

EMPOWERING PATIENTS THROUGH  
**KINOME INNOVATION**

# Company Overview

June 2021



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Any statements contained in this presentation that do not describe historical facts may constitute forward-looking statements as that term is defined in the Private Securities Litigation Reform Act of 1995. These statements may be identified by words such as “believe,” “expect,” “may,” “plan,” “potential,” “will,” and similar expressions, and are based on Aclaris' current beliefs and expectations. These forward-looking statements include expectations regarding Aclaris' development of its drug candidates, including the availability of data from its clinical trials and the timing of its regulatory submissions. These statements involve risks and uncertainties that could cause actual results to differ materially from those reflected in such statements. Risks and uncertainties that may cause actual results to differ materially include uncertainties inherent in the conduct of clinical trials, risks and uncertainties associated with preliminary trial results varying from final results, Aclaris' reliance on third parties over which it may not always have full control, **the uncertainty regarding the COVID-19 pandemic including its impact on the timing of Aclaris' regulatory and research and development activities**, and other risks and uncertainties that are described in the Risk Factors section of Aclaris' Annual Report on Form 10-K for the year ended December 31, 2020 and other filings Aclaris makes with the U.S. Securities and Exchange Commission from time to time. These documents are available under the “SEC Filings” page of the “Investors” section of Aclaris' website at <http://www.aclaristx.com>. Any forward-looking statements speak only as of the date of this presentation and are based on information available to Aclaris as of the date of this presentation, and Aclaris assumes no obligation to, and does not intend to, update any forward-looking statements, whether as a result of new information, future events or otherwise

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# Biotechnology Company Focused on the Kinome:

*People + Platform + Pipeline*



## LEADERSHIP

### Founded and Led by Physicians and Scientists

- World class ex-Pfizer (kinase) and ex-GSK (immunology) leadership
- Kinome experts skilled at developing kinase targeted medicines

## KINect® PLATFORM

### Proprietary Kinase Discovery Engine

- Versatile platform
- Fully integrated discovery and development team
- Advancing small molecule drug candidates designed to parallel or exceed efficacy of high-value biologics

## INNOVATIVE PIPELINE (investigational drug candidates)

### ATI-450 - MK2i

- Oral anti-TNF $\alpha$ , anti-IL1, anti-IL6

### ATI-1777 - Topical “Soft” JAK1/3i

- Tissue specific therapy for the potential treatment of moderate to severe atopic dermatitis (AD)

### ATI-2138 - ITK/TXK/JAK3i

- Oral dual inhibitor of T-cell and cytokine receptors

## Development of Small Molecule Therapeutics for Immuno-inflammatory Diseases

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# The Kinase Opportunity

## Unlocking the Potential of the Kinome

### Medically Important and Productive Target Class

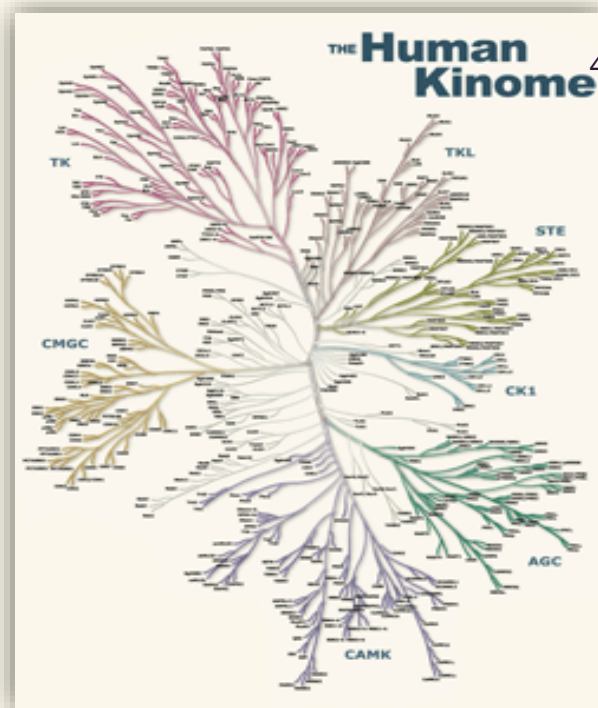
### Most Members of the Kinome Remain Unexplored



>60 Marketed Drugs<sup>1</sup>

~\$48B<sup>2,3</sup>

Annual Sales of Kinase Drugs



518 Members

>90% of the Human Kinome  
remains undrugged<sup>5</sup>

**Creating New Medicines Targeting Previously Inaccessible Kinome Targets**

1. GoodRx. Accessed May 14, 2021. <https://www.goodrx.com/kinase-inhibitors>.

2. Data on file.

3. Oprea TI, et al. Unexplored opportunities in the druggable human genome. *Nature Rev Drug Discov*. Poster Jan. 2017.

4. Manning G, et al. *Science*. 2002;298(5600):1912-1934.

5. Oprea TI, et al. *Nat Rev Drug Discov*. 2018;17(5):317-332.

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# Experienced R&D Leadership Team

## *Proven Track Record in Immunology and Inflammation*

- Former SVP, R&D at GSK.
- Led discovery and development teams in Immuno-Inflammation and Dermatology leading to multiple successful NDAs, including NUCALA® & BENLYSTA®

**David Gordon**  
Chief Medical Officer



- Former Executive Director, Pfizer Inflammation Research and Leader of Global Kinase Technology Team
- >95 publications and patents (>30 total on kinases)

**Joseph Monahan, PhD**  
Chief Scientific Officer



- Former VP Research & Global Head, Pfizer Inflammation, co-leader of Pfizer Licensing Team
- Delivered 8 clinical candidates, 6 INDs and 1 NDA in inflammation and cancer

**Walter Smith**  
Scientific & BD Consultant



- Former Research Fellow and Director, Pfizer Chemistry
- >100 publications and patents (15 total on kinases)
- Project Lead for PFE JAK Program

**Jon Jacobsen, PhD**  
VP, Chemistry



- Immunologist/drug discovery leader at pharma (Pfizer & biotech)
- Validated JAK 1/3 as target for transplant/RA/psoriasis, leading to approval of XELJANZ®

**Paul Changelian, PhD**  
VP, Biology



- Former research project leader at Pfizer. Director of Chemistry at Mnemosyne, Luc, Cadent.
- Inventor of 6 clinical candidates and author of 40 peer reviewed publications and patents

**David R Anderson, PhD** Sr. Director, Discovery, Early Development



- Former Exec. Director, Pfizer. Site Head for Medicinal & Structural Chemistry.
- >100 patents.
- Co-inventor of multiple drug candidates

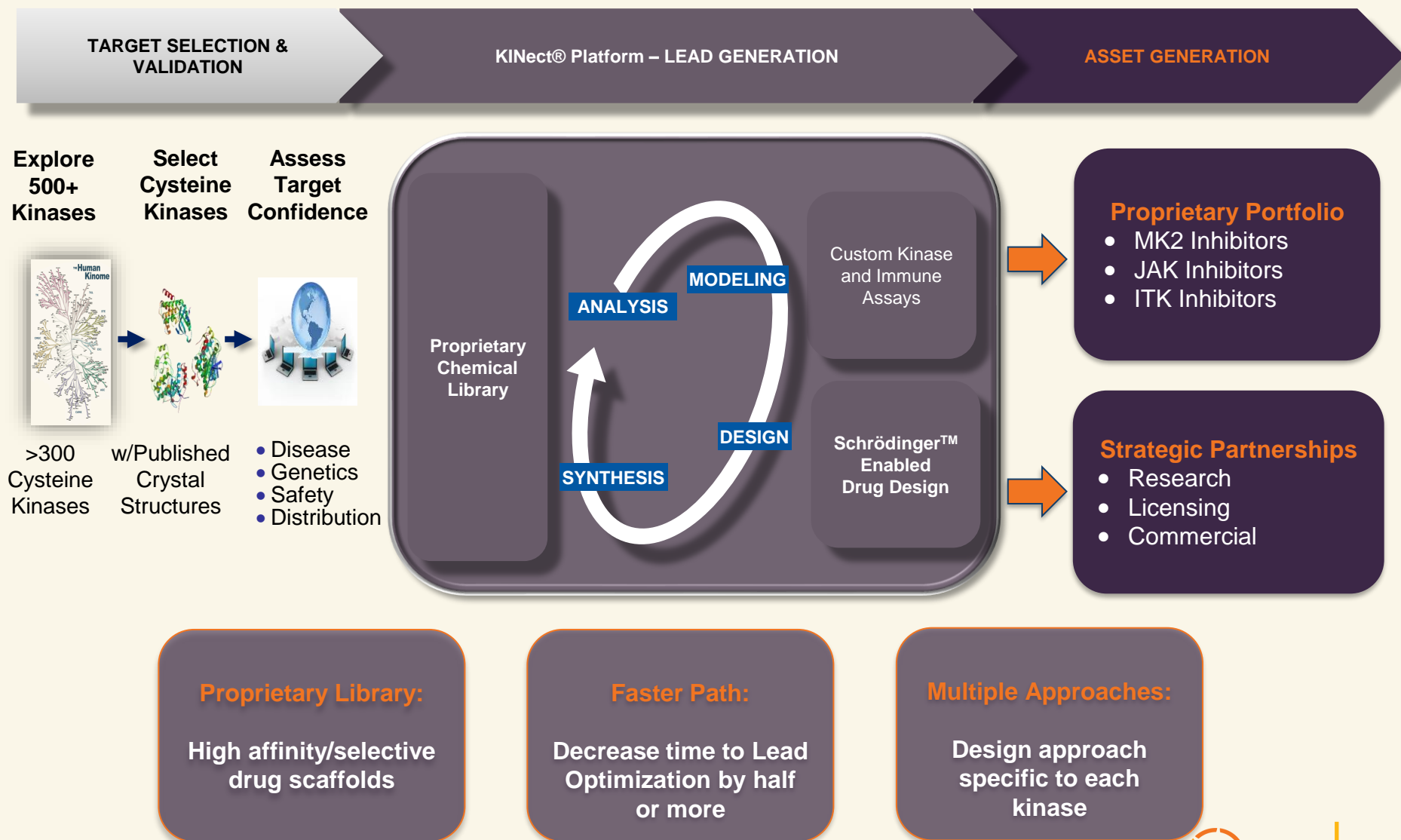
**Gary DeCrescenzo**  
SVP, Pharm R&D





# KINect® Platform

## Developing Kinase Drug Candidates Rapidly & Efficiently



# KINect® Platform

## *Demonstrated Success in Reversible and Covalent MOA*

### MK2 Inhibitor

- Oral anti-TNF, anti-IL1, and anti-IL6
- Novel approach for a difficult to target kinase
- Broad potential in several immuno-inflammatory diseases

**Unique substrate-selective drug design**

### Tissue Restricted JAK and ITK Inhibitors

- ATI-1777: Skin specific (Soft) topical JAK1/3
- Oral Gut-restricted reversible and irreversible inhibitors
- Goal: comparable clinical efficacy with improved safety profile

**Tailoring physico-chemical and potency properties**

### Covalent ITK Inhibitors

- ITK/TKX/JAK3: Oral and topical T cell kinase inhibitors for autoimmune diseases

**Covalent inhibition for difficult-to-target kinase**

**Small Molecule Therapeutics Targeting Multi-billion Dollar Immunology and Inflammation Markets**

# Precision Immunology

## *Leverage Kinome Target Discovery to Address Unmet Needs*



**Advance the process of identifying and targeting key** kinome-based enzymes involved in chronic inflammation and autoimmune disease.



**Model, elaborate and assess compounds** through a unique combination of our proprietary chemical library of kinase inhibitors, our expertise in structure-based drug design, and our custom kinase assays.



**Validate newly created drug candidates** through pathophysiologically-relevant custom assays that effectively translate to human diseases.



**Leverage research and commercial partnerships** to accelerate the clinical evaluation and potential impact of discovery platforms.



