AVACINCAPTAD PEGOL, A NOVEL C5 INHIBITOR, DEMONSTRATES A CONTINUED REDUCTION IN THE MEAN RATE OF GEOGRAPHIC ATROPHY GROWTH

18-MONTH RESULTS FROM THE GATHER1 CLINICAL TRIAL

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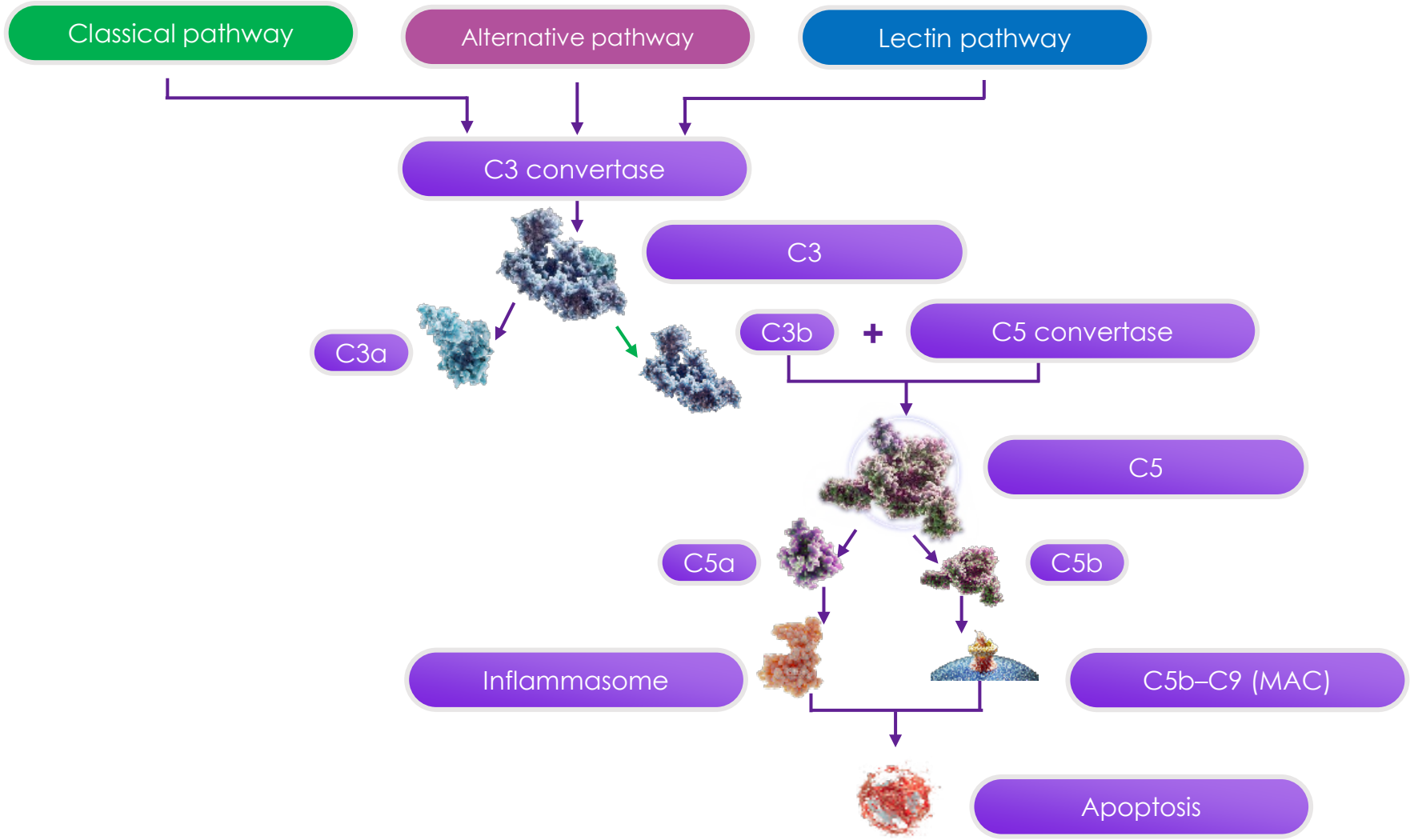
