

INTRAVITREAL INJECTION OF ALLOGENEIC HUMAN RETINAL PROGENITOR CELLS (jCELL) FOR TREATMENT OF RETINITIS PIGMENTOSA: *RESULTS FROM THE PHASE 2B TRIAL*

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ON BEHALF OF THE STUDY INVESTIGATORS

Financial Disclosures

- CLINICAL RESEARCH

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- CONSULTANT

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Summary

- **Single Intravitreal injection of jCell** (allogeneic Human Retinal Progenitor Cells) demonstrated promising results in visual acuity improvement in the per protocol population with the 6M dose (+7.4 letters) compared to sham (+2.8 letters) at Month 12 in a Phase 2b study
- Identified **target population** showed clinically significant improvement in visual acuity in the 6M dose (+16.3 letters) as compared to sham (+1.9 letters) at Month 12
 - All **functional endpoints** showed similar trends
- Intravitreal administration of jCell was **well tolerated with a good safety profile**
- These results support development of
 - **Phase 2 study**: subjects from this study will be re-dosed
 - **Phase 3 study**
- FDA granted Regenerative Medicine Advance Therapy (**RMAT**) **designation** for jCell

Retinitis Pigmentosa

- Diseases caused by genetic mutations resulting in progressive loss of photoreceptor cells (rods then cones), pathological migration of retinal pigment epithelial cells and other degenerative changes in the retina
- Rare diseases that affect 1:4000 individuals (\approx 1.9MM worldwide)
- Often diagnosed in childhood or adolescence with most patients rendered legally blind by middle age
- Beyond for a small subset of patients with RPE65 mutations, there is no current treatment for retinitis pigmentosa
 - Gene therapy (voretigene neparvovec-rzyl) targets this specific mutation

Human Retinal Progenitor Cells (hRPC): *jCell*

- Intravitreal injection of *allogeneic hRPC (jCell)* is a novel approach for treatment of RP
- RPCs provide **sustained expression** of **neurotrophic factors** that are mediators of neuronal survival
 - Transplanted RPCs modulate the ocular microenvironment via neurotrophic factors to **reduce photoreceptor death** and **promote function of surviving photoreceptors**
- *jCell*'s **paracrine mechanism** may result in significant slowing of host photoreceptor loss, **agnostic to genetic subtype**
 - Phase 1/2a dose escalation 12-month trial demonstrated a favorable safety profile and suggestion of treatment benefit

Study Design Phase 2b

Subjects ≥ 18 years of age with

- Clinical diagnosis of RP and ETDRS protocol BCVA of 20/80 - 20/800 in the study eye
- Absence of
 - Macular edema
 - Other ocular disease other than RP that impairs visual function



84* subjects randomized 1:1:1 at 3 US sites¹



Sham Control
 $n=29$

3.0×10^6 jCell
 $n=27$

6.0×10^6 jCell
 $n=27$



*Follow up visits @ 1, 7, 28 days
and 3, 6, 9, 12 months post-treatment*

Primary Endpoint
Mean change in BCVA from baseline to 12 months

*1 subject received 4.0×10^6 dose per the original study design; protocol amendment changed high dose group from 4.0×10^6 to 6.0×10^6

¹ UCI /Gavin Herbert Eye Institute, Irvine, CA; Retina Vitreous Associates Medical Group, Los Angeles, CA; Ophthalmic Consultants of Boston, Boston, MA

Per Protocol Population

Randomized Population (n=83)	Sham (n=29)	3.0 x 10 ⁶ jCell (n=27)	6.0 x 10 ⁶ jCell (n=27)
Lost to follow-up, n	1	1	1
Pre-existing ophthalmic conditions meeting pre-specified exclusionary criteria, n	1	2*	1
Medical event unrelated to study treatment precluding Month 12 assessments, n	0	0	1
Different treatment than assignment, n	1	0	1
Per Protocol Population (n=74)	26 (89.7%)	25 (92.6%)	23 (85.2%)

*1 subject that was lost to follow up also had pre-existing ophthalmic conditions meeting pre-specified exclusion criteria

Study Endpoints

Primary Endpoint:

Mean change in ETDRS protocol BCVA from baseline to 12 months

Secondary Endpoints:

- **Low Light Mobility:** Identify the lowest light level at which the patient can functionally navigate the maze – Critical Illumination Level (CIL)
- **Kinetic Visual Field:** Map patient's "islands" of remaining vision to capture total area of field
- **Contrast Sensitivity:** Innovative test that utilizes computer technology to display gratings of various size and contrast
- **Vision Related Quality of Life Questionnaire (VA LV VFQ-48):** Measure visually impaired persons' difficulty in performing daily activities

