Developing siRNA for Neurodegenerative Diseases

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Christine Esau, Ph.D.

RNA at the Bench and Bedside IV December 9, 2024

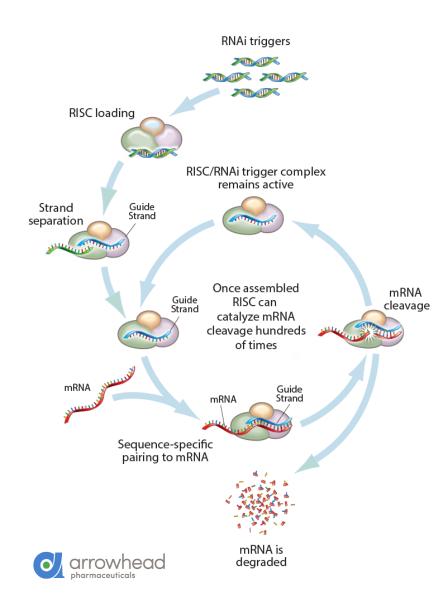


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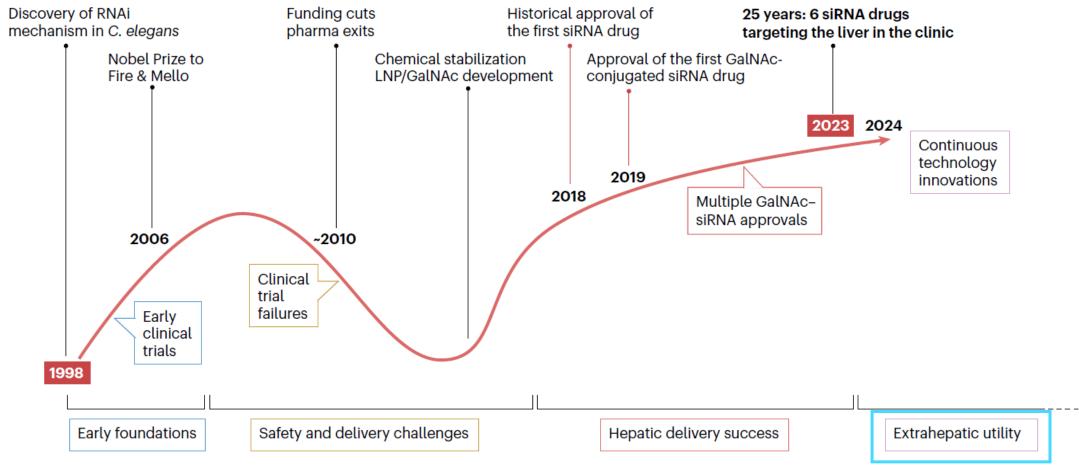


RNA Interference as a Therapeutic Modality



- RNAi co-opts the **natural pathway** for microRNA regulation of gene expression
- Double stranded RNAi triggers engage RNA-induced silencing complex (RISC) to sequence-specifically recognize and **potently** cleave target mRNAs
- Any protein-coding gene in the genome can be targeted **all targets are druggable**
- **Rapid**, cost effective, and potentially lower risk relative to traditional approaches
- However, RNA requires chemical stabilization and facilitated delivery into cells to be a drug

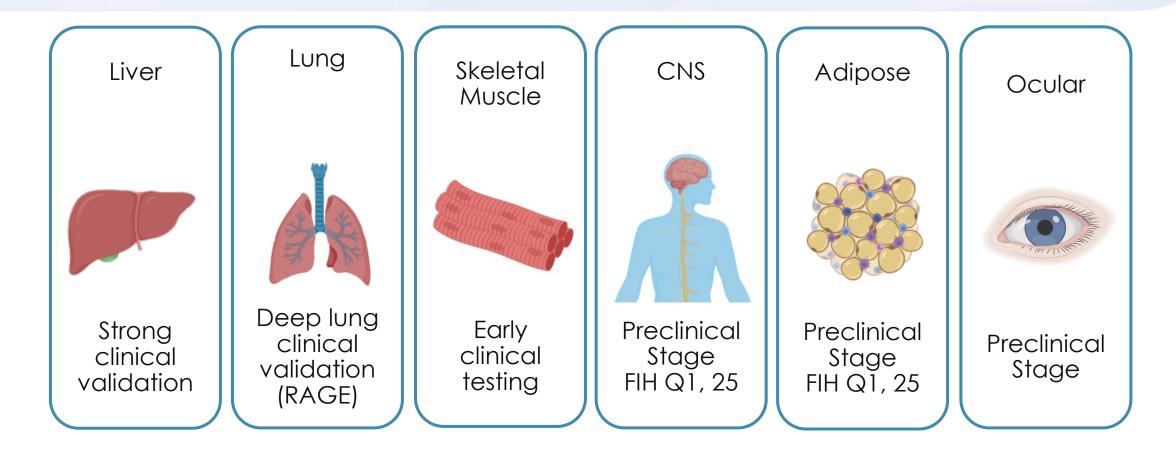
The Long Road to Establish siRNA as a Therapeutic Modality



