

Stable and durable factor IX levels over 4 years after etranacogene dezaparvec gene therapy administration in a Phase 2b trial in patients with haemophilia B

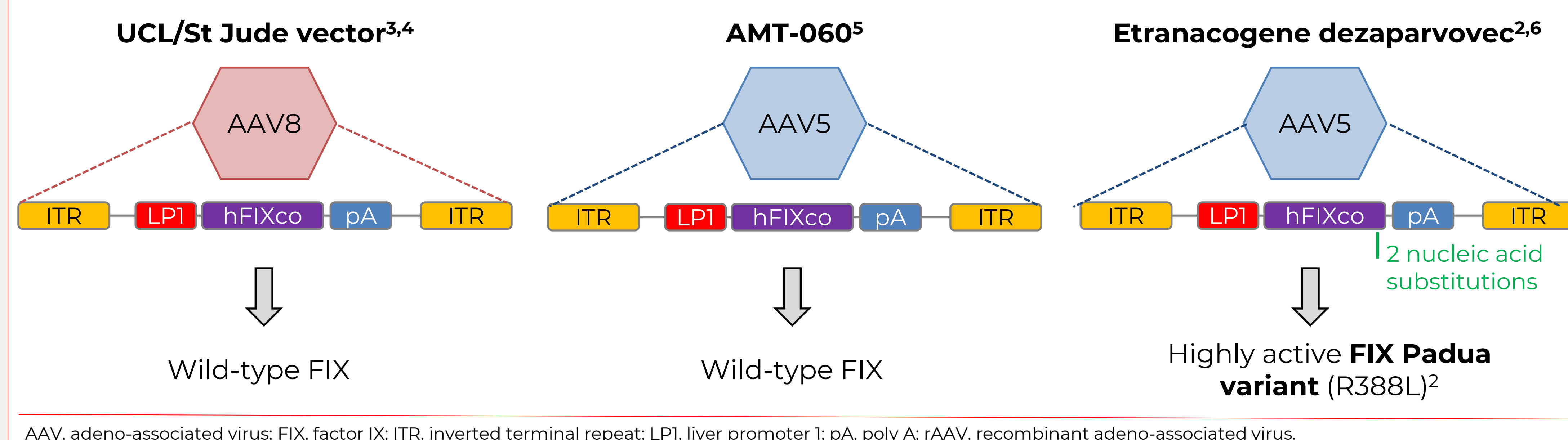
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Introduction

- Etranacogene dezaparvec, the successor of AMT-060 (Figure 1), is an approved gene therapy for haemophilia B (HB)¹
- Sustained and stable FIX activity post-etranacogene dezaparvec administration has been reported up to 3 years, allowing patients to discontinue prophylaxis²

Figure 1. Evolution of AAV vectors for haemophilia B gene therapy



Objective

- To report 4-year outcomes of etranacogene dezaparvec from a Phase 2b open-label, single-dose, single-arm, multi-centre trial (NCT03489291; Figure 2) in adults with severe or moderately severe HB (FIX $\leq 2\%$; N=3)²

