

Augmenting and Accelerating Drug Discovery using Artificial Intelligence

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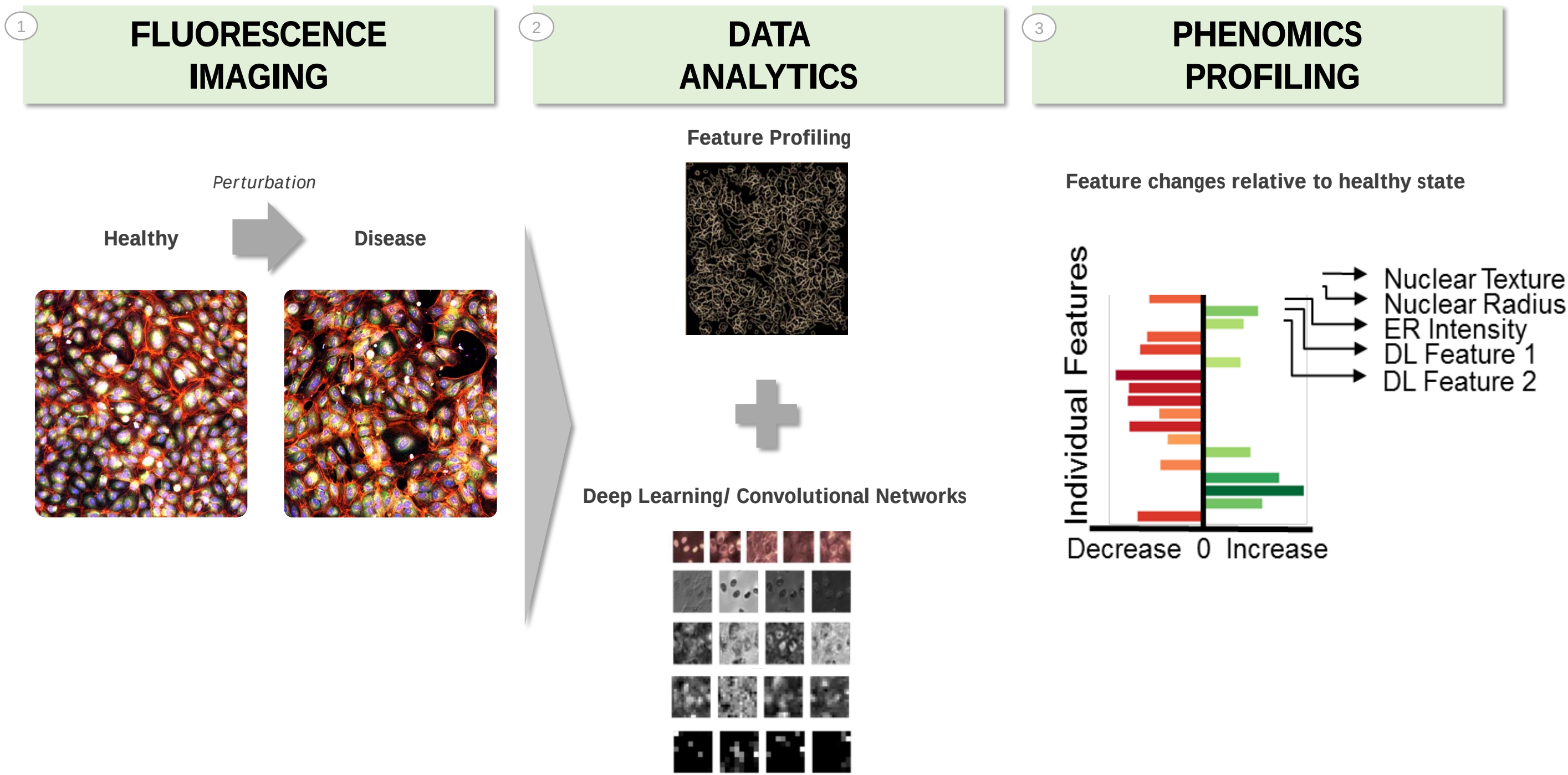


