Investor Presentation
Disclaimer

Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, including statements regarding the future performance of 23andMe's businesses in consumer genetics and therapeutics and the growth and potential of its proprietary research platform. All statements, other than statements of historical fact, included or incorporated in this presentation, including statements regarding 23andMe's strategy, financial position, funding for continued operations, cash reserves, projected costs, plans, and objectives of management, are forward-looking statements. The words "believes," "anticipates," "estimates," "plans," "expects," "intends," "may," "could," "should," "potential," "likely," "projects," "continue," "will," "schedule," and "would" or, in each case, their negative or other variations or comparable terminology, are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. These forward-looking statements are predictions based on 23andMe's current expectations and projections about future events and various assumptions. 23andMe cannot guarantee that it will actually achieve the plans, intentions, or expectations disclosed in its forward-looking statements and you should not place undue reliance on 23andMe's forward-looking statements. The forward-looking statements contained herein are also subject generally to other risks and uncertainties that are described from time to time in the Company's filings with the Securities and Exchange Commission, including under Item 1A, “Risk Factors” in the Company's most recent Annual Report on Form 10-K, as filed with the Securities and Exchange Commission, and as revised and updated by our Quarterly Reports on Form 10-Q and Current Reports on Form 8-K. These forward-looking statements involve a number of risks, uncertainties (many of which are beyond the control of 23andMe), or other assumptions that may cause actual results or performance to be materially different from those expressed or implied by these forward-looking statements. Investors are cautioned not to place undue reliance on any such forward-looking statements, which speak only as of the date they are made. Except as required by law, 23andMe does not undertake any obligation to update or revise any forward-looking statements whether as a result of new information, future events, or otherwise.

Use of Non-GAAP Financial Measures

To supplement the 23andMe's unaudited condensed consolidated statements of operations and unaudited condensed consolidated balance sheets, which are prepared in conformity with generally accepted accounting principles in the United States of America (“GAAP”), this presentation also includes references to Adjusted EBITDA, which is a non-GAAP financial measure that 23andMe defines as net income (loss) before net interest income (expense), net other income (expense), changes in fair value of warrant liabilities, income tax benefit, depreciation and amortization of fixed assets, amortization of internal use software, amortization of acquired intangible assets, goodwill and intangible assets impairment, non-cash stock-based compensation expense, acquisition-related costs, and expenses related to restructuring and other charges, if applicable, for the period. 23andMe has provided a reconciliation of net loss, the most directly comparable GAAP financial measure, to Adjusted EBITDA at the end of this presentation.

Adjusted EBITDA is a key measure used by 23andMe's management and the board of directors to understand and evaluate operating performance and trends, to prepare and approve 23andMe's annual budget and to develop short- and long-term operating plans. 23andMe provides Adjusted EBITDA because 23andMe believes it is frequently used by analysts, investors and other interested parties to evaluate companies in its industry and it facilitates comparisons on a consistent basis across reporting periods. Further, 23andMe believes it is helpful in highlighting trends in its operating results because it excludes items that are not indicative of 23andMe's core operating performance. In particular, 23andMe believes that the exclusion of the items eliminated in calculating Adjusted EBITDA provides useful measures for period-to-period comparisons of 23andMe's business. Accordingly, 23andMe believes that Adjusted EBITDA provides useful information in understanding and evaluating operating results in the same manner as 23andMe's management and board of directors.

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Industry and Market Data

This Presentation relies on and refers to certain information and statistics based on 23andMe's management's estimates, and/or obtained from third party sources which it believes to be reliable. 23andMe has not independently verified the accuracy or completeness of any such third party information.
23andMe Mission: To Help People Access, Understand, and Benefit from the Human Genome
The Problem:
Today’s Healthcare System Has Only a Small Impact on Our Health and Well Being

Impact of Different Factors on Risk of Premature Death

- Individual Behavior: 40%
- Genetics: 30%
- Social & Environmental Factors: 20%
- Health Care: 10%

Today’s Healthcare System is Dysfunctional

“Of course our system isn’t about healthcare, it’s about maximizing revenue for a whole bunch of different players that have nothing to do with what’s good for patients.”

Elisabeth Rosenthal (Editor-in-Chief, Kaiser Health News)

25%  
U.S. healthcare spending is *waste*

75%  
Consumers wish their healthcare experience was *more personalized*

-15  
The Net Promoter Score (NPS) Americans gave the *pharmaceutical industry*

<12%  
*Probability of success* for a drug to be approved, taking ~10 years and costing $2.6B to develop

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23andMe

Revolutionizing the Diagnosis, Prevention and Treatment of Human Disease
Unlocking the Genetic Code Creates the Opportunity to Revolutionize the Diagnosis, Prevention and Treatment of Human Disease

Cracking the code...

