



# WVE-N531 Clinical Trial Update

December 19, 2022

# Forward-looking statements

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# Today's agenda

1

## **Opening remarks**

Paul Bolno, MD, MBA, President and CEO

2

## **WVE-N531 clinical trial update**

Anne-Marie Li-Kwai-Cheung, Chief Development Officer

3

## **Closing remarks and Q&A**



Paul Bolno, MD, MBA  
President and CEO

# Third clinical trial in 2022 to achieve target engagement with PN chemistry-containing compound

## WVE-N531 Proof-of-Concept Trial

- Significant improvements in pharmacology compared with first-generation DMD program
  - Mean muscle concentration of 42 µg/g
  - 53% mean exon skipping and <1% (BLQ) mean dystrophin expression
  - WVE-N531 reaching the nucleus
  - All AEs mild except one COVID-19 infection of moderate intensity

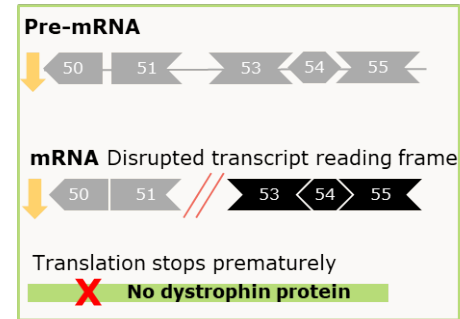


- **PN chemistry translation and platform validation:** Third PN chemistry-containing compound with data to indicate target engagement:
  - WVE-N531 (DMD)
  - WVE-003 (HD)
  - WVE-004 (C9-ALS/FTD)
- Clinical data continue to support translation of preclinical datasets

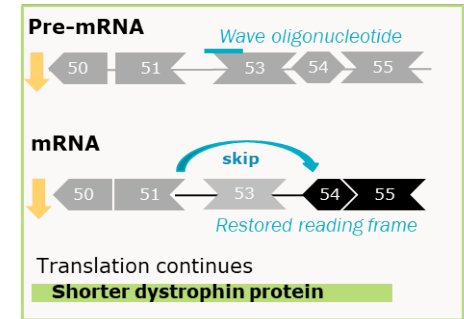
# Duchenne muscular dystrophy

- Genetic mutation in dystrophin gene prevents the production of dystrophin protein, a critical component of healthy muscle function
- Impacts approx. 1 in every 5,000 newborn boys each year; approx. 20,000 new cases annually worldwide
  - Approx. 8-10% are amenable to exon 53 skipping
- Dystrophin protein established by FDA as surrogate endpoint reasonably likely to predict benefit in boys<sup>1</sup> for accelerated approval in DMD
- Increasing amount of functional dystrophin expression over minimal amount shown with approved therapies is expected to result in greater benefit for boys with DMD

