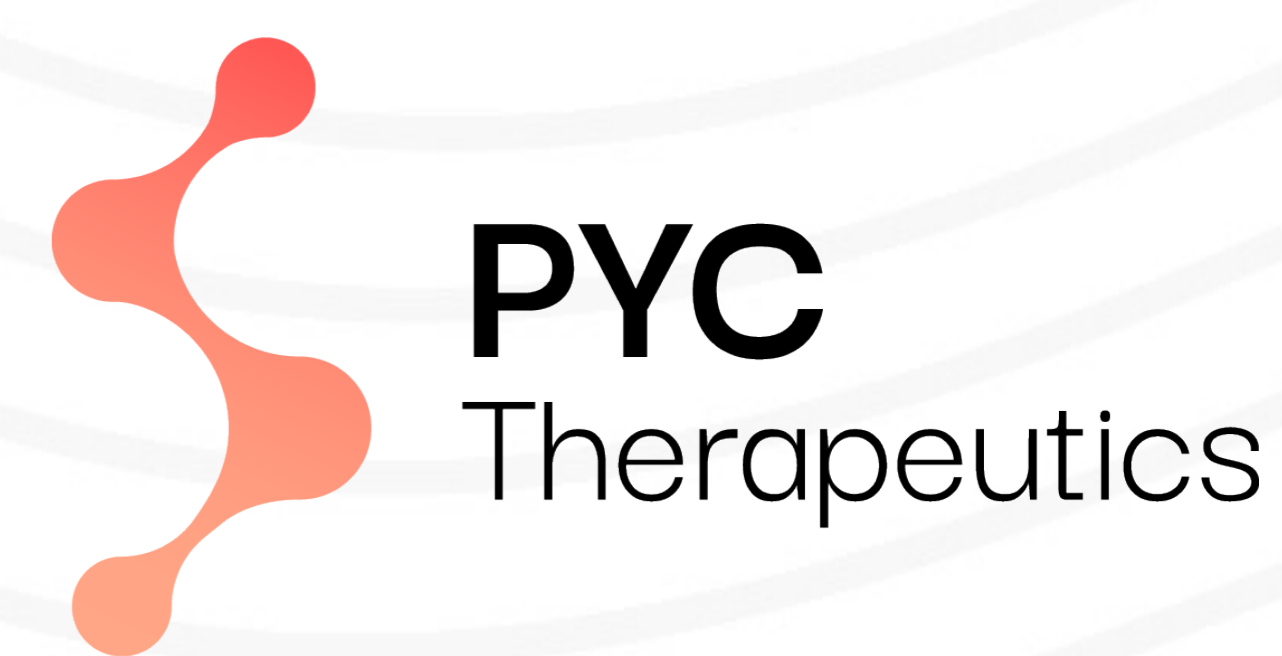


PYC-001, a peptide-conjugated phosphorodiamidate morpholino oligomer for the treatment of autosomal dominant optic atrophy



Tracy Chai¹, Dulce Vargas Landin¹, Sasiwimon Utama¹, Ferrer Ong¹, Emily Woodward¹, Danie Champain¹, Grace Liu¹, Megan Thorne¹, Munik Tian¹, Dean De Alvis¹, Wissam Chiha¹, Richard Francis¹, Anja Stirnweiss¹, George Mitchell¹, Carla Jackson^{1,2}, Adam Martin¹, Paula Cunningham¹, Janya Grainok¹

