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NASDAQ: ATTO

CORPORATE PRESENTATION · OCTOBER 2026

Shaping the future treatment of immune-mediated diseases

Forward-looking statements

This presentation contains forward-looking statements within the meaning of the "safe harbor" provisions of the Private Securities Litigation Reform Act of 1995. These forward-looking statements reflect the current beliefs and expectations of management. All statements other than statements of historical fact are statements that could be deemed forward-looking statements, including, without limitation, statements concerning the company's future plans and prospects; estimates of the addressable patient population for the company's product candidates; the company's ability to use its ATTOBODY™ platform to identify new therapeutic targets and advance such targets into clinical development; the company's ability to establish and maintain collaborations; any expectations regarding the safety or efficacy of ATTO-1310, ATTO-2306, and ATTO-1091, and other candidates under development; the ability of such candidates to treat their indications; the planned timing of the company's clinical trials, data results and further development of its product candidates; the sufficiency of the company's current cash, cash equivalents and marketable securities to fund its operations; and the company's expected cash runway. In addition, when or if used in this presentation, the words "may," "could," "should," "anticipate," "believe," "estimate," "expect," "intend," "plan," "will," "predict" and similar expressions and their variants, as they relate to the company, may identify forward-looking statements. These forward-looking statements are contained throughout this presentation. Forward-looking statements are neither historical facts nor assurances of future performance. Although the company believes the expectations reflected in such forward-looking statements are reasonable, the company can give no assurance that such expectations will prove to be correct. Readers are cautioned that actual results, levels of activity, safety, performance or events and circumstances could differ materially from those expressed or implied in the company's forward-looking statements due to a variety of factors, including risks and uncertainties related to the company's ability to advance its product candidates and obtain regulatory approval of and ultimately commercialize such product candidates, the timing and results of preclinical studies and clinical trials, the company's ability to fund development activities and achieve development goals, its ability to protect its intellectual property, general business and economic conditions, and risks related to the impact on its business of macroeconomic and geopolitical conditions, including inflation, volatile interest rates, tariffs, instability in the global banking sector, public health crises, and geopolitical conflicts. Further information on potential risk factors that could affect the company's business and its financial results are detailed under the heading "Risk Factors" included in the documents the company files from time to time with the U.S. Securities and Exchange Commission. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. These forward-looking statements speak only as of the date of this presentation, and the company undertakes no obligation to revise or update any forward-looking statements to reflect events or circumstances after the date hereof.

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.

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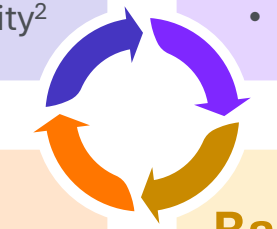
Shaping the future of I&I with potential best-in-class ATTOBODY™-based medicines

ATTO-1310, next-generation precision itch therapy

- Anti-IL-31 ATTOBODY™ with potential for faster and deeper itch relief with 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 provide 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. Unaudited and subject to change.

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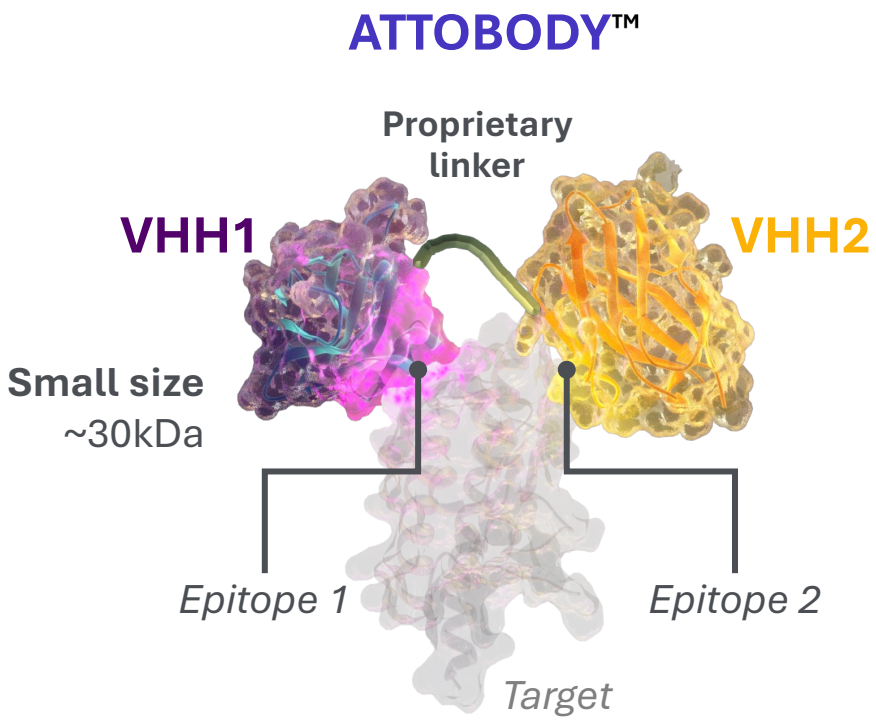
Pipeline offers multiple novel assets with cross-indication opportunities

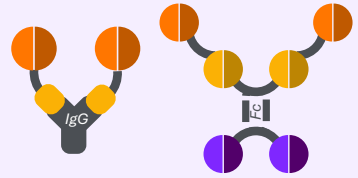
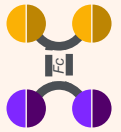
Program *Target*	Indication(s)	Discovery	IND-enabling	Phase 1	Phase 2	Phase 3	Anticipated Milestones
ATTO-1310 *IL-31*	**Chronic Pruritus of Unknown Origin (CPUO)**						Final Ph1b all cohorts data 4Q26; Ph2 initiation in 1H 2027
	High-itch AD						Final Ph1b all cohorts data 4Q26; Ph2 initiation in 1H 2027
	Cholestatic Pruritus						Phase 1b data in 2H 2027
ATTO-2306 *IL-31 x IL-13*	**Inflammatory skin disease** *AD, CSU, PN*						Ph1 initiation in 1H 2027
ATTO-1091 *TL1A x IL-23p19 x Integrin α4β7*	**Inflammatory bowel disease** *UC, CD*						Ph1 initiation in 1H 2027
ATTO-006 *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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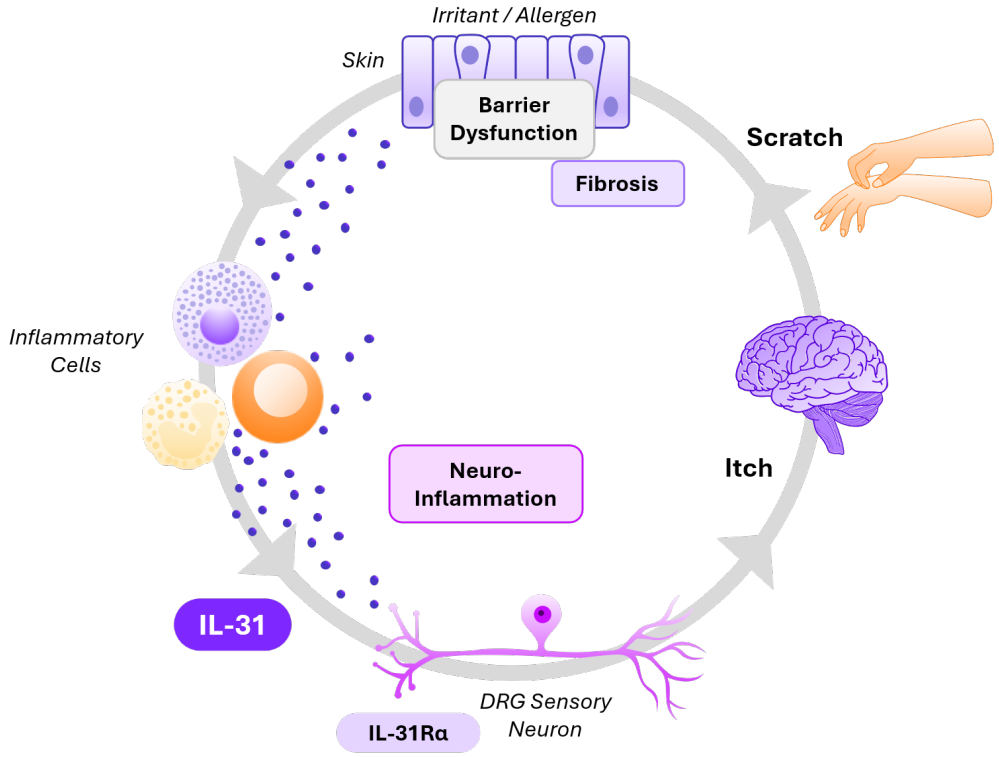
Biparatopic ATTOBODY Unit Fc Fragment IgG

01

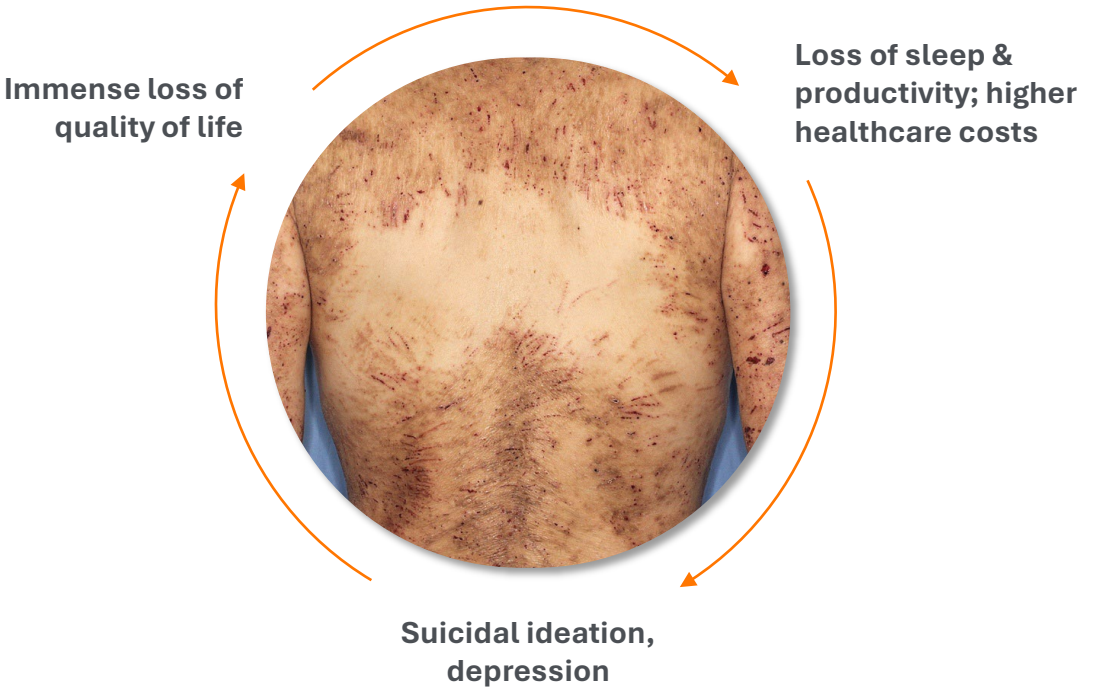
ATTO-1310: Differentiated antipruritic and initial clinical support for the ATTOBODY platform

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+

Among pruritic diseases, 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

These two indications are part of a much larger U.S. pruritus population, projected to exceed 15M patients

