# A New Path to Medicine

April 2021

olyr

### Forward Looking Statements

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### aTyr: A New Path to Medicine

**Mission**: Develop a new class of medicines based on proprietary biology platform with a novel approach for identifying target receptors for extracellular tRNA synthetase fragments from an IP portfolio covering protein derivatives from all 20 tRNA synthetase gene families

#### ATYR1923

- Immunomodulator for severe inflammatory lung diseases
- Pulmonary sarcoidosis trial enrollment completed – data expected Q3 2021
- Positive results reported in COVID-19 pts in Q1 2021

#### **NRP2** Antibodies

- ATYR2810: first antineuropilin-2 (NRP2) antibody for cancer – IND-enabling activities initiated
- NRP2 antibody research program for distinct therapeutic applications

### tRNA Synthetase Candidates

- Receptors identified for two new tRNA synthetases from our pipeline
- Discovery programs targeting cancer and NK cell biology

Financials: Cash, cash equivalents and investments at \$31.7m as of December 31, 2020

### aTyr Development Pipeline

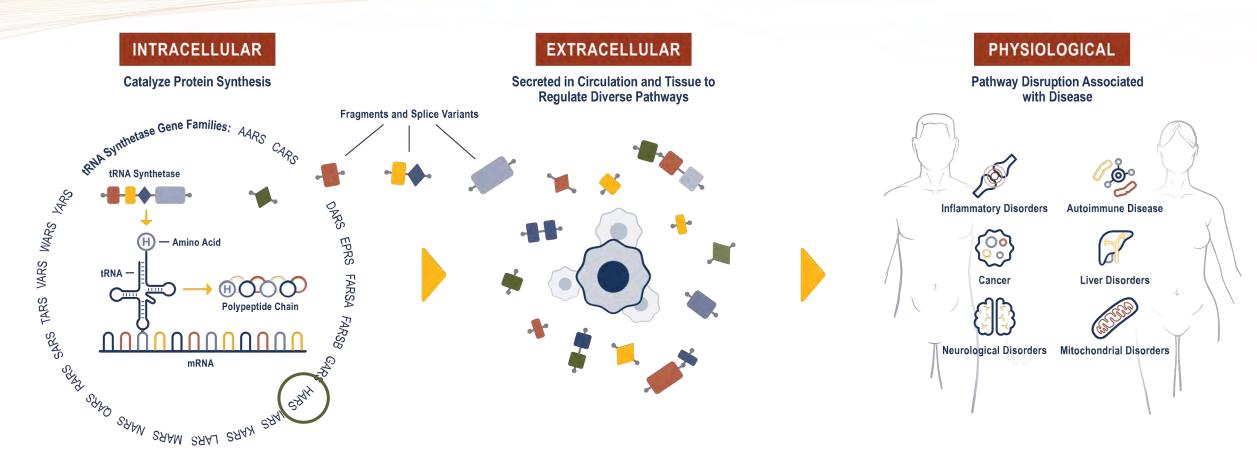
PROGRAM	INDICATION	RESEARCH	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3
	Pulmonary Sarcoidosis					
	Other ILDs (CTD-ILD; CHP) <sup>(1)</sup>				•	
ATYR1923	Healthy Japanese Volunteers <sup>(2)</sup>				•	
	COVID-19 related severe respiratory complications					
ATYR2810	Solid Tumors					
NRP2 mAbs	Cancer; Inflammation					
AARS-1; DARS-1 <sup>(3)</sup>	Cancer; Fibrosis; Inflammation					

(1) CTD-ILD: connective tissue disease-related ILD (e.g. Scleroderma-related ILD); CHP: chronic hypersensitivity pneumonitis

(2) In partnership with Kyorin Pharmaceutical Co., Ltd.

(3) The next two candidates from our tRNA synthetase platform; initial focus on NK cell biology

### tRNA Synthetases May Have Novel Functions Extracellularly



tRNA synthetases are secreted extracellularly and occur in novel forms which lose their canonical function

