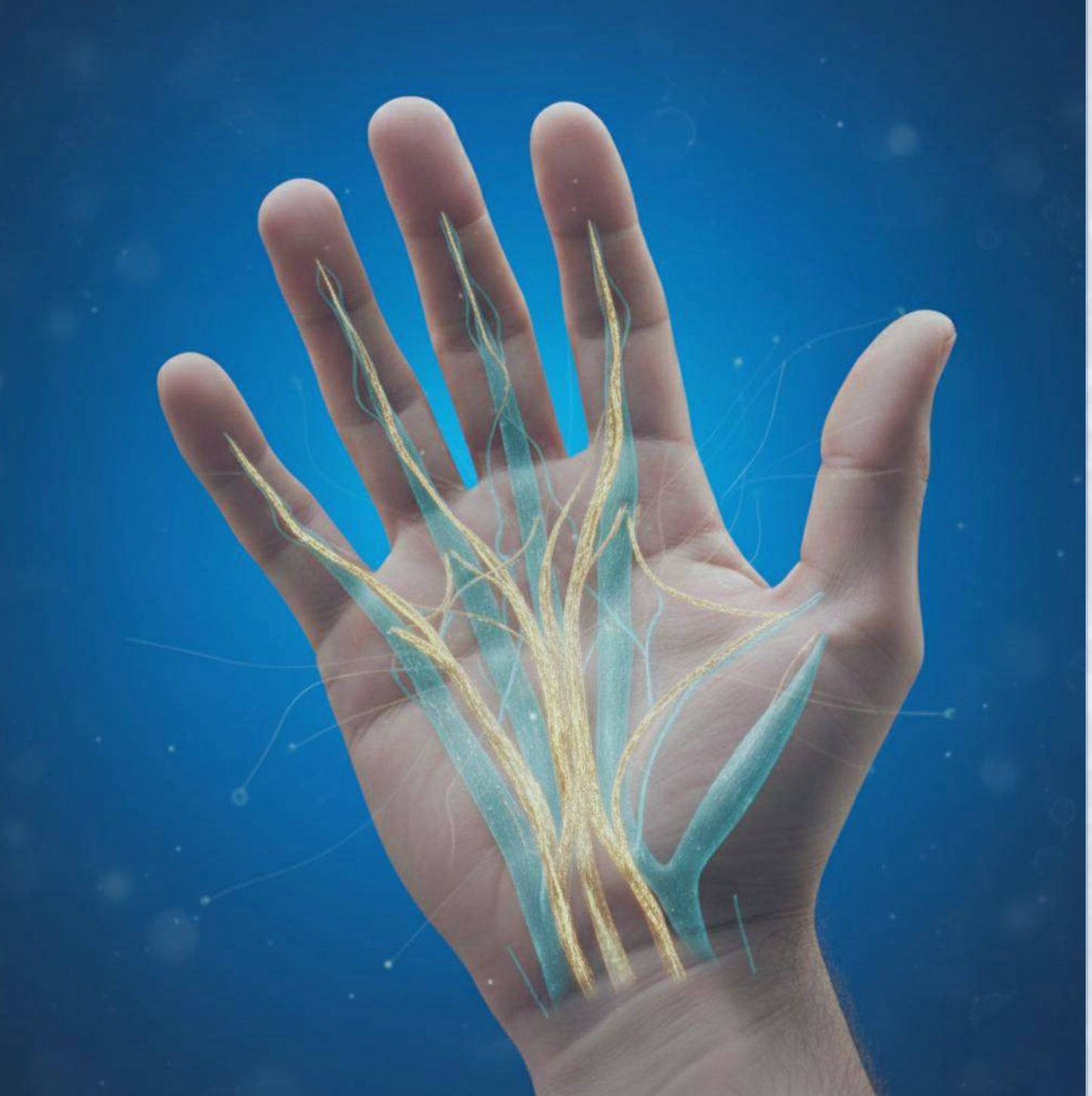

How a Patient-Led Biotech Operationalizes Patient Engagement to Enable Early-Stage Research

