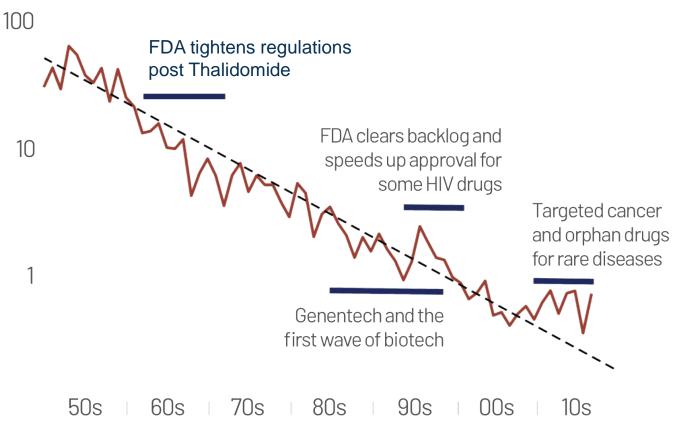


Disclosures

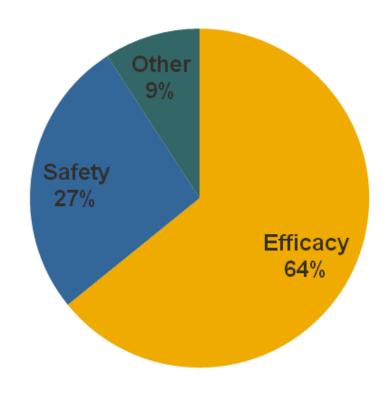
• I am an employee of- and shareholder in- Alnylam

RNAi is a powerful therapeutic modality but what are the right targets?





Phase 3/submission Failures 2007-2010 (120 drugs)



Why?

Traditional Target Discovery has Failed

A Lack of Understanding of Disease Mechanisms in Humans









Human genetically validated targets are more likely to lead to an approved drug



Mutation in gene encoding drug target

Phenotype that matches drugs' indication

Medicines are 2x more likely to be approved if target is genetically validated

Progression	p(progress genetics) / p(progress no genetics)
Phase I to Phase II	1.2 (1.1-1.3)
Phase II to Phase III	1.5 (1.3-1.7)
Phase III to Approval	1.1 (1.0-1.2)
Phase I to Phase III	1.8 (1.5-2.1)
Phase I to Approval	2.0 (1.6-2.4)

Nelson et al., Nat Gen. 2015,47:856-60.

UK Biobank Exome Sequencing Consortium (UKB-ESC)

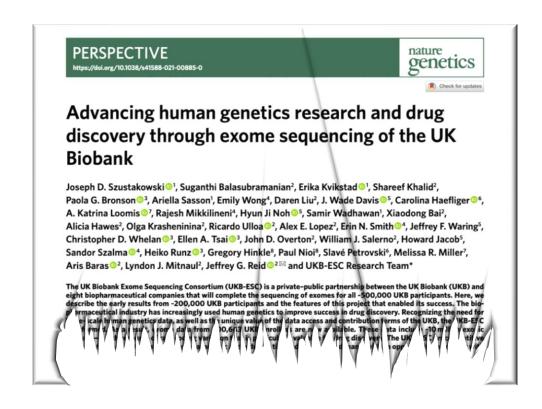
Alnylam is a founding member of the UKB-ESC



500,000 participants
Age 40-69 at recruitment
Access to EHRs, biomarker data, imaging...

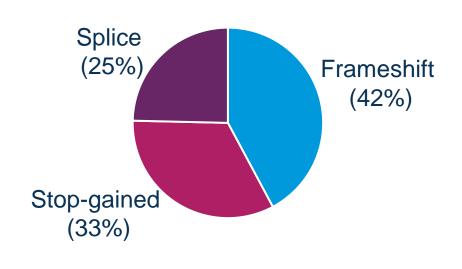
UKB-ESC goal – exome sequence all 500,000 participants

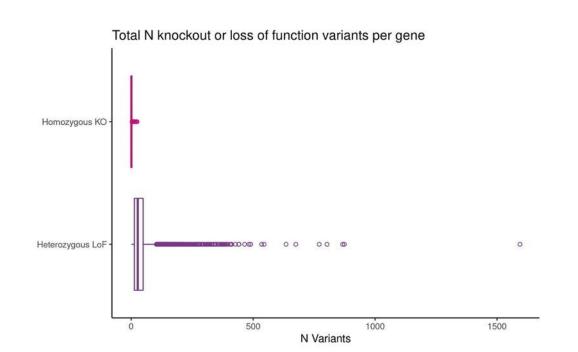
Alnylam goal – use genotype-phenotype data to discover genetically validated drug targets