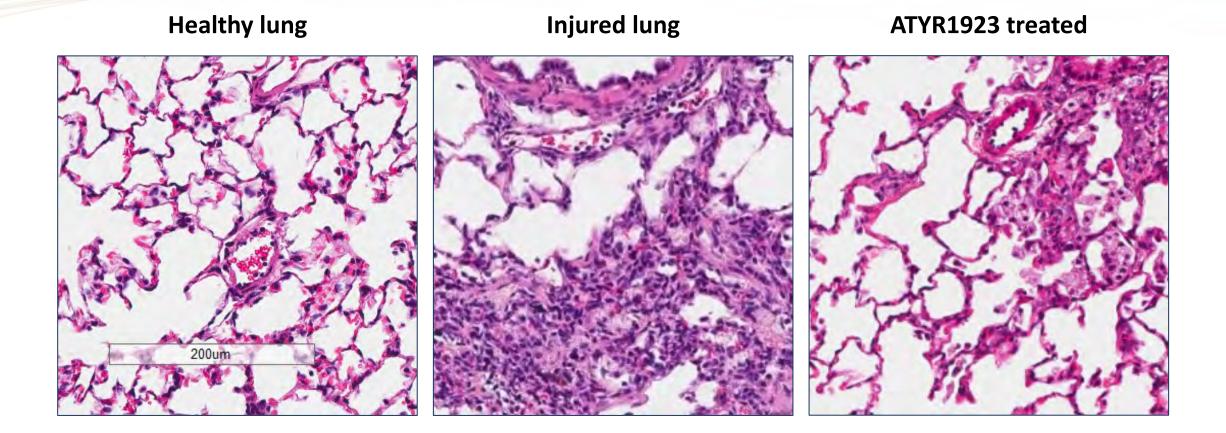
Extracellular tRNA synthetase disruption (genetic/ autoimmune) is associated with disease in humans





### ATYR1923 A Novel Immunomodulator for Inflammatory Lung Disease

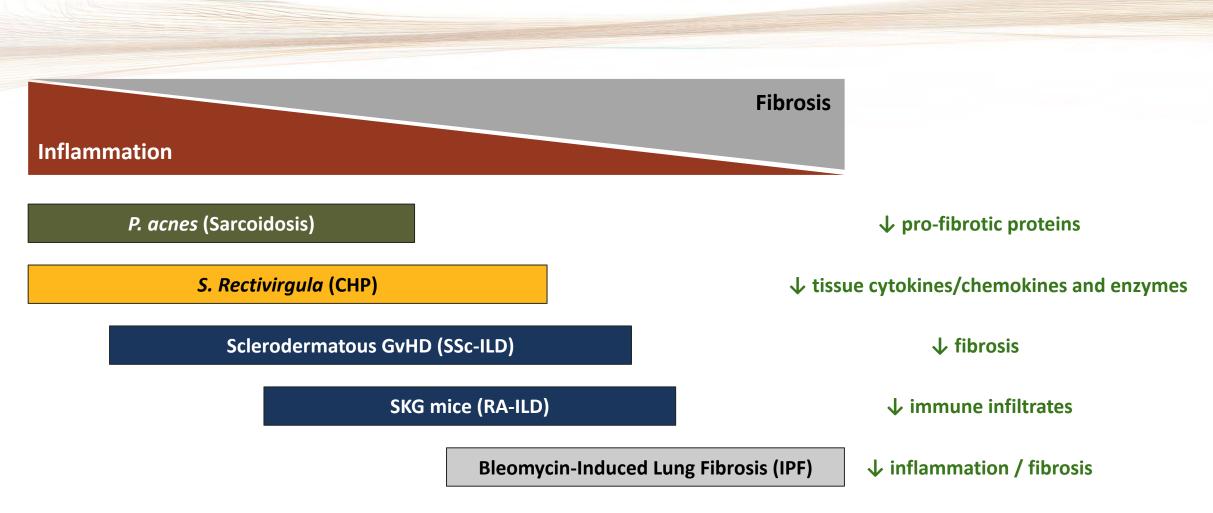
# A Novel Mechanism to Treat Inflammation



### ATYR1923: Early Data Supports Therapeutic Potential in Immune-Mediated Lung Disease

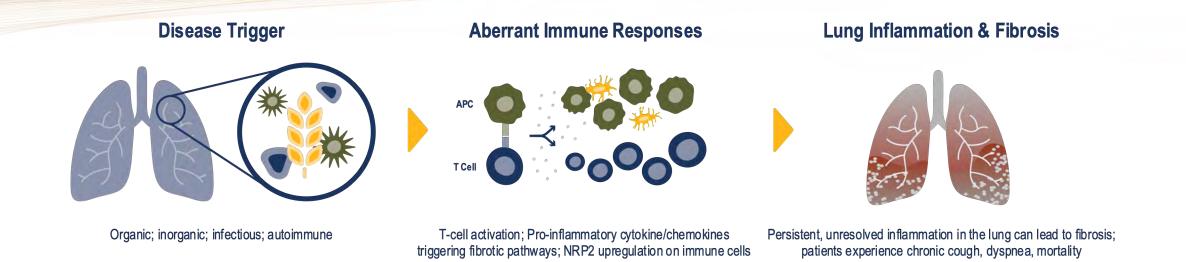
- Fc fusion protein, based on naturally occurring splice variant of the lung-enriched histidyl-tRNA synthetase (HARS) fragment, recombinantly expressed in *E. coli*
- Receptor screen identified selective binding to NRP2, a cell surface receptor upregulated on key immune cells during inflammation and is enriched in inflamed lung tissue
  - NRP2 expression is detected in granulomas associated with human sarcoidosis of the lung and skin
  - Lung tissue from patients who died from COVID-19 related respiratory failure shows increased NRP2
- Downregulates inflammatory and pro-fibrotic cytokine and chemokine levels as well as histological inflammation and fibrosis in pre-clinical models
- Phase 1 study in healthy volunteers PK supports with once-monthly intravenous dosing
- Well tolerated in patients and subjects dosed to date with exposure up to 24 weeks

