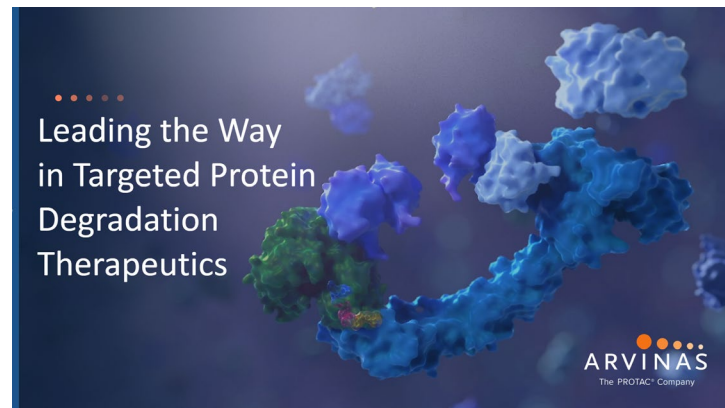


Discovery of ARV-110, a first in class androgen receptor degrading PROTAC[®] for the treatment of men with metastatic castration resistant prostate cancer

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Disclosure Information

Lawrence Snyder

I have the following financial relationships to disclose:

Stockholder in: Arvinas Inc

Employee of: Arvinas Inc

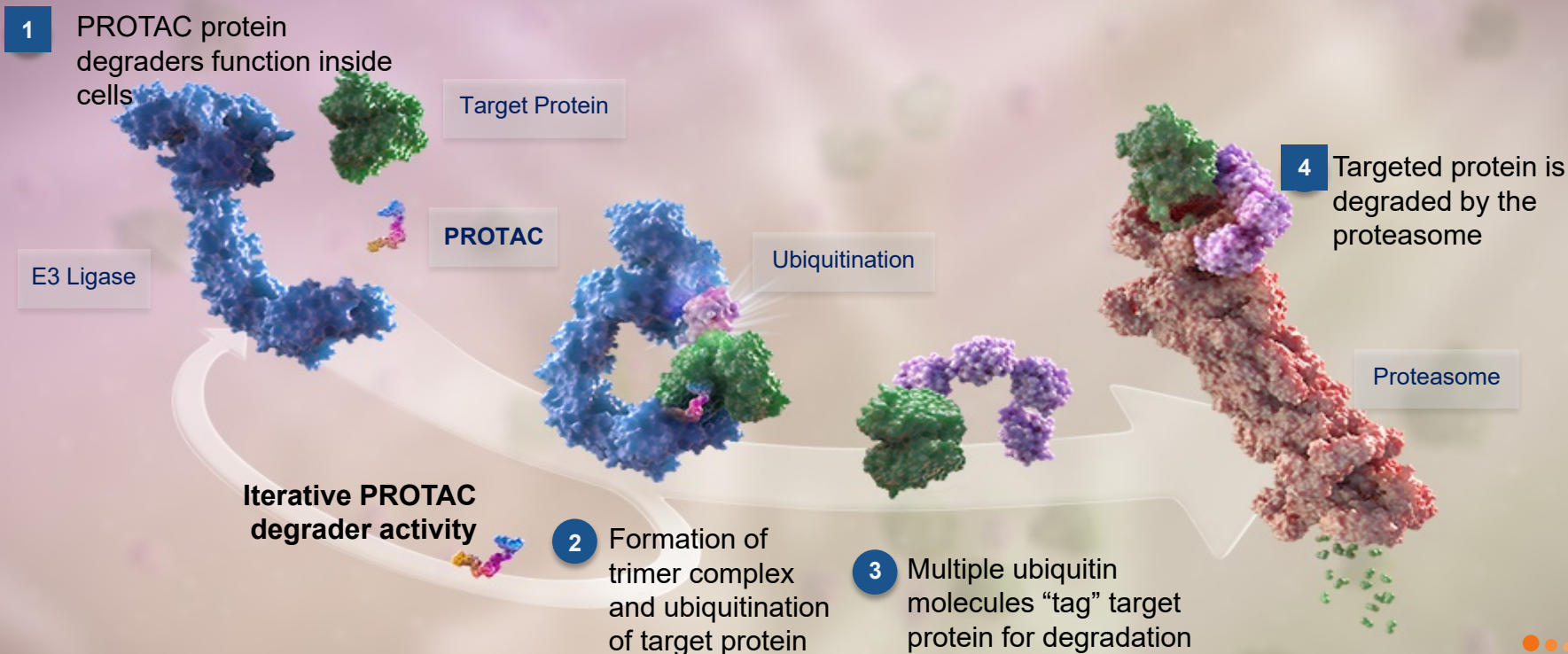
Safe Harbor and Forward Looking Statements