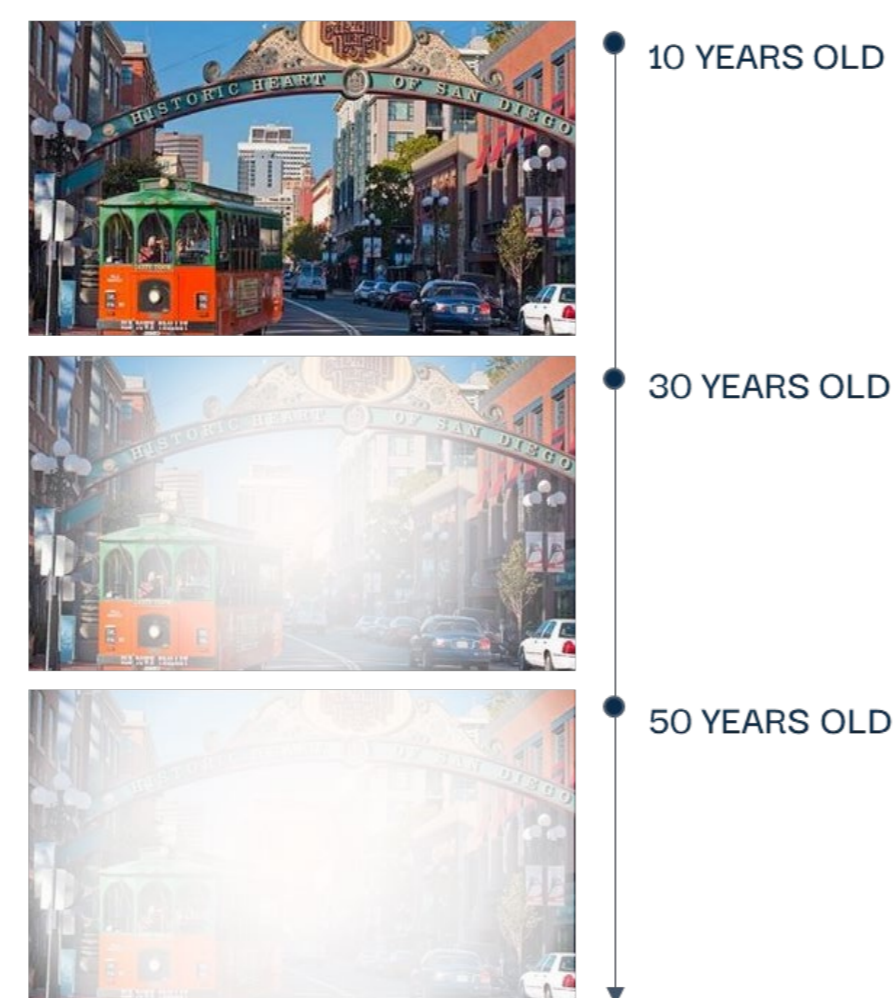
¹PYC Therapeutics, Harry Perkins Institute of Medical Research, Western Australia. ²Lions Eye Institute, Harry Perkins Institute of Medical Research, Western Australia.

ADOA is a progressive and blinding eye disease of childhood for which there are no available treatment options

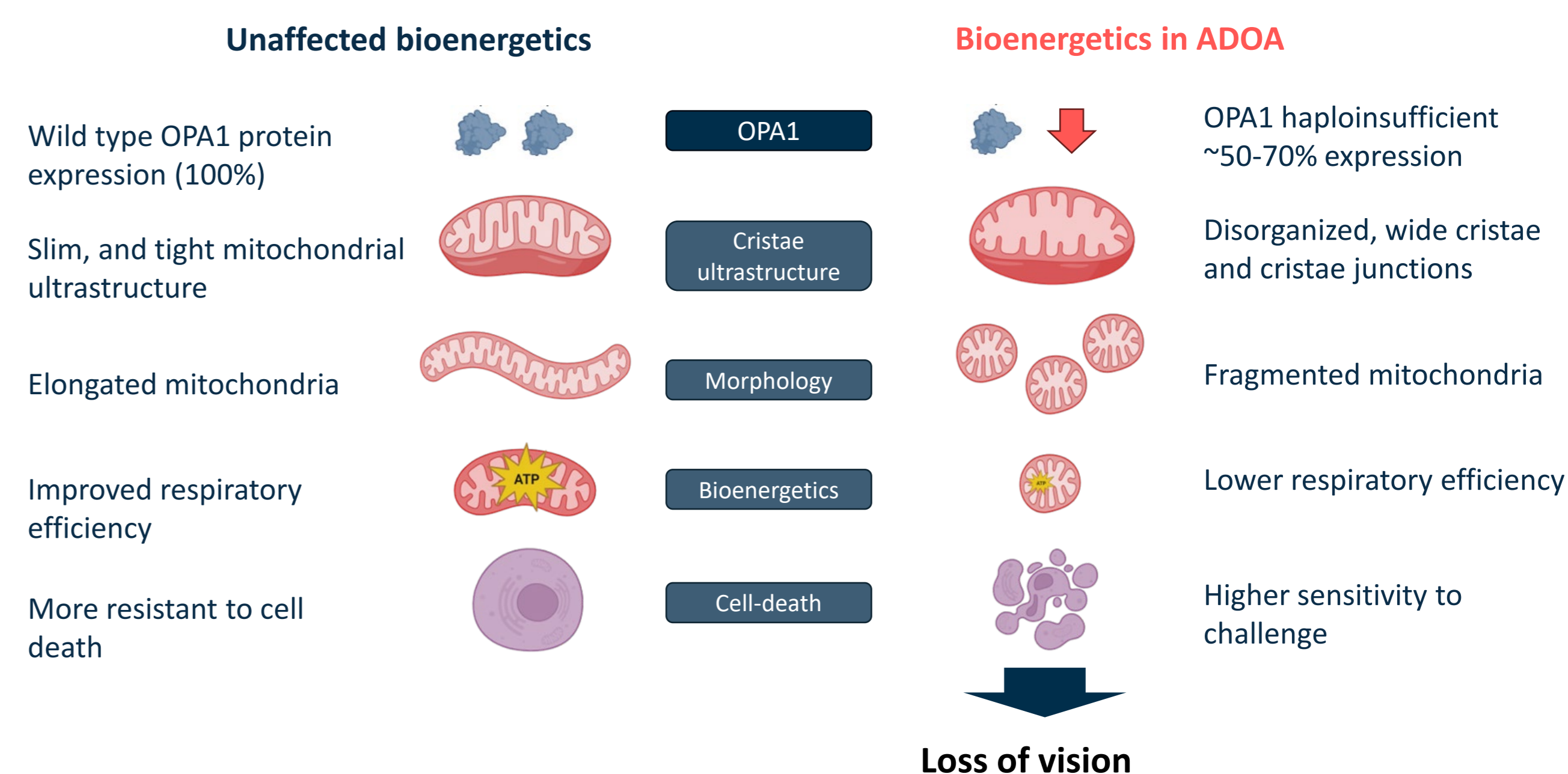
Autosomal Dominant Optic Atrophy (ADOA) & PYC-001