RNAi enthusiasm



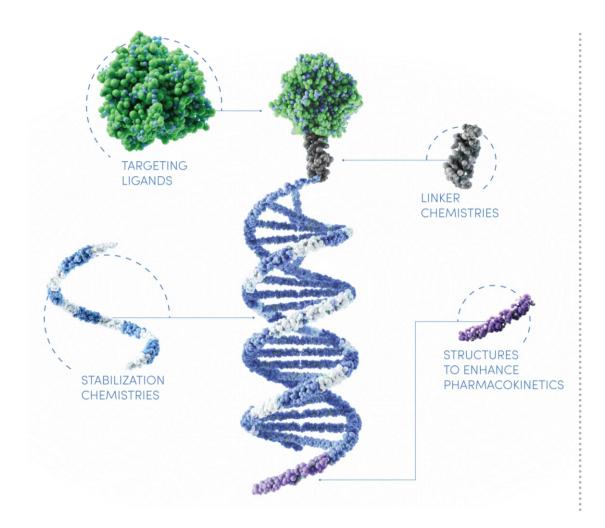
TRiMTM Platforms Drive Robust Pipeline for Multiple Tissue Types



• TRiM™ technology enables oligonucleotide delivery to liver and multiple extrahepatic tissues



Arrowhead's TRiM[™] Platform: Targeted RNAi Molecule



- A modular system
- Unique RNAi chemistry insights and experience
- Powerful platform technology to maximize activity and stability employing:
 - Algorithmic approach to sequence selection and design
 - Stabilization chemistry
 - Targeting ligands small molecules, peptides, proteins
 - Linker chemistry
 - PK and PD enhancers



Neurodegenerative Diseases Are an Enormous Burden Uniquely Addressable by RNA Therapeutics



Over **50 million** neurodegeneration patients worldwide¹ and few disease modifying therapies





Diseased Brain

- Common feature is abnormal protein aggregation and neurotoxic gain of function: difficult mechanism to drug but RNAi approach knocks out disease-causing protein
- Recent progress in genetics and biomarker development are enabling clinical development in a broad range of neurodegenerative diseases, increasing probability of success

TDP-43 proteinopathies

- Amyotrophic Lateral Sclerosis (ALS)
- Fronto-temporal dementia (FTD)

Tauopathies

- Alzheimer's disease (AD)
- Fronto-temporal dementia (FTD)
- Progressive Supranuclear Palsy
- Corticobasal Degeneration

Amyloidoses

- Alzheimer's disease (AD)
- Prion diseases

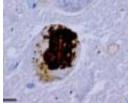
Synucleinopathies

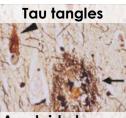
- Parkinson's disease (PD)
- Lewy body dementia
- Multiple system atrophy

Expansion Repeat Disorders

- Huntington's disease (HD)
- Spinocerebellar ataxias (SCA)

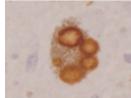
SOD1 (ALS)

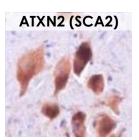




Amyloid plaques

Lewy bodies (PD)

