Evvy's Innovative Care Platform for Personalized, Integrative, & Supportive Vaginal Healthcare

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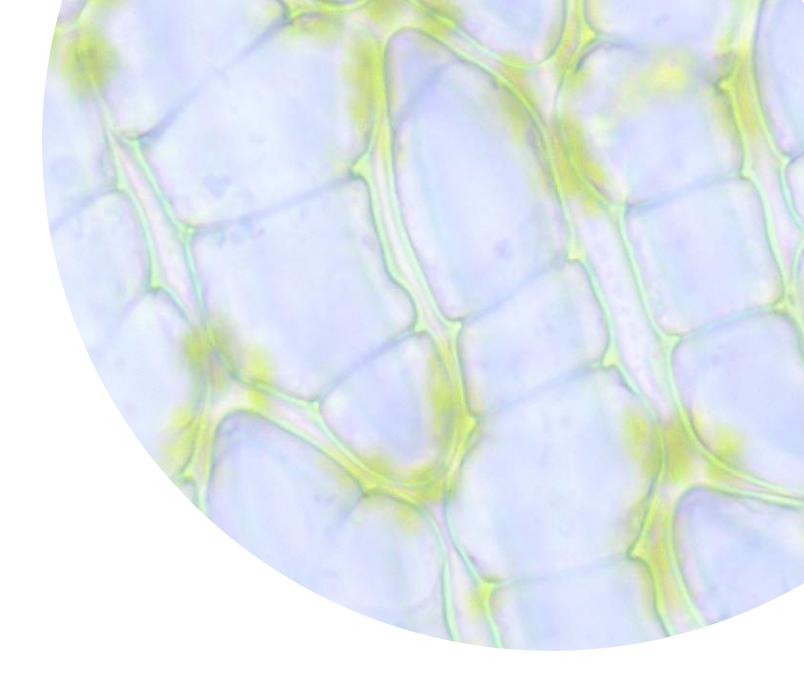
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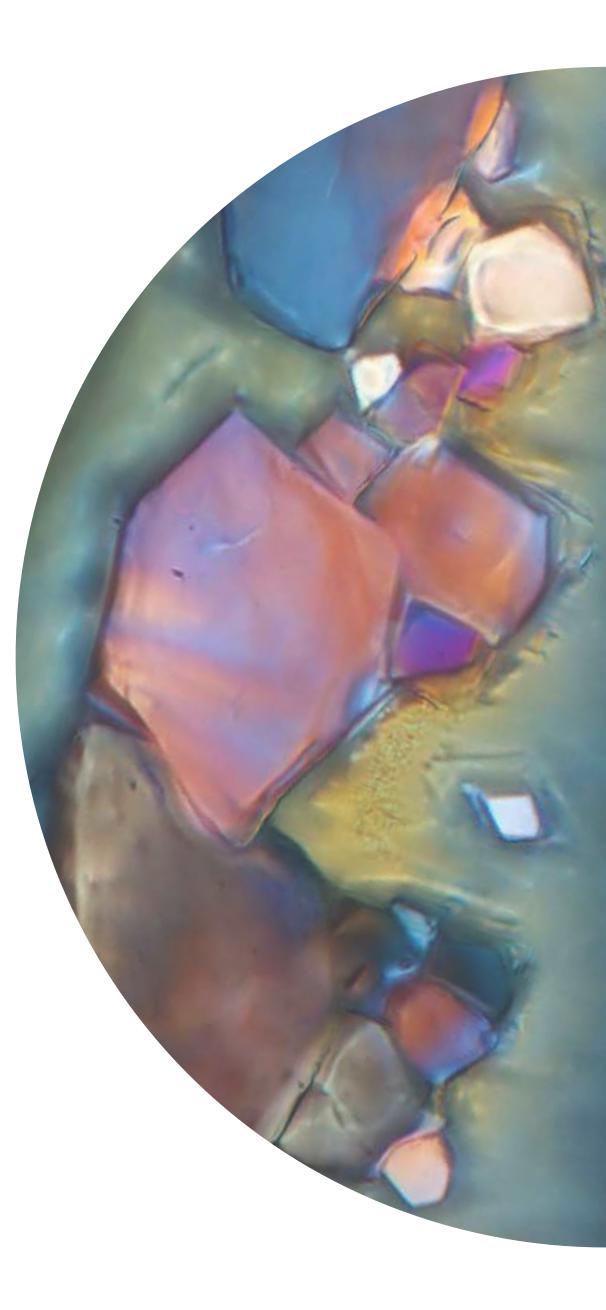
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Innovative Platform for Integrative, Personalized, & Supportive Vaginal Healthcare

At Evvy, our mission is to close the gender health gap by discovering and leveraging overlooked female biomarkers, starting with the vaginal microbiome.

We chose to start with the vaginal microbiome because vaginal health lives at the core of dayto-day physical, sexual, and mental wellness for Evvy's innovative vaginal healthcare platform now brings together state-of-the-art testing, precision clinical care, and empathetic coaching — finally giving women and people with vaginas the care they deserve (from the comfort of their home!).

In this white paper, we will look at the key problems with the current standard of care and examine the impact of vaginal infections on women and people with vaginas, from decreased quality of life to adverse long-term health effects.

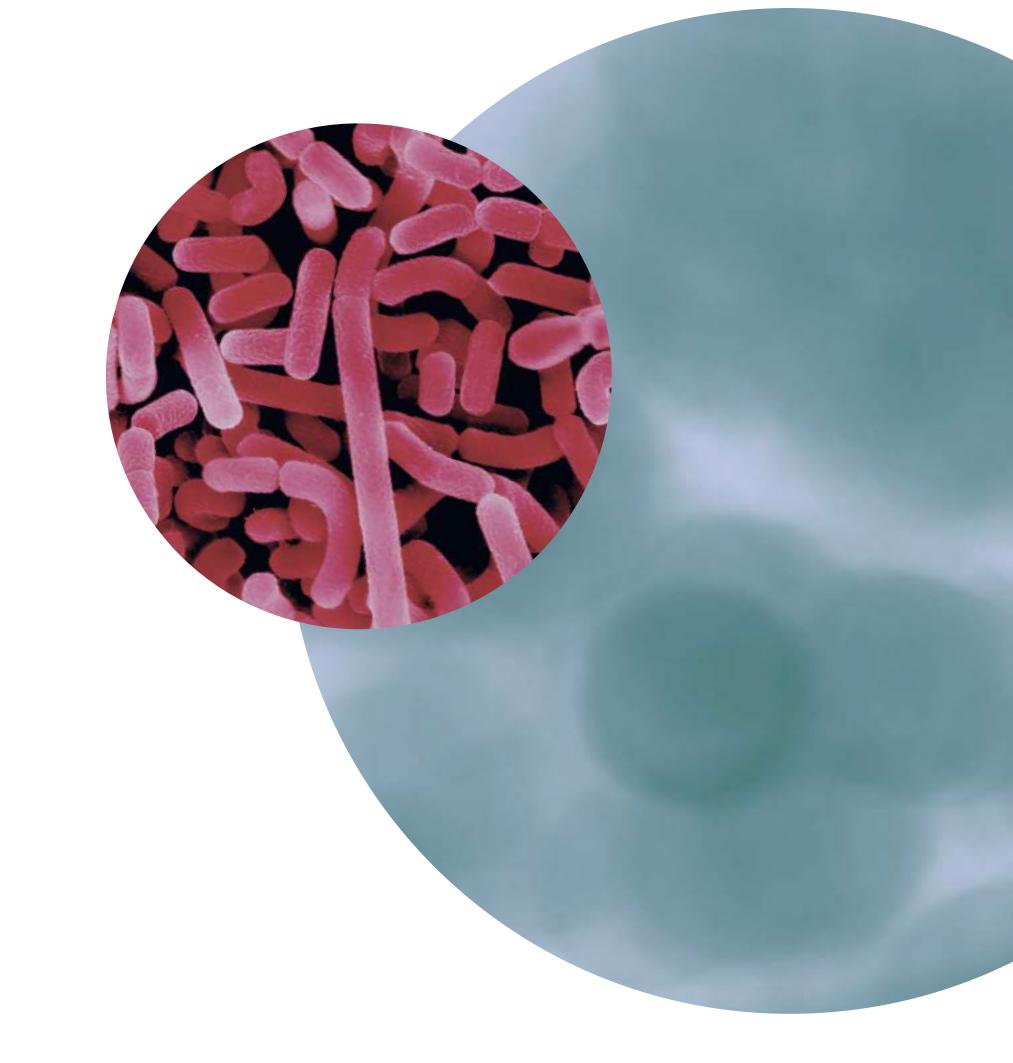
so many people.

Vaginitis (inflammation or infection of the vagina) is a leading reason women and people with vaginas seek healthcare advice, accounting for over 10M visits to OB/GYNs annually¹. Over 90% of these cases can be attributed to imbalances in the vaginal microbiome².

Despite the high prevalence of vaginitis and the rise of precision care in many other branches of medicine, innovation in vaginal health testing and treatments remains limited.

In July 2021, Evvy launched the first-ever athome metagenomics-based vaginal microbiome test to finally provide patients and their providers access to this overlooked but critical biomarker. As of January 2023, we've expanded our platform to offer end-to-end care, including physicianreviewed results and personalized prescription treatment programs — all developed alongside the world's leading vaginal health experts. Then, we'll discuss Evvy's vaginal healthcare platform and the IRB approved pilot study designed to evaluate its efficacy done in partnership with Bethany Medical Clinic.

Finally, we'll review the promising results from the IRB approved study, showing that Evvy's novel care platform improves outcomes for people with vaginal infections through precision testing, personalized care pathways, and 1-1 support.





Executive Summary

Limitations in the standard of care, opportunities with Evvy's new care platform, and initial results

Limitations in the Standard of Care

Opportunities with Evvy's Care Platform

Diagnosis \checkmark

Subjective: Patients often self diagnose or clinicians diagnose based on symptoms, a physical exam and point of care testing (eg. microscopy or PCR). Patient & clinician diagnoses are inaccurate >50% of the time¹⁸

Limited: Lack of access to OB/GYNs or vaginal health specialists

Comprehensive: Comprehensive and reliable report of all relevant microbes present through the Evvy Vaginal Health Test, the world's first and only CLIA certified, metagenomics-based vaginal microbiome test

Accessible: Vaginal health testing and expertise available in all 50 states — at home, anytime

Proactive: Ability to proactively and preventatively monitor vaginal health and its potential impact on broader health outcomes

Reactive: Inability to check on vaginal health without symptoms of an active infection

Treatments

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One-size-fits-all: generic across microbiomes and patient profiles

Dependent on antibiotics: focused on suppressing disruptive microbes, which can also deplete protective microbes

Acute: short term treatment, often without follow up

Personalized: treatments selected based on a comprehensive evaluation of each patient's full microbiome and health profile

Integrative: targeted treatments to suppress disruptive microbes while promoting protective ones

Partnership: 8+ weeks of treatments and 1-1 health coaching — supporting the patient and microbiome through transition, and making sure vaginal healthcare fit into each patient's lifestyle.

