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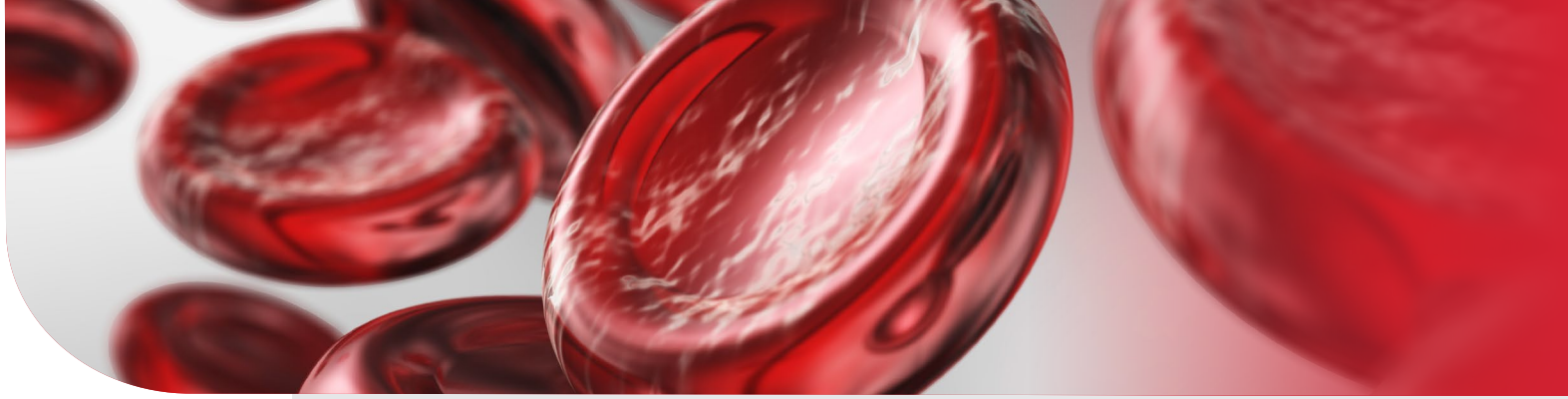

MaaT013 for Ruxolitinib-Refractory Acute Graft-versus-Host Disease with Gastrointestinal Involvement: Results from the ARES Phase III Trial

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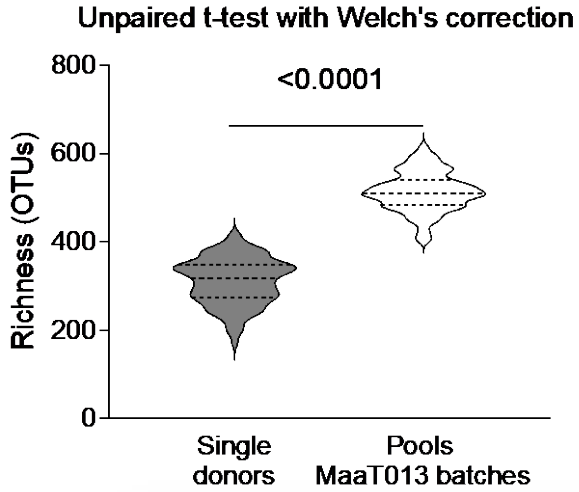
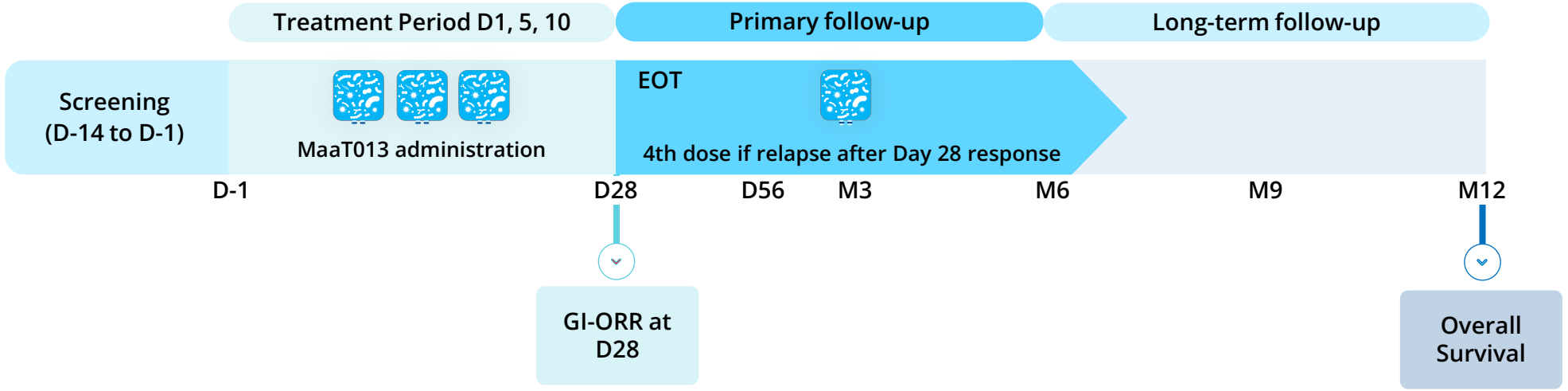
MaaT013, an immunosuppressant sparing agent to restore the microbiome and treat aGvHD

