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NASDAQ: ATTO

CORPORATE PRESENTATION · SEPTEMBER 2026

# Shaping the future treatment of immune-mediated diseases

# Forward-looking statements

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This presentation contains information that could be considered to be cross-trial comparisons, which are inherently unreliable, as they are not based on data resulting from a head-to-head trial and are not direct comparisons. Different protocol designs, trial designs, patient selection and populations, number of patients, baseline characteristics, trial endpoints, trial objectives and other parameters that are not the same between the relevant trials may lead to bias in the results.

This presentation also contains estimates and other statistical data made by independent parties and by the company relating to the company's 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 the company's future performance and the future performance of the markets in which the company operates are necessarily subject to a high degree of uncertainty and risk. While the company believes these third-party studies, publications, surveys and other data to be reliable as of the date of this presentation, this presentation has not been independently verified, and makes no representations as to the adequacy, fairness, accuracy or completeness of any information obtained from third party sources. In addition, no independent source has evaluated the reasonableness or accuracy of the company's internal estimates or research, and no reliance should be made on any information or statements made in this presentation relating to or based on such internal estimates and research.

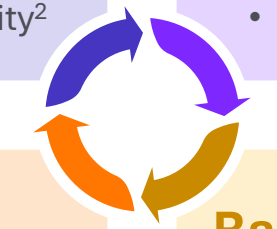
# Shaping the future of I&I with potential best-in-class ATTOBODY™-based medicines

## ATTO-1310, next-generation precision itch therapy

- Anti-IL-31 ATTOBODY™ with potential for faster, deeper itch relief and Q3M dosing[1]
- $11B+ projected base U.S. peak sales opportunity[2]

## Pipeline enabled by validated ATTOBODY™ platform

- *De novo* precision-designed multispecifics: ATTO-2306 (AD) and ATTO-1091 (IBD)
- Early programs enable development/BD optionality



## Multiple near-term value drivers

- ATTO-1310 Ph2s in CPUO and high-itch AD initiating in 1H 2027
- ATTO-2306 and ATTO-1091 Phase 1 data in 2027

## Rapid execution and long cash runway

- $332.4M upsized IPO; cash into 2030[3]
- Discovery to clinical POC in under three years

1. Cross-trial comparisons are inherently unreliable, as they are not based on data resulting from a head-to-head trial and are not direct comparisons. Different protocol designs, trial designs, patient selection and populations, number of patients, baseline characteristics, trial endpoints, trial objectives and other parameters that are not the same between the relevant trials may lead to bias in the results.
2. Based on reports the Company commissioned from LifeSci Consulting, an affiliate of LifeSci Capital LLC. The projections for ATTO-1310 peak sales are not indicative of the full potential market opportunity for ATTO-1310 and are subject to a number of assumptions, risks and uncertainties that could cause them to be smaller than currently estimated. We believe there is a significant global need for pruritus-specific medicines that can be deployed across dermatology, hepatology, nephrology and other areas of medicine.
3. Preliminary, unaudited, and subject to change

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# Leadership team with board-level, transactional, and biopharma execution expertise

**Tao Fu, MBA**
Chief Executive Officer

**Select Prior Experience**

Johnson&Johnson · PORTOLA · zaiLab · Bristol Myers Squibb

**Petter Veiby**
Chief Scientific Officer

**Select Prior Experience**

MILLENNIUM PHARMACEUTICALS, INC · Takeda

**Zaneta Odrowaz, Ph.D.**
Chief Business Officer

**Select Prior Experience**

FRAZIER LIFE SCIENCES · AMUNIX a sanofi company

**Hubert Chen, M.D.**
Chief Medical Officer

**Select Prior Experience**

Genentech · Krystal · UCSF

**Steven Chan**
Chief Financial Officer

**Select Prior Experience**

ARCUS BIOSCIENCES · connect BIOPHARMA · MYOKARDIA

**Hangjun Zhan, Ph.D.**
Chief Technology Officer

**Select Prior Experience**

KindredBio · EXELIXIS

## Board of Directors

**Jamie Topper, M.D., Ph.D.** Chairman; Managing Partner, Frazier Life Sciences
**Tao Fu, MBA** Founder & CEO, Attovia Therapeutics
**Mitchell Gold, M.D.** Venture Partner, Frazier Life Sciences
**Aaron Royston, M.D., MBA** Managing Partner, venBio Partners
**John W. Smither** CFO, MBX Biosciences
**Colin Walsh, Ph.D.** Managing Director, Goldman Sachs AM
**Angie You, Ph.D.** CEO, Architect Therapeutics

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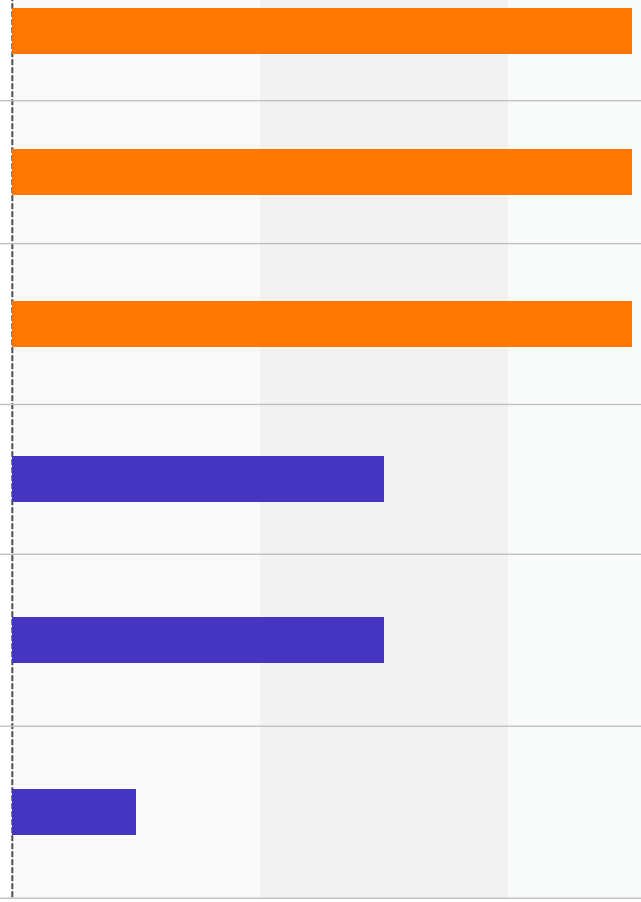
# Pipeline offers multiple novel assets with cross-indication opportunities

| Program *Target* | Indication(s) | Discovery | IND-enabling | Phase 1 | Phase 2 | Phase 3 | Anticipated Milestones |
|---|---|---|---|---|---|---|---|
| **ATTO-1310**<br>*IL-31* | **Chronic Pruritus of Unknown Origin (CPUO)** | | | | | | Final Ph1b all cohorts data 4Q26; Ph2 initiation in 1H 2027 |
| | **High-itch AD** | | | | | | Final Ph1b all cohorts data 4Q26; Ph2 initiation in 1H 2027 |
| | Cholestatic Pruritus | | | | | | Phase 1b data in 2H 2027 |
| **ATTO-2306**<br>*IL-31 x IL-13* | **Inflammatory skin disease**<br>*AD, CSU, PN* | | | | | | Ph1 initiation in 1H 2027 |
| **ATTO-1091**<br>*TL1A x IL-23p19 x Integrin α4β7* | **Inflammatory bowel disease**<br>*UC, CD* | | | | | | Ph1 initiation in 1H 2027 |
| **ATTO-006**<br>*Conditional $T_{RM}$ survival blocker bispecific* | **Inflammatory diseases** | | | | | | DC nomination by YE 2026 |



