

# Sevasemten Update

June 26, 2025

# Forward Looking Statement

This presentation contains forward-looking statements as that term is defined in Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Statements in this press release that are not purely historical are forward-looking statements. Such forward-looking statements include, among other things, statements regarding the potential of, and expectations regarding sevasemten, statements regarding the potential market opportunity for sevasemten, statements regarding Edgewise's expectations and milestones relating to its clinical trials and clinical development of sevasemten, including the timing of topline data for the GRAND CANYON trial and the timing of the initiation of a pivotal study of sevasemten, statements regarding the potential outcome of the GRAND CANYON trial, statements regarding the timing and outcome of Edgewise's discussions with the FDA, statements regarding the clear path to potential sevasemten registration as the first ever therapy for Becker, and statements by Edgewise's President and Chief Executive Officer and Chief Medical Officer. Words such as "believes," "anticipates," "plans," "expects," "intends," "will," "goal," "potential" and similar expressions are intended to identify forward-looking statements. The forward-looking statements contained herein are based upon Edgewise's current expectations and involve assumptions that may never materialize or may prove to be incorrect. Actual results could differ materially from those projected in any forward-looking statements due to numerous risks and uncertainties, including but not limited to: risks associated with Edgewise's limited operating history, its products being early in development and not having products approved for commercial sale; risks associated with Edgewise not having generated any revenue to date; Edgewise's ability to achieve objectives relating to the discovery, development and commercialization of its product candidates, if approved; Edgewise's need for substantial additional capital to finance its operations; Edgewise's substantial dependence on the success of sevasemten; Edgewise's ability to develop and commercialize sevasemten and discover, develop and commercialize product candidates in future programs; risks related to Edgewise's clinical trials of its product candidates not demonstrating safety and efficacy; risks related to Edgewise's product candidates causing serious adverse events, toxicities or other undesirable side effects; the outcome of preclinical testing and early clinical trials not being predictive of the success of later clinical trials and the risks related to the results of Edgewise's clinical trials not satisfying the requirements of regulatory authorities; delays or difficulties in the enrollment and/or maintenance of patients in clinical trials; risks related to failure to capitalize on other indications or product candidates; risks related to competition; risks relating to interim, topline and preliminary data from Edgewise's clinical trials changing as more patient data becomes available; risks related to the regulatory approval processes of domestic and foreign authorities being lengthy, time consuming and inherently unpredictable; risks related to production of drugs by Edgewise's third-party manufacturers; risks related to changes in methods of product candidate manufacturing or formulation; risks related to not achieving adequate market acceptance; risks related to the patient population for our product candidates having a small patient population; risks related to regulatory authorities not accepting data from trials conducted in locations outside of their jurisdiction; risks relating to Edgewise's ability to attract and retain highly skilled executive officers and employees; Edgewise's ability to obtain and maintain intellectual property protection for its product candidates; Edgewise's reliance on third parties; general economic and market conditions; and other risks. Information regarding the foregoing and additional risks may be found in the section entitled "Risk Factors" in documents that Edgewise files from time to time with the U.S. Securities and Exchange Commission. These forward-looking statements are made as of the date of this press release, and Edgewise assumes no obligation to update the forward-looking statements, or to update the reasons why actual results could differ from those projected in the forward-looking statements, except as required by law.

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**Dr. Kevin Koch**

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## Agenda

1. Introduction
2. Becker MESA Open Label Data and FDA Meeting Feedback
3. Duchenne Phase 2 LYNX/FOX Update and Path to Phase 3
4. Closing Remarks
5. Q & A

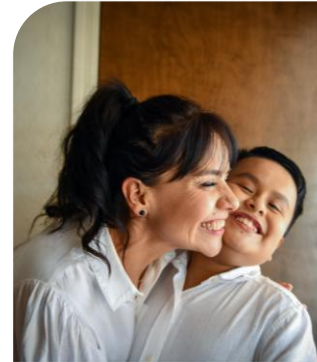
# Sevasemten Poised to Potentially Become First Approved Therapy in Becker; Encouraging Observations in Duchenne Support Path to Phase 3

## Sevasemten Continues to Show Promise in Both Duchenne and Becker



### Becker Muscular Dystrophy

-  Positive observations in Becker with continued sevasemten dosing
-  Positive Type C FDA meeting offers clear path to approval
-  GRAND CANYON on track for top-line data 4Q26



### Duchenne Muscular Dystrophy

-  In LYNX & FOX, sevasemten treatment reduced the functional decline
-  Path to Phase 3 open with selection of 10 mg as the target dose
-  FDA discussion in 2H25 will refine timing to Phase 3 start



# We Aim to Change the Lives of Individuals with Becker

**~12,000** PEOPLE WITH BECKER IN  
US, EU-5 & JAPAN

**~16** AGE PEOPLE WITH BECKER CAN  
BECOME MOBILITY DEVICE DEPENDENT

**0** APPROVED  
THERAPIES

**1** NOVEL MOA IN DEVELOPMENT:  
SEVASEMTEN

**Bryan  
Living with Becker**

# Edgewise is Positioned to Deliver the First Ever Therapy for Individuals with Becker Muscular Dystrophy

- Sevasemten continues to demonstrate a **favorable safety profile** after up to three years of treatment
- New open-label data demonstrates **sustained disease stabilization**, reinforcing prior ARCH and CANYON findings
- Natural history modeling reveals sevasemten **significantly altered disease trajectory**
- FDA Type C meeting provides **clear path to sevasemten registration**, with the potential to accelerate timing to Becker launch
- GRAND CANYON **on track for top-line data in 4Q26** with 175 participants recruited and powered at >98% to deliver a statistically significant difference in NSAA vs placebo

## ADULT PRIMARY EFFICACY ENDPOINT

Prespecified change from baseline in CK averaged across months 6, 9 and 12

**Study not powered for NSAA**

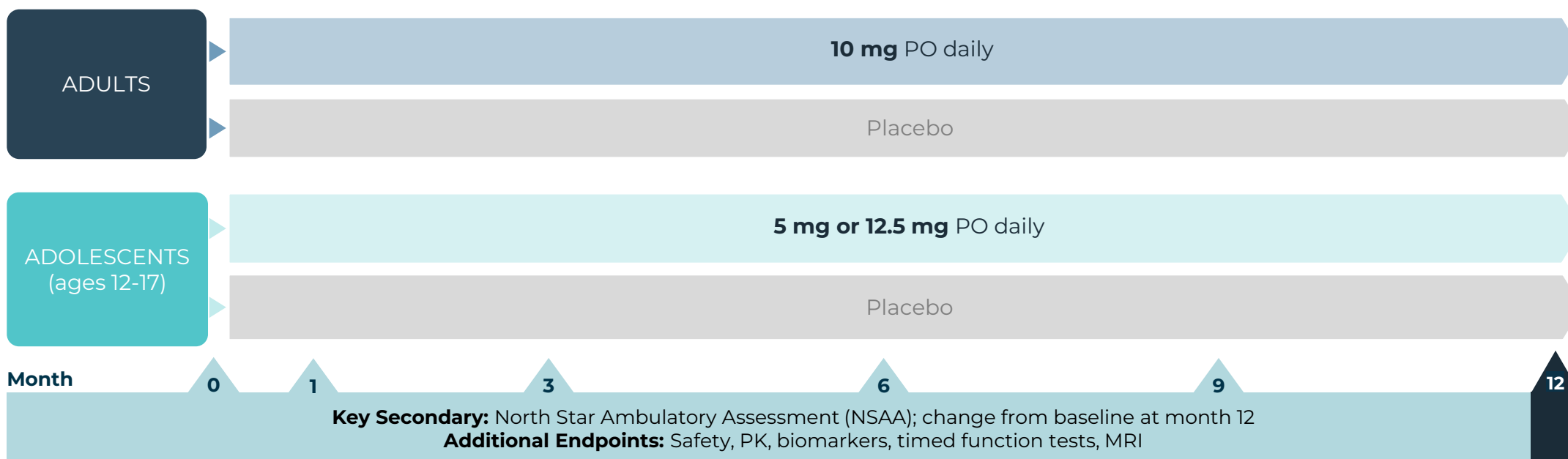
## KEY INCLUSION CRITERIA

Ambulatory males aged 12 to 50 years with a dystrophin mutation and a Becker phenotype, not on corticosteroids, with a **NSAA between 5-32\***

## participants ENROLLED

Adults: **40**  
Adolescents: **29**

## Study design - 12 months



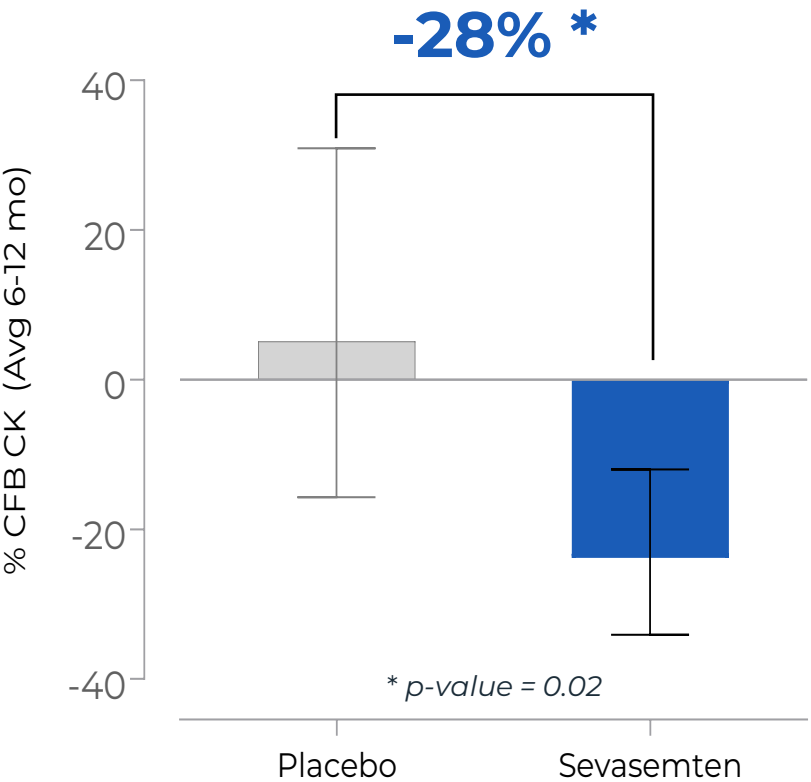
\* Adolescents were selected based on NSAA above 5  
Reference: NCT05160415  
Abbreviations: CK, creatine kinase



# Sevasemten Treatment Significantly Decreased Biomarkers of Muscle Damage as Early as 1 Month Following Initiation of Dosing