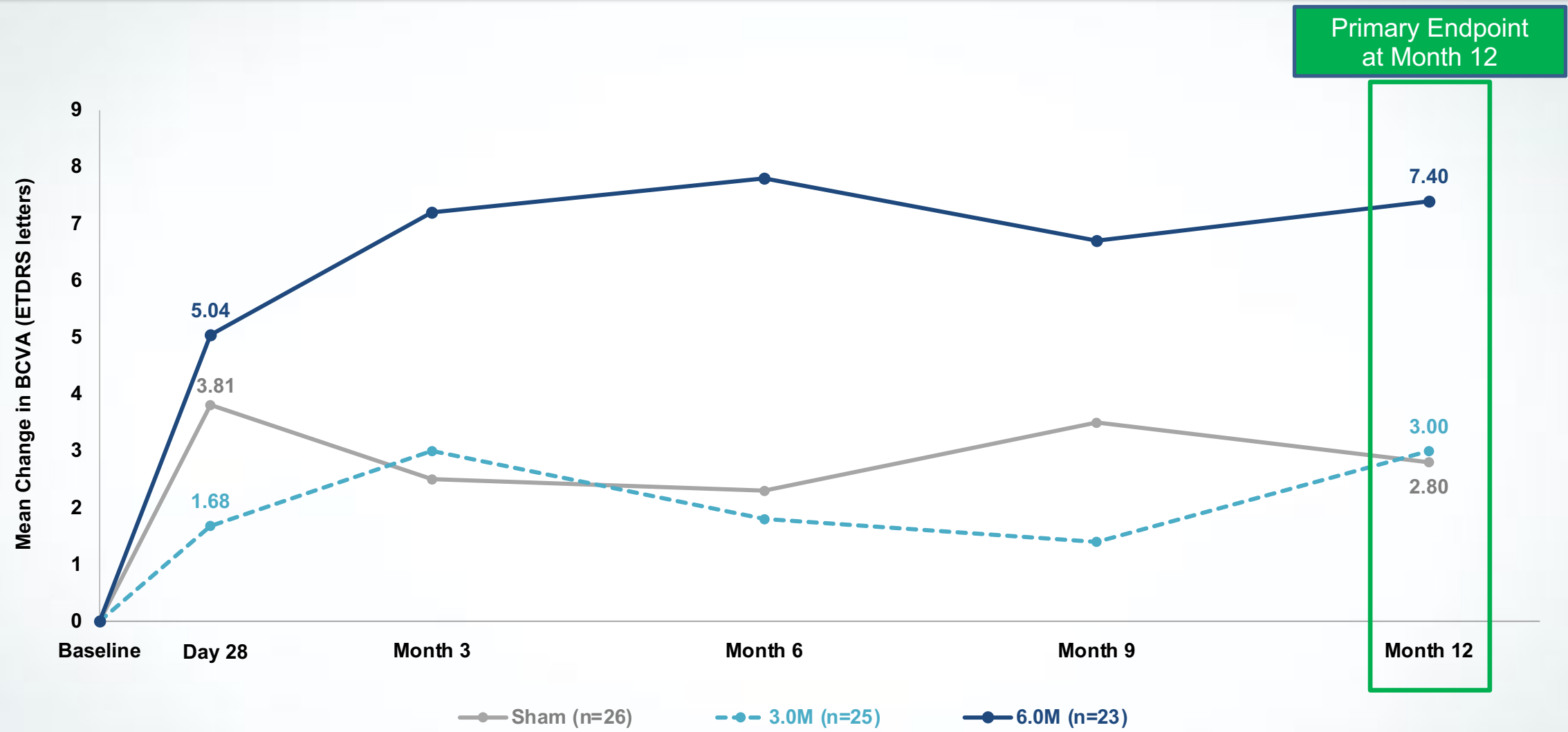


Baseline Characteristics

	Sham (n=26)	3.0 x 10 ⁶ jCell (n=25)	6.0 x 10 ⁶ jCell (n=23)
Age, mean (SD), years	52.3 (12.0)	46.4 (14.8)	41.3 (12.4)
Sex, n (%), female	6 (23.1)	13 (52.0)	10 (43.5)
Race, n (%), White	20 (76.9)	21 (84.0)	17 (73.9)
BCVA, ETDRS letters			
Mean (SD)	27.3 (18.4)	29.8 (17.6)	32.5 (16.4)
<i>Snellen Equivalent</i>	~20/320	~20/250	~20/250
Range	58.0 – 1.0	56.0 – 3.0	54.0 – 2.0
<i>Snellen Equivalent</i>	~ 20/80 - <20/800	~ 20/80 - <20/800	~ 20/80 - <20/800

Mean Change in Best-Corrected Visual Acuity (*Per Protocol Population*)

