

Evaluating DUX4 Activity in a Phase 2, Randomized, Double-Blind, Placebo-Controlled, 48-Week Study of the Efficacy and Safety of Losmapimod in Subjects with FSHD



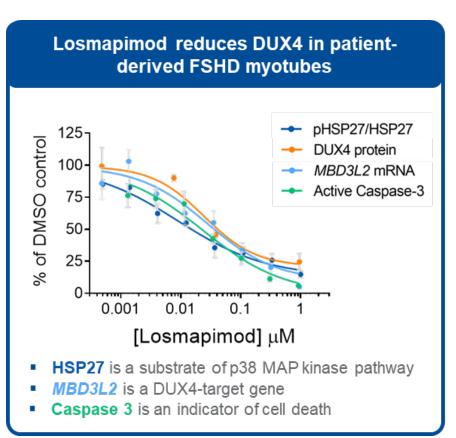
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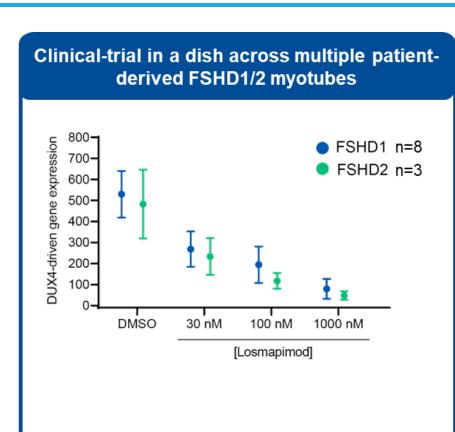
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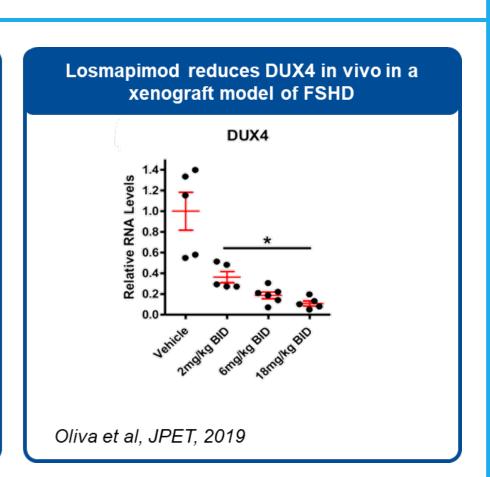
1. Rationale & Methods

Therapeutic Hypothesis in ReDUX4 Losmapimod inhibits p38 α/β MAPK, reducing DUX4 expression and preventing muscle damage and loss of function P38 α/β MAPK activity Reduction of DUX4 and its activity will decrease myofiber death resulting in slowing/stopping fatty replacement and cumulative loss of function