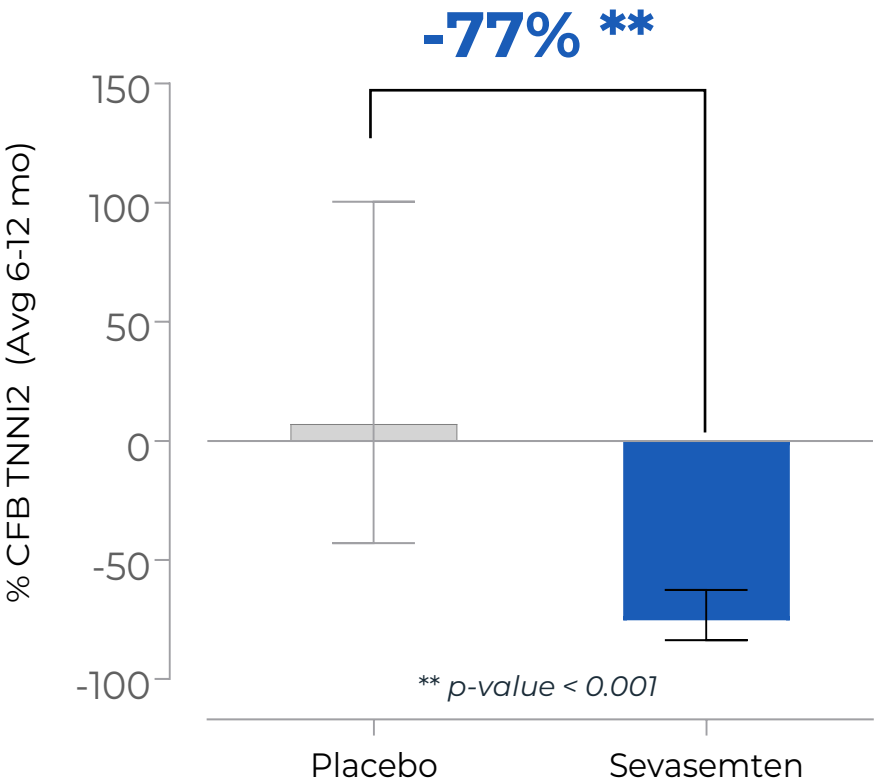


**Primary Endpoint:  
CK % Change from Baseline**



\*  $p\text{-value} = 0.02$

**TNNI2 % Change from Baseline**



\*\*  $p\text{-value} < 0.001$



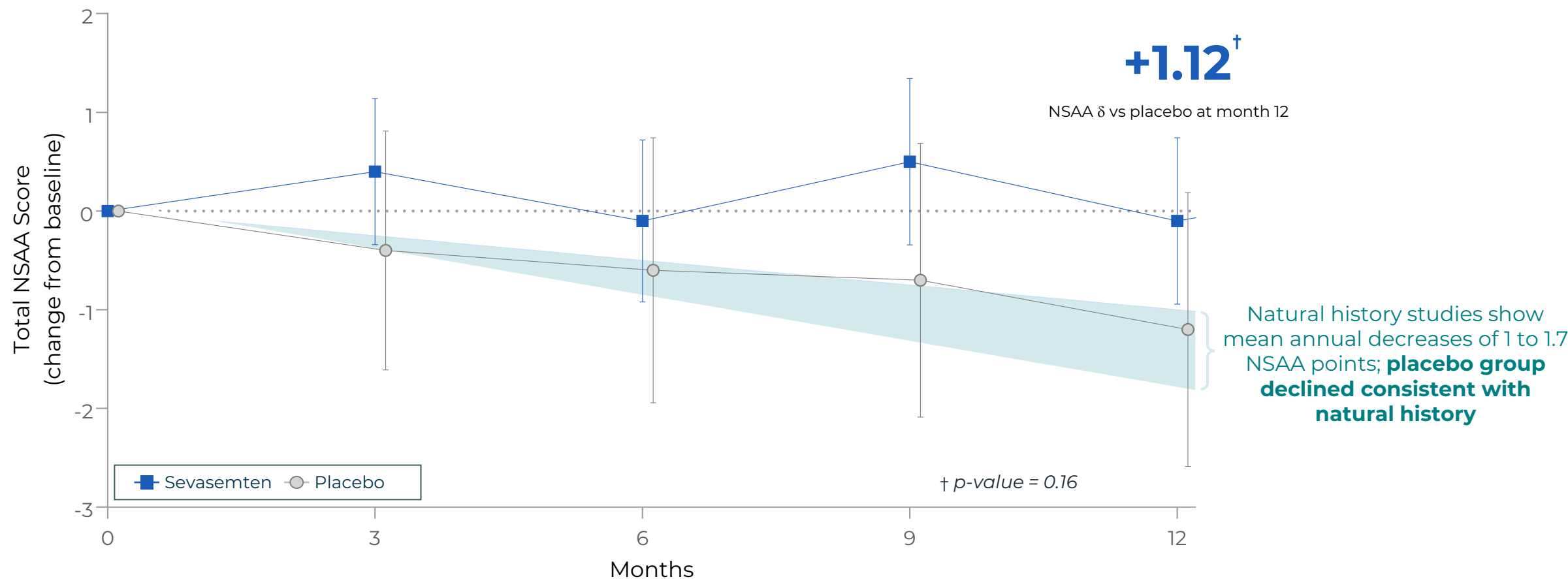
LS Means, LS Mean differences and 95% CI shown for Safety Population  
CK and TNNI2 values were log-transformed. LS (least squares) means, LS mean differences and CIs were back-transformed to percent scale; CFB, change from baseline; CK, creatine kinase; TNNI2, fast skeletal troponin I; NSAA, The North Star Ambulatory Assessment



# In CANYON, NSAA Remained Stable Over Time in Sevasemten Group; NSAA Between-Group Difference: **1.12**



NSAA Score Change from Baseline



Sevasemten: n=28

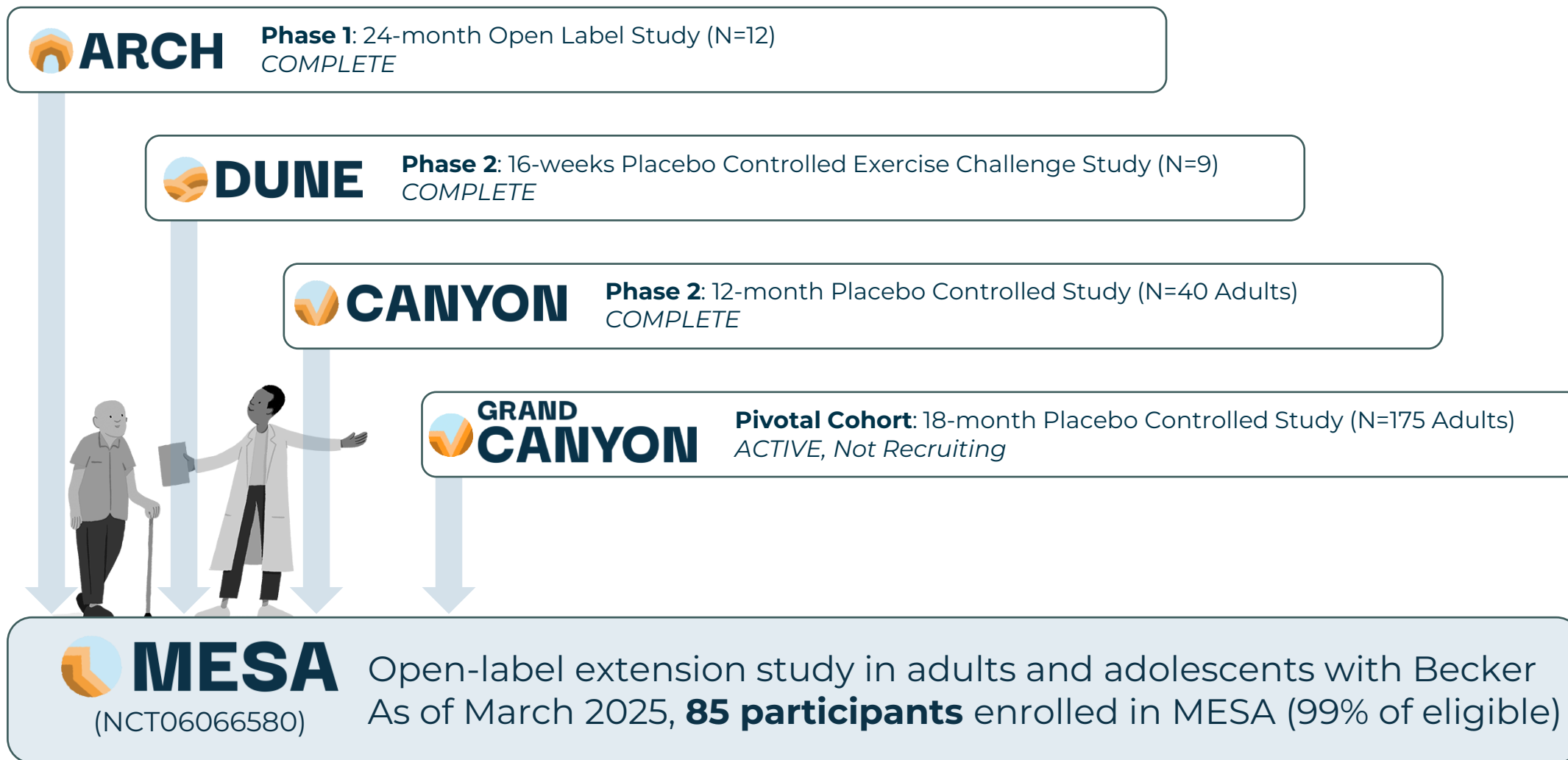
Initial Placebo: n=12

Sevasemten at Month 12: n=27

Placebo at Month 12: n=12

Through Month 12, LS Means and 95% CI shown for Safety Population  
Post-Month 12 timepoints, observed means and 95% CI are presented

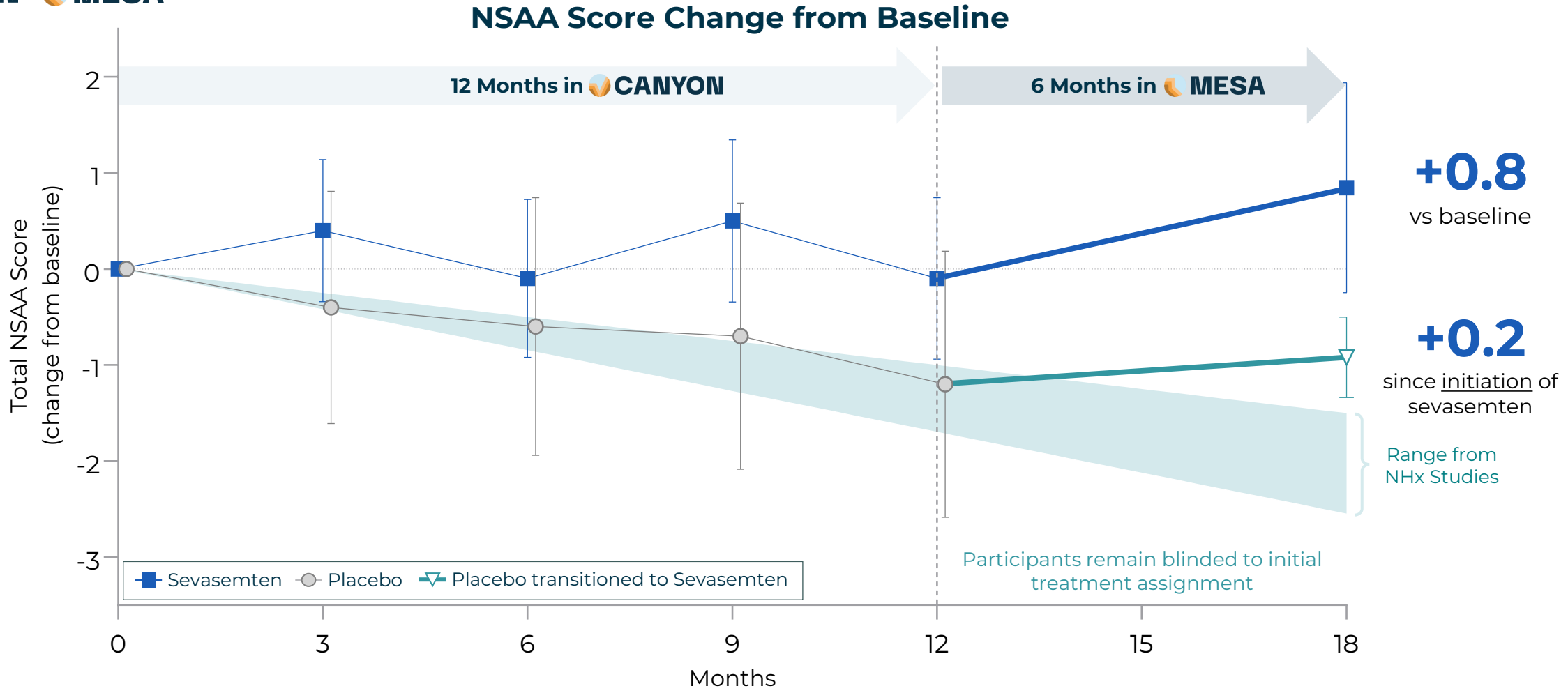
# Sevasemten Efficacy in Becker Continues to be Assessed in the MESA Open Label Study with 99% of Eligible Participants Currently Enrolled





