Enhancing the pharmacologic profiles of CNS targeting therapeutic oligonucleotides

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Forward-looking statements

This document contains forward-looking statements. All statements other than statements of historical facts contained in this document, including statements regarding possible or assumed future results of operations, preclinical and clinical studies, business strategies, research and development plans, collaborations and partnerships, regulatory activities and timing thereof, competitive position, potential growth opportunities, use of proceeds and the effects of competition are forward-looking statements. These statements involve known and unknown risks, uncertainties and other important factors that may cause the actual results, performance or achievements of Wave Life Sciences Ltd. (the "Company") to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. In some cases, you can identify forward-looking statements by terms such as "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "contemplate," "believe," "estimate," "predict," "potential" or "continue" or the negative of these terms or other similar expressions. The forward-looking statements in this presentation are only predictions. The Company has based these forward-looking statements largely on its current expectations and projections about future events and financial trends that it believes may affect the Company's business, financial condition and results of operations. These forward-looking statements speak only as of the date of this presentation and are subject to a number of risks, uncertainties and assumptions, including those listed under Risk Factors in the Company's Form 10-K and other filings with the SEC, some of which cannot be predicted or quantified and some of which are beyond the Company's control. The events and circumstances reflected in the Company's forward-looking statements may not be achieved or occur, and actual results could differ materially from those projected in the forward-looking statements. Moreover, the Company operates in a dynamic industry and economy. New risk factors and uncertainties may emerge from time to time, and it is not possible for management to predict all risk factors and uncertainties that the Company may face. Except as required by applicable law, the Company does not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise.



Overview

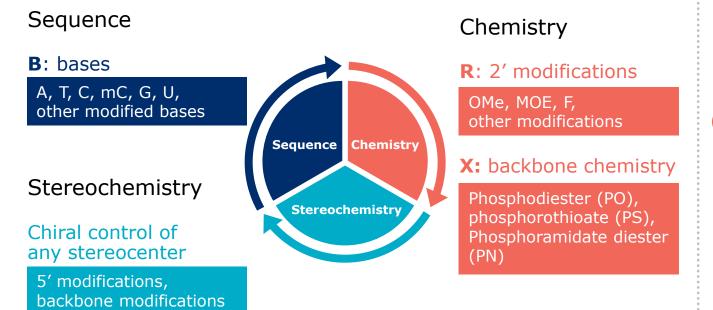
- PRISM[™] Platform
- Wave Neurology Pipeline
- WVE-004 in ALS and FTD
- WVE-003 in Huntington's disease
- RNA Editing as a New Therapeutic Modality

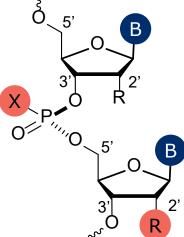


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PRISM platform enables rational drug design

