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**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

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**Form 8-K**

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**CURRENT REPORT**  
Pursuant to Section 13 or 15(d)  
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): May 12, 2022

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**WAVE LIFE SCIENCES LTD.**

(Exact name of registrant as specified in its charter)

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**Singapore**  
(State or other jurisdiction  
of incorporation)

**001-37627**  
(Commission  
File Number)

**00-0000000**  
(IRS Employer  
Identification No.)

**7 Straits View #12-00, Marina One  
East Tower  
Singapore**  
(Address of principal executive offices)

**018936**  
(Zip Code)

Registrant's telephone number, including area code: +65 6236 3388

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Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading symbol	Name of each exchange on which registered
<b>\$0 Par Value Ordinary Shares</b>	<b>WVE</b>	<b>The Nasdaq Global Market</b>

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**Item 2.02 Results of Operations and Financial Condition.**

On May 12, 2022, Wave Life Sciences Ltd. (the “Company”) announced its financial results for the quarter ended March 31, 2022. The full text of the press release issued in connection with the announcement is furnished as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated by reference herein.

**Item 7.01 Regulation FD Disclosure.**

From time to time, the Company presents and/or distributes slides and presentations to the investment community to provide updates and summaries of its business. On May 12, 2022, the Company updated its corporate presentation, which is available on the “For Investors & Media” section of the Company’s website at <http://ir.wavelifesciences.com/>. This presentation is also furnished as Exhibit 99.2 to this Current Report on Form 8-K.

*The information in these Items 2.02 and 7.01 are being furnished and shall not be deemed “filed” for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or otherwise subject to the liabilities of that Section, nor shall they be deemed incorporated by reference into any registration statement or other filing under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.*

**Item 9.01 Financial Statements and Exhibits.**

(d) Exhibits

The following exhibits relating to Items 2.02 and 7.01 are furnished and not filed:

<b>Exhibit No.</b>	<b>Description</b>
99.1	<a href="#">Press Release issued by Wave Life Sciences Ltd. dated May 12, 2022</a>
99.2	<a href="#">Corporate Presentation of Wave Life Sciences Ltd. dated May 12, 2022</a>
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**WAVE LIFE SCIENCES LTD.**

By: /s/ Paul B. Bolno, M.D.  
Paul B. Bolno, M.D.  
President and Chief Executive Officer

Date: May 12, 2022



### Wave Life Sciences Reports First Quarter 2022 Financial Results and Provides Business Update

*Delivered first clinical data demonstrating target engagement and translation of PN chemistry's impact in clinic; Adapting ongoing Phase 1b/2a FOCUS-C9 clinical trial to optimize dose level and frequency, with additional single and multidose data expected throughout 2022*

*Clinical data also expected in 2022 from Huntington's disease (WVE-003) and Duchenne muscular dystrophy (WVE-N531) trials*

*Robust preclinical datasets for first-in-class AATD program demonstrate restoration of levels of AAT relevant for potential lung protection and reduction of liver-damaging aggregates with GalNAc AIMers; IND enabling toxicology studies for lead AATD candidate on-track to initiate in 3Q 2022*

*Wave to host investor conference call and webcast at 8:30 a.m. ET today*

**CAMBRIDGE, Mass., May 12, 2022** – Wave Life Sciences Ltd. (Nasdaq: WVE), a clinical-stage genetic medicines company committed to delivering life-changing treatments for people battling devastating diseases, today announced financial results for the first quarter ended March 31, 2022 and provided a business update.

“Thus far in 2022, Wave has achieved several important milestones, with the highlight being our first clinical data demonstrating successful target engagement with WVE-004 in the ongoing FOCUS-C9 clinical trial for C9-ALS and C9-FTD. We observed potent and durable reductions of the poly(GP) biomarker with low single doses of WVE-004, demonstrating that our preclinical data for PN-containing oligonucleotides are beginning to translate in the clinic,” said Paul Bolno, MD, MBA, President and Chief Executive Officer of Wave Life Sciences. “These initial results are compelling and reinforce the potential of our unique oligonucleotide platform and our expectation to see the advantages of PN chemistry manifest in our other pipeline programs. We also continue to rapidly advance our WVE-003 program for HD and WVE-N531 program for DMD towards initial data updates later this year. We are also pleased with the recognition we are receiving with our endogenous RNA editing modality, which is being highlighted through scientific presentations and our recent Nature Biotechnology publication. Alpha-1 antitrypsin deficiency (AATD) is uniquely suited for an RNA editing therapeutic, and our AATD program is rapidly advancing towards clinical development with IND enabling studies on track to initiate in the third quarter of this year.”

#### Recent Pipeline and Business Highlights

##### **Announced first clinical data from ongoing FOCUS-C9 trial of WVE-004 for C9-ALS and C9-FTD demonstrating potent and durable target engagement with low, single doses**

- In April 2022, Wave announced a positive update to its ongoing FOCUS-C9 trial of WVE-004 (stereopure, PN-modified silencing oligonucleotide) for C9orf72-associated amyotrophic lateral sclerosis (C9-ALS) and frontotemporal dementia (C9-FTD). The update was driven by the observation of potent and durable reductions of poly(GP) dipeptide repeat proteins in cerebrospinal fluid (CSF), a C9-ALS/C9-FTD disease biomarker that, when reduced in CSF, indicates WVE-004's engagement of target in the brain and spinal cord. Based on the poly(GP) reduction data, the observation period for single dose cohorts is being extended and additional

patients are being enrolled into the trial to further characterize depth of knockdown, durability and longer-term safety profile. Wave plans to share this recently announced clinical data in an oral presentation at the upcoming European Network to Cure ALS (ENCALS) Meeting in Edinburgh, Scotland, which is taking place June 1 – 3, 2022.

- FOCUS-C9 ([NCT04931862](#)) is an adaptive trial that was designed to rapidly optimize dose level and frequency based on early indicators of target engagement. WVE-004 is designed to selectively target transcript variants containing a hexanucleotide repeat expansion (G<sub>4</sub>C<sub>2</sub>) associated with the C9orf72 gene for the treatment of C9-ALS and C9-FTD, thereby reducing pathological mRNA products and toxic DPR proteins, including poly(GP). Planning is underway to initiate an open-label extension (OLE) clinical trial in mid-2022.

#### **Continued to advance clinical trials evaluating WVE-003 targeting SNP3 for Huntington’s disease (HD) and WVE-N531 for Duchenne muscular dystrophy (DMD) amenable to exon 53 skipping**

- WVE-003 for HD (PN-modified silencing oligonucleotide) is being evaluated in the ongoing, adaptive, double-blind Phase 1b/2a SELECT-HD ([NCT05032196](#)) clinical trial. WVE-003 is designed to selectively target the mutant allele of the huntingtin (mHTT) gene, while leaving the wild-type (healthy) HTT (wtHTT) protein relatively intact.
- WVE-N531 for DMD (PN-modified splicing oligonucleotide) is being evaluated in an open-label, intra-patient dose escalation ([NCT04906460](#)) clinical trial. Dose escalation is ongoing and being guided by tolerability and plasma PK, with possible cohort expansion informed by an assessment of drug distribution in muscle and biomarkers, including dystrophin, following multiple doses of WVE-N531.

#### **Presented preclinical AIMer data for AATD program supporting the potential for a novel, first-in-class, subcutaneous therapeutic to address both lung and liver manifestations of disease**

- In March 2022, preclinical data for Wave’s Alpha-1 antitrypsin deficiency (AATD) AIMer program demonstrating restoration of functional AAT protein and reduction of liver aggregates in a transgenic mouse model was shared in a Featured Session at the 7<sup>th</sup> Annual Oligonucleotide & Precision Therapeutics (OPT) Congress. At 19 weeks, GalNAc-conjugated SERPINA1 AIMers resulted in approximately 60% RNA editing of SERPINA1 transcript and circulating serum AAT levels (18.5 uM) in AIMer administered mice that were approximately 5-fold greater than PBS-administered controls.
- Today, May 12, 2022, at the TIDES USA: Oligonucleotide & Peptide Therapeutics Conference, Wave is presenting additional preclinical data that confirmed restored AAT protein in serum was functional at week 19, as measured by a 3-fold increase in neutrophil elastase inhibition over placebo control. A histological analysis indicated reduction of liver aggregates in a transgenic mouse model at 19 weeks with AIMers. Wave will also share these data in an oral presentation at the American Society of Gene and Cell Therapy (ASGCT) 25<sup>th</sup> Annual Meeting taking place May 16 – 19, 2022 in Washington, D.C.

#### **Scientific publications highlight breadth and potential of Wave’s therapeutic oligonucleotide platform, including novel PN-chemistry and RNA editing modality**

- In March 2022, preclinical proof-of-concept data for Wave’s novel ADAR-mediated RNA base editing modality was published in the journal *Nature Biotechnology* – the first scientific publication to report that RNA base editing in NHPs can be achieved with a simplified oligonucleotide approach. Data reported include an *in vivo* study where Wave’s GalNAc-conjugated A-to-I(G) RNA base editing oligonucleotides (“AIMers”) yielded up to 50% editing of ACTB (Beta-actin) transcript in the liver of non-human primates (NHPs), with editing levels persisting as high as 40% for more than one month.
- In February 2022, two papers were published in the journal *Nucleic Acids Research* (NAR) that reported a multitude of preclinical *in vitro* and *in vivo* studies demonstrating the incorporation of PN backbone chemistry modifications (PN chemistry) in stereopure silencing oligonucleotides ([publication link](#)) and stereopure splicing oligonucleotides ([publication link](#)) significantly improves potency, distribution, and durability of effect.
- Wave has published a total of eight peer-reviewed papers thus far in 2022.

## Key Anticipated 2022 Milestones

### WVE-004 for C9-ALS and C9-FTD:

- Additional single and multidose clinical data for WVE-004 expected throughout 2022. Wave expects to use these data to optimize WVE-004 dose level and frequency, as well as to enable discussions with regulatory authorities regarding the next phase of development later in 2022.
- Planning underway to initiate an open-label extension (OLE) clinical trial in mid-2022.

### WVE-003 for HD:

- Clinical data expected in 2022 for WVE-003 to provide further insight into the clinical effects of PN chemistry and enable decision-making for this program.

### WVE-N531 for DMD:

- Clinical data, including muscle biopsies, expected in 2022 for WVE-N531 to provide further insight into the clinical effects of PN chemistry and enable decision-making for this program.

### AIMer GalNAc-conjugated program for AATD:

- Wave expects to select an AATD AIMer development candidate and initiate IND-enabling toxicology studies in the third quarter of 2022.

## First Quarter 2022 Financial Results and Financial Guidance

Wave reported a net loss of \$37.8 million in the first quarter of 2022, as compared to \$42.5 million in the same period in 2021.

Wave recorded revenue of \$1.8 million for the first quarter of 2022, primarily under the Takeda Collaboration. Wave did not record any revenue under the Takeda Collaboration in the first quarter of 2021.

Research and development expenses were \$27.5 million in the first quarter of 2022 as compared to \$33.4 million in the same period in 2021. The decrease in research and development expenses in the first quarter was primarily due to decreased external expenses related to our previously disclosed discontinued PRECISION-HD programs, partially offset by increased internal and external expenses related to PRISM, including ADAR editing, and other ongoing programs.

General and administrative expenses were \$12.4 million in the first quarter of 2022 as compared to \$10.1 million in the same period in 2021. The increase in general and administrative expenses in the first quarter of 2022 was primarily due to increases in compensation-related expenses, as well as increases in professional services expenses and other general and administrative operating expenses.

As of March 31, 2022, Wave had \$111.7 million in cash, cash equivalents and short-term investments. As of December 31, 2021, Wave had \$150.6 million in cash and cash equivalents. This decrease was mainly due to Wave's year-to-date net loss of \$37.8 million.

Wave expects that its existing cash, cash equivalents and short-term investments will enable the company to fund its operating and capital expenditure requirements into the second quarter of 2023.

## Investor Conference Call and Webcast

Wave management will host an investor conference call today at 8:30 a.m. ET to discuss the company's first quarter 2022 financial results and provide a business update. The conference call may be accessed by dialing (866) 220-8068 (domestic) or (470) 495-9153 (international) and entering conference ID: 092347. The live webcast may be accessed from the Investor Relations section of the Wave Life Sciences corporate website at [ir.wavelifesciences.com](http://ir.wavelifesciences.com). Following the webcast, a replay will be available on the website.

## About the FOCUS-C9 Clinical Trial

The FOCUS-C9 trial is an ongoing, global, multicenter, randomized, double-blind, placebo-controlled Phase 1b/2a clinical trial to assess the safety and tolerability of single- and multiple-ascending intrathecal doses of WVE-004 for people with C9-ALS and/or C9-FTD. Additional objectives include measurement of poly(GP) DPR proteins in the cerebrospinal fluid (CSF), plasma and CSF pharmacokinetics (PK), and exploratory biomarkers and clinical outcomes. The FOCUS-C9 trial is designed to be adaptive, with dose escalation and dosing frequency being guided by an independent committee.

In an initial data analysis, reductions in poly(GP) were observed across all active treatment groups (10 mg, n=2 patients; 30 mg, n=4 patients; 60 mg, n=3 patients), reaching statistical significance versus placebo (n=3 patients) after single 30 mg doses, with a 34% reduction in poly(GP) at day 85 (p=0.011). At the time of analysis, none of the patients dosed with 60 mg had reached day 85. As the poly(GP) reduction in the 30 mg single dose cohort does not appear to have plateaued, Wave will extend the observation period from approximately three months (85 days) to approximately six months to identify the maximum reduction of poly(GP) and duration of effect of low single doses. Based on the durability and potency observed in the 30 mg cohort, FOCUS-C9 has been adapted to include additional patients receiving 20 mg and 30 mg single doses of WVE-004. Adverse events (AEs) were balanced across treatment groups, including placebo, and were mostly mild to moderate in intensity. Four patients (including one on placebo) experienced severe and/or serious adverse events; three were reported by the investigators to be related to ALS or administration, and one was reported by the investigator to be related to study drug. There were no treatment-associated elevations in CSF white blood cell counts or protein and no other notable laboratory abnormalities were observed.

Support for FOCUS-C9 is provided by the Alzheimer's Drug Discovery Foundation.

#### **About Amyotrophic Lateral Sclerosis and Frontotemporal Dementia**

Amyotrophic lateral sclerosis (ALS) is a fatal neurodegenerative disease in which the progressive degeneration of motor neurons in the brain and spinal cord leads to the inability to initiate or control muscle movement. People with ALS may lose the ability to speak, eat, move and breathe. ALS affects as many as 20,000 people in the United States.

Frontotemporal dementia (FTD) is a fatal neurodegenerative disease in which progressive nerve cell loss in the brain's frontal lobes and temporal lobes leads to personality and behavioral changes, as well as the gradual impairment of language skills. It is the second most common form of early-onset dementia after Alzheimer's disease in people under the age of 65. FTD affects as many as 70,000 people in the United States.

A hexanucleotide repeat expansion (G4C2) is the most common known genetic cause of the sporadic and inherited forms of ALS and FTD. The expansion leads to production of modified sense and antisense transcripts that can form nuclear RNA foci and encode dipeptide protein repeats (DPRs), which are believed to drive disease pathology. Additionally, the G4C2 expansion can decrease expression of C9orf72 protein, affecting regulation of neuronal function and the immune system.

In the United States, mutations of the C9orf72 gene are present in approximately 40% of familial ALS cases and ~8-10% of sporadic ALS cases. In FTD, the mutations appear in 38% of familial cases and 6% of sporadic cases.

#### **About Huntington's Disease**

Huntington's disease (HD) is a debilitating and ultimately fatal autosomal dominant neurological disorder, characterized by cognitive decline, psychiatric illness, and chorea. HD causes nerve cells in the brain to deteriorate over time, affecting thinking ability, emotions, and movement. HD is caused by an expanded cytosine-adenine-guanine (CAG) triplet repeat in the huntingtin (HTT) gene that results in production of mutant HTT (mHTT) protein. Accumulation of mHTT causes progressive loss of neurons in the brain. Wild-type, or healthy, HTT (wtHTT) protein is critical for neuronal function and suppression may have detrimental long-term consequences. Approximately 30,000 people in the United States have symptomatic HD and more than 200,000 others are at risk for developing the disease. There are currently no approved disease-modifying therapies available.

