## DEUVLI

CROSSING BARRIERS
AND DEFEATING
DEGENERATION

**MAY 2025** 





#### **DISCLAIMERS**

Forward-Looking Statements. This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements do not relate strictly to historical or current facts and they may be accompanied by such words as "anticipate," "believe," "could," "estimate," "expected," "forecast," "intend," "may," "plan," "potential," "possible," "future," "will" and other words and terms of similar meaning. All statements other than statements of historical facts contained in this presentation, including, without limitation, statements regarding future results of operations and financial position of Denali Therapeutics Inc. ("Denali" or the "Company"); Denali's business strategy and business plans, expected progress and expansion, and expected key milestones for Denali's therapeutic portfolio in 2025 and beyond; Denali's ability to execute on its tailored commercial strategies and accelerate commercial launch readiness; the potential for Denali's product candidates to treat various neurodegenerative diseases including MPS I (Hurler Syndrome), MPS II (Hunter Syndrome), MPS IIIA (Sanfilippo Syndrome), PD, ALS, AD, FTD-GRN, UC, Gaucher's Disease, Pompe Disease, and related peripheral inflammatory diseases; planned preclinical studies and clinical trials and the expectations regarding the timing and availability of results and data from such studies and trials; plans, timelines, expectations related to Denali's TransportVehicle<sup>TM</sup> (TV) platform, including the Enzyme TV (ETV), Antibody TV (ATV), Protein TV (PTV), and Oligonucleotide TV (OTV), and its therapeutic and commercial opportunities; plans, timelines, and expectations related to the ETV platform and ETV-enabled programs, including ETV:GAA, ETV:GCase, and ETV:IDUA, their therapeutic and commercial potential, and the timing and likelihood of planned regulatory filings; plans, timelines, and expectations relating to DNL310, including the ongoing Phase 1/2 study and Phase 2/3 COMPASS study, the timing of planned regulatory filings, and the timing, likelihood, and scope of regulatory approvals and commercial launch; plans, timelines, and expectations related to DNL126, including the timing and availability of data from the Phase 1/2 study and likelihood and pathway of regulatory approval; plans, timelines, and expectations related to the OTV and OTV-enabled programs, including OTV:MAPT and OTV:SNCA, their therapeutic and commercial potential, and the timing and likelihood of planned regulatory filings; plans, timelines, and expectations relating to ATV:Abeta, including its therapeutic potential and the timing of planned regulatory filings; plans, timelines, and expectations relating to DNL151, including enrollment in the Ph2B LUMA study and Ph2A BEACON study; plans and expectations regarding DNL593, including enrollment of Cohort B in the Ph1/2 study; plans, timelines, and expectations related to DNL758 and enrollment in the Ph2 RESOLUTE study; plans and expectations regarding Denali's global organization and clinical operations, the expected timing and likelihood of success of its commercial growth, and the potential value of Denali's programs, are forward-looking statements. Denali has based these forward-looking statements largely on its current expectations and projections about future events, and forward-looking statements regarding potential outcomes should not be interpreted as guarantees of future performance.

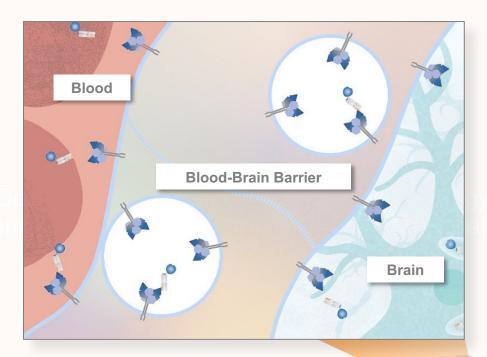
These forward-looking statements speak only as of the date of this presentation and are subject to a number of risks, uncertainties and assumptions, including but not limited to: the risk of the occurrence of any circumstance that could give rise to the termination of Denali's agreements with its collaborators; Denali's and its collaborators' ability to complete the development and, if approved, commercialization of its product candidates; Denali's and its collaborators' ability to enroll patients in its ongoing and future clinical trials; Denali's reliance on third parties for the manufacture and supply of its product candidates for clinical trials; Denali's dependence on successful development of its blood-brain barrier platform technology and TV-enabled product candidates; Denali's ability to conduct or complete clinical trials on expected timelines; the predictive value of Denali's biomarker selection; the occurrence of significant adverse events, toxicities or other undesirable side effects; the potential for clinical trials of Denali's product candidates to differ from preclinical, early clinical, preliminary or expected results; the uncertainty that product candidates will receive regulatory approval or be commercialized; Denali's ability to continue to create a pipeline of product candidates or develop commercially successful products; Denali's ability to obtain, maintain, or protect intellectual property rights related to its product candidates; Denali's achievement of planned milestones and realization of value; implementation of Denali's strategic plans for its business, product candidates, and blood-brain barrier platform technology; and other risks. In light of these risks, uncertainties and assumptions, the forward-looking statements in this press release are inherently uncertain and may not occur, and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements. Accordingly, you should not rely upon forward-looking statements as predicti

The product candidates being developed by Denali are investigational and their safety and efficacy profiles remain unestablished. Denali's product candidates have not been approved by any health authority for any use.