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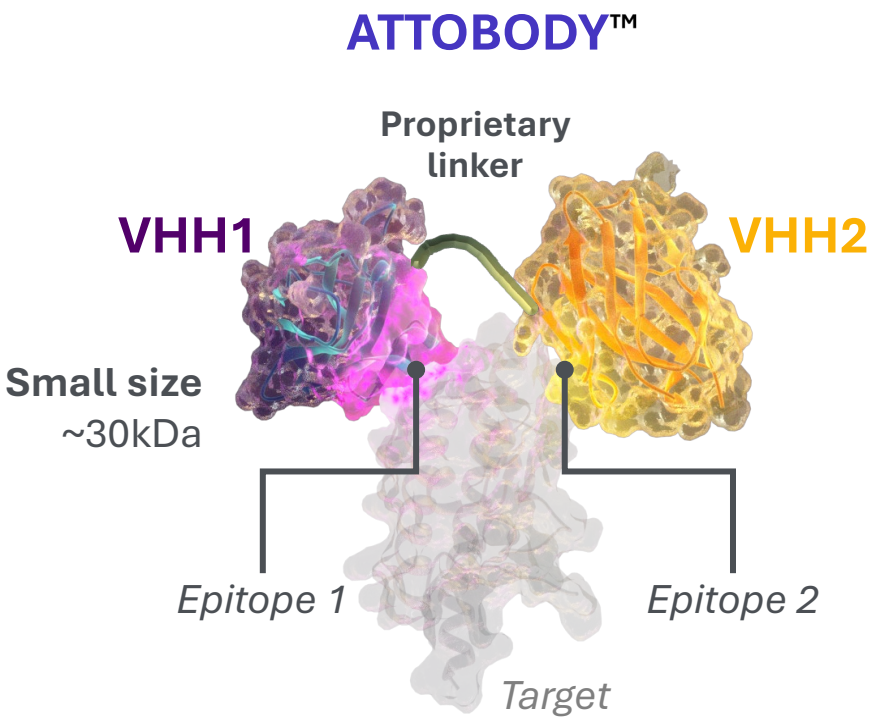
Additional discovery programs: ATTO-007, ATTO-008

# Our ATTOBODY biparatopic biologics platform is designed to enable the creation of complex biologics




| | |
|---|---|
| High-potency Monospecifics | ATTO-1310 |
| Modular Multispecifics | ATTO-2306, ATTO-1091 |
| Conditional Bispecifics | ATTO-006 |
| Difficult-to-drug Targets & Other Concepts | Anti-multi-transmembrane biologic |

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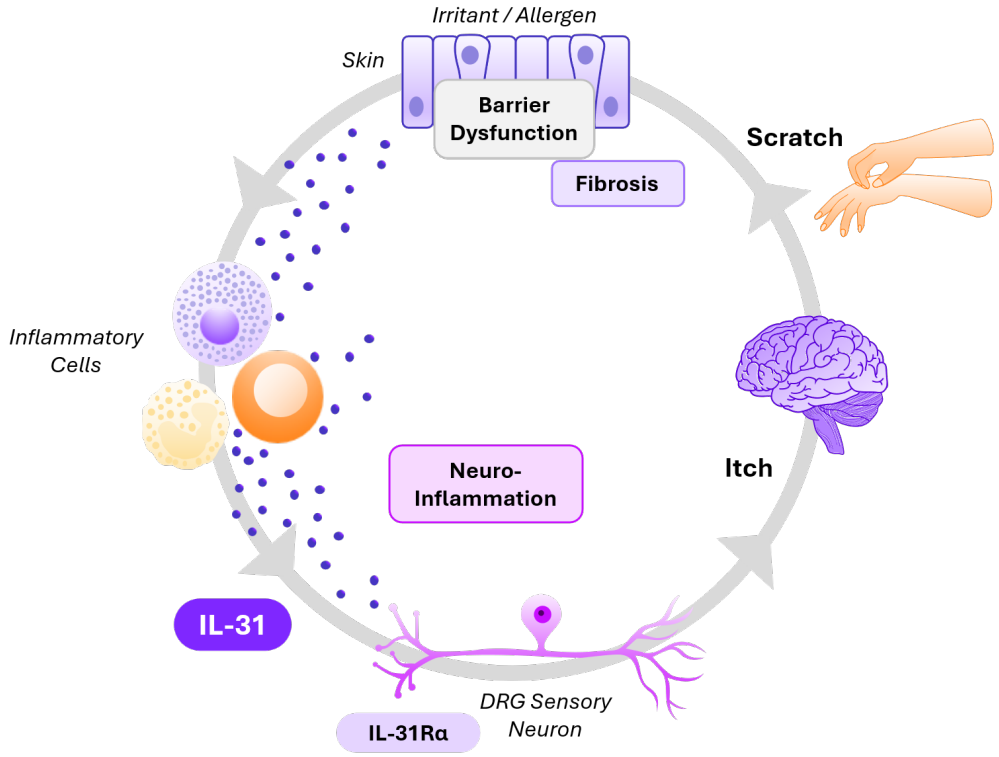
Biparatopic ATTOBODY Unit  Fc Fragment  IgG

01

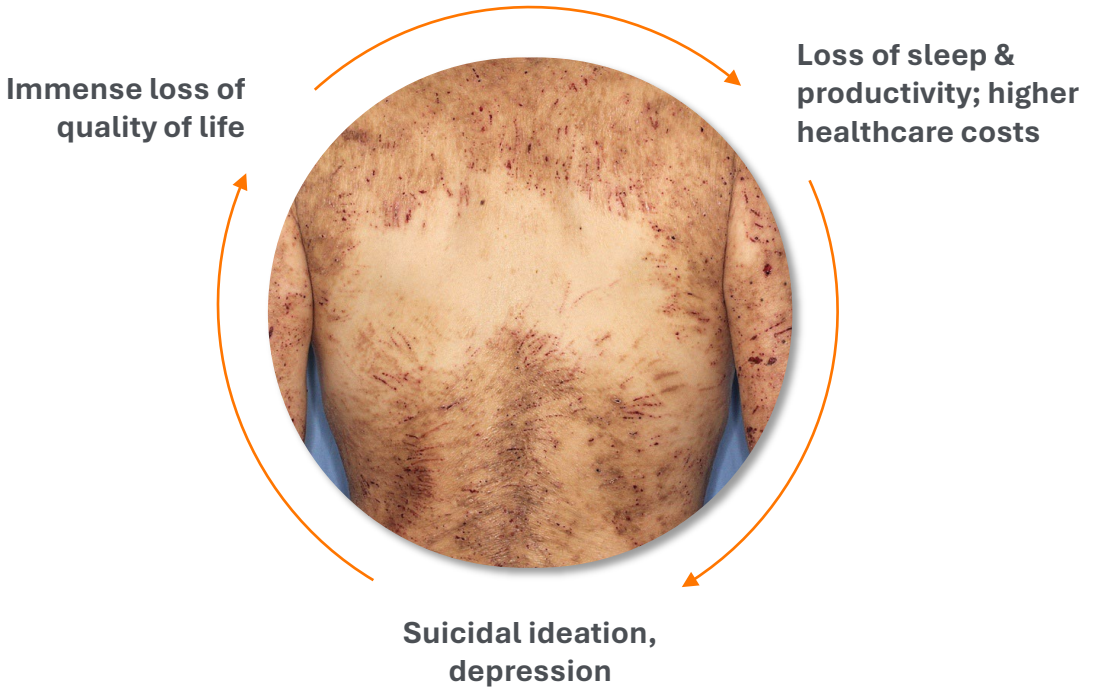
# ATTO-1310: Differentiated antipruritic and initial clinical support for the ATTOBODY platform

