CORPORATE CALL · NOVEMBER 5, 2026

Attovia™

NASDAQ: ATTO

Virtual KOL Call and ATTO-1310 Clinical Development Update

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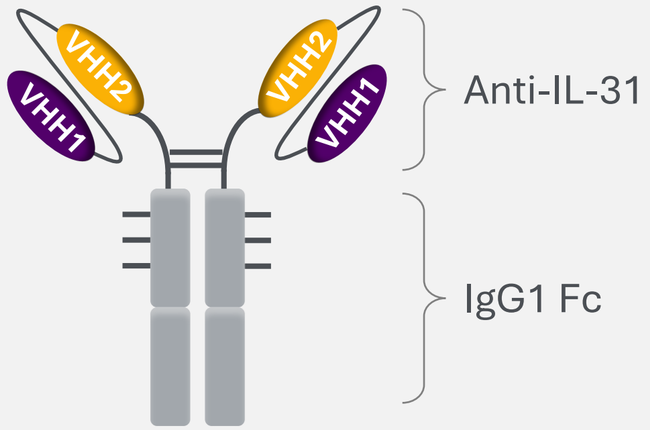
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Agenda

01	**Welcome Remarks & ATTO-1310 Overview** Next-generation anti-IL-31 ATTOBODY-based therapy for pruritic disease
02	**KOL perspectives on chronic pruritus of unknown origin and high-itch atopic dermatitis** Dr. Brian Kim and Dr. Jonathan Silverberg
03	**ATTO-1310 Phase 1b 12-week topline data**
04	**ATTO-1310 Phase 2 updates**
05	**Q&A**

ATTO-1310 is a next-generation anti-IL-31 ATTOBODY-based therapeutic designed for rapid, deep itch relief with quarterly dosing

ABOUT ATTO-1310



TARGET
IL-31 ligand, the cytokine that drives itch

MODALITY
ATTOBODY-based YTE Fc fusion biologic;
SC formulation

TARGET PRODUCT PROFILE

Rapid itch relief
Ligand targeting, validated by Cytopoint

Deeper itch reduction
High-affinity, high potency via ATTOBODY™
Avoids reverse dose efficacy observed with nemolizumab (IL-31Rα targeting)

Benign/differentiated safety
Well tolerated, no/less dermatitis AEs

Quarterly maintenance dosing
Extended SC dosing Q3M

Phase 1b study supports Phase 2 advancement and differentiated TPP

WEEK 4 INTERIM ANALYSIS

Supports advancing to Phase 2

- **Favorable safety and immunogenicity** profile, consistent with healthy volunteer population
- **Rapid, deep itch reduction** by Week 4 after a single SC dose
- **Clinical activity in two pruritic conditions** (with and without skin lesions)
- **Active clinical doses** identified for Phase 2

WEEK 12 TOPLINE RESULTS

Reinforces confidence in achieving TPP

1. **Full target engagement and drug exposure** translated to clinical activity and support **quarterly (Q3M) dosing**
2. **Durable clinical activity** beyond Week 4 through Week 12 after a single SC dose
3. **Favorable safety and immunogenicity** profile maintained through full follow-up

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KOL speaker profiles



SPEAKING ON CPUO

Brian Kim, MD, MTR, FAAD

CURRENT ROLES

- Vice President and Chief Biotechnology Officer, Northwell Health
- Robin and Jack Ross Chair and Professor of Bioelectronic Medicine and Neuroimmunology, Feinstein Institutes for Medical Research
- Lead of the Allen Discovery Center for Neuroimmune Interactions

BACKGROUND

- >200 papers in Cell, Nature, Science, NEJM, and JAMA
- Designed pivotal trials for Dupixent (PN), Opzelura (AD)
- Former Professor, Vice Chair of Research, Mount Sinai
- Former Co-Director, WashU Center for the Study of Itch

Feinstein Institutes for Medical Research
Northwell Health

Icahn School of Medicine at Mount Sinai

WashU Medicine



SPEAKING ON HIGH-ITCH AD

Jonathan Silverberg, MD, PhD, MPH

CURRENT ROLES

- Professor of Dermatology, The George Washington University School of Medicine and Health Sciences, Washington, DC
- Director of Clinical Research and Contact Dermatitis

BACKGROUND

- Lead investigator, nemolizumab Phase 3 ARCADIA program
- First author, Phase 3 AD results in NEJM and The Lancet
- >1,500 publications; associate editor, JAAD and BJD
- Chair, Revolutionizing Atopic Dermatitis global conference

GW School of Medicine & Health Sciences

CHRONIC PRURITUS OF UNKNOWN ORIGIN (CPUO)

OVERVIEW AND UNMET NEEDS

Brian S. Kim, MD, MTR
Vice President and Chief Biotechnology Officer
Robin and Jack Ross Chair of Bioelectronic Medicine and Neuroimmunology
Professor of Bioelectronic Medicine

Disclosures: AbbVie, ABRAX Japan, Advarra, Almirall, Alys Pharmaceuticals, Anvia Therapeutics, Attovia Therapeutics, Attu Therapeutics, Cara Therapeutics, Clexio Biosciences, Elanco, Eli Lilly, Escient Pharmaceuticals, Evommune, Galderma, Gilead Sciences, Guidepoint Global, Kerna Ventures, LEO Pharma, Longitude Capital, Mirador Therapeutics, Monte Rosa Therapeutics, Neurocrine Biosciences, Neurommune Therapeutics, Novartis, Pfizer, Propel Bio, Quilt Bio, Rapt Therapeutics, Recludix Pharma, Regeneron, Resvita Bio, Sanofi, Schrödinger, Septerna, Topo Therapeutics, Triveni Bio, Vida Ventures, and Cell Reports Medicine, Journal of Allergy and Clinical Immunology

November 5, 2026

Feinstein Institutes for Medical Research
Northwell Health®

OVERVIEW OF CPUO



- Definition: Chronic itch lasting for ≥6 weeks where no clearly defined cause
- Typically a condition of elderly age
- Generalized in nature
- Prevalence: 2-5M US adults
- No FDA-approved CPUO treatment
- Disease Burden:
  - Median worst itch 7.5/10
  - 78% lasted >1 year
  - 68% occurred daily
  - 22% anxiety and 12% depression scores

Ständer, Acta Derm Venereol 2011 (n=2,540); Acta Dermosifiliogr 2025; Pereira et al., Acta Derm Venereol 2021 (n=263

WORK-UP FOR CPUO

Table I. Recommended diagnostic workup for chronic pruritus of unknown origin

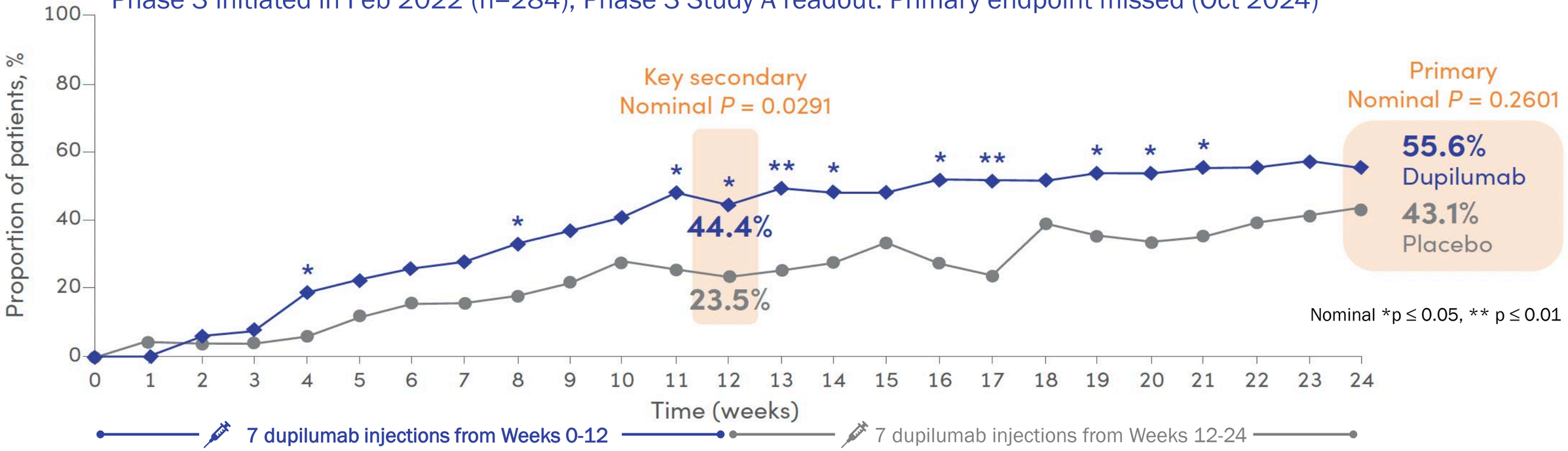
Presenting symptoms	Pruritus ≥6 weeks with no primary rash
Medical history	Key questions: • Timing, location, and duration of pruritus • Medications and comorbidities (eg, narcotic use) • Environment (risk for scabies)
Physical examination	• Complete body skin examination, including genitals (to rule out scabies), looking for primary lesions
Core laboratory tests (to be performed in all patients)	• Complete blood count with differential, liver function tests, renal function tests, thyroid function tests
Optional laboratory tests (assess as needed based on results of medical history, skin examination, and core laboratory tests)	• Skin biopsy is recommended, but not required, in anyone who has a history of a skin lesion in a pruritic site or if suspicion for latent pruritic dermatosis is high based on history or risk factors (eg, dermatitis herpetiformis or bullous pemphigoid in those aged ≥65 years) ○ Direct immunofluorescence ○ ELISA for bullous pemphigoid • If malignancy is suspected: refer for malignancy screening (we do not recommend dermatologists workup for malignancy) • If neurologic cause is suspected: refer for neurologic workup (neurology referral is not required for brachioradial pruritus, notalgia paresthetica, and scalp pruritus)
Diagnosis and treatment	• If cause is identified, diagnose and treat accordingly • If no (primary) cause is identified, diagnose as CPUO and continue empiric antipruritic treatments

Kim, Berger, and Yosipovitch. JAAD 2019

CPUO: THE NEXT DRUGS FOR ITCH?

Dupilumab

Phase 3 initiated in Feb 2022 (n=284); Phase 3 Study A readout: Primary endpoint missed (Oct 2024)



Other programs in development

- **Nemolizumab (IL-31 receptor)**: Phase 2a PK/PD study initiated in Dec 2025 (n=50)
- **Remibrutinib (BTKi)**: two Phase 3s recently initiated (n=180 each)
- **ATTO-1310 (IL-31 ligand)**: positive Phase 1b results; Phase 2b (n=300) planned for early 2027

Dupilumab data presented at EADV 2025 (Kim BS, Yosipovitch G, Kwatra SG, Ständer S, et al. Dupilumab improves itch in patients with chronic pruritus of unknown origin: results from a Phase 3 trial (LIBERTY-CPUO-CHIC-A)); NCT05263206; NCT07074977; NCT07700056; NCT07811869; NCT07833306

DUPILUMAB IN CPUO

JOURNAL OF DERMATOLOGICAL TREATMENT
https://doi.org/10.1080/09546634.2021.1880542

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SHORT REPORT

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Treatment of patients with chronic pruritus of unknown origin with dupilumab

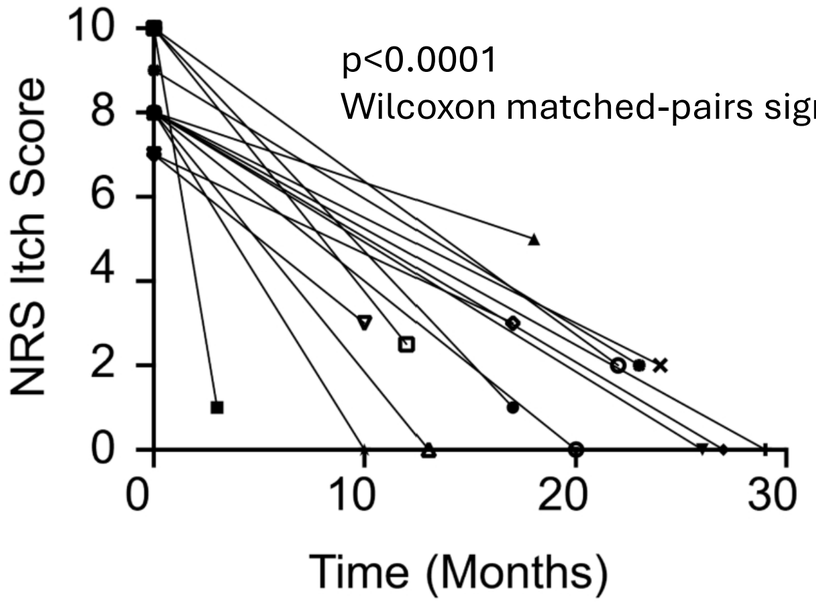
Jiehyun Jeon[a,b,c], Fang Wang[a,b,d], Asima Badic[a,b] and Brian S. Kim[a,b,e,f]

