ENTASIS THERAPEUTICS

# Phase 3 ATTACK Topline Results for Sulbactam-Durlobactam

Nasdaq: ETTX

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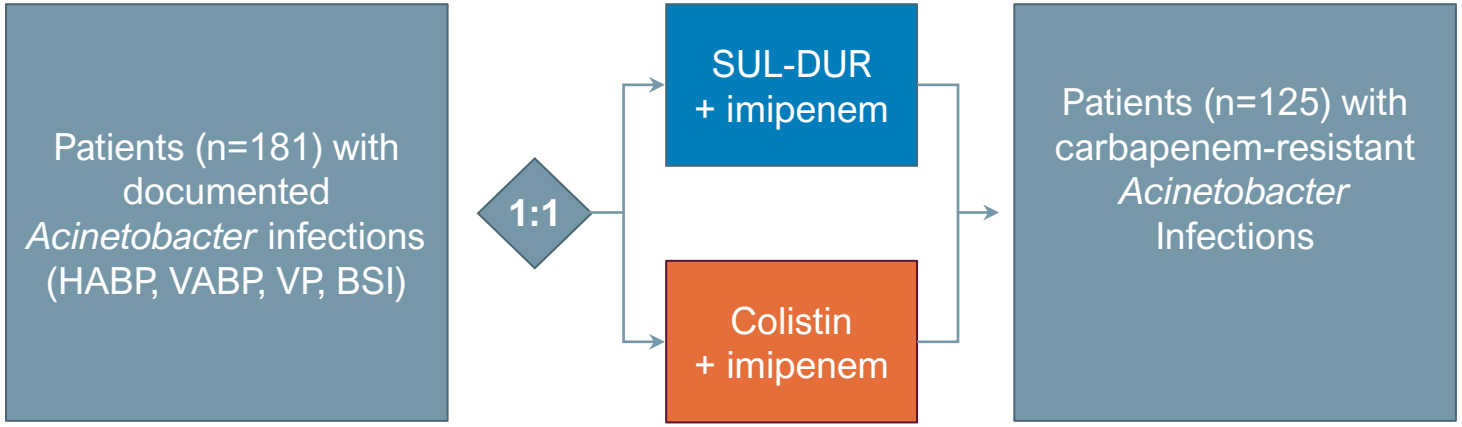
# Primary Efficacy and Safety Objectives of ATTACK Were Achieved

## Robust positive SUL-DUR results

- Non-inferiority in 28-day all-cause mortality vs. colistin in patients with carbapenem-resistant *Acinetobacter baumannii-calcoaceticus* infections and overall trend favoring SUL-DUR
- Statistically significant higher clinical cure rate at Test of Cure compared to colistin
- Favorable safety profile compared to colistin with a statistically significant reduction in nephrotoxicity
- Additional analyses of non-inferiority at 28-days and 14-days support primary efficacy results
- Part B (including colistin-resistant *Acinetobacter*) mortality rate consistent with Part A
- Comparable baseline demographics in both treatment groups
- Overall adverse events (AEs) in the safety population comparable between treatment groups

