

Phase 1 Study of Intravitreal Gene Therapy with ADVIM-022 for Neovascular Age-related Macular Degeneration (OPTIC Trial Cohort 1 & 2)

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Retina Vitreous Associates

– On behalf of the OPTIC investigators –



Disclosures



- Acuela (C); **Adverum (C, R)**; Aerie Pharmaceuticals (R); Aerpio (C, R); Alimera Sciences (C); Allegro (C); Allergan (C, R); Apellis (C, R); Bayer (C); Chengdu Kanghong (C, R); Clearside Biomedical (C, R); EyePoint (C); Gemini Therapeutics (R); Genentech/Roche (C, R); Graybug Vision (R); IONIS Pharmaceuticals (R); Kodiak (C, R); Neurotech (R), Novartis (C, R); ONL Therapeutics (C); Opthea (R); Outlook Therapeutics (R); Oxurion (C); Recens Medical (C, R); Regeneron (C, R); Regenxbio (C, R); Roche (C,R); Santen (C, R); Takeda (C).

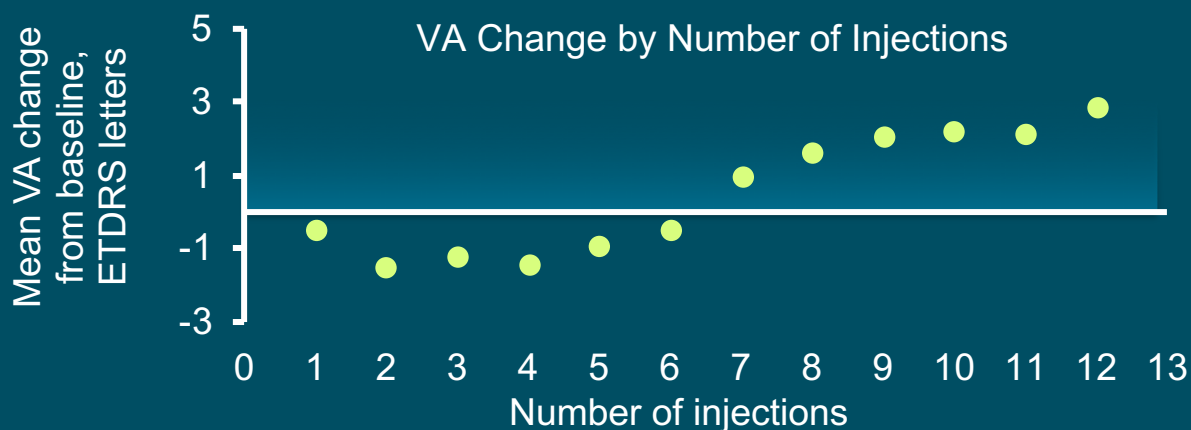
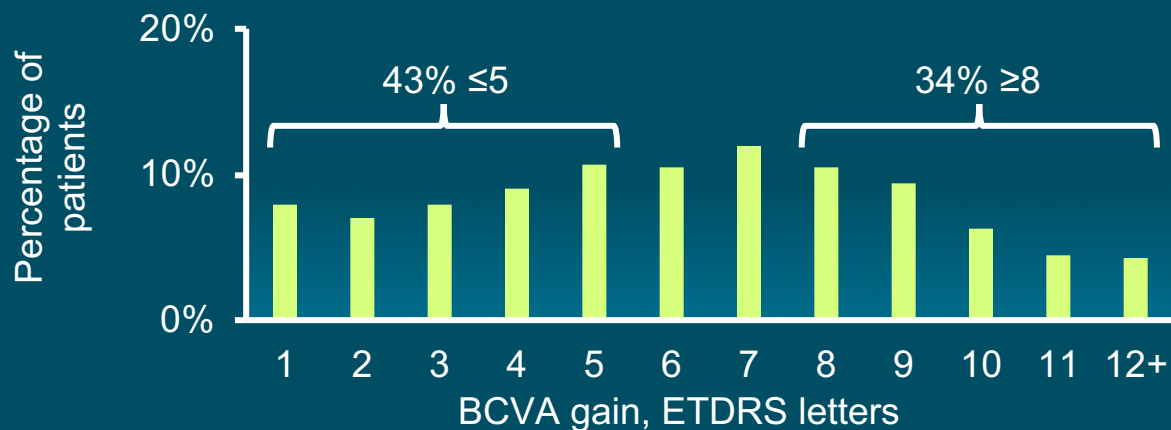
High Treatment Burden Associated with Frequent Injections

