10.2, 10.3 and 10.4, respectively, and the foregoing descriptions of each of the Business Combination Agreement, Subscription Agreements, Sponsor Support Agreement and ProKidney Unitholder Support Agreement are qualified in their entirety by reference thereto.

Item 3.02 Unregistered Sales of Equity Securities.

The disclosure set forth above in Item 1.01 of this Current Report on Form 8-K with respect to the PIPE Investment and the Business Combination Agreement is incorporated by reference in this Item 3.02. The shares of SCS Class A Common Stock and SCS Class B Common Stock to be issued in connection with the PIPE Investment and the Business Combination Agreement, as applicable, will not be registered under the Securities Act of 1933, as amended (the "Securities Act"), and will be issued in reliance on the exemption from registration requirements thereof provided by Section 4(a)(2) of the Securities Act.

Item 7.01 Regulation FD Disclosure.

On January 18, 2022, SCS and ProKidney issued a joint press release (the "Press Release") announcing the execution of the Business Combination Agreement and the PIPE Investment. The Press Release is attached hereto as Exhibit 99.1 and incorporated by reference herein.

Attached as Exhibit 99.2 and incorporated herein by reference is the investor presentation dated January 18, 2022, for use by SCS in meetings with certain of its shareholders as well as other persons with respect to the transactions described in this Current Report on Form 8-K.

The information in this Item 7.01, including Exhibit 99.1 and Exhibit 99.2, is furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to liabilities under that section, and shall not be deemed to be incorporated by reference into the filings of SCS under the Securities Act or the Exchange Act, regardless of any general incorporation language in such filings. This Current Report on Form 8-K will not be deemed an admission as to the materiality of any information contained in this Item 7.01, including Exhibit 99.1 and Exhibit 99.2.

Additional Information and Where to Find It

In connection with the proposed transaction, SCS intends to file a preliminary proxy statement and a definitive proxy statement with the U.S. Securities and Exchange Commission (the "SEC"). SHAREHOLDERS OF SCS ARE ADVISED TO READ, WHEN AVAILABLE, THE PRELIMINARY PROXY STATEMENT, ANY AMENDMENTS THERETO, THE DEFINITIVE PROXY STATEMENT AND ALL OTHER RELEVANT DOCUMENTS FILED OR THAT WILL BE FILED WITH THE SEC IN CONNECTION WITH THE PROPOSED TRANSACTION AS THEY BECOME AVAILABLE BECAUSE THEY WILL CONTAIN IMPORTANT INFORMATION. HOWEVER, THIS DOCUMENT WILL NOT CONTAIN ALL THE INFORMATION THAT SHOULD BE CONSIDERED CONCERNING THE PROPOSED TRANSACTION. IT IS ALSO NOT INTENDED TO FORM THE BASIS OF ANY INVESTMENT DECISION OR ANY OTHER DECISION IN RESPECT OF THE PROPOSED TRANSACTION. When available, the definitive proxy statement will be mailed to the shareholders of SCS as of a record date to be established for voting on the proposed transaction. Shareholders will also be able to obtain copies of the preliminary proxy statement, the definitive proxy statement and other documents filed with the SEC that will be incorporated by reference therein, without charge, once available, at the SEC's website at http://www.sec.gov.

The documents filed by SCS with the SEC also may be obtained free of charge at SCS's website at https://socialcapitalsuvrettaholdings.com/dnac or upon written request to 2850 W. Horizon Ridge Parkway, Suite 200, Henderson, NV 89052.

Participants in Solicitation

SCS and ProKidney and their respective directors and executive officers may be deemed to be participants in the solicitation of proxies from SCS's shareholders in connection with the proposed transaction. A list of the names of such directors and executive officers and information regarding their interests in the proposed transaction between ProKidney and SCS will be contained in the proxy statement when available. You may obtain free copies of these documents as described in the preceding paragraph.

No Offer or Solicitation

This communication shall not constitute a solicitation of a proxy, consent or authorization with respect to any securities or in respect of the proposed transaction. This communication shall not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of securities in any states or jurisdictions in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of such state or jurisdiction. No offering of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act or an exemption therefrom.

Cautionary Statement Regarding Forward-Looking Statements

This communication may contain certain forward-looking statements within the meaning of the federal securities laws with respect to the proposed transaction between ProKidney and SCS. These forward-looking statements generally are identified by the words "believe," "project," "expect," "may," "should," "will be," "will," "would," "will be," "will continue," "will likely result," and similar expressions. Forward-looking statements are predictions, projections and other statements about future events that are based on current expectations and assumptions and, as a result, are subject to risks and uncertainties. Many factors could cause actual future events to differ materially from the forward-looking statements in this communication, including but not limited to: (i) the risk that the proposed transaction may not be completed in a timely manner or at all, which may adversely affect the price of SCS's securities, (ii) the risk that the proposed transaction may not be completed by SCS's business combination deadline and the potential failure to obtain an extension of the business combination deadline if sought by SCS, (iii) the failure to satisfy the conditions to the consummation of the proposed transaction, including the adoption of the Business Combination Agreement by the shareholders of SCS and the satisfaction of the minimum cash condition, (iv) the lack of a third party valuation in determining whether or not to pursue the proposed transaction, (v) the inability to complete the PIPE Investment, (vi) the occurrence of any event, change or other circumstance that could give rise to the termination of the Business Combination Agreement, (vii) the effect of the announcement or pendency of the transaction on ProKidney's business

relationships, operating results, and business generally, (viii) risks that the proposed transaction disrupts current plans and operations of ProKidney and potential difficulties in ProKidney employee retention as a result of the transaction, (ix) the outcome of any legal proceedings that may be instituted against ProKidney or against SCS related to the Business Combination Agreement or the proposed transaction, (x) the ability to maintain the listing of SCS's secrities on a national securities exchange, (xi) the price of SCS's secruties may be volatile due to a variety of factors, including changes in the competitive and highly regulated industries in which SCS plans to operate or ProKidney operates, variations in operating performance across competitors, changes in laws and regulations affecting SCS's or ProKidney's business, and changes in the combined capital structure, (xii) the ability to implement business plans, forecasts, and other expectations after the completion of the proposed transaction, and identify and realize additional opportunities and (xiii) the risk of downturns and a changing regulatory landscape in the highly competitive biotechnology industry. The foregoing list of factors is not exhaustive. You should carefully consider the foregoing factors and the other risks and uncertainties described in the "Risk Factors" section of SCS's registration on Form 5-1 (File No. 333-256725), SCS's quarterly report on Form 10-Q for the quarter ended September 30, 2021 filed with the SEC on November 15, 2021, the final proxy statement of SCS, when available, including those under "Risk Factors" therein and other documents filed by SCS from time to time with the SEC. These filings identify and address other important risks and uncertainties that could cause actual events and results to differ materially from those contained in the forward-looking statements. Forward-looking statements speak only as of the date they are made. Readers are cautioned not to put undue reliance on forward-looking statements. And

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

 Exhibit No.
 Description

 99.1
 Joint Press Release, dated as of January 18, 2022

 99.2
 Investor Presentation, dated as of January 2022

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Social Capital Suvretta Holdings Corp. III

Date: January 18, 2022

By: /s/ Chamath Palihapitiya
Name: Chamath Palihapitiya
Title: Chief Executive Officer

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Revolutionary Chronic Kidney Disease Therapeutics Company ProKidney to Become Publicly Traded via Business Combination with Social Capital Suvretta Holdings Corp. III

- ProKidney offers a first-of-its-kind, patented disease-modifying autologous cell therapy for treatment of chronic kidney disease ("CKD")
- Lead product candidate, REACT®, has potential to slow, stabilize, and even reverse decline in kidney function, delaying the onset of
 dialysis and potentially delivering significant cost savings to healthcare systems globally
- REACT® has received Regenerative Medicine Advanced Therapy ("RMAT") designation, as well as U.S. FDA and European Medicines
 Agency guidance, for its Phase 3 clinical program; Phase 3 trial launched in the United States on schedule in January 2022
- Transaction values the combined company at an equity value of \$2.64 billion post-money and is expected to provide up to \$825 million in gross cash proceeds, including a fully committed PIPE of \$575 million, and up to \$250 million of cash held in the trust account of Social Capital Suvretta Holdings Corp. III
- PIPE is led by a \$125 million investment from Social Capital, with an additional \$50 million from ProKidney's existing investors, approximately \$30 million from Suvretta Capital's Averill strategy and remaining \$370 million from institutional investors and family offices
- Proceeds will fund REACT®'s Phase 3 development program, accelerate manufacturing buildout, and ultimately prepare for its global

Winston-Salem, NC & Palo Alto, CA – January 18, 2022 – ProKidney LP ("ProKidney"), a leading clinical-stage cellular therapeutics company focused on chronic kidney disease ("CKD"), has entered into a definitive agreement to become a publicly traded company via a business combination with Social Capital Suvretta Holdings Corp. III ("SCS") (Nasdaq: DNAC), a special purpose acquisition company. Upon closing, the transaction will accelerate ProKidney's mission to change the lives of tens of millions of CKD patients through a first-of-its-kind disease-modifying autologous cellular therapy.

Chronic Kidney Disease: One of the Most Prevalent and Expensive Medical Conditions

CKD leading to kidney failure is one of the most prevalent and expensive medical conditions to treat. Today, more than one in seven U.S. adults – or approximately 15% of U.S. adults – suffer from some form of CKD. If left untreated, many CKD patients progress to end-stage renal disease ("ESRD") or kidney failure and require dialysis or kidney transplant.

With no known disease-modifying therapies targeting CKD leading to kidney failure, current treatment options are limited to drugs, such as ACEs/ARBs, SGLT2's, DPP-IV's, or GLP-I's, that incrementally slow the loss of kidney function and onset of ESRD and dialysis. These treatments can cause a great economic and emotional burden on patients and their families because they require adjusting many aspects of everyday living.

In 2018, annual Medicare spend on CKD and ESRD was approximately \$130 billion. Combined with spend from private health payers, total annual costs to treat CKD and ESRD reached up to \$500 billion in the United States alone. This huge economic burden is compounded by a surging number of CKD patients around the world, with prevalence in the United States and the European Union projected to grow by 22% between 2020 and 2040 – expanding to more than 90 million people – underscoring the dire need for a more effective treatment option that can also address the economic burdens associated with treating this disease.

ProKidney Offers a Transformative Therapy to the CKD Challenge

 $ProKidney's \ lead \ product \ candidate, \ REACT^{\circledR} \ (Renal \ Autologous \ Cell \ Therapy), has the potential to not only slow the progression of CKD, but in some cases drive meaningful improvement in kidney function – a groundbreaking first in CKD therapies.$

A cell therapy product produced from a patient's own kidney cells, REACT® comprises a proprietary mixture of progenitor cells that have been grown and purified, so they can be placed back into the patient's kidney. This minimally invasive procedure, starting with a standard biopsy, provides the cells that harness the body's intrinsic ability to repair and restore damaged kidney tissue. The reinjection procedure has been shown to be safer than contemporary biopsy and renal failure treatment options, such as dialysis and organ transplant.

