



Virtual IR/KOL Event

August 10, 2020

Forward-looking Statements

Statements contained in this document regarding matters, events, statistics, or clinical or financial results that may occur in the future are “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. Such statements include, but are not limited to, statements regarding plans and milestones related to Adverum’s product candidates, process development and manufacturing, clinical studies and trials, and regulatory filings, the therapeutic and commercial potential of Adverum’s product candidates and the sufficiency of Adverum’s resources to fund lead programs, all of which are based on certain assumptions made by Adverum on current conditions, expected future developments and other factors Adverum believes are appropriate under the circumstances. Adverum may not consummate any of these plans or these product, clinical development or regulatory goals in a timely manner, or at all, or otherwise carry out the intentions or meet the expectations or projections disclosed in its forward-looking statements, and you should not place undue reliance on these forward-looking statements. Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of various risks and uncertainties, which include, without limitation, the risk that Adverum’s resources will not be sufficient for Adverum to conduct or continue planned development programs and planned clinical trials, the risk that preliminary or interim data from Adverum’s clinical trials may change as more patient data become available, the risk of a delay in the enrollment of patients in Adverum’s clinical studies or in the manufacturing of products to be used in such clinical studies, risks and uncertainties inherent in the product development and the regulatory approval process, the risk that Adverum will not be able to successfully develop or commercialize any of its product candidates and the risk that Adverum will be delayed in receiving or fail to receive required regulatory approvals. Risks and uncertainties facing Adverum are described more fully in Adverum’s reports filed with the SEC, including its Form 10-Q filed on August 10, 2020, particularly in its section titled “Risk Factors.” All forward-looking statements contained in this document speak only as of the date on which they were made. Adverum undertakes no obligation to update such statements to reflect events that occur or circumstances that exist after the date on which they were made.

This document contains estimates, projections and other information concerning Adverum’s industry, business and the markets for certain drugs, including data regarding the estimated size of those markets, their projected growth rates and the incidence of certain medical conditions. Information that is based on estimates, forecasts, projections or similar methodologies is inherently subject to uncertainties and actual events or circumstances may differ materially from events and circumstances reflected in this information. Unless otherwise expressly stated, Adverum obtained this industry, business, market and other data from reports, research surveys, studies and similar data prepared by third parties, industry, medical and general publications, government data and similar sources believed to be reliable, but the accuracy or completeness of such information is not guaranteed by, and should not be construed as representations made by, Adverum.

Virtual IR/KOL Event Agenda

Time	Presentation	Speaker
10-minutes	Welcome	Laurent Fischer, M.D. CEO, Adverum Biotechnologies
30-minutes	OPTIC Presentation INFINITY DME Clinical Trial Design	Arshad M. Khanani, M.D., M.A. Managing Partner and Director of Clinical Research, Sierra Eye Associates, and Clinical Associate Professor of Ophthalmology, University of Nevada; Principal Investigator in OPTIC and INFINITY Trials
30-minutes	Q&A	Laurent Fischer, M.D. - CEO Aaron Osborne, MBBS - CMO Leone Patterson - President Thomas Leung - CFO Arshad M. Khanani, M.D., M.A., PI
5-minutes	Closing remarks	Laurent Fischer, M.D.

Phase 1 Study of Intravitreal Gene Therapy with ADVIM-022 for Neovascular Age-related Macular Degeneration (OPTIC Trial Cohorts 1-4)

Arshad M Khanani, M.D., M.A.

Director of Clinical Research, Sierra Eye Associates
(on behalf of the OPTIC investigators)



August 10, 2020

Disclosures

- **Grant Support:** Adverum, Allergan, Chengdu Kanghong, Genentech, Gyroscope, Gemini Therapeutics, Kodiak, Novartis, Iveric Bio, Opthea, Oxurion, Recens Medical, Roche, Regenxbio
- **Consultant:** Adverum, Allergan, Bausch and Lomb, Chengdu Kanghong, Eyepoint Pharmaceuticals, Genentech, Gyroscope, Gemini Therapeutics, Kodiak, Novartis, Opthea, Oxurion, Recens Medical, Regenxbio
- **Speaker:** Allergan, Novartis

Key Takeaways for ADVIM-022

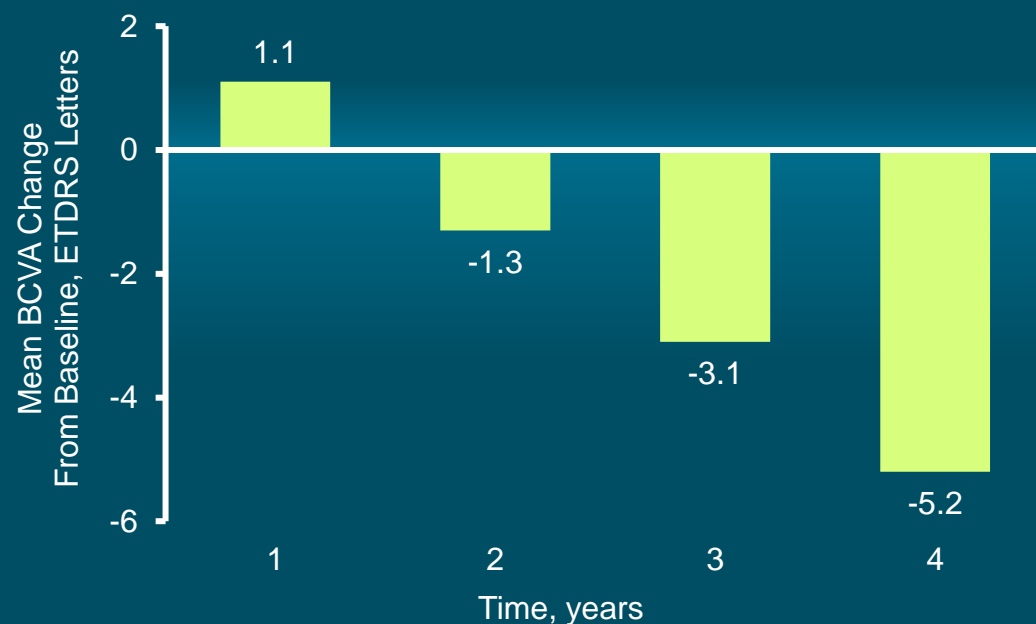
- Continues to show robust treatment response
- Long-term durability beyond 15 months from single IVT injection with zero rescue injections in Cohort 1
- Further evidence of a dose response between the high and low doses
- Substantial reduction in annualized anti-VEGF injection frequency
- Continues to be well tolerated with a favorable safety profile in all 4 cohorts including encouraging early safety data from Cohort 4 using prophylactic steroid eye drops
- Warrants further investigation in larger studies

Real-world anti-VEGF Patient Outcomes

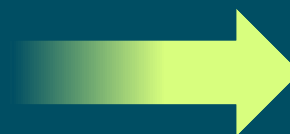
Under treatment leads to vision loss over time

98,821 Eyes from 79,885 US Patients
Receiving Routine Intravitreal anti-VEGF Therapy

Development Approach to Deliver
Long-Term Efficacy



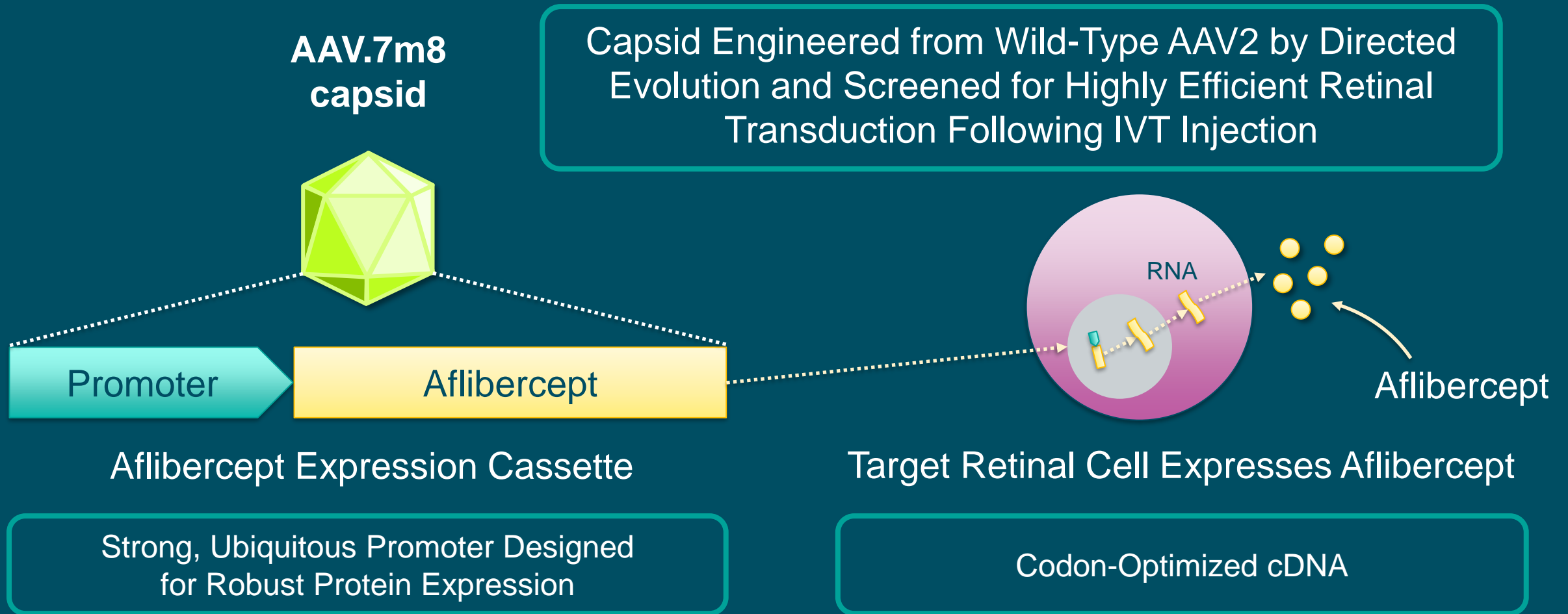
# of Injections	7.5	6.7	6.6	6.4
-----------------	-----	-----	-----	-----



