Tarcocimab tedromer (KSI-301) 5 mg for the treatment of wAMD: One-year primary efficacy and safety outcomes of the Phase 3 DAYLIGHT Study

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on behalf of the DAYLIGHT Investigators

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Disclosures

This presentation will discuss IRB/IEC approved research of an investigational medicine.

Brandon Busbee has the following financial interests or relationships to disclose:

Apellis (Speaker), Genentech (Consultant)

KSI-301 (tarcocimab tedromer) and Antibody Biopolymer Conjugates (ABCs)

ANTIBODY

IgG1 Anti-VEGF Antibody

BIOPOLYMER

Branched, Optically Clear,
High Molecular Weight
Phosphorylcholine Polymer

CONJUGATE

Tarcocimab is an anti-VEGF ABC that blocks all VEGF-A isoforms

DAYLIGHT: Schematic Study Design

Prospective, randomized, double-masked, multi-center, Phase 3,
non-inferiority study of tarcocimab tedromer 5 mg vs aflibercept 2 mg in treatment-naïve wAMD

Tarcocimab monthly dosing

Aflibercept dosed every 2 months after 3 monthly loading doses

Primary endpoint

Mean BCVA change from baseline over average of Weeks 40, 44 and 48

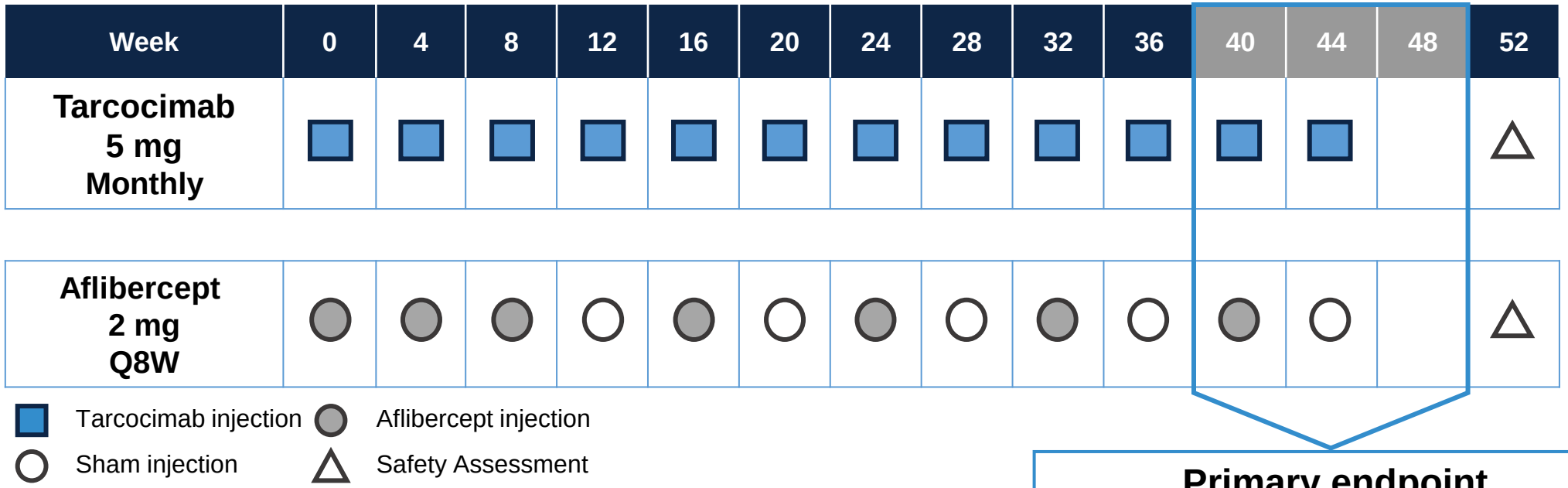
Secondary endpoints

Evaluate the efficacy of tarcocimab on visual and anatomical parameters
Evaluate the safety of tarcocimab

End of Study at Week 52

wAMD: wet age-related macular degeneration; BCVA: best-corrected visual acuity.
DAYLIGHT, Study KS301P107, NCT04964089. Tarcocimab tedromer also referred to as tarcocimab in this presentation.

