

M021 (rhGAA) Has a Unique Glycosylation Profile Which Enables More Efficient Glycogen Reduction and May Allow for Alternative Pompe ERT Dosing Strategies

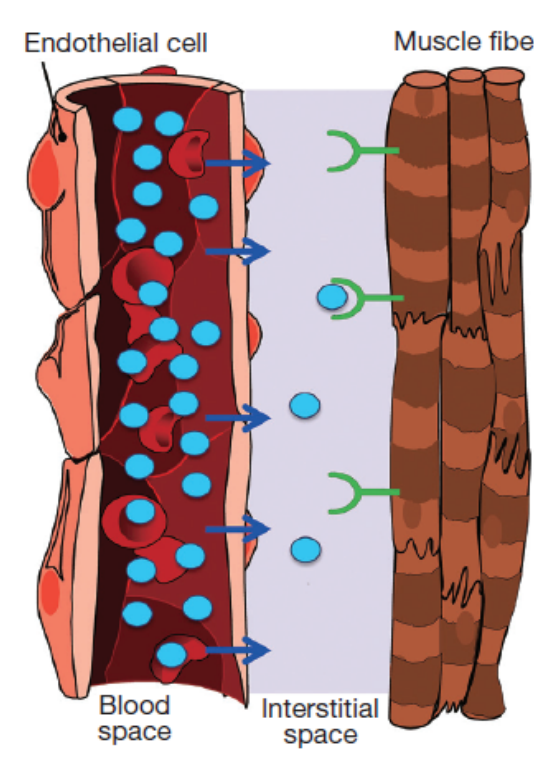
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Pompe Disease

- Pompe disease is an inherited disorder in which pathological levels of the complex sugar glycogen accumulates in cells
 - Infantile-onset Pompe disease has an onset age <12 months and affects the heart muscle (cardiomyopathy); muscle weakness, enlarged liver and heart, difficulty breathing and feeding occur
 - Late-onset Pompe disease has an onset age >12 months or onset age <12 months without cardiomyopathy; progressive muscle weakness, difficulty breathing, chronic pain, enlarged organs, and other symptoms occur
- Pompe is an ultra-rare autosomal recessive disorder
- Pompe disease is caused by low levels or absence of acid alpha-glucosidase (GAA), an enzyme that normally breaks down glycogen in the lysosome, due to mutations in the gene encoding GAA
- GAA deficiency leads to lysosomal glycogen accumulating in multiple tissues, particularly cardiac and skeletal muscle
- Treatments addressing GAA enzyme deficiency:
 - Enzyme replacement therapy (ERT)
 - Multiple investigational products in development, including gene therapy
- Cardiac and skeletal muscles are not well targeted by current SOC

