DEN/LI

Focused on developing treatments that make a meaningful difference for people and families living with ALS

DNL343 (Regimen G) Background Information

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DISCLOSURES

Danna Jennings is an employee of Denali Therapeutics Inc.

DNL343 is an investigational drug and is not approved by any Health Authority, such as the U.S. Food and Drug Administration (FDA) or the European Medicines Agency (EMA)

FOCUSED ON DEFEATING NEURODEGENERATION

Mission

To defeat neurodegenerative diseases through rigorous therapeutic discovery and development



COMMITTED TO SCIENTIFIC PRINCIPLES AND THE ALS COMMUNITY



Commitment

We listen to people and families living with ALS. We engage individuals, families, caregivers, and advocacy groups in our work as we strive to develop impactful solutions that address your needs.

DENALI'S COMMITMENT TO ALS: TWO PROGRAMS IN CLINICAL DEVELOPMENT

		DNL343	SAR443820 (DNL788)
(3)	<i>How it aims to work?</i>	elF2B Activator	RIPK1 Inhibitor (partnered program with Sanofi)
6	What are we addressing?	TDP-43 pathology	Inflammatory pathway pathology and cell death
	Clinical stage	 Phase 1b is ongoing (ClinicalTrials.gov identifier: NCT0500635) HEALEY ALS Platform Trial (Regimen G) recruiting by invitation (NCT05842941) We will discuss DNL343 in detail today! 	 Now recruiting a Phase 2 Study (HIMALAYA) (NCT05237284)

What is the mechanism of action of DNL343?

GENETIC PATHWAY POTENTIAL IN ALS

 \geq 95% of individuals with ALS have harmful aggregates of a protein called **TDP43** in their cells which accumulate during stress

TDP43 can be found in structures called **stress granules**² and many genes linked to ALS are a part of stress granule-related pathways³

In individuals with ALS, stress granule pathways may play an important role in driving the accumulation of harmful TDP43 and neuron death

ALS-associated gene discovery over the past decade highlights the importance of stress granule biology and TDP43 in ALS

¹Neumann et al. Science 2006 ²Li et al. J Cell Biol 2013 ³Fernandes et al. Adv Neurobiol 2018







Stress granule



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THERAPEUTIC HYPOTHESIS FOR DNL343 IMPACT ON ALS



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What evidence do we have that DNL343 inhibits the stress response?

DNL343 DISSOLVES STRESS GRANULES AND TDP43 CLUSTERS IN CELLS



H4 neuroglioma cells in culture

DNL343 PROTECTS CELL AGAINST DEGENERATION IN MOUSE MODEL



DNL343 decreases integrated stress response in retina and reduces cell death in mice

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DNL343 PROTECTS MOTOR FUNCTION IN MOUSE MODEL



DNL343 decreases integrated stress response in the brain and protects motor function in mice

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Sun L, et al., AAN abstract P8.8.010, 2023

What is the experience with DNL343 in the clinic?

DNL343 STUDIES IN HEALTHY AND ALS PARTICIPANTS

		Phase 1 Healthy Participant Study	Phase 1b Study in ALS Participants
<u>â</u> îîî	Who Participated?	Phase 1b healthy volunteer study: NCT04268784 95 Healthy Volunteers	Phase 1b ALS diagnosis study: NCT05006352 27 Participants Living with ALS
	What was Tested?	Single and multiple oral daily dosing over 14-day treatment period	Oral daily dosing over a 28-day treatment period
>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	What was Measured?	 Safety DNL343 levels (pharmacokinetics) Biomarkers of ISR pathway 	 Safety DNL343 levels (pharmacokinetics) Biomarkers of ISR pathway

WHO PARTICIPATED IN OUR PHASE 1B TRIAL IN PARTICIPANTS WITH ALS?