Kurt Harrington, MBA
CEO & Chief Patient Officer
Ventoux Biosciences

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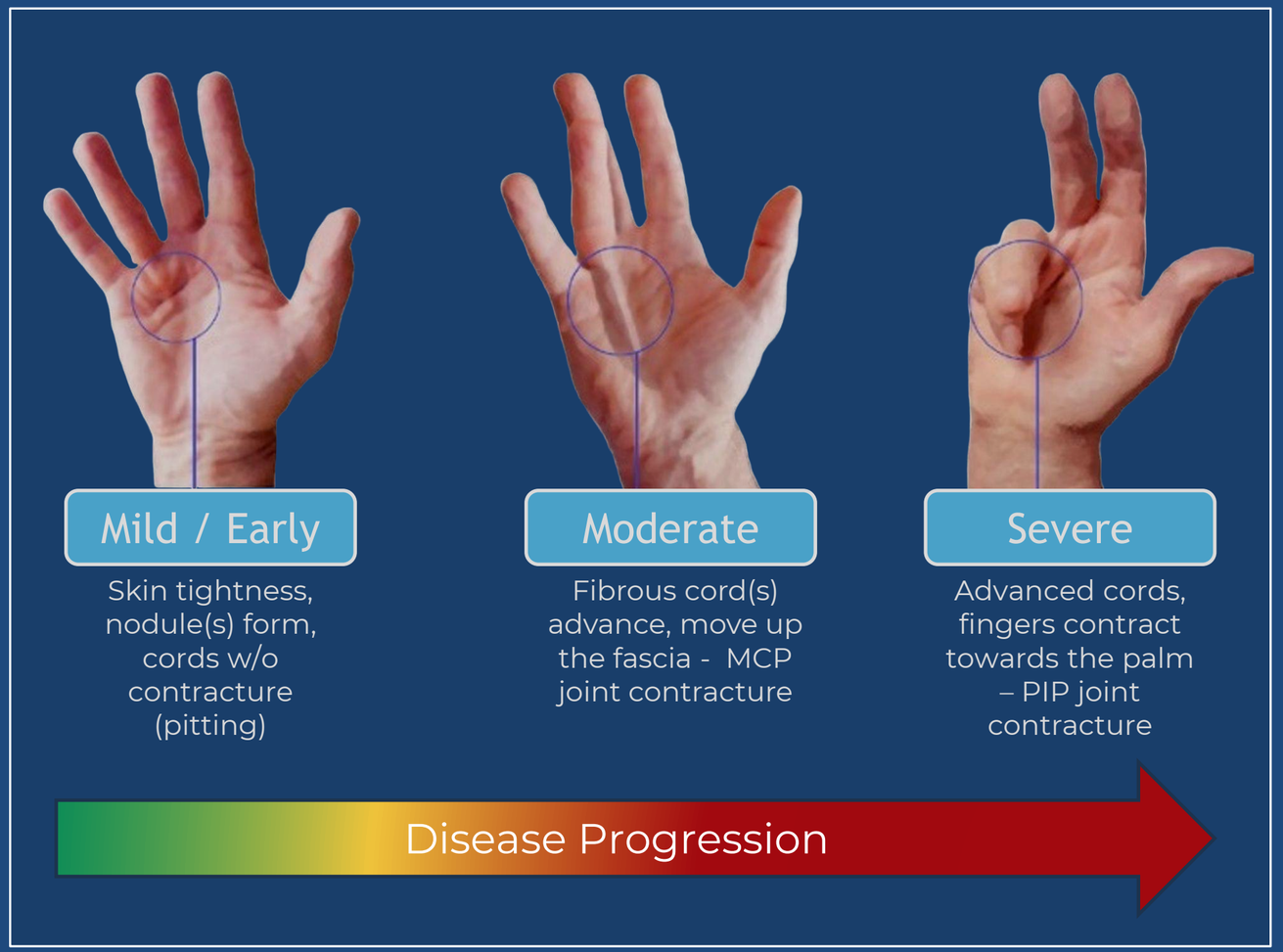
Dupuytren's Disease: A Chronic, Progressive, Immune-Fibrotic Condition With No Cure



