# 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): September 12, 2022**

# Acumen Pharmaceuticals, Inc.
**(Exact name of registrant as specified in its Charter)**

| **Delaware** | **001-40551** | **36-4108129** |
|---|---|---|
| **(State or Other Jurisdiction of Incorporation)** | **(Commission File Number)** | **(IRS Employer Identification No.)** |

| **427 Park St., Charlottesville, Virginia** | **22902** |
|---|---|
| **(Address of Principal Executive Offices)** | **(Zip Code)** |

**(434) 297-1000**
**(Registrant's Telephone Number, Including Area Code)**

**Not Applicable**
**(Former Name or Former Address, if Changed Since Last Report)**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instructions A.2. below):

☐ Written communications pursuant to Rule 425 under 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 |
|---|---|---|
| **Common Stock, $0.0001 par value** | **ABOS** | **The Nasdaq Global Select 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 ☒

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. ☐

**Item 7.01 Regulation FD Disclosure.**

On September 12, 2022, Acumen Pharmaceuticals, Inc. (the "***Company***") posted an updated corporate presentation to its website at https://investors.acumenpharm.com/news-events/presentations, which the Company may use from time to time in communications or conferences. A copy of the corporate presentation is attached as Exhibit 99.1 to this Current Report on Form 8-K (this "***Report***").

The information in this Report, including Exhibit 99.1 hereto, is furnished pursuant to Item 7.01 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 the liabilities of that Section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing. The Company's submission of this Report shall not be deemed an admission as to the materiality of any information required to be disclosed solely to satisfy the requirements of Regulation FD.

This Report and Exhibit 99.1 hereto contain forward-looking statements within the meaning of the federal securities laws. These forward-looking statements are based on current expectations and are not guarantees of future performance. Further, the forward-looking statements are subject to limitations listed in Exhibit 99.1 and in the other reports of the Company filed with the Securities and Exchange Commission, including that actual events or results may differ materially from those in the forward-looking statements.

**Item 9.01 Financial Statements and Exhibits.**

(d) Exhibits

| Exhibit No. | Description |
|---|---|
| 99.1 | Corporate Presentation, dated September 2022 |
| 104 | Cover Page Interactive Data File (the cover page XBRL tags are embedded within the inline XBRL document) |

**SIGNATURES**

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

**Acumen Pharmaceuticals, Inc.**

Dated: September 12, 2022

By: /s/ Derek Meisner
Derek Meisner
Chief Legal Officer and Corporate Secretary

Exhibit 99.1

# Corporate Overview

September 2022

# Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Any statement describing Acumen's goals, expectations, financial or other projections, intentions or beliefs is a forward-looking statement and should be considered an at-risk statement. Words such as "believes," "expects," "anticipates," "could," "would," "seeks," "aims," "plans," "potential," "will" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Forward-looking statements include statements concerning Acumen's business, Acumen's ability to achieve its strategic and financial goals, including its projected use of cash, cash equivalents and marketable securities and the sufficiency of its cash resources, and the therapeutic potential of Acumen's product candidate, ACU193, including its potential for improved safety and efficacy as compared to other monoclonal antibodies in development, as well as the expectations concerning the INTERCEPT-AD trial and Acumen's planned Phase 2/3 clinical trial, including the expected timing of initiation, enrollment and reporting data, and risks and uncertainties relating to the progression and duration of the COVID-19 pandemic and responsive measures thereto and related effects on Acumen. These statements are based upon the current beliefs and expectations of Acumen management, and are subject to certain factors, risks and uncertainties, particularly those inherent in the process of discovering, developing and commercializing safe and effective human therapeutics. Such risks may be amplified by the impacts of the COVID-19 pandemic. These and other risks concerning Acumen's programs are described in additional detail in Acumen's filings with the Securities and Exchange Commission ("SEC"), including in Acumen's10-Q for the quarter ended June 30, 2022, and future filings and reports by Acumen. Copies of these and other documents are available from Acumen. Additional information will be made available in other filings that Acumen makes from time to time with the SEC. These forward-looking statements speak only as of the date hereof, and Acumen expressly disclaims any obligation to update or revise any forward-looking statement, except as otherwise required by law, whether, as a result of new information, future events or otherwise. In this presentation, references to cash also include cash equivalents.

# Advancing a Potential Best-/First-In-Class Antibody Product for Early Alzheimer's disease (Early AD)

**Alzheimer's Represents an Enormous Market** Driven by **High Unmet Need** and **Recent Scientific and Regulatory Momentum**

**Scientific Consensus** Supports **Amyloid-Beta Oligomers (AβOs)** as the **Most toxic form of Aβ** and a Novel Target for **Effective AD Treatment**

**ACU193: First, Clinical-Stage** Monoclonal Antibody (mAb) to **Selectively Target AβOs** and has Promising Pre-Clinical Evidence Supporting its Differentiation

**Experienced Leadership** Comprised of Industry Leaders with AD Drug Discovery, Development, and Regulatory Expertise from **Eli Lilly & Co.**

**Strong Balance Sheet: ~$210M in cash at 30-Jun-22**

July 2021 IPO ~$184M Gross

RA Capital
Deep Track
Sands Capital
PBM Capital

**Phase 1 Clinical Trial in Early AD** Patients Ongoing

**Proof of Mechanism** Target Engagement Safety Data

**Topline Results Expected 1H 2023**

We believe that Acumen has the organizational expertise and fiscal resources to advance ACU193 through 2025.