#### **About Duchenne Muscular Dystrophy**

Duchenne muscular dystrophy (DMD) is a fatal X-linked genetic neuromuscular disorder caused predominantly by out-of-frame deletions in the dystrophin gene, resulting in absent or defective dystrophin protein. Dystrophin protein is needed for normal muscle maintenance and operation. Because of the genetic mutations in DMD, the body cannot produce functional dystrophin, which results in progressive and irreversible loss of muscle function, including the heart

and lungs. Worldwide, DMD affects approximately one in 5,000 newborn boys. Approximately 8%-10% of DMD patients have mutations amenable to treatment with an exon 53 skipping therapy. Exon skipping aims to address the underlying cause of DMD by promoting the production of dystrophin protein to stabilize or slow disease progression

#### **About PRISM™**

PRISM is Wave Life Sciences' proprietary discovery and drug development platform that enables genetically defined diseases to be targeted with stereopure oligonucleotides across multiple therapeutic modalities, including silencing, splicing and editing. PRISM combines the company's unique ability to construct stereopure oligonucleotides with a deep understanding of how the interplay among oligonucleotide sequence, chemistry and backbone stereochemistry impacts key pharmacological properties. By exploring these interactions through iterative analysis of *in vitro* and *in vivo* outcomes and machine learning-driven predictive modeling, the company continues to define design principles that are deployed across programs to rapidly develop and manufacture clinical candidates that meet pre-defined product profiles.

#### **About Wave Life Sciences**

Wave Life Sciences (Nasdaq: WVE) is a clinical-stage genetic medicines company committed to delivering life-changing treatments for people battling devastating diseases. Wave aspires to develop best-in-class medicines across multiple therapeutic modalities using PRISM, the company's proprietary discovery and drug development platform that enables the precise design, optimization, and production of stereopure oligonucleotides. Driven by a resolute sense of urgency, the Wave team is targeting a broad range of genetically defined diseases so that patients and families may realize a brighter future. To find out more, please visit [www.wavelifesciences.com](http://www.wavelifesciences.com) and follow Wave on Twitter [@WaveLifeSci](https://twitter.com/WaveLifeSci).

#### **Forward-Looking Statements**

This press release contains forward-looking statements concerning our goals, beliefs, expectations, strategies, objectives and plans, and other statements that are not necessarily based on historical facts, including statements regarding the following, among others: the anticipated initiation, site activation, patient recruitment, patient enrollment, dosing, generation of data and completion of our adaptive clinical trials, and the announcement of such events; the protocol, design and endpoints of our ongoing and planned clinical trials; the future performance and results of our programs in clinical trials; future preclinical activities and programs; regulatory submissions; the progress and potential benefits of our collaborations with partners; the potential of our preclinical data to predict the behavior of our compounds in humans; our identification and expected timing of future product candidates and their therapeutic potential; the anticipated therapeutic benefits of our potential therapies compared to others; our ability to design compounds using multiple modalities and the anticipated benefits of that model; the potential benefits of PRISM, including our novel PN backbone chemistry modifications, and our stereopure oligonucleotides compared with stereorandom oligonucleotides; the potential benefits of our novel ADAR-mediated RNA editing platform capabilities, including our AIMers, compared to others; anticipated benefits of our proprietary manufacturing processes and our internal manufacturing capabilities; the benefit of nucleic acid therapeutics generally; the strength of our intellectual property; our assumptions based on our balance sheet and the anticipated duration of our cash runway; our intended uses of capital; and our expectations regarding the impact of the COVID-19 pandemic on our business. Actual results may differ materially from those indicated by these forward-looking statements as a result of various important factors, including the following: our ability to finance our drug discovery and development efforts and to raise additional capital when needed; the ability of our preclinical programs to produce data sufficient to support our clinical trial applications and the timing thereof; the clinical results of our programs and the timing thereof, which may not support further development of product candidates; actions of regulatory agencies, which may affect the initiation, timing and progress of clinical trials, including their receptiveness to our adaptive trial designs; our effectiveness in managing future clinical trials and regulatory interactions; the effectiveness of PRISM, including our novel PN backbone chemistry modifications; the effectiveness of our novel ADAR-mediated RNA editing platform capability and our AIMers; the continued development and acceptance of oligonucleotides as a class of medicines; our ability to demonstrate the therapeutic benefits of our candidates in clinical trials, including our ability to develop candidates across multiple therapeutic modalities; our dependence on third parties, including contract research organizations, contract manufacturing organizations, collaborators and partners; our ability to manufacture or contract with third parties to manufacture drug material to support our programs and growth; our ability to obtain, maintain and protect our intellectual property; our ability to enforce our



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patents against infringers and defend our patent portfolio against challenges from third parties; competition from others developing therapies for similar indications; our ability to maintain the company infrastructure and personnel needed to achieve our goals; the severity and duration of the COVID-19 pandemic and variants thereof, and its negative impact on the conduct of, and the timing of enrollment, completion and reporting with respect to our clinical trials; and any other impacts on our business as a result of or related to the COVID-19 pandemic, as well as the information under the caption “Risk Factors” contained in our most recent Annual Report on Form 10-K filed with the Securities and Exchange Commission (SEC) and in other filings we make with the SEC from time to time. We undertake no obligation to update the information contained in this press release to reflect subsequently occurring events or circumstances.

**WAVE LIFE SCIENCES LTD.**  
**UNAUDITED CONSOLIDATED BALANCE SHEETS**

*(In thousands, except share amounts)*

	<u>March 31, 2022</u>	<u>December 31, 2021</u>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 61,713	\$ 150,564
Short-term investments	50,000	—
Prepaid expenses	6,940	6,584
Other current assets	5,730	5,416
Total current assets	<u>124,383</u>	<u>162,564</u>
Long-term assets:		
Property and equipment, net	21,046	22,266
Operating lease right-of-use assets	17,594	18,378
Restricted cash	3,651	3,651
Other assets	685	148
Total long-term assets	<u>42,976</u>	<u>44,443</u>
Total assets	<u>\$ 167,359</u>	<u>\$ 207,007</u>
<b>Liabilities, Series A preferred shares and shareholders' equity (deficit)</b>		
Current liabilities:		
Accounts payable	\$ 9,853	\$ 7,281
Accrued expenses and other current liabilities	7,087	14,861
Current portion of deferred revenue	36,426	37,098
Current portion of operating lease liability	5,120	4,961
Total current liabilities	<u>58,486</u>	<u>64,201</u>
Long-term liabilities:		
Deferred revenue, net of current portion	76,567	77,479
Operating lease liability, net of current portion	23,617	24,955
Other liabilities	868	—
Total long-term liabilities	<u>\$ 101,052</u>	<u>\$ 102,434</u>
Total liabilities	<u>\$ 159,538</u>	<u>\$ 166,635</u>
Series A preferred shares, no par value; 3,901,348 shares issued and outstanding at March 31, 2022 and December 31, 2021	<u>\$ 7,874</u>	<u>\$ 7,874</u>
Shareholders' equity (deficit):		
Ordinary shares, no par value; 60,859,968 and 59,841,116 shares issued and outstanding at March 31, 2022 and December 31, 2021, respectively	\$ 751,229	\$ 749,851
Additional paid-in capital	91,951	87,980
Accumulated other comprehensive income	95	181
Accumulated deficit	(843,328)	(805,514)
Total shareholders' equity (deficit)	<u>\$ (53)</u>	<u>\$ 32,498</u>
Total liabilities, Series A preferred shares and shareholders' equity (deficit)	<u>\$ 167,359</u>	<u>\$ 207,007</u>

**WAVE LIFE SCIENCES LTD.**  
**UNAUDITED CONSOLIDATED STATEMENTS OF OPERATIONS AND COMPREHENSIVE LOSS**

*(In thousands, except share and per share amounts)*

	<b>Three Months Ended March 31,</b>	
	<b>2022</b>	<b>2021</b>
Revenue	\$ 1,750	\$ —
Operating expenses:		
Research and development	27,470	33,393
General and administrative	12,374	10,078
Total operating expenses	39,844	43,471
Loss from operations	(38,094)	(43,471)
Other income, net:		
Dividend income and interest income, net	26	11
Other income, net	254	996
Total other income, net	280	1,007
Loss before income taxes	(37,814)	(42,464)
Income tax provision	—	—
Net loss	\$ (37,814)	\$ (42,464)
Net loss per share attributable to ordinary shareholders—basic and diluted	\$ (0.62)	\$ (0.86)
Weighted-average ordinary shares used in computing net loss per share attributable to ordinary shareholders— basic and diluted	60,516,616	49,101,606
Other comprehensive loss:		
Net loss	\$ (37,814)	\$ (42,464)
Foreign currency translation	(86)	(120)
Comprehensive loss	\$ (37,900)	\$ (42,584)

**Investor Contact:**

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**Media Contact:**

Alicia Suter  
617-949-4817  
[asuter@wavelifesci.com](mailto:asuter@wavelifesci.com)



# Wave Life Sciences Corporate Presentation

May 12, 2022

**WAVE**<sup>®</sup>  
LIFE SCIENCES

# Forward-looking statements

This document contains forward-looking statements. All statements other than statements of historical facts contained in this document, including statements regarding possible or assumed future results of operations, preclinical and clinical studies, business strategies, research and development plans, collaborations and partnerships, regulatory activities and timing thereof, competitive position, potential growth opportunities, use of proceeds and the effects of competition are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause the actual results, performance or achievements of Wave Life Sciences Ltd. (the "Company") to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "aim," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this presentation are only predictions. The Company has based these forward-looking statements largely on its current expectations and projections about future events and financial trends that it believes may affect the Company's business, financial condition and results of operations. 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 those listed under Risk Factors in the Company's Form 10-K and other filings with the SEC, some of which cannot be predicted or quantified and some of which are beyond the Company's control. The events and circumstances reflected in the Company's forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, the Company operates in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that the Company may face. Except as required by applicable law, the Company does not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.

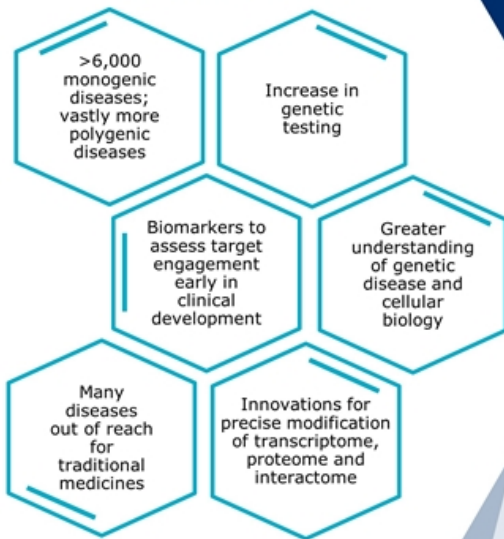


UNLOCKING THE BODY'S OWN ABILITY TO TREAT GENETIC DISEASE  
*realizing a brighter future for patients and families*

WAVE  
LIFE SCIENCES

# Building a leading genetic medicines company

## LEVERAGING THE ONGOING GENETIC REVOLUTION



**WAVE**  
LIFE SCIENCES

## TARGETING THE TRANSCRIPTOME TO UNLOCK THE BODY'S OWN ABILITY TO TREAT GENETIC DISEASE



### Innovative Platform

Stereopure oligonucleotides  
Novel backbone modifications (PN chemistry)  
Silencing, splicing, and editing modalities  
Strong and broad IP position<sup>1</sup>

### Clinical Expertise

Multiple global clinical trials  
Innovative trial designs

### Diversified Pipeline

CNS: ALS, FTD, HD  
Muscle: DMD  
Hepatic diseases: AATD

### GMP Manufacturing

Internal manufacturing capable of producing oligonucleotides at scale

ALS: Amyotrophic lateral sclerosis; FTD: Frontotemporal dementia; HD: Huntington's disease; DMD: Duchenne muscular dystrophy; AATD: Alpha-1 antitrypsin deficiency  
<sup>1</sup>stereopure oligonucleotides and novel backbone chemistry modifications

# Strategic focus on intervening at RNA level

RNA-targeting therapeutics offer ideal balance of precision, durability, potency, and safety

**Address underlying genetic drivers of disease**

Changes erroneous messages, not erroneous code

**Simplified delivery**

Freely taken up by cells in multiple tissues or compatible with simple ligands – no need for complex delivery vehicles

**Durable effects**

Continued progress towards longer dosing intervals while still being reversible and titratable

**Defined path to commercialization**

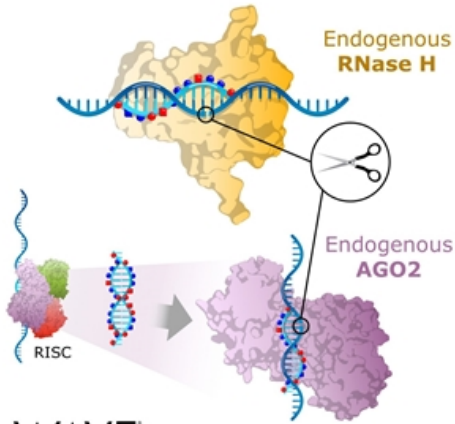
Established regulatory, manufacturing, access and reimbursement pathways



# Harnessing the biological machinery in our cells to treat genetic diseases

## Silencing

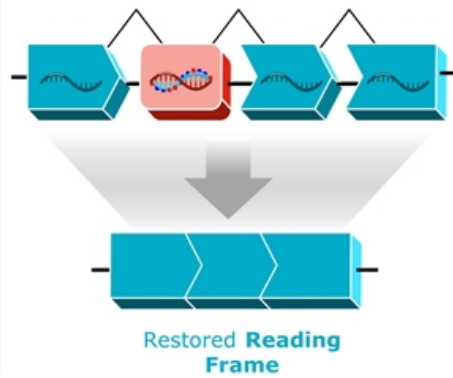
- Degradation of RNA transcripts to **turn off** protein production



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## Splicing

- Restore RNA transcripts and **turn on** protein production



## RNA Base Editing

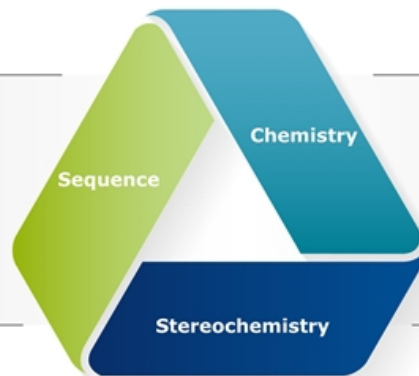
- Efficient editing of RNA bases to **restore** or **modulate** protein production



# PRISM. Unlocking the body's own ability to treat genetic disease

## DESIGN

Unique ability to construct stereopure oligonucleotides and control three structural features to efficiently engage biological machinery



## OPTIMIZE

Provides the resolution to observe this structural interplay and understand how it impacts key pharmacological properties

### Built-for-Purpose Candidates to Optimally Address Disease Biology

Silencing | Splicing | RNA Editing

# Robust portfolio of stereopure, PN-modified oligonucleotides

THERAPEUTIC AREA / TARGET	MODALITY	DISCOVERY	PRECLINICAL	CLINICAL	RIGHTS
<b>NEUROLOGY</b>					
<b>ALS and FTD</b> C9orf72	●	WVE-004 (FOCUS-C9)			Takeda 50:50 option
<b>Huntington's disease</b> mHTT SNP3	●	WVE-003 (SELECT-HD)			
<b>SCA3</b> ATXN3	●				
<b>CNS diseases</b> Multiple	● ●				100% global
<b>DMD</b> Exon 53	●	WVE-N531			
<b>HEPATIC (GalNAc)</b>					
<b>AATD – lung and liver disease</b> SERPINA1	●				

