

Phase I/II ifezuntirgene inilparvovec (AMT-130) Huntington's Disease Program Update

September 29, 2026



Ashley –
Huntington's Disease
Community Advocate

Disclaimer

This presentation contains 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. All statements other than statements of historical fact are forward-looking statements, which are often indicated by terms such as “anticipate,” “believe,” “could,” “estimate,” “expect,” “goal,” “intend,” “look forward to,” “may,” “plan,” “potential,” “predict,” “project,” “should,” “will,” “would” and similar expressions and the negatives of those terms. Forward-looking statements are based on management's beliefs and assumptions and on information available to management only as of the date of this presentation. Examples of these forward-looking statements include, but are not limited to, statements concerning: the timing of our meetings and discussions with regulatory authorities; our ability to continue accumulating long-term patient data; the potential clinical and functional effects of AMT-130; the potential for accelerated regulatory pathways, including priority review, for AMT-130; our enrollment of a fourth cohort studying AMT-130 in patients with higher striatal volumes compared to patients in prior cohorts; the utility of NfL in CSF as an effective biomarker and indicator of clinical severity; and the potential commercialization of AMT-130 and statements related thereto, including our potential addressable market and potential treatment centers. Because these statements are subject to risks and uncertainties, our actual results could differ materially from those expressed in these forward-looking statements. These risks and uncertainties include, among others: risks related to our clinical trials of AMT-130, including the risk that such trials will be unable to demonstrate data sufficient to support further clinical development and the risk that interim or topline data from the trials may not be predictive of later data readouts; risks related to our interactions with regulatory authorities, which may affect the initiation, timing and progress of clinical trials and pathways to regulatory approval; whether the measurements that we are evaluating continue to be viewed as robust and sensitive measurements of disease progression; whether Regenerative Medicine Advance Therapy designation, Breakthrough Therapy designation, or any accelerated pathway, if granted, will lead to regulatory approval; our ability to conduct and fund a Phase III or confirmatory study for AMT-130 if needed; our ability to continue to build and maintain the infrastructure and personnel needed to achieve our goals, including commercialization of AMT-130 if approved; our effectiveness in managing current and future clinical trials and regulatory processes; our ability to demonstrate the therapeutic benefits of our gene therapy candidates in clinical trials; the continued development and acceptance of gene therapies; our ability to obtain, maintain and protect our intellectual property; and our ability to fund our operations and to raise additional capital as needed and on acceptable terms. These and other risks and uncertainties are described more fully under the heading “Risk Factors” in our periodic filings with the U.S. Securities and Exchange Commission (“SEC”), including in our Annual Report on Form 10-K filed with the SEC on March 2, 2026 our Quarterly Reports on Form 10-Q filed with the SEC on May 5, 2026 and July 29, 2026, and other filings that we make with the SEC from time to time.

Given these risks, uncertainties and other factors, you should not place undue reliance on these forward-looking statements and, except as required by law, we assume no obligation to update these forward-looking statements to reflect events that occur or circumstances that exist after the date on which they were made.

The ongoing Phase I/II AMT-130 clinical trials, from which the data herein are derived, are supplemented by two additional protocols, each with a statistical plan that was submitted to the FDA. The new protocols, among other things, provide for the pooling of data across the ongoing U.S. and EU studies, and also prespecified the comparison of AMT-130 clinical end points compared to a propensity score-matched external control from the updated Enroll-HD natural history data set.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and our own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of, any information obtained from third -party sources. Finally, while we believe our own internal research is reliable, such research has not been verified by any independent source.

Opening Remarks

Matt Kapusta
Chief Executive Officer

AMT-130 High-Dose Continued to Demonstrate Meaningful Slowing of Disease Progression



Substantial treatment effect at 36 months in updated analysis of all 15 high-dose patients, strengthening the data at the 36-month timepoint



48-month analysis showed continued evidence of meaningful slowing of disease progression



Dose-dependent response consistent with treatment effect



Survivor bias and missingness in the updated external control likely understate disease progression and treatment effect at 48 months

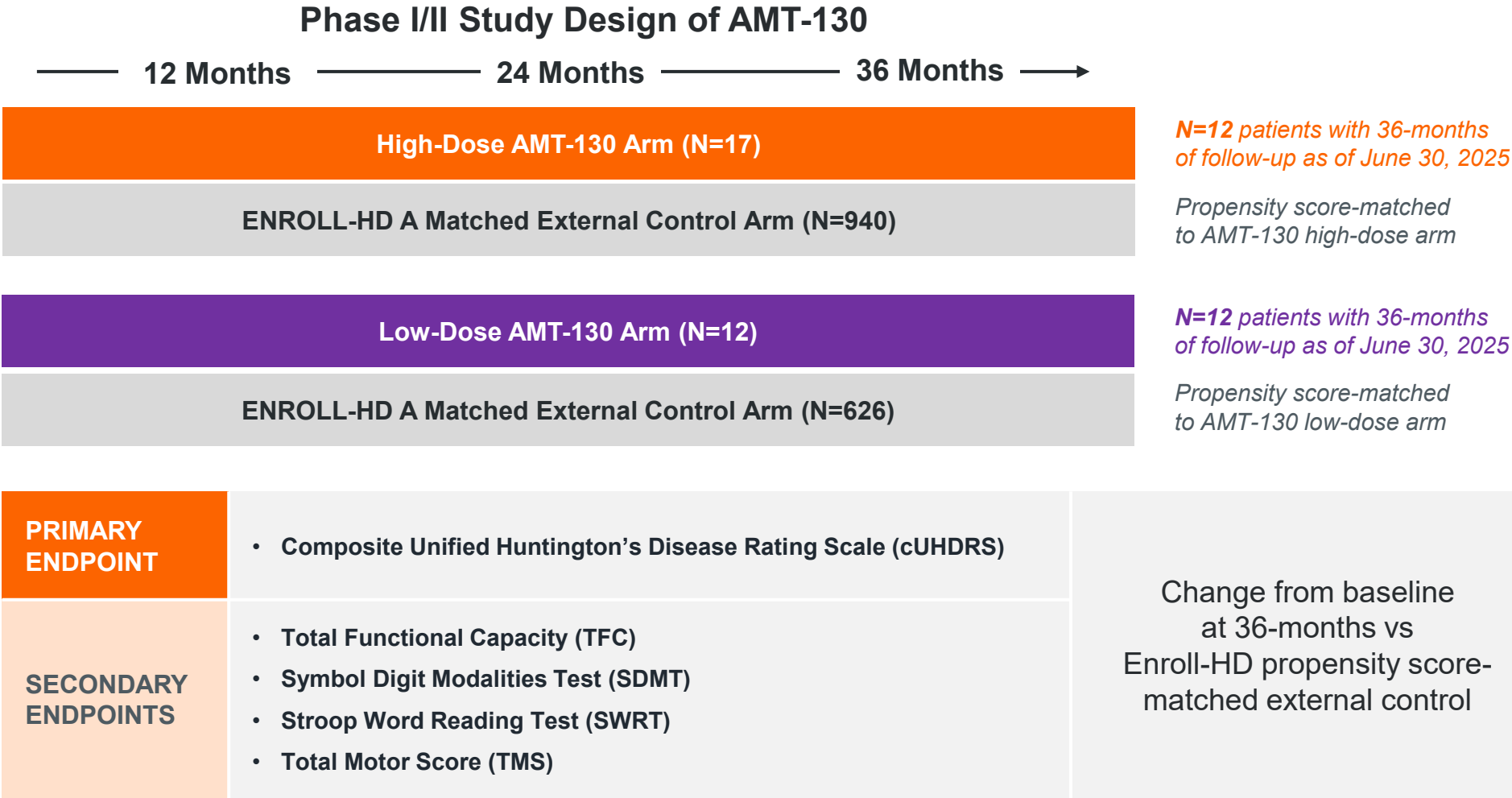


AMT-130 continues to be generally well-tolerated

Review of Data Supporting the BLA and MAA Submissions: June 2025 Data Cut: 36 Month Analysis of AMT-130 High Dose (N=12)

Walid Abi-Saab, M.D.
Chief Medical Officer

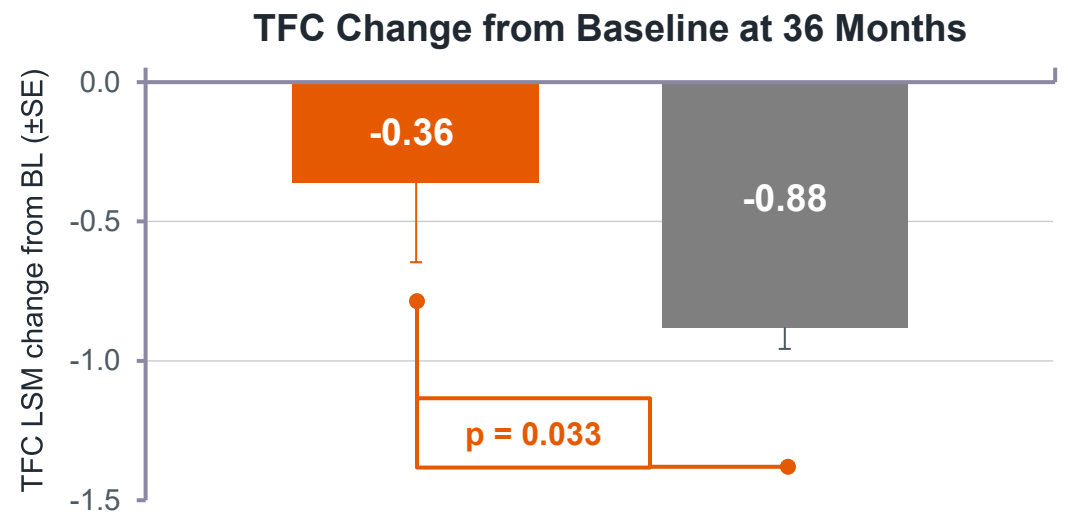
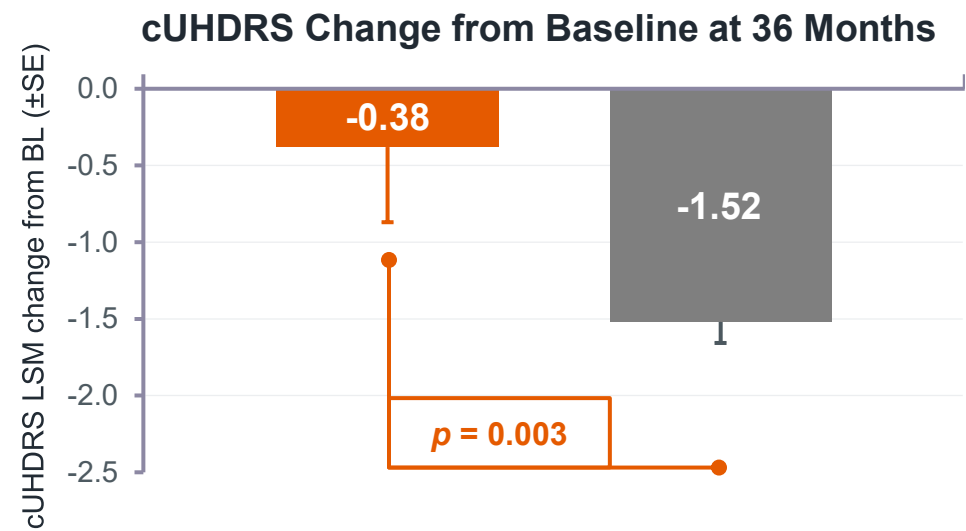
36-Month Statistical Analysis Plan: Basis for BLA and MAA Submissions