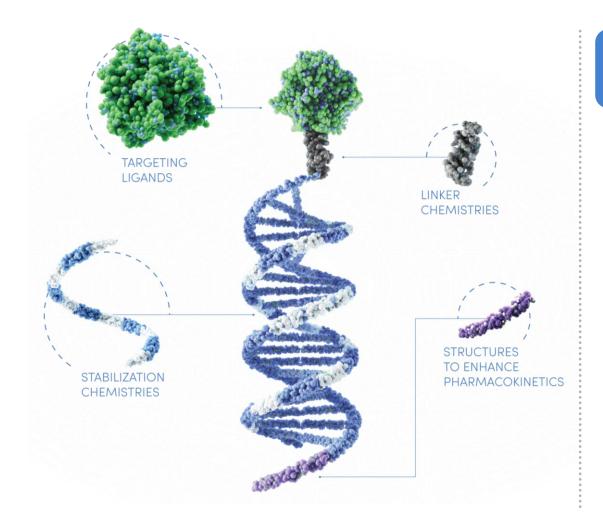




1. Lancet Neurology 2019, 18:459



First Gen CNS-Targeting TRiM[™] Platform Intrathecal (IT) Administration

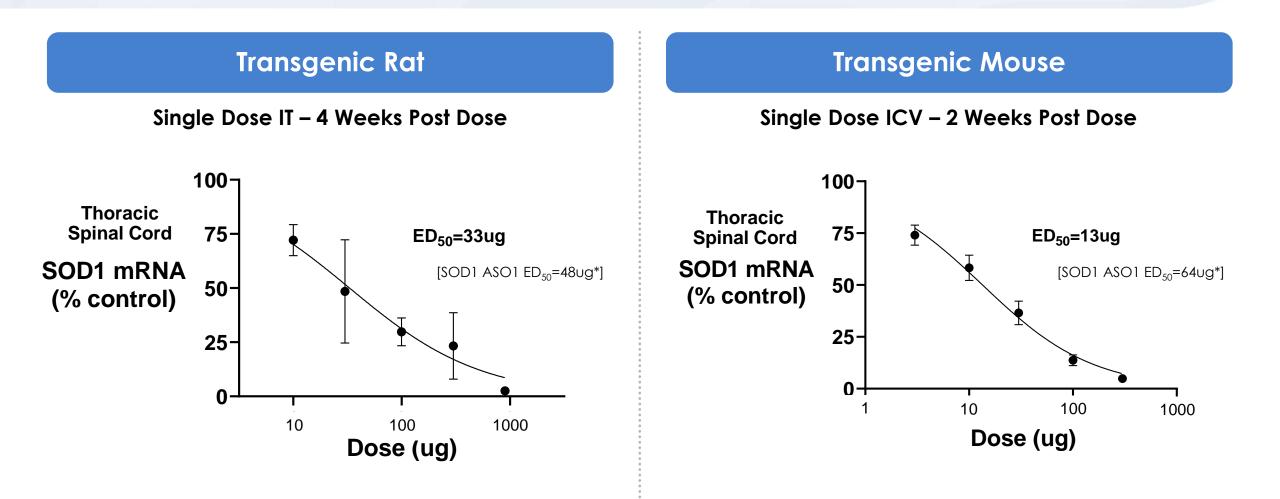


We Have Developed an Optimized Intrathecal Delivery Platform for CNS

- Simple lipid-conjugate design
- Potent target mRNA reduction
- **Broad distribution** throughout the brain and to all relevant cell types in rodent and monkey
- Long duration of action with potential for infrequent (quarterly or half-yearly) dosing
- **Safety** Initial GLP tox complete with no serious adverse findings



Potent Reduction of Target mRNA in Rodent Models





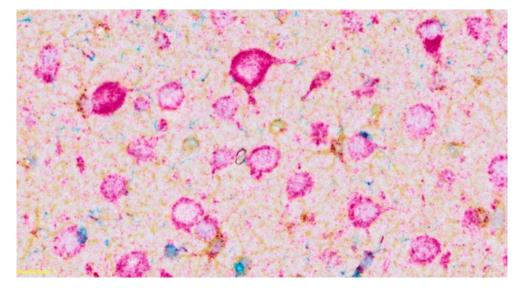
Target Knockdown Throughout the CNS and Distribution to All Relevant Cell Types in Non-Human Primate

SOD1 mRNA Reduction in NHP Single Intrathecal Dose of SOD1 siRNA, 45mg, Day 29, n=3 100 50 **Brain Region**

arrowhead

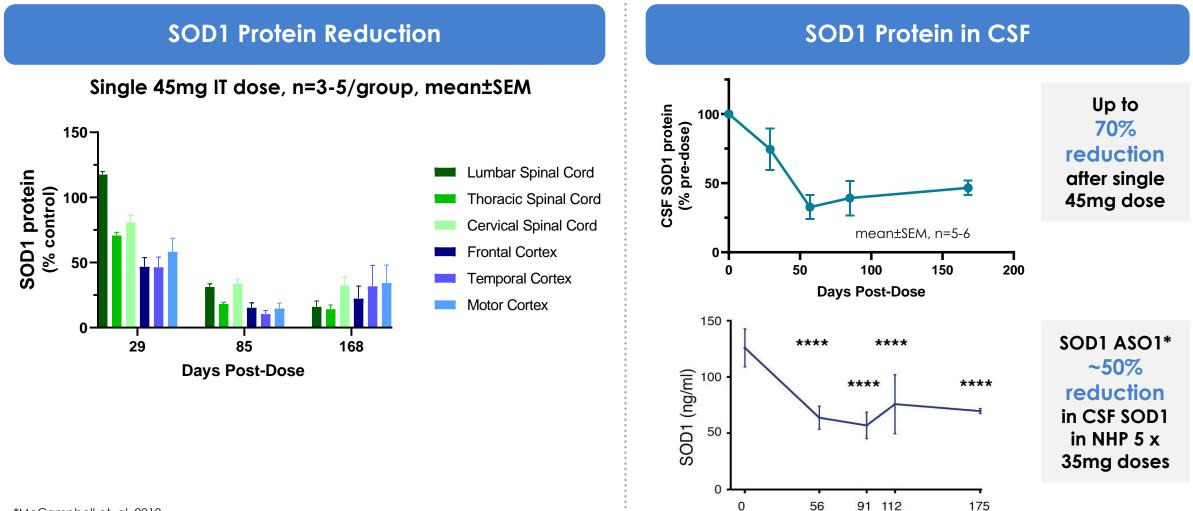
siRNA Delivery to Relevant Cell Types in NHP Cortex