Administration	✓ Rectal suspension (150 mL enema) ✓ 3 doses within 10 days
Characteristics: **Pooled allogeneic fecal microbiota**	✓ A high-richness, high-diversity, full ecosystem, containing Butycore™ and not less than 1.35 x 10^{11} viable bacteria. ✓ 36 months stability at -80°C
Available clinical data	✓ *HERACLES* (Phase 2) Trial, n=24 ✓ ***ARES*** **(Phase 3) Trial, n= 66** ✓ Ongoing Early Access Program (Europe – US (> 240 patients treated as of November 2025)
Efficacy Evaluation	✓ GI- and all-organ response rate (ORR) at Day 28 ✓ Complete response, Very Good Partial Response, Partial Response



ARES: a Pivotal Phase 3 Trial Exploring MaaT013 in Third-Line aGvHD Following Corticosteroids and Ruxolitinib Failure

66 Subjects Treated
(Full Analysis Set)



Key Inclusion Criteria

- Age > 18
- aGvHD with GI symptoms (MAGIC criteria)
- Refractory to corticosteroids
- Refractory or intolerant to ruxolitinib

Key Exclusion Criteria

- CMV colitis
- Lines of aGvHD treatment other than CS and ruxolitinib
- Overlap chronic GvHD
- Hyperacute GvHD
- Active uncontrolled infection

Primary Analysis: after all subjects completed Day 28 or discontinued earlier. Cut-off date: 11 Nov 2024

Primary endpoint
GI-aGvHD Overall Response Rate (GI-ORR) at Day 28
Assessed by an Independent Review committee (IRC)

Main Secondary endpoints
- GI-ORR at D56 and M3 (IRC and investigator)
- All-organ ORR at D28, D56, M3 (IRC and investigator)
- Duration of Response (IRC and investigator)
- Overall Survival

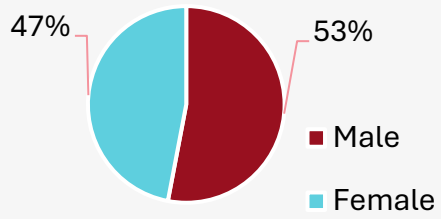
CMV: cytomegalovirus, CS: corticosteroids; D: Day; M: Month;

ARES subjects: Baseline Characteristics

All patients treated with MaaT013 (n=66) - Full Analysis Set

Patients profile

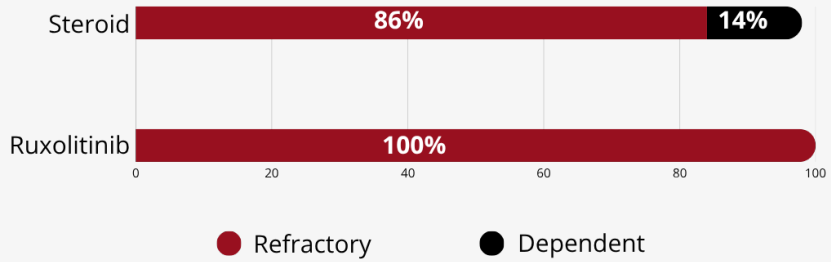
Median age, years (range): **55,5** (24; 76)



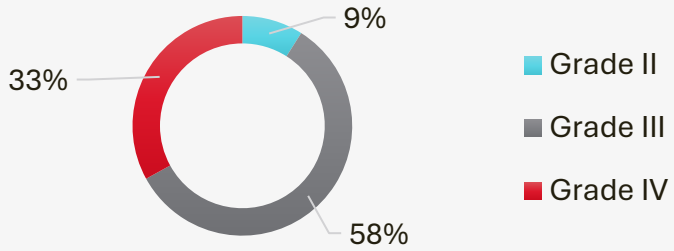
Type of aGvHD	N (%)
Classical	58 (88)
Late onset	3 (4)
Post-DLI	4 (6)
Other	1 (2)

Organ involvement	N (%)
GI only	51 (77)
GI + skin	11 (17)
GI + liver	2 (3)
GI + liver + skin	2 (3)