# ATTACK: Single Global Phase 3 Pivotal Trial – Part A

## Head-to-head vs. colistin in carbapenem-resistant *Acinetobacter* infections




~95% of all baseline *Acinetobacter* isolates tested were carbapenem-resistant

### Endpoints

**Primary efficacy analysis:**

- 28-day all-cause mortality (ACM) in CRABC m-MITT population

**Primary safety analyses:**

- Nephrotoxicity (RIFLE criteria)
- Overview of AEs

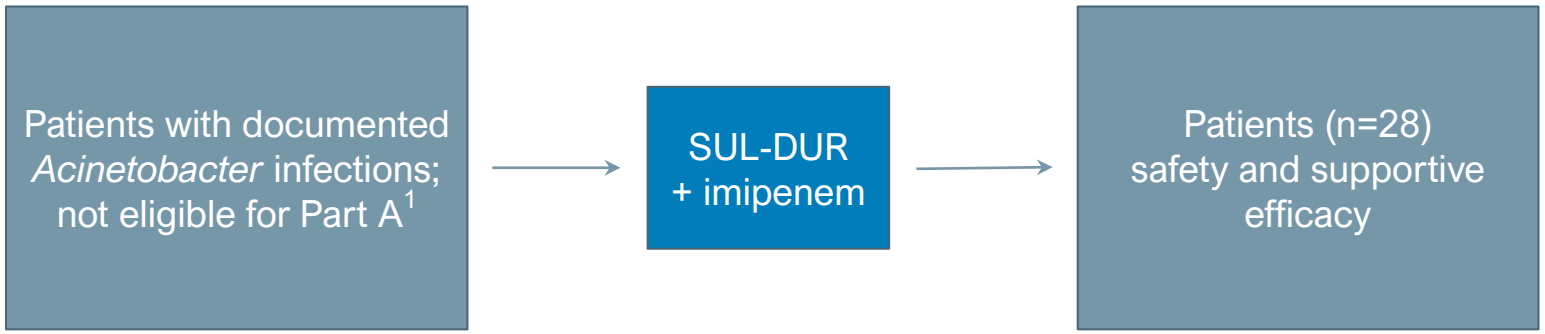
**Select secondary analyses:**

- 28-day ACM in ITT and m-MITT populations
- 14-day ACM in m-MITT and CRABC m-MITT populations
- Clinical cure at EOT, TOC, and LFU in CRABC m-MITT

HABP: Hospital-acquired bacterial pneumonia; VABP: Ventilator-associated bacterial pneumonia; VP: Ventilated pneumonia. BSI: Bloodstream infection; SUL-DUR: sulbactam-durlobactam; ACM: All-Cause Mortality; CRABC: Carbapenem-resistant *Acinetobacter baumannii-calcoaceticus* Complex; m-MITT: Microbiologically Modified Intent-to-Treat; RIFLE: Risk, Injury, and Failure; and Loss, and End-stage kidney disease; TOC: Test of Cure; EOT: End of Treatment; LFU: Late Follow Up.

# ATTACK: Single Global Phase 3 Pivotal Trial – Part B

## Open label arm enrolling patients not eligible for Part A




### Endpoints

**Efficacy:**

- 28-Day ACM in ITT population
- 14-Day ACM in m-MITT population

**Safety:**

- Overview of AEs

1. Includes patients with HABP, VABP and bacteremia due to colistin-resistant *Acinetobacter* or patients with known intolerance to colistin.

# Key Baseline Demographics Comparable Across Treatment Groups

## Balanced between Part A and Part B

| | PART A SUL-DUR + IMI n = 64 | PART A Colistin + IMI n = 64 | PART B SUL-DUR + IMI n = 28 |
|---|---|---|---|
| **Age – Mean (Years)** | 61.6 | 65.1 | 56.2 |
| **Age Group (%)** | | | |
| <65 years | 56.3 | 48.4 | 67.9 |
| 65 – 75 years | 25.0 | 18.8 | 17.9 |
| >75 years | 18.8 | 32.8 | 14.3 |
| **Gender (% Male)** | 71.9 | 76.6 | 75.0 |
| **Severity of Illness (%)** | | | |
| APACHE II Score 10-19/SOFA Score 7-9/qSOFA Score 2 | 73.4 | 68.8 | 67.9 |
| APACHE II Score 20-30/SOFA Score ≥10/qSOFA Score 3 | 25.0 | 31.3 | 32.1 |
| **Infection Type (%)** | | | |
| Bacteremia | 3.1 | 1.6 | 60.7 |
| HABP | 37.5 | 48.4 | 14.3 |
| VABP | 59.4 | 46.9 | 25.0 |
| VP | 0.0 | 3.1 | 0.0 |
| **Duration of ICU Stay at Baseline (%)** | | | |
| No ICU Stay | 32.8 | 29.7 | 17.9 |
| <5 | 3.1 | 4.7 | 3.6 |
| 5-14 | 35.9 | 37.5 | 14.3 |
| >14 | 28.1 | 28.1 | 64.3 |
| **Charlson Comorbidity Index – Mean** | 4.6 | 4.8 | 2.7 |

