

OR11: Phase 2/3 Trial of Subcutaneous Engineered FVIIa Marzeptacog Alfa (Activated) in Hemophilia A or B with Inhibitors: Pharmacokinetics, Pharmacodynamics, Efficacy and Safety

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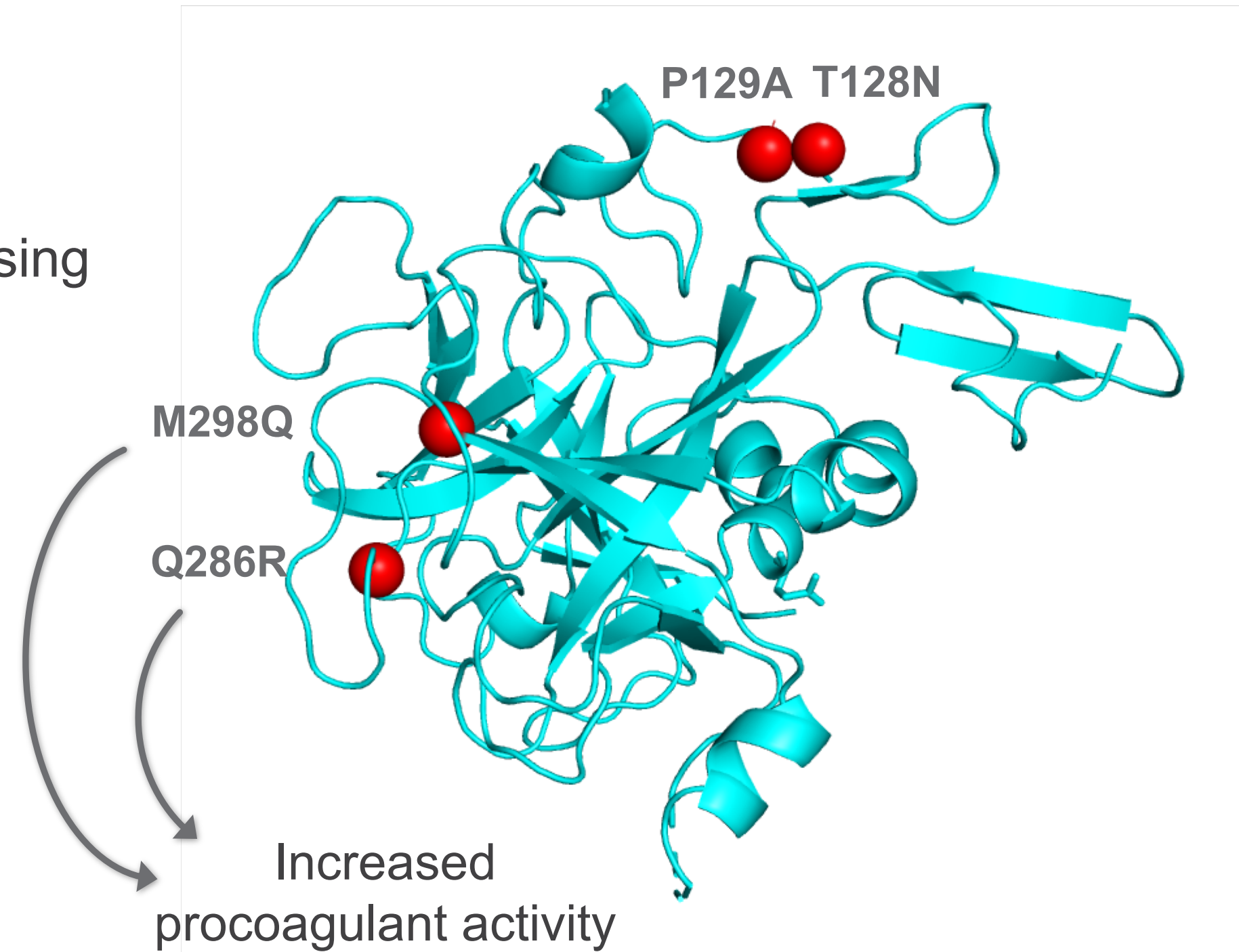
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Marzeptacog alfa (activated)

Four engineered amino acid substitutions within the FVIIa protein

- + Catalytic activity increased
- + 9-fold more potent than NovoSeven RT
- + Allows subcutaneous dosing
- + Half-life prolonged when using subcutaneous dosing