Pompe is not a blood disease

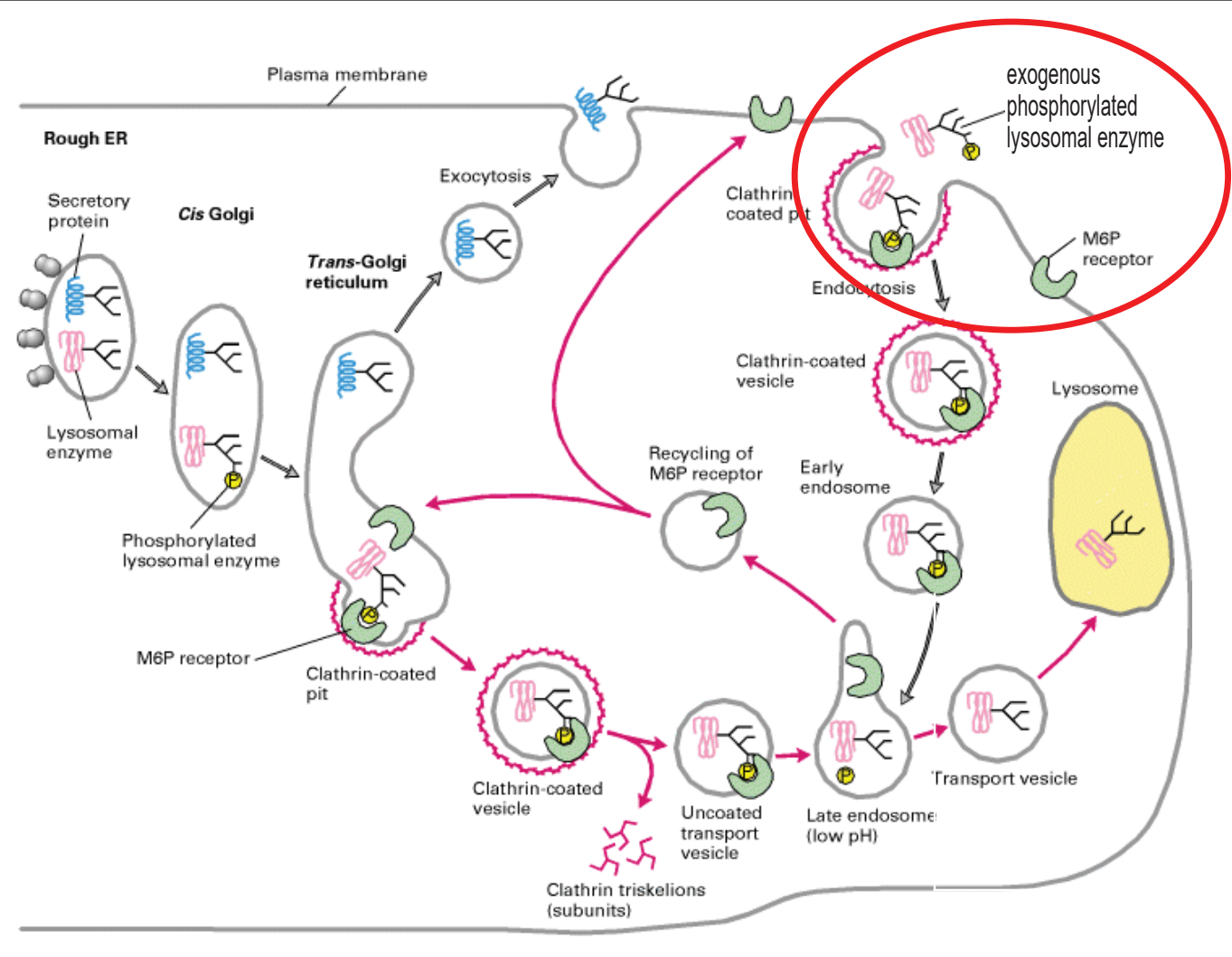


Less than 1% of the administered dose reaches the most severely impacted tissue

Variable	Liver	Quad	Triceps	Gastroc	Heart
Number of animals (n)	6	16	10	10	10
GAA activity in tissue homogenate (nmol 4-MU released/mg protein/hr)	778	8	8	11	50
mg total protein in homogenizing wet tissue	0.11	0.04	0.04	0.04	0.04
GAA activity (nmol/mg wet tissue/hr)	85	0.32	0.32	0.44	2.0
Total wet tissue weight (mg)	1.077	125	81	148	110
Total GAA activity in tissue (nmol/tissue/hr)	9.2x10 ⁴	40	26	65	220
% of rhGAA dose in tissue*	92.57	<0.03	<0.02	<0.04	<0.13

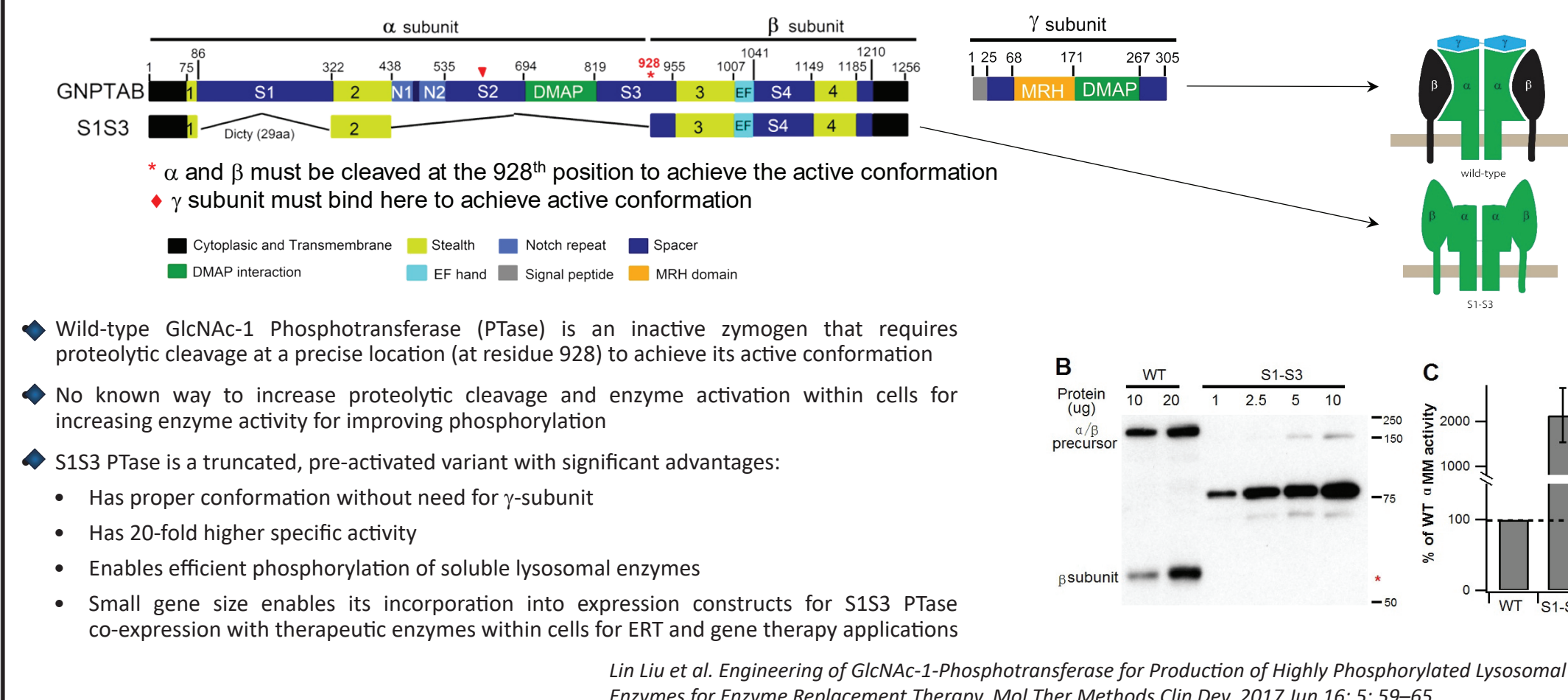
* amount of GAA enzyme activity as measured by release of 4-MU fluorescence and normalized per milligram of total protein in tissue homogenate; * amount of GAA activity in 1 mg of wet tissue normalized using determined amount of total protein in tissue homogenizing total protein in wet tissue; * total amount of rhGAA normalized to the entire wet tissue weight; * fraction of total rhGAA dose in tissue determined by dividing the measured GAA activity in tissue by the total GAA activity from dosing solution (1.7x10⁶ nmol 4-MU released/hr) and expressed as percent of total rhGAA dose. rhGAA, recombinant human acid alpha-glucosidase.

