



## **Key Takeaways from the RGX-314 Phase I/IIa Clinical Trial for Wet AMD (Cohorts 1-5)**

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AAO Retina Subspecialty Days 10/11/2019*

# Disclosures

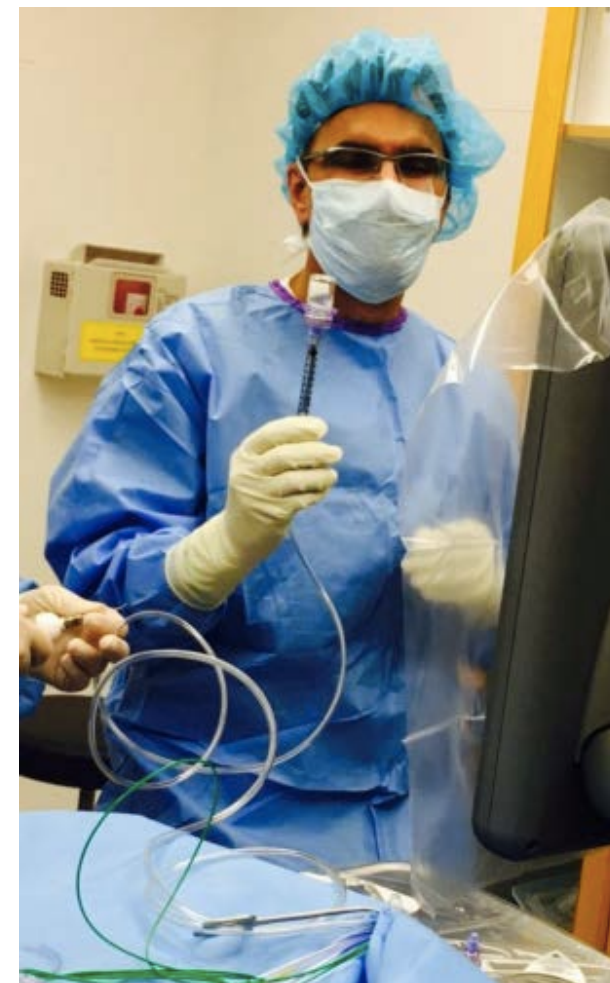
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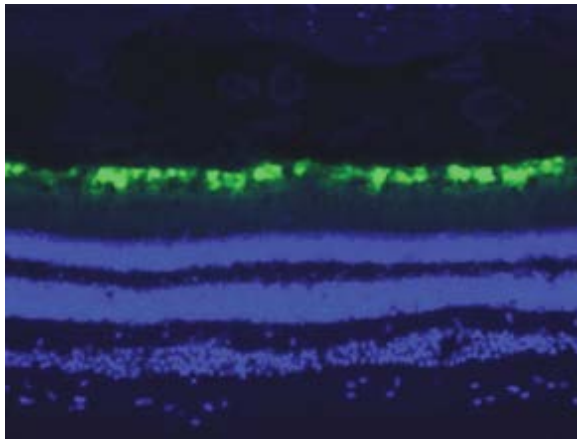
**Board of Directors:** Ocular Therapeutix

**Equity:** Adverum, Aldeyra, Allegro, jCyte, and Ocular Therapeutix

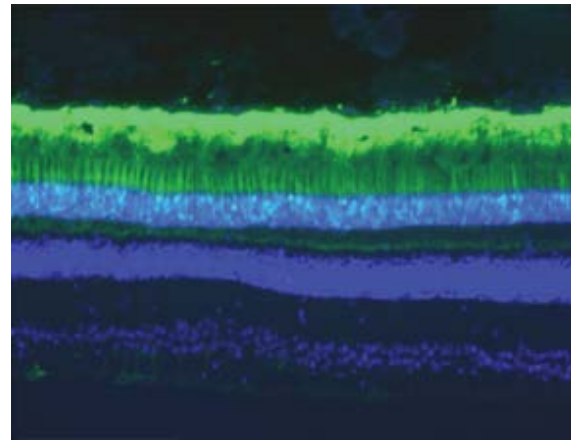


# RGX-314 Uses a Novel AAV8 Vector to Deliver an anti-VEGF Fab

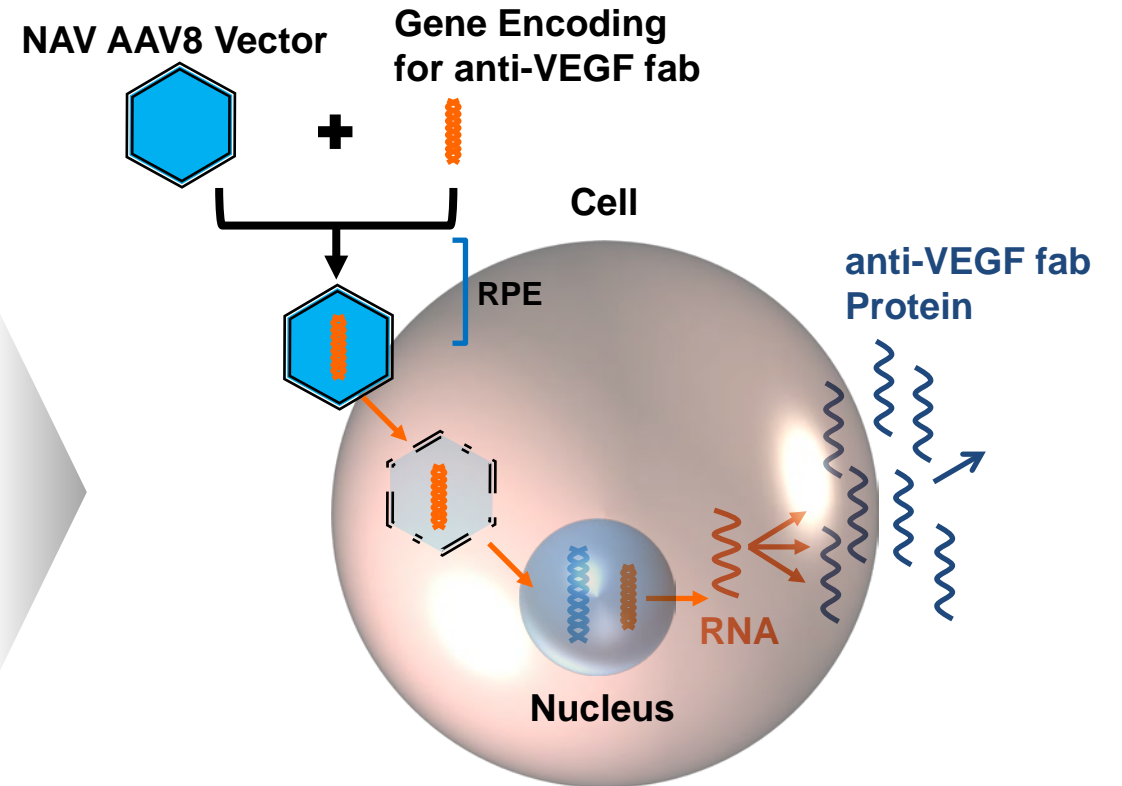
AAV2



AAV8

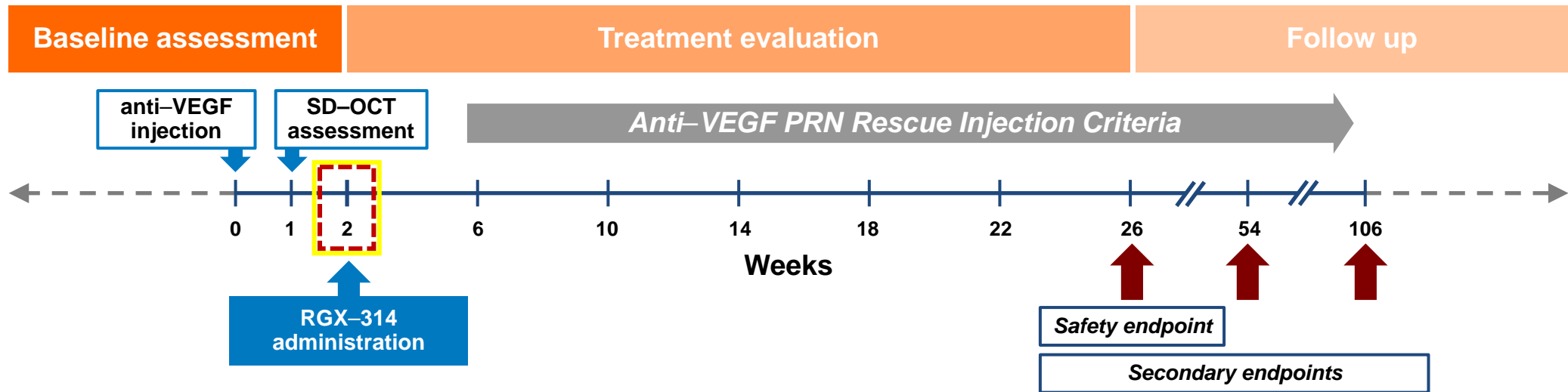


More Efficient Gene Delivery to the RPE<sup>1</sup>

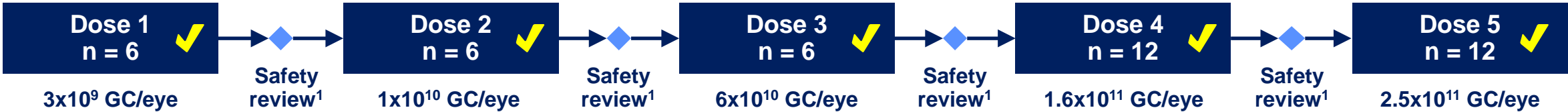


RGX-314 is Designed to Deliver a Gene Encoding for an anti-VEGF fab Protein

# RGX-314 Phase I/IIa wAMD Study Has Fully Enrolled 5 Dose Cohorts



## Previously Treated Subjects Requiring Frequent Injections



## Subretinal Dosing Completed in 42 Subjects Across Five Dose Cohorts

1. Dose escalation safety review to occur four weeks after final subject in each cohort has been dosed  
 SD-OCT = spectral domain optical coherence tomography

