ARCHER II, a Phase 3, randomized clinical trial of Vonaprument (ANX007) in patients with dry AMD and GA: Study design and rationale

Mark R Barakat, MD

On Behalf of the ARCHER and ARCHER II Investigators

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Disclosures

- 4DMT[R]
- AbbVie Inc[C]
- Adverum Biotech[CR]
- Alcon[BC]
- Alkeus[C]
- ANI Pharmaceuticals[B]
- Annexon Biosciences[CR]
- Apellis[BC]
- Astellas[BCR]
- Bausch and Lomb[C]
- Beacon[CR]
- Biocryst[C]
- Boehringer Ingelheim[CR]
- Celltrion[C]
- Cencora[C]
- Clearside Biomedical[CR]
- EyeBio[R]
- EyePoint Pharma[CR]
- Genentech[BCR]
- Glaukos[CR]
- Harrow[C]
- Janssen[C]
- Kanghong/Vanotech[R]
- Kodiak Sciences[CR]
- NeuBase[S]
- Ocular Therapeutix[CR]
- Oculis[CR]
- Opthea[CR]
- Outlook Therapeutics[C]
- Oxurion[S]
- Palatin Technologies[C]
- Perfuse[R]
- Perceive Bio[R]
- Regeneron[BCR]
- RegenxBio[CR]
- RevOpsis Therapeutics[CS]
- Roche[C]
- Sanofi[CR]
- Stealth Biotherapeutics[CR]
- Surrozen[C]

(B): Speakers' Bureau; (C): Consultant; (S): Stock/Stock Options; (R): Grants/Research Support

ARCHER: Phase 2 Trial Of The C1q Inhibitor ANX007 (vonaprument) in Patients with Dry AMD and GA

Randomized, double-masked
Included **foveal and non-foveal** lesions
Stratified for lesion location and lesion size
12 months (n=270)

Sham monthly or every other month (n=89)	Vonaprument 5mg monthly (EM) (n=89)	Vonaprument 5mg every other month (EOM) (n=92)

PRIMARY ENDPOINT

Rate of Change in GA lesion area as assessed by fundus autofluorescence at Month 12

PRESPECIFIED FUNCTIONAL ANALYSES

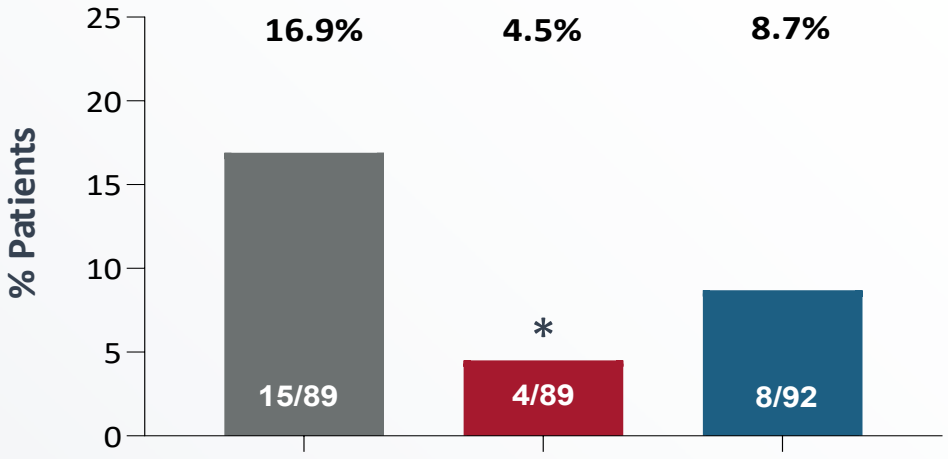
Best Corrected Visual Acuity (BCVA)
Low Luminance Visual Acuity (LLVA) & Deficit (LLVD)

Off-treatment
(6 months)