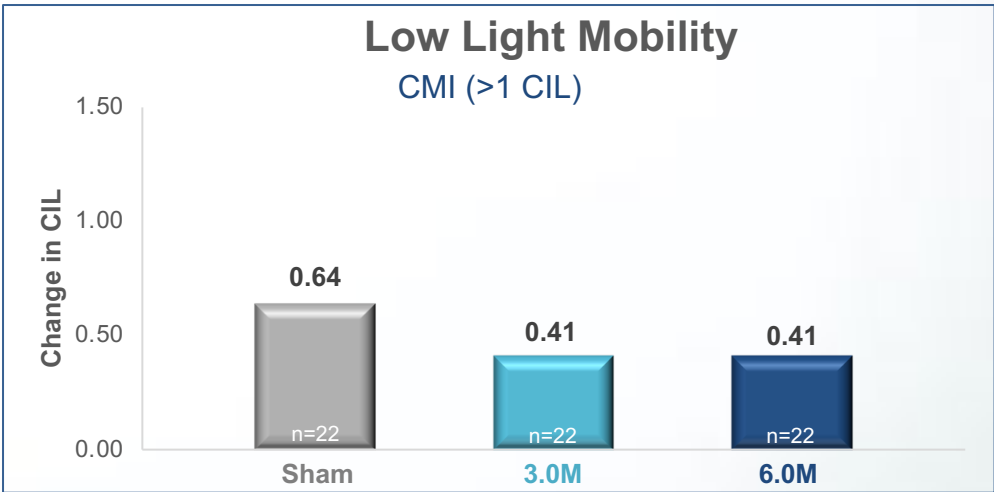
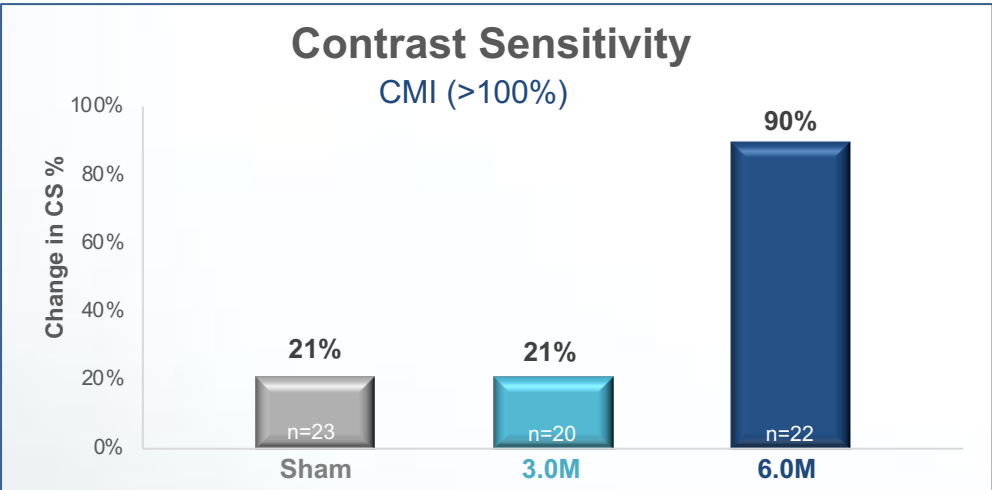
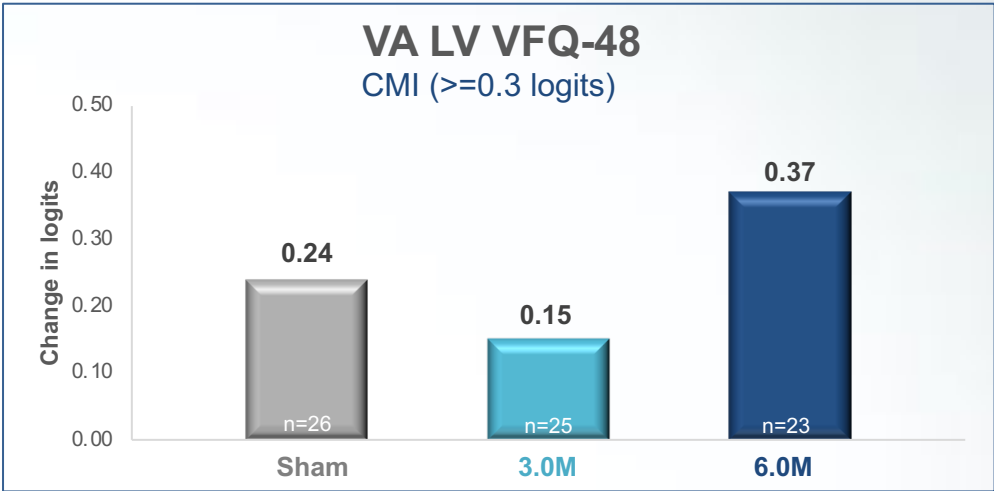
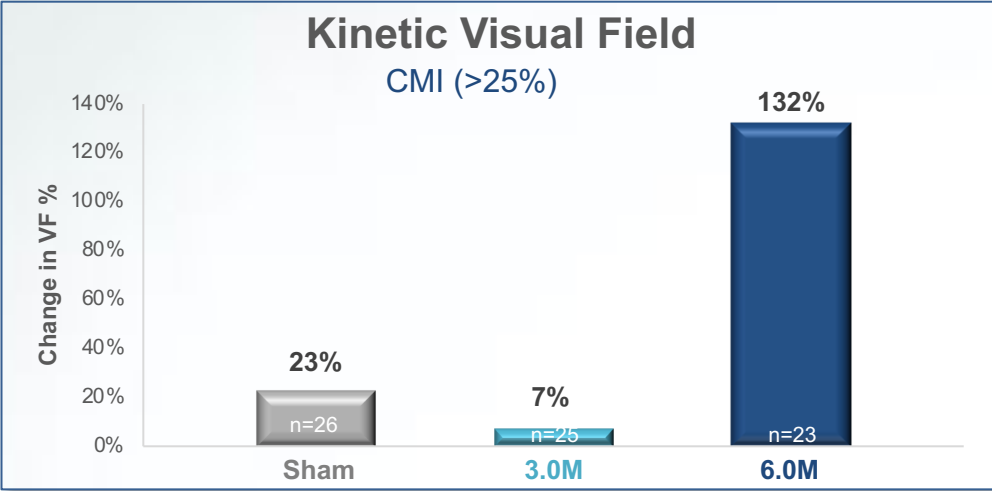
Baseline to 12 Months



Per Protocol Population (n=74)
 $p = 0.10$ (6.0M vs sham at month 12)

Secondary Outcomes: Mean Change in Visual Function (Per Protocol Population)

Baseline to 12 Months

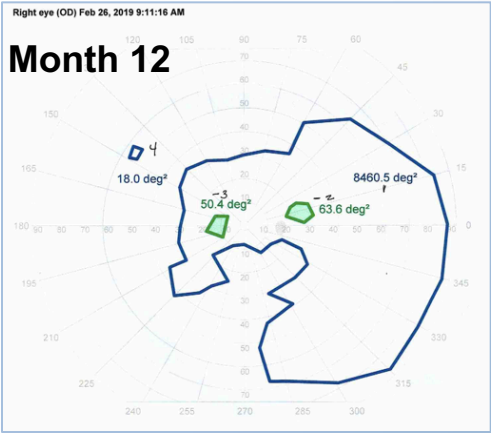
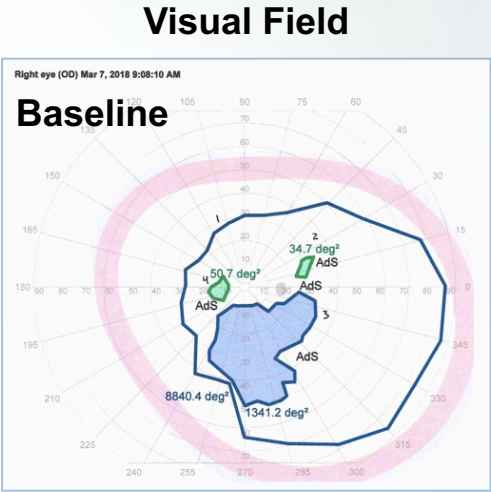
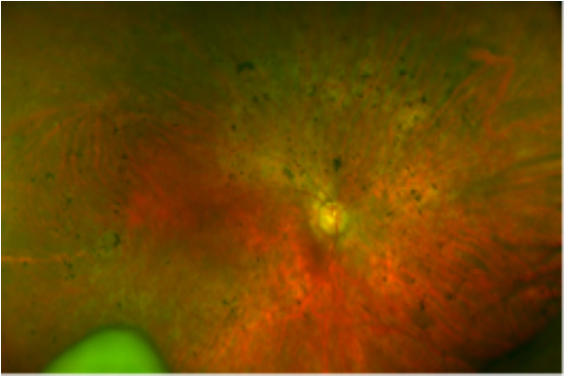
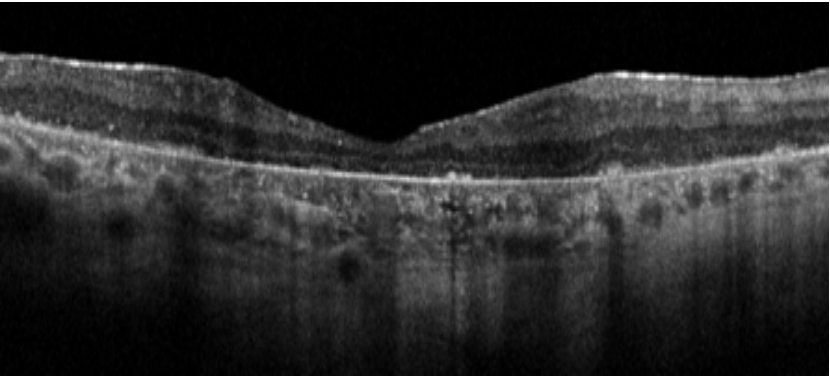