- A progressive and irreversible blinding eye disease
- It is the most common inherited optic neuropathy with 9,000 – 16,000 addressable patients in the western world^{1,2}
- Median age of onset at 7 years of age, with 80% of patients symptomatic before age 10¹
- There are no treatments available for patients with ADOA
- Caused by haploinsufficiency of the *OPA1* gene in RGCs that form the optic nerve of the eye
- PYC-001 increases *OPA1* protein levels to enhance mitochondrial structure and improve cellular bioenergetics in models derived from patients with ADOA in a mutation independent manner

Deteriorating vision of an ADOA patient



The deficiency of OPA1 protein in ADOA patients triggers a cascade of bioenergetic deficits that culminate in cell death and loss of vision



PYC-001 addresses the root cause of ADOA – insufficient expression of OPA1 protein in retinal ganglion cells

PYC-001 increases OPA1 protein expression and improves functionality in ADOA patient-derived iPSC-RGCs

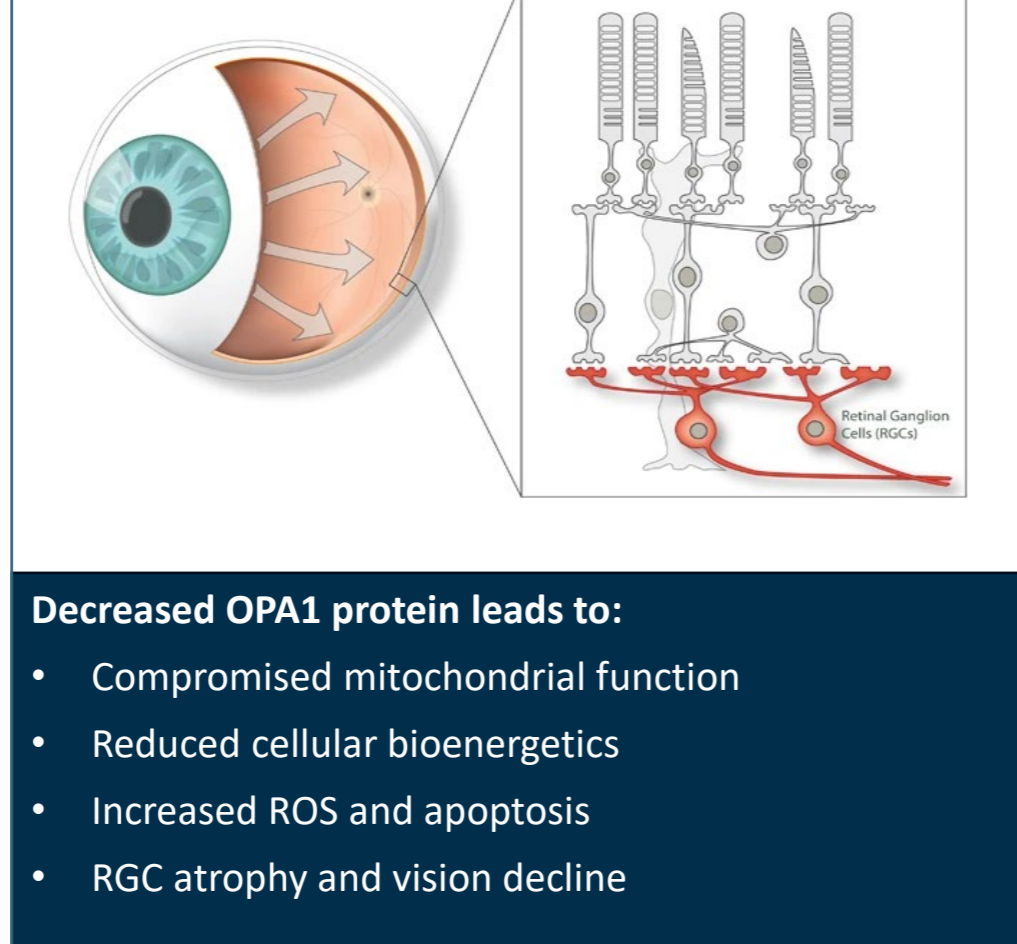
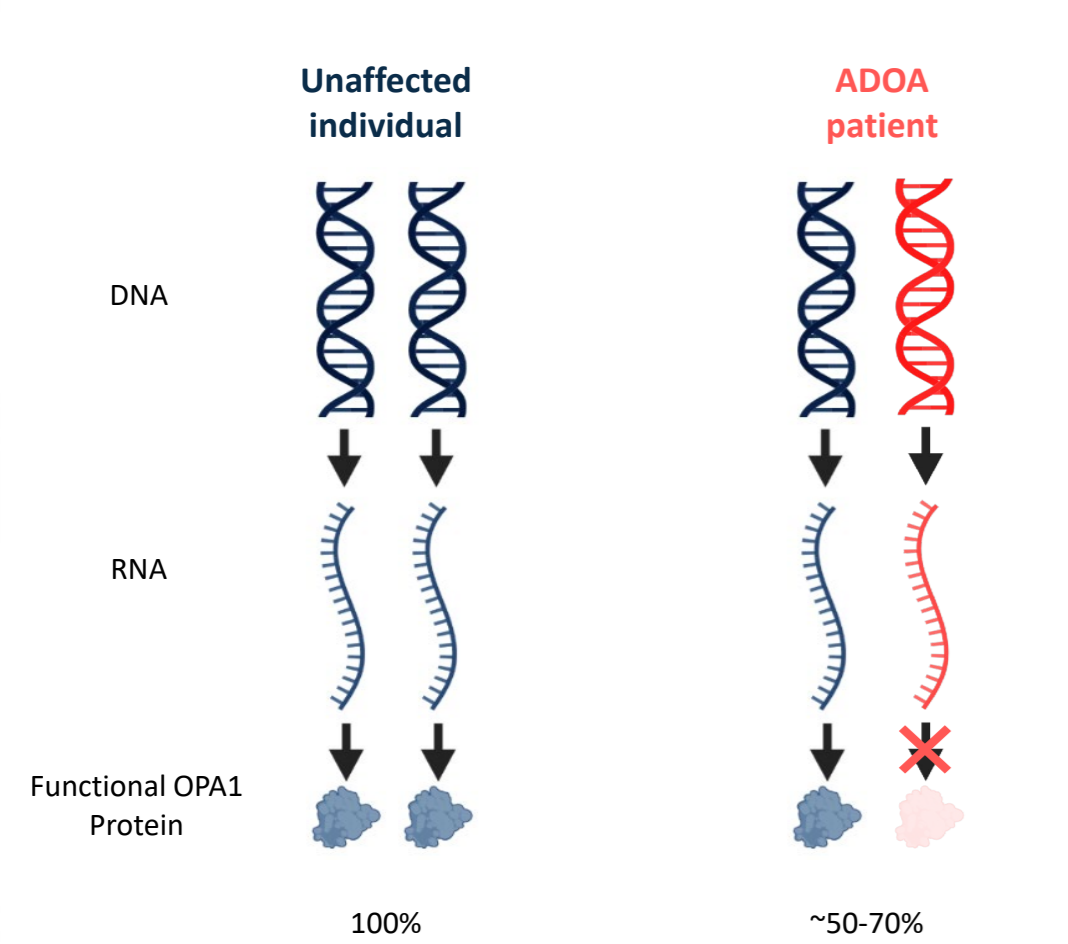
Mechanism of disease causation

