HEALEY ALS Platform Trial

Investigational Products Tested in the Trial

Pridopidine
January 21, 2021

Merit Cudkowicz, MD
Principal Investigator

Sabrina Paganoni, MD, PhD
Co-Principal Investigator

Healey Center
Sean M. Healey & AMG Center for ALS at Mass General

[Images of event participants and logos of sponsors are present.]
### Accelerating ALS Therapy Development

#### Traditional

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Disease</th>
<th>Treatment A</th>
</tr>
</thead>
</table>

#### Platform

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Disease</th>
<th>Treatment A</th>
<th>Treatment B</th>
<th>Treatment C</th>
<th>Treatment D</th>
</tr>
</thead>
</table>

Perpetual Adaptive Trial
Randomization Ratio 3:1; Shared Placebo
Open Label Extension offered

Regimen A (n=160 for each regimen)
- Screening
- 24 weeks on study drug (active:placebo = 3:1)

Regimen B
- Screening
- 3:1 Randomization within each Regimen

Regimen C
- Screening
- 3:1 Randomization within each Regimen

Regimen D
- Screening
- 3:1 Randomization within each Regimen

Zilucoplan
- Placebo
- Open Label Extension

Verdiprestat
- Placebo
- Open Label Extension

CNM-Au8
- Placebo
- Open Label Extension

Pridopidine
- Placebo
- Open Label Extension

Shared Placebo
- Open Label Extension

(n=120 for active drug; n=40 for placebo)
Regimen Leads

Jeremy Shefner, MD, PhD
Barrow Neurological Institute, Phoenix, AZ
Regimen Lead

Björn Oskarsson, MD, FAAN
Mayo Clinic, Jacksonville, FL
Regimen co-Lead
Pridopidine for ALS: Healey Platform Trial Regimen D
FAQs

1. What is pridopidine?
2. What is the Sigma-1 Receptor (S1R)?
3. Why is the S1R a good target for an ALS therapy?
4. Why test pridopidine for ALS?
5. Was pridopidine tested in people before?
6. How do you know pridopidine gets into the brain and spinal cord in people?
7. Is there any evidence that pridopidine slows progression of other diseases?
8. How do you know pridopidine is safe?
What is pridopidine?
What is pridopidine?

- A small molecule investigational drug in clinical trials for ALS and Huntington disease (HD)
- Pridopidine is administered orally twice a day (BID), in the morning and in the afternoon
- Pridopidine binds and specifically activates a receptor called the Sigma-1 receptor
- Pridopidine is safe and tolerable. The dose tested for ALS has a side effect profile like that of placebo in clinical studies in Huntington disease.
- In patients with Huntington disease, pridopidine is the first drug to show maintenance of total functional capacity (TFC).
- This effect is durable up to 5 years (longest time that has been analyzed to date)
- TFC is the most accepted scale used to assess HD patient function and disease progression, and is accepted by the regulatory agencies as a single primary endpoint in clinical trials
What is the Sigma-1 Receptor (S1R)?
What is the Sigma-1 receptor (S1R)?

- A protein highly expressed in the brain and spinal cord, particularly in motor neurons
- Plays an important role in the cell's response to stress
- Activation of the S1R has neuroprotective effects:
  - Reduces degeneration and death of neurons
  - Enhances neuronal health and function by increasing energy production and clearance of toxic proteins
  - Increases neuronal connectivity
  - Reduces cellular stress and neuroinflammation
Why is the S1R a good target for ALS?
High distribution of **S1R in brain areas implicated in ALS**

**S1R is highly expressed in the brain stem, spinal cord and cortex**

High expression of S1R mRNA:

<table>
<thead>
<tr>
<th>Brainstem and Spinal Cord</th>
<th>Cortex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pons &amp; medulla</td>
<td></td>
</tr>
<tr>
<td>Spinal cord</td>
<td></td>
</tr>
</tbody>
</table>

Low: blue | High: red
Human validation: Genetic mutations in S1R cause ALS

The S1R gene

Complete Loss of function mutations located near the ligand binding site → cause Juvenile ALS

Partial loss of function mutations → cause late-onset ALS

ER signal motif
Trans-membrane motif
Ligand binding motif

Al-Saif et al., 2011; Watanabe et al., 2016; Izumi et al., 2018

Adapted from Watanabe et al, 2016
Lack of S1R exacerbates disease progression in ALS mice

- Mice with a mutation in the SOD1 gene are a common model used in ALS research.
- Removing the S1R gene (S1R-/-) from SOD1 mice accelerates disease progression and decreases survival (in purple).

Mavlyutov et al, Neuroscience (2013)129–134
Why test pridopididine for ALS?
Pridopidine activation of the S1R positively influences multiple pathways that lead to neuroprotection

S1R activation $\uparrow$ Neuroprotection

$\uparrow$ Clearance of toxic proteins
$\uparrow$ Energy production
$\uparrow$ Neuronal connectivity
$\uparrow$ Protective factors
$\uparrow$ Ion transfer
$\downarrow$ Cellular stress
$\downarrow$ Inflammation

Pridopidine rescues the neuron-muscle connection in ALS mice

- The neuron-muscular junction (NMJ) is the connection between neuron and muscle
- In ALS mice, the NMJ is disrupted (left)
- Pridopidine rescues this connection (neuron + muscle labeling shows as yellow on the right)

Ionescu et al., Cell Death & Disease 2019
Pridopidine rescues the neuron-muscle function in ALS cells

- Healthy cells show high muscle contractility (blue, left bar)
- Disruption of the neuron-muscle connection in ALS cells → less muscle contractility (purple, middle bar)
- Pridopidine rescues muscle contractility in ALS (purple, right bar)
Was pridopidine tested in people before?
Yes.

Pridopidine has been tested in >1300 people, the majority of them Huntington disease patients.

To date, 22 clinical studies have been performed for pridopidine, with some of these running for 5+ years.
How do you know pridopidine gets into the brain and spinal cord in people?
Pridopidine gets into the brain and spinal cord and binds the S1R at the clinical dose

18F-Fluspidine (labeled drug that binds the S1R)  S1R occupancy

**Without pridopidine**

- We can radioactively label fluspidine, a known S1R binding drug
- We can then view this labeled drug in the brain

**With pridopidine**

- Pridopidine prevents fluspidine binding to the S1R after an oral dose
- Prevention of labeled fluspidine binding in the brain by pridopidine shows its strong and selective binding to the S1R

Grachev et al; NEMJ 2020
7

Is there any evidence that pridopidine slows progression of other diseases?
Pridopidine is the only drug that has shown a beneficial effect on Total Functional Capacity (TFC) in HD

- TFC is a scale that assesses disease progression and functionality in HD patients
- In HD patients pridopidine maintained functional capacity compared with placebo

McGarry et al., 2020 Journal of HD,
HD shares many similarities with ALS:

HD patients and families highlight decreased **functional capacity** as a **major burden on daily life**

Participants strongly emphasized the **burden of HD** left them **unable to perform many, if not all daily activities**

The **13-point TFC scale** captures changes in HD patients' capacity to continue working, driving, performing household activities, **eating (due to fear of choking), feeding themselves, dressing themselves, walking**, getting out of bed, and completing simple tasks

Participants noted that they have become increasingly or fully **dependent on others** for care, as HD symptoms worsened

*FDA – The Voice of the Patient: Huntington’s Disease - 2015*
Years of research, in both the lab and the clinic show beneficial effects of pridopidine for treating neurodegenerative disease.

This effect is significant and durable.
How do you know pridopidine is safe?
Pridopidine has an extensive safety and tolerability profile

Extensive clinical experience

>1300 subjects

in total of ~1300 patient years

Doses ranging from

10 mg to 112.5 mg

twice a day (BID)

The majority of this has been in Huntington disease (HD)

Safe and tolerable

45mg BID exposure

The dose to be tested in ALS

>1000 patient years

in 981 patients

- Including long term safety data (>5 years) in HD population
- Side effect profile comparable to placebo
Similar incidence of side effects at 45 mg BID as placebo

Most common side effects: placebo vs 45 mg BID

- **Falls**
  - Placebo: 12%
  - 45 mg BID: 14%
- **Nausea**
  - Placebo: 6%
  - 45 mg BID: 5%
- **Nasopharyngitis**
  - Placebo: 5%
  - 45 mg BID: 9%
- **Diarrhea**
  - Placebo: 6%
  - 45 mg BID: 7%
- **Headache**
  - Placebo: 5%
  - 45 mg BID: 5%
- **Dizziness**
  - Placebo: 3%
  - 45 mg BID: 5%

Pridopidine 45 mg BID side effect profile is comparable with placebo

Integrated safety dataset from placebo-controlled HD trials (HART, MermaiHD and PRIDE-HD)
Pridopidine is a **highly selective Sigma-1 receptor (S1R) activator for the treatment of ALS**

**Validated target**

S1R genetic loss of function mutations cause ALS in humans

Lack of S1R ↑ progression in ALS mouse model

**Neuroprotective in animal models**

↑ Neuronal survival

↑ Neuron function

↑ Muscle contractility

↓ Muscle atrophy

**Human target engagement**

Robust and selective S1R binding in the brain and spinal cord

**Safe and tolerable**

Extensive safety data in >1300 patient years

45 mg BID shows placebo-like safety and tolerability

Compelling evidence supports therapeutic potential of pridopidine in ALS
Backup
Pridopidine is administered orally twice a day

Pridopidine is packed in *small easy to swallow* gelatin capsules.