MaaT Pharma

Enhancing Survival through Microbiome Innovation

October 2024

CORPORATE
PRESENTATION

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Late-Stage Biotech leading Microbiome Immunomodulator Innovation in Oncology

MaaT013 in Phase 3 in aGvHD

- **Recruitment completed for Phase 3** in aGvHD in Europe**, expecting primary endpoint readout in January 2025**
- **Strong data from Early Access Program** published in April (1y OS 49% vs 15% historical data)
- **US IND Open** – Readiness Phase before launch ongoing

Deep oncology pipeline

- **Donor-derived** and **co-culture** platforms **driving candidate development** with **2 clinical** and 1 preclinical assets
- **Our gutPrint® AI,** linked to our **co-culture platform**, is poised to deliver, potentially, **clinically-ready candidates by 2025**
- **Largest European cGMP** production facilities for Microbiome Ecosystem Therapies

Finance

ELIGIBLE PEA PME

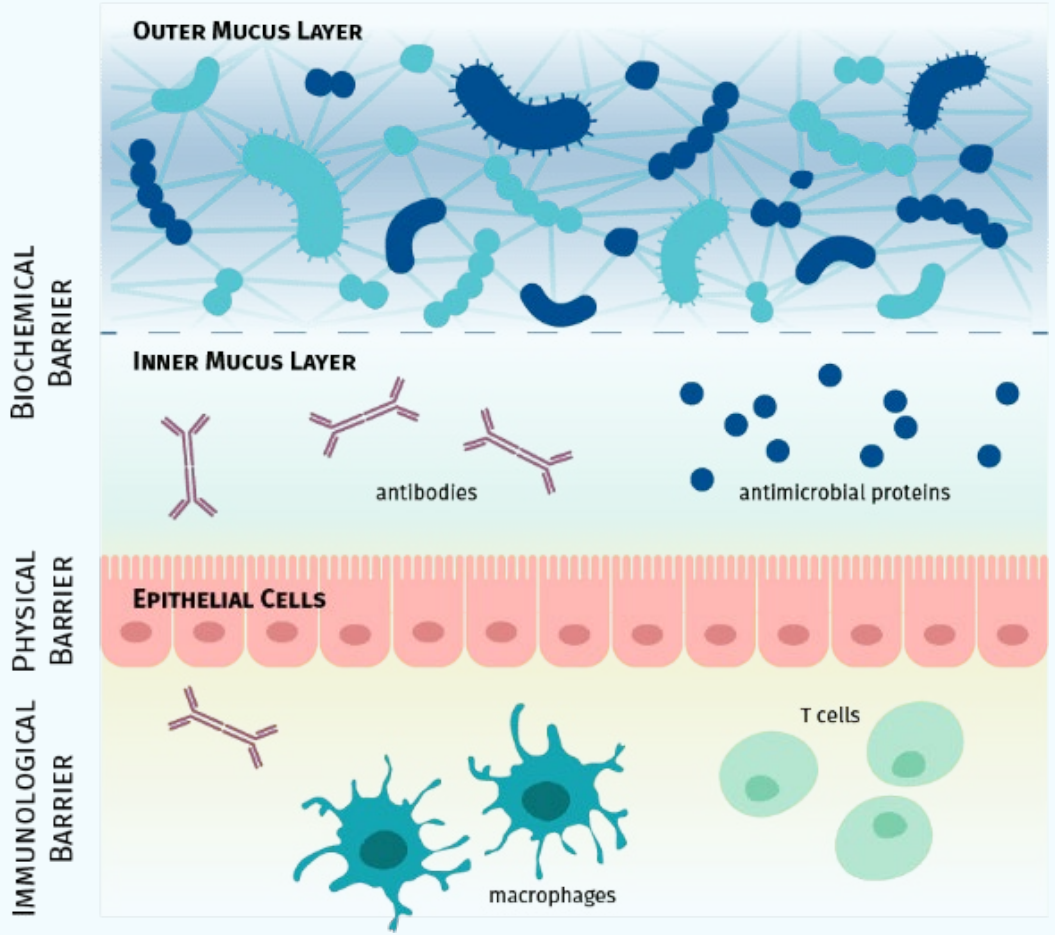
MAAT LISTED EURONEXT

- **Revenues** of **MaaT013 in aGvHD of 1.7m€ for H1 2024** from Early Access Program
- **Cash position** of **31.2m€** as of June 30, 2024. **Post follow-on in May 2024, (approx. €17.3m€) cash runway** extends into **Q2/2025**
- **Exploring options to extend cash runway,** including non-dilutive and dilutive sources

Host – Microbiota Interactions are Critical for a Functional Immune System

01 **A rich & diversified gut ecosystem** actively modulates the immune system functionality.

02 **Diversity in microbial species** leads to the production of a wide range of **metabolites, such as short-chain fatty acids, which have anti-inflammatory properties** and contribute to the regulation of immune responses.



Cross-section of a healthy gut

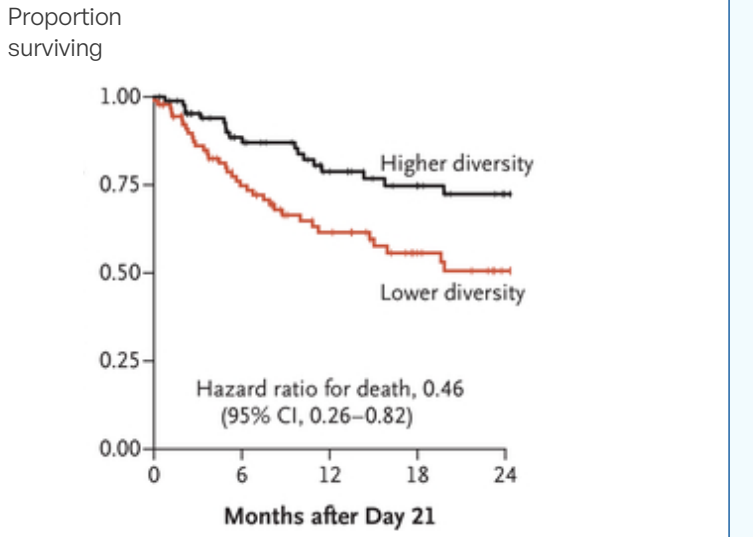
80% Cellular host defense localized in the gut

In Oncology, a Higher Gut Microbiome Diversity is Associated with Increased Survival

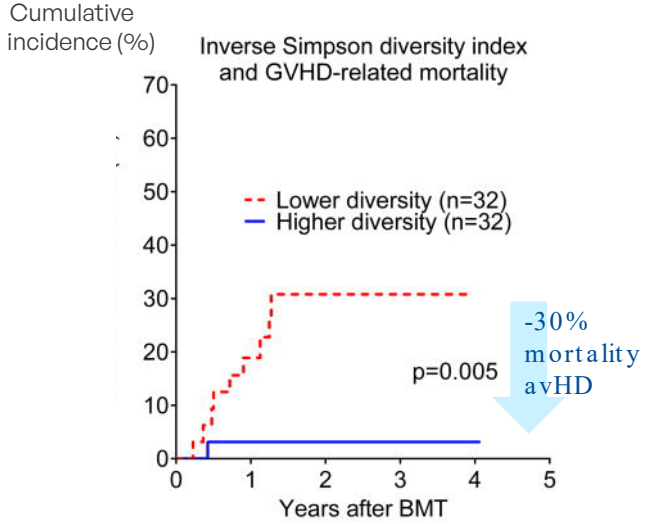
Hematopoietic Stem Celle Transplation (HSCT)

