VOSORITIDE IMPROVES GROWTH IN RASOPATHIES, ACAN AND NPR2 DEFICIENCY: PRELIMINARY DATA FROM A PHASE 2 TRIAL





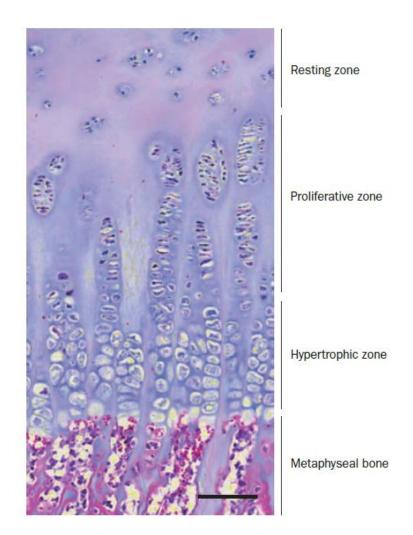
Financial Disclosures:

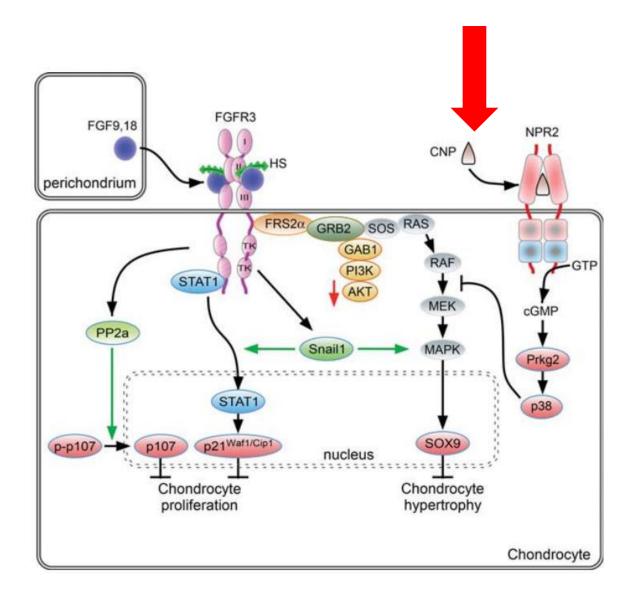
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No other disclosures



What is vosoritide?

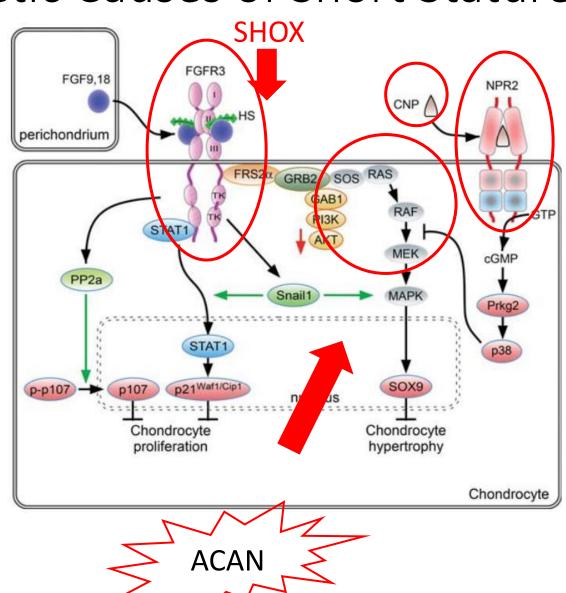






Vosoritide for Selected Genetic Causes of Short Stature

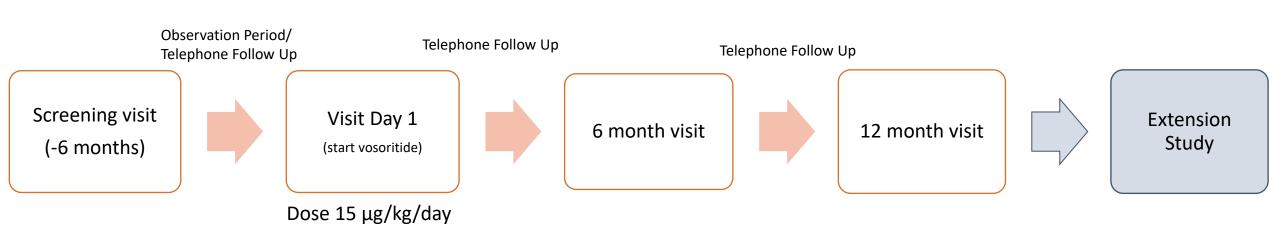
- Hypochondroplasia
- CNP Deficiency
- Heterozygous NPR2 mutation
- RASopathy (Noonan Syndrome)
- SHOX
- Aggrecan Deficiency