Injection Frequency for Optimal Outcomes Often Not Realized in Real-world



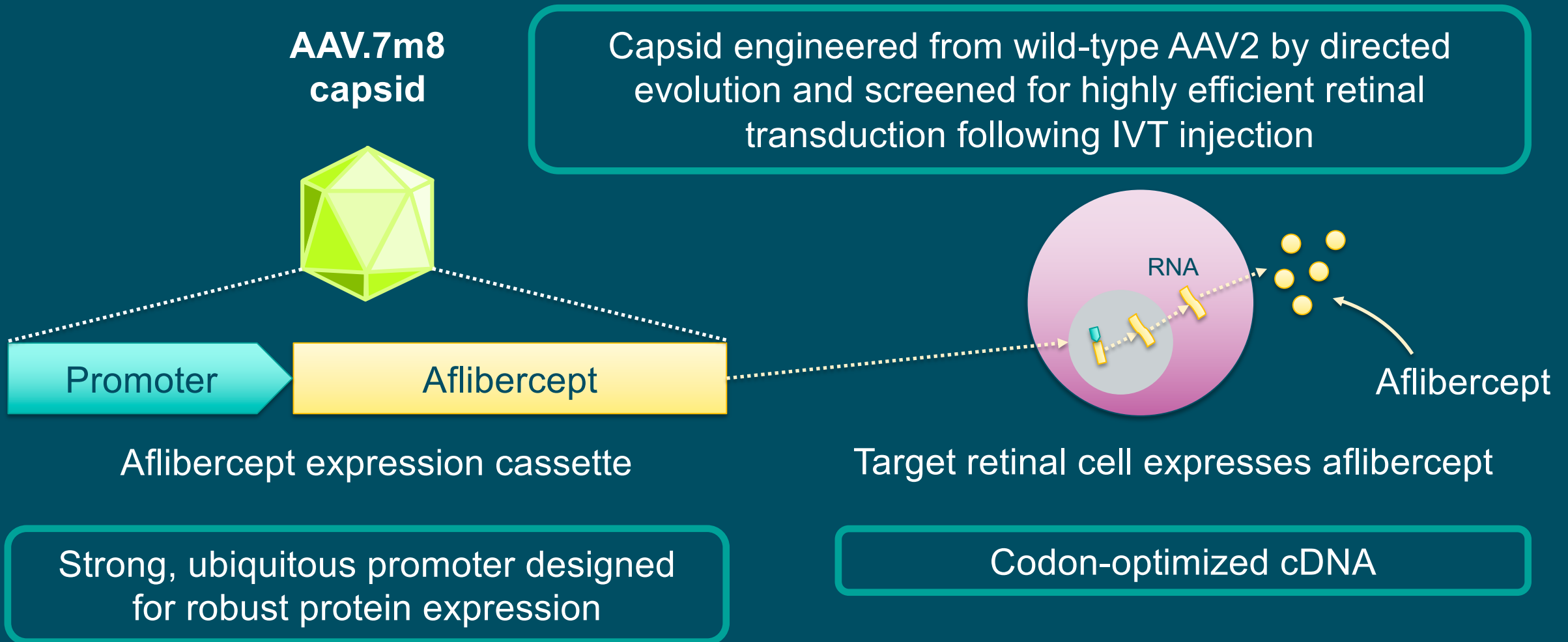
37,021 Eyes of 30,106 US Patients Receiving Routine Intravitreal Anti-VEGF Therapy Over 12 Months

Development Approach to Deliver Long-term Efficacy



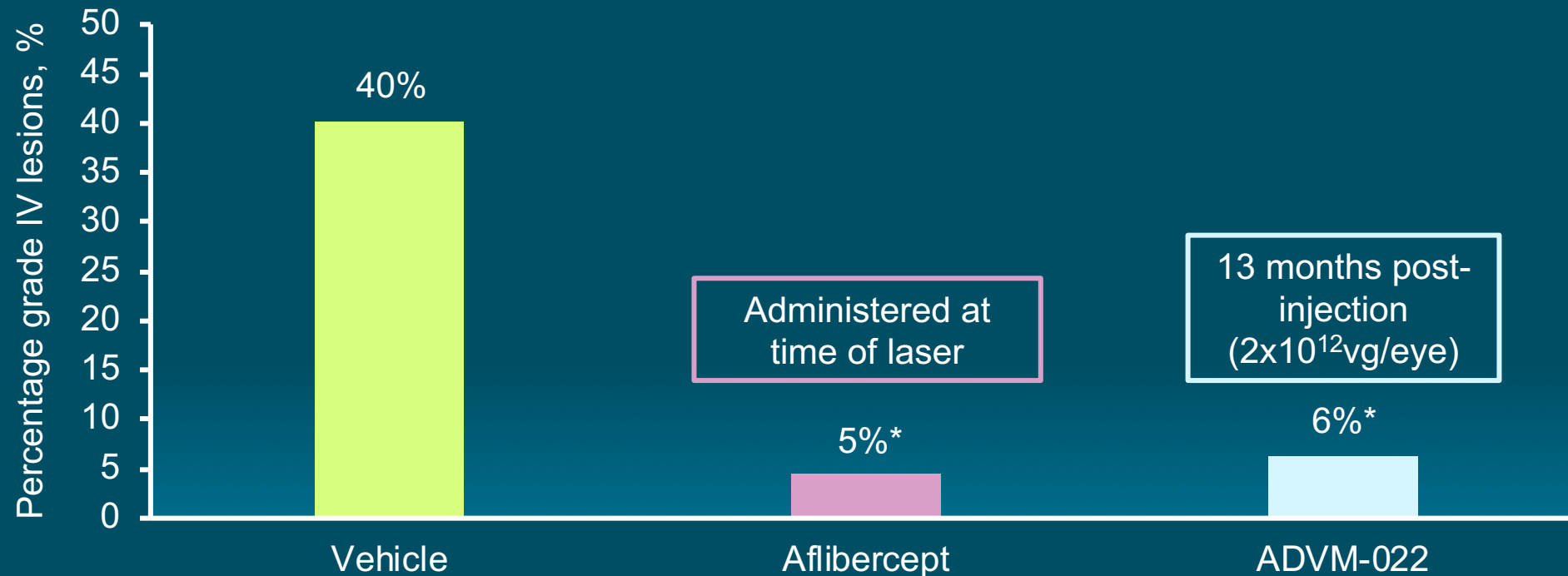
Gene therapy
Establish an intraocular biofactory to produce an anti-VEGF agent

