Evidence for an ALS Survival Benefit with CNM-Au8 Treatment: Interim Results from the RESCUE-ALS Trial Long-Term Open Label Extension

RESCUEALS Long-Term OLE

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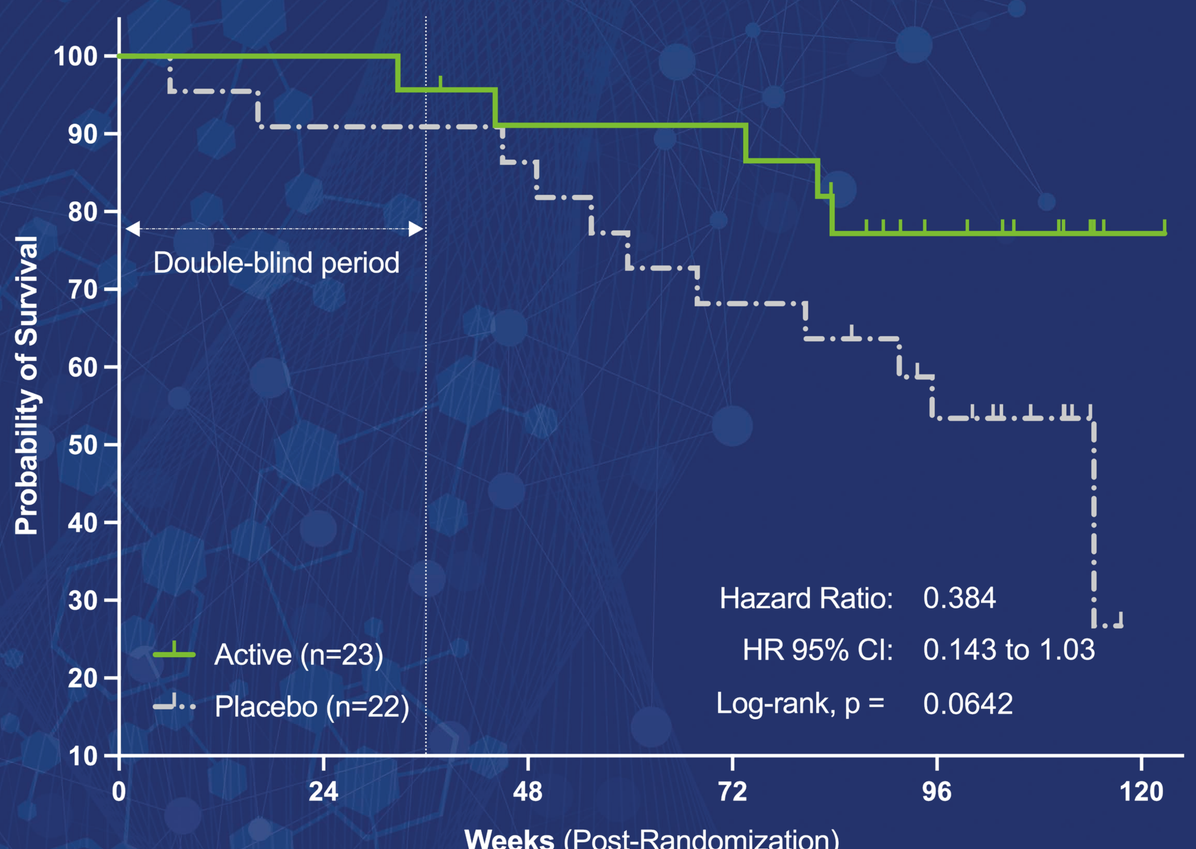
CONCLUSION: CNM-Au8 treatment impacts long-term survival with decreased mortality risk >60% vs. original placebo randomization, and compared to ENCALS predicted median survival

Long Term Vital Status
All Randomized | Active vs. Placebo
Original Treatment vs. No OLE or OLE Delayed Start

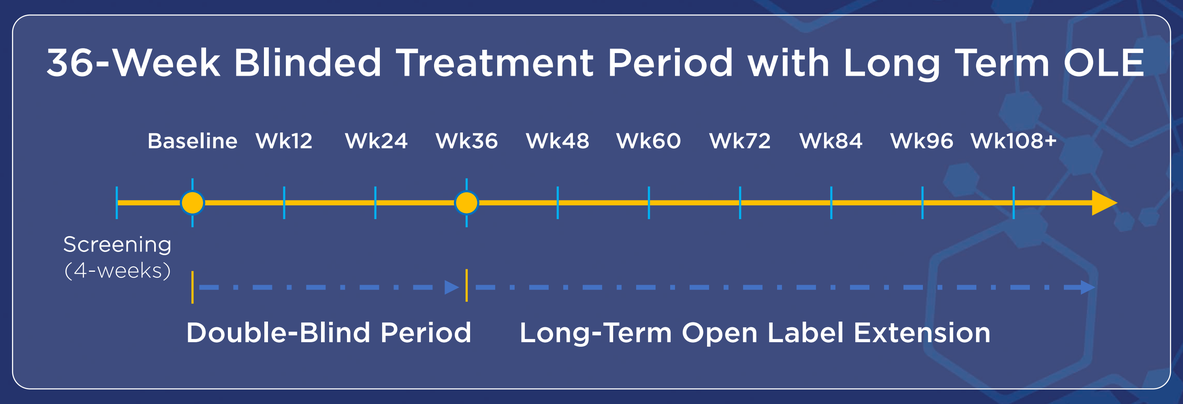
Long-Term Survival: Originally Randomized Active vs. Original Placebo
ITT Population, All Subjects from Randomization
(Long-term vital status including all study withdrawals)



