

Clinical Rationale for Loss of 15 or More ETDRS Letters in Eyes with Dry AMD and GA: Analysis of the Phase 2 ARCHER Visual Acuity Outcomes

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INTRODUCTION

- Activation of the classical complement cascade has been implicated in the pathogenesis of geographic atrophy (GA) and other neurologic diseases
- C1q, the initiating molecule of the classical complement cascade, is a common driver of neurodegeneration
- Inhibition of C1q appears to convey neuroprotective effects across several neurodegenerative diseases

- Vonaprunent is an antibody fragment that inhibits C1q and is delivered intravitreally
- The Phase 2 ARCHER study (NCT04656561) compared vonaprunent (ANX007) 5mg monthly (EM), vonaprunent (ANX007) 5mg every other month (EOM), or sham (EM or EOM)

BACKGROUND

Vision-Based Primary Endpoints in Ophthalmology

- BCVA measures – particularly 15-letter changes – have been one of the “standard” visual acuity measures in ophthalmological pivotal studies historically

| APPROVED PRODUCT | FUNCTIONAL PRIMARY ENDPOINT |
|--|--|
| Wet AMD | |
| Lucentis® | Trial 1 and 2: BCVA ≥15-letter change Trial 3 and 4: Mean BCVA change |
| Eylea®/Eylea HD® | BCVA ≥15-letter change/Mean BCVA change |
| Vabysmo® | Mean BCVA change |
| DME | |
| Lucentis® | BCVA ≥15-letter change |
| Eylea®/Eylea HD® | Mean BCVA change |
| Vabysmo® | Mean BCVA change |
| Iluvien® | BCVA ≥15-letter change |
| Ozurdex® | BCVA ≥15-letter change |
| GA | |
| No Approved Vision-Preserving Treatments | |

What is 15-Letter Loss?

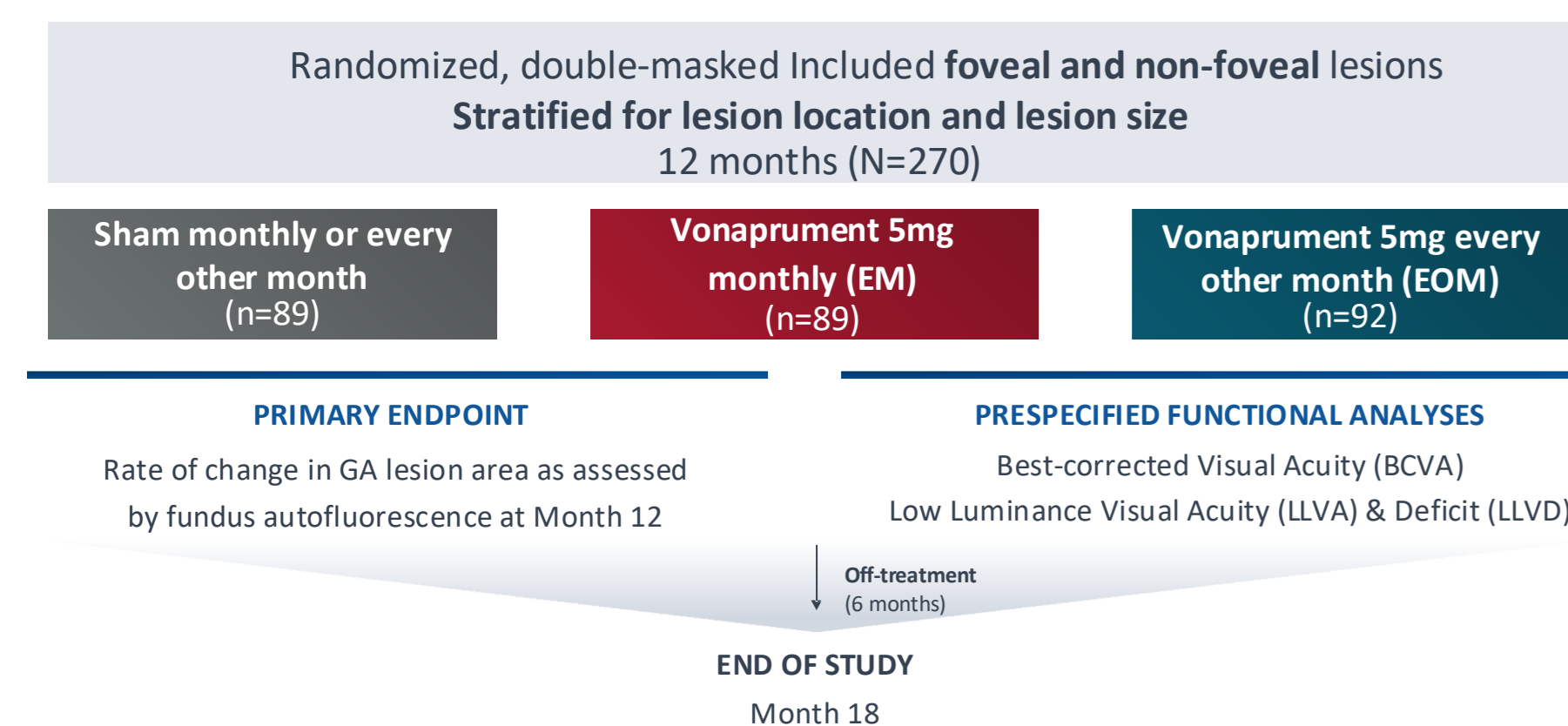
- Decline of 15 or more in BCVA letter score is relevant in GA because the measure represents:
 - 1) a Snellen equivalent of 3 line or greater loss on a standardized ETDRS chart
 - 2) a doubling (or more) of the visual angle
 - 3) a 0.3 or more logMAR change
 - 4) vision decline (for example):
 - 20/40 to 20/80 or worse
 - 20/63 to 20/125 or worse, etc.