Pre-dupilumab



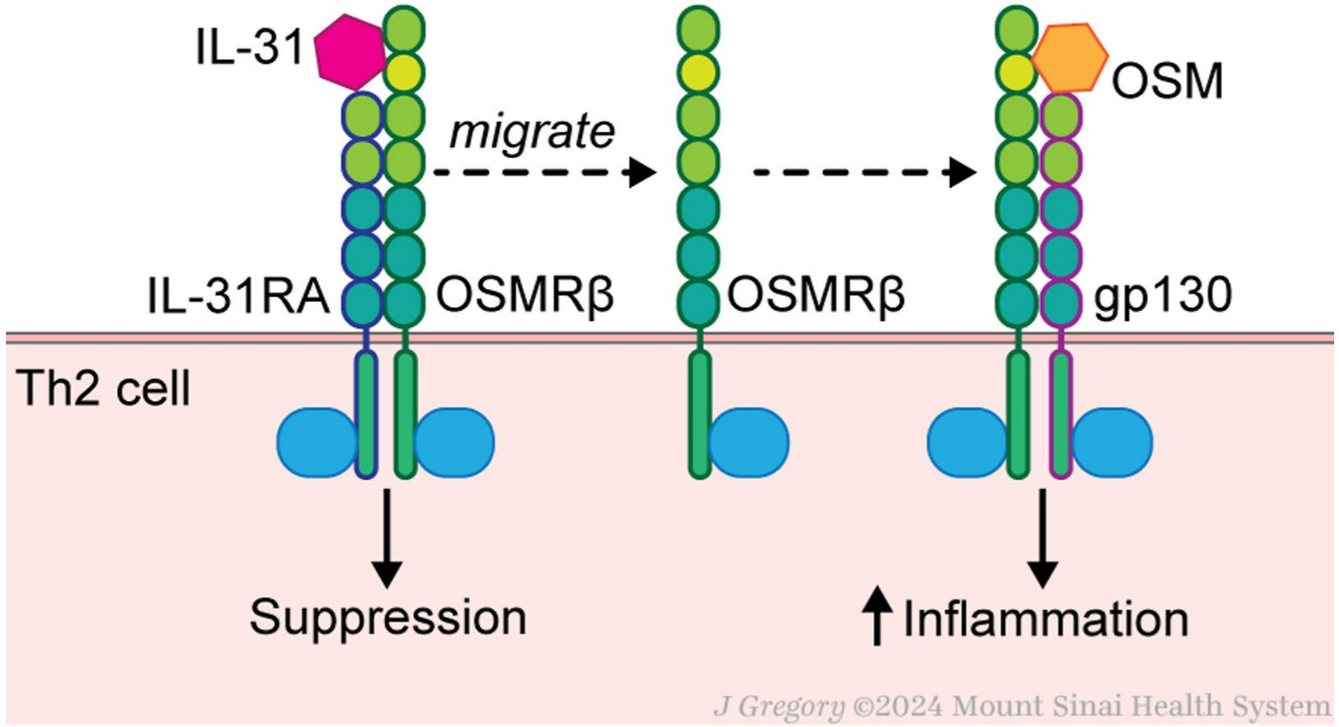
Post-dupilumab





POTENTIAL CHALLENGES OF NEMOLIZUMAB

IL-31RA blockade can be paradoxically proinflammatory

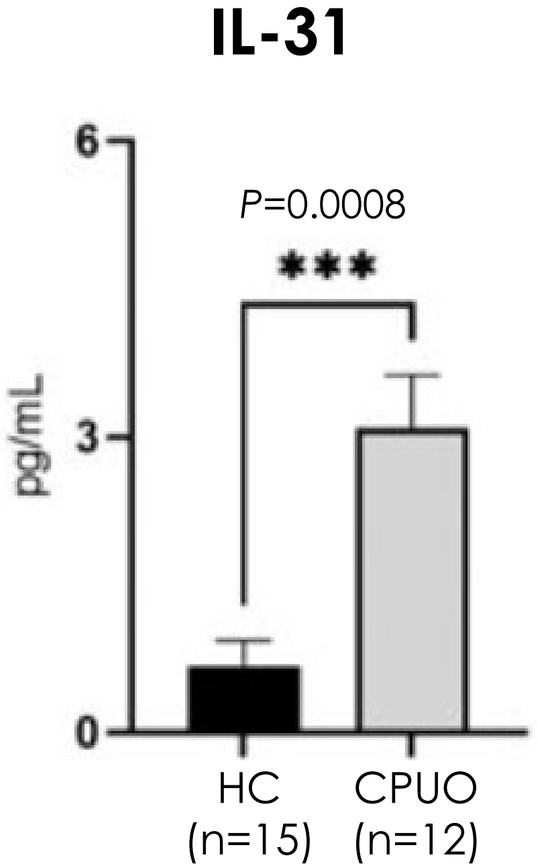


de novo rash in CPUO with nemolizumab



Kim JACI 2024; Unpublished

CPUO IS AN IDEAL DISEASE FOR IL-31 LIGAND BLOCKADE



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Burden of Itch in Atopic Dermatitis

Jonathan I. Silverberg, M.D., Ph.D., M.P.H.

Professor, Department of Dermatology

The George Washington University School of Medicine and Health Sciences

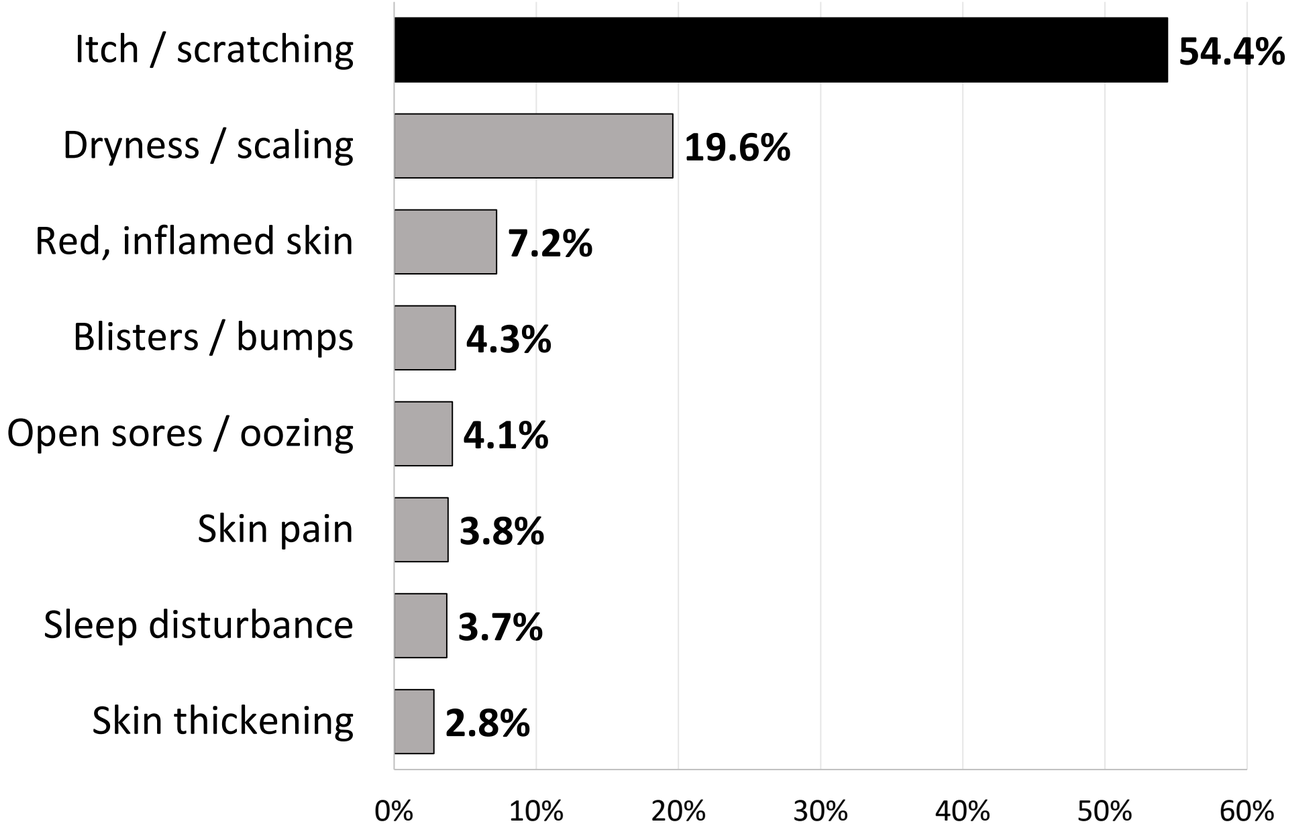
Washington, DC USA

Disclosures: AbbVie, Aldena Therapeutics, Amgen, Apollo Therapeutics, Arcutis, Attovia Therapeutics, Castle Biosciences, Connect Biopharma, Corevitas, Eli Lilly and Company, Enveda Biosciences, Galderma, GlaxoSmithKline, ImageneBio, Incyte, Infimmune, LEO Pharma, Maui Derm, Nektar Therapeutics, Novartis, Organon, Pfizer, Regeneron, Sanofi, Shaperon, UCB, UpToDate

Itch is the most burdensome symptom in AD

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Most burdensome symptom, % of US adults with AD[1]



Top symptom by AD severity

AD severity	Itch
Mild	66%
Moderate	43%
Severe	30%

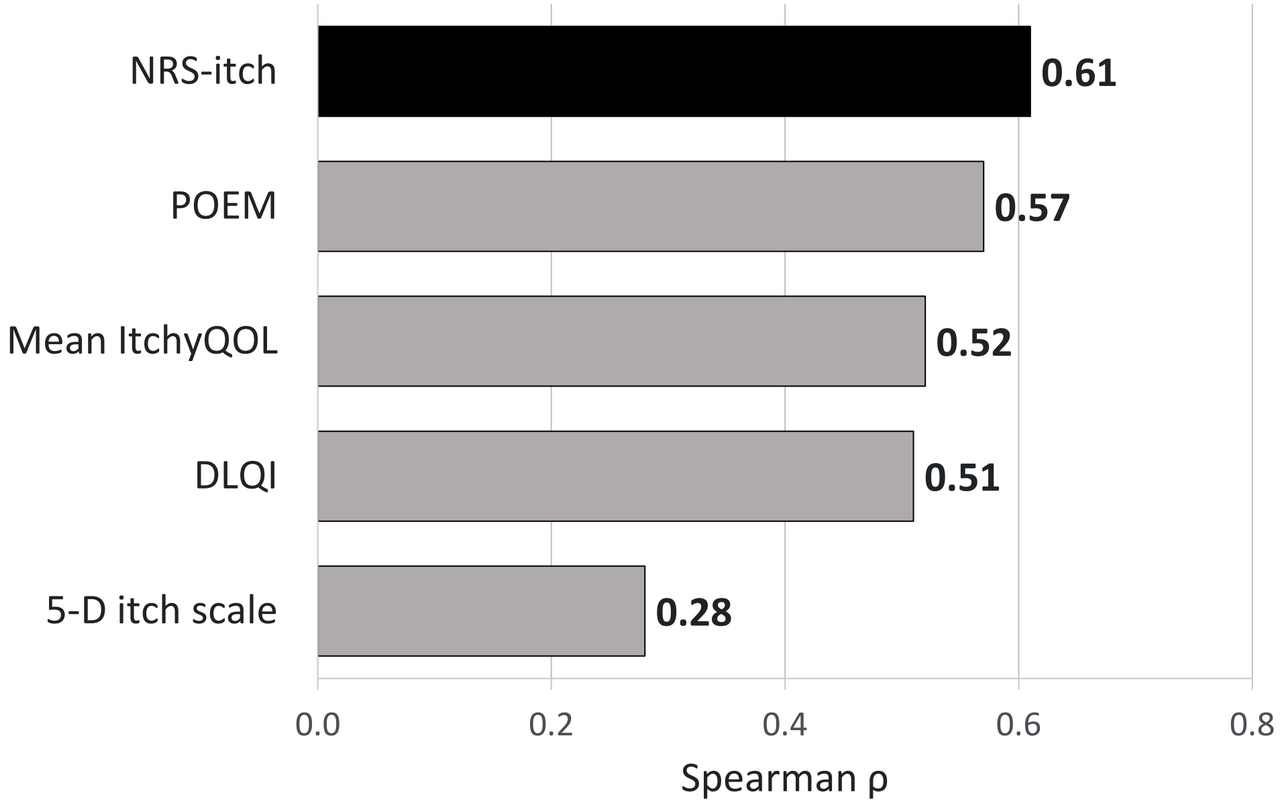
- A further 20% rank itch second
- Sleep disturbance, anxiety, and skin pain also weigh on patients

1. **Silverberg JI** et al. Patient burden and quality of life in AD in US adults: a population-based study. Ann Allergy Asthma Immunol. 2018.

