



AVIADOBIO

Delivering Curative Genetic Medicines for Neurodegenerative Disorders

**Intrathalamic Delivery of AVB-101 Rescues Pathology in *Gnrn* Null Mice
and Achieves Widespread Cortical Expression in a Large Animal Model**

Speaker : Youn Bok Lee (Co-founder & Head of Discovery)

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AviadoBio | ESGCT 2022

AviadoBio Focus: Enhanced Biodistribution From Precision Dosing



History:
Formed on pioneering research by King's College London and the UK Dementia Research Institute



Mission:
Develop transformative gene therapies for neurodegenerative diseases



Method:
Combining next-generation vector design with neuroanatomy-led delivery



Delivery:
Precise dosing with extensive biodistribution in the brain and spinal cord

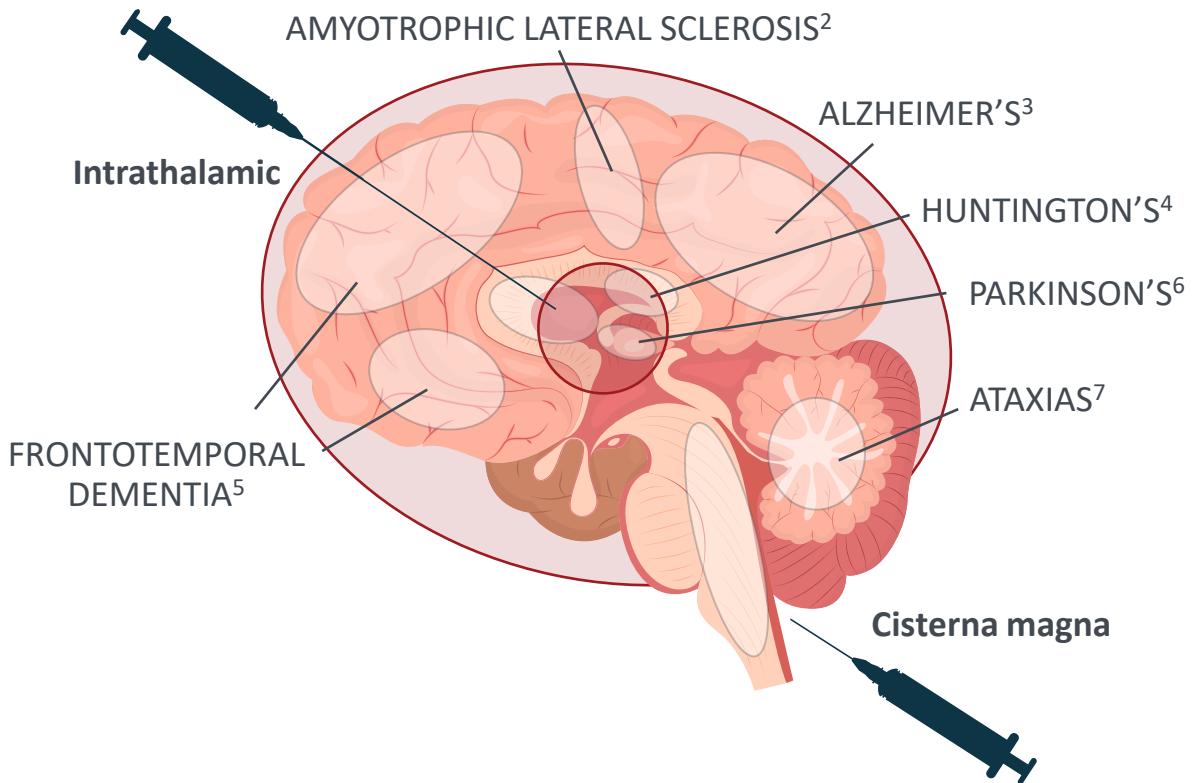


Platforms:
Optimised for gene supplement and miRNA knockdown

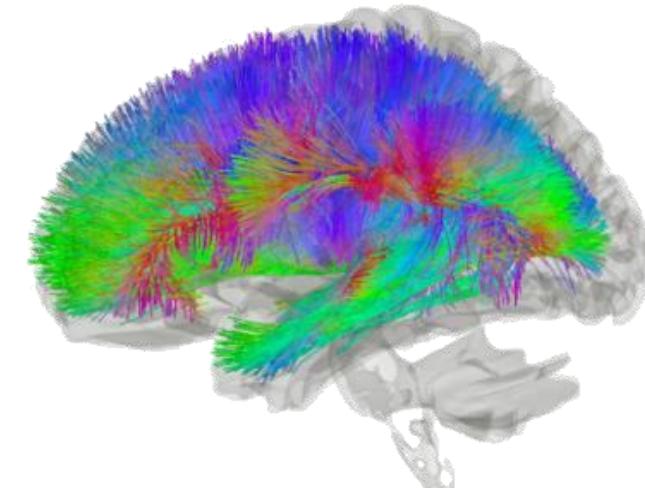
Our lead programme uses AAV to deliver a **progranulin transgene (AVB-101)** to patients with **frontotemporal dementia** due to loss-of-function mutations in the *GRN* gene encoding progranulin (FTD-*GRN*)

Phase I/II trial to be initiated late 2022

Biodistribution is the Key Challenge for CNS Gene Therapies¹



Intrathalamic AAV delivery exploits afferent and efferent connections between the thalamus and cortex



MRI tractography depicting the thalamo-cortical network⁸

Minimal amount of **intrathalamic AAV** achieves **broad brain distribution**

AAV, adeno-associated virus; CNS, central nervous system; MRI, magnetic resonance imaging.

