# Dyne

Splice Correction and Reduction of Toxic DMPK RNA In Vitro and In Vivo Utilizing Novel Antibody Targeted Antisense Oligonucleotides

ROMESH SUBRAMANIAN, PH.D. ASGCT ANNUAL MEETING | MAY 14, 2021

Joachim, living with DM1

### **Forward-Looking Statements**

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding Dyne Therapeutics, Inc.'s (the "Company") strategy, future operations, prospects, plans and objectives of management, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. The words "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "might," "objective," "ongoing," "plan," "predict," "project," "potential," "should," or "would," or the negative of these terms, or other comparable terminology are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. The Company may not actually achieve the plans, intentions or expectations disclosed in these forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in these forward-looking statements as a result of various important factors, including: uncertainties inherent in the identification and development of product candidates, including the conduct of research activities, the initiation and completion of preclinical studies and clinical trials; uncertainties as to the availability and timing of results from preclinical studies; the timing of and our ability to submit and obtain regulatory approval for investigational new drug applications; whether results from preclinical studies will be predictive of the results of later preclinical studies and clinical trials; the Company's ability to obtain sufficient cash resources to fund the Company's foreseeable and unforeseeable operating expenses and capital expenditure requirements; the impact of the COVID-19 pandemic on the Company's business and operations; as well as the risks and uncertainties identified in Dyne's filings with the Securities and Exchange Commission (SEC), including the Company's most recent Form 10-Q and in subsequent filings Dyne may make with the SEC. In addition, the forward-looking statements included in this presentation represent the Company's views as of the date of this presentation. The Company anticipates that subsequent events and developments will cause its views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, it specifically disclaims any obligation to do so. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

This presentation also contains estimates, projections and other statistical data made by independent parties and by the Company relating to market size and growth and other data about the Company's industry and business. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. The Company has not independently verified the accuracy and completeness of the information obtained by third parties included in this presentation. 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.