# After Transitioning to MESA, CANYON Participants Showed an Increase in NSAA over 18 Months



Sevasemten (n=28)  
Initial Placebo (n=12)

26  
12

Through Month 12, LS Means and 95% CI shown for Safety Population  
Post-Month 12 timepoints, observed means and 95% CI are presented

# We Also Utilized a Prediction Model to Compare NSAA Changes in MESA Relative to Expected Natural History Declines

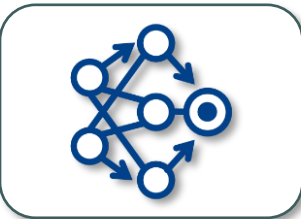
## 1. Input Data Set



- Leiden University Medical Center Becker natural history study
- Patient population: 24 male Becker participants
- Data cut-off date: Apr 2014 – Jul 2019
- Median follow-up: 37.2 months (range to 5 years)

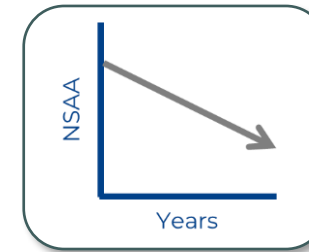


## 2. Predictive Model



- Baseline Predictors Applied:
  - Age
  - 4 Stair climb velocity
  - 10m walk/run velocity
  - Time to rise from floor
- Marginal  $R^2$ : 0.53
- Validated against mean values from publications

## 3. Prediction

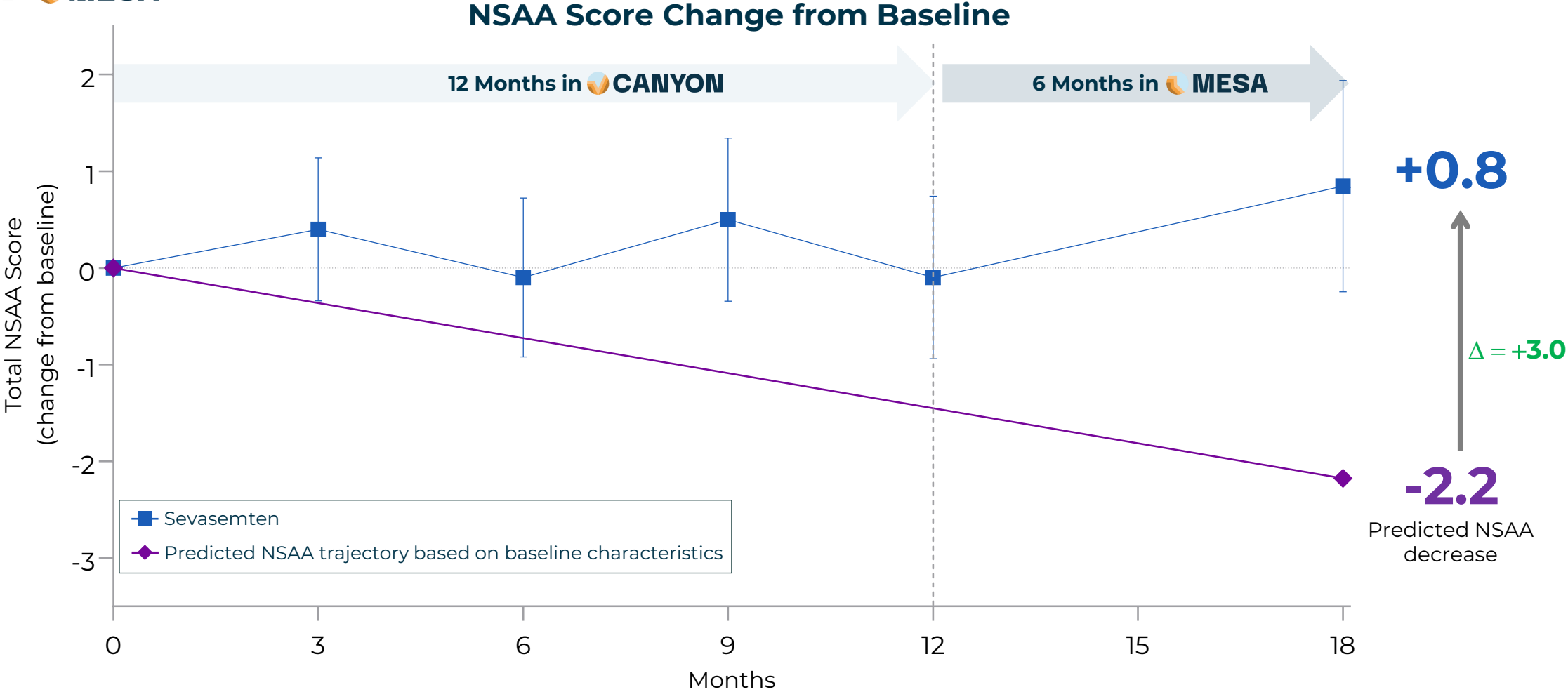


**Predicted, individualized NSAA trajectories for participants in ARCH and CANYON**



# CANYON Participants' NSAA Scores Diverge from Predicted Natural History; 92% Improved vs their Predicted Scores

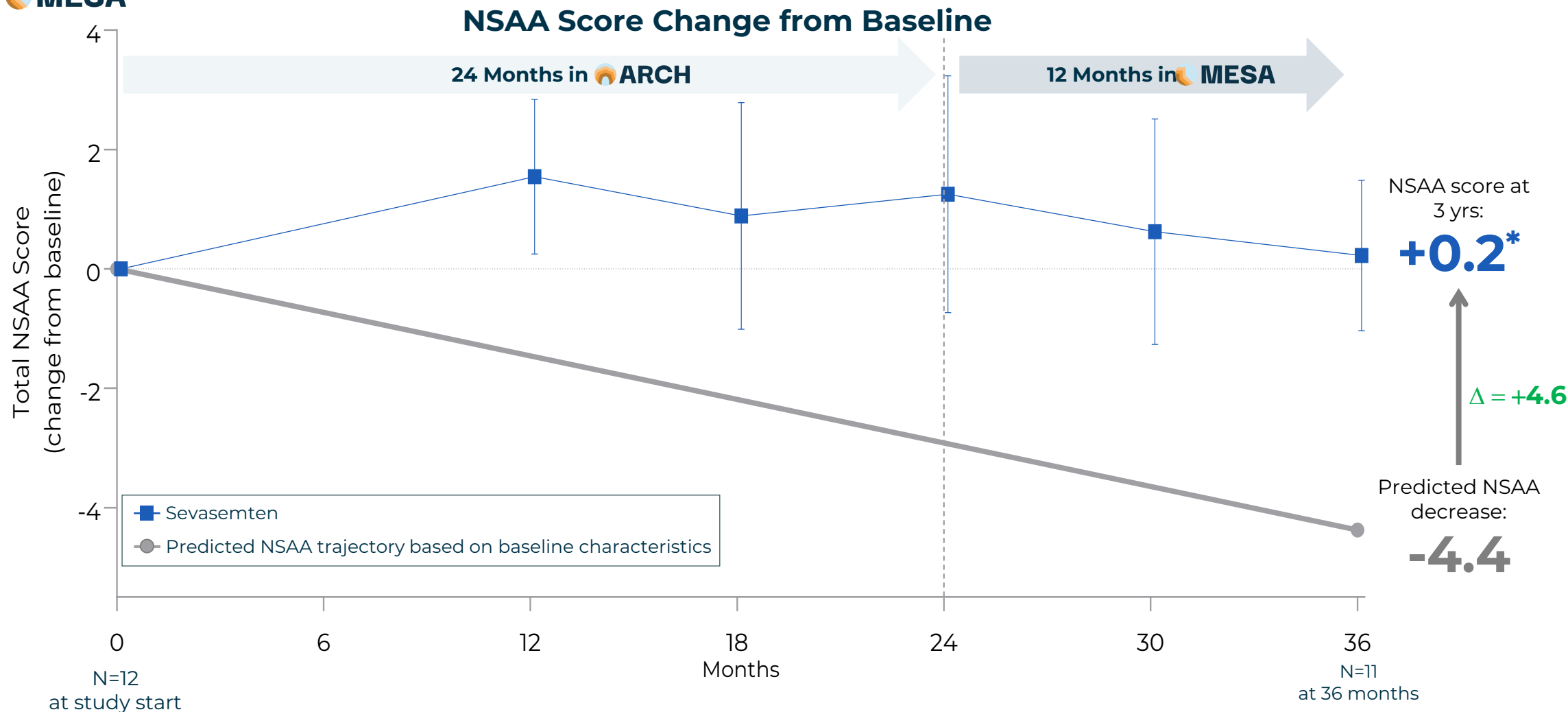


Through Month 12, LS Means and 95% CI shown for Safety Population  
Post-Month 12 timepoints, observed means and 95% CI are presented



# ARCH Participants Remained Stable After 3 Years vs a Predicted -4.4 Point NSAA Decline; 89% Achieved Higher NSAA Scores vs Predicted