# Anti-VEGF Retreatment Allowed for Any Fluid or Disease Activity

**Anti-VEGF** may be given beginning 4 weeks post-treatment and **PRN every 4 weeks** thereafter **per investigator's discretion** if one or more of the criteria apply:

**CNV-related  
increased,  
new, or persistent  
fluid**

**Vision loss of  $\geq 5$   
letters** associated w/  
fluid

**New ocular  
hemorrhage**

## Subjects Enrolled in the Phase I/IIa Trial Were Chronically Treated

Variable	Cohort 1 (n=6)	Cohort 2 (n=6)	Cohort 3 (n=6)	Cohort 4 (n=12)	Cohort 5 (n=12)	Total (n=42)
<b>Mean Age (Years)</b>	<b>78.2</b>	<b>78.0</b>	<b>80.0</b>	<b>80.3</b>	<b>81.6</b>	<b>80.0</b>
<b>BASILINE</b> Baseline BCVA (Snellen equivalents)	53.7 (20/100)	50.7 (20/100)	54.7 (20/80)	61.3 (20/63)	54.3 (20/80)	55.7 (20/80)
Baseline OCT (reading center)	<b>361.7</b> (n=6)	<b>413.2</b> (n=6)	<b>359.8</b> (n=6)	<b>411.3</b> (n=12)	<b>418.3</b> (n=12)	<b>399.1</b> (n=42)
Baseline serum AAV8 Nab+ with titer >1:10 (%)	2 (33.3%)	3 (50.0%)	4 (66.7%)	4 (33.3%)	5 (41.7%)	18 (42.9%)
<b>PRIOR THERAPY</b> Months Since First anti-VEGF Injection	<b>53.5</b>	<b>59.3</b>	<b>71.7</b>	<b>58.1</b>	<b>45.9</b>	<b>56.1</b>
# Injections Since Diagnosis (Mean)	<b>40.7</b>	<b>32.5</b>	<b>34.2</b>	<b>35.7</b>	<b>26.7</b>	<b>33.1</b>
Average Annualized Injections Prior to Entry	<b>9.6</b>	<b>10.5</b>	<b>6.8</b>	<b>10.2</b>	<b>9.9</b>	<b>9.6</b>

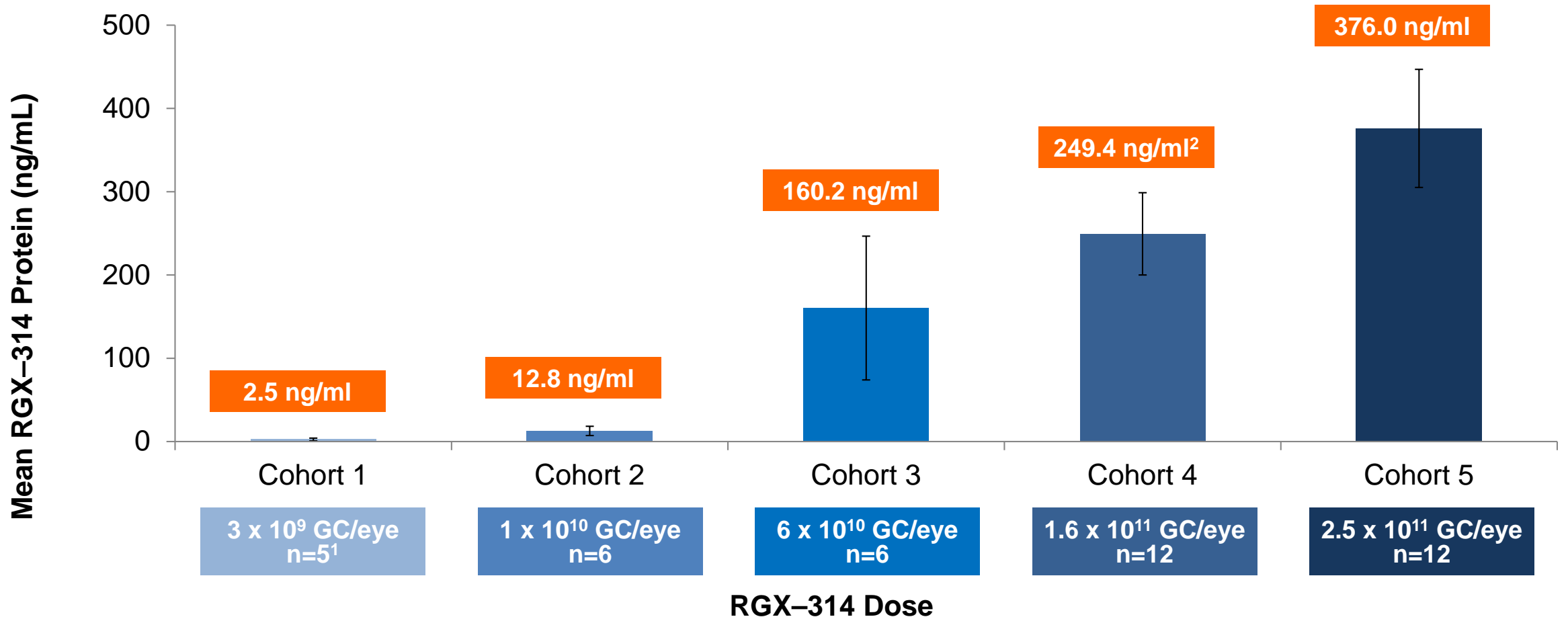
# RGX-314 Has Been Well Tolerated in All Cohorts

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- RGX-314 was ***well-tolerated*** (n=42)
- ***No drug-related SAEs***
- Most AEs were assessed as mild (Grade 1 – 79%)
- ***No observed clinically determined immune responses***, drug-related ocular inflammation, or any post-surgical inflammation beyond what is expected following routine vitrectomy
- ***Fifteen SAEs*** that were not drug-related were ***reported in nine subjects***
  - ***Two deaths unrelated to RGX-314***
  - ***Two ocular procedure-related SAEs***: peripheral retinal detachment which was repaired and an endophthalmitis post aqueous sample collection

# Dose Dependent Increase in RGX-314 Protein Observed Across Cohorts

As Measured from Aqueous Samples by ECL 1 Month post-RGX-314



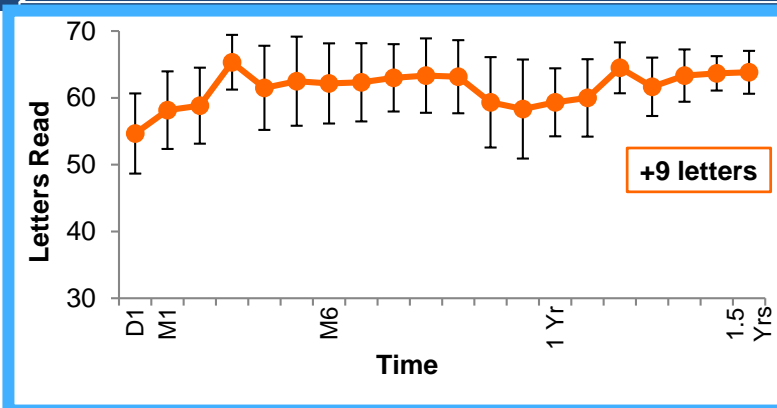
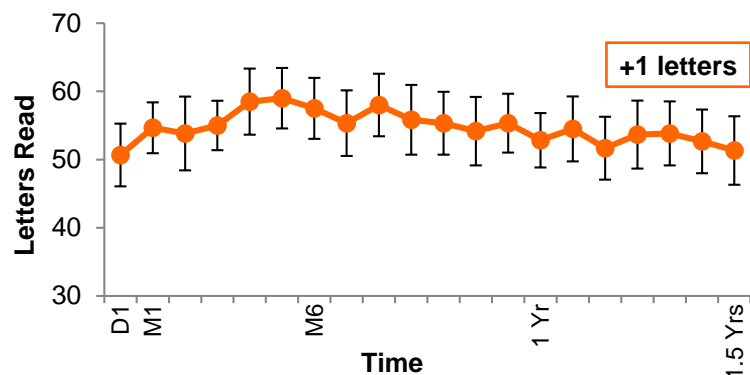
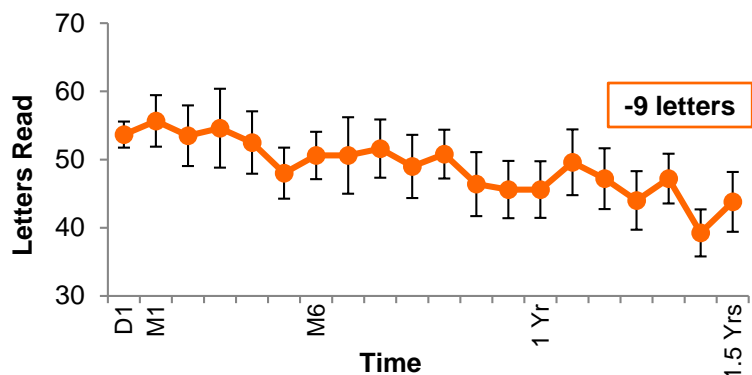
1. N=5; one subject in Cohort 1 did not have aqueous sample taken at Week 6

