



Harnessing Newly Discovered Pathways in Immunology Effected by Extracellular tRNA Synthetases

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Accelerating Value Creation from Novel Immune Pathways

Research:

Discover innovative therapeutic candidates based on extracellular functionality of tRNA synthetases

Initial focus on extracellular histidyl-tRNA synthetase (HARS)

Development:

ATYR1923 (interstitial lung diseases) in ongoing Phase 1 trial

ORCA antibody program (immunology) in IND enabling activities

Financials:

2017 year-end cash and investments at \$85.1M*

Cash runway into 3Q 2019

Upcoming Catalysts:

ATYR1923 Phase 1 data – 2Q 2018

First publication of ORCA data at key oncology and immunology conferences in 2018

Therapeutic Candidate Pipeline

Resokine Pathway

DISCOVERY

PRECLINICAL

PHASE 1

PHASE 2

PHASE 3

ATYR1923 (Engineered HARS)*

- Interstitial Lung Disease



Phase 1 data
expected in 2Q18

ORCA (HARS antibodies)

- Various Cancers



Patient trial initiation
expected in 2019

ATYR1940 (~Full-length HARS)

- Rare Muscular Dystrophies



tRNA Synthetase Pipeline

DISCOVERY

PRECLINICAL

PHASE 1

PHASE 2

PHASE 3

Multiple Discovery Programs

- Internal Programs at aTyr
- The Scripps Research Institute
- Hong Kong University of Science and Technology

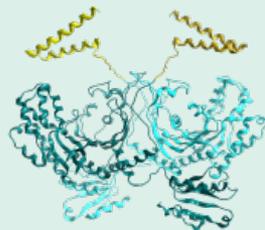


Resokine: Extracellular Proteins Derived From HARS Gene

tRNA Synthetase Genes:

- AARS
- CARS
- DARS
- EPRS
- FARS
- GARS
- HARS**
- IARS
- KARS
- LARS
- MARS
- NARS
- QARS
- RARS
- SARS
- TARS
- VARS
- WARS
- YARS

Intracellular: (Cytoplasm)



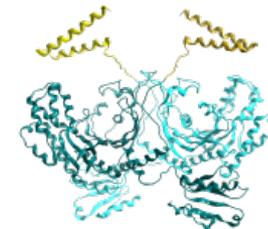
Histidyl-tRNA synthetase (HARS)

Enzymes that catalyze
protein synthesis



Secretion

Extracellular: (Circulation)



Full-length HARS



Splice variant of HARS

*One example of multiple
splice variant proteins*

“Resokine Pathway”

Homeostatic pathway that
controls the set point for
activation of key immune cells

