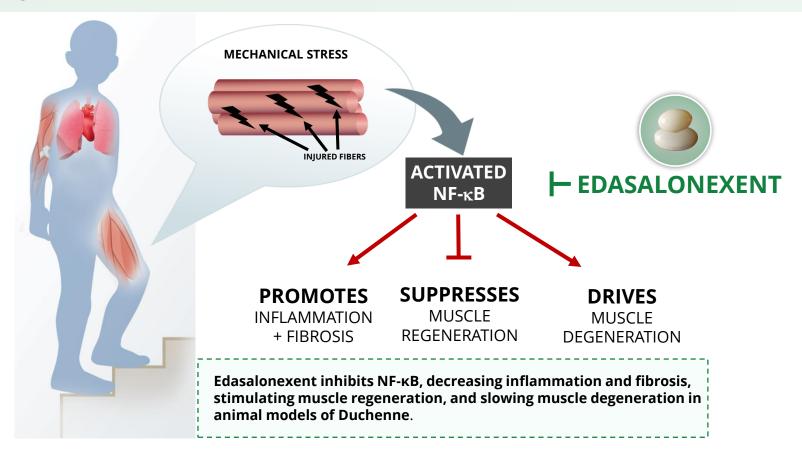


Edasalonexent (CAT-1004)

Oral small molecule designed to inhibit NF-κB for the treatment of Duchenne muscular dystrophy

Joanne M. Donovan, MD PhD on behalf of MoveDMD Investigators CMO, Catabasis Pharmaceuticals June 29, 2018

Edasalonexent Inhibits NF-κB and Slows Muscle Degeneration and Stimulates Muscle Regeneration



Edasalonexent: Translation from Target Engagement to Functional Improvements in Duchenne

NF-κB Target Engagement



Phase 1 Normal Healthy Volunteers

- ▶ Decrease in activated NF-κB
- Decrease in NF-κB gene expression

MoveDMD Phase 1

 Decrease in NF-κB gene expression

Biomarker Improvements



MoveDMD Phase 2 / OLE

- Decrease in C-reactive protein
- Decrease in muscle enzymes

Muscle Improvements



MoveDMD Phase 2 / OLE

- Improvement in rate of change in MRI T2 compared to control
- Decrease in soleus and vastus lateralis fat accumulation compared to control

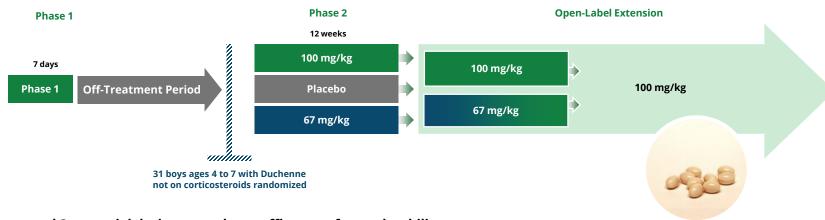
Functional Improvements



MoveDMD Phase 2 / OLE

 Slowing of decline in function as assessed by NSAA and Timed Function Tests compared to control

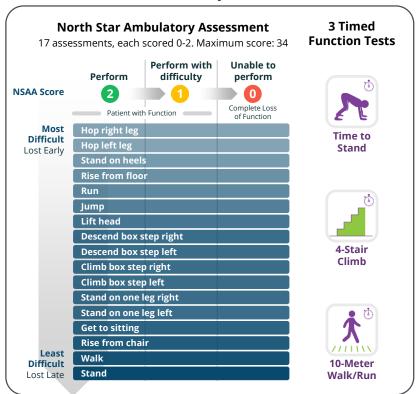
MoveDMD Trial Design



- Integrated 3-part trial design to evaluate efficacy, safety, tolerability
 - Assessments included North Star Ambulatory Assessment, age-appropriate timed function tests, MRI
- Off-treatment control period measurements between Phase 1 and Phase 2
 - Provided internal control for pre-specified MoveDMD analyses
 - To confirm consistency of patient off-treatment control period disease progression with available natural history data
- Phase 2 showed favorable trends towards the slowing of disease progression after 12 weeks with no safety issues
- Open-label extension enabled assessment of safety and efficacy following longer term treatment

