ProKidney

# Corporate Presentation

September 2023

*A Step Closer to Potential Dialysis Prevention*

REACT® [**RE**nal **A**utologous **C**ell **T**herapy]

# Forward-looking Statements

This presentation includes "forward-looking statements" within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. ProKidney's actual results may differ from its expectations, estimates and projections and consequently, you should not rely on these forward-looking statements as predictions of future events. Words such as "expect," "estimate," "project," "budget," "forecast," "anticipate," "intend," "plan," "may," "will," "could," "should," "believes," "predicts," "potential," "continue," and similar expressions (or the negative versions of such words or expressions) are intended to identify such forward-looking statements. These forward-looking statements include, without limitation, the Company's expectations with respect to financial results, future performance, development and commercialization of products, if approved, the potential benefits and impact of the Company's products, if approved, potential regulatory approvals, and the size and potential growth of current or future markets for the Company's products, if approved. Most of these factors are outside of the Company's control and are difficult to predict. Factors that may cause such differences include, but are not limited to: the inability to maintain the listing of the Company's Class A ordinary shares on the Nasdaq; the inability to implement business plans, forecasts, and other expectations or identify and realize additional opportunities, which may be affected by, among other things, competition and the ability of the Company to grow and manage growth profitably and retain its key employees; the risk of downturns and a changing regulatory landscape in the highly competitive biotechnology industry; the inability of the Company to raise financing in the future; the inability of the Company to obtain and maintain regulatory clearance or approval for its products, and any related restrictions and limitations of any cleared or approved product; the inability of the Company to identify, in-license or acquire additional technology; the inability of Company to compete with other companies currently marketing or engaged in the biologics market and in the area of treatment of kidney diseases; the size and growth potential of the markets for the Company's products, if approved, and its ability to serve those markets, either alone or in partnership with others; the Company's estimates regarding expenses, future revenue, capital requirements and needs for additional financing; the Company's financial performance; the Company's intellectual property rights; uncertainties inherent in cell therapy research and development, including the actual time it takes to initiate and complete clinical studies and the timing and content of decisions made by regulatory authorities; the impact of COVID-19 or geo-political conflict such as the war in Ukraine on the Company's business; and other risks and uncertainties indicated from time to time in the Company's filings with the Securities and Exchange Commission. The Company cautions readers that the foregoing list of factors is not exclusive and cautions readers not to place undue reliance upon any forward-looking statements, which speak only as of the date made. The Company does not undertake or accept any obligation or undertaking to release publicly any updates or revisions to any forward-looking statements to reflect any change in its expectations or any change in events, conditions or circumstances on which any such statement is based.

# What is REACT®?

REACT is a cell therapy solution for patients with Chronic Kidney Disease (CKD), worldwide

## Unmet Needs

- More than **37 million U.S. adults** have CKD[1]. Greater than 120,000 progress to need dialysis every year.[2]
- Total annual costs to Medicare for patients with CKD / ESRD exceed $130B[1]
- Average per person per year cost for ESRD **for commercially insured members $180K**[3]

## Our Goals

- **Preserve kidney function**
- **Reduce or eliminate time spent on dialysis**
- **Return autonomy to patients and their families**

## Our Product

- REACT® is a **proprietary** cell therapy using the patient's own kidney cells
- **Preclinical activity** and mechanism of action **translated to clinical activity**
- REACT® includes three cell subtypes with the potential to help **preserve kidney function**

## Our Plan

- Phase 3 clinical program received FDA and EMA guidance and RMAT designation; **proact 1** underway
- Potential label expansion to re-dose REACT for long-term dialysis prevention
- **Target commercial launch YE 2026**




1. *CDC Fact Sheet. https://www.cdc.gov/kidneydisease/publications-resources/ckd-national-facts.html*
2. *USRDS 2020 Annual Report*
3. *JAMA Int Medicine 2019*


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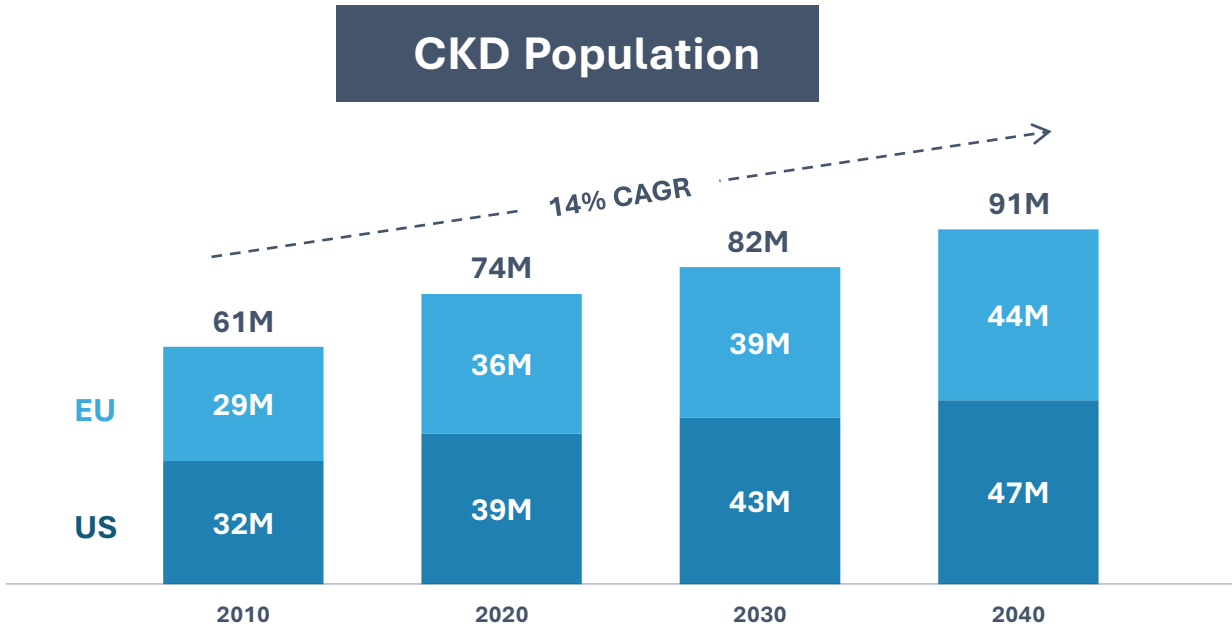
# CKD is Serious Public Health Problem Today

## One of the largest healthcare expenditure categories in the U.S.

| Medicare spend on Chronic Kidney Disease | Medicare spend on End Stage Renal Disease | Medicare annual cost per patient on dialysis[1] |
|---|---|---|
| **$80B+** | **$50B+** | **$93K+** |

**Private insurance may pay up to 4x Medicare costs[2]**

## Highly prevalent in the U.S. and EU




## Kidney failure costs represent one of the largest line items of Medicare Budget



1. *Medicare spend and per patient dialysis cost as of 2018. United States Renal Data System - USRDS 2020 Annual Report*
2. *JAMA Int Medicine 2019*

# While New Therapies Are a Step Forward, Patients Still Lose Kidney Function

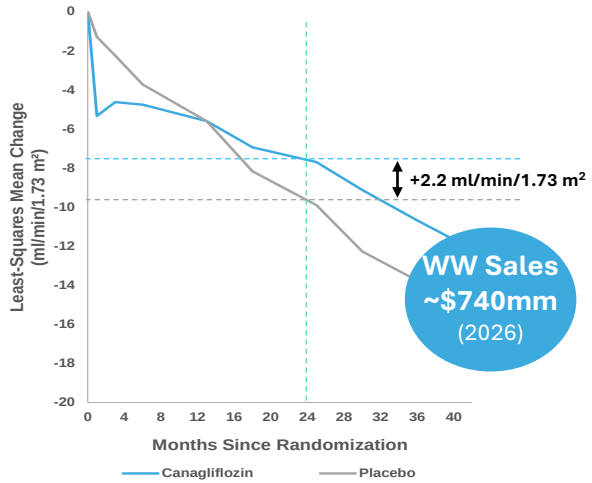
## Standard of Care has Limitations

**Current standard of care for DKD Stage 2/3a (eGFR above 40) merely slows the eventual loss of kidney function**

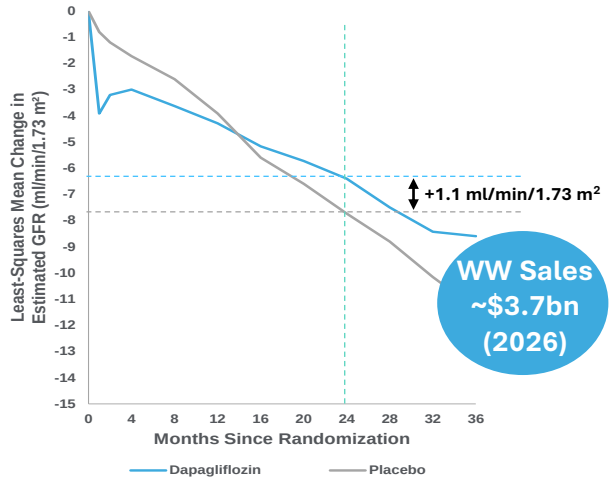
## Current Therapies are Blockbusters

**While patients continue to lose kidney function on existing therapies, those therapies still generate nearly $10 billion WW sales annually**

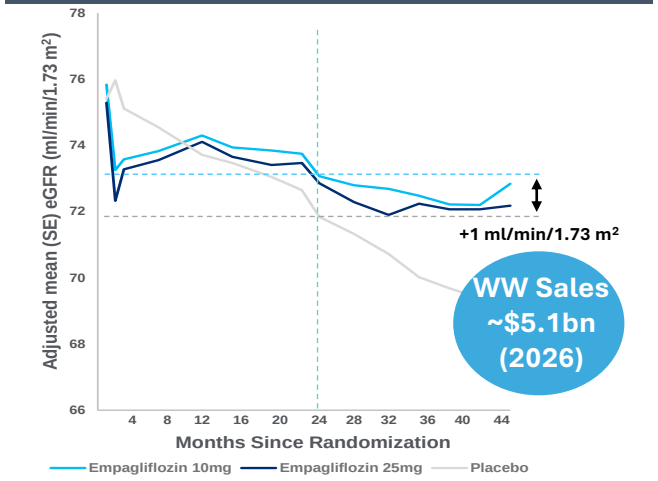
**Canagliflozin:** +2.2 ml/min/1.73 m² Improvement
Baseline mean eGFR of ***56*** ml/min/1.73 m²