Therapeutic modality	● Silencing	● Splicing	● ADAR editing (AIMers)
----------------------	-------------	------------	-------------------------



ALS: Amyotrophic lateral sclerosis; FTD: Frontotemporal dementia; SCA3: Spinocerebellar ataxia 3; CNS: Central nervous system; DMD: Duchenne muscular dystrophy; AATD: Alpha-1 antitrypsin deficiency



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**WVE-004**

Amyotrophic Lateral Sclerosis (ALS)  
Frontotemporal Dementia (FTD)

# C9orf72 repeat expansions: One of the most common genetic causes of ALS and FTD

Hexanucleotide (G<sub>4</sub>C<sub>2</sub>)- repeat expansions in C9orf72 gene are common autosomal dominant cause for ALS and FTD



*Different manifestations across a clinical spectrum*

## **Amyotrophic Lateral Sclerosis (ALS)**

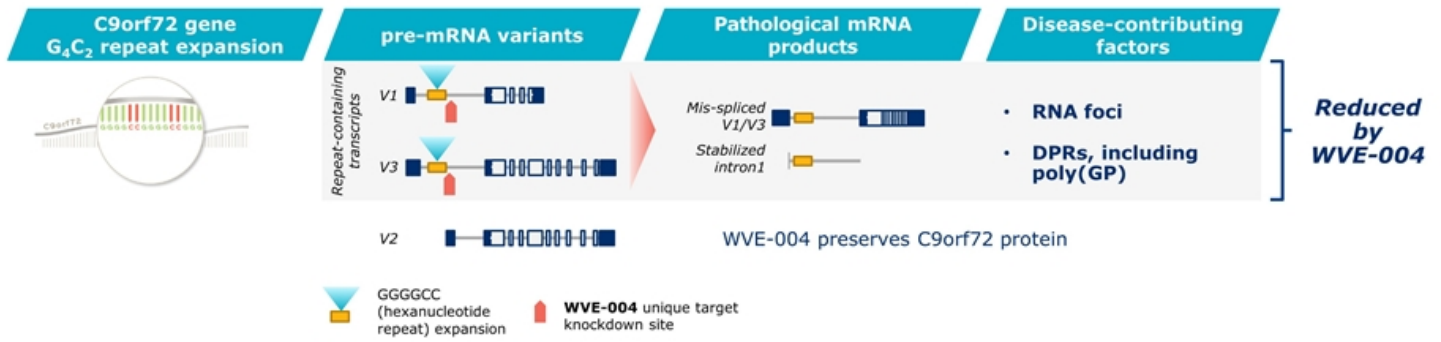
- Fatal neurodegenerative disease
- Progressive degeneration of motor neurons in brain and spinal cord
- C9-specific ALS: ~2,000 patients in US

## **Frontotemporal Dementia (FTD)**

- Progressive neuronal degeneration in frontal / temporal cortices
- Personality and behavioral changes, gradual impairment of language skills
- C9-specific FTD: ~10,000 patients in US

**Including patients with C9-associated ALS, FTD or both**

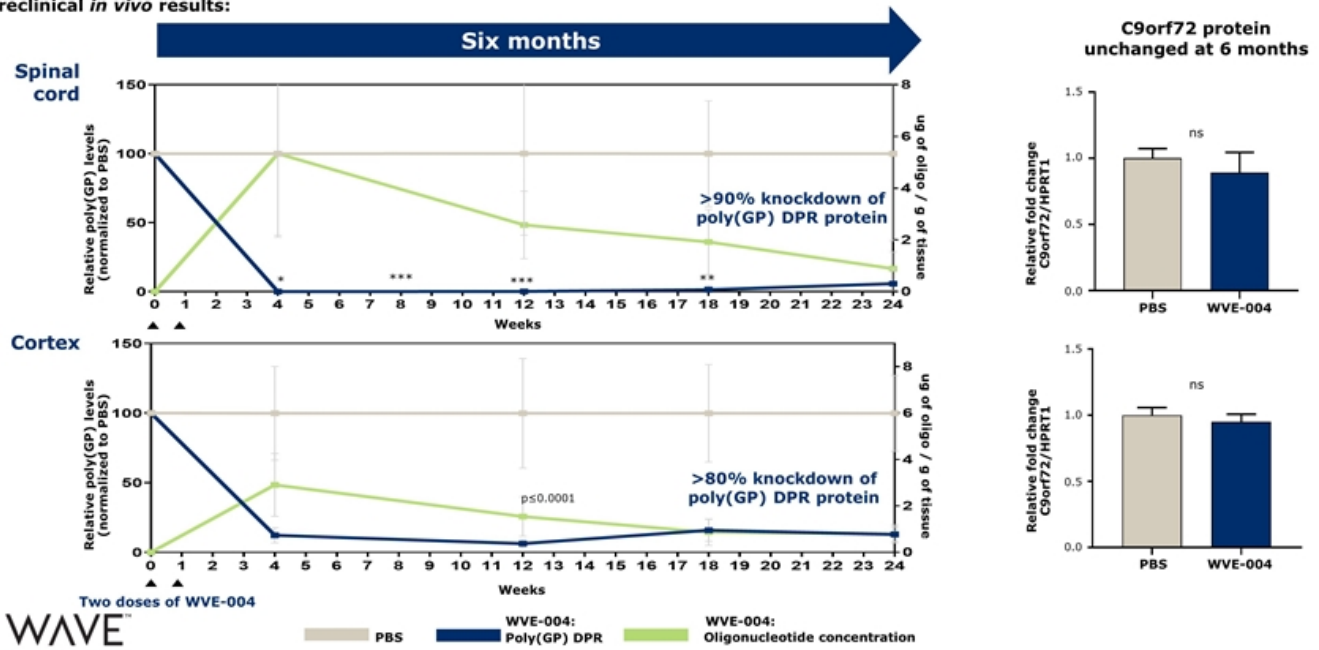
# WVE-004 selectively targets repeat-containing transcripts to address multiple drivers of toxicity



- WVE-004 targets repeat-containing transcript variants that lead to production of pathological mRNA products and toxic DPR proteins and loss of normal C9orf72 function, which is important for normal regulation of neuronal function and the immune system
- Wave selected the poly(GP) DPR because it is a sensitive biomarker of target engagement and reductions of mRNA transcripts and other toxic proteins

# Preclinical studies with WVE-004 demonstrated durable reduction of poly(GP) in spinal cord and cortex 6 months after two doses

Preclinical *in vivo* results:



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Liu et al., 2022 *Molecular Therapy Nucleic Acids* doi: 10.1016/j.omtn.2022.04.007; 2 x 50 ug (day 0, day 7) dosed ICV; DPRs measured by poly(GP) MSD assay.  
\*: p ≤ 0.05 \*\* : P ≤ 0.01, \*\*\*: P ≤ 0.001. DPR: Dipeptide repeat protein

# WVE-004 clinical data demonstrate successful translation of preclinical models to clinic

PK/PD modeling using preclinical *in vivo* models predicted pharmacodynamically active starting dose



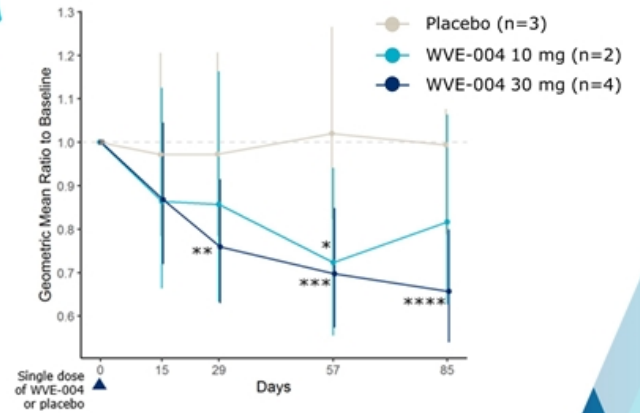
- ✓ Poly(GP) reduction in cortex and spinal cord in transgenic mice with WVE-004
- ✓ Sufficient concentrations of WVE-004 in cortex and spinal cord of NHP for target engagement



Target engagement confirmed in patients supports advancing FOCUS-C9 clinical study



CSF poly(GP) reduction through day 85

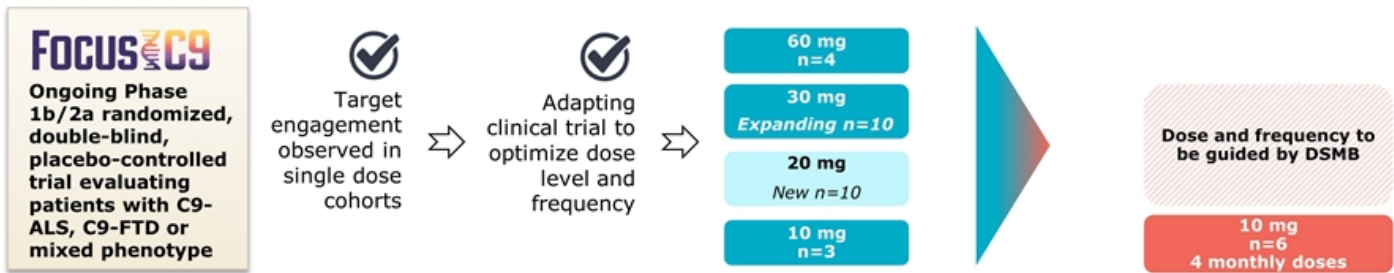


PK: pharmacokinetic PD: pharmacodynamic; Right: \*p=0.020, \*\*p=0.008, \*\*\*p=0.001, \*\*\*\*p<0.001, % change from baseline. Mixed model for repeated measures used for all statistical testing





# Optimizing dose level and frequency to enable discussions with regulatory authorities later in 2022



- Given poly(GP) reduction with single 30 mg doses that does not appear to have plateaued at day 85, extending observation period and adding additional patients to FOCUS-C9 clinical trial
- Dosing in a multidose cohort (monthly) at 10 mg is well underway
- Planning underway for initiation of an open-label extension (OLE) clinical trial in mid-2022
- Data planned to be presented in oral presentation at ENCALs Meeting (June 1-3, 2022)

**Additional single and multidose data for WVE-004 expected throughout 2022**

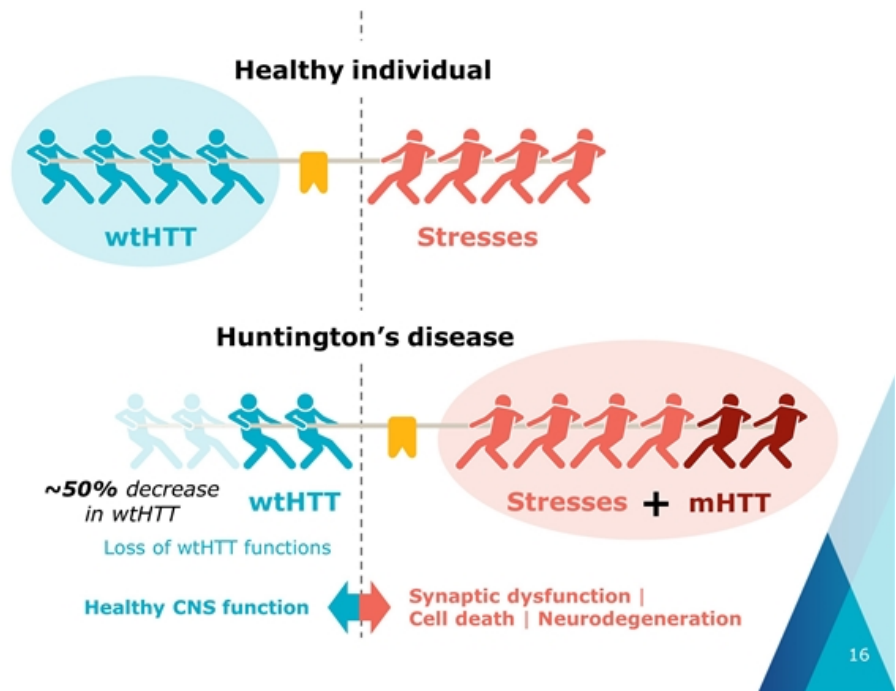


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WVE-003  
Huntington's Disease

# mHTT toxic effects lead to neurodegeneration, loss of wtHTT functions may also contribute to HD

- Wild-type HTT (wtHTT) is critical for normal neuronal function
- Expanded CAG triplet repeat in HTT gene results in production of mutant huntingtin protein (mHTT)
- Huntington's disease affects entire brain
- Monogenic autosomal dominant genetic disease; fully penetrant
- Fatal disease characterized by cognitive decline, psychiatric illness, and chorea



# HD: Wild-type HTT is a critical protein for important functions in the central nervous system

## NEURON



Promotes neuronal survival by protecting against stress (e.g., excitotoxicity, oxidative stress, toxic mHTT aggregates)<sup>1-8</sup>

## SYNAPSE



Plays an essential role in the transport of synaptic proteins—including neurotransmitters and receptors—to their correct location at synapses<sup>9-12</sup>

## BRAIN CIRCUITS



Supplies BDNF to the striatum to ensure neuronal survival<sup>13-16</sup>  
Regulates synaptic plasticity, which underlies learning and memory<sup>17-22</sup>

## CSF CIRCULATION

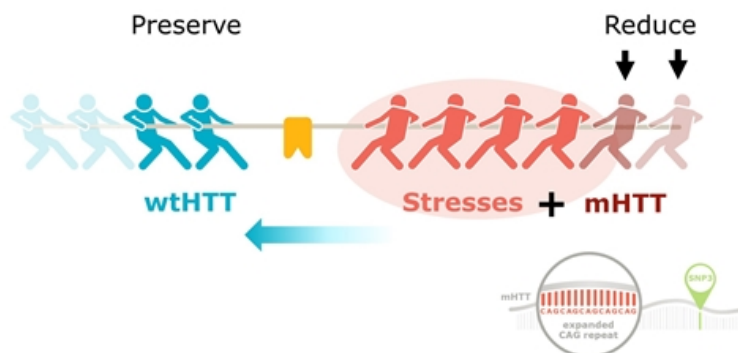


Plays a critical role in formation and function of cilia—sensory organelles that control the flow of CSF—which are needed to clear catabolites and maintain homeostasis<sup>23</sup>

# WVE-003: Allele-selective approach to treating HD

Wave has the only allele-selective clinical program in Huntington's disease

- ✓ Target SNP3 on mutant mRNA HTT transcript to potentially reduce mutant HTT protein
- ✓ Potential to reserve wild-type HTT protein reservoir in brain

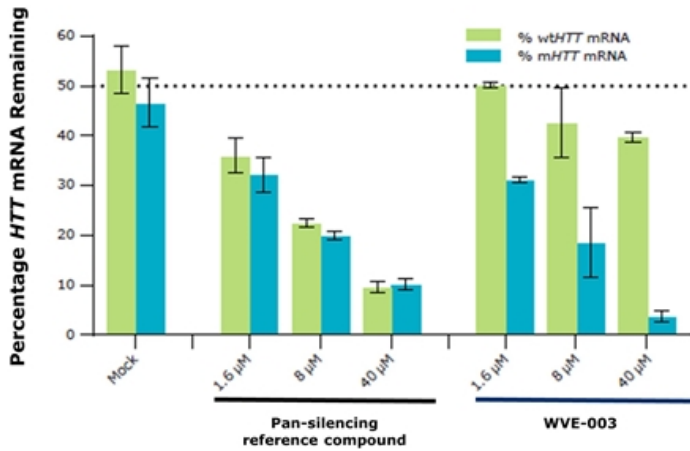


Only an allele-selective approach is designed to address both toxic gain of function and toxic loss of function drivers of HD

