

12-Month Interim Analysis of APOE4 Carriers for Fixed and Titration Dosing Regimens in PRIME, a Phase 1b study of Aducanumab

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Disclosures

This study is funded by Biogen^a

- JO, TC, AE, PC, SBH, and AS are employees and shareholders of Biogen
- VV and LW were employees and shareholders of Biogen while this work was completed
- CH and RMN are employees and shareholders of Neurimmune

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Forward-Looking Statements

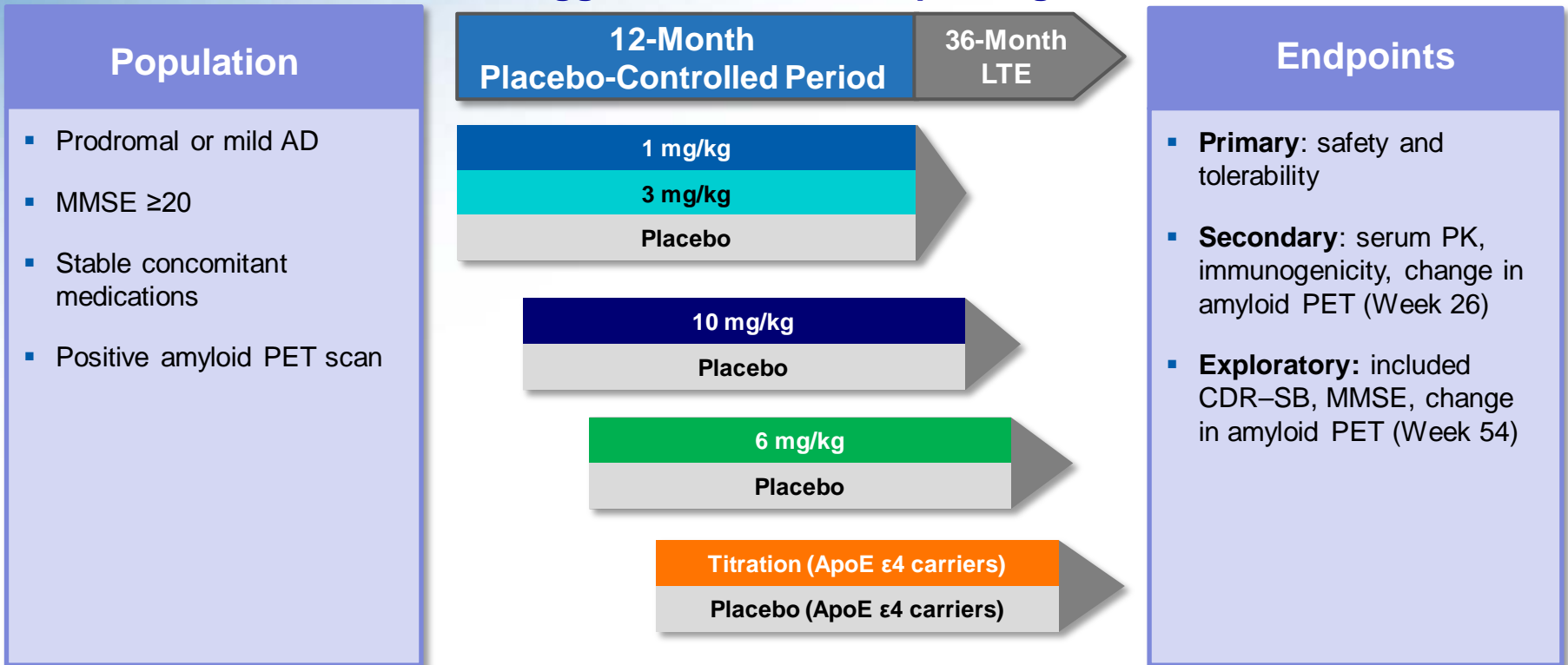
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Introduction

- Aducanumab is a human monoclonal antibody selective for aggregated forms of A β , including soluble oligomers and insoluble fibrils
- PRIME is an ongoing Phase 1b study assessing the safety, tolerability, pharmacokinetics, and pharmacodynamics of aducanumab in patients with prodromal or mild Alzheimer's disease
- Here we present 12-month interim data of ApoE ϵ 4 carriers for both fixed-dose and titrated aducanumab in PRIME

