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

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Colorado Retina
– On behalf of the OPTIC investigators –
Disclosures

• Novartis: Consultant, Advisor, Speaker
• Allergan: Consultant, Advisor, Speaker
• Alcon: Advisor
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 $6 \times 10^{11}$ vg/eye and $2 \times 10^{11}$ 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)

Data cut as of April 1, 2020
BCVA, best-corrected visual acuity; CST, central subfield thickness; IVT, intravitreal therapy
High Treatment Burden Associated with Frequent Injections

Injection Frequency for Optimal Outcomes Often Not Realized in Real-world

37,021 Eyes of 30,106 US Patients Receiving Routine Intravitreal Anti-VEGF Therapy Over 12 Months

Development Approach to Deliver Long-term Efficacy

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

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

Ophthalmology. 2020 Feb 28: S0161-6420(20)30192-5
ADVM-022: Adeno-Associated Virus Gene Therapy Vector Designed For Delivery by Intravitreal Injection

AAV.7m8 capsid

Capsid engineered from wild-type AAV2 by directed evolution and screened for highly efficient retinal transduction following IVT injection

Target retinal cell expresses aflibercept

Aflibercept expression cassette

Aflibercept

Strong, ubiquitous promoter designed for robust protein expression

Codon-optimized cDNA

Grishanin, R et al. Mol Ther 2019;27:118–29
Preclinical NHP Data Demonstrate Long-Term Sustained Aflibercept Levels Comparable to Aflibercept Bolus Injection

Two studies: Stable long-term protein expression up to 21 and 30 months after single ADVM-022 IVT 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. 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 objectives**
  - Evaluate vision (BCVA)
  - Evaluate anatomy (SD-OCT)
  - Assess the need for rescue therapy

Day 1: ADVM-022

Day 15 to Day 7: Aflibercept

Weeks:
- Baseline assessment
- Treatment evaluation
- 24-week safety and efficacy assessment
- 52-week safety and efficacy assessment

**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

NCT03748784
### OPTIC Update for Cohorts 1–3 as of April 1, 2020

<table>
<thead>
<tr>
<th></th>
<th>Cohort 1 (N=6)</th>
<th>Cohort 2 (N=6)</th>
<th>Cohort 3 (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADVM-022 dose, vg/eye</strong></td>
<td>6×10¹¹</td>
<td>2×10¹¹</td>
<td>2×10¹¹</td>
</tr>
<tr>
<td><strong>Steroid prophylaxis</strong></td>
<td>Oral 13-day course</td>
<td>Oral 13-day course</td>
<td>Eye drops 6-week course</td>
</tr>
<tr>
<td><strong>Follow-up, weeks</strong></td>
<td>52–64 (median 60)</td>
<td>32–40 (median 36)</td>
<td>4–20 (median 20)</td>
</tr>
<tr>
<td><strong>Baseline characteristics</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Efficacy†</strong></td>
<td>✓</td>
<td>✓</td>
<td>First 5 patients*</td>
</tr>
</tbody>
</table>

*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

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

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.
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® 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 through April 1, 2020

<table>
<thead>
<tr>
<th>Adverse events</th>
<th>Cohort 1 (N=6)</th>
<th>Cohort 2 (N=6)</th>
<th>Cohort 3 (N=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6×10^{11} vg/eye Oral steroids</td>
<td>2×10^{11} vg/eye Oral steroids</td>
<td>2×10^{11} vg/eye Steroid eye drops</td>
</tr>
<tr>
<td></td>
<td>13-day prophylaxis</td>
<td>13-day prophylaxis</td>
<td>6-week prophylaxis</td>
</tr>
<tr>
<td>Ocular</td>
<td>Subjects</td>
<td>Events</td>
<td>Subjects</td>
</tr>
<tr>
<td>Serious</td>
<td>1</td>
<td>1*</td>
<td>0</td>
</tr>
<tr>
<td>ADVM-022 related**</td>
<td>6</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td>Total ocular</td>
<td>6</td>
<td>49</td>
<td>5</td>
</tr>
<tr>
<td>Non-ocular†</td>
<td>Subjects</td>
<td>Events</td>
<td>Subjects</td>
</tr>
<tr>
<td>Serious ‡</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total non-ocular†</td>
<td>5</td>
<td>17</td>
<td>5</td>
</tr>
</tbody>
</table>

* 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


Vitreous cell grade categories are based on National Institutes of Health (NIH) guidelines


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

Data cut: April 1, 2020
Cellular Inflammation Assessed by Slit Lamp Examination

**Cohort 2: Inflammation Responsive to and Managed with Topical Steroids**


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

Data cut: April 1, 2020
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
  - **Rare cells are captured as 0.5+ for this analysis.**

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

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### Treatment

- **Oral Steroid**
- **Topical Steroid**
- **Topical Prophylaxis**

**Data cut: April 1, 2020**
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

Data cut: April 1, 2020
Cohort 1: BCVA Over Time

Mean (90% CI) by Visit through Week 52

Latest Outcomes through April 1, 2020

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>52–64 weeks (median 60)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rescue-free patients</td>
<td>100% (6/6)</td>
</tr>
</tbody>
</table>