## Acumen Business Strategy – 2022-2025

- → Rapidly advance ACU193 through clinical development in patients with early AD;
- → Evaluate combination approaches to complement our core ACU193 monotherapy strategy;
- → Selectively explore potential of ACU193 for other diseases;
- → Expand our product portfolio by in-licensing and/or developing additional candidates and/or alternative formulations for or derivatives of ACU193; and
- → Optimize value of ACU193 and future drug candidates in major markets.

# INTERCEPT-AD Trial Update – 3Q 2022

- **INTERCEPT-AD: Phase 1 clinical trial of ACU193 in patients with early AD (RCT)**
  - → Topline results (Proof of Mechanism) following full database lock expected in 1H 2023
    - Safety / ARIA-E
    - PK
    - Target engagement
  - → Trial enrollment on-going at 15 active sites, 2 additional sites selected for potential activation
  - → Strong cash position has provided us the ability to expand study footprint to support recruitment and complete follow-up period (Cohort 7 Day 168) prior to read out
  - → Complete trial results anticipated for presentation at major Alzheimer's meeting in 1H 2023
- **Phase 2/3 'Ready' Activities**
  - → Chronic GLP toxicity testing ongoing
  - → New drug substance production process and drug product formulation being finalized
  - → Developing Phase 2/3 study for ACU193; design and planning for FDA End of Phase 2 meeting

# AD, Amyloid & Abeta Oligomers

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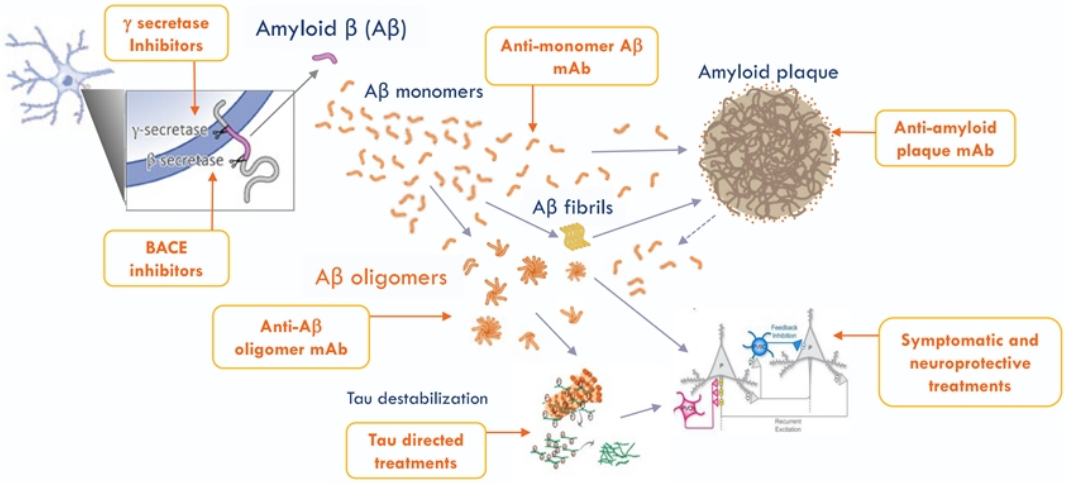
# Alzheimer's Pathophysiology

**Build-up of amyloid-beta (Aβ) is believed to lead to neurodegeneration and dementia**

**Previous and current anti-amyloid and related drug targets have attempted to intervene**




Data indicate that soluble amyloid β oligomers (AβOs) are the most toxic species and should be preferentially targeted for removal.



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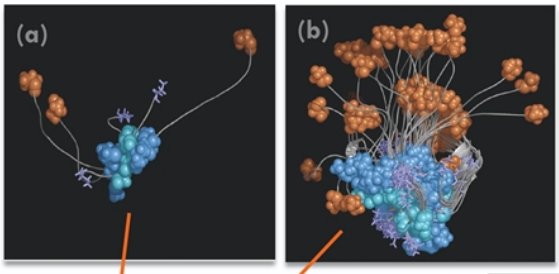
# What is an Aβ Oligomer? AβOs may consist of 2 to >200 Aβ peptides.

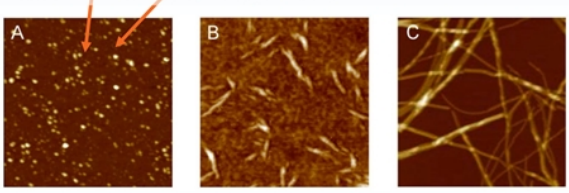
Figure 1. AβOs composed of 3 (a) and 18 (b) Aβ peptides are depicted below.




*Sources: Kelley et al. J Chem Physics 2008.*

## Quaternary structures of Aβ oligomers, protofibrils and fibrils

Figure 2. Atomic force microscopy images of representative steps of amyloid aggregation: (A) oligomers; (B) protofibrils; (C) mature fibrils. Scan size 1.0 μm. Z range (A) 8.0 nm; (B) 15 nm; (C) 20 nm.