Per Protocol Population (n=74): Subjects must post a Baseline and Month 12 value to be included in an analysis
CMI: Clinically Meaningful Improvement based on literature and validation studies (data on file)
None were statistically significant

Subject 1: 6.0M, Age 41

Study Eye: OD

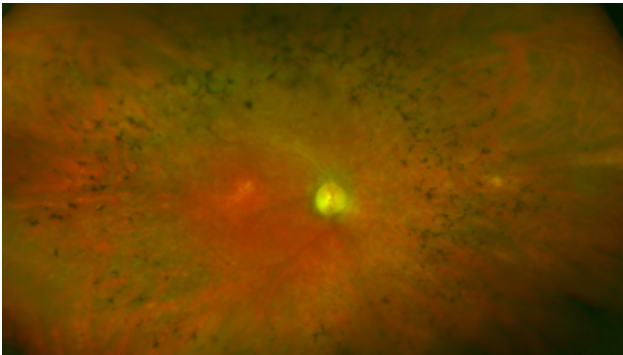
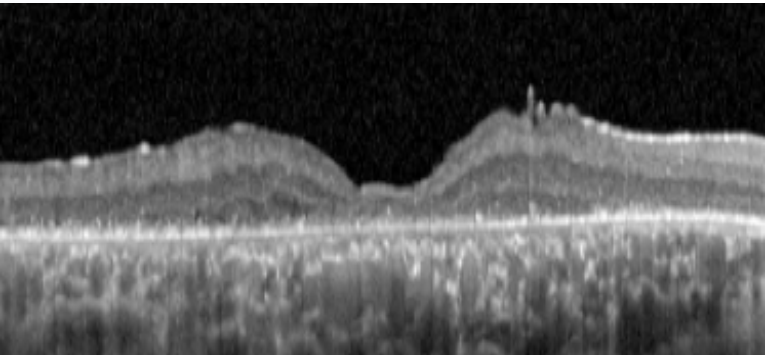
	Baseline	Month 12	Change
BCVA, ETDRS letters <i>Snellen Equivalent</i>	36 ~20/200	54 ~20/80	+18
Critical Illumination Level, lux	125	63	1 level
Visual Field, area	7414	8365	12.82 %
Contrast Sensitivity, peak	1.9	2.3	18.30 %
VFQ, logit	0.24	0.45	0.2



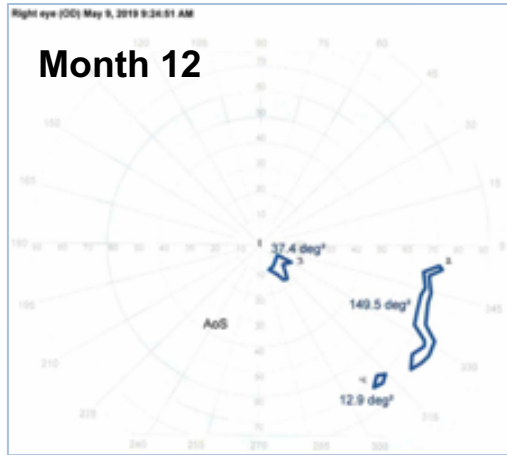
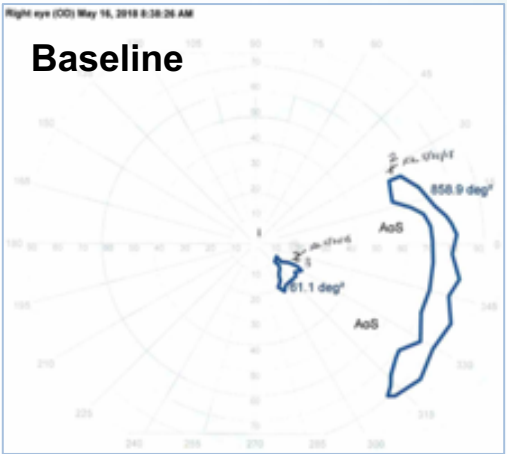
Subject 2: 6.0M group, Age 44

Study Eye: OD

	Baseline	Month 12	Change
BCVA, ETDRS letters <i>Snellen Equivalent</i>	13 ~20/640	8 ~20/800	-5
Critical Illumination Level, lux	Unable (no pass)	Unable (no pass)	n/a
Visual Field, area	920	200	-78.28%
Contrast Sensitivity, peak	1.5	1.3	-12.78%
VFQ, logit	-0.456	-0.498	-0.043



