

HERANTIS PHARMA

CDNF in the First-in-Human Clinical Trial

12 months clinical data on the monthly infusions of CDFN directly into a targeted area of the brain of people living with Parkinson's

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And

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TreatER Webcast

18 November 2020



CDNF in the First-in-Human clinical trial
12 Months Secondary Endpoint – Efficacy

Professor Per Svenningsson, Principal Investigator

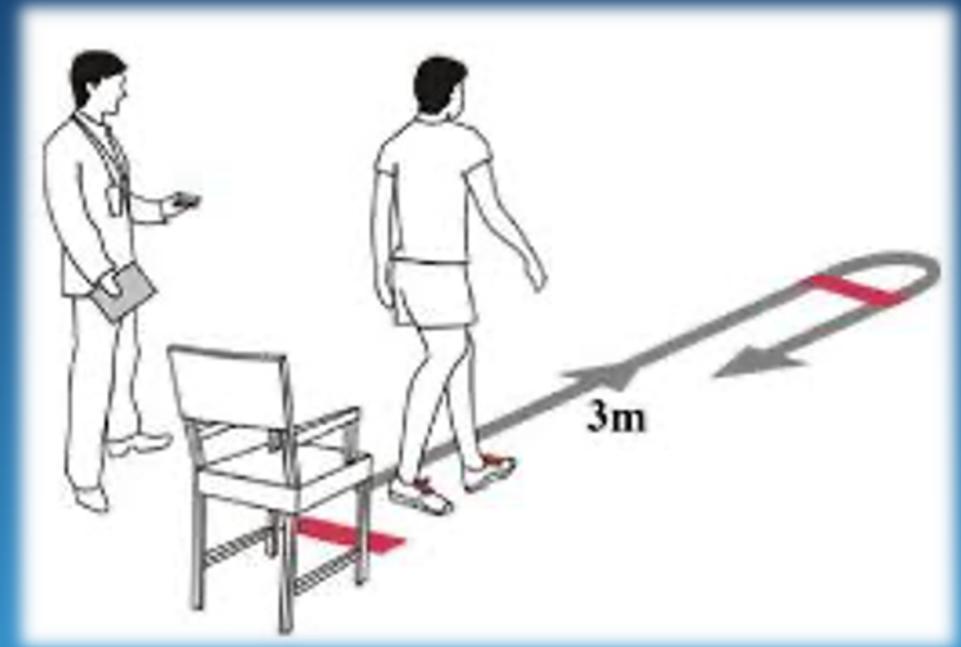
Efficacy Assessment During the Clinical Trial

Efficacy Was Assessed At Screening, Prior To Treatment Start And During The Treatment Period:

- Patient home diary: every half hour for three days before every infusion visit
 - "ON" without dyskinesias, "ON" with non-troublesome dyskinesias, "ON" with troublesome dyskinesias, "OFF", Asleep

Every 3 Months:

- Unified Parkinson's Disease Rating Scale (UPDRS)
 - With medication for mental state, activities of daily living and complications of therapy
 - Without medication for 10 hours or more to examine the motor state of the patient
- Timed-up-and-Go walking test without medication
 - Persons with normal mobility can complete the test within 10 seconds
- Parkinson's disease questionnaire (PDQ-39)
- Clinical Global Impression (CGI)

