



Absci Highlights Progress and Updates Across Proprietary Pipeline and Leading AI Platform at 2024 R&D Day

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Drug candidate selected for ABS-201, a novel, potentially category-defining anti-PRLR antibody in development for androgenic alopecia

Leading AI platform demonstrated breakthrough in successful de novo design of antibody targeting previously difficult-to-drug epitope in the HIV "caldera" region

VANCOUVER, Wash. and NEW YORK, Dec. 12, 2024 (GLOBE NEWSWIRE) -- Absci Corporation (Nasdaq: ABSI), a data-first generative AI drug creation company, today announced updates and progress across its internal pipeline of proprietary Drug Creation programs, as well as new breakthroughs demonstrated by Absci's AI Integrated Drug Creation™ platform. Absci leadership and a series of distinguished guest speakers will be presenting on these updates today at Absci's 2024 R&D Day.

"Today's updates represent another major step forward for Absci, as we continue to demonstrate our leadership in *de novo* AI antibody design, which is driving significant advancements in our internal and partnered programs," said Sean McClain, Founder and CEO. "We are excited to showcase the target and significant opportunities we see for ABS-201, present new data for ABS-101 and ABS-301, and introduce ABS-501 to our pipeline. ABS-201, a potential treatment for male and female pattern hair loss, represents an opportunity to unlock an entirely new category of therapy for a substantial consumer-driven market with significant clinical unmet need. And as we near the end of 2024, we see next year as an opportunity to reach multiple milestones across our internal portfolio, and maintain a robust pipeline of potential partners across the Pharma and broader healthcare industry landscape."

Speakers and topics to be covered during today's presentation include :

Absci Leadership

- **Sean McClain**, Founder & CEO, Absci
- **Andreas Busch, PhD**, Chief Innovation Officer, Absci
- **Zach Jonasson, PhD**, Chief Financial Officer & Chief Business Officer, Absci
- **Amaro Taylor-Weiner, PhD**, Chief AI Officer, Absci
- **Christian Stegmann, PhD**, SVP Drug Creation, Absci

Guest Presenters

- **Sir Mene Pangalos, PhD**, Biopharmaceutical Executive; Board Director, Absci; Co-Chair, Absci Scientific Advisory Board
- **Dr. Luis Diaz, MD**, Head of the Division of Solid Tumor Oncology, Memorial Sloan Kettering Cancer Center; Advisor, Absci
- **Dr. Dennis Slamon, MD, PhD**, Chief of Division of Hematology and Oncology, UCLA Medicine
- **Dr. Karl Ziegelbauer, PhD**, Chief Scientific Officer, Almirall
- **Dr. Anthony Rossi, MD**, Attending Dermatologist, Memorial Sloan Kettering Cancer Center; Professor of Dermatology, Weill Cornell Medical College; Advisor, Absci
- **Mike Jafar**, Medical Aesthetics Executive; Advisor, Absci

ABS-201

ABS-201 is a potential best-in-class anti-PRLR antibody in development for androgenic alopecia, an indication with significant clinical unmet need and a large potential patient population of approximately 80 million individuals in the U.S. alone.

- Absci has nominated a drug candidate with preclinical profile suggesting:
 - High affinity and potency
 - Favorable safety and immunogenicity
 - Extended half-life for convenient infrequent dosing
 - Excellent developability and manufacturability
- Preclinical model demonstrates improved hair regrowth compared to minoxidil
- ABS-201 has potential to offer a safe option as compared to current standard of care
- Anticipate initiation of Phase 1 clinical trial in 1H 2026

ABS-101

ABS-101 is a potential best-in-class anti-TL1A antibody that demonstrates high affinity and potency, ability to bind the monomer and trimer of TL1A, anticipated low immunogenicity, high bioavailability in non-human primates, and potential to be administered subcutaneously with an anticipated dosing interval of 8-12 weeks, or even less frequently.

- ABS-101 shows reduced internalization of TL1A complexes in *in vitro* THP-1 immunogenicity tests compared to a competitor molecule with a high clinical anti-drug antibody (ADA) rate.
 - This suggests a lower chance of developing ADAs in clinical settings, as internalization of mAb:TL1A complexes