Visual Field

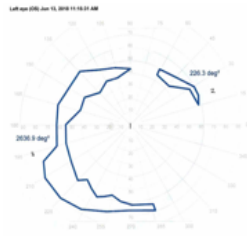


Identification of Target Population

Criteria established for subjects that can't be reliably measured based on literature and validation study*

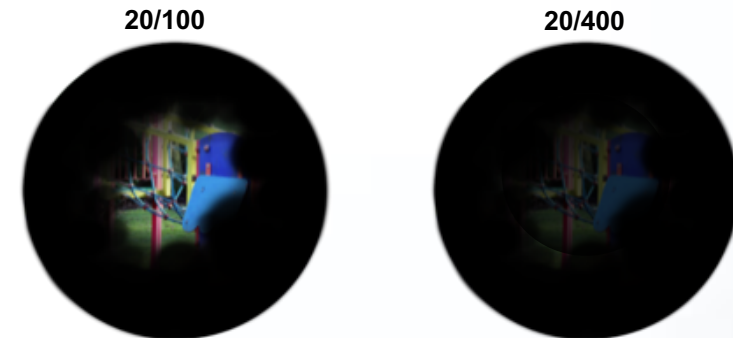
Inability to maintain fixation

- **No central vision**
 - Peripheral islands or unsteady fixation scotoma/nystagmus unreliable
- **Constricted field <12 degrees**
 - VF Variability, same visit test-retest¹
 - 19.2% for VF >14 degrees,
 - 32.8% when include subjects with <14 degrees
 - Validation study* (n=20)
 - Mobility test variability in 5 subjects with VF<12 degrees



Study eye significantly worse than fellow eye

- **>3 lines difference**
 - Worse eye is variable and can improve in function when it has been suppressed from disuse^{2,3,4,5,6}



>15 letters difference between eyes

¹Bittner et al 2011; ²Kong et al, 2017; ³Sunness et al 2000; ⁴Sunness et al 2014; ⁵Kim et al, 1996; ⁶Cotter et al, 2006

*Data on file

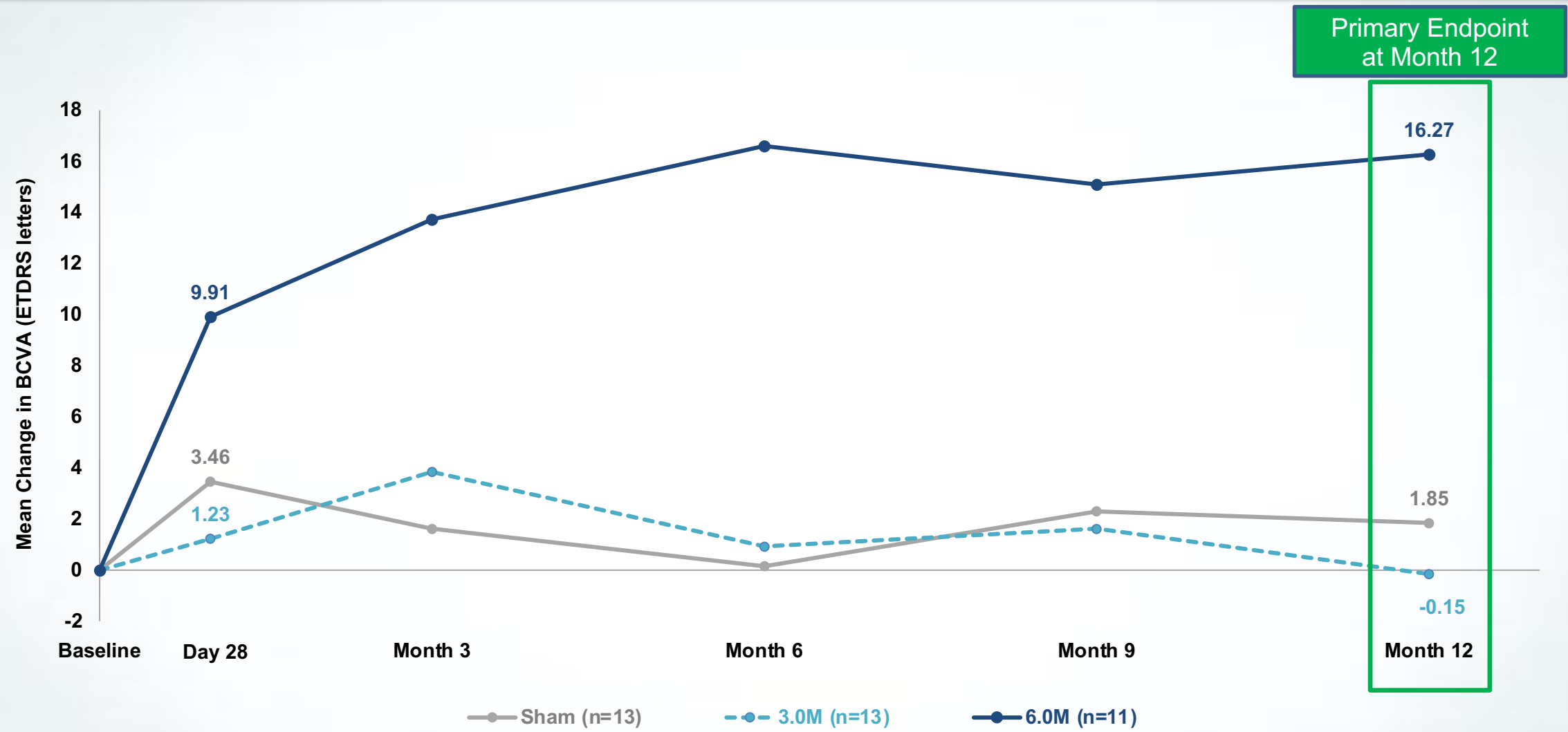
Target Population

Per protocol population (n=74)	Sham (n=26)	3.0 x 10 ⁶ jCell (n=25)	6.0 x 10 ⁶ jCell (n=23)
No central vision, n	7	3	3
Constricted field <12 degrees, n	4	1	4
>3 lines difference between fellow eye and study eye, n	5	8	7
Target Population (n=37)	13 (50.0%)	13 (52.0%)	11 (47.8%)