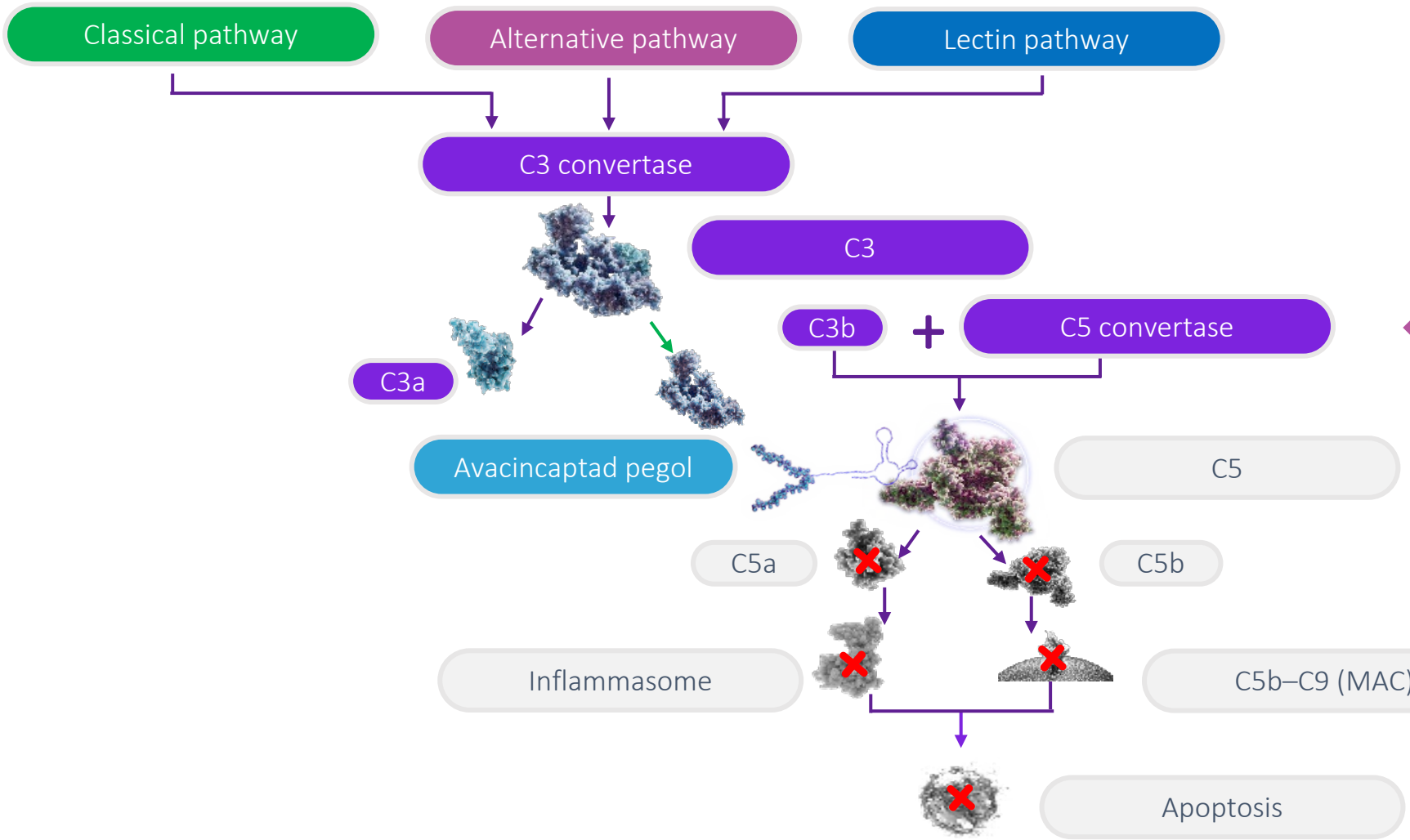
The complement pathway is directly involved in the pathogenesis of geographic atrophy



Xu H, Chen M. Targeting the complement system for the management of retinal inflammatory and degenerative diseases. *Eur J Pharmacol*. 2016;787:94-104.