2. One subject's protein concentration measured at Day 17 post RGX-314 administration (no 4 week sample available)

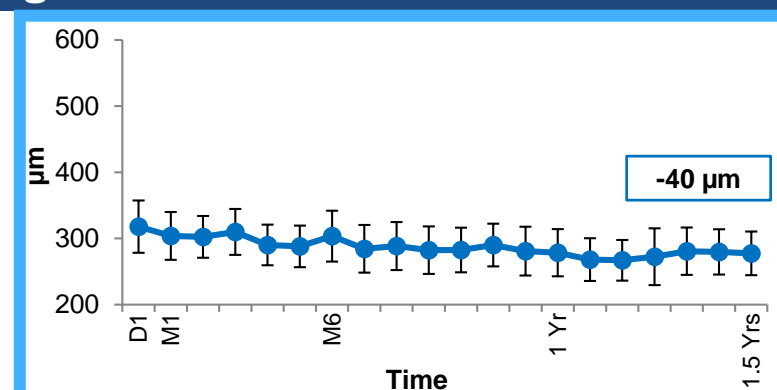
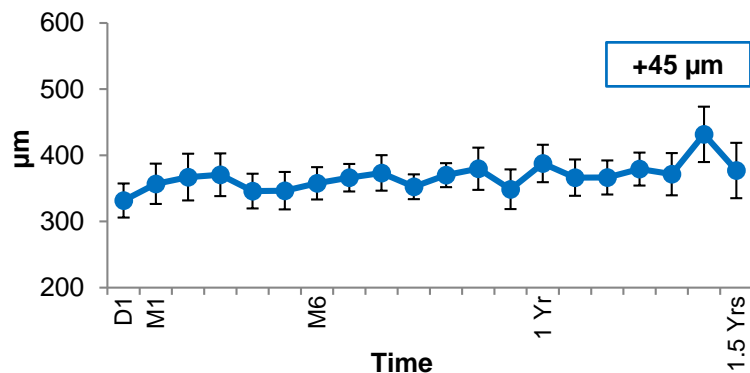
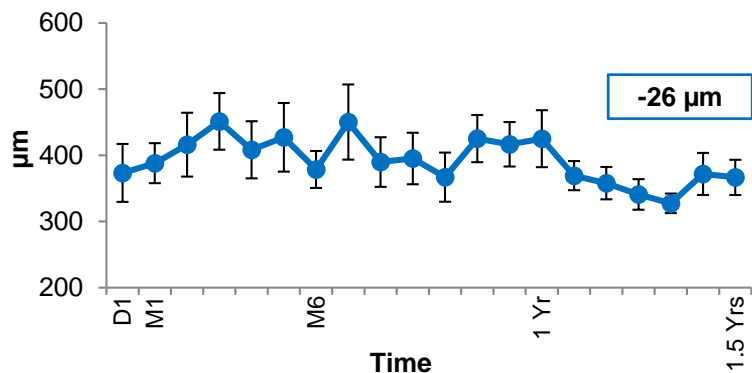


# Cohort 3: Sustained Visual and Anatomic Outcomes over 1.5 years

## Best Corrected Visual Acuity (BCVA)



## Central Retinal Thickness (CRT) on Heidelberg SD-OCT



10.5 Injections (annualized)

Cohort 1<sup>1</sup>

9.0 Injections (annualized)

Cohort 2

2.6 Injections (annualized)

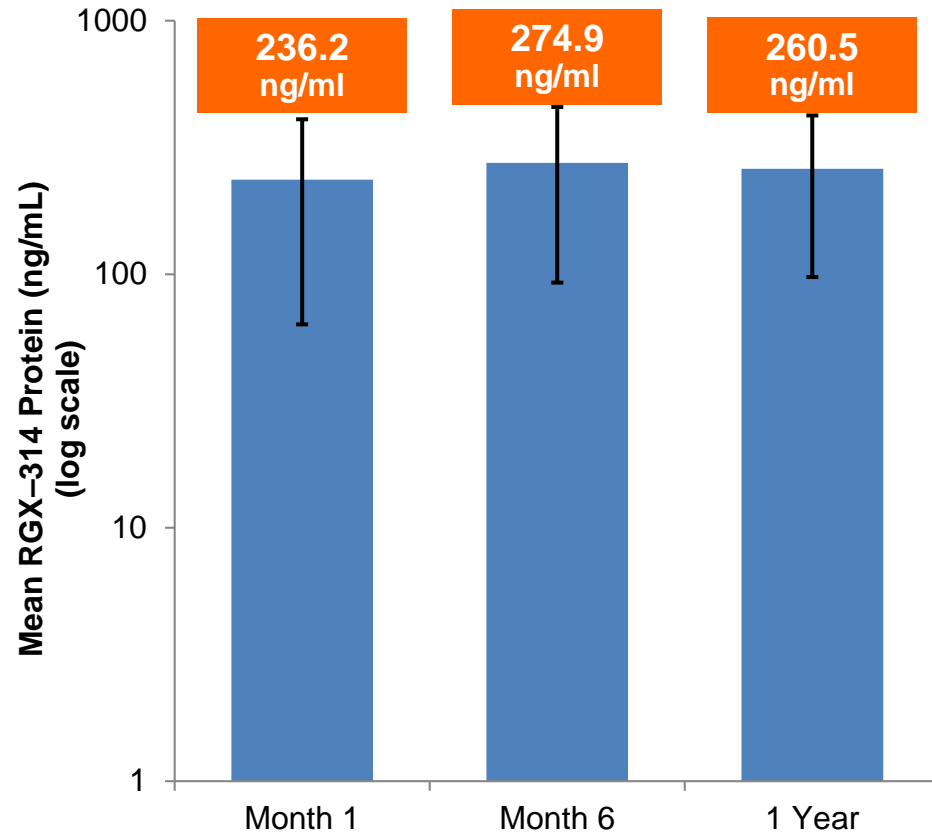
Cohort 3

1. One subject in Cohort 1 discontinued from the study at four months with four injections and was imputed as requiring one injection per every 4 weeks visit.

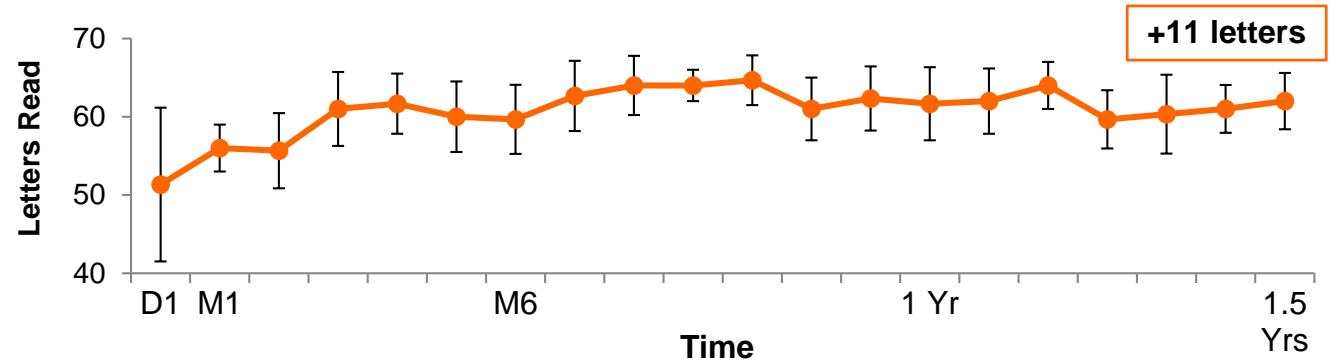
# Cohort 3: Injection-free Subjects Continue to Do Well Over 1.5 Years

