

Clinical Update on Reducing HBV Virus and Antigen Production Using RNAi

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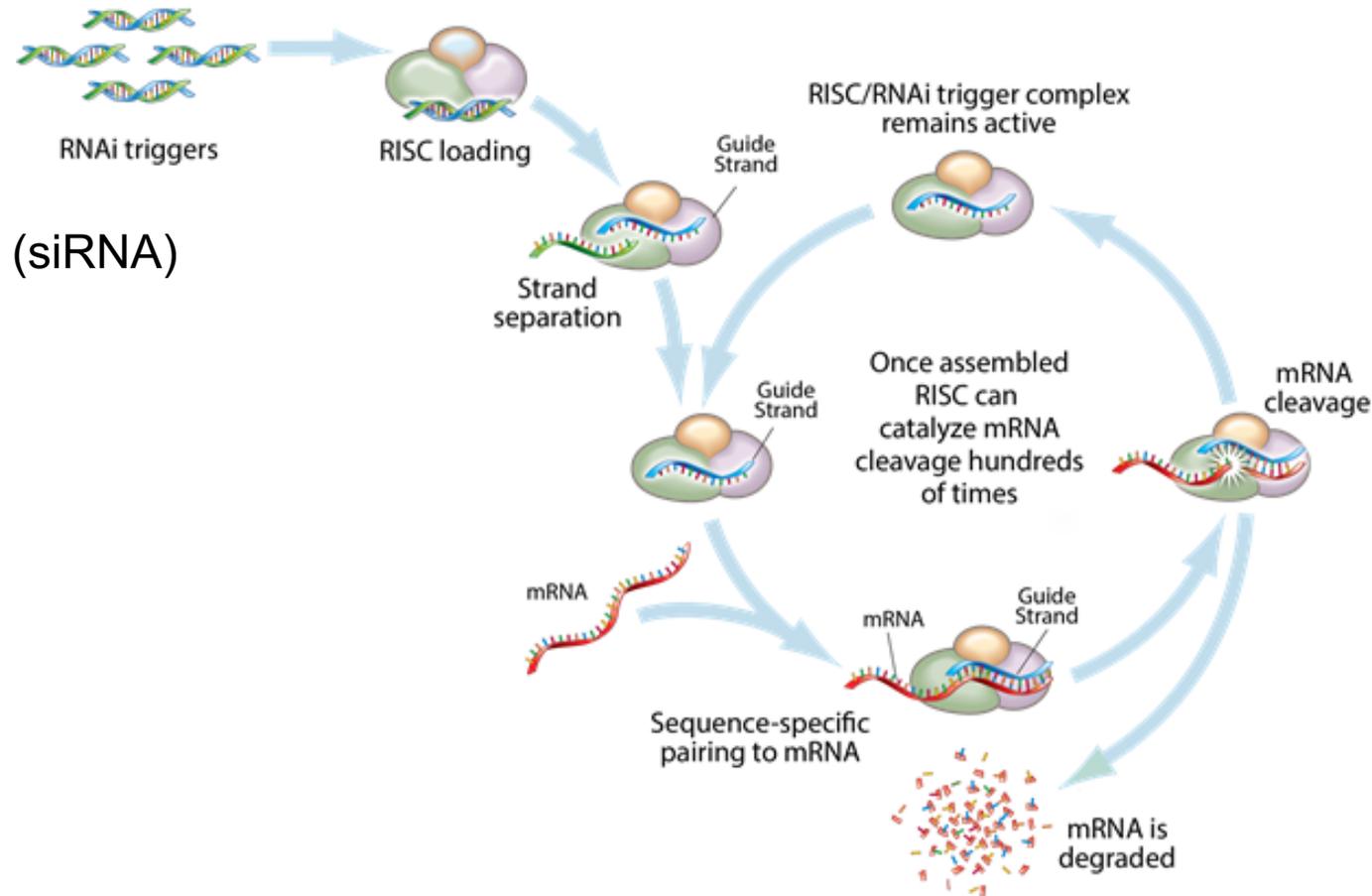
Disclosures

- Dr. Given is an employee and shareholder in Arrowhead Pharmaceuticals, Inc.