Basis for BLA and MAA Submissions

Statistically significant 75% slowing based on **cUHDRS** at 36 months (p=0.003)

Statistically significant 60% slowing based on **TFC** at 36 months (p=0.033)



—●— AMT-130 High-Dose —●— Enroll-HD A

Participants	Baseline	36 Months
AMT-130 High-Dose	17	12
Enroll-HD A	940	568

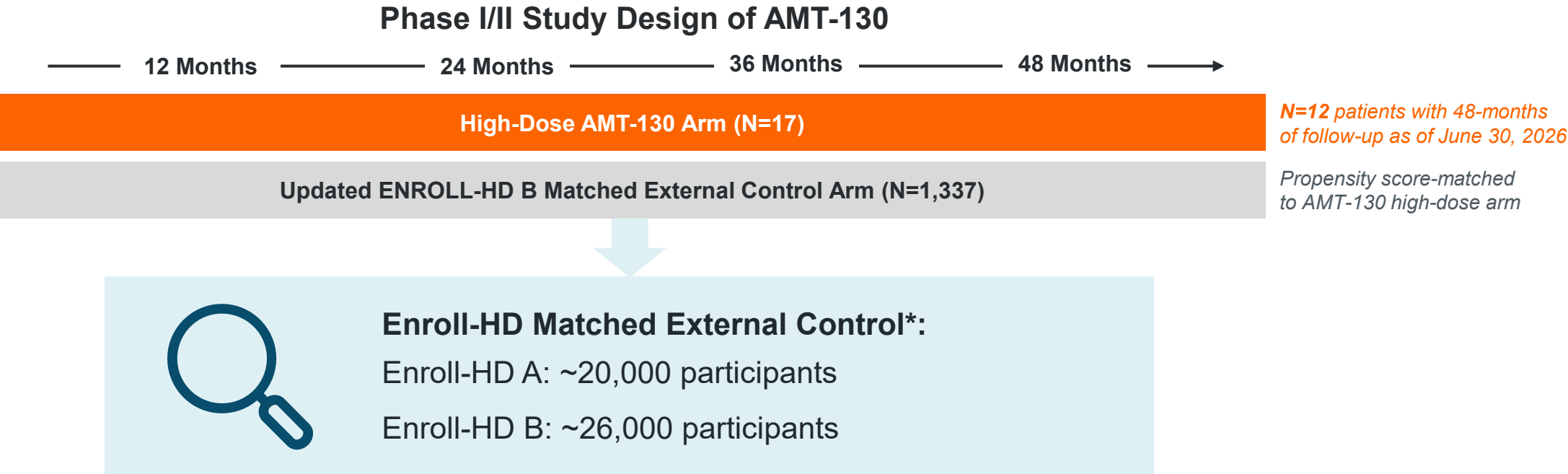
Participants	Baseline	36 Months
AMT-130 High-Dose	17	12
Enroll-HD A	940	583

Abbreviations: BLA, Biologics License Application; MAA, Marketing Authorization Application; cUHDRS, composite Unified Huntington's Disease Rating Scale; TFC, Total Functional Capacity; HD, Huntington's disease, SE, standard error; LSM, least squares mean; BL, baseline **References:** Data on file. September 2025

Primary Analysis: Results at 48 Months from the Phase I/II Study

Data as of June 30, 2026

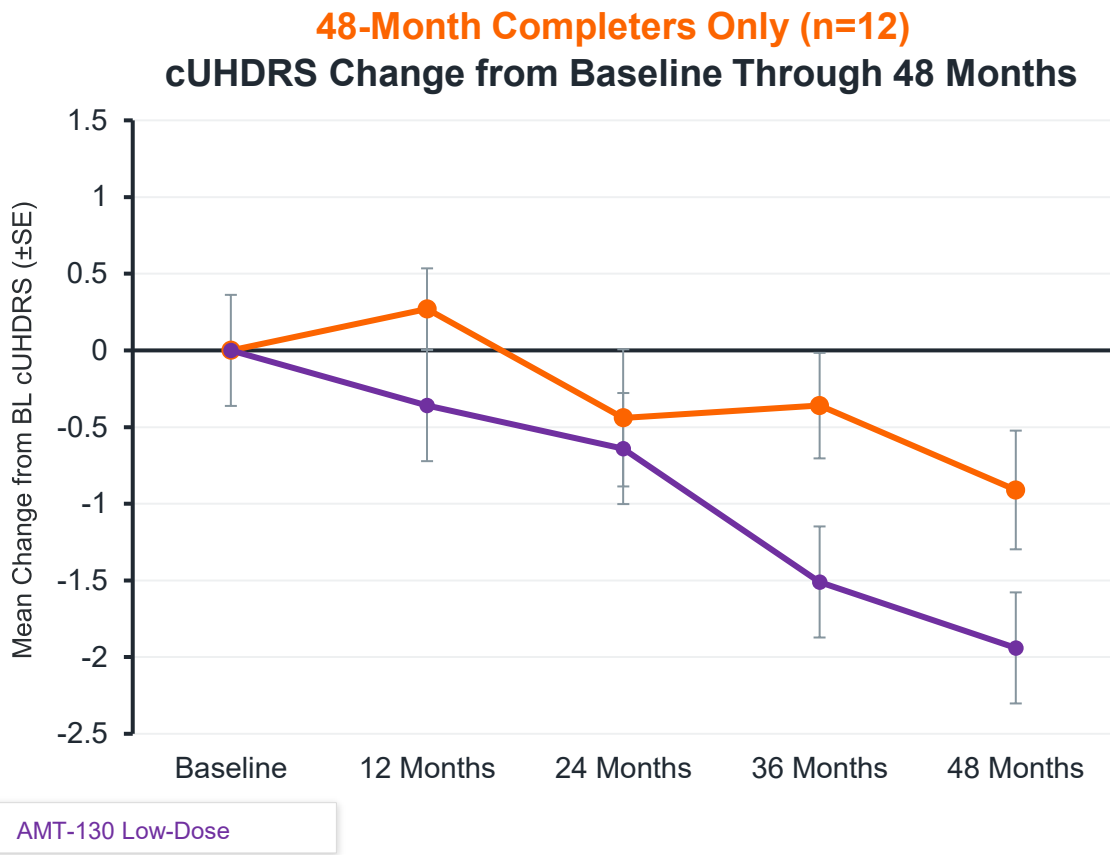
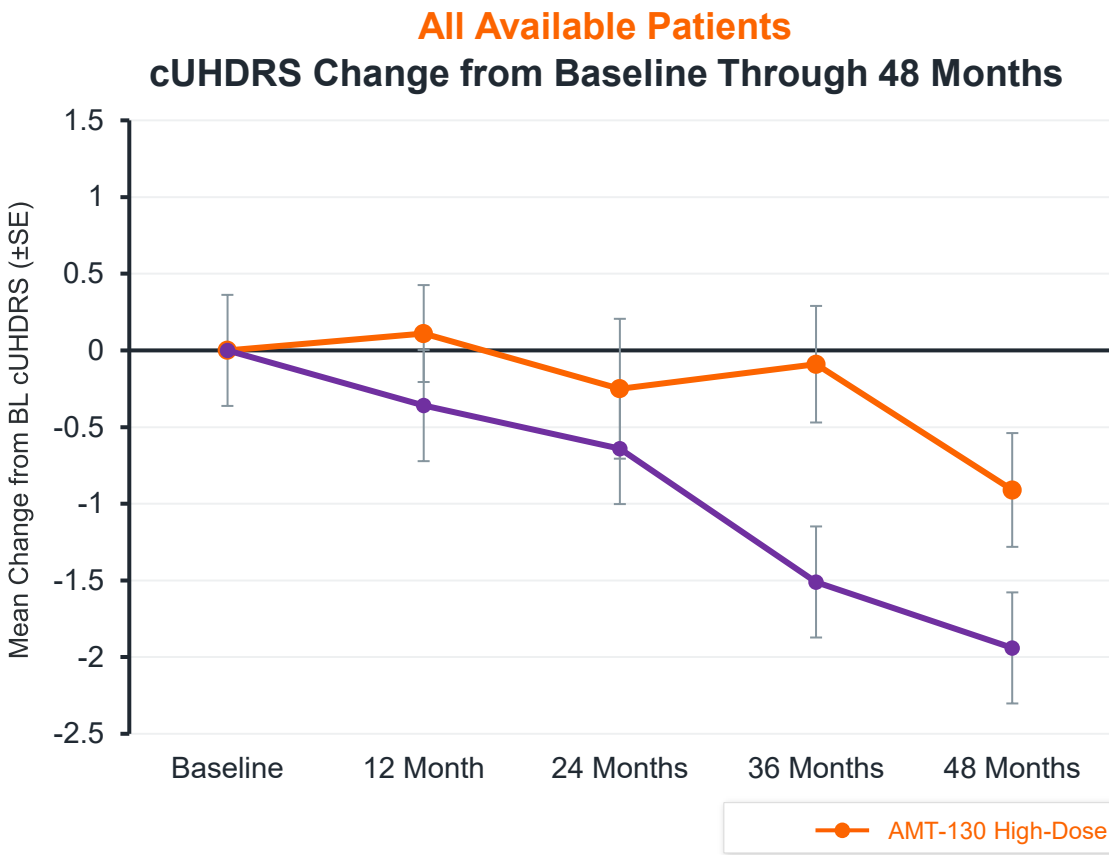
48-Month Statistical Analysis Plan Included Updated External Control



PRIMARY ENDPOINT	Composite Unified Huntington’s Disease Rating Scale (cUHDRS)	Change from baseline at 48-months vs Enroll-HD B propensity score-matched external control
SECONDARY ENDPOINTS	- Total Functional Capacity (TFC) - Symbol Digit Modalities Test (SDMT) - Stroop Word Reading Test (SWRT) - Total Motor Score (TMS)	

Enroll-HD A – Release date January 2023; Enroll-HD B – Release date September 2025 **Abbreviations:** HD, Huntington’s disease
 NCT05243017, NCT04120493

Dose Dependence Sustained Through 48 Months



Patients	Baseline	12 Months	24 Months	36 Months	48 Months
AMT-130 High-Dose 2026	17	17	15	15	12
AMT-130 Low-Dose	12	12	12	12	12

