OPTIC Study of Intravitreal Gene Therapy With ADVM-022 for Neovascular Age-related Macular Degeneration

Brandon G. Busbee, M.D.

Tennessee Retina

- On behalf of the OPTIC Investigators -



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Presenter:

Brandon B. Busbee M.D.

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Key Learnings from OPTIC Trial in anti-VEGF Experienced nAMD Patients



- ADVM-022 provides durable, sustained efficacy observed with both doses (2×10¹¹ vg/eye, 6×10¹¹ vg/eye)
 - Patients maintained or gained vision (BCVA), stable to improved retinal anatomy (CST)
 - Aflibercept protein expression within targeted therapeutic range and stable out to 104 weeks
 - 85%-96% reduction in annualized injection frequency
- Well-tolerated safety profile
 - Lower ADVM-022-related ocular adverse events at 2×10¹¹ vg/eye dose
 - Post prophylaxis inflammation at 2×10¹¹ vg/eye dose is minimal and occurs in few patients
- Cohort 3 [2×10¹¹ vg/eye] informative for Phase 3 dose selection
 - Efficacy (BCVA, CST), reduction in annualized injection frequency and aflibercept protein expression similar to 6×10¹¹ vg/eye dose
 - Majority of patients did not require more than 6 weeks of prophylactic steroid eye drops
- Phase 3 trials of ADVM-022 in treatment naïve patients planned in 4Q21

Real-world anti-VEGF Patient Outcomes Undertreatment leads to vision loss over time

Gene Therapy in nAMD

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; VEGF, vascular endothelial growth factor

Khanani AM, et al. Ophthalmol Retina 2020;4:122–133

ADVM-022: 7m8 Adeno-Associated Virus Gene Therapy Vector <u>Designed for continuous delivery of aflibercept by intravitreal injection</u>





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 cells^{1–3}
 - Bipolar cells, Müller cells, optic nerve²
 - Ciliary epithelium, iris pigment epithelium²



Green Fluorescent Protein Expression In Non-Human Primate Retina¹

1. Grishanin, R. et al. Mol. Ther. 2019;27:118–29 2. Ramachandran PS, et al. Hum Gene Ther 2017;28:154–67 3. Dalkara, D. et al. Sci Transl Med 2013, 5:189ra76

OPTIC Study: Evaluating ADVM-022 in Treatment Experienced Patients with nAMD



Status	Primary Objective	Secondary Objective						
4 cohorts fully enrolledFollow-up to 104 weeks	 Assess the safety and tolerability of a single IVT injection of ADVM-022 	 Evaluate vision maintenance (BCVA) Evaluate anatomy (SD-OCT) Assess the need for supplemental therapy 						
Day –15 to –7: aflibercept	24-Week Safety and 52- Efficacy Assessment Effic	Week Safety and cacy Assessment Efficacy Assessment						
Baseline Assessment Treatm	ent Evaluation Treatment Evalua	tion Treatment Evaluation Study						
Weeks: 4 8 12	16 20 24	52 104						

	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 μ 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. 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	Cohort 2	Cohort 3	Cohort 4
	(N=6)	(N=6)	(N=9)	(N=9)
ADVM-022 Dose, vg/eye	High Dose	Low Dose	Low Dose	High Dose
	6×10 ¹¹	2×10 ¹¹	2×10 ¹¹	6×10 ¹¹
Steroid Prophylaxis	Oral	Oral	Eye drops	Eye drops
	13-day course	13-day course	6-week course	6-week course
Follow-Up, Weeks	Completed	64–92 weeks	48–72 weeks	32–44 weeks
	(all with 104 weeks)	(median 88)	(median 68)	(median 36)
Baseline Characteristics	\checkmark	\checkmark	\checkmark	\checkmark
Safety Data	\checkmark	\checkmark	\checkmark	\checkmark
Efficacy Data [†]	\checkmark	\checkmark	\checkmark	\checkmark
Aqueous anti-VEGF Protein Expression Data	\checkmark	N/A	✓	\checkmark

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 ADVM-022	9.2 (8–11)	9.2 (5–11)	9.1 (7–10)	7.1 (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





Five patients were diagnosed <1 year prior to ADVM-022 injection: one each in Cohorts 2 and 3, three in Cohort 4.

Cohort 2, Patient 6 death due to lung malignancy; *Incomplete prior data for Cohort 4, Patient 2.

