

SEMA4D blocking antibody, pepinemab, is a novel potential treatment for neurodegenerative disease: clinical proof of concept in HD supports clinical development in AD



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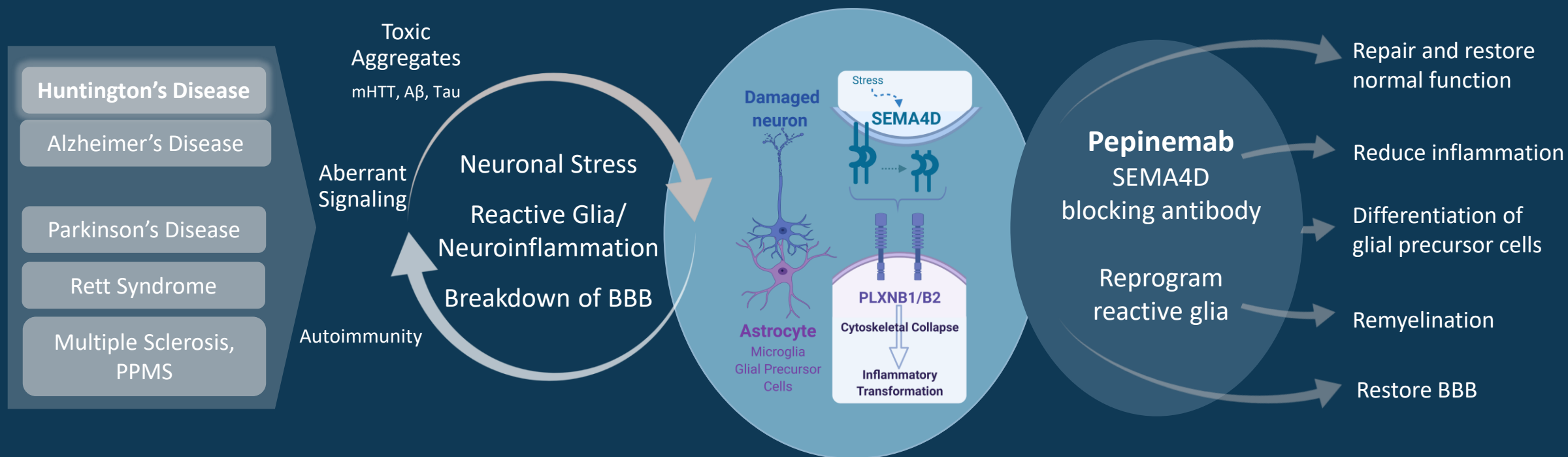


Disclosures

Full time employee: Vaccinex, Inc.



PEPINEMAB REPROGRAMS UNDERLYING PATHOLOGY IN CNS DISEASE



SEMA4D antibody blockade improves disease phenotype in preclinical models

Anti-semaphorin 4D immunotherapy ameliorates neuropathology and some cognitive impairment in the YAC128 mouse model of Huntington disease

Amber L. Southwell^a, Sonia Franciosi^a, Erika B. Villanueva^a, Yuanyun Xie^a, Laurie A. Winter^b, Janaki Veeraraghavan^b, Alan Jonason^b, Boguslaw Felczak^a, Weining Zhang^a, Vlad Kovalik^a, Sabine Waltl^a, George Hall^a, Mahmoud A. Pouladi^{c,d}, Ernest S. Smith^b, William J. Bowers^b, Maurice Zauderer^b, Michael R. Hayden^{a,*}

2015 *Neurobiology of Disease*



SEMA4D compromises blood–brain barrier, activates microglia, and inhibits remyelination in neurodegenerative disease

Ernest S. Smith^a, Alan Jonason^a, Christine Reilly^a, Janaki Veeraraghavan^a, Terrence Fisher^a, Michael Doherty^a, Ekaterina Klimatcheva^a, Crystal Mallow^a, Chad Cornelius^a, John E. Leonard^a, Nicola Marchi^b, Damir Janigro^b, Azeb Tadesse Argaw^c, Trinh Pham^c, Jennifer Seils^a, Holm Bussler^a, Sebald Torno^a, Renee Kirk^a, Alan Howell^a, Elizabeth E. Evans^a, Mark Paris^a, William J. Bowers^a, Gareth John^c, Maurice Zauderer^{a,*}

