



Targeting Complement Factor B with siRNA: Concept to Clinic

Complement Based Drug Development Summit

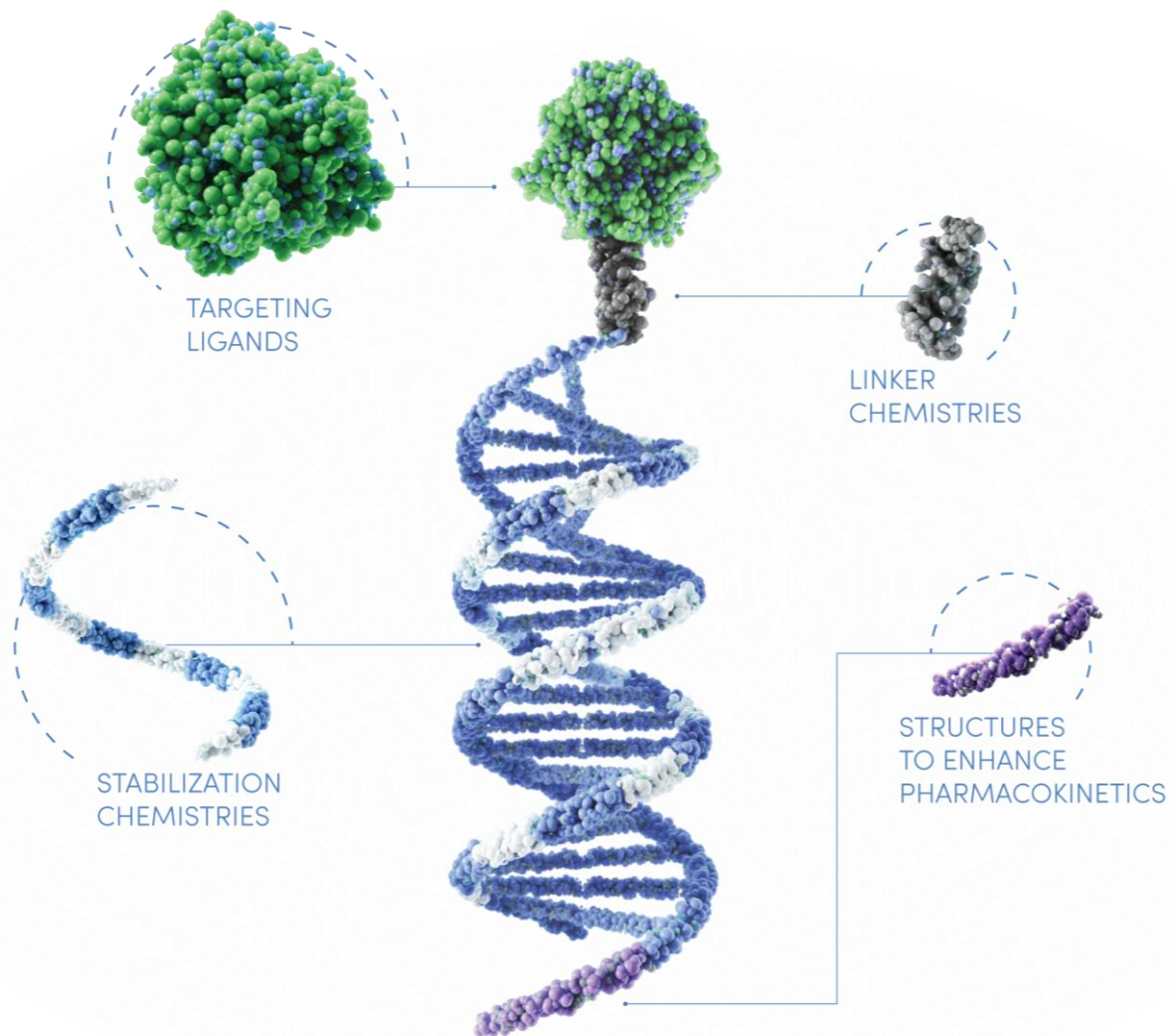
Boston, MA

December 11, 2024

Conflicts

- Arrowhead employee and shareholder

TRiM™ Platform: Targeted RNAi Molecule



- Rules and algorithms to inform siRNA sequence selection and trigger design
- Library of linkers and targeting ligands facilitate delivery to new cell types
- CMC, Tox well characterized, enabling rapid progression to Phase 1

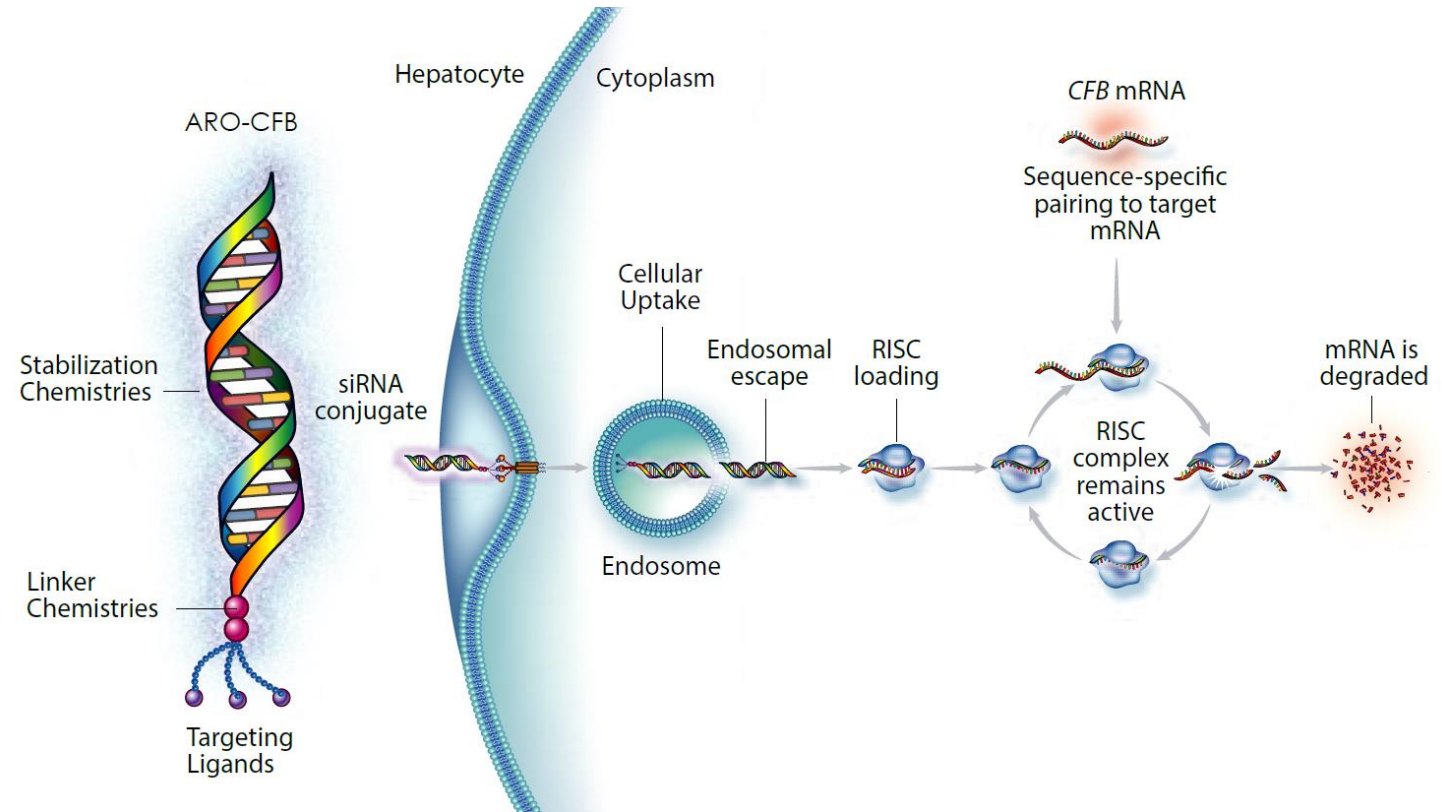
Arrowhead Clinical Pipeline

Therapeutic Area		Pre-clinical	Phase 1	Phase 2	Phase 3	Product Rights
Cardiometabolic	Plozasiran FCS/SHTG/ASCVD	[Green bar]				
	Zodasiran Dyslipidemia	[Green bar]				
	Olpasiran ASCVD	[Green bar]				AMGEN
	GSK4532990 MASH	[Green bar]				
	ARO-PNPLA3 MASH	[Green bar]				
	ARO-INHBE Obesity	[Green bar]				
Pulmonary	ARO-RAGE Inflammatory Lung Diseases	[Blue bar]				
	ARO-MMP7 Idiopathic Pulmonary Fibrosis	[Blue bar]				
Liver	Fazirsiran Alpha-1 Liver Disease	[Green bar]				
	Daplusiran/Tomligisiran Hepatitis B Virus	[Green bar]				
Neuromuscular	ARO-DUX4 FSHD	[Orange bar]				
	ARO-DM1 Myotonic Dystrophy Type 1	[Orange bar]				
	ARO-ATXN2 Spinocerebellar Ataxia 2	[Dark Orange bar]				
Other	ARO-C3 Complement Mediated Disease	[Green bar]				
	ARO-CFB Complement Mediated Disease	[Green bar]				

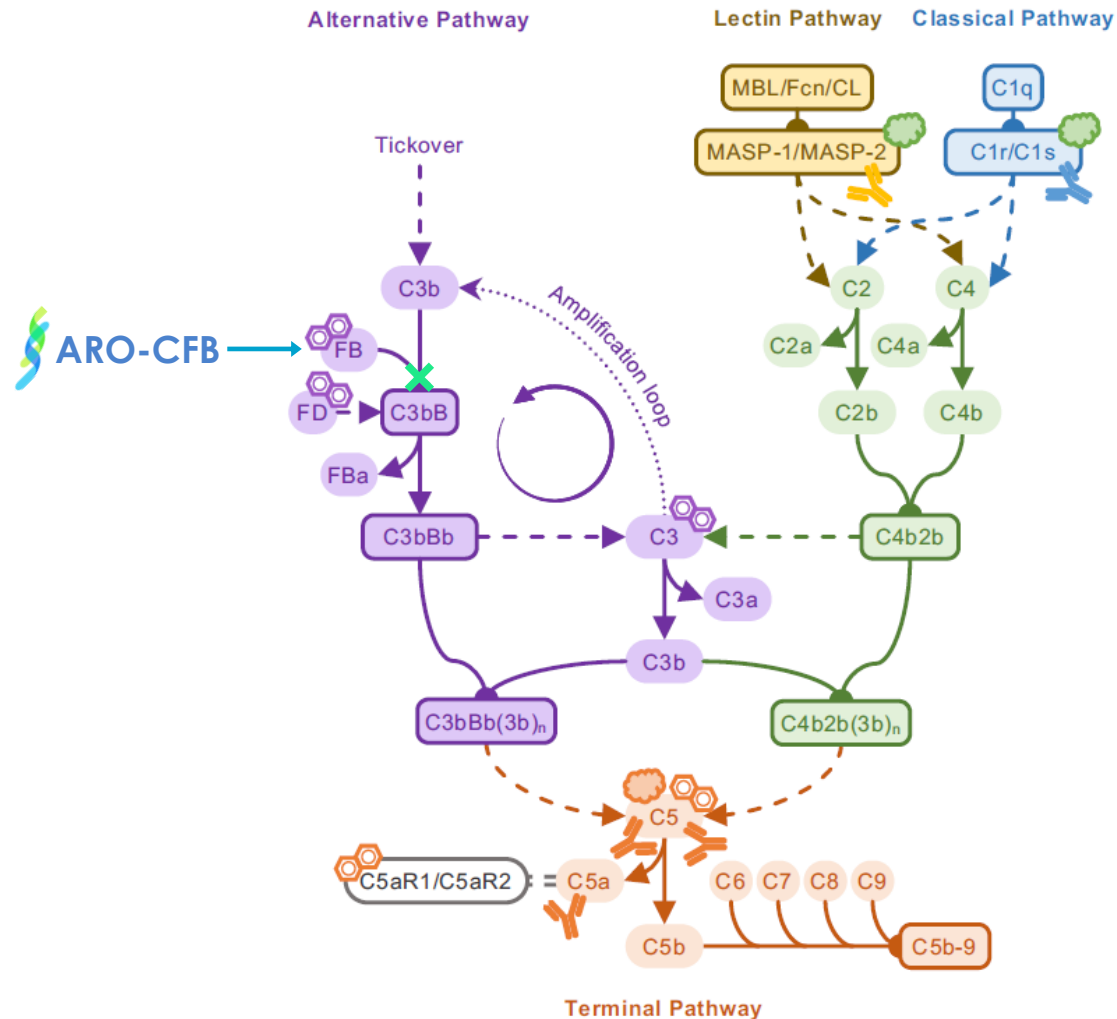
ARO-CFB specifically designed target and silence CFB mRNA expression by the liver, reducing plasma complement levels

ARO-CFB

- RNAi GalNAc conjugates designed to target and silence hepatic CFB mRNA which inhibit production of complement factor B
- Conjugates are composed of synthetic, double-stranded oligonucleotides



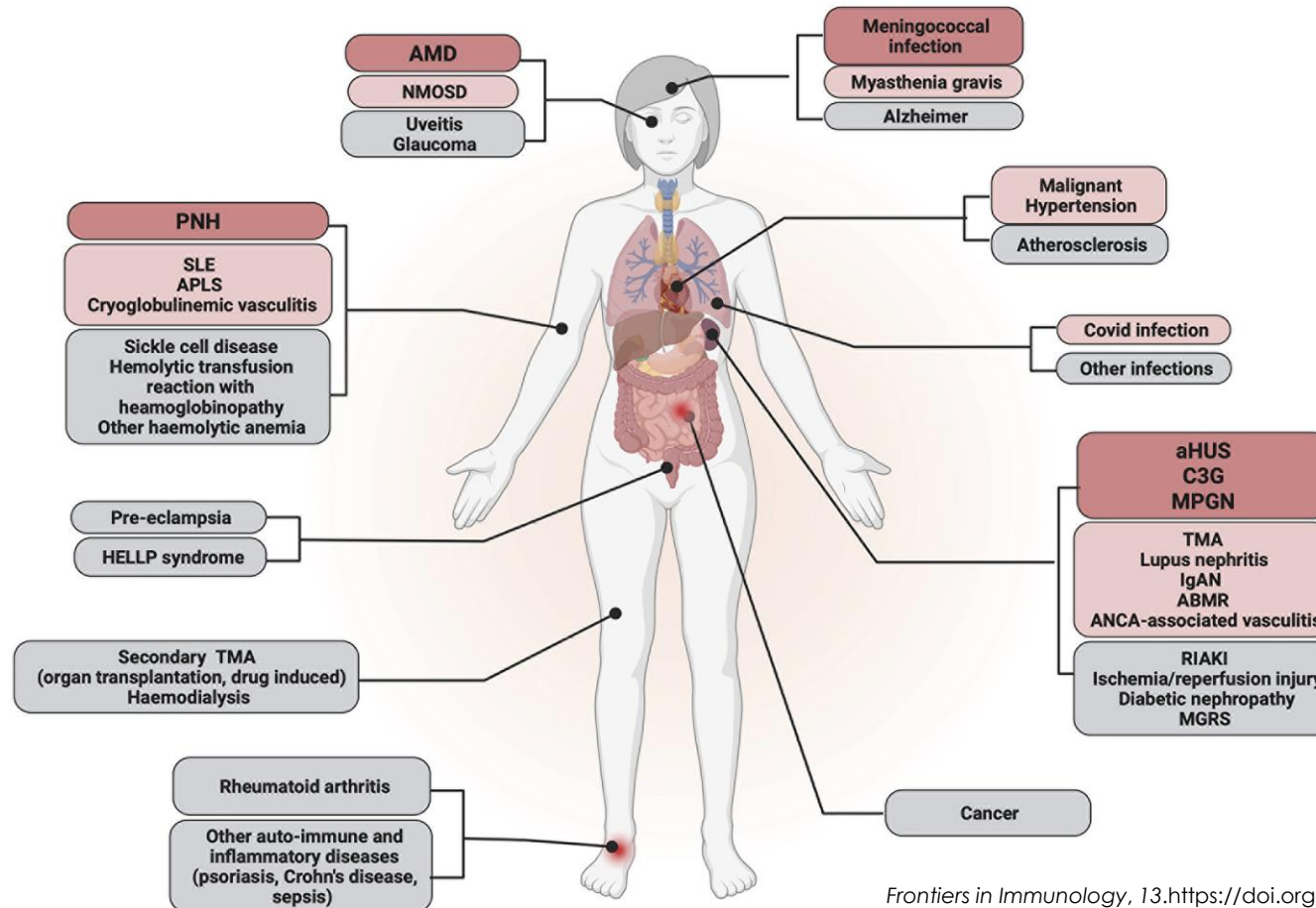
Targeting the alternative pathway and Complement Factor B



- CFB primarily expressed by hepatocyte
- Depletion of FB reduces tick over, amplification, and activity of the AP without directly inhibiting the classical or lectin pathways.
- Pharmacodynamics can be readily measured via blood biomarkers including CFB, Bb, alternative pathway complement activity (AH50 and Wieslab AP).

Therapeutic Landscape for Complement-targeted siRNA

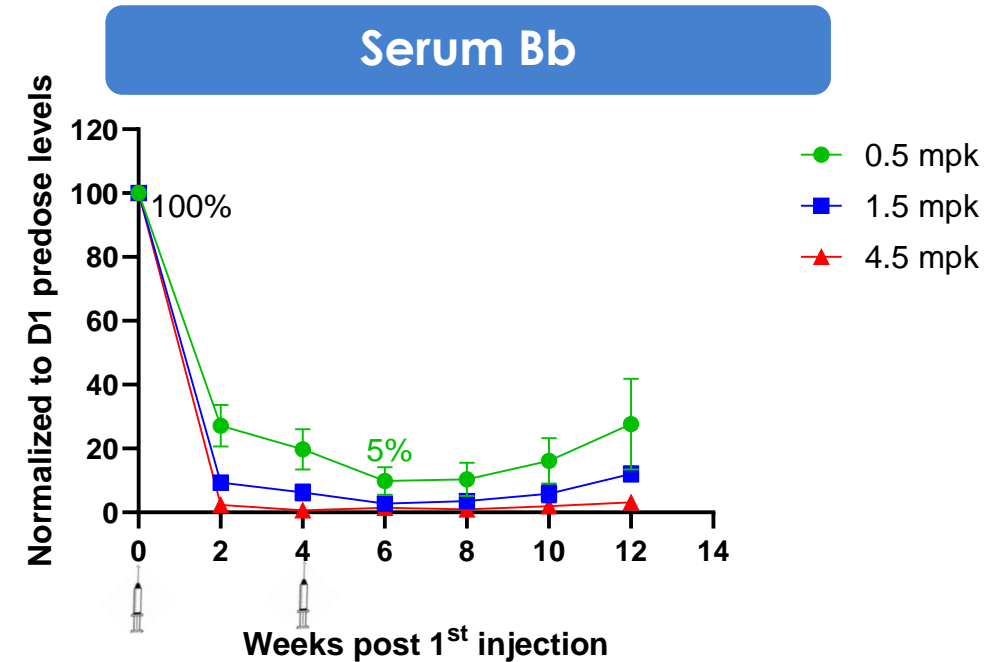
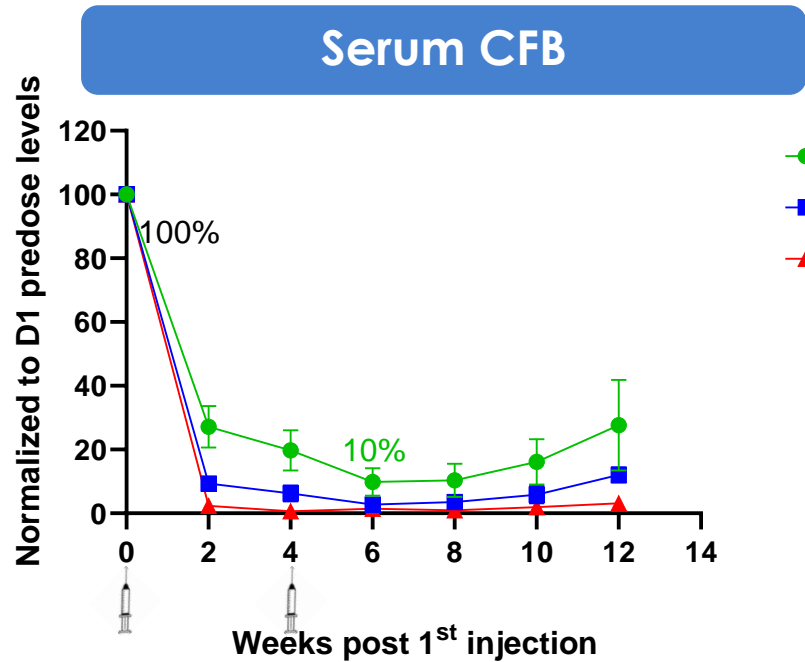
Spectrum of complement mediated-diseases



Frontiers in Immunology, 13. <https://doi.org/10.3389/fimmu.2022.860689>

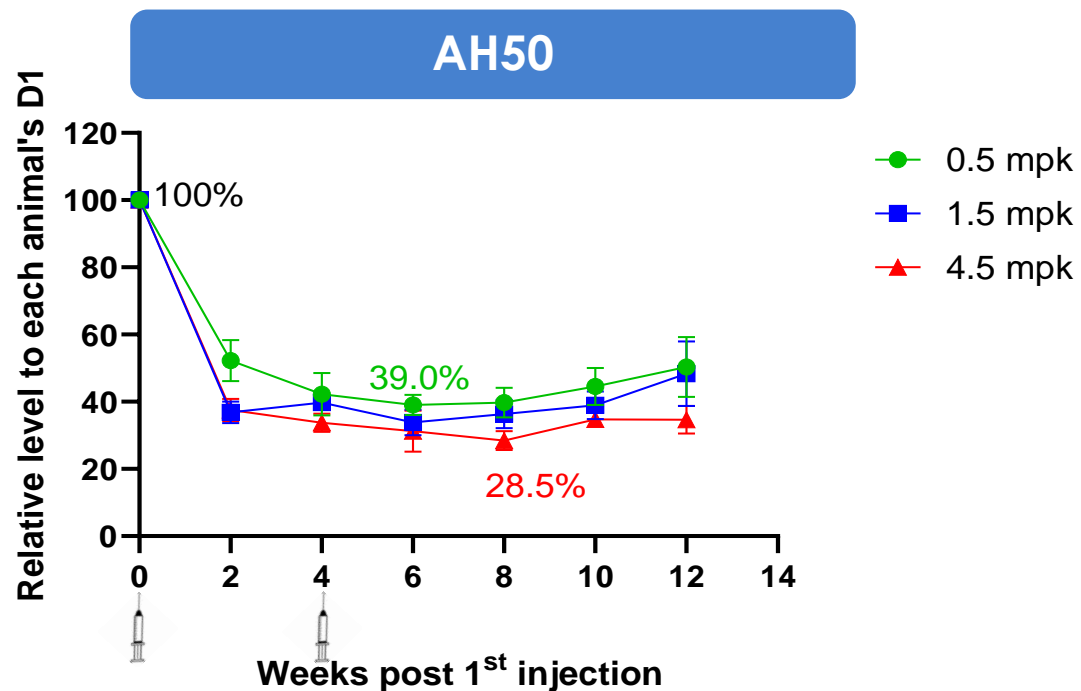
Preclinical Development of ARO-CFB

ARO-CFB reduces CFB and Bb protein by >98% in cynomolgus monkeys

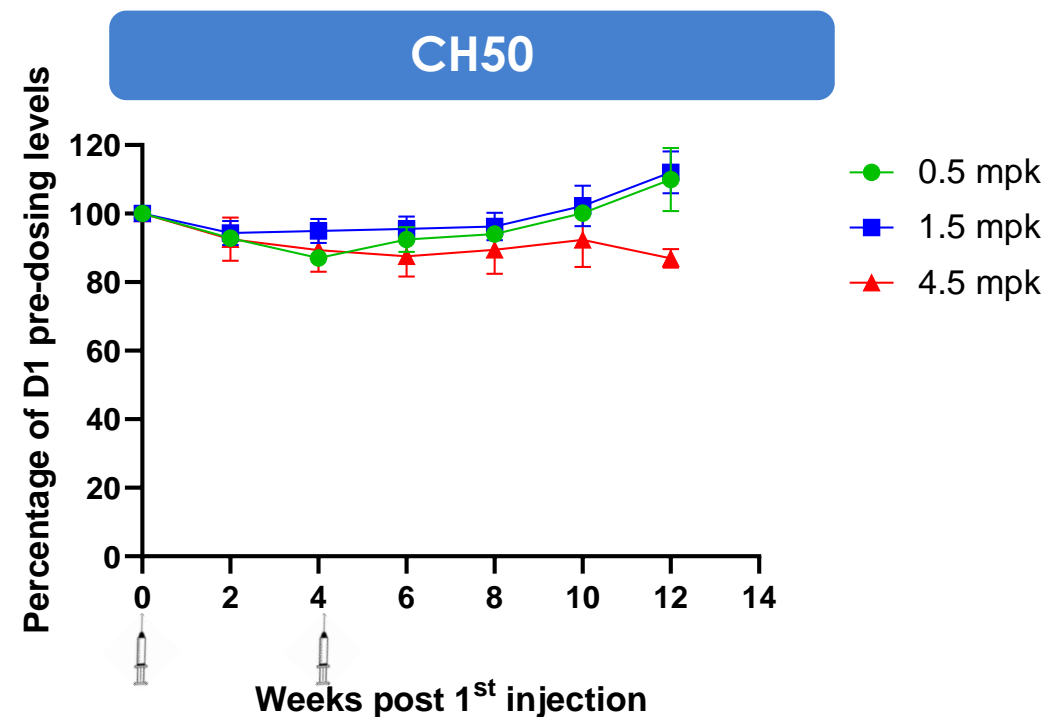


Greater than **98%** reduction in serum CFB and Bb
after multiple doses at 1.5 and 4.5 mpk (mg/kg) (n=3 per dose level)

Silencing CFB selectively decreases alternative pathway activity while leaving total complement activity intact in monkeys

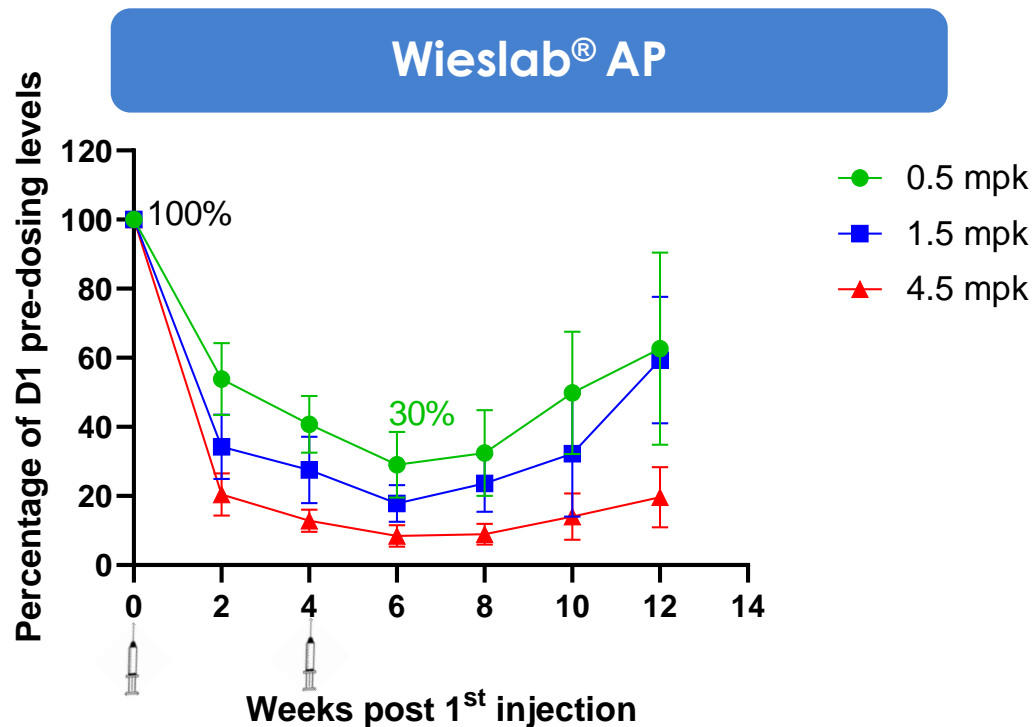


Up to **71%** reduction in AH50 after multiple doses at 4.5 mpk (mg/kg) (n=3)

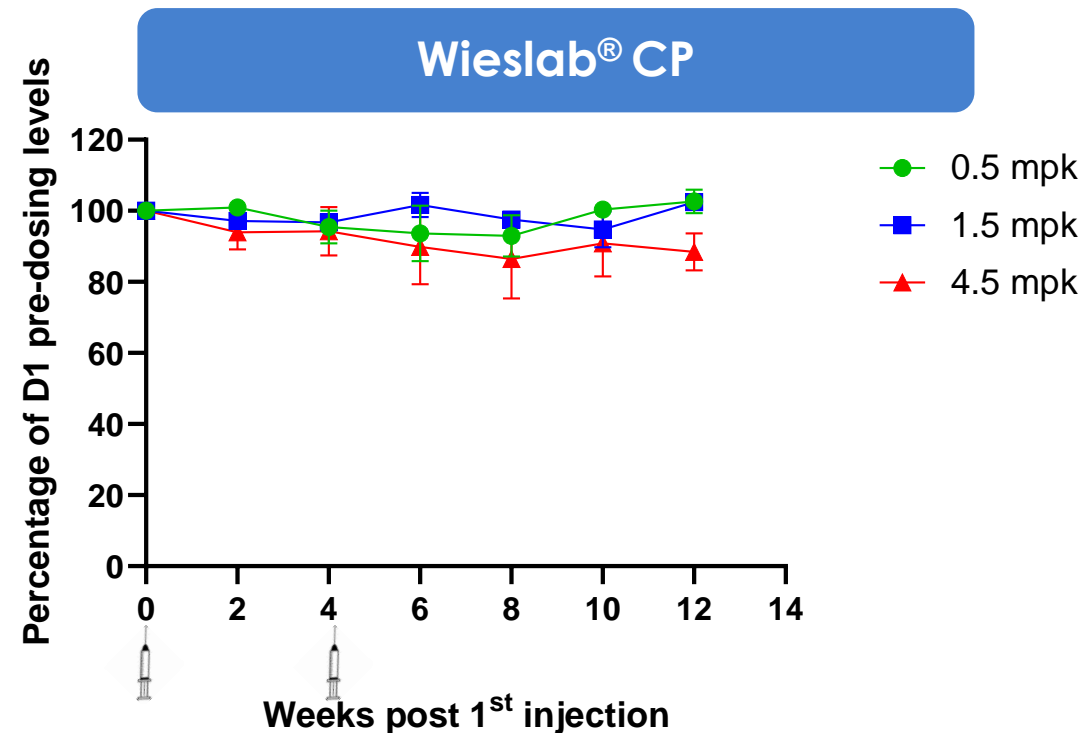


No significant effect on total complement activity at any dose level (n=3 per dose level)

Silencing CFB selectively decreases the formation of membrane attach complex (MAC) mediated via alternative pathway



82% and **92%** mean reduction in Wieslab® AP by week 4 at 1.5 and 4.5 mpk (n=3 per dose level), respectively



No effect on total complement activity at any dose level (n=3 per dose level)

Early Clinical Development of ARO-CFB

AROCFB-1001 Study

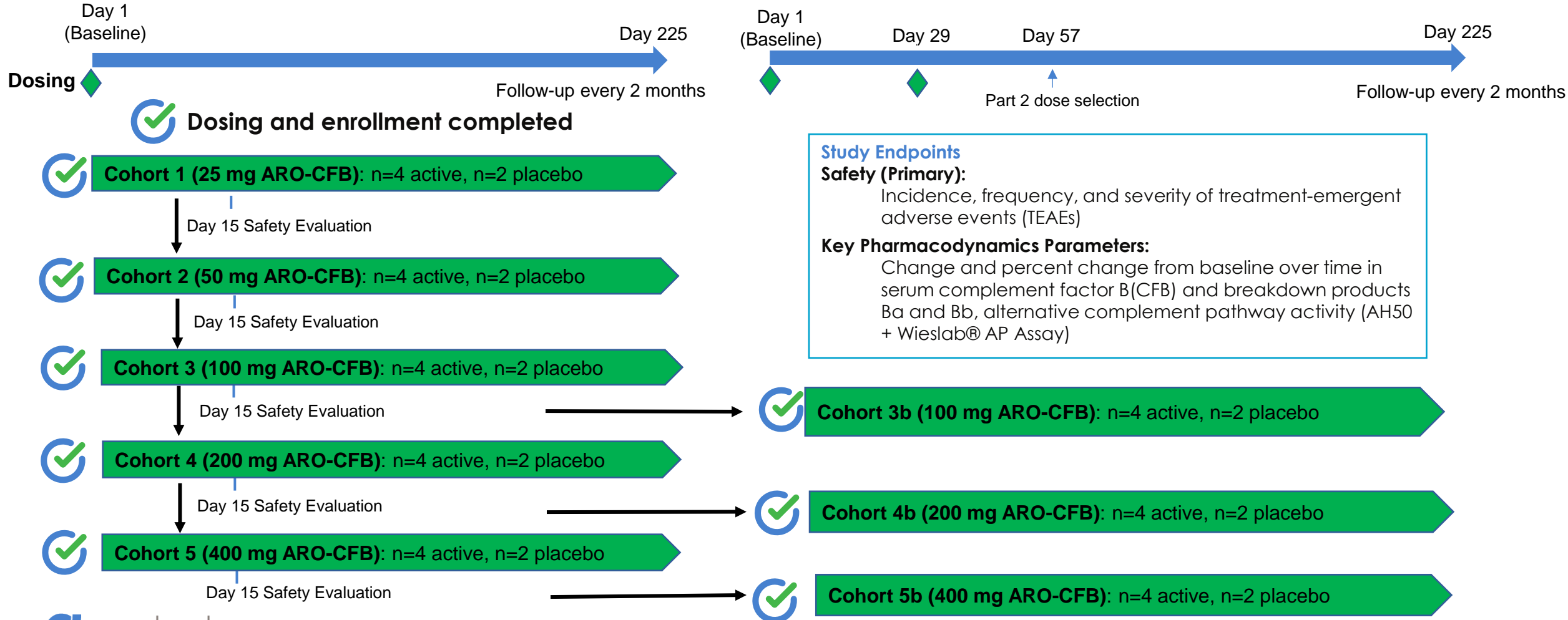


Phase 1/2a Study to Evaluate the Safety, Tolerability and Pharmacokinetics and Pharmacodynamics of ARO-CFB in Adult Healthy Volunteers and Patients with Complement-Mediated Kidney Disease

Part 1: Randomized, double-blind, placebo-controlled cohorts to evaluate single- and multiple-ascending doses of ARO-CFB in adult healthy volunteers.

Single Ascending Dose

Multiple Ascending Dose



Demographics and Baseline Complement Parameters

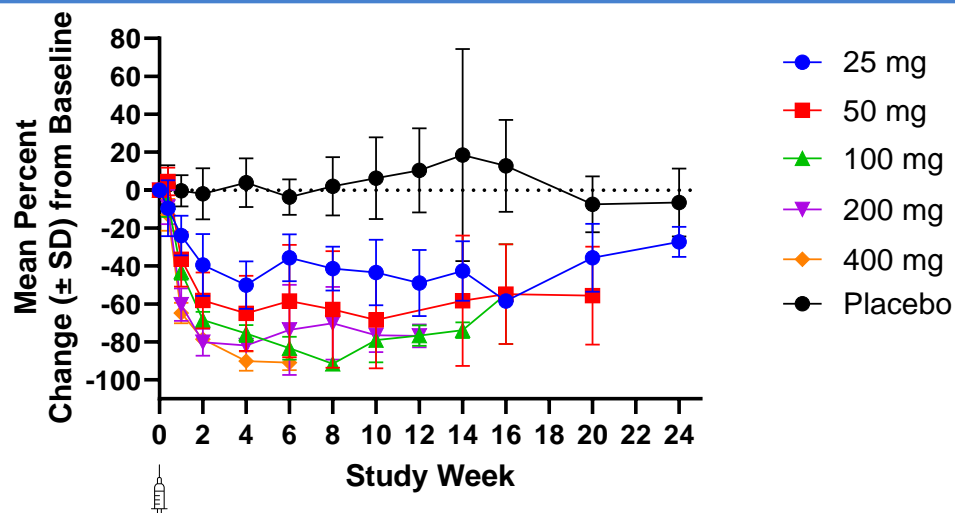
Parameter (SD)	Pooled Placebo (N=16)	Pooled Active (N=32)	
Age (years)	34.4 (8.6)	32.8(8.7)	
Sex (M/%)	4 (25.0%)	14(43.8%)	
BMI (kg/m2)	26.6 (4.6)	26.7(3.0)	<u>Reference Ranges</u>
CFB (mg/dL)	40.0(10.0)	38.5(8.9)	27 – 73 mg/dL
AH50 (U/mL)	133.4 (31.1)	114.8 (21.8)	76 – 176 U/mL
Wieslab AP (%) ¹	84.9 (19.1)	76.3 (22.0)	16 – 110%

¹ Wieslab results were calculated per the assay manufacturer's recommended PC/NC (Positive Control/Negative Control) Ratio.

Interim data cutoff: 15 November 2024

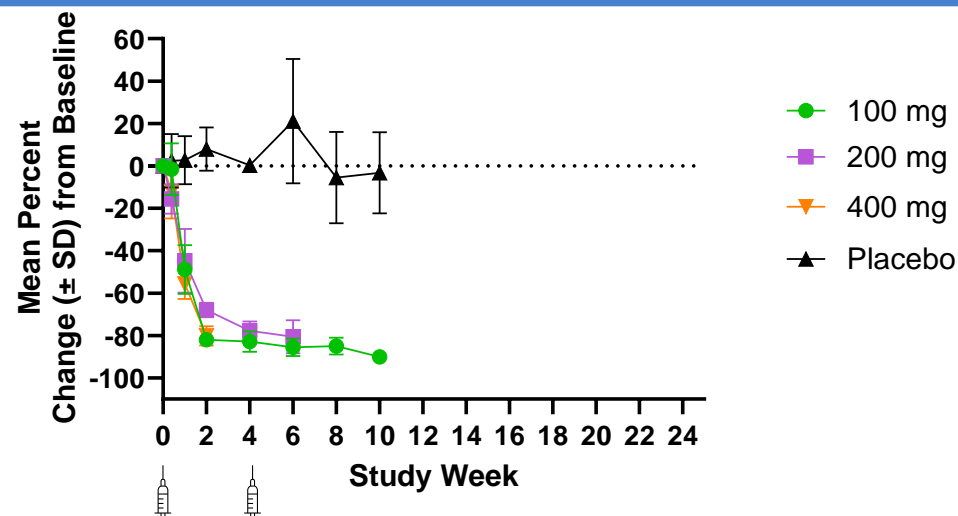
ARO-CFB rapidly reduces mean circulating CFB protein by up to 90% with >3 months duration after single dose

Serum CFB - SAD Cohorts



80% and 90% mean week 4 CFB reduction at 200 mg and 400 mg, respectively

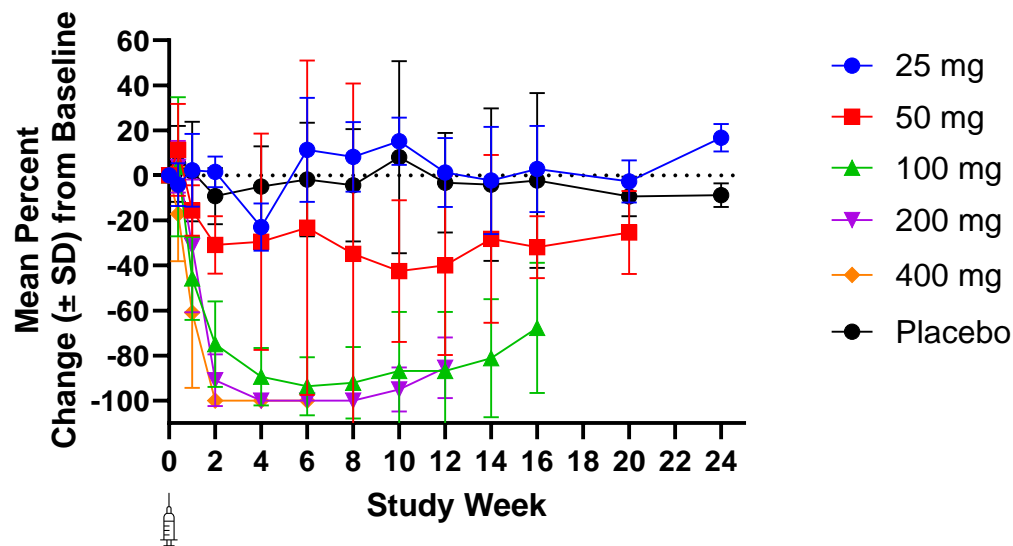
Serum CFB - MAD Cohorts



90% mean reduction in serum CFB by Week 10 after two 100 mg doses

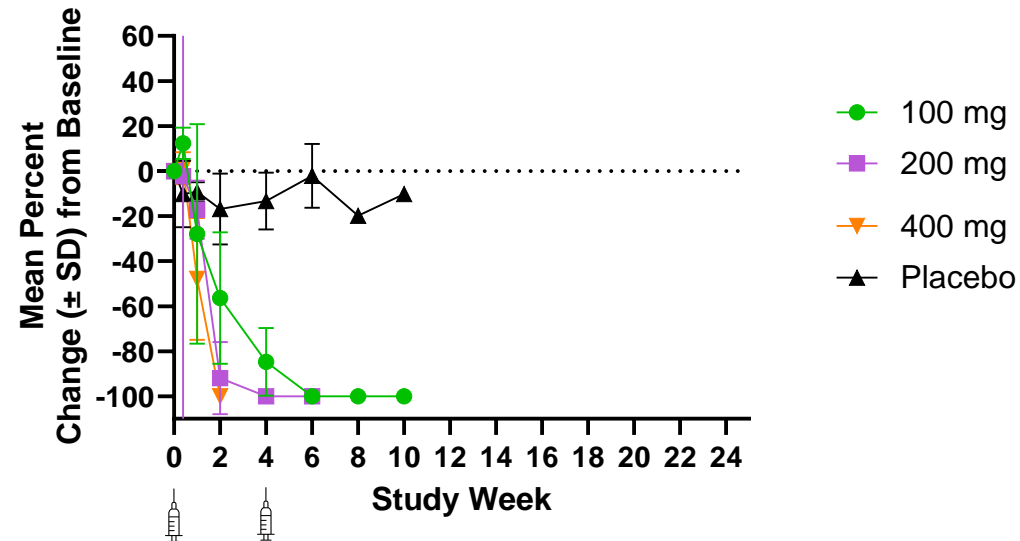
Near complete inhibition of alternative pathway activity based on Wieslab AP after single and multiple doses of ARO-CFB

Wieslab® AP – SAD Cohorts



100% mean reduction in Wieslab® AP by week 4 at both 200 mg and 400 mg

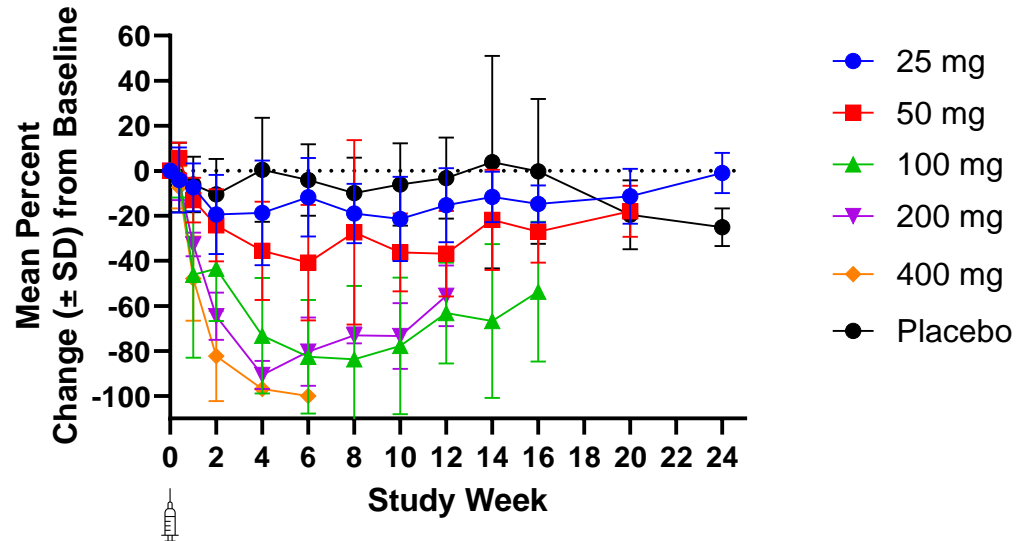
Wieslab® AP – MAD Cohorts



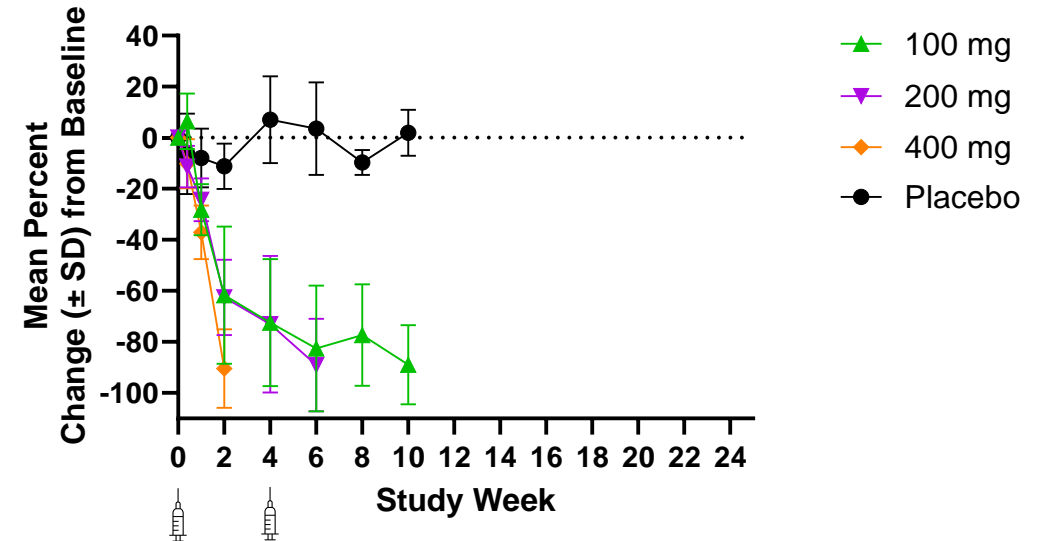
92% and **100%** mean reduction in Wieslab® AP achieved with 100 mg and 200 mg x2 doses

Near complete inhibition of alternative pathway hemolytic activity (measured by AH50) after single and multiple doses of ARO-CFB

AH50 – SAD Cohorts



AH50 – MAD Cohorts



Safety data supportive of further clinical development

Safety Summary

- ARO-CFB was well-tolerated overall.
 - Most TEAEs were mild in severity.
 - No TEAEs led to study or study drug discontinuation.
- No infections with encapsulated organisms.
- One 1 SAE – not drug related, due to motor vehicle collision.

TEAEs Reported in ≥10% Subjects

Adverse Event	Pooled Placebo, N=16 n (%)	Pooled Active, N=32 n (%)
Upper respiratory tract infection	4 (25.0)	9 (28.1)
Headache	5 (31.3)	7 (21.9)
Injection Site AEs	1 (6.3)	7 (21.9)
Dry skin	2 (12.5)	0
Gastroenteritis	2 (12.5)	0
Mouth ulceration	2 (12.5)	0
Vessel puncture site bruise	2 (12.5)	0

Summary

- Healthy volunteer enrollment complete
- Safety profile supportive of continued development
- ARO-CFB achieved mean serum CFB knockdown of 90% after a single 400 mg dose
- ARO-CFB achieved near complete inhibition in hemolytic activity and functional activity of alternative pathway that should be competitive with other AP-targeted therapeutics.
- Duration of effect supportive of at least Q3-Q4 mo SC dosing regimen



Questions?

Answers.