Resokine MOA Hypothesis: Regulates T Cell Activation

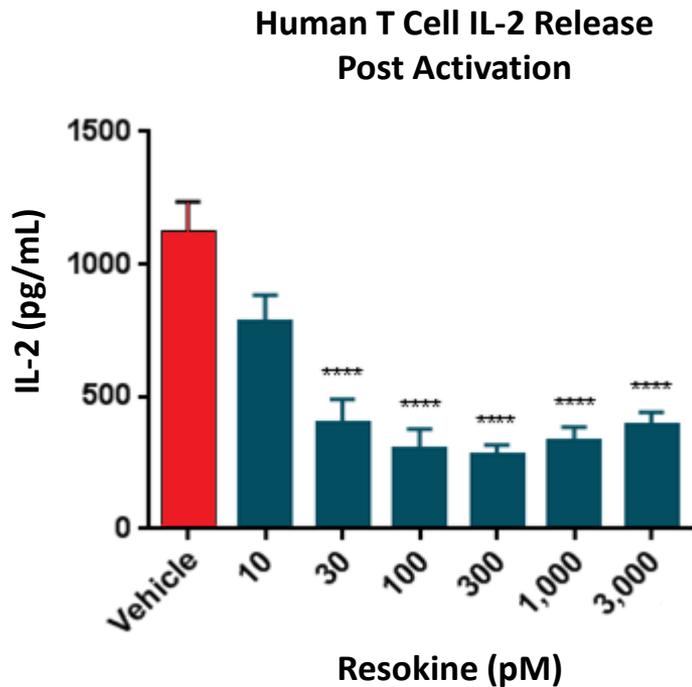
Acts on both CD4 and CD8 T cells

Effector functions at levels closer to a resting T cell

Stimulatory pathways at levels closer to a resting T cell

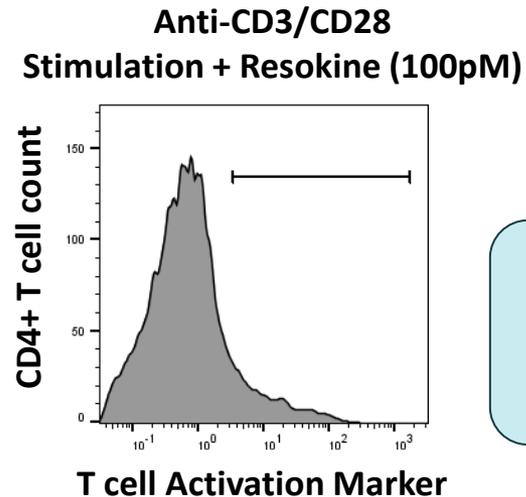
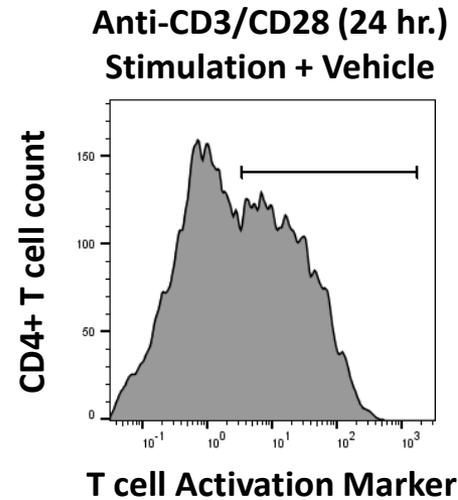
Shifts trafficking and residence closer to a resting T cell

Resokine Regulates T Cell Activation



**** $p < 0.0001$

Similar for: $INF\gamma$, $TNF\alpha$...
Similar to hitting PD-1 pathway



Similar for:
CD69, 4-1BB,
PD-1, ICOS...

Graphs on Right: T cells were stimulated with anti-CD3/CD28 antibodies in the presence of vehicle or Resokine. After 24 hours, supernatants were collected and analyzed by ELISA. Statistics by T test.



ATYR1923 for the Treatment of Interstitial Lung Diseases
Engineered HARS Splice Variant (iMod.Fc)

ATYR1923: Program Snapshot

ATYR1923 (iMod.Fc):

Engineered fusion protein with HARS splice variant
Refer to splice variant as the “iMod domain”
(iMod for immuno-modulatory function)

Patients:

Interstitial lung diseases (ILDs) characterized by an immune component

Mechanism:

