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sosei HEPTARES

Building Japan's Next Commercial Biotech

41st Annual J.P. Morgan Healthcare Conference

January 2023 | Sosei Group Corporation (TSE:4565)

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References to "FY" in this presentation for periods prior to 1 January 2018 are to the 12-month periods commencing in each case on April 1 of the year indicated and ending on March 31 of the following year, and the 9 month period from April 1 2017 to December 31 2017. From January 1 2018 the Company changed its fiscal year to the 12-month period commencing in each case on January 1. References to "FY" in this presentation should be construed accordingly.

From humble beginnings…

1990s

1990 - Founded by current Chairman, **Shinichi Tamura**

1992 - ¥100m **Series A** financing

1994 - ¥400m **Series B** financing

2004

IPO on Tokyo Stock Exchange Mothers (TSE:4565), raising over ¥11bn

2005

Acquisition of **Arakis**, adding respiratory assets out-licensed to Novartis and launched in 2012

2015

Acquisition of **Heptares Therapeutics**, adding a highly productive drug discovery platform

TODAY

40+ programs across multiple therapeutic areas

20+ partnerships with world leading pharma companies and emerging tech disruptors

…to one of Japan's most innovative **science-led** biotech businesses

Proprietary StaR® membrane protein stabilization technology

Structure-based drug discovery platform, translational medicine and early clinical development capabilities in the UK

Japanese clinical development expertise

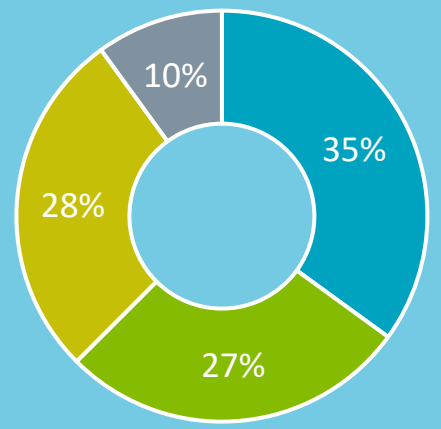
Listed on Tokyo Stock Exchange (4565-JP) with ~$500m cash

200+	20+	$950M+	500+	25+
EMPLOYEES WORLDWIDE	WORLD-LEADING PARTNERS	PARTNER REV. RECEIVED TO DATE[1]	GLOBAL PATENTS	PRECLINICAL CANDIDATES

EVOLVING WITH A SPECIALIST THERAPEUTIC FOCUS

Advancing a broad and deep pipeline of **40 partnered and in-house programs** across multiple therapeutic areas:

- Neurology
- Immunology
- Gastroenterology
- Other



[1] Includes upfront and milestone payments, royalties and R&D funding received from active, inactive and completed partnerships from 2005 to 2022.

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Diversification of a big pharma, catalyst rich upside of a biotech

	DISCOVERY	PRECLINICAL AND PHASE 1	PHASE 2
SELECTED PARTNERED	10+ PROGRAMS Genentech – A Member of the Roche Group Takeda Lilly abbvie	*2x programs* – NEUROCRINE BIOSCIENCES *2x programs* – Pfizer *1x program* – sanofi *1x program* – GSK	GLP-1 Ag ✓ – Pfizer M4 Ag ✓ – NEUROCRINE BIOSCIENCES
SELECTED IN-HOUSE	10+ PROGRAMS	EP4 Ant ✓ – sosei HEPTARES / CANCER RESEARCH UK GPR52 Ag ✓ – sosei HEPTARES EP4 Ag ✓ – sosei HEPTARES *+ Multiple others* – sosei HEPTARES	

✓ To be discussed today

As a result of our strong focus on alliances, we have received **$950+ million** to date[1] and are eligible to receive **$5.6+ billion** total payments in the future[2]

[1] Includes upfront and milestone payments, royalties and R&D funding received from active, inactive and completed partnerships from 2005 to 2022.
[2] Includes development and commercial milestone payments from active partnerships as of 1 January 2023. Excludes royalties and R&D funding.

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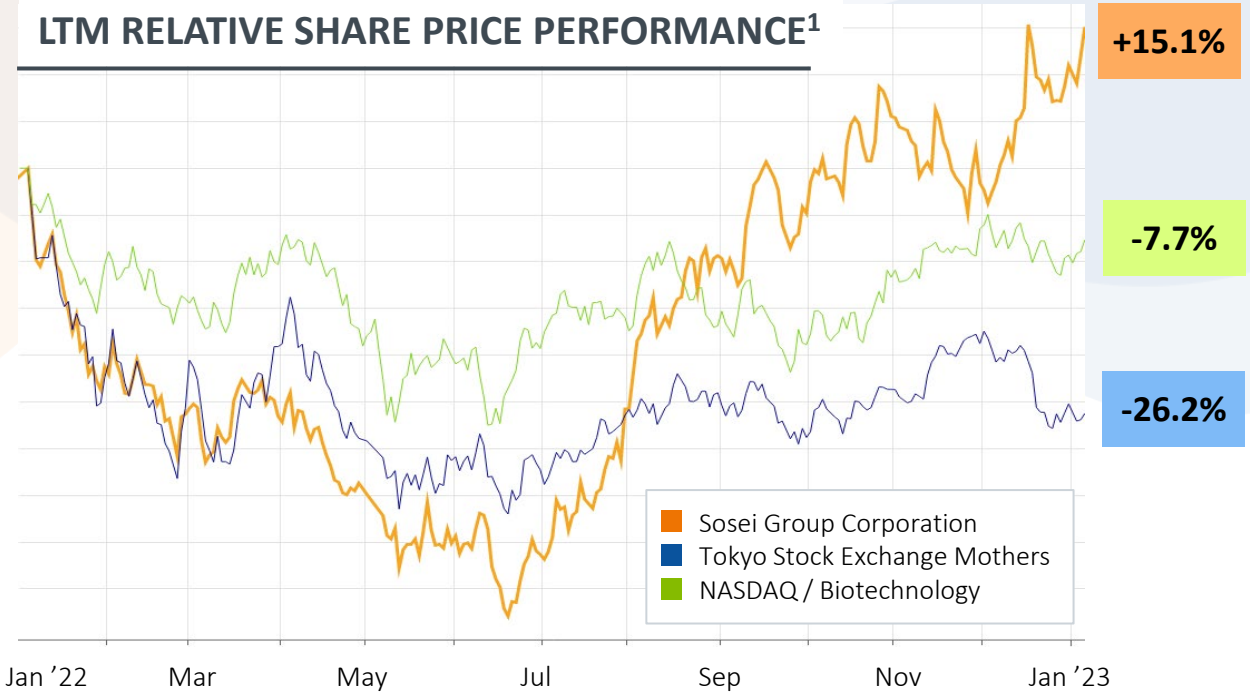
A differentiated business model that delivers

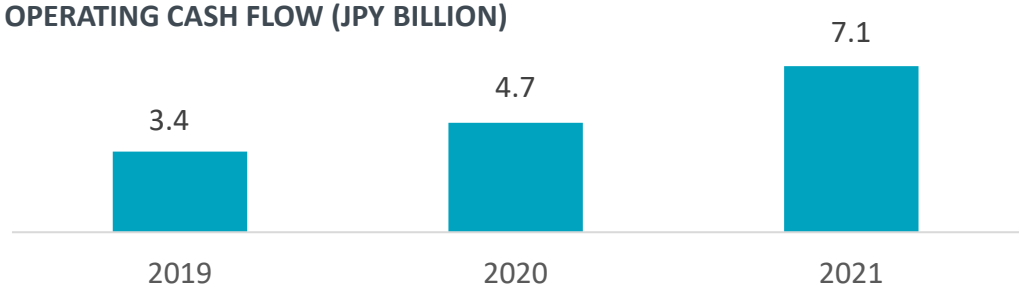
2022 MILESTONES

- New collaboration with **Cancer Research UK** for cancer immunotherapy
- New multi-target collaboration with **AbbVie** for neurology diseases
- M4 Ag Phase 2 IND acceptance by **Neurocrine Biosciences** for schizophrenia
- New multi-target collaboration with **Lilly** for diabetes and metabolic diseases
- GLP-1 Agonist Phase 2 clinical trial start by **Pfizer** for type 2 diabetes and obesity