Safe Harbor Statement

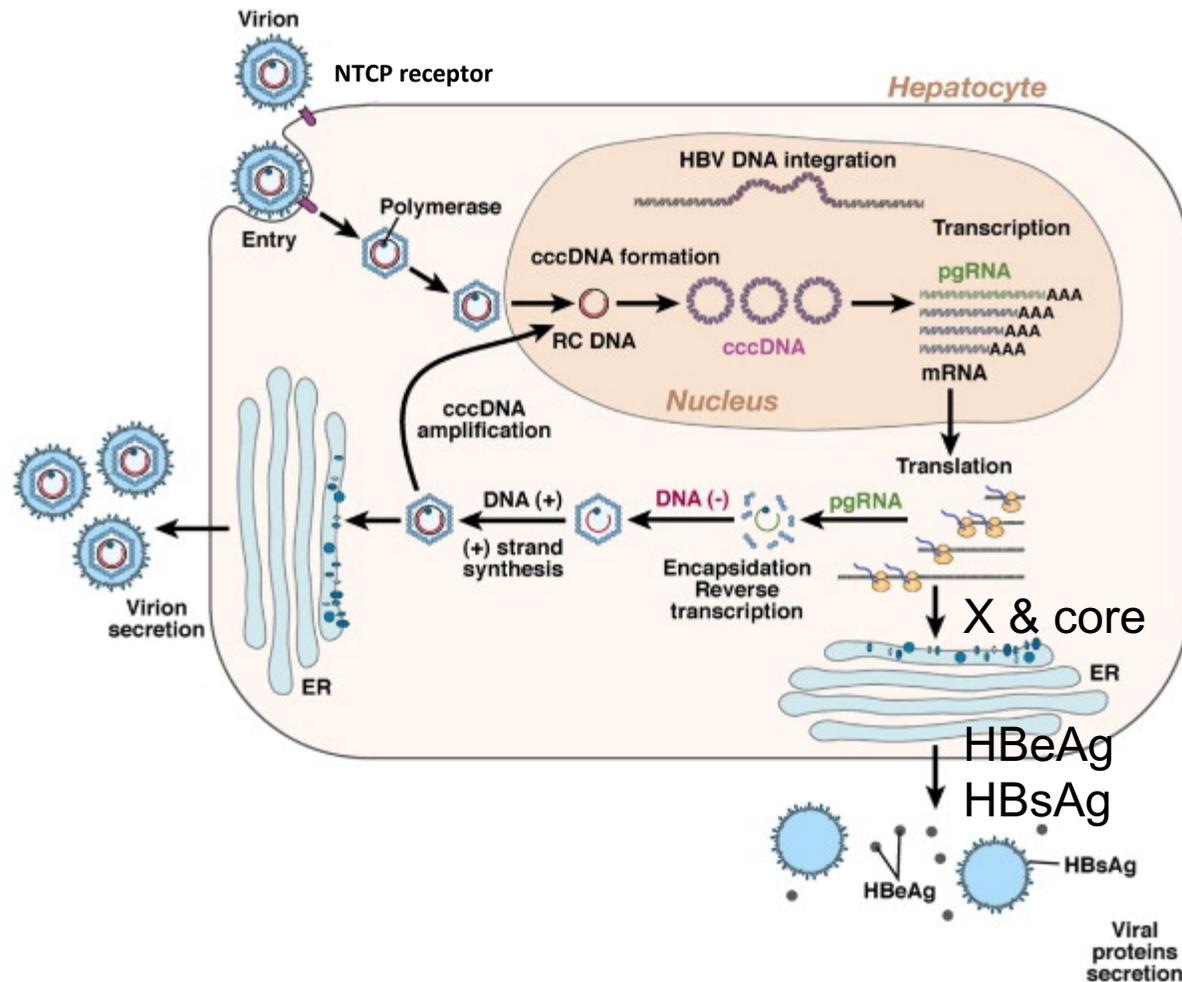
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RNAi: Target the Gene Silence the Disease