...is a data problem, a very big data problem

We are all 99.5% genetically alike

3 billion base pairs long
Consumer Scale and Empowerment is the Key to Disrupting Healthcare

“Healthcare cannot change from within, it will need an outside force to change it, and that force will be our customers.”

Anne Wojcicki
The **Size and Scale** of 23andMe Enables Rapid, Novel Discoveries

<table>
<thead>
<tr>
<th>Dataset</th>
<th>Genotyped Customers</th>
</tr>
</thead>
<tbody>
<tr>
<td>REGENERON</td>
<td>~2M+</td>
</tr>
<tr>
<td>MILLION VETERAN PROGRAM</td>
<td>900,000+</td>
</tr>
<tr>
<td>UK BIOBANK</td>
<td>500,000</td>
</tr>
<tr>
<td>DECODE GENETICS</td>
<td>500,000</td>
</tr>
<tr>
<td>FINNGEN</td>
<td>473,000+</td>
</tr>
<tr>
<td>ALL OF US</td>
<td>413,000+</td>
</tr>
<tr>
<td>GENOMICS ENGLAND</td>
<td>100,000</td>
</tr>
</tbody>
</table>

1 Genotyped customers as of December 31, 2022.
We Pioneered Digital DTC Healthcare to Empower Customers With Affordable, Direct Access

8 FDA Authorizations/Clearances

1. The Retail DNA Test
By Anita Hamilton | Wednesday, Oct. 29, 2008

Best Inventions of 2008

From a genetic testing service to an invisibility cloak to an ingenious public bike system to the world’s first moving skyscraper — here are TIME’s picks for the top innovations of 2008

Proven accuracy (99% NPV/PPV) and accessibility

- **2015**: Carrier Status (inherited conditions)
- **2016**: GHR (genetic health risk)
- **2017**: BRCA (breast and ovarian cancer)
- **2018**: PGt (pharmacogenetic metabolism)
- **2019**: MUTYH (colorectal cancer)
- **2020**: PGt (pharmacogenetic drug response)
- **2022**: HOXB13 (prostate cancer)
- **2022**: Simvastatin (cholesterol PGt)

1 See FDA De Novo Authorizations 149644, 169626, 179646 and 189628 and FDA 510K Clearances K182784 and K193492.
“Like me, there are many women who have slipped through the cracks of our current medical screening system, either because they don’t have a family history of breast or ovarian cancer. Or they do not know that they have Ashkenazi Jewish ancestry. In my case, even though I know I have Ashkenazi ancestry, that wasn’t enough to prompt my doctor to consider screening. So there are many women walking around with this risk, who, like me, would have never known of their own risk but for this test from 23andMe.”

23andMe customer who discovered she had a BRCA1 mutation

Note: Estimates based on prevalence of variants in 23andMe's Database as of September 30, 2022.
Genetic Data Helps Drive Behavior Change

76%

Report taking a positive health action¹

- Eat healthier: 55%
- Set future goals to be healthier: 51%
- Adopt a healthier lifestyle in general: 50%
- Exercise more: 45%
- Get more rest / sleep: 42%
- Stop drinking / drink less: 16%
- Stop smoking / smoke less: 7%

¹ Based on 2019 online survey, designed by 23andMe and M/A/R/C Research, of 1,846 23andMe Health + Ancestry customers.
Opportunity for Personalized Healthcare at Scale

Practice of Medicine Today
Reactive – no customization until symptomatic

23andMe+
Proactive – truly individualized from the very beginning
Transforming Healthcare with Genetic Health Services at Scale
Problems we are solving

1. Prevention is not a focus
   The majority of people living in the United States don’t think about health until it’s too late.

2. Health is not accessible
   Healthcare is elusive to many people and it is often gated by affordability, geography, cultural affinity, and overly complex systems.

3. Health is not personal
   Most healthcare today takes a generic approach, often missing the full context to people’s lives and failing to deliver a path to their wellbeing.
What are Genetic Health Services?

Health Predispositions
Identify risks, implement targeted prevention, monitoring, and management

Wellness
Targeted to help you feel your best

Pharmacogenetics
Therapeutics that work best for you
Future of 23andMe:

**Fully Integrated** Genetic Health Services

- Genetic Health Evaluation
- Telehealth Services
- Lab Tests
- Precision Prescribing Using Pharmacogenetics
- Long-term Engagement

All connected within a single technology platform

Available in all 50 states
First Step: Genetic Health Evaluation

A dynamic, longitudinal service that combines your health data (genetic, medical, lifestyle, environmental, wearables, etc.) with your interests and goals, and delivers a personalized health & wellness plan with interesting, engaging, recommendations.