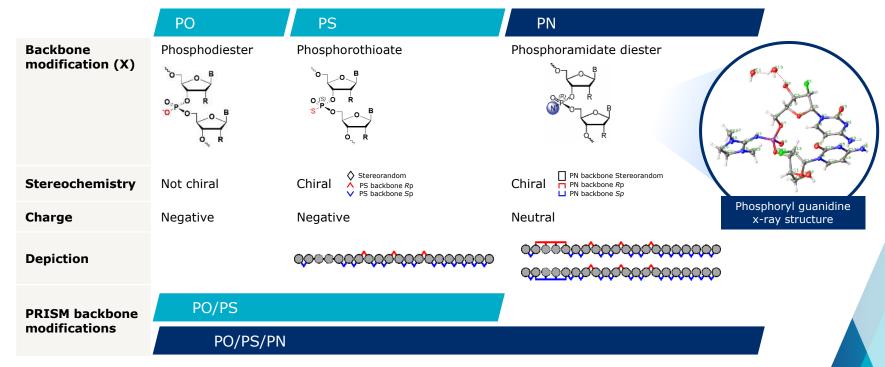






Expanding repertoire of backbone modifications with novel PN backbone chemistry

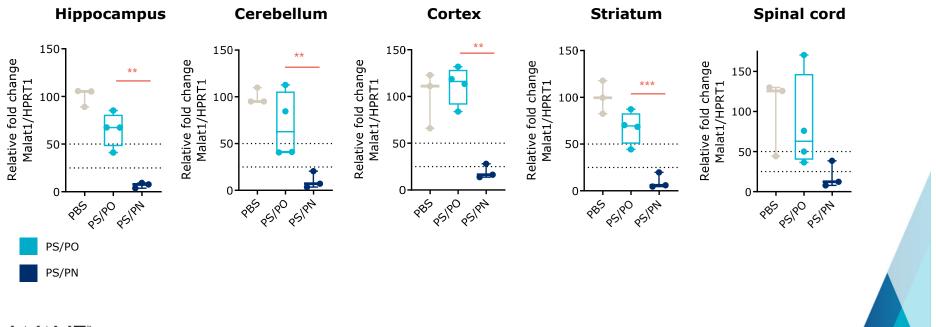
Backbone linkages





PN chemistry increases durability across CNS tissues

Malat1 knockdown at 10 weeks in mouse CNS (100 µg)



Mice received a single 100 ug ICV injection (n=3 per group). Relative fold-change in MALAT1 expression is shown for the indicated tissues 10-weeks post-dose. MALAT1 expression levels are normalized to Hprt1. PBS, phosphate buffered saline. ICV, intracerebroventricular. Stats: 1-way ANOVA ** P<0.01, *** P<0.001

Robust portfolio of stereopure, investigational PNmodified oligonucleotides

THERAPEUTIC AREA / TARGET	DISCOVERY	PRECLINICAL	CLINICAL	PARTNER	
NEUROLOGY					
ALS and FTD C9orf72	WVE-004 (FOCUS-C9)			Takeda 50:50 option	
Huntington's disease mHTT SNP3	WVE-003 (SELECT-HD)				
SCA3 ATXN3					
CNS diseases Multiple ⁺				Takeda milestones & royalties	
DMD Exon 53	WVE-N531				
ADAR editing Multiple				100% global	
HEPATIC					
AATD (ADAR editing) SERPINA1				100% global	
OPTHALMOLOGY					
Retinal diseases USH2A and RhoP23H		•		100% global	

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[†]During a four-year term, Wave and Takeda may collaborate on up to six preclinical targets at any one time. ALS: Amyotrophic lateral sclerosis; FTD: Frontotemporal dementia; SCA3: Spinocerebellar ataxia 3; CNS: Central nervous system; DMD: Duchenne muscular dystrophy; AATD: Alpha-1 antitrypsin deficiency

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WVE-004

Amyotrophic Lateral Sclerosis (ALS) Frontotemporal Dementia (FTD)

C9orf72 repeat expansions: One of the most common genetic causes of ALS and FTD

Hexanucleotide (G₄C₂)- repeat expansions in C9orf72 gene are common autosomal dominate cause for ALS and FTD



Different manifestations across a clinical spectrum

Amyotrophic Lateral Sclerosis (ALS)

- Fatal neurodegenerative disease
- Progressive degeneration of motor neurons in brain and spinal cord
- C9-specific ALS: ~2,000 patients in US

Frontotemporal Dementia (FTD)

- Progressive neuronal degeneration in frontal / temporal cortices
- Personality and behavioral changes, gradual impairment of language skills
- C9-specific FTD: ~10,000 patients in US

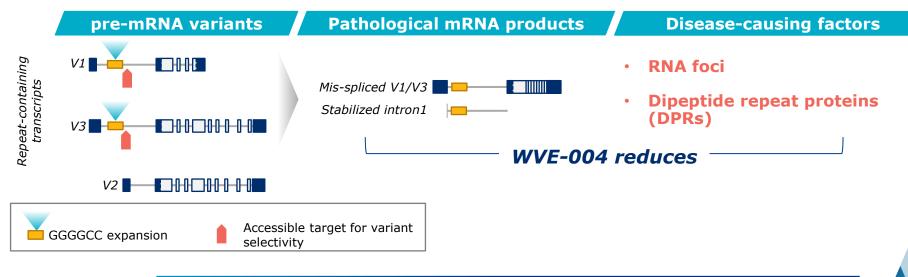
WVE-004 is the first investigational therapy in clinical development for both C9-ALS and C9-FTD