ADVM-022: Adeno-Associated Virus Gene Therapy Vector Designed For Delivery by Intravitreal Injection



ADVM-022 Aflibercept is Functionally Active and Suppresses Laser-induced CNV in Primates

ADVM-022 given 13 months prior to laser-induced CNV is as effective as aflibercept administered at the time of laser



*p<0.0001(Fisher's exact test versus vehicle)
CNV, choroidal neovascularization

OPTIC: Phase 1, Two-year Multicenter Dose-ranging Study of ADVM-022 in Neovascular AMD



- Primary objective
 - Assess the safety and tolerability of a single IVT injection of ADVM-022
- Secondary objectives
 - Evaluate vision (BCVA)
 - Evaluate anatomy (SD-OCT)
 - Assess the need for rescue therapy



Oral steroid prophylaxis*: Cohort 1 (6×10^{11} vg/eye, n=6) and Cohort 2 (2×10^{11} vg/eye, n=6)

Steroid eye drops prophylaxis**: Cohort 3 (2×10^{11} vg/eye, n=9) and Cohort 4 (6×10^{11} vg/eye, n=9)

Patients receive rescue aflibercept (2mg IVT) if *any* of the following criteria are met:

1. Loss of ≥ 10 letters in BCVA from baseline that is attributed to intraretinal or subretinal fluid observed by the investigator
2. Increase in central subfield thickness $> 75\mu\text{m}$ from baseline
3. Presence of vision-threatening hemorrhage due to AMD

*Subjects received prophylaxis of 60mg oral prednisone for 6 days starting at Day -3 followed by 7-day taper.

**Subjects receive prophylaxis of QID difluprednate eye drops for 3 weeks starting at Day 1 followed by a 3-week taper.

BCVA, best-corrected visual acuity; IVT, intravitreal therapy; SD-OCT, spectral domain optical coherence tomography; QID, 4x/day

NCT03748784

Angiogenesis Cohort 1 & 2 Presentation



- Baseline characteristics
- Safety and treatment exposure
 - Through January 1, 2020
- Cohort 1 – 6×10^{11} vg/eye dose
 - Through December 1, 2019
 - Cellular inflammation
 - OCT/BCVA outcomes
- Cohort 2 – 2×10^{11} vg/eye dose
 - 24-week follow up
 - Cellular inflammation
 - OCT/BCVA outcomes

Study Population Previously Required Frequent Injections to Maintain Vision



Baseline Characteristics	Cohort 1 (N=6)	Cohort 2 (N=6)
Mean age, years	79.0	79.8
Mean time since nAMD diagnosis, years	3.3	4.0
Mean (range) number anti-VEGF injections since initial diagnosis	35.3 (7–109)	34.0 (4–69)
Mean number anti-VEGF injections in 12 months prior to ADVIM-022	9.2	9.2
Mean BCVA study eye, ETDRS letters Approximate Snellen equivalent	65.8 20/50	64.7 20/50
Mean CST study eye, μm	369.2	307.7

BCVA, best corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study
nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

Cohort 1 & 2 Safety Summary through January 1, 2020



- No ADVIM-022- or procedure-related serious adverse events (SAEs)
- No ADVIM-022-related systemic adverse events
- No adverse events met criteria for dose-limiting toxicity
- ADVIM-022-related adverse events have been mild (71%) to moderate (29%)
 - Low-grade inflammation commonly reported
 - No vasculitis, retinitis, or choroiditis
- One unrelated ocular SAE
 - Spontaneous, pseudophakic* retinal detachment
 - Surgically repaired and remains under follow-up