1. Kimura S and Harashima H. Pharmaceutics. 2020;12(12):1216; 2. Masmorri P and Van Damme P. Eur J Neurol. 2020;27(10):1918–1929;

3. Mattson MP. Nature. 2004;430(7000):631–639; 4. Walker FO. Lancet. 2007;369(9557):218–228; 5. Warren JD et al. BMJ. 2013;347:f4827;

6. Braak H et al. Cell Tissue Res. 2004;318(1):121–134; 7. Seidel K et al. Acta Neuropathol. 2012;124(1):1–21; 8. Yeh FC et al. NeuroImage. 2018;178:57–68.

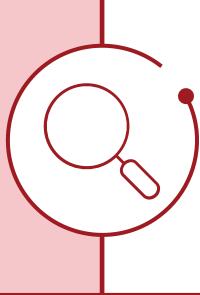
FTD-GRN: A Clear Target for Gene Therapy

Significant Unmet Need



- ~30,000 patients in US and ~76,000 patients in Europe* experience progressive decline in behaviour, personality, executive function and/or language, and death 6–12 years after initial symptoms of FTD^{1–7}
- Burden is significant and costly with no disease-modifying therapies available⁸

Established Disease Biology



- Loss-of-function mutations in *GRN* gene are causative for FTD-GRN⁹
- Deficiency in PGRN increases microglial reactivity, accelerates neurodegeneration and TDP-43 accumulation^{9–12}
- PGRN supplementation corrects pathological phenotype in rodent models¹³

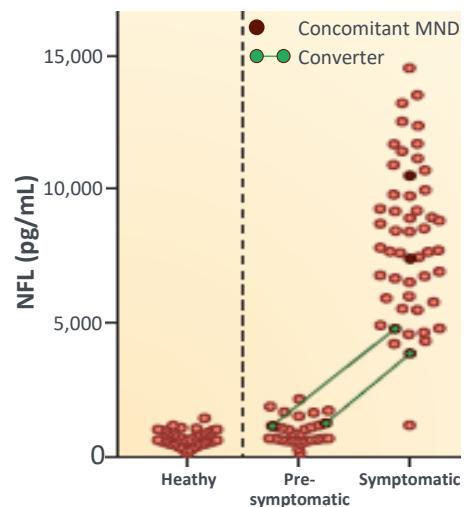
Tractable Clinical Development



- Established natural history cohorts and registries^{14,15}
- Rate of atrophy progression is measurable by MRI¹⁴
- NFL is a blood biomarker for neurodegeneration risk¹⁶
- Clinical endpoints available to support regulatory approval^{14,15,17}



18



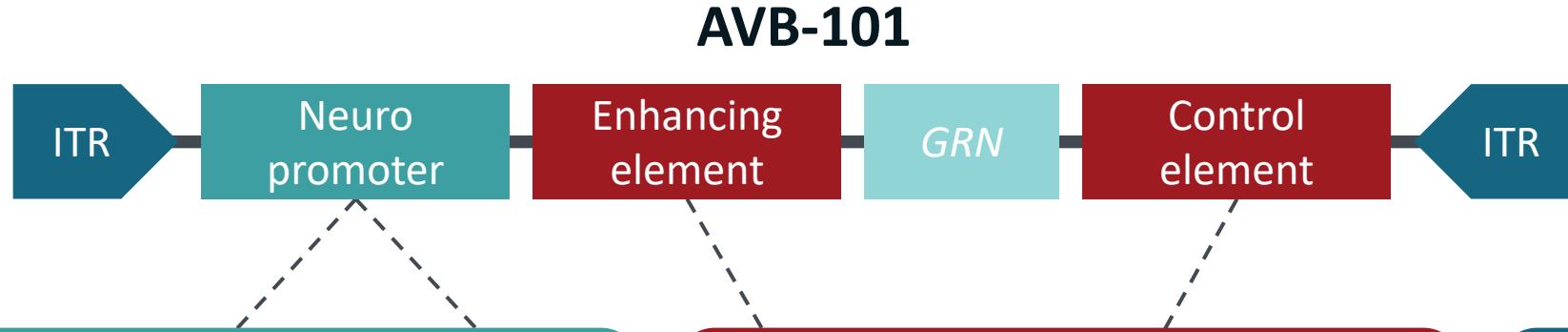
19

*US data is an estimate of cognitive syndromes of frontotemporal lobar degeneration. Europe data is an estimate of behavioural variant FTD in the EU27 of 2013, Norway, Iceland and Lichtenstein.

EU, European Union; FTD, frontotemporal dementia; NFL, neurofilament light chain protein; PGRN, progranulin; symp, symptom; US, United States of America.

1. Knopman DS and Roberts RO. J Mol Neurosci. 2011;45(3):330-335; 2. European Medicines Agency. Public summary of opinion on orphan drug designation: Methylthioninium for the treatment of behavioural variant frontotemporal dementia. 2013; 3. Greaves CV and Rohrer JD. J Neuropathol Exp Neurol. 2019;266(8):2075–2086; 4. Olney JT et al. Neurol Clin. 2017;35(2):339–374; 5. Young JJ et al. Ther Adv Psychopharmacol. 2018;8(1):33–48; 6. Boxer AL and Miller BL. Alzheimer Dis Assoc Disord. 2005;19 Suppl 1:S3–6; 7. Kansal K et al. Dement Geriatr Cogn Disord. 2016;41(1-2):109–122; 8. Galvin JE et al. Neurology. 2017;89(20):2049–2056; 9. Chang MC et al. J Exp Med. 2017;214(9):2611–2628; 10. Root J et al. Neurobiol Dis. 2021;154:105360-11. Yin F et al. J Exp Med. 2010;207(1):117–128; 12. Ahmed Z et al. Am J Pathol. 2010;177(1):311–324; 13. Arrant AA et al. Brain. 2017;140(5):1447–1465; 14. Rohre JD et al. Lancet Neurol. 2015;14(3):253–262; 15. Poos JM et al. Alzheimers Res Ther. 2022;14(1):10; 16. Swift JL et al. J Neurol Neurosurg Psychiatry. 2021;92(2):204–215; 17. Staffaroni AM et al. Brain. 2019;142(2):443–459; 18. Boeve BF et al. Lancet Neurol. 2022;21(3):258–272; 19. Meeter L et al. Nature. 2017;13:406–419.

