

OPTIC Phase 1 Study of Intravitreal Gene Therapy with ADVIM-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



- ADVIM-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 6×10^{11} vg/eye and 2×10^{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 ($-137.8 \mu\text{m}$)

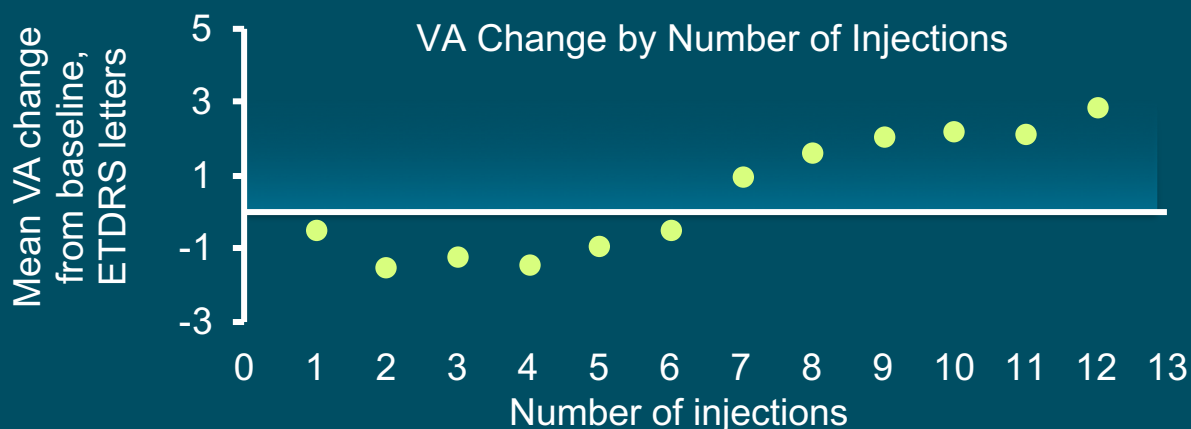
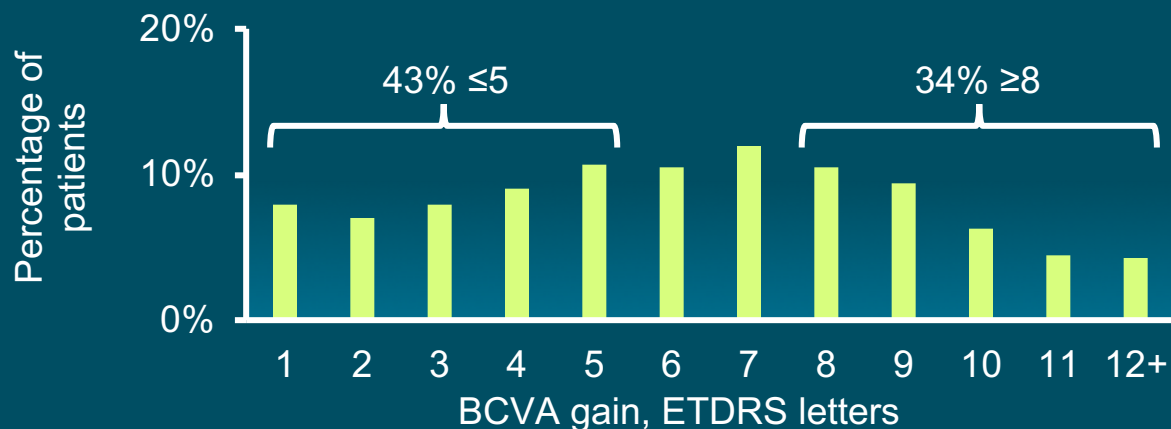
High Treatment Burden Associated with Frequent Injections

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



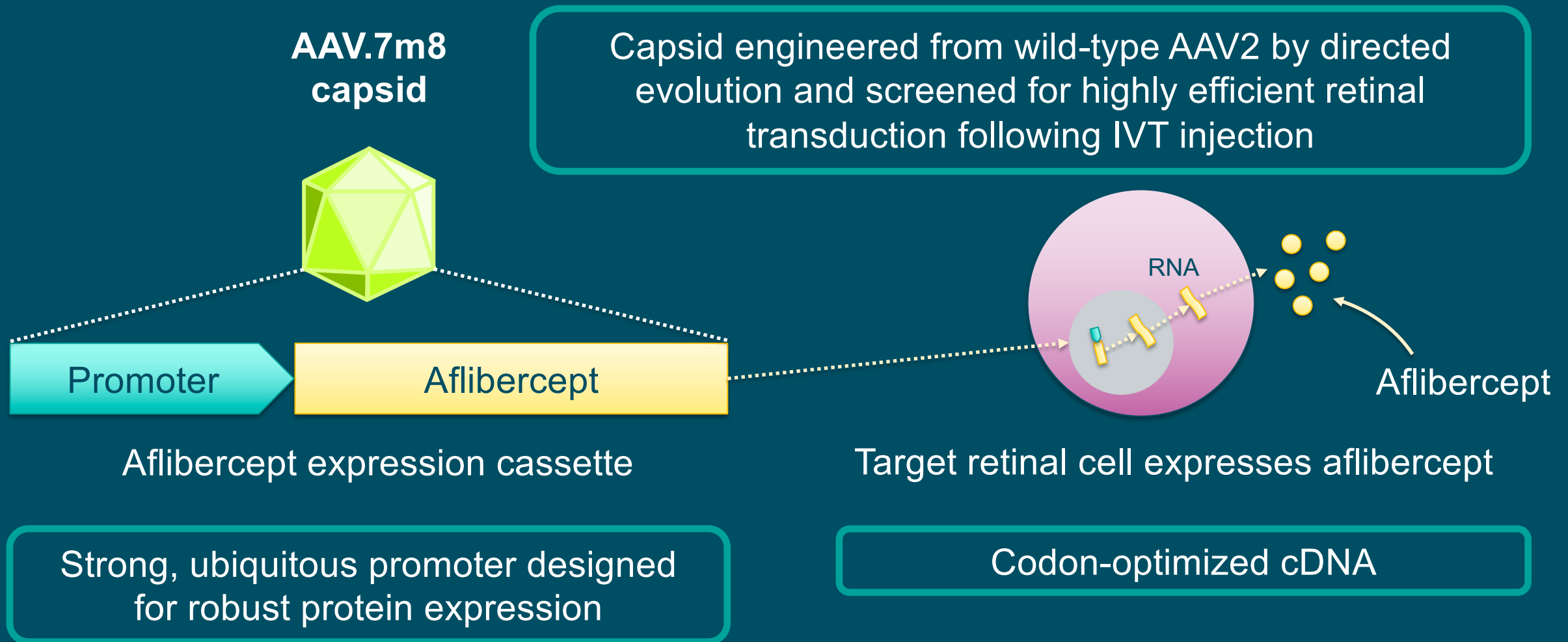
37,021 Eyes of 30,106 US Patients Receiving Routine Intravitreal Anti-VEGF Therapy Over 12 Months