### Demonstrated Effect in Animal Lung Injury Models

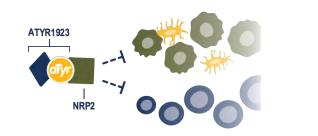


Consistent downregulation of pro-inflammatory cytokines including IL-6, MCP-1, and IFN-γ

# ATYR1923 Mechanism of Action in Inflammatory Lung Disease

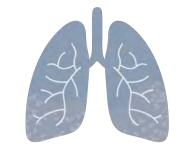


#### **ATYR1923 Dampens Immune Responses**



ATYR 1923 binds to NRP2 and downregulates cytokine and chemokine production and T-cell activation

#### **Stabilized Lung**



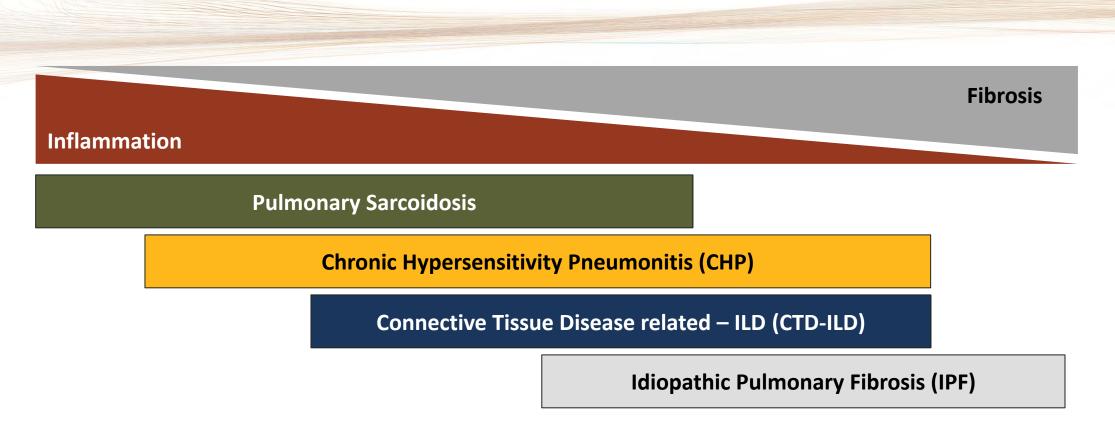
Reduced inflammation and fibrotic deposition; symptom relief, stabilized lung function\*

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### ATYR1923

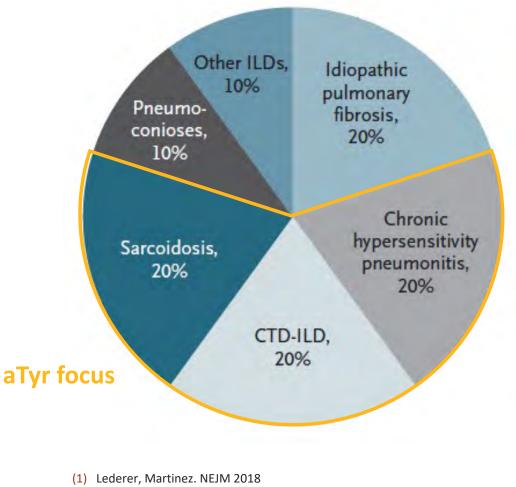
### Interstitial Lung Disease

# ILDs Share Common Immune Pathology Leading to Fibrosis



- ILDs lie on a spectrum of inflammation and fibrosis, but all share an immune pathology
- Progression to fibrosis is a key driver of morbidity and mortality
- By targeting aberrant immune response driving fibrosis, ATYR1923 has potential to improve outcomes in multiple ILDs