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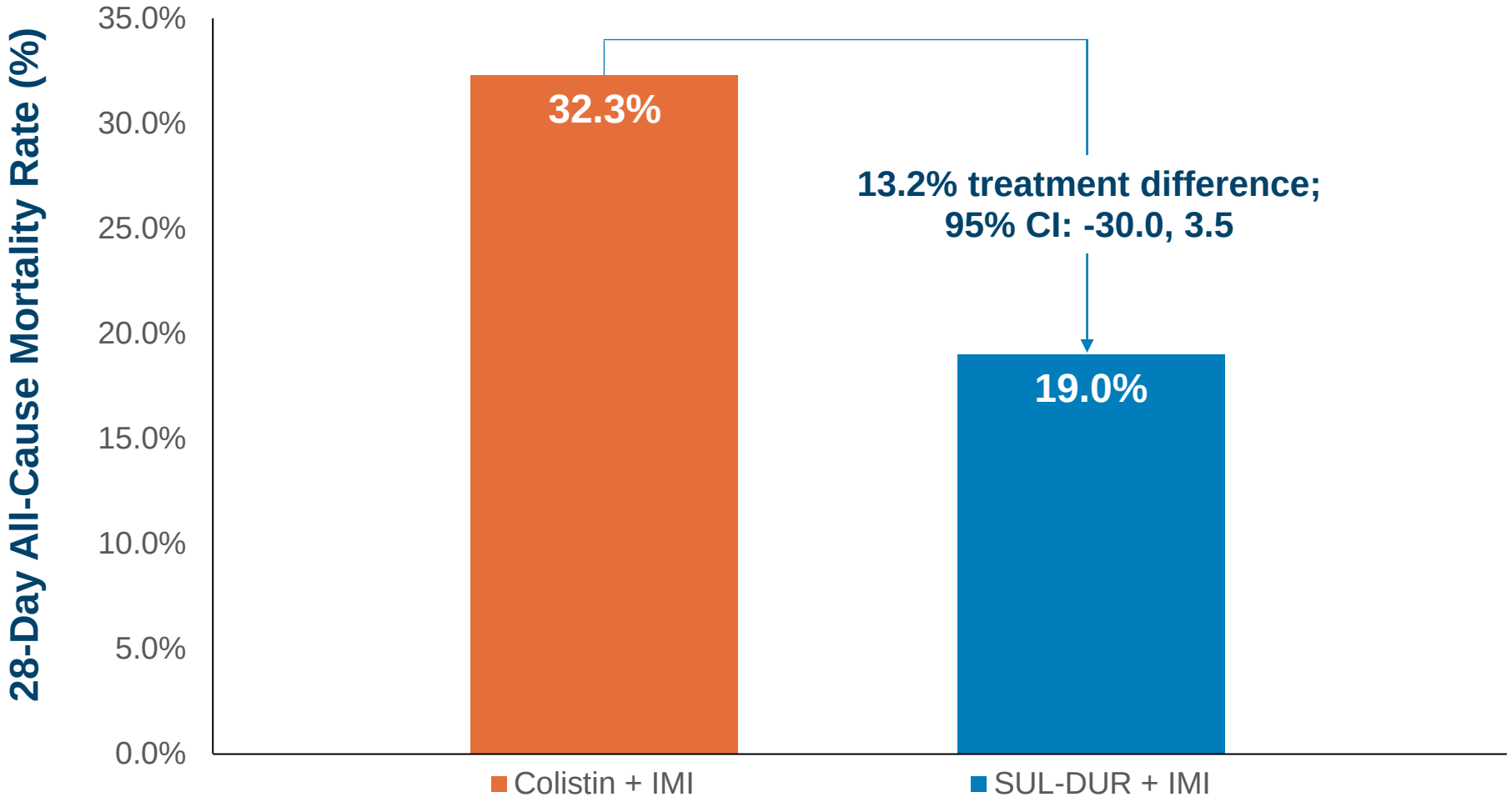
IMI: Imipenem; HABP: Hospital-acquired Bacterial Pneumonia; VABP: Ventilator-acquired Bacterial Pneumonia; VP: Ventilated pneumonia; ICU: Intensive Care Unit
Note: APACHE II score was evaluated first, when not available SOFA or qSOFA were used