*Source: Relini et al. Biomolecules 2014*



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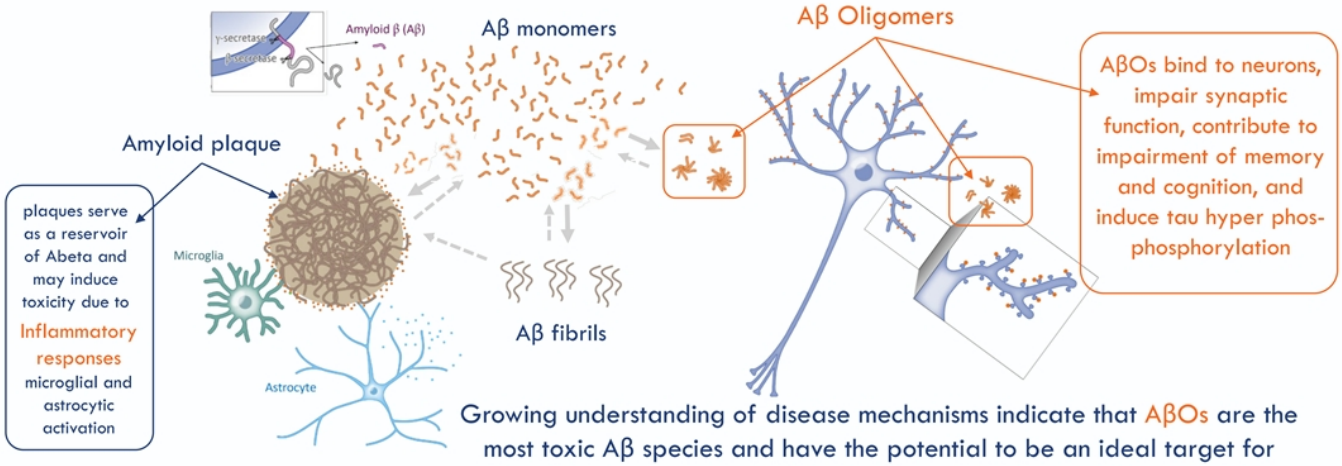
# Scientific Evidence Supports Anti-AβO Hypothesis

Predominant forms of Aβ in AD: Aβ monomers (non-toxic), AβOs, Aβ fibrils, and amyloid plaques




Growing understanding of disease mechanisms indicate that AβOs are the most toxic Aβ species and have the potential to be an ideal target for effective AD therapy

*Sources: Adopted From: Selkoe, Hardy EMBO Molecular Medicine, 2016*
*Cline, Journal of Alzheimer's Disease, 2018*

The only approved antibody product for AD and three late stage products all preferentially target amyloid plaques with only limited effects on AβOs. Acumen's drug candidate ACU193 targets AβOs.



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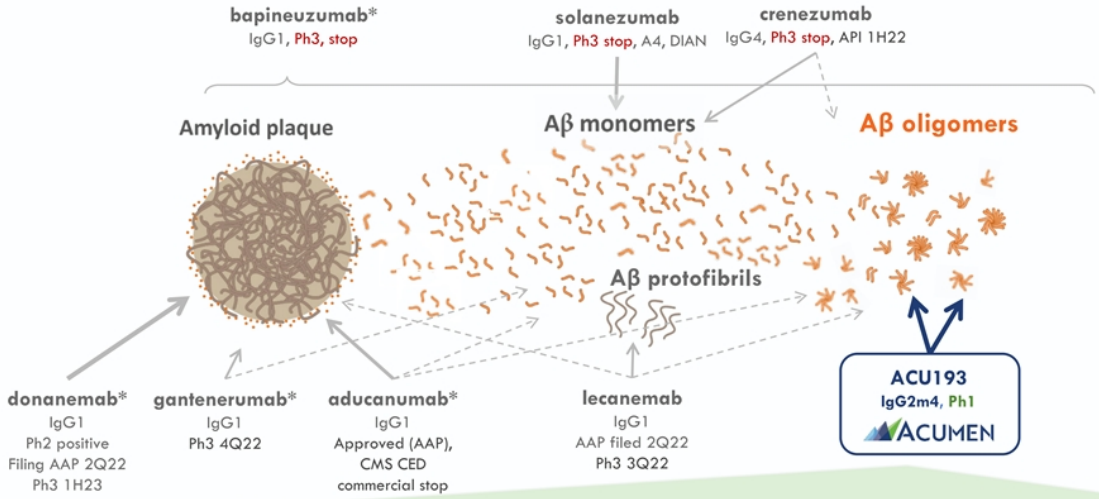
# ACU193 Positioning Relative to Late-stage and Approved Anti-Aβ/plaque mAbs




ACU193's high selectivity for AβOs combined with an expected lack of ARIA-related safety concerns is anticipated to provide superior cognitive efficacy compared to anti-plaque mAbs

- IgG1 monoclonal antibodies that bind amyloid plaque are associated with high rates of ARIA-E. See e.g., *Plotkin, Neurobiology of Disease*, 2020.
- There have been no head-to-head clinical trials between any of the product candidates listed above. Study designs and protocols for each product candidate were different, and results may not be comparable between product candidates.

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# Positive Signals and Proof of Concept from Recent Phase 2-3 Anti-Amyloid mAb AD Studies

## Percent Slowing of Cognitive/Functional Decline*

| Measured Outcome** | solanezumab EXPEDITION 3 (Phase 3) | aducanumab EMERGE (Phase 3) | aducanumab ENGAGE (Phase 3) | lecanemab BAN2401 (Phase 2) | donanemab (Phase 2) |
|---|---|---|---|---|---|
| ADAS-cog | -11% | -27% | -12% | -47% | -39% |
| ADCS-ADL | -15% | -40% | -18% | N.A. | -23% |
| CDR-SB | -15% | -23% | 2% | -26% | -23% |
| MMSE | -13% | -15% | 3% | N.A. | -21% |
| iADRS | -11% | N.A. | N.A. | N.A. | -32% |

* Percent Slowing = P[1- [(endpoint score-baseline score)active/(endpoint score-baseline score)placebo]]*100%*(-1)

