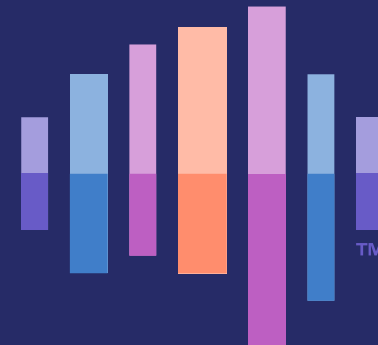




Corporate Deck

Alector Brain Carrier Platform & Pipeline

August 2026

Forward-Looking Statement

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “plan,” “potentially,” “predict,” “project,” “should,” “target,” “will” or the negative of these terms or other similar expressions. Forward-looking statements contained in this presentation also include, but are not limited to, statements regarding: our future financial condition; results of operations; business strategy and plans; the beneficial characteristics, safety, efficacy, and therapeutic effects of our product candidates and our Alector Brain Carrier (ABC) blood-brain barrier technology platform; our plans, timelines, and expectations related to our product candidates in our clinical and pre-clinical programs and our ABC platform, including with respect to the availability of data, the initiation of future clinical trials and plans and expectations regarding planned regulatory filings with respect to such programs; expectations regarding the timing and financial benefit of our operations; and objectives of management for future operations, as well as statements regarding industry trends.

We, Alector, Inc. (“Alector”), have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our financial condition, results of operations, business strategy and financial needs. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, among other things: Alector’s plans relating to its research programs, preclinical and clinical development programs and the development and manufacturing of its product candidates and its Alector Brain Carrier (ABC) blood-brain barrier technology platform, including its programs and product candidates incorporating the ABC platform; the ability of Alector’s preclinical studies and clinical trials to demonstrate safety and efficacy of its product candidates, and other positive results; the timing and focus of Alector’s clinical trials, and the reporting of data from those trials, the expected potential benefits of strategic collaborations with third parties and Alector’s ability to attract collaborators with development, regulatory, and commercialization expertise; Alector’s estimates of the number of patients in the United States, Australia, the European Union, and world-wide who suffer from the diseases it is targeting and the number of patients that will enroll in its clinical trials; the anticipated timing of enrollment in its clinical trials; the size of the market opportunity for Alector’s product candidates in each of the diseases it is targeting; Alector’s ability to expand its product candidates into additional indications and patient populations; the success of competing therapies that are or may become available; the beneficial characteristics, safety, efficacy, and therapeutic effects of Alector’s product candidates; the timing or likelihood of regulatory filings and approvals, including Alector’s plans for IND and CTN submissions, timing of clinical data, and any expectation to seek special designations, such as orphan drug or breakthrough designation, for its product candidates for various diseases; Alector’s ability to obtain and maintain regulatory approval of its product candidates; Alector’s plans relating to the further development and manufacturing of its product candidates, including additional indications that it may pursue; existing and future regulations and regulatory developments in the United States and other jurisdictions; Alector’s reliance on third parties to conduct clinical trials of its product candidates, and for the manufacture of its product candidates for preclinical studies and clinical trials; the impact of worldwide economic conditions, including macroeconomic conditions, inflation, supply chain disruptions, trade tariffs, and economic impacts of pandemics or other public health outbreaks, geopolitical events and international conflict on our business; and the other risks, uncertainties and assumptions discussed in the public filings we have made and will make with the Securities and Exchange Commission (“SEC”). These risks are not exhaustive. New risk factors emerge from time to time, and it is not possible for our management to predict all risk factors, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in, or implied by, any forward-looking statements. You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements.

This presentation may contain results from our preclinical studies and clinical trials or statements regarding ongoing preclinical studies and clinical trials, and this presentation does not speak to, and you should make no assumptions about, any further information or data relating to those trials. In addition, the information we have chosen to publicly disclose regarding our product candidates has been selected from a more extensive amount of available information. You or others may not agree with what we determine is the material or otherwise appropriate information to include in our disclosure, and any information we determine not to disclose may ultimately be deemed significant with respect to future decisions, conclusions, views, activities or otherwise. If the initial data that we report differ from updated, late, final or actual results, or if others, including regulatory authorities, disagree with the conclusions reached, our ability to obtain approval for, and commercialize our product candidates may be harmed, which could harm our business, financial condition, results of operations and prospects.

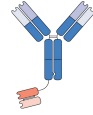
This presentation discusses certain investigational therapeutic agents which have not yet been approved for marketing by the U.S. Food and Drug Administration. No representation is made as to the safety or effectiveness of our product candidate for the therapeutic use for which it is being studied.

This presentation may contain statistical data based on independent industry publications or other publicly available information, as well as other information based on our internal sources. We have not independently verified the accuracy or completeness of the data contained in these industry publications and other publicly available information. Accordingly, we make no representations as to the accuracy or completeness of that data.

Except as required by law, we undertake no obligation to update any statements in this presentation for any reason after the date of this presentation. We have filed Current Reports on Form 8-K, Quarterly Reports on Form 10-Q, Annual Reports on Form 10-K, and other documents with the SEC. You should read these documents for more complete information about us. You may obtain these documents for free by visiting EDGAR on the SEC website at www.sec.gov.

Our Assets

AL137 (AD)*, AL037 backup molecule
ABC Anti-A β Antibody



2026: NHP IND-enabling studies
2027: Targeting First-in-Human

- High brain exposure, planning SC delivery
- Full effector function to optimize efficacy
- Targeting no ARIA, anemia, or IRR
- Ph 1b – amyloid PET reduction, safety

AL064/AL164 (AD)*
ABC Tau siRNA



2026: NHP knockdown validation
2027/8: Targeting First-in-Human

- Durable target knockdown
- Targeting SC delivery every 3 months
- Favorable safety
- Ph 1b – Tau reduction & safety

ADP062 (PD)*
ABC α -Syn siRNA



2026: NHP safety and efficacy planned
Targeting 2028: First-in-human – Synuclein reduction

- Potentially superior efficacy vs. blocking Abs
- Durable target knockdown
- Targeting SC delivery every 3 months

ADP065 (AD)*
ABC NLRP3 siRNA



2026: NHP safety & efficacy planned
Targeting 2028: First-in-human – functional readouts of NLRP3 reduction in CSF (IL-1 β , IL-18)

- Potentially superior brain penetration and knockdown vs. small molecules
- Targeting SC delivery every 3 months

AL050 (PD, LBD)*
ABC GCase ERT



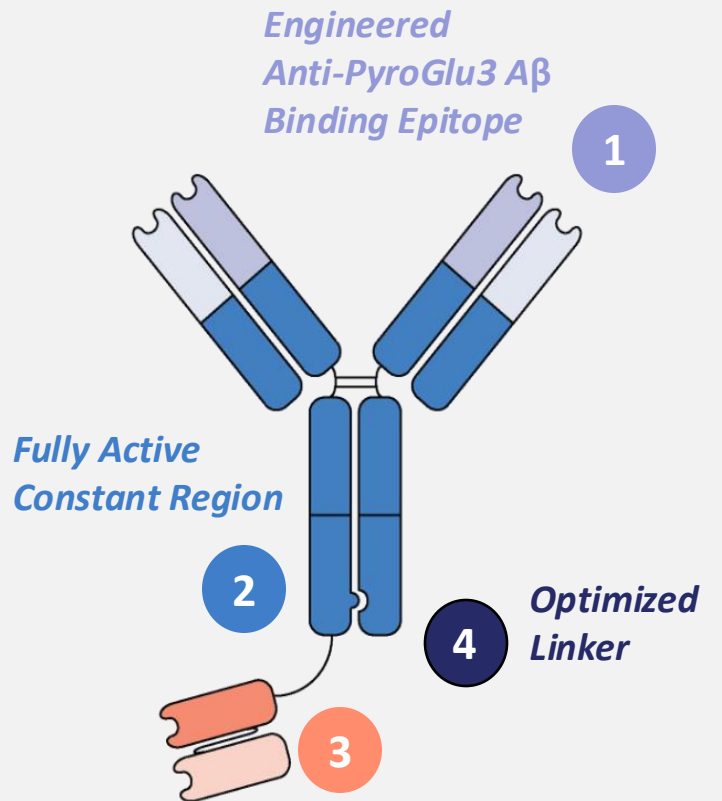
2026: NHP exposure and rescue validation

- Targeting First ERT for PD-GBA
- Targeting all GCase LOF mutations
- Enables flexible dosing regimen
- Ph 1b Engagement, GlcSph reduction

AL137

ABC-enabled Anti-amyloid beta (A β) Antibody Program

AL137: Molecular Design Behind the Six-Attribute Advantage



High Brain Exposure
Double digit nM 24h after 10 mg/kg IV
in NHPs

Low Projected Efficacious Dose
Intended to support low monthly dose

Supports SC Delivery
Superior relative brain exposure vs. IV

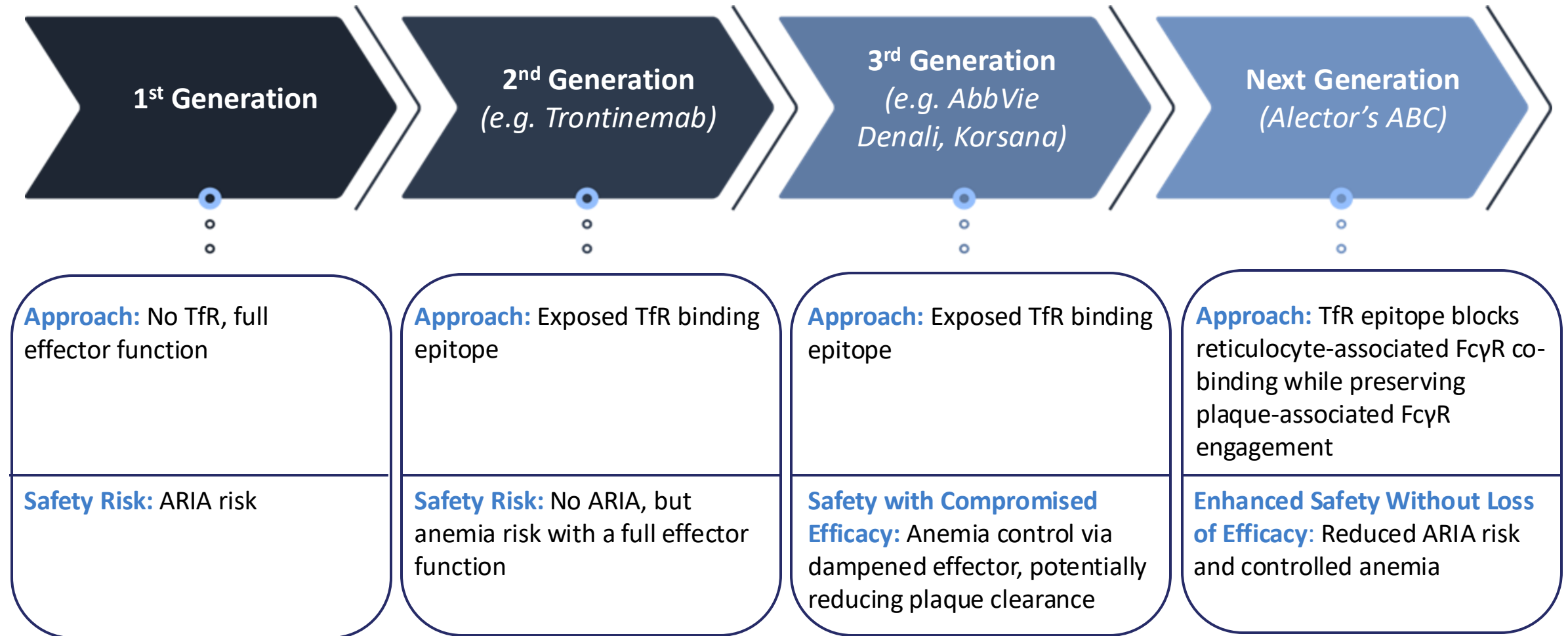
Favorable Safety Profile
No observed adverse effect with SC doses tested

Full Effector Function
Designed to recruit brain immune cells to
remove Aβ plaques

High-Productivity Manufacturability
High-expressing cell line designed to support
large-scale manufacturing

AL137 combines six differentiated attributes in a single molecule

AL137 Designed to Overcome Efficacy Constraints of Third-Generation Anti-A β Antibodies



The Alector Advantage: Our 'Masked Epitope' technology targets high brain penetration and full efficacy without the safety trade-offs of previous generations. We do not choose between potency and safety - we aim to capture both in full.

