

ORION-1

Inclisiran inhibits PCSK9 synthesis by RNA interference

Planned interim analysis of a multi-center randomized controlled dose-finding trial

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On behalf of the ORION-1 investigators

Background and rationale

Inclisiran: Under investigation for LDL-C lowering

- ASCVD remains a challenge to global health¹
- LDL-C reduction is a proven strategy to prevent ASCVD²
- Statins are the cornerstone of treatment but with limitations²
- mAbs that block PCSK9 have demonstrated significant LDL-C lowering with or without statins^{3,4}
- mAbs that block PCSK9 require 12-24 s.c. injections per year (totaling ~2-5 grams)^{5,6}
- Administrative and financial burdens leave room for more efficient agents
- RNAi a highly efficient approach to inhibit PCSK9 synthesis in the liver^{7,8}
- Phase I 300 mg s.c. inclisiran lowered LDL-C ~50% for 4-6 months (n=69)⁹

1: World Health Organization

2: AHA guidelines on dyslipidemia

3: Sabatine MS et al. N Engl J Med 2015;372:1500-9

4: Robinson JG et al. N Engl J Med 2015;372:1489-99

5: <https://www.repathahcp.com/dosing>

6: <https://www.praluenthcp.com/dosing>

7: Wittrup A & Lieberman J Nature Rev Gen 2015;16: 543-52

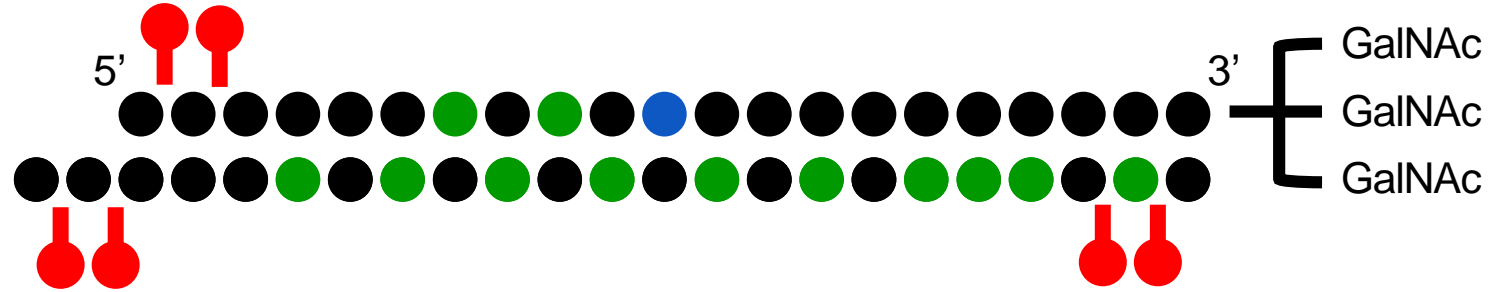
8: Fitzgerald K et al. Lancet 2013;9911:60-8

9: Fitzgerald K et al. N Engl J Med online publication 2016:November 13

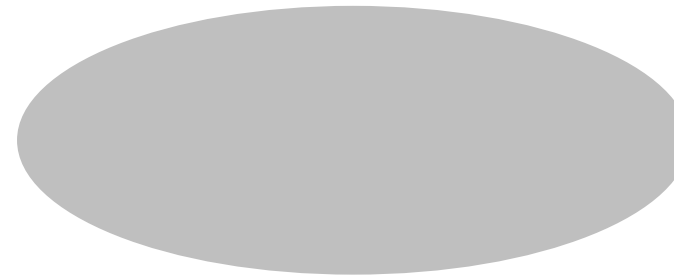
PCSK9 synthesis inhibition via RNA interference

Inclisiran harnesses a natural catalytic process

- Synthetic double strand 21-23mer oligonucleotide
- 3x GalNAc at sense 3' end enables hepatic-specific uptake via ASGP receptor
- Chemically modified to prevent RNase degradation
- Dicer separates antisense strand – and incorporates it into RISC
- RISC degrades PCSK9 mRNA catalytically to halt PCSK9 protein synthesis in the liver



RISC - RNA induced silencing complex



Objectives

Dosage selection for Phase III

- Primary endpoint
 - Percent change in LDL-C levels from baseline at day 180
- Secondary endpoint
 - LDL-C levels at day 90 and other lipid parameters
 - LDL-C and PCSK9 levels over time
 - Safety and tolerability
- **Interim analysis**
 - Pre-specified and pre-defined endpoints
 - Interim analysis endpoints up to 90 days
 - Change and % change from baseline in LDL-C, PCSK9, other lipids and lipoproteins
 - Safety and tolerability