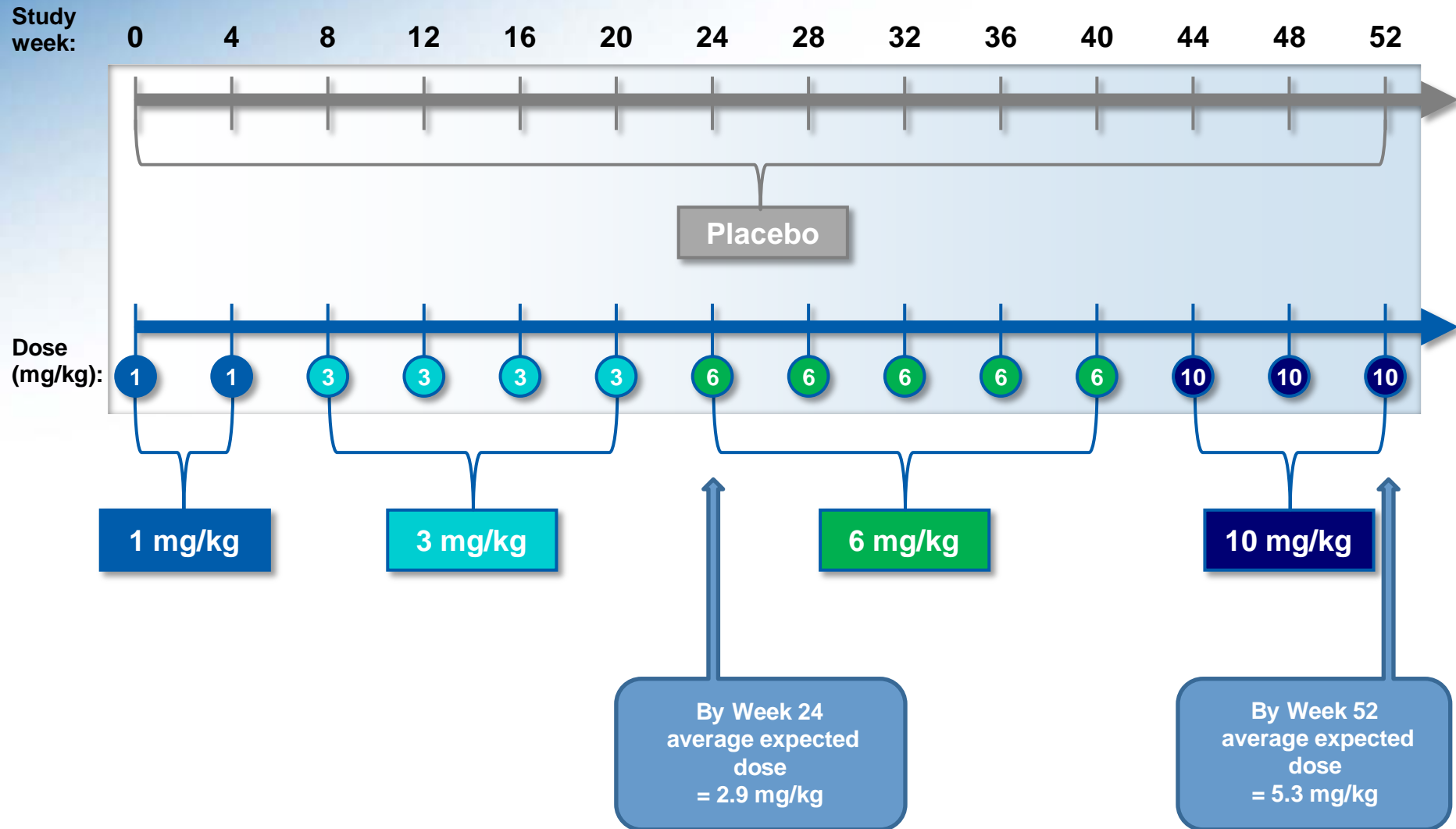
PRIME Study Design: Placebo-Controlled and LTE Periods

Staggered Parallel-Group Design



- **Randomization:** 3:1 drug: placebo within cohorts, fixed-dose cohorts stratified by ApoE $\epsilon 4$ status
- **Planned sample size:** 188 patients
- **Titration cohort** of ApoE $\epsilon 4$ carriers added after enrollment into fixed-dose arms was complete (planned sample size: aducanumab, 21: placebo, 7)