Accuracy of Data. This presentation contains statistical data based on independent industry publications or other publicly available information, as well as other information based on Denali's internal sources. Denali has not independently verified the accuracy or completeness of the data contained in these industry publications and other publicly available information. Accordingly, Denali makes no representations as to the accuracy or completeness of that data.

#### **OUR PURPOSE: CROSSING BARRIERS & DEFEATING DEGENERATION**

#### **Crossing Barriers**



Taking on the blood-brain barrier challenge to enable delivery of medicines to the brain at scale

#### **Defeating Degeneration**



Dominic, living with MPS II



Allan, living with PD



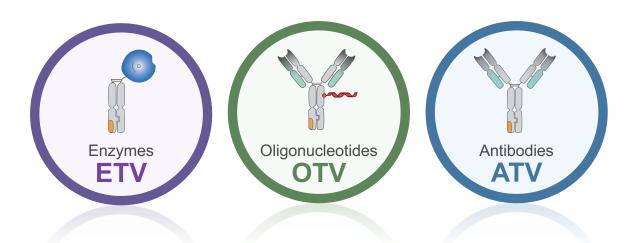
Seth, living with ALS



**Denali Team at AD Walk** 

#### DELIVERING A NEW CLASS OF THERAPEUTICS

The TransportVehicle<sup>™</sup> (TV) enables a new class of therapeutics that cross the blood-brain barrier (BBB)



2025
Priorities

#### PREPARING TO LAUNCH

Potential launch of tividenofusp alfa in MPS II (Hunter syndrome)

## **EXPANDING ETV FRANCHISE**

Realize potential of TV platform for lysosomal storage diseases

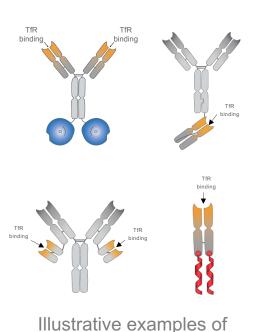
### ADVANCING TV PORTFOLIO

Progress TV programs for neurodegeneration and other indications

Transforming treatment for people with rare and common diseases that impact the brain

#### **SETTING THE BAR FOR BRAIN DELIVERY PLATFORMS**

## Conventional Fab Approaches



other BBB technologies

using the Fab to bind TfR

# Our Fc-based TransportVehicle<sup>™</sup> (TV) is Designed and Engineered to Optimize Brain Delivery

BBB receptor binding site engineered into the Fc for optimal properties and modularity

Optimized Binding Affinity & Monovalency:
Enhances brain delivery and limits receptor degradation

Conditional Effector Function: Avoids reticulocyte loss and potentially minimizes anemia liability

**High Fidelity to Natural Protein:** No appended sequences limits risk of immunogenicity and IRRs

**Modularity:** Enables broadest utility to transport biologics, such as enzymes, oligos, antibodies

>350 Pat

Patents and Applications

10 High Impact Publications

3 Clinical Programs >10 Preclinical Programs

Leading BBB technology and broadest portfolio of TV-enabled therapeutics

#### OUR TV PLATFORM IS WELL CHARACTERIZED AND CLINICALLY VALIDATED

#### **Biodistribution**

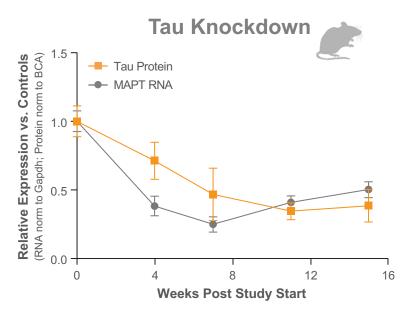
# Hemibrain coronal sliceview Hemibrain coronal sliceview 200μm

