

Edasalonexent, a Novel NF-κB Inhibitor, Slows Disease Progression in Young Boys with Duchenne in the Phase 2 and Open-Label Extension of MoveDMD Trial

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Background & Study Design

Edasalonexent: Potential for Broad Therapeutic Benefit

Activated NF-κB leads to disease progression in DMD

Skeletal Muscle

Loss of ambulation, upper limb function, respiratory failure

Heart

Cardiomyopathy

Bone

Fractures

Vision for Edasalonexent, an NF-κB inhibitor

✓ Goal: Improve skeletal muscle function

✓ Goal: Preserve cardiac function

✓ Goal: Reduce risk of fractures

NF-κB is a key link between loss of dystrophin and disease pathology; it plays a fundamental role in the initiation and progression of skeletal muscle, respiratory and cardiac disease in DMD

Design of MoveDMD, a Phase 2 Trial with Open-Label Extension

Study Objectives

– Proof of concept using MRI to assess changes in muscle health

– Long-term study to enable Phase 3

Key Inclusion / Exclusion criteria

– Age 4 to 7 (up to 8th birthday) not on corticosteroids for at least 24 weeks

Phase 1

n=17

1 week

Off-Treatment Period

n=16

~6 months prior to Phase 2

Phase 2

n=31

12-week placebo-controlled period

Open-Label Extension

n=31

>72 weeks

Analysis Plan

– 12-week placebo control period

– Compare changes during off-treatment control period with changes after initiation of edasalonexent

Key Functional Assessments Performed During Clinic Visits

North Star Ambulatory Assessment

Assessment measures — from most to least difficult

Hop right leg	Climb box step right
Hop left leg	Climb box step left
Stand on heels	Stand on one leg right
Rise from floor	Stand on one leg left
Run	Get to sitting
Jump	Rise from chair
Lift head	Walk
Descend box step right	Stand
Descend box step left	

How measures are scored:

2

Can perform

1

Can perform with difficulty

0

Unable to perform

Timed Function Tests

10-meter walk/run

4-stair climb

Time to rise from supine

Range of Endpoints to Demonstrate Proof of Concept and Support Design of Phase 3

NF-κB Target Engagement

– Inhibition of NF-κB targeted gene set in peripheral blood

Biomarkers

– CRP, biomarker of inflammation

– Muscle enzymes

Muscle MRI

– MRI T2 of upper and lower leg

– MRS muscle fat

Functional

– North Star Ambulatory Assessment and Timed Function Tests

Results

In Phase 2 MoveDMD Trial and Open-Label Extension: All Assessments of Function Stabilized on Edasalonexent Compared to Off-Treatment Control

North Star Ambulatory Assessment

Edasalonexent 100 mg/kg

Control Period

Speed (Seconds)

Weeks

4-Stair Climb

Edasalonexent 100 mg/kg

Control Period

Speed (Seconds)

Weeks

10-Meter Walk/Run

Edasalonexent 100 mg/kg

Control Period

Speed (Seconds)

Weeks

Time to Stand

Edasalonexent 100 mg/kg

Control Period

Speed (Seconds)

Weeks

In Phase 2 MoveDMD Trial and Open-Label Extension: Edasalonexent Improved Rate of Change of MRI T2 Compared to Off-Treatment Control Period

MRI T2: Composite of 5 Lower Leg Muscles

Edasalonexent 100 mg/kg

Off-treatment control

Weeks on Edasalonexent

Annualized Rate of Change (in percent)

Composite of 5 lower leg muscles MRI T2 used to encompass muscles at various stages of disease progression and minimize variability

Following 72 weeks of edasalonexent, the rate of increase in the composite MRI T2 in the five lower leg muscles decreased as compared to the rate of increase during the off-treatment control period

Safety: Edasalonexent Has Been Well Tolerated To Date

50+ years of patient exposure

– Majority of adverse events observed were mild in nature

Boys on edasalonexent in our Phase 2 clinical trial and open-label extension grew similarly to boys not affected by Duchenne

– Height increased by an average of 2.1 inches/year

– Weight increased by an average of 2.9 pounds/year

– Both increases in line with typical height and weight increases of boys not affected by Duchenne

Boys are growing taller! Boys grew over 2 inches per year on average, which is comparable to the growth curves of boys not affected by Duchenne.

In Phase 2 MoveDMD Trial and Open-Label Extension: Edasalonexent Showed Potential for Cardiac Benefits in DMD

Heart Rate: Change from Baseline

Edasalonexent

Baseline 99 beats/min

Beats per minute

Weeks on Edasalonexent

Elevated resting heart rate is initial manifestation of cardiac disease in DMD

– Cardiac failure is a leading cause of mortality in DMD

– Elevated heart rate triples the risk of cardiomyopathy several years later

Edasalonexent analog had positive effects on fibrosis in mdx and GRMD models

– Edasalonexent tissue levels in heart > skeletal muscle

In MoveDMD trial, mean resting heart rate significantly decreased, approaching age-normative heart rate ~92 beats per minute

Conclusions & Acknowledgements

Edasalonexent: Potential to Slow Disease Progression for All Those Affected by Duchenne

Being developed as a new oral foundational therapy for all affected by Duchenne, regardless of mutation type, from time of diagnosis throughout their lifetime

Being developed for treatment alone and potential to be combined with dystrophin-targeted therapies

In Phase 2 MoveDMD trial and open-label extension, edasalonexent substantially slowed disease progression compared to off-treatment control period

Edasalonexent is an investigational agent not currently approved in any territory

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