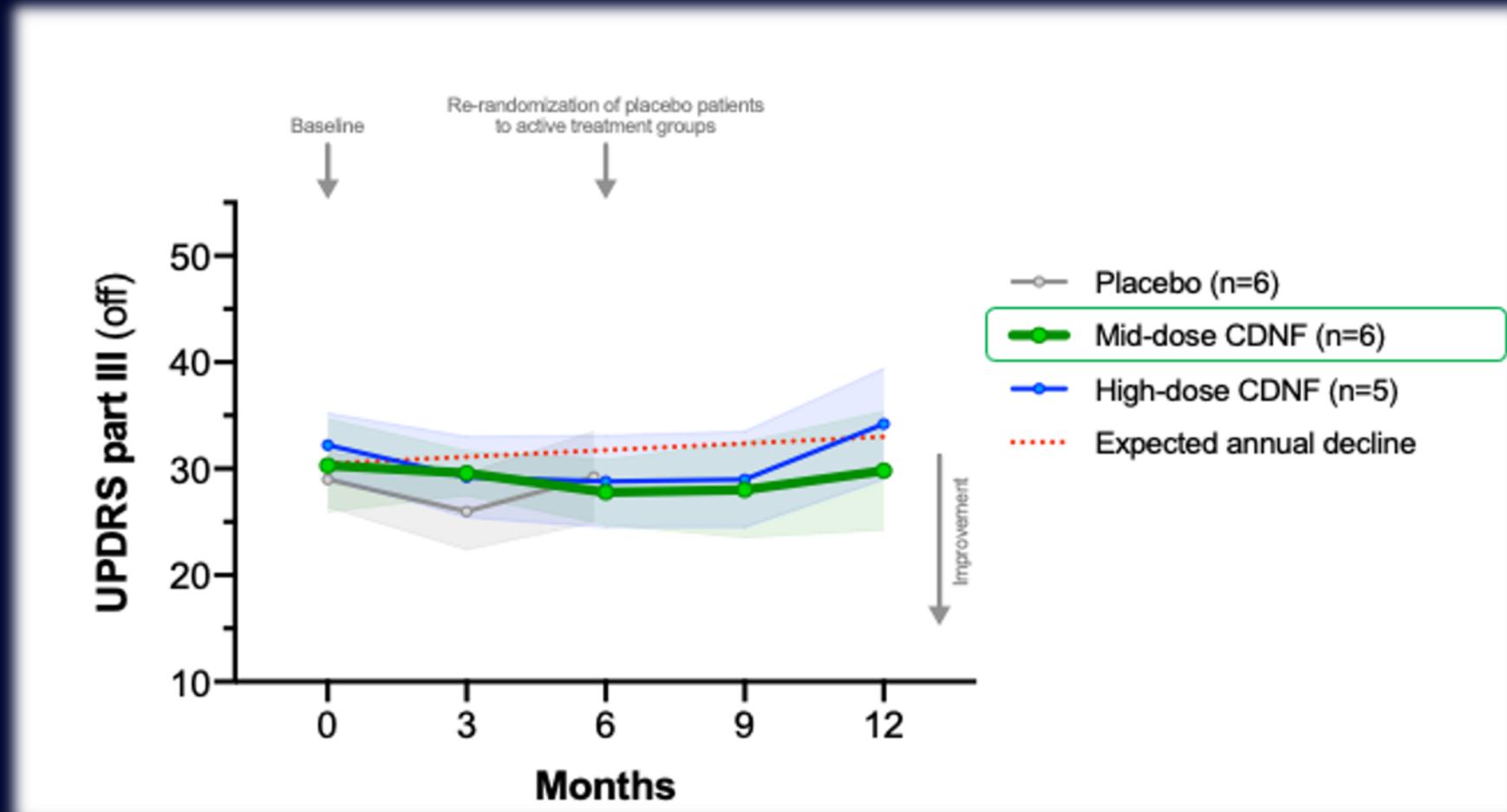


Other Exploratory Efficacy Assessments

- **DAT-PET imaging** for density of dopaminergic neurons in different brain areas
- Analysis of **blood serum and cerebrospinal fluid** for
 - CDFN levels
 - Alpha-synuclein levels
 - Identification of new biomarkers in Parkinson's disease affected by CDFN
- Parkinson's **Kinetigraph** (PKG™) - wrist-worn movement measuring device worn for 6 days prior to each treatment infusion visit.



