

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): July 14, 2021

Foghorn Therapeutics Inc.
(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of incorporation)

001-39634
(Commission
File Number)

47-5271393
(IRS Employer Identification No.)

500 Technology Square, Ste 700
Cambridge, MA
(Address of principal executive offices)

02139
(Zip Code)

(Registrant's telephone number, including area code): (617) 586-3100

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, \$0.0001 par value per share	FHTX	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 7.01 Regulation FD Disclosure.

The Company is furnishing as Exhibit 99.1 to this Current Report on Form 8-K a presentation, dated July 2021, which the Company intends to use in meetings with or presentations to investors.

The information in this Item 7.01 (including Exhibit 99.1 attached hereto) is being furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Investor Presentation, dated July 2021

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

FOGHORN THERAPEUTICS INC.

By: /s/ Allan Reine
Allan Reine, M.D.
Chief Financial Officer

Date: July 14, 2021



Targeting the Chromatin Regulatory System

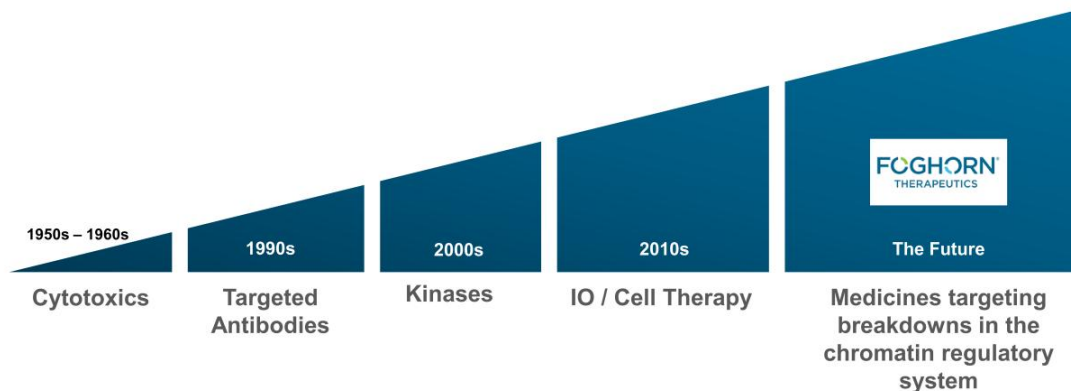
Broadening the Impact of Precision Medicines for Oncology and Other Diseases



July 2021



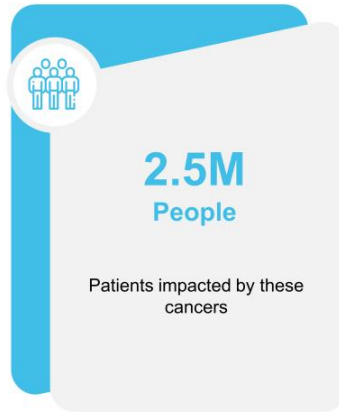
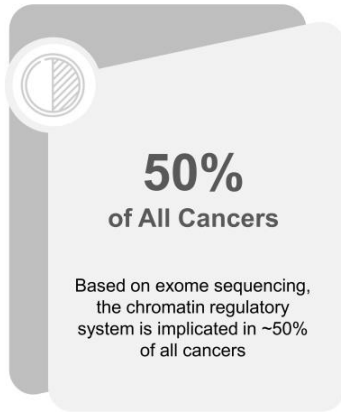
This presentation contains forward-looking statements. All statements other than statements of historical facts contained in this presentation are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “will,” “should,” “expect,” “plan,” “anticipate,” “could,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “potential” or “continue” or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. Forward-looking statements include, but are not limited to, statements concerning: the initiation, timing, progress and results of our research and development programs and preclinical and clinical trials, our ability to advance product candidates that we may develop and successfully complete preclinical and clinical studies; our ability to leverage our initial programs to develop additional product candidates using our Gene Traffic Control Platform; the impact of the COVID-19 pandemic in our and our collaborators’ business operations, including our research and development programs and preclinical studies; developments related to our competitors and our industry; our ability to expand the target populations of our programs and the availability of patients for clinical testing; our ability to obtain regulatory approval for FHD-286, FHD-609 and any future product candidates from the FDA and other regulatory authorities; our ability to identify and enter into future license agreements and collaborations; our ability to continue to rely on our CDMOs and CROs for our manufacturing and research needs; regulatory developments in the United States and foreign countries; our ability to attract and retain key scientific and management personnel; the scope of protection we are able to establish, maintain and enforce for intellectual property rights covering FHD-286 and FHD-609, our future products and our Gene Traffic Control Platform; and our use of proceeds from our initial public offering, estimates of our expenses, capital requirements and needs for additional financing. Any forward-looking statements represent the Company’s views only as of today and should not be relied upon as representing its views as of any subsequent date. The Company explicitly disclaims any obligation to update any forward-looking statements. The Company’s business is subject to substantial risks and uncertainties.



Cancer is one of the leading causes of death worldwide

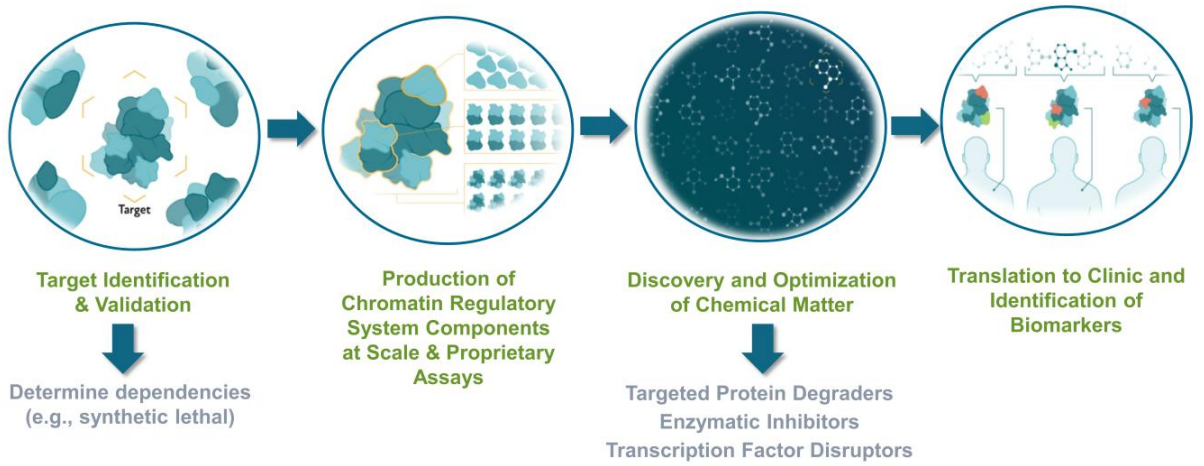
Dysregulation of the Chromatin Regulatory System Has Been Implicated in up to 50% of All Cancers

Significant Market Opportunity



Our Gene Traffic Control Platform Makes It Possible to Understand and Drug Genetic Dependencies within the Chromatin Regulatory System