Gene Therapy
In-Office Intravitreal Injection
to Establish an Intraocular
anti-VEGF Biofactory

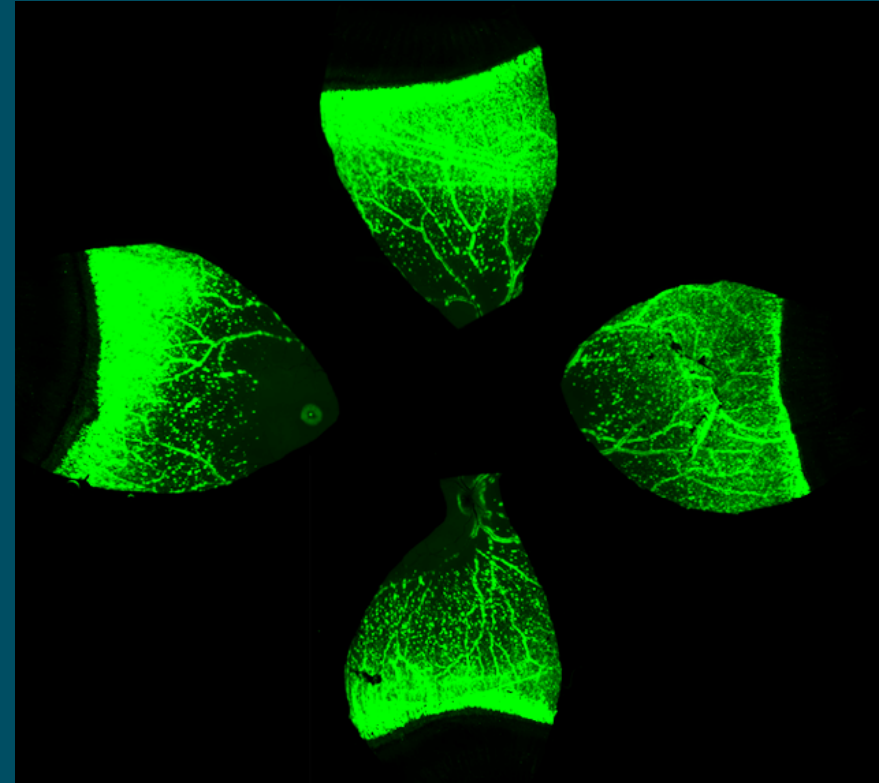
ADVM-022: Adeno-Associated Virus Gene Therapy Vector

Designed for continuous delivery of aflibercept by intravitreal injection



Intravitreal Injection of AAV.7m8 Results in Robust Cellular Transduction and Protein Expression in the Eye

- Advanced AAV.7m8 vector developed using directed evolution to:
 - Enable efficient intravitreal delivery^{1,3}
 - Increase transduction of retinal cells^{1,3}
 - Increase protein expression¹
- Protein expression in NHPs:
 - Photoreceptors, ganglion cells¹⁻³
 - Bipolar cells, Müller cells, optic nerve²
 - Ciliary epithelium, iris pigment epithelium²



Green Fluorescent Protein Expression In
Non-Human Primate Retina¹

Preclinical NHP Data Demonstrate Long-Term Sustained Aflibercept Levels Comparable to Aflibercept Bolus Injection



*Time after IVT injection of bolus aflibercept protein (1.2 mg/eye; separate study) when similar aflibercept levels were observed in NHPs
IVT, intravitreal therapy; NHP, non-human primate

1. Kiss, S. Ann Meeting of the Am Soc Gene Cell Ther; 2019, Washington, DC
2. Grishanin, R Ann Congress Eur Soc Gene Cell Ther; 2018, Lausanne, Switzerland

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 Objective**

- 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 (2 mg 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 μm from baseline
3. Presence of vision-threatening hemorrhage due to AMD

*Subjects received prophylaxis of 60 mg 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

Limited Impact of COVID-19 on OPTIC Clinical Trial



Adverum: OPTIC Clinical Trial

- Recruitment for Cohort 4 successfully completed during COVID-19
- Limited and manageable number of missed visits related to COVID-19
- Implementation of remote visits and telemedicine assessments when necessary

**Highlights the Value of Continuous Delivery of
Treatment for Chronic Retinal Diseases**

OPTIC Update for Cohorts 1-4 as of July 23, 2020

	Cohort 1 (N=6)	Cohort 2 (N=6)	Cohort 3 (N=9)	Cohort 4* (N=9)
ADVM-022 Dose, vg/eye	High Dose 6×10^{11}	Low Dose 2×10^{11}	Low Dose 2×10^{11}	High Dose 6×10^{11}
Steroid Prophylaxis	Oral 13-day course	Oral 13-day course	Eye drops 6-week course	Eye drops 6-week course
Follow-Up, Weeks	64–84 weeks (median 72)	52–56 weeks (median 52)	20–40 weeks (median 36)	2–8 weeks (median 4)
Subject Disposition	No discontinuations, some visits missed due to COVID-19 concerns	No discontinuations	No discontinuations, some visits missed due to COVID-19 concerns	No discontinuations
Baseline Characteristics	✓	✓	✓	✓
Safety Data	✓	✓	✓	✓
Efficacy Data†	✓ No rescue injections	✓	✓	N/A* No rescue injections

*Cohort 4 has short duration of follow-up, insufficient for assessment of efficacy

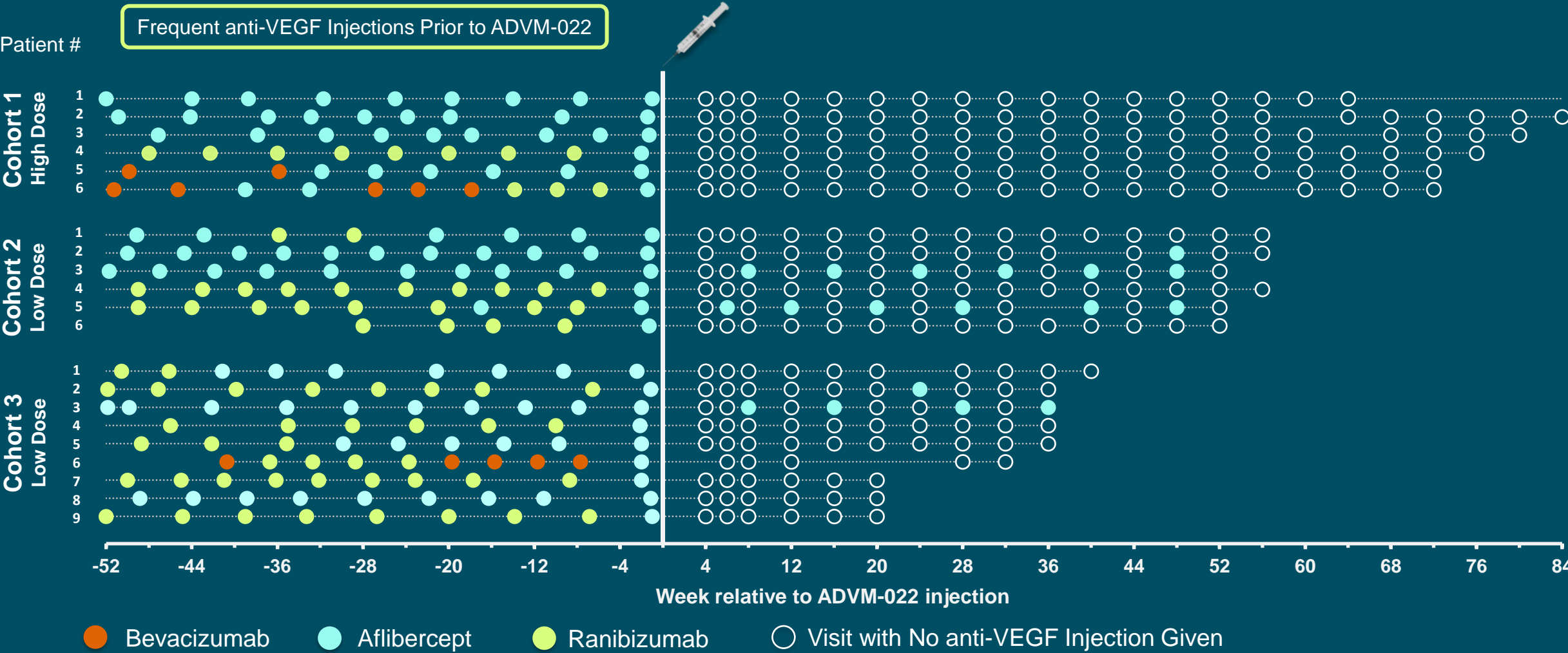
†Includes BCVA and CST outcomes and need for rescue anti-VEGF

Neovascular AMD Study Population Previously Required Frequent Injections to Maintain Vision

