

PIONEERING GENE
THERAPIES
FOR RARE CNS DISEASES

LYSOGENE

Pioneering gene therapies for CNS disorders

Advanced Therapies – Opportunities and Challenges

14th November, London

Michaël Hocquemiller

Disclosure Information

Michael Hocquemiller, PhD is a full time employee and shareholder of LYSOGENE.

The investigational use of AAVrh10-SGSH gene therapy for MPS IIIA will be presented.

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LYSOGENE FOCUS

- Lysogene was founded in 2009 by Karen Aiach, the parent of an MPS IIIA (Sanfilippo A) child
- Co-founded with the world-leading gene therapy expertise of Olivier Danos
- Lead product candidate (LYS-SAF302) is entering a pivotal phase 2/3 trial in MPS IIIA patients.



Karen Aiach | MBA
*Founder,
 Chief Executive Officer
 Board Member
 European Medicines Agency (PDCO)*
 Arthur Andersen
 Consultancy Boutique (founder)
 Ethics committee*



Olivier Danos | PhD
*Co-Founder
 Scientific Advisor, Board Member,
 Chief Scientific Officer RegenX Bio.
 Biogen ,Kadmon, UCL, Genethon, Pasteur
 Institute*

| INDICATION | PROGRAM | VECTOR | ENZYME | DEVELOPMENT STAGE | | | COMMENTS |
|-------------------------|------------|---------|------------------------------------|---|-------------|---------|---|
| | | | | PRE-CLINICAL | PHASE I/II* | PIVOTAL | |
| Sanfilippo A (MPS IIIA) | LYS-SAF302 | AAVrh10 | N-sulfoglycosamine sulphohydrolase | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>Non clinical regulatory studies</i> </div> | | | <ul style="list-style-type: none"> ▫ Pivotal trial to begin by H1 2018 (FPI**) |
| GM1 Gangliosidosis | LYS-GM101 | AAVrh10 | Beta-galactosidase-1 | | | | <ul style="list-style-type: none"> ▫ Phase I/II trial to begin in 2019 (FPI**) |

*MPS IIIA Phase I/II: LYS-SAF301, first generation program
 ** FPI : « First Patient In », treatment of the first patient

MPS IIIA (MUCOPOLYSACCHARIDOSIS TYPE IIIA /SANFILIPPO SYNDROME TYPE A)



Inheritance

Autosomal recessive lysosomal storage disease



Symptoms

First clinical symptoms occurring early in life
Severe behavioral, sleep and cognitive deficiencies and progressive loss of functions such as talking, eating, walking
Less than 15% patients survive beyond their teens



Population

Incidence: 0.5-1.2 / 100,000 live births ⁽¹⁾
Point prevalence worldwide: 3000 ⁽²⁾



Burden of disease

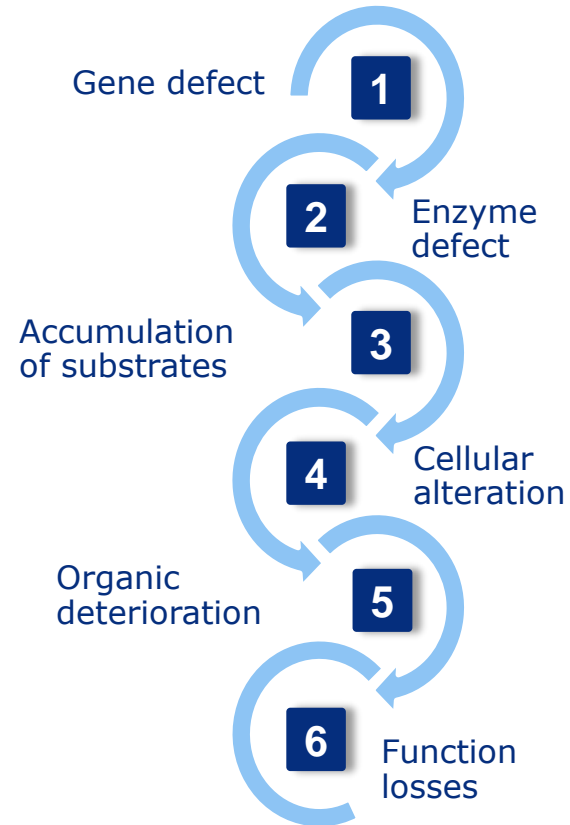
Extremely deteriorating quality of life, devastating for patients and families ⁽³⁾
Massive social/economic costs



