

ADVM-022 Intravitreal Gene Therapy for Neovascular AMD – Phase 1 OPTIC Study

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- On behalf of the OPTIC Investigators -



Disclosures

- Consultant: 4DMT, **Adverum**, Aerpio, Allergan, Broadwing Bio, Dutch Ophthalmic Research Center, Genentech, Iveric bio, Kato Pharmaceuticals, Kodiak Sciences Inc., Novartis, Gemini Therapeutics, Graybug, Gyroscope, Nanoscope, Opthea, Oxurion, PolyPhotonix, Recens Medical, Regenxbio
- Research support: **Adverum**, Alkahest, Allergan, Gemini Therapeutics, Genentech, Graybug Gyroscope, Iveric Bio, NGM pharmaceuticals, Kodiak Sciences Inc., Novartis, Opthea, Ophthotech, Oxurion, Regenxbio; Recens Medical
- Speaker: Allergan, Genentech and Novartis

OPTIC Study Evaluated ADVM-022 in Treatment Experienced Patients with Neovascular AMD

Status

- 4 cohorts fully enrolled
- Follow-up to 104 weeks

Primary Objective

- Assess the safety and tolerability of a single IVT injection of ADVM-022

Secondary Objective

- Evaluate vision maintenance (BCVA)
- Evaluate anatomy (SD-OCT)
- Assess the need for supplemental therapy



Prophylaxis Steroid Regimen

Cohort 1 (n=6) 6 x 10 ¹¹ high dose	Oral*, 13d
Cohort 2 (n=6) 2 x 10 ¹¹ low dose	Oral*, 13d
Cohort 3 (n=9) 2 x 10 ¹¹ low dose	Eye Drops**, 6wks
Cohort 4 (n=9) 6 x 10 ¹¹ high dose	Eye Drops**, 6wks

Supplemental Aflibercept (2 mg IVT) Criteria:

1. Loss of ≥ 10 letters in BCVA (ETDRS) 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 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. AMD, age-related macular degeneration; BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; IVT, intravitreal therapy; SD-OCT, spectral domain optical coherence tomography; NCT03748784

OPTIC Patient Status



	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	Completed (all with 2 years)	Completed [‡] (median 2 years)	72–90 weeks (median 88)	52–64 weeks (median 56)
3-year extension study	✓	✓	November 2021	April 2022
Baseline Characteristics	✓	✓	✓	✓
Safety Data	✓	✓	✓	✓
Efficacy Data[†]	✓	✓	✓	✓
Aqueous anti-VEGF Protein Expression Data	✓	N/A	✓	✓

[†]Includes BCVA and CST outcomes and need for supplemental anti-VEGF injection; [‡]64–104 weeks of follow-up.

Neovascular AMD Study Population Previously Required Frequent Injections to Maintain Vision

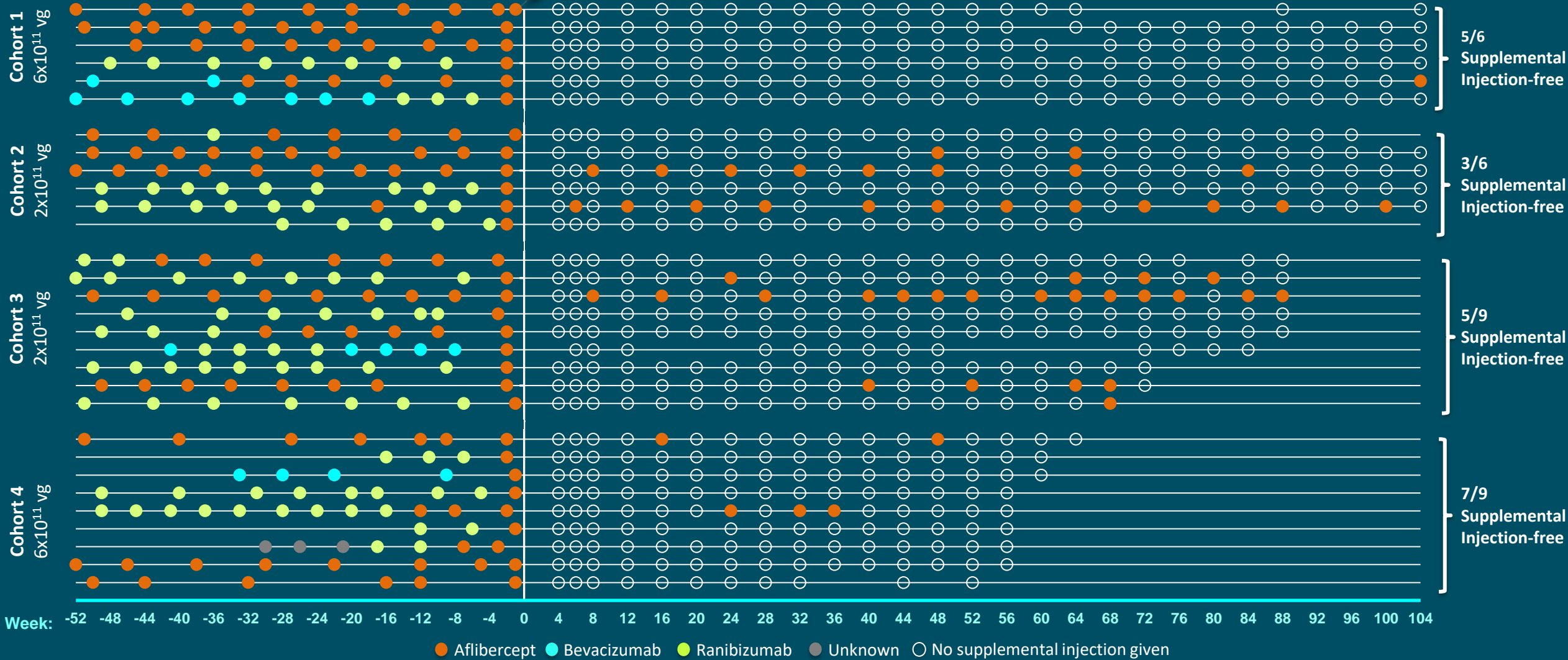


Baseline Characteristics	Cohort 1 6E11 (N=6)	Cohort 2 2E11 (N=6)	Cohort 3 2E11 (N=9)	Cohort 4 6E11 (N=9)
Mean (range) Age, Years	79.0 (62–88)	79.8 (74–90)	77.4 (65–90)	79.9 (68–88)
Mean (range) Years Since nAMD Diagnosis	4.5 (0.9–10.6)	4.1 (0.5–6.8)	3.3 (0.7–8.0)	3.2 (0.2–8.0)
Mean (range) Number anti-VEGF Injections Since Initial Diagnosis*	38.2 (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 ADVIM-022	9.2 (8–11)	9.2 (6–11)	8.9 (7–10)	6.6 (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.
 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

Majority of Patients are Supplemental Injection Free after a Single IVT Injection of ADVM-022 in OPTIC