## Anti-VEGF Injection-free Subjects (n= 3 of 6)

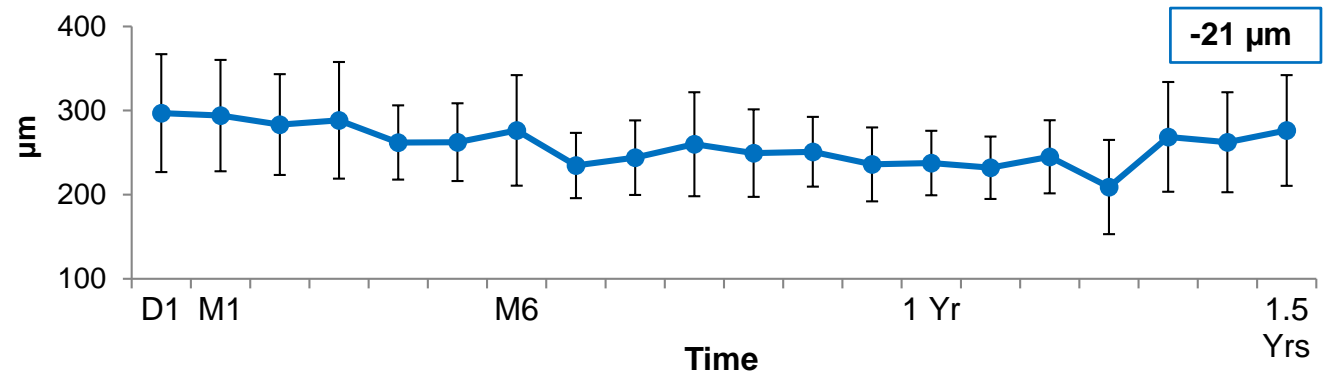
### Sustained RGX-314 Protein Levels Over 1 Year



### Best Corrected Visual Acuity (BCVA)

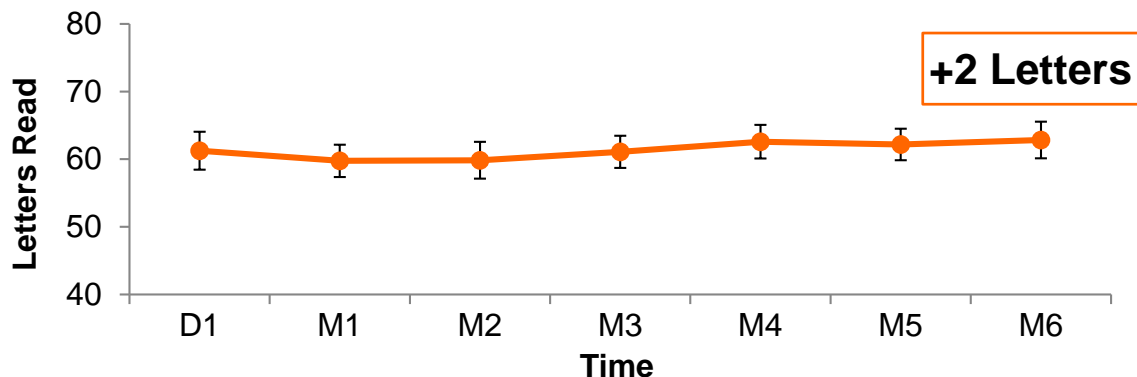


### Central Retinal Thickness (CRT) on Heidelberg SD-OCT

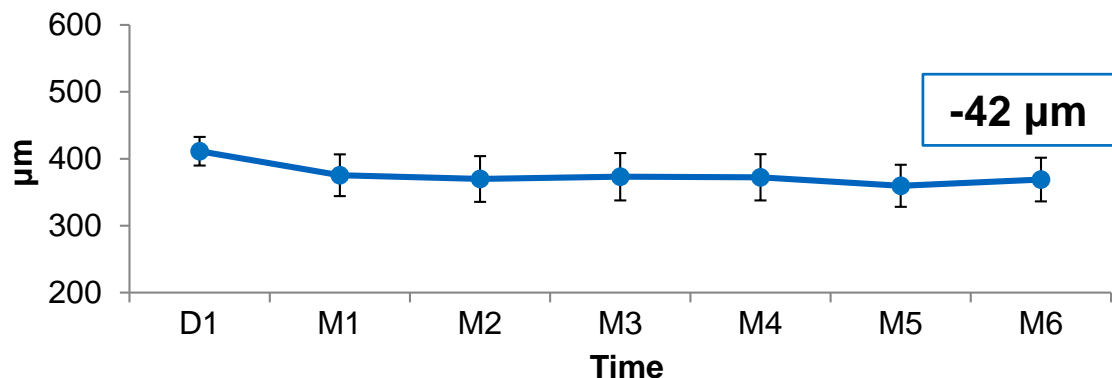


# Cohort 4: Visual and Anatomic Outcomes

## Best Corrected Visual Acuity (BCVA)



## Central Retinal Thickness (CRT) on Heidelberg SD-OCT\*



2.2 inj / 6 mo

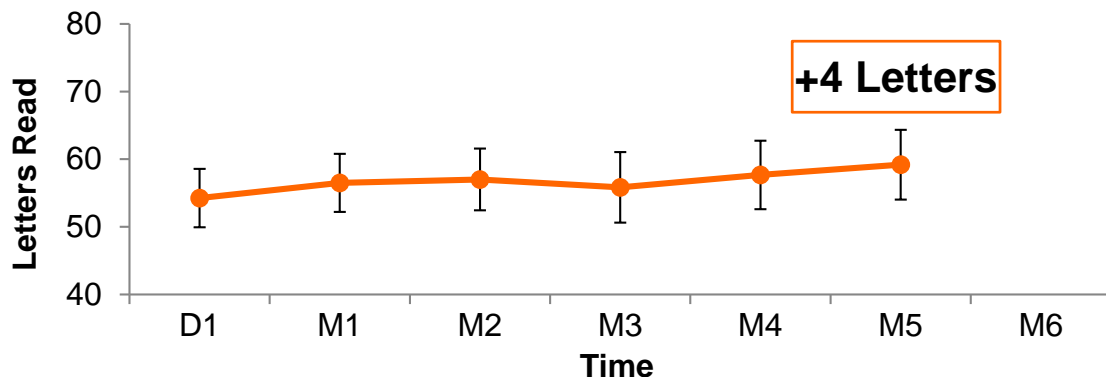
Cohort 4 (n=12)

- **Stable to improved vision and OCT on average**
- **42% (5 of 12) injection-free at 6 months**
- 2 patients with incomplete response to anti-VEGF receiving monthly injections

■ SD-OCT data read by a central reading center (Duke Reading Center).

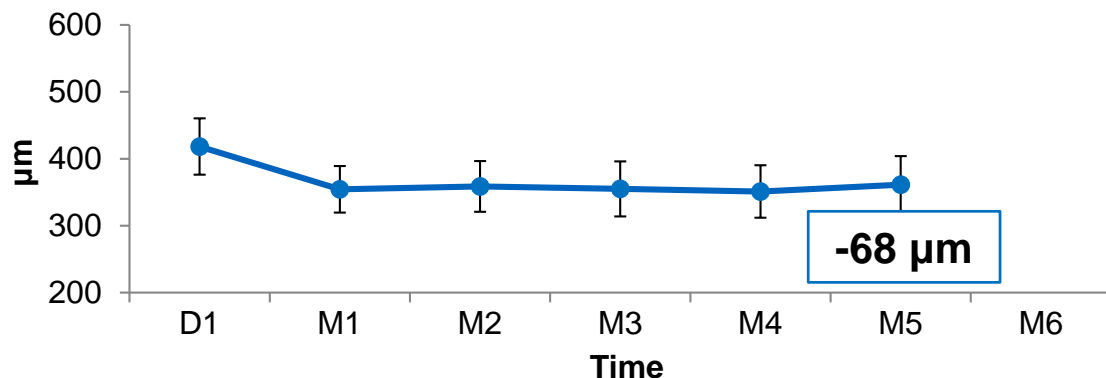
# Cohort 5: Visual and Anatomic Outcomes

## Best Corrected Visual Acuity (BCVA)



- **Stable to improved vision and OCT on average**
- **75% (9 of 12) injection free at 5-6 months**
- **Highest clinical response observed**

## Central Retinal Thickness (CRT) on Heidelberg SD-OCT\*



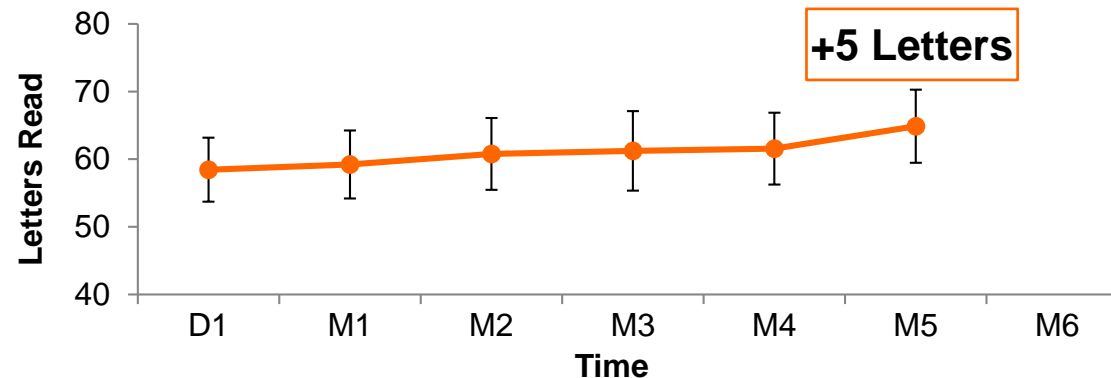
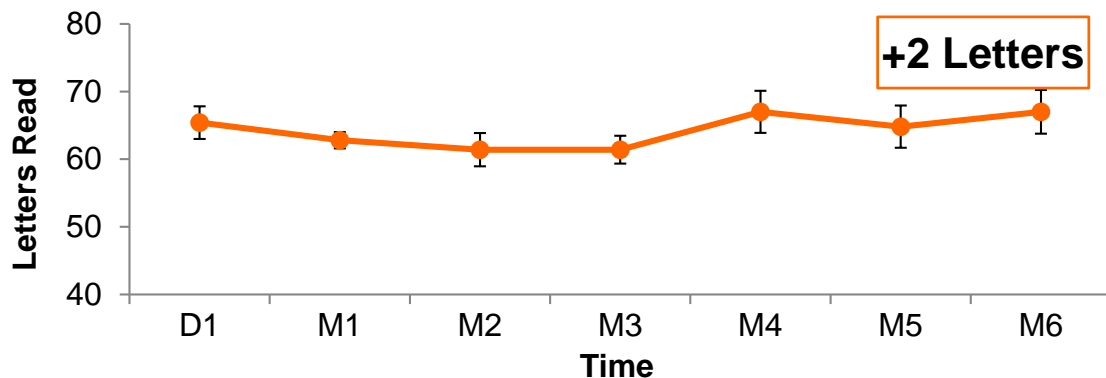
0.8 inj / 5 - 6 mo

