## Targeting Cerebral Amyloid Angiopathy at its Source: An Amyloid-beta Precursor Protein-Targeted siRNA Reduced Vascular Amyloid-Beta and Hemorrhage in Rodent Models

<u>Kirk Brown</u><sup>1</sup>, Lan T. H. Dang<sup>1</sup>, Feng Xu<sup>2</sup>, Xiaoyue Zhu<sup>2</sup>, Louis-Philippe Croteau<sup>1</sup>, Sarah LeBlanc<sup>1</sup>, Mark Schlegel<sup>1</sup>, Adam Castoreno<sup>1</sup>, Kevin Fitzgerald<sup>1</sup>, William Van Nostrand<sup>2</sup>

<sup>1</sup>Alnylam Pharmaceuticals, Inc., Cambridge, MA, USA; <sup>2</sup>George & Anne Ryan Institute for Neuroscience, Department of Biomedical and Pharmaceutical Sciences, The University of Rhode Island, Kingston, RI, USA

Presented at the International Stroke Conference (ISC), February 5-7, 2025, Los Angeles, United States

## **Disclosures**

#### **Presenter: Kirk Brown, PhD**

Conflict	Disclosure
Paid Employee and Stockholder of Alnylam Pharmaceuticals	Alnylam Pharmaceuticals

#### Mivelsiran:

Mivelsiran is an investigational drug being studied for the treatment of cerebral amyloid angiopathy and Alzheimer's disease. Mivelsiran is not approved by any health authority, and the safety and efficacy of mivelsiran have not been established.

#### **Funding:**

The mivelsiran clinical program is funded by Alnylam Pharmaceuticals.

## CAA is a Serious, Progressive Cerebrovascular Disease Characterized by Deposition of Aβ in Cerebral Blood Vessels

- Amyloid-beta (Aβ) accumulation leads to altered cerebrovascular physiology and nonhemorrhagic and hemorrhagic brain injury<sup>1–5</sup>
- Cerebral angiopathy (CAA) often co-occurs with Alzheimer's disease (AD)<sup>2,3</sup>
  - Greater CAA severity increases the likelihood of severe cognitive impairment in AD<sup>2</sup>
- CAA is often sporadic, but can occur due to amyloid-beta precursor protein (APP) variants and overexpression<sup>1,3,6</sup>
- There are no disease-modifying therapies for CAA<sup>7</sup>

<sup>a</sup>Available through Creative Commons Attribution License, image labels added.

Aβ, amyloid-beta; APP, amyloid-beta precursor protein; AD, Alzheimer's disease; CAA, cerebral amyloid angiopathy.

1. Kozberg MG et al. Int J Stroke 2021;16:356–69. 2. Boyle PA et al. Neurology 2015;85:1930–6. 3. Biffi A, Greenberg SM J Clin Neurol 2011;7:1–9. 4. Mintun MA et al. N Engl J Med 2021;384:Suppl. 5. Vilela P, Wiesmann M. Diseases of the Brain, Head and Neck, Spine 2020–23. Springer; 2020. 6. Chatterjee P et al. J Alzheimers Dis 2021;79:895–903. 7. Cozza M et al. J Neurol Sci 2023;454:120866. 8. Image obtained from the Alzheimer's Disease Neuroimaging Initiative (ADNI) database. Website: adni.loni.usc.edu. 9. Sepehrband F et al. Sci Rep. 2019;9:12351.

Lobar Hemorrhagic Lesions<sup>3,8,a</sup>



#### White Matter Abnormalities<sup>9,a</sup>



## The Amyloidogenic Pathway Underlies CAA Pathophysiology

- APP mRNA encodes APP<sup>1</sup>
- APP is cleaved to produce  $A\beta^2$
- Aβ deposits in the vessel walls of small arteries, arterioles, and capillaries<sup>2</sup>



#### Altered cerebrovascular physiology leads to hemorrhagic and nonhemorrhagic brain injury<sup>5–9</sup>

Image created by Alnylam from data published in Hampel, et al. 2021<sup>10</sup> and Banerjee, et al. 2017.<sup>11</sup>

Aβ, amyloid-beta; AICD, activation-induced cell death; APP, amyloid-beta precursor protein; β-CTF, β-C-terminal fragment; CAA, cerebral amyloid angiopathy; sAPP, soluble amyloid precursor protein.

