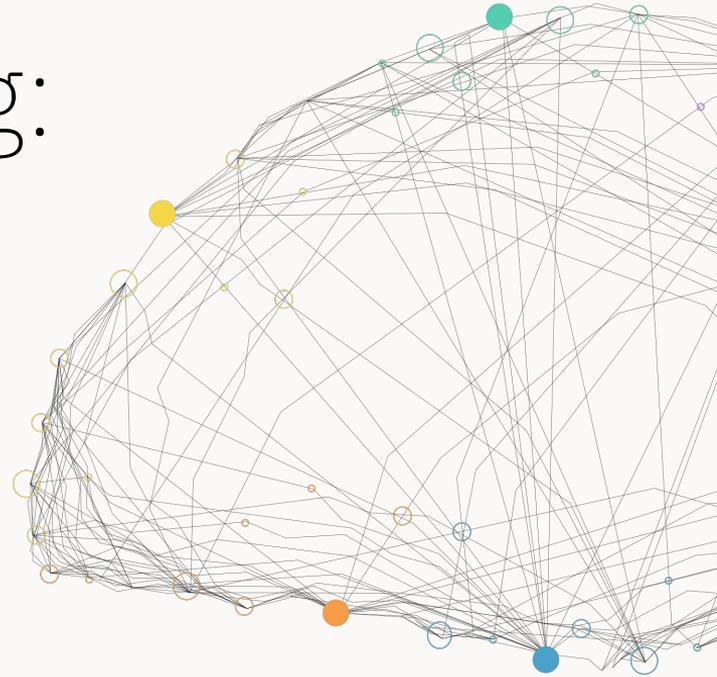


Redesigning Health Systems for Brain Aging:

Parkinson's as a Beachhead

Leadership Institute 2025 General Session
Waldorf Astoria Monarch Beach
Presented by Brian Pepin, Founder and CEO of Rune Labs



Rune Labs is the Clear Leader in Parkinson's, where most Neurodegenerative Therapy \$\$\$ are Spent

- 3 Largest drug launches from last 3 years partnered with Rune Labs (Vyalev/AbbVie, GoCovri and OnapGo/Supernus)
- Partner for the 4 largest active Ph 2 and Ph 3 programs
- 5M days of continuous symptom & medication data, 15k+ patients
- FDA-cleared ML for Parkinson's symptom detection, Parkinson's clinical LLM
- Proven outcomes with Kaiser: 42% fewer ER visits, 19% specialist time savings