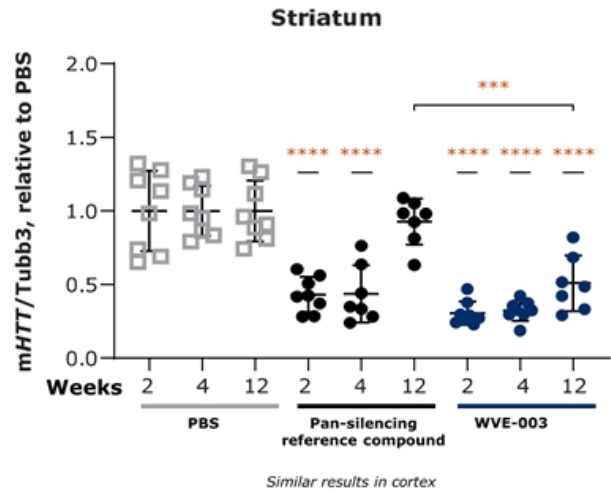
# WVE-003 (SNP3) demonstrates selective, potent, and durable reduction of mHTT in preclinical models

Incorporates PN backbone chemistry modifications

Selectively reduces mHTT mRNA in HD iPSC neurons in vitro



Durable striatal mHTT knockdown for 12 weeks in BACHD mouse model



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Results from NDS0036 iPSC-derived medium spiny neurons. Total *HTT* knockdown quantified by qPCR and normalized to *HPRT1*. Oligonucleotide or PBS [100 μg ICV injections through cannula on days 1, 3, 5] delivered to BACHD transgenic. Mean ± SD (n=8, \**P*<0.0332, \*\*\**P*<0.0002, \*\*\*\**P*<0.0001 versus PBS unless otherwise noted). *HPRT1*, hypoxanthine-guanine phosphoribosyl transferase; iPSC, induced pluripotent stem cell; ICV, intracerebroventricular; PBS, phosphate-buffered saline

# WVE-003: *In vivo* studies support distribution to cortex and striatum in mice and NHPs

## BACHD mouse model

Achieved maximum mHTT knockdown of 70-75% in **cortex** and **striatum** with ~50% knockdown persisting for at least 3 months with WVE-003



## NHP

Achieved sufficient concentrations of WVE-003 in **cortex** and **striatum** for target engagement

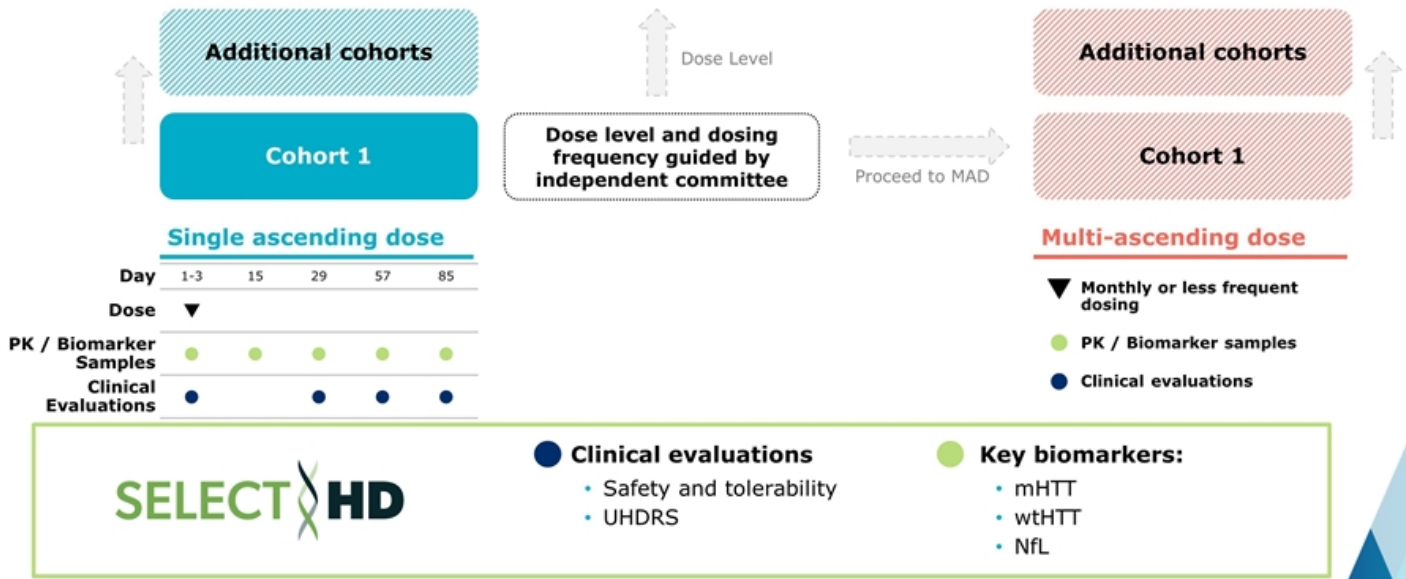


## Human

Anticipated mHTT knockdown in **cortex** and **striatum** based on PK-PD modeling

**Clinical data to enable decision making expected in 2022**

# SELECT-HD clinical trial: Dose level and dosing frequency guided by independent committee





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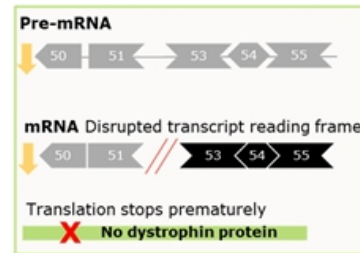
WVE-N531  
Duchenne muscular dystrophy

# Duchenne muscular dystrophy

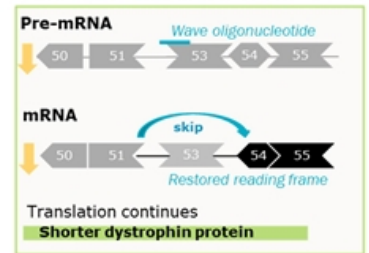
## Duchenne muscular dystrophy

- Genetic mutation in dystrophin gene prevents the production of dystrophin protein, a critical component of healthy muscle function.
- Dystrophin protein established by FDA as surrogate endpoint reasonably likely to predict benefit in patients<sup>1</sup> for accelerated approval in DMD
  - Confirmatory studies ongoing
  - Increasing amount of functional dystrophin expression over minimal amount shown with approved therapies is expected to result in greater benefit for patients
- Impacts 1 in every 5,000 newborn boys each year; 20,000 new cases annually worldwide.

### Dysfunctional splicing (Disease)

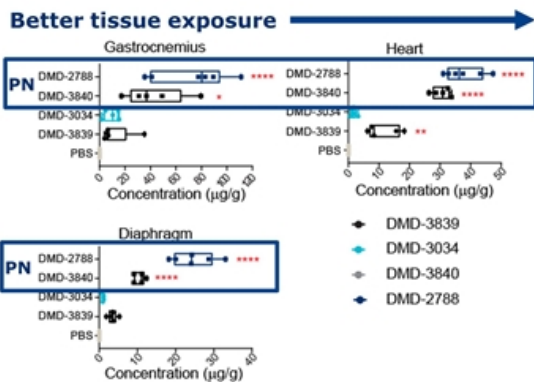


### Exon skipping (Partial Restoration)

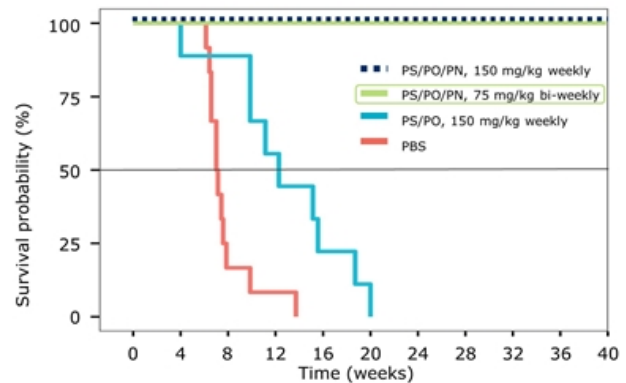


# PN chemistry improved muscle exposure and survival in preclinical mouse models

PN boosted muscle concentrations after single dose, which correlated with exon-skipping activity

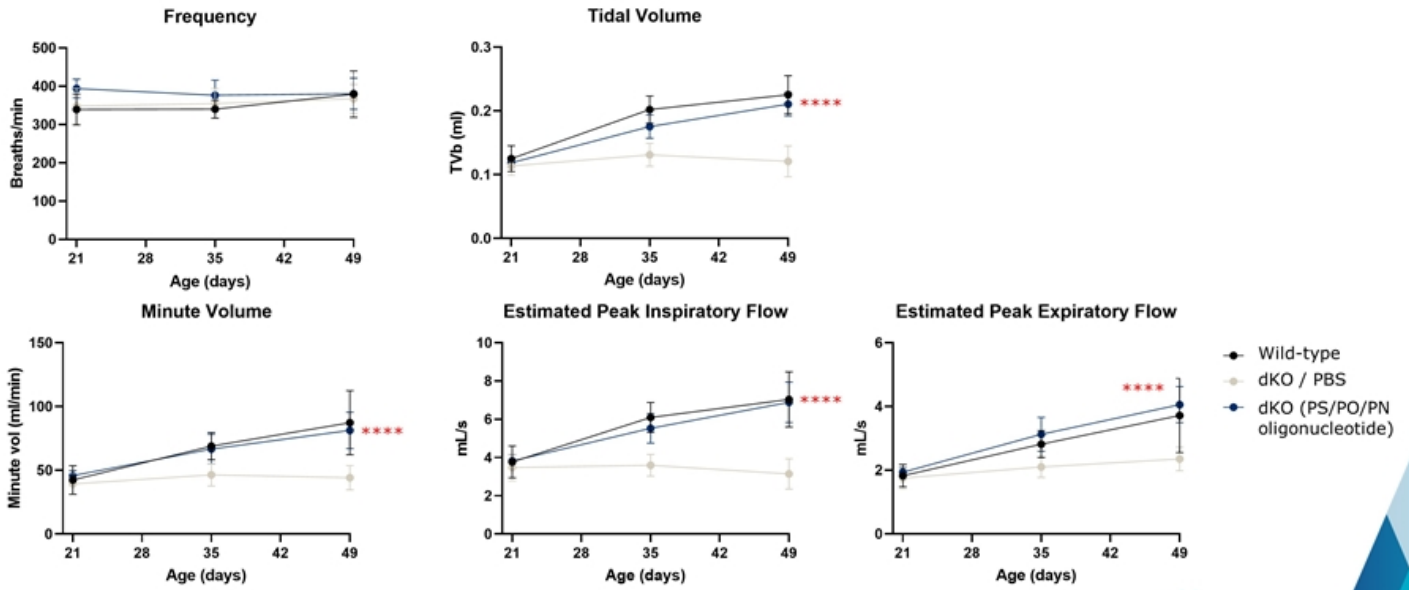


Treatment with PN-modified molecules led to 100% survival of dKO mice at time of study termination

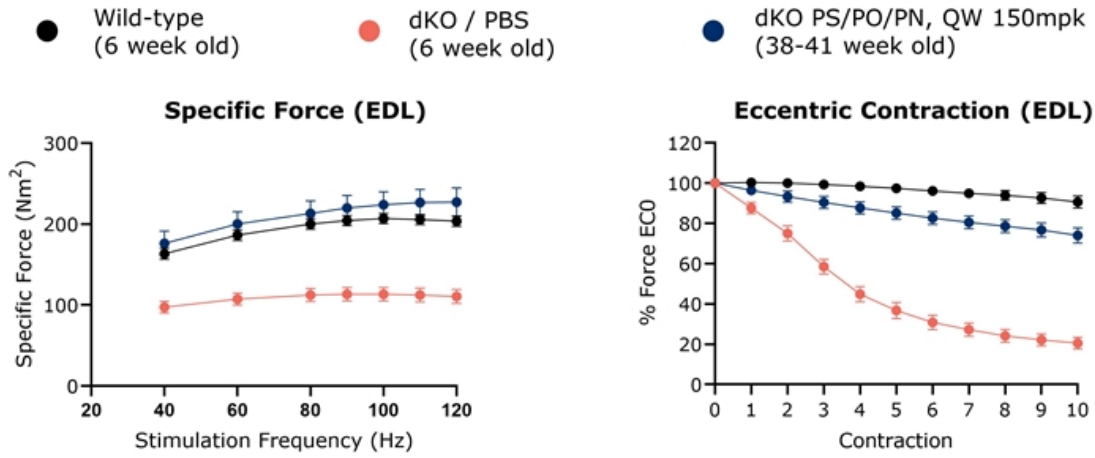


Note: Untreated, age-matched mdx mice had 100% survival at study termination [not shown]

# PS/PO/PN splicing compound restores respiratory function to wild-type levels in dKO mice

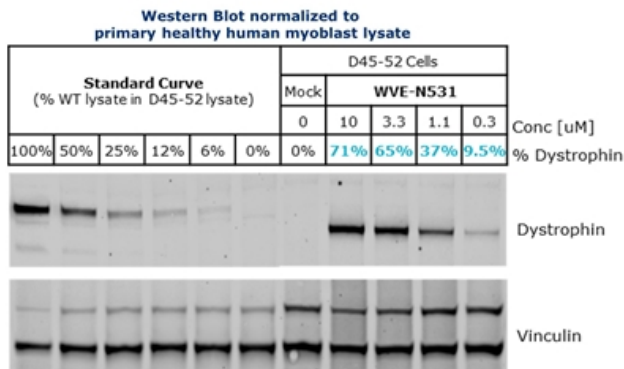


# PS/PO/PN compound restores muscle function to wild-type levels in dKO mice



# WVE-N531: Dystrophin restoration *in vitro* and enhanced muscle distribution in NHPs

## Dystrophin protein restoration of up to 71% *in vitro*



## Enhanced muscle distribution in NHPs

### Plasma and tissue concentrations of WVE-N531 (PS/PO/PN) significantly higher than suvodirsen (1st-gen PS/PO) in multiple NHP studies

- ✓ Substantially higher muscle concentrations (including heart and diaphragm) as compared to suvodirsen
- ✓ Higher plasma C<sub>max</sub>, AUC and C<sub>trough</sub>

# Dose escalation ongoing in clinical trial of WVE-N531

- Open-label clinical trial of boys with DMD amenable to exon 53 skipping
- Dose level and dosing frequency guided by tolerability and plasma PK

## *Initial cohort*

- Ascending intra-patient doses of WVE-N531
- Up to 4 dose levels (administered  $\geq 4$  weeks apart) evaluated to select dose level for multidose
- Up to 3 additional doses given every-other-week at selected dose level, followed by muscle biopsy

Cohort expansion to be guided by assessment of muscle biopsies: (drug distribution in muscle and biomarkers)

## *Possible cohort expansion (up to 15 boys)*

- Additional patients enrolled and dosed every other week at selected dose level
- Up to 7 total doses to be given followed by a minimum 8-week safety monitoring period
- Powered to evaluate change in dystrophin expression

**Clinical data, including muscle biopsies, expected in 2022**

# WVE-N531 plasma concentrations at starting dose significantly improved over suvodirsen

## WVE-N531 Phase 1b/2a open-label clinical trial starting dose *Dose escalation is ongoing*

	WVE-N531 (PN chemistry) fold increase over suvodirsen at the same dose level	
Plasma:		
<b>C<sub>max</sub></b>	<b>~2.5x</b>	↑ Increase in plasma concentrations with single dose
<b>AUC</b>	<b>~4x</b>	
Muscle:	<i>Patient muscle biopsies expected in 2022</i>	

**WVE-N531 plasma half-life estimated to be >1 week**  
(vs. less than 24 hours for suvodirsen)



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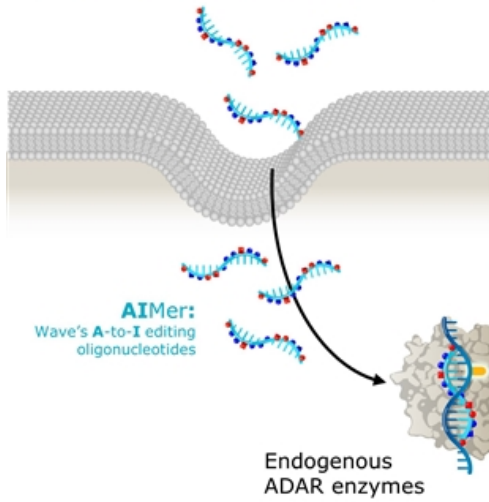
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AIMers