Subjects meeting multiple criteria: 3 subjects in sham group; 2 subjects in 6M group

Mean Change in Best-Corrected Visual Acuity (Target Population)

Baseline to 12 Months



Target Population (n=37)
 $p < 0.01$ (6.0M vs sham at month 12)

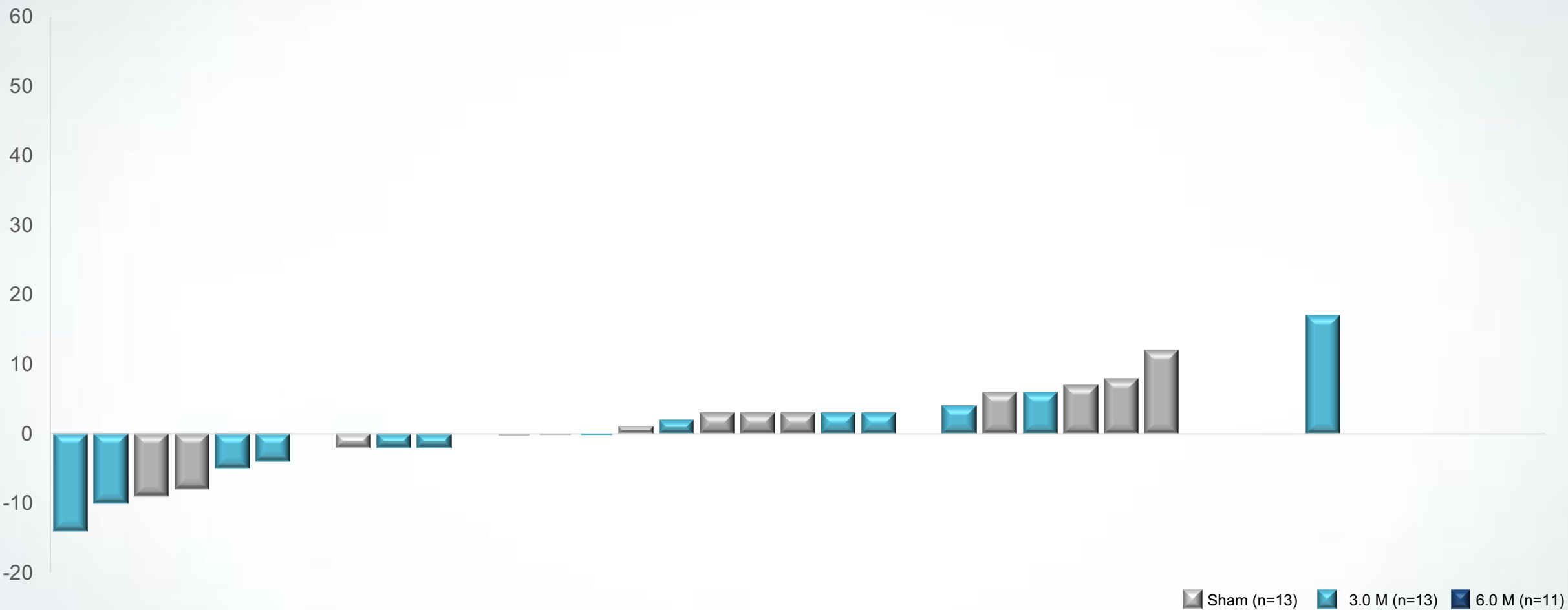
Change in Best-Corrected Visual Acuity (*Target Population*)

Baseline to 12 Months



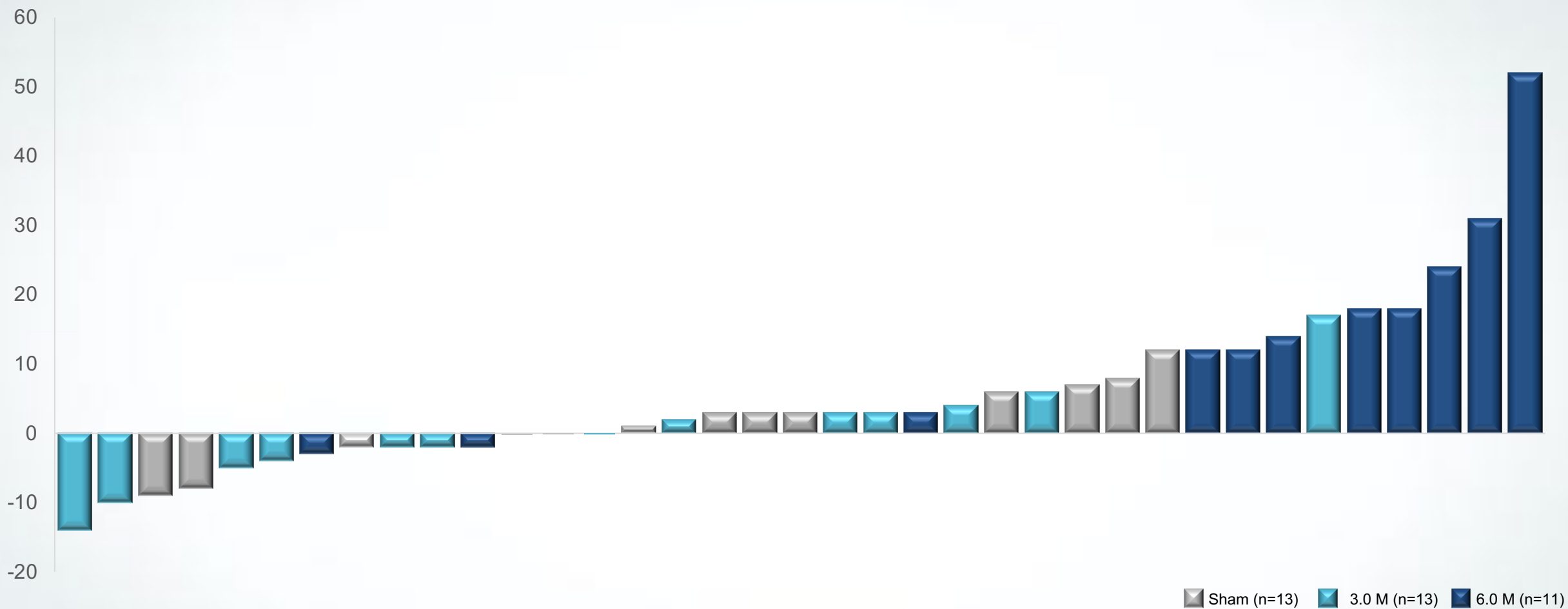
Change in Best-Corrected Visual Acuity (*Target Population*)