# IL-31 is the “itch cytokine” and is elevated in a host of pruritic diseases

## THE BIOLOGY




## THE PATIENT BURDEN




Nemolizumab’s (anti-IL-31R) commercial launch success (projected **$4B+ peak sales**[1]) validated the role of the IL-31 pathway in reducing itch and the unmet need in pruritic disease

1. Competitor materials; guidance for FY2028+

# ATTO-1310 is a novel IL-31 antagonist with the potential to improve pruritic disease patient care

## ATTO-1310 TARGET PRODUCT PROFILE

Rapid itch relief via ligand targeting (Cytopoint validation)

Deeper itch reduction through higher potency and exposure

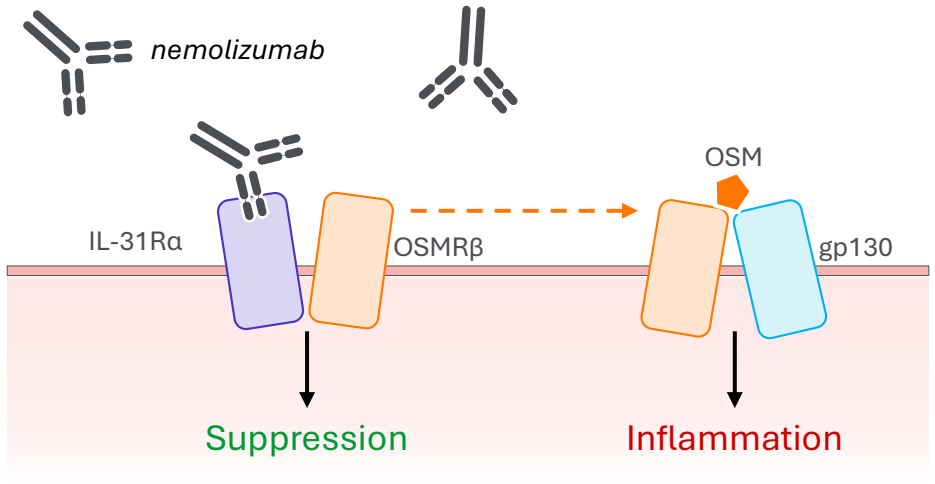
**Avoid reverse dose-efficacy relationship with targeting IL-31Rα which can limit dosing and efficacy, as seen in 3 nemolizumab Phase 2 studies**

Favorable tolerability

Extended SC dosing up to Q3M

**Our preliminary Phase 1b data support the potential for ATTO-1310 to achieve all key elements of the TPP**

**IL-31Rα blockade may direct OSMR to drive proinflammatory signaling in complex with gp130**




Source: J Allergy Clin Immunol. 2024 Jun;153(6):1548-1549

# CPUO and high-itch AD are large, underserved populations with substantial unmet patient need

| | CPUO | High-itch AD |
|---|---|---|
| **Definition** | Chronic itch lasting 6+ weeks with no identifiable cause[1] | AD with PP-NRS 7+ |
| **U.S. Prevalence**[2] | ~3.9M | ~5.1M |
| **FDA-approved Treatment** | None approved | No specific on-label treatments[3] |
| **Current Treatment** | Off-label systemic agents | TCS, branded non-steroidals, biologics (largely off-label) |
| **Therapeutic Unmet Need**[2] | Off-label systemic agents have limited efficacy and may cause adverse effects | Pruritus reported in ~72% of EASI-clear patients; dosing frequency burden |

TCS: Topical corticosteroids

1. CPUO is chronic pruritus lasting 6 weeks or longer without an identifiable underlying cause—a diagnosis of exclusion requiring the absence of primary dermatologic disease, systemic causes, neuropathic itch syndromes, psychiatric/psychogenic pruritus, and drug-induced pruritus following appropriate clinical and laboratory evaluation
2. Based on reports the Company commissioned from LifeSci Consulting, an affiliate of LifeSci Capital LLC; projected 2035 prevalence
3. No biologics are approved specifically for high-itch AD (PP-NRS 7+); current biologics are approved for moderate-to-severe AD (EASI ≥16)

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# ATTO-1310 Phase 1 study design

**Phase 1a:**
Healthy Volunteer SAD / MAD

**Phase 1b:**
Patient Cohorts[2]

**Part 1 (n=40):**

**SAD HV**

Randomized 3:1, doses: 0.5-9 mg/kg IV or SC[1]

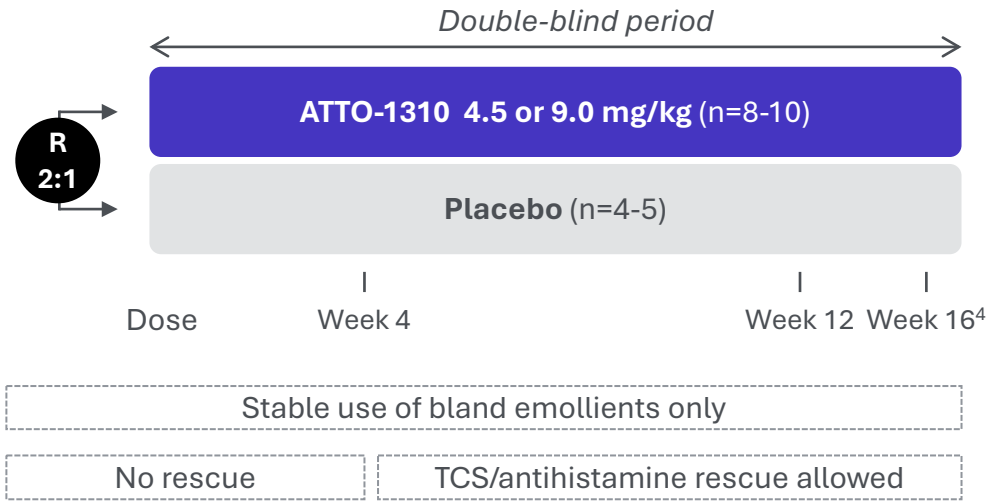
**Part 2 (n=16):**

**MAD HV**

Randomized 3:1, doses 1.5 and 4.5 mg/kg SC

**Part 3 (n=26):** **High-Itch AD Patients** (PP-NRS ≥7, EASI ≥7)

**Part 4 (n=26):** **CP Patients** (PP-NRS ≥7)[3]




**Primary and secondary endpoints:**

- Safety
- PK
- Immunogenicity

**Exploratory endpoints:**

- PP-NRS, SD-NRS
- EASI, SCORAD, vIGA (AD patients only)
- Frequency of rescue medication use
- PROMIS measures
- PD biomarkers: Total and free IL-31

1. Doses tested were 0.5, 1.5, 4.5, 9 mg/kg IV and 1.5 mg/kg SC
2. Same design for each patient cohort
3. All chronic pruritus patients enrolled in the trial had a diagnosis consistent with chronic pruritus of unknown origin (CPUO)
4. Week 16 visit was optional