Itch NRS best predicts self-rated AD severity

© Jonathan I Silverberg, MD, PHD, MPH

Correlation with patient-rated AD severity (n=210)[1]



- Itch correlated more strongly with patient-rated severity than other PROs
- More severe AD brings more severe itch, yet mild and moderate AD can still carry very severe itch
- That perception of severity is associated with patients' care-seeking practices

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1. Vakharia PP, et al., **Silverberg JI**. Severity strata for five PROs in adults with AD. Br J Dermatol. 2017. doi:10.1111/bjd.16078.

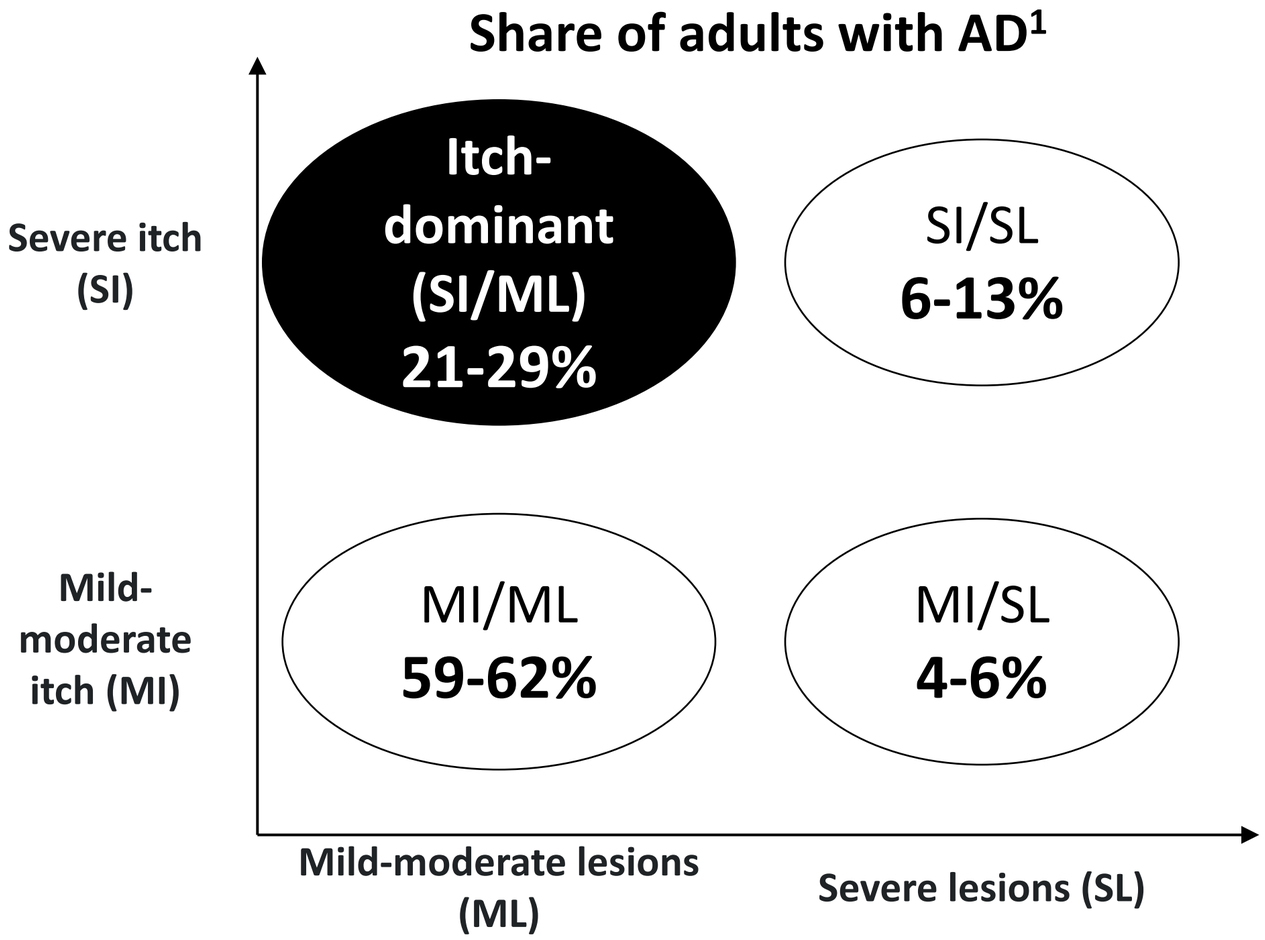
Itch correlates weakly with clinician-rated lesion severity

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- **Weak-to-moderate correlation of itch NRS (PRO) with clinician-reported severity (ClinROM)**
  - Itch NRS vs. EASI, oSCORAD, BSA, vIGA-AD: **r = 0.3-0.6**
- Itch and other symptoms follow a different course than visible signs.
- Lesion scores may underestimate severity in skin of color.
- Itch-dominant AD is missed on physical exam alone.
  - Need to ask patients about itch directly
- **I regularly encounter patients whose skin looked pretty good, but they were miserable with itch.**

Itch-dominant AD may represent up to 1 in 3 patients

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- Itch-dominant AD defined as severe itch with mild-moderate lesions
- Prospective study of 592 adults with atopic dermatitis
- Average itch by verbal rating scale; lesions by EASI, objective-SCORAD, or vIGA-AD

Ranges span EASI, objective-SCORAD, and vIGA-AD as the lesion measure.

1. Chovatiya R, et al., **Silverberg JI**. Clinical phenotyping of AD using combined itch and lesional severity. Ann Allergy Asthma Immunol. 2021;127(1):83-90.

Itch-dominant AD is burdensome but undertreated

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Same disease burden as severe AD

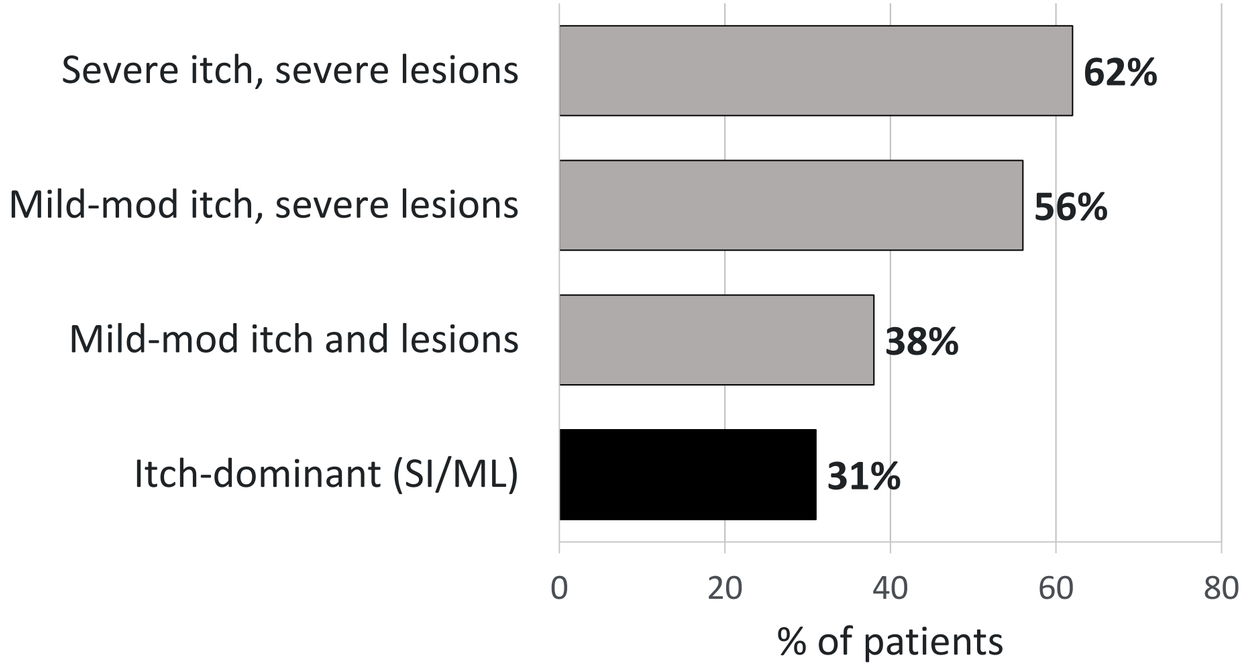
Itch-dominant and SI/SL patients had:

- Frequency of flares
- Periods of clearance or remission
- Number of itch triggers
- Longitudinal course over time

Higher burden than MI/ML

- Patients rate their AD as more severe
- Patients report poorer quality of life

Patients who initiated advanced treatment during follow-up[1]



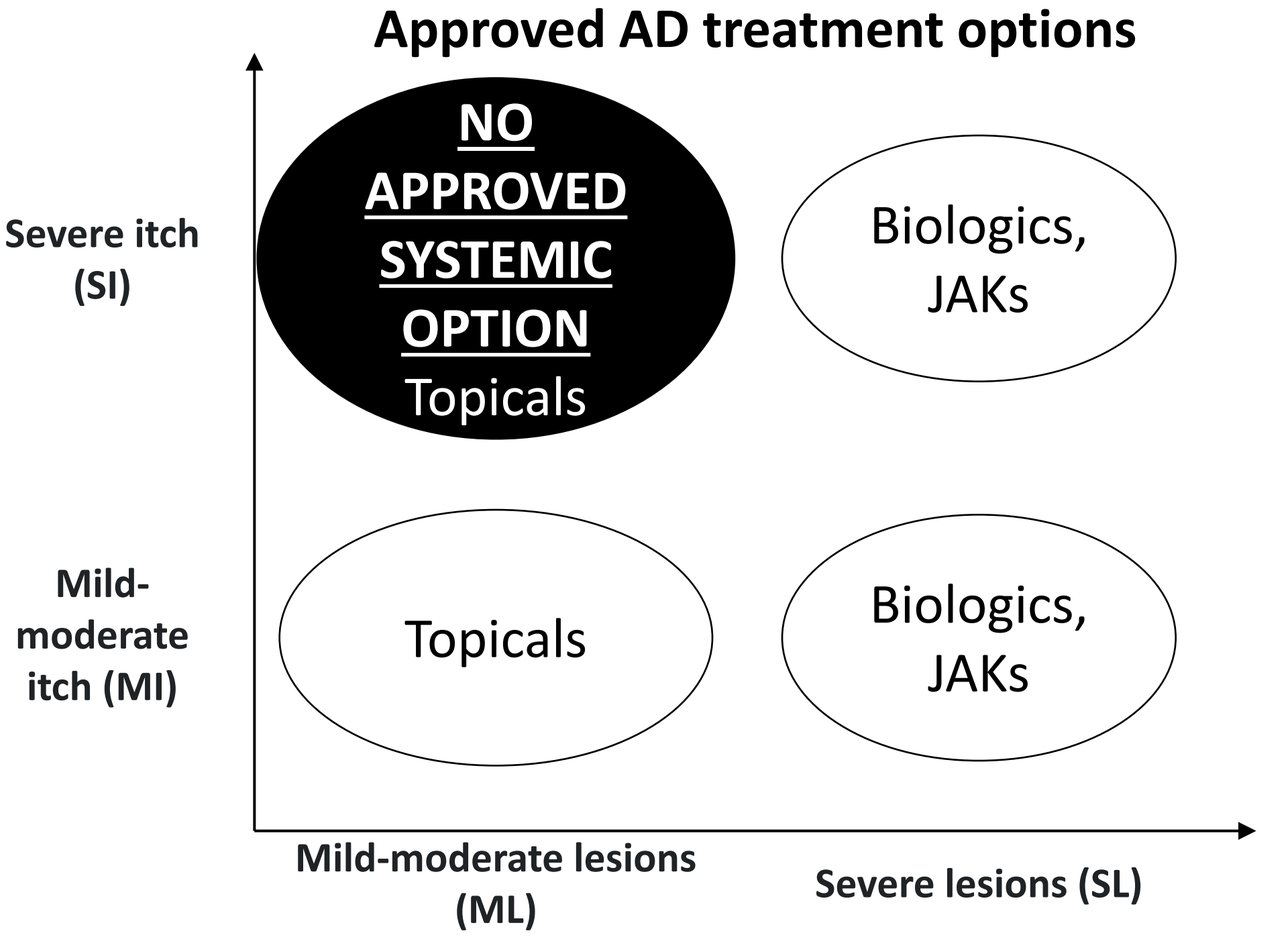
Same disease course as severe AD but about half the rate of severe-lesion AD

Bars show the midpoint of the range across EASI, objective-SCORAD, and vIGA-AD. Advanced treatment: systemic, biologic, or phototherapy.