Development Approach to Deliver Long-term Efficacy



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

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



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

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 ADVN-022 in Neovascular AMD



- Primary objective
 - Assess the safety and tolerability of a single IVT injection of ADVN-022
- Secondary objectives
 - Evaluate vision (BCVA)
 - Evaluate anatomy (SD-OCT)
 - Assess the need for rescue therapy



Oral steroid prophylaxis*: Cohort 1 (6×10^{11} vg/eye, n=6) and Cohort 2 (2×10^{11} vg/eye, n=6)

Steroid eye drops prophylaxis**: Cohort 3 (2×10^{11} vg/eye, n=9) and Cohort 4 (6×10^{11} 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 $> 75\mu\text{m}$ 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



	Cohort 1 (N=6)	Cohort 2 (N=6)	Cohort 3 (N=9)
ADVM-022 dose, vg/eye	6×10^{11}	2×10^{11}	2×10^{11}
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	✓	✓	✓
Safety	✓	✓	✓
Efficacy [†]	✓	✓	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

Safety Summary Across Cohorts through April 1, 2020



- No ADVIM-022 or procedure-related serious adverse events (SAEs)
- No ADVIM-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



Adverse events		Cohort 1 (N=6)		Cohort 2 (N=6)		Cohort 3 (N=9)	
		6×10 ¹¹ vg/eye Oral steroids 13-day prophylaxis		2×10 ¹¹ vg/eye Oral steroids 13-day prophylaxis		2×10 ¹¹ vg/eye Steroid eye drops 6-week prophylaxis	
		Subjects	Events	Subjects	Events	Subjects	Events
Ocular	Serious	1	1*	0	0	0	0
	ADVM-022 related**	6	29	5	21	4	8
	Total ocular	6	49	5	32	7	16
Non-ocular†	Serious ‡	1	1	0	0	2	2
	Total non-ocular†	5	17	5	5	4	6

* Retinal detachment (unrelated to ADVM-022)

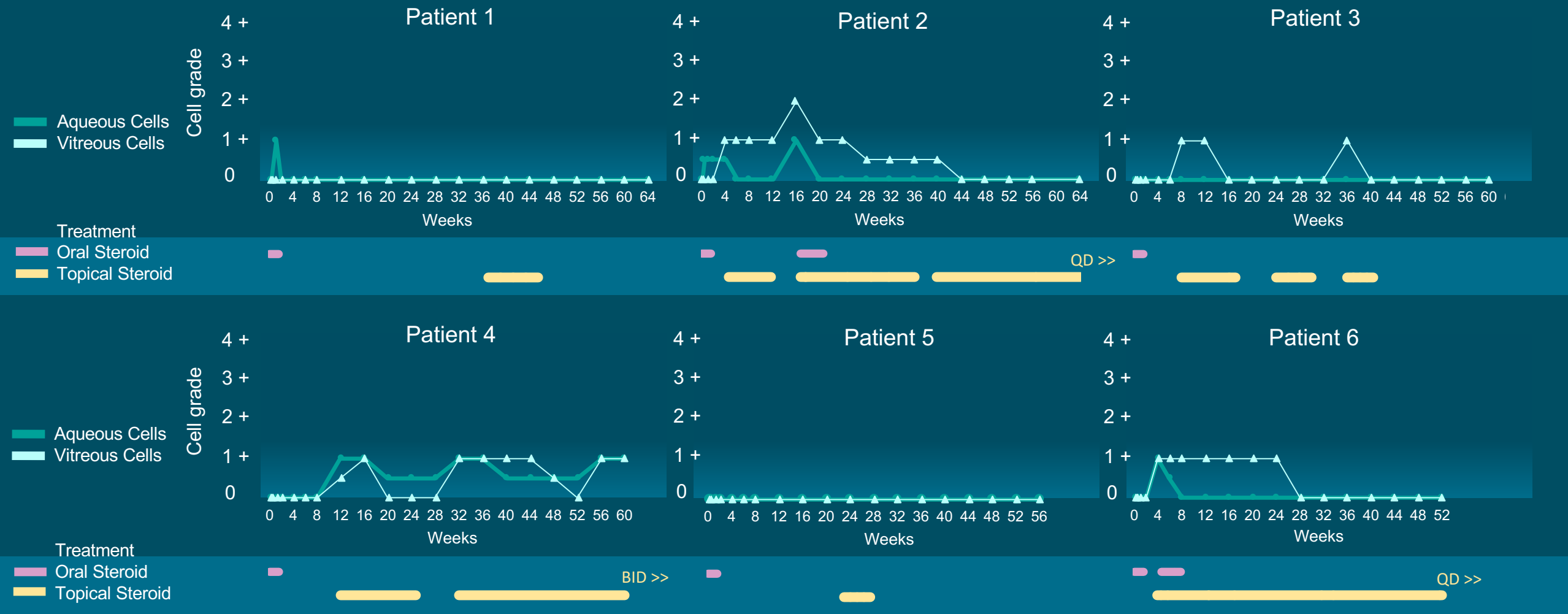
** ADVM-022 related ocular events were mild (69%) or moderate (31%)