Titration Dosing Regimen in the 12-Month Placebo-Controlled Period



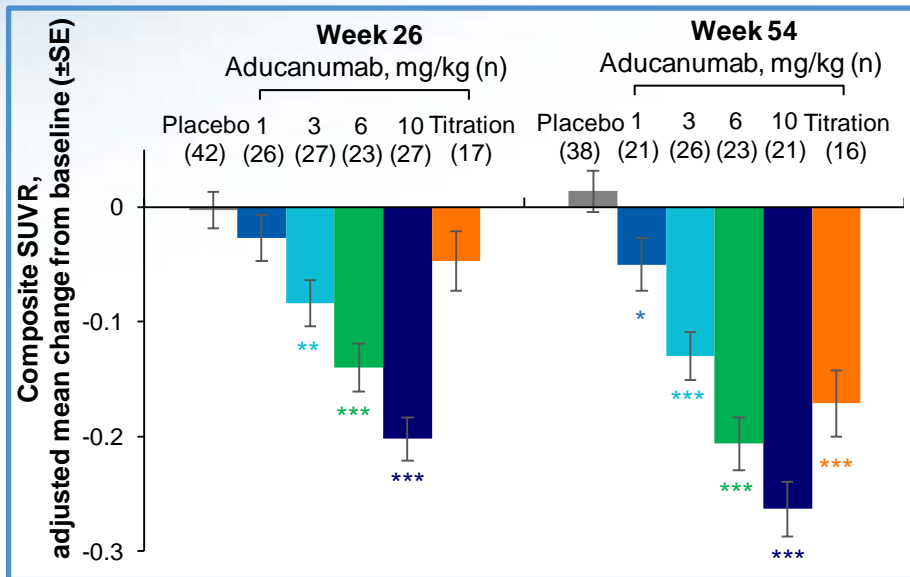
Summary of Previously Presented PRIME 12-Month Interim Results

Safety (primary endpoint)

ARIA-E were the main safety and tolerability finding

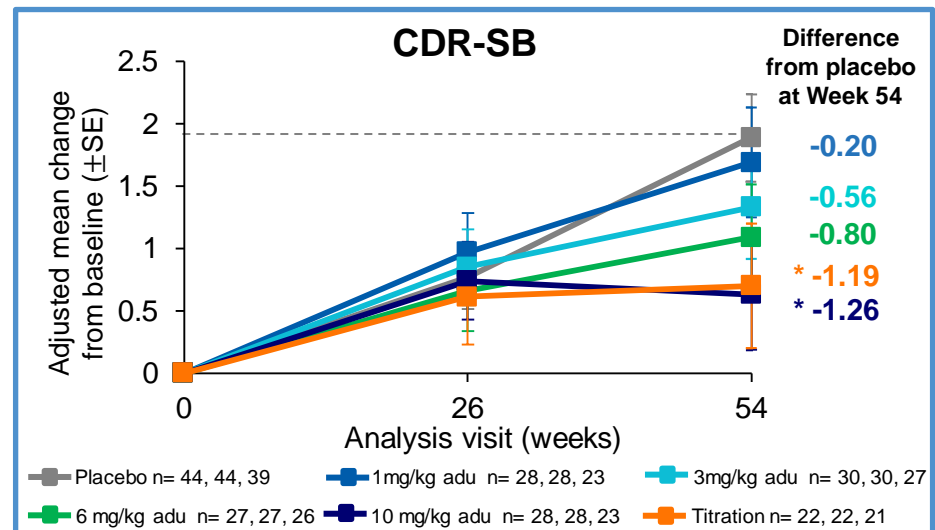
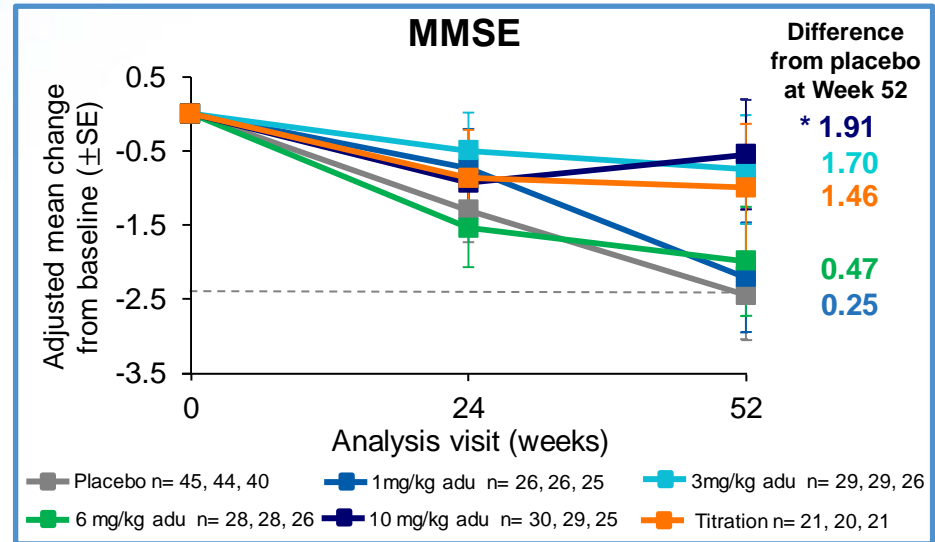
- Dose- and ApoE ε4-dependent
- Monitorable and manageable

