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Sensorion's Gene Therapy Programs Target Rare Auditory Diseases

FIRST PROGRAMS RESULTING FROM THE INSTITUT PASTEUR COLLABORATION

OTOFFRI IN DEFICIENCY

- Patients with mutations in OTOF suffer from severe to profound sensorineural prelingual non-syndromic hearing loss
- Otoferlin deficiency could be responsible for up to 8% of all cases of congenital hearing loss
- Prevalence ~20,000 in the USA + EU
- Incidence ~1,100 per year in USA + EU
- EU and US ODD, US RPDD
- Clinical Trial Application Filed (UK MHRA & Europe)

GJB2-RELATED HEARING LOSS

Three forms of hearing loss are associated with *GJB2* gene mutations:

- Congenital⁷
- Progressive childhood onset⁸
- Early onset of severe presbycusis⁹
- Prevalence of congenital and childhood onset forms are estimated to be ~210,000 patients as around 50% of autosomal recessive non syndromic hearing loss cases are thought to be from GJB2 mutations^{10, 11}
- Patients between 30- and 69-years old thought to be affected by a monogenic form of presbycusis due to GJB2 mutations¹¹

Sources: Akil et al. 2019 (<u>link</u>), Orphanet (<u>link</u>), NIH (<u>link</u>), company estimates based on publicly available population data, Chardan 2020 report, Bryan, Garnier & Co 2019 report, Institut Pasteur, Zhu Y, et al (2015), Boucher S, et al (2020), Tsukada K, et al (2020)

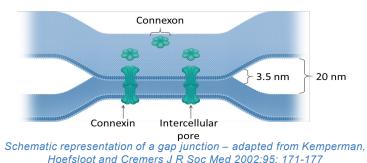
Children are usually **diagnosed during routine newborn screening** and current SoC is cochlear implantation prior to language acquisition

GENE THERAPY HAS A LIFE-CHANGING POTENTIAL FOR THESE AUDITORY DISEASES

Connexin 26: a Gap-junction Protein Encoded by *GJB2* Gene and Responsible for Tissue Homeostasis Mutations in the Gene Lead to Deafness

Background

- *GJB2* is the gene encoding for the Connexin 26 protein; one of 20 known connexins
- Cx26 and Cx30 proteins are the dominating connexins in the cochela; heteromeric or heterotypic hexamers forming Gap Junctions
- Gap Junctions are key for the intercellular exchange of molecules (miRNA, glucose, ions, etc.) hence responsible for tissue homeostasis
- More than 100 recessive mutations origin Cx26 truncation / deletion leading to non-syndromic hearing loss and deafness, most are addressable via gene replacement
- Severity of hearing loss correlates with degree of loss of GJB2 function



F Outer sulcus

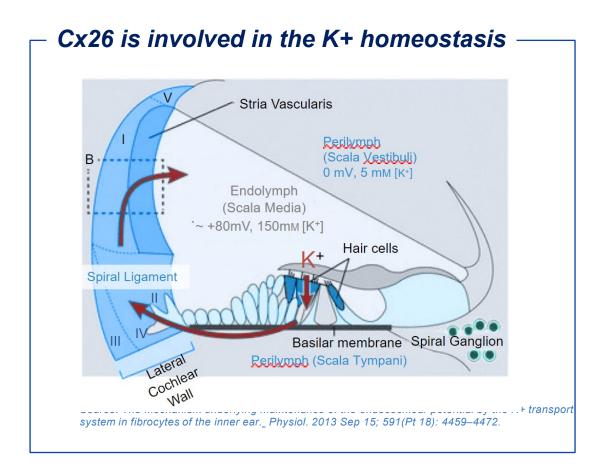
Phalloidin Cx26 DAPI

- Supporting cells of the organ of Corti
- Fibrocytes of the spiral limbus and the lateral wall

Organ of Corti

- Intermediate and basal cells of the stria vascularis
- Not expressed in hair cells