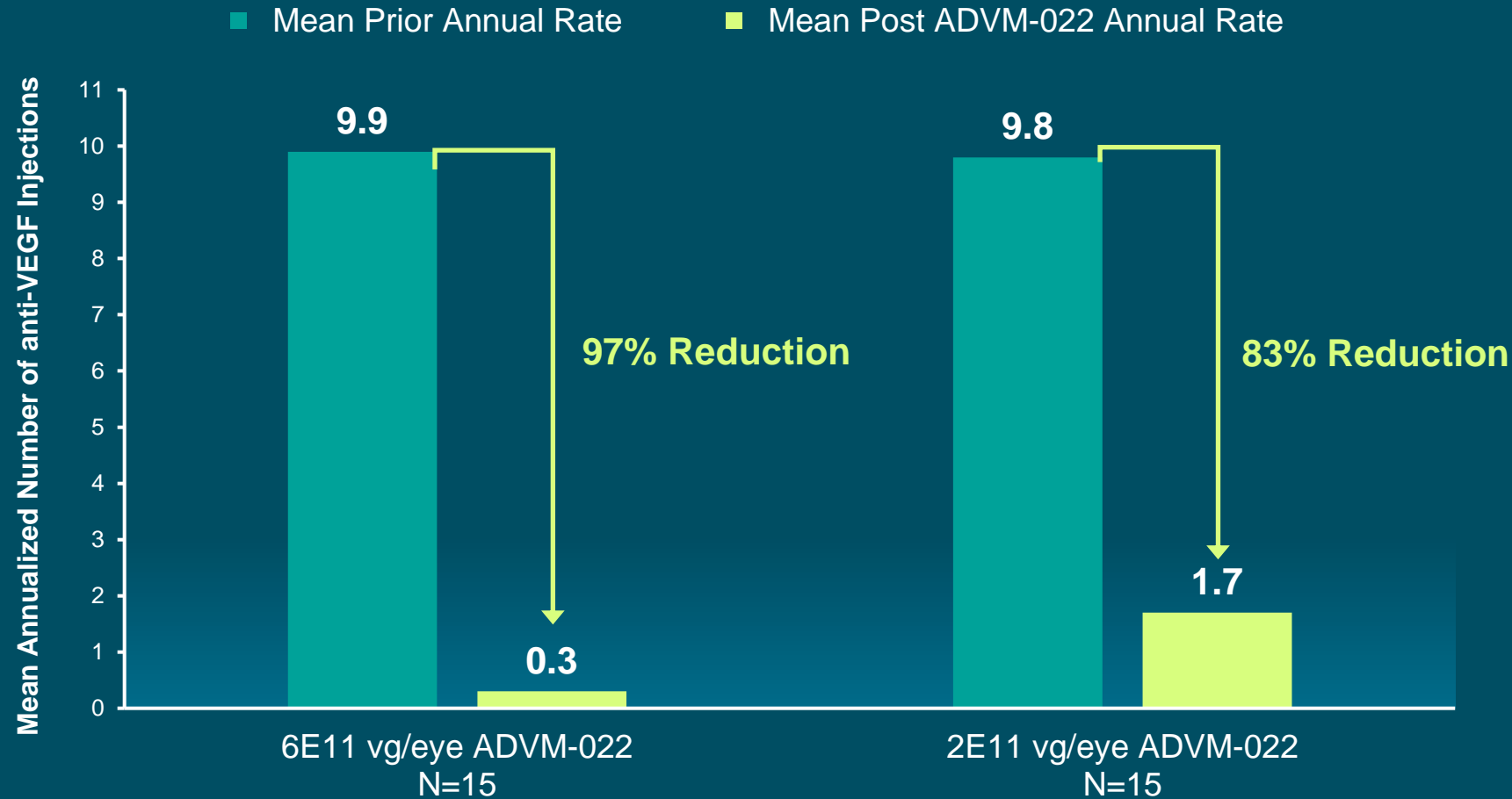
Frequent anti-VEGF injections prior to ADVM-022



Six patients were diagnosed <1 year prior to ADVM-022 injection: one each in Cohorts 1, 2 and 3, three in Cohort 4. Cohort 2, Patient 1 death due to cardiopulmonary arrest due to hypoxia; Cohort 2, Patient 6 death due to lung malignancy; Incomplete prior data for Cohort 4, Patient 2. Cohort 4, Patient 4 had a port delivery system (PDS) implanted 3 years prior to Screening (explanted 1.5 years later); Cohort 4, Patient 5 received in a clinical trial not yet unmasked (NCT03790852); IVT, intravitreal injection.

Data cut: July 16, 2021

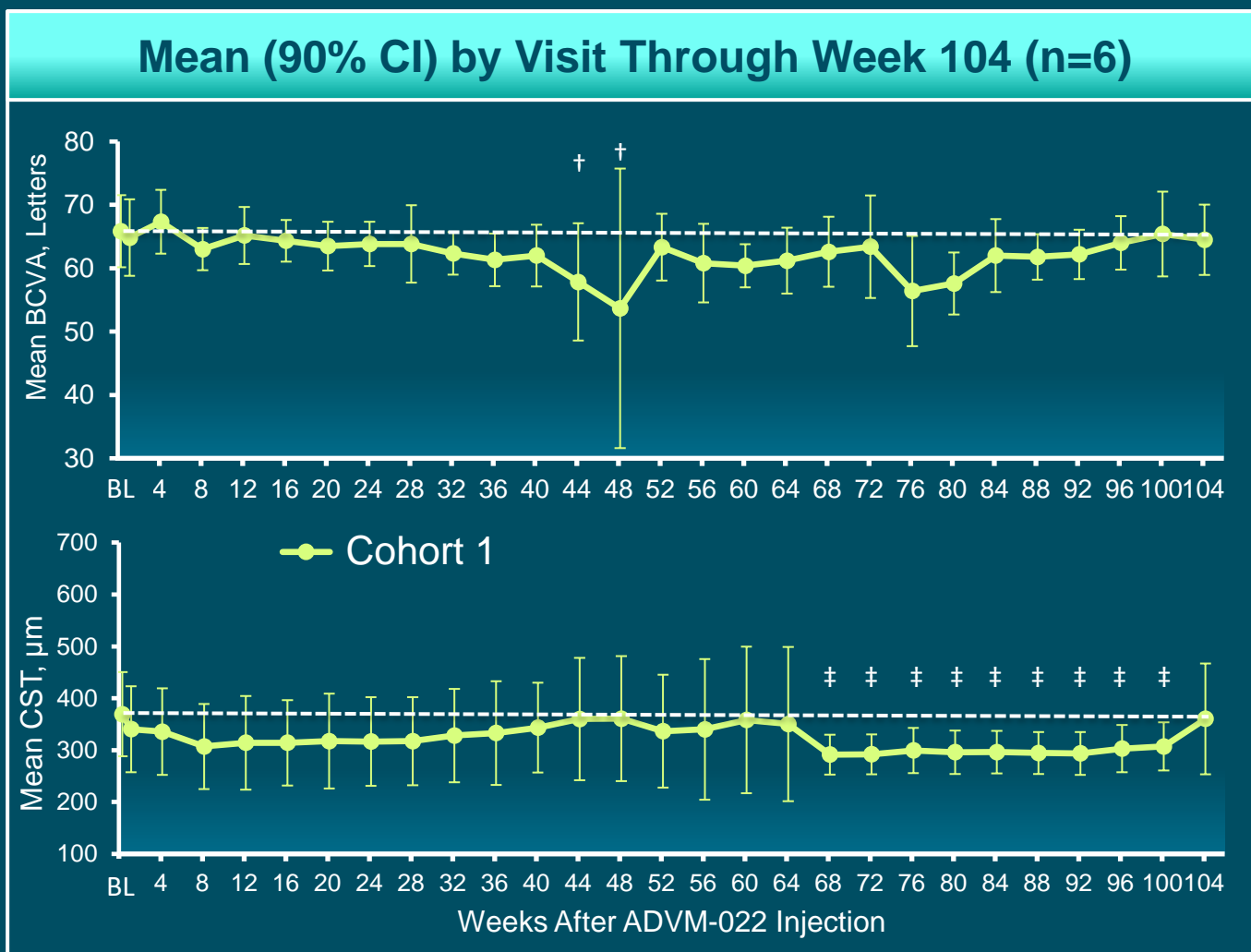
>80% Reduction in Annualized Anti-VEGF Injections Observed Following 2E11 ADVIM-022 IVT Injection



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

BCVA and CST Maintained Over Time in Cohort 1 [6E11]



