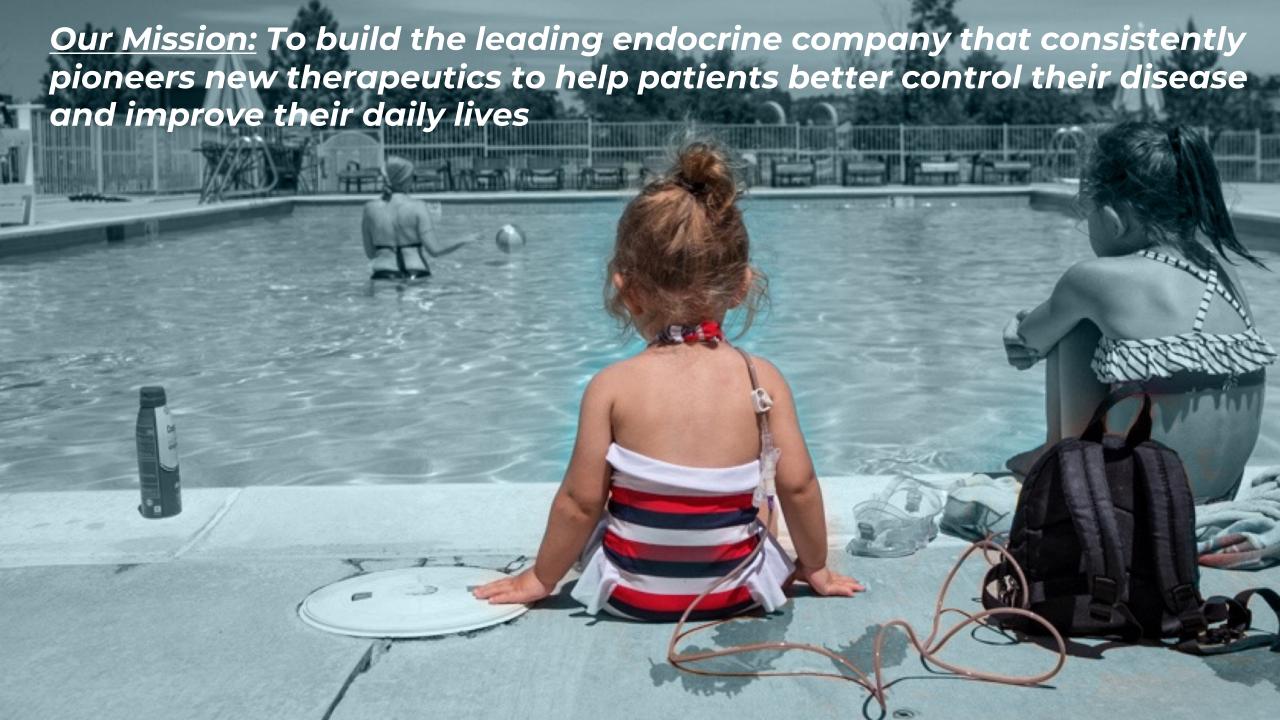


# CRN04777: A SELECTIVE SST5 AGONIST FOR THE TREATMENT OF HYPERINSULINISM

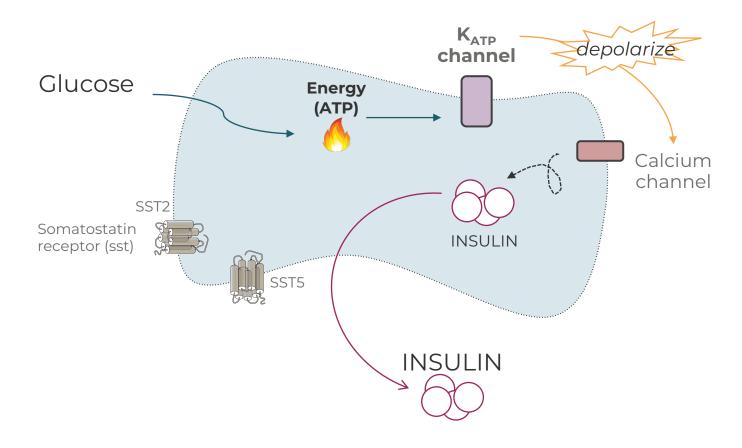
05 June 2021 CHI Family Conference

#### Crinetics: Who We Are & What We Do



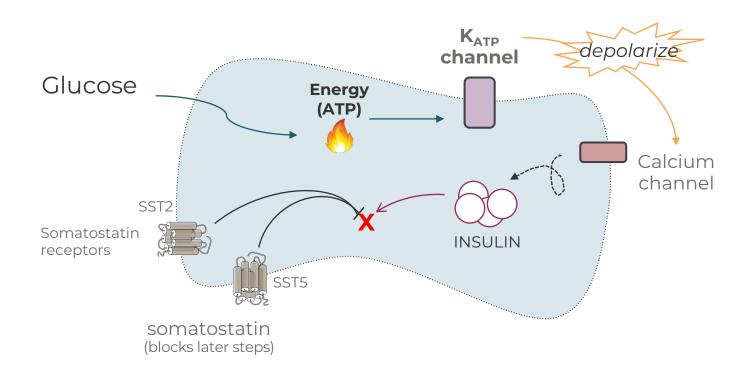


# Insulin Secretion: Inside the pancreatic beta-cell



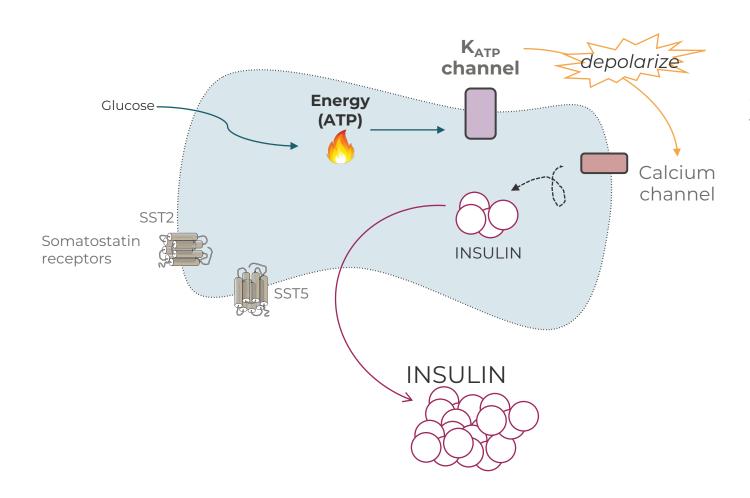
Under normal conditions glucose and insulin are tightly coupled

# Insulin Secretion: Inside the pancreatic beta-cell



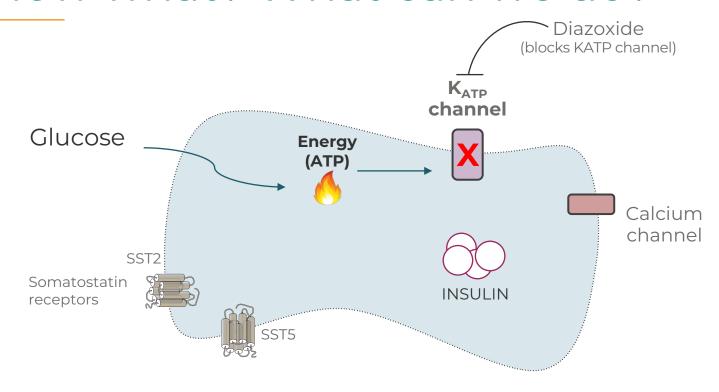
A less well-known hormone called *somatostatin* can turn off insulin secretion at one of the last steps

### Insulin Secretion: What happens in Congenital Hyperinsulinism?



Genetic mutations in Congenital HI, lead to insulin secretion continues even when glucose is low

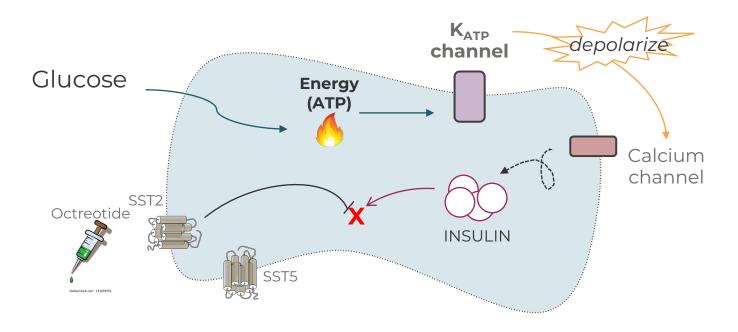
#### Now what? What can we do?



Diazoxide is the only approved drug

- Blocks the KATP channel
- Efficacy dependent on genetic mutation (ineffective in ~50% of patients)