# Achieved Primary Efficacy Endpoint

## SUL-DUR non-inferiority on 28-day all-cause mortality vs. colistin

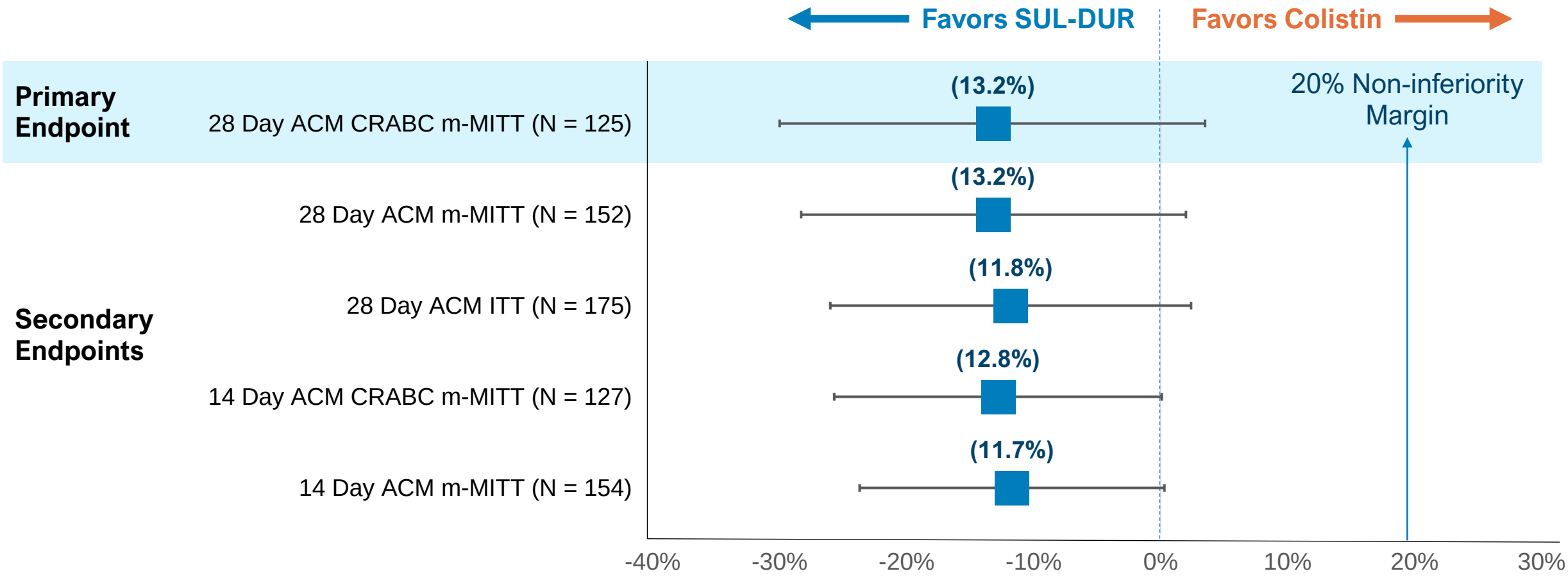



CI: Confidence Interval.

# All-Cause Mortality Analyses Favor SUL-DUR

Favorable mortality difference for SUL-DUR vs. colistin across all study populations evaluated to date