TCS: Topical corticosteroids

1. A CPUO 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 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

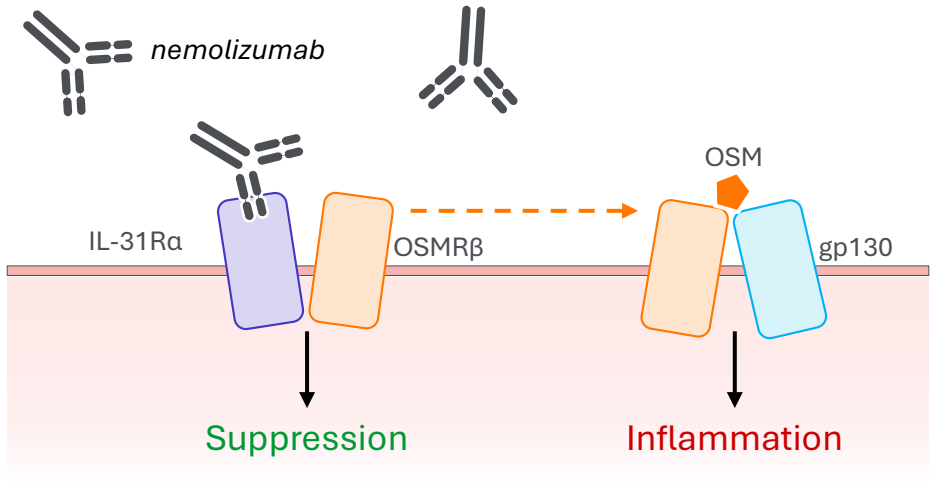
Avoid reverse dose-efficacy relationship with targeting IL-31Rα which can limit dosing and efficacy, as seen in 3 nemolizumab Phase 2 studies

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

ATTO-1310 Phase 1 study design

Phase 1a:
Healthy Volunteer SAD / MAD

Part 1 (n=40):

SAD HV

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

Part 2 (n=16):

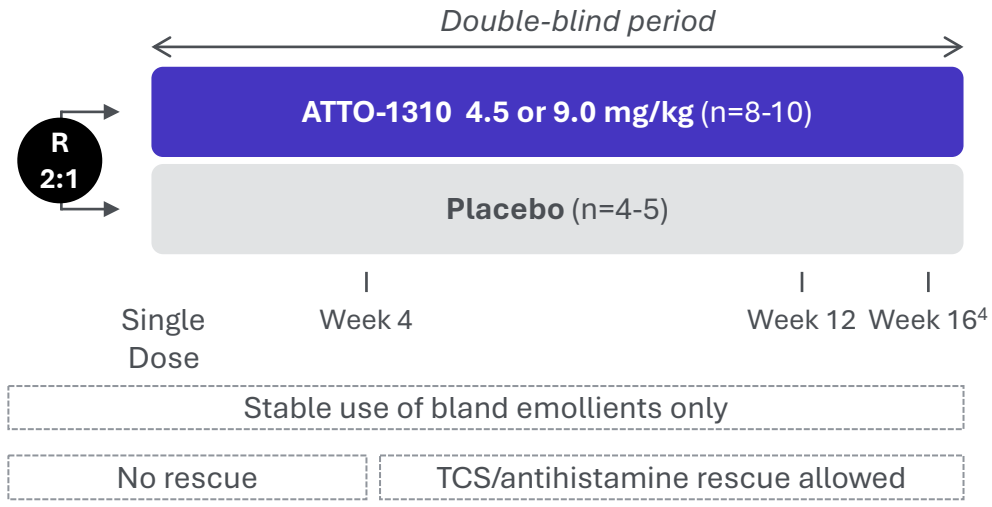
MAD HV

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

Phase 1b:
Patient Cohorts[2]

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

Week 4 timepoint most relevant for evaluating activity given administration of single dose and restriction on rescue medication

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

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

PK/PD Characteristics

Linear profile, approximately dose proportional

Rapid and sustained suppression of IL-31

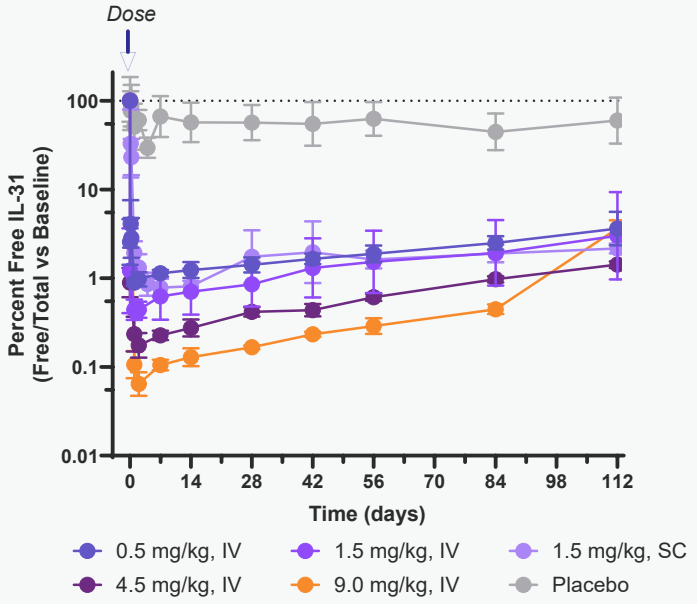
Low immunogenicity

2 of 42 positive for treatment-induced ADA

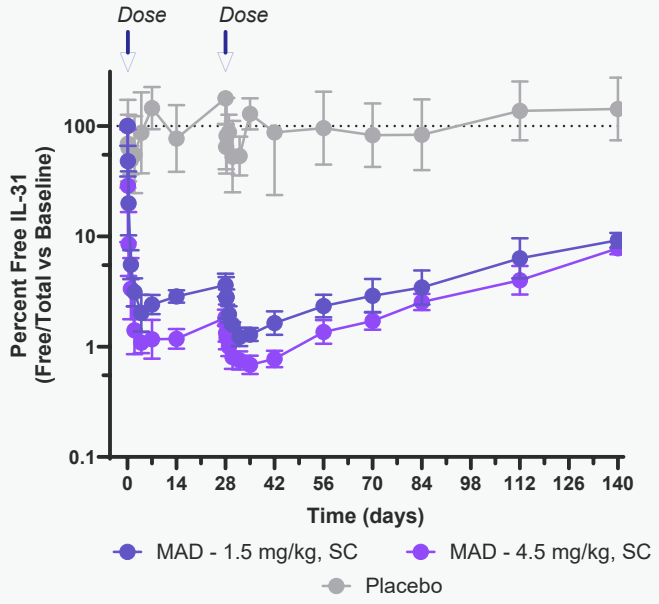
No evidence of neutralizing or PK-altering ADAs

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

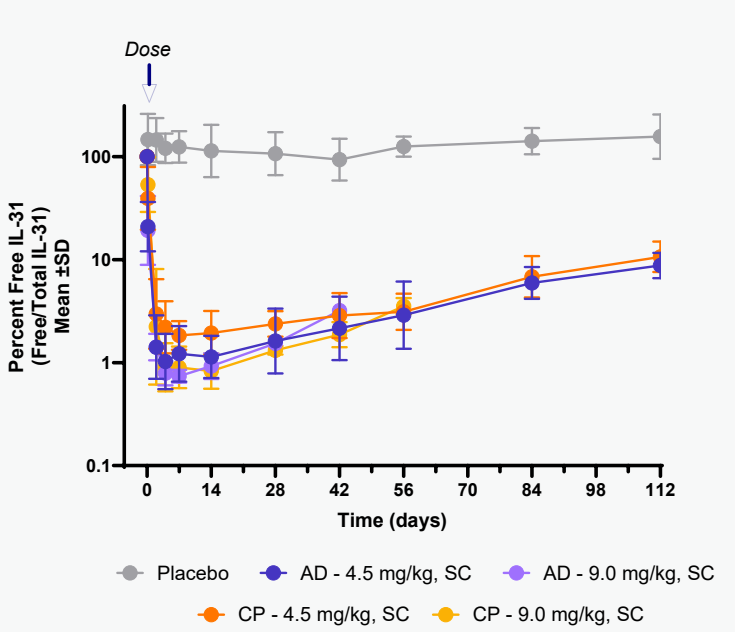
HV SAD Cohorts



HV MAD Cohorts



High-itch AD and CP Patients

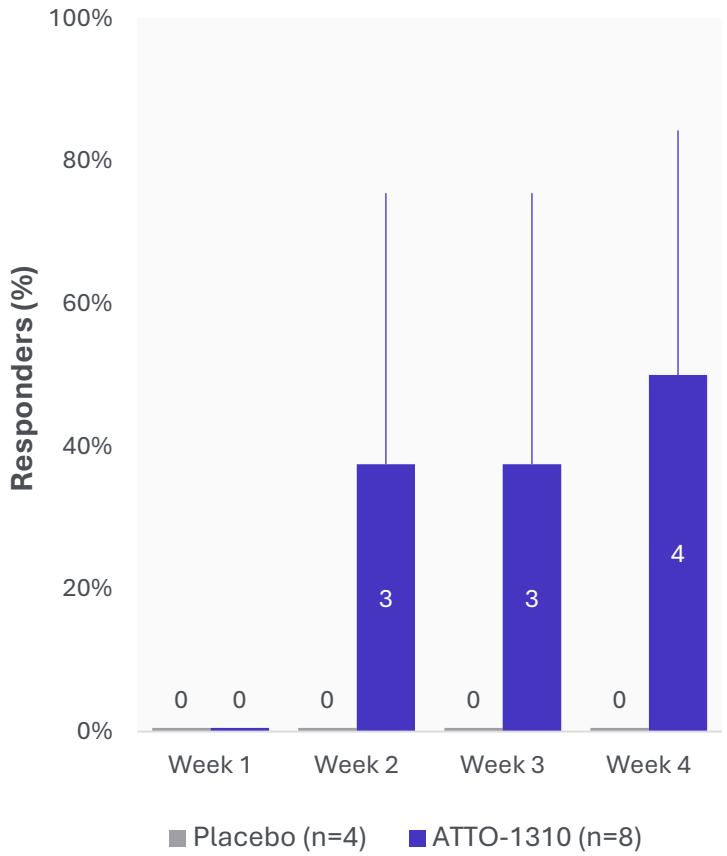


Target engagement data support potential for quarterly maintenance dosing for ATTO-1310

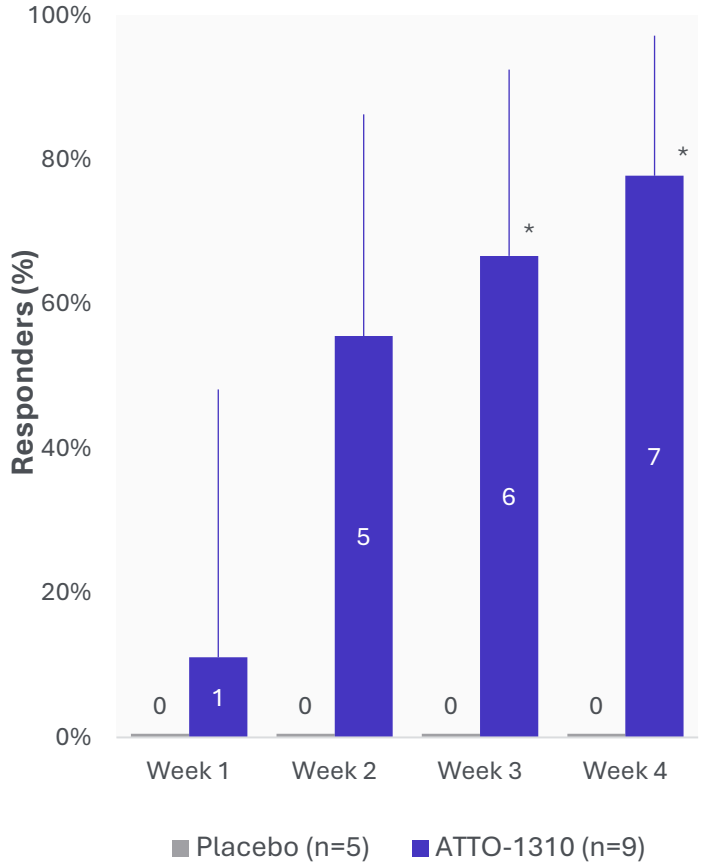
ATTO-1310 rapidly and deeply relieved itch in patients with chronic pruritus