# Market Opportunity in Inflammatory Interstitial Lung Disease



#### **Relative Distribution of ILDs in the USA**<sup>(1)</sup>

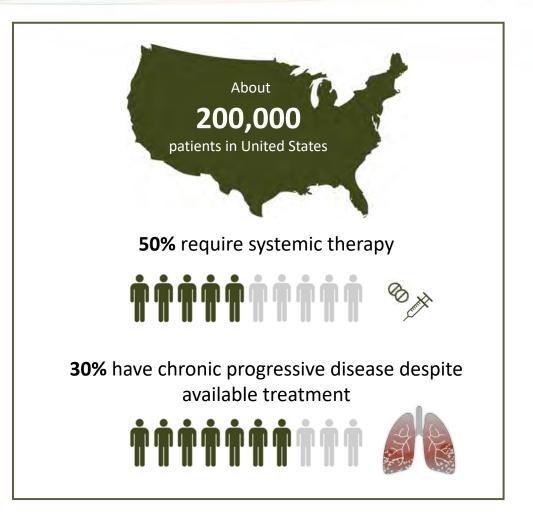
- >200 types of ILD: 4 major types comprise 80% of patients
- Limited standard of care with substantial morbidity and mortality
- aTyr focused on 3 most inflammatory types:
   ~500-600k US patients<sup>(2)</sup>; ~3m globally
- \$2-3b global market opportunity<sup>(3)</sup>

(2) All ILDs individually have potential for orphan status

(3) aTyr estimates for ATYR1923 in Pulmonary Sarcoidosis, CHP, CTD-ILD; excludes IPF

### First ATYR1923 Indication: Pulmonary Sarcoidosis

- Inflammatory disease of unknown etiology characterized by the formation of granulomas (clumps of immune cells)
- T cell driven: CD4+ (Th1 / Th17)
- Pulmonary sarcoidosis occurs in ~90% of all sarcoidosis patients
- Treatment options are limited with associated toxicity: Corticosteroids, antimetabolite immunosuppressants, TNF inhibitors

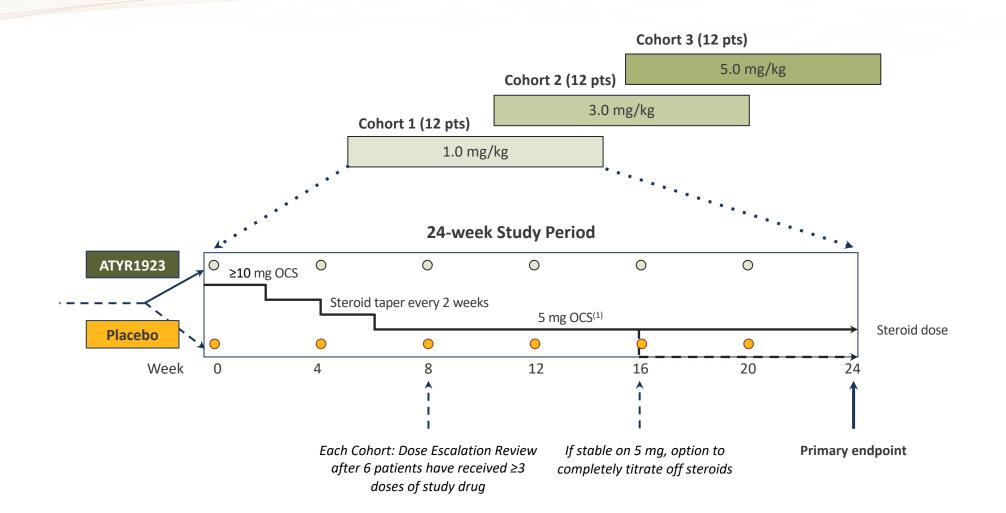


# Phase 1b/2a Study in Pulmonary Sarcoidosis Ongoing

Design	<ul> <li>Randomized (2:1), double-blind, placebo-controlled, multiple ascending dose</li> <li>6 IV doses of ATYR1923 being tested at 1.0, 3.0, and 5.0 mg/kg</li> <li>Forced steroid taper to 5.0 mg by week 8; taper to 0 mg possible at week 16 in responders</li> </ul>	
Population	<ul> <li>37 histologically confirmed pulmonary sarcoidosis patients</li> <li>≥10 mg stable oral corticosteroid treatment</li> <li>Symptomatic/active disease at baseline</li> </ul>	
Primary Endpoint	<ul> <li>Safety and tolerability of multiple ascending IV ATYR1923 doses</li> </ul>	
Secondary Endpoints	<ul> <li>Steroid-sparing effect</li> <li>Immunogenicity</li> <li>Pharmacokinetics (PK)</li> <li>Exploratory efficacy measures: FDG-PET/CT imaging; Lung function (FVC); Serum biomarkers; Health-related quality of life scales</li> </ul>	

Enrollment completed. Data expected Q3 2021

### Phase 1b/2a Pulmonary Sarcoidosis Study Schema



# ATYR1923 Japan Collaboration

#### **Kyorin Overview**

- Founded: 1923
- Focus: Respiratory, ENT, Urology
- 1600 employees: incl. 350 in R&D; 750 sales reps covering top respiratory centers in Japan
- Sales: ~\$1b USD
- Market cap: \$1.2b USD (4569:JP TSE)