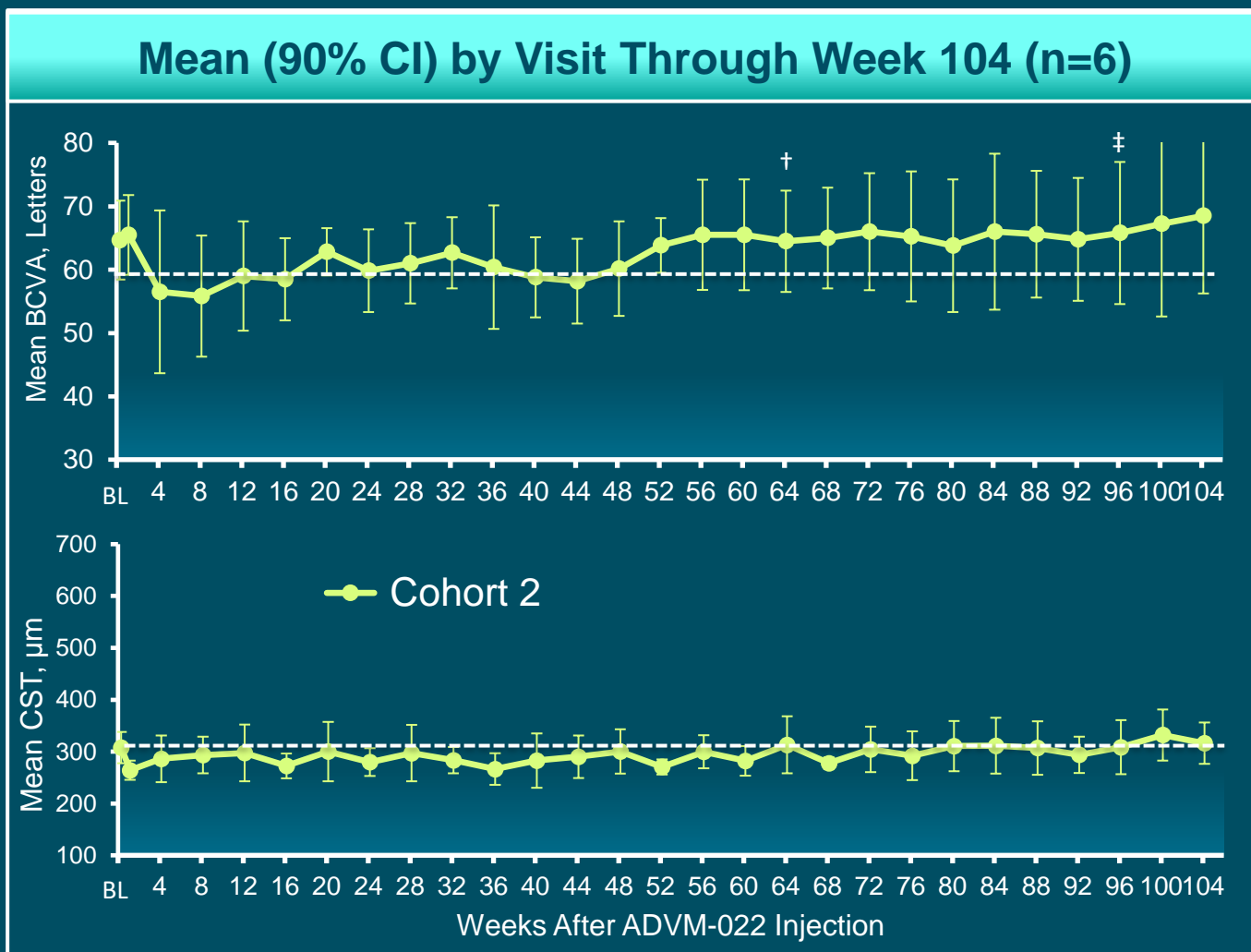
Latest Outcomes at Week 104

Follow-Up	All with 104 weeks (median 104)
Mean BCVA Change from Baseline	-1.3 Letters
Mean CST Change from Baseline	-8.7 µm

† One patient had low BCVA and no CST values at 44 and 48 weeks due to retinal detachment; ‡ One patient who had a large PED missed their visits from week 68 through 100 because they had to stay remote due to COVID-19
 Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1);
 BCVA, best corrected visual acuity; BL, baseline; CST, central subfield thickness; PED, pigment epithelial detachment.
 Error bars are 90% CIs of the mean absolute BCVA and CST using T-distribution.

----- Denotes baseline

BCVA and CST Maintained Over Time in Cohort 2 [2E11]



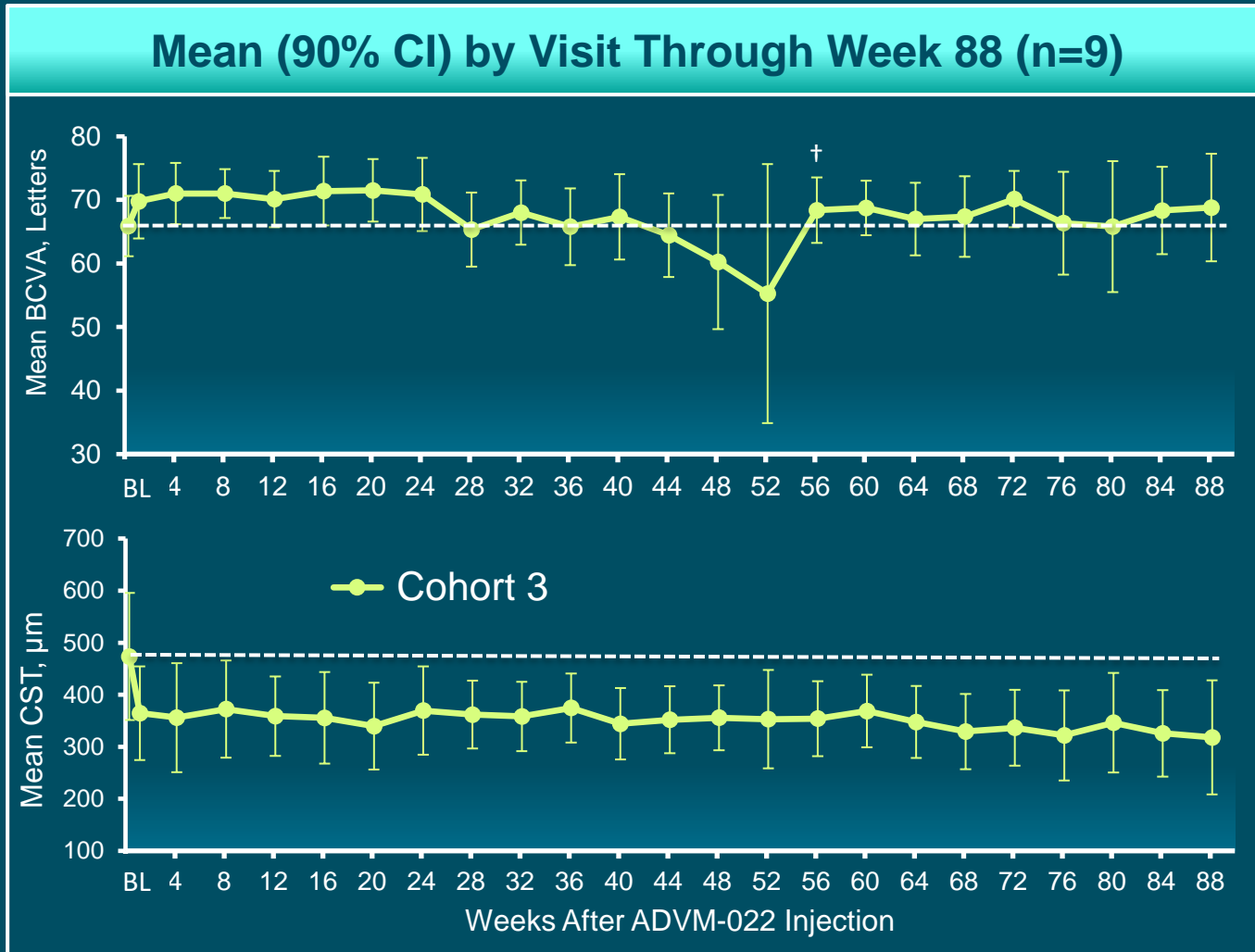
Latest Outcomes (as of 7/16/2021)

Follow-Up	64–104 weeks (median 104)
Mean BCVA Change from Baseline	−0.8 Letters
Mean CST Change from Baseline	−15.5 µm

† A patient missed visits after Week 64 due to worsening of COPD and died of lung malignancy at ~76 weeks; ‡ A patient died of a cardiopulmonary arrest due to hypoxia ~96 weeks
 Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1).
 BCVA, best corrected visual acuity; BL, baseline; CST, central subfield thickness
 Error bars are 90% CIs of the mean absolute BCVA and CST using T-distribution.