## Mortality Rate Treatment Difference and 95% Confidence Interval

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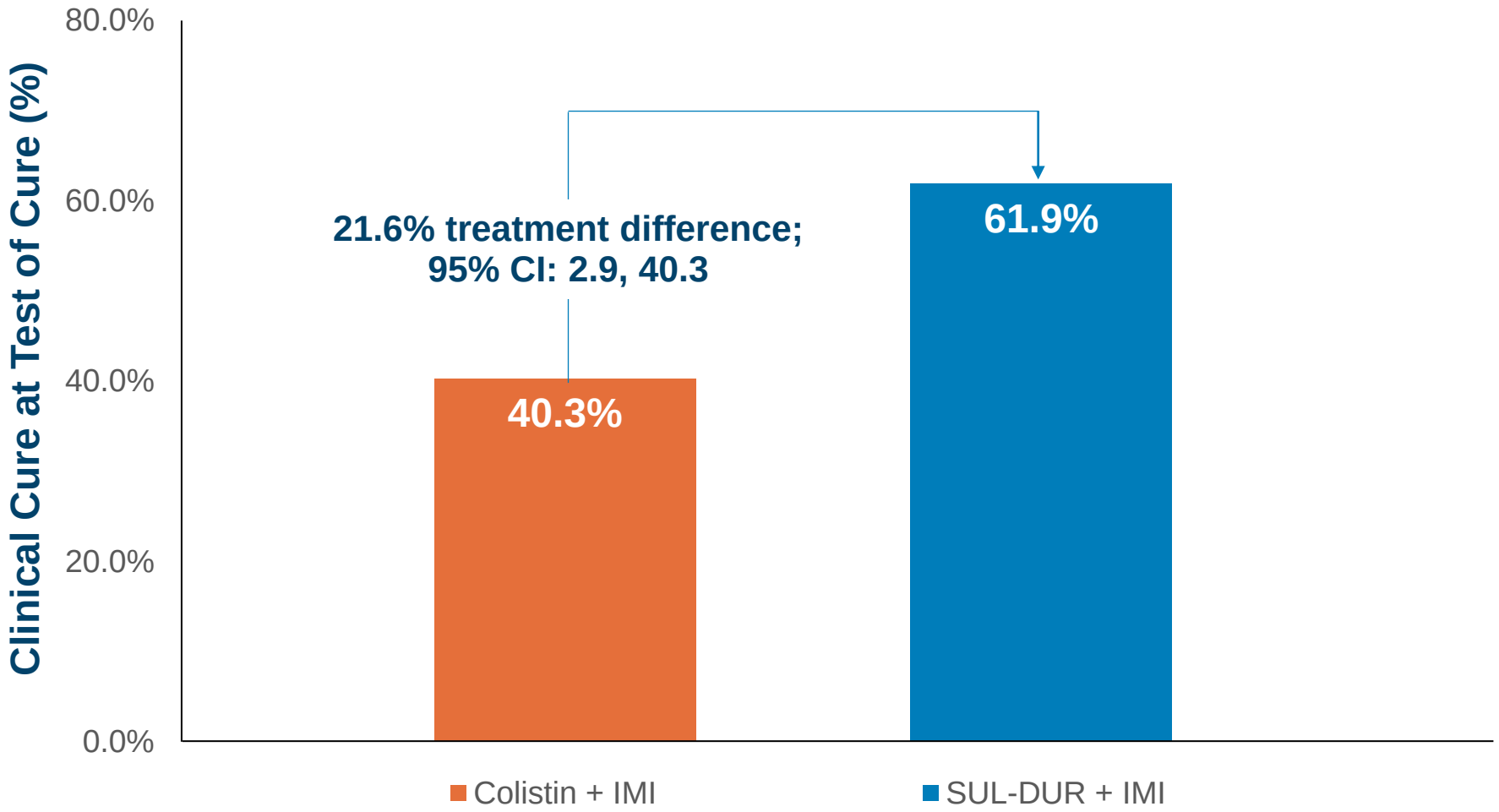
# Statistically Significant Difference in Clinical Cure

