



# Phase 2b Population Extension Cohort Evaluating 4D-150 in Neovascular Age-Related Macular Degeneration: 52-Week Results

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# Disclosures

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- **Consultant/Advisor:** Genentech, Regeneron, **4DMT**, Unity, Adverum, Perceive, EyePoint, Retina AI, Samsung, Neurotech, Opthea
- **Research Funding:** Genentech, Regeneron, REGENXBIO, **4DMT**, Unity, Adverum, Novartis, EyePoint, Ocular, Opthea, Janssen, Kodiak, Boehringer Ingelheim, Alimera, Apellis, Outlook, EyeBio/Merck, Oculis, Annexon

# PRISM Phase 2b Clinical Trial: 52-Week Results

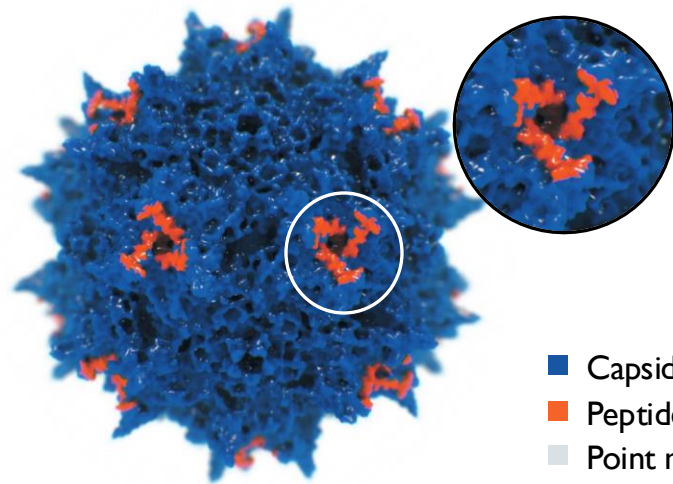
## Take Home Points

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- Improved visual acuity
- Sustained anatomical control
- Robust reduction in anti-VEGF injection burden
  - Overall Phase 2b population ( $3 \times 10^{10}$  vg/eye): ~83% reduction vs projected on-label aflibercept Q8W
  - Recently diagnosed ( $3 \times 10^{10}$  vg/eye): ~94% reduction vs projected on-label aflibercept Q8W
- 4D-I50 was well tolerated
  - No significant IOI
  - No 4D-I50–related serious adverse events
  - No 4D-I50–related hypotony, endophthalmitis, occlusive/non-occlusive retinal vasculitis, choroidal effusions
- Initiation of Phase 3 program anticipated in early 2025

# 4D-I50: Proprietary Capsid Carrying a Dual-Transgene Payload

## R100 AAV Capsid



- Capsid base
- Peptide insertions
- Point mutations (internal)

