ACHIEVE

Clinical Update

JANUARY 10, 2025

Dyne THERAPEUTICS

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Program

Opening Remarks

John Cox, President & CEO

New Data from DYNE-101 ACHIEVE Trial in DM1
Update on DYNE-251 DELIVER Trial in DMD

Doug Kerr, M.D., Ph.D., Chief Medical Officer

Closing Remarks

John Cox, President & CEO

Aiming to Deliver Transformative Therapies for Neuromuscular Diseases

LATE-STAGE PIPELINE	Two clinical programs moving to registrational expansion cohorts for DM1 and DMD following positive proof-of-concept data
NEAR-TERM VALUE DRIVERS	Key data readouts in 2025 & 2026 potentially enabling two submissions for U.S. Accelerated Approval in 2026
DIFFERENTIATED PLATFORM	FORCE™ platform enables targeted delivery to muscle and CNS; broader pipeline includes FSHD and Pompe
STRONG FINANCIAL POSITION	Cash position of ~ $642 million (as of 12/31/24)* with expected runway into H2 2026; all assets fully owned

Note: DM1 = myotonic dystrophy type 1; DMD = Duchenne muscular dystrophy; FSHD = facioscapulohumeral muscular dystrophy
* Preliminary and unaudited

Myotonic Dystrophy Type 1 (DM1) Clinical Data Show Broad Functional Impact and Support Potential for Accelerated Approval

1. **Initiating Registrational Expansion Cohort in ACHIEVE trial to support potential 1H2026 submission for U.S. Accelerated Approval**

2. **Potential best-in-class profile with meaningful improvement in myotonia, strength, timed function tests, and patient reported outcomes**

3. **Continued favorable safety profile[1]; no serious related TEAEs**

1. DYNE-101 safety data as of December 6, 2024

Advancing Next-Generation Exon 51-Skipping Therapeutic for Duchenne Muscular Dystrophy (DMD)

1. **Ongoing Registrational Expansion Cohort in DYNE-251 DELIVER trial to support potential submission for U.S. Accelerated Approval early 2026, using dystrophin as surrogate endpoint based on recent FDA feedback**

2. **Unprecedented dystrophin expression and functional benefit previously demonstrated at registrational dose of 20 mg/kg Q4W**

3. **DELIVER Registrational Expansion Cohort on-track for full enrollment in Q1 2025**

4. **Continued favorable safety profile[1] since last update**

1. DYNE-251 safety data as of November 21, 2024

Program

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Closing Remarks

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Developing Transformative Therapeutics for People Living with DM1

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
- CNS manifestations

Population

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

NO approved therapies

OUR APPROACH

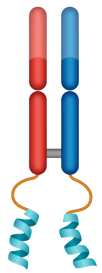
Disease-Modifying Nuclear *DMPK* Knockdown

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

Note: CNS = central nervous system

DYNE-101 Addressing the Central Pathobiology of DM1 to Enable Broad Functional Improvement[1]

Robust and widespread delivery → ***DMPK* degradation in the nucleus** → **MBNL release and splicing correction** → **Correction of myotonia and broad functional improvement**



DYNE-101

Differentiated MOA

MBNL released:
Splicing corrected

Early effect on myotonia

Muscle Strength:
Quantitative Muscle Testing

Functional Assessments:
10-Meter Walk / Run;
5 Times Sit to Stand

Patient Reported Outcomes:
Myotonic Dystrophy Health Index (MDHI)

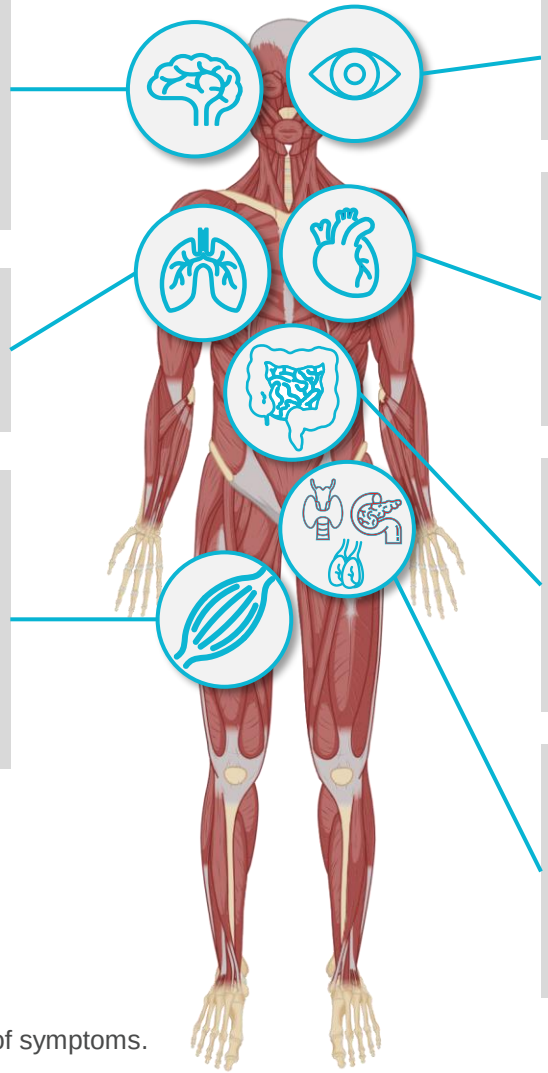
1. Image depicts the intended DYNE-101 mechanism of action.

DM1 is a Heterogeneous Disease with Widespread Muscle and CNS Manifestations

CNS[1–4]
- Fatigue
- Excessive daytime sleepiness
- Difficulty concentrating
- Behavioral/personality changes

Skeletal muscle (respiratory)[1–4]
- Restrictive ventilatory pattern
- Shortness of breath

Skeletal muscle[1–4]
- Muscle weakness
- Myotonia
- Balance issues
- Muscle pain
- Atrophy



Ocular[1–4]
- Cataracts
- Ptosis

Cardiac[1–4]
- Conduction disturbances
- Arrythmia
- Cardiomyopathy
- Sudden death

Smooth muscle[1–4]
- Dysphagia
- Constipation
- Heartburn
- Regurgitation

Endocrine[1–4]
- Thyroid disorders
- Diabetes
- Male hypogonadism
- Vitamin D deficiency

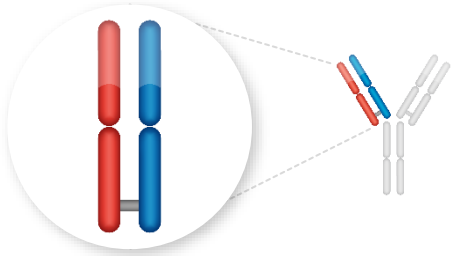
Slide does not represent an exhaustive list of symptoms.

1. Thornton CA. *Neurol Clin.* 2014;32:705-719; 2. Ho G, et al. *World J Clin Pediatr*. 2015;4:66–80.
3. Hagerman KA, et al. *Muscle Nerve.* 2019;59:457–464; 4. Gutierrez Gutierrez G, et al. Neurologia (Engl Ed). 2020;35:185–206.

DYNE-101 Leverages FORCE™ Platform for Targeted Delivery

ANTIBODY

Proprietary Fab against TfR1 to enable targeted delivery

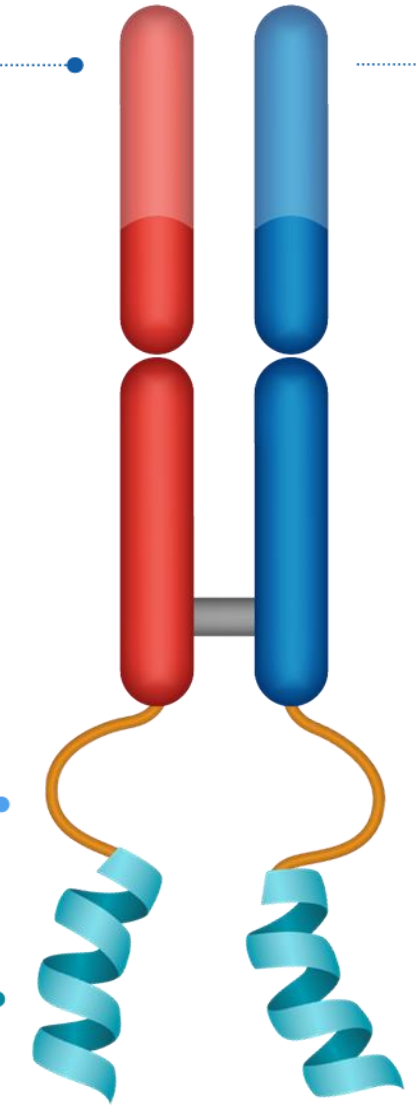


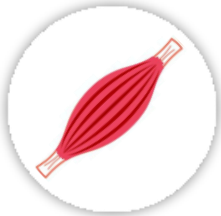
LINKER

Enables precise conjugation of payloads to Fab

PAYLOAD

ASO localizes to nucleus, targeting mutant DMPK





Skeletal and smooth muscle

Cardiac muscle

CNS

Multiple Ascending Dose (MAD) Portion of ACHIEVE is Complete

ACHIEVE

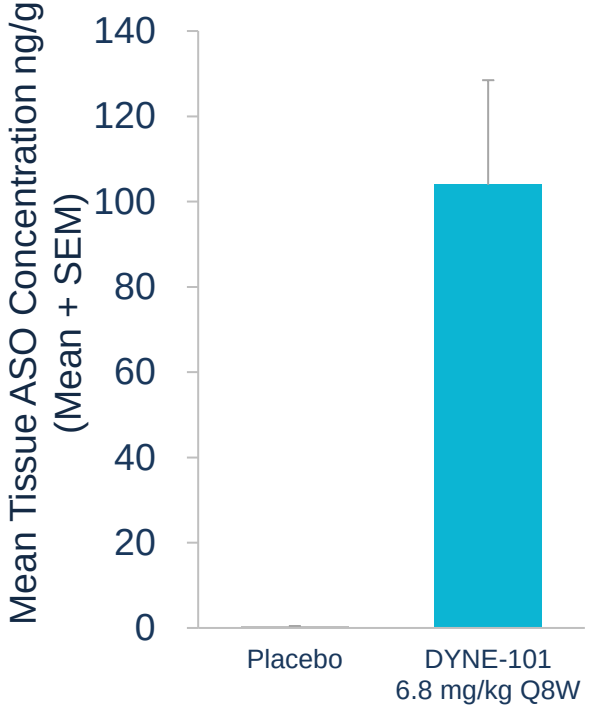
Population	Primary Endpoints	Additional Endpoints	Stages of ACHIEVE
• Adult patients living with DM1 • Ages 18 to 49 years	• Safety and tolerability	• Pharmacokinetics • Change from baseline of: – Splicing – *DMPK* RNA expression – Multiple assessments of muscle strength and function – Patient-reported outcomes, including DM1-ACTIV^{c} and MDHI	✓ Multiple Ascending Dose (MAD): 24 weeks • Open-Label Extension (OLE): 24 weeks • Long-Term Extension (LTE): 96 weeks **Registrational Expansion Cohort**

Additional endpoints include select secondary and exploratory endpoints. DM1-ACTIV^{c}: Myotonic Dystrophy type 1 Activity and participation scale. MDHI: Myotonic Dystrophy Health Index.