Patient population

High cardiovascular risk and elevated LDL-C

Inclusion criteria

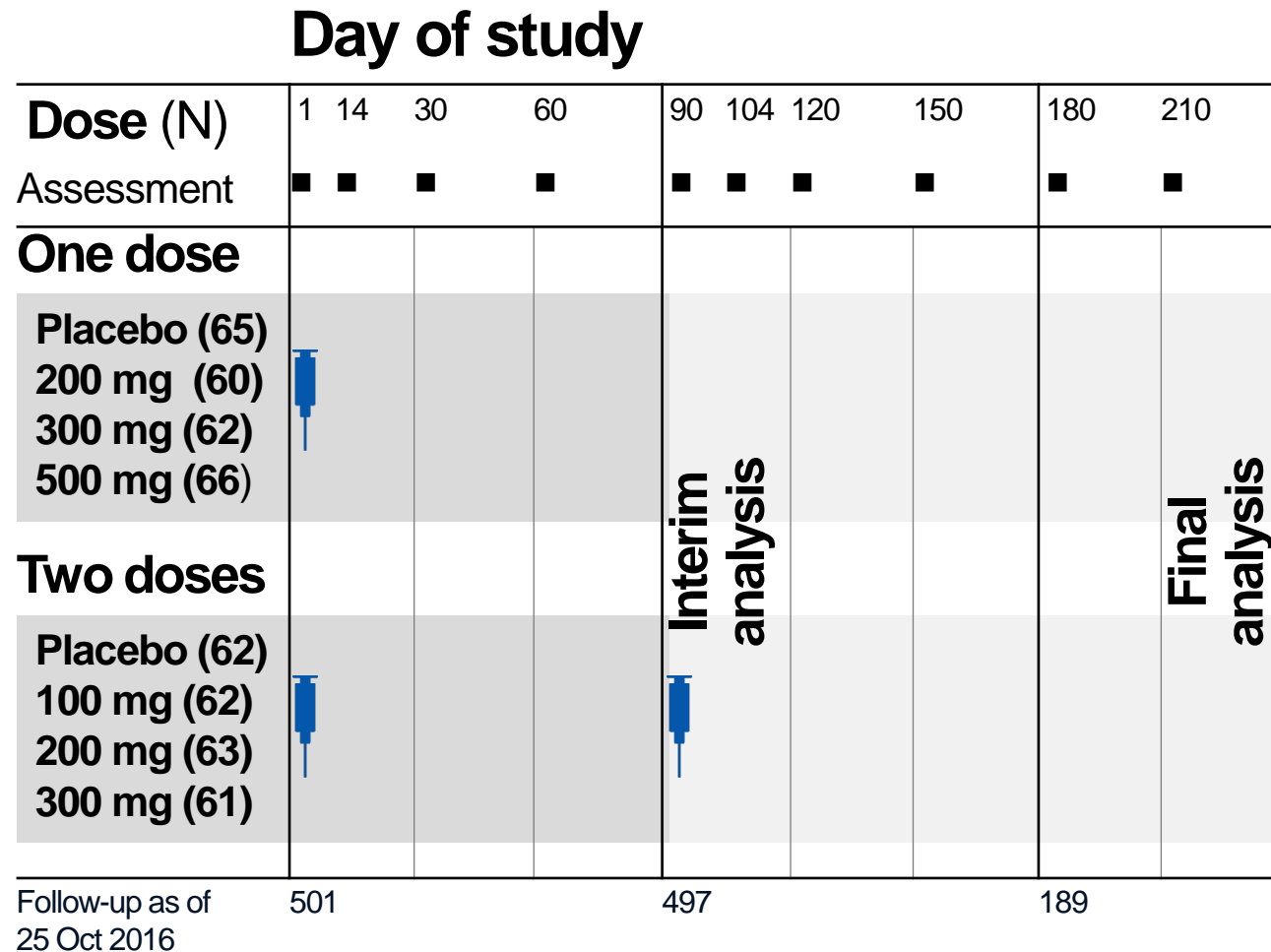
- Age ≥ 18 years
- With ASCVD - LDL-C > 70 mg/dL
- High risk primary prevention LDL-C > 100
- TG < 400 mg/dL
- eGFR ≥ 30 mL/min
- Maximally tolerated statin
- Stable lipid Rx for ≥ 30 days