A randomized, double-masked, multi-center Phase 3 non-inferiority study of intensive dosing (monthly) of tarcocimab tedromer 5 mg vs aflibercept 2 mg in treatment-naïve wAMD

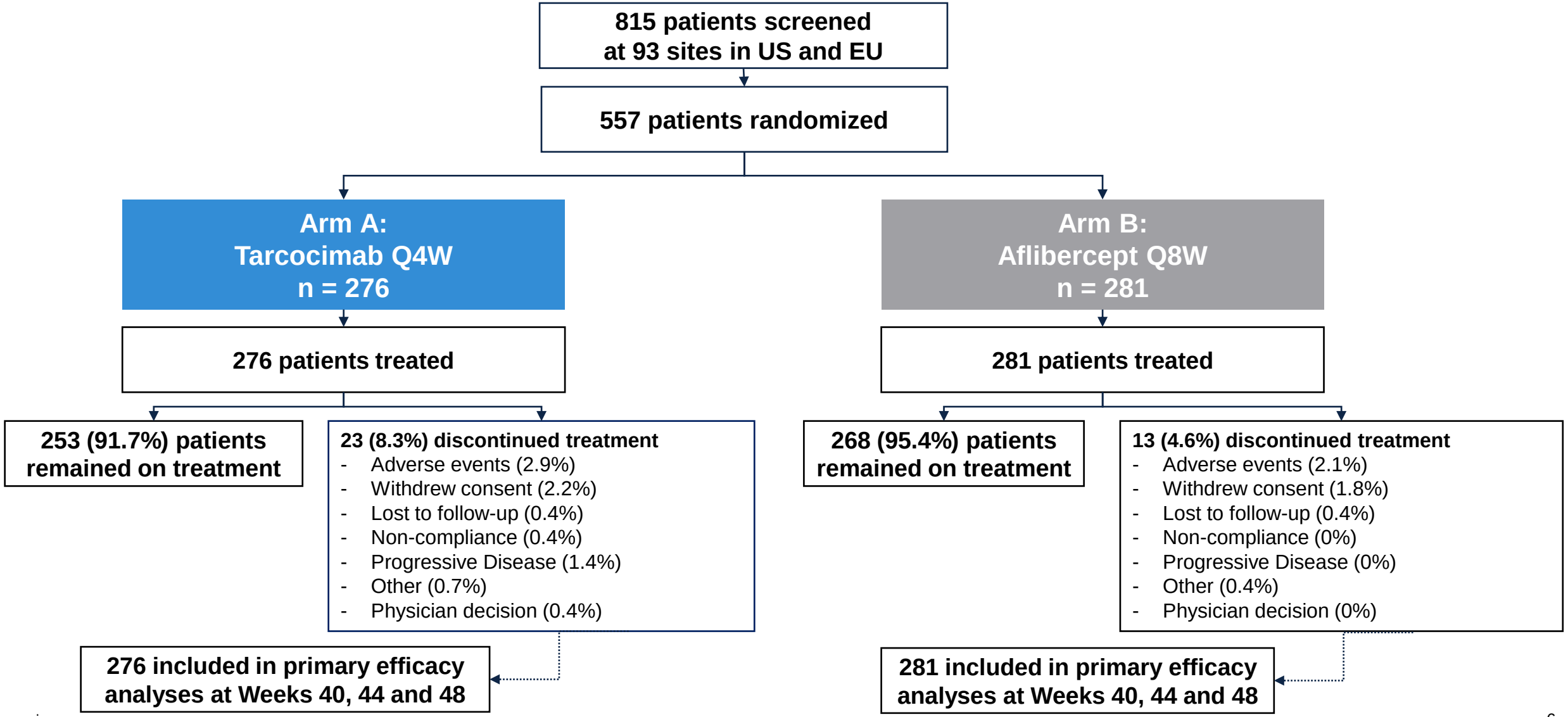


DAYLIGHT objectives

1. **Demonstrate that tarcocimab on intensive monthly dosing is safe**
2. **Provide regulatory support for monthly dosing across all retinal vascular disease indications**
3. **Support a wAMD Biologics License Application (BLA) and other regulatory applications**

wAMD: wet age-related macular degeneration; Q8W: every 8 weeks after 3 loading doses; BCVA: best-corrected visual acuity

