

Ligand-conjugated coAAV-SCS-01 capsid outperforms benchmarks in RPE-choroid and retina after suprachoroidal administration in NHPs