Avacincaptad pegol inhibits the complement cascade by targeting C5



AVACINCAPTAD PEGOL PRESERVES OPSONIZATION AND PERFUSION WHILE PROVIDING NEUROPROTECTION

Promotes phagocytosis of antigens and apoptotic cells

AVACINCAPTAD PEGOL PREVENTS APOPTOSIS

Elevated IL-6, IL-8, CCL2, and VEGF by sublytic MAC

Xu H, Chen M. Targeting the complement system for the management of retinal inflammatory and degenerative diseases. *Eur J Pharmacol*. 2016;787:94-104.

Randomization and trial design

PRIMARY EFFICACY ENDPOINT: Mean rate of change in GA over 12 months measured by fundus autofluorescence (FAF) at 3 timepoints: baseline, month 6, and month 12.

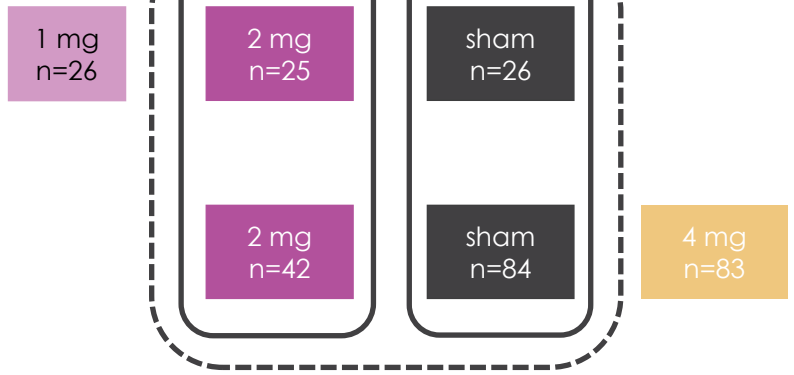
Avacincaptad pegol 2 mg vs sham

RANDOMIZATION

MASKED THROUGHOUT THE ENTIRE PROCESS

Part 1 – 1 : 1 : 1

Part 2 – 1 : 2 : 2

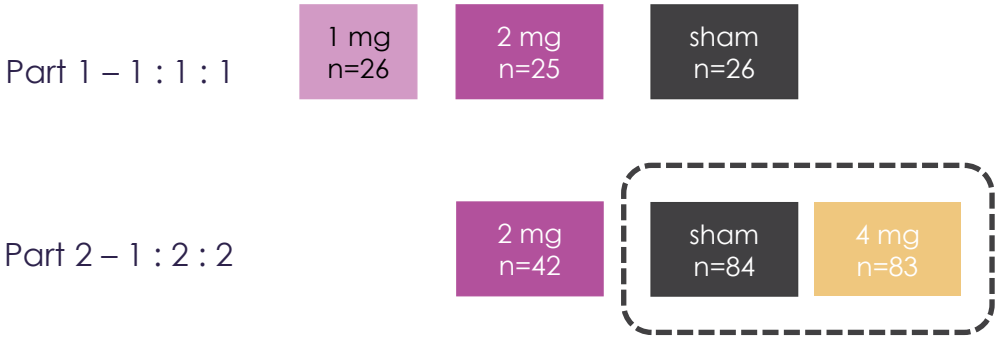


Avacincaptad pegol 4 mg vs sham

RANDOMIZATION

Part 1 – 1 : 1 : 1

Part 2 – 1 : 2 : 2



EFFICACY EVALUATION BASED ON PRESPECIFIED STATISTICAL ANALYSIS PLAN (SAP)

Avacincaptad pegol 2 mg vs sham: Subjects randomized from Part 1 were combined with subjects randomized from Part 2, where the analysis included a regression factor by part