**Inputs**
- Health profile
- DNA & clinical tests
- Connected & self-reported data

**Outputs**
- Health plan & recommendations
- Insights, education & resources
- Feedback
Next Step: Implementing a **Genetically Informed, Personalized Health & Wellness Plan**

Consultation with a clinician to develop a personalized health & wellness plan that could include additional labs, treatment options and lifestyle changes.
23andMe Personal Genome Service (PGS)

The First and Only Multi-Disease DTC Personal Genome Service that Includes FDA-Authorized Reports and Provides Personalized Genetic Insights and Tools

**Health Predispositions**
30+
Including:
- Type 2 Diabetes *(Powered by 23andMe Research)*
- Coronary Artery Disease *23andMe+
- Uterine Fibroids *23andMe+
- Migraine *23andMe+
- MUTYH-Associated Polyposis (selected variants)

**Wellness**
10
Including:
- Muscle Composition
- Genetic Weight
- Alcohol Flush Reaction
- Saturated Fat and Weight
- Sleep Movement
- Dog & Cat Allergies *23andMe+

**Carrier Status**
40+
Including:
- Cystic Fibrosis
- Sickle Cell Anemia
- Familial Hyperinsulinism (ABCC8-Related)
- Tay-Sachs Disease
- Glycogen Storage Disease (Type 1a)

**Pharmacogenetics**
3
Including:
- SLCO1B1 Drug Transport
- CYP2C19 Drug Metabolism
  - e.g., citalopram and clopidogrel
- DPYD Drug Metabolism

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1. Includes FDA Authorized Genetic Health Risk Reports and Wellness Reports for Genetic Likelihood Powered by 23andMe Research.
2. Wellness information does not require FDA Authorization.

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Unique to 23andMe: FDA-Authorized Pharmacogenetics Reports

3 reports and 3 medication insights that look at genetic variants that influence how a person responds or processes certain medications (FDA-cleared)

- **SLCO1B1**
  - Drug Transport
  - Statin-induced myopathy

- **CYP2C19**
  - Drug Metabolism
  - Clopidogrel, citalopram response

- **DPYD**
  - Drug Metabolism
  - Fluoropyrimidine toxicity
Long-term Engagement with Customers

**Educate**
General education about health risks and preventative measures in context of overall health

**Passive Data Monitoring**
Monitor health data and recommend earlier testing based on risk assessment

**Follow-up Testing**
Schedule follow-up labs as needed based on risks identified in genetic health evaluation

**Automated Insights**
Tailored recommendations based on individual health data

**Clinician Consultation**
Option to consult with Lemonaid clinician as needed

**Cascade Testing**
Potential for education & testing of family members as needed
Bold predictions for human genomics by 2030

"The regular use of genomic information will have transitioned from boutique to mainstream in all clinical settings, making genomic testing as routine as complete blood counts."

Strategic vision for improving human health at the forefront of genomics

National Human Genome Research Institute

*Nature*, October 28, 2020
Transforming the Development of Therapeutics With the 23andMe Database
Opportunities to collaborate with 23andMe

Target - Drug Discovery - Drug Development Collaborations

Human genetics-driven target discovery

Clinical trial recruitment based on genetics

Target Discovery  Target val  Lead opt  IND-enabling  Phase 1  Phase 2  Phase 3  Marketing

Deeply phenotyped cohorts (e.g., Parkinson’s)

Genetics-driven disease awareness, cascade screening, and confirmatory testing

Portfolio validation
An Experienced Biopharma Leadership Team

100+ years of experience:
Genentech, Amgen, Gilead, GSK, Loxo, Achaogen, ProNeurotech, National Cancer Institute, Albert Einstein College of Medicine

From Left to Right:
- **Adam Auton**  
  Vice President, Human Genetics
- **Monica Viziano**  
  Vice President, Portfolio Strategy and AM
- **Jennifer Low**  
  Head of Therapeutics Development
- **Bill Richards**  
  Vice President, Target and Drug Discovery
- **Kenneth Hillan**  
  Chief Therapeutics Officer
- **Joe Arron**  
  Chief Scientific Officer, Therapeutics

[https://www.23andme.com/therapeutics/](https://www.23andme.com/therapeutics/)
23andMe Therapeutics Core Capabilities

Unique 23andMe genetic and phenotypic data platform and insights
● Genetics based drug discovery and development
● Ability to recontact customers and to conduct real-time research at scale
● Advanced statistical and computational modeling