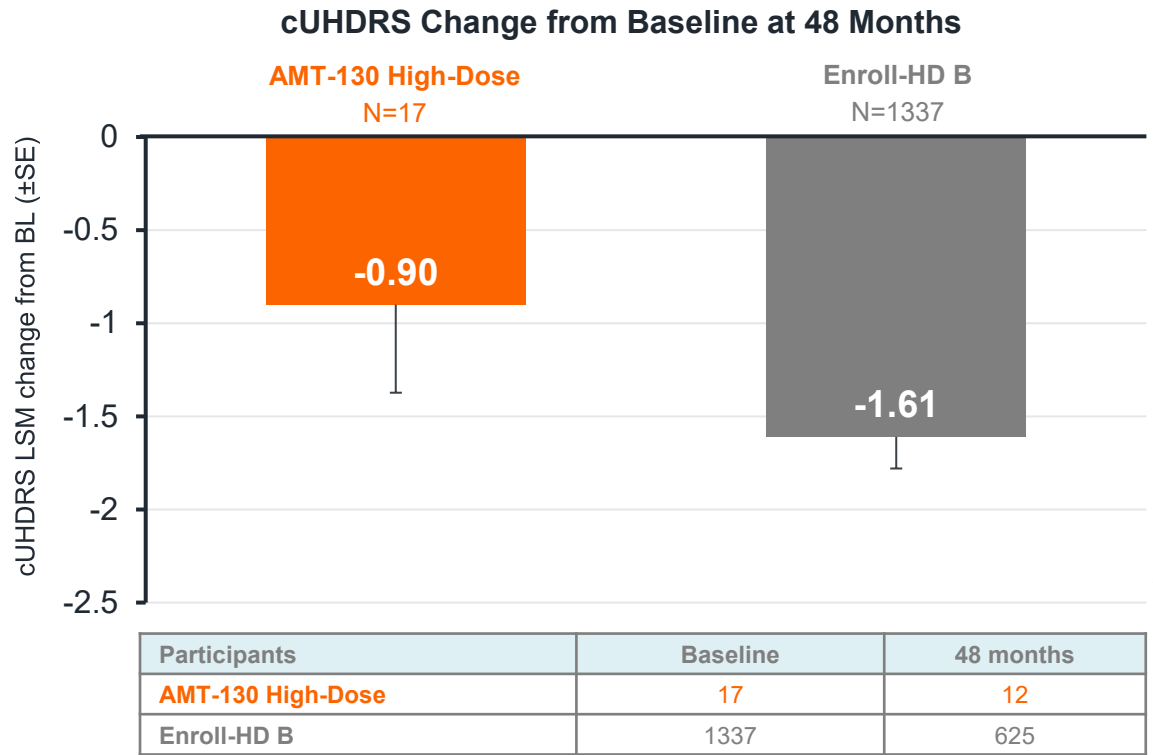
Patients	Baseline	12 Months	24 Months	36 Months	48 Months
AMT-130 High-Dose 2026	12	12	12	12	12
AMT-130 Low-Dose	12	12	12	12	12

Above graph represents observed data. **Abbreviations:** cUHDRS, composite Unified Huntington's Disease Rating Scale; TFC, Total Functional Capacity; SE, standard error; BL, baseline
References: Data on file. September 2026.

AMT-130 High-Dose Continued to Demonstrate Meaningful Slowing of Disease Progression in cUHDRS and TFC at Month 48

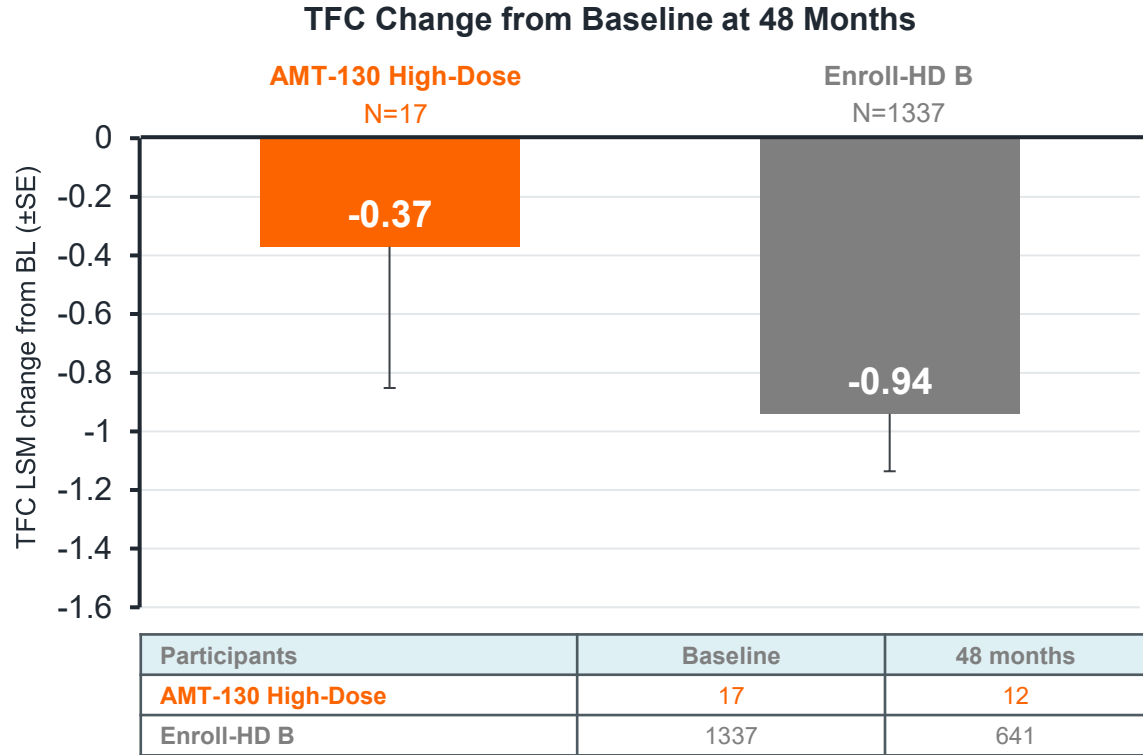
Primary Analysis (compared to Enroll-HD B)

44% slowing of disease progression
at 48 months (p=0.144*)



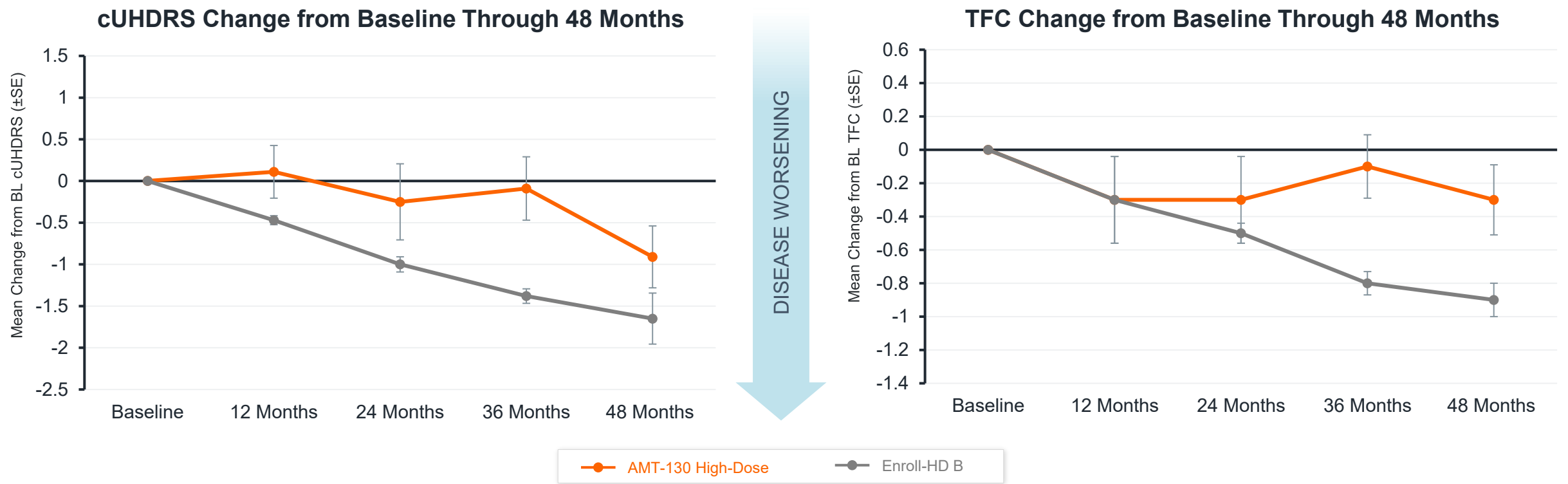
Primary Analysis (compared to Enroll-HD B)

61% slowing of disease progression
at 48 months (p=0.008*)



Abbreviations: cUHDRS, composite Unified Huntington’s Disease Rating Scale; HD, Huntington’s disease, SE, standard error; LSM, least squares mean; BL, baseline
 References: Data on file. September 2026; * p values are nominal

AMT-130 High-Dose Showed Meaningful Slowing of Disease Progression Through 48 Months



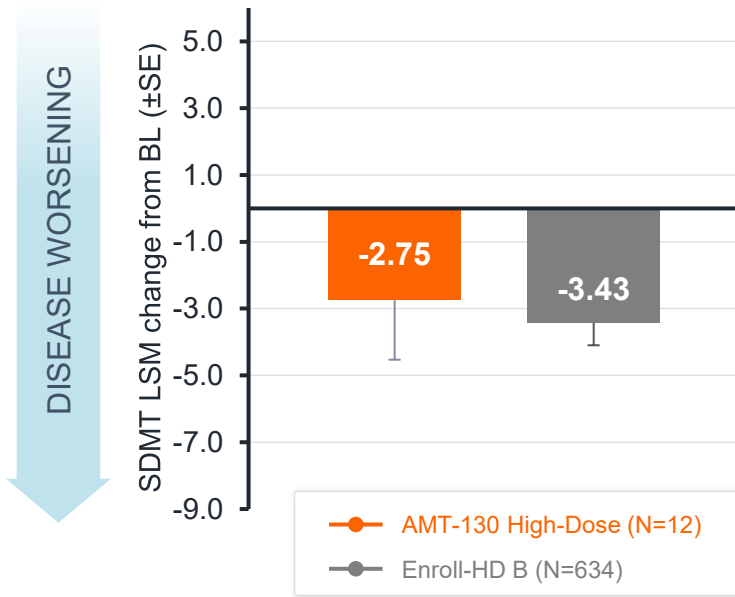
Participants	Baseline	12 months	24 months	36 months	48 months
AMT-130 High-Dose	17	17	15	15	12
Enroll-HD B	1337	953	760	690	625

Participants	Baseline	12 months	24 months	36 months	48 months
AMT-130 High-Dose	17	17	15	15	12
Enroll-HD B	1337	967	772	704	641

Above graph represents observed data **Abbreviations:** cUHDRS, composite Unified Huntington’s Disease Rating Scale; TFC, Total Functional Capacity; SE, standard error; BL, baseline; HD, Huntington’s disease
References: Data on file. September 2026