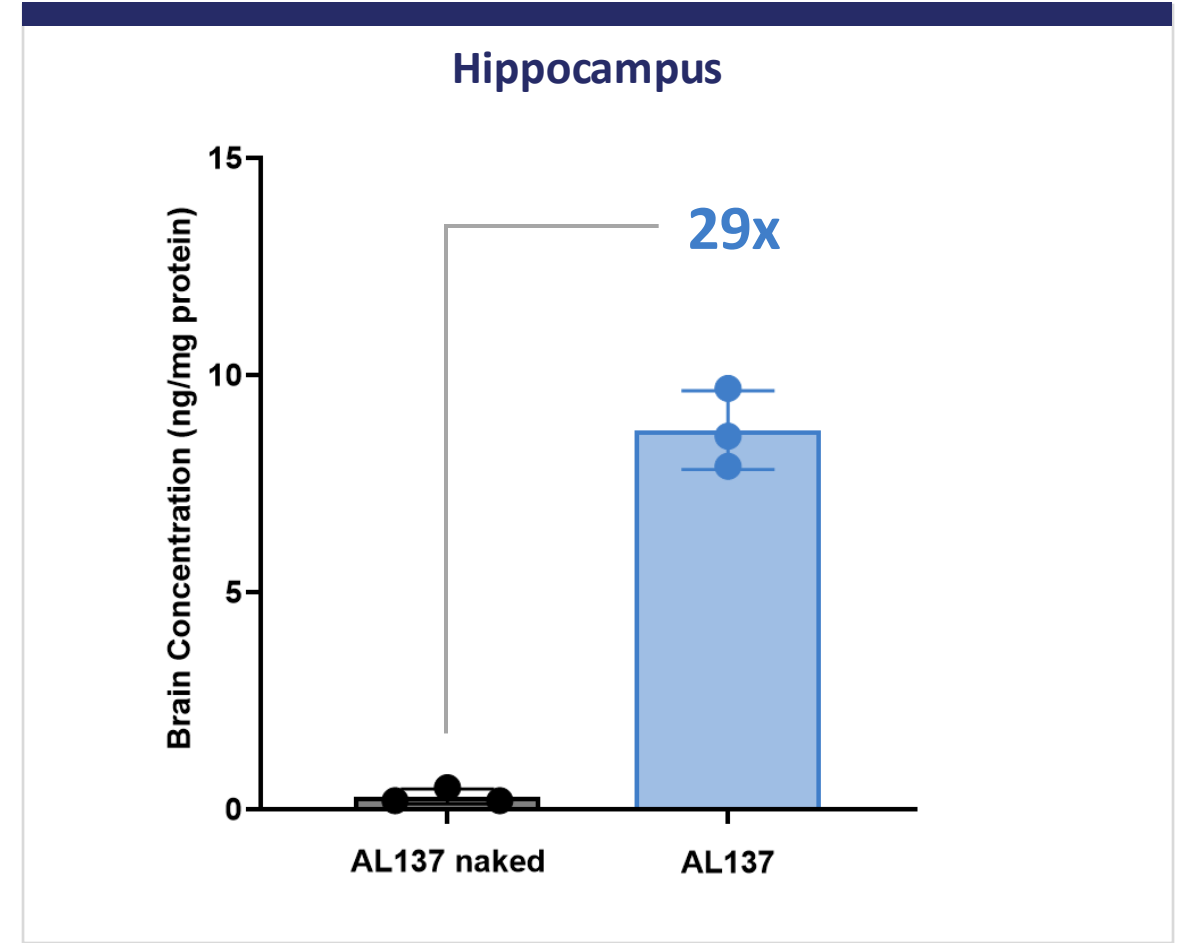
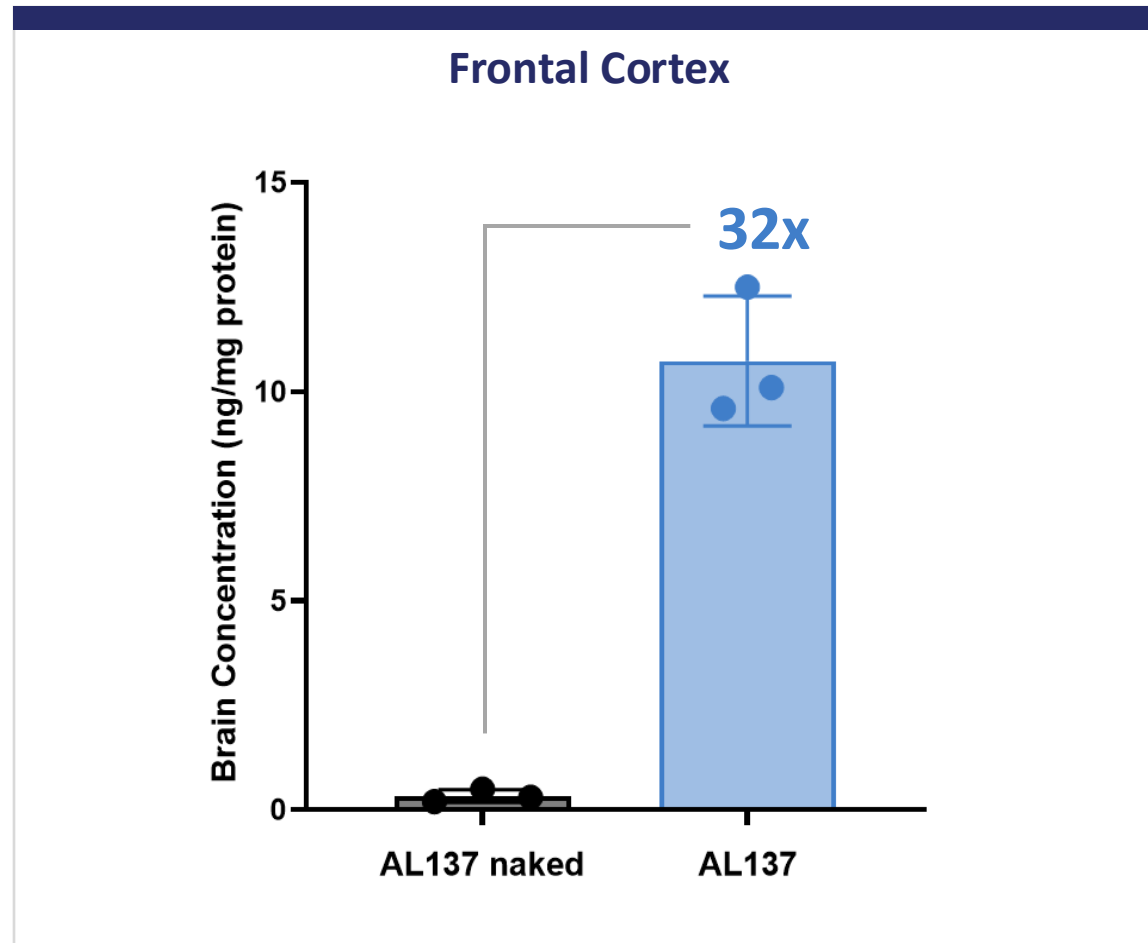
AL137: Next-Generation Brain-Enabled Anti-A β Antibody Designed to Overcome Trontinemab's Tolerability and Scalability Constraints

TRONTINEMAB 	VS	AL137 (ABC) 
Strong Aβ clearance, but potentially dose-limited by hematologic effects	 EFFICACY	Targeting comparable or faster Aβ clearance without a potential hematologic dose ceiling
- High infusion-related reactions (IRR)* requiring IV steroids pre-treatment 10-20% anemia	 SAFETY	Designed to minimize anemia and IRR via masked TfR epitope and simplified drug design
- IV infusion-center dependent - Requires IRR and anemia monitoring	 SCALABILITY	- Targeting monthly low-dose SC - Minimal IRR and anemia monitoring - High-concentration, autoinjector-ready formulation

Enhanced Brain Uptake with AL137



*AL137 at 3mg/kg reaches 8.4nM in frontal cortex, representing significantly higher brain levels than clinical competitors**



Three NHPs per group were dosed on days 1 and 9. Brain tissues were collected 24 hours after the second injection and drug levels were measured in the vessel-depleted fraction. *E.g. to our calculations, trontinemab reaches 2.1nM in the NHP vessel-containing cortex 24h following a single injection of 10mg/kg (Grimm et al., MABS, 2023).

AL137 naked = AL137 without ABC platform.

AL137 Shows Superior Brain Uptake in NHPs

Company				
Calculated Brain Concentration with 10mg/kg dose Extrapolated Brain Concentration 24-72h, following 10 mg/kg IV injection in NHP. Linear dose response assumed.	12-28 nM (Anti-A β antibody)	3 nM (Anti-BACE antibody)	2.1 nM (Anti-A β antibody)	5.7 nM (Anti-A β antibody)

		Frontal cortex levels	Fold increase*	Dosing and administration
	AL137 Anti-A β	0.8 ug/mL, 8.4nM	32x	3 mg/kg, 24hrs. post IV administration

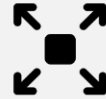
Kariolis et al, STM 2020; Grimm et al., MABS, 2023; Freskgård, PEGS Europe 2024; *Relative to naked (no shuttle) molecule; Roche had reported 400 ng/g in NHP cortex, which in our calculations is equivalent to 2.1 nM with 10 mg/kg IV injection; BioArctic had reported 0.1 nmol/L/nmol/kg in NHP parietal cortex, equivalent to 5.7 nM with 10 mg/kg IV injection predicted; Denali had reported reaching 9 nM in NHP frontal cortex with 30 mg/kg IV injection, which with the imprecise assumption of a linear dose response would represent ~3 nM with 10mg/kg.

Full Effector Function is Required for Clinical Efficacy: The Pattern Across a Decade of Anti-A β Programs



Reduced Effector – No Benefit

Multiple anti-A β antibodies engineered for reduced Fc effector function showed clear efficacy in rodent models, but none demonstrated clinical efficacy in humans*



Full Effector – Clinical Benefit

The two antibodies with reproducible clinical benefit —lecanemab and donanemab —retain full IgG1 Fc effector function*



Partial Plaque Clearance – No Benefit

Gantenerumab shows that partial, slow plaque removal fails clinically — Plaque clearance must be extensively complete to achieve clinical benefit

Together, these observations support full and rapid plaque clearance through an intact Fc-mediated microglial engagement — the design basis for AL137.

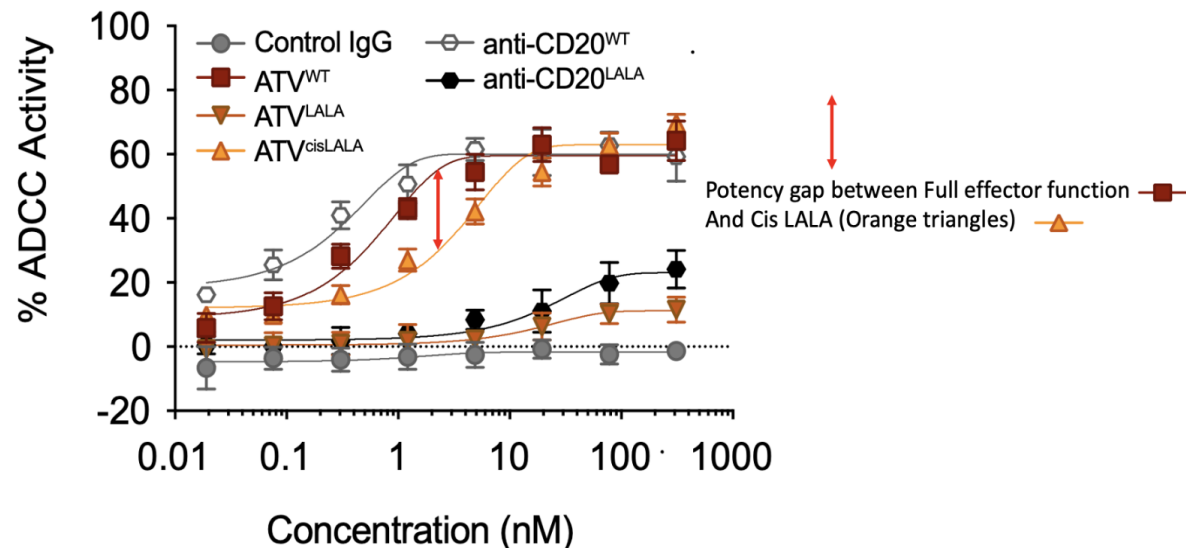
*Meilandt WJ et al. *Alzheimers Res Ther.* 2019;11:97.; Ostrowitzki S et al. *JAMA Neurol.* 2022; Alzforum Therapeutics: Ponezumab (program profile); *Alzheimer's Res Ther.* 2018;10:14.; Leyhe et al., *Alzheimers Res Ther.* 2014 Apr 9;6(2):19; acher et al. *J Alzheimers Dis.* 2012;28:49–69. • *JAMA Neurol.* (jamanetwork.com/1107996); van Dyck CH et al. *Lecanemab in Early Alzheimer's Disease.* *New England Journal of Medicine.* 2023;388:9-21; Sims JR et al. *Donanemab in Early Symptomatic Alzheimer's Disease,* *New England Journal of Medicine.* 2023; Grimm HP et al. *Delivery of the Brainshuttle™ amyloid- β antibody fusion trontinemab to non-human primate brain and projected efficacious dose regimens in humans;* Kulic L et al. *Latest results from the Brainshuttle AD study of trontinemab.* AAIC 2025 / Roche Presentation mAbs. 2023.