Neurons, Astrocytes, Microglia



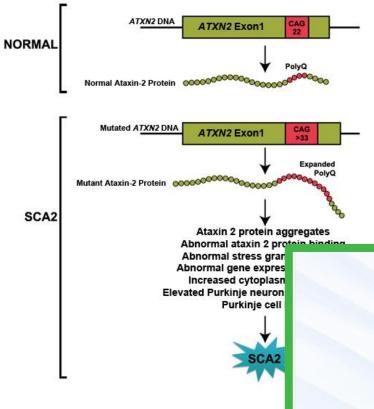
miRNAscope[™] Detection of siRNA by in situ Hybridization Red = siRNA Yellow = astrocytes (GFAP) Blue = microglia (IBA1)

Long Duration of Action in NHP Supports Up to Half-Yearly Dosing





ARO-ATXN2 for Spinocerebellar Ataxia 2 (SCA2) First Intrathecal Clinical Program



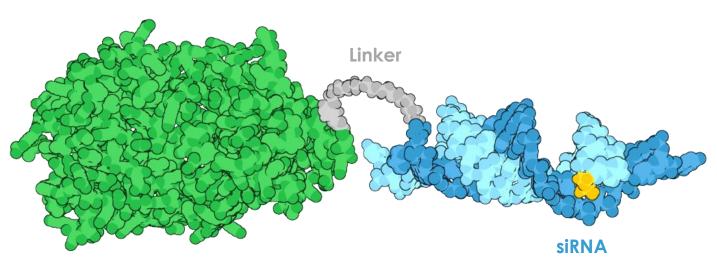
- SCA2 is a dominantly inherited repeat expansion disorder which makes up ~15-20% of all SCA cases (~5 people in 100,000)
 - Caused by gain of function of mutant expanded polyQ ATXN2 protein
 - It is a progressive cerebellar ataxia w/ instability of stance, speech and swallow disorder, pain, spasticity, and ocular signs - some also present parkinsonism or ALS phenotypes
 - SCA2 patients develop symptoms at age 20-30. need a

Arrowhead Pharmaceuticals Announces Global License and Collaboration Agreement with Sarepta Therapeutics for Multiple Clinical and Preclinical Programs

Stefan Pulst Lab



Next Gen. CNS-Targeting TRiM[™] Platform via Subcutaneous Administration



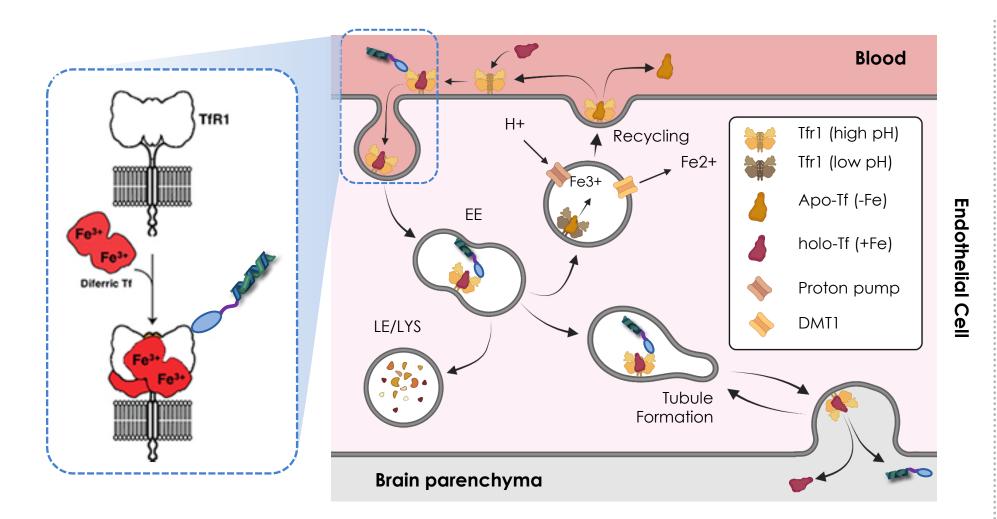
TfR1-Targeting Ligand

We Have Developed an Optimized Systemic Delivery Platform for CNS

- Ligand-driven delivery via noninvasive BBB penetration and cellular uptake in brain tissue
- Effective and durable reduction in expression levels of therapeutically-relevant gene targets
- **Convenient** dosing via subcutaneous (SC) administration with potential for monthly to quarterly dosing
- Favorable safety profile in rodent and NHP >10x margin over efficacious dose