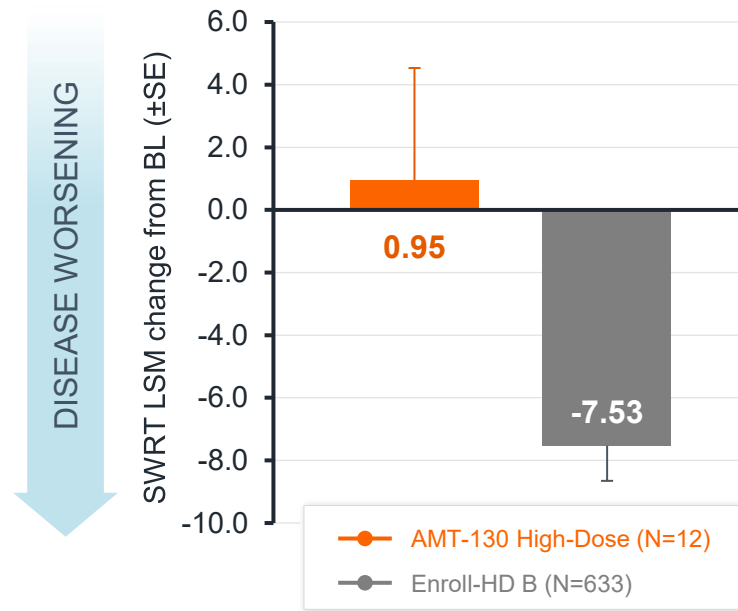
Other Secondary Endpoints: High-Dose AMT-130 had Favorable Trends to External Control Across the Other Components of the cUHDRS at 48 Months

SDMT Change from Baseline at 48 Months



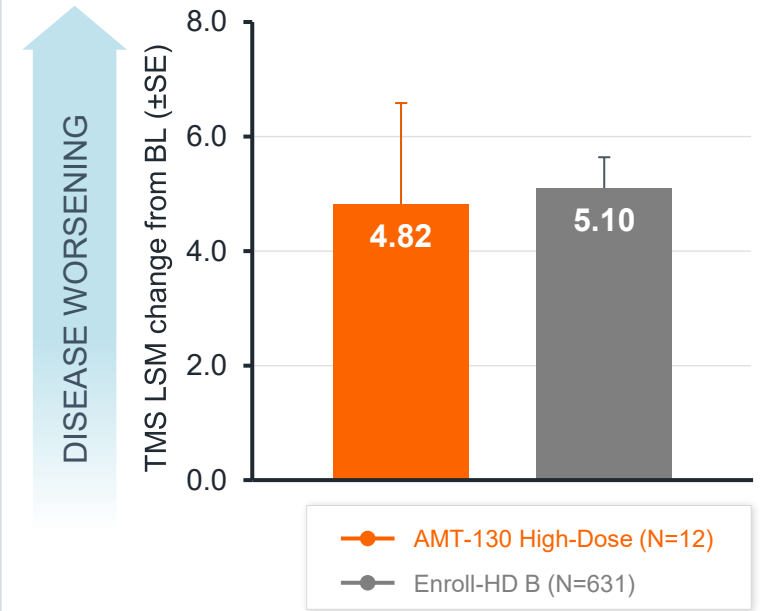
Slowed HD progression by 20% based on SDMT at 48 months (p=0.731*)

SWRT Change from Baseline at 48 Months



Slowed HD progression by 113% based on SWRT at 48 months (p=0.006*)

TMS Change from Baseline at 48 Months



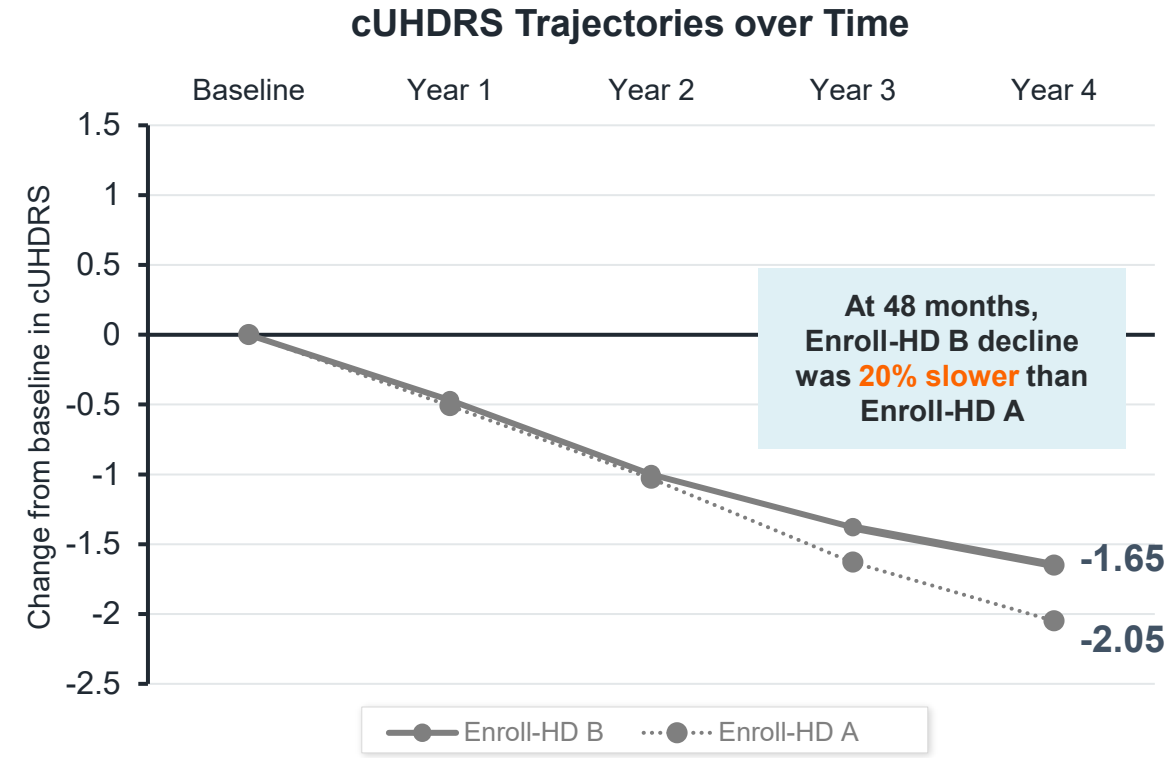
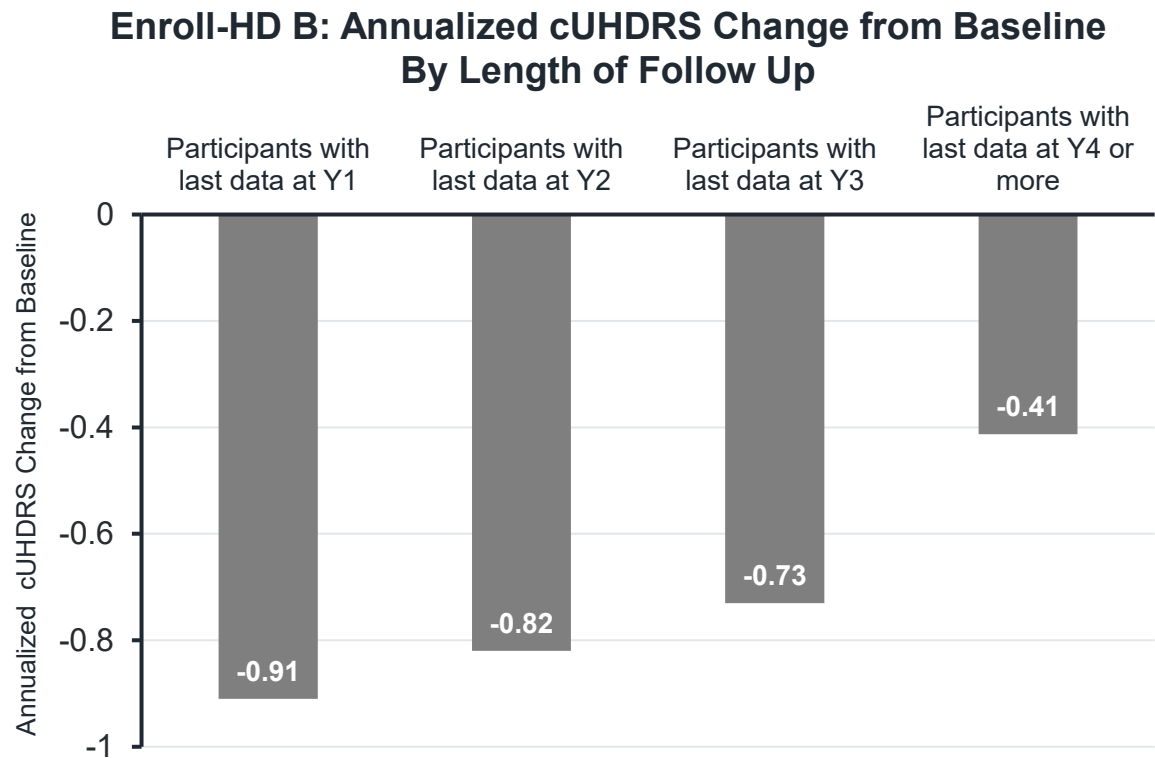
Slowed HD progression by 5.6% based on TMS at 48 months (p=0.908*)

Abbreviations: cUHDRS, composite Unified Huntington's Disease Rating Scale; SDMT, Symbol Digit Modalities Test; SWRT, Stroop Word Reading Test; TMS, Total Motor Score; LSM, least squares mean; BL, baseline; SE, standard error; HD, Huntington's disease
References: Data on file. September 2026; * p-values are nominal

A Closer Look at Enroll-HD B External Control Matched to High-Dose



Updated Matched Natural History Control Likely Understates Disease Progression and Treatment Effect at Month 48



- Participants with longer follow up declined more slowly, enriching the comparator with slower progressors
- Data missingness in Enroll-HD B reached 53% at Month 48
- These effects were more evident in Enroll-HD B than in Enroll-HD A

Above analyses are post **Abbreviations:** cUHDRS, composite Unified Huntington's Disease Rating Scale; HD, Huntington's disease