LTM RELATIVE SHARE PRICE PERFORMANCE[1]

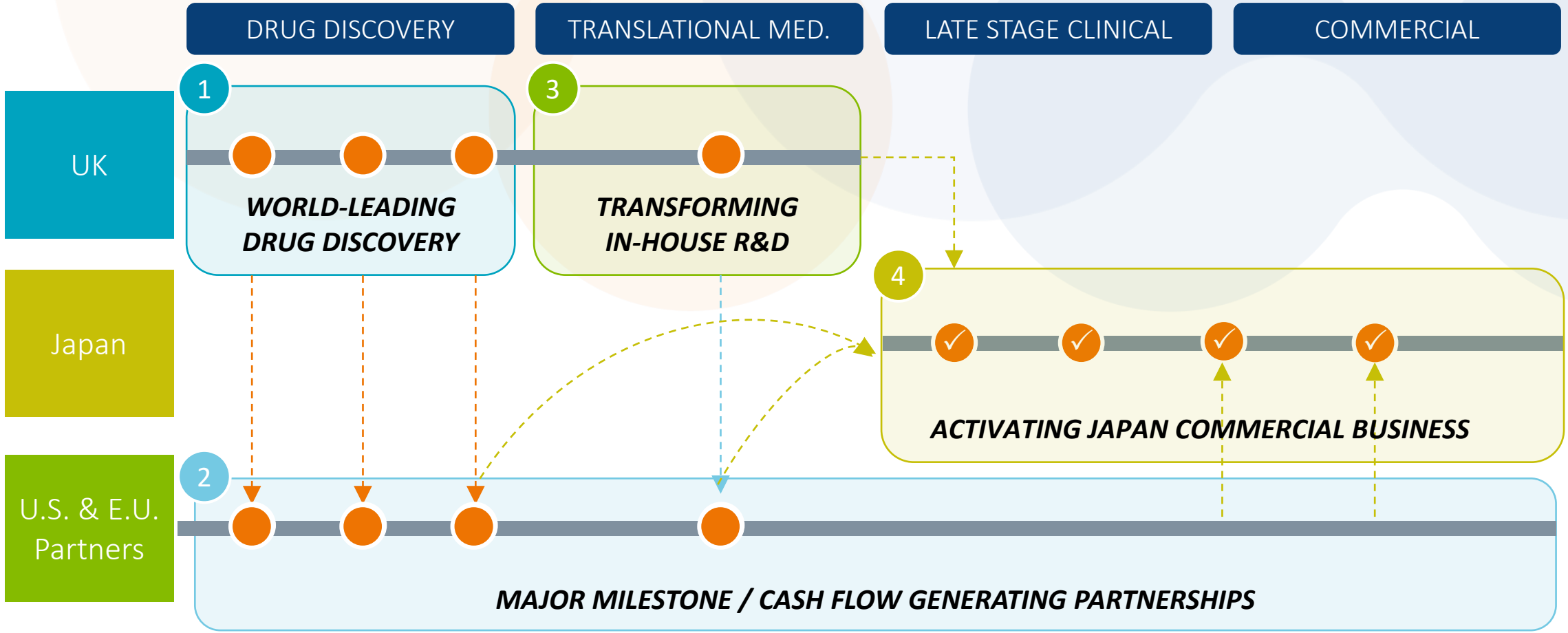


OPERATING CASH FLOW (JPY BILLION)



Source: [1] FactSet as of 6 January 2023

Clear strategy to drive the business forward



World-leading science. Life changing medicines

1 Why GPCRs? The ‘second golden age’ of GPCR discovery is here

~400
GPCR targets active in diseases[2]

~34%
of FDA approvals target GPCRs[1]

27%
of global sales are GPCR drugs[1]

- NEUROLOGICAL DISORDERS
- GASTROINTESTINAL DISEASES
- IMMUNOLOGY/ONCOLOGY
- METABOLIC DISORDERS
- CARDIOVASCULAR
- RESPIRATORY

> **Septerna emerges with $100M to spark 'second golden age' of prolific drug target GPCR with pioneer as co-founder**
> By Kyle LaHucik · Jan 27, 2022 07:00am
>
> **Tectonic Therapeutic banks $80M to shift GPCR drug discovery toward biologics**
> By Amirah Al Idrus · Apr 15, 2021 07:00am
>
> **With $255M antibody biotech buy, AbbVie spies opportunity to take on tricky GPCRs**
> By James Waldron · Oct 20, 2022 12:40pm

GPCRs are active in a wide range of disease areas, and offer broad therapeutic potential

GPCR research has led to more than 700 approved drugs over previous decades and is still ripe for development[3]

Sources: [1] “Unexplored opportunities in the druggable human genome”, Nature Reviews, 2016 ; [2] “Trends in GPCR in Drug Discovery – new agents, targets and indications”, Nature Reviews, 2017; [3] “Septerna emerges with $100m to spark second golden age of prolific drug target GPCR with pioneer as co-founder” by Kyle LaHucik via Fierce Biotech, Jan 27 2022;

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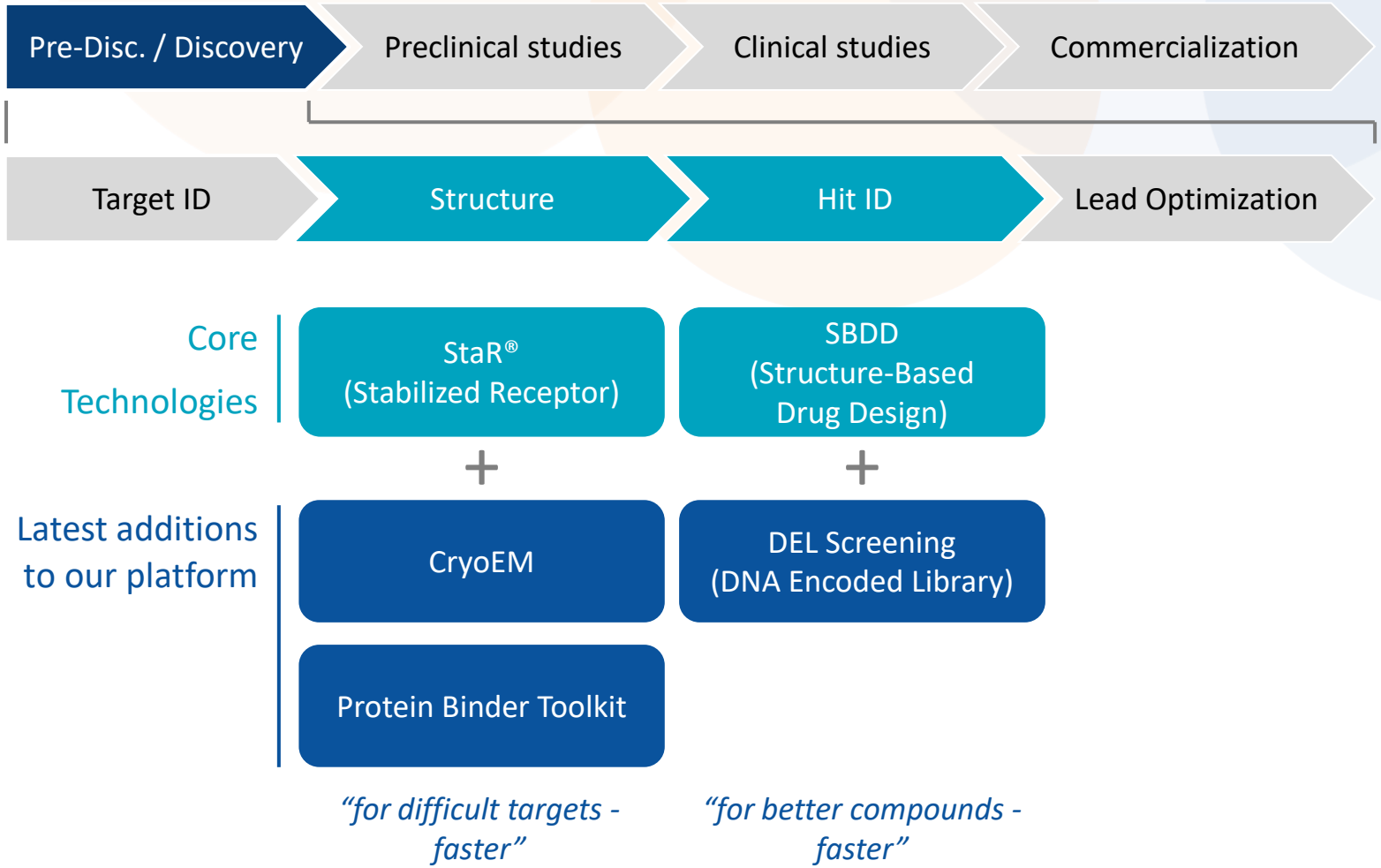
1 World-leaders choose our platform to prosecute complex GPCRs