At Recursion, we are augmenting phenotypic screening with artificial intelligence to dramatically improve the power of screens, the pace of discovery, and the ability to identify worrisome signals early in the R&D process. The basis of our approach is to broadly probe both disease biology, and the effect of drugs on disease biology, across 1000+ dimensions of cellular morphology in an inexpensive, unbiased, and generalizable image-based assay. While this systems-based approach already affords us high confidence in the translatability of our hits, our application of artificial intelligence methods to our data further increases the power of our approach - allowing us to predict toxicity signatures, novel mechanisms of action, and even hits for diseases that were never tested in the same experiment. Our AI methods are also uniquely advantaged by a massive in-house dataset, which is constantly growing at the rate of 2M cellular images per week, generated across hundreds of relatable experiments. We describe here selected applications of the Recursion technology, which has generated a pipeline of 30+ rare genetic disease programs in ~2 years, rediscovered late-stage clinical assets for multiple conditions at a fraction of the cost, generated new targets in areas such as Immuno-Oncology, and increased screening efficiency by maximizing biological diversity of compound libraries. These data demonstrate Recursion's early progress towards our mission of decoding cellular biology to radically improve lives.

Recursion Approach

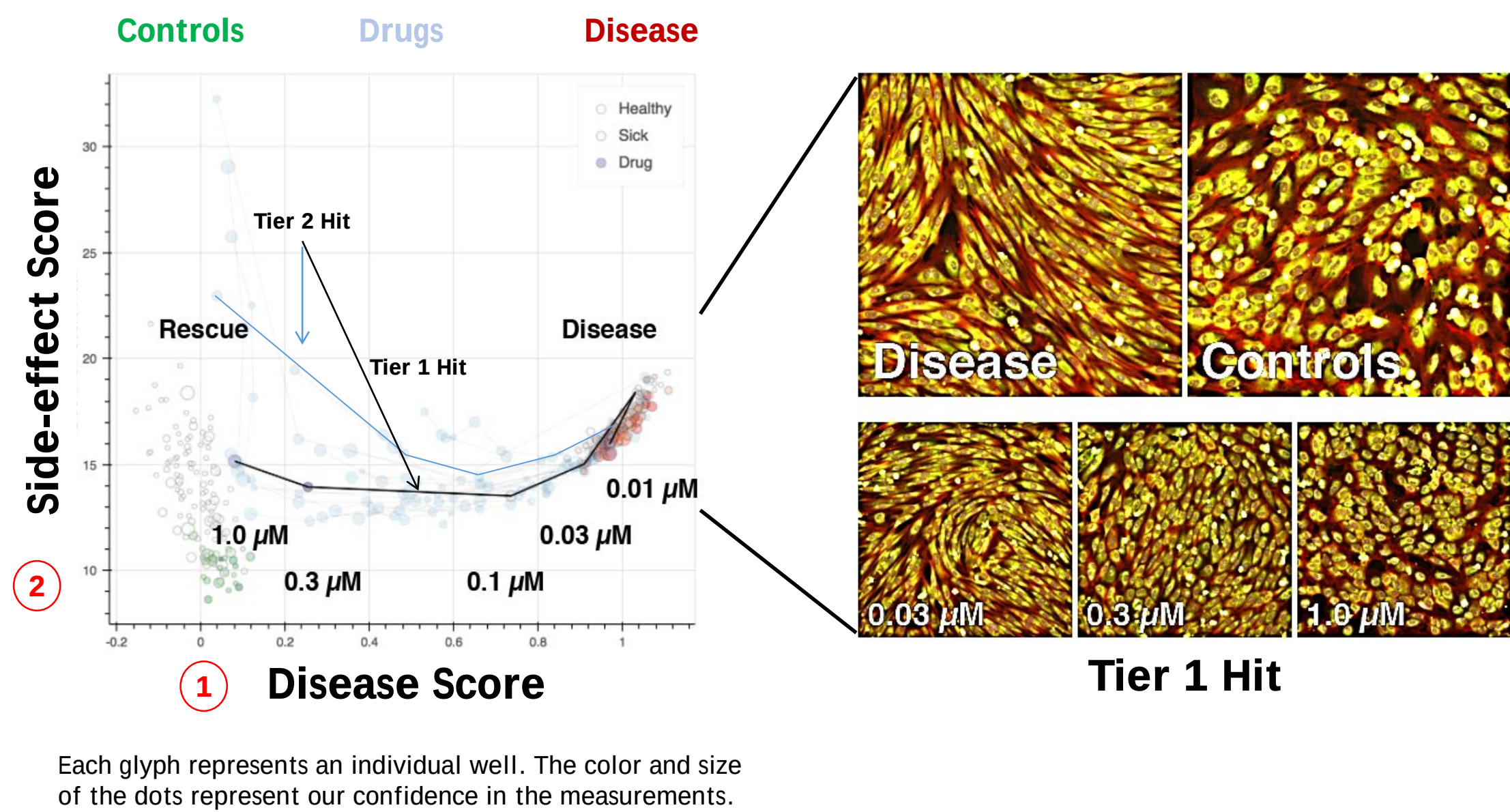
We extract image-based disease phenotypes using computer vision and AI