ADOA patients have a mutation in one copy of the *OPA1* gene causing an insufficient level of *OPA1* protein in the RGCs

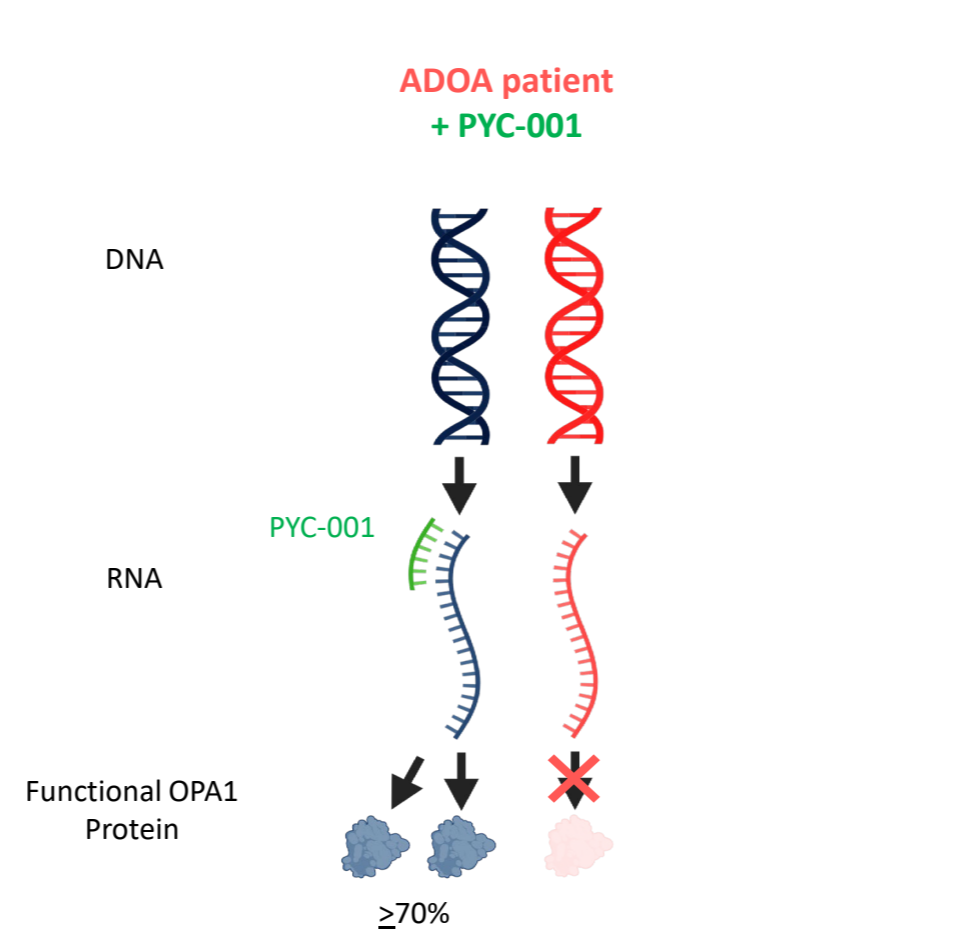
In ADOA, the retinal ganglion cells (RGCs), that make up the optic nerve are affected