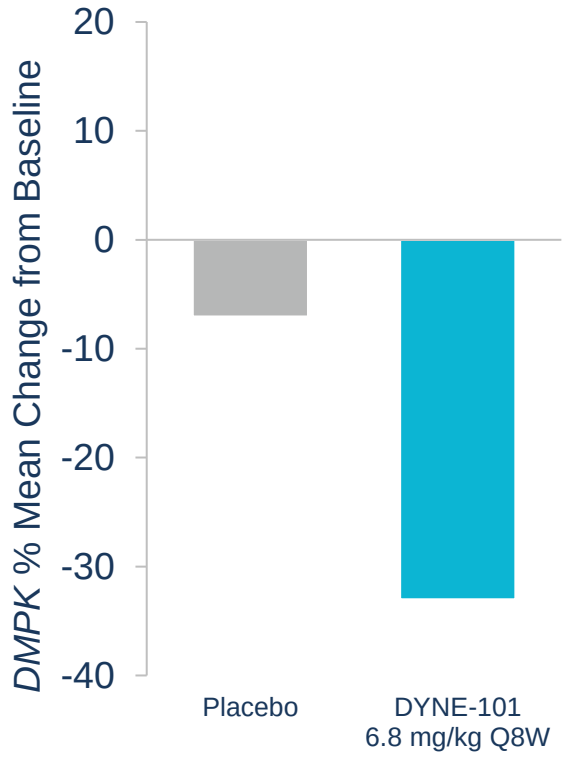
DYNE-101 Addresses Central Pathobiology: Differentiated Pharmacology with Potential to Lead to Broad Functional Benefit

Delivery and exposure → ***DMPK* knockdown** → **Splicing correction** → **Broad functional benefit**

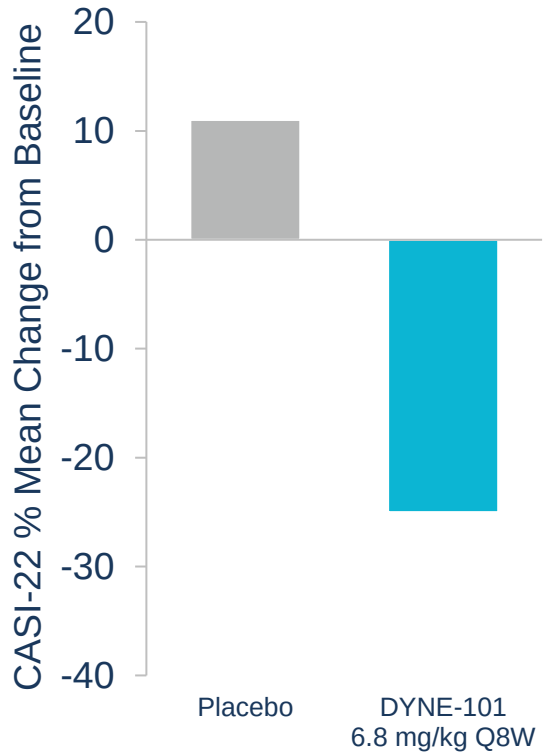
Muscle delivery at 3 mo



Target engagement at 3 mo



Biomarker response at 3 mo



Benefit at 6 mo

Notes: CASI-22 = composite alternative splicing index; vHOT = video hand opening time; QMT = quantitative muscle testing; 10MWR = 10-meter walk/run test; 5xSTS = 5 times sit to stand; 3 months = 85 days, 6 months = 169 days.

DYNE-101: Favorable Safety Profile with No Serious Related TEAEs

Summary of Treatment Emergent Adverse Events (TEAEs)[1]

TEAE Category	Participants with ≥1 TEAE – n (%)					
	1.8 mg/kg Q4W+Rec. N=16	3.4 mg/kg Q4W+Rec. N=16	3.4 mg/kg Q8W N=8	5.4 mg/kg Q8W N=8	6.8 mg/kg Q8W N=8	Overall (N=56)
Any TEAE	16 (100%)	16 (100%)	8 (100%)	8 (100%)	8 (100%)	56 (100%)
Any related TEAE	9 (56%)	9 (56%)	2 (25%)	3 (38%)	6 (75%)	29 (52%)
Any serious TEAE	4 (25%)	0	1 (13%)	0	0	5 (9%)
Any serious related TEAE	0	0	0	0	0	0
Any TEAE leading to withdrawal from study	0	0	0	0	0	0
Any TEAE leading to death	0	0	0	0	0	0

Most TEAEs Were Mild or Moderate in Intensity[1]

- 6 serious TEAEs unrelated to study drug
  - Atrioventricular block first degree (1)[2]
  - Pneumonia (2 events in same participant)
  - Pulmonary embolism (1)[3]
  - Hyponatremia (1)
  - Influenza (1)
- Most common TEAEs (≥20% participant incidence)[4]
  - Nasopharyngitis (38%)
  - Procedural pain (30%)
  - Influenza (27%)
  - Infusion-related reaction (25%)
  - Diarrhea; headache (each 21%)

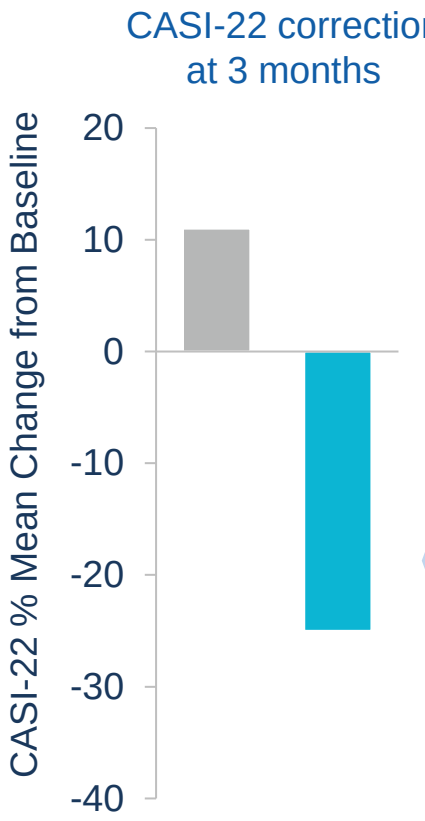
Additional Safety Data

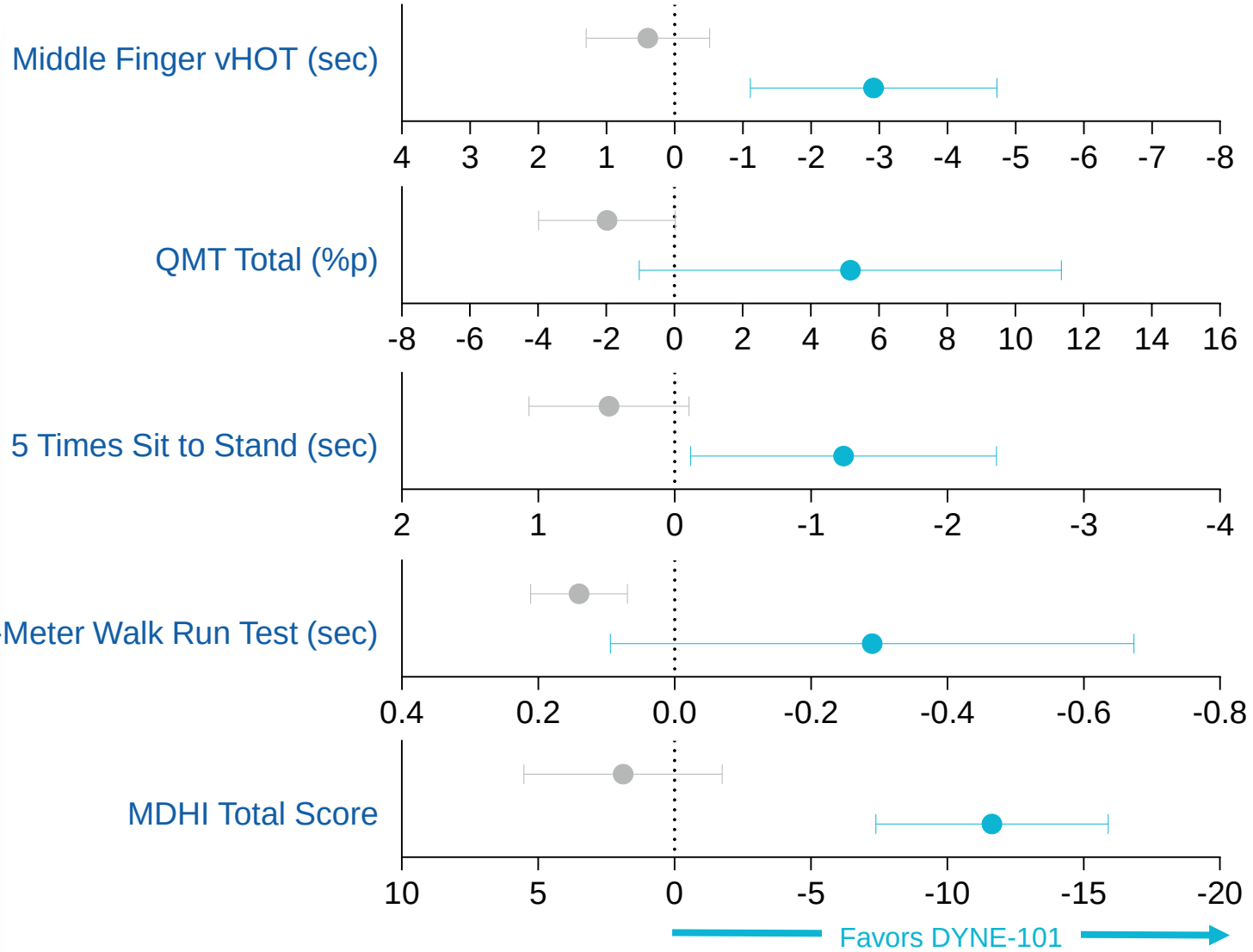
- Liver enzyme elevations have been observed in a minority of participants
  - No impact on liver function (bilirubin or coagulation)
  - Interpretation is complicated by underlying disease and elevated baseline values up to ~2.5x greater than the upper limit of normal
- No participants have demonstrated persistent related anemia or thrombocytopenia

~855 Doses Administered to Date Representing Over 72 Patient-Years of Follow-Up[1]

1. Data as of December 6, 2024; 2. Transient worsening of atrioventricular (AV) block in a participant with ongoing medical history of first-degree AV block; 3. Attributed to risk factors for pulmonary embolism; 4. All cohorts combined; preferred terms are reported.

Broad Improvement Demonstrated at 6 Months with Planned Registrational Dose of 6.8 mg/kg Q8W





Note: 3 months = 85 days; 6 months = 169 days.

Placebo (N = 14)

DYNE-101 6.8 mg/kg Q8W (N = 6)

Data presented are mean change from baseline ± SEM

Registrational Expansion Cohort Timeline Enables Potential Submission for U.S. Accelerated Approval in H1 2026

Accelerated Approval Path Enables Speed to Filing with Functional Benefit

ACHIEVE Registrational Expansion Cohort
N ~ 32, 3:1
6.8 mg/kg Q8W

- **Full Enrollment (mid-2025)**
- **Splicing Data (3 months)**
- **Functional Endpoints (6 months)**

Potential Submission for U.S. Accelerated Approval (H1 2026)

Potential Profile

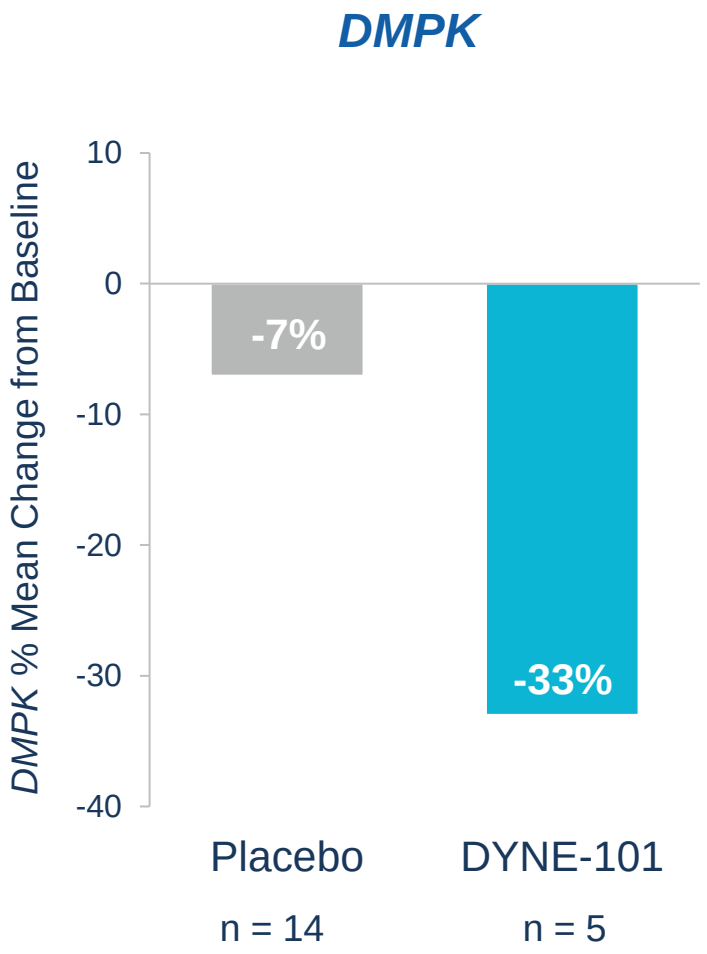
Planned Primary Endpoint (3 months)

