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Duchenne Muscular Dystrophy

- Caused by mutation in the dystrophin gene
- Incidence of 1: 5000 male births
- Onset: age 2-4 years
- Progressive muscle weakness and wasting
- Cardiac and respiratory involvement
- No cure available
- Corticosteroids can maintain muscle strength and function over a certain period of time, but associated with severe side effects
- Management of cardiac and respiratory complication

Characteristics of Vamorolone

- First-in-human dissociative steroid that has shown improved safety and efficacy in mouse models of Duchenne muscular dystrophy compared to corticosteroids.
- Preserves the anti-inflammatory actions of glucocorticoids
- Protects the muscle membrane
- Lacks transactivation sub-properties that may cause side effects of glucocorticoids, such as growth restriction and osteopenia

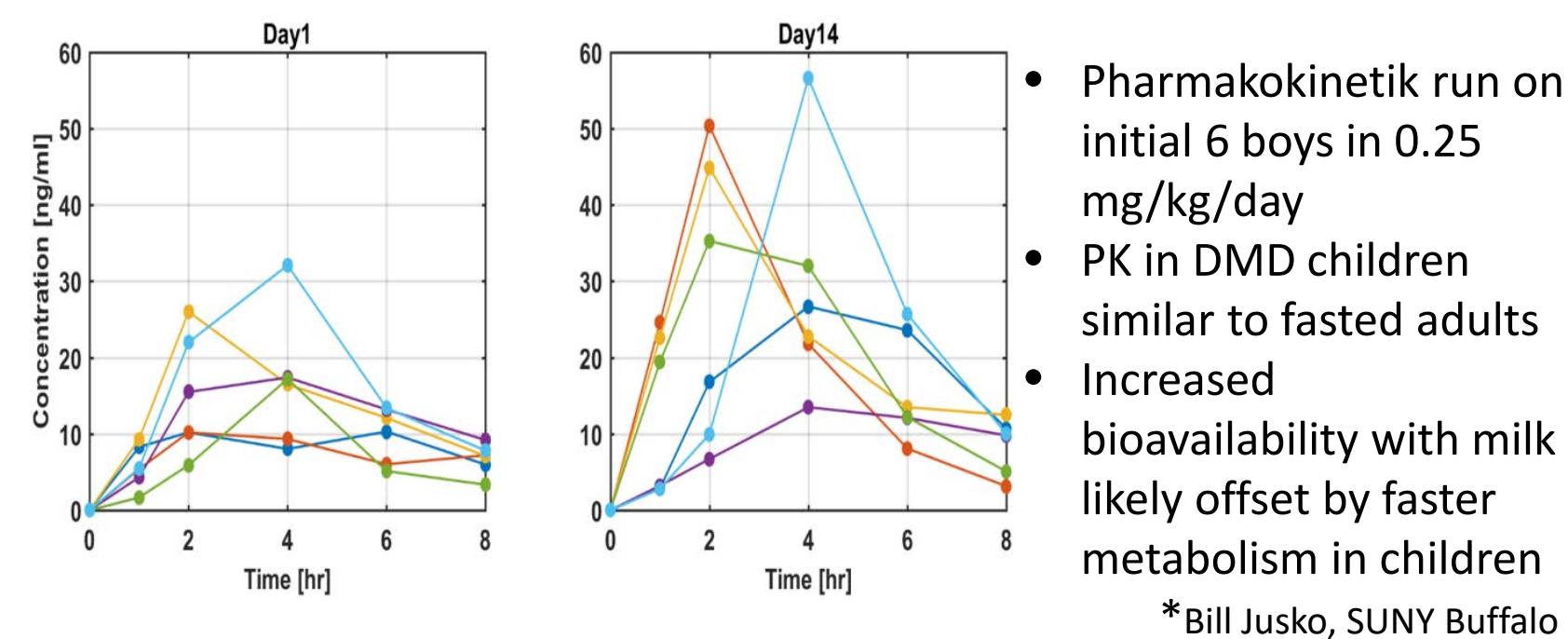
Phase I Study Results

- Pharmacokinetic data* in single and multiple ascending doses up to 20 mg/kg/day for 14 days- study in healthy adult volunteers shows strong adherence to dose linearity and dose proportionality.
- No drug accumulation was observed, consistent with the short half-life.
- No adverse events precluding further escalations in dosing observed.
- Safety pharmacodynamics biomarker studies showed an improved safety window for adrenal suppression (100-fold increase in therapeutic window),
- No evidence of insulin resistance or immune suppression, compared to prednisone studies reported in the literature

Phase IIa Study

- 12 sites: USA (6), Canada(1), UK (1), Australia (2), Israel (1), Sweden (1)
- Multiple ascending dose-finding and safety study
- Inclusion Criteria: 4 - <7 years, genetically confirmed, steroid naive
- 14-day treatment trial followed by 6 month extension
- Opened recruitment in all country sites, 24 patients already enrolled
- DSMB report for the first cohort shows no alterations of pharmacodynamic biomarkers and no severe adverse events

Dose Level Group-	No. Subjects/ Group	Vamorolone Dose
1	12	0.25 mg/Kg
2	12	0.75 mg/Kg
3	12	2.0 mg/Kg
4	12	6.0 mg/Kg



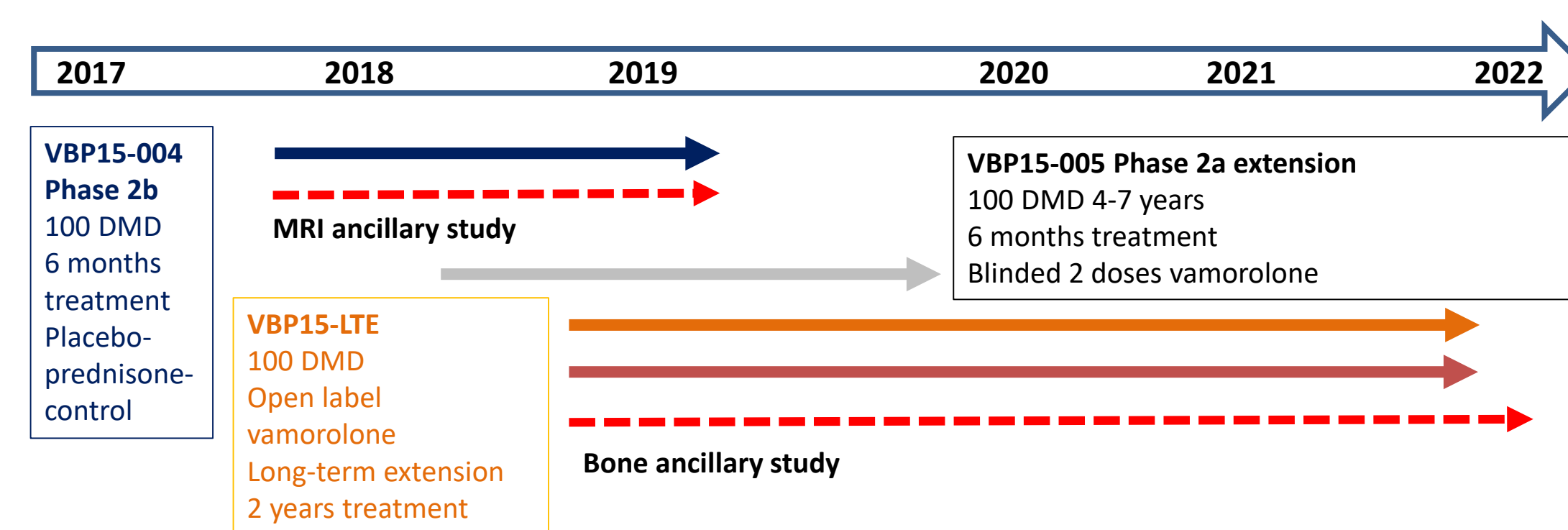
Primary Objective
 To evaluate the safety and tolerability of multiple ascending doses of vamorolone in ambulant boys ages 4-< 7 years with DMD.

Secondary Objectives

- To investigate the single-dose and multiple-dose PK of vamorolone at multiple dose levels
- To investigate the effects of single and multiple oral doses of vamorolone on serum PD

DMD Clinical Development Plan- Phase IIb Study

- 30 sites: EU (18), USA (6), Canada (3), Australia (2), Israel (1)
- Randomized, placebo-controlled study including steroid and placebo arms
- Inclusion Criteria: 4 - <7 years, genetically confirmed, steroid naive
- 24-weeks treatment followed by 6 month extension
- Exploratory Muscle MRI protocol to assess feasibility in a large study
- Expected recruitment start: August 2017



Planned Cohort	No. Subjects/cohort	Dose
1	25	2.0 mg/Kg
2	25	6.0 mg/Kg
3	25	Steroid
4	25	Placebo

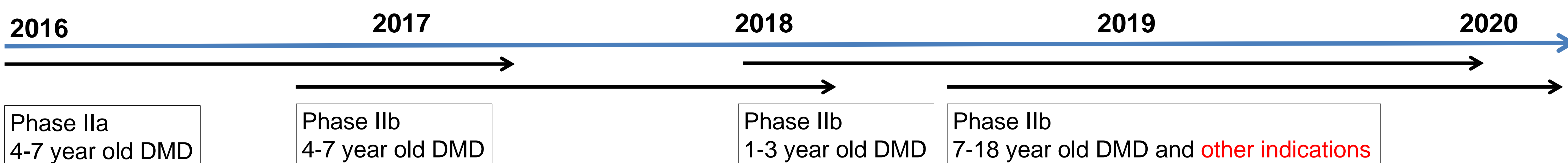
Primary Objectives

- To evaluate the efficacy of multiple ascending doses of vamorolone vs. placebo in ambulant boys ages 4- <7 years with DMD, measured by the time to Stand (TTSTAND)
- To evaluate the safety of multiple ascending doses of vamorolone vs. prednisone, as measured by body mass index (BMI) z-score

Secondary Objectives

- To evaluate the safety and tolerability of vamorolone administered orally at daily doses over 24 week treatment
- To compare the efficacy vs. placebo
- To compare the effects of vamorolone vs. prednisone on serum pharmacodynamics (PD) biomarkers of safety

Projected Vamorolone Drug Development Timeline



References: Heier CR, et al. [VBP15, a novel anti-inflammatory and membrane-stabilizer, improves muscular dystrophy without side effects](#). EMBO Mol Med. 2013 Oct;5(10):1569-85.; Reeves EK, et al. [VBP15: preclinical characterization of a novel anti-inflammatory delta 9,11 steroid](#). Bioorg Med Chem. 2013 Apr 15;21(8):2241-9.