Khoury et al. 2025 Nature Communications



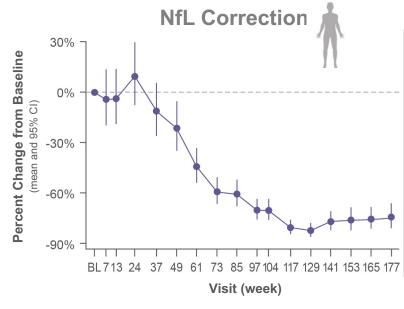
TV provides high and uniform deposition of ATV across the brain with systemic delivery

#### **Target Engagement**



TV enables sustained brain tau knockdown with OTV:MAPT systemic delivery

#### **Disease Biomarker**



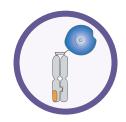


TV enables ETV:IDS to reduce serum NfL by >80%, achieving normal levels

TransportVehicle<sup>™</sup> (TV) enables broader brain biodistribution, enhanced target engagement, and normalization of key disease biomarkers

#### PREPARING FOR COMMERCIAL LAUNCH

#### **Enzyme TransportVehicle™ (ETV): Expected Product Launches**



# Paving the Path with Tividenofusp alfa

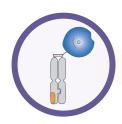
- Market leading profile to treat MPS II phenotype spectrum
- Only candidate therapy to normalize key biomarkers, CSF HS, urine HS, and NfL, in a lysosomal storage disease
- Alignment with FDA on accelerated approval path; BLA rolling submission completed (as announced on May 6, 2025)
- Preparing for U.S. launch (late 2025 or early 2026)
- Ongoing Phase 2/3 COMPASS study to support global approval

U.S. FDA Breakthrough Therapy
Designation **Granted to Tividenofusp Alfa** for the Treatment of Hunter
Syndrome (MPS II)

#### Validating the TransportVehicle<sup>™</sup> platform and enabling a broad ETV portfolio

#### TRANSITIONING TO COMMERCIAL STAGE

#### **Enzyme TransportVehicle™ (ETV): Expected Product Launches**



**Apply Learnings** 

# Acceleration

# Paving the Path with Tividenofusp alfa

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# Accelerating DNL126

- Achieved biomarker proof-of-concept in Phase 1/2
- Expanded study to support a potential accelerated approval path in MPS IIIA
- Selected for FDA START program
- Collaborating with FDA on path to approval

#### Validating the TransportVehicle<sup>™</sup> platform and enabling a broad ETV portfolio



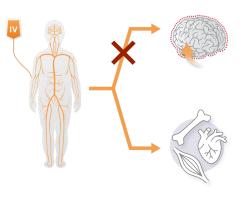
#### ETV FRANCHISE OPPORTUNITY IN LYSOSOMAL STORAGE DISEASES

#### **Addressing High Unmet Need**

LSDs are **single-enzyme deficiency** diseases

**30,000** people with LSDs worldwide

2/3 | SDs with CNS manifestations



#### Traditional ERTs partially address somatic but not CNS symptoms

~90% historical approval rate

#### Targeting Brain & Body with ETV



ETVs enable brain delivery of enzymes to address cognitive and behavioral symptoms



Potential to enhance peripheral delivery

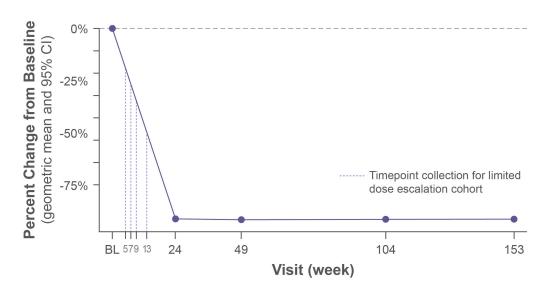
Goal is to treat the full disease spectrum



#### TIVIDENOFUSP ALFA PHASE 1/2 IN MPS II: BRAIN BIOMARKERS

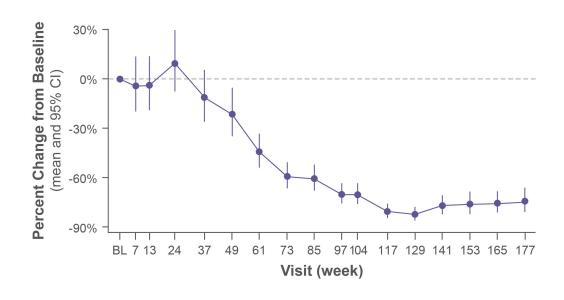
#### **CSF Heparan Sulfate**

Biomarker of neuronopathic disease



Robust reduction from baseline in CSF HS with the majority of participants in the normal range after treatment

## **Serum NfL**Biomarker of neuronal damage



Robust reduction from baseline in serum NfL with the majority of participants reaching the normal range by Week 104