# ATTO-1310 Phase 1 healthy volunteer data demonstrate favorable tolerability and support advancement to Phase 2

**PK/PD Characteristics**

Linear profile, approximately dose proportional

Rapid and sustained suppression of IL-31

**Low Immunogenicity**

2 of 42 positive for treatment-induced ADA

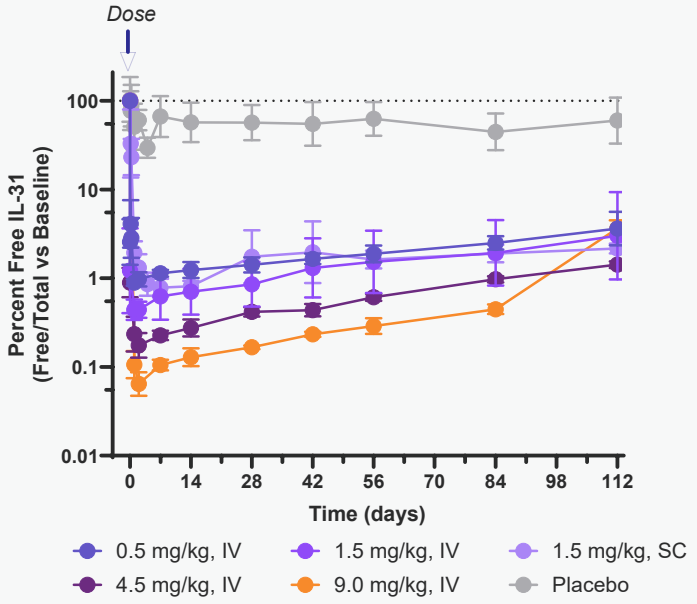
No evidence of neutralizing or PK-altering ADAs

**Safety**

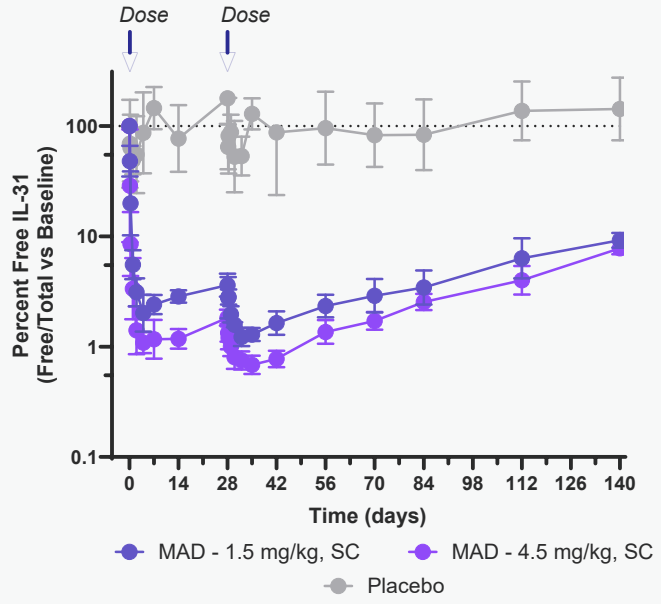
- No serious TEAEs
- No treatment-related, severe TEAEs
- No dose-dependent pattern in TEAEs
- 1 subject with pyrexia (Grade 1) leading to treatment discontinuation
- No injection site reactions with SC administration; one infusion reaction (Grade 1) with IV administration
- No clinically relevant changes in vital signs, laboratory tests, or ECGs

# IL-31 was suppressed for at least 12 weeks after a single dose of ATTO-1310 in HVs and patients with high-itch AD or CP

