

New Data Phase 2 COACH Trial Week 52

April 8, 2026



Treatment with TransCon CNP and TransCon hGH combination therapy is investigational.
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Executive Summary

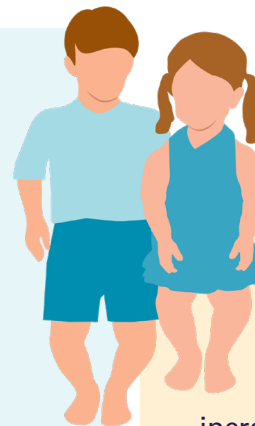
- Unprecedented improvements in arm span observed with TransCon CNP and TransCon hGH combination therapy, a measure highly meaningful to the achondroplasia community
- Enhanced improvements in spinal canal dimensions observed with TransCon CNP and TransCon hGH combination therapy compared to TransCon CNP monotherapy
- For the TransCon CNP treatment-naïve cohort, the improvement in tibial femoral angle (TFA) indicated enhanced straightening of the legs
- Children treated with long-term TransCon CNP monotherapy maintained TFA in normal range in COACH
- Week 52 COACH results demonstrated mean annualized growth velocity exceeding the 97th-percentile of average stature children, without compromising safety or tolerability and with no acceleration of bone age
- All children completed 52 weeks of treatment and remain on therapy in COACH as of today

Unprecedented benefits beyond linear growth observed after 52 weeks of treatment

Medical Complications Over a Lifespan

Medical complications of achondroplasia vary and may include:¹⁻⁷

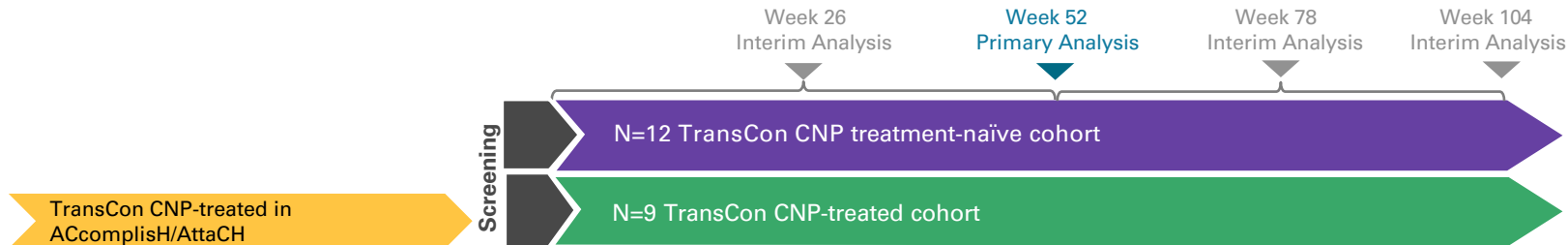
- Leg bowing
- Shortened arm span
- Otitis media
- Hearing loss
- Spinal abnormalities
- Spinal stenosis
- Obesity
- Enlargement of specific brain structures
- Limited elbow extension
- Low muscle tone with weakness
- Impaired muscle strength and stamina
- Upper airway obstruction
- Sleep-disordered breathing
- Restricted hip mobility
- Speech delay
- Misalignment of teeth



Major treatment goals are to decrease the incidence and severity of achondroplasia-related medical complications, increase height, promote proportional growth, and improve quality of life.^{8,9}

1. Ireland PJ, et al. *Appl Clin Genet*. 2014; 7: 117-25. 2. Horton WA, et al. *Lancet*. 2007; 370(9582): 162-72. 3. Sims DT, et al. *J Appl Physiol*. 2018; 124(3): 696-703. 4. de Vries OM, et al. *Am J Med Genet A*. 2021;185(4): 1023-32. 5. Pauli RM. *Orphanet J Rare Dis*. 2019;14(1):1. 6. Dhiman N, et al. *Qual Life Res*. 2017; 26(5): 1337-48. 7. Savarirayan R, et al. *Nat Rev Endocrinol*. 2022; 18(3): 173-89. 8. McGraw SA, et al. *Adv Ther*. 2022; 39(7): 3378-91. 9. U.S. FDA. Minutes of a Joint Meeting of the Pediatric Advisory Committee and the Endocrinologic and Metabolic Drugs Advisory Committee. 2018. <https://www.fda.gov/media/114640/download>.

