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## Safety and Efficacy of ARU-1801 in Patients with Sickle Cell Disease: Early Results from the Phase 1/2 MOMENTUM Study of a Modified Gamma Globin Gene Therapy and Reduced Intensity Conditioning

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# Speaker disclosures

## **Dr. Punam Malik:**

- Consultant and patents/royalties, Aruvant Sciences
- Consultant, Forma Therapeutics
- Patents/royalties, CSL Behring



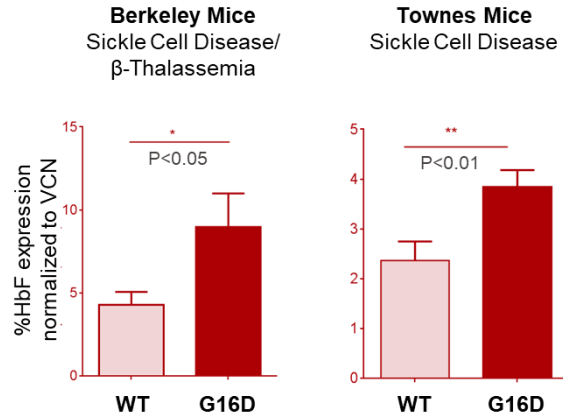
## The MOMENTUM study is a Phase 1/2 trial of ARU-1801 utilizing reduced-intensity conditioning (RIC) in patients with severe SCD

- ARU-1801 is a lentiviral gene therapy that inserts a modified  $\gamma$ -globin gene into autologous CD34+ HSCs to produce HbF<sup>G16D</sup>
- Preclinical studies in SCD mice indicate high anti-sickling potency of HbF<sup>G16D</sup>
- We hypothesize ARU-1801 with RIC could lower toxicities and resource utilization relative to myeloablative approaches, allowing expanded access to gene therapy in a broader group of SCD patients
- Updated data on patients in the ongoing Phase 1/2 study (NCT02186418) are presented here



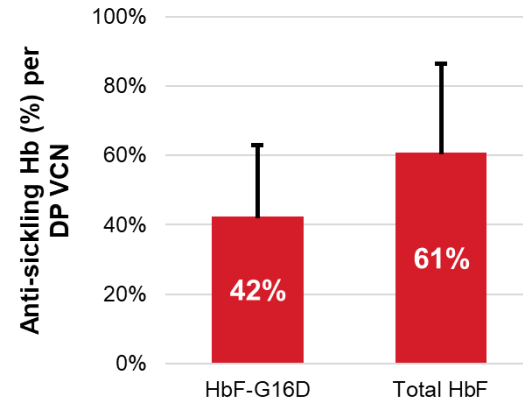
# ARU-1801 results in higher anti-sickling globin production per vector copy

Figure 1. SCD murine models: higher HbF expression per VCN seen with HbF<sup>G16D</sup> vector vs analogous HbF vector



HbF<sup>G16D</sup> led to 1.5-2x more HbF per vector in well-established SCD mouse models

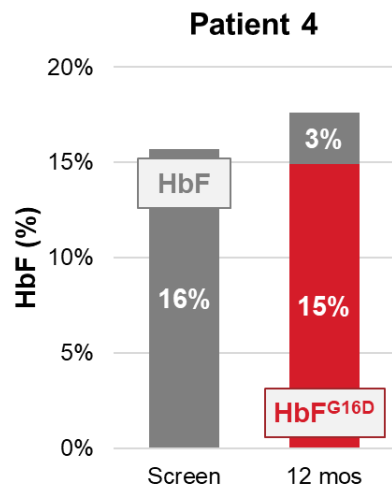
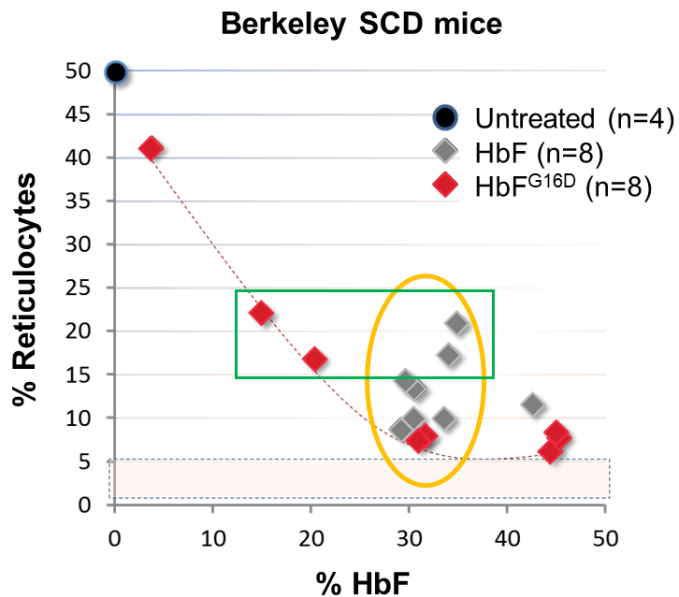
Figure 2. Ph 1/2 (n=4): mean anti-sickling globin per DP VCN (at 24 mos or latest follow-up)



