Phase 1 Study of Intravitreal Gene Therapy with ADVM-022 for Neovascular Age-related Macular Degeneration (OPTIC Trial Cohorts 1–3)

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### 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



- ADVM-022 continues to be well tolerated and show robust efficacy
- Long-term durability beyond 1 year from a single IVT injection with zero rescue injections in Cohort 1
- Further evidence of a dose response at the 6x10<sup>11</sup> vg/eye and 2x10<sup>11</sup> vg/eye dose levels
- Evidence from Cohort 3 indicates that a 6-week prophylactic regimen of topical steroids is effective at minimizing early ocular inflammation
- Robust early response in Cohort 3, first 5 patients with 20 weeks follow up show:
  - BCVA improvement (+6.8 letters)
  - CST reduction (–137.8µm)





Undertreatment Leads to Vision Loss

98,821 Eyes From 79,885 US Patients Receiving Routine Intravitreal Anti-VEGF Therapy



Development Approach to Deliver Long-term Efficacy

Gene therapy In-office intravitreal injection to establish an intraocular anti-VEGF biofactory

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study IVT, intravitreal therapy; VEGF, vascular endothelial growth factor

Khanani AM, et al. Ophthalmology Retina 2020;4:122-13

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





#### Aflibercept expression cassette

Strong, ubiquitous promoter designed for robust protein expression

Target retinal cell expresses aflibercept

Codon-optimized cDNA

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





\*Time after IVT injection of bolus aflibercept protein (1.2mg/eye; separate study) when similar aflibercept levels were observed in NHPs IVT, intravitreal therapy; NHP, non-human primate 2. G

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



NCT03748784

- 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 (6x10<sup>11</sup>vg/eye, n=6) and Cohort 2 (2x10<sup>11</sup>vg/eye, n=6)

Steroid eye drops prophylaxis\*\*: Cohort 3 (2x10<sup>11</sup>vg/eye, n=9) and Cohort 4 (6x10<sup>11</sup>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 >75µm 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



	Cohort 1 (N=6)	Cohort 2 (N=6)	Cohort 3 (N=9)
ADVM-022 dose, vg/eye	6×10 <sup>11</sup>	2×10 <sup>11</sup>	2×10 <sup>11</sup>
Steroid prophylaxis	Oral 13-day course	Oral 13-day course	Eye drops 6-week course
Follow-up, weeks	52–64 (median 60)	32–40 (median 36)	4–20 (median 20)
Baseline characteristics	$\checkmark$	$\checkmark$	$\checkmark$
Safety	$\checkmark$	$\checkmark$	$\checkmark$
Efficacy <sup>†</sup>	$\checkmark$	$\checkmark$	First 5 patients*

\*First 5 patients all had 20 weeks of follow-up as of April 1, 2020 Remaining 4 patients had 4–12 weeks of follow-up, insufficient for assessment of efficacy †Includes BCVA and CST outcomes and need for rescue anti-VEGF

#### Study Population Previously Required Frequent Injections to Maintain Vision



Baseline Characteristics	Cohort 1 (N=6)	Cohort 2 (N=6)	Cohort 3 (N=9)
Mean age, years	79.0	79.8	77.4
Mean years since nAMD diagnosis	3.5	4.1	3.3
Mean (range) number anti-VEGF injections since initial diagnosis	35.3 (7–109)	34.0 (4–69)	24.8 (9–70)
Mean number anti-VEGF injections in 12 months prior to ADVM-022	9.2	9.2	9.1
Mean BCVA study eye, ETDRS letters Approximate Snellen equivalent	65.8 20/50	64.7 20/50	65.9 20/50
Mean CST study eye, µm	369.2	307.7	472.3

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

#### Long-term Durability with Zero Rescue Injections in Cohort 1 8/11\* Patients Rescue-free across Cohorts 2 and 3



Patient #	ŧ	Frec	luent a	nti-VEC	GF inject	ions prior	to ADVM-(	)22	<b>A</b>					٢	No rescu	ue injections	s in Cohort	1
Cohort 1 <sub>6x10<sup>11</sup>vg/eye</sub>	1 • 2 ·.• 3 · 4 · 5 · 6 ·•	•	· • • • • • • • • • • • • • • • • • • •									000000	000000	000000				) 
Cohort 2 2x10 <sup>11</sup> vg/eye	1 2 3 • 4 5 6												000000000000000000000000000000000000000		) 4/6 patien	ts rescue fr	ee in Coho	ort 2
Cohort 3 <sup>2x1011</sup> vg/eye	1 2 3 4 5 6 7 3 9										- Sho	ort follow	4/5 pa	atients reso ite	cue free in	Cohort 3		
	-52		-44	-36	-28	-20	-12	-4 Week re	4 elative to A	12 ADVM-0	2 2 22 injectio	20 on	28	36	44	52	60	68
		Bevac	izumal	b 🤇	Aflibe	rcept	😑 Ranibi	zumab		No resc	ue inject	tion give	en					