Quality of life

High rates of stigma, shame, and frustration with vaginal healthcare services

4% felt understood

0% felt like they had access to the right care and resources

Access to science-backed education, peer community, and 1-1 health coaching

96% felt understood

100% felt like they had access to the right care and resources

100% felt empowered with information on how

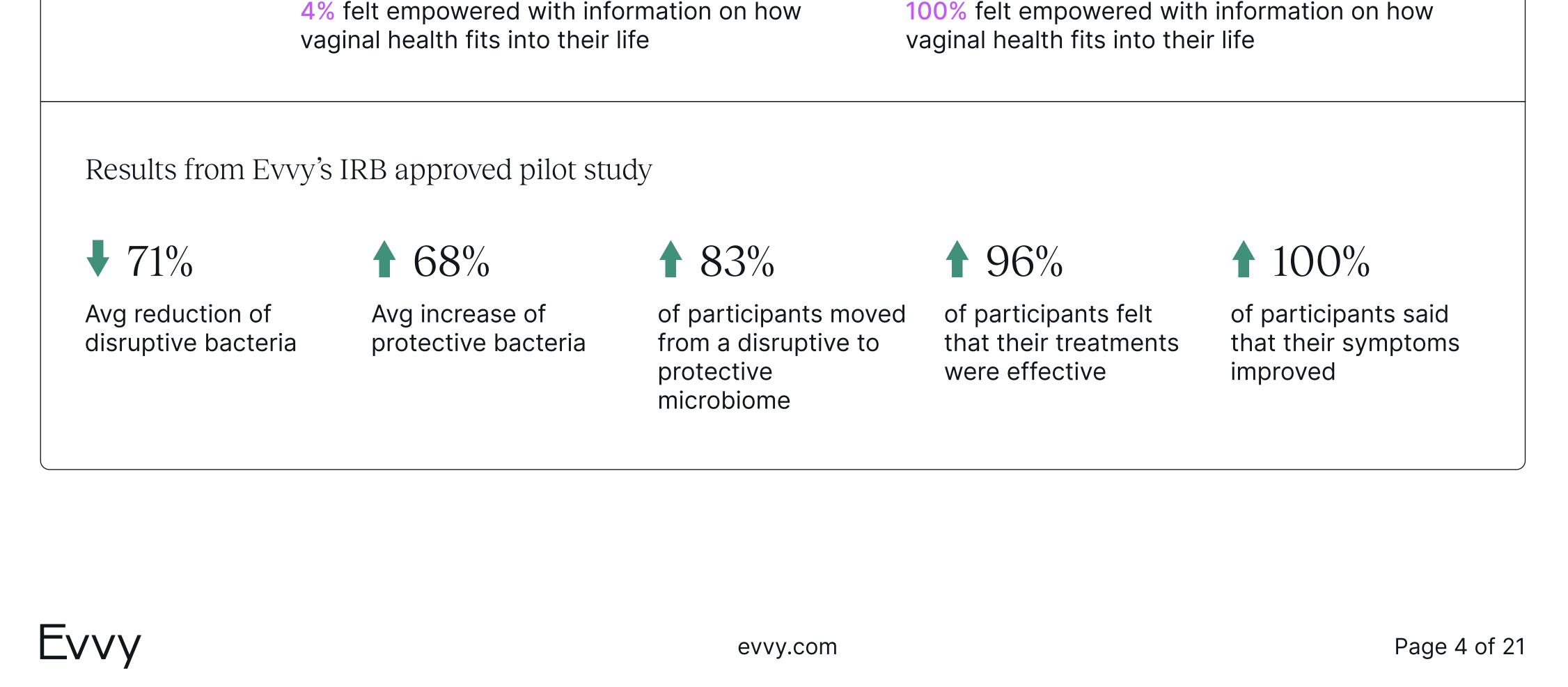


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I. The Vaginal Microbiome & the State of Female Health

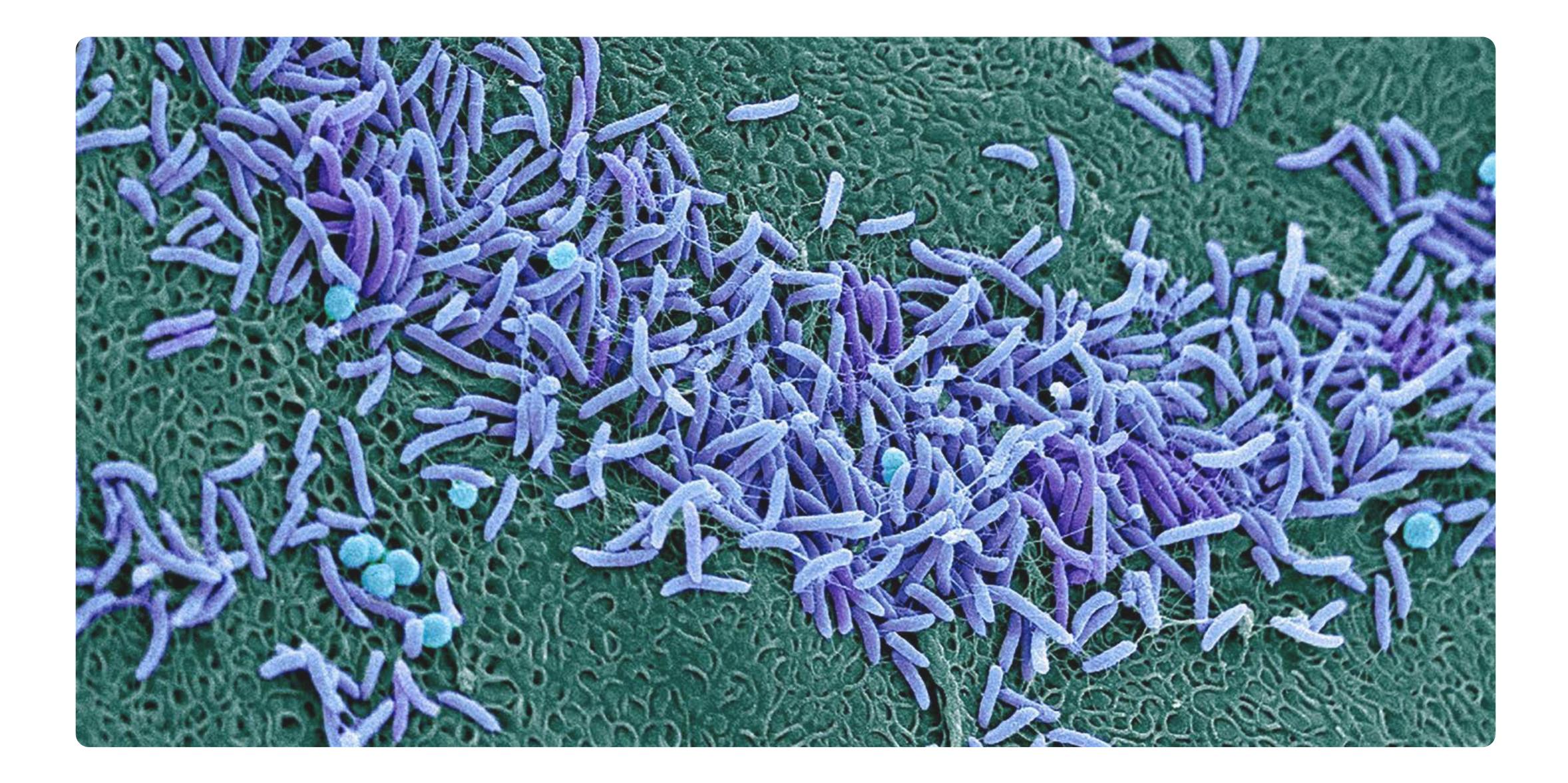
We'll start by reviewing three key issues in vaginal healthcare: access to accurate and specific diagnoses;

efficacy of treatments; and the impact of vaginal symptoms and limited care on patients' quality of life.

Access To Accurate And Specific Diagnoses

The vaginal microbiome is a complex ecosystem of microorganisms (e.g. bacteria and fungi) that lives inside the vagina. In an optimal state, the vaginal microbiome is dominated by protective bacteria (such as lactobacilli) that performs a function similar to that of a local immune system. The protective bacteria produce lactic acid, keeping the vaginal pH low and making it difficult for pathogens to thrive³.

When the vaginal pH rises (which can happen for many reasons, including the presence of semen or menstrual blood, or menopause), disruptive microbes such as *Gardnerella*, *E. coli*, *Prevotella*, or *Mycoplasma* can begin to replicate⁴. This is often referred to as dysbiosis of the vaginal microbiome.





Vaginal dysbiosis is one of the largest categories of health issues that female-bodied people face⁵, and many vaginal infections can have uncomfortable — and confusingly similar — symptoms, such as itchiness, abnormal discharge, and burning. Some of the most common infections associated with dysbiosis include:

BACTERIAL VAGINOSIS

Bacterial vaginosis (BV) is the most common vaginal infection⁶. It is an umbrella diagnosis for a microbiome characterized by a lack of protective bacteria. It can be found in about 30% of people with vaginas each year⁷, and up to 84% of these cases are asymptomatic. Research also shows that BV disproportionately affects Black and Hispanic women⁸, with unsatisfactory data and explanations as to why. The condition has a very high recurrence rate: about 50% of people treated for BV will have a recurring infection within 6-12 months of treatment⁹. Despite its prevalence and the negative outcomes associated with it, BV is not well understood by the research or medical communities.

VULVOVAGINAL CANDIDIASIS

Vulvovaginal candidiasis (VVC or a yeast infection), is characterized by an overgrowth of yeast in the vaginal microbiome. Yeast infections affect 75% of people with vaginas at least once in their lifetime¹³.

URINARY TRACT INFECTIONS

Urinary tract infections (UTIs) affect 150 million people worldwide each year¹⁰, and 1 in 2 adult women will experience at least one UTI in their lifetime¹¹, with incidence increasing with age. 27% of women experience a second UTI¹⁰ within six months of their first infection. Due to the proximity of the vagina and urethra, it is quite common for urinary pathogens to infect the vaginal microbiome prior to infecting the bladder, which may result in higher recurrence rates¹².

*While these are the three of the most widely recognized urogenital infections, there is a long tail of under-studied infections of the vaginal microbiome, including aerobic vaginitis, cytolytic vaginosis, desquamative inflammatory vaginitis, and viral vaginitis.

Despite the prevalence, frustrating symptoms, and frequent recurrence of vaginal infections, access to vulvovaginal specialists and OB/GYNs is highly limited, making it difficult for patients to receive effective vaginal healthcare.

This is specifically concerning becuase in many cases, women and people with vaginas self diagnose or seek help from unspecialized primary care providers or urgent care centers – leading to higher rates of misdiagnosis and mistreatment.



The average wait time for OB/GYN appointments was 31 days across 15 major metropolitan areas surveyed including New York City, Los Angeles, and Seattle¹⁴. Women and people with vaginas living in rural areas may have to travel longer distances to see an OB/GYN, increasing wait times, and further hindering access to proper care.

When patients are able to get to a doctor, their vaginal health is often evaluated based on the Amsel score criteria, which is oftentimes unreliable¹⁵ as the diagnosis is based on factors such as a "whiff test" of vaginal odors, microscopy, and a review of patient symptoms. Research indicates that these methods are limited by the subjective interpretation of the test observer and lack specificity needed for an accurate diagnosis¹⁶. Another study identified numerous challenges with current diagnostic methods including microbial misidentification, staining limitations, and misdiagnosis¹⁷.