**Dapagliflozin:** +1.1 ml/min/1.73 m² Improvement
Baseline mean eGFR of ***43*** ml/min/1.73 m²




**Empagliflozin:** +1 ml/min/1.73 m² Improvement
Baseline adjusted mean eGFR of ***76*** ml/min/1.73 m²




Estimated global market sales of Canagliflozin, Dapagliflozin and Empagliflozin are **~$10B** in 2026



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

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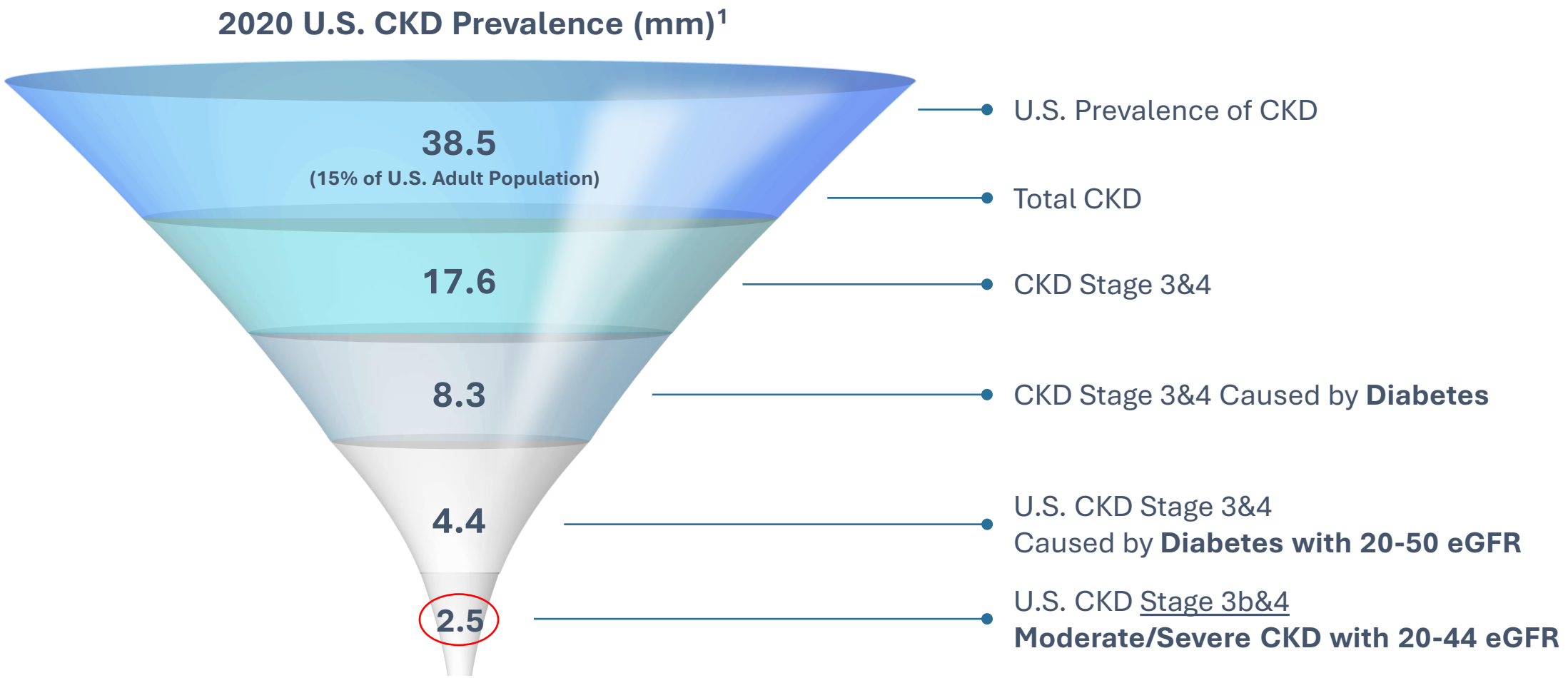
# REACT initially targets a defined subset of advanced T2D CKD

## Potential for multiple label expansions

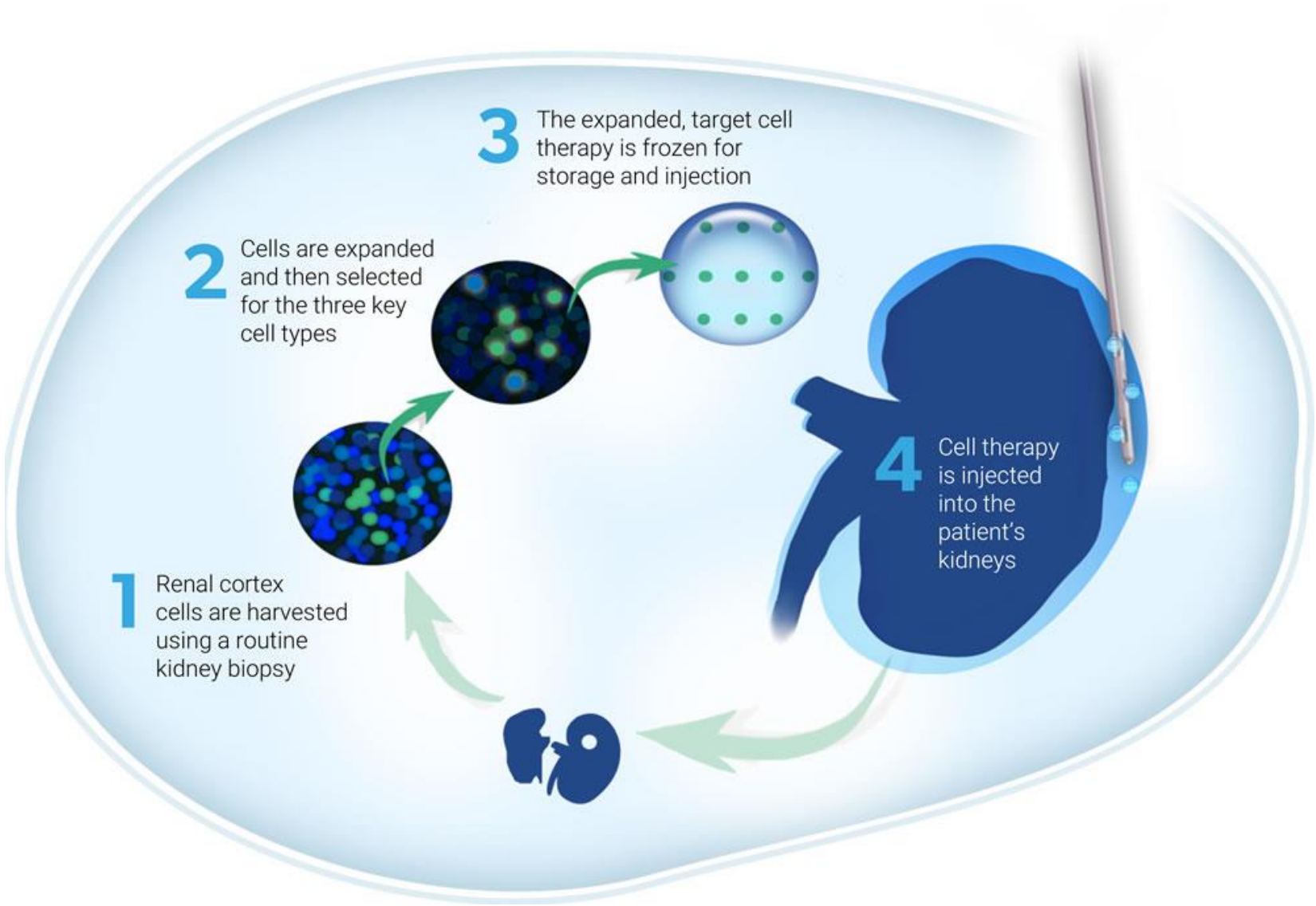





*Total market data for the year ended 2020 is based on certain estimates of management. This information may prove to be inaccurate because of the method by which the underlying data for the estimates was obtained or because this information cannot always be verified with complete certainty due to the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

# REACT® Goal: Preservation of Kidney Function

ProKidney's REACT® Autologous Cell Therapy



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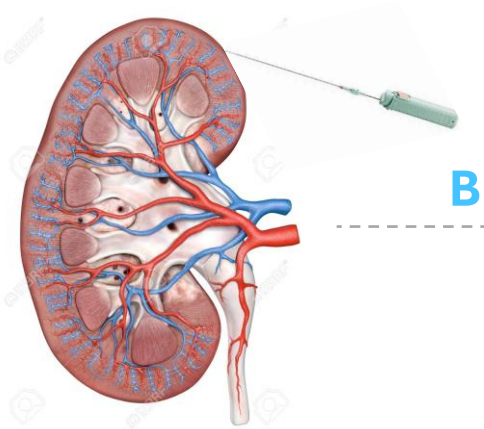
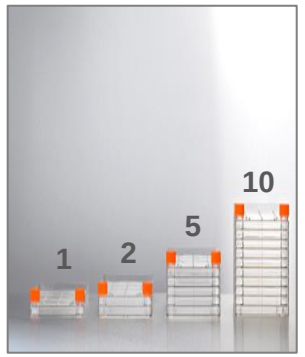
# REACT® Goal: Preservation of Kidney Function



