

# APHENITY Topline Results

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Patient Living  
with PKU



# Forward-Looking Statements

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The forward-looking statements contained herein represent PTC's views only as of the date of this presentation and PTC does not undertake or plan to update or revise any such forward-looking statements to reflect actual results or changes in plans, prospects, assumptions, estimates or projections, or other circumstances occurring after the date of this presentation except as required by law.

# APHENITY Topline Results Demonstrate Clinical and Statistically Significant Benefit



**Achieved primary endpoint** in placebo-controlled portion of study with statistically significant ( $p < 0.0001$ ) blood phenylalanine (Phe) reduction



**Demonstrated substantial Phe reduction** in both the overall primary analysis population (63%) and the subset of classical PKU patients (69%)

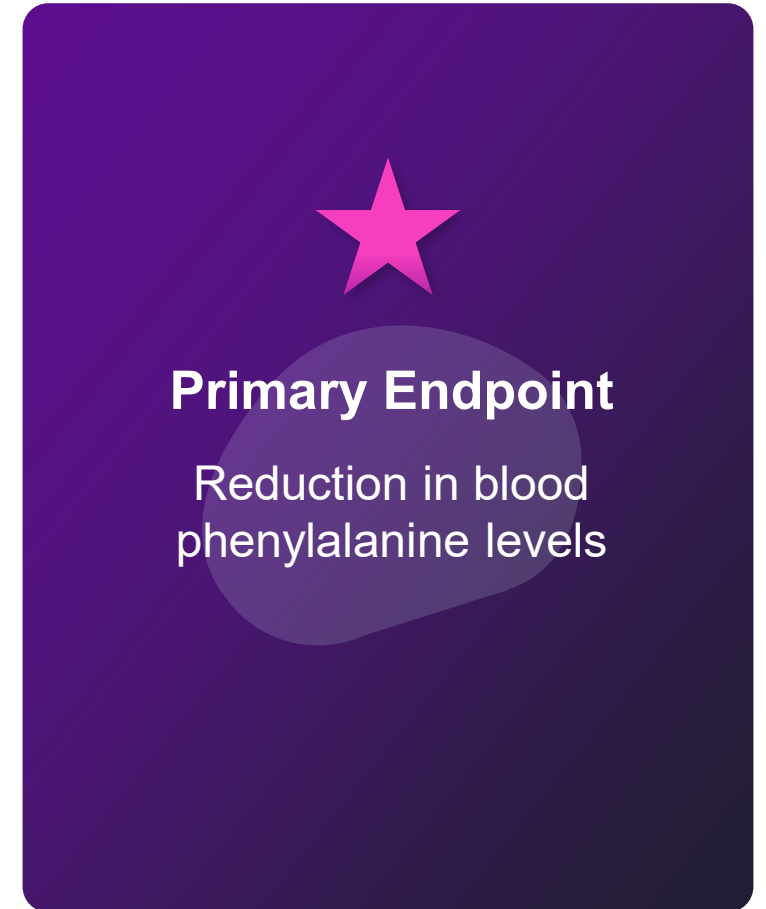
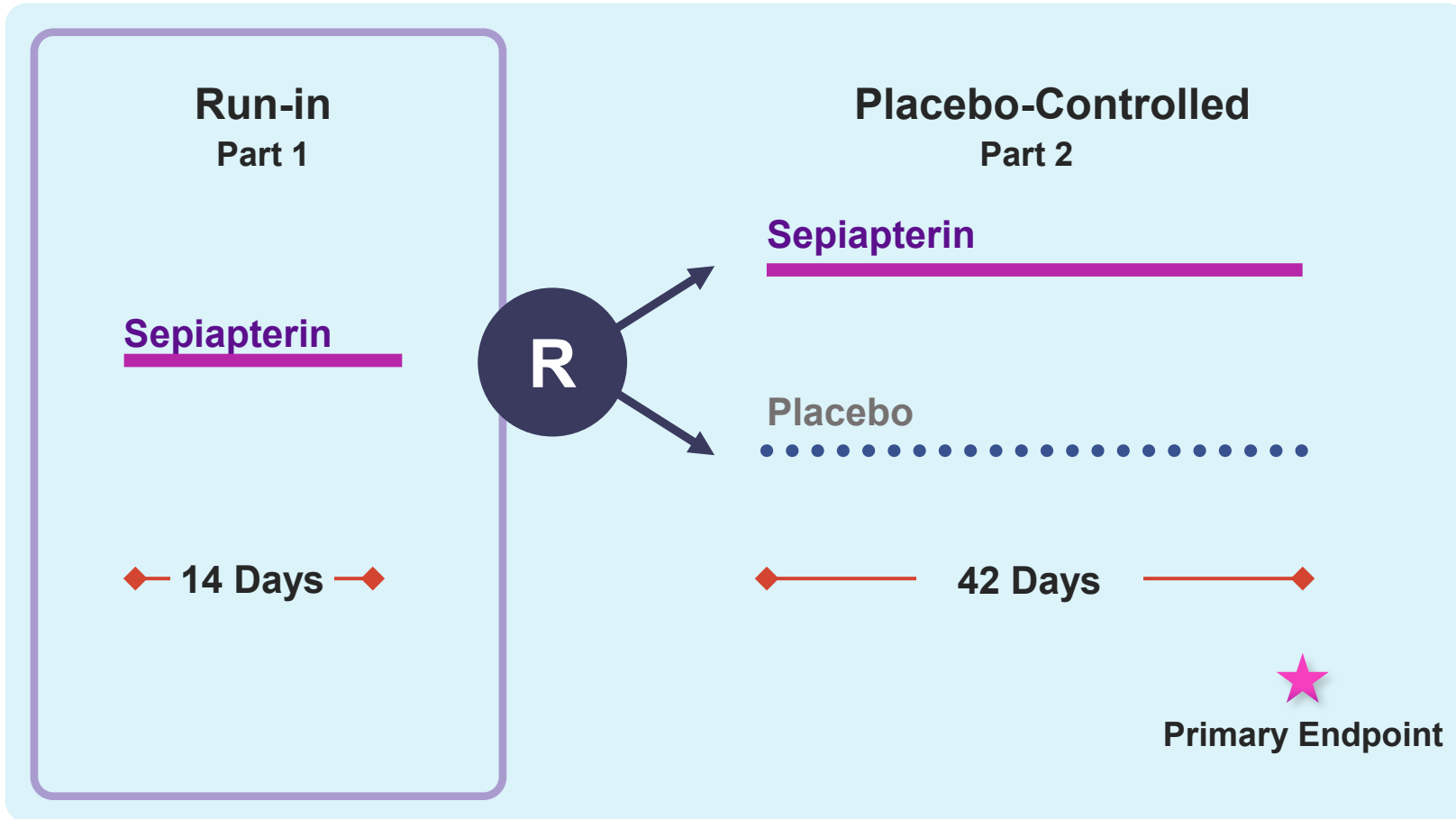


Achieved Phe reduction sufficient to bring **84%** of study patients within US guidelines for Phe reduction  $< 360 \mu\text{mol/L}$