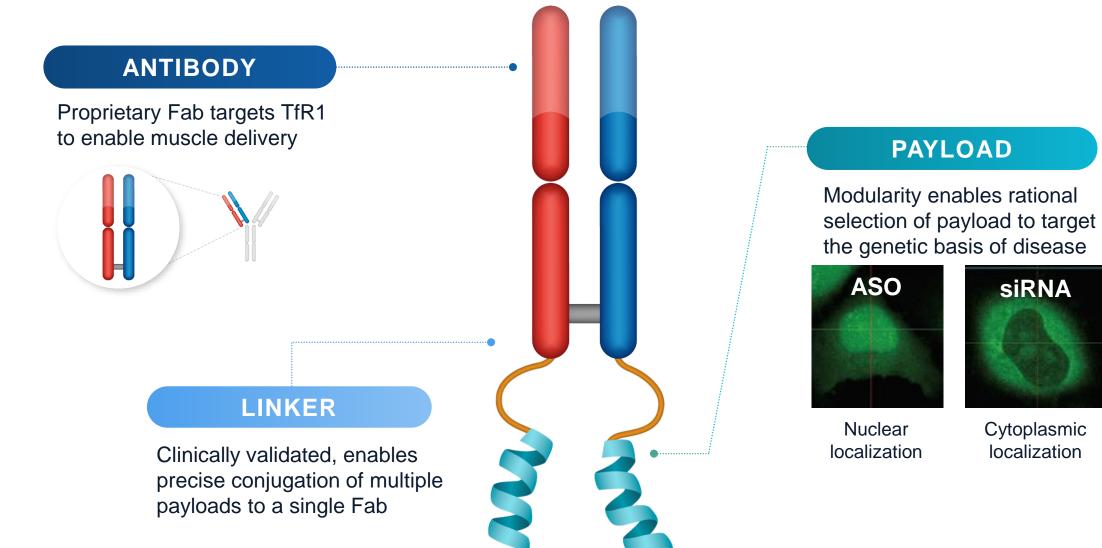
# Life-transforming therapies

for patients with serious muscle diseases



**OUR MISSION** 

# Dyne FORCE Platform: Modern Oligo Therapeutics for Muscle Diseases





### Robust Portfolio Focused on Muscle Diseases

PROGRAM	TARGET	DISCOVERY	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	ESTIMATED PATIENTS
Myotonic Dystrophy (DM1)	DMPK						US: <b>&gt;40,000</b> Europe: <b>&gt;74,000</b>
Duchenne Muscular Dystrophy (DMD)	Exon 51 Exon 53 Exon 45 Exon 44						US: <b>~12,000-15,000</b> Europe: <b>~25,000</b>
Facioscapulohumeral Muscular Dystrophy (FSHD)	DUX4						US: <b>~16,000-38,000</b> Europe: <b>~35,000</b>
Pipeline Expansion Opportunities							
Rare Skeletal Cardiac Metabolic							

# **DM1** Program



#### Overview

- Mutation in the DMPK gene
- Onset at any point, depending on DM1 phenotype
- Life expectancy of 45 60 years

#### **Clinical Presentation**

- Myotonia
- Muscle weakness
- Cardiac arrhythmia
- Pulmonary abnormalities



- >40,000 (US)
- >74,000 (Europe)