UPDRS Part III (Off) Absolute Scores

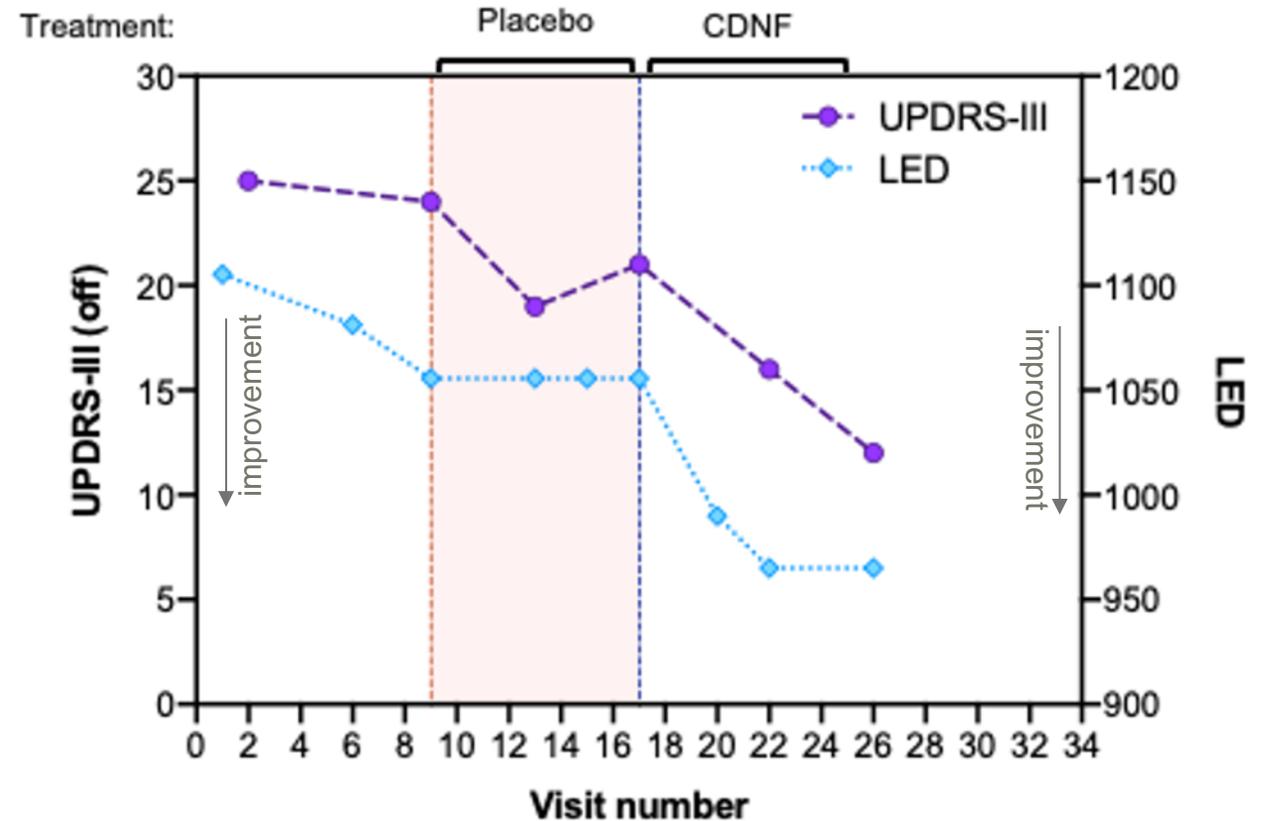


All CDNF-Treated Patients: achieved definition of 'minimal clinically important difference' in UPDRS part 3 (motor score); 1.4-2.6 point improvement (pooled data)