Treatment with PYC-001

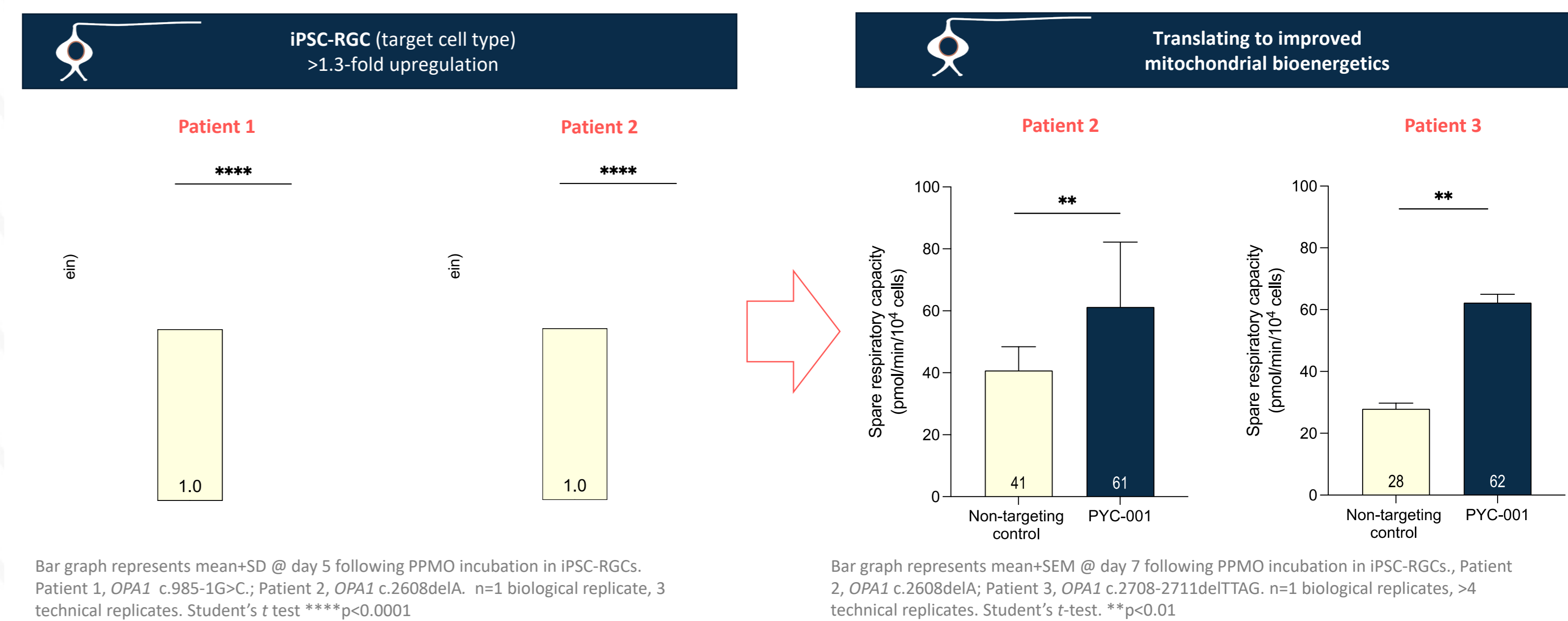
PYC-001 treatment increases functional *OPA1* protein expression in a mutation agnostic manner while maintaining *OPA1* isoform balance



- Decreased *OPA1* protein leads to:
- Compromised mitochondrial function
 - Reduced cellular bioenergetics
 - Increased ROS and apoptosis
 - RGC atrophy and vision decline