** ADAS-cog: Alzheimer's Disease Assessment Scale – Cognitive Subscale
ADCS-ADL: Alzheimer's Disease Cooperative Study – Activities of Daily Living
CDR-SB: Clinical Dementia Rating – Sum of Boxes
MMSE: Mini-Mental State Examination
iADRS: Integrated Alzheimer's Disease Rating Scale

Note: ENGAGE Post-Protocol Version 4 – at least 14 doses of 10 mg/kg, High Dose cohort achieved 27% improvement on CDR-SB compared to placebo

"We're looking for a biological foothold against Alzheimer's that we can build on. And so, these effects are small, but I think they are meaningful, and I hope they're the beginning of a process that we can add to." - ***Stephen Salloway, MD*** *of Brown University*+

*+Source: Wall Street Journal, Biogen Details Case for Controversial Alzheimer's Drug, published December 5, 2019. See e.g., Plotkin, Neurobiology of Disease, 2020. There have been no head-to-head clinical trials between any of the product candidates listed above. Study designs and protocols for each product candidate were different, and results may not be comparable between product candidates.*



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# Anti-plaque mAbs demonstrate dose-related ARIAs that will likely limit their use

## Percent of ARIA Events for Anti-Aβ/plaque mAbs*

| | TARGETING AB MONOMERS | | TARGETING AMYLOID PLAQUES | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | solanezumab EXPEDITION 3 (Phase 3) | | aducanumab EMERGE (Phase 3) | | | aducanumab ENGAGE (Phase 3) | | | lecanemab BAN2401 (Phase 2) | | donanemab (Phase 2) | |
| | PC | Treated | PC | Low | High | PC | Low | High | PC | High | PC | Treated |
| ARIA-E | 0.2% | 0.1% | 2.2% | 26.1% | 34.4% | 3.0% | 25.6% | 35.7% | 0.8% | 9.9% | 0.8% | 27.5% |
| ApoE ε4 carriers | | | 1.9% | 29.8% | 42.5% | 2.4% | 28.7% | 41.8% | 1.2% | 14.6% | 3.6% | 44.0% |
| ApoE ε4 non-carriers | | | 2.9% | 18.1% | 17.9% | 4.3% | 17.5% | 27.7% | 0.0% | 8.0% | | |
| Any ARIA E or H | | | 10.3% | 32.8% | 41.2% | 9.8% | 30.7% | 40.3% | | N.A. | 8.0% | 38.9% |

* PC = Placebo, Low = Low Dose; High = High Dose

Shows the absence of ARIA after treatment with antibodies targeting Aβ monomers (solanezumab) in comparison to the increasing presence of ARIA after treatment at increasing dose levels with antibodies targeting amyloid plaques (aducanumab, BAN2401, and donanemab), indicate that ARIA results from the removal of amyloid plaques around blood vessels and likely does not result from treatment with antibodies that target other species of Aβ, i.e. Aβ monomers and AβOs.

ARIA-E represents a dose limiting adverse effect for mAbs with amyloid plaque binding. We believe antibodies that avoid ARIAs should be safer and more feasible to administer, possibly at higher doses.

**There have been no head-to-head clinical trials between any of the product candidates listed above. Study designs and protocols for each product candidate were different, and results may not be comparable between product candidates.**

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# ACU193's High Selectivity for toxic AβOs, Combined with its Expected Lack of ARIA-related Safety Concerns, Is Anticipated to Provide Superior Efficacy Compared to Peers

| | | TARGET SELECTIVITY+ | | | | SAFETY PROFILE |
|---|---|---|---|---|---|---|
| Company | Asset | Amyloid plaque | Aβ fibrils | Aβ monomers | Aβ oligomers | Lack of ARIA-related safety concerns |
| ACUMEN | ACU193 | ✗ | untested | ✗ | ✓ | ✓ |
| Biogen | Aduhelm™ | ✓ | ✓ | ✗ | ✓ | ✗ |
| Eisai / Biogen | lecanemab | ✓ | ✓ | ✗ | ✓ | ✗ |
| Roche | gantenerumab | ✓ | ✓ | ✗ | ✓ | ✗ |
| Lilly | donanemab | ✓ | untested | ✗ | ✗ | ✗ |
| Lilly | solanezumab* | ✗ | ✗ | ✓ | ✗ | ✓ |
| Roche / Genentech | crenezumab* | ✓ | ✓ | ✓ | ✓ | ✓ |
| Pfizer / Janssen | bapineuzumab* | ✓ | ✓ | ✓ | ✓ | ✗ |

*Phase 3 discontinued for primary AD indication.

*+ There have been no head-to-head trials between any of the product candidates listed above. Study designs and protocols for each product candidate were different, and results may not be comparable between product candidates..*



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# ACU193:
# Our differentiated approach

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# Target Product Profile: ACU193 Best-in-Class, 1st line, anti-AβO, Disease-modifying Immunotherapy for Early AD

| | |
|---|---|
| **DRUG:** | ACU193 is a humanized, affinity-matured, mAb with high selectivity for toxic **AβOs vs. Aβ monomers (>500x)** and amyloid plaques.<br>**ACU193 is an IgG2m4 subclass** mAb which lacks inflammatory effector functions of other IgG subclasses. |
| **POPULATION:** | Early AD - Mild Cognitive Impairment and Mild Dementia due to AD (amyloid positive by PET) |
| **DOSING:** | IV infusion every 4 weeks |
| **DURATION:** | Chronic therapy for duration of Early AD |
| **VALUE PROPOSITION:** | **Selectivity for toxic AβOs is expected to provide superior cognitive efficacy** and **improved safety and tolerability** relative to non-selective anti-Aβ/plaque mAbs, including:<br>• Slowing the decline of memory and cognition in Early AD<br>• Decreasing AβO induced synaptic and neuronal network toxicity<br>• Slowing disease progression and downstream effects on tau, neurodegeneration, and neuro-inflammation<br>• With expected low rate of ARIA<br>• **Effective as stand-alone therapy or potentially in combination with other symptomatic, anti-inflammatory, and/or tau directed therapies** |




