Preclinical Characterization of 4D-175, a Novel AAV-based Investigational Intravitreal Gene Therapy for Geographic Atrophy

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Geographic Atrophy

- Major cause of irreversible vision loss affects an estimated 5 million individuals globally (1 million in the US)^{1,2}
- Characterized by atrophic lesions caused by progressive degeneration of the RPE, photoreceptors, and choroid
- Current treatments reduce the rate of growth in GA lesions but require monthly or bimonthly intravitreal injections^{3,4}
 - Increased risk of choroidal neovascularization^{3,5}



GA, geographic atrophy; MAC, membrane attack complex; RPE, retinal pigment epithelium.

I. Wong et al. Lancet Glob Health 2014;2:e106–16. 2. Freidman et al. Arch Ophthalmol 2004;122:564–72. 3. Syfovre [package insert]. Apellis Pharmaceuticals. 4. Izervay [package insert]. Iveric Bio, Inc. 5. Sivaprasad et al. Eye (Lond) 2023;37:402–7.

Complement Factor H (CFH)

- Key regulator of the complement system
 - Inhibits assembly of C3 and C5 convertases via competition with CFB for C3b binding¹
 - Facilitates disassembly of convertases by displacing bound factor Bb¹
 - $\,\circ\,$ Inactivates C3b by acting as a cofactor for CFI $^{\rm I}$
- Inactivation of alternative pathway on host cells localizes reaction to pathogens
- CFH dysfunction promotes assembly of C3 and C5 convertases and amplifies activation of the alternative complement pathway^{2,3}



I. Perkins et al. Immunobiol 2012;217:281-97. 2. Manuelian et al. J Clin Invest 2003;111:1181-90. 3. Prosser et al. J Exp Med 2007;204:2277-83.

CFB, complement factor B; CFI, complement factor I.

CFH Dysfunction in Geographic Atrophy

- Variants in the gene encoding CFH are strongly associated with the risk of GA^{1,2}
 - $_{\odot}~$ Most common variant (Y402H) accounts for nearly 50% of the overall risk^{2,3}
 - Rare variant (R1210C) is strongly associated with early onset GA⁴
- Murine models support a causal role for CFH dysfunction in retinal pathology⁵
 - CFH-deficient mice exhibit increased retinal C3 deposition and decreased visual acuity²; expression of human CFH rescues the phenotype⁶
 - Transgenic mice expressing human CFH Y402H variant develop AMD-like retinal pathology⁷
- Individuals with the Y402H variant have elevated levels of inflammatory markers in the choroid⁸ and increased plasma concentrations of complement activation products⁹

AMD, age-related macular degeneration; CFH, complement factor H; GA, geographic atrophy.

Mitchell et al. Lancet 2018;392:1147–59.
Klein et al. Science 2005;308:385-9.
Edwards et al. Science 2005;308:421-4.
Raychaudhuri et al. Nat Genet 2011;43:1232-6.
Ding et al. Adv Exp Med Bio 2014;801:213-19.
Coffey et al. Proc Natl Acad Sci USA 2007;104:16651-6.
Ding et al. Am J Pathol 2015;185:29-42.
Ufret-Vincenty et al. Invest Ophthalmol Vis Sci 2010;51:5878-87.
Smailhodzic et al. Ophthalmology 2012;119:339-46.

Gene Therapy for Geographic Atrophy

Therapeutic Rationale

- The retina is an opportune target for gene therapy
 - Small tissue volume
 - Relatively low dose requirements
 - Stable and non-dividing cell population
- Complement inhibition is a clinically validated therapeutic strategy in GA
 - Current therapies require monthly or bimonthly IVT injections
- Targeted delivery of therapeutic transgenes to the retina allows continuous steady state concentration
 - Potential for durable clinical benefit with single injection



Intravitreal AAV-mediated Retinal Gene Therapy Retinal Cell Transduction



 Conventional wild-type AAV vectors exhibit poor retinal cell transduction

R100: Retinotropic AAV Vector



 Synthetic AAV capsid with enhanced capacity to penetrate vitreoretinal barriers

R100: Targeted and Evolved AAV Vector

Extensive Characterization in Preclinical and Clinical Studies



- Enhanced capacity to cross vitreoretinal barriers
- Transduction of all regions and layers of the retina
- Robust transgene expression following IVT administration



 Superior transduction of human RPE cells compared to AAV2 in vitro

Retinal Transduction in NHPs



Intravitreal administration of R100.CAG-EGFP 1x10¹² vg/eye.