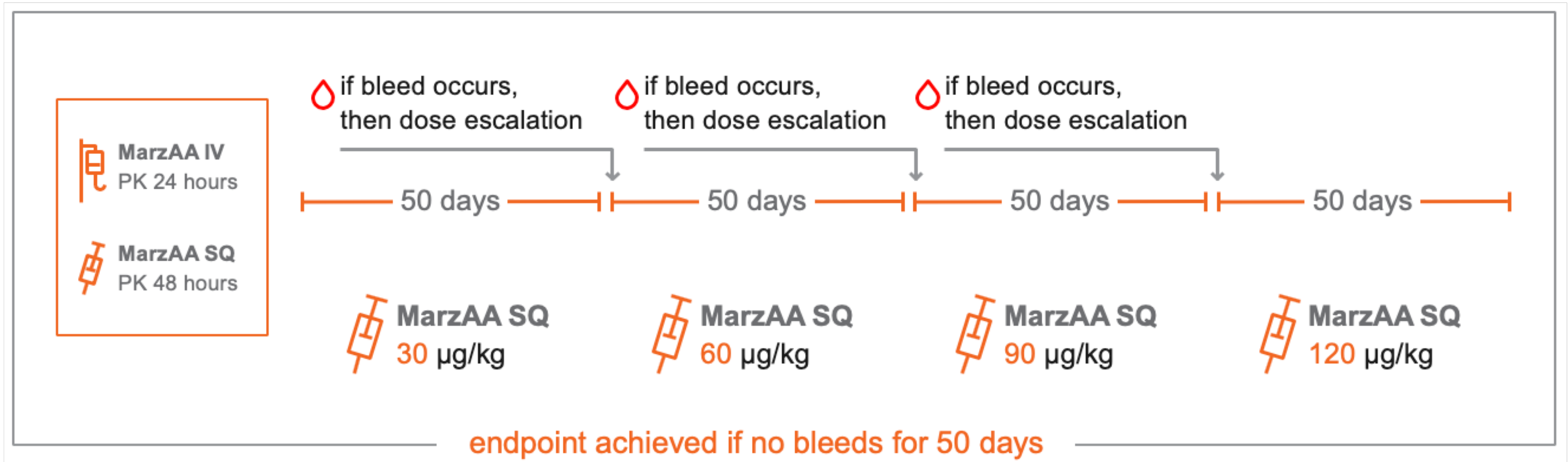
Orphan Drug Designation in US



MarzAA phase 2/3 SQ clinical trial design

+ Individualized dose escalation if needed

+ Enrollment completed



- + Open label SQ study with individual dose escalation if needed
- + Hemophilia A or B with inhibitors
- + Adult patients with documented annual bleeding rate (ABR) >12

- + Primary endpoint: reduction in annualized bleed rate **at final dose level**
- + Secondary endpoints: safety and tolerability, no inhibitor formation

Subject demographics & disposition

Subject ID	Age	Highest Inhibitor level BU	Age when inhibitor diagnosed	Hem A or B	Subject Status	ABR	ABR on treatment	Proportion of days with bleeding	Proportion of days with bleeding on treatment
2680101	36	16	15	A	Revoked consent	12.2	n/a	6%	n/a
2680301	18	5	14	A	Complete	26.7	Zero at 60 µg/kg 3.8 overall	18%	Zero at 60 µg/kg 1% overall
2680302	30	2.7	26	A	Fatal unrelated SAE	18.3	n/a	11%	n/a
6430201	29	4.2	27	A	Complete	15.9	Zero	12%	Zero
6430202	35	4.7	35	A	Complete	16.6	Zero	11%	Zero
0510101	43	5.5	39	A	Complete	22.2	Untreated traumatic hematoma Day 4. ABR 7.3	22%	2%
6430203	23	4.5	21	A	Complete	15.2	Zero	4%	Zero
0510104	31	1.7	31	B	Complete	21.2	Zero at 60 µg/kg 3.8 overall	18%	Zero at 60 µg/kg 1.8% overall
6430204	18	56	6	A	Complete	15.9	Treated traumatic hematoma Day 36. ABR 7.3	9%	2%
0510106	47	1.07	40	A	Dosing	20.5	n/a	8%	n/a
6160101	31	27.5	10	A	Dosing	24.3	n/a	9%	n/a