This presentation contains forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995 that involve substantial risks and uncertainties, including statements regarding the development and regulatory status of our product candidates, such as statements with respect to our lead product candidates, ARV-110, ARV-471 and ARV-766 and other candidates in our pipeline, and the timing of clinical trials and data from those trials and plans for registration for our product candidates, and our discovery programs that may lead to our development of additional product candidates, the potential utility of our technology and therapeutic potential of our product candidates, the potential commercialization of any of our product candidates, the potential benefits of our arrangements with Yale University, our collaborative partnerships, and the Bayer joint venture, and the sufficiency of our cash resources. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our strategy, future operations, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words “anticipate,” “believe,” “estimate,” “expect,” “intend,” “may,” “might,” “plan,” “predict,” “project,” “target,” “potential,” “will,” “would,” “could,” “should,” “continue,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

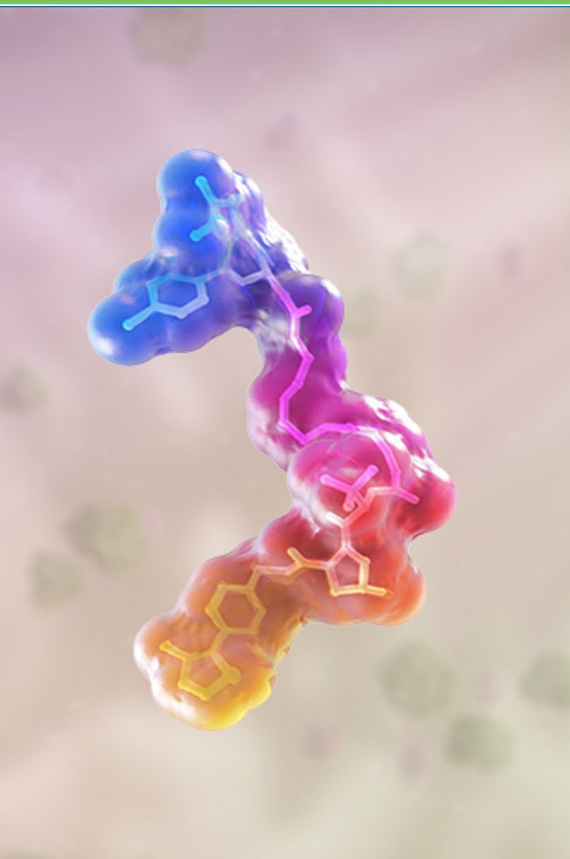
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This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data and estimates. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

PROTAC[®] protein degraders harness the UPS to induce the degradation of disease-causing proteins



PROTAC[®] protein degraders combine the advantages of gene-based medicines and small molecule inhibitors



PROTAC protein degraders have distinct advantages over both small molecule inhibitors and gene-based medicines

**PROTAC[™]
Protein
Degraders**

**Small
Molecule
Inhibitors**

**Gene-Based
Medicines**

Eliminate pathogenic proteins



Target scaffolding function



Potential to treat “undruggable” proteins



Iterative mechanism of action



Broad tissue penetration



Orally bioavailable



Ease of manufacturing



Arvinas' pipeline encompasses a range of validated and undruggable targets in oncology, I-O, and neuroscience