**Received in a clinical trial not yet unmasked (NCT03790852).

Cohort 4, Patient 4 had a port delivery system (PDS) implanted 3 years prior to Screening (explanted 1.5 years later).

85%-96% Reduction in Annualized anti-VEGF Injection Following ADVM-022





Annualized rate (Prior) = (number of IVTs in 12 months prior to ADVM-022) / (days from the first IVT in the past 12 months to ADVM-022 / 365.25). Annualized rate (Post) = (numbers of aflibercept IVTs since ADVM-022) / (days from ADVM-022 to the last study follow-up / 365.25).

Data cut: March 10, 2021

Cohort 1 [6E11]: BCVA and CST Stable, Zero Supplemental Injections





Latest Outcomes at Week 104										
Follow-Up All with 104 weeks (median 104)										
Supplemental-Free 100% (6/6) Patients										
Mean BCVA Change fro	m Baseline									
All Patients	-1.3 Letters									
Mean CST Change from	Baseline									
All Patients	–8.7 μm									

*One patient had low BCVA and no CST values at 44 and 48 weeks due to retinal detachment; n=5 from Week 56 to 100 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

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

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





Latest Outcomes (as of 3/10/2021)											
Follow-Up	64**–92 weeks (median 88)										
Supplemental-Free Patients	50% (3/6)										
Mean BCVA Change from Baseline											
All Patients	-1.5 Letters										
Supplemental-Free Patients	-1.0 Letters										
Mean CST Change from	Baseline										
All Patients	–28.2 μm										
Supplemental-Free Patients	–30.3 μm										

*n=5 for Week 36, 40, 68 to 84 visits (n=4 at Week 76).

**A patient missed visits after Week 64 due to worsening of COPD and died of lung malignancy at ~76 weeks. 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

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

Cohort 3 [2E11]: BCVA Maintained and CST Improved





Latest Outcomes (as of 3/10/2021)											
Follow-Up	48–72 weeks (median 68)										
Supplemental-Free Patients	67% (6/9)										
Mean BCVA Change from Baseline											
All Patients	+1.4 Letters										
Supplemental-Free Patients	+4.3 Letters										
Mean CST Change from	Baseline										
All Patients	–134.4 µm										
Supplemental-Free Patients	–181.7 µm										

*n=8 for Week 4, 16 and 20; n=7 at Week 24; n=8 (BCVA) and 5 (CST) at Week 52; n=7 (BCVA) and 6 (CST) at Week 56. 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 Error bars are 90% CIs of the mean absolute BCVA and CST using T-distribution

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





Latest Outcomes (as of 3/10/2021)											
Follow-Up	32–44 weeks (median 36)										
Supplemental-Free Patients	78% (7/9)										
Mean BCVA Change from Baseline											
All Patients	–0.2 Letters										
Supplemental-Free Patients	–0.4 Letters										
Mean CST Change from	Baseline										
All Patients	–77.1 μm										
Supplemental-Free Patients	–77.3 μm										

*n=8 at Weeks 20 and 36

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

Robust Aflibercept Expression Levels Observed for Both Doses

Gene Therapy in nAMD

Within modeled therapeutic range, reaching top of dose response curve



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.

Safety Summary Across Cohorts



- No ADVM-022-related non-ocular adverse events
 - A patient (Cohort 2) died of lung malignancy ~76 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 2×10¹¹ 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
- All ADVM-022-related ocular AEs were mild (80%) to moderate (20%)
 - One AE of special interest 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)
- 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

Adverse Events Across Cohorts

ADVM-022 related events were mild (80%) or moderate (20%)



		Coho (N=	ort 1 =6)	Coh (N=	ort 2 =6)	Coh (N:	ort 3 =9)	Cohort 4 (N=9)			
		6×10 ¹¹ Oral st 13-day pr	vg/eye eroids ophylaxis	2×10 ¹¹ Oral st 13-day pr	vg/eye eroids ophylaxis	2×10 ¹¹ Steroid e 6-week pr	vg/eye ye drops ophylaxis	6×10 ¹¹ vg/eye Steroid eye drops 6-week prophylaxis			
Adverse Events	;	Subjects	Events	Subjects	Events	Subjects	Events	Subjects	Events		
	Serious	2	2*	0	0	0	0	0	0		
Ocular	ADVM-022 Related**	6	32	5	21	5	15	8	32		
	Total Ocular	6	57	6	37	8	37	8	43		
Non Qoulart	Serious [‡]	1	1	2	5	2	2	0	0		
Non-Ocular	Total Non-Ocular [†]	5	20	6	14	6	12	3	4		