COACH Trial Design



Primary Efficacy Objective

- Evaluate effect of combination treatment with TransCon CNP and TransCon hGH on linear growth compared to TransCon CNP alone

Population

- Children with achondroplasia, aged 2-11 years, with open epiphyses

Treatment

- TransCon CNP 100 µg/kg/week + TransCon hGH 0.30 mg hGH/kg/week (starting dose)

Primary Efficacy Endpoint

- Annualized growth velocity (AGV) at Week 52

Selected Secondary Endpoints

- Change from baseline in height Z-score
- AGV over time
- Upper to lower body segment ratio (body proportionality)
- Radiological endpoints including lower limb alignment and interpedicular distance (IPD)
- Arm span

Safety Endpoints

- Treatment-emergent AEs, including injection site reactions

Demographics and Baseline Characteristics (1/2)

Full analysis set at COACH screening	TransCon CNP Treatment-Naïve Cohort (N=12)	TransCon CNP-Treated Cohort (N=9)
Age at screening, years, mean (min, max)	4.67 (1, 9)	7.89 (5, 10)
Age group, n (%)		
< 5 years	6 (50.0)	0
5 to < 8 years	5 (41.7)	3 (33.3)
≥ 8 years	1 (8.3)	6 (66.7)
Sex, n (%)		
Male	8 (66.7)	6 (66.7)
Female	4 (33.3)	3 (33.3)
Genetic variant, n (%)		
1138G>A	11 (91.7)	8 (88.9)
1138G>C	0	1 (11.1)
1144G>A	1 (8.3)	0

Demographics and Baseline Characteristics (2/2)

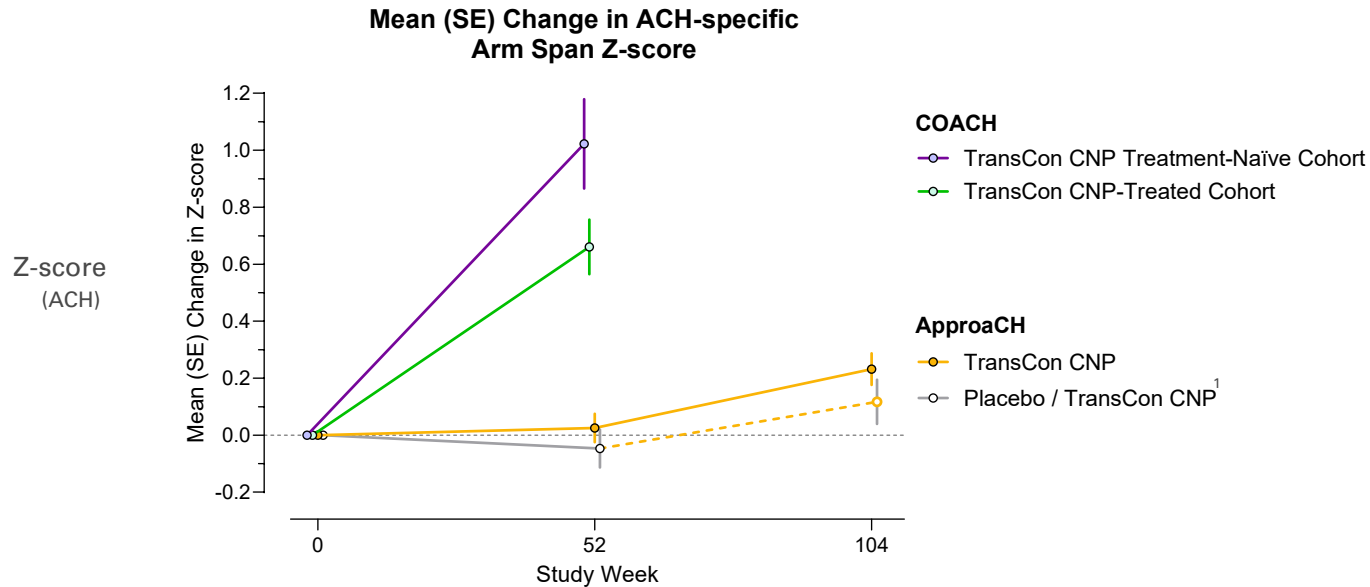
Full analysis set at COACH screening	TransCon CNP Treatment-Naive Cohort (N=12)	TransCon CNP-Treated Cohort (N=9)
Years of exposure to TransCon CNP 100 µg/kg/wk, mean (range)	Not Applicable	2.56 (2.30, 2.95)
Age at screening, years, mean (min, max)	4.67 (1, 9)	7.89 (5, 10)
AGV (cm/year), mean (SD)	4.92 (2.18)	5.14 (0.53)
CDC-based ¹ height Z-score, mean (SD)	-4.46 (0.77)	-4.04 (0.66)
ACH-specific ² height Z-score, mean (SD)	0.46 (0.70)	1.28 (0.81)
ACH-specific ³ arm span Z-score, mean (SD)	0.18 (1.12)	0.61 (0.84)
IGF-1 SDS, mean (SD)	-0.63 (1.32)	-0.70 (0.48)