Sources: Balendra et al, EMBO Mol Med, 2017; Brown et al, NEJM, 2017, DeJesus-Hernandez et al, Neuron, 2011. Renton et al, Neuron, 2011. Zhu et al, Nature Neuroscience, May 2020, Stevens et al, Neurology 1998

C9orf72 targeting strategy spares C9orf72 protein

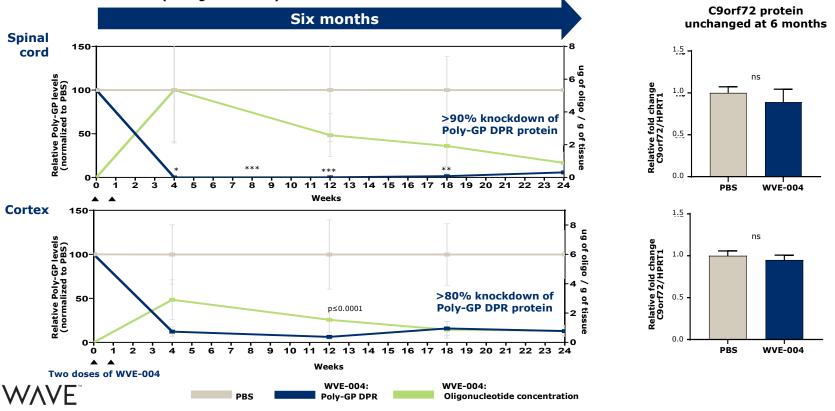
- Normal C9orf72 allele produces three mRNA transcripts (~80% are V2, ~20% are V1 and V3)
- Pathological allele with expanded repeat leads to healthy V2 and pathological V1 and V3 transcript by-products



WVE-004 targets <u>only</u> V1 and V3 transcripts, sparing V2 transcripts and healthy C9orf72 protein

WVE-004: Durable reduction in vivo of poly-GP in spinal cord and cortex; Preservation of C9orf72 protein

Preclinical in vivo results (transgenic mouse):

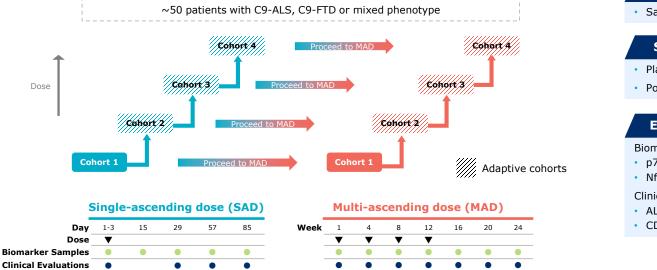


SCIENCES Full results presented at the 31st International Symposium on ALS/ MND (December 2020); 2 x 50 ug (day 0, day 7) dosed ICV; DPRs measured by Poly-GP MSD assay. *: $p \le 0.05 **$: $p \le 0.01$, ***: $P \le 0.001$.

FOCUS-C9: Adaptive trial designed to enable rapid assessment of target engagement

Phase 1b/2a global, multicenter, randomized, double-blind, placebo-controlled trial

Focus**₹C9**



Primary objectives Safety and tolerability Secondary objectives Plasma and CSF PK profile PolyGP in CSF Exploratory objectives Biomarkers: p75NTR^{ECD} in urine

NfL in CSF

Clinical endpoints:

- ALSFRS-R
 FVC
- CDR-FTDLD
 HHD

Dose escalation and MAD dosing frequency guided by independent committee



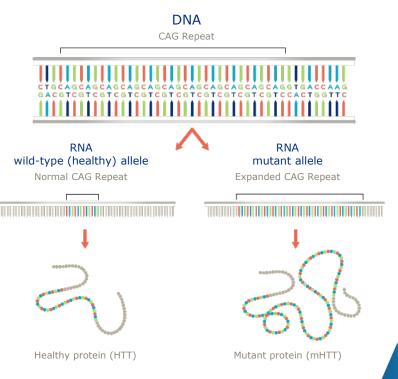
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WVE-003

Huntington's Disease

Huntington's disease: a hereditary, fatal disorder

- Autosomal dominant disease, characterized by cognitive decline, psychiatric illness and chorea; fatal
- No approved disease-modifying therapies
- Expanded CAG triplet repeat in HTT gene results in production of mutant huntingtin protein (mHTT); accumulation of mHTT causes progressive loss of neurons in the brain
- Wild-type (healthy) HTT protein critical for neuronal function; evidence suggests wild-type HTT loss of function plays a role in Huntington's disease
- 30,000 people with Huntington's disease in the US; another 200,000 at risk of developing the condition

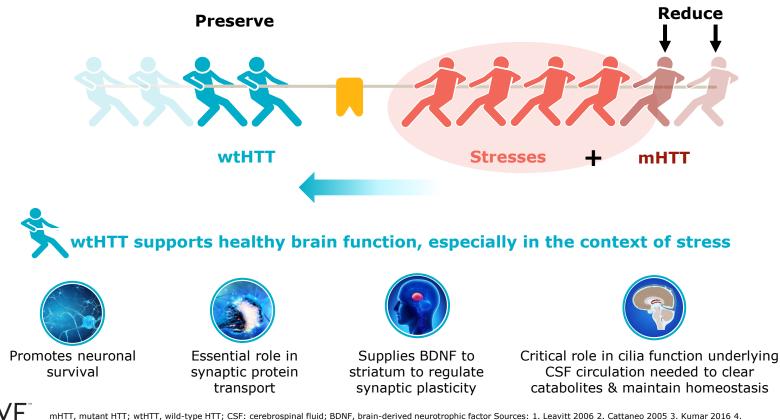




Sources: Auerbach W, et al. Hum Mol Genet. 2001;10:2515-2523. Dragatsis I, et al. Nat Genet. 2000;26:300-306. Leavitt BR, et al. J Neuroschem. 2006;96:1121-1129. Nasir J, et al. Cell. 1995;81:811-823. Reiner A, et al. J Neurosci. 2001;21:7608-7619. White JK, et al. Nat Genet. 1997;17:404-410. Zeitlin S, et al. Nat Genet. 1995;11:155-163. Carroll JB, et al. Mol There. 2011;19:2178-2185. HDSA 'What is Huntington's disease? 'https://hdsa.org/what-is-hd/overview-of-huntingtons-disease/ Accessed: 11/2/18; Becanovic, K., et al., Nat Neurosci, 2015. 18(6): p. 807-16. Van Raamsdonk, J.M., et al., Hum Mol Genet, 2005. 14(10): p. 1379-92.; Van Raamsdonk, J.M., et al., BMC Neurosci, 2006. 7: p. 80.