# Drug Development Pipeline

Drug Candidate / Program	Target	Route of Administration	Indication	Development Phase
<b>Immuno-Inflammatory Diseases</b>				
<b>ATI-450</b>	MK2 inhibitor	Oral	Rheumatoid arthritis (moderate to severe)	Phase 2
			Hidradenitis suppurativa	Phase 2*
			Psoriatic arthritis	Phase 2*
<b>ATI-1777</b>	“Soft” JAK 1/3 inhibitor	Topical	Atopic dermatitis (moderate to severe)	Phase 2
<b>ATI-2138</b>	ITK/TXK/JAK3 inhibitor	Oral	Psoriasis	Pre-IND
			Inflammatory bowel disease	
<b>Undisclosed- Gut Restricted Program</b>	JAK1/JAK3 inhibitor	Oral	Inflammatory bowel disease	Discovery
<b>Undisclosed- Gut Restricted Program</b>	ITK/TXK/JAK3 inhibitor	Oral	Inflammatory bowel disease	Discovery

\* We plan to progress these indications directly into Phase 2

# ATI-450: MK2 Inhibitor

(Investigational Drug Candidate)



# ATI-450: Investigational Small Molecule, Oral MK2 Inhibitor

## *Designed to Block the Targets of Broadly-Used Biologics*

**Inhibiting MK2 blocks  $\text{TNF}\alpha$ ,  $\text{IL1}\alpha/\beta$  and  $\text{IL6}^1$ , the targets of commercially successful biologics**

- **MK2\* drives pro-inflammatory cytokine expression**
- **By inhibiting multiple cytokines, ATI-450 may be a potential treatment for multiple diseases**
- **Potential alternative to injectable, anti-cytokine biologics and JAK inhibitors for immuno-inflammatory diseases**



Rheumatoid arthritis	Psoriatic Arthritis/Psoriasis
Juvenile Idiopathic Arthritis	COPD
Axial Spondyloarthritis	Neutrophilic Dermatoses (Hidradenitis Suppurativa)
CAPS	Inflammatory Bowel Disease
Gout	Cancer

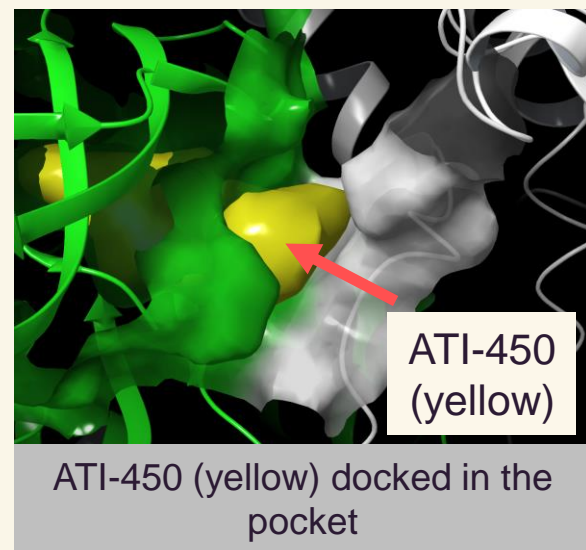
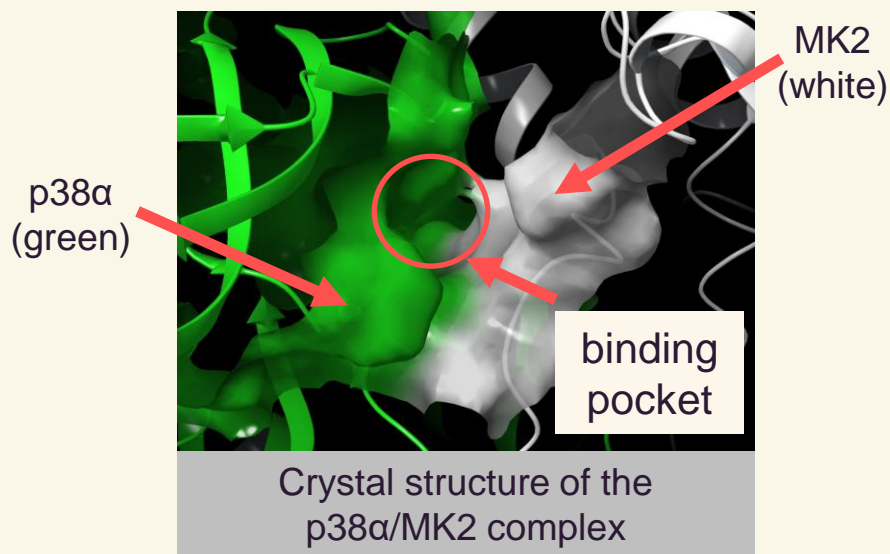
Global immunology market valued at >\$77B in 2018<sup>2</sup>

\* MK2 = Mitogen-activated protein kinase-activated protein kinase 2

1. Data on file.

2. Fortune Business Insights. Accessed May 14, 2021. <https://www.fortunebusinessinsights.com/industry-reports/immunology-market-100657>.

# Novel Mechanism: Capturing MK2 in an Inactive State

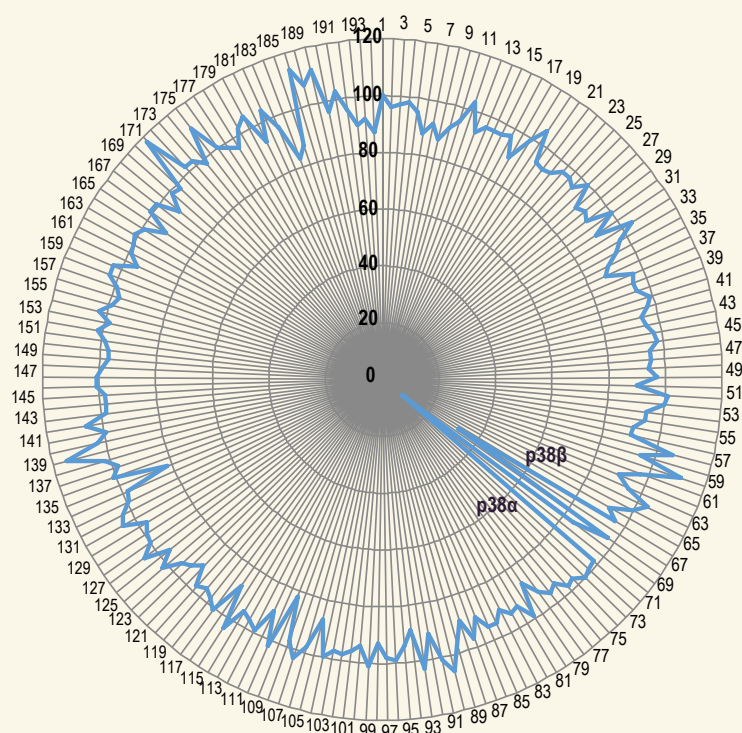


- In the nucleus, inactive MK2 and p38α dock in a high affinity complex that exhibits a binding pocket formed by juxtaposed walls of both proteins
- ATI-450 binds to both walls of the pocket, stabilizing the complex and preventing MK2 activation

**ATI-450 locks MK2 in a catalytically inactive state – a unique MOA**

# ATI-450 Selectivity: Minimizing Off-Target Inhibition through High Affinity for the p38 $\alpha$ /MK2 Complex

## Human Kinome Selectivity<sup>1</sup>



- ATI-450 (5 $\mu$ M) was tested vs 193 kinases
- >350-fold binding selectivity on all kinases in this panel except p38 $\alpha$  and p38 $\beta$

## MK2 Pathway Selectivity

ATI-450 is highly selective for the p38 $\alpha$ /MK2 complex vs. other p38 substrates<sup>1</sup>

Assay	Fold Selective
p38 $\alpha$ /MK2	1
p38 $\alpha$ /ATF2	700
p38 $\alpha$ /PRAK	750

ATI-450 binds to the p38 $\alpha$ /MK2 complex with higher affinity than either p38 or MK2 alone\*

Assay	Fold Selective
p38 $\alpha$ /MK2	1
p38 $\alpha$ /p38tide**	51
MK2/HSP27	>550

1. Wang C, et al. *J Exp Med*. 2018;215(5):1315-1325.

\* Data on file.

\*\* Optimized p38 peptide substrate

# Animal Models Supporting the Development of ATI-450 in Immuno-Inflammatory Diseases

Therapeutic Area	Animal Model	Reference
Rheumatoid Arthritis/ Psoriatic Arthritis	<p>Mouse Collagen-Induced Arthritis Model</p> <ul style="list-style-type: none"> <li>Reduction in clinical arthritis score</li> <li>Protection of joint histology</li> </ul> <p>Rat streptococcal cell wall arthritis model</p> <ul style="list-style-type: none"> <li>Protection against bone deterioration</li> <li>Protection against lethality</li> </ul> <p>Inhibition of cellular IL1<math>\beta</math> mRNA stability &amp; translation</p>	<p>Data on file</p> <p>Wang C, et al. <i>J Exp Med.</i> 2018;215(5):1315-1325.</p>
Inflammatory Bowel Disease	<p>Adoptive transfer mouse model of colitis</p> <ul style="list-style-type: none"> <li>Endoscopy scores show disease control</li> <li>Decreased inflammatory infiltrate</li> <li>Protected structural integrity of mucosa</li> </ul>	<p>Strasser S, et al. <i>Integrative Biology.</i> 2019;11(7):301-314.</p>
Cryopyrin-Associated Periodic Syndrome (CAPS)	<p>Murine NOMID (severe form of CAPS) transgenic model</p> <p>Human CAPS PBMC* IL1<math>\beta</math> modulation</p>	<p>Wang C, et al. <i>J Exp Med.</i> 2018;215(5):1315-1325.</p>

\* PBMC = Peripheral blood mononuclear cells



# ATI-450 Clinical Development

## Phase 1 Single and Multiple Ascending Doses

- Safety, PK, Tolerability
- PD (inhibition of  $\text{TNF}\alpha$ ,  $\text{IL1}\beta$ , IL6, IL8 & Hsp27)

## Phase 2a Clinical Trial

### *Moderate to Severe Rheumatoid Arthritis*

- 12 wks: ATI-450 vs placebo
- Assess CRP dynamics
- Clinical Disease Activity
- PD Biomarkers
- MRI: wrist synovitis
- Safety and tolerability

Demonstrate proof of concept

Autoinflammatory  
Diseases

Inflammatory Bowel  
Disease

Psoriatic Arthritis

Hidradenitis Suppurativa

Psoriasis

Gout

Rheumatoid Arthritis

# ATI-450-PKPD-101/102

## Phase 1



# ATI-450-PKPD-101 and -102

## *Safety, Tolerability, PK and PD in Healthy Volunteers*

### ✓ **ATI-450-PKPD-101: Phase 1 SAD/MAD trial**

- No serious adverse events (SAE) or adverse events (AE) that led to discontinuation
  - All AEs were mild in severity and did not interfere with everyday activities
- Linear (dose-and time-independent) PK after multiple-dosing with terminal  $t_{1/2}$  of ~9-12 hours; steady state by day 2
  - No meaningful impact on systemic exposure in the fed state
  - MTX PK was similar with or without ATI-450 exposure
- Marked cytokine suppression

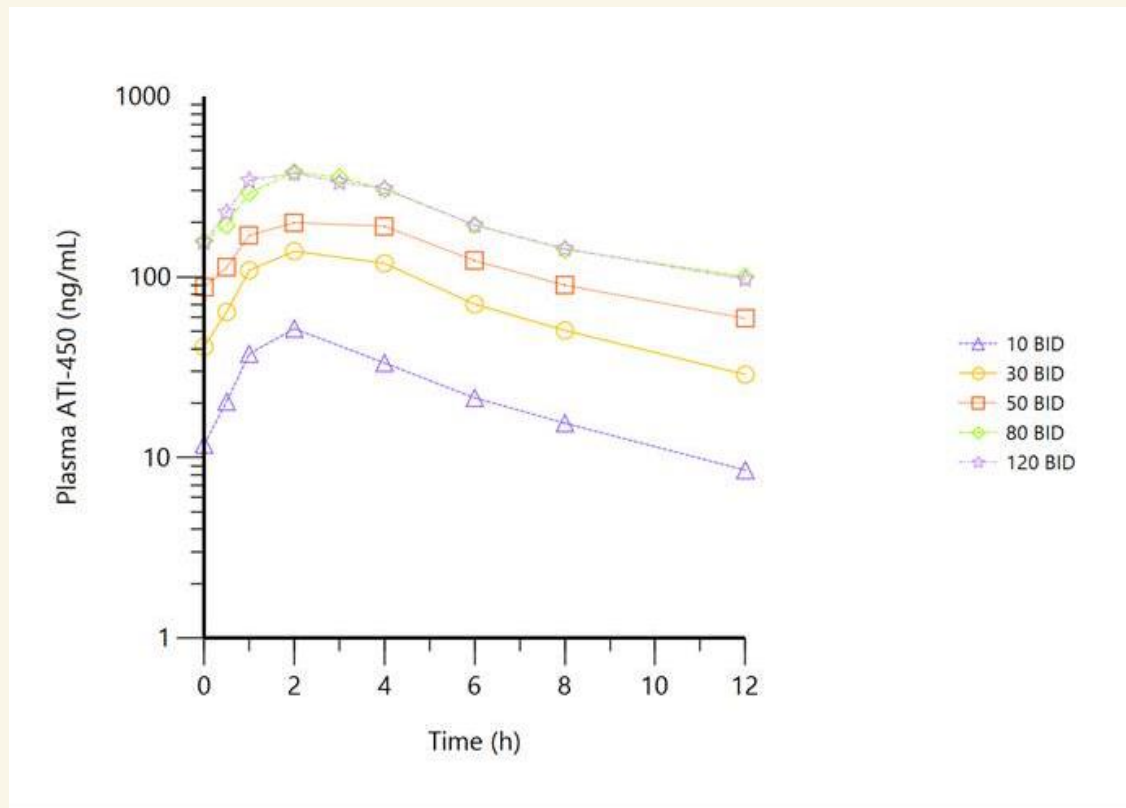
### ✓ **ATI-450-PKPD-102: Phase 1 MAD trial**