Baseline Characteristics	Cohort 1 (N=6)	Cohort 2 (N=6)	Cohort 3 (N=9)	Cohort 4 (N=9)
Mean (range) Age, Years	79.0 (62–88)	79.8 (74–90)	77.4 (65–90)	79.9 (68–88)
Mean (range) Years Since nAMD Diagnosis	3.5 (0.9–10.6)	4.1 (0.5–6.8)	3.3 (0.7–8.0)	3.2 (0.2–8.0)
Mean (range) Number anti-VEGF Injections Since Initial Diagnosis*	32.2 (7–109)	34.0 (4–69)	24.8 (9–70)	28.5 (2–58)**
Mean (range) Number anti-VEGF Injections in 12 Months Prior to ADV-M-022	9.2 (8–11)	9.2 (5–11)	9.1 (7–10)	6.8 (3–12)**
Mean (range) BCVA, ETDRS Letters Approximate Snellen Equivalent	65.8 (57–77) 20/50	64.7 (53–72) 20/50	65.9 (53–75) 20/50	65.0 (54–77) 20/50
Mean (range) CST, μm	369.2 (293–561)	307.7 (235–339)	473.4 (301–857)	398.6 (255–538)

**Not including the mandated aflibercept at Screening; **Excluding Patient #2 with incomplete prior anti-VEGF data due to relocation.
 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*

Substantial Reduction in anti-VEGF Treatments Following a Single IVT Injection of ADVM-022



Two patients (Cohort 1 subject 1 and Cohort 3 subject 6) missed two or more consecutive visits due to COVID-19 concerns
VEGF, vascular endothelial growth factor; IVT, Intravitreal

Safety Summary Across Cohorts through July 23, 2020



- No ADVIM-022-related non-ocular adverse events
 - No deaths or discontinuations in OPTIC
- When observed, inflammation has been responsive to and manageable with steroid eye drops
 - Minimal early inflammation with steroid eye drops prophylaxis in Cohort 3 and Cohort 4
- No clinical or fluorescein* evidence of posterior inflammation
 - No vasculitis, retinitis, choroiditis, vascular occlusions or endophthalmitis
- All ADVIM-022-related ocular AEs were mild (78%) to moderate (22%)
 - One AE of special interest of moderate recurrent uveitis deemed to be related to ADVIM-022 was responsive to steroid eye drops (Cohort 1)
- One unrelated ocular SAE of retinal detachment surgically repaired and resolved (Cohort 1)
- Two patients had mild AEs of IOP elevation that resolved
 - One patient had two mild IOP elevations (highest 24 mmHg) that were both treated with Combigan® eye drops
 - One case in a patient on Combigan® for ocular hypertension at baseline which resolved with no change to treatment

*Fluorescein angiography of posterior pole

IOP, intraocular pressure; AEs, adverse events; SAEs, serious AEs

Adverse Events Across Cohorts as of July 23, 2020

ADVM-022 related events were mild (78%) or moderate (22%)

Adverse Events		Cohort 1 (N=6)		Cohort 2 (N=6)		Cohort 3 (N=9)		Cohort 4 (N=9)	
		6×10 ¹¹ vg/eye Oral steroids 13-day prophylaxis		2×10 ¹¹ vg/eye Oral steroids 13-day prophylaxis		2×10 ¹¹ vg/eye Steroid eye drops 6-week prophylaxis		6×10 ¹¹ vg/eye Steroid eye drops 6-week prophylaxis	
		Subjects	Events	Subjects	Events	Subjects	Events	Subjects	Events
Ocular	Serious	2	2*	0	0	0	0	0	0
	ADVM-022 Related**	6	30	5	21	5	14	5	12
	Total Ocular	6	51	5	32	8	26	7	15
Non-Ocular†	Serious ‡	1	1	0	0	2	2	0	0
	Total Non-Ocular†	5	18	6	7	4	9	1	1

* Retinal detachment (unrelated to ADVM-022) and recurrent moderate uveitis (likely related to ADVM-022)

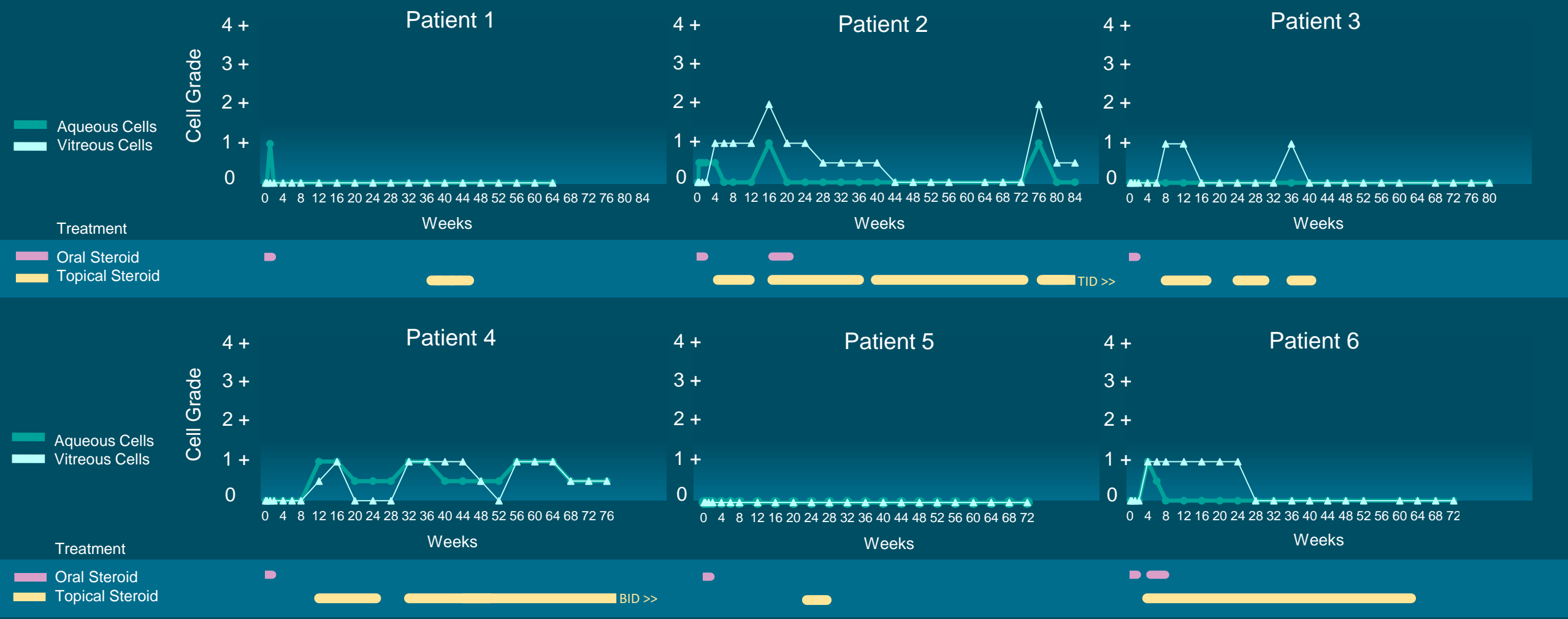
** ADVM-022 related ocular events were mild (78%) or moderate (22%)

† None of the non-ocular AEs were ADVM-022 related

‡ Serious non-ocular AEs included degenerative intervertebral disc disease (1) in Cohort 1; and COPD exacerbation (1), and stable angina pectoris (1) in Cohort 3

Cohort 1: Cellular inflammation as Assessed by Slit Lamp

Low grade and responsive to 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

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

Data cut: July 23, 2020

Cohort 2: Cellular Inflammation as Assessed by Slit Lamp

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

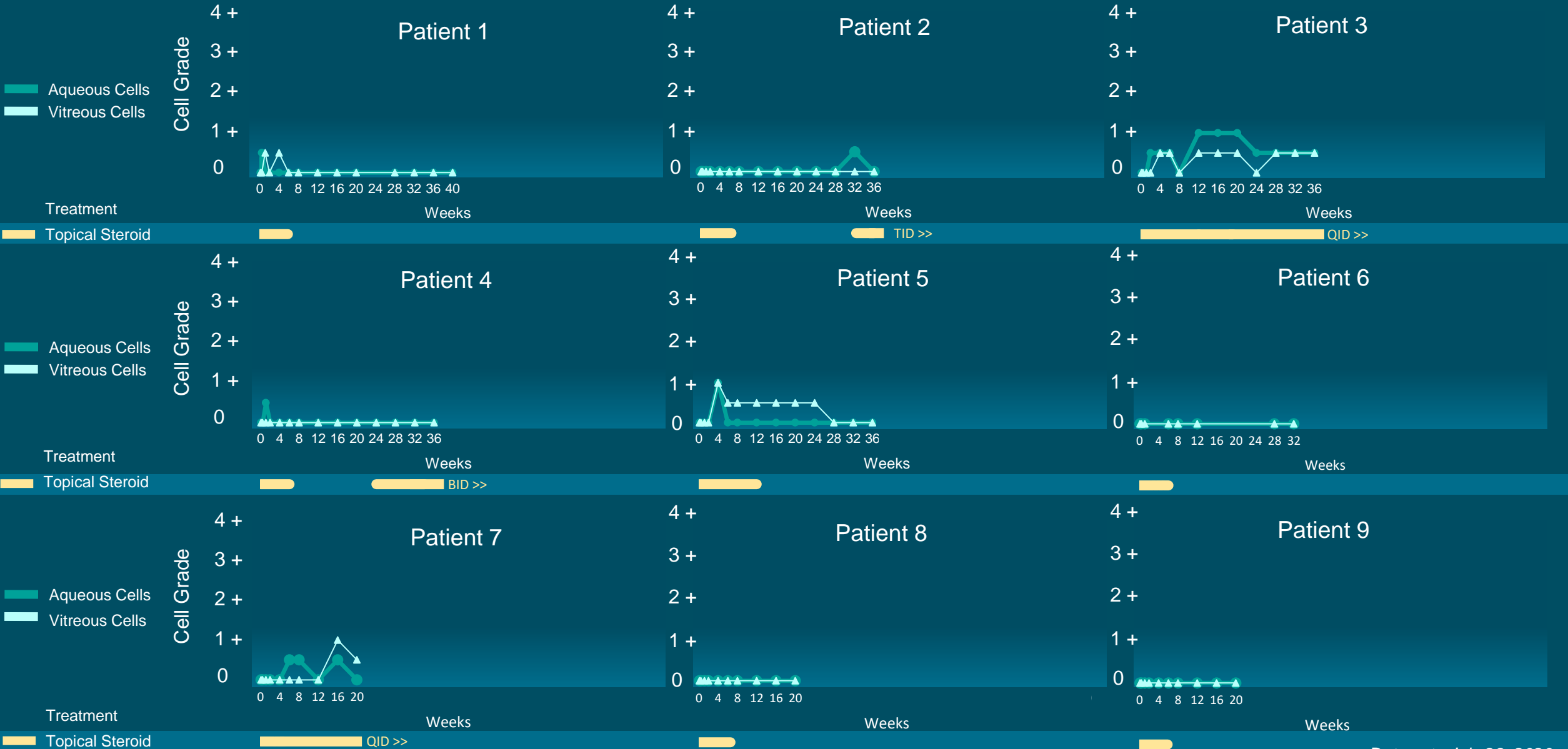
Aqueous cells: 0.5+: 1-5 cells 1+: 6-15 cells 2+: 16-25 cells 3+: 26-50 cells 4+: >50 cells