END OF STUDY
Month 18

Fewer Vonaprument-Treated Eyes Experienced BCVA ≥15-Letter Loss Compared to Sham

PROPORTION OF PATIENTS WITH CONFIRMED BCVA ≥15-LETTER LOSS AT TWO CONSECUTIVE VISITS THROUGH MONTH 12*

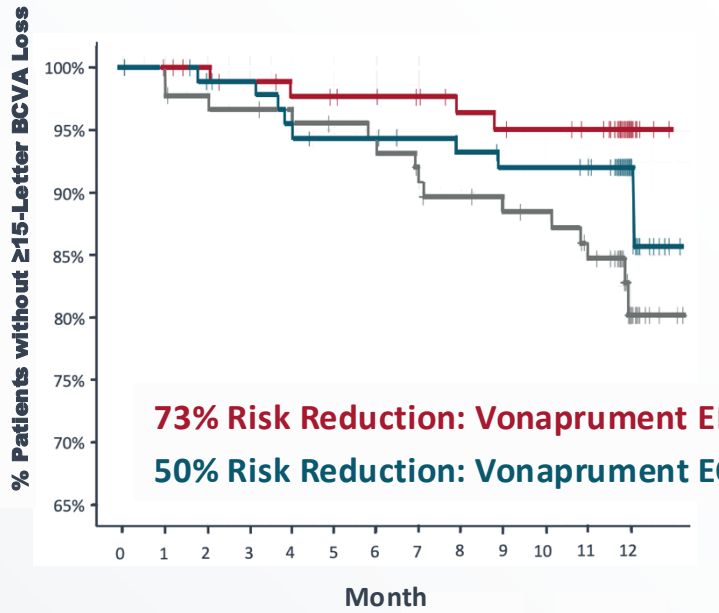


Nominal p-value vs Pooled Sham^	---	EM 0.0076	EOM 0.0994

*BCVA ≥15-Letter Loss at Month 12 was confirmed at the subsequent visit (Month 15). In ARCHER, visits were monthly through Month 12 and then at Months 15 & 18