- Same design to MAD portion of PKPD-101
  - 2 cohorts: 80mg, 120mg BID for 6.5 days (10 subjects/cohort (8 active, 2 placebo))
- Generally well tolerated, all AEs mild in severity
  - Most common AEs (>2 subjects who received ATI-450) were headache, dizziness, nausea, parasthesia and, in post-dosing follow-up period of the trial, dry skin
- Marked cytokine suppression at these higher doses

# ATI-450-PKPD-101 & ATI-450-PKPD-102

## Day 7 Steady State

- $t_{1/2}$  9-14 hours
- 80mg cohort dose proportional with previous cohorts
- No significant increased exposure in 120mg cohort



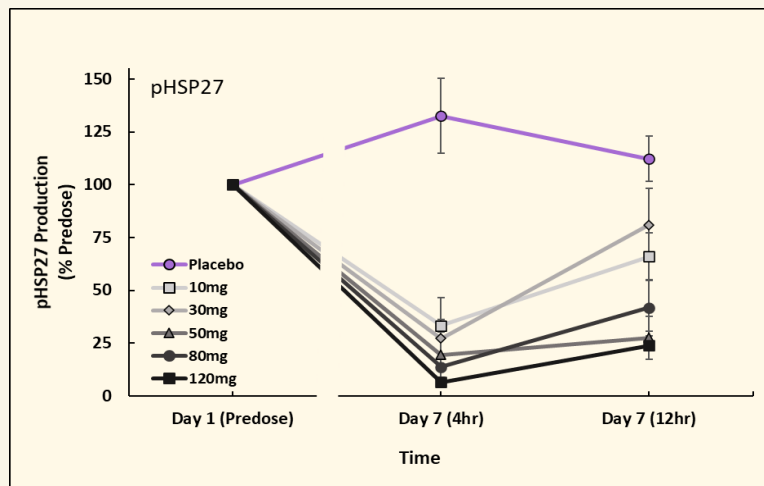
\* Data on file

# ATI-450-PKPD-101 & ATI-450-PKPD-102

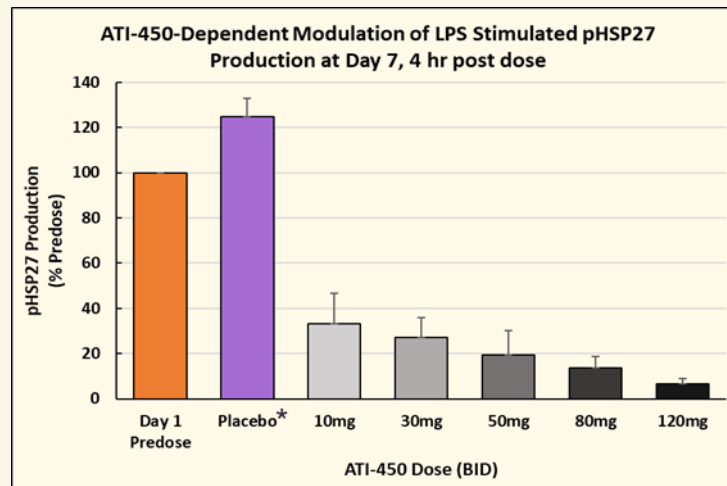
*Ex vivo LPS stimulated pHSP27 and TNF $\alpha$  Day7 Peak and Trough*

## Day 7 Peak and Trough

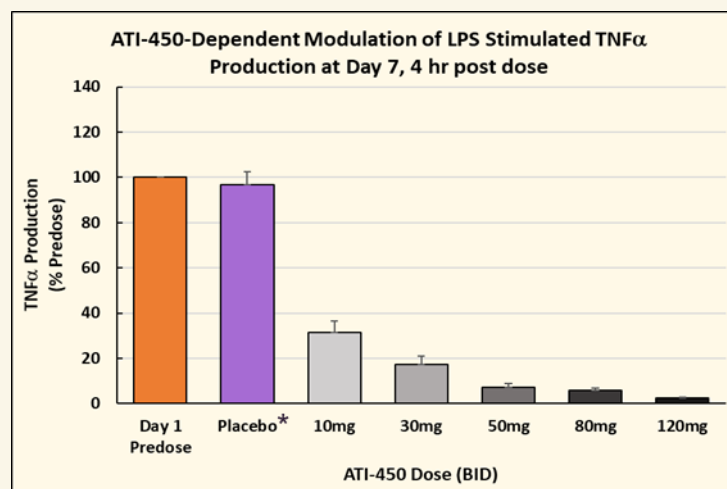
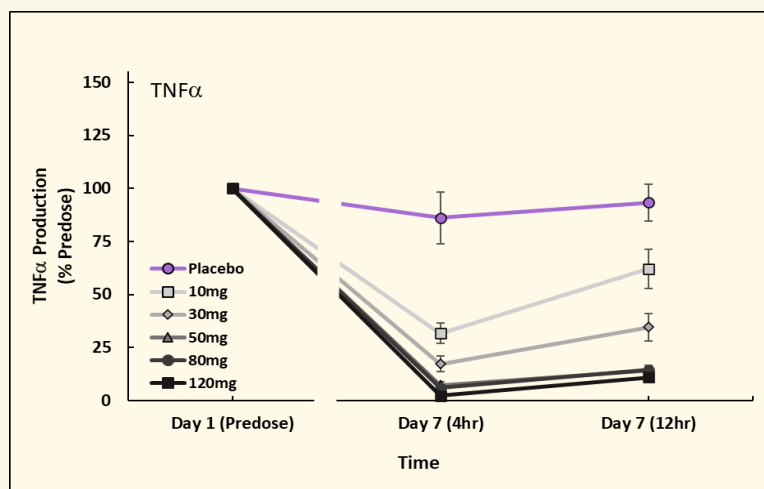
pHSP27



## Dose Response Day 7 Peak



TNF $\alpha$



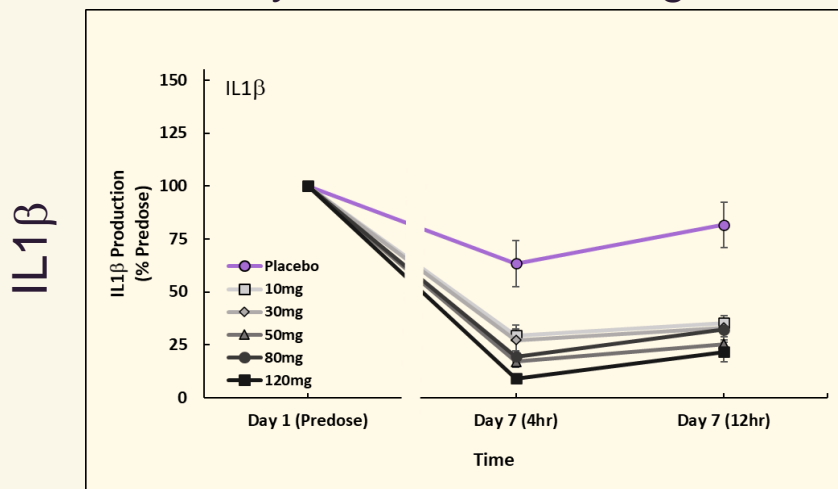
(\*) = All placebo samples (all time points)

\* Data on file

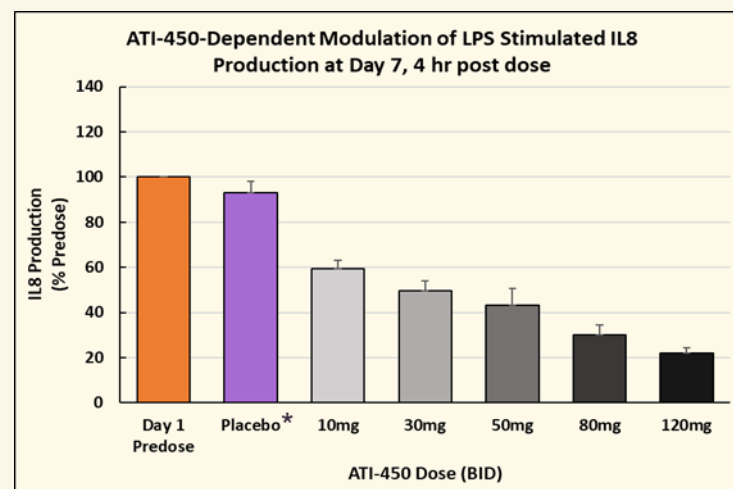
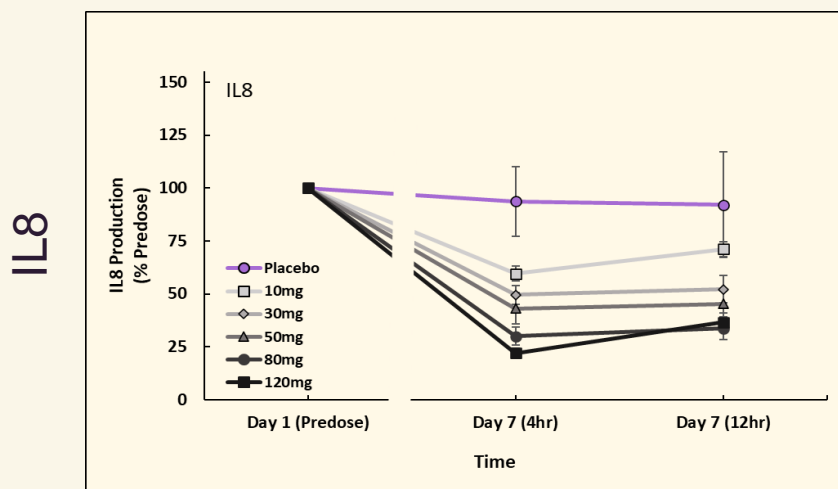
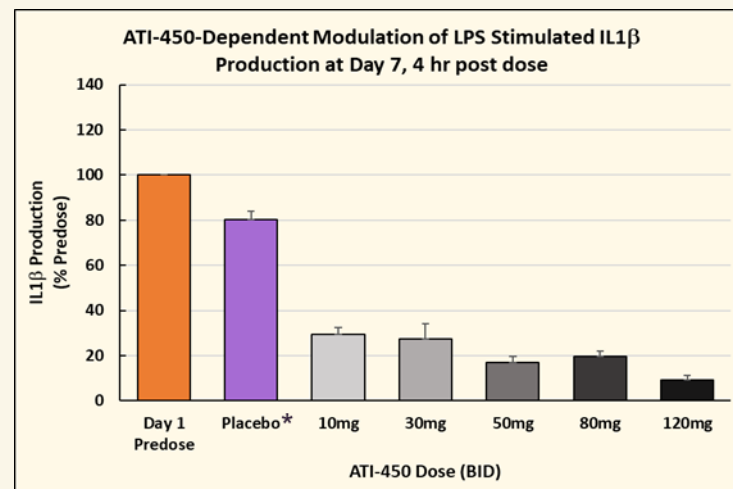
# ATI-450-PKPD-101 & ATI-450-PKPD-102