REACT® is the outcome of almost 20 years of development by ProKidney and its predecessors, including working on the basic science and mechanism of action, the proprietary cell admix and manufacturing process, the minimally invasive outpatient injection procedure and, most recently, running Phase 1 and Phase 2 clinical trials. ProKidney's patented REACT® therapy is part of its broad-based intellectual property ("IP") strategy. The company has filed more than 200 patents worldwide for its product, cell admix, and manufacturing process.

Strong Initial Clinical Results and Path to Commercialization for REACT®:

- Promising interim data from Phase 2 clinical trial in diabetic patients with CKD stages 3a, 3b, and 4 (moderate-to-severe kidney disease):
 - Majority of patients achieved disease stabilization or improved kidney function.
 - · Improvement in kidney function significantly reduces risk of ESRD or need for kidney transplant.

Phase 3 clinical trial launch:

- As a result of its performance in Phase 1 and 2 trials, ProKidney's REACT® has received Regenerative Medicine Advanced Therapy
 ("RMAT") designation, allowing for ongoing and regular interaction with regulators during the Phase 3 program.
- The Phase 3 program, initiated in January 2022, may enroll up to 1,500 participants with primary analysis projected to occur in 2025.
- Opportunity to make a difference for millions of patients globally while potentially delivering significant cost savings for the healthcare system:
 - >75 million CKD patients in the United States and the European Union.
 - CKD patient population in the United States and the European Union is projected to grow by 22% between 2020 and 2040, in part
 due to the escalating prevalence of diabetes, obesity, and heart disease.
 - Initial REACT® target market: 4-5 million diabetic patients with CKD stages 3a, 3b, and 4 at very high risk of renal failure with severe albuminuria and eGFR's between 20-50 ml/min/1.73m² in the United States.
 - With the potential to delay or prevent ESRD, REACT® has the potential to drive significant cost savings over the long term. Today, ESRD patients remain on dialysis for 5-10 years on average, which costs an average of \$93,000 per patient per year, with Medicare (and up to 4x more for private insurers).1

United States Renal Data System—USRDS 2020 Annual Report (https://adr.usrds.org/2020/about-the-new-adr), National Kidney Foundation (https://www.kidney.org/atoz/content/dialysisinfo#how-long-can-you-live-dialysis)

- By improving patients' quality of life, the treatment may also reduce the use of medication
- Over time, and subject to receipt of regulatory approvals, ProKidney intends to expand to the European Union and additional
 markets, including China, Japan, Korea, the Middle East, Latin America, Australia, and New Zealand, as well as into additional
 indications, including congenital anomalies of the kidney, polycystic kidney disease, and other genetically based kidney diseases.

Robust manufacturing capabilities and clear go-to-market strategy:

- ProKidney has a comprehensive manufacturing plan to achieve its supply goals, with commercial launch of REACT® targeted for late 2025 to mid-2026.
- While conducting the Phase 3 development program, ProKidney will build a launch facility program with manufacturing capabilities initially targeting supply for 20,000 patients per year.
- Post launch, ProKidney plans to build additional manufacturing facilities with the ability to serve an additional 40,000 to 45,000 patients per year.

ProKidney's management team, led by Founder and CEO Tim Bertram, brings over 200 years of combined experience in the discovery, development, manufacturing, and commercialization of biotechnology, pharmaceutical, and device products. ProKidney also has an experienced board led by chairman Pablo Legorreta, founder and CEO of Royalty Pharma (Nasdaq: RPRX), the world's largest publicly listed acquirer of pharmaceutical royalty streams, bringing broad financial and scientific expertise with his successful track record in biopharma development and investing. The ProKidney board of directors also includes Dr. Brian Pereira, president and CEO of Visterra, Inc., former president and board member of the National Kidney Foundation and former editor of the widely read textbook "Chronic Kidney Disease, Dialysis, and Transplantation."

Management Comments

Tim Bertram, Founder and CEO of ProKidney, said: "Affecting more than 75 million patients in the United States and the European Union alone, CKD is one of the most challenging and burdensome chronic conditions to treat. For the first time, we have a multimodal approach to not only slow the onset of CKD, but in some cases *reverse* the loss of the kidney's function. Through our advancements in cellular therapies, ProKidney can help usher in a new era of better health for millions of CKD patients living with the fear of kidney failure and a life on dialysis. With the support of the Social Capital Suvretta team, we are excited to enter this critical next stage of our journey, bringing the promise and potential of our revolutionary REACT® therapy to market and improving the wellbeing of people around the world."

Pablo Legorreta, Founder and CEO of Royalty Pharma and Chairman of the ProKidney board, said: "I have been inspired both by the science behind ProKidney's novel approach to treating CKD and the keen focus of the ProKidney team on curing this intractable disease. This transaction is a validation of ProKidney's momentum and, most importantly, will support ProKidney's efforts to complete Phase 3 and eventually deploy the pioneering REACT® therapy, bringing hope to the treatment of a medical condition like CKD that is so pervasive and takes such a toll on people's lives."

Dr. Brian J. G. Pereira, a member of the ProKidney board, added: "ProKidney's innovations in autologous cell therapy represent a transformational advance both for patients suffering from chronic kidney disease and the field of nephrology. The deep experience of the ProKidney leadership team has the company well positioned to continue advancing the clinical development of REACT®, which recently began a Phase 3 study. With my fellow board members, I am excited to work closely with Tim Bertram and his talented colleagues to help guide the company towards success."

Chamath Palihapitiya, Founder and CEO of Social Capital and Chairman and CEO of SCS, said: "For decades, healthcare providers have been limited to addressing the symptoms of CKD – largely through burdensome regimens like dialysis – with no cure for the underlying disease. As a result, most CKD patients are left to endure an incredibly difficult quality of life, and the healthcare system shoulders hundreds of billions of dollars in costs."

Palihapitiya continued, "ProKidney has the opportunity to change the way we approach and treat CKD, with promising early results from clinical trials of REACT® demonstrating an ability to regenerate kidney function. This is a potential game-changer for one of the most prevalent and expensive diseases, and we look forward to working closely with the ProKidney team to execute the Phase 3 clinical trial and bring this revolutionary treatment to market?"

Transaction Overview and Use of Proceeds

The transaction is expected to deliver up to \$825 million in gross cash proceeds, including the contribution of up to \$250 million of cash held in SCS's trust account, assuming no redemptions by SCS public shareholders, and a fully committed PIPE of \$575 million at \$10 per share. These proceeds will be primarily used to fund REACT®'s Phase 3 development program, accelerate ProKidney's manufacturing buildout, and ultimately prepare for the global commercial launch of REACT®.

The PIPE is led by a \$125 million contribution from Social Capital, with an additional \$50 million from ProKidney's existing investors, approximately \$30 million from Suvretta Capital's Averill strategy with the remaining \$370 million coming from institutional investors and family offices. Existing ProKidney equity holders will roll 100% of their equity into the combined company and will be eligible to receive up to 17.5 million additional SCS shares pursuant to an earnout based on ProKidney's future stock performance. Existing ProKidney shareholders and management have also committed to lock up 50% of their equity interests until the earlier of five years or regulatory market authorization, including full or conditional authorization, to market its lead product candidate, REACT®, subject to certain customary exceptions.

Upon closing of the transaction, the combined company will trade on the Nasdaq under the symbol "PROK."

The transaction, which has been approved by the boards of directors of both SCS and ProKidney and ProKidney's equity holders, is expected to close in the third quarter of 2022 and is subject to approval by SCS's shareholders and other customary closing conditions.

Advisors

Citigroup acted as sole financial advisor and capital markets advisor to ProKidney. Citigroup, Morgan Stanley, Evercore, Jefferies, and UBS acted as placement agents for a portion of the PIPE. BofA Securities acted as capital markets advisor to SCS. Wachtell, Lipton, Rosen & Katz acted as legal advisor to SCS. Davis Polk & Wardwell LLP and Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C acted as legal advisors to ProKidney. Winston & Strawn LLP is serving as legal advisor to the PIPE placement agents.

Investor Conference Call

Management of ProKidney and SCS will host an investor conference call on January 18, 2022 at 8:30 AM ET to discuss the proposed transaction and review an investor presentation. For those investors who wish to participate, the conference call can be accessed by visiting https://event.on24.com/wcc/r/3602752/C2E94A9D14259A264041F77877894F94.

About ProKidney

ProKidney, a pioneer in the treatment of chronic kidney disease (CKD) through innovations in cellular therapy, was founded in 2015 after a decade of research. ProKidney's lead product candidate, REACT® (Renal Autologous Cell Therapy), is a first-of-its-kind, patented disease-modifying autologous cellular therapy with the potential to not only slow and stabilize the progression of CKD, but in some cases drive meaningful improvement in kidney function. REACT® has received Regenerative Medicine Advanced Therapy (RMAT) designation, as well as FDA and EMA guidance, supporting an immediate start to its Phase 3 clinical program, which launched on schedule in January 2022. For more information, visit www.prokidney.com.

About Social Capital

At Social Capital, we make big bets on transformational ideas, technology, and people. We strategically invest in smart, profit-minded opportunities and forward-thinking social investments that have the potential to shape a better future. We do this from a balance sheet of permanent capital to support entrepreneurship at all stages. This allows us more flexibility to double down on our convictions, without the limitations of traditional fund structures, and gives founders the runway and resources necessary to succeed. We believe in the outsized potential of for-profit businesses to drive impact in the world. We aim to set a new standard for what capitalism can be. To learn more about Social Capital, visit https://www.socialcapital.com/.

About Social Capital Suvretta Holdings Corp. III

Social Capital Suvretta Holdings Corp. III is led by Chamath Palihapitiya and Kishen Mehta and is a blank check company formed for the purpose of effecting a merger, amalgamation, share exchange, asset acquisition, share purchase, reorganization or similar business combination with one or more businesses. The company is focused on businesses operating in the biotechnology industry and within the organ space subsector. To learn more about Social Capital Suvretta Holdings, visit https://www.socialcapitalsuvrettaholdings.com/.

Additional Information and Where to Find It

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The documents filed by SCS with the SEC also may be obtained free of charge at SCS's website at https://www.socialcapitalsuvrettaholdings.com/dnac or upon written request to 2850 W. Horizon Ridge Parkway, Suite 200, Henderson, NV 89052.

Participants in the Solicitation

SCS and ProKidney, LP ("ProKidney") and their respective directors and executive officers may be deemed to be participants in the solicitation of proxies from SCS's shareholders in connection with the proposed transaction. A list of the names of such directors and executive officers and information regarding their interests in the proposed transaction between ProKidney and SCS will be contained in the proxy statement when available. You may obtain free copies of these documents as described in the preceding paragraph.