Biopsy

Biopsy Processing

Cell Expansion

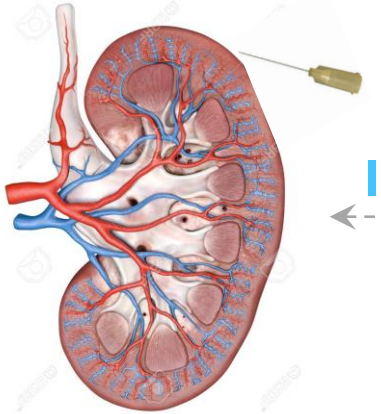



Cell Selection

Dose Preparation

Cell Delivery

Implantation



12 weeks from biopsy to cell delivery



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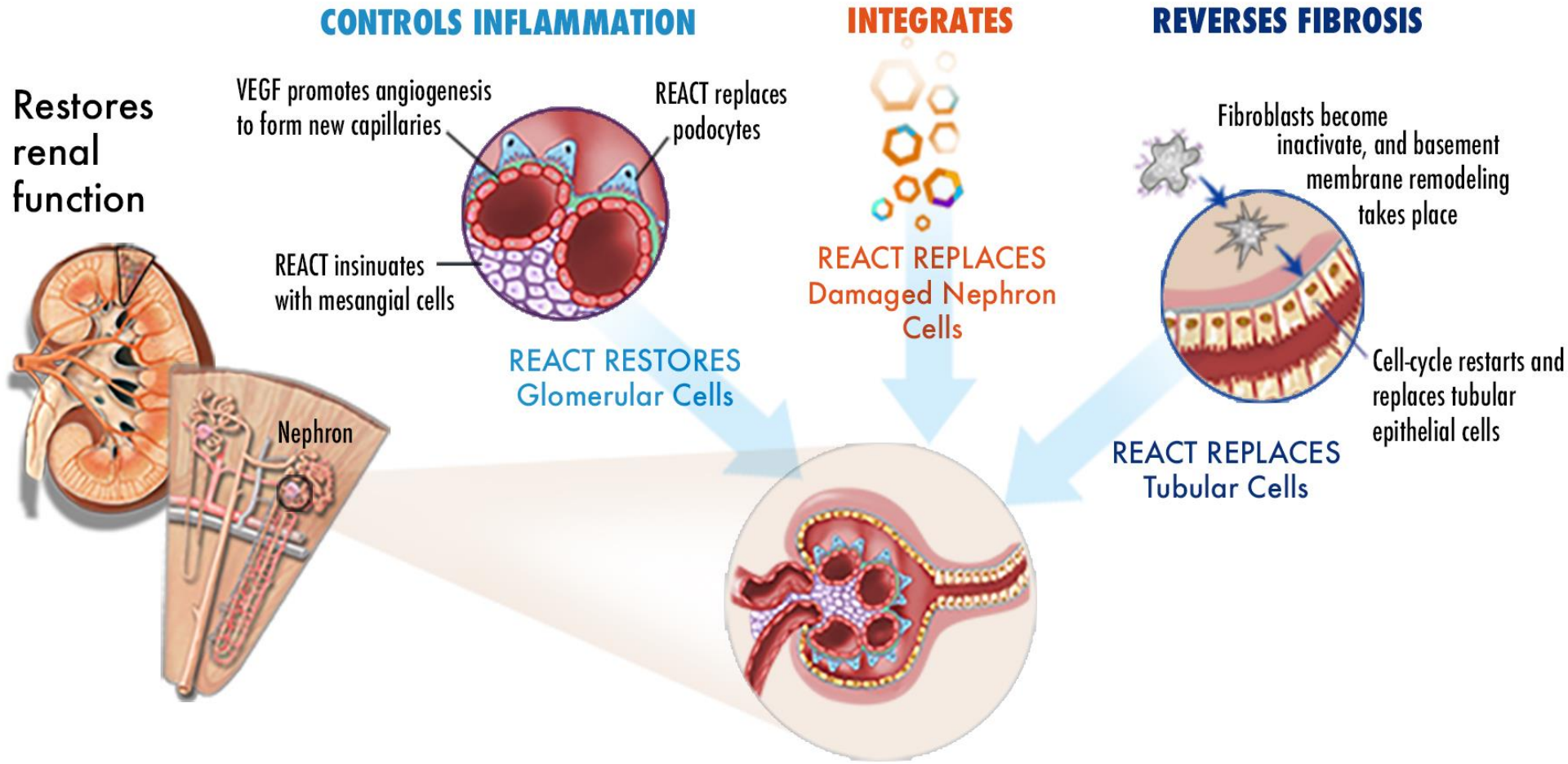
# REACT® Impact on Kidney Function

Preclinical data suggests REACT® treatment may improve kidney function via multiple mechanisms






*Kelly et al, Am J Physiol Renal Physiol 299: F1026-F1039, 2010. Bruce et al, Regenerative Medicine 10(7), 2015*
*Preclinical studies in rodents and canines, data on file.*

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# Remodeling of Nephrons

## REACT® targets preservation of kidney function for dialysis-free living

### REACT®: Autologous Homologous Triple Cell admixture

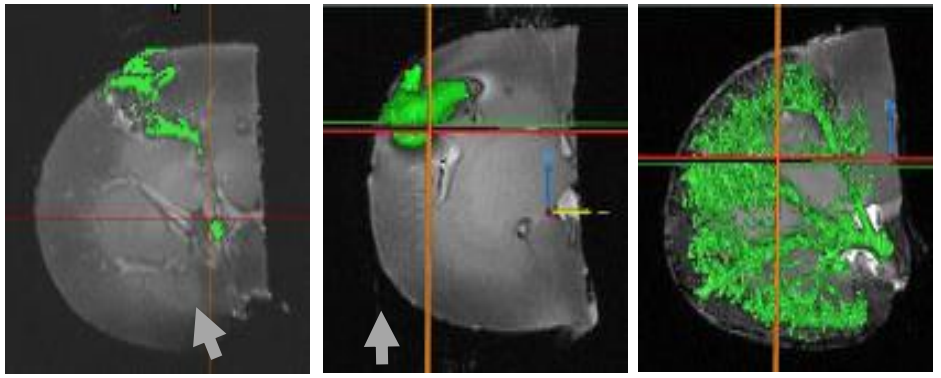
**>50** Types of Cells in Adult Kidney → **3** Lineages in REACT®

### Renal cells

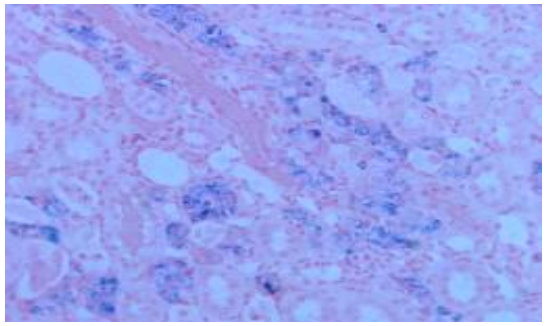
Cap Mesenchyme, Podocytes, and Ureteric Bud:

- Six-2/OSR1/PAX-2 (Cap Mesenchyme)
- RET (Ureteric Bud)
- Podocin / Nephrin

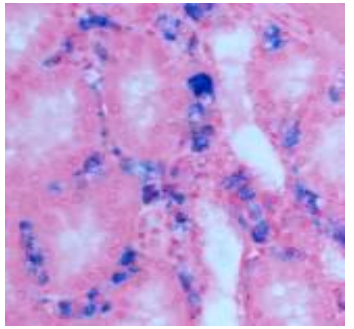
*Cells shown to distribute throughout kidney and integrate into nephrons and interstitium*



25 X10⁶REACT® @ 0.25mLs | 50 x 10⁶ REACT® @ 0.5mLs | 150 x 10⁶ REACT® @1.5mL



Intra-tubular and Glomerular (REACT® – Blue)

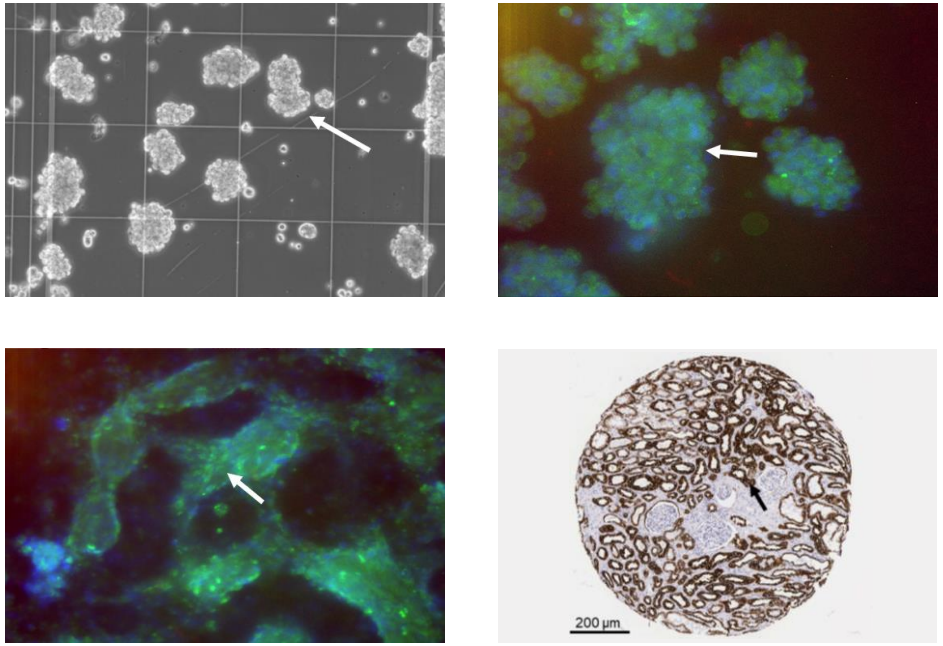


Interstitial (REACT® – Blue)