Given the lack of access to comprehensive, accurate testing on the vaginal microbiome, it is unsurprising that vaginal complaints are often misdiagnosed. Research shows:

Up to 61% of BV diagnoses are incorrect¹⁸

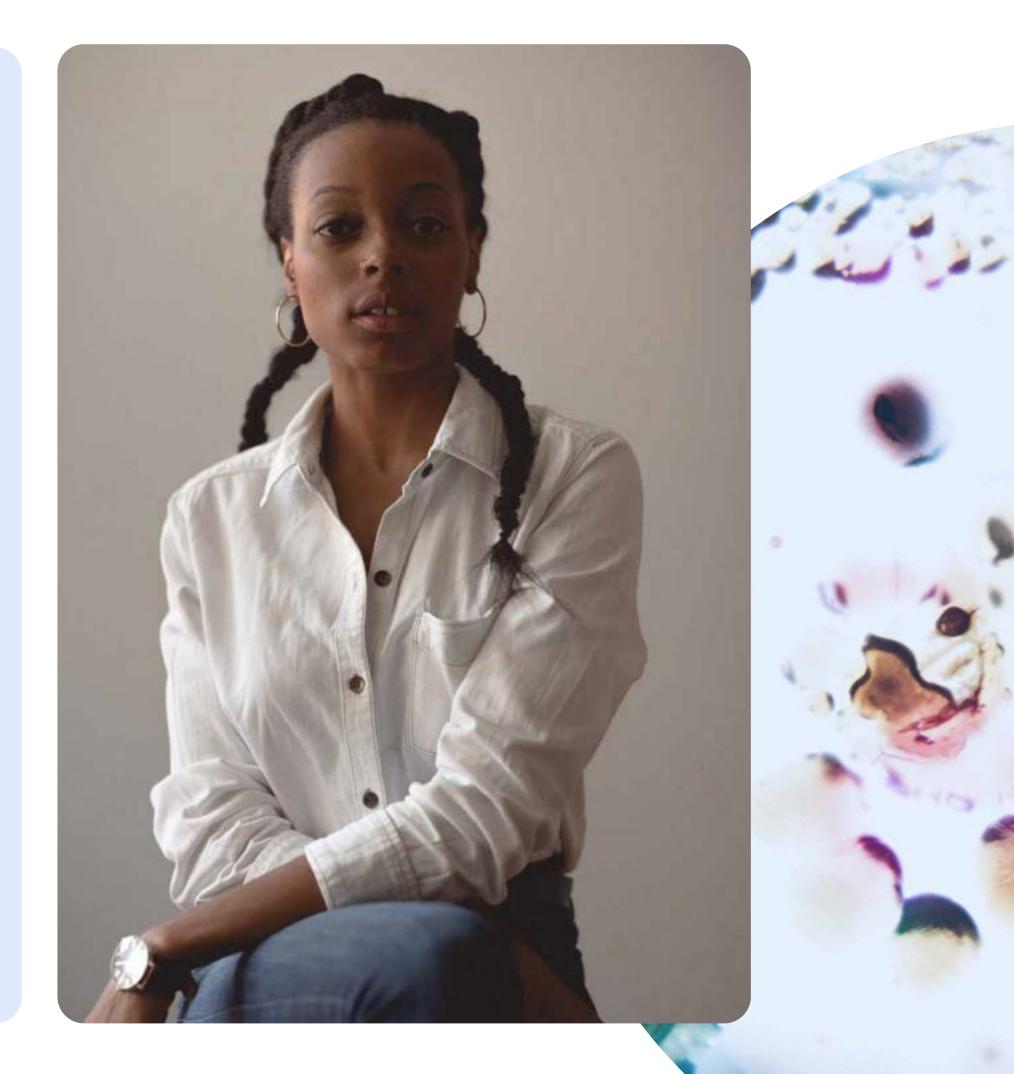
77% of VVC diagnoses are incorrect¹⁸

Between 20-50% of UTI diagnoses are inaccurate¹⁹

Without accurate diagnoses, it's predictable that the prescribed treatments are likely ineffective. But as we'll explore next, even when diagnoses are correct, treatments often fail to re-establish a protective vaginal microbiome and prevent future infections.

In Summary

→ Even though they are highly prevalent, vaginal infections are under-researched and not well understood even among members of the medical community — leaving patients feeling misunderstood by their providers or helpless and alone in dealing with their vaginal infections



- → Current diagnostic methods are imprecise, limited, and prone to misdiagnosis
- → There is a shortage of OB/GYNs and most patients struggle to promptly or affordably access specialized care



Efficacy Of Treatments

Existing treatments for vaginal health are reliant on short-term solutions like antibiotics, which serve as a blunt and imprecise way to temporarily manipulate the microbiome. Current treatments for BV include: metronidazole, chlorhexidine, clotrimazole, secnidazole, tinidazole and/or clindamycin, administered intravaginally or orally²⁰.

This acute approach initially "cures" around 70-85% of vaginitis cases, but a recurrence rate greater than 50% within six months indicates that antibiotics alone are not the answer²¹.

Reliance upon antibiotic treatment is problematic for several reasons, including the development of antibiotic-resistant microbes and reduction in beneficial microbes²². Additionally, antibiotics can be ineffective in clearing the biofilms created by the pathogenic microbes involved in BV, which can be

responsible for the high rate of recurrence²³.

Finally, antibiotics do little to address recurring infections or long-term solutions that require a regrowth of a protective microbiome.

In summary, acute antibiotics do not account for recurrence or impacts to long term health outcomes — resulting in many women and people with vaginas looking for alternative methods of treatment without proper guidance or evidence.



The Impact Of Vaginal Symptoms On Quality Of Life

In addition to dealing with the symptoms of the infections themselves, patients with vaginal dysbiosis can also experience impacts to their physical, mental, and long term health outcomes.

SOCIAL STIGMA

Many women and people with vaginas report feelings of embarrassment, shame, and distress, resulting in avoidance of social situations²⁴ or personal contact, and engaging in costly or time-consuming (and potentially detrimental) personal hygiene rituals to mask the symptoms²³. The stigma may also prevent patients from seeking care.

STRESS, ANXIETY, AND DEPRESSION

Recurrent infections lead to higher levels of stress and are significantly associated with anxiety and depression. It was reported that 42% of patients diagnosed with recurrent VVC²⁵ also have depression or anxiety, compared with 8-10.8% in the general population²⁶.

SEXUAL HEALTH AND SATISFACTION

Many women and people with vaginas report abstaining from sexual activity because they're selfconscious about their symptoms. In addition, many report sex as a primary infection trigger²⁷, and therefore end up refraining from sex in fear of infection recurrence — which then can impact important romantic relationships.

LONG TERM HEALTH IMPACTS

Recent research has also highlighted the relationship between vaginal dysbiosis and a wide array of gynecological and obstetric challenges including infertility²⁸, preterm birth²⁹, miscarriage³⁰, and postpartum infections³¹. Dysbiosis has also been linked to other health concerns including increased susceptibility to sexually transmitted infections³² (including HIV²¹), endometriosis³³, pelvic inflammatory disease³³, and cervical cancer progression³⁴.



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II. Evvy: Toward a New Standard of Care

Given the ineffective state of the existing standard of care, we turned to Evvy's unique dataset and engaged community to bridge the gap between medicine, science and the lived experience of the patients who suffer from these conditions.

Alongside leading OB/GYNs and vaginal microbiome researchers with decades of experience, we dove into Evvy's high fidelity dataset to explore how vaginitis might cluster in more specific ways than current diagnostics acknowledge. Leveraging over 5,000 test results, we developed much more precise patient groupings that take into account a patient's vaginal microbiome composition, symptoms, and demographics. These precise patient profiles then laid the groundwork for the ability to design personalized treatment pathways that would improve outcomes.

The result of this work is Evvy's innovative vaginal healthcare platform, bringing together state-of-the-art testing, precision clinical care, and empathetic coaching to give women and people with vaginas the care they deserve. How it works for the patient:



A provider reviews Evvy results to develop a treatment program

This can include Rx medication and research-backed supplements, depending on the patient's results and health history.



Treatments are shipped directly to the patient's home.

Each prescription is formulated with medical-grade ingredients selected by the provider, packaged, and discreetly mailed to the patient.



Evvy provides coaching and support every step of the way.

Community support, personalized education, and two calls with a certified health coach make sure care fits into a patient's life.

Comprehensive, Reliable Testing

Evvy's care platform takes into account two key sets of data: the patient's comprehensive vaginal microbiome results and their health history.

To determine a patient's comprehensive microbial profile, Evvy's care platform leverages the Evvy Vaginal Health Test, the first and only CLIA-certified, metagenomics next-gen sequencing (mNGS) vaginal health test.





Current literature supports metagenomic analysis of the vaginal flora based on the extensive and growing list of microbes and potential pathogens associated with BV, and the low sensitivity and specificity rates of current diagnostic tools.

Metagenomics has been identified as an important testing procedure in characterizing the vaginal microbiome due to the numerous types of microbes associated with BV³⁵ and its ability to identify BV infections at various stages and guide treatment options¹⁶.

The Evvy Vaginal Health Test enables consumers and their providers to get an accurate, complete picture of their vaginal microbiome with one swab using convenient at-home collection finally bringing in the power and precision of metagenomics to vaginal healthcare.

Evvy's care platform also uses phenotypic data collected from their health context survey, including questions about demographics, medical history, lifestyle choices, and symptom experiences in order to accurately identify the most precise patient profile.

Together, metagenomic analysis and phenotypic data provide a comprehensive picture of the ecosystem of microbes in the vagina as well as a patient's vaginal and overall health, enabling highly precise patient profiles.

Leveraging these profiles, Evvy's care platform enables a provider to select more personalized pathways that include the precise combinations of treatments most likely to shift the specific patient's microbiome to a protective state.

Precise And Integrative Treatments

Evvy's care platform enables a holistic approach to treatment including: a specialized timeline for targeted antibiotics and/or antifungals to suppress the prominent disruptive microbes; research-backed supplements to support the protective microbes; and personalized soothing ointments as necessary to reduce a patient's specific symptoms as their microbiome transitions.

Each ingredient in each treatment had been previously studied for its efficacy in vaginal health, and Evvy's care platform enables providers to match each patient to the right selection of these treatments for their microbiome & health history in the right order.





The treatments themselves are distinct from the standard of care in three key ways:

NOT ONE-SIZE-FITS-ALL, BUT PERSONALIZED TREATMENTS

Evvy's precision care platform enables a provider to take the whole patient into account — from comprehensive test results to health history — to provide the patient with exactly (and only) the right set of treatments most likely to improve their microbiome.

NOT JUST ANOTHER ANTIBIOTIC, BUT AN INTEGRATIVE APPROACH

Evvy's treatment programs include both prescription medication and research-backed supplements to ensure that we don't just fight the disruptive microbes, but regrow the protective ones to prevent future infections.

CONTINUUM OF CARE THROUGHOUT THE ENTIRE VAGINAL HEALTH JOURNEY

Treatments and 1-1 support for 8+ weeks to transition the microbiome and support patients along the way. Includes community, curated educational content, best practices on how to make vaginal health fit into their life, as well as guidance on retesting of the microbiome to monitor changes.

We are excited and grateful to see supplement and pharma companies (finally!) developing new vaginal health treatments (such as Lactin-V and LUCA). As new treatment options like these become available, Evvy's care platform will continue to ensure that providers have insight into which set of treatments is most likely to improve a patient's specific microbiome based on Evvy's unique dataset.