Chronic pruritus PP-NRS4 responder interim analysis

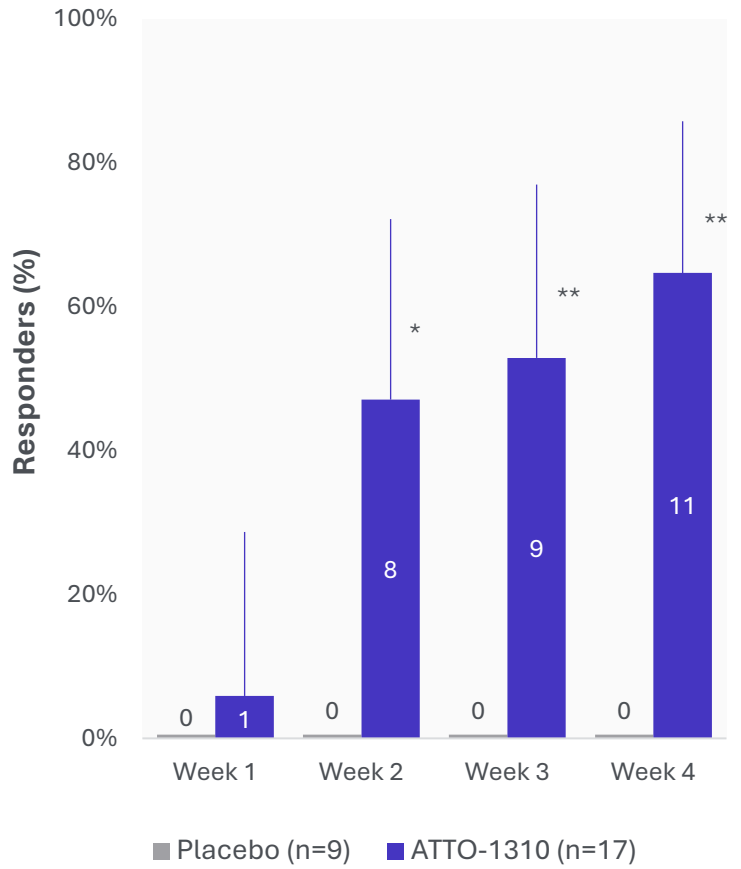
4.5 mg/kg Cohort



9.0 mg/kg Cohort



Pooled 4.5 mg/kg and 9.0 mg/kg



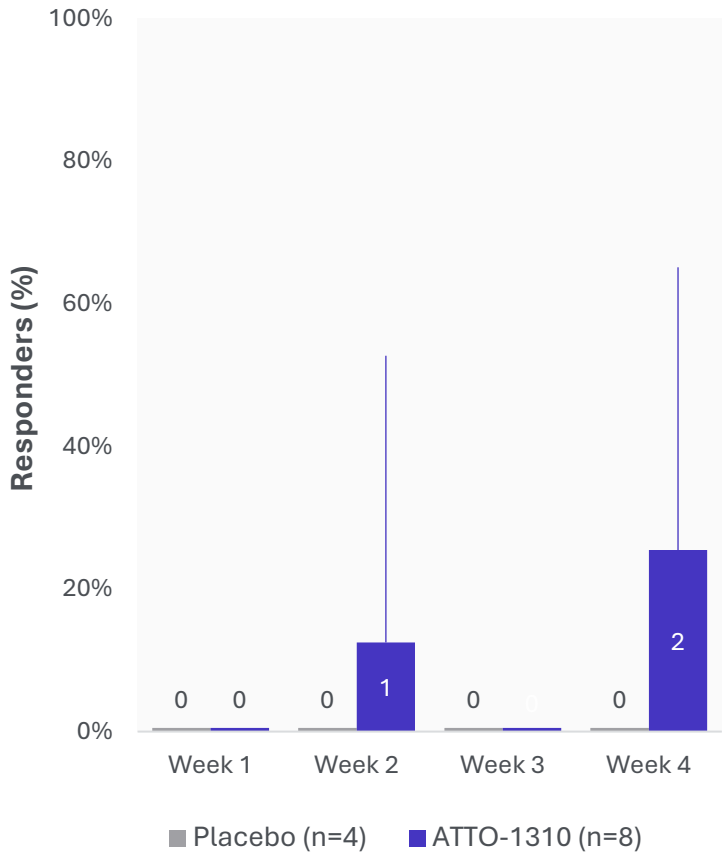
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* p < 0.05
** p < 0.01
Error bars represent confidence intervals

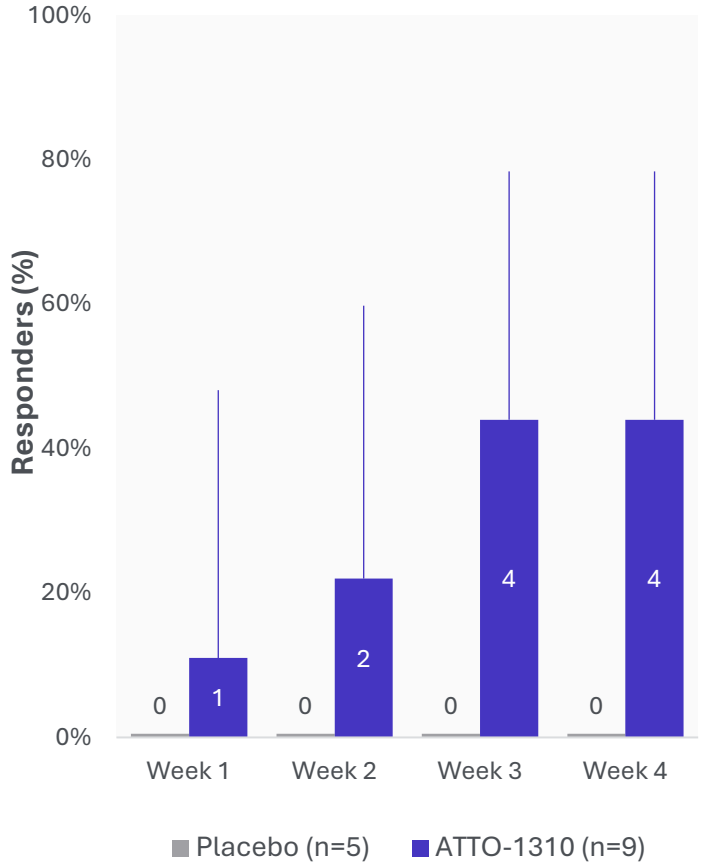
ATTO-1310 enabled itch-free or nearly itch-free status in multiple patients