Patient Disposition

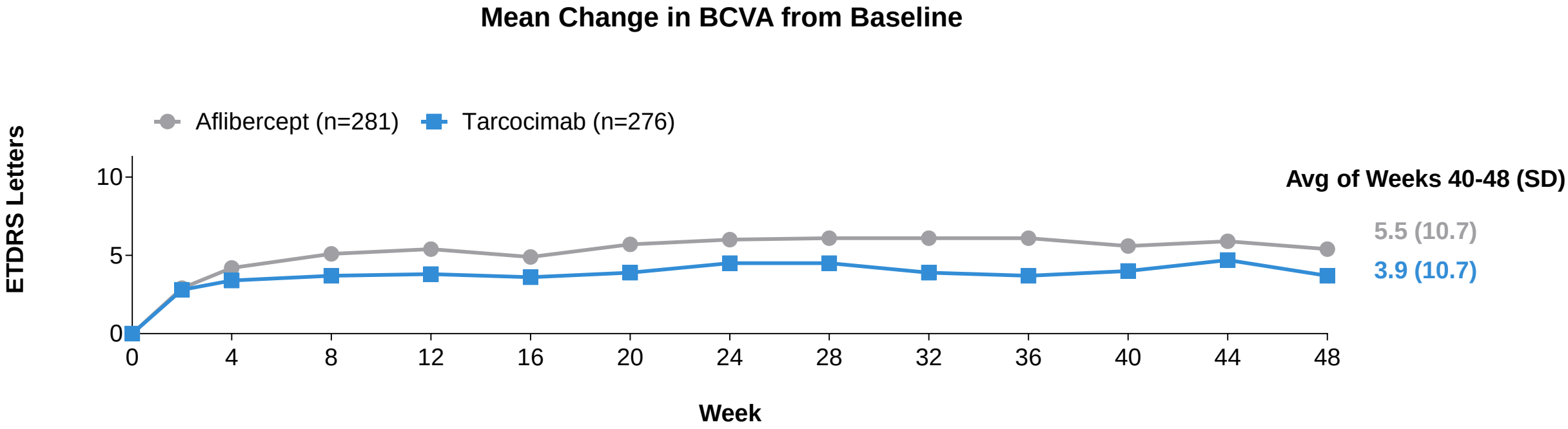


Baseline ocular characteristics were well-matched between groups and typical of treatment-naïve wAMD patients

	Tarcocimab Q4W n=276	Aflibercept Q8W n=281
BCVA, ETDRS Letters, mean (SD)	**63.7 (13.06)**	**64.0 (13.09)**
≥20/40 Snellen equivalent, n (%)	122 (44.2%)	129 (45.9%)
≤20/200 Snellen equivalent, n (%)	17 (6.2%)	15 (5.3%)
BCVA Category		
≤ 49 ETDRS Letters	33 (12.0%)	36 (12.8%)
50 – 69 ETDRS Letters	127 (46.0%)	127 (45.2%)
70 – 80 ETDRS Letters	116 (42.0%)	118 (42.0%)
BCVA – Low Luminance VA Difference		
< 33, n (%)	194 (70.3%)	195 (69.4%)
≥ 33, n (%)	82 (29.7%)	86 (30.6%)
OCT Central Subfield Thickness (CST), µm, mean (SD)	**367.6 (117.91)**	**354.7 (120.22)**
Lens Status, n (%)		
Phakic	129 (46.7%)	127 (45.2%)
Pseudophakic	147 (53.3%)	154 (54.8%)
Intraocular Pressure, mmHg, mean (SD)	14.89 (3.06)	15.39 (3.06)

n = Number of participants treated; The denominator for percentages is the number of participants treated within each treatment arm. Snellen equivalent of 20/40 is 69 ETDRS letters and of 20/200 is 38 ETDRS letters.
wAMD: wet age-related macular degeneration; BCVA: best-corrected visual acuity; ETDRS: early treatment diabetic retinopathy study; VA: visual acuity; OCT: optical coherence tomography;