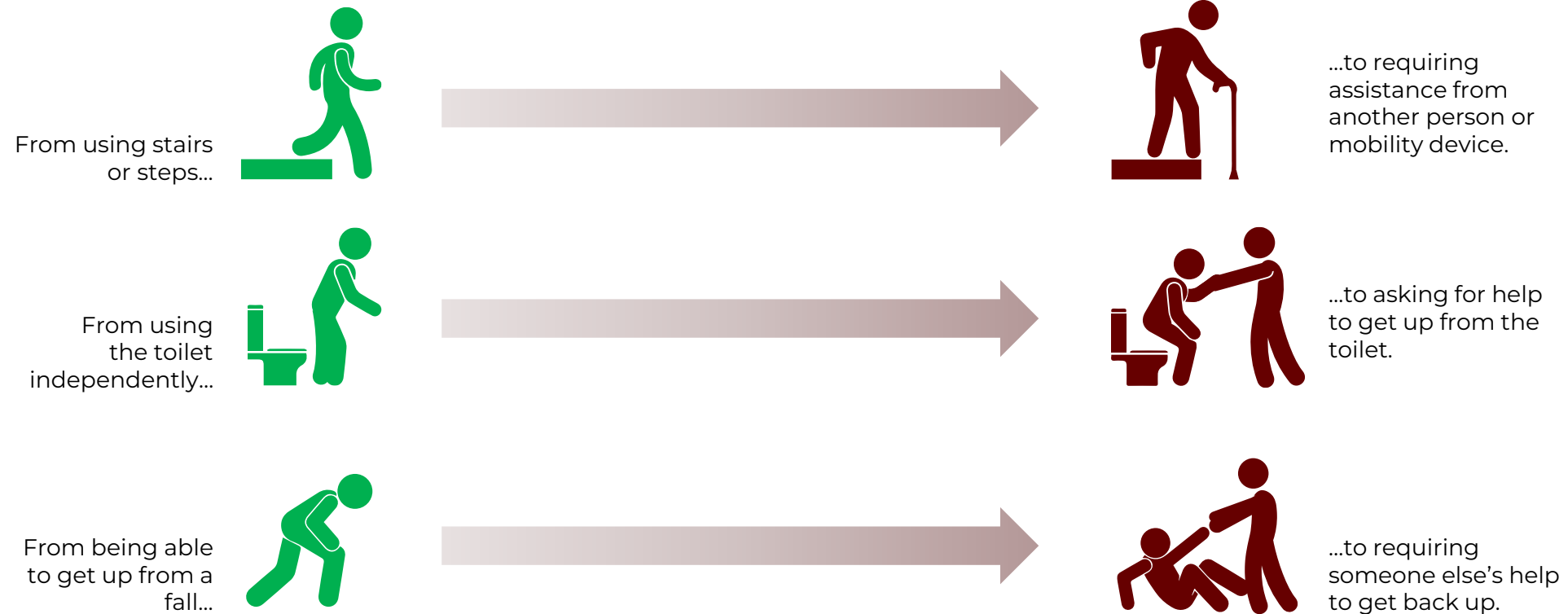
 ARCH →  MESA



\* Subject with meniscal tear at month 15 excluded from subsequent NSAA measures  
Means and 95% CI shown for Safety Population  
NHx comparators not available for time points earlier than 12 months

# A Clinician's Perspective on the Importance of NSAA Observations with Sevasemten in Becker

For individuals living with Becker, preserving function and preventing even a **1-Point NSAA decline** could look like:



# Successful Type C Meeting with the FDA Provided a Clear Path to Approval of Sevasemten as the First Ever Therapy for Becker

- For consideration of an accelerated approval, the FDA reviewed the 3-year ARCH/MESA and 18-month CANYON/MESA data on the backdrop of Becker natural history
- FDA deemed the CANYON data alone insufficient for an accelerated approval; they reiterated NSAA is a clinically meaningful endpoint for a traditional approval
- FDA encouraged Edgewise to continue to share MESA data and natural history prospective modeling ahead of the completion of GRAND CANYON
- FDA emphasized their support for GRAND CANYON and its potential as a single adequate well-controlled study to support marketing authorization
- Positioned to potentially shorten approval time via rolling submission through Fast Track and/or FDA's newly announced voucher program

## REGISTRATIONAL COHORT

### PRIMARY ENDPOINT

NSAA at  
18 months

### KEY INCLUSION CRITERIA

Adult individuals with  
Becker with NSAA 5-32,  
not taking corticosteroids

### ENROLLMENT

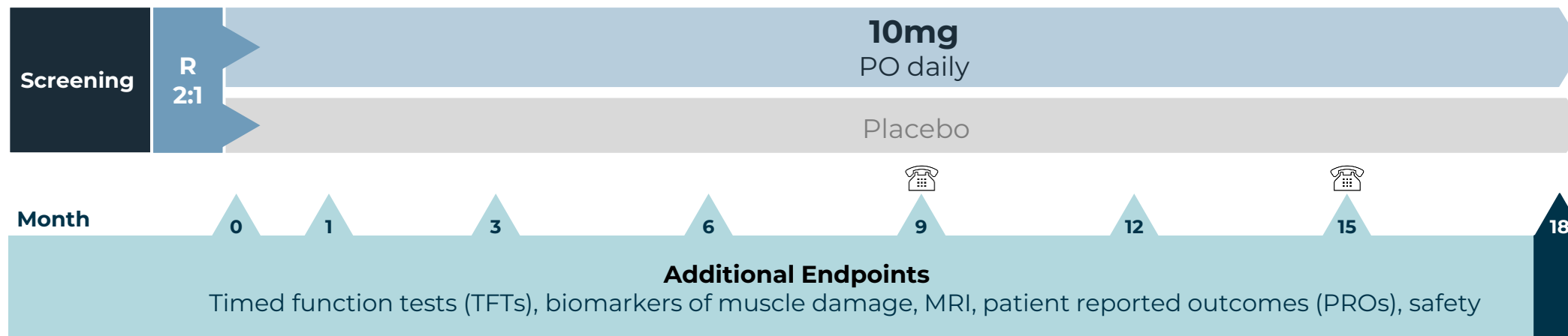
175

### POWERED AT

>98%

for observing a significant  
difference assuming a mean  
NSAA difference of 1.7 points over  
placebo at 18 months

## Study design - 18 months



# Tremendous Excitement from Physicians and Patients Around Data to Date and Potential Approval of Sevasemten as the First Therapy in Becker

## Clinical Outcomes

- ✓ **ARCH:** Long-term safety, reduced biomarkers of muscle damage and trends in improvement in function (NSAA) over 24 months
- ✓ **CANYON:** Well-tolerated, met primary endpoint (CK), showed stabilization of NSAA with trends toward improvement vs placebo over 12 months
- ✓ **ARCH/MESA and CANYON/MESA:** Continued positive trends in NSAA demonstrating sustained disease stabilization and a continued slowing of progression
- ✓ **GRAND CANYON** ongoing: Highly powered to show a statistically significant difference in NSAA versus placebo over 18 months

## Regulatory Path

- ✓ Rare disease population (~12K in 7MM) with no approved therapies
- ✓ Completed successful Type C meeting with FDA with clear path to approval

# The Duchenne Community Remains In Great Need of New Therapeutic Options

**~35,000**

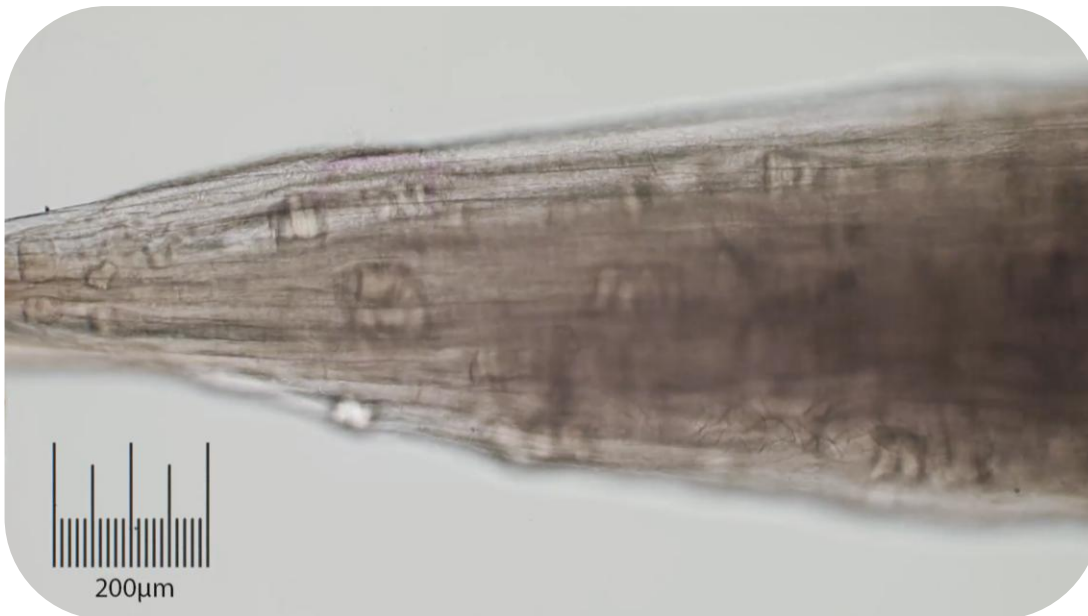
**BOYS WITH  
DUCHENNE IN  
US, EU-5 & JAPAN**

**SEVASEMTEN MUTATION AGNOSTIC MOA  
POTENTIAL FOUNDATIONAL THERAPY, ALONE  
OR IN COMBINATION, IN DUCHENNE**

**ONLY COMPANY RUNNING A  
TRIAL WITH BACKGROUND  
GENE THERAPY**

# Sevasemten Targets Fast Myosin to Protect Dystrophic Muscle Against Contraction-Induced Injury in an *mdx* Mouse Model of Duchenne

Contracting at 100% without sevasemten



In *mdx* mouse muscle, even a few contractions cause visible injury

Contracting at 85% with sevasemten



By minimally decreasing contraction, while preserving function, contraction-induced injury is prevented



## Duchenne Study Goals: Explore a Range of Doses to Assess Safety and Identify a Potentially Beneficial Dose for Phase 3

- Determine the target patient population, background therapy and primary endpoints for Phase 3 design
- Dose escalation paradigm: 3-month placebo-controlled period to evaluate biomarkers for dose selection, followed by open-label period
- The FDA recommended transitioning all subjects to the highest tolerated dose in the open label extension, after adequate safety review