Exclusion criteria

- Significant comorbidity
- HbA1c $\geq 10\%$
- NYHA Class II-IV HF
- MACE < 6 months
- Uncontrolled BP
- Active liver disease
- Pregnancy or risk | nursing
- Cognitive impairment

Study design and statistics

Dose finding - placebo controlled



Statistics

Sample size of 480 patients allowed for

- 15% drop out rate
- $\geq 90\%$ power to detect $\downarrow 30\%$ LDL-C in at least 1 treatment group

Pre-specified interim analysis plan

Follow-up cut-off 25 Oct 2016

- 497 patients followed to 90 days
- 189 patients followed to 180 days

Patient characteristics

Baseline demographics well balanced

Total=501

| | Inclisiran | | | | | |
|----------------------------|------------------|-----------------|----------------|-----------------|-----------------|----------------|
| | Placebo N=127 | Pooled N=374 | 100 mg N=62 | 200 mg N=123 | 300 mg N=123 | 500 mg N=66 |
| Age mean (years) | 62 | 64 | 65 | 63 | 64 | 62 |
| BMI (kg/m ²) | 30 | 29 | 29 | 29 | 29 | 28 |
| White | 117 (93%) | 357 (93%) | 57 (92%) | 114 (93%) | 114 (93%) | 63 (95%) |
| Male | 75 (59%) | 251 (67%) | 39 (63%) | 78 (63%) | 87 (71%) | 47 (71%) |
| Cardiovascular disease | 91 (72%) | 254 (68%) | 43 (69%) | 84 (68%) | 91 (74%) | 36 (55%) |
| Lipid lowering treatment | 99 (78%) | 307 (82%) | 50 (81%) | 103 (84%) | 102 (83%) | 52 (79%) |
| Statin treatment | 94 (74%) | 271 (72%) | 44 (71%) | 91 (74%) | 91 (74%) | 45 (68%) |
| LDL-C (beta quant) (mg/dL) | 125 | 129 | 128 | 129 | 126 | 135 |
| PCSK9 (ng/mL) | 427 | 427 | 410 | 448 | 420 | 418 |

Safety of inclisiran to day 90

Treatment emergent adverse events (TEAE)

Total=497

| Day 1-90 | Inclisiran | | | | | |
|----------|------------------|-----------------|----------------|-----------------|-----------------|----------------|
| | Placebo N=127 | Pooled N=370 | 100 mg N=61 | 200 mg N=122 | 300 mg N=122 | 500 mg N=65 |
| Any TEAE | 69 (54%) | 198 (54%) | 38 (62%) | 64 (52%) | 68 (56%) | 28 (43%) |
| Serious | 5 (4%) | 22 (6%) | 8 (13%) | 6 (5%) | 6 (5%) | 2 (3%) |
| Severe | 5 (4%) | 12 (3%) | 3 (5%) | 3 (2%) | 4 (3%) | 2 (3%) |
| Related | 24 (19%) | 67 (18%) | 11 (18%) | 20 (16%) | 27 (22%) | 9 (14%) |
| Death | 0 (0%) | 1 (0.3%) | 0 (0%) | 0 (0%) | 0 (0%) | 1 (1.5%) |

Most common TEAEs (>2%) were myalgia, headache, fatigue, nasopharyngitis, back pain, hypertension, diarrhea, dizziness (similar incidence to placebo)

Safety of inclisiran to day 90

Liver and muscle TEAE¹

Total=497

| Day 1-90 | Inclisiran | | | | | |
|--------------------------------|------------------|-----------------|----------------|-----------------------|-----------------------|----------------|
| | Placebo N=127 | Pooled N=370 | 100 mg N=61 | 200 mg N=122 | 300 mg N=122 | 500 mg N=65 |
| ALT >3x ULN | 0 | 1 (0.3%) | 0 | 0 | 1 (0.8%) | 0 |
| AST >3x ULN | 0 | 1 (0.3%) | 0 | 0 | 1 (0.8%) | 0 |
| ALP >2x ULN | 0 | 3 (0.8%) | 1 (1.6%) | 0 | 2 (1.6%) ² | 0 |
| Bilirubin >2x ULN ³ | 0 | 0 | 0 | 0 | 0 | 0 |
| CK >5x ULN | 0 | 2 (0.6%) | 0 | 1 (0.8%) ⁴ | 1 (0.8%) | 0 |
| Myalgia | 6 (4.7%) | 21 (5.7%) | 5 (8.2%) | 7 (5.7%) | 8 (6.6%) | 1 (1.5%) |