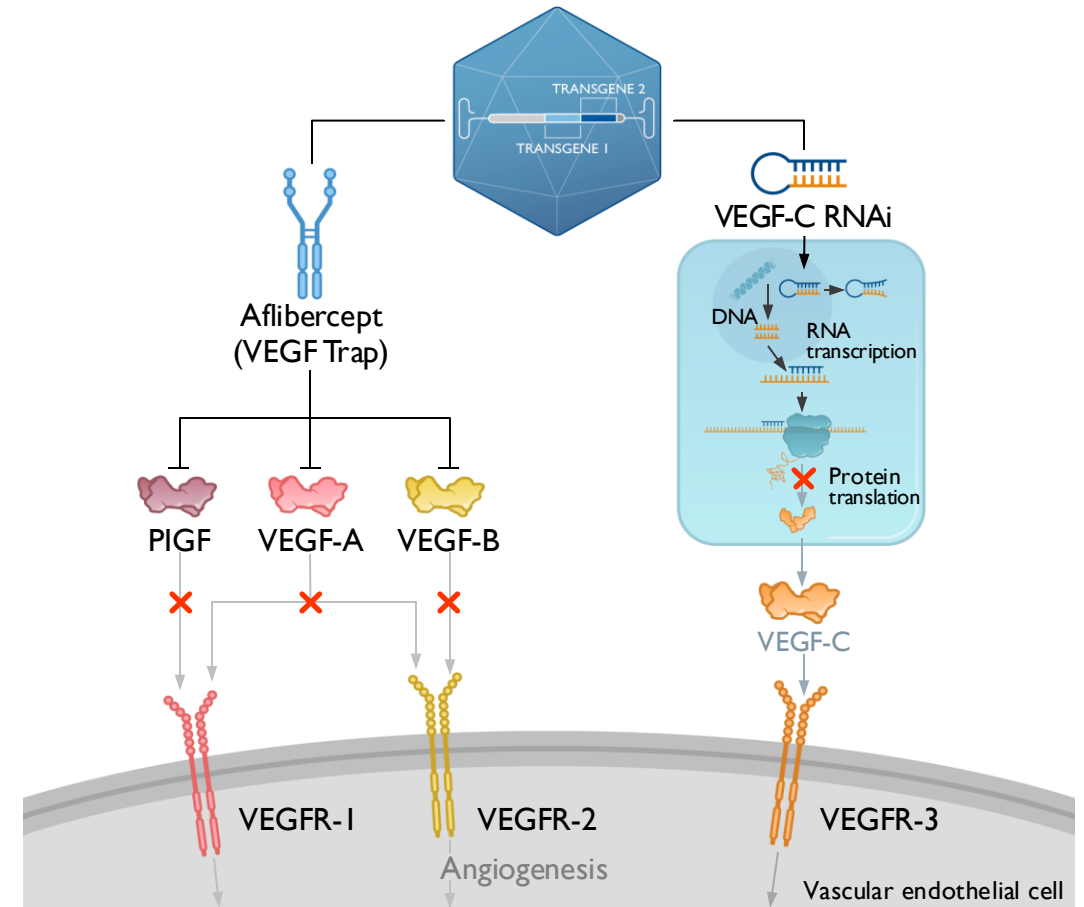
### **R100 capsid designed for:**

Selective tropism for retinal cells

Efficient, low-dose gene delivery with no significant inflammation

Administration via routine intravitreal injection

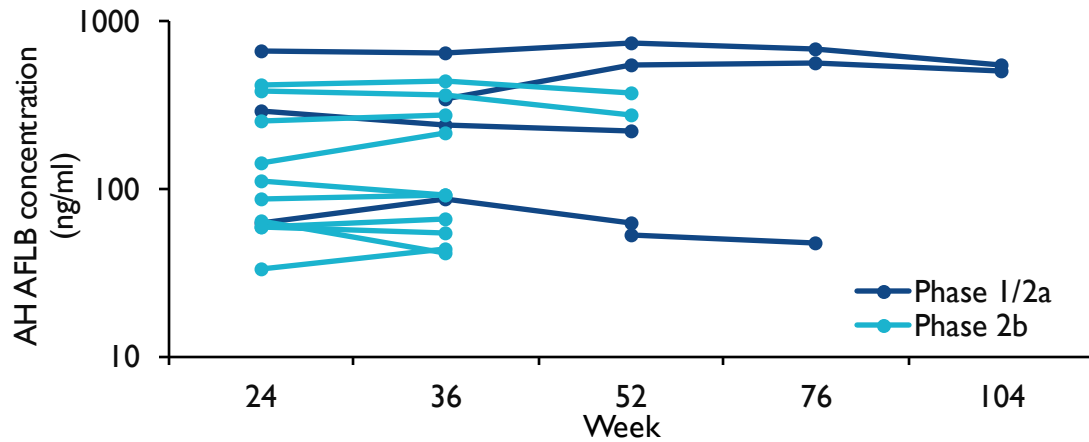
## 4D-I50



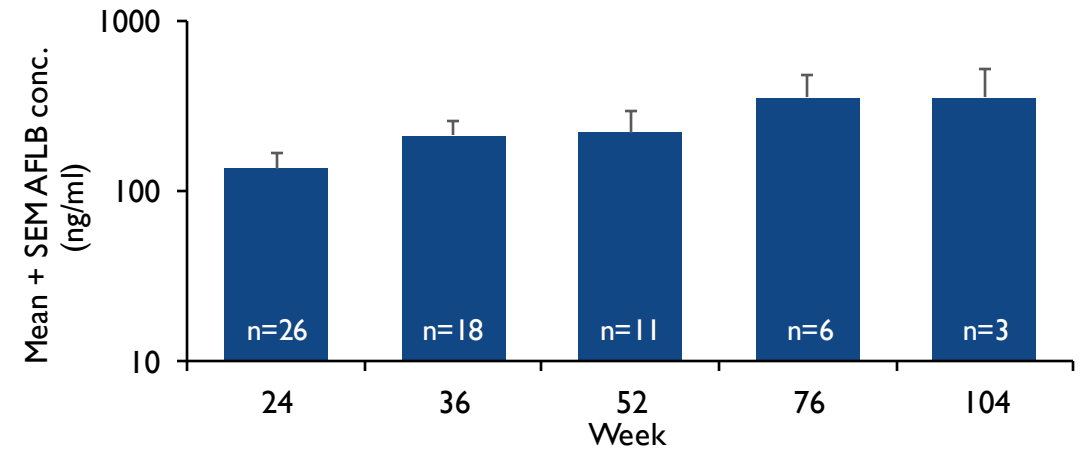
# 4D-150 Transgene Expression Stable for 2 Years

## Durable and Stable Aflibercept Concentrations

### Individual Participants



### Mean AH Aflibercept Concentration

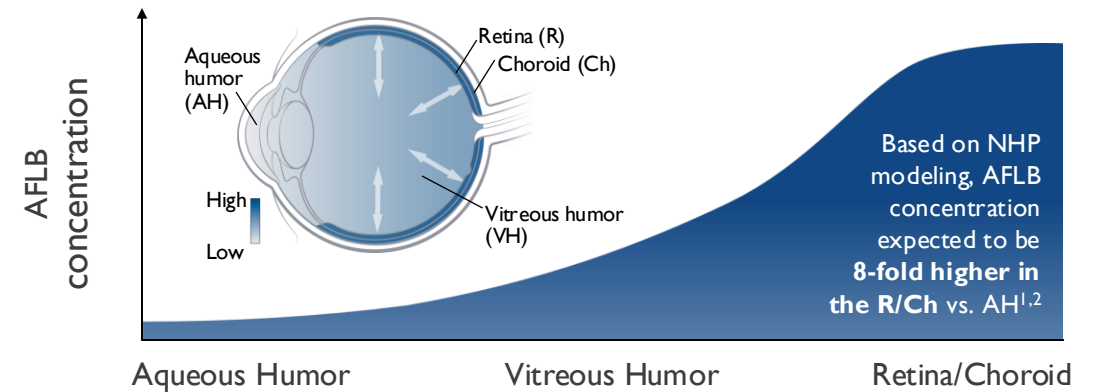


### Analysis Population

Subjects with detectable AH aflibercept and no confounding supplemental injections within prior <20 weeks in the PRISM Phase 1/2a and Phase 2b  $3 \times 10^{10}$  vg/eye dose groups\*

### Key Findings

Robust and durable expression during follow up ranging from 9 months (Phase 2b) to up to 2 years (Phase 1/2a); Phase 2b levels consistent with the long-term trajectory in Phase 1/2a

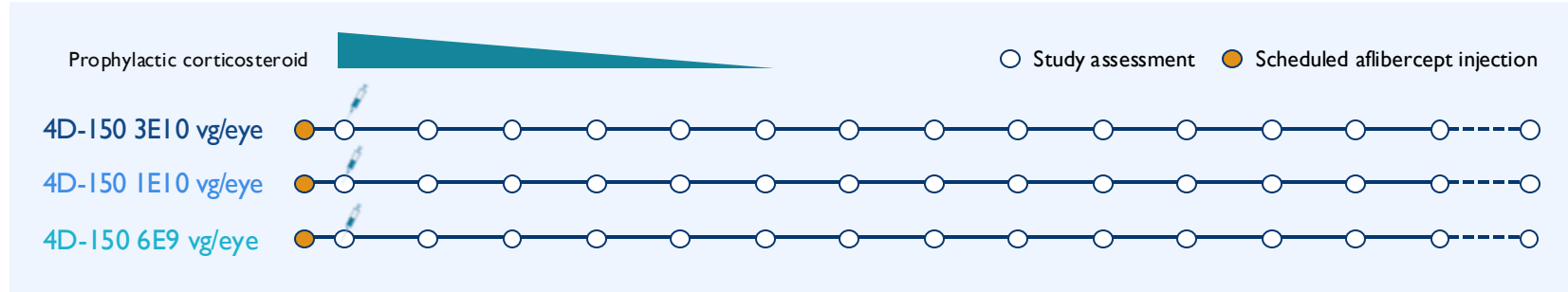


Preliminary data as of November 20, 2024. \*Visits within 20 weeks after supplemental injections were excluded. Of 54 total subjects, 11 were non-evaluable at all visits due to supplemental injections. Of the 43 evaluable subjects, 29/43 (67%) had detectable AFLB levels at any visit; 14/43 (33%) were BLQ at any visit. Subjects were included in the line graph if they had at least two evaluable visits with levels above 30 ng/ml. AFLB, aflibercept; AH, aqueous humor; BLQ, below the level of quantitation; NHP, nonhuman primate; R/Ch, retina/choroid; SEM, standard error of measurement. 1. Calton M. et al. *IOVS* 2024. 2. Khanani A et al. *ARVO* 2023.