1. Chovatiya R, et al., **Silverberg JI**. Clinical phenotyping of AD using combined itch and lesional severity. Ann Allergy Asthma Immunol. 2021;127(1):83-90.

No systemic therapy is approved for itch-dominant AD

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Why topicals fall short

- Impractical for large BSA
- Poor adherence and long-term safety concerns
- Developed to treat lesions more than itch

Desirable features of systemic therapy for itch-dominant AD

- High efficacy (rapid, substantial itch reduction)
- Infrequent dosing
- Lesion improvement without TCS

Approved biologics were studied in EASI ≥16 populations. Branded non-steroidal topicals: ruxolitinib, roflumilast, tapinarof.

IL-31 as a therapeutic target in itch-dominant AD

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Serum IL-31 is elevated in AD and correlates with itch severity[1]

- Highest during disease exacerbation, lowest in controls
- IL-31 is a key pruritogen

Nemolizumab (anti-IL-31RA) reduces itch in AD

- Strong itch response in AD trials (ARCADIA 1 & 2)
- Used largely as an itch drug in moderate-to-severe AD
- EASI/IGA improvement studied with background TCS

IL-31 pathway inhibition warrants study in itch-dominant AD

- Including in patients with mild-moderate lesions

1. Ezzat MHM, et al. Serum IL-31 in paediatric AD correlates with severity scoring. J Eur Acad Dermatol Venereol. 2011 Mar;25(3):334-9.

Conclusions

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1. **Itch is the most burdensome symptom of AD** at every level of severity.
2. **Itch correlates weakly to moderately** with EASI, oSCORAD, and vIGA-AD.
3. **Itch-dominant AD affects up to 1 in 3 patients** and is undertreated.
4. **Lesion-based thresholds (EASI ≥16)** underestimate AD disease burden.
5. **High-itch with mild-moderate lesions AD may benefit from biologics;** IL-31 inhibition is a promising approach.

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04	**ATTO-1310 Phase 2 updates**
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ATTO-1310 Phase 1 study design (NCT06787586)

Phase 1a Healthy volunteer SAD / MAD

PART 1
SAD

Randomized 3:1

- 9 mg/kg IV n=8
- 1.5 mg/kg SC n=8
- 4.5 mg/kg IV n=8
- 1.5 mg/kg IV n=8
- 0.5 mg/kg IV n=8

PART 2
MAD

Randomized 3:1

- 4.5 mg/kg SC n=8
- 1.5 mg/kg SC n=8

Phase 1b Patient cohorts

PART 3
High-itch AD

Randomized 2:1

- 9 mg/kg SC n=14
- 4.5 mg/kg SC n=12

KEY ENTRY CRITERIA

- Atopic dermatitis for ≥1 year
- PP-NRS ≥7
- EASI ≥7
- vIGA ≥3

PART 4
Chronic pruritus

Randomized 2:1

- 9 mg/kg SC n=14
- 4.5 mg/kg SC n=12

KEY ENTRY CRITERIA

- Chronic pruritus ≥6 months
- PP-NRS ≥7
- ≥2 body areas involved
- No identifiable cause of chronic pruritus

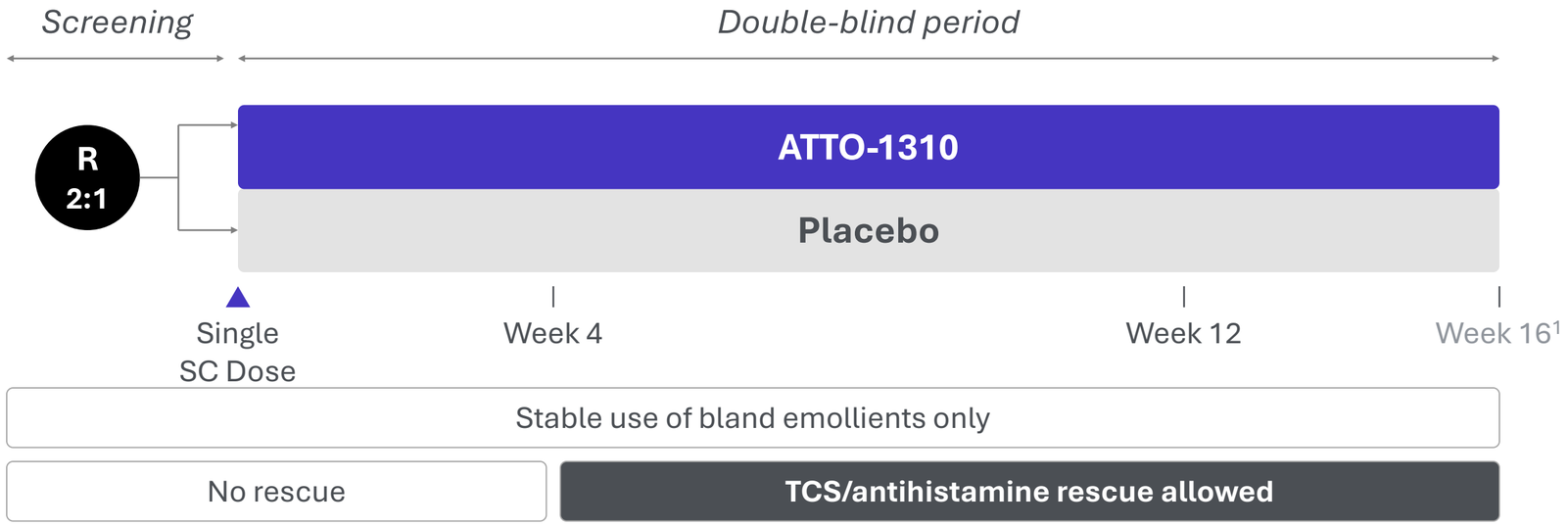
IV SC

Attovia

Phase 1b study design for high-itch AD and chronic pruritus cohorts

Phase 1b: Patient cohorts (same design for each patient cohort)

Randomization:	2:1 ATTO-1310 vs. placebo (n=12-14 per cohort)
Cohorts:	High-itch AD and chronic pruritus



Primary and secondary endpoints:

- Safety
- PK
- Immunogenicity

Exploratory endpoints:

Clinical activity

- PP-NRS, SD-NRS
- EASI, SCORAD, vIGA (High-itch AD patients only)
- PROMIS measures
- Rescue medications

PD biomarkers

- Total and free IL-31

✓ **Interim analysis:** Focus on Week 4, given a single SC dose and restriction on rescue meds

✓ **Topline results:** Focus on Week 12, the last visit with complete data

1. Week 16 visit was optional

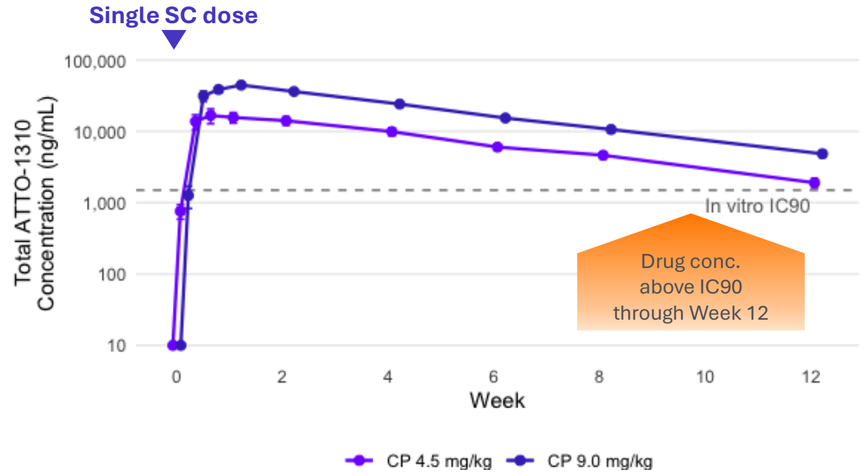
Baseline Characteristics

	Chronic Pruritus			High-itch Atopic Dermatitis		
	Placebo (n=9)	4.5 mg/kg (n=8)	9.0 mg/kg (n=9)	Placebo (n=8)	4.5 mg/kg (n=8)	9.0 mg/kg (n=10)
Mean age, years (SD)	59.0 (13.6)	64.1 (6.2)	60.7 (9.2)	39.5 (13.0)	43.9 (15.5)	39.1 (14.8)
Female, n (%)	7 (77.8)	4 (50.0)	4 (44.4)	1 (12.5)	2 (25.0)	6 (60.0)
Mean weight, kg (SD)	71.7 (13.9)	89.2 (18.0)	85.3 (20.6)	69.5 (10.8)	84.0 (18.5)	75.0 (18.5)
Mean PP-NRS (SD)	8.4 (1.0)	8.4 (1.0)	8.5 (0.8)	8.4 (0.8)	8.5 (1.0)	8.5 (0.9)
Mean EASI (SD)	-	-	-	29.6 (14.8)	14.9 (10.9)	15.3 (9.5)
vIGA-AD, n (%)						
3 - Moderate	-	-	-	4 (50.0)	7 (87.5)	10 (100.0)
4 - Severe				4 (50.0)	1 (12.5)	0 (0.0)

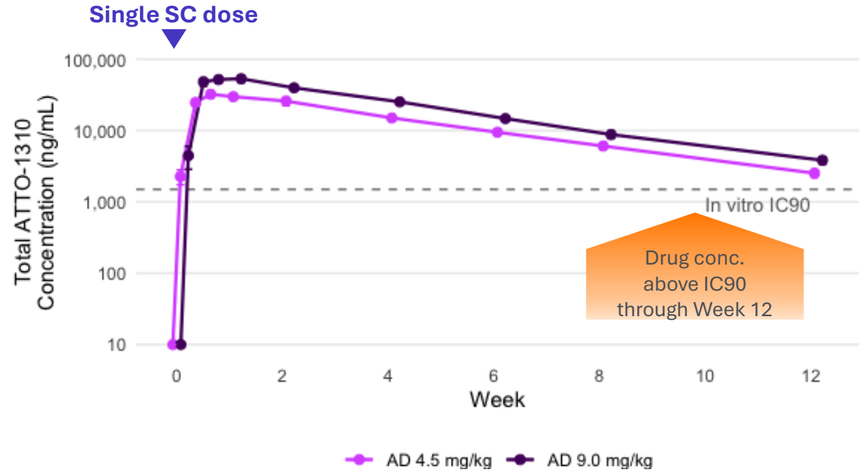
Pharmacology supports potential quarterly (Q3M) dosing in patients with chronic pruritus and high-itch AD after a single SC dose