^Nominal p-value from a Chi-square test in ITT population: *Nominal p < 0.05

PROBABILITY OF CONFIRMED## BCVA ≥15-LETTER LOSS THROUGH MONTH 12



Nominal p-value vs sham^	EM	EOM
	0.0119*	0.1098

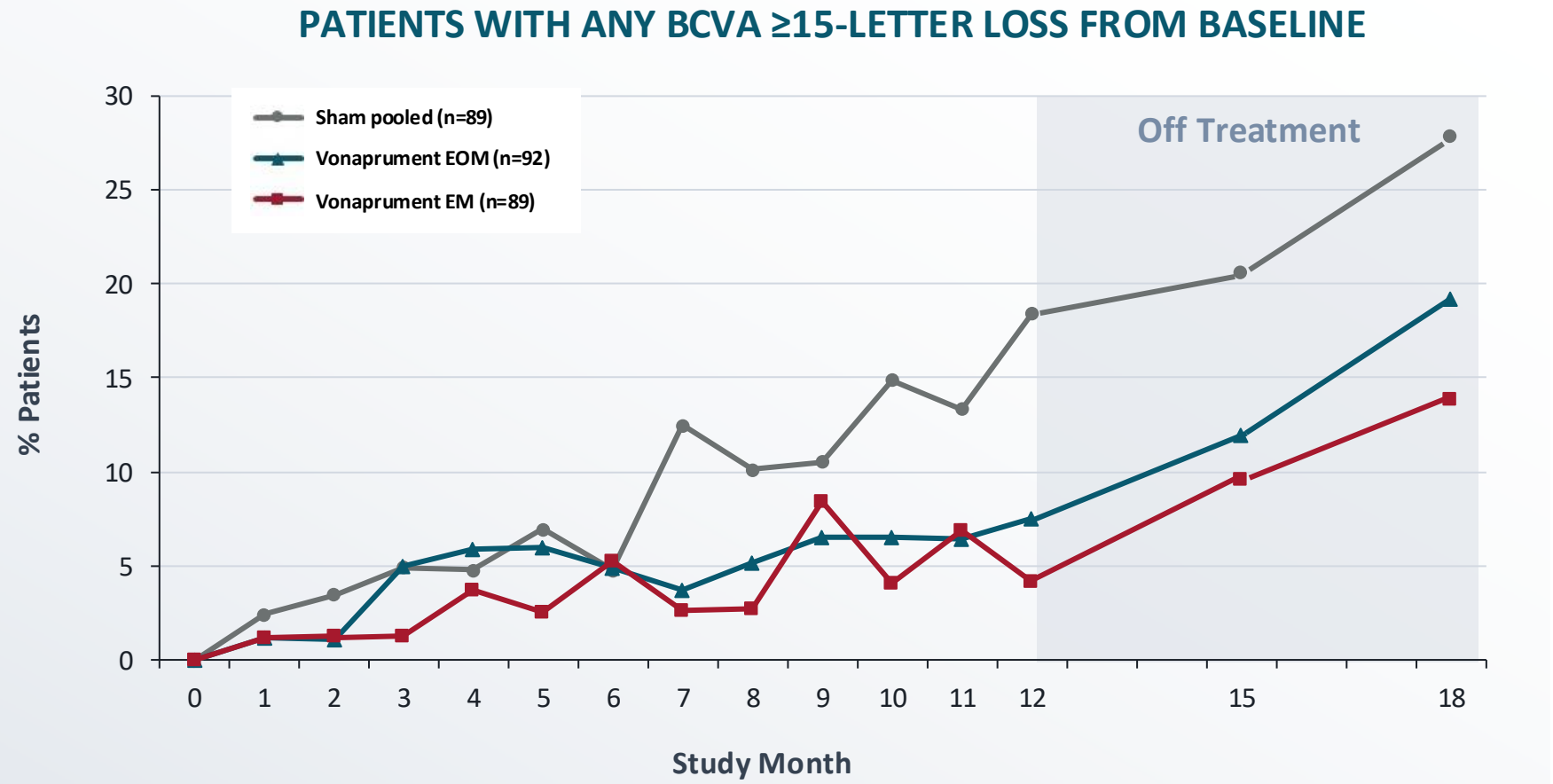
##Confirmed for two consecutive visits through month 12; month 12 confirmed at month 15 visit

^Nominal p-value from a Chi-square test in ITT population

* P < 0.05

Proportion of Eyes With BCVA ≥15-Letter Loss Accelerated After Cessation of Treatment

