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# Oral AMT-101
# MARKET UC Combination
# Phase 2 Top-line Data

*July 6, 2022*

**BREAKTHROUGH MEDICINES.**
**THE NEXT AGE OF BIOLOGICS.**

# Forward-Looking Statements

This presentation and any accompanying oral presentation contain forward-looking statements that involve substantial risks and uncertainties. All statements other than statements of historical facts contained in this presentation, including statements regarding our future financial condition, results of operations, business strategy and plans, and objectives of management for future operations, as well as statements regarding industry trends, are forward-looking statements. In some cases, you can identify forward-looking statements by terminology such as “estimate,” “intend,” “may,” “can be,” “plan,” “potential,” ”target,” “will,” “mission” or the negative of these terms or other similar expressions.

We have based these forward-looking statements largely on our current expectations and projections about future events and trends that we believe may affect our financial condition, results of operations, business strategy and financial needs. Such statements include, but are not limited to, the potential of, and expectations regarding AMT’s technology platform, statements regarding AMT-101 including the potential of AMT-101, the ability of AMT-101 to avoid side effects, the milestones for AMT-101, AMT-101’s clinical trials including the timing of top-line results from the AMT-101 Phase 2 trials, the LOMBARD trial as a monotherapy for UC and the CASTRO trial in combination with anti-TNFα for RA, advancing AMT-101 to future phases of development and statements regarding our ability to obtain regulatory approval for AMT-101. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including, among other things: the timing of the initiation, progress and potential results of our preclinical studies, clinical trials and our research programs; our ability to use and expand our technology platform to build a pipeline of product candidates; uncertainty of developing biologic therapeutics; our ability to advance product candidates into, and successfully complete, clinical trials; the timing or likelihood of regulatory filings and approvals; our estimates of the number of patients who suffer from the diseases we are targeting and the number of patients that may enroll in our clinical trials; the commercializing of our product candidates, if approved; our ability and the potential to successfully manufacture and supply our product candidates for clinical trials and for commercial use, if approved; future strategic arrangements and/or collaborations and the potential benefits of such arrangements; our estimates regarding expenses, future revenue, capital requirements and needs for additional financing and our ability to obtain additional capital; the sufficiency of our existing cash and cash equivalents to fund our future operating expenses and capital expenditure requirements; our ability to retain the continued service of our key personnel and to identify, hire and retain additional qualified personnel; the implementation of our strategic plans for our business and product candidates; the scope of protection we are able to establish and maintain for intellectual property rights, including our technology platform, product candidates and research programs; our ability to contract with third-party suppliers and manufacturers and their ability to perform adequately; the pricing, coverage and reimbursement of our product candidates, if approved; developments relating to our competitors and our industry, including competing product candidates and therapies; negative impacts of the COVID-19 pandemic on our operations; and other risks. These risks are not exhaustive. New risk factors emerge from time to time and it is not possible for our management to predict all risk factors. Actual results may differ materially from those in the forward-looking statements as a result of a number of factors, including those described in the company’s filings with the Securities and Exchange Commission. You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee future results, levels of activity, performance or achievements. Except as required by law, we undertake no obligation to update publicly any forward-looking statements for any reason after the date of this presentation.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions, and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

This presentation concerns product candidates that are under clinical investigation, and which have not yet been approved for marketing by the U.S. Food and Drug Administration (FDA). Those product candidates are currently limited by federal law to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

