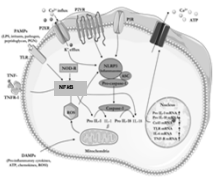




2020

## Alternative drugs to anti-VEGF agents





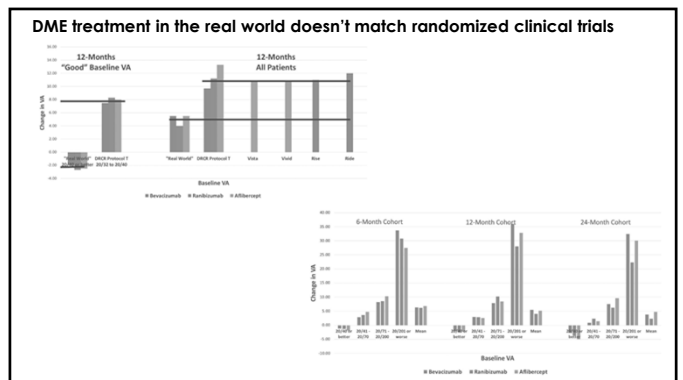
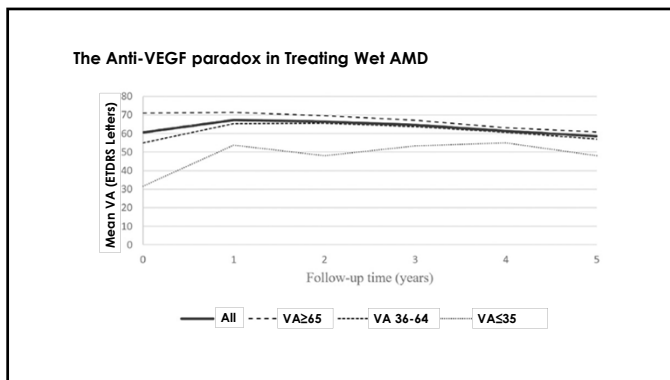
**Professor Colin Green**  
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 and Translational Vision Research  
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### Commercial Relationships

**Speaker Disclosure:** Colin Green  
 Founder Scientist **CoDaTherapeutics (NZ) Ltd**  
 Founder Scientist **OcuNexus Therapeutics, Inc. USA**  
 Stockholder **OcuNexus Therapeutics, Inc. USA**  
 Inventor on 280+ patents (**31 patent families**) related to the regulation of connexin channels



**Anti-VEGFs are the mainstay of ocular chronic disease treatments**

**New variations / combinations and better delivery offer increased chance of success**

**BUT:**

- >50% of patients don't improve BCVA after anti-VEGF
- 10% don't respond to the treatment at all
- No treatment for dry AMD / Geographic atrophy
- We're only treating a late stage sign of disease
- Anti-VEGF cannot distinguish between bad and good blood vessels
- VEGF is just one cytokine upregulated in the vitreous of AMD/DR Patients (others include IL-1, IL-6, IL-8, TNF- and MCP)
  - we're not shutting down the disease

### The Current State of Play

**Several new therapies have failed to deliver as expected:**

- Fovista (Ophthotech) (anti-PDGf and anti-VEGF combination)
- Squalamine-Lucentis® (Ohr)


**Complement Pathway factors**

- Lampalizumab (Genentech / Roche) (Complement Factor C5)
- LF316 (Novartis) (Complement Factor C5)

**But hope remains?**

- OPT-302 (Optihea) (VEGFR-3 or "Trap" molecule blocking VEGF-C and VEGF-D in combination with Lucentis® / VEGF-A inhibitor)
  - Mean BCVA (week 24) gain of +3.4 letters (p=0.0107), compared to Sham + Ranibizumab
- Angiotensin II receptor type 1 (AT1R) blocker (Losartan, Candesartan) for Diabetic Retinopathy