1. Zheng et al. Mol Neurodegener 2006;1. 2. DeSimone CV et al. J Am Coll Cardiol 2017;70(9):1173-82. 3. van Veluw et al. Cell Mol Life Sci 2024;81:239. 4. Hawkes et al. Acta Neuropathol 2011;121(4):431-43. 5. Kozberg MG et al. Int J Stroke 2021;16:356–69. 6. Boyle PA et al. Neurology 2015;85:1930–6. 7. Biffi A, Greenberg SM J Clin Neurol 2011;7:1–9. 8. Mintun MA et al. N Engl J Med 2021;384:Suppl. 9. Vilela P, Wiesmann M. Diseases of the Brain, Head and Neck, Spine 2020–23. Springer; 2020. 10. Hampel et al. Mol Psychiatry 2021:26:5481–503. 11. Banerjee et al. J Neurol Neurosurg Psychiatry 2017;88:982–94.

## **RNA Interference Harnesses an Endogenous Process that Regulates Gene Expression**

- Synthetic small interfering RNAs (siRNAs) target entry into this cellular mechanism<sup>1</sup>
- siRNAs direct the targeted reduction of mRNA to reduce the disease-associated protein<sup>2,3</sup>
- C16 modification enhances delivery of siRNA to brain cells<sup>4</sup>



#### **RNAi Mechanism of Action<sup>3,a</sup>**

#### RNAi works catalytically to reduce target protein expression while leaving DNA intact<sup>2</sup>

<sup>a</sup>Image created by Alnylam Pharmaceuticals from data published in Jadhav et al. 2024.<sup>3</sup>

C16, 2'-O-hexadecyl; mRNA, messenger RNA; RISC, RNA-induced silencing complex; RNAi, RNA interference; siRNA, small interfering RNA.

1. Niemietz C et al. Molecules 2015;20:17944–75. 2. Ranasinghe R et al. Br J Pharmacol 2023;180:2697–720. 3. Jadhav V et al. Nature Biotechnol 2024;42:394–405. 4. Brown et al. Nat Biotechnol 2022;40:1500–8.

## **Mivelsiran is Designed to Reduce APP Production**

- Mivelsiran is an investigational therapeutic currently in development for treatment of CAA and AD
- Targets APP production in the CNS
- Administered intrathecally



#### Lowering APP reduces substrate for amyloid accumulation and may enable natural clearance of Aß

Image created by Alnylam from data published in Hampel, et al. 2021<sup>1</sup> and Banerjee, et al. 2017.<sup>2</sup>

Aβ, amyloid-beta; AD, Alzheimer's disease; AICD, activation-induced cell death; APP, amyloid-beta precursor protein; β-CTF, β-C-terminal fragment; CAA, cerebral amyloid angiopathy; CNS, central nervous system; sAPP, soluble amyloid precursor protein.

1. Hampel, et al. Mol Psychiatry. 2021:26(10):5481-503. 2. Banerjee, et al. J Neurol Neurosurg Psychiatry. 2017:88(11):982-94.

APP-Lowering siRNA in Rodent Models

# Rodent Models of Aβ-related Pathology Used to Assess Impact of APP-Lowering siRNA

#### CVN mouse model<sup>1,2</sup>

- Transgenic model of AD and CAA, which develop over time
- APP Swedish, Dutch, and Iowa variants expressed
- Levels of Aβ40 over double that of Aβ42
- Amyloid accumulates in both brain and vessels
- CMBs do not typically occur in model

#### **Blood Vessel Cross-Section in Hippocampus<sup>4</sup>**



#### rTg-DI rat model<sup>3</sup>

- Transgenic model of CAA
- APP Dutch and Iowa APP variants expressed
- Amyloid accumulates in both brain and vessels
- CMBs observed in this model, mainly in the thalamus

#### **Amyloid Staining in Hippocampus<sup>4</sup>**



αSMA, alpha-smooth muscle actin; Aβ, amyloid-beta; AD, Alzheimer's disease; APP, amyloid-beta precursor protein; CAA, cerebral amyloid angiopathy; CMB, cerebral microbleed; siRNA, small interfering RNA; ThioS, Thioflavin S. 1. Coulton *et al. J Neuropathol Exp Neurol* 2014;73:752–69. 2. Wilcock *et al. J Neurosci* 2009;29:7957–65. 3. Davis *et al. Am J Pathol* 2018;188:2877–89. 4. Alnylam data on file.