### **Key Terms**

- Scope: ATYR1923; Japan; ILD
- Upfront and milestone payments: \$10m
- Development, regulatory and commercial milestones: \$165m
- Tiered sales royalties into double digits
- Kyorin to fund all development and commercial activities in Japan

Last subject visit completed for Phase 1 study to evaluate the safety, pharmacokinetics and immunogenicity in Japanese healthy volunteers

### ATYR1923

**COVID-19** Related Severe Respiratory Complications

# Phase 2 Study in COVID-19 Related Severe Respiratory Complications

Rationale	<ul> <li>COVID-19 associated lung inflammation is driven by pathways effected by ATYR1923's mechanism of action</li> </ul>	
Objective	Evaluate safety and preliminary efficacy of ATYR1923 in subjects hospitalized with COVID-19- related severe respiratory complications	
Design	<ul> <li>Randomized, double-blind, placebo controlled, single dose (not powered for statistical significance)</li> </ul>	
Population	<ul> <li>32 adult patients with severe respiratory complications related to COVID-19 infection requiring supplemental oxygen but not mechanically ventilated (WHO score 4, 5)</li> </ul>	
Doses	<ul> <li>Randomized 1:1:1 - Single dose of 1.0 or 3.0 mg/kg ATYR1923 or Placebo</li> </ul>	
Endpoints	<ul> <li>Primary: Safety and Tolerability</li> <li>Secondary: Time to recovery (WHO score ≤3 or hospital discharge without supplemental oxygen); proportion of patients achieving recovery within a week; all cause mortality</li> <li>Exploratory: Clinical biomarkers; 60 day follow up</li> </ul>	

Positive results reported Q1 2021

### Highlights of Results for Safety and Key Recovery Metrics

### Study Met Primary Safety Endpoint in Moderate to Severe Hospitalized Patients

- ATYR1923 was generally safe and well-tolerated in both the 1.0 and 3.0 mg/kg treatment groups
- Adverse events were mostly mild or moderate in severity and there were no drug-related SAEs
- No disability or long-term limitation of activities seen at 60 day follow up in patients treated with 3 mg/kg of 1923 compared to placebo

### Preliminary Signal of Activity Seen in 3.0 mg/kg Cohort<sup>(1)</sup>

- 3.0 mg/kg cohort experienced a median time to recovery of 5.5 days (95% CI: 3,6) compared to 6 days (95% CI: 2,12) in placebo group
- 83% vs 56% of patients achieved recovery by day 6 in the 3.0 mg/kg ATYR1923 and placebo groups, respectively

## Key Insights from Demographics and Baseline Characteristics

- Demographics and baseline disease characteristics were largely balanced except for some key risk factors which were disproportionately randomized to ATYR1923 groups:
  - More patients over the age of 65
  - More patients with severe hypoxia
  - More baseline comorbidities and more patients with multiple baseline comorbidities
- Imbalances suggest a sicker patient population in ATYR1923 treatment groups and may have contributed to an overperformance in the placebo arm
- All patients in the study received remdesivir and/or dexamethasone

### Biomarker Data Demonstrates Anti-Inflammatory Effects

- Patients treated with ATYR1923 demonstrated trends of overall improvement in 82% (14 of 17) of biomarkers analyzed compared to placebo
  - Greater reductions in levels of several key inflammatory cytokines and chemokines including interferon gamma (IFN-γ), interleukin-6 (IL-6) and monocyte chemoattractant protein 1 (MCP-1)
  - Statistically significant reduction in levels of serum amyloid A (SAA), a marker of inflammation and fibrosis that has implications in sarcoidosis and other ILDs
- The cytokines reduced to the greatest extent as a result of ATYR1923 treatment are consistent with animal models
- Biomarker data confirms that at baseline, patients enrolled in the ATYR1923 treatment arms compared to placebo had higher levels of inflammatory cytokines and known COVID-19 biomarkers including ferritin, D-dimer and C-reactive protein (CRP), indicating a more inflamed patient population in the ATYR1923 treatment arms
- Data provides the first-in-patient mechanistic proof-of-concept ATYR1923