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

Data cut: July 23, 2020

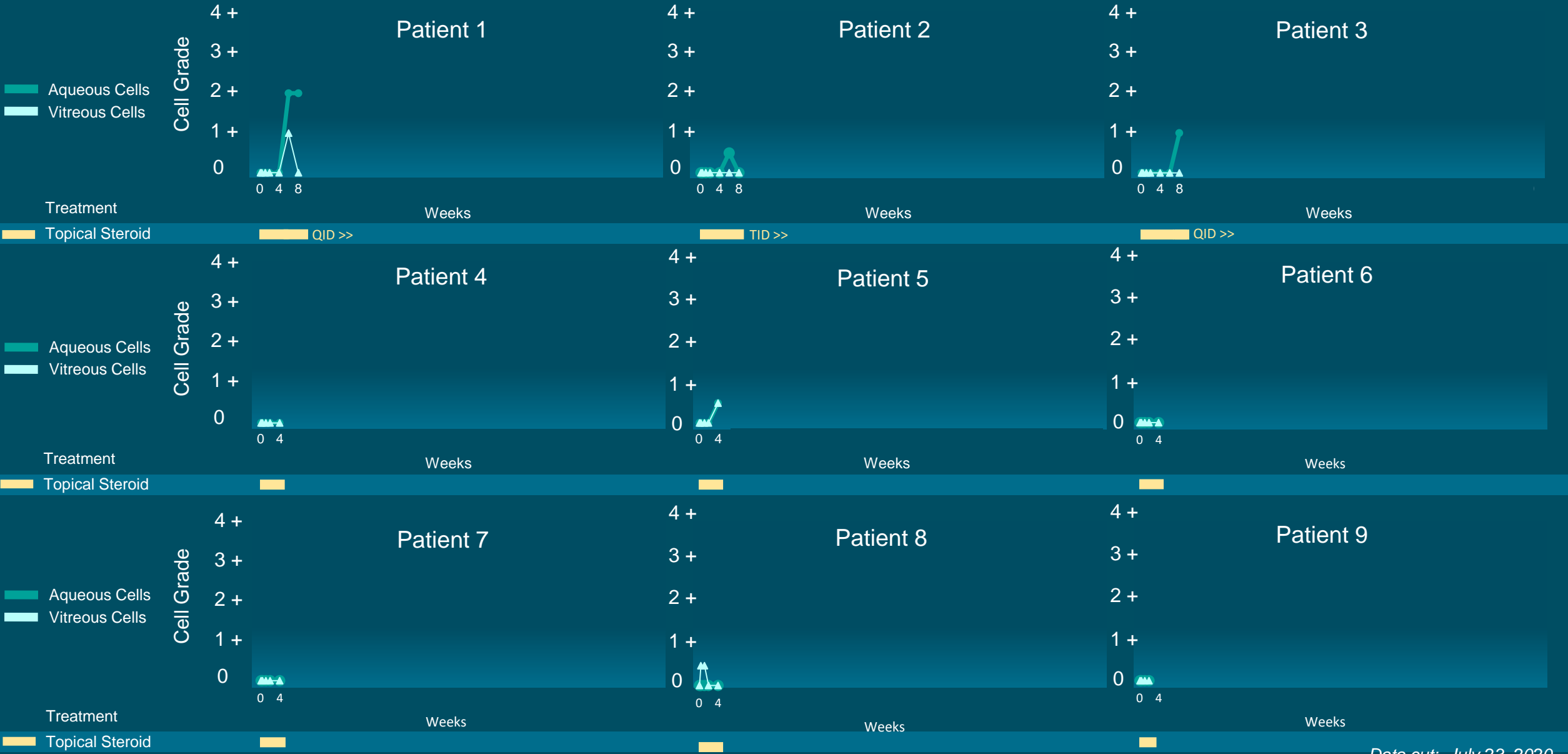
Cohort 3: Cellular Inflammation as Assessed by Slit Lamp

Minimal early inflammation with steroid eye drops prophylaxis



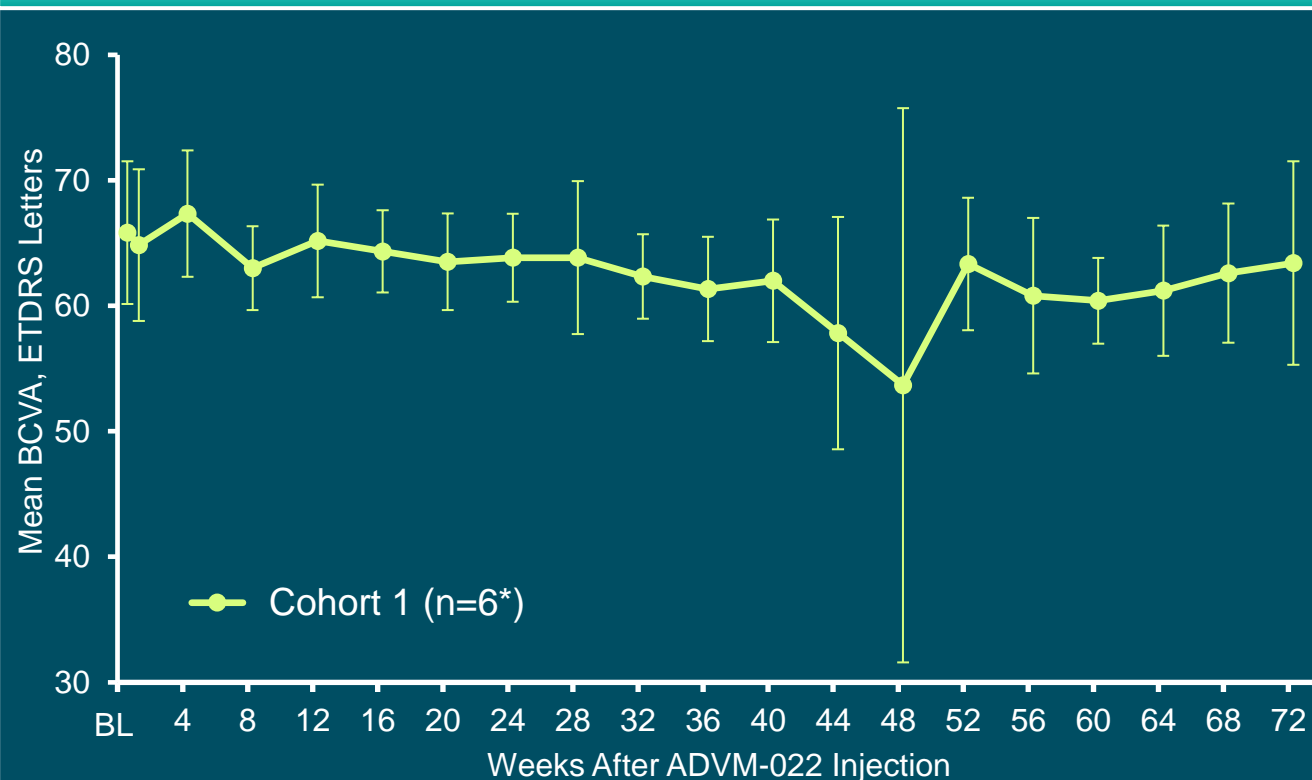
Cohort 4: Cellular Inflammation as Assessed by Slit Lamp