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# ACU193: Extensive Data Package Supporting Development

**SELECTIVITY**

- Nanomolar affinity for AβOs, >500-fold greater selectivity for AβOs over Aβ monomer, with limited or no discernable binding to vascular amyloid or dense core amyloid plaques
- Binds broad range of endogenous AβOs present in transgenic mice and human AD samples (binds dimers to mid-sized molecular weight AβOs)

**PHARMACOLOGY**

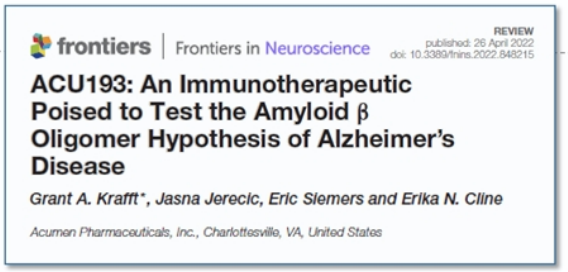
- Dose-dependent effects in multiple in vitro neuroprotection assays
- Positive memory and behavioral effects in multiple in vivo transgenic mouse models for AD

**PK/PD**

- Brain penetration and biodistribution demonstrated in multiple species
- Performs like other peripherally administered CNS mAbs

**SAFETY**

- IgG2m4 subclass lacks inflammatory effector function signaling (C1q, FcγR1, FcγRIII)
- Microhemorrhage studies show no increased risk of microhemeorrhage
- GLP studies demonstrated acceptable safety margin for clinical dosing plans


frontiers | Frontiers in Neuroscience

REVIEW
published: 26 April 2022
doi: 10.3389/fnins.2022.848215

**ACU193: An Immunotherapeutic Poised to Test the Amyloid β Oligomer Hypothesis of Alzheimer's Disease**

*Grant A. Krafft*, Jasna Jerecic, Eric Siemers and Erika N. Cline*

*Acumen Pharmaceuticals, Inc., Charlottesville, VA, United States*

ACU193 is a promising immunotherapy for Early AD expected to provide meaningful cognitive and functional benefits, slow disease progression, and offer an attractive safety profile.



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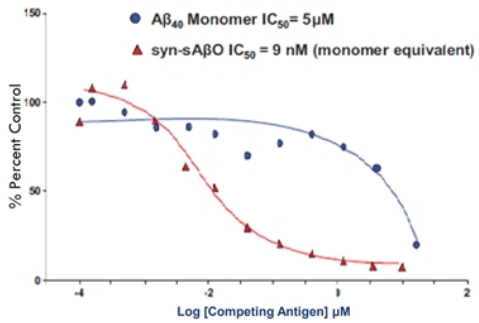
# ACU193 is the First mAb Developed to Selectively Target AβOs

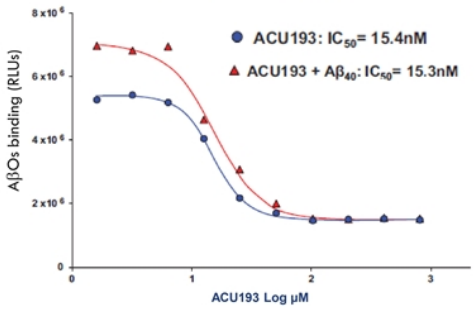
## Highly selective for Aβ oligomers versus Aβ monomers

ACU193 Selectivity




Binding of ACU193 to AβOs >500x binding to Aβ monomer

ACU193 Selectivity in presence of 5μM monomeric Aβ




Even in the presence of a large excess of Aβ monomer, binding of ACU193 to AβOs is unchanged

ACU193 selective binding to AβOs is preserved even in the presence of a large excess of Aβ monomer which is present in brain – limited target distraction.



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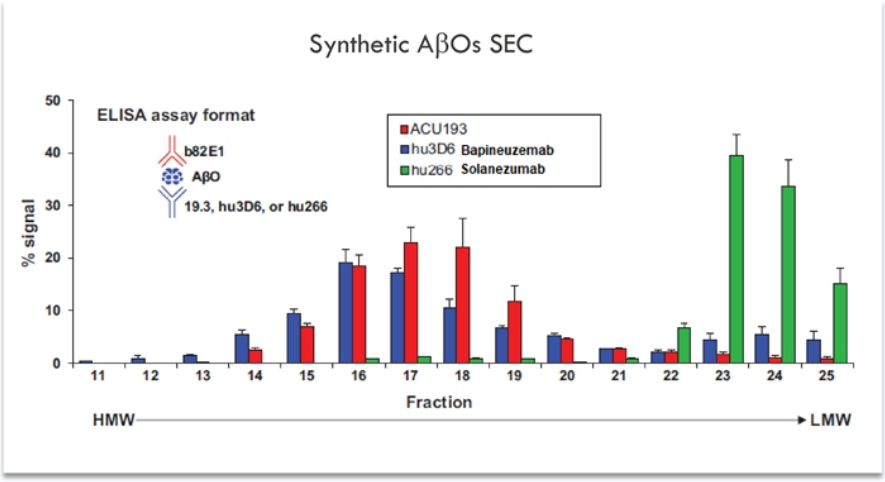
# ACU193 has a greater preference for AβOs than other mAbs