No Offer or Solicitation

This communication shall not constitute a solicitation of a proxy, consent or authorization with respect to any securities or in respect of the proposed transaction. This communication shall not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any sale of securities in any states or jurisdictions in which such offer, solicitation or sale would be unlawful prior to registration or qualification under the securities laws of such state or jurisdiction. No offering of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended or an exemption therefrom.

Forward-Looking Statements

This communication may contain certain forward-looking statements within the meaning of the federal securities laws with respect to the proposed transaction between ProKidney and SCS. These forward-looking statements generally are identified by the words "believe," "project," "expect," "anticipate," "estimate," "intend," "strategy," "future," "opportunity," "plan," "may," "should," "will," "would," "will be," "will continue," "will likely result," and similar expressions. Forward-looking statements are predictions, projections and other statements about future events that are based on current expectations and assumptions and, as a result, are subject to risks and uncertainties. Many factors could cause actual future events to differ materially from the forward-looking statements in this communication, including but not limited to: (i) the risk that the proposed transaction may not be completed in a timely manner or at all, which may adversely affect the price of SCS's securities, (ii) the risk that the proposed transaction may not be completed by SCS's business combination deadline and the potential failure to obtain an extension of the business combination deadline if sought by SCS, (iii) the failure to satisfy the conditions to the consummation of the proposed transaction, including the adoption of the definitive agreement related to the business combination between SCS and ProKidney (the "Business Combination Agreement") by the shareholders of SCS and the satisfaction of the minimum cash condition, (iv) the lack of a third party valuation in determining whether or not to pursue the proposed transaction, (v) the inability to complete the private placement entered into in connection with the transaction, (vi) the occurrence of any event, change or other circumstance that could give rise to the termination of the Business Combination Agreement, (vii) the effect of the announcement or pendency of the transaction on ProKidney's business relationships, operating results, and business generally, (viii) risks that the proposed transaction disrupts current plans and operations of ProKidney and potential difficulties in ProKidney employee retention as a result of the transaction, (ix) the outcome of any legal proceedings that may be instituted against ProKidney or against SCS related to the Business Combination Agreement or the proposed transaction, (x) the ability to maintain the listing of SCS's securities on a national securities exchange, (xi) the price of SCS's securities may be volatile due to a variety of factors, including changes in the competitive and highly regulated industries in which SCS plans to operate or ProKidney operates, variations in operating performance across competitors, changes in laws and regulations affecting SCS's or ProKidney's business, and changes in the combined capital structure, (xii) the ability to implement business plans, forecasts, and other expectations after the completion of the proposed transaction, and identify and realize additional opportunities and (xiii) the risk of downturns and a changing regulatory landscape in the highly competitive biotechnology industry. The foregoing list of factors is not exhaustive. You should carefully consider the foregoing factors and the other risks and uncertainties described in the "Risk Factors" section of SCS's registration on Form S-1 (File No. 333-256725), SCS's quarterly report on Form 10-Q for the quarter ended September 30, 2021 filed with the SEC on November 15, 2021, the final proxy statement of SCS, when available, including those under "Risk Factors" therein and other documents filed

by SCS from time to time with the SEC. These filings identify and address other important risks and uncertainties that could cause actual events and results to differ materially from those contained in the forward-looking statements. Forward-looking statements speak only as of the date they are made. Readers are cautioned not to put undue reliance on forward-looking statements, and ProKidney and SCS assume no obligation and do not intend to update or revise these forward-looking statements, whether as a result of new information, future events, or otherwise. Neither ProKidney nor SCS gives any assurance that either ProKidney or SCS, or the combined company, will achieve its expectations.

Contact Information

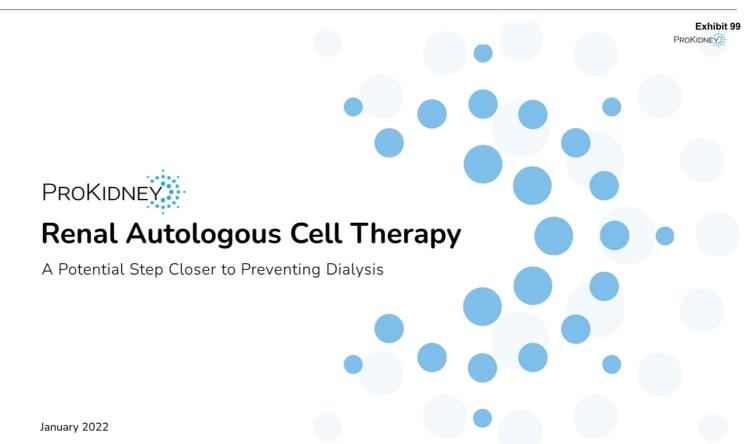
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Disclaimer

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Forward Looking Statements

Certain statements in this Presentation may be considered forward-looking statements. Forward-looking statements include, without limitation, statements regarding the estimated future financial periormance, financial position and financial impacts of the Business Combination and any related financing, the level of redemption by the SPAC's public shareholders, the timing of the completion of the Business Combination, anticipated ownership percentages of the combined company's stockholders following the potential transaction, and the business Storetey, plans and objectives of management for future operations, including as they relate to the potential Business Scombination, anticipated ownership percentages of the combined company's stockholders following the potential transaction, and the business Storetey, plans and objectives of management for future operations, including as they relate to the potential Business Combination, and the potential Business Combination, and the potential Business Combination and the state of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and its regarding the future of the SPAC and the Company and the regarding the future of the SPAC and the Company and the service and the service of th

In this Presentation, the Company or the SPAC may rely on and refer to certain information and statistics obtained from third-party sources which they believe to be reliable. Neither the Company nor the SPAC has independently verified the accuracy or completeness of any such third-party information. No representation is made as to the reasonableness of the assumptions made within or the accuracy or completeness of any such third-party information.

Additional Information
The SPAC intends to file with the SEC a proxy statement and/or prospectus relating to the proposed Business Combination, which will be mailed to its shareholders once definitive. This Presentation does not contain all the information that should be considered concerning the proposed Business Combination and is not intended to form the basis of any investment decision or any other decision in respect of the Business Combination. The SPAC's shareholders and other interested persons are advised to read, when available, the preliminary proxy statement and/or prospectus and the proxy statement proposed Business Combination, as these materials will contain important information about the Company, the SPAC and the Business Combination. When available, the proxy statement and/or prospectus other relevant materials for the proposed Business Combination will be mailed to shareholders of the SPAC as of a record date to be established for voting on the proposed Business Combination. Shareholders will also be able to obtain copies of the preliminary proxy statement and/or prospectus.



Disclaimer

Participants in the Solicitation
The SPAC and its directors and executive officers may be deemed participants in the solicitation of proxies from the SPAC's shareholders with respect to the proposed Business Combination. A list of the names of those directors and executive officers and a description of their interests in the SPAC is contained in the SPAC and its directors and executive officers and a description of their interests in the SPAC is contained in the SPAC's Registration Statement on Form S-1 as effective on June 29, 2021, and in the SPAC's Equipment of Form B-K, dated September 24, 2021 which were filled with the SEC and are available free of charge at the SEC's web site at www sec gov. Additional information regarding the interests of such participants will be contained in the proxy statement and or substance of the SPAC is an area of the shareholders of the SPAC in connection with the proposed Business Combination or all is united in the proxy statement and/or prospectus for the PaPaC is an area of the SPAC is an area of the SP

Transaction Advisor

Transaction

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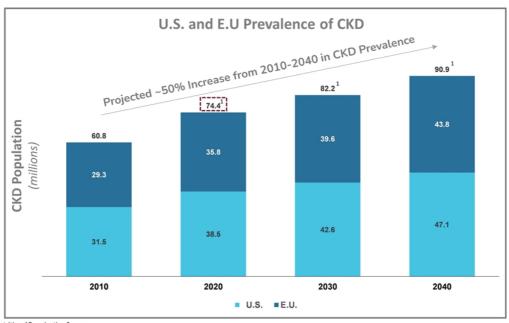
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Chronic Kidney Disease Market Is BIG



Chronic Kidney Disease is Highly Prevalent in the U.S. and E.U.



National Health and Nutritional Examination Survey

Total addressable market data for the year ended 2020 and any subsequent years are based on certain estimates of management. This information may prove to be inaccurate because of the method by which the underlying data for the estimates was obtained or because this information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process and other limitations and uncertainties



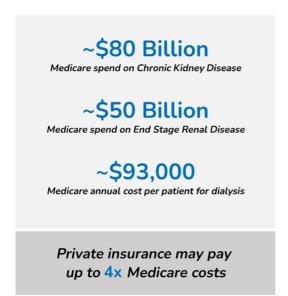
Large Amount Of Money Is Spent Treating CKD Globally



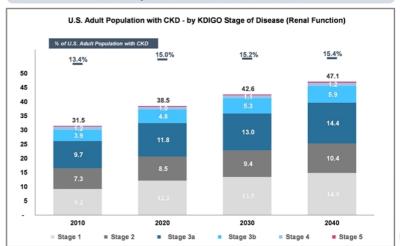


CKD IS AN ENORMOUS BURDEN ON THE HEALTHCARE SYSTEM

CKD/Dialysis is One of the Largest Healthcare Expenditure Categories in the U.S. and ROW



The Rates of CKD & ESRD and Associated Expenditures are Expected to Continue to Rise¹



: Medicare spend and per patient dialysis cost as of 2018. United States Renal Data System - USRDS 2020 Annual Report (https://adr.usrds.org/2020/about-the-new-adr). KDIGO refers to Kidney Disease Improving Global Outcomes
Total addressable market data for the year ended 2020 and any subsequent years are based on certain estimates of management. This information may prove to be inaccurate because of the method by which the underlying data
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other limitations and uncertainties

7



Currently, CKD Has No Known Cure

- Current Standard of Care Merely Slows Down The Expected Eventual Loss of Kidney Function
- While Patients Continue to Lose Kidney Function on Existing Therapies, Those Therapies Still Exhibit Multi-Billion \$ Sales

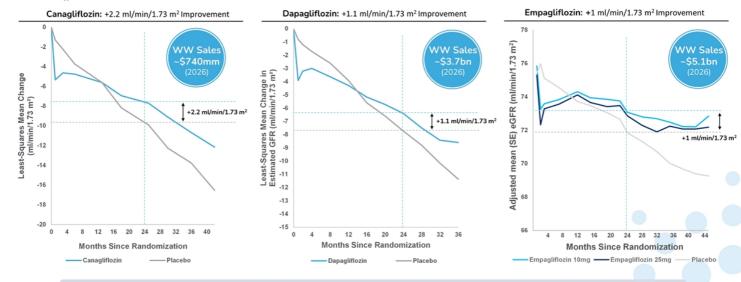


ALTHOUGH MOST RECENTLY APPROVED CKD DRUG CLASS INCREMENTALLY SLOWS EGFR LOSS, CKD HAS NO KNOWN CURE. CURRENT STANDARD OF CARE SLOWS DOWN THE EXPECTED EVENTUAL LOSS OF KIDNEY FUNCTION

While This is a Step Forward, Patients Still Lose Kidney Function

The NEW ENGLAND JOURNAL of MEDICINE

Treatment Effect at 24 Months



Estimated Global Market Sales of Canagliflozin, Dapagliflozin and Empagliflozin are ~\$9.5bn in 2026

ource: EvaluatePharma. The New England Journal of Medicine lote: 2026 sales estimates for therapies reflect all indications and are not limited to CKD

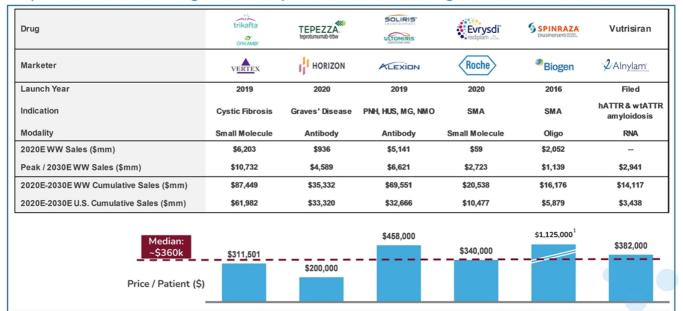
9



The Ability To Modify Diseases Can Result In Big Payoffs



Recently Launched Novel Targeted Therapies Can Command High Prices for Disease Modification



1. These are "game changing" (disease modifying medicines) for the affected patients

Source: Evaluate Pharma, company press releases and Wall Street Research for U.S. and WW sales (2020 to 2030); Price per patient from company press releases, trade journals, online pharmacies, etc.