Baseline to 12 Months



Change in Best-Corrected Visual Acuity (*Target Population*)

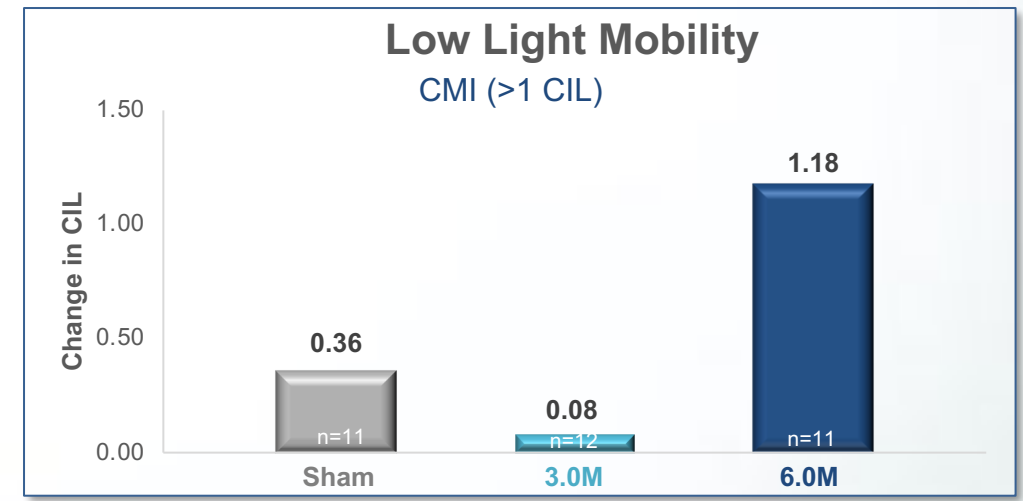
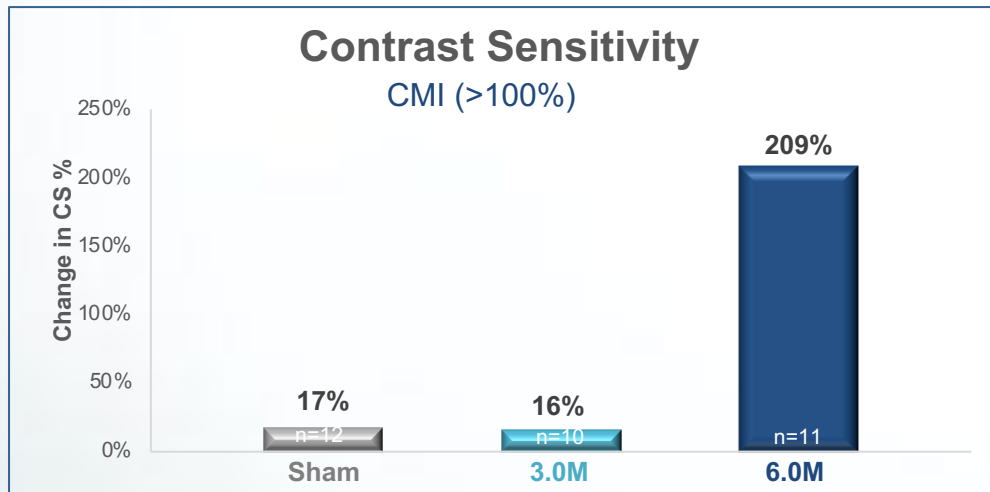
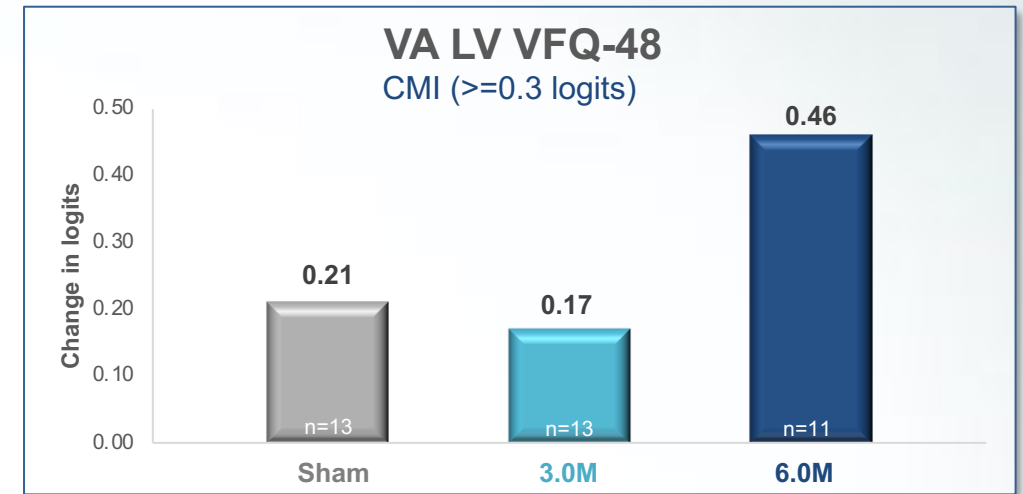
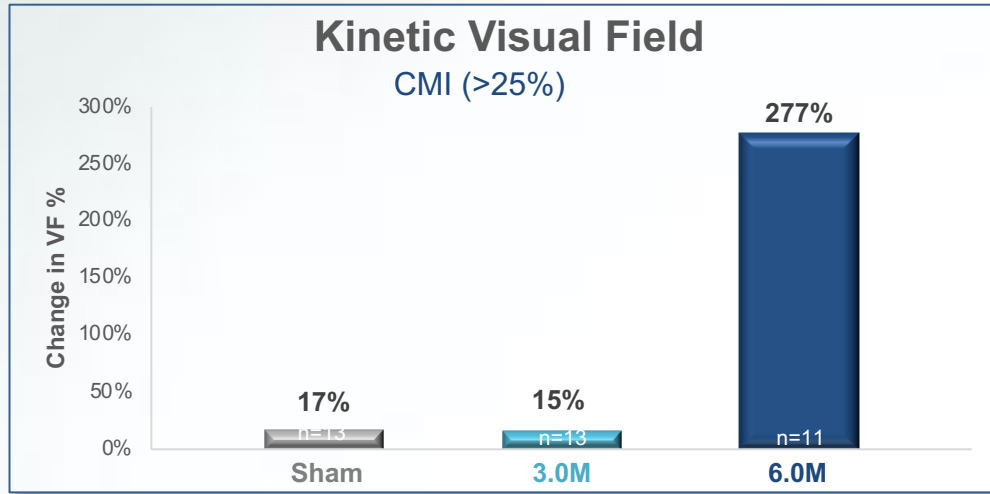
Baseline to 12 Months