\*5/6 patients from Cohort 2 and 4/5 patients from Cohort 3 with 20 weeks follow-up

Data cut: April 1, 2020

#### Safety Summary Across Cohorts through April 1, 2020



- No ADVM-022 or procedure-related serious adverse events (SAEs)
- No ADVM-022-related non-ocular adverse events
- Low-grade inflammation commonly observed:
  - Responsive to topical steroids
  - No clinical or fluorescein\* evidence of vasculitis, retinitis, or choroiditis
- Unrelated ocular SAE of retinal detachment surgically repaired and resolved
- Two patients had mild AEs of IOP elevation that resolved:
  - One patient had two mild IOP elevations (highest 24mmHg) that were both treated with Combigan<sup>®</sup> eye drops
  - One case in a patient on Combigan<sup>®</sup> 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 through April 1, 2020



	Coh (N <sup>:</sup>	ort 1 =6)	Coh (N:	ort 2 =6)	Cohort 3 (N=9)			
	6×10 <sup>11</sup> Oral s 13-day pi	vg/eye teroids rophylaxis	2×10 <sup>11</sup> Oral st 13-day pr	vg/eye teroids rophylaxis	2×10 <sup>11</sup> vg/eye Steroid eye drops 6-week prophylaxis			
Adverse	e events	Subjects	Events	Subjects	Events	Subjects	Events	
	Serious	1	1*	0	0	0	0	
Ocular	ADVM-022 related**	6	29	5	21	4	8	
	Total ocular	6	49	5	32	7	16	
Non-ocular+	Serious <sup>‡</sup>	1	1	0	0	2	2	
	Total non-ocular+	5	17	5	5	4	6	

\* Retinal detachment (unrelated to ADVM-022)

\*\* ADVM-022 related ocular events were mild (69%) or moderate (31%)

† 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

#### Cellular Inflammation Assessed by Slit Lamp Examination Cohort 1: 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

QD: once daily; BID: twice daily; TID: three times daily; QID: four times daily

#### Cohort 2: Inflammation Responsive to and Managed with Topical Steroids Patient 1 Patient 3 4 + Patient 2 4 + 4 + **Cell** grade 3 + 3 +3 +2 + 2 + 2 + Aqueous Cells 1+ 1+ 1+ Vitreous Cells 0 0 0 0 12 16 20 24 28 32 36 40 16 20 24 28 32 36 16 20 28 32 36 0 12 Weeks Weeks Weeks Treatment Oral Steroid QD >> Topical Steroid Patient 6 Patient 5 Patient 4 4 + 4 + 4 + grade 3+ 3 +3+ 2 + 2 + 2 +Cell **Aqueous Cells** Vitreous Cells 1 +1 +1 +0 0 0 12 16 20 24 28 32 36 16 20 24 28 32 36 12 12 16 20 24 28 32 0 0 Weeks Weeks Weeks Treatment Oral Steroid QD >> Topical Steroid

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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

**Cellular Inflammation Assessed by Slit Lamp Examination** 

QD: once daily; BID: twice daily; TID: three times daily; QID: four times daily



#### Cellular Inflammation Assessed by Slit Lamp Examination Cohort 3 (patients 1-6): Minimal Inflammation with Steroid Eye Drops Prophylaxis





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

QD: once daily; BID: twice daily; TID: three times daily; QID: four times daily

#### Cellular Inflammation Assessed by Slit Lamp Examination Cohort 3 (patients 7-9): Minimal Inflammation with Steroid Eye Drops Prophylaxis





#### Patients 7-9 Notes:

- Short duration follow-up of 4-6 weeks following ADVM-022 administration
- Minimal early inflammation observed

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 QD: once daily; BID: twice daily; TID: three times daily; QID: four times daily

## Cohort 1: BCVA Over Time





Latest Outcomes through April 1, 2020									
Follow-up	52–64 weeks (median 60)								
Rescue-free patients	100% (6/6)								
Mean BCVA change from baseline:									
All patients:	–2.7 letters								

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1); \*One patient had low BCVA scores at 44 and 48 weeks due to retinal detachment 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





Latest Outcomes through April 1, 2020									
Follow-up	52–64 weeks (median 60)								
Rescue-free patients	100% (6/6)								
Mean CST change from baseline:									
All patients:	–26.2µm								

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1); \*One patient had no CST data at 44 and 48 weeks due to retinal detachment 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 1, Subject 4 Anti-VEGF Centurion (>100 Injections)