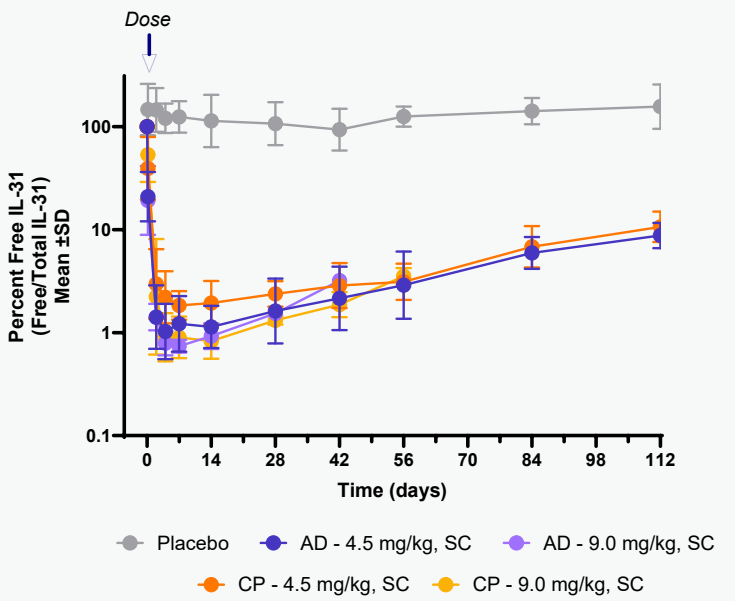
## HV SAD Cohorts




## HV MAD Cohorts




## High-itch AD and CP Patients



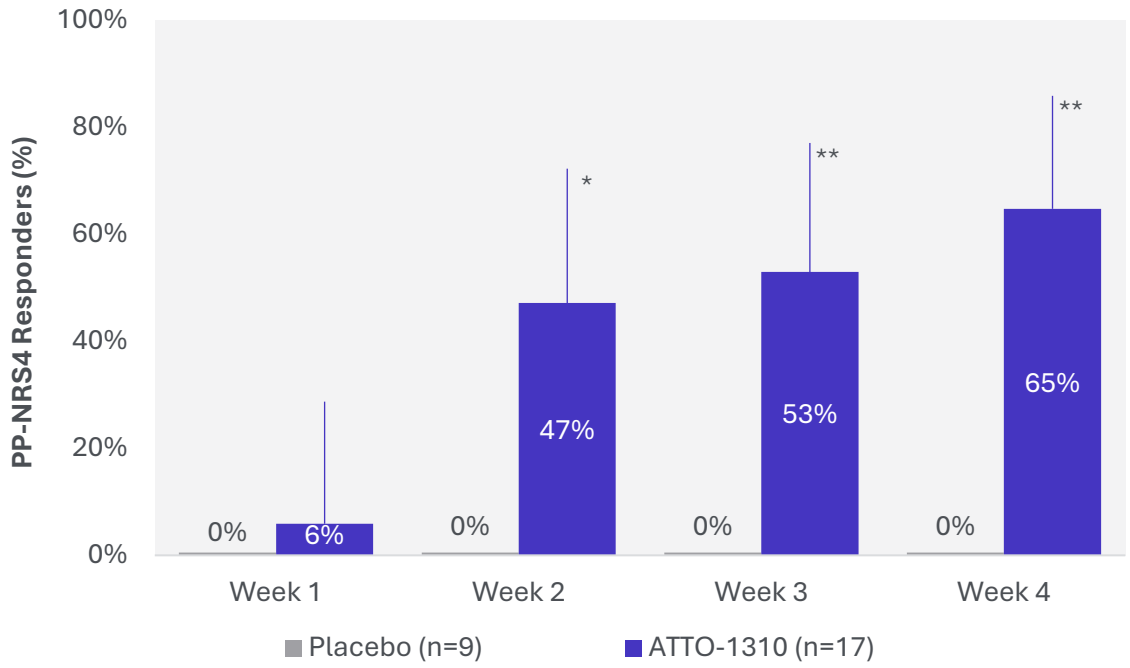

**Target engagement data support potential for quarterly maintenance dosing for ATTO-1310**

PRELIMINARY

# ATTO-1310 rapidly and deeply relieved itch in patients with chronic pruritus

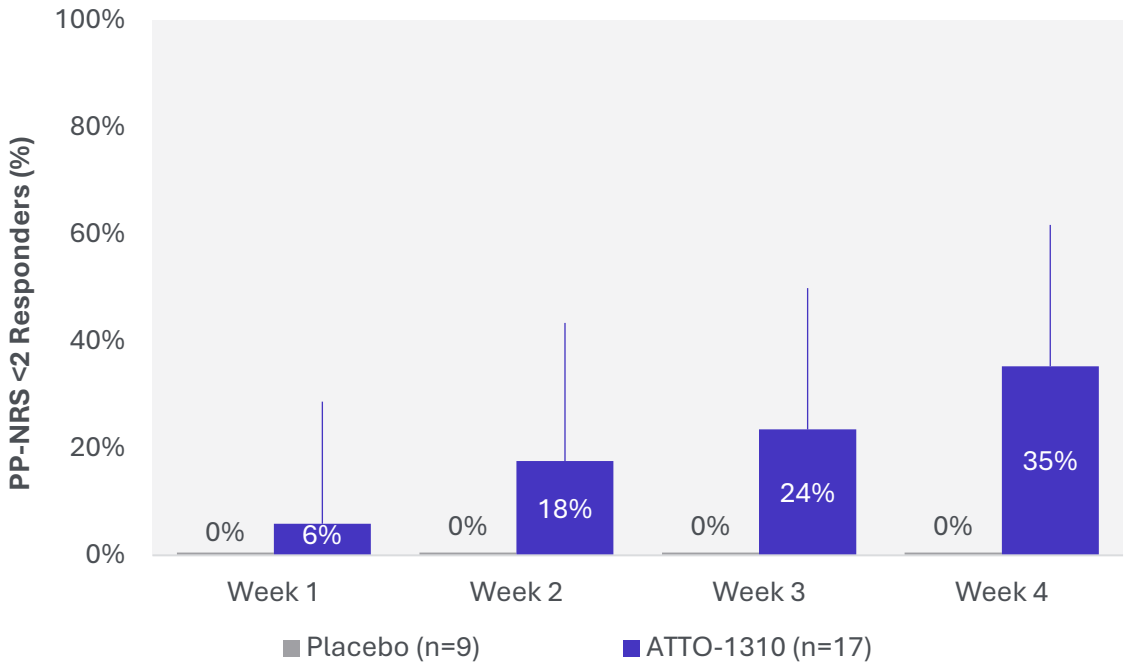
## Chronic Pruritus PP-NRS4 Responder Interim Analysis

Pooled 4.5 mg/kg and 9.0 mg/kg




## Chronic Pruritus PP-NRS <2 Interim Analysis

Pooled 4.5 mg/kg and 9.0 mg/kg

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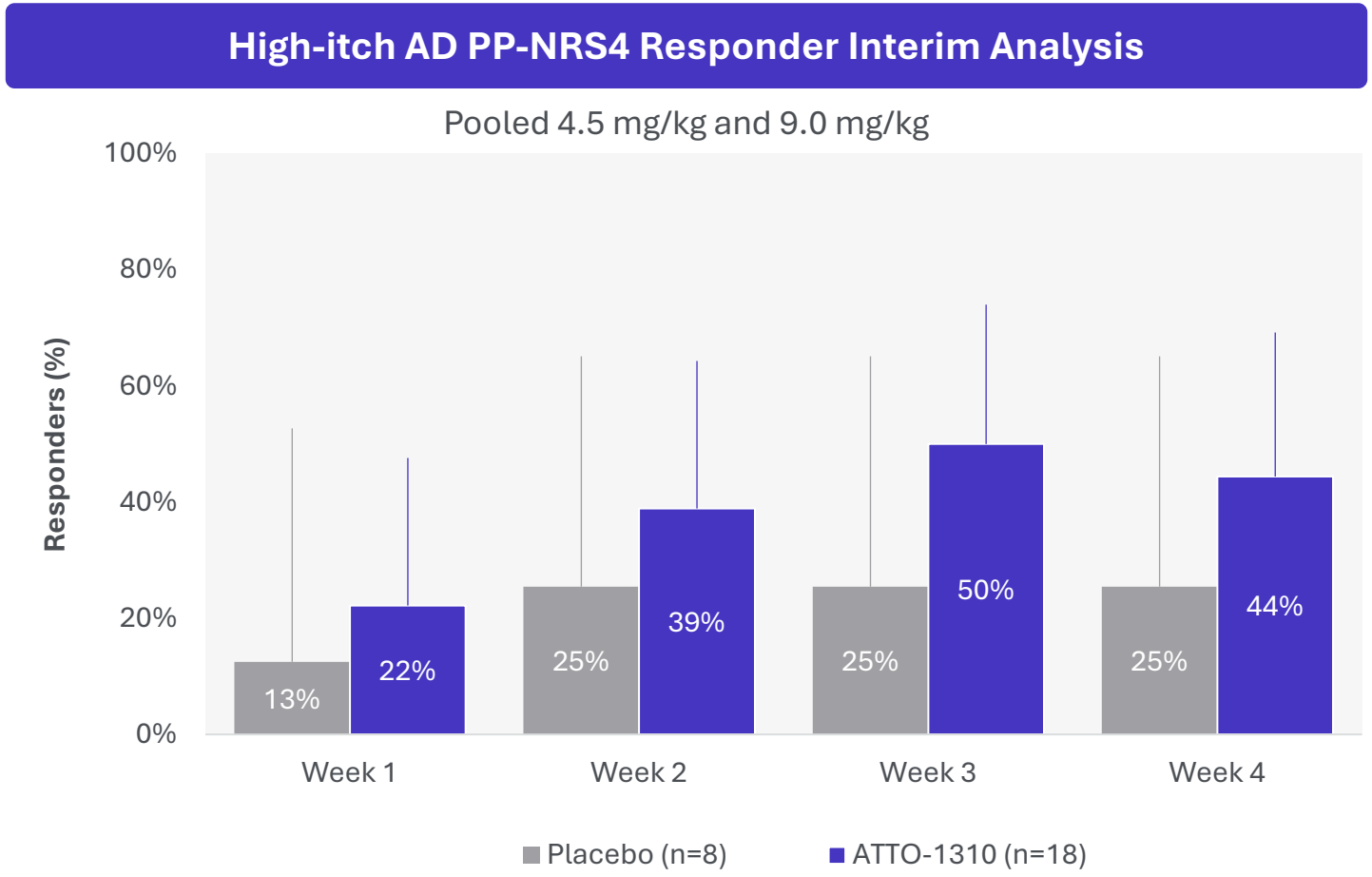
* p < 0.05
** p < 0.01
Error bars represent confidence intervals

PRELIMINARY

# ATTO-1310 demonstrated fast and deep itch relief in patients with high-itch atopic dermatitis




Values within bars indicate number of responders
Error bars represent confidence intervals

# ATTO-1310 Ph1b trial demonstrated promising itch relief activity vs. available competitor data

## Summary of PP-NRS4 response rate (Week 4)*

| CPUO | |
|---|---|
| **ATTO-1310[1]** | **65%** |
| Dupilumab[2] | 18% |
| *Nemolizumab* | *Data not available* |
| *Remibrutinib* | *Data not available* |

| High-itch AD | |
|---|---|
| **ATTO-1310[1]** | **44%** |
| Nemolizumab[3] | 28% |
| Dupilumab[4] | 19%** |
| Lebrikizumab[5] | 32%** |

1. Pooled data for ATTO-1310 doses 4.5 mg/kg and 9 mg/kg. 2. NCT05263206 (LIBERTY-CPUO-CHIC) Study A; values reflect WI-NRS4. 3. ARCADIA 1 PP-NRS 7+. 4. SOLO pooled. 5. ADvocate 1 (ITT)

*Cross-trial comparisons are inherently unreliable, as they are not based on data resulting from a head-to-head trial and are not direct comparisons. Different protocol designs, trial designs, patient selection and populations, number of patients, baseline characteristics, trial endpoints, trial objectives and other parameters that are not the same between the relevant trials may lead to bias in the results.