Impaired Effector Function Reduces Antibody Potency

The only Aβ antibodies that have shown efficacy in clinical trials for AD are IgG1 with full effector function

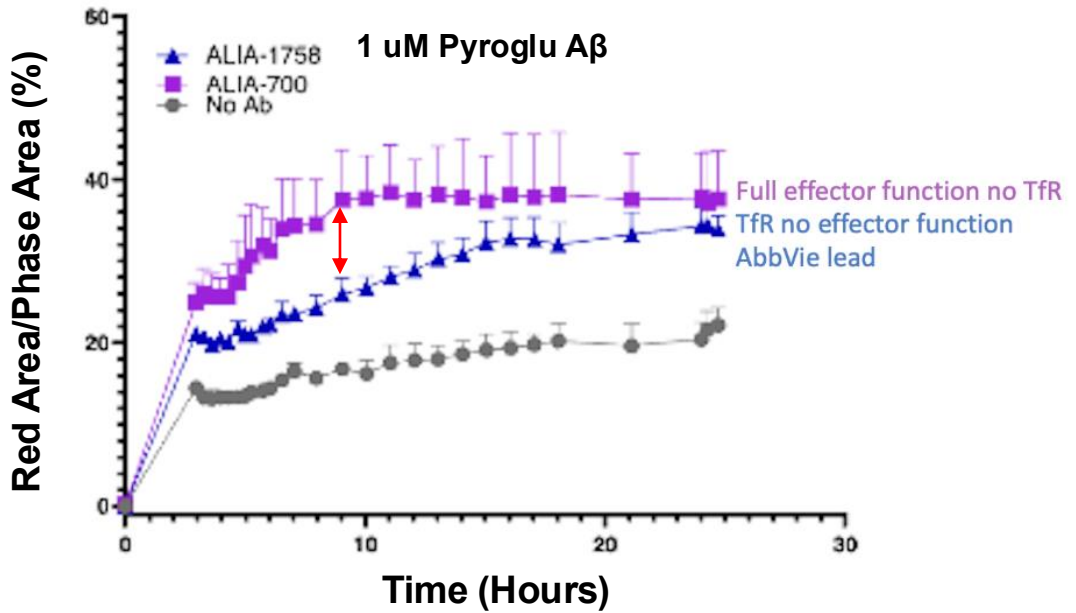
Cis LALAPS Cripples Fc Function, Reduces Potency by 10-Fold at the Expected Brain Concentrations

Fab-target-mediated ADCC



Compensating for the reduced potency would require injection of ~30mg/kg antibodies, nullifying the brain shuttle advantage

Inactive Fc Slows Down Microglia-Mediated Clearance of Aβ and May Impact Efficacy



Microglia incubated with pHrodo-labeled Aβ and monitored by live cell imaging.

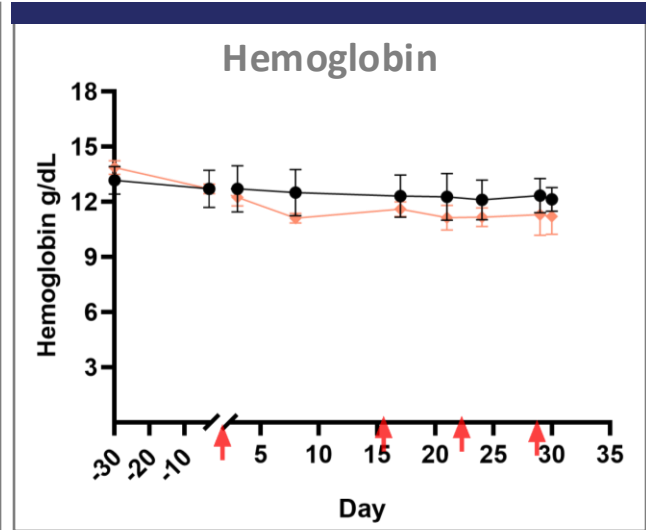
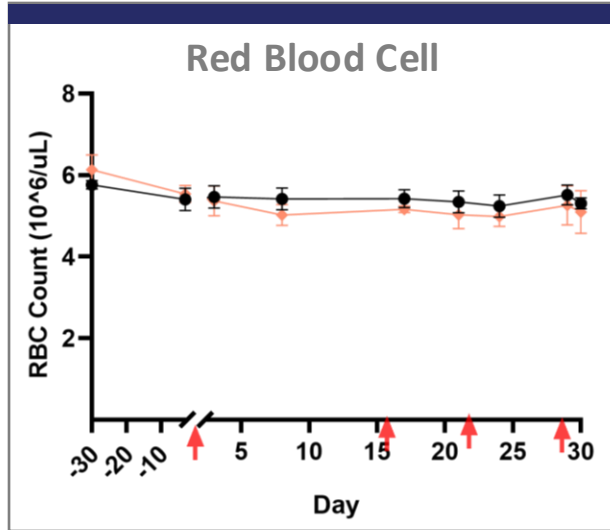
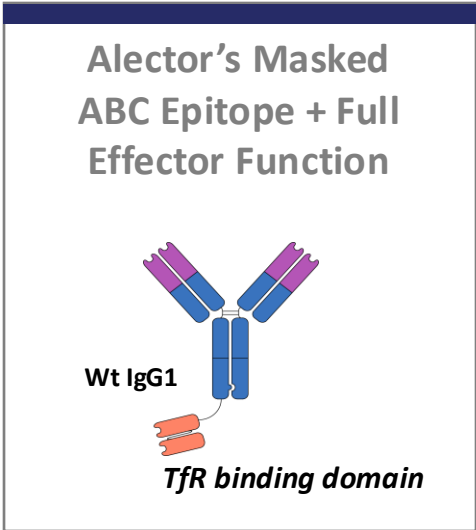
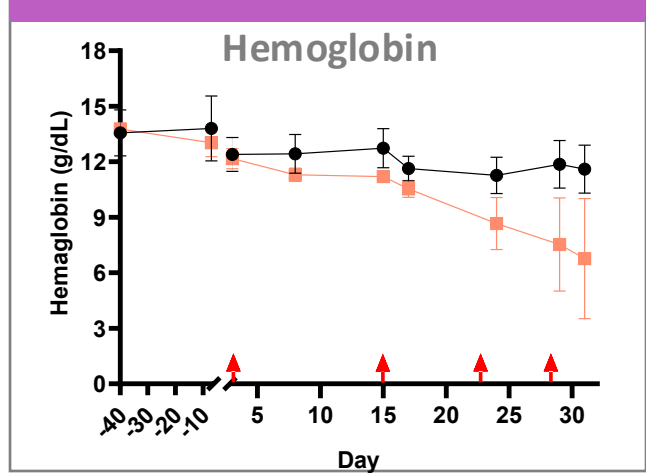
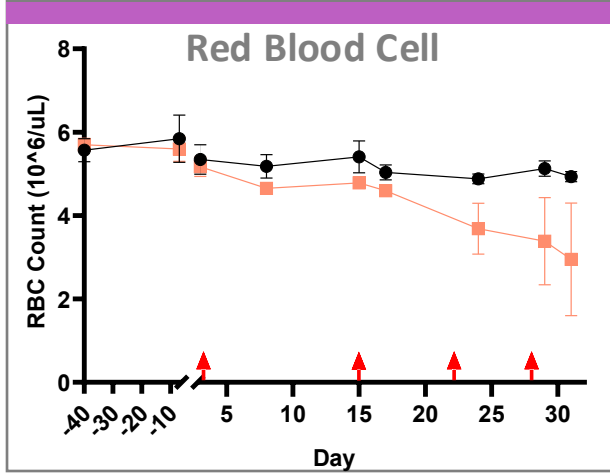
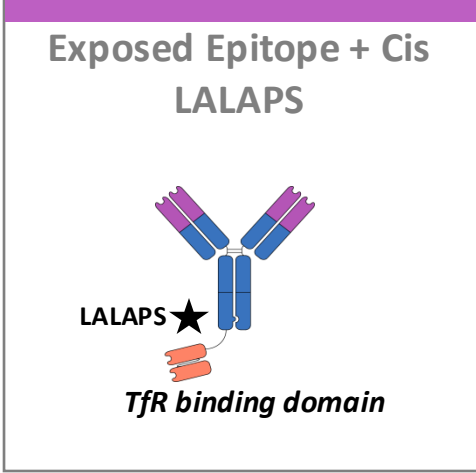
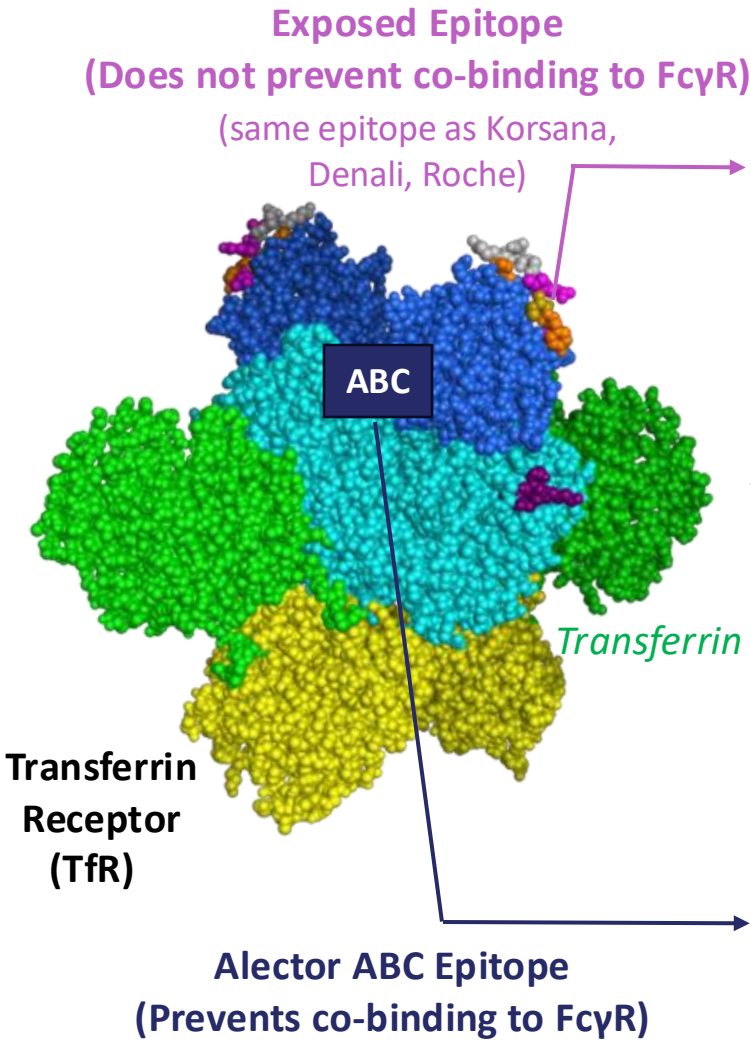
Source: Pizzo ME, Plowey ED, Khoury N, et al. Transferrin receptor–targeted anti-amyloid antibody enhances brain delivery and mitigates ARIA. Science. 2025; <https://www.science.org/doi/abs/10.1126/science.ads3204>

Source: Dukovski D et al. (2025, April 1–5). “Enhanced delivery of anti-pyroglutamate amyloid-beta antibody, ALIA-1758, across the blood–brain barrier via TfR-mediated transcytosis” (Poster no. 853), presented at the AD/PD 2025 International Conference on Alzheimer’s and Parkinson’s Diseases.

Alector's TfR Binding Epitope Masks FcγR Co-Binding, Driving an Improved Hematologic Profile With A Full Effector Function



■ Control Ab (no ABC)
■ ABC



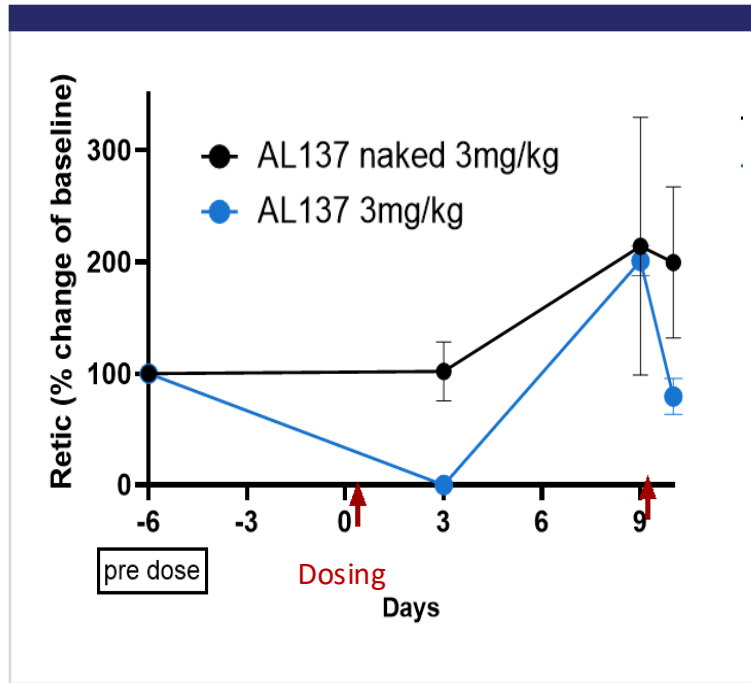
Left: Structure of human transferrin receptor-transferrin complex from 1SUV. Middle left: ABC and exposed epitope Abs bind TfR with similar affinity. The exposed epitope targets the same TfR region as Roche (Alector internal data), Denali (Kariolis et al., 2020), and Korsana (February 2026 corporate deck).

NHP IV dosing (50 mg/kg, D1, 15, 22, 29) showed stable hematology (hemoglobin, RBCs) only for the ABC epitope binder.