† 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

Cellular Inflammation Assessed by Slit Lamp Examination

Cohort 2: Inflammation Responsive to and Managed with 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
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Cellular Inflammation Assessed by Slit Lamp Examination

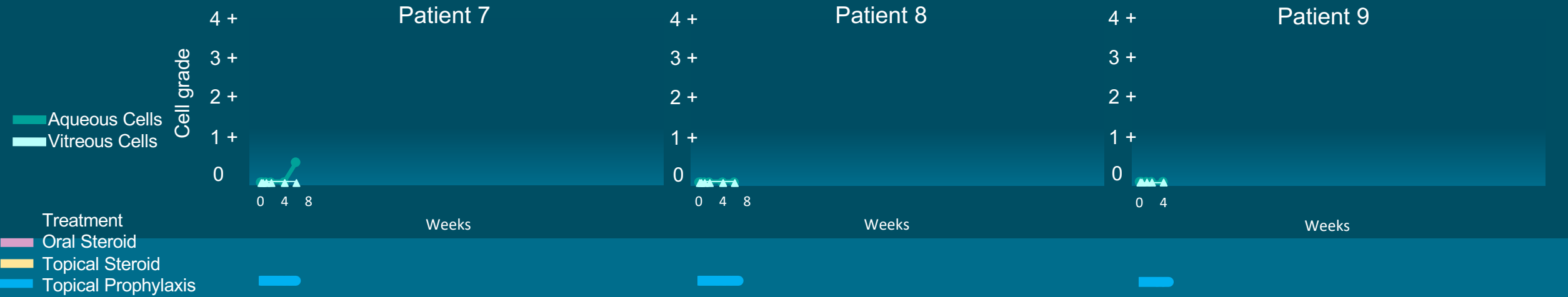
Cohort 3 (patients 1-6): Minimal Inflammation with Steroid Eye Drops Prophylaxis



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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



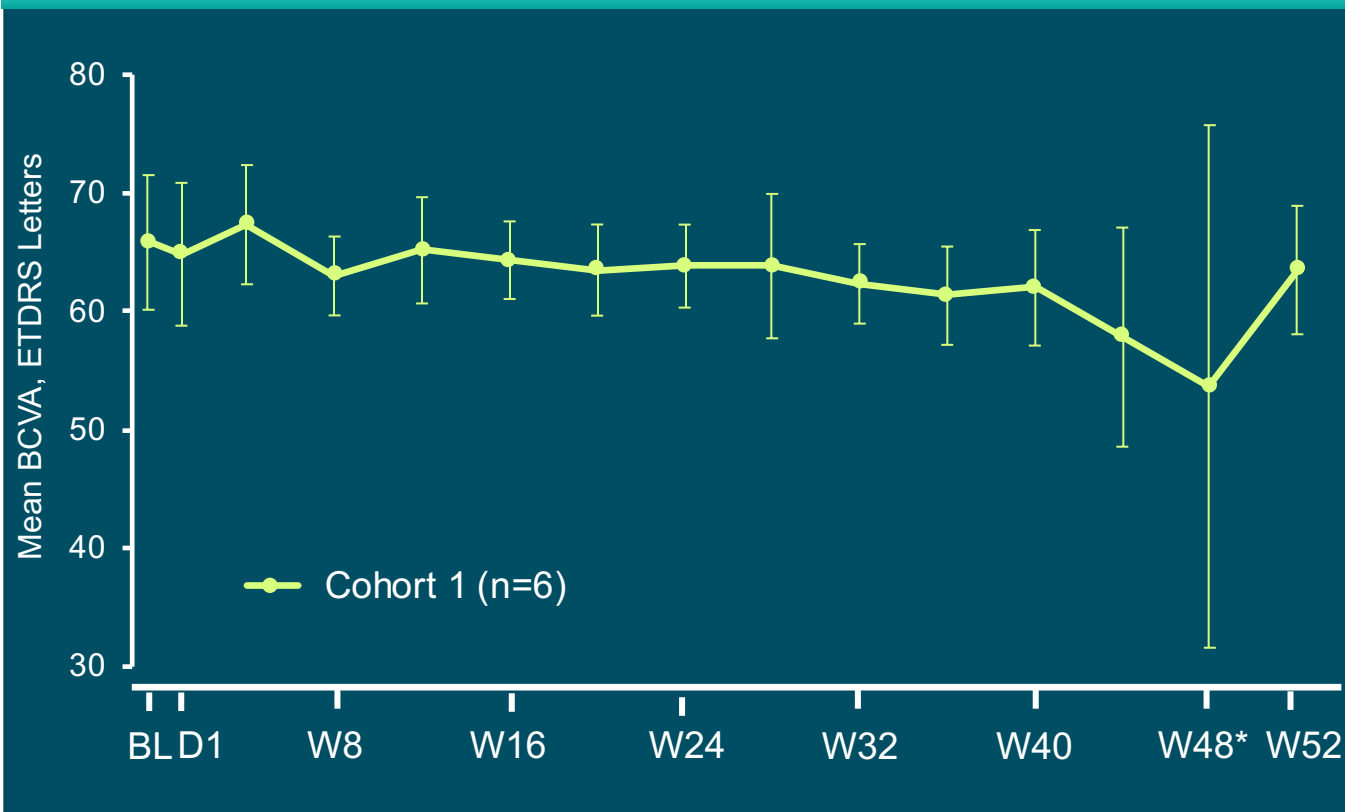
Patients 7-9 Notes:

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

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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

Mean (90% CI) by Visit through Week 52



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

Mean (90% CI) by Visit through Week 52



Latest Outcomes through April 1, 2020

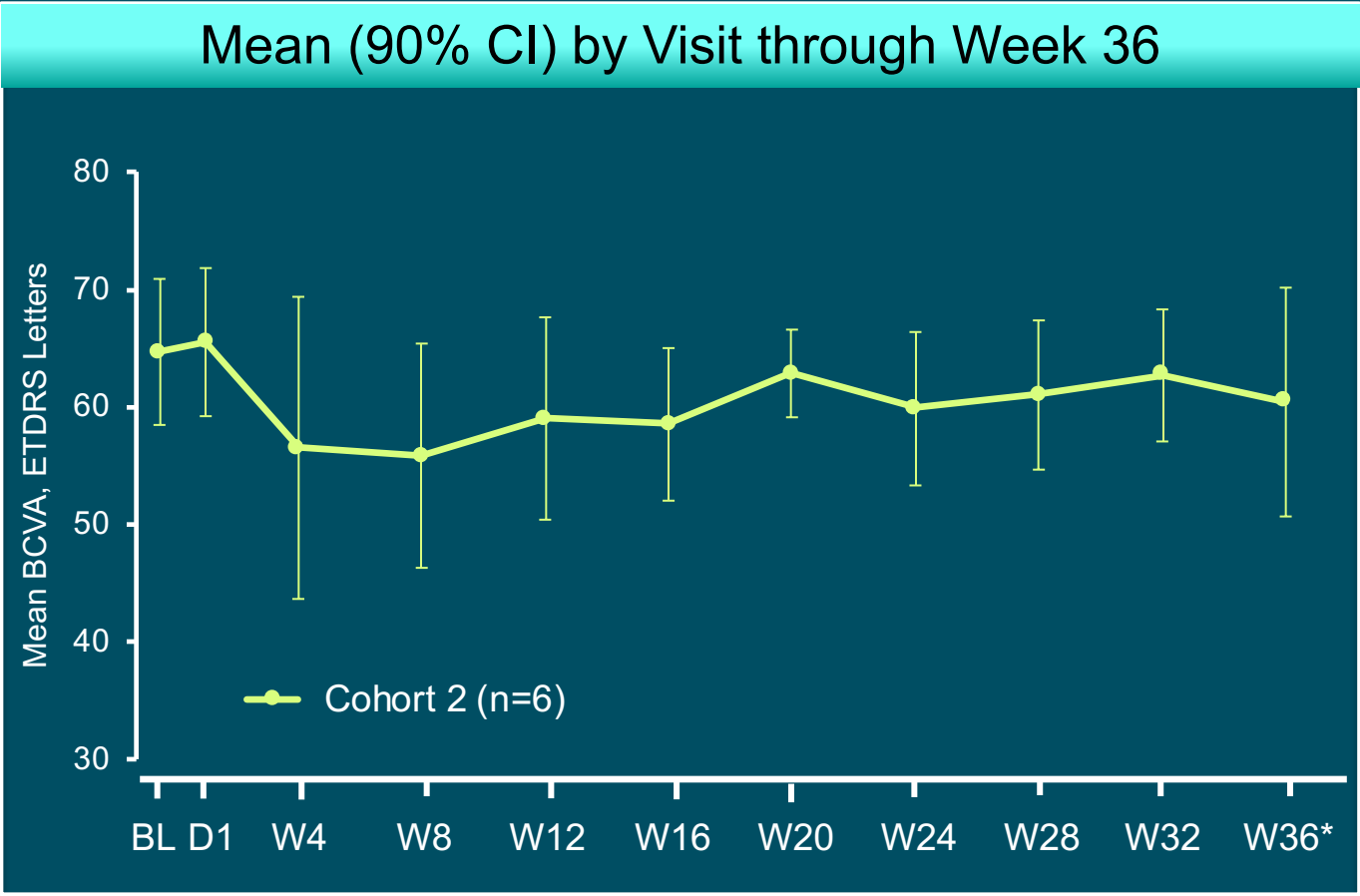
Follow-up	52–64 weeks (median 60)
Rescue-free patients	100% (6/6)
Mean CST change from baseline:	
All patients:	–26.2μm

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADVN-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