Avacincaptad pegol 4 mg vs sham: Only based on subjects randomized in Part 2

Avacincaptad pegol was well tolerated over 18 months

- Avacincaptad pegol was well tolerated after 18 months of continuous administration
- No reported avacincaptad pegol-related inflammation
- The most frequently reported ocular adverse events were related to the injection procedure*
- Incidence of study eye CNV:

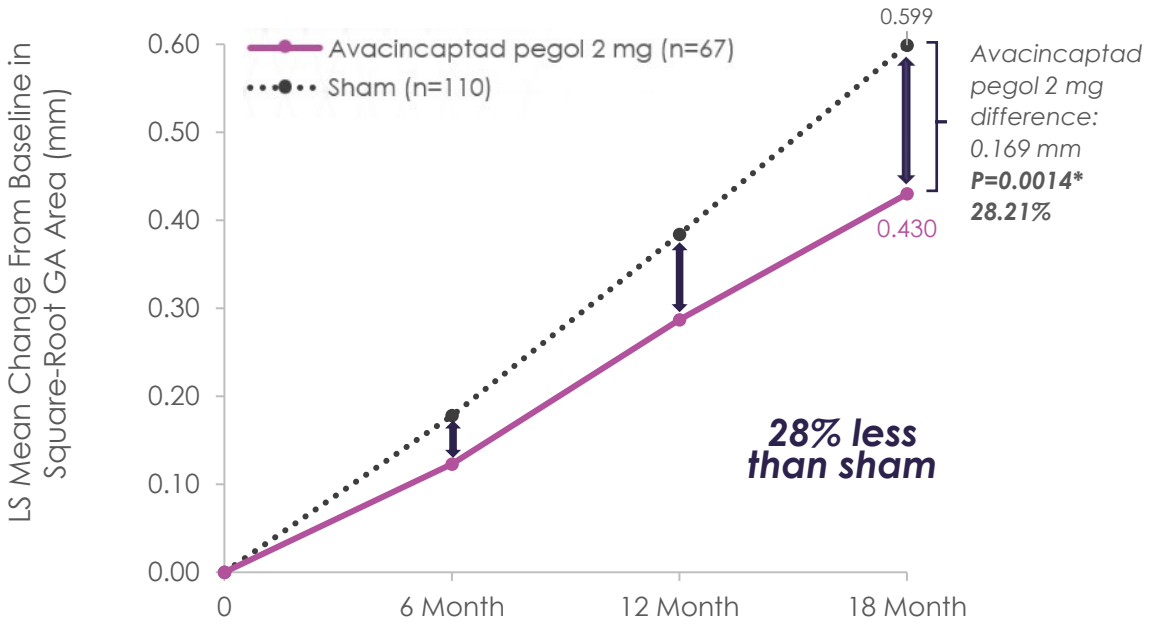
n (%)	18 months
Sham	3 (2.7%)
Avacincaptad pegol 1 mg	2 (7.7%)
Avacincaptad pegol 2 mg	8 (11.9%)
Avacincaptad pegol 4 mg	13 (15.7%)

*Based on investigator-reported safety events.