Integrated, Scalable, Efficient – Repeatable Paradigm

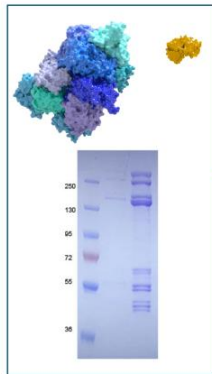


Platform is Powered by Ability to Produce Components at Scale

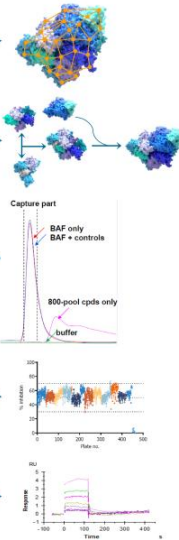
Drives Drug Discovery Pipeline with Cutting Edge Technology



Production of Chromatin Regulatory System Components



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Features

Benefits

Surface Mapping	Characterize TF/BAF Binding Sites
Assembly	Synthesize subcomplexes to enable drug discovery
Affinity Screening and Validation	ASMS on full complex to yield novel degraders
HTS	Multiple screening options with full complex
Biophysics/SPR	Validation of novel small molecule binders

Heterobifunctional Degradation Platform

Foghorn Pursuing >8 Targeted Protein Degradation



Bioinformatics	<ul style="list-style-type: none">• Optimal E3 ligase target pairing• Proteomics
Screening and Characterization	<ul style="list-style-type: none">• Proprietary chromatin remodeling assays• Protein degradation kinetics
Chemical Toolbox	<ul style="list-style-type: none">• Proprietary library of drug-like linkers and E3 ligase binders• Chemistry to rapidly identify and optimize degraders
Structural and Computational Approaches to Degradation Design	<ul style="list-style-type: none">• Structure based optimization of binders• Ternary complex crystal structures and modeling approaches for degradation optimization
Optimization of Degradation Drug Properties	<ul style="list-style-type: none">• Guidelines for both of oral and IV administered degraders• PKPD/efficacy and safety modeling to optimize dosing and scheduling

First Two Programs in the Clinic, Broad Pipeline Advancing

Precision Oncology / Breadth and Depth



Program / Target	Modality	Discovery	IND-enabling	Phase 1	Phase 2	Phase 3	Global Rights
FHD-286 (BRG1 / BRM)	Enzyme inhibitor	AML		Early Clinical Data (Q4 2021)			FCGHORN <small>TECHNOLOGIES</small>
		Uveal melanoma		Early Clinical Data (Q4 2021)			FCGHORN <small>TECHNOLOGIES</small>
FHD-609 (BRD9)	Protein degrader	Synovial sarcoma		Early Clinical Data (H1 2022)			FCGHORN <small>TECHNOLOGIES</small>
Selective BRM	I) Enzyme inhibitor	BRG1 mutated cancers	IND 2022				FCGHORN <small>TECHNOLOGIES</small>
	II) Protein degrader	BRG1 mutated cancers					
Selective ARID1B	Protein degrader	ARID1A mutated cancers					FCGHORN <small>TECHNOLOGIES</small>
Synthetic Lethal Targets (multiple)	I) Enzyme inhibitors						FCGHORN <small>TECHNOLOGIES</small>
	II) Protein degraders						
Transcription Factors (multiple)	Transcription factor disruptors						FCGHORN <small>TECHNOLOGIES</small>
Partnered program (undisclosed)	Transcription factor disruptor						MERCK

Gene Traffic Control® Platform



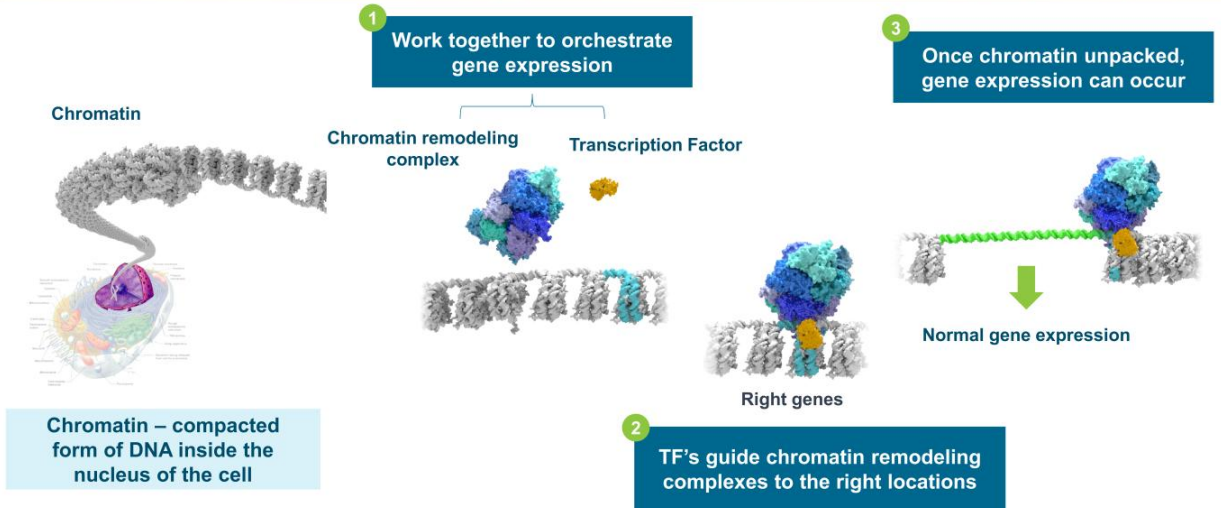
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The Chromatin Regulatory System

Orchestrates Gene Expression

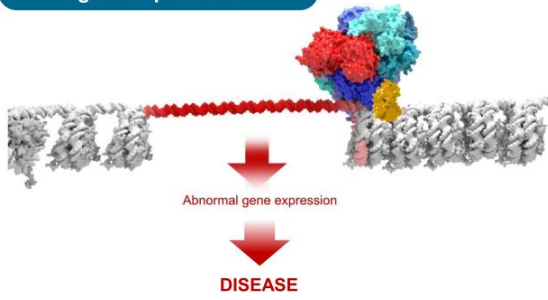
The Chromatin Regulatory System Orchestrates Gene Expression

Two Major Components Work in Concert - Chromatin Remodeling Complexes and Transcription Factors

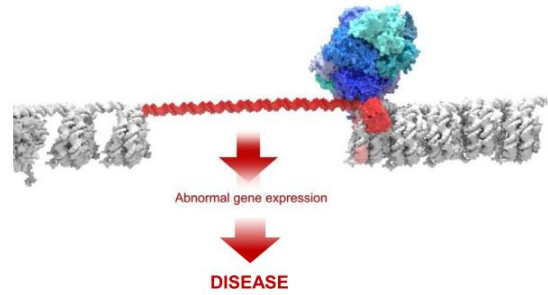




Mutations or overexpression in chromatin remodeling complexes result in abnormal gene expression