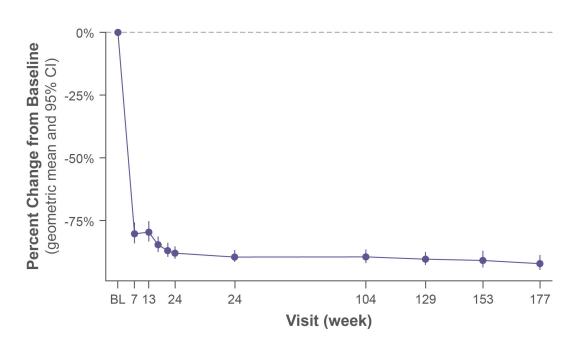
First and only therapy in development for MPS II to achieve normalization of key biomarkers



#### TIVIDENOFUSP ALFA PHASE 1/2 IN MPS II: PERIPHERAL EFFECTS

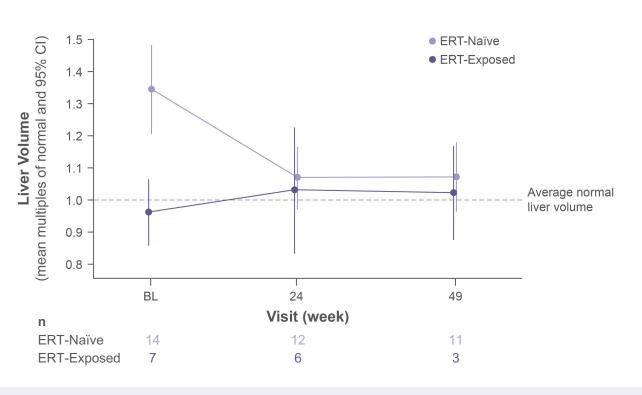
#### **Urine Heparan Sulfate**

Biomarker of peripheral disease



#### **Liver Volume**

Peripheral clinical outcome

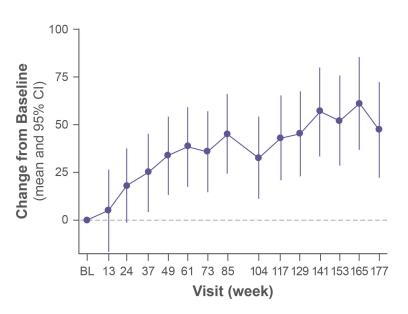


Achievement of normalization of peripheral effects suggests additional effects after switching from idursulfase to treatment with tividenofusp alfa

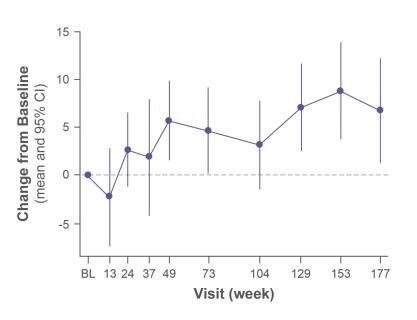


#### TIVIDENOFUSP ALFA PHASE 1/2 IN MPS II: CLINICAL OUTCOMES

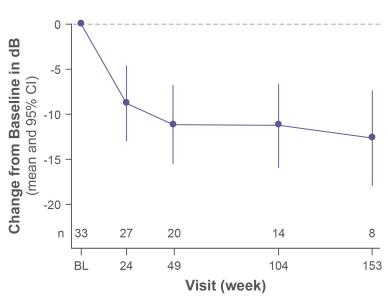




#### **BSID-III Cognitive Raw Score**



#### **Pure Tone Average**



While on tividenofusp alfa, clinical outcomes showed skill gains relative to baseline in most participants on measures of adaptive behavior and cognition as well as hearing threshold improvement from baseline in all tested frequencies

Data supports impact on clinical outcomes important to individuals and families with MPS II



#### TIVIDENOFUSP ALFA PHASE 1/2 IN MPS II: SAFETY

	24-Week Treatment Period (BL to W24), n = 47	All Periods (BL to W261), n = 47
TEAE, <sup>a</sup> n (%)	47 (100)	47 (100)
Mild	8 (17.0)	2 (4.3)
Moderate	35 (74.5)	32 (68.1)
Severeb	4 (8.5)	13 (27.7)
Serious TEAE, n (%)	6 (12.8)	18 (38.3)
Treatment-Related Serious TEAE	3 (6.4)	3 (6.4)
Fatal TEAE, n (%)	0	0
TEAE Leading to Discontinuation, n (%)	1 (2.1)	1 (2.1)