Example of A Responder

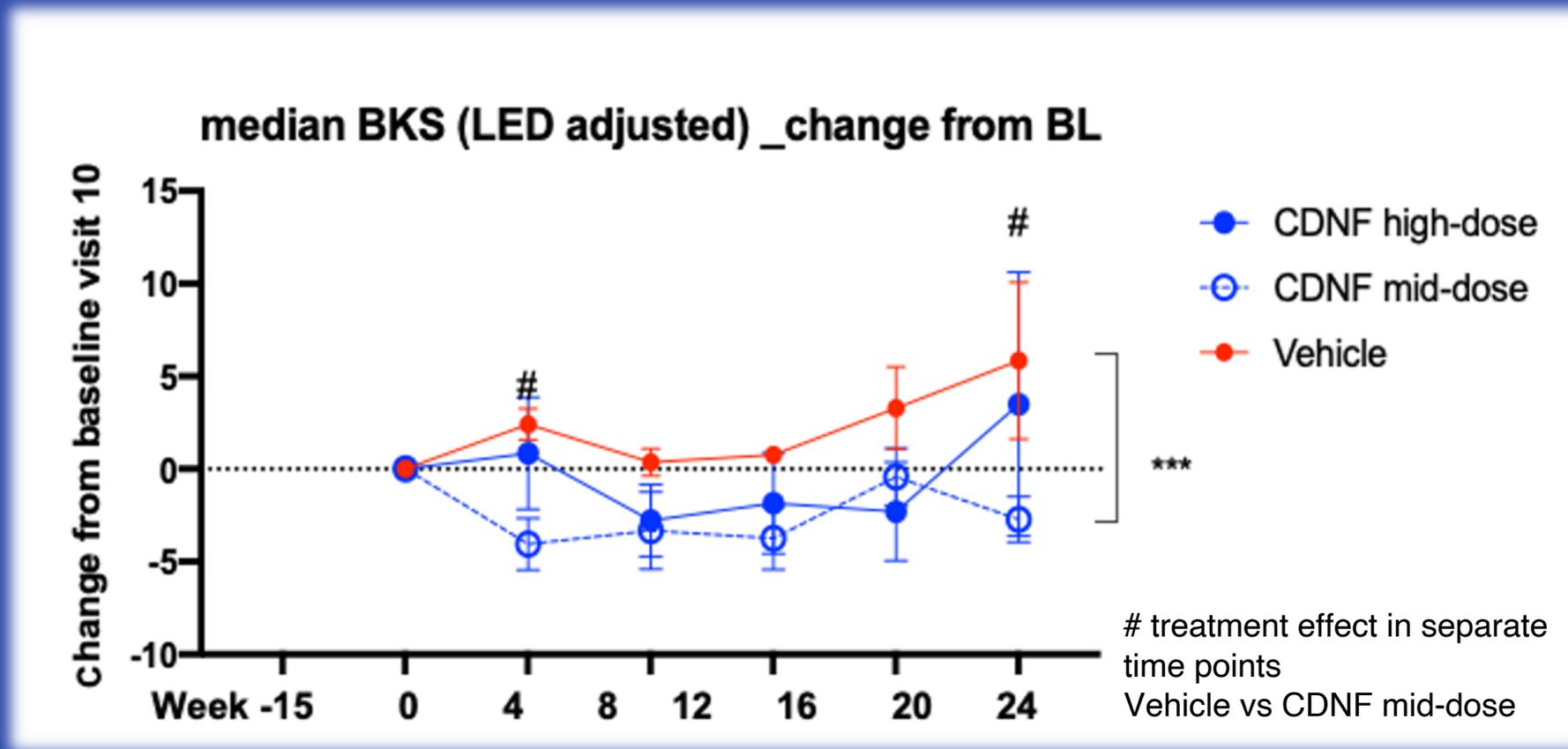
Patient Data:

- Hoehn & Yahr stage: 2
 - Disease duration: 10 years (from first motor symptoms)
 - UPDRS part III at screening
 - OFF: 25
 - ON: 11
 - Levodopa response: 74%
 - OFF time per day: 5.8 hours
- Received 6 placebo infusions followed by 2 low and 4 mid doses of CDNF
- Recorded AEs: dyskinesia starting at visit 17 (end of Main study)



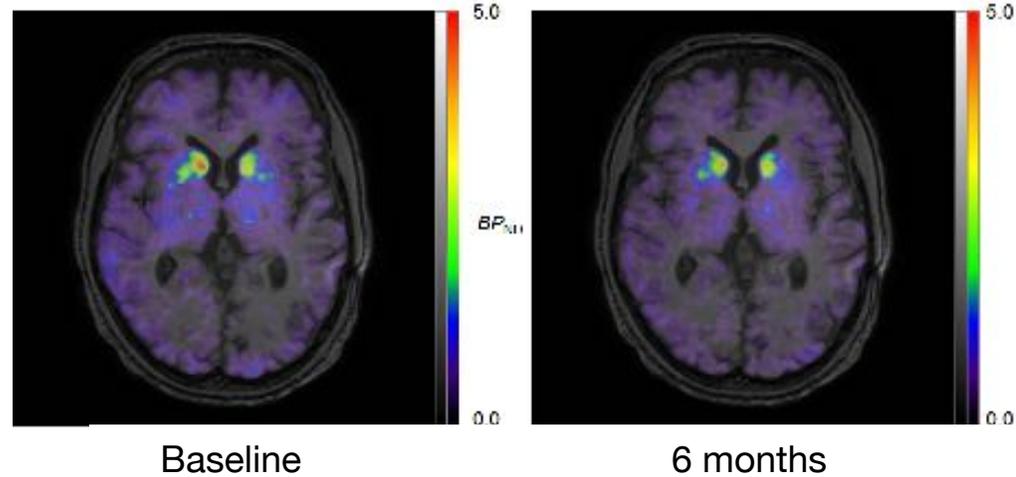
Parkinson's Kinetigraph™ (PKG™): preliminary analysis