Natural M6P Receptor Pathway Enables Phosphorylated Exogenous Lysosomal Enzymes Cellular Uptake for Treatment of Lysosomal Storage

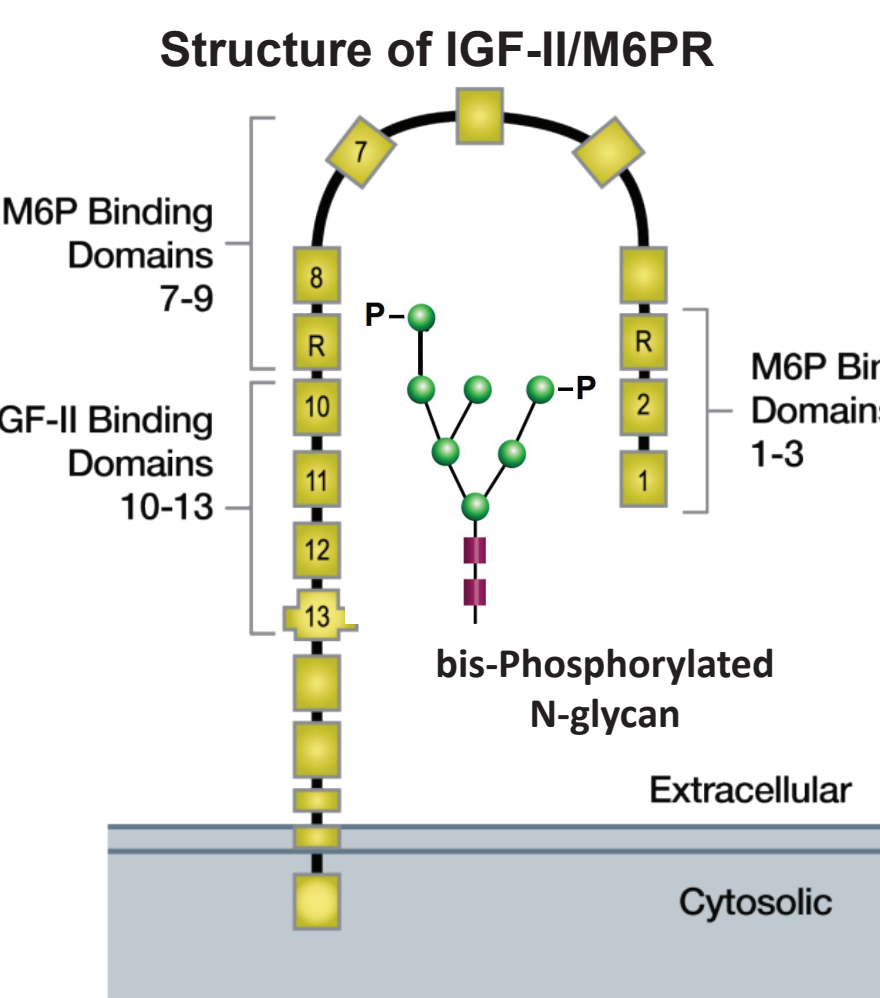


Lodish H, Berk A, Zipursky SL, et al. Molecular Cell Biology. 4th edition. New York: W. H. Freeman; 2000. Section 17.7

S153 Variant Has Key Attributes That Enable Its Use for Development of Best-in-Class Recombinant Enzymes and Gene Therapies



Structure of IGF-II/Cation-Independent M6P Receptor (IGF-II/CI-MPR) and Measured Binding Affinities of Carbohydrate Ligands