Target Population (n=37)

Mean Change in Visual Function (*Target Population*)

Baseline to 12 Months



Target Population (n=37)
Subjects must post a Baseline and Month 12 value to be included in an analysis
CMI: Clinically Meaningful Improvement based on literature and validation studies (data on file)
None were statistically significant

Safety:

Treatment Emergent Adverse Events Related To Study Drug Through Month 12

	Sham (N=29)	3.0 x 10 ⁶ jCell (N= 27)	6.0 x 10 ⁶ jCell (N= 27)
Subjects with at least one drug-related TEAE, n (%)	7 (24.1%)	14 (51.9%)	13 (48.1%)
Preferred Term			
Altered visual depth perception	0	0	1 (3.7 %)
Anterior chamber flare	0	0	3 (11.1 %)
Anterior chamber inflammation	0	0	1 (3.7 %)
Conjunctival hemorrhage	5 (17.2 %)	8 (29.6 %)	6 (22.2 %)
Cystoid macular edema	0	1 (3.7 %)	0
Eye irritation	0	0	2 (7.4 %)
Eye pain	0	3 (11.1 %)	1 (3.7 %)
Intraocular Pressure Increased	1 (3.4 %)	1 (3.7 %)	1 (3.7 %)
Iridocyclitis	0	1 (3.7 %)	0
Iris adhesions	0	1 (3.7 %)	1 (3.7 %)
Iris disorder	0	0	1 (3.7 %)
Lenticular opacities	0	1 (3.7 %)	0
Nystagmus	0	1 (3.7 %)	0
Ocular hyperaemia	0	0	1 (3.7 %)
Ocular hypertension	0	1 (3.7 %)	0
Post procedural discomfort	0	2 (7.4%)	1 (3.7 %)
Pruritus	0	1 (3.7 %)	0
Punctate keratitis	0	1 (3.7 %)	0
Retinal detachment	0	1 (3.7 %)	0
Uveitis	0	1 (3.7 %)	0
Visual acuity reduced	1 (3.4 %)	1 (3.7 %)	0
Vitreous adhesions	0	1 (3.7 %)	0
Vitreous fibrin	0	0	1 (3.7 %)
Vitreous floaters	0	1 (3.7 %)	0
Vitritis	0	1 (3.7 %)	0

Subject treated with 4M is not included; subject reported a few mild TEAEs including eye pain, photophobia, vision blurred, iris adhesions and iridocyclitis

Safety:

Intraocular Inflammation Through Month 12 Visit

	Sham (N=29)	3.0 x 10 ⁶ jCell (N= 27)	6.0 x 10 ⁶ jCell (N= 27)
Number of subjects with Intraocular Inflammation, n (%)			
Anterior chamber flare	0	0	3 (11.1 %)
Anterior chamber inflammation	0	0	1 (3.7 %)
Iridocyclitis	0	1 (3.7 %)	0
Uveitis	0	1 (3.7 %)	0

Safety:

Serious Adverse Events Through Month 12

	Sham (N=29)	3.0 x 10 ⁶ jCell (N= 27)	6.0 x 10 ⁶ jCell (N= 27)
Subjects with at least one SAE, n (%)	0	1 (3.7%)*	0
Ocular hypertension*	0	1 (3.7%)*	0
Systemic	0	0	0

**Reported as related to study drug and was resolved with treatment*

Subject treated with 4M is not included; subject reported a few mild TEAEs including eye pain, photophobia, vision blurred, iris adhesions and iridocyclitis

Conclusion

- **Single Intravitreal injection of jCell** (allogeneic Human Retinal Progenitor Cells) demonstrated promising results in visual acuity improvement in the per protocol population with the 6M dose (+7.4 letters) compared to sham (+2.8 letters) at Month 12 in a Phase 2b study
- Identified **target population** showed clinically significant improvement in visual acuity in the 6M dose (+16.3 letters) as compared to sham (+1.9 letters) at Month 12
 - All **functional endpoints** showed similar trends
- Intravitreal administration of jCell was **well tolerated with a good safety profile**
- These results support development of
 - **Phase 2 study**: subjects from this study will be re-dosed
 - **Phase 3 study**
- FDA granted Regenerative Medicine Advance Therapy (**RMAT**) **designation** for jCell

Acknowledgements

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- David Liao, MD
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jCell Scientific Team

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Thank you!



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