## *Ex vivo LPS stimulated IL1 $\beta$ and IL8 Day7 Peak and Trough*

### Day 7 Peak and Trough



### Dose Response Day 7 Peak



(\*) = All placebo samples (all time points)

\* Data on file

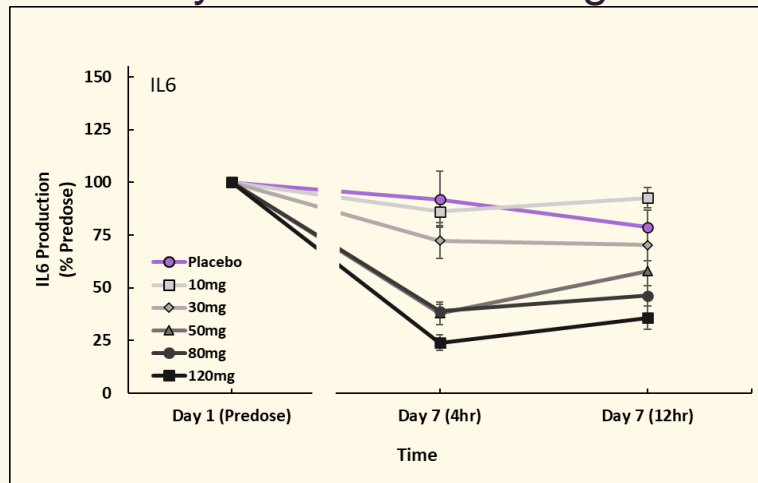


# ATI-450-PKPD-101 & ATI-450-PKPD-102

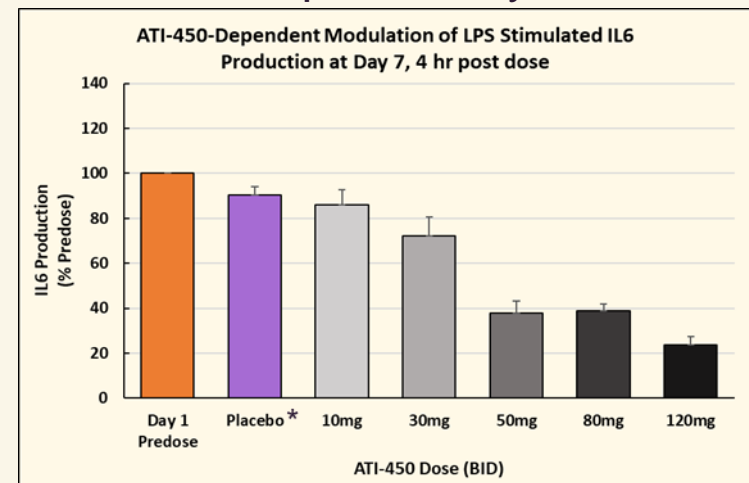
## *Ex vivo LPS stimulated IL6 Day7 Peak and Trough*

IL6

### Day 7 Peak and Trough



### Dose Response Day 7 Peak

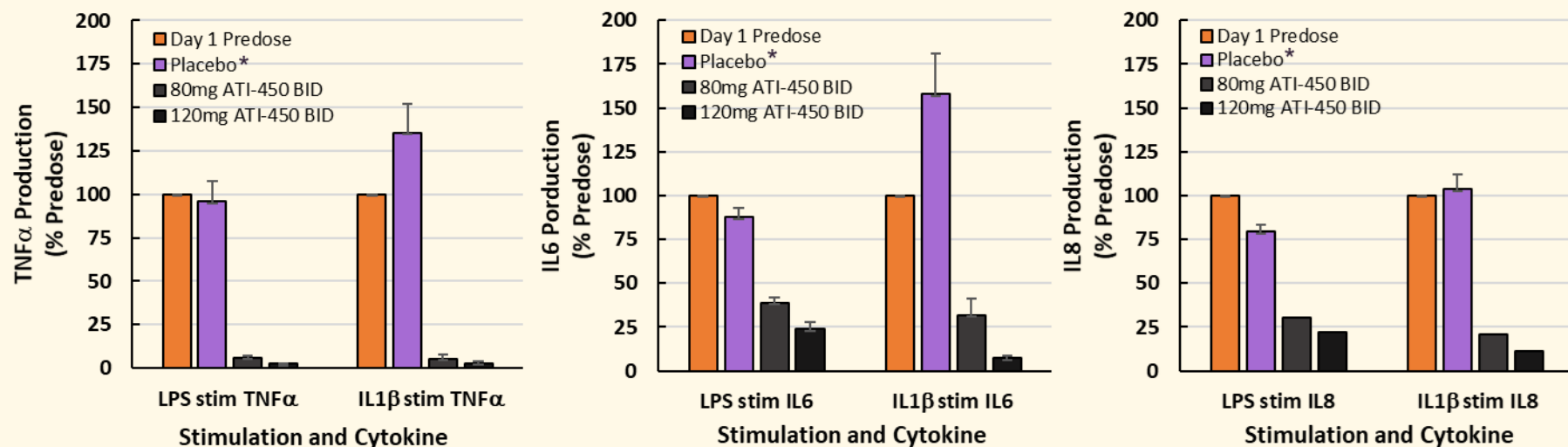


(\*) = All placebo samples (all time points)

\* Data on file

# ATI-450 Phase 1 MAD Extension: 80mg and 120mg *Ex Vivo IL1 $\beta$ Stimulation of HWB Day 7 (4 hr)*

**Comparison of ATI-450 Modulation of LPS Stimulated Cytokine Production and  
ATI-450 Modulation of IL1 $\beta$  Stimulated Cytokine Production**



(\*) = All placebo samples (all time points)

**ATI-450 potently inhibited ex vivo IL1 $\beta$ -induced  
proinflammatory cytokines, TNF $\alpha$ , IL6 and IL8**

# ATI-450-RA-201

## *Final Per-Protocol Analysis*

# Trial Design

- Diagnosis of adult-onset RA (ACR/EULAR classification criteria)
- DAS28-CRP  $\geq 3.2$  defined as moderate to high disease activity
- Moderately to severely active RA defined by at least 4/28 tender and 4/28 swollen joints
- hsCRP  $\geq 5$  mg/L at screening
- Definitive intra-articular synovitis or osteitis defined as a score of 1 or greater on a Hand-Wrist MRI (using RAMRIS)
- Stable MTX dose (defined as 7.5 mg to 25 mg weekly) for at least 4 weeks prior to the screening visit

**RANDOMIZATION (3:1)**

**ARM 1**

ATI-450, 50 mg BID + MTX

**ARM 2**

Placebo, BID + MTX

**12 weeks**

**Primary Objective: Safety**

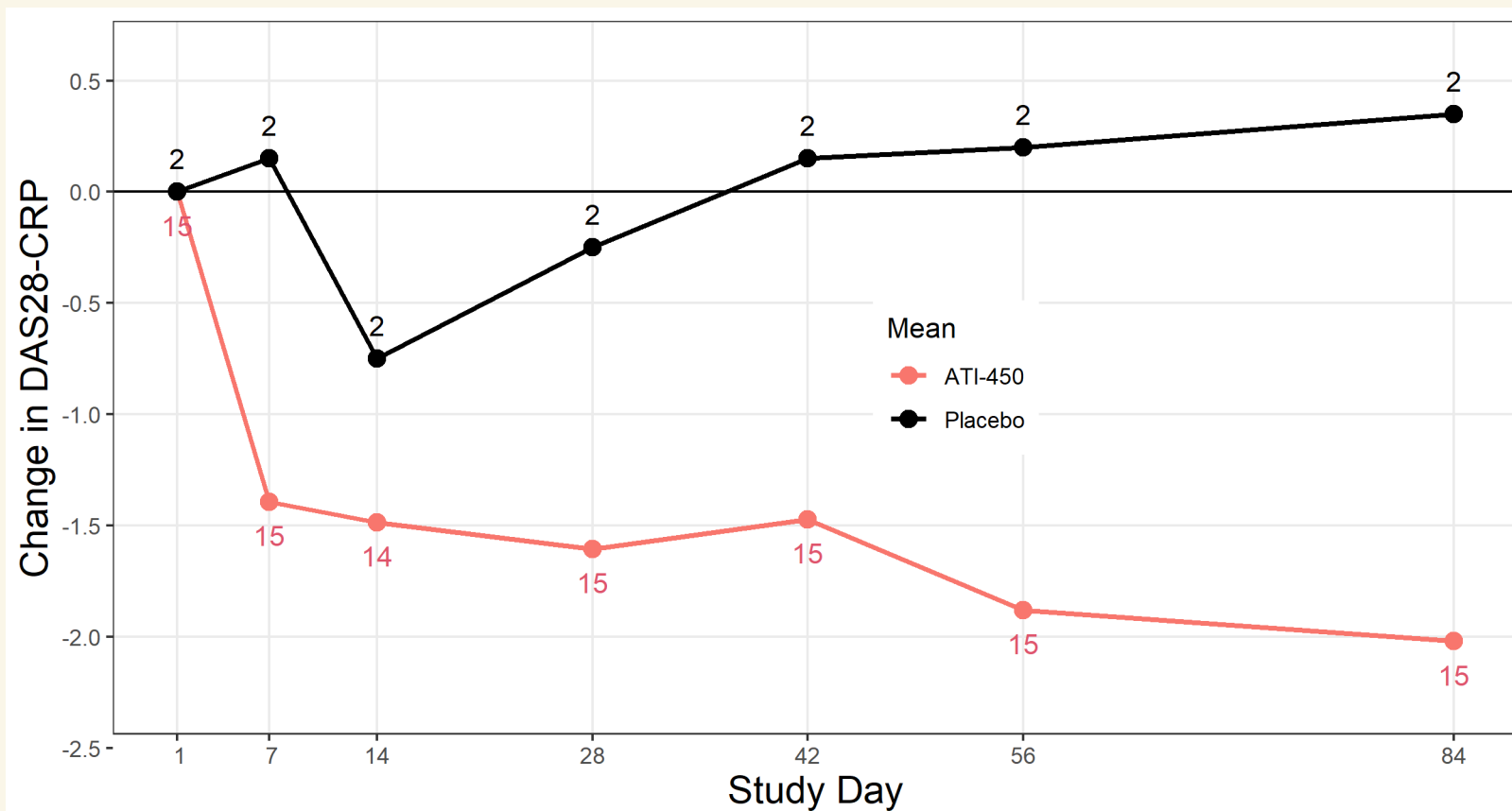
**Secondary Objectives**

- % change from baseline in hsCRP
- Mean change from baseline in DAS28-CRP
- Proportion of patients with DAS28-CRP below 2.6
- Mean change in RAMRIS assessments of synovitis or osteitis
- Proportion of patients with ACR 20/50/70