Empowerment And Recognition Through Education, Community, And Support

An important but often overlooked part of medical care is patient support and engagement, which can help ensure that treatment regimens are followed and understood. Especially given the social, emotional, and relational components of managing vaginal infections, there is a critical opportunity to provide longer term, comprehensive support to improve patient outcomes.

Research has shown that patient-provider engagement profoundly impacts a patient's health outcome and overall satisfaction with their treatment plan³⁶ and has marked success with improving clinical symptoms, medicine compliance, patient quality of life, and overall treatment cost reductions³⁷.

To address this, Evvy's care platform includes access to 1-1 coaching from certified health coaches, peer community support, and personalized, science-backed educational resources to empower each patient to better understand their vaginal health, advocate for themselves with providers and partners, and feel less alone in their journey.



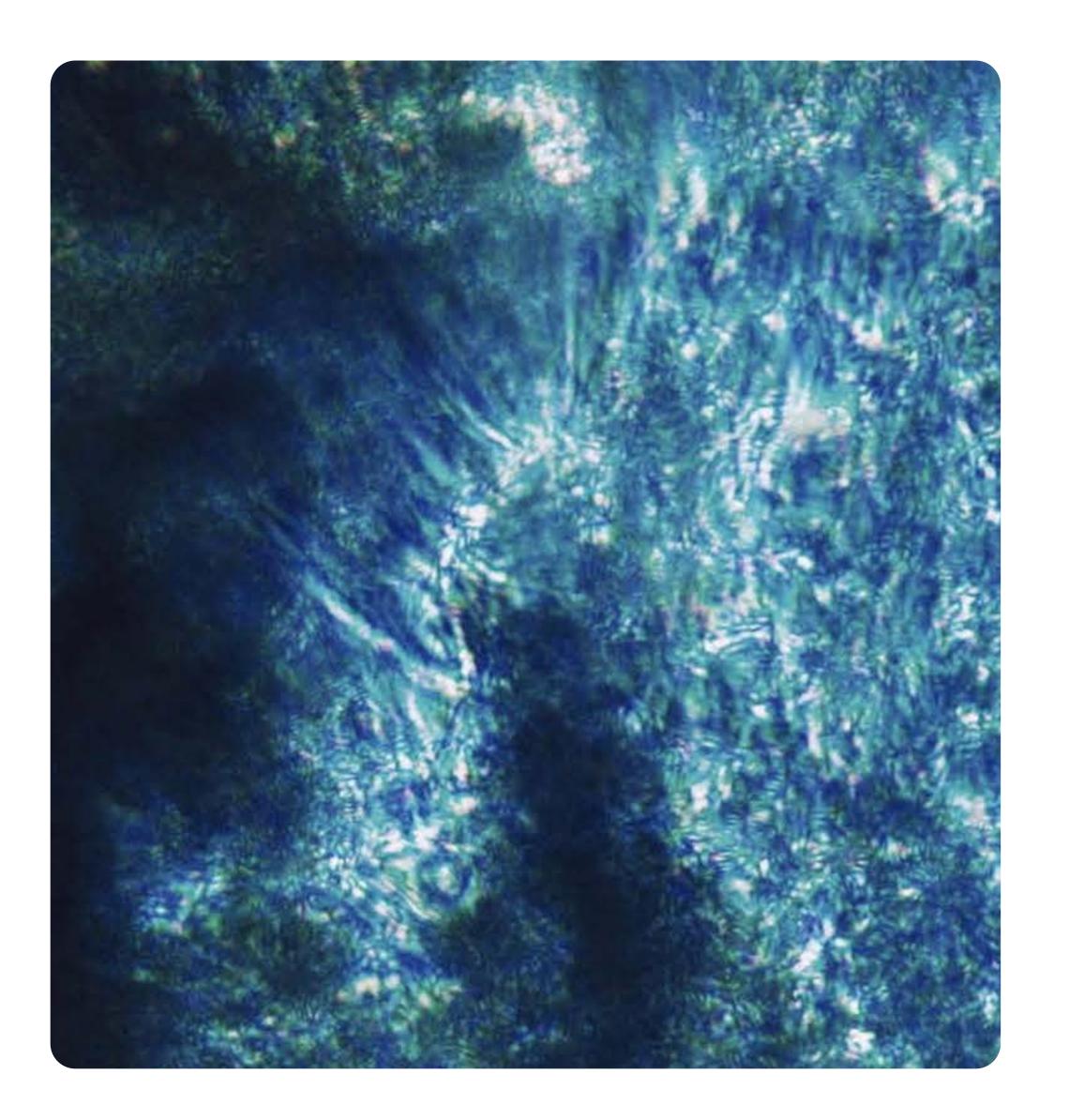
III. Evvy's Pilot Study

Overview

To evaluate the impact of this novel platform, Evvy ran an Institutional Review Board (IRB)-approved study in partnership with Bethany Medical Clinic to assess whether participants receiving testing and treatment through Evvy's care platform would see an improvement in their vaginal microbiome and symptoms, as well as to evaluate their experience in Evvy's care platform compared to the traditional healthcare system.

Eligibility was determined based on participant's age (18-80), microbial composition, and symptoms. Exclusion criteria included conditions that may require additional physical examinations prior to treatment, such as history of gynecological cancer or active pregnancy. All participants confirmed English literacy and signed an informed consent form in order to participate and confirm their eligibility. Twenty three eligible participants completed the three-phase study: enrollment, treatment, and follow-up.

Once enrolled, each participant attended an appointment with a Bethany Medical Clinic provider to review their Evvy results and health profile. The provider prescribed a personalized treatment plan based on the novel pathways Evvy developed. Participants took an Evvy Vaginal Health Test at the beginning, middle, and end of the study. Each participant received a full course of Evvy's integrative treatments, filled out questionnaires about their symptoms, and engaged with Evvy health coaches throughout.



RESULTS FROM EVVY'S IRB-APPROVED STUDY

Increased protective bacteria

Decreased disruptive bacteria and symptoms

Improved experience that left participants feeling supported, empowered, and in control when managing their vaginal health



Improvements In Participants' Vaginal Microbiomes

OVERALL SHIFT IN VAGINAL MICROBIOME COMMUNITY

First, we look at how the <u>Community State Types</u> (CSTs) of participants' vaginal microbiomes transitioned from baseline (before starting the treatment) to the last test (after treatment).

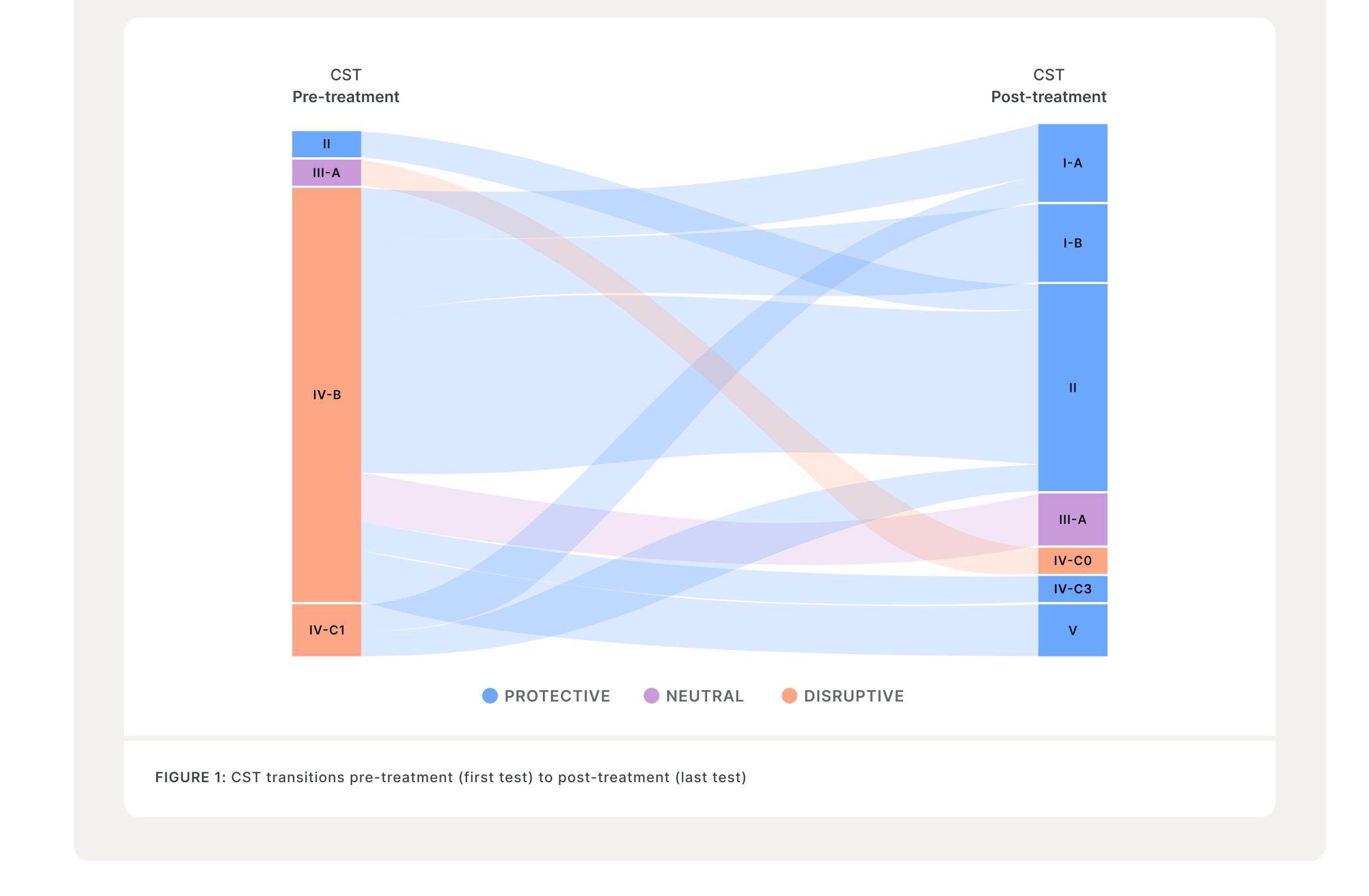
Pre Evvy's Care Platform (first test)

At baseline, the majority of participants (91%) start off with CST IV. Specifically, most of the participants (83%) have a CST IV-B and two participants (9%) have a CST IV-C1. One participant (4%) starts off with a CST II, and one with CST III-A. In particular, when taking their first test, 83% of the 23 participants had less than 10% relative abundance of protective Lactobacillus.

Post Evvy's Care Platform (last test)

At the time of taking their last Evvy test, we see that 83% of participants shifted from dysbiosis into a protective microbiome (as defined as CST I, II, IV-C3, or V). Two participants (9%) ended up in CST III-A, and one participant ended with CST IV-C0.

→ 83% of participants shifted from dysbiosis into a protective microbiome





Improvements In Participants' Vaginal Microbiomes (Continued)

DECREASED DISRUPTIVE BACTERIA

The average percent of disruptive bacteria decreased from 78.8% to 7.9% from the first test (pre Evvy's care platform) to the third test (post Evvy's care platform).

INCREASED PROTECTIVE BACTERIA

The average percent of protective bacteria increased from 8.8% to 76.3% from the first test (pre Evvy's care platform) to the third test (post Evvy's care platform).