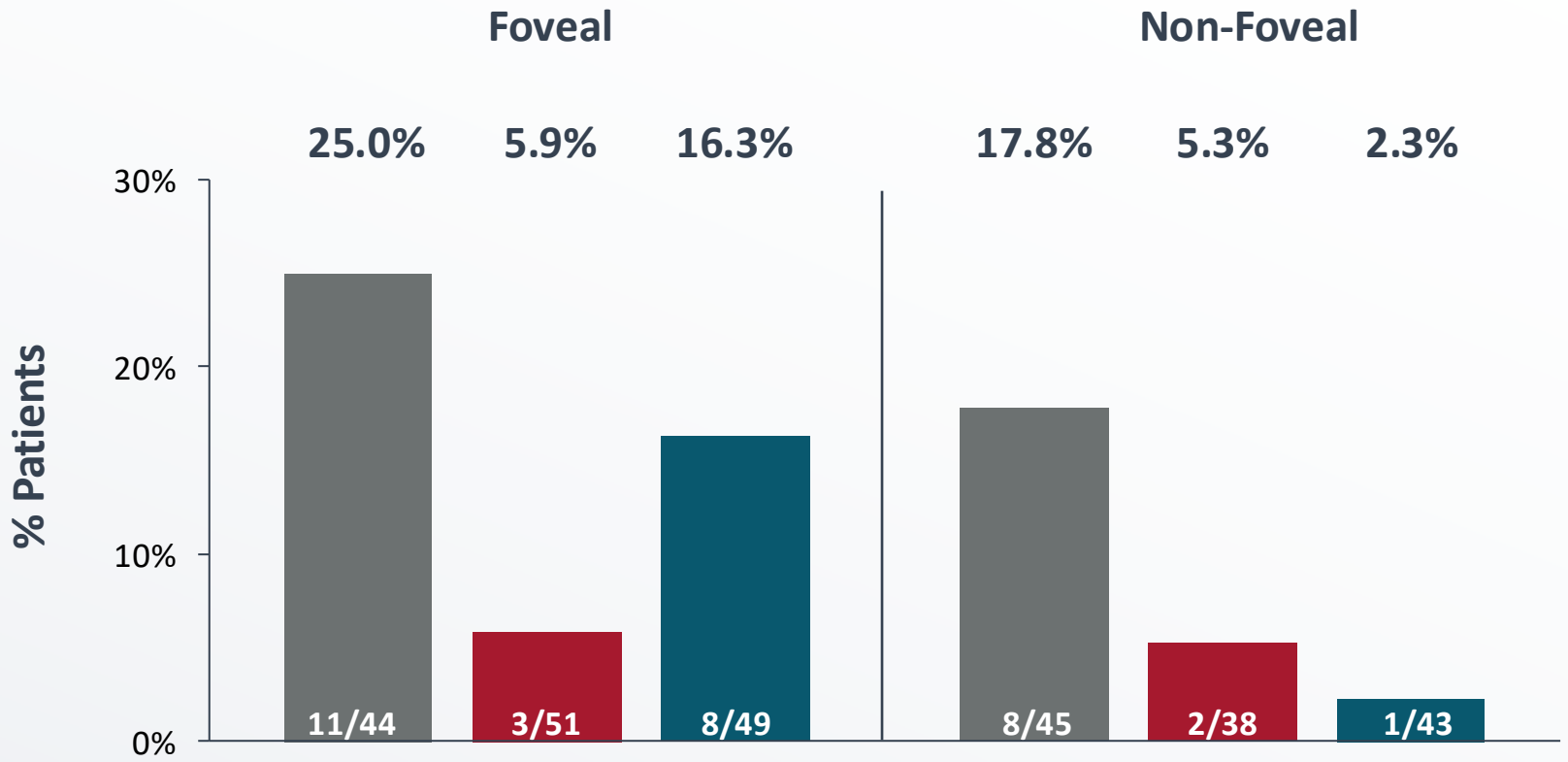
Consistent with true on-treatment drug effect and disease-modifying mechanism of action



- Low frequency (<0.6% per month) of single BCVA ≥15-letter losses in EM- and EOM-treated groups during 12-month treatment period
- While benefit was maintained after treatment cessation the rate of BCVA≥15 LL increased to parallel that of sham (>1.6% per month)

BCVA Subgroup Analysis: Protection from Vision Loss Observed in Both Foveal and Non-Foveal Lesions with Vonaprument vs Sham