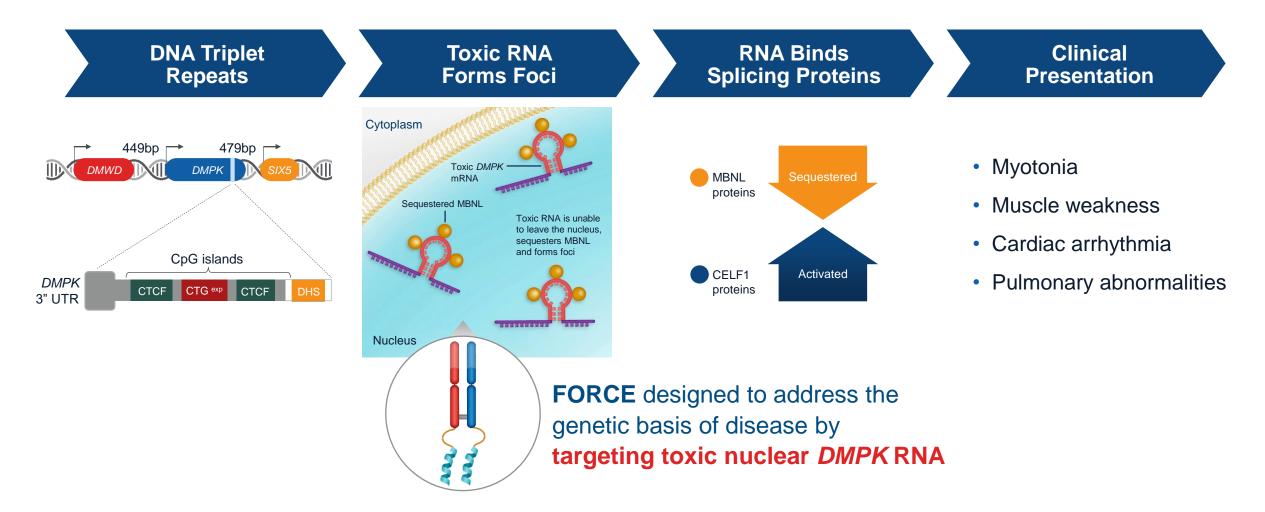
#### **OUR APPROACH**

#### Disease-Modifying Nuclear DMPK Knockdown

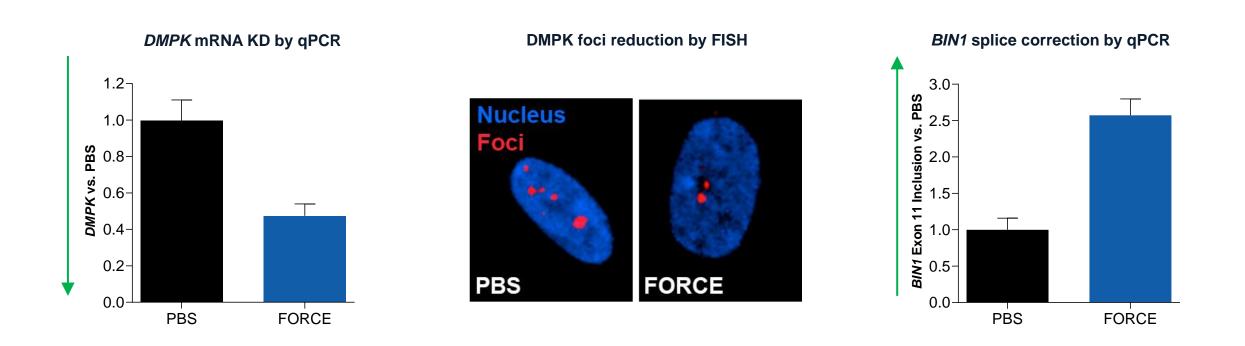
Targeting toxic gain of function *DMPK* RNA to potentially **stop or reverse** disease progression

NO approved therapies

# FORCE Targets the Genetic Basis of DM1



### 2,600 CTG Repeats DM1 Myoblasts: FORCE Demonstrated Robust DMPK KD, Foci Reduction, and Splice Correction





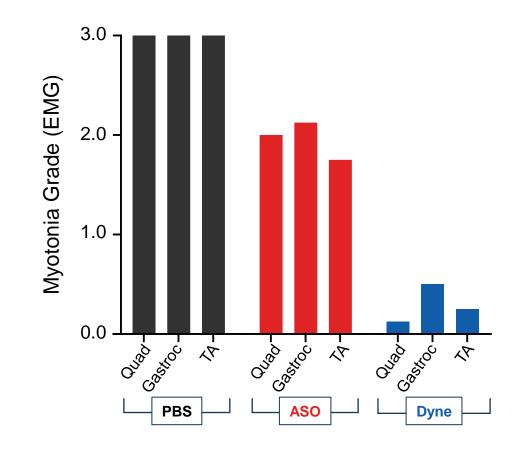
### FORCE Dose-Dependently Corrected Splicing and Reversed Myotonia in the HSA<sup>LR</sup> DM1 Mouse Model

#### Quadriceps Gastrocnemius **Tibialis Anterior** 1.00 **Overall Splicing Derangement** 0.75 0.50 0.25 WT splicing -> 0.00 Treatment Saline Dyne 10mg/kg Dyne 20mg/kg