+ Patients can have a very different proportion of days with bleeding despite similar ABR

Subject status to date

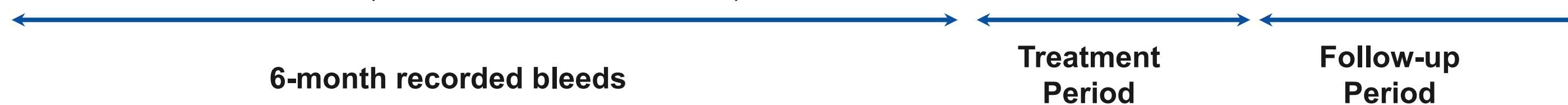
Clinical efficacy demonstrated

- + 17 subjects have been consented and 12 enrolled; 3 active subjects; is no longer recruiting
- + ABR: Mean 19.0; Range 12.2-26.7
- + Proportion of days with bleeding: Mean 12.2%; Range 4-22%
- + 7 subjects have completed dosing
 - Clinically significant reduction in ABR
 - 2 subjects had dose escalation to 60 µg/kg
 - 5 subjects had no bleeds (traumatic or spontaneous) at their final dose level
 - Statistically significant reduction in proportion of days with bleeding

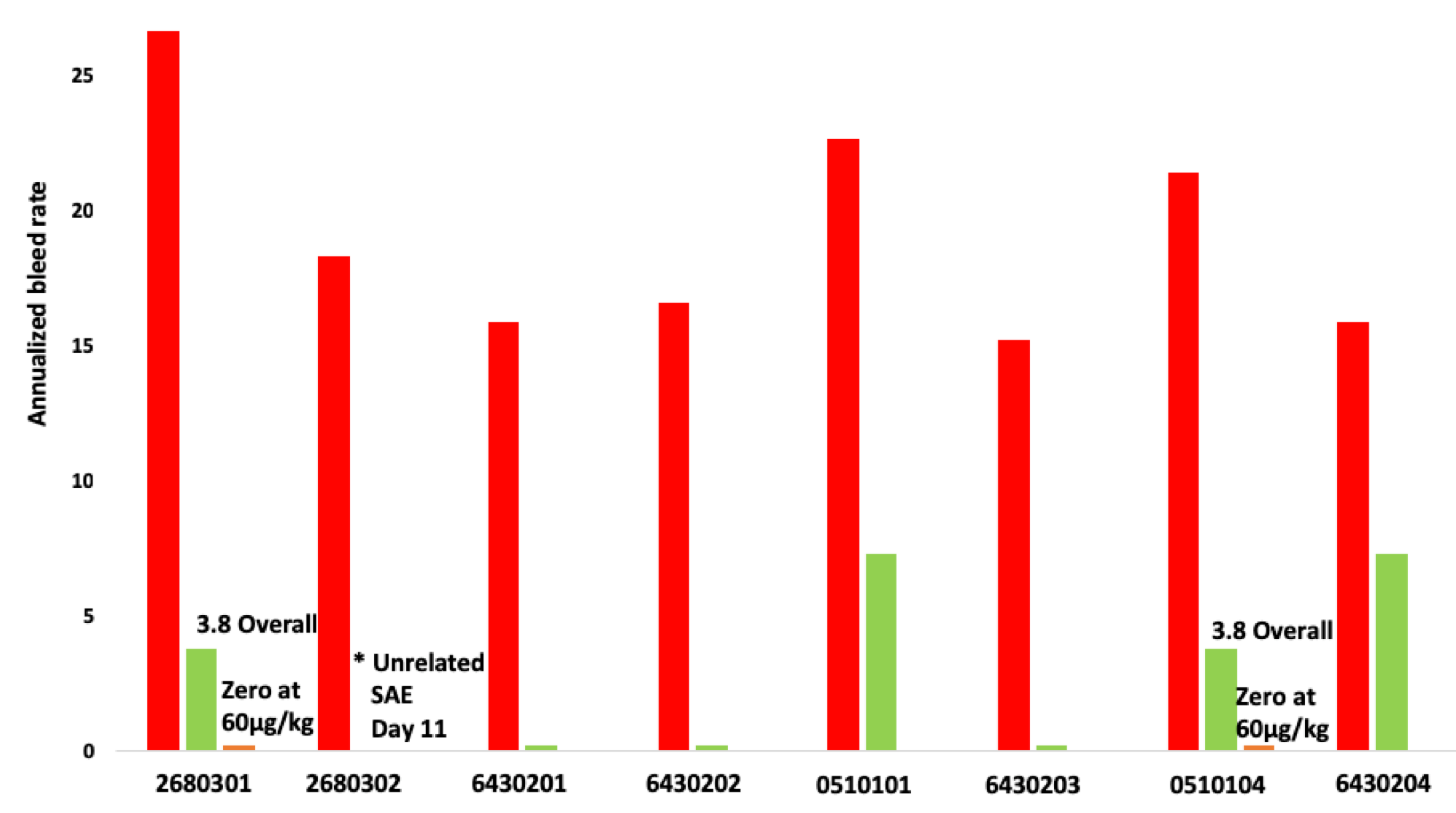
MarzAA reduces annualized bleed rate (ABR)