Higher survival rate in patients receiving allo-HSCT*[1]

Overall Survival – Cohort 2



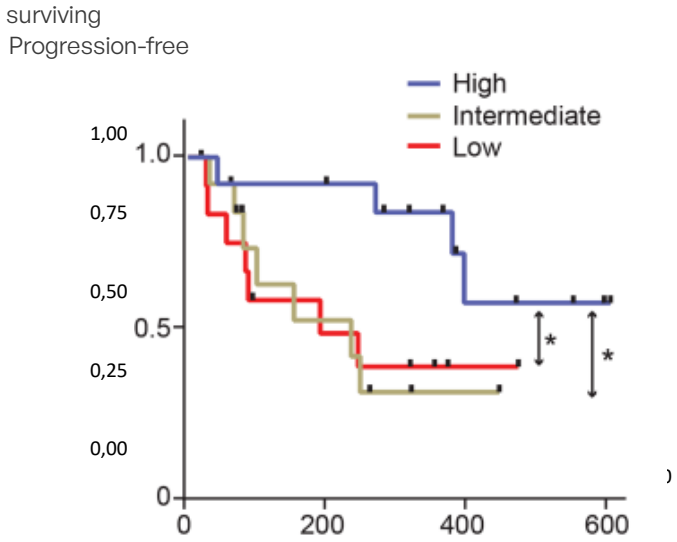
Lower incidence and lower mortality from aGvHD*[2]



MaaT Pharma MET
Inverse Simpson (mean): **24**

Immune Checkpoint Inhibitor (ICI)

Higher response rate to ICI* in patients with metastatic melanoma[3]



* aGvHD: acute Graft-vs-host-Disease

[1]; Peled, J.U. & al N Engl J Med 2020382:822-34; [2] Ghani, 2021 ; Jenq RR. et al, Biol Blood Marrow Transplant 21 (2015) 1373e1383; Pamer, Blood, 2014 ; [3] Gopalakrishnan et al., Science, 2017, see also Routy et al, Science, 2018 ; Vetizou et al Science 2015;

An Oncology-Focused Platform Fueling a Deep Pipeline of Drug Candidates

gut Print

Driving near-term value with the donor-derived MET-N platform

- MaaT013
- MaaT033

POOLING

MaaT013 + MaaT033

Pooled microbiota → Maximized richness → Standardized (450 OTU ± 3%)

Progressing next-generation co-cultured scalable MET-C platform

- MaaT034
- MaaT03X

Original microbial ecosystem

↓ Master bank

↓ Working Bank

↓ Unlimited Co-Culture Scaling

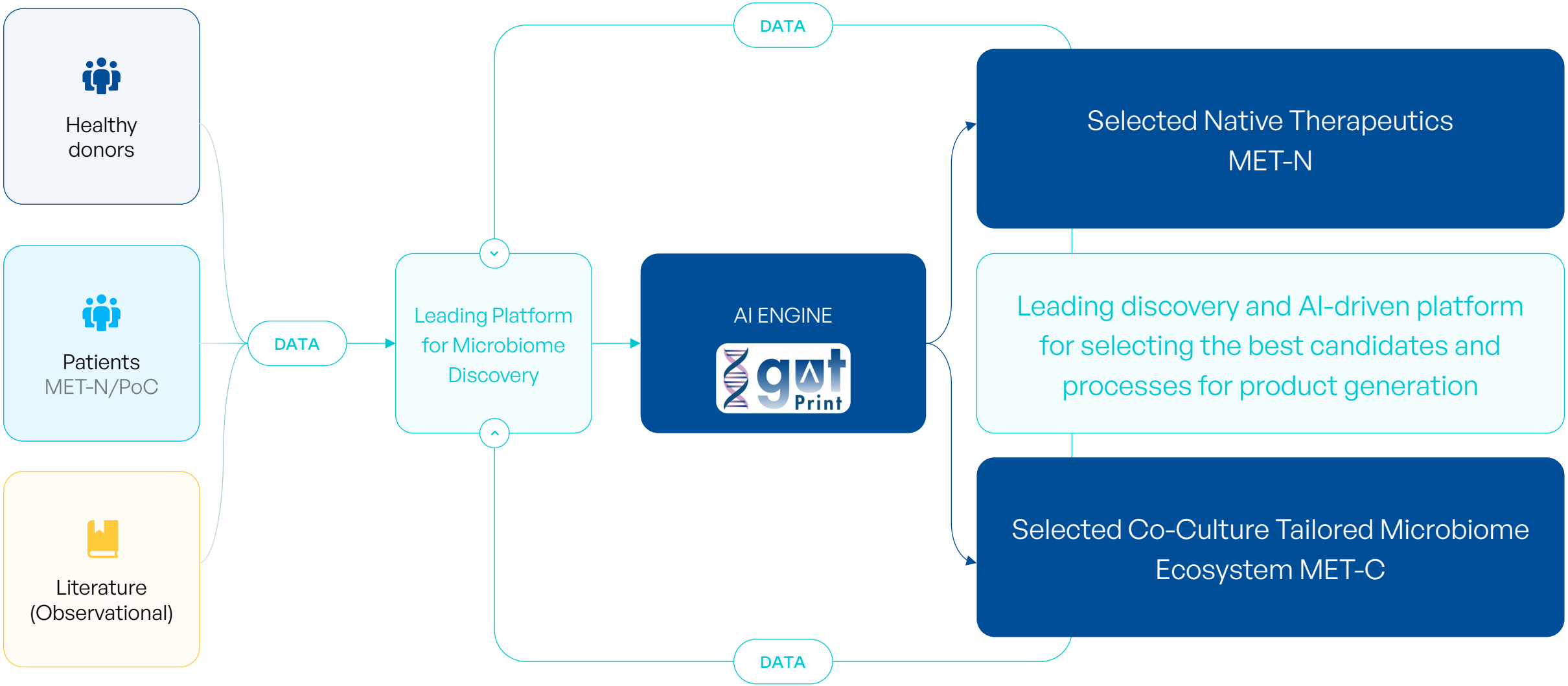
Multistep co-culture cGMP proprietary process