Goals of *GJB2* Gene Therapy



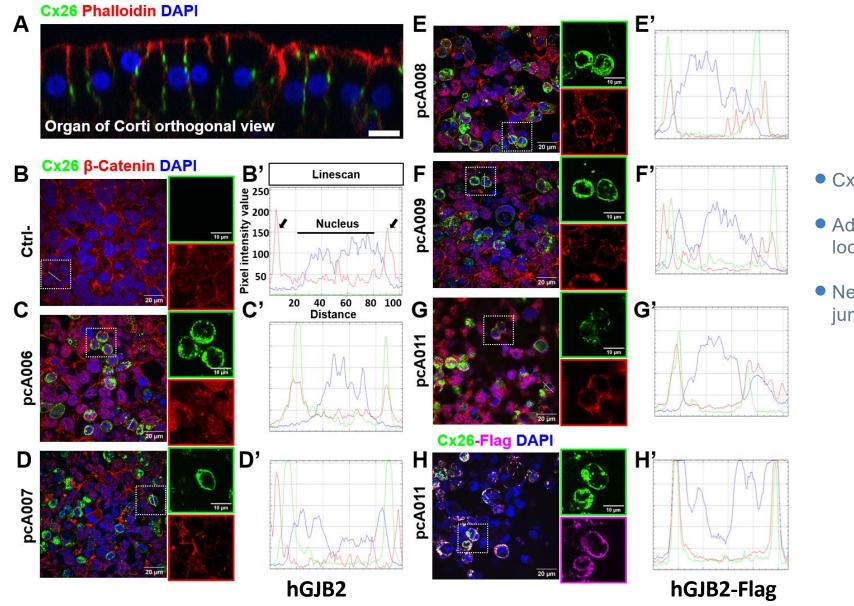
- GJB2 mutations induce loss of Cx26, disrupting K+ homeostasis and endocochlear potential
- The aim of GJB2-GT is to
 - ORestore gap junctions in the cochlea
 - ORestore hair cell function and prevent their degeneration
 - O Restore hearing thresholds
- GJB2 cDNA length is 681 bp and is compatible with the use of a single AAV

GT-GJB2 Initial Criteria for Development

CRITERIA	LEAD CANDIDATE
Natural and synthetic AAV capsid libraries screening for broad coverage of target cells	
Expression cassette design for high-level of target cells transduction	
Avoiding off-target expression (i.e. hair cells) : promoter and regulatory sequences design	
Limited off-target tissue biodistribution	
Surgical approach developed and mastered by ENT surgeons	

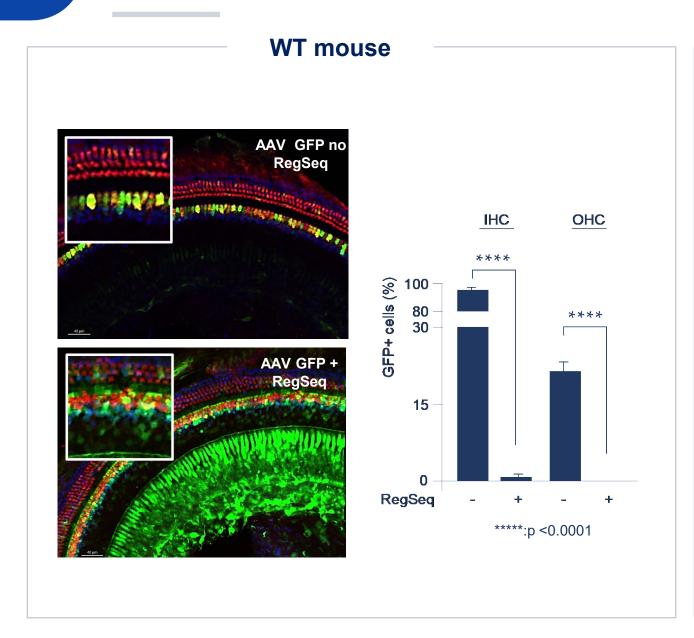
Our Lead Candidate Was Designed to Ensure Broad Coverage of Relevant Cochlear Cells While Detargeting Hair Cells