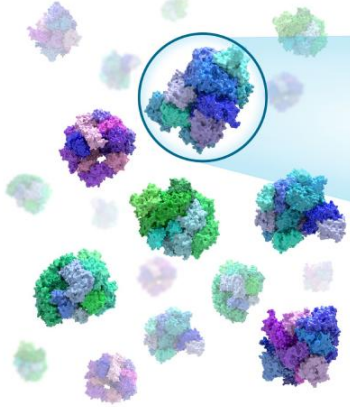


Mutated or overexpressed TF hijacks chromatin remodeling complex to wrong location

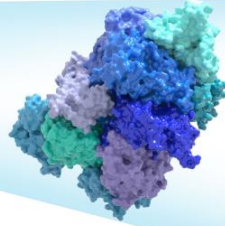




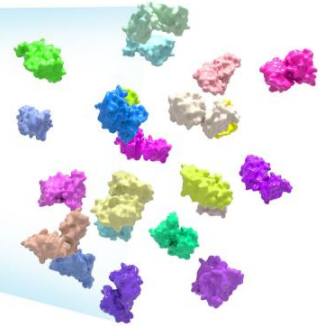
28 Chromatin Remodeling
Complexes and >1,000 TFs



BAF Complex and Associated Transcription Factors



+



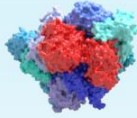
BAF Complex Subunits
Mutated and Dysregulated
in Cancer

Estimate >100 Transcription
Factors Associated with just
the BAF Complex



Novel Targets / Dependencies

Chromatin Remodeling Complexes Mutations / Overexpression



Transcription Factor Mutations / Overexpression



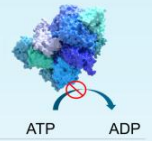
Mutations that Impinge on the Chromatin Regulatory System



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Tailored Drugging Approaches

Enzymatic Inhibitors:
Highly selective and allosteric small molecule inhibitors



Targeted Protein Degradation:
Bi-functional protein degraders for targets with no enzymatic activity



Transcription Factor Disruptors:
Disrupt interactions between chromatin remodeling complexes and transcription factors





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FHD-286: Clinical Entry Point - AML and Uveal Melanoma

FHD-286 is a Potent, Selective, Allosteric, Small Molecule Inhibitor of the BRG1 and BRM subunits of the BAF complex

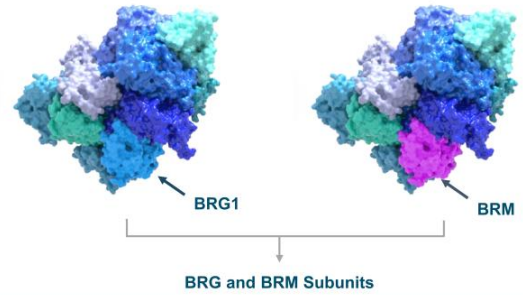


Target / Approach	<ul style="list-style-type: none"> BRG1/BRM ATPase Small molecule, allosteric, oral enzymatic inhibitor
Indications	<ul style="list-style-type: none"> Acute myelogenous leukemia (AML) Uveal melanoma Indication expansion work ongoing in multiple solid tumors
Mutation / Aberration	<ul style="list-style-type: none"> AML: Elevated BRG1-BAF / TF activity in AML blast cells Uveal Melanoma: GNAQ/GNA11 mutated UM is driven by dependency on BAF / TF activity
Program Status / Milestones	<ul style="list-style-type: none"> Phase I studies enrolling in AML and metastatic uveal melanoma Phase I data as early as Q4'21
New Patients Impacted / Year*	<ul style="list-style-type: none"> AML: Over 20,000 relapsed and/or refractory patients Uveal melanoma: Over 5,000 patients

* US, EU5, Japan

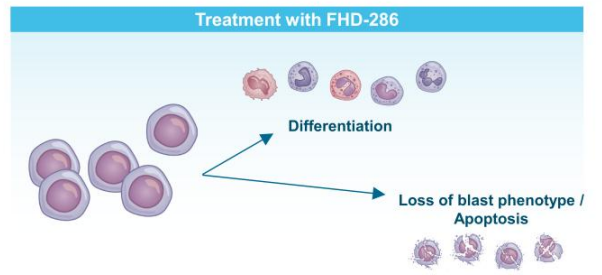
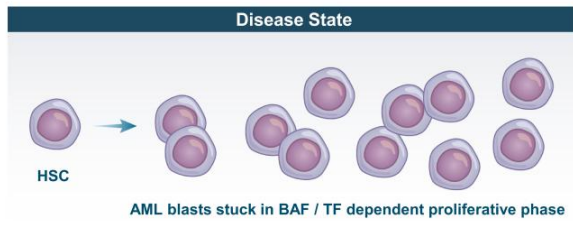
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BAF Chromatin Remodeling Complex

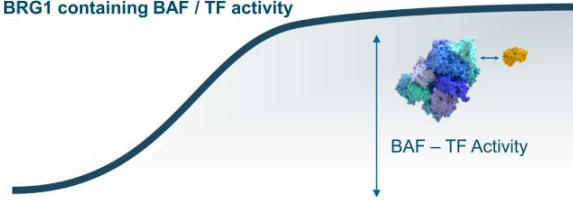


- BRM/BRG1 is the engine (ATPase) of the BAF chromatin remodeling complex
- BRG1 & BRM are highly similar proteins