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

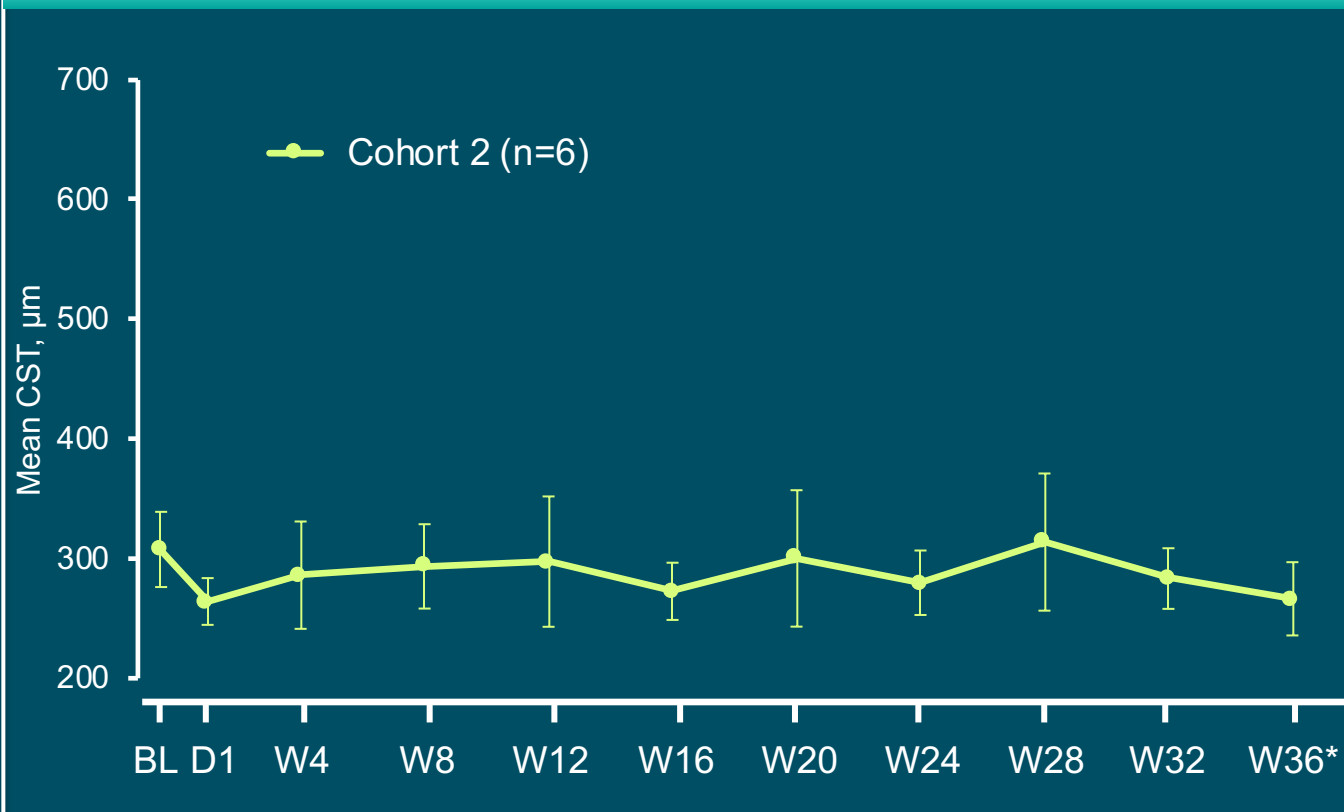
Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADVN-022 IVT (Day 1); *One patient missed Week 36 visit.

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

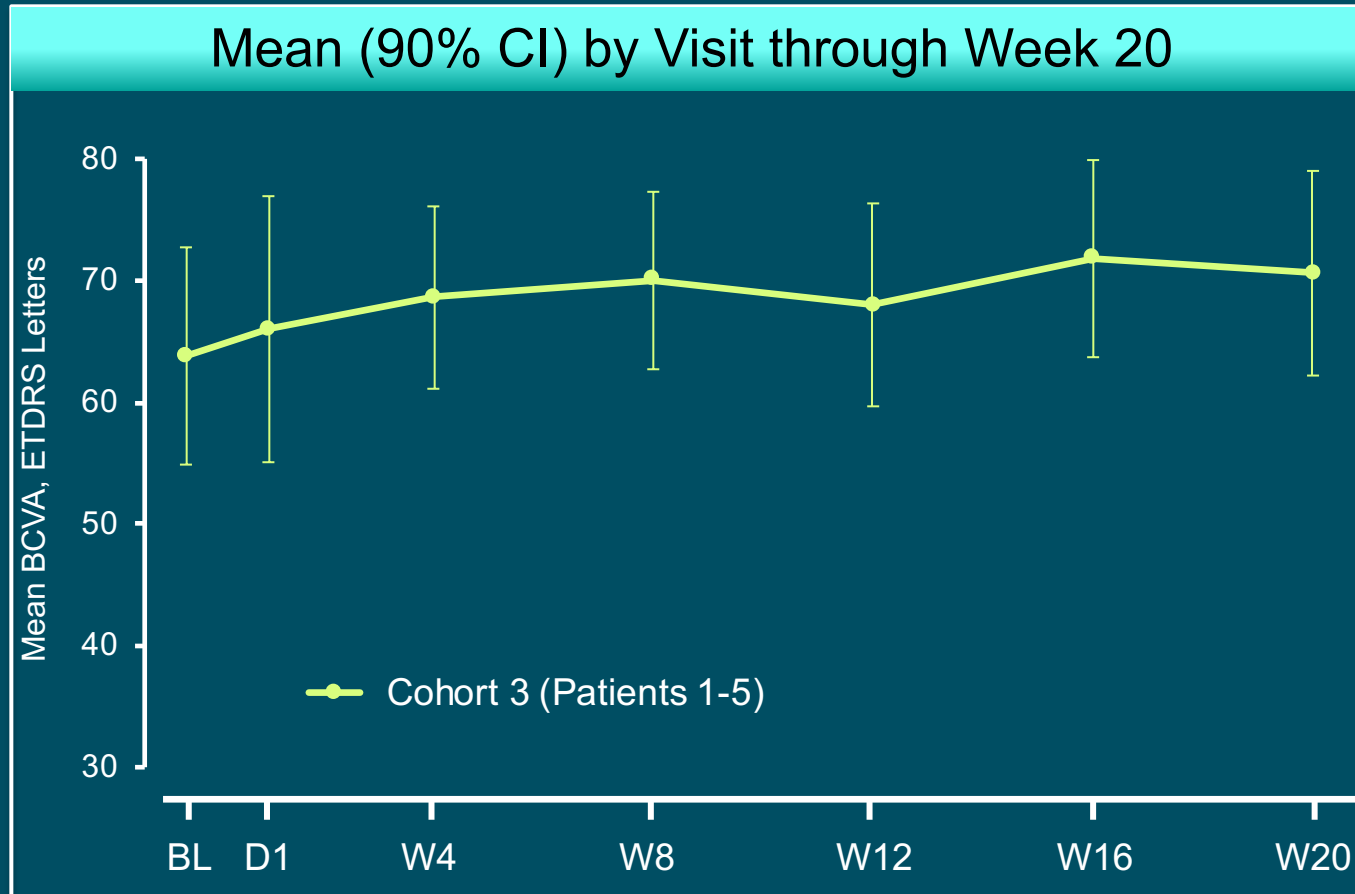
Follow-up	32–40 weeks (median 36)
Rescue-free patients	67% (4/6)
Mean CST change from baseline:	
All patients:	–40.8μm
Rescue-free patients:	–30.0μm

