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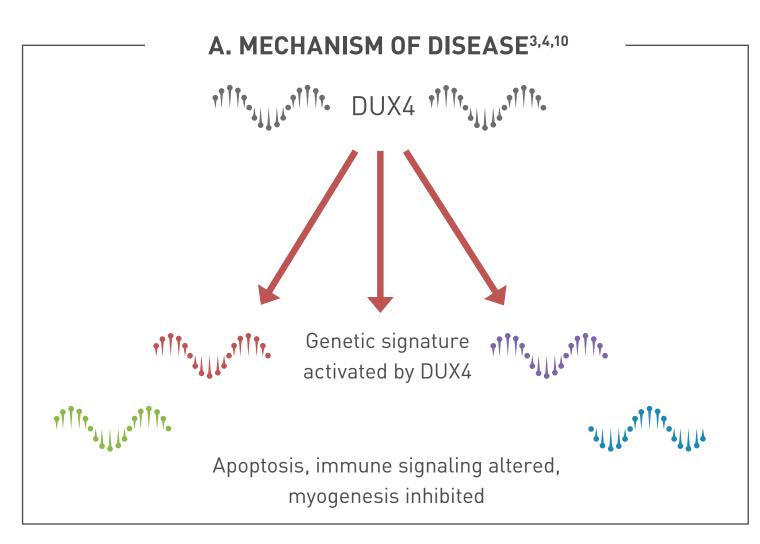
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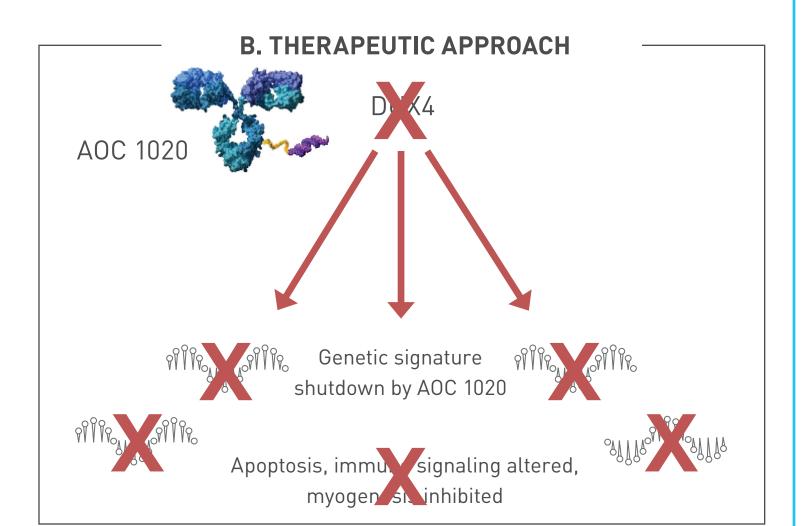
Background

- Facioscapulohumeral dystrophy (FSHD) is one of the most common forms of muscular dystrophy affecting approximately 16,000–38,000 people in the US^{1,2}
- FSHD is an autosomal dominant disease caused by abnormal expression of double homeobox 4 (DUX4), leading to a series of downstream events that result in skeletal muscle degeneration and wasting (Figure 1A)^{3,4}
- Characterized by variable, progressive, often asymmetric skeletal muscle loss with onset often in teenage and adult years⁵
- Approximately 20% of patients will end up using a wheelchair⁵
- There are no US Food and Drug Administration (FDA) approved therapies for FSHD
- Current medical treatment is focused on symptom management⁶
- AOC 1020 is an antibody oligonucleotide conjugate (AOC) designed to target DUX4 messenger RNA (mRNA) for degradation and to address the underlying cause of FSHD (Figure 1B)^{7,8}
- AOC 1020 has been granted fast-track and orphan designation by the U.S. FDA and orphan drug designation by the EMA for the treatment of FSHD9