Allele-selective approach to treating HD

Preserve neuroprotective effects of wildtype HTT and reduce toxic mutant HTT

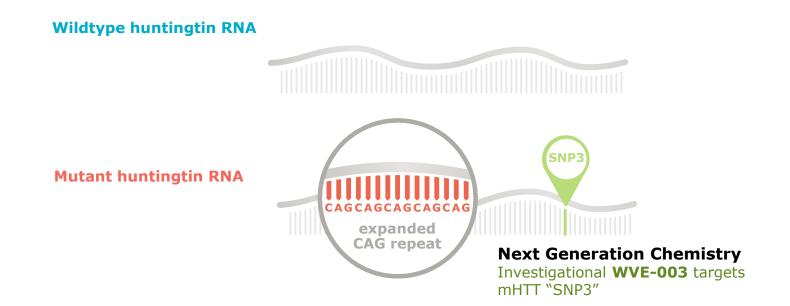


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mHTT, mutant HTT; wtHTT, wild-type HTT; CSF: cerebrospinal fluid; BDNF, brain-derived neurotrophic factor Sources: 1. Leavitt 2006 2. Cattaneo 2005 3. Kumar 2016 4. Franco-Iborra 2020 5. Hamilton 2015 6. Ochaba 2014 7. Wong 2014 8. Rui 2015 9. Caviston 2007 10. Twelvetrees 2010 11. Strehlow 2007 12. Milnerwood 2010 13. Smith-Dijak 2019 14. Tousley 2019 15. Zhang 2018 16. McAdam 2020 17. Altar 1997 18. Zuccato 2001 19. Gauthier 2004 20. Ferrer 2000 21. Baquet 2004 22. Liu 2011 23. Karam 2015, 24. Menalled et al., 2009

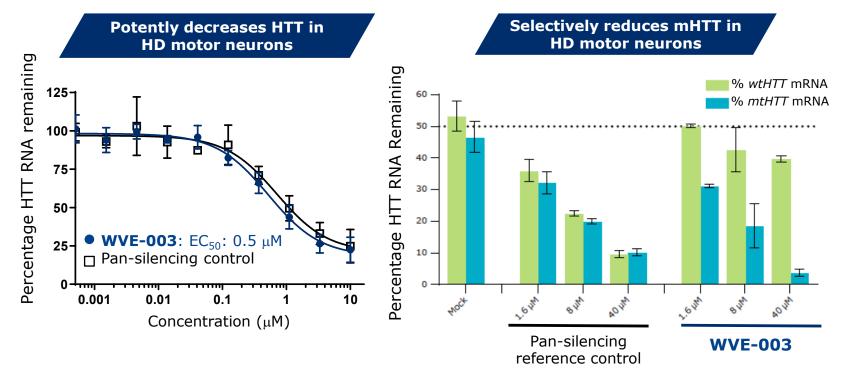
Allele-selectivity achieved by targeting downstream SNPs

Target mHTT transcript to selectively reduce mHTT protein with antisense oligonucleotides





WVE-003 is potent and allele selective in vitro



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Left: dose-response for HTT remaining in iPSC-derived motor neurons homozygous for SNP3, mean ± SD, n=4. Right: mHTT and wtHTT RNA expression in iPSC-derived motor neurons heterozygous for SNP3, mean ± sem, n=4 iPSCs (induced pluripotent stem cells) generated from HD patient cells mHTT, mutant HTT; wtHTT, wild-type HTT

Mouse models

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Evaluation of potency



BACHD Mouse¹

HTT	Key characteristics	
mHTT (human)	 97 CAA-CAG repeats Multiple copies 	
	Subset of copies contain SNP3	
wtHTT (mouse)	 Mouse genomic <i>Hdh</i> Lacks SNP3 	

Evaluation of selectivity

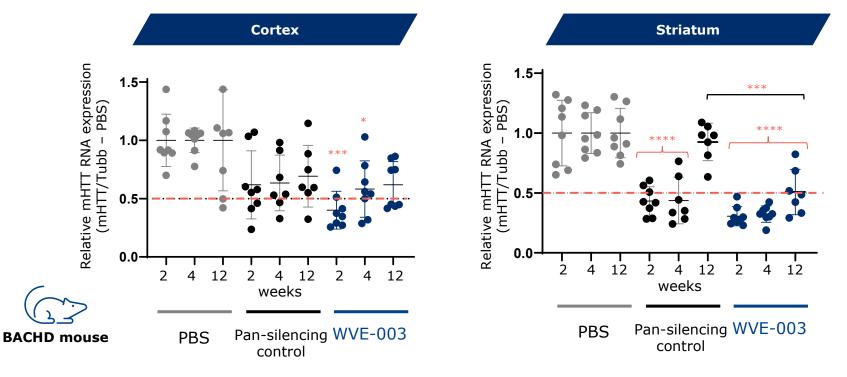


Hu97/18 Mouse²

HTT	Key characteristics		
mHTT (human)	97 CAA-CAG repeats		
	Multiple copies		
	Subset of copies contain SNP3		
wtHTT (human)	✤ 18 CAG repeats		
	Lacks SNP3		
	Lacks mouse Hdh		