# 4D-150 Wet AMD Clinical Development Program

## PRISM Phase I/2 Clinical Trial

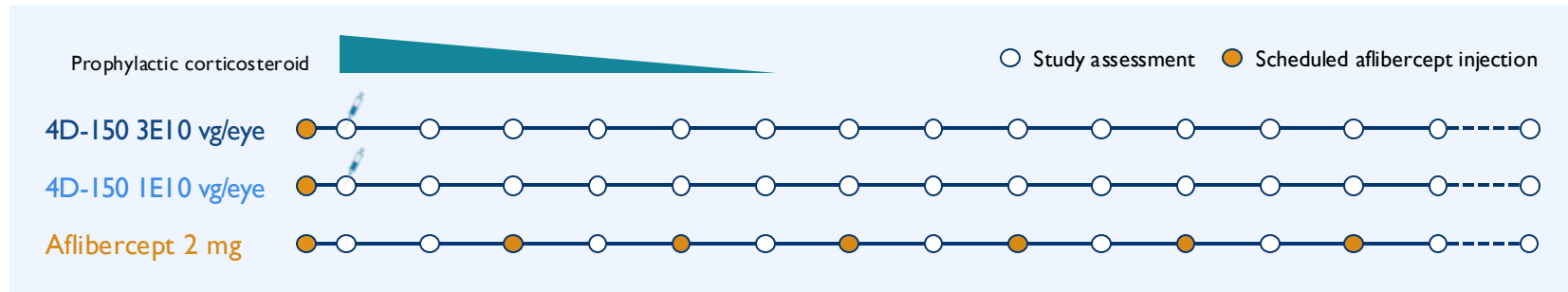
### Phase I Dose Exploration



### Population Characteristics\*

BCVA: 65 letters  
 CST: 392 μm  
 Recently Diagnosed†: 0%  
 Time since Dx: 3.6 years

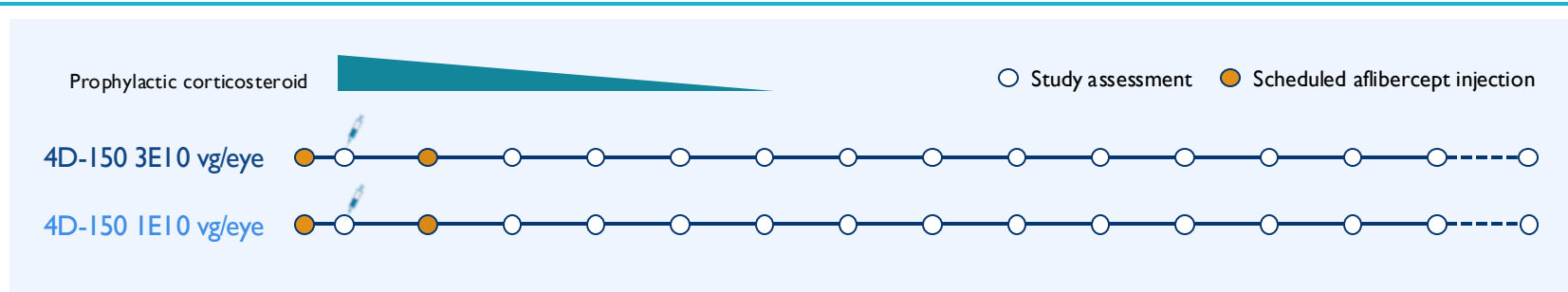
### Phase 2a Dose Expansion (randomized 2:2:1)



### Population Characteristics\*

BCVA: 70 letters  
 CST: 442 μm  
 Recently Diagnosed†: 0%  
 Time since Dx: 3.1 years

### Phase 2b Population Extension



### Population Characteristics\*

BCVA: 72 letters  
 CST: 329 μm  
 Recently Diagnosed†: **50%**  
 Time since Dx: 1.4 years

Week: -1 0 4 8 12 16 20 24 28 32 36 40 44 48 52 104

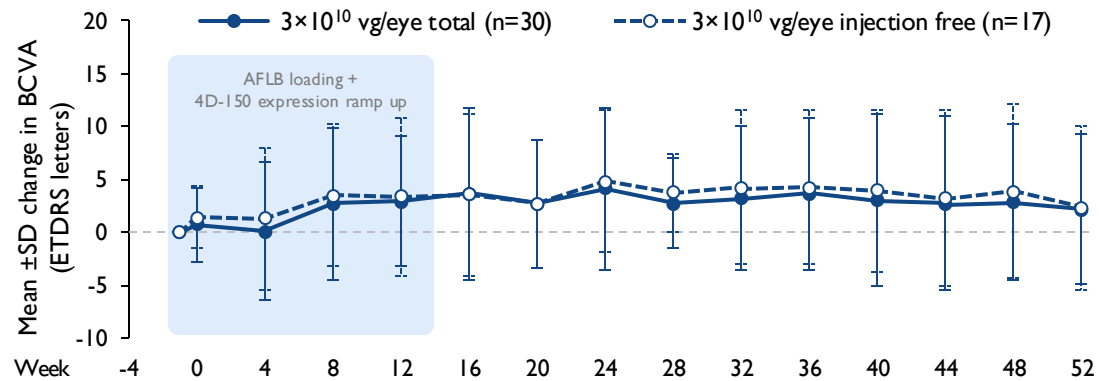
\*Mean values unless otherwise indicated. †Defined as ≤0.5 years from baseline.

# Best Corrected Visual Acuity & Central Subfield Thickness (Week 52)

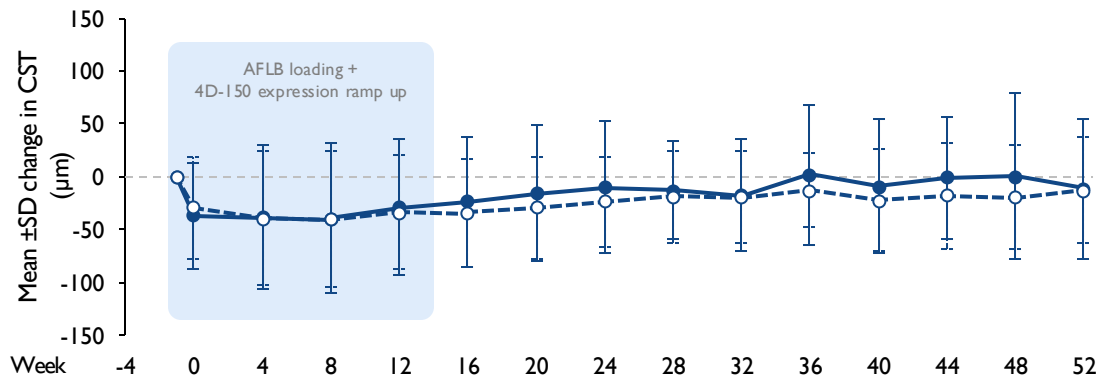
## Improved Visual Acuity and Sustained Anatomic Control