Multi-target Discovery Collaborations

	Total Potential Milestones[1]
Pfizer	$1.8bn
Genentech A Member of the Roche Group	$1.0bn
Takeda	$1.2bn
abbvie	$1.2bn
Lilly	$730m

[1]Potential option fees, development, regulatory and commercial milestone payments at time of signing. Sosei Heptares is also eligible to receive tiered royalties ranging from high single digit to mid-teen percentage on future net sales of any products developed under the partnerships

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2 Clinical stage partnerships (Muscarinic Programs)

Phase II initiated ‘22

Neurocrine Biosciences Advancing Muscarinic Portfolio

Clinical studies, include:

- **Initiated Phase 2 placebo-controlled study** of NBI-1117568*, a selective M4 agonist, as a potential treatment for schizophrenia
  - ✓ NBI-1117568 offers the potential for an improved safety profile:
    - ❑ Without the need of combination therapy to minimize side effects
    - ❑ Avoids the need of cooperativity with acetylcholine when compared to non-selective muscarinic agonists and positive allosteric modulators in development
- **Phase 1 study** of a dual M1 / M4 agonist in 2023
- **Phase 1 study** of a selective M1 agonist in 2023

NEUROCRINE BIOSCIENCES

*In-licensed from Sosei Heptares. NBI-1117568 is investigational and not approved in any country

Sosei Heptares received **$100m upfront, +$30m @ Ph 2**

Sosei Heptares to receive **ongoing R&D funding** and **up to $2.6bn** in potential development, regulatory and commercial milestones, plus **tiered double digit percentage royalties** on net sales

Sosei Heptares **retains rights to develop all M1 agonists in Japan in all indications**, with NBIX receiving co-development and profit share options

Developing novel muscarinic receptor agonists for schizophrenia and other neuropsychiatric disorders

Source: Neurocrine Biosciences Announces Conference Call and Webcast of Third Quarter 2022 Financial Results
https://www.neurocrine.com/assets/2022/12/NBIX-Q3-2022-Earnings-Presentation-Final-10.31.22-1.pdf

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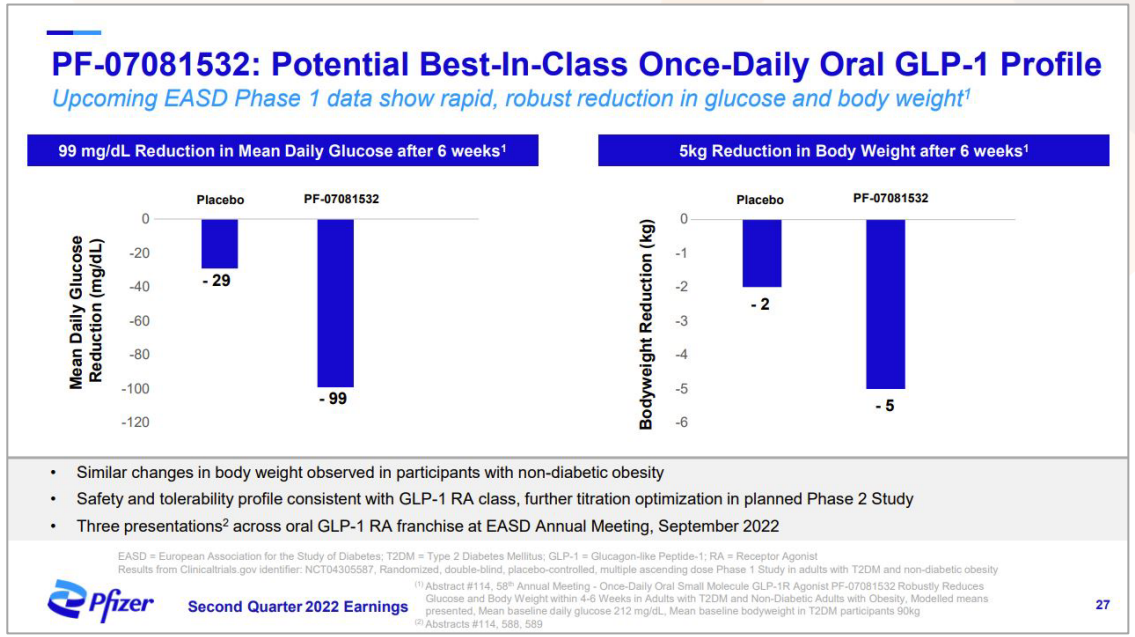
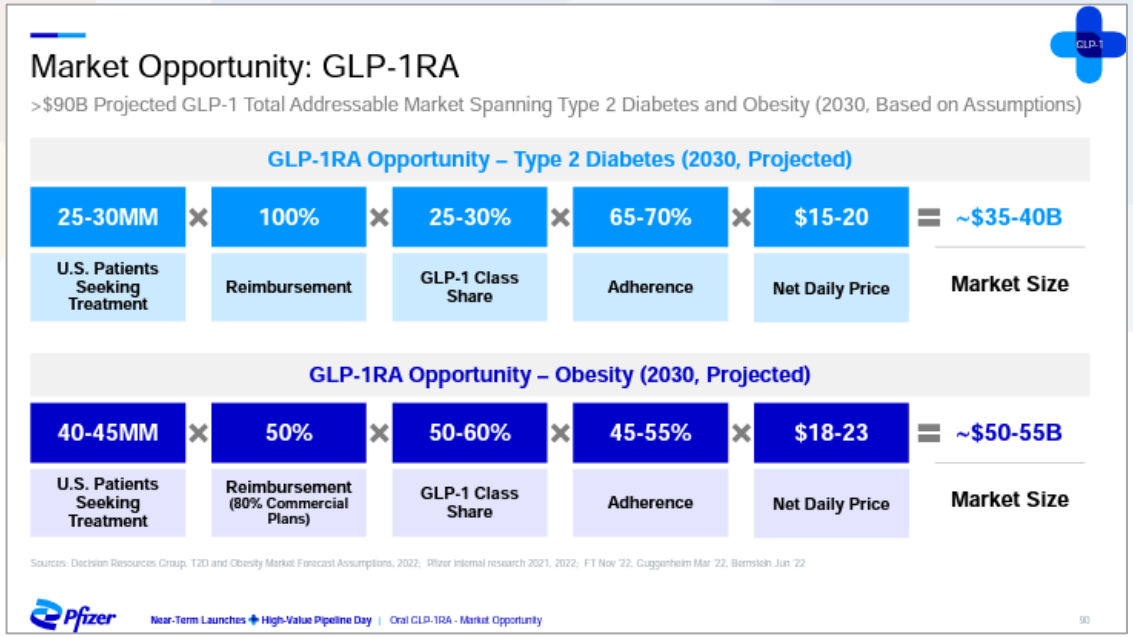
2 Clinical stage partnerships (Pfizer GLP-1 agonist for T2D and Obesity)

Phase II initiated '22





Orals projected to capture **~30%** of GLP-1 market by 2032 due to strong patient preference
>60% of patients prefer BID oral vs. QW injections

$25B GLP-1 market currently growing at **+30%** per year, projected to reach **~$90B** by 2030

Well-positioned to compete on efficacy, tolerability and simplicity of administration vs. other oral therapies