MET-C product

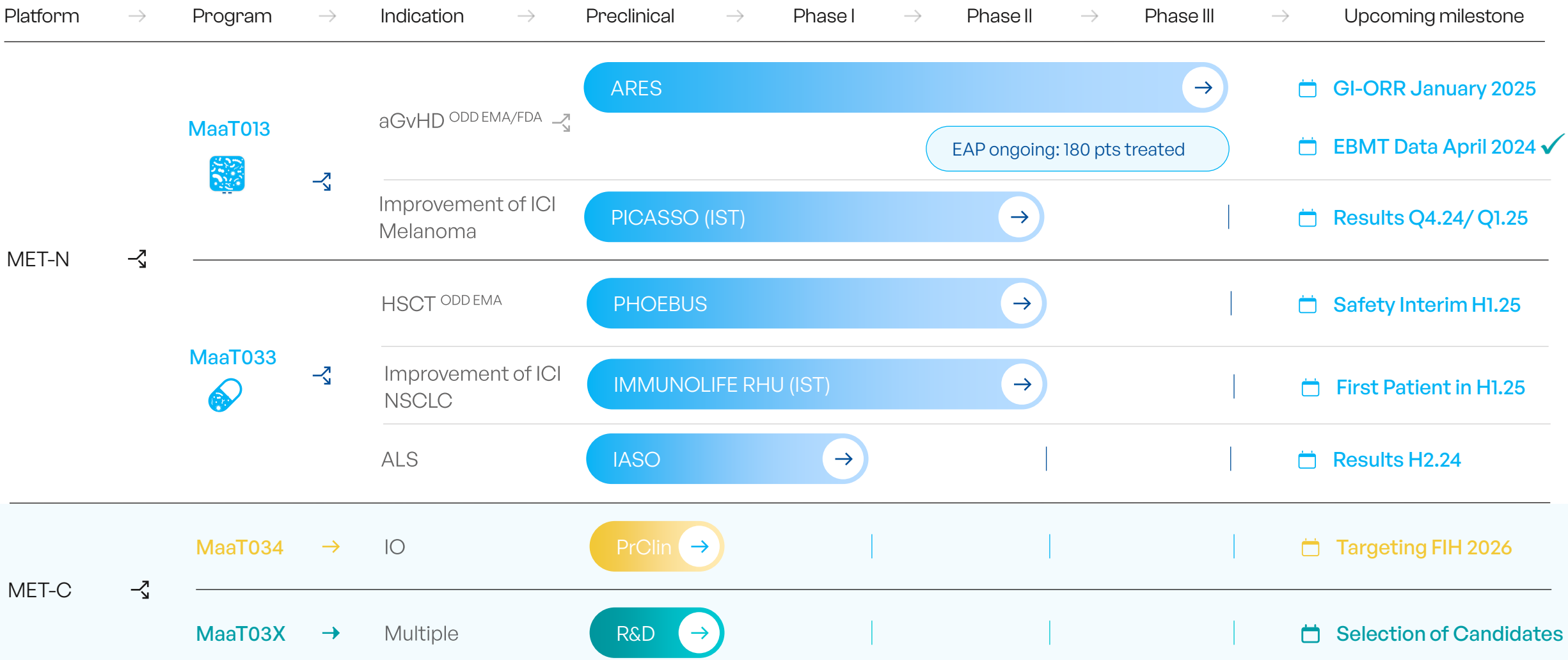
Leading capabilities in microbiome drug production

~10 000 treatable patients per year

AI-driven Research Engine Powered by Metagenomics Enabling Candidate Selection

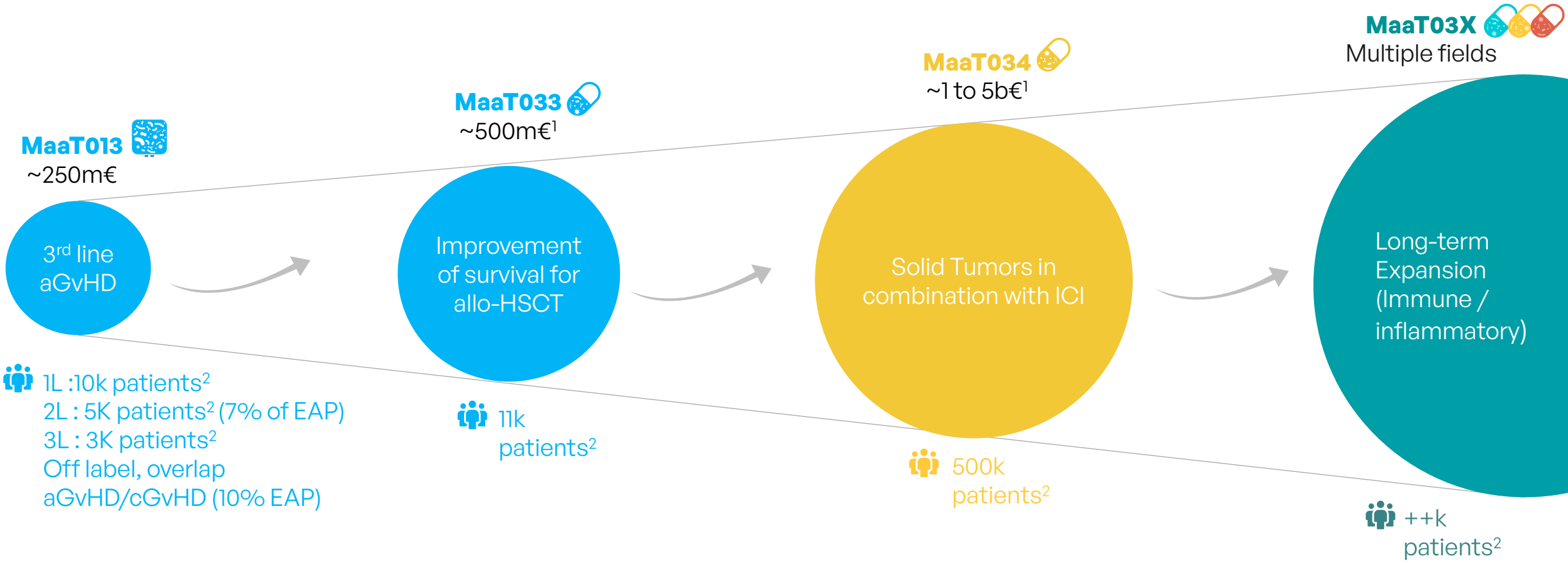


A Strong Pipeline With Multiple Near-Term Value Inflection Milestones



aGvHD: acute Graft versus Host Disease ; IO: Immuno-Oncology ; PoC: Proof of Concept ; HSCT: Hematopoietic Stem Cell Transplantation ; ALS: Amyotrophic Lateral Sclerosis ; IST: Investigator Sponsored Trial; NSCLC: Non-small cell lung cancer
ICI PICASSO: ipilimumab (Yervoy®) and nivolumab (Opdivo®) ; ICI IMMUNOLIFE: cemiplimab

Targeting Multiple Attractive Markets with Unmet Medical Need



MaaT013:

- Strong adoption from physicians with year-on-year growth and repeated requests from transplant centers
- In the EAP, we observe physicians use MaaT013 outside the third line setting: 7% in second line and 10% on overlapping a/cGvHD
- Potential expanded market estimated at ~440m€ EU/US

[1]PYS EU5, US; [2]Per year

Driving Near-Term Value with the Donor-Derived **MET-N** Platform

MET-N

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Immuno-Modulation with MaaT013: A Maximum-Density Product for Fast Engraftment in Acute Situations

- **Curative approach**
- MaaT013 has received **Orphan Drug Designation** from **FDA and EMA**
- **GI-ORR** in **January 2025**

01	Characteristics	**Pooled microbiota:** high-richness, high-diversity, full ecosystem Microbiome Therapy containing Butycore® **Non immunosuppressive treatment**
02	Current indication	**Acute Graft-vs-Host Disease with Gastrointestinal Involvement** ~ 3k patients per year
03	Efficacy evaluation in EAP	**28-Days GI-ORR**: 52% **12-months OS**: 47% **18-months OS:** 42% **Data in all patients (n=140)**
04	Available Clinical Data	**HERACLES Phase 2** Clinical Trial, N=24, 2L **ARES Phase 3** – **Recruitment completed -** Positive **DSMB** review (n= 30) – 3L **Ongoing Early Access Program (EAP),** N > 140, prior treatment median 2 (range 1-6) **> 250** patients treated to date
05	Administration	**3 doses** (enema bag) – within 10 days