*Previous cataract extraction and artificial lens implantation

Cohort 1 – 6×10^{11} vg/eye dose



Cohort 1

As of December 1, 2019 (Median of 44 Weeks; Range 40–52 Weeks)



Outcomes Through December 1, 2019 (Median 44 Weeks Follow-up)*	Value
Mean BCVA change from baseline, ETDRS letters	−1.0
BCVA change from baseline (min, max), ETDRS letters	−7, +7
Mean CST change from baseline, μm	−25.5
CST change from baseline (min, max), μm	−117, +32
Total number of rescue injections	0

*BCVA and CST for patient 4 with retinal detachment (unrelated to study treatment) use last observations prior to detachment (week 36)

BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study

Cellular Inflammation Assessed by Slit Lamp Examination

Cohort 1: Low Grade and Responsive to Topical Steroids December 1, 2019

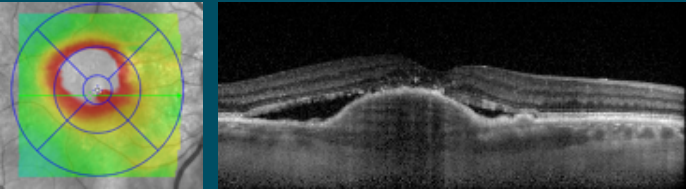
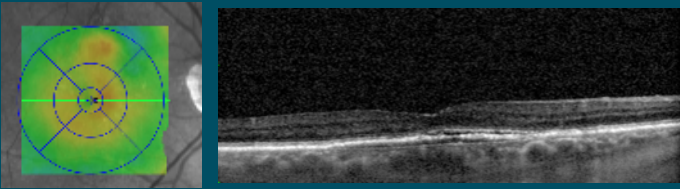
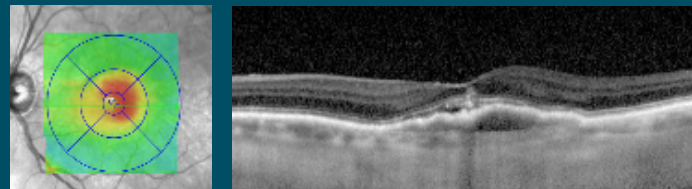
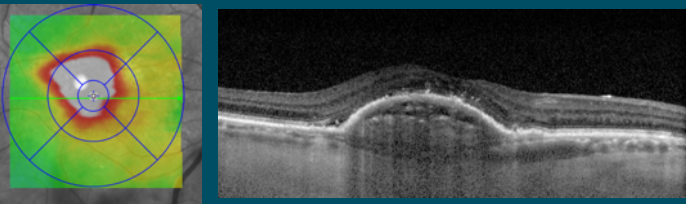
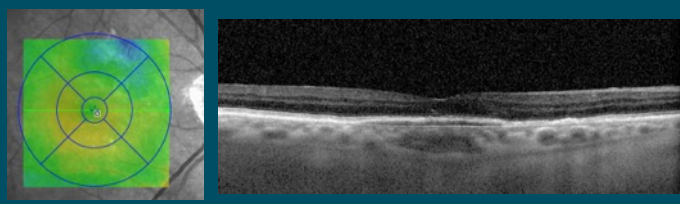
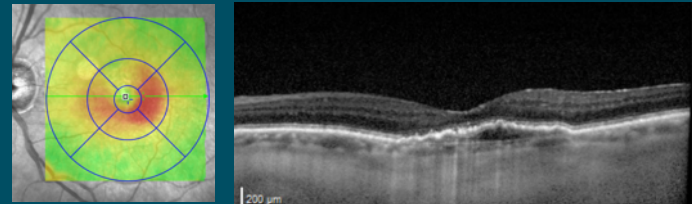


Aqueous cell grade categories are based on the Standardization of Uveitis Nomenclature (SUN) criteria: Jabs DA, et al. J Ophthalmol 2005;140:509–516
Vitreous cell grade categories are based on National Institutes of Health (NIH) guidelines
Aqueous cells: 0.5+: 1-5 cells 1+: 6-15 cells 2+: 16-25 cells 3+: 26-50 cells 4+: >50 cells
Vitreous cells: 0.5+: 1-10 cells 1+: 11-20 cells 2+: 21-30 cells 3+: 31-100 cells 4+: >100 cells; rare cells are captured as 0.5+ for this analysis

Individual Patient BCVA and OCT Outcomes

Cohort 1 – Follow-up Through December 1, 2019



	Patient 1: 52 Weeks Post-ADVM-022	Patient 2: 48 Weeks Post-ADVM-022	Patient 3: 44 Weeks Post-ADVM-022
Baseline OCT			
Latest OCT			
BCVA Change from Baseline, ETDRS letters	+7	-6	-7
CST change from Baseline, μm	+32	-29	-55
Rescue IVT in OPTIC, n	0	0	0