Treatment

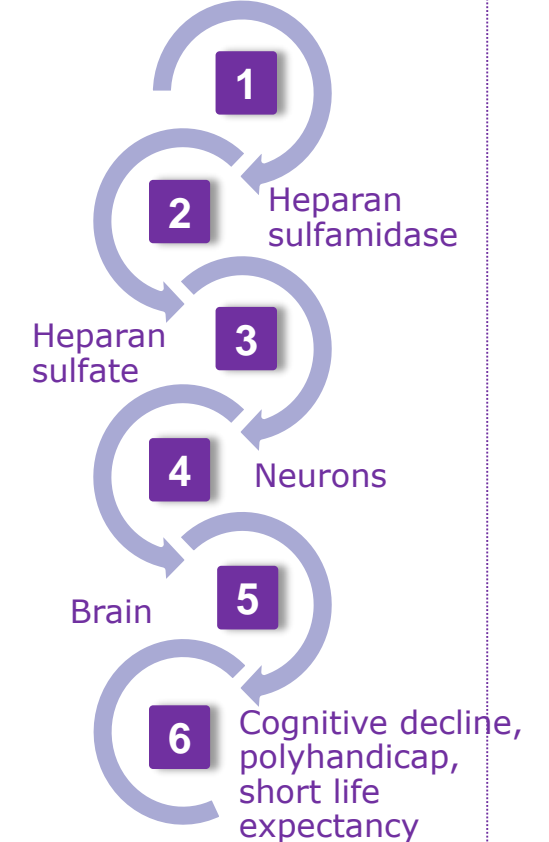
No approved or curative treatments

Lysosomal Storage Disease



MPS IIIA

Chromosome 17



Notes:

(1) Heron (2011); Poorthuis (1999)

(2) Average life expectancy: 15 years;

(3) Grant (2012)

LYSOGENE'S APPROACH TO MPS IIIA

- To overcome the blood brain barrier hurdle, therapy must get **to the CNS** with a broad distribution throughout the brain so that the missing enzyme is **sustainably** produced where it is most needed
- SGSH is a secreted enzyme and can therefore have an effect on cells distant from transfected cells via cross correction
- AAV-mediated transfection of neurons is expected to express the transgene, SGSH, long-term, as supported by existing brain expression data e.g., *long-term transgene expression (AAV2-NRTN) has been shown up to 11.5 years in human Parkinson patients (R. Bartus, personal communication)*
- Lysogene has a unique expertise in gene therapy in MPS IIIA with 5 years safety data with LYS-SAF301 (1st generation product)
- Intense program optimization performed since the early Phase 1/2 LYS-SAF301 Study to support a Pivotal LYS-SAF302 Study

