Safety and Efficacy of ATSN-201 Dose Escalation in Patients with X-Linked Retinoschisis (XLRS)

Shannon E. Boye[1], Lesley Everett[2], Aaron Nagiel[3,4], Byron Lam[5], Andreas Lauer[2], Audina Berrocal[5], Nell Gregori[5], Sanford L. Boye[6], Laura Pardon[7], Dan Yoon[7], Christine N. Kay[8], Kenji Fujita[7]

1. Division of Cellular and Molecular Therapy, Department of Pediatrics, University of Florida, Gainesville, FL
2. Casey Eye Institute, Oregon Health & Science University, Portland, OR
3. The Vision Center, Department of Surgery, Children's Hospital Los Angeles, Los Angeles, CA
4. Roski Eye Institute, Department of Ophthalmology, Keck School of Medicine, University of Southern California, Los Angeles, CA
5. Bascom Palmer Eye Institute, University of Miami, Miami, FL
6. Powell Gene Therapy Center, Department of Pediatrics, University of Florida, Gainesville, FL
7. Atsena Therapeutics, Durham, NC
8. Vitreoretinal Associates, Gainesville, FL

Disclosures (SE Boye)

Consultant

- Atsena Therapeutics

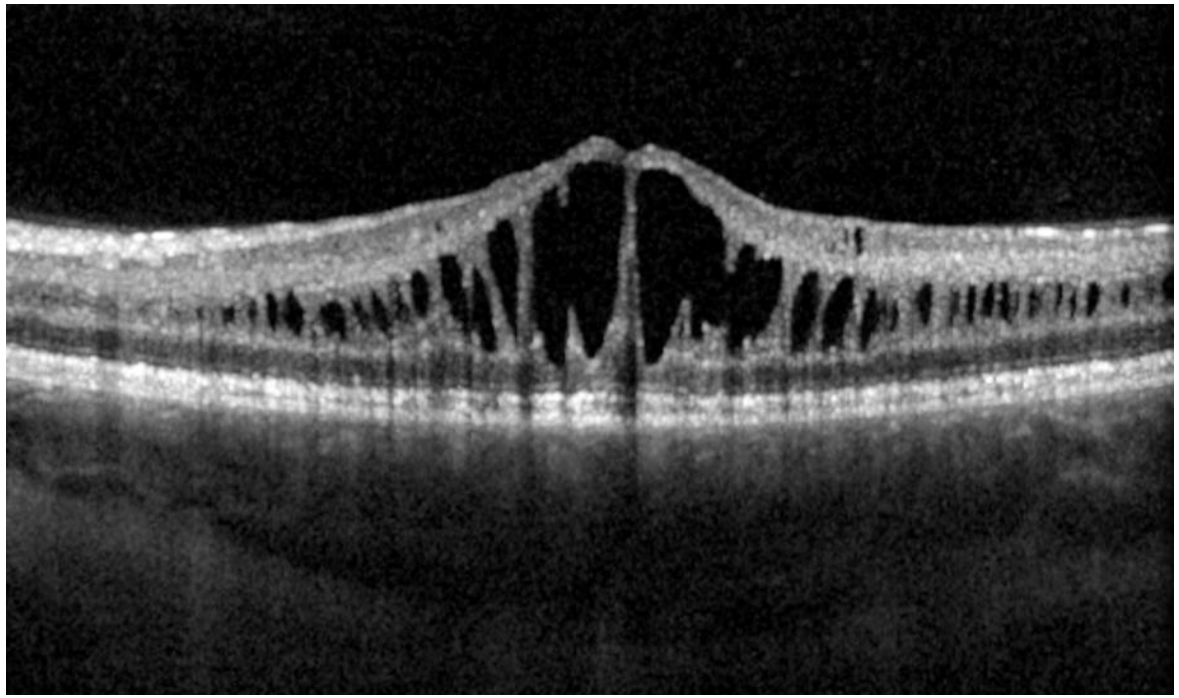
X-Linked Retinoschisis (XLRS)

XLRS is one of the most common causes of juvenile macular degeneration in males

XLRS is caused by mutations in *RS1* gene

- Results in **loss of vision** due to splitting of retinal layers and increased **risk of retinal detachment**
- ***RS1*** **encodes the protein retinoschisin (RS1)**, expressed primarily in photoreceptors and, to a lesser extent, bipolar cells
- Upon secretion, RS1 **binds to inner segments of rods and cones, bipolar cells**, and the outer plexiform layer
- RS1 has a role in **cell-cell adhesion, fluid balance, and the photoreceptor/bipolar cell synapse**

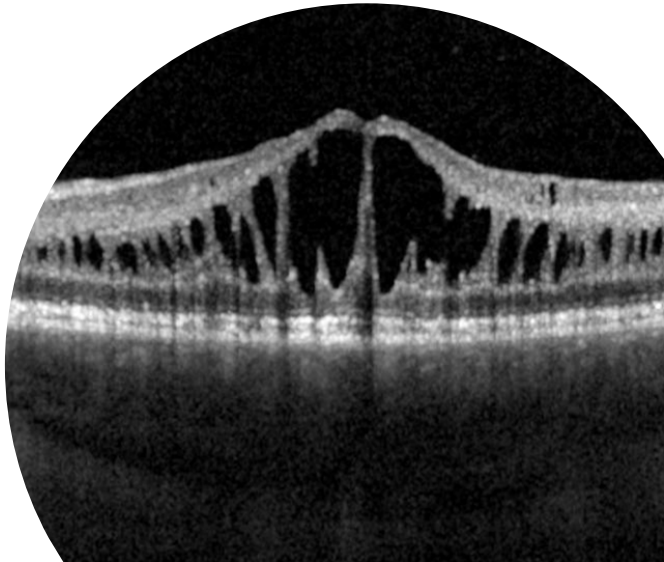
FOVEAL SCHISIS IN XLRS



Molday RS, Kellner U, and Weber HFB. 2012.

Patient experience with XLRS

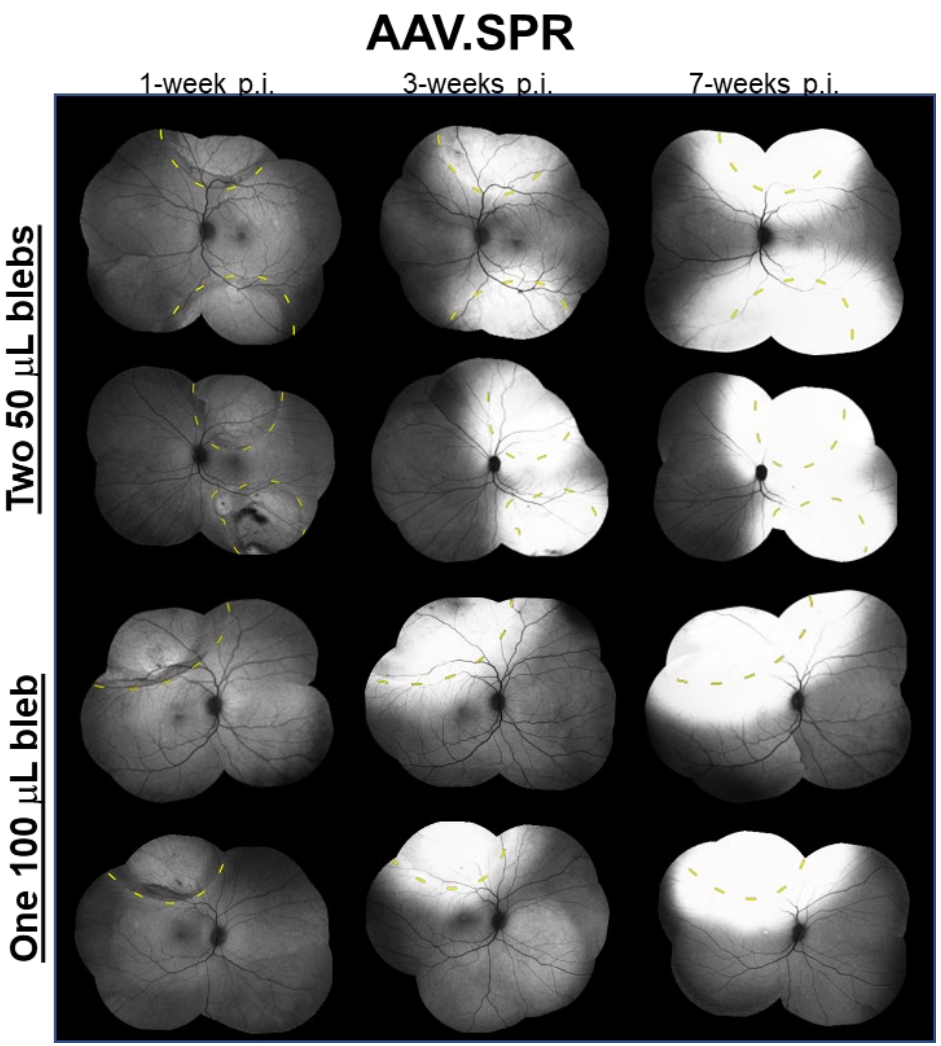
- XLRS affects **~35,000 people in the United States and Europe**
- As an X-linked disease, occurs primarily in **males**
- Young boys usually present with reduced vision by **early elementary school**
- Typically present with BCVA of **20/60 to 20/120**
- **Vision slowly deteriorates throughout life** and may progress to legal blindness (20/200) in the 5th or 6th decade of life
- Patients are at **risk of retinal detachment** and are told to avoid activities that can cause trauma
- Increased surgical risk due to fragile retina, **avoid foveal detachment** with subretinal gene therapy