Pharma Clients



Health System Clients



National non-profit partners



California has a large and growing neurodegenerative disease burden

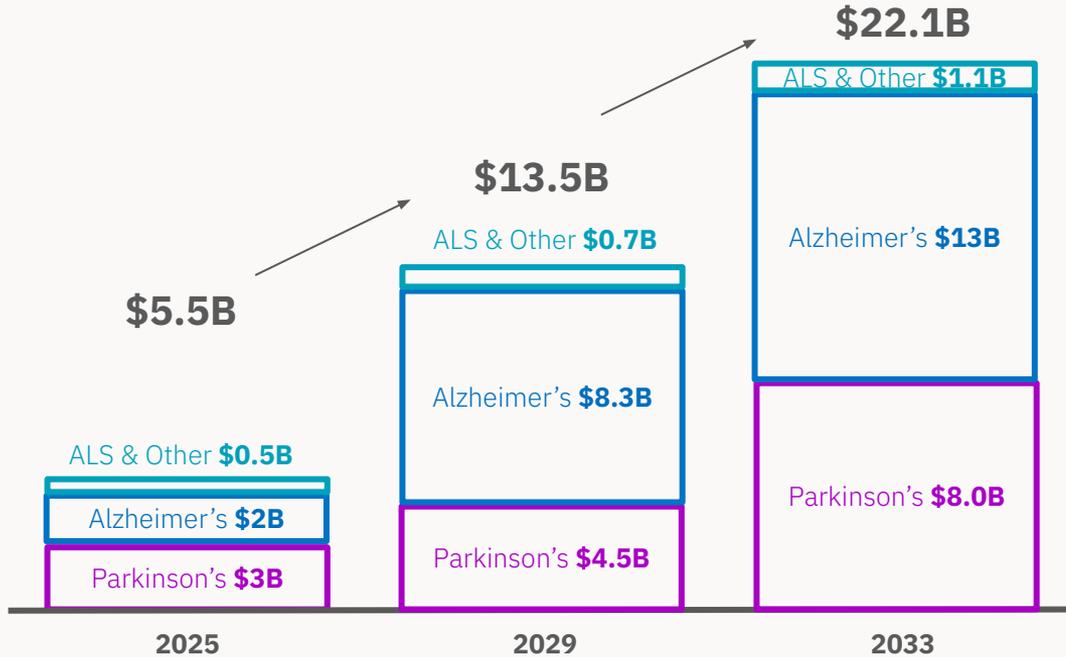
- Alzheimer's: ~720k Californians (65+) live with AD (~12% of seniors).
- Parkinson's: ~117k Californians; CA PD Registry has 107,601 unique cases (2018–2022).
- At-risk feeder pool: ~12–18% of ≥60 have MCI (precursor to AD).
- Aging wave: CA 65+ population projected to grow ~59% by 2040 ⇒ prevalence rises absent prevention.
- Utilization & cost today (dementia): ED ~1,496 visits per 1,000; ~20% readmissions; Medi-Cal dementia spend ≈ \$5.7B; Medicare per-capita with dementia ≈ \$45,486.
- Care mix is acute/post-acute heavy: ED, SNF, hospice >> drugs.

Sources: Alzheimer's Association — California (2025); PPIC (Feb 2025); California Parkinson's Disease Registry (2018–2022).

New interventions are becoming available, but they are complex and high cost

- Alzheimer's (AD)
 - Kisunla™ (donanemab): Traditional FDA approval for early symptomatic AD; frequent early MRIs for ARIA; stopping allowed after amyloid clearance; list ≈ \$32k/yr.
 - Leqembi® (lecanemab): Weekly at-home autoinjector (IQLIK) for maintenance; list ≈ \$19.5k/yr; MRI monitoring moved earlier (before 3rd infusion).
- Parkinson's (PD)
 - Vyalev™ (foscarnidopa/foslevodopa): 24-hr s.c. levodopa infusion for advanced PD; U.S. 10/2024; WAC ≈ \$119k/yr.
 - ONAPGO™ (s.c. apomorphine): FDA 02/2025; reduces 'OFF' time; U.S. launch Q2 2025.
- Pipeline to watch
 - PD cell/gene: BlueRock bemdaneprocel (P3 2025); Aspen Neuroscience autologous iPSC (P1/2a, San Diego); AskBio AB-1005 (AAV2-GDNF, RMAT, P2).
 - AD late-stage: remternetug (P3); ALZ-801 (P3 in APOE4/4); TREM2 agonist AL002 (P2 miss); semaglutide for neuroprotection (P3), tau antibody programs (P3)

Neurodegenerative health care costs rapidly shifting from inpatient/ER to disease modifying therapies



Today: Neurodegenerative spend is dominated by facilities and acute care

MS precedent: ~65% of spend is medications among DMT-treated patients

Healthcare systems are already struggling to meet demand for new therapies

- Specialist capacity: chronic shortages (geriatricians/neurology); national neurology wait ~34 days; PD and AD subspecialty at 90+ days nationally.
- PCP-first reality: 20–50% of dementia goes unrecognized in primary care — a bottleneck for “treat-early” labels.
- Coverage/workflow: Medicare mAb coverage requires a national registry; build EHR order sets, registries, navigation, and ARIA tracking. MRI capacity for ARIA is rate-limiting for most health systems

Key Opportunities for Health Systems to Get Ahead of the Neurodegenerative Disease Wave

1. Low cost, widely accessible screening
2. Leverage new AI tools to expand access to specialist-level care
3. Deploy therapy value programs around complex and expensive new treatments