### Visual Acuity and Anatomy

#### Best Corrected Visual Acuity



#### Central Subfield Thickness

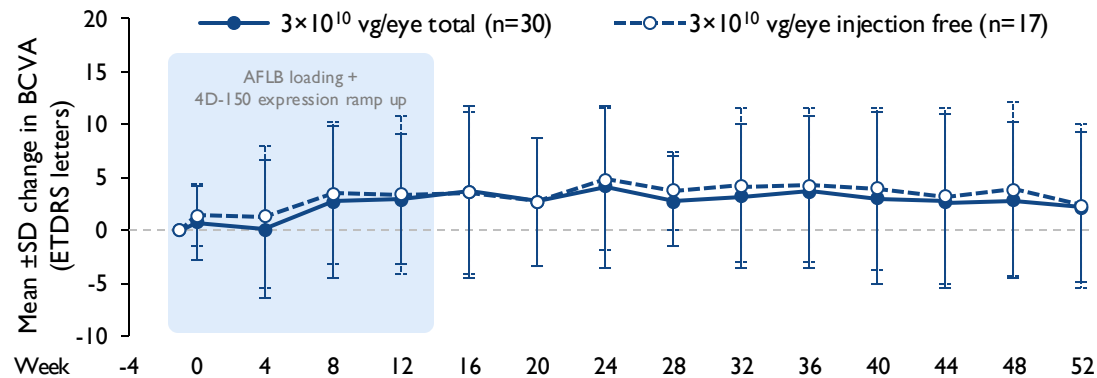


# Supplemental Anti-VEGF Injections Through Week 52 (Phase 2b)

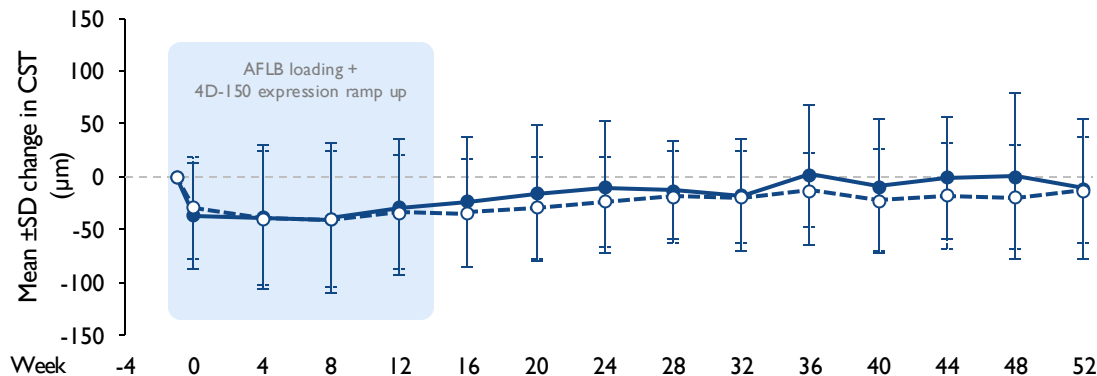
70% of Participants Received 0-1 Supplemental Injections

## Visual Acuity and Anatomy

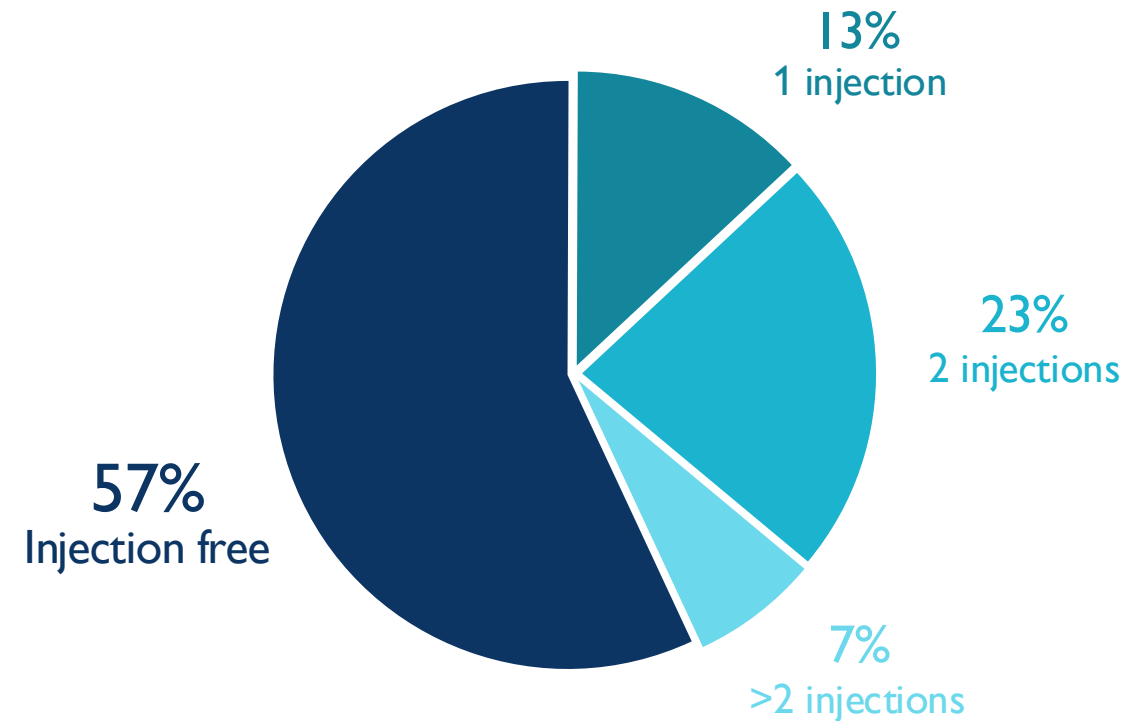
### Best Corrected Visual Acuity



### Central Subfield Thickness



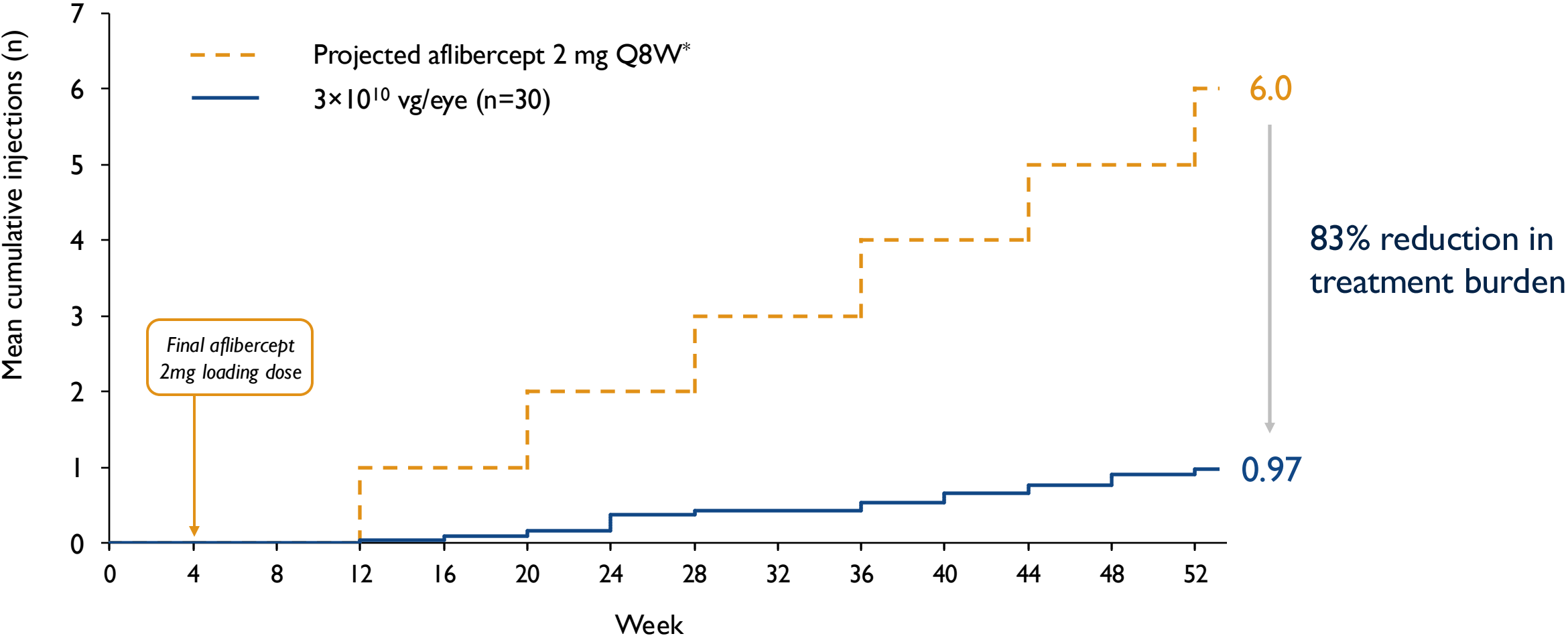
## Supplemental Injections (Week 52)