Steroid & Ruxolitinib status, n (%)



aGvHD grading (MAGIC*) n (%) - Assessed by IRC

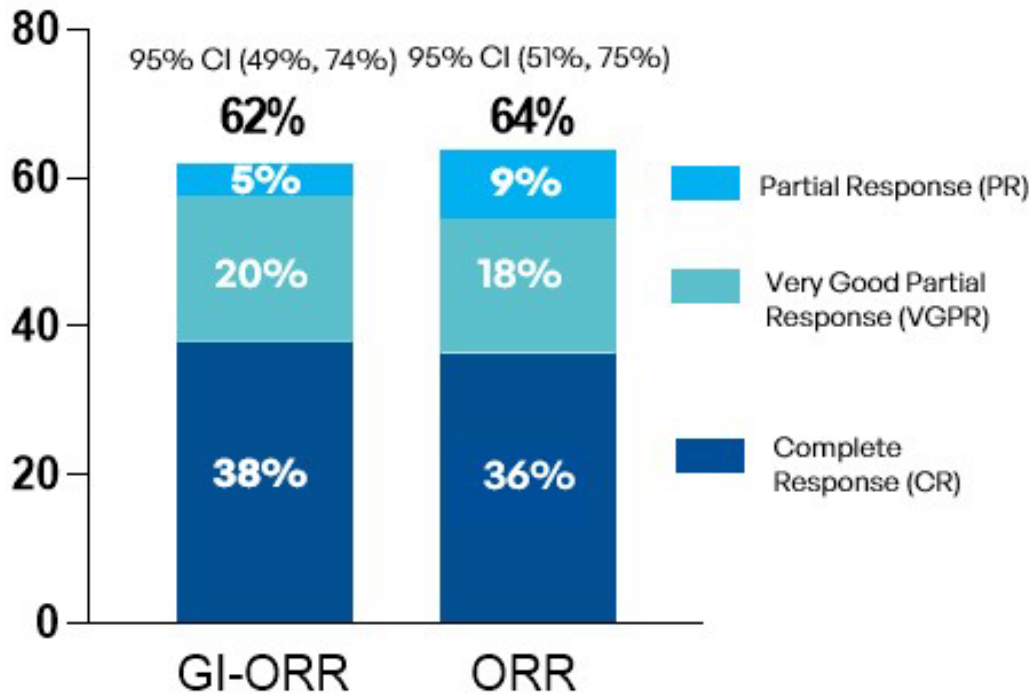


MaaT013 exposure and retention time	ARES
At least 1 dose	100%
At least 2 doses	92%
At least 3 doses	80%
4 doses	12%
Median number of doses	3
Mean retention time	151.6 min
Median retention time	124 min

ARES: The Study met its Primary Endpoint

Day 28 GI-ORR (Primary Endpoint) assessed by IRC was significantly higher than the historical control ORR of 22% (p<0.0001)

D28 Response Rate (%)