Sevasemten in boys with Duchenne



# A 2-Part, Multi-Center, Randomized, Placebo-Controlled, Phase 2 Study of Sevasemten in Boys with Duchenne

## PRIMARY ENDPOINT

Safety after 24 months

## KEY INCLUSION CRITERIA

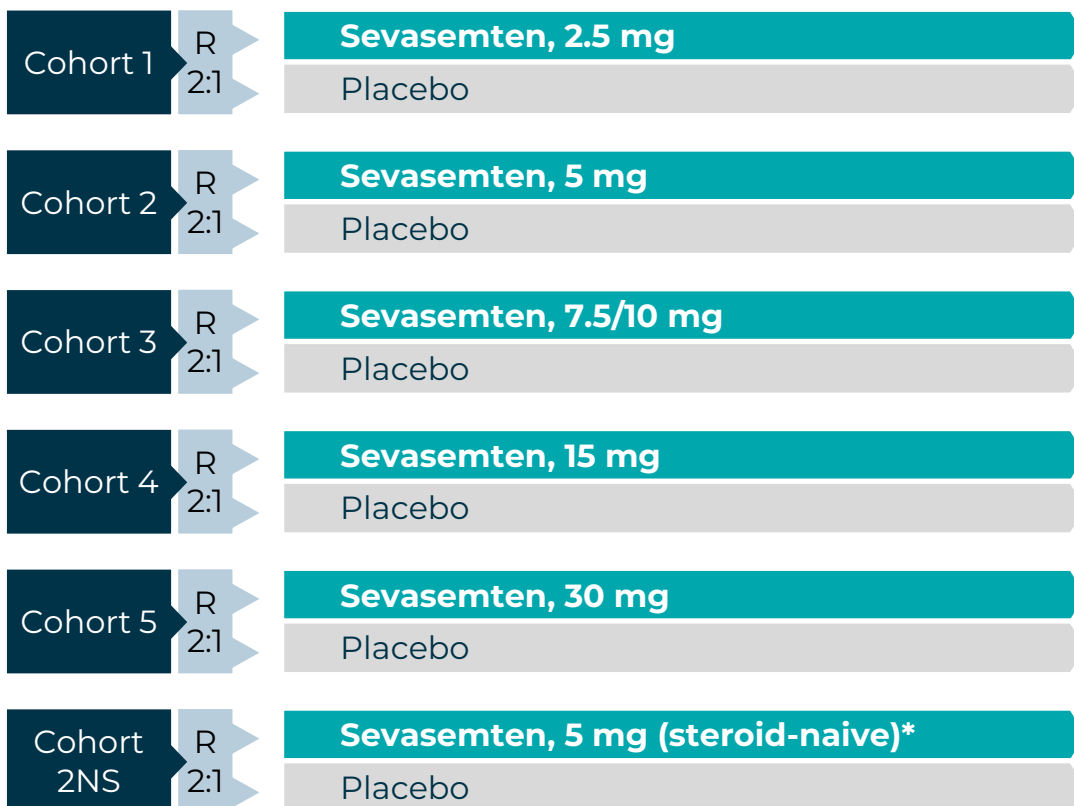
Aged 4-9, ambulatory, on stable dose steroids, <10 sec 4SC, <10 sec stand from supine

## ENROLLMENT

66

## PART A:

12-week placebo-controlled dose-escalation (sequentially enrolled)



Week

0

12

## Exploratory Endpoints

NSAA, 100-meter timed test, SV95C, timed function tests, PRO, and muscle strength testing

## PART B:

92-week OLE

Open-Label Extension with Dose Escalation

0

92

\*Age 4-7

Doses listed were the starting doses for each cohort; changes were made to dosing as the trial continued.

CK, creatine kinase; R, randomization; AE, adverse event; SAE, serious adverse event; NSAA, North Star Ambulatory Assessment

1. ClinicalTrials.gov. NCT05540860. <https://clinicaltrials.gov/ct2/show/NCT05540860>. 2. Data on File.



# Baseline Demographics of Participants Enrolled in LYNX; Mean Age of 7.5 Across All Study Cohorts

| Baseline Demographics*            | Cohorts 2 and 3 | All Cohorts |
|-----------------------------------|-----------------|-------------|
| Safety Population, N              | 23              | 66          |
| Age, years: Mean (SD)             | 7.7 (1.6)       | 7.5 (1.7)   |
| Total NSAA Score: Mean (SD)       | 27.0 (4.8)      | 24.8 (5.6)  |
| 4SC, seconds: Mean (SD)           | 2.9 (1.0)       | 3.6 (1.6)   |
| RFF seconds: Mean (SD)            | 3.7 (1.4)       | 4.2 (1.8)   |
| 10MWR, seconds: Mean (SD)         | 4.6 (0.8)       | 4.9 (1.1)   |
| SV95CC, meters/seconds: Mean (SD) | 1.8 (0.4)       | 1.8 (0.4)   |

\* 60/66 were on a stable steroid background; 9/66 participants were on an approved exon skipper

# Sevasemten was Well-Tolerated in Placebo-Controlled Period

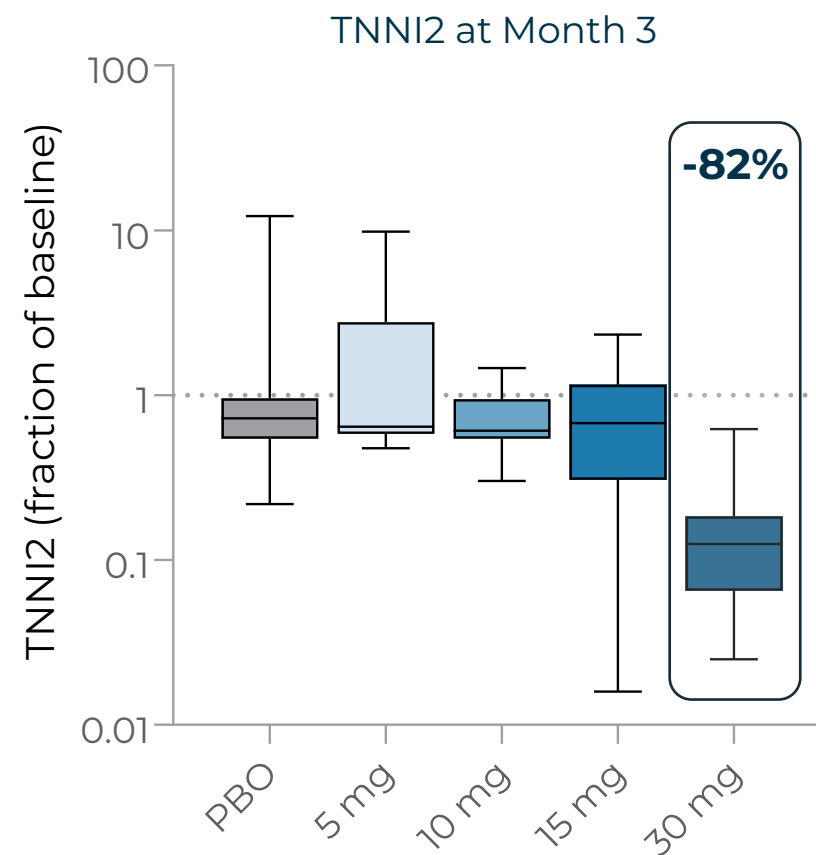
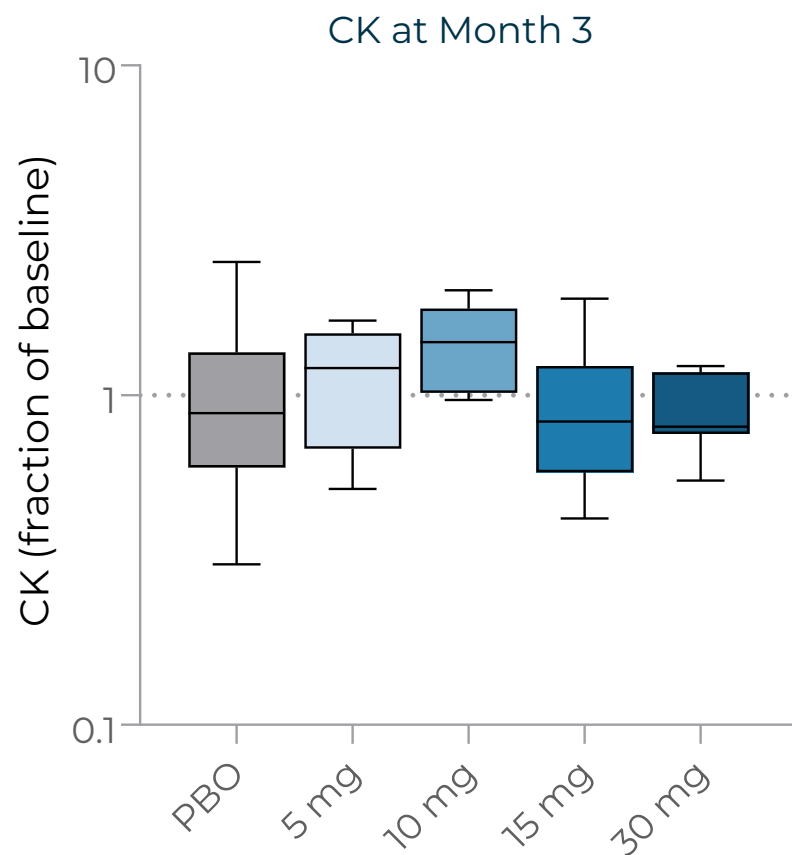
| System Organ Class/Preferred Term TEAEs Occurring in ≥5% of Total Active | Placebo (N=23) | Cohort 1 2.5 mg (N=7) | Cohort 2 5.0 mg (N=6) | Cohort 3 7.5/10.0 mg (N=8) | Cohort 4 15.0 mg (N=10) | Cohort 5 30.0 mg (N=8) | Cohort 2NS 5.0 mg (N=4) | Pooled Active (N=43) |
|--------------------------------------------------------------------------|----------------|-----------------------|-----------------------|----------------------------|-------------------------|------------------------|-------------------------|----------------------|
| <b>Any TEAE</b>                                                          | 16 (70%)       | 5 (71%)               | 4 (67%)               | 7 (88%)                    | 10 (100%)               | 8 (100%)               | 4 (100%)                | 38 (88%)             |
| <b>Gastrointestinal disorders</b>                                        |                |                       |                       |                            |                         |                        |                         |                      |
| Vomiting                                                                 | 3 (13%)        | 0                     | 2 (33%)               | 3 (38%)                    | 2 (20%)                 | 2 (25%)                | 1 (25%)                 | 10 (23%)             |
| <b>General disorders and administration site conditions</b>              |                |                       |                       |                            |                         |                        |                         |                      |
| Fatigue                                                                  | 6 (26%)        | 1 (14%)               | 0                     | 1 (13%)                    | 3 (30%)                 | 3 (38%)                | 1 (25%)                 | 9 (21%)              |
| <b>Infections and infestations</b>                                       |                |                       |                       |                            |                         |                        |                         |                      |
| Nasopharyngitis                                                          | 0              | 2 (29%)               | 0                     | 0                          | 2 (20%)                 | 0                      | 2 (50%)                 | 6 (14%)              |
| Viral upper respiratory tract infection                                  | 2 (9%)         | 0                     | 0                     | 0                          | 3 (30.0%)               | 0                      | 0                       | 3 (7%)               |
| <b>Injury, poisoning and procedural complications</b>                    |                |                       |                       |                            |                         |                        |                         |                      |
| Fall                                                                     | 2 (9%)         | 2 (29%)               | 0                     | 0                          | 1 (10%)                 | 1 (13%)                | 1 (25%)                 | 5 (12%)              |
| <b>Musculoskeletal and connective tissue disorders</b>                   |                |                       |                       |                            |                         |                        |                         |                      |
| Muscle spasms                                                            | 0              | 1 (14%)               | 0                     | 0                          | 2 (20%)                 | 0                      | 0                       | 3 (7%)               |
| <b>Nervous system disorders</b>                                          |                |                       |                       |                            |                         |                        |                         |                      |
| Dizziness                                                                | 3 (13%)        | 0                     | 0                     | 1 (13%)                    | 3 (30%)                 | 4 (50.%)               | 0                       | 8 (19%)              |
| Headache                                                                 | 6 (26%)        | 1 (14%)               | 0                     | 0                          | 2 (20%)                 | 0                      | 0                       | 3 (7%)               |
| Somnolence                                                               | 0              | 1 (14%)               | 0                     | 0                          | 1 (10%)                 | 3 (38%)                | 0                       | 5 (12%)              |
| <b>Respiratory, thoracic and mediastinal disorders</b>                   |                |                       |                       |                            |                         |                        |                         |                      |
| Cough                                                                    | 6 (26%)        | 0                     | 0                     | 0                          | 1 (10%)                 | 2 (25%)                | 0                       | 3 (7%)               |