Methods

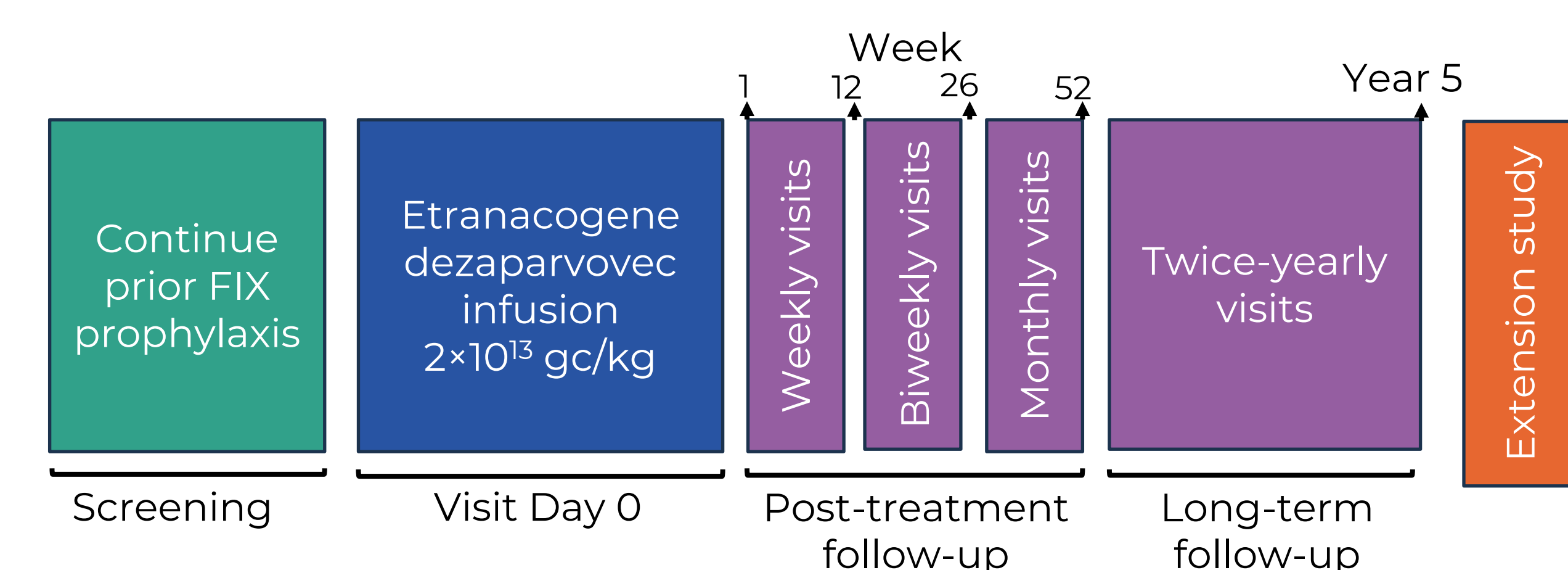
- The primary endpoint was FIX activity levels $\geq 5\%$ at Week 6 post-dosing²
 - Secondary endpoints included laboratory parameters, bleeding rates and adverse events (AEs)²
- To be included, patients were required to be on routine prophylaxis (Table 1)²
 - Patients with pre-existing neutralising antibodies (NABs) to AAV5 were not excluded

Table 1. Baseline demographics²

Characteristic	Participant		
	1	2	3
Age at enrollment (years)	43	50	47
Weight (kg)	89	81	82
Baseline FIX activity levels (%)	1	<1	<1
Prescreening FIX treatment	Prophylaxis (EHL)	Prophylaxis (EHL)	Prophylaxis (EHL)
ABR 1 year before screening*	3	1	5
Anti-AAV5 NAb status at screening* (titer) ^{†‡}	Positive (48)	Positive (44)	Positive (25)
Anti-AAV5 NAb status at day of dosing* (titer) ^{†‡}	Positive (22)	Positive (33)	Positive (20)

Participants 2 & 3 were previously excluded from another AAV-based gene therapy trial for HB based on anti-AAV NAB titer. *Total bleeds (treated + untreated). [†]AAV5 NAB data considered positive if titer was ≥ 2 . [‡]Luciferase cell-based assay. ABR, annualised bleeding rate; EHL, extended half-life; HB, haemophilia B; NABs, neutralising antibodies.