1. Price for initial 2 years. Drug is a multi year therapy

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^{2.} These medicines can command high prices for their medical impact – total cost per patient of \$200k to >\$1mm (median ~\$360k)

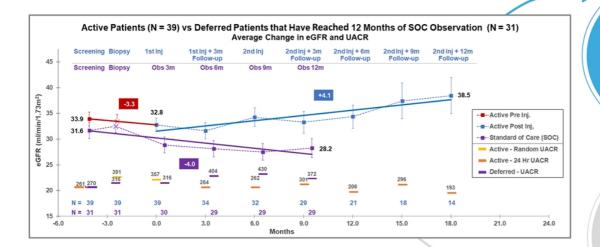


Early Clinical Data Shows REACT is Not Just Stopping The Progression of CKD, But Also Driving Meaningful IMPROVEMENT in Kidney Function – A First of Its Kind



PRELIMINARY RESULTS FROM A MULTI-CENTER RANDOMIZED (1 X 1) PHASE II TRIAL IN DIABETICS WITH CKD STAGES 3A, 3B & 4

Comparing Effect of REACT vs Standard of Care: eGFR for Active Patients (N = 39) from 1st Injection to 12-Months Follow-up after 2nd Injection vs eGFR for SOC (Deferred Patients, N = 31) Before Crossed Over to REACT



REACT®

Renal function improved by

+ 4.1 ml/min/1.73m²/yr

An absolute improvement

+ 5.7 ml/min/1.73m²

Standard of Care

Progressive <u>decline</u> in renal function of

-4.0 ml/min/1.73m²/yr

A characteristic of SOC for CKD 3a, 3b, and 4

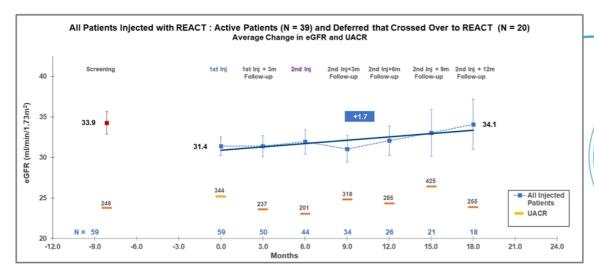
Note:

To date 31 of 42 patients randomized to Deferred Cohort have reached 12 months of follow-up while maintained on best Standard of Care (SOC). The other 11 patients were enrolled in H2'20 and expected to reach 12 months of follow-up later in 2021

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PRELIMINARY RESULTS FROM A MULTI-CENTER RANDOMIZED (1 X 1) PHASE II TRIAL IN DIABETICS WITH CKD STAGES 3A, 3B & 4

Effect of REACT on All Injected Patients: eGFR for All Injected Patients (N = 59), Active Cohort (N = 39) and Deferred Cohort Patients that Have Been Crossed Over After 12 Months to Receive REACT Injection (N = 20)



REACT®

Renal function improved
+ 2.7 ml/min/1.73m²

eGFR slope now
+ 1.7 ml/min/1.73m²/yr

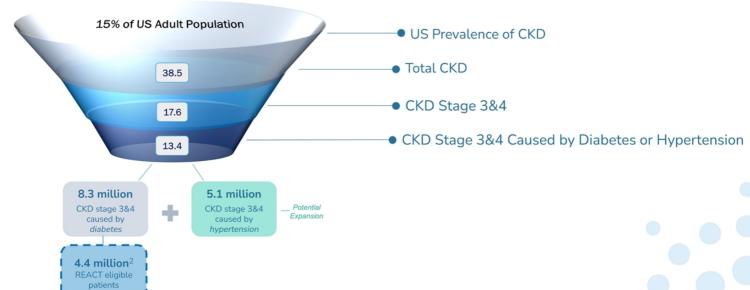


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REACT®'s ADDRESSABLE PATIENT POPULATION

ProKidney is Initially Targeting a 4-5 Million Patient Segment with Multiple Potential Label Expansion Indications. EU and ROW Populations Represent >2x the US Market Opportunity

2020 US Patients (mm)1



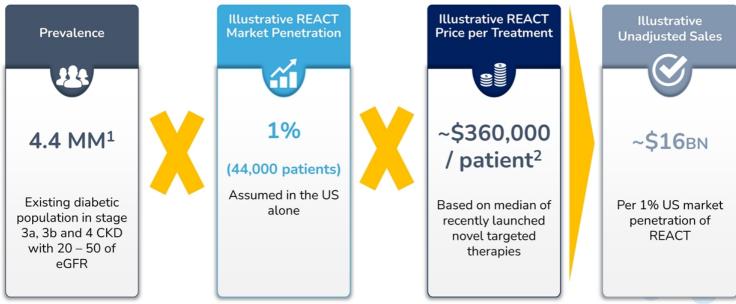
Total addressable market data for the year ended 2020 is based on certain estimates of management. This information may prove to be inaccurate because of the method by which the underlying data for the
estimates was obtained or because this information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process
and other limitations and uncertainties

4.4 million reflects an estimate of CKD Stage 3 & 4 patients with diabetes as primary cause of CKD & 20-50 eGFR



MEANINGFUL POTENTIAL PAYOFF FOR REACT FOR EVERY 1% (44,000 PATIENTS) MARKET PENETRATION

Sizing the US Market Opportunity Alone



Total addressable market data for the year ended 2020 is based on certain estimates of management. This information may prove to be inaccurate because of the method by which the underlying data for the estimates was obtained or because this information cannot always be verified with complete certainty due to the limits on the availability and reliability of raw data, the voluntary nature of the data gathering process and other limitations and uncertainties
Median total cost per patient on Trikafta/Orkambi, Tepezza, Soliris/Ultomiris, Evryski, Spinraza and Vutrisiran

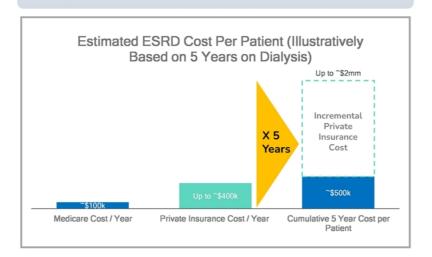
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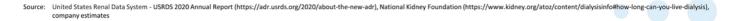


SIGNIFICANT COST SAVINGS POTENTIAL

A Disease Modifying Drug in CKD Would Stabilize or Improve Kidney Function and Delay or Prevent ESRD

ESRD Patients Remain on Dialysis for 5-10 Years on Average

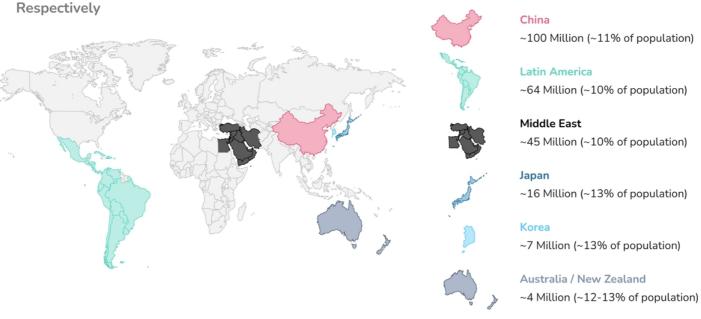






REACT® REST OF WORLD OPPORTUNITY PRESENTS ATTRACTIVE POTENTIAL UPSIDE

REACT®'s Core Market Opportunity in the US and EU Represent 39 Million and 36 Million Individuals,



Source: Seeking Alpha; International Society of Nephrology Global Kidney Health Atlas; Saudi Center for Organ Transplantation; Imai et al, Prevalence of chronic kidney disease in the Japanese general population. Clin Exp Nephrol. 2009; Oh, KH., Park, S.K., Park, H.C. et al. KNOW-CKD (Korean cohort study for Outcome in patients With Chronic Kidney Disease): design and methods. BMC Nephrol 15, 80 (2014); White et al, Comparison of the prevalence and mortality risk of CKD in Australia using the CKD Epidemiology Collaboration (CKD-EPI) and Modification of Diet in Renal Disease (MDRD) Study GFR estimating equations: the AusDiab (Australian Diabetes, Obesity and Lifestyle) Study. Am J Kidney Dis. 2010 Apr; USRDS 2020 Annual Data Report



Social Capital Suvretta Holdings Corp. III Investment Thesis

Attractive Investment Opportunity with Significant Potential

- o Targeting a high acuity, large global unmet medical need
- Novel platform with broad potential in kidney disease
- Strong scientific underpinnings
- o Compelling, controlled proof of concept Phase 2 data
 - RMAT Designation received from FDA
- Comprehensive manufacturing plan to achieve supply goals

World Class Leadership Team

- Seasoned management team with deep experience and expertise in regenerative medicine, drug development, and manufacturing
- Experienced board, including a chairman with broad financial and scientific expertise and a successful track record in biopharma development and investing

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PROKIDNEY

PROKIDNEY AND SOCIAL CAPITAL SUVRETTA HOLDINGS CORP III LEADERSHIP TEAMS

Over 200 Combined Years of Making Medicines

LAZARD

PROKIDNEY















James Coulston, SVP Finance

TARGACEPT EY



Darin Weber, SVP Regulatory Development Medeor Biologics mesoblast FDA





Ashley Johns, VP Clinical Operations REGENMEDTX tengion



Gail Ward, Head of Quality • CELLTRION Biogen

SOCIALCAPITAL



Chamath Palihapitiya, CEO facebook **Clover Health** Mayfield virgin atlantic Opendoor SoFi 辯