Amyloid plaque reduction with aducanumab (secondary endpoint)



Nominal p values: * $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$ vs placebo. Analyses based on observed data. ANCOVA for change from baseline with factors of treatment, laboratory ApoE ε4 status (carrier and non-carrier), and baseline CDR-SB. Efficacy analysis population is defined as all randomized subjects who received at least 1 dose of study medication and had at least 1 post-baseline questionnaire assessment. PD analysis population is defined as all randomized patients who received at least 1 dose of study medication and had at least 1 post-baseline assessment of the parameter. ANCOVA, analysis of covariance; ApoE ε4, Apolipoprotein E ε4; ARIA-E, amyloid-related imaging abnormalities - vasogenic edema; CDR-SB, Clinical Dementia Rating-Sum of Boxes; MMSE, Mini-Mental State Examination; SE, standard error; SUVR, standardized uptake value ratio.

Clinical effect of aducanumab (exploratory endpoints)



Baseline Disease Characteristics for ApoE ϵ 4 Carriers

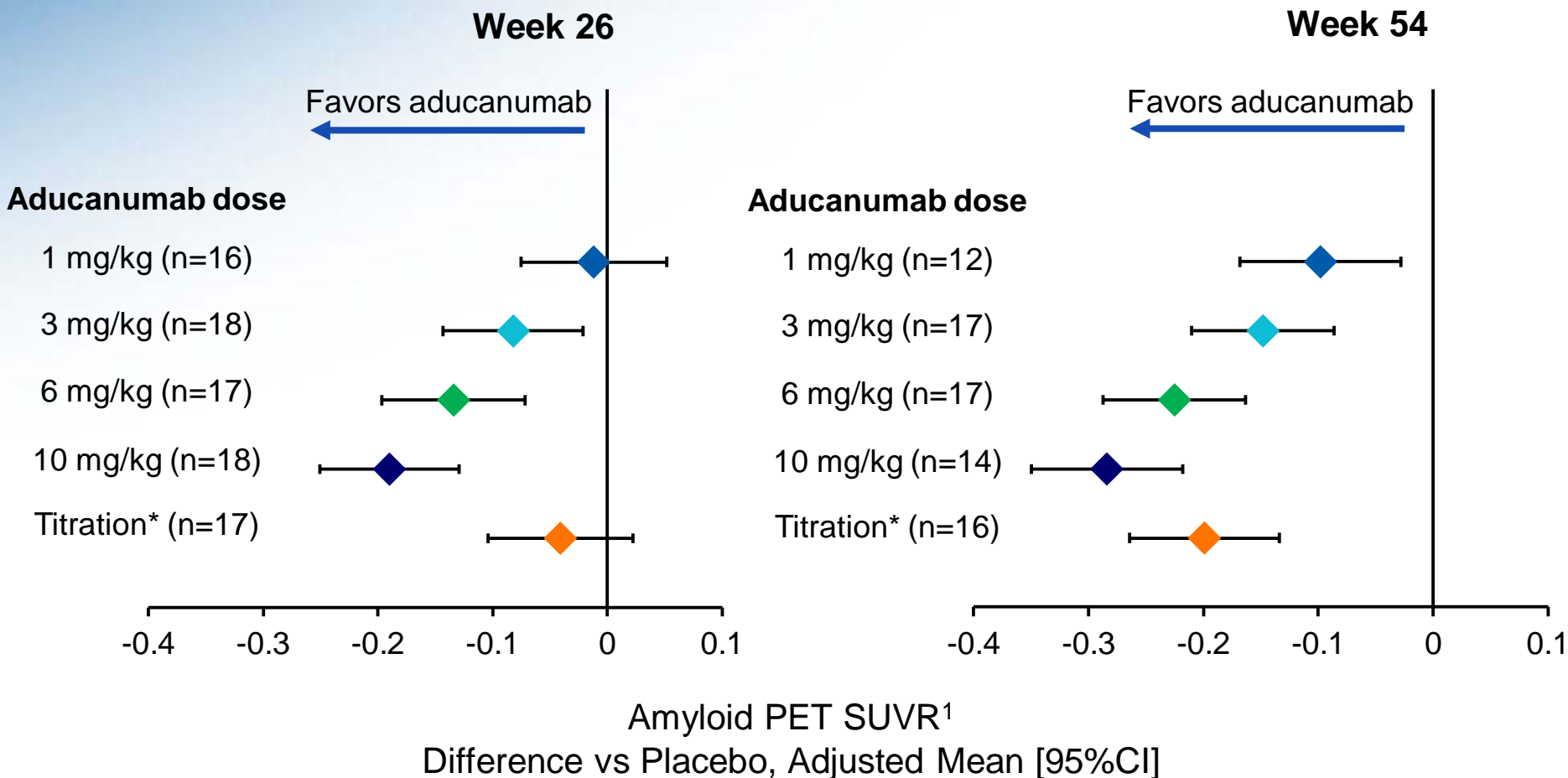