In Vitro Evaluation



- Cx26 is addressed at the plasma membrane
- Addition of a Flag tag does not impact localization
- Next step is demonstration of functional gap junctions

Our Lead Candidate Demonstrates Broad Coverage of Relevant Cochlear Cells While Detargeting Hair Cells



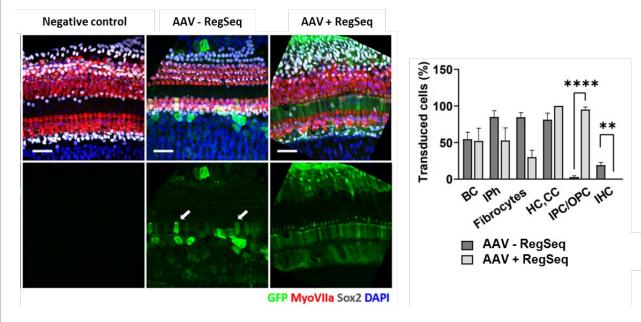
Non-human primate



- No backflow
- Homogenous and efficient transduction rate

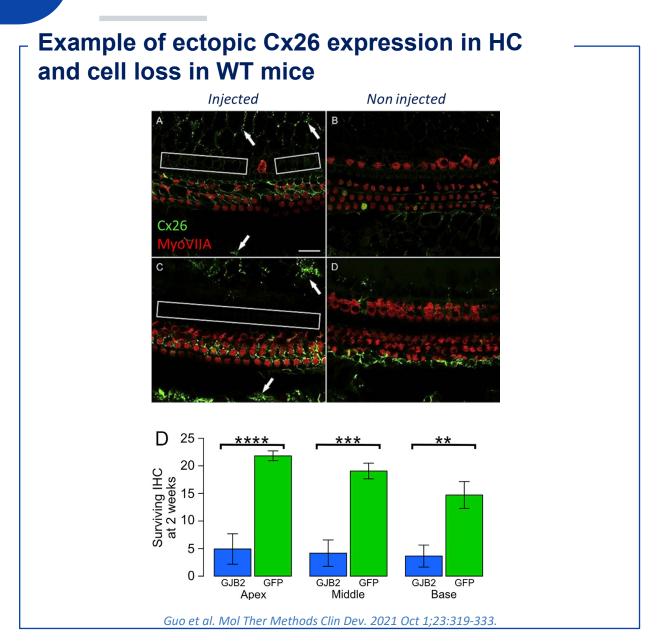
Proprietary injection developed device to inject a defined volume at a controled flow rate