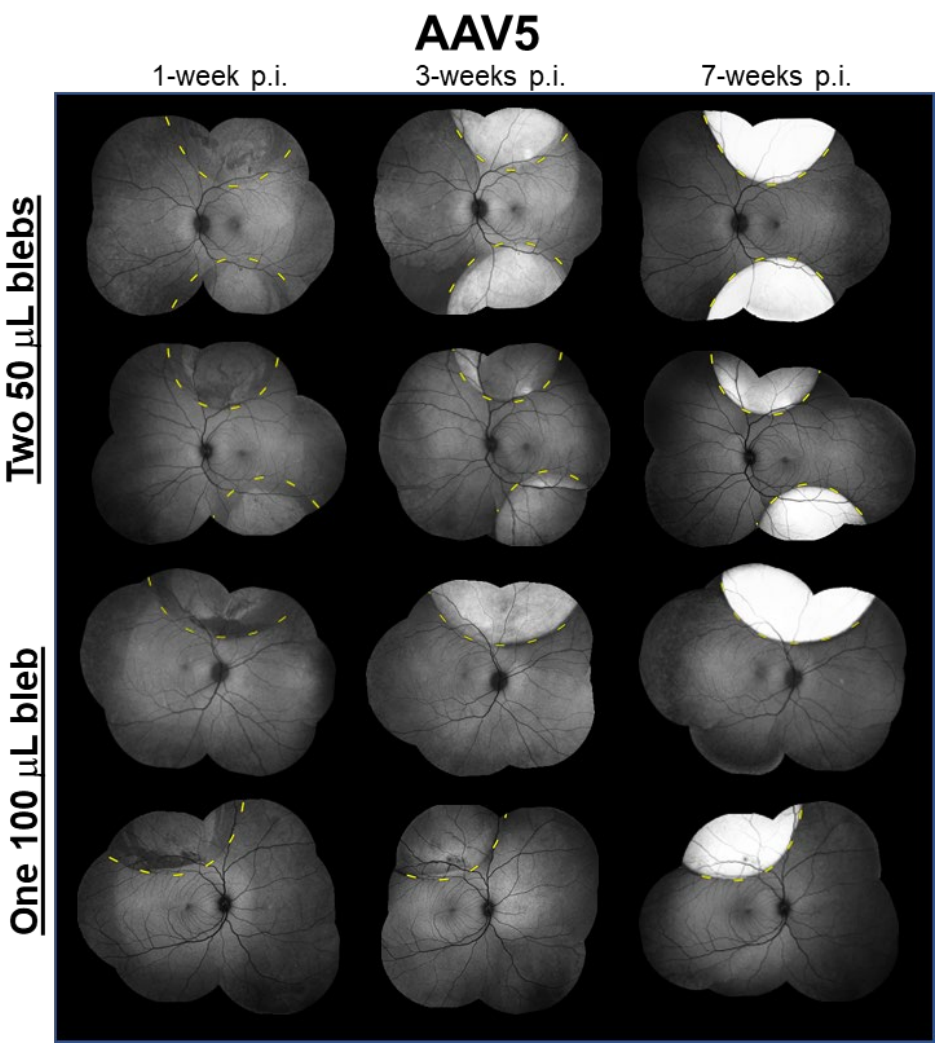


Molday RS, Kellner U, and Weber HFB. 2012.

AAV.SPR is a novel, laterally spreading AAV

Non-human primate (NHP) studies



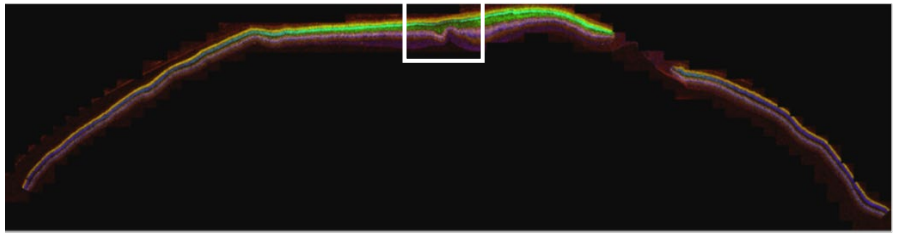


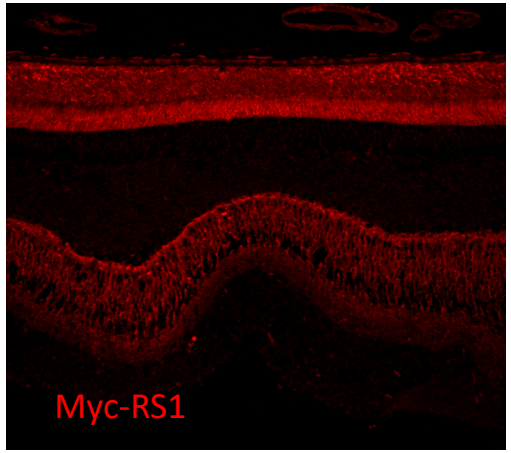
- AAV.SPR promotes transgene expression (GFP) **7-12 mm beyond the borders** of the original subretinal injection bleb
- **AAV.SPR transduces foveal cones without the need for subfoveal injection**
- AAV.SPR transduces much larger areas of the retina
- Efficient foveal cone transduction is achieved with either one (100µL) or two (50µL) peripheral subretinal injections with AAV.SPR
- Outperforms benchmarks: **AAV5-mediated transgene expression is restricted to region of retinal detachment** and does not transduce foveal cones following peripheral subretinal injection