**N-25  
(to get 15  
completers)**

# DAS28-CRP

## Mean Change From Baseline

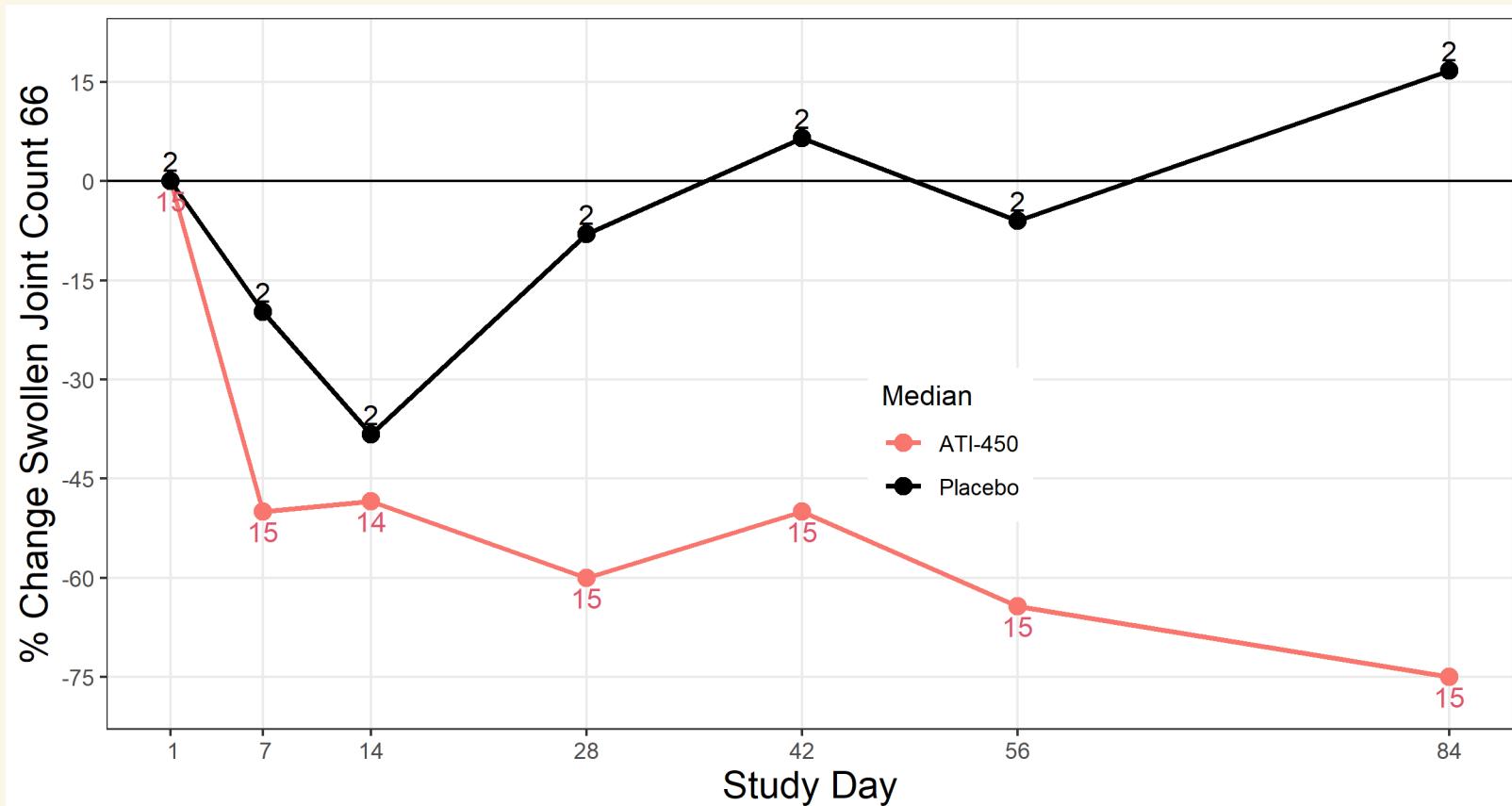


Numbers on lines = no. of subjects at each timepoint

\* Data on file

# Swollen Joint Count

## *Median Percent Change From Baseline*



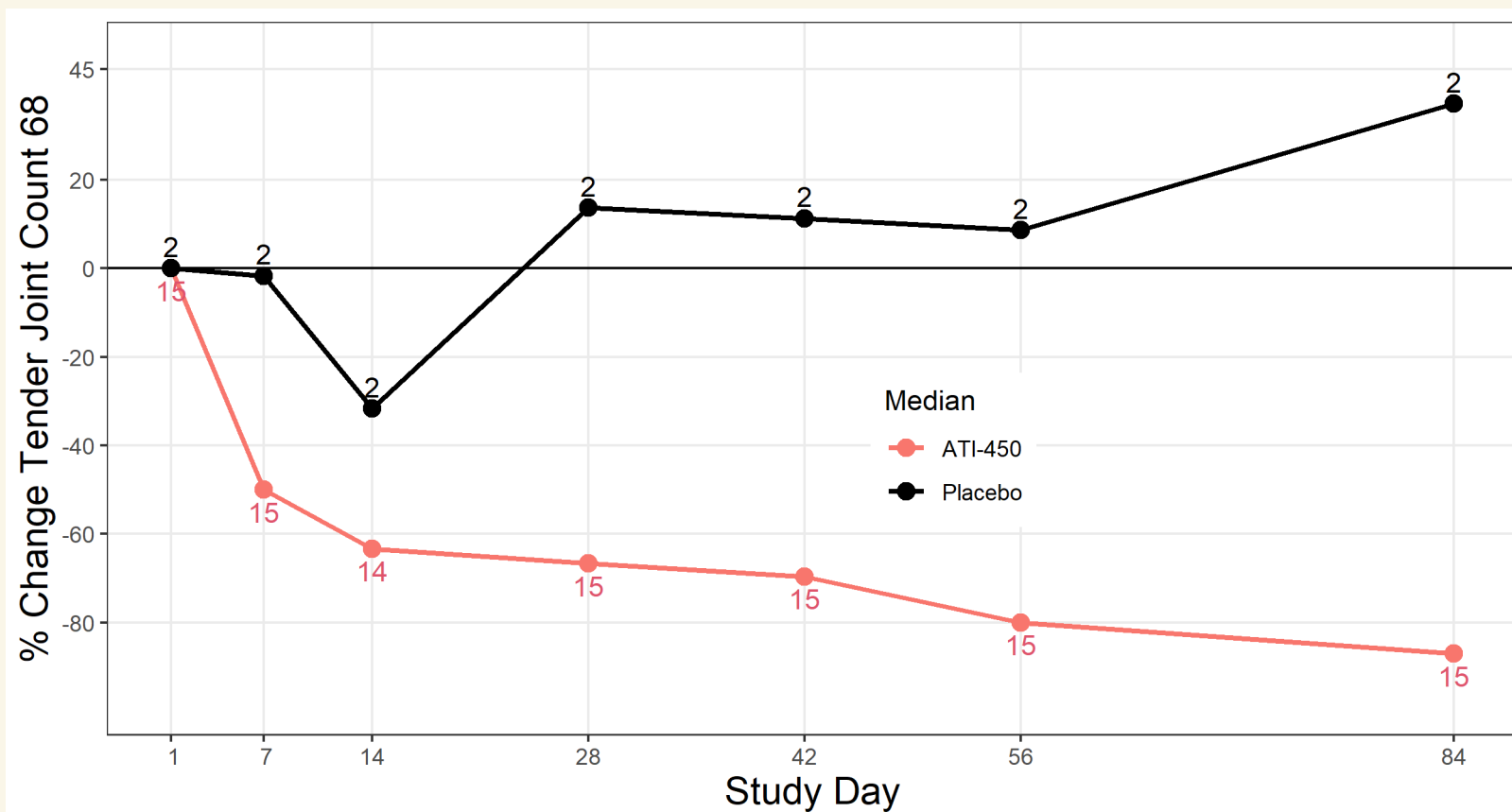
Numbers on lines = no. of subjects at each timepoint