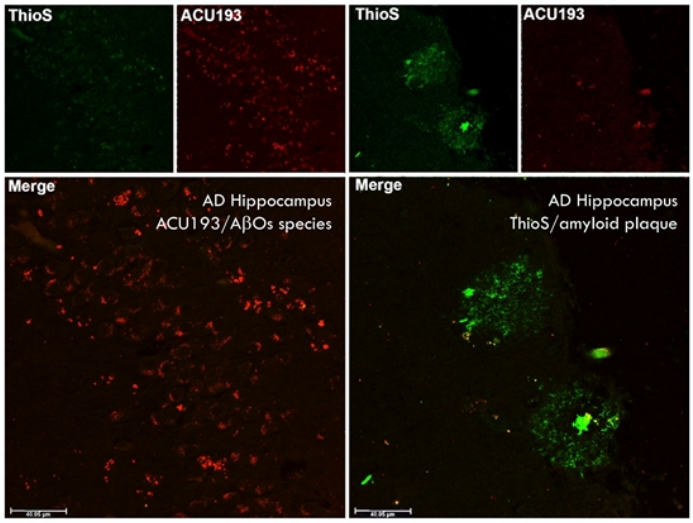
## Comparison of Aβ species-mAb complex signals across SEC fractions




ACU193 binds to a wide range of oligomeric species of Aβ that are differentiated from those bound by hu266 (solanezumab) or hu3D6 (bapineuzumab).

# ACU193 is highly selective for AβOs versus Aβ plaques

ACU193 staining in human AD brain slices ACU193 (red) binds non-Thioflavin S positive Aβ (green)




ACU193 has little or no binding to thioflavin S positive fibrillar Aβ plaque in human AD brain tissue.

*Sources: E. Cline et al. CTAD 2019.*



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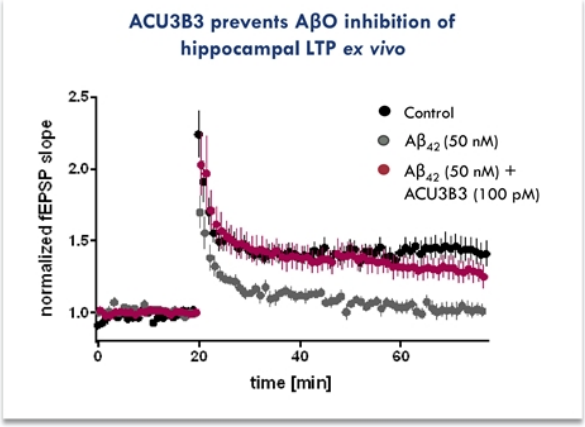
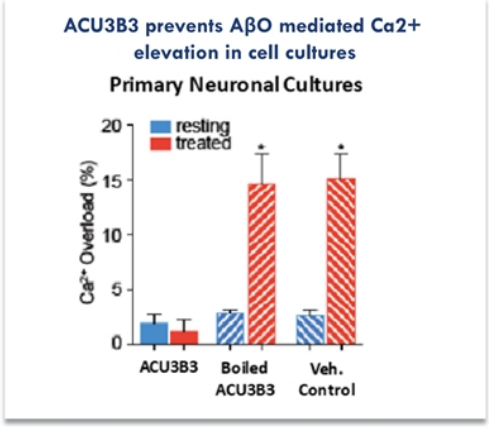
# AβOs Bind to Neurons and are Toxic; mouse analogue of ACU193 prevents toxicity

After binding to neurons, AβOs disrupt Long Term Potentiation (LTP) and cause pathologic increases in intracellular calcium that is destructive to cells.



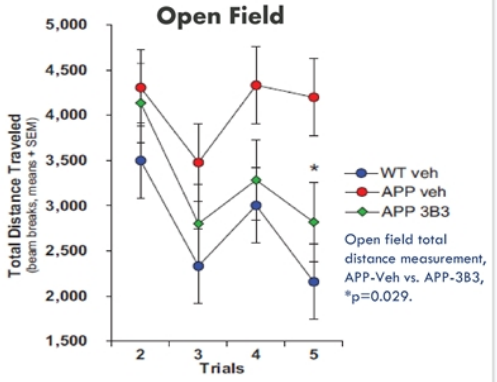




Note: (1) ACU3B3 is the mouse monoclonal antibody precursor to and equivalent of humanized ACU193

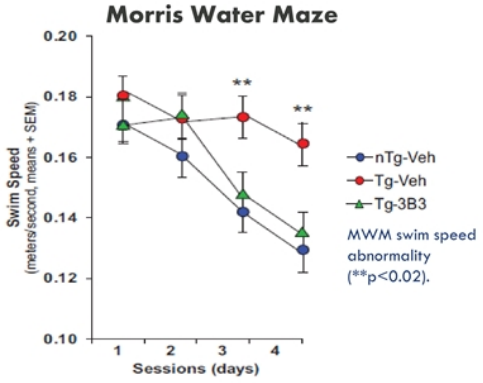
ACU3B3 prevents changes in aberrant neuronal activity underlying memory loss in AD and prevents AβO mediated disruption of calcium homeostasis in neuronal cultures.