At Risk (n)

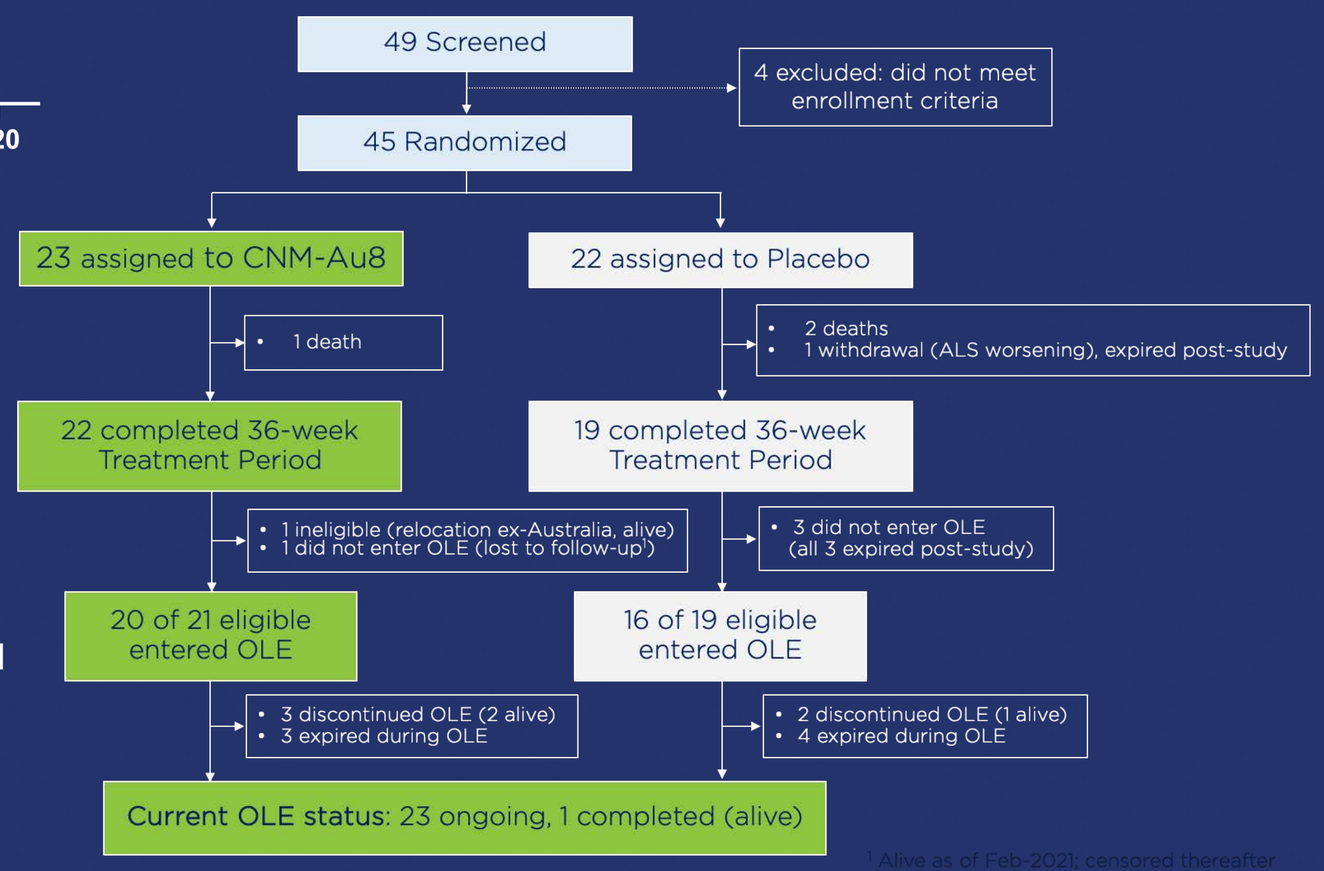
CMM-Au8:	23	23	20	20	13
Placebo:	22	20	19	15	11

Study Design Scheme



- Early symptomatic ALS (within 2-years onset or 1-year diagnosis)
- Randomized (1:1, CNM-Au8 30 mg or placebo)
- 36-week treatment period with long-term open label extension
- 1st EP: MUNIX(4) summed %change of 4-spinal cord innervated muscles
- 2nd EPs: absolute MUNIX change, % FVC
- Exploratory EPs: disease progression, 6-pt decline in ALSFRS-R, ALSSQOL-SF, & other neurophysiology endpoints