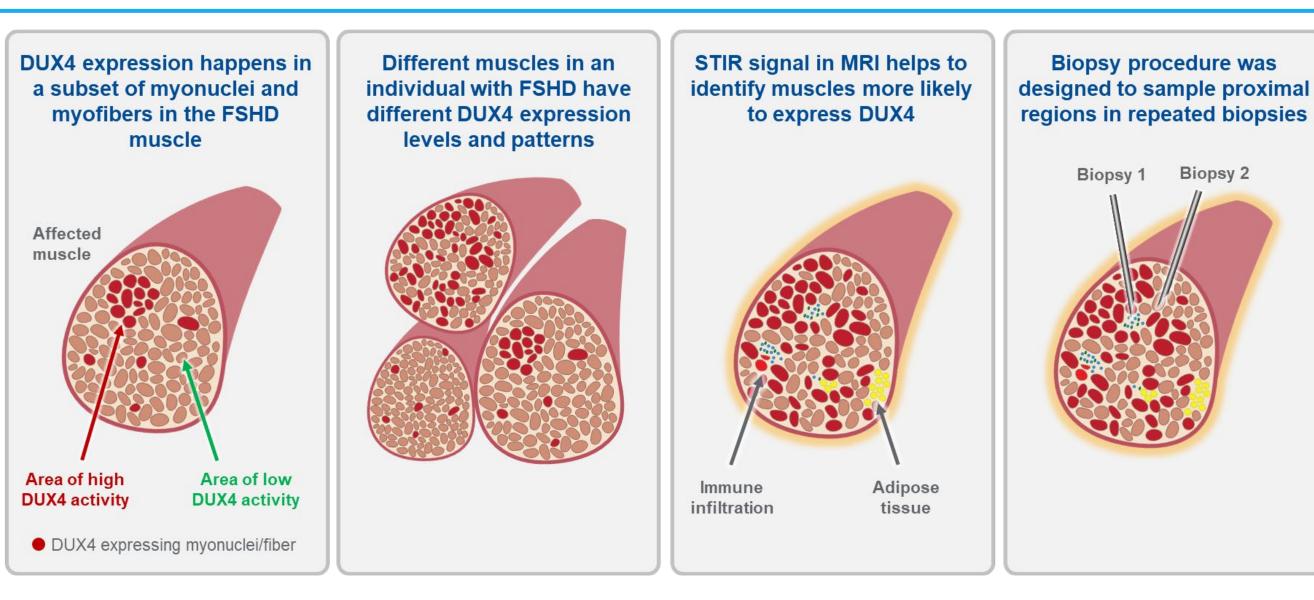
Losmapimod Reduces DUX4 Expression in Preclinical Models of FSHD