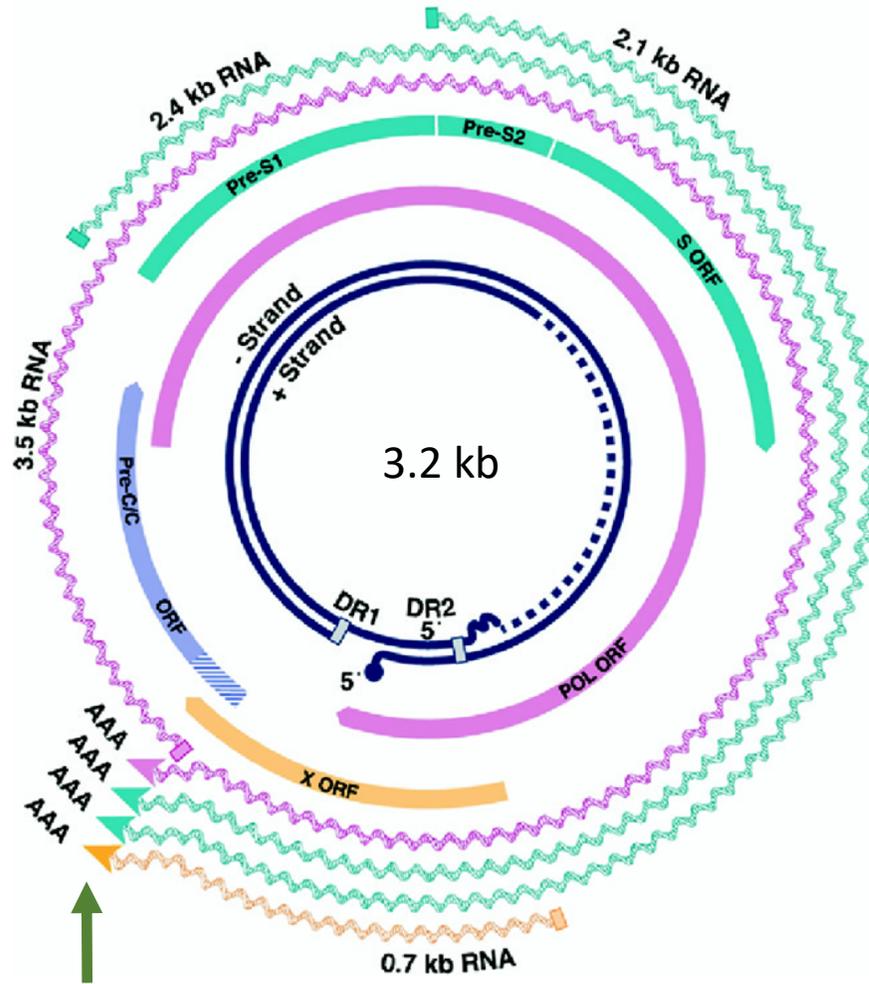


Therapeutic gene silencing with **RNA interference** is highly precise and efficient

A Very Simplified View of the HBV Lifecycle



Organization of the HBV Genome Makes it Ideal for RNAi



Same polyadenylation signal for all mRNAs

•5 viral mRNAs

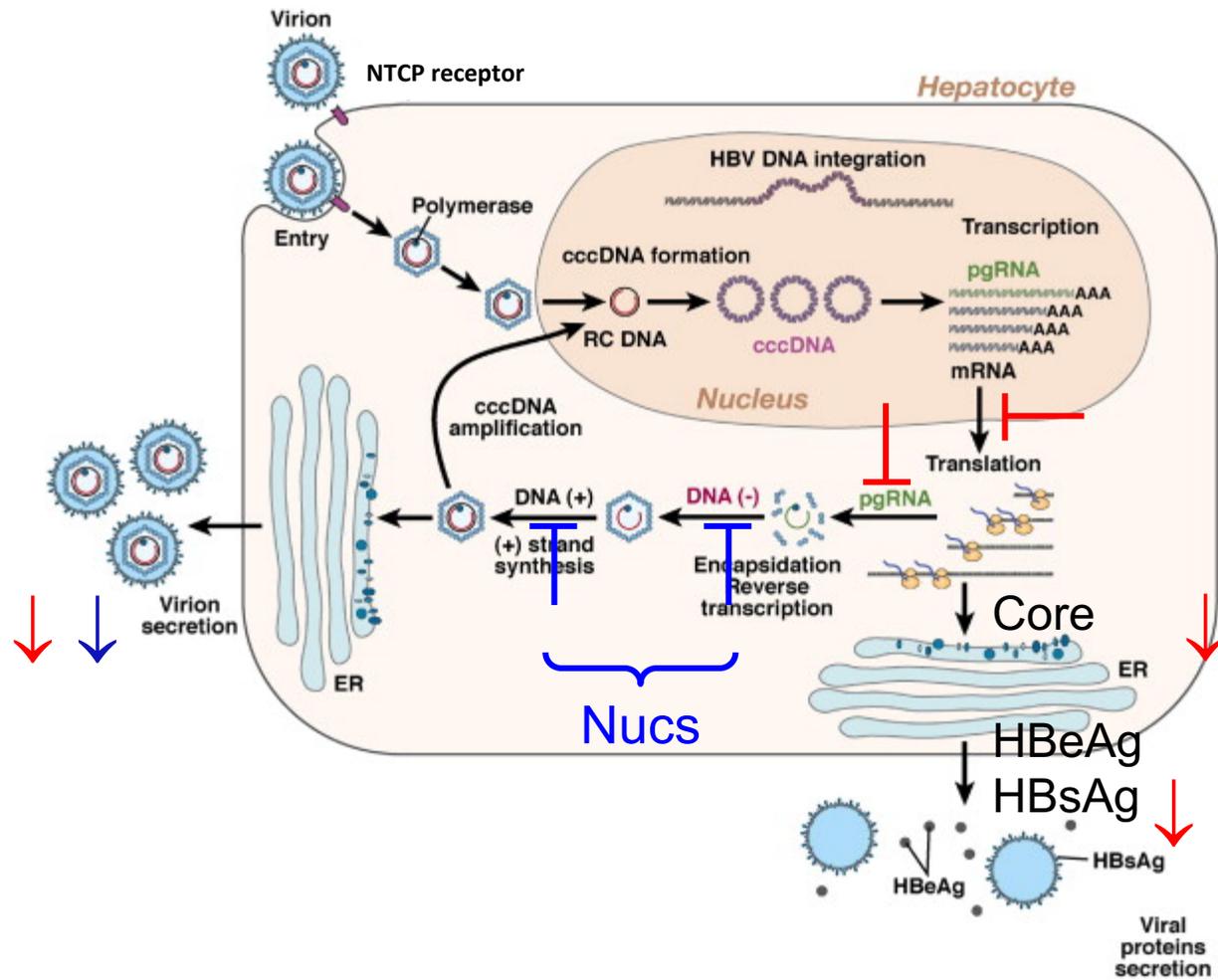
- 3.5 kb pre-genomic RNA
- 3.5 kb pre-core mRNA
- 2.4 kb pre-S1 mRNA
- 2.1 kb pre-S2/S mRNA
- 0.7 kb X mRNA