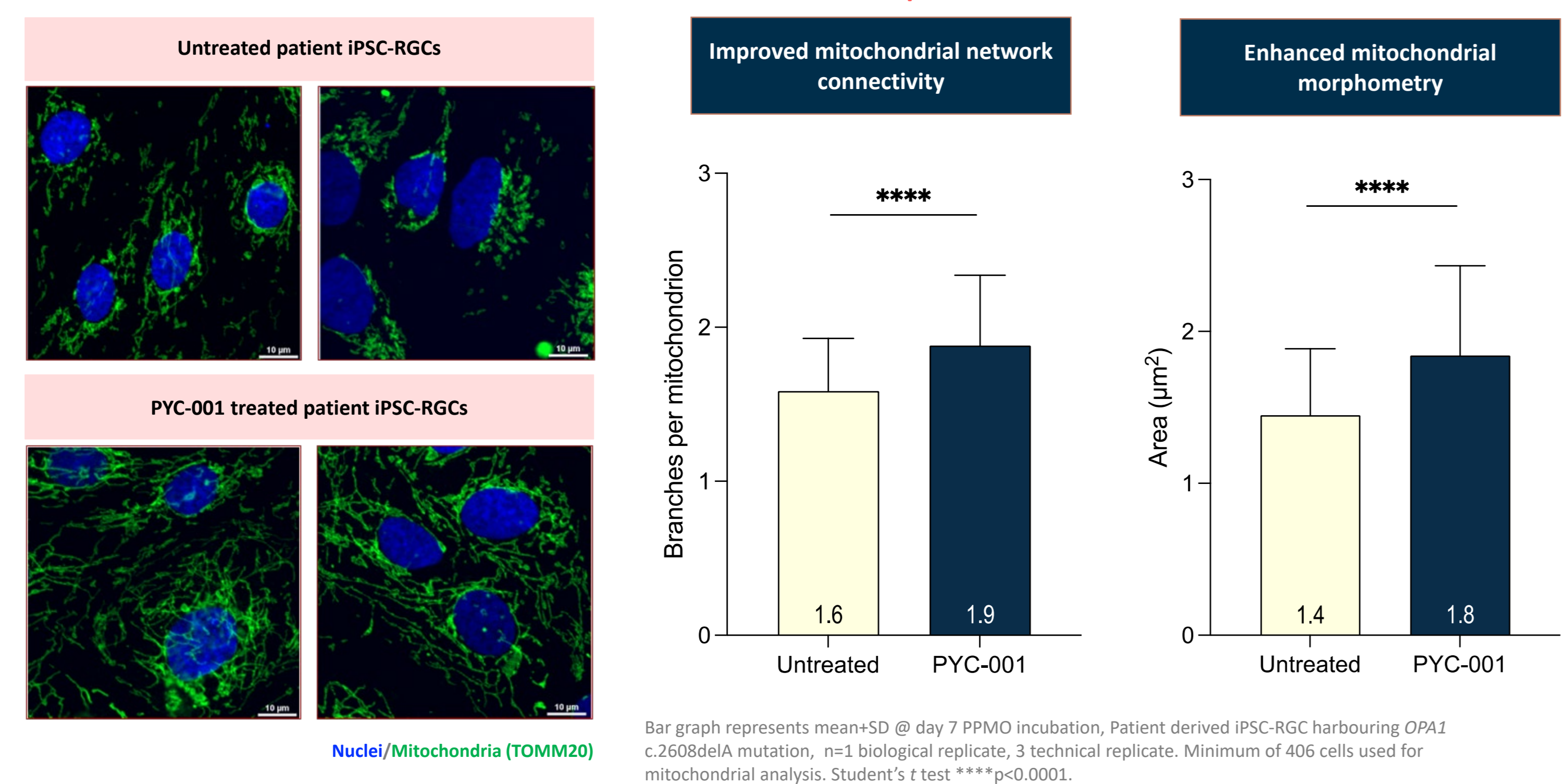
PYC-001 has demonstrated the potential to address the root cause of ADOA in a mutation independent manner (validated in material derived from multiple patients), resulting