## Dysfunctional splicing (Disease)

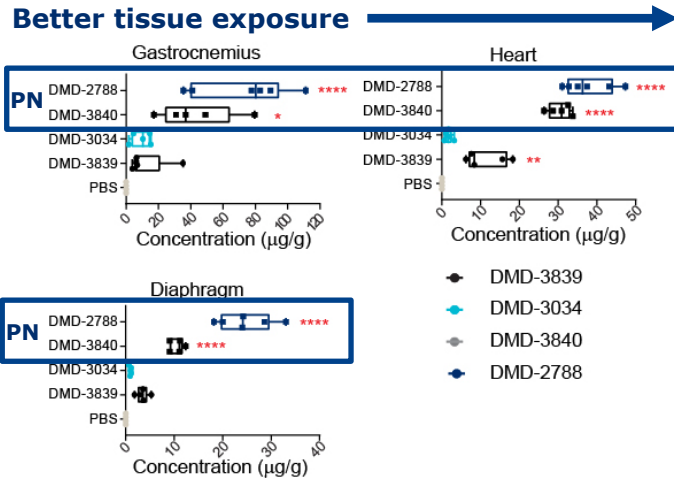


## Exon skipping (Partial Restoration)

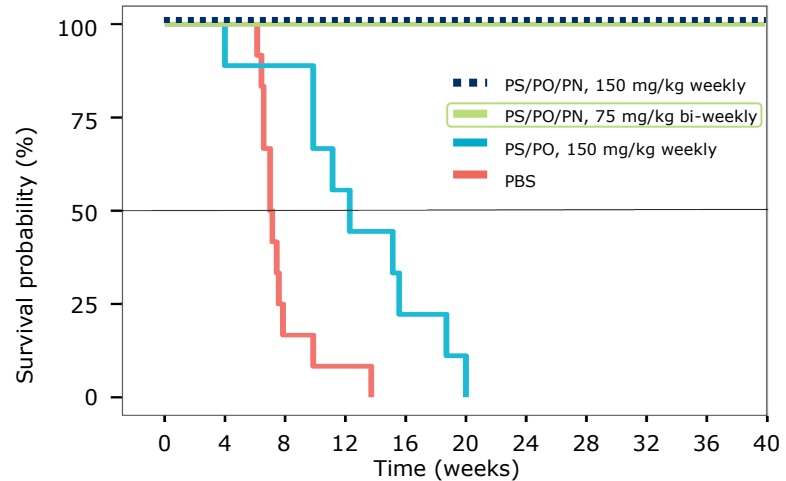


# PN chemistry improved muscle exposure and survival in preclinical mouse models

**PN increased muscle concentrations after single dose, which correlated with exon-skipping activity**



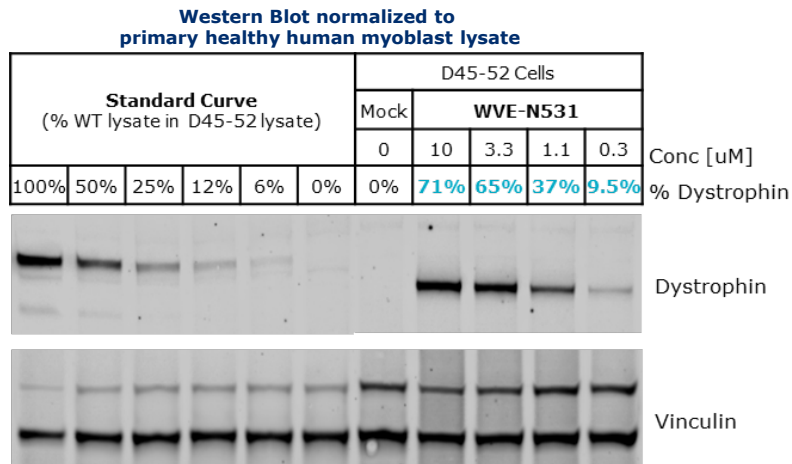
**Treatment with PN-modified molecules led to 100% survival of dKO mice at time of study termination**



Note: Untreated, age-matched mdx mice had 100% survival at study termination [not shown]

# WVE-N531: Dystrophin restoration *in vitro* and enhanced muscle distribution in NHPs

## Dystrophin protein restoration of up to 71% *in vitro*



## Enhanced muscle distribution in NHPs

- Plasma and tissue concentrations of WVE-N531 (PS/PO/PN) significantly higher than suvodirsen (first-generation PS/PO)
- WVE-N531 concentrations in heart and diaphragm substantially higher than skeletal muscle concentrations
- Higher plasma C<sub>max</sub>, AUC and C<sub>trough</sub>

Preclinical data supported advancing proof-of-concept study to rapidly assess impact of PN chemistry in splicing oligonucleotides