DNL343 CONCENTRATIONS IN PLASMA AND CEREBROSPINAL FLUID (CSF)



- DNL343 concentration increased in a dose-dependent manner
- Long half-life supports oral once daily dosing
- Extensive distribution in the CSF in both healthy and ALS participants as demonstrated by CSF to unbound plasma ratio ~1

DNL343 INHIBITED ISR PATHWAY ACTIVATION IN HUMAN BLOOD CELLS

ATF4 Protein

CHAC1 mRNA



- DNL343 showed robust inhibition (>60%) of two ISR pathway biomarkers (ATF4 protein and CHAC1 mRNA) in blood cells from Ph1 and Ph1b trial participants
- Similar level of inhibition observed in healthy and ALS participants

DNL343 TOLERABILITY IN HEALTHY PARTICIPANTS*



DNL343 Placebo

- Generally well tolerated
- No serious adverse events
- Majority of adverse events were mild
- Two discontinuations:
- Personal circumstances (PBO)
 - Anxiety (on DNL343, not related to study drug)

Phase 1b healthy volunteer study: NCT04268784

* Includes all non-procedure related AEs; in ≥2 participants

DNL343 TOLERABILITY IN PARTICIPANTS WITH ALS (DOUBLE-BLIND)*





- Generally well tolerated
- No serious adverse events
- All treatment-emergent AEs were Grade 1 or 2
- One discontinuation due to rash

Phase 1b ALS diagnosis study: NCT05006352

* Includes all non-procedure related AEs; in ≥2 participants

DNL343 KEY TAKEAWAYS FROM HEALTHY AND ALS PARTICIPANT STUDIES



Once daily oral dosing is supported by pharmacokinetic profile



Extensive distribution to the Cerebrospinal Fluid (CSF)



Inhibition of the integrated stress response demonstrated by biomarker data



Generally well tolerated and no clinically meaningful trends in safety labs, electrocardiogram (ECGs), or vital signs during double-blind period

- Data from early phase studies support further development of DNL343
- DNL343 is Regimen G in the HEALEY Platform Phase 2/3 Study
- Enrollment in Regimen G is ongoing

REGIMEN G SPECIFIC STUDY SCHEMATIC



HEALEY REGIMEN G STUDY GOALS



CSF COLLECTION AND BIOMARKERS FOR REGIMEN G



- A clear, colorless, watery fluid that flows in and around the brain and spinal cord
- In adults, the CSF volume is ~120 mL
- The normal rate of CSF production is approximately 20 mL per hour

Volume and timepoints

- Timepoints for CSF collection:
 - Baseline
 - Week 24 (double blind)
- Volume: 20ml
- CSF is an important biofluid
 - Most closely associated with the nervous system as the best surrogate accessible in clinical setting
- Biomarker changes in CSF would most closely reflect the changes in brain and spinal cord

What biomarkers will we measure?

- Biomarkers to assess impact on the ISR pathway
 - Levels measured at Baseline and following DNL343 treatment to determine how DNL343 modulates the stress response
- Biomarkers to assess impact on neurodegeneration, including:
- NfL (neuronal injury and degeneration biomarker),
 - GFAP (astrogliosis biomarker),
 - UCHL1 (neuron injury biomarkers)

THANK YOU

The individuals and families participating in our current and future clinical studies

Investigators and study teams collaborating on the DNL343 clinical studies

Center for Human Drug Research, Leiden, NL Geert Jan Groeneveld, MD Maurits Vissers, PharmD Jules A.A.C. Heuberger, PhD University Medical Center, Utrecht, NL Leonard van den Berg, MD Tommy Bunte, PA Karen Vlaardingerbroek, RN California Pacific M.C., San Francisco, CA Jonathan Katz, MD Henry Chen University of California, San Diego, CA John Ravits, MD Rosemarie Previte, CRM Emory University, Atlanta, GA Christina Fournier. MD Anna Partlow, RN, MSN

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THANK YOU FROM THE DENALI THERAPEUTICS TEAM



Established Team

- Now >450 strong
- Continually growing

Science-Focused

• 2/3 of our team works in R&D

Growing Presence

- California based with a global presence
- 7 programs in clinical trials



THANK YOU