XLRS: Preclinical data using AAV.SPR in NHP and RS1KO mouse

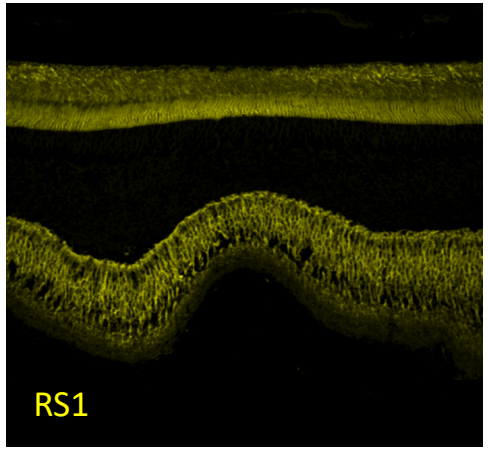
CROSS SECTION OF RETINA

NHP images

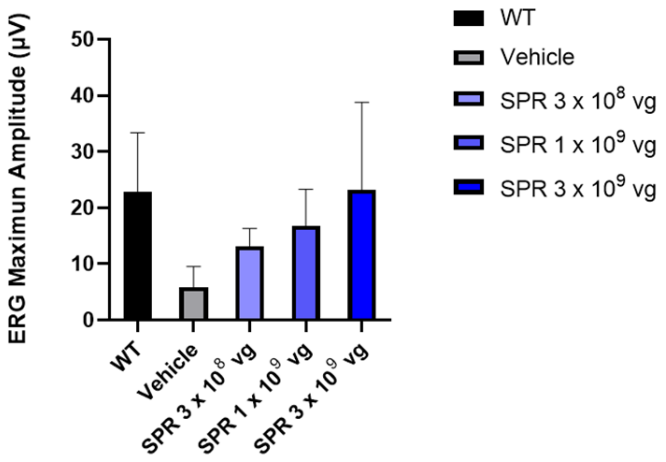




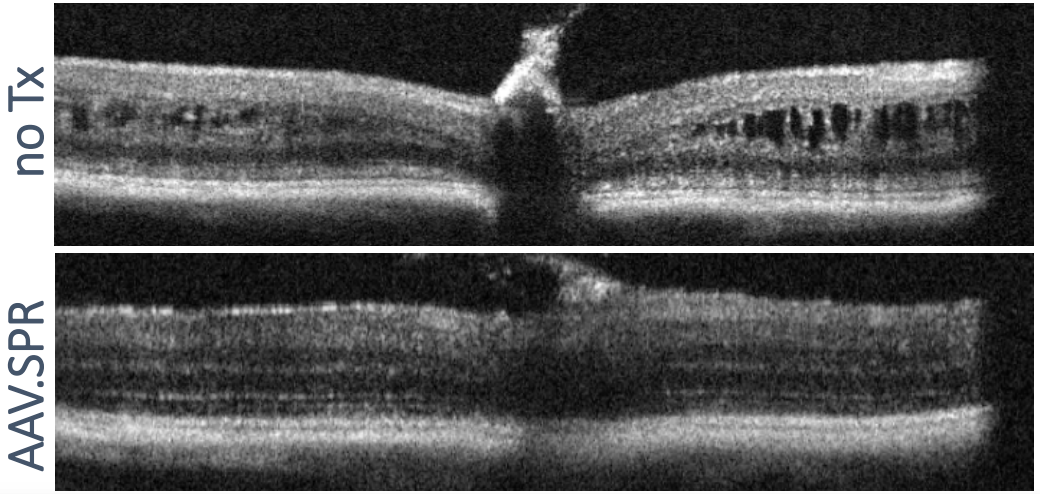
Robust expression in central retina



Myc staining perfectly co-localizes with endogenous RS1



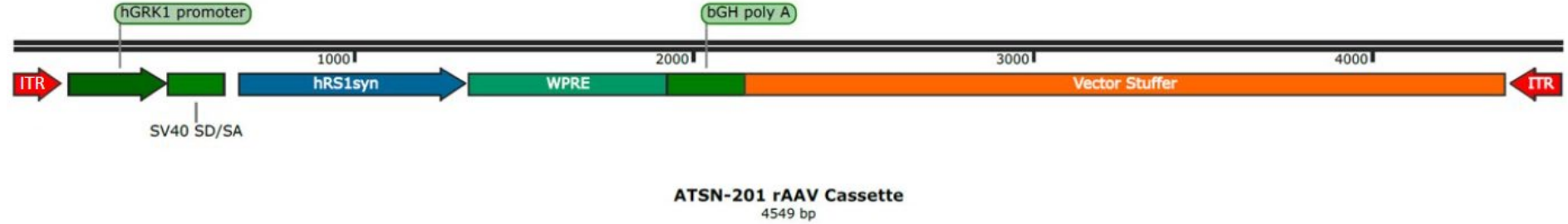
Schisis cavities completely resolved



AAV.SPR capsid enables **safe** and **efficient** delivery of RS1 to central retina of XLRS patients.
Preclinical data demonstrates **resolution of schisis cavities** and **restores retinal function** to wt levels (by ERG)

ATSN-201 subretinal gene therapy for XLRS

- **ATSN-201** (rAAV.SPR-hGRK1-*hRS1syn*) is a **subretinal gene therapy** product being developed to **introduce the functional human retinoschisin (*hRS1*) gene to photoreceptors**
- **AAV.SPR capsid**
- Human rhodopsin kinase promoter
- Synthetic human *RS1* transgene (*hRS1syn*)
- Poly-adenylation signal derived from bovine growth hormone, all flanked by inverted terminal repeats



bGH = bovine growth hormone; hGRK1 = human rhodopsin kinase;
hRS1syn = synthetic human retinoschisin with synonymous point mutations;
ITR = inverted terminal repeat;
poly A = polyadenylation;
rAAV = recombinant adeno-associated virus;
SV40 SD/SA = simian virus 40 splice donor/splice acceptor;
WPRE = woodchuck hepatitis virus post-transcriptional regulatory element

XLRS Phase 1/2 Clinical Trial Design (NCT05878860)

150 µL of ATSN-201 was administered by subretinal injection to the worse-seeing eye, using 2-3 blebs and avoiding foveal detachment

ENROLLED	COHORT	**PART A:** Dose Escalation
✓	1	Low dose (N=3), ≥ 18 years — 1.5E10 vg/eye
✓	2	High dose (N=3), ≥ 18 years — 5.0E10 vg/eye
✓	3	Mid dose (N=3), ≥ 18 years — 3.0E10 vg/eye

BASELINE CHARACTERISTICS

	COHORT 1	COHORT 2	COHORT 3
Median age in years (range)	21 (18 to 26)	24 (18 to 60)	26 (24 to 31)
Median Snellen BCVA (range)	20/50 (20/50 to 20/160)	20/100 (20/50 to 20/100)	20/100 (20/40 to 20/125)

Corticosteroid administration: 7-week oral prednisone regimen starting at 1 mg/kg/day, 20 mg triamcinolone acetonide periocular injection, 250 mg IV methylprednisolone, and 28-day topical prednisolone acetate 1% regimen

Key inclusion criteria:

- Male with clinical diagnosis of XLRS caused by pathogenic or likely pathogenic mutations in *RS1*
- BCVA of 34 to 73 ETDRS letters (20/200 to 20/40)
- Presence of foveal (or parafoveal/perifoveal) schisis in the study eye on OCT

Primary endpoint:

- The incidence of dose-limiting toxicities (DLTs) and treatment-emergent adverse events (TEAEs) over a 52-week period following a single subretinal dose of ATSN-201 (safety follow-up will continue to 5 years)

Key secondary endpoints:

- Structural: Optical coherence tomography (OCT)
- Functional:
  - Microperimetry (MP)
  - Best-corrected visual acuity (BCVA)
  - Low luminance visual acuity (LLVA)

ATSN-201 has demonstrated a favorable safety profile

Data cutoff: 5 March 2025

No DLTs and no instances of macular hole formation or retinal detachment

Total of 76 TEAEs reported
- 73 Grade 1-2 in severity
- 46 related to surgical procedure

Cohort 2 (high dose):
- 3 TEAEs of subretinal deposits
- 3 TEAEs of retinal thickening
- 1 TEAE of ERM (significant intra-operative laser)
- Improvement with additional steroids

Cohort 3 (mid dose):
- 1 TEAE of subretinal deposits
- 3 TEAEs of retinal thickening
- Improvement with additional steroids

No subjects have discontinued from the study

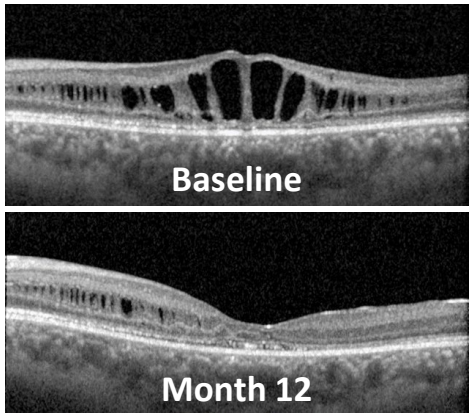
No treatment-related SAEs
- 1 SAE of fever of unknown origin with negative workup (7 months after treatment)

	Cohort 1 N=3	Cohort 2 N=3	Cohort 3 N=3	Total N=9
# of Events				
Any TEAE	29	27	20	76
Any Serious TEAE	1	0	0	1
Any Severe TEAE	1	2	0	3
Severity				
Grade 1	21	14	14	49
Grade 2	7	11	6	24
Grade 3	1	2	0	3
Grade 4 or 5	0	0	0	0
Related to ATSN-201				
Possibly / Probably / Definitely Related	3	10	6	19
Not Related / Unlikely to be Related	26	17	14	57
Related to Surgical Procedure				
Possibly / Probably / Definitely Related	20	17	9	46
Not Related / Unlikely to be Related	9	10	11	30

7 of 9 treated eyes had closure of foveal schisis

Cohort 1 (Low Dose)

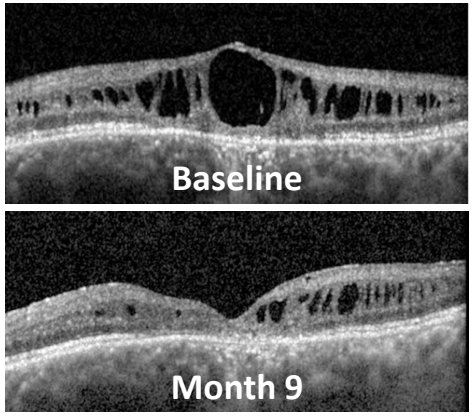
Subject #1



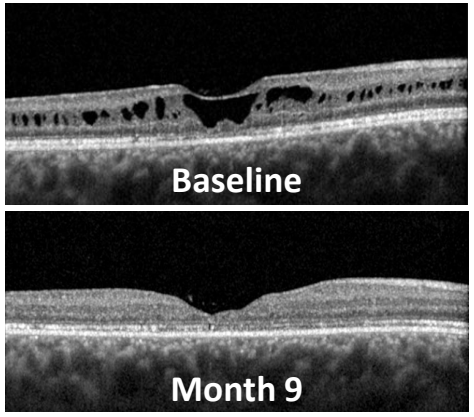
Subject #3

Cohort 2 (High Dose)