SUL-DUR compared to colistin at Test of Cure

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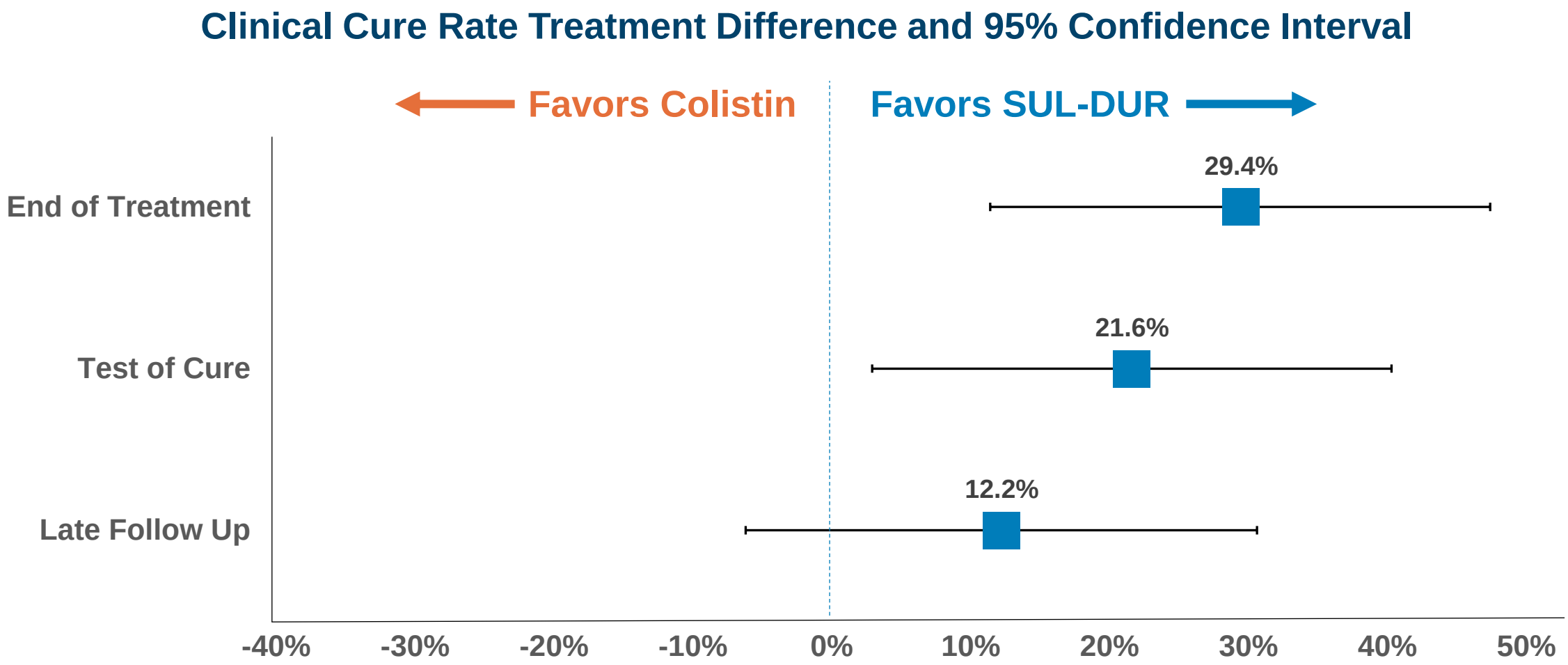
# Clinical Cure Rates Favor SUL-DUR at All Measured Timepoints

Statistically significant difference in clinical cure at End of Treatment and Test of Cure