^a Vaccinex, Inc., Rochester, NY 14620, USA

2014 *Neurobiology of Disease*



International Journal of
Molecular Sciences 2021

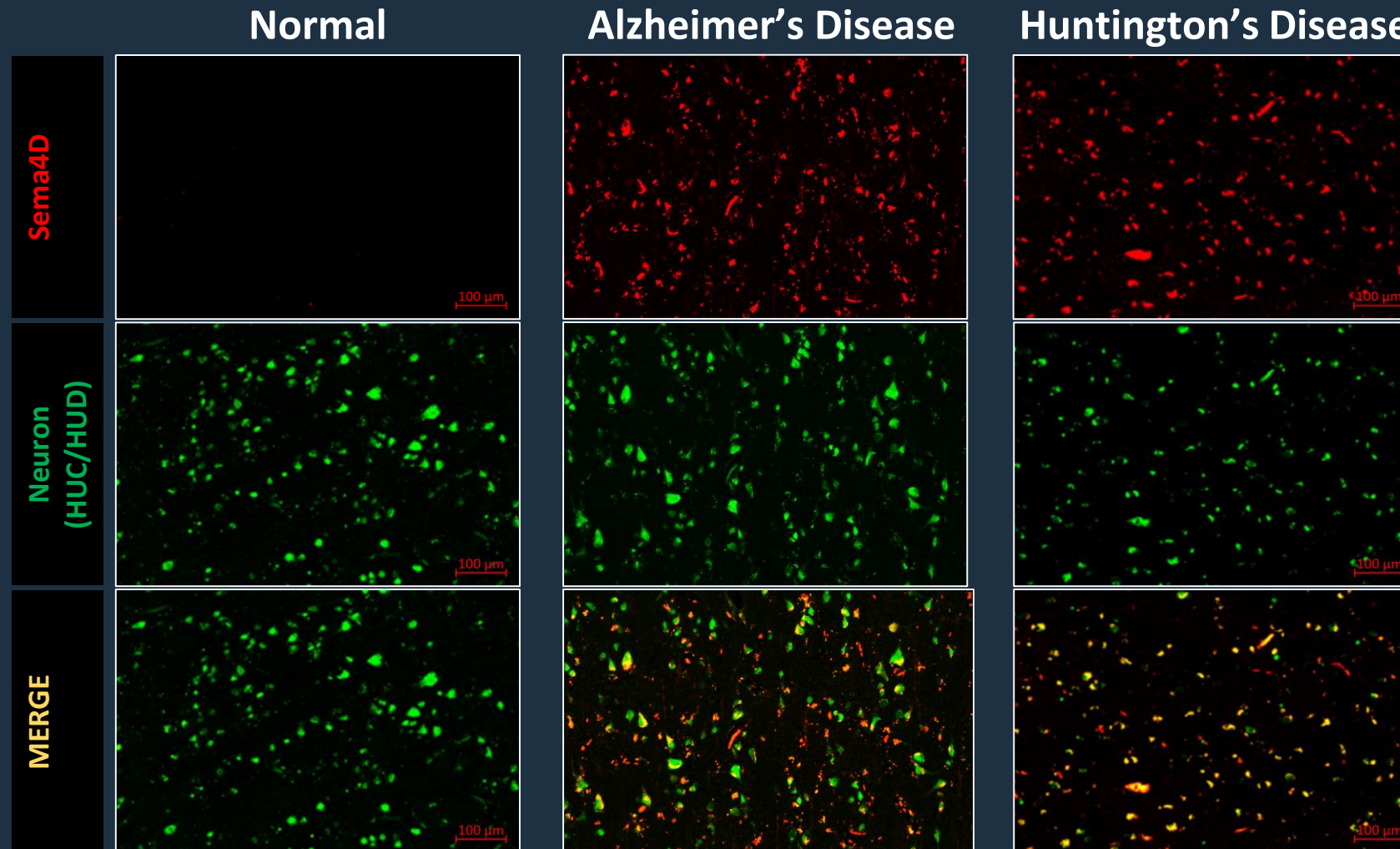


Article

Anti-Semaphorin 4D Rescues Motor, Cognitive, and Respiratory Phenotypes in a Rett Syndrome Mouse Model

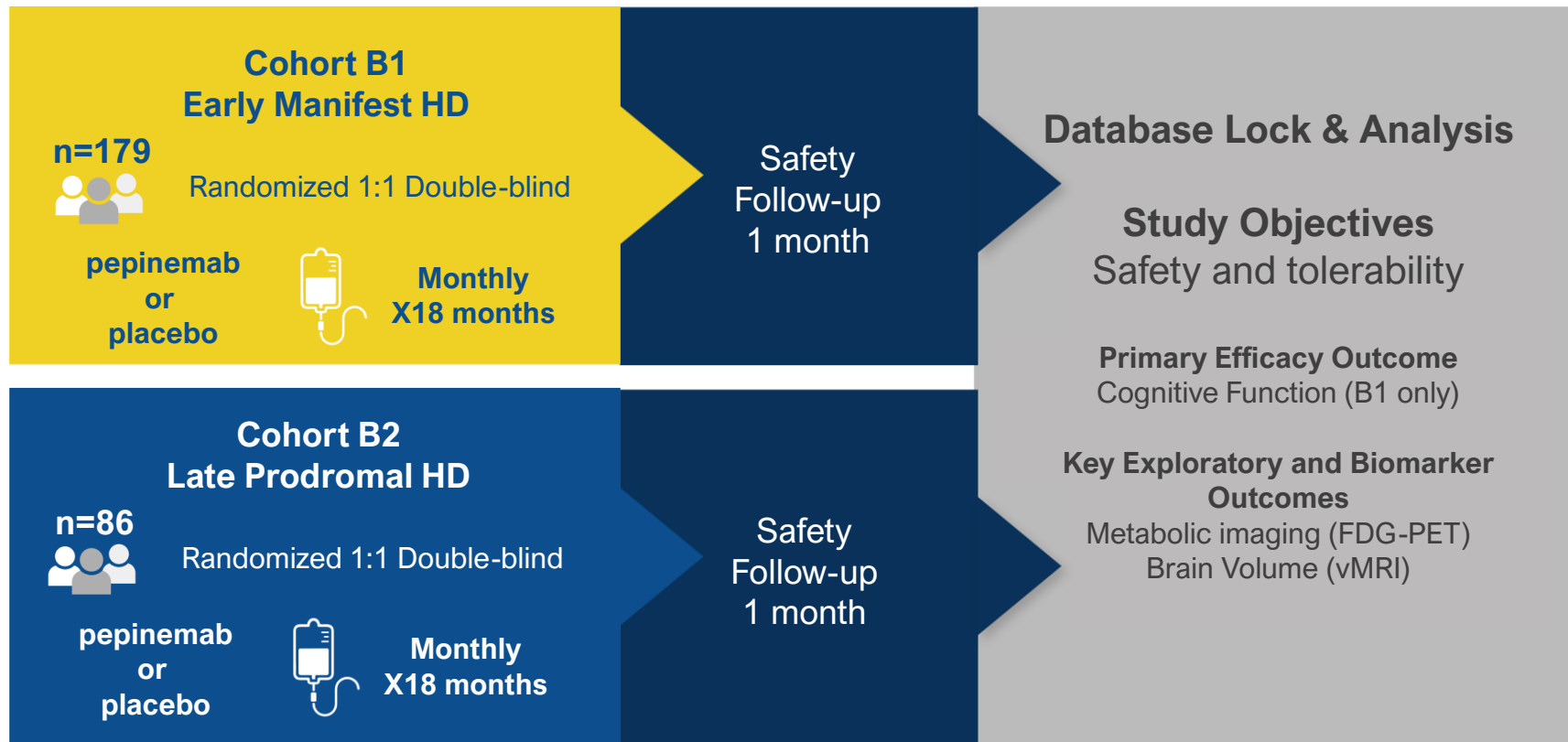
Yilin Mao^{1,2}, Elizabeth E. Evans³, Vikas Mishra³, Leslie Balch³, Allison Eberhardt³, Maurice Zauderer^{3,t} and Wendy A. Gold^{1,2,4,5,*,†}

