FOLLISTATIN-344 PLASMID THERAPY

Follistatin (FST) is the premier first-line longevity gene therapy. It is extensively-researched, well-tolerated, and successful in achieving its intended results. In our recent human clinical trial, FST increased lean mass, decreased fat, decreased inflammation, lengthened telomeres, and dramatically reversed epigenetic age acceleration. Frailty, obesity, and excessive inflammation are hallmarks of aging which follistatin plasmid therapy directly addresses.

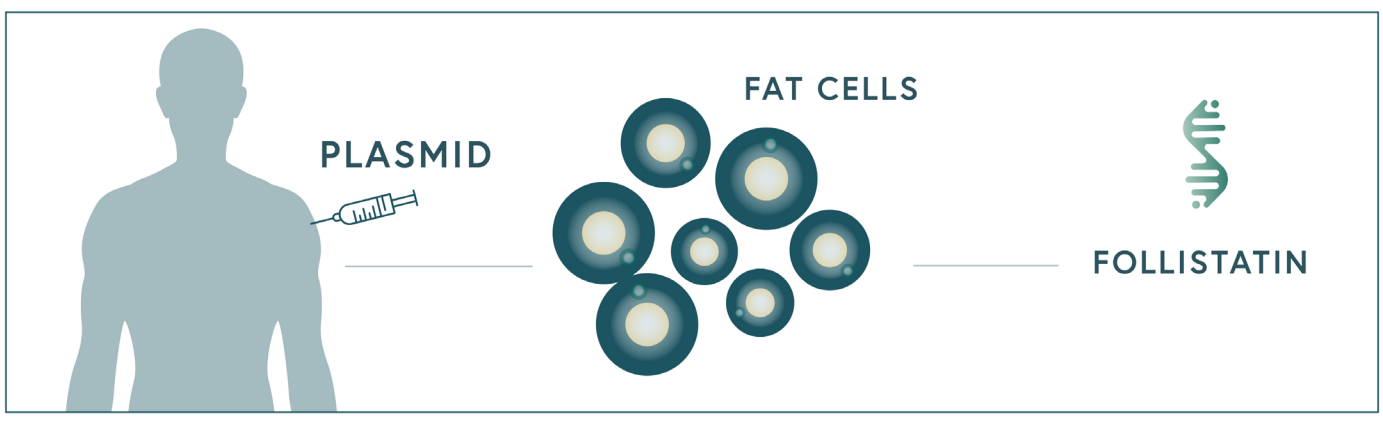
FST plasmid therapy has shown promising results in extending lifespan. A recent study (Jajyan, 2021) found that FST therapy increased mouse lifespan by 32.5%. The potential of FST overexpression was first established in mice in 2001, and studies in monkeys suggest similar benefits in higher mammals. Ongoing research continues to support FST therapy's impact on lifespan, making it an exciting area for further exploration.

EFFECTS OF FOLLISTATIN GENE THERAPY:

- Decreased Body Fat
- Increased Telomere Length
- Increased Muscle Mass
- Decreased Epigenetic Age
- Improved Quality of Life
- Increased Bone Density

HOW DOES FOLLISTATIN WORK?

Follistatin binds to and inactivates two proteins in your blood: myostatin and activin a. Myostatin is a protein in your blood which decreases your muscle mass and bone density. Follistatin's ability to improve body composition is dependent on both myostatin and activin inactivation (Gilson, et al., 2009). Follistatin's ability to decrease inflammation is dependent on inactivation of activin (Hedger, et al., 2011).



HOW LONG DOES IT LAST?

Minicircle's follistatin plasmid is designed to be administered via a subcutaneous fat injection having a continuous expression duration of approximately 12-18 months. The plasmid injection is non-inflammatory and contains a formulation of 50 ug of plasmid DNA dissolved in buffered saline and complexed with a transformation polymer that helps th eDNA efficiently get into the fat cells. Using our method, only cells at the site of injection are transformed, and the plasmid DNA does not edit or integrate into your original chromosome.

SAFETY PROFILE

Approximately one-third of patients experienced an 8 ng/dL increase in LDL. However, this increase was small—about 10% of a normal level—and our physicians have determined it is unlikely to be clinically significant.

There are multiple forms of follistatin, and this therapy uses Follistatin-344. Follistatin-288 causes infertility by binding to and inhibiting activin, thereby decreasing FSH production by the pituitary gland. Follistatin-344 has 10x lower binding affinity and has not been shown in the pilot study to cause a significant decrease in FSH level.

Monkey studies, and male and female human experiments have not shown any effect on fertility hormones or sperm. A scientific literature review published in 2015 noted "Of note in both non-human primate studies and in our subsequent clinical trial we found no effect of FS344 (FS315) gene therapy on any pituitary secreted hormone" (Al-Zaidy).

NOTE: LESS THAN 500 PEOPLE IN THE WORLD ARE ESTIMATED TO HAVE RECEIVED FOLLISTATIN GENE THERAPY (AS OF JAN 2025).

RESULTS

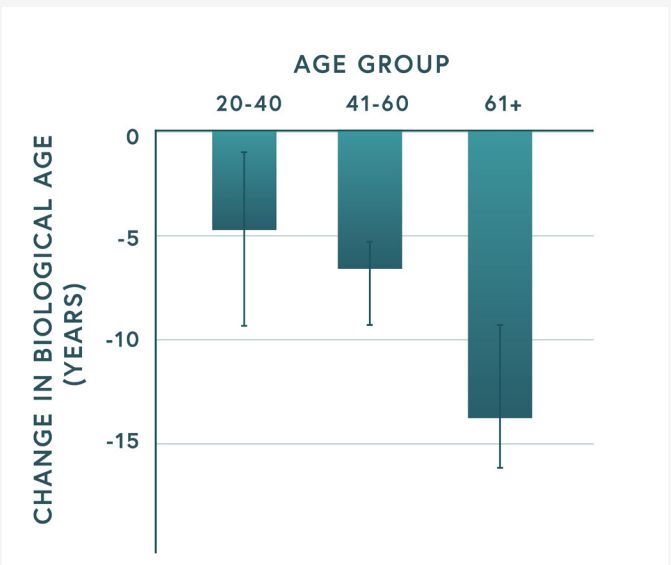
FOLLISTATIN-344 PLASMID THERAPY OUTCOMES AT 3 MONTHS

100% PATIENT SATISFACTION

2 LBS FAT FREE MASS INCREASE

-0.8% BODYFAT % CHANGE

12 YRS EPIGENETIC CLOCK REDUCTION IN AGED PATIENTS



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