

Phase I/2 Clinical Trial of Intravitreal 4D-150 in Patients with Neovascular (Wet) Age-Related Macular Degeneration: Conference Call

Cohort I Interim Safety & Clinical Activity



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Key Takeaways for 4D-I50 Interim Phase I/2 Clinical Data

DATA CUT-OFF: OCTOBER 13, 2022; COHORT 1 DATA

■ Enrollment Details:

- Wet AMD patients requiring **frequent** anti-VEGF injections
- Phase I dose exploration stage enrollment **completed**: 3 cohorts, 15 patients (5 per cohort)

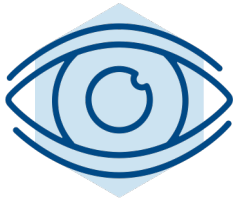
■ Cohort 1 Clinical Data Takeaways:

- Safe & well-tolerated: no DLT, no SAE, no significant intraocular inflammation (IOI), no hypotony
- 3 of 3 patients' aqueous fluid evaluated to date had detectable aflibercept
- Mean annualized anti-VEGF injection rate in 12 months preceding 4D-I50 dosing: ~11
- **96.7%** overall reduction in annualized anti-VEGF injection rate
- **80%** of patients (4 of 5) aflibercept supplemental injection-free (injection-free f/u : 16-40 weeks)

■ Expected Next Steps:

- Initiate randomized Phase 2 Expansion (50 patients total; 2 dose levels of 4D-I50 vs aflibercept)

4D-I50 for Wet AMD & DME



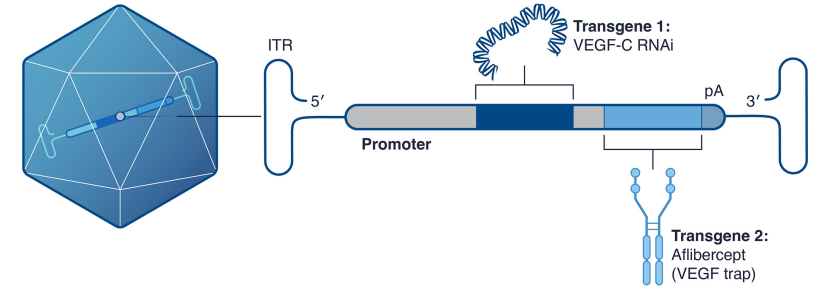
HIGH UNMET MEDICAL NEED

- Frequent Injections
- Patient / Physician Adherence Issues
- Incomplete Responders



EPIDEMIOLOGY: US

- **Wet AMD: ~200,000/year** incidence
- **DME: ~1.2 Million** prevalence
- **\$12.3 Billion** 2021 WW branded anti-VEGF sales



PRODUCT DESIGN

- **Vector:** R100
- **Transgene 1:** VEGF-C RNAi
- **Transgene 2:** Aflibercept
- **Promoter:** Ubiquitous

DIFFERENTIATION

- Primate-evolved R100 capsid
- Intravitreal (IVT) routine & safe
- 4 Distinct mechanisms of action