SEMA4D is upregulated in neurons during underlying disease progression



Human autopsy sections
of frontal lobe

CLINICAL TRIAL DESIGN: Huntington's Disease



Abbreviated Safety and Baseline Characteristics



mITT population

Pepinemab (PEPI)
SEMA₄D blocking
antibody is well
tolerated

Early Manifest Cohort B1	Placebo (n=88)	Pepinemab (n=91)
Discontinued Treatment Early	10	13
Had any SAE (*)	8	4
Had any Grade 3+ AE (*)	14	17
CAG repeat length	44.1	43.5
CAP score**	470	466
UHDRS-DCL at screening DCL-4, Unequivocal HD (>99% confident)	88 (100%)	91 (100%)
UHDRS-TFC at screening, n (%)		
11	33 (38%)	29 (32%)
12	18 (20%)	37 (41%)
13	37 (42%)	24 (27%)
MoCA score, mean (SE)	26.02 (2.04)	26.14 (2.30)
MoCA <26 subgroup	23.97 (0.94)	23.78 (1.07)
MoCA ≥26 subgroup	27.44 (1.21)	27.72 (1.34)

*pre-COVID era;

**CAP score = age × (CAG repeat length – 33.66)

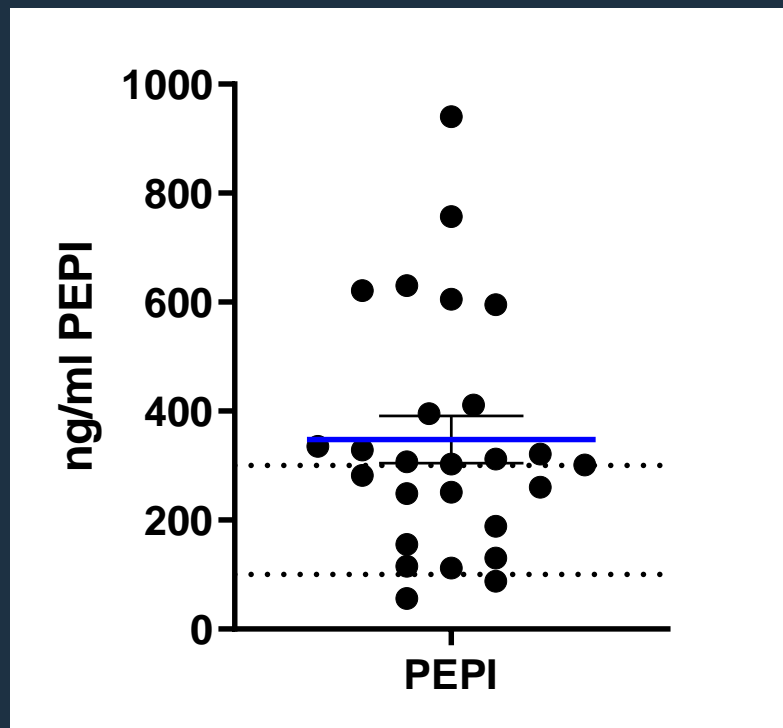


Pepinemab is detected at expected levels in CSF

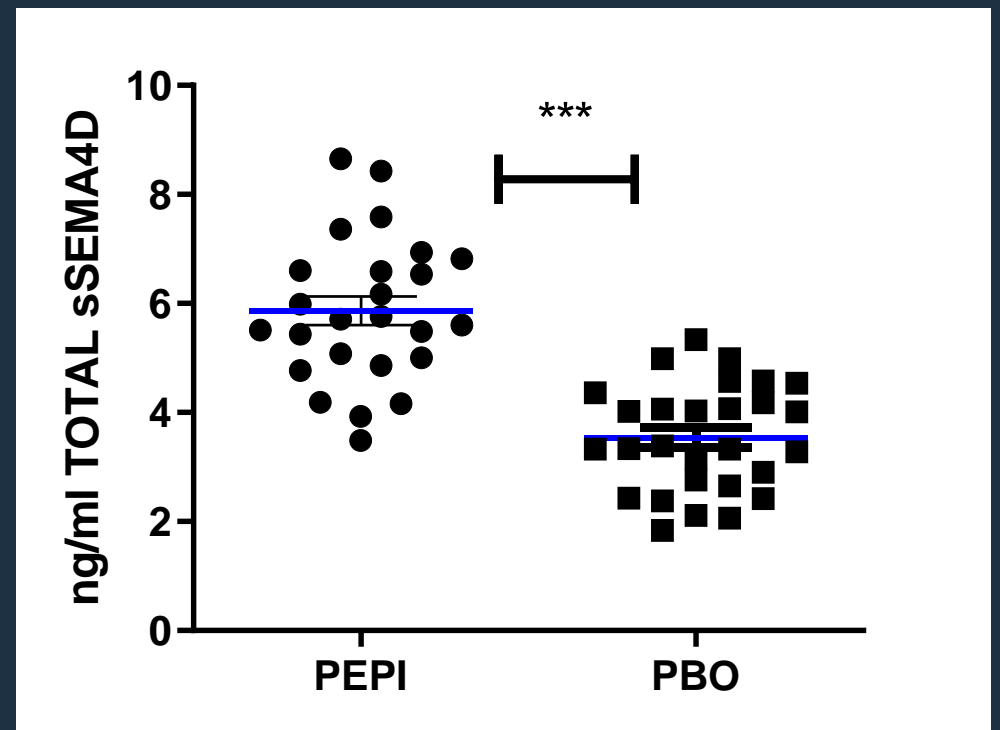
PK/PD



Most subjects dosed with pepinemab have at least saturating levels (100-300 ng/ml) in CSF



sSEMA₄D increases in subjects dosed with pepinemab – suggesting target engagement