----- Denotes baseline

BCVA Maintained and CST Improved Over Time in Cohort 3 [2E11]



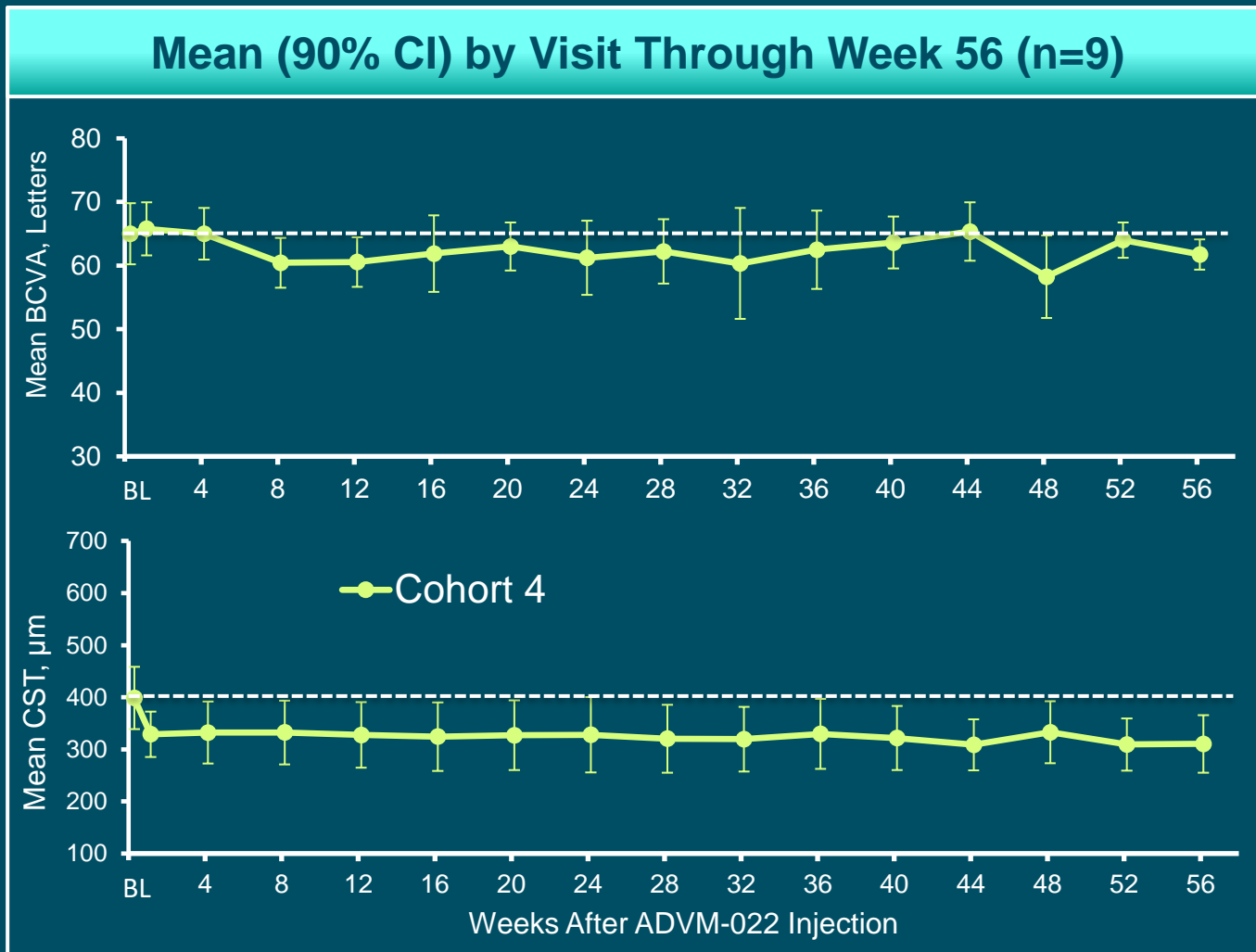
Latest Outcomes (as of 7/16/2021)

Follow-Up	72–90 weeks (median 88)
Mean BCVA Change from Baseline	+2.6 Letters
Mean CST Change from Baseline	-142.3 µm

†2 patients had cataract surgery prior to week 56
 Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1)
 BCVA, best corrected visual acuity; BL, baseline; CST, central subfield thickness
 Error bars are 90% CIs of the mean absolute BCVA and CST using T-distribution.

----- Denotes baseline

BCVA and CST Maintained Over Time in Cohort 4 [6E11]



Latest Outcomes (as of 7/16/2021)

Follow-Up	52–64 weeks (median 56)
Mean BCVA Change from Baseline	–2.8 Letters
Mean CST Change from Baseline	–91.6 µm

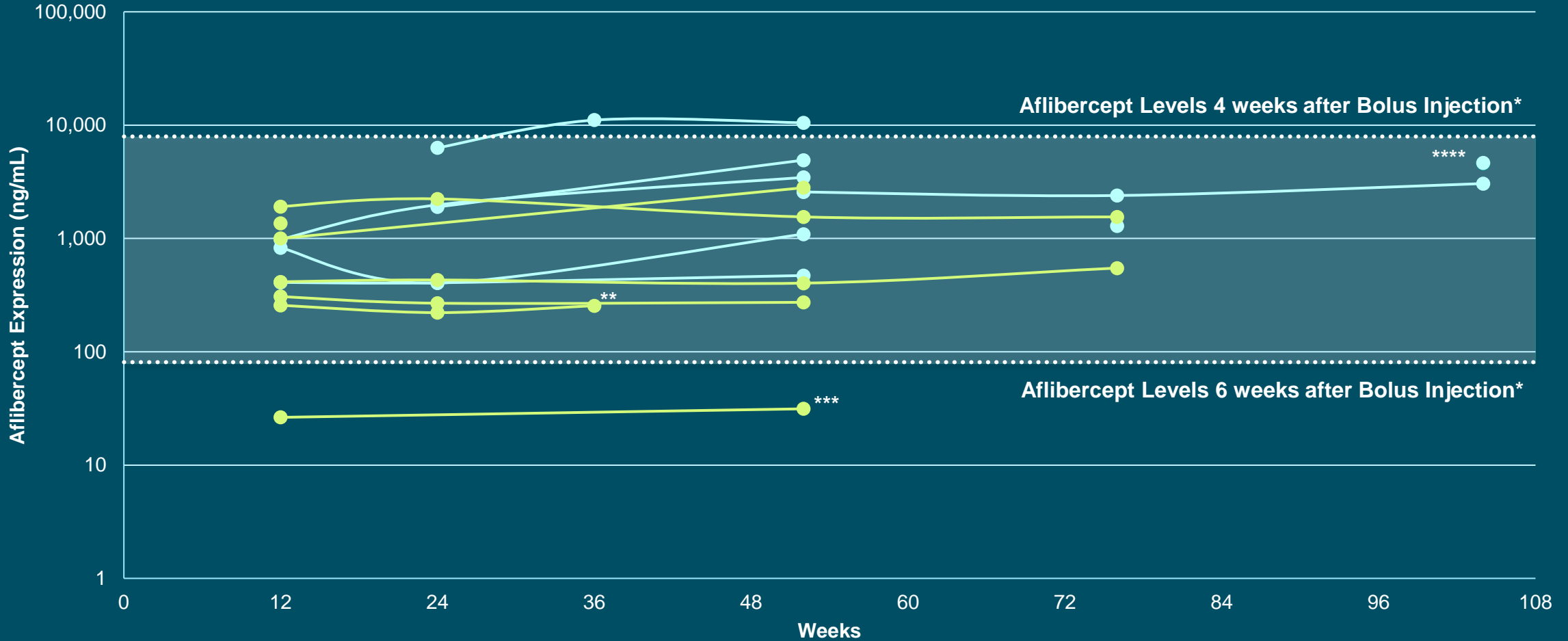
----- Denotes baseline

Aflibercept 2 mg IVT administered at baseline, 7–15 days prior to ADVM-022 IVT (Day 1)
 BCVA, best corrected visual acuity; BL, baseline; CST, central subfield thickness
 Error bars are 90% CIs of the mean absolute BCVA and CST using T-distributionort.

Robust, Sustained Aflibercept Expression Levels Observed for Both Doses (N=11)



Within modeled aflibercept pharmacokinetic range post single Aflibercept 2mg at 4- and 6-weeks dosing



*Modeled based on Do et al. Retina 2020; 40:643-647.

** Patient rescued at Week 36

*** Patient rescued at Week 24. Sample collected 28 weeks after supplemental injection.

**** Patient consented to aqueous sample collection at Week 104.

Protocol amendment for aqueous sample collection for patients that consented. No samples available from Cohort 2.

To isolate the effect of ADVM-022, samples that were collected within 2 months of supplemental aflibercept are not shown.