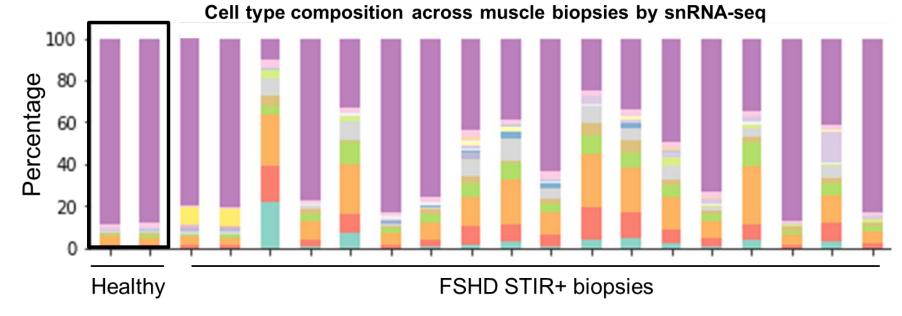






Heterogeneity of Muscle Composition in FSHD



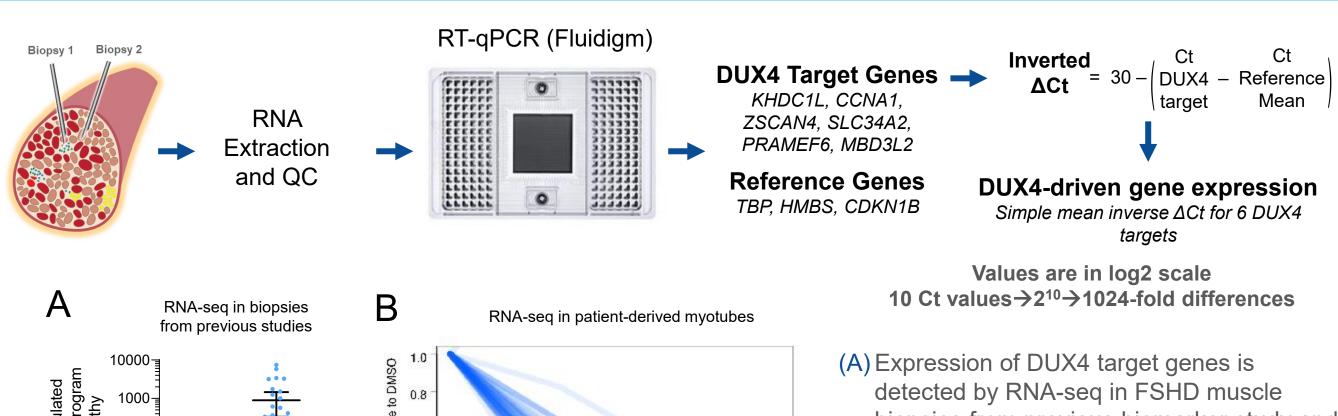


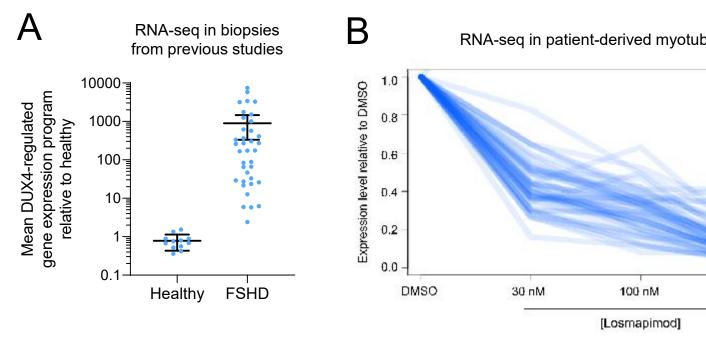
snRNA-seq analysis of muscle biopsies from previous Fulcrum studies showed:

- Large heterogeneity in cellular composition in FSHD muscle biopsies
- DUX4 activity is detected only in 1 in 3,000 myonuclei

*For more details: "Use of snRNA-seq to characterize the skeletal muscle microenvironment during pathogenesis in FSHD", Anu Raman Ph.D., FSHD Society IRC 2021

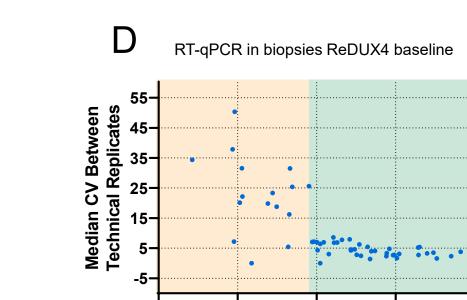
Determining DUX4 Activity in Muscle Needle Biopsies





from previous studies

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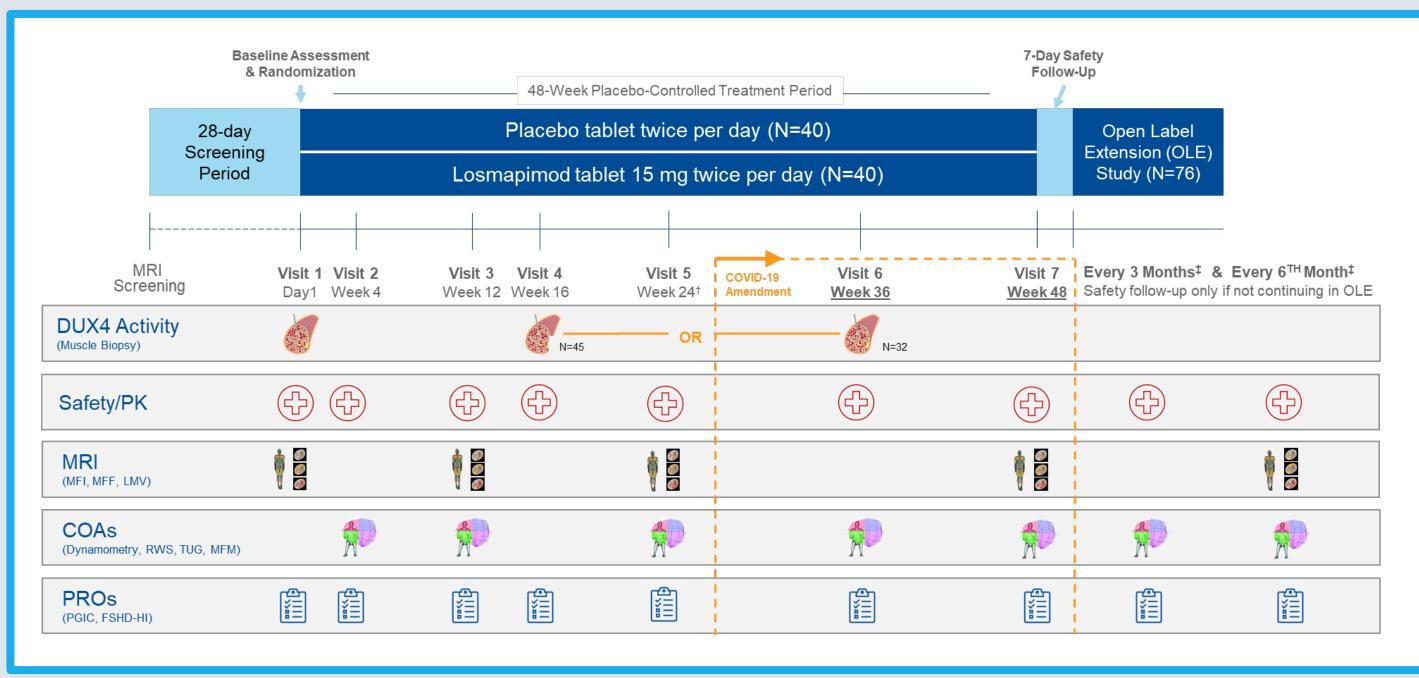
DUX4-driven gene expression