Cohort 5

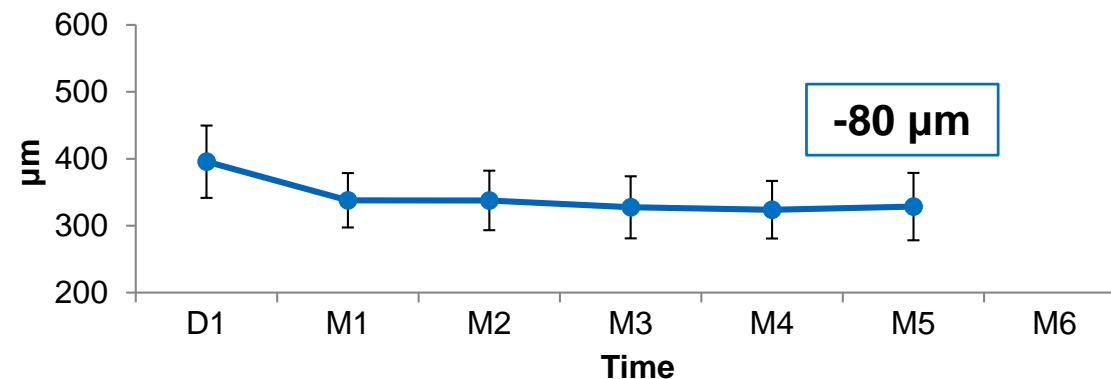
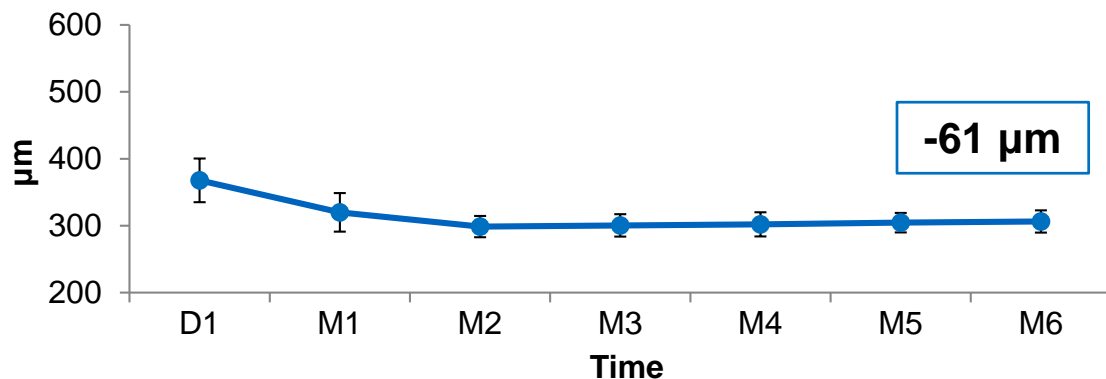
- SD-OCT data read by a central reading center (Duke Reading Center).
- 1 subject discontinued after 4 months