Mean number of supplemental injections: **0.97**



# Mean Cumulative Number of Aflibercept Injections



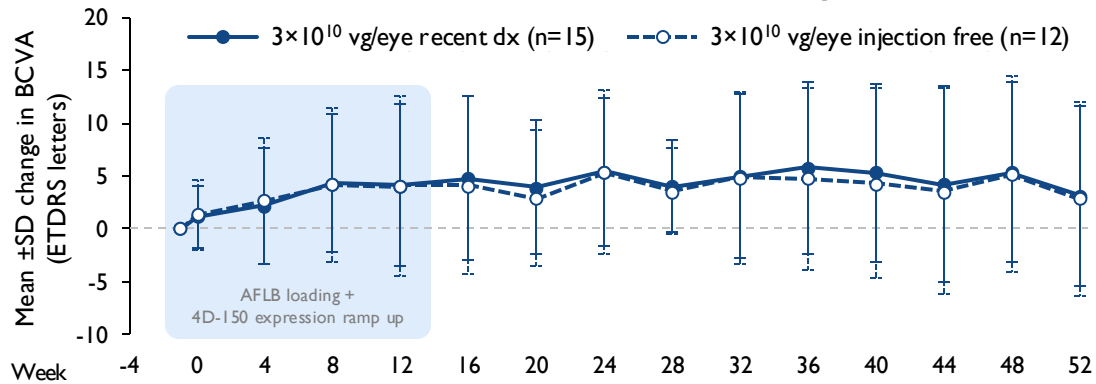
Mean cumulative function derived from a single-arm Cox proportional hazard regression model used to estimate the mean cumulative number of supplemental injections.  
\*Projection based on last loading dose in Phase 2b and approved dosing schedule for aflibercept in wet AMD.

# Best Corrected Visual Acuity & Central Subfield Thickness (Recently Dx\*)

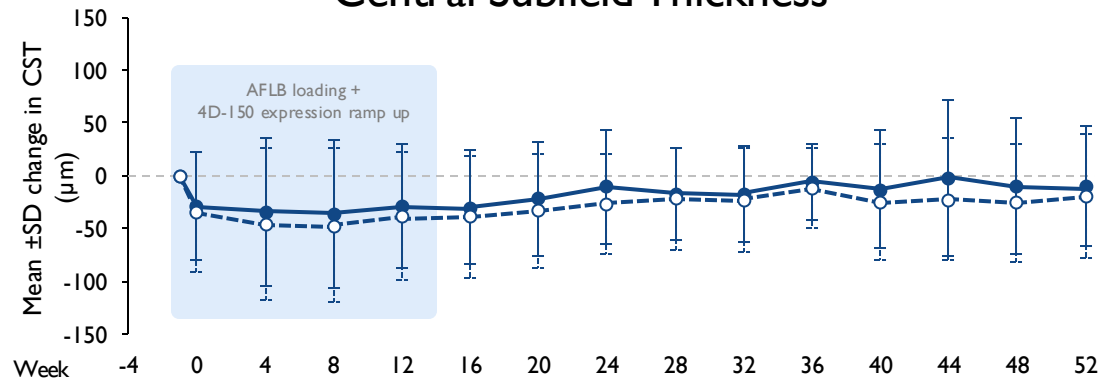
## Improved Visual Acuity and Sustained Anatomic Control

### Visual Acuity and Anatomy

#### Best Corrected Visual Acuity



#### Central Subfield Thickness



\*Defined as  $\leq 0.5$  years from baseline.

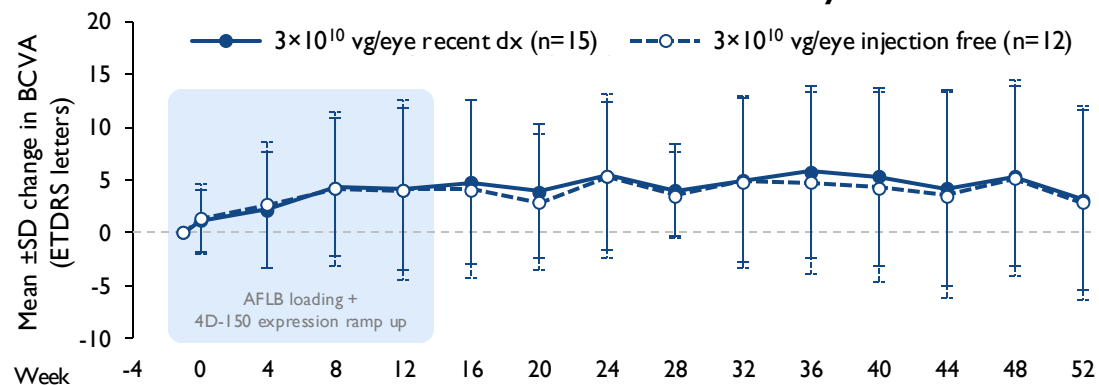
Evaluable BCVA data shown at each timepoints in all patients except for missed visits (n=2 patients) or confounded assessments due to cataract or surgery (n=1 at 3 timepoints); Week 52 mean change in BCVA without censoring: +2.4 letters.