Cellular structural and functional changes revealed by our biology platform encode robust disease phenotypes



We leverage high-dimensional disease phenotypes in drug screens to find new treatments

Shown is a 2-D graphical representation of high-dimensional phenotypes extracted from control cells, disease cells, and drug treated disease cells. Highlighted is a hit that causes a dose-dependent rescue of the Hereditary Hemorrhagic Telangiectasia cellular phenotype.



We have established an internal pipeline of 30+ programs in just 2 years

HITS SELECTED	IN VITRO	IN VIVO
TUBEROUS SCLEROSIS COMPLEX (TSC1)	NEUROFIBROMATOSIS TYPE 2 (NF2)	SPINAL MUSCULAR ATROPHY (SMN) PROGRAM 1
CHARCOT-MARIE-TOOTH (MFN2)	PEUTZ-JEGHERS SYNDROME (STK11)	SPINAL MUSCULAR ATROPHY (SMN) PROGRAM 2
HEREDITARY HEMORRHAGIC TELANGIECTASIA (ACVRL1)	USP7- ULTRA-RARE DISEASE	DIAMOND BLACKFAN ANEMIA (RPS19)
RETINITIS PIGMENTOSA (MULTIPLE)	LIMB-GIRDLE MUSCULAR DYSTROPHY (POMT1)	METACHROMIC LEUKODYSTROPHY/ATYPICAL GAUCHER DISEASE (PSAP)
RUBINSTEIN-TAYBI SYNDROME (CREBBP)	COFFIN-LOWRY SYNDROME (RPS6KA3)	
CYSTINOSIS (CTNS)	DARIER DISEASE (ATP2A2)	PRE-IND
EMERY-DREIFUSS MUSCULAR DYSTROPHY/PROGERIA (LMNA)	HEREDITARY MULTIPLE OSTEochondROMAS (EXT1, EXT2)	CEREBRAL CAVERNOUS MALFORMATION PROGRAM 1 (IND expected Q1, 2018)
	CEREBRAL CAVERNOUS MALFORMATION (KRIT1)	ATAXIA-TELANGIECTASIA PROGRAM 1 (IND expected Q1, 2018)
	JP / HEREDITARY HEMORRHAGIC TELANGIECTASIA (SMAD4)	ATAXIA-TELANGIECTASIA PROGRAM 2
	UNDISCLOSED PARTNER INDICATION PARTNER 1, PROGRAM 1	
	UNDISCLOSED PARTNER INDICATION PARTNER 1, PROGRAM 2	
	UNDISCLOSED PARTNER INDICATION PARTNER 1, PROGRAM 3	
	UNDISCLOSED PARTNER INDICATION PARTNER 1, PROGRAM 4	
	UNDISCLOSED PARTNER INDICATION PARTNER 1, PROGRAM 5	
	UNDISCLOSED PARTNER INDICATION PARTNER 2, PROGRAM 1	