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADV-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)

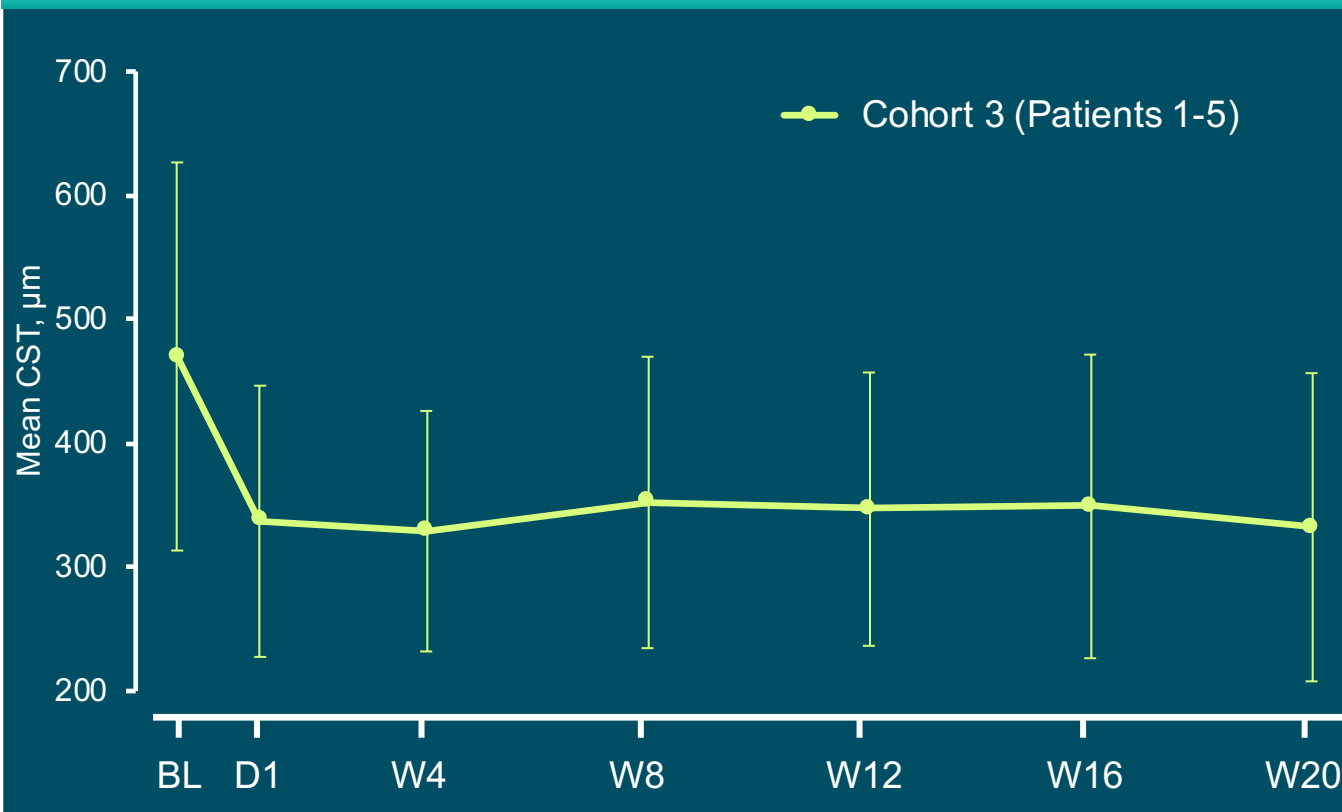


Latest Outcomes through April 1, 2020	
Follow-up	20 weeks for patients 1–5
Rescue-free patients	80% (4/5)
Mean BCVA change from baseline:	
All patients:	+6.8 letters
Rescue-free patients:	+8.8 letters

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADVIM-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

Follow-up	20 weeks for patients 1–5
Rescue-free patients	80% (4/5)
Mean CST change from baseline:	
All patients:	–137.8μm
Rescue-free patients:	–149.8μm

Aflibercept 2mg IVT administered at baseline, 7–15 days prior to ADV-002 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