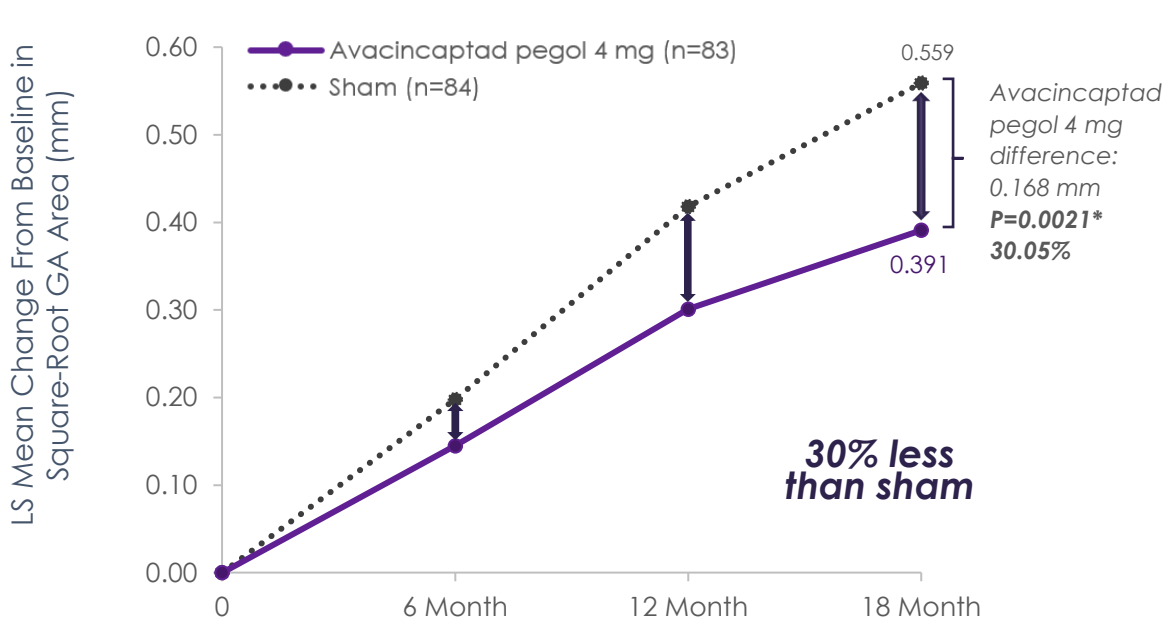
Avacincaptad pegol treatment reduces GA progression through 18 months