First four patients in Phase 1/2 trial demonstrate relatively high HbF production per vector copy



# In preclinical models and patients in this Phase 1/2 clinical trial, HbF<sup>G16D</sup> shows higher anti-sickling potency than HbF



Similar levels of HbF at baseline HbF<sup>G16D</sup> at 12 months

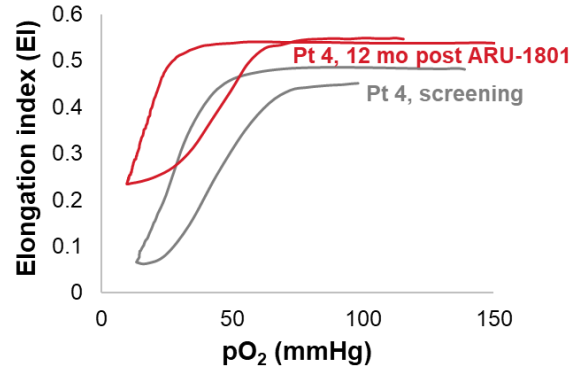
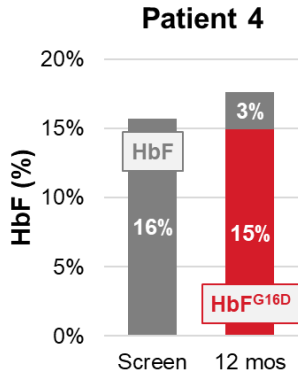
12 mo pre-consent 12 mo post-1801  
8 VOEs 0 VOEs

Markedly different clinical phenotype

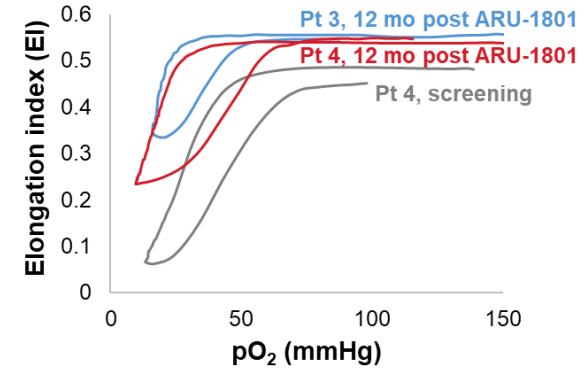


# HbF<sup>G16D</sup> has high anti-sickling potency

**Patient 4: Oxygen gradient ektacytometry shows marked improvement in sickling kinetics with 18% HbF<sup>G16D</sup> at 12 months post ARU-1801 compared to 16% HbF at baseline**



**Patient 3 vs 4: Oxygen gradient ektacytometry shows similar improvement in sickling kinetics with 18% and 38% HbF, respectively**



|                 | Point of sickling | % total HbF | %HbF <sup>G16D</sup> | % F-cells | % HbA |
|-----------------|-------------------|-------------|----------------------|-----------|-------|
| Pt 4, screening | 50 mmHg           | 16%         | 0                    | 20%       | 0%    |
| Pt 4, 12 mo     | 30 mmHg           | 18%         | 15%                  | 68%       | 0%    |
| Pt 3, 12 mo     | 27 mmHg           | 38%         | 26%                  | 96%       | 0%    |