•7 major proteins

- Polymerase (with reverse transcriptase function)
- Core (HBcAg), forms capsid
- e antigen (HBeAg), also called pre-core, a secreted protein
- Large, medium and small surface proteins (HBsAg), form envelope
- X protein (Transactivator)

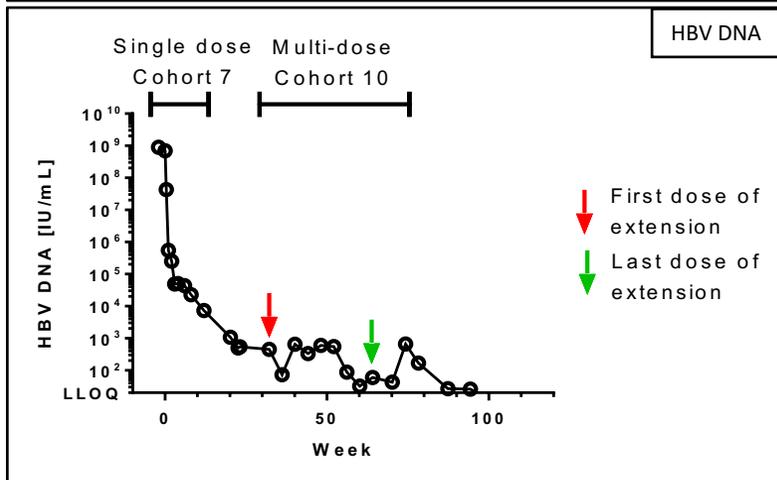
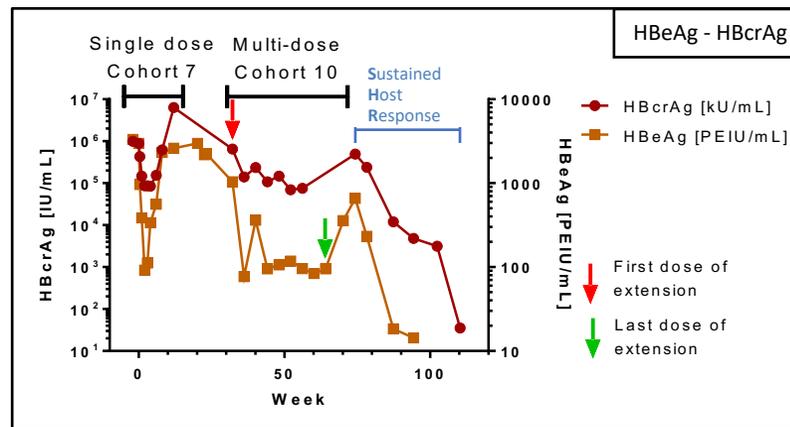
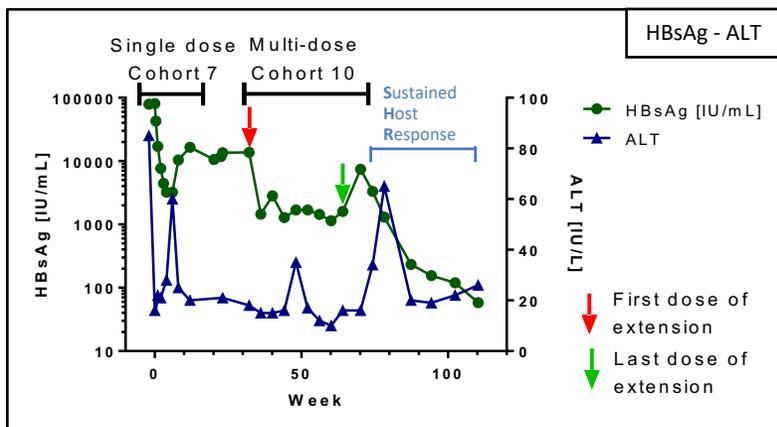
RNAi Therapeutics to Reduce HBV Viral RNAs