Trial population is representative of children with achondroplasia and treatment benefit of TransCon CNP

¹CDC Stature for Age Charts, available at: <https://www.cdc.gov/growthcharts/who-growth-charts.htm>. ²Hoover-Fong JE, et al. *US. Orphanet J Rare Dis.* 2021;16(1):522. ³Merker A, Neumeayer L, Hertel NT, et al. *Am J Med Genet A* 2018;176(9):1819–1829. doi:10.1002/ajmg.a.40356.

Data on file, Ascendis Pharma 2026.

Change from Baseline in Arm Span Z-score: Monotherapy & Combination Therapy



Unprecedented improvements in arm span with combination therapy: +9.4cm for TransCon CNP Treatment-Naïve cohort and +7.9cm TransCon CNP-Treated cohort. Humeral gain by limb lengthening surgery is ~8 cm per arm.²

ACH Reference: Merker A, Neumeier L, Hertel NT, et al. *Am J Med Genet A* 2018;176(9):1819–1829. doi:10.1002/ajmg.a.40356.

¹ ApproaCH placebo patients crossed over to TransCon CNP therapy at Week 52.

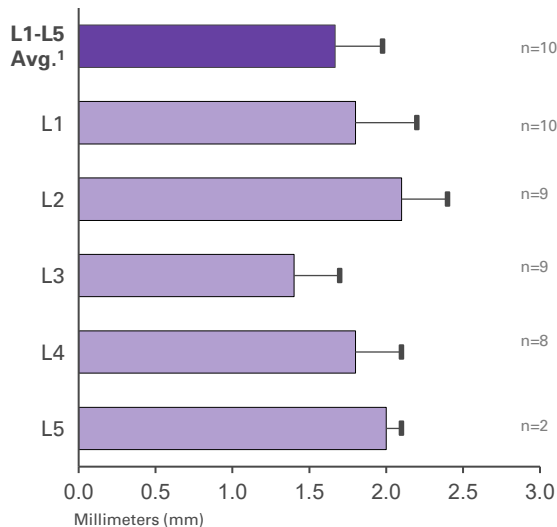
² Hosny G, et al. *International Orthopaedics*. Published online March 16, 2026. doi:https://doi.org/10.1007/s00264-025-06720-z.

Data on file, Ascendis Pharma 2026.

Week 52 Spinal Canal Dimensions

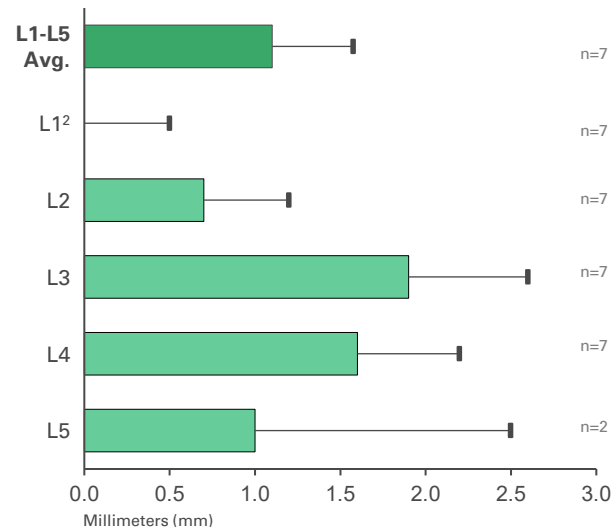
Change in Interpedicular Distance (IPD)