# Cohort 4 and Cohort 5: Anti-VEGF Injection-free Subjects

## Best Corrected Visual Acuity (BCVA)



## Central Retinal Thickness (CRT) on Heidelberg SD-OCT\*



0 Injections

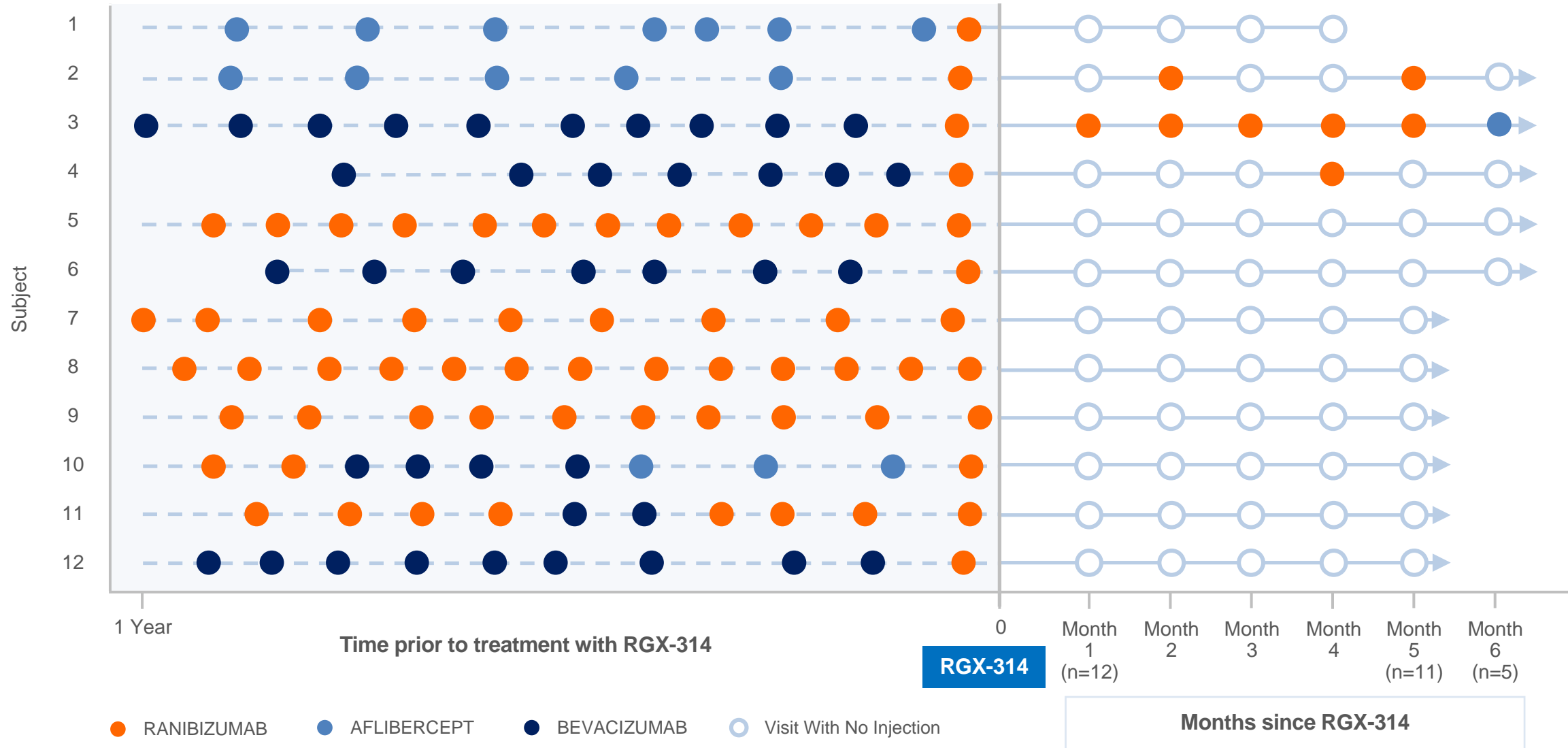
Cohort 4 (n=5) 42%

0 Injections

Cohort 5 (n=9) 75%

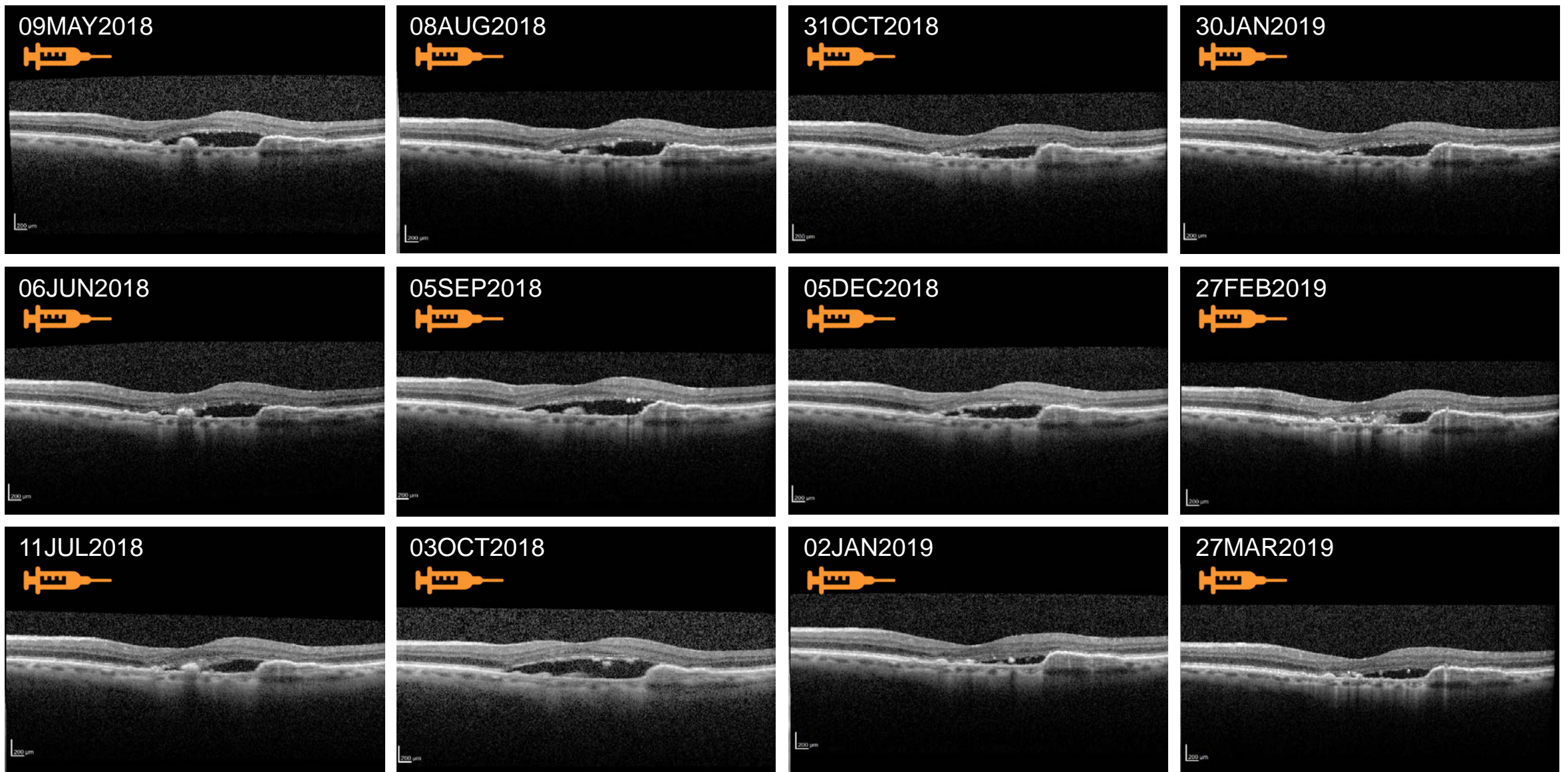
\* SD-OCT data read by a central reading center (Duke Reading Center).

# Cohort 5: Injections Pre and Post RGX-314 (n=12)



Subject #1 discontinued after 4 months \* Data cut October 9, 2019

# Case A: Subject History Prior to RGX-314

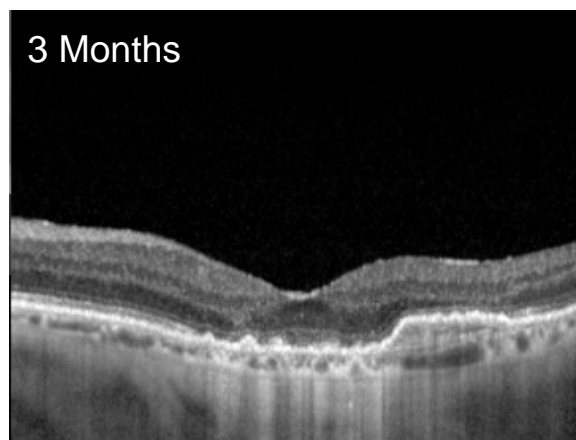
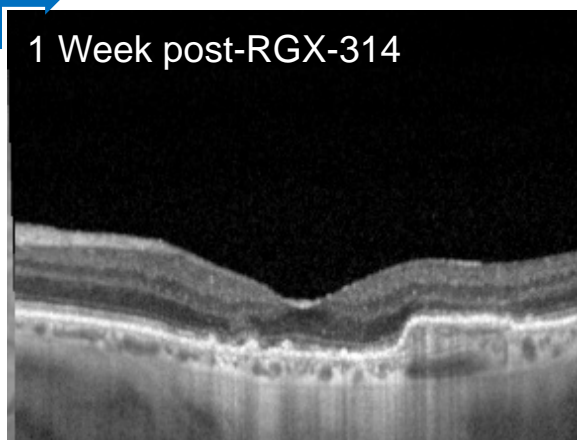
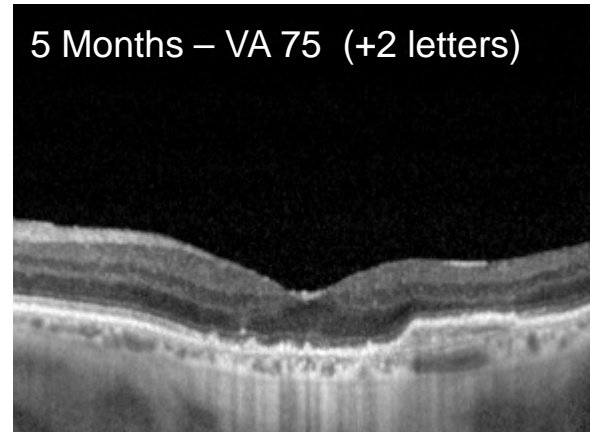
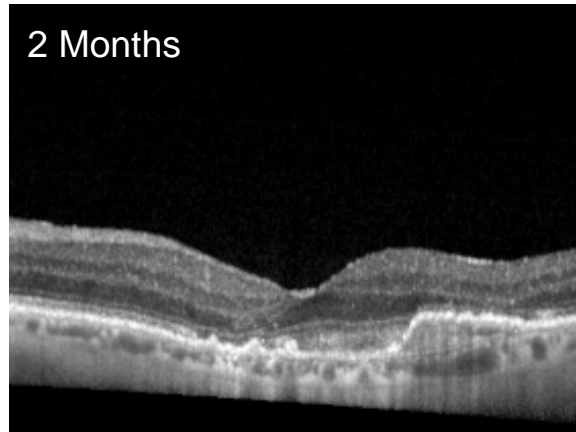
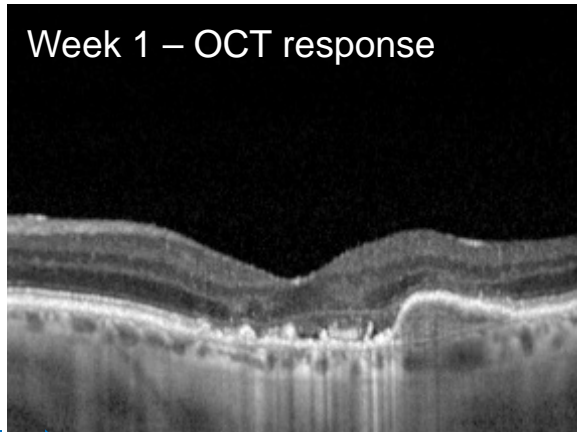
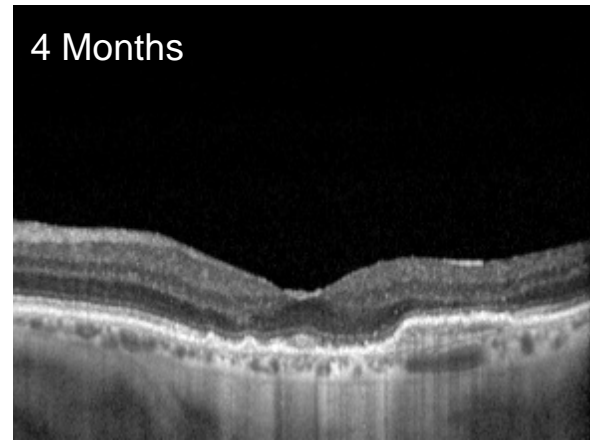
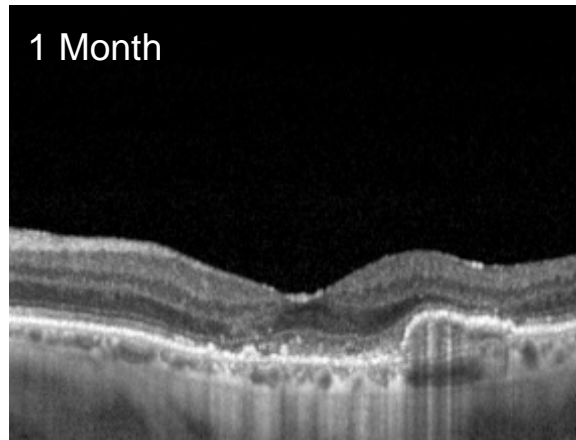
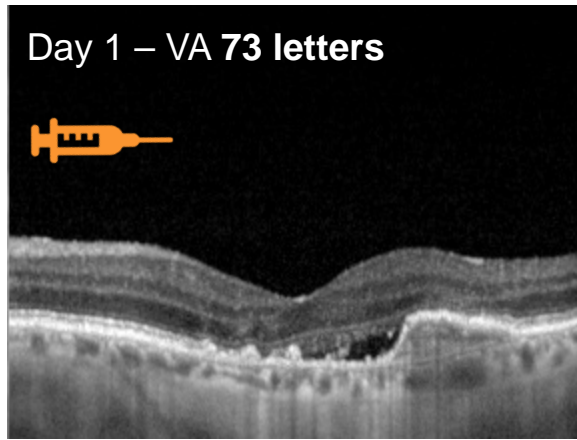