Subject #4

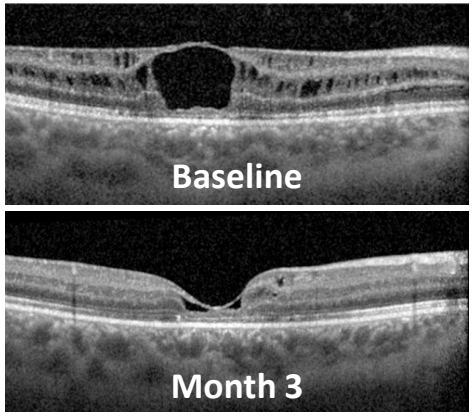


Subject #6

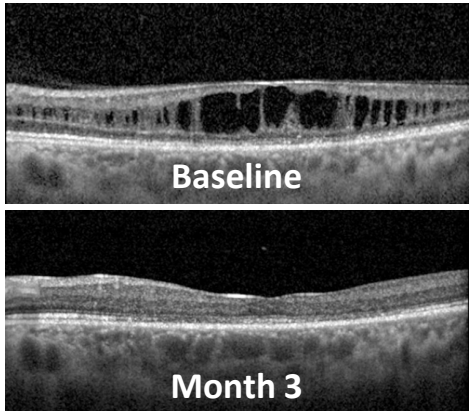


Cohort 3 (Mid Dose)

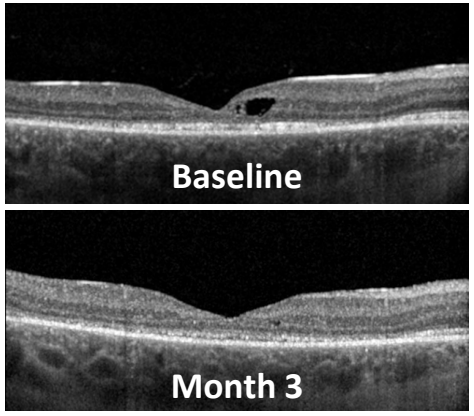
Subject #7



Subject #8



Subject #9



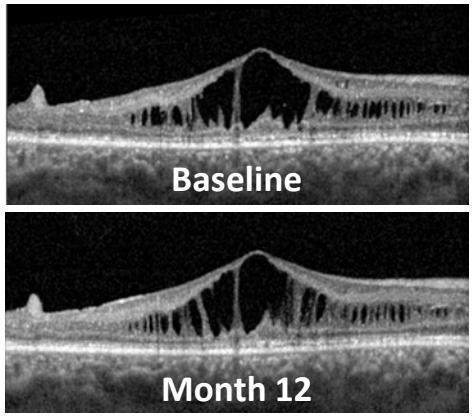
For the 2 treated eyes that did not demonstrate foveal schisis closure:

- **Subject #2** had blebs placed further in the **periphery**
- **Subject #5** developed **ERM** following intra-operative laser

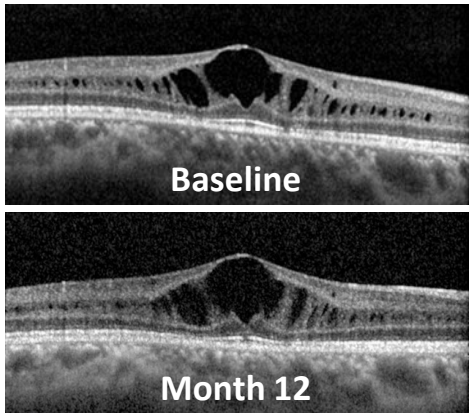
Untreated eyes did not demonstrate foveal schisis closure

Cohort 1 (Low Dose)

Subject #1

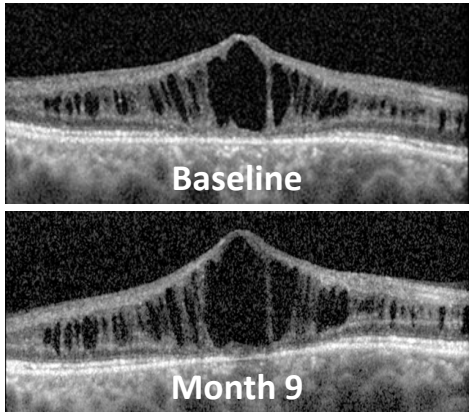


Subject #3

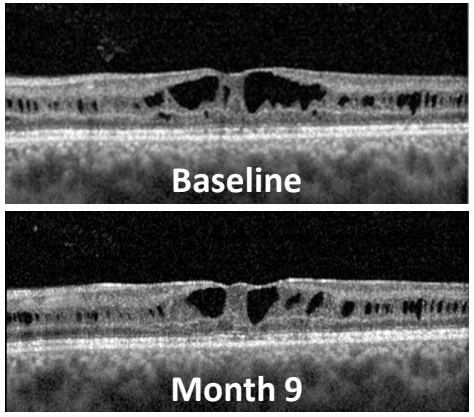


Cohort 2 (High Dose)

Subject #4

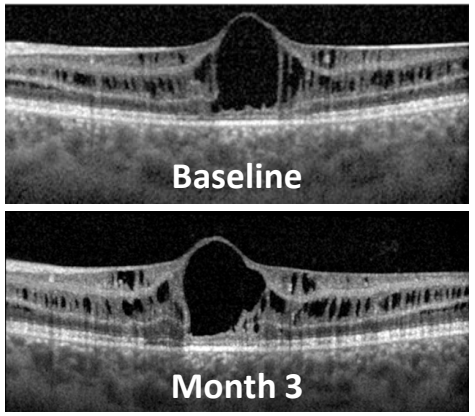


Subject #6

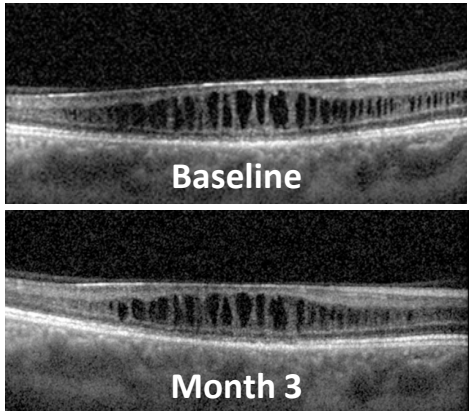


Cohort 3 (Mid Dose)