	ARVN Program	Indication	Exploratory	Research	IND Enabling	Phase 1	Phase 2	Phase 3
Oncology / Immuno-oncology	ARV-110	mCRPC						
	ARV-766	mCRPC	IND 2021					
	AR-V7	mCRPC						
	ARV-471	ER+/HER2- Breast Cancer						
	BCL6	B-cell Malignancies	IND 2022					
	KRAS	NSCLC, CRC, Pancreatic	IND 2023					
	Undisclosed	Solid Malignancies	IND 2022					
	<u>Myc</u>	Solid Malignancies						
	HPK1	Solid Malignancies						
Neuroscience	Tau	FTLD-TAU, PSP, AD	IND 2022					
	Alpha Synuclein	MSA, Parkinson's						
	<u>mHTT</u>	Huntington's						
	Undisclosed	Neurodegeneration						

Note: Pipeline is non-exhaustive and IND dates are anticipated.

mCRPC, metastatic castration-resistant prostate cancer; ER+/HER2-, estrogen receptor+/human epidermal growth factor receptor 2-; NSCLC, non-small-cell lung carcinoma; CRC, colorectal cancer; FTLD-tau, frontotemporal lobar degeneration-tau; PSP, progressive supranuclear palsy; MSA, multiple systems atrophy

ARV-110 is a Potent and Selective Degradar of AR in Vcap Cells

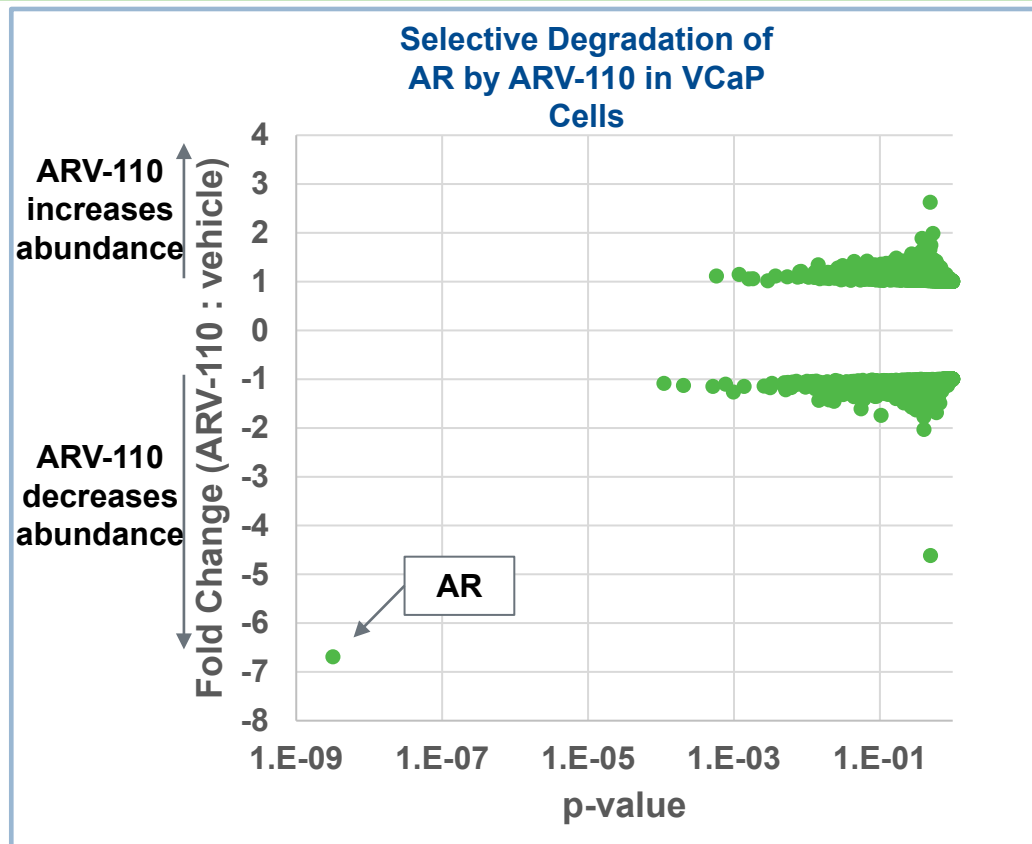
Orally bioavailable androgen receptor-targeted PROTAC protein degrader