RNA base editing capability

# Unlocking RNA editing with PRISM platform to develop AIMers: A-to-I editing oligonucleotides

Free-uptake of chemically modified oligonucleotides  
(No need for LNPs or viral vectors)

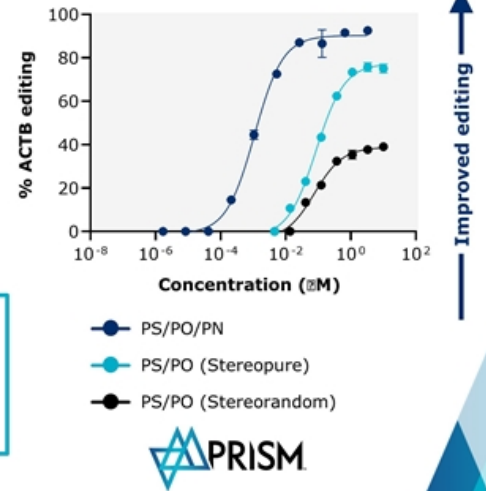


## ADAR enzymes

- First publication (1995) using oligonucleotide to edit RNA with endogenous ADAR<sup>1</sup>
- Catalyze conversion of A-to-I (G) in double-stranded RNA substrates
- A-to-I (G) edits are one of the most common post-transcriptional modifications
- ADAR1 is ubiquitously expressed across tissues, including liver and CNS

- ✓ Learnings from biological concepts
- ✓ Applied to ASO structural concepts
- ✓ Applied PRISM chemistry

Stereochemistry and PN chemistry enhance potency and editing efficiency of GalNAc AIMers in primary human hepatocytes

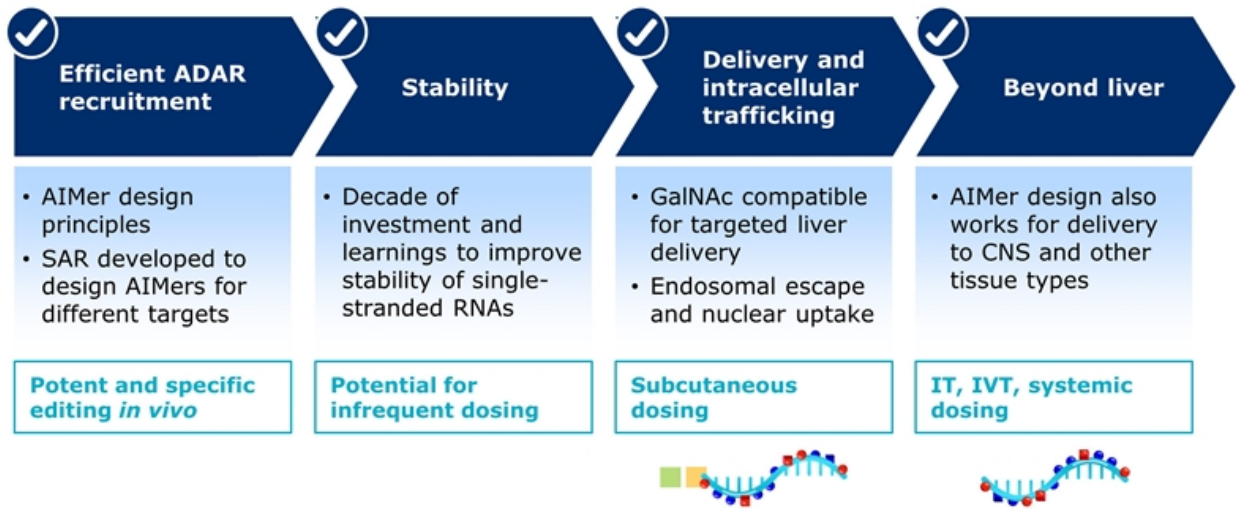


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<sup>1</sup>Woolf et al., PNAS Vol. 92, pp. 8298-8302, 1995; Right: Data from independent experiments; Total RNA was harvested, reverse transcribed to generate cDNA, and the editing target site was amplified by PCR and quantified by Sanger sequencing

# AIMers: Realizing potential of therapeutic RNA editing by harnessing endogenous ADAR

Solved for key therapeutic attributes for potential best-in-class RNA editing therapeutics



- Systematized AIMer design enables rapid advancement of new targets
- Strong and broad IP in chemical and backbone modifications, stereochemistry patterns, novel and proprietary nucleosides

# Wave's AIMers have potential to uniquely address wide array of genetically-defined diseases



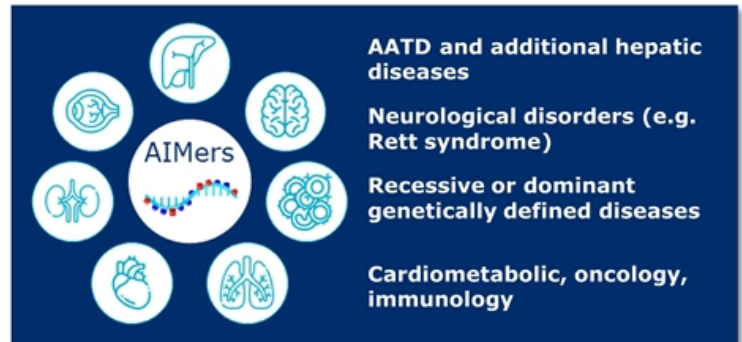
**Editing:** Potent, durable, specific A → I (G) RNA editing

**Delivery:** Efficient RNA editing in preclinical *in vivo* models:

- ✓ Targeted delivery (GalNAC)
- ✓ Systemic delivery
- ✓ Local delivery (IT, IVT, others)

## AIMer opportunity

- **Correct** tens of thousands of pathogenic human SNPs potentially amenable to ADAR editing correction<sup>1</sup>
- **Modulate** protein interactions, e.g. **upregulation** of protein expression and **disruption** of protein-protein interactions



Potential to accelerate timelines to candidate with AIMer pipeline expansion



Monian *et al.*, 2022 *Nature Biotech* published online Mar 7, 2022 doi: 10.1038.s41587-022-01225-1; SNP: single nucleotide polymorphism  
A: Adenosine; I: Inosine; G: Guanosine; AATD: alpha-1 antitrypsin disease; <sup>1</sup>ClinVar database

# Proof-of-concept preclinical RNA editing data published in *Nature Biotechnology* (March 2022)

nature  
biotechnology

ARTICLES

<https://doi.org/10.1038/s41587-022-01225-1>

Check for updates

## Endogenous ADAR-mediated RNA editing in non-human primates using stereopure chemically modified oligonucleotides

Prashant Monian<sup>1,2</sup>, Chikdu Shivavilla<sup>1,2</sup>, Genliang Lu<sup>1</sup>, Mamoru Shimizu<sup>1</sup>, David Boulay<sup>1</sup>, Karley Busow<sup>1</sup>, Michael Byrne<sup>1</sup>, Adam Bezigian<sup>1</sup>, Arindom Chatterjee<sup>1</sup>, David Chew<sup>1</sup>, Jigar Desai<sup>1</sup>, Frank Favalaro<sup>1</sup>, Jack Godfrey<sup>1</sup>, Andrew Hoss<sup>1</sup>, Naoki Iwamoto<sup>1</sup>, Tomomi Kawamoto<sup>1</sup>, Jayakanthan Kumarasamy<sup>1</sup>, Anthony Lamattina<sup>1</sup>, Amber Lindsey<sup>1</sup>, Fangjun Liu<sup>1</sup>, Richard Looby<sup>1</sup>, Subramanian Marappan<sup>1</sup>, Jake Metterville<sup>1</sup>, Ronelle Murphy<sup>1</sup>, Jeff Rossi<sup>1</sup>, Tom Pu<sup>1</sup>, **Bijay Bhattarai**<sup>1</sup>, Stephany Standley<sup>1</sup>, Snehlata Tripathi<sup>1</sup>, Hailin Yang<sup>1</sup>, Yuan Yin<sup>1</sup>, Hui Yu<sup>1</sup>, **Cong Zhou**<sup>1</sup>, Luciano H. Apponi<sup>1</sup>, Pachamuthu Kandasamy<sup>1</sup> and **Chandra Vargeese**<sup>1,3</sup>

Technologies that recruit and direct the activity of endogenous RNA-editing enzymes to specific cellular RNAs have therapeutic potential, but translating them from cell culture into animal models has been challenging. Here we describe short, chemically modified oligonucleotides called AIMers that direct efficient and specific A-to-I editing of endogenous transcripts by endogenous adenosine deaminases acting on RNA (ADAR) enzymes, including the ubiquitously and constitutively expressed ADAR1 p110 isoform. We show that fully chemically modified AIMers with chimeric backbones containing stereopure phosphorothioate and nitrogen-containing linkages based on phosphoryl guanidine enhanced potency and editing efficiency 100-fold compared with those with uniformly phosphorothioate-modified backbones in vitro. In vivo, AIMers targeted to hepatocytes with N-acetylgalactosamine achieve up to 50% editing with no bystander editing of the endogenous ACTB transcript in non-human primate liver, with editing persisting for at least one month. These results support further investigation of the therapeutic potential of stereopure AIMers.

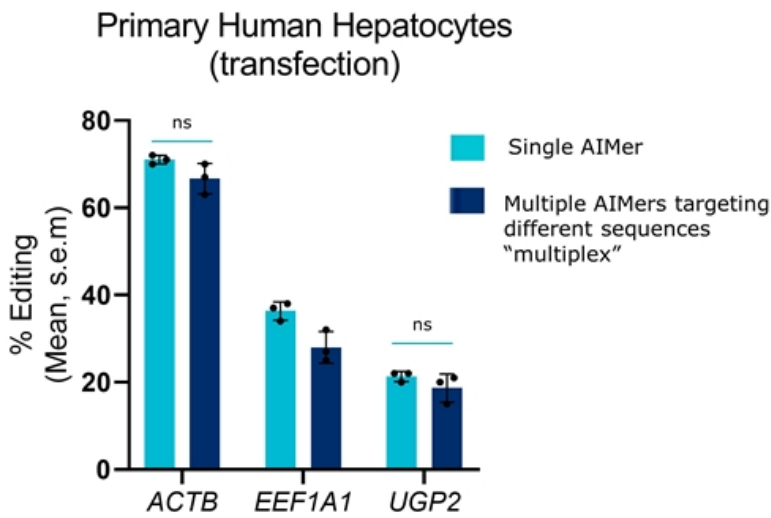
Recruiting endogenous RNA-editing enzymes using chemically modified oligonucleotides holds promise for treating human disease. The most common mutation in human genes is a transition from cytosine (C) to thymine (T), and CpG dinucleotides are well established hot spots for disease-causing mutations. The ADAR family of enzymes catalyze adenine (A)-to-inosine (I) changes in the transcriptome. Because I is read as guanine (G) nucleotides, called AIMers, are short and fully chemically modified

- Specificity *in vitro* & *in vivo* (NHPs)
- *In vitro-in vivo* translation (NHPs)
- GalNAc conjugation
- Foundational AIMer SAR

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Monian et al., 2022 published online Mar 7, 2022; doi: 10.1038.s41587-022-01225-1  
SAR structure-activity relationship

# Levels of endogenous ADAR enzyme are not rate limiting for editing



- Endogenous ADAR enzyme supports editing on multiple independent targets
- Editing efficiency comparable even when additional AIMers targeting different sequences are added, suggesting there is a more than sufficient reservoir of ADAR enzyme

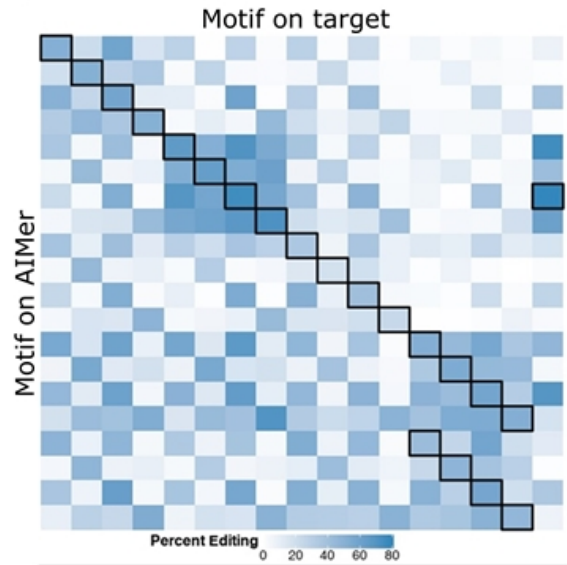
# Optimization of every dimension to inform future rational design of AIMers

## Heat map for sequence impact on SAR

**Example: Sequence** is one of multiple dimensions for optimization

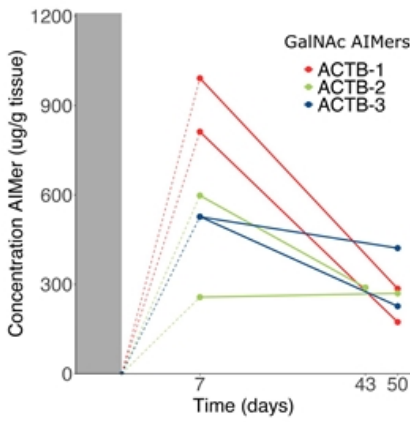


- >300 unique AIMers tested containing different base pair combinations
- Identified base modification combinations with high editing efficiency to optimize sequence

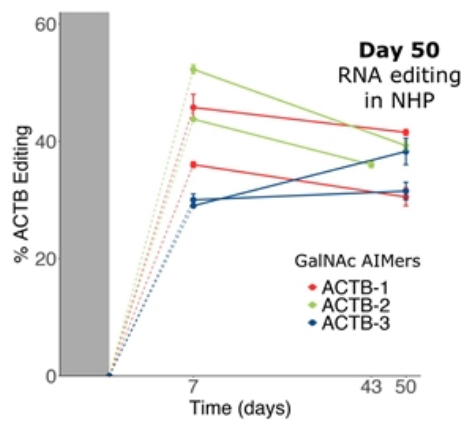


# Stability of AIMers enables durable and specific editing out to Day 50 in liver of NHPs

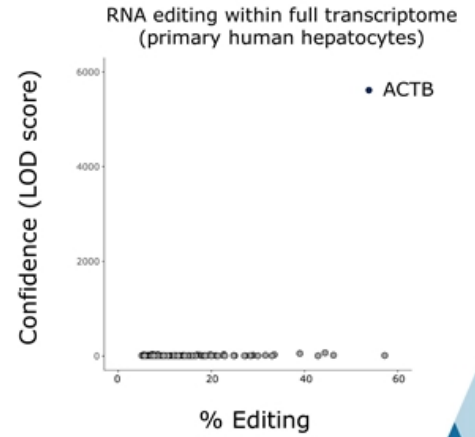
**AIMers detected in liver of NHP at Day 50 (PK)**