# Executive Summary: MARKET Phase 2 Trial in Moderate-to-Severe Ulcerative Colitis Patients

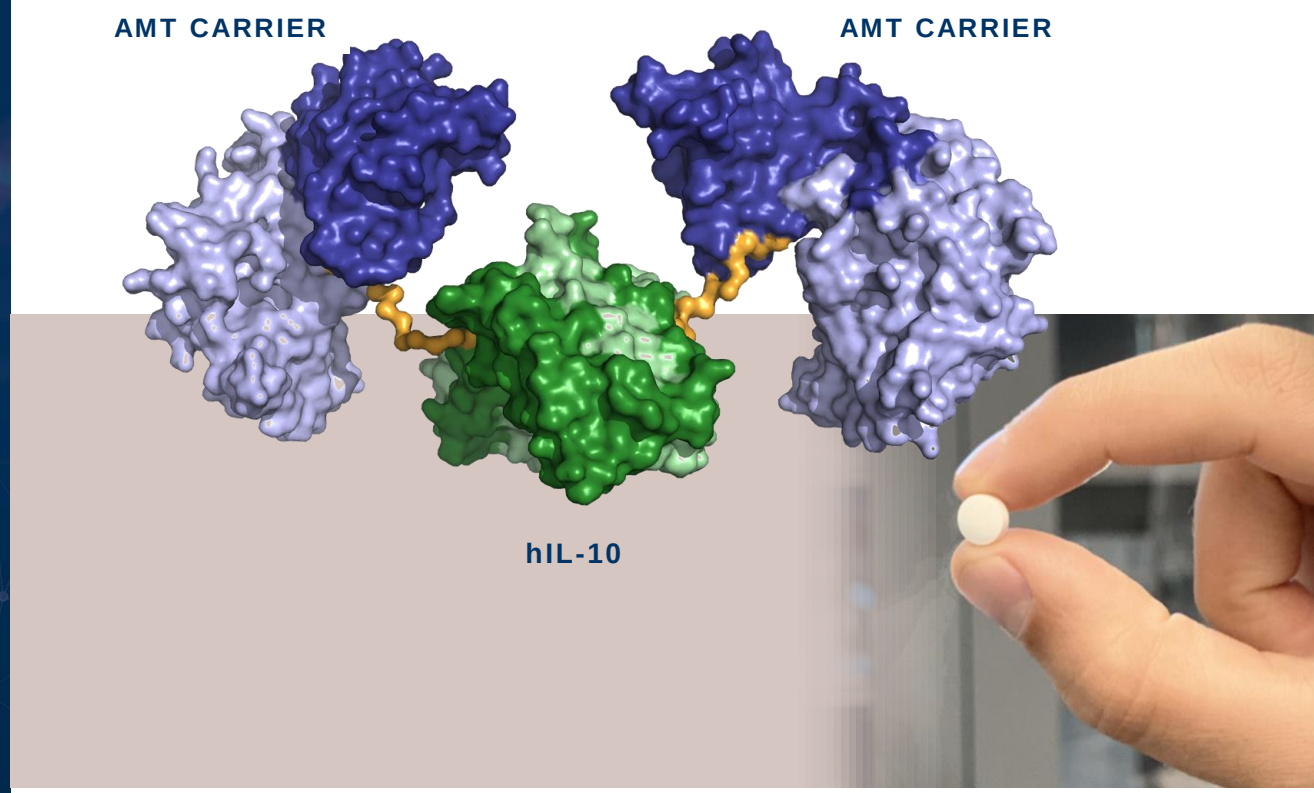
- Trial demonstrated similar clinical remission rates of 31.8% (7/22) in patients receiving AMT-101 3mg and adalimumab (combination therapy) versus 33.3% (9/27) in patients receiving adalimumab alone at week 8
- Baseline characteristics were similar in the trial, with the exception that patients in the combination arm had shorter duration of UC history (3.6 years) versus patients in the adalimumab alone arm (8.5 years)
- Based on this observation, we conducted a post hoc analysis
  - Patients with duration of UC < 5 years achieved clinical remission rate of 43.8% (7/16) in combination therapy versus 15.4% (2/13) in patients receiving adalimumab alone
  - Data support that early treatment of moderate-to-severe UC patients with AMT-101 has the potential for additive combination efficacy consistent with the mechanism of action of IL-10
  - Findings may inform design of future trials and patient selection
- AMT-101 appeared safe and well-tolerated

# AMT-101

- Once daily oral tablet
- GI-selective by design, with low systemic exposure, and potential for favorable safety and tolerability profile
- Positive FILLMORE top-line Phase 2 chronic pouchitis monotherapy data