BKS is the Bradykinesia Score, Adjusted for the Levodopa Equivalent Dose (LED)

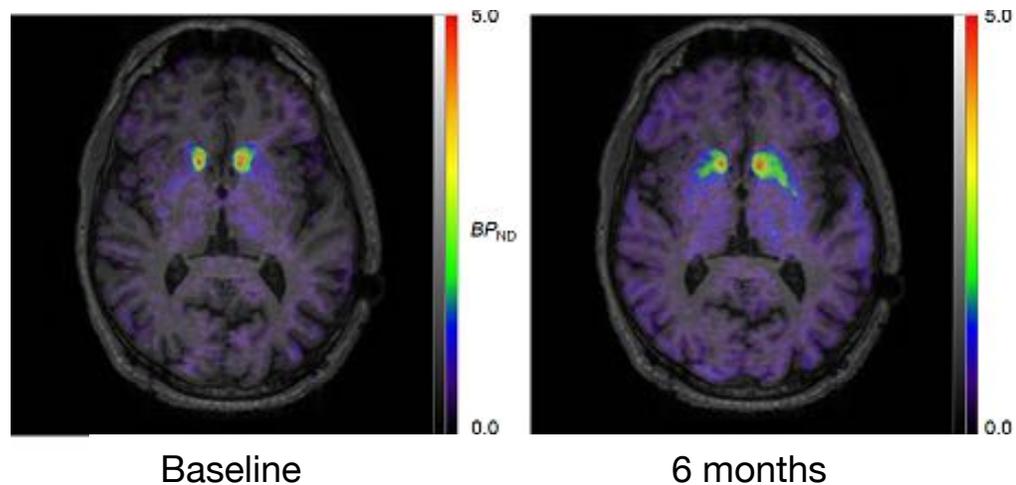


DAT-PET Scanning Examples

Example of decreased signal: patient on placebo

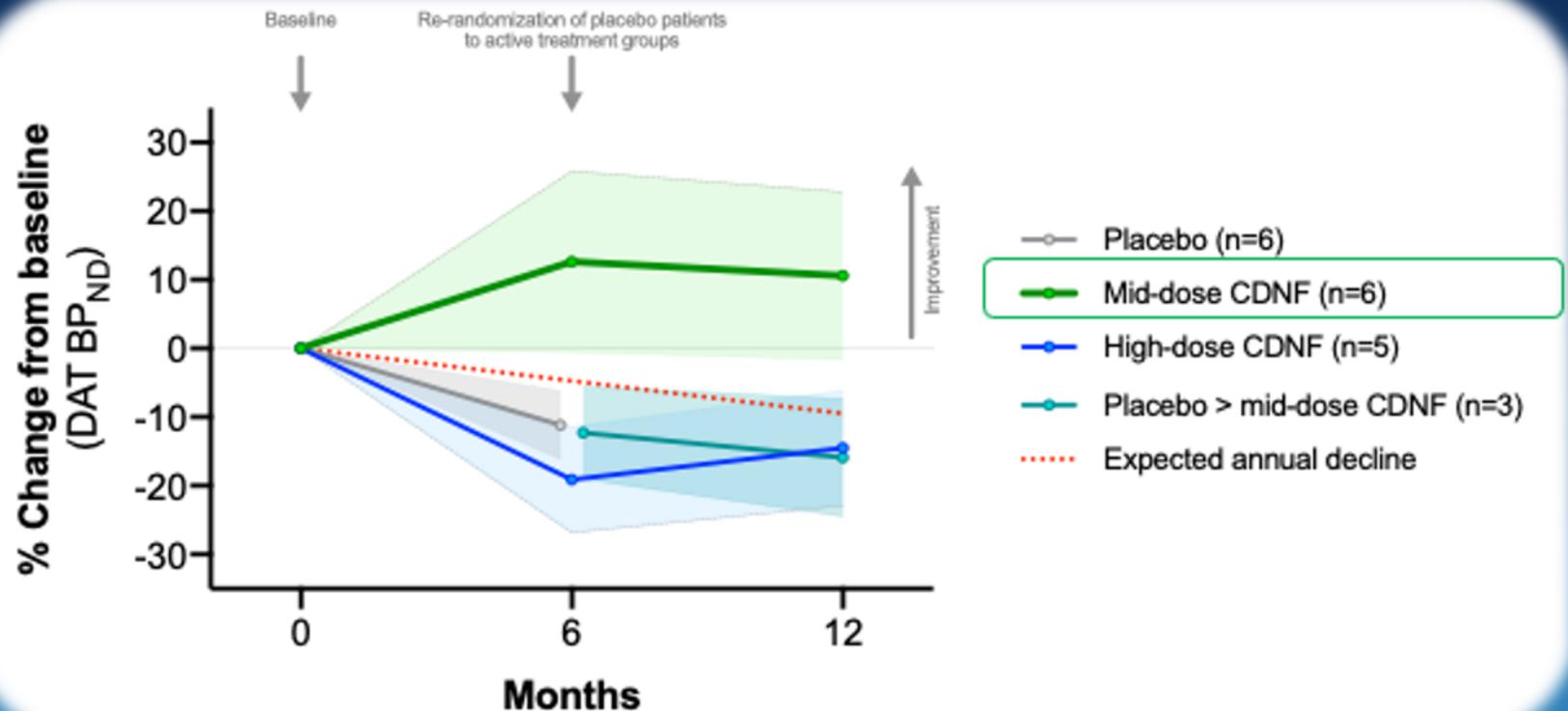


Example of increased signal: patient on mid-dose CDNF



Exploratory Endpoint: Dopamine transporter (DAT) PET in putamen (the infusion target area)