**Substantial and durable editing in NHP liver *in vivo* (PD)**



**ADAR editing with ACTB AIMER is highly specific**



**RNA editing only detected at editing site in ACTB transcript**

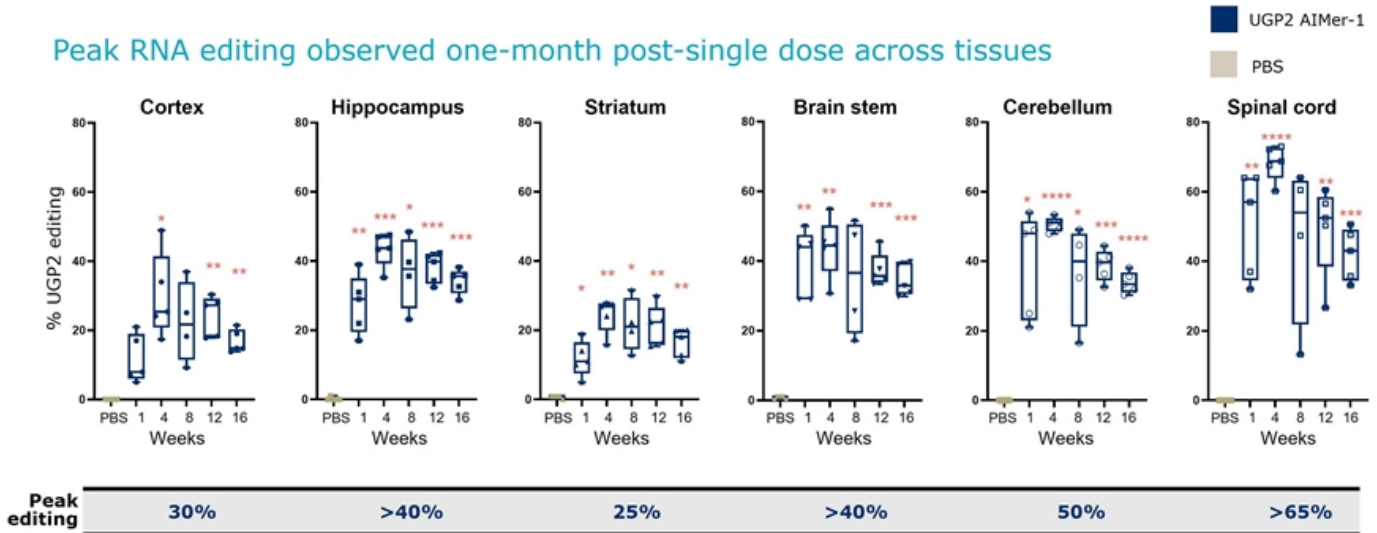


Monian et al., 2022 published online Mar 7, 2022; doi: 10.1038.s41587-022-01225-1 Left: AIMER PK C: 5mg/kg SC: Day 1,2,3,4,5; Liver biopsy; Right: Dosed 1um AIMER, 48 hrs later RNA collected, RNAseq conducted using strand-specific libraries to quantify on / off-target editing; plotted circles represent sites with LOD>3. NHP: non-human primate; ACTB: Beta-actin



# Substantial *in vivo* RNA editing out to at least 4 months post-single dose in CNS tissues

Peak RNA editing observed one-month post-single dose across tissues



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Transgenic huADAR mice administered 100 mg Aimer or PBS on day 0 and evaluated for UGP2 editing across CNS tissues at 1, 4, 8, 12, and 16-weeks post dose. Percentage UGP2 editing determined by Sanger sequencing. Stats: 2-way ANOVA compared to PBS (n=5 per time point per treatment) \*P<0.05, \*\*P<0.01, \*\*\*P<0.001, \*\*\*\*P<0.0001. ICV intracerebroventricular; PBS phosphate buffered saline

# RNA editing of nonsense mutation found in MECP2 (Rett Syndrome) restores functional protein

Normal: ... CGA... wild type protein  
 Rett Syndrome: ... TGA... premature stop codon  
 ADAR editing: ... TGG... restored protein

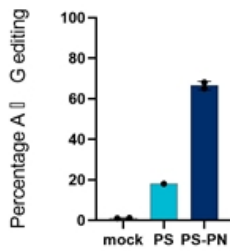
Variant base  
 ADAR editing site

Nonsense mutations found in Rett Syndrome can occur in multiple locations on RNA transcript:

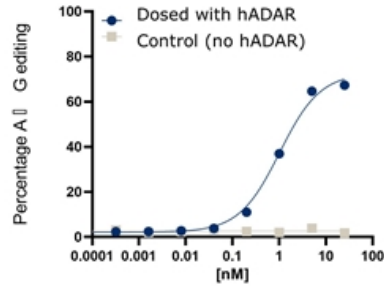


**in vitro ADAR editing of over 60% targeting MECP2 disease transcript**

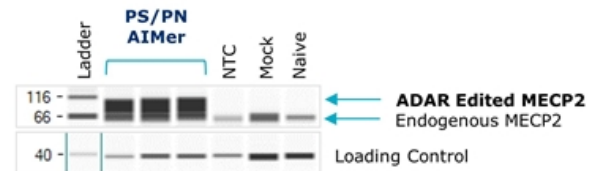
PN chemistry improved editing efficiency *in vitro*



Dose-dependent RNA editing of MECP2 mutation with PS/PN AIMer



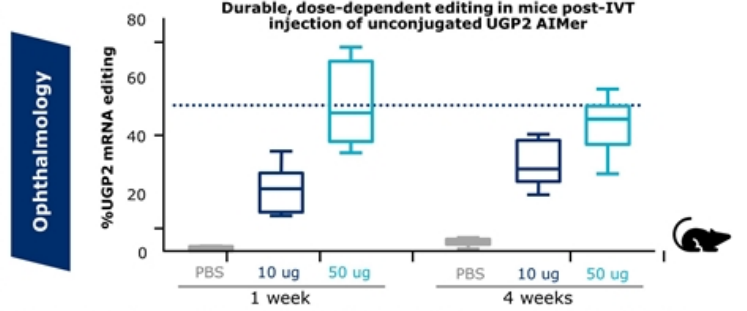
**Full length MECP2 protein is expressed following ADAR editing**



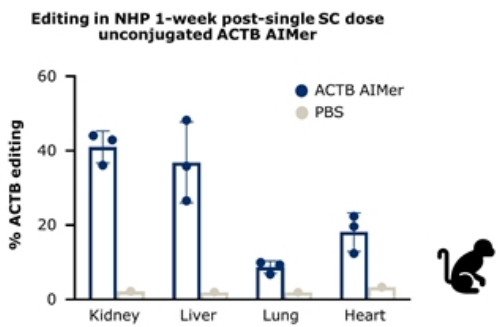
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293T cells transfected with both nonsense mutation on MECP2 (GFP-fusion construct) and ADAR plasmids. AIMers transfected for 48h prior to RNA extraction and sequencing. Percentage editing determined by Sanger sequencing. Left: Single dose (25nM) treatment Middle: Full dose response curve (25nM, 5-fold dilution, 48h treatment) in presence or absence of hADAR Right: Western blot for MECP2 protein. Three biological replicates, NTC AIMer, mock and naive 293T cells probed for fusion protein.

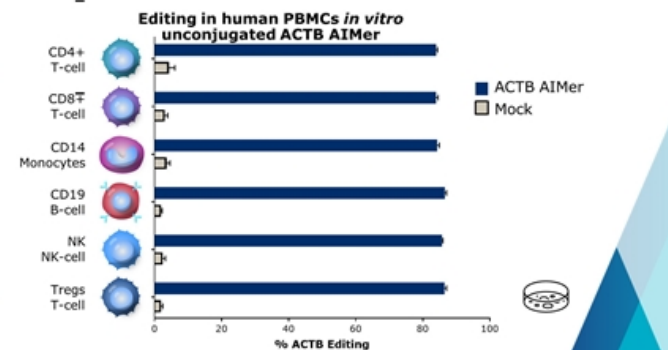
# Productive editing beyond liver and CNS with unconjugated AIMers



Kidney, liver, lung, heart



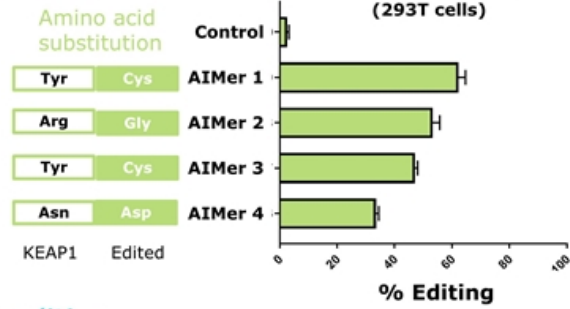
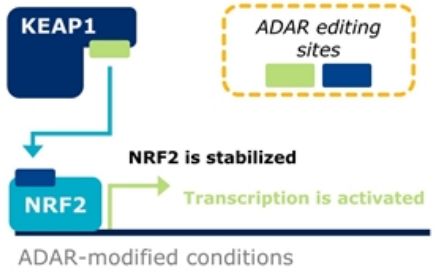
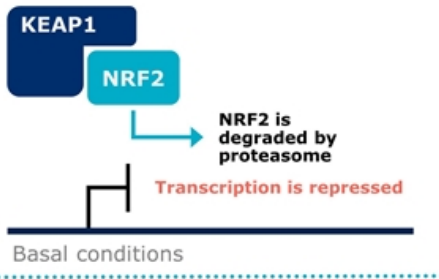
Immune cells



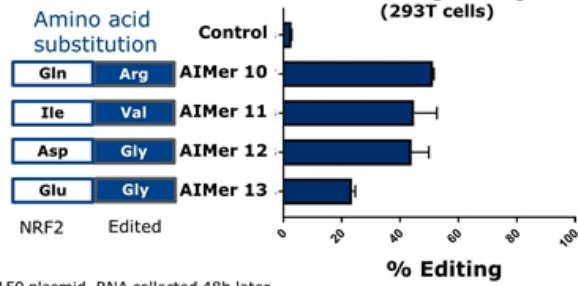
(left): non-human primate (NHP) 50 mg/kg beta-Actin (ACTB) AIMER, SC (subcutaneous) on day 1; Necropsy for editing day 8; (top right): Mice received 10 or 50 mg UGP2 AIMER intravitreal (IVT), eye collected for analysis 1 or 4 weeks later. (lower right): Human PBMCs dosed with 10 mM ACTB AIMers, under activating conditions (PHA). After 4 days, different cell types isolated, quantitated for editing.

# Apply AIMers to modify protein-protein interactions

## KEAP1 editing

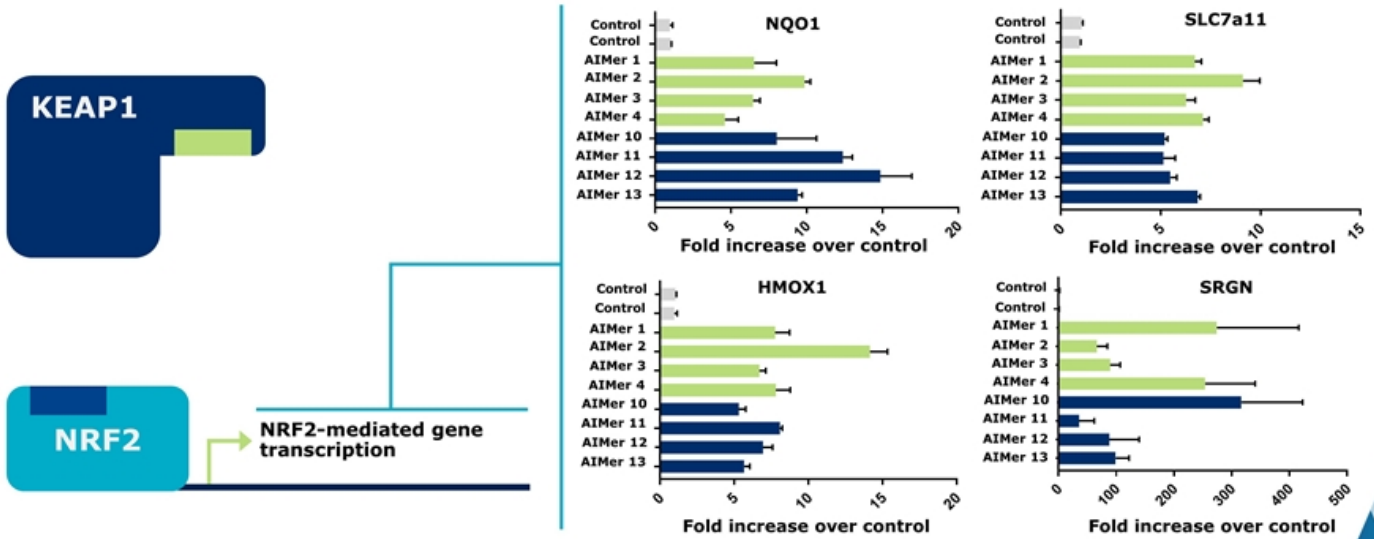


## NRF2 editing



# ADAR editing activates multiple genes, confirming disrupted protein-protein interaction *in vitro*

ADAR editing of either KEAP1 or NRF2 directs gene activation



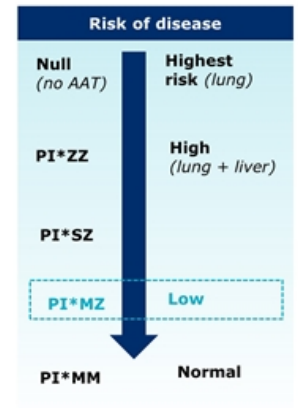
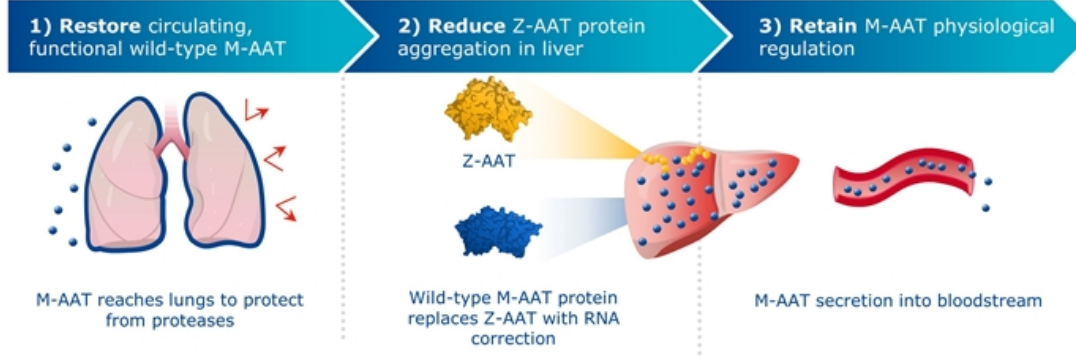
The logo for WAVE LIFE SCIENCES is located in the top left corner. It features the word "WAVE" in a large, white, sans-serif font with a registered trademark symbol, and the words "LIFE SCIENCES" in a smaller, white, sans-serif font directly below it. The background of the logo area is a dark blue triangle pointing downwards, which is part of a larger geometric design of overlapping triangles in various shades of blue and white.