# Supplemental Anti-VEGF Injections Through Week 52 (Recently Dx\*)

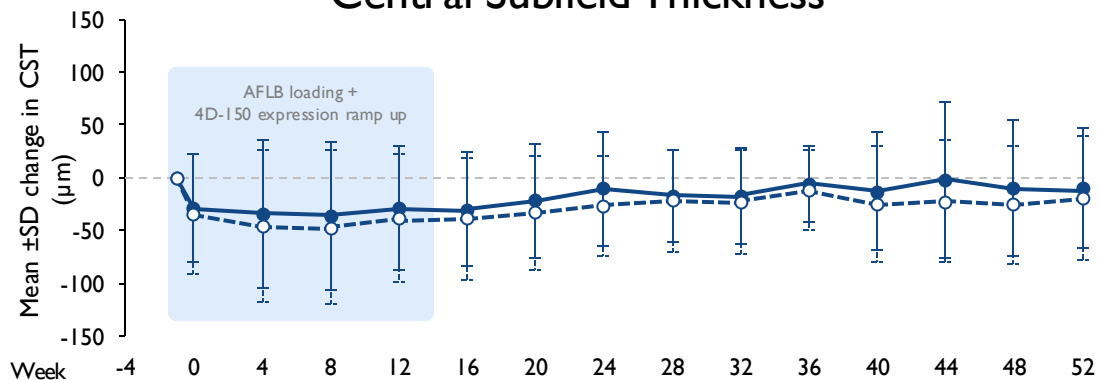
87% of Patients Received 0-1 Supplemental Injection

## Visual Acuity and Anatomy

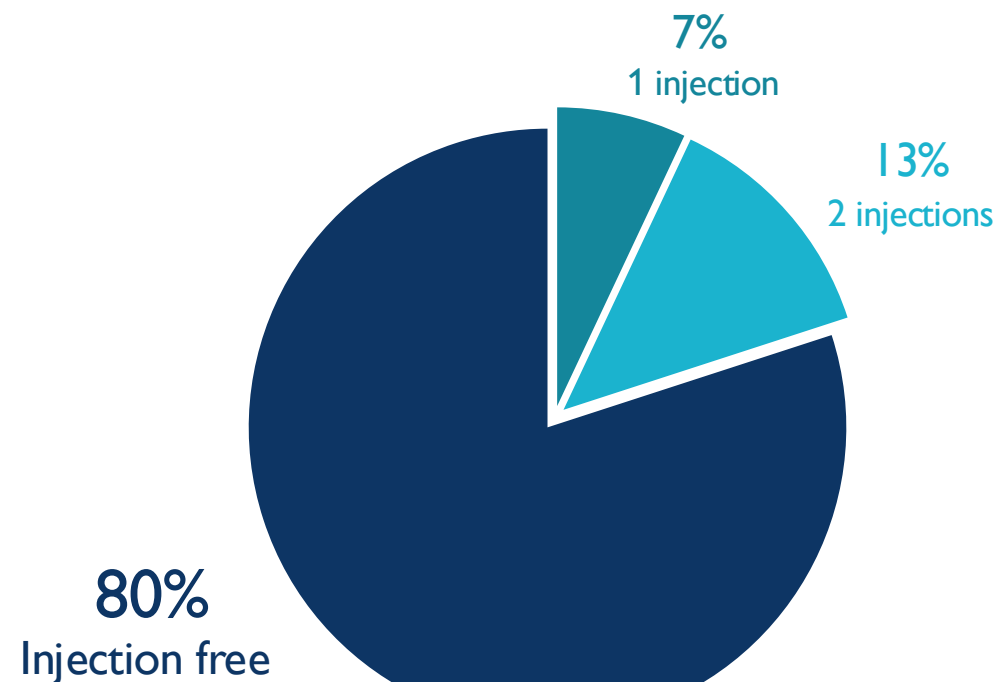
### Best Corrected Visual Acuity



### Central Subfield Thickness



## Supplemental Injections (Week 52)

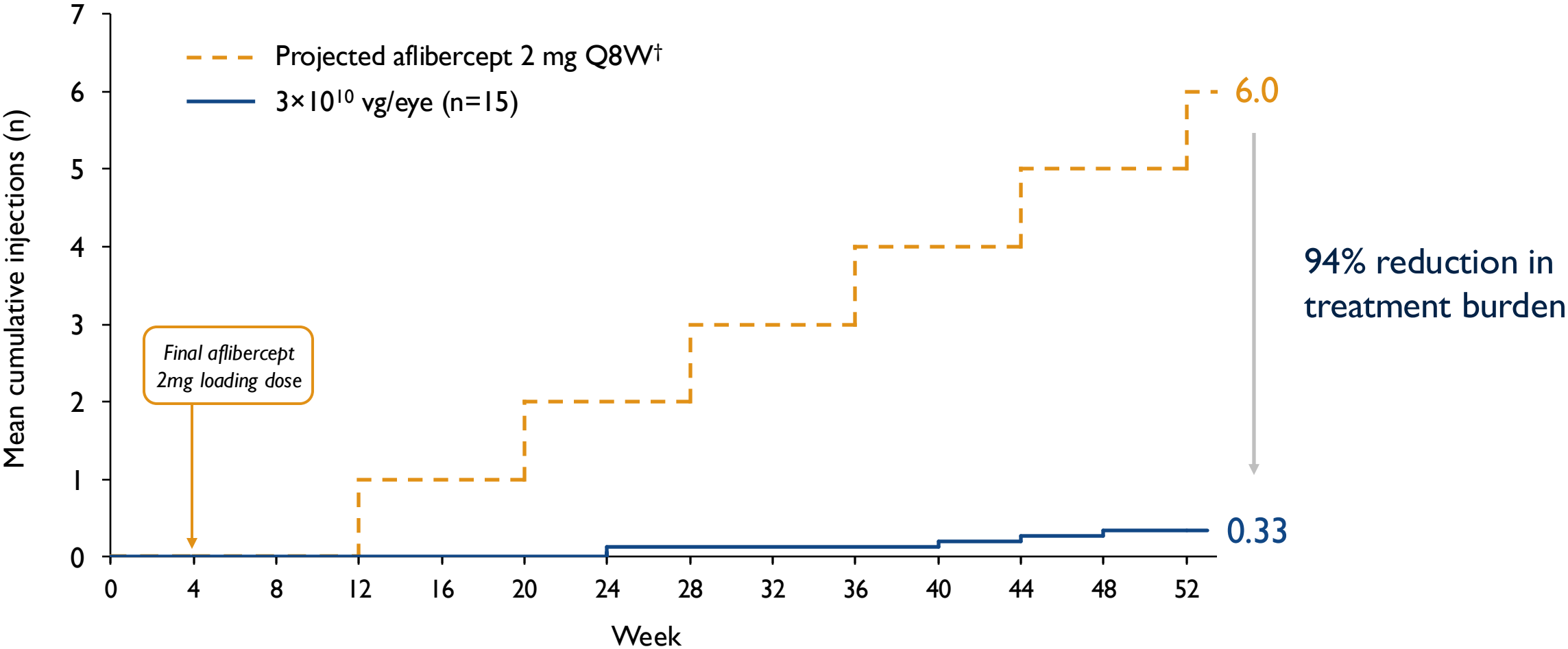


Mean number of supplemental injections: **0.33**

\*Defined as  $\leq 0.5$  years from baseline.