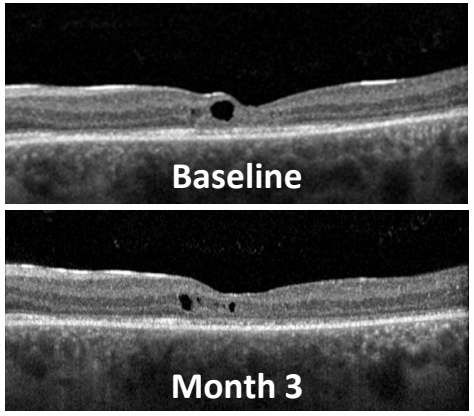
Subject #7



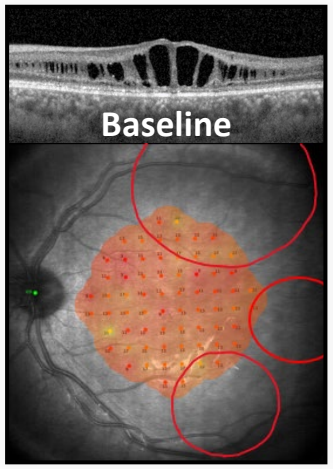
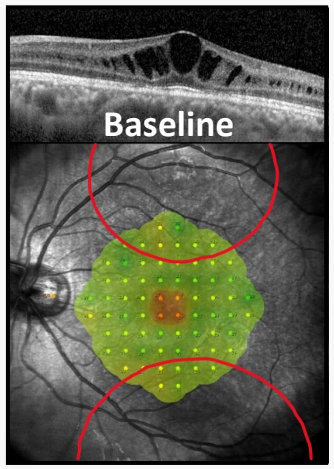
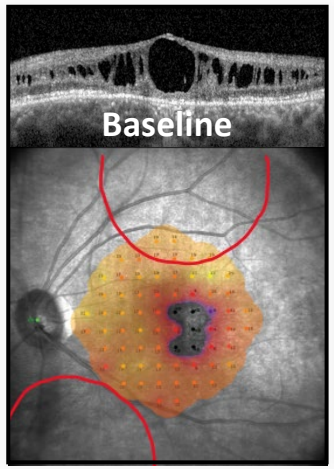
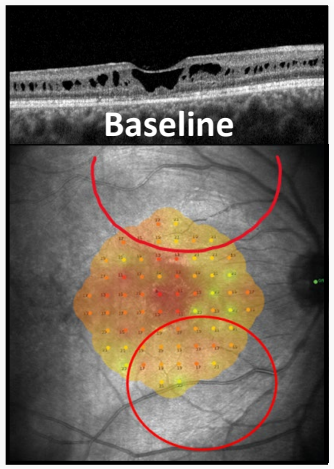
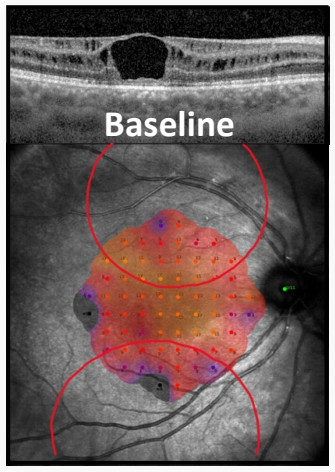
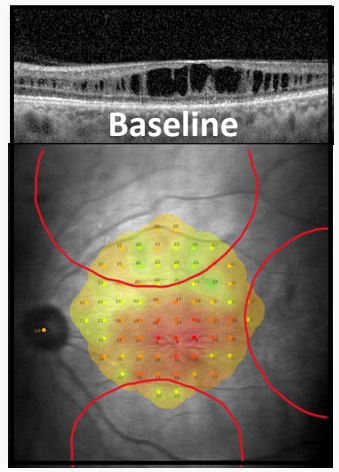
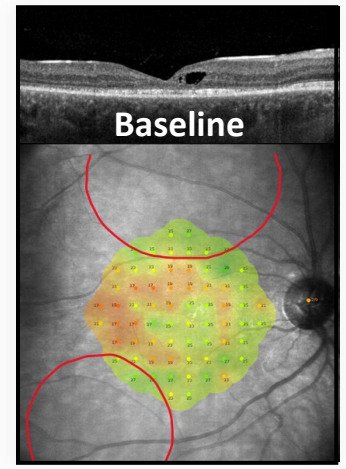
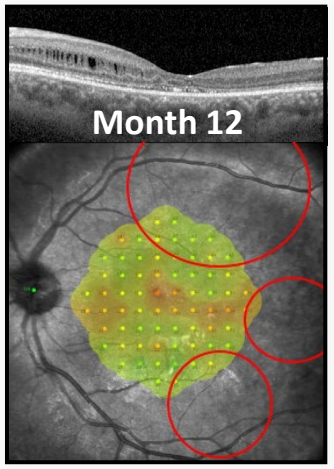
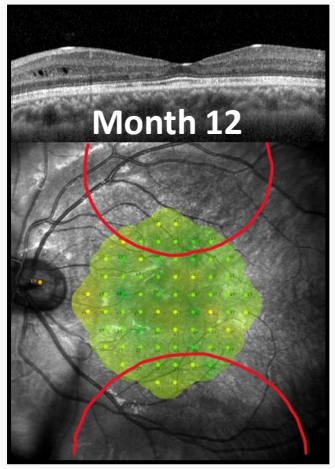
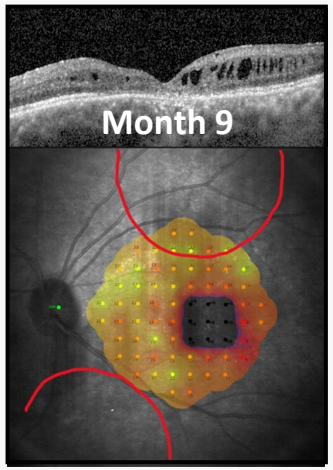
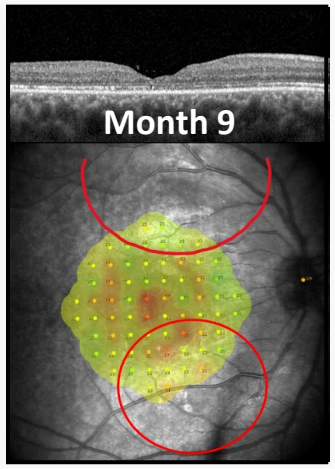
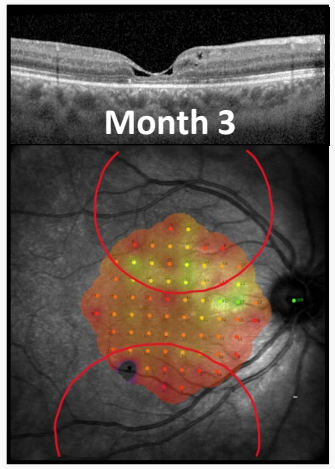
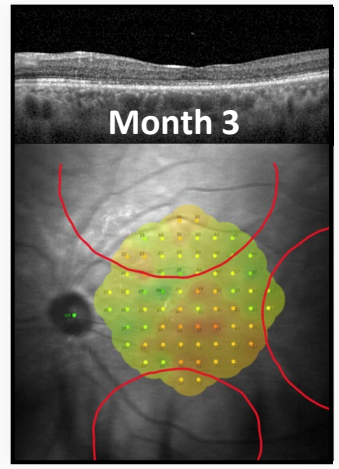
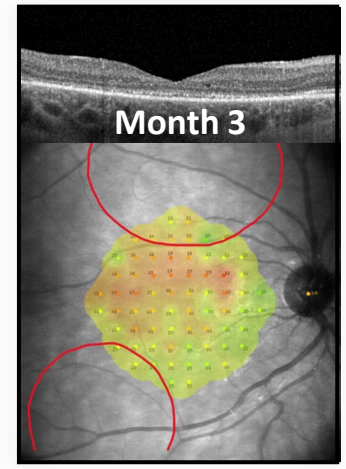
Subject #8



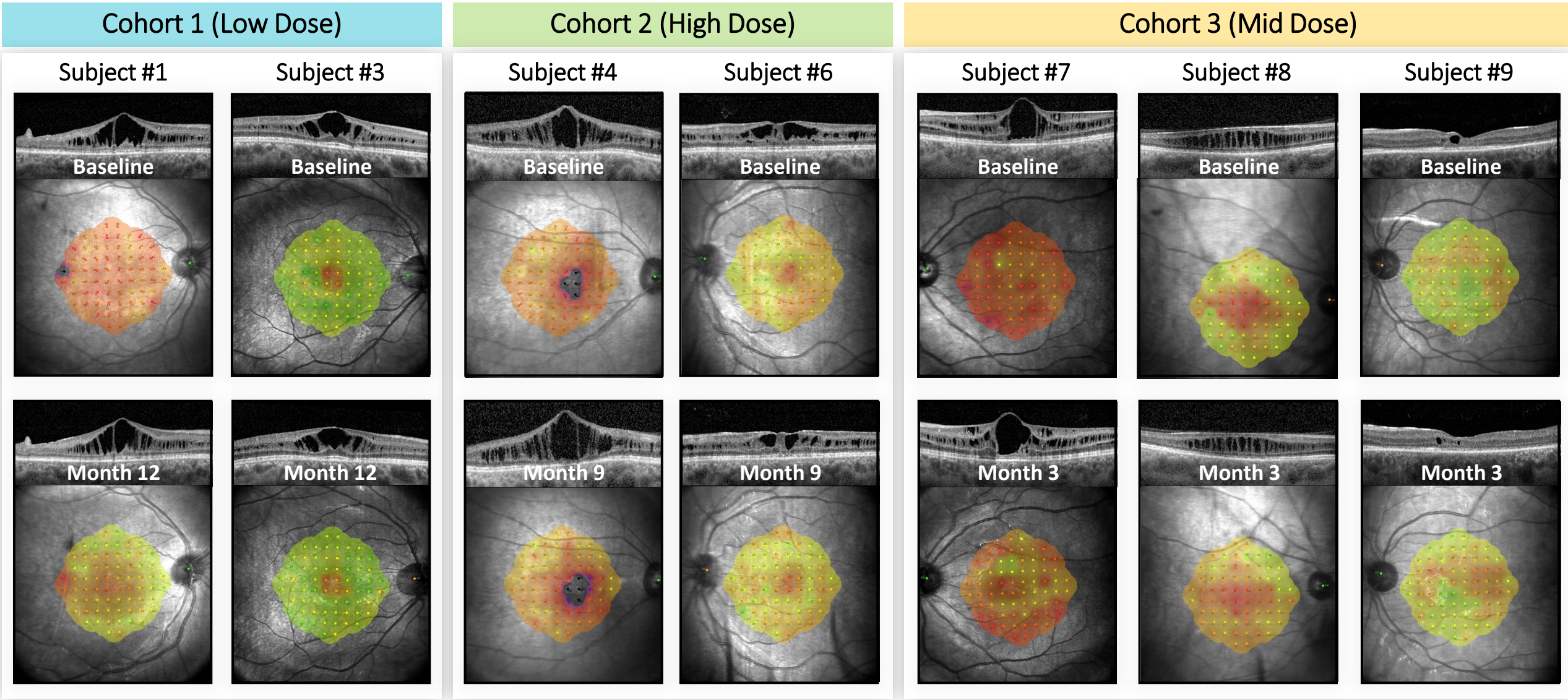
Subject #9



Eyes with structural improvements generally show improvements in function

Cohort 1 (Low Dose)		Cohort 2 (High Dose)		Cohort 3 (Mid Dose)		
Subject #1	Subject #3	Subject #4	Subject #6	Subject #7	Subject #8	Subject #9
						
						