**Splicing Correction** 

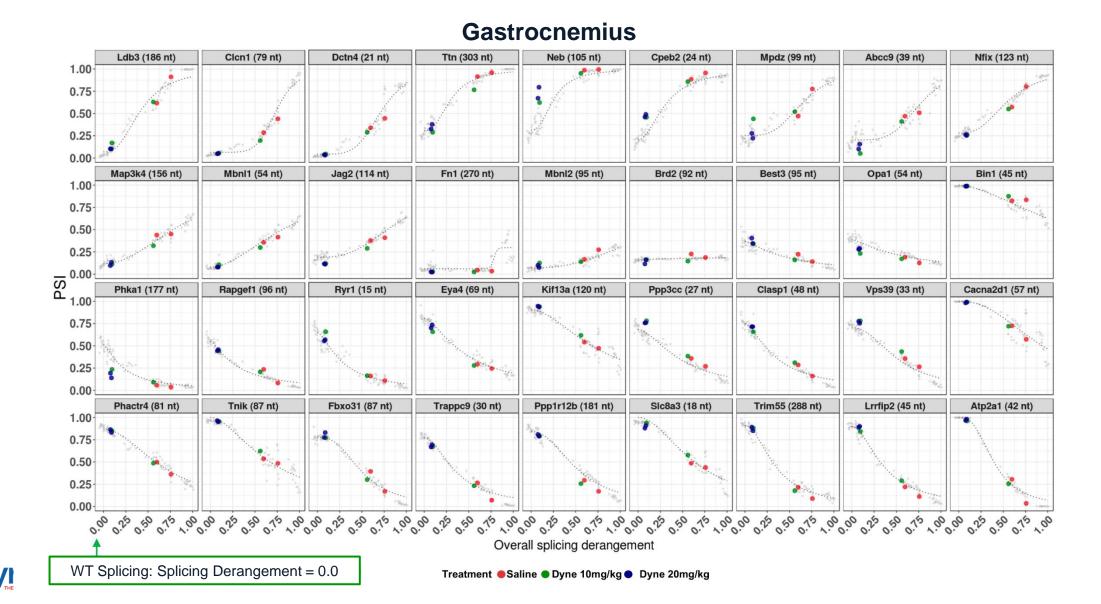
in Multiple Muscles

#### Near Complete Myotonia Reversal Within 14 Days After a Single Low Dose



Note: HSALR mice, single dose 14-day study. Overall splicing derangement indexed to WT level of 0.00. EMG myotonic discharges were graded by a blinded examiner on a 4-point scale: 0, no myotonia; 1, occasional myotonic discharge in less than 50% of needle insertions; 2, myotonic discharge in greater than 50% of needle insertions; 3, myotonic discharge with nearly every insertion.

# FORCE Dose-Dependently Corrected Splicing in Multiple RNAs in HSA<sup>LR</sup> DM1 Mouse Model After a Single Dose

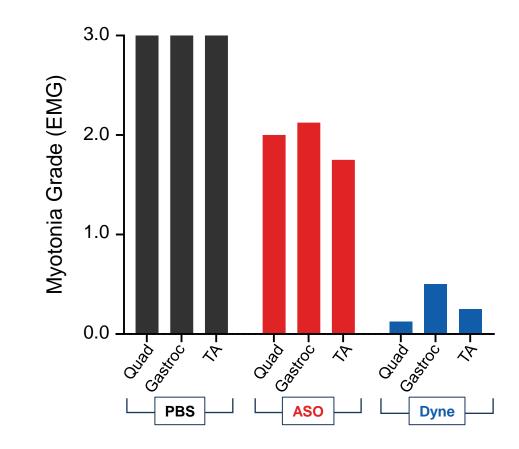


### FORCE Dose-Dependently Corrected Splicing and Reversed Myotonia in the HSA<sup>LR</sup> DM1 Mouse Model

#### Quadriceps Gastrocnemius **Tibialis Anterior** 1.00 **Overall Splicing Derangement** 0.75 0.50 0.25 WT splicing -> 0.00 Treatment Saline Dyne 10mg/kg Dyne 20mg/kg

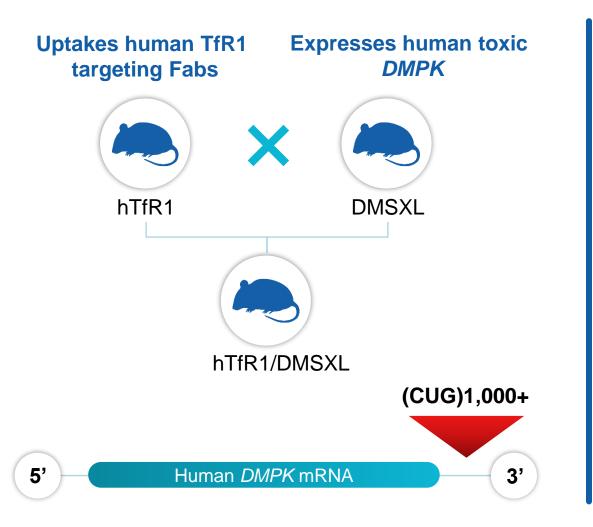
# Splicing Correction in Multiple Muscles

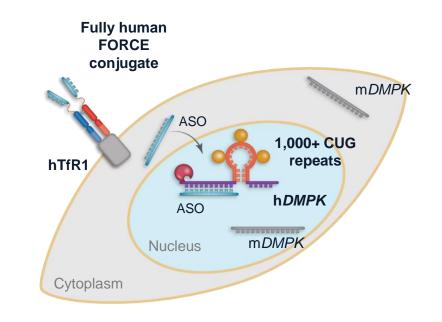
#### Near Complete Myotonia Reversal Within 14 Days After a Single Low Dose



Note: HSA<sup>LR</sup> mice, single dose 14-day study. Overall splicing derangement indexed to WT level of 0.00. EMG myotonic discharges were graded by a blinded examiner on a 4-point scale: 0, no myotonia; 1, occasional myotonic discharge in less than 50% of needle insertions; 2, myotonic discharge in greater than 50% of needle insertions; 3, myotonic discharge with nearly every insertion.