Evaluable BCVA data shown at each timepoints in all patients except for missed visits (n=2 patients) or confounded assessments due to cataract or surgery (n=1 at 3 timepoints); Week 52 mean change in BCVA without censoring: +2.4 letters.

# Mean Cumulative Number of Aflibercept Injections (Recently Dx\*)

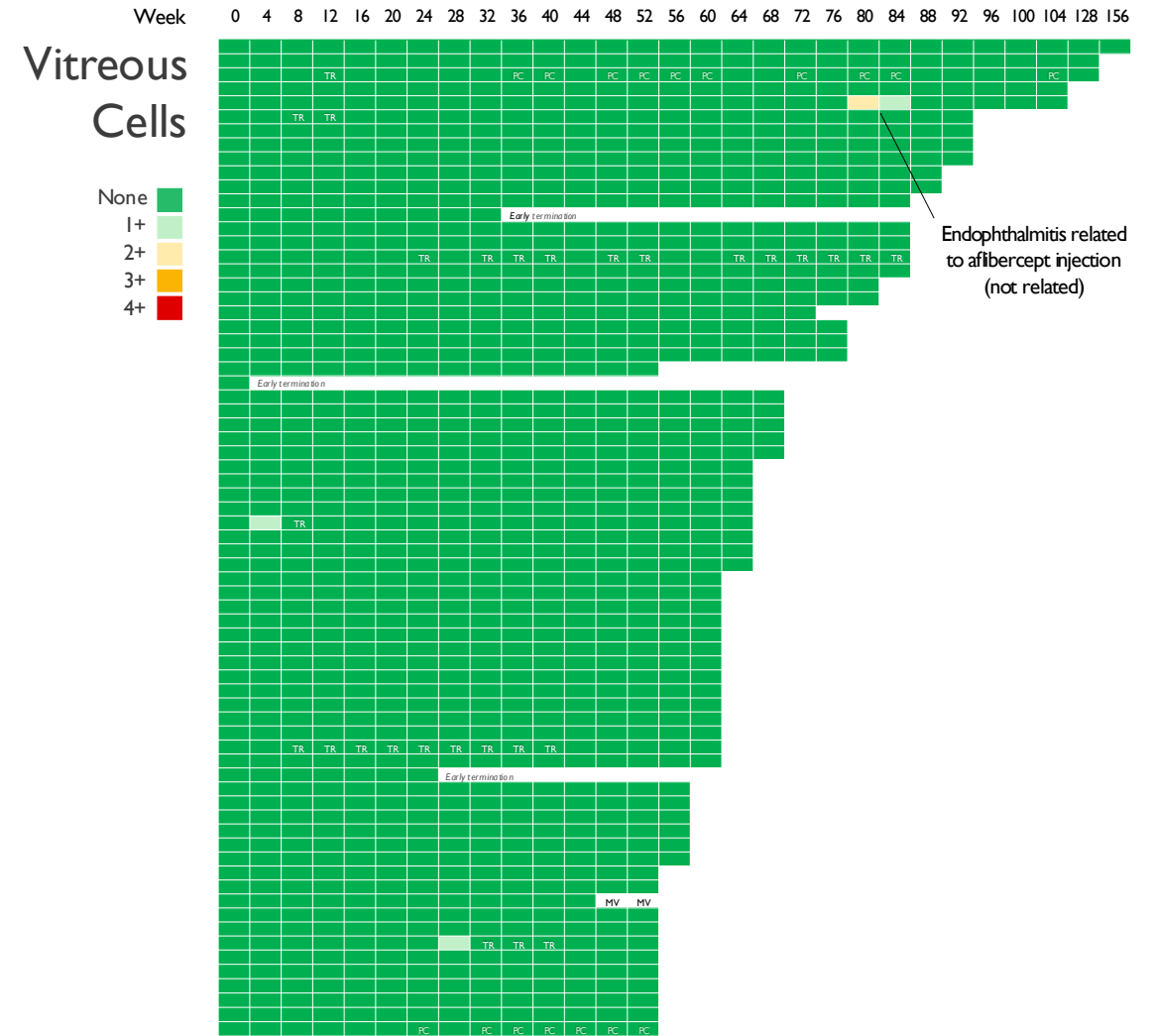
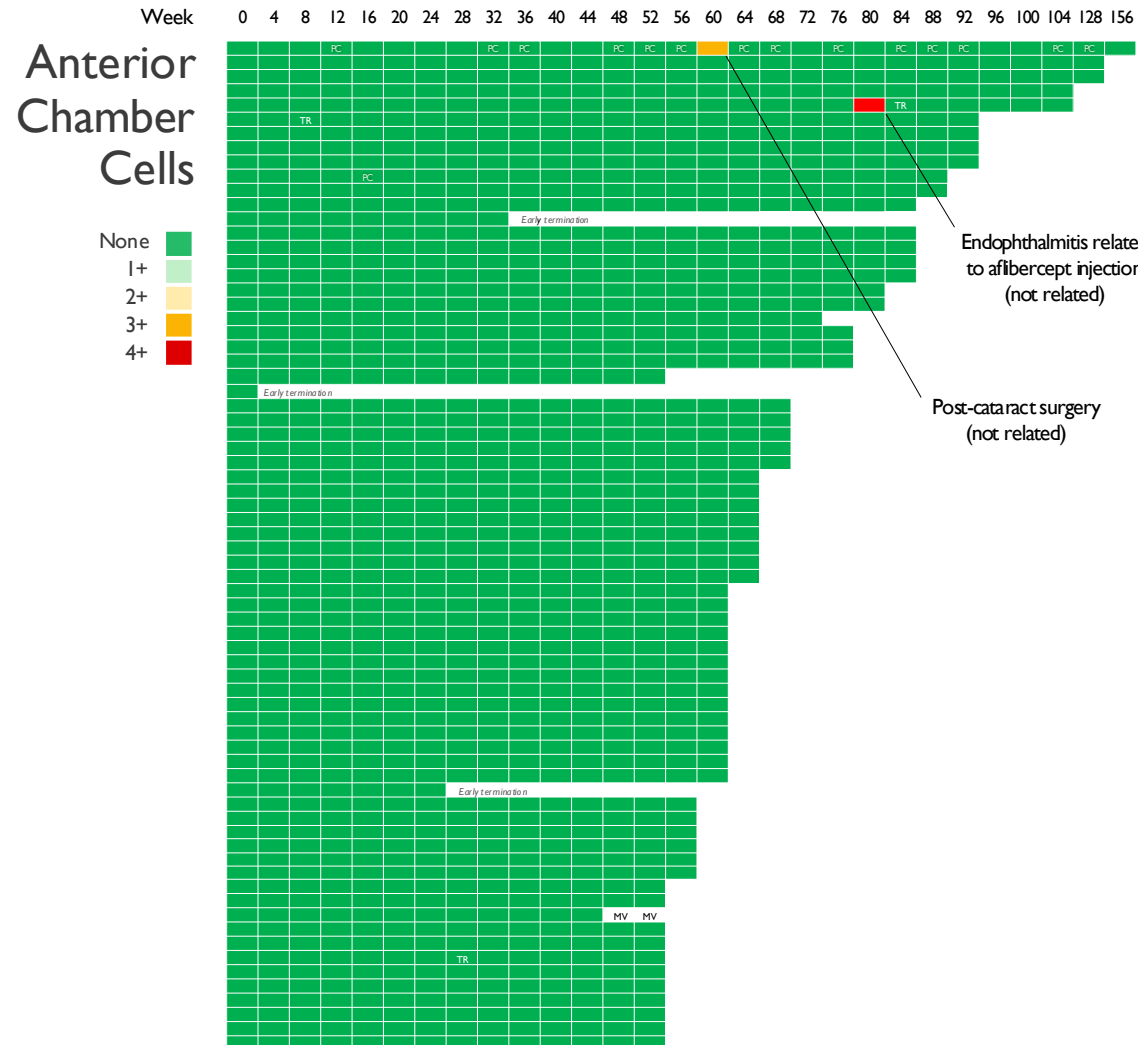