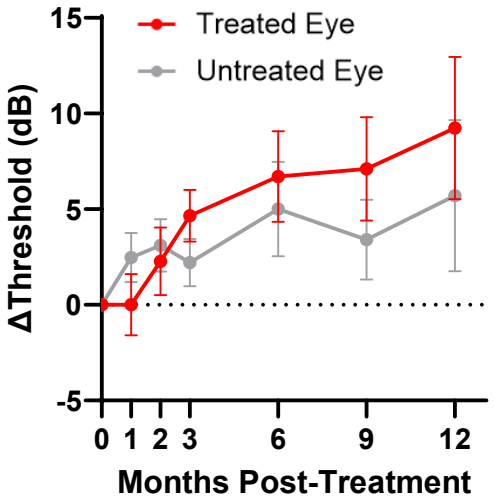
Untreated eyes changed minimally, with some showing a possible learning effect



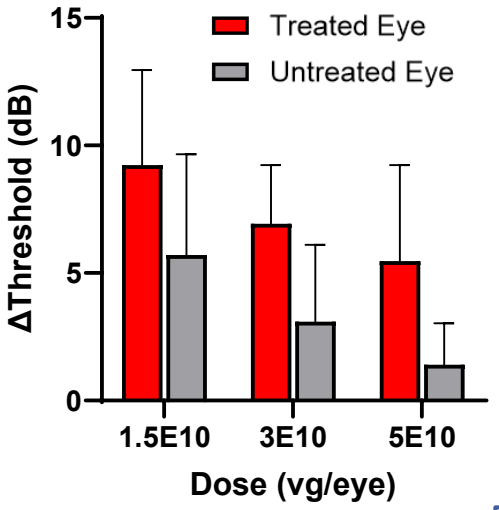
Treated eyes demonstrate improvements in MP compared to untreated eyes

Data represented as average of 5 loci with lowest sensitivity at Baseline (19 dB cutoff, additional loci included if tied)

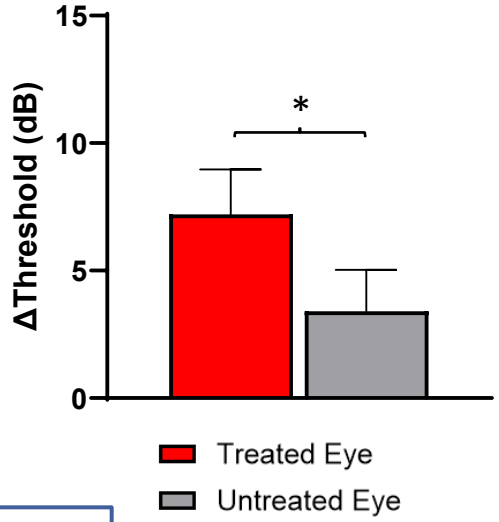
Change in retinal sensitivity over time



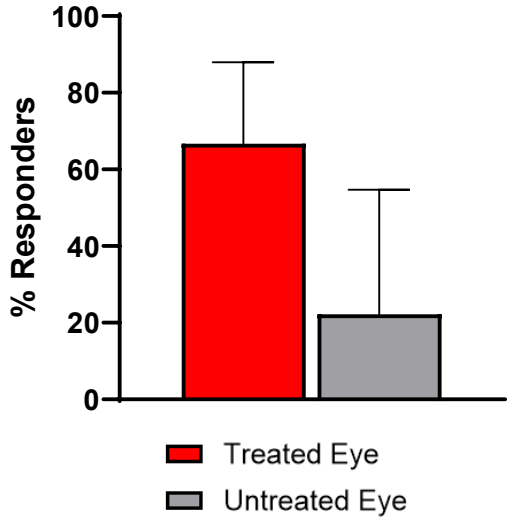
Change in retinal sensitivity by cohort



Change in retinal sensitivity for all cohorts combined



% Responders for all cohorts combined



*$P < 0.05$

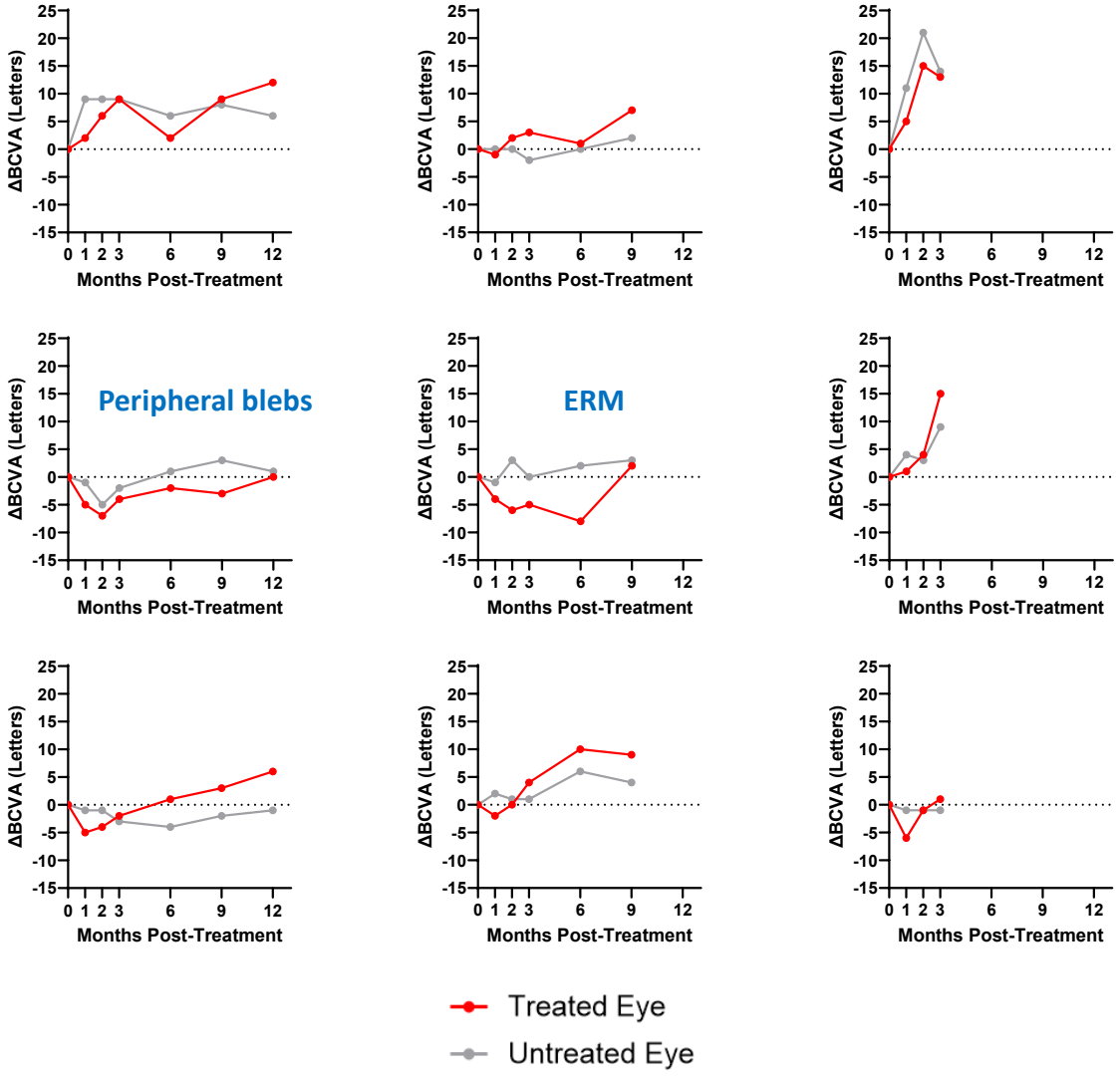
Data include:

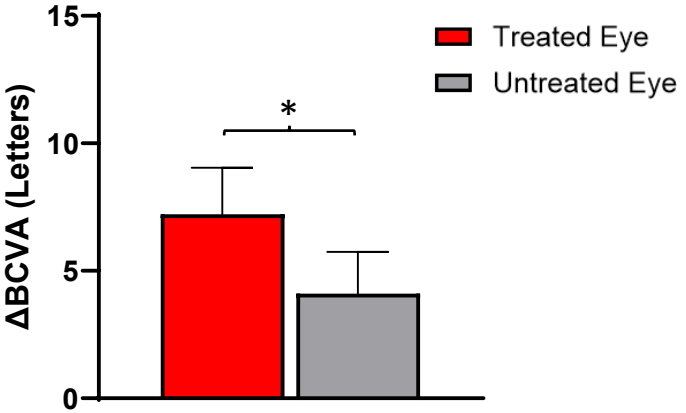
- **Cohort 1** through **12 months**
- **Cohort 2** through **9 months**
- **Cohort 3** through **3 months**

Responder if **selected loci improved by ≥ 7dB on average** *(scotomatous points excluded, additional loci included if tied)*

BCVA generally improves post-treatment

Cohort 1 (Low Dose) | Cohort 2 (High Dose) | Cohort 3 (Mid Dose)