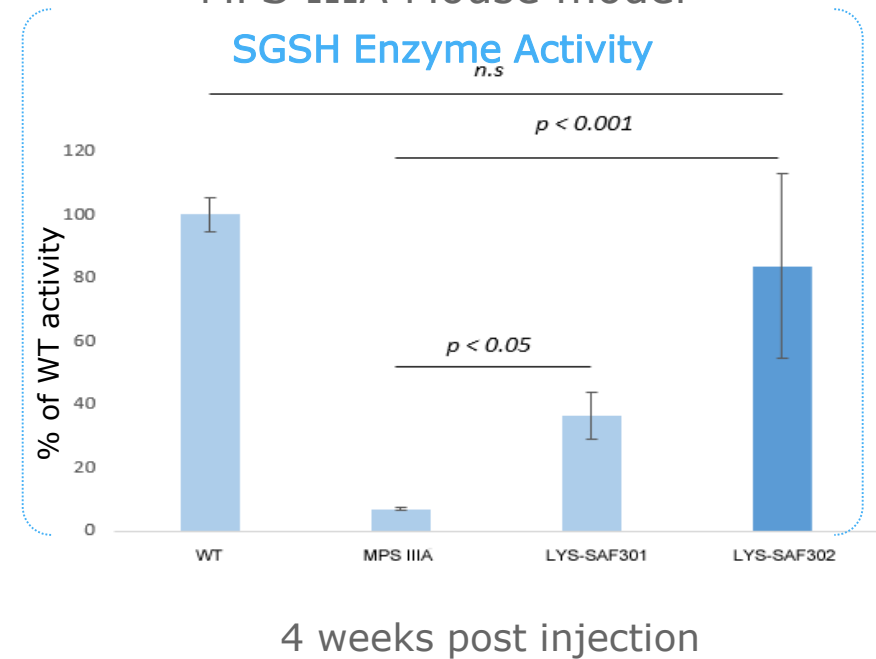


LYS-SAF302: AN OPTIMIZED SECOND-GENERATION PROGRAM



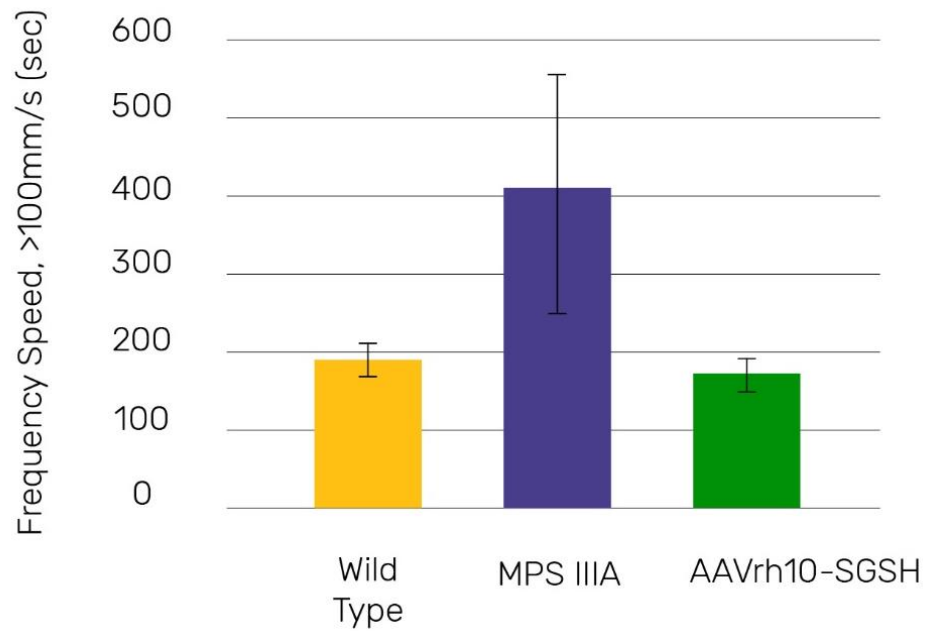
| | | |
|--------------------------|---|--|
| Product Candidate | LYS-SAF301 | LYS-SAF302 |
| Promotor | mPGK | CAG |
| Transgenes | SGSH cDNA & SUMF-1 cDNA | SGSH cDNA |
| Manufacture | Academic centres: Weill Cornell, University College London | Commercial CMO: Novasep, process development & optimization |
| Delivery | Physician-assembled device | Commercial device |