	Aducanumab					
	Placebo (n=34)	1 mg/kg (n=19)	3 mg/kg (n=21)	6 mg/kg (n=21)	10 mg/kg (n=20)	Titration (n=23)
Age, years, mean \pm SD	72.9 \pm 6.6	71.6 \pm 7.1	70.4 \pm 7.0	72.1 \pm 8.7	71.9 \pm 6.8	73.1 \pm 7.8
Clinical stage, n (%)						
Prodromal	14 (41)	7 (37)	11 (52)	8 (38)	8 (40)	13 (57)
Mild	20 (59)	12 (63)	10 (48)	13 (62)	12 (60)	10 (43)
MMSE, mean \pm SD	24.7 \pm 3.2	23.1 \pm 3.8	24.1 \pm 4.1	24.6 \pm 2.8	25.0 \pm 2.9	24.7 \pm 3.0
CDR Global Score, n (%)						
0.5	28 (82)	15 (79)	15 (71)	17 (81)	16 (80)	18 (78)
1	6 (18)	4 (21)	6 (29)	4 (19)	4 (20)	5 (22)
CDR-SB, mean \pm SD	2.66 \pm 1.44	2.95 \pm 1.41	3.29 \pm 2.06	3.62 \pm 1.68	2.93 \pm 1.45	3.24 \pm 1.84
PET SUVR, mean composite	1.438	1.483	1.468	1.432	1.426	1.325
AD medications used, ^a n (%)	20 (59)	15 (79)	18 (86)	14 (67)	10 (50)	12 (52)

AD, Alzheimer's disease; ApoE ϵ 4, Apolipoprotein E ϵ 4; CDR-SB, Clinical Dementia Rating–Sum of Boxes; MMSE, Mini-Mental State Examination; PET, positron emission tomography; SD, standard deviation; SUVR, standardized uptake value ratio

^aCholinesterase inhibitors and/or memantine.