MEAN CHANGE FROM BASELINE IN SQUARE-ROOT GA LESION AREA OVER 18 MONTHS

Avacincaptad pegol 2 mg vs sham



Avacincaptad pegol 4 mg vs sham

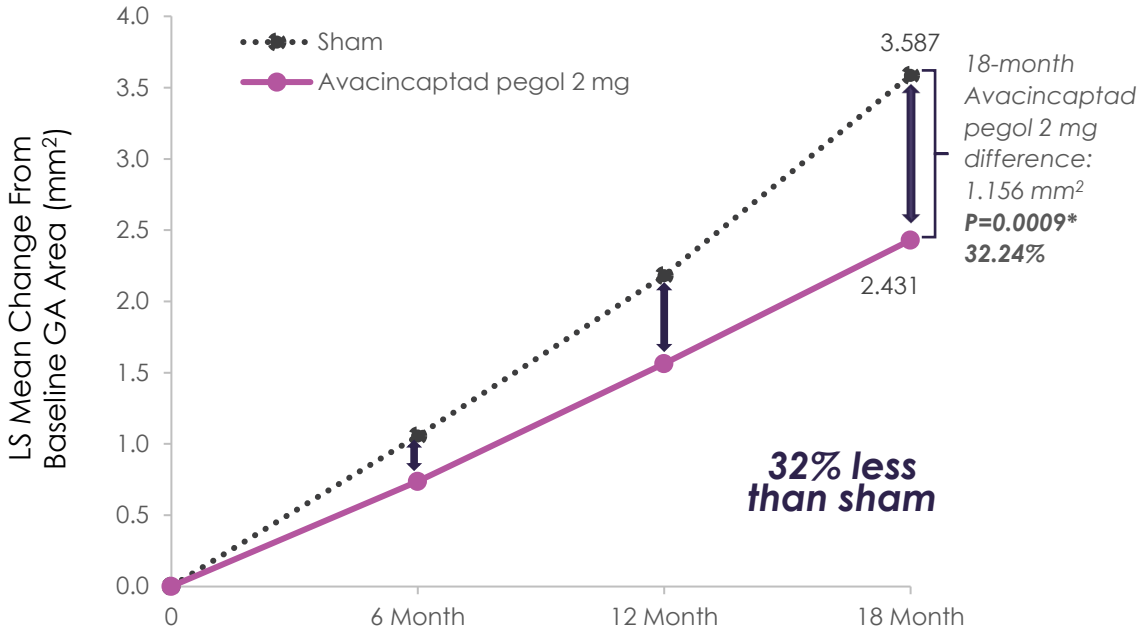


Based on LSMEANS from MRM model; ITT population Hochberg procedure was used for significance testing; prespecified and descriptive analysis. These least squares means are estimates of the MRM model, drawing on all available data, including data from groups with different randomization ratios in Part 1 and Part 2, and should not be interpreted as directly observed data. *18-month *P* values are descriptive in nature.

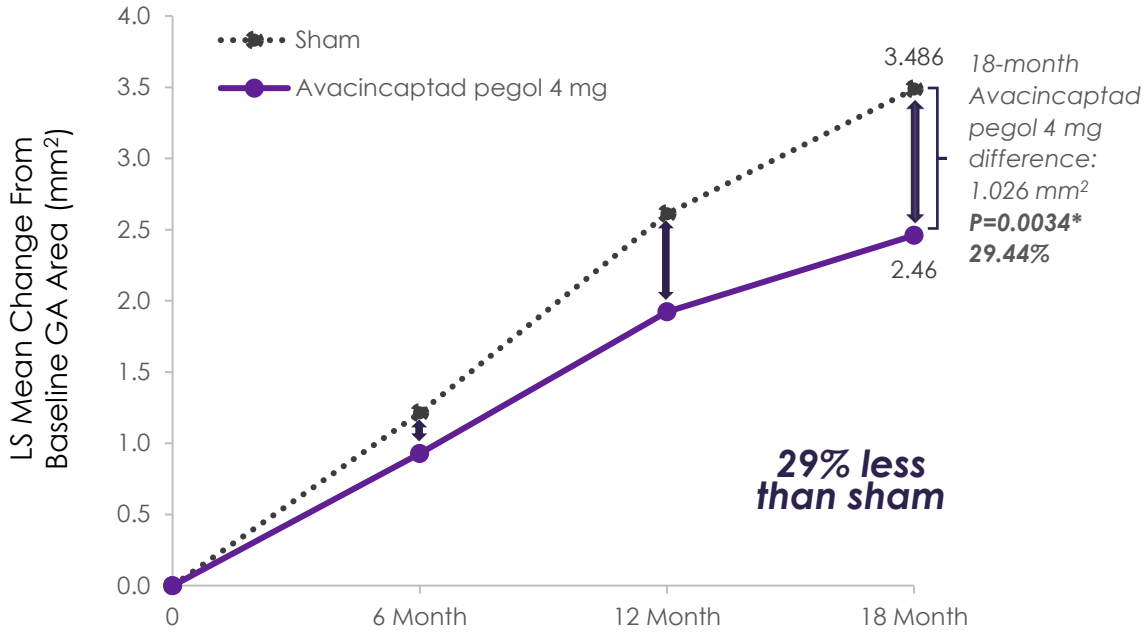
18-month results remain consistent, irrespective of analysis methodology (non -square -root analysis)

MEAN CHANGE FROM BASELINE IN NON-SQUARE-ROOT GA LESION AREA OVER 18 MONTHS

Avacincaptad pegol 2 mg vs sham



Avacincaptad pegol 4 mg vs sham



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Conclusions

- Avacincaptad pegol was generally well tolerated over 18 months.
- Intravitreal avacincaptad pegol resulted in a decrease in the rate of GA lesion growth over 18 months of treatment vs sham injection.
- Avacincaptad pegol treatment reduced GA growth at 18 months for both 2-mg and 4-mg doses (P = 0.0014 and 0.0021, respectively).
- This is the only phase 2/3 trial with results from continuous treatment over 18 months, ~28% reduction in rate of GA growth.
- Based on the promising safety and efficacy results from GATHER1, a Phase 3 trial, GATHER2, is currently in progress with enrollment already completed.

THANK YOU