Dr. David Friedman, Analyst S SCOPIA Morgan Stanley

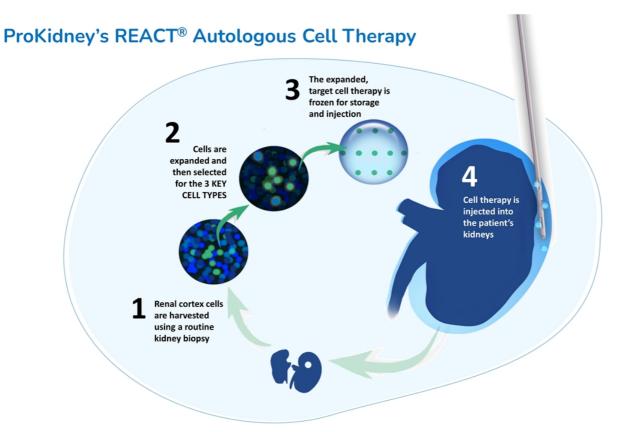




How REACT Works









REACT® COMPOSITION OF PROGENITOR CELLS CREATED FOR RESTORATION OF KIDNEY FUNCTION

Remodeling and Renovation of Renal Nephrons

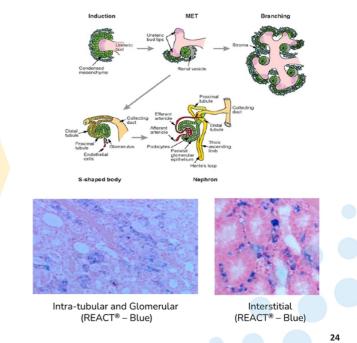
REACT®: Autologous Homologous Triple Cell admixture



Active Biological Ingredient:

Cap Mesenchyme, Podocytes, and Ureteric Bud

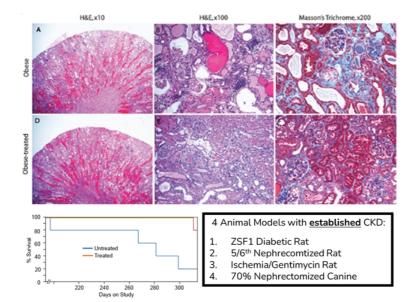
- SIX2/OSR1/FGF8/RACK-1 (Cap Mesenchyme)
- LHX1/RET (Ureteric Bud)
- Nephrin/Podocin (Podocyte)



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STRUCTURAL AND FUNCTIONAL EFFECTS OF REACT

Impact on Multiple Kidney functions with Survival Advantage



IMPROVED NEPHRON FUNCTION AND STRUCTURE

- Glomerular Filtration
- Tubular Transport
- Ability to Concentrate Urine
- Reduced glomerulotubular fibrosis

RESTORATION OF NORMAL BLOOD PRESSURE

- Renin-angiotensin-aldosterone system
- Plasma-Volume maintenance

RETURN OF MINERAL BALANCE (VIT D)

• Bone metabolism maintained

RESTORATION OF ERYTHROID HOMEOSTASIS (EPO)

Anemia normalized



Clinical Development Program & Regulatory Progress





REACT® DESIGNED TO ADDRESS MULTIPLE INDICATIONS WITH UNMET MEDICAL NEEDS

Potential Therapeutic Targets for Treatment of CKD

Lead Platform Development)	Programs (Clinical	Optimize	Preclinical	IND	Phase 1	Phase 2	Phase 3	Registration (BLA/MAA)	Expected Milestones
		006 – Pha	ase 3 Registratio	nal Study					1H '22 – Initiate trial (FPFV)
	Diabetic CKD 3/4 (20-50 ml/min/1.73m²)	002 – Pha	ase 2 Unilateral	Dosing					2H '22 – Additional interim data
REACT*/DKD		007 – Pha	ase 2 Contralate	ral Dosing					2022 – Initial evaluation data ¹
	Diabetic CKD 4/5 (15-20 ml/min/1.73m²)	003 – Lov	w Baseline GFR						2023 – CSR
REACT®/CAKUT	Congenital Anomalies of Kidney and Urinary Tract (CAKUT)	004 – Ped	diatric Study						2022 – Complete enrollment; Additional interim data
Additional Platform Programs (Research)		Optimize	Preclinical	IND	Phase 1	Phase 2	Phase 3	Registration (BLA/MAA)	
REACT®/Gen	Genetic Kidney Disease (PCKD) - Prevent								
REACT®/Universal	Allogeneic - Prevent								

^{1.} Trial enrolling a double dose bilateral arm and a single dose unilateral arm. Initial dose data from both arms



Clinical Data

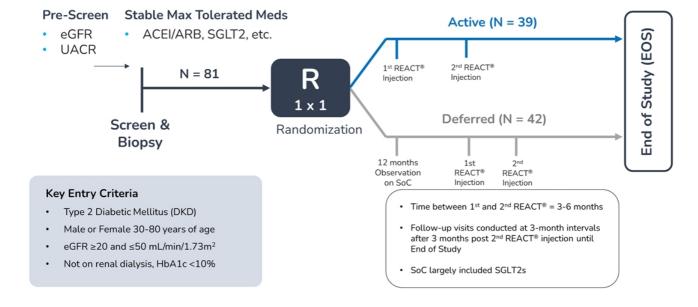
Multi-Center Randomized Phase II Trial





MULTI-CENTER RANDOMIZED (1X1) PHASE II TRIAL IN DIABETICS WITH CKD STAGES 3A, 3B, & 4

Clinical Trial Design Overview

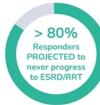


PHASE II TRIAL IN DIABETICS WITH CKD STAGES 3A, 3B, & 4

Robust Efficacy and Safety Profile

Treatment Effects of REACT® on Diabetic Kidney Disease (DKD) in Trials to Date







VS

In Contrast, Standard of Care Patients: >2/3 projected to progress to ESRD and dialysis*

Robust Safety Profile in REACT®:



- Repeated injections of REACT® into kidneys have shown to be well tolerated in trials to date
- No product related SAEs and minimal with procedure
- Incidence of renal bleeds lower than standard renal biopsy

*Based on Subjects Randomized to the Active and SOC Arms

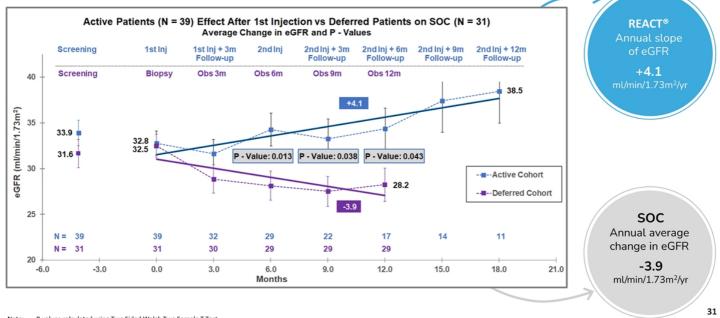
Note: ESRD refers to End Stage Renal Disease. SAEs refer to Serious Adverse Events

30

PROKIDNEY

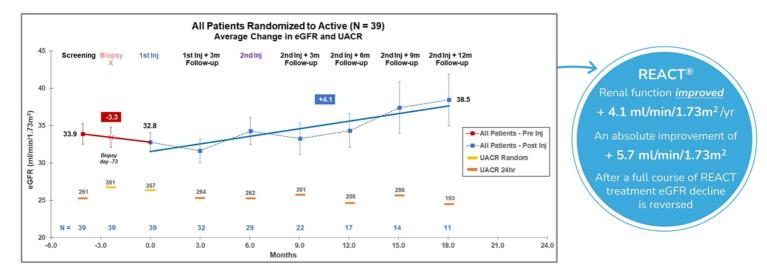


Comparing Effect of REACT® vs. Standard of Care: eGFR for Active Cohort (N = 39) from 1st Injection to 12-Months Follow-up after 2nd Injection vs eGFR for SOC (Deferred Cohort, N= 31) Before Crossed Over to REACT



P-values calculated using Two Sided Welch Two Sample T Test

Effect of REACT® on eGFR and UACR of Active Cohort (N=39)

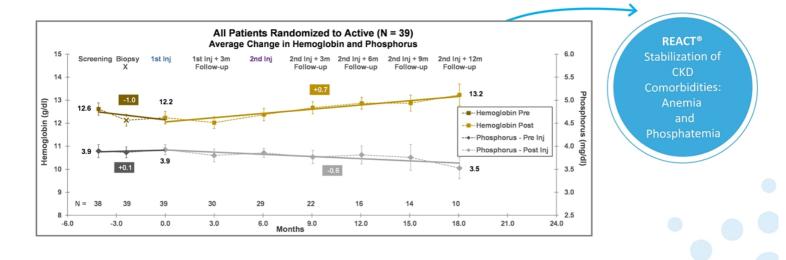


Of the 39 patients randomized to Active cohort, 17 patients have early data:

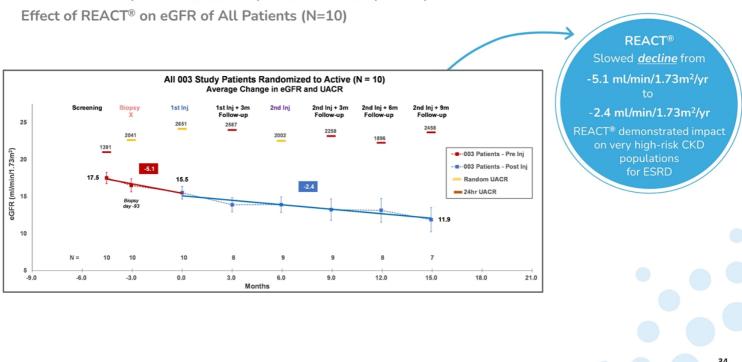
- 7 patients (5 eGFR responders and 2 eGFR progressors) have received only 1st injection, and
- 10 patient (4 eGFR responders and 6 eGFR progressors) recently received their 2nd injection, but have not yet reached 6 months of follow-up

These patients may have not yet received full benefit of 2nd injection

Effect of REACT® on Serum Hemoglobin and Phosphorus of Active Cohort (N=39)



PRELIMINARY RESULTS FROM A PHASE II TRIAL IN HIGH-RISK PATIENTS RECEIVING 2 INJECTIONS OF REACT IN THE SAME KIDNEY. LOW EGFR $(15 - 20 \text{ ML/MIN}/1.73\text{M}^2)$ AND SEVERE UACR (HIGH A3)





> 150 REACT INJECTIONS IN CKD STAGES 3 AND 4 PATIENTS IN 7 CLINICAL TRIALS OVER A 7 YEAR TIME PERIOD

REACT Safety Summary



- Rate and type of adverse events in-line with expectations typical of a type 2 diabetic population
- <1.5% Procedurally related hematomas of the kidney capsuleStandard biopsy <2%