Chronic pruritus PP-NRS <2 interim analysis

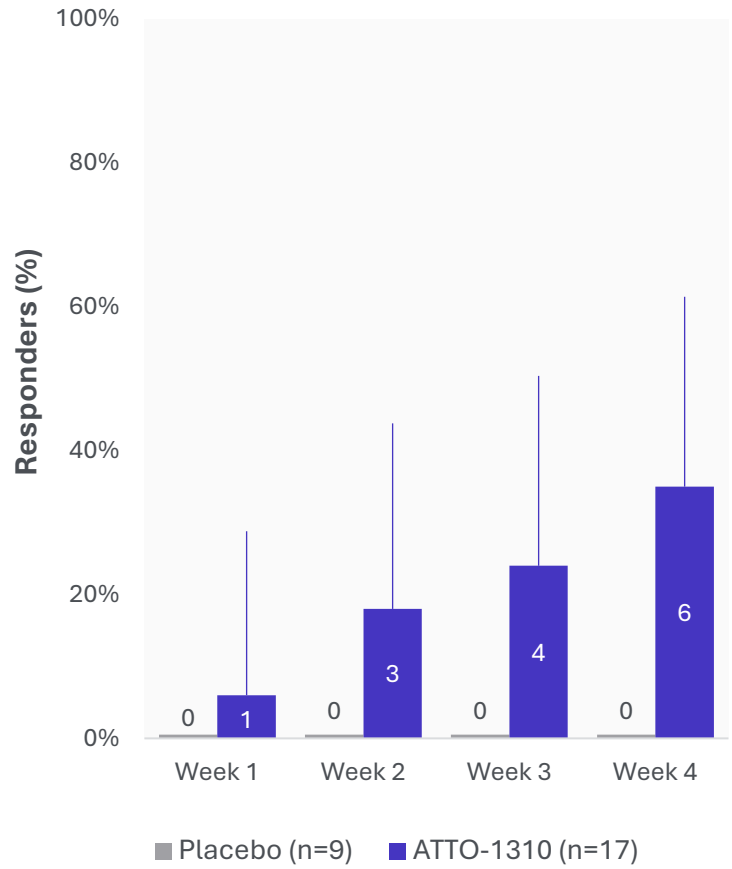
4.5 mg/kg Cohort



9.0 mg/kg Cohort



Pooled 4.5 mg/kg and 9.0 mg/kg

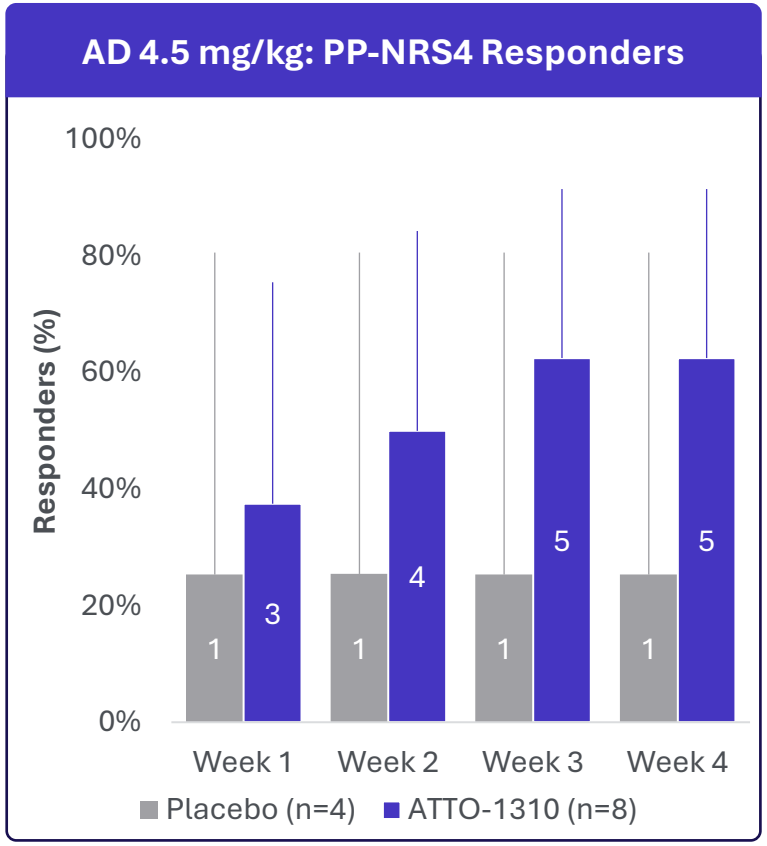


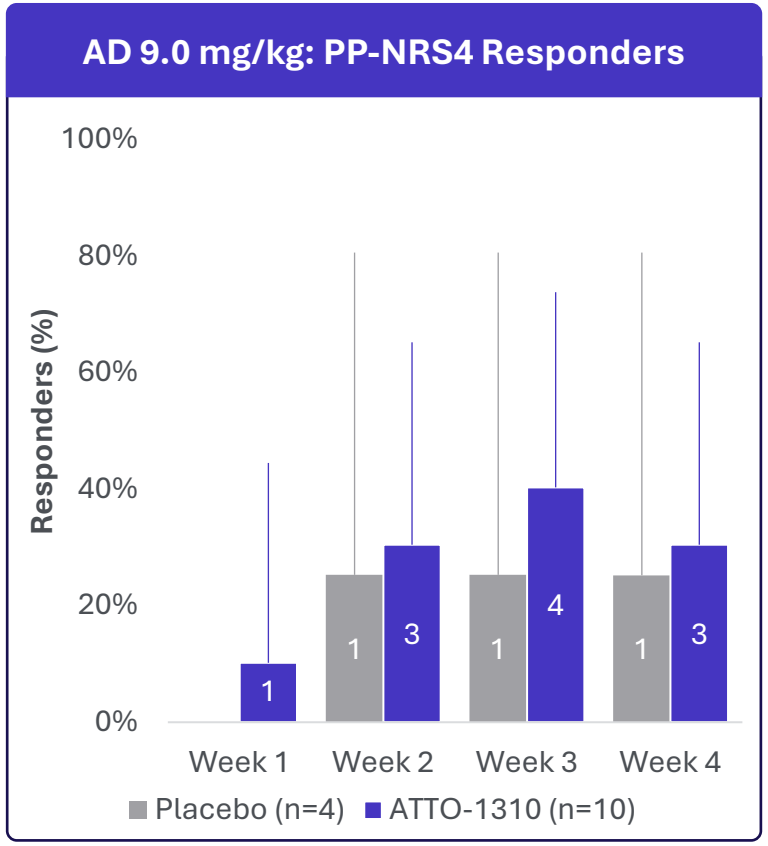
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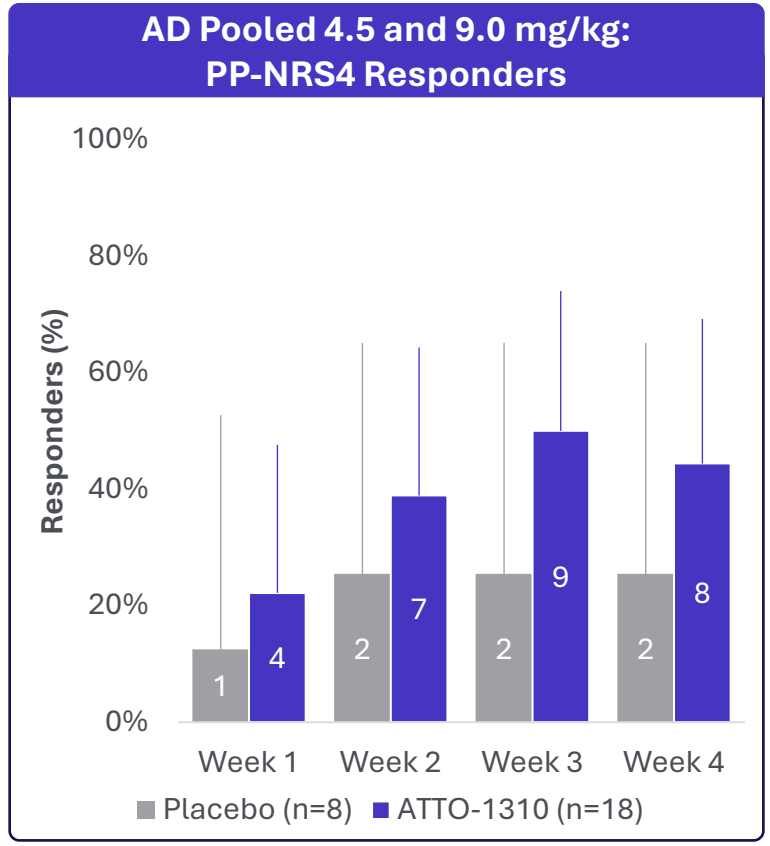
Error bars represent confidence intervals

ATTO-1310 rapidly and deeply relieved pruritus in patients with high-itch atopic dermatitis

High-itch atopic dermatitis PP-NRS4 responder interim analysis







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.

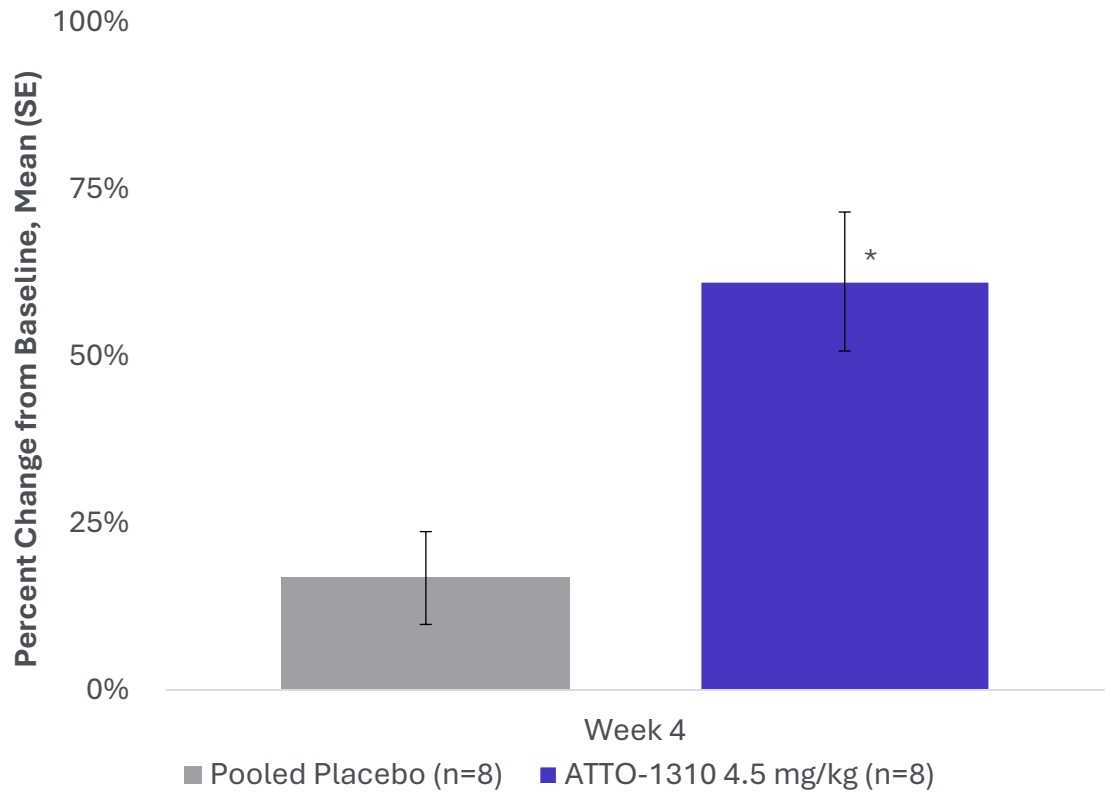
**Atopic dermatitis Phase 3 overall patient population (PP-NRS 4+) data

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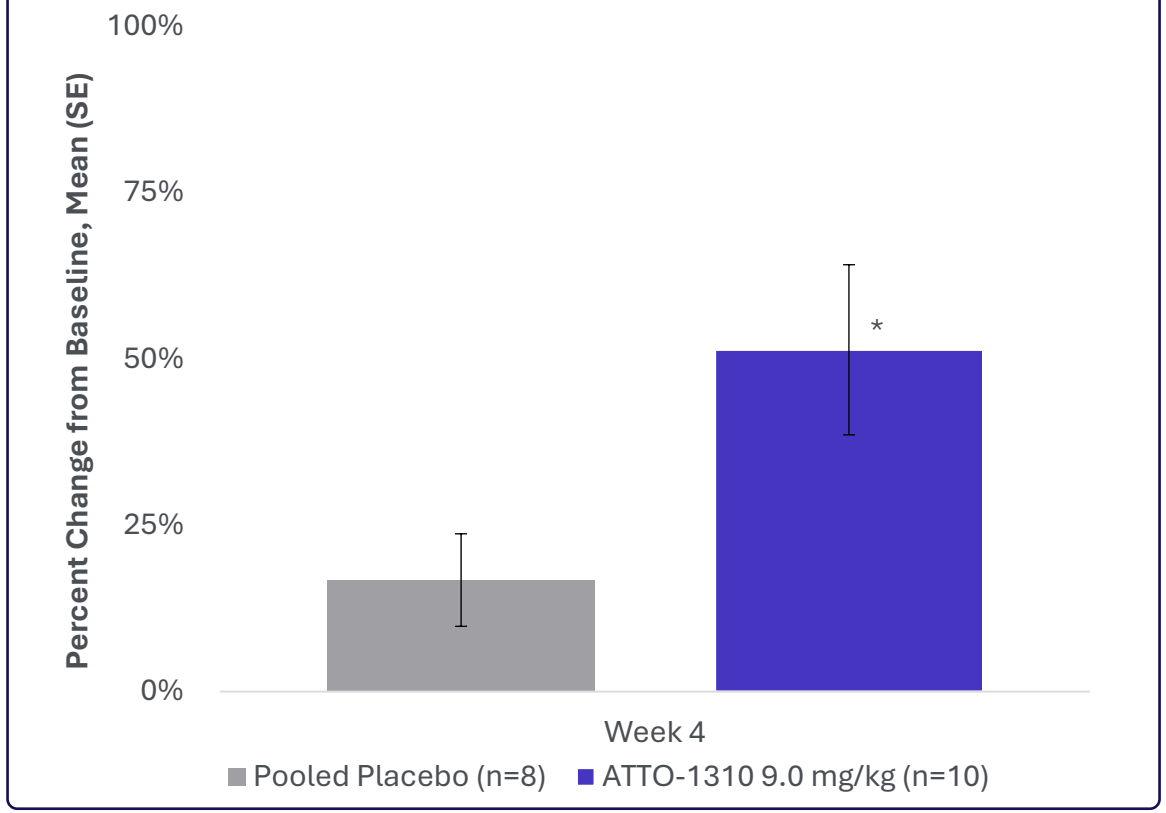
Consistent lesion control observed at both doses

High-itch atopic dermatitis – EASI% CFB (Week 4)

4.5 mg/kg Cohort



9.0 mg/kg Cohort



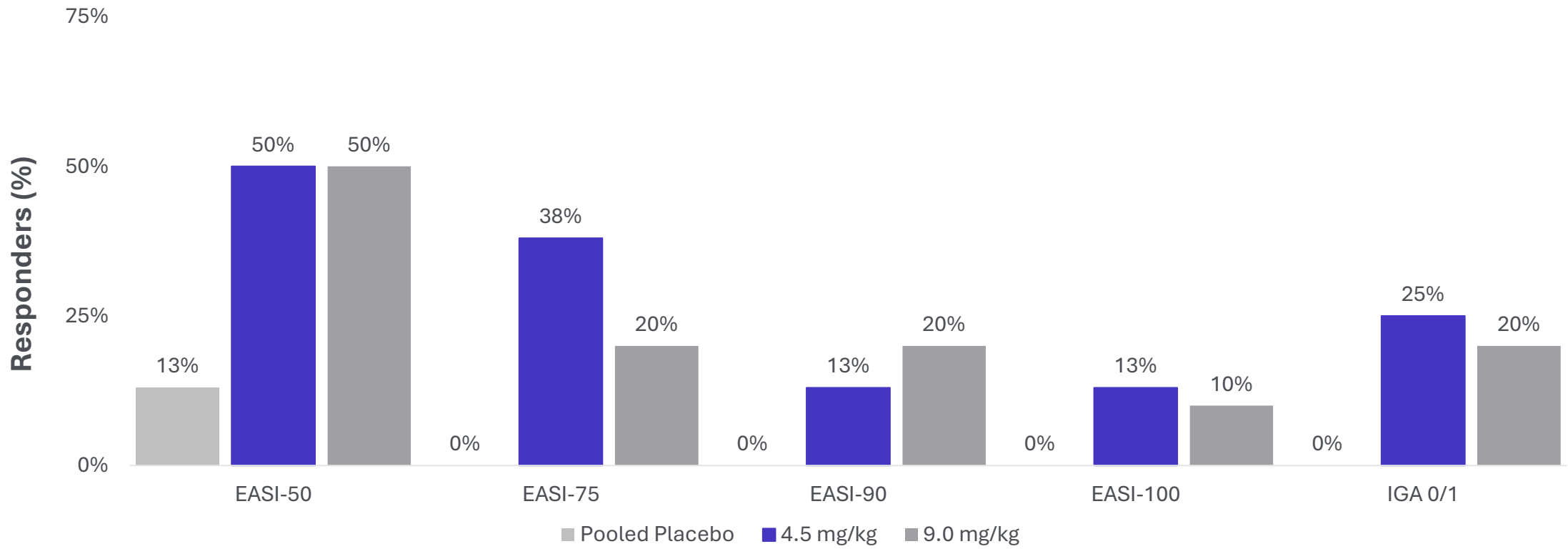
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* p ≤ 0.01