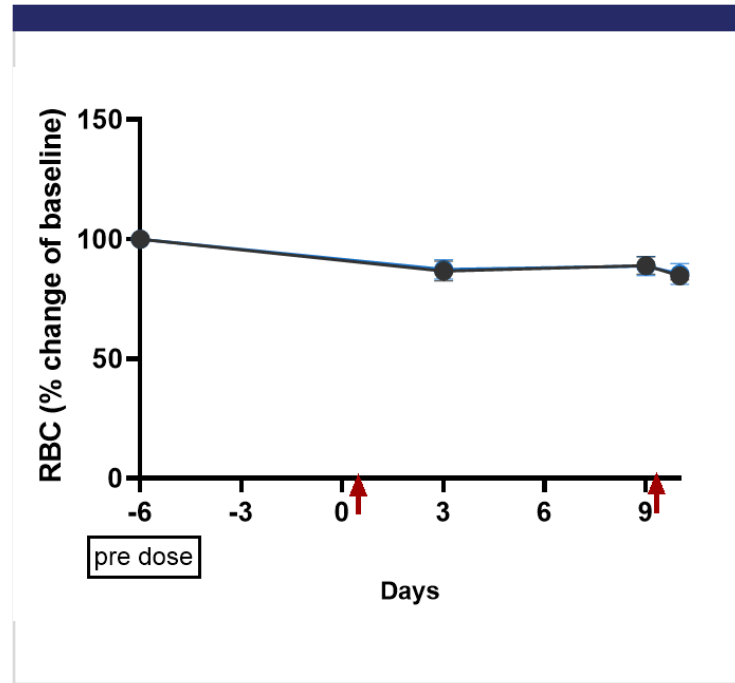
AL137 Displays an Improved Hematologic Profile With A Full Effector Function



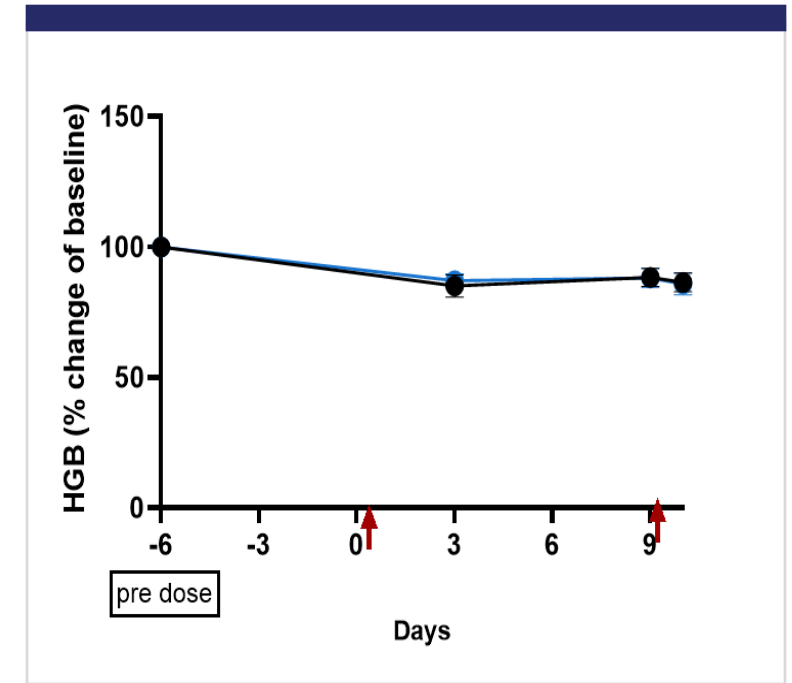
Reticulocyte



Red Blood Cell



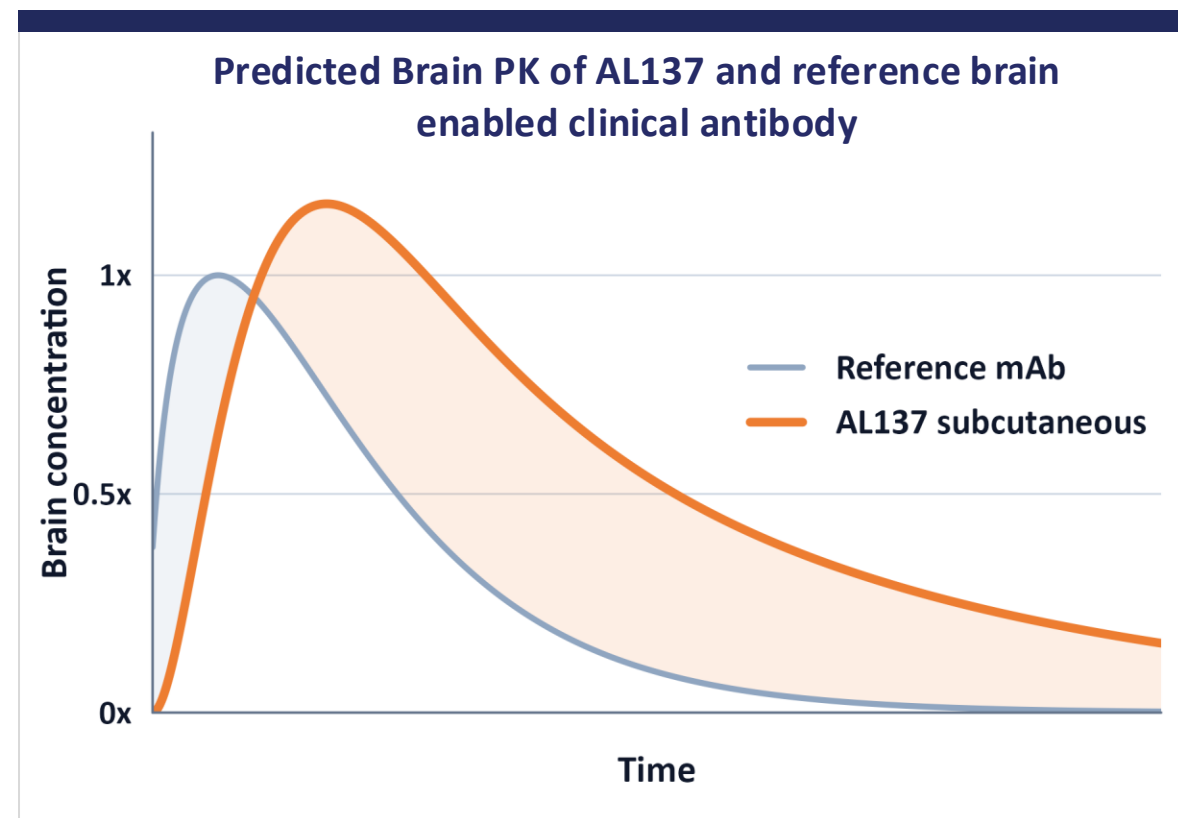
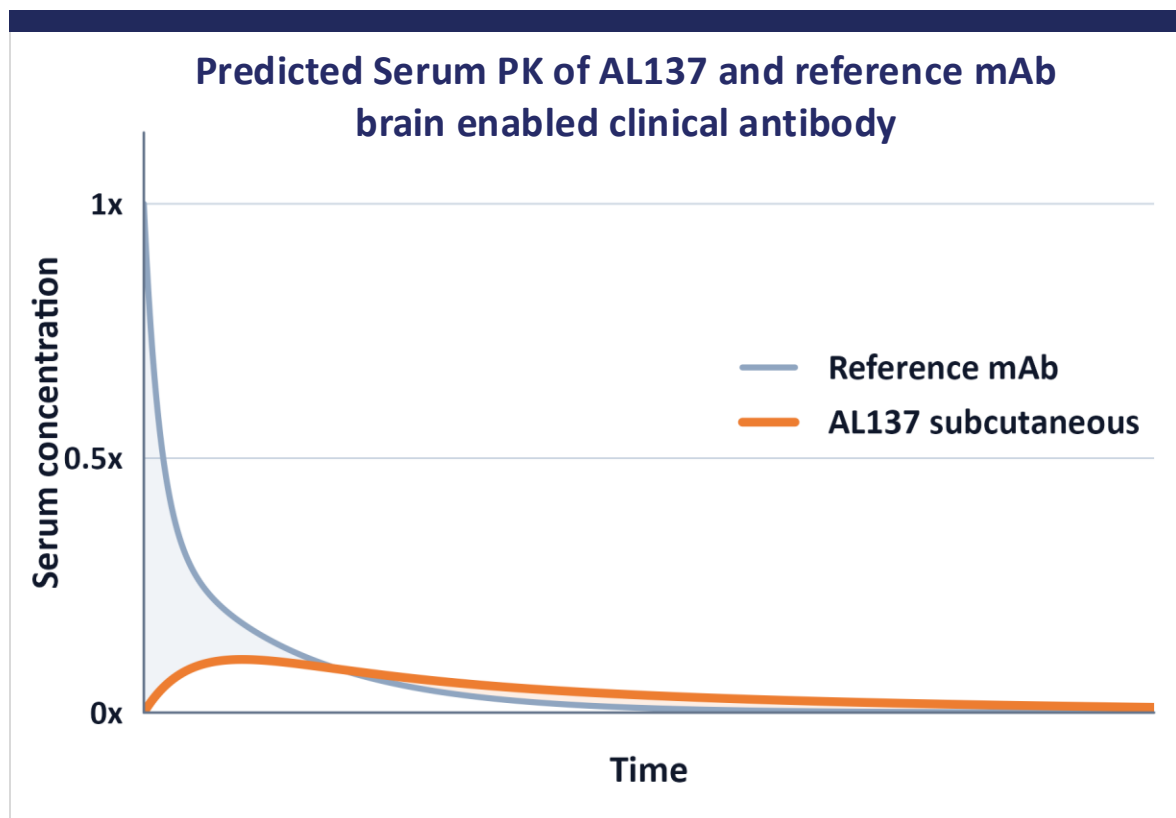
Hemoglobin



Three NHPs per group were injected on days 1 and 9 (red arrows). Blood samples were analyzed for reticulocytes, red blood cell counts and hemoglobin levels at the indicated times. AL137 caused a transient decrease in reticulocytes but did not negatively impact red blood cell count. AL137-Naked = AL137 without ABC platform.

AL137 Projected To Display A Superior Brain Exposure with Subcutaneous Administration

Suitable for traditional subcutaneous formulation without additive technology



AL137 predicted to have higher brain exposure at a lower dose relative to a clinical reference antibody. AL137 brain whole-lysate AUC is projected to be approximately 2x the reference. The preferential brain distribution and SC delivery targets lower Cmax related hematologic, ARIA, and infusion reaction adverse effects

AL137 was Well-Tolerated in NHPs at Doses Up to 30 mg/kg IV in a 9-Day, Two-Dose Study



Toxicological Parameters Evaluated:

- Mortality/Morbidity
- Clinical observations
- Body weight
- Food consumption
- Hematology
- Anatomic pathology

Summary:

- Administration of AL137 was well tolerated at doses up to 30mg/kg
- As expected, transient reduction in reticulocytes was observed
- No test-article related adverse findings were identified throughout the conduct of this study

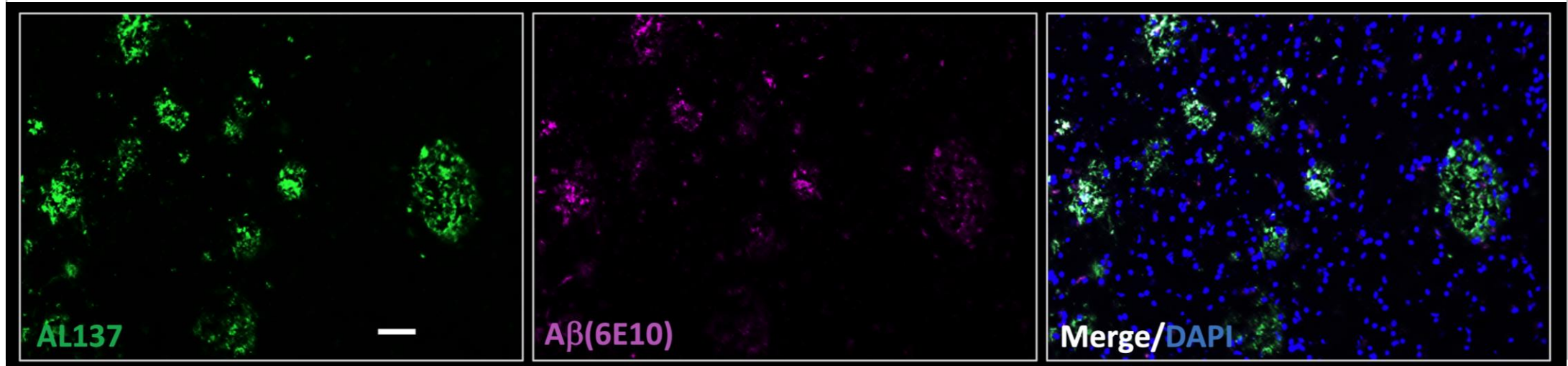
Three NHP per group were dosed on days 1 and 9 with 3 mg/kg and 30mg/kg . Animals were sacrificed 24 hours after the second injection and toxicological parameters were evaluated.

Note: This data is separate from our IND-enabling tox study, which has not been reported.