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

62 year old male								
Previous IVT, n	109							
IVT in last 12 months, n	9							





-30 weeks

-25 weeks

-20 weeks

-14 weeks



Ranibizumab injections

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

### Case Study: Cohort 1, Subject 4 Durable response with no rescue injections through week 60



Aflibercept IVT –2 weeks BCVA: 65 letters CST: 335 µm



ADVM-022 Day 1 BCVA: 59 letters CST: 268 µm

Day 1 etters 8 μm



Week 4 BCVA: 75 letters CST: 247µm



Week 12 BCVA: 70 letters CST: 213µm



Week 32 BCVA: 70 letters CST: 216µm

Week 44\* BCVA: 37 letters CST (ungradable)



Week 52 BCVA: 59 letters CST: 209µm



Week 60 BCVA: 55 letters CST: 223µm



\*Retinal detachment unrelated to ADVM-022 BCVA, best-corrected visual acuity; CST, central subfield thickness; IVT, intravitreal injection

## Cohort 2: BCVA Over Time





Latest Outcomes through April 1, 2020								
Follow-up	32–40 weeks (median 36)							
Rescue-free patients	67% (4/6)							
Mean BCVA change fr	om baseline:							
All patients:	-2.8 letters							
Rescue-free patients:	+2.3 letters							

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1); \*One patient missed Week 36 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





Latest Outcomes through April 1, 2020								
Follow-up	32–40 weeks (median 36)							
Rescue-free patients	67% (4/6)							
Mean CST change from	m baseline:							
All patients:	–40.8µm							
Rescue-free patients:	–30.0µm							

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1); One patient missed Week 36 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 (Patients 1-5)





Latest Outcomes through April 1, 2020								
Follow-up	20 weeks for patients 1–5							
Rescue-free patients	80% (4/5)							
Mean BCVA change from	m baseline:							
All patients:	+6.8 letters							
Rescue-free patients:	+8.8 letters							

Aflibercept 2mg 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 (Patients 1-5)





Aflibercept 2mg 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



Weeks prior to ADVM-022

-30 weeks

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							



–25 weeks

–20 weeks

–15 weeks

-10 weeks



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: 678µm



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







+1 week BCVA: 80 letters CST: 338µm









+6 weeks BCVA: 79 letters CST: 252µm

+12 weeks BCVA: 81 letters CST: 257µm





+16 weeks BCVA: 82 letters CST: 258µm

+20 weeks BCVA: 82 letters CST: 266µm







BCVA, best-corrected visual acuity; CST, central subfield thickness IVT, intravitreal injection

#### Long-term Durability with Zero Rescue Injections in Cohort 1 8/11\* Patients Rescue-free across Cohorts 2 and 3



Patient #	ŧ	Frec	luent a	nti-VEC	GF inject	ions prior	to ADVM-(	)22	<b>A</b>					٢	No rescu	ue injections	s in Cohort	1
Cohort 1 <sub>6x10<sup>11</sup>vg/eye</sub>	1 • 2 ·.• 3 · 4 · 5 · 6 ·•	•	· • • • • • • • • • • • • • • • • • • •									000000	000000	000000				) 
Cohort 2 2x10 <sup>11</sup> vg/eye	1 2 3 • 4 5 6												000000000000000000000000000000000000000		) 4/6 patien	ts rescue fr	ee in Coho	ort 2
Cohort 3 <sup>2x1011</sup> vg/eye	1 2 3 4 5 6 7 3 9										- Sho	ort follow	4/5 pa	atients reso ite	cue free in	Cohort 3		
	-52		-44	-36	-28	-20	-12	-4 Week re	4 elative to A	12 ADVM-0	2 2 22 injectio	20 on	28	36	44	52	60	68
		Bevac	izumal	b 🤇	Aflibe	rcept	😑 Ranibi	zumab		No resc	ue inject	tion give	en					

\*5/6 patients from Cohort 2 and 4/5 patients from Cohort 3 with 20 weeks follow-up

Data cut: April 1, 2020

### Conclusions



- ADVM-022 continues to be well tolerated and shows robust efficacy
- Long-term durability beyond 1 year from a single IVT injection with zero rescue injections in Cohort 1
- Further evidence of a dose response:
  - 6x10<sup>11</sup>vg/eye: 6/6 patients rescue injection free
  - 2x10<sup>11</sup>vg/eye: 8/11\* patients rescue injection free
- Evidence from Cohort 3 indicates that a 6-week prophylactic regimen of steroid eye drops effective at minimizing early ocular inflammation
- Robust early response in Cohort 3, first 5 patients with 20 weeks follow up show:
  - BCVA improvement (+6.8 letters)
  - CST reduction (–137.8µm)
- ADVM-022 demonstrates further potential to greatly reduce anti-VEGF injection burden in neovascular AMD

### ADVM-022 Acknowledgments



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