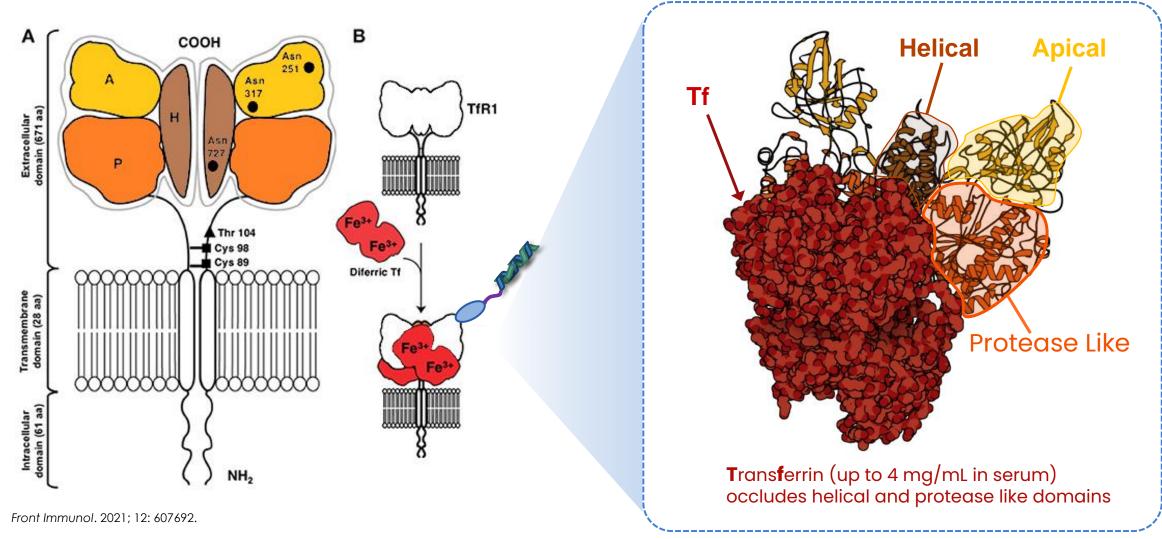
TRiM[™] CNS-SC Platform Leverages Noninvasive TfR1-Binding for CNS Delivery



- TfR1 highly enriched in endothelium of the blood-brain barrier (BBB)
- Fast kinetics of internalization and recycling

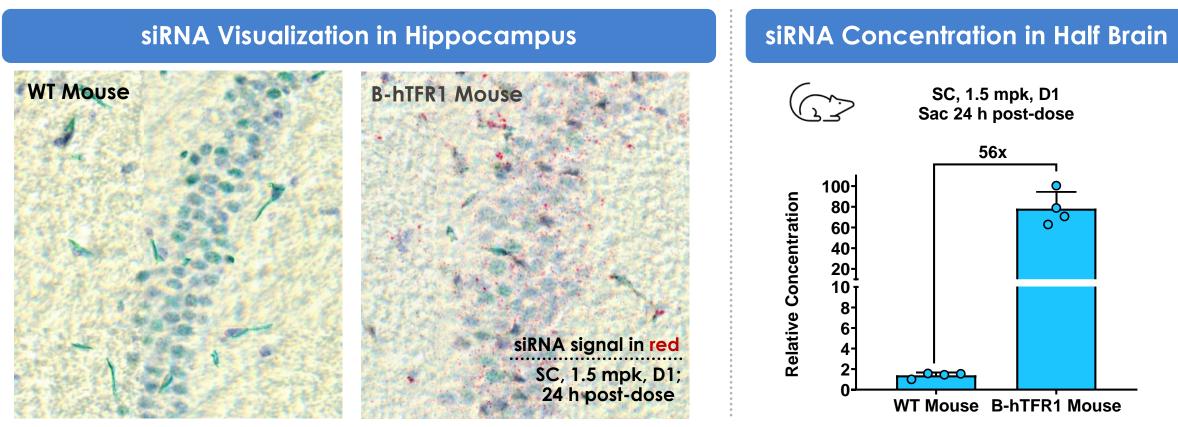


TRiM[™] CNS-SC Platform's TfR1-Binding Does Not Interfere with Binding of Endogenous Ligand