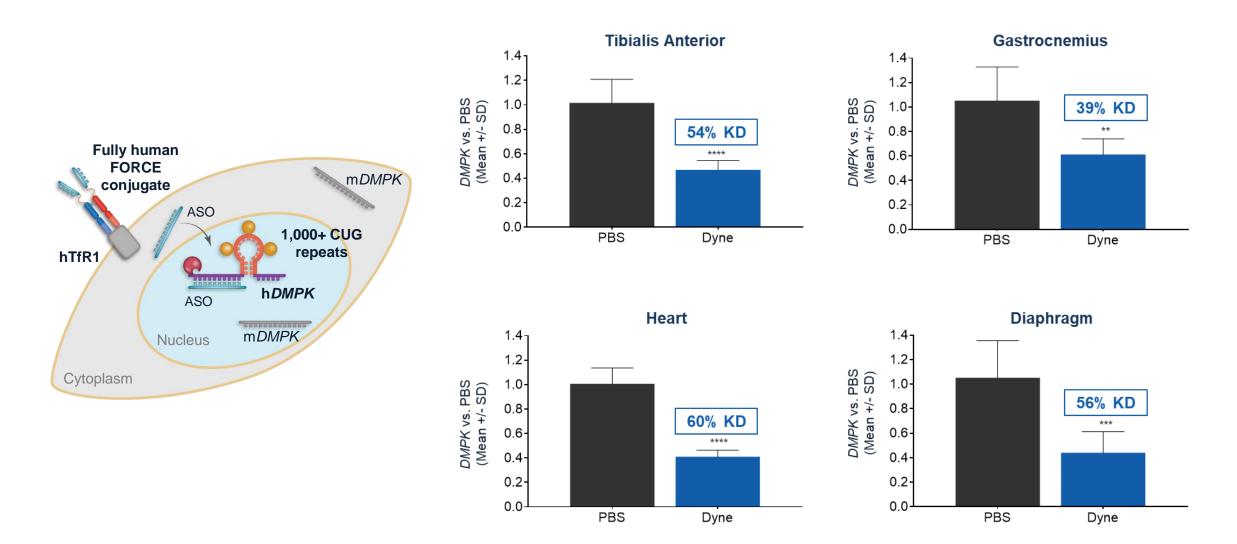
## hTfR1/DMSXL: Innovative Model Developed by Dyne to Evaluate Pharmacodynamics By Measuring Toxic Human Nuclear *DMPK* KD