Differentiation from nucleos(t)ide reverse transcriptase inhibitors



siRNA

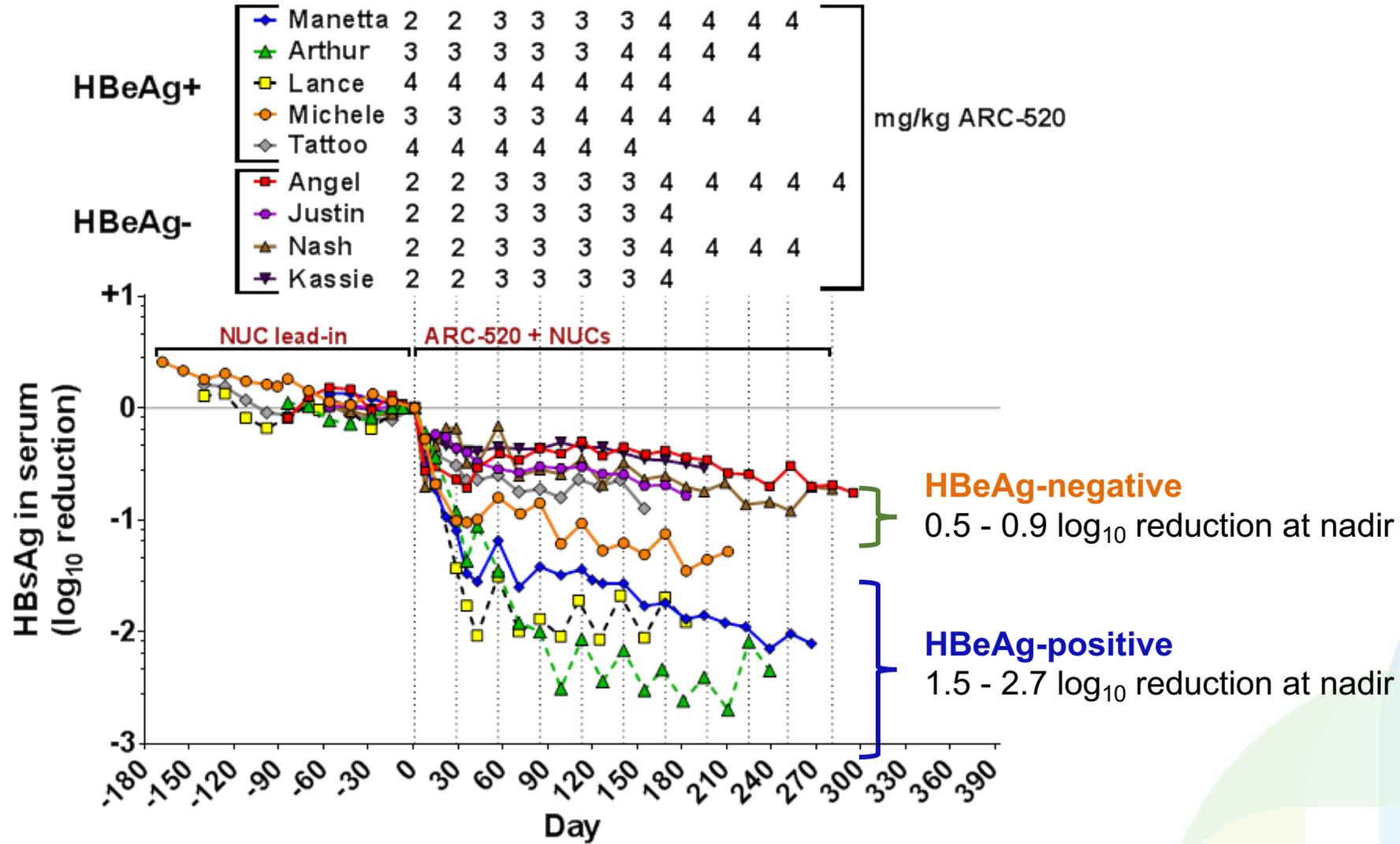
RNAi Can Reduce all cccDNA-derived Viral Antigens