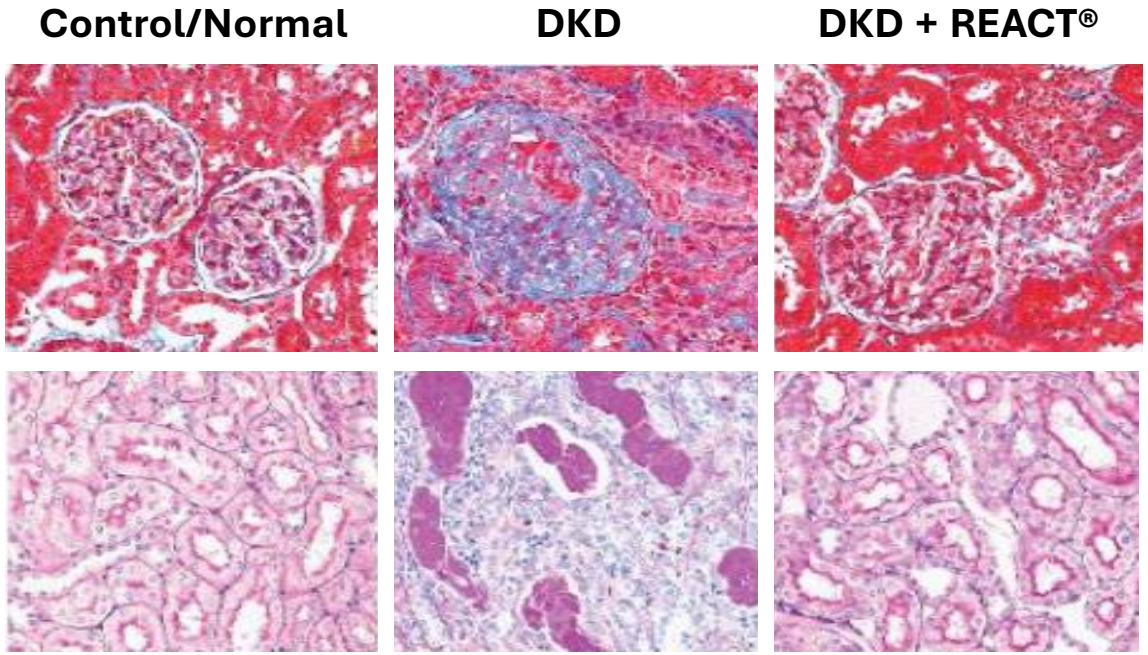
*Kelly et al, Am J Physiol Renal Physiol 299: F1026-F1039, 2010. Bruce et al, Regenerative Medicine 10(7), 2015*
*Preclinical studies in rodents and canines, data on file.*

# REACT® MoA in CKD – ASN November 2022




SRC/REACT® in human cell culture

- Nephrogenic potential of SRCs may underlie renal restorative and reparative activity observed to-date
- SRCs participate in processes associated with kidney development
- SRCs forms organoids, which self-assemble into tubules *in vitro*




SRC/REACT® preserves kidney microarchitecture

REACT® treated kidney shows reduced glomerular and interstitial fibrosis and inflammation, protein leakage and tubular ectasia



*Sources:Gene ontology reveals potentially unique mechanism of action underlying selected renal cells bioactivity. Narayan, et al. Poster at ASN 2022 Annual Meeting: November 4, 2022. Selected renal cells self-organize to form neo-nephrons and attenuate kidney disease. Narayan, et al. Poster at ASN 2022 Annual Meeting: November 4, 2022*

# REACT® Trials Designed to Address Multiple Types of CKD

| Lead Platform Programs (Clinical Development) | PRECLINICAL | IND | PHASE 1 | PHASE 2 | PHASE 3 | STATUS |
|---|---|---|---|---|---|---|
| **Pivotal Trial Progam** | | | | | | |
| **Diabetes Type II – Prevent/Delay CKD 3/4** (20-50 ml/min/1.73m$^2$, N = 600) | 006/proact 1 | | | | | Enrolling |
| **Diabetes Type II – Prevent/Delay CKD ¾ stratified for SGLT2i use** (20-44 ml/min/1.73m$^2$, N = 600) | 016/proact 2 | | | | | US/OUS 2H2023 |
| **Long term follow-up study for patients previously treated with REACT** | 008 | | | | | Enrollment 3Q2023 |
| **REACT®** Diabetic Kidney Disease (DKD) — **Supportive Trials** | | | | | | |
| **Diabetes Type II – Delay CKD 4/5** (14-20 ml/min/1.73m$^2$, N = 10) | 003 | | | | | Trial Completed |
| **Diabetes Type II – Prevent/Delay CKD 3/4** (20-50 ml/min/1.73m$^2$, N = 81) | 002 | | | | | Fully Enrolled |
| **Diabetes Repeat Dose Prevent/Delay CKD 3/4** (20-50 ml/min/1.73m$^2$, N= 50*) | 007 | | | | | Fully Enrolled |
| **Multi / extended-dosing for previously REACT-treated patients** | 015 | | | | | Enrolling |
| **REACT®** (CAKUT) — **Congenital Anomalies – Prevent/Delay** (14-50 ml/min/1.73m$^2$, N= 5) | 004 | | | | | Trial Completed |

Frozen product

Unilateral injections

bilateral injections



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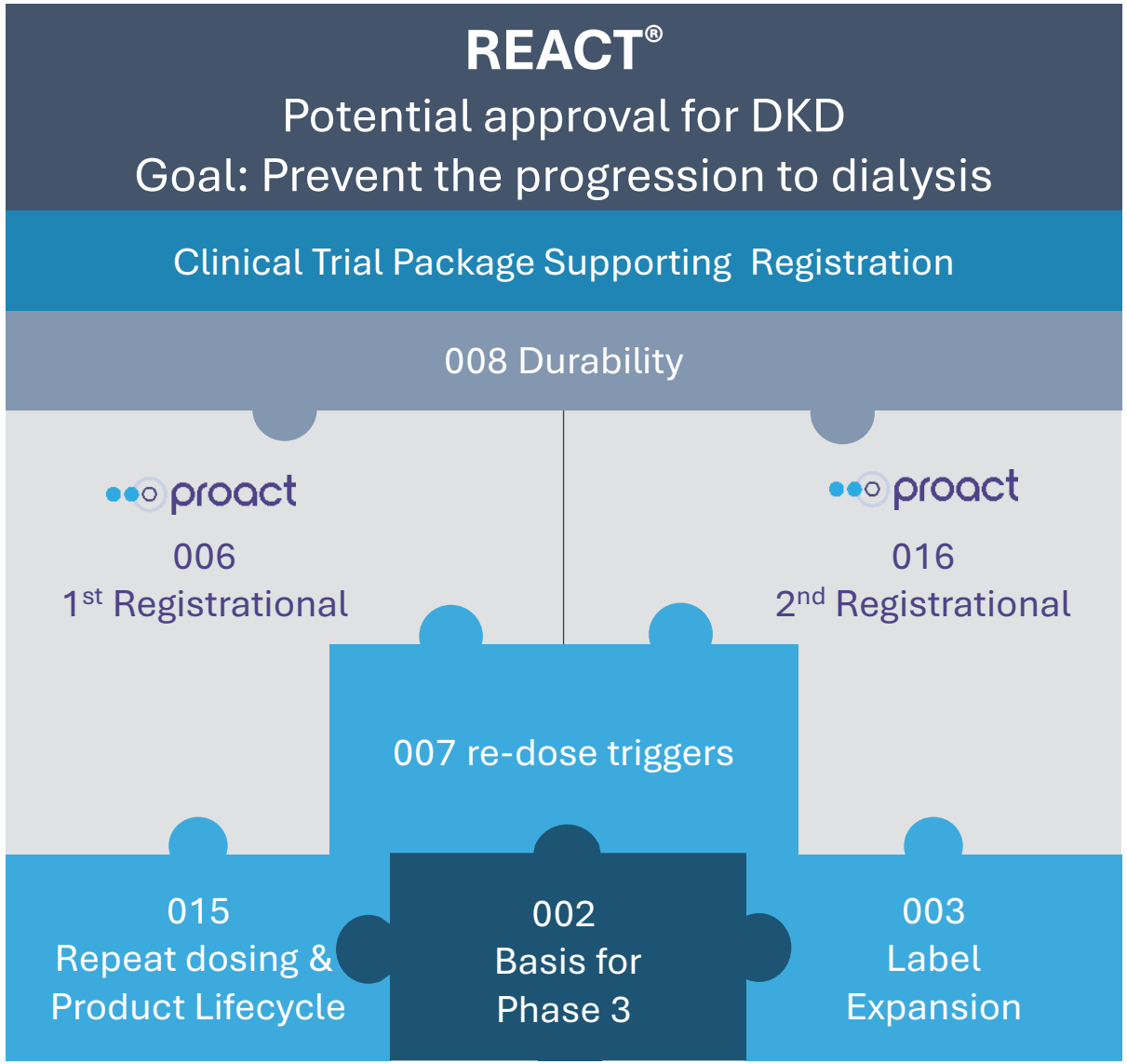
# Building a Comprehensive Data Package

## Clinical program designed to expand potential patient population and support premium pricing

- Assess potential benefit of repeat REACT® doses (REGEN-015)
- Determine durability of REACT® injection (REGEN-008)
- Identify re-dosing triggers (REGEN-007)
- Assess potential benefit of bilateral REACT® injections (REGEN-007)
- Support potential label expansion (REGEN-003)
- Support durability, reimbursement and value-based pricing (REGEN-016 & REGEN-008)