- ARV-110 is in development for the treatment of men with mCRPC who have progressed on abiraterone and/or enzalutamide
- Appears to overcome mechanisms of resistance to current standards of care
- $DC_{50} = 1 \text{ nM}$ in VCaP cells¹

ARV-110 Selectively Degrades AR

- After 8 hours of treatment of VCaP cells with 10 nM ARV-110 *in vitro*, AR was the only degraded protein among the nearly 4,000 proteins measured
 - 85% D_{max}^2
 - p-value: 3×10^{-9}

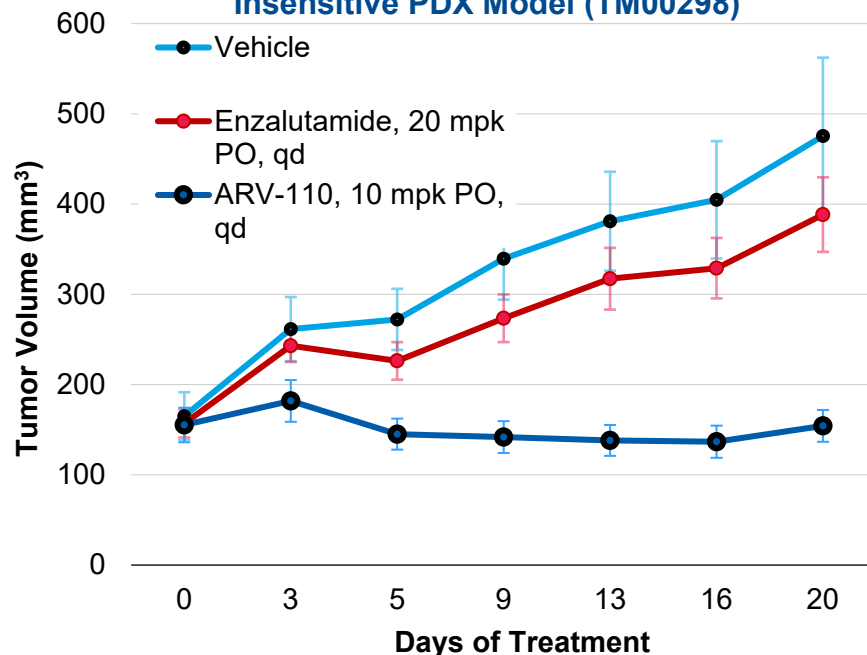
¹ VCaP, Vertebral Cancer of the Prostate
² D_{max} , maximal degradation



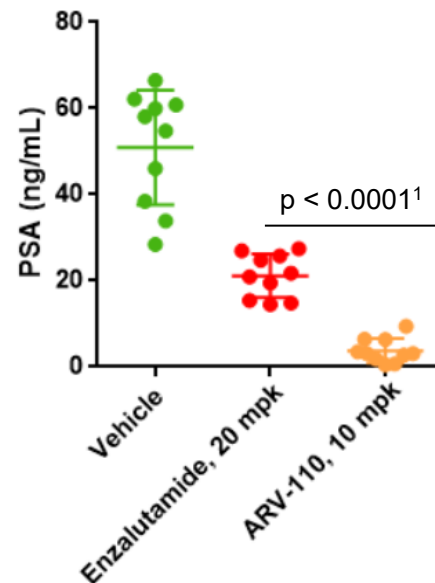
ARV-110 Demonstrates Efficacy and Plasma PSA Reduction in an Enzalutamide-Insensitive PDX Model