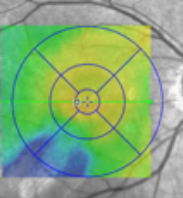
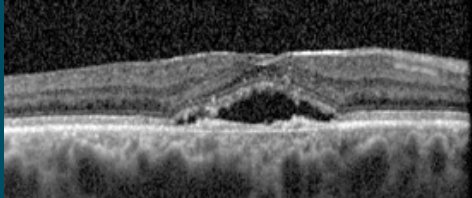
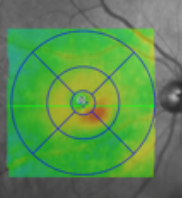
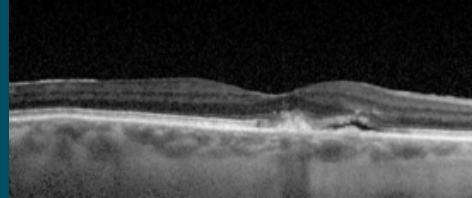
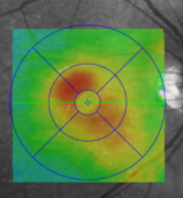
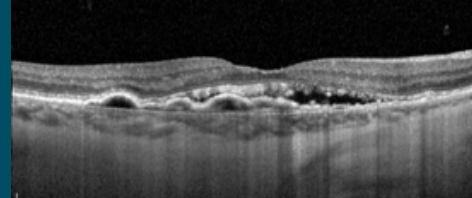
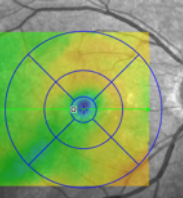
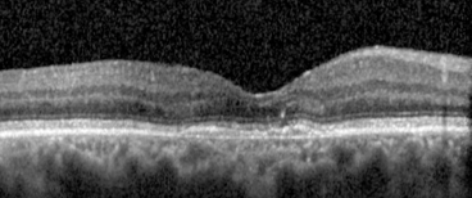
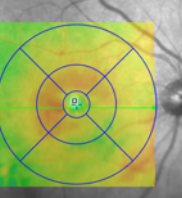
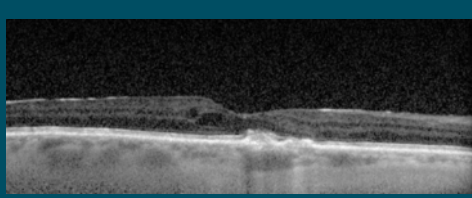
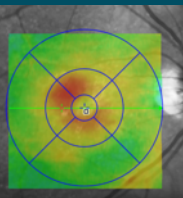
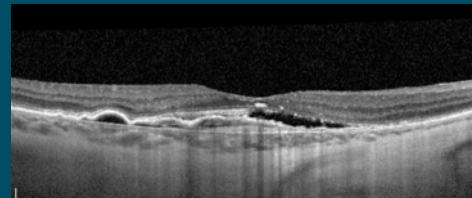
BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study

IVT, intravitreal therapy; OCT, optical coherence tomography

Individual Patient BCVA and OCT Outcomes

Cohort 1 – Follow-up Through December 1, 2019



	Patient 4: 44 Weeks* Post-ADVM-022		Patient 5: 40 Weeks Post-ADVM-022		Patient 6: 40 Weeks Post-ADVM-022	
Baseline OCT						
Latest OCT						
BCVA Change from Baseline, ETDRS letters	+5*		-2		-3	
CST change from Baseline, μm	-117*		+4		+12	
Rescue IVT in OPTIC, n	0		0		0	