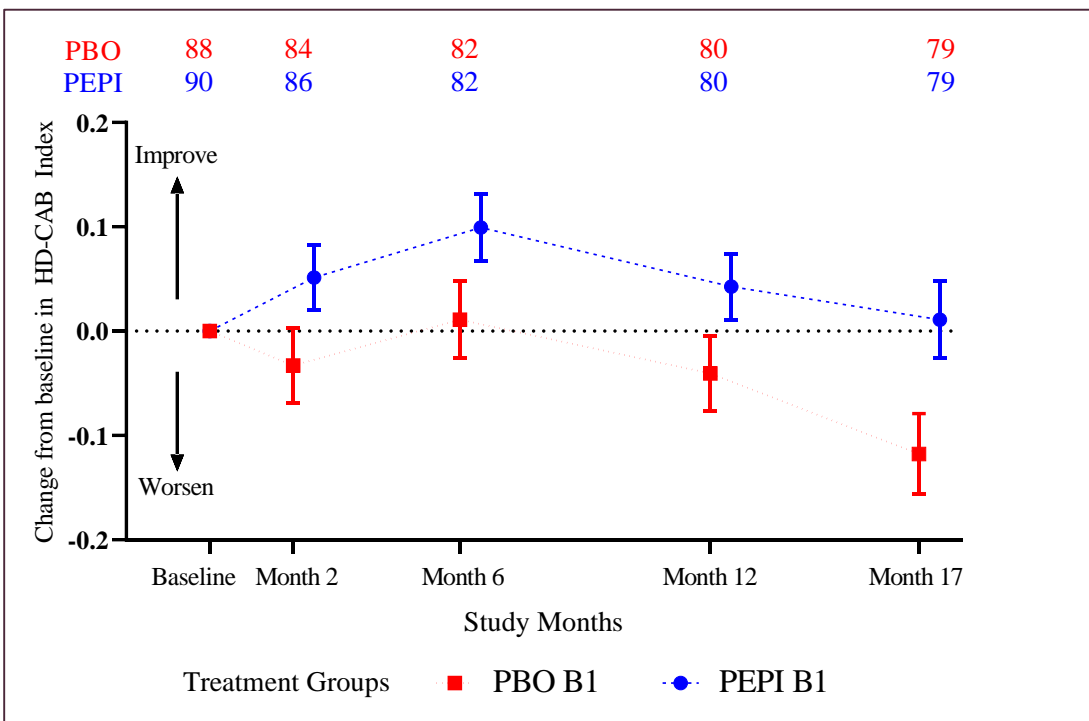


COGNITIVE ASSESSMENT BATTERY (HD-CAB)

Early Manifest HD: Intent to treat population (mITT)



HD-CAB Composite Index of 6 Cognitive Assessments



HD-CAB Composite Index:

LS Mean Difference Estimate (95% CI)	One-sided p-value	Favors PEPI	Critical value
0.13 (0.03, 0.23)	0.007	Yes	Yes [0.025]

Co-Primary: Two-item HD Cognitive Assessment

LS Mean Difference Estimate (95% CI)	One-sided p-value	Favors PEPI	Critical value
OTS: -1.98 (-4.00, 0.05)	0.028	Yes	Yes [0.025]
PTAP: 1.43 (-0.37, 3.23)	0.060		

HD-CAB stratified by baseline MoCA

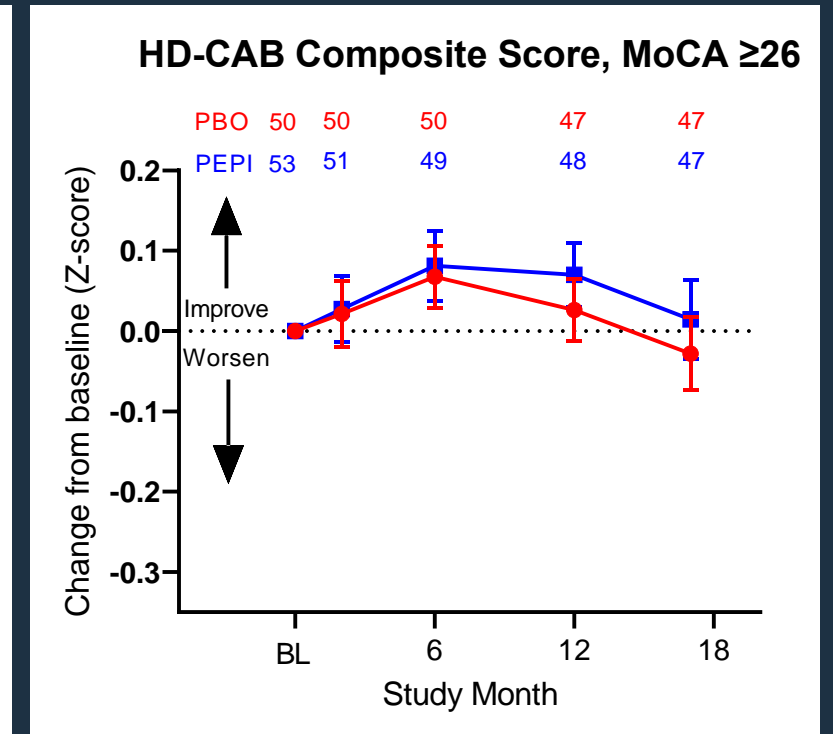
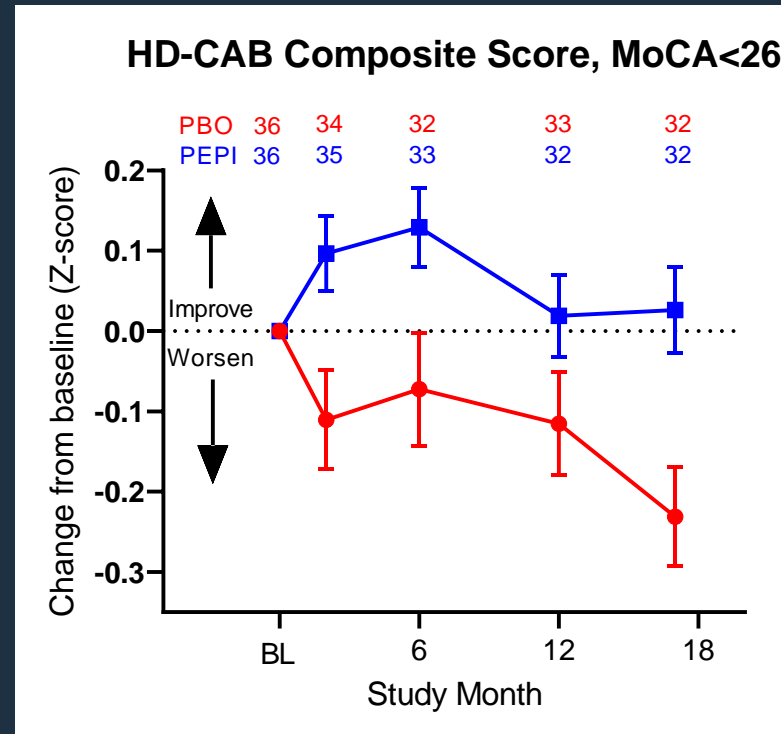
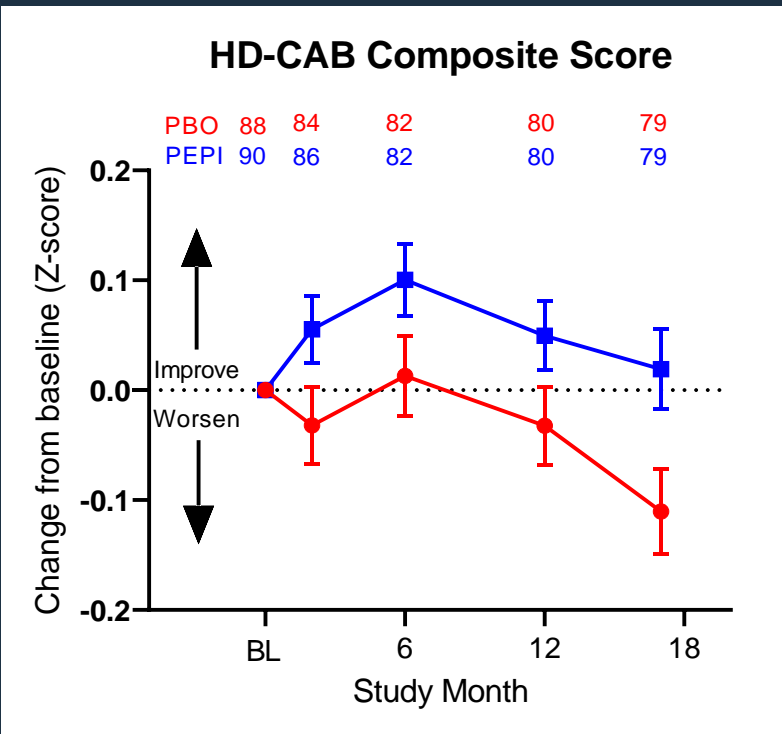
(Montreal Cognitive Assessment)