Minimal early inflammation with steroid eye drops prophylaxis



Cohort 1: BCVA Over Time

Mean (90% CI) by Visit Through Week 72



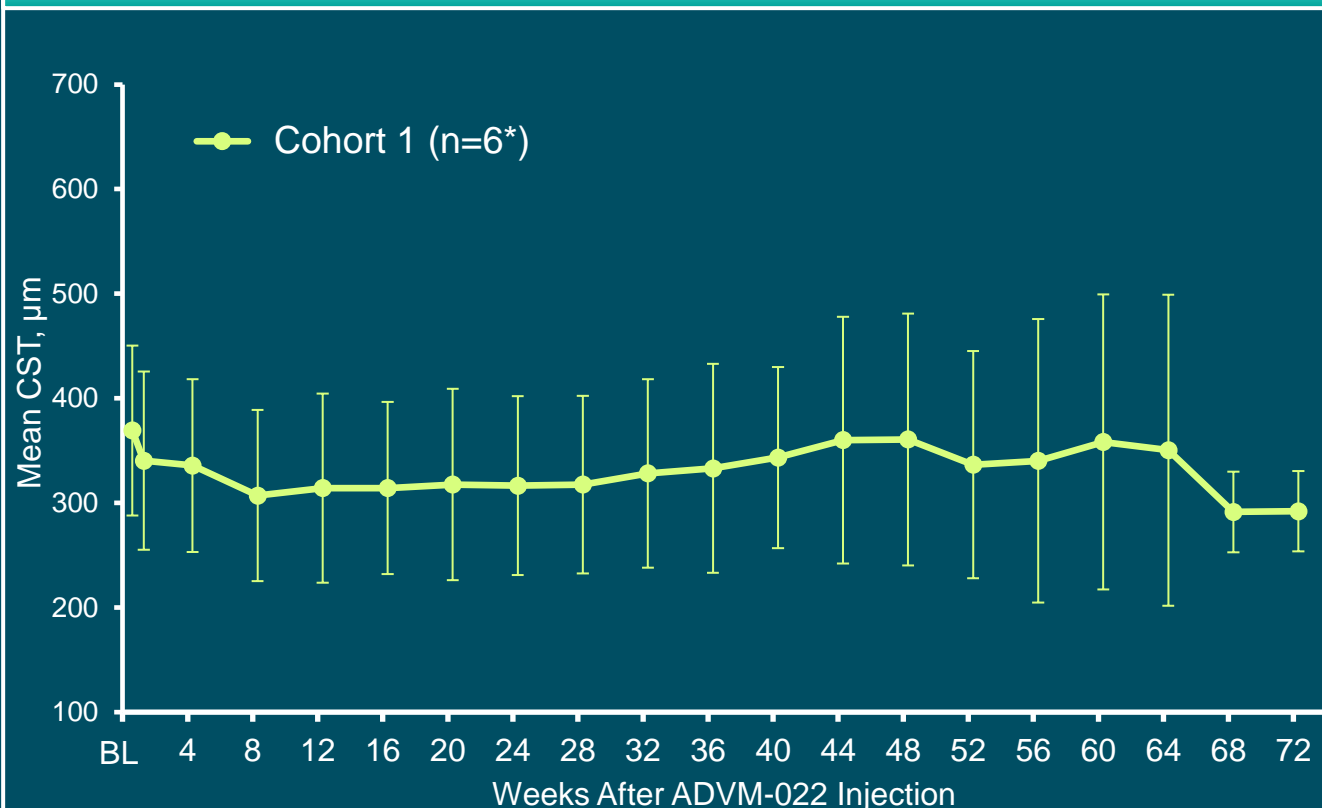
Latest Outcomes as of July 23, 2020

Follow-Up	64–84 weeks (median 72)
Rescue-Free Patients	100% (6/6)
Mean BCVA Change from Baseline	
All Patients	–3.2 Letters

**One patient had low BCVA score at 44 and 48 weeks due to retinal detachment; N=5 from Week 56 to 72
Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADV-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*

Cohort 1: CST Over Time

Mean (90% CI) by Visit Through Week 72

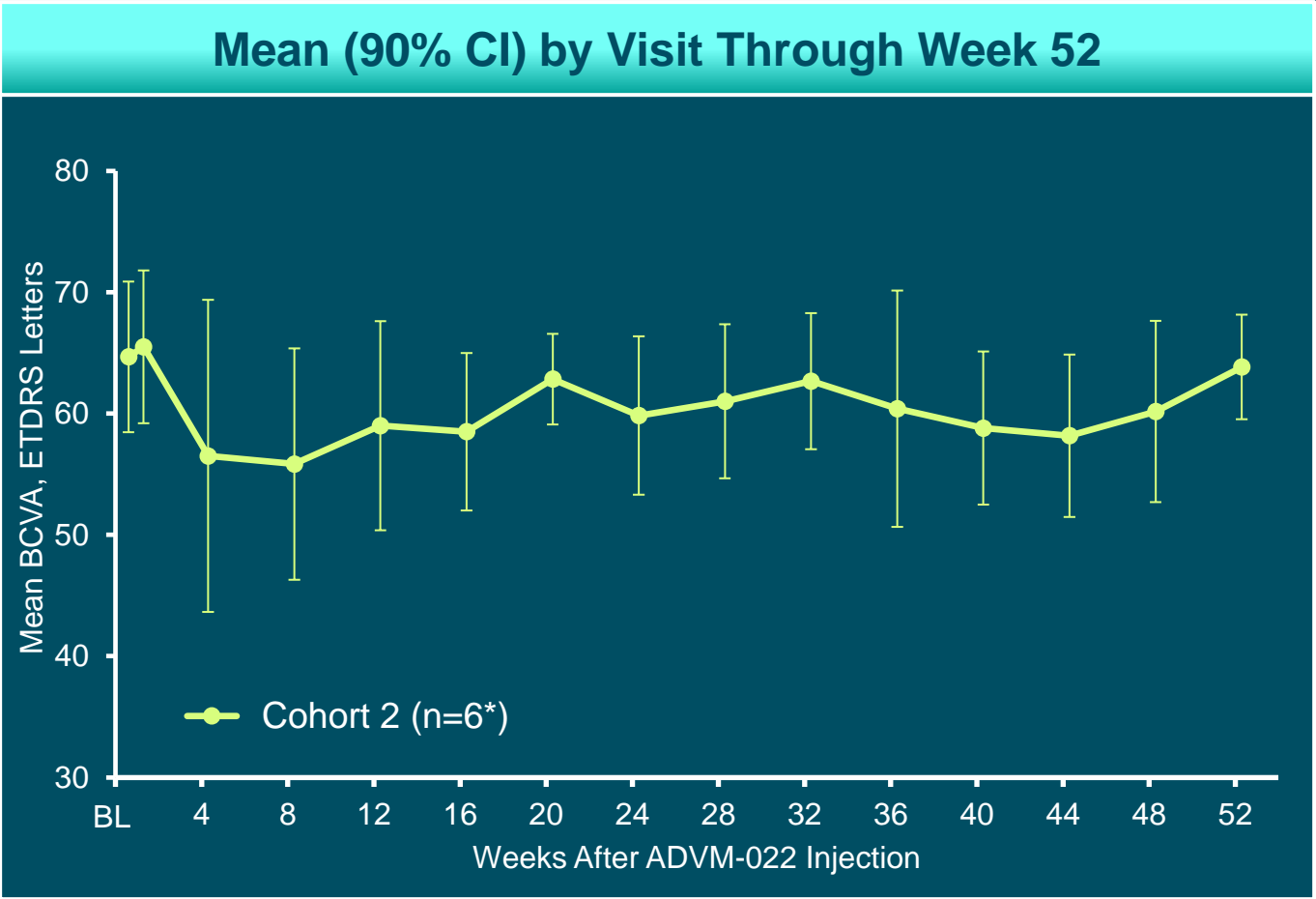


Latest Outcomes as of July 23, 2020

Follow-Up	64–84 weeks (median 72)
Rescue-Free Patients	100% (6/6)
Mean CST Change from Baseline	
All Patients	–21.0 μm

**One patient had no CST data at 44 and 48 weeks due to retinal detachment; N=5 from Week 56 to Week 72
 Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVM-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*