Source: Pfizer Quarterly Corporate Performance – Second Quarter 2022 presentation
https://s28.q4cdn.com/781576035/files/doc_financials/2022/q2/Q2-2022-Earnings-Charts-FINAL.pdf

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3 Doing R&D differently to enhance productivity, value and success

TARGET BIOLOGY
- Entrench target biology to understand disease processes
- Define robust and testable hypothesis

TRANSLATIONAL MEDICINE
- Fully integrated preclinical and clinical capabilities
- Lean, fit-for-purpose, and best practice

PROGRAM CENTRIC
- Empowered and aligned program teams
- Accountable for finance, risk, plannings
- Functions exist to provide support

QUICK WIN / FAST FAIL
- Shift program attrition to earlier, cheaper phase
- Faster attrition drives reinvestment in R&D “sweet spot”

Higher quality candidates, faster and more cost-effectively

Larger late-stage partnering deals in attractive areas of clear unmet need

Deeper in-house pipeline, and pathway for Japan clinical development

Complementing our world-leading science with operational best practice to increase efficiency, PoS, & ROI

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3 Multiple wholly-owned assets to begin clinical studies next 12 months

	Immunosuppression in solid tumors	Schizophrenia and Psychosis	Inflammatory Bowel Disease
Indication and target	EP4 antagonist	GPR52 agonist	EP4 agonist
Target Product Profile	• Once daily oral small molecule • To be used in combo with checkpoint inhibitors • Collaboration with Cancer Research UK	• Once daily oral small molecule • 24hr target engagement	• Oral GI restricted • Good potency and selectivity • Minimal GI systemic exposure
Clinical start target	H1 2023 CANCER RESEARCH UK	H1 2023	H2 2023

4 Huge opportunity to create a disruptive pharma business in Japan

Second largest pharma market (excl. China)

Large, ageing population

Universal health care system

FOCUS: underserved, specialty TA/DAs

ADOPT: lean, rational development and commercial model

BUILD: Japan as lynchpin market, APAC for expansion

Stable, pro-innovation market

Relatively weak incumbents

Attractive market for disruptors

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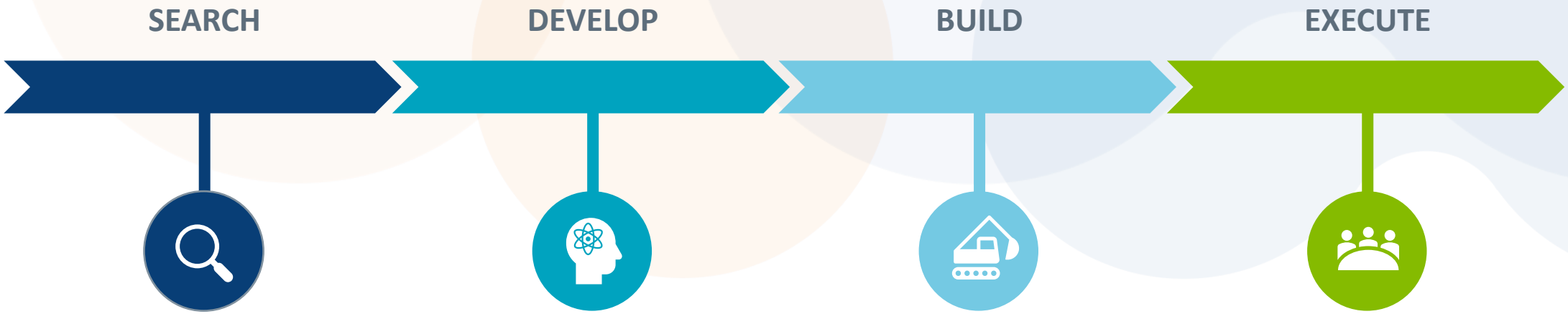
4 Our plan for Japan



Target product opportunities in selected therapeutic areas

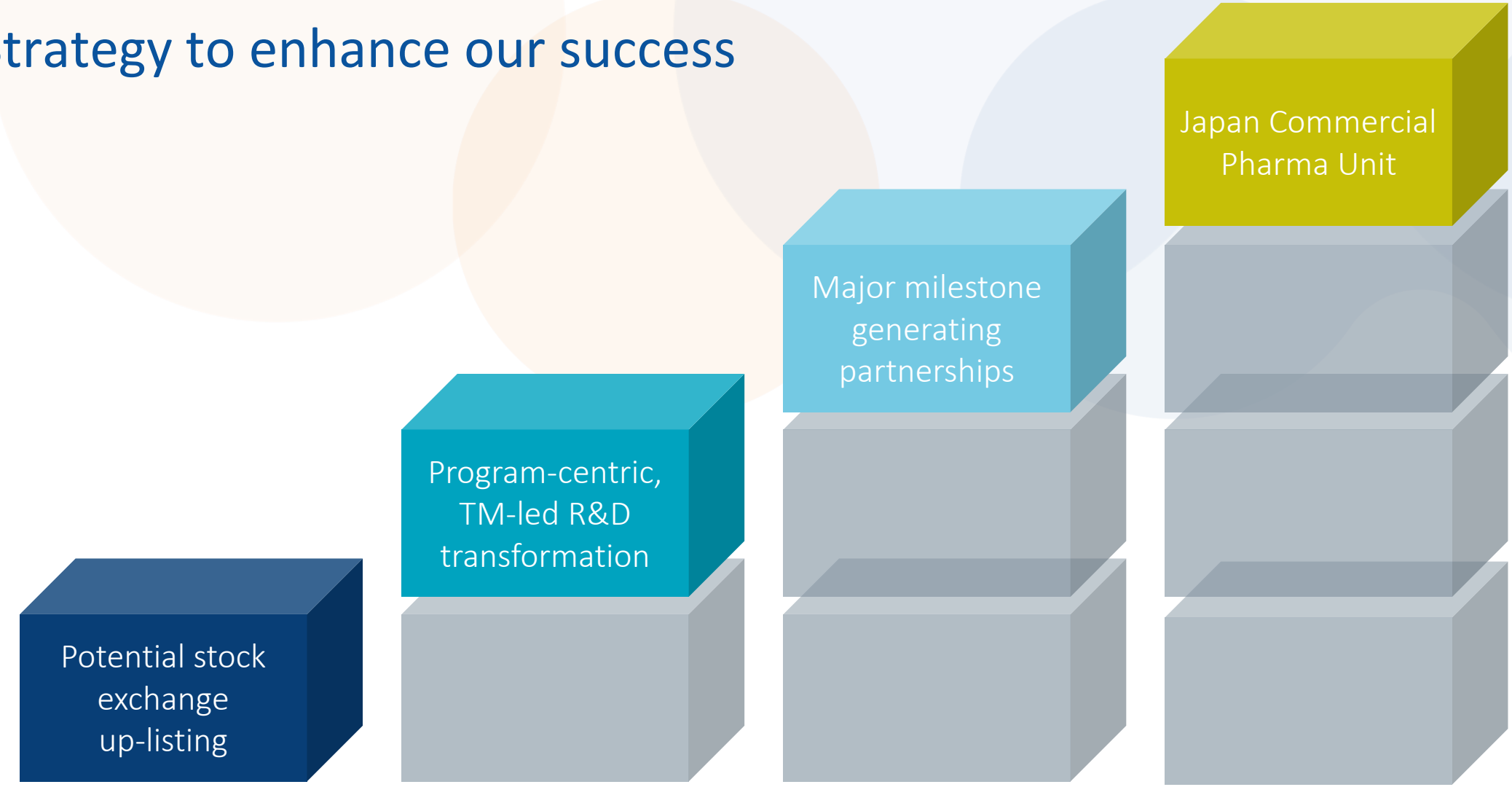
Mix of in-licensing and organic development