Irreversible Finger Contracture and Fibrosis

- Causes permanent bending of finger(s) and limits finger spread, impacting simple tasks like typing

Loss of Hand Function

- Restricts range of motion, daily activities, independence, and work capabilities

Pain, Discomfort, and Emotional Impact

- Includes tenderness, burning sensations, and stress / anxiety tied to potential loss of hand mobility

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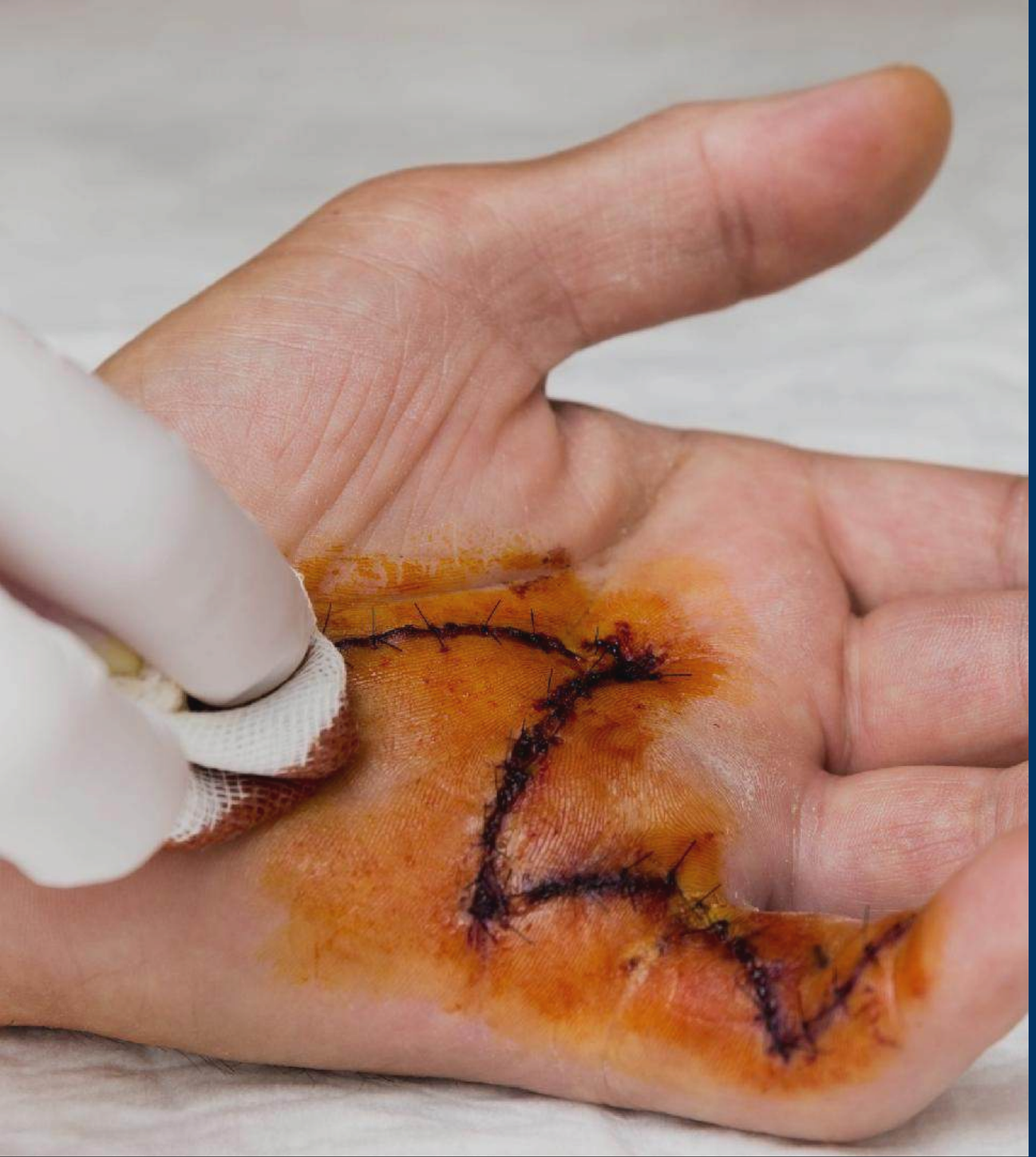