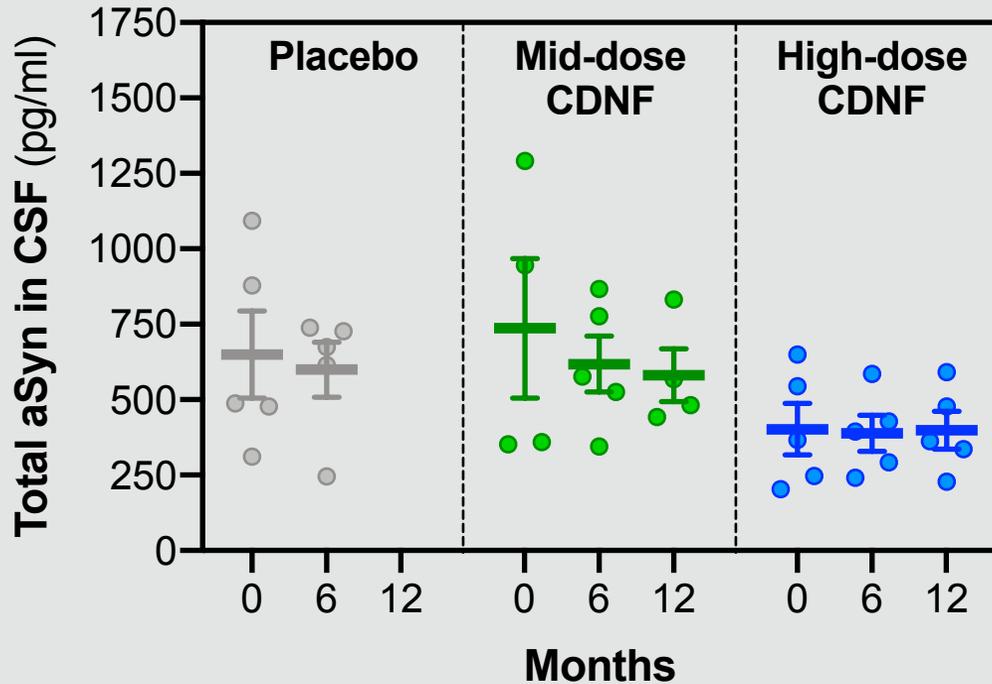
- Mid-dose group (with placebo crossovers) % change average reduces -3.2% from Extension study start, high-dose increases +7.4% (for high-dose placebo crossovers PET data is not available)
- The original mid-dose group (without placebo crossovers) is 15% above Main study baseline at 12 months, while high-dose is 15% below