Other similar cohorts demonstrate ~25-35% of patients with BCVA ≥15-letter loss at two years^{1,2,3}

- Loss of 15 or more ETDRS letters as measured by BCVA was a prespecified analysis in ARCHER (loss events defined as occurring at two consecutive study visits, including month 12)

ARCHER METHODS & RESULTS

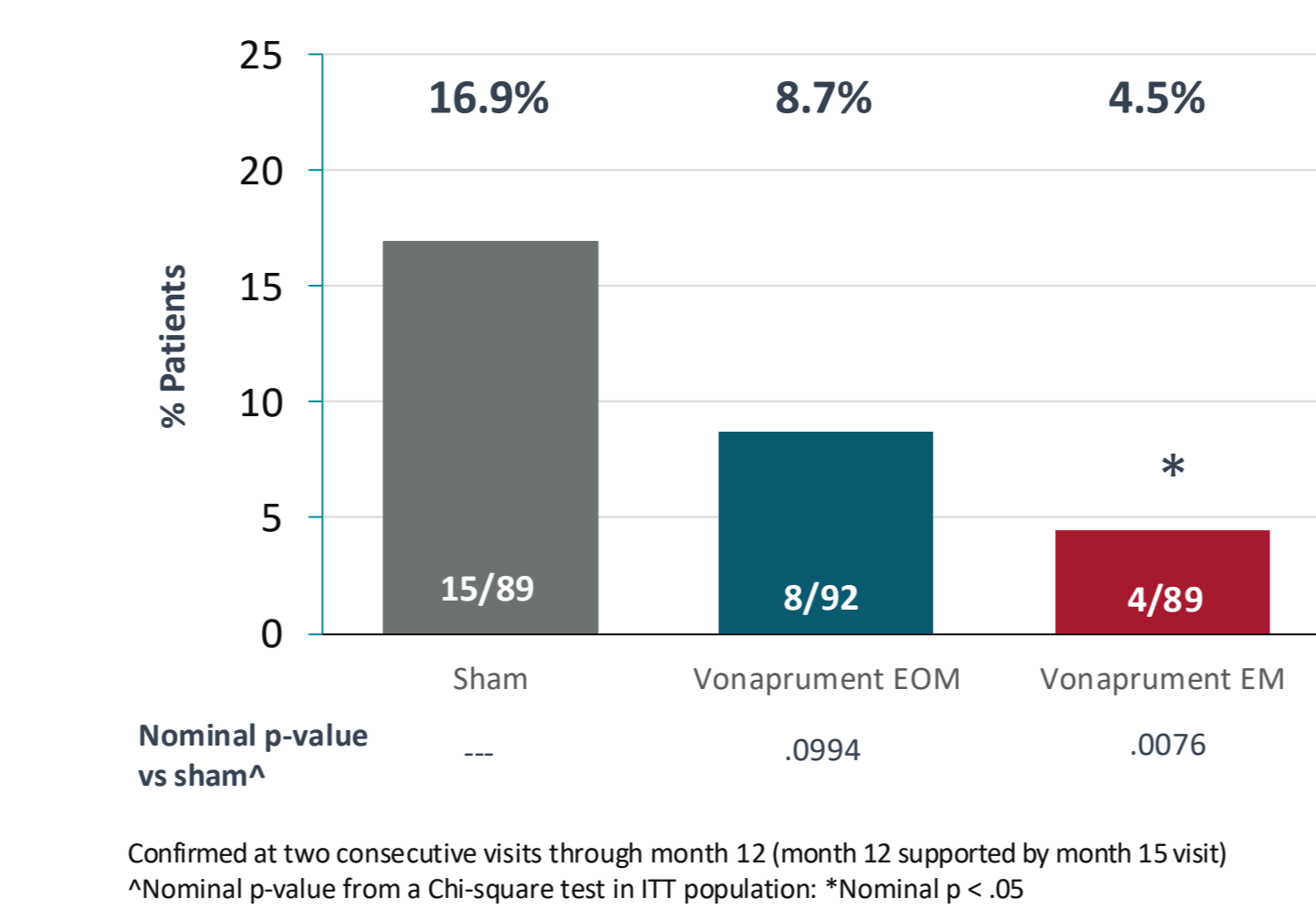
ARCHER Phase 2 Study Design



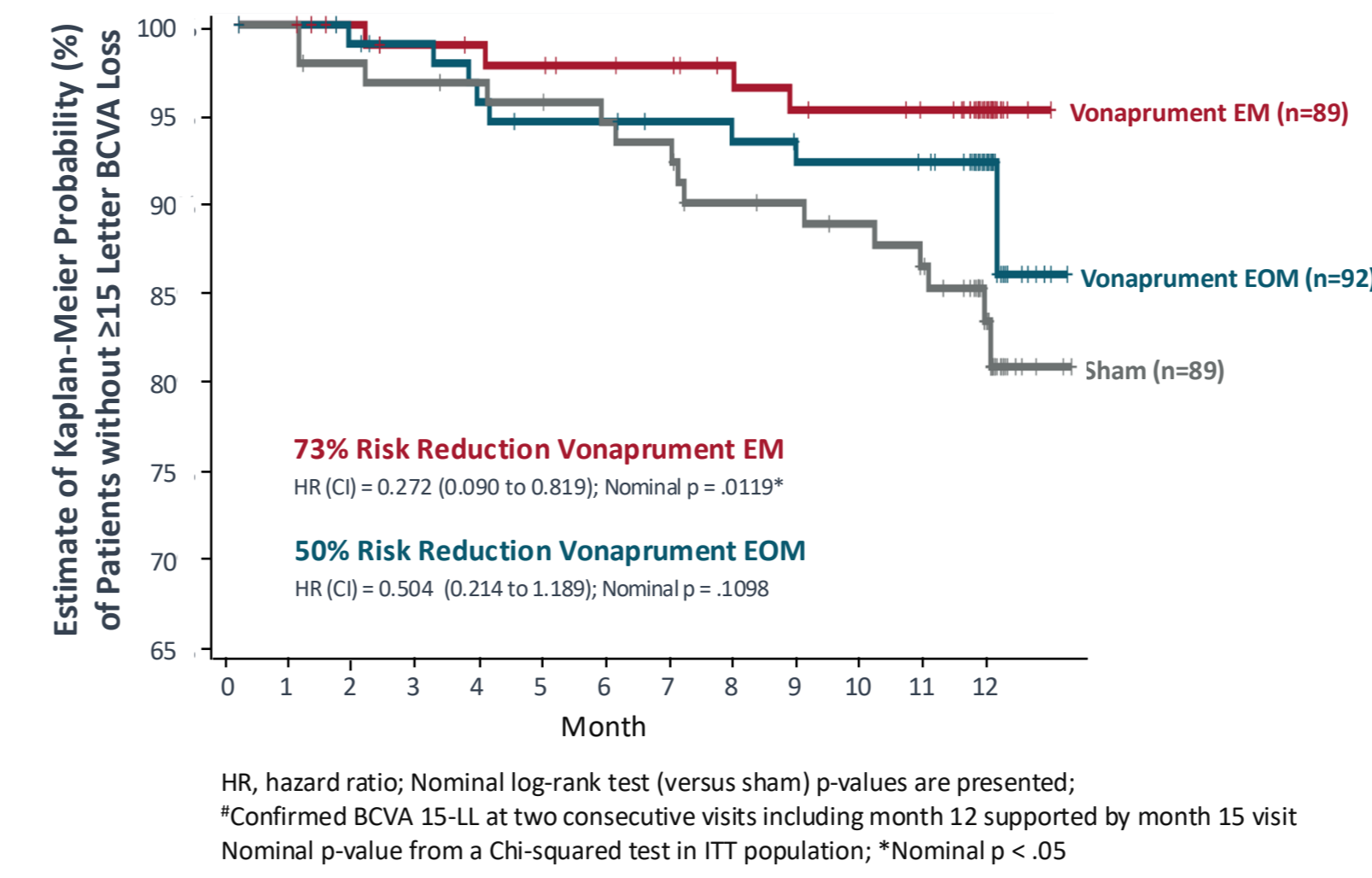
- 6.2% greater reduction in rate of change in retinal pigment epithelium (RPE) loss from baseline with vonaprunent treatment at 12 months – did not reach statistical significance (primary)
- Consistent treatment effects observed across visual acuity measures (BCVA, LLVA) support effect of vonaprunent in GA
- Preservation of photoreceptor (EZ) structure across the full macular grid and subdomains is supportive of vonaprunent vision impact