Inclusion Criteria and Study Design

- Age >3 years 0 days AND <10 years 364 days for males, <9 years 364 days for females
- Pre-pubertal
- Patient height <-2.25 SDS
- Variants in one of the 6 categories
- Absence of growth hormone deficiency
- No concurrent treatment with GH (prior treatment is OK).
- No other significant medical history
- No hypertrophic cardiomyopathy





Study Outcomes

Primary study endpoints:

- Incidence of adverse events
- Δ growth velocity at 12 months
- Δ height SDS at 12 months

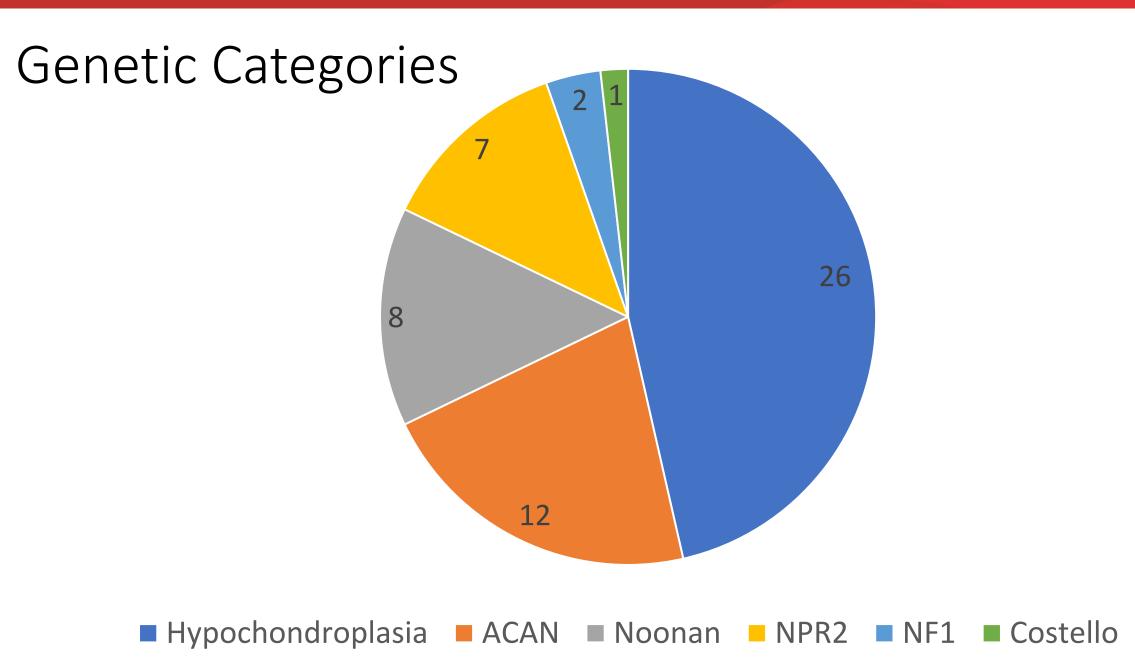
Secondary study endpoints:

- Body proportions
- Δ bone age/chronological age at 12 months

The exploratory study endpoints include:

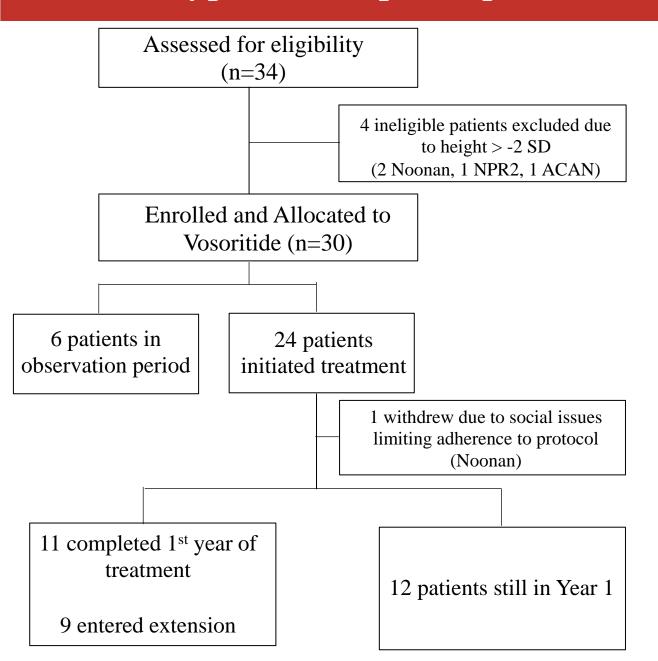
- Pharmacokinetic studies
- Pharmacodynamic markers
- Bone mineral density
- Effect on quality of life





Non-hypochondroplasia patients:

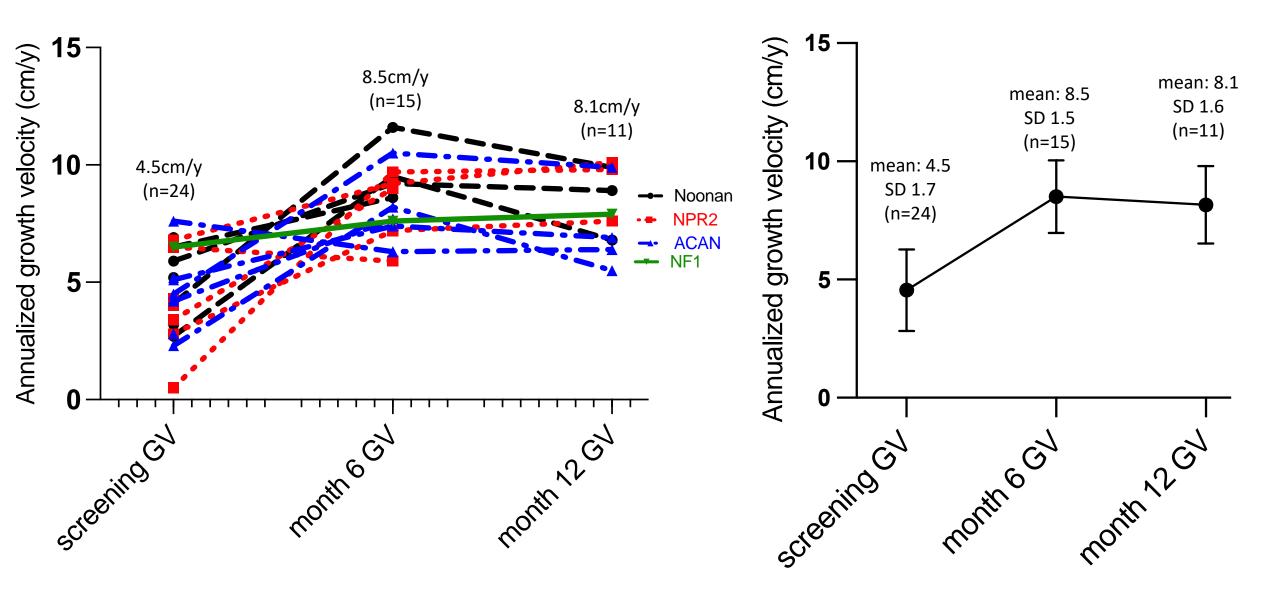




Total enrolled subjects	N=30
Age at enrollment in years, mean (range)	7.1 (3-11)
Age groups # (%) 3 to <5 y 5 to <9y 9 to <11y	6 (20%) 18 (60%) 6 (20%)
Sex # (%) Females Males	8 (27%) 22 (73%)
Race # (%) Caucasian Asian Other	19 (63%) 4 (14%) 7 (23%)
Ethnicity # (%) Non-Hispanic Hispanic	24 (80%) 6 (20%)
Baseline height SD, mean (range) Baseline height SD groups # (%) < -4 SD -4 to <-3 SD -3 to -2.16 SD	-3.09 (-8.99, -2.16) 1 (3%) 10 (33%) 19 (64%)