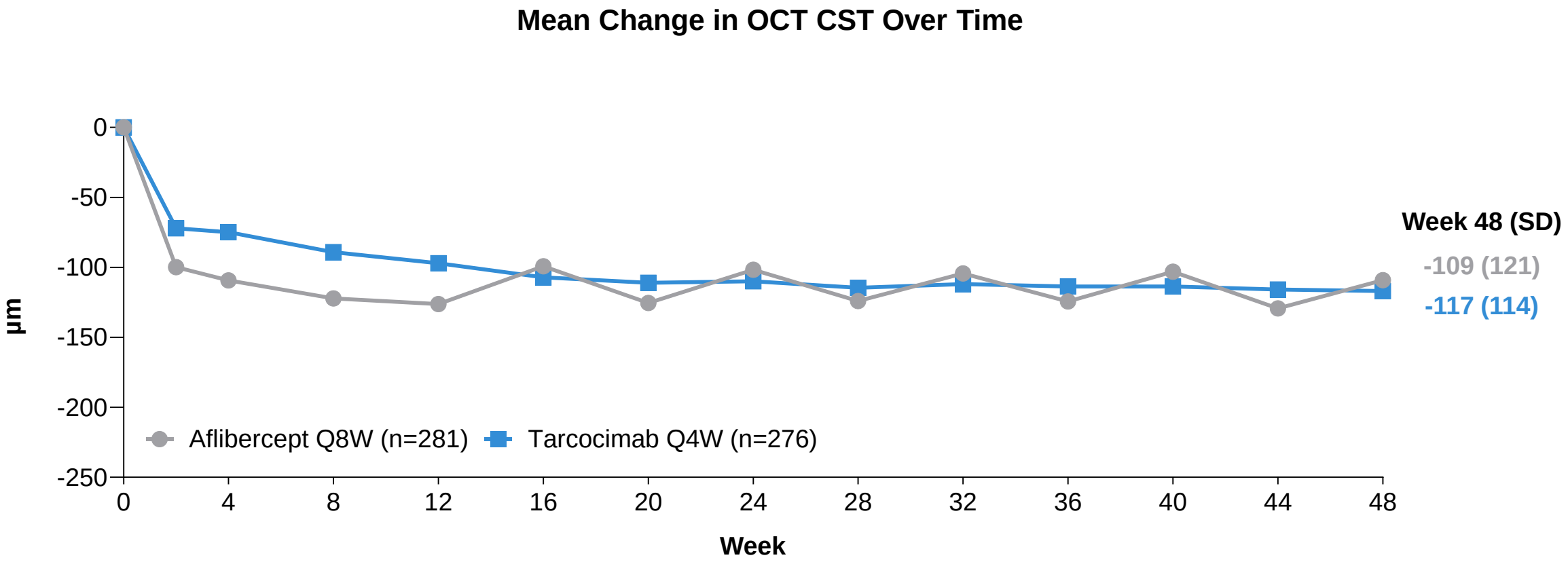
Primary endpoint: tarcocimab demonstrated non-inferior mean change in BCVA from baseline at average of weeks 40-48 to aflibercept



	LSM change from BL BCVA (MMRM)[a]	95.03% CI for LSM difference	P-value for non-inferiority[a]
Tarcocimab Q4W	2.5	-3.88, -0.29	0.0083
Aflibercept Q8W	4.6		