Cohort 2: BCVA Over Time

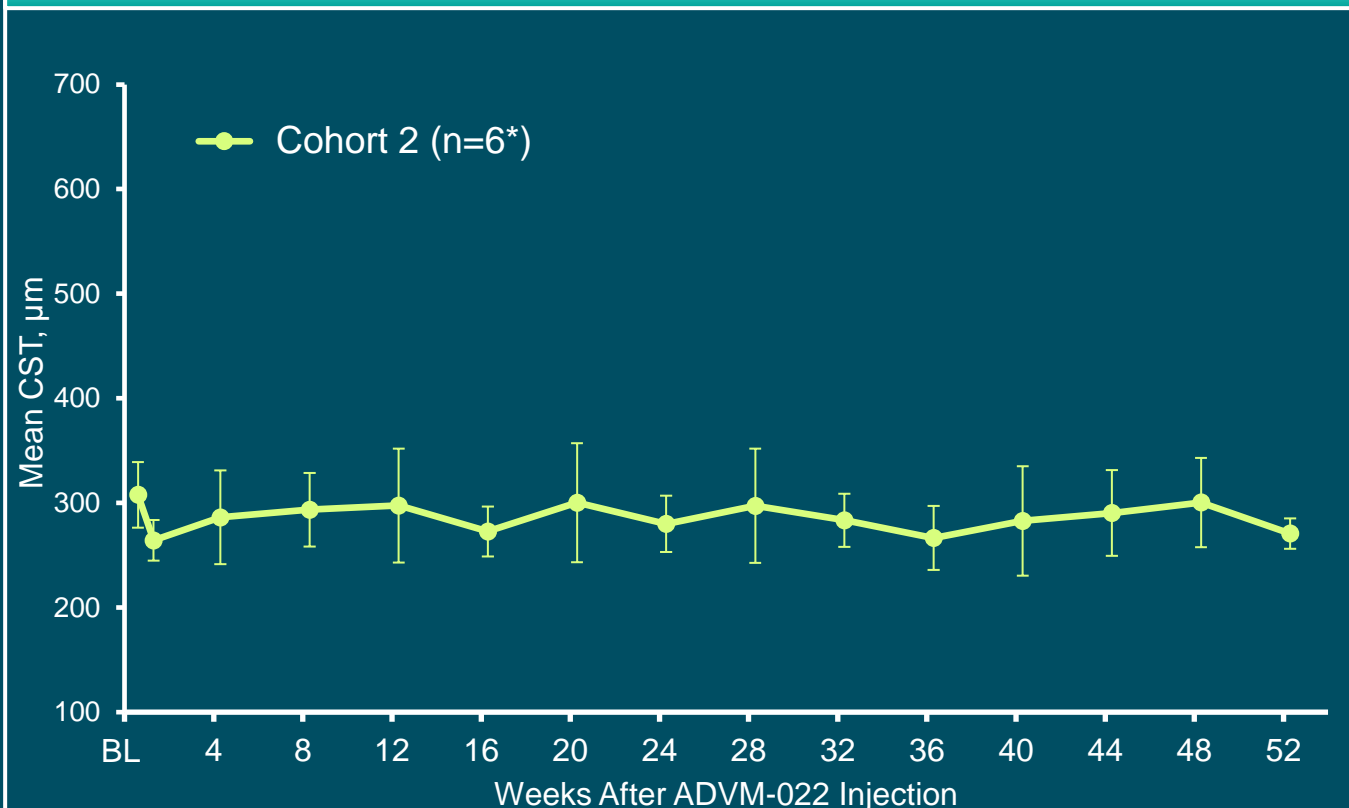


Latest Outcomes as of July 23, 2020	
Follow-Up	52–56 weeks (median 52)
Rescue-Free Patients	50% (3/6)
Mean BCVA Change from Baseline:	
All Patients	–2.0 Letters
Rescue-Free Patients	+0 Letters

Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVN-022 IVT (Day 1); *N=5 for Week 36 and 40 visit.
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

Cohort 2: CST Over Time

Mean (90% CI) by Visit Through Week 52



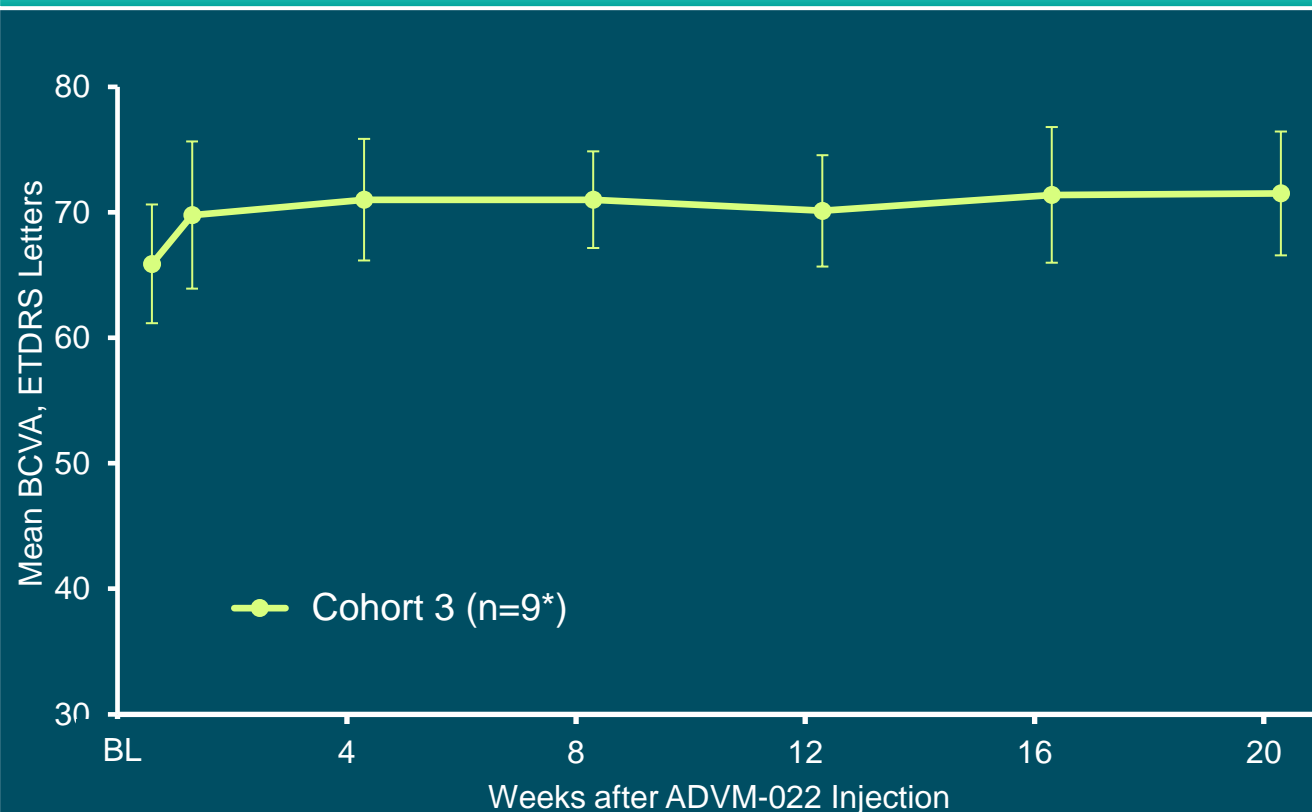
Latest Outcomes as of July 23, 2020

Follow-Up	52–56 weeks (median 52)
Rescue-Free Patients	50% (3/6)
Mean CST Change from Baseline:	
All Patients	–24.8 μm
Rescue-Free Patients	–8.3 μm

Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVN-022 IVT (Day 1); *N=5 for Week 36 and 40 visit
 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

Cohort 3: BCVA Over Time

Mean (90% CI) by Visit Through Week 20



Latest Outcomes as of July 23, 2020

Follow-Up	20–40 weeks (median 36)
Rescue-Free Patients	78% (7/9)
Mean BCVA Change from Baseline:	
All Patients	+4.0 Letters
Rescue-Free Patients	+6.4 Letters

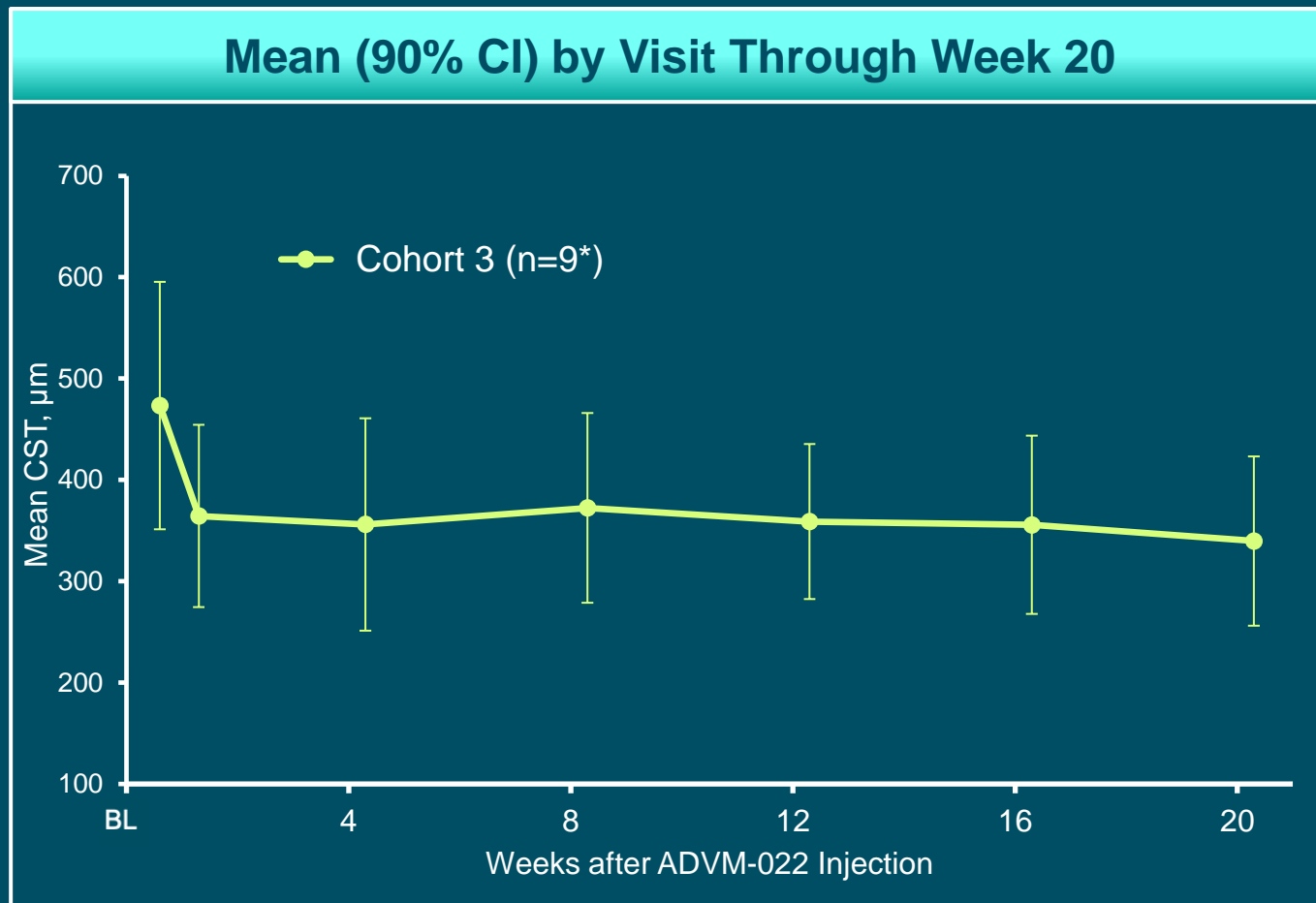
*N=8 for Week 4, 16 and 20

Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVM-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