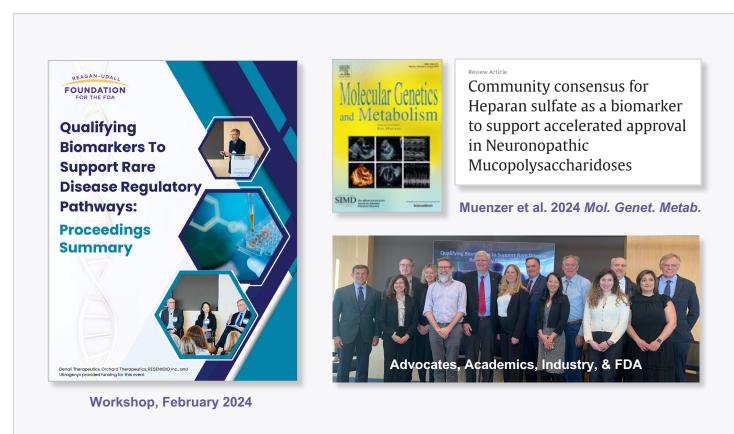
- Across all periods, most participants (72%) had TEAEs that were mild or moderate in severity
  - One participant (2.1%) discontinued due to a TEAE; discontinuation was in part due to a TEAE of IRR (and other adverse events considered not related to drug)
  - Three participants (6.4%) had serious TEAEs that were considered related to treatment
    - Two participants with IRRs (one mild, one severe);<sup>c</sup> both recovered and received subsequent doses
    - One participant with anemia (moderate CTCAE grade); participant remains stable with continued dosing
- In the 24-week treatment period (BL to W24), the most frequent TEAEs (> 20%) were IRRs,<sup>c</sup> anemia, vomiting, pyrexia, upper respiratory infection, and rash; the majority of these were mild to moderate in severity
  - Most IRRs were clinically manageable with standard pre-medications and/or adjustment of infusion time
  - Anemia-related adverse events generally improved over time

#### Phase 1/2 safety and clinical data supports broad indication for treatment of full spectrum of MPS II



#### LEADERSHIP AND COLLABORATION IN TRANSFORMING MPS TREATMENT

#### Data Driven and Action Oriented to Deliver Meaningful Impact for Patients





Accelerating a Path to New Treatments for Rare Neuropathic MPS Diseases

Carole Ho, MD Feb 2024, *BioSpace* 

Eliza, living with MPS IIIA



Dominic, living with MPS II



We acknowledge the collective efforts advocating for faster, science-driven, paths to effective treatments for rare diseases that contribute to this opportunity and potentially others



#### MPS II: PATIENTS, PRESCRIBERS, PRODUCT OPPORTUNITY IN U.S.

#### **MPS II Landscape**

#### **Patients & Prescribers**

- 400-500 patients
- 80-100 centers of excellence
- Extended health care team
- Weekly contact with patients

#### **Opportunity**

- Normalize disease biomarkers
- Address neuronopathic and peripheral disease
- Slow/stop degeneration
- Replace idursulfase as standard of care

#### **Prelaunch Activities**

#### **Awareness**

- Ongoing dialogue with prescribers; full coverage by MSL team
- Engaging with payers
- Educating on unmet need across the phenotype spectrum
- Demonstrating differentiated therapeutic profile

#### **Access & Support**

 Building a suite of patient support services and capabilities to enable broad access to tividenofusp alfa

#### **Team**

 Building a right-sized team in commercial and medical affairs to support tividenofusp alfa and additional ETV launches

#### Preparing to launch tividenofusp alfa for MPS II in late 2025 / early 2026



#### MPS II GLOBAL MARKET OPPORTUNITY



## Strategically Build & Collaborate

- Invest in key markets with the highest opportunity: USA / EU
- Maximize global reach and value with potential distributors (or local partners) to accelerate access to medicine for patients and time to revenue in anchor markets