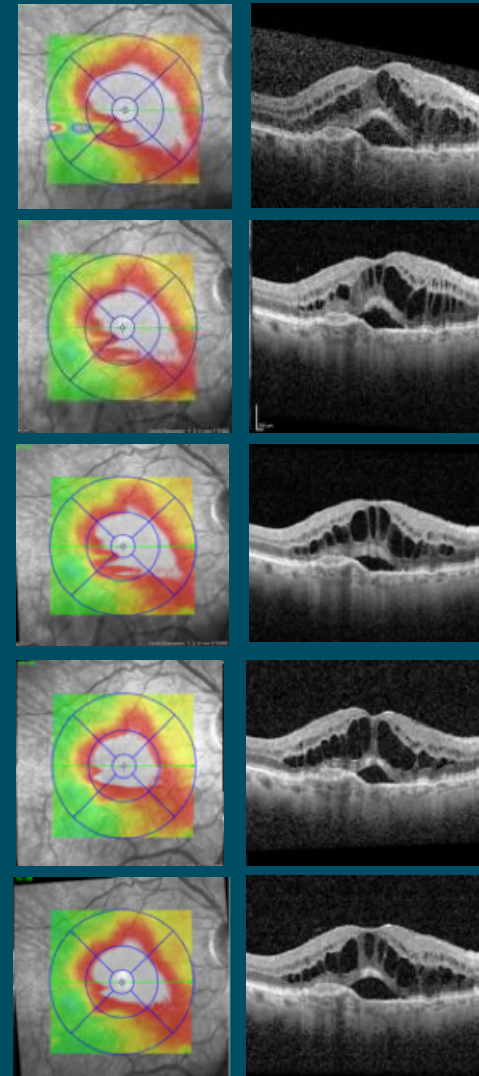
Persistent fluid despite frequent anti-VEGF injections

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

82 year old male	
Previous IVT, n	19
IVT in last 12 months, n	9



Weeks prior to
ADVIM-022



–30 weeks



–25 weeks



–20 weeks



–15 weeks



–10 weeks



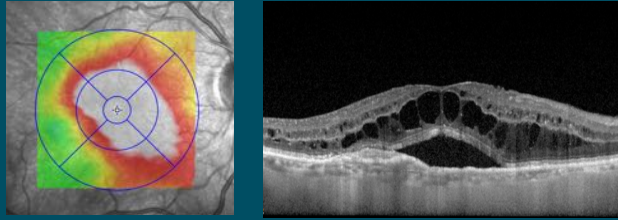
Aflibercept injections

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

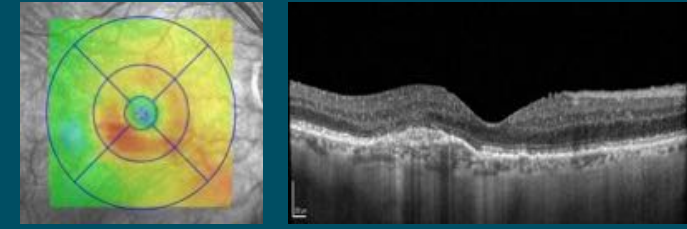
Case Study: Cohort 3, Subject 5


Rapid and sustained anatomical improvements

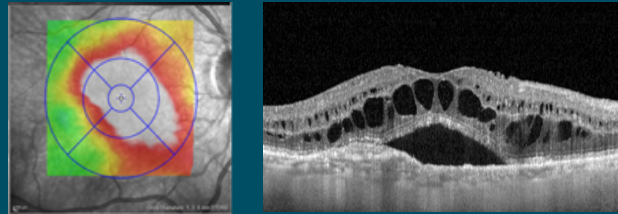
–3 weeks
Screening
BCVA: 77 letters
CST: 678 μ m



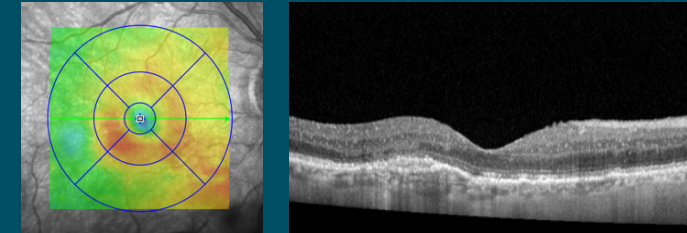
+6 weeks
BCVA: 79 letters
CST: 252 μ m




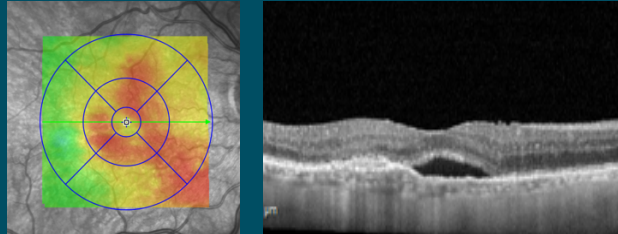
 Aflibercept IVT
–2 weeks
BCVA: 75 letters
CST: 664 μ m



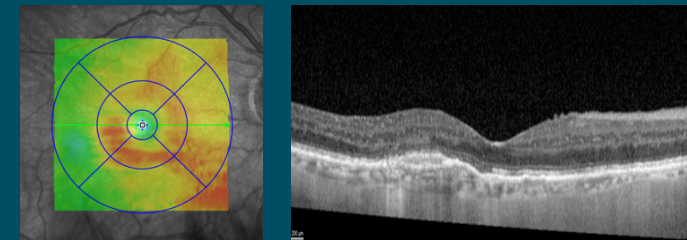
+12 weeks
BCVA: 81 letters
CST: 257 μ m



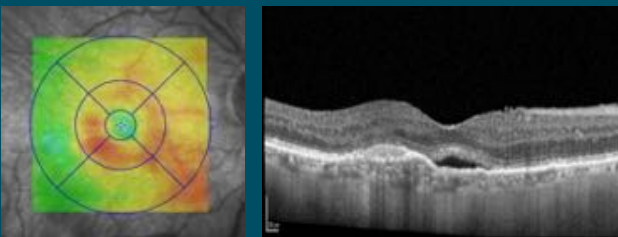
 ADVM-022
0 weeks
BCVA: 82 letters
CST: 355 μ m