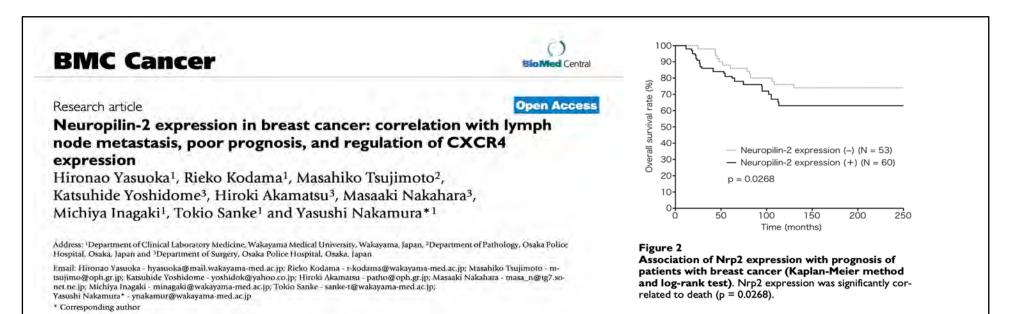


### NRP2 Antibodies

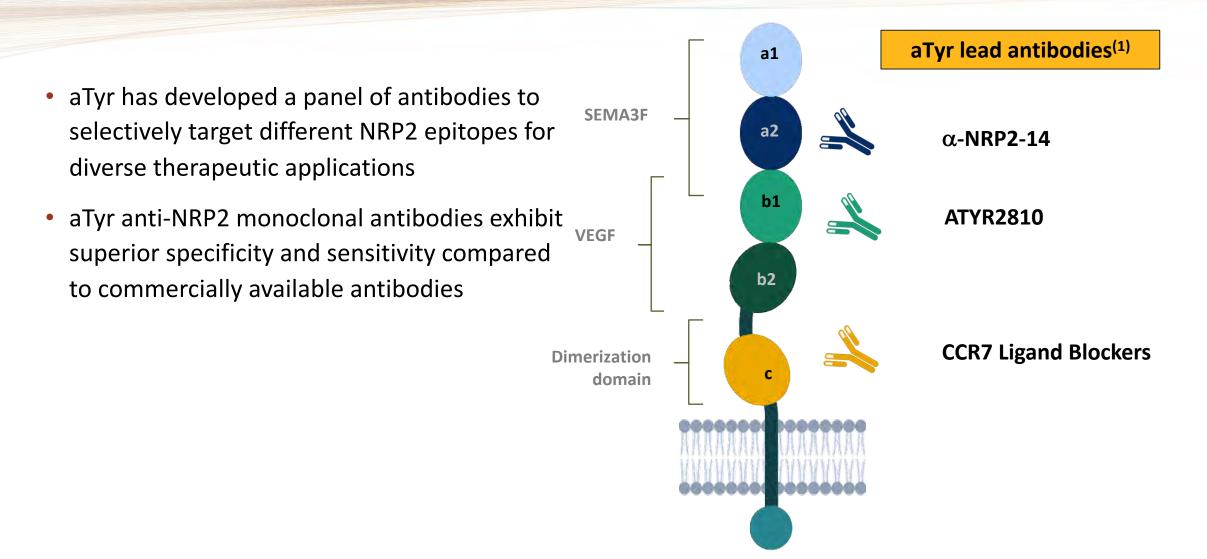
**Regulating Diverse Disease Pathways** 

### NRP2: A Novel Therapeutic Target

- NRP2 is a potentially novel drug target for cancer and inflammatory disorders
- Acts as a co-receptor for VEGF, semaphorins and certain chemokines (e.g., CCL21)
- Highly expressed on certain solid tumors, such as breast, lung and renal
- Tumor expression is associated with worse outcomes in many cancers



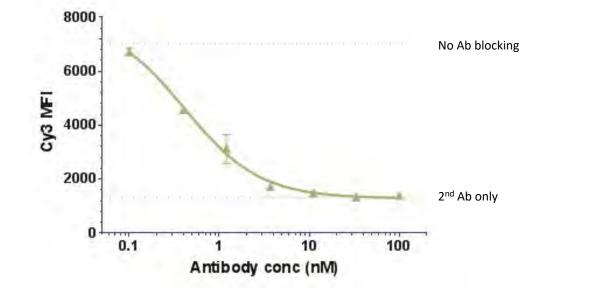
# aTyr is Developing Humanized NRP2 Antibodies Targeting Diverse Pathways



# ATYR2810: Lead Anti-Neuropilin-2 Antibody IND Candidate for Cancer

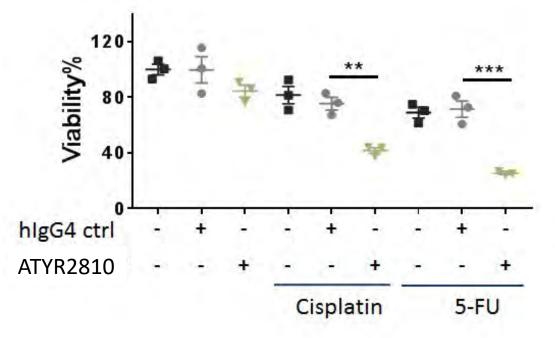
- ATYR2810 is a humanized monoclonal antibody that specifically and functionally blocks the interaction between NRP2 and VEGF
- The role of NRP2 and VEGF signaling in the tumor microenvironment and its importance in the progression of certain aggressive cancers is becoming increasingly validated
- Preclinical data in models of triple-negative breast cancer suggest that ATYR2810 could potentially be effective in certain aggressive solid tumors <sup>(1)</sup>
  - Blocks VEGF-C binding to NRP2
  - Shows tumor inhibitory effects
  - Increases sensitivity to chemotherapy