**Well tolerated** with no serious adverse events

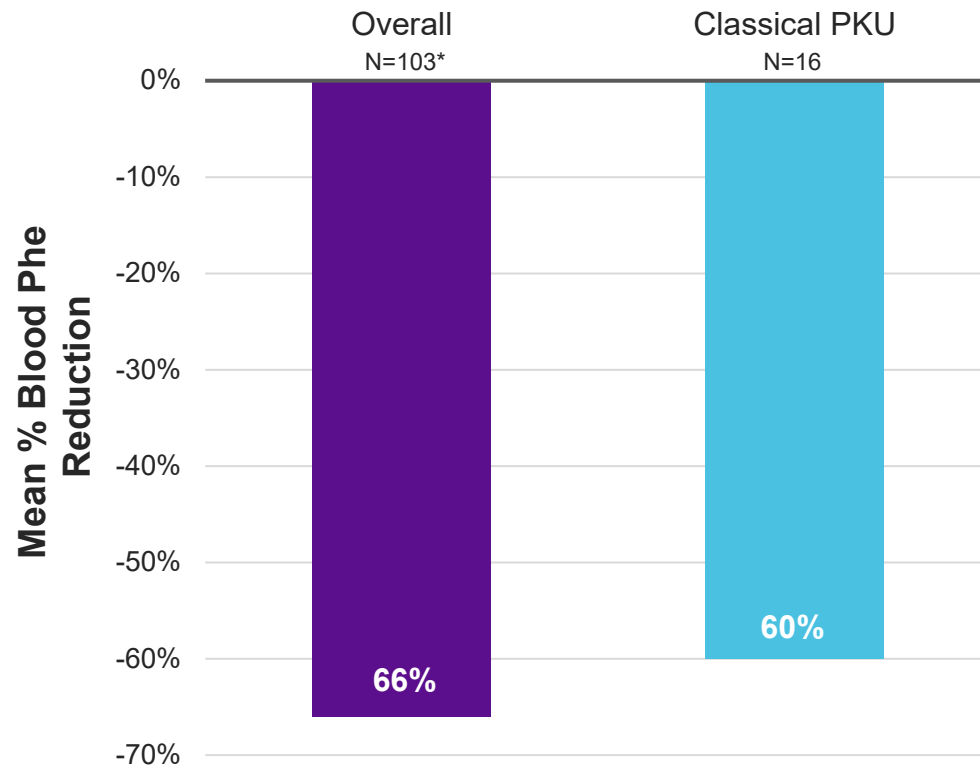
# APHENITY Global Registration-Directed Trial of Sepiapterin Study Design



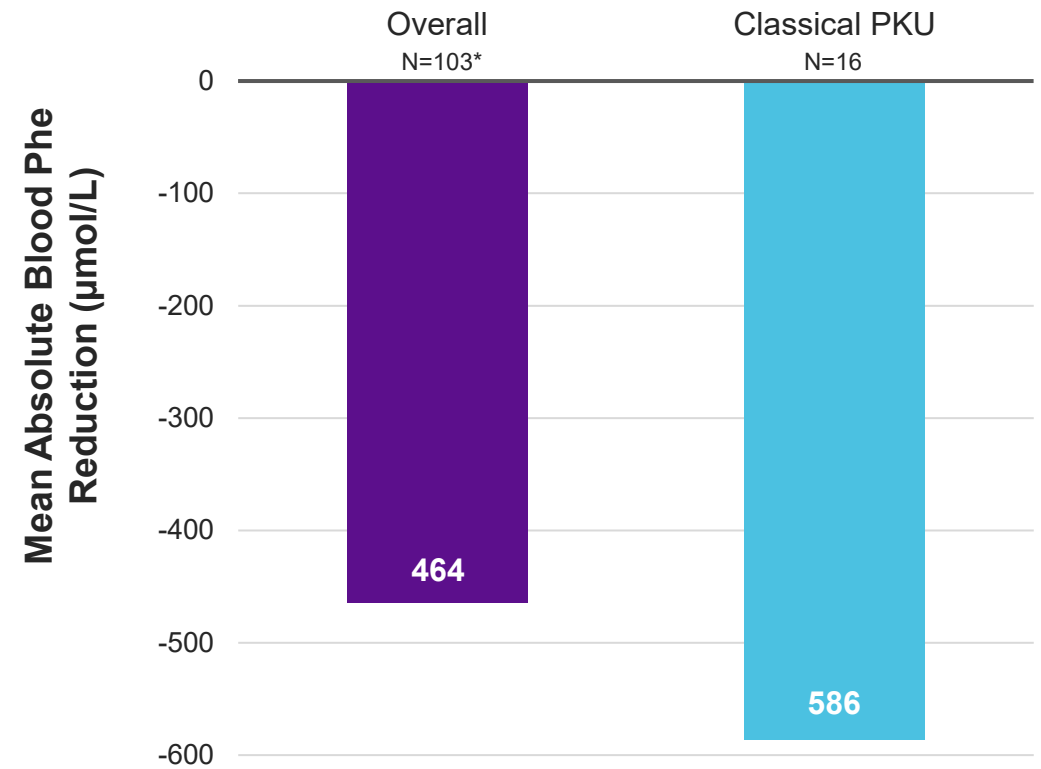
**Primary Endpoint**  
Reduction in blood phenylalanine levels

# APHENITY Part 1 Results Demonstrated Marked Blood Phe Reductions

Mean % Blood Phe Reduction  
≥30% responders



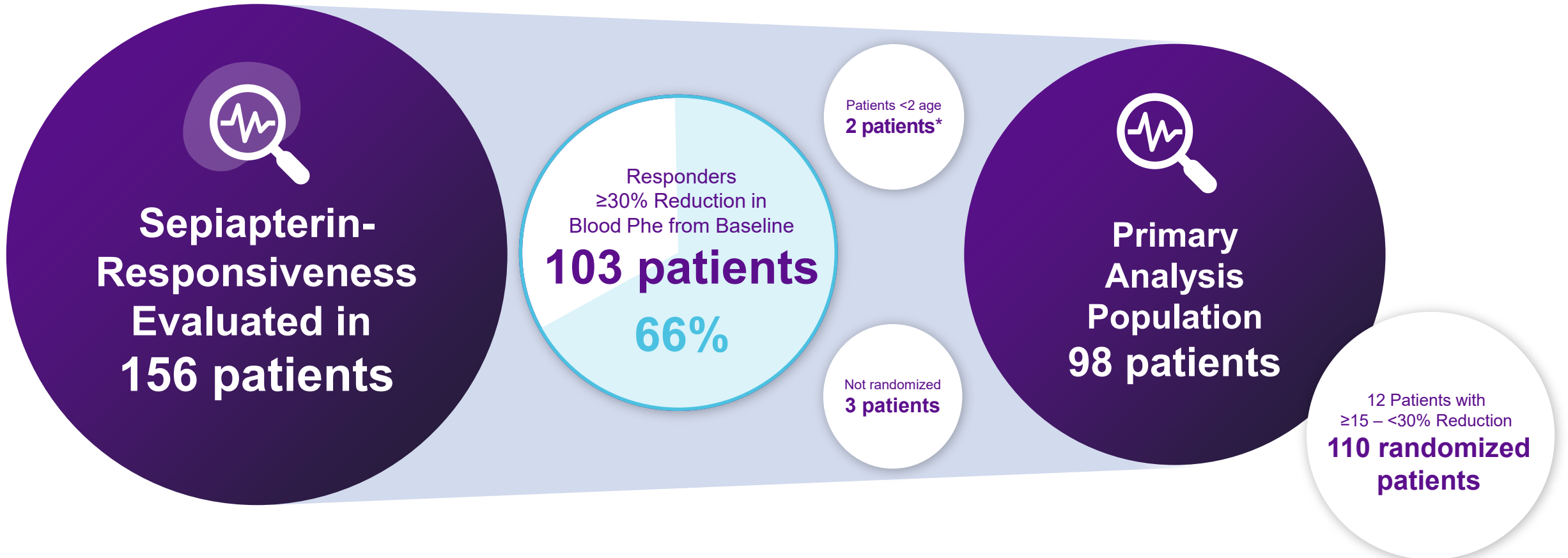
Mean Absolute Blood Phe Reduction (μmol/L)  
≥30% responders