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Alpha-1 antitrypsin  
deficiency (AATD)

# RNA editing is uniquely suited to address the therapeutic goals for AATD

Wave ADAR editing approach addresses all goals of treatment:



Alternative approaches address only a subset of treatment goals:

Current *protein augmentation* addresses only lung manifestations

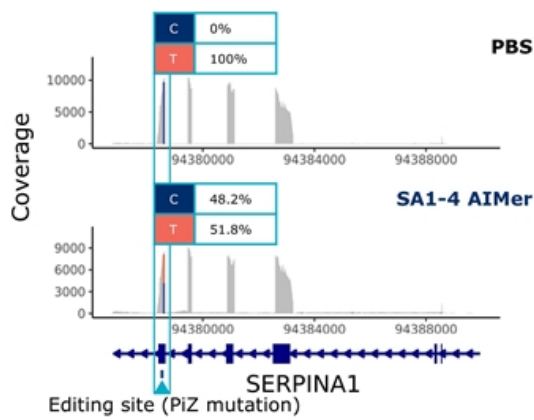
*siRNA* approaches only address the liver disease

*Small molecule* approaches may address the lung and liver but do not generate wildtype M-AAT

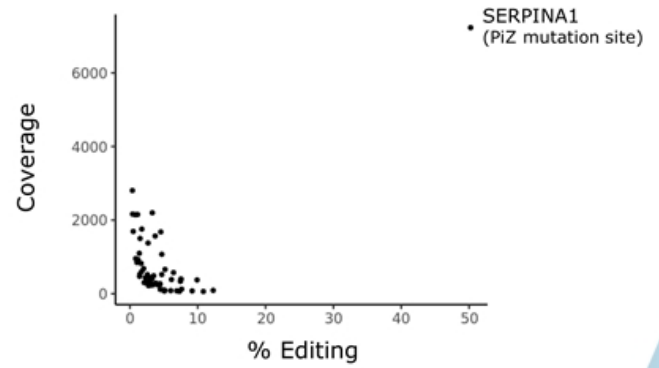
~200K people in US and EU with mutation in *SERPINA1* Z allele (PI\*ZZ)

# ADAR editing is highly specific; no bystander editing observed on SERPINA1 transcript

**RNA editing only detected at PiZ mutation site in SERPINA1 transcript (mouse liver)**



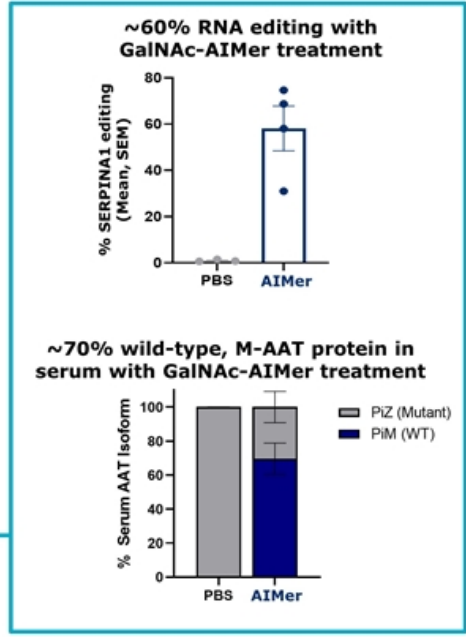
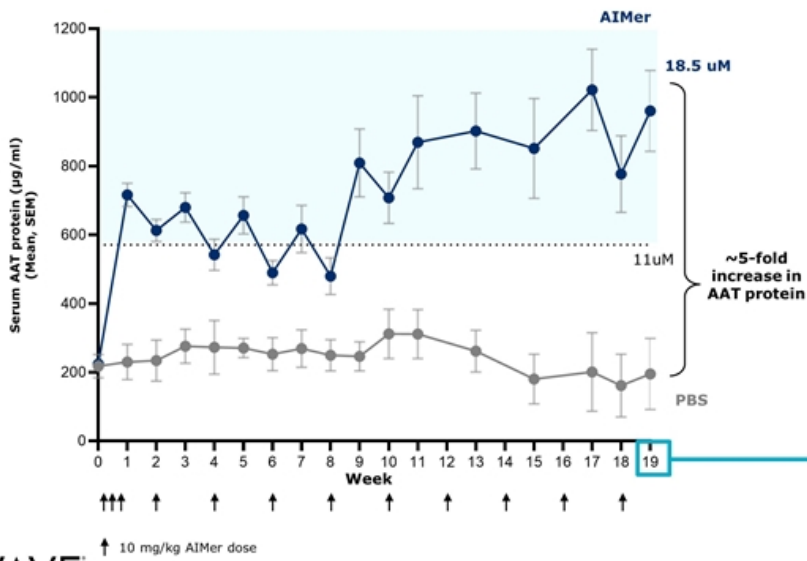
**RNA editing within transcriptome (mouse liver)**





# Preclinical AIMer treatment results in circulating AAT protein levels well above anticipated therapeutic threshold

GalNAc-AIMer treatment bi-weekly results in serum AAT protein levels >11  $\mu$ M at week 19 in transgenic mice



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↑ 10 mg/kg AIMer dose

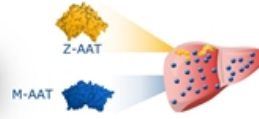
AIMers (SA1-5) administered in huADAR/SERPINA1 mice (8 - 10 weeks old) Left : Total AAT protein quantified by ELISA. Right: Liver biopsies collected at week 19 (one week after last dose) and SERPINA1 editing was quantified by Sanger sequencing

# AATD AIMer restores functional M-AAT protein and alleviates liver aggregation in preclinical model

## Correction of loss-of-function phenotypes

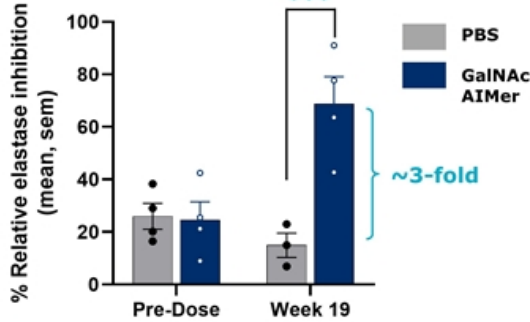


HYBRID EVENT  
TIDES USA  
Oligonucleotide & Peptide Therapeutics

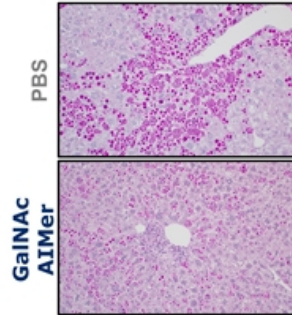


Wild-type M-AAT protein replaces Z-AAT with RNA correction

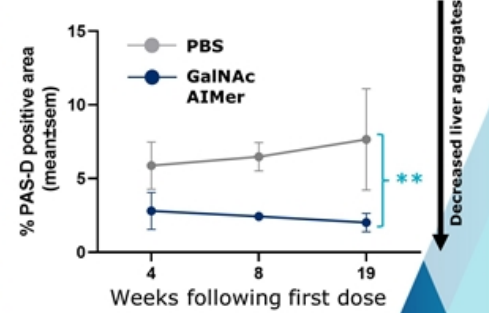
### Neutrophil elastase inhibition (Week 19)



### PAS-D staining (19 weeks)



### PAS-D-positive area declines with AIMer treatment



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GalNac AIMer (SA1-5) administered bi-weekly (10 mg/kg) following initial loading dose (3 x 10 mg/kg) in huADAR/SERPINA1 mice (8-10 weeks old); Left: Neutrophil elastase inhibition assay (pre-dose, week 19 serum samples), Stats: Mixed effects analysis P<0.001; Right: 20x images from liver stained with PAS-D at 19 weeks \*\* p<0.01

# GalNAc-AIMers are uniquely suited to address the key treatment goals for AATD



- ✓ Recruit endogenous ADAR enzyme to edit SERPINA1 Z mRNA with high specificity
- ✓ Restore circulating, functional M-AAT protein above expected therapeutic threshold (11 mM)
- ✓ Reduce Z-AAT protein aggregation in liver

	AIMers	RNAi	AAT augmentation therapy
Restore circulating functional wild-type AAT	✓		✓
Reduce Z-AAT protein aggregation in liver	✓	✓	
Retain M-AAT physiological regulation	✓		

**Expect to select an AATD AIMER development candidate and initiate IND-enabling toxicology studies in 3Q 2022**

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Wave's discovery and drug  
development platform

# Wave is the leader in rationally designed stereopure oligonucleotides

**Stereochemistry is a reality** of chemically-modified nucleic acid therapeutics

**Chirality matters:** affects pharmacology of oligonucleotides *in vitro* and *in vivo*

**PRISM controls stereochemistry** throughout drug discovery and development process

Current therapeutics with chiral backbone modifications:

Antisense oligonucleotides

siRNA

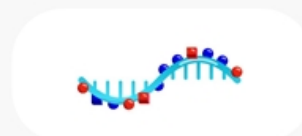
Exon-skipping oligonucleotides

RNA guide strands

Wave publications:



Enables rational design and optimization of fully-characterized, **stereopure** RNA therapeutics



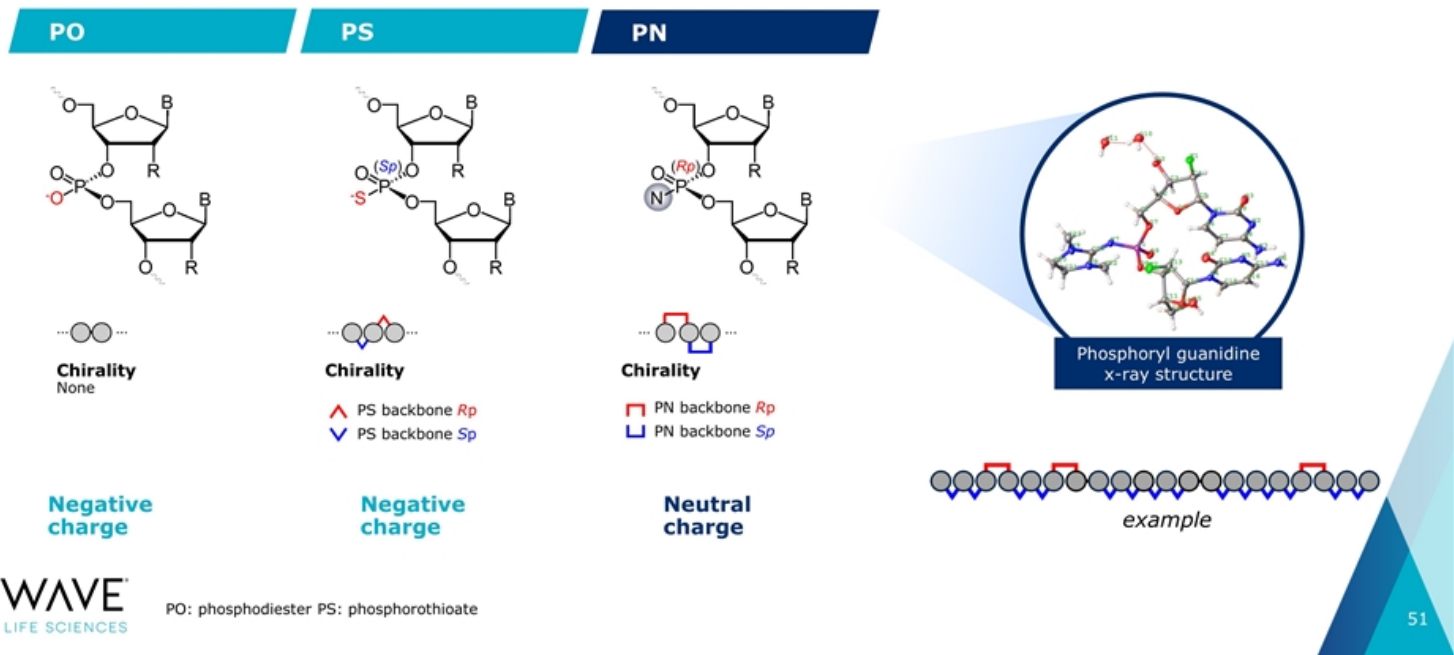
Strong and broad IP portfolio and unique ability to manufacture and screen stereopure oligonucleotides

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<sup>1</sup>Jahns et al., NAR, 2021; Hansen, et al. 2021; Funder, Albaek et al. 2020

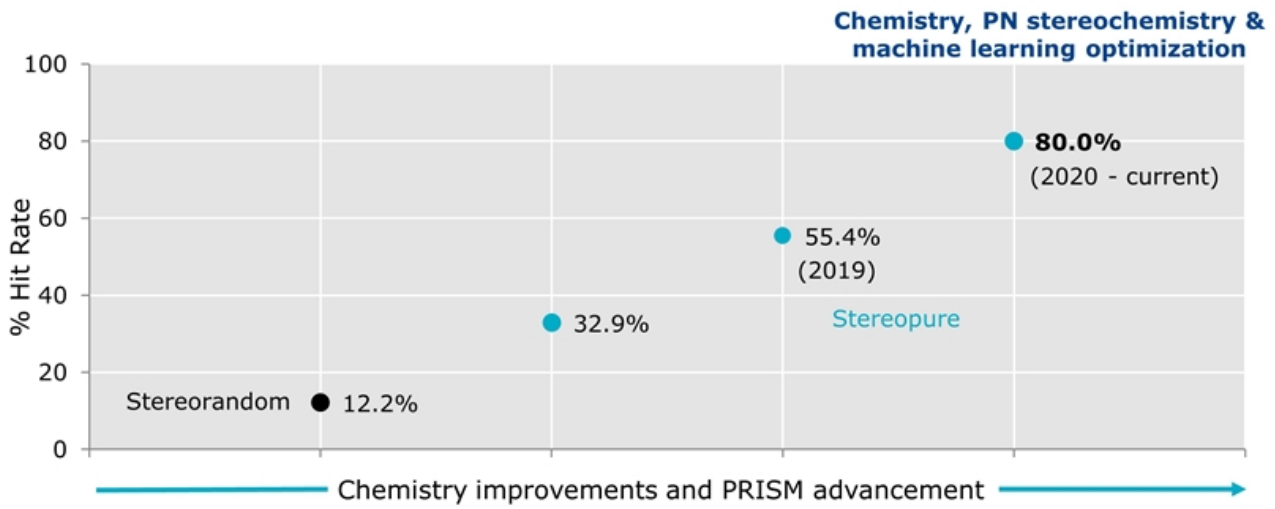
# Innovating stereopure backbone chemistry modifications: PN chemistry

## PRISM backbone linkages



# Improvements in PRISM primary screen hit rates accelerate drug discovery over time

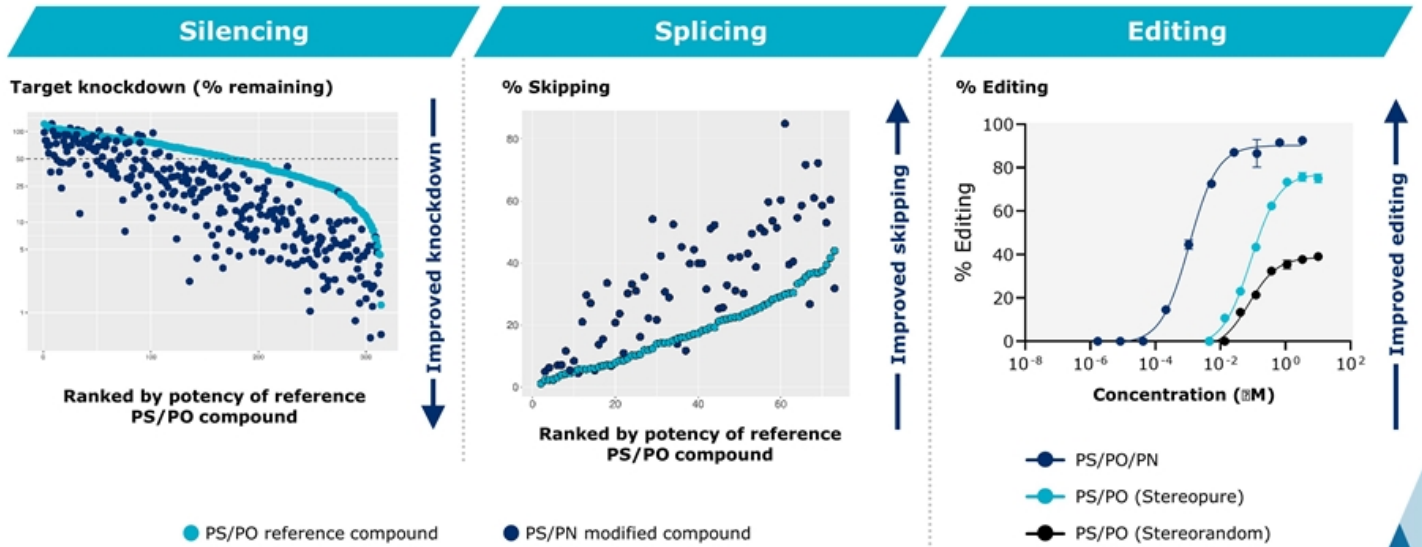
Primary screen hit rates with silencing far above industry standard hit rates



