

PRESS RELEASE

**Ascendis to Showcase Advances in Treatment of Rare Endocrine Diseases at ENDO 2026**

COPENHAGEN, Denmark, June 8, 2026 (GLOBE NEWSWIRE) – Ascendis Pharma A/S (Nasdaq: ASND) today announced that the latest data from its Endocrinology Rare Disease programs in hypoparathyroidism, achondroplasia, and pediatric growth hormone deficiency will be shared in two oral presentations and three posters at ENDO 2026, the annual meeting of the Endocrine Society being held in Chicago from June 13-16, 2026.

“As a leader in rare endocrine diseases, we are committed to sharing comprehensive clinical trial results in peer-reviewed forums that reinforce the transformative potential of our innovative therapies,” said Aimee Shu, M.D., Executive Vice President, Chief Medical Officer at Ascendis Pharma. “This year at ENDO, we look forward to showcasing the long-term safety and efficacy of TransCon PTH, demonstrated through multiple clinical trials, as well as data demonstrating the long-term benefits of TransCon CNP alone and in combination with TransCon hGH in children with achondroplasia.”

Ascendis presentations at ENDO 2026 include:

**ORAL PRESENTATIONS**

Saturday June 13 2:45-3:00pm CT W187	<b>Hypoparathyroidism</b> Abstract 2312489 Session: Bone & Mineral Metabolism: Parathyroid Disease ORF16 <b>Palopegteriparatide Treatment in Adults with Hypoparathyroidism: Final Results of the Phase 3 PaTHway Trial</b> Presented by Aliya Khan, M.D.
Monday June 15 2:30–2:45pm CT W187	<b>Achondroplasia</b> Abstract 2317908 Session: Growth & Puberty ORF47 <b>Navepegritide Combined with Lonapegsomatropin for the Treatment of Children with Achondroplasia: 52-Week Results from the Phase 2 COACH Trial</b> Presented by Ciara McDonnell, M.D.

**POSTERS**

Sunday June 14 9am-4pm CT Poster Hall	<b>Hypoparathyroidism</b> Poster SUN-770 (Abstract 2311239) <b>Palopegteriparatide Enhances Work Functioning and Productivity in Employed Adults with Chronic Hypoparathyroidism: 156-Week Results from the PaTHway Trial</b> Authors: Wahid Noori et al
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<p>Sunday June 14 9am-4pm CT Poster Hall</p>	<p><b>Hypoparathyroidism</b> Poster SUN-769 (Abstract 2312938) <b>Global Prevalence Estimates for Post-Surgical and Non-Surgical Chronic Hypoparathyroidism (HypoPT): A Systematic Literature Review and Meta-Analysis</b> Authors: Subhara Raveendran et al</p>
<p>Sunday June 14 9am-4pm CT Poster Hall</p>	<p><b>Pediatric Growth Hormone Deficiency</b> Poster SUN-201 (Abstract 2328928) <b>Safety and Effectiveness of Lonapegsomatropin in the SkybriGHt Registry: Analysis of the First 100 Patients Enrolled With 2 Years of Follow-Up</b> Authors: Aristides Maniatis, M.D. et al</p>

### About Hypoparathyroidism

Hypoparathyroidism is an endocrine disease caused by insufficient levels of parathyroid hormone (PTH), the primary regulator of calcium and phosphate balance in the body, acting directly on bone and kidney and indirectly on the intestine. Individuals with hypoparathyroidism may experience a range of severe and potentially life-threatening short-term and long-term complications, including neuromuscular irritability, renal complications, extra-skeletal calcifications, and cognitive impairment. Post-surgical hypoparathyroidism accounts for the majority of cases (70-80%), while other etiologies include autoimmune, idiopathic, and genetic causes, including ADH1.

### About Achondroplasia

Achondroplasia is a rare genetic condition arising from a systemic fibroblast growth factor receptor 3 (FGFR3) variant that leads to an imbalance in the effects of the FGFR3 and CNP signaling pathways, estimated to affect more than 250,000 people worldwide. While historically considered a bone growth disorder, the FGFR3 variant seen in achondroplasia is expressed in tissues throughout the body, and is associated with an increased risk of muscular, neurological, and cardiorespiratory complications in addition to skeletal dysplasia. Medical complications of achondroplasia can vary from individual to individual and across different stages of life. Throughout infancy and childhood, observed complications include spinal abnormalities, enlarged brain ventricles, impaired muscle strength and reduced stamina, hearing deficits and chronic ear infections, upper airway obstructions, sleep-disordered breathing, hip problems, leg bowing, and chronic pain; some of which persist or worsen in adulthood. These medical complications can affect physical well-being and quality of life, and may be impacted by a range of individual, clinical, and social factors. Some individuals with achondroplasia require multiple procedures and surgeries to address specific functional or anatomical concerns.