ARCHER RESULTS

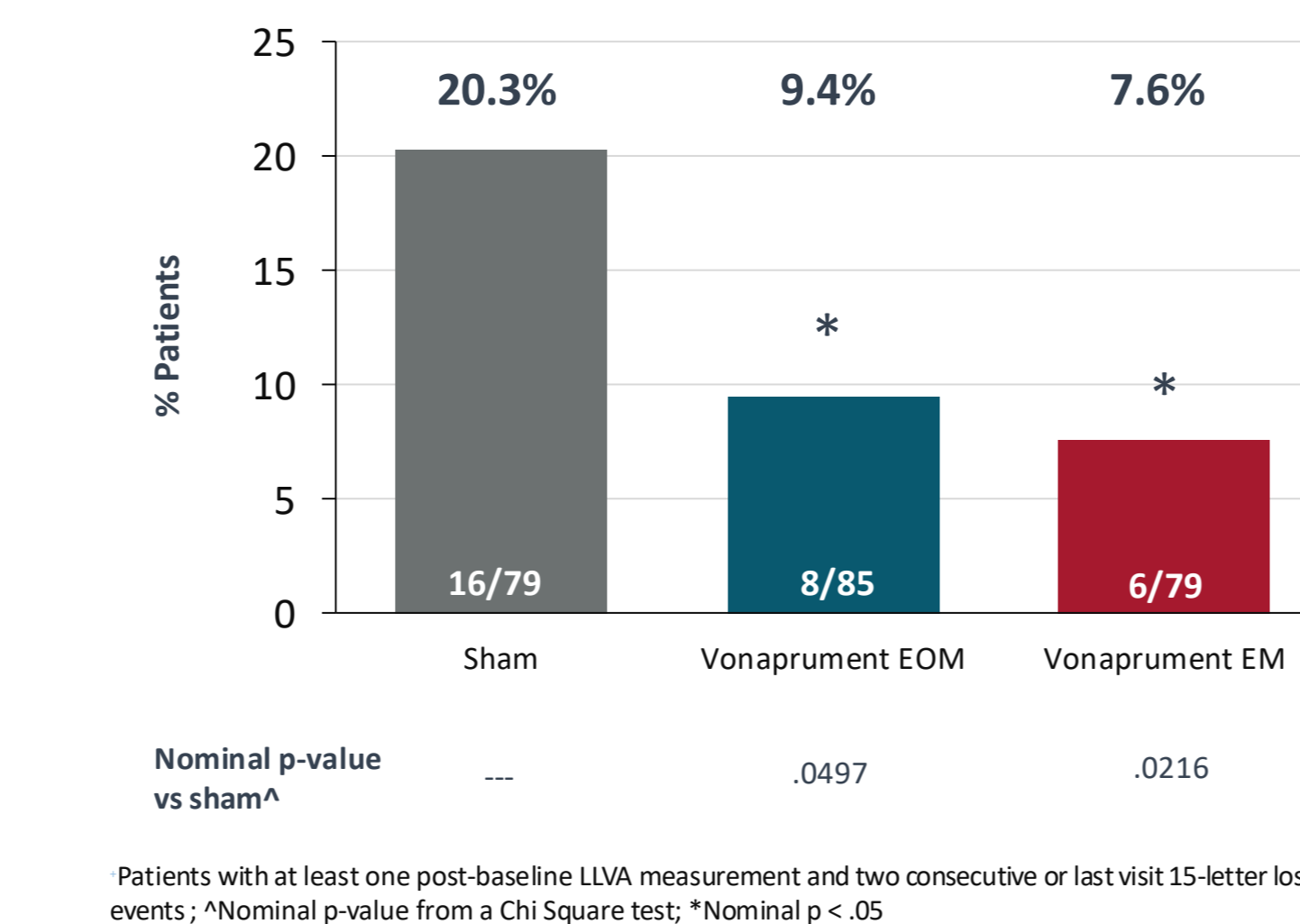
Proportion of Patients With ≥15-letter BCVA Loss