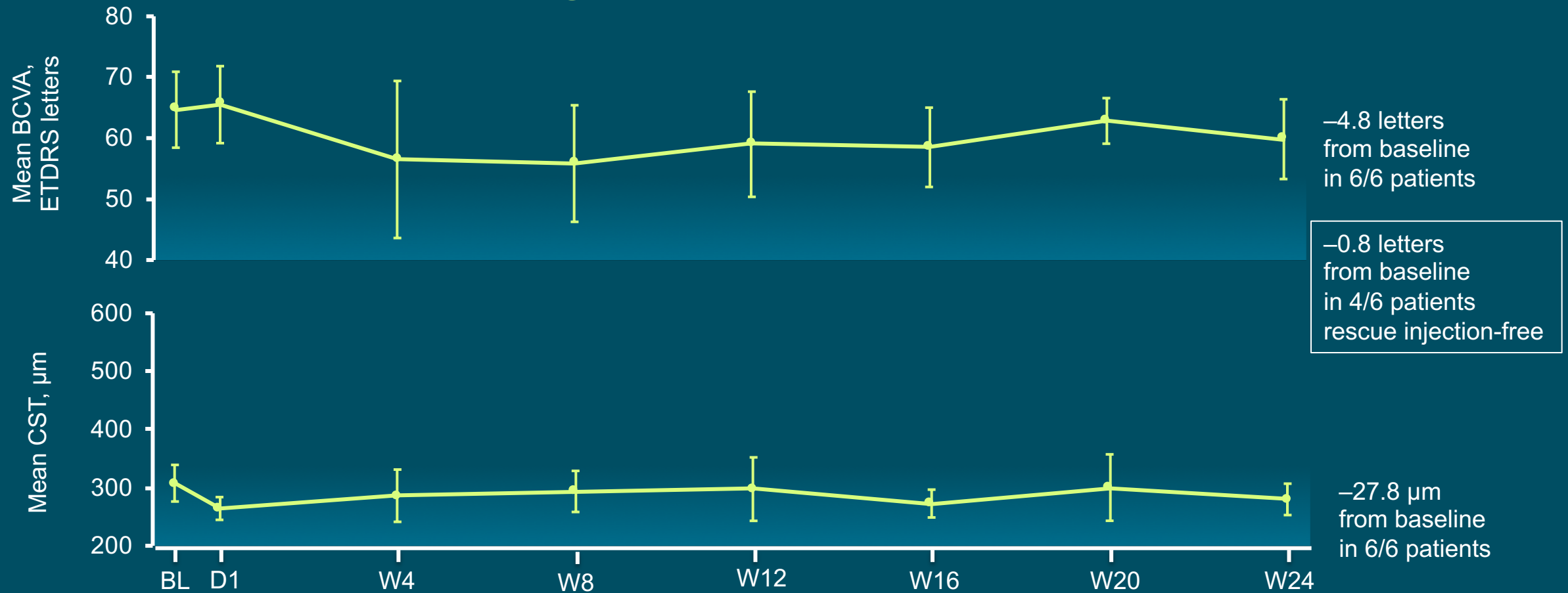
*BCVA, CST and OCT images for patient with retinal detachment (unrelated to study treatment) uses last observations prior to detachment (Week 36)

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; OCT, optical coherence tomography

Cohort 2 – 2×10^{11} vg/eye dose



Cohort 2: Mean BCVA and Mean CST Outcomes Through 24 Weeks



Aflibercept 2mg IVT administered at baseline, 7-15 days prior to ADVIM-022 IVT (Day 1)

BCVA, best corrected visual acuity; CST, central subfield thickness; BL, baseline; D, day; W, week

Error bars are 90% CIs of the mean absolute BCVA and CST using T-distribution

Cellular Inflammation Assessed by Slit Lamp Examination

Cohort 2: Inflammation Responsive to and Managed with Topical Steroids



Aqueous cell grade categories are based on the Standardization of Uveitis Nomenclature (SUN) criteria: Jabs DA, et al. J Ophthalmol 2005;140:509–516

Vitreous cell grade categories are based on National Institutes of Health (NIH) guidelines

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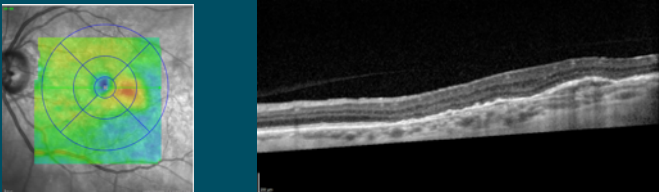
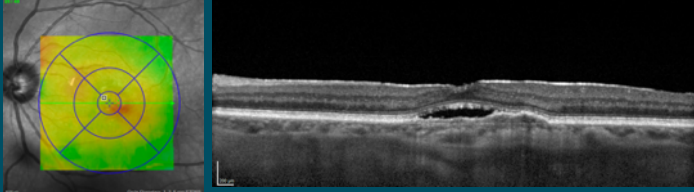
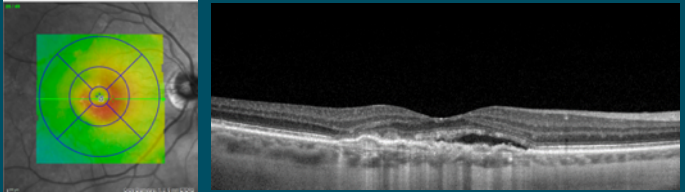
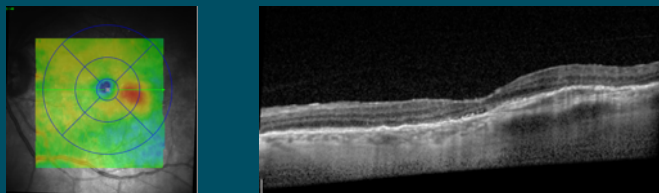
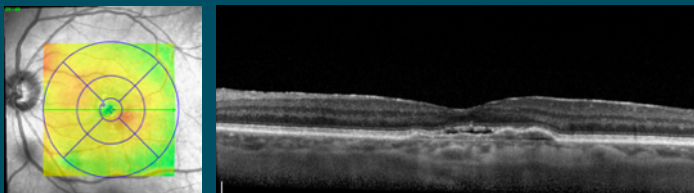
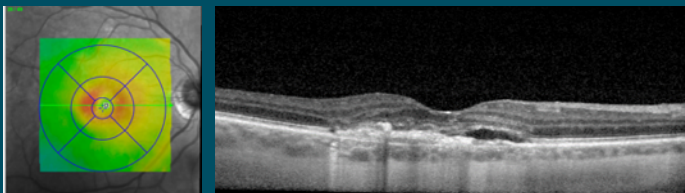
Vitreous cells: 0.5+: 1-10 cells 1+: 11-20 cells 2+: 21-30 cells 3+: 31-100 cells 4+: >100 cells; rare cells are captured as 0.5+ for this analysis