- Safety profile similar in open-label period

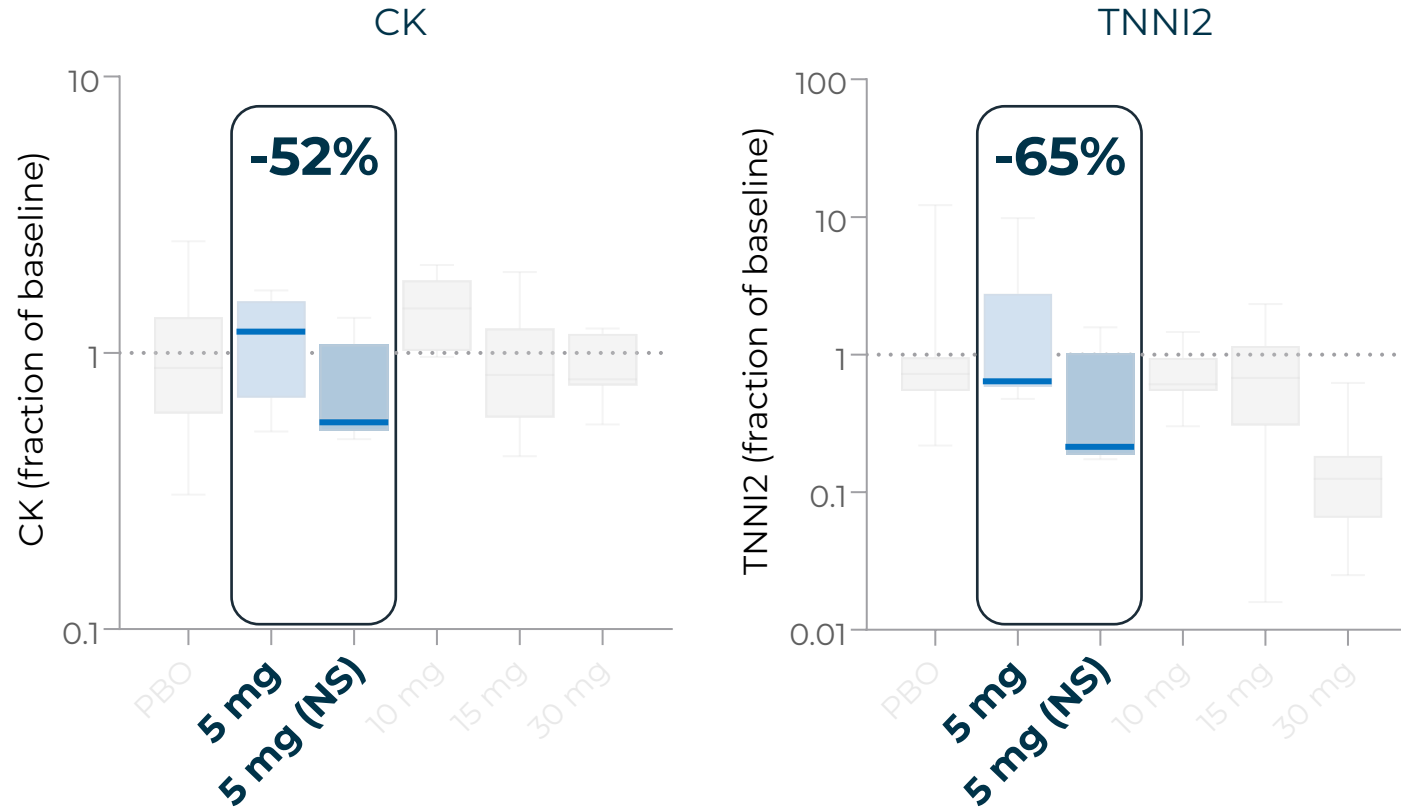


# Duchenne Dose Selection Initially Focused on Biomarker Changes at 3 Months...

## Biomarker Changes Not Observed Until the 30 mg Cohort in Patients on a Stable Steroid Background



## ...but, in Duchenne, Interpretation of CK and TNNI2 Changes Appears to be Confounded by Steroids



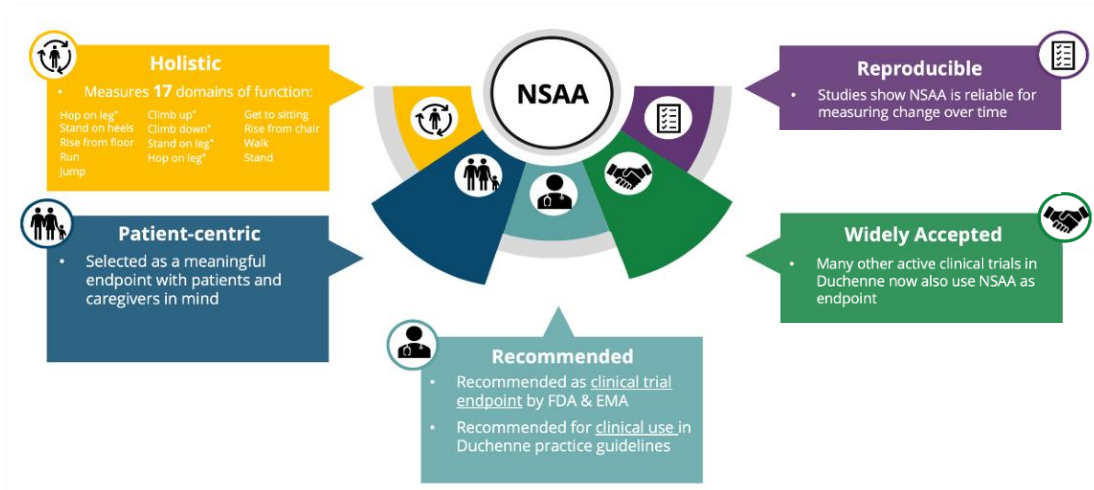
- CK and TNNI2 drops in the **steroid-naïve (NS)** 5 mg cohort at 3 months opens the possibility that steroid use masks sevasemten's effect on biomarkers
- Of note, in **Becker participants not on steroids**, we observed **significant decreases** in CK and TNNI2 with sevasemten treatment

**Shifting to Functional Measures Serves as a More Relevant Determinant of Dose**

# With Multiple Functional Tools Available for Duchenne Studies, SV95C May Serve as a More Sensitive Measure vs the Traditional NSAA

## The North Star Ambulatory Assessment (NSAA)

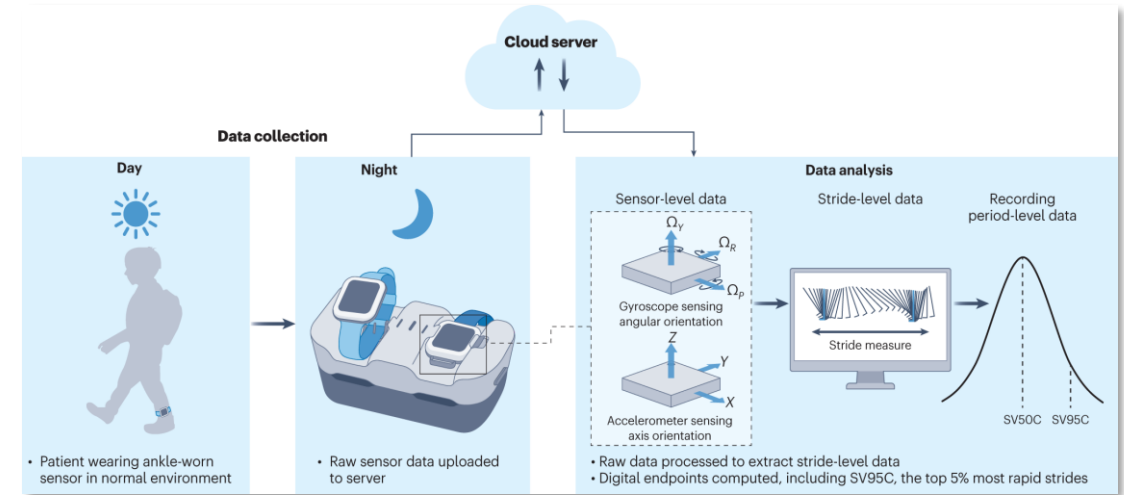
- Scoring across 17 activities
- Single time point, in person, PT and patient dependency
- Well-established tool used in DMD clinical trials to measure physical performance of everyday activities in ambulatory boys
- Recognized primary or secondary outcome measure



VS.

## Stride Velocity 95th Centile (SV95C)

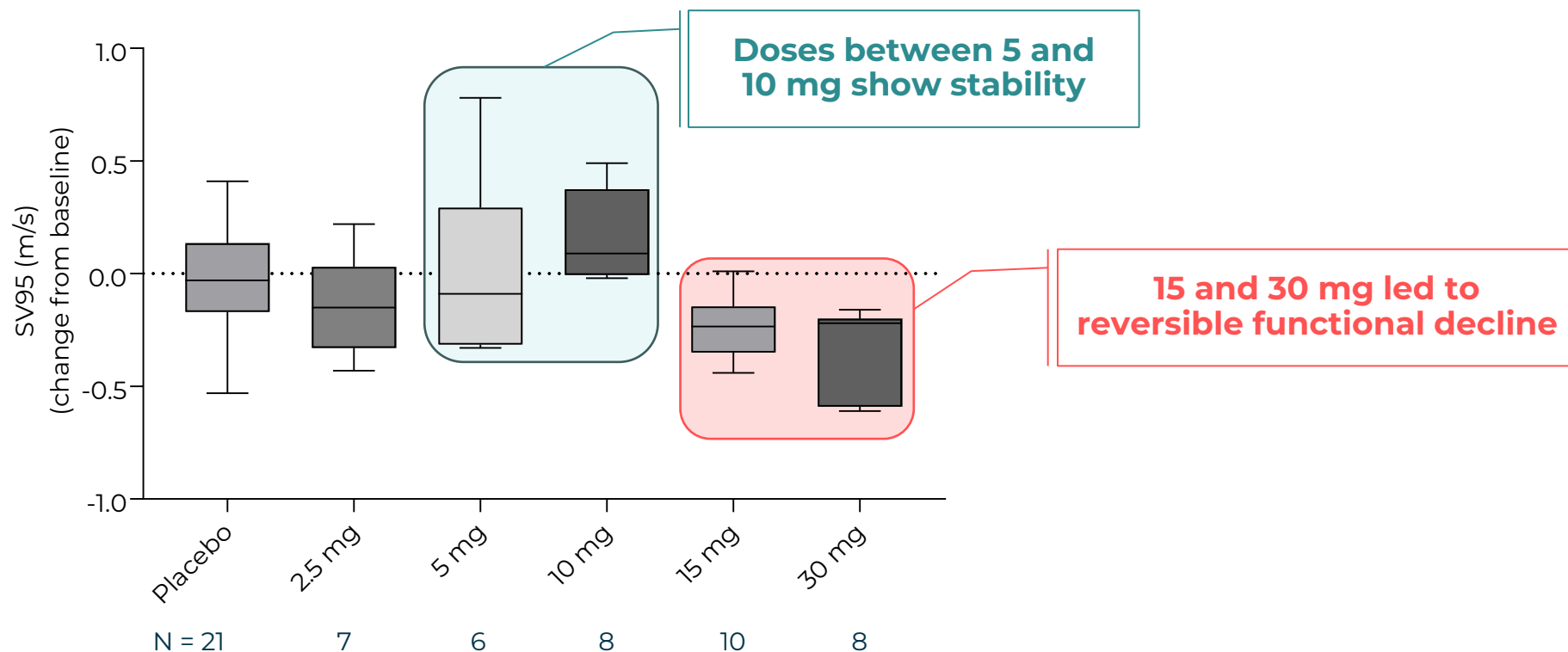
- Digital clinical outcome assessment tool
- Measures peak ambulatory performance continuously over 3 weeks recording over 100 hours of activity of daily living
- Well-established tool used in DMD clinical trials, qualified by EMA as a primary endpoint
- Allows assessment with limited numbers in each dose cohort