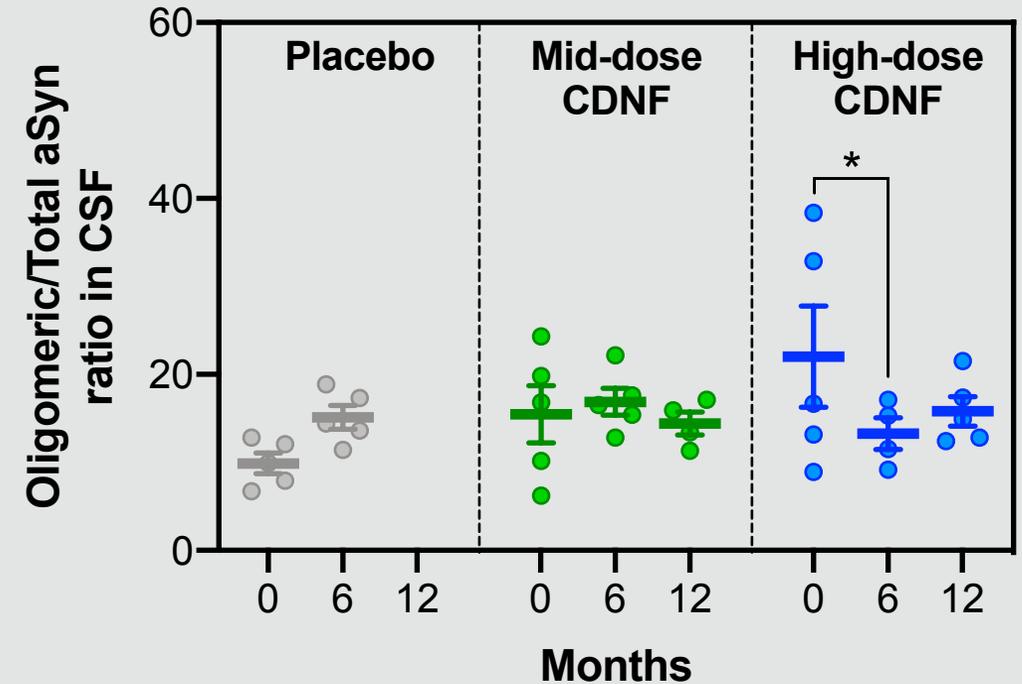
Note! For the two Placebo > High-dose CDNF patients, PET is not available for the 12-month datapoint.

Exploratory Endpoint: levels of cerebrospinal fluid alpha-synuclein at baseline, 6 months and 12 months

TOTAL ALPHA-SYNUCLEIN



RATIO OF OLIGOMERIC/TOTAL ALPHA-SYNUCLEIN



Nour Majbour, Houari Abdesslem, Ilham Abdi, Omar El-Agnaf

Conclusions

The Study Was Designed to Show Safety and Tolerability => Primary endpoint met!

The Study Was Not Designed to Show Efficacy:

- Too small patient numbers => a lot of noise from single patients and outliers
- The advanced PD patient population was not suitable to show effects of neuroprotective drugs

The Study Aimed to See Effects In Some Patients:

- **Several patients show significant improvement on UPDRS-III (off)**
- **At least 2 patients show significant signal increase in DAT-PET imaging**
- Some other interesting cases on different clinical outcome measures

The Efficacy Endpoints Also Had A Safety Role => patients' PD did not get worse



Thank you!