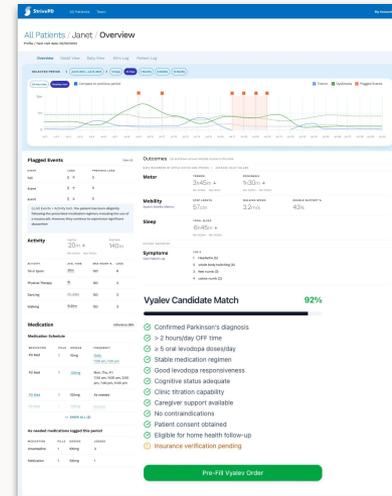
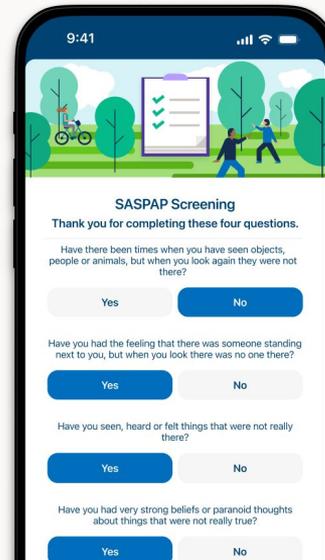
New technologies enable efficient screening for neurodegenerative diseases across large populations

Old Way

- Cognitive testing in $< \frac{1}{3}$ of annual wellness visits
- PCPs not comfortable with interventions
- Years from first symptoms to diagnosis

New Way

Low cost digital screening paired with new fluid biomarkers for early detection and intervention



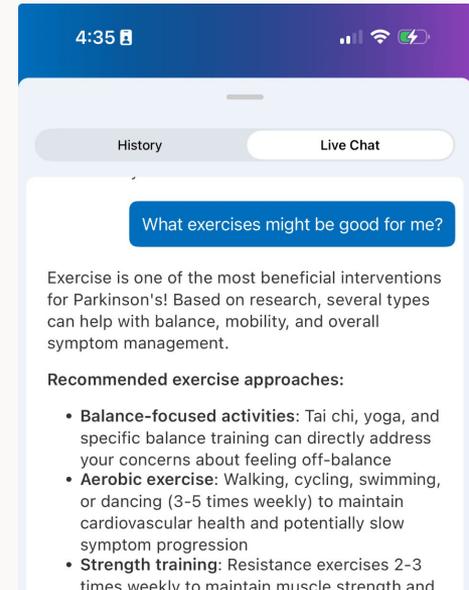
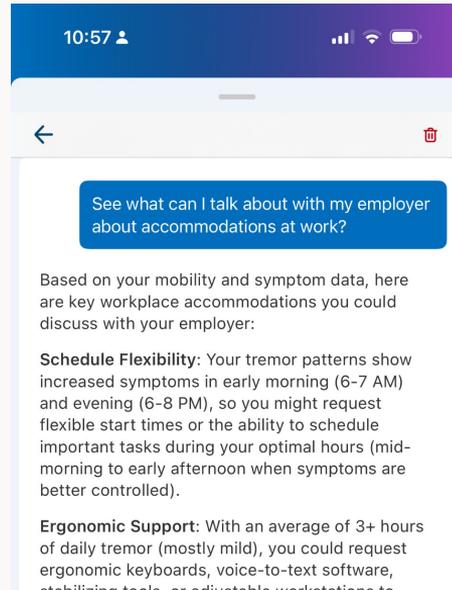
For Neurodegenerative disease patients, AI tools can already largely replace “MyChart” messaging

Old Way

- Patient struggle to communicate relevant context
- Unsustainable time burden for specialists for answering messages

New Way

Passive monitoring generates context for LLMs - 90%+ of incoming patient messages answered real-time