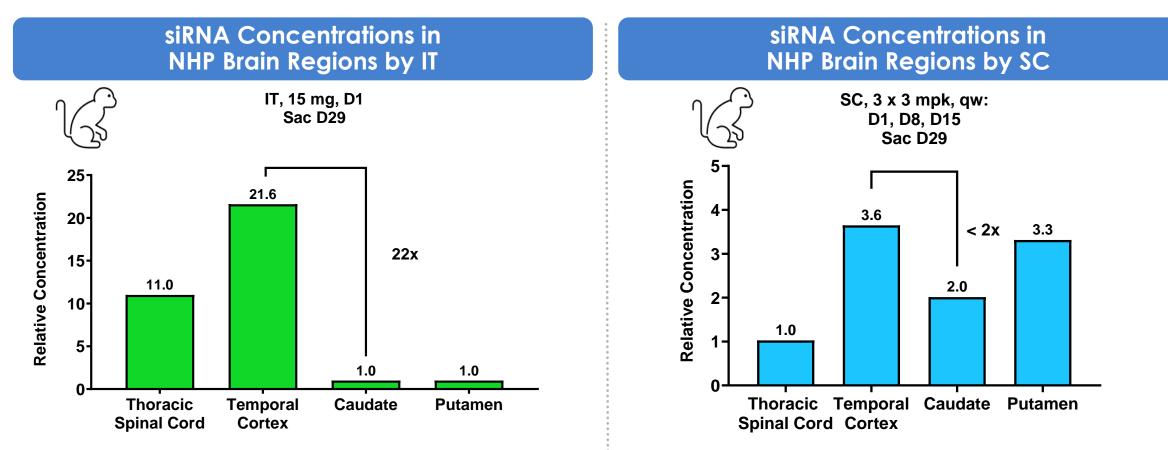
TRiM[™] CNS-SC Platform Demonstrated to Achieve BBB Penetration in Mouse



- Tissue-staining shows greater accumulation of siRNA in B-hTFR1 mouse brain than WT
- siRNA quantitation in mouse brain shows over 50x difference between TfR1-expressing and non-expressing groups



TRiM[™] CNS-SC Platform Achieves Improved Delivery to Deep Brain Region



By IT administration:

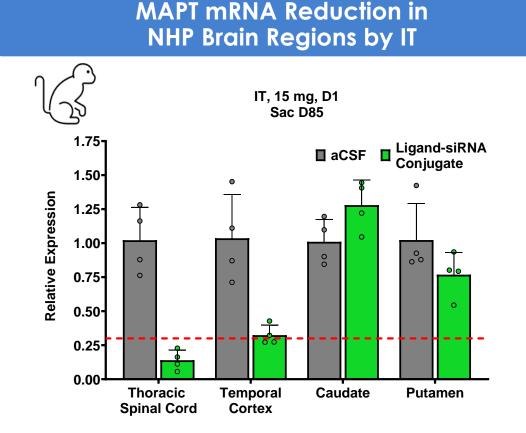
• Relatively limited delivery to deep brain regions

By subcutaneous administration:

- Higher distribution to brain regions versus TSC
- Good distribution of siRNA across brain regions



TRiM[™] CNS Delivery Platforms Show Different Knockdown Profiles in Deep Brain Regions in NHP



By IT administration:

• Minimal mRNA reduction in deep brain region

NHP Brain Regions by SC SC, 3 x 3 mpk, qw: D1, 8, 15 Sac D99 1.75-Ligand-siRNA PBS Conjugate 1.50-**Relative Expression** 1.25-1.00-00 0 0 0.75-0 0 নত 0.50- $\mathbf{O} \mathbf{O}$ <u>|</u> 0.25 0 0.00 Thoracic Caudate Temporal Putamen Spinal Cord Cortex

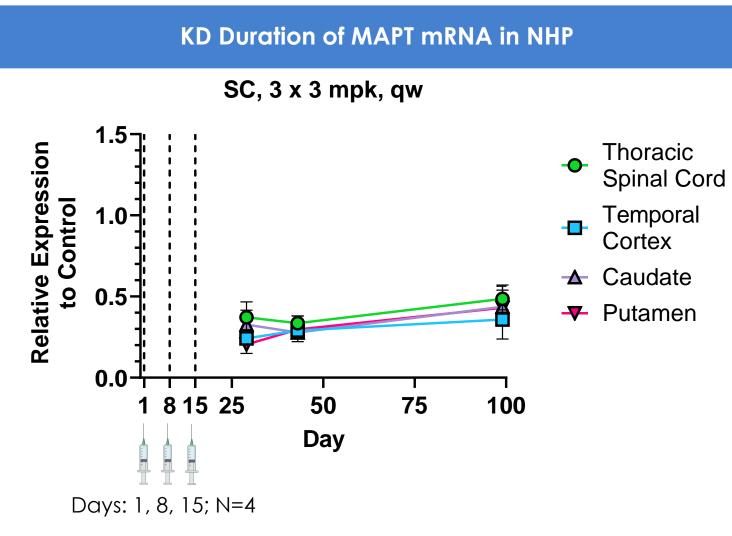
MAPT mRNA Reduction in

By subcutaneous administration:

• Even mRNA reduction across brain regions, including deep brain



TRiM[™] CNS-SC Platform Maintains Knockdown Duration Throughout CNS Regions in NHP