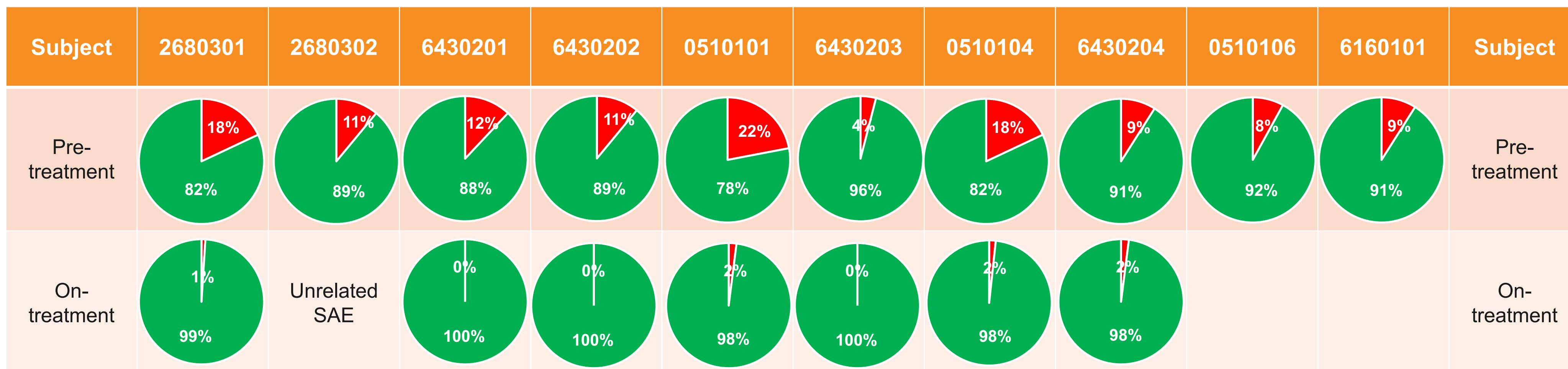
The width of each red bar represents bleed duration: 1 to 9 days



Significant reduction in ABR on-treatment



Pre- and on-treatment proportion of bleeding days efficacy



Red denotes the proportion of days with bleeding during period of observation

- + The average percentage of days of bleeding in the pre-treatment period was 12.2% (SD 5.2%) [median = 11.0%]
- + In the treatment period, these percentages were reduced to 1.0% (SD 5.2%) [median 1.0%]
- + The analysis of these pairwise differences by a randomization paired t-test yields $p=0.016$ (and $p=0.0001$ by Wilcoxon signed-rank test)

Current MAA-201 trial status

High pre-treatment ABRs reduced to a median of zero on treatment

- + 7 subjects have completed dosing with clinically significant reduction in ABR
- + 5 subjects had no bleeds at their final dose level
- + SQ half-life increases to 13.1 hours from an IV half-life 3.9 hours in Part 1
- + No anti-drug antibodies have been detected to date
- + More than 450 SQ injections have been administered
 - 6 injection site reactions in 2 subjects
 - Moderate swelling that resolved without sequelae
 - Mild or moderate redness that resolved without sequelae

Conclusions on the marzeptacog alfa (activated) program

Moving forward in clinical development after clinical proof of concept

Clinical efficacy and tolerability demonstrated

Additional clinical data at ISTH 2019

Pivotal trial guidance obtained from EMA & MHRA and we will confirm with FDA at end-of-phase 2 meeting in late 2019