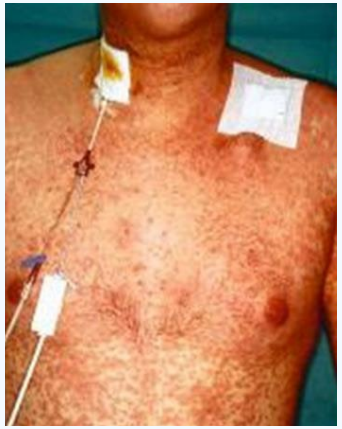
Understanding and Addressing Acute Graft versus Host Disease

→ Acute Graft-versus-Host Disease, a severe complication following allo-HSCT

→ 50% of Allo-HSCT Patients at Risk

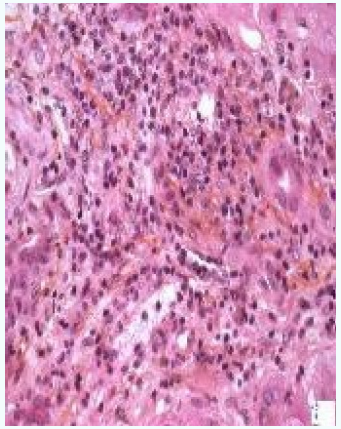
In aGvHD, donor immune cells attack the recipient's tissues primarily affecting the skin, liver and GI tract.

Skin GvHD



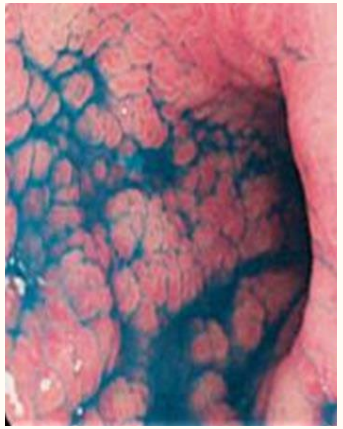
Skin: Rash, itching

Liver GvHD



Jaundice, liver dysfunction/failure

GI GvHD



Severe diarrhea, abdominal pain

10,000

GvHD Patients / year

85%

1 year mortality in 3L+[1]

[1]Abedin et al. 2021, BJHaem

Unmet Medical Need: Acute Graft-versus-Host Disease (aGvHD) Resistant to Steroids and Ruxolitinib (3rd line of treatment)

Treatment Paradigm

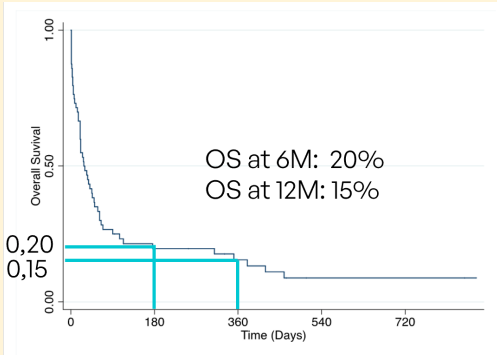
- Corticosteroids are the 1st line of treatment, but approximately 50% of patients do not achieve a sustained response
- Ruxolitinib is approved as a 2nd line of treatment for SR-aGvHD (FDA, 2019 & EMA, 2022)

30% of aGvHD patients **eligible** for alternative treatment, primarily due to corticosteroids and ruxolitinib[1] resistance or non-eligibility

Around 3,000 per year EU/US

Lack of effective therapy

- There is **no** approved drug in 3L
- Off label options have shown limited benefit, showing the critical need for a new treatment



Outcome for this group of patients is **dismal** with a median survival of **28 days** and a **15% OS at 1 year**[2]

→ **GvHD is characterized by intestinal dysbiosis which is associated with higher mortality in hemato-oncology**[3]

[1] REACH1 study, [2] Abedin et al. 2021, [3] Peled et al, NEJM 2020

MaaT013 Restores Immune Homeostasis and Gut Barrier Integrity

Treatment of patients with hematological malignancies often results in microbiome dysbiosis, leading to aGvHD

Chemotherapy	Antibiotics
Irradiation	Immunosuppressants

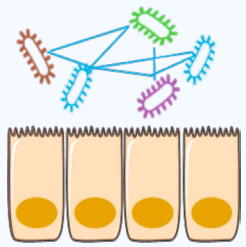
Iatrogenic Dysbiosis

Profound imbalance of intestinal microbiota caused by medical treatments

Gastrointestinal disorders
(e.g., diarrhea, *C. difficile* infection)

Exacerbation and increased mortality of aGvHD

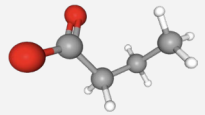
Restoration of barrier integrity



Restoration of microbial homeostasis and network

- Increased diversity
- Eradication of MDRB,
- Pathobiont growth inhibition

Production of immunoregulatory metabolites



- SCFA (Butyrate, Proprionate)
- Secondary Bile Acids
- Indole Derivatives
- AhR ligands
- Vitamins

Modulation of immune homeostasis

Immune System

Immune homeostasis restoration

Better balance between Th17 and Treg

- → Anti-inflammatory cytokines (IL-10...)
- → Pro-inflammatory cytokines (IL-6, TNF-α)

Treg sequestration to the gut

ILCs modulation

Remission of GvHD

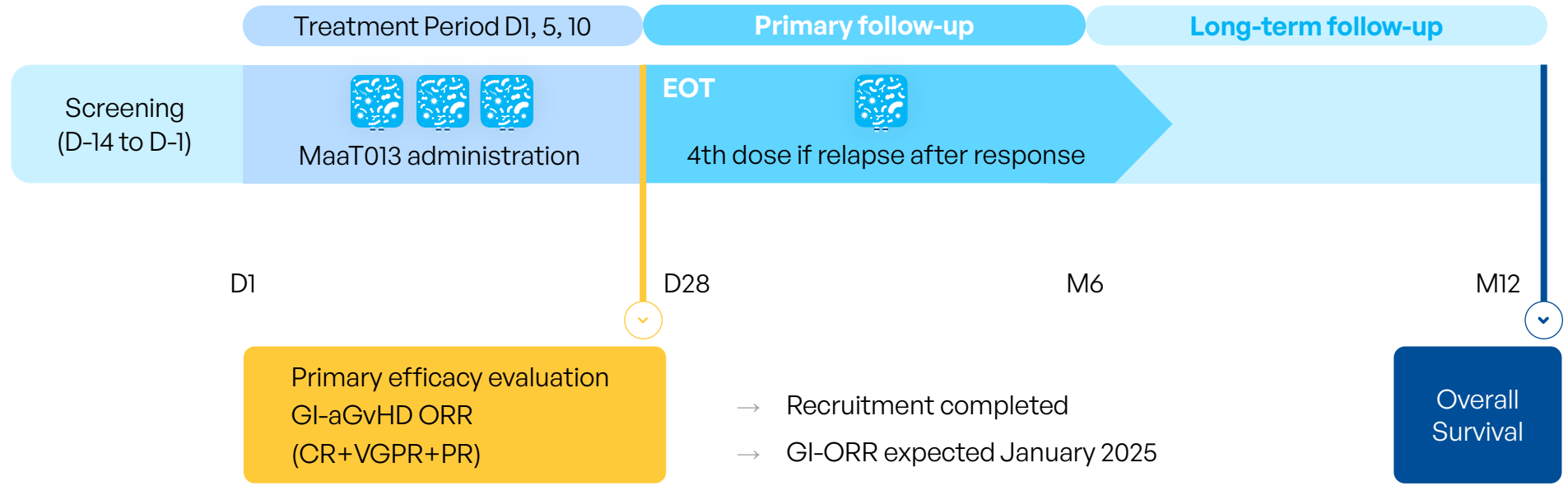
ARES, a Pivotal Phase 3 Trial to Treat aGvHD in 3rd Line Showing *"high efficacy and low toxicity"* as Concluded by the DSMB