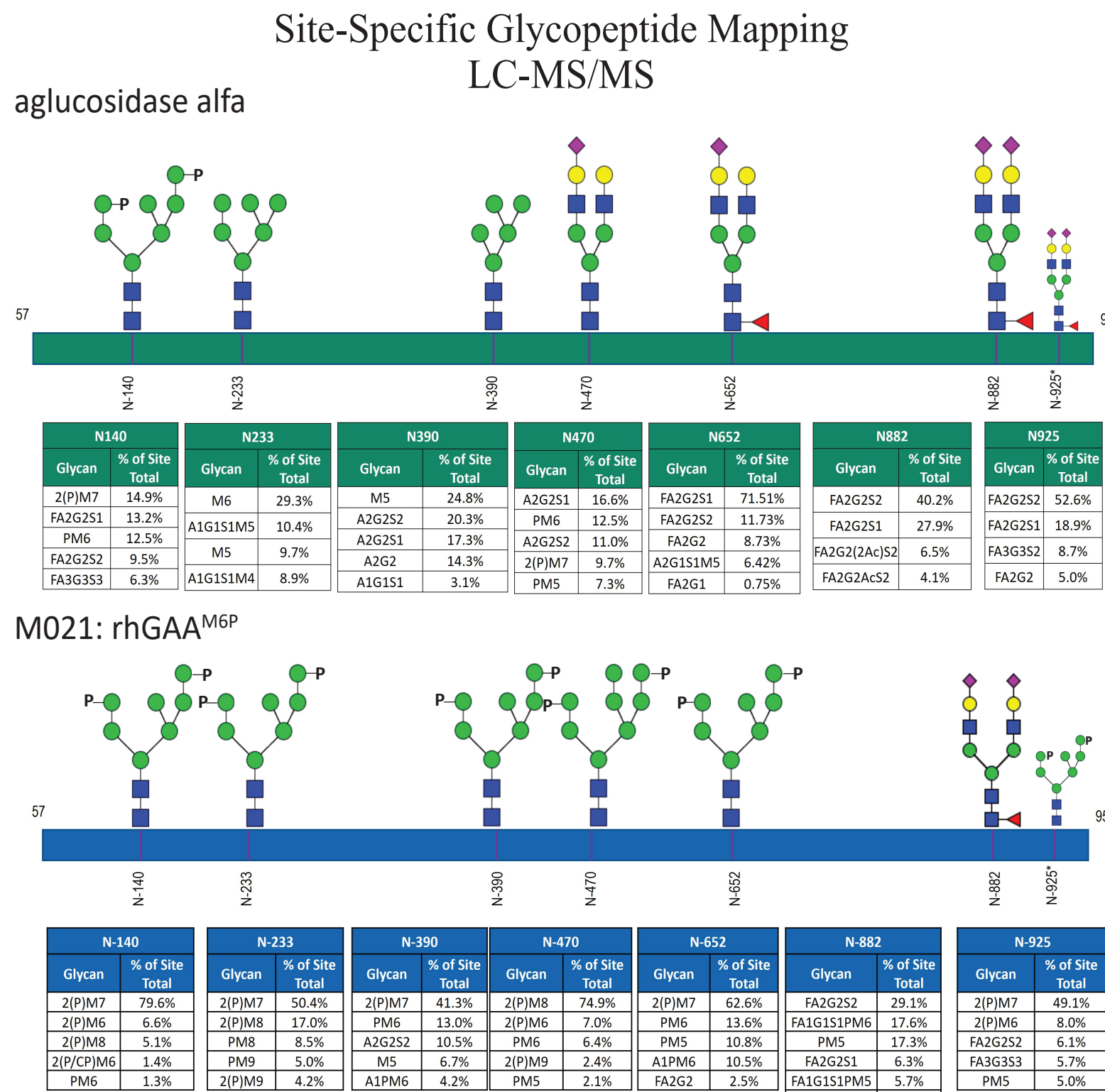


Not All Phosphorylated Glycans Are Equal for Binding CI-MPR

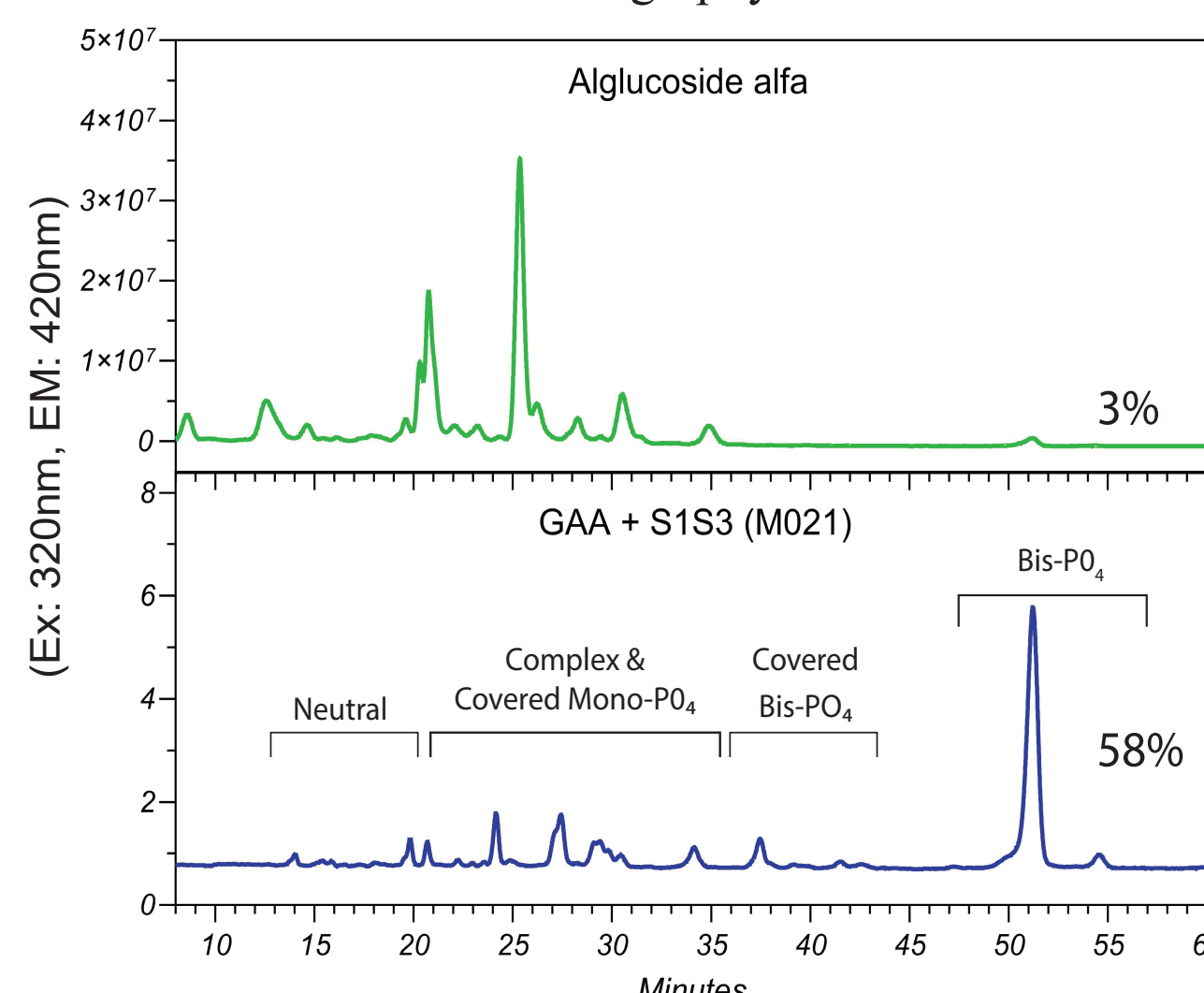
Ligand	Binding Affinity (Apparent K _d ; nM)*
Bis-phosphorylated N-glycan	2
Mono-phosphorylated N-glycan	>6,000
Complex type N-glycan	No binding

Adapted from Tong et al., 1989

M021 is a Unique rhGAA that contains High Levels of Bis-Phosphorylated N-Glycans when Produced with S153 PTase Co-Expression