\* Data on file



# Tender Joint Count

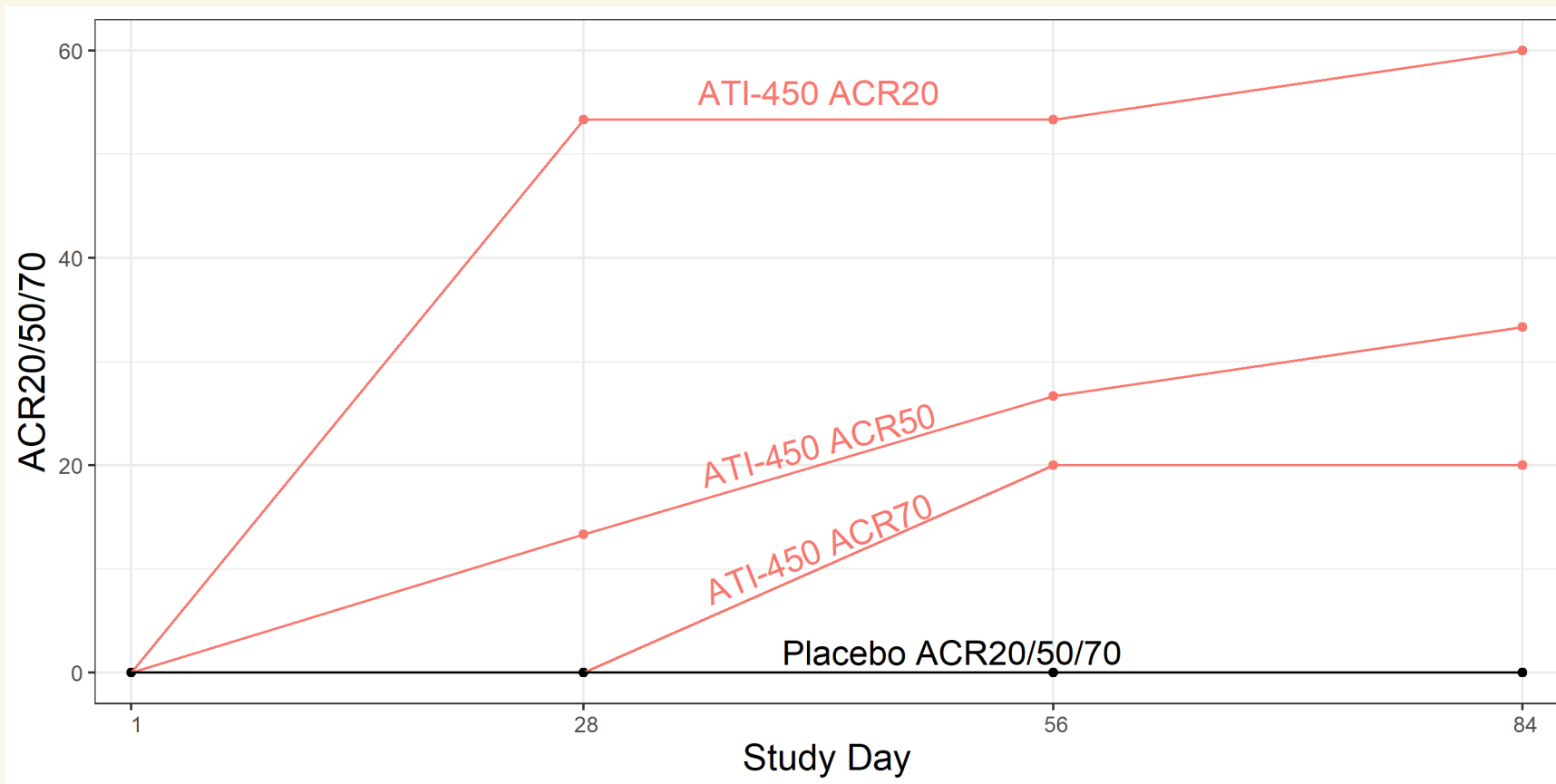
## Median Percent Change From Baseline



Numbers on lines = no. of subjects at each timepoint

\* Data on file

# ACR20/50/70 Responder Analysis Over Time

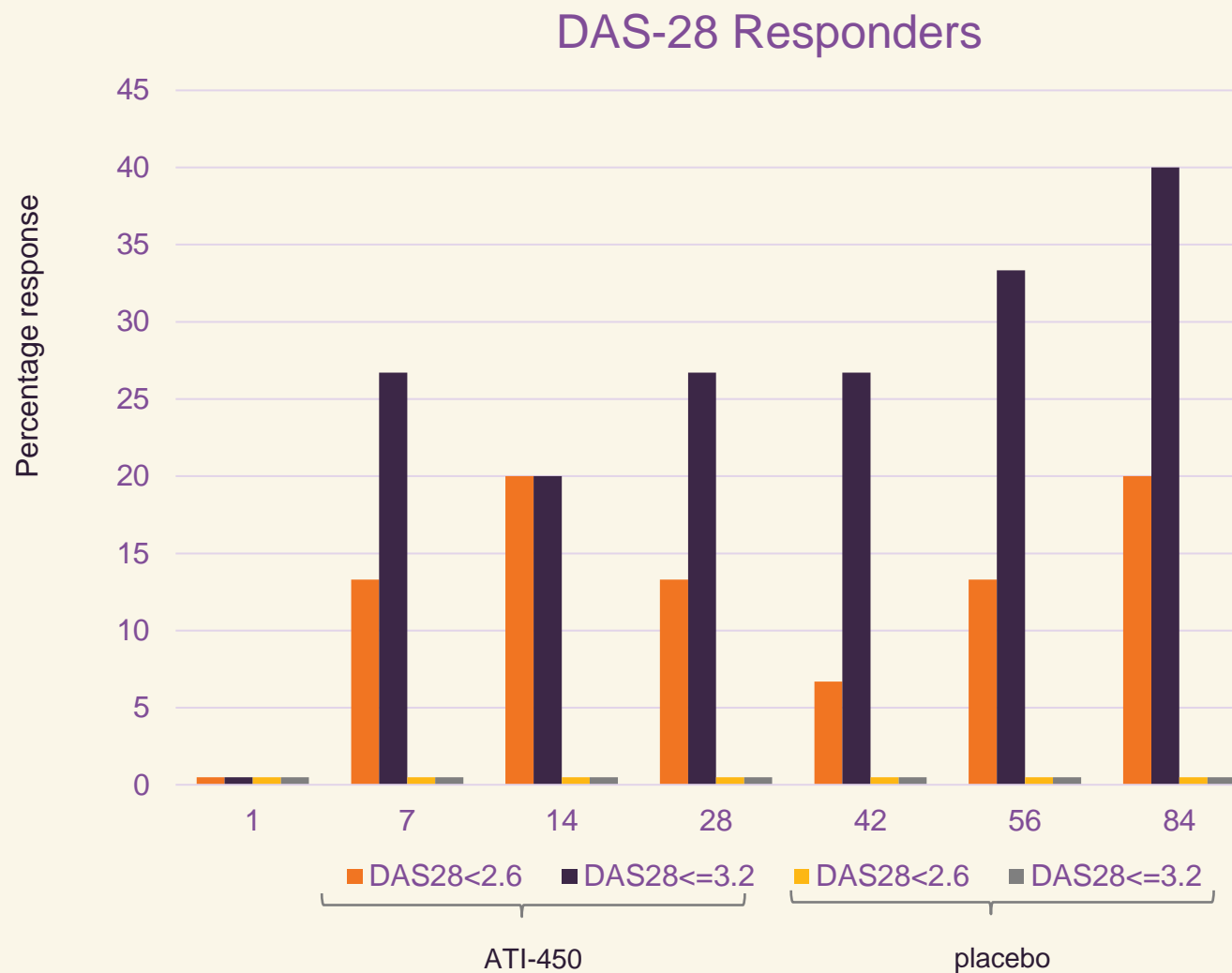


(n=17)

\* Data on file

# DAS28-CRP

## Responder Analysis Over Time



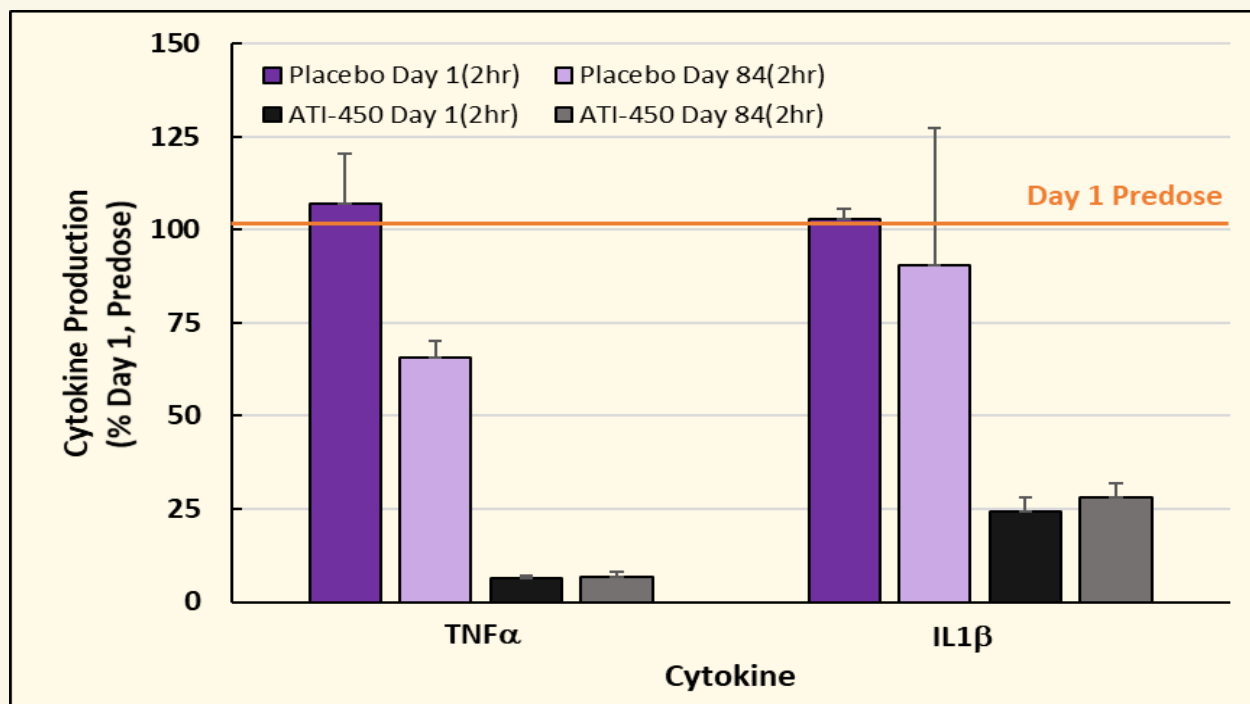
(n=17)

\* Data on file

# RA Subjects Treated with ATI-450 for 12 Weeks

## *Ex Vivo LPS-Stimulated Cytokines Day 1 vs Day 84*

Hypothesis: p38 transient efficacy (tachyphylaxis) may be associated with feedback loops and pathway reprogramming. Selectively targeting MK2 inhibition circumvents these issues through selective downstream pathway blockade.



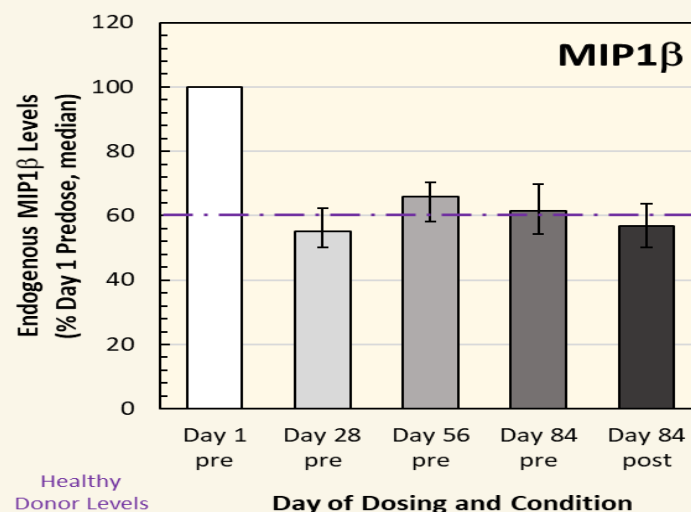
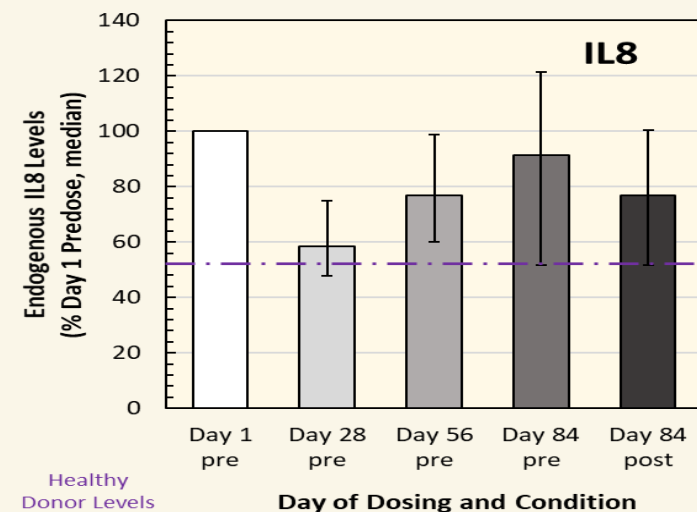
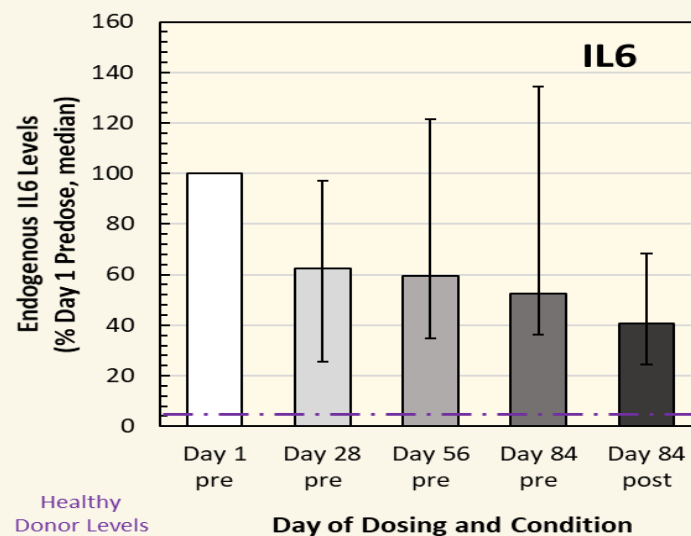
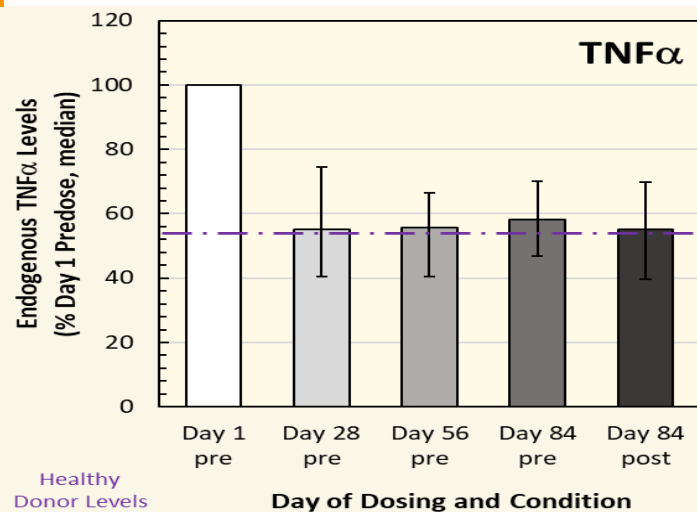
**Durable Dependence on MK2 for Cytokine Production**

(n=17)

\* Data on file

# Impact of ATI-450 on Endogenous Plasma Cytokine Levels in RA-201

## *TNF $\alpha$ , IL6, IL8 and MIP1 $\beta$*



• Cytokines with endogenous levels <0.5 pg/ml predose: IL1 $\beta$ , IL10, IL4 and GM-CSF

(n=17)

\* Data on file

# Adverse Events

*Subjects with at least one event (intention-to-treat n=19)*

Preferred Term	ATI-450 50 mg BID (N = 16)		Placebo (N = 3)	
	Mild n(%)	Moderate n(%)	Mild n(%)	Moderate n(%)
Total No. subjects with at least 1 AE	8 (50%)		2 (66.7%)	
Blood cholesterol increased	1(6.3)	0		
Blood creatine phosphokinase increased	0	1(6.3)		
Blood pressure increased	0	1 (6.3)		
Constipation	1(6.3)	0		
COVID-19 pneumonia	0	1 (6.3)		
Dental caries	1 (6.3)	0	1(33.3)	0
Ear infection	1(6.3)	0		
Electrocardiogram abnormal	1(6.3)	0		
Essential hypertension	0	1(6.3)		
Ligament sprain	1(6.3)	0		
Low density lipoprotein increased	1(6.3)	0		
Hypokalaemia	0	1 (6.3)		
Mouth ulceration	1(6.3)	0		
Muscle strain			0	1(33.3)
Palpitations	1(6.3)	0		
Rash erythematous	1(6.3)	0		
Sinusitis	0	1(6.3)		
Skin abrasion	1(6.3)	0		
Urinary tract infection	0	2(12.5)		
Ventricular extrasystoles	1(6.3)	0		
White blood cell count increased	1(6.3)	0		

- No SAEs during 12-week treatment period
  - One non-treatment-related SAE: COVID-19 reported in 4-week follow-up period in a subject who was no longer receiving treatment. Subject withdrew during the 4-week follow-up period.
- No Severe Adverse Events
- ATI-450: one subject withdrew for an AE during 12-week treatment period - elevated CPK (treatment-related); also reported palpitations and ventricular extrasystoles (not-treatment-related).

