Building the World's Leading Muscle Disease Company

COMPANY OVERVIEW | MAY 2024

Sarah, *living with DM1*

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OUR MISSION

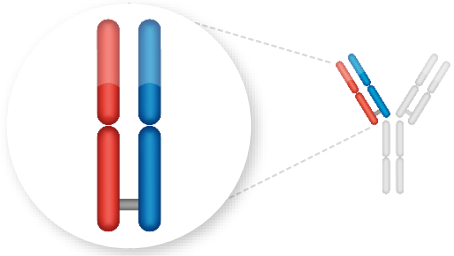
Life-transforming therapies

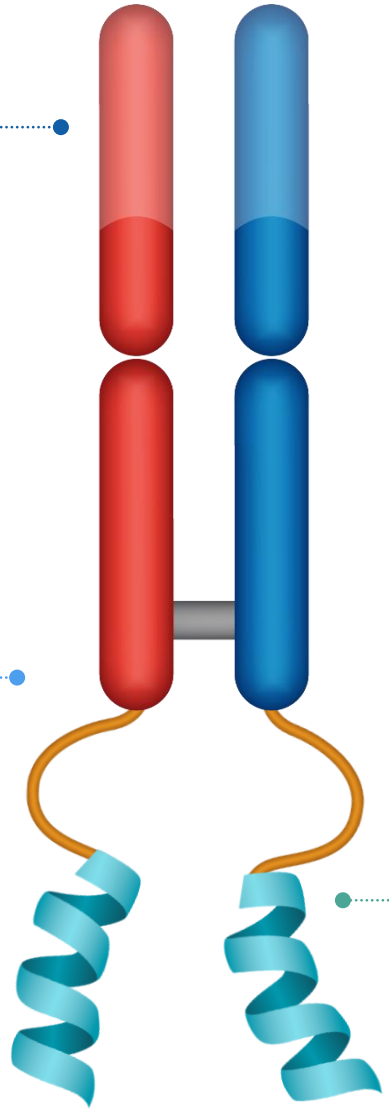
for patients with serious muscle diseases

Dyne FORCE™ Platform: Modern Oligo Therapeutics for Muscle Diseases

ANTIBODY

Proprietary Fab targets TfR1 to enable muscle delivery



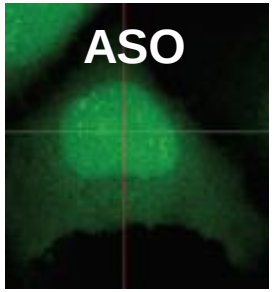


LINKER

Clinically validated, enables precise conjugation of multiple payloads to a single Fab

PAYLOAD

Modularity enables rational selection of payload to target the genetic basis of disease

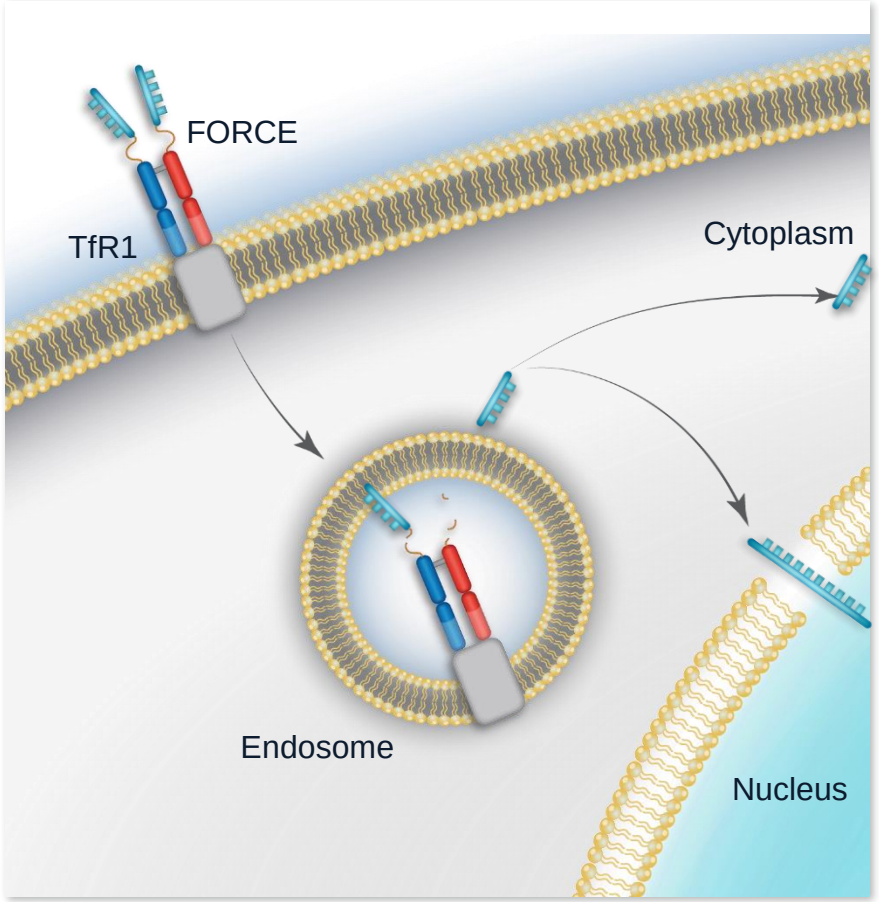


Nuclear localization

Cytoplasmic localization

Adapted from Ohrt T., et al. *Nucleic Acids Res* 2006;34:1369.

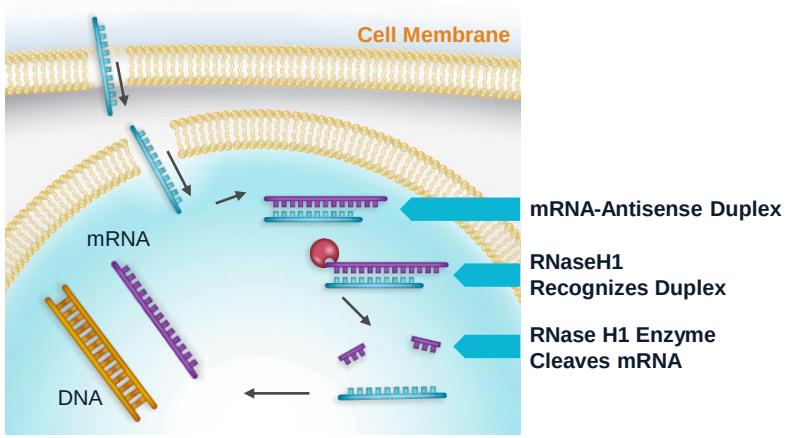
FORCE Platform Harnesses Cell Biology to Modify Disease



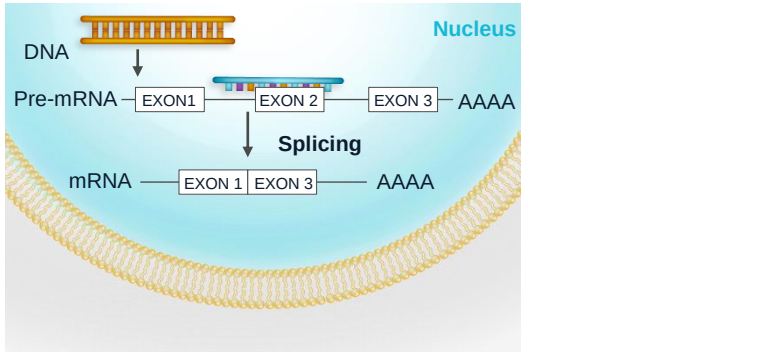
- Harnesses natural mechanism of TfR1 receptor-mediated delivery to transport therapeutics across the cell membrane
- Achieves endosomal escape without any membrane-destabilizing agents
- Distinctive pharmacokinetic profile creates opportunity for durable target engagement and wide therapeutic index

Rationally Select Payload to Target Genetic Basis of Disease

ASO acts in the nucleus and cytoplasm

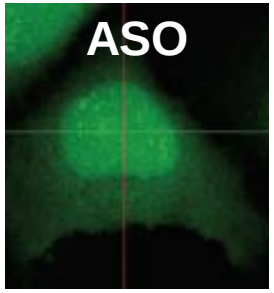


Splice-modulating ASO

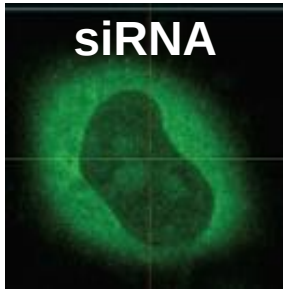


Single-Stranded Antisense

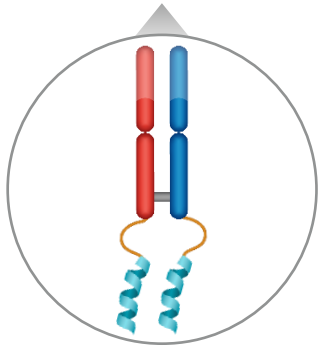
Subcellular distribution of ASO and siRNA



Nuclear localization

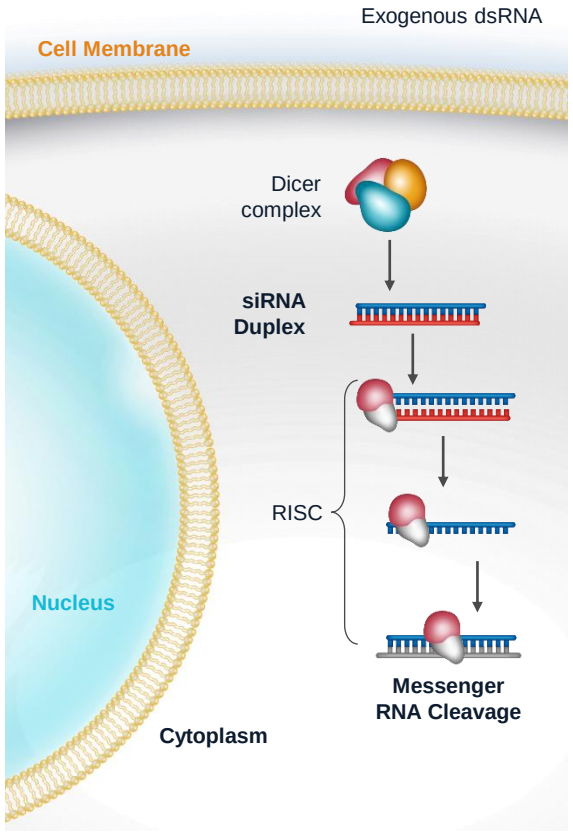


Cytoplasmic localization



FORCE delivers **ASO** payload for nuclear targets, **siRNA** payload for cytoplasmic targets

siRNA acts in the cytoplasm



Double-Stranded Antisense (siRNA)

Adapted from Ohrt T., et al. *Nucleic Acids Res* 2006;34:1369.

FORCE Platform Designed to Deliver Significant Advantages

Targeted Muscle Delivery

Leverages TfR1 expression
on skeletal, cardiac and smooth muscle

Targets Genetic Basis of Disease

Rationally select payloads
to match target biology

Redosable Administration

Potential for individualized patient
titration and longer-term efficacy

Enhanced Tolerability

Targeted delivery limits systemic
drug exposure

Extended Durability

Potential for prolonged disease-modifying
effects, enabling less frequent dosing

Reduced Development and Manufacturing Costs

A single Fab and linker
utilized across all programs

Robust Portfolio Focused on Muscle Diseases

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-301**	US: **~16,000-38,000** Europe: **~35,000**

Pipeline Expansion Opportunities

- **Rare Skeletal**
- **CNS**
- **Cardiac**
- **Metabolic**

Achieving the Promise of FORCE to Deliver for Patients

ACHIEVE

Potential first-in-class DM1 therapy with differentiated efficacy and safety profile

- ✓ Proof-of-concept achieved for DYNE-101
- ✓ Dose-dependent muscle delivery, DMPK KD, and splicing correction consistent across patients
- ✓ Meaningful functional improvement in myotonia (vHOT) at lowest 1.8 mg/kg dose
- ✓ Favorable safety profile to date[2]; 6.8 mg/kg Q8W cohort fully enrolled

DELIVER

Potential best-in-class DMD exon skipping franchise with differentiated efficacy and safety profile

- ✓ Proof-of-concept achieved for DYNE-251
- ✓ At initial 5.0 mg/kg Q4W dose, DYNE-251 showed compelling profile vs. eteplirsen standard-of-care reported at 6 months:[1]
  - >2.5x higher dystrophin expression with 24x lower PMO dose administered 4x less frequently vs. eteplirsen[1]
  - 2x higher increase in exon skipping vs. eteplirsen[1]
  - ~2x higher change from baseline PDPF vs. eteplirsen[1]
- ✓ Favorable safety profile to date[2]; 40 mg/kg Q8W cohort fully enrolled

Clinical Proof-of-Concept Achieved in ACHIEVE & DELIVER in Early Cohorts
Driving Towards Potentially Transformative Therapies for DM1 & DMD Patients in Later Cohorts

PDPF: percent dystrophin-positive fibers.
1. No head-to-head trials have been conducted comparing DYNE-251 to eteplirsen. Eteplirsen data may not be directly comparable due to differences in trial protocols, dosing regimens and patient populations. Accordingly, these cross-trial comparisons may not be reliable. Eteplirsen data from *J Neuromuscul Dis* 2021; 8(6):989–1001; 2. Data as of December 6, 2023.