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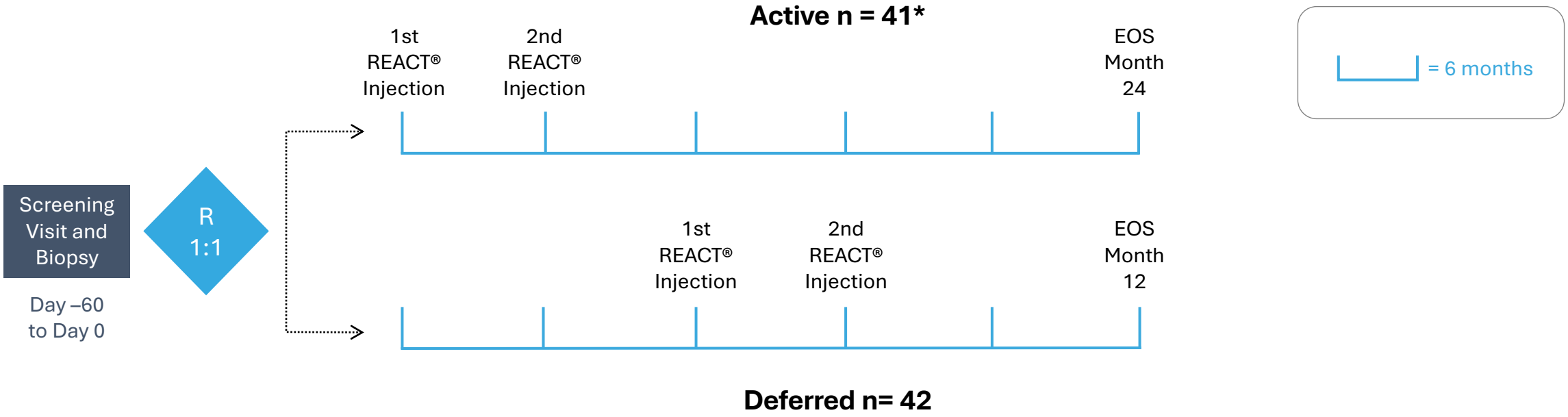
# RMCL-002: Study in Diabetics with CKD Stages 3A, 3B & 4

## Clinical trial design




### Key Entry Criteria

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

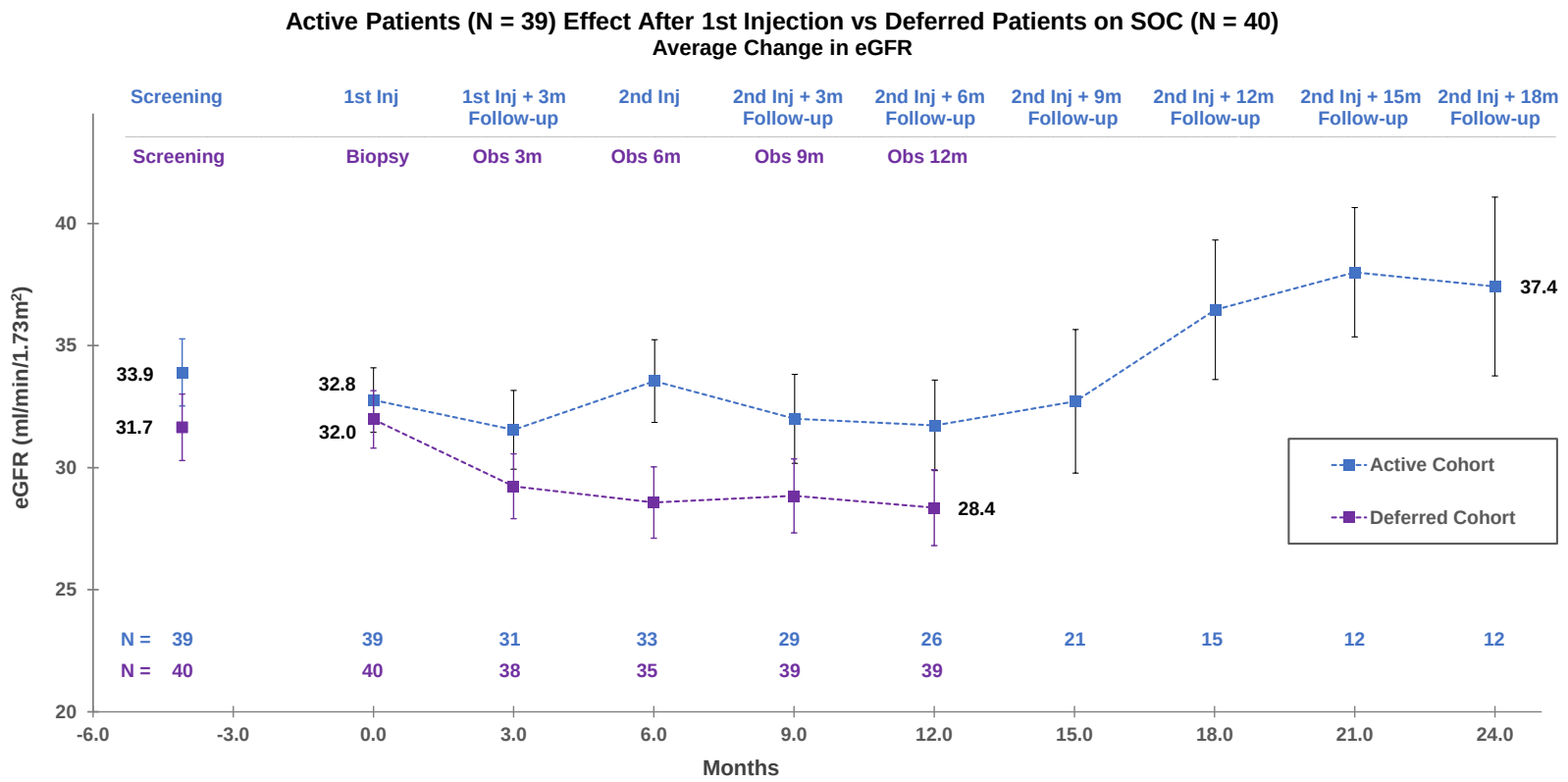
**Follow-up visits conducted at 3-month intervals after 3 months post 2nd REACT® injection for 24 months for active arm and 12 months post 2nd REACT® injection for Deferred arm**



** 2 'Active' patients dropped out of the study resulting in n=39 in subsequent slides.*

# RMCL-002: Preliminary Results from Study in Diabetics with CKD Stages 3A, 3B & 4

## Comparing effect of REACT® vs. standard of care (SoC) in Phase 2 study




Note: As of March 1, 2022

### REACT®

Average eGFR was 4.6 ml/min/1.73m$^2$ higher at 24 months versus the average eGFR for all participants at baseline

### Standard of Care

Progressive ***decline*** in kidney function over 12 months of

**–3.6 ml/min/1.73m$^2$**

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



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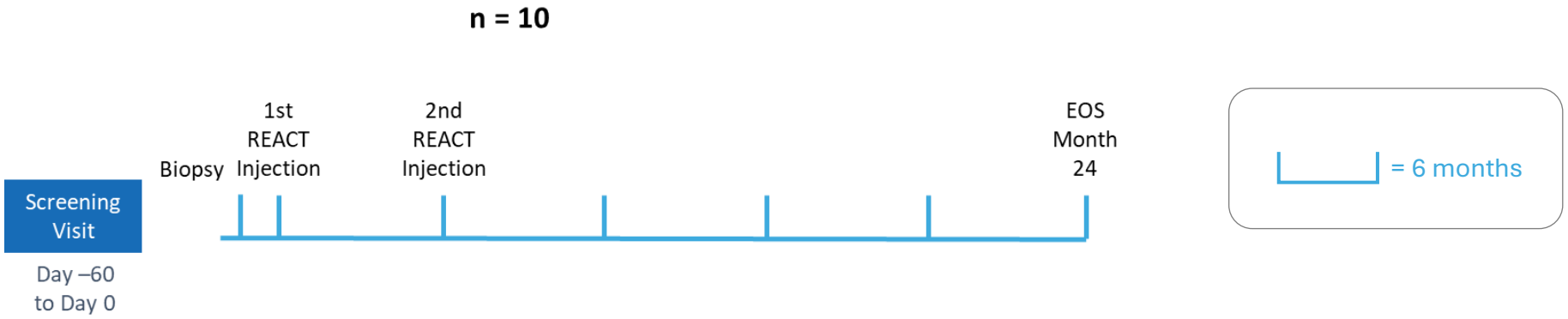
# REGEN-003: Phase 2 Study in Stage 4/5 Diabetic CKD Patients

## Clinical trial design: Participants' baseline rate of eGFR decline served as comparator

**UACR mean 3190 mg/gr; mean eGFR 15.5 mL/min/1.73m$^2$;**
**>90% probability of dialysis initiation**

**No other marketed drug is indicated for these patients**




### Key Entry Criteria

- Type 2 Diabetic Mellitus (DKD)
- Male or female 30-65 years of age
- **eGFR ≥14 - ≤20 mL/min/1.73m$^2$**
- Not on renal dialysis, HbA1c <10%

**Follow-up visits conducted at 3-month intervals after 3 months post 2nd REACT® injection for 24 months until End of Study**