AL137 Binds A β Plaques in Human AD Brain Sections



Alector Anti-A β Antibodies Colocalize with A β Plaques on Human AD Brain Sections

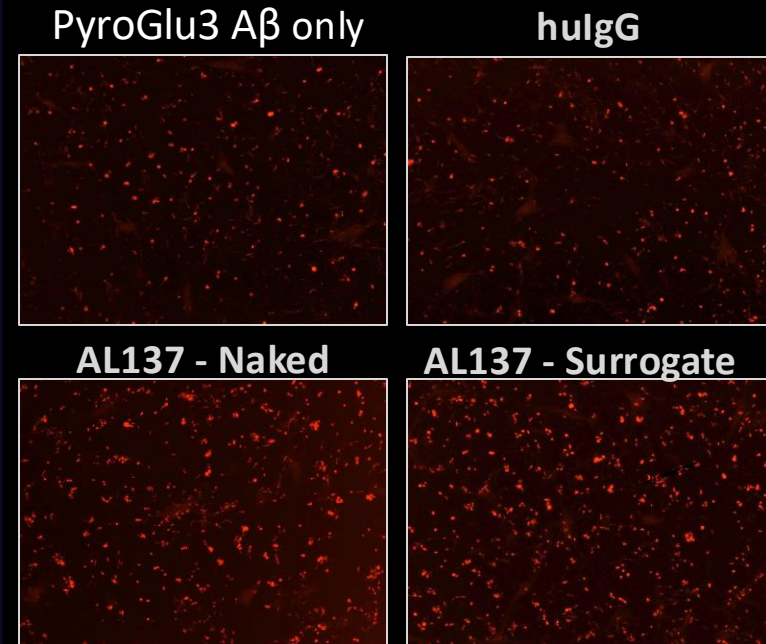


Unfixed, frozen human AD sections (medial temporal gyrus) were obtained from the Banner Institute, AZ; plaques were assessed by IFL with AL137 (green) and anti-A β (6E10, pink); nuclei were counterstained with DAPI (blue); images acquired with a 10x objective; scale bar= 50 μ m;

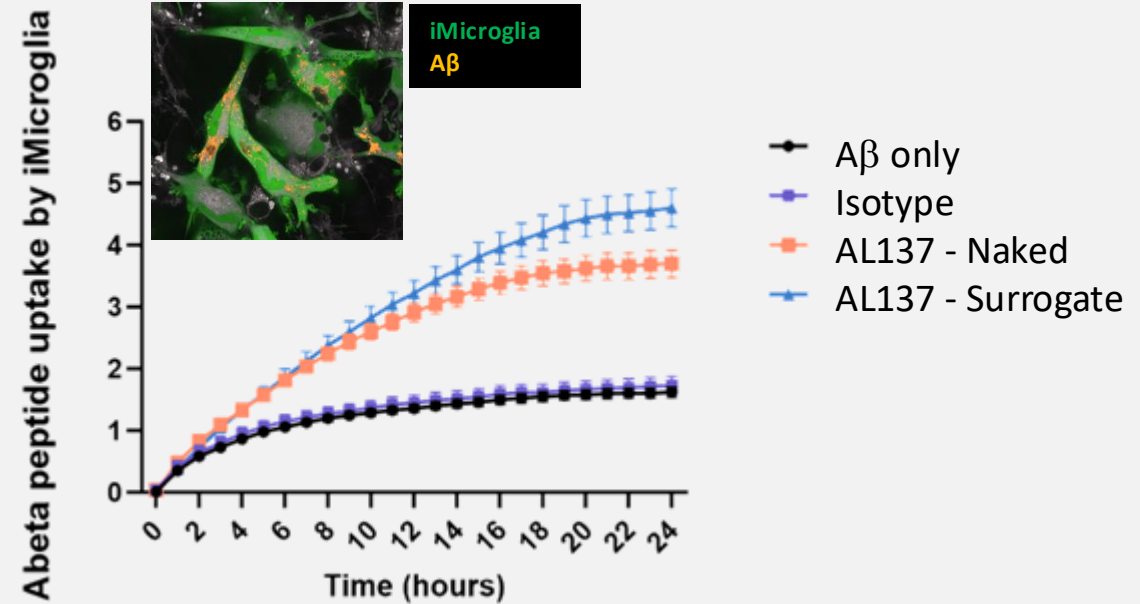
AL137 Surrogate Facilitates Phagocytosis of PyroGlu3 A β by Human Microglia



Fluorescent Imaging (red) of PyroGlu3 A β Phagocytosed by Microglia in 24h



AL137 Surrogate Dependent Phagocytosis of PyroGlu3 A β by Human IPSC Microglia in Culture

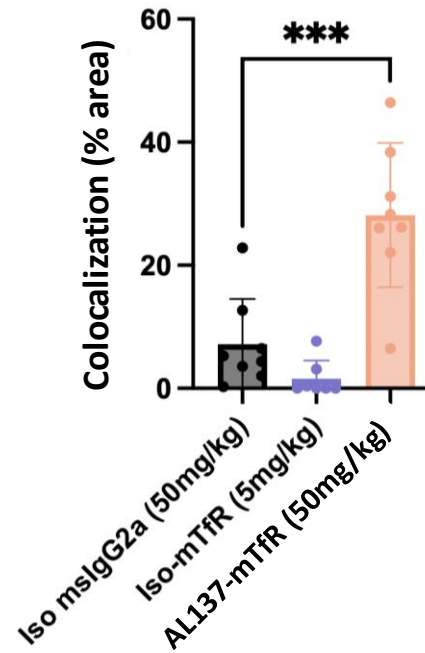
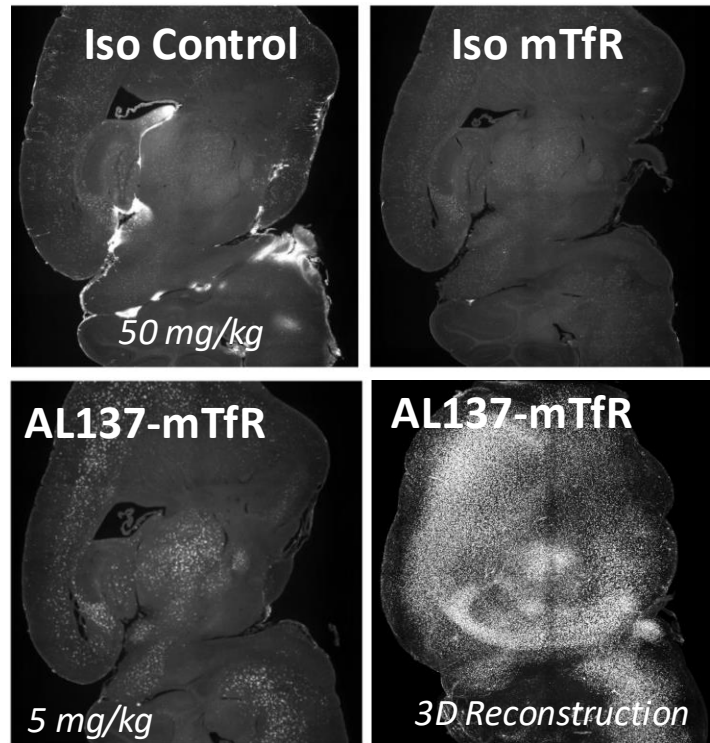


AL137 - Naked (without the ABC platform), Isotype hulgG, or AL137-Sur. (with the ABC platform) and pyroGlu3 A β were incubated with IPSC-derived CNS triple cultures (containing iMicroglia, iNeurons, human fetal astrocytes) for 24h and imaged hourly for uptake of pHrodo-labeled pyroGlu3 A β in GFP-iMicroglia. (inset, iMicroglia in green, A β in orange)

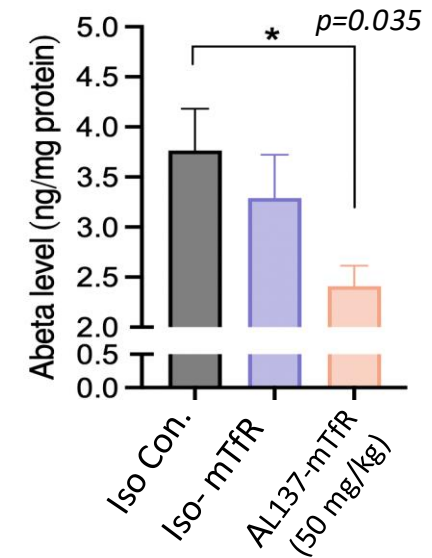
AL137 Surrogate Binds to Amyloid Plaques in Mouse AD Brains and Reduces A β 42



AL137-mTfR Colocalizes with A β Plaques in the 5XFAD AD Mouse



Reduction in Brain A β 42 in AL137 mTfR-Dosed Mice



(Left) Light sheet microscopy on 9-month-old 5xFAD mice dosed 3 times weekly. Naked antibody labels the vasculature and ventricles while AL137 Surrogate (AL137-mTfR) is bound to amyloid plaques throughout the brain. (Middle) 8mo 5XFAD were dosed 4 times weekly with AL137 surrogate (same anti-A β Fabs paired with mTfR and mIgG2a Fc) and assessed for plaques by IFL with anti-A β (6E10); dosed antibodies detected with anti-mIgG2a; plaque and dosed antibody colocalized area in the hippocampus was quantified using a tary brain segmentation app. (Right) 8-month-old 5XFAD mice were dosed 4 times weekly and Abeta1-42 levels in guanidine-solubilized whole brain lysates were assessed by ELISA.

AL137 Phase 1 Clinical Plan



PHASE 1 OBJECTIVES

- Evaluate safety, tolerability, and pharmacokinetics (PK) following single and multiple ascending doses.
- Characterize dose-response relationships.
- Assess pharmacodynamic (PD) markers of amyloid reduction.



STUDY DESIGN

- Phase 1a: Single Ascending Dose study with subcutaneous administration in healthy volunteers.
- Phase 1b: Multiple Ascending Dose study in early AD patients with subcutaneous administration.
 - Biomarker and imaging assessments (eg A β PET, pTau217, MTBR).



STUDY GOALS

- Demonstrate amyloid clearance with SC dosing and achieve PET A β reduction comparable to Trontinemab (90% of patients amyloid PET negative at 24 weeks).
- Demonstrate low rates of ARIA at efficacious doses, requiring minimal or no MRI monitoring.
- Show no or only mild, self-resolving anemia.
- No pre-medication for infusion reactions required.

AL137 Clinical Timeline

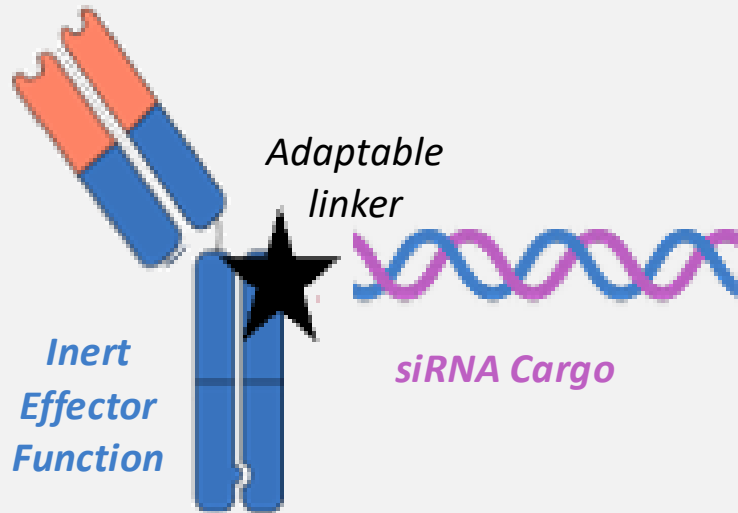


AL164/AL064

ABC-enabled Tau siRNA Program

AL064/AL164*: Aiming to Achieve Brain-Wide Tau Reduction Without Invasive Spinal Injections

Brain Carrier



THE CHALLENGE

Tau drives AD progression, yet antibodies fail against its intracellular pathology, and Tau ASOs require invasive intrathecal delivery with uneven distribution.

THE AL064/AL164 SOLUTION

AL064/AL164 is designed for intracellular Tau reduction, directly targeting a central driver of neurodegeneration. IV/SC systemic delivery and broad homogeneous brain distribution are intended to **improve safety, scalability, and access**.

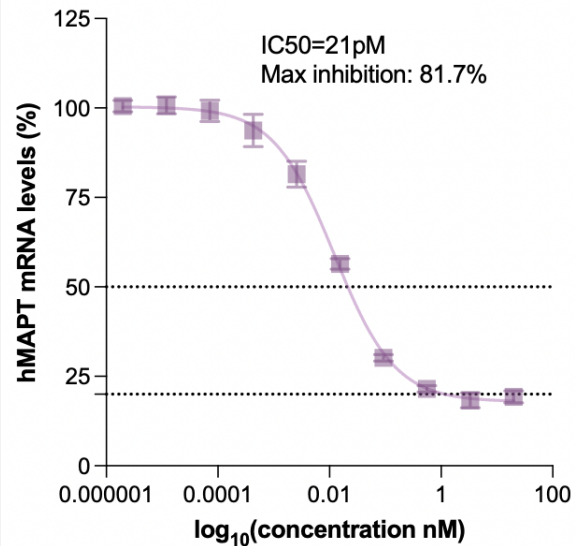
THE DELIVERABLES

2027/8: Targeting first-in-human studies to confirm safety, exposure, and Tau reduction with SC dosing; followed by Phase 1b (AD) to assess Tau reduction (PET and soluble biomarkers) and safety.