AML & Dependency on BRG1 / Lineage Dependent TF Interactions

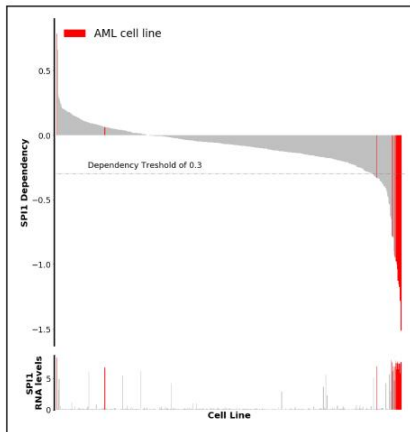


Cancerous blast cells rely on BRG1 containing BAF / TF activity

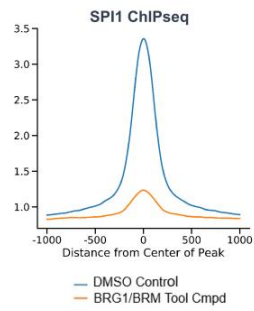




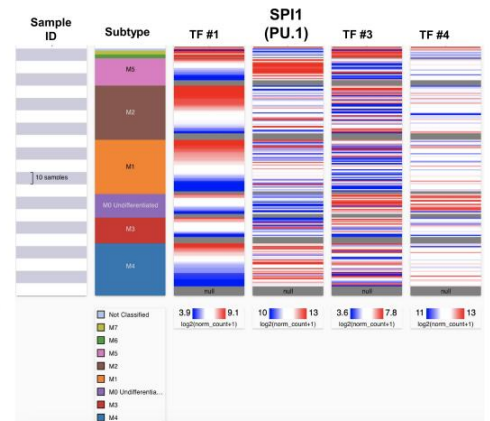
SPI1 (PU.1) / BAF Dependency



BRG1 Inhibition Leads to Loss of SPI1 (PU.1) Occupancy on Chromatin



TF Association with AML by FAB Classification: 70%



FHD-286 Shows Broad Efficacy Across AML Patient Derived Samples

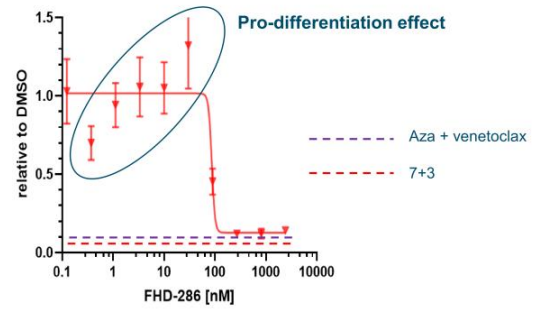


Notable Patient ID	Deep Response	Pathology Review	Disease Status
1690AML1	Y	AML	Secondary
1695AML1	Y	AML/MDS	Secondary
1696AML1	Y	AML	Secondary
1701AML1	Y	AML	Secondary
1893AML1	Y	AML	R/R
1899AML1	Y	AML	R/R
1990pAML1	Y	AML	R/R
1991pAML1	Y	AML	de novo
2041AML1	Y	N/A	de novo
2043pAML1	Y	AML	R/R
2059AML1	Y	AML	R/R
1682AML1	~	N/A	N/A
1689AML1	~	AML/MDS	de novo
1684AML1	N	CML	R/R
1924AML1	N	AML/MDS	R/R

Y = Deep reduction in blast cells
 ~ = Partial reduction
 N = No response

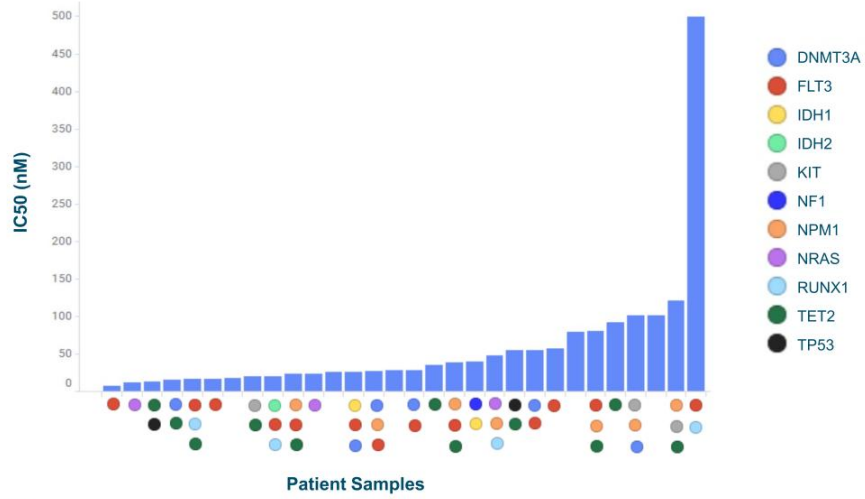
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1695AML1 – BM-secondary AML



- Response observed in a majority of primary AML samples, irrespective of prior treatment or disease stage
- Additional data set from patient derived samples demonstrate mutation agnostic responses

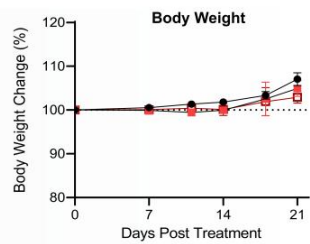
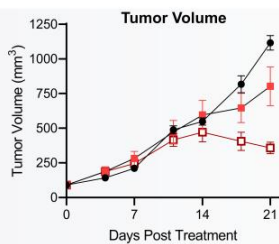
FHD-286 Shows Effect Across a Range of Mutations in AML Patient-Derived Samples



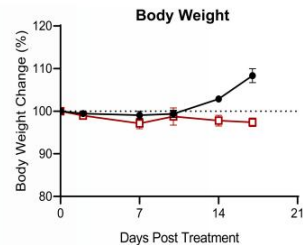
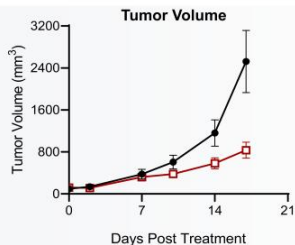
Dose-Dependent Tumor Growth Inhibition Observed with FHD-286 Treatment in AML CDX Models



**MV4-11
CDX Model
(FLT3 ITD, MLL-AF4)**



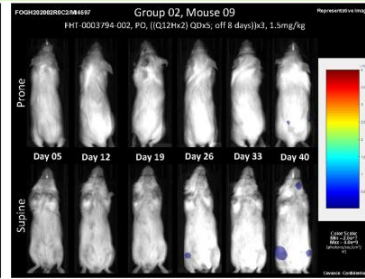
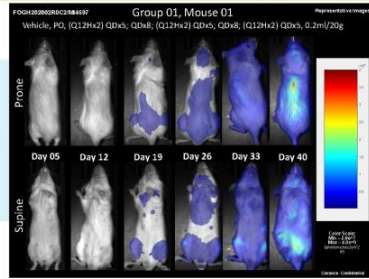
**OCI-AML2
CDX Model
(MII-AF6, DNMT3a mut.)**



Tumor Growth Inhibition with FHD-286 Treatment Observed by Bioluminescence Imaging in a Disseminated AML model

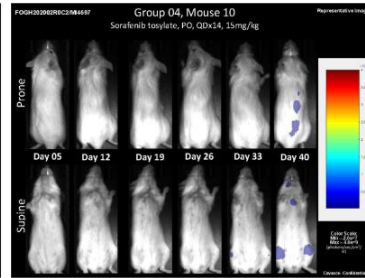
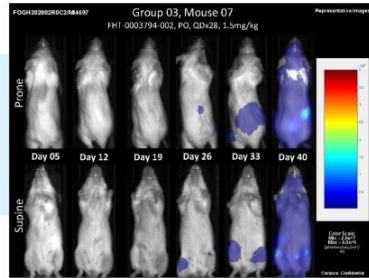