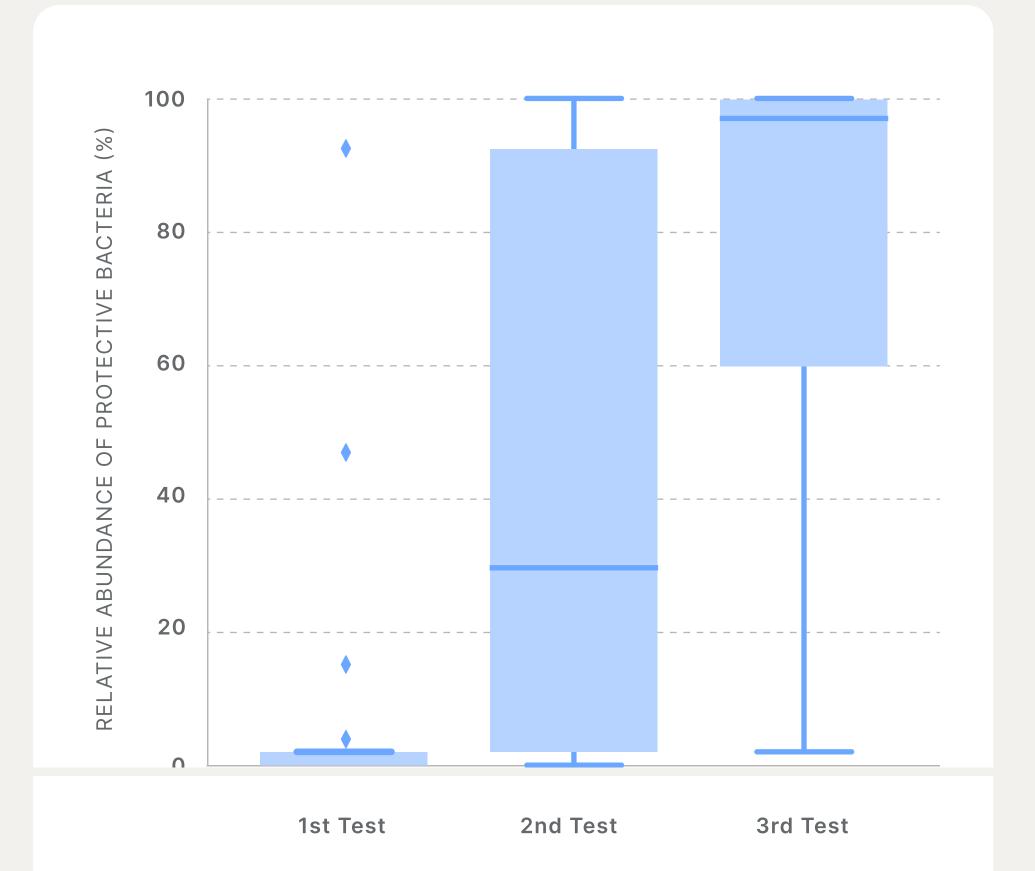


FIGURE 3: Relative abundance of disruptive bacteria in the samples of the participants before, during and after the treatment program

The figure shows the distribution of relative abundance of disruptive bacteria for each stage. The thick line within the box represents the median, and the lower and upper boxes represent the 25th and 75th quartiles of the data, respectively

FIGURE 2: Relative abundance of protective bacteria in the samples of the participants before, during and after the treatment program

The figure shows the distribution of relative abundance of protective bacteria for each stage. The thick line within the box represents the median, and the lower and upper boxes represent the 25th and 75th quartiles of the data, respectively.

- → The relative abundance of disruptive bacteria decreased
- → The relative abundance of protective bacteria increased

by 70.9% on average

Disruptive bacteria in the vaginal microbiome refer to microorganisms that can cause an imbalance in the vaginal environment, leading to conditions such as bacterial vaginosis (BV) or aerobic vaginitis (AV). In this study, disruptive bacteria were defined as microbes that have been shown in literature to be associated with BV or AV, such as Gardnerella vaginalis, Atopobium vaginae, Mobiluncus species, Staphylococcus aureus, and Escherichia coli.

by 67.5% on average

Protective bacteria in the vaginal microbiome refers to microorganisms that help to maintain a healthy balance in the vaginal ecosystem and protect against the overgrowth of harmful pathogens. In this study, protective bacteria were defined as microbes that have been shown in literature to produce lactic acid, lower vaginal pH, and reduce inflammation, such as Lactobacillus crispatus, L. gasseri, L. jensenii, and Bifidobacterium species.



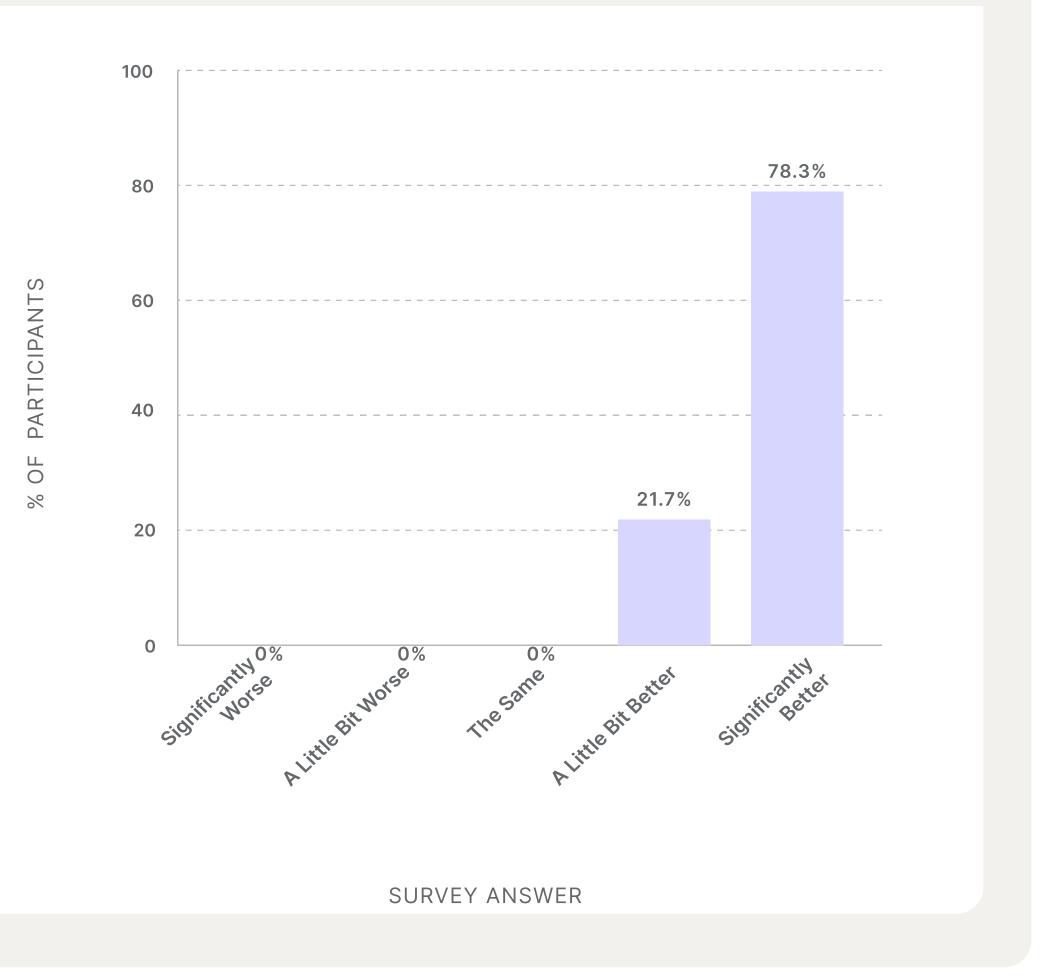
Participant Reported Symptom Improvement And Treatment Effectiveness

SYMPTOM IMPROVEMENT

When asked about changes in their vaginal symptoms at the end of the treatment program, 100% of participants said that their symptoms have gotten better since starting Evvy's pilot program, 78% of which said that their symptoms are "significantly" better.

→ 78% of participants said

Since you started Evvy's pilot program, have there been any changes in your vaginal symptoms?



that their symptoms are 'significantly' better

TREATMENT EFFECTIVENESS

Participants felt their treatments through Evvy were significantly more effective at treating their vaginitis compared to the treatments they'd receive previously through the standard of care.

Standard of Care

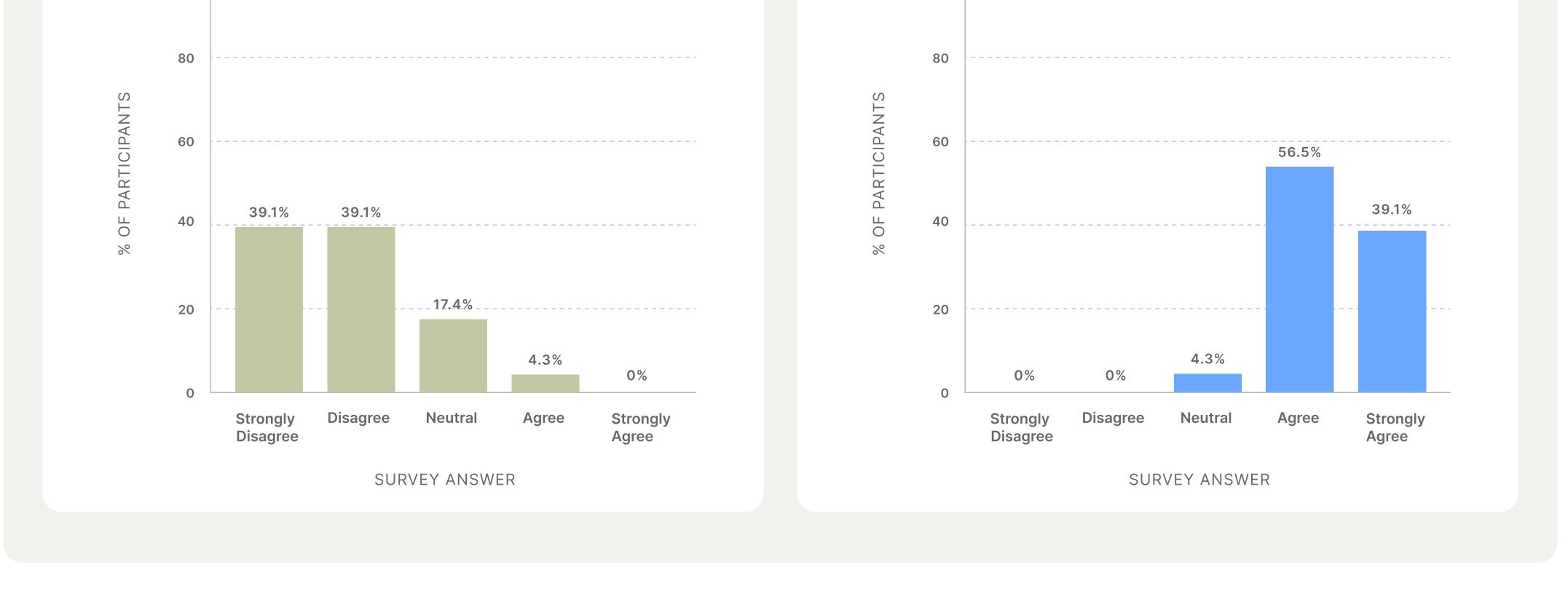
How would you reply to the following statement: I believe the treatments I have previously used were effective in treating vaginitis.