AL064 siRNA Demonstrates High Potency in Vitro

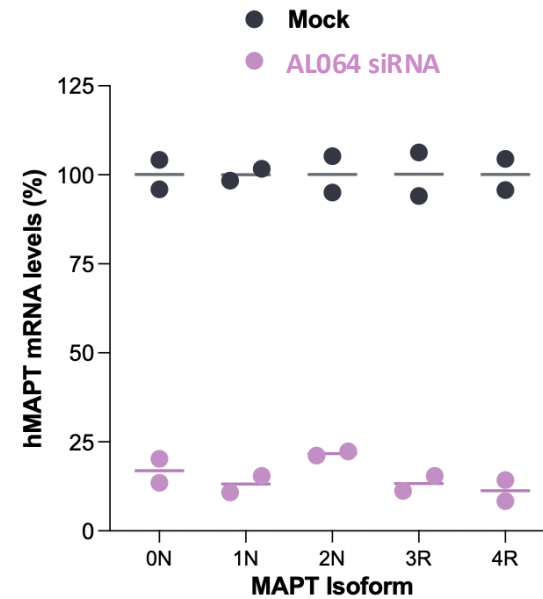


Dose-Dependent Knockdown in MAPT Expressing Cell Line



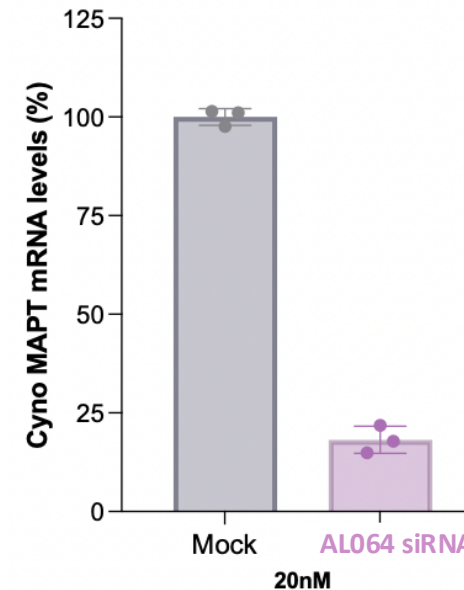
80% inhibition and pM range IC₅₀. AL064 siRNA was transfected into MCF7 cells for 24hr to determine the dose response.

Knockdown all MAPT Isoforms in Human Neuroblastoma Cell Line



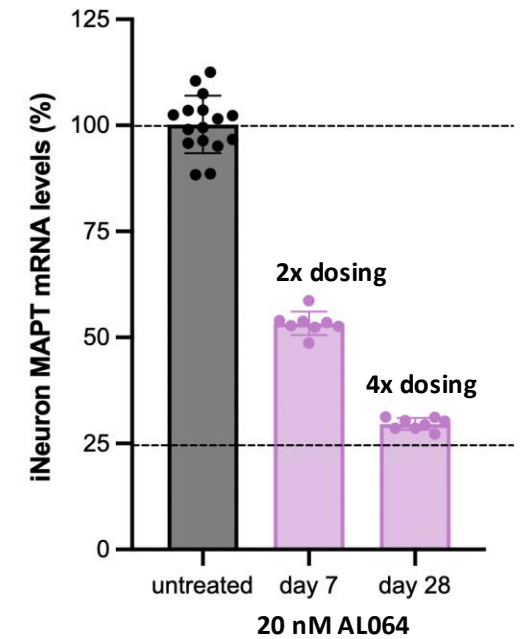
AL064 siRNA was transfected into SH-SY5Y cells for 24hr to determine the knockdown of MAPT isoforms.

Knockdown of MAPT in Cyno Primary Astrocytes



AL064 siRNA was transfected into cyno primary astrocytes cells for 48hr to determine the knockdown of MAPT mRNA.

Knockdown of MAPT in iPSC Neurons by AL064



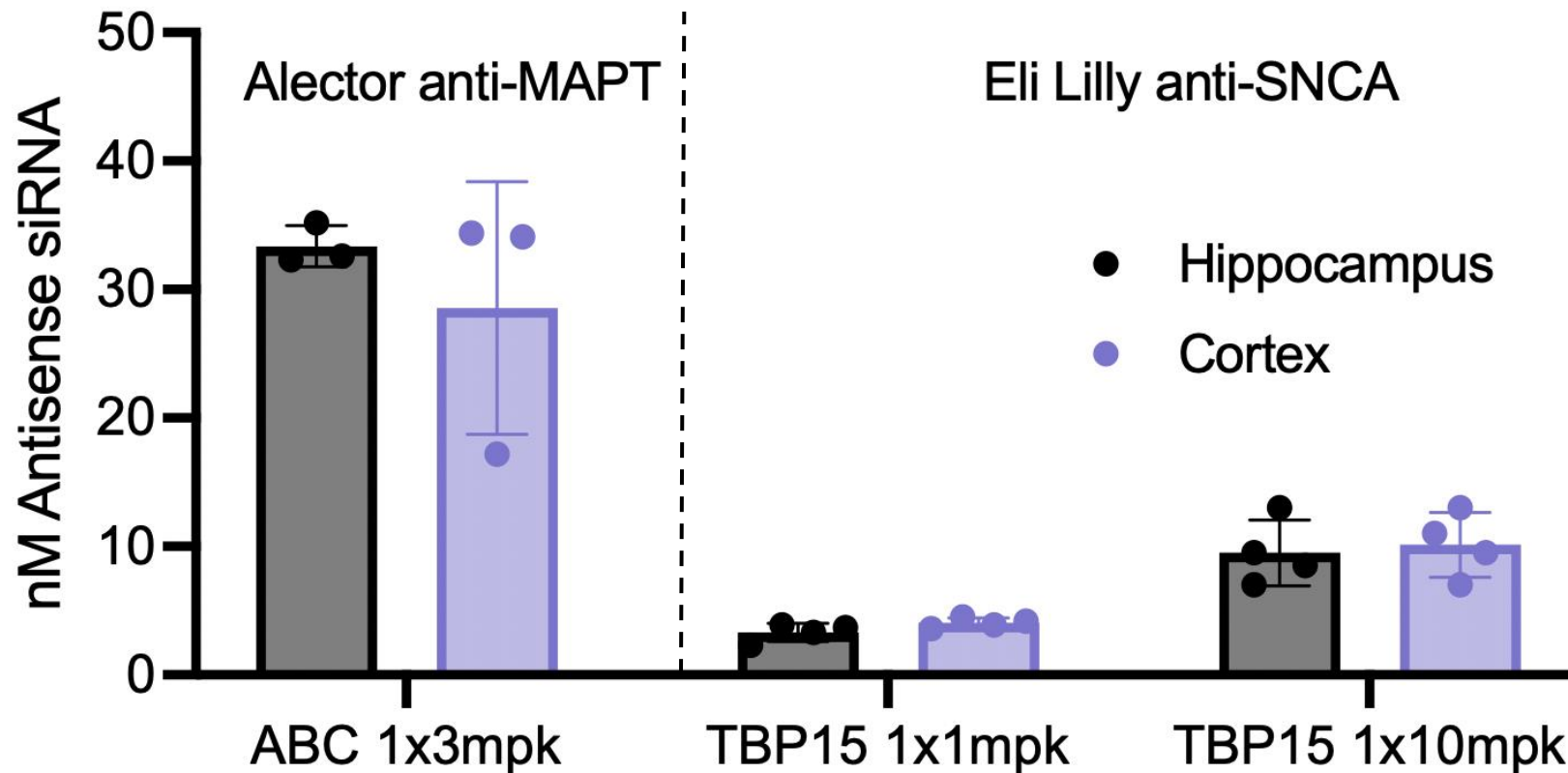
iPSC-derived neurons were treated with AL064 2 or 4 times and Tau mRNA knockdown was determined after 7 or 28 days.

Alector internal data. Leftmost 3 panels were conducted with naked AL064 siRNA (no ABC), rightmost panel with the siRNA-ABC conjugate molecule

AL064 Shows Strong siRNA Brain Uptake in NHPs



siRNA antisense levels measured in brain tissues ~4wk post single IV dose



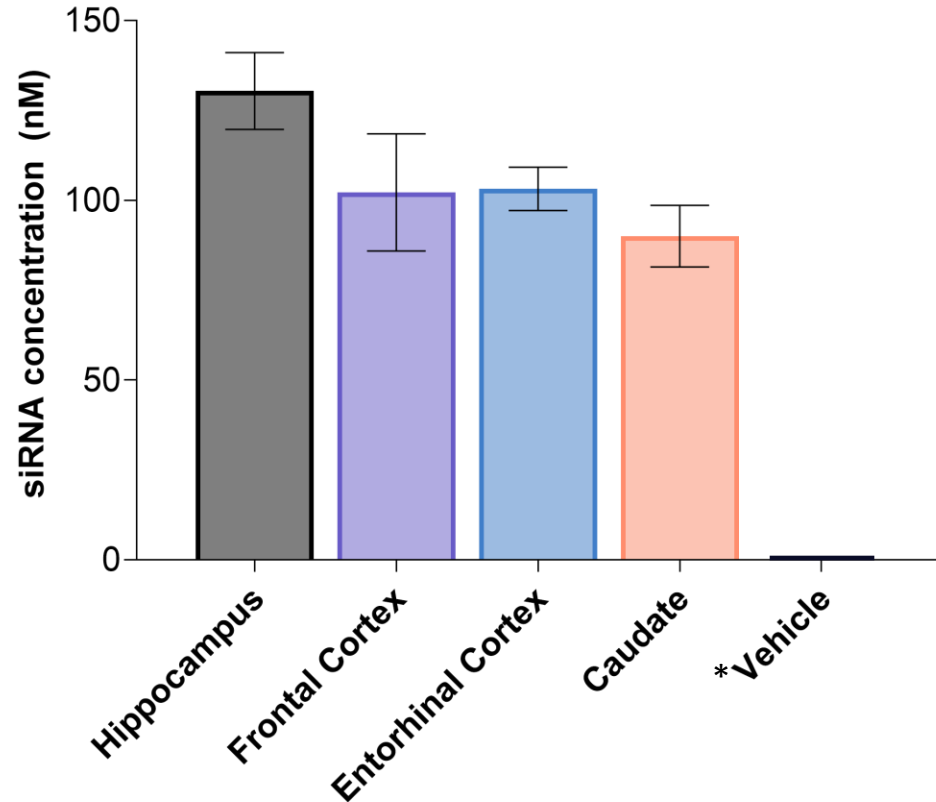
ABC data: 3 NHP per group were injected IV at day 1 with 3mg/kg siRNA equivalent dose and animals were taken down on day 29. Tissue antisense siRNA levels were measured by dual probe hybridization electro-chemiluminescence assay post proteinase K treatment. TBP15 (Eli Lilly) data from WO2024036096A2, Figure 13E; 4 NHP per group were dosed IV at day 1 with 1 or 10 mg/kg siRNA equivalent and sacrificed 29 days post dose. Tissue antisense siRNA levels were measured by LC/MS post proteinase K treatment. Individual data points were extracted by Claude and re-plotted at Alector.

AL064: Up to ~130 nM siRNA uptake and ~70% mRNA Knockdown in NHP Brain

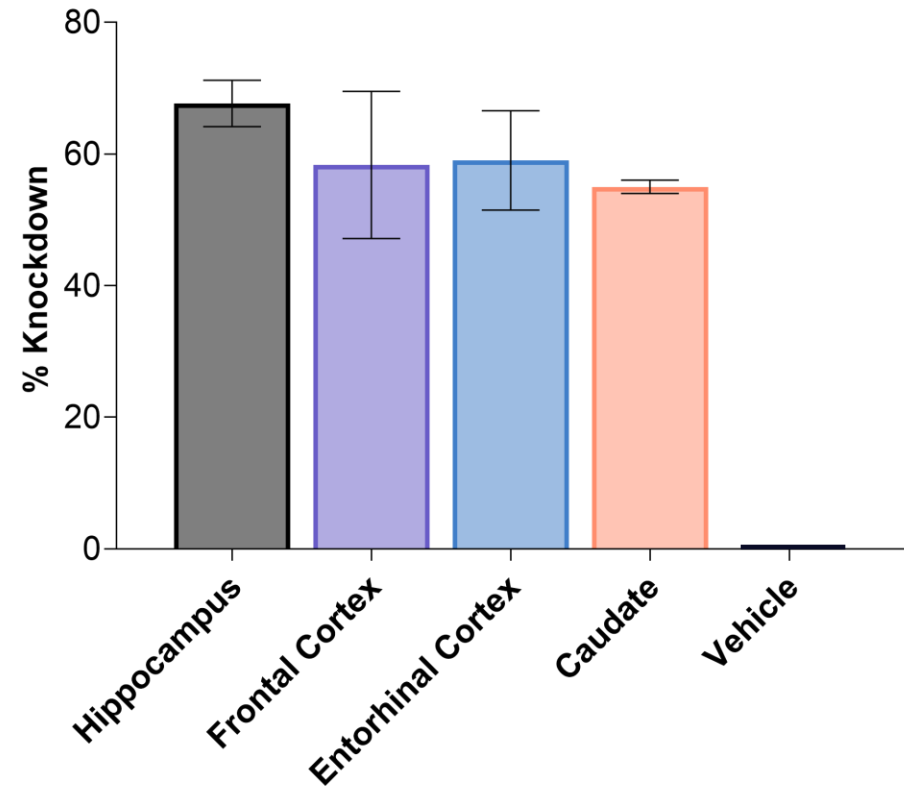


Peripheral IV administration

Concentrations of AL064 in Brain Tissues (28 Days)



% Knockdown of Tau mRNA in Brain Tissues (28 Days)