Clinical Validation

Vector	Product	Target Indication	N
	4D-150 AFLB, miR-(VEGFC)	Wet AMD, DME	130
	4D-110 <i>CHM</i>	Choroideremia	13
R100	4D-125 <i>RPRG</i>	XLRP	15

4 Phase 1/2 clinical trials (N=158).

EGFP, enhanced green fluorescent protein; NHP, nonhuman primates; RPE, retinal pigment epithelium; XLRP, X-linked retinitis pigmentosa.

4D-175 Transgene Design and Function

Short-form Complement Factor H (sCFH)



 Reduced size of the sCFH protein predicted to result in increased penetration of the RPE and choroid^{2,3}

de Córdoba SR, de Jorge EG. *Clin Exp Immunol* 2008;151:1–13.
Moore et al. *IOVS* 2001;42:2970-5.
Bok et al. *IOVS* 1985;26:1659-94.

Pharmacological Activity Heparin Binding C3b Cleavage Control sCFH NT CFH CFH Supernatant + + + + . sCFH • Purified CFI + + + + C3b kDa 250 125 C3b α chain 90 C3b ß chain 0.1 100 10 Cleavage 50 product Protein Conc (nM) Cleavage 38 product hC3b Binding Cleavage 25 product CFH sCFH 2 3 4 5 6 7 sCFH exhibits proper heparin and C3b binding and inhibits

0.1

OD450

OD450

100

10

Protein Conc (nM)

complement activity in vitro

4D-175 Design

Intravitreal Gene Therapy for Geographic Atrophy

- Clinically validated retinotropic AAV vector (R100)
- Codon-optimized sequence encoding a shortened form of human complement factor H (sCFH)
- Ubiquitous promotor to drive transgene expression
- Therapeutic objective: Restore normal complement regulation in the retina through durable expression of CFH



4D-175 Transgene Cassette

4D-175 Preclinical Characterization

Robust Transgene Expression and Functional Activity in Human Retinal Cells In Vitro



Dose-dependent transgene expression and inhibition of alternative complement pathway in human RPE cells

*iPSC-derived RPE cells (assessed by enzyme-linked immunosorbent assay). [†]Assessed by immunocytochemistry and flow cytometry; alternative complement pathway activated by addition of serum (1%) and zymosan (0.5 mg/mL serum) to culture medium. ECU, eculizumab (anti-C5 antibody; positive control); iPSC, induced pluripotent stem cells; MAC, membrane attack complex; MOI, multiplicity of infection; NT, non-transduced; RPE, retinal pigment epithelium.

4D-175 Preclinical Characterization

NHP Ocular Pharmacodynamics and Tolerability



4D-175 Safety and Tolerability Fluorescein Angiography Intraocular Pressure (IOP) NHP 2502 (1.5x1011 vg/eye) /ehicle (n=3) Mean ±SD IOP (mm Hg) 10¹⁰ vg/eye (n=3) 1.5x10¹¹ vg/eye (n=3) 30 Week 12 **Baseline** 15 30 45 60 75 90 0 Day **Ophthalmic Examination** Highest Reported Score[¶] Aqueous flare Aqueous cell

18

25

32

*Day 15 following IVT administration of 4D-175. [†]Target mean AH CFH concentration [1]. [‡]1×10¹⁰ vg/eye; tissue concentrations assessed at necropsy. [¶]Uveitis score (3×10¹⁰ and 1.5×10¹¹ vg/eye; n=3 animals per group). 1. Altay et al. Eye 2019;33:1859–64.

Vitreous haze

Vitreous cell

0

2

Day

84

59

42

Conclusions

- In vitro experiments demonstrated that the sCFH transgene-derived protein exhibits functional activity consistent with wild type full-length CFH
 - $_{\odot}~$ Proper heparin and C3b binding
 - Appropriate C3b cleavage and corresponding inhibition of alternative complement pathway activity
- Transduction of human RPE cells with 4D-175 led to dose-dependent transgene expression and inhibition of MAC formation
 - 75–95% reduction in complement-dependent MAC deposition
- IVT administration of 4D-175 (1x10¹⁰ to 5x10¹¹ vg/eye) to NHPs was safe and well tolerated and resulted in robust transgene expression in the retina and RPE/choroid
- 4D-175 IND filing anticipated in 1H 2024

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4D Molecular Therapeutics

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Back-up



Confirmed Pharmacological Function of sCFH In Vivo

Phenotypic Correction in Mouse Model of aHUS





 sCFH prevented aHUS phenotypes and extended survival compared to controls in a mouse disease model