

Transforming Dreams into Reality: Tackling Nano-Rare Diseases

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ve are nano-rare

n-Lorem's mission is to apply the efficiency, versatility and specificity of antisense oligonucleotide (ASO) technology to charitably provide experimental ASO medicines to treat patients with nano-rare diseases

n-Lorem Then... and Now



n-Lorem Current State

Solution FOUNDATION

Overview of n-Lorem Process



n-Lorem Discovery and Development process Quality Steps to Develop Safe ASOs for Each Patient



Collaboration with Clinical Sites

Collaboration with investigators starts at case acceptance

 Patient cells and whole genome sequencing required for ASO design and in vitro screening

Throughout ASO discovery, physicians provide update on patient status	Collaborative development of protocol and ICF	Upon IND approval
 Tracking disease progression, potential changes in treatment goals 	 Individualized treatment goals tailored to patient phenotype Slow dose escalation and safety monitoring 	 Support site with IRB submission and queries Train site staff and pharmacy team on protocol Develop electronic database for clinical data collection

n-Lorem's Parallel Processes Focus on Quality and Speed Every Day Matters for Our Patients



Regulatory Approach



Successes

FOUNDATION

n-Lorem Active Pipeline

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				→
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			Selective RNase H1	
				
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n-Lorem Accomplishments

- Application Review Metrics to date
 - ~300 applications reviewed
 - ~150 were accepted
- Discovery Metrics to date
 - 14 are ongoing
 - 38 programs are completed
- Nonclinical Development Metrics to date
 - 5 are ongoing
 - 14 programs are completed





n-Lorem Accomplishments

- Regulatory Metrics to date
 - 21 INDs submitted to 4 FDA divisions in ~2 years 20 approved
 - 1 under review
 - 29 patients covered
- Clinical Metrics to date
 - **15** patients dosed 13 CNS, 1 eye, 1 liver
 - Between 1-10 doses given per patient
 - 4 patients treated for 12+ months
- Safety Metrics to date
 - No ASO-related Serious Adverse Event
 - No ASO-related Adverse Event
- Efficacy Metrics to date
 - 7/7 evaluable patients show evidence of clinically important benefit
 - Other patients too early in the treatment process to evaluate



Ongoing Clinical Programs and ASO Strategy

Programs with Approved Investigational New Drug (IND) Applications

Treatment	10 ASO Programs, 13 Patients				
Patient	Route	ASO Strategy	First dose	# of doses given	
nL00255 - KIF1A	IT	Allele Selective	October 2022	10	
nL00068 - SAA1	SC	Non-Allele Selective	November 2023	10	
nL00333 – SCN2A	IT	Allele Selective	June 2023	8	
nL00180 - FLVCR1	IVT	Splicing	August 2023	4 R eye; 2 L eye	
nL00001 - SCN2A	IT	Allele Selective	March 2024	4	
nL01183 - ATN1	IT	Non-Allele Selective	February 2024	4	
nL00010 - CHCHD10	IT	Non-Allele Selective	April 2024	3	
nL00037 - KIF1A	IT	Allele Selective	May 2024	3	
nL00808 - ELP1	IT	Splicing	June 2024	2	
nL00152 - CHCHD10	IT	Non-Allele Selective	June 2024	3	
nL00214 - TUBB4A	IT	Non-Allele Selective	September 2024	1	
nL98087 - hnRNPH2	IT	Non-Allele Selective	September 2024	1	
nL00250 - CHCHD10	IT	Non-Allele Selective	October 2024	1	

Two patients discontinued treatment as their disease progressed and they could no longer travel to the clinic.

Using AI to Create Libraries of AS ASOs

- Some target genes are repeat offenders
- Multiple rounds of screening focused on different SNPs dependent on each patient's WGS, each identifying a different lead ASO candidate
- This results in having a library of ASOs available 'off the shelf' for future patients presenting with a similar SNP pattern
 - 2 ASOs for SCN2A
 - 5+ ASOs for TARDBP
 - 3+ ASOs for KIF1A



US Institutional Footprint Allows for Local Treatment

- Footprint of collaborating institutions allows for large catchment area
- There is still work to be done to ensure patient access to institutions able to treat them



Moving Beyond n = 1

- Different reasons can push the transition from n=1 to n=few or many
 - Known prevalence increases as WGS becomes more available
 - Demand emerges once treatment becomes available
 - Strategy changes from allele-selective to non allele selective
 - SNPs used to design ASOs are commonly present
- No published guidance to treat more than 1-2 patients
- n-Lorem held proactive discussions with the FDA



Moving Beyond n = 1

- Typically the FDA would require additional animal studies
- n-Lorem proposed to dose one patient, collect data to demonstrate safety, then dose additional patients cautiously
- Response from the FDA has been favorable to date

We now have 5 different ASOs approved to each treat 2 to 9 patients



Conclusions

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What about the future?

- ASO quality remains top focus
- Continue to optimize the ASO Discovery and Development process and grow the partner network
- Continually increase and improve capacity and scalability through partnership and internal growth
- Pursue basic research on molecular mechanisms to broaden the type and number of patients' mutations we can target
- Expand outside the US
- Establish centers of excellence to facilitate access to ASO treatments



Support From Leaders Across Drug Discovery, Development and Manufacturing More than 30 Partners Supporting Nano-rare Patients



Questions?

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Register at nlorem.org

Nano-rare Patient Colloquium 2024

Oct. 30-31, 2024 Cambridge, Massachusetts Boston Marriott Cambridge