Build scale via virtual R&D model

Expert team to navigate clinical, regulatory and commercial

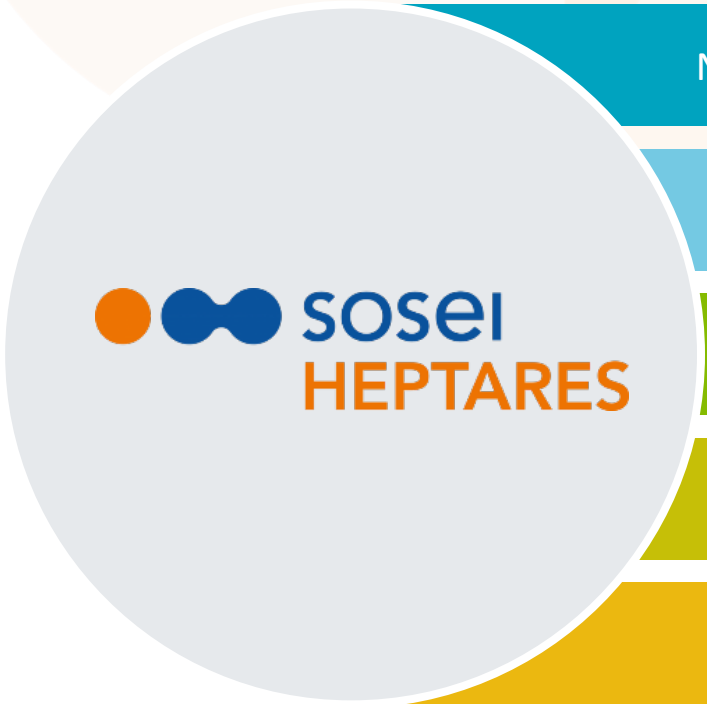
Over $500 million capital available to in-license approved and/or post POC assets from pharma / biotech originators

Strategy to enhance our success



Key initiatives over the next 3 years aimed at increasing corporate value

Our 2030 vision



Novel medicines on the market globally, through our collaborations with partners

Commercial business in Japan, based on in-licensed and in time, own products

Broad, deep and sustainable pipeline of programs with significant potential

Rapidly growing sales, cash flow and profits

Leading biotech in Japan driving innovative medicines to patients

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Appendix 1

Additional information

Board and Leadership team

Board of Directors

Shinichi Tamura
Chairman of the Board

Chris Cargill
Representative Executive Officer, President and CEO

Tomohiro Toyama
External Independent Director

Miwa Seki
External Independent Director

Kuniaki Kaga
External Independent Director

Dr. David Roblin
External Independent Director

Noriaki Nagai
External Independent Director

Rolf Soderstrom
External Independent Director

Executive Management

Chris Cargill
Representative Executive Officer, President and CEO

Hironoshin Nomura
Chief Financial Officer

Dr. Matt Barnes
President, Heptares Therapeutics, Head of UK R&D

Tadayoshi Yasui
Representative Director President, Sosei Co.Ltd.

Kieran Johnson
Chief Accounting Officer

Kazuhiko Yoshizumi
Chief Compliance Officer

Senior R&D Leadership

Dr. Alastair Brown
Senior Vice President, Translational Medicine

Dr. David Howe
Vice President, Non-CNS Development & Experimental Medicine

Dr. Marcus Messenger
Vice President, Business Development

Dr. Barry Kenny
Senior Business Advisor

Dr. Stacey Southall
Senior Director, Biophysics

Dr. Nigel Swain
Senior Director, Medicinal Chemistry

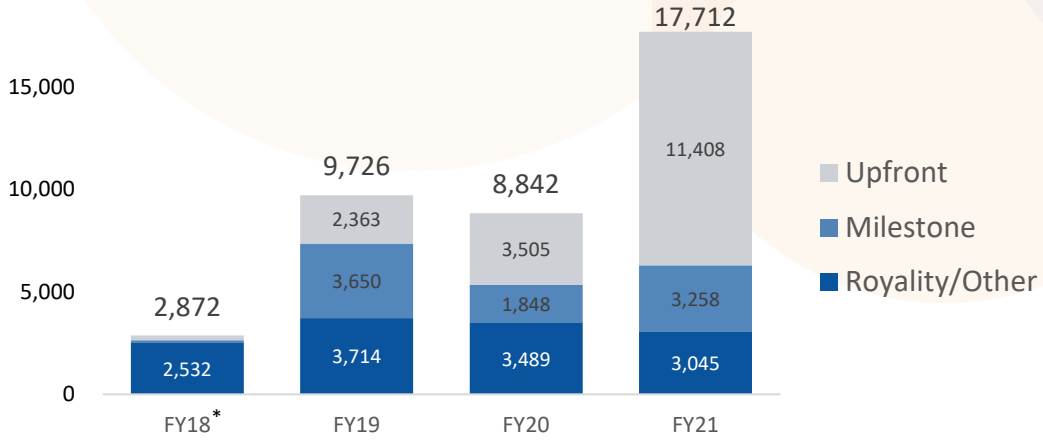
Dr. Chris de Graaf
Senior Director, Computational Chemistry

Dr. Rie Suzuki
Senior Director, Translational Medicine

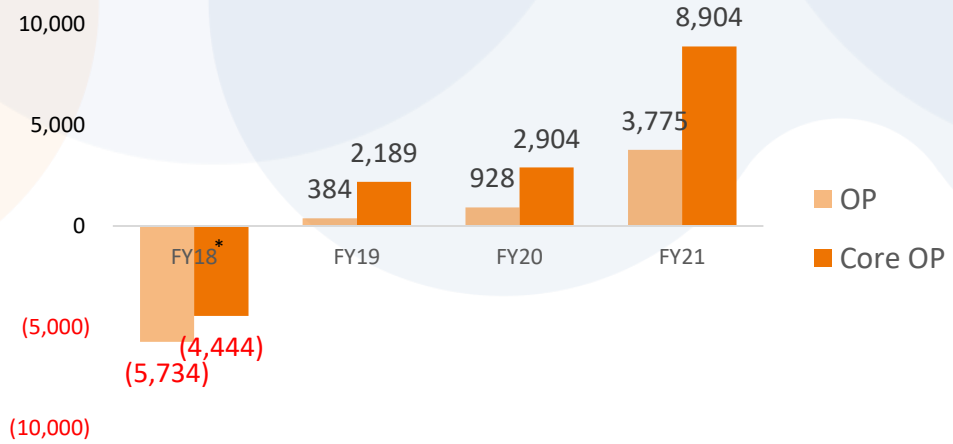
Dr. Wendy Winchester
Senior Director, Translational Medicine

Our unique and balanced business model continues to support a **sustainable financial profile**

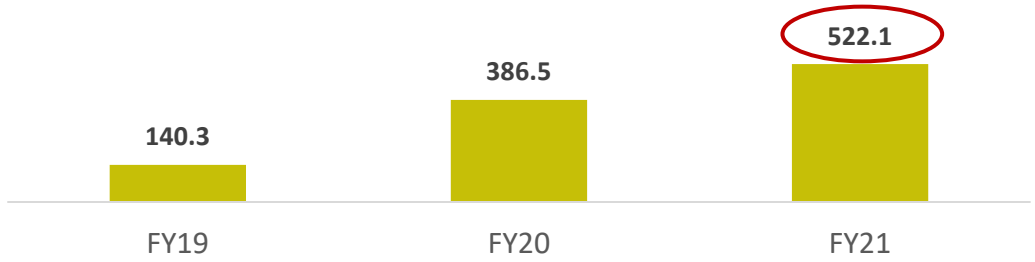
REVENUE (JPY million)



OPERATING PROFIT (JPY million)



CASH AT BANK (USD million)