Figure 2. Study design



Results

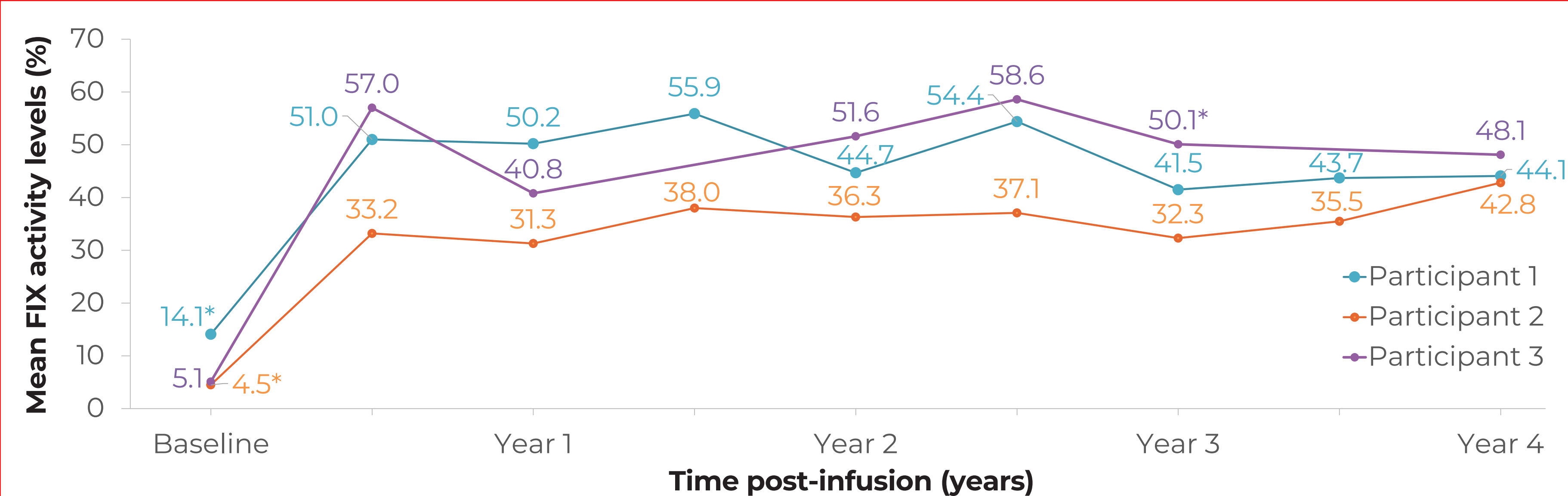
SUSTAINED FIX ACTIVITY

- Post-etranacogene dezaparvec administration, mean (standard deviation [SD]) FIX activity (N=3) increased to 30.57% (6.97) at Week 6, using the one-stage aPTT assay
- Mean (SD; range) FIX activity (N=3) remained stable and in the non-haemophilia range from Year 1 (40.77% [9.45; 31.3–50.2]) to Year 4 (45.00% [2.76; 42.8–48.1]) (Figure 3)

HAEMOSTATIC PROTECTION

- No bleeding episodes were reported from Year 3 to 4 (Table 2)
 - No FIX was infused outside of invasive procedures
- ABR for the cumulative follow-up period was 0.22 at Year 3 and 0.17 at Year 4

Figure 3. Mean FIX activity levels over time



FIX activity measured by using a one-stage aPTT assay. Samples at baseline may have included activity from exogenous FIX replacement. *Contaminated result from a blood sample obtained within 5 half-lives of previous FIX therapy. aPTT, activated partial thromboplastin time; FIX, factor IX.

Table 2. Number of bleeds and FIX consumption excluding invasive procedures

Year	Number of bleeds (all bleeds)			FIX consumption (IU/year)		
	Participant 1	Participant 2	Participant 3	Participant 1	Participant 2	Participant 3
Baseline ²	3*	1*	6*	24,000*	7,681*	63,000*
1	0	0	0	0	0	1,705
2	0	0	2	0	0	3,400
3	0	0	0	0	0	0
4	0	0	0	0	0	0

*Data collected retrospectively 1 year before screening from medical records. ABR, annualised bleeding rate; FIX, factor IX.

Results

NO APPARENT IMPACT OF PRE-EXISTING NABS ON DURABILITY OF BLEED PROTECTION

- Bleed protection was sustained in patients with pre-existing NABs to AAV5 (mean titer = 25 at dosing)

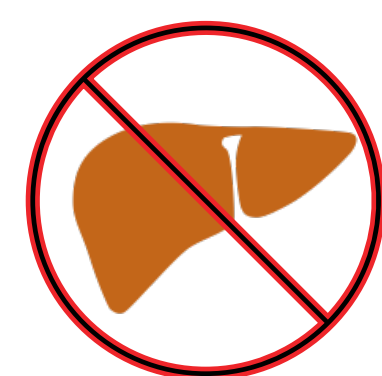
SAFETY

- As reported previously:²
 - 1 patient experienced 2 mild AEs (possibly treatment related) shortly after dosing
- No patients developed FIX inhibitors
- No thrombosis events occurred

During 4 years of follow-up:



No patients returned to prophylaxis



No clinically significant liver enzyme elevations related to treatment



No patient required corticosteroids

Conclusions

- Sustained and stable FIX activity post-etranacogene dezaparvec administration was observed over 4 years in all patients, enabling discontinuation of routine prophylaxis, irrespective of anti-AAV5 NABs at baseline

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