- Orally delivered ARV-110 significantly inhibited tumor growth in these enza-insensitive tumors (TGI: 100%)

Tumor Growth Inhibition in an Enzalutamide-Insensitive PDX Model (TM00298)



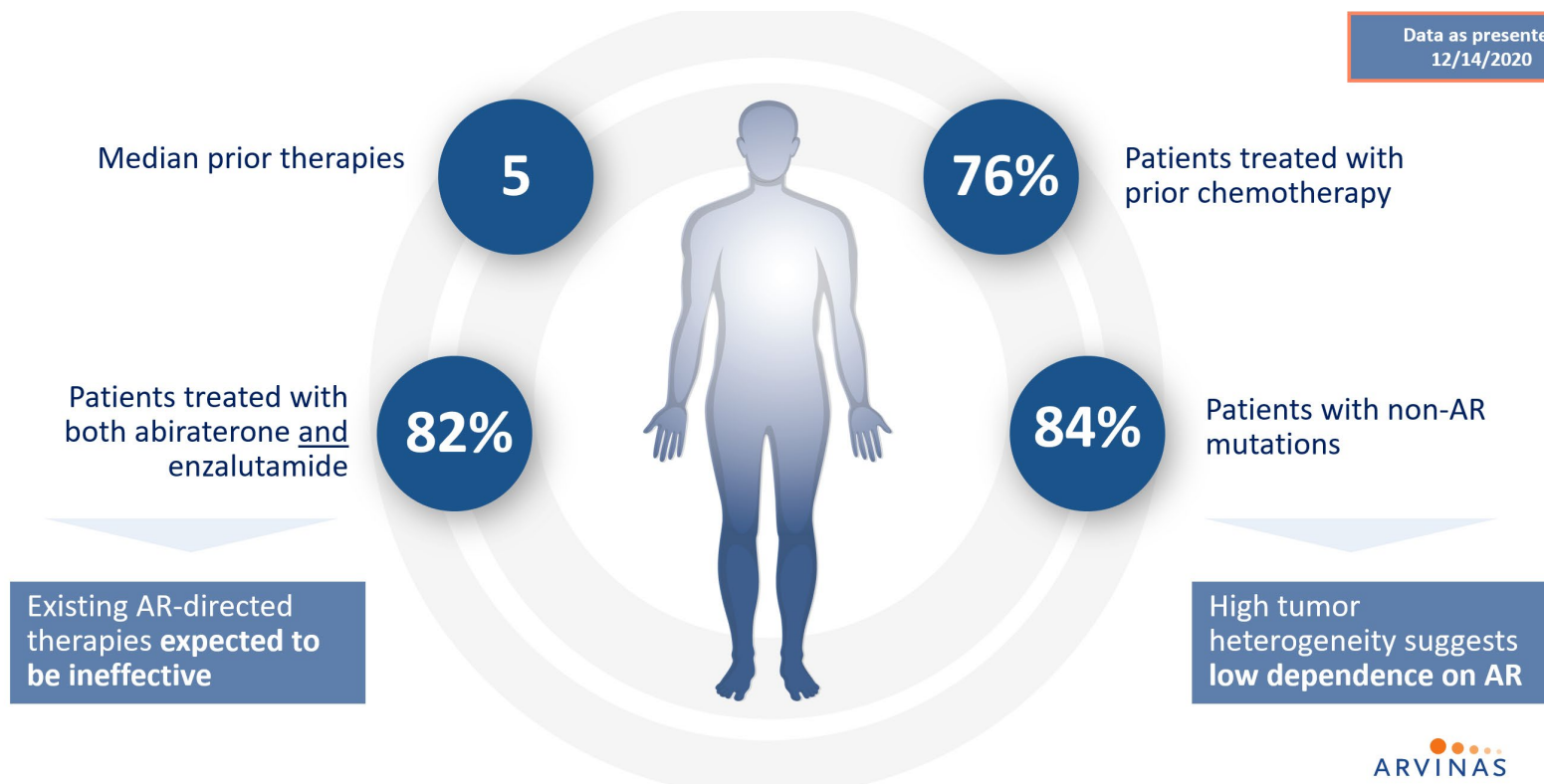
- Plasma PSA levels following ARV-110 treatment significantly decreased vs. mice treated with vehicle or enzalutamide