1: Crossing above threshold for significance at any time after randomization regardless of baseline

2: One patient above ULN at baseline

3: No patient met the criteria for Hy's law

4: Patient >3x ULN at baseline

Safety of inclisiran to day 90

First injection TEAE^{1,2}

Total=497

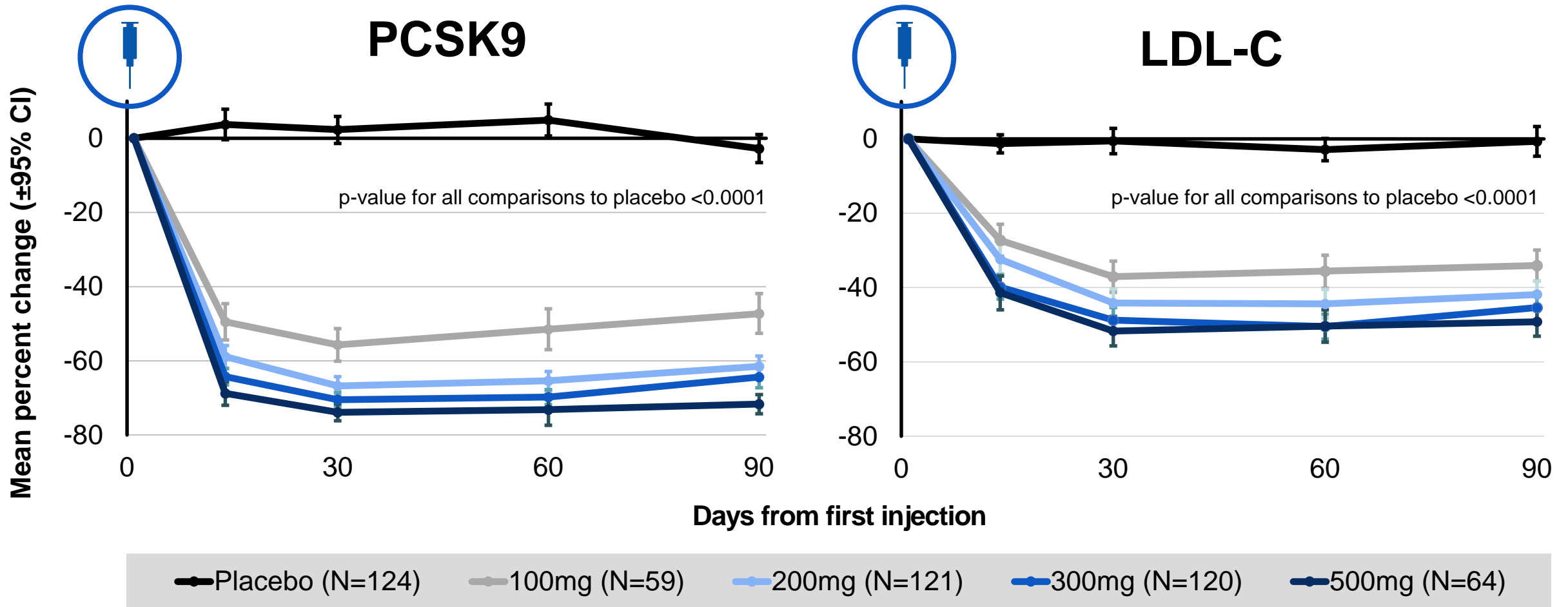
| AE terms | Inclisiran | | | | | |
|---------------------------|------------------|-----------------|----------------|-----------------|-----------------|----------------|
| | Placebo N=127 | Pooled N=370 | 100 mg N=61 | 200 mg N=122 | 300 mg N=122 | 500 mg N=65 |
| Injection site erythema | 0 | 4 (1.1%) | 0 | 2 (1.6%) | 1 (0.8%) | 1 (1.5%) |
| Injection site pruritus | 0 | 1 (0.3%) | 0 | 0 | 1 (0.8%) | 0 |
| Injection site rash | 0 | 0 | 0 | 0 | 0 | 0 |
| Injection site reaction | 0 | 7 (1.9%) | 1 (1.6%) | 1 (0.8%) | 3 (2.5%) | 2 (3.1%) |
| Total (observed any time) | 0 | 12 (3.2%) | 1 (1.6%) | 3 (2.5%) | 5 (4.1%) | 3 (4.6%) |
| Total (observed >4 hours) | 0 | 9 (2.4%) | 1 (1.6%) | 3 (2.5%) | 4 (3.3%) | 1 (1.5%) |