- Even those patients where it works, it's a tough drug to tolerate

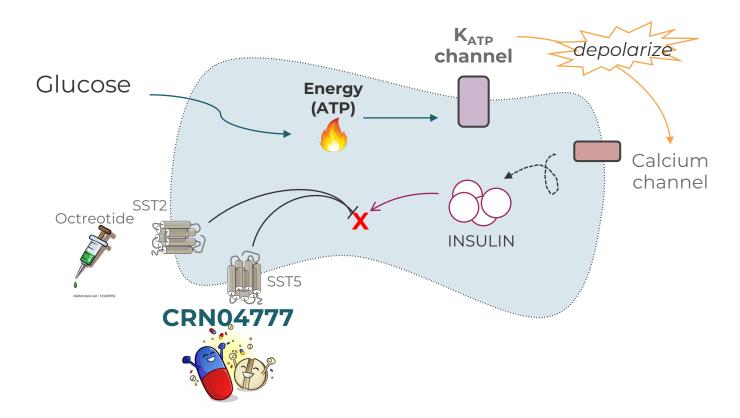
#### Now what? What can we do?



Somatostatin receptor agonists (activates the receptor)

- Blocks later steps of insulin secretion
  - Not genetics dependent
- Octreotide acts on SST2
  - Injectable and not for very young patients
  - May affect glucagon secretion

#### Now what? What can we do?



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CRN04777, an oral therapy, acts on SST5

#### So where are we? What's next?

- CRN04777 has received both US Rare Pediatric Disease and EU Orphan Drug Designations
- CRN04777 is in the middle of a Phase 1 study in healthy adults

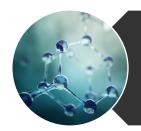
Make sure it's safe!

Make sure it works!

Data soon!!!



# Working together



CRN04777 is growing up and needs a name!





We want to include all CHI families!





Details are coming soon!



Visit <u>www.hyperinsulinisim.com</u> to sign up for notifications

Check us out!