mITT

MoCA < 26

MoCA ≥ 26



LS Mean Estimate (SE), month 17
mITT: 0.13 (0.05), **p=0.007**

MoCA < 26: 0.24 (0.08), **p=0.0025**

MoCA ≥ 26: 0.06 (0.06), **p=0.197**

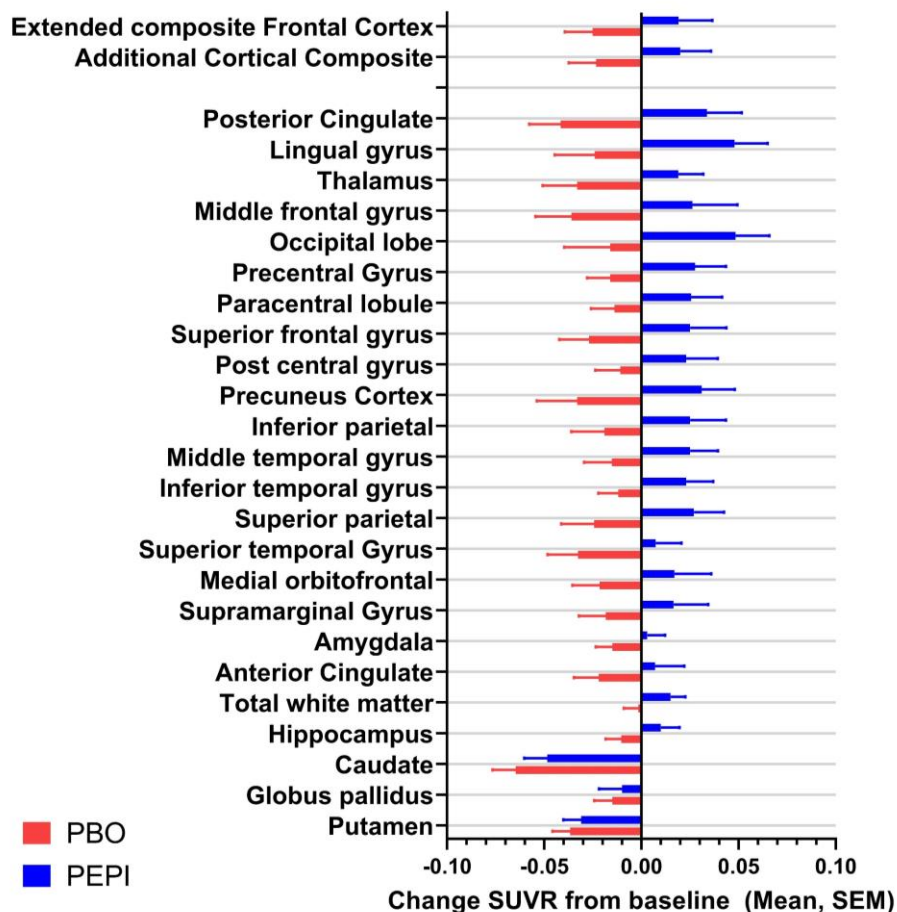
FDG-PET CORRELATES WITH COGNITIVE FUNCTION