Fully operational biopharma capabilities
● In vitro and in vivo translational research laboratories
● Antibody and protein engineering
● CMC, analytics, bio-analytics and quality assurance
● Non-clinical and early phase clinical development

Track record of successful target and drug candidate discovery;
an experienced drug development team
● Ability to move quickly from target validation to the clinic
● Extensive experience in portfolio and alliance management
● Focus on delivering value for our partners
Drug Development is Inefficient

Potential to use Genetics to More Efficiently Develop Novel Therapeutics by “Power, Need, and Speed”

2. Probability of success for a drug to be approved is estimated to be <12%.

- 7 years average time-to-IND
- 90% failure rate
- $2.6B average cost of drug development
Our Scale Enables Real-Time Research Across Multiple Disease Areas Including
(numbers below represent the number of research participants with the condition indicated)

<table>
<thead>
<tr>
<th>Example Phenotype</th>
<th>Number of Cases¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>1.2M</td>
</tr>
<tr>
<td>Type 1 / Type 2 diabetes</td>
<td>40k / 413k</td>
</tr>
<tr>
<td>Irritable Bowel Syndrome</td>
<td>742k</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>857k</td>
</tr>
<tr>
<td>Solid Tumors</td>
<td>&gt; 1M</td>
</tr>
<tr>
<td>Basal Cell</td>
<td>412k</td>
</tr>
<tr>
<td>Squamous Cell</td>
<td>222k</td>
</tr>
<tr>
<td>Melanoma</td>
<td>127k</td>
</tr>
<tr>
<td>Breast</td>
<td>119k</td>
</tr>
<tr>
<td>Colorectal</td>
<td>25k</td>
</tr>
<tr>
<td>Thyroid</td>
<td>27k</td>
</tr>
<tr>
<td>Hematologic Cancers</td>
<td>18k</td>
</tr>
<tr>
<td>NHL</td>
<td>14k</td>
</tr>
<tr>
<td>Leukemia</td>
<td></td>
</tr>
<tr>
<td>Retinal Diseases</td>
<td>106k</td>
</tr>
<tr>
<td>AMD</td>
<td>193k</td>
</tr>
<tr>
<td>Glaucoma</td>
<td></td>
</tr>
<tr>
<td>Rare Diseases</td>
<td>8.9k</td>
</tr>
<tr>
<td>Sarcoidosis</td>
<td>5k</td>
</tr>
<tr>
<td>Idiopathic Pulmonary Fibrosis</td>
<td></td>
</tr>
</tbody>
</table>

> 1.4M
COVID-19 study participants¹
750k
Consumers participated in the COVID-19 study in the first 90 days

COVID-19 Research

- March 16 2020: Kicked Off Study
- April 6 2020: Launched Study
- June 8 2020: Preliminary Findings
- Sept. 7 2020: Posted Preprint Findings²
- April 22 2021: Published in Journal³

Re-contactable Customers Participate in Health Research

GWAS is a statistical analysis of Single Nucleotide Polymorphisms (SNPs), looking to identify differences in frequency between disease cases and controls.

SNPs linked with disease will be found at different frequencies in cases versus controls.

Association is represented by the level of statistical significance (p-value) of the SNP frequency difference.

SNPs can be tested across the genome and mapped to specific regions.
Size and Scale Accelerate Target Discovery

Example: Number of Osteoarthritis GWAS\(^1\) hits dramatically increase as database grows

New programs are identified through GWAS\(^1\) hits, which increase as size of database grows

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1 GWAS: Genome-Wide Association Study.
Hundreds of Distinct Clinical Phenotypes Across Major and Rare Diseases

Orthopedic

Neurology

Allergy

Cancer

Cardiovascular

G.I.

Autoimmunity

Hematology

Metabolic Disease

Ophthalmology

Infectious Disease

Endocrine

Phenotype
NAFLD (Non-Alcoholic Fatty Liver Disease)

Cases  Controls  Hits  New Lost
48048  2517644  104  44  2
Genetic Association of the TSLP Signalling Pathway With Asthma

TSLP is a well-known cytokine with a role in maintaining immune homeostasis and regulating inflammatory responses at mucosal barriers.

The TSLP signaling pathway is an attractive therapeutic target. e.g. Tezepelumab, a TSLP-blocking monoclonal antibody for treatment of asthma.

Our genetic data shows that multiple genes within the TSLP pathway associate strongly with asthma.
Breadth of Phenotyping Provides Deeper Genetic Understanding Beyond Single Diseases

- PheWAS = Phenotype Wide Association Study

- Every SNP in the genome can be interrogated at >1,000 medically related phenotypes.