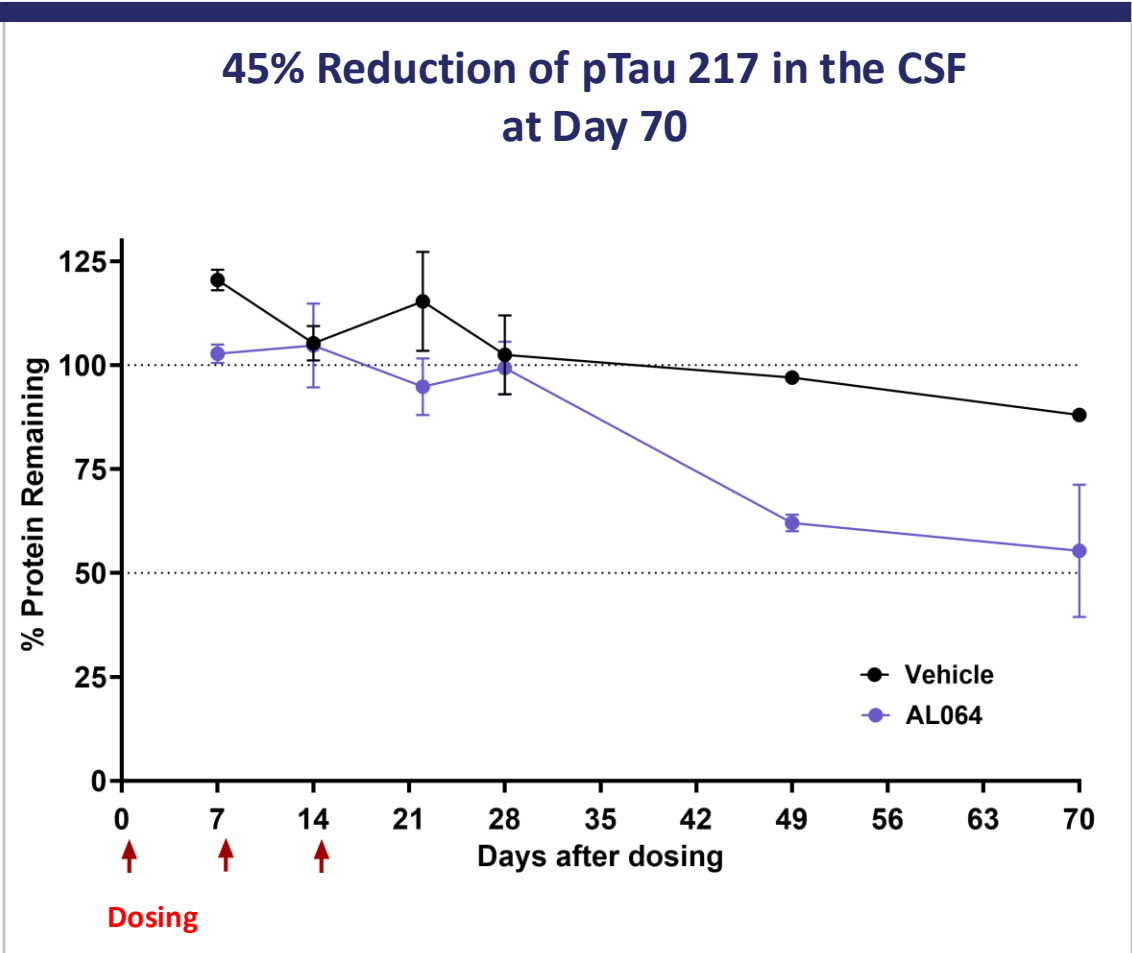
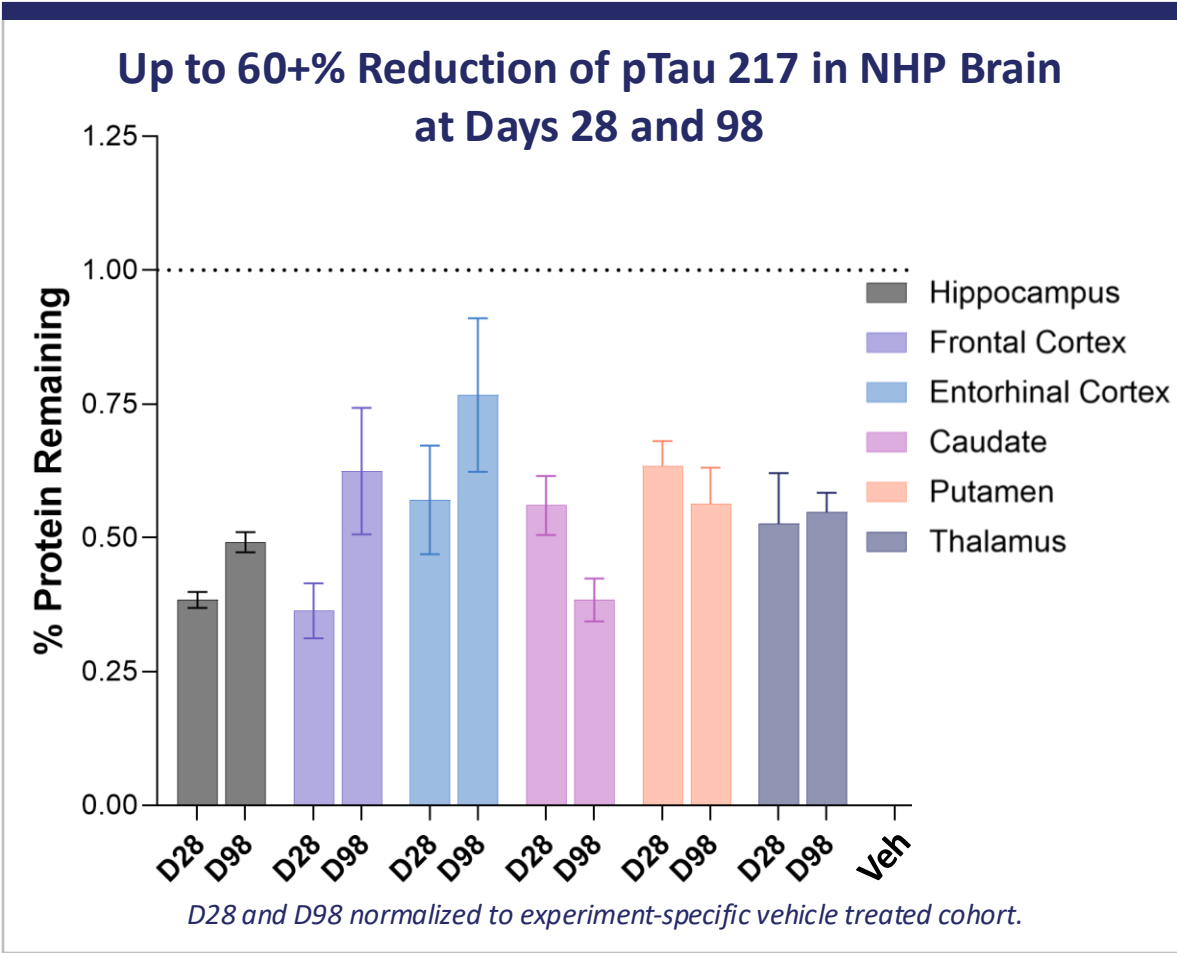


NHPs were dosed by IV infusion on days 1, 8, and 15 with AL064 at a siRNA dose-equivalent of 3 mg/kg. Levels of the AL064 antisense strand were measured across multiple brain regions on day 28 using an MSD assay. *Vehicle control was below assay sensitivity of 0.0156nM. MAPT mRNA levels in the same brain regions were also measured on day 28 using qRT-PCR.

AL064: Durable Reduction of Phospho-Tau 217 in NHP Brain and CSF



Peripheral IV administration



Three NHP per group were injected via IV infusion on days 1, 8, 15 with 3 mg/kg siRNA-dose-equivalent and the levels of p-Tau217 in different brain regions were measured at day 28 and 98 with MSD assay. pTau217 levels were measured in the CSF at the following timepoints: pre-dose, D7, 14, 22, 28, 49 and 70.

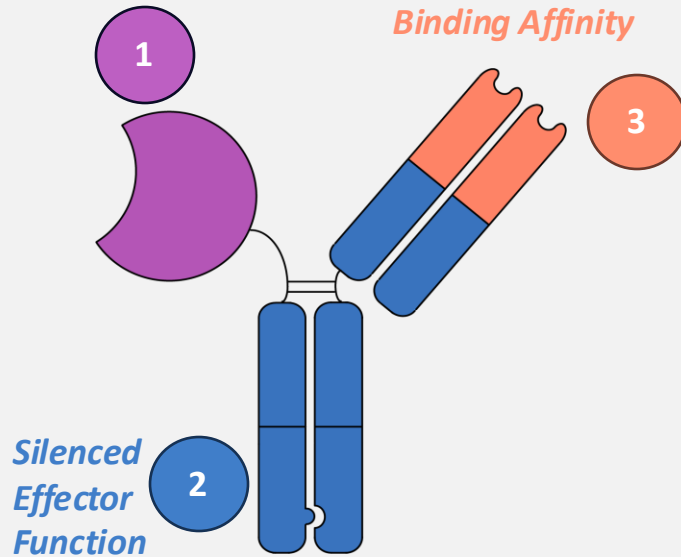
AL050

ABC-enabled GCase Enzyme Replacement Therapy Program

AL050: First-in-Class, Brain-Enabled, GCase Enzyme Replacement Therapy with Disease-Modifying Potential

GCase mono enzyme with improved activity and stability

Optimal TfR Epitope and Binding Affinity



THE CHALLENGE

No disease-modifying therapies exist for PD/LBD; Progression is accelerated in GCase LOF and low-activity patients

THE AL050 SOLUTION

AL050: Brain-penetrant GCase enzyme replacement designed to restore activity and reduce toxic substrates, targeting GCase LOF PD/LBD and broader low-activity patients.

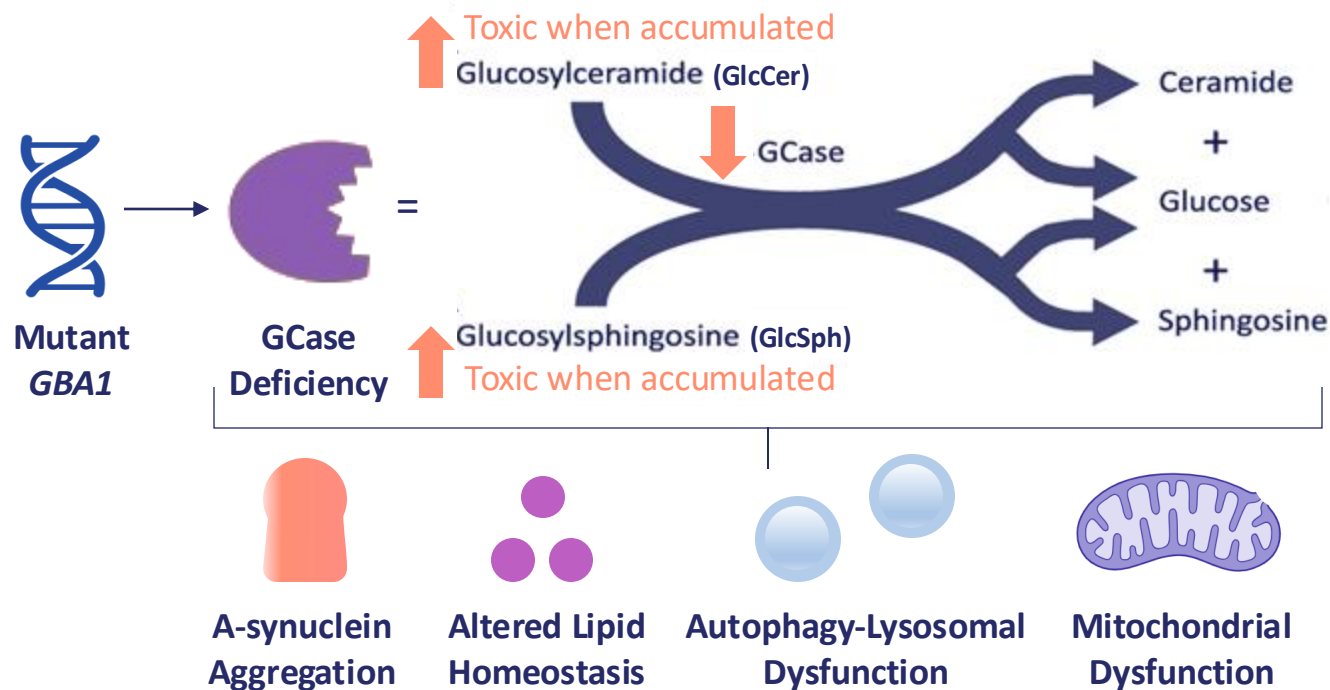
THE DELIVERABLES

2026: NHP validation – Up to 18x increased brain exposure, >2x increase in enzyme activity across multiple brain regions. Well-tolerated in NHPs at 10 mg/kg/week.

Mutations in *GBA1* (the Gene Encoding the GCase Enzyme) are a Major Risk Factor for Parkinson's Disease, Lewy Body Dementia and Gaucher Disease

GBA1 mutations lead to reduced **GCase enzyme activity** and toxic substrate accumulation (GlcCer and GlcSph) in the brain.

No therapy has effectively restored GCase activity in the brain: Current GCase enzyme replacement therapy does not enter the brain



• Parkinson's Disease (PD)

- ~10 million patients worldwide¹
- 0.5-1.5 million are *GBA1* mutation carriers²
- Activity is reduced in non-carriers²

• Gaucher Disease (GD)

- ~125,000 patients with *GBA1* mutation worldwide⁵
- GD type 1 have increased risk of PD⁶
- GD type 2 and 3 are neuronopathic⁷

• Lewy Body Dementia (LBD)

- ~5-8 million patients worldwide³
- 0.15-2.4 millions are *GBA1* mutation carriers⁴
- Activity is reduced in non-carriers⁴

1. [Parkinson's Foundation Statistics](#)

2. Smith L, Schapira AHV. *GBA* Variants and Parkinson Disease: Mechanisms and Treatments. *Cells*. 2022 Apr 8;11(8):1261.