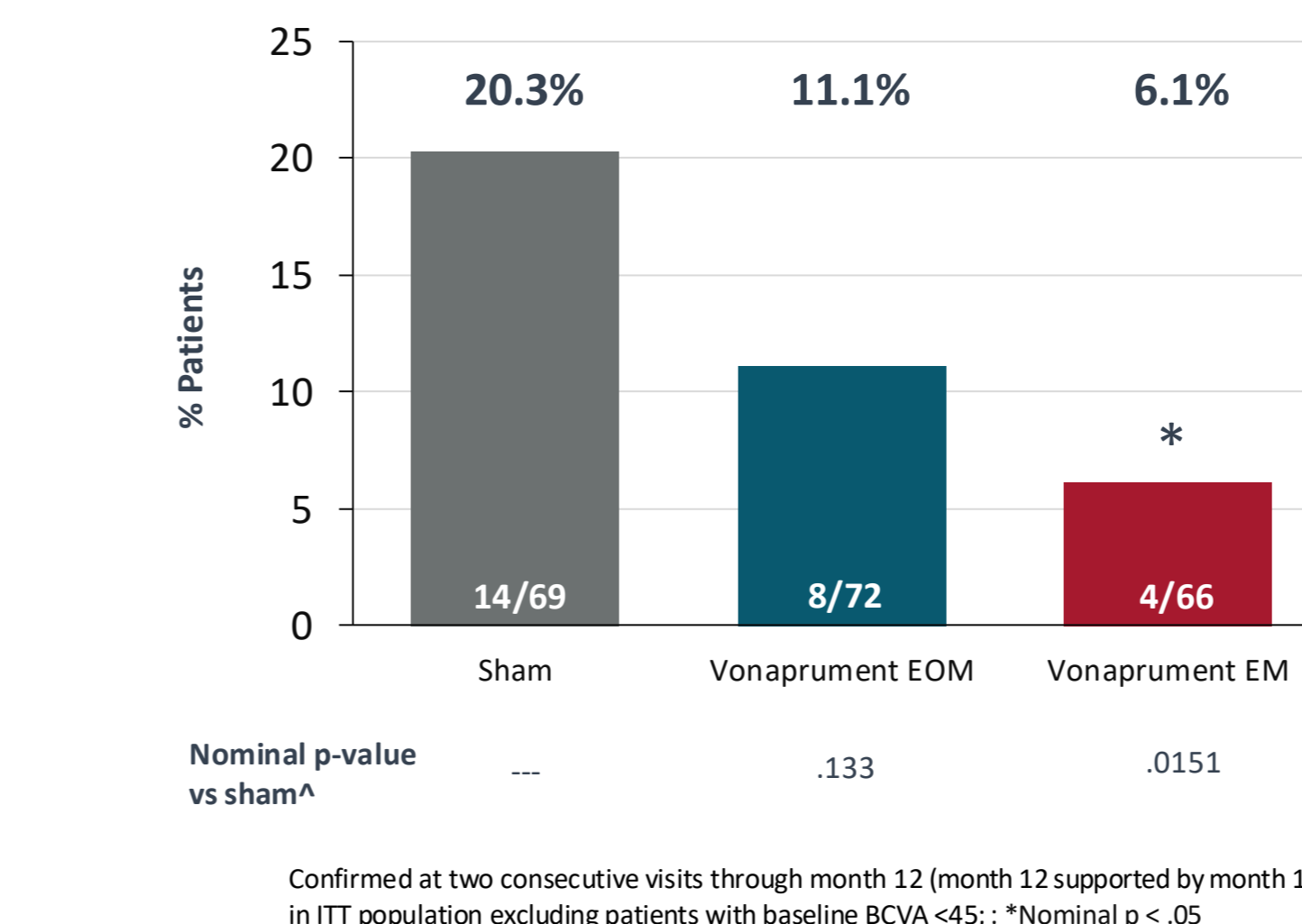
Proportion of Patients Without ≥15-letter BCVA Loss at 2 Consecutive Visits Through Month 12