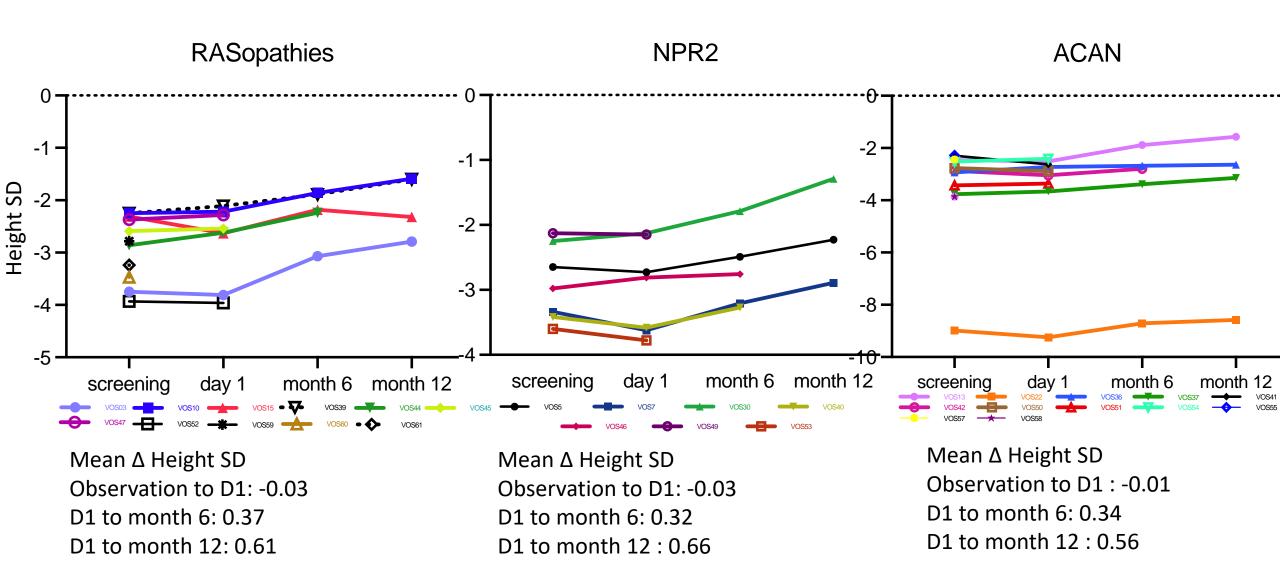
Growth Velocity Outcomes:





Outcomes per condition:





Safety Outcomes:



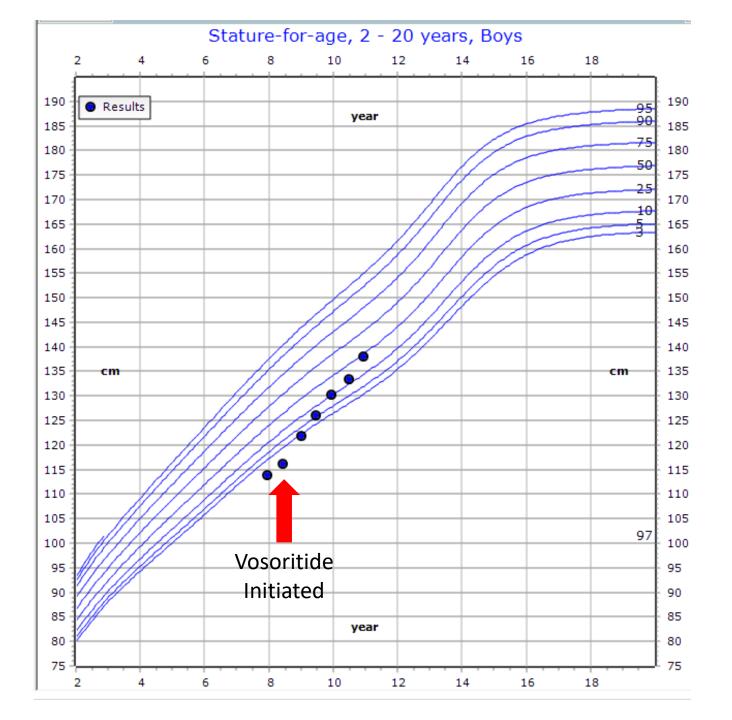
- Overall, well tolerated, no discontinuation due to AEs.
- Injection site reactions are common (33% of patients, all self-resolved, grades 1 or 2)
- No Grade 4 or 5 AE
- 7 Grade 3 AE:
 - 5 not related to treatment:
 - 1 T&A during observation period
 - o 1 hospitalization for asthma attack
 - o 1 traumatic nasal fracture during observation period
 - o 1 traumatic elbow fracture during treatment period
 - o 1 spinal fusion for scoliosis that was planned to occur prior to initiation of treatment
 - 2 potentially related to treatment:
 - o 2 genu valgum (1 Noonan, 1 ACAN): both recovered well s/p surgical correction, ongoing treatment
- 1 additional subject with ACAN noted to have grade 1 genu valgum during the observation period