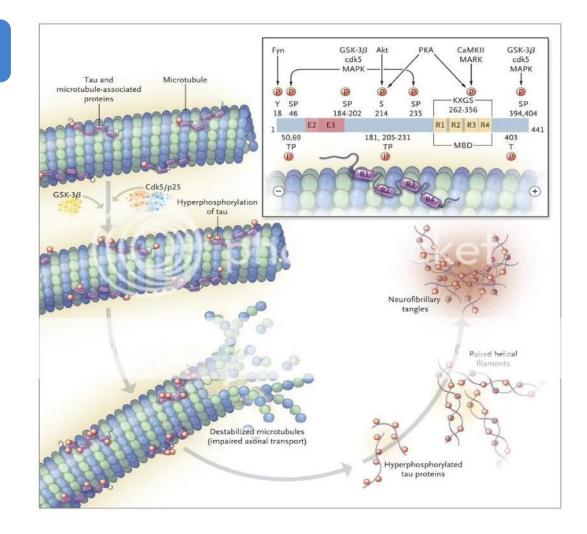


- Duration supports monthly to quarterly dosing regimen
- Formulation supports SC administration in human
 - 150 mg of siRNA in ≤ 4 mL total volume

Toxic Tau Protein Aggregation: Key Driver in Tauopathies Including Alzheimer's Disease

Tau Protein:

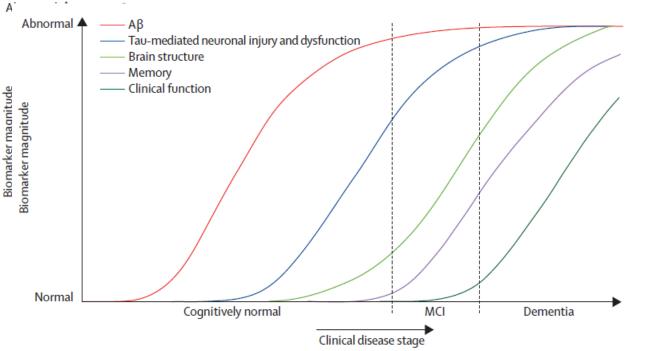
- Encoded by the MAPT gene
- Abundant in neurons, where it promotes stabilization of microtubules in axons
- Intrinsically disordered and subject to many post-translational modifications
- Hyperphosphorylation promotes intracellular formation of neurofibrillary tangles which can be visualized with PET imaging and are correlated with neurodegeneration





ARO-MAPT SC for Alzheimer's Disease

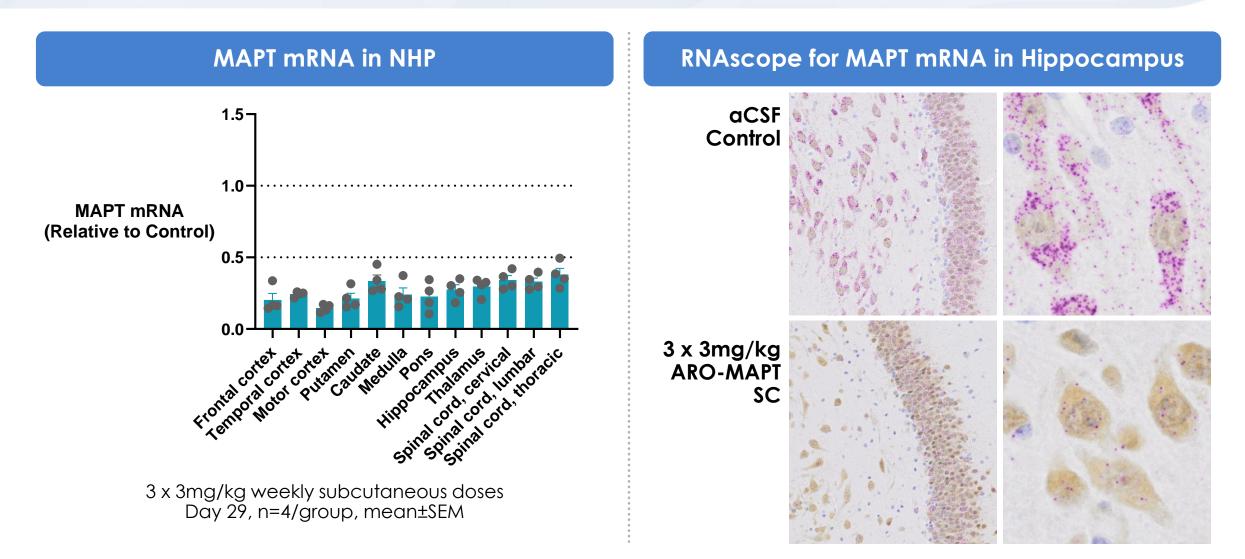
Amyloid Plaque Precedes Tau Pathology in Alzheimer's Disease



- In Alzheimer's disease, Tau neurofibrillary tangle pathology but not amyloid predicts cognitive decline
- Anti-amyloid therapies have shown minimal Tau reduction, are less effective in patients with high Tau burden, and have significant safety risks
- Biogen MAPT-ASO/BIIB080 treatment reduced Tau-PET signal in Alzheimer's patients' brains, clinical proof of concept for the approach
- siRNA Tau reduction has potential for benefit in broader patient population with better safety profile compared to amyloid immunotherapy