Clinical Care with Evvy

How would you reply to the following statement "I believe the treatments I used in Evvy's treatment program were effective in treating vaginitis."

100

100



Evvy

100

Improvements In Participants' Experience Of Care

When asked about their experience in Evvy's program, participants said they felt significantly more supported, empowered and in control with Evvy compared to their experience in the standard of care.

96% of participants felt understood by Evvy's care team when seeking help for vaginal issues, compared to 4% in today's standard of care.

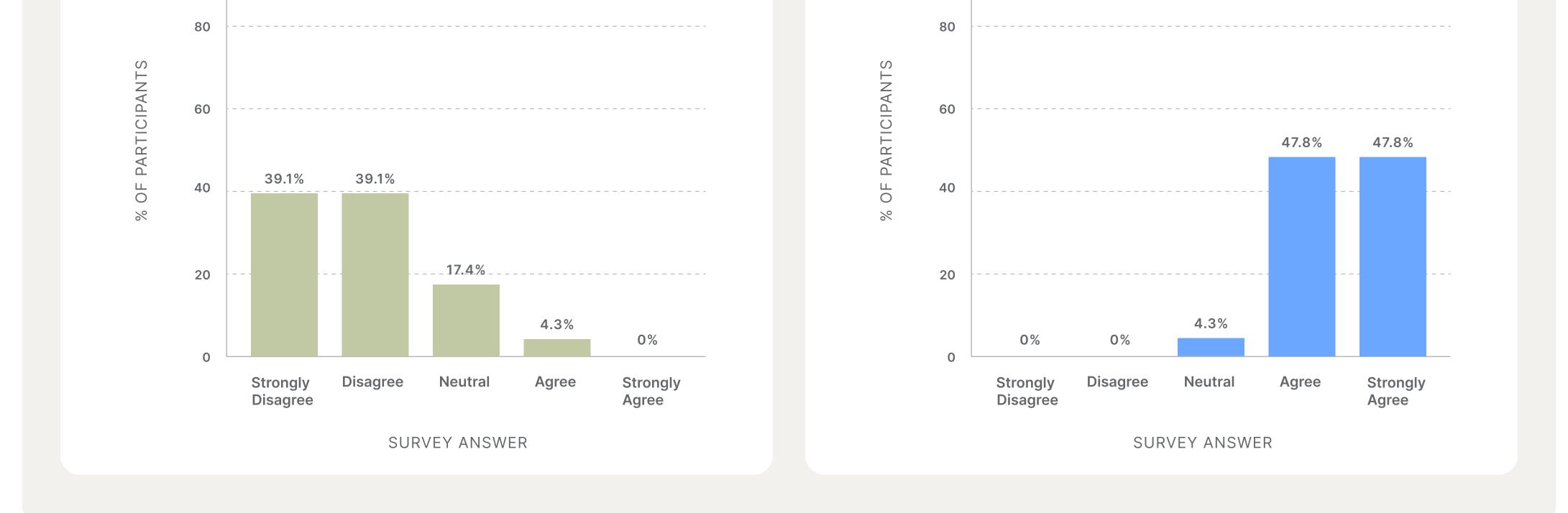
Standard of Care

How would you reply to the following statement, "I feel understood by my provider/doctor when I seek help for my vaginal issues"

Clinical Care with Evvy

How would you reply to the following statement, "I feel understood by Evvy's care team when I seek help for my vaginal issues"

100 [------



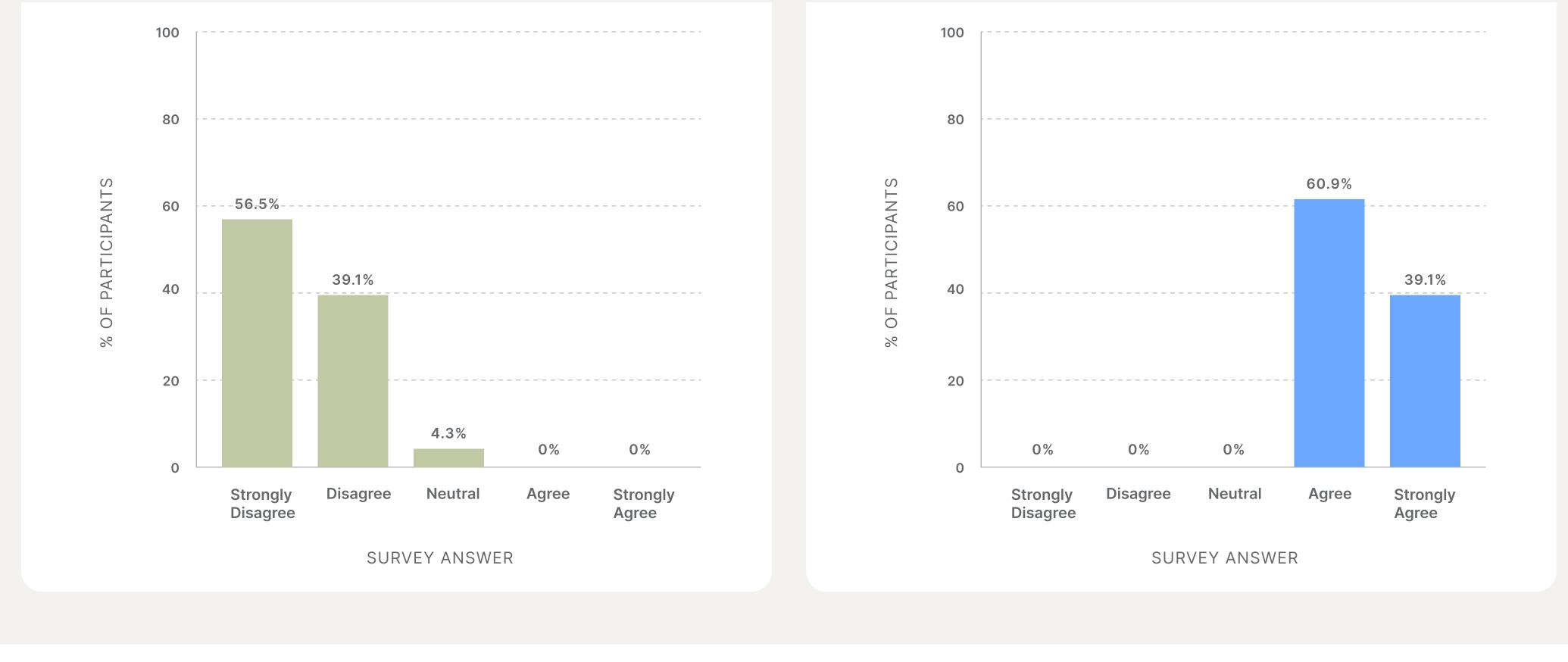
100% of participants felt they had access to the care and resources needed to manage their vaginal health, compared to 0% in today's standard of care.

Standard of Care

When I experience vaginal health issues, I feel like I have access to the care and resources I need.

Clinical Care with Evvy

I feel like Evvy's Pilot Program gave me access to the care and resources I need to treat my vaginal health condition.

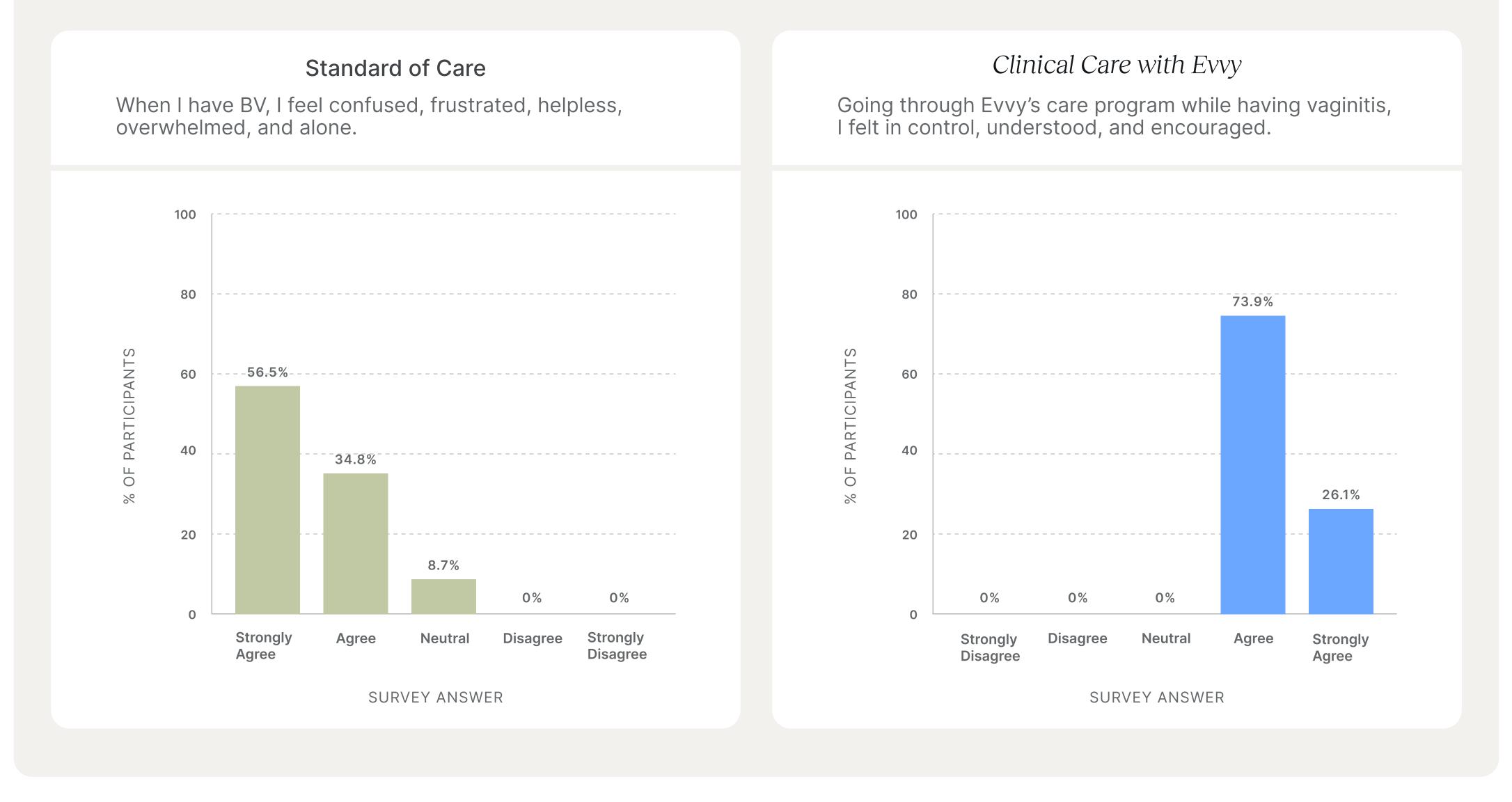


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Improvements In Participants' Experience Of Care (Continued)

100% of participants felt in control, understood, and encouraged when getting clinical care through Evvy, compared to 91% feeling confused, frustrated, helpless, overwhelmed and alone in today's standard of care.