PATIENTS WITH CONFIRMED BCVA ≥15-LETTER LOSS THROUGH MONTH 12#



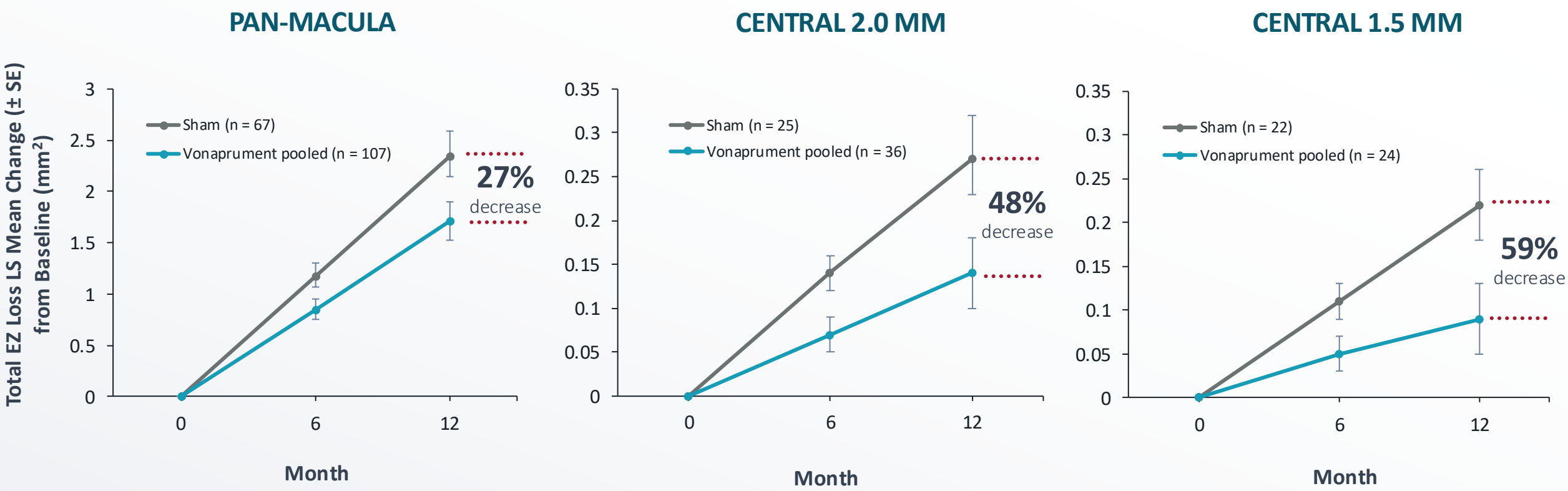
Nominal summary p- value vs. Pooled Sham^

Vonaprument EM (pooled)	0.0019
Vonaprument EOM (pooled)	0.0254

#Confirmed two consecutive visits at any time through month 12 or at last study visit
^Nominal p-value from a Cochran Mantel-Haenszel test (General Association) in ITT population
Final data

Numerically Greater Photoreceptor Protection in Central Macula with Vonaprument

Comparison of Vonaprument effect on Ellipsoid Zone (EZ) across macula and in central subdomains through 12 months



^Nominal p-values from a linear mixed model for repeated measures model (slope) analysis;
Heidelberg Spectralis OCT population with baseline OCT data, excludes patients with >98% atrophy/attenuation at baseline

ARCHER: Key Safety Data

ADVERSE EVENTS OF SPECIAL INTEREST n (%)	SHAM (N=89)	VONAPRUMENT EM (N=89)	VONAPRUMENT EOM (N=92)
Choroidal Neovascularization	3 (3.4%)	4 (4.5%)	4 (4.3%)
Endophthalmitis	0	1 (1.1%)	2 (2.2%)
Retinal Vascular Occlusion	0	0	1^ (1.1%)
Retinal Vasculitis	0	0	0
Intraocular Inflammation+	0	2 (2.2%)	1 (1.1%)
Ischemic Optic Neuropathy+	0	0	0

INTRAOCULAR INFLAMMATION DETAILS* n

Iritis – 1
Resolved with topical steroids in 2 days
No Vasculitis

Vitritis – 1
Resolved with topical steroids in 9 days
No Vasculitis

Vitreous Debris – 1
KP on endothelium, prior treatment with topical steroids
No Vasculitis