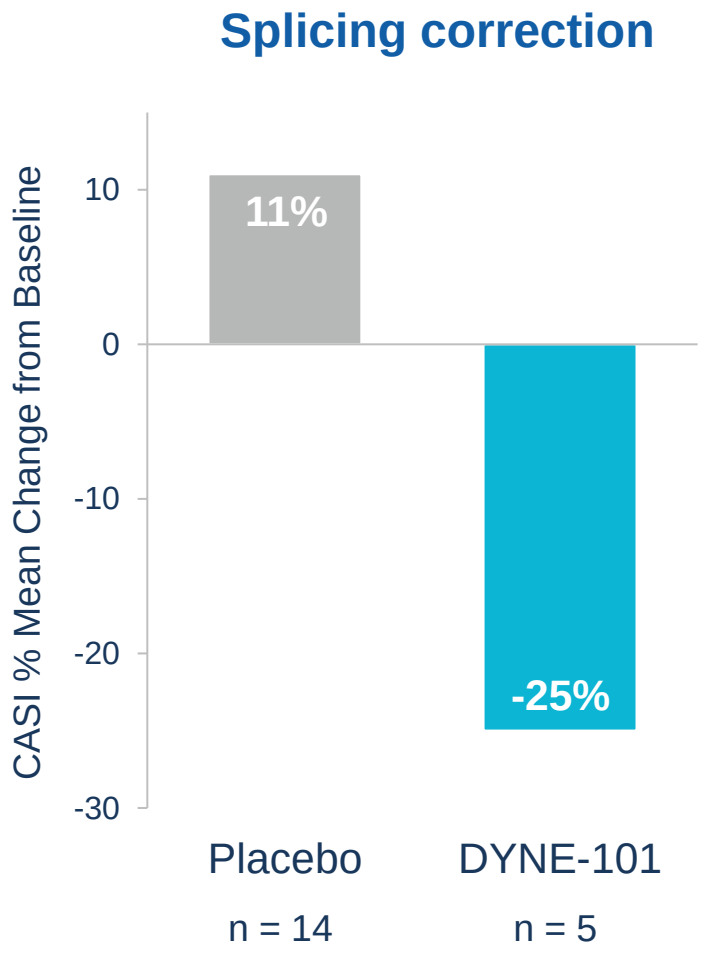
- Change from baseline in CASI

Planned Secondary Endpoints (6 months)

- Change from baseline in
  - vHOT (middle finger)
  - 10MWR
  - QMT
  - 5xSTS
  - MDHI Total Score

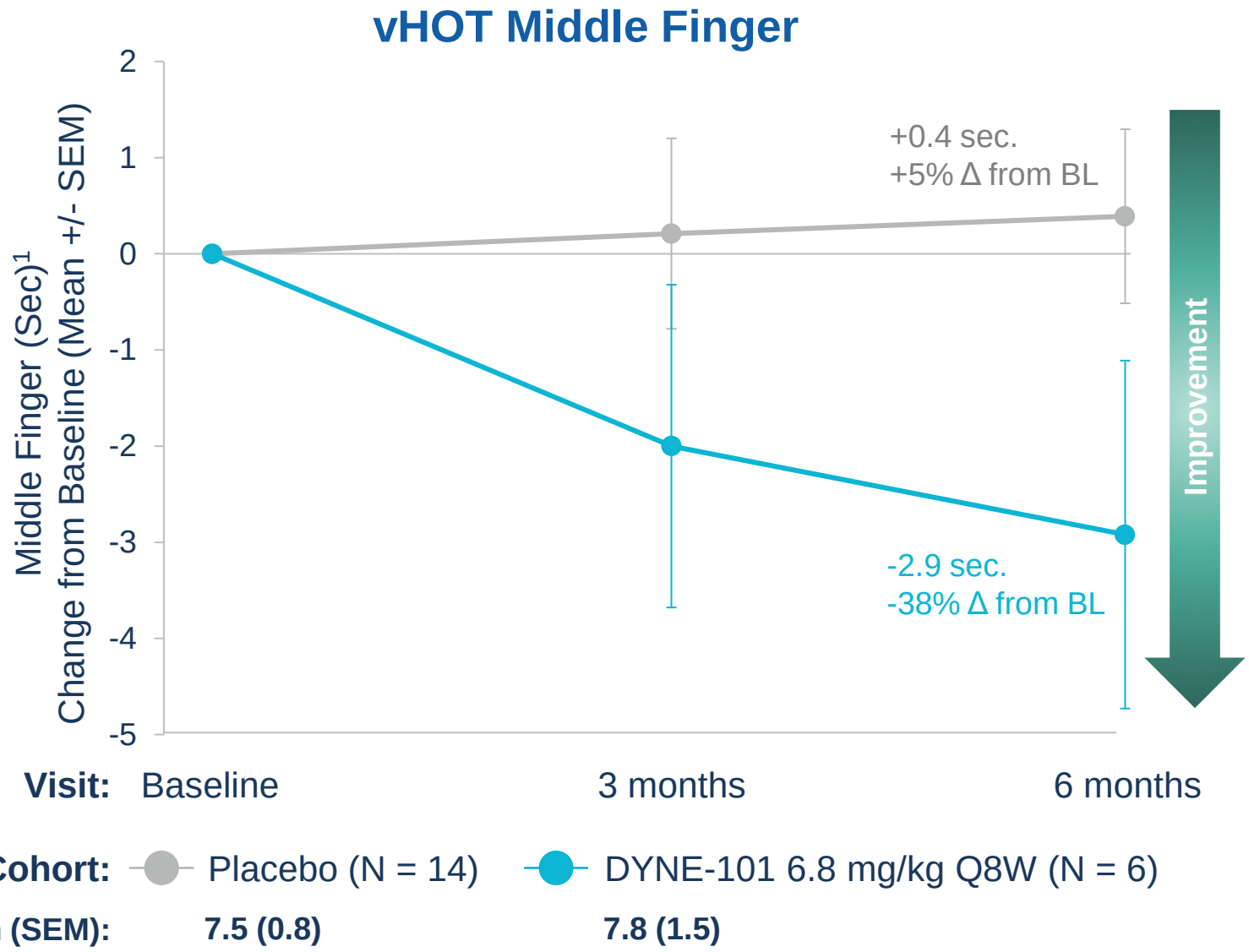
DYNE-101 at 6.8 mg/kg Q8W Improved Foundational Pathobiology of DM1 at 3 Months





Notes: One baseline sample in 6.8 mg/kg treatment groups not included within splicing assay as the sample did not meet QC criteria. 3 months = 85 days.

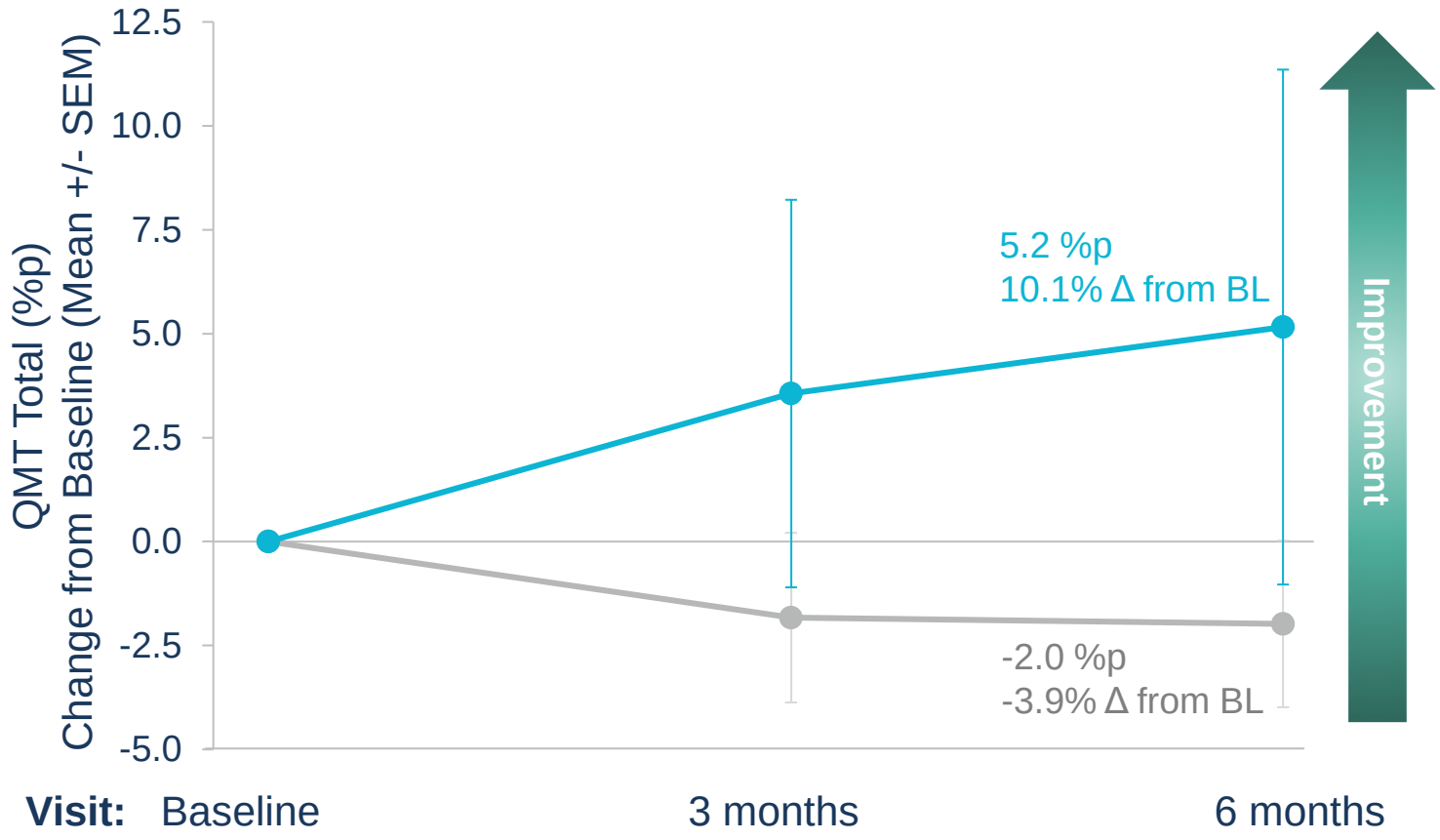
Early and Robust Improvement in Functional Myotonia



Notes: 1. vHOT Middle Finger (sec) is the average of all myotonia trials for an individual participant in ACHIEVE; BL = baseline. 3 months = 85 days; 6 months = 169 days.

Improved Muscle Strength at 6 Months

Quantitative Muscle Testing (QMT) Total Score

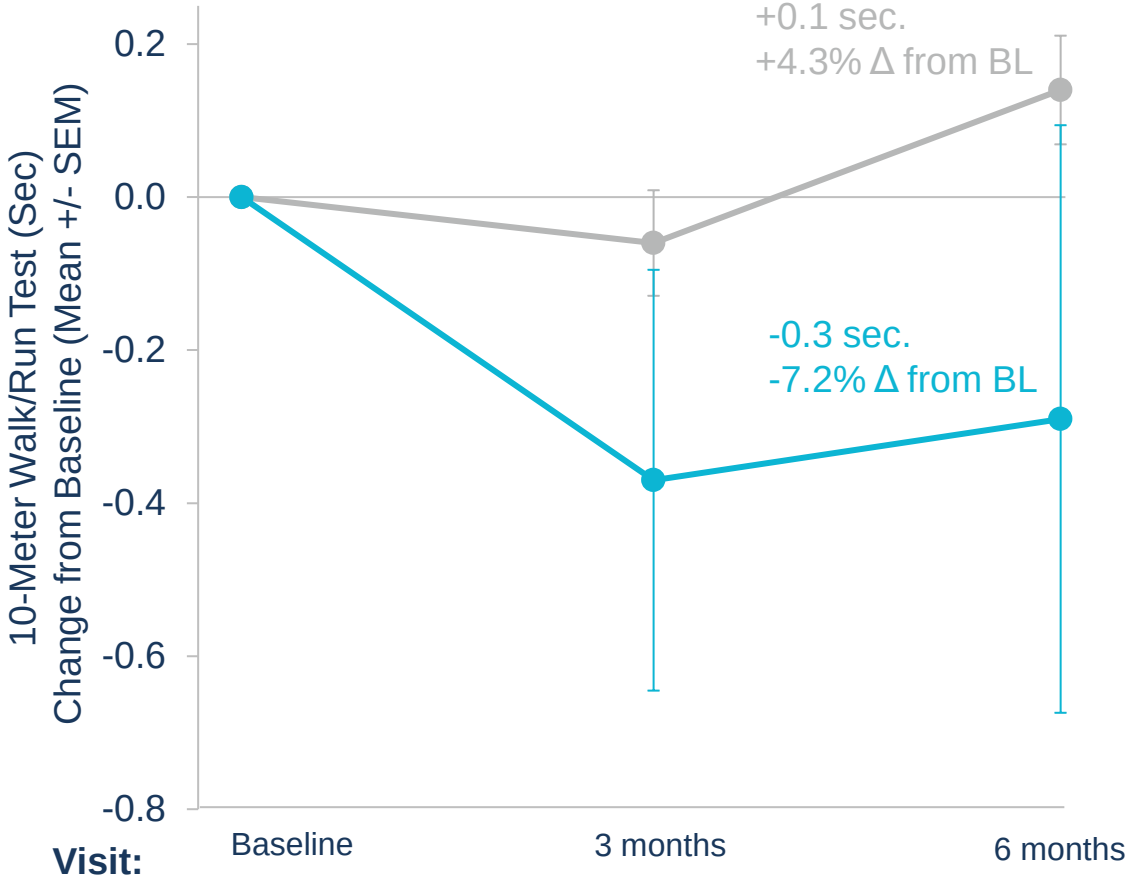


Baseline, mean (SEM):	**51.5 (3.8)**	**51.3 (4.2)**

Notes: BL = baseline; 3 months = 85 days; 6 months = 169 days.