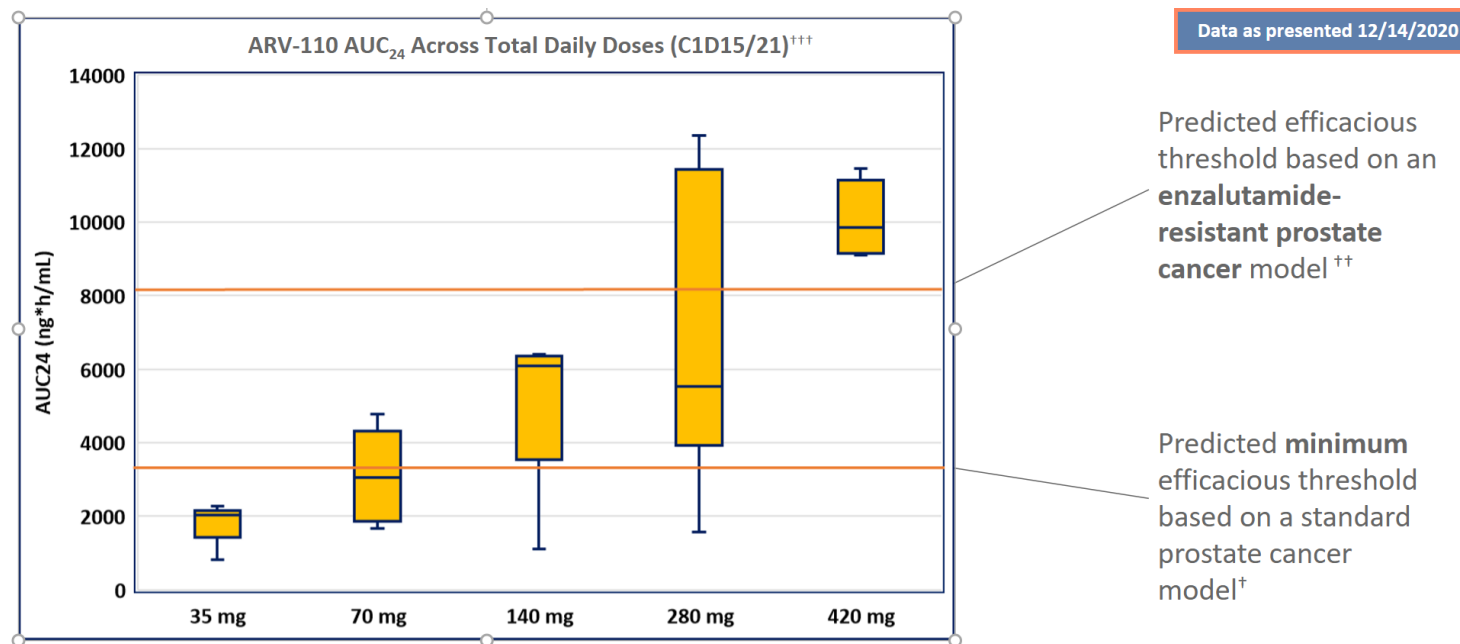
1 p value refers to ARV-110 vs. enzalutamide

ARV-110 is showing early clinical benefit in highly refractory patients

Data as presented
12/14/2020



At 420 mg, exposures exceed the predicted efficacious threshold observed in a preclinical enzalutamide-resistant model



† The minimum preclinical efficacious threshold represents the AUC associated with tumor growth inhibition in standard VCAP models, †† This efficacious threshold represents the AUC associated with tumor growth inhibition in a preclinical enzalutamide-resistant VCaP model, ††† Includes both qd and bid dosing for the 420 mg total daily dose