Cohort 3: CST Over Time



Latest Outcomes as of July 23, 2020	
Follow-Up	20–40 weeks (median 36)
Rescue-Free Patients	78% (7/9)
Mean CST Change from Baseline:	
All Patients	–118.6 μm
Rescue-Free Patients	–152.7 μm

N=8 for Week 4, 16 and 20

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

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

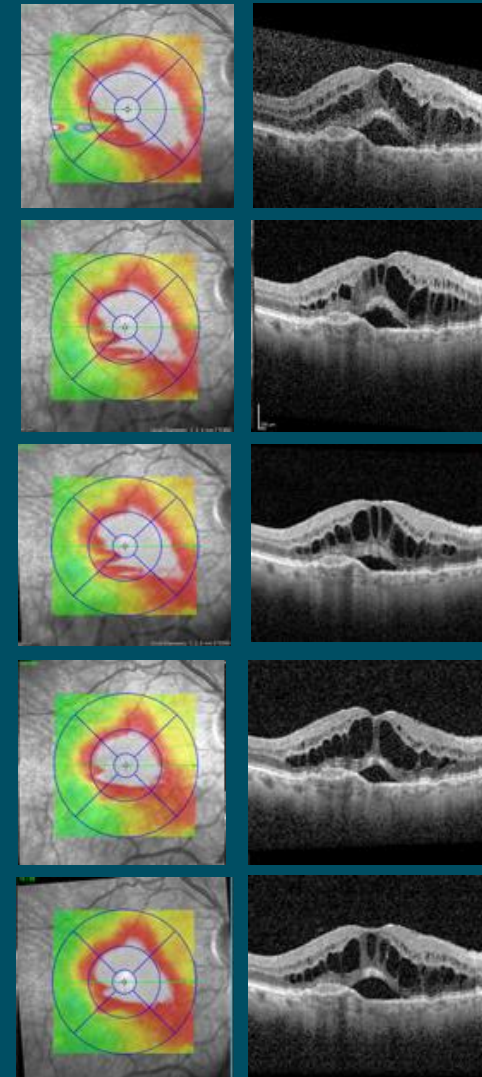
Error bars are 90% CIs of the mean absolute BCVA and CST using T-distribution

Case Study: Cohort 3, Subject 5

Persistent fluid despite frequent anti-VEGF injections

OCT scans and treatment intervals from most recent 5 anti-VEGF injections visits prior to OPTIC

82 Year Old Male	
Previous IVT, n	19
IVT in Last 12 Months, n	9



Weeks Prior to
ADVM-022



–30 weeks



–25 weeks



–20 weeks



–15 weeks



–10 weeks



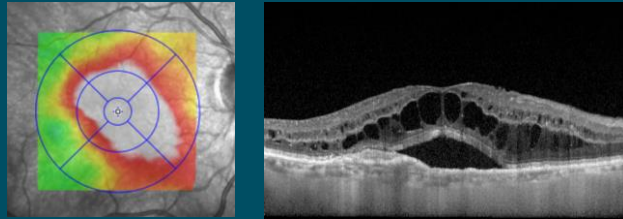
Aflibercept injections

IVT, intravitreal therapy; OCT, optical coherence tomography;
VEGF, vascular endothelial growth factor

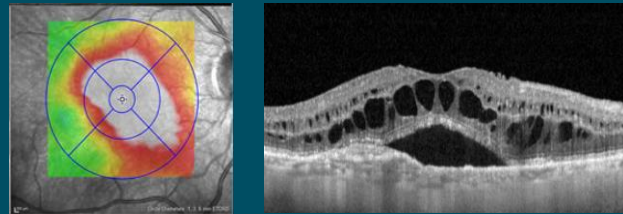
Case Study: Cohort 3, Subject 5


Rapid and sustained anatomical improvements

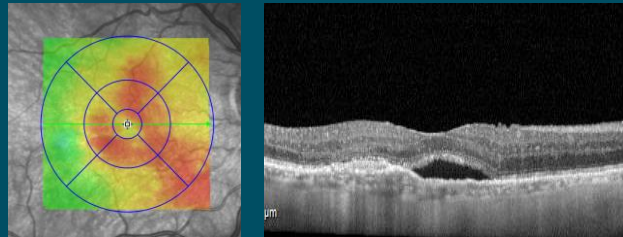
–3 weeks
Screening
BCVA: 77 letters
CST: 678 μm



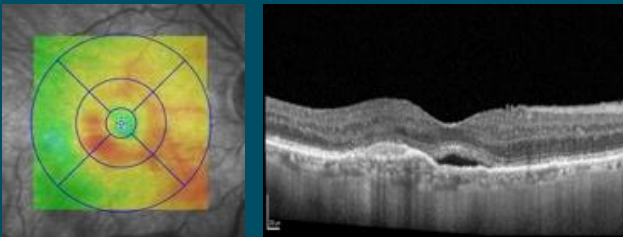
 Aflibercept IVT
–2 weeks
BCVA: 75 letters
CST: 664 μm



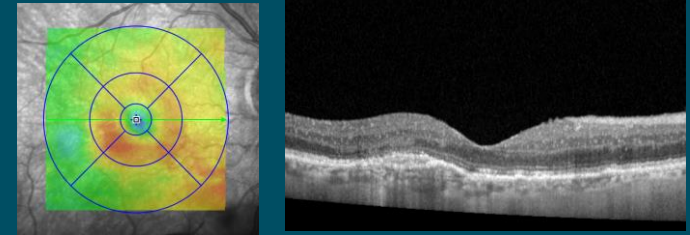
 ADVM-022
0 weeks
BCVA: 82 letters
CST: 355 μm