— 6x10¹¹ vg/eye Dose — 2x10¹¹ vg/eye Dose

Safety Summary Across Cohorts

- No ADVM-022-related non-ocular adverse events
 - 2 patients (Cohort 2) died in the study
 - One patient died of lung malignancy ~76 weeks
 - One patient died of a cardiopulmonary arrest due to hypoxia ~96 weeks
- Inflammation when observed is mild and responsive to steroid eye drops
 - Immune response occurs early and is well controlled with steroid eye drops
 - Ocular inflammation is minimal at 2×10^{11} vg/eye dose and is responsive to steroid eye drops
- No clinical or fluorescein* evidence of posterior inflammation
 - No vasculitis, retinitis, choroiditis, vascular occlusions or endophthalmitis
- No clinically relevant low IOP events observed at either dose
- All ADVM-022-related ocular AEs were mild (83%) to moderate (17%)
 - One AE of moderate recurrent uveitis deemed to be related to ADVM-022 was responsive to steroid eye drops (Cohort 1)
- One unrelated ocular SAE of retinal detachment surgically repaired and resolved (Cohort 1)

ADVM-022 related events were Mild (81%) or Moderate (19%) Across All Cohorts



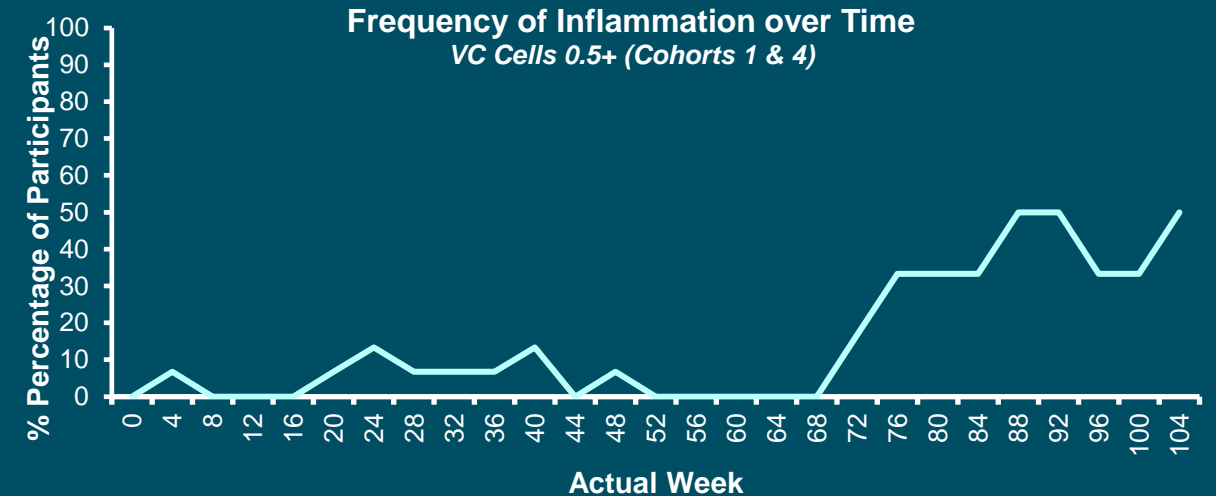
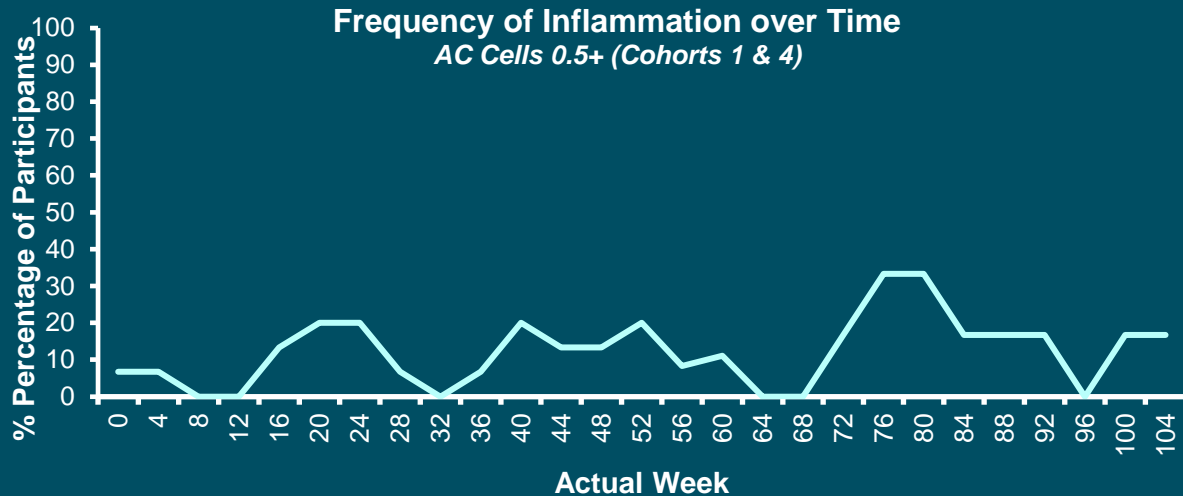
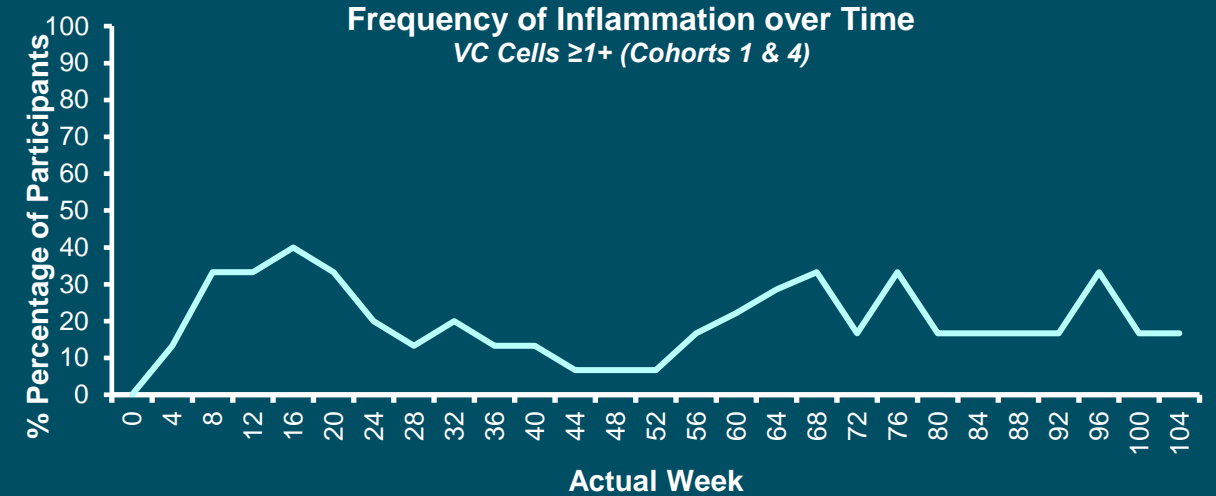
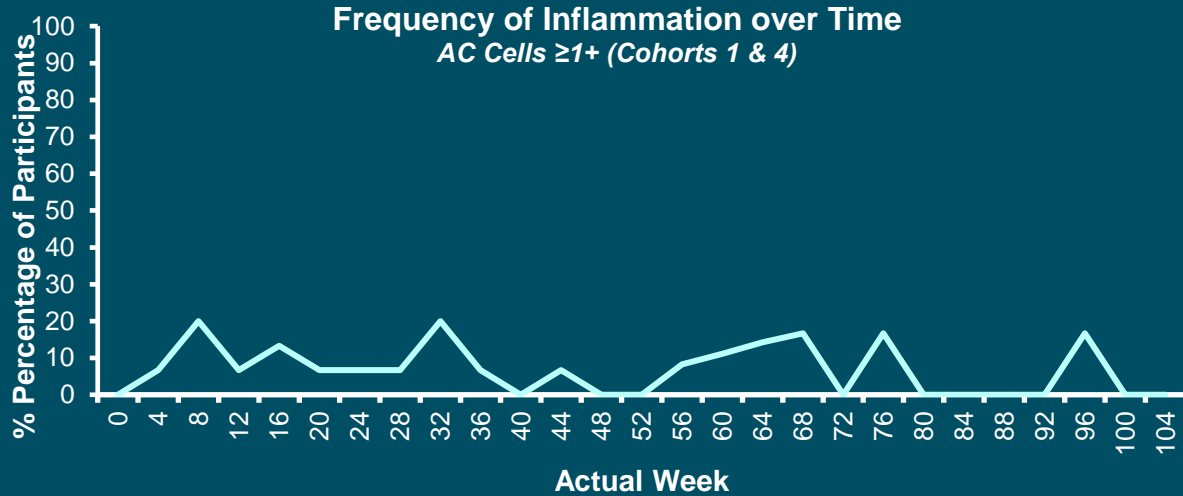
Adverse Events		Cohort 1 (N=6)		Cohort 2 (N=6)		Cohort 3 (N=9)		Cohort 4 (N=9)	
		Subjects	Events	Subjects	Events	Subjects	Events	Subjects	Events
Ocular	Serious	2	2*	0	0	0	0	0	0
	ADVM-022 Related**	6	33	5	25	5	19	9	55
	Total Ocular	6	58	6	44	9	49	9	71
Non-Ocular†	Serious	1	1	2	7	2	3	0	0
	Total Non-Ocular†	5	21	6	18	6	13	4	5

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

** ADVM-022 related ocular events were mild (83%) or moderate (17%)

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

Immune Response Observed with 6×10^{11} vg/eye dose



N 15 15 15 15 15 15 15 15 15 15 15 15 12 9 7 6 6 6 6 6 6 6 6 6 6 6

N 15 15 15 15 15 15 15 15 15 15 15 15 12 9 7 6 6 6 6 6 6 6 6 6 6 6

Cell grades as assessed by slit lamp

Grade categories are based on the Standardization of Uveitis Nomenclature (SUN) criteria for aqueous cells and National Institutes of Health (NIH) guidelines for vitreous cells.