Early and Robust Benefit Across Multiple Timed Function Tests

10-Meter Walk/Run Test

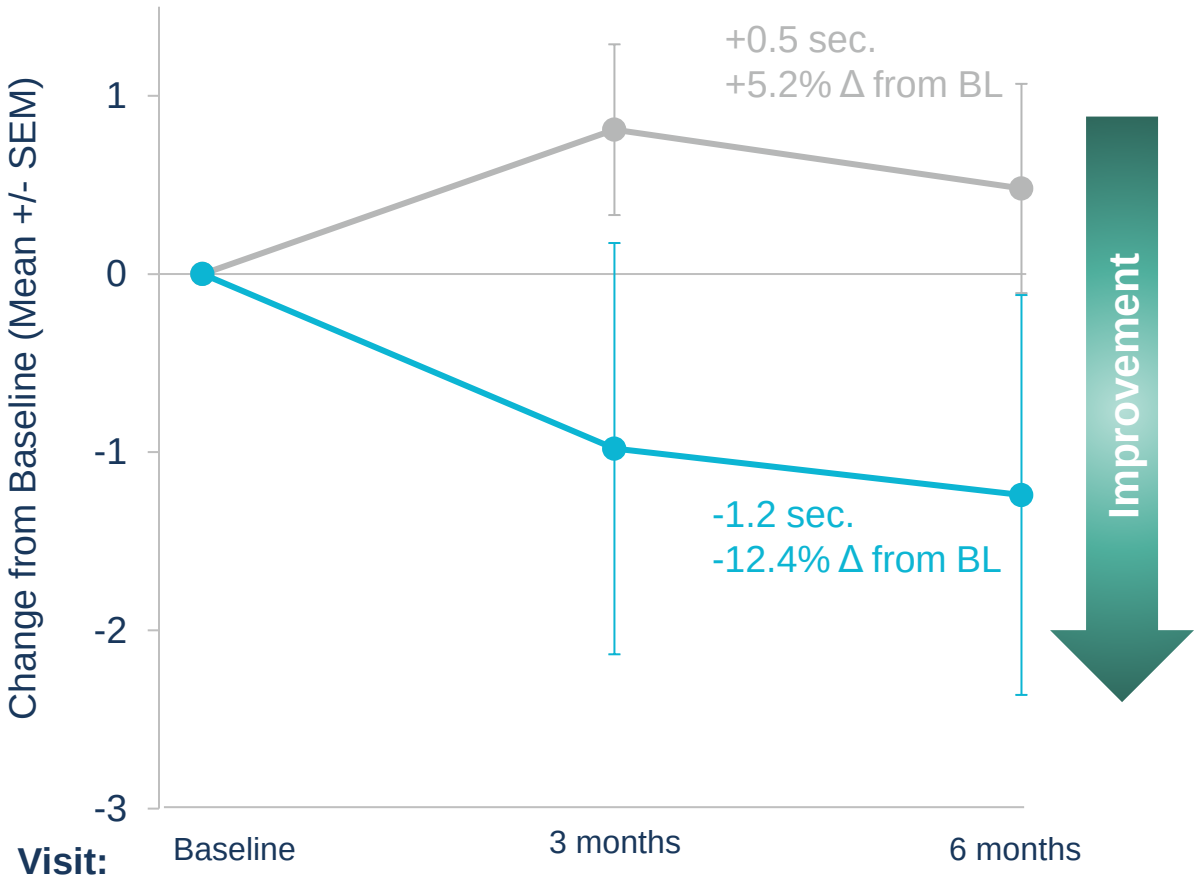


Visit:

Cohort: Placebo (N = 14) DYNE-101 6.8 mg/kg Q8W (N = 6)

Baseline (sec), mean (SEM):	**3.3 (0.1)**	**3.9 (0.6)**

5 Times Sit to Stand



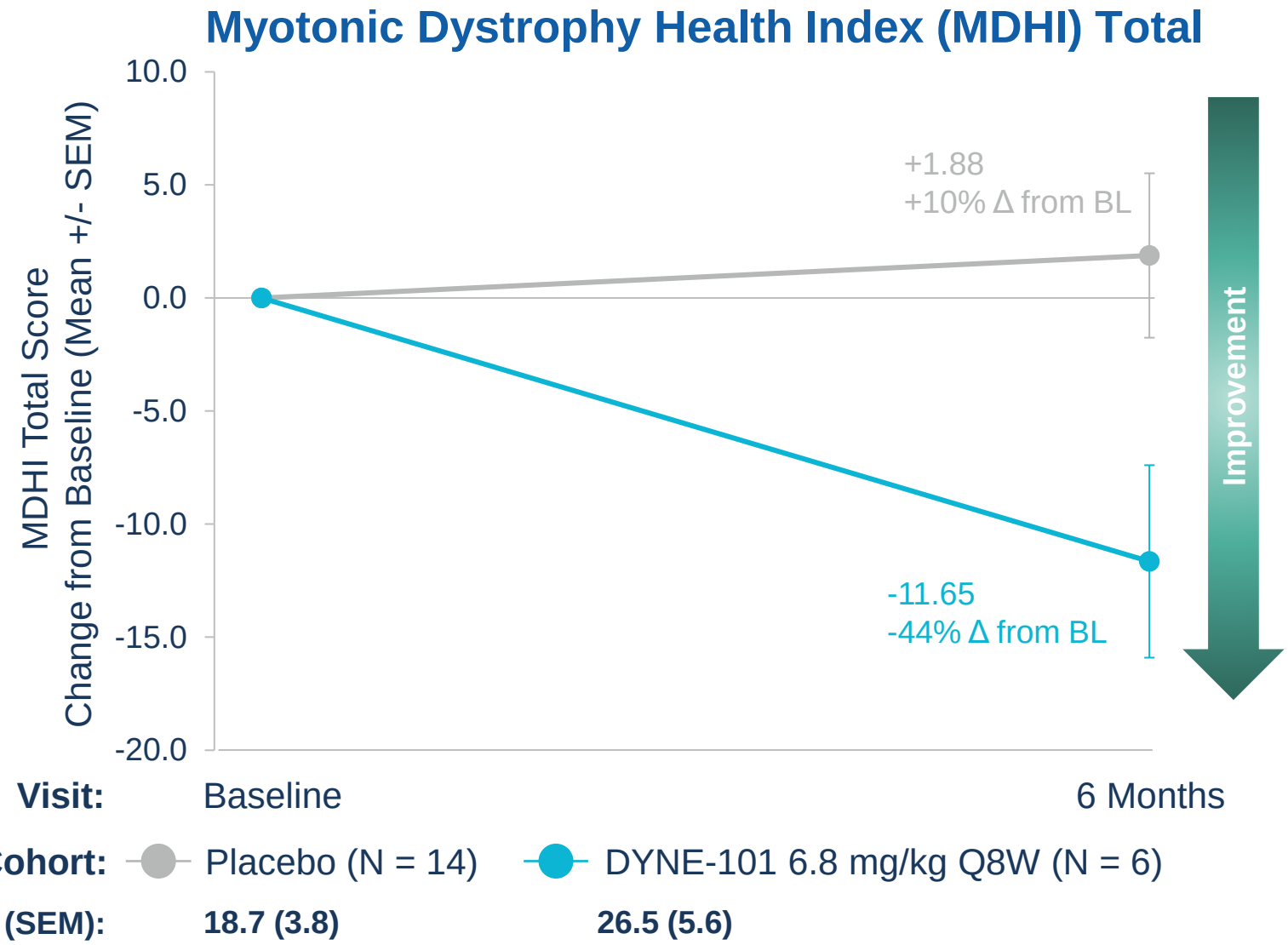
Visit:

Cohort: Placebo (N = 14) DYNE-101 6.8 mg/kg Q8W (N = 6)

Baseline (sec), mean (SEM):	**9.2 (0.5)**	**10.0 (1.4)**

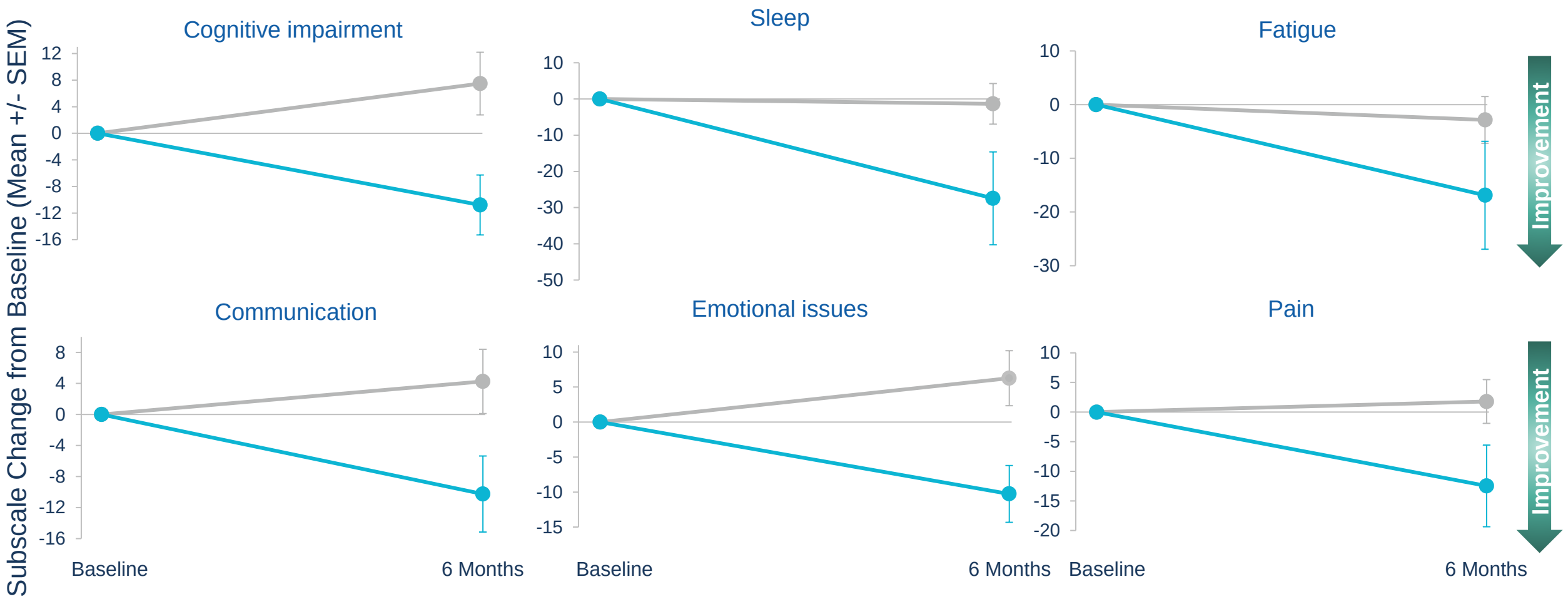
Notes: BL = baseline; 3 months = 85 days; 6 months = 169 days.

Improvement in MDHI Total Indicates Encouraging Patient Reported Outcome Trends



Note: Patient-reported outcomes (PRO) including Myotonic Dystrophy Health Index (MDHI) collected at baseline (BL) and 6 months (169 days).