Vehicle



FHD-286
1.5 mg/kg, BID
(5on / 8off) x3

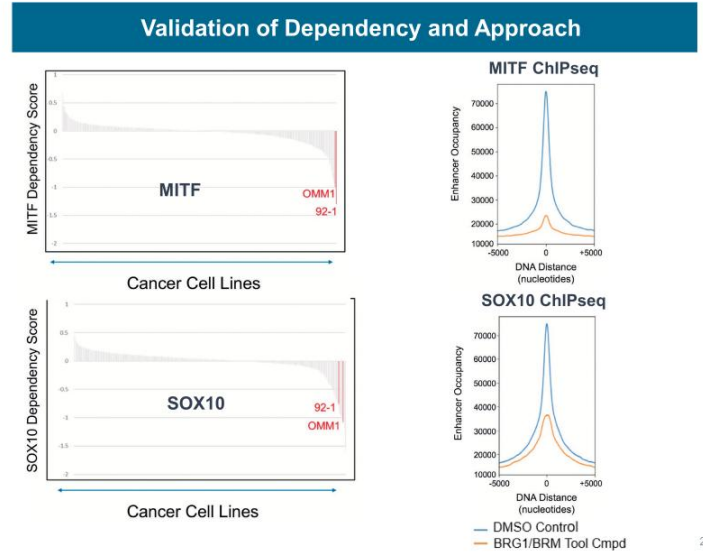
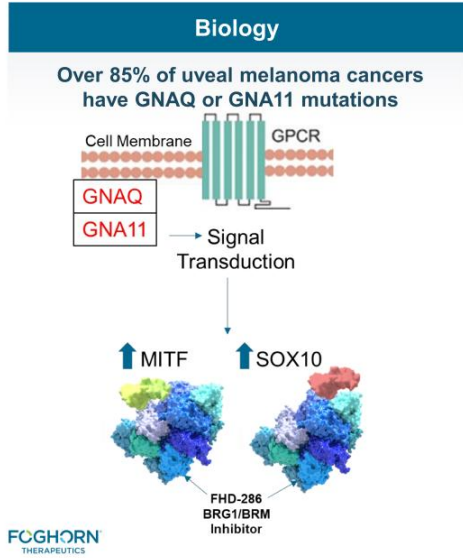
FHD-286
1.5 mg/kg
QDx28



Sorafenib
15 mg/kg,
QDx14

Therapeutic Rationale for Uveal Melanoma: Dependency on Overexpression of the MITF / SOX10 Transcription Factors and the BAF Complex

Inhibiting BRG1/BRM to Shut Down the Abnormal TF Interaction with the BAF Complex

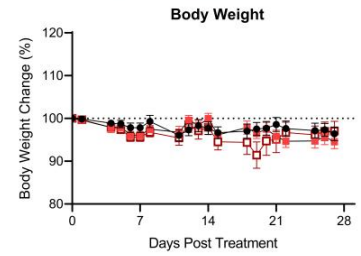
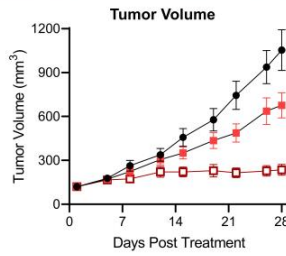


FHD-286 was Associated with Dose-Dependent Tumor Regression in Uveal Melanoma CDX Models at Tolerated Doses



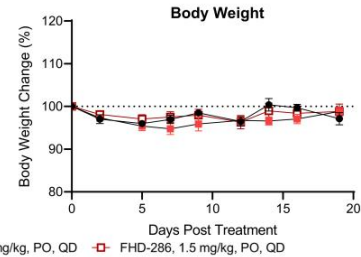
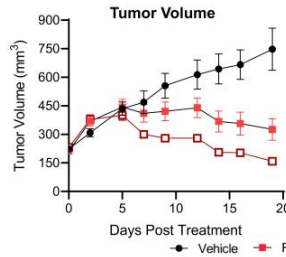
MP-46 uveal melanoma CDX model

- Dose-dependent tumor growth inhibition
- Well tolerated



92-1 uveal melanoma CDX model

- Dose-dependent tumor growth inhibition
- Tumor regression at 1.5 mg/kg, PO, QD
- Well tolerated



● Vehicle ■ FHD-286, 0.5 mg/kg, PO, QD □ FHD-286, 1.5 mg/kg, PO, QD

FHD-286 Clinical Development Plan

Two Parallel Phase 1 Studies Activated



CLINICAL PLAN

AML & Uveal Melanoma FIH Phase 1 Studies

Relapsed / Refractory AML & MDS

Metastatic Uveal Melanoma

Trial Designs

- Single patient accelerated titration (n=1)
- Convert to 3+3 once relevant PK/PD, safety or clinical activity observed
- Retrospective biomarker analysis to further evaluate safety and efficacy
- Assess safety, PK, biomarkers and efficacy

Expansion cohorts in AML, UM and potentially other indications

Potential for entry into definitive efficacy trials in AML

Potential for entry into definitive efficacy trials in metastatic uveal melanoma

Potential for Indication Expansion Beyond AML and UM

Clinical data as early as Q4 2021



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FHD-609: Clinical Entry Point – Synovial Sarcoma

FHD-609 is a Selective, Potent, Protein Degradar of the BRD9 component of the BAF complex

FHD-609 Targets and Degrades the BRD9 subunit of BAF which is Required for Synovial Sarcoma Cells to Survive

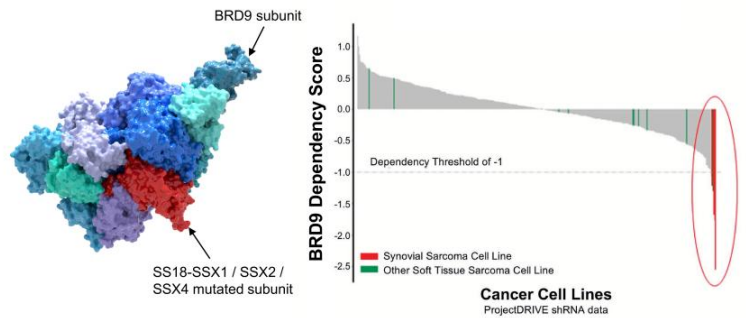
Selective, Potent BRD9 Targeted Protein Degradator



Target / Approach	<ul style="list-style-type: none">BRD9Intravenous Protein Degradator
Initial Indication	<ul style="list-style-type: none">Synovial Sarcoma
Mutation / Aberration	<ul style="list-style-type: none">SS18-SSX1 / SSX2 / SSX4 protein fusions
Program Status / Milestones	<ul style="list-style-type: none">Phase I data as early as H1'22
New Patients Impacted / Year*	<ul style="list-style-type: none">Synovial Sarcoma: Over 1,800 patients / year

* US, EU5, Japan

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BRD9 is required for the survival of synovial sarcoma cells

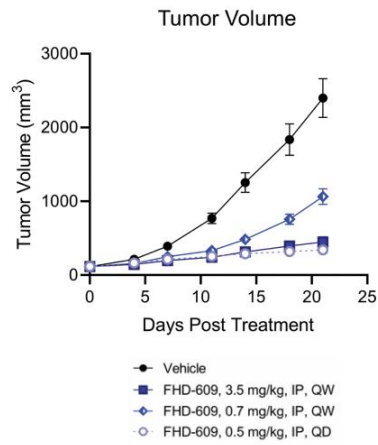
Robust *in vivo* Activity Observed in Synovial Sarcoma Model and BRD9 Degradation Associated with FHD-609 Treatment

