# MoonLake Immunotherapeutics appoints former Kymab CEO Simon Sturge as Chairman and Spike Loy to the Board of Directors

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- Simon Sturge has a rich and accomplished track record of 40 years in the Biotech and Pharma industry, most recently as CEO of Kymab
- Spike Loy is Managing Director at BVF Partners L.P., one of the early investors in MoonLake Immunotherapeutics AG
- Appointments strengthen the company to drive the development of Sonelokimab, a potentially best-in-class Tri-specific Nanobody®[1] for the treatment of multiple skin and joint diseases driven by IL-17A and F

**ZUG, Switzerland,** August 10, 2021 – MoonLake Immunotherapeutics AG, a clinical-stage biotechnology company focused on creating next-level therapies for inflammatory skin and joint diseases, today announced the appointment of Mr. Sturge as Chairman. He has 40 years of international leadership experience in the biotechnology and pharmaceutical industry. Most recently, he was Chief Executive Officer of Kymab, a clinical-stage biopharmaceutical company developing fully human monoclonal antibodies with a focus on immunologic disease and immune-oncology, and was instrumental in its sale to Sanofi in early 2021. Previously, Mr. Sturge served as Chief Operating Officer for Merck Healthcare, a division of Merck KGaA. He has also held roles at Boehringer Ingelheim, Celltech Biologics and Ribotargets.

**Simon Sturge commented:** *"I am incredibly excited to join the Board of MoonLake Immunotherapeutics, with the opportunity to make a highly innovative new modality treatment available to patients suffering from a range of debilitating inflammatory skin and joint diseases. It is a privilege to support a first-class leadership team of immunology specialists in my role as Chairman. I hope and intend to help guide MoonLake through a period of intense activity, leveraging my extensive Biotech experience and understanding of what it takes to successfully bring an immunology asset forward."*

MoonLake also announced that Spike Loy, Managing Director of BVF Partners L.P. ("BVF") has been appointed a Member of the Board of Directors. Mr. Loy has been a member of BVF's investment team since 2009. He holds a BA in Human Biology from Stanford University and a JD from Harvard Law School.

**Spike Loy commented:** *"BVF is a founding investor in MoonLake Immunotherapeutics, and it is our aim to help ensure that Sonelokimab achieves its full potential in a range of diseases where there is substantial need for new treatment options. I am excited to support the expert team at MoonLake in my role as Board member and investor."*

MoonLake Immunotherapeutics AG was founded in 2021, backed by a Series A financing led by BVF Partners L.P. Other shareholders include Merck KGaA, Darmstadt, Germany. The Company intends to accelerate the clinical development of Sonelokimab, an investigational IL-17A/IL-17F inhibitor, in several diseases in which over-expression of the cytokines IL-17A and IL-17F is a major driver of the pathophysiology. Sonelokimab has an albumin binding site, which has the potential to facilitate deep tissue penetration in the skin and joints1.The group of IL-17A/F Inflammatory Diseases (AFIDs) includes psoriatic arthritis, radiographic axial spondylo-arthritis (ankylosing spondylitis), and hidradenitis suppurativa - conditions affecting large numbers of patients worldwide with a major need for improved treatment options. Multiple Phase 2 trials are expected to be launched soon.

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**Notes to Editors**

### About AFID (Il17A/F Inflammatory Diseases)

AFID is a novel concept aiming to classify inflammatory diseases in which over-expression of the cytokines IL-17A and IL-17F is a major driver of the pathophysiology. High numbers of patients are suffering from AFIDs[3] and there are limited treatment options for high-level clinical improvement. AFIDs include:

- Psoriatic arthritis (PsA) (prevalence: ~0.5% and ~20% of patients with psoriasis); up to 40% of patients with PsA have axial disease
- Ankylosing spondylitis (AS, r-axSpa; prevalence: ~0.3%)
- Hidradenitis suppurativa (HS) (prevalence: ~1%); currently underdiagnosed/undertreated with limited effective treatment options available
- Psoriasis (prevalence: ~3%); more than 1/3 of patients living with psoriasis have psoriatic arthritis or other persistent

manifestations, such as nail disease

**About Nanobodies®[1] (single-domain antibodies)**

A single-domain antibody (sdAb), also known as a Nanobody®, is an antibody fragment consisting of a single monomeric variable antibody domain. Like antibodies, Nanobodies® are able to bind selectively to a specific antigen with high affinity.

Whole antibodies are composed of two immunoglobulin heavy chains and two light chains. The first single-domain antibodies were engineered from heavy-chain only antibodies to create an antibody fragment – a Nanobody®. Nanobodies® have the same or higher affinity and specificity compared to traditional antibodies yet have approximately 1/10th of the molecular weight. They offer a number of potential advantages including an easier manufacturing process, a higher thermostability, and the potential to create multivalent molecules with enhanced ability to penetrate inflamed tissue, especially when containing an additional albumin binding domain such as Sonelokimab[2]

**About MoonLake Immunotherapeutics**

MoonLake Immunotherapeutics AG, founded in 2021, is a clinical-stage biopharmaceutical company leveraging Nanobody® technology to develop next-level medicines for severe immunologic diseases. MoonLake Immunotherapeutics has a portfolio of therapeutic programs based on Sonelokimab (M1095/ALX-0761), a biologic molecule with the potential to create next level therapies for patients with inflammatory skin and joint diseases.

1) The terms Nanobody® and Nanobodies® are trademarks of Ablynx, a Sanofi company.
2) Coppieters K et al., Arthritis Rheum 54, 1856-66 (2006)
3) Sources for prevalences: Nguyen et al. J Eur Acad Dermatol Venereol. 2021;Ingram. Br J Dermatol. 2020; Scotti et al. Semin Arthritis Rheum. 2018; Ogdie et al. Rheumatology (Oxford). 2013; Tekin et al. J Rheumatol. 2019; Alinaghi et al. J Am Acad Dermatol. 2019; Reich et al. Br J Dermatol. 2009; Gelfand et al. Arch Dermatol. 2005; Augustin et al. Acta Derm Venereol. 2010; Stolwijk et al. Arthritis Care Res. 2016; Dean et al. Rheumatology. 2014