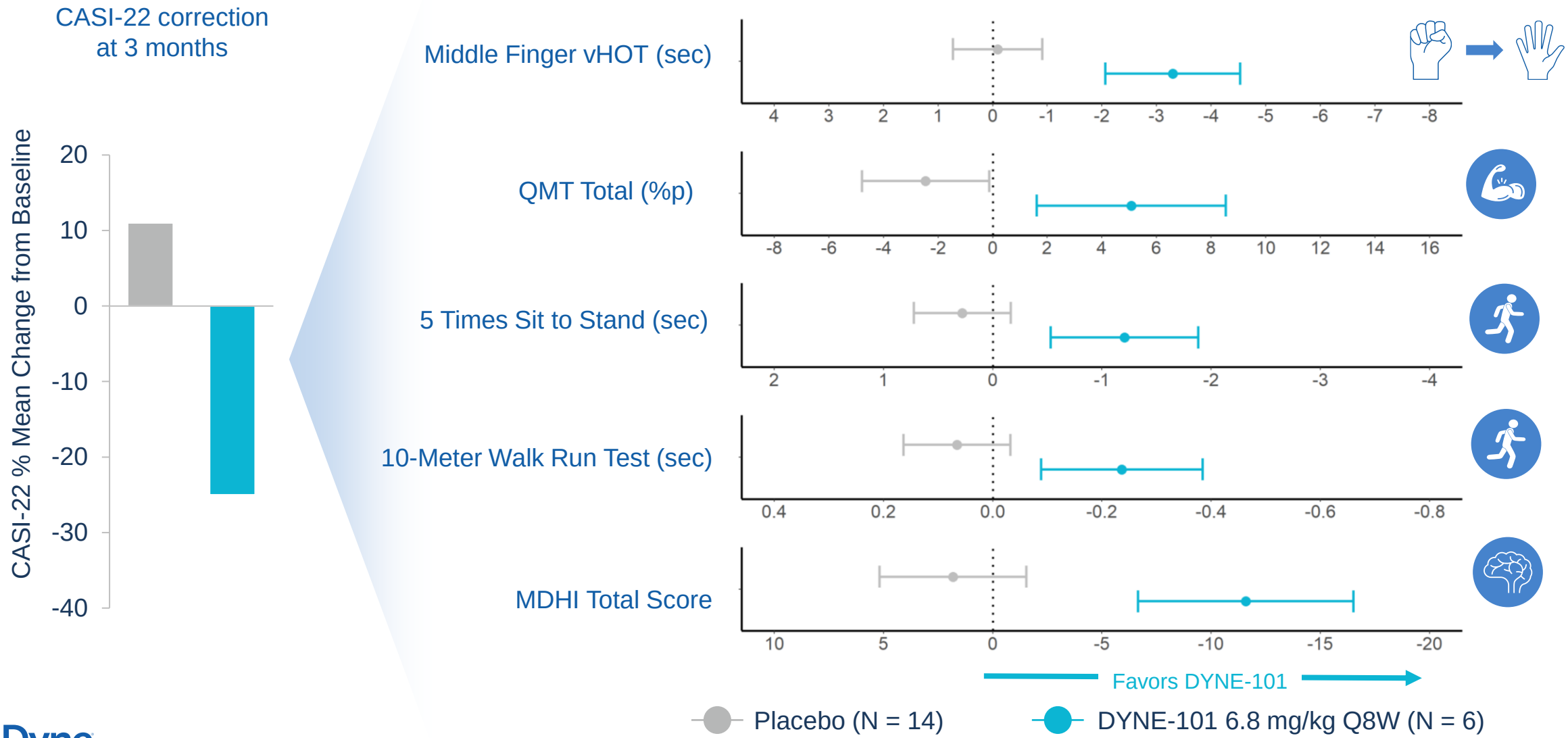
CNS-related MDHI Subscales Show Improvement at Registrational DYNE-101 Dose



Cohort: Placebo (N = 14) DYNE-101 6.8 Q8W mg/kg (N = 6)

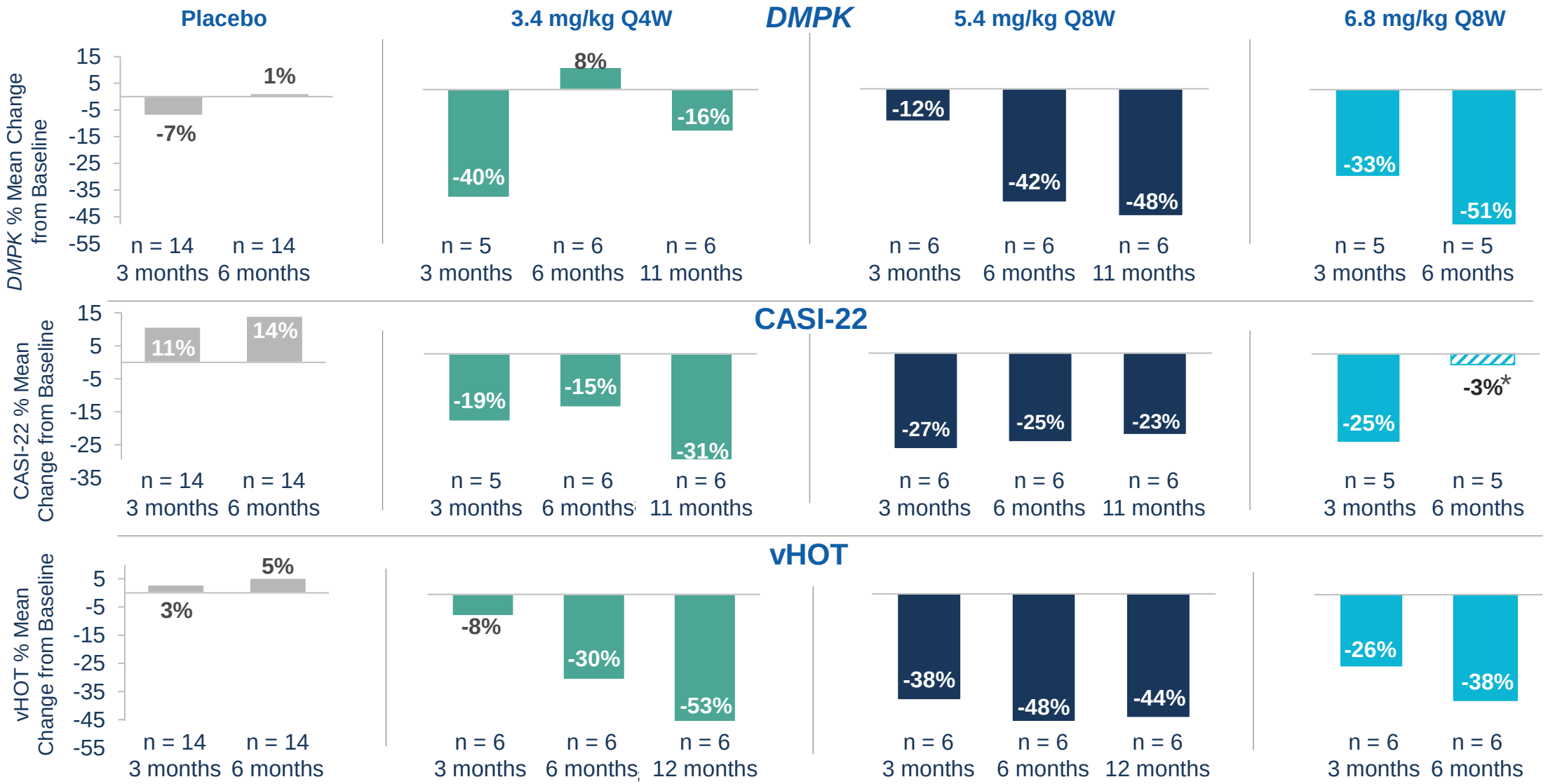
Note: Patient-reported outcomes (PRO) including Myotonic Dystrophy Health Index (MDHI) collected at baseline and 6 months (169 days).

Benefit at 6 Months Strengthened when Adjusting for Baseline Imbalances



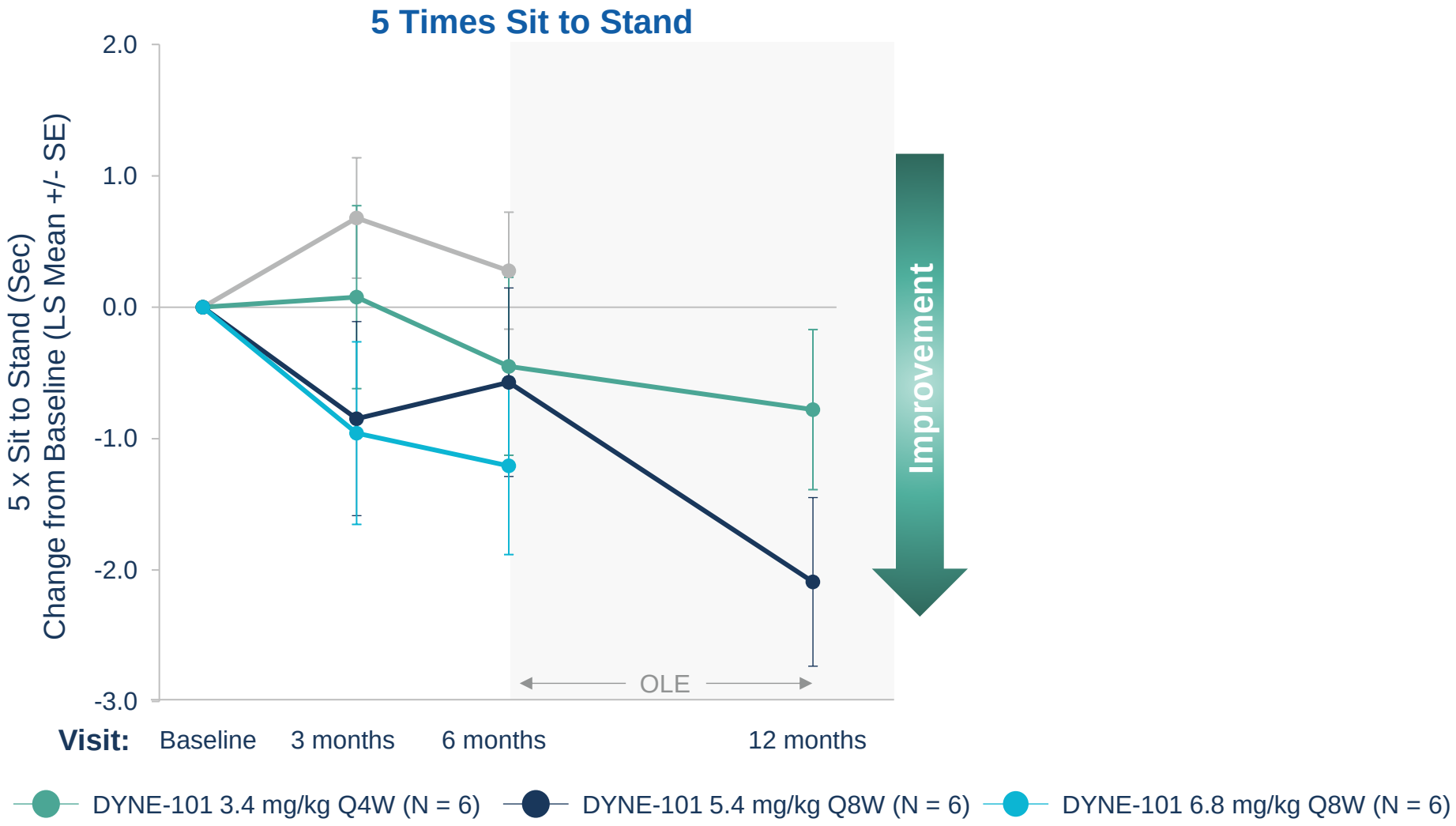
Mixed model for repeated measures (MMRM): fixed effects: dose, visit, baseline, dose by visit interaction, baseline by visit interaction. Data: all dose groups except recovery group; excluding placebo data after 6 months; Data presented are least squares (LS) mean change from baseline ± SE; 3 months = 85 days; 6 months = 169 days.

Additional Data: Robust *DMPK* KD, Splicing Correction, and vHOT



Note: One post-baseline sample in 3.4 mg/kg Q4W and one baseline sample in 6.8 mg/kg treatment groups not included within splicing assay as the sample did not meet QC criteria.
* Data confounded by missing baseline data and intra-patient sample variability. 3 months = 85 days; 6 months = 169 days; 11 months = 309 days; 12 months = 337 days.

Additional Data: Early, Sustained and Deepening Benefit on 5x Sit to Stand with Baseline Adjustment



MMRM model: Fixed effects: dose, visit, baseline, dose by visit interaction, baseline by visit interaction. Data: all dose groups except recovery group; excluding placebo data after 6 months.
Note: 3 months = 85 days; 6 months = 169 days; 12 months = 337 days.

Myotonic Dystrophy Type 1 (DM1) Clinical Data Show Broad Functional Impact and Support Potential for Accelerated Approval

- **Initiating Registrational Expansion Cohort: primary endpoint of splicing correction at 3 months, supported by functional endpoints and PROs; full enrollment expected mid-2025**
- **6.8 mg/kg Q8W dose showed robust splicing correction at 3 months and broad functional improvement, starting at 3 months and continuing at 6 months**
- **Continued favorable safety profile[1]; no serious related TEAEs**

1. DYNE-101 safety data as of December 6, 2024

Building a Global DMD Franchise of Transformative Therapeutics

Overview

- Mutation in the *DMD* gene that encodes for dystrophin
- Onset in first few years of life
- Life expectancy ~30 years

Clinical Presentation

- Muscle weakness
- Progressive loss of function
- Loss of ambulation
- Respiratory/cardiac failure

Population

- ~12,000 - 15,000 (US)
- ~ 25,000 (Europe)

Current Approved Exon 51 Therapies Only Increased Dystrophin Production <1%

OUR APPROACH

Potential Best-in-class Targeted Exon Skipping

Increase dystrophin expression and enable less frequent dosing to potentially **stop or reverse disease progression**

Registrational Expansion Cohort of DELIVER Rapidly Enrolling

DELIVER

Population

- Male patients with DMD with mutations amenable to exon 51 skipping therapy
- Ages 4 to 16 years
- Ambulant and non-ambulant

Primary Endpoints

- Safety and tolerability
- Change from baseline in dystrophin protein levels by Western Blot

Additional Endpoints

- Pharmacokinetics
- Change from baseline of:
  - Exon 51 skipping levels
  - Muscle tissue PDPF
  - Multiple assessments of muscle function, including NSAA score, SV95C and certain timed functional tests

Stages of DELIVER

- ✓ Multiple Ascending Dose (MAD): 24 weeks
- Open-Label Extension (OLE): 24 weeks
- Long-Term Extension (LTE): 192 weeks

Registrational Expansion Cohort

Note: Additional endpoints include select secondary and exploratory endpoints
PDPF: percent dystrophin-positive fibers; NSAA: North Star Ambulatory Assessment; SV95C: Stride Velocity 95th Centile.

