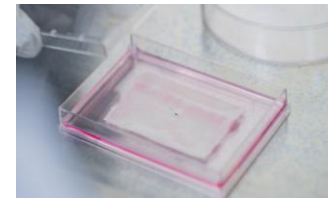


## RDEB is a genetic disorder with devastating cutaneous complications leading to morbidity & early mortality

- ✓ RDEB results from insufficient keratinocyte production of functional type 7 collagen (COL7) anchoring fibrils
- ✓ RDEB leads to widespread blistering leading to life-threatening complications such as infections and squamous cell carcinoma
- ✓ Patients have chronic and recurrent wounds, of which, the majority are large (>20cm<sup>2</sup>)
- ✓ Current costs for supportive care can exceed \$150,000 (US) per year

## EB-101 is a novel, gene-corrected cell therapy for RDEB

- ✓ EB-101 is an autologous (derived from patients' tissues) cell therapy which corrects the COL7 genetic defect directly in a patient's keratinocytes
- ✓ Keratinocytes and keratinocyte stem cells are isolated from two 8mm punch biopsies and developed into multiple gene corrected sheets which are transplanted back on the patient
- ✓ EB-101 sheets can treat large RDEB wounds from 20cm<sup>2</sup> to 240cm<sup>2</sup> in a single administration of six gene-corrected sheets



## NOW ENROLLING: The pivotal Phase 3 VIITAL™ study

In January 2020, investigators from Stanford University Medical Center opened enrollment of the VIITAL™ study. The multi-center, randomized study will assess EB-101 in up to 15 patients age 6 or older, with approximately 30 chronic wound sites treated in total. More information about the study can be found at [AbeonaTherapeutics.com/ClinicalTrials](http://AbeonaTherapeutics.com/ClinicalTrials) and at [ClinicalTrials.gov](http://ClinicalTrials.gov) by searching 'NCT 04227106.'

**VIITAL™**  
PHASE 3 STUDY

## EB-101 is uniquely positioned to treat large & painful RDEB wounds, which are debilitating & afflict a majority of patients

**JCI insight**

EB-101 was evaluated in a Phase 1/2a trial and treated 42 wounds in 7 RDEB patients. Long-term data from the study published in JCI Insight suggest EB-101 may provide durable healing in even the largest, most challenging RDEB wounds, including some that had remained open for up to 20 years.

- In Phase 1/2a, EB-101-treated wounds durably healed: with 80% of wounds achieving 50% healing and 70% achieving greater than or equal to 75% healing. These healing rates corresponded to an unparalleled area of healed skin ranging from 130-150+ cm<sup>2</sup> for most study participants.
- Patients realized reduced pain and itching in EB-101 treated wounds: >50% healing was associated with improvement in patient-reported pain, itch, and wound healing durability.
- EB-101 was associated with long-term expression of collagen 7: indicating durability for our gene-corrected cell therapy.
- No treatment-related adverse events reported to date: no replication competent virus was detected at any time point.

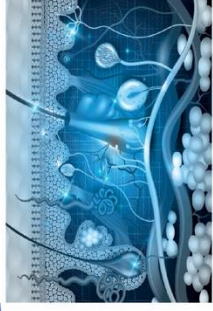
# EB-101: Gene Therapy for RDEB

Two 8mm skin biopsies are taken from a patient and shipped to Abeona. These biopsies can be produced into 6-8 sheets of EB-101 that are ~40 cm<sup>2</sup>.

After being shipped to the treatment center, EB-101 is transplanted onto patients' wounds in as little as 26 days.

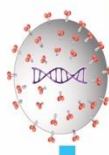


1 Biopsy



Abeona scientists expand and prepare the keratinocyte cells in the biopsies for the next step in the process.

2 Keratinocyte Isolation (5-10 days)

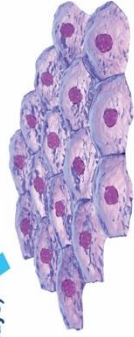


Functional Col7A1 Gene Transfer



Keratinocytes

3 Expansion (3-5 days)



Collagen Type VII Gene-corrected Keratinocytes

4 Maturation (10-12 days)

The cells continue to mature and grow for 10-12 days.



Collagen Type VII Gene-corrected Epidermal Sheet

5 Transplantation

Functional type 7 collagen is transduced into the keratinocyte cells. As the cells mature, they express gene-corrected type 7 collagen. This is why EB-101 is a gene-corrected cell therapy.

After transduction, keratinocyte cells are expanded and harvested as 5.5x7.5cm sheets.