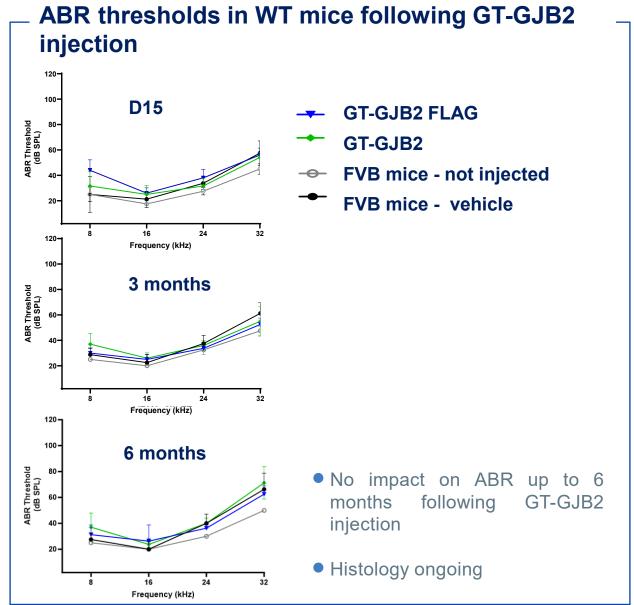
Cleared for clinical use



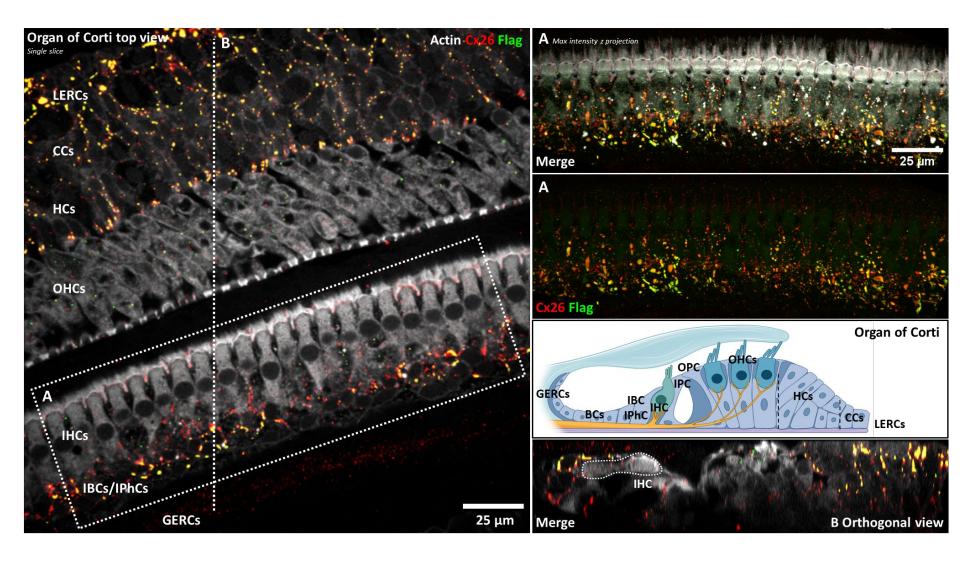
IHC: inner hair cells, BC: border cells, DC: Deiter cells, HC: Hensen cells, CC: Claudius cells, Iph inner phallengeal cells, IPC/OPC: inner/outer pilar cells

Evidence for Long-term Local Tolerability in Mice





Correct Cx26 Delivery In Support Cells Using GT-GJB2 Flag In NHP



⊘
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- Expanded knowledge of targeted cells populations in NHP
- No expression in HC confirmed
- No morphological defects observed 3 and 9 weeks after intracochlear administration

GT-GJB2 Exploratory Toxicity and Biodistribution Study in NHP

Study design

- N=4, M/F, juvenile at surgery
- 2 timepoints (1M, 3M)
- Same route of administration and injection device intended in human
- Conducted at an independent CRO under GLP-like status

Study results

- GT-GJB2 is well tolerated and did not induce any macroscopic/organ weight changes or local/systemic microscopic findings
- Normal cochlear histology
- ECG, clinical pathology, hematology and CRP: no findings
- Biodistribution 20 tissues



qPCR analysis on several tissue	le:
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Tissues list		
Brain - <u>Medulla</u>	Heart left ventricule	
Brain - Thalamus	<u>Kidney</u> right	
Brain - <u>Auditory</u> nerve	Ovaries / Testis	
Brain - <u>Auditory</u> cortex	NL <u>Mesenteric</u>	
Brain - Cortex frontal	<u>Skeletal</u> muscle	
Spinal cord cervical	<u>Liver</u> lobe <u>lateral</u>	
Spinal cord Lombar	Optical nerve	
Spinal cord thoracic	Dorsal root lombar	
Spleen	Brain <u>cerebellum</u>	
<u>Lungs</u> lobe apical	LN parotid / cervical	