- Besides the role of a gene in a disease of interest, we can use genetics to learn potential indication expansions or possible unwanted toxicities.

- For TSLP, PheWAS indicates lack of effect in eczema but also highlights potential indication expansion in a rare disease.
A Research and Development Pipeline Covering Multiple Therapeutic Areas

1. GSK is solely responsible for the development of GSK6097608 (GSK'608) in later-stage clinical trials. Subject to its successful commercialization, 23andMe is eligible to earn tiered worldwide royalties up to the low double digits.

2. The 50+ programs in the combined therapeutic areas include 100% owned and royalty interest targets as well as those in collaborations. The majority of the programs are in collaboration with GSK. Note: As of March 31, 2022
Systematic, Scalable Research Platform Yields Novel Drug Targets

10,000s of Genome-Wide Association Study (GWAS) Hits

Determine Disease Associated Genes and Directionality

Translational Research to Understand Mechanism

Identifying Druggable Targets

Phenome-Wide Association Studies (PheWAS) Reveal Additional Indications and Potential Safety Concerns

Assessment of Unmet Need and Competitive Landscape

Best Drug Targets

Wet lab validated targets progress through standard stages of research toward the selection of preclinical lead molecules and clinical development

Phenotypic Data

Genetic Data

23andMe's database yields thousands of GWAS hits

Advanced biology and medicinal chemistry guide design of optimal compounds from initial targets

Phenotypic breadth provides unique ability to uncover potential safety issues or possible indication expansions
23andMe Immuno-oncology (I/O) Programs
Our I/O Programs Were Identified With ML and AI Applied to Our Proprietary I/O Genetic Signature

23andMe’s proprietary I/O genetic signature developed with ML which also identifies marketed I/O drugs

I/O genetic signature shows opposing effects on autoimmune and cancer phenotypes

Large I/O market with $60B in 2021 sales

2021 sales of leading checkpoint inhibitors

KEYTRUDA $17.2B

OPDIVO $7.5B

YERVOY $2.0B

We discovered additional targets that have a similar genetic I/O signature

CD200R1 (23ME’610)

CD96 (GSK’608)

+ others
23ME'610 Targeting CD200R1
CD200R1 was Identified as a Promising Anti-Cancer Drug Target with 23andMe’s Proprietary Immuno-oncology (I/O) Genetic Signature

CD200R1 pathway identified as a critical immune checkpoint with our I/O genetic signature

I/O genetic signature shows opposing effects on autoimmune and cancer phenotypes

We discovered that 3 components of the signaling pathway for CD200R1 have a similar genetic signature to other I/O drugs
CD200R1 is an inhibitory receptor expressed on T-cells and myeloid cells

CD200 is the only known ligand for CD200R1 in humans and is highly expressed in certain cancers

Binding of CD200 to CD200R1 decreases the ability of T-cells to recognize and kill cancer cells

Several viruses have co-opted CD200 analogues to suppress and evade the host immune response

References:
- J Virol 2012;86:6246
- J Virol 2004;78:7667
- J Immunol 2005;175:4441
- Structure 2013;21:820
- JCI Insight 2018;3:e96836
23ME-00610 (23ME’610) Binds with High Affinity to CD200R1 and Inhibits Immunosuppressive Signaling

- 23ME ‘610 is a fully humanized, effectorless, IgG1 antibody against human CD200R1
- 23ME ‘610 binds CD200R1 with high affinity ($K_D < 0.1$ nM)
- 23ME ‘610 blocks CD200 ligand binding to CD200R1, resulting in inhibition of immunosuppressive signaling
- The restoration of T-cell activity by 23ME ‘610 was demonstrated using in vitro models of the tumor microenvironment
- No adverse effects of blocking CD200R1 have been observed in nonclinical toxicology studies

*CD200-expressing cell types include tumor, stroma and endothelial IFN, interferon; IL, interleukin
CD200R1 expression (using RNAseq data from TCGA) is correlated with several immune cell markers: CD4, CD8, CD45 (shown), and CD11b.

CD200R1 is co-expressed with antigens or markers that are expressed on lymphocytes seen in most cancer types.

1. Clear cell renal carcinoma (KIRC) is shown and was chosen because it had high immune infiltration in the TCGA dataset.
Inhibition of CD200R1 has the potential to address resistance to anti–PD1 therapies

Blocking the CD200R1 pathway enhanced IFNγ production from SEB-stimulated PBMCs compared to isotype control and anti-PD1 in the majority of samples tested.