Consistent lesion control observed at both doses

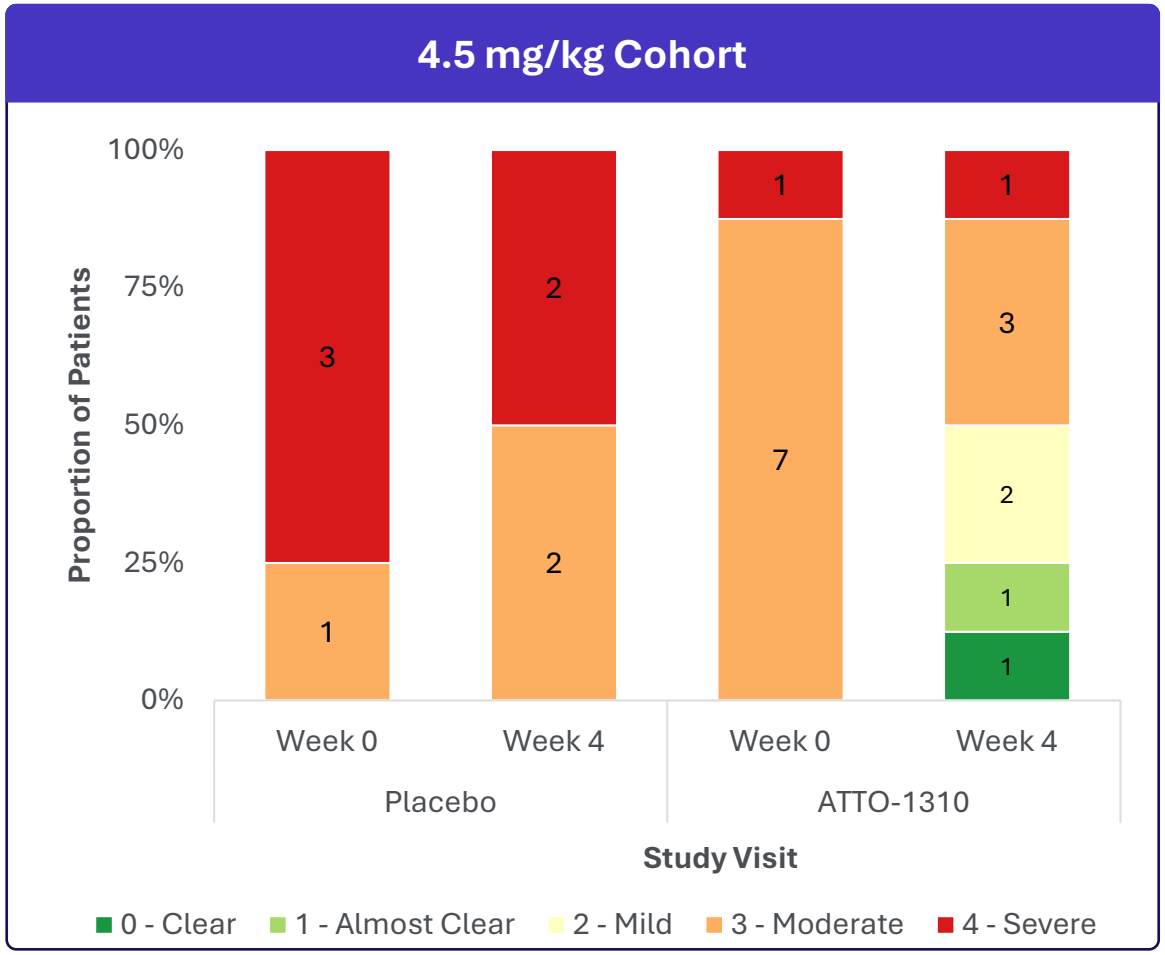
High-itch atopic dermatitis – EASI and IGA 0/1

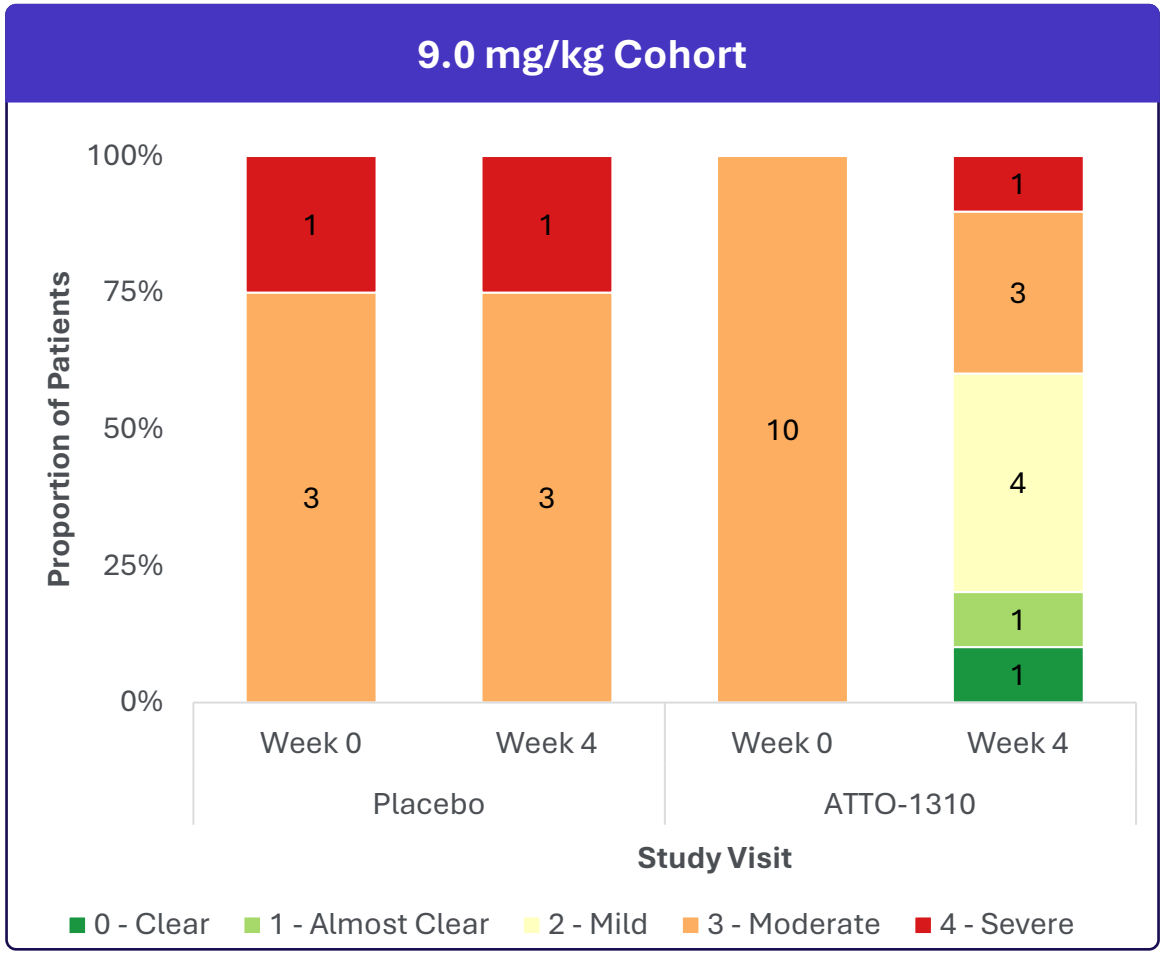
ATTO-1310 Clinical Response at Week 4 by Endpoint



Consistent lesion control observed at both doses

High-itch atopic dermatitis – IGA improvement





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

Protocol submitted to the FDA
Initiation expected in 1H 2027

Phase 2: High-itch AD

Initiation expected in 1H 2027

EXPLORATORY UPSIDE

Phase 1b: Cholestatic pruritus

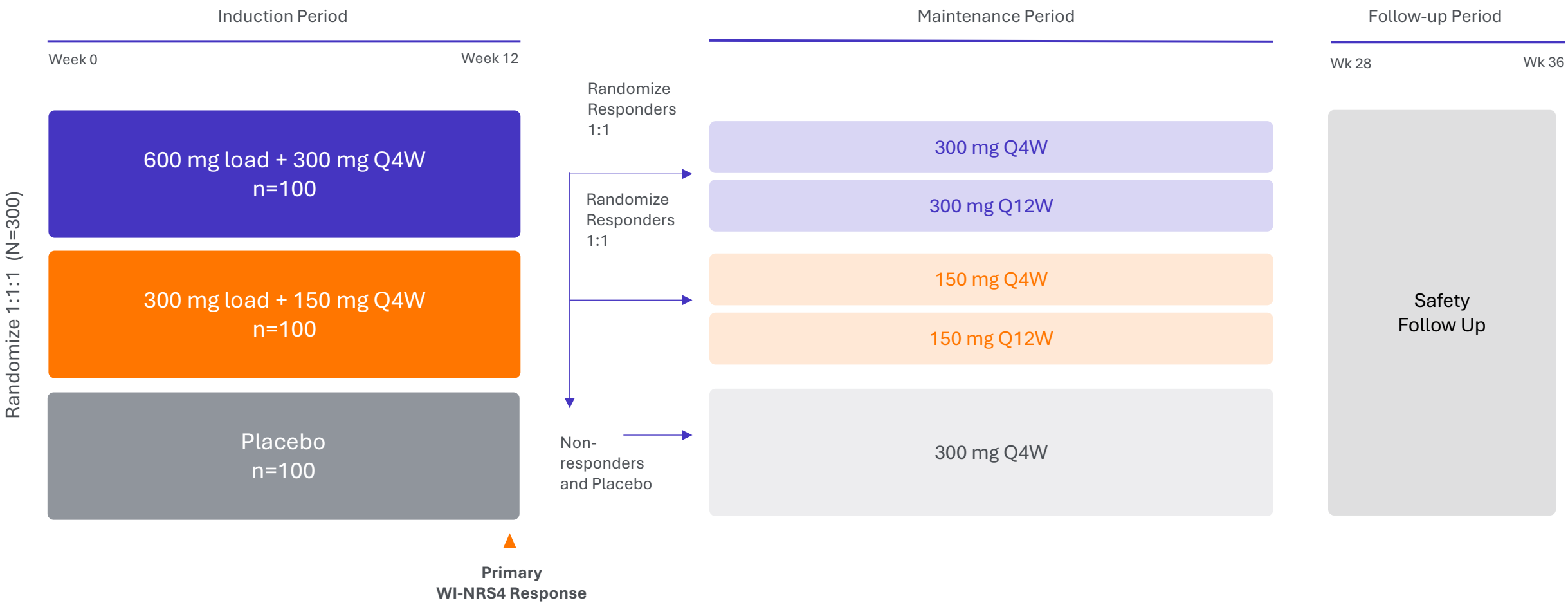
First exploration into systemic itch; study initiated in China

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.