REACT® Injections

>150

3 & 4

CKD Stage Patients

7

Clinical Trials



Years in Human Clinical Trials



REACT® PHASE 3 DEVELOPMENT PLAN

Based on Detailed FDA/EMA Interactions; Recent RMAT Designation Will Broaden FDA Access

Diabetic Kidney Disease



Phase 3 – 1:1 RCT trial with bi-lateral kidney dosing study of REACT® including a sham control arm and composite primary endpoint

- $\circ~$ Patient Population: Type 2 Diabetes Mellitus, 30-80yrs of age; moderate to severe CKD with eGFR 20 50 mL/min/1.73m² (a subset of Stages 3a, 3b and 4 patients)
- o ~1,000 1,500 subjects planned enrollment



REGEN-008 (Global-Launch anticipated 2024) – safety and durability of REACT® in Type 2 Diabetes Mellitus CKD subjects

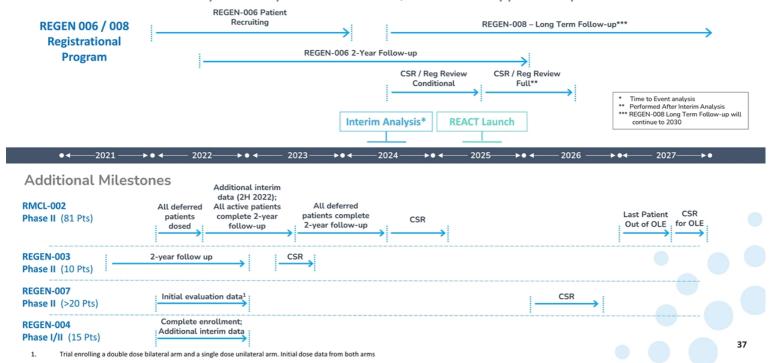
- o Subjects treated with REACT® followed for 5 additional years
- o Monitor progress on quarterly basis
- \circ ~500 750 subjects, no control arm



PROKIDNEY

CLINICAL DEVELOPMENT TIMELINE

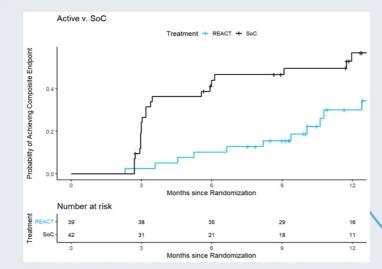
REGEN-006 Interim Analysis Anticipated in mid-2024, Conditional Approval Expected 2025







Sizeable benefit of cell therapy - Hazard Ratio = 0.4



- Steps represent an event
 "+" indicates that a subject has been censored
 Censored: subject has not had an event as of last follow up & removed from the 'at risk' category
- Number at Risk: number of subjects able to have an event at each time point.

Phase 3 Primary Composite Endpoint

Time to the earliest of:

- ≥ 40% Reduction in eGFR
- <15mL/min eGFR or Chronic Dialysis
- Increase in UACR 30% and >30 mg/g
- Renal or Cardiovascular mortality

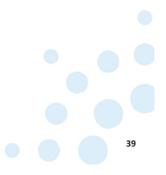
Necessary sample size is 1,000 vs. > 5,000 w/SGLT2s because of strong hazard ratio

> **Hazard Ratio REACT**® = 0.4

SGLT2 > 0.65



Manufacturing Process





THE BEGINNING OF THE END OF RENAL FAILURE

Manufacturing Strategy and Implications



High Level Manufacturing and Regulatory Expertise



To Date, Manufacturing Process Produced REACT® for 100% Patients (At least 5 doses for most patients)

Compares favorably to most cell therapies average of ~85%



Facilities and Processes Reviewed by EMA: Phase 3 / Commercial Ready



Projected COGS at Scale Support a Robust Business Model



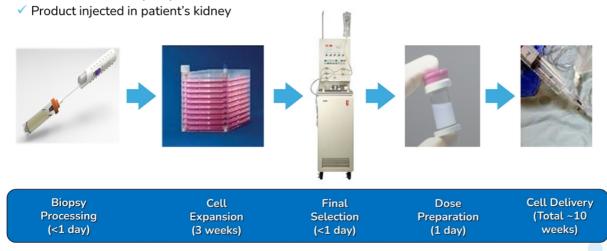
EMA refers to European Medicines Agency. COGS refers to Cost of Goods Sold

PROKIDNEY

REACT MANUFACTURING

Process Overview

- ✓ Biopsy using standard diagnostic procedure
- ✓ Biopsy processed at ProKidney's manufacturing facility commercial-ready facility
 - HCTP/ MPA inspected
 - QP approved
 - Meets GMP requirement for phase 2/3 manufacturing
- ✓ Over 200 cell therapies produced



PROKIDNEY

REACT® COMMERCIAL MANUFACTURING STRATEGY

Phased Build-out of Manufacturing Capacity



REACT® launch facility - built after Phase 3 patients enrolled and dosing

Scale out to up to 20,000 patients per year - Estimated Cost of ~\$300M

- Bioprocess improvements
- o Process automation
- Supply chain management



Commercial manufacturing facilities – built post-launch, funded from commercial cash flows

Two additional facilities for 40,000 – 45,000 patients per year (combined)

- o Full automation
- o Optimized cost of goods
- Large scale supply chain efficiencies

Evolution of Expected In-House Mar	nufacturing Capacity (Patients / Year)
Current Capacity	700 – 800
Launch Facility	20,000 1
Post-launch Facilities	40,000 – 45,000
Total	60,000 – 65,000



Use of Proceeds





CURRENT FUNDING REQUIREMENTS

 \sim \$450 Million Required to Fund Through REGEN-006 Interim Analysis in Mid-2024 Up to \sim \$775 Million to Allow for Additional Clinical Development and Launch Preparation Activities

Spend (\$ mm)	Uses	Estimated Allocation of Proceeds
• Clinical program costs through YE2024		\$220
S&M	Commercial launch costs - ramp-up in 2024	
Other OpEx	G&A and other OpEx through YE2024	75
СарЕх	Commercial scale manufacturing facility (~\$300mm total cost); currently expected to start construction in 2024 and complete in 2026	105
Minimum Capital Required to Fund	\$450	
R&D	Incremental R&D, label and trial expansion	85
S&M	Educational programs, payor discussions, centers of excellence	100
Other OpEx	Incremental OpEx, support CapEx activities	15
СарЕх	Accelerate manufacturing build-out; ability to start construction in 2023 with expected completion in 2025 to support launch	125
Upsized Capital Requirement to Exp	and R&D and Support Launch Preparation	\$775

Summary





ProKidney Summary



- 75 million CKD/ESRD patients in US and EU
- >12 million people develop CKD each year in the US and EU



• Slow, Stabilize, or REVERSE the decline of kidney function to delay or prevent dialysis / renal transplantation



- REACT® utilizes proprietary autologous cell therapy harvested from the patient's own kidney
- REACT® contains three specific cell types to help promote regrowth of all functional kidney segments

The Plan

- Phase 3 clinical program received FDA and EMA guidance for immediate start
- Conditional approval potential based on interim data analysis possible in 2024
- Target commercial launch in 2025



- Treat millions of diabetic CKD patients worldwide
- Meaningfully reduce the number of people on dialysis or requiring transplantation each year





Transaction Overview

Pre-money equity value of \$1.75 billion Overview¹ Pro forma equity value of ~\$2.64 billion • \$575 million common equity PIPE at \$10.00 per share **PIPE Financing** · Affiliates of DNAC's sponsor to commit \$125 million Existing ProKidney investors to commit up to \$50 million³ • Existing shareholders to roll 100% of existing equity and receive ~66% of the pro forma equity in the combined company Ownership² • ~12% of the pro forma equity will be held by DNAC's sponsor and public shareholders ~22% of the pro forma equity will be held by PIPE investors • 17.5 million shares issuable to ProKidney's existing shareholders in ~5.8 million share increments Earn-out at \$15.00, \$20.00, and \$25.00 per share To fund Phase 3 trial of REACT, manufacturing and commercial buildout, and other general corporate **Use of Proceeds** purposes

- The business combination and resulting company will be structured as a "Up-C" involving (i) DNAC as the surviving public corporation that is the managing member of, and owns equity interests in, a subsidiary partnership, (ii) a right of the historic ProKidney owners who hold equity interests in such partnership to have their partnership interests redeemed or exchanged for DNAC stock (or the cash equivalent thereof) and (iii) a customary tax receivable agreement pursuant to which DNAC agrees to pay to historic ProKidney owners a specified percentage of no less than 85% of the tax savings act actually recognized by DNAC following closing from any pre-closing tax attributes of ProKidney or available to DNAC by reason of the Up-C structure
- ProKidney or available to DNAC by reason of the Up-C structure

 2. Pro forma basis. At \$10.00 per share, includes 0.64mm shares purchased for "at-risk" capital by DNAC's sponsor and assumes a \$575mm common equity PIPE (inclusive of commitments by affiliates of DNAC's sponsor and ProKidney's existing investors of 1.7.5 million shares issued ratable at \$1.5.00.\$20.00.\$25.00. unwested stock based compensation and
- ProKidney's existing investors), no redemptions, and excludes impact of earn-out issuable to ProKidney's existing investors of 17.5 million shares issued ratably at \$15.00, \$20.00, \$25.00, unvested stock based compensation and reserved and unvested shares pursuant to the new, to-be-established equity incentive plan and employee stock purchase plan

 3. Up to \$100 million of loans may be funded by ProKidney's existing investors to support operational financing needs prior to closing, up to \$50 million of which will at closing convert into PIPE shares and the remaining \$50 million of which will at closing at the option of the lender be repaid in cash or converted into PIPE shares at a price of \$10.00 per share



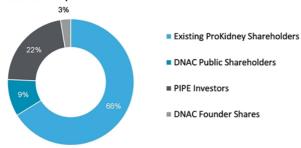
Detailed Transaction Overview

Pro Forma Valuation 1, 2, 3, 4, 6

(\$mm)

Pro Forma Shares Outstanding	264.4
(x) Illustrative Share Price	\$10.00
Pro Forma Equity Value	\$2,644
(-) Pro Forma Net Cash ⁵	(809)
Pro Forma Enterprise Value	\$1,835

Pro Forma Share Ownership^{1, 2, 3, 4, 6}



Illustrative Sources and Uses

Sources (\$mm

DNAC Cash in Trust ¹	\$250
PIPE Proceeds ⁶	575
ProKidney Equity Rollover	1,750
DNAC Founder Shares ³	69
Total Sources	\$2,644

Uses (\$mm)

Cash to Balance Sheet	\$775
ProKidney Equity Rollover	1,750
DNAC Founder Shares ³	69
Illustrative Fees & Expenses	50
Total Uses	\$2,644