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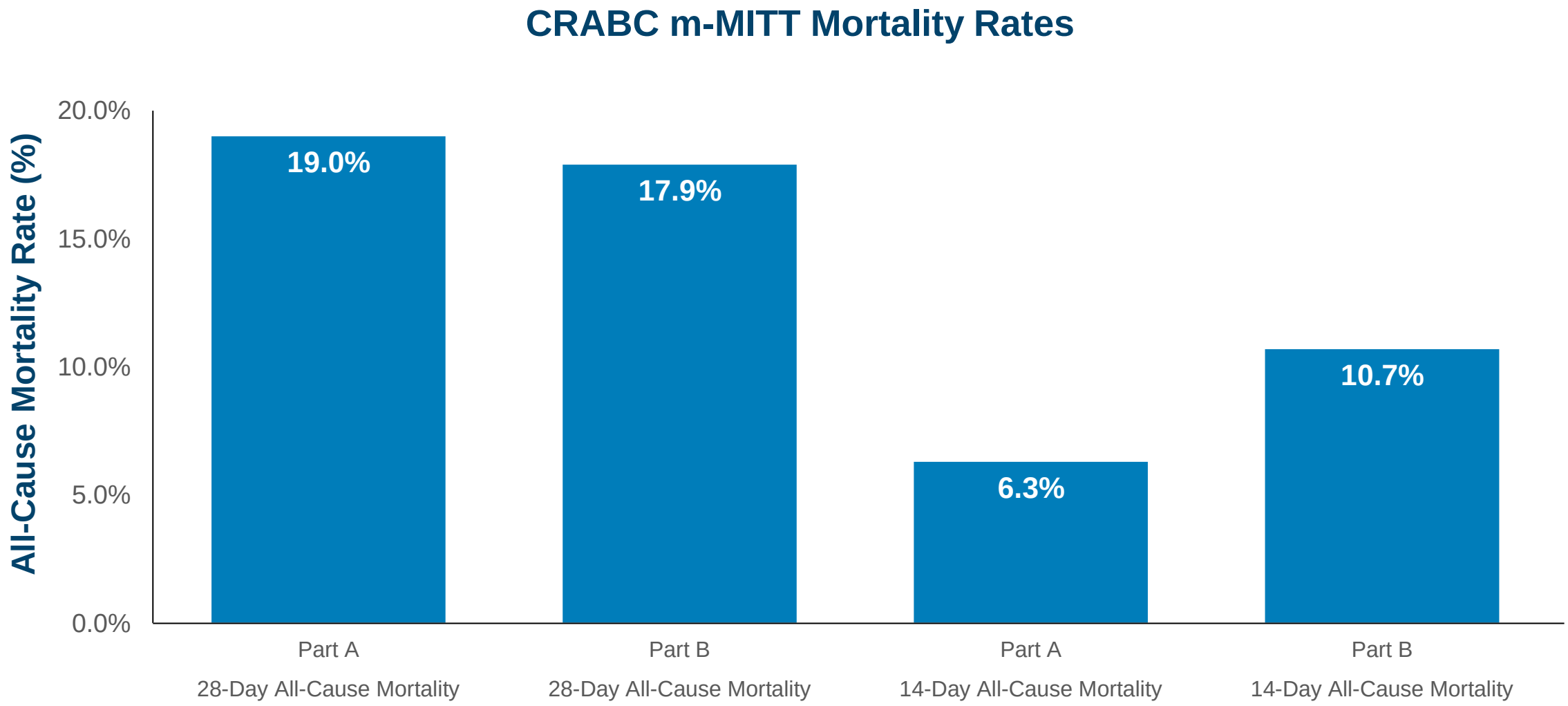
# All-Cause Mortality Rate in Part B Consistent with Part A

## Low all-cause mortality in Part B

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# Comparable Adverse Events Between Treatment Groups

## SUL-DUR compared to colistin

| | PART A SUL-DUR + IMI (N=91) | PART A Colistin + IMI (N=86) | PART B SUL-DUR + IMI (N=28) |
|---|---|---|---|
| Any Adverse Event (AE) (%) | 87.9 | 94.2 | 89.3 |
| Drug-Related TEAEs (%) | 12.1 | 30.2 | 10.7 |
| Serious AEs (%) | 39.6 | 48.8 | 32.1 |
| Drug-Related Serious AEs (%) | 1.1 | 2.3 | 3.6 |
| TEAEs Leading to Discontinuation of Study Drug | 11.0 | 16.3 | 14.3 |
| Serious TEAEs Leading to Discontinuation of Study Drug | 7.7 | 8.1 | 10.7 |