# Baseline Phe Levels of Classical PKU Patients in Part 1

	Number of Patients	Baseline Phe ( $\mu\text{mol/L}$ )
>30% responders	16	978.6
15-30% responders	4	1,058.6
<15% responders	15	848.5
<b>Total</b>	<b>35</b>	<b>928.6</b>

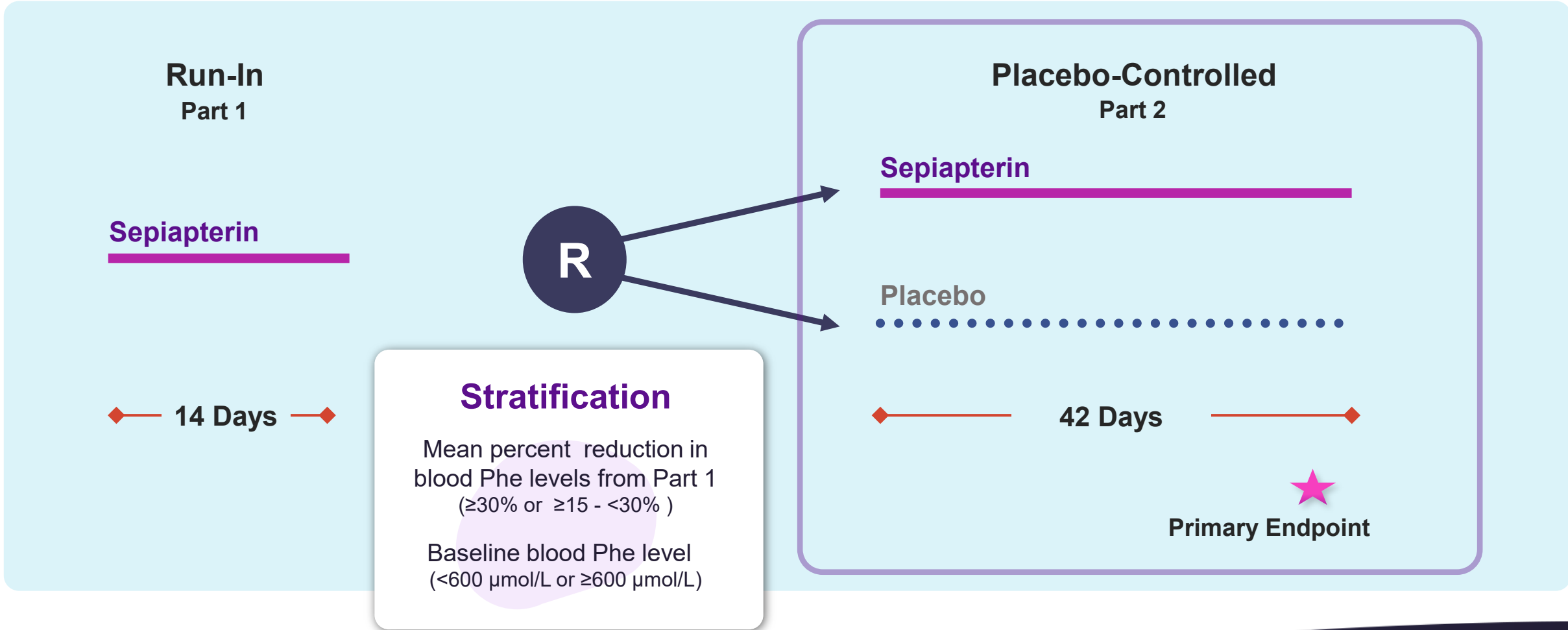
# APHENITY Study Population



\*As per protocol this population entered directly into open label extension



# APHENITY Global Registration-Directed Trial of Sepiapterin Study Design





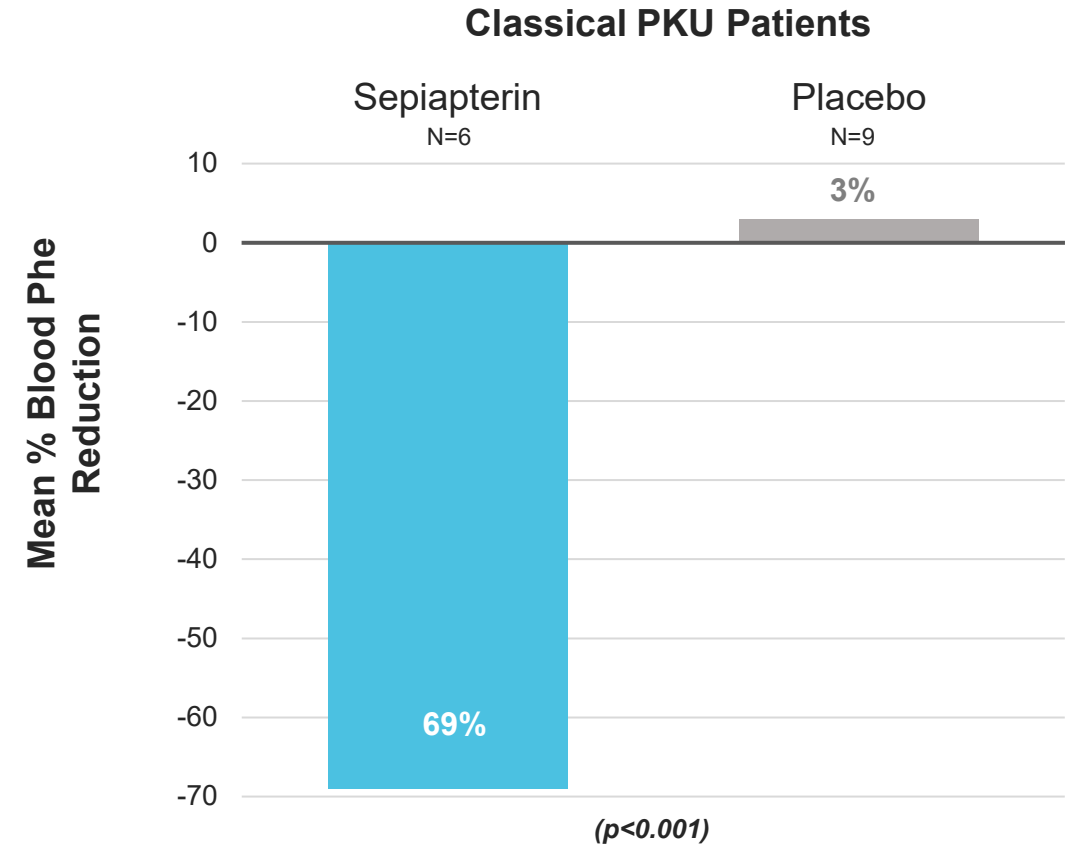
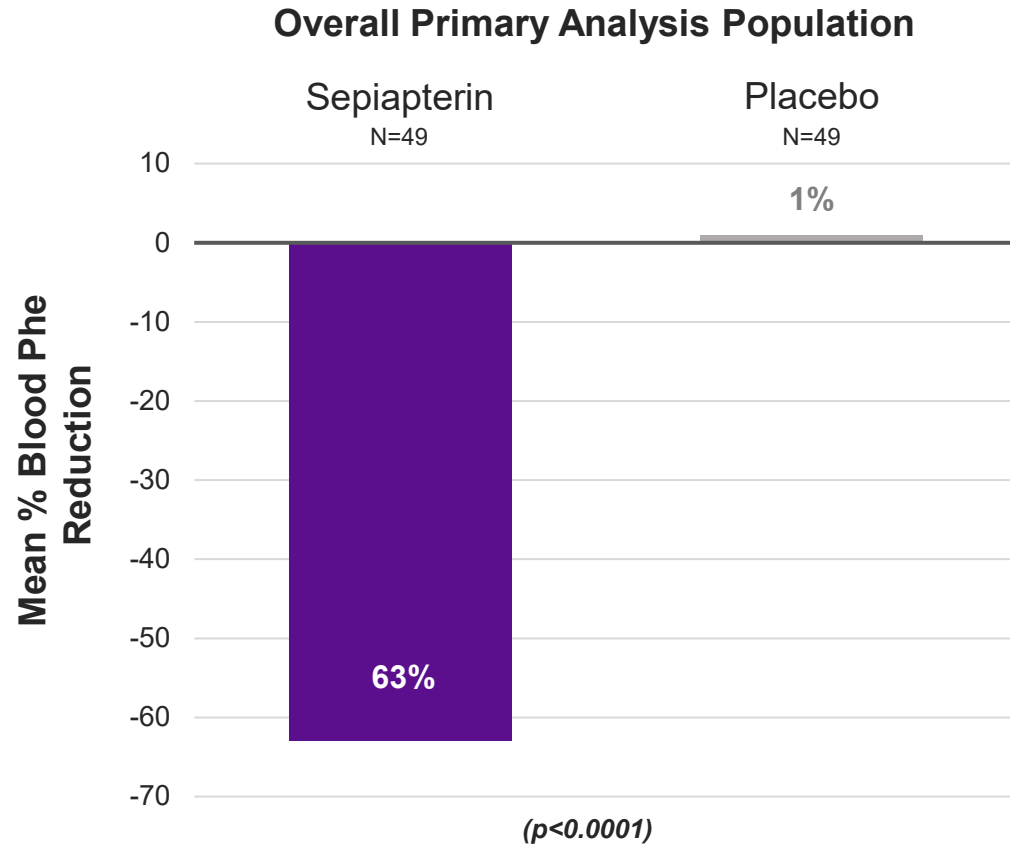
# APHENITY Primary Analysis Population Includes Full Spectrum of PKU Patients



Baseline Characteristic	Sepiapterin (N=49)	Placebo (N=49)
Mean age at enrollment (yrs) [min, max]	16.3 [2, 47]	18.1 [4, 54]
2-17 (%)	34 (69.4)	31 (63.3)
≥18 years (%)	15 (30.6)	18 (36.7)
Sex: %F, %M	F: 46.9 M: 53.1	F: 55.1 M: 44.9
Mean Baseline Blood Phe (μmol/L) (min, max)	646.1 (179.5, 1350.0)	654.0 (289.5, 1650.0)
Mean Baseline Blood Phe in Classical PKU (μmol/L) (min, max)	761.25 (452.0, 1350.0)	771.56 (317.0, 1240.0)