PBMCs from each respective patient were incubated with 100 nM of 23ME-00610, anti–PD-1, or isotype control. Cells were stimulated with SEB. IFNγ levels were determined by enzyme-linked immunosorbent assay. Mean biologic triplicates were normalized to isotype control. *P <0.05.
First-in-class anti-CD200R1 antibody 23ME-00610 in Patients with Advanced Solid Malignancies: Phase 1 Results

Full Poster presentation at AACR 2023, Orlando FL, #CT174
Phase 1 Dose Escalation (3+3) Study Design

**DOSE ESCALATION STUDY DESIGN**

<table>
<thead>
<tr>
<th>COHORT 1</th>
<th>COHORT 2</th>
<th>COHORT 3</th>
<th>COHORT 4</th>
<th>COHORT 5</th>
<th>COHORT 6</th>
<th>COHORT 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 mg</td>
<td>6 mg</td>
<td>20 mg</td>
<td>60 mg</td>
<td>200 mg</td>
<td>600 mg</td>
<td>1400 mg</td>
</tr>
</tbody>
</table>

23ME-00610 IV Q3W

**KEY ELIGIBILITY CRITERIA**
- Locally advanced (unresectable), or metastatic carcinoma or sarcoma that has progressed after all standard therapies
- ≥ 18 years of age
- ECOG PS 0-1

**TREATMENT AND EVALUATION**
- Participants received 23ME-00610 intravenously every 3 weeks (Q3W) infused over 30 minutes.
- 23ME-00610 was administered until disease progression (by iRECIST), unacceptable toxicity, withdrawal of consent or death
- The DLT observation period was 21 days following the first dose of 23ME-00610.

**ENDPOINTS**

**Primary:**
- Safety, tolerability (DLTs, AEs, SAEs, withdrawal due to treatment-related AEs)
- RP2D determination

**Secondary:**
- Efficacy (ORR, DoR, DCR, PFS using RECIST 1.1, and OS)
- Pharmacokinetics
- Immunogenicity

**Exploratory**
- Pharmacodynamic biomarkers

*Sentinel period of 24 hours between the first 2 patients at each dose in the 3+3 portion.

AE, adverse event; DCR, disease control rate; DLT, dose limiting toxicity; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group Performance Status; Intravenous; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; Q3W, every 3 weeks; RP2D, recommended phase 2 dose; SAE, serious adverse event.
## Advanced Solid Tumor Patients Enrolled in Phase 1

Enrolled between January 5th 2022 and January 20th 2023

### Table 1. Baseline Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total Population, N=27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age, years (range)</td>
<td>60 (21-89)</td>
</tr>
<tr>
<td>Female sex, n (%)</td>
<td>13 (48)</td>
</tr>
<tr>
<td>Race, n (%)</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>1 (3.7)</td>
</tr>
<tr>
<td>Asian</td>
<td>2 (7.4)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1 (3.7)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (3.7)</td>
</tr>
<tr>
<td>White</td>
<td>22 (82)</td>
</tr>
<tr>
<td>Hispanic or Latino ethnicity, n (%)</td>
<td>6 (22)</td>
</tr>
<tr>
<td>ECOG Performance Status, n (%)</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>10 (37)</td>
</tr>
<tr>
<td>1</td>
<td>17 (63)</td>
</tr>
<tr>
<td>Median number of prior anti-cancer therapies, n (range)</td>
<td>3.5 (1-9)</td>
</tr>
<tr>
<td>Prior immunotherapy, n (%)</td>
<td>14 (52)</td>
</tr>
</tbody>
</table>
Excellent PK Exposure Across 3w Cycle

- PK dose-proportional for doses ≥ 60 mg
- Saturation of peripheral receptor occupancy and free soluble CD200R1 at doses ≥ 60 mg
- T<sub>1/2</sub> ~12 days supporting Q3W dosing.

*Reference lines for 99%RO in tumor and EC90 in tumor are based on in vitro data and assume 10% partition from blood to tumor.<sup>1,2</sup>

Sample size for participants with evaluable data by dose cohorts: 1400 mg (N=7), 600 mg (N=8), 200 mg (N=3), 60 mg (N=4), 20 mg (N=3), 6 mg (N=1), 2 mg (N=1).

Plot depicts geometric mean (GM) and standard deviation (geoSD) of serum 23ME-00610 concentration by dose level.

Kummar S, et al., 2023, AACR Annual Meeting #CT174
Increased Immune-Related Adverse Events at Pharmacologically Relevant Dose Levels

Figure 3: Potential Immune-Related AEs in ≥ 5% of Participants by Dose Level

*Immune-related AEs were identified using standardized MedDRA queries (SMQs) for immune-mediated/autoimmune disorders, drug reaction with eosinophilia and systemic symptoms syndrome, CNS vascular disorders, not specified as haemorrhagic or ischaemic, interstitial lung disease, thyroid dysfunction, GI nonspecific inflammation and dysfunctional conditions and hepatitis, non-infectious.