Avidity's Approach

Figure 1. FSHD is caused by aberrant expression of DUX4 in muscle

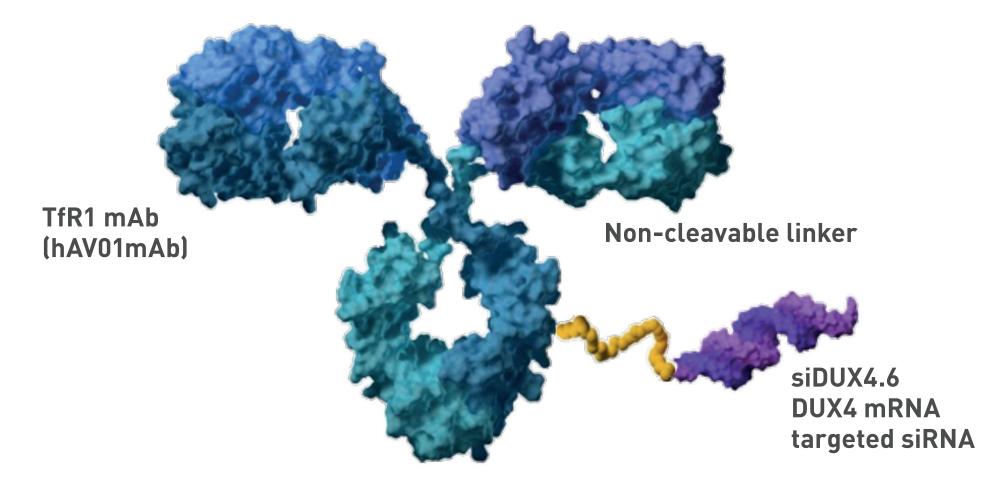




Mechanism of Action

- Figure 2 illustrates the structure of AOC 1020 and its three components:
- 1. Antibody: Human transferrin receptor 1 (TfR1) targeting, effector function-null, humanized IgG1 antibody (hAV01mAb) to affect delivery to skeletal muscle^{7,8}
- 2. Non-cleavable linker: MCC maleimide linker, enhanced for safety and durability^{7,8}
- 3. Oligonucleotide: Stabilized siRNA targeting DUX4 mRNA (siDUX4.6); engineered and stabilized to withstand lysosomal enzymes, selected for potency and specificity, and modified to diminish off-target effects^{7,8}

Figure 2. AOC 1020: An antibody oligonucleotide conjugate targeting DUX4 mRNA for degradation



Trial Objectives and Endpoints

FORTITUDE[™] Objectives and Endpoints

Primary Objective

Evaluate safety and tolerability of AOC 1020

Secondary Objective

Evaluate PK (plasma/muscle) of AOC 1020

Key Exploratory Objectives

Evaluate effects of AOC 1020 on PD biomarkers and clinical endpoints (12 months)

Key Biomarker Endpoints

- MRI
- Total muscle volume, muscle fat fraction, muscle fat infiltration
- DUX-4 regulated gene panel