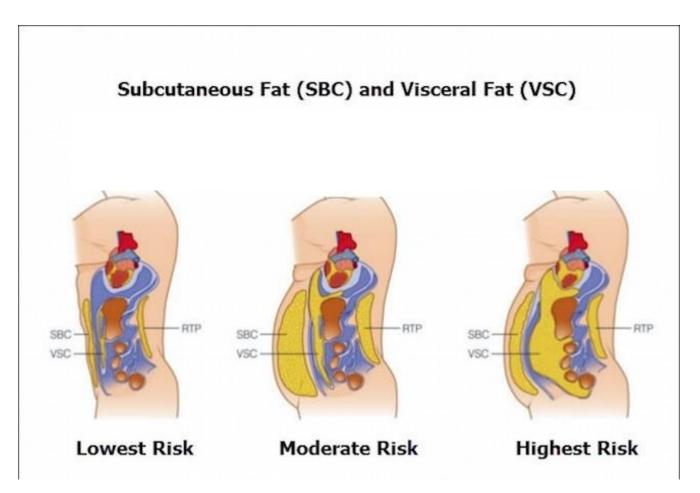
Human "knockout" and LOF variants in UKBB exomes

	N Genes	% Singleton	% N <= 10 carriers
Homozygous LOF ("knockouts") Genes	2261 (12%)	43%	75%
Heterozygous LOF Genes	16406 (86%)	1%	9%





Discovering New Targets for Metabolic Syndrome (MetS)



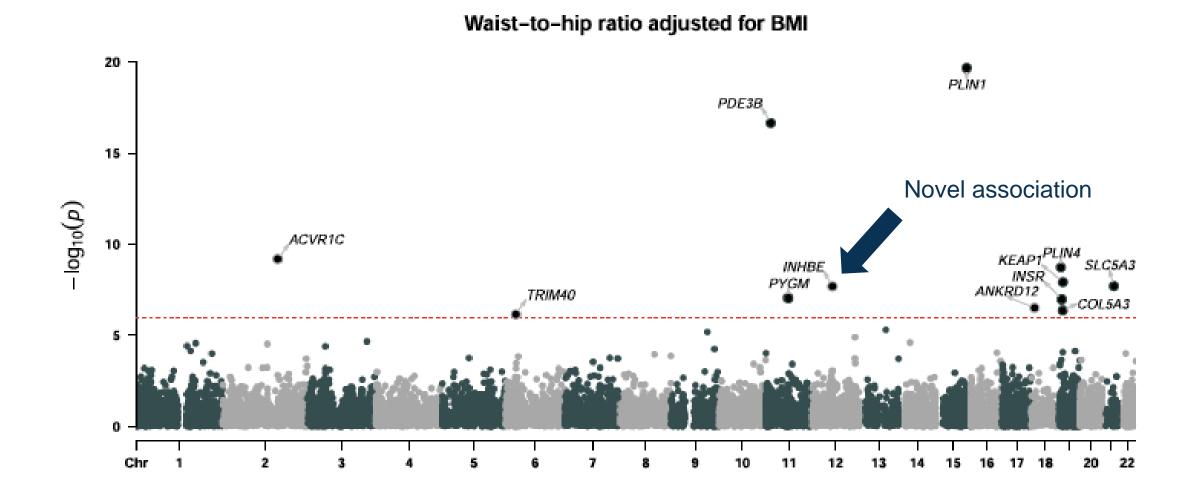
A major cause of Cardiovascular disease

Characterized by visceral obesity, high triglycerides, low HDL, insulin resistance and hypertension

Waist: Hip is a good surrogate for visceral adiposity

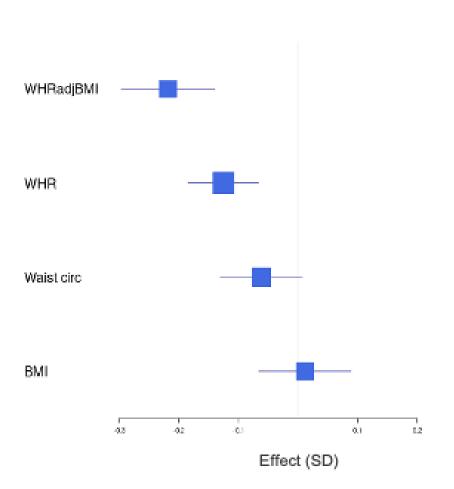
Affects > 20% of adults, globally

Genome wide association study of waist to hip ratio

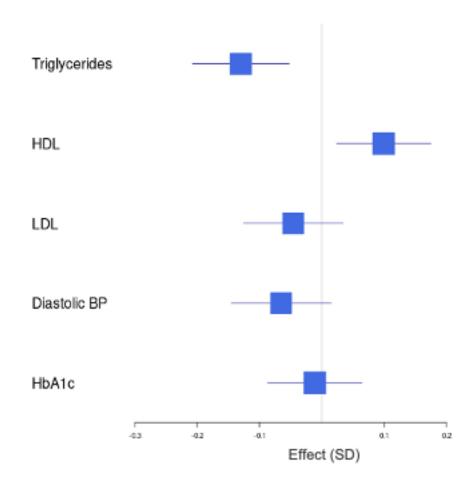


INHBE LOF carriers show traits consistent with protection from metabolic syndrome