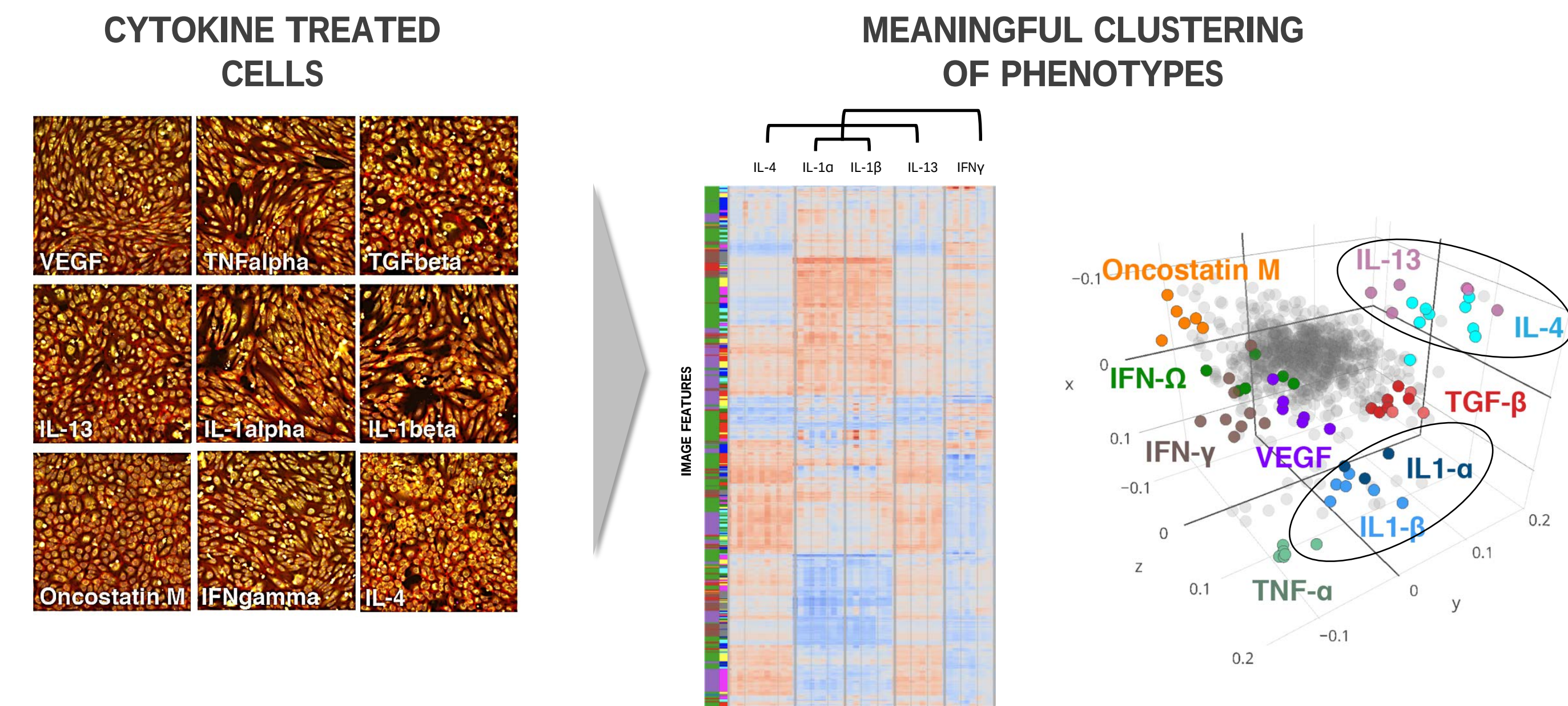
30+ PROGRAMS

Disease Areas & Discovery Applications

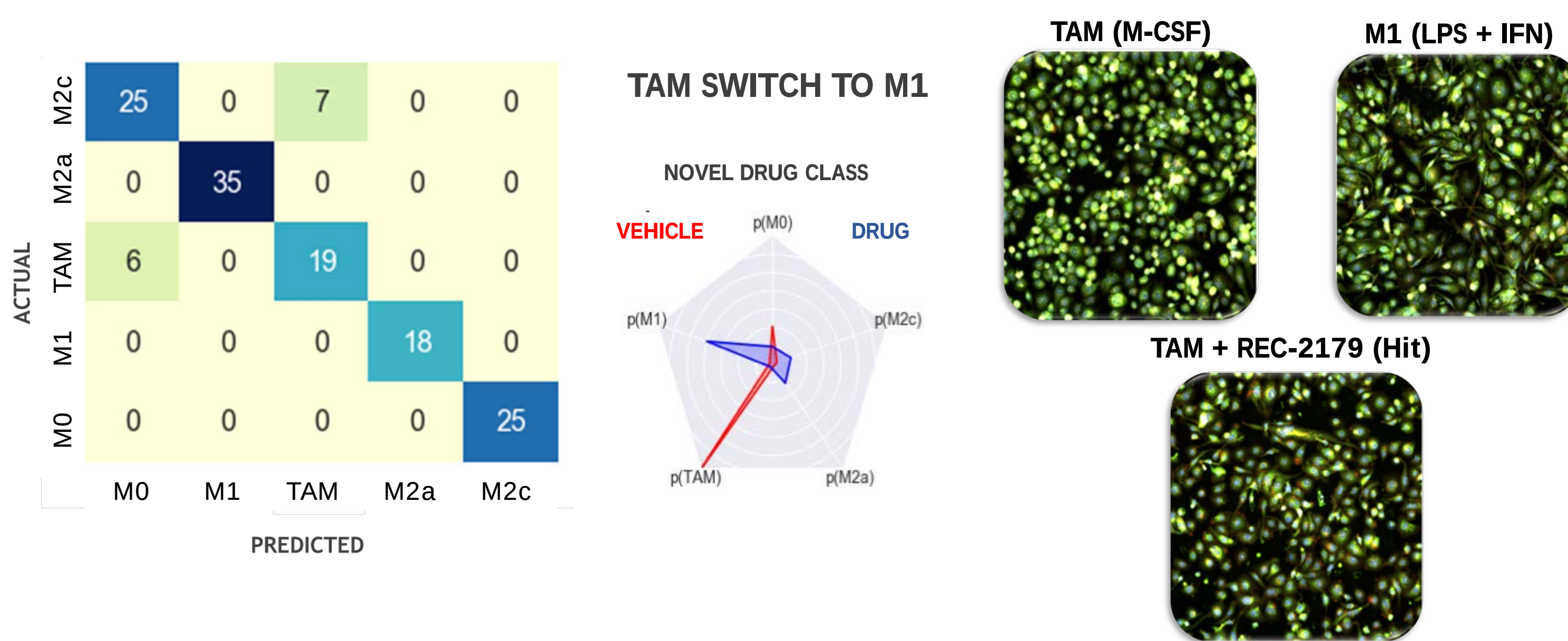
We have developed 100s of unique cellular models of genetic disease

Gene	Disease	Gene	Disease
ANG	Familial Amyotrophic Lateral Sclerosis	MANBA	Mannosidosis Beta
APC	Adenomatous polyposis coli	MFN2	Charcot-Marie-Tooth
ASPM	Primary autosomal recessive microcephaly	MDL1	Optic GBSS syndrome, Type 1
ATM	Ataxia Telangiectasia	MTM1	Myotubular myopathy, X-linked
ATP2A2	Brody Myopathy	NBN	Aplastic Anemia, ALL, Nijmegen breakage syndrome
ATP8B1	Cholestasis	NF2	Neurofibromatosis Type II
DNAF3	Ciliary Dyskinesia	NIPBL	Cornelia de Lange Syndrome
CEP290	Leber congenital amaurosis, Joubert, Senior-Loken	PABPN1	Oculopharyngeal muscular dystrophy
CCM2	Cerebral Cavernous Malformation	PEX13	Zellweger syndrome
CNGA3	Achromatopsia-2	PKHD1	Polycystic Kidney / Hepatic Disease
CREBBP	Rubinstein-Taybi Syndrome	PRPF31	Retinitis Pigmentosa