\* Data on file



# Topline Analyses Summary

- **Main objectives of POC trial were achieved**

- ✓ Potent and durable clinical activity with 50mg BID

- Rapid reduction in median percentage of tender and swollen joint count, which persisted
- DAS28-CRP reduction persisted
- ACR20/50/70 observed in 60%/33%/20% of treatment arm (PP)
- hsCRP reduction over 12 weeks

- ✓ ATI-450 was generally well tolerated

- **Positive Phase 1 trials**

- ✓ No dose limiting toxicity in phase 1
- ✓ Marked inflammatory cytokine suppression
- ✓ Pharmacokinetics data continue to support dosing flexibility (QD or BID)
- ✓ Pharmacodynamic data provide rationale for evaluating activity up to 80-120mg BID

- **Next steps**

- ✓ Planning for Phase 2b program initiated

\* Data on file

# ATI-1777 (Topical “Soft” JAK Inhibitor)

(Investigational Drug Candidate)



# Atopic Dermatitis Opportunity

## **Atopic dermatitis (AD) is a chronic, pruritic inflammatory skin condition<sup>1</sup>**

- ✓ The prevalence rate for AD (US) is 10-12% in children and 0.9% in adults<sup>2</sup>
- ✓ Market projected to be \$8-12 billion at peak (moderate to severe AD)<sup>3</sup>
- ✓ Systemic and topical JAK inhibition has demonstrated promising results in AD clinical trials<sup>4</sup>

### Goal

- Comparable efficacy to other topical JAKs but “soft” drug to minimize the potential for systemic immunosuppression
- JAK1/3 selective to minimize JAK2 inhibition toxicity
- Deliver in a patient-friendly formulation
- Patients with moderate to severe AD

### ATI-1777: Status

- Investigational Compound
- IND allowed
- First-in-human Phase 2a trial in patients with moderate to severe AD underway
  - 4-week trial in subjects with moderate to severe AD
  - Primary endpoint is percentage change from baseline in EASI score

<sup>1</sup> Medscape. Accessed May 14, 2021. <https://emedicine.medscape.com/article/1049085-overview>.

<sup>2</sup> Medscape. Accessed May 14, 2021. <https://emedicine.medscape.com/article/1049085-overview#a8>.

<sup>3</sup> Auster M, et al. Something Big Is Getting Bigger [research note]. *Credit Suisse Equity Research*; 2019.

<sup>4</sup> Shreberk-Hassidim R, et al. *J Am Acad Dermatol*. 2017;Apr;76(4):745-753.

# Porcine Model:

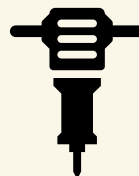
## *ATI-1777 Blocks IL15 Induced CCL8 mRNA in Skin*



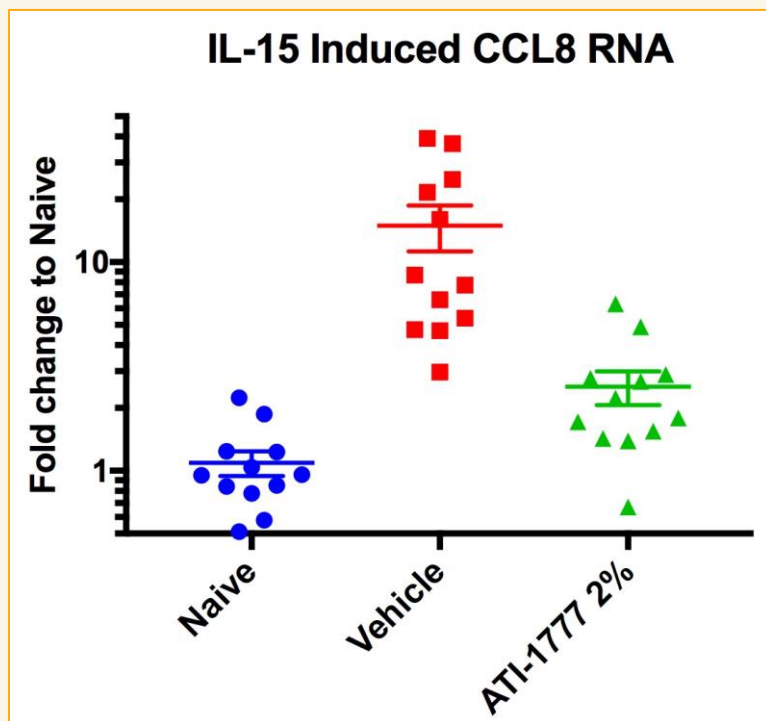
Apply  
formulation to  
back of pig,  
wait 1 hr



Intra-dermal  
Injection of  
porcine IL15,  
wait 3 hr



Harvest 6 mm  
biopsy,  
prepare RNA,  
measure CCL8  
by qPCR

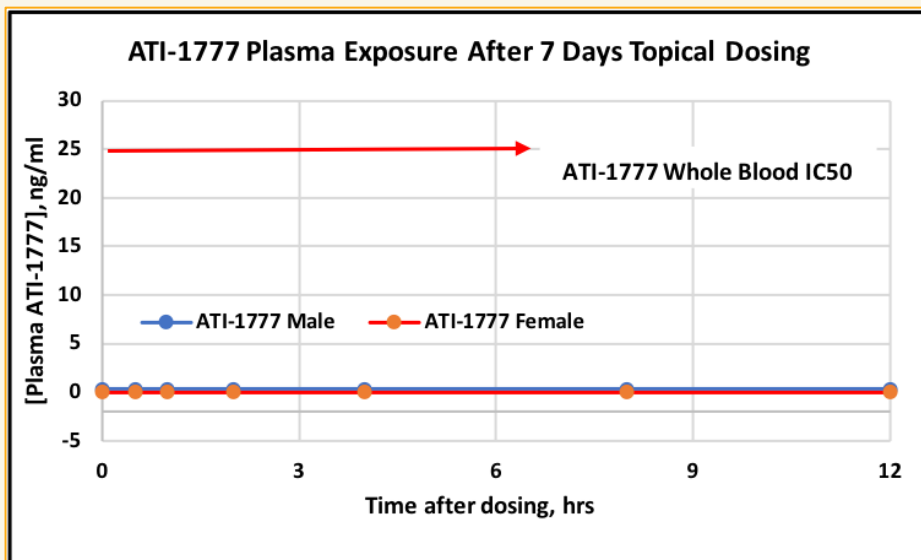


# Minipig Model:

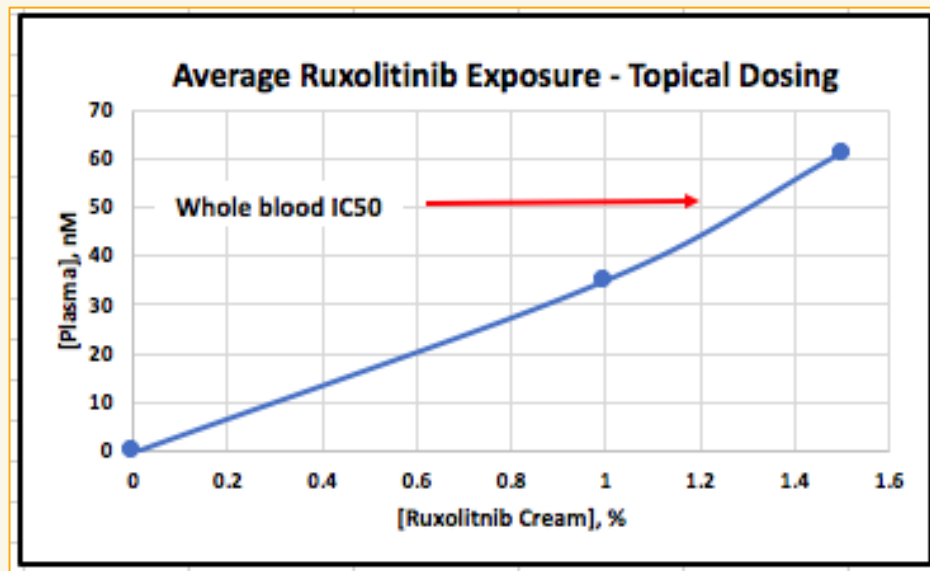
## ATI-1777 Non-clinical Safety Program TK Data

### Tolerability/Toxicokinetic with 7-day dermal administration (non-GLP)

- No adverse effects noted (10% body surface area, QD)
- Bleeds at 0.5, 1, 2, 4, 8, 12, and 24 hours post-application: Days 1 and 6
- All plasma samples were below limit of quantification (<0.50 ng/mL) – well below cellular IC<sub>50</sub>



MINIPIG<sup>1</sup>



HUMAN<sup>2,3</sup>

1. Data on file.

2. Chen X, et al. *Clin Pharmacol Drug Dev.* 2013;3(1):34–42.

3. Punwani N, et al. *Br J Dermatol.* 2015;173:989–997.

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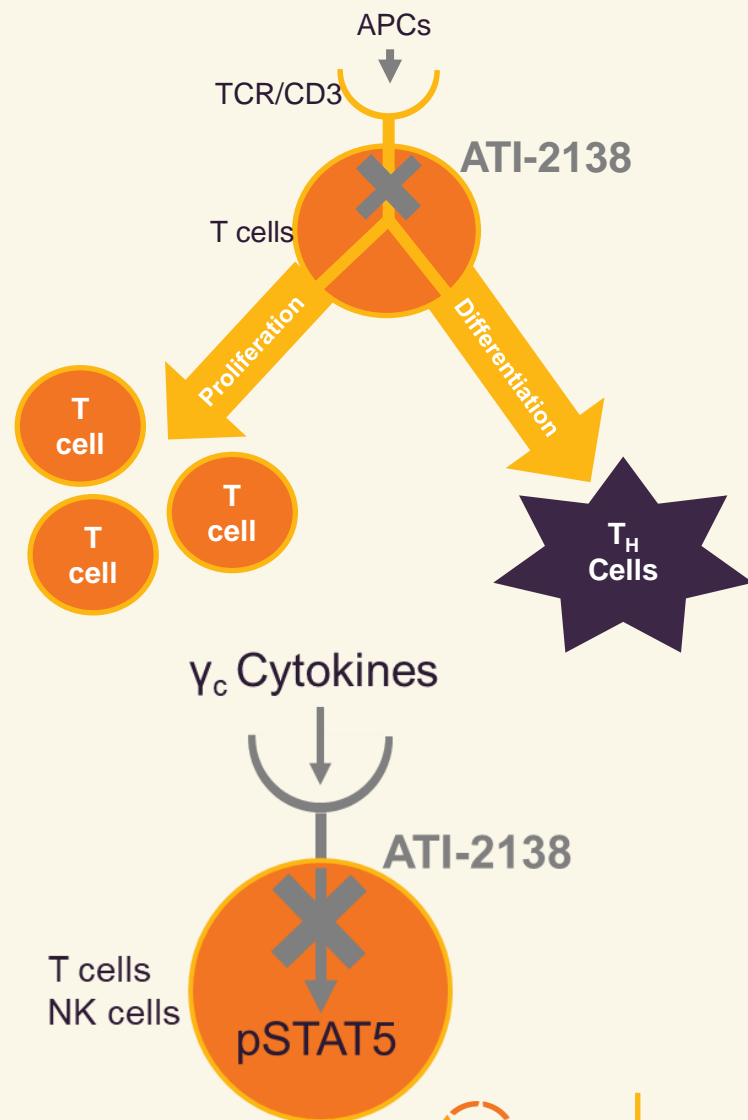
# ATI-2138 (ITK/TXK/JAK3 Inhibitor)

(Investigational Drug Candidate)



# ATI-2138: Covalent ITK/TXK/JAK3 (ITJ) Inhibitor

- ATI-2138 covalently blocks ITK/TXK/JAK3<sup>1</sup>
  - ✓ Potential for synergistic efficacy
    - ITK/TXK required for T-cell receptor (TCR) signaling
    - JAK3 required for  $\gamma$ c cytokines (IL-2/4/7/9/15/21)
  - ✓ PD effects persist after plasma clearance
- ATI-2138 is selective for T-cell signaling<sup>2,3</sup>
  - ✓ Drugs like cyclosporine (CsA) inhibit calcineurin which is widely expressed
  - ✓ ATI-2138 targets unique kinases expressed only in immune cells
- ATI-2138 may potentially treat T-cell mediated autoimmune diseases<sup>4,5</sup>