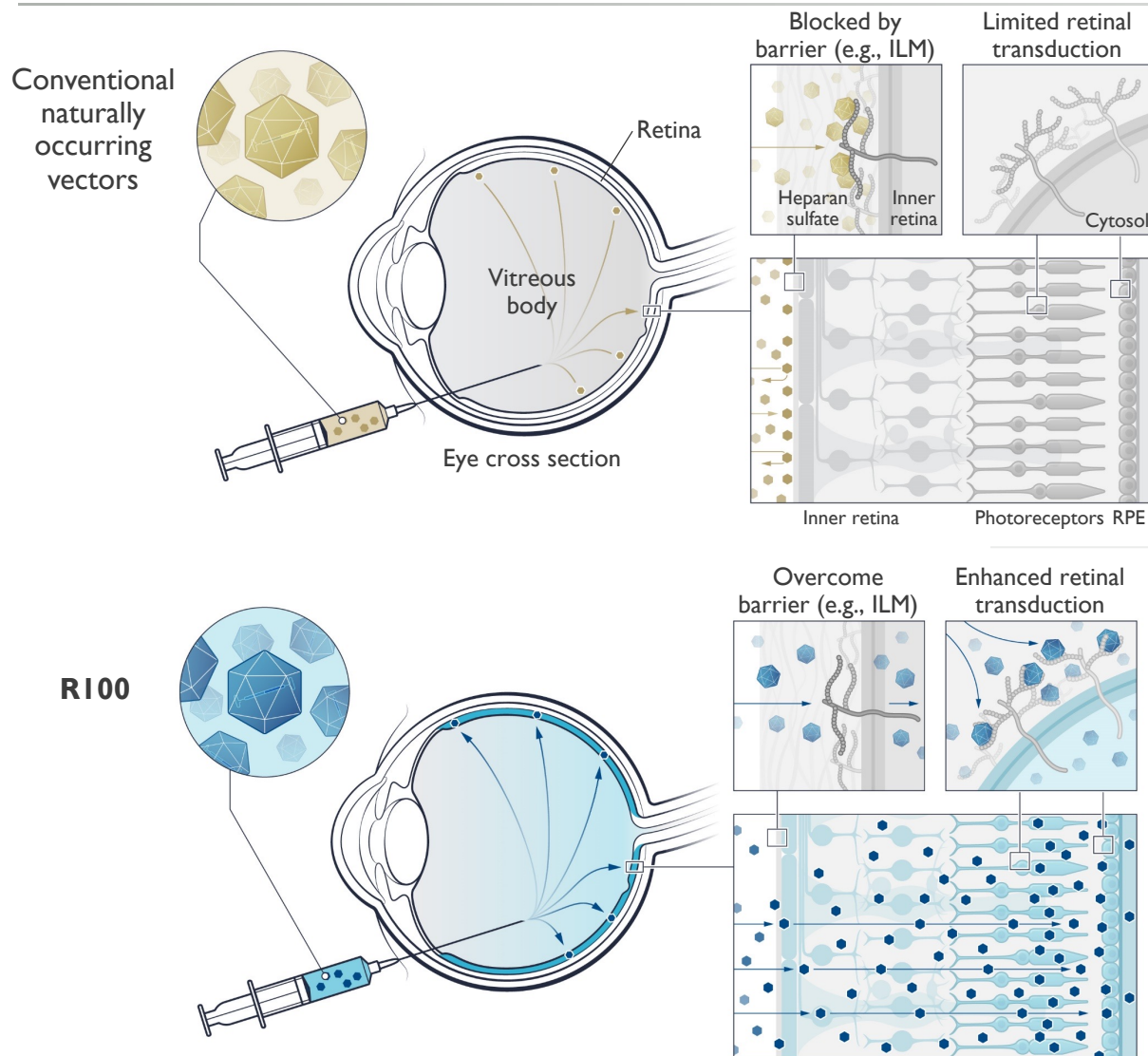
STATUS:

Ongoing Phase 1/2 Clinical Trial

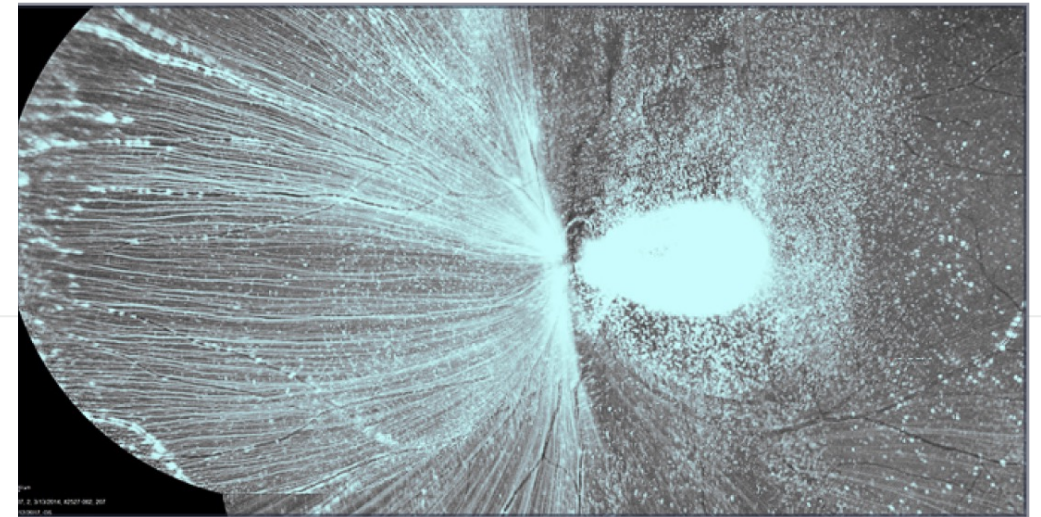
EXPECTED MILESTONE:

Interim Data on all 3 Cohorts Q2-2023

Primate-Evolved RI00 Capsid for IVT Delivery of Dual Transgene Payload

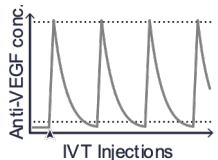
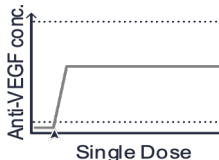
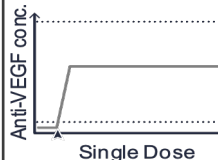
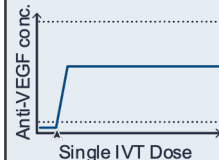


EGFP expression in Primate (NHP):
IVT injection RI00.EGFP



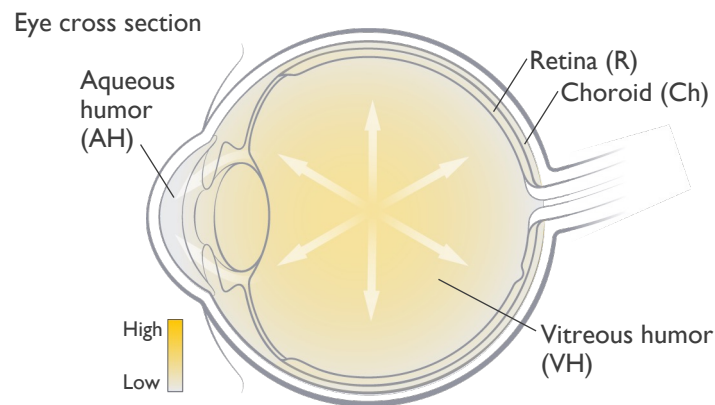
Abbreviations: ILM, inner limiting membrane; RPE, retinal pigment epithelium.

4D-I 50: Differentiation Versus Other AAV for Wet AMD

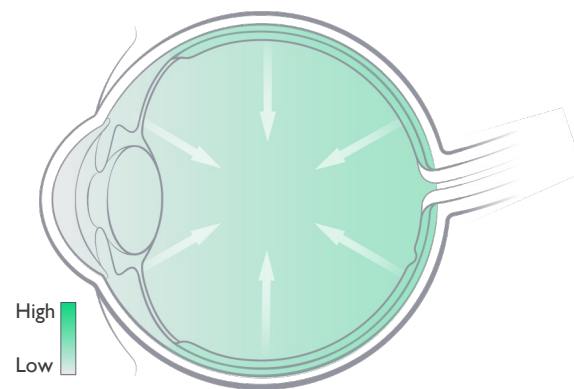
MOA	Product Design	Eylea™	RGX-314 (subretinal)	RGX-314 (suprachor)	ADVM-022 (IVT)	4D-I 50 (IVT)
Injection & PK	Pharmacokinetics			Not available		
	Single dose	-	+	+	+	+
	IVT injection	+	-	-	+	+
Anti-VEGF MOA	VEGF A	+	+	+	+	+
	VEGF B	+	-	-	+	+
	PlGF (placental GF)	+	-	-	+	+
	VEGF-C	-	-	-	-	+
Vector & Safety	Primate evolved & optimized	n.a.	-	-	-	+
	No hypotony	+	+	+	-	+
	No chronic uveitis	+	+	+	-	+