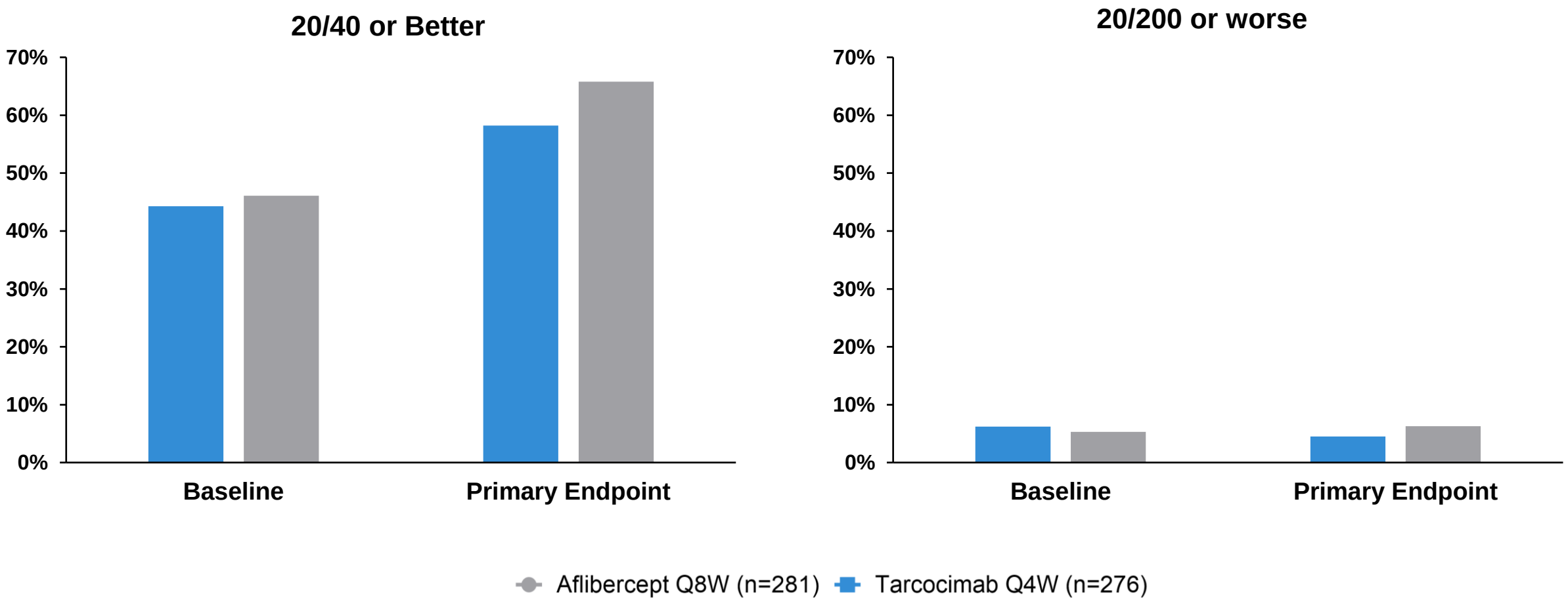
Observed values shown in graphs. LSM, least square mean; MMRM, mixed model for repeated measures. Non-inferiority margin = 4.5 ETDRS letters. BCVA: best-corrected visual acuity; ETDRS: early treatment diabetic retinopathy study. a. Results are based on a MMRM model including the change from baseline value as the dependent variable; treatment, visit (Week 2 through Week 48), and treatment by visit interaction, and the randomization stratification variables [baseline BCVA (83-70, 69-50, and 49 or worse letters), baseline BCVA-LLVA difference (<33, ≥33 letters difference), and geographical location (North America and Rest of World)], as well as continuous covariates of baseline BCVA value, as fixed effects; and subject as a random effect.

Continued dosing resulted in comparable drying over time



Observed values. OCT: optical coherence tomography; CST: central subfield thickness.

Similar proportion of patients achieved a BCVA of 20/40 or better and avoided dropping to 20/200 or worse with tarcocimab when compared to aflibercept



20/40= 69 ETDRS Letters; 20/200 = 38 ETDRS Letters; Q4W: every 4 weeks; Q8W: every eight weeks after 3 loading doses.

Rates of common ocular adverse events were low. Tarcocimab dosed monthly for 12 injections was safe and well tolerated. There was no observed imbalance in cataracts.

Common Ocular Adverse Events (AEs)[a]	Tarcocimab Q4W n=276	Aflibercept Q8W n=281
Subjects with any AE in the Study Eye	107 (38.8%)	83 (29.5%)
Total number of subjects with AEs		
Vitreous floaters	21 (7.6%)	7 (2.5%)
Conjunctival haemorrhage	20 (7.2%)	11 (3.9%)
Intraocular pressure increased	15 (5.4%)	2 (0.7%)
Posterior capsule opacification	9 (3.3%)	5 (1.8%)
Cataract	8 (2.9%)	11 (3.9%)
Vitreous detachment	7 (2.5%)	7 (2.5%)
Dry eye	6 (2.2%)	10 (3.6%)
Neovascular age-related macular degeneration	6 (2.2%)	5 (1.8%)
Eye pain	6 (2.2%)	3 (1.1%)
Punctate keratitis	1 (0.4%)	10 (3.6%)