- Assumes no redemptions by DNAC public shareholders

 Pro forma basis. At \$10.00 per share, assumes a \$575mm common equity PIPE, no redemptions, and excludes impact of unvested stock-based compensation and reserved and unvested shares pursuant to the new, to-be-established equity incentive plan and employee stock purchase plan includes 0.64mm shares purchased for "at-risk" capital by DNAC's sponsor

 Pro forma ownership excludes impact of earn-out issuable to Prokidney's existing investors of 17.5 million shares issued ratably at \$15.00, \$20.00, \$25.00

 Includes \$775mm net proceeds and cash of \$34mm, reflecting \$4mm existing cash as of \$9/30/21 adjusted for \$30mm raise by existing investors in October 2021

 Affiliates of DNAC's sponsor to commit to fund \$125mm of PIPE proceeds. Prokidney's existing investors to commit to fund up to \$50mm of PIPE proceeds

Appendix





Additional Mechanism of Action Detail

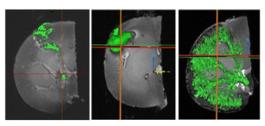




MULTIPLE MECHANISMS OF REPAIR, REGENERATION AND RESTORATION

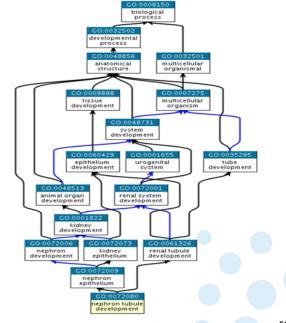
Engraftment, Impact on Fibrosis/Inflammation, and Endogenous Regeneration

Cells rapidly distribute throughout kidney and integrate into nephrons and interstitium



25 X106REACT® @ 0.25mLs	50 x 106 REACT® @ 0.5mLs	150 x 106 REACT® @1.5mL
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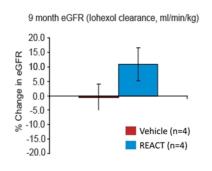
	Biological Activity			
Expected Clinical Outcome	Anti-fibrosis	Anti- inflammation	Integration	Chemotaxis- induction
Repair	+++	+++	+++	+
Regeneration	+	+	++	+++
Restoration	+++	+++	+++	+++

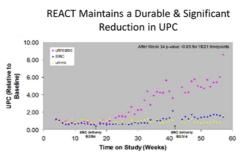


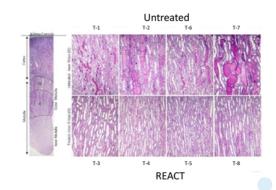


LONG-TERM CKD CANINE STUDY SUPPORTED DURABILITY OF REDUCTION IN UPC (9 MONTHS)

Increase in eGFR and Stabilization of UPC







- ✓ Improved filtration
- Protein balance (UPC) improves with renal cell treatment
- Renal cell treatment promotes body weight gain
- ✓ Significant decrease in deleterious histological changes





Additional Clinical Data





REACT HAS BEEN STUDIED IN MULTIPLE TRIALS ACROSS CENTERS SUPPORTING A ROBUST CLINICAL DATA SET

REACT Ongoing Clinical Trials

CKD Underlying Dosing Study **Expected** Condition Study Design **FVFP Enrollment** Regimen **Population Status** Milestones 2022: All deferred patients dosed; Additional interim Prospective. Two doses 3 x 10⁶ cells/gKW^{est} 6 months (+4 weeks) Prospective, randomized, double arm deferred treatment, open label, repeat dose, multi-center RMCL-002 30 -80 years old with Fully enrolled and data Phase 2 Type 2 Diabetes March 2017 81 participants¹ eGFR 20-50 mL/min/1.73m² ongoing apart into same kidney 2023: All active US & Cayman Islands patients complete 2-year follow-up Two doses 3 x 10⁶ cells/gKW^{est} 6 months (+4 weeks) apart into same REGEN-003 30 - 65 years with Prospective, open-Fully enrolled and Phase 2 Type 2 Diabetes label, single arm, multi-center eGFR 14-March 2018 10 participants 2023: CSR ongoing 20 mL/min/1.73m² US kidney Two doses of REACT 3 x 10⁶ cells/gKWest by 3 months (+30 30 - 80 years old with Prospective, randomized, double arm, open label, REGEN-007 eGFR 20-50 mL/min/1.73m² 2022: Initial July 2021 Phase 2 Type 1 or 2 Diabetes >20 participants Enrolling days) apart in contralateral kidneys evaluation data² repeat dose, multi-US Two doses 3 x 10⁶ cells/gKW^{est} REGEN-004 2022: Complete 18-65 years old with Prospective, openenrollment; Additional interim data Phase 1/2 CAKUT label, single arm, multi-center 6 months (+4 weeks) apart into same kidney eGFR 14-October 2019 15 participants Enrolling 50 mL/min/1.73m² US

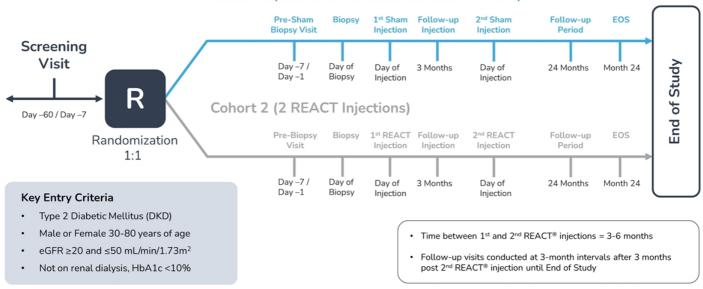
Total of 83 participants were enrolled, due to replacements of withdrawn participants
Trial enrolling a double dose bilateral arm and a single dose unilateral arm. Initial dose data from both arms



REACT DEVELOPMENT PIPELINE

006 Study Design Schematic

Cohort 1 (Sham Procedures/Standard-of-Care)



PHASE II TRIAL - DEFINITIONAL CRITERIA FOR EXPLORATORY CLASSIFICATION

eGFR-Responder vs. eGFR-Progressor Rationale

- Baseline eGFR: In 002, baseline eGFR decline was defined as the annual eGFR slope observed in deferred patients who were maintained on SOC for 12 months before crossed over to receive REACT[®]. This cohort had an eGFR decline slope of -4.0 ml/min/1.73m²/yr
- <u>A REACT® eGFR-Responder:</u> Patient with a post REACT® injection slope equal to -2.0 ml/min/1.73m²/yr or better, which represents ~50%¹ or greater improvement in the annual eGFR slope
 - For <u>deferred patients</u>, a second test was also used to measure the relative improvement in renal function to determine if patient is eGFR-Responder
 - Because deferred patients were followed on best SOC for 12 months post biopsy and before potentially crossing over to receive REACT[®], we also defined eGFR Responders as patients that showed a 2.0 ml/min/1.73m²/yr or greater improvement when comparing their pre- vs. post-REACT[®] injection eGFR slope
- A REACT® eGFR-Hyper-Responder: Patient with an annual eGFR slope > 0
- An eGFR-Progressor: Patient with a post REACT® injection slope less (worse) than -2.0 ml/min/1.73m²/yr

56

PROKIDNEY



MULTI-CENTER RANDOMIZED PHASE II TRIAL IN DIABETES WITH CKD STAGES 3A, 3B & 4

Demographics of Enrolled Patients

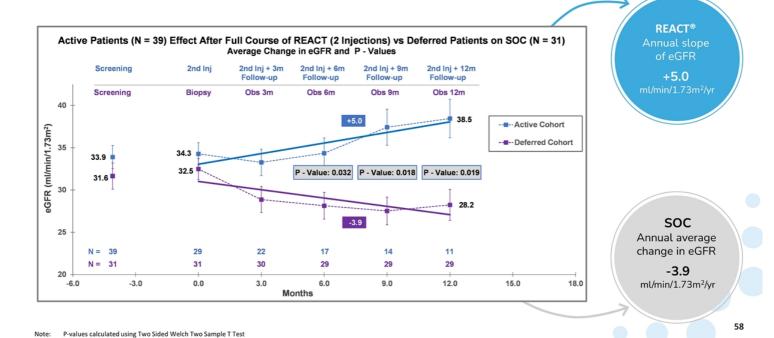
	Active (n=39*)	SOC (n=42)
	Mean ± SD	Mean ± SD
Age	66.3 ± 10.1	64.5 ± 8.9
Gender	28.2% Female	35.7% Female
Gerider	71.8% Male	64.3% Male
eGFR		
All Patients	33.9 ± 8.59	31.5 ± 8.46
3A	43 ± 9 (n=3)	50 ± 2.65 (n=3)
3B	38.1 ± 6.55 (n=20)	36.8 ± 5.14 (n=16)
4	26.9 ± 5.46 (n=16)	25.3 ± 2.84 (n=23)
UACR 24 hr. (Geometric Mean)	N=31	N=38
All Patients	261 ×/÷ 9.49	270 ×/÷ 10.3
Mild	10.1 ×/÷ 1.75 (n=7)	8.4×/÷ 1.89 (n=8)
Moderate	94.8 ×/÷ 2.09 (n=12)	90.6x/÷1.96 (n=9)
Severe	2079×/÷ 2.80 (n=12)	1667×/÷2.54 (n=21)

Randomization Scheme Balanced High Risk Patient Population for eGFR and UACR

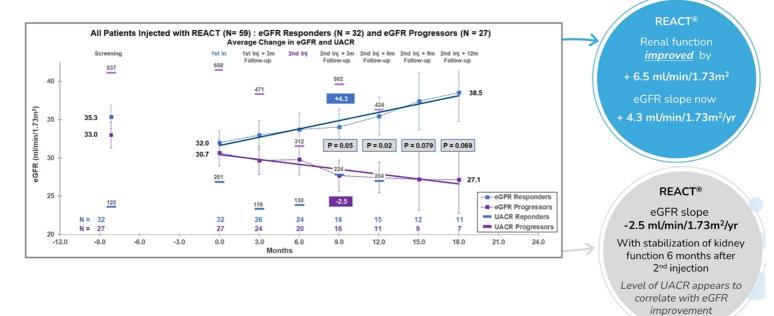
^{*42} subjects were randomized to the Active arm and 41 were randomized to the Deferred arm: 2 subjects randomized to the Active arm were never treated, 1 subject due to eGFR too high and 1 subject due to consent withdrawal prior to injection; 1 subject was moved from the Active to the Deferred arm at the suggestion of the DSMB due to prolonged delay of first injection secondary to DVT treatment.