**Atopic dermatitis Phase 3 overall patient population (PP-NRS 4+) data

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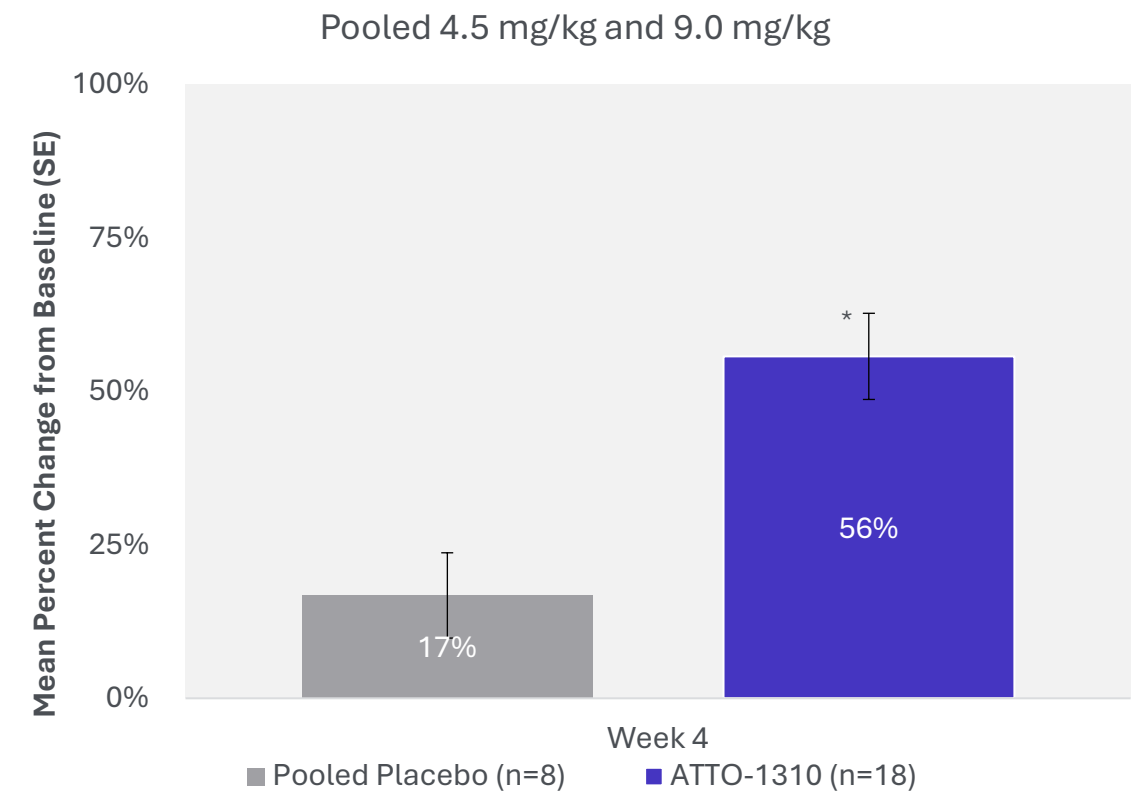
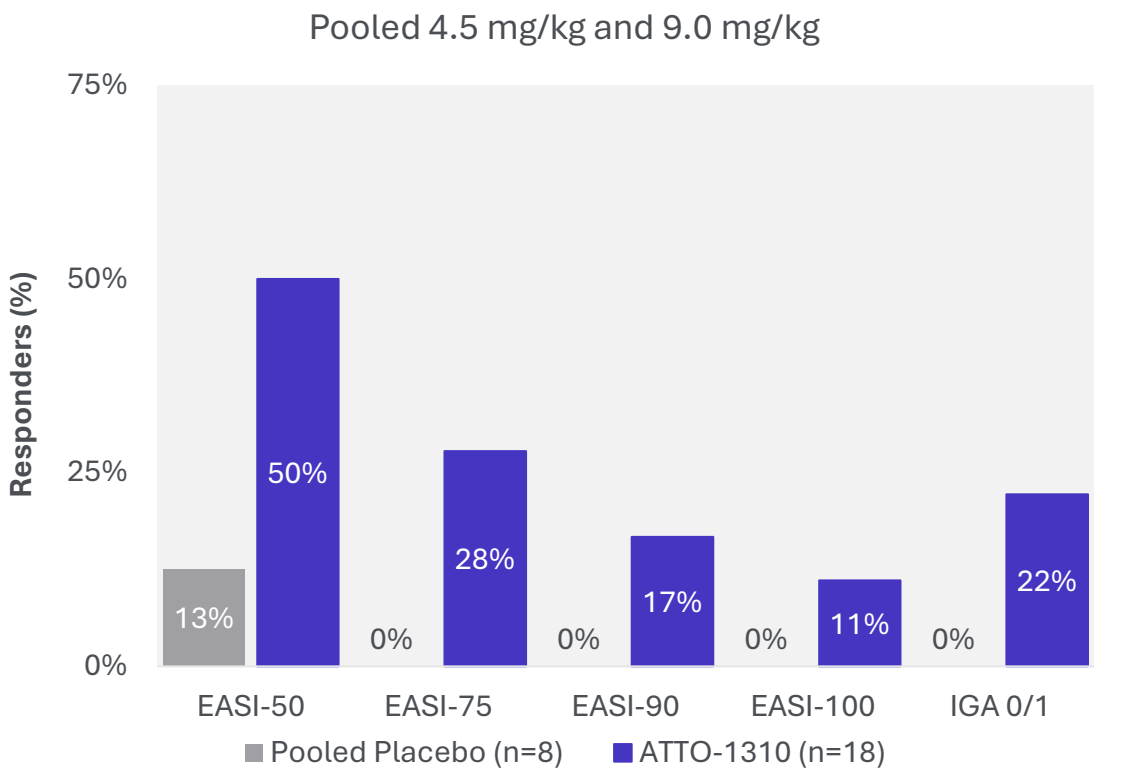
PRELIMINARY

# Consistent lesion control observed in high-itch AD

## High-itch AD EASI % CFB (Week 4)




## High-itch AD EASI Responders (Week 4)

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* p < 0.001

# ATTO-1310 clinical development plan

## COMPLETED STUDIES

- ✓ **Phase 1a:** HV SAD/MAD
- ✓ **Phase 1b:** High-itch AD
- ✓ **Phase 1b:** Chronic pruritus

***100+ subjects studied in Phase 1***

**Final Phase 1b data –** expected in 4Q 2026

## KEY VALUE DRIVERS

### Phase 2: CPUO

Initiation expected in 1H 2027

### Phase 2: High-itch AD

Initiation expected in 1H 2027

## EXPLORATORY UPSIDE

**Phase 1b: Cholestatic pruritus**

First exploration into systemic itch; study initiated in China

**CKD-aP and other pruritic conditions**[1]

Future lifecycle management opportunities

CKD-aP: Chronic kidney disease-associated pruritus

1. Other pruritic conditions include but not limited to: broader hepatic itch, CSU, PN, etc.

# ATTO-1310 can drive significant near-term and long-term value

01

**Large, underserved chronic itch market**

15M+ U.S. patients

$11B+ base case peak U.S. sales potential

02

**Strong clinical profile supporting late development**

Favorable tolerability, PK/PD, and immunogenicity

Encouraging early clinical activity

03

**Catalyst rich – multiple anticipated clinical readouts over the next 12-24 months**

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02

# ATTO-2306: Novel biotherapeutic for inflammatory skin diseases

# The ideal profile of improved efficacy AND dosing vs. SOC with favorable tolerability remains elusive among existing pipeline AD biologics