Aflibercept Concentration Gradients Within the Eye: 4D-I50 Results in High Level Retina/Choroid Targeting

IVT Aflibercept Bolus

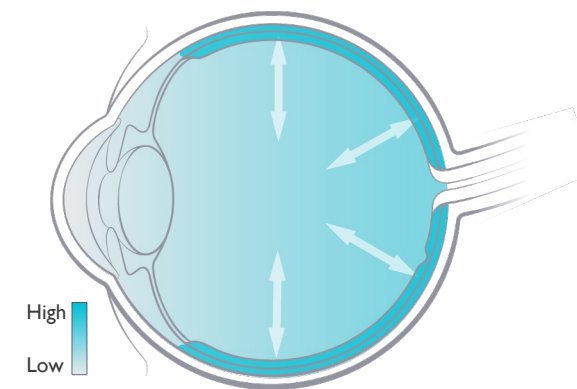


IVT ADVM-022

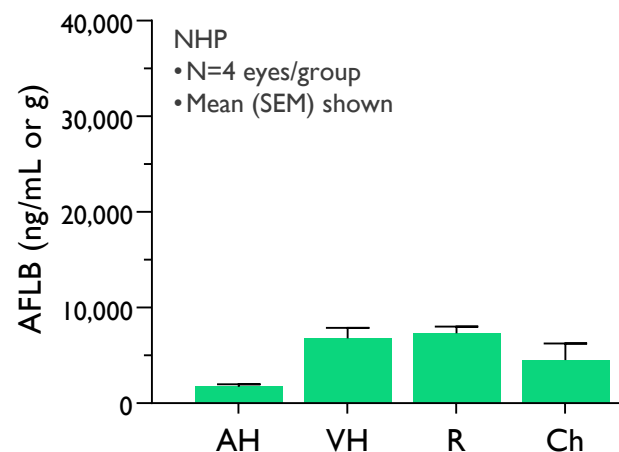
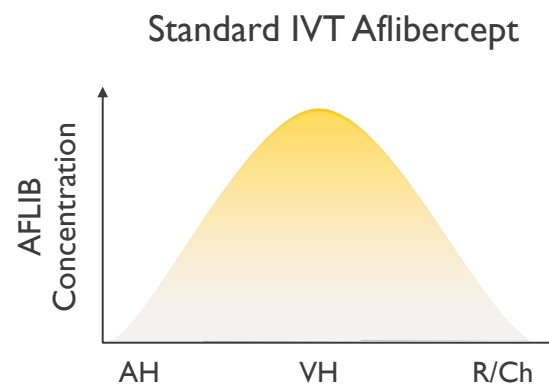