Kummar S, et al., 2023, AACR Annual Meeting #CT174
Preliminary Clinical Activity of 23ME-00610 in Neuroendocrine Cancer

23ME-00610 treatment was well tolerated, with a **19% reduction in target lesions at Week 24 assessment.**

Patient continues on study drug at Cycle 9 with stable disease at the time of data cutoff (January 20, 2023).

Kummar S, et al., 2023, AACR Annual Meeting #CT174
Phase 1/2a Study of 23ME’610 in Patients with Locally Advanced or Metastatic Solid Malignancies

Study Design

1. Phase 1
   - Openlabel
   - Non-Randomized
   - Multi-center

Patients with locally advanced, unresectable or metastatic solid tumors that have progressed after or are inappropriate for standard therapy

- Part A (n ≤ 26)
  - Monotherapy Dose Escalation (IV Infusion Q3W)
  - Accelerated Titration
  - 3+3 Cohorts
  - RP2D / MTD

- Part B (n = 75) (~15/cohort)
  - Neuroendocrine Cancers
  - Small Cell Lung Cancer
  - Ovarian Cancer
  - Renal Clear Cell Cancer
  - MSI-H & TMB-H Cancers
  - Adolescent Cancers

Objectives

Primary

- Part A: Safety (DLTs, AEs)
- Part B: Efficacy (ORR)

Secondary and Exploratory

- Efficacy (ORR [RECIST and iRECIST]), DoR, PFS, OS) and Safety
- Pharmacokinetics
- Pharmacodynamic biomarkers

Abbreviations: AEs: Adverse Events; DLT: Dose limiting toxicity; DOR: duration of response; IV: intravenous; ORR: Objective Response Rate; OS: Overall Survival; PFS: Progression Free Survival; Q3W: every three weeks; RECIST: Response Evaluation Criteria in Solid Tumors; RP2D: Recommended Phase 2 Dose
23ME'610 Targeting CD200R1: A Genetically-Validated Approach to Anti-Cancer Therapy

- CD200R1 is an immune checkpoint with a strong I/O signature in three components of the pathway.
- 23ME-00610 is a high-affinity, first-in-class, anti-CD200R1 antibody with immune-activating properties.
  - CD200R1 is expressed in immune checkpoint inhibitor non-responders, indicating that inhibition of the CD200R1 immune checkpoint has the potential to address resistance to anti-PD-1 and anti-CTLA4 therapies\(^1\).
- Phase 1 is complete in solid tumors with a recommended phase 2 dose of 1400 mg every 3 weeks\(^2\)
  - Peripheral saturation of CD200R1 was observed at doses $\geq 60$ mg; at least 10-fold higher doses are needed to saturate CD200R1 in the tumor microenvironment as $\sim10\%$ of 23ME-00610 is expected to partition into the tumor.
  - Increased immune related AEs were observed at higher, pharmacologically relevant dose levels.
- Phase 2a portion of the study study will evaluate five tumor indication-specific expansion cohorts and a cohort of adolescents with locally advanced unresectable, or metastatic solid malignancies.

1. Data presented in poster at 2022 American Association for Cancer Research (AACR) annual meeting. 2. Data presented in poster at 2023 American Association for Cancer Research (AACR) annual meeting
GSK6097608 (GSK'608) Targeting CD96
The GSK’608 Program is a Prime Example of the Value 23andMe Brings to Drug Discovery and Development

- Inhibition of CD96 leads to immune activation and tumor growth inhibition in non-clinical models
- GSK’608 is a high affinity monoclonal antibody against CD96
- GSK’608 is currently being evaluated in an ongoing Phase 2 study
- In January 2022, 23andMe elected to take a royalty option on GSK’608. As a result, GSK is now solely responsible for the development of GSK’608.
Financials

5
Investing in Future Growth in a Fiscally Responsible Manner

1. **Investing in future growth potential.** For those business segments expected to drive future growth, including the new genetic health services and our therapeutics business, we plan to focus on the most strategically and financially valuable options and invest appropriately in each.

2. **Employing a conservative approach to planning.** Recognizing the current uncertainties in the economy and financial markets, we are prioritizing the minimization of Adjusted EBITDA deficit rather than maximizing top-line growth in our Consumer business (PGS and telehealth).