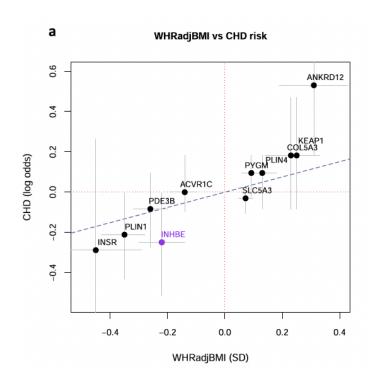
Anthropometric traits



Quantitative metabolic traits



INHBE LOF carriers have lower risk of cardiometabolic disease

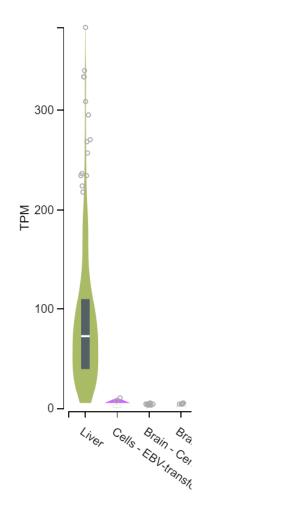


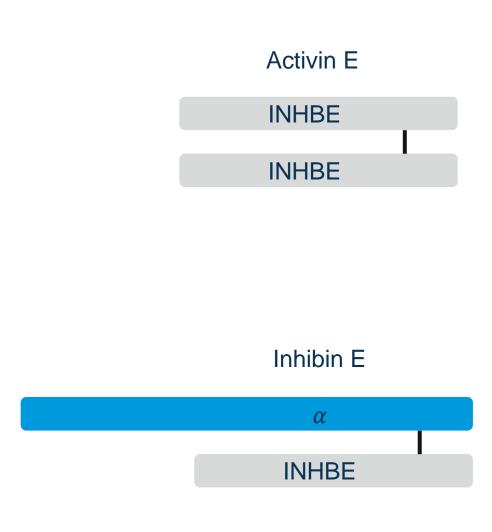
Type 2 diabetes (INHBE – pLoF, AAF < 1%)

Cohort	Ancestry	Cases RRIRAIAA	Controls RRIRAIAA	Odds ratio (95% CI)			Ĭ		P
UKB	SAS	1,9361010	8,195 5 0	0.29 (0.02, 3.82)	•		- !	_	3.5 x 10 ⁻¹
SINAI	EUR	9781110	7,4921610	1.18 (0.11, 12.24)	7 41			-	8.9×10^{-1}
MDCS	EUR	3,802 2 0	21,117 22 0	0.69 (0.20, 2.38)		-			5.6 x 10 ⁻¹
MCPS	AMR	26,482 6 1	81,93614310	0.71 (0.34, 1.48)			-		3.6×10^{-1}
GHS	EUR	26,740 18 0	64,737 111 0	0.49 (0.30, 0.80)					4.1×10^{-3}
UKB	EUR	23,86214510	401,975 953 0	0.82 (0.62, 1.09)			- -		1.7 x 10 ⁻¹
Meta-analysis	ALL	83,80017211	585,45211,14010	0.72 (0.58, 0.90)			♦		4.3 x 10 ⁻³
Heterogeneity I2=0%; P=0.55									
					0.1	0.2	0.5 1.0 2.0	5.0	
					0.1	0.2	Odds ratio (95% CI)	3.0	

INHBE is a hepatokine with liver restricted expression

INHBE mRNA expression

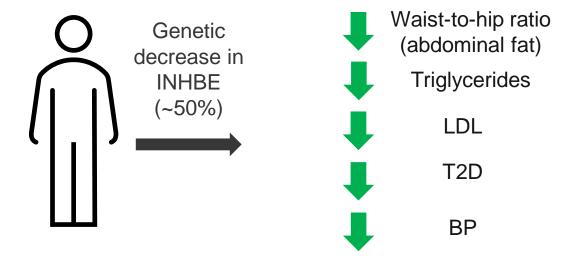




INHBE Loss of Function Protects from MetS



- Alnylam discovered target in UK Biobank
- INHBE loss of function improves waist-to-hip ratio, a surrogate for abdominal fat that impacts risk for type 2 diabetes and heart disease



We are now pursuing an annual or bi-annual RNA-therapeutic to knockdown INHBE