MoveDMD Trial Endpoints: Multiple Measures of Physical Function and Biomarkers

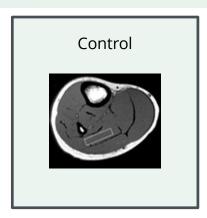
Assessments of Physical Function*

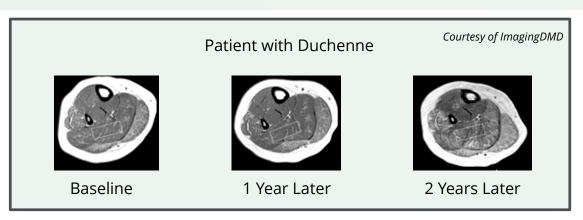


Non-Effort Based Assessments*



MRI is a Non-Invasive Approach to Assess Disease Progression in Duchenne





- MoveDMD incorporated both Magnetic Resonance Imaging (MRI) and Magnetic Resonance Spectroscopy (MRS)
- MRI T2 measures both inflammation and fat content
 - MRI T2 is elevated from a young age and increases with age as fat increases
 - Changes in MRI T2 correlate with changes in function[†] and loss of functional milestones
- MRS Fat Fraction measures fat content
 - Changes in MRS Fat Fraction correlate with changes in function[†] and loss of functional milestones

Changes in Fat Fraction on Edasalonexent Consistent with Slowing of Disease Progression

MRS Fat Fraction Change from Baseline

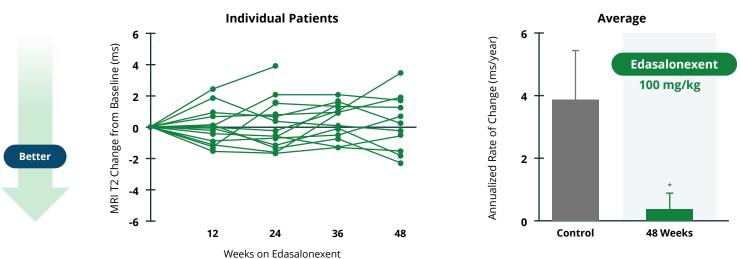
Muscle	MoveDMD Off-Treatment Control Period Annualized Rate	MoveDMD 48 weeks on Edasalonexent
Soleus (calf)	2.6%	0.85%
Vastus lateralis (thigh)	10.4%	5.9%

ImagingDMD Natural History Study* 1 Year Change	
3%	
7%	

- Rate of increase in Fat Fraction of the soleus and vastus lateralis was substantially decreased as compared to the off-treatment control period following 48 weeks of edasalonexent
- Increases in Fat Fraction correlate with declines in function and predict future loss of functional milestones*
- In the ImagingDMD natural history study, boys were largely on steroids

Edasalonexent Significantly Improved Rate of Change of MRI T2

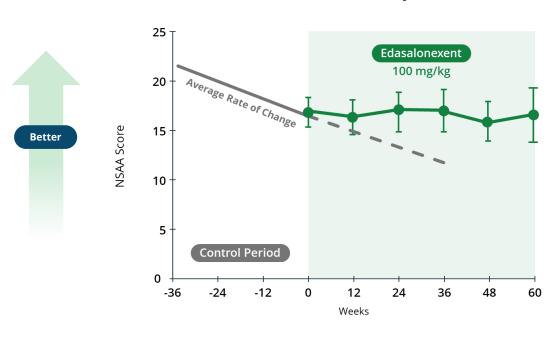




- On edasalonexent, the rate of change for the MRI T2 of lower leg muscles improved significantly compared to the rate of change during the off-treatment control period ⁶
- Stabilization of MRI T2 is consistent with slowing of disease progression also observed in functional assessments