# MARKET

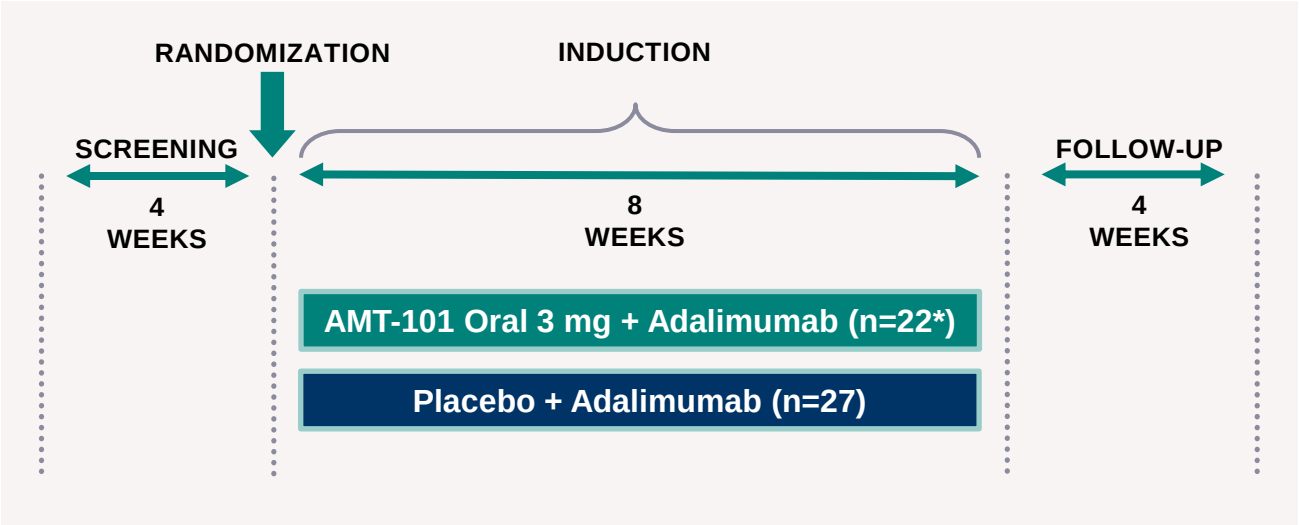
- Phase 2 randomized, double-blinded trial in 51 ulcerative colitis (UC) patients
- 8-week trial: AMT-101 3mg and adalimumab combination versus adalimumab alone (plus placebo)
- Trial enrolled in 4 countries



# MARKET Enrolled Moderate-to-Severe UC Patients

market-uc combo

**AMT-101-203 trial**
- **4 countries**




AMT-101 or placebo administered daily as oral tablet; adalimumab administered every two weeks subcutaneously

**Inclusion Criteria**

- Adults (18-75 years) with moderate-to-severe UC
- Mayo Clinical Score (MCS) of 6 to 12 inclusive at baseline, with Mayo Endoscopic Subscore (MES) ≥ 2 (confirmed by blinded central read)
- Eligible for adalimumab therapy
- Naïve to therapy with approved or investigational biologics/tofacitinib including any anti-tumor necrosis factor (TNF) therapy, vedolizumab, or ustekinumab

* Two patients randomized in Ukraine; early terminated and excluded from efficacy analyses due to conflict, per ICH guidelines.

# AMT-101 Appeared Safe and Well-Tolerated During the Treatment Period

| Treatment Emergent Adverse Events (TEAEs) | Total (N=51*) N(%) |
|---|---|
| Total # of TEAEs | 30 |
| Patients with ≥ 1 TEAEs | 15 (29.4) |
| Serious TEAE | 1 (2.0) |
| Treatment-related TEAE | 2 (3.9) |
| TEAEs leading to study discontinuation | 1 (2.0) |
| TEAEs leading to treatment discontinuation | 1 (2.0) |
| TEAEs by max severity | |
| Mild | 5 (9.8) |
| Moderate | 9 (17.6) |
| Severe | 1 (2.0) |

## Summary

- AMT-101 in combination appeared safe and well-tolerated
- TEAEs were mostly mild and moderate
- One serious TEAE (worsening of UC), unrelated to study treatment

* Two patients randomized in Ukraine; early terminated and excluded from efficacy analyses due to conflict, per ICH guidelines.