*$P < 0.05$

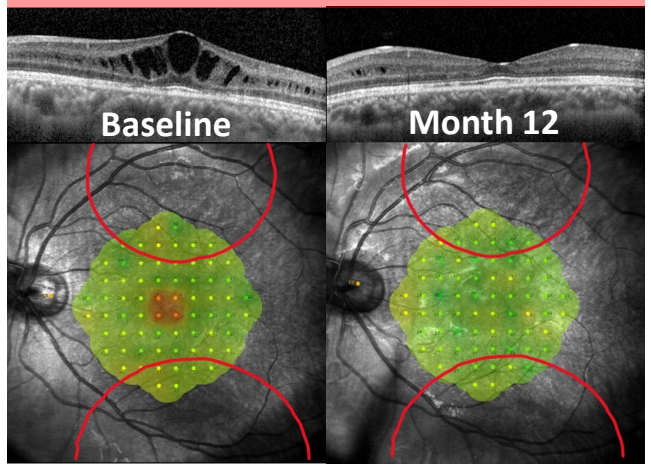
Data include:

- **Cohort 1** through **12 months**
- **Cohort 2** through **9 months**
- **Cohort 3** through **3 months**

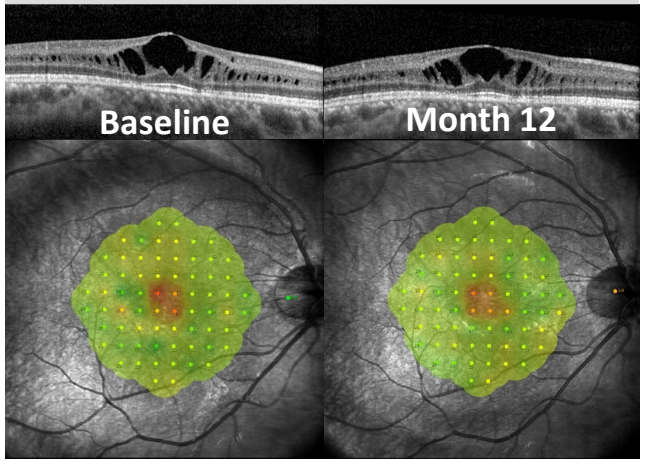
LLVA results are aligned with other measures of function

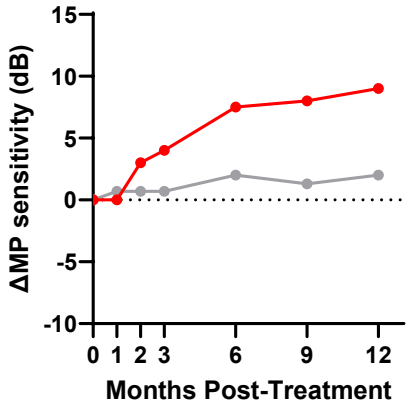
Cohort 1 (Low Dose): Subject #3

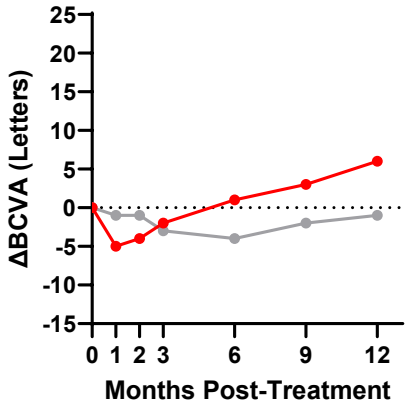
Treated Eye

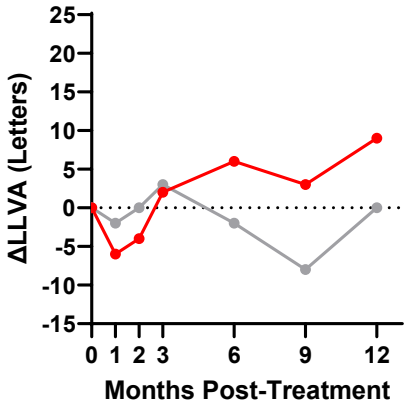


Untreated Eye

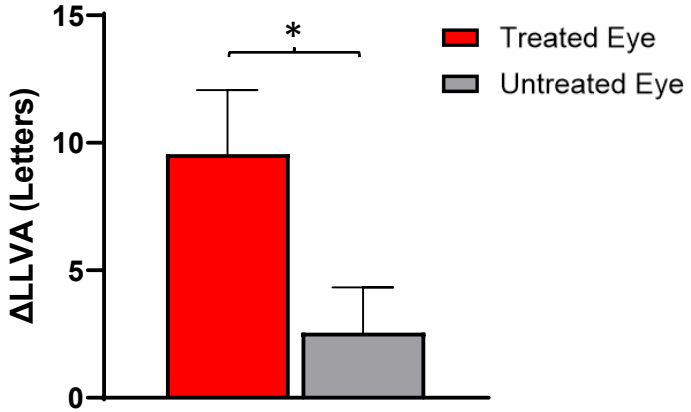








All Cohorts



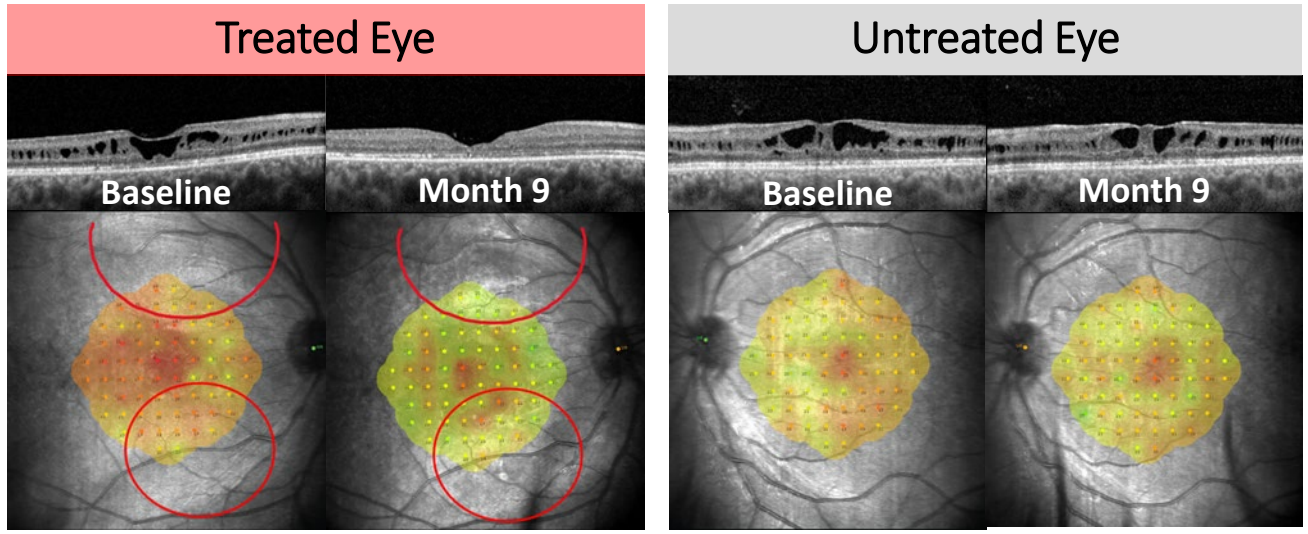
$*P < 0.05$

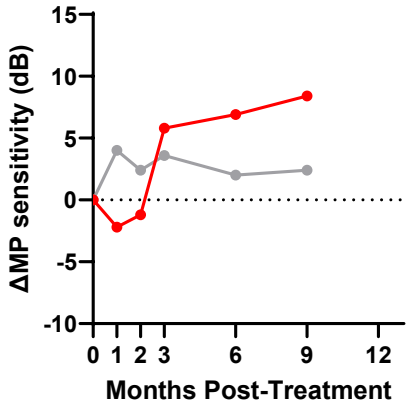
Data include:

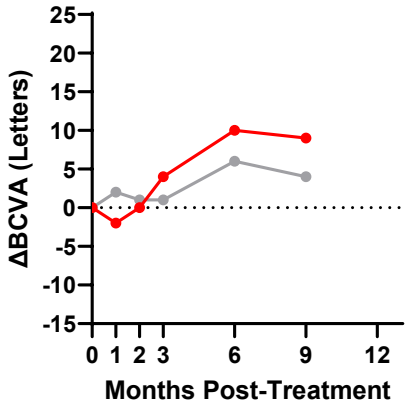
- **Cohort 1** through **12 months**
- **Cohort 2** through **9 months**
- **Cohort 3** through **3 months**

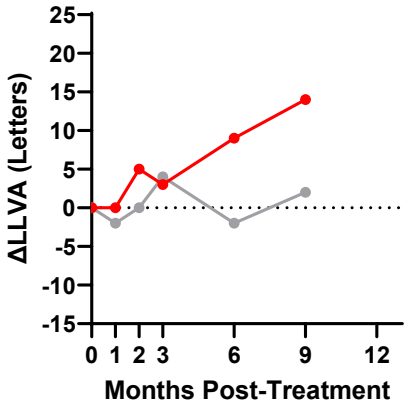
LLVA results are aligned with other measures of function