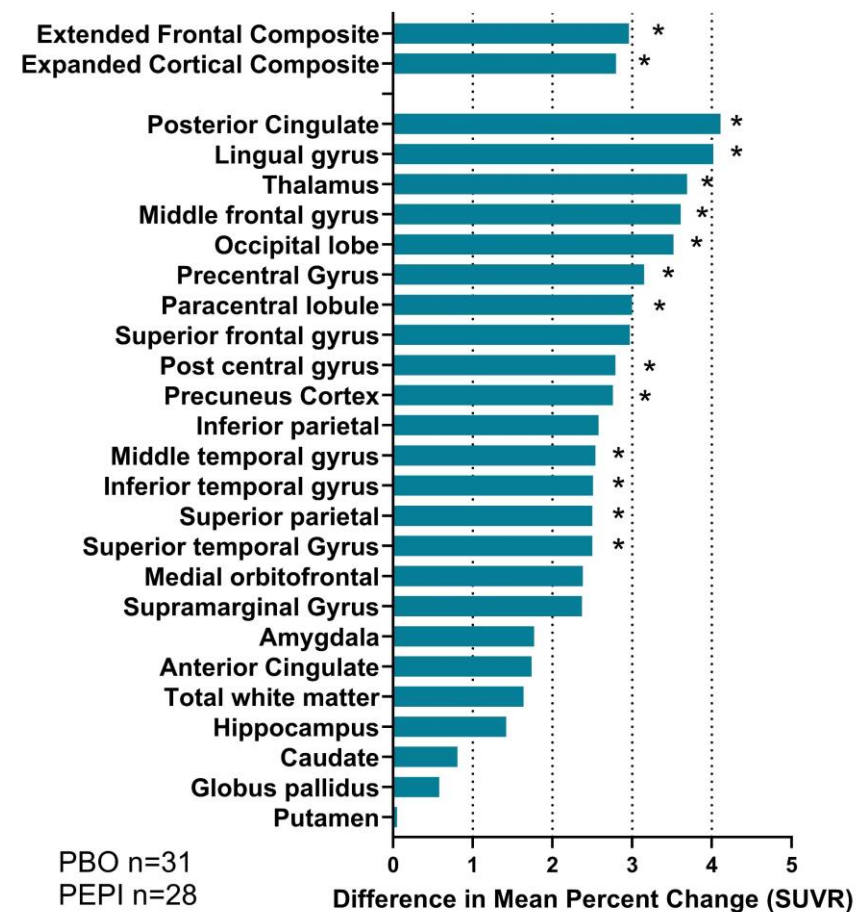
Early Manifest HD

Pepinemab treatment reverses loss of metabolic activity

FDG-PET Change SUVR
Early Manifest at Visit 18



FDG-PET Difference in % Change SUVR (PEPI-PBO)
Early Manifest at Visit 18



PBO n=31
PEPI n=28

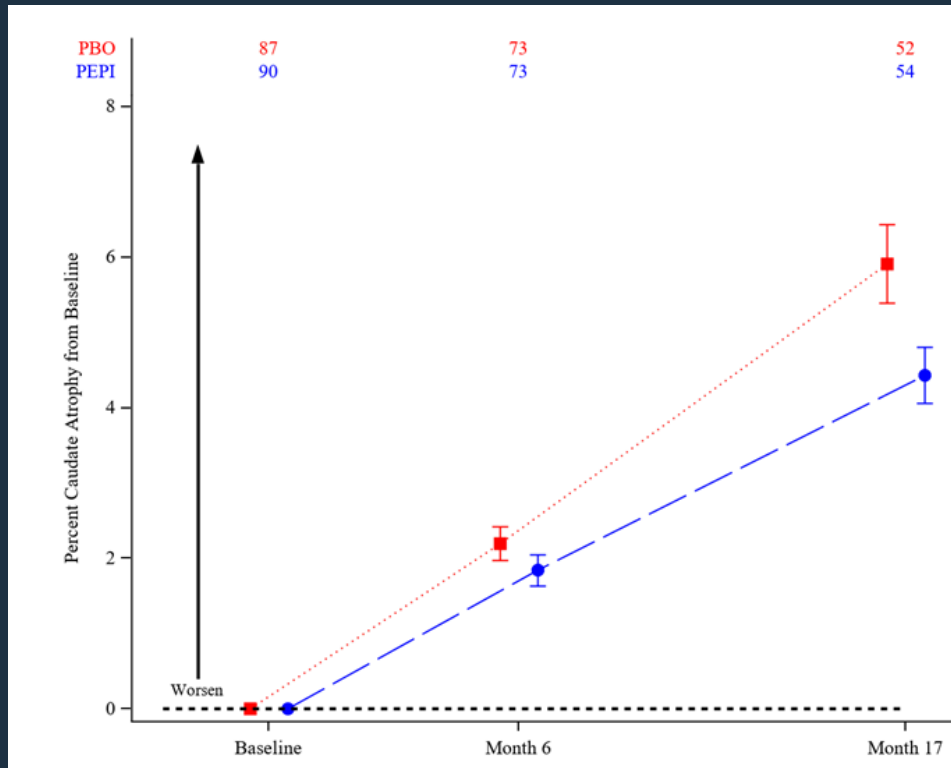
*p ≤ 0.05
VACCINEX

Pepinemab reduces brain atrophy

Volumetric MRI– Boundary Shift Integral Analysis

Early Manifest HD

CBSI (caudate atrophy)

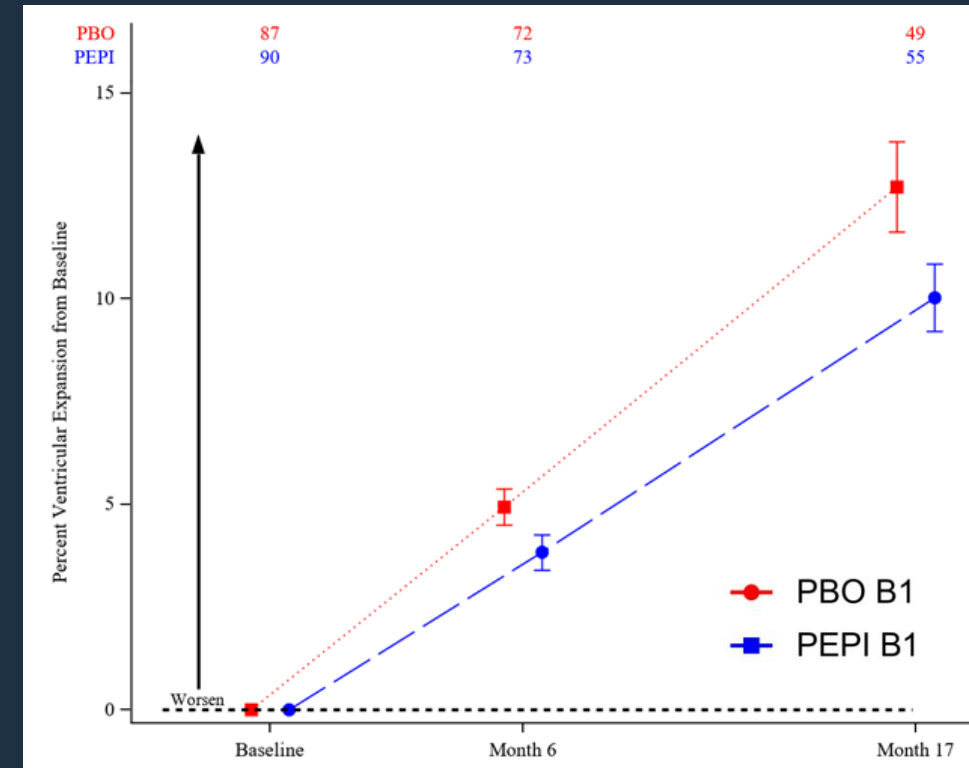


LS Mean Difference Estimate (95% CI):

CBSI: -1.54 (-2.79, -0.29);

p = 0.017

VBSI (ventricular expansion)