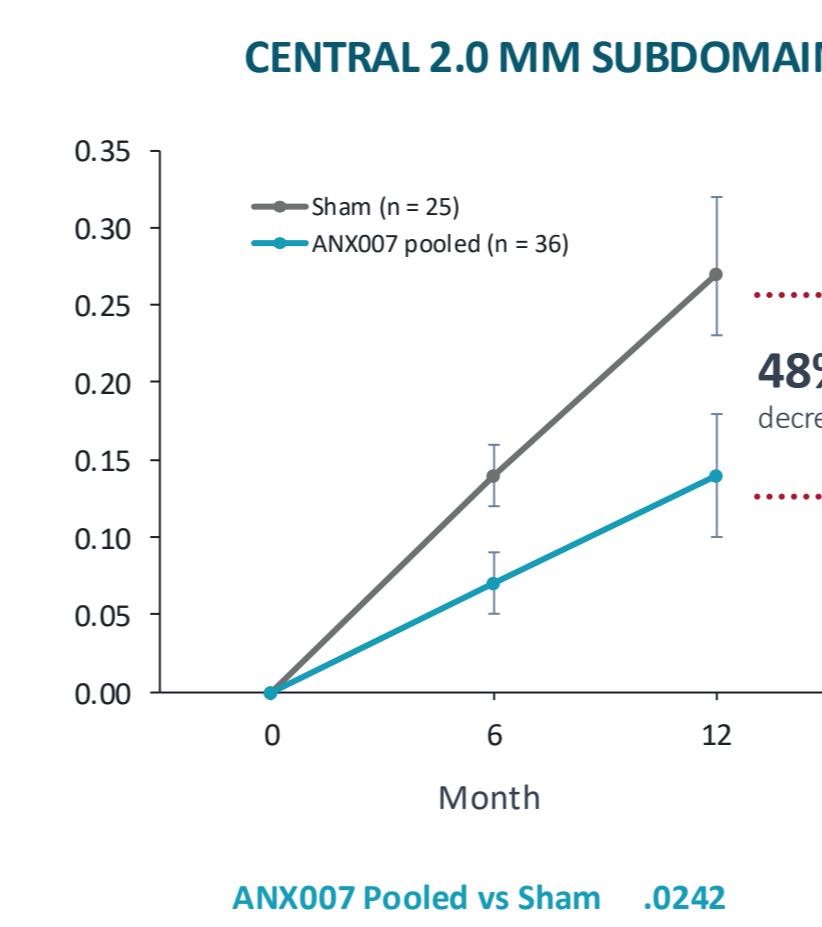
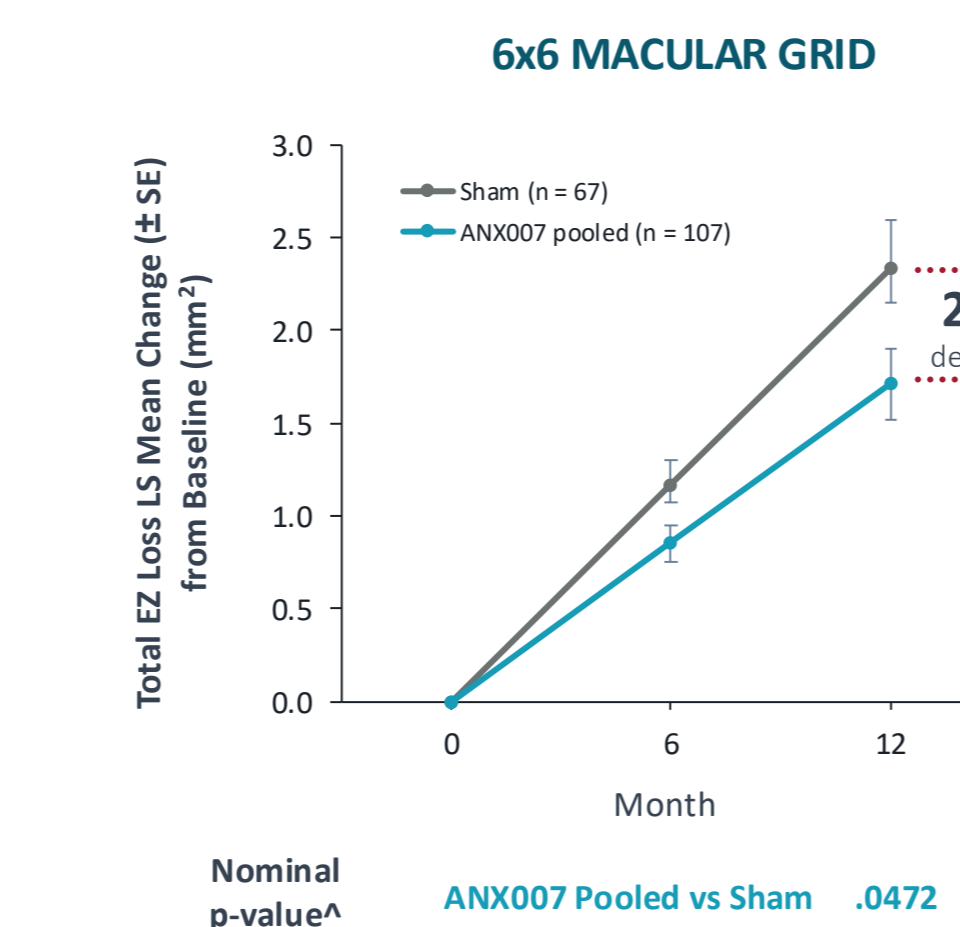
Proportion of Patients With ≥15-letter LLVA Loss