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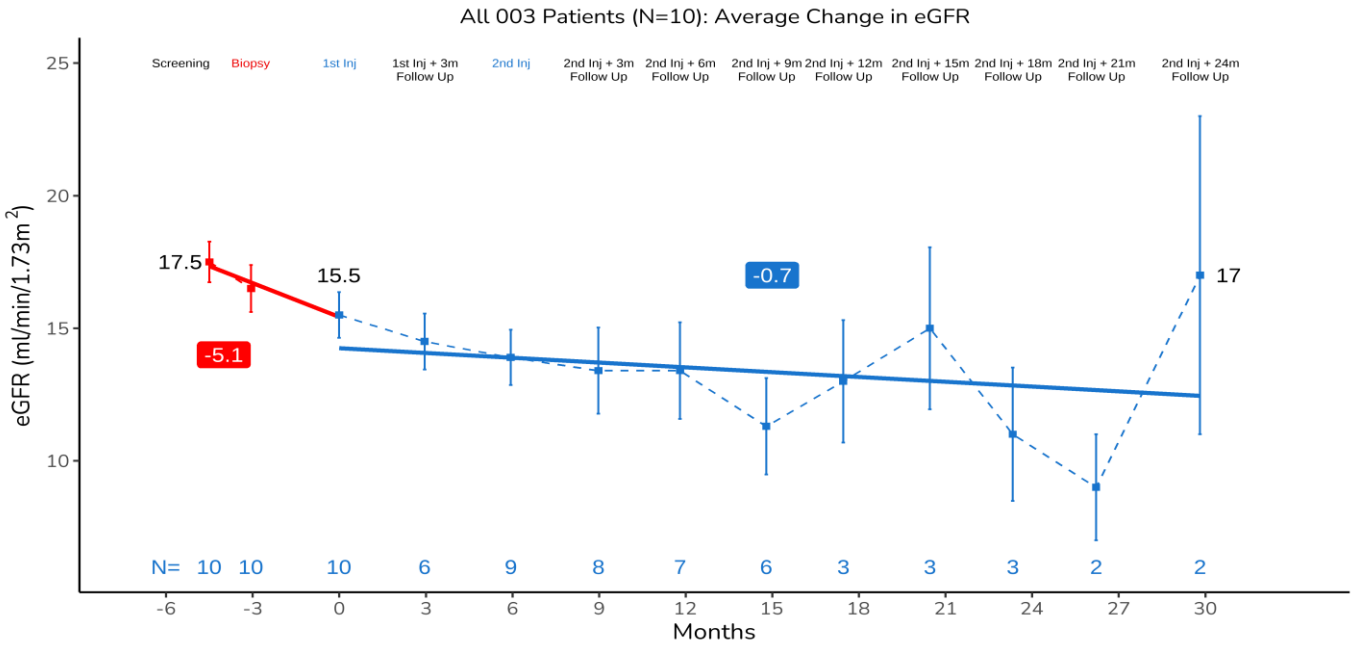
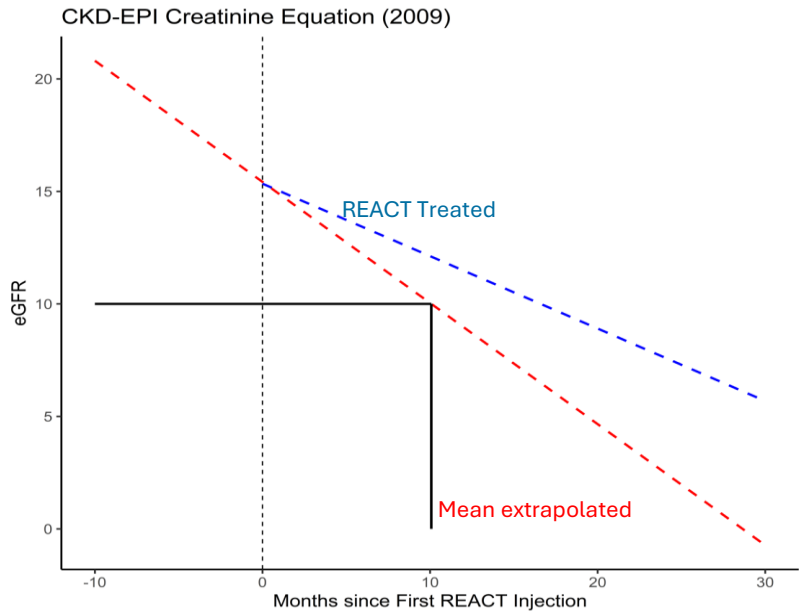
# REGEN-003: Pre-Dialysis Patients Benefit from REACT

- 7/10 patients had 30% increase in dialysis free living (median of ~16 mo.)
- 2/10 patients had preservation of renal function >2+ years post injection






*Source: Stavas, et al. Renal Autologous Cell Therapy in Type 2 Diabetes with Late Stage 4 Diabetes-Related Chronic Kidney Disease: Trial Design and Early Analysis. J Blood Purification. Published Online Jan 2023*

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# Interim Safety Profile: Safety of REACT in Phase 2 Diabetic CKD Stages 3A, 3B, 4, & 5 and CAKUT

**-002 Interim procedure-related events: Renal Related**
(N=83 pt biopsies, 132 injections)

| Serious Adverse Event | n |
|---|---|
| Hematoma* | 1 |
| Transfusion* | 1 |
| Acute Kidney Injury* | 1 |
| Macroscopic Hematuria | 0 |
| Angiographic Intervention | 0 |
| Surgery | 0 |
| Death | 0 |
| CKD progression | 1 |
| Renal vascular event | 1 |
| Cortical Scar | 1 |
| Renal arteriovenous fistula | 0 |

**Events observed in 4/83 participants.**
*Hematoma, transfusion, & AKI events occurred in one patient pre-needle design-change in Sept. 2017, other SAE events occurred post-needle design change.
Data as 2/23. Source: Stavas et al. SIR March 2023.

**-003 Procedure-related events: Renal Related**
(N=10 pt biopsies, 19 injections)

| Serious Adverse Event | n |
|---|---|
| Hematoma | 2 |
| Transfusion | 0 |
| Acute Kidney Injury | 2 |
| Macroscopic Hematuria | 0 |
| Angiographic Intervention | 0 |
| Surgery | 0 |
| Death | 0 |
| CKD progression | 1 |
| Renal vascular event | 0 |
| Cortical Scar | 0 |
| Renal arteriovenous fistula | 1 |

**Events observed in 3/10 participants.**
No cell product related SAEs were reported.
Source: Stavas et al. Blood Purif 2023;52:114–121
DOI: 10.1159/000527582

**-004 Procedure-related events: Renal Related**
(N=5 pt biopsies, 9 injections)

| Serious Adverse Event | n |
|---|---|
| Hematoma | 0 |
| Transfusion | 0 |
| Acute Kidney Injury | 0 |
| Macroscopic Hematuria | 0 |
| Angiographic Intervention | 0 |
| Surgery | 0 |
| Death | 0 |
| CKD progression | 0 |
| Renal vascular event | 0 |
| Cortical Scar | 0 |
| Renal arteriovenous fistula | 0 |

**Events observed in 0/5 participants.**
No cell product related SAEs were reported.
Data on file and as of 1/23.

**-007 Interim procedure-related events: Renal Related**
(N=39 pt biopsies, 42 injections)

| Serious Adverse Event | n |
|---|---|
| Hematoma* | 4 |
| Transfusion | 1 |
| Acute Kidney Injury | 2 |
| Macroscopic Hematuria | 1 |
| Angiographic Intervention | 0 |
| Surgery | 0 |
| Death | 0 |
| CKD progression | 0 |
| Renal vascular event | 0 |
| Cortical Scar | 0 |
| Renal arteriovenous fistula | 0 |

**Events observed in 4/39 participants.**
*One hematoma associated with an injection. Two hematomas, two AKI, and one hematuria occurred following biopsy.
Data on file and as of 1/23.

202 **REACT®** injections administered to date in Phase 1 and 2 clinical studies

**REACT** has been tolerated by patients with moderate-severe CKD at high risk for renal failure

**Consistently striving to mitigate procedure-related risks while preserving kidney function for late-stage CKD patients**



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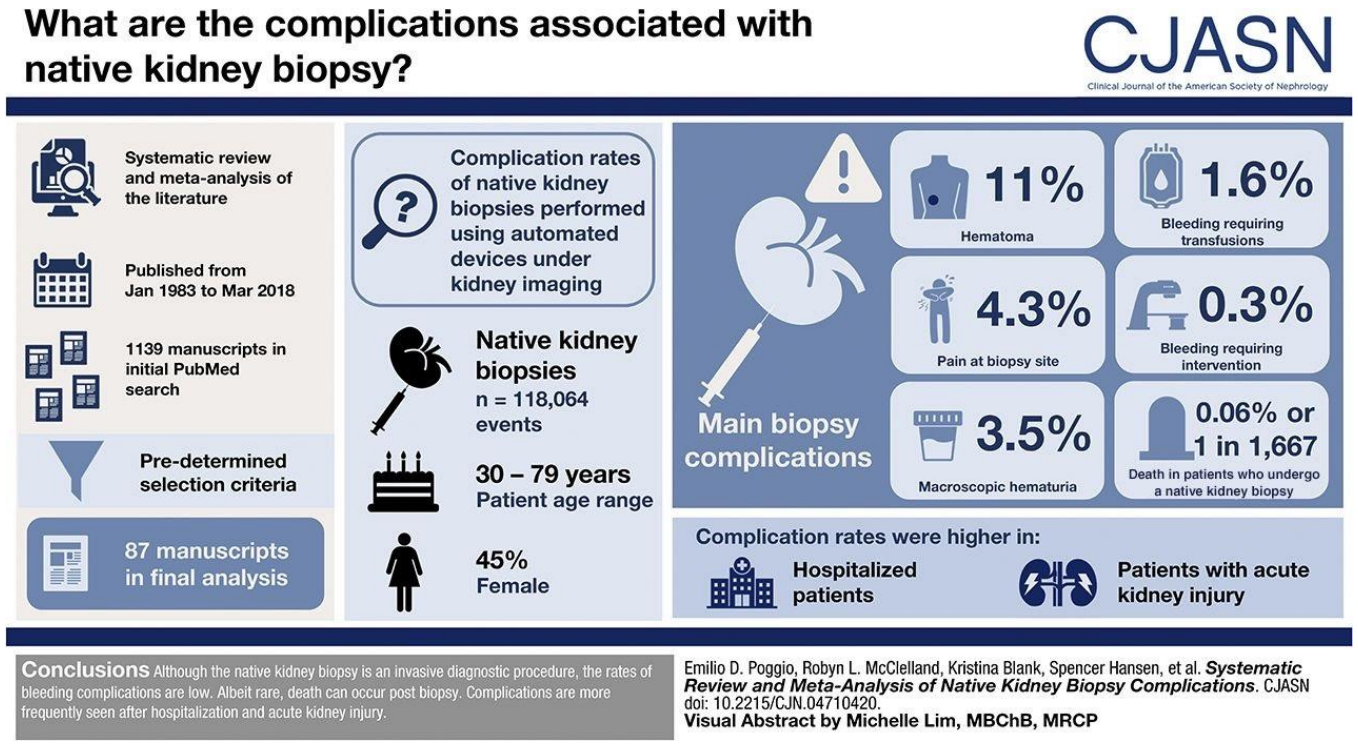
# REACT Procedure Continued to Demonstrate a Complication Rate Below a Standard Kidney Biopsy




## REACT Phase 2 Safety Profile Summary

| Category | Biopsy # of patients (%) (N=133) | REACT Injection # of patients (%) (N=202) |
|---|---|---|
| Hematoma | 4 (3.0) | 3 (1.5) |
| Pain | 0 | 3 (1.5) |
| Hematuria | 1 (0.7) | 0 |
| Transfusion | 1 (0.7) | 1 (0.5) |
| Bleed + intervention | 0 | 0 |
| Death | 0 | 0 |

Includes data available from ongoing and completed phase 2 trials.
Data on file and as of 3/1/2023.