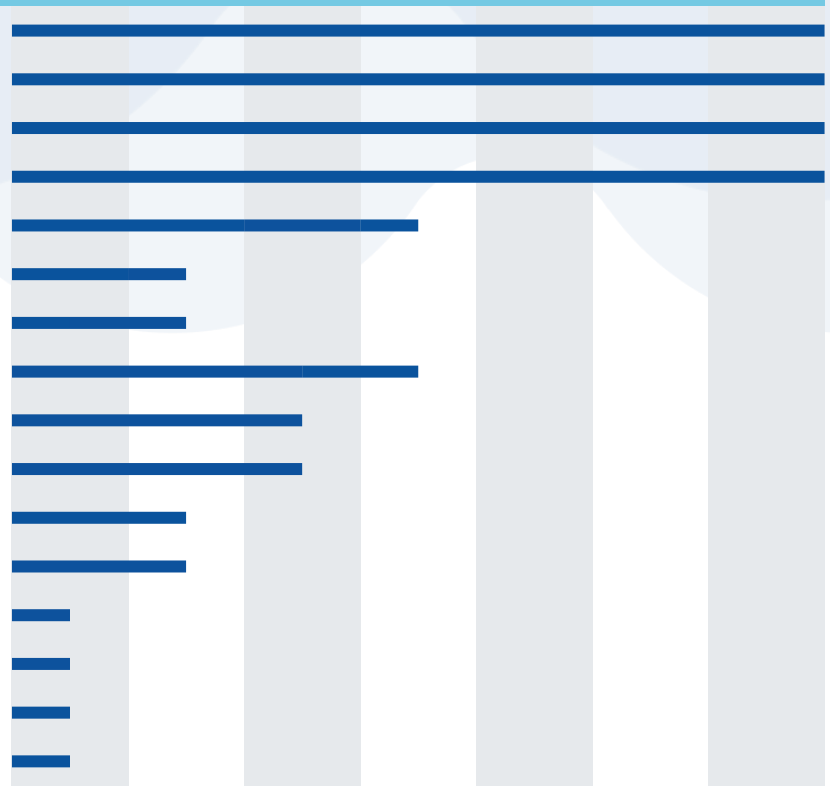
FY2021

- **~¥10bn new growth capital raised**, adding funds earmarked to accelerate our strategic growth initiatives and investments
- **Net cash inflow** of ¥20bn ($136m), resulting in a **robust cash balance** of ¥60bn ($522m) at year end
- Capital to be deployed domestically in Japan to facilitate **in-licensing, acquisitions and co-investments**

Note: FY18 is 9 month from April 2018 to December 2018

Partnered pipeline programs

Compound	Target / Mechanism of Action	Modality	Indication	Partner
Partnered				
Seebri® Breezhaler®	LAMA	SME	COPD	NOVARTIS
Ultibro® Breezhaler®	LAMA+LABA	SME	COPD	NOVARTIS
Enerzair® Breezhaler®	LAMA+LABA+ICS	SME	Asthma	NOVARTIS
ORAVI®	Antifungal agent miconazole	SME	Oropharyngeal candidiasis	Hisamitsu
NBI'568	Muscarinic M4 agonist	SME	Schizophrenia	NEUROCRINE BIOSCIENCES
Not disclosed	Muscarinic M1 agonist	SME	Neurology diseases	NEUROCRINE BIOSCIENCES
Not disclosed	Muscarinic M1/M4 agonist	SME	Neurology diseases	NEUROCRINE BIOSCIENCES
PF-07081532	GLP-1 agonist	SME	T2DM / Obesity	Pfizer
PF-07054894	CCR6 antagonist	SME	Inflammatory bowel disease	Pfizer
PF-07258669	MC4 antagonist	SME	Anorexia	Pfizer
Not disclosed	CGRP antagonist	SME	Neurology diseases	Pfizer
Not disclosed	GPR35 agonist	SME	Inflammatory bowel disease	GSK
Not disclosed	Multi target	SME/LME	Multiple indications	Genentech
Not disclosed	Multi target	SME/LME	Gastrointestinal and other	Takeda
Not disclosed	Multi target	SME	Inflammatory / Neurology	abbvie
Not disclosed	Multi target	SME	Diabetes / Metabolic	Lilly



Notes: SME = small molecule, LME = large molecule, mAb = monoclonal antibody. Seebri®, Ultibro®, Enerzair® and Breezhaler® are registered trademarks of Novartis AG.

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Partnered pipeline programs (cont'd)

Compound	Target / Mechanism of Action	Modality	Indication	Partner	Disc.	PreClin	Ph1	Ph2	Ph3	App	Mkt
Co-development											
KY1051	CXCR4 mAb	mAb	Immuno-oncology	sanofi							
Not disclosed	PAR-2	Peptide	Inflammatory diseases	PeptiDream							
Not disclosed	Targeted Protein Degradation	SME	Gastrointestinal disorders	Captor Therapeutics							
Not disclosed	AI-Augmented Drug Discovery	SME	Neurology diseases	PHARMENABLE							
Not disclosed	Ion Channel Drug Discovery	SME	Neurology diseases	metrion biosciences							
Not disclosed	Multi target AI-powered	SME/LME	Immune diseases	InveniAI							
Not disclosed	Antibody Discovery	mAb	Disease-relevant GPCR targets	TWIST BIOSCIENCE							
Not disclosed	Multi target AI-powered	SME/LME	Immune diseases	verily							
Not disclosed	Gut-brain axis drug discovery	SME	Gastrointestinal disorders	KALLYOPE							
Co-owned companies											
TMP301	mGlu5 NAM	SME	Substance use disorders	TEMPERO BIO							
Not disclosed	OX2 agonist (Oral)	SME	Narcolepsy	CENTESSA / Orexia Therapeutics							

Notes: SME = small molecule, LME = large molecule, mAb = monoclonal antibody

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In-house pipeline programs

Compound	Target / Mechanism	Modality	Indication	Originator	Disc.	PreClin	Ph1	Ph2	Ph3	App	Mkt
In-house Programs											
Not disclosed	H4 antagonist	SME	Atopic Dermatitis	Sosei Heptares							
HTL0039732	EP4 antagonist	SME	Immuno-oncology	Sosei Heptares, Cancer Research UK							
Not disclosed	GPR52 agonist	SME	Neurology diseases	Sosei Heptares							
Not disclosed	EP4 agonist	SME	Inflammatory bowel disease	Sosei Heptares							
Not disclosed	PAR-2 mAb	mAb	Atopic Dermatitis	Sosei Heptares							
Not disclosed	SARS CoV-2 Mpro	SME	Coronaviruses	Sosei Heptares							
Multiple programs	Not disclosed	SME/LME	Neurology diseases	Sosei Heptares							
Multiple programs	Not disclosed	SME/LME	GI and Inflammatory diseases	Sosei Heptares							
Multiple programs	Not disclosed	SME/LME	Immunology diseases	Sosei Heptares							
In-house Programs (No longer internally funded. Targeting academic / industrial partnership)											
HTL'310	SSTR5 agonist	Peptide	Hypoglycaemic disorders	Sosei Heptares							
HTL'097	GLP-1 antagonist	Peptide	Hypoglycaemic disorders	Sosei Heptares							
HTL'023	Dual GLP-2/GLP-1 agonist	Peptide	Intestinal failure / NASH	Sosei Heptares							
Not disclosed	Apelin agonist	Peptide	Pulmonary Arterial Hypertension	Sosei Heptares							

Notes: SME = small molecule, LME = large molecule, mAb = monoclonal antibody

Appendix 2

Summary of wholly-owned programs targeting FTIH in 2023

EP4 Antagonist

Background & Executive Summary

Target & Disease indication(s)

- EP4 mediating PGE_2 immunosuppression
- Combination with checkpoint inhibitors (CPI's) in cancers with high expression of PGE2

Rationale

- Tumour derived PGE2 induces profound immunosuppression in the tumour microenvironment (TME), primarily acting via EP4
- EP4 antagonism will relieve PGE_2-mediated immunosuppression and switch the TME from tumour tolerant to tumour aware. **Phase 1 data with competitor EP4 antagonist, E7046 supports this hypothesis**

Target Product/Molecule Profile

- Once daily oral small molecule EP4 antagonist for the treatment of PGE2 high cancers in combination with CPI's

Current Status & Next Milestone

- Preclinical studies and clinical manufacture completed
- Clinical studies starting H1 2023

Executive Summary

- Proprietary StaR® technology used to identify highly potent and selective antagonists of the EP4 receptor
- Candidate is a class-matching, selective, potent, orally-bioavailable molecule; once daily, low dose, human administration is predicted to deliver target suppression throughout dosing period
- Positive anti-tumour data in mouse syngeneic model of colorectal cancer (CT26) in combination with CPI
- Blockade of EP4 represents a promising therapeutic opportunity to remove PGE2 mediated immunosuppression
- Working with CRUK to test compound in the clinic alone and in combination with CPI's which is expected to confer efficacy in previously CPI unresponsive cancer patient populations