# Sepiapterin Treatment Resulted in Clinically Significant Blood Phe Reduction

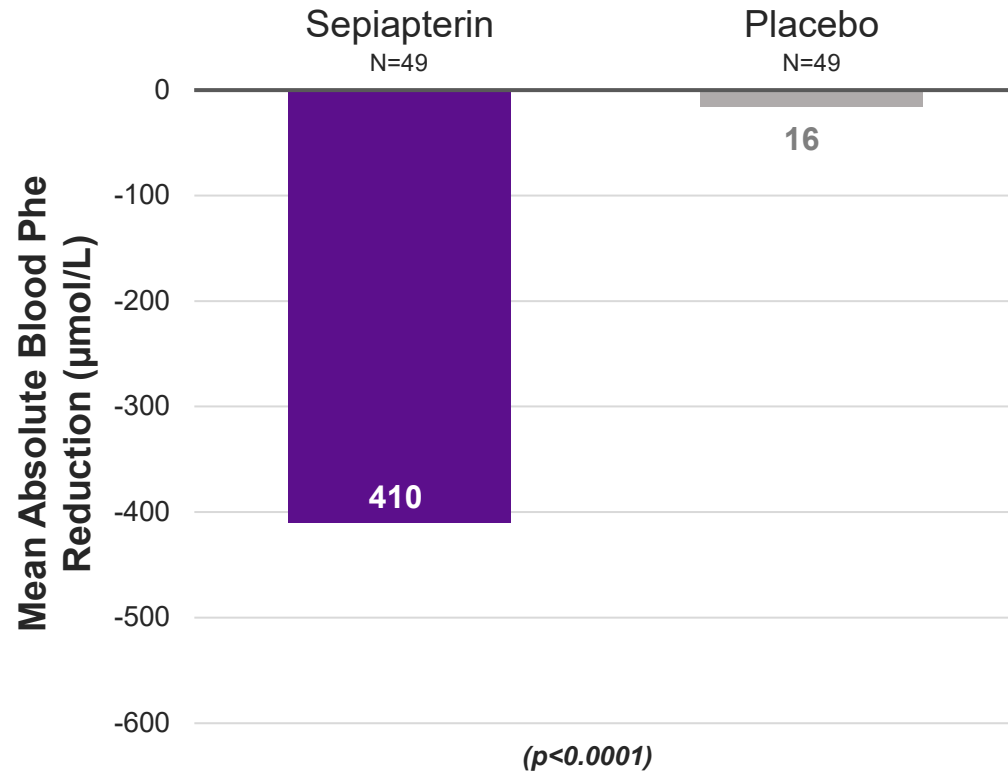
Mean % Blood Phe Reduction



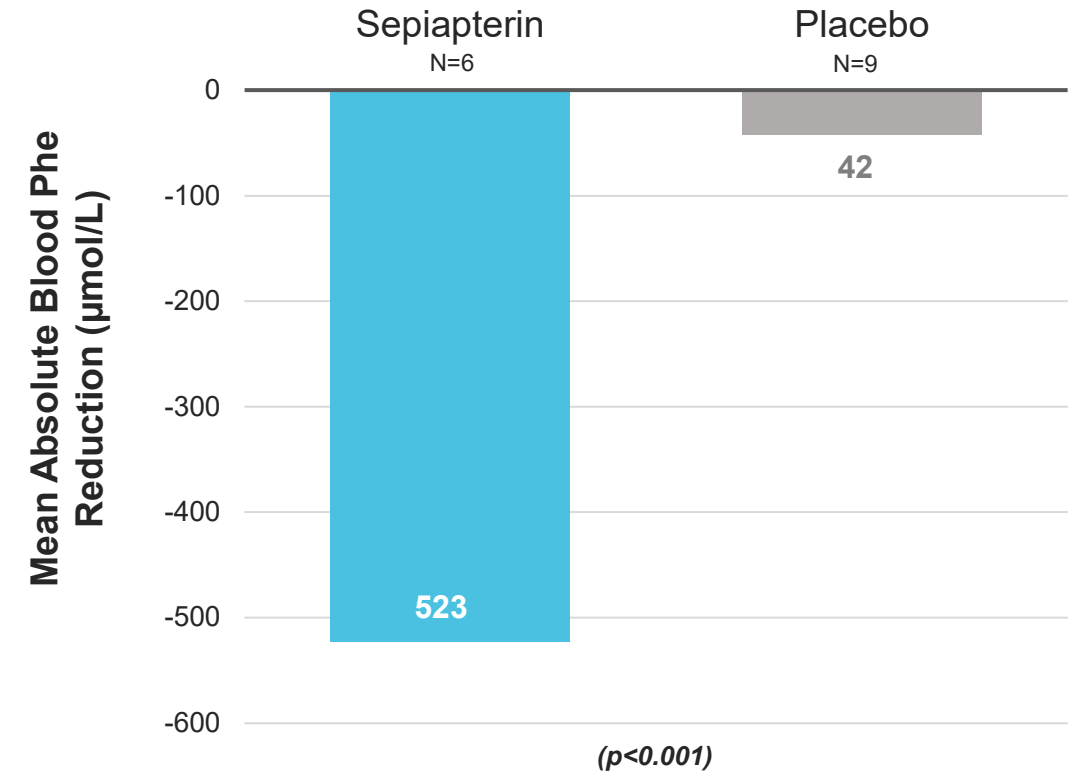
# Sepiapterin Treatment Resulted in Clinically Significant Blood Phe Reduction

Mean Absolute Blood Phe Reduction ( $\mu\text{mol/L}$ )