Patients with Dupuytren's Disease have **Inadequate Treatment Options**

No Pharmacologic Options to Slow / Delay Progression of Disease

Surgery is The Treatment Standard

High Disease Recurrence ▲ **85%**[*]

Post-Op Complications ▲ **39%**[†]

Ex. Wound complication, Site Infection, Incisional Scar Pain, Paresthesia, etc.

[*]van Rijssen AL, Ter Linden H, Werker PMN. Five-year results of a randomized clinical trial on treatment in Dupuytren's disease: percutaneous needle fasciotomy versus limited fasciectomy. Plast Reconstr Surg. 2012 Feb;129(2):469-477. [†]K. Surgical Complications associated with fasciectomy for Dupuytren's disease: a 20-year review of the English literature. Eplasty. 2010. Jan 27; 10:e15.

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The Prevalence Paradox: Addressing the Disease-Modifying Void

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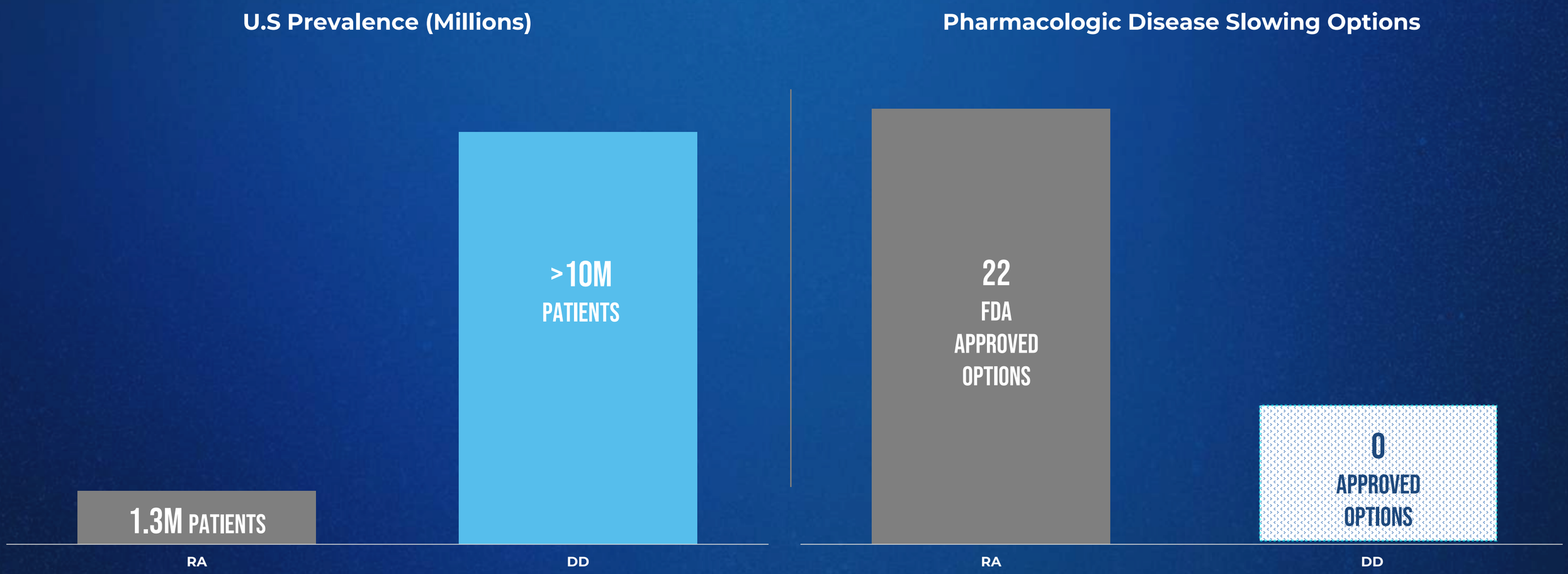