Comparing Effect of Full REACT® Course (Both Injections) vs. Standard of Care: eGFR for Active Cohort (N = 39) from 2nd Injection to 12-Months Follow-up vs eGFR for SOC (Deferred Cohort, N= 31) Before Crossed Over to REACT®

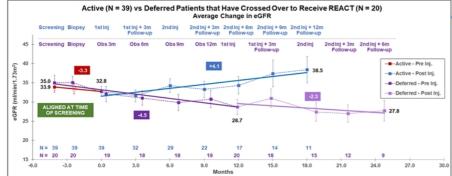


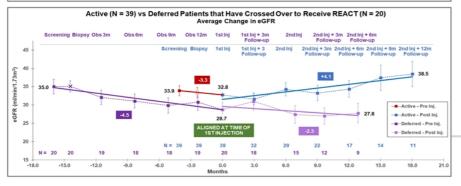
Effect of REACT® on All Injected Patients (N = 59): eGFR-Responders (N = 32) vs eGFR-Progressors (N = 27)



Comparing Effect of REACT, Aligned At Screening and At Time of 1st Injection: eGFR for







REACT®

Larger eGFR effect size with earlier injection of REACT®

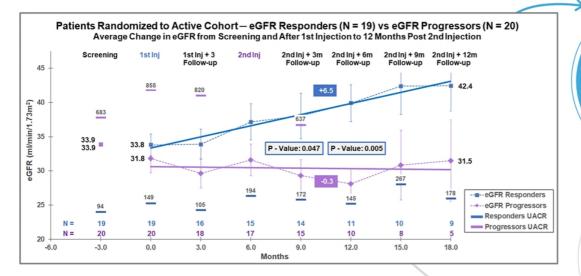
slope <u>improved</u> + 4.1 ml/min/1.73m²/yr

Delayed REACT®
injection still provides
eGFR benefit by attenuating
decline of eGFR slope

Deferred patients' initial baseline eGFR of 35 <u>declines</u> to 28.7 at time of injection. These patients lost kidney crucial reserve over 1 year.

Level of eGFR function at time of injection appears predictive of benefit

Effect of REACT® on eGFR and UACR of Active Cohort (N = 39): eGFR-Responders (N = 19) vs eGFR-Progressors (N = 20)



REACT®

Renal function improved by

+ 8.6 ml/min/1.73m²

eGFR slope now + <mark>6.5 ml/min/1.73m²/y</mark>r

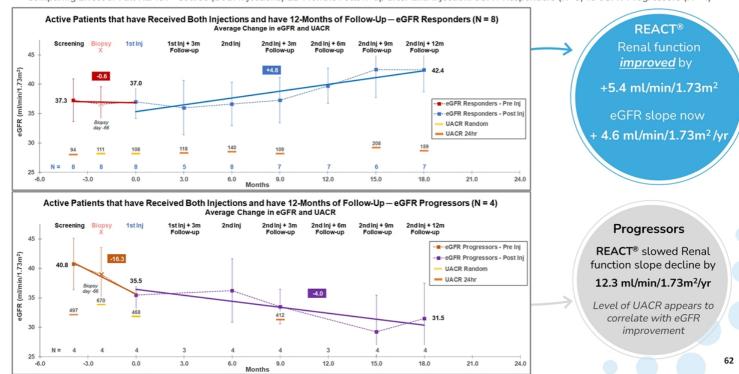
REACT®

eGFR slope -0.3 ml/min/1.73m²/yr

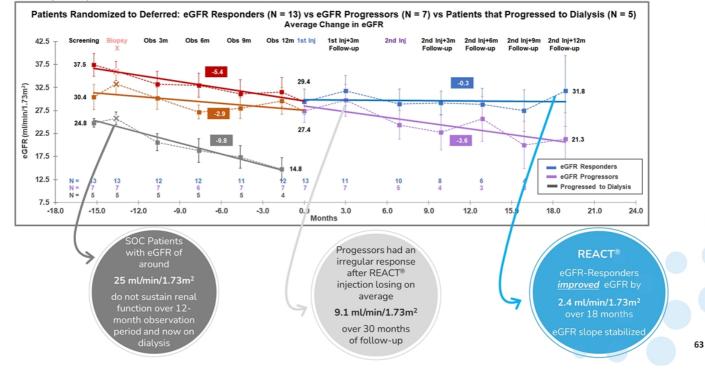
With stabilization of kidney function. Potential increase 6 months after 2nd injection

Level of UACR appears to correlate with eGFR improvement

Comparing Effect of Full REACT® Course (Both Injections) 12-Months Follow-up after 2nd Injection: eGFR-Responders (N=8) vs eGFR-Progressors (N=4)

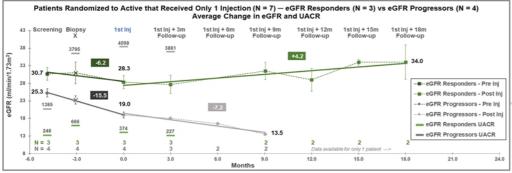


PRELIMINARY RESULTS FROM A MULTI-CENTER RANDOMIZED (1 X 1) PHASE II TRIAL IN DIABETICS WITH CKD STAGES 3A, 3B & 4 Effect of REACT® on Deferred Cohort: eGFR-Responders (N = 13) vs eGFR-Progressors (N = 7) vs ESRD/Dialysis Patients (N = 5)



PRELIMINARY RESULTS FROM A MULTI-CENTER RANDOMIZED (1 X 1) PHASE II TRIAL IN DIABETICS WITH CKD STAGES 3A, 3B & 4 Effect of REACT® on eGFR and UACR of Active Cohort Patients that Received 1 Injection: All Patients (N = 7) and eGFR-Responders (N = 3) vs eGFR-Progressors (N = 4)





REACT®

Renal function improved to

+ 4.4 ml/min/1.73m²/yr

After only a single injection

eGFR-Responders Renal function improvement

eGFR-Progressors REACT® slowed decline by

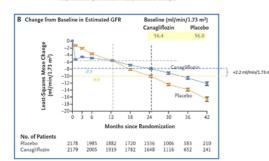
8.3 ml/min/1.73m²/yr



MOST RECENTLY APPROVED CKD DRUG CLASS INCREMENTALLY SLOWS EGFR LOSS

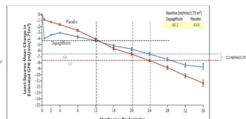
While This is a Step forward, Patients Still Lose Kidney Function

Canagliflozin The NEW ENGLAND JOURNAL of MEDICINE



Dapagliflozin

Dapagliflozin in Patients with Chronic Kidney Disease

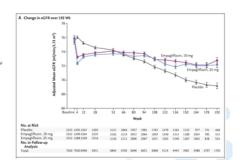


Empagliflozin

PROKIDNEY.

The NEW ENGLAND
JOURNAL of MEDICINE

Empagliflozin and Progression of Kidney Disease in Type 2 Diabetes



 $\underline{0.5-1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement}} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinical benefit.} \\ 1.0 \text{ ml/min/1.73 m}^2/\text{yr improvement} \text{ in eGFR Slope over 3-months predictive of clinic$

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The New England Journal of Medicine

Inker et al, METAANALYSIS JASN, 2019. GFR Slope as a Surrogate End Point for Kidney Disease Progression in Clinical Trials: A Meta-Analysis of Treatment Effects on Randomized Controlled Trials



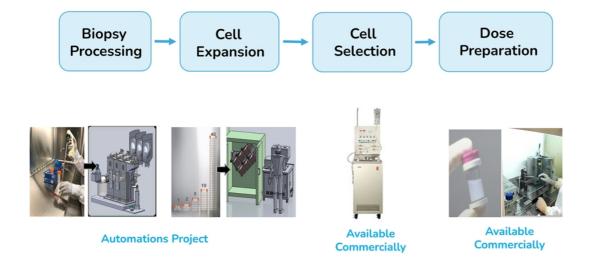
Additional Manufacturing Detail



MANUFACTURING STRATAGIES



Enhancing Manufacturing Capabilities





Risk Factors





Risk Factors

il adverse effect on the business, financial condition and results of operations of Social Capital Soveretta Holdings Corp. III ("SCS") and Proticiney, IP ("Proticiney"). The risks and uncertainties described below are not the only ones SCS and Proticiney's businesses. It any of the following risks actually materialists, SCS, Proticiney's or the combined company's equity responsible conditions, results of operations and future prospects could be materially and adversely affected. In that event, the trading price of the combined company's equity responsible social results of the combined of the combined company's equity resolution following risks actually materially and adversely affected in that event, the trading or the combined company's equity resolution following company's equity resolution following risks and proticines of the combined or the company's equity resolution following risks actually materially and adversely affected in the company's equity resolution following risks actually materially and adversely affected in the exercise of the combined company's equity resolution following risks actually materially and adversely affected in the exercise of the combined company's equity resolution following risks actually materially and adversely affected in the event, the trading or the exercise of the combined company's equity resolution following risks actually materially and adversely affected in that event, the trading or the exercise of the combined company's equity resolution following resolution and actually materially and adversely affected in the event, the trading or the exercise of the combined company's equity resolution and adversely affected in the exercise of the combined company's equity resolution and adversely affected in the exercise of the combined company and adversely affected in the exercise of the combined company and adversely affected in the exercise of the combined company and adversely affected in the exercise of the combined company and adversely affected in the exercise of the

and become important fectors that adversely effect SCS and Problety's businesss. If any of the following risk actually materianes, p. 5.5. problemy is sometiment to business combination and perform your own due diligence prior to making an investment to business combination in a control design, and you with the SCC on the following with the SCC on the source of the problemy with the SCC on the source of the problemy with the SCC on the source of the problemy with the SCC on the source of the problemy with the SCC on the source of the problemy with the SCC on the source of the problemy with the SCC on the problemy with the SCC on the source of the problemy with the SCC on the

Producing depends on theme party appears are measures one are recessary in an accusance with the production of the produ

If Biological Interiors of the course as general conveyage and to comply with environmental, health, and safety laws and regulations, Problings could become subject to fines or penalties or incur costs that could substantially harm its business.

Related to Probling's Sellance on third parties to conduct, supervise and monitor a certain portion of its research and preclimical testing and clinical trials for its product candidates, and if those third parties to conduct, supervise and delegate, and Problings's business may be able to obtain regular product candidates, to sell a parties to conduct, supervise and delegate, and Problings's business may be ableated to a better product candidates, and if those third parties is conduct, supervise and delegate, and Problings's business may be ableated to obtain regular product candidates in the sell parties for the search and development activities would be delayed.

Probling regular product candidates to conduct the sell parties for the search and development activities would be delayed.

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Risk Factors (cont'd)

Patent term may be inadequate to protect Problemy's competitive position on BACT for an adequate amount of time, and if Problemy does not obtain protection under the Hastoh-Warman Amendments and similar non-United States ligitation for extending the term of patents covering each of 1st Seateded Indianally problemy's problemy's and the Combined Company's Business are officed development and registery capabilities and potentially implement sales, marketing and distribution capabilities, and as a result, Problemy was excess to expend the clinical development and registery capabilities and potentially implement sales, marketing and distribution capabilities, and as a result, Problemy was excess or identified and development and registery capabilities and potentially implement sales, marketing and distribution capabilities, and as a result, Problemy was excess or identified and development and the problemy's emolytics, independent contractors, consistant, collaborators, principal interligations, CDC, supplies and vertical may be a result of the problemy of the problemy of the problems combination.

The communitation of the business combination is apparent to the problems of the proble