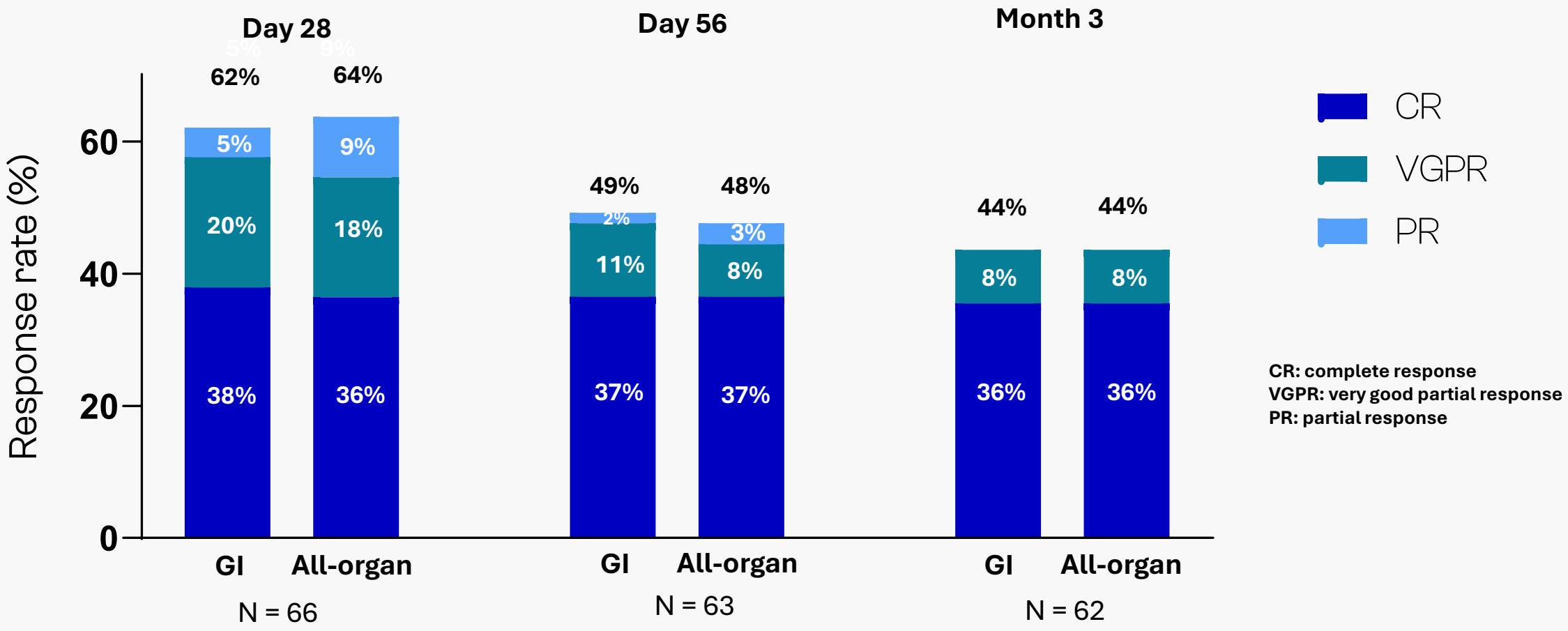
Primary Analysis

- 62% GI-ORR with high CR and VGPR rates
- 64% ORR indicating a global systemic response and with high CR and VGPR rates
- Average Duration of Response (DOR):
  - 6.4 months for GI-DOR [95% CI = 4.8;8.0]
  - 6.4 months for all-organ DOR [95% CI = 4.8;8.0]

IRC & Investigator assessments highly concordant (96.4% for D28 GI-ORR; 94,5% for D28 all-organ ORR)

D28: Day 28; GI: GastroIntestinal; DOR: Duration of Response; IRC: Independant Review Committee; ORR: Overall Response Rate;

Durable Response at D56 and M3, assessed by IRC (FAS)



ARES: Survival probability at the Data Cut-Off (11 Nov 2024)

Survival Probability for all subjects and according to Day 28 GI-Response

- Median Follow-up: 140.5 days
- Median OS not reached

Survival probability	All subjects	D28 GI-Responders	D28 GI- non Responders
Month 6	59%	75%	28%
Month 12	54%	**67%**	**28%**

Landmark analysis from D28

D28: Day 28; GI: GastroIntestinal; OS: Overall survival; R: Day 28 GI-Responder; NR: Day 28 Non-responder

MaaT013 demonstrates response-driven prolonged survival with
54% probability of survival at 1 year

ARES: Safety Results

- 886 AEs in 65 (98%) subjects were reported
  - 1 patient with no AE (withdrew his consent after Dose 1)
- 157 serious TEAEs reported in 50 (76%) subjects
  - Most common serious TEAEs:
    - Escherichia sepsis (7 [11%] subjects)
    - General physical health deterioration (5 [8%] subjects)
    - Septic shock (5 [8%] subjects
- 34 Treatment-related TEAEs in 19 (29%) subjects
  - 7 events in 6 subjects (9%) being serious
  - Majority of related AEs occured within 14 days after last dose
- 26 fatal AEs
  - 1 considered treatment-related by the investigator (septic shock)

System Organ Class Preferred Term [n (%)]	N = 66
Any MaaT013 Treatment-Related Treatment-Emergent Adverse Events	19 (29)
Infections and infestations	11 (17)
Bacteraemia	3 (4)
Candida infection	2 (3)
Escherichia sepsis	2 (3)
Septic shock	2 (3)
Abscess limb	1 (2)
Bacterial sepsis	1 (2)
Bacteroides bacteraemia	1 (2)
Enterococcal bacteraemia	1 (2)
Escherichia bacteraemia	1 (2)
Pneumonia	1 (2)
Gastrointestinal disorders	9 (14)
Constipation	5 (8)
Abdominal pain	3 (4)
Abdominal distension	2 (3)
Proctalgia	1 (2)
Vomiting	1 (2)
General disorders and administration site conditions	2 (3)
Pyrexia	2 (3)
Blood and lymphatic system disorders	1 (2)
Anaemia	1 (2)

TEAE: Treatment-Emergent Adverse Event; AE: Adverse Event; SAS: Safety Analysis Set

Overall safety & tolerability of MaaT013 treatment reviewed continuously by a DSMB

Overall benefit-risk assessment

- ✓ Acute GvHD in 3rd line is of high unmet medical need
- ✓ Deep and durable response rates, translating into prolonged survival in a population known for dismal clinical outcomes
- ✓ Overall good tolerability of MaaT013 treatment in severe aGvHD patient population

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