Developing Transformative Therapies 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

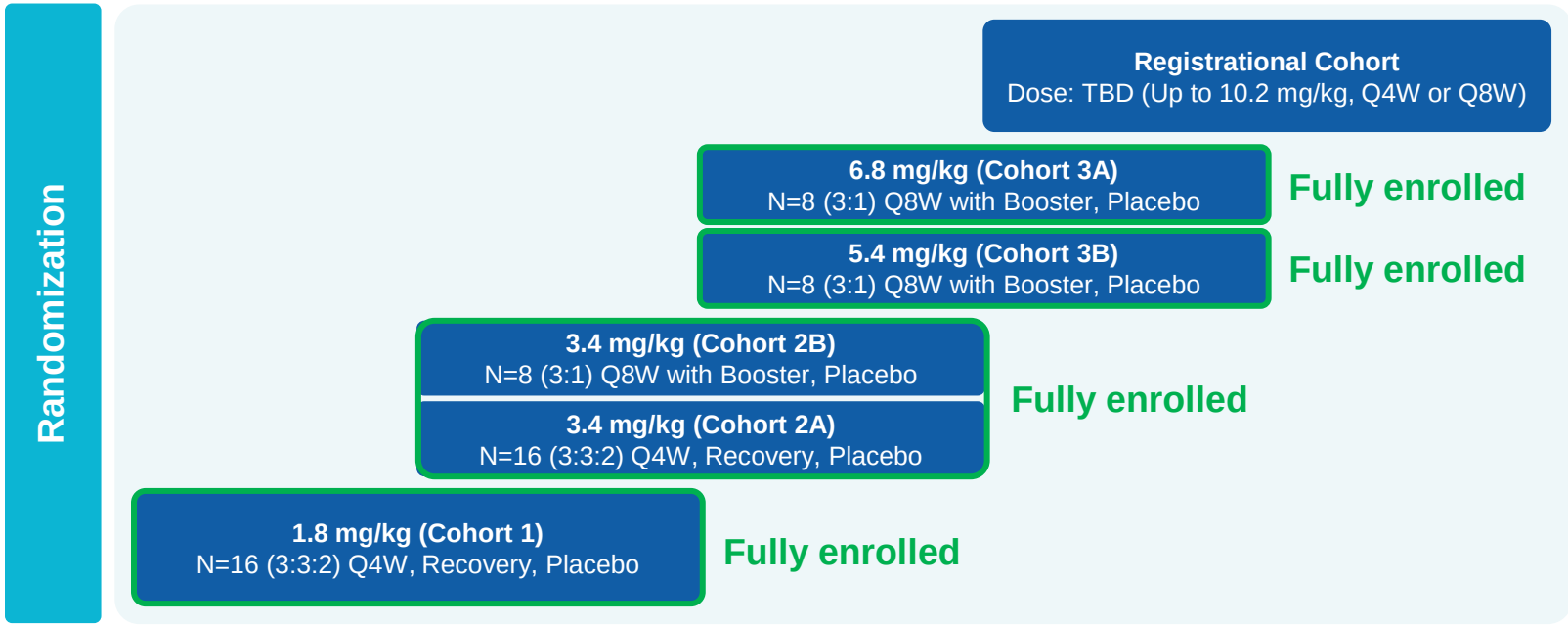
Phase 1/2 Clinical Trial to Evaluate DYNE-101 in Patients with DM1

Population	Primary Endpoints	Key Secondary	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	• Multiple Ascending Dose (MAD): 24 weeks • Open-Label Extension (OLE): 24 weeks • Long-Term Extension (LTE): 96 weeks

ACHIEVE Trial Design

ACHIEVE

Global, Randomized, Placebo-Controlled Stage Evaluating Once Monthly or Less Frequent Administration of DYNE-101 in Adult Patients Living with DM1



MAD Study Details

- IV administration of DYNE-101 or placebo every 4 weeks or every 8 weeks
- Muscle biopsies: Baseline, 12 weeks, 24 weeks
- Patients in MAD study escalated to highest tolerable dose in OLE and LTE

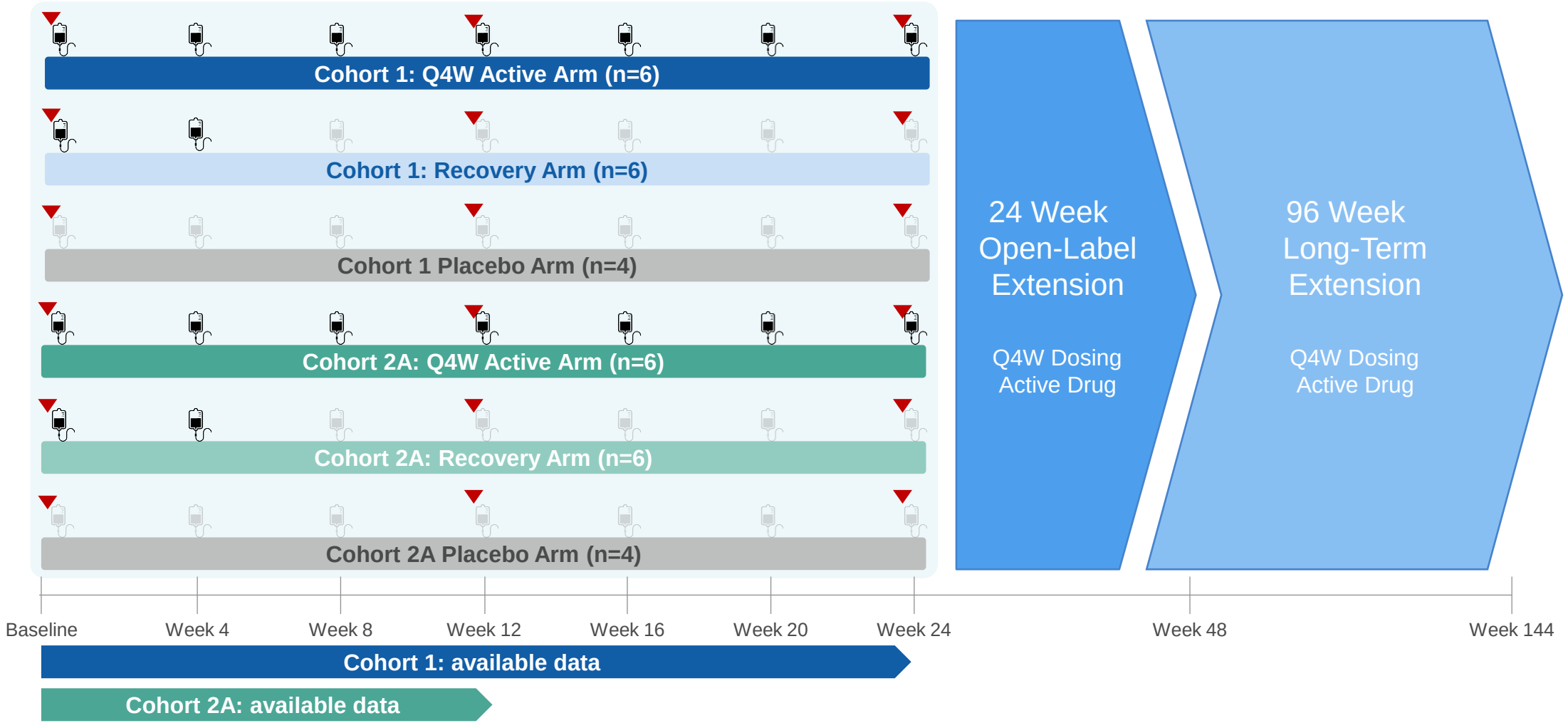
Global Strategy & Adaptive Trial Design To Enable Rapid Achievement of Potentially Registrational Clinical Data

Doses provided refer to ASO component of DYNE-101. Recovery cohort Q4W x 2 doses then placebo for the remainder of the 24W placebo-controlled period. Q8W with booster includes Q4W x 3 doses then Q8W dosing. Study protocol allows for dosing up to 10.2 mg/kg.

Dosing Arms & Schedule

ACHIEVE

Biopsy [1] DYNE-101 Placebo



1. Needle biopsies taken from alternating TA muscles prior to dosing at baseline, Day 85, and Day 169.

Baseline Participant Characteristics

	Cohort 1 1.8 mg/kg (N=16) [1]	Cohort 2A 3.4 mg/kg (N=16) [1]
Age (years) (mean (SD))	34.6 (10.4)	34.3 (7.6)
Female (n (%))	7 (43.8%)	3 (18.8%)
BMI (kg/m^2) (mean (SD))	22.4 (5.3)	23.8 (3.8)
CASI (mean (SD))	0.62 (0.26)	0.67 (0.20)
CTG Repeats (mean (SD))	375 (217)	527 (241)
vHOT (sec) (middle finger average) (mean (SD))	11.2 (4.3)	8.0 (5.7)
MDHI Total (mean (SD))	25 (20)	25 (20)

1. Q4W, recovery, and placebo arms are reported together for baseline characteristics.

DYNE-101 Safety Profile Is Favorable to Date

Summary of Treatment Emergent Adverse Events (TEAEs) – Placebo-Controlled Period [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=5	Overall (N=45)
Any TEAE	16 (100%)	13 (81%)	5 (63%)	1 (20%)	35 (78%)
Any related TEAE	6 (38%)	6 (38%)	0	1 (20%)	13 (29%)
Any serious TEAE	2 (13%)	0	0	0	2 (4%)
Any serious related TEAE	0	0	0	0	0
Any TEAE leading to withdrawal from study drug	0	0	0	0	0
Any TEAE leading to death	0	0	0	0	0

Most TEAEs Were Mild or Moderate in Intensity (Placebo-Controlled Period)

- 2 serious TEAEs unrelated to study drug
  - Atrioventricular block first degree*
  - Pneumonia
- Most common TEAEs (≥5% participant incidence)**
  - Nasopharyngitis (11%)
  - Fatigue (9%)
  - Infusion site rash (9%)
  - Headache (9%)
  - Procedural pain (7%)
  - Diarrhea (7%)
- 1 severe, non-serious, TEAE, unrelated to study drug
  - Recurrence of worsening AV block in participant with the SAE of AV block
- Liver enzyme elevations have been observed in ~18% 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

Additional Safety Data

- No participants have demonstrated anemia or thrombocytopenia[2]
- No participants have demonstrated kidney injury[3]

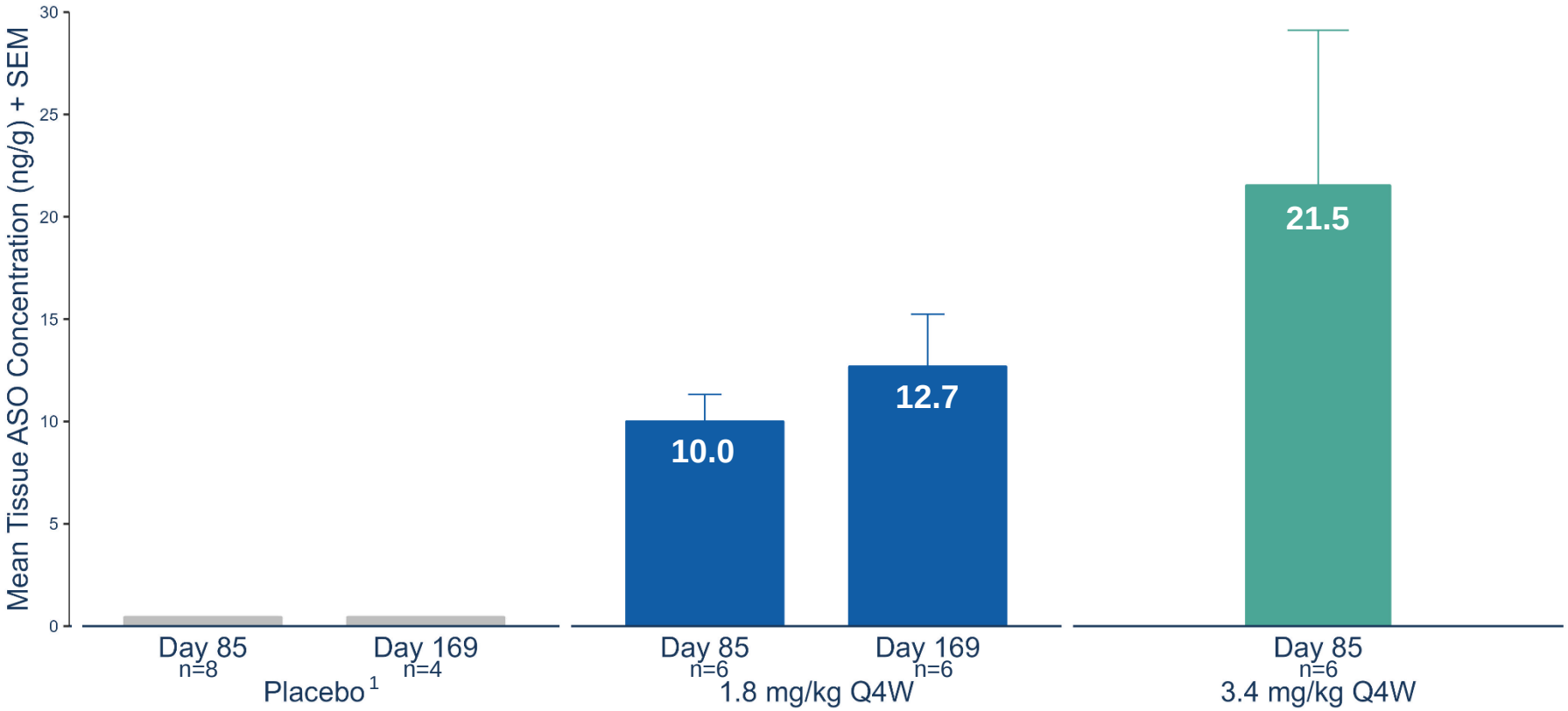
* Transient worsening of atrioventricular (AV) block in a participant with ongoing medical history of first-degree AV block
** All cohorts combined; preferred terms are reported

Favorable Safety Profile Has Supported Dosing Up to 10.2 mg/kg

1. Data as of December 6, 2023; 2. Treatment emergent HGB or PLT persistently below LLN or reported AE. 3.Treatment emergent and persistently abnormal renal parameters or reported AE.