11

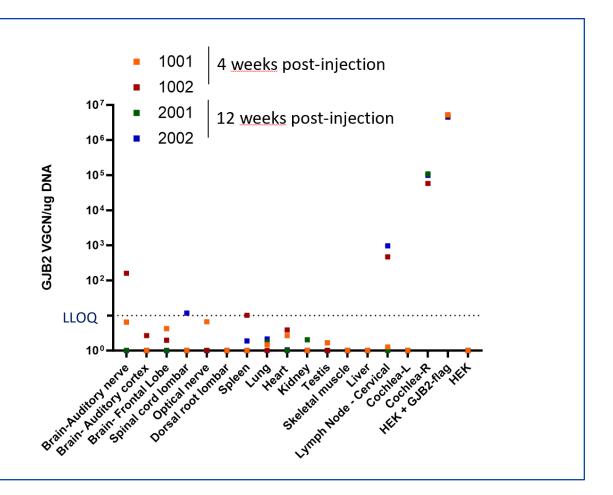
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Study results

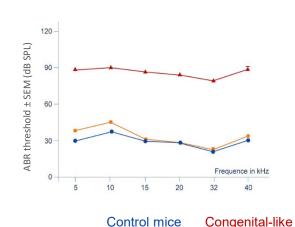
- GT-GJB2 is well tolerated and did not induce any macroscopic/organ weight changes or local/systemic microscopic findings
- Normal cochlear histology
- ECG, clinical pathology, hematology and CRP: no findings
- Biodistribution 20 tissues
 The vast majority of the vector remains in the injected ear, no dissemination was observed in gonads, main organs, DRG



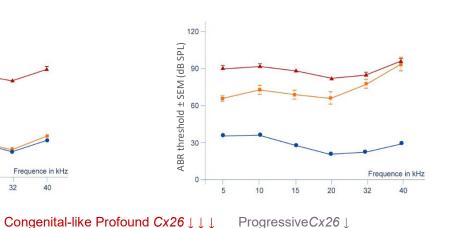
Efficacy in a Mouse Model of *GJB2* Deficiency

Proof Of Concept In Progressive Mouse Model Conditional knock-out mouse model leading to 2 phenotypes

ABR threshold - 1 month after birth

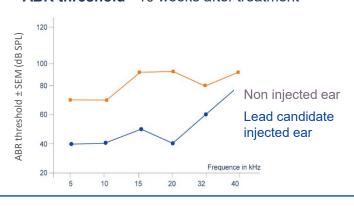


ABR threshold - 6 months after birth

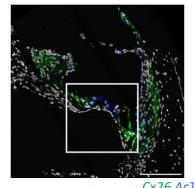


- GJB2 deletion during or after development often results in hearing loss and cellular degeneration (HC, SC, SGN) in mice
- Severe observed cochlear phenotypes can preclude their use for gene replacement therapy
- New models are needed that can provide a window of opportunity for treatment

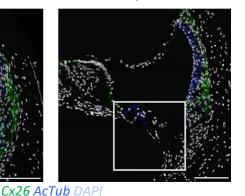
Example of one mouse injected after hearing onset ABR threshold - 10 weeks after treatment



Lead candidate injected ear



Non injected ear



- Cell types that critically express Cx26
- Prevention of hearing loss is associated with re-expression of Cx26 in target cells
- Efficacy studies in GJB2 cKO mice are currently ongoing in large cohorts

From Sensorion R&D Day, 2023

Summary GJB2-GT Is Moving Into IND/CTA Enabling Studies

CRITERIA	GT-GJB2
Broad coverage of cells naturally expressing Cx26, detar	geting HC
Well tolerated in mice and NHP	
Limited off-target tissue biodistribution	
Surgical approach developed and mastered by EN	T surgeons
Hearing rescue in mice models adressing the diffe populations	rent intended
Preclinical IND/CTA enabling studies	
International Natural History Studies to prepare exthe clinical trial	ecution of
European Natural History Study OTOCONEX Natural History Study in collaboration with Sonova	

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