Improved construct increases enzyme activity
MPS IIIA Mouse model



NORMALIZATION OF BEHAVIOR IN MPS IIIA MOUSE MODEL

Analysis of behavior: Open field test



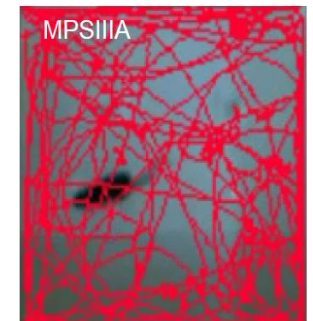
Shown as frequency of rapid exploration - 16wks post-injection



Wild Type



MPS IIIA untreated

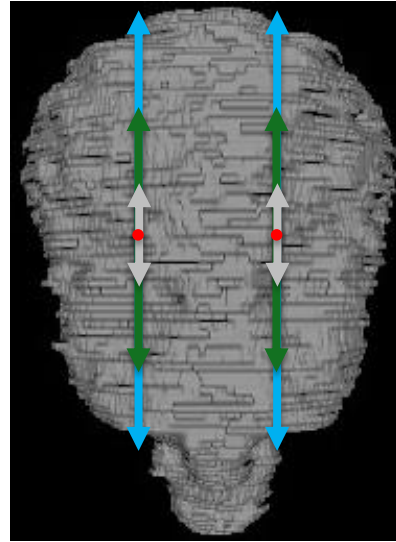


MPS IIIA treated

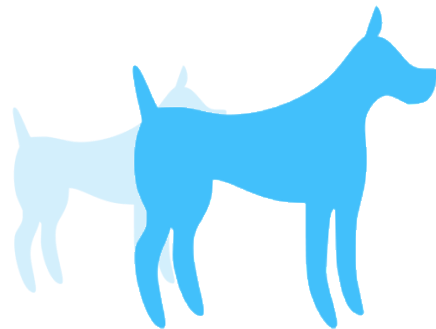


Rostro-Caudal spread of Gadolinium, Vector and SGSH activity in Dog Brain Mapped onto Child's Brain