ARES

Patients with SR-GI-aGvHD

Inclusion criteria

- → Refractory or intolerant to 2L ruxolitinib
- → Refractory to 1L corticosteroids
- → aGvHD with GI symptoms
- → Allo-HSCT
- → Age > 18



D: Day, M: Month, EOT: End of treatment ; SR-GI-aGvHD: Steroid-refractory gastro-intestinal acute Graft-versus-Host Disease ; GI-ORR: Gastrointestinal Overall Response Rate; CR: Complete Response; VGPR: Very Good Partial Response; PR: Partial Response * DSMB review on 30 patients on October 2023

DSMB* main conclusions:
→Good safety profile
→ORR higher than pre-defined protocol

Commercial launch date anticipated in 2026

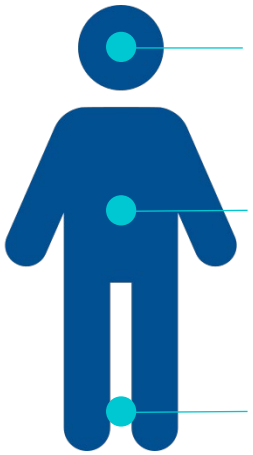
Market potential:
~ 250 m€
No Competitor in 3L

The EAP Data Confirms Significant Improvement of Survival with High Level of Response

Data presented at EBMT 2024

Global EAP Cohort - N=140

Patients' profile



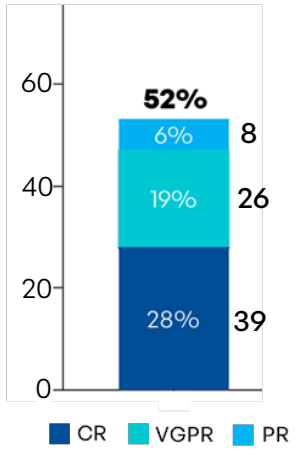
GI-aGVHD : 49% grade III, 40% grade IV

Median of 2 lines of prior treatment (range 1-6)

121/140 received ruxolitinib

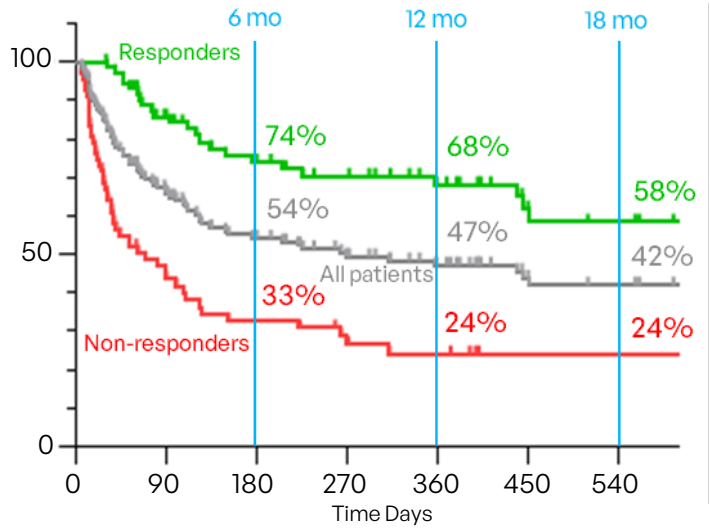
GI-ORR

Patients (%)



Overall Survival Rate

Survival (%)



- High response rates (52%) in previously treated aGvHD patients
- High proportion of CR (39/73, 28%) and VGPR (26/73, 19%) among responders
- **Effective aGvHD treatment with MaaT013 leads to prolonged patient survival**

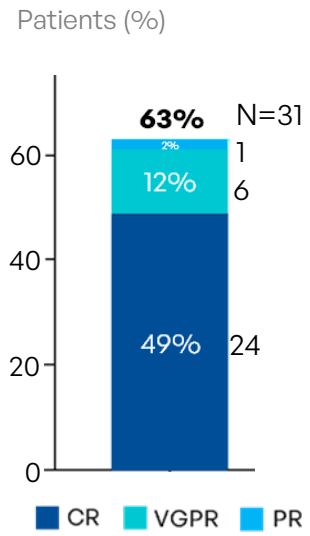
Abbreviations: CR, complete response; VGPR, very good partial response; PR, partial response

In 3L, the EAP Data Confirms Frequent Responses to MaaT013 Leading to Prolonged Survival

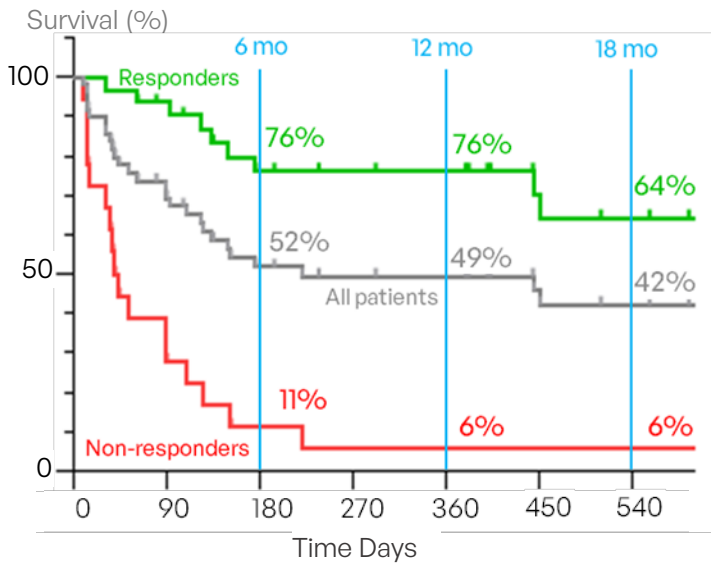
Data presented at EBMT 2024

EAP: ARES like cohort – N=49, GI-aGvHD: 3L

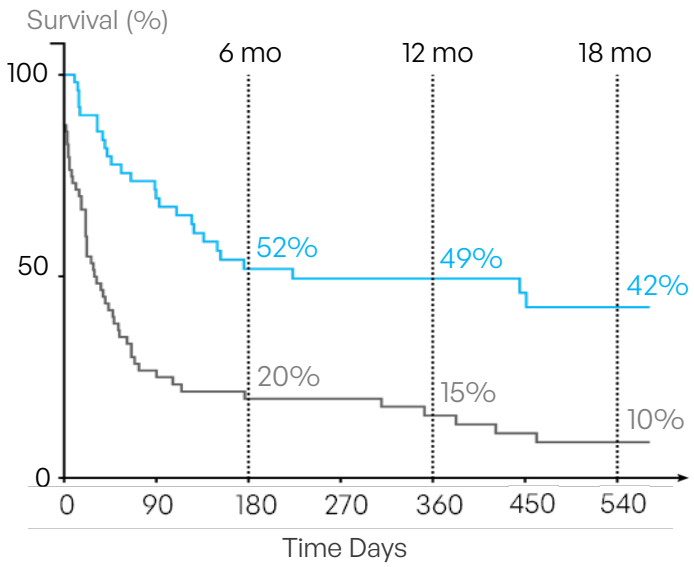
GI-ORR



Overall Survival Rate



Overall Survival Rate



ARES-like EAP patients

Abedin et al., 2021

Historical data from 3L ARES-like patients (Abedin et al., 2021 n=48)