Drug Exposure

Chronic pruritus

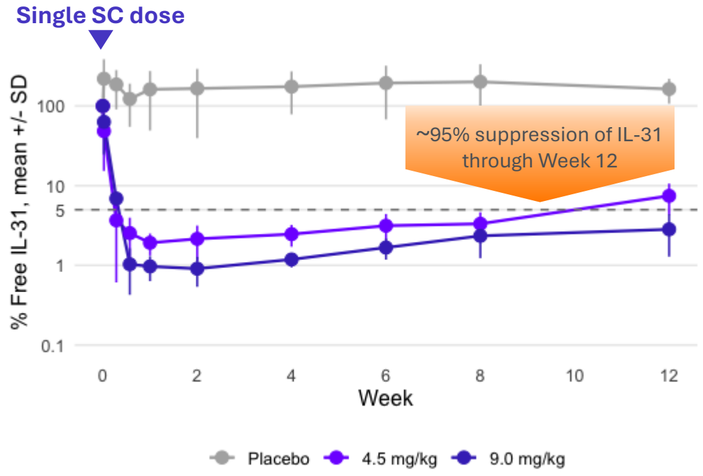


High-itch AD

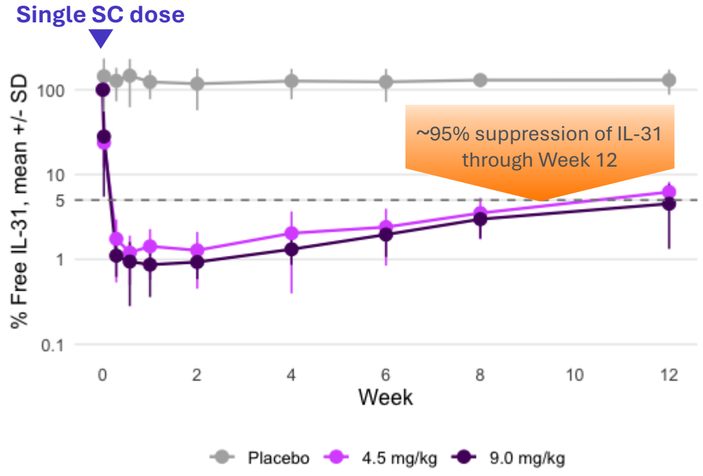


Target Engagement

Chronic pruritus



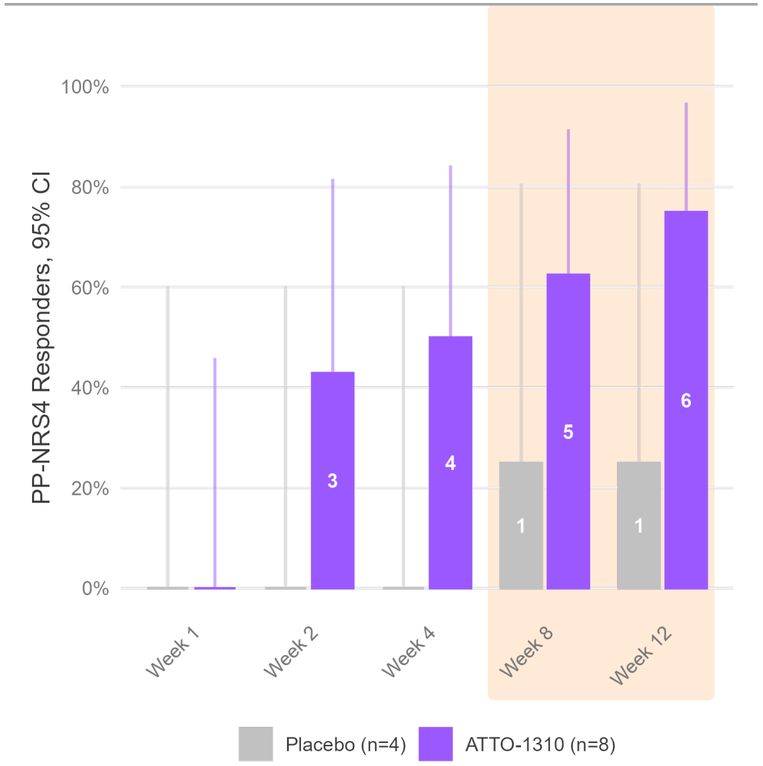
High-itch AD



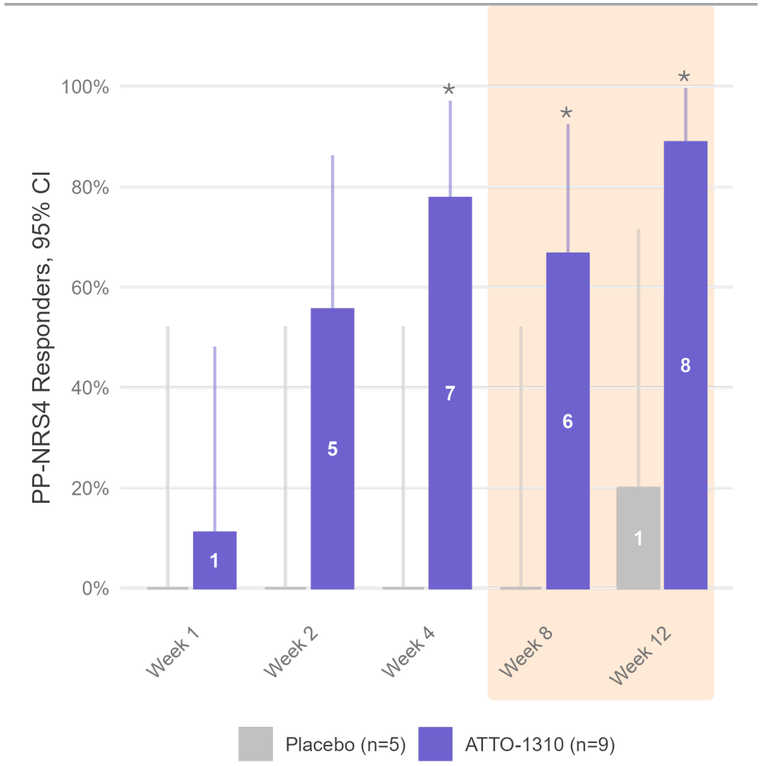
Rapid itch relief deepened through Week 12 in CP patients

PP-NRS 4: patients who experienced at least a 4-point improvement from PP-NRS baseline (considered clinically meaningful)

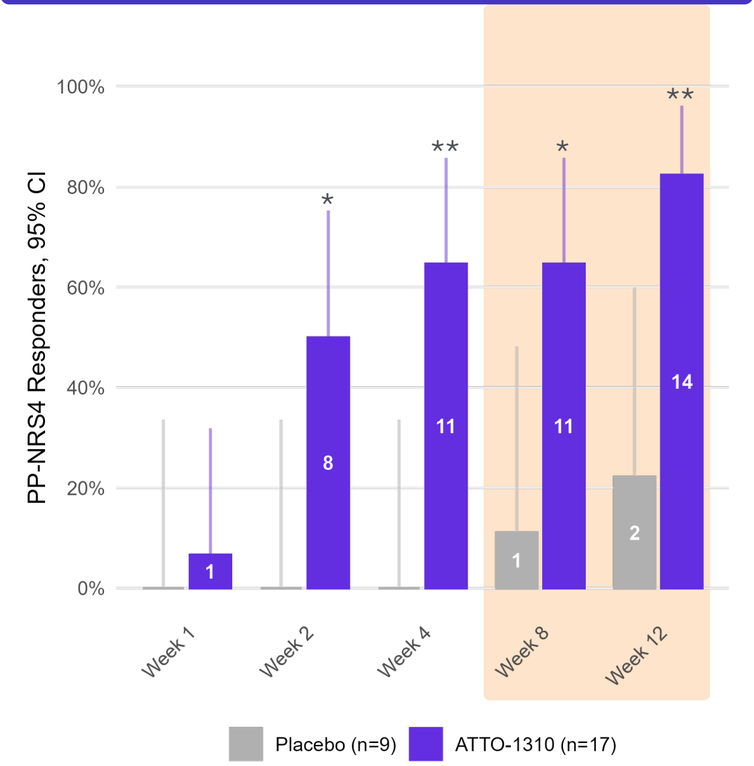
4.5 mg/kg Cohort



9.0 mg/kg Cohort



Pooled PP-NRS 4 Responders



New data

~60% Placebo-adjusted PP-NRS 4 responders at Week 12 with **1 injection** of ATTO-1310

vs.

~21% Placebo-adjusted WI-NRS 4 responders at Week 12 with **7 injections** of dupilumab[1]

* p<0.05; ** p<0.01

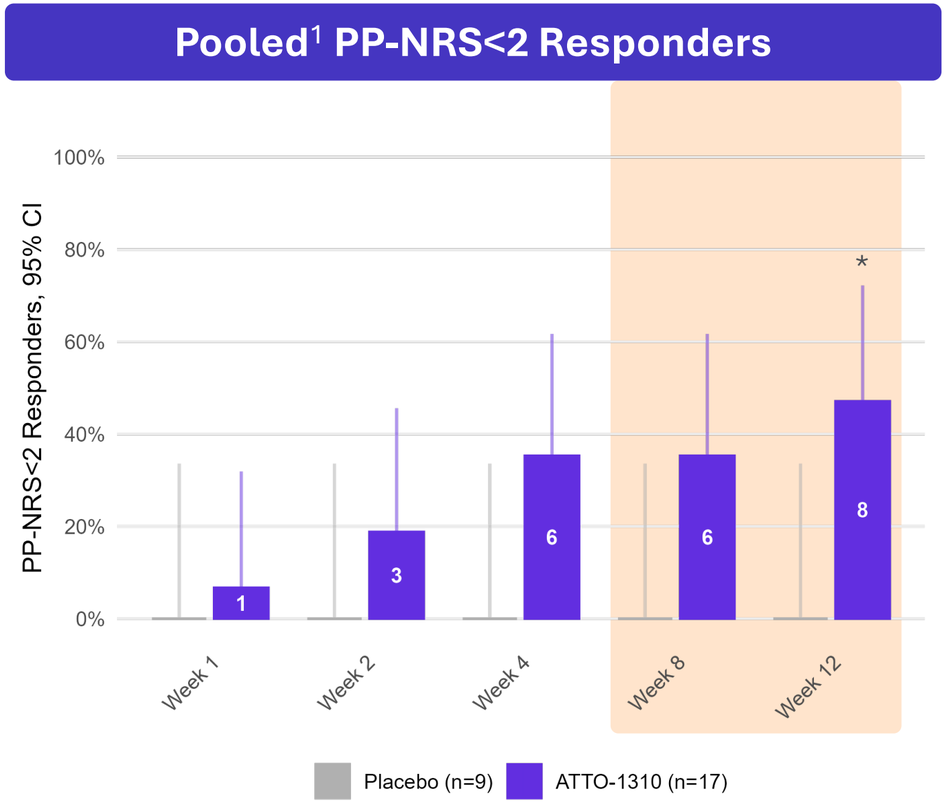
Last observation carried forward was applied for missing data. Missing weekly average PP-NRS scores were imputed with the last non-missing, post-baseline observed value

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.

1. Dupilumab data presented at EADV 2025; NCT05263206

Nearly half of CP patients achieved itch-free or nearly-itch free status at Week 12 after one dose of ATTO-1310

PP-NRS<2: percentage of patients whose worst itch score is less than 2, meaning they were itch-free or nearly itch-free



New data

Deep and increasing itch relief following a single SC dose

~47% vs. 0%

Nearly half the patients achieved minimal itch at Week 12

~47% of ATTO-1310-treated patients achieved PP-NRS<2 vs. 0% on placebo

Week 12 data reinforces confidence in potential depth and durability of ATTO-1310 in treating CPUO

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* p<0.05

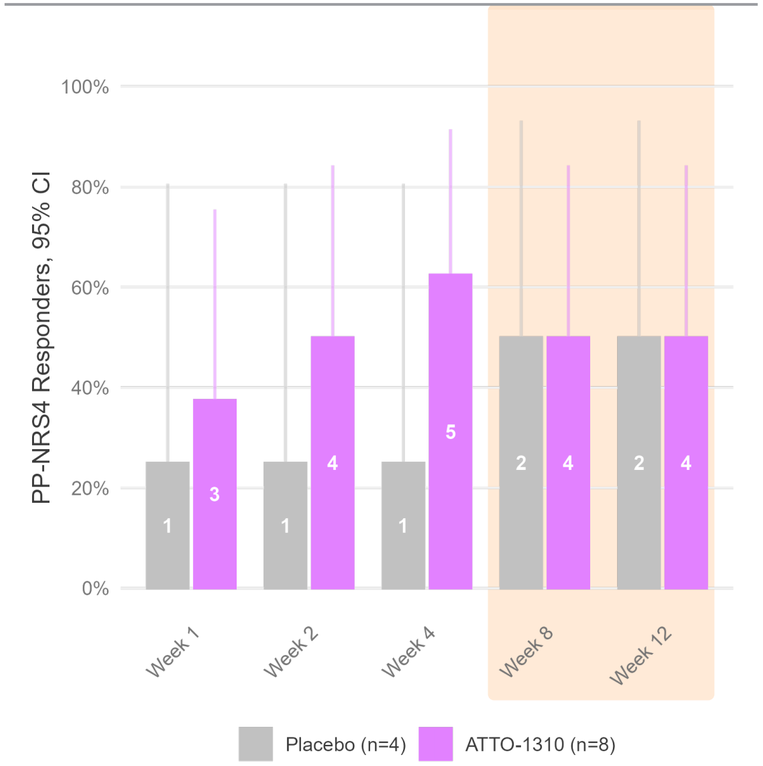
1. Pooled 4.5 mg/kg and 9.0 mg/kg data

Last observation carried forward was applied for missing data. Missing weekly average PP-NRS scores were imputed with the last non-missing, post-baseline observed value

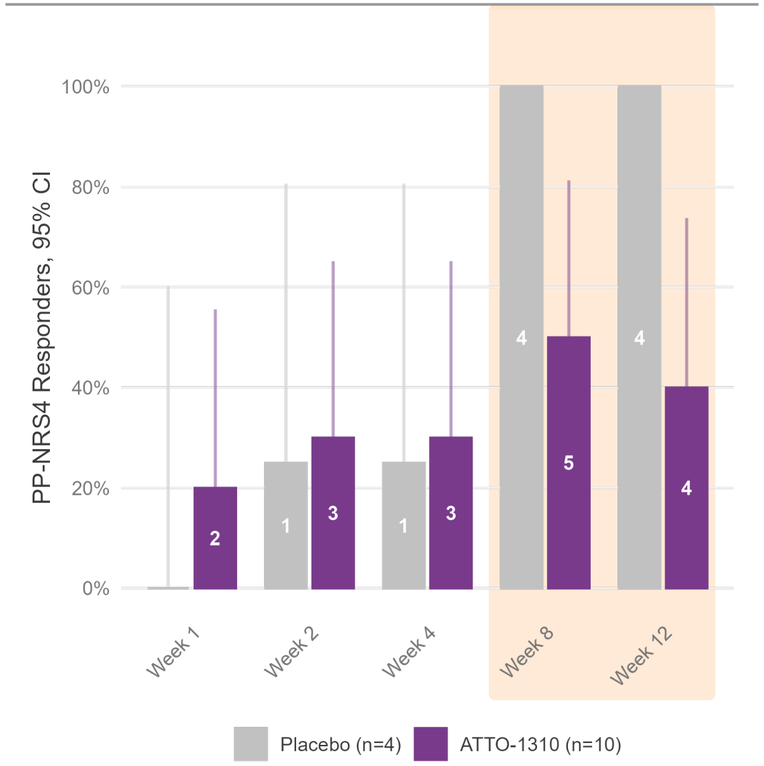
Early itch response sustained through Week 12 in high-itch AD patients