**REACT procedure in Phase 2 clinical trials was tolerated with a safety profile similar to a standard biopsy**



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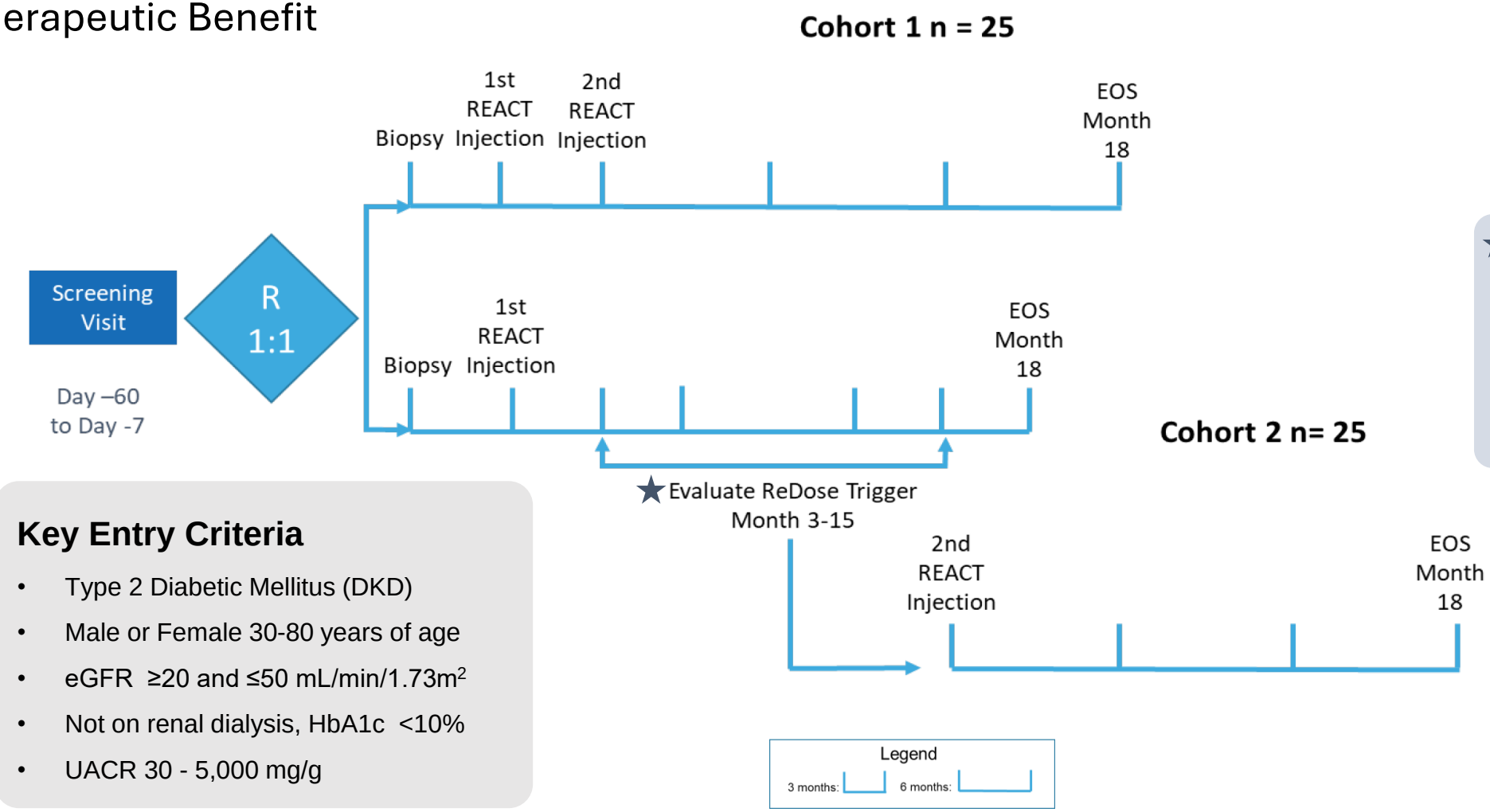
# Phase 2 Study: REGEN-007

## Safety Profile Supports Bilateral Dosing of REACT™ to Evaluate Potential for Increased Therapeutic Benefit




### ★ Re-Dosing Triggers

*Sustained 30-day*

- Decline in eGFR using CKD-EPI 2012 by at least 25% from baseline
- Increase of ≥30% and at least 30 mg/g in UACR from baseline

### Key Entry Criteria

- Type 2 Diabetic Mellitus (DKD)
- Male or Female 30-80 years of age
- eGFR ≥20 and ≤50 mL/min/1.73m$^2$
- Not on renal dialysis, HbA1c <10%
- UACR 30 - 5,000 mg/g



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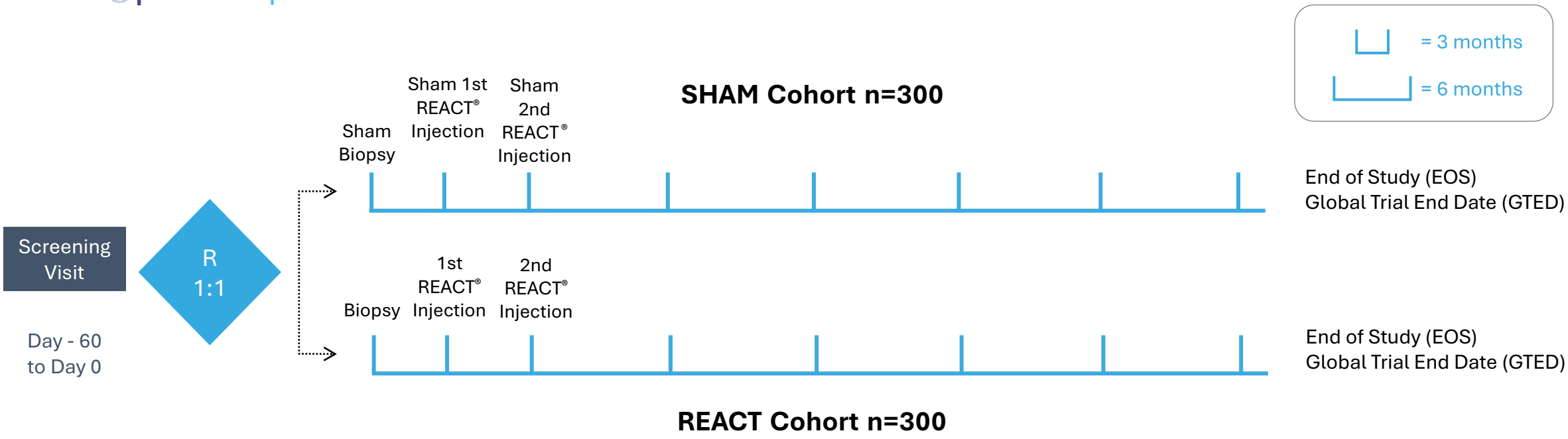
# REACT® Registrational Program: proact 1 (REGEN-006)

## First proact 1 patients enrolled in 2022




### Key Entry Criteria

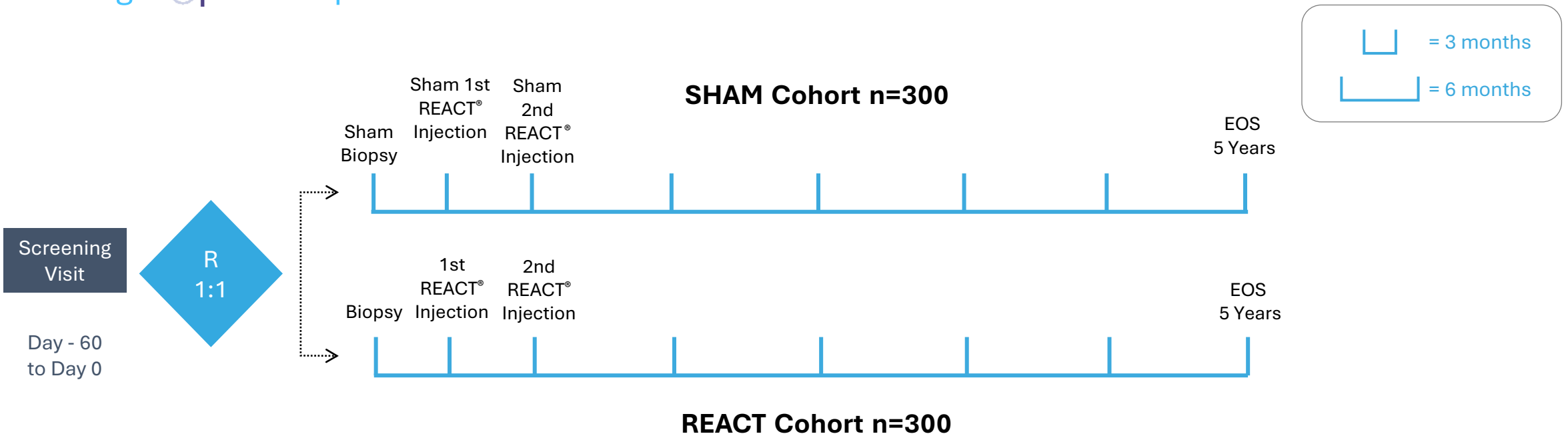
- Type 2 Diabetic Mellitus (DKD)
- Male or Female 30-80 years of age
- **eGFR ≥20 and ≤50 mL/min/1.73m$^2$**
- Not on renal dialysis, HbA1c <10%
- **UACR 300 - 5,000 mg/g**

### Time-to-Event Primary Composite Endpoint:

- At least 40% reduction in eGFR;
- eGFR<15mL/min/1.73m$^2$ sustained for 30 days and/or chronic dialysis, and/or renal transplant; or
- Death from renal or cardiovascular causes

# REACT® Registrational Program: proact2 (REGEN-016)

## Enrolling proact 2 patients in 2H23




### Key Entry Criteria

- Type 2 Diabetic Mellitus (DKD)
- Male or Female 30-80 years of age
- **eGFR ≥ 20 and ≤ 44 mL/min/1.73m²**
- Not on renal dialysis, HbA1c <10%
- **UACR 300 - 5,000 mg/g**

### Protocol modifications to support evolving standard of care, future regulatory, and commercial access

- Follow-up visits through 60 months (5 years)
- Stratification at randomization based on CKD stage and SGLT2 or sMRA use

### Time-to-Event Primary Composite Endpoint:

- At least 40% reduction in eGFR;
- eGFR<15mL/min/1.73m² sustained for 30 days and/or chronic dialysis, and/or renal transplant; or
- Death from renal or cardiovascular causes

# REACT® Registrational Program

## Regulatory & reimbursement engagement plan: Diabetic Kidney Disease

**FDA / EMA***

### Conducting ‘Gold Standard’ Two Adequate and Well Controlled RCT for BLA* Approval

RMAT* designation provides potential for accelerated approval pathway in U.S.