DHCR7	Smith-Lemli-Optiz Syndrome	PSAP	Combined SAP, Atypical Gaucher, Krabbe Disease
DMPK	Myotonic Dystrophy	RPS10	Diamond Blackfan Anemia
DNAH5	Primary Ciliary Dyskinesia	RPS19	Diamond Blackfan Anemia
DSP	Familial Cardiomyopathy	RPS6KA3	Coffin-Lowry Syndrome
EFHC1	Juvenile Epilepsy	SCN8A	Cognitive impairment with or without cerebellar ataxia
EXT1	Hereditary multiple exostoses, Langer-Giedion	SMAD4	Hereditary Hemorrhagic Telangiectasia
EXT2	Potocki-Shaffer Syndrome	SMARCB1	Coffin-Siris Syndrome
FAM161A	Retinitis Pigmentosa	SMN1	Spinal Muscular Atrophy
GALNS	Mucopolysaccharidosis Type IV (Morquio)	STK11	Peutz-Jeghers Syndrome
HFE	Hemochromatosis	STX11	Hemophagocytic Lymphohistiocytosis
KMT2D	Kabuki syndrome	TCOF1	Treacher Collins Syndrome
KRIT1	Cerebral Cavernous Malformation	TP53	Cancers (various)
LCA5	Leber congenital amaurosis	TSC2	Lymphangioleiomyomatosis
LRRK2	Inherited Parkinson disease	UBA1	Spinal Muscular Atrophy