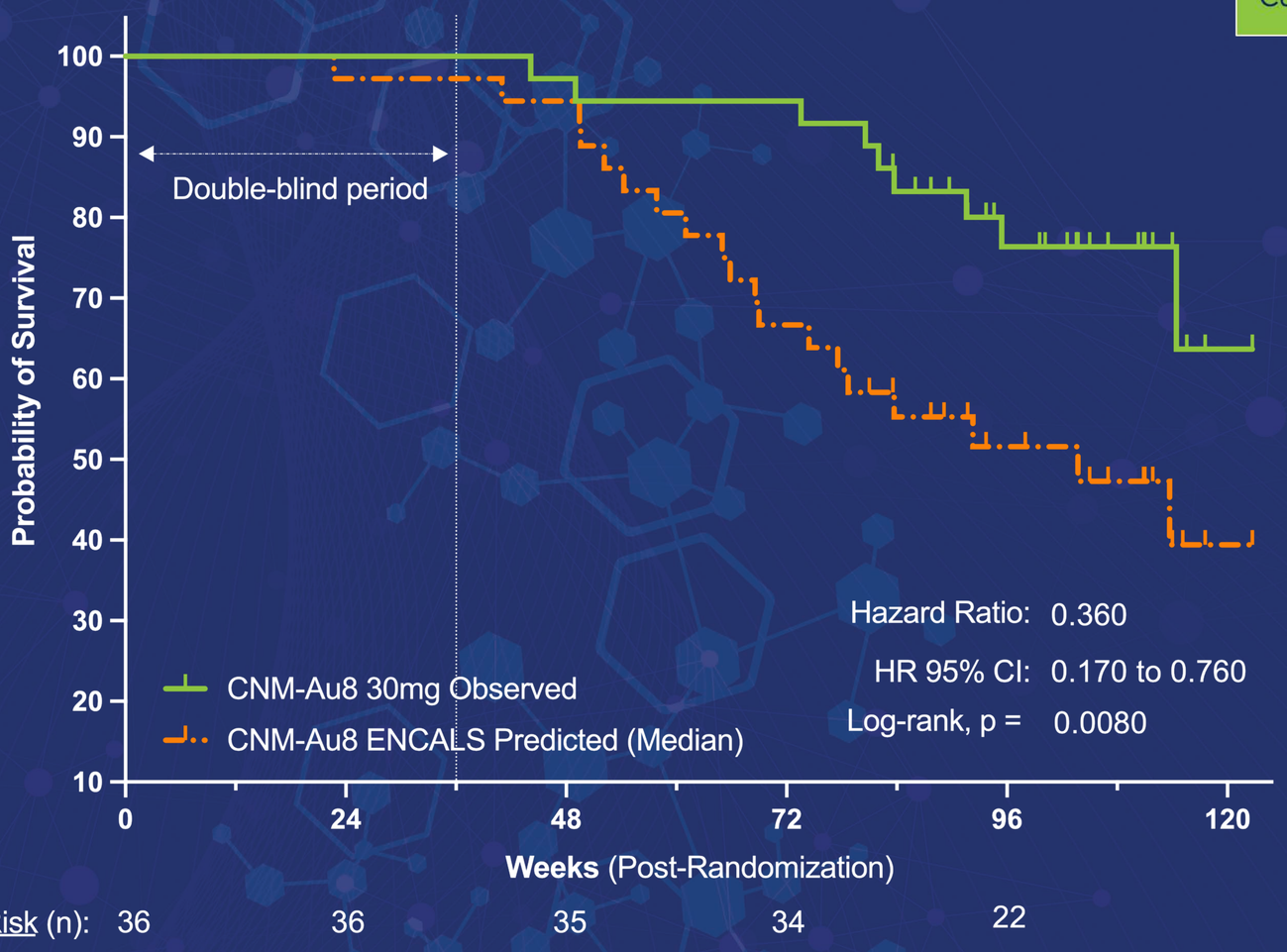
Participant Vital Status by Treatment Group



[1] Alive as of Feb-2021; censored thereafter

All OLE Participants
Observed vs. ENCALS Predicted Median Survival

All Open-Label Participants Long-Term Observed Survival vs. ENCALS Predicted Median Survival
All CNM-Au8 + Placebo Subjects Entering OLE
Survival from Randomization, ITT Population Subset



At Risk (n): 36 36 35 34 22

Notes: Interim data cut as of 24-May-2022. All current active OLE subjects are censored as of 24-May-2022. Vital status and date of death (as applicable) captured for all subjects withdrawn from the study. Lost-to-follow-up (active, n=1; placebo, n=1) censored as of the date of last study contact (Active: Feb-2021; Placebo: Feb-2022).

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