# Timeline of Aβ Accumulation and Occurrence of CMBs Assessed in Interventional Rodent Studies

#### **CVN** mouse study



#### Assessments

 Accumulation of Aβ: Immunohistochemical staining of brain tissue 3 and 6 months postdose

#### rTg-DI rat study



#### Assessments

- Accumulation of Aβ: Immunohistochemical staining of unilateral brain tissue 6 months postdose
- Occurrence of cerebral microbleeds: Hemosiderin staining 6 months post-dose

### **APP mRNA Expression in Models After Single Dose of siRNA**

#### CVN mouse – Hippocampus<sup>a,b</sup>

3 months post-dose



#### **rTg-DI rat – Hemibrain**<sup>a,c</sup> 1 month post-dose



<sup>a</sup>Normalized to Xpnpep1. <sup>b</sup>CVN mouse brain assessed in hippocampus. <sup>c</sup>rTg-DI rat brain assessed in hemibrain without cerebellum. aCSF, artificial cerebrospinal fluid; APP, amyloid-beta precursor protein; mRNA, messenger RNA; siRNA, small interfering RNA.

### **CVN Mouse Model Data**

## **Plaque Deposition in Mouse Hippocampus**

**Parenchymal Aβ** 

Vascular Aß



Significant reductions in Aβ parenchymal and vascular accumulation in the hippocampus compared with controls 3 and 6 months post-dose

Number of Aβ40 staining along SMA+ vessels were determined by counting the number of distinct Aβ40 positive areas that are colocalized to the SMA+ vessel area. Aβ, amyloid-beta; aCSF, artificial cerebrospinal fluid; APP, amyloid-beta precursor protein; p.d., post-dose; siRNA, small interfering RNA; SMA, smooth muscle actin.

# Image: Image state of the state of the

## **Amyloid Deposition in Rat Hippocampus**

Amyloid deposits in vessels 6 months post-dose

#### Vascular area occupied by amyloid 6 months post-dose





#### rTg-DI transgenic rats had a significant **reduction in Aβ accumulation in the hippocampus vasculature** compared with controls

<sup>a</sup>Staining greater than background was quantified. Aβ, amyloid-beta; aCSF, artificial cerebrospinal fluid; APP, amyloid-beta precursor protein; siRNA, small interfering RNA; ThioS, Thioflavin S.

## Number and Size of CMBs in Rat

## **Thalamus** 6 months post-dose **APP-lowering** aCSF Control siRNA

Microhemorrhages (blue) shown with arrows

#### 6 months post-dose



#### rTg-DI transgenic rats had a **reduction in number of CMBs<sup>b</sup> and mean CMB size** 6 months post-dose compared with controls

<sup>a</sup>Left panel: each dot plotted represents an individual bleed area. Right panel: each dot plotted represents a single animal. <sup>b</sup>Number of CMBs per cluster aCSF, artificial cerebrospinal fluid; APP, amyloid-beta precursor protein; CMB, cerebral microbleed; siRNA, small interfering RNA.

## Mivelsiran Clinical Trials

## Phase 1 Early-Onset AD Data Support Development in CAA

## Phase 1

**Early-Onset Alzheimer's Disease** Single and Multiple Ascending Dose Study<sup>1</sup>



**Alzheimer's Disease** (e.g., early-onset AD, autosomal dominant AD, Down syndrome AD)

#### Cerebral Amyloid Angiopathy

cAPPricorn-1: Phase 2 Study in Sporadic and Dutch-Type CAA<sup>2</sup>

AD, Alzheimer's disease; CAA, cerebral amyloid angiopathy.