**SV95C emerging as preferred and more sensitive tool in Duchenne as it measures changes over extended periods in the real world, avoiding single day variability**

# Over Initial 3 Months of Sevasemten Dosing, SV95C Was Dose Responsive

SV95C Observations After 3 months of Sevasemten Dosing

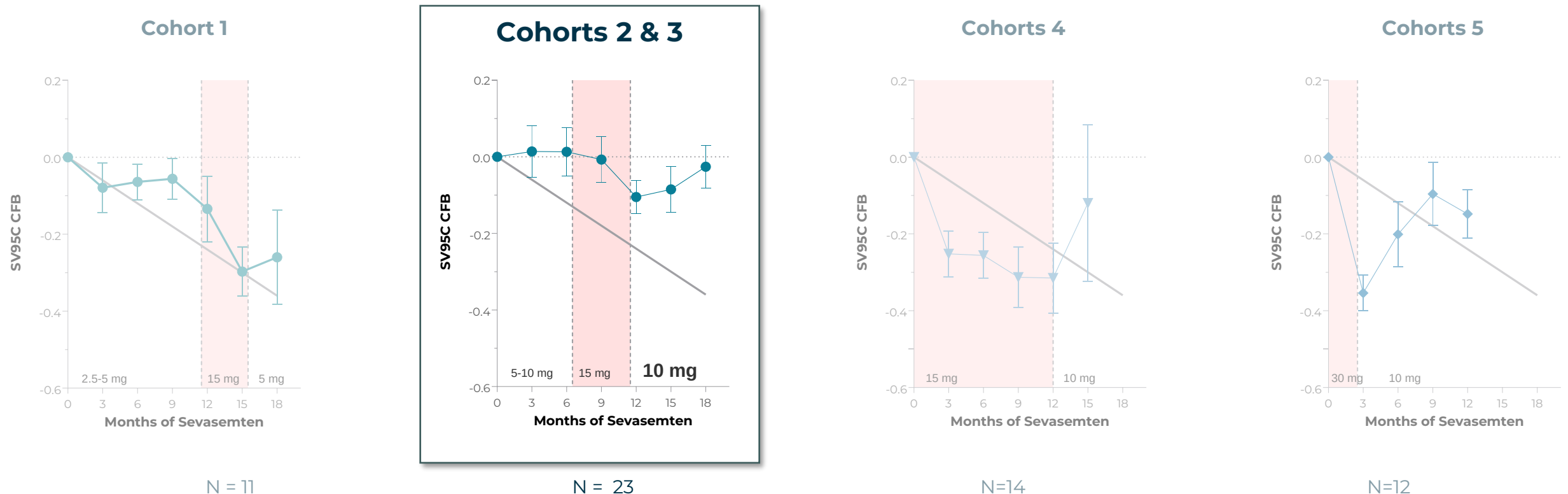


**These observations formed the basis to move all LYNX cohorts to either 5 or 10 mg to explore long-term functional benefits**



# The Sevasemten 10 mg Dose Shows Preservation of Function Over 18 Months, Demonstrating a Deviation from Natural History

## SV95C Changes Following Extended Sevasemten Dosing Across All Cohorts



15 mg or 30 mg dosing period Expected decline from Natural History

Mean (95% CI); Day 0 is first dose of sevasemten

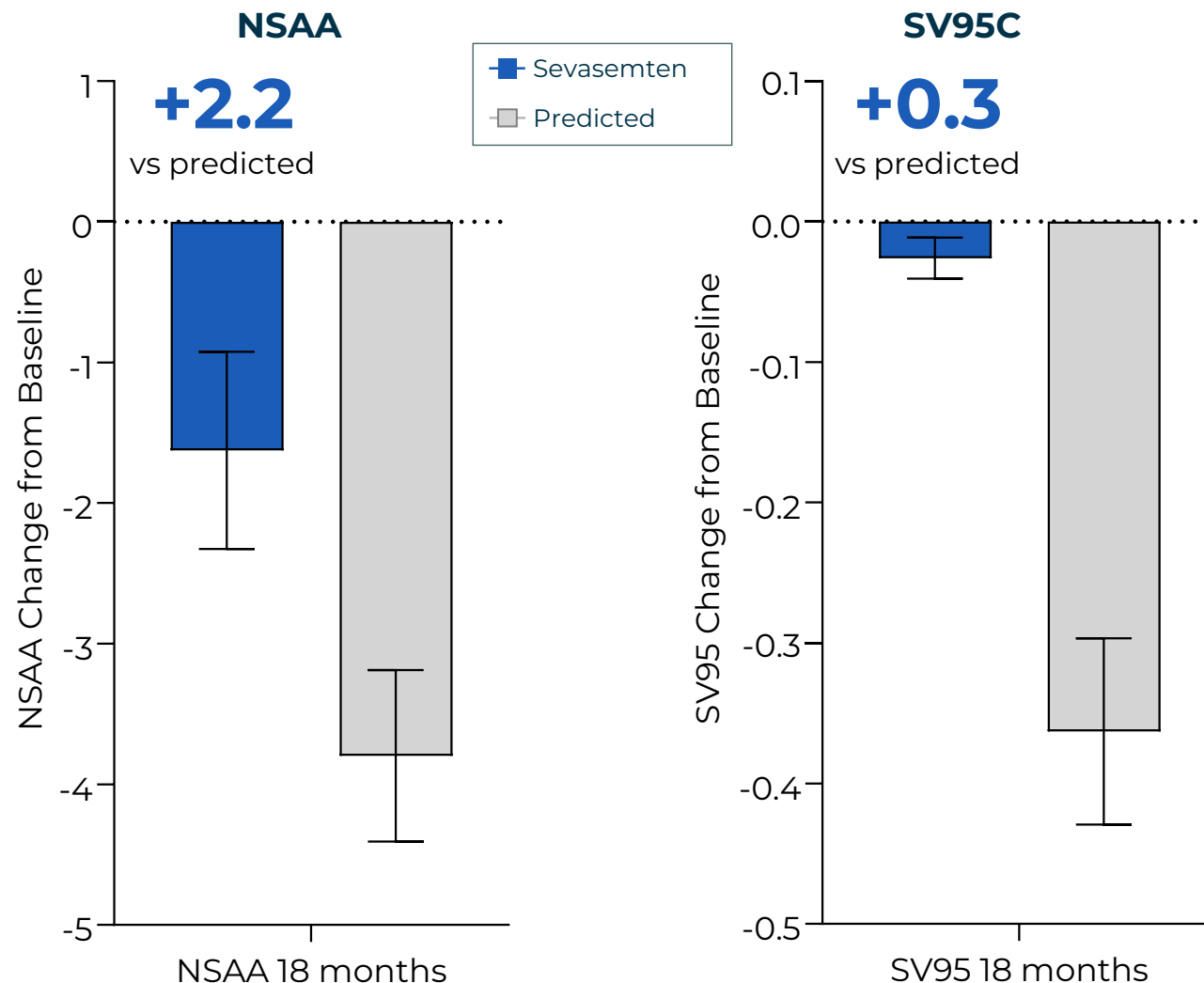
01MAY2025 interim data

# Impressive Functional Outcomes Across NSAA and SV95C Following 18 Months Sevasemten Treatment (Cohorts 2 and 3)

- Sevasemten meaningfully reduced the rate of NSAA decline
- SV95C remained stable after 18 months
- 4SC also remained stable throughout the 18 months with mean change from baseline of 0.5 seconds

## Comparing to Natural History

- **NSAA:** multivariate regression model provided in Muntoni 2022, based on baseline functional measures, age, height and weight
- **SV95C:** based on data in EMA qualification assessment



# NSAA is Significantly Improved Compared to Predicted Decline, Independent of Baseline NSAA or Age

| Cohort*                   | Observed   | Predicted  | Difference<br>(Obs. – Pred.) |         |
|---------------------------|------------|------------|------------------------------|---------|
|                           | Mean (SD)  | Mean (SD)  | Mean (SD)                    | p-value |
| Cohort 2 & 3 LOCF         | -1.5 (2.7) | -4.0 (2.5) | <b>+2.5 (2.6)</b>            | 0.0007  |
| Baseline NSAA < 25 LOCF   | -1.3 (1.5) | -4.3 (3.5) | <b>+3.0 (2.9)</b>            | 0.0557  |
| Baseline NSAA ≥ 25 LOCF   | -1.6 (3.2) | -3.9 (2.0) | <b>+2.3 (2.6)</b>            | 0.0088  |
| Age at Screening < 7 LOCF | -0.7 (2.2) | -3.3 (2.6) | <b>+2.6 (3.4)</b>            | 0.0915  |
| Age at Screening ≥ 7 LOCF | -2.0 (3.0) | -4.5 (2.4) | <b>+2.5 (2.1)</b>            | 0.0029  |

Note: Predicted change from Baseline values derived via DMD Prediction Model (Muntoni F, et. al., *Neuromuscul Disord.*, 2022 Apr;32(4):271-283. doi: 10.1016/j.nmd.2022.02.009).