# Treatment of a Transgenic Mouse Model of AD results in Behavioral Improvements

Murine parent version of ACU193 (ACU3B3) was used to treat younger mice with depositing plaque or older mice with abundant plaque




Deficits in younger (5-7 months) transgenic mice are markedly reduced with treatment




Deficits in older (9-10 months) transgenic mice are markedly reduced with treatment



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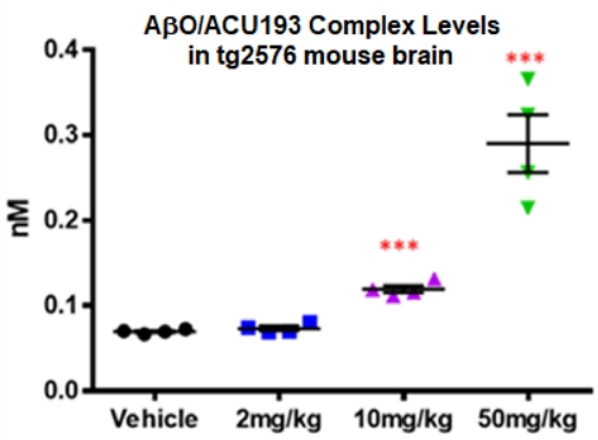
## ACU193 Enters the CNS and Binds to AβOs in Transgenic Mice in Dose Dependent Manner




ACU193 engages target AβOs in transgenic mouse brain (tg2576) in dose dependent manner. Ability to push doses higher in patient clinical trials may provide increased target coverage.

# Clinical Development Plans

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# (ACU-001) INTERCEPT-AD trial: Phase 1 Overview

**TRIAL DESIGN:**

Randomized Placebo Controlled Phase 1

- Part A : Single-Ascending Doses
- Part B : Multiple-Ascending Doses

**ENROLLMENT CRITERIA:**

Early AD

- Mild Cognitive Impairment and Mild Dementia due to AD (amyloid positive by PET)

**TRIAL OBJECTIVES:**

Proof of Mechanism (PoM)

- Safety and tolerability
- Pharmacokinetics
- Target Engagement
- Biomarkers; cognition

**For more information on the INTERCEPT-AD trial, see https://clinicaltrials.gov/ct2/show/NCT04931459.**



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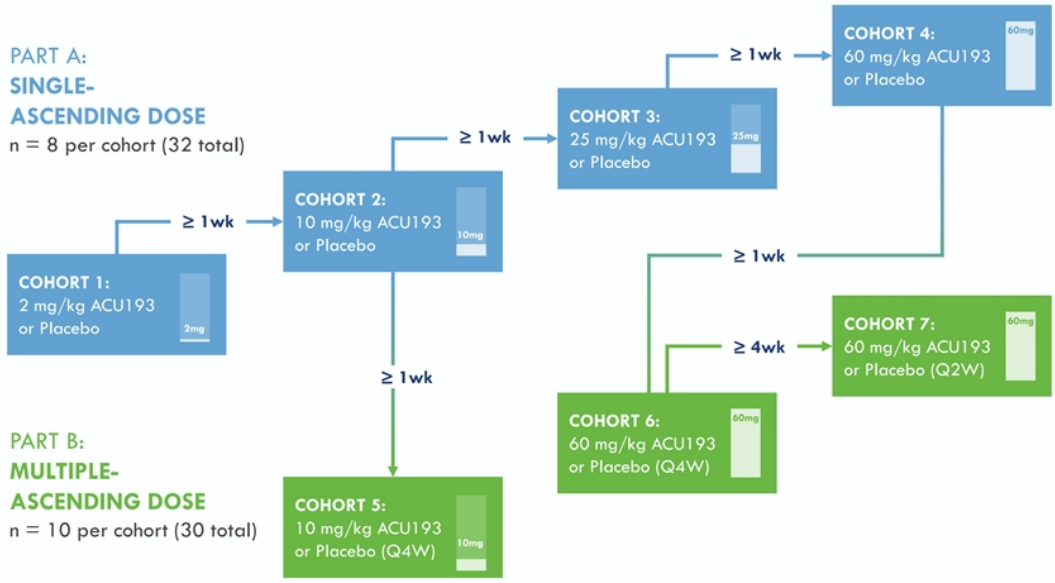
# INTERCEPT-AD a Randomized Placebo Controlled Phase 1 in Early AD patients



# Phase 1 Objectives: Proof of Mechanism –Ability to move to Phase 2/3

**1. SAFETY AND TOLERABILITY**
- Assessment of ARIA-E
- Absence of problematic immunogenicity

**2. PHARMACOKINETICS**
- Peripheral and Central

**3. EVIDENCE OF TARGET ENGAGEMENT**
- CSF level of ACU193:AβO complexes (bound)

**4. FLUID BIOMARKER EFFECTS**
- Phospho-tau, Neurofilament light, et. al.

**5. CLINICAL MEASURES**
- Assessment of clinical cognitive measures, computerized tests (Cogstate Ltd.)

**6. MRI EFFECTS**
- Potential improvements in cerebral blood flow shown with MRI ASL pulse sequence

## PROOF OF MECHANISM

Requirements for Phase 2/3

- ✓ Acceptable safety and tolerability
- ✓ Show ACU193 gets into central compartment
- ✓ Target engagement
- ✓ Other indicators of target mechanism of action

Topline Results anticipated in 1H 2023: primary outcomes Safety / ARIA-E, PK and Target Engagement. Detailed study results anticipated to be presented at major Alzheimer's meeting.