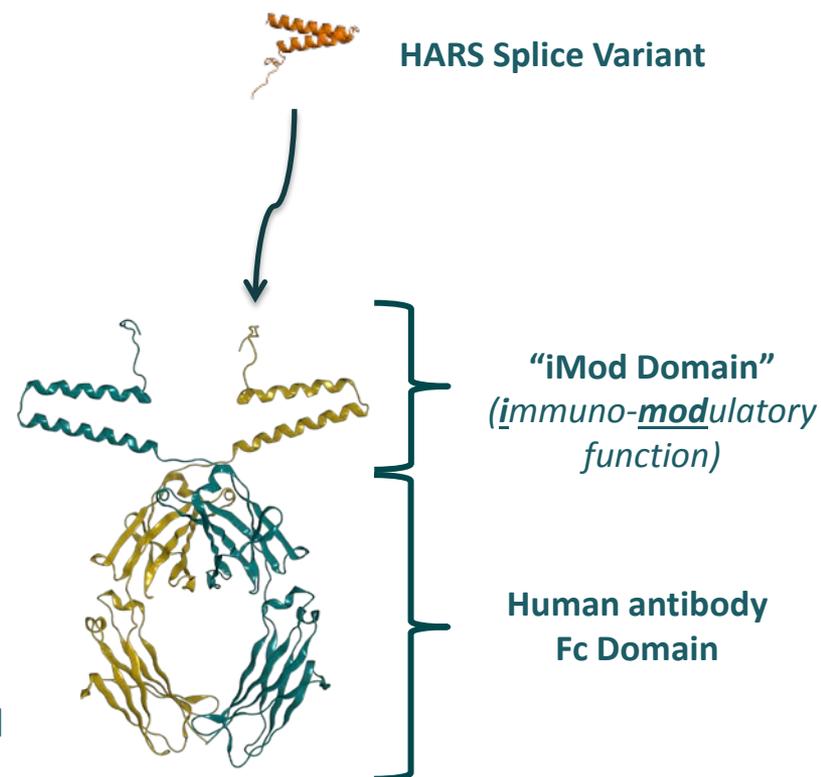
Regulation of T cell activation via the Resokine pathway

Rationale:

Functional knockout of Resokine pathway in humans and rodents results in T cell mobilization and lung damage
Immune dysfunction is key to pathophysiology of ILDs

Target Dosing:

Improved pharmacokinetic profile that supports once/twice monthly IV infusion



Interstitial Lung Diseases Share Persistent Immune Engagement

Inflammatory

Fibrotic

**Idiopathic Pulmonary
Fibrosis (IPF)**

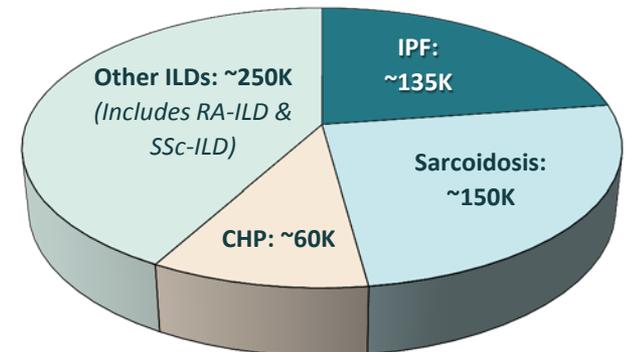
**Rheumatoid Arthritis – ILD
(RA-ILD)**

Chronic Hypersensitivity Pneumonitis (CHP)