North Star Ambulatory Assessment Score Stabilized with Edasalonexent Treatment

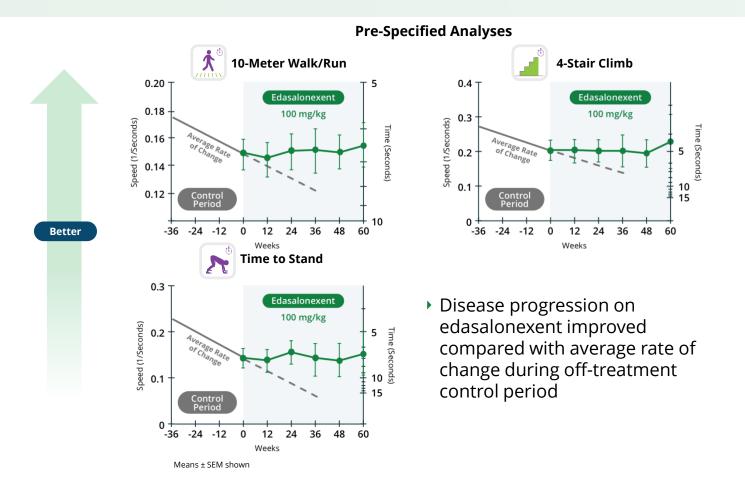
North Star Ambulatory Assessment



 Disease progression on edasalonexent improved compared with average rate of change during off-treatment control period

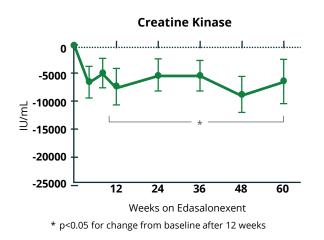
Means ± SEM shown

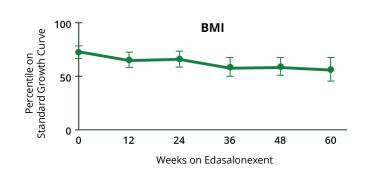
All Timed Function Test Speeds Stabilized with Edasalonexent Treatment



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Edasalonexent: Well Tolerated Without Safety Signals





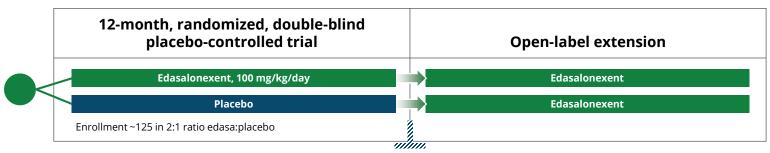
- No safety signals in MoveDMD trial to date
- Well tolerated, with majority of adverse events being mild in nature, mostly gastrointestinal
- No adverse trends in hematology, chemistry, renal or adrenal function, calcium and phosphate
- Growth: Age-appropriate increases in weight and height
- Heart rate decreased toward normal values at this age

Summary: Edasalonexent Substantially Slowed Predicted Disease Progression in MoveDMD Study

- Clinically meaningful slowing of disease progression on edasalonexent over more than 1 year compared to off-treatment control period
 - North Star Ambulatory Assessment stabilized
 - All timed function tests stabilized (10-meter walk/run, 4-stair climb and time to stand)
- MRI measures support positive edasalonexent treatment effects over 48 weeks
 - Muscle MRI T2 significantly improved during edasalonexent treatment versus off-treatment control period progression
 - Increases in Fat Fraction decreased compared to the off-treatment control period and to that expected for natural history on corticosteroids
- No safety signal and well tolerated over more than 1 year
 - Height, weight and BMI growth patterns continued to be similar to unaffected boys
- Supportive of Phase 3 clinical trial

Positive MoveDMD Data Support Phase 3 Registration Trial for Edasalonexent





Primary Endpoint

Key enrollment criteria

- Age 4 to 7th birthday
- Able to complete timed function tests
- Not on corticosteroids for at least 6 months
- Not on other investigational therapies for at least 1 month, can be on stable eteplirsen

Visits / key assessments every 3 months

- North Star Ambulatory Assessment, Timed Function Tests, Muscle Strength
- Safety measures
- Assessments of growth, cardiac and bone health
- No biopsy or 6 minute walk test

Expected Locations: US, Canada, Europe, Israel and Australia

Edasalonexent: Potential to Slow Disease Progression for All Those Affected by Duchenne

- Investigational oral disease-modifying agent for all patients with Duchenne, regardless of mutation type
- Edasalonexent substantially slowed disease progression compared to control
- Preparing for Phase 3 clinical trial,
 POLARISDMD
- Potential as monotherapy and also exploring potential to combine with dystrophin-targeted and other therapies







Thank You

- **Patients and families**
- **Patient groups**
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 - Pradeep Bista, PhD
 - Andrew Nichols, PhD
 - Iames MacDougall, PhD

For Questions email: DMDTrials@catabasis.com