biopsies from previous biomarker study and datasets obtained by the Seattle Wellstone group

CCL21+

- (B) DUX4 target genes are coordinately downregulated by losmapimod in patientderived myotubes. Indicating they represent DUX4 activity as a transcription factor
- (C) Fluidigm RT-qPCR assay using 6 DUX4 target genes, recapitulate previous findings by RNA-seq and analysis of healthy muscle biopsies serve to establish biologically relevant bottom of the assay.
- (D)RT-qPCR is a highly sensitive tool for detecting DUX4 target gene transcripts, however at inverse∆Ct levels <24 we observed a reduction in the precision of the measurement (CV>30% between technical replicates)

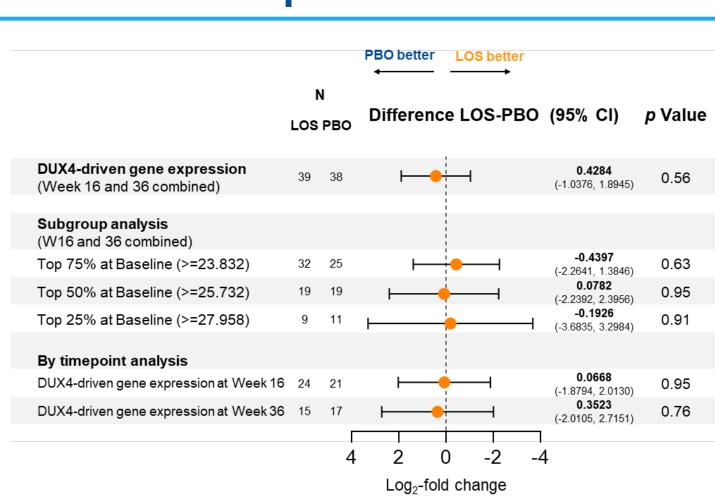
2. ReDUX4 Trial Design



3. Primary Endpoint

DUX4-Driven Gene Expression in Muscle Biopsies in ReDUX4

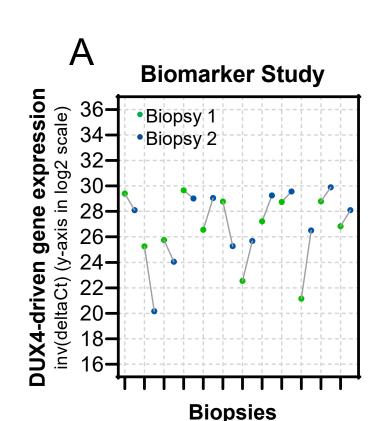
- Changes in either group were not observed in the treatment period.
- Subgroup analysis by quartile of DUX4driven gene expression levels showed no differences between losmapimod and placebo.
- Results previously reported from the interim analysis of ReDUX4 were based on a smaller number of samples (losmapimod n=3, placebo n=5).
- DUX4-driven gene expression is highly heterogeneous in both groups.