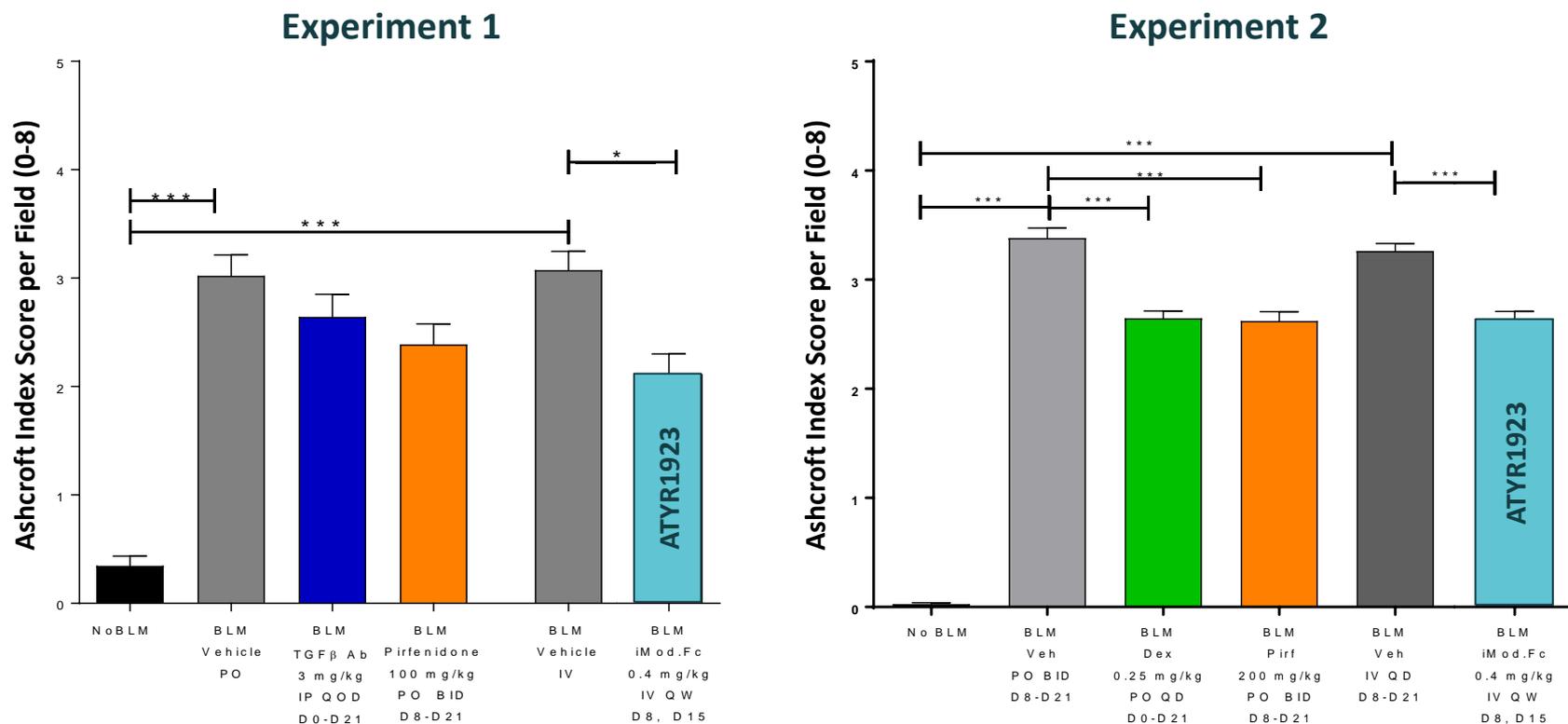
**Systemic Sclerosis – ILD
(SSc-ILD)**

Sarcoidosis

**Estimated ILD
US Patient Populations**



ATYR1923 Ameliorates Fibrosis in Bleomycin-Induced Lung Injury



ATYR1923 (iMod.Fc) administered therapeutically at 0.4 mg/kg weekly drives efficacy comparable to or greater than Pirfenidone*, anti-TGF antibodies, and dexamethasone

ATYR1923 Clinical Development for Interstitial Lung Diseases

Clinical Overview

Randomized, double-blind, placebo-controlled studies to investigate the safety, tolerability, immunogenicity, pharmacokinetics and pharmacodynamics of intravenous ATYR1923 (iMod.Fc) in healthy volunteers and patients with interstitial lung disease.

Phase 1 - Healthy Volunteers:

- 36 subjects across 6 dose cohorts
- Dosing (single infusion):
 - 0.03 mg/kg up to potentially 5.0 mg/kg
- ✓ First subjects dosed in the fourth quarter of 2017
- ☐ Data expected in 2Q 2018

Phase 2 - Interstitial Lung Disease patients with an immune component:

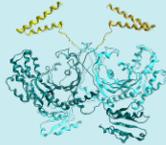
- Collaborating with industry leading clinicians to develop patient trials for ATYR1923



ORCA – Targeting a Novel Immune Set Point for Cancer Patients
Antibodies to the Resokine Pathway

Regulating T Cells to Temper or Enhance Anti-Tumor Immunity

Resokine



“Agonist”

Regulates T cell activation
with potential to
temper immune system

ORCA

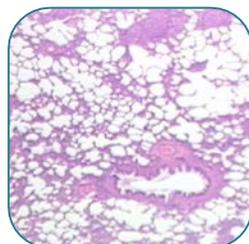


“Antagonist”