PET AMYLOID IMAGING

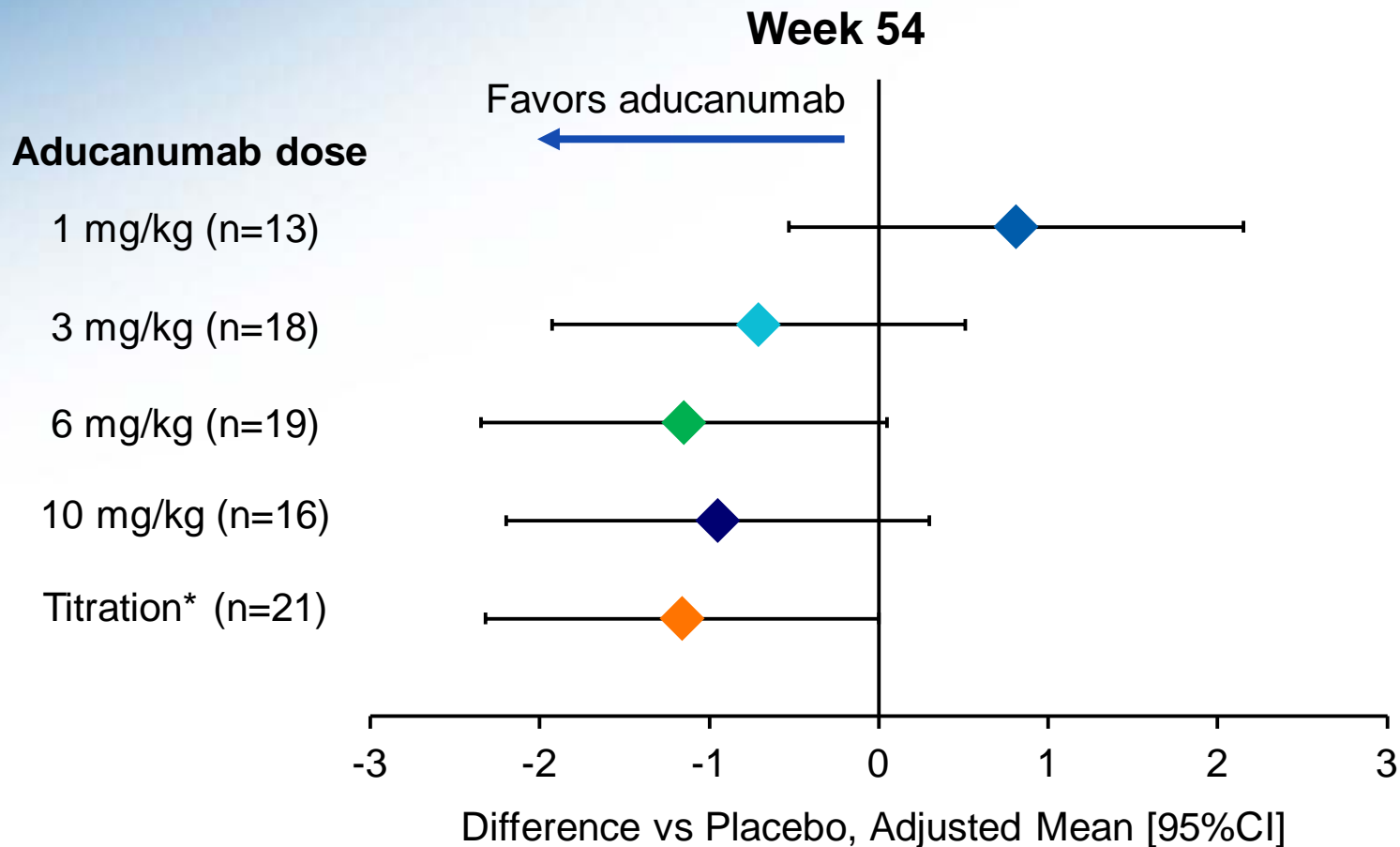
Aducanumab Reduces Amyloid Plaques in ApoE ϵ 4 Carriers



*For titration cohort: average expected dose 2.9 mg/kg by week 24 and 5.3 mg/kg by week 52. Analyses based on observed data. Difference with placebo and 95% CI based on ANCOVA model. ANCOVA for change from baseline with factors of treatment and baseline composite SUVR. ApoE ϵ 4, Apolipoprotein E ϵ 4; CI, confidence interval; PET, positron emission tomography; SE, standard error; SUVR, standardized uptake value ratio.