Weekly Dosing of FHD-609 Achieved Sustained BRD9 Degradation

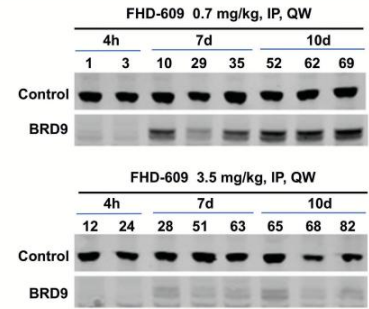


SY01 Synovial Sarcoma CDX Model

- Mutation: **SS18-SSX2**
- Inhibited tumor growth
- Dose dependent BRD9 degradation correlated with anti-tumor activity



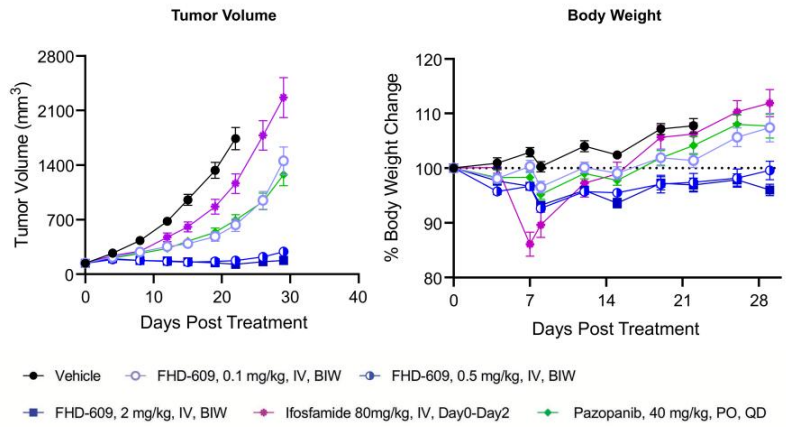
Sustained BRD9 Degradation





ASKA CDX Model

- Mutation: **SS18-SSX1**
- Superior tumor growth inhibition compared to ifosfamide and pazopanib
- Complete suppression observed over 30 days at 2 mg/kg of FHD-609

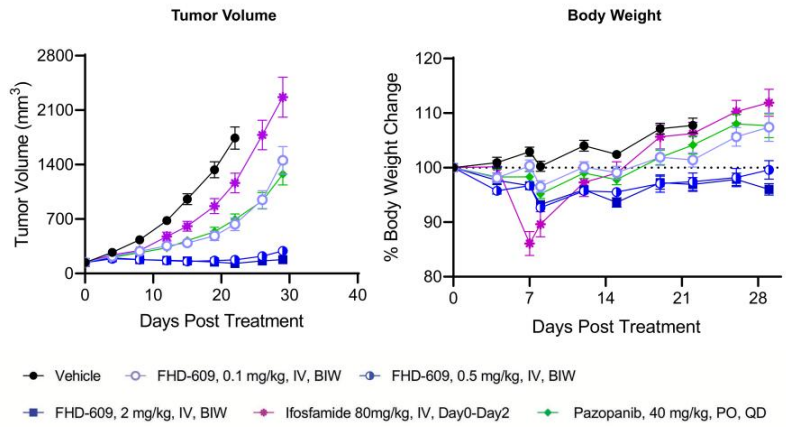


Superior Tumor Growth Inhibition of FHD-609 in a Synovial Sarcoma Model as Compared to Ifosfamide and Pazopanib



ASKA CDX Model

- Mutation: **SS18-SSX1**
- Superior tumor growth inhibition compared to ifosfamide and pazopanib
- Complete suppression observed over 30 days at 2 mg/kg of FHD-609





CLINICAL PLAN

Synovial Sarcoma FIH Phase 1

Metastatic Synovial Sarcoma

Trial Designs

- Single patient accelerated titration (n=1)
- Convert to 3+3 once relevant PK/PD, safety or clinical activity observed
- Assess safety, PK, clinical activity and biomarkers

Biomarkers:

- SS18-SSX1, SS18-SSX2 or SS18-SSX4 translocation

Synovial Sarcoma expansion cohorts

SMARCB-1 deleted tumors and potentially other indications

Potential for entry into definitive efficacy trials in synovial sarcoma

Clinical data as early as H1 2022



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Selective BRM Modulators for BRG1 Mutated Cancers

Enzymatic Inhibitor and Protein Degradation Programs

BRG1 Mutations Create a Genetic Dependency on BRM

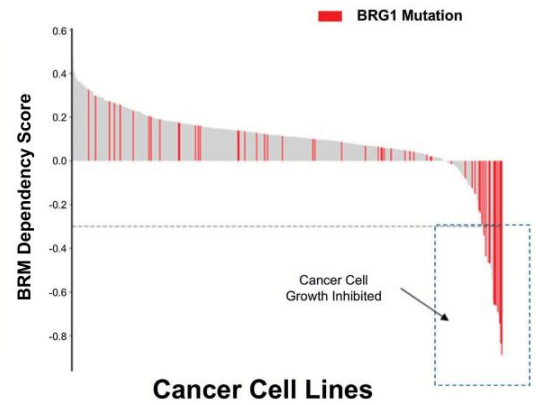
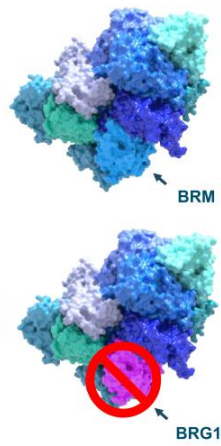
Selective BRM Modulators Overview



Target / Approach	<ul style="list-style-type: none">BRMEnzymatic inhibitorTargeted protein degrader
Indication	<ul style="list-style-type: none">BRG1 mutated cancers (e.g., NSCLC), 30+ cancers with BRG1 mutations
Mutation / Aberration	<ul style="list-style-type: none">BRG1
Stage	<ul style="list-style-type: none">Pre-clinical
New Patients Impacted / year*	<ul style="list-style-type: none">> 100,000

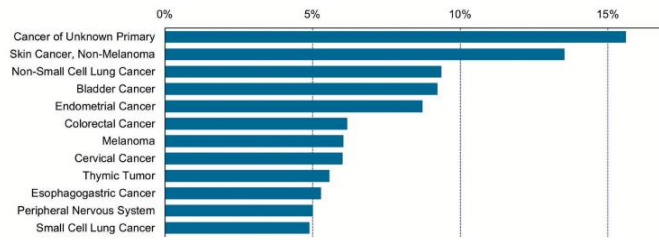
* US, EU5, Japan

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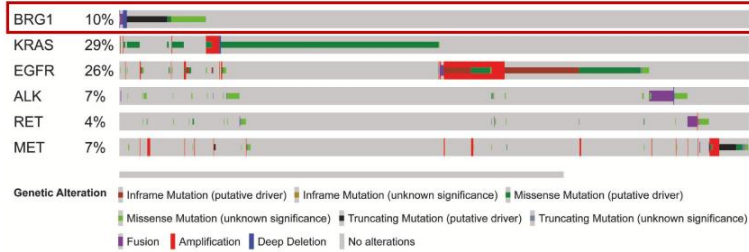
BRG1 Mutated in ~5% of All Tumors