### About Pediatric Growth Hormone Deficiency

Growth hormone plays an essential role in the health of children and adults, promoting growth in children and maintenance of healthy body composition, cardiovascular function, and metabolism at all ages. Inadequate secretion of growth hormone from the anterior pituitary gland leads to impaired growth and function in many organs and tissues of the body where growth hormone is active, including liver, muscle, fat, and bone. Pediatric growth hormone deficiency (pediatric GHD), may be present at birth (congenital GHD) or may develop at any time during infancy, childhood, or adolescence, with the most visible sign

being a noticeable slowing of growth; it may be isolated or occur with multiple pituitary hormone deficiencies.

### **About Ascendis Pharma A/S**

Ascendis Pharma is a global biopharmaceutical company focused on applying our innovative TransCon technology platform to make a meaningful difference for patients. Guided by our core values of Patients, Science, and Passion, and following our algorithm for product innovation, we apply TransCon to develop new therapies that demonstrate best-in-class potential to address unmet medical needs. Ascendis is headquartered in Copenhagen, Denmark, and has additional facilities in Europe and the United States. Please visit [ascendispharma.com](http://ascendispharma.com) to learn more.

### **Forward-Looking Statements**

This press release contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, included in this press release regarding Ascendis' future operations, plans and objectives of management are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. Examples of such statements include, but are not limited to, statements relating to (i) Ascendis' planned presentations and posters at ENDO 2026, (ii) Ascendis' commitment to sharing comprehensive clinical trial results in peer-reviewed forums that reinforce the transformative potential of its innovative therapies, (iii) the long-term safety and efficacy of TransCon PTH and the long-term benefits of TransCon CNP alone and in combination with TransCon hGH in children with achondroplasia, (iv) Ascendis' ability to apply its TransCon technology platform to make a meaningful difference for patients, and (v) Ascendis' ability to apply TransCon to develop new therapies that demonstrate best-in-class potential to address unmet medical needs. Ascendis may not actually achieve the plans, carry out the intentions or meet the expectations or projections disclosed in the forward-looking statements and you should not place undue reliance on these forward-looking statements. Actual results or events could differ materially from the plans, intentions, expectations and projections disclosed in the forward-looking statements. Various important factors could cause actual results or events to differ materially from the forward-looking statements that Ascendis makes, including, without limitation: dependence on third-party manufacturers, distributors, and service providers for Ascendis' products and product candidates; risks related to regulatory review and approval, including the possibility of delays, requests for additional data or analyses, restrictions or limitations on use, approval with labeling that is more limited than expected, or failure to obtain approval in the United States, European Union, or other jurisdictions; clinical development risks, including that results from ongoing or future trials may not confirm earlier data; unforeseen safety or efficacy findings in development programs or on-market products; manufacturing, supply chain, quality, or logistics issues that could delay development or commercialization; unforeseen expenses related to commercialization of any approved Ascendis products; unforeseen research and development or selling, general and administrative expenses and other costs impacting Ascendis' business generally; market acceptance, pricing, and reimbursement challenges, including payer coverage decisions and health technology assessments; competitive developments, including new or improved therapies; intellectual property protection, freedom-to-operate, and litigation risks; Ascendis' ability to obtain additional funding, if needed, to support its business activities; cybersecurity, data privacy, and information technology disruptions; and the impact of international economic, political, legal, compliance, public health, and business factors, including tariffs, trade policies, currency fluctuations, and geopolitical events. For a further description of the risks and

uncertainties that could cause actual results to differ from those expressed in these forward-looking statements, as well as risks relating to Ascendis' business in general, see Ascendis' Annual Report on Form 20-F filed with the U.S. Securities and Exchange Commission (SEC) on February 11, 2026, and Ascendis' other future reports filed with, or submitted to, the SEC. Forward-looking statements do not reflect the potential impact of any future licensing, collaborations, acquisitions, mergers, dispositions, joint ventures, or investments that Ascendis may enter into or make. Ascendis does not assume any obligation to update any forward-looking statements, except as required by law.

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