Cohort 2 (High Dose): Subject #6

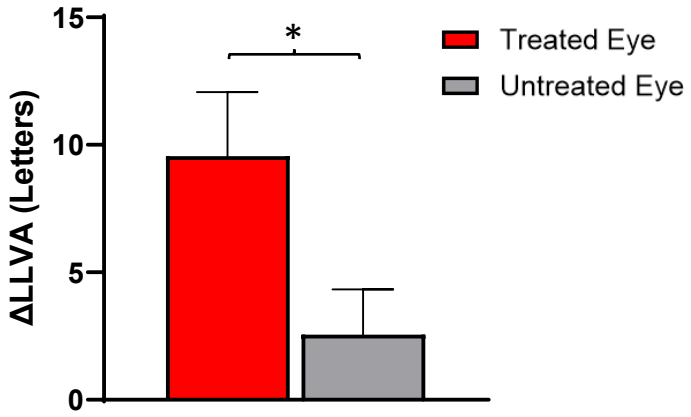








All Cohorts



$*P < 0.05$

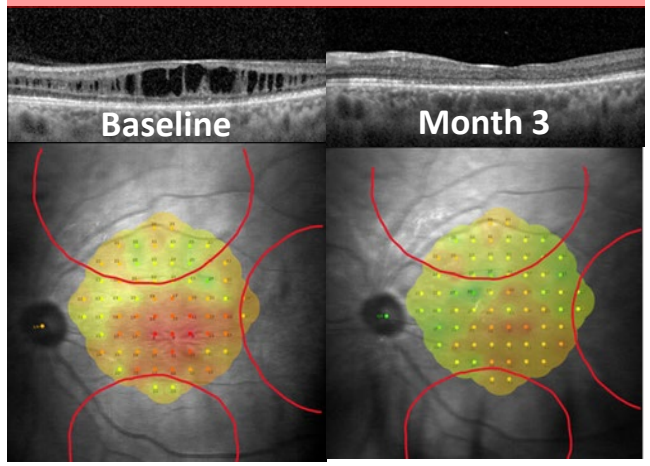
Data include:

- **Cohort 1** through **12 months**
- **Cohort 2** through **9 months**
- **Cohort 3** through **3 months**

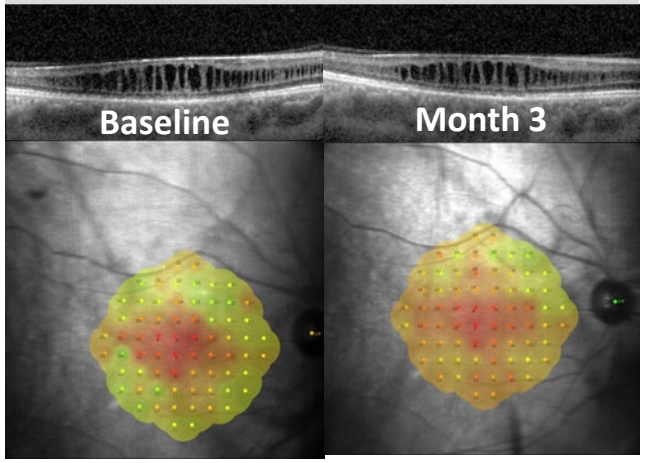
LLVA results are aligned with other measures of function

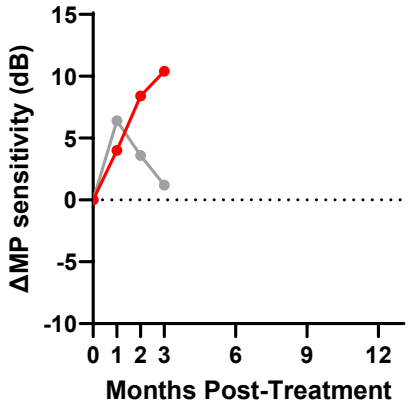
Cohort 3 (Mid Dose): Subject #8

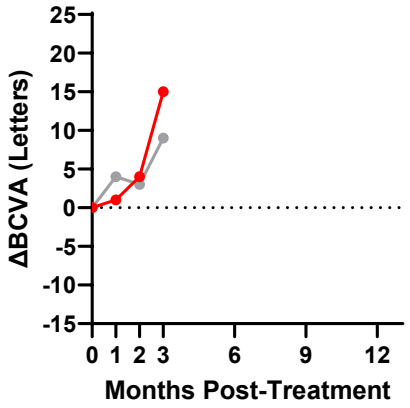
Treated Eye

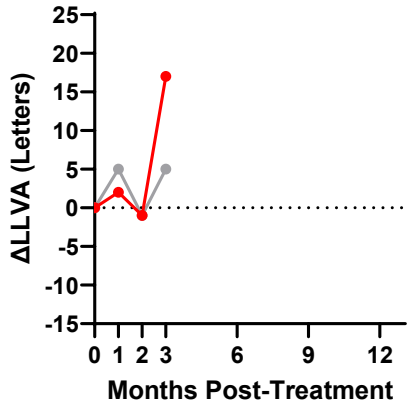


Untreated Eye

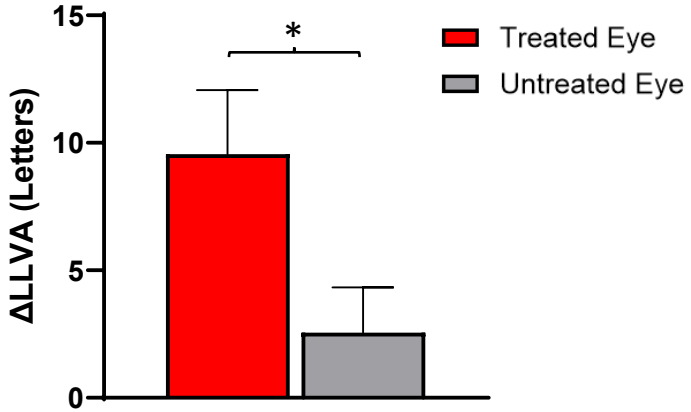








All Cohorts



*$P < 0.05$

Data include:

- **Cohort 1** through **12 months**
- **Cohort 2** through **9 months**
- **Cohort 3** through **3 months**

Currently enrolling Part B (Dose Expansion)

ENROLLED	COHORT	**PART A:** Dose Escalation	
✓	1	Low dose (N=3), ≥ 18 years	1.5E10 vg/eye
✓	2	High dose (N=3), ≥ 18 years	5.0E10 vg/eye
✓	3	Mid dose (N=3), ≥ 18 years	3.0E10 vg/eye

ENROLLED	COHORT	**PART B:** Dose Expansion	
→	4	Control (N=3), ≥ 18 years	No intervention
		Low volume (N=3), ≥ 18 years	1.5E10 vg/eye
		High volume (N=3), ≥ 18 years	2.3E10 vg/eye
	5	TBD (N=3), ≥ 6 and < 18 years	TBD

Cohort 4 (Adult)

- Enrolling 9 subjects, randomized 1:1:1 into:
  - Control
    - No intervention
    - Optional cross-over after 12-month Main Study Period
  - Low Volume
    - 150 µL of 1.0E11 vg/mL (1.5E10 vg/eye)
    - Administered in ~two 75 µL blebs
  - High Volume
    - 225 µL of 1.0E11 vg/mL (2.3E10 vg/eye)
    - Administered in ~three 75 µL blebs

Cohort 5 (Pediatric)

- Will enroll 3 subjects
- Subjects will receive either the low or high volume from Cohort 4

ATSN-201 (rAAV.SPR-hGRK1-*hRS1syn*)

is a subretinal gene therapy product being developed to introduce the functional human retinoschisin (*hRS1*) gene to photoreceptors

SAFETY

- A **low dose** of 1.5 x 10^{10} vg/eye is **well-tolerated** through 1 year post-treatment
- **Subretinal deposits** and **transient retinal thickening** have been observed at higher doses (improvement with additional steroids)
- Majority of adverse events **Grade 1-2** in severity and related to the **surgical procedure**
- **One serious adverse event** to date
  - Unrelated to study drug or procedures
- **No dose-limiting toxicities**
- Subretinal injection, avoiding foveal detachment, can be **safely performed in patients with XLRS**

EFFICACY

- Preliminary evidence of **efficacy at all 3 dose levels**
- **Majority of treated eyes** demonstrated **closure of foveal schisis**
- Of the 2 subjects without a substantial decrease in central retinal thickness:
  - One subject had **blebs further in the periphery** and **high body weight** with transient post-treatment **inflammation** (possible underdosing of steroid)
  - One subject required intra-operative laser and developed an **ERM**
- **Improvements in visual function (MP, BCVA, LLVA)** observed in eyes demonstrating closure of foveal schisis

Thank you!

ATSENA THERAPEUTICS

Children's Hospital LOS ANGELES

Bascom Palmer Eye Institute
UNIVERSITY OF MIAMI HEALTH SYSTEM

The Children's Hospital of Philadelphia

OHSU

And thank you to the patients and their families!