# Key MARKET Top-line Efficacy Endpoint
# Clinical Remission (Modern Mayo Score Definition)

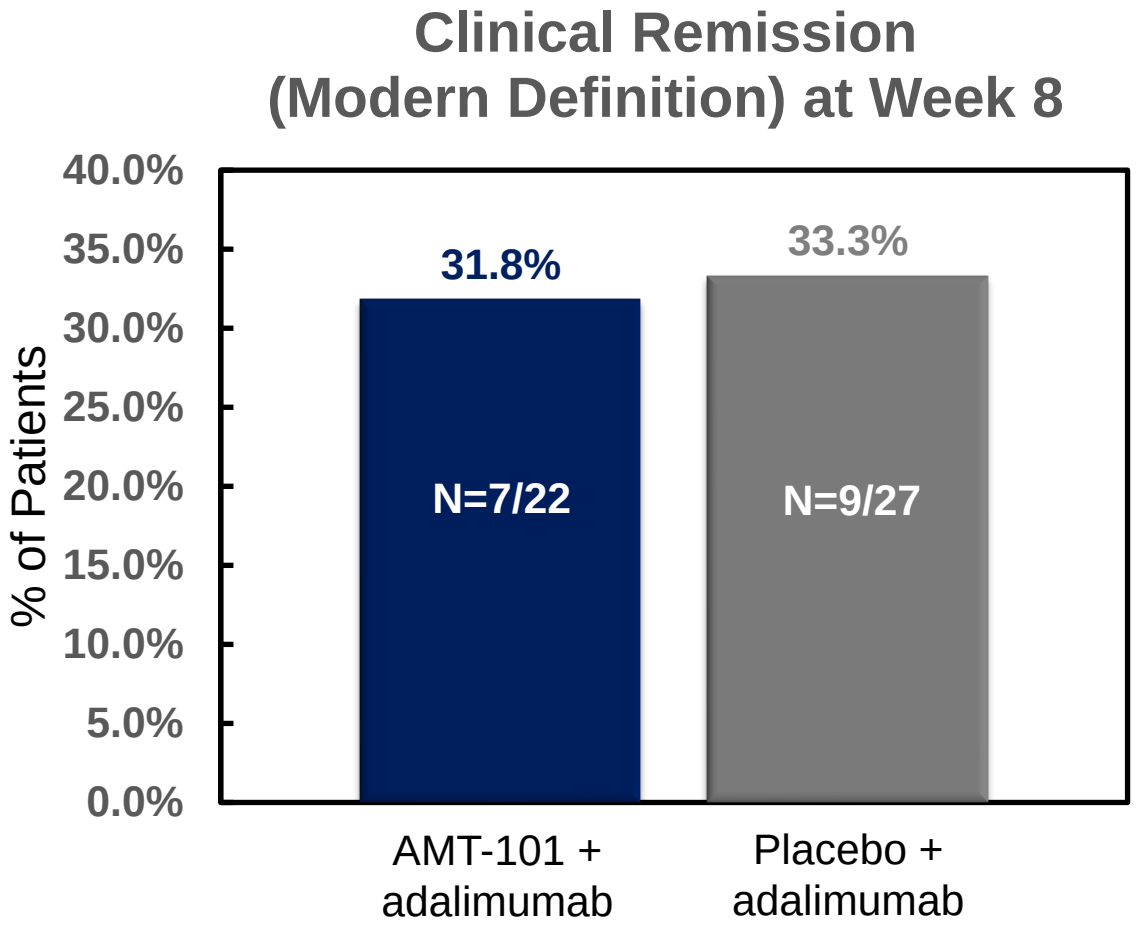
**Modern Mayo Score Definition**

**Endoscopic subscore of 0 or 1**
**+**
**Rectal Bleeding subscore of 0**
**+**
**Stool Frequency subscore of 0 or 1**

| Score | Endoscopy | Rectal Bleeding | Stool Frequency | Physician Rating* of Disease Severity |
|---|---|---|---|---|
| **0** | **Normal/ inactive disease** | **No blood with bowel movements** | **Normal number of stools/day** | Normal |
| **1** | **Mild disease (erythema)** | Blood <50% of time | **1–2 > normal/day** | Mild |
| **2** | Moderate disease (ulcers/friable) | Blood >50% of time | 3–4 > normal/day | Moderate |
| **3** | Severe disease (active bleeding) | Passing blood alone | >4 > normal/day | Severe |