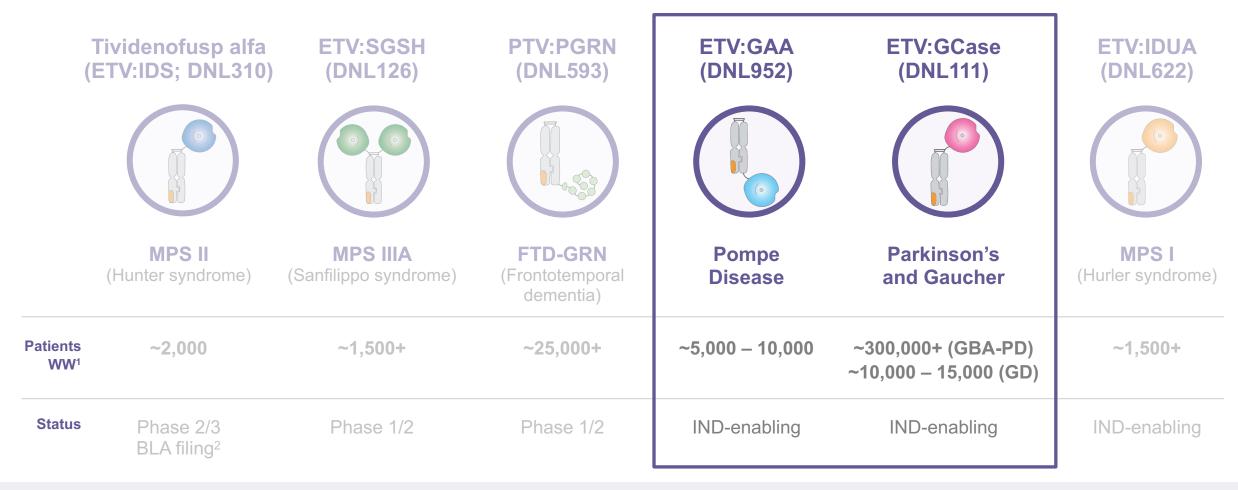
#### **EXPANDING OUR ETV DEVELOPMENT FRANCHISE**

	Tividenofusp alfa ETV:IDS; DNL310)	ETV:SGSH (DNL126)	PTV:PGRN (DNL593)	ETV:GAA (DNL952)	ETV:GCase (DNL111)	ETV:IDUA (DNL622)
	MPS II (Hunter syndrome)	MPS IIIA (Sanfilippo syndrome)	FTD-GRN (Frontotemporal dementia)	Pompe Disease	Parkinson's and Gaucher	MPS I (Hurler syndrome)
Patients WW¹	~2,000	~1,500+	~25,000+	~5,000 – 10,000	~300,000+ (GBA-PD) ~10,000 - 15,000 (GD)	~1,500+
Status	Phase 2/3 BLA filing <sup>2</sup>	Phase 1/2	Phase 1/2	IND-enabling	IND-enabling	IND-enabling

We are developing the next generation of enzyme replacement therapies designed to treat brain and body manifestations of serious genetic diseases



#### **EXPANDING OUR ETV DEVELOPMENT FRANCHISE**

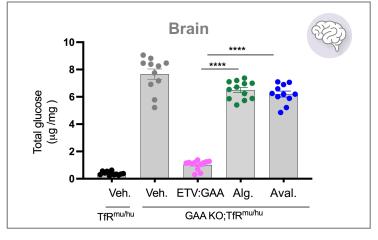


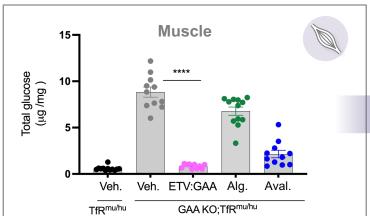
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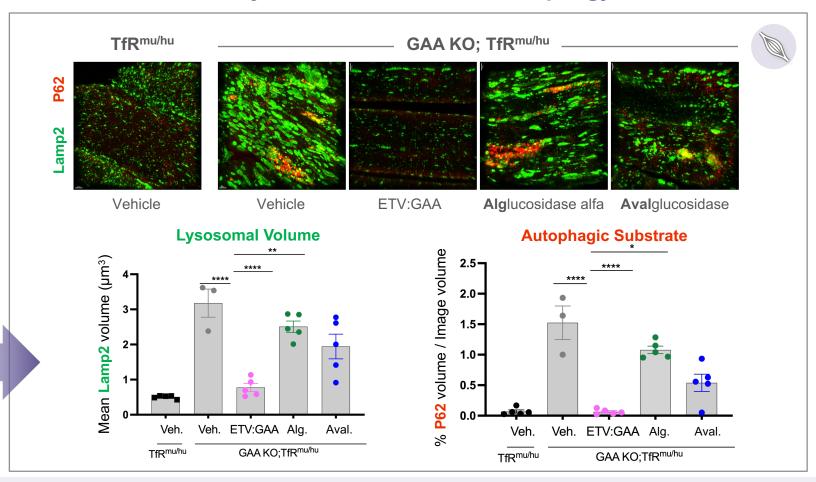
#### ETV:GAA IS SUPERIOR TO STANDARD OF CARE IN BRAIN AND MUSCLE