1: Number of patients with adverse event classified by preferred term – each patient is counted only once

2: Pre-defined histaminic/allergic type adverse events

Efficacy of one dose of inclisiran up to day 90

Significant, durable PCSK9 and LDL-C lowering



Efficacy of one dose of inclisiran up to day 90

Other lipid parameters - change from baseline

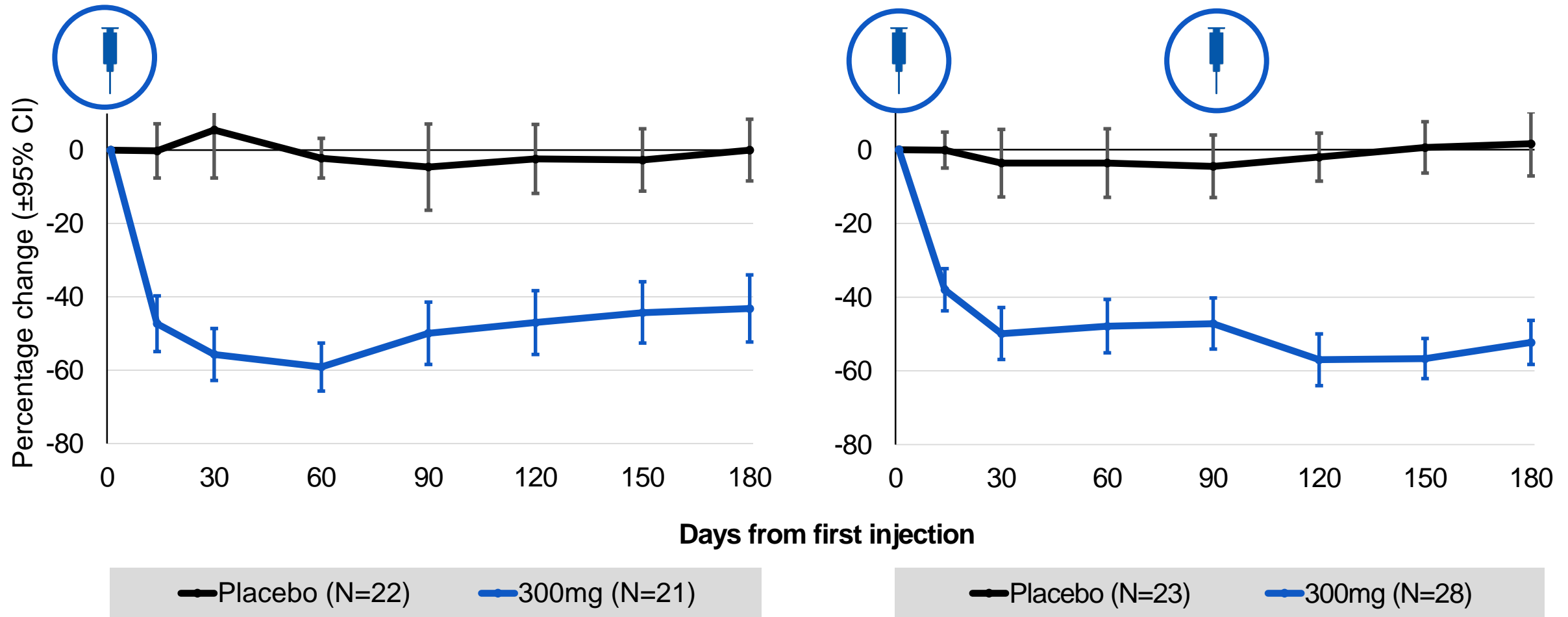
Total=494¹

| Day 90 | | Placebo N=124 | Inclisiran | | | |
|-------------------|-----------|------------------|----------------|-----------------|-----------------|----------------|
| | | | 100 mg N=61 | 200 mg N=122 | 300 mg N=122 | 500 mg N=65 |
| Total cholesterol | mean (SD) | -1% (16) | -22% (12) | -26% (14) | -28% (15) | -30% (11) |
| Triglyceride | median | 3% | 1% | -11% | -10% | 0% |
| HDL-C | mean (SD) | -2% (14) | 5% (11) | 8% (12) | 9% (16) | 8% (15) |
| Non-HDL-C | mean (SD) | 0% (20) | -30% (13) | -37% (18) | -40% (19) | -42% (15) |
| Apo-B | mean (SD) | -2% (16) | -28% (12) | -34% (15) | -37% (16) | -40% (13) |
| Lp(a) | median | -1% | -18% | -21% | -23% | -22% |