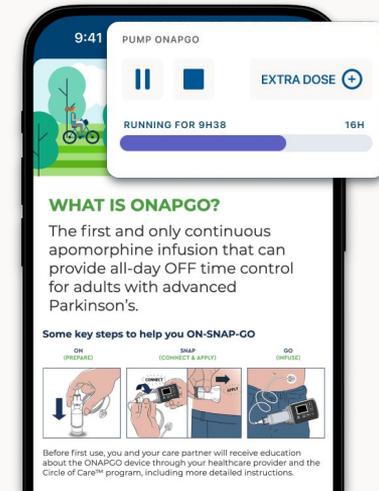
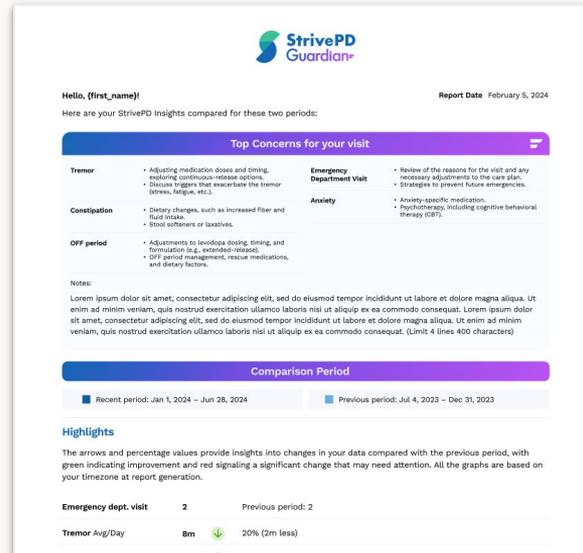
Digital Health tools can scale impactful new therapies

Old Way

- Poor patient compliance
- Heavy in-clinic burden
- Opaque outcomes

New Way

Therapy value programs supporting patients and clinicians while quantifying value for health systems and payors



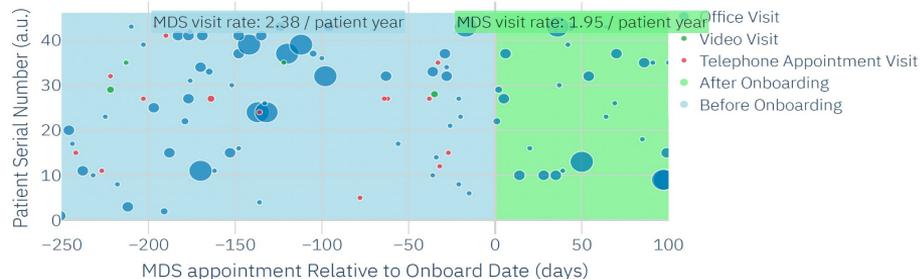
Real-world results in Parkinson's at Kaiser NorCal



↓ 18.1%

MDS Visit
decreased after
onboarding

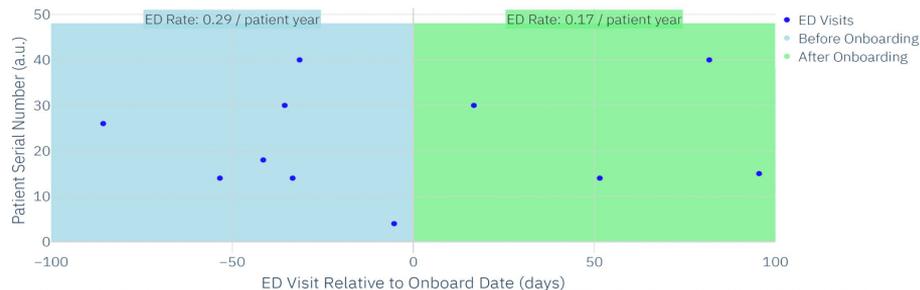
MDS appointment rate per patient year before and after onboarding to StrivePD



↓ 42.9%

ED visit
decreased after
onboarding

ED visit rate per patient year before and after onboarding to StrivePD



High-value interventions are algorithmically managed alongside coaching and education, decreasing utilization of specialists, emergency medicine, and inpatient resources and increasing medication compliance.