ADVM-022, 2E12 vg, 8 wks

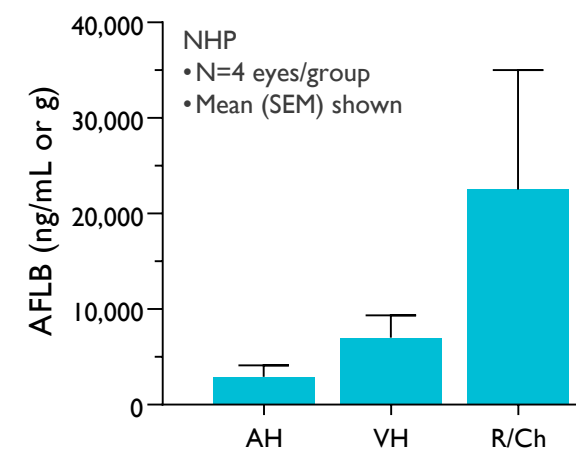
IVT 4D-I50



4D-I50, 1E12 vg, 4 wks

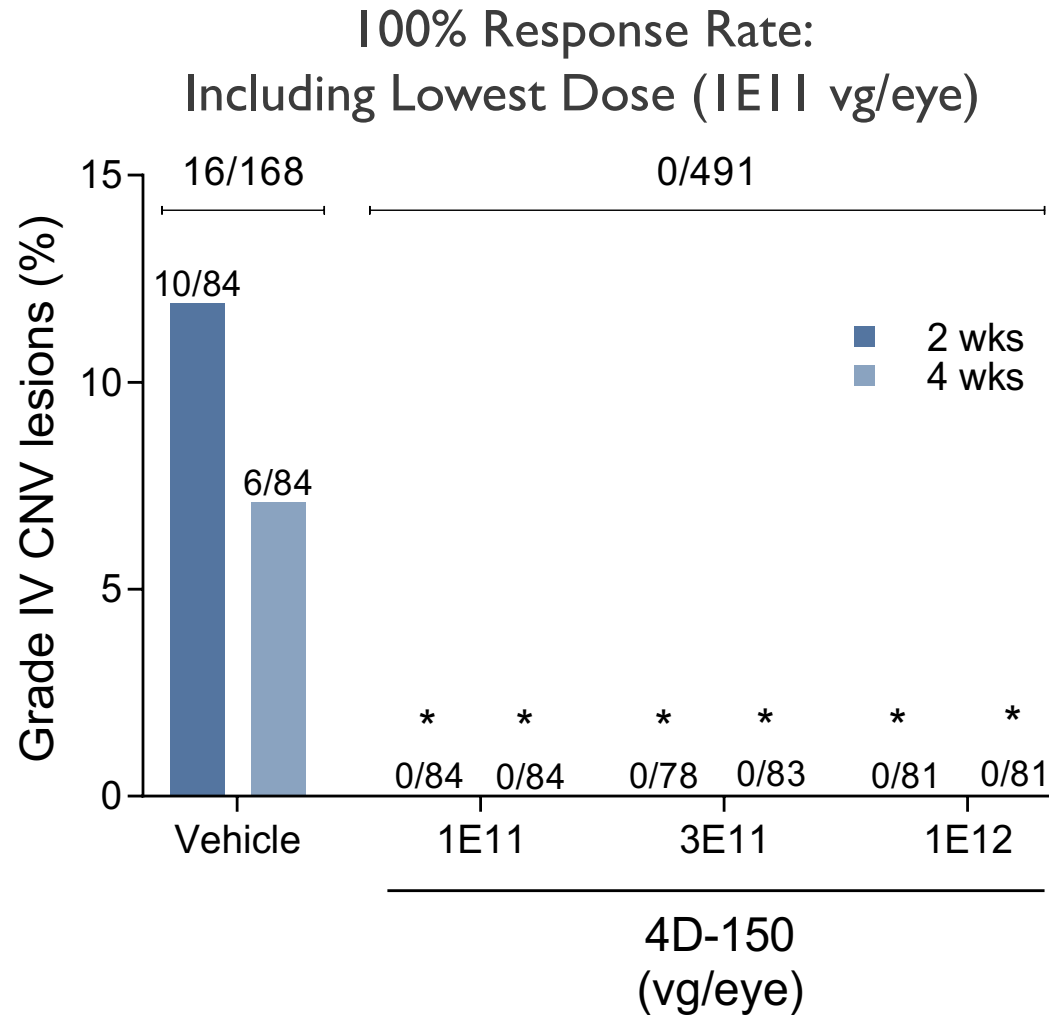


Kiss et al. Mol Therapy 2020;18:345 (Suppl)