1. Xu Y, Wu Q. Prevalence Trend and Disparities in Rheumatoid Arthritis among US Adults, 2005-2018. J Clin Med. 2021 Jul 26;10(15):3289. doi: 10.3390/jcm10153289. PMID: 34362073; PMCID: PMC8348893. 2. Lanting R, Broekstra DC, Werker PMN, van den Heuvel ER. A systematic review and meta-analysis on the prevalence of Dupuytren disease in the general population of Western countries. Plast Reconstr Surg. 2014 Mar;133(3):593-603. doi: 10.1097/01.prs.0000438455.37604.0f. Erratum in: Plast Reconstr Surg. 2014 May;133(5):1312. PMID: 24263394; PMCID: PMC7121457.

I am one of the millions affected by Dupuytren's

"I started Ventoux Bio to transform treatment for millions of patients worldwide, including my family and future generations"

To-date my father and I have had a combined:

- ✓ **Eleven Hand / Finger Surgeries**:
  - Nine Needle Aponeurotomy (NA) procedures
  - Two open surgeries (Fasciectomy, Garrod)
- ✓ **Thirty treatments of Radiation Therapy (RT)**
  - Three full courses of targeted RT

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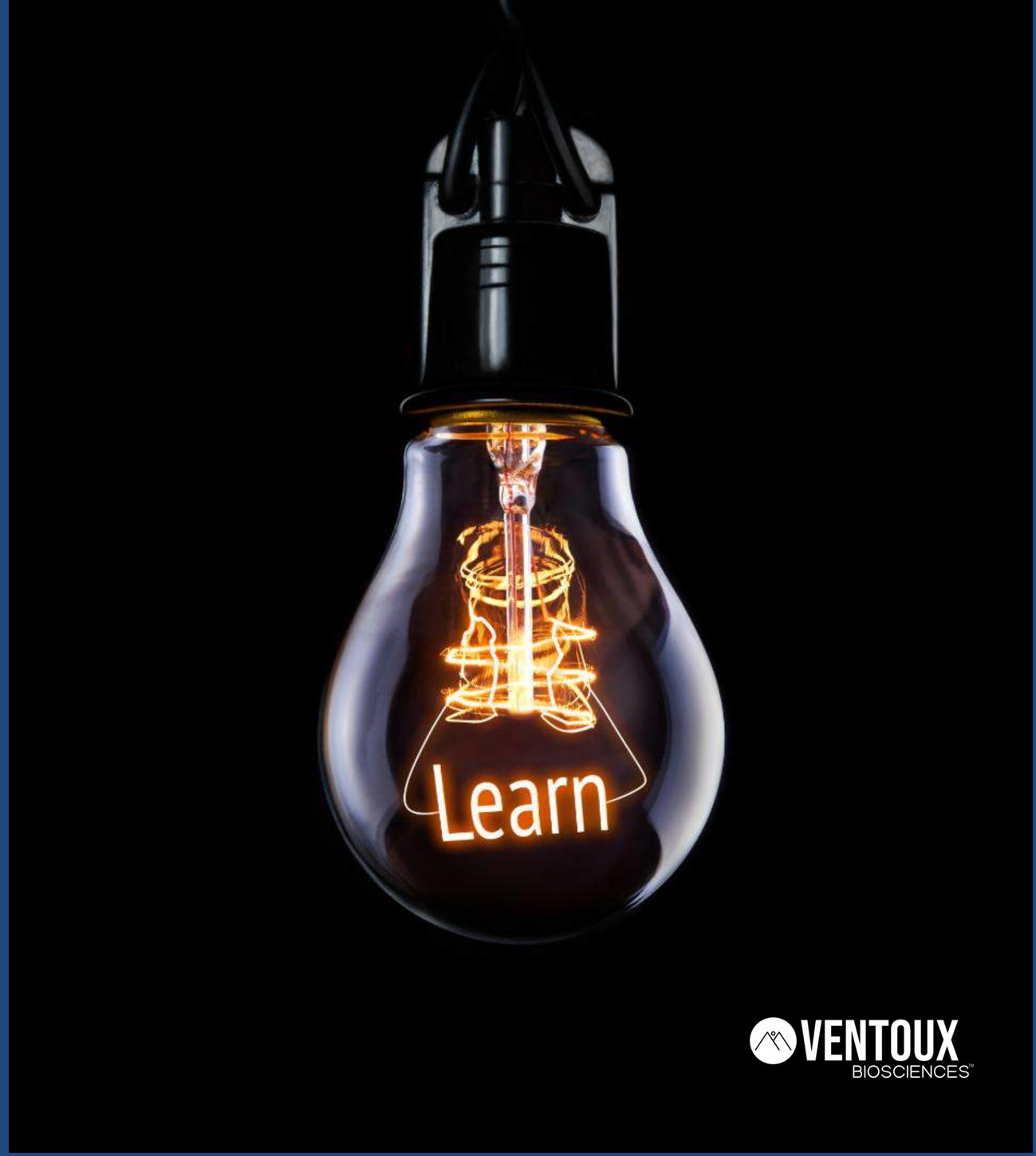
Why Patients Had to Lead the Charge