AVB-101: Gene Supplementation Therapy for FTD-GRN

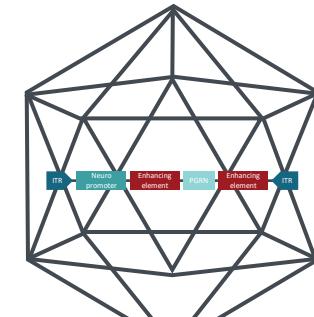


Tissue Specificity

- AVB-101 utilises a **neuronal-specific promoter** to ensure transgene expression is restricted to neurones, minimising the risk of peripheral organ exposure observed with constitutive promoters (e.g., CB7, CMV)
- Secretion of PGRN permits local **cross-correction** of glial cells

Boosting Secretion

- Codon-optimised human *PGRN* transgene
- 5' and 3' enhancing elements that optimises splicing
- Achieves **supraphysiological levels** in brain and CSF in rodents and large animals



Neurotropism

- AAV9 serotype: **neurotropic**¹
- AAV9-based treatment has already been approved for SMA (ZOLGENSMA®)²
- Proven manufacturability
- Cassette size optimised**

Designed with efficacy and safety in mind

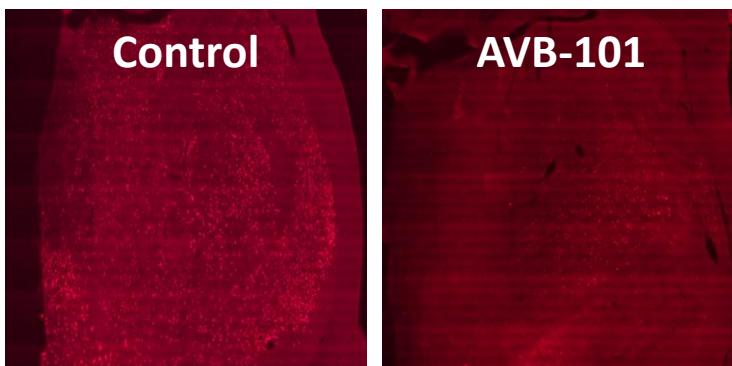
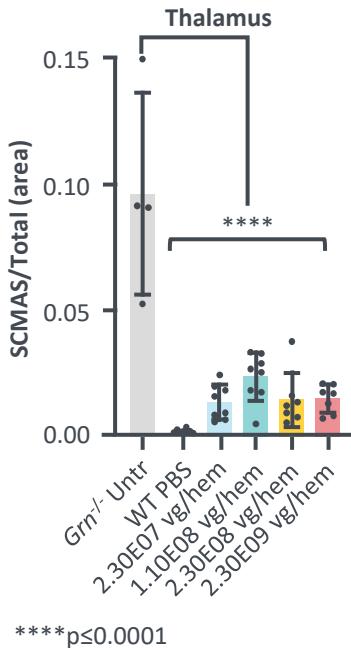
AAV9, adeno-associated virus serotype 9; CB7, chicken β-actin 7; CMV, cytomegalovirus; CSF, cerebrospinal fluid; FTD, frontotemporal dementia; ITR, inverted terminal repeat; hPGRN, human progranulin; SMA, spinal muscular atrophy.

1. Korneyenko MA and Zamyatin Jr AA. *Pharmaceutics*. 2021;13(5):750; 2. Zolgensma. Prescribing information. Bannockburn, IL: Novartis Gene Therapies, Inc. March 2022.

AVB-101 Substantially Reduces Pathology in *Grn* Knock-Out Mice

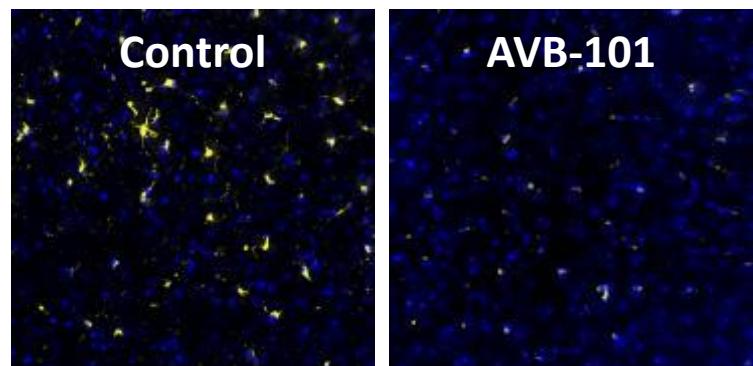
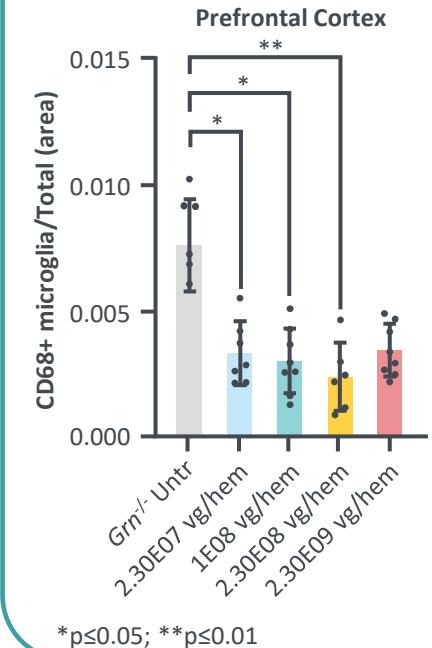
- *Grn*^{-/-} mice develop extensive lipofuscinosis and age-dependent neuroinflammation