Post Hoc Analysis using Enroll-HD A at 48 Months from the Phase I/II Study

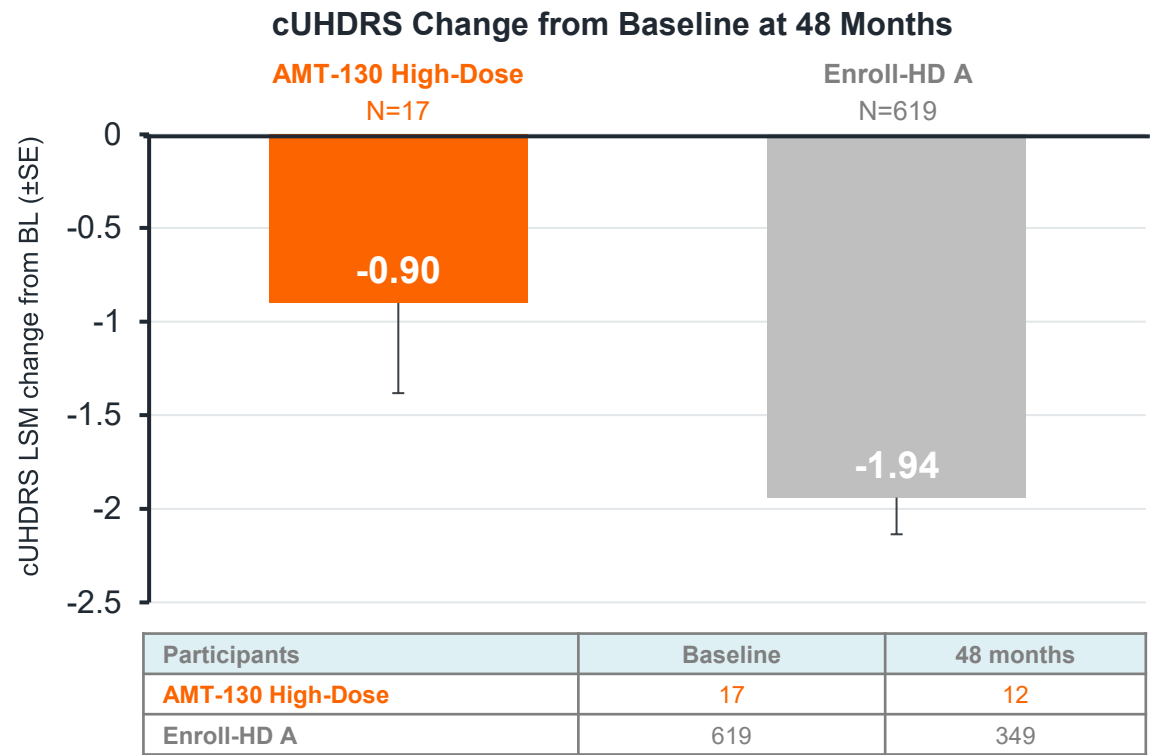
Data as of June 30, 2026

AMT-130 High-Dose Continued to Demonstrate Meaningful Slowing of Disease Progression in cUHDRS at Month 48

Post Hoc Analysis (compared to Enroll-HD A)

54% slowing of disease progression

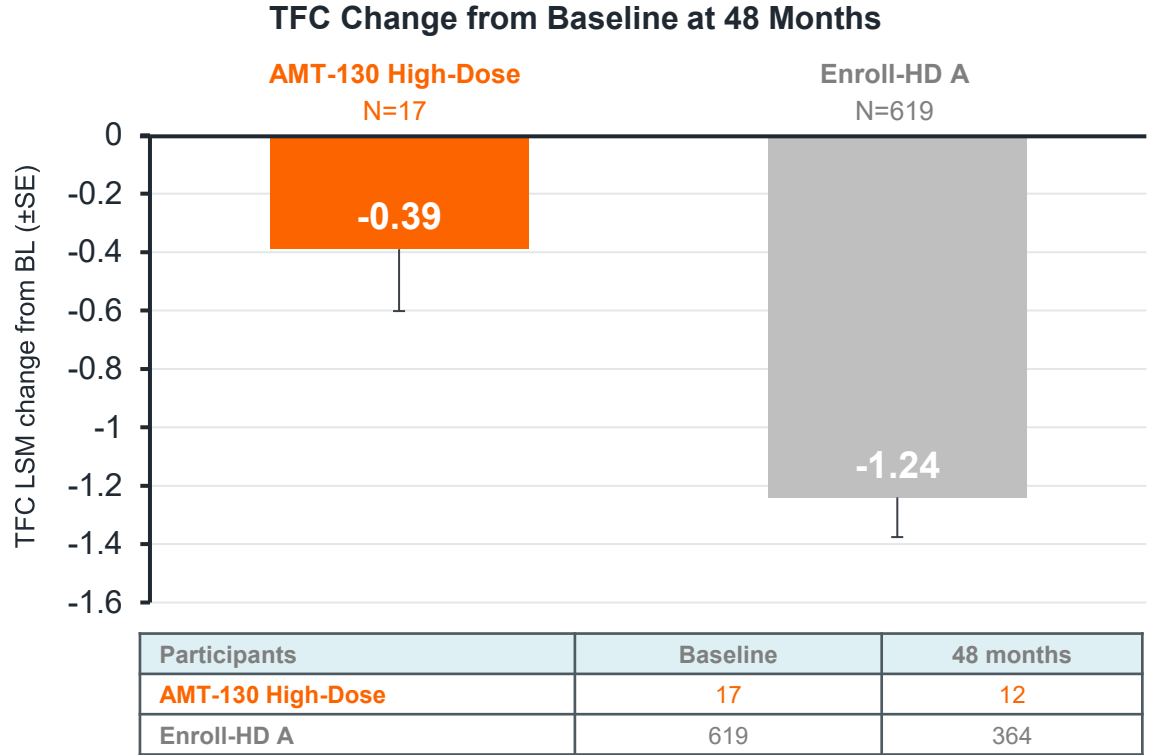
at 48 months (p=0.041*)



Post Hoc Analysis (compared to Enroll-HD A)

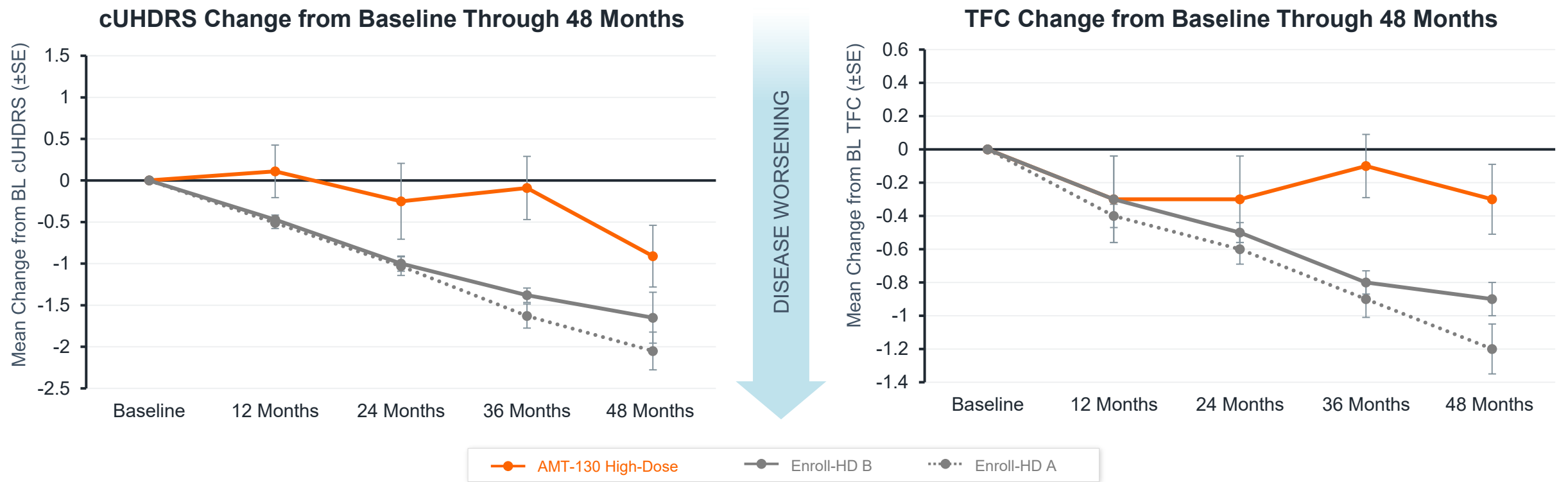
68% slowing of disease progression

at 48 months (p<0.001*)



Abbreviations: cUHDRS, composite Unified Huntington’s Disease Rating Scale; HD, Huntington’s disease, SE, standard error; LSM, least squares mean; BL, baseline
 References: Data on file. September 2026; * p values are nominal

AMT-130 High-Dose Showed Meaningful Slowing of Disease Progression Through 48 Months



Participants	Baseline	12 months	24 months	36 months	48 months
AMT-130 High-Dose	17	17	15	15	12
Enroll-HD B	1337	953	760	690	625
Enroll-HD A	619	484	398	355	349

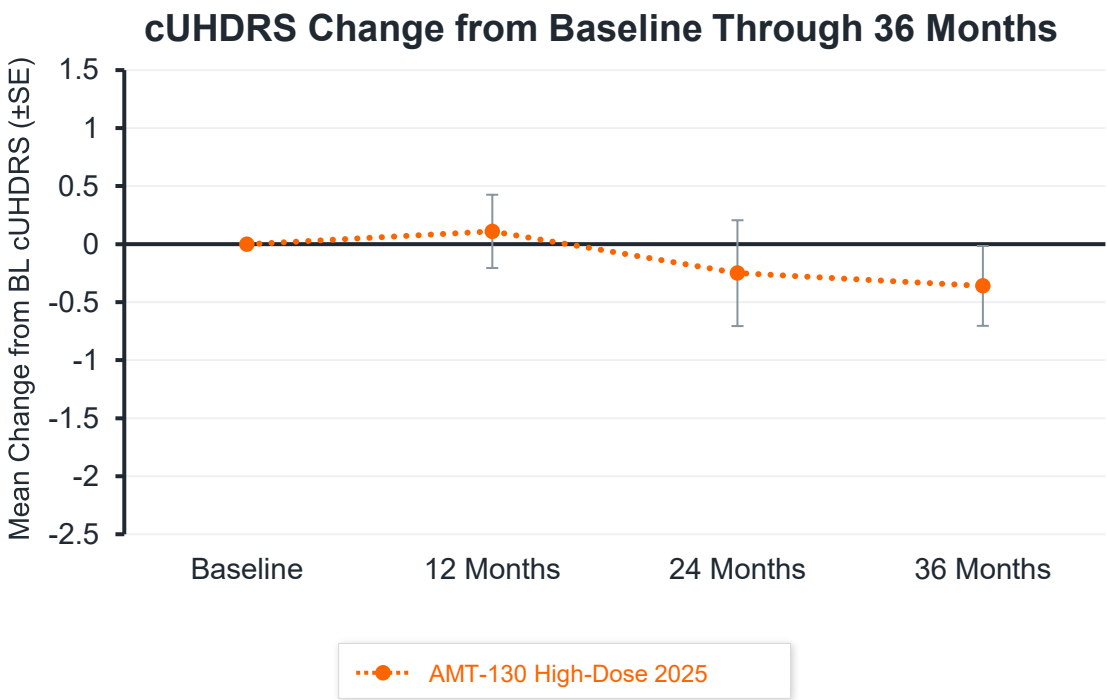
Participants	Baseline	12 months	24 months	36 months	48 months
AMT-130 High-Dose	17	17	15	15	12
Enroll-HD B	1337	967	772	704	641
Enroll-HD A	619	492	401	360	364

Above graph represents observed data
Abbreviations: cUHDRS, composite Unified Huntington's Disease Rating Scale; TFC, Total Functional Capacity; SE, standard error; BL, baseline **References:** Data on file. September 2026