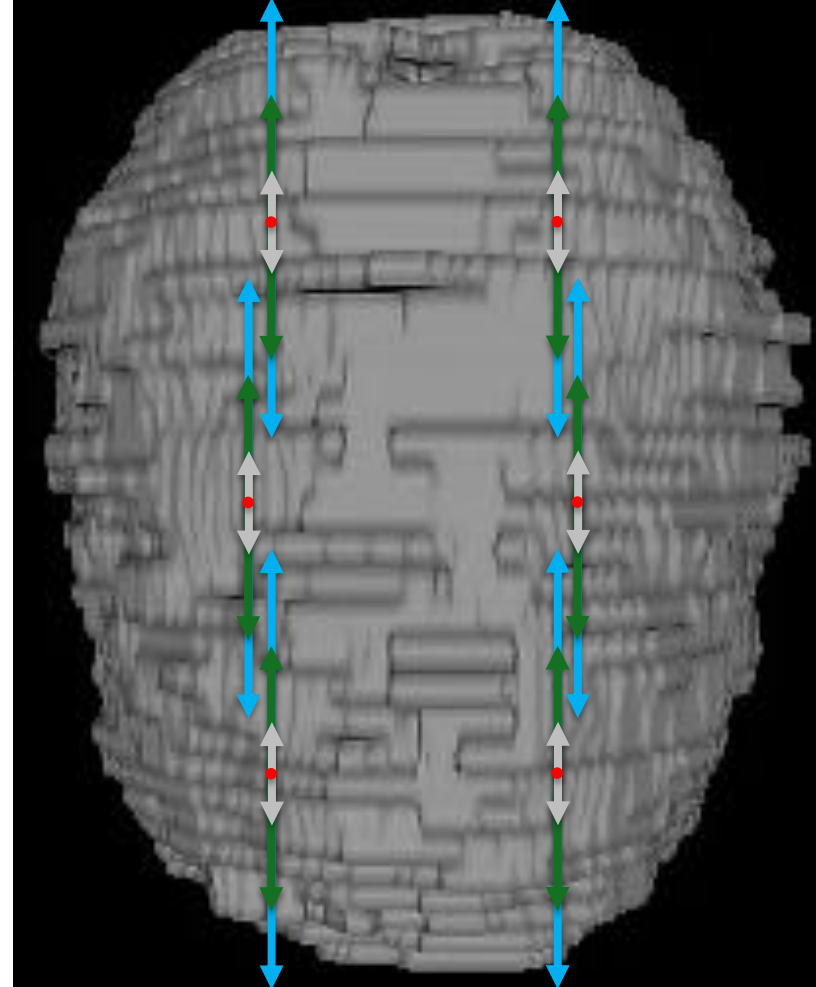
Adult Dog: 65 cm³



- Injection sites
- ↔ Slab with gadolinium signal
- ↔ Slab with punches > 0,1 vector copies per cell
- ↔ Slab with punches > 10% enzymatic increase



IIIA child 6 year old: 1003 cm³



3 injections/hemisphere planned in clinical trial

LYS-SAF302: PIVOTAL STUDY DISCUSSED WITH FDA & EMA

| | | |
|------------------------|---|---|
| Primary objective | ✓ | Assess the efficacy of direct to CNS delivery of LYS-SAF302 in improving or stabilizing the neurodevelopmental status of severe MPS IIIA patients after 12 months, compared with the natural history Powered to demonstrate disease stabilization using Development Quotient as PEP ⁽¹⁾ |
| Endpoints | ✓ | Primary endpoints: Neurocognitive and motor development (Development quotient) Secondary endpoints: Behavior, sleep, QOL ⁽²⁾ , MRI ⁽³⁾ , Biomarkers (CSF, blood, urine) |
| Sample size and sites | ✓ | N=20 patients • US: sites • EU: sites |
| First patient enrolled | ✓ | By Q2-2018 |
| Study duration | ✓ | 12-24 months (efficacy analysis) Study extension of additional 4 years, with secondary efficacy analysis at 24 months |

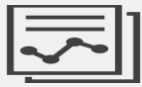
(1): DQ= Development Age/Calendar age ;(2): QOL= Quality Of Life; (3): MRI= Magnetic Resonance Imaging

GM1 GANGLIOSIDOSIS



Inheritance

Lysosomal disease caused by mutations in the GLB1 gene, which encodes the β -galactosidase enzyme



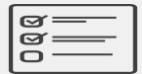
Symptoms

Four clinical subtypes based on age of symptom onset and disease severity: early infantile, late infantile, juvenile and adult. Severe neurodegeneration, seizures, coarse facial features. 100% lethal



Population⁽¹⁾

Incidence: 1/200 000 to 1/100 000 live births
Prevalence: 2,000



Burden of disease

Extremely deteriorating quality of life, devastating for patients, and families



Treatment

No approved or curative treatments

Notes

(1): Pinto (2004), Poorthuis (1999), Meikle (1999), Severini (1999)

LYS-GM101: TRANSFORMATIONAL IMPROVEMENT OF SEVERE MOTOR DISTURBANCE AFTER TREATMENT WITH DIRECT TO BRAIN AAV GENE THERAPY

Direct to brain injections of an AAV prototype in GM1 cat model

6-7 month-old GM1

cat



5 year-old AAV-treated GM1

cat



Research Collaborations



Source: Douglas R. Martin lab, Scott-Ritchey Center at Auburn University School of Veterinary Medicine

CONCLUSION

- Intracerebral injection of AAV vector provides a durable therapeutic protein via a single administration.
- AAV serotype and route of administration choices are crucial and need to be supported by efficacy data in animal disease models of the disease and biodistribution studies in larger animals.
- Concerted efforts are required for gene therapy development to accelerate research through collaborations between academia, industry and patient organizations.

Thank you

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