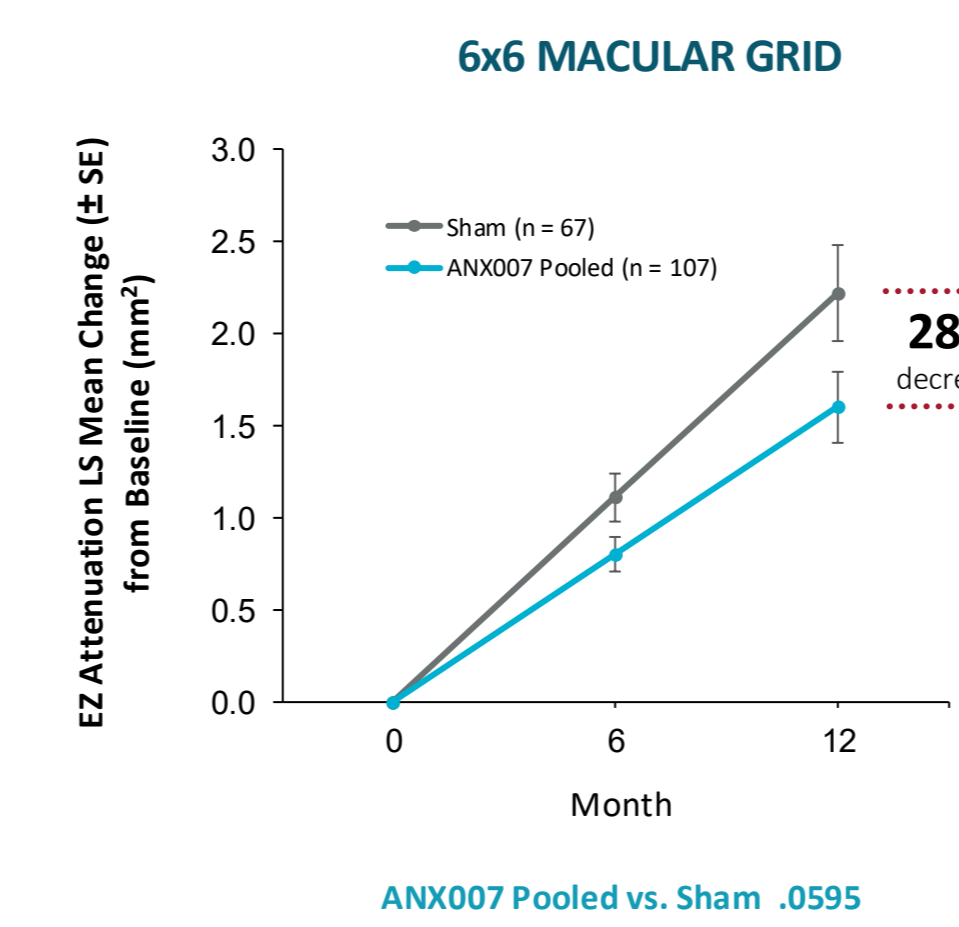
Proportion of Patients With ≥15-letter BCVA Loss in Subpopulation Meeting ARCHER II Baseline BCVA Criterion