Key Exploratory Clinical Endpoints

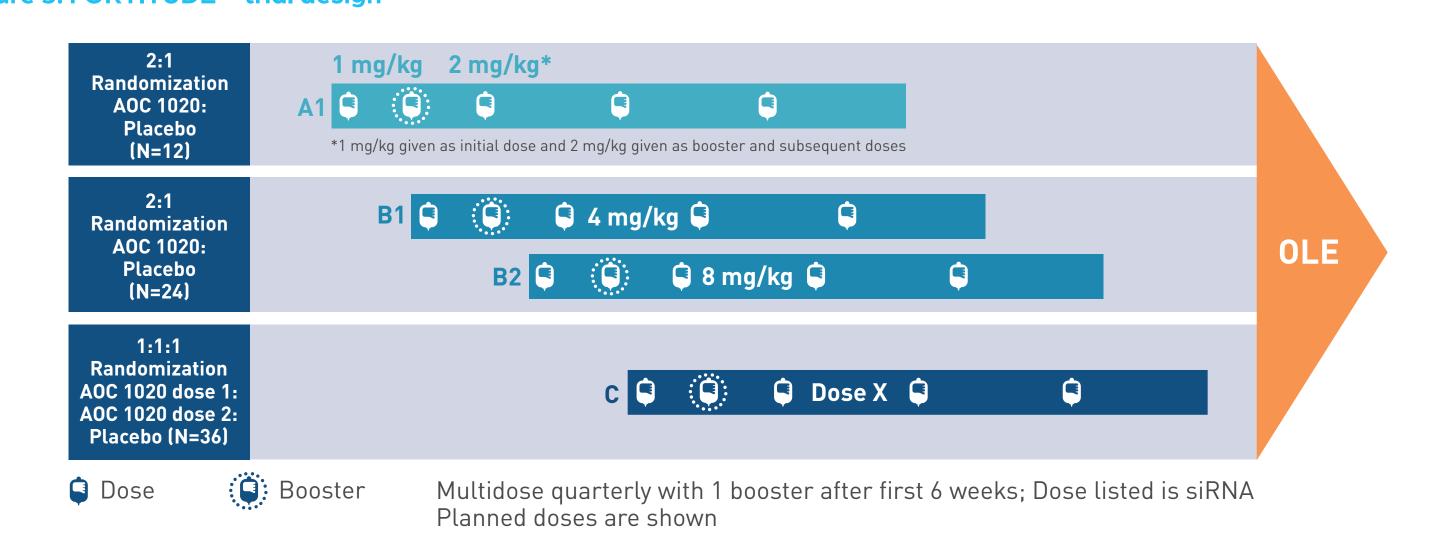
- Reachable Workspace (RWS)
- Functional/mobility endpoints
- Timed up and go, 10-meter walk/run, time to ascend/descend 4 stairs
- Strength measurements Hand-held dynamometry
- PROs to assess upper body function, quality of life, sleep, pain, anxiety, depression, and fatigue
- **Abbreviations**

AOC, antibody oligonucleotide conjugate; BMI, body mass index; DUX4, double homeobox 4; FCS, FSHD clinical score; FDA, Food and Drug Administration; EMA, European Medicines Agency; FSHD, facioscapulohumeral dystrophy; hAVO1mAb, humanized IgG1 monoclonal antibody; MRI, magnetic resonance imaging; mRNA, messenger RNA; OLE, open-label extension; PRO, patient-reported outcomes; RWS, reachable workspace; siDUX4.6, stabilized small interfering RNA targeting DUX4 mRNA; siRNA, small interfering RNA; TfR1, human transferrin receptor 1.

FORTITUDE™ Trial Design

- FORTITUDE™ (AOC 1020-CS1) is a randomized, placebo-controlled, double-blind, global trial designed to evaluate the safety and tolerability of AOC 1020. The trial is being conducted that in three parts in patients with FSHD (Figure 3):
- Part A: A single cohort dose titration group evaluating 2 lower doses
- Part B: 2 multiple ascending dose cohorts evaluating 2 higher doses
- Part C: A single-cohort, parallel-group, evaluating 2 doses selected based on part A and B results
- Each participant will be followed for 12 months and receive 5 doses of study medication administered quarterly with 1 booster at 6 weeks
- Eligible participants will have the option to enroll in an open-label extension (OLE) study
- Clinicaltrials.gov identifier: NCT05747924¹¹