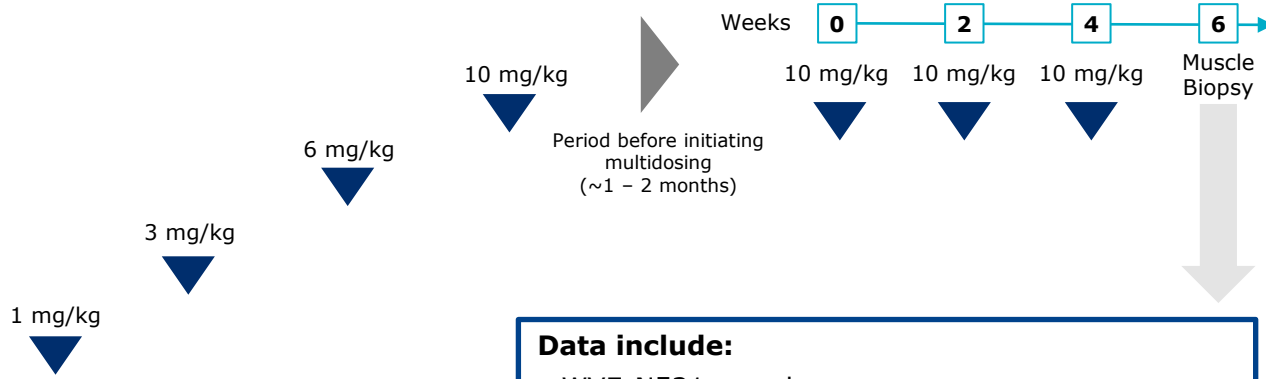
Anne-Marie Li-Kwai-Cheung  
Chief Development Officer

# In multidose portion of study, patients received three biweekly 10 mg/kg doses

## Single ascending intra-patient doses

## Multidosing at 10 mg/kg every other week

**Initial cohort**  
• Boys with DMD amenable to exon 53 skipping



- Data include:**
- WVE-N531 muscle concentrations
  - WVE-N531 localization
  - Exon skipping
  - Dystrophin protein

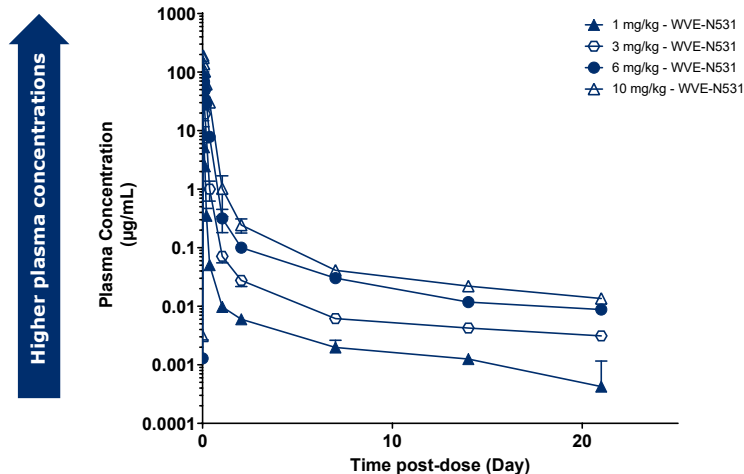
# Baseline characteristics

Characteristic	Patient 1	Patient 2	Patient 3
Age (years)	10	8	9
BMI (kg/m <sup>2</sup> )	19.1	16.2	21.3
Years since diagnosis	3	4	7
Mutation	del48-52	del45-52	del51-52
Duration of steroid use (years)	4	0.5	5
NSAA (North Star Ambulatory Assessment)	6	23	21

# WVE-N531 appeared safe and well-tolerated

- All treatment-emergent adverse events (TEAEs) were mild, except one COVID-19 infection of moderate intensity
  - All adverse events (AEs) related to study drug (headache, pruritic rash) were mild, transient and resolved without sequelae
- No serious adverse events (SAEs)
- No events met stopping criteria
- No trend for an increase in TEAEs with single dose escalation from 1 to 10 mg/kg or three repeat doses at 10 mg/kg
- No evidence of class-related risks, such as thrombocytopenia, coagulation, complement activation, cytokine activation