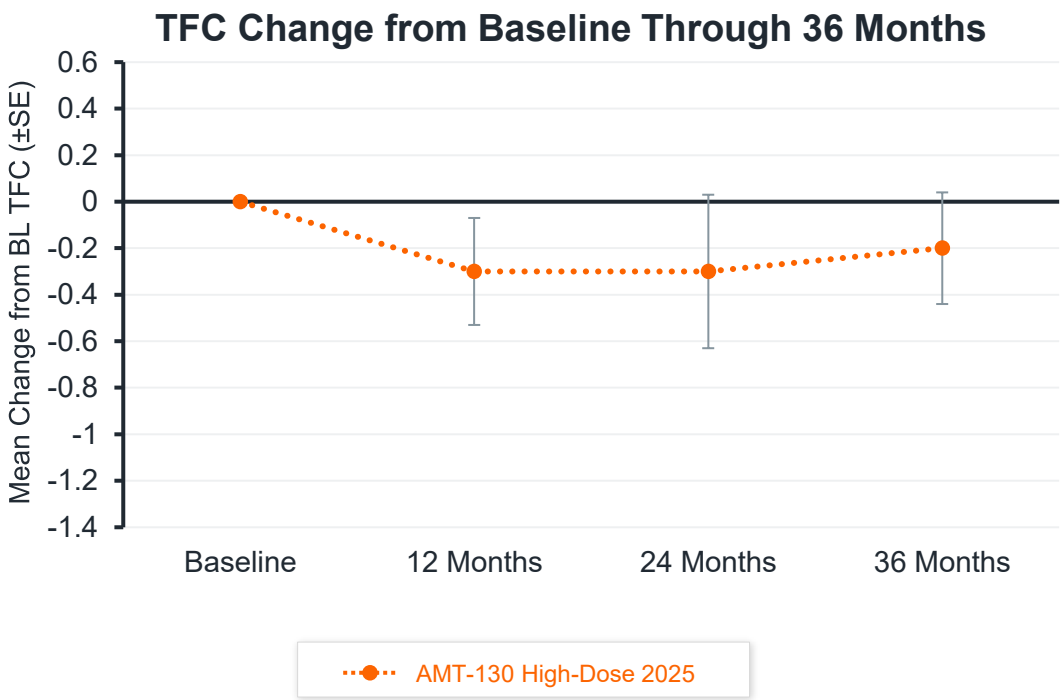
Results at 36 Months from the Phase I/II Study

Data as of June 30, 2026

AMT-130 High-Dose Showed Meaningful Slowing of Disease Progression Through 36 Months



DISEASE WORSENING

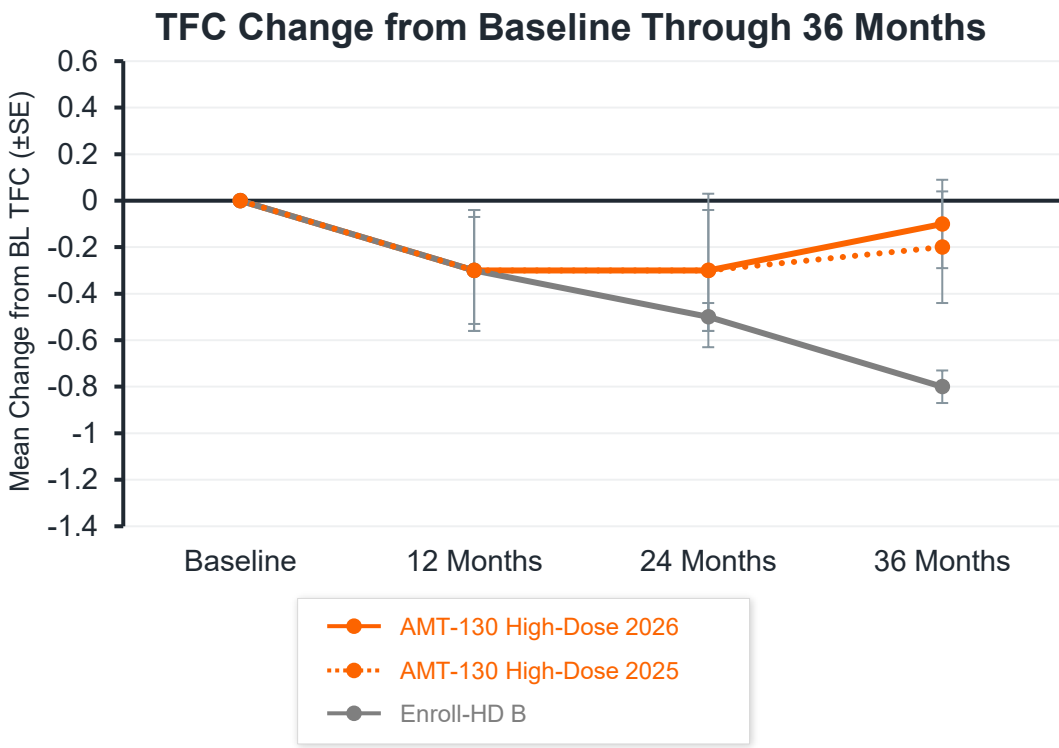
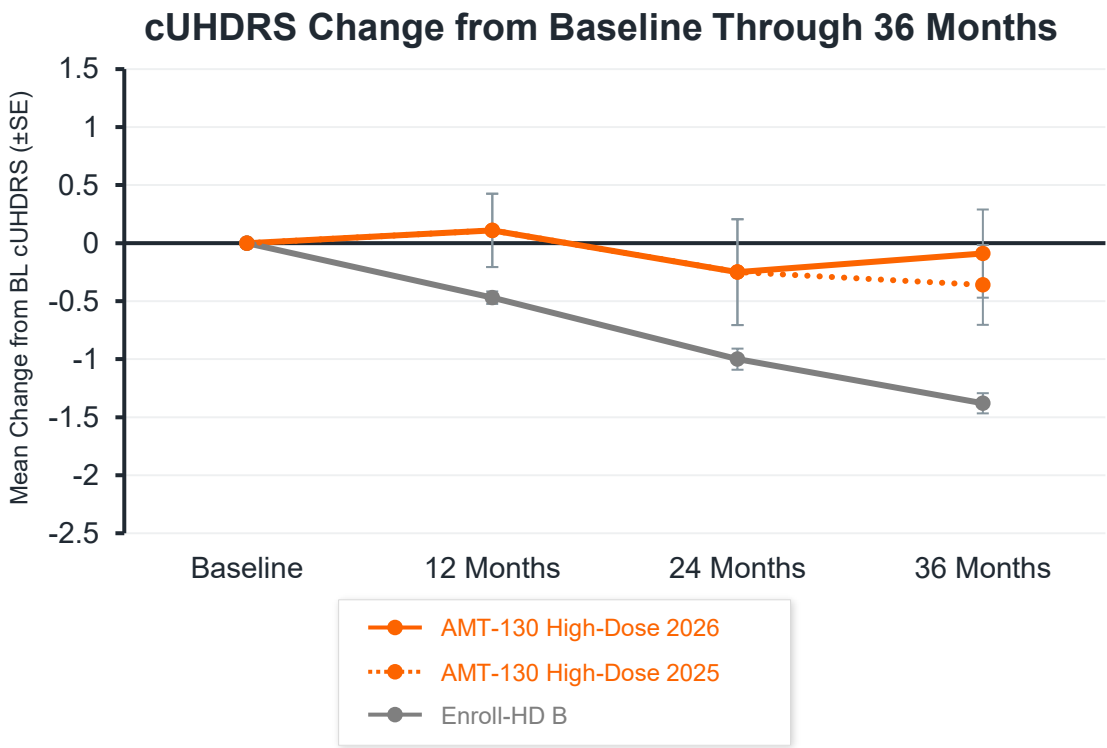


Participants	Baseline	12 months	24 months	36 months
AMT-130 High-Dose 2025	17	17	15	12

Participants	Baseline	12 months	24 months	36 months
AMT-130 High-Dose 2025	17	17	15	12

Above graph represents observed data
Abbreviations: cUHDRS, composite Unified Huntington's Disease Rating Scale; TFC, Total Functional Capacity; SE, standard error; BL, baseline **References:** Data on file. September 2026

AMT-130 High-Dose Showed Meaningful Slowing of Disease Progression with Three Additional Subjects Through 36 Months



Participants	Baseline	12 months	24 months	36 months
AMT-130 High-Dose 2026	17	17	15	15
AMT-130 High-Dose 2025	17	17	15	12
Enroll-HD B	1337	953	760	690

Participants	Baseline	12 months	24 months	36 months
AMT-130 High-Dose 2026	17	17	15	15
AMT-130 High-Dose 2025	17	17	15	12
Enroll-HD B	1337	967	772	704

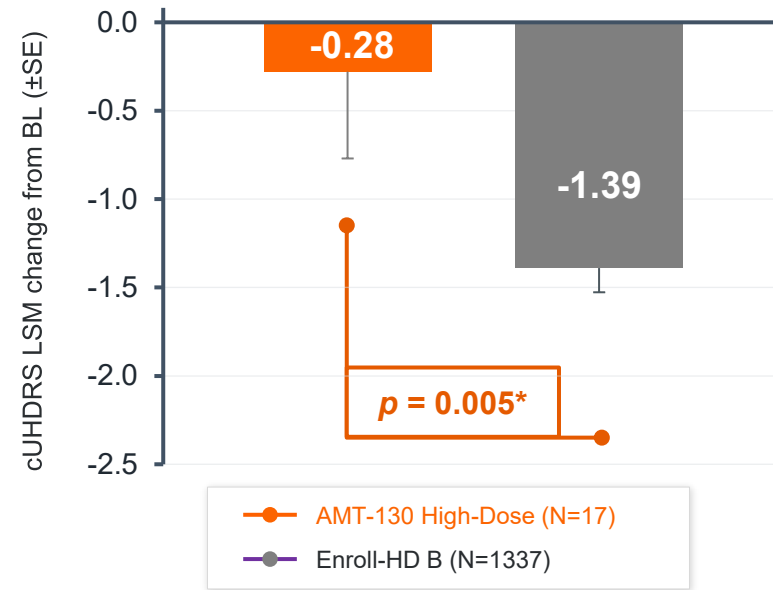
Above graph represents observed data **Abbreviations:** cUHDRS, composite Unified Huntington's Disease Rating Scale; TFC, Total Functional Capacity; SE, standard error; BL, baseline; HD, Huntington's disease **References:** Data on file. September 2026

AMT-130 High-Dose Showed Meaningful Slowing of Disease Progression on cUHDRS and TFC at 36 Months

AMT-130 high-dose **significantly reduced HD progression by 80% based on cUHDRS** at 36 months