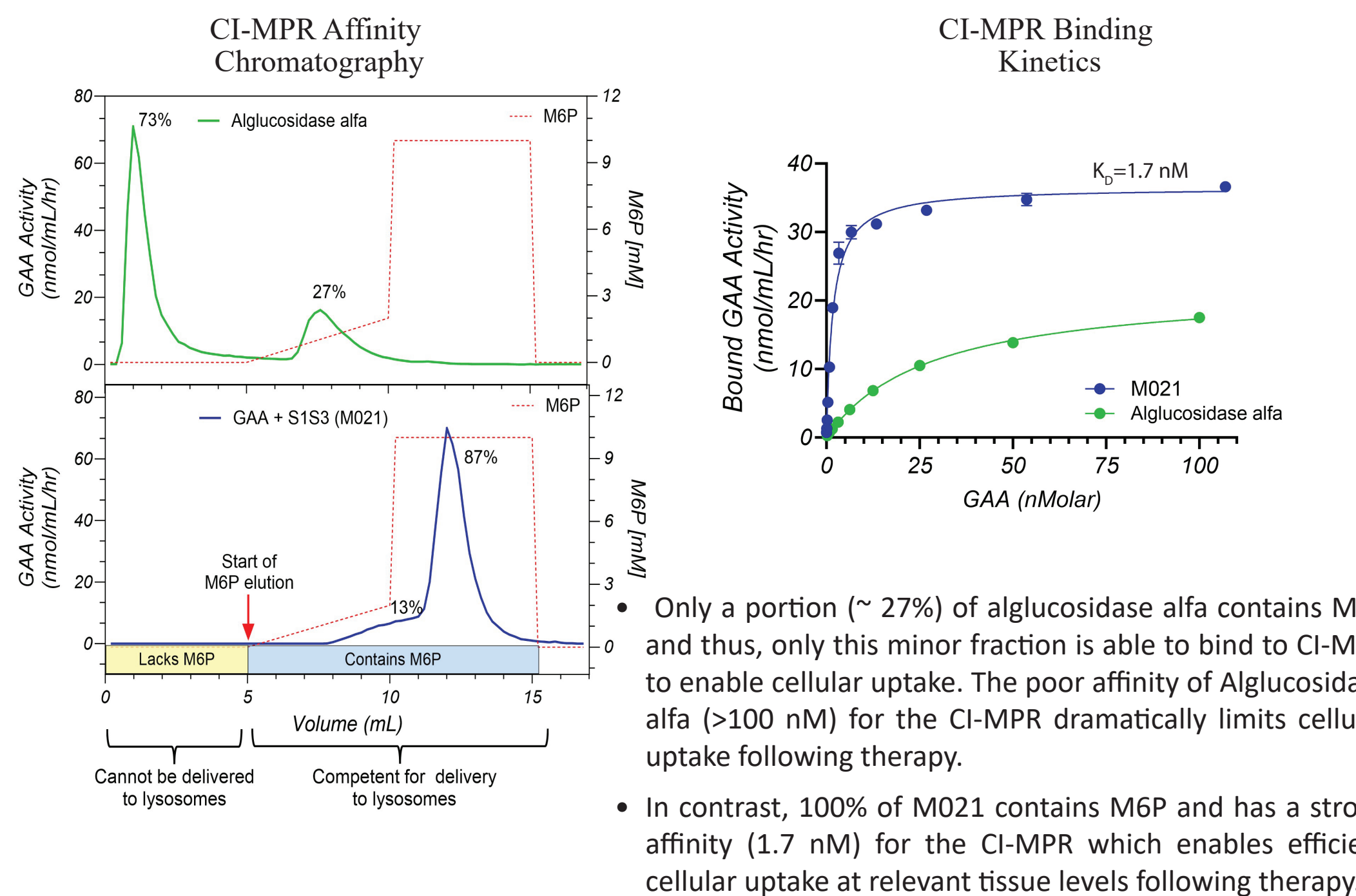


Fluorescently Labeled Glycan Chromatography

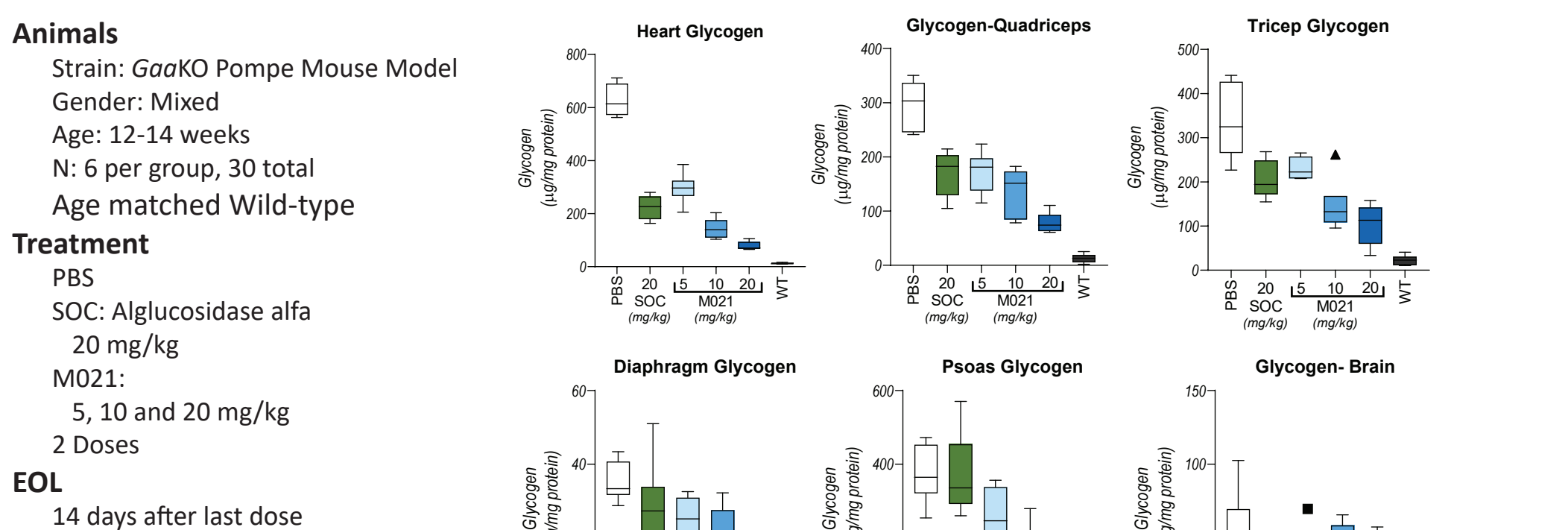


- Alglucosidase alfa is composed of 70% complex-type N-glycans, whereas M021 is composed of mainly phosphorylated high mannose glycans
- On average, there are >3 moles of M6P per mole of M021, leading to high-affinity binding to the CI-MPR