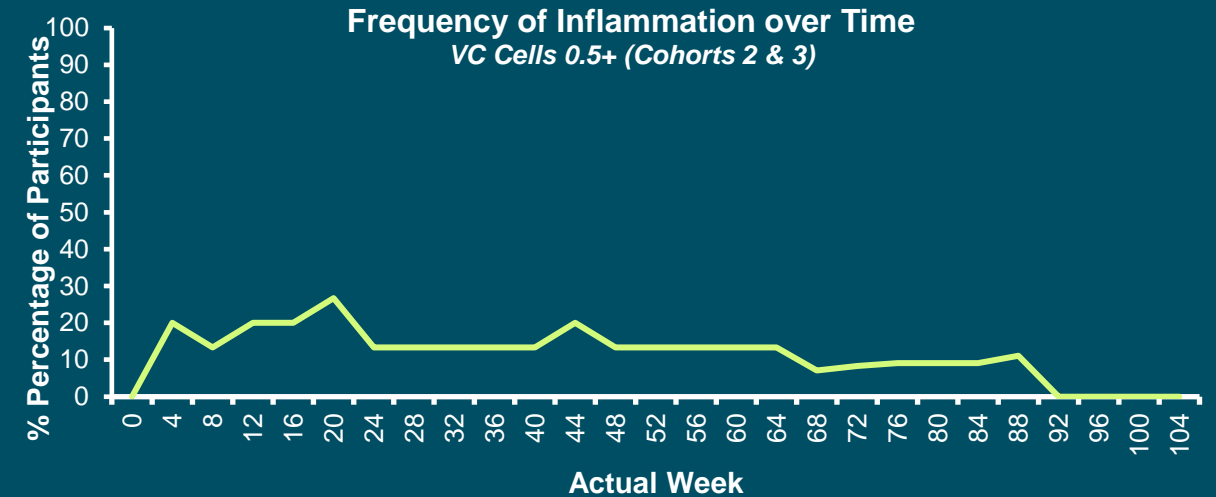
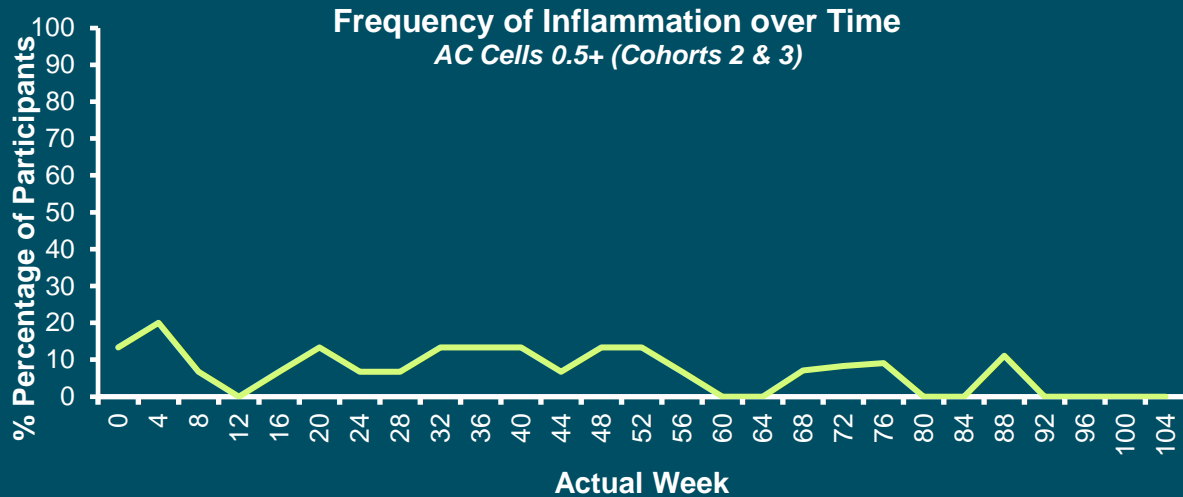
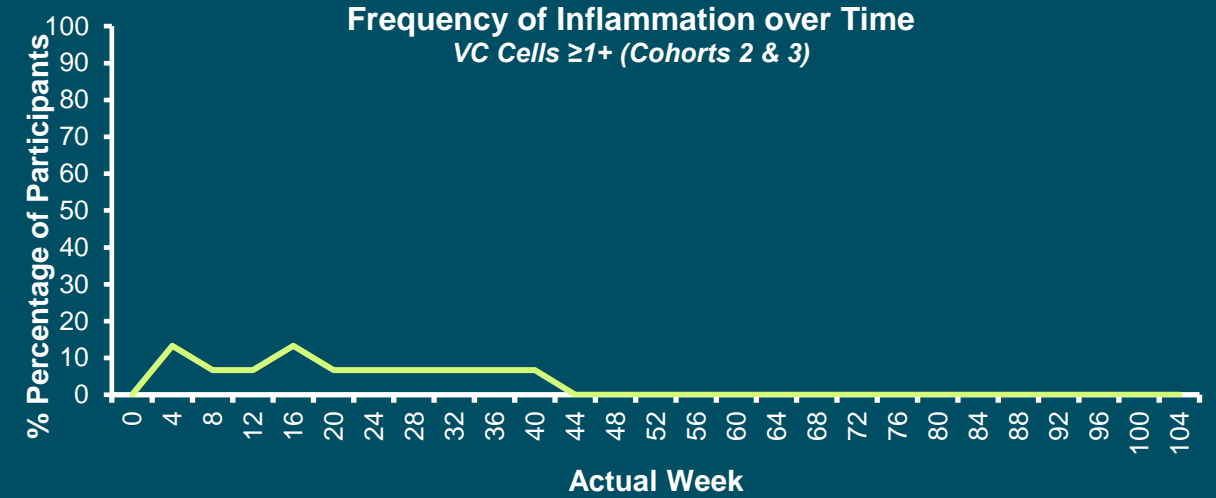
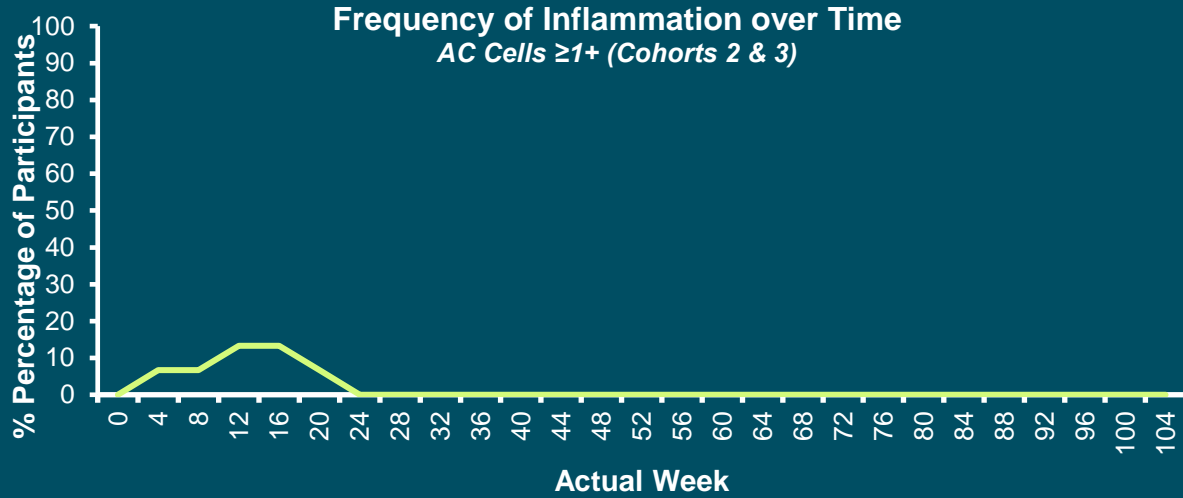
Aqueous cells (AC): 0.5+: 1-5 cells 1+: 6-15 cells 2+: 16-25 cells 3+: 26-50 cells 4+: >50 cells