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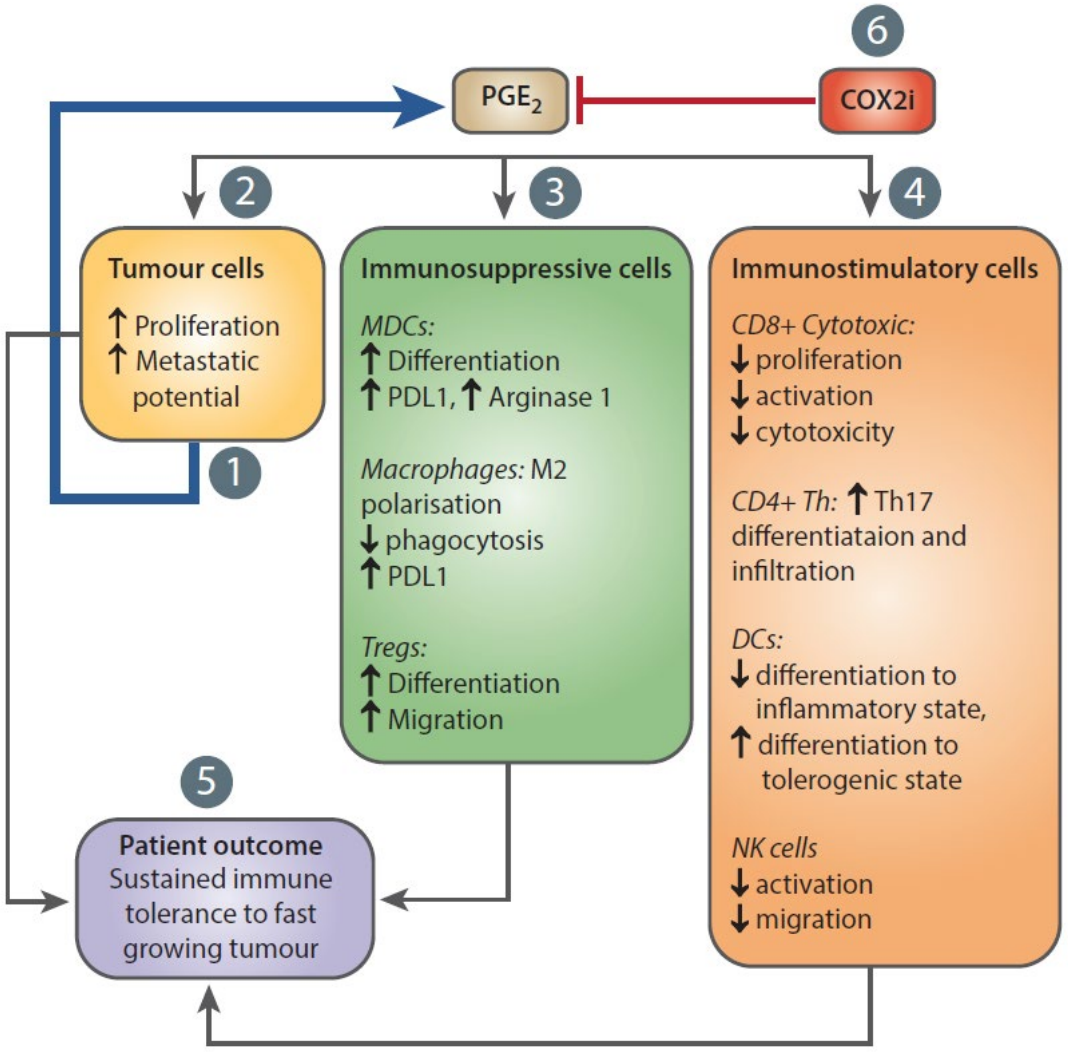
EP4 Antagonist in Oncology – Proposed Mechanistic Hypotheses



1. Epithelial tumour cells secrete large quantities of PGE_2 into the TME.
2. PGE_2 increases proliferation of some tumours and thereby increases their metastatic potential.
3. PGE_2 propagates an immunosuppressive TME; stimulates MDSC differentiation, M2 polarisation and T_{reg} migration.
4. PGE_2 propagates an immunosuppressive TME; reduces CD8 activity and killing, increases Th17 rather than Th1 differentiation, supports DC maturation towards a tolerogenic state, decreases NK cell migration and activation.
5. Together these effects combine to make the patient tolerant to their growing tumour.
6. Multiple licensed pharmacological agents can reduce PGE2 generation through COX1/2 suppression. We hypothesise that clinically relevant regimens of these agents fail to effectively suppress TME PGE_2.
7. Reducing immunosuppression in the TME in combinations with CPI's will improve response rates in specific cancer patient populations.

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GPR52 Agonist

Background & Executive Summary

Target & Disease indication(s)

- Oral small molecule GPR52 agonist
- Schizophrenia
- Psychosis and/or cognitive decline in dementias

Rationale

- G_S coupled Orphan GPCR
- Co-located with D2 receptors in medium spiny neurons (MSN) and with D1 in prefrontal cortex (PFC)
- GPR52 activation will afford a D2 antagonist-like effect in D2 MSNs and a D1 agonist like effect in PFC
  - *i.e. an antipsychotic and pro-cognitive profile*
- Novel mechanism to treat both positive, negative and cognitive symptoms of schizophrenia

Target Product/Molecule Profile

- Once daily oral small molecule

Current Status & Next Milestone

- Candidate status
- FTIH starting H1 2023

Executive Summary

- Therapy to address positive symptoms, negative symptoms and cognitive impairment in schizophrenia, without adverse effects typically associated with antipsychotics
- Potential for other patient settings (e.g. cognition and/or psychosis in dementias)
- High quality molecule (HTL'149) in preclinical development
  - Excellent pharmacology and DMPK profile
  - In vivo activity in efficacy models
  - Rodent and dog MTD/DRFs completed;
  - Route/process development completed; GMP manufacture ongoing
  - FTIH start 2Q23
- Back-up molecules identified in other series
- Biomarker validation ongoing

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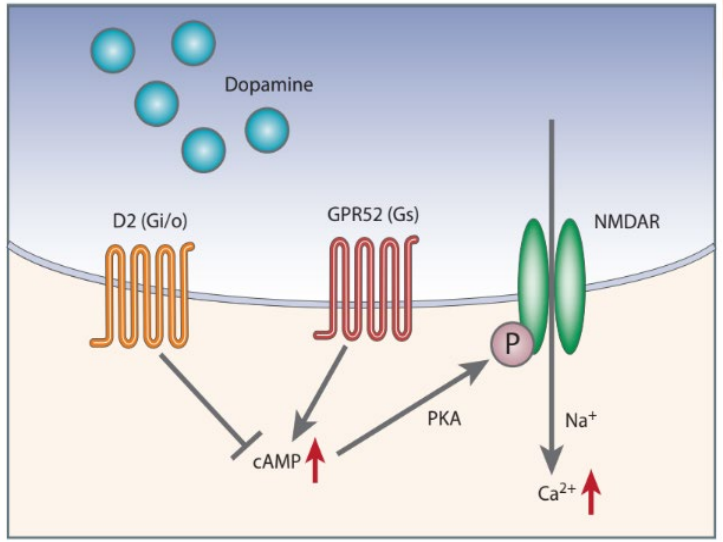
GPR52 Agonist Target Rationale