M021: rhGAA^{M6P} CI-MPR Interaction and Affinity is Dramatically Improved with Optimal Glycan Structure

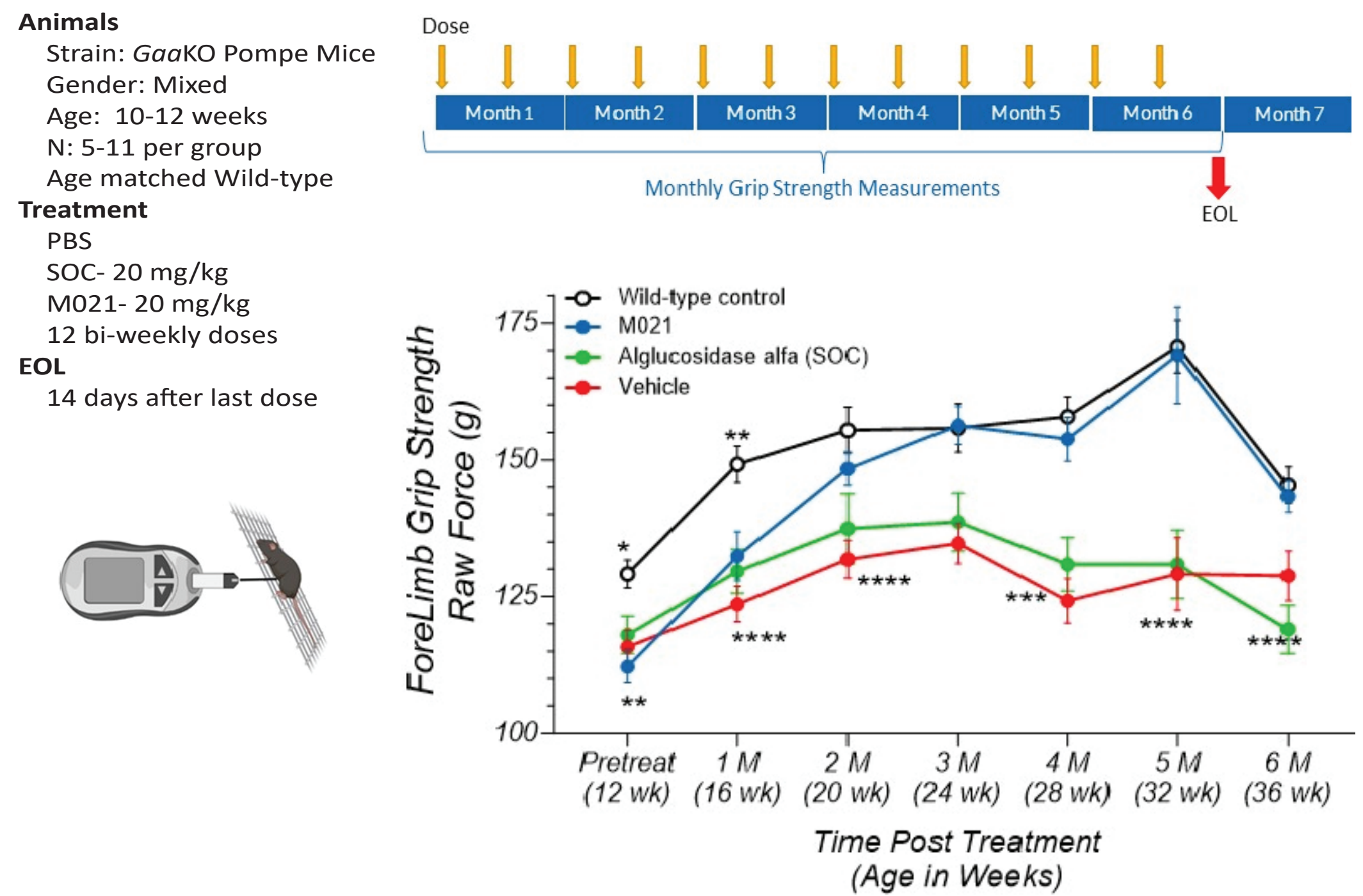


M021 is Significantly Better than SOC for Reducing Accumulated Glycogen in Short-term Efficacy Studies