Overall Primary Analysis Population

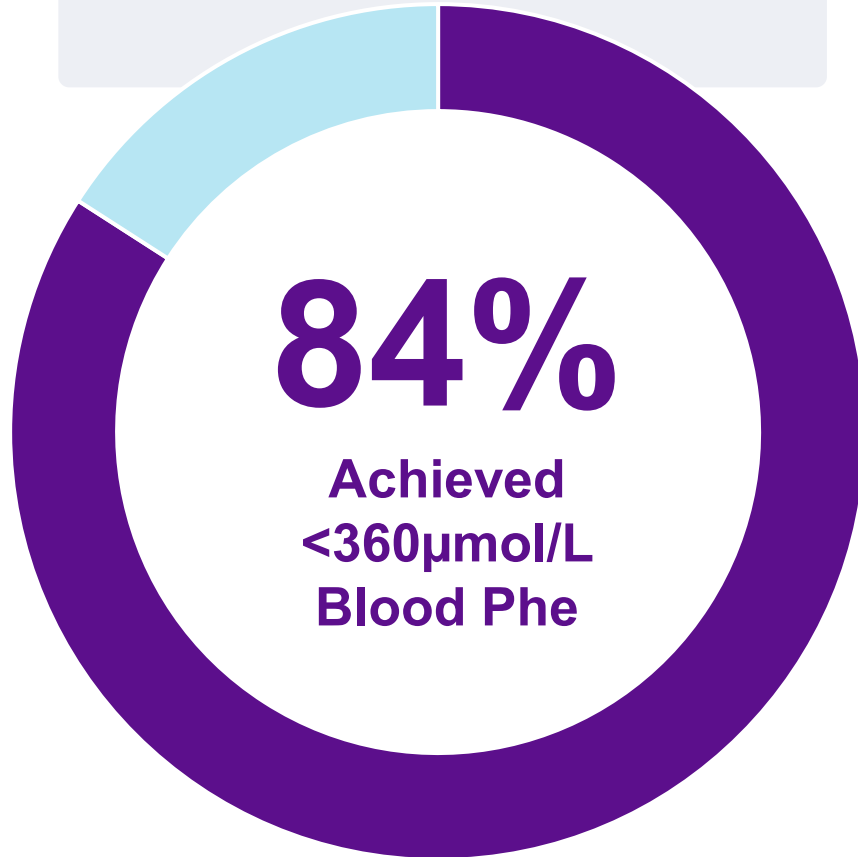


Classical PKU Patients

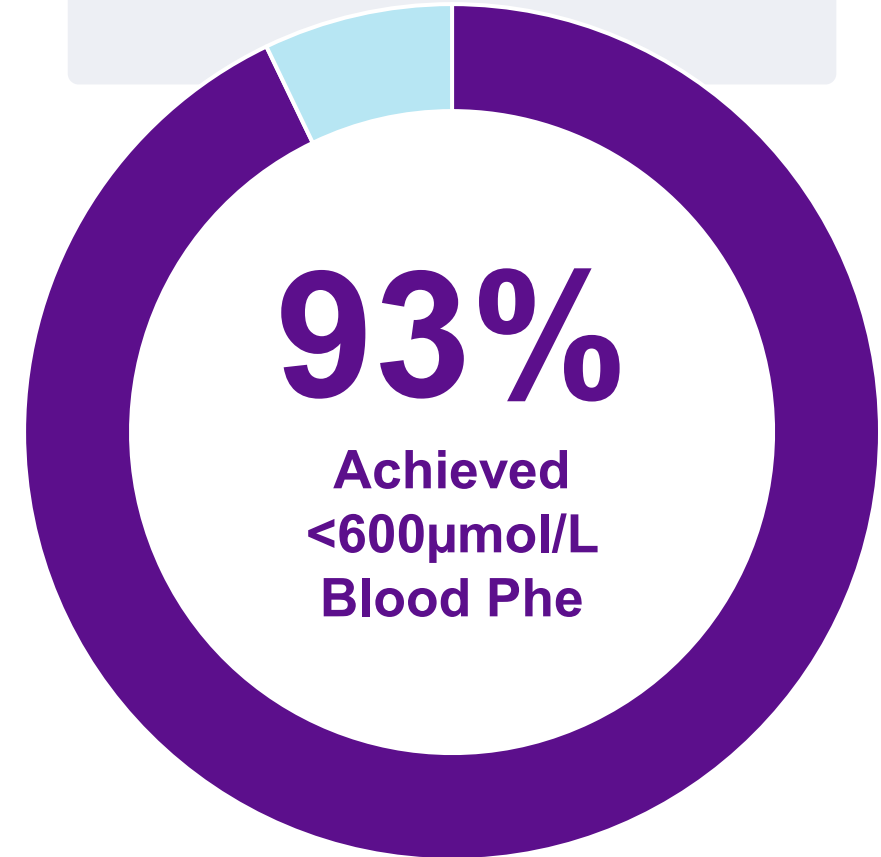


# Vast Majority of Patients Achieved Guidelines Target Blood Phe Levels

US guidelines: all ages  
EU guidelines: <12 years of age



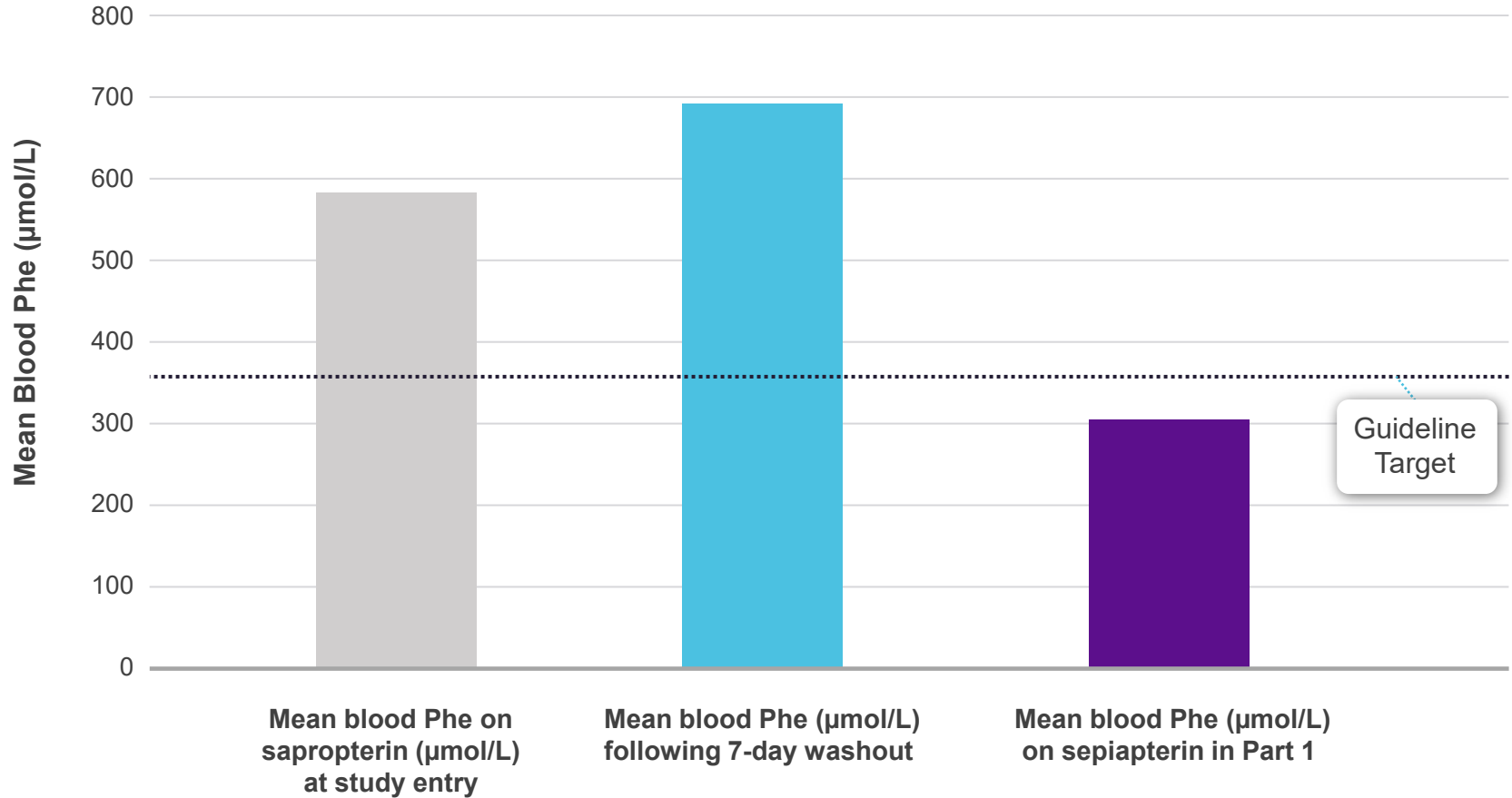
EU guidelines: ≥12 years of age





# Sepiapterin Part 1 Treatment Effect in Patients Receiving Sapropterin at Study Entry

(N=27 patients)