Mean cumulative function derived from a single-arm Cox proportional hazard regression model used to estimate the mean cumulative number of supplemental injections.

\*Defined as ≤0.5 years from baseline. †Projection based on last loading dose and approved dosing schedule for aflibercept in wet AMD.

# Ophthalmic Examination ( $3 \times 10^{10}$ vg/eye)

## 4D-150 Remained Well Tolerated During up to 2.5 Years of Follow Up



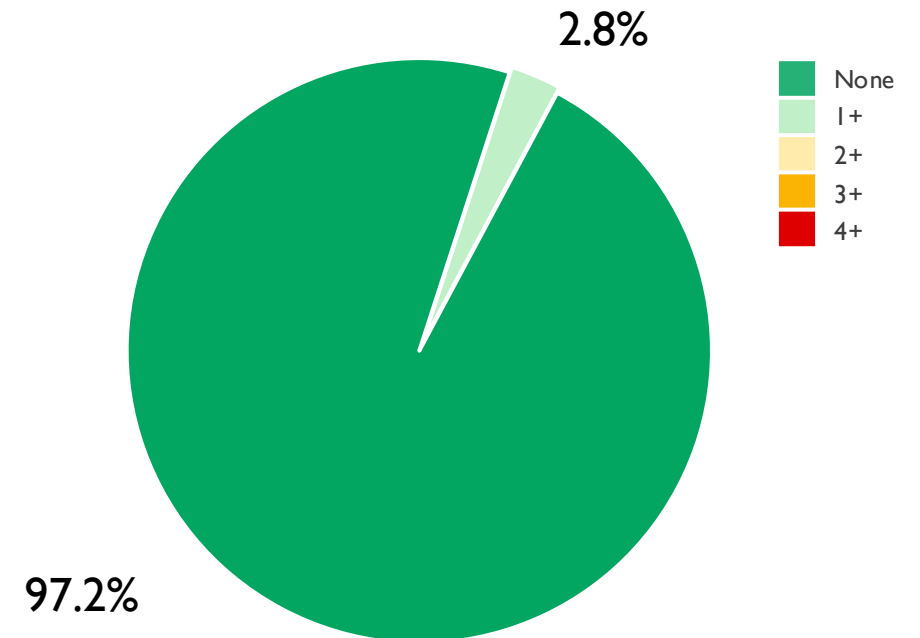
# Safety and Tolerability

## 4D-150 Continues to be Well Tolerated Across PRISM $3 \times 10^{10}$ vg/eye Cohorts\*

- No 4D-150–related serious adverse events
- No 4D-150–related hypotony, endophthalmitis, occlusive/non-occlusive retinal vasculitis, or choroidal effusions
- Transient treatment-related IOI  $\geq 1^+$  observed in 2 of 71 (2.8%) participants
- 99% (70 of 71) completed prophylactic steroid taper on schedule

4D-150  $3 \times 10^{10}$  vg/eye (N=71)\*

Highest SUN/NEI Score<sup>†</sup>



\*Duration of follow up,  $\leq 3$  years. <sup>†</sup>4D-150–related.

IOI, intraocular inflammation; NEI, National Eye Institute; SUN, Standardization of Uveitis Nomenclature; VC, vitreous cells.

# Global 4FRONT Phase 3 wAMD Program

Primary Endpoint: Noninferiority of 4D-I50 to Aflibercept 2mg Q8W in Change in BCVA at Week 52

## Key Inclusion Criteria

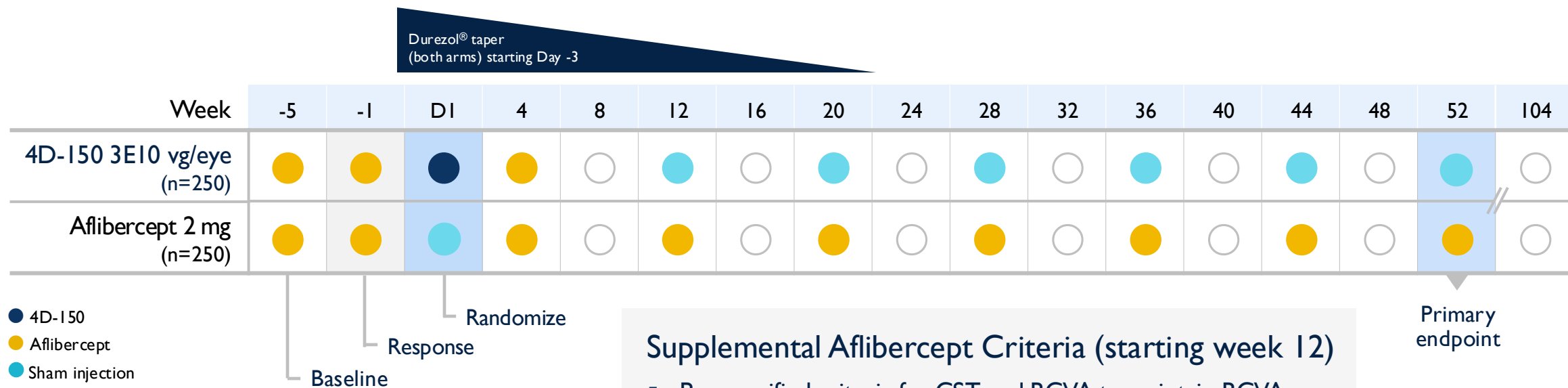
**BCVA:**  
25-78 letters

**Anti-VEGF responsive:**  
After Week -5 loading dose

## Study Population

**4FRONT-1**   
Treatment naïve

**4FRONT-2**   
Treatment naïve & experienced  
(diagnosed within 6 months)



### Supplemental Aflibercept Criteria (starting week 12)

- Pre-specified criteria for CST and BCVA to maintain BCVA and protect primary endpoint
- Reference point: after 3 loading doses

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- Initiation of Phase 3 program anticipated in early 2025



# Acknowledgments

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## Murtaza Adam

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