### Early Pre-clinical Data Support Development in Oncology



**Blocks VEGF binding to NRP2** 

#### Increases Sensitivity to Chemotherapy in Triple-Negative Breast Cancer Model

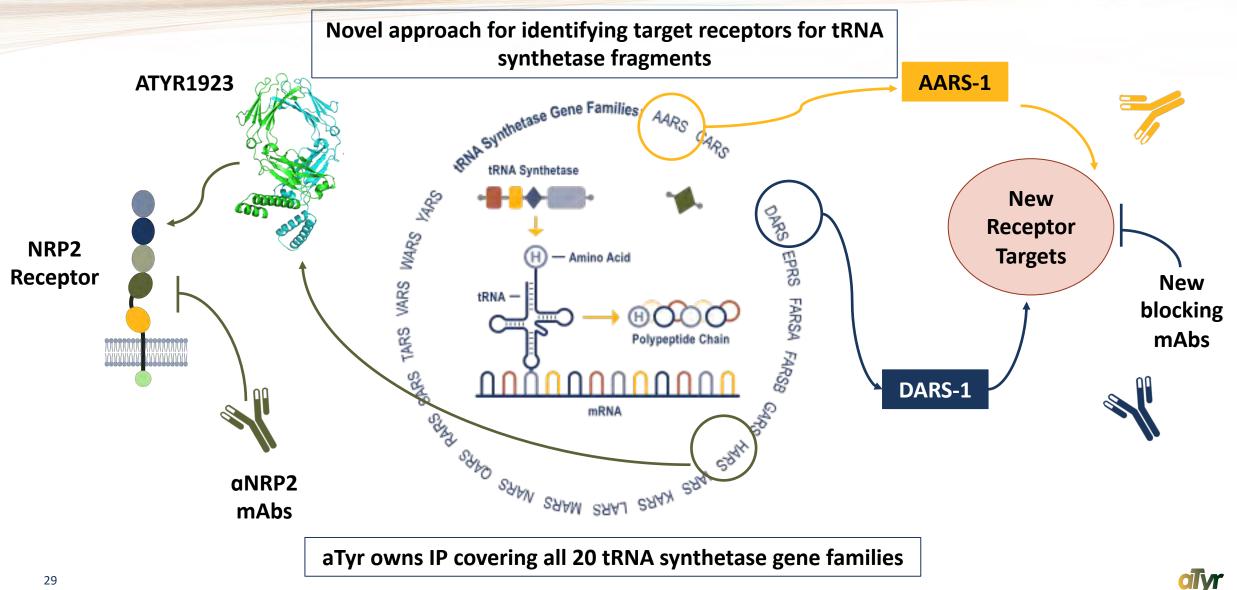




### tRNA Synthetases

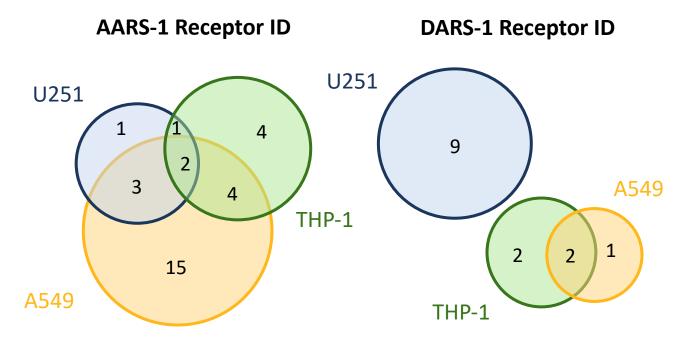
A Potential New Therapeutic Protein Class

### aTyr Biology Platform



### New Discovery Programs Initiated from tRNA Synthetase Library

- New discovery programs initiated around select fragments of alanine- (AARS) and aspartyl- (DARS) tRNA synthetases from our platform library
- Multiple binding targets identified using novel approach, with potential implications in immunology, fibrosis and cancer