CPUO Phase 2 trial design



Key Eligibility

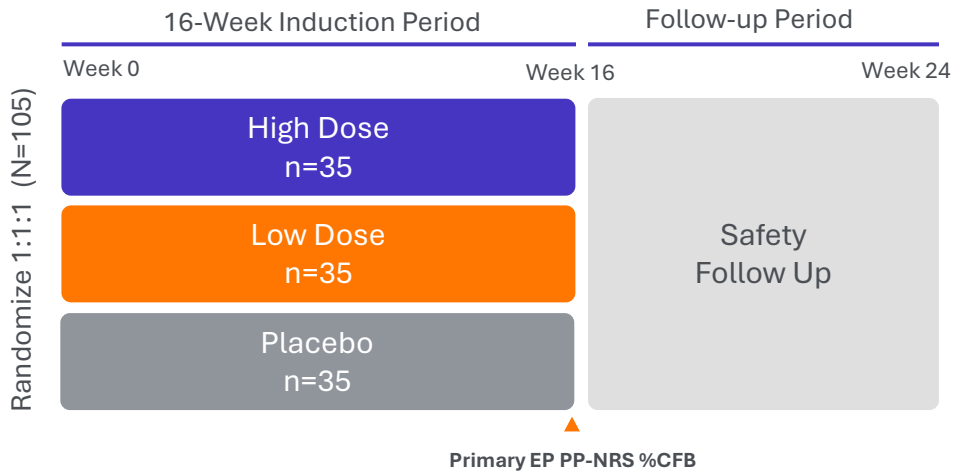
Adults, ages 18-90, baseline WI-NRS ≥7, chronic pruritus for ≥6 months affecting at least 2 body areas not secondary to dermatological, systemic, neuropathic, or psychogenic origin

High-itch AD Phase 2a/b trial design (provisional)

Part A:

Key eligibility criteria:

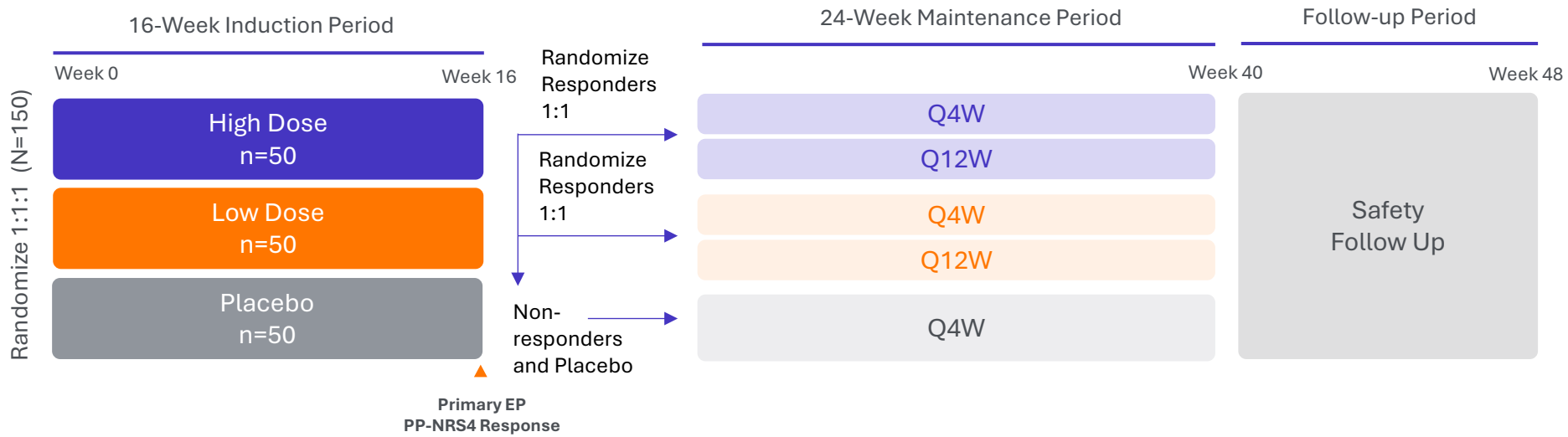
- EASI ≥12
- IGA ≥3
- PP-NRS ≥7
- BSA ≥10%



Part B:

Key eligibility criteria:

- EASI ≥7
- IGA ≥2[1]
- PP-NRS ≥7
- BSA ≥5%



1. IGA=2 capped at 30%

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

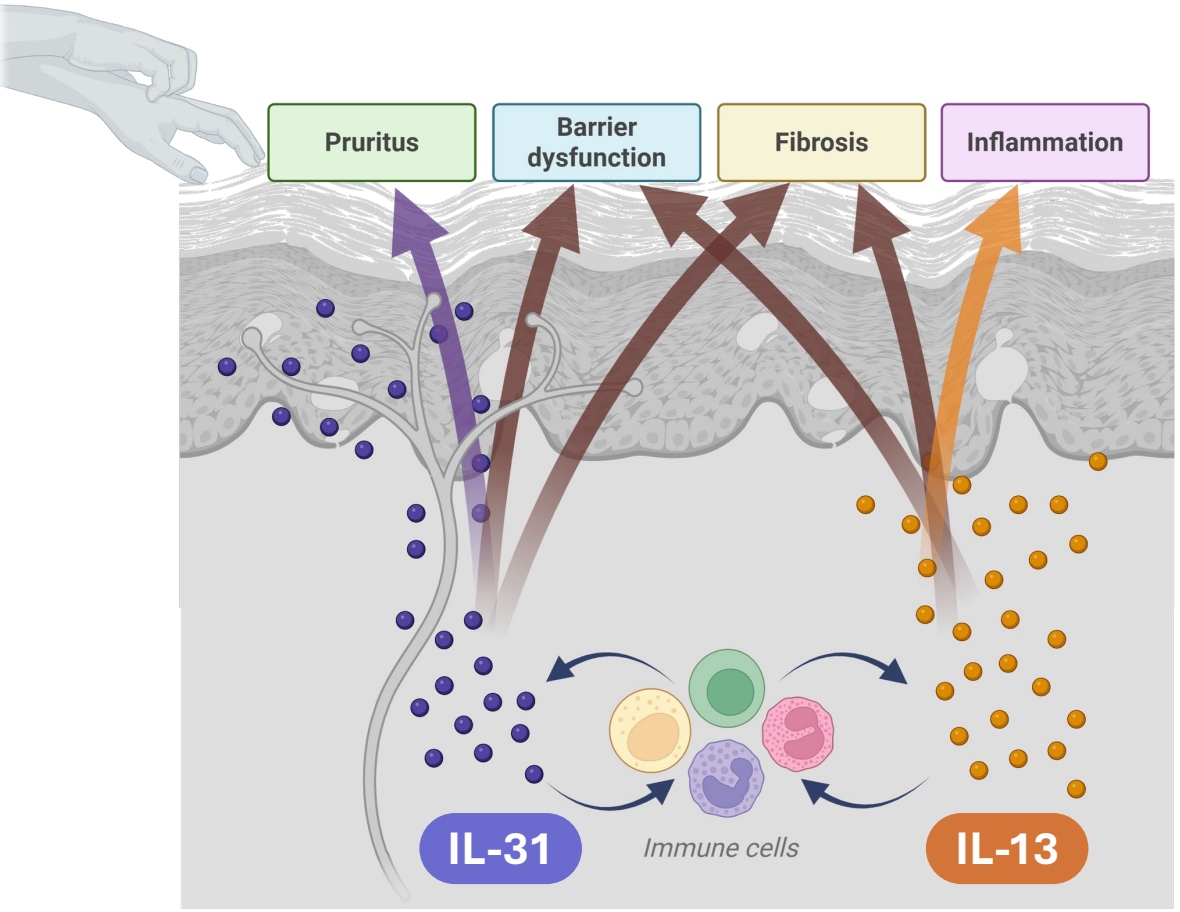
Tolerability that matches SOC

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]

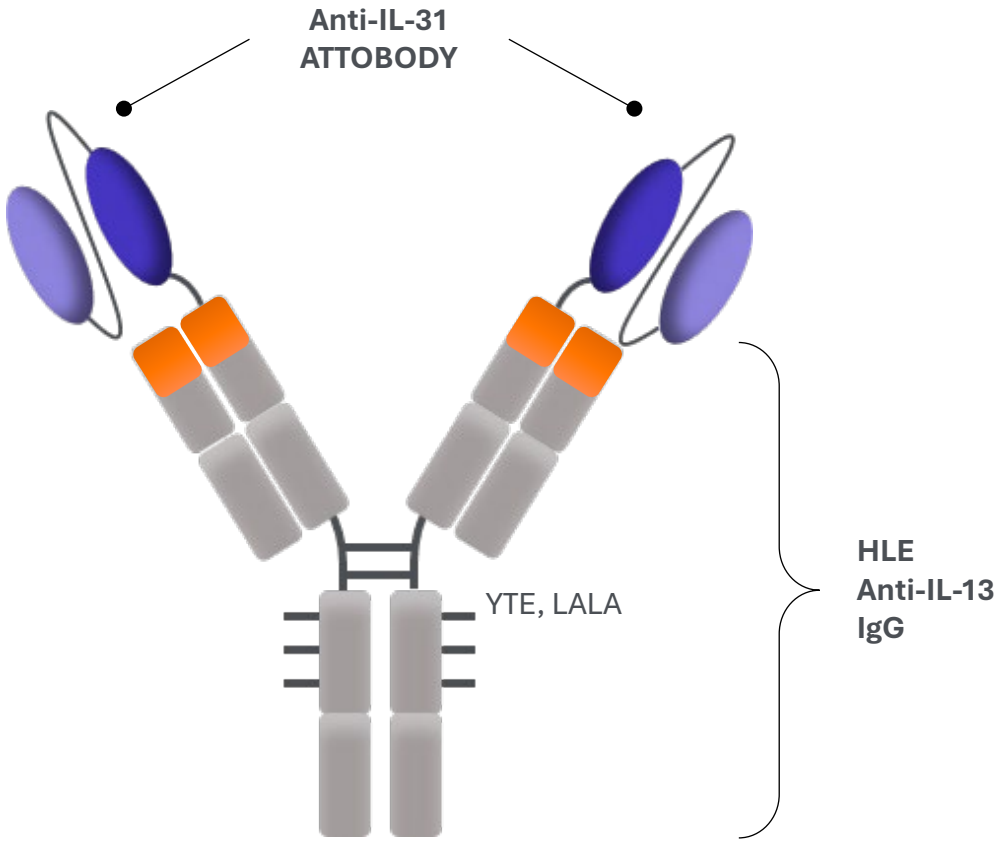
- Inhibits distinct complementary pathways
- Highly potent anti-IL-13 and anti-IL-31
- IL-31 ligand targeting
  - Avoid reverse dose-efficacy seen for IL-31Rα (nemolizumab)
  - Faster and deeper itch relief

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

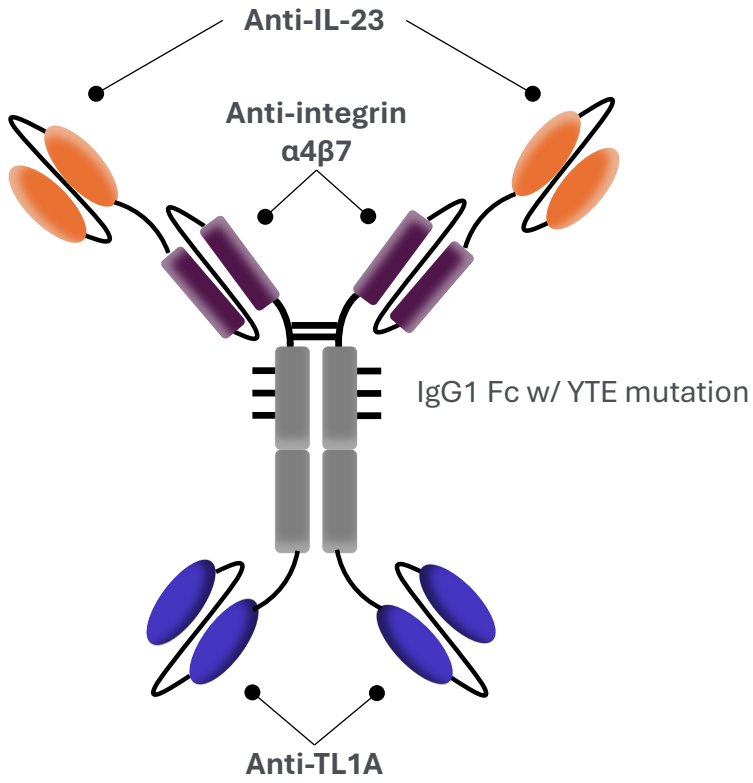
Expected Ph1 trial initiation in 1H 2027

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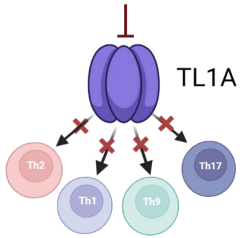
03

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

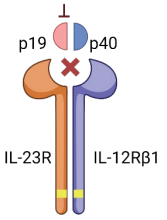
Higher potency than benchmarks[1]

Binds soluble and membrane TL1A

Spares decoy receptor binding

Blocks monomer and trimer

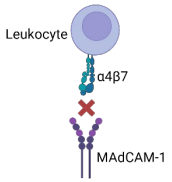
Avoids high molecular weight aggregates



IL-23

Potency on par with risankizumab[1]