Lipofuscinosis (SCMAS)



Visualisation and quantification of **SCMAS (lipofuscinosis)** in the thalamus of control and treated young *Grn*^{-/-} mice. Infused at 8 weeks, imaged at 20 weeks

Neuroinflammation (CD68)



Visualisation and quantification of prefrontal cortex **CD68+ve microglia** in control and treated old *Grn*^{-/-} mice. Infused at 40 weeks, imaged at 52 weeks

- Intrathalamic delivery of AVB-101 in young *Grn*^{-/-} mice (6 weeks) restored wild-type levels of lipofuscinosis (SCMAS) across all doses
 - Intrathalamic delivery of AVB-101 in older *Grn*^{-/-} mice (28 weeks) reduced levels of microglial activation throughout the CNS

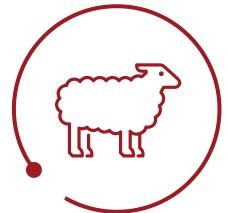
AVB-101 Sheep Study: Overview



Thalamus:
Chosen as **centralised hub** connected to almost **all cortical and sub-cortical regions**



AAV9:
Capsid chosen as it is **neuronotropic** and facilitates **anterograde and retrograde transport**

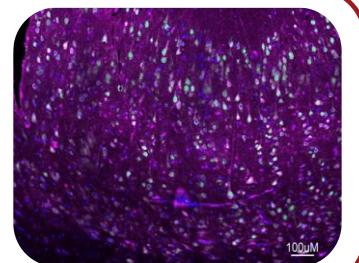


Sheep:
Chosen as brain size is **twice that of a macaque**



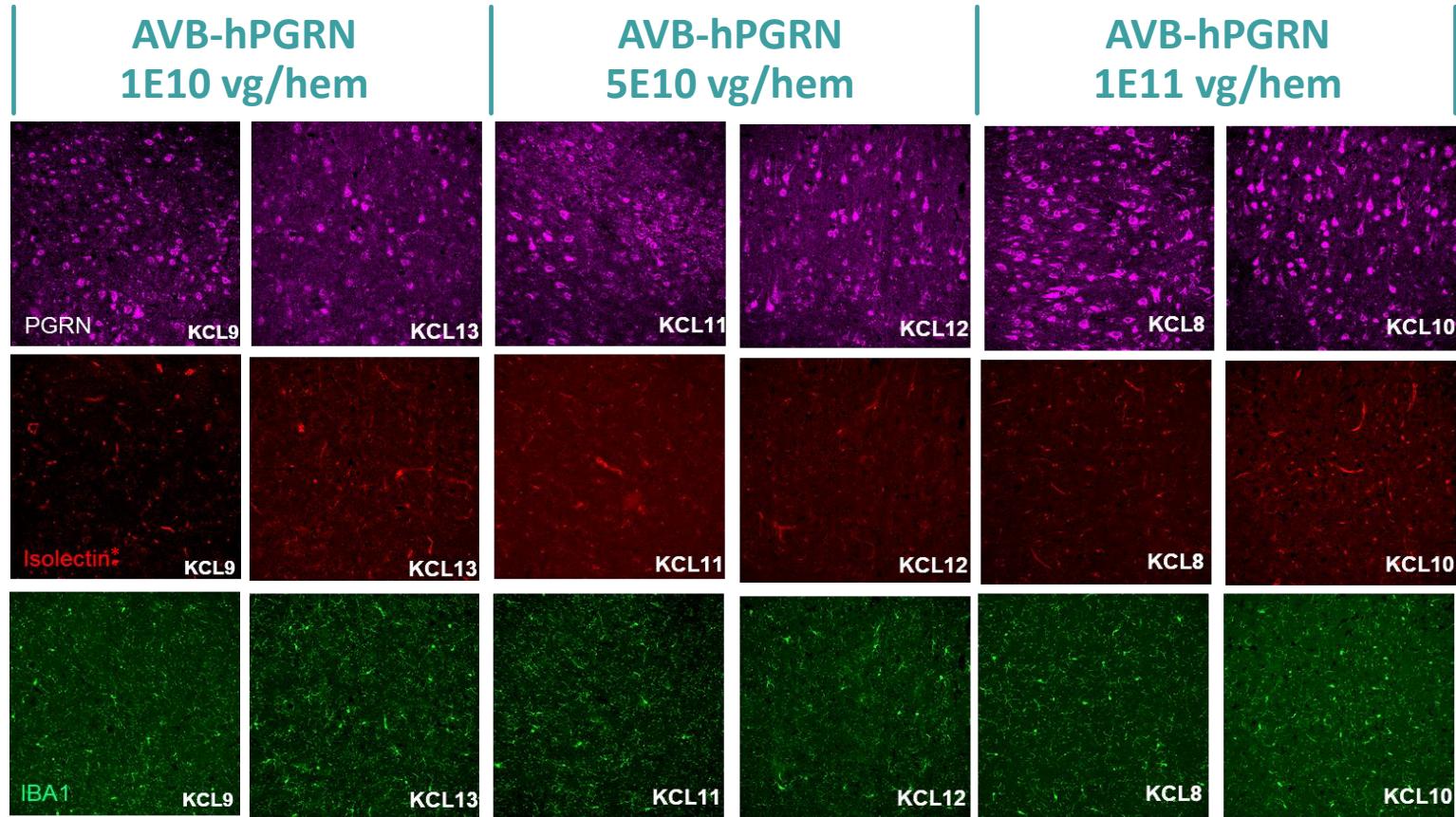
Administration:
Convection-enhanced delivery catheter placed in thalamus under stereotactic guidance
AVB-101 +/- gadolinium infused, and animals sacrificed after four weeks in life