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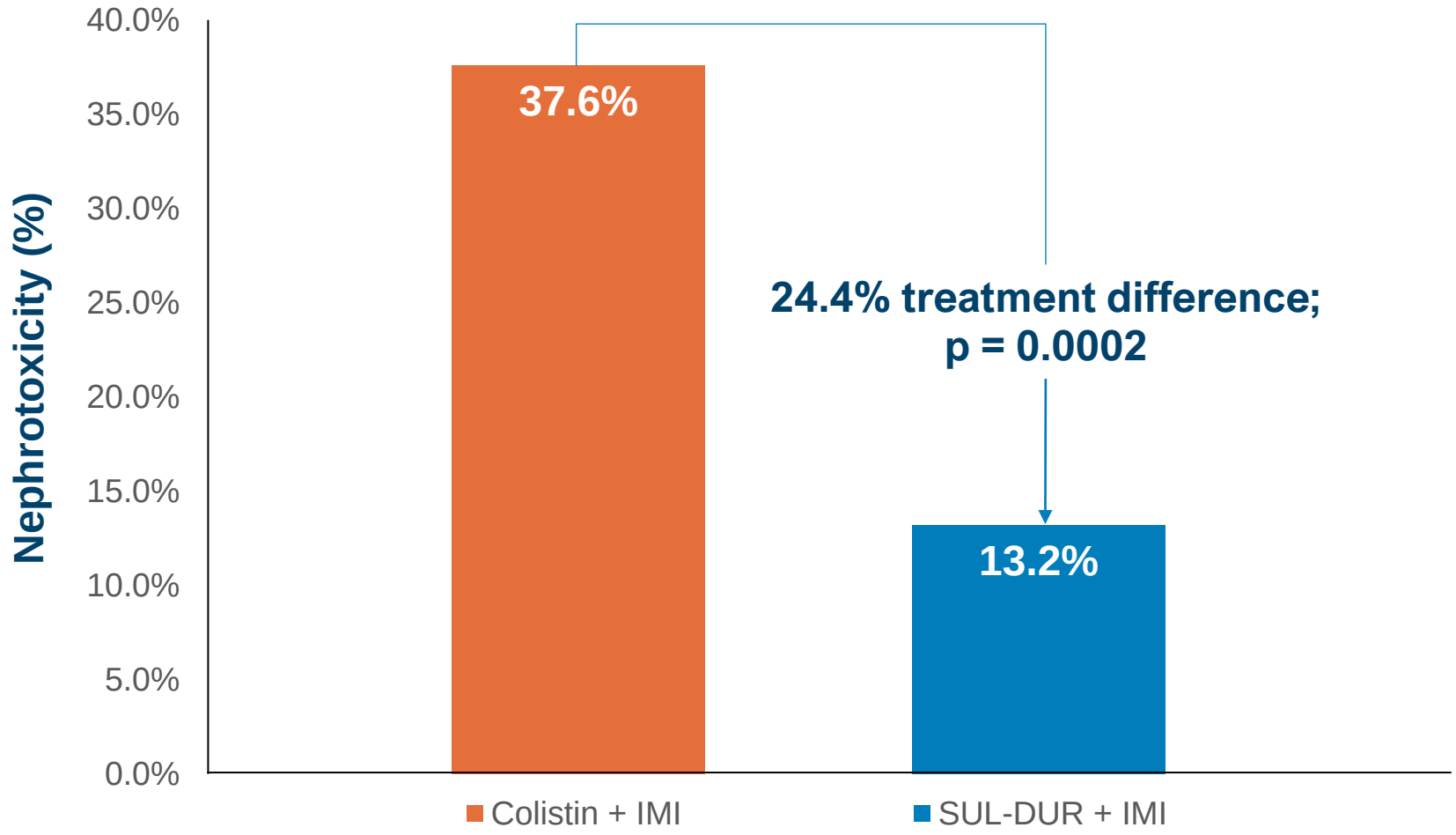
1. Safety population includes patients randomized who received at least one dose of study drug.

# Statistically Significant Reduction in Nephrotoxicity

## SUL-DUR vs. colistin as measured by the RIFLE classification




RIFLE: Risk, Injury, and Failure; and Loss; and End-stage kidney disease (measured by creatinine level or glomerular filtration rate)

# A Significant Milestone for Patients, a Pivotal Moment for Entasis

- SUL-DUR first to achieve statistical non-inferiority in 28-day all-cause mortality in patients with CRAB
- Statistically significant difference in clinical cure at Test of Cure
- Favorable safety profile with statistically significant reduction in nephrotoxicity
- If approved, SUL-DUR could become the first pathogen-targeted treatment in patients with high unmet need
- Target NDA submission in mid-2022
- Collaborate with Zai Lab to prepare regulatory submission in China
- Prepare and invest for the future, commercialization of SUL-DUR and advancement of our innovative pipeline, including zoliflodacin in Phase 3
- Address global health urgent threats for patients in need