#### **Correction of Glycogen Load**





#### Reduction of Lysosomal Volume and Autophagy in Muscle

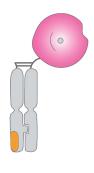


ETV:GAA shows superior reduction of key biomarkers compared to standard of care

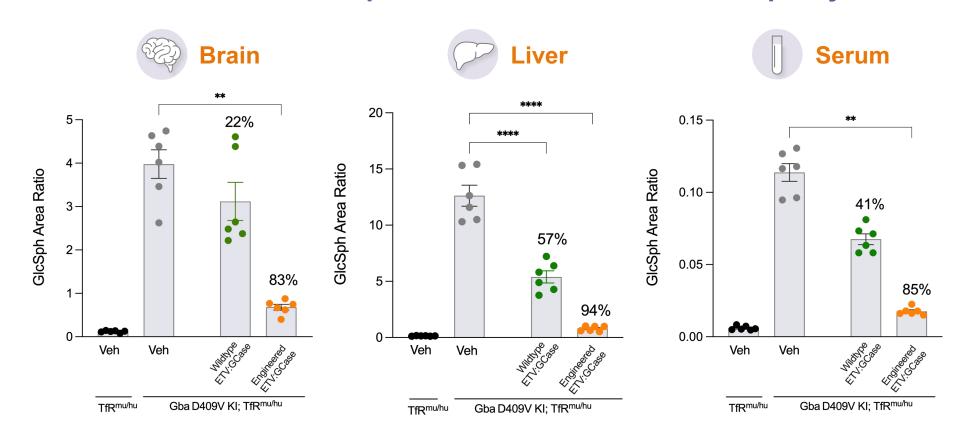


#### **ENGINEERED ETV: GCase SHOWS IMPROVED SUBSTRATE REDUCTION**

#### Reduction of GlcSph Substrate in Brain and Periphery

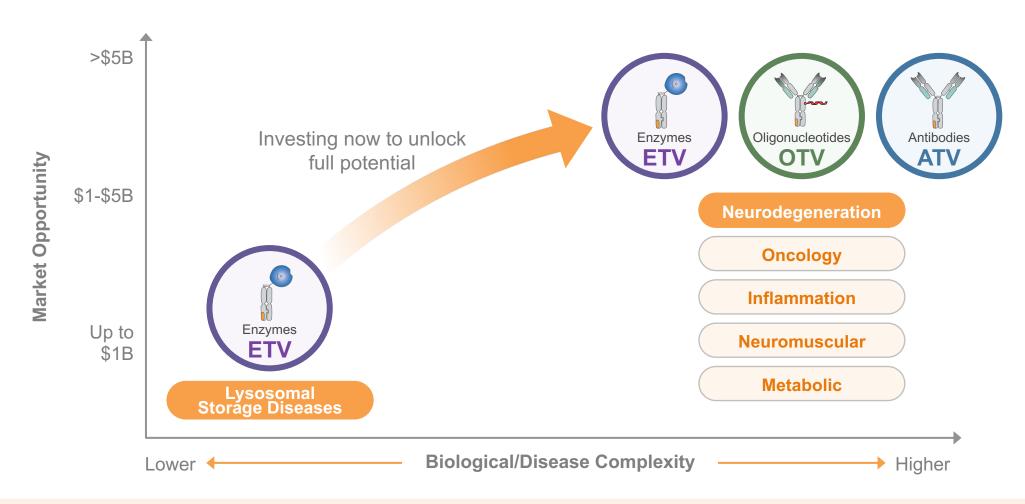


- Coupling GCase with TV enables brain delivery
- Engineered GCase improves potency in CNS and periphery



Engineered ETV:GCase may enable highly stable and potent brain-penetrant enzyme replacement therapy for Parkinson's disease and Gaucher

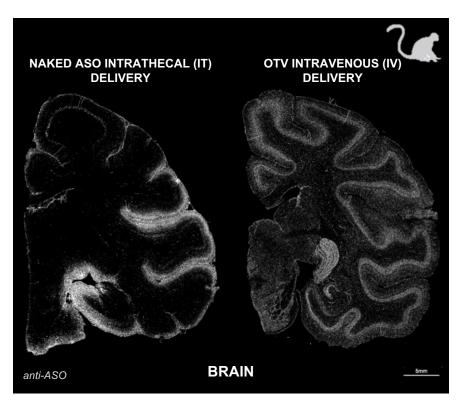
#### CAPTURING THE FULL POTENTIAL OF THE TRANSPORTVEHICLE™ (TV)



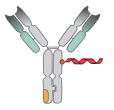
Each TV Franchise has a market potential of \$3B+ Expect to file 1-2 INDs per year over the next 3 years