Cogstate

# Cogstate computerized test battery

| Test | Domains tested | Time (minutes) |
|---|---|---|
| International shopping list test (immediate) | Immediate recall | 5 |
| Cogstate brief battery | Attention, working memory, learning | 15 |
| International shopping list test (delayed) | Delayed recall | 1 |
| Groton maze learning test | Executive function | 7 |
| International digit-symbol substitution test | Processing speed | 3 |
| | | Total = 31 |

Frequency of administration sensitivity of battery offers improved possibility to observe effects.



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# Arterial Spin Labelling (ASL) as an MRI measure of cerebral blood flow



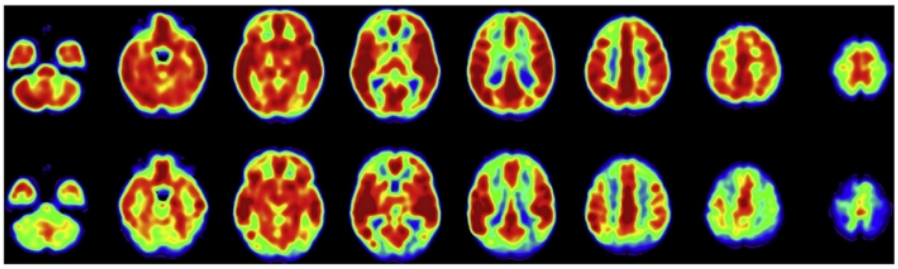

**Fig. 1.** Processed CBF images measured with ASL of a young and an old healthy control from our database. The top row images are from a 32 year-old woman, and the bottom row images are from an 80 year-old man. The reduction of CBF can be readily observed in widespread brain areas of the older subject compared with the younger subject.

## Literature supports use of ASL to assess hypoperfusion in AD

- Mild cognitive impairment patients show hypoperfusion in parietal cortex, precuneus, posterior cingulate cortex and medial temporal lobe
- AD patients show global hypoperfusion, but especially cingulate, precuneus, parietal lobes and inferior frontal regions
- Perfusion correlates with several neuropsychological tests
- Hypoperfusion can be improved in middle and posterior cingulate cortex with cholinesterase inhibitors and was associated with improvement in ADAS-cog scores



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## ACU193 Development Summary

- ⇒ Non-clinical data consistent with toxicity of Aβ oligomers and selective binding of ACU193 to Aβ oligomers – differentiated profile
- ⇒ Enrollment in a Phase 1study assessing safety, PK and target engagement is ongoing
- ⇒ Although unlikely with this small sample size, the possibility of improvement in cognitive scales, computerized cognitive testing and cerebral blood flow will also be assessed as exploratory outcomes in the Phase 1 study
- ⇒ Anticipate next clinical study, with success in Phase 1, to be Phase 2/3 starting as Proof-of-Concept trial with potential to expand to a Phase 3 registration study based on an expansion analysis

# Business Considerations

ACUMEN

# Experienced in AD/neuro drug development

## ACUMEN LEADERSHIP TEAM

**DANIEL O'CONNELL**
President & CEO
ACUMEN
neuroVentures

**ERIC SIEMERS, MD**
Chief Medical Officer
ACUMEN
Lilly

**JANICE HITCHCOCK, PHD**
VP Regulatory Affairs
ACUMEN
Lilly

**MATT ZUGA**
Chief Financial Officer &
Chief Business Officer
ACUMEN
HighCape Partners

**RUSSELL BARTON**
Chief Operating Officer
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**ROBERT DEAN, MD, PHD**
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**LIEAN SCHENK**
VP, Head of CMC
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Lilly Lonza

**SIEW TIN GAN**
Head of Clinical
Operations
ACUMEN
Takeda Lundbeck

**JASNA JERECIC, PHD**
Analytical Methods
Leader, Research Scientist
ACUMEN

Acumen team has decades of experience in Alzheimer's drug discovery and development.

# ACU193 IP & Market Exclusivity

- Exclusive, perpetual, worldwide, royalty-free license from Merck to all Merck Amyloid Derived Diffusible Ligand (ADDL) IP including, issued ACU193 patents
- ACU193 Global IP estate:
  - ✓ Issued patents in 19 countries
  - ✓ Composition of matter patents and methods of use run into July 2031
  - ✓ Patent term extensions available, 3-5 years depending on jurisdiction
- Biologics market exclusivity is expected for ACU193 as a novel biologic drug
  - ✓ US provides 12 years market exclusivity for novel biologics
  - ✓ Europe provides 10 years of market exclusivity for novel biologics

# Acumen is Well Capitalized, with Expected Cash Runway through 2025

| MILESTONES | STATUS/ EXPECTED TIMING |
|---|---|
| Initiated Ph1 clinical trial INTERCEPT-AD | ✓ |
| INTERCEPT-AD Trial updates | 2022 |
| Proof of Mechanism Topline Results | 1H 2023 |

**~$210M**

Cash, cash equivalents and marketable securities as of June 30, 2022

We believe that Acumen has the organizational expertise and cash and marketable securities on hand to advance ACU193 through 2025.



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# ABOS: Key Takeaways

- Massive unmet need in AD, recent favorable trends and cumulative learnings position field for future successes
- Upcoming sector catalysts 2H22 - 1H23
- Differentiated Product Candidate targeting toxic AβOs
- Experienced AD drug development team
- Blue chip investors, very strong balance sheet and cash runway with multiple milestones through 2025
- Value-inflection clinical data 1H2023

# Thank you!