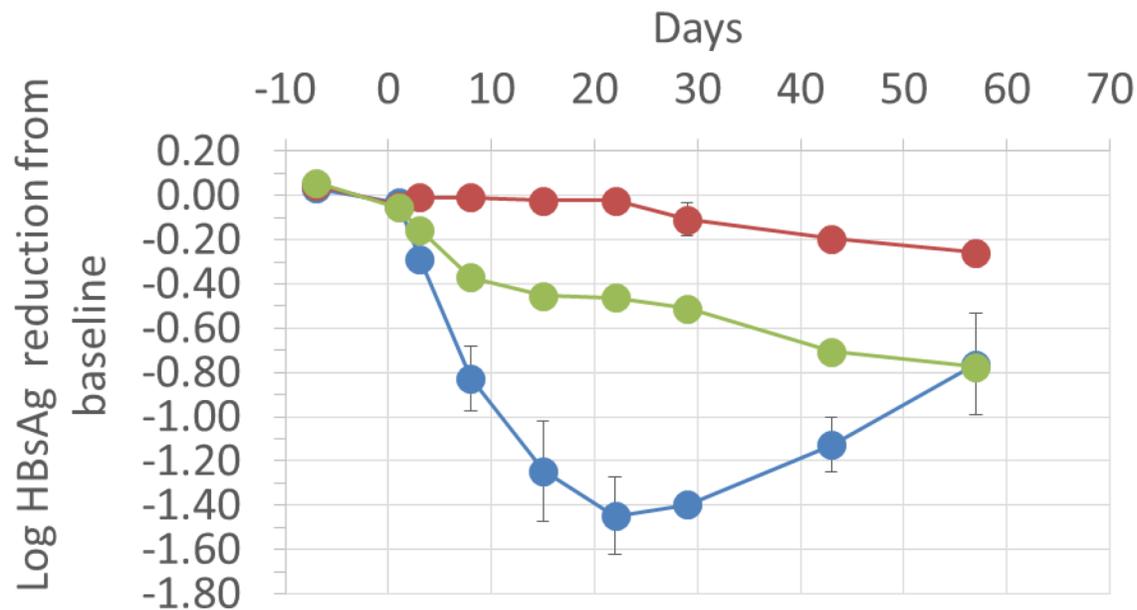
Patient 01-7982

- Synergistic effect with NUCs on DNA
- Contemporaneous reductions in HBeAg, HBcrAg, HBV RNA (not shown here)

Differences in Degree of HBsAg Reduction Correlated with HBeAg Status in Chimpanzees



ARC-520 in Treatment-naïve Chronic HBV Patients: *Human HBsAg data reflects chimp data*