VBSI: -2.47 (-5.04, 0.10);

p = 0.060

SIGNAL Phase 2 Trial

Summary, Lessons Learned, Next Steps

Orphan Disease and Fast Track Designations



Mechanism of Action

Reduce neuroinflammation and restore normal glia function

Safety and Tolerability

Well tolerated
Intravenous administration

Clinical Activity

Prespecified primary endpoints were not met
Evidence suggests potential cognitive benefit: HD-CAB, Apathy, FDG-PET
Greatest benefit from treatment was detected in patients with signs of mildly advanced disease
Reduced brain atrophy

Target Engagement

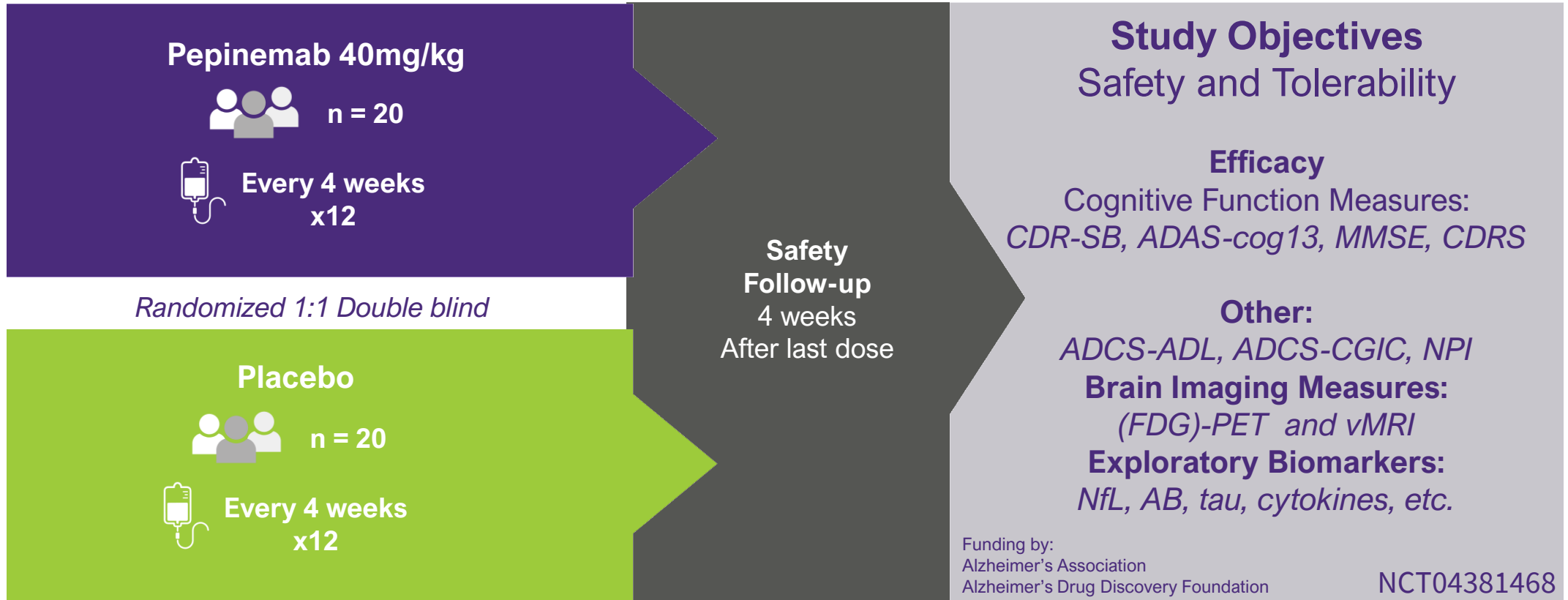
Confirmed penetration into CNS at expected level
Antigen-antibody complexes detected

Continued clinical development in HD
Initiated phase 1/2 trial in AD

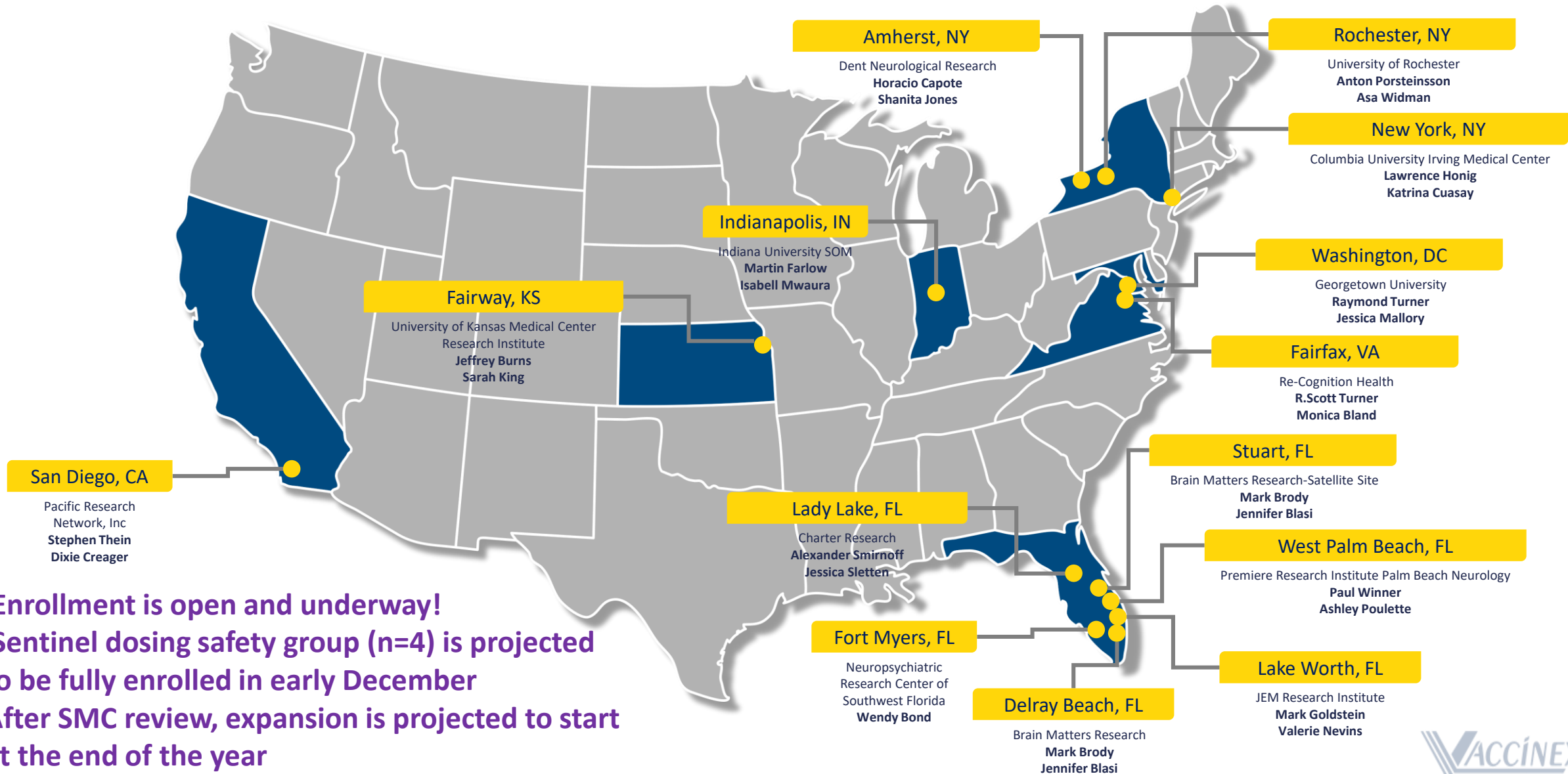
CLINICAL TRIAL DESIGN: Alzheimer's Disease Phase 1b/2a