**• Complement Pathway inhibitors are not exhausted**  
**• Inflammasome pathway inhibitors remain untried**



### APL-2 (Apellis) (Complement Factor C3) - Pegcetacoplan

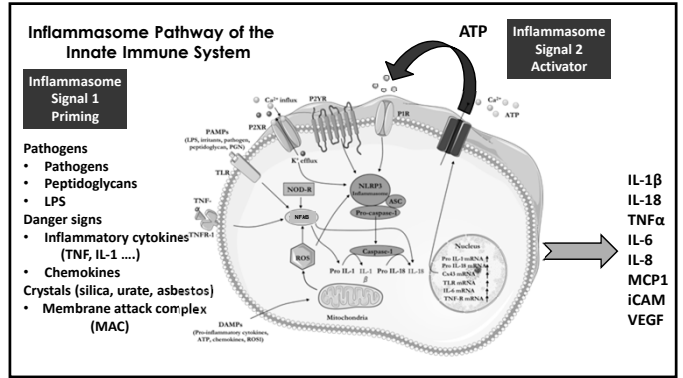
Reduces GA spread - bimonthly or monthly injections

**29% reduction in the growth of GA lesion area** in the monthly treatment group (p=0.008)  
 20% reduction in the EOM treatment group (p=0.067) - compared to the pooled sham group.

**Effect was more pronounced in the last six months of treatment, with observed reductions of 45%** (p=0.0004) and 33% (p=0.009) for APL-2 monthly and EOM, respectively, compared to sham.

**BUT -**

- Benefit stops upon withdrawal of treatment = injections for life
- 20.9% 'conversion' to Wet AMD (versus 1.2% in shams)



### Inflazome

(Dublin but opening office in Brisbane for Australian clinical trials)

- Two drugs targeting same site as MCC950 currently in Phase 1 safety trials
  - Inzomelid (blood brain barrier permeable)
  - Somalix

### Canacinumab (Novartis) - IL-1β blocker

Rare autoimmune conditions and to reduce further heart attacks or stroke

Been shown to stop progression of retinal neovascularization, stabilize VA and mildly reduce retinal edema in PDR patients  
 No change in neovascularization in diabetic retinopathy  
 Possible effects on diabetic macular edema

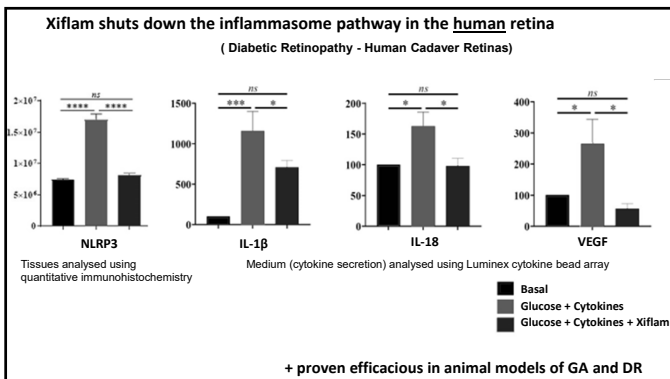
### Anakinra - interleukin-1 (IL-1) receptor antagonist

### OcuNexus - Xiflam

World Leader - Only Inflammasome targeting company at Phase II Agreement with GSK for Xiflam Information Brochure, toxicity, carcinogenicity, human safety data  
 1 year ahead of the pack  
 Once daily **ORAL** tablet

**GA/DME/DR**  
**Xiflam**  
 (oral small molecule)  
 Stage: Phase 2B

- Blocks hemichannel opening / reduces ATP release
- Once daily **ORAL** availability targeting ...
- Diabetic Eye Disease including DME, DR
- Dry (GA) and Wet AMD
- T<sub>max</sub> 0.5 - 3 hrs, terminal half life 24 - 40 hrs
- No accumulation
- Safe - Used in over 1000 patients (as treatment for migraine)



**For Anti-VEGF alternatives watch especially:**

- Apellis (Complement Factor C3 inhibitor)
- Inflazome (Inzomelid)
- OcuNexus (Xiflam)