Cataract in Study Eye[b]	Tarcocimab Q4W n=276	Aflibercept Q8W n=281
Subjects with Cataract AE in the Study Eye	9 (3.3%)	13 (4.6%)
Median number of doses	12	7

Results presented for the Safety Population (≥2.0% in either study arm). Events are investigator reported. Adverse events are events with start date ≥first study drug date and ≤last study drug date + 28 days.

a. Includes all adverse events (AE) reported. A single patient can have multiple events of the same AE term reported.

b. Total number of patients with one or more events of cataract. A patient with multiple events of the same AE term reported are only counted once.

The GLEAM & GLIMMER studies with tarcocimab in DME showed an increased incidence of cataracts with tarcocimab. This was not observed with monthly dosing in DAYLIGHT.

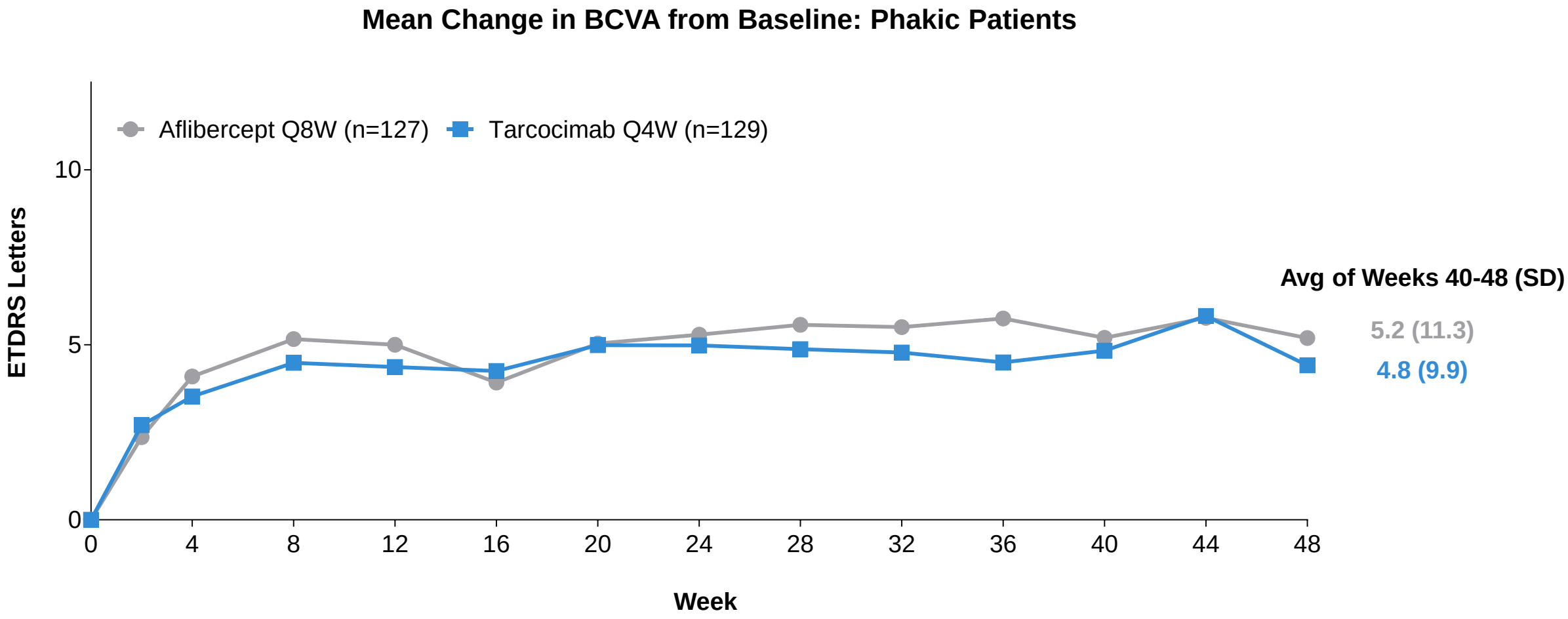
	GLEAM + GLIMMER (DME)		DAYLIGHT (wAMD)		DAZZLE (wAMD)		BEACON (RVO)	
Duration of Follow-Up	**64 Weeks**		**48 Weeks**		**52 Weeks**		**48 Weeks**	
Cataract in Study Eye up to Primary Endpoint	**Tarcocimab Q8W-Q24W n=458**	**Aflibercept Q8W n=459**	**Tarcocimab Q4W n=276**	**Aflibercept Q8W n=281**	**Tarcocimab Q12W-Q20W n=277**	**Aflibercept Q8W n=280**	**Tarcocimab Q4W n=284**	**Aflibercept Q8W n=284**
Subjects with Cataract AEs in the Study Eye, n (%)	**89 (19.4%)**	40 (8.7%)	**9 (3.3%)**	13 (4.6%)	19 (6.9%)	12 (4.3%)	14 (4.9%)	8 (2.8%)
Median number of doses	**5**	10	**12**	7	5	8	5	7