TransCon CNP Treatment-Naïve Cohort

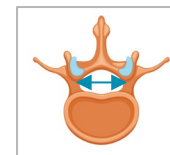


IPD improvement was +1.7 mm for children on combination therapy and was +0.6¹ mm for children on monotherapy

TransCon CNP-Treated Cohort



IPD improvement was +1.1 mm for children on combination therapy and was +0.6¹ mm for children on monotherapy



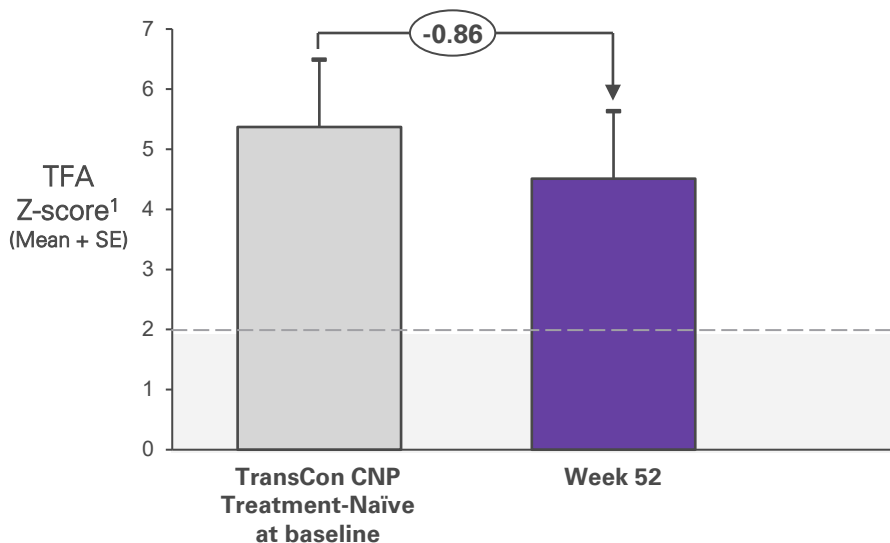
¹ Change from baseline to Week 52 for L1-L5 average for TransCon CNP group in the ApproaCH trial was +0.6 mm.

² At L1, there was an outlier with -2.4 mm.

Data on file, Ascendis Pharma 2026.

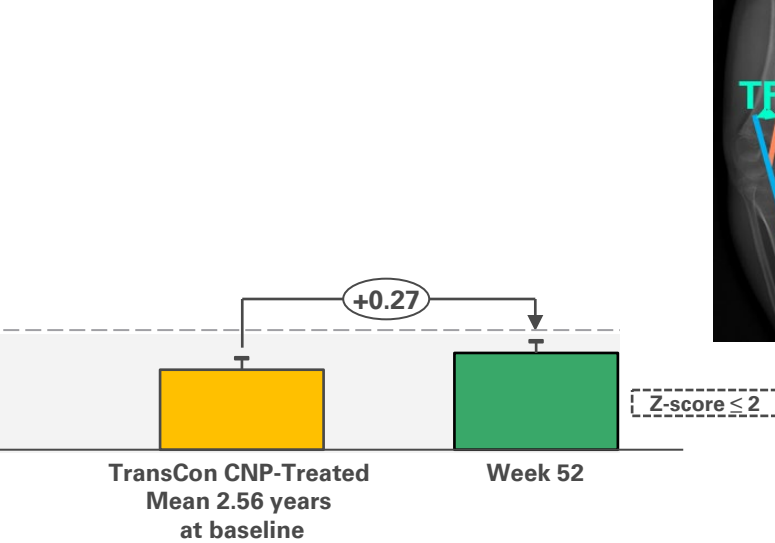
Week 52 Improvement in Lower Limb Alignment Tibial Femoral Angle (TFA) Z-score

TransCon CNP Treatment-Naïve Cohort



Mean change in TFA Z-score was -0.86 with combination therapy and was -0.47² for TransCon CNP monotherapy

TransCon CNP-Treated Cohort



Children previously treated with TransCon CNP monotherapy maintained in normal range for TFA Z-score