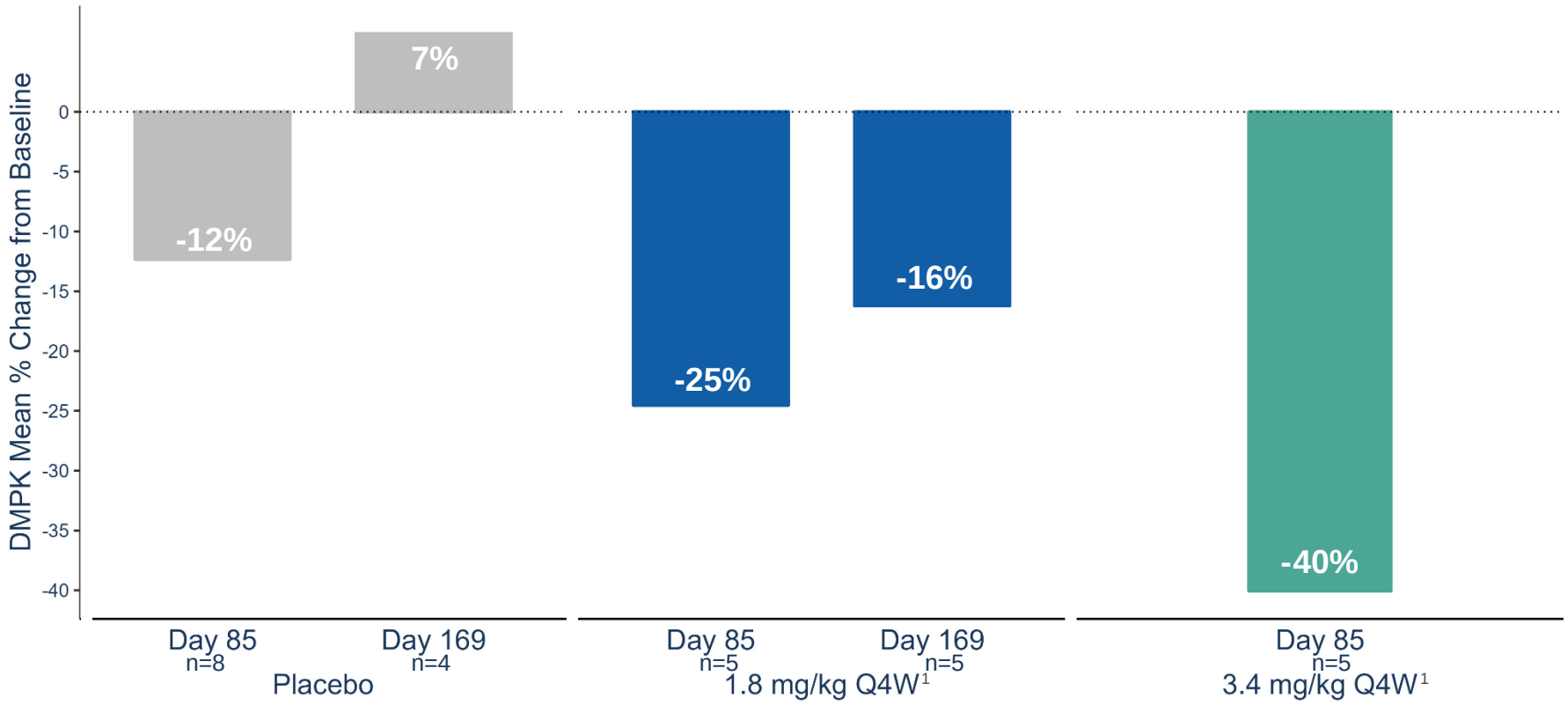
DYNE-101 Drove Robust, Dose-Dependent Delivery of ASO to Muscle

ASO Muscle Concentration



1. Placebo values were below the LLQ at Day 85 and Day 169. LLOQ is 0.85 ng/g.

Achieved Dose-Dependent Target Engagement to Modify DM1 Biology

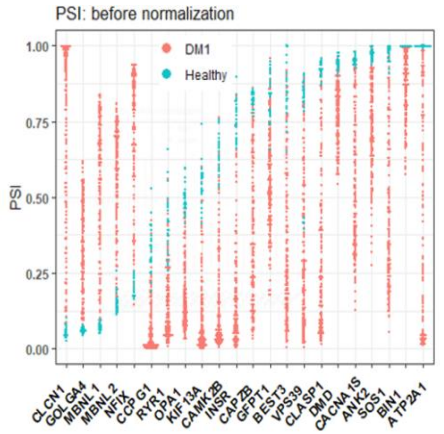


- **Dose response**
  - Greater *DMPK* knockdown at 3.4 mg/kg compared to 1.8 mg/kg dose level

1. One baseline sample in 1.8 mg/kg Q4W treatment group and one Day 85 sample in 3.4 mg/kg Q4W treatment group not included within DMPK KD and splicing assay due to the sample did not meet QC criteria.

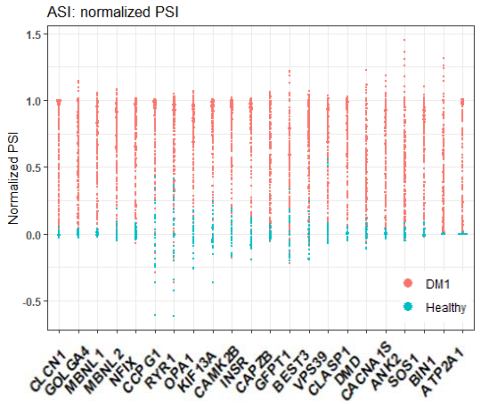
DMCRN NHS Enabled Establishment of Composite Alternative Splicing Index (CASI) as Biomarker Correlating with Clinical Function in DM1

PSI = Percent Spliced In



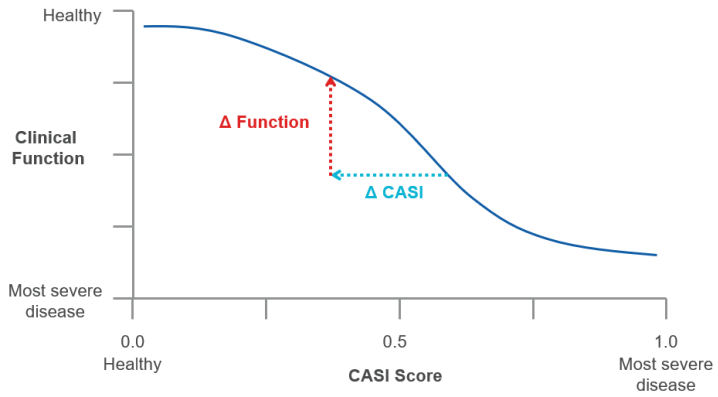
Targeted sequencing reads to calculate Percent Spliced In (PSI) of specific exons

ASI: Alternative Splicing Index



Normalize to reference PSI from healthy controls and patients from DM1 natural history studies [1]

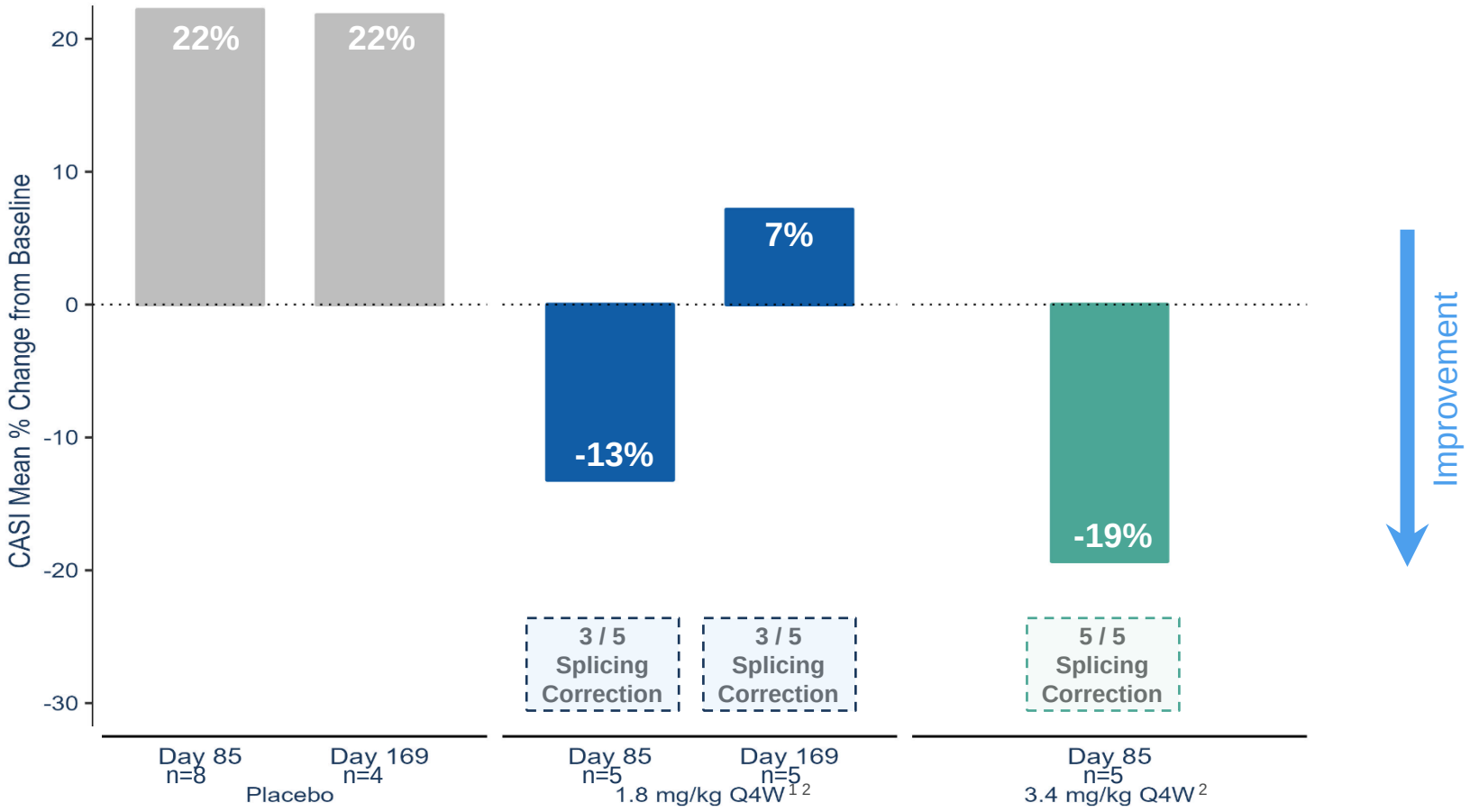
CASI: Composite Alternative Splicing Index



Compute the mean of normalized PSI from a panel of 22 genes.
0 representing median score of healthy subjects; 1 representing 95th percentile severity of DM1 patients

1. Reference PSI described within Thornton CA et al., *Lancet Neurol*, 2023; 22: 218–228; DMCRN NHS: Myotonic Dystrophy Clinical Research Network natural history study.