WVE-003 has potent and durable effects in cortex and striatum of BACHD mice

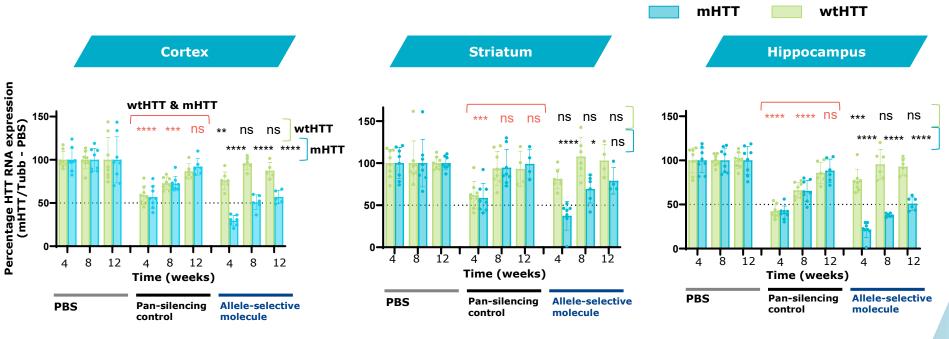
Maximum knockdown of 75% with ~50% knockdown persisting for at least 3 months





BACHD mice administered $3x100 \ \mu$ g intracerebroventricular doses PBS or oligonucleotide. (Left) Relative mHTT RNA in cortex at 2, 4 and 12-weeks post-dosing. (Right): Relative mHTT in striatum at same time points as cortex. BACHD contains SNP3 only in some mHTT transgenes. Data are mean \pm SD, n=8. *P<0.0332, ***P<0.0002, ****P<0.0001 versus PBS unless otherwise noted). P values were calculated via 1-way analysis of variance. mHTT, mutant HTT; Tubb, tubulin

Allele-selective activity in CNS of Hu97/18 mice





Pan-acting molecule uniformly decreases wtHTT & mHTT

Hu97/18 mouse

> Allele-selective molecule decreases **mHTT**, spares **wtHTT**

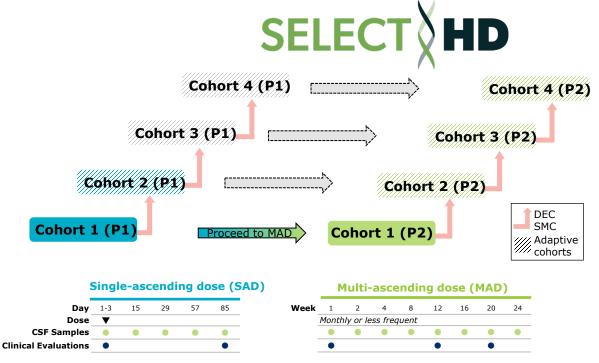


Hu97/18 mice administered $3x100 \mu g$ intracerebroventricular doses PBS or oligonucleotide. Relative mHTT RNA in cortex (left) striatum (middle) or hippocampus (right) at 4, 8 and 12-weeks post-dosing. Data are mean \pm SD, n=8. Stats: ns non-significant, *P<0.05, **P<0.01, ***P<0.0001, ****P<0.0001 versus PBS by 1-way ANOVA. mHTT, mutant HTT; Tubb, tubulin

SELECT-HD: Adaptive first-in-human study for investigational WVE-003

Ph 1b/2a global, multicenter, randomized, double-blind placebo-controlled trial

Eligible PRECISION-HD participants can transition to this study after wash out



Patients

- Targeting 36 patients
- \geq 18 and \leq 60 years of age
- Confirmed early manifest HD diagnosis with SNP3 variant

Primary Objectives

Safety and Tolerability

Secondary Objectives

- Plasma PK profile
- CSF exposure

Exploratory Objectives

Biomarkers Clinical Endpoints

- mHTT NfL UHDRS
- wtHTT MRI

Adaptive cohorts: dose escalation and dosing interval guided by independent safety monitoring committee.