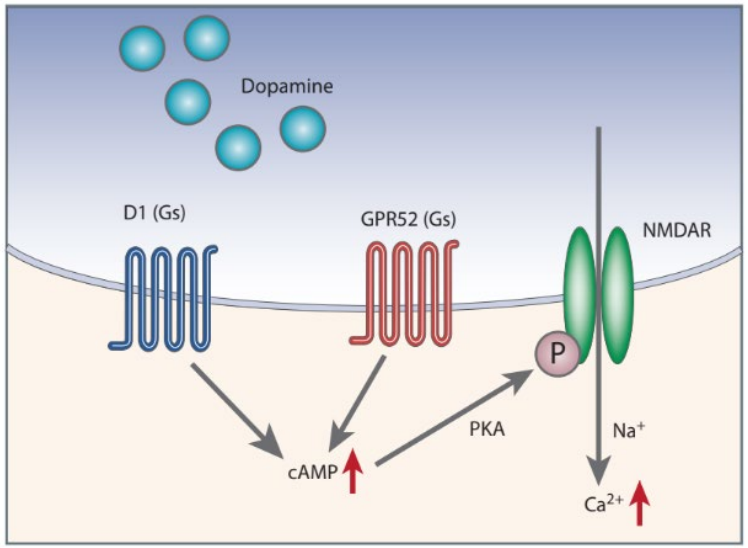
Treatment of positive symptoms and cognitive dysfunction in Schizophrenia

Striatopallidal neurons



Proposed GPR52 signal transduction. GPR52 activation counteracts Gi/o-coupled D2 receptors in striatopallidal neurons

Prefrontal cortical neurons



Potentiates NMDA activity through phosphorylation of the NMDA receptor via cAMP/PKA, as seen in D1 receptor-NMDA signal transduction

Rationale

- GPR52 receptors principally co-located with D2 and D1 receptors
  - D2 in Medium Spiny Neurons
  - D1 in Prefrontal Cortex
- GPR52 Activation ⇧ cAMP
  - D2 Antagonist-like effect in Medium Spiny Neurons
    - ➢ Psychosis
  - D1 Agonist-like effect in Prefrontal Cortex
    - ➢ Cognition & negative symptoms
- No side effects associated with antipsychotics due to blockade of other D2 receptor populations
- Potential for other indications / disease settings e.g. psychosis / cognition in dementia)

Source: Novel Therapeutic GPCRs for Psychiatric Disorders: Komatsu, Int. J. Mol. Sci. 2015, 16, 14109; doi:10.3390/ijms160614109

GI restricted EP4 Agonist for the treatment of IBD

Background & Executive Summary

Target & Disease indication

- Inflammatory bowel disease (IBD)

Target Rationale

- IBD genetic risk association
- PGE2 has well documented mucosal protective roles – key role in maintaining gut homeostasis and promoting mucosal repair.
- Through combined anti-inflammatory and barrier protecting effects, EP4 agonists are expected to bring benefits in IBD and promote mucosal healing

Target Molecule Profile

- Oral GI restricted EP4 agonist with good potency and selectivity. GI targeting strategy with minimal systemic exposure.

Current Status & next milestone

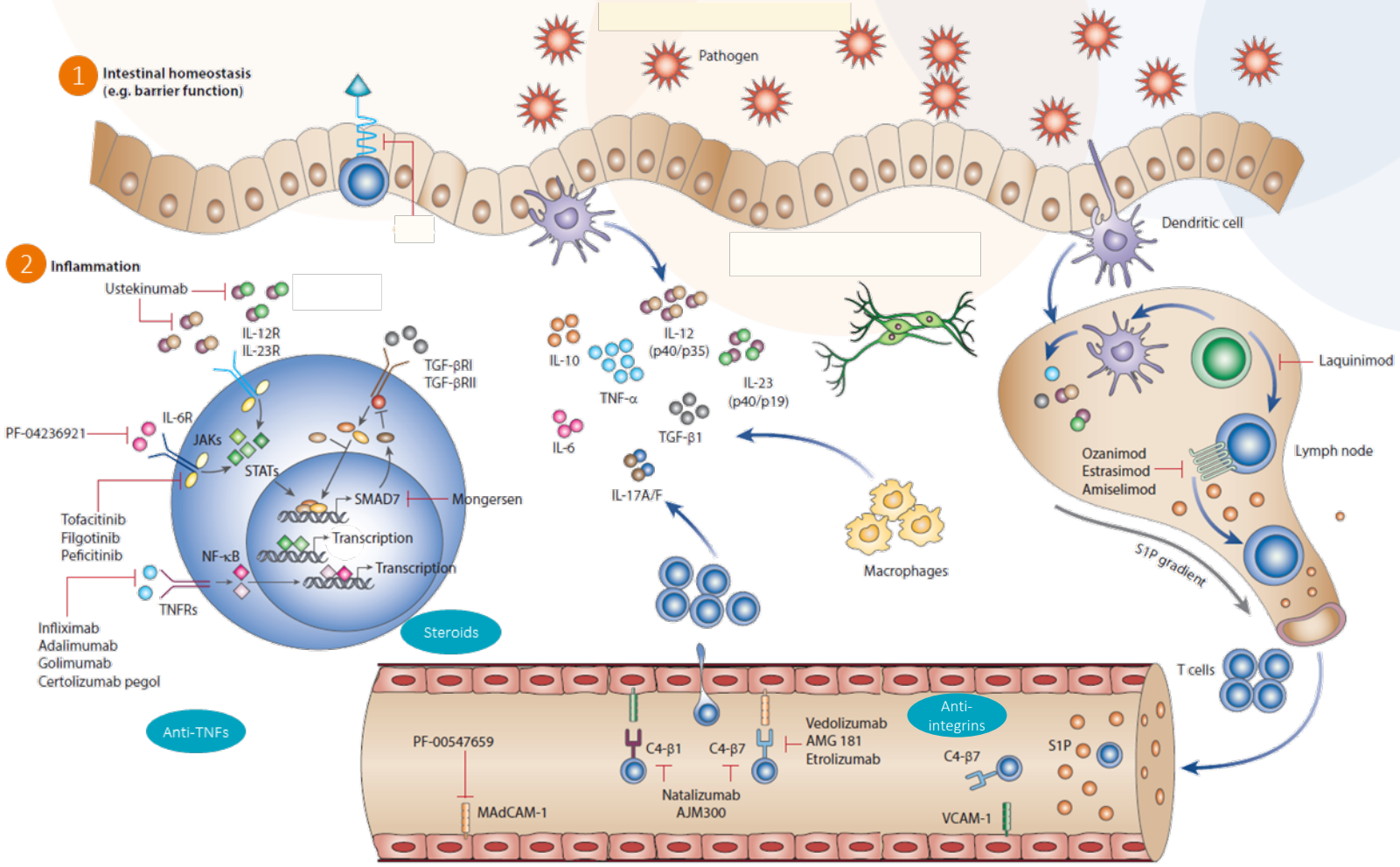
- Status: Candidate Nomination
- Next Milestone: Candidate Selection

Executive Summary

- EP4 represents an attractive target for the treatment of IBD
  - Strong mechanistic rationale in IBD supported by human genetic evidence.
  - Strong commercial opportunity for novel oral agents that can promote mucosal healing to induce long term remission & reduce risk of surgery.
  - Current therapeutic strategies primarily target immune pathways: but only 20-40% achieve long term remission with existing biologic therapies
- Sosei Heptares is developing an oral GI restricted EP4 agonist molecule with minimal systemic exposure for the treatment of IBD
  - Successful application of SBDD to design molecules with excellent GI restricted properties
  - Lead molecule has completed candidate nomination package and is being transitioned to full preclinical development.
    - High potent EP4 agonist with low oral bioavailability in preclinical species
    - Robust efficacy demonstrated in rodent colitis models.
    - Good in vitro safety profile and early toxicology studies completed.
- FIC opportunity for an oral gut restricted agent to promote regeneration and mucosal repair via a differentiated MOA on the epithelial axis

Oral GI restricted EP4 agonist for the treatment of IBD

Proposed Mechanistic Hypotheses



Source: Adapted from (Weisshof et al 2018)

Key: Current IBD therapies (SOC)

Proposed benefits of EP4 agonist

❶ **Intestinal homeostasis –** EP4 accelerates mucosal healing via promoting regeneration and repair of damaged epithelial mucosa. EP4 agonists promote barrier function via direct action on gut epithelial cells.

❷ **Immune cell function–** EP4 is expressed in gut immune cells and regulates Th1 cytokine release. EP4 signalling promotes differentiation of proresolving macrophages.

Locations

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