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

** ADVM-022 related ocular events were mild (80%) or moderate (20%)

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

and hypertensive emergency (1) in Cohort 2; and COPD exacerbation (1), and stable angina pectoris (1) in Cohort 3

Lower Immune Response with 2×10¹¹ vg/eye dose

Frequency and severity of inflammation decreases over time

Cell Grades 0.5+ 1+ 2+ 3+ 4+





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

AC – Inflammation was Mild and Decreasing Over Time in



Cohort 3 [2×10¹¹ vg/eye dose, 6-week steroid drops prophylaxis]

									١	Nee	k									
		0	4	8	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72
	C3-1	0	0	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0
	C3-2	0	0	0	0	0	0	0	0	0.5	0	0	0	0	0	0	0	0	0	0
S	C3-3*	0	0.5	0	1	1	1	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5*	0	0.5	0.5	
ient	C3-4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pat	C3-5	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	C3-6	0	-	0	0	-	-	-	0	0	0	0	0	0	-	-	-	-		
	C3-7**	0	0	0.5	0	0.5	0	0	0	0	0	0	0	0	0	0**				
	C3-8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	C3-9	0	0	0	0	0	0	0	0	0	0	0	0	0	0					

0.5 +

*Cataract surgery before Week 56

AC Grade

**Cataract surgery before Week 56

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4+

3+

VC – Inflammation was Mild and Decreasing Over Time in



Cohort 3 [2×10¹¹ vg/eye dose, 6-week steroid drops prophylaxis]

									١	Nee	k									
		0	4	8	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72
	C3-1	0	0.5	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	0	0
	C3-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
လ	C3-3*	0	0.5	0	0.5	0.5	0.5	0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5*	0	0.5	0.5	
ient	C3-4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Pat	C3-5	0	1	0.5	0.5	0.5	0.5	0.5	0	0	0	0	0	0	0	0	0	0	0	
	C3-6	0	-	0	0	-	-	-	0	0	0	0	0	0	-	-	-	-		
	C3-7**	0	0	0	0	1	0.5	0	0	0	0	0	0	0	0	0**				
	C3-8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
	C3-9	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
*Cotoroot	urgany bafara V	Nook 56																		

0.5 +

VC Grade

**Cataract surgery before Week 56

Cell grades as assessed by slit lamp

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4+

3+

Steroid Eye Drops Post Prophylaxis Decrease Over Time in



Cohort 3 [2×10¹¹ vg/eye dose, 6-week steroid drops prophylaxis]

	6-wee	ek proph	ylaxis st	eroid ey	e drops				,	Wee	k									
		0	4	8	12	16	20	24	28	32	36	40	44	48	52	56	60	64	68	72
	C3-1	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	C3-2	4	2	0	0	0	0	0	0	2	3	3	3	0	0	0	0	0	0	0
Patients	C3-3*	4	3	2	4	2	4	4	4	4	4	4	4	4	4	4*	3	3	2	
	C3-4	4	2	0	0	0	0	2	2	2	0	0	0	0	0	0	0	0	0	
	C3-5	4	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	C3-6	4	2	0	0	0	0	0	0	0	0	0	0	0						
	C3-7**	4	2	2	1	4	4	3	3	1	1	1	0.5	0.5	0.5	1**				
	C3-8	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0				
	C3-9	4	2	0	0	0	0	0	0	0	0	0	0	0	0					
*Cataract	Cataract surgery before Week 56																			

0.5

of daily drops

**Cataract surgery before Week 56 0.5 represents drops every other day

Data cut: March 10, 2021

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



Data cut: March 10, 2021

Key Learnings from OPTIC Study Sets the Direction for Accelerated Global Phase 3 Trials



- ADVM-022 provides durable, sustained efficacy observed with both doses (2×10¹¹ vg/eye, 6×10¹¹ vg/eye)
 - Patients maintained or gained vision (BCVA), stable to improved retinal anatomy (CST)
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 - Efficacy (BCVA, CST), reduction in annualized injection frequency and aflibercept protein expression similar to 6×10¹¹ vg/eye dose
 - Majority of patients did not require more than 6 weeks of prophylactic steroid eye drops
- Global Phase 3 trials of ADVM-022 in treatment naïve patients planned in 4Q21

ADVM-022 Acknowledgments



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Thank you