* Physician Rating no longer considered in clinical remission definition

# MARKET: Overall Rates of Clinical Remission at Week 8




Clinical Remission: Mayo stool frequency subscore of 0 or 1 and Mayo rectal bleeding subscore of 0 and Mayo Endoscopic Score of 0 or 1

**Clinical Remission**

- 31.8% (7/22) of patients receiving combination therapy achieved clinical remission versus 33.3% (9/27) of patients receiving adalimumab alone at week 8
- Rate of clinical remission in adalimumab alone arm was higher than previously observed in historical trials

# MARKET Enrolled Moderate-to-Severe Patient Population Similar Demographics with the Exception of Duration of UC

| Summary Baseline Characteristics | AMT-101 3 mg + Adalimumab (N=24*) | Placebo + Adalimumab (N=27) | Total (N=51) |
|---|---|---|---|
| Age (years): mean ± SD | 41.0 ± 14.3 | 41.7 ± 14.6 | 41.3 ± 14.3 |
| Male: n (%) | 11 (45.8) | 18 (66.7) | 29 (56.9) |
| Race - White: n (%) | 24 (100.0) | 27 (100.0) | 51 (100.0) |
| Weight (kg): mean ± SD | 70.4 ± 19.9 | 77.1 ± 19.6 | 73.9 ± 19.9 |
| BMI (kg/m2): mean ± SD | 24.4 ± 5.2 | 25.4 ± 6.6 | 24.9 ± 6.0 |
| UC Symptoms: duration (years) mean ± SD | 3.6 ± 4.6 | 8.5 ± 7.7 | 6.2 ± 6.8 |
| Total Mayo Clinic Score: mean ± SD | 7.6 ± 1.3 | 8.6 ± 1.5 | 8.1 ± 1.5 |
| Mayo Endoscopic Subscore: mean ± SD | 2.3 ± 0.5 | 2.6 ± 0.5 | 2.5 ± 0.5 |
| Mayo Stool Frequency Subscore: mean ± SD | 2.2 ± 0.8 | 2.4 ± 0.7 | 2.3 ± 0.7 |
| Mayo Rectal Bleeding Subscore: mean ± SD | 1.1 ± 0.8 | 1.5 ± 0.8 | 1.3 ± 0.8 |