**48%**  
lower Phe levels following sepiapterin treatment in those patients receiving sapropterin at study entry

# Sepiapterin Demonstrated to be Well Tolerated



Sepiapterin was well tolerated with no serious adverse events

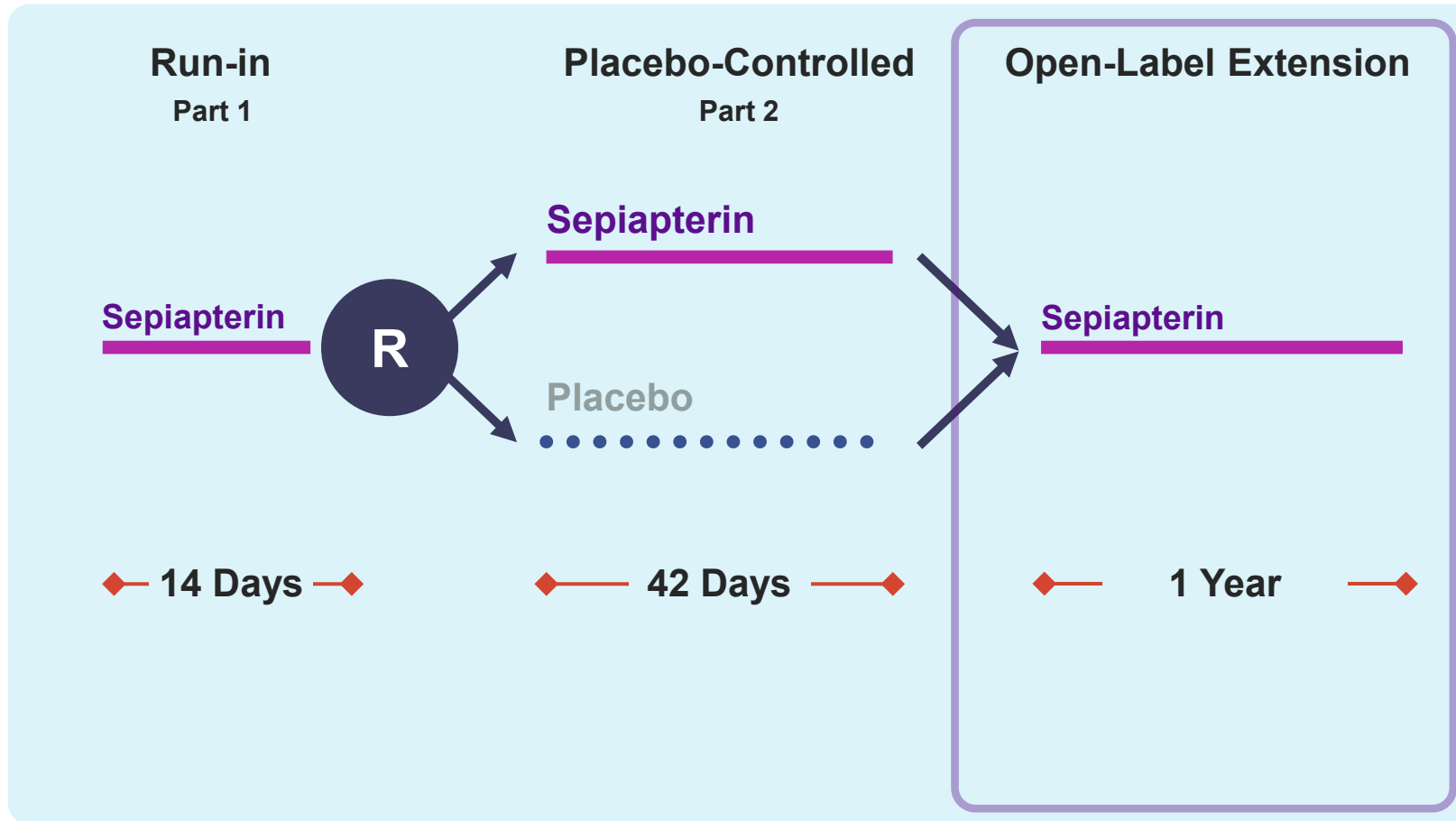


Similar related adverse event frequency between sepiapterin and placebo treatment groups