Quotes From Participants In The Clinical Study

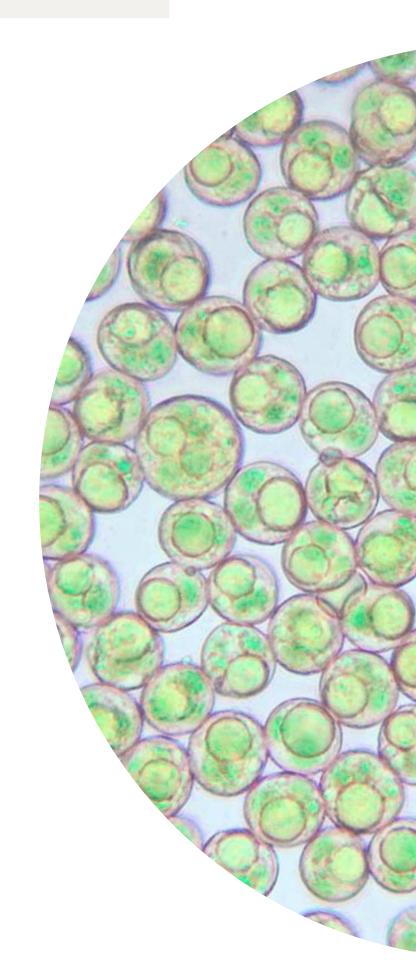
"Thank you so much for inviting me into the pilot program. It has been a delight to finally get straightforward answers and simple practice solutions that actually work for me. I have felt very heard and validated throughout this whole experience and hope to see this work get widely discovered by anyone having issues "down there."



"Treatment is completed and I haven't had any symptoms in almost 2 months. Thanks so much for your help and for this opportunity to finally feel some relief after 24 months. I have been feeling so grateful."

"I am so thankful for Evvy's treatment plan and guidance

throughout the whole program. I thought I had tried everything out there for my vaginal issues and was feeling so disheartened and disappointed before finding Evvy. Evvy's approach to treating my vaginal symptoms felt much more comprehensive and I finally have relief after years of struggling."







IV. Looking Ahead

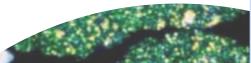
Vaginal infections are one of the leading reasons women seek healthcare advice. They are misdiagnosed more often than correctly diagnosed. The majority of these infections recur within 6-9 months. They drastically affect our quality of life and long term health outcomes. And yet, vaginal infections remain under-researched and widely misunderstood. Evvy's care platform is a first step in changing that.

As shown in our pilot study, Evvy's care platform improves patient experience and outcomes through comprehensive testing; precise, integrative treatments; and scientifically-backed education and support — all from the comfort of a patient's home.

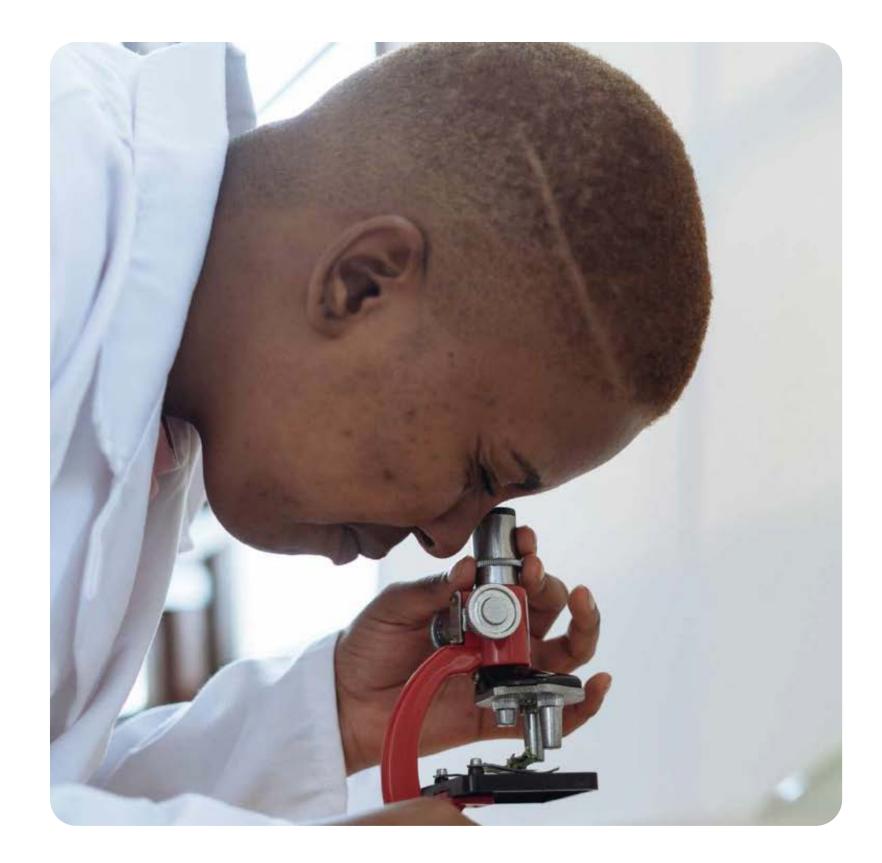
While these are just initial results, we are excited to be pioneering precision care for vaginal health. As more patients engage with providers through Evvy's care platform, we'll be able to continuously study the platform's impact on a larger number of patients and their microbiomes over longer periods of time.

This longitudinal dataset will help us uncover unprecedented insights on how microbiomes change over time and predict treatment response for varying interventions on different patient profiles, allowing us to continually iterate and improve on the personalized care offered through our platform.

This is just the beginning. Evvy's testing and care platform is fueling research on female biomarkers that can enable better risk prediction, diagnoses, and treatments for complex health conditions in the female body. We're unlocking precision female healthcare that is grounded in data — not guesswork — and finally improves access and outcomes for women and people with vaginas everywhere.



We're unlocking precision female healthcare that is grounded in data

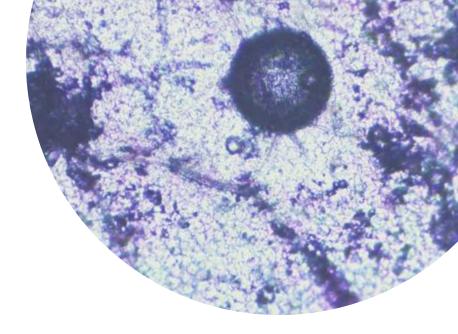


not guesswork — and finally
improves access and outcomes for
women and people with vaginas
everywhere.

We can't do it alone — if you're interested in collaborating with us, please reach out to research@evvy.com!



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References

- 1. Ventolini G, Gandhi K, Manales NJ, Garza J, Sanchez A, Martinez B. Challenging Vaginal Discharge, Lactobacillosis and Cytolytic Vaginitis. J Family Reprod Health. 2022 Jun;16(2):102-105. doi: 10.18502/ jfrh.v16i2.9477. PMID: 36457655; PMCID: PMC9678848.
- 2. Sobel JD. Vaginal infections in adult women. Med Clin North Am. 1990 Nov;74(6):1573-602. doi: 10.1016/s0025-7125(16)30496-5. PMID: 2246954.
- Amabebe E, Anumba DOC. The Vaginal Microenvironment: The Physiologic Role of Lactobacilli. Front Med (Lausanne). 2018 Jun 13;5:181. doi: 10.3389/fmed.2018.00181. PMID: 29951482; PMCID: PMC6008313.
- Amabebe E, Anumba DOC. Mechanistic Insights into Immune Suppression and Evasion in Bacterial Vaginosis. Curr Microbiol. 2022 Feb 7;79(3):84. doi: 10.1007/s00284-022-02771-2. PMID: 35128579; PMCID: PMC8818625.
- 5. Kent HL. Epidemiology of vaginitis. Am J Obstet Gynecol. 1991 Oct;165(4 Pt 2):1168-76. doi: 10.1016/ s0002-9378(12)90722-x. PMID: 1951572.
- 6. CDC Bacterial Vaginosis (BV) fact sheet
- 7. Kairys N, Garg M. Bacterial Vaginosis. 2022 Jul 4. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan–. PMID: 29083654.
- Ravel J, Gajer P, Abdo Z, Schneider GM, Koenig SS, McCulle SL, Karlebach S, Gorle R, Russell J, Tacket CO, Brotman RM, Davis CC, Ault K, Peralta L, Forney LJ. Vaginal microbiome of reproductive-age women. Proc Natl Acad Sci U S A. 2011 Mar 15;108 Suppl 1(Suppl 1):4680-7. doi: 10.1073/ pnas.1002611107. Epub 2010 Jun 3. PMID: 20534435; PMCID: PMC3063603.
- Bradshaw CS, Morton AN, Hocking J, Garland SM, Morris MB, Moss LM, Horvath LB, Kuzevska I, Fairley CK. High recurrence rates of bacterial vaginosis over the course of 12 months after oral metronidazole therapy and factors associated with recurrence. J Infect Dis. 2006 Jun 1;193(11):1478-86. doi: 10.1086/503780. Epub 2006 Apr 26. PMID: 16652274.
- Flores-Mireles AL, Walker JN, Caparon M, Hultgren SJ. Urinary tract infections: epidemiology, mechanisms of infection and treatment options. Nat Rev Microbiol. 2015 May;13(5):269-84. doi: 10.1038/nrmicro3432. Epub 2015 Apr 8. PMID: 25853778; PMCID: PMC4457377.
- Medina M, Castillo-Pino E. An introduction to the epidemiology and burden of urinary tract infections. Ther Adv Urol. 2019 May 2;11:1756287219832172. doi: 10.1177/1756287219832172. PMID: 31105774; PMCID: PMC6502976.
- 12. Meštrović T, Matijašić M, Perić M, Čipčić Paljetak H, Barešić A, Verbanac D. The Role of Gut, Vaginal,
 - and Urinary Microbiome in Urinary Tract Infections: From Bench to Bedside. Diagnostics (Basel). 2020 Dec 22;11(1):7. doi: 10.3390/diagnostics11010007. PMID: 33375202; PMCID: PMC7822161.
- Denning DW, Kneale M, Sobel JD, Rautemaa-Richardson R. Global burden of recurrent vulvovaginal candidiasis: a systematic review. Lancet Infect Dis. 2018 Nov;18(11):e339-e347. doi: 10.1016/ S1473-3099(18)30103-8. Epub 2018 Aug 2. PMID: 30078662.
- 14. 2022 Survey of Physician Appointment Wait Times, AMN Healthcare, Merritt Hawkins
- Onderdonk AB, Delaney ML, Fichorova RN. The Human Microbiome during Bacterial Vaginosis. Clin Microbiol Rev. 2016 Apr;29(2):223-38. doi: 10.1128/CMR.00075-15. PMID: 26864580; PMCID: PMC4786887.
- Redelinghuys MJ, Geldenhuys J, Jung H, Kock MM. Bacterial Vaginosis: Current Diagnostic Avenues and Future Opportunities. Front Cell Infect Microbiol. 2020 Aug 11;10:354. doi: 10.3389/ fcimb.2020.00354. PMID: 32850469: PMCID: PMC7431474.