Numbers within yellow bars represent frequency of difluprednate eye drops

Individual Patient BCVA and OCT Outcomes

Cohort 2 – 24 weeks



	Patient 1: 24 Weeks Post-ADVM-022	Patient 2: 24 Weeks Post-ADVM-022	Patient 3: 24 Weeks Post-ADVM-022
Baseline OCT			
Latest OCT			
BCVA Change from Baseline, ETDRS letters	-4	-1	-19*
CST change from Baseline, μm	-8	-38	-11*
Rescue IVT in OPTIC, n	0	0	3*

*Patient 3 received rescue injection at week 24 due to loss of ≥ 10 letters in BCVA from baseline that is attributed to intraretinal or subretinal fluid

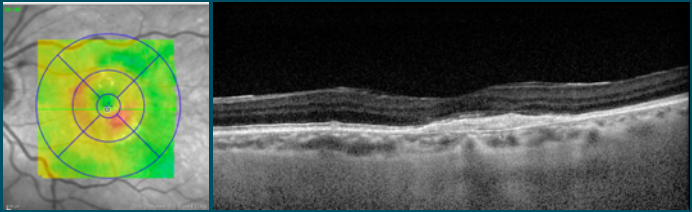
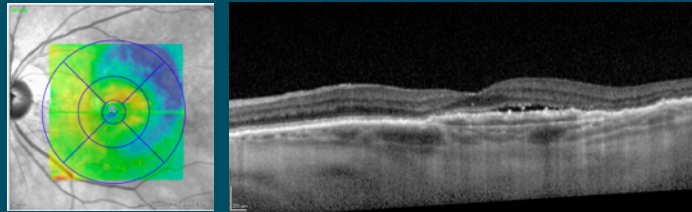
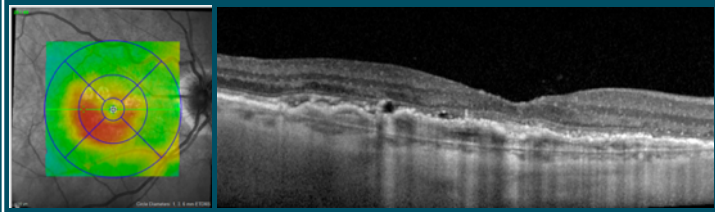
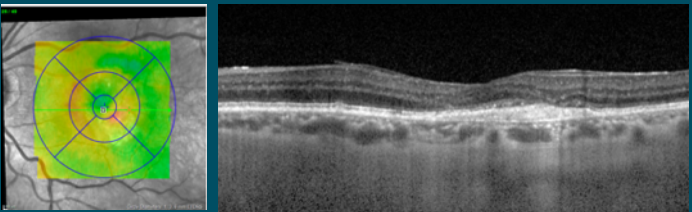
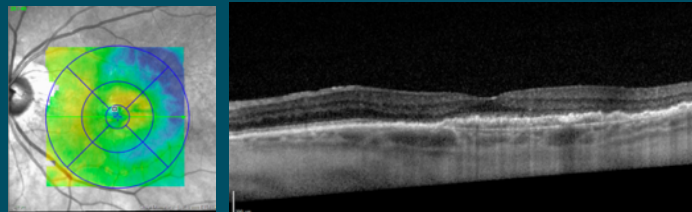
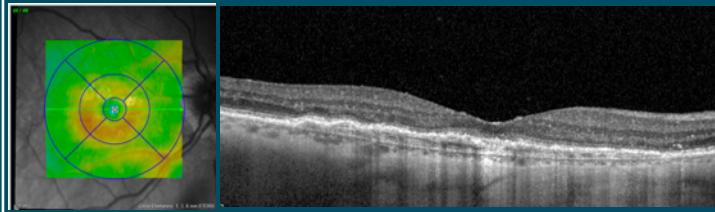
BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study