in improved mitochondrial function critical for RGC health



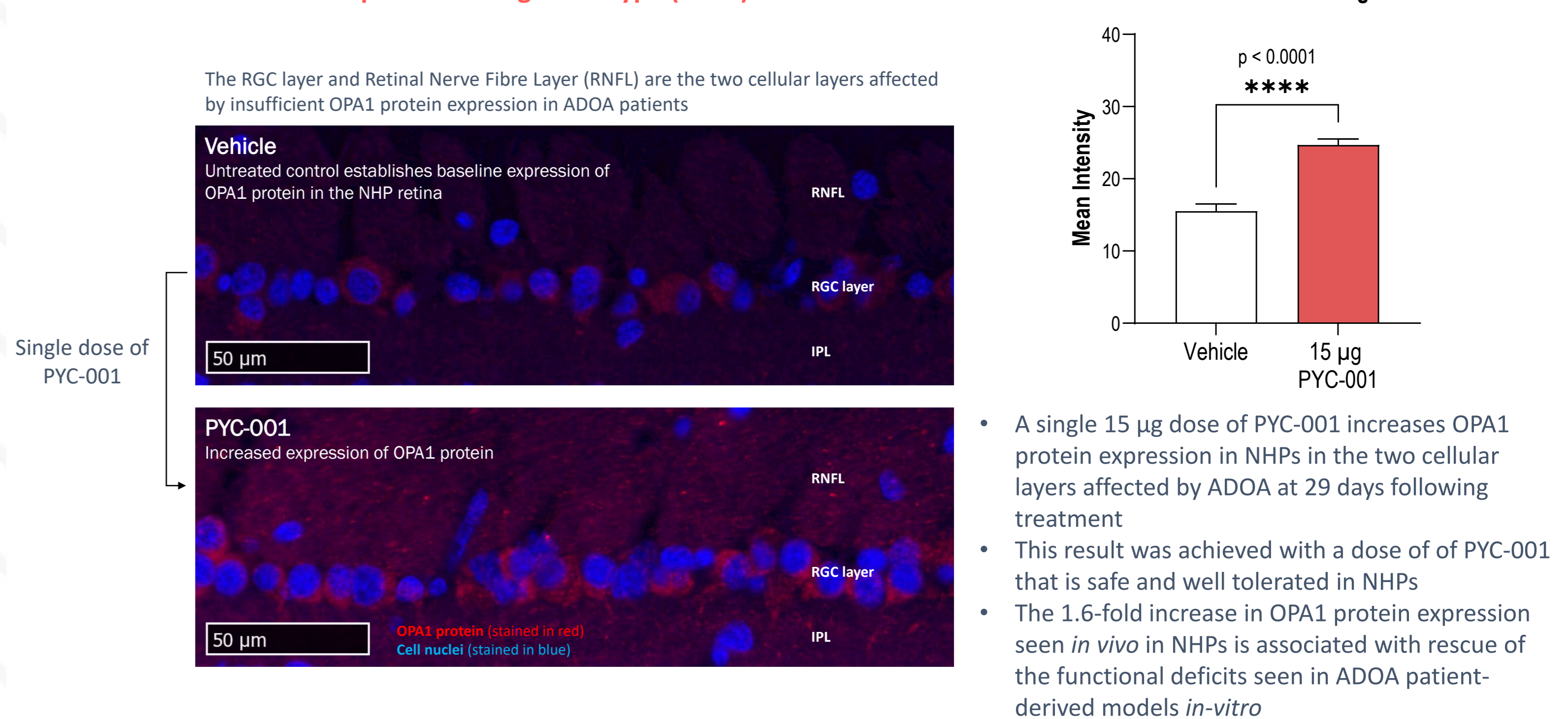
PYC-001 improves core characteristics of mitochondrial impairment in ADOA patient-derived iPSC-RGCs