CLINICAL ENDPOINTS

Effect of Aducanumab on CDR–SB in ApoE ϵ 4 Carriers

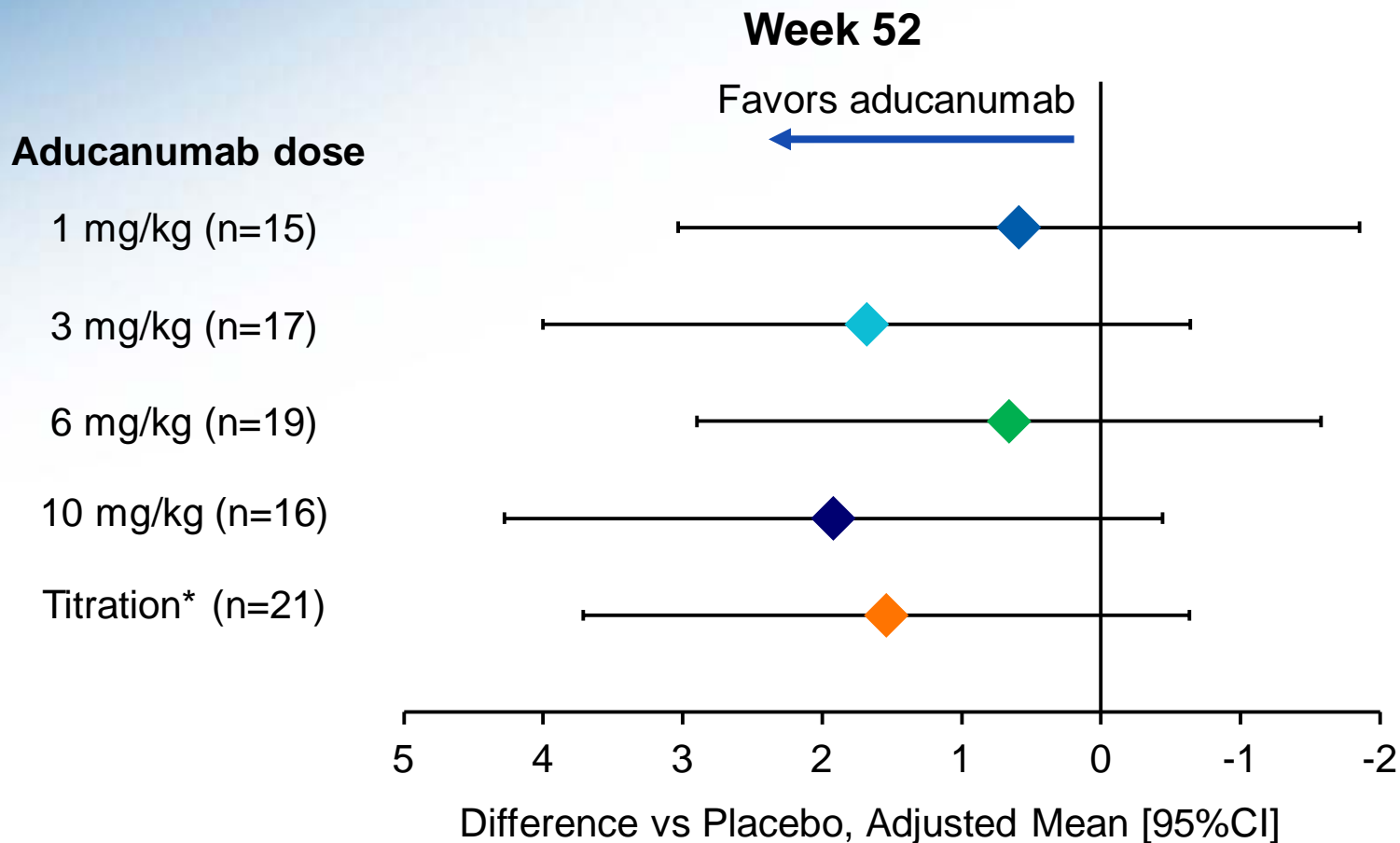


*For titration cohort: average expected dose by week 52 was 5.3 mg/kg

CDR-SB is an exploratory endpoint. Analyses based on observed data. Difference with placebo and 95% CI based on ANCOVA model.

ANCOVA for change from baseline with factors of treatment and baseline CDR-SB. ApoE ϵ 4, Apolipoprotein E ϵ 4; CI, confidence interval; CDR-SB, Clinical Dementia Rating–Sum of Boxes.

Effect of Aducanumab on MMSE in ApoE ϵ 4 Carriers



*For titration cohort: average expected dose by week 52 was 5.3 mg/kg
MMSE is an exploratory endpoint. Analyses based on observed data. Difference with placebo and 95% CI based on ANCOVA model. ANCOVA for change from baseline with factors of treatment and baseline MMSE. ApoE ϵ 4, Apolipoprotein E ϵ 4; CI, confidence interval; MMSE, Mini-Mental State Examination.

