EXPERT PANEL PRESENTATION

Results of the Phase 3 DRAGON Trial of Tinlarebant (LBS-008) for Stargardt Disease (STGD1)

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METHODS

- DRAGON study: Phase 3, randomized, double-masked, placebo-controlled clinical trial of 5 mg/day of orally administered tinlarebant in adolescent and adult patients aged 12-20 years with STGD1

- Key Inclusion Criteria:
  - Clinical Diagnosis of Stargardt Disease
  - ≥1 mutation identified in the *ABCA4* gene
  - Atrophic lesion size (DDAF) within 3 disc areas (7.62 mm^2)
  - BCVA of 20/200 or better

- Primary Endpoint: Reduction in DDAF lesion growth rate, assessed by FAF imaging (as agreed with the FDA)

STGD1=Stargardt disease type 1; DDAF= definitely decreased autofluorescence; FAF=fundus autofluorescence

RESULTS

Month 25 (EOT)

- Sustained 80% reduction in serum RBP4 levels over the course of the 2 year study
- Annualized DDAF growth rate was 0.38 mm²/year vs. placebo (0.59 mm²/year); corresponding to a 35.7% treatment effect (*P* = 0.0033)
- BCVA remained stable in both groups
- qAF values from baseline remained stable to slightly decreased (approximately 2%) vs. placebo (approximate 20% increase)

Safety Profile:

- Most ocular and non-ocular TEAEs were mild, and majority resolved while on study
- No serious ocular TEAEs were reported; 6 serious non-ocular TEAEs were reported in the study (4 assessed as unrelated and 2 assessed as unlikely related to the study treatment); 4 of these in the placebo and 2 in the tinlarebant group

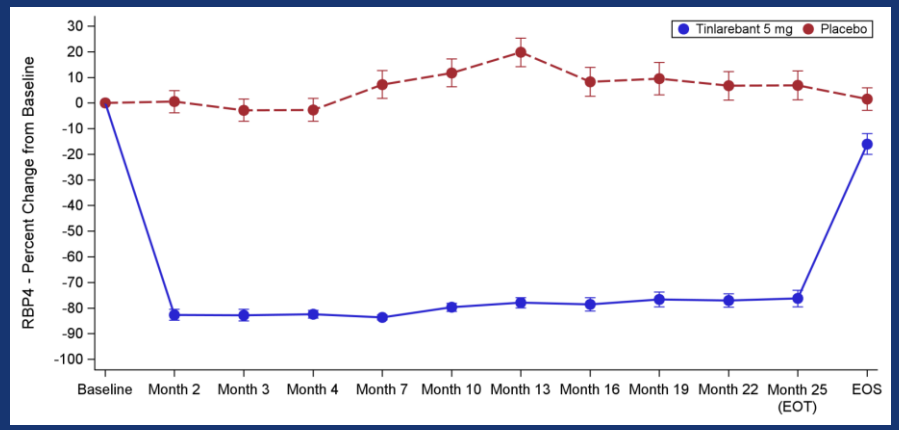

Fig 1. Change in serum RBP4 Levels from Baseline

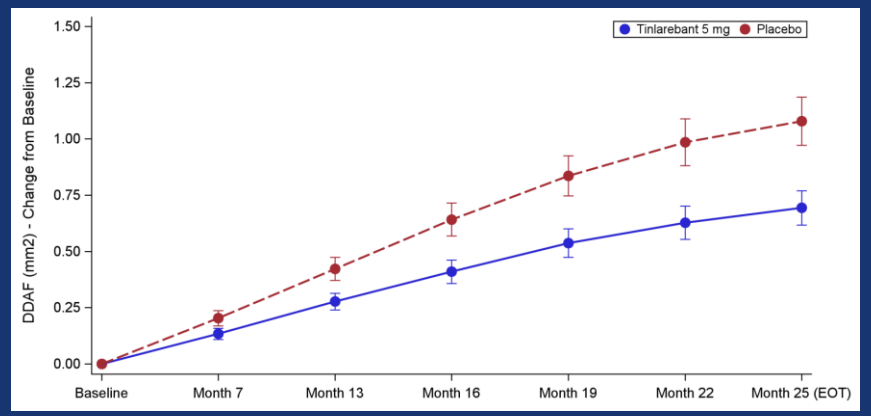

Fig 2. Change from Baseline in DDAF Lesion Area in the Study Eye

EOT=end of trial; RBP4=retinal binding protein 4; DDAF= definitely decreased autofluorescence; BCVA=best corrected visual acuity; qAF=quantitative autofluorescence; TEAE= treatment emergent adverse events

DISCUSSION

- The DRAGON trial met its primary endpoint: a statistically significant 36% slowing of DDAF lesion growth in subjects treated with tinlarebant compared to placebo
- The biomarker of tinlarebant treatment, RBP4 reduction, showed an 80% reduction with little variability and return near baseline by 28 days after treatment discontinuation
- qAF, a marker of toxic bisretinoid accumulation, showed a marked divergence between treatment groups
- Tinlarebant was generally well tolerated in adolescent and adult patients with a safety profile consistent with its mechanism of action
- Together, these findings support tinlarebant as a promising potential therapy for STGD1 patients

STGD1=Stargardt disease type 1; RBP4=retinal binding protein 4; qAF=quantitative autofluorescence