1. Data on file.

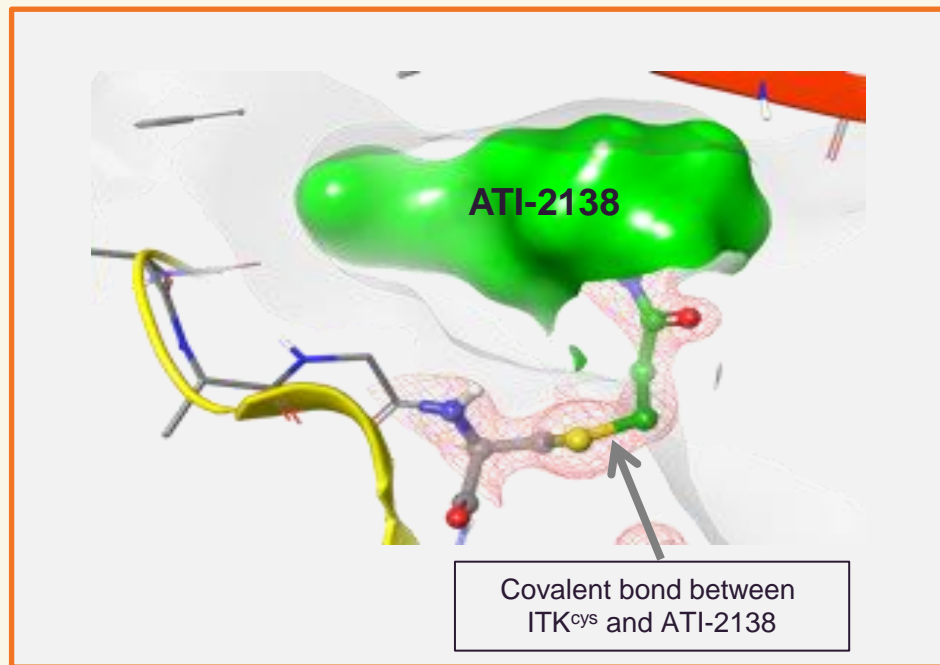
2. Graham RM. *Cleve Clin J Med*. 1994;61(4):308-313.

3. Siliciano JD, et al. *Proc Natl Acad Sci U S A*. 1992;89(23):11194-11198.

4. Robinson MF, et al. [published online ahead of print, 2020 May 18]. *Arthritis Rheumatol*. 2020.

5. Russell SM, et al. *Science*. 1995;270(5237):797-800.

# ATI-2138 is a Potent Covalent Inhibitor



**Co-Crystal Structure of ATI-2138/ITK - shows ATI-2138 covalent binding to ITK**

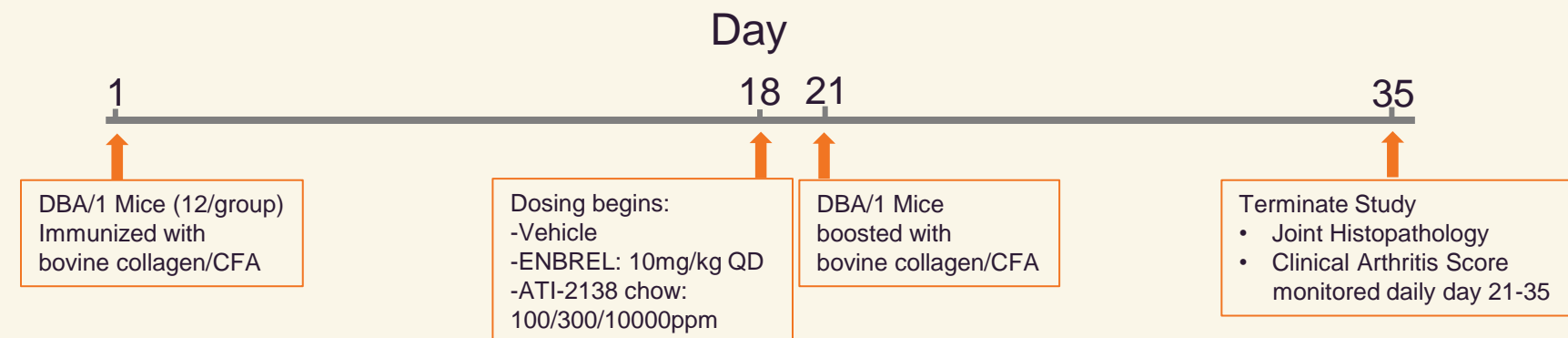
## Cellular Inhibition of JAK and ITK/TXK

Assay Description	ATI-2138 IC <sub>50</sub> (nM)	Assay
ITK/TXK activity	7	Jurkat pPLCγ-1
JAK1/3 activity	20	PBMC pSTAT-5
Both ITK/TXK and JAK3	13	HWB αCD3/IL15 IFNγ
BTK activity	52	Ramos pPLCγ-2

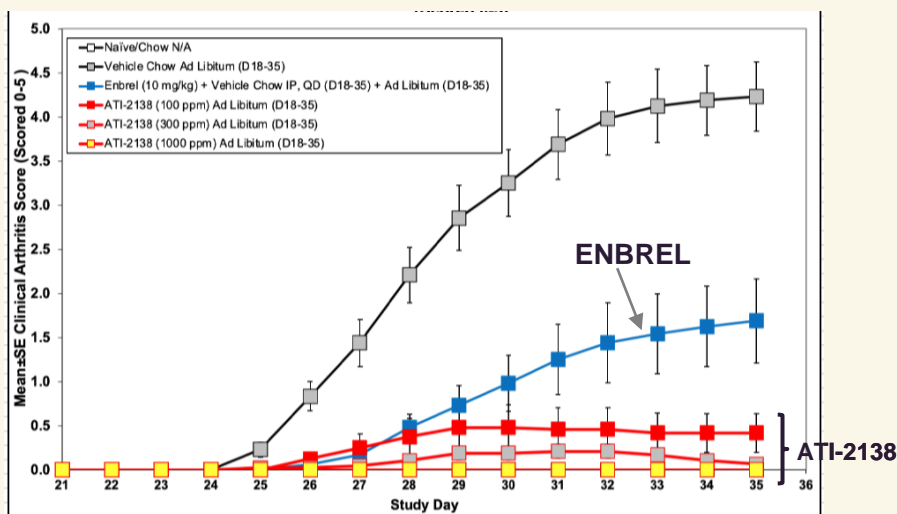
**ATI-2138 potently inhibits ITK/TXK and JAK3 in cells and in whole blood**



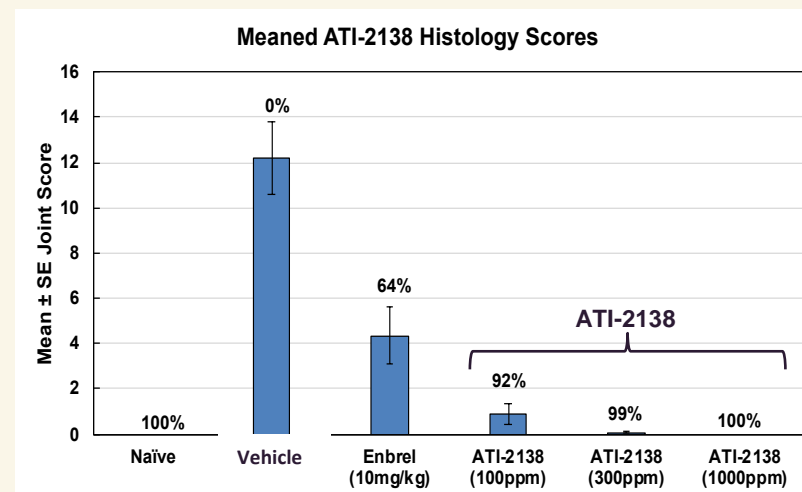
# Mouse Model: ATI-2138 is Efficacious in mCIA



## Clinical Arthritis Score



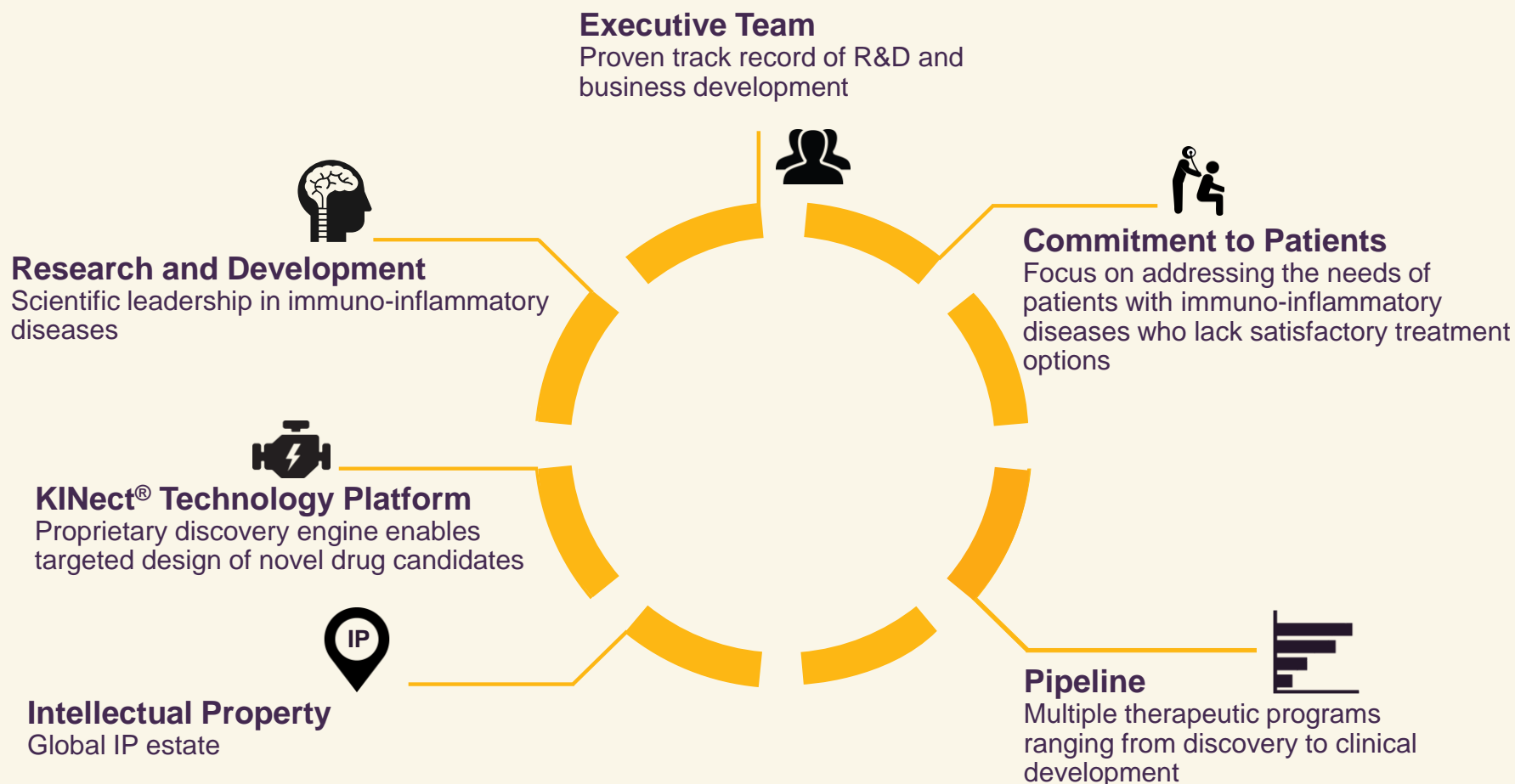
## Joint Histology Score



*In the gold standard mCIA model, ATI-2138 demonstrated efficacy superior to ENBREL*



# Empowering Patients Through Kinome Innovation



# Key Milestones

Program/Milestone	2021			
	1Q	2Q	3Q	4Q
<b>ATI-450 (MK2 Inhibitor)</b>				
Phase 2a Data in Moderate to Severe Rheumatoid Arthritis	✓			
Initiate Phase 2b Trial in Moderate to Severe Rheumatoid Arthritis				
<b>ATI-1777 (Topical “Soft” JAK Inhibitor)</b>				
Phase 2a Data in Moderate to Severe Atopic Dermatitis				
<b>ATI-2138 (ITK/TXK/JAK3 Inhibitor)</b>				
Submit IND				