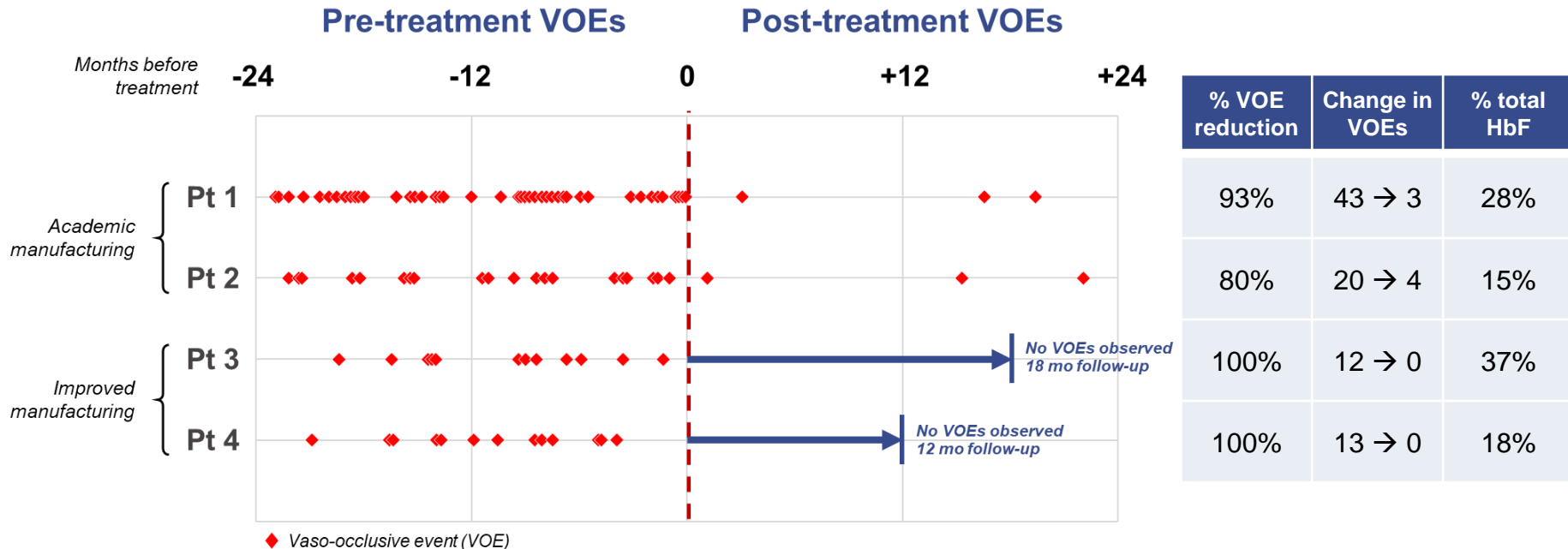


## Safety profile is consistent with RIC, no related SAEs

|                                 | Pt 1   | Pt 2   | Pt 3   | Pt 4   |
|---------------------------------|--|--|--|--|
| Days of neutropenia             | 9  | 7  | 7  | 8  |
| Days of thrombocytopenia        | 13   | 4  | 5  | 4  |
| <b>ARU-1801-related AEs</b>     |  |  |  |  |
| Infusion AEs                    | 0  | 0  | 0  | 0  |
| Late AEs                        | None (48 mo)   | None (42 mo)   | None (18 mo)   | None (12 mo)   |
| Vector insertion                | Polyclonal engraftment with no evidence of clonal expansion                          |  |  |  |
| <b>Chemotherapy-related AEs</b> |  |  |  |  |
| Serious                         | None   | None   | None   | None   |
| Non-serious                     | Cytopenias, mucositis, nausea, vomiting, cellulitis, elevated RFT and LFTs, alopecia | Cytopenias, mucositis, c-line infection, elevated LFTs | Cytopenias, mucositis, nausea, vomiting, febrile neutropenia, alopecia | Cytopenias, mouth pain, diarrhea, nausea, fatigue, elevated LFTs |



# Significant reductions in VOs from 24 months prior to consent vs 24 months (or latest follow-up) after treatment with ARU-1801





## Conclusions

- Preclinical and clinical data demonstrate that ARU-1801 can achieve therapeutic levels of anti-sickling Hb at relatively low vector copy number
- HbF<sup>G16D</sup> levels of 15% with 68% F cells can confer sufficient improvement in RBC function to ameliorate VOEs, supporting the robust anti-sickling potency of this novel fetal hemoglobin
- ARU-1801 has shown:
  - clinically meaningful outcomes with durable engraftment following a single RIC dose of melphalan
  - a promising alternative to therapies requiring myeloablative conditioning