● HBeAg pos. ● HBeAg neg. ● Transitional n=1

4 mg/kg ARC-520: NUC-naïve chronic HBV patients

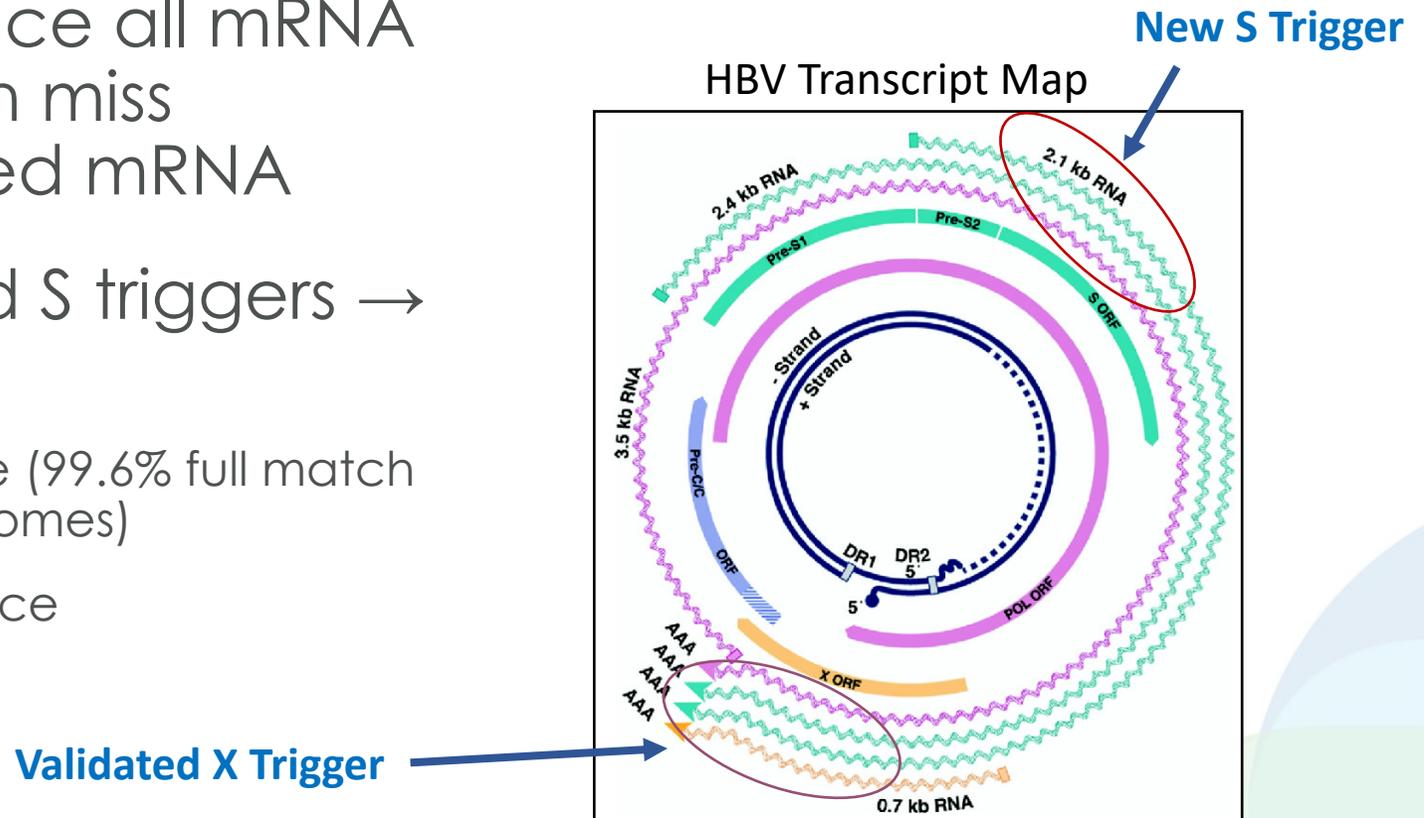
- High level knockdown of HBsAg in HBeAg positive patients
- HBeAg negative patients respond less well
- HBeAg transitional patient is intermediate
- As in chimps, HBeAg negative patients likely produce significant amounts of HBsAg from integrated DNA not targeted by ARC-520.

ARO-HBV: Key Design Elements

- Subcutaneous dosing, monthly or less frequent
- No need for active endosomal escape agent
- **Addresses full HBV transcriptome**
 - **Works for cccDNA *and* integrated-derived transcripts**
- Multiple triggers to avoid resistance development
- Powerful HBsAg reduction
- Wide therapeutic index
- Efficacy and safety in HBV patients