PP-NRS4: patients who experienced at least a 4-point improvement from PP-NRS baseline (considered clinically meaningful)

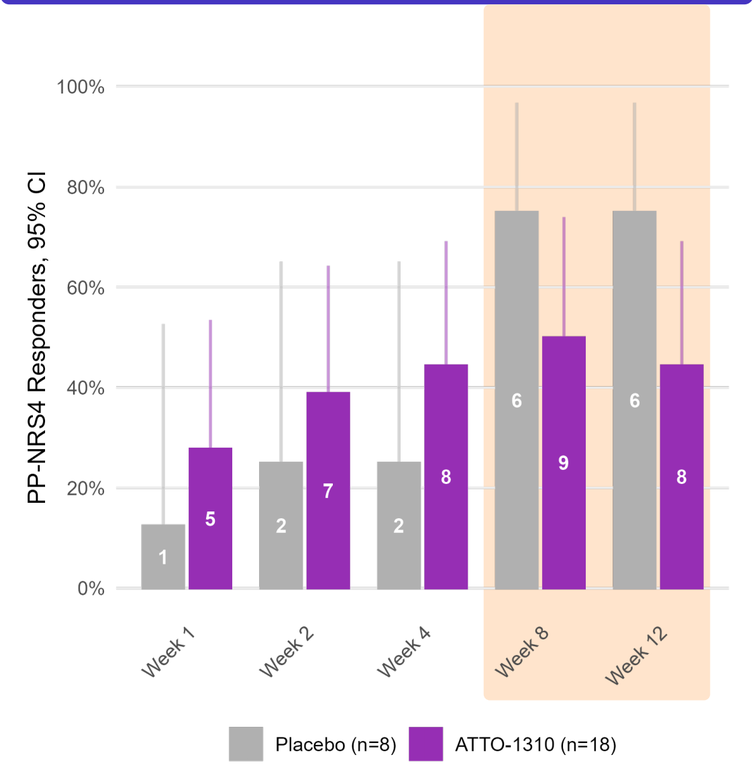
4.5 mg/kg Cohort



9.0 mg/kg Cohort



Pooled PP-NRS4 Responders



New data

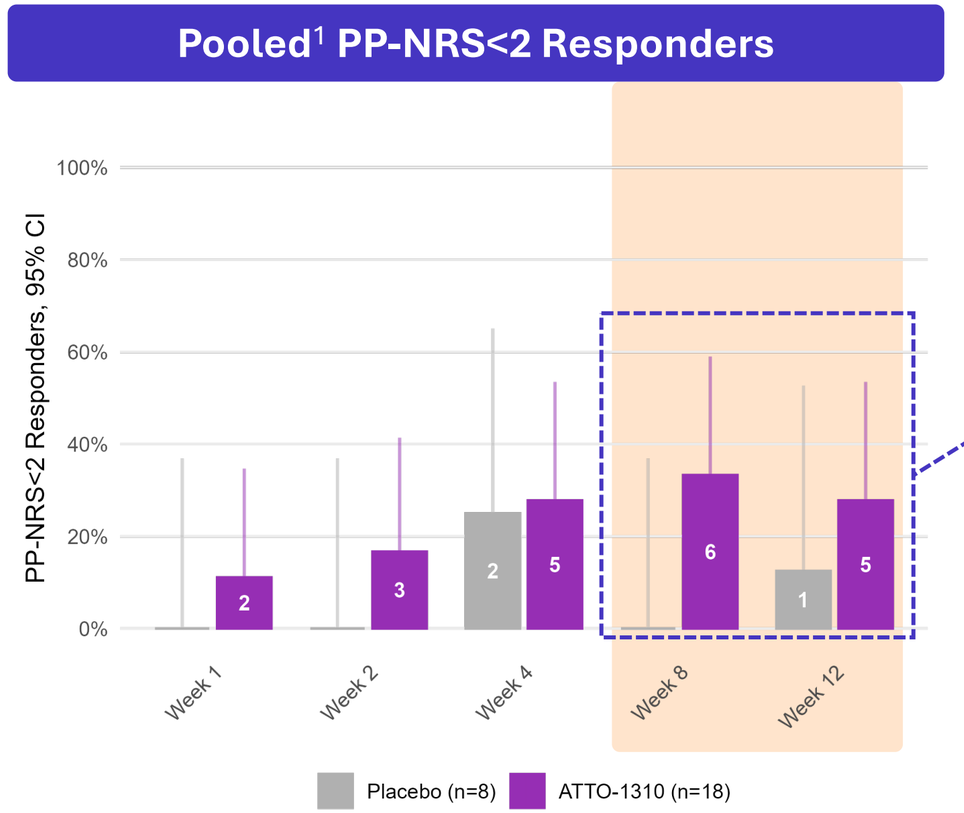
Placebo Observations

- **3 of 8 placebo participants (~38%) used rescue <u>after Week 4</u> vs. 0 of 18 (0%) of the active participants**
- **3 of 6 total placebo responders came from a single study site**

Rescue medications include anti-histamines and/or topical corticosteroids (TCS)
Last observation carried forward was applied for missing data. Missing weekly average PP-NRS scores were imputed with the last non-missing, post-baseline observed value

Deep itch relief sustained through Week 12 in patients with high-itch AD after a single SC ATTO-1310 dose

PP-NRS<2: percentage of patients whose worst itch score is less than 2, meaning they were itch-free or nearly itch-free



Placebo effect is minimized upon using the more stringent endpoint of PP-NRS<2

Data supports strong and durable anti-itch activity of ATTO-1310 in high-itch AD patients

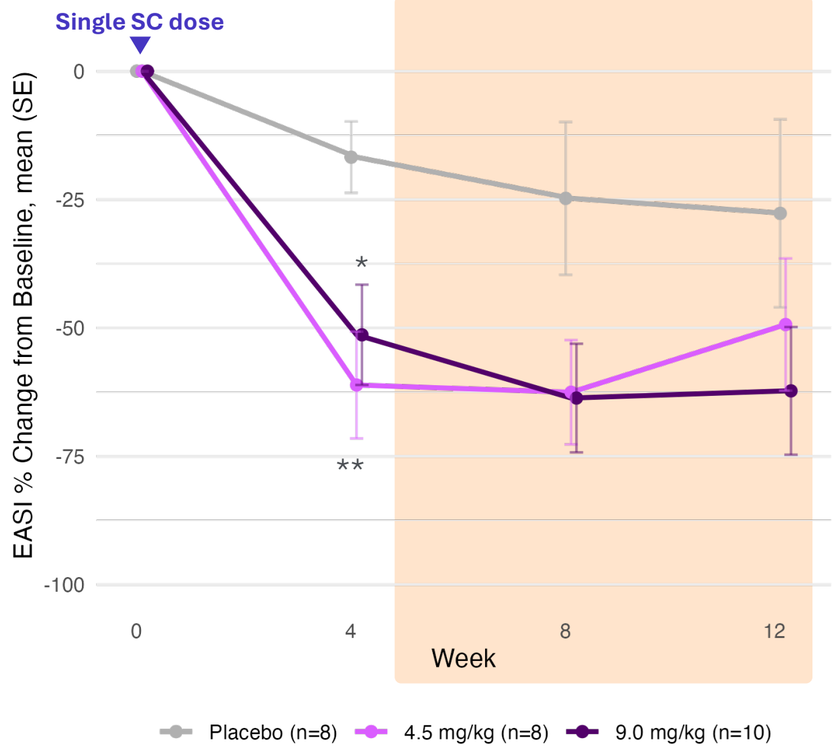
New data

1. Pooled 4.5 mg/kg and 9.0 mg/kg data
Last observation carried forward was applied for missing data. Missing weekly average PP-NRS scores were imputed with the last non-missing, post-baseline observed value

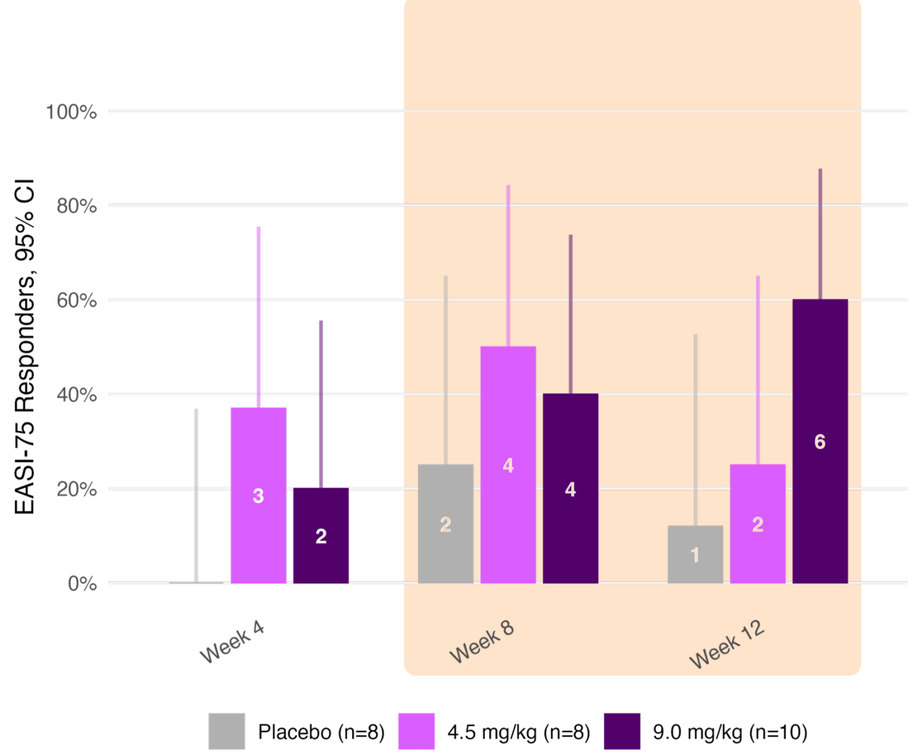
Rapid and substantial skin lesion improvement maintained through Week 12 after a single SC ATTO-1310 dose

Improvements in Eczema Severity (EASI % change from baseline) and the percentage of patients achieving at least 75% skin symptom improvement after a single injection (EASI-75 responders)

EASI % Change from Baseline



EASI-75 Response

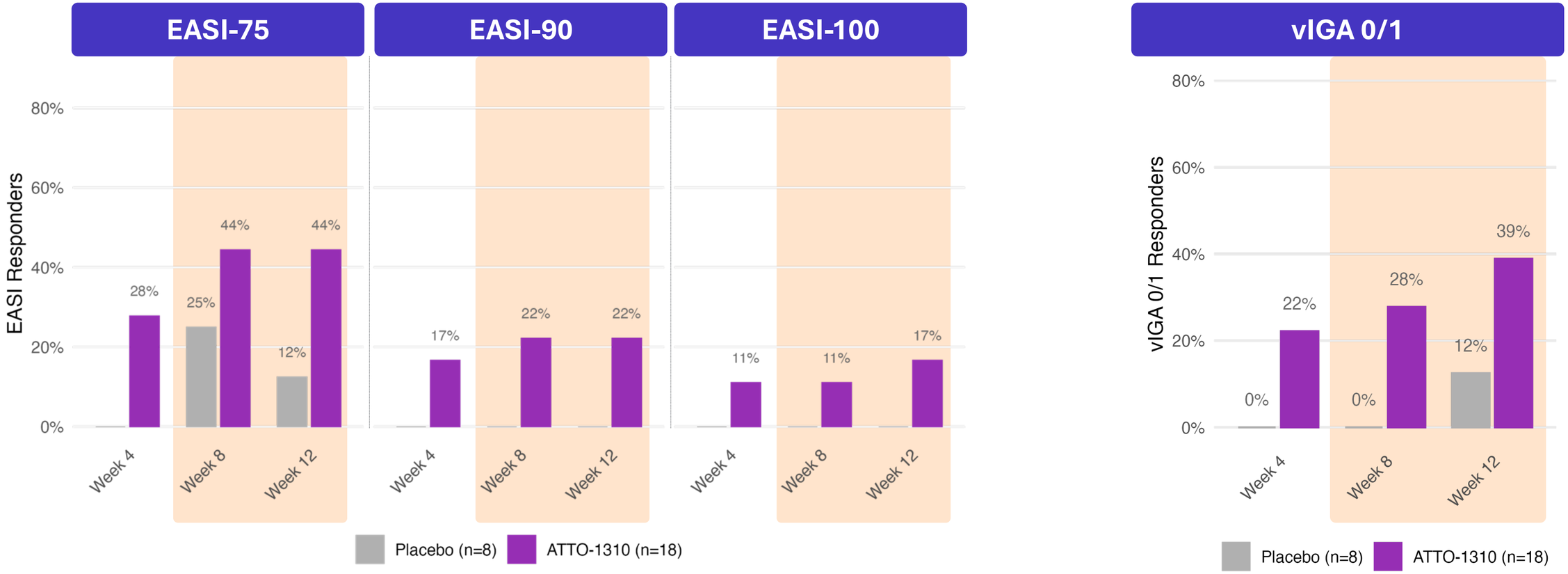


New data

* p<0.05
** p<0.01
Nominal p-values for EASI %CFB at Week 8 were 0.057 (4.5 mg/kg) and 0.052 (9.0 mg/kg)