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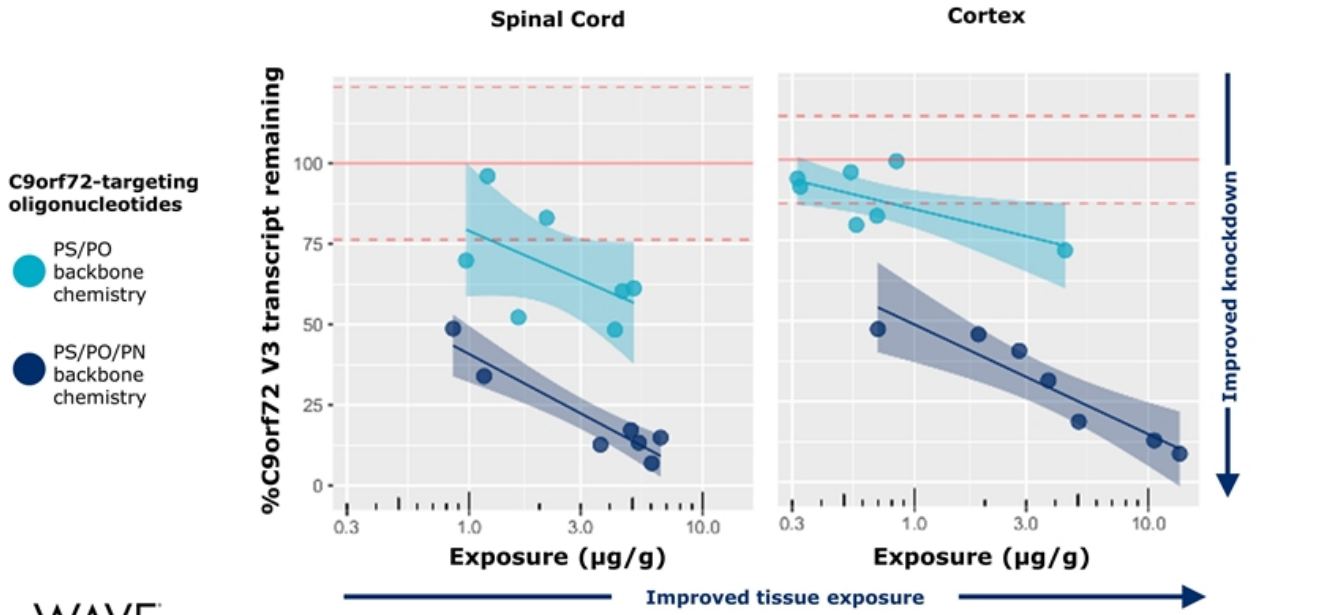
All screens used iPSC-derived neurons; Data pipeline for improved standardization. Hit rate = % of oligonucleotides with target knockdown greater than 50%. Each screen contains >100 oligonucleotides. ML: machine learning

# Potency is enhanced with addition of PN modifications across modalities





# Adding PN chemistry modifications to C9orf72-targeting oligonucleotides improved potency *in vivo*

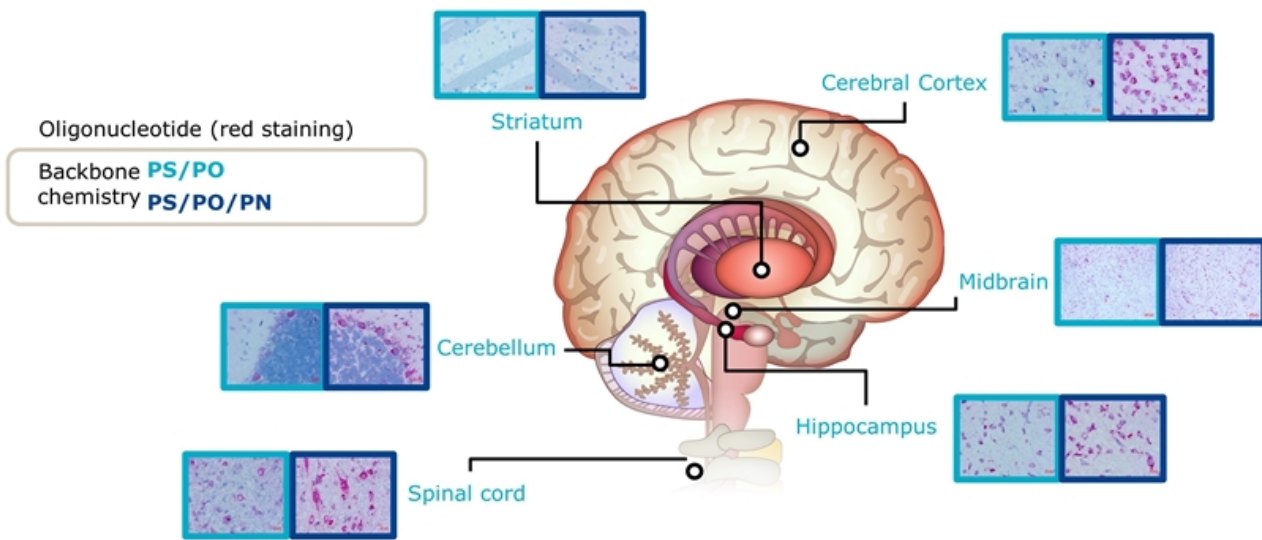


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Oligonucleotide concentrations quantified by hybridization ELISA. Graphs show robust best fit lines with 95% confidence intervals (shading) for PK-PD analysis; Liu et al. Molecular Therapy Nucleic Acids 2022; Kandasamy et al., Nucleic Acids Research, 2022, doi: 10.1093/nar/gkac037

# PN chemistry improves distribution to CNS

Distribution of oligonucleotides in non-human primate CNS 1-month post single IT dose



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NHPs administered 1x12 mg oligonucleotide or PBS by intrathecal injection/lumbar puncture (IT). CNS tissue evaluated 11 or 29 days after injection (n=6 per group). Oligonucleotide was visualized by ViewRNA (red), and nuclei are counterstained with hematoxylin. Images from day 29.

# Rational design to achieve target engagement and preclinical tolerability

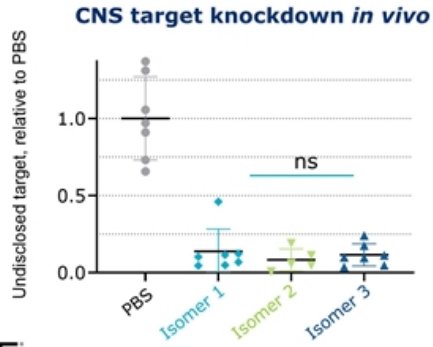
Unconjugated oligonucleotide administered ICV

Isomer 1  
Isomer 2  
Isomer 3

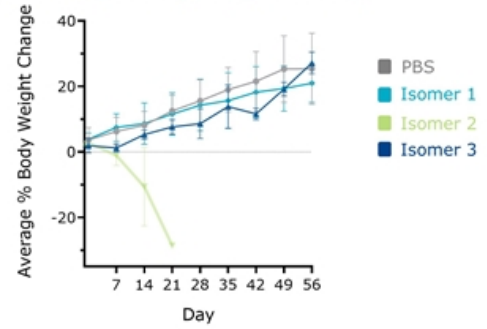
Same sequence, but different backbone stereochemistry

Stereoisomers have **similar** pharmacodynamic effects *in vivo*

Changing backbone stereochemistry leads to **different** tolerability profiles *in vivo*



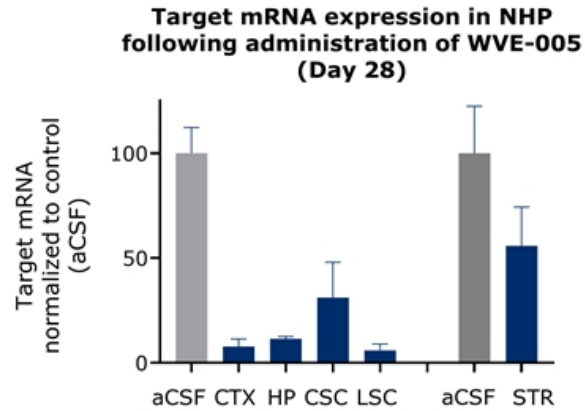
**Percentage Body Weight Change**



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Left: In a target engagement study, 7 mice administered 2 x 50 ug oligonucleotide or PBS by ICV on days 0 and 7. Tissue collected on day 14. Target mRNA normalized to Tubb3 and plotted relative to PBS. Data presented as mean ± SD (n=7). Stats: One-way ANOVA ns not significant, PBS phosphate buffered saline. Right: wt mouse tolerability study, n=4 administered 100 ug oligonucleotide or PBS by ICV on day 0 and monitored for 8 weeks.

# Single intrathecal dose in NHP leads to substantial and widespread target mRNA reduction throughout the CNS

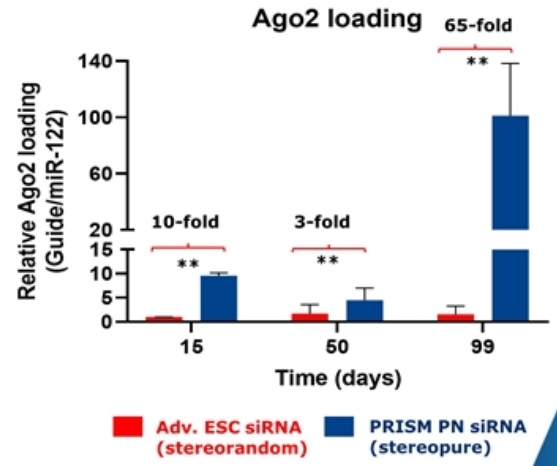
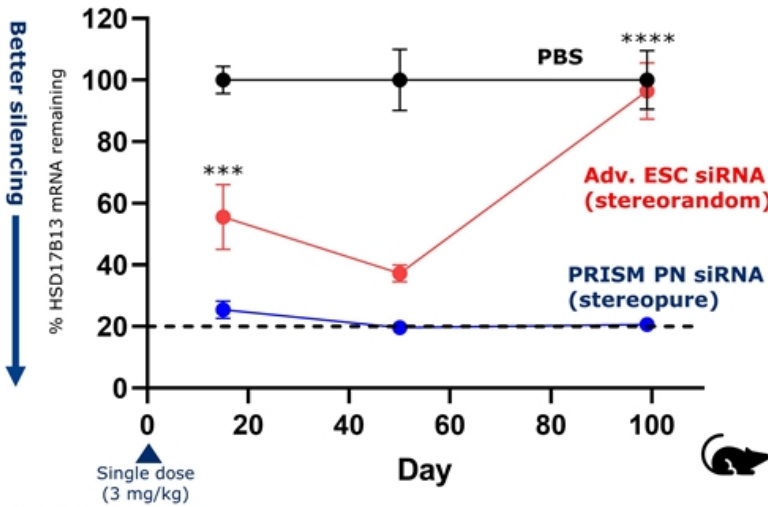


**Potential for infrequent IT administration, widespread CNS distribution of PN modified oligonucleotides, and availability of disease biomarkers facilitates development of differentiated CNS portfolio**

# PRISM PN siRNA led to unprecedented silencing as compared to state-of-art >3 months after single dose

~80% silencing HSD17B13 mRNA *in vivo* with GalNAc-conjugated PRISM PN siRNA 14 weeks post single dose

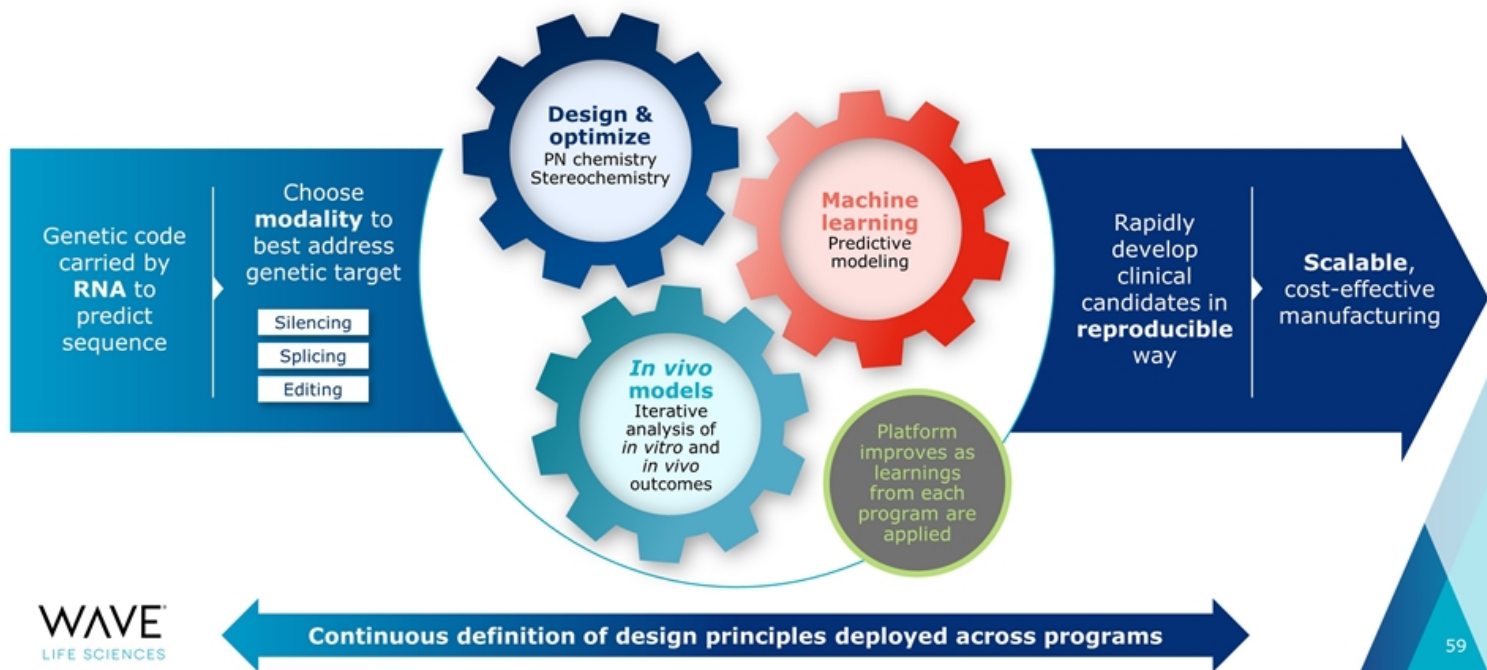
PRISM PN siRNA loaded in RISC is significantly greater than Adv. ESC siRNA



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(Left) Proprietary human transgenic mouse model, Post hoc tests derived from Linear Mixed Effects Model with Random subject effects;  
(Right) \*\* P<0.01, 2-way ANOVA

# PRISM platform is continuously improving



# Established internal GMP manufacturing for multiple oligonucleotide modalities

## Strong technical knowhow and operating expertise

- Experienced team led by Sridhar Vaddeboina, PhD (SVP Chemistry, Manufacturing, Controls)
- Experts in oligonucleotide synthesis (ASOs, DNAs, RNAs, siRNAs)
- Proven track record scaling complex chemistries; delivered clinical supply for six programs at Wave

## Established infrastructure

- State of the art facilities (90,000 sq ft) and expansion space
- Process and analytical development labs
- GMP oligonucleotide (API) manufacturing
- Established Quality and GMP systems (QA, supply chain, logistics, QC testing)



**Scalable to support Wave's GMP manufacturing needs, as well as potential new partners**

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Upcoming milestones



# Key anticipated upcoming milestones

<b>WVE-004</b> C9orf72 ALS & FTD	<ul style="list-style-type: none"> <li>✓ Delivered clinical target engagement data with single doses</li> <li>• Additional single and multidose data throughout 2022</li> <li>• Discussions with regulatory authorities regarding next phase of development later in 2022</li> </ul>		<b>Silencing</b>	<b>CNS</b> <i>(Intrathecal)</i>
<b>WVE-003</b> HD SNP3	<ul style="list-style-type: none"> <li>• Clinical data to enable decision making in 2022</li> </ul>		<b>Splicing</b>	<b>Muscle</b> <i>(IV)</i>
<b>WVE-N531</b> DMD Exon 53	<ul style="list-style-type: none"> <li>• Clinical data to enable decision making in 2022</li> </ul>		<b>ADAR editing</b>	<b>Targeted delivery liver</b> <i>(Subcutaneous)</i>
<b>AATD program</b> SERPINA1	<ul style="list-style-type: none"> <li>• Select an AATD AIMER development candidate and initiate IND-enabling toxicology studies in 3Q 2022</li> </ul>			

**Additional data generated in 2022 expected to further inform future opportunities and unlock value**

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Realizing a  
brighter future  
for people  
affected by  
genetic diseases

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617.949.4827