Patient population: Mild AD (CDR=0.5 or 1.0, MMSE 20-26)



Signal-AD Site Map



- Enrollment is open and underway!
- Sentinel dosing safety group (n=4) is projected to be fully enrolled in early December
- After SMC review, expansion is projected to start at the end of the year

Acknowledgements

- **CTAD** organizers and attendees
- Patients and their families from **SIGNAL HD** and ongoing **SIGNAL AD** trials !
- PIs and clinical site teams for both studies
- **Andy Feigin, MD** and **HSG**
- **Eric Siemers, MD**
- **IXICO**
- **Statistical Collaborative (SCI)**—Janet Wittes, Kimberly Walters, Lisa Kowarksi
- **Alzheimer’s Association** and **Alzheimer’s Drug Discovery Foundation**
- **Vaccinex** team
The entire research and development teams, especially:
Liz Evans, Crystal Mallow, Vikas Mishra, Megan Boise, Amber Foster, Alisha Reader, Ernest Smith, John Leonard, and Maurice Zauderer



Vaccinex Selected References, Neurology

1. Smith ES, Jonason A, Reilly C, Veeraraghavan J, Fisher T, Doherty M, Klimatcheva E, Mallow C, Cornelius C, Leonard JE, Marchi N, Janigro D, Argaw AT, Pham T, Seils J, Bussler H, Torno S, Kirk R, Howell A, Evans EE, Paris M, Bowers WJ, John G, Zauderer M. **SEMA4D compromises blood-brain barrier, activates microglia, and inhibits remyelination in neurodegenerative disease.** *Neurobiol Dis.* 2014 Oct 18;73C:254-268. doi: 10.1016/j.nbd.2014.10.008. <http://www.sciencedirect.com/science/article/pii/S0969996114003015>
2. Southwell AL, Franciosi S, Villanueva EB, Xie Y, Winter LA, Veeraraghavan J, Jonason A, Felczak B, Zhang W, Kovalik V, Waltl S, Hall G, Pouladi MA, Smith ES, Bowers WJ, Zauderer M, Hayden MR. **Anti-semaphorin 4D immunotherapy ameliorates neuropathology and some cognitive impairment in the YAC128 mouse model of Huntington disease.** *Neurobiol Dis.* 2015 Feb 3; 76:46–56. <http://www.sciencedirect.com/science/article/pii/S0969996115000145>
3. LaGanke, C., L. Samkoff, K. Edwards, L. Jung Henson, P. Repovic, S. Lynch, L. Stone, D. Mattson, A. Galluzzi, T. L. Fisher, C. Reilly, L. A. Winter, J. E. Leonard, and M. Zauderer. 2017. **Safety/tolerability of the anti-semaphorin 4D Antibody VX15/2503 in a randomized phase 1 trial.** *Neurol Neuroimmunol Neuroinflamm* 4: e367. <https://www.ncbi.nlm.nih.gov/pubmed/28642891>
4. Leonard JE, Fisher TL, Winter LA, Cornelius CA, Reilly C, Smith ES, Zauderer M. **Nonclinical Safety Evaluation of VX15/2503; a Humanized IgG4 Anti-SEMA4D Antibody.** *Mol Cancer Ther.* 2015 Feb 5 <http://www.ncbi.nlm.nih.gov/pubmed/25657333>
5. Zauderer M, Fisher TL, Mishra V, Leonard JE, Reader A, Mallow C, Balch L, Howell A, Smith ES, and Evans EE. **SEMA4D upregulation signals neuronal stress and triggers reactive transformation of astrocytes.** *In preparation*
6. Mao Y, Evans EE, Mishra V, Balch L, Eberhardt A, Zauderer M, Gold WA. **Anti-Semaphorin 4D Rescues Motor, Cognitive, and Respiratory Phenotypes in a Rett Syndrome Mouse Model.** *Int J Mol Sci.* 2021 Aug 31;22(17):9465. doi: 10.3390/ijms22179465. <https://www.mdpi.com/1422-0067/22/17/9465>
7. Feigin AS, Evans EE, Fisher TL, Leonard JE, Reader A, Wittes J, Oakes D, Smith ES, Zauderer M, and the Huntington Study Group SIGNAL investigators. **Safety and efficacy of pepinemab antibody blockade of SEMA4D in patients with early Huntington's Disease: a randomized, placebo-controlled, multicenter, Phase 2 clinical trial (SIGNAL).** *In preparation*
8. Fisher TL, Reilly CA, Winter LA, Pandina T, Jonason A, Scrivens M, Balch L, Bussler H, Torno S, Seils J, Mueller L, Huang H, Klimatcheva E, Howell A, Kirk R, Evans E, Paris M, Leonard JE, Smith ES, Zauderer M. **Generation and preclinical characterization of an antibody specific for SEMA4D.** *Mabs.* 2015 Oct 20. <http://www.tandfonline.com/doi/abs/10.1080/19420862.2015.1102813>

Schematics created with BioRender.com