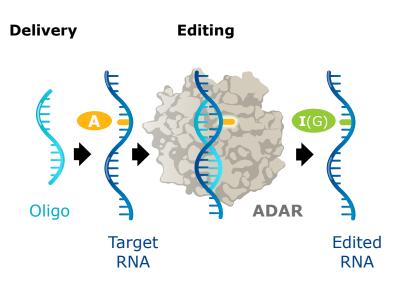
VV/VE wtHTT, wild-type HTT; mHTT, mutant HTT; Nfl, neurofilament light chain; SNP, single nucleotide polymorphism; UHDRS, United Huntington's Disease Rating Scale; MRI, Magnetic Resonance Imaging; PK, pharmacokinetic; PD, pharmacodynamic; CSF, cerebrospinal fluid; SNP, single nucleotide polymorphism; DEC, Dose Escalation Committee; SMC, Safety Monitoring Committee

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ADAR Editing

RNA editing opens many new therapeutic applications

AIMers direct RNA editing with endogenous ADAR enzymes



 A-to-I editing is one of most common post-transcriptional modifications

Nearly half of known human genetic pathogenic SNPs are G-to-A mutations

Restore protein function

 Recessive or dominant genetically defined diseases

Modify protein function

Post-translational modifications

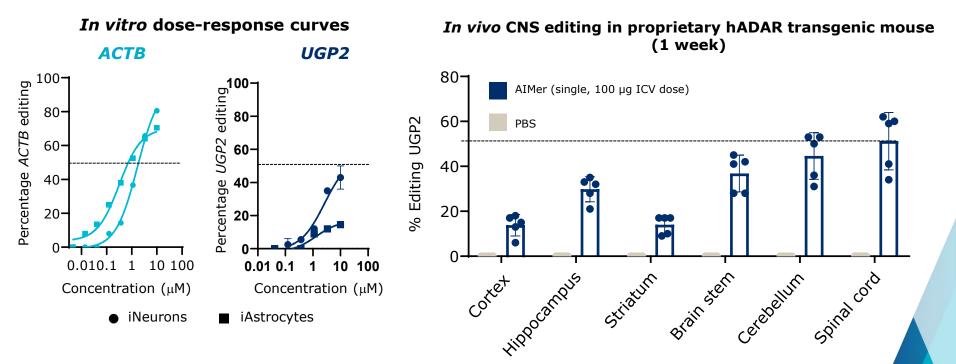
Upregulate protein expression

– Haploinsufficiency



AIMers direct editing throughout CNS of hADAR mouse

PN-containing AIMers direct editing of UGP2 in vivo





HADAR, human ADAR; UGP2, Glucose Pyrophosphorylase 2; CNS, central nervous system; Editing observed across all tested tissues of human-ADAR-transgenic mice by intracerebroventricular (ICV) injection. 5 mice in each group were injected with PBS or a single 100 μ g dose on day 0. Animals were necropsied on day 7. RNA was harvested and editing measured by Sanger sequencing. UGP2, UDP-glucose pyrophosphorylase 2; ACTB, β -actin, AIMer, A-to-I editing oligonucleotide

Summary

- PRISM creates new therapeutic opportunities across a range of CNS diseases
- New backbone modifications, including PN chemistry, improve potency and durability for oligonucleotides in the CNS
- WVE-004, a variant-selective oligonucleotide targeting C9orf72, is the first molecule in clinical development for both C9-ALS and C9-FTD
- WVE-003 achieved potent, durable and selective target engagement in two mouse models and is currently in clinical development for HD
- AIMers enable reversible RNA editing with endogenous ADAR enzymes, enabling a new therapeutic modality for CNS diseases