Broad Addressable Patient Population



BRG1 mutated across range of tumors

Accounts for ~5% of all tumors



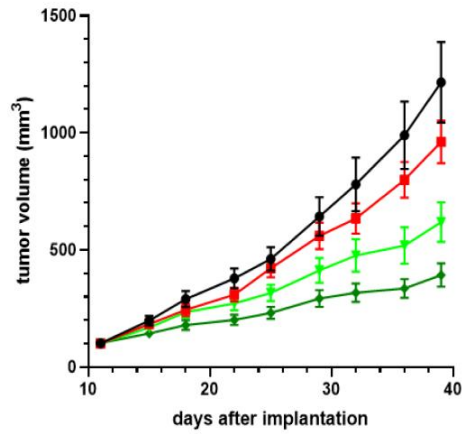
BRG1 mutated in up to 10% of NSCLC tumors, minimal overlap with other mutations

BRM Selective Inhibitor In vivo Efficacy

Demonstrates PK/PD and In vivo Efficacy in a BRG1 Mutant Lung CDX Model

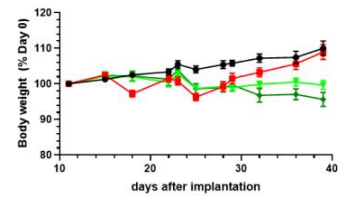


A549-BRG1 Mutant NSCLC Model

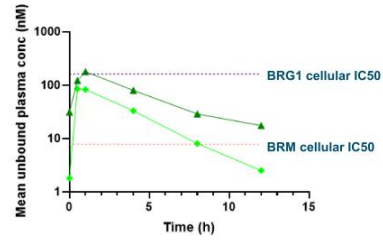


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Body Weight

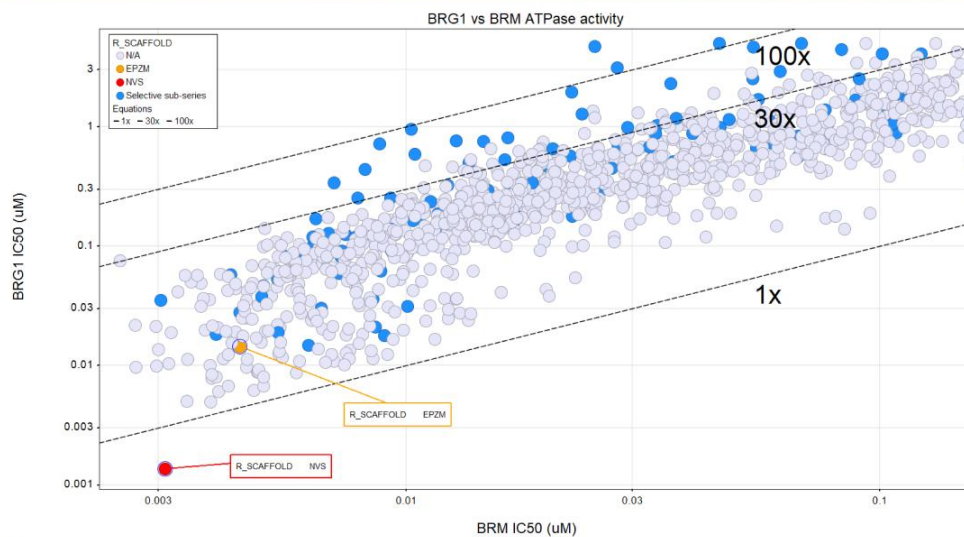


Plasma Exposure



- Vehicle Control (BID)
- Cisplatin 4 mg/kg (IP)
- ▲ FHT-BRMI 15 mg/kg (BID)
- ◆ FHT-BRMI 30 mg/kg (BID)

Enzymatic selectivity approaching 200x achieved

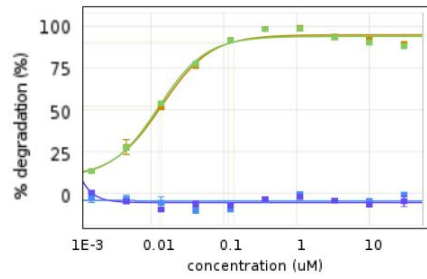


Advancing BRM Selective Degraders

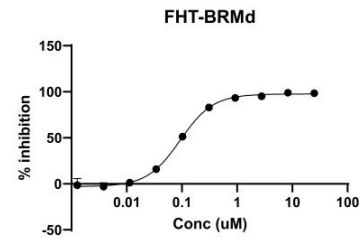
Achieving Complete BRM Degradation



BRM/BRG1 HiBit Data



A549 Ten-Day Proliferation Assay



Degraders cause time- and dose-dependent BRM degradation, antiproliferative effects in A549 BRG1 mutant NSCLC lung model



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Selective ARID1B Protein Degradator for ARID1A Mutated Cancers

ARID1A – Most Mutated Subunit in BAF Complex – Creates Dependency on ARID1B

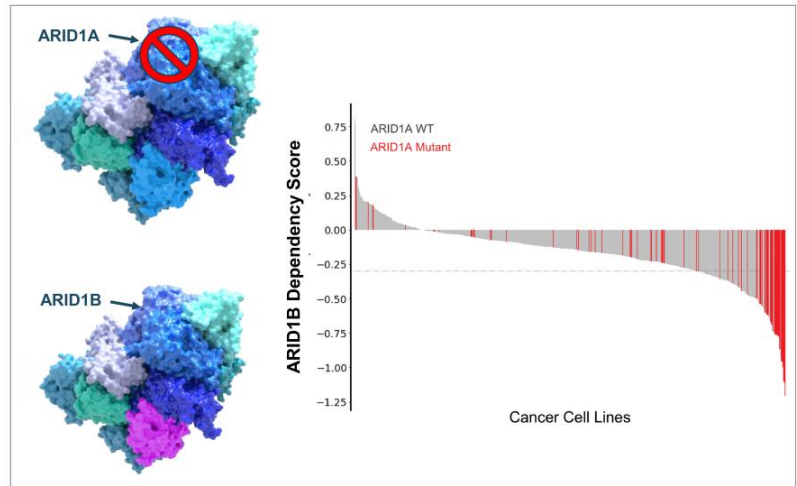
Selective ARID1B Protein Degradation Overview



Target / Approach	<ul style="list-style-type: none">• ARID1B• Targeted Protein Degradation
Indication	<ul style="list-style-type: none">• ARID1A mutated cancers
Mutation / Aberration	<ul style="list-style-type: none">• ARID1A mutations (e.g., ovarian, endometrial, colorectal, bladder and other cancers)
Stage	<ul style="list-style-type: none">• Pre-clinical
New Patients Impacted / year*	<ul style="list-style-type: none">• > 175,000