## STANDARD OF CARE TODAY

dupilumab / lebrikizumab · dosed Q2W-Q4W · partial response in many patients · well tolerated

## THE FUTURE STANDARD OF CARE

### 01 SUPERIOR EFFICACY

**Deeper lesion and itch reduction vs. SOC**

UNMET NEED

*Patients keep cycling therapies in search of complete relief*

+

### 02 CONVENIENT DOSING

**Q12W+ maintenance dosing**

UNMET NEED

*Adherence falls as treatment burden rises*

+

### 03 COMPARABLE SAFETY

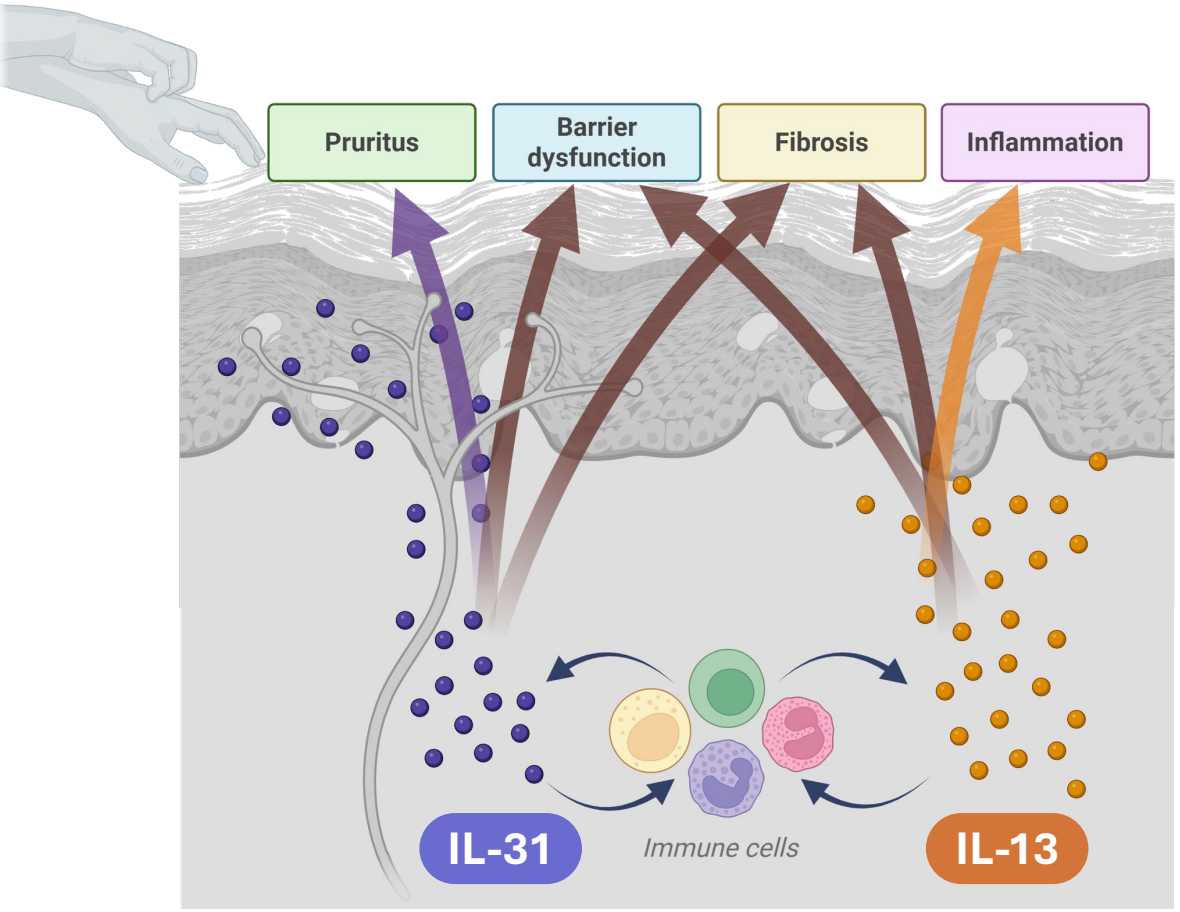
**Tolerability that matches SOC**

UNMET NEED

*Tolerability is what makes long-term use possible*

**ATTO-2306 is uniquely positioned to deliver this ideal profile**

# ATTO-2306 (anti-IL-31 x IL-13 bispecific) has the potential to achieve improved lesion and itch reduction with convenient dosing




## ATTO-2306 Target Product Profile

### Deeper lesion/itch reduction vs. SOC[1]

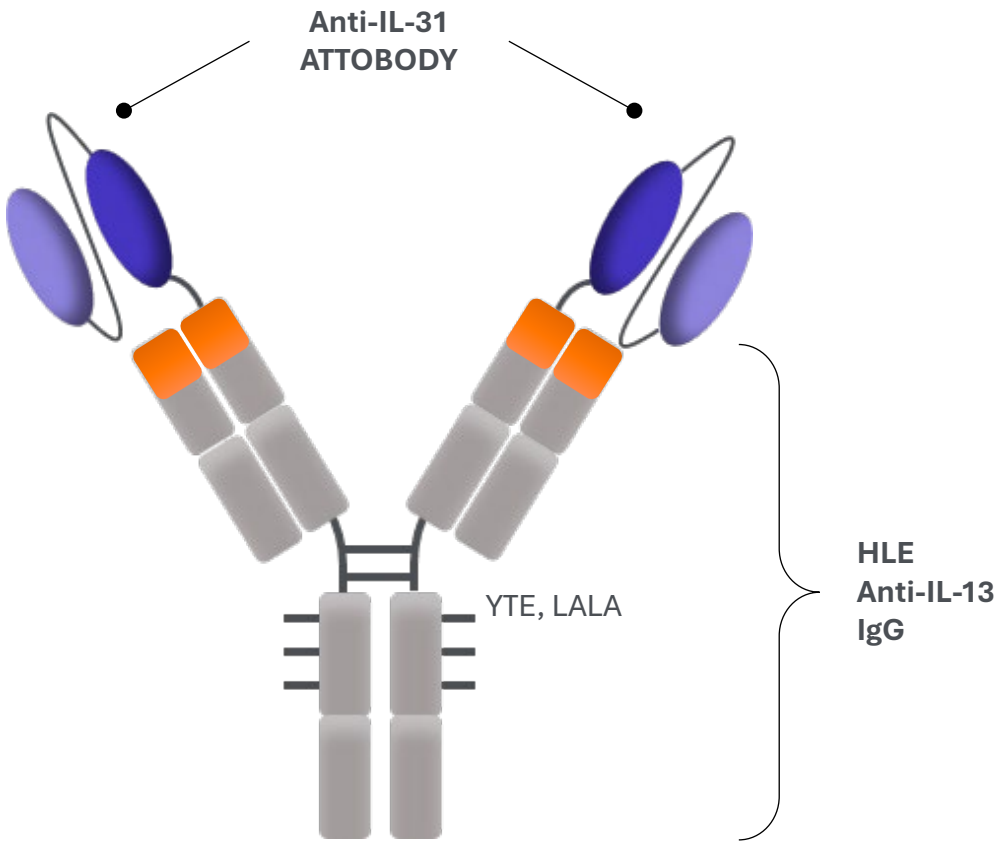
- Inhibits distinct complementary pathways
- Highly potent anti-IL-13 and anti-IL-31
- IL-31 ligand targeting
  - Avoid reverse dose-efficacy seen for IL-31Rα (nemolizumab)
  - Faster and deeper itch relief