Results include one confirmed RECIST partial response

Patient Characteristics	
PSA response	97% decline
RECIST response	80% reduction
Duration of ARV-110	18+ weeks ongoing
Biomarker status	AR H875Y and T878A mutations (associated with resistance to abiraterone or enzalutamide) ¹
Common prior therapies	Enzalutamide, Abiraterone, Bicalutamide
Other prior therapies	<u>Provenge</u> <u>Cabazitaxel</u>
History	Extensive disease involving adrenal gland, aortocaval nodes, multiple cone metastases

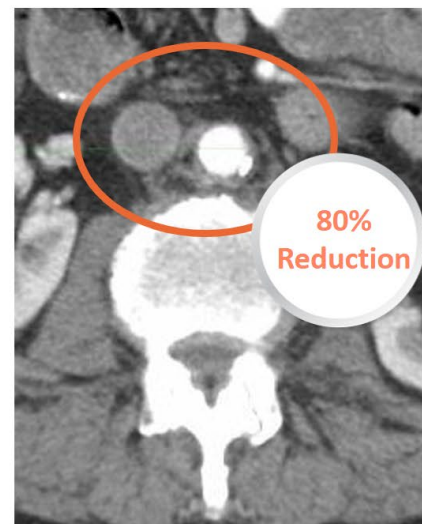
RECIST: Response evaluation criteria in solid tumors

¹Jernberg E, Endocrine Connections, 2017



BASELINE CT SCAN

Extensive retroperitoneal adenopathy compressing the inferior vena cava



AFTER 4 CYCLES

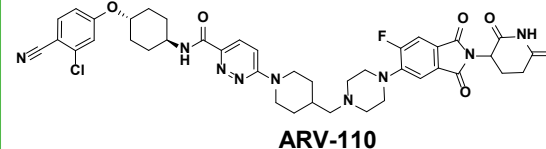
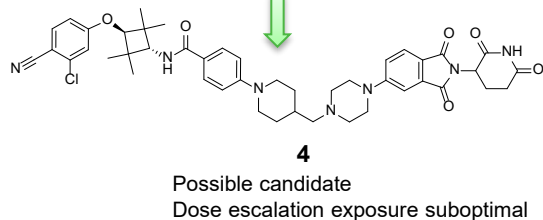
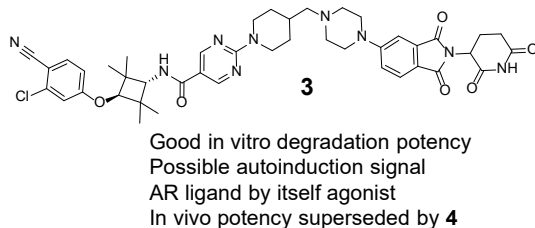
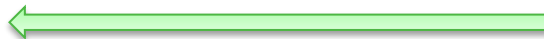
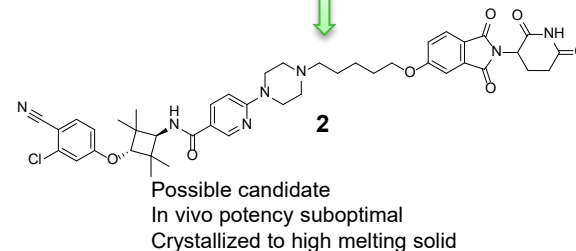
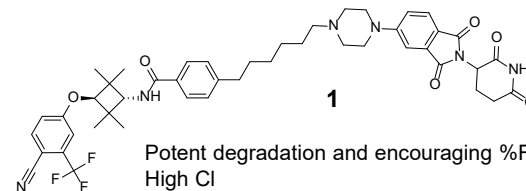
Near complete regression of adenopathy

ARVINAS

Evolution of AR Degrading PROTACs Leading to ARV-110

Early Discovery Efforts

Multiple E3 recruiting ligands
Multiple AR binders



Drug Discovery and Development is a Team Sport