- Underrepresented disease
  - Little / no advocacy
- Complex disease
  - No established translational animal models
- While prevalent, Dupuytren's knowledge more like a rare / orphan disease
  - High patient familiarity / information / burden
  - No primary treatment(s) thus no primary treaters
- Patients left with late-stage, invasive options

"If the ecosystem doesn't exist, patients must build it"

Phase 1: Building the Patient Ecosystem

- Active Member: Patient groups, online communities
- Observation of lived-experience
- Engagement: KOLs, treatment providers, researchers
- Study: Publications, abstracts, plenary
- Listen: Friends, family, neighbors, patients around the world



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Phase 2: Building the Patient Ecosystem as a Company

Purposeful Engagement to Guide R&D and Product Design

Purposeful Preparation

- Strategic questions defined upfront
- Physical, behavioral, emotional / QoL
- Treatment satisfaction
- Gaps in literature

Insight-Driven Dialogue

- Clinical trial feasibility & patient priorities
- Real-world treatment burden

Product Shaping Input

- Desired attributes for a Disease-Modifying Therapy
- Feedback on delivery & dosing frequency
- Reactions to early product concepts

Insight driven collaboration with patients is foundational to how we approach the business

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Patients Guiding Research & Scientific Decisions

Tangible Impact Across Our Development Program

- **Pre-Clinical Strategy**
  Patient desire for new options; willingness to provide tissue and blood
  Result: Enabled human-tissue ex vivo PoC study and path to FIH

- **Indication Strategy / Phase III Thinking**
  High unmet need and dissatisfaction across stage of disease
  Result: Guided dual-indication plan for VEN-201 XR
  Early to moderate disease modification and Post-op recurrence reduction

- **Target Product Profile / Product Development**
  Strong preference for long-acting XR, HCP administration
  Result: Supports 4x/ year dosing

- **Scientific Credibility & Alignment**
  Leveraging patient insights to raise disease awareness with NIH / NIAMS
  Integrated ”Voice of Patients” into regular meetings and non-dilutive applications

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Strategic Advantages of a Patient-Integrated Development Model

An Approach that Elevates

Better Scientific Alignment

- Human relevant PoC earlier
- Sharpened indication strategy
- Target product profile grounded in real-world use

Stronger External Credibility

- Early NIH / NIAMS engagement
- Voice of Patient, direct communication with Program Officers
- Investor meetings

Faster, Reduced Development Risk

- Potential faster enrollment
- Regulatory strategy and positioning, agency interactions
- Efficient resource utilization

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A Patient-Integrated Model Built for Early-Stage Success

- Patient insights embedded across research, design, and operations
- Human relevant PoC and clearer indication strategy
- Product profile shaped by real world needs and preferences
- Stronger scientific alignment with NIH and non-dilutive pathways
- Earlier trial readiness with increased confidence and reduced risk

Inspired by patients, powered by purpose

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