Dose-Dependent Splicing Correction with Consistency of Response Achieved At Higher Doses Across 22-Gene Panel

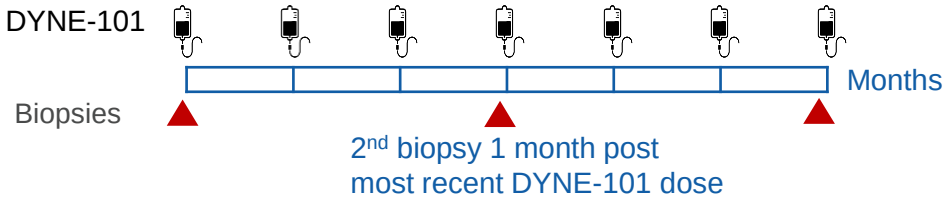


- **Dose response**
  - DYNE-101 3.4 mg/kg Q4W demonstrated mean 19% correction of splicing from baseline at Day 85 vs. 13% correction for 1.8 mg/kg Q4W
- **Consistency of response**
  - All evaluable participants in 3.4 mg/kg Q4W demonstrated splicing correction across 22-gene panel

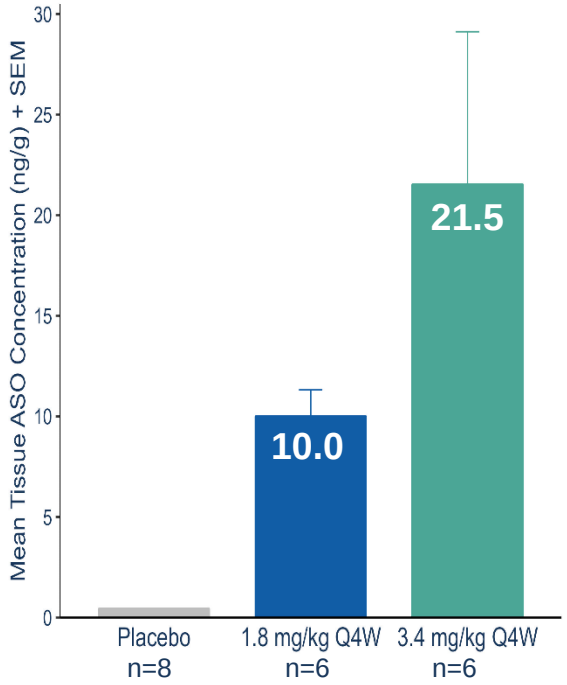
Mean % Change = mean of change from baseline / mean of baseline

1. Within the 1.8 mg/kg Q4W cohort, the same patients that demonstrated splicing correction at Day 85 continued to show splicing correction at Day 169; patients who did not show correction at Day 85, exhibited further increase in CASI between Day 85 and Day 169. 2. One baseline sample in 1.8 mg/kg Q4W treatment group and one Day 85 sample in 3.4 mg/kg Q4W treatment group not included within DMPK KD and splicing assay due to the sample did not meet QC criteria.

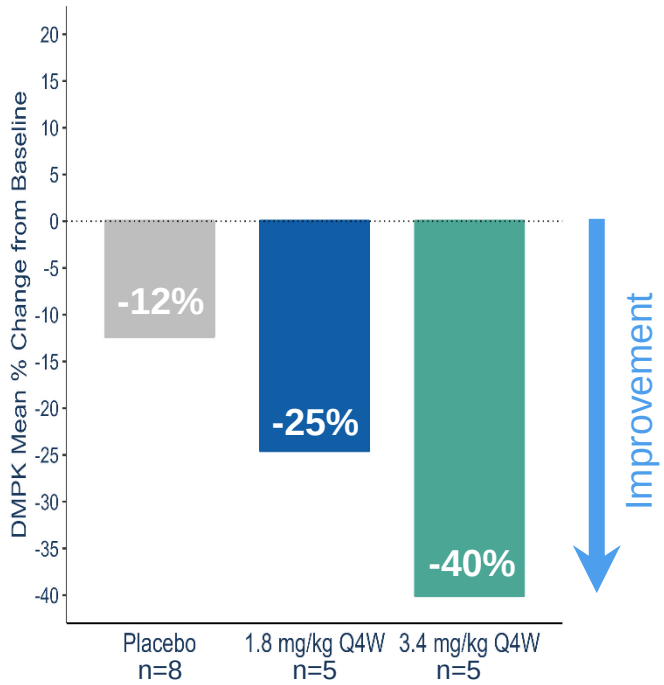
Monthly Dosing of DYNE-101 Demonstrated Robust Delivery, DMPK Knockdown and Splicing Correction at 3 Months



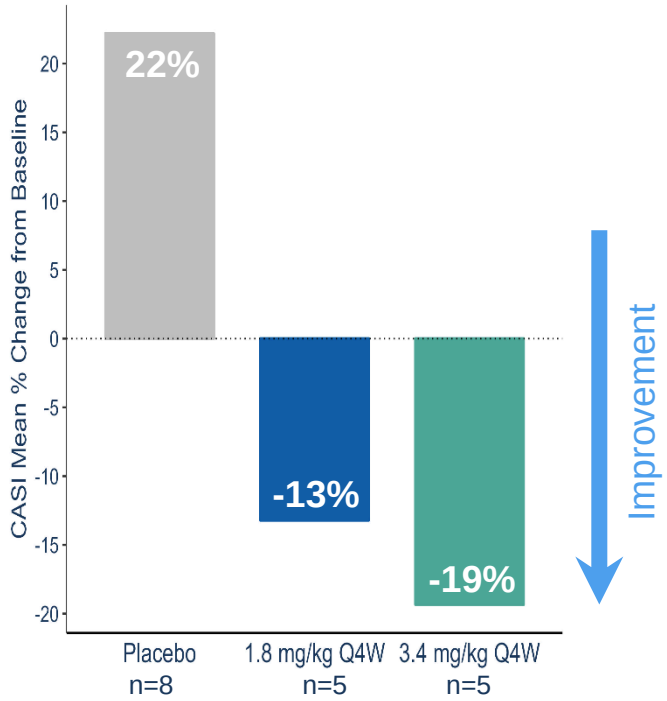
ASO muscle concentration



DMPK KD

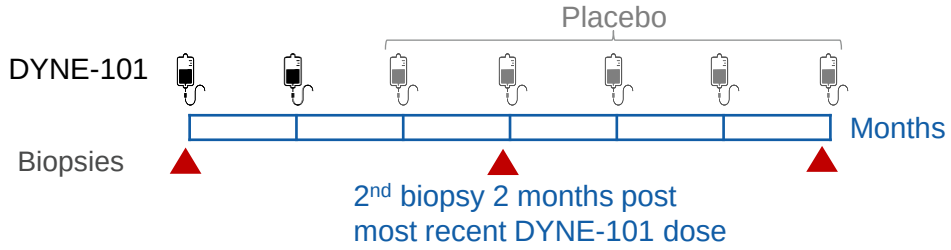


CASI-22

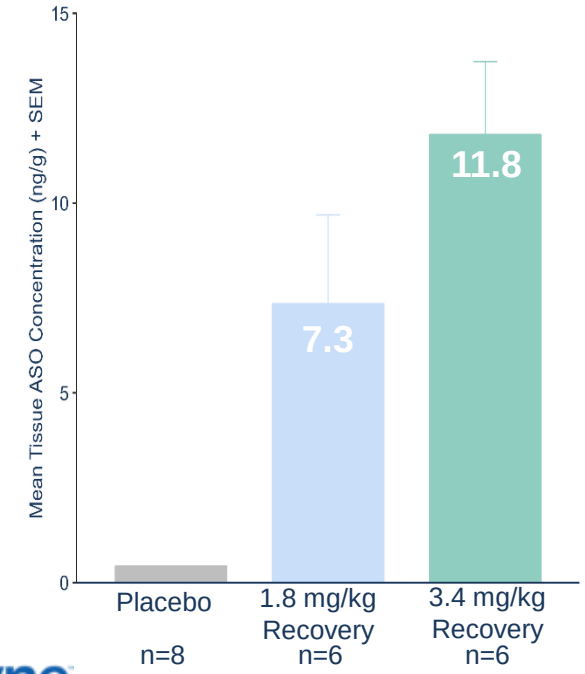


Recovery Data Supports Less Frequent Dosing Regimen

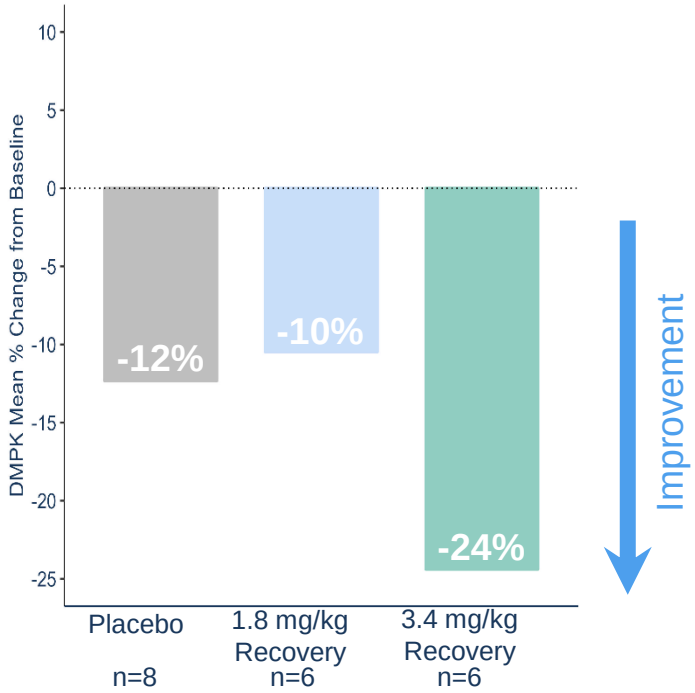
Recovery Arm at Day 85 Reflect 2 Doses of DYNE-101 with Biopsy 2 Months Post Last Dose