- Jarvis JP, Rains D, Kradel SJ, Elliott J, Diamond EE, Avaniss-Aghajani E, Yasharpour F, Shaman JA (2018) Diagnosing Bacterial Vaginosis with a Novel, ClinicallyActionable Molecular Diagnostic Tool. J Appl Microb Res Vol: 1, Issu: 2 (01-08).
- Schwiertz A, Taras D, Rusch K, Rusch V. Throwing the dice for the diagnosis of vaginal complaints? Ann Clin Microbiol Antimicrob. 2006 Feb 17;5:4. doi: 10.1186/1476-0711-5-4. PMID: 16503990; PMCID: PMC1395331.
- Mambatta AK, Jayarajan J, Rashme VL, Harini S, Menon S, Kuppusamy J. Reliability of dipstick assay in predicting urinary tract infection. J Family Med Prim Care. 2015 Apr-Jun;4(2):265-8. doi: 10.4103/2249-4863.154672. PMID: 25949979; PMCID: PMC4408713.
- 20. Mirzaeei S, Zangeneh M, Veisi F, Parsa S, Hematti M. Chlorhexidine, clotrimazole, metronidazole and combination therapy in the treatment of vaginal infections. J Med Life. 2021 Mar-Apr;14(2):250-256. doi: 10.25122/jml-2019-0160. PMID: 34104249; PMCID: PMC8169144.
- 21. Vodstrcil LA, Muzny CA, Plummer EL, Sobel JD, Bradshaw CS. Bacterial vaginosis: drivers of
 - recurrence and challenges and opportunities in partner treatment. BMC Med. 2021 Sep 2;19(1):194. doi: 10.1186/s12916-021-02077-3. PMID: 34470644; PMCID: PMC8411528.
- 22. Muzny CA, Schwebke JR. Asymptomatic Bacterial Vaginosis: To Treat or Not to Treat? Curr Infect Dis Rep. 2020 Dec;22(12):32. doi: 10.1007/s11908-020-00740-z. Epub 2020 Nov 13. PMID: 33814990; PMCID: PMC8015387.
- Machado D, Castro J, Palmeira-de-Oliveira A, Martinez-de-Oliveira J, Cerca N. Bacterial Vaginosis Biofilms: Challenges to Current Therapies and Emerging Solutions. Front Microbiol. 2016 Jan 20;6:1528. doi: 10.3389/fmicb.2015.01528. PMID: 26834706; PMCID: PMC4718981.
- 24. Bilardi JE, Walker S, Temple-Smith M, McNair R, Mooney-Somers J, Bellhouse C, Fairley CK, Chen MY, Bradshaw C. The burden of bacterial vaginosis: women's experience of the physical, emotional, sexual and social impact of living with recurrent bacterial vaginosis. PLoS One. 2013 Sep 11;8(9):e74378. doi: 10.1371/journal.pone.0074378. PMID: 24040236; PMCID: PMC3770676.
- Nyirjesy P, Peyton C, Weitz MV, Mathew L, Culhane JF. Causes of chronic vaginitis: analysis of a prospective database of affected women. Obstet Gynecol. 2006 Nov;108(5):1185-91. doi: 10.1097/01.AOG.0000239103.67452.1a. PMID: 17077241.
- 26. CDC National center for health statistics Household pulse survey Anxiety and Depression
- 27. Bilardi JE, Walker SM, Temple-Smith MJ, McNair RP, Mooney-Somers J, Vodstrcil LA, Bellhouse CE, Fairley CK, Bradshaw CS. Women view key sexual behaviours as the trigger for the onset and recurrence of bacterial vaginosis. PLoS One. 2017 Mar 9;12(3):e0173637. doi: 10.1371/
 - journal.pone.0173637. PMID: 28278277; PMCID: PMC5344463.
- van Oostrum N, De Sutter P, Meys J, Verstraelen H. Risks associated with bacterial vaginosis in infertility patients: a systematic review and meta-analysis. Hum Reprod. 2013 Jul;28(7):1809-15. doi: 10.1093/humrep/det096. Epub 2013 Mar 29. PMID: 23543384.
- 29. Kosti I, Lyalina S, Pollard KS, Butte AJ, Sirota M. Meta-Analysis of Vaginal Microbiome Data Provides New Insights Into Preterm Birth. Front Microbiol. 2020 Apr 8;11:476. doi: 10.3389/fmicb.2020.00476. PMID: 32322240; PMCID: PMC7156768.
- 30. Grewal K, Lee YS, Smith A, Brosens JJ, Bourne T, Al-Memar M, Kundu S, MacIntyre DA, Bennett PR. Chromosomally normal miscarriage is associated with vaginal dysbiosis and local inflammation. BMC Med. 2022 Jan 28;20(1):38. doi: 10.1186/s12916-021-02227-7. PMID: 35090453; PMCID: PMC8796436.



- 30. Grewal K, Lee YS, Smith A, Brosens JJ, Bourne T, Al-Memar M, Kundu S, MacIntyre DA, Bennett PR. Chromosomally normal miscarriage is associated with vaginal dysbiosis and local inflammation. BMC Med. 2022 Jan 28;20(1):38. doi: 10.1186/s12916-021-02227-7. PMID: 35090453; PMCID: PMC8796436.
- 31. Jayaram PM, Mohan MK, Konje J. Bacterial vaginosis in pregnancy a storm in the cup of tea. Eur J Obstet Gynecol Reprod Biol. 2020 Oct;253:220-224. doi: 10.1016/j.ejogrb.2020.08.009. Epub 2020 Aug 27. PMID: 32889328.
- 32. Brotman RM. Vaginal microbiome and sexually transmitted infections: an epidemiologic perspective. J Clin Invest. 2011 Dec;121(12):4610-7. doi: 10.1172/JCI57172. Epub 2011 Dec 1. PMID: 22133886; PMCID: PMC3225992.
- 33. Ravel J, Moreno I, Simón C. Bacterial vaginosis and its association with infertility, endometritis, and pelvic inflammatory disease. Am J Obstet Gynecol. 2021 Mar;224(3):251-257. doi: 10.1016/ j.ajog.2020.10.019. Epub 2020 Oct 19. PMID: 33091407.
- 34. Yang X, Da M, Zhang W, Qi Q, Zhang C, Han S. Role of Lactobacillus in cervical cancer. Cancer Manag Res. 2018 May 16;10:1219-1229. doi: 10.2147/CMAR.S165228. PMID: 29844701; PMCID: PMC5962305.
- 35. Holm JB, France MT, Ma B, McComb E, Robinson CK, Mehta A, Tallon LJ, Brotman RM, Ravel J. Comparative Metagenome-Assembled Genome Analysis of "Candidatus Lachnocurva vaginae", Formerly Known as Bacterial Vaginosis-Associated Bacterium-1 (BVAB1). Front Cell Infect

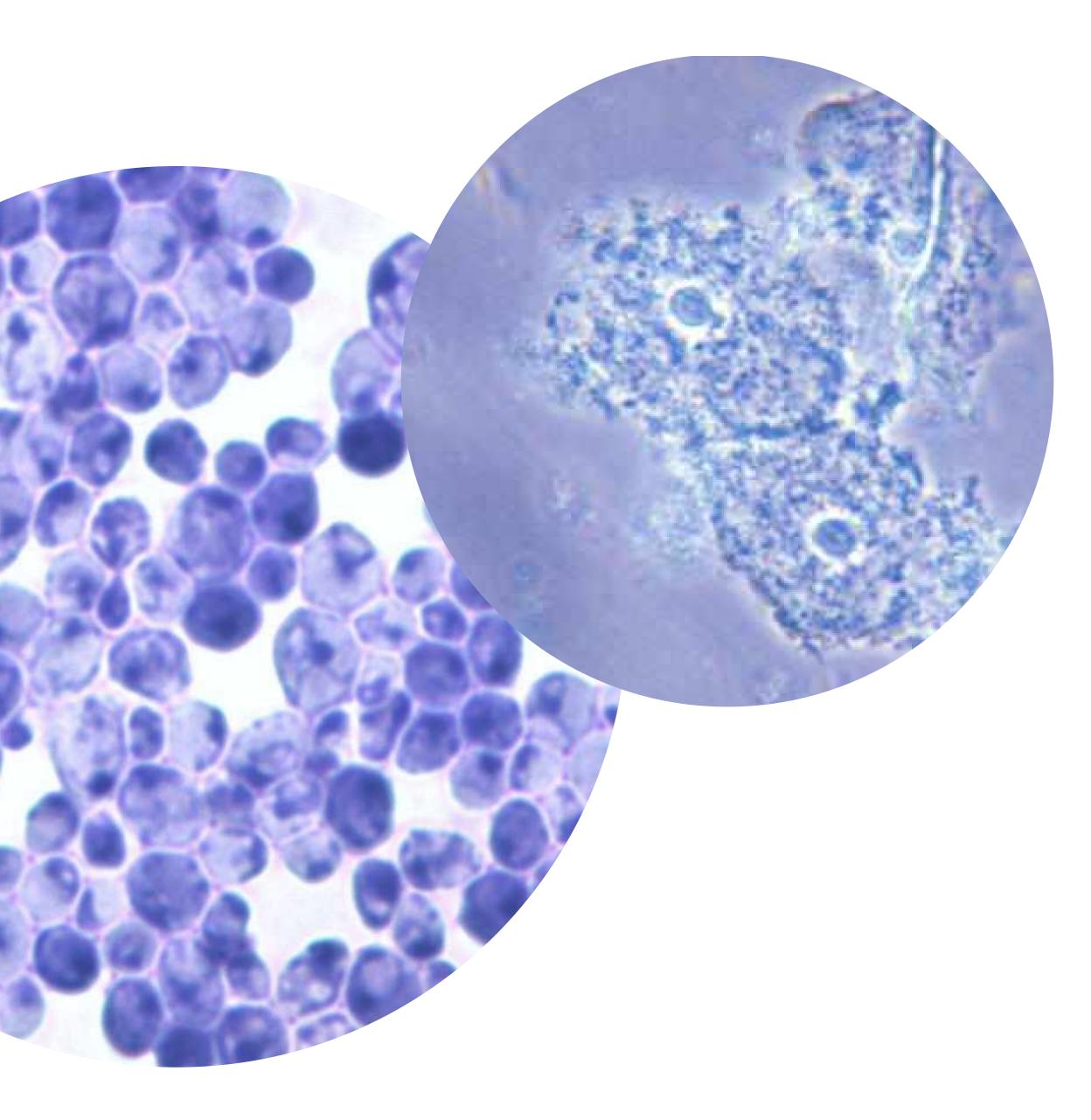






TABLE 1: HISTORY OF PARTICIPANTS' VAGINAL INFECTIONS

Total number of participants	23
How many times have you been diagnosed with BV in the past year	N = 22 (missing one answer)
Never	0 (0%)
1-2	11 (50%)
3-5	7 (32%)
5+	4 (18%)
How many episodes of BV have you experienced in your life?	N = 23
None	0 (0%)
1-2	4 (17%)
3-5	3 (13%)
5+	16 (70%)
Have you been diagnosed with yeast infection in the past year?	N = 23
Νο	10 (43.5%)
Yes	13 (56.5%)
Overall, what impact has BV had on your life? (socially, emotionally, physically, sexually)	N = 23
Minor Impact	0 (0%)
Moderate Impact	5 (22%)
Major Impact	13 (57%)
Severe Impact	5 (22%)
How much has BV interfered with your work or education?	N = 23
Not at all	4 (17%)
A little bit	9 (39%)
Moderately	9 (39%)
Exteremely	1 (4%)

FIGURE 1: MONTHLY SPEND ON PRODUCTS & TREATMENTS FOR VAGINAL HEALTH (N=23)

FIGURE 2: ANNUAL SPEND ON DOCTORS APPOINTMENTS FOR VAGINAL HEALTH (N=23)