Time to event and composite endpoints align with registration study designs previously used by other FDA approved CKD therapies (i.e., SGLT2i)

**HTA**

### HTA* Potential Healthcare Savings

Validate REACT’s® effect of delaying the time to ESRD (dialysis/transplant) as a potential major healthcare system cost savings



** EMA: European Medicines Agency, RMAT: Regenerative Medicine Advanced Therapy, BLA: Biologics License Application, SGLT2i: Sodium-glucose Co-transporter 2 inhibitor, HTA: Health technology assessment*

# High Patient Acceptance for New Medications

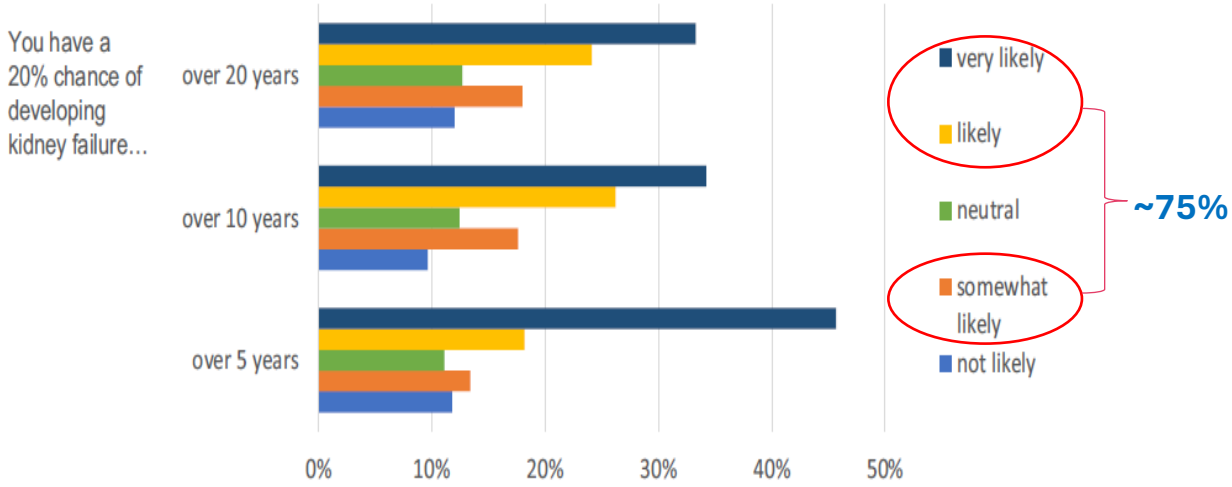
Survey participants were overwhelmingly willing to take a medication - even if side effects occurred (93.6%)

**Current staging system for CKD and treatment considerations**

| | | ACR Stages | | | |
|---|---|---|---|---|---|
| | | 1 | 2 | 3 | |
| GFR Stages | | <30 | 30-300 | >300 | Nephrotic |
| 1 | >90 | No CKD | | | |
| 2 | 60-89 | | | | |
| 3a | 45-59 | | | | |
| 3b | 30-44 | REACT | | | |
| 4 | 15-29 | | | | |
| 5 | <15 | | | | |

| CKD stage/Risk | No CKD | Moderately high risk | High risk | Very high risk |
|---|---|---|---|---|
| Goal for treatment | Prevent development | Prevent progression and complications | | |
| Indication for treatment | Current area of controversy | | Agreement that treatments are indicated | |

**Patient responses to question asking about the likelihood of taking a new medication to prevent kidney failure:**




- **Panelist with the CKD stage 3a stated:** "....if I did see an appreciable decrease in my kidney health then I'm sure I would be much more open to trying some things."
- **Panelist with CKD stage 3b stated:** "Anything to help ... slow [the] progress of the kidney disease — I'm all for it."



*Inker et al Am J Kidney Dis. 80(4):513-526*

# Preparing for Commercial Readiness

## Infrastructure strategy to reduce COGS and address commercial demand

### Manufacturing toward clinical and commercial opportunities

- Implementing staged construction to expand commercial-scale manufacturing capabilities
  - Addition of Greensboro facility provides scalability beyond Winston-Salem facility to address anticipated post-approval demand
- In-house manufacturing supports clinical programs and initial commercial launch
- Cryo-preserved REACT distribution enabled by Covid cold supply chain
- Potential to add and qualify additional CDMO sites for regional demand / surge capacity

### Potential financial impact for ProKidney

- Approximately 2.5 million Stage 3b/4 diabetic CKD patients in U.S., >5 million OUS
- Estimated 128k U.S. patients enter dialysis each year and 2 million worldwide
- Potential to treat 50,000 patients per year WW
- Potential Value Proposition:
  - Dialysis cost avoidance for 2-5 years - $200-500k
  - Dialysis cost spend per year in U.S. = $50B by Medicare
- Maximum processing capacity of Winston-Salem and Greensboro facilities is over 20,000 patients/year

**Phase 2 COGS for REACT® ~$100K / patient**
**Aim to decrease COGS by approximately 50% through scale-up for commercialization**

# World-class Leadership and Board of Directors

**Dr. Tim Bertram**
Chief Executive Officer

**James Coulston**
Chief Financial Officer

**Todd Girolamo**
Chief Legal Officer & Secretary

**Dr. Deepak Jain**
Chief Operating Officer

**Dr. Darin Weber**
Chief Regulatory Officer

**Mary Weger**
Chief People Officer

**Dr. Bruce Culleton**
EVP, Clinical Development & Commercialization

**Ashley Johns**
SVP, Global Head Clinical Operations

**Dr. Joe Stavas**
SVP, Global Head Clinical Development

**Pablo Legorreta**
Chairman of the Board

**Dr. Tim Bertram**

**William Doyle**

**Jennifer Fox**

**Dr. Alan Lotvin**

**Dr. John Maraganore**

**Dr. Brian Pereira**

**Dr. Uma Sinha**

**José Ignacio Jiménez Santos**

# REACT®: REnal Autologous Cell Therapy for CKD

## Advancing a comprehensive clinical plan to demonstrate commercial potential

### 1H 2023

☑ **REGEN-003 Phase 2**
**Trial completed**
**Results published 1Q23**

- Safety & efficacy of REACT®
- DKD Stage 4 / 5 (eGFR < 20 – 14)
- Identify potential re-dosing triggers
- Assess impact on progression and time to dialysis in patients with imminent risk of renal failure/dialysis

### 2H 2023

**REGEN-002 Phase 2**
**Enrollment complete**
**Interim Results 2H23**

- Last patient last visit December 2023
- DKD Stage 3b / 4 (eGFR 50 – 20)
- 2 injections into biopsied kidney
- Open label safety & efficacy of REACT®

### 2024 and beyond

**REGEN-007 Phase 2**
**Enrollment complete**
**Interim results anticipated first half of 2024**

- Fully-enrolled
- Open-label trial DKD Stage 3 / 4 (eGFR ≤ 50 – 20)
- Bi-lateral kidney injections and dose triggers
- Cryopreserved commercial formulation

**REACT® Phase 3 DKD Trials**

**proact 1: Ongoing enrollment in U.S., Canada, and EU; Interim anticipated YE24**

**proact 2: 2H23 ROW enrollment; Interim anticipated by YE25**

- Global Phase 3 blinded, sham-controlled trials to establish safety & efficacy of REACT®
- Stage 3b / 4 DKD (eGFR ≤ 50 – 20)
- FDA-defined time-to-event endpoints

**Cash Position**
(as of 6/30/23)

$446M cash sufficient to fund these key milestones, and to interim Phase 3 data

**Regulatory**

- FDA / EMA agreement on pivotal study design
- RMAT designation in U.S.
- Potency Assay Matrix alignment

# Why ProKidney?

## *Maximize dialysis-free living*

**Too many CKD patients require dialysis**

$130B U.S. Medicare spend annually on ESRD / CKD (excludes private insurance)

Approximately 75 million total CKD patients in U.S. & EU

Currently, **no treatment options** (other than transplant) exist to stop decline of kidney function

## *REACT® Initial Clinical Success*

**Preservation of kidney function intended to delay/prevent kidney failure/dialysis**

Ongoing Phase 2 program providing insight on durability, multi-dosing, and re-dosing triggers

Registrational Phase 3 trials underway

proact I interim data estimated YE 24

**RMAT** designation granted by FDA

## *Value Creation Potential*

**Experienced board and management team**

Cash runway to deliver interim Phase 3 data*

In-house manufacturing supports Phase 3 and initial commercialization

Experienced employees, strong product and cell therapy IP & development know-how

Identified milestones and results anticipated throughout 2023 and 2024

***Returning Autonomy to Patients and their Families***



** Approximately $506M as of 9/30/22*

ProKidney

# Corporate Presentation

September 2023

*A Step Closer to Potential Dialysis Prevention*

REACT® [**RE**nal **A**utologous **C**ell **T**herapy]