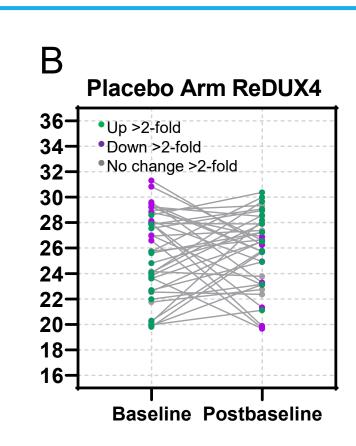


4. Heterogeneity in DUX4 activity in ReDUX4

Variability Between Biopsies in Longitudinal Studies

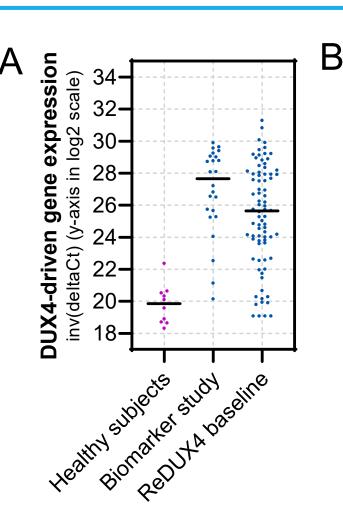
- Preparatory biomarker study showed variability in DUX4 activity between repeated biopsies taken 4-12 weeks apart. (A)
- Placebo arm in ReDUX4, shows large variability in DUX4 activity between repeated biopsies. (B) (16 and 36 week combined)
- As a <u>population</u>, mean DUX4 activity between baseline and postbaseline appears stable but the levels observed in the first biopsy are not representative of levels at the second biopsy
- Change from baseline levels in placebo participants decreased more than two-fold in 30% of samples and increased by more than two-fold in 45%

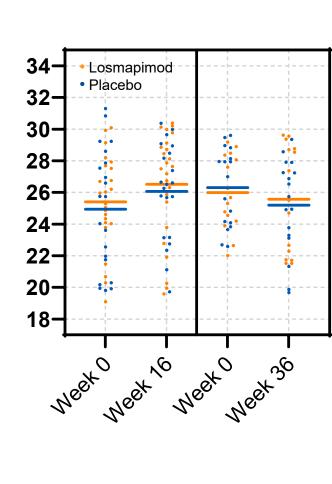




DUX4 Activity in Biopsies in ReDUX4 is Highly Heterogenous

- In preclinical models in vitro and in vivo, clinically achievable concentrations of losmapimod resulted in >50% reduction in DUX4 expression and activity. Based on the reduction of p38 MAPK activity observed in ReDUX4, ~35-65%, we expected similar decreases in DUX4-driven gene expression in affected myofibers.
- ReDUX4 confirmed the large heterogeneity of DUX4 activity in the FSHD muscle resulting in CV>180% in the population sampled.
- Based on this biological variability, it is not possible to determine if losmapimod had an effect on DUX4 expression and activity in ReDUX4.





Conclusions

- In this study, prespecified population and subgroup analyses did not show differences in DUX4-driven gene expression at week 16 or week 36, thus the primary endpoint was not met.
- DUX4-driven gene expression proved to be highly variable at all time points in both groups. The baseline values spanned over 1000-fold differences, a greater variance than anticipated based on pilot work. This variability contributed to our inability to detect changes and differences in the study.
- Multiple sources of the variability include the stochastic nature of DUX4-driven gene expression as well as the relative imprecision in the biopsy procedure, which had to be performed consistently across 17 clinical trial sites.
- Despite the challenges in quantifying losmapimod-mediated changes in DUX4-driven gene expression, changes in whole-body imaging, clinical and patient reported outcomes observed in ReDUX4 are consistent with our hypothesis that losmapimod reduces DUX4 expression/activity in muscle resulting in meaningful benefit to patients.

*Please see "A Phase 2, Randomized, Double-Blind, Placebo-Controlled, 48-Week, Parallel-Group Study of the Efficacy and Safety of Losmapimod in Treating Subjects with Facioscapulohumeral Muscular Dystrophy (FSHD) with Open Label Extension (OLE): ReDUX4", FSHD IRC, 2021.