MRI scans are used to define anatomy and select optimal trajectory and have shown **hPGRN** expression in cortical layers I–VI

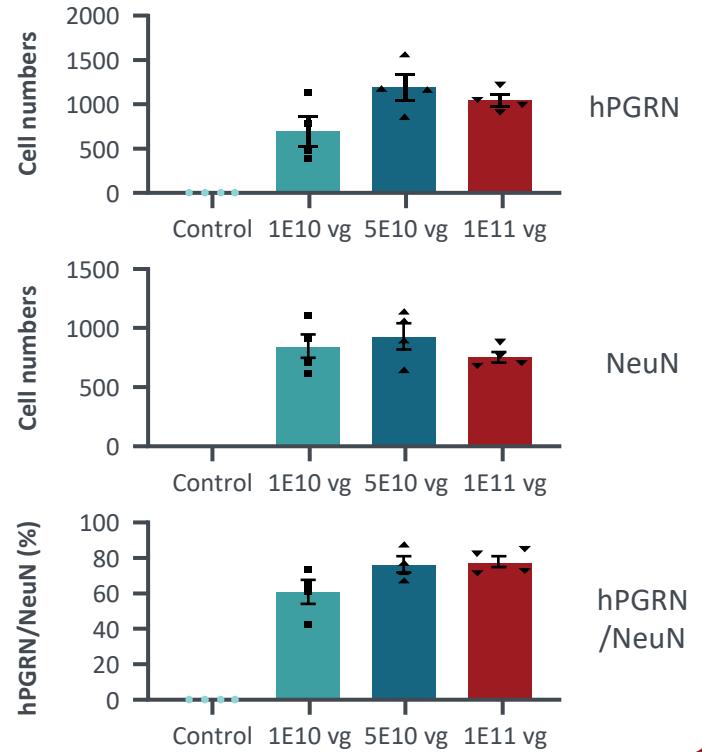


Robust Cortical hPGRN Expression Without Microglial Reactivity

Prefrontal Cortex



Quantification of hPGRN/NeuN Neurons

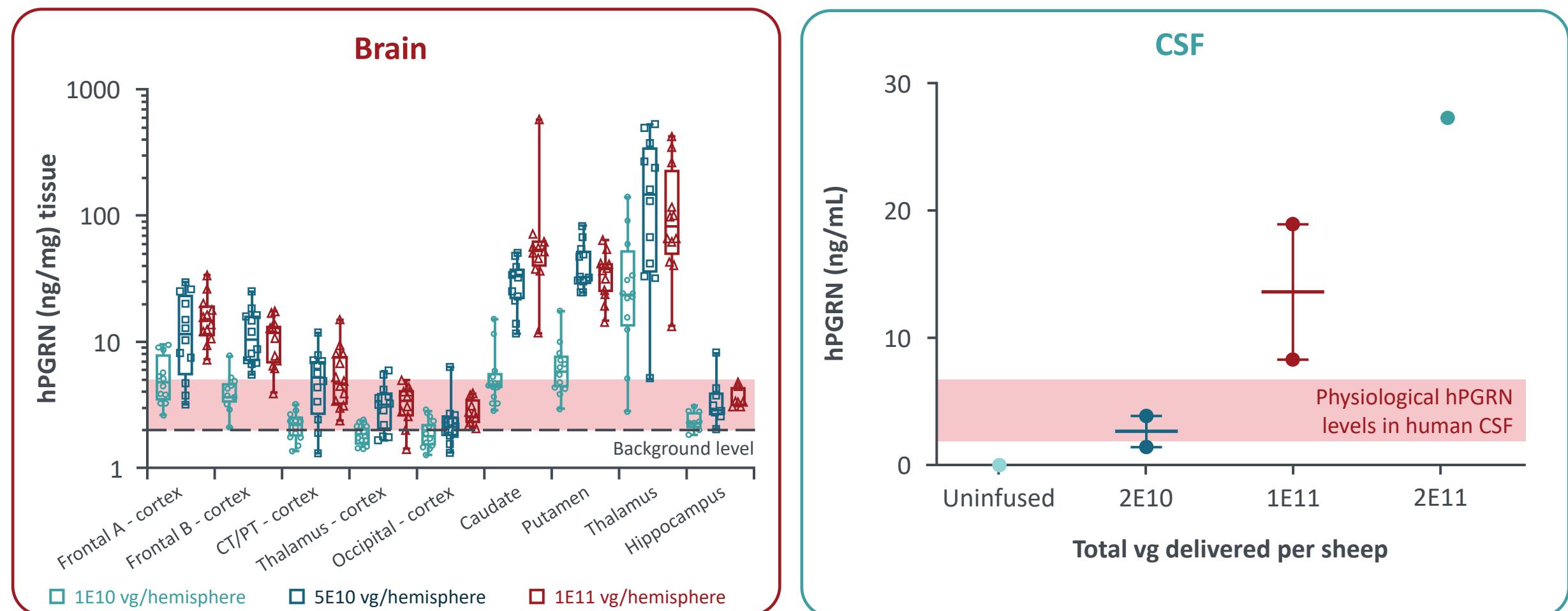


PGRN detected in 60–75% of NeuN positive neurons in the sheep prefrontal cortex

*Isolectin binds to CD68 receptors and used as a marker of activated microglia.