SAFETY AND TOLERABILITY

No New Safety Signals were Identified in the ApoE ε4 Carrier Subgroup

		Aducanumab					
Overall	Placebo (n=48)	1 mg/kg (n=31)	3 mg/kg (n=32)	6 mg/kg (n=30)	10 mg/kg (n=32)	Titration (n=23)	
	Number with an AE (%)	47 (98)	28 (90)	27 (84)	28 (93)	29 (91)	21 (91)
	Number with an SAE (%)	16 (33)	4 (13)	4 (13)	4 (13)	12 (38)	5 (22)
	Number discontinuing treatment due to AE (%)	4 (8)	3 (10)	2 (6)	3 (10)	10 (31)	2 (9)
ApoE ε4 Carriers	Placebo (n=34)	1 mg/kg (n=19)	3 mg/kg (n=21)	6 mg/kg (n=21)	10 mg/kg (n=20)	Titration (n=23)	
	Number with an AE (%)	33 (97)	17 (89)	17 (81)	20 (95)	19 (95)	21 (91)
	Number with an SAE (%)	11 (32)	3 (16)	2 (10)	3 (14)	8 (40)	5 (22)
	Number discontinuing treatment due to AE (%)	3 (9)	1 (5)	2 (10)	2 (10)	7 (35)	2 (9)

- Overall
 - The most common AE/SAE was ARIA
 - Other AEs/SAEs were consistent with the patient population
 - Three deaths; none considered treatment-related; two in placebo and one in 10 mg/kg arm (two occurred after study discontinuation)
 - No significant changes in chemistry, hematology, urinalysis, ECGs, or vital signs
- No new safety signals were identified in ApoE ε4 carriers

Dose Titration Slightly Attenuated Incidence of ARIA-E versus Higher Fixed Doses

	Aducanumab					
	Placebo	1 mg/kg	3 mg/kg	6 mg/kg	10 mg/kg	Titration
Patients with at least 1 post-baseline MRI	46	31	32	30	32	23
ARIA-E, ^a n (%)	0/46	1/31 (3)	2/32 (6)	11/30 (37)	13/32 (41)	8/23 (35)
ApoE ε4 carrier	0/32	1/19 (5)	1/21 (5)	9/21 (43)	11/20 (55)	8/23 (35)
ApoE ε4 non-carrier	0/14	0/12	1/11 (9)	2/9 (22)	2/12 (17)	--
Isolated ARIA-H, n (%)	3/46 (7)	2/31 (6)	3/32 (9)	0/30	2/32 (6)	0/23

^aARIA-E with or without ARIA-H.

Incidence of ARIA based on MRI.

ApoE ε4, Apolipoprotein E ε4; ARIA-E, ARIA–vasogenic edema; ARIA-H, ARIA–microhemorrhages, macrohemorrhages, or superficial siderosis; MRI, magnetic resonance imaging

The Majority of ApoE ϵ 4 Carriers Experiencing ARIA-E Continued Treatment

Among ApoE ϵ 4 carriers with ARIA-E,

- 4/11 (36%) in the 10 mg/kg group continued treatment
- 7/9 (78%) in the 6 mg/kg group continued treatment
- 6/8 (75%) in the titration group continued treatment

	Aducanumab				
	1 mg/kg	3 mg/kg	6 mg/kg	10 mg/kg	Titration
ApoE ϵ 4 carriers with at least 1 post-baseline MRI	19	21	21	20	23
ARIA-E, n (%)	1 (5)	1 (5)	9 (43)	11 (55)	8 (35)
Continued treatment, n (%)	0	1 (5)	7 (33)	4 (20)	6 (26)
Same dose	0	0	1	0	0
Reduced dose	0	1	6	4	6
Discontinued treatment, n (%)	1 (5)	0	2 (10)	7 (35)	2 (9)

ARIA-E Characteristics in ApoE ϵ 4 Carriers

- Majority of cases occurred within the first 5 months of treatment
- 70% of events were asymptomatic
- MRI findings typically resolved within 4–12 weeks

Summary

- In subgroup analyses of ApoE ϵ 4 carriers, both titration and fixed doses of aducanumab reduced amyloid plaque burden following 12 months of treatment versus placebo
- Clinical effects in ApoE ϵ 4 carriers were generally consistent with findings in the fixed-dose cohorts
 - Slowing of decline as measured using the CDR–SB and MMSE was observed in ApoE ϵ 4 carriers
- Titration up to 10 mg/kg may reduce incidence of ARIA-E compared with higher fixed dosing, based on the ApoE ϵ 4 sub-population studied
- PRIME results support the study design of the ENGAGE and EMERGE Phase 3 trials, which are investigating the clinical efficacy and safety of aducanumab in patients with early AD

Acknowledgments

We thank all the patients and their family members participating in the aducanumab studies, as well as the investigators and their staff conducting these studies.