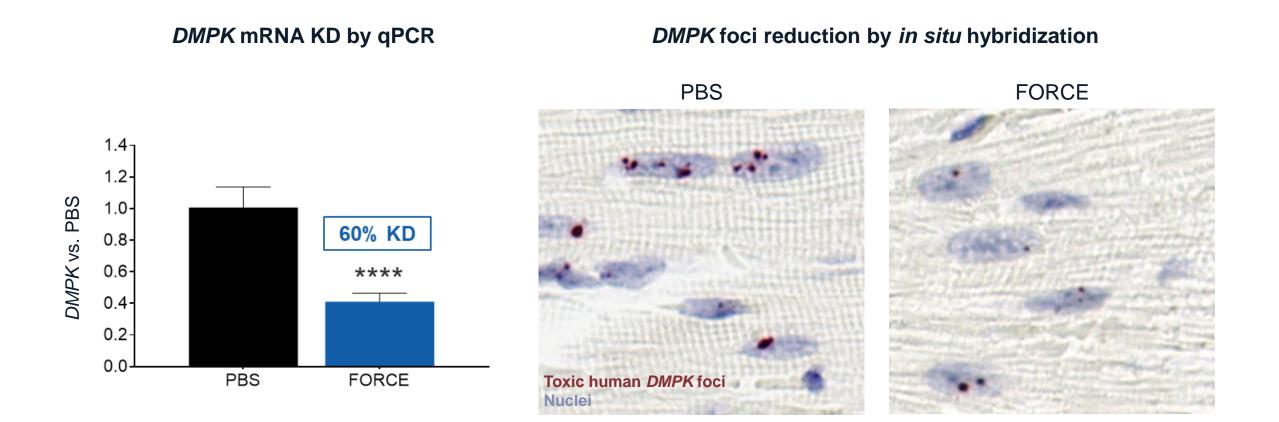
- Expresses human TfR1 receptor, enabling use of human TfR1-targeting Fabs
- Underestimates potency, expressing >10 times less human toxic DMPK vs. mouse DMPK

### Dyne Lead Conjugate Demonstrated Robust Toxic Human *DMPK* KD in hTfR1/DMSXL Model

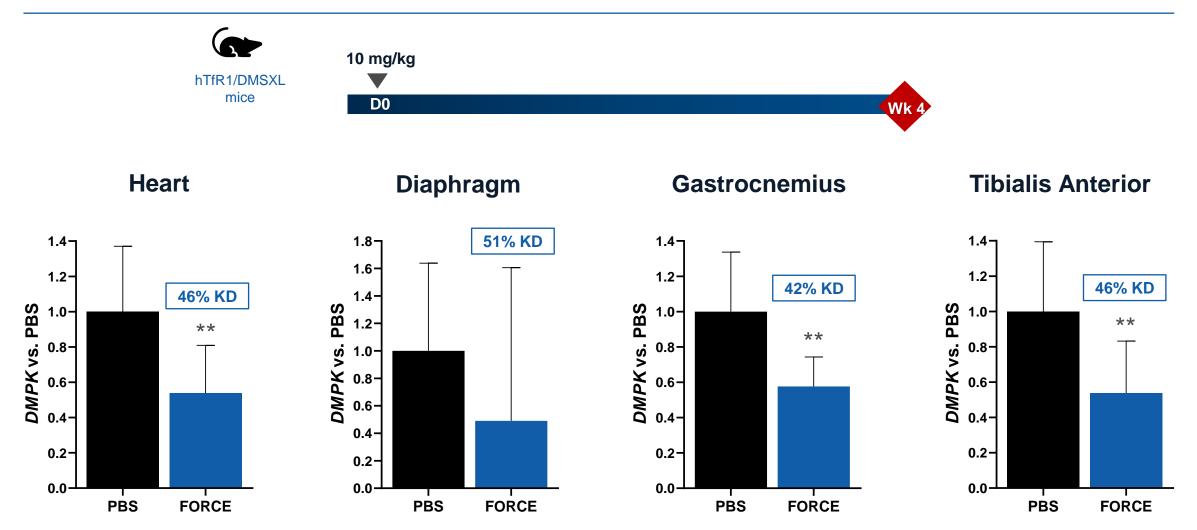




# FORCE Demonstrated Robust Foci Reduction in the Heart of hTfR1/DMSXL Mice

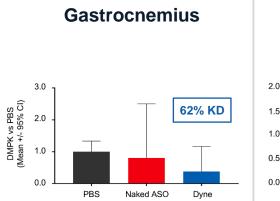


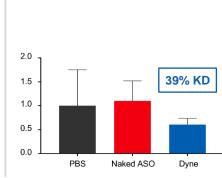
### Single Dose of FORCE Conjugate Achieved Sustained Human Toxic *DMPK* KD at Week 4 in the hTfR1/DMSXL mouse



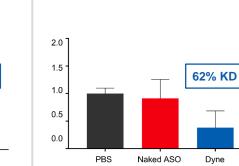
### FORCE Achieved Enhanced Distribution and WT DMPK KD Across NHP Skeletal, Cardiac and Smooth Muscles