LS Mean Change from Baseline in Total Ellipsoid Zone (EZ) Loss Through 12 Months

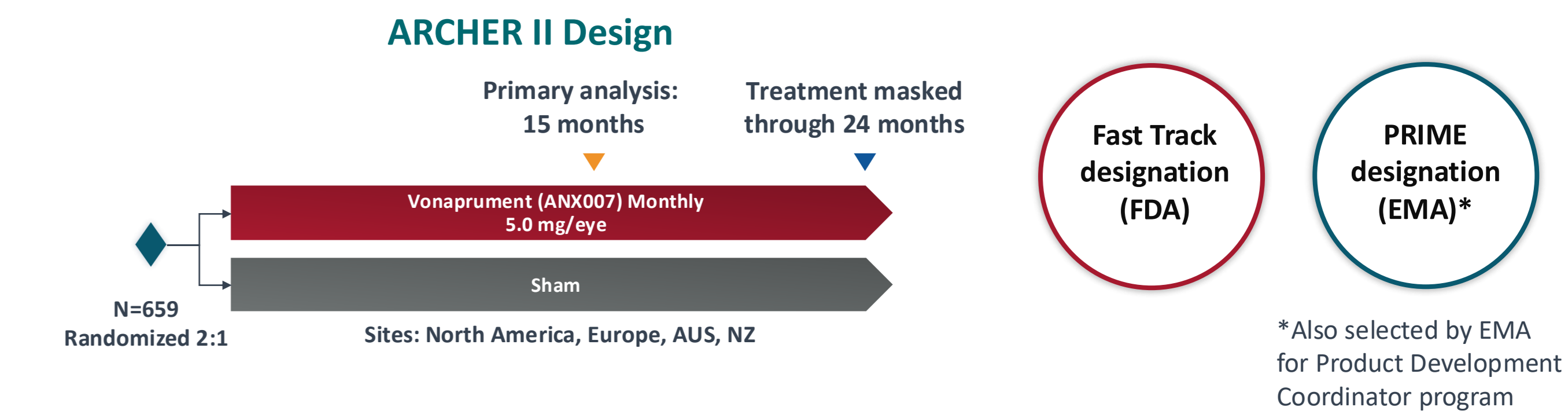


LS Mean Change from Baseline in EZ Attenuation (< 20 μm) Through 12 Months



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

ARCHER II PHASE 3 PROGRAM



- Primary endpoint: Proportion of eyes with confirmed BCVA ≥15-letter loss through primary analysis timepoint
 - Confirmed defined as ≥15-letter loss confirmed at two consecutive visits
- Secondary endpoints: Safety, LLVA, LLVD, EZ integrity
- Study Population: Comparable to ARCHER; foveal and non-foveal lesions included; history of CNV in fellow eye permitted; eyes with <45 BCVA letters at baseline are excluded
- ARCHER II is fully enrolled; data expected 4Q 2026

REFERENCES

- Anecondi N, Steffen V, Satta SR, Schmitz-Valkenberg S, Tufail A, Csaky K, Lad EM, Kaiser PK, Ferrara D, Chakravarthy U. *Visual Loss in Geographic Atrophy: Learnings From the Lampalizumab Trials*. Ophthalmology. 2025 Apr; 132(4):420-430. doi: 10.1016/j.ophtha.2024.11.017
- Schmitz-Valkenberg S, Nadal J, Fimmers R, Lindner M, Holz F, Schmid M, Fleckenstein M. *Modeling Visual Acuity In Geographic Atrophy Secondary to Age-Related Macular Degeneration*. Ophthalmologica. 2016; 235(4):215-24. doi: 10.1159/000445217
- Sunness JS, Gonzalez-Baron J, Applegate CA, Bressler NM, Tian Y, Hawkins B, Barron Y, Bergman A. *Enlargement of atrophy and visual acuity loss in the geographic atrophy form of age-related macular degeneration*. Ophthalmology. 1999 Sep;106(9):1768-79. doi: 10.1016/S0161-6420(99)90340-8

CONCLUSIONS

- ARCHER results suggest that C1q inhibition with vonaprunent conveys a drug-related photoreceptor protective effect that may explain associated prevention of visual acuity loss
- ARCHER BCVA ≥15-letter loss incidence rate consistent with larger prior datasets
- Enrichment strategy in ARCHER II likely increases BCVA ≥15-letter loss incidence rate
- Data from inhibition with C1q suggest that the anti-C1q approach may provide neuroprotection against inflammation and neuronal damage and loss induced by downstream complement components
- Vonaprunent has the potential to be the first pharmacologic treatment to preserve vision in patients with GA

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