Mean BCVA change from baseline:

- All patients: –2.7 letters

Afibercept 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

Mean (90% CI) by Visit through Week 52

Latest Outcomes through April 1, 2020

<table>
<thead>
<tr>
<th>Follow-up</th>
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<tbody>
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<td>100% (6/6)</td>
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</tbody>
</table>

Mean CST change from baseline:

All patients: $\text{–}26.2\mu m$

Afibercept 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.
Cohort 2: BCVA Over Time

Mean (90% CI) by Visit through Week 36

Latest Outcomes through April 1, 2020

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>32–40 weeks (median 36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rescue-free patients</td>
<td>67% (4/6)</td>
</tr>
<tr>
<td>Mean BCVA change from baseline:</td>
<td></td>
</tr>
<tr>
<td>All patients:</td>
<td>–2.8 letters</td>
</tr>
<tr>
<td>Rescue-free patients:</td>
<td>+2.3 letters</td>
</tr>
</tbody>
</table>

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

Mean (90% CI) by Visit through Week 36

Latest Outcomes through April 1, 2020

<table>
<thead>
<tr>
<th>Follow-up</th>
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<tr>
<td>Rescue-free patients</td>
<td>67% (4/6)</td>
</tr>
<tr>
<td>Mean CST change from baseline:</td>
<td></td>
</tr>
<tr>
<td>All patients:</td>
<td>$-40.8\mu m$</td>
</tr>
<tr>
<td>Rescue-free patients:</td>
<td>$-30.0\mu m$</td>
</tr>
</tbody>
</table>

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)

Mean (90% CI) by Visit through Week 20

Latest Outcomes through April 1, 2020

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>20 weeks for patients 1–5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rescue-free patients</td>
<td>80% (4/5)</td>
</tr>
<tr>
<td>Mean BCVA change from baseline:</td>
<td></td>
</tr>
<tr>
<td>All patients:</td>
<td>+6.8 letters</td>
</tr>
<tr>
<td>Rescue-free patients:</td>
<td>+8.8 letters</td>
</tr>
</tbody>
</table>

Afiblercept 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)

Mean (90% CI) by Visit through Week 20

Latest Outcomes through April 1, 2020

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>20 weeks for patients 1–5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rescue-free patients</td>
<td>80% (4/5)</td>
</tr>
<tr>
<td>Mean CST change from baseline:</td>
<td></td>
</tr>
<tr>
<td>All patients:</td>
<td>–137.8µm</td>
</tr>
<tr>
<td>Rescue-free patients:</td>
<td>–149.8µm</td>
</tr>
</tbody>
</table>

Afiblercept 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

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

<table>
<thead>
<tr>
<th>82 year old male</th>
<th>Previous IVT, n</th>
<th>19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IVT in last 12 months, n</td>
<td>9</td>
</tr>
</tbody>
</table>

Aflibercept injections

Weeks prior to ADVM-022

-30 weeks

-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

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

+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 #**
  - Frequent anti-VEGF injections prior to ADVM-022

- **Cohort 1**
  - 6x10^11 vg/eye

- **Cohort 2**
  - 2x10^11 vg/eye

- **Cohort 3**
  - 2x10^11 vg/eye

**Week relative to ADVM-022 injection**

- No rescue injections in Cohort 1
- 4/6 patients rescue free in Cohort 2
- 4/5 patients rescue free in Cohort 3
- Short follow-up to date

*4/6 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
  – Common low-grade inflammation responsive to steroid eye drops
• Long-term durability beyond 1 year from a single IVT injection with zero rescue injections in Cohort 1
• Further evidence of a dose response:
  – $6 \times 10^{11}$ vg/eye: 6/6 patients rescue injection free
  – $2 \times 10^{11}$ 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 AMD

*4/6 patients from Cohort 2 and 4/5 patients from Cohort 3 with 20 weeks follow-up
BCVA, best-corrected visual acuity; CST, central subfield thickness; IVT, intravitreal injection

Data cut as of April 1, 2020
**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 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

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**Screening and randomization**

**Clinical assessments with rescue aflibercept from week 8**

**Weeks:**

- 4
- 8
- 12
- 16
- 20
- 24
- 28
- 32
- 36
- 40
- 44
- 48

**Arm 1**

- ADVM-022 6x10^{11} vg IVT

**Arm 2**

- ADVM-022 2x10^{11} vg IVT

**Arm 3**

- Aflibercept 2 mg IVT

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**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

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**Steroid eye drops prophylaxis**

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

**Primary Endpoint assessment**

- **PE**

**End of Study assessment**

- **EOS**

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**www.INFINITYclinicaltrial.com** or

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

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DRSS = Diabetic Retinopathy Severity Score

OCT = Optical Coherence Tomography

CST = Central Subfield Thickness

Recent onset DME

Steroid eye drops prophylaxis*

*https://www.clinicaltrials.gov/ct2/show/NCT04418427
ADVM-022 Acknowledgments

Investigators, study teams and participants

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- Carol Chung PhD