- No effective treatment in 3L with **very low expected OS** 6mo: 20%; 12mo: 15%[1] confirming strong unmet medical need
- Observed responses are almost invariably VGPR (6/31) and CR (24/31) at D28, indicating **prompt and significant aGvHD control**
- **Remarkable improvement in overall survival (18-mo OS 42% vs 10% historical data)** compared to REACH1 and Abedin et al. data - 2021[1]

[1]Expected OS of Steroid and Ruxolitinib resistant aGvHD patient at : 2 mo: 22% (REACH1 trial); 6mo: 20% and 12mo: 15% (Abedin et al., Br J Haematol., 2021)
Abbreviations: CR, complete response; VGPR, very good partial response; PR, partial response

Remarkable Safety Profile of MaaT013 in Early Access Program

Data presented at EBMT 2024

Very good safety compared to historical data in heavily pre-treated and fragile population

- ✓ Protective immunorestoration, not immunosupression
- ✓ Bi-annual ANSM* safety report required on Expanded Access Program (EAP)
- ✓ ARES (Ph 3) 1st DSMB review in October 26, 2023
- ✓ HERACLES (Ph 2)

*: ANSM: French Competent Authority

MaaT013 in aGvHD is well tolerated with a favorable benefit / risk profile to date.

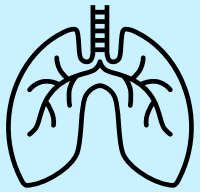
Proof-of-Concept with MaaT013 in Combination with ICI In Metastatic Melanoma

→ Serves as PoC for MaaT034 in combination with ICI

MET-N

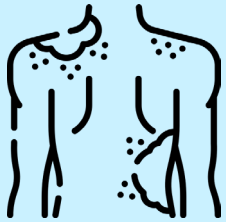
Checkpoint Inhibitors have revolutionized treatment of Solid Tumors but a large proportion of patients can't benefit from it due to primary resistance

Primary Resistance Rate to Immune Checkpoint Inhibitors



Lung Cancer (NSCLC)

35 - 40 %



Skin Cancer (Melanoma)

Up to 65 %

01 Around 19 million people diagnosed with cancer each year globally

02 Immune Checkpoint Inhibitors (ICI) significantly improved outcomes of patients with solid tumors and strategies to enhance responses remains **a strong unmet medical need.**

03 **Combination strategies** tested so far to improve responses to ICI remains mostly unsuccessful and/or associated with a **higher toxicity.**

→ **Urgent need to bring new combination therapies with ICI to safely increase the response rates and overall survival**

Growing clinical evidence that a Full-Ecosystem Gut Microbiome influences efficacy of ICI

2021

FMT from ICI-responders could overcome resistance to ICI in non-responders with metastatic melanoma

✓ **6/15**
Non-responders → Responders
(Davar et al, 2021)

✓ **3/10**
Non-responders → Responders
(Baruch et al, 2021)

2023

FMT from healthy donors increases response of aPD1 in ICI-naive patients with metastatic melanoma

✓ **13/20**
ICI-naive → Responders
(ORR=65 %, Routy *et al*. 2023)

aPD1 historical response close to 33 %

2024

Microbiotherapy from healthy donors increases response of aPD1+aCTLA4 in ICI-naive patients with metastatic melanoma

✓ **15/20**
ICI-naïve → Responders
(ORR=75 %, Routy,. 2024)

○ **.../35**
First RCT
70 pts rand 1:1
(MaaT Pharma)

aPD1+aCTLA4 historical response close to 59 %

FMT = (Hospital) Fecal Microbiota Transplantation

→ Leveraging the complete gut microbiome properties may be a game-changer in immuno-oncology

MaaT013 Evaluated in Phase 2 Randomized Clinical Trial in Melanoma

Recruitment completed Ph. 2a PICASSO trial

Investigator led trial (Assistance Publique - Hôpitaux de Paris – sponsor) and in collaboration with Institut Gustave Roussy

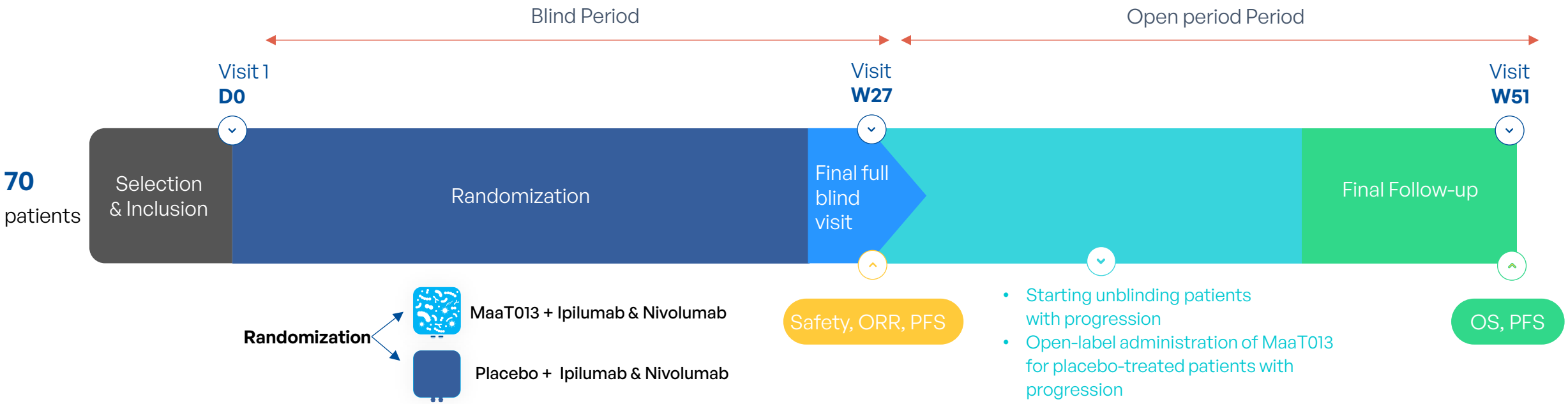
→ RCT [MaaT013 + ICI] vs. [Placebo + ICI] in 70 metastatic melanoma patients

→ **Data expected Q4.24/Q1.25**

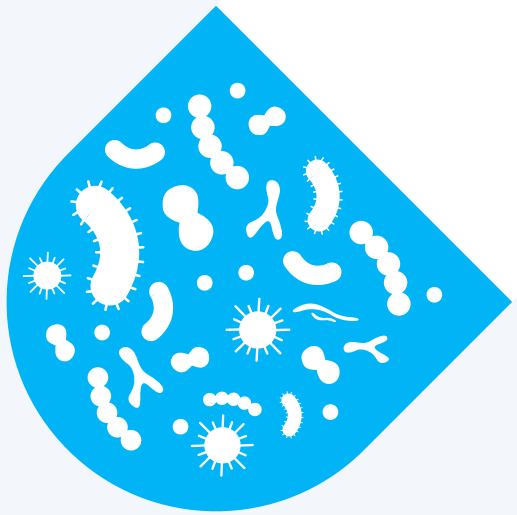
Key study endpoints after 23 weeks of treatment:

- MaaT013 safety profile vs placebo as add-on treatment to Ipilimumab + Nivolumab
- MaaT013 best-overall response rate vs placebo as add-on treatment to Ipilimumab + Nivolumab

PICASSO RCT design



Ensuring Optimal Microbiota Function: MaaT033 - The Oral Capsule for Adjunctive and Maintenance Therapy



- **Adjunctive and Maintenance**
- **Targeted release oral Capsules**
- MaaT033 has **received Orphan Drug** from the **EMA**

01	Characteristics	**Pooled microbiota** : high-richness, high-diversity, full ecosystem, **Microbiome Ecosystem Therapy containing Butycore®** **Non immunosuppressive** treatment
02	Current indication	**Improving survival of allo-HSCT patients** (blood cancers i.e leukemia, ...) – ~ 11k patients per year **Slowing down disease progression in ALS** **Increasing the ICI response rate** of patients with advanced NSCLC patients
03	Clinical Program	**Ongoing Phase 2b trial PHOEBUS** in allo-HSCT patients **Phase 1b trial IASO** in ALS (recruitment completed) **Phase 2b trial IST Immunolife** in NSCLC (FPI expected in 2025)
04	Administration	**Oral** (a lyophilized capsule)

MaaT033: a Potential Adjunctive Treatment for Patients Receiving allo-HSCT

PHOEBUS

- → **387** patients in a **randomized, double-blind, placebo-controlled international** study
- → **56 sites** targeted globally
- → First positive DSMB (n=20*) in July 2024 – safety DSMB are planned every 6 months throughout the study
- → Primary endpoint: **efficacy** of MaaT033 in **improving overall survival at 12 months**
- → Study started in **November 2023**, results are expected in **2027**

387
patients dosed pre- and post- allo-HSCT

[1] Expansion to US sites subject to discussion with the FDA

*cutoff date: April 2024

Ongoing Phase 2b PHOEBUS

Safety Interim analysis on 60 patients in H1 2025

Based on expected duration of recruitment, OS primary endpoint expected in 2027

~ 11k patients per year

MaaT033 Aims to Slow Down Amyotrophic Lateral Sclerosis Progression

Amyotrophic Lateral Sclerosis

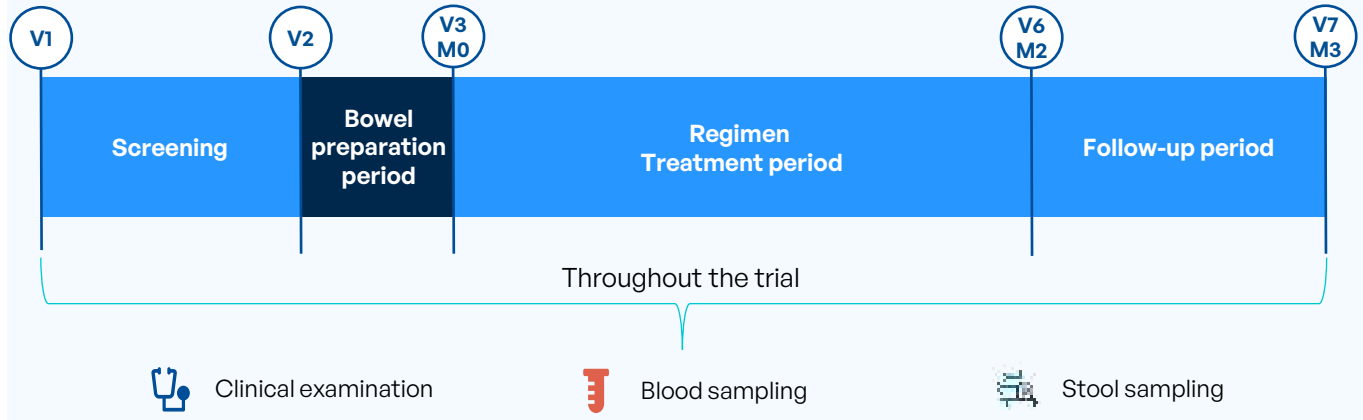
- → Could affect up to 60,000 patients in US & EU by 2040 [1]
- → Paralysis and death 3 to 5 years after diagnostic [2]
- → Currently no curative treatment and few symptomatic treatments

Rationale for Exploratory Utilization of MaaT033 in ALS

- → Microbiota-Gut-Brain axis has the potential to become the new standard to treat neurodegenerative diseases, including ALS
- → MaaT033 safety profile and oral administration is suitable for ALS
- → Strong support from medical community & patients
- → A cost-effective way of testing neurodegenerative field in an indication with high medical need

Study

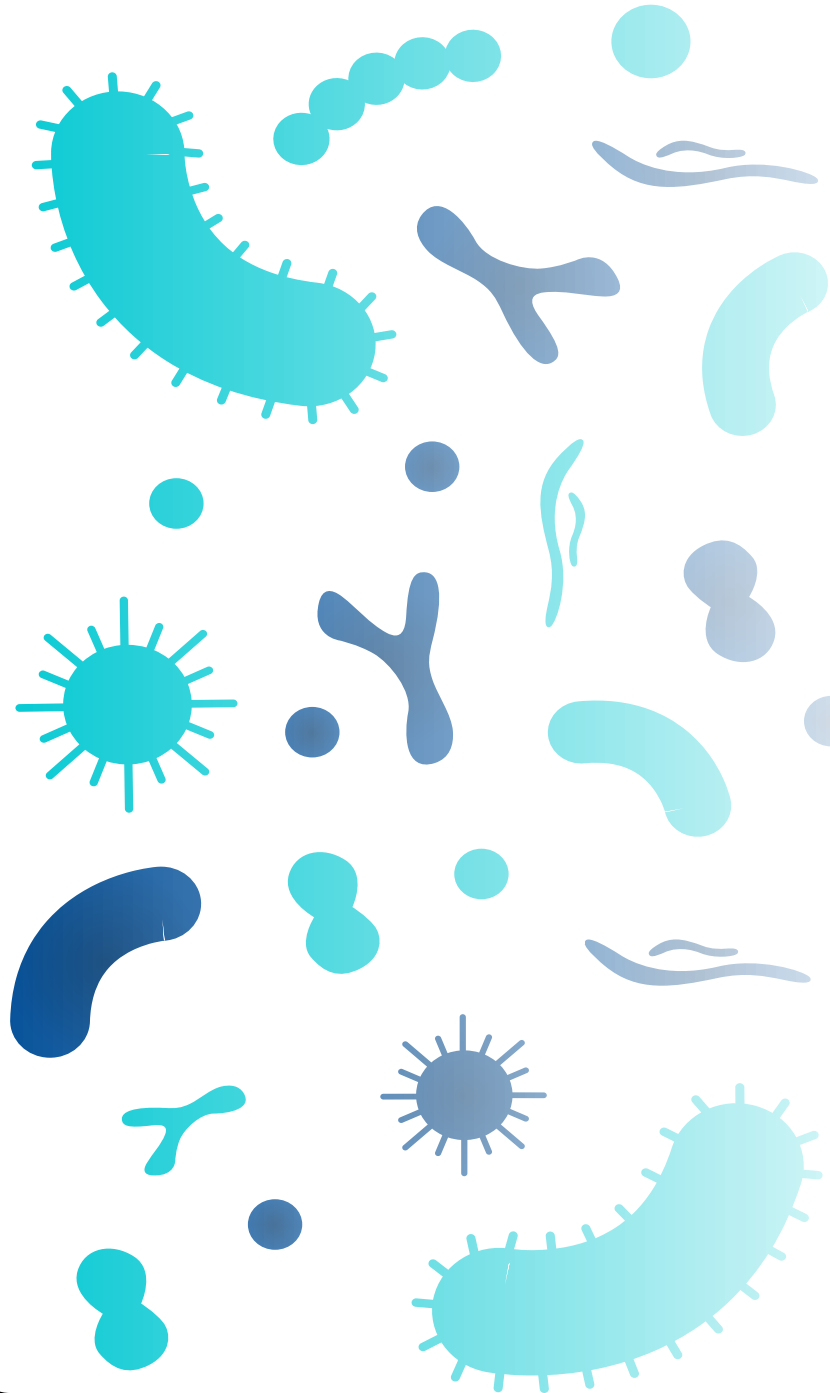
- → Up to **15 patients** in a **pilot, open-label, Phase 1b** study **in France**
- → **Key study endpoints**: safety and tolerability of MaaT033 | gut microbiota composition evolution | marker showing potential impact on disease progression
- → Study completed in **H1 2024** → **Results** expected in **H2 2024**
- → **Positive DSMB** in **Feb. 2024:**
  Trial to proceed as planned without modifications
  Good safety profile and generally well tolerated