4D-150 Efficacy in Primate (NHP) CNV Model:

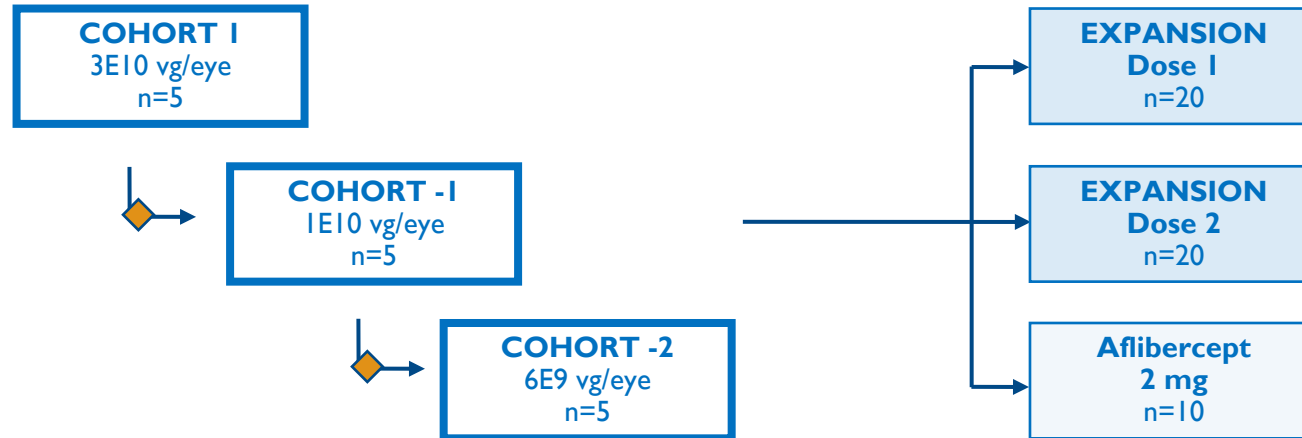
100% SUPPRESSION OF GRADE IV CNV INCLUDING AT LOWEST DOSE OF 1E11 VG/EYE



4D-I50 Phase I/2 Clinical Trial Design

OPEN-LABEL, PHASE I/2 TRIAL IN PATIENTS WITH WET AMD RECEIVING ANTI-VEGF TREATMENT

DOSE EXPLORATION



◆ DSMC review

ASSESSMENT SCHEDULE

Visit	Baseline	4D-I50	D2	D 14	D 28	W 8-20*	W 24	W 28-48*	W 52	W 56-68*	W 72	W76-100*	W 104
Visit Window (d)	D -7	D 1	-	±2	±2	±7	±7	±2	±7	±7	±7	±7	±7
BCVA	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
SD-OCT	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

◆ Assessments (OCT assessed by Independent Reading Center). *Study visits completed every 4 weeks.

KEY INCLUSION CRITERIA

- ≥ 50 yrs old
- CNV secondary to AMD
- ≥ 25 and ≤ 78 ETDRS letters: study eye
- Currently receiving anti-VEGF treatment in study eye
- Clinical response to anti-VEGF within prior 12 months

PRIMARY ENDPOINT

- Safety & tolerability

KEY SECONDARY ENDPOINTS

- Percentage of subjects requiring supplemental aflibercept
- Number of required supplemental aflibercept injections
- Aflibercept protein levels in aqueous humor
- Recommended does (n=2) for randomized Phase 2

4D-I50 Phase I/2 Clinical Trial: Cohort Patients I (3EI0 vg/eye)

BASELINE CHARACTERISTICS & FOLLOW-UP ON TRIAL

Baseline Characteristics	Cohort I (3EI0 vg/eye dose)				
	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Age (yrs)	75	69	74	89	87
Time since diagnosis (yrs)	3.3	1.5	2.1	6.7	5.9
# anti-VEGF injections (12 months prior to 4D-I50 IVT injection)*	12	6	11	13	13
~# of months follow-up post-4D-I50 IVT injection	10	9	8	4	3