#### Initial focus on NK cells for cancer

		Human cell type	Differentiation state	AARS-1	DARS-1
		Monocyte THP-1	Naïve	+	+
	s	Primary monocytes (classical)	Naïve	-	-
	cells	Primary monocytes (classical)	Activated (PMA)	++	++
		Monocyte THP-1	M0 (PMA)	+	+
	Inu	Monocyte THP-1	M1 (PMA/LPS/IFNγ)	-	-
	lmmune	Primary macrophages	All	-	+
	-	Natural Killer NK-92	Naïve	-	++
		Primary NK cells	Naïve	+	+
Adapti	lls	T cell Jurkat	Naïve	+	+
	cells	T cell Jurkat	Activated ( $\alpha$ CD3/ $\alpha$ CD28)	+	+
	ne	T cell Jurkat	Activated (PMA)	-	-
	mmune	Primary CD4+ T-cells	CD4+	-	-
	Ē	Primary CD8+ T-cells	CD8+	+	+
	_	Primary NK-T cells	Naïve	+	+
	уg С	Glioblastoma U251	Naïve	++	++
	ŏ	Glioblastoma U87	Naïve	+	+
	Oncology	Lung adenocarcinoma A549	Naïve	++	++

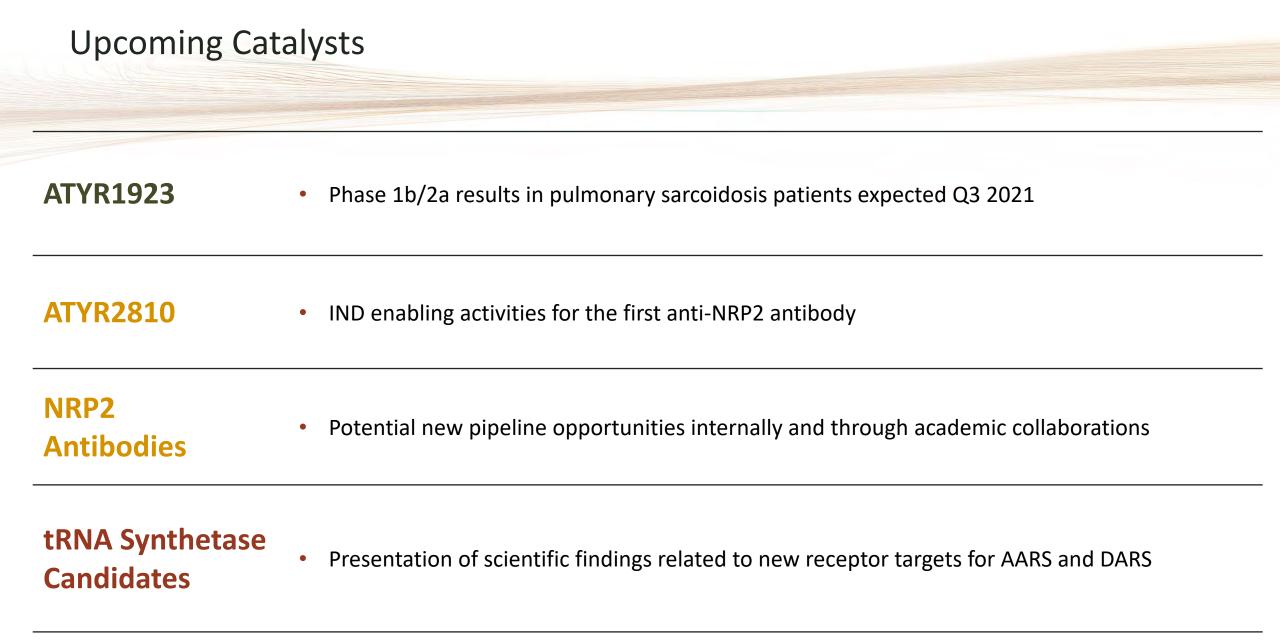
### **Differential Cell Binding**



A New Path to Medicine

### aTyr: A New Path to Medicine

- Platform of proprietary new biology
- Phase 2 clinical program: ATYR1923
  - Novel MOA for inflammatory lung disease
  - Demonstrated effect in multiple animal lung injury models
  - Phase 1b/2a clinical study in pulmonary sarcoidosis completed enrollment in US positive interim safety data reported Dec 2019
  - Kyorin collaboration for ILD in Japan with total deal value up to \$175m completed last subject visit for Phase 1 study
  - Phase 2 trial in COVID-19 patients with severe respiratory complications completed positive results reported Q1 2021
- Preclinical program: ATYR2810
  - Lead anti-NRP2 antibody IND candidate for cancer shows anti-tumor effects in triple-negative breast cancer model
- Discovery stage programs in cancer, inflammation and immunology
  - NRP2 antibody research program for distinct therapeutic applications
  - Discovery programs for tRNA synthetases AARS and DARS initially focusing on NK cell biology
- Cash, cash equivalents, and investments at \$31.7m as of December 31, 2020





Thank You