### Extended SC dosing Q3M or longer

- IL-13 to avoid TMDD (vs. IL-4Rα)
- Half-life extension based on IgG YTE mutations

1. SOC: dupilumab/lebrikizumab

# ATTO-2306 offers attractive preclinical properties and efficient path to first-in-human




## Molecule Attributes

High affinity

High potency against IL-31 and IL-13, retained in bispecific

Long NHP terminal half-life: ~22 days

Feasibility for high-concentration SC formulation

Low immunogenicity risk in *ex vivo* studies

**Expected Ph1 trial initiation in 1H 2027**

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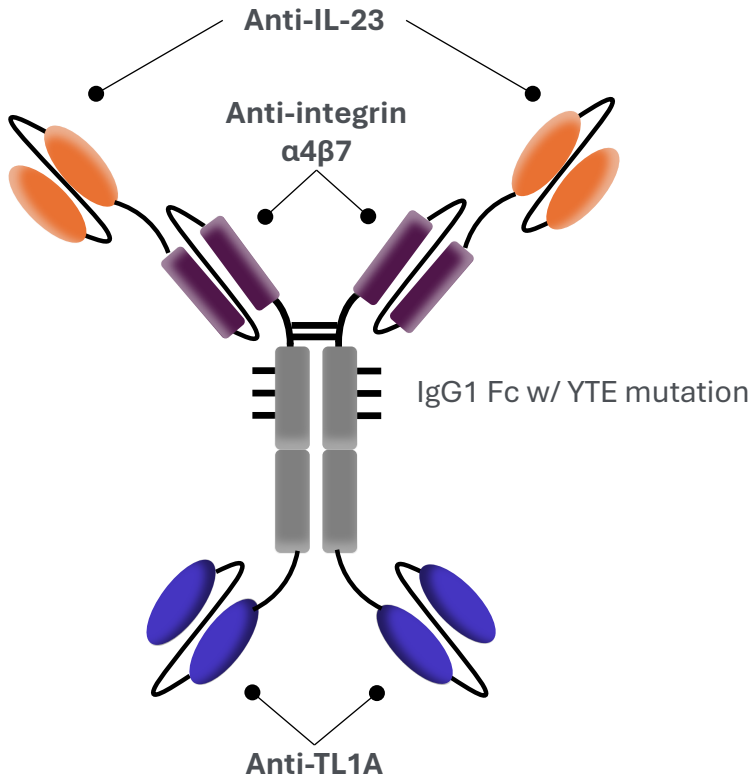
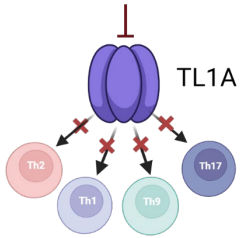
# 03

# ATTO-1091: Next-generation trispecific for IBD

# ATTO-1091 is a next-generation trispecific therapeutic for IBD with the potential to inhibit three clinically validated pathways




**Expected Ph1 trial initiation in 1H 2027**




## TL1A

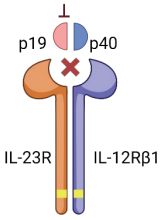
**Higher potency than benchmarks**[1]

Binds soluble and membrane TL1A

Spares decoy receptor binding

Blocks monomer and trimer

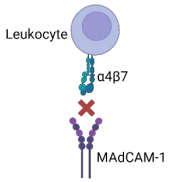
**Avoids high molecular weight aggregates**




## IL-23

**Potency on par with risankizumab**[1]

Selective for p19




## Integrin α4β7

**Comparable activity and potency to vedolizumab**[1]

1. Comparison is based on head-to-head *in vitro* potency data

# 04

# Anticipated milestones

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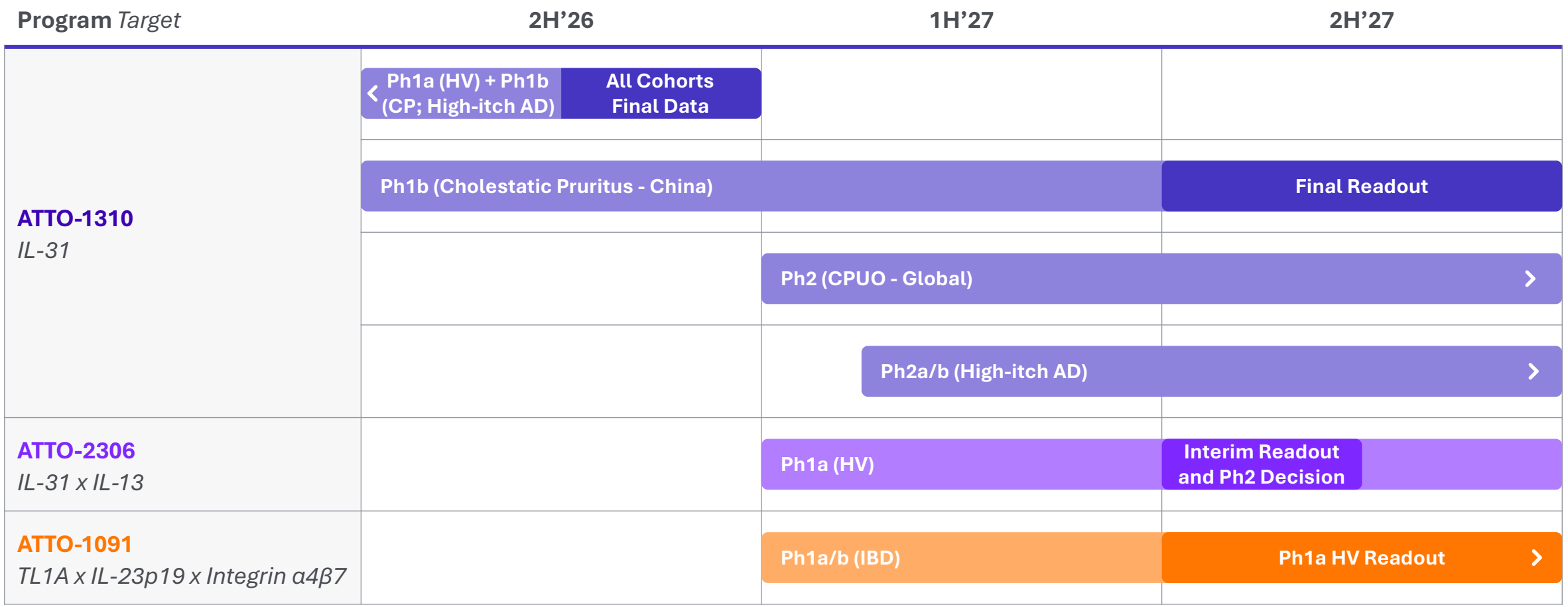


**Upsized IPO gross proceeds of $332.4M combined with $115M of cash[1] and investments on hand as of June 30, 2026, expected to fund operations into 2030**

1. Estimated cash, cash equivalents, and marketable securities are unaudited

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