Rapid skin lesion improvement sustained and deepened through Week 12 after a single SC ATTO-1310 dose

Percentage of patients achieving at least 75%/90%/100% skin symptom improvement and clear or almost-clear skin (vIGA 0/1)



New data

Robust skin lesion improvement with **low placebo effect** observed through Week 12 with **a single SC dose** of ATTO-1310

1. Pooled 4.5 mg/kg and 9.0 mg/kg data
vIGA response defined as a rating of 0 (clear skin) or 1 (almost clear skin) plus at least a 2-grade improvement

Case study: High-itch AD responder after a single SC dose

PATIENT PROFILE

PATIENT
49-year-old
White female

COHORT
4.5 mg/kg
High-itch AD

BASELINE ITCH
9.9
High PP-NRS

BASELINE LESIONS
11.2
Moderate EASI

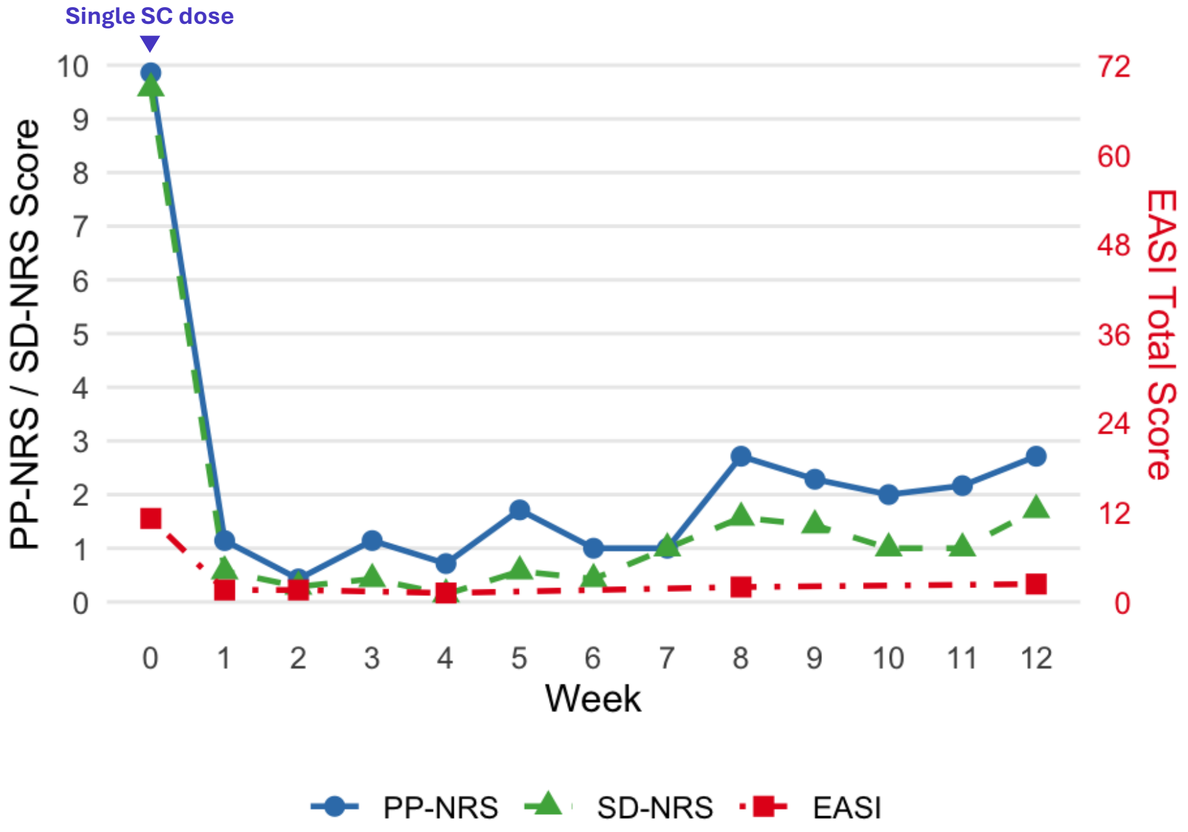
PRIOR THERAPIES
Up to 3 biologics → no improvement
Dupixent; experimental: amlitelimab, ANB032

FROM THE ENROLLING SITE

"She has been miserable for years. She has had an itch of 10 for the past 15 days, and ***within 3 hours [of receiving the shot], it was down to a 1!*** *Her* ***itch and lesions are clearing up****, and she is amazed!* ***We truly love this study, what it's doing for patients****."*

— Site Principal Investigator

RESPONSE THROUGH WEEK 12



SD-NRS: Sleep Disturbance Numerical Rating Scale
Patient was previously enrolled in double-blinded amlitelimab and ANB032 AD trials
Amlitelimab and ANB032 trials were investigational IgG4 monoclonal antibodies targeting OX40L (antagonist) and BTLA (agonist), respectively

ATTO-1310 is well tolerated in chronic pruritus and high-itch AD patients, consistent with its safety profile in HVs

	Chronic Pruritus		High-itch Atopic Dermatitis	
Participants with ≥1:	**Pooled Placebo (N=9)**	**Pooled ATTO-1310 (N=17)**	**Pooled Placebo (N=8)**	**Pooled ATTO-1310 (N=18)**
Treatment emergent adverse event (TEAE), n (%)	4 (44.4)	7 (41.2)	3 (37.5)	5 (27.8)
Grade ≥3 TEAE, n (%)	0	1 (5.9)[1]	0	0
TEAE related to study drug, n (%)	1 (11.1)[2]	0	2 (25.0)[2]	2 (11.1)[3]
Serious TEAE, n (%)	0	1 (5.9)[1]	0	0
TEAE leading to study discontinuation, n (%)	0	0	0	0
TEAE of special interest, n (%)	1 (11.1)[4]	0	1 (12.5)[4]	2 (11.1)[4]

0 None of the ATTO-1310-treated participants experienced dermatitis AEs

2 Two placebo participants experienced dermatitis AEs

1. Hiatal hernia, deemed ‘not related’ to study treatment
2. Related TEAEs on placebo included eosinophilia, injection site discoloration, pruritus, and injection site reaction
3. Related TEAEs on active included injection site edema, injection site bruising, injection site erythema, and injection site hemorrhage
4. TEAEs of special interest were all Grade 1 injection site reactions

ATTO-1310 showed low immunogenicity across HVs and patient cohorts

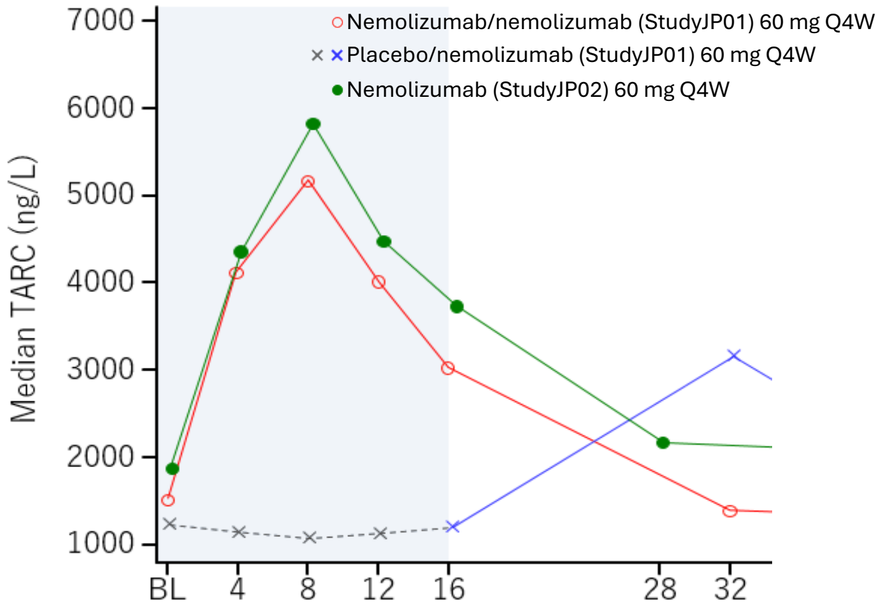
Population	Study Part	Treatment-induced ADA Rate[1]
HVs	Phase 1a (Parts 1-2)	2 of 42 (4.8%)
AD and CP patients	Phase 1b (Parts 3-4)	4 of 35 (11.4%)
All treated participants	**Entire Phase 1**	**6 of 77 (7.8%)**

ADA-positive samples showed no impact on PK, target engagement, tolerability, or efficacy

1. Reported rates reflect positive treatment-induced ADAs captured at any sampled time point across entire Phase 1a/b study. One HV and one AD patient were unevaluable due to lack of post-baseline sample.

Targeting the IL-31 ligand vs. its receptor avoided the TARC increase seen with nemolizumab

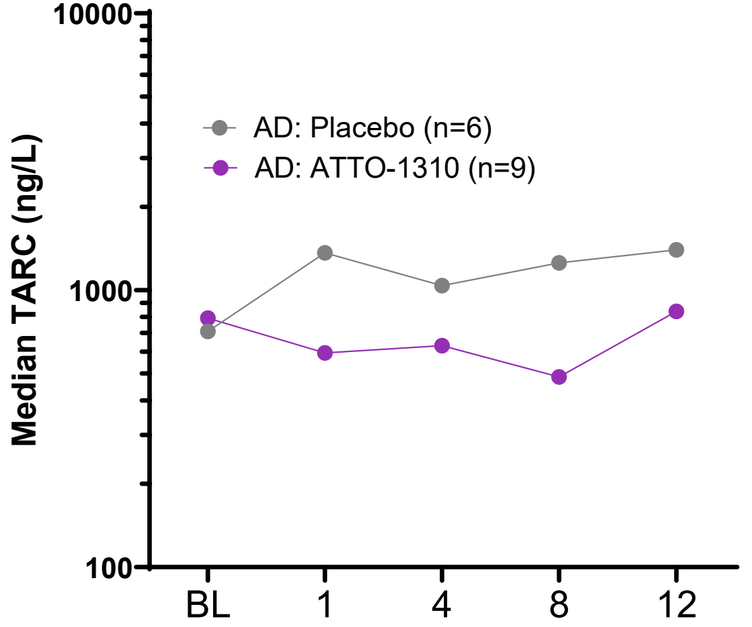
Nemolizumab (anti-IL-31Rα) TARC Data[1]



- Median TARC **rose ~3x** by Week 8
- **Significant increase** in TARC after placebo patients crossover to active

vs.