Vitreous cells (VC): 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 16, 2021

Lower Immune Response Observed with 2×10^{11} vg/eye dose

Frequency of inflammation decreases over time



N 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 14 12 11 11 11 9 5 4 4 4

N 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 15 14 12 11 11 11 9 5 4 4 4

Cell grades as assessed by slit lamp

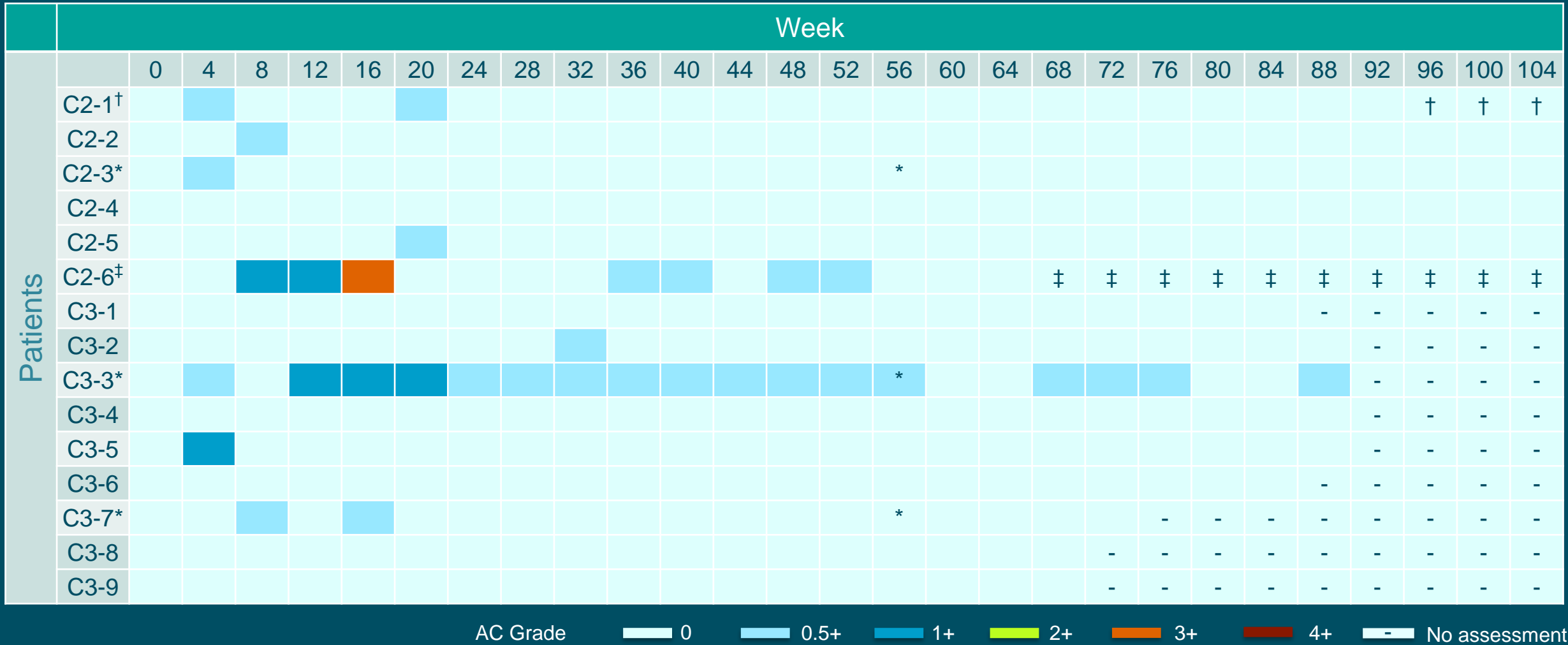
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Vitreous cells (VC): 0.5+: 1-10 cells 1+: 11-20 cells 2+: 21-30 cells 3+: 31-100 cells 4+: >100 cells; Rare cells are captured as 0.5+ for this analysis

Data cut: July 16, 2021

AC – Inflammation was Mild and Decreasing Over Time in Cohorts 2 and 3 [2×10^{11} vg/eye dose]



AC Grade 0 0.5+ 1+ 2+ 3+ 4+ No assessment

*Cataract surgery before Week 56

[†]A patient died of a cardiopulmonary arrest due to hypoxia ~96 weeks; [‡]A patient missed visits after Week 64 due to worsening of COPD and died of lung malignancy at ~76 weeks

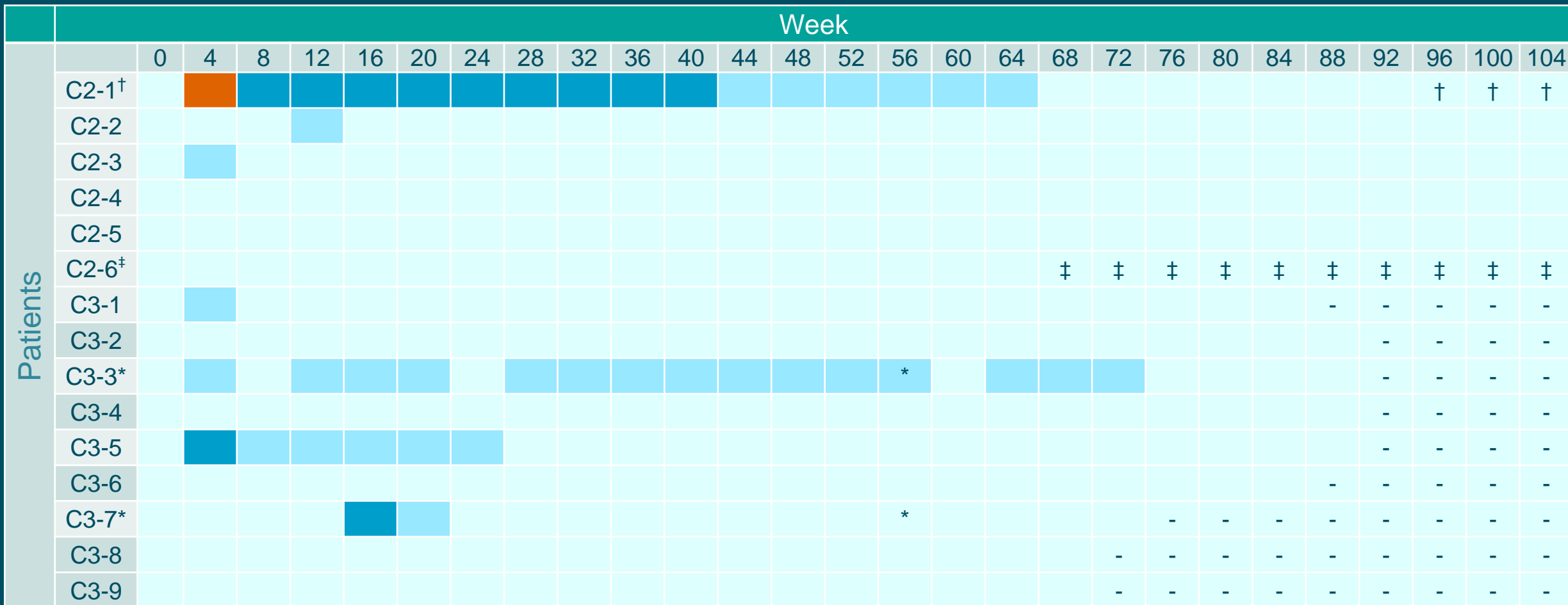
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Vitreous cells (VC): 0.5+: 1-10 cells 1+: 11-20 cells 2+: 21-30 cells 3+: 31-100 cells 4+: >100 cells; Rare cells are captured as 0.5+ for this analysis

VC – Inflammation was Mild and Decreasing Over Time in Cohorts 2 and 3 [2×10^{11} vg/eye dose]



VC Grade 0 0.5+ 1+ 2+ 3+ 4+ No assessment

*Cataract surgery before Week 56

[†]A patient died of a cardiopulmonary arrest due to hypoxia ~96 weeks; [‡]A patient missed visits after Week 64 due to worsening of COPD and died of lung malignancy at ~76 weeks