PYC-001 increases OPA1 protein in NHP retina with a single safe and well tolerated dose

PYC-001 treatment corrects mitochondrial structural defects in ADOA patient-derived iPSC-RGCs



PYC-001 increases OPA1 protein in target cell type (RGCs) in NHPs



Methods

Patient derived models

- Cells from ADOA patient with an *OPA1* mutation were provided to PYC by Professor Alex Hewitt with consent via the Menzies Institute for Medical Research, and the Lions Eye Institute with consent via the University of Western Australia and Sir Charles Gairdner Hospital. To prepare retinal ganglion cell (RGC) cultures, patient fibroblasts were reprogrammed to iPSCs and consequently differentiated into RGCs. RGC culture quality was confirmed by assessment of RGC-specific markers (γ -synuclein, Brn-3, ISL-1 and Thy-1).
- For *OPA1* protein assays, iPSC-RGCs were treated with PPMO for 5 days, then protein expression assessed by western blot.
- To measure mitochondrial bioenergetics, iPSC-RGCs were treated with PYC-001 for 7 days, and Oxygen Consumption Rate (OCR) were measured using Seahorse Cell Mito Stress assay. The rates of O₂ (OCR) were first measured under basal condition and then different parameters of mitochondrial functions were determined by sequentially adding oligomycin (1.5 μ M), carbonyl cyanide p-(trifluoromethoxy) phenylhydrazone (FCCP) (1 μ M), rotenone /antimycin A (0.5 μ M).
- Mitochondrial network analysis was performed via immunocytochemical staining with the mitochondrial marker TOMM20 followed by mitochondrial network analysis using Mitochondrial Analyzer. Images were captured using a Confocal microscopy (60x magnification).

Non-human primate model

- Cynomolgus monkeys were dosed bilaterally with PYC-001 by intravitreal injections of 15 μ g/eye. Quantification of *OPA1* protein expression was performed by immunofluorescence in the RGC layer in NHP at 29 days post-treatment.

Conclusion: Preclinical findings support the development of PYC-001

- PYC-001 was found to be both safe and effective in Non-Human Primates following a single dose and resulted in *OPA1* protein upregulation in target cells
- PYC-001 modulated *OPA1* protein upregulation to a near healthy level (>1.3 fold) in patient-derived iPSC-RGCs, sufficient for improvement of mitochondrial function
- The current preclinical data supports PYC-001 potential as a functional cure for ADOA
- PYC is progressing PYC-001 through to human trials in 2024

References

- Yu-Wai-Man, P., et al., Pattern of retinal ganglion cell loss in dominant optic atrophy due to *OPA1* mutations. *Eye*, 2011. 25(5): p. 596-602.
- Amati-Bonneau, P. et al. *OPA1*-associated disorders: phenotypes and pathophysiology. *The international journal of biochemistry & cell biology*, 2009;41(10), 1855–1865. doi: 10.1016/j.bjocel.2009.04.012