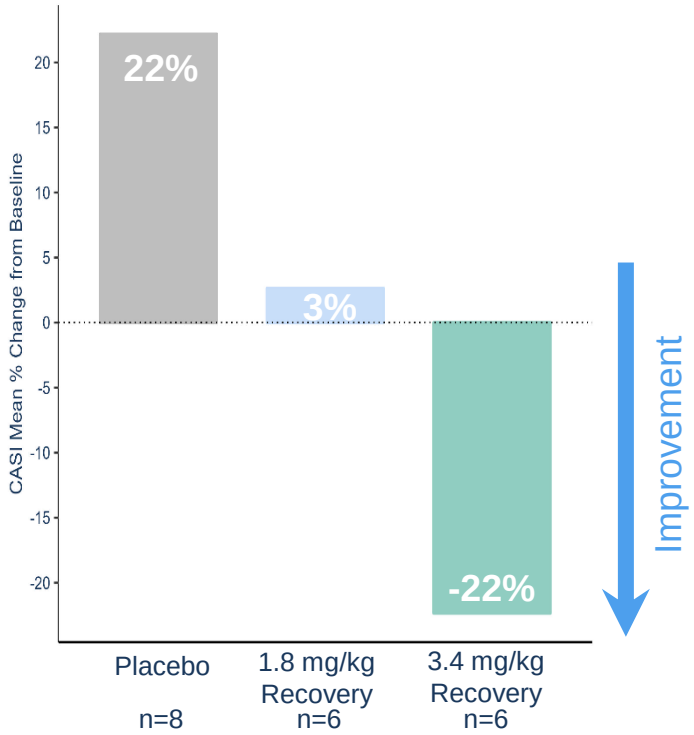
ASO muscle concentration



DMPK KD

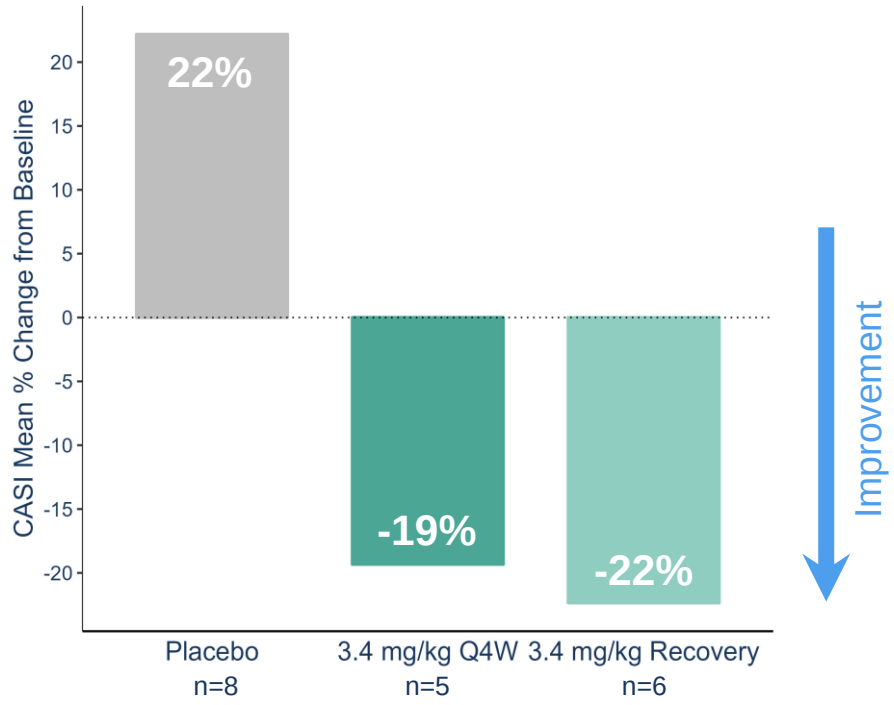


CASI-22

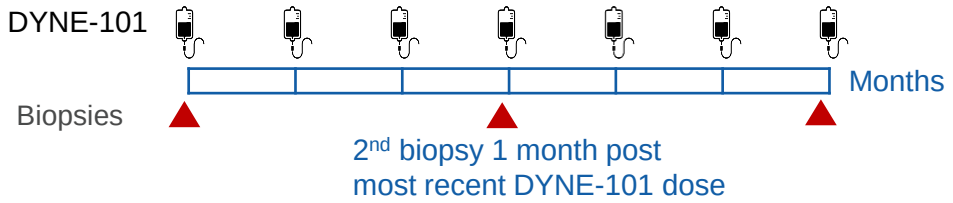


Recovery Data Supports Less Frequent Dosing Regimen

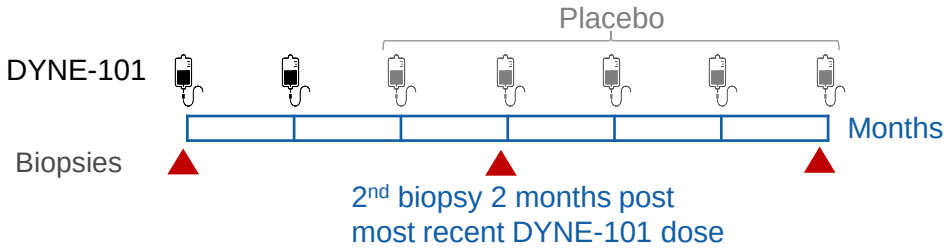
CASI-22



Q4W Active Arm



Q4W Recovery Arm

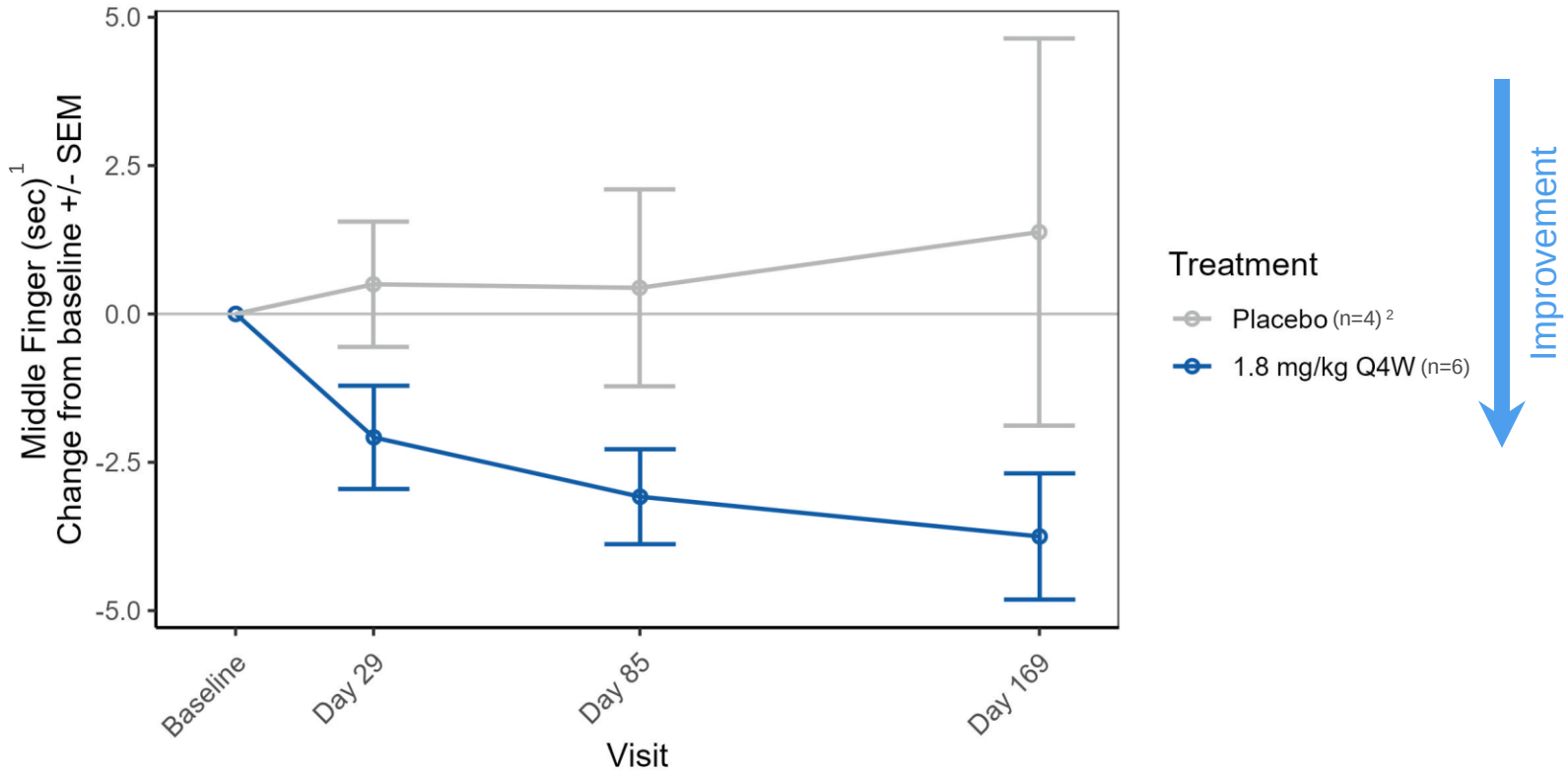


Robust Splicing Correction in Both Active and Recovery Arm with 3.4 mg/kg Dose

Continued Improvement in Functional Myotonia at 6 Months

1.8 mg/kg Q4W myotonia benefit increased from 3.1 seconds at 3 Months to 3.8 seconds at 6 Months

vHOT middle finger change from baseline

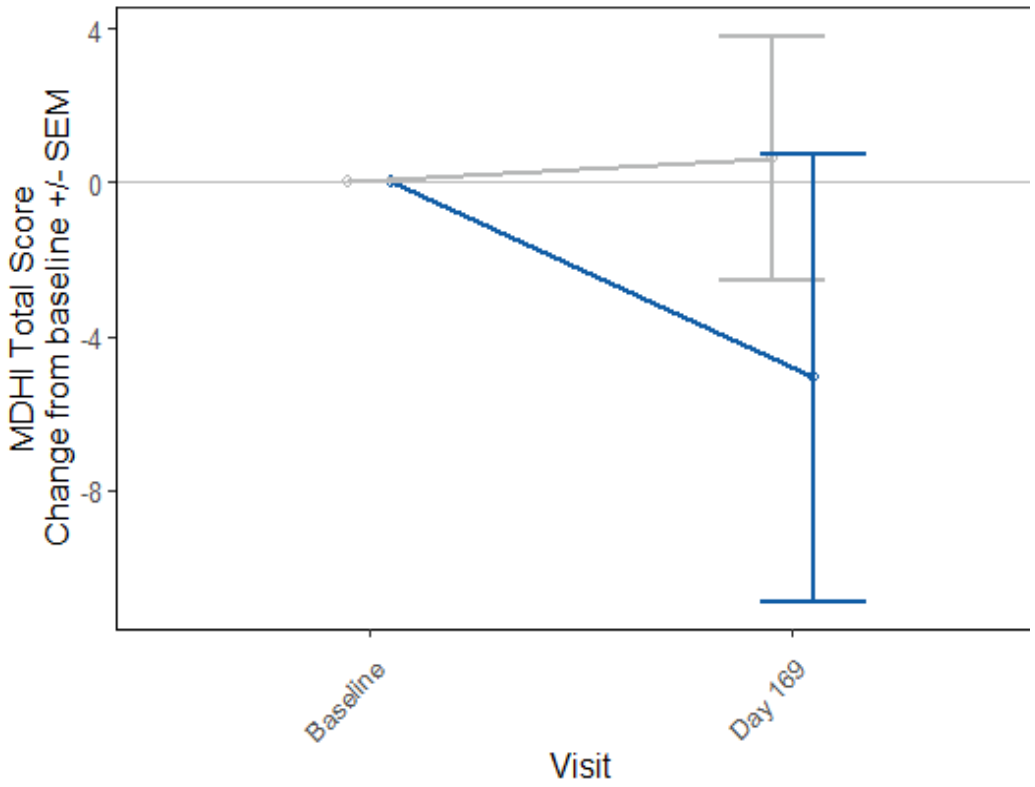


1. Middle Finger (sec) is the average of all myotonia trials for an individual participant in ACHIEVE; 2. Four participants randomized to placebo arm in 1.8 mg/kg cohort; n=4 at Day 169.

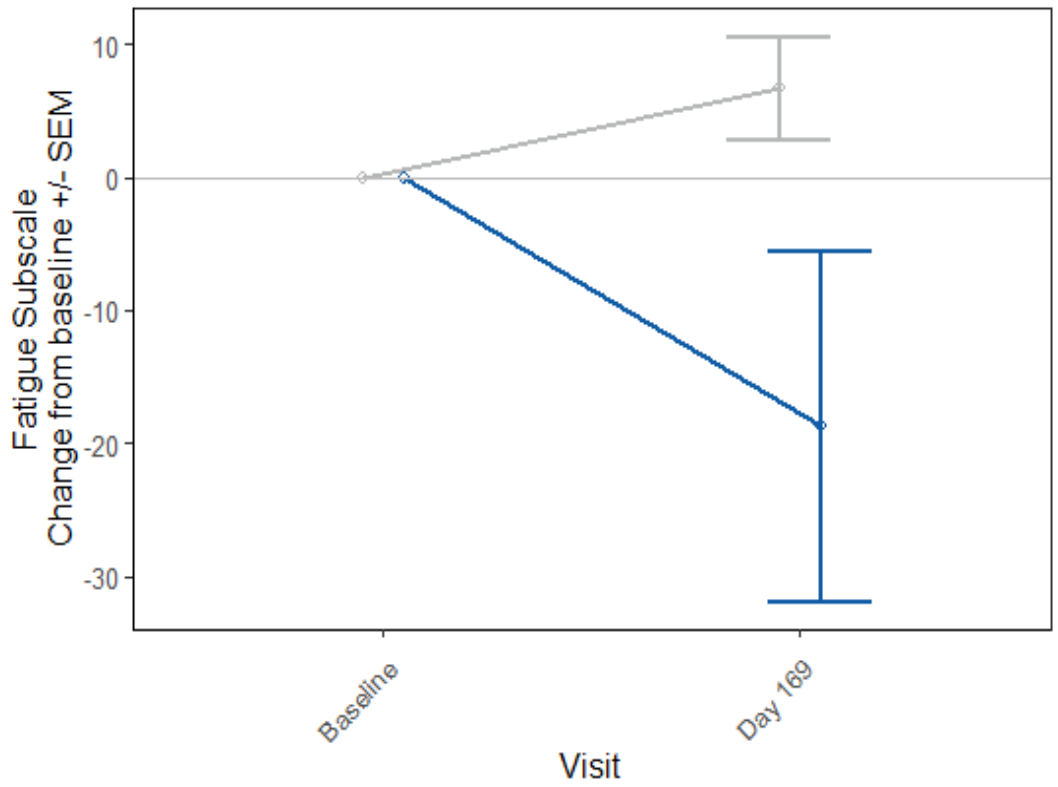
Patient Reported Outcomes Beginning to Show Effect at Lowest Dose in ACHIEVE

Improvement in MDHI total and fatigue subscale, suggesting potential benefit in CNS

Total MDHI change from baseline



Fatigue change from baseline



Improvement

Placebo (n=4) 1.8 mg/kg Q4W (n=6)

Notes: Patient-reported outcomes (PRO), including Myotonic Dystrophy Health Index (MDHI) collected at Day 169.

ACHIEVE Data Demonstrated Robust Effect in DM1 Patients

Initial ACHIEVE Clinical Data

- Dose-dependent muscle delivery, DMPK KD, and splicing correction consistent across patients
- Meaningful functional improvement in myotonia (vHOT) at lowest 1.8 mg/kg dose
- Early indication of durable effect beyond monthly dosing supports exploration of Q8W
- Favorable safety profile to date[1]; 6.8 mg/kg Q8W cohort fully enrolled

DYNE-101 Proof-of-Concept Achieved

DYNE-101: Next Steps

Optimizing dose and dose regimen in 2024

Next clinical update from ACHIEVE expected in H2'24

1. Safety data as of December 6, 2023.

Building a Global DMD Franchise of Transformative Therapies

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**

Phase 1/2 Clinical Trial to Evaluate DYNE-251 in Patients with DMD

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

Key Secondary Endpoints

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

Stages of DELIVER

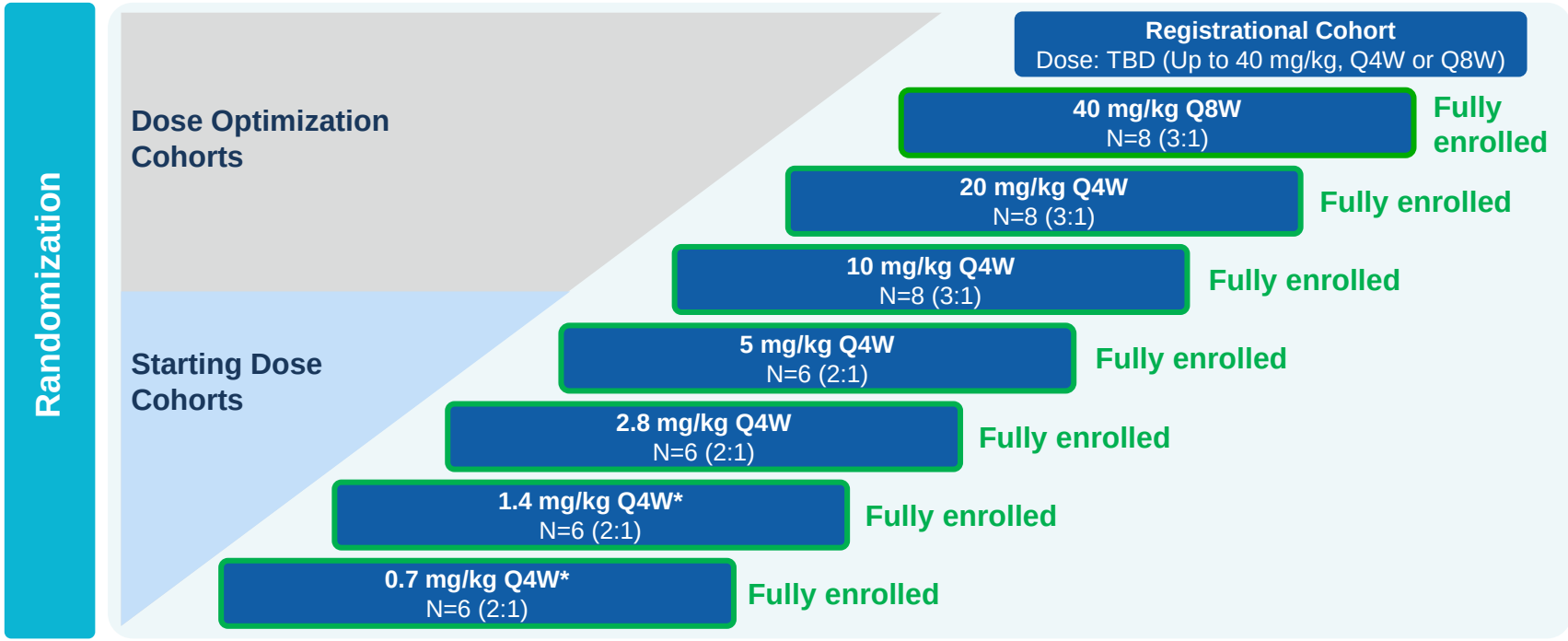
- Multiple Ascending Dose (MAD): 24 weeks
- Open-Label Extension (OLE): 24 weeks
- Long-Term Extension (LTE): 96 weeks