Most common adverse events were headache and diarrhea

# APHENITY Open-Label Extension Assesses Long Term Safety and Phe Tolerance

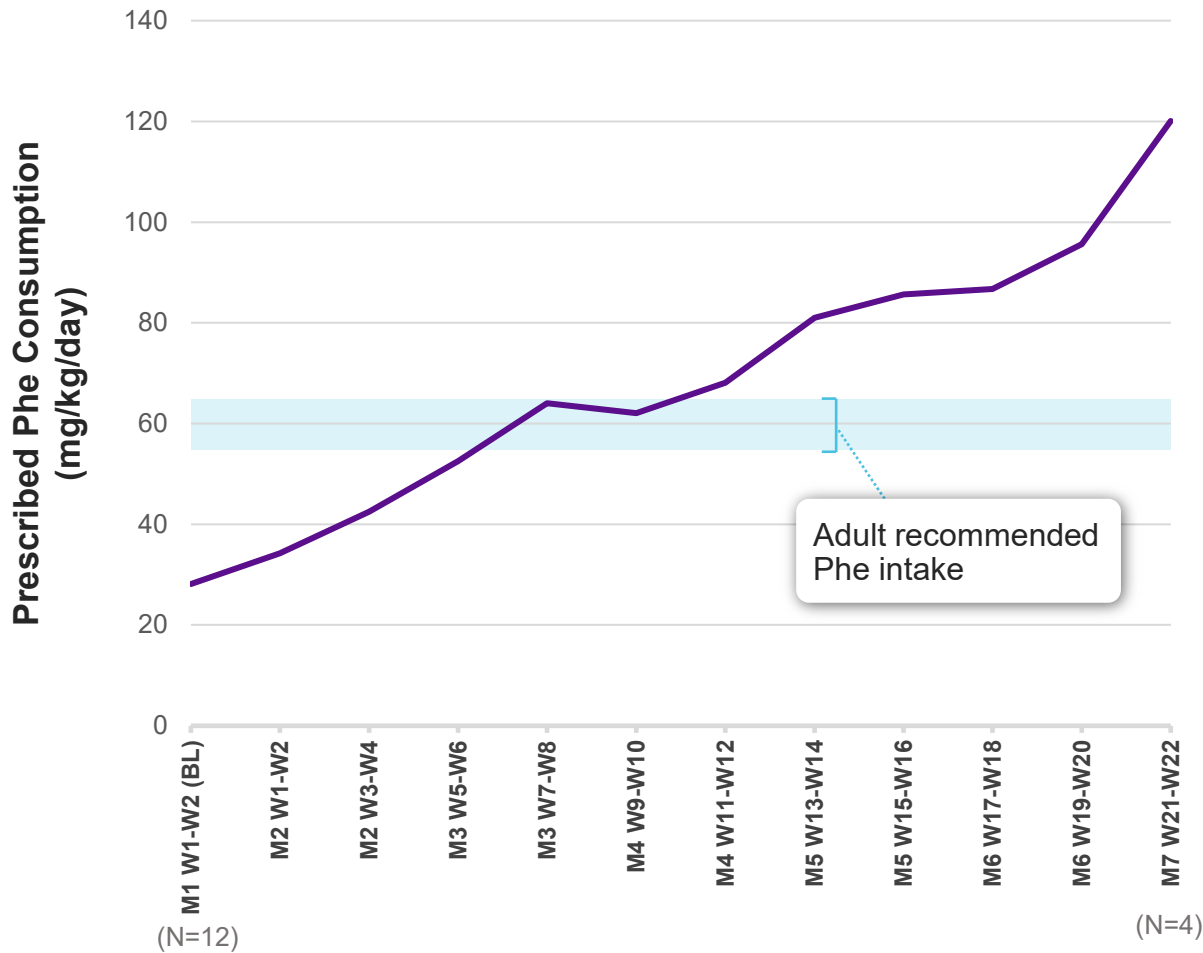


## Study Objectives

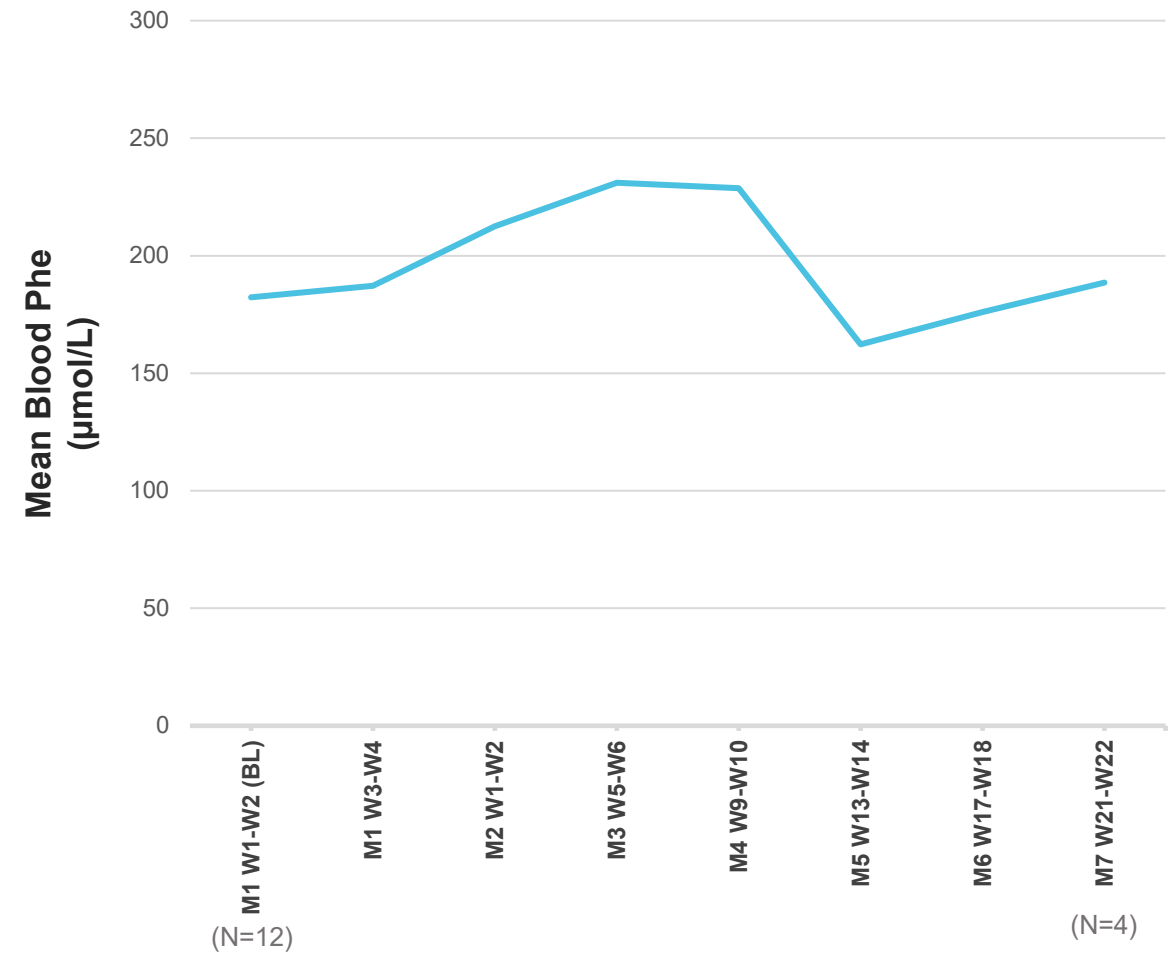
- Long-term safety
- Change in dietary Phe/protein consumption