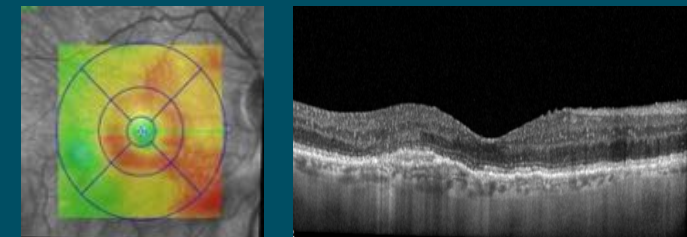
+16 weeks
BCVA: 82 letters
CST: 258 μ m



+1 week
BCVA: 80 letters
CST: 338 μ m

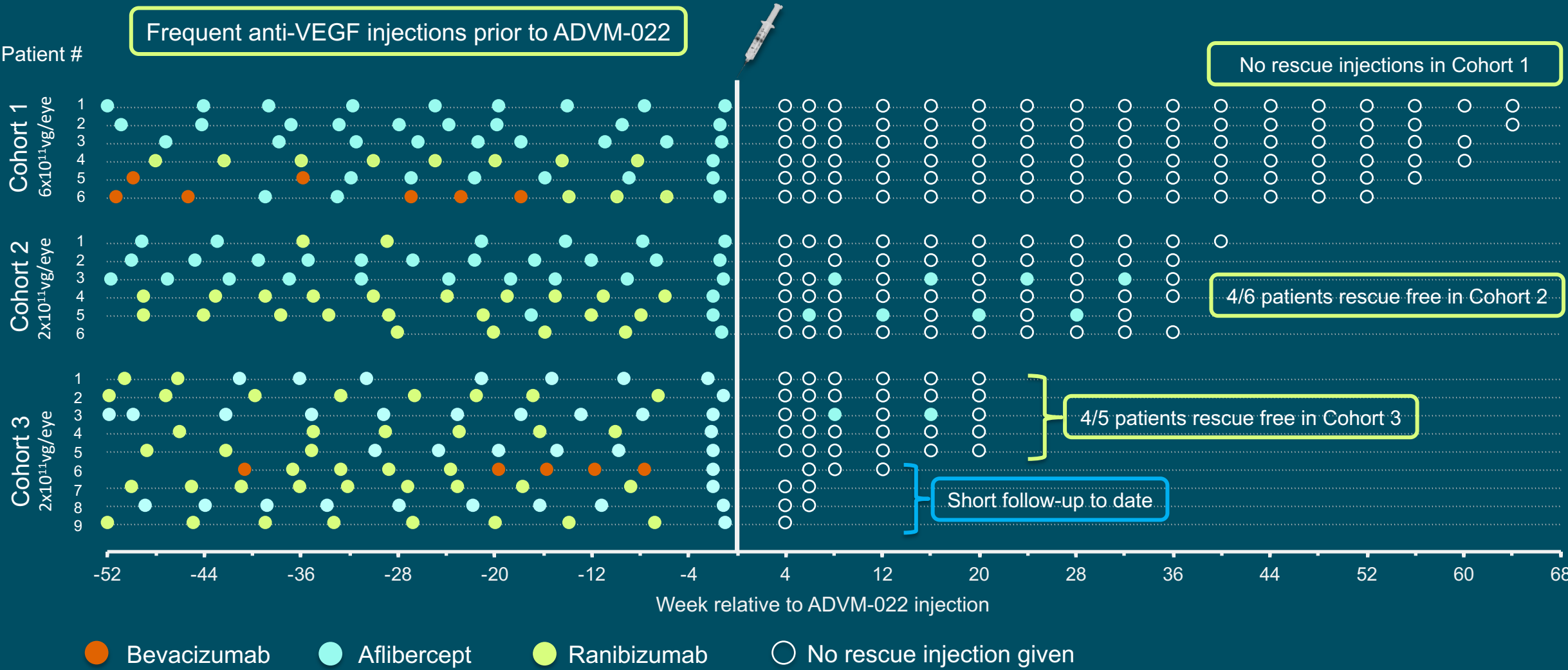


+20 weeks
BCVA: 82 letters
CST: 266 μ m



Long-term Durability with Zero Rescue Injections in Cohort 1

8/11* Patients Rescue-free across Cohorts 2 and 3



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

Conclusions



- ADVIM-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:
 - 6×10^{11} vg/eye: 6/6 patients rescue injection free
 - 2×10^{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 ($-137.8\mu\text{m}$)
- ADVIM-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

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

Day 1:
Aflibercept/Sham



Day 8:
ADVM-022/Sham



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 μ m from best prior CST

Screening and randomization

Clinical assessments with rescue aflibercept from week 8

Weeks: 4 8 12 16 20 24 PE** 28 32 36 40 44 48 EOS***

Steroid eye drops
prophylaxis*

Arm 1

ADVM-022
6x10¹¹ vg
IVT

Arm 2

ADVM-022
2x10¹¹ vg
IVT

Arm 3

Aflibercept
2 mg
IVT

Recent
onset
DME



DRSS = Diabetic Retinopathy Severity Score
OCT= Optical Coherence Tomography
CST = Central Subfield Thickness

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

**PE= Primary Endpoint assessment

***EOS= End of Study assessment

ADVM-022 Acknowledgments



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- Carol Chung PhD