*Event Verbatim term listed

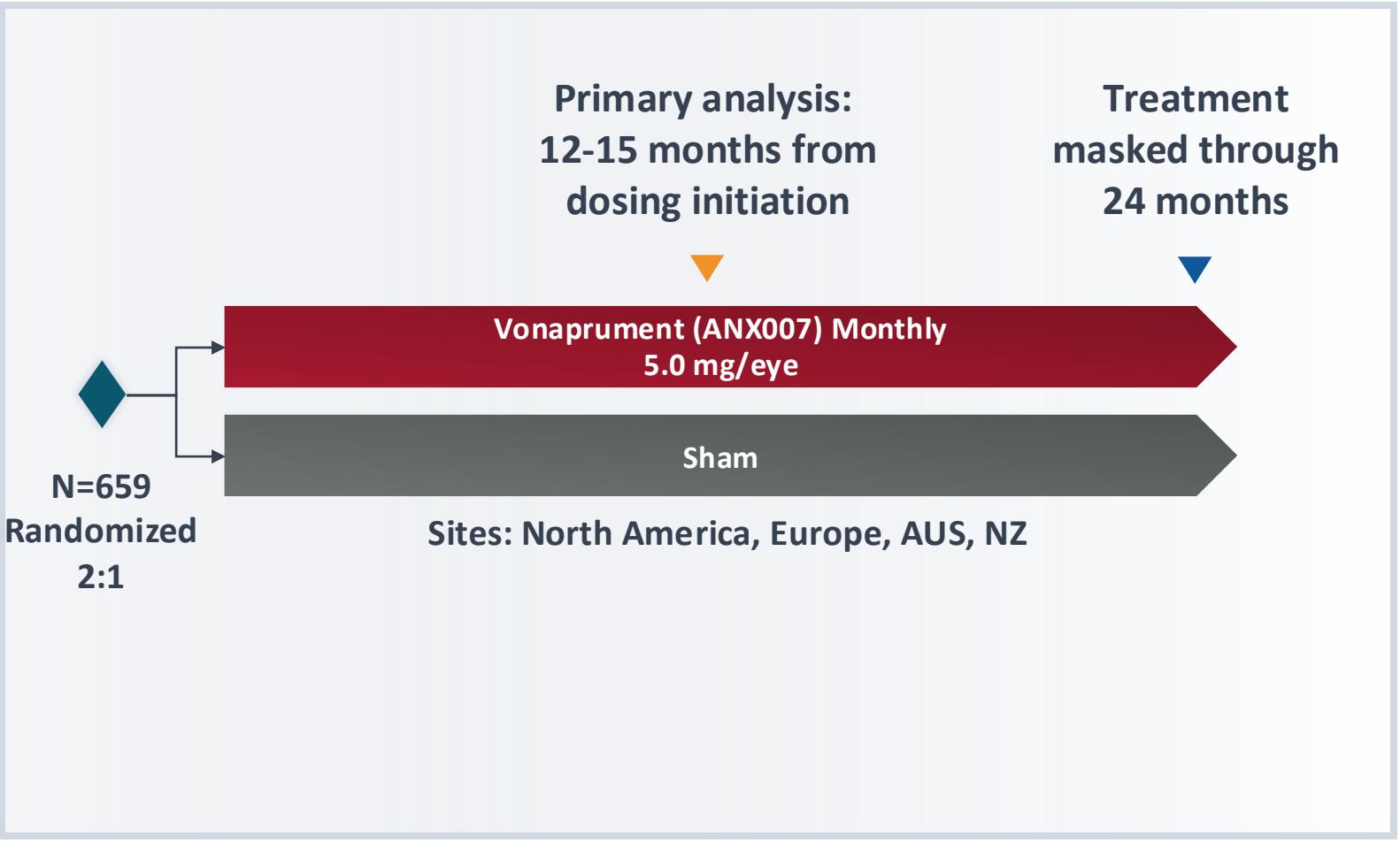
^Isolated cilioretinal artery occlusion; no vasculitis confirmed by DSMC and reading center
+Not AESI, included because of current interest

ARCHER II Phase 3 Program –Fully Enrolled; Top Line Data Anticipated late 2026

Path to global filings with FDA and EMA

EMA PRIME designation and PDC selection; FDA Fast Track designation

POPULATION FOR ARCHER II: Similar to ARCHER population, including foveal and non-foveal lesions and enriched for BCVA to exclude those with <45 ETDRS letters at baseline



PRIMARY ENDPOINT

Proportion of patients who experience a BCVA ≥15-Letter Loss confirmed at two consecutive visits

SECONDARY ENDPOINTS

Safety, LLVA, EZ integrity

§Single-study program analyzed as two sub-studies addresses FDA two-trial recommendation.

ANNEXON biosciences