Selective for p19



Integrin α4β7

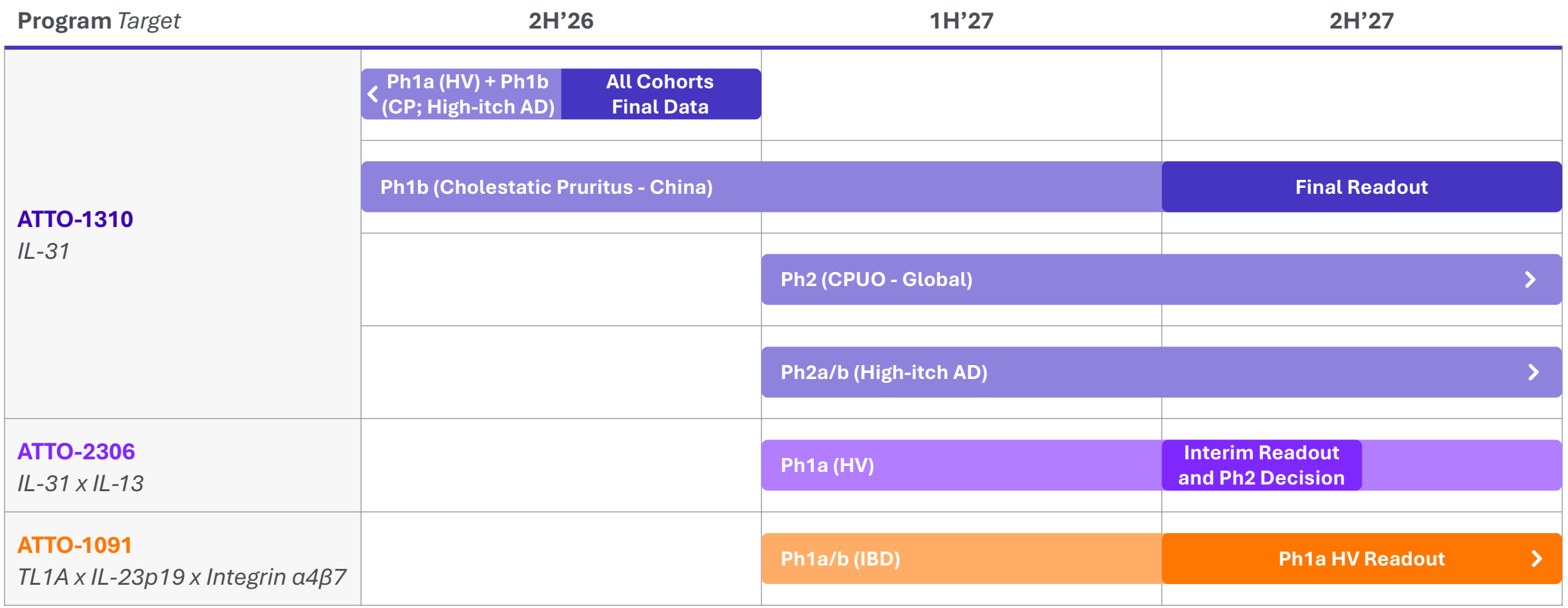
Comparable activity and potency to vedolizumab[1]

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

04

Anticipated milestones

Anticipated milestones



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

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

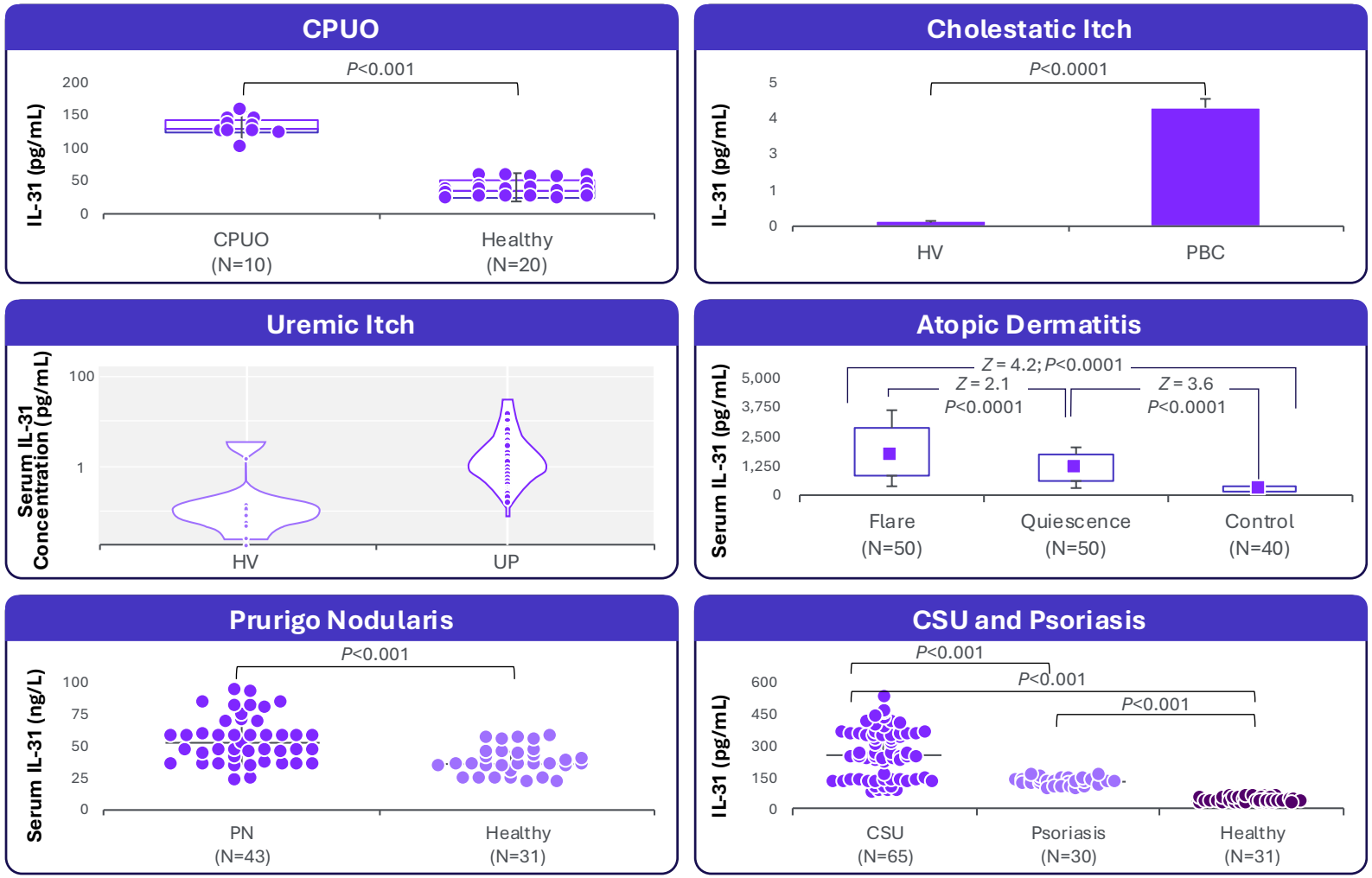
Jamie Topper, M.D., Ph.D. Chairman; Managing Partner, Frazier Life Sciences
Tao Fu, MBA Founder & CEO, Attovia Therapeutics
Mitchell Gold, M.D. Venture Partner, Frazier Life Sciences
Aaron Royston, M.D., MBA Managing Partner, venBio Partners
John W. Smither CFO, MBX Biosciences
Colin Walsh, Ph.D. Managing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

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Appendix

IL-31 is recognized as a central itch cytokine in a host of high-prevalence indications



Source: Biomark Insights. 2020 Jul 8:15:1177271920940712; Hepatology. 2024 Jul 1;80(1):27-37; Acta Derm Venereol. 2016 Nov 2;96(7):894-898; Heliyon. 2020 Dec 1;6(12):e05621; Ther Adv Chronic Dis. 2022 Jul 19:13:20406223221112561; Clin Exp Nephrol. 2021 Aug;25(8):875-884

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

	HV SAD							HV MAD			
N (%) of subjects with at least 1 event	ATTO-1310 **0.5mg/kg IV** n=6	ATTO-1310 **1.5mg/kg IV** n=6	ATTO-1310 **4.5mg/kg IV** n=6	ATTO-1310 **1.5mg/kg SC** n=6	ATTO-1310 **9.0mg/kg IV** n=6	ATTO-1310 **Pooled** n=30	Placebo **Pooled** n=10	ATTO-1310 **1.5mg/kg SC** n=6	ATTO-1310 **4.5mg/kg SC** n=6	ATTO-1310 **Pooled** n=12	Placebo **Pooled** n=4
TEAE	4 (66.7%)	4 (66.7%)	2 (33.3%)	1 (16.7%)	0	11 (36.7%)	5 (50.0%)	4 (66.7%)	4 (66.7%)	8 (66.7%)	2 (50.0%)
Serious TEAE	0	0	0	0	0	0	0	0	0	0	0
Treatment-related TEAE	0	1 (16.7%)	1 (16.7%)	0	0	2 (6.7%)	3 (30.0%)	2 (33.3%)	4 (66.7%)	6 (50.0%)	0
Grade ≥3 TEAE	0	0	0	0	0	0	1 (10.0%)[a]	0	0	0	0
TEAE leading to study discontinuation	0	0	0	0	0	0	0	0	1 (16.7%)[d]	1 (8.3%)	0
Injection site reaction	0	0	0	0	0	0	0	0	0	0	0
Infusion related reaction	0	1 (16.7%)[b]	0	0	0	1 (3.3%)	1 (10.0%)[c]	0	0	0	0
Hypersensitivity reaction	0	0	0	0	0	0	0	0	0	0	0

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

a. Syncope, not treatment-related b. Flushing, nausea, headache, nasal congestion, abdominal discomfort, feeling cold (all Grade 1), possibly related c. Allergic reaction to excipient (Grade 1), possibly related d. Pyrexia, Grade 1

Chronic pruritus cohorts: baseline characteristics

Demographics	Chronic Pruritus (4.5 mg/kg)	Chronic Pruritus (9.0 mg/kg)
	All subjects (N=12)	All subjects (N=14)
Mean age, years (SD)	62.1 (11.14)	60.4 (9.42)
Sex, n (%)		
Male	5 (41.7%)	6 (42.8%)
Female	7 (58.3%)	8 (57.1%)
Mean weight, kg (SD)	82.4 (18.97)	81.3 (19.01)

Itch Severity	ATTO-1310 (n=8)	Placebo (n=4)	ATTO-1310 (n=9)	Placebo (n=5)
Mean PP-NRS (SD)	8.4 (1.01)	7.6 (0.62)	8.5 (0.85)	8.9 (0.81)

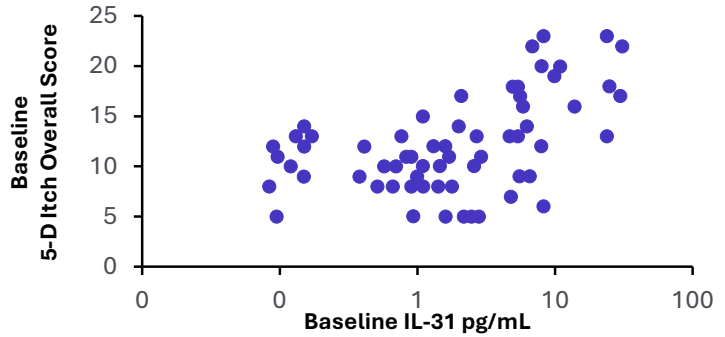
High-itch AD cohorts: baseline characteristics

Demographics	Atopic Dermatitis (4.5 mg/kg)	Atopic Dermatitis (9.0 mg/kg)
	All subjects (n=12)	All subjects (n=14)
Mean age, years (SD)	42.0 (14.4)	39.6 (14.3)
Sex, n (%)		
Male	10 (83.3%)	7 (50.0%)
Female	2 (16.7%)	7 (50.0%)
Mean weight, kg (SD)	79.8 (17.0)	72.9 (16.8)