DYNE-251 Safety Profile Is Favorable

Summary of Treatment Emergent Adverse Events (TEAEs)[1]

TEAE Category	Participants with ≥1 TEAE – n (%)								
	0.7mg/kg Q4W N=6	1.4 mg/kg Q4W N=6	2.8 mg/kg Q4W N=6	5 mg/kg Q4W N=6	10 mg/kg Q4W N=8	20 mg/kg Q4W N=8	40 mg/kg Q8W N=8	40 mg/kg Q4W N=6	Overall[1] N=54
Any TEAE	6 (100%)	6 (100%)	6 (100%)	6 (100%)	7 (88%)	8 (100%)	7 (88%)	5 (83%)	51 (94%)
Any related TEAE	3 (50%)	3 (50%)	0	6 (100%)	3 (38%)	4 (50%)	2 (25%)	3 (50%)	24 (44%)
Any serious TEAE	0	0	1 (17%)	0	0	1 (13%)	2 (25%)	2 (33%)	6 (11%)
Any serious related TEAE	0	0	0	0	0	0	0	2 (33%)	2 (4%)
Any TEAE leading to withdrawal from study	0	0	0	0	0	0	0	0	0
Any TEAE leading to death	0	0	0	0	0	0	0	0	0

Most TEAEs Were Mild or Moderate in Intensity[1]

- 3 serious TEAEs potentially related to study drug in two participants
  - Acute kidney injury (1); thrombocytopenia (1)[2]
  - Pancytopenia (1)[3]
- 6 serious TEAEs unrelated to study drug
  - Dehydration due to gastroenteritis (1)
  - Femoral neck fracture (1); gastric volvulus (1)[4]
  - Tibia fracture (1)
  - Febrile convulsion (1); pyrexia (1)[5]
- Most common TEAEs (≥20% participant incidence)[6]
  - Pyrexia (44%)
  - Fall; vomiting (each 33%)
  - Headache (32%)
  - Nasopharyngitis (28%)
  - Cough; infusion-related reaction[7] (each 20%)

Additional Safety Data

- Other than two participants with serious TEAEs in 40 mg/kg Q4W cohort:
  - No participants have demonstrated persistent related anemia or thrombocytopenia
  - No participants have demonstrated kidney injury
- No participants have demonstrated clinically meaningful changes in electrolytes, including magnesium

837 Doses Administered to Date Representing Over 65 Patient-Years of Follow-Up[1]

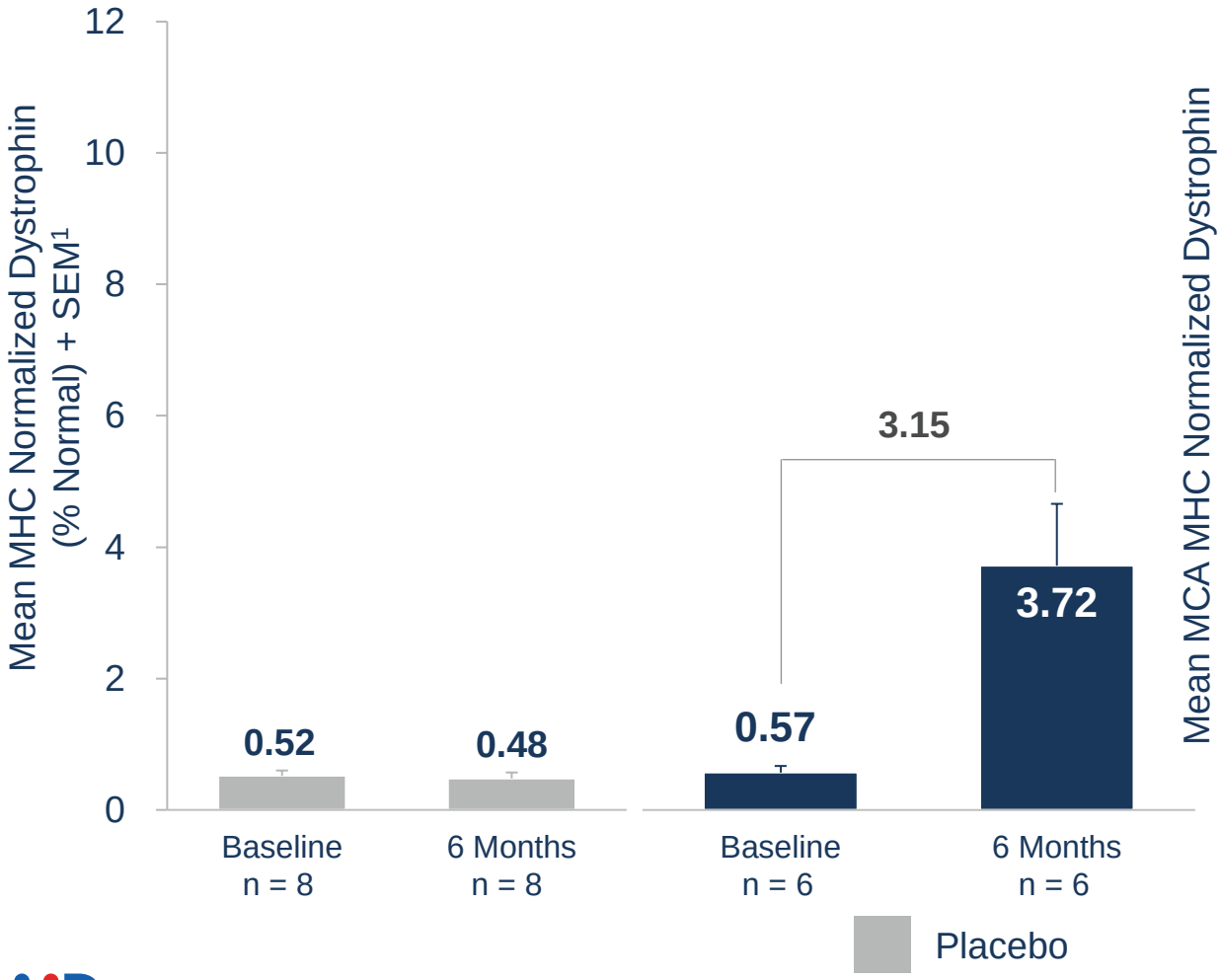
1. Data as of November 21, 2024; 2. Events have same day of onset in a single participant with a nonserious related TEAE of anemia in the context of fever, hemolysis, diarrhea and positive blood in stool; together these events are consistent with hemolytic uremic syndrome (HUS) with a possible infectious etiology; 3. Participant has a history of hemolytic anemia of unidentified etiology; presented with fever and tonsilitis; symptoms resolved without therapeutic intervention; 4. Events occurred in same participant at different times; 5. Events occurred in same participant at different times; 6. All cohorts combined; preferred terms are reported; 7. All infusion-related reactions have been mild or moderate in intensity; dosing has continued in all participants who experienced infusion-related reactions.

DYNE-251 Achieved Robust Dystrophin Expression

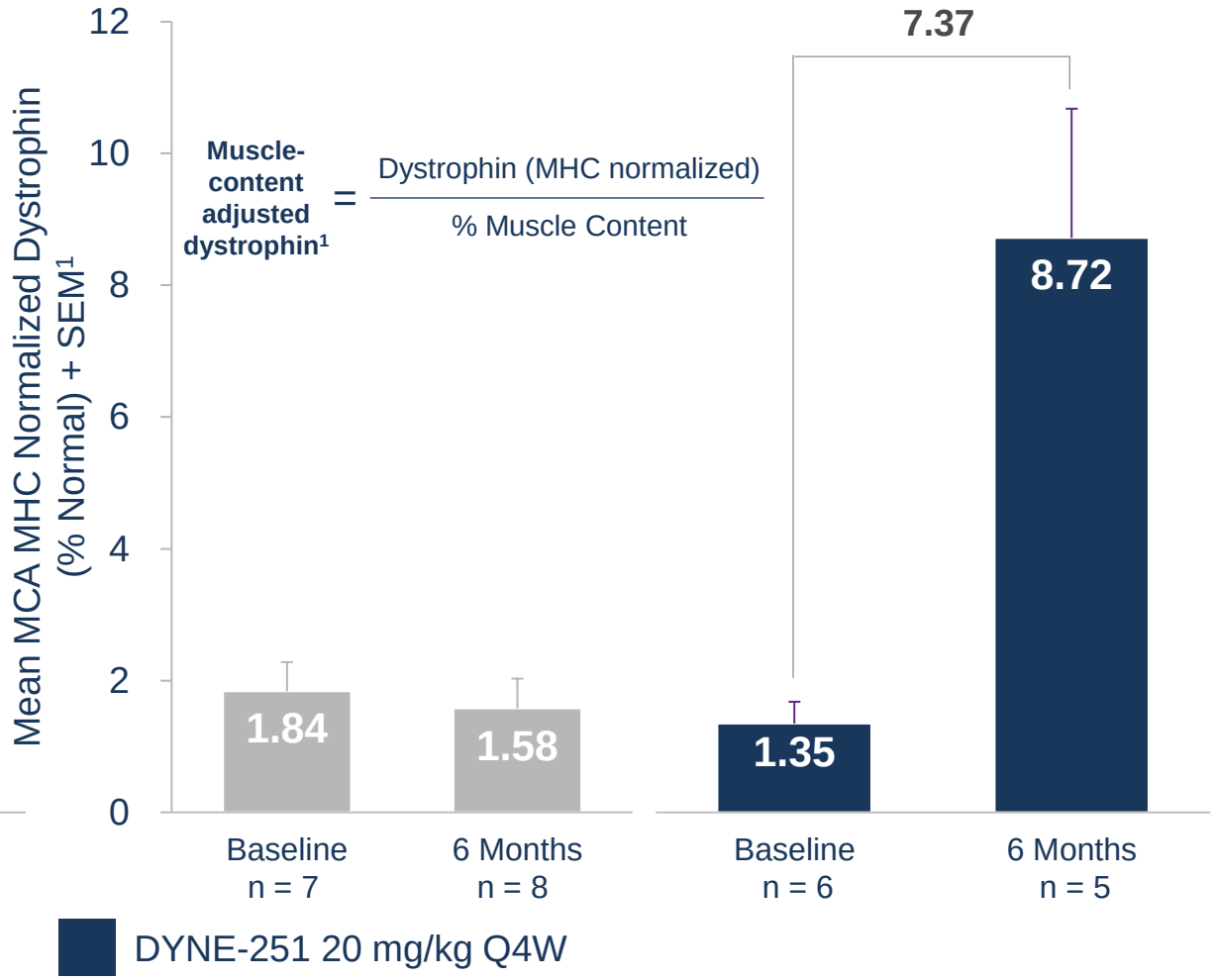
DYNE-251 Showed 3.7% Unadjusted and 8.7% Adjusted Dystrophin at 6 Months