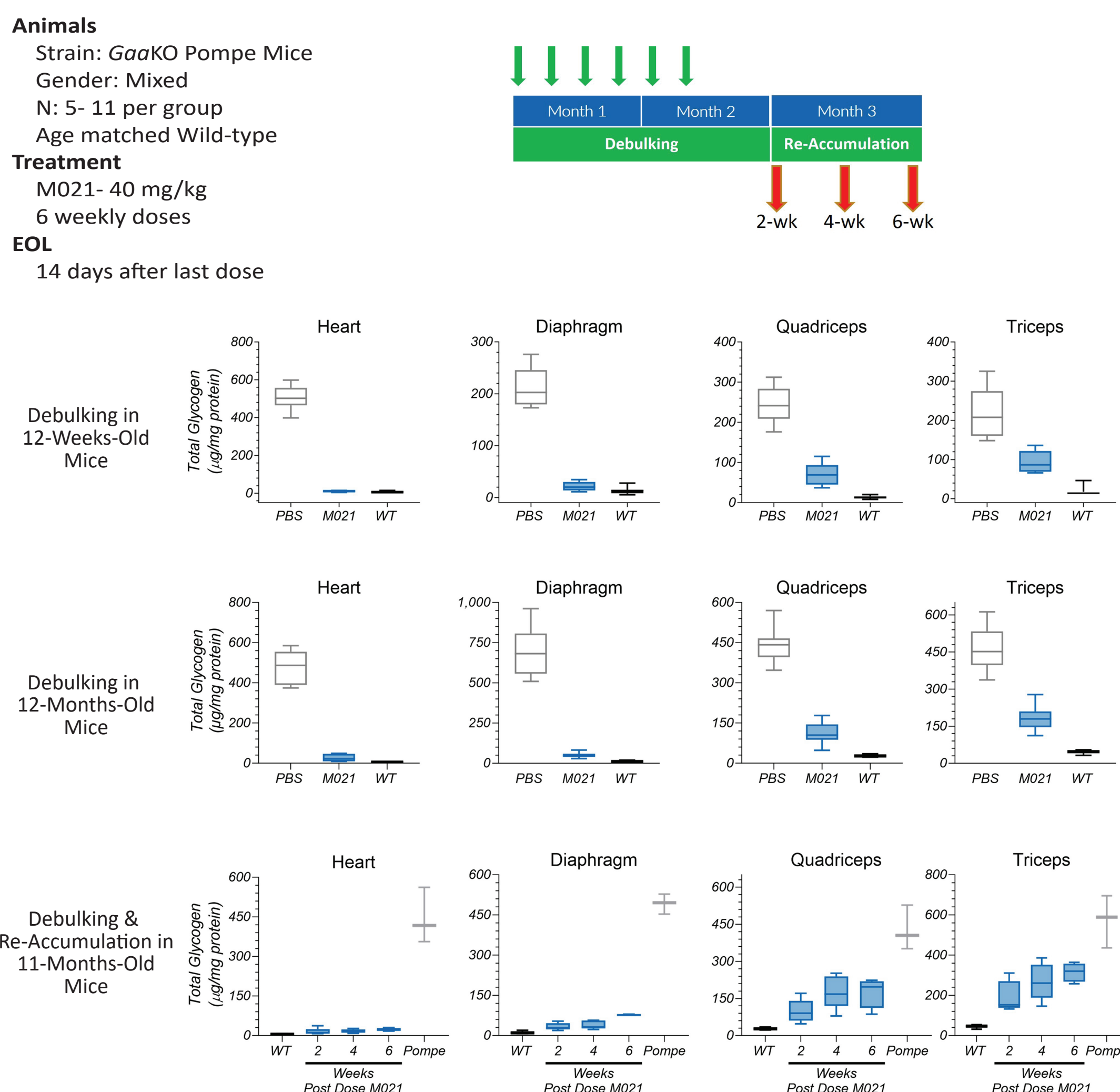
- In the Cardiac and Skeletal Muscle, M021 (20 mg/kg) is significantly better at reducing glycogen after 2 doses. Unfortunately the brain glycogen was not reduced.

M021 Rapidly Normalized Muscle Grip Strength in Treated Pompe Mice to that of Wild-type while SOC did not



- Grip strength phenotype was significantly improved by M021 ERT by 2 months and indistinguishable from wild-type mice by 3 months.
- SOC was not able to improve grip strength under identical experimental conditions.

M021 May Offer Alternative Dosing Strategies for Rapid Glycogen Debulking and Less Frequent Maintenance Dosing



- Cardiac and Diaphragm glycogen levels were normalized to Wild-type levels after M021 dosing and very little glycogen had re-accumulated when measured 6 weeks after dosing.
- Glycogen in Quadriceps and Triceps were reduced 75% and 62%, respectively after M021 dosing compared to untreated Pompe mice.
- After glycogen debulking with M021, that rate of glycogen re-accumulation in skeletal muscle is slow (re-accumulated to ~50% of untreated Pompe mice 4-6 weeks after last dose).

Conclusions

- S153 PTase efficiently and reliably phosphorylates soluble lysosomal enzymes including those that are typically poorly phosphorylated like GAA
- On average, there is >3 mole of M6P per mole of M021, resulting in high affinity binding to the CI-MPR receptor
- Pre-clinical studies of M021 in the Pompe mouse model demonstrated robust efficacy as measured by in-life grip strength and glycogen reduction
- M021 effectively reduces glycogen, even in old Pompe mice with advanced disease phenotype
- These promising results suggest that M021 warrants further development as a potential next-generation treatment for Pompe disease