1. ClinicalTrials.gov. NCT05231785. Last updated January 24, 2025. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT05231785. 2. ClinicalTrials.gov. NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT05231785. 2. ClinicalTrials.gov. NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT05231785. 2. ClinicalTrials.gov. NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT05231785. 2. ClinicalTrials.gov. NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT05231785. 2. ClinicalTrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712. last updated December 6, 2024. https://clinicaltrials.gov/study/NCT06393712. last updated December 6, 2024. https://clinicaltrials.gov/study/NCT06393712. last up

## **Mivelsiran Phase 1 Study in Patients with Early-Onset AD**

**Αβ40**<sup>a</sup>



#### **Adverse Events**

Patients with events	Mivelsiran 25 mg or placebo (N=6, PY=6.9)	Mivelsiran 35 mg or placebo (N=8, PY=4.8)	Mivelsiran 50 mg or placebo (N=8, PY=7.6)	Mivelsiran 75 mg or placebo (N=14, PY=13.5)
Time from randomization, months, mean (SD)	13.89 (1.46)	7.27 (0.79)	11.45 (3.66)	11.60 (2.86)
At least one AE, n (%)	6 (100.0)	8 (100.0)	7 (87.5)	14 (100.0)
Related to study drug	0	0	1 (12.5)	2 (14.3)
Related to LP	4 (66.7)	7 (87.5)	6 (75.0)	7 (50.0)

- AEs deemed related to study drug were reported in three patients; all events resolved<sup>b</sup>
- One serious and severe AE of acute pancreatitis deemed unrelated to the study drug was fatal

## Single doses of mivelsiran produced robust and durable reductions of CSF amyloidogenic proteins and were generally well tolerated, with most AEs mild or moderate in severity and nonserious<sup>1</sup>

NCT05231785. Safety data shown as of April 18, 2024, A $\beta$ 40 data shown as of August 2, 2024. <sup>a</sup>Similar reductions were observed for CSF A $\beta$ 42 levels. <sup>b</sup>Post-LP headache (n=3), post-LP nausea (n=1), post-LP vomiting (n=1), post-LP neck pain (n=1), vomiting due to LP (n=1), and lymphocytopenia (n=1).

AD, Alzheimer's disease; AE, adverse event; Aβ, amyloid-beta; Aβ40, amyloid-beta peptide length 40 amino acids; Aβ42, amyloid-beta peptide length 42 amino acids; CAA, cerebral amyloid angiopathy; CSF, cerebrospinal fluid; LP, lumbar puncture; PY, patient-years; SD, standard deviation; SE, standard error.

1. Deering R et al. Oral Presentation at the International Cerebral Amyloid Angiopathy (ICAA) Conference, October 15–17, 2024, Munich, Germany.

## cAPPricorn-1 Study Design

For US HCPs Only Scan to View Congress Poster Presented



#### Phase 2 Multiple-Dose Study Evaluating Efficacy, Safety, and Pharmacodynamics



• Endpoints will span hemorrhagic and nonhemorrhagic manifestations of CAA

NCT06393712. <sup>a</sup>Sporadic and Dutch-type CAA cohorts will be analyzed separately.

APP, amyloid-beta precursor protein; CAA, cerebral amyloid angiopathy; IT, intrathecal; R, randomization.

1. ClinicalTrials.gov. NCT06393712. Last updated December 6, 2024. Accessed January 27, 2024. https://clinicaltrials.gov/study/NCT06393712.

## Summary

For US HCPs Only Scan to View Congress Presentation



- Mivelsiran is an investigational RNAi therapeutic designed to reduce APP production, thereby reducing downstream Aβ accumulation and potentially slowing CAA progression
- When compared with controls, a single dose of an APP-lowering siRNA in rodent models of Aβ overproduction significantly:
  - Reduced production of APP
  - Reduced brain and vascular amyloid burden
- In the rat model, cerebral microbleed occurrence and size was reduced following a single dose of an APP-lowering siRNA
- First preclinical evidence that lowering APP by RNAi could slow or halt the progression of CAA
- cAPPricorn-1 is a proof-of-concept Phase 2 study (NCT06393712) to assess efficacy, safety, and pharmacodynamics of mivelsiran in patients with CAA

#### Investigators and referring physicians interested in cAPPricorn-1 may contact <u>clinicaltrials@alnylam.com</u> or visit <u>cappricorn1.com</u>

If you are seeking additional scientific information related to Alnylam therapeutics, US HCPs may visit the Alnylam US Medical Affairs website at RNAiScience.com. Non-US HCPs should contact <u>medinfo@alnylam.com</u>. Aβ, amyloid-beta; AD, Alzheimer's disease; APP, amyloid-beta precursor protein; CAA, cerebral amyloid angiopathy; CSF, cerebrospinal fluid; HCP, healthcare professional; ICH, intracerebral hemorrhage; RNAi, RNA interference.