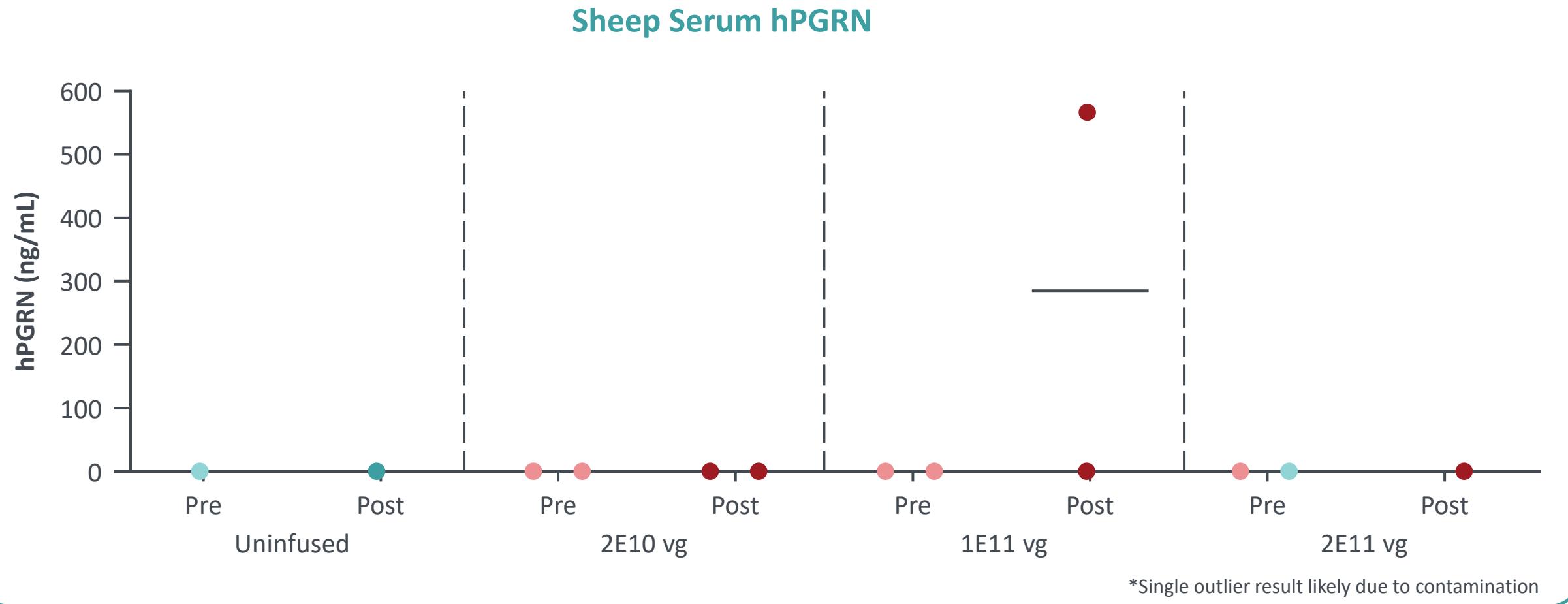
CD, cluster of differentiation; hem, hemisphere; hPGRN, human progranulin; IBA1, ionized calcium binding adaptor molecule 1; PGRN, progranulin; NeuN, neuronal nuclear protein; vg, vector genome.

Dose-dependent Increase of hPGRN in Brain Reflected in CSF After Intrathalamic AVB-101



Normal to supraphysiological levels of hPGRN achieved across the brain and CSF at very low vector doses