# Initial Phe Tolerance Data in Open-Label Extension

### Increase in Dietary Phe Intake



### Blood Phe Levels





# Commercial Pillars for Success Already Established



Newborn screening with ~58,000 patients worldwide<sup>1,2,3</sup>



Well-known metabolic centers of excellence worldwide



Disease pathology well understood and documented



Connected and coordinated patient advocacy community

# Overview of Treatment-Emergent Adverse Events



	Sepiapterin 20 mg/kg (N=56) N % m	Sepiapterin 40 mg/kg (N=56) N % m	Sepiapterin 60 mg/kg (N=55) N % m	Sepiapterin Overall (N=56) N % m	Placebo (N = 54) N % m
All TEAEs	20 (35.7%) 29	7 (12.5%) 10	15 (27.3%) 21	33 (58.9%) 60	18 (33.3%) 33
Treatment-Related TEAEs	5 (8.9%) 7	1 (1.8%) 3	1 (1.8%) 1	6 (10.7%) 11	6 (11.1%) 9
Serious TEAEs	0	0	0	0	0
CTCAE Grade 3 or Higher TEAEs	0	0	0	0	0
TEAEs Leading to Study Drug Withdrawal	0	0	0	0	0
TEAEs Leading to Study Discontinuation	0	0	0	0	0
Death	0	0	0	0	0

# APHENITY Results Support Potential for Sepiapterin to Address Majority of PKU Segments



## Sepiapterin Market Opportunity



Therapy Naive Patients Including Classical PKU

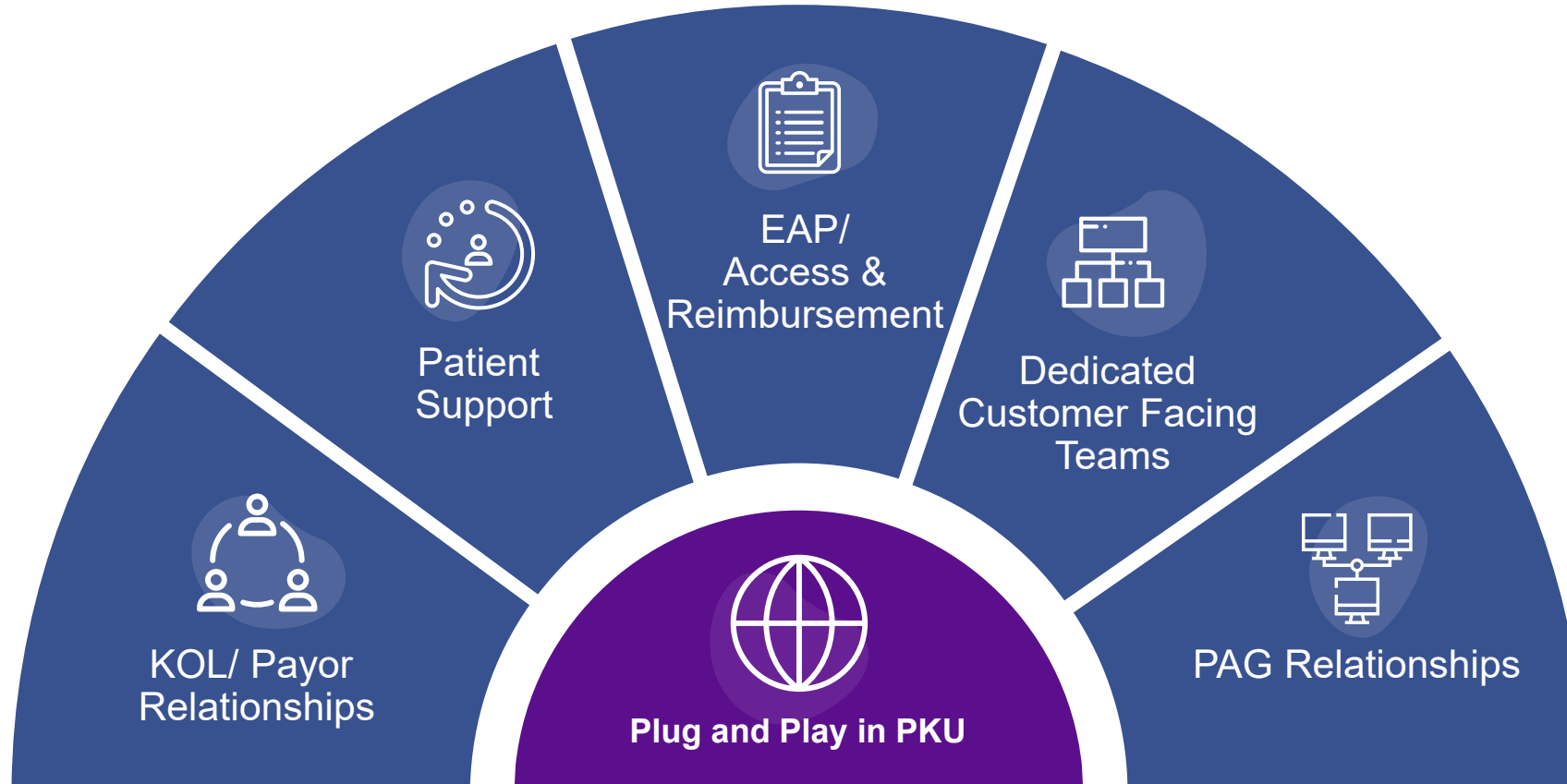


Patients Who Have Failed on Current Therapies



Patients Who Are Not Well Controlled

# PTC Global Commercial Infrastructure Will Allow for Rapid Worldwide Launch



# APHENITY Results Support Next Steps in Regulatory Process and Commercial Planning



Pre-Submission  
Meetings



Regulatory  
Submissions



Initiate Launch  
Preparation