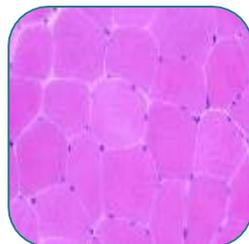
Unlocks T cell activity
with potential to
enhance anti-tumor immunity

Anti-Synthetase Syndrome: Evidence of Resokine Pathway Relevance in a Human Disease Setting

Healthy Tissue



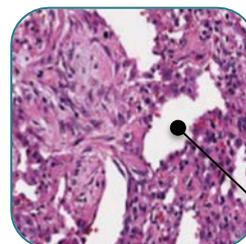
Healthy lung



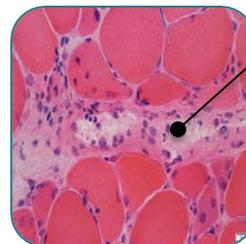
Healthy muscle



T Cells Mobilized in Tissue



Interstitial Lung Disease

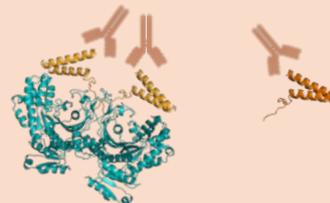


Inflammatory Myopathy

↑ Immune cell invasion/activity



Resokine acts as homeostatic regulator of immune activity



Antibodies to Resokine lower threshold for T cell activation

ORCA Program: Snapshot

Patients:

Potentially all cancer types:

- >450 patient samples in over 10 tumor types tested
- ~95% of cancer patients tested positive for Resokine

Target:

Resokine pathway

Therapeutic Concept:

Antibody to block Resokine activity, increases T cell engagement

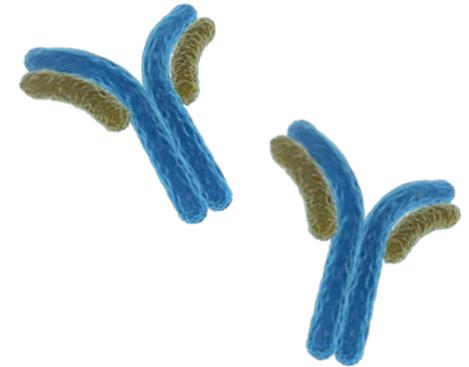
Rationale:

Human evidence of Resokine antibody changing T cell behavior (anti-synthetase syndrome patients)

Phenotype replicated in animal functional knock-out models

Biomarker:

Liquid biopsy correlates with tumor volume and efficacy



ORCA Program: Supportive *In Vivo* Data and Development Timelines

***In Vivo* Efficacy Data**

Resokine Abs effective in multiple mouse syngeneic tumor models

- ✓ Outperformed checkpoint inhibitors (e.g. Abs to PD-1, PD-L1, CTLA-4) in various animal models

Resokine Abs effective alone and in combination

- ✓ Efficacy potential as monotherapy and with checkpoint inhibitors (based on tumor model data)

Development Timelines

Resokine antibody selection:

- ✓ Panel of antibodies selected and in IND enabling activities

Present Data at Scientific Conferences:

- ✓ Abstract at ASCO-SITC in January 2018
- Additional presentations in 2018

First clinical trial in patients:

- Initiate in 2019

Accelerating Value Creation from Novel Immune Pathways

2018 Strategic Goals:

Advance Clinical Development

- ATYR1923 Phase 1 ongoing with data in 2Q 2018

Advance Immuno-Oncology Program

- IND-enabling activities ongoing for patient trials in 2019

Discovery and Pipeline Enhancement

- Collaborating with academic institutions and ongoing internal programs to discover innovative therapeutic candidates from tRNA synthetase biology

Financials:

- ✓ **\$85.1M*** cash and investments as of 12/31/17; cash runway into 3Q 2019
- ✓ Market capitalization as of closing price on 12/31/17: **~\$144M****