Previously Presented Data

Unadjusted Dystrophin



Muscle Content Adjusted Dystrophin



Placebo

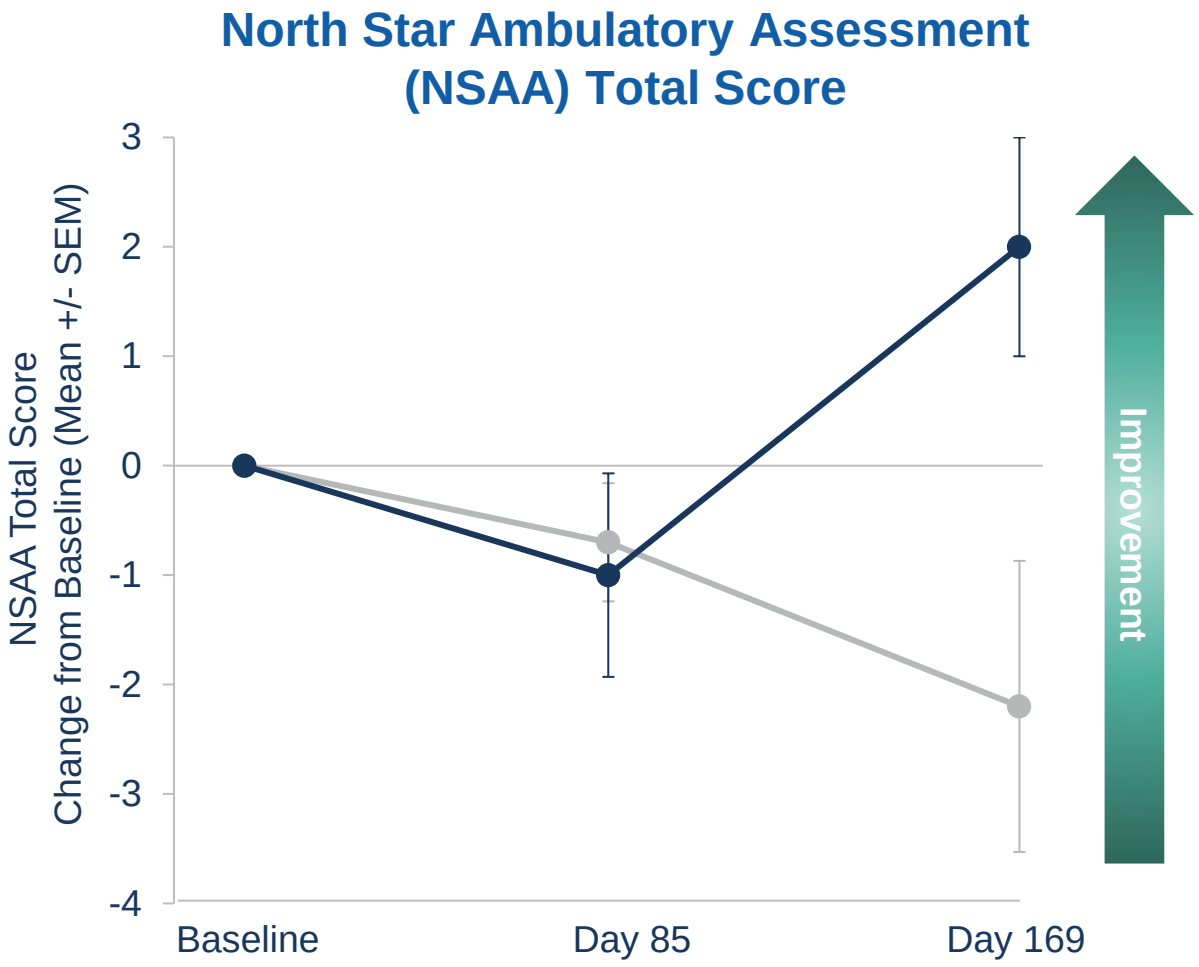
DYNE-251 20 mg/kg Q4W

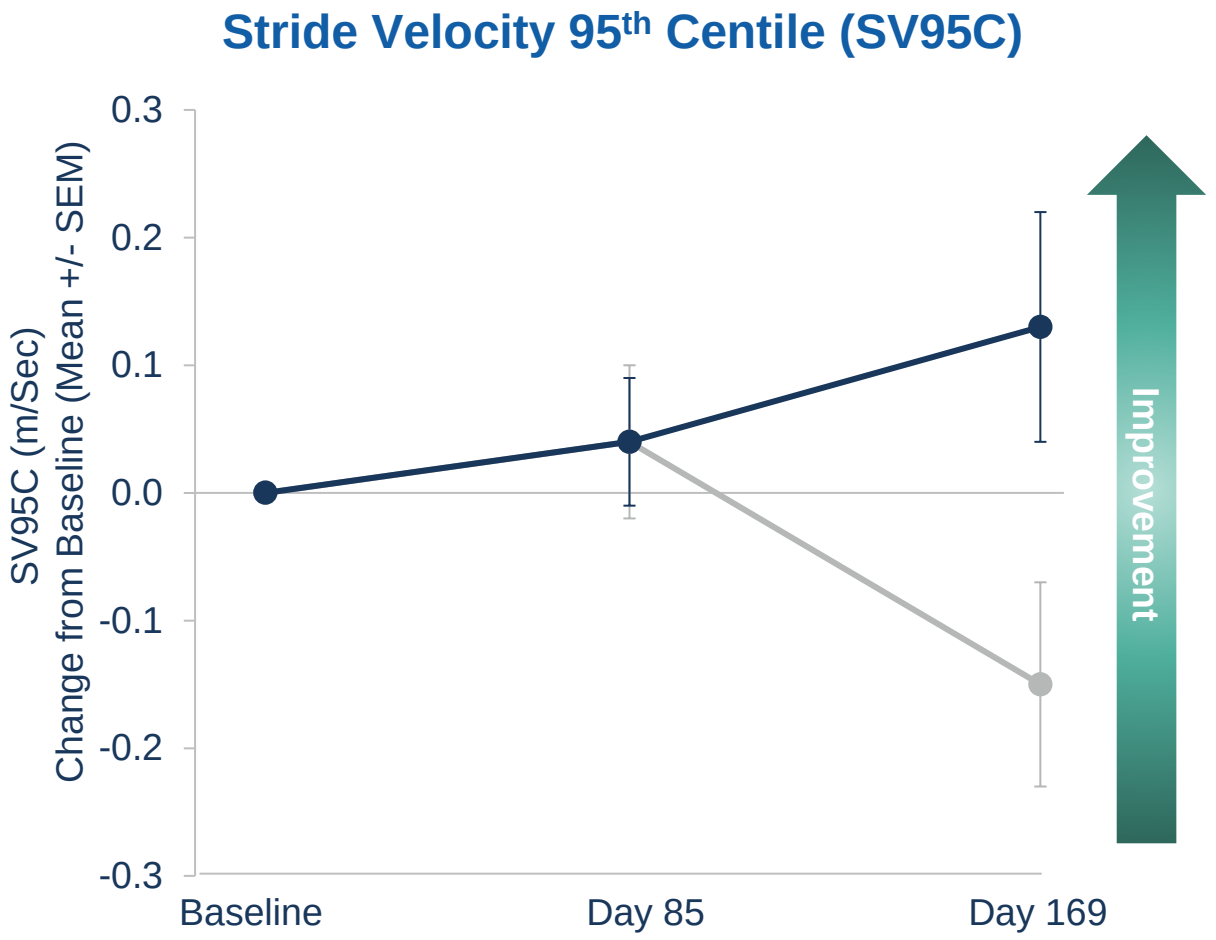
Notes: Data previously presented on September 3, 2024. MHC = myosin heavy chain

1. DELIVER biopsy taken approximately 28 days after most recent dose; 6 months = Week 25 for DELIVER.

Unprecedented Clinically Meaningful Benefits Observed at Registrational Dose

Previously Presented Data





Placebo (n = 6) for SV95C and (n = 14) for NSAA

DYNE-251 20 mg/kg Q4W (n = 6 for both endpoints)

Note: Data previously presented on September 3, 2024.

Registrational Expansion Cohort Timeline Enables Potential Submission for U.S. Accelerated Approval in Early 2026

Accelerated Approval Path Enables Speed to Filing

DELIVER Registrational Expansion Cohort
N ~ 32, 3:1
20 mg/kg Q4W

Full Enrollment (Q1 2025)

Primary Endpoint (6 months)

Potential Submission for U.S. Accelerated Approval (Early 2026)

Potential Profile

Primary Endpoint (6 months)

- Change from baseline in dystrophin protein levels by Western Blot

Additional Endpoints

- Change from baseline of:
  - Exon 51 skipping levels
  - Muscle tissue PDPF
- NSAA
- SV95C

Program

Opening Remarks

John Cox, President & CEO

New Data from DYNE-101 ACHIEVE Trial in DM1
Update on DYNE-251 DELIVER Trial in DMD

Doug Kerr, M.D., Ph.D., Chief Medical Officer

Closing Remarks

John Cox, President & CEO

Robust Portfolio Focused on Neuromuscular Diseases with Opportunities to Expand by Leveraging FORCE Delivery

DISEASE	TARGET	DISCOVERY / PRECLINICAL / PHASE 1/2	ESTIMATED PATIENTS
Myotonic Dystrophy Type 1 (DM1)	DMPK	DYNE-101	US: **>40,000** Europe: **>74,000**
Duchenne Muscular Dystrophy (DMD)	Exon 51	DYNE-251	US: **~12,000-15,000** Europe: **~25,000**
	Exon 53		
	Exon 45		
	Exon 44		
	Other Exons		
Facioscapulohumeral Muscular Dystrophy (FSHD)	DUX4	DYNE-302	US: **~16,000-38,000** Europe: **~35,000**
Pompe disease	GAA	DYNE-401	US: **~3,800** Europe: **~7,000**

Pipeline expansion opportunities in CNS, rare skeletal, cardiac and metabolic

Building Momentum Toward Potential Launches in 2027

	2024	2025	2026
DYNE-101 for DM1	✓ MAD Complete ✓ Registrational dose selected	Fully enroll Registrational Expansion Cohort (mid-2025)	Registrational Expansion Cohort readout (H1 2026) Submission for U.S. Accelerated Approval (H1 2026)
DYNE-251 for Exon 51 DMD	✓ Registrational Expansion Cohort initiated	Registrational Expansion Cohort readout (late 2025)	Submission for U.S. Accelerated Approval (early 2026)

Q&A

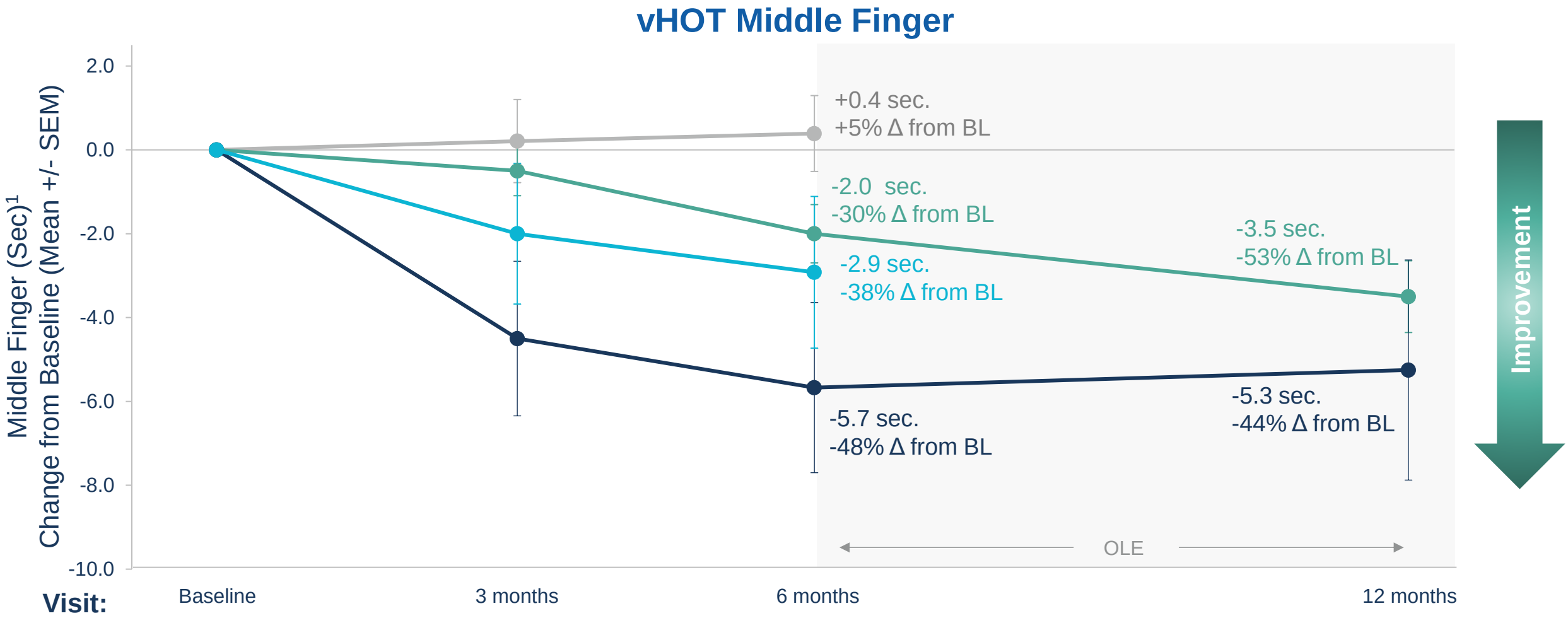
Appendix: Additional Study Results

ACHIEVE Baseline Participant Characteristics: By Treatment

Mean (SD)	Placebo (N=14)	1.8 mg/kg Q4W (N=6)	3.4 mg/kg Q4W (N=6)	5.4 mg/kg Q8W (N=6)	6.8 mg/kg Q8W (N=6)
Age (years)	32.6 (9.6)	37.0 (10.5)	31.2(4.4)	40.2 (6.5)	37.2 (9.7)
BMI (kg/m^2)	24.4 (4.7)	21.6 (5.8)	21.1 (1.8)	21.4 (2.5)	23.4 (5.6)
CASI-22	0.68 (0.20)	0.64 (0.25)	0.75 (0.12)	0.82 (0.16)	0.74 (0.25)
CTG Repeats	597 (246)	303 (163)	652 (258)	482 (236)	542 (191)
vHOT (sec) (middle finger)	7.5 (3.0)	11.3 (4.4)	6.6 (3.9)	11.9 (5.7)	7.8 (3.8)
QMT Total (% predicted)	51.5 (14.3)	48.1 (10.6)	42.0 (12.6)	46.6 (17.7)	51.3 (10.4)
10MWR (sec)	3.34 (0.48)	3.39 (0.55)	3.48 (0.67)	5.1 (2.40)	3.94 (1.56)
5 Times Sit to Stand (sec)	9.24 (2.03)	9.47 (2.04)	8.75 (1.88)	12.78 (6.79)	9.98 (3.33)
DM1-ACTIV^c Total	47 (NA[a])	46 (4.59)	38 (4.65)	44 (6.99)	43.4 (NA[a])
MDHI Total	18.7 (13.8)	23.5 (23.2)	30.2 (23.2)	14.8 (7.4)	26.5 (13.7)