1: Includes patients with baseline and day-90 measurement for all parameters

One dose and two doses of inclisiran up to day 180

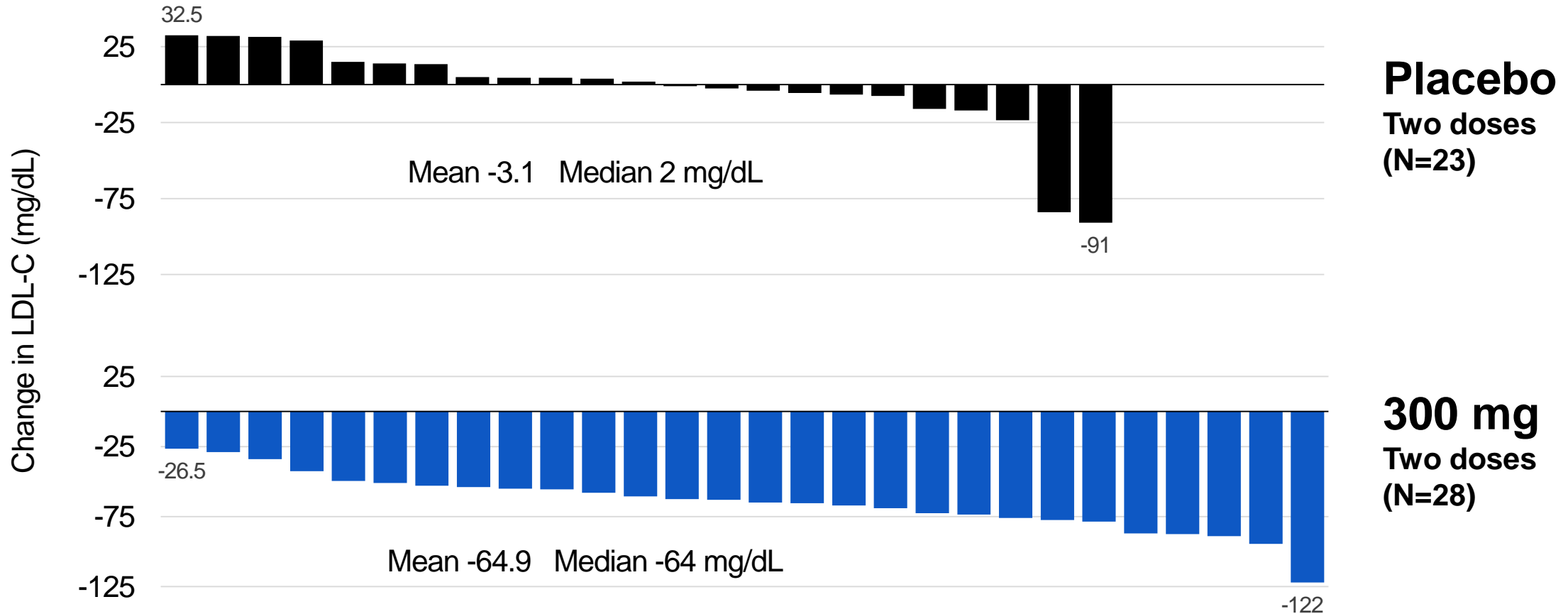
Efficacy of 300 mg versus placebo on LDL-C



Available data as of 25 Oct 2016

Individual patient response at day 180

Absolute change in LDL-C from baseline



Available data as of 25 Oct 2016

Conclusions

Inclisiran: Phase III-ready investigational compound

- Inclisiran inhibits PCSK9 synthesis by RNA interference and lowers LDL-C significantly
 - One dose of 300 mg achieves mean 51% LDL-C reduction
 - Two doses of 300 mg achieve mean 57% LDL-C reduction
- Inclisiran is well tolerated with no material safety issues
- Potential for biannual or triannual dosing affirmed
- Results of ORION-1 support start of Phase III
- The efficacy, safety and dosing profile of inclisiran are likely to ensure significant and durable reductions in LDL-C and thus potentially impact cardiovascular outcomes