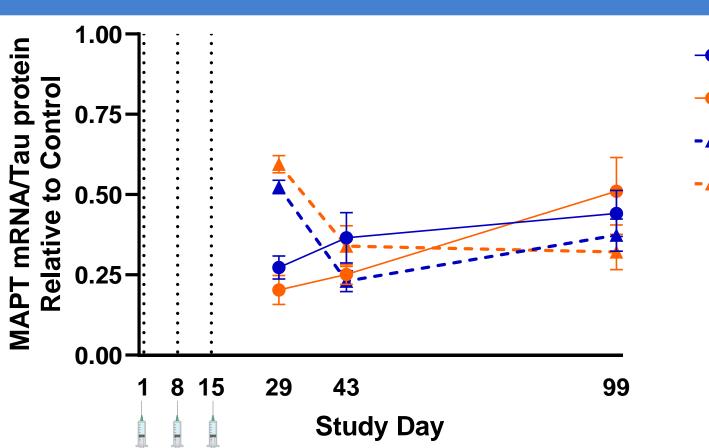
ARO-MAPT SC Achieves Deep Knockdown of MAPT mRNA Throughout the CNS with Subcutaneous Administration





MAPT mRNA Reduction Translates into Long-Lasting Tau Protein Reduction After ARO-MAPT SC Treatment in NHP

MAPT/Tau Reduction in NHP



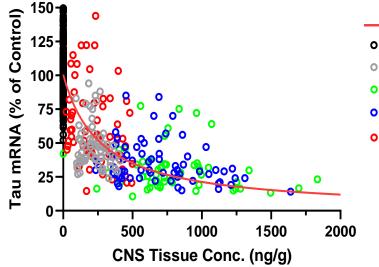
- Hippocampus mRNA
- Frontal Cortex mRNA
- Hippocampus protein
- Frontal Cortex protein

3 x 3mg/kg qw s.c.; n=4/group, mean±SEM



PK/PD Modeling Projects Sustained Tau Inhibition with Quarterly Dosing of ARO-MAPT SC

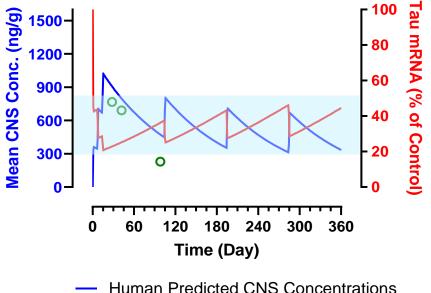
NHP Tissue Conc. vs Tau mRNA Level



- mRNA KD Predicted
- **Control Group** 0
- 1x3 mpk Q1W Day 29
- 3x3 mpk Q1W Day 29
- 3x3 mpk Q1W Day 43 0
- 3x3 mpk Q1W Day 99 0

- Calculated IC₅₀ for mRNA KD in NHP CNS tissue \sim 270 ng/g
- Observed 3M postdose 3x3 mg/kg QW NHP CNS ~230 ng/g ٠
- Longer CNS $t_{1/2}$ projected for human based on allometric scaling •
- Assuming similar peak CNS exposure and a longer $t_{1/2}$ in humans: •
 - 3x3 mg/kg QW with 3 mg/kg Q1M SC to maintain ~80% mRNA KD
 - 3x3 mg/kg QW with 3 mg/kg Q3M SC to maintain ~50-70% mRNA KD

ARO-MAPT-SC 3x3 mg/kg Q1W SC with Q3M SC



- mRNA PD (all groups)
- Global Mean of 17 NHP CNS Tissues 0

Blue Box represents 50-80% mRNA KD



ARO-MAPT SC Program Status



- siRNA targeting of MAPT has potential to treat most common (Alzheimer's) and rare forms of neurodegeneration caused by tauopathy
- Systemically delivered ARO-MAPT showed potent and long-lasting MAPT suppression in NHP, with potential for monthly or less frequent dosing
- Current formulation supports subcutaneous administration of 150mg siRNA in total volume of \leq 4 ml, with optimization efforts ongoing
- Non-GLP toxicology in NHP and transferrin receptor transgenic mice at up to 10x efficacious dose is supportive of further development
- Expected CTA filing in 2H 2025



CNS-SC TRiM[™] Platform Expands Opportunity for siRNA Therapeutics

Systemically delivered CNS-SC TRiM[™] platform can achieve deep knockdown of multiple targets in non-human primates at clinically relevant dose levels

Expands CNS-targeting feasibility to include larger patient populations (e.g., Alzheimer's disease) or diseases with deep brain involvement (e.g., Huntington's disease)

 \bigcirc

Multiple programs are in preclinical development with expected CTA filings 2H 2025



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Toxicology

• CMC

•

GMP

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- Discovery Chemistry



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