*includes protocol specified aflibercept injection at Day -7

4D-I50 Phase I/2 Clinical Trial: Cohort I Safety Summary

DATA TO DATE DEMONSTRATED 4D-I50 AT THIS DOSE WAS SAFE & WELL-TOLERATED

- No SAE
- No DLT
- No clinically significant 4D-I50-related adverse events
- No clinically significant intraocular inflammation, no endophthalmitis, no retinal vasculitis, no choroidal effusions, no retinal artery occlusion
- No hypotony

As of 07OCT2022.



4D-I50 Phase I/2 Clinical Trial: Ocular Examinations Background

BACKGROUND & DIFFERENTIATION

- Prior AAV candidates associated with:
 - Significant intraocular inflammation: inflammatory cells, haze, flare
 - Pigment changes
- 4D-I50 vector differentiation:
 - RI00 primate-evolved vector targeted to retina
- 4D-I50 cohort I dose differentiation:
 - Low dose: Other AAV candidates have treated with 7- to 30-fold higher doses
- Methods:
 - Aqueous humor & vitreous humor; inflammatory and pigmented cells; flare & haze
 - Wk 2 & 4, then every 4 weeks



Ophthalmic Exam: Aqueous Cell & Flare Analyses

2+ Pigmented Cells at a Single Timepoint (1 of 39) – No WBC or Flare

		SCR	D14	D28	W8	W12	W16	W20	W24	W28	W32	W36	W40
Patient 1	AC Cell	0	0	0	0	0 / 2 pc	0*	0	0	0	0*	0*	0
	AC Flare	0	0	0	0	0	0	0	0	0	0	0	0
Patient 2	AC Cell	0	0	0	0	0	0	0	0	0	0	0	
	AC Flare	0	0	0	0	0	0	0	0	0	0	0	
Patient 3	AC Cell	0	0	0	0	0	0	0	0	0	0		
	AC Flare	0	0	0	0	0	0	0	0	0	0		
Patient 4	AC Cell	0	0	0	0	0	0						
	AC Flare	0	0	0	0	0	0						
Patient 5	AC Cell	0	0	0	0	0							
	AC Flare	0	0	0	0	0							



AC=anterior chamber, pc=pigmented cells;

* trace pigmented cells

Ophthalmic Exam: Vitreous Cell & Haze Analyses

Trace Mixed Cells at a Single Timepoint (1 of 39) – No WBC or Haze

		SCR	D14	D28	W8	W12	W16	W20	W24	W28	W32	W36	W40
Patient 1	VC	0	0	0	0	0	0	0	0	0	0	0	0
	VH	0	0	0	0	0	0	0	0	0	0	0	0
Patient 2	VC	0	0	0	0	0	0	0	0	0	0	0	
	VH	0	0	0	0	0	0	0	0	0	0	0	
Patient 3	VC	0	0	0	0	0.5 ¹	0	0	0	0	0		
	VH	0	0	0	0	0	0	0	0	0	0		
Patient 4	VC	0	0	0	0	0	0						
	VH	0	0	0	0	0	0						
Patient 5	VC	0	0	0	0	0							
	VH	0	0	0	0	0							



VC=vitreous cell, VH=vitreous haze, PC=pigmented cells;)

¹Reported as "mixed pigmented & nonpigmented"

Aflibercept Concentrations in Aqueous Humor Cohort I: Week 12

AFLIBERCEPT DEMONSTRATED IN ALL 3 PATIENTS' AQUEOUS HUMORS EVALUATED TO DATE

- Aqueous Humor (AH) collected Week 12
- Retinal concentrations predicted to be higher than AH
- 3 patients' aqueous humor samples evaluated to-date
- **All 3 patients had aflibercept concentrations within expected therapeutic range**
- Aflibercept data on 3 dose exploration cohorts (n=15) to be reported at a future medical meeting



