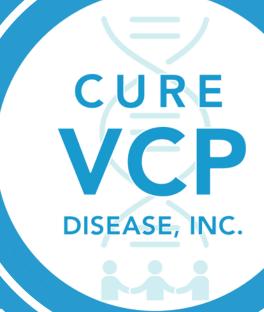


Clinical Trial Readiness Programs

September 21, 2023



We must use data to strengthen the patient voice

Patients and patient organizations require ownership of patient research data



Global Patient Registry CoRDS Registry at Sanford

AIM: Global Patient Identification & Disease Understanding

- Used NIH Healthmeasures.net Surveys
- 2. Valuable insights to daily life of patient
- 3. Global
- 4. Used in the development of SOC and launching point for other natural histories



Retrospective Natural History Study

AIM: Unlock the power of patient records for disease understanding and future clinical trials

- 1. Partner with AllStripes
- 2. Patient Medical Records
- 3. Patient-Owned
- 4. US and Canada Only



Prospective Natural History Study

AIM: Can we measure change in one year with existing measures?

- Partner with Alfano Lab at Nationwide Children's Hospital
- 2. Data Sharing Agreement
- 3. In-clinic and Remote with expert PT



Sensitivity of Measures
Video Study

AIM: Can we use videos for clinical endpoints?

- 1. Partner with Emmes Endpoint Solutions
- 2. Data Sharing Agreement
- 3. Video Training with expert PT
- 4. Secure Submission
- 5. Video Scorecard



How Cure VCP Disease assisted Emmes

Emmes is developing a custom Video Scorecard for VCP patients on 14 independence tasks



- Provided VCP patient insight & perspective on "independence" tasks and measure selection
- Funded project
- Encouraged patient participation
- Feedback on technology execution



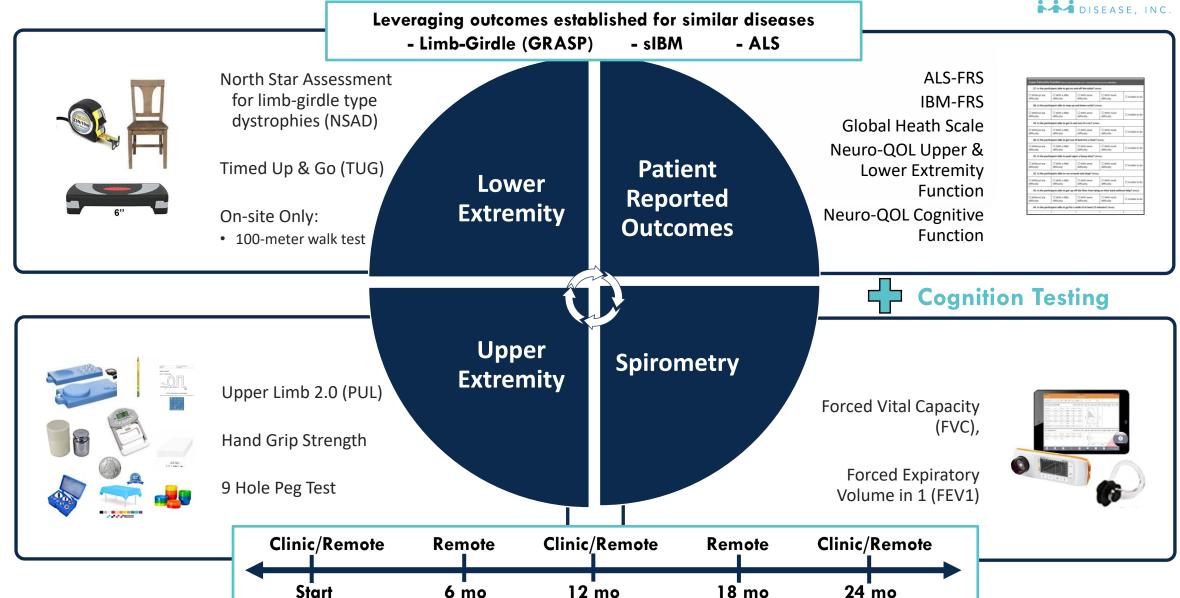
Nov 2021

May 2022

Nov 2022

Nationwide NHS Study Design





Components of the NSAD and PUL 2.0



NSAD 1. Stand 2. Walk 3. Stand up from chair 4. Stand on one leg -Right 5. Stand on one leg -Left 6. Climb box step –Right 7. Climb box step -Left 8. Descend box step -Right 9. Descend box step -Left 10. Gets to sitting 11. Rise from floor 12. Lifts head 13. Stands on heels 14. Jump 15. Hop right leg 16. Hop left leg 17. Run (10m)

Rating Scale "Normal" - no obvious Modified method but achieves goal independent of physical assistance Unable to achieve

PUL 2.0	
1. Shoulder abduction both arms above head	
2. Shoulder abduction to shoulder height	
3. (No weight) Shoulder flexion to shoulder height	
4. (500g) Shoulder flexion to shoulder height	
5. (500g) Shoulder flexion above shoulder height	
6. (1kg): Shoulder flexion above shoulder height	
7. Hands to mouth	
8. Hands lap to table	
9. (100g) Move weight on table	
10. (500g) Move weight on a table	
11. (1kg) Move weight on table	
12. Lift heavy can diagonally	
13. (three cans) Stack cans	
14. (five cans) Stack cans	
15. Remove lid	
16. Tearing paper	
17. Tracing path	
18. Push on light	
19. Supination	
20. Pick up coins	
20. Pick up coins	
22. Pick up 10g finger pinch	



How Cure VCP Disease assisted Nationwide



- Provided VCP patient insight & perspective on outcome measure selection
 - Hand grip, spirometry, lower & upper extremities
 - Heterogeneous disease progression
- Funded the project Initial 12-month study + funded second year
- Encouraged patient participation recruited 40+ participants
 - Enrolled 5 new patients & conducted measures at recent patient conference
- Purchased and assembled remote kit materials
- Mailed remote kits to patients
- Conducted technology and equipment introductory call
 - Establish familiarity with kit contents
 - Spirometry device setup
 - Phone vs. laptop setup
 - Space requirements









Exciting results! Nationwide Natural History Study



- Finishing Year 2 now, added cognitive assessments
- Quantitative data and video evidence
- Meaningful endpoints have been identified!
- Will not need a third year!
- Publication by end of 2023
- Statistically insignificant between in-clinic & remote measurements
 - Standardization of equipment is key
- Useful for entire neuromuscular community





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