**Cohort 5**  
2.5x10<sup>11</sup> GC/eye

# Case A: 13 Injections in Year Prior with 0 Rescue Injections after RGX-314

Age: 87  
Total prior anti-VEGF hx: 40  
Last year anti-VEGF: 13  
Rescue Inj in Study: 0

**RGX-314** →





**Cohort 5**  
2.5x10<sup>11</sup> GC/eye

## Case B: 8 Injections in Year Prior with 0 Rescue Injections after RGX-314

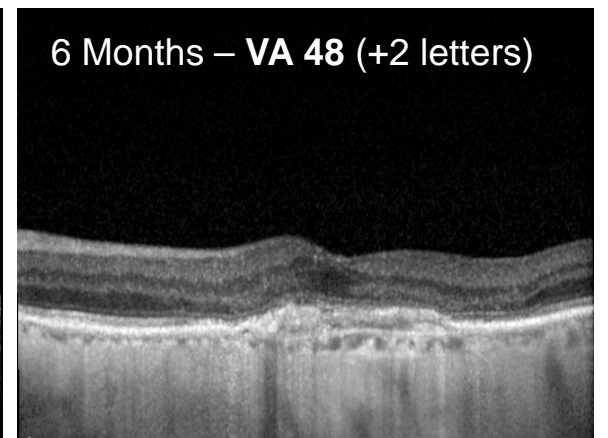
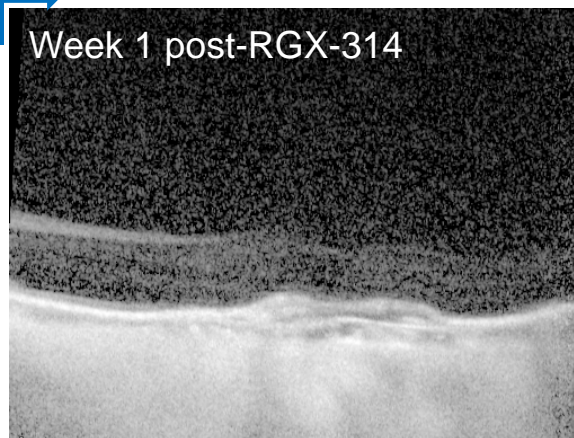
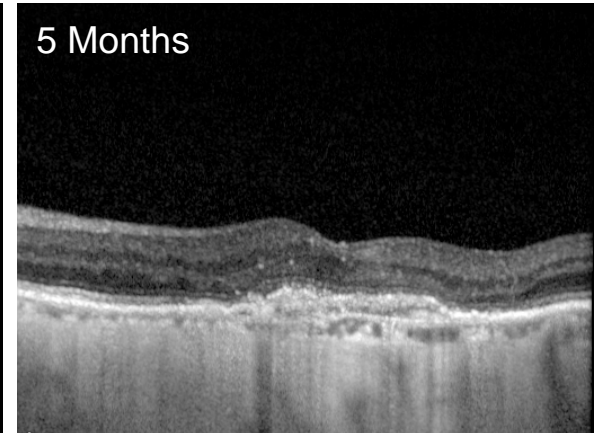
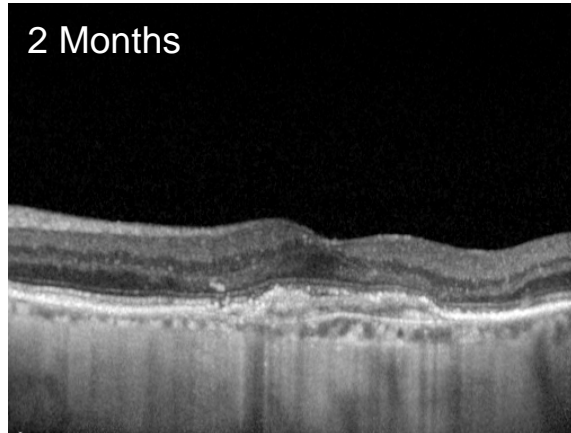
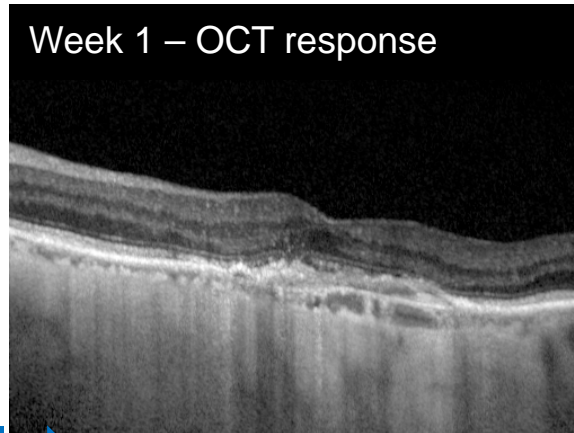
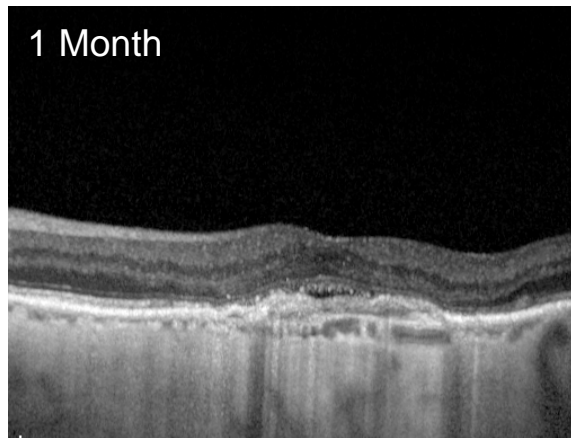
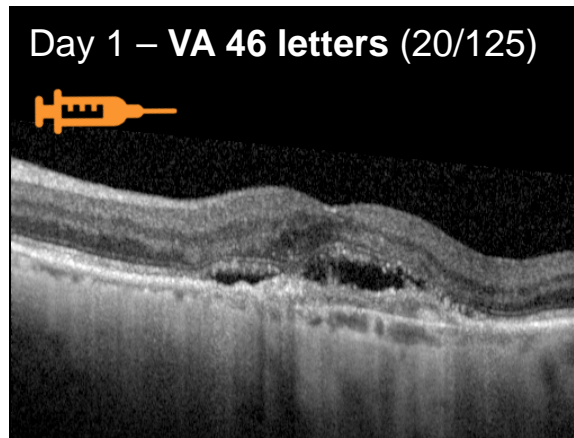
Age: 86

Total prior anti-VEGF hx: 20

Last year anti-VEGF: 8

Rescue Inj in Study: 0

RGX-314



# RGX-314 Program Next Steps



wAMD moving to Phase IIb Study by the end of the year

Diabetic Retinopathy IND by end of the year

*Expanding to evaluate SCS delivery using Clearside's proprietary, in-office SCS Microinjector™*