Negligible Levels of hPGRN in Sheep Serum Demonstrates CNS-Restricted Expression

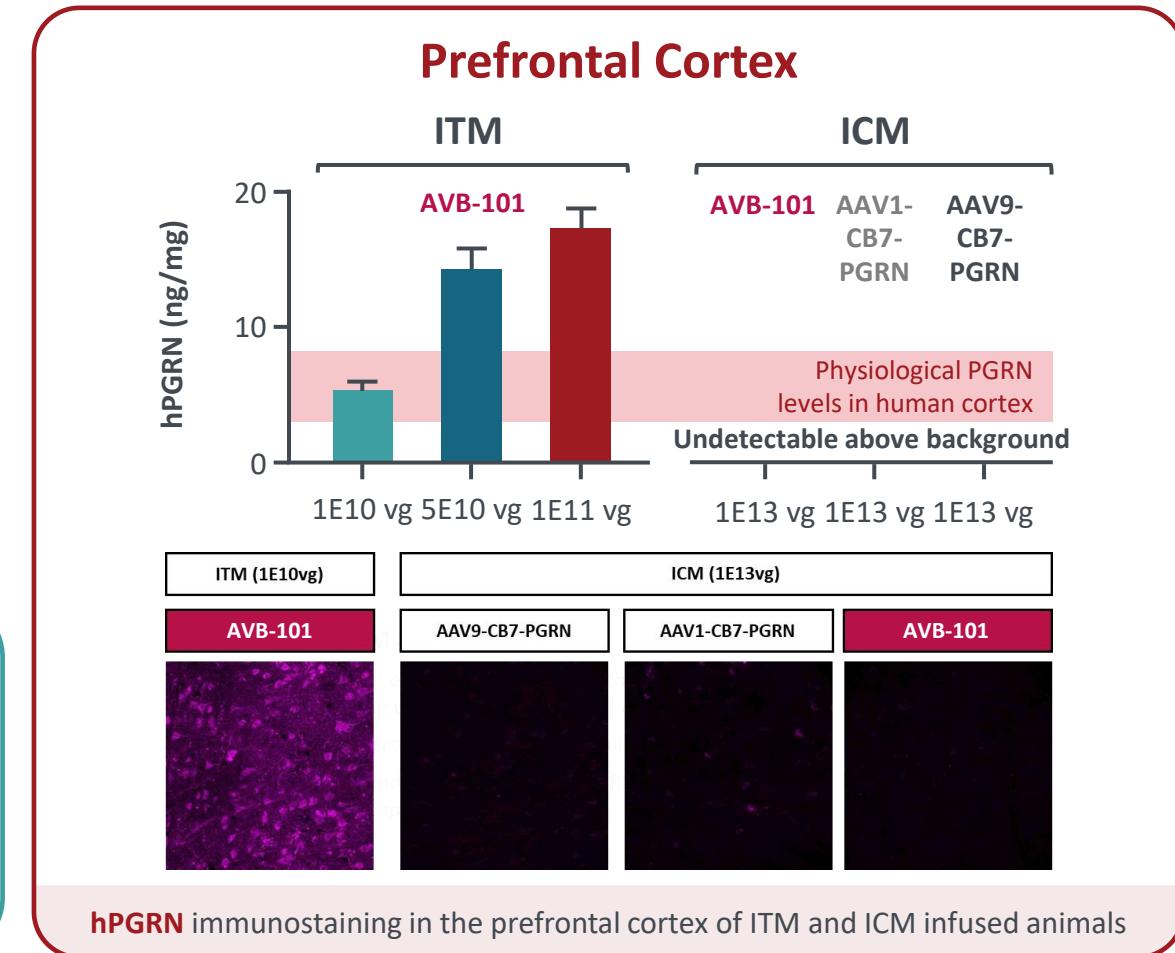


Serum hPGRN was undetectable before and four weeks after intrathalamic infusion of **AVB-101**

Intrathalamic vs. Intracisternal Magna Shows Intrathalamic Superiority



- **Intrathalamic** delivery achieved extensive neuronal expression throughout the cortex and subcortex including non-neuronal cells
- **Intracisternal magna** delivery results in negligible levels of hPGRN throughout the CNS in all intracisternal magna treated animals

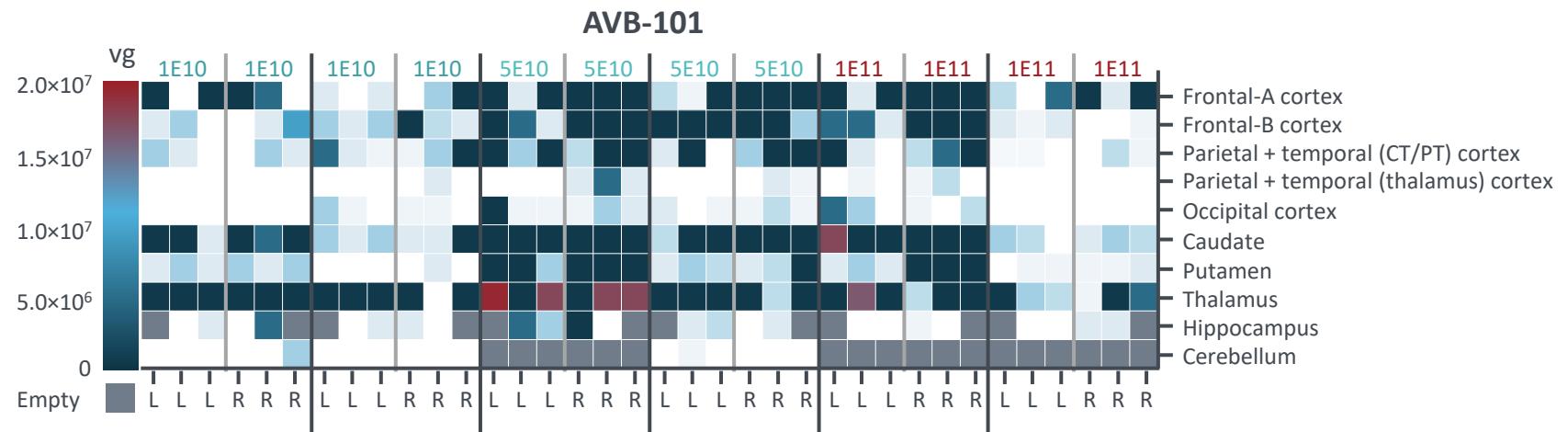


Minimal amount of intrathalamic AAV administration achieves broad brain distribution

Superior Vector Distribution Using Intrathalamic vs. Intracisternal Magna Delivery