PDPF: percent dystrophin-positive fibers; NSAA: North Star Ambulatory Assessment

DELIVER Trial Design

DELIVER

Global, Randomized, Placebo-Controlled Stage Evaluating Administration of DYNE-251 in Ambulant and Non-Ambulant Male DMD Patients with Mutations Amenable to Exon 51 Skipping Therapy



MAD Study Details

- IV administration of DYNE-251 or placebo every 4 weeks or every 8 weeks
- Muscle biopsies: Baseline and 24 weeks in 2.8 mg/kg and higher cohorts*
- Patients in MAD study escalated to highest tolerable dose in OLE and LTE

Global Trial Designed to be Registrational and to Enable Rapid Achievement of Predicted Pharmacologically Active Dose Levels

Doses provided refer to PMO component of DYNE-251. Cohorts randomized to active arm or placebo. Study protocol allows for dosing up to 40 mg/kg.
* Muscle biopsies taken at baseline and 24 weeks in 2.8 mg/kg Q4W cohort to 20 mg/kg Q4W cohort; muscle biopsies taken at baseline and 48 weeks in 40 mg/kg Q8W cohort; biopsies not taken in 0.7 mg/kg and 1.4 mg/kg cohorts.

DELIVER Baseline Participant Characteristics: By Cohort

	Cohort 1 0.7 mg/kg (N=6)	Cohort 2 1.4 mg/kg (N=6)	Cohort 3 2.8 mg/kg (N=6)	Cohort 4 5 mg/kg (N=6)
Age (years) (mean (SD))	10.8 (2.2)	7.8 (3.3)	10.7 (2.9)	8.3 (2.8)
BMI (kg/m^2) (mean (SD))	19.5 (3.4)	18.6 (2.3)	22.2 (6.3)	20.9 (1.6)
Age of Symptom Onset (years) (mean SD))	3.7 (1.8)	4.5 (2.1)	2.8 (1.8)	3.7 (3.1)
Corticosteroid dosing regimen (n (%))[1] Daily Other	 4 (66.7%) 2 (33.3%)	 4 (66.7%) 3 (50.0%)	 5 (83.3%) 1 (16.7%)	 6 (100.0%) 0
Prior DMD Therapy (n (%)) Eteplirsen Other	 4 (66.7%) 2 (33.3%)	 2 (33.3%) 1 (16.7%)	 5 (83.3%) 0	 1(16.7%) 0

Note: Q4W and placebo arms are reported together for baseline characteristics.
1. Historical corticosteroid regimen based on medical history; a participant can be counted in multiple categories.

DYNE-251 Safety Profile Is Favorable to Date

Summary of Treatment Emergent Adverse Events (TEAEs) – Placebo-Controlled Period [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	10mg/kg Q4W N=8	20mg/kg Q4W N=5	Overall* N=37
Any TEAE	4 (67%)	6 (100%)	3 (50%)	4 (67%)	6 (75%)	1 (20%)	24 (65%)
Any related TEAE	1 (17%)	2 (33%)	0	3 (50%)	1 (13%)	0	7 (19%)
Any serious TEAE	0	0	0	0	0	1 (20%)	1 (3%)
Any serious related TEAE	0	0	0	0	0	0	0
Any TEAE leading to withdrawal from study drug	0	0	0	0	0	0	0
Any TEAE leading to death	0	0	0	0	0	0	0

Most TEAEs Were Mild or Moderate in Intensity – Placebo-Controlled Period

- 1 serious TEAE unrelated to study drug
  - Dehydration due to gastroenteritis
- Most common TEAEs (≥10% participant incidence)*
  - Headache (16%)
  - Nasopharyngitis (16%)
  - Vomiting (14%)
  - Infusion related reaction (11%)**
  - Fall (11%)
  - Cough (11%)

Additional Safety Data

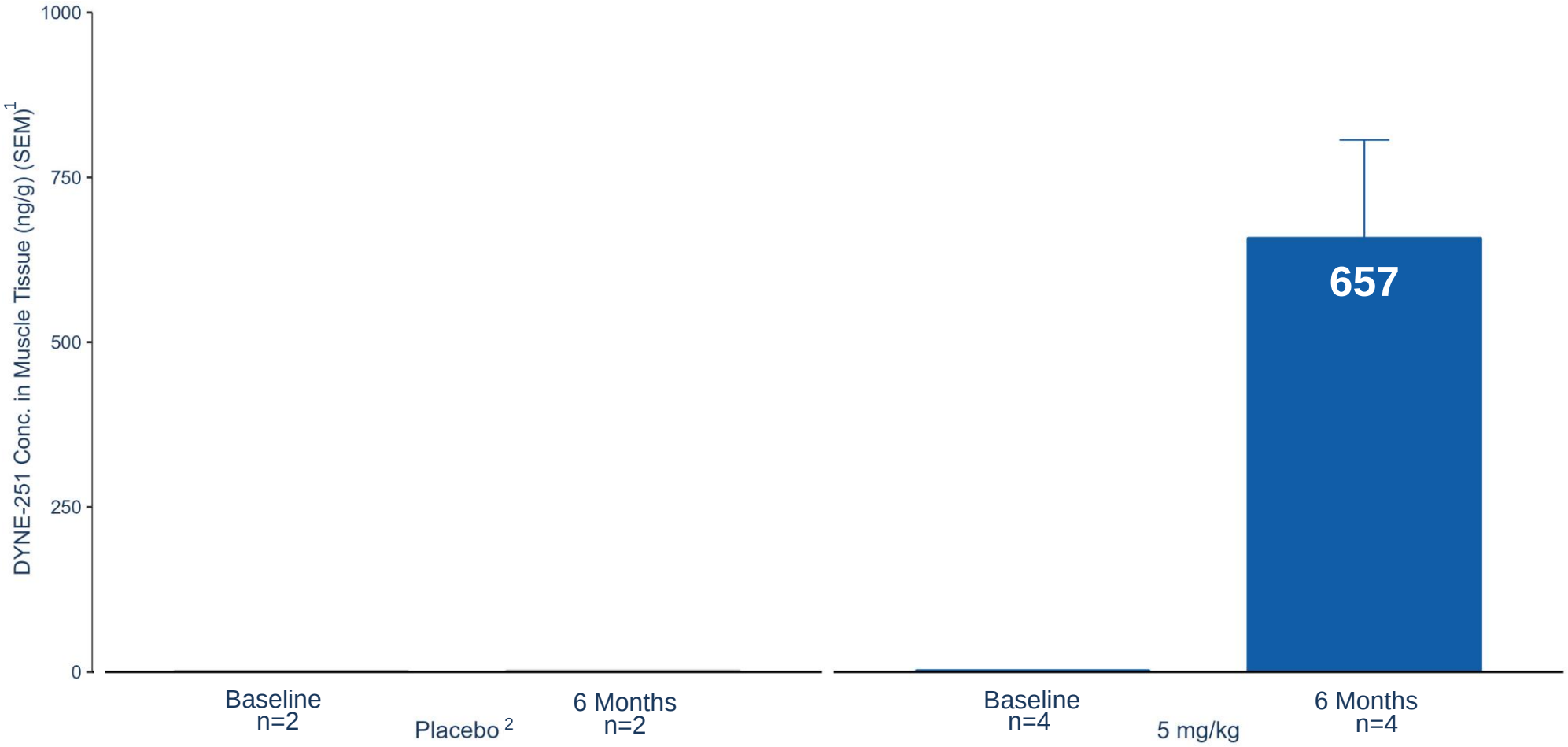
- No participants have demonstrated anemia or thrombocytopenia [2]
- No participants have demonstrated kidney injury[3]
- No participants have demonstrated clinically meaningful changes in electrolytes, including magnesium

* All cohorts combined
** All infusion related reactions have been mild and moderate in intensity; dosing has continued in all participants

Favorable Safety Profile Has Supported Dosing Up to 40 mg/kg

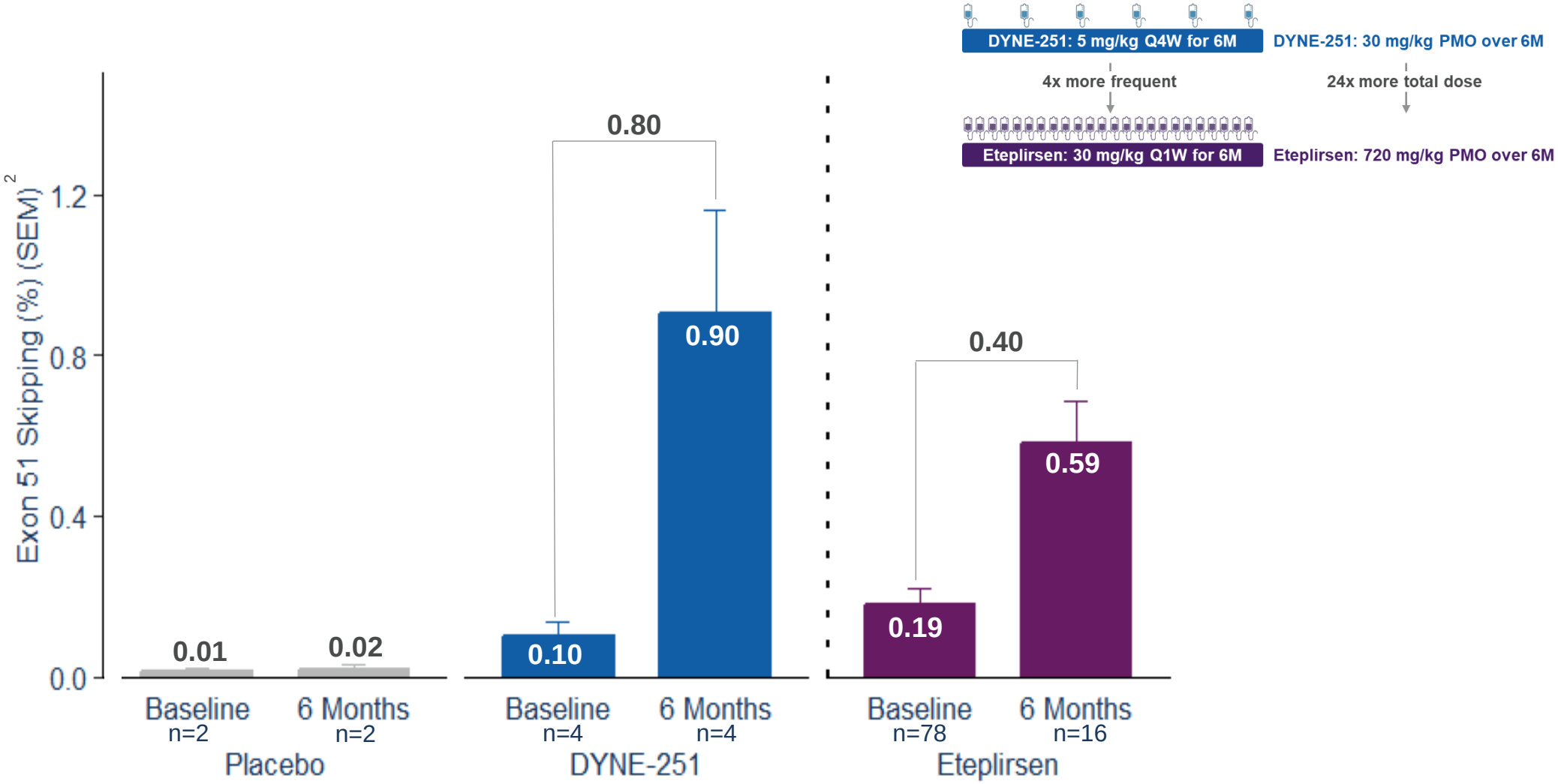
1. Data as of December 6, 2023; 2. Treatment emergent HGB or PLT persistently below LLN or reported AE. 3. Treatment emergent and persistently abnormal renal parameters or reported AE.