In DAYLIGHT, **monthly dosing** in wAMD patients did not result in an imbalance in cataracts, even though patients received 7 more injections compared to tarcocimab patients in GLEAM and GLIMMER

Results presented for the primary endpoint Safety Populations. Events are investigator reported. Adverse events are events with start date ≥first study drug date and ≤last study drug date + 28 days.

There were fewer cataracts but were they significant?

Phakic patients achieved comparable BCVA gains on both tarcocimab and aflibercept arms, demonstrating no relevant impact from cataracts.



Observed values. BCVA: best-corrected visual acuity; ETDRS: early treatment diabetic retinopathy study.

Why is there no increase in cataract events in DAYLIGHT?

The increased cataract incidence seen with tarcocimab seems to be highly specific to diabetic patients *with* diabetic retinopathy

	Tarcocimab across 5 pivotal trials (wAMD, DME and RVO patients combined)			Aflibercept across 5 pivotal trials (wAMD, DME and RVO patients combined)		
	Medical history of diabetes WITH retinopathy N=471	Medical history of diabetes WITHOUT retinopathy N=159	No medical history of diabetes N=665	Medical history of diabetes WITH retinopathy N=470	Medical history of diabetes WITHOUT retinopathy N=165	No medical history of diabetes N=669
Phakic at baseline	351 (74.5%)	92 (57.9%)	387 (58.2%)	350 (74.5%)	86 (52.1%)	422 (63.1%)
Cataract event*	88 (25.1%)	8 (8.7%)	33 (8.5%)	40 (11.4%)	5 (5.8%)	27 (6.4%)

Diabetic patients ***without*** retinopathy treated with tarcocimab have similar cataract event incidence as non-diabetics

A 2.2x incidence of cataracts with tarcocimab is noted in diabetic patients ***with*** retinopathy

*Includes patients with progression of cataract and new cataract events. Reported AE terms include cataract, cataract subcapsular, cataract nuclear, cataract cortical, cataract diabetic and lenticular opacities

Rates of intraocular inflammation were low in both treatment groups

Intraocular Inflammation in Study Eye	Tarcocimab Q4W n=276	Aflibercept Q8W n=281
Subjects with at Least 1 Intraocular Inflammation AE*	9 (3.3%)	1 (0.4%)

Endophthalmitis in Study Eye	Tarcocimab Q4W n=276	Aflibercept Q8W n=281
Subjects with at Least 1 Endophthalmitis AE	1 (0.4%)	0

No cases of intraocular inflammation with vasculitis or vascular occlusion were observed

*Reported AE terms: anterior chamber cell, anterior chamber flare, eye inflammation, iridocyclitis, uveitis, vitreal cells, vitreous haze, vitritis. Most cases were mild, all were treated with standard of care steroid therapy, all resolved, and no patient discontinued the study due to the intraocular inflammation event.
Results presented for the Safety Population. Events are investigator reported. Adverse events are events with start date ≥first study drug date and ≤last study drug date + 28 days.