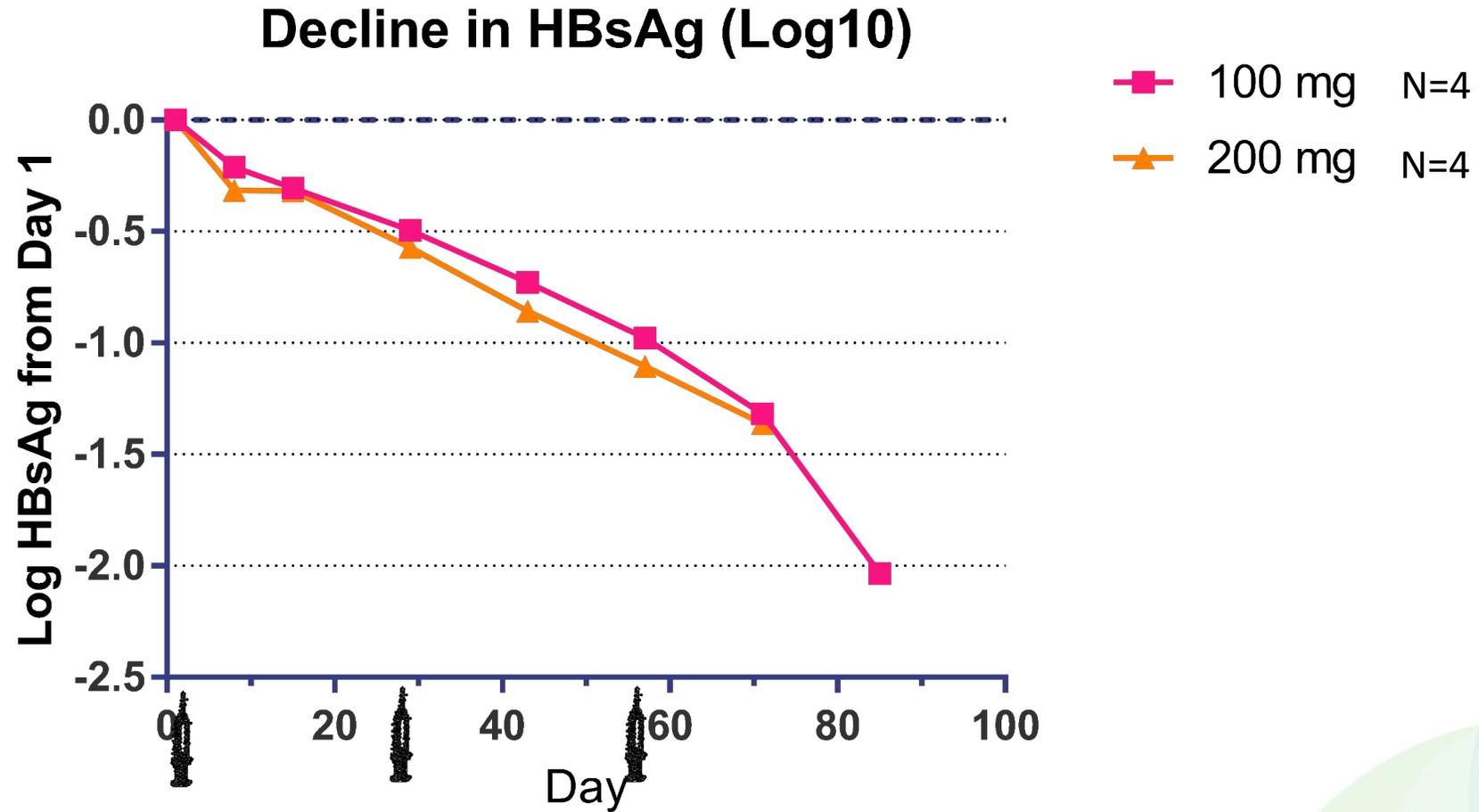
Importance of Integrated HBV DNA as S mRNA Source has Changed RNAi Strategy

- Single siRNA can reduce all mRNA from cccDNA but can miss integrated HBV-derived mRNA
- Combination of X and S triggers → ARO-HBV
 - Greater genome coverage (99.6% full match of 17mer in ~7000 HBV genomes)
 - Reduce chance of resistance



HBsAg Reduction with ARO-HBV After 3 monthly Doses

Includes cohorts with complete data through 14 days after 3rd dose



See AASLD late-breaker poster Nov 12, 2018 for expanded and updated data

CHB patient AE Table

AEs in >1 subject (data cut 8/24/2018)

											<u>Total AEs</u>
<u>AROHBV1001 HBV Patients</u>	<u>Cohort 2b, 100mg X3 Q28 days</u>	<u>Cohort 3b, 200mg X3 Q28 days</u>	<u>Cohort 4b, 300mg X3 Q28 days</u>	<u>Cohort 5b, 400mg X3 Q28 days</u>	<u>Cohort 6, 100mg X3, Q2 wk</u>	<u>Cohort 7, 100mg X3 weekly</u>	<u>Cohort 8, e+ 300mg X3 Q28 day</u>	<u>Cohort 9, e+ 300mg X3 Q28 day</u>	<u>Cohort 10, 200mg X3 weekly</u>	<u>Cohort 11, 300mg X3 weekly</u>	
<u>AE Reported Terms</u>	<u>Open Label n = 4</u>	<u>Open Label n = 4</u>	<u>Open Label n = 4</u>	<u>Open Label n = 4</u>	<u>Open Label n = 4</u>	<u>Open Label n = 4</u>	<u>Open Label n = 4</u>				
Insect bites ankles, Flea bites on neck	1		1								2
Upper respiratory tract infection, Sore throat, Laryngitis, Dry cough	1		1		3	1			1		7
Erythema around injection sites, Injection site redness, Haematoma at injection site, Injection Site Bruise			1	2		2	1			1	7
Facial acne, acne							2				2
Headache, headache – intermittent			1			2					3
Raised Creatine kinase			1				1				2
TOTALS	2	0	5	2	3	5	4	0	1	1	23

Interim AROHBV1001 Findings as Reported Sept 2018

Update with Late Breaker AASLD Poster Nov 12, 2018

- Activity demonstrated in all patient types (HBeAg pos/neg, NUC naïve/treated)
- Response appeared to be independent of starting HBsAg levels
- ARO-HBV appeared to be generally well-tolerated as of the data cutoff (August 24, 2018)
 - Injection site reactions were observed in approximately 10% of injections

Acknowledgements

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