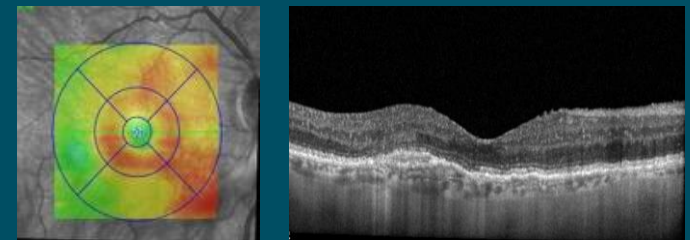
+1 week
BCVA: 80 letters
CST: 338 μm



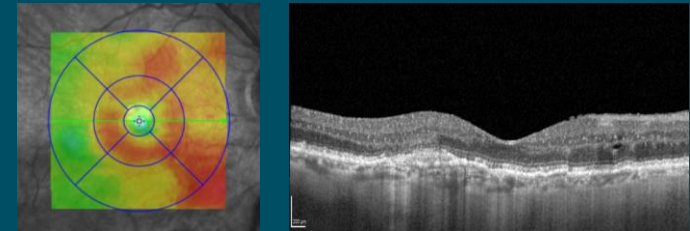
+12 weeks
BCVA: 81 letters
CST: 257 μm



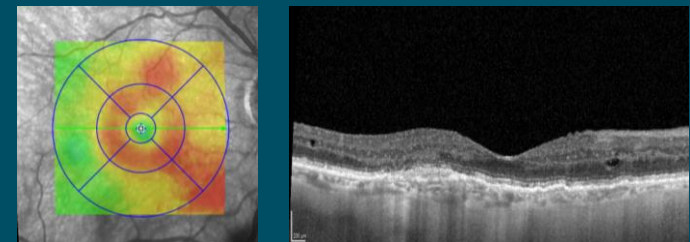
+20 weeks
BCVA: 82 letters
CST: 266 μm



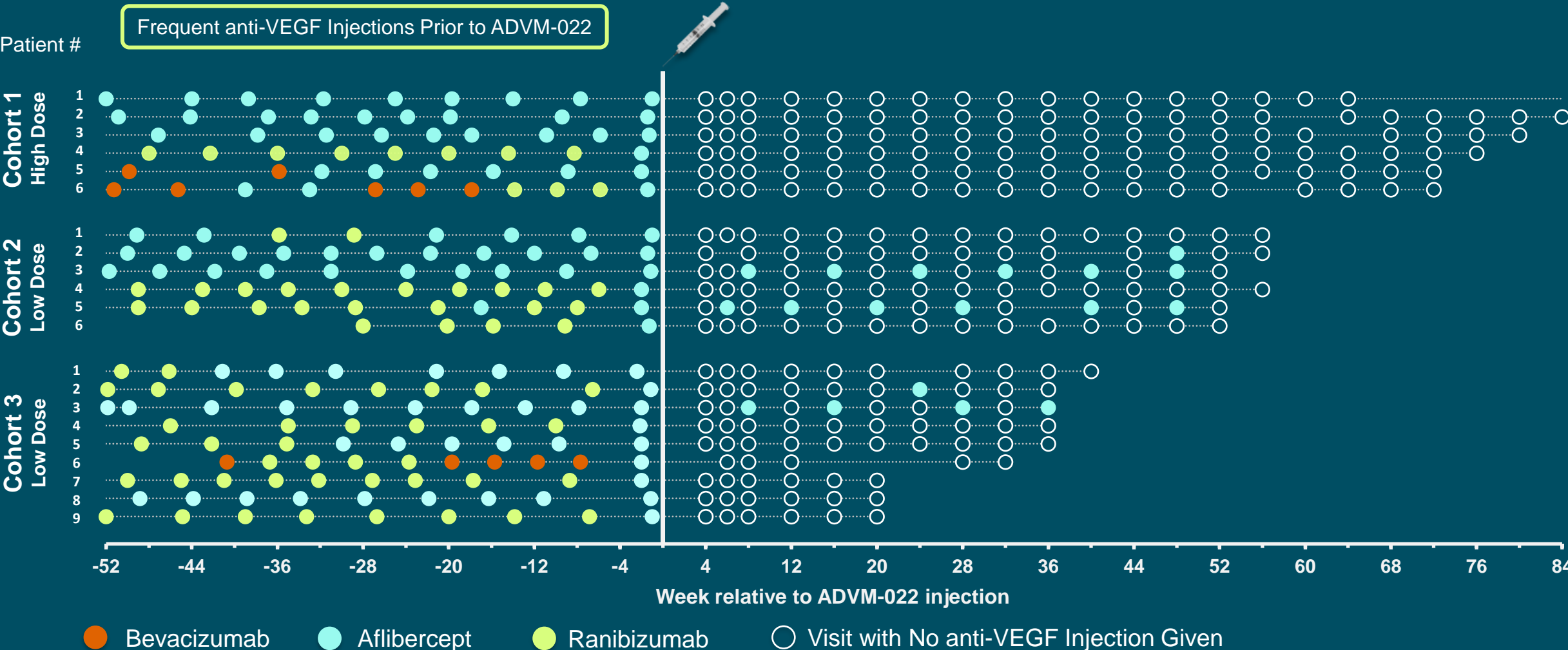
+28 weeks
BCVA: 84 letters
CST: 277 μm



+36 weeks
BCVA: 83 letters
CST: 286 μm

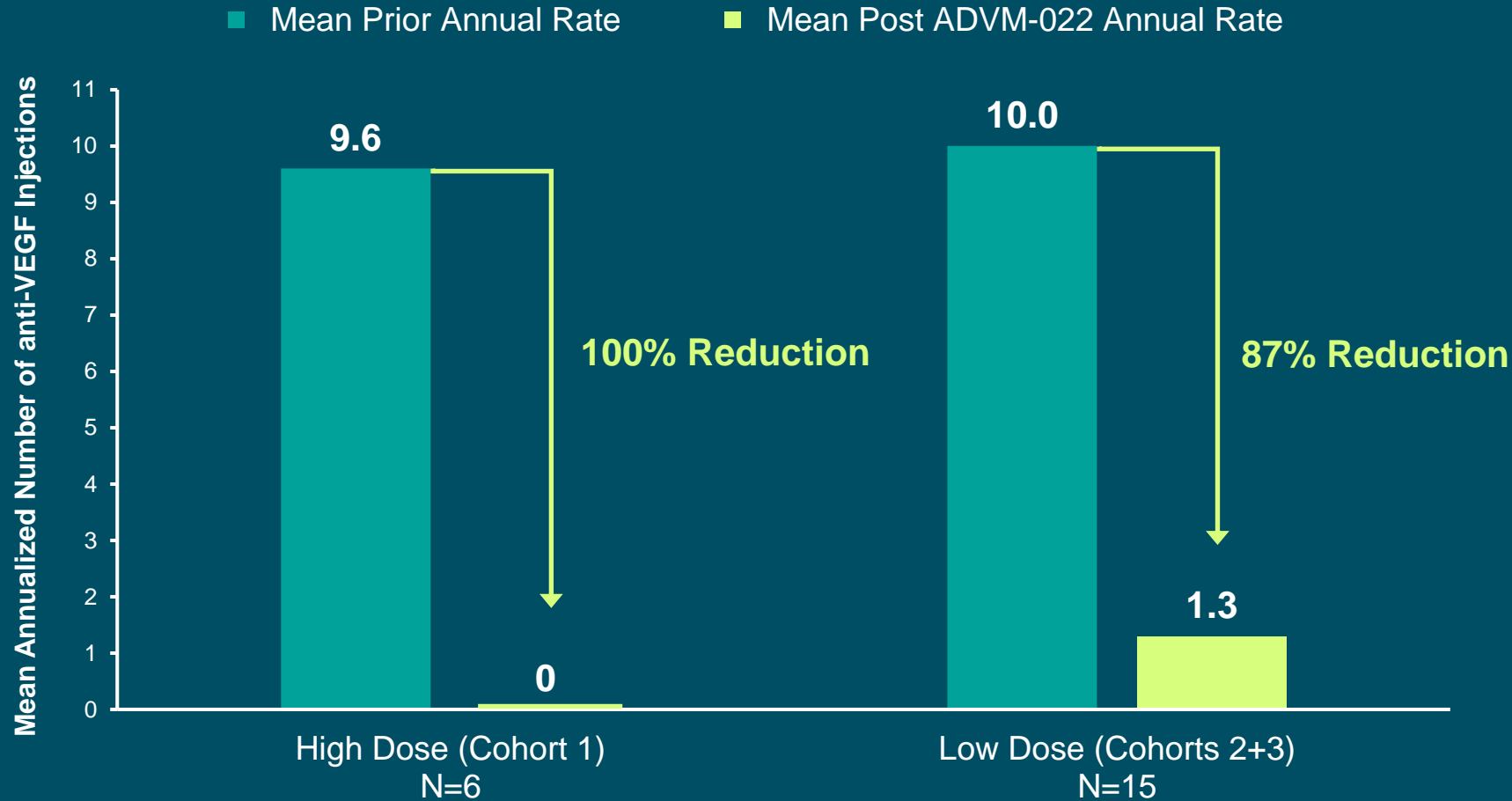


Substantial Reduction in anti-VEGF Treatments Following a Single IVT Injection of ADVM-022



Two patients (Cohort 1 subject 1 and Cohort 3 subject 6) missed two or more consecutive visits due to COVID-19 concerns
VEGF, vascular endothelial growth factor; IVT, Intravitreal

Substantial Reduction in Annualized anti-VEGF Injection Frequency Following ADVIM-022



Annualized rate (Prior) = (number of IVTs in 12 months prior to ADVIM-022) / (days from the first IVT in the past 12 months to ADVIM-022 / 365.25).

Annualized rate (Post) = (number of aflibercept IVTs since ADVIM-022) / (days from ADVIM-022 to the last study follow-up / 365.25).

Data cut: July 23, 2020

ADVM-022 Demonstrates Further Potential to Greatly Reduce Treatment Burden in wet AMD



- ADVM-022 continues to show robust treatment response
 - Mean BCVA maintained
 - Mean CST maintained to improved
- Long-term durability beyond 15 months from single IVT injection with zero rescue injections in Cohort 1
- Further evidence of a dose response:
 - High dose: 6/6 patients rescue injection free
 - Low dose: 10/15 patients rescue injection free
- Substantial reduction in annualized anti-VEGF injection frequency following ADVM-022:
 - High dose: 100%
 - Low dose: 87%
- ADVM-022 continues to be well tolerated with a favorable safety profile in all 4 cohorts (n=30)
 - All ADVM-022-related ocular adverse events were mild (78%) to moderate (22%)
 - Ocular inflammation, when observed, has been responsive to steroid eye drops
- ADVM-022 warrants further investigation in larger studies

ADVM-022 Acknowledgments

Investigators, Study Teams and Participants

- David Boyer MD
- Brandon Busbee MD
- Brian Joondeph MD
- Arshad Khanani MD
- James Major MD
- Dante Pieramici MD
- Carl Regillo MD
- Charles Wykoff MD, PhD
- Mehdi Gasmi PhD
- Szilard Kiss MD
- Aaron Osborne MBBS
- Carol Hoang PharmD
- Adam Turpcu PhD
- Carol Chung PhD



INFINITY: Phase 2 Trial of ADVM-022 in DME

Multi-center, randomized, double-masked, active comparator-controlled



- Evaluate a single IVT injection of ADVM-022 in patients with vision impairment due to center involving diabetic macular edema (DME)
- Designed to demonstrate superior disease control compared to a single aflibercept injection, measured by time to worsening of DME disease activity
- Additional objectives assess frequency of rescue aflibercept to the study eye, visual acuity (BCVA), retinal anatomy (OCT and DRSS) and safety outcomes

Day 1:
Aflibercept/Sham



Day 8:
ADVM-022/Sham



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

1. Loss of >5 letters in BCVA from best prior BCVA, due to worsening DME disease activity
2. Increase in central subfield thickness (CST) >50 μm from best prior CST

Screening and
Randomization

Clinical assessments with rescue aflibercept from week 8

Weeks: 4 8 12 16 20 24 PE** 28 32 36 40 44 48 EOS***

Steroid eye drops
prophylaxis*

Arm 1

ADVM-022
6x10¹¹ vg
IVT

Arm 2

ADVM-022
2x10¹¹ vg
IVT

Arm 3

Aflibercept
2 mg
IVT

Recent
onset
DME

R

DRSS, Diabetic Retinopathy Severity Score
OCT, Optical Coherence Tomography
CST, Central Subfield Thickness

*All subjects receive a 7-week course of difluprednate eye drops, starting at QID and tapering to QD

**PE= Primary Endpoint assessment

***EOS= End of Study assessment

www.INFINITYclinicaltrial.com or

<https://www.clinicaltrials.gov/ct2/show/NCT04418427>

Thank you



ADVERUM
BIOTECHNOLOGIES