DYNE-251 Drove Robust Delivery of PMO to Muscle



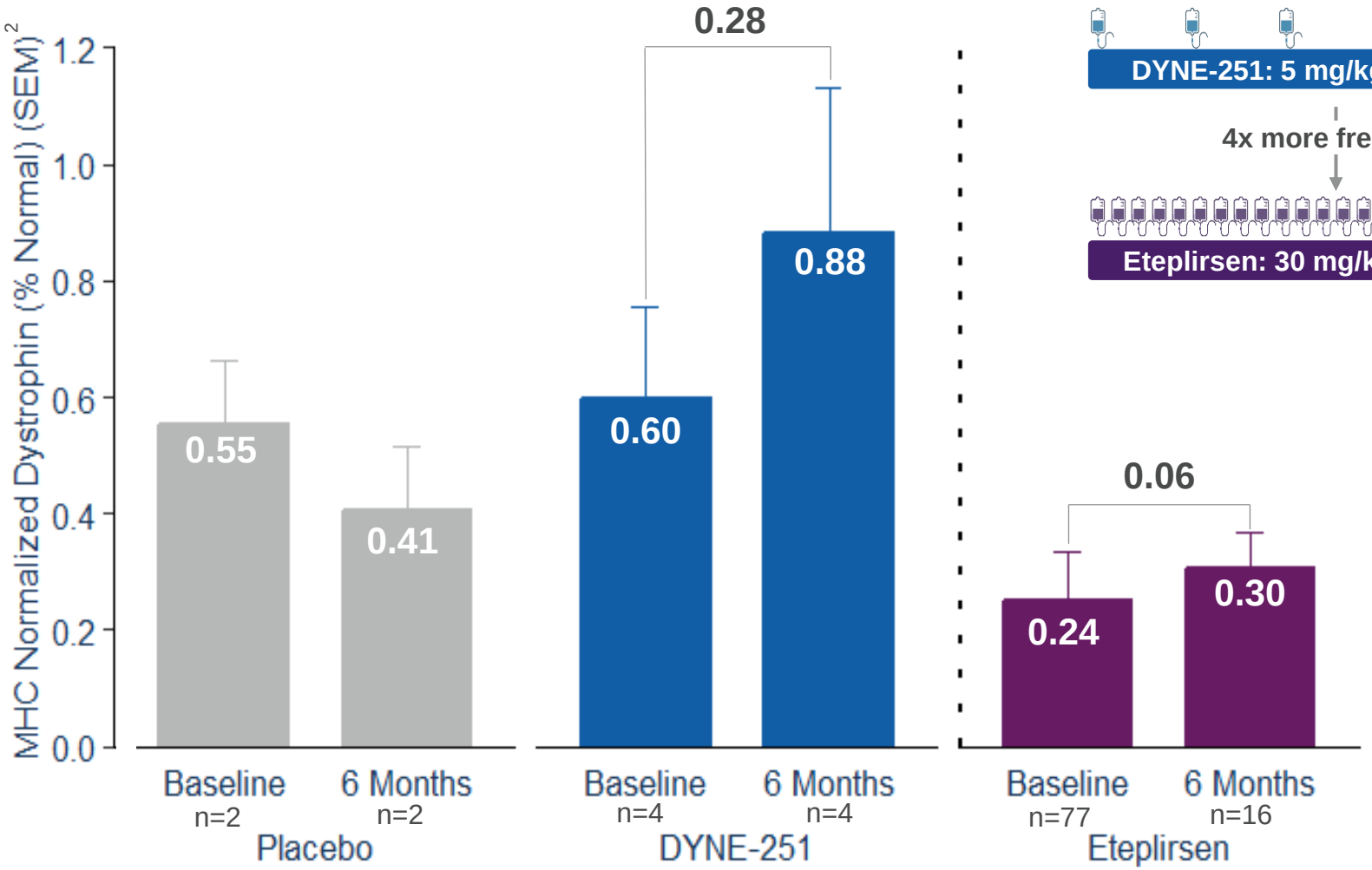
1. DELIVER biopsy taken approximately 28 days after most recent dose; 6 months = Week 25 for DELIVER; 2. Placebo values at baseline and 6 Months were below LLOQ.; LLOQ = 1.57 ng/g.

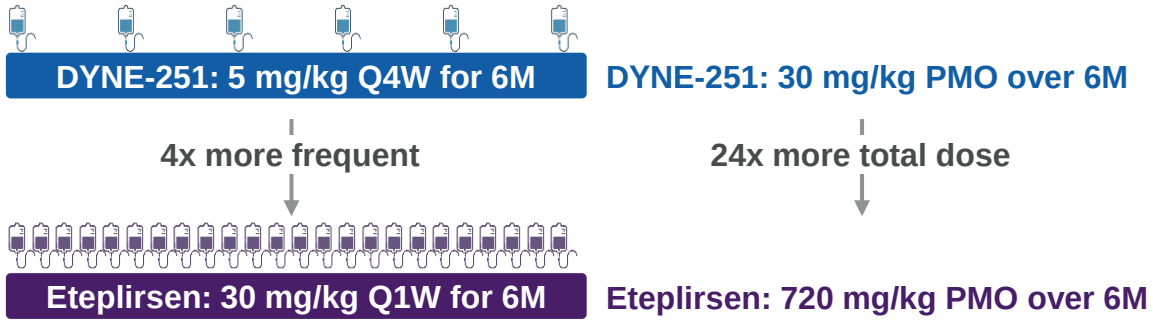
DYNE-251 Showed 2 Fold Higher Increase in Exon Skipping at 6 Months than Reported in Eteplirsen Study [1]



1. No head-to-head trials have been conducted comparing DYNE-251 to eteplirsen. Eteplirsen data may not be directly comparable due to differences in trial protocols, dosing regimens and patient populations. Accordingly, these cross-trial comparisons may not be reliable. Eteplirsen data from *J Neuromuscul Dis* 2021; 8(6):989–1001; 2. DELIVER biopsy taken approximately 28 days after most recent dose; 6 months = Week 25 for DELIVER and Week 24 for eteplirsen data.

DYNE-251 Showed >2.5 Fold Higher Dystrophin at 6 Months than Eteplirsen Study with 24 Fold Lower PMO Dose Administered 4 Times Less Frequently [1]





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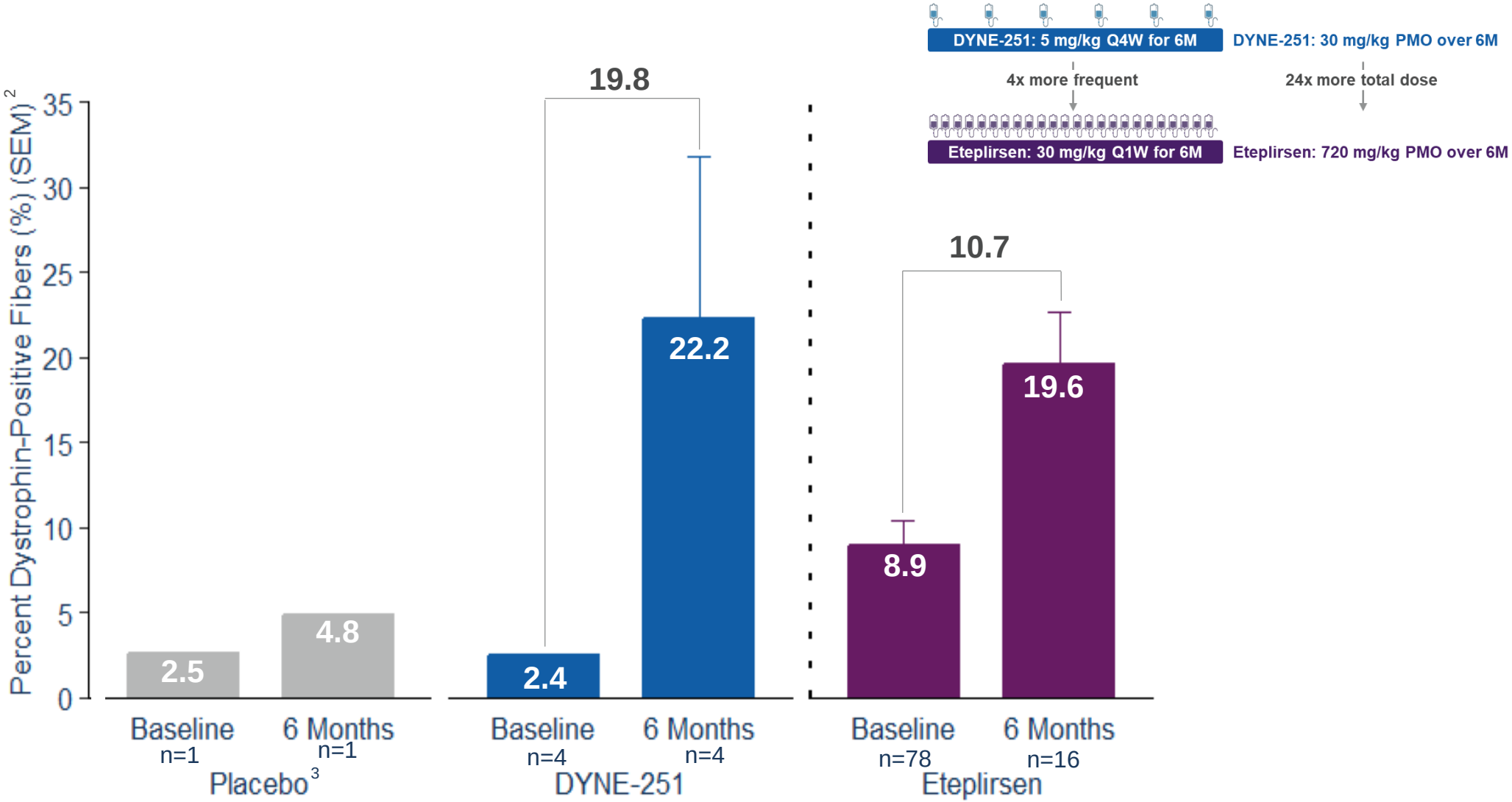
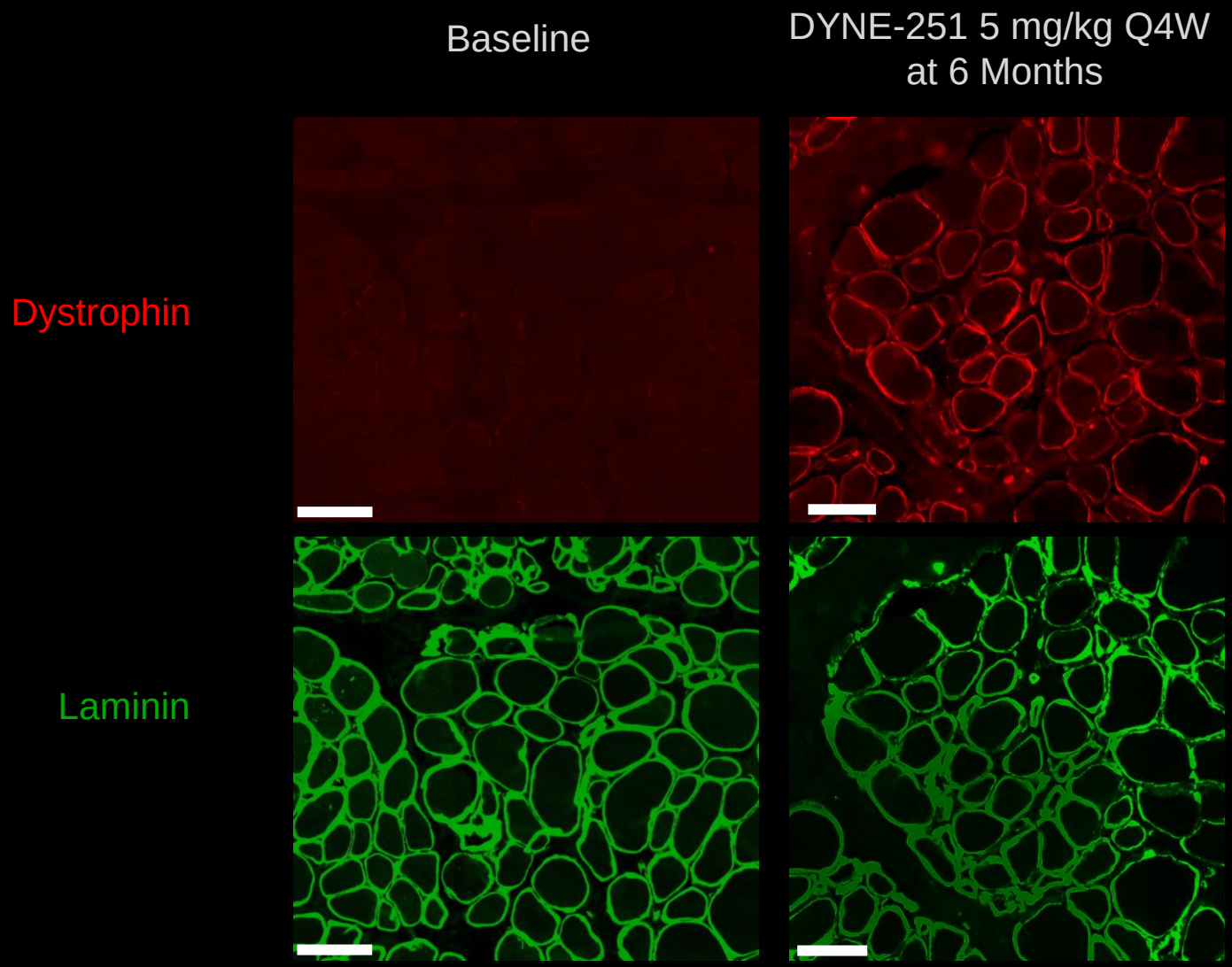
DYNE-251 Showed ~2 Fold Higher Change from Baseline in PDPF than Reported in Eteplirsen Study [1]



1. No head-to-head trials have been conducted comparing DYNE-251 to eteplirsen. Eteplirsen data may not be directly comparable due to differences in trial protocols, dosing regimens and patient populations. Accordingly, these cross-trial comparisons may not be reliable. Eteplirsen data from *J Neuromuscul Dis* 2021; 8(6):989–1001; 2. DELIVER biopsy taken approximately 28 days after most recent dose; 6 months = Week 25 for DELIVER and Week 24 for eteplirsen data. 3. PDPF data not available for 1 patient from placebo group.