Study developed with:

In collaboration with:

[1] Arthur, K., Calvo, A., Price, T. et al. Projected increase in amyotrophic lateral sclerosis from 2015 to 2040. Nat Commun 7, 12408 (2016). https://doi.org/10.1038/ncomms12408
[2] https://tousensellescontrelasla.fr/la-sla-cest-quoi/



Progressing the Next-Generation, Co-Cultured, Donor Independent **MET-C** Platform

MET-C

CORPORATE
PRESENTATION

MET-C Product Generation is Driven by MaaT Pharma's Proprietary Predictive AI, Eubiotic Score and *in vitro* and *in vivo* validation processes

HIT Products
Donor-independent ecosystem candidate

gut Print

LEAD Products (MaaT03X)

- Activity in *in vitro* models (local and distal models)

sitc 2023 San Diego Nov. 1–5

AACR American Association for Cancer Research

Candidate Products (MaaT034)

- Activity in 2 different mouse models
- Product characterization
- Safety and Dose assessment

Upcoming Milestones for MaaT034

- Clinical batches manufactured expected in H2.2025
- FIH expected in 2026

Indication-specific drug candidates

End-to-End In-house cGMP Manufacturing

All MET

CORPORATE
PRESENTATION

Europe's Largest Specialized cGMP Manufacturing Facility for Microbiome Ecosystem Therapies

A dedicated 1,600m2 site (expandable) to support demands until 2034 for **MET-N clinical and future commercial production, R&D, and clinical batches of MET-C products (MaaT034 & MaaT3X family)** (est. first step):

~10 000 treatable patients per year

MaaT013	9,000 pouches / year
MaaT033	1,300,000 capsules / year
MaaT03X	Up to 300,000 capsules / year

01

Fully integrated Manufacturing and development platform for a streamlined product development, scaleup and GMP process.

02

Ongoing CSR global strategy:
reforestation program in France (GoGreen) and "Cap Vert pour la forêt" program, etc.

03

Option to expand manufacturing facilities to double manufacturing capabilities.

Status

Production started in September 2023

Partnership with Skyepharma

MANUFACTURED TO cGMP STANDARDS

Key Takeaways

CORPORATE
PRESENTATION

Multiple Near-Term Value Inflection Milestones

2024/ Q1 2025

MaaT013 (pooled enema)

GvHD | EAP long term follow-up EBMT24 ✓
IO Mela. | PICASSO P2a Results **Q4.24/Q1.25**
GvHD | ARES P3 GI-ORR **January 2025**

MaaT033 (pooled capsule)

HSCT | PHOEBUS P2b 6-mo DSMB Study **Q2 24** ✓
ALS | IASO P1b Results **H2 2024**
HSCT | PHOEBUS P2b Safety 6-mo DSMB **Q1 25**

MaaT034 (co-cultured capsule)

Selection of candidate

2025+

MaaT013 (pooled enema)

GvHD | Final Results (OS)

MaaT033 (pooled capsule)

HSCT | PHOEBUS P2b Interim DSMB H1 25
NSCLC | IMMUNOLIFE P2a FPI H1 25

MaaT034 (co-cultured capsule)

1st Clinical Batch Manufactured H2 25
Solid Tumors IO | Target FIH 26

MaaT03X (co-cult. ind.-spec. caps)

Undisclosed | Next Steps

Finance

- **Revenues** of **MaaT013 in aGvHD of 1.7m€ for H1 2024** from Early Access Program
- **Cash position** of **31.2m€** as of June 30, 2024. **Post follow-on in May 2024, (approx. €17.3m€) cash runway** extends into **Q2.2025**
- **Exploring options to extend cash runway,** including non-dilutive and dilutive sources

MAAT LISTED EURONEXT

A Robust Value Creation Strategy Driven by Leading Expertise in Microbiome-based Therapeutics

Adressable Patients

Creation Value

Time:

Event:

1st Ind:

Market size:

MITS Skyepharma

MET-N

MaaT013

Pooled enema

- → January 2025
- → P3 GI-ORR
- → aGvHD
- → 250m€

MaaT033

Pooled capsule

- → H1.2025
- → P2b DSMB
- → allo-HSCT
- → 500m€

MET-C

MaaT034

Co-cultured caps.
Synthetic eubiotic microbiota

- → 2024
- → Selection of candidate & PICASSO PoC Results
- → ICI combo in solid tumor
- → 1 to 5b€

MaaT03X

Co-cultured capsule
Indication specific

- → 2025+
- → New program reveal
- → Multiple Indications
- → Multiple Markets

MaaT Pharma has the largest Microbiome Ecosystem Therapies™ production facility in Europe, which is the foundation of the Company's ability to scale and produce drug candidates in a cGMP environment

Corporate Social Responsibility

MaaT Pharma aims to become the source of Microbiome excellence providing patients with safe and innovative medicines.

Patients are our priority. We are committed to our patients and to the protection of human health by respecting environmental protection, valuing our employees and maintaining strong governance practices.
Our daily work is shaped by the following four core guidelines:

- → Innovate and raise awareness to **deliver better care,**
- → Contribute to employees-growth within a **people-oriented ecosystem**,
- → Place **ethics and transparency** at the core of the Company's strategy,
- → Control and measure our **impact on the environment.**

2023 CSR indicators

Social

34 y-o is the average age of permanent employees

36% Percentage of PhD, PharmD, MD among employees involved in research

75% Training Plan Completion Rate

Environment

2394 tCO2e Carbon footprint

361 kWh /Employee Energy consumption per employees on site

Societal

85% of operating expenses related to R&D as a proportion of total operating expenses

259 public interventions to increase awareness on microbiome

Governance

38% of women in the Board of directors

72% of women in the Executive team

Thank you

invest@maat-pharma.com

CORPORATE
PRESENTATION