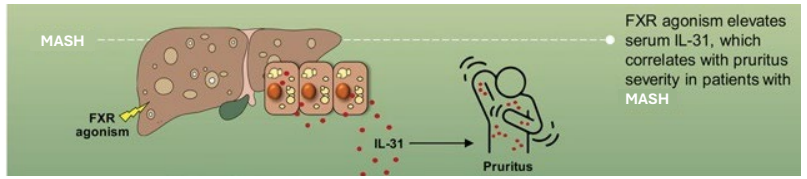
Disease Severity	ATTO-1310 (n=8)	Placebo (n=4)	ATTO-1310 (n=10)	Placebo (n=4)
Mean PP-NRS (SD)	8.5 (0.97)	7.9 (0.71)	8.5 (0.93)	8.9 (0.64)
Mean EASI (SD)	14.9 (10.87)	34.5 (19.08)	15.3 (9.51)	24.8 (9.17)
Mean vIGA-AD (SD)	3.1 (0.35)	3.8 (0.50)	3.0 (0.0)	3.3 (0.50)

Strong scientific rationale for IL-31 targeting in cholestatic pruritus to inform ATTO-1310 biomarker strategy

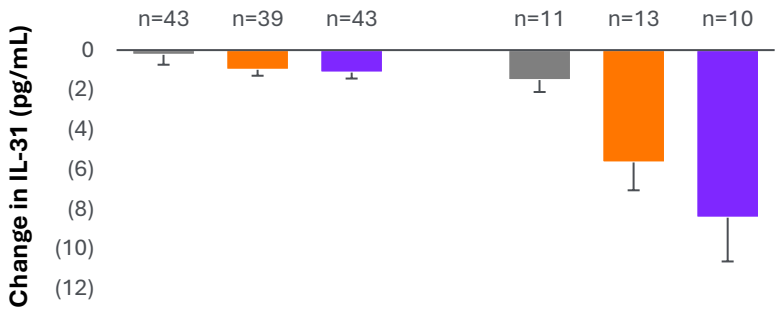
Elevated IL-31 correlates with pruritus severity in PBC/PSC



FXR agonism elevates serum IL-31, which **correlates with higher itch** in patients with MASH



PBC **responders to Seladelpar experience a reduction in IL-31 levels**, while non-responders do not



Attractive opportunity for ATTO-1310 with strong mechanistic rationale for targeting IL-31

Expands evidence pool for biomarker strategy

Potential gateway to broader hepatic itch

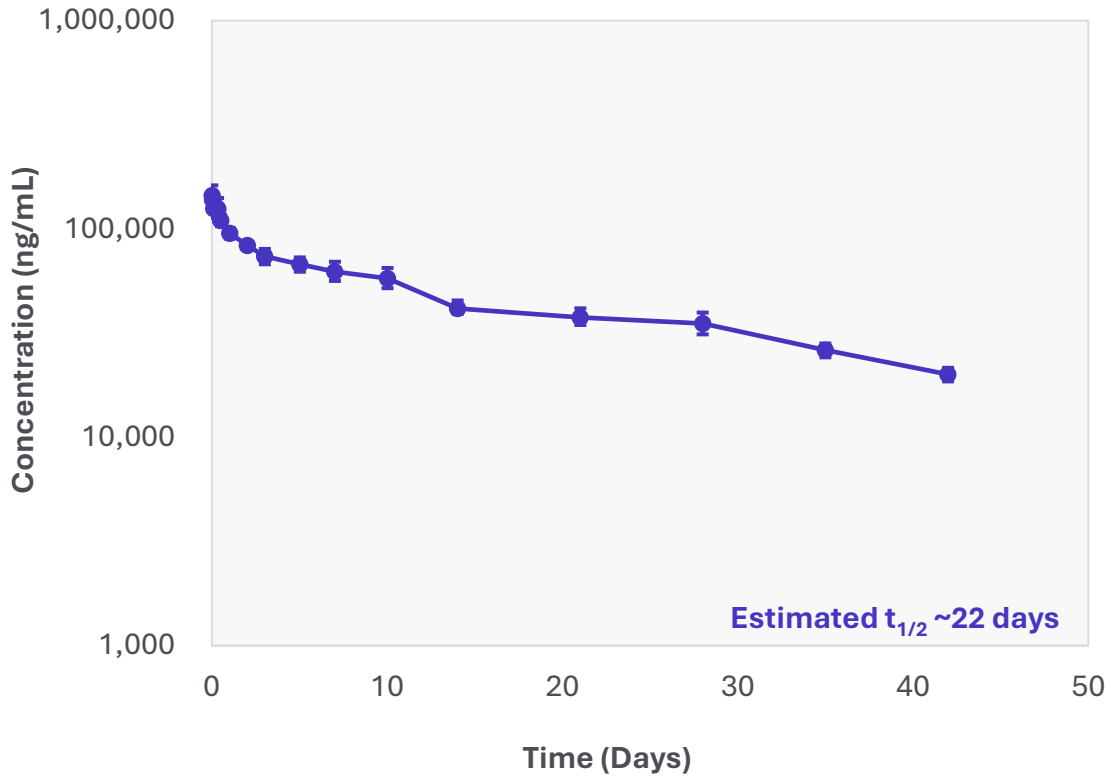
Phase 1b in cholestatic pruritus initiated in China

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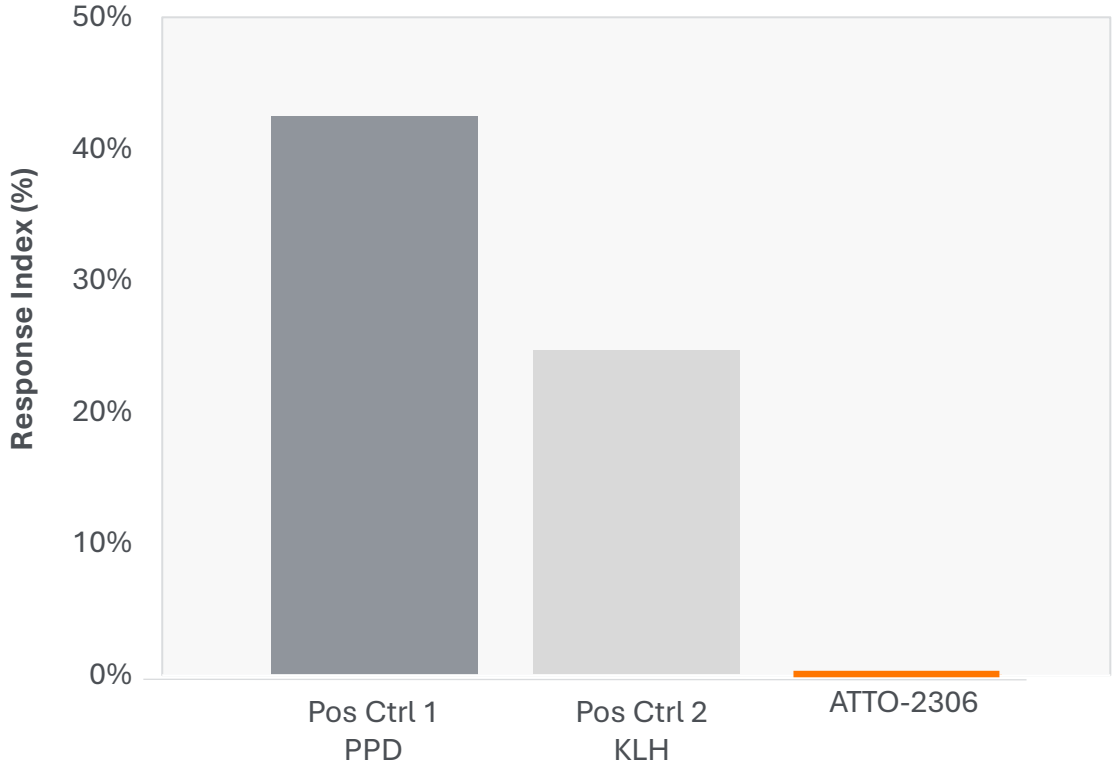
Hepatology. 2023 Jan 1;77(1):20-32; Hepatology. 2024 Jul 1;80(1):27-37

ATTO-2306 shows ~22-day NHP PK half-life and low immunogenicity risk

Single Dose IV NHP PK Half-Life[1]

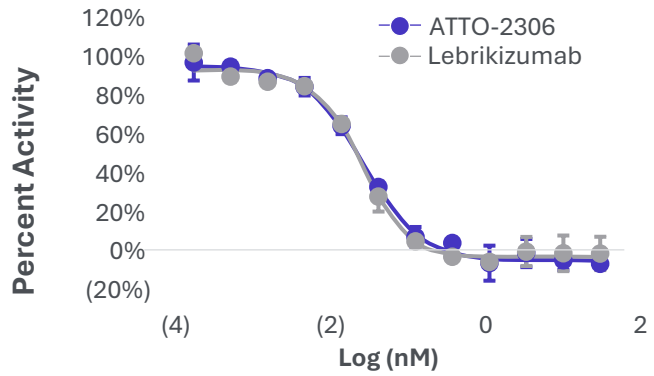
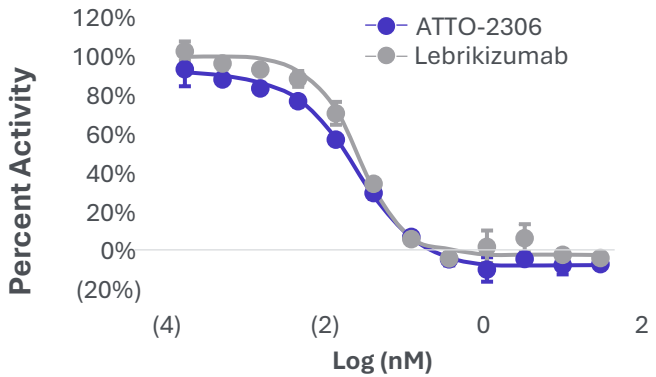
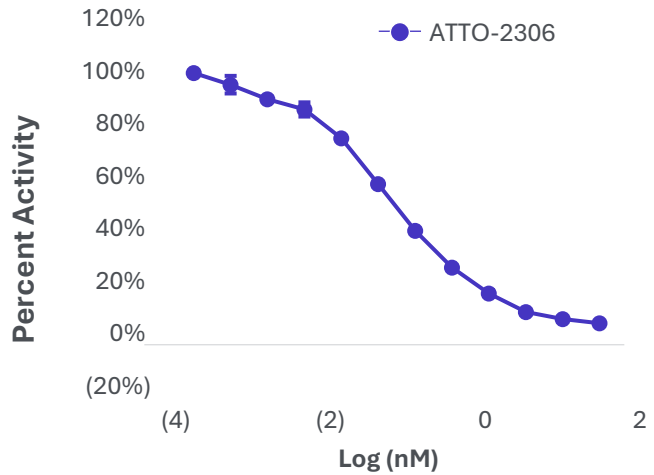
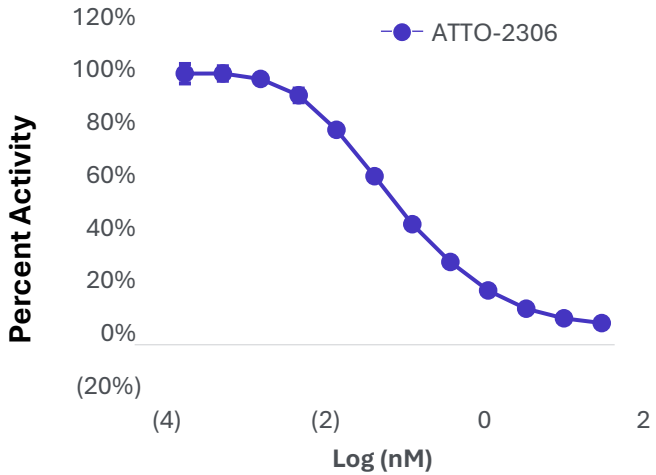


Ex Vivo Dendritic Cell – T Cell Assay[2]



1. PK Study: Single Dose (5 mg/kg, IV)
2. Immunogenicity Study: RI (Percentage Stimulation above Background ≥0.02%, SEM=2)

ATTO-2306 potently inhibited IL-13 and IL-31 in preclinical models

	Single Cytokine Loaded Bispecific	Fully Loaded Bispecific
IL-13 Cells		
IL-31 Cells		

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