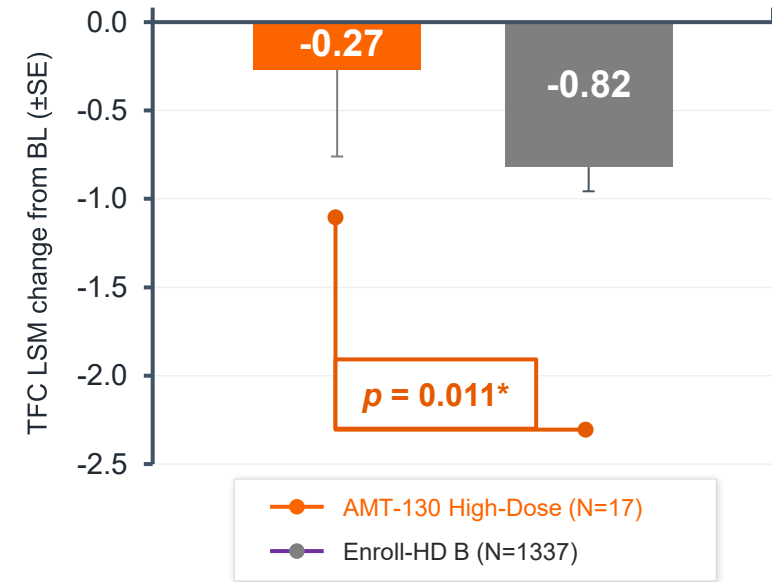
AMT-130 high-dose **significantly reduced HD progression by 67% based on TFC** at 36 months

cUHDRS Change from Baseline at 36 Months



DISEASE WORSENING

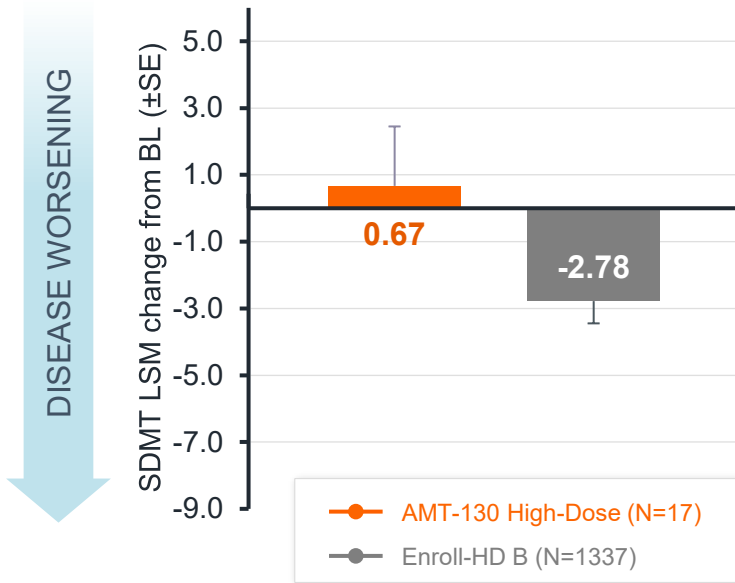
TFC Change from Baseline at 36 Months



Abbreviations: cUHDRS, composite Unified Huntington's Disease Rating Scale; HD, Huntington's disease; TFC, Total Functional Capacity SE, standard error;; LSM, least squares mean; BL, baseline; HD, Huntington's disease
References: Data on file. September 2026 * p values are nominal

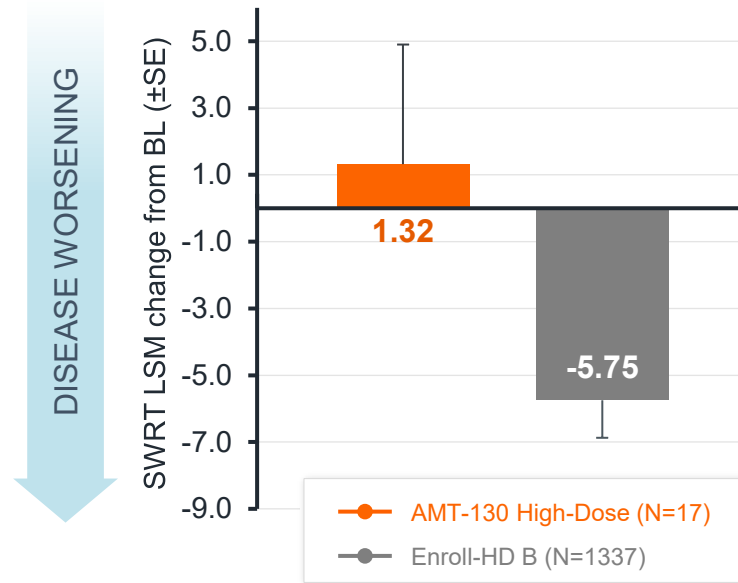
Other Secondary Endpoints: High-Dose AMT-130 was Favorable to External Control Across the Other Components of the cUHDRS at 36 Months

SDMT Change from Baseline at 36 Months



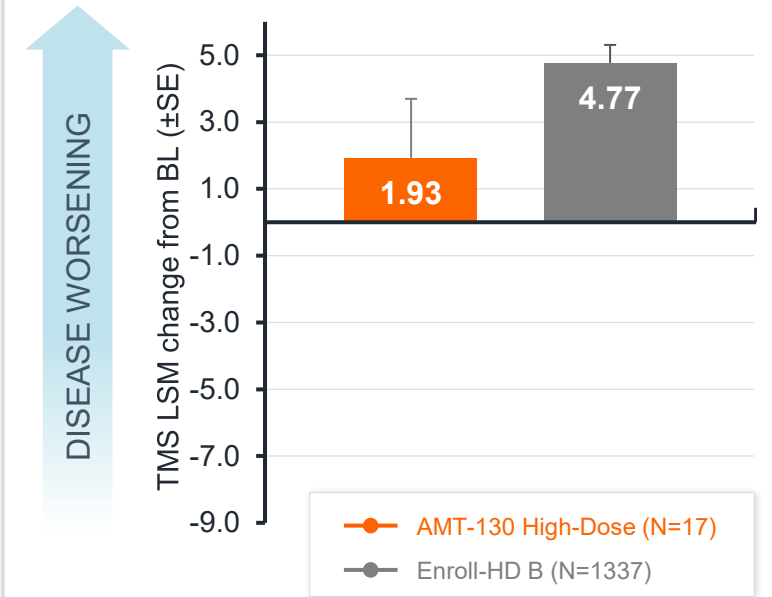
Slowed HD progression by 124% based on SDMT at 36 months (p=0.040*)

SWRT Change from Baseline at 36 Months



Slowed HD progression by 123% based on SWRT at 36 months (p=0.047*)