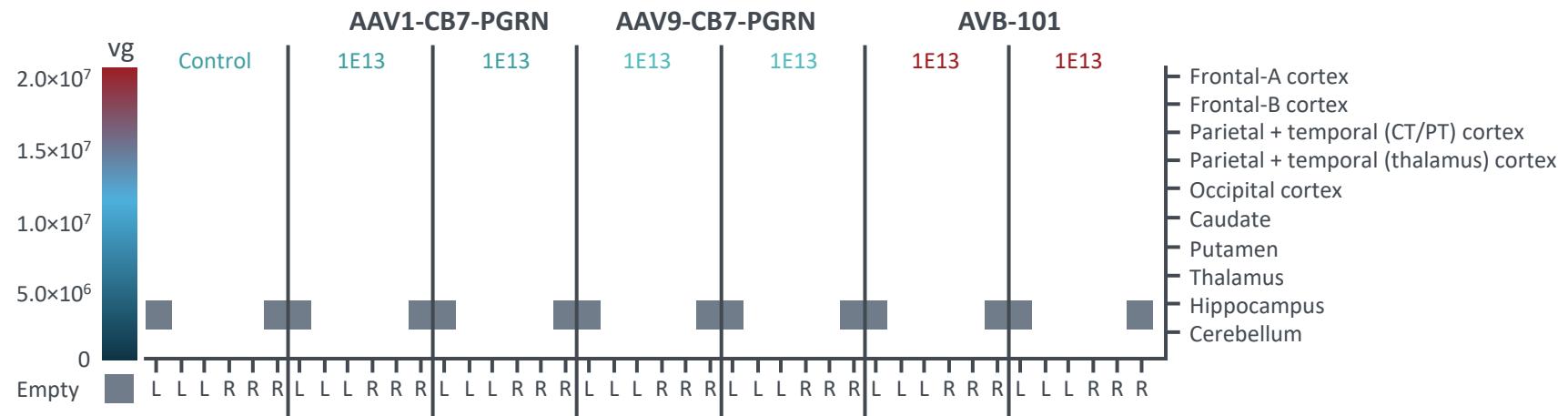
Intrathalamic

AVB-101

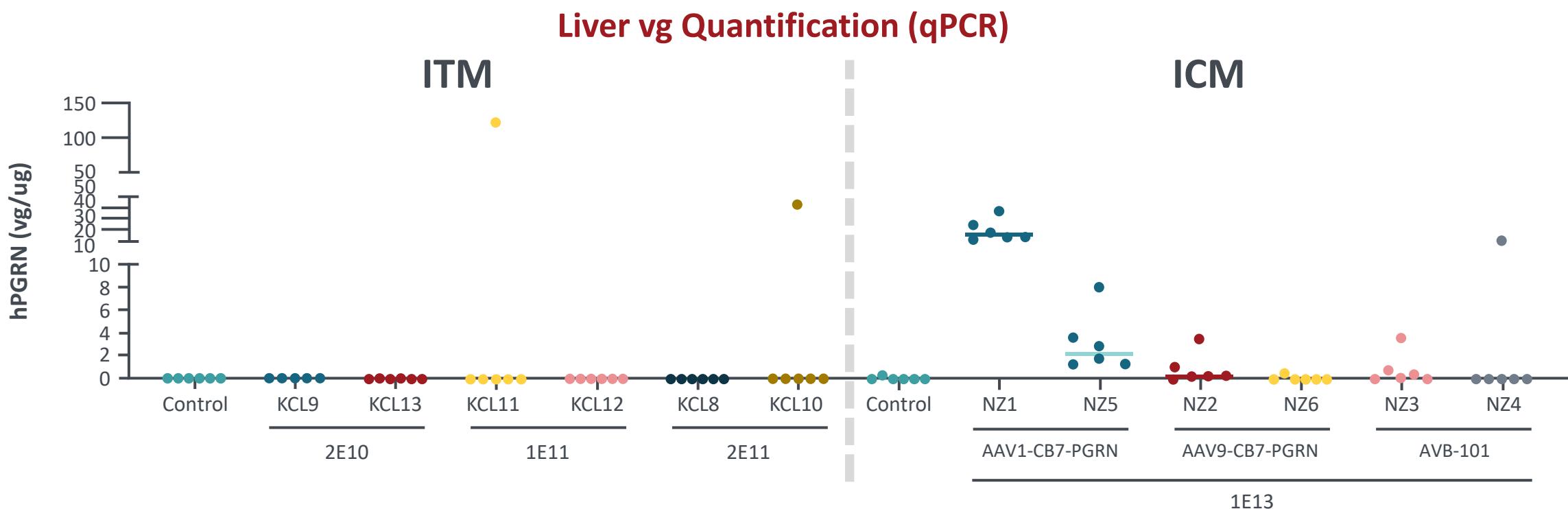


Intracisternal
Magna

AAV1-CB7-PGRN
AAV9-CB7-PGRN
AVB-101



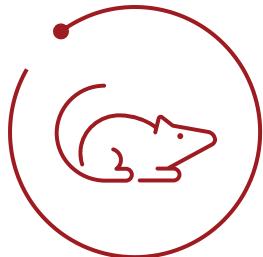
Intrathalamic Delivery Minimises AAV Liver Exposure and Shedding vs. Intracisternal Magna



Undetectable AAV liver levels confirm **minimal vector shedding** from CNS following intrathalamic delivery

Summary

- AviadoBio is developing novel gene supplementation and silencing therapies for neurodegenerative disorders
- AVB-101 is designed to normalise cortical PGRN levels in patients with FTD due to *GRN* mutations while restricting PGRN expression to neurons and enhancing secretion to lower vg dose



AVB-101 in *Grn*-/- mice suppressed neuronal lipofuscinosis and reactive microglia

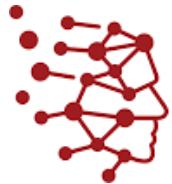


AVB-101 in sheep was well tolerated, with minimal liver exposure and widespread cortical and subcortical biodistribution

AVB-101 delivered by intrathalamic infusion constitutes a novel and promising approach to address unmet medical need in FTD-*GRN*

Coming soon: GLP toxicology studies in nonhuman primates are ongoing and clinical trials are due to be initiated late 2022

Acknowledgements



AVIADOBIO



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Research Institute



UK Dementia Research Institute

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My Name'5 Doddie Foundation

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University of Bristol

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