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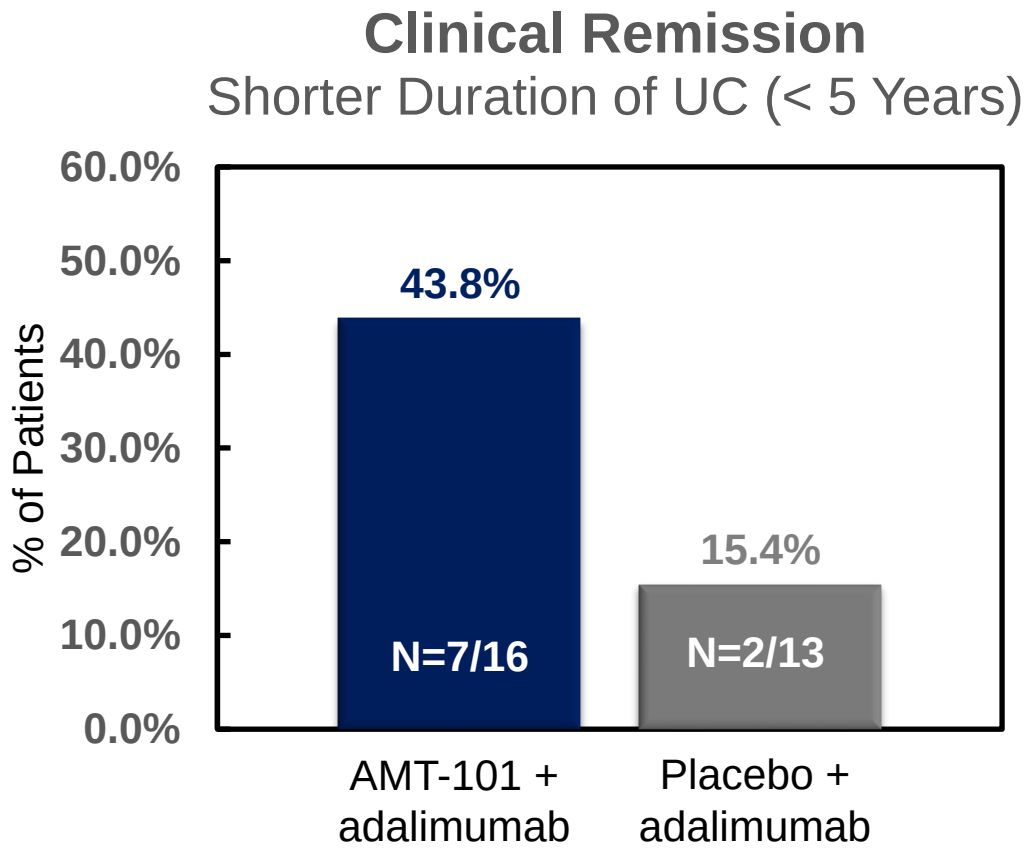
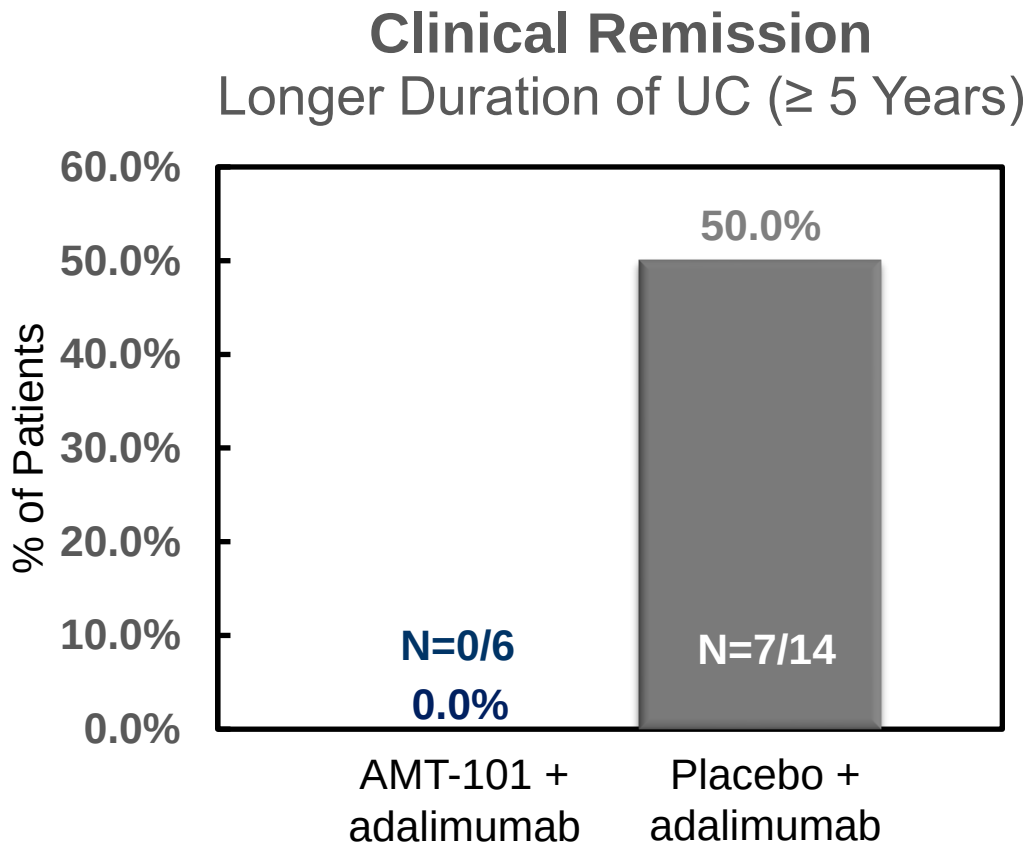
# Patients with Shorter Duration of UC Demonstrated Higher Rate of Clinical Remission in Combination Arm at Week 8




Based on post hoc sub-group analysis.

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