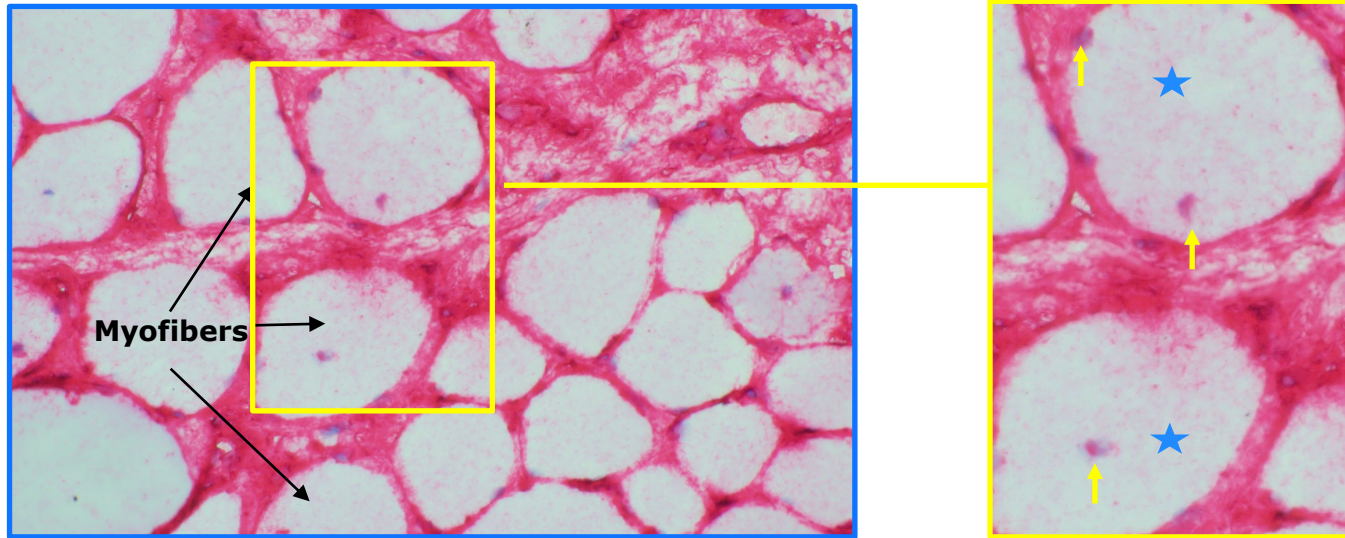
# Plasma pharmacokinetic profile enabling meaningful WVE-N531 tissue concentrations



- For 10 mg/kg dose level:
  - $C_{\text{max}}$ : 191 (+/- 18.1) ( $\mu\text{g/mL}$ )
  - $\text{AUC}_{\text{last}}$ : 933 (+/- 103) ( $\mu\text{g}\cdot\text{h/mL}$ )
  - $C_{\text{trough}}$ : 53 (+/- 10) ( $\text{ng/mL}$ )
  - $t_{1/2}$ : 25 days

Plasma concentrations and other PK parameters following a single dose of 10 mg/kg demonstrate a half-life of 25 days, which may support monthly dosing

# Intracellular WVE-N531 enabling PD effects



WVE-N531 (in red) in myofiber cytoplasm (stars) and nuclei (yellow arrows)

Mag: 40x with an enlarged images

# High muscle concentration and exon skipping indicate WVE-N531 is engaging target

Patient	Tissue Source	Tissue concentration ( $\mu\text{g/g}$ )	% Exon skipping by RT-PCR	Dystrophin by Western blot (% of normal)
1	Deltoid	85.5	61.5	0.24
2	Deltoid	33.5	49.8	0.23
3	Bicep	8.3	47.9	0.34

Mean muscle concentration:  
42  $\mu\text{g/g}$

Mean exon skipping:  
53%

Mean dystrophin:  
0.27% of normal  
(BLQ)

# Conclusions & next steps

- Achieved proof-of-concept: High muscle concentrations of WVE-N531 and exon skipping observed following three biweekly doses at 10 mg/kg
- Planning underway to continue initial cohort to evaluate dystrophin
- Evaluating next steps for program in light of evolving regulatory environment
- Cash runway into 2025 remains unchanged



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Q&A

# Realizing a brighter future for people affected by genetic diseases

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