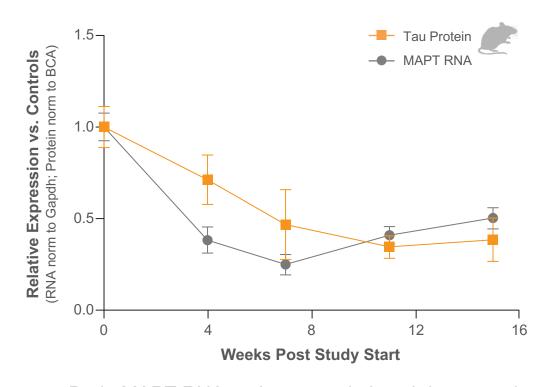
#### **DEVELOPING A FIRST-IN-CLASS ANTI-TAU THERAPY WITH OTV: MAPT**



Barker et al. 2024 Sci. Transl. Med.



OTV provides uniform ASO deposition in the brain with intravenous (IV) delivery



- Brain MAPT RNA and tau protein knockdown persists for >15 weeks following four IV doses of OTV:MAPT
- Extended knockdown duration of action enables less frequent maintenance dosing

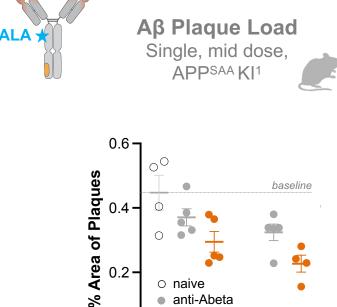
Robust and sustained reduction in tau protein with OTV:MAPT



#### DEVELOPING A BEST-IN-CLASS ANTI-AMYLOID THERAPY WITH ATV: AB



#### Greater Reductions in Oligomeric Aβ and Plaque and Less ARIA with ATV:Aβ



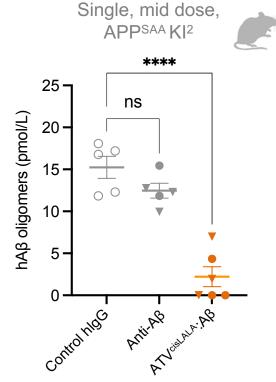
naive

0.0

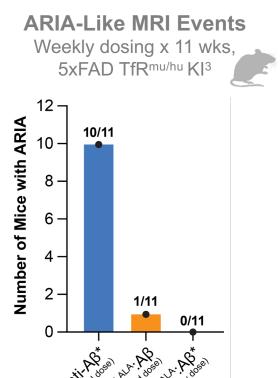
anti-Abeta

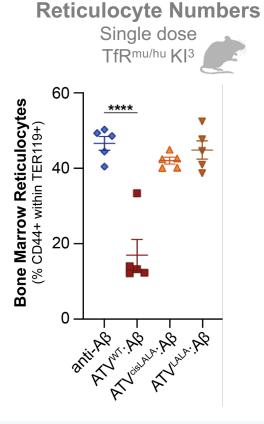
ATV:Abeta

**Days Post-Dose** 



Oligomeric Aß Load





ATV:Aβ may enable better efficacy and safety in treating Alzheimer's disease as compared to conventional anti-Abeta therapy

#### PORTFOLIO EXECUTION ACROSS AN ARRAY OF RARE AND COMMON DISEASES

Discovery	Discovery IND-Enabling		Regulatory Filing	
Neurodegeneration	DNL952 (ETV:GAA) Pompe Disease	DNL126 (ETV:SGSH) MPS IIIA (Sanfilippo Syndrome)	Tividenofusp alfa (DNL310)* MPS II (Hunter Syndrome)	
Lysosomal Storage Diseases	DNL111 (ETV:GCase) Parkinson's / Gaucher Diseases	DNL593 / TAK-594 (PTV:PGRN) FTD-GRN		
Oncology	DNL622 (ETV:IDUA) MPS I (Hurler Syndrome)	BIIB122 (LRRK2 inhibitor) Parkinson's Disease		
Inflammation	DNL628 (OTV:MAPT) Alzheimer's Disease	Eclitasertib (SAR443122) Ulcerative Colitis		
Neuromuscular	DNL422 (OTV:SNCA) Parkinson's Disease			
Metabolic	DNL921 (ATV:Abeta) Alzheimer's Disease		ETV Enzyme TransportVehicle™  OTV Oligonucleotide TransportVehicle™	
			ATV Antibody TransportVehicle™  SM Small Molecule	

Broad portfolio across TV franchises with substantial opportunity for expansion

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