3. **Solid cash position.** Cash of $433 million\(^1\) supports 23andMe’s plans for significant investment in Therapeutics portfolio and strategic initiatives.

\(^1\)As of December 31, 2022.
# Revenue Composition

<table>
<thead>
<tr>
<th>(in $M, except percentages)</th>
<th>Three Months Ended December 31,</th>
<th>Year Ended March 31,</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY2023</td>
<td>FY2022</td>
</tr>
<tr>
<td>Consumer Services</td>
<td>$54</td>
<td>$46</td>
</tr>
<tr>
<td></td>
<td>80%</td>
<td>81%</td>
</tr>
<tr>
<td>Research Services</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>Therapeutics</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$67</td>
<td>$57</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$222</td>
</tr>
<tr>
<td></td>
<td></td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$272</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>
# Consumer Services Revenue Seasonality by Fiscal Quarter

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Full Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2019</td>
<td>28%</td>
<td>19%</td>
<td>18%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td>FY 2020</td>
<td>24%</td>
<td>24%</td>
<td>21%</td>
<td>31%</td>
<td>100%</td>
</tr>
<tr>
<td>FY 2021</td>
<td>18%</td>
<td>21%</td>
<td>22%</td>
<td>39%</td>
<td>100%</td>
</tr>
<tr>
<td>FY 2022</td>
<td>22%</td>
<td>20%</td>
<td>21%</td>
<td>38%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: Fiscal year ends March 31.
## Research and Development Expense

<table>
<thead>
<tr>
<th>(in $M, except percentages)</th>
<th>Amount</th>
<th>Percentage of total R&amp;D expense</th>
<th>Amount</th>
<th>Percentage of total R&amp;D expense</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutics</td>
<td>$28</td>
<td>50%</td>
<td>$23</td>
<td>46%</td>
<td>22%</td>
</tr>
<tr>
<td>Consumer and Research Services</td>
<td>29</td>
<td>50%</td>
<td>27</td>
<td>54%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total R&amp;D Expense</strong></td>
<td><strong>$57</strong></td>
<td><strong>50%</strong></td>
<td><strong>$50</strong></td>
<td><strong>54%</strong></td>
<td></td>
</tr>
</tbody>
</table>

Investing in Therapeutics
# Sales and Marketing Expense Composition

<table>
<thead>
<tr>
<th>(in $M)</th>
<th>FY2023</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising and Brand</td>
<td>$17</td>
<td>$32</td>
</tr>
<tr>
<td>Personnel-related expenses</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Outside Services, equipment and supplies</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Facilities and other OH Alloc</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total S&amp;M Expense</strong></td>
<td><strong>$40</strong></td>
<td><strong>$42</strong></td>
</tr>
</tbody>
</table>

*Note: Balances may not add up due to rounding*
Appendix
Nearby genetic variants are correlated with each other. Knowing the variant in one position allows nearby variants to be inferred.

• E.g. Fill in the blanks:

The q***k brown f*x jumps ov*r the **zy dog.

• The same principle applies in genetics. The process of filling in the gaps is known as ‘genotype imputation’.

We type ~650,000 SNPs using our genotyping array, which allows accurate imputation for >35m SNPs in the genome.

Genotype imputation is much more cost effective than large-scale sequencing.

• Whole-genome sequencing ~$1000 / sample.
• Exome sequencing ~$400 / sample.
• Imputation < $0.01 / sample.

We do deploy sequencing in situations where there is a clear benefit over and above imputation (e.g. rare disease).
23andMe’s Value Proposition

Disrupting the Healthcare experience. 23andMe is building a personalized health and wellness experience that caters uniquely to the individual by harnessing the power of their DNA. Integrating Lemonaid Health’s online digital health platform to deliver personalized, prevention-oriented, genetically-based healthcare at scale.

The world’s premier re-contactable phenotype-linked genetic database. A vast (>13M genotyped customers) proprietary dataset rich with both genotypic and phenotypic (health) information allows insights that unlock revenue streams across digital health, therapeutics, and much more.

Continuously increasing quantity and quality of phenotypic data. Impressive customer participation provides >4 billion phenotypic data points for unprecedented statistical power to discover new insights into health and potential therapies.

Over 50 identified therapeutic programs validates the approach of developing novel therapeutics using genetic data. One program in clinical development with GSK, one wholly owned program started clinical trials in January 2022.

Difficult to replicate platform for value creation. The FDA-authorized consumer platform, the therapeutics efforts, and the rich database combine to create multiple opportunities for substantial value creation.

Solid cash position. Solid balance sheet supports 23andMe’s plans for significant investment in therapeutics portfolio and strategic initiatives.