Figure 3. FORTITUDE™ trial design



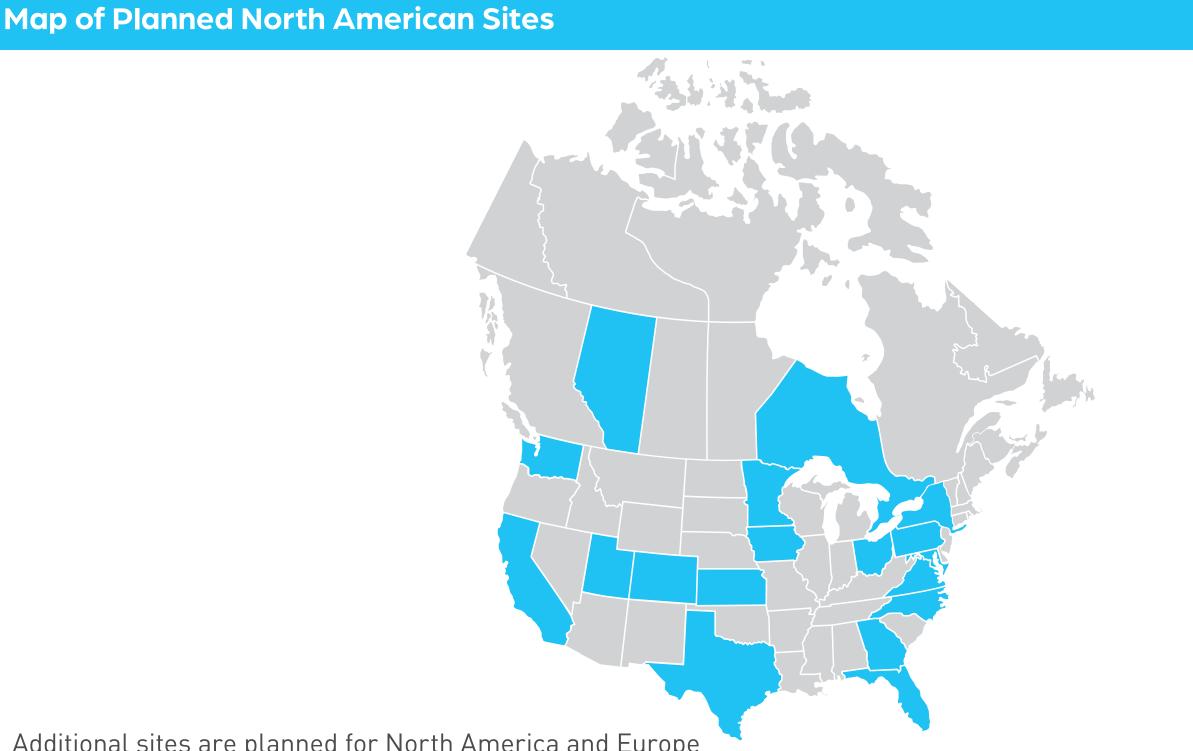
Key Inclusion and Exclusion Criteria

Key Inclusion Criteria

- 18 to 65 years of age (inclusive)
- Genetic diagnosis of FSHD1 or FSHD2
- FSHD clinical score (FCS) of 2 to 14 (inclusive, with points from upper and lower body)
- Ambulatory and able to walk 10 meters (use of walkers or 2 canes to walk 10 meters are excluded)
- Meets specific criteria for two upper quadrants in reachable workspace (RWS)
- At least 1 muscle region in the leg suitable for biopsy based on the Screening MRI

Key Exclusion Criteria

- Body mass index (BMI) >35.0 kg/m²
- Unable to have muscle biopsy performed (in the eligible muscle) due to
 - Physician discretion of the patient's suitability
 - Previous muscle biopsy within 30 days
 - Plans to undergo a non-study muscle biopsy
- Clinically significant laboratory abnormalities Any contraindication to MRI
- Presence or history of clinically significant illness, medical condition, or abnormal test result/finding that could affect a participant's safety or ability to comply with study procedures



Additional sites are planned for North America and Europe

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DISCLOSURES

- 1. This poster is sponsored by Avidity Biosciences, Inc.
- 2. Some authors are employees of Avidity Biosciences, Inc. and may have stock options or an ownership interest.