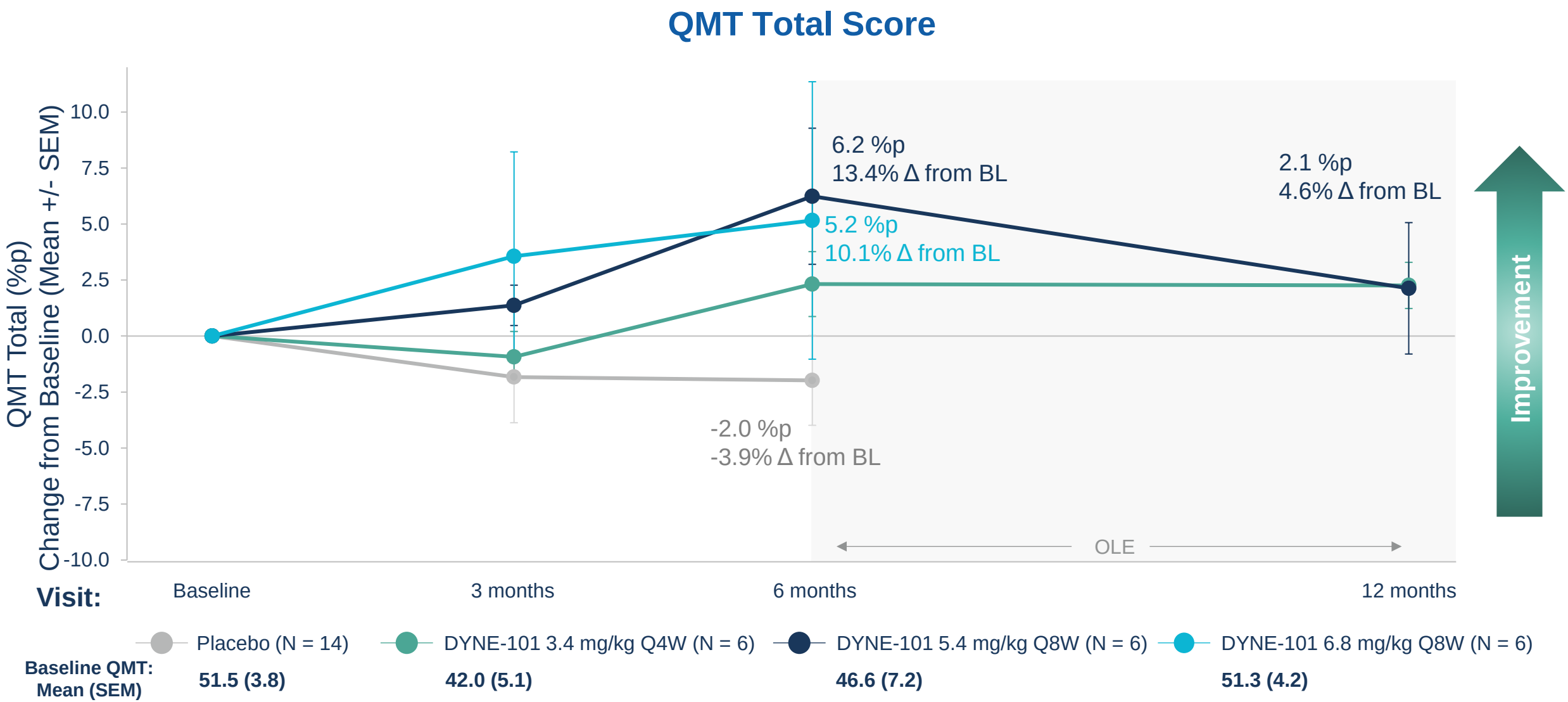
[a] SDs for DM1-ACTIV ^{c} are not reported to maintain blinding.

Early and Sustained Improvement in Functional Myotonia



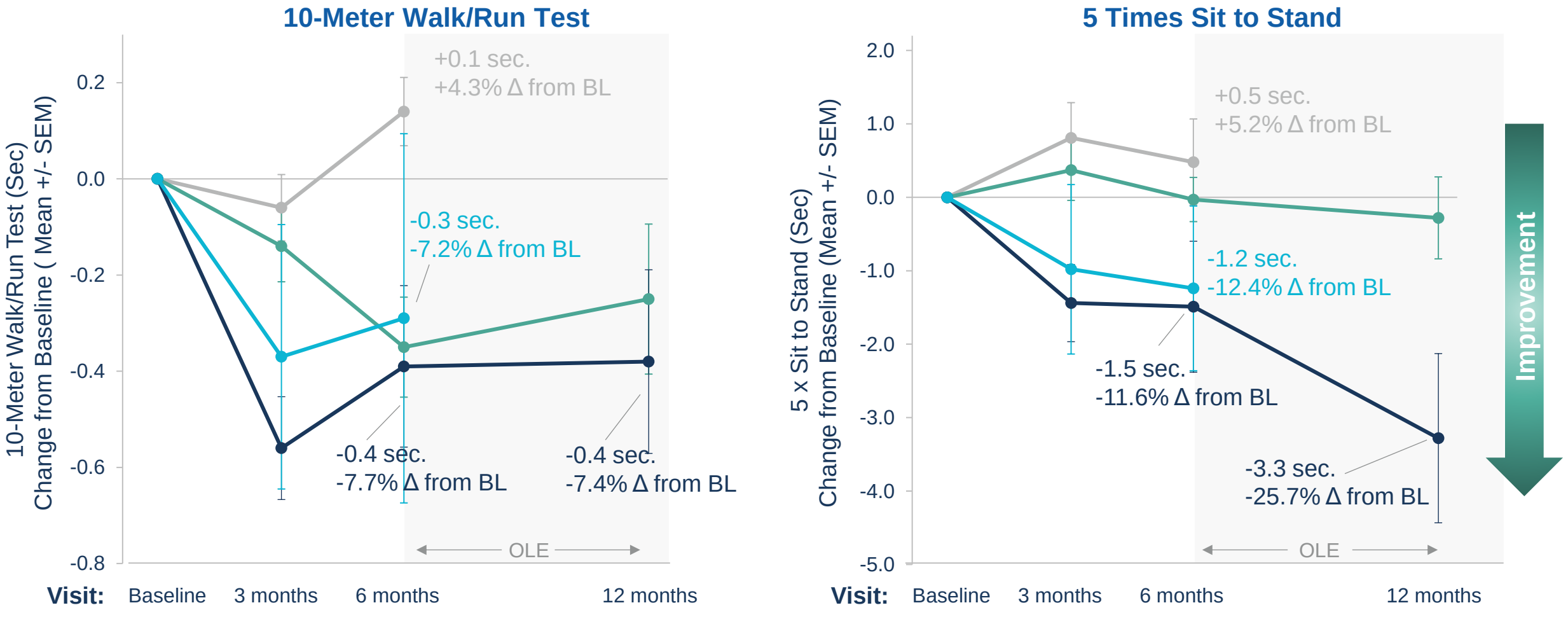
Notes: 1. vHOT Middle Finger (sec) is the average of all myotonia trials for an individual participant in ACHIEVE; BL = baseline. 3 months = 85 days; 6 months = 169 days; 12 months = 337 days

Improvement in Muscle Strength at 6 and 12 Months



Notes: BL = baseline. 3 months = 85 days; 6 months = 169 days; 12 months = 337 days

Early and Sustained Benefit Across Measures of Daily Function



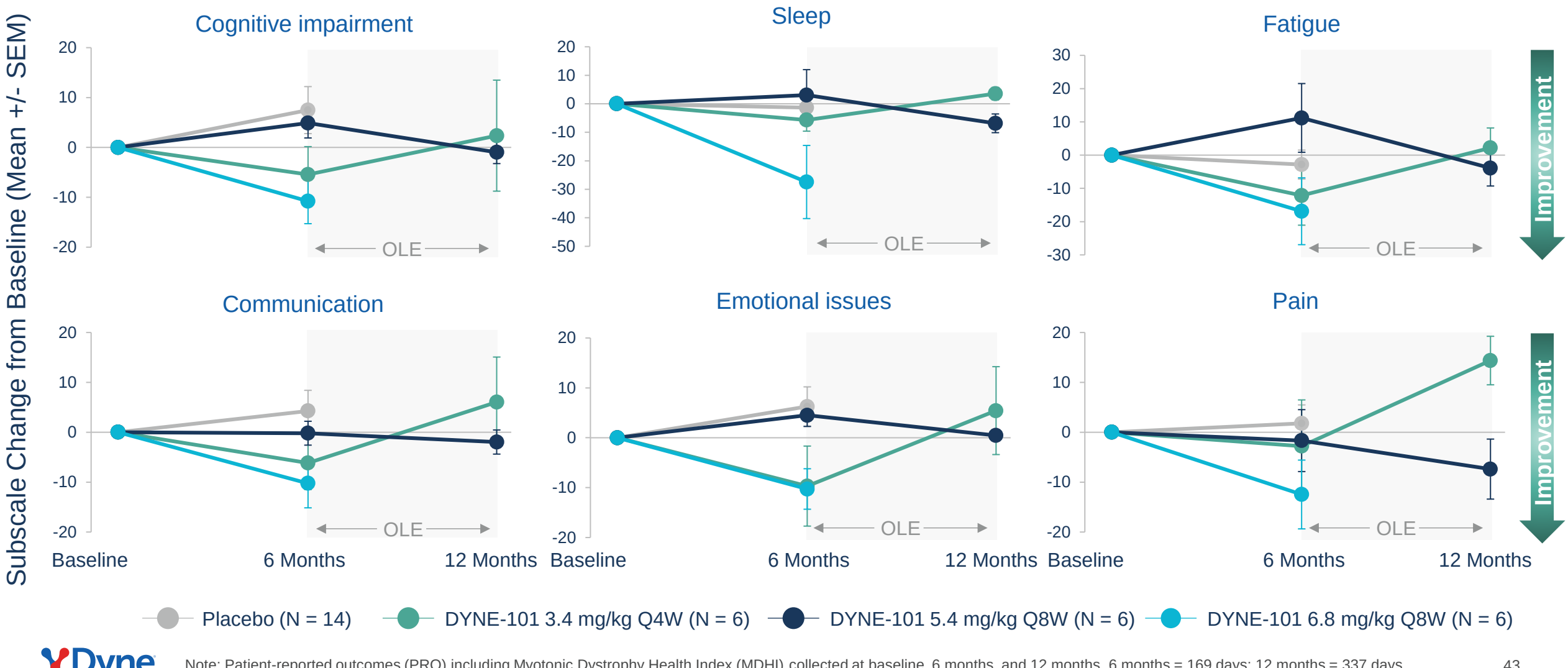
	Placebo (N = 14)	DYNE-101 3.4 mg/kg Q4W (N = 6)	DYNE-101 5.4 mg/kg Q8W (N = 6)	DYNE-101 6.8 mg/kg Q8W (N = 6)
Baseline Mean (SEM) 10MWR:	**3.3 (0.1)**	**3.5 (0.3)**	**5.1 (1.0)**	**3.9 (0.6)**
5xSTS:	**9.2 (0.5)**	**8.8 (0.8)**	**12.8 (2.8)**	**10.0 (1.4)**

Notes: BL = baseline. 3 months = 85 days; 6 months = 169 days; 12 months = 337 days

Encouraging Trends on MDHI Total PRO

Notes: Patient-reported outcomes (PRO) including Myotonic Dystrophy Health Index (MDHI) collected at baseline, 6 months, and 12 months. 6 months = 169 days; 12 months = 337 days.

CNS-related MDHI Subscales Show Improvement at Registrational DYNE-101 Dose



Note: Patient-reported outcomes (PRO) including Myotonic Dystrophy Health Index (MDHI) collected at baseline, 6 months, and 12 months. 6 months = 169 days; 12 months = 337 days.