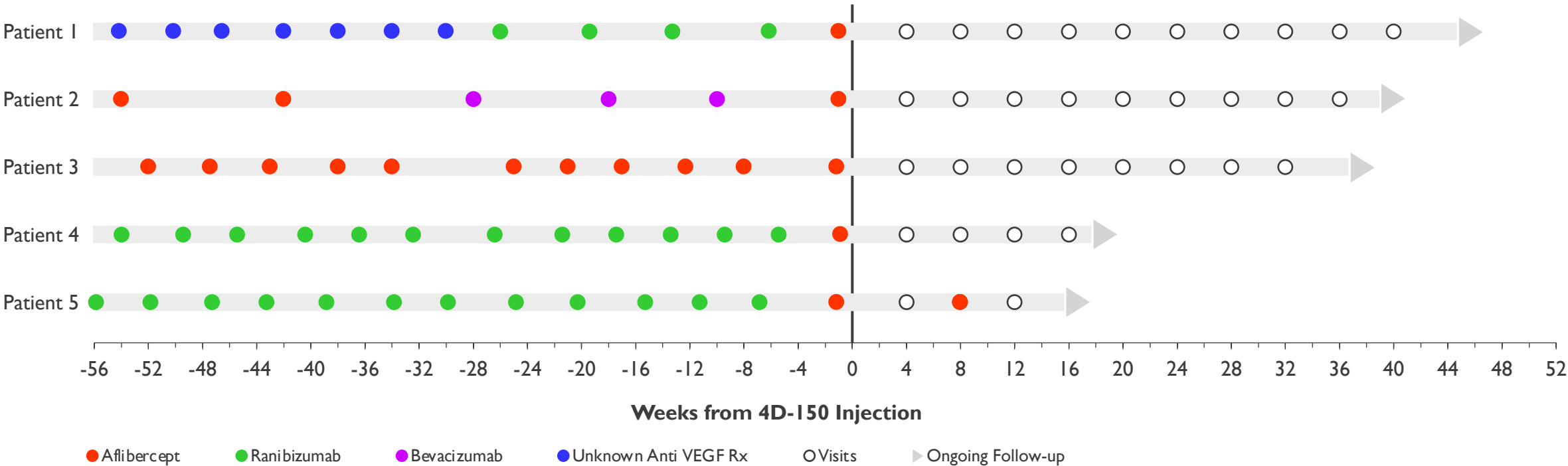
Efficacy Data Cohort I: 96.7% Reduction in Anti-VEGF Injection Rate

80% OF PATIENTS INJECTION FREE; INJECTION FREE FOLLOW UP 16-40 WEEKS

- **96.7% reduction** in annualized anti-VEGF injection rate
- **80% anti-VEGF injection free**



Cohort I
3E10 vg/eye



4D-I50 Clinical Data Summary, Implications & Next Steps

CLINICAL PROOF-OF-CONCEPT FOR TOLERABILITY, AFLIBERCEPT EXPRESSION & ANTI-VEGF EFFICACY

■ Clinical Data Summary:

- **Safe & well-tolerated:** No clin significant AEs, no clinically significant IOI, no hypotony
- **96.7% overall reduction** in annualized anti-VEGF injection rate
- **80% of patients (4 of 5) aflibercept injection-free** (injection-free f/u : 16-40 weeks)

■ Implications:

- 4D-I50 clinical proof-of-concept
- R100 vector clinical proof-of-concept
- Platform validation: Therapeutic Vector Evolution

■ Expected Next Steps:

- Report clinical data on all 3 Phase I cohorts: Q2 2023
- Initiate randomized Phase 2 Expansion (50 patients total; 2 dose levels vs aflibercept): Q1 2023
- Large market ophthalmology pipeline expansion



THANK YOU