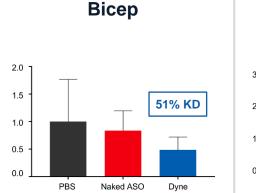
**Deep Flexor** 

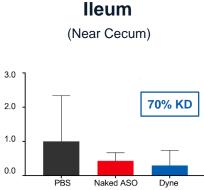




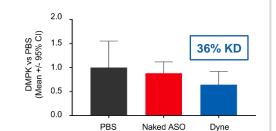
Soleus

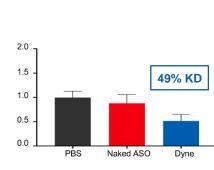




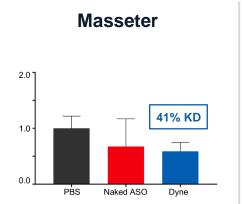


**Heart-left Ventricle** 

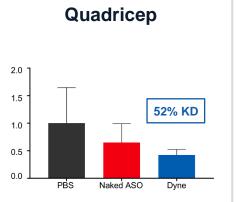


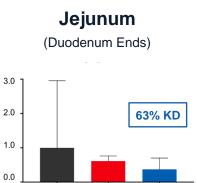


Diaphragm



Dyne





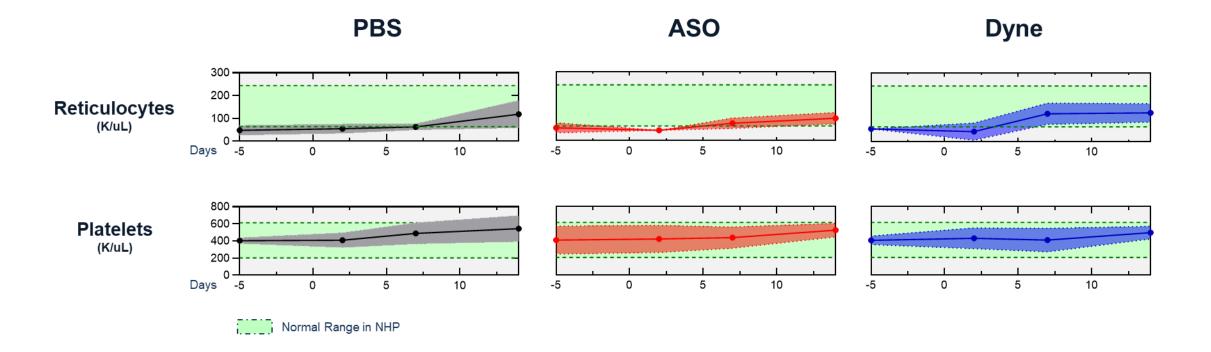
Naked ASO

PBS



Dyne

## FORCE Well-Tolerated in Single Dose NHP Study



All CBC measures, including iron homeostasis and platelet counts, within normal range Kidney and liver function, including ALT, AST, and BUN:Creatinine ratio, within normal range



#### **Preclinical Summary**

- **V** Targeted toxic DMPK in the nucleus in patient cells
- $\checkmark$
- Robust and durable toxic human DMPK KD in novel hTfR1/DMSXL model
- Reduced nuclear foci in vitro & in vivo
- **Corrected** splicing changes
- **Reversed** myotonia after a single dose
- Delivered DMPK targeting ASO to mouse and NHP muscle tissues
- Enhanced muscle distribution
- **Durable** DMPK RNA reductions up to 12 weeks

#### **Potential Advantages**

- Tractable development with rapid path to human PoC
- Efficient commercial model, addressable with focused sales force

One of three INDs planned between Q4 2021 - Q4 2022





Targeting the genetic basis of serious muscle diseases to

planned between Q4 2021 - Q4 2022

#### **STOP OR REVERSE DISEASE PROGRESSION**

FORCE PLATFORM

Robust PIPELINE

Delivering FOR PATIENTS

**Exceptional** TEAM