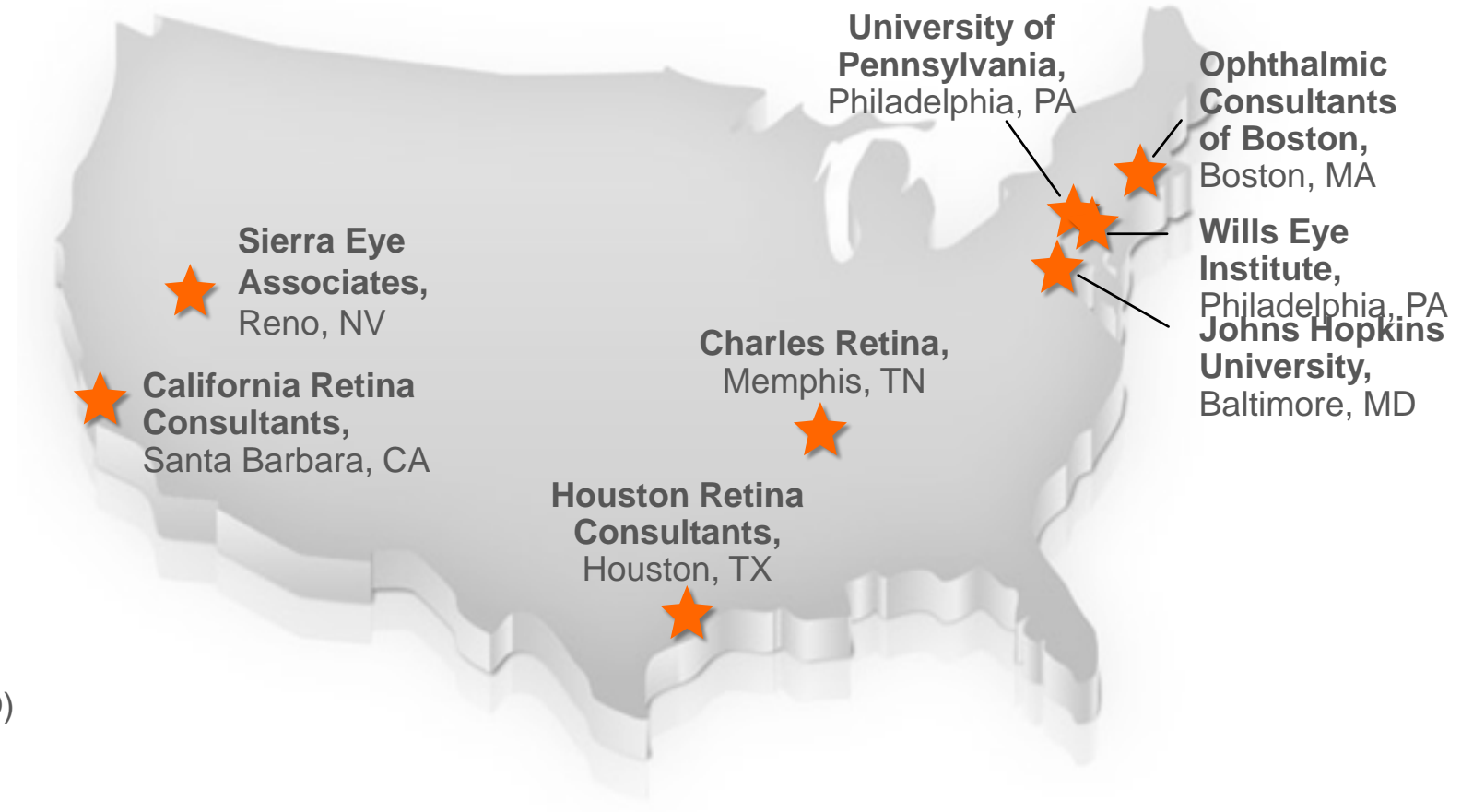
# Key takeaways from the RGX-314 Phase I/IIa wAMD Clinical Trial

- RGX-314 Phase I/IIa wAMD study has fully enrolled 42 patients in 5 dose cohorts
- Patients enrolled were severe wAMD requiring frequent anti-VEGF injections
- Subretinal RGX-314 was well tolerated in 5 dose Cohorts
- Dose dependent increase in ocular protein observed across cohorts
- Cohort 3: subjects continue to demonstrate good vision and anatomic outcomes over 1.5 years
- Cohort 4: reduction in injection burden with stable to improved anatomic and visual outcomes
- Cohort 5: highest clinical response observed with 75% of subjects injection-free with stable to improved anatomic and visual outcomes\*
- RGX-314 moving into Phase IIb trial for wet AMD, Phase II diabetic retinopathy trial, and in-office suprachoroidal delivery via SCS Microinjector™



# Acknowledgments

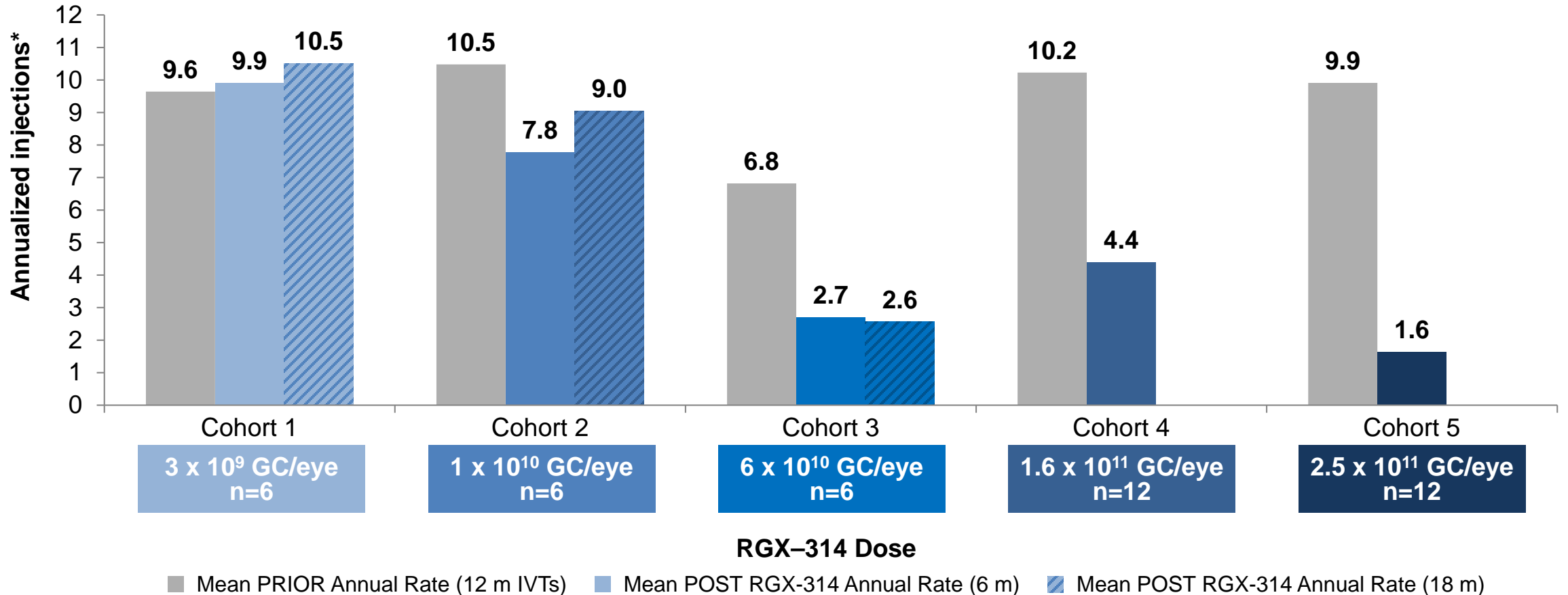
- Robert Avery, MD (Santa Barbara, CA)
- David Brown, MD (Houston, TX)
- Peter Campochiaro, MD (Baltimore, MD)
- Jorge Calzada, MD (Memphis, TN)
- Jeff Heier, MD (Boston, MA)
- Allen Ho, MD (Philadelphia, PA)
- Arshad Khanani, MD (Reno, NV)
- Albert Maguire, MD (Philadelphia, PA)
- Dante Pieramici, MD (Santa Barbara, CA)
- Charles Wykoff, MD PhD (Houston, CA)
- Szilard Kiss, MD (New York, NY)
- Sherri Van Everen, PharmD (REGENXBIO)
- Darin Curtiss, PharmD (REGENXBIO)
- Stephen Pakola, MD (REGENXBIO)



# **Supplemental Information**

# Mean Change in Annualized Injection Rate Pre and Post RGX-314: >80% Reduction in Cohort 5

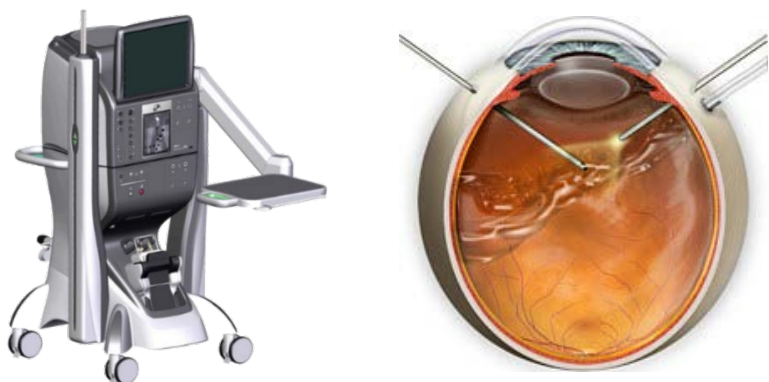
## Comparison of injection rate PRIOR and POST RGX-314



\*Prior annual rate is (Total # of prior IVTs)/(minimum(366 days, Duration between first ever IVT and Day 1)/365.25). Post RGX-314 annual rate is (Total # of IVTs on Study)/(Duration on Study/365.25) where on Study is from RGX-314 administration through 18 months for C1-C3 and up to 6 months for C4 -C5.

# RGX-314: Standardized Automated Subretinal Delivery Procedure

## Step 1 – Vitrectomy



## Step 2 – Subretinal Injection



MedOne MicroDose Syringe



## Performed Under Local Anaesthesia in the OR

- Standard **small gauge** vitrectomy to perform a core vitrectomy
- Automated delivery with a **MedOne subretinal cannula** attached to the vitrectomy machine
- **Inject 250µl** to create subretinal bleb in a healthy area of retina
- Target superior to the superotemporal arcade vessel or outside the arcades
- Can create another **bleb** area if needed
- Keep margin of the bleb at least **2DA away from the fovea**

**Air fluid exchange** and then **Sub-conj steroid injection** at the end of procedure  
(No systemic steroids used in protocol)

No positioning mandated and patient is discharged home with follow-up the next day

**Cohort 5**  
2.5x10<sup>11</sup> GC/eye

**Case C:**  
**12 Injections in**  
**Year Prior with 0**  
**Rescue Injections**  
**after RGX-314**

Age: 80  
Total prior anti-VEGF hx: 20  
Last year anti-VEGF: 12  
Rescue Inj in Study: 0

**RGX-314** →