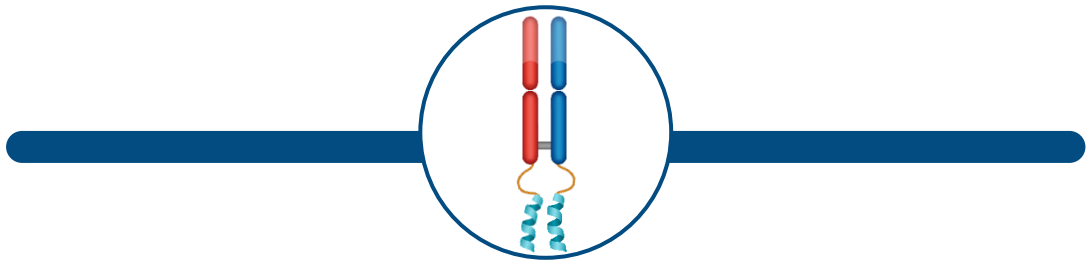
PDPF: Clear Improvement in Dystrophin Localization to Sarcolemma



Notes: DELIVER biopsy taken approximately 28 days after most recent dose. Notes: scale bar is 100 µm.

FORCE Positions Dyne With Leading Role in Evolving DMD Therapeutic Landscape

FORCE



Potency	✓ Targeted muscle delivery, near full-length dystrophin
Durability	✓ Durable target engagement
Dosing	✓ Re-dosable, titratable
Tolerability	✓ Favorable safety profile
Manufacturing	✓ Well-established, scalable

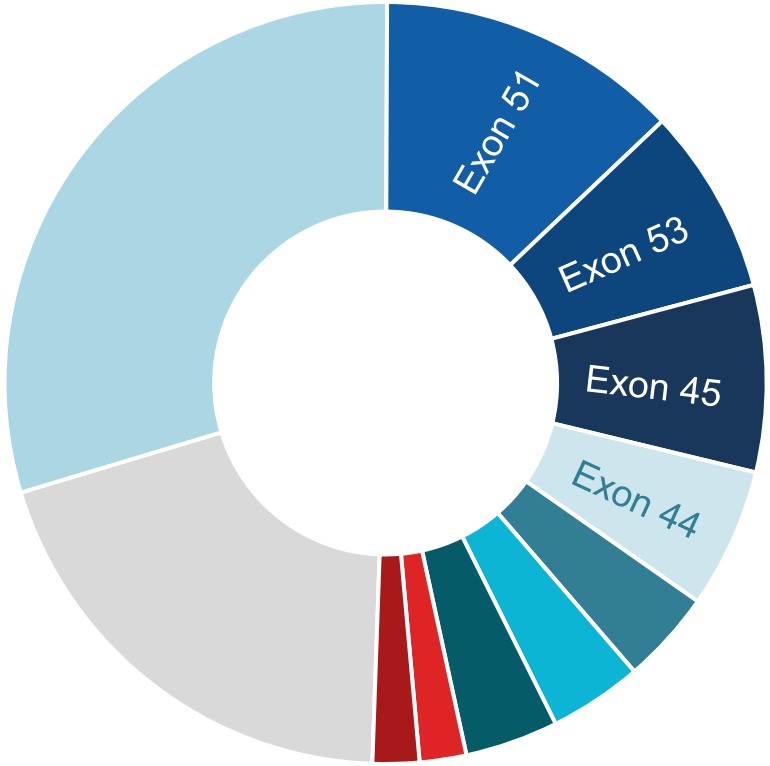
- Muscle delivery is the challenge
- Dyne founded to achieve targeted, receptor-mediated delivery to skeletal, cardiac and smooth muscle
  - Initial clinical data validates FORCE's targeted delivery to muscle
- Non-targeted delivery modalities face significant challenges, including an acceptable therapeutic index
  - Specifically, PPMO doses required to achieve potentially clinically meaningful exon skipping levels in NHPs may not be attainable in humans
- SMA landscape strong analogue to DMD with ZOLGENSMA (gene therapy) and SPINRAZA (oligo) playing an important role in evolving standard of care

Dyne is Committed to Developing a Global DMD Franchise: Leading with DYNE-251, Payloads Identified for Exons 53, 45, 44

Approximately

80% of patients

have genotypes amenable to exon skipping



- Exon 51 – **13%**
- Exon 53 – **8%**
- Exon 45 – **8%**
- Exon 44 – **6%**
- Exon 50 – **4%**
- Exon 52 – **4%**
- Exon 43 – **4%**
- Exon 55 – **2%**
- Exon 8 – **2%**
- Other exon skips – **~30%**
- May not be amenable to exon skipping – **~20%**

DELIVER Data Demonstrated Potential for DMD Exon Skipping Franchise with Differentiated Efficacy and Safety Profile

Initial DELIVER Clinical Data

- At initial 5.0 mg/kg Q4W dose, DYNE-251 showed compelling profile vs. eteplirsen standard-of-care reported at 6 months: [1]
  - >2.5x higher dystrophin expression with 24x lower PMO dose administered 4x less frequently vs. eteplirsen [1]
  - 2x higher increase in exon skipping vs. eteplirsen [1]
  - ~2x higher change from baseline PDPF vs. eteplirsen [1]
- Favorable safety profile to date[2]; 40 mg/kg Q8W cohort fully enrolled
- Supports further development of DMD global franchise

DYNE-251 Proof-of-Concept Achieved

DYNE-251: Next Steps

Optimizing dose and dose regimen in 2024

Next clinical update from DELIVER expected in H2'24

PDPF: percent dystrophin-positive fibers.

1. No head-to-head trials have been conducted comparing DYNE-251 to eteplirsen. Eteplirsen data may not be directly comparable due to differences in trial protocols, dosing regimens and patient populations. Accordingly, these cross-trial comparisons may not be reliable. Eteplirsen data from *J Neuromuscul Dis* 2021; 8(6):989–1001; 2. Data as of December 6, 2023.

Achieved Clinical Proof-of-Concept Across Both DM1 & DMD

ACHIEVE | DELIVER

Delivered on the Promise of FORCE: Enhanced Delivery of Therapeutics to Muscle

Compelling Biomarker & Functional Data from Early Dose Cohorts vs. Published Competitor Data in Both DM1 & DMD

Favorable Safety & Tolerability Supporting Dose Escalation

ACHIEVE	DELIVER
Fully Enrolled Through 6.8 mg/kg	**Fully Enrolled Through 40 mg/kg**
Next Update Expected in H2 2024	**Next Update Expected in H2 2024**

In 2024, Focus Turns to Optimization of Dose & Dose Regimen in Potentially Registrational Programs

FSHD Program

Overview

- Aberrant expression of DUX4
- Onset in teen years or young adulthood
- Normal life expectancy

Clinical Presentation

- Progressive wasting and skeletal muscle loss
- Significant physical limitations

Population

- ~16,000 - 38,000 (US)
- ~35,000 (Europe)

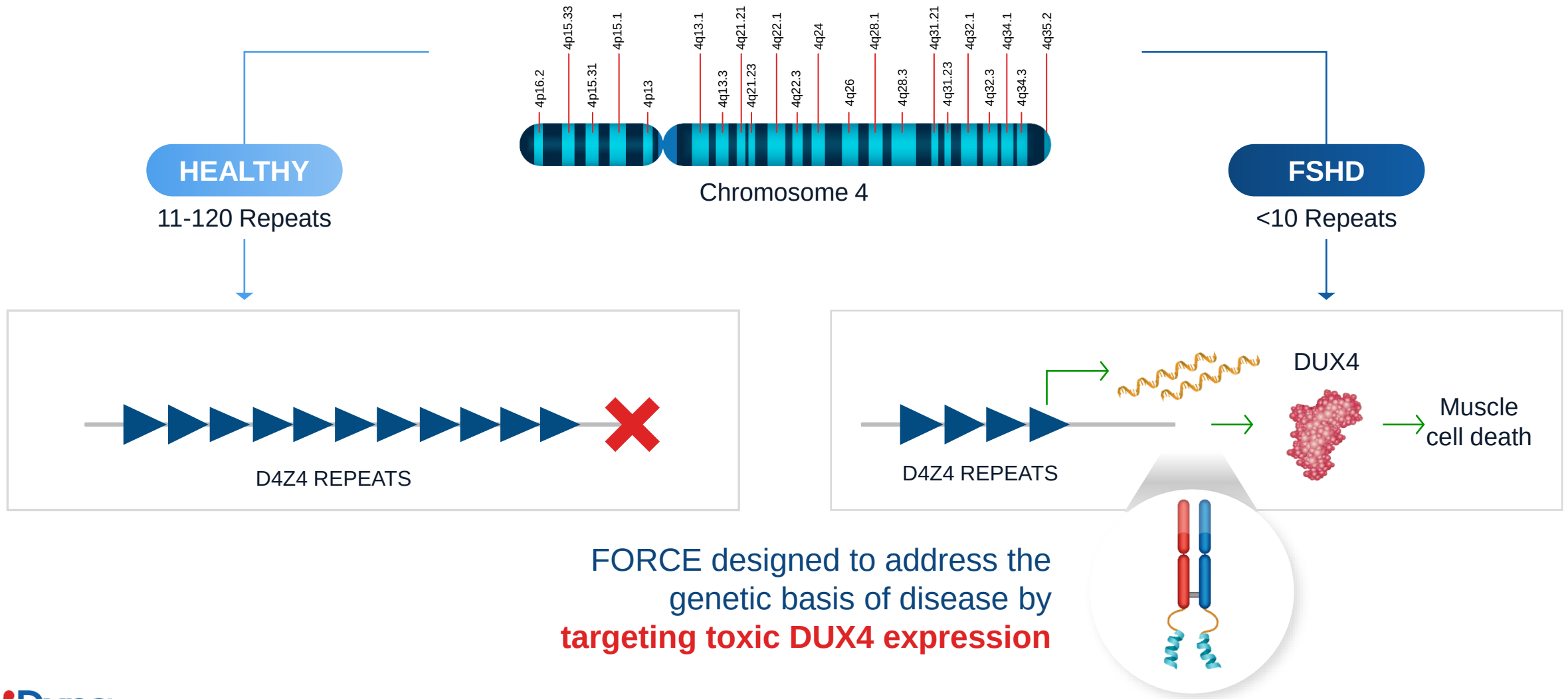
NO approved therapies

OUR APPROACH

Disease-Modifying DUX4 Knockdown

Targeting toxic *DUX4* mRNA expression to potentially **stop or reverse disease progression**

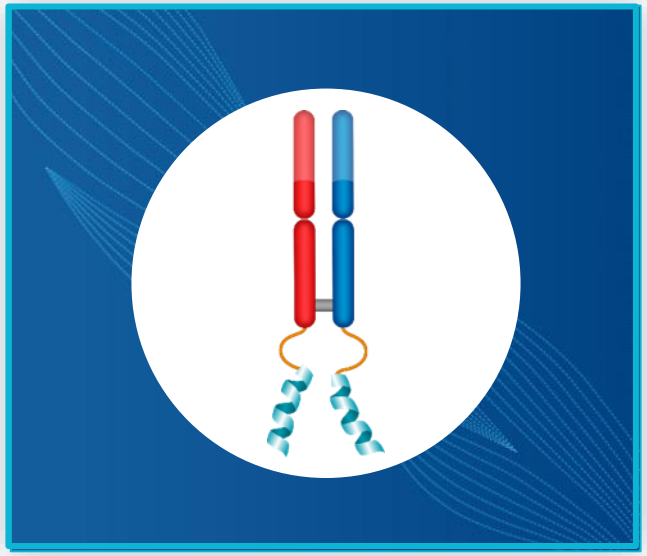
FORCE Targets the Genetic Basis of FSHD



FORCE designed to address the genetic basis of disease by **targeting toxic DUX4 expression**

Building the World's Leading Muscle Disease Company

Win in DM1, DMD, FSHD



Own Muscle Delivery & Leverage FORCE

Dynamo Culture