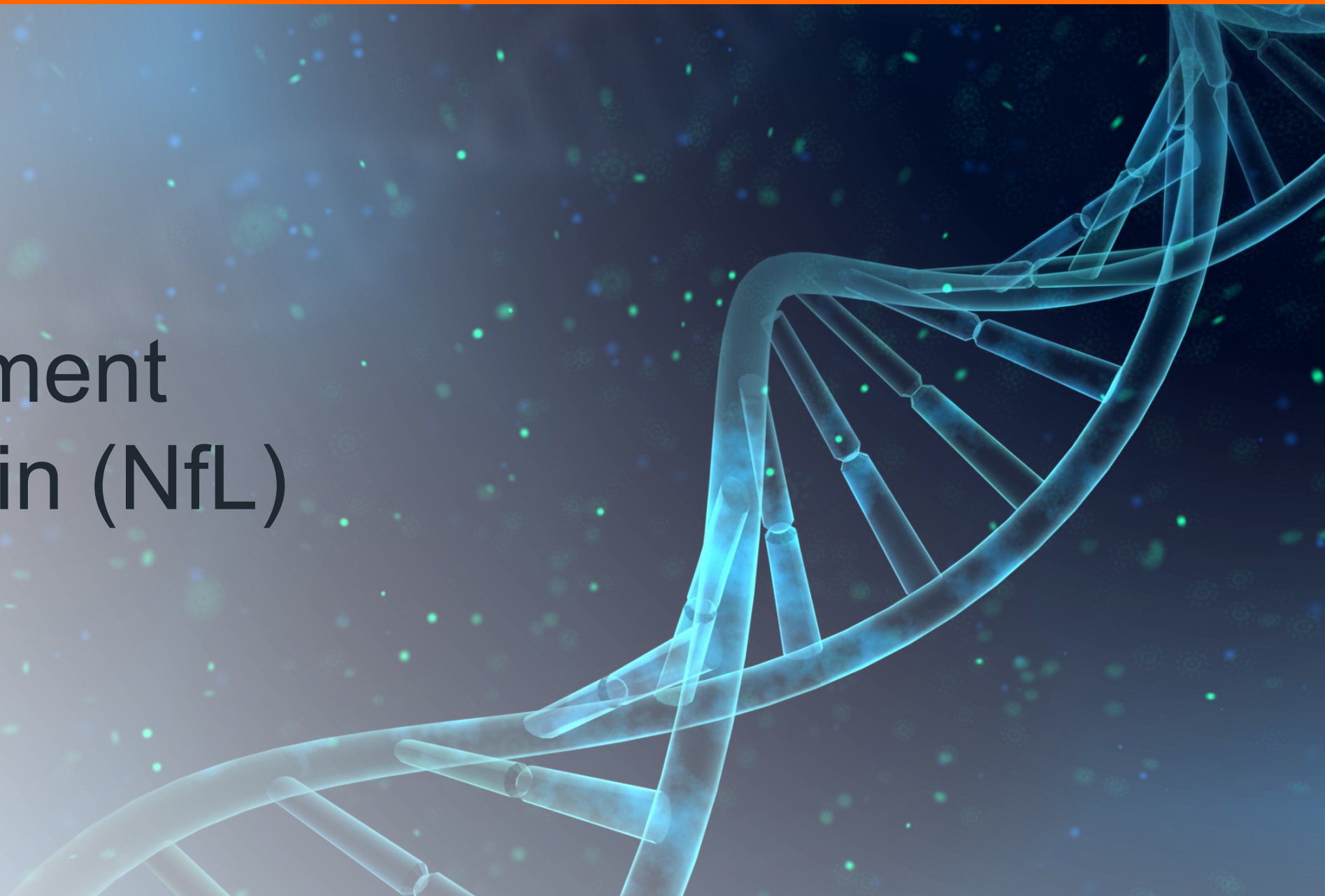
TMS Change from Baseline at 36 Months



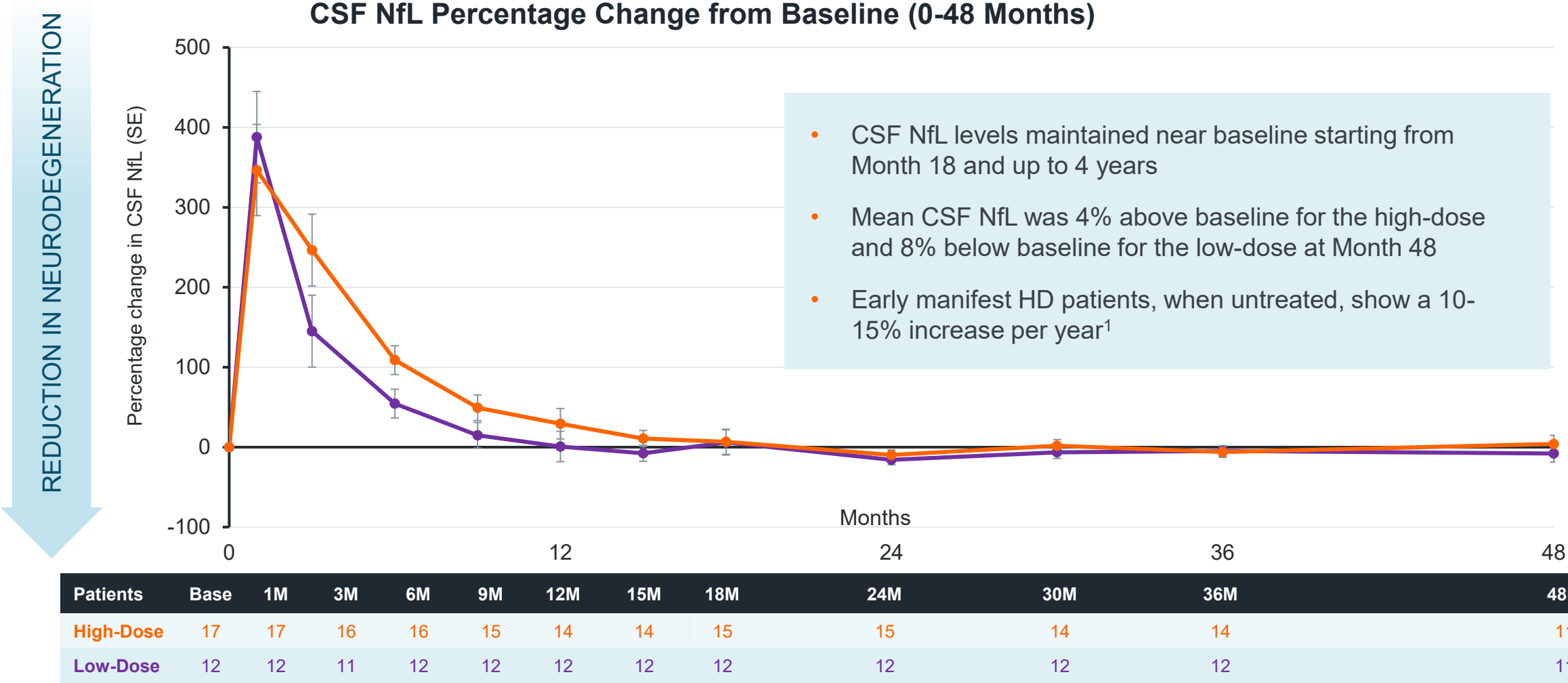
Slowed HD progression by 59% based on TMS at 36 months (p=0.114*)

Abbreviations: cUHDRS, composite Unified Huntington's Disease Rating Scale; SDMT, Symbol Digit Modalities Test; SWRT, Stroop Word Reading Test; TMS, Total Motor Score; LSM, least squares mean; BL, baseline; SE, standard error; HD, Huntington's disease
References: Data on file. September 2026; * p-values are nominal

Neurofilament Light Chain (NfL)



CSF NfL Near Baseline at 48 Months



Abbreviations: CSF, cerebrospinal fluid; NfL, neurofilament light chain
References: 1) Rodrigues et al. Sci Transl Med 2021, Dr. Ed Wild, personal communication

Safety



AMT-130 Was Generally Well-Tolerated



**AMT-130
was generally
well-tolerated**

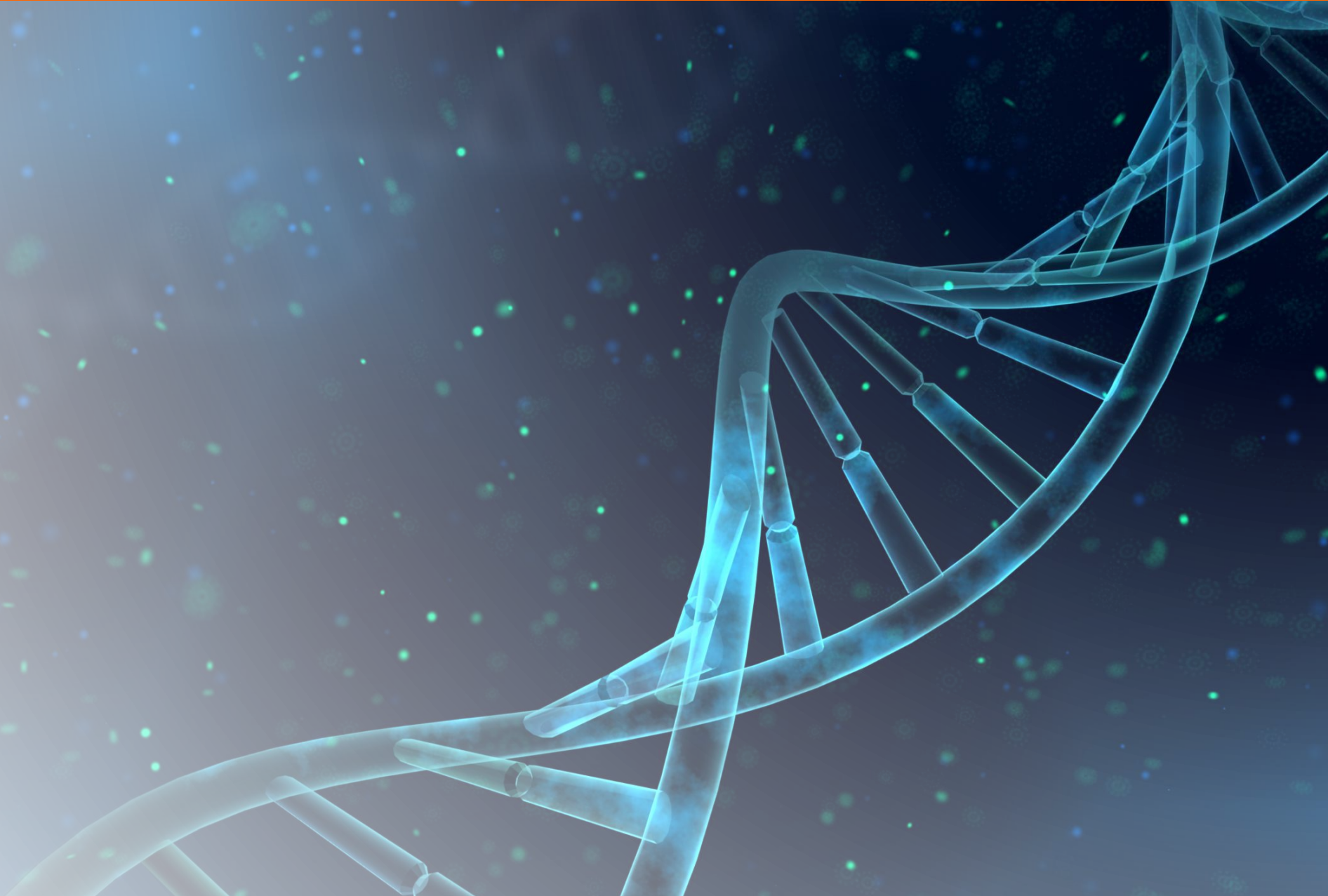
- Most common adverse events in the treatment groups related to the administration procedure, which all resolved
- Since September 2025:
 - No new treatment-related serious adverse events (SAE) reported in Cohorts 1 and 2
 - One treatment-related SAE of CNS inflammation in a Cohort 4 patient, fully resolved following a short course of corticosteroids
 - One suicide in low-dose, approximately five years after treatment which was assessed as unrelated to treatment

AMT-130 Was Generally Well-Tolerated

	Sham Surgery (n=10)		Low-dose AMT-130 (Cohorts 1) (n=13*)		High-dose AMT-130 (Cohorts 2) (n=20*)		Dose-Blinded AMT-130 (Cohort 3) (n=12)		High-dose AMT-130 (Cohort 4) (n= 6)		All AMT-130 (Cohorts 1, 2, 3 and 4) (n=51)	
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)
Any TEAEs	10	100.0	12	92.3	20	100.0	12	100	6	100	50	98
Any SAEs	1	10.0	4	30.8	10	50.0	4	33.3	2	33	20	39.2
Any SAEs (peri-operative)	1	10.0	2	15.4	6	30.0	0	0.0	1	16.7	9	17.6
Any Drug-Related TEAE	0	0.0	0	0.0	6	30.0	3	25.0	2	33.3	11	21.5
Any Drug-Related SAE	0	0.0	0	0.0	4	20.0	0	0.0	1	16.7	5	9.80
Most Common TEAEs (≥30% in at least one group)												
Headache	3	30.0	2	15.4	9	45.0	6	50.0	4	66.7	21	41.2
Procedural headache	5	50.0	4	30.8	10	50.0	2	16.7	0	0.0	16	31.4
Procedural pain	6	60.0	2	15.4	7	35.0	3	25.0	1	16.7	13	25.5
Post lumbar puncture syndrome	6	60.0	2	15.4	6	30.0	2	16.7	0	0.0	10	19.6
Procedural complication	4	40.0	3	23.1	4	20.0	0	0.0	0	0.0	7	13.7
Anxiety	0	0.0	0	0.0	4	20.0	4	33.3	3	50.0	11	21.6
Constipation	0	0.0	0	0.0	2	10.0	6	50.0	1	16.7	9	17.6
Insomnia	0	0.0	1	7.7	1	5.0	6	50.0	2	33.3	10	19.6
Back pain	1	10.0	0	0.0	0	0.0	5	41.7	0	0.0	5	9.8
Procedural nausea	0	0.0	3	23.1	3	15.0	1	8.3	2	33.3	9	17.6
Paraesthesia	1	10.0	0	0.0	1	5.0	1	8.3	2	33.3	4	7.8
Sleep disorder	0	0.0	0	0.0	0	0.0	4	33.3	0	0.0	4	7.8
Sensory loss	0	0.0	0	0.0	0	0.0	1	8.3	2	33.3	3	5.9

AE, adverse event; N, number of patients; TEAE, treatment-emergent adverse event; SAE, serious adverse event. TEAEs are defined as AEs on or after Day 0. Perioperative AEs had onset Day 0 to 13. Safety data as of June 30, 2026; * 1 low dose and 3 high dose cross-over patients included

Summary



AMT-130 High-Dose Continued to Demonstrate Meaningful Slowing of Disease Progression



Substantial treatment effect at 36 months in updated analysis of all 15 high-dose patients, strengthening the data at the 36-month timepoint



48-month analysis showed continued evidence of meaningful slowing of disease progression



Dose-dependent response consistent with treatment effect



Survivor bias and missingness in the updated external control likely understate disease progression and treatment effect at 48 months



AMT-130 continues to be generally well-tolerated

Clinician's Perspective

Victor Sung, M.D.
University of Alabama at Birmingham (UAB)

Research Analyst Questions



Closing Remarks

Matt Kapusta
Chief Executive Officer



Ashley –
Huntington's Disease
Community Advocate

uniQure