We have over 40 cytokine phenotypes for novel inflammation, auto-immunity, and oncology drug discovery

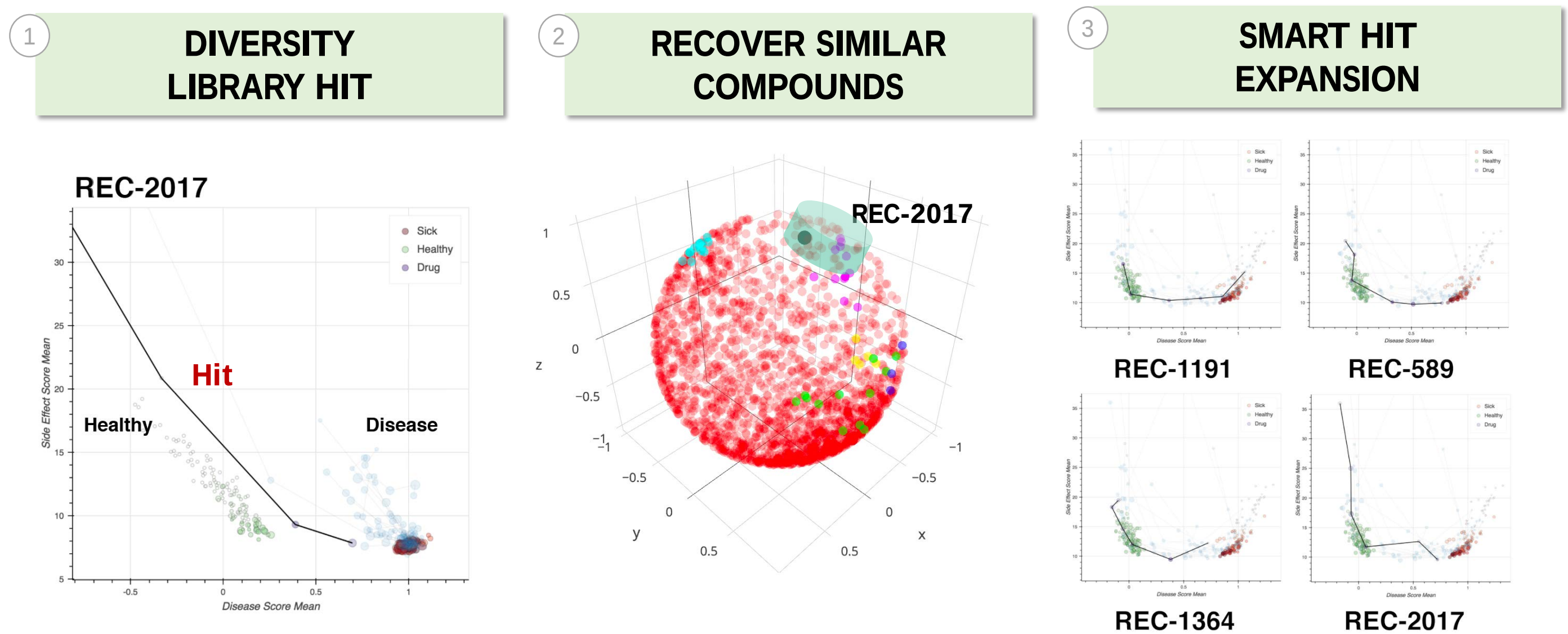


We are applying ML to complex macrophage phenotypic states and discovering novel IO targets



We can generate efficient smart libraries with phenotypic profiling

We can shrink the size of a parent library by 80% or more by maximizing for biological diversity after phenotypic profiling.



We can predict targets and MoA using AI