3. [Alzheimer's Disease International. Dementia with Lewy Bodies](#)

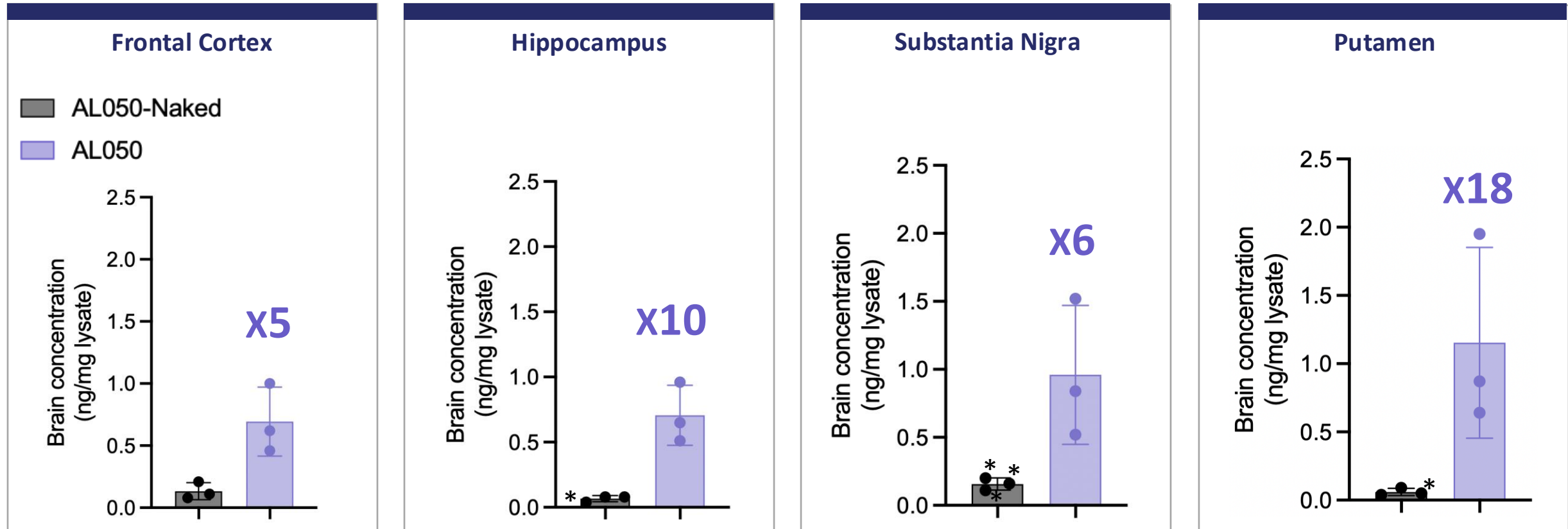
4. Nalls MA, et al. A multicenter study of glucocerebrosidase mutations in dementia with Lewy bodies. *JAMA Neurol*. 2013 Jun;70(6):727 - 35.

5. Meikle PJ, et al. Prevalence of lysosomal storage disorders. *JAMA*. 1999 Jan 20;281(3):249- 54.

6. Bultman G, et al. The risk of Parkinson's disease in type 1 Gaucher disease *J Inher Metab Dis*. 2010 Apr;33(2):167 - 73.

7. [National Gaucher Foundation. Gaucher Disease Types 2 and 3](#)

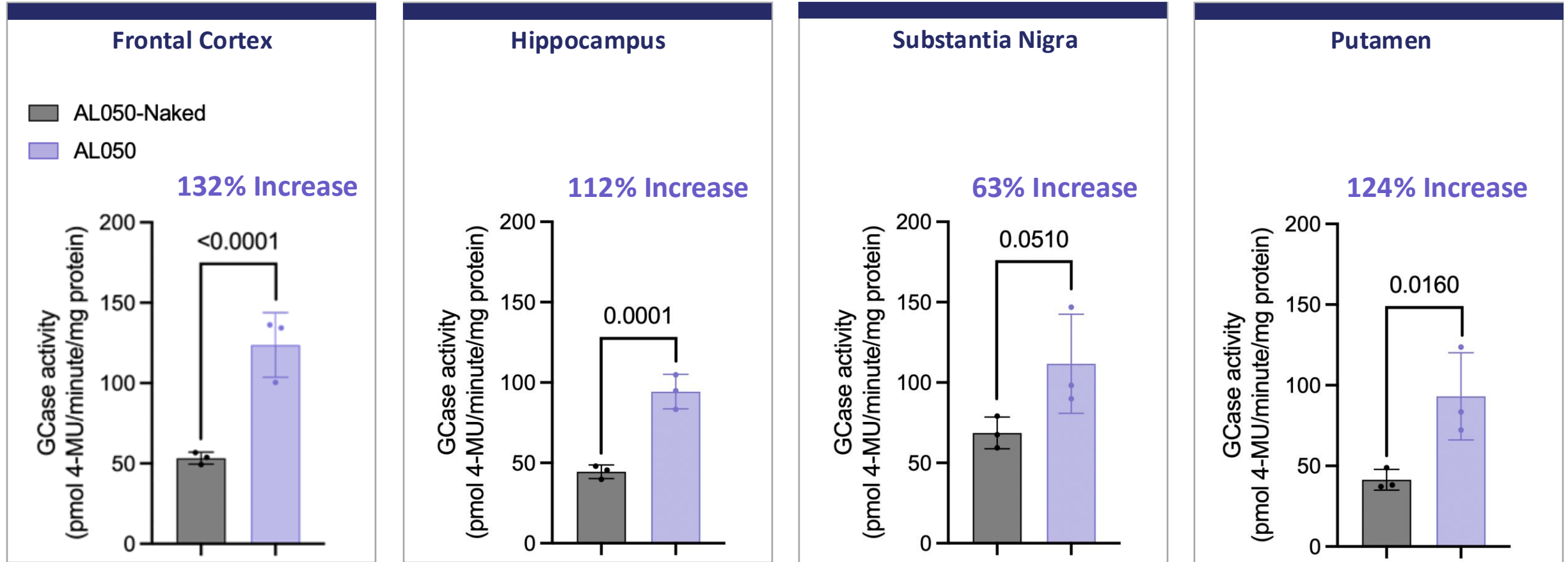
ABC Enhances Brain Delivery of AL050 by 5- to 18-Fold, Over Naked AL050



Three female cynomolgus monkeys per group were dosed intravenously on D1, D8, with 10mg/kg of AL050 or AL050-Naked and were sacrificed at D9. Brain tissues were collected 24 hours after the second injection and drug levels were measured in the vessel-depleted fraction. AL050-Naked = AL050 without ABC platform. Only AL050 and not endogenous GCase is being detected with this assay.

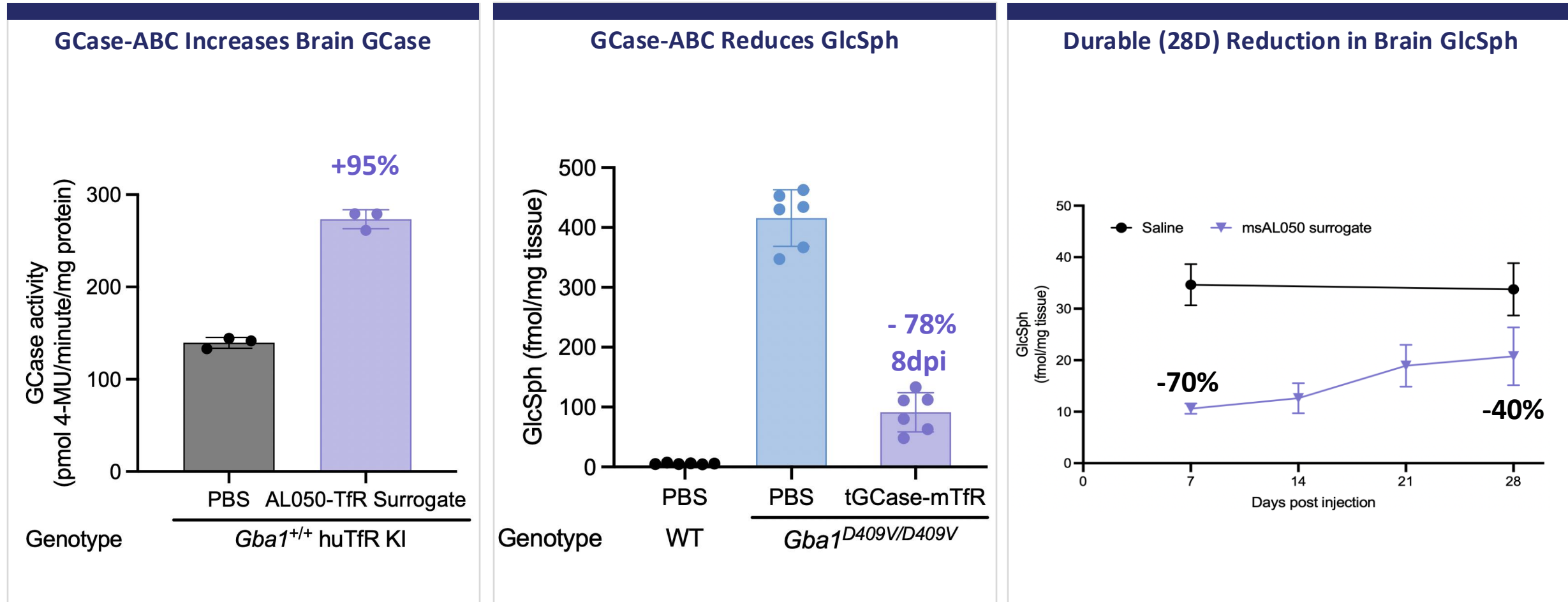
AL050 Increases Brain GCase Activity in NHP by >2 Fold Over Endogenous Levels

Would fully compensate for the less than 50% reduction in GCase activity in PD or LBD



Three NHPs per group were dosed intravenously on D1, 8, with 10mg/kg of AL050 and were sacrificed at D9. GCase enzymatic activity was determined using a 4-MUG kinetic assay (graphs represent the combination of endogenous NHP GCase and AL050 activity). AL050-Naked = AL050 without ABC platform. The enzymatic activity of the Recombinant GCase appears stronger than that of the activity of the endogenous GCase as 27-39% increase in recombinant GCase leads to 63-175% increase in enzymatic activity.

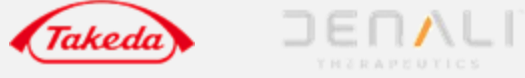
AL050 Surrogate Rescues Brain GCase Activity and Reduces Toxic Substrate Accumulation in the Brain of *Gba1*-Mutant Mice



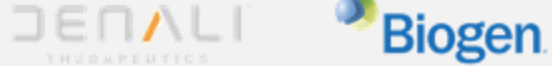
Wild-type or *Gba1*-mutant mice were injected once (left, right) or twice (middle) with PBS, or 10mg/kg AL050-huTfR Surrogate (left), tool GCase-msTfR (middle), or AL050-msTfR Surrogate (right). GCase activity (left) was determined by 4-MUG kinetic assay in vessel-depleted brain lysates. Brain GlcSph concentration (middle, right) was determined by LC-MS/MS.

Value Creation Benchmarks

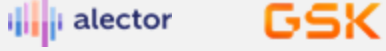
Preclinical

 TfR Brain Shuttle Aβ mAb \$165M upfront, \$1.5B milestones; royalties	 TfR Brain Shuttle Aβ mAb \$100M upfront, \$1.25B milestones; royalties	 TfR Brain Shuttle siRNA & preclinical targets (4 clinical, 3 pre-clinical, 6 TBD) \$825M upfront, ~\$8B milestones; royalties	 TfR Brain Shuttle Tau, Trem2 \$150M upfront, \$1.02B milestones; Profit sharing, co-commercialization
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Phase 1a

 TfR Brain Shuttle Synuclein siRNA \$200M upfront, \$2B milestones; Tiered royalties	 TfR brain Shuttle Aβ mAb \$1.4B M&A	 LRRK2 small molecule & 2 preclinical \$560M upfront, \$465M equity, \$1.125B milestones; 40/60 profit share
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Phase 2

 TfR-conjugated siRNA for peripheral delivery \$12B M&A	 \$700M upfront; \$1.5B milestones; \$160M U.S. launch; \$90M ex-U.S.; 50/50 U.S. profit share; double-digit royalties ex-U.S.
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Platform + Multi-Asset Optionality Creates Asymmetric Strategic Value*



Reproducing the ABC platform would require ~5–7 years, creating a strategic moat



Comparable BBB platforms acquired or encumbered — **future access at premium**



Delay **risks competitors defining next-gen** CNS standards



AL137 (ABC Anti-A β)

Brain-enabled anti-A β ; large AD market; differentiated high-value asset.
Targeting FIH 2027



AL050 (ABC GCase ERT)

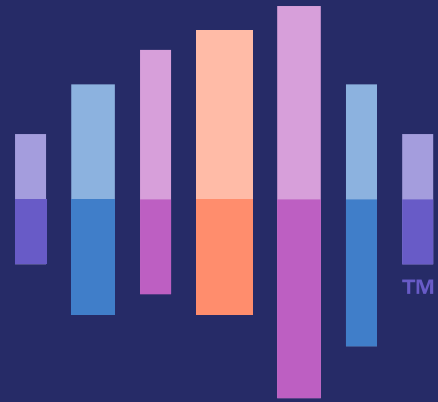
Brain-penetrant GCase; validated biology; high optionality. Continue to evaluate timeline to clinic.



ABC siRNA (Tau & α -Syn)

Large unmet need; disruptive vs. non-BBB approaches. Targeting FIH 2027/8

**Fully Owned Platform and Pipeline;
Rare Opportunity for Transformative Pharma Partnership or Independent Growth**



Thank You