IVT, intravitreal therapy; OCT, optical coherence tomography

Individual Patient BCVA and OCT Outcomes

Cohort 2 – 24 weeks



	Patient 4: 24 Weeks Post-ADVM-022	Patient 5: 24 Weeks Post-ADVM-022	Patient 6: 24 Weeks Post-ADVM-022
Baseline OCT			
Latest OCT			
BCVA Change from Baseline, ETDRS letters	-14	-7*	+16
CST change from Baseline, μm	-16	-33*	-61
Rescue IVT in OPTIC, n	0	3*	0

* Patient 5 received rescue injection at week 20 due to increase in central subfield thickness $>75\mu\text{m}$ from baseline

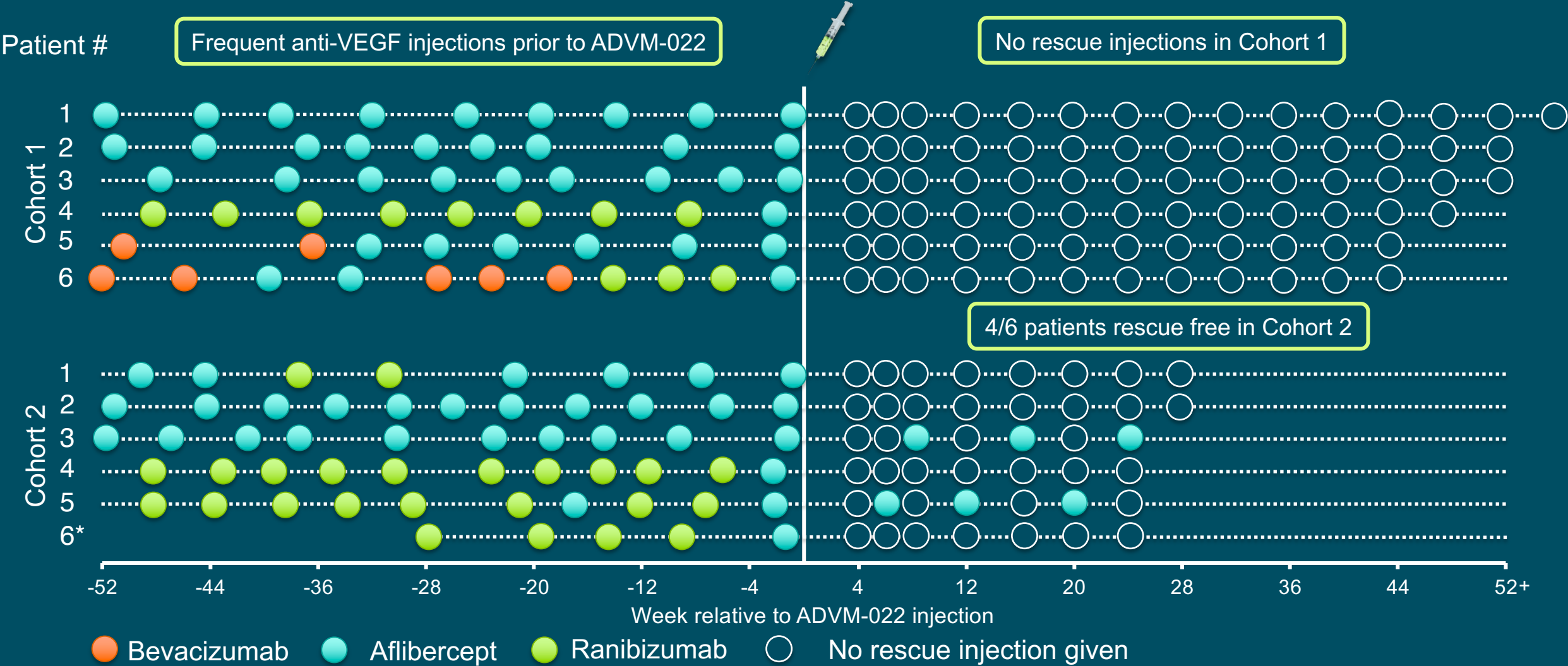
BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study

IVT, intravitreal therapy; OCT, optical coherence tomography

No Rescue Injections in Cohort 1, 4/6 Patients in Cohort 2 Remain Rescue Free



Follow-up Through January 1, 2020



*Patient 6 was diagnosed with nAMD 6.4 months prior to ADVM-022 injection date

OPTIC Cohort 1 & 2 Conclusions



- Robust efficacy signal with evidence of dose response:
 - 6×10^{11} vg/eye: 6/6 patients rescue injection free
 - 2×10^{11} vg/eye: 4/6 patients rescue injection free
- In 10 of 12 (83%) patients that were rescue injection free
 - Mean BCVA maintained
 - Mean CST improved
- Ocular inflammation responsive to steroid eyedrops
 - Cohorts 3 and 4 utilize 6-week prophylactic steroid eye drop regimen
- ADVIM-022 demonstrates further potential to greatly reduce anti-VEGF injection burden in neovascular AMD

ADVM-022 Acknowledgments



Investigators, study teams and participants

- David Boyer MD
- Brandon Busbee MD
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