P-values based on t-test

\* Results for Observed Case (vs LOCF) analyses are similar



Sevasemten in children and adolescents with Duchenne  
previously treated with gene therapy



# A 2-Part, Multi-Center, Randomized, Placebo-Controlled, Phase 2 Study in Duchenne Boys Post-Gene Therapy

## PRIMARY ENDPOINT

Safety after 24 months

## KEY INCLUSION CRITERIA

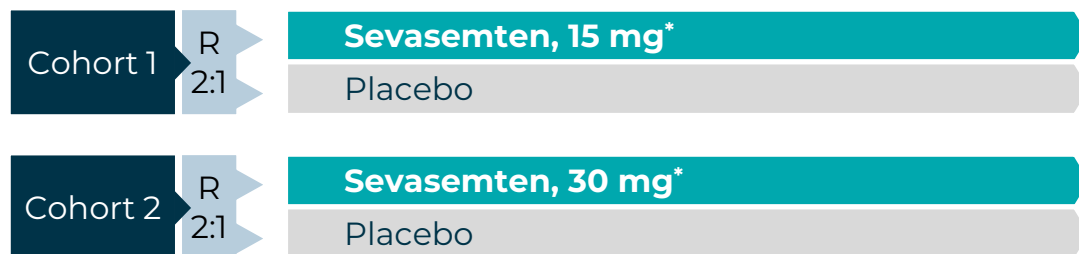
Ambulatory, age 6-14, previously treated with gene therapy (>2 yrs after study drug admin), stable dose of steroids

## ENROLLMENT

32

## PART A:

12-week placebo-controlled



Week

0

12

## Exploratory Endpoints

NSAA, 100-meter timed test, SV95C%, timed function tests, PRO, and muscle strength testing

\* Cohorts 2 and 3 were dosed down to 10 mg during Part A

## PART B:

40-week OLE

Open-Label Extension  
(all moved to 10 mg)

0

40

## Gene Therapy Background of Participants (average 4 years out at study start)



Doses listed are starting doses. As trial continued, doses changed.  
R, randomization; AE, adverse event; SAE, serious adverse event

1. ClinicalTrials.gov. NCT06100887. <https://clinicaltrials.gov/ct2/show/NCT06100887>. 2. Data on file.



# FOX Participants are an Average 11 Years Old and 4 Years Out from Receiving a Gene Therapy

| Baseline Demographics*           | Cohort 1<br>15 mg | Cohort 2<br>30 to 10 mg | Prior ELEVIDYS |
|----------------------------------|-------------------|-------------------------|----------------|
| Safety Population, N             | 17                | 15                      | 21             |
| Age, years: Mean (SD)            | 10.6 (1.7)        | 11.3 (1.8)              | 10.4 (1.7)     |
| Total NSAA Score: Mean (SD)      | 23.5 (4.5)        | 25.3 (4.4)              | 25.2 (4.1)     |
| 4SC, seconds: Mean (SD)          | 3.3 (0.7)         | 2.8 (1.1)               | 3.1 (1.0)      |
| RFF seconds: Mean (SD)           | 5.1 (2.3)         | 4.6 (1.6)               | 4.4 (1.6)      |
| 10MWR, seconds: Mean (SD)        | 5.2 (1.1)         | 5.0 (1.3)               | 4.9 (1.2)      |
| SV95C, meters/seconds: Mean (SD) | 1.5 (0.4)         | 1.6 (0.4)               | 1.6 (0.4)      |

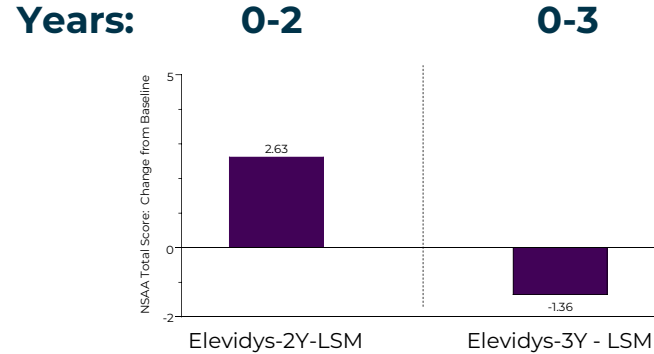
Most participants received delandistrogene moxeparvovec (ELEVIDYS)

# Sevasemten Safety During Placebo-Controlled Period

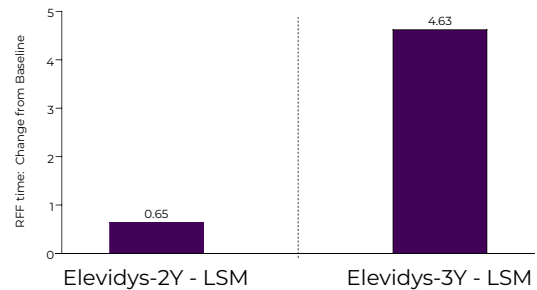
| System Organ Class/Preferred Term<br>≥5% in Pooled Sevasemten | Placebo<br>(N=11) | Sevasemten<br>15 mg<br>(N=11) | Sevasemten<br>30 mg<br>(N=10) | Pooled<br>Sevasemten<br>(N=21) |
|---------------------------------------------------------------|-------------------|-------------------------------|-------------------------------|--------------------------------|
| <b>Any TEAE</b>                                               | 8 (73%)           | 9 (82%)                       | 9 (90%)                       | 18 (86%)                       |
| <b>Gastrointestinal disorders</b>                             |                   |                               |                               |                                |
| Diarrhea                                                      | 1 (9%)            | 1 (9%)                        | 1 (10.0%)                     | 2 (10%)                        |
| Nausea                                                        | 0                 | 0                             | 3 (30%)                       | 3 (14%)                        |
| Vomiting                                                      | 1 (9%)            | 0                             | 4 (40%)                       | 4 (19%)                        |
| <b>Infections and infestations</b>                            |                   |                               |                               |                                |
| Otitis externa                                                | 0                 | 0                             | 2 (20%)                       | 2 (10%)                        |
| <b>Injury, poisoning and procedural complications</b>         |                   |                               |                               |                                |
| Fall                                                          | 0                 | 2 (18%)                       | 3 (30%)                       | 5 (24%)                        |
| <b>Musculoskeletal and connective tissue disorders</b>        |                   |                               |                               |                                |
| Muscular weakness                                             | 0                 | 2 (18%)                       | 3 (30%)                       | 5 (24%)                        |
| <b>Nervous system disorders</b>                               |                   |                               |                               |                                |
| Dizziness                                                     | 0                 | 3 (27%)                       | 5 (50%)                       | 8 (38%)                        |
| Headache                                                      | 2 (18%)           | 1 (9%)                        | 3 (30%)                       | 4 (19%)                        |
| Somnolence                                                    | 0                 | 1 (9%)                        | 3 (30%)                       | 4 (19%)                        |

Prior to 6 months of treatment, all participants were dose reduced to 10 mg, which was well-tolerated

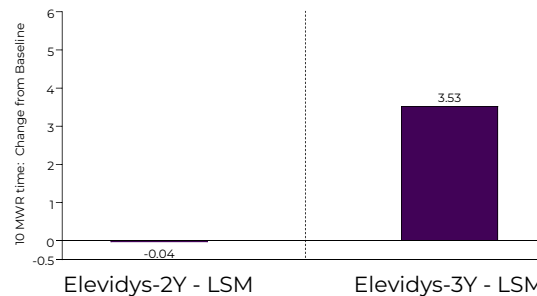
# Natural History of DMD Disease Progression Following Gene Therapy Treatment is Limited



ELEVIDYS NSAA rate of decline:  
**-4.0 points**



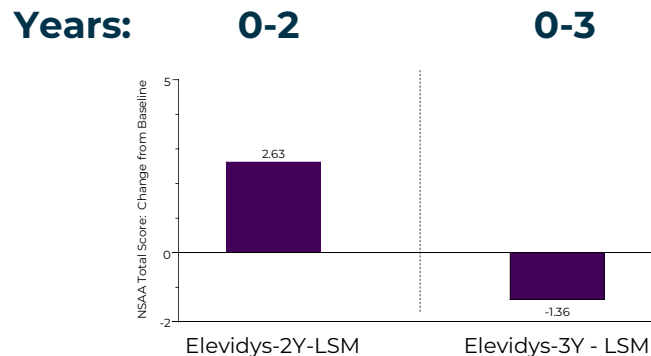
ELEVIDYS change in RFF:  
**+4.0 seconds**



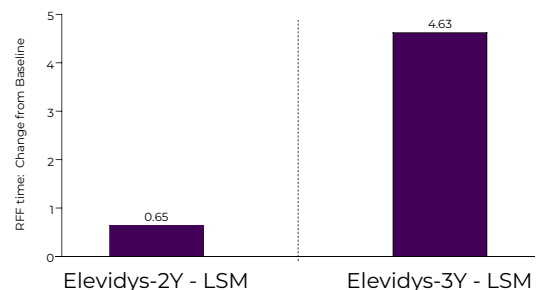
ELEVIDYS change in 10MWR time:  
**+3.6 seconds**

- **Publicly available data with ELEVIDYS disclosed in two posters**
  - Similar patient demographics comparing year 2 to year 3 functional data
  - Boys 8 years at start of 2–3-year interval
- **FOX participants**
  - 4 to 5 years post gene therapy
  - Boys average >10 years old at start of sevasemten treatment
  - NHx of older DMD patients (non-GTX treated) show more rapid decline with age

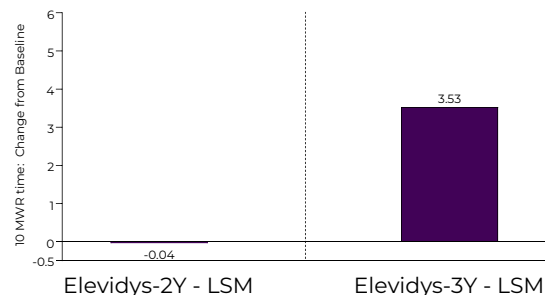
# ELEVIDYS Natural History Data Provides Perspective on Observed Functional Changes with Sevasemten in FOX



ELEVIDYS NSAAS rate of decline:  
**-4.0 points**



ELEVIDYS change in RFF:  
**+4.0 seconds**



ELEVIDYS change in 10MWR time:  
**+3.6 seconds**

**Treated with ELEVIDYS ~4-5 years Prior**

**Sevasemten** mean NSAAS rate of decline:  
**-2.4 points**

**Sevasemten** median change in RFF:  
**+0.7 seconds**

**Sevasemten** median change in 10MWR time:  
**+0.8 second**



# Considerations for Sevasemten Phase 3 as a Foundational Therapy in Duchenne

- **Continue open-label dosing**
- **Phase 3 design considerations**
  - Functional observations in LYNX and FOX support the 10 mg dose
  - Population PK model to determine if dose adjustment needed in younger boys
  - Explore primary and secondary endpoint selection with regulatory agencies
  - Weigh background therapy inclusion against evolving therapeutic landscape

**We plan to discuss the Duchenne Phase 3 design  
with the FDA in 4Q25**

# Edgewise Upcoming Value-Generating Milestones

H1 2025

H2 2025

2026

## Muscular Dystrophy

Sevasemten

Duchenne



P2 LYNX & FOX  
Controlled dose-ranging data



CANYON FDA feedback  
Path to Sevasemten Approval

Becker



GRAND CANYON  
Recruitment complete

P3 trial initiation

GRAND CANYON results

## Cardiac

Hypertrophic  
Cardiomyopathy



P2 CIRRUS-HCM 28-day  
EDG-7500 initial readout  
in oHCM & nHCM

P2 CIRRUS-HCM 12-week  
EDG-7500 initial readout  
in oHCM & nHCM

EDG-7500 P3 initiation  
oHCM & nHCM

Heart Failure &  
Cardiometabolic

EDG-CV candidate  
IND in Heart Failure

Cardiometabolic  
Candidate  
*In vivo* POC

EDG-CV P2 Data  
NHV/Heart Failure



# Edgewise: Well-Capitalized to Execute Important Milestones Across Both Sevasemten and EDG-7500

CASH, CASH EQUIVALENTS &  
MARKETABLE SECURITIES\*

~\$624M

DEBT

\$0

COMMON SHARES OUTSTANDING  
(NASDAQ: EWTX)

~105M

CASH RUNWAY THROUGH 2028\*

\*Pro forma cash, including cash, cash, equivalence and marketable securities as of March 31, 2025



# Thank You