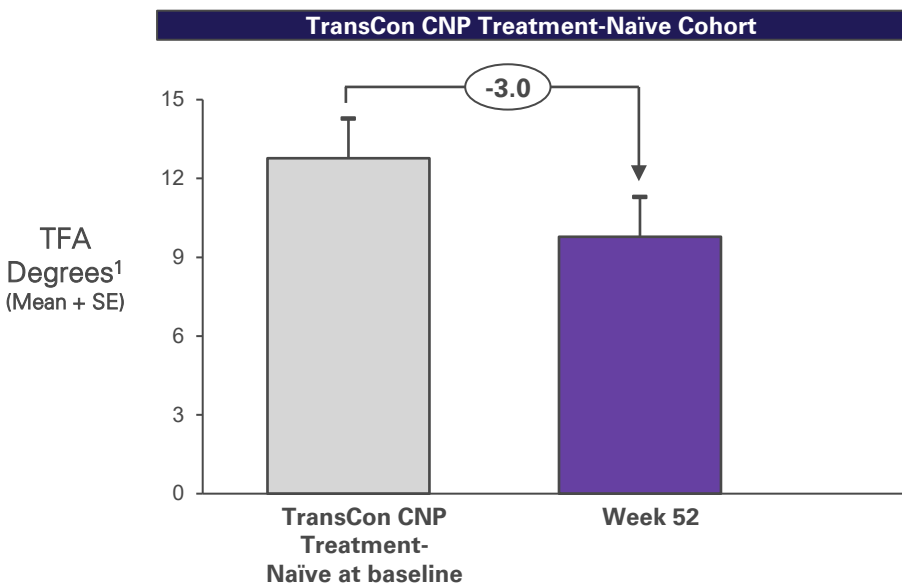


¹ Absolute Z-scores averaged across both legs, calculated based on data from children of average stature: Sabharwal S, Zhao C. The hip-knee-ankle angle in children: reference values based on a full-length standing radiograph. *J Bone Joint Surg Am.* 2009 Oct;91(10):2461-8. doi: 10.2106/JBJS.I.00015.

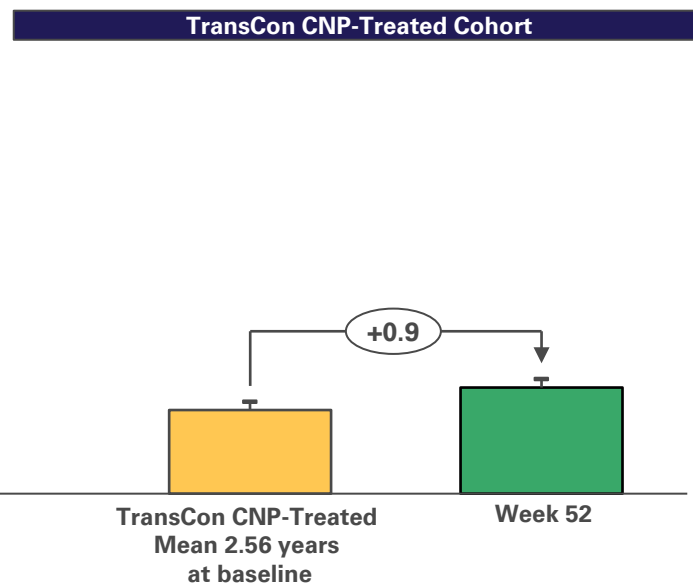
² In the TransCon CNP group in the ApproaCH trial.

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Week 52 Improvement in Lower Limb Alignment Tibial Femoral Angle (TFA)



Mean change in TFA was -3.0 degrees with combination therapy and was -1.3² degrees for children on monotherapy



TransCon CNP-treated cohort maintained monotherapy TFA treatment benefit in the setting of accelerated growth

¹Tibial femoral angles were determined for each leg and then converted to absolute values. Summary data are presented as the average absolute TFA across both legs.

²In the TransCon CNP group in the ApproaCH trial.

Next Steps

- On track to begin recruitment in Phase 3 trial of TransCon CNP and TransCon hGH combination therapy in children with achondroplasia by mid year
- Week 78 COACH data expected Q2 2026; Week 104 data expected around year end 2026

COACH data reinforce transformative potential of TransCon CNP and, with TransCon hGH, point to a new era for mitigating the medical complications of achondroplasia

Thank you

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