Conclusions

DAYLIGHT met the primary endpoint	Tarcocimab dosed monthly demonstrated non-inferior visual acuity gains at Year 1 compared to aflibercept dosed per label, and continued dosing through Year 1 resulted in comparable drying effect.
DAYLIGHT met its objectives	These positive results from the DAYLIGHT study may: • Provide monthly dosing support for other indications in regulatory submissions • Support a wAMD Biologics License Application (BLA) and other regulatory applications
Tarcocimab on intensive monthly dosing is safe and well-tolerated	Favorable safety profile with low rates of intraocular inflammation and no cases of intraocular inflammation with vasculitis or vascular occlusion No new or unexpected ocular or non-ocular safety signals
KSI-501, a clinical stage anti-IL-6/VEGF bispecific, is progressing	Successful outcomes from DAYLIGHT provide additional supportive evidence for the development of Kodiak's ABC Platform and platform-derived medicines.

Thank you to all DAYLIGHT investigators, site staff and patients

Czech Republic: Fakultni nemocnice Kralovske Vinohrady; **Hungary:** Bajcsy-Zsilinszky Korhaz es Rendelointezet, Budapest Retina Associates, Szabolcs-Szatmar-Bereg Megyei Korhazak es Egyetemi Oktatokorhaz, Debreceni Egyetem Klinikai Kozpont; **Latvia:** Pauls Stradins Clinical University Hospital, Riga Eastern Clinical University Hospital Clinic Bikernieki, Latvian American Eye Center, Signes Ozolinas Doctor Praxis In Ophthalmology; **Poland:** Dr. Nowosielska Okulistyka i Chirurgia Oka, Optimum Profesorskie Centrum Okulistyki, Retina Okulistyka, Oftalmika Sp.; **Slovakia:** Fakultna Nemocnica Trencin; **Spain:** Hospital dos de Maig, Hospital Universitario Rio Hortega, Hospital Universitario de Bellvitge, Hospital Universitari General de Catalunya - Grupo Quironsalud, Hospital Universitario Miguel Servet; **United States:** Northern California Retina Vitreous Associates, Retinal Research Institute, Retina Vitreous Associates Medical Group, Retina Research Institute of Texas, Retina Consultants of Texas - Houston, Retina Consultants of Texas - The Woodlands, Sierra Eye Associates, Retina Consultants of San Diego, Medical Center Ophthalmology Associates, Charleston Neuroscience Institute, NJ Retina - Teaneck, Retina Specialty Institute, Southeast Retina Center, Texas Retina Associates - Plano, Vitreoretinal Surgery PA, Cleveland Clinic Foundation - Cole Eye Institute, Cumberland Valley Retina Consultants, Austin Retina Associates - Austin, Palmetto Retina Center, Retina Vitreous Associates of Florida, Northwest Arkansas Retina Associates, Southeastern Retina Associates, Retina Associates PA, Ophthalmic Consultants of Boston, Tennessee Retina, Retina Associates of Florida, Envision Ocular, Foundation for Vision Research, Wolfe Eye Clinic, Strategic Clinical Research Group, Associated Retinal Consultants, National Ophthalmic Research Institute, Rand Eye Institute, Retina Consultants of Texas – Katy, Cascade Medical Research Institute, Retina Consultants of Orange County, Retina Associates of Kentucky, Retinal Consultants Medical Group Inc, Black Hills Regional Eye Institute, California Retina Consultants – Santa Maria, Florida Eye Associates, Springfield Clinic, Eye Medical Center of Fresno, Austin Retina Associates – Round Rock, Retina-Vitreous Surgeons of Central NY, Retina Group of New England, Emanuelli Research & Development Center, Retina Associates of Western New York, Charleston Neuroscience Institute, Retina Group of Washington, Retina Consultants of Nevada – Henderson, Retina Consultants of Southern California, Center for Retina & Macular Disease, Talley Medical Surgical Aye Care Associates, Retina Consultants, Spokane Eye Clinic, Florida Retina Institute, Western Carolina Retinal Associates, Ophthalmic Consultants of Long Island, Blue Ocean Clinical Research, Retina Vitreous Associates of Florida, Charles Retina Institute, Panhandle Eye Group, Retina Associates of Cleveland, Palmetto Retina Center, Retina Consultants of San Antonio, Star Vision Research, Charleston Neuroscience Center, Piedmont Eye Center.