ATTO-1310 (anti-IL-31) TARC Data[2]



- Median TARC **stayed near baseline** through Week 12
- **~50% reduction** from baseline at Week 8

ATTO-1310 TARC measured with Inflammation Panel 250 by Alamar Biosciences

1. Data from patients with atopic dermatitis and moderate-to-severe pruritus across two Japanese Phase 3 studies
2. 4.5 mg/kg and 9 mg/kg treatments are grouped together for high-itch AD and chronic pruritus groups; dotted line represent the adult reference limit (<450 ng/L); Br J Dermatol. 2022 Apr;186(4):642-651

Conclusions

WEEK 12 TOPLINE RESULTS

Data support ATTO-1310's compelling clinical profile and advancement to Phase 2 studies in CPUO and high-itch AD

- **Full target engagement and drug exposure** translated to clinical activity and support **quarterly (Q3M) dosing**
- Itch relief and lesion improvement was **sustained through Week 12** with a single SC dose
- Safety and immunogenicity profile **remained favorable and consistent** over entire follow-up

Agenda

01	**Welcome Remarks & ATTO-1310 Overview** Next-generation anti-IL-31 ATTOBODY-based therapy for pruritic disease
02	**KOL perspectives on chronic pruritus of unknown origin and high-itch atopic dermatitis** Dr. Brian Kim and Dr. Jonathan Silverberg
03	**ATTO-1310 Phase 1b 12-week topline data**
04	**ATTO-1310 Phase 2 updates**
05	**Q&A**

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

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

Data expected in 2H 2027

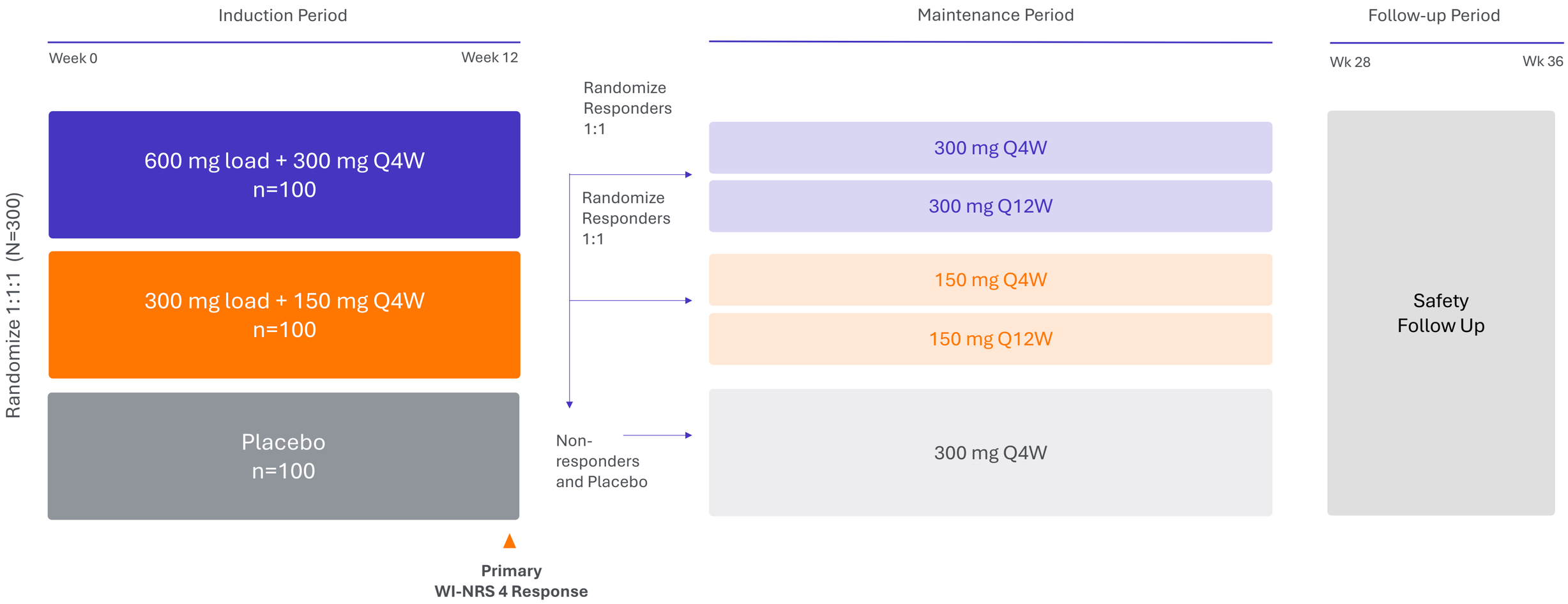
CKD-aP and other pruritic conditions[1]

Future lifecycle management opportunities

CKD-aP: Chronic kidney disease-associated pruritus

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

Phase 2 ATTUNE-CPUO trial design



Key Eligibility

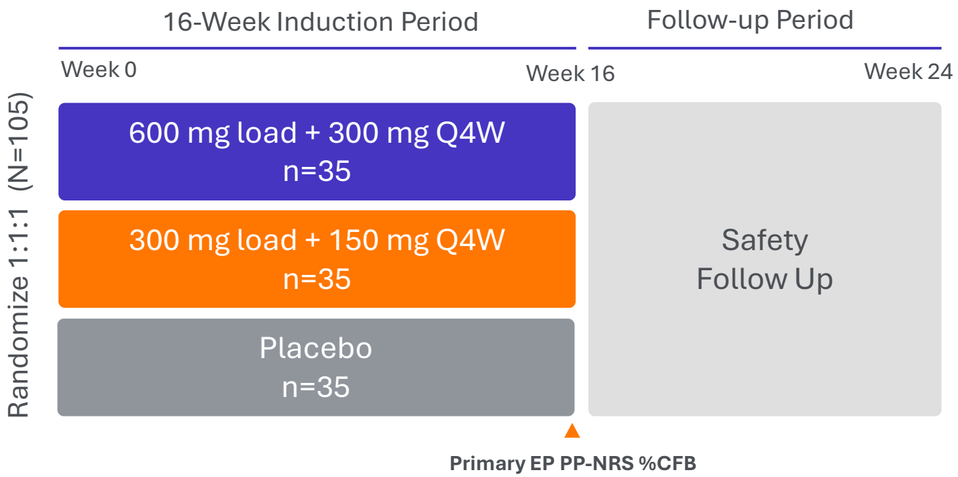
Adults, ages 18-90, baseline WI-NRS ≥7, chronic pruritus for ≥6 months affecting at least 2 body areas not secondary to dermatological, systemic, neuropathic, or psychogenic origin

Phase 2 ATTUNE-AD high-itch AD trial design

Part A:

Key eligibility criteria:

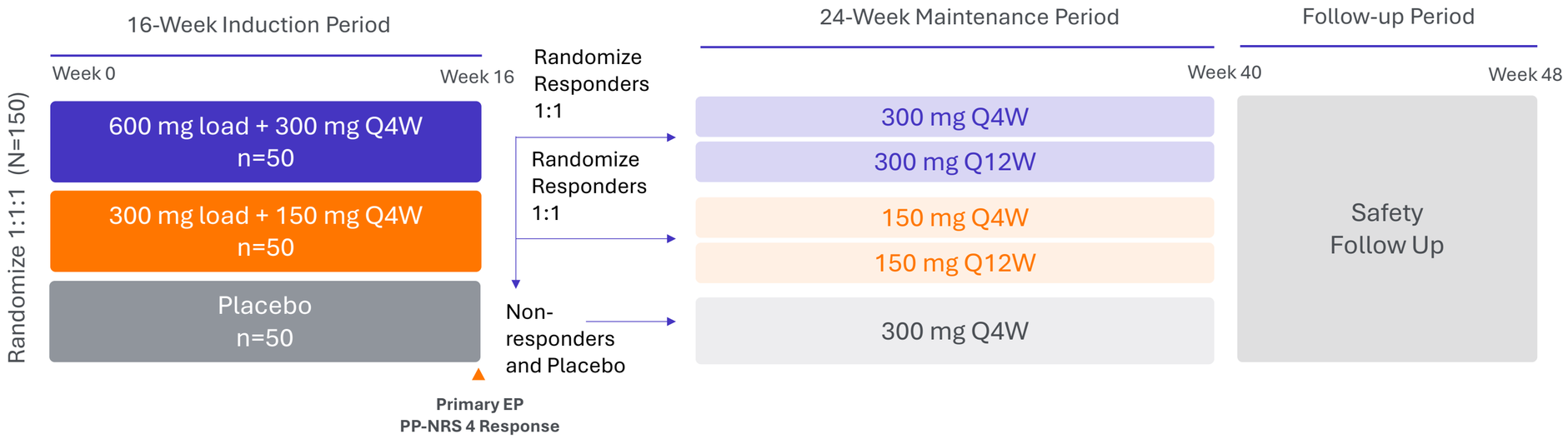
- PP-NRS ≥7
- EASI ≥12
- vIGA ≥3
- BSA ≥10%



Part B:

Key eligibility criteria:

- PP-NRS ≥7
- EASI ≥7
- vIGA ≥2[1]
- BSA ≥10%



1. vIGA=2 capped at 30%

Clinical operations status and regulatory updates

ATTUNE-CPUO Phase 2

~78 sites

North America | EU

REGULATORY: **Trial design aligned with FDA**

OPERATIONS: **Site activation ongoing**

ATTUNE-AD Phase 2

~60 sites

North America | EU | APAC

REGULATORY: **Protocol finalized**

OPERATIONS: **Site selection initiated**

1H27 **Both Phase 2 trials** on track to initiate and dose first patients

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Phase 1b exceeded our expectations; two large Phase 2 studies are next

EFFICACY

Deep itch reduction

- ~60% placebo-adjusted PP-NRS 4 vs. ~21% dupilumab at Week 12 in CPUO

Robust skin lesion efficacy in high-itch AD at Week 12

- ~32%[1] EASI-75
- ~27%[1] vIGA 0/1

DURABILITY

Efficacy sustained, and, by some measures, **deepened**, through Week 12 for both itch and lesions with a single SC dose

DOSING

Full target engagement and drug exposure data support a **Q3M dosing regimen**

SAFETY & IMMUNOGENICITY

Favorable safety profile; no dermatitis AEs; low immunogenicity through full follow-up

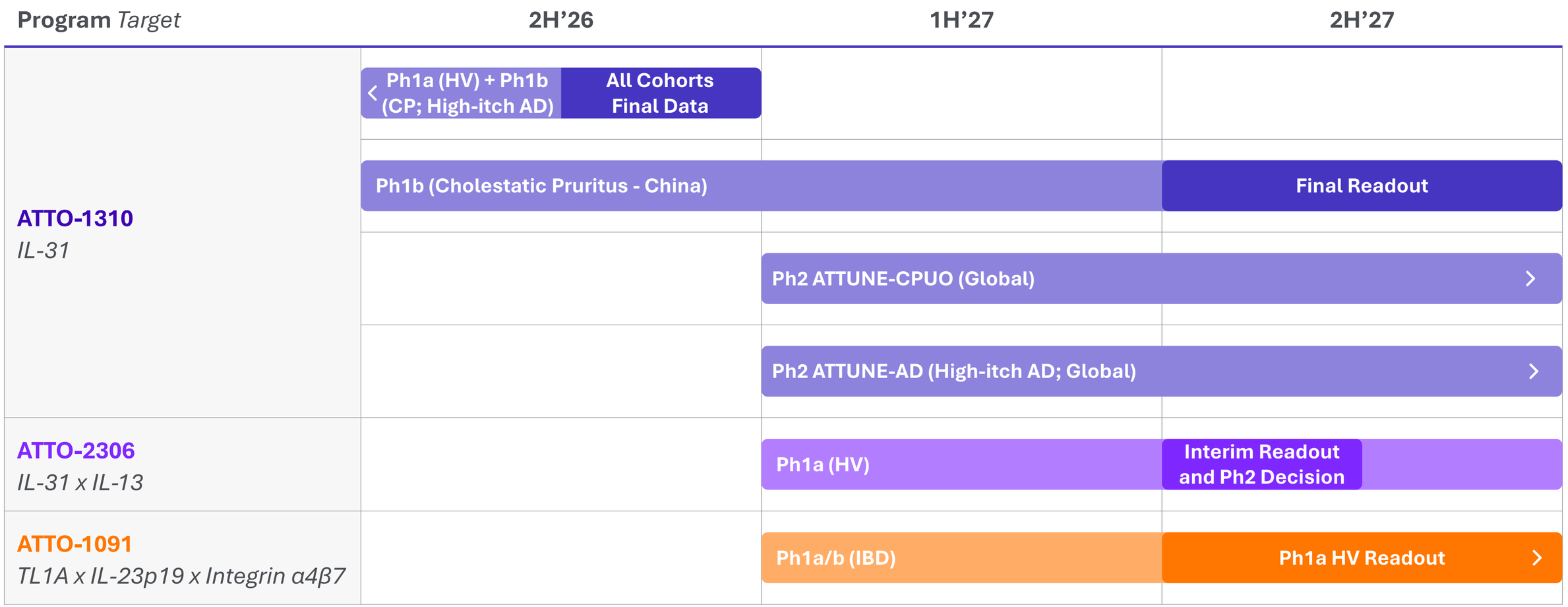
Reinforces our confidence in a differentiated profile vs. nemolizumab

- **Rapid, deep, and durable** anti-itch and skin lesion improvements
- Convenient **Q3M dosing**
- Potentially **differentiated safety profile** (e.g., lower dermatitis AEs)

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1. Placebo-adjusted values

Anticipated milestones



Cash runway expected to fund operations into 2030

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Thank you

With gratitude to the patients, investigators, and site teams who made the ATTO-1310 Phase 1 study possible

Attovia™