Cell grades as assessed by slit lamp

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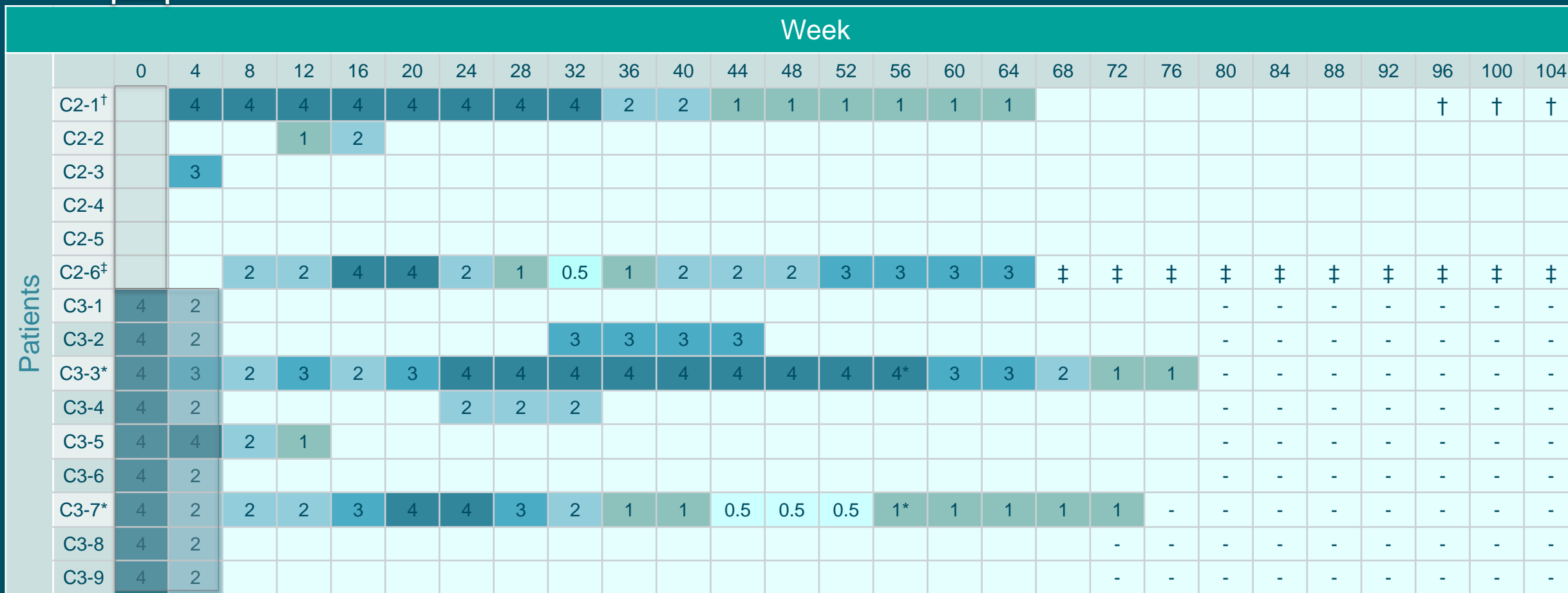
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Data cut: July 16, 2021

Steroid Eye Drops Post Prophylaxis Decrease Over Time in Cohorts 2 and 3

13-day oral prophylaxis



6-week prophylaxis steroid eye drops



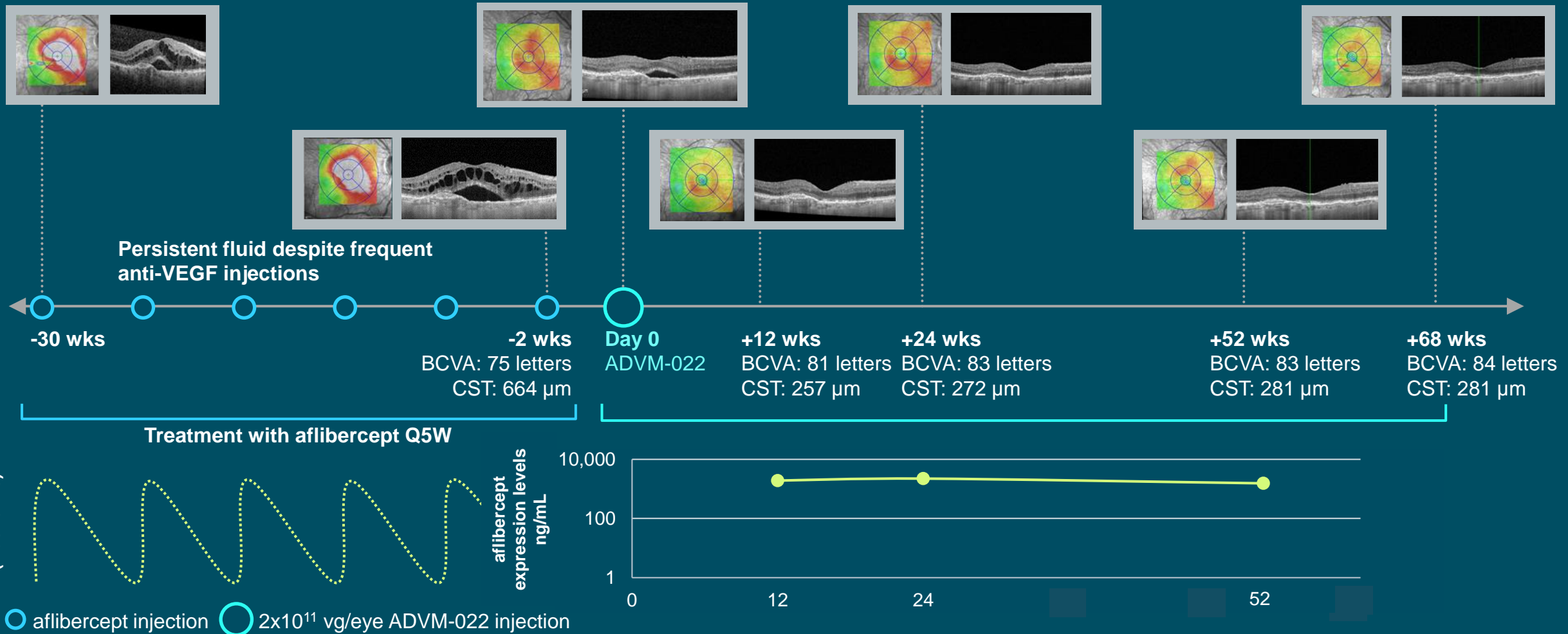
*Cataract surgery before Week 56

[†]A patient died of a cardiopulmonary arrest due to hypoxia ~96 weeks; [‡]A patient missed visits after Week 64 due to worsening of COPD and died of lung malignancy at ~76 weeks

0.5 represents drops every other day

Rapid and Sustained Improvements to Ocular Anatomy and Vision after Single IVT Injection of ADVM-022 [2E11]

Patient Case from Cohort 3 [2E11]: 82-year-old male with 19 IVTs prior to study with 9 IVTs in the last 12 months



2-year Outcomes from OPTIC with a Single-IVT Injection of ADVM-022 in Neovascular AMD



- **ADVM-022 provides robust aflibercept expression and sustained efficacy with both doses in a heavily treatment-experienced patient population beyond 2-years**
 - Patients maintained vision (BCVA), stable to improved retinal anatomy (CST)
 - Aflibercept protein expression within targeted therapeutic range and stable out to 104 weeks
- **>80% reduction in annualized injection frequency at 2×10^{11} vg/eye dose**
- **Low ADVM-022-related ocular adverse events at 2×10^{11} vg/eye dose**
 - Post prophylaxis inflammation at 2×10^{11} vg/eye dose is minimal and occurs in few patients
- **No clinically relevant low IOP events observed at either dose**
- **Cohort 2 & 3 provide continued evidence of efficacy, safety, and durability at 2×10^{11} vg/eye through a median follow-up of 1.7 years with limited prophylaxis**
 - 5-years planned follow-up
- **Further studies are warranted at 2×10^{11} vg/eye and lower doses and investigating enhanced prophylaxis**

Investigators, Study Teams and Patients

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- Mehdi Gasmi PhD
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- Julie Clark, MD
- Carol Hoang PharmD
- Adam Turpcu PhD
- Carol Chung PhD



Thank you