* US, EU5, Japan

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Targeting ARID1A Mutated Cancers: ARID1B Protein Degradar

Advantaged by Gene Traffic Control Platform and Protein Degradar Capabilities



Gene Traffic Control Platform

- Platform produces BAF complexes and subcomplexes containing either ARID1A or ARID1B at scale
- Enables proprietary screens against ARID1B

Protein Degradar Capabilities

- Utilize protein degrader toolbox to create ARID1B hetero-bifunctional degraders

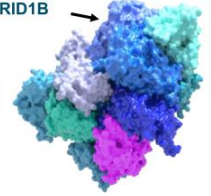
Biology & Opportunity

- ARID1A is the most highly mutated subunit of the BAF complex in cancer
- ~5% of all tumors harbor ARID1A mutations including; endometrial cancer (~40%), bladder cancer (~25%) and ovarian (~15%)
- Synthetic lethal relationship with ARID1B



Highly purified ARID1B / BAF complex

ARID1B





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Novel Approach to Targeting Transcription Factors

Disrupting Transcription Factor – Chromatin Remodeling Complex Interactions

A New Approach to Drugging Transcription Factors

Enabled by Proprietary Ability to Purify and Synthesize Chromatin Regulatory System Components

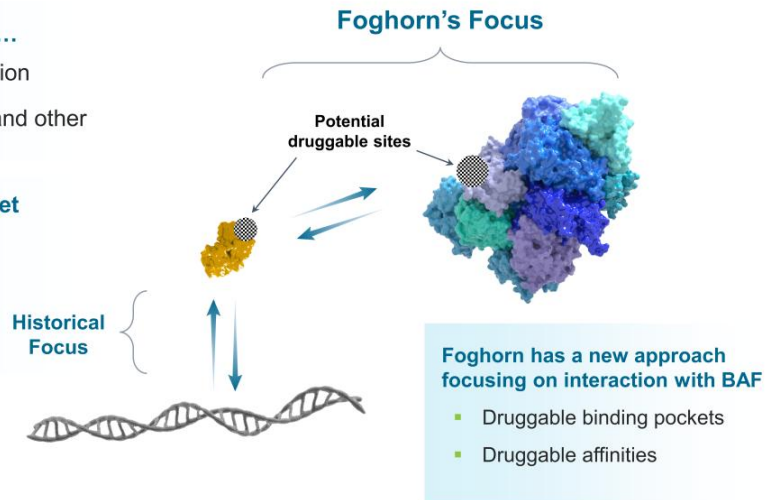


TFs are compelling drug targets...

- Highly involved in gene expression
- Implicated in range of cancers and other diseases

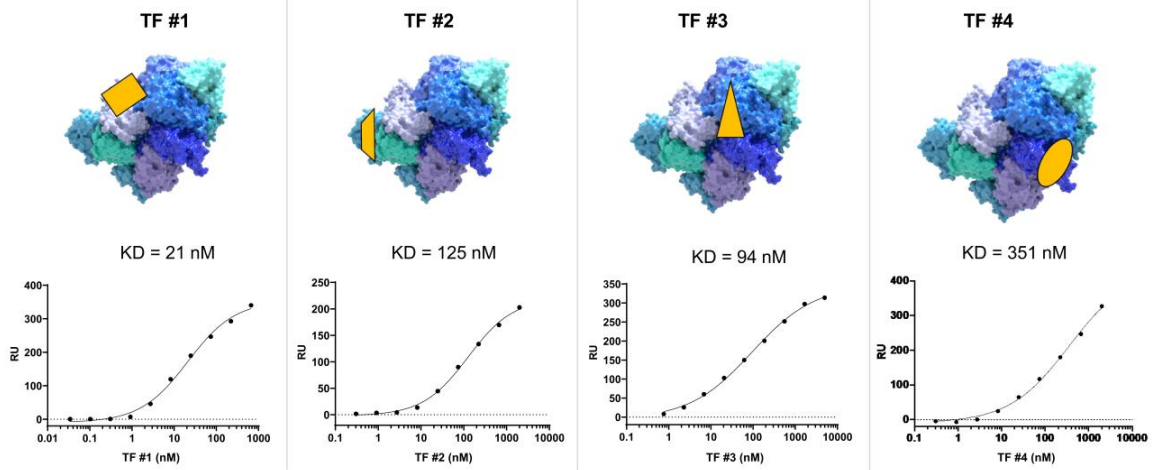
...but historically difficult to target

- Featureless surface: no druggable binding pocket
- Tight interactions with DNA: undruggable affinities



Transcription Factor-Chromatin Remodeling Complex Interactions

Unique Insights in Where and How Transcription Factors Bind



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Transcription Factors (TF):   

Highly Scalable Approach and Significant Unmet Medical Need

Potential to Drug > 100 TFs Associated with BAF



- >100 TFs estimated associated with BAF
- Foghorn pursuing multiple TFs in parallel
- Approach highly scalable and potential broad application – other chromatin remodeling complexes and other diseases



- Merck collaboration to drug single specified transcription factor target
- \$425 million in up-front, research, development and sales-based milestones
- Up to low double-digit royalties on product sales



LARGE MARKET POTENTIAL

- Biology implicated in up to 50% of cancer potentially impacting ~2.5 million patients
- Potential applications beyond oncology in diseases including virology, autoimmune disease and neurology

WELL FUNDED

- \$160.9 million cash and equivalents as of 3/31/2021



EXPERIENCED LEADERSHIP TEAM

- Expertise across drug discovery, clinical development and commercialization
- Over 220 drug candidates into the clinic and over 30 drugs approved

MEANINGFUL UPCOMING MILESTONES

- Phase I FHD-286 data as early as Q4'21
- Phase I FHD-609 data as early as H1'22



Appendix

Proven Leadership Team



Adrian Gottschalk, President & CEO
 Biogen



Sam Agresta, M.D., M.P.H., CMO
 agios Genentech
 Infinity



Carl Decicco, Ph.D., CSO
 Bristol-Myers Squibb



Michael LaCascia, CLO
 VERTEX WILMERHALE



Allan Reine, M.D., CFO
 pieris LOMBARD ODIER

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 Constellation AMGEN
 VERTEX



Fanny Cavalie, SVP, Business & Operations
 Biogen McKinsey & Company



Carlos Costa, SVP, HR
 Biogen Pfizer
 Roche



Ryan Kruger, PhD, VP, Biology
 gsk GlaxoSmithKline



David Millan, Ph.D., VP, Chemistry
 forma VERTEX
 Pfizer



Scott Innis, VP, Program Leadership
 Biogen LEERINK



Jacqueline Cinicola, VP Regulatory Affairs
 agios



Murphy Hentemann, Ph.D., VP Program Leadership
 NOVARTIS AstraZeneca



Chong-Hui Gu, VP, CMC and QA
 agios Bristol-Myers Squibb



Nicola Majchrzak, VP, Clinical Development
 Infinity



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