AEs of special interest:

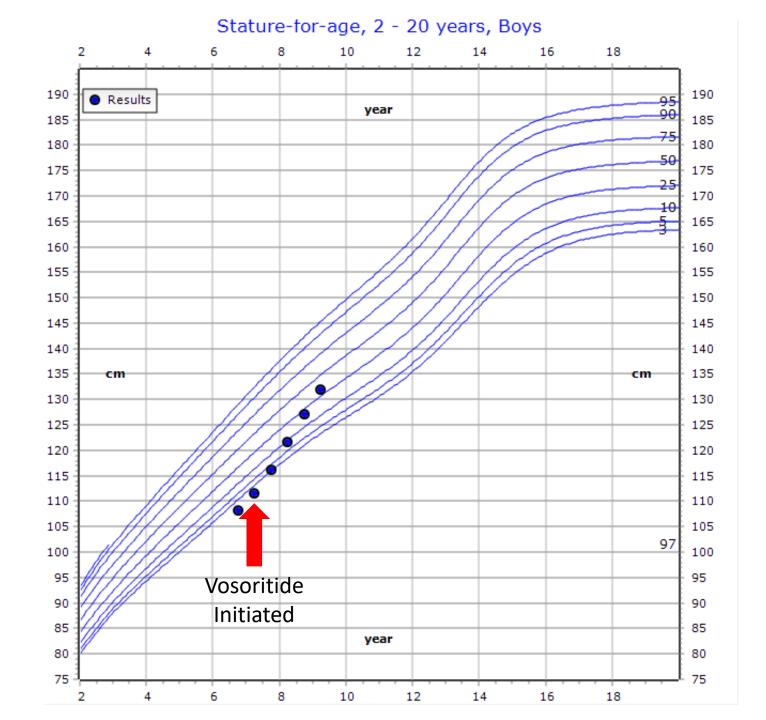


- No episodes of symptomatic hypotension
 Transient dizziness post injection reported in one subject, self-resolved without intervention
- Echocardiograms were stable with no clinical concerns
- Scoliosis reported in 7 patients:
 - 4 patients present prior to treatment (ACAN x 3, NPR2 x 1)
 - 1 worsened during year 1, but then improved without orthopedic intervention after pause in treatment for 6 months, vosoritide restarted with no further worsening
 - 1 severe preexisting scoliosis underwent planned surgical repair
 - 3 patients (1 NPR2, 1 ACAN, 1 Noonan) developed grade 1 scoliosis during Year 1 of treatment all less than 20 degrees. No intervention warranted.

Boy with frameshift variant in ACAN on treatment for 2.5 years



Boy with NPR2 missense variant on treatment for 2 years





Conclusions

- Preliminary results suggest a positive response (>3 cm/year increase) in all subgroups with interindividual variability
 - Long term responses encouraging in a small number of patients.
- Well-tolerated with similar safety profile to previous reports in patients with achondroplasia
- Unclear if genu valgum and scoliosis are related to the underlying growth disorder, the generalized increase in growth velocity, or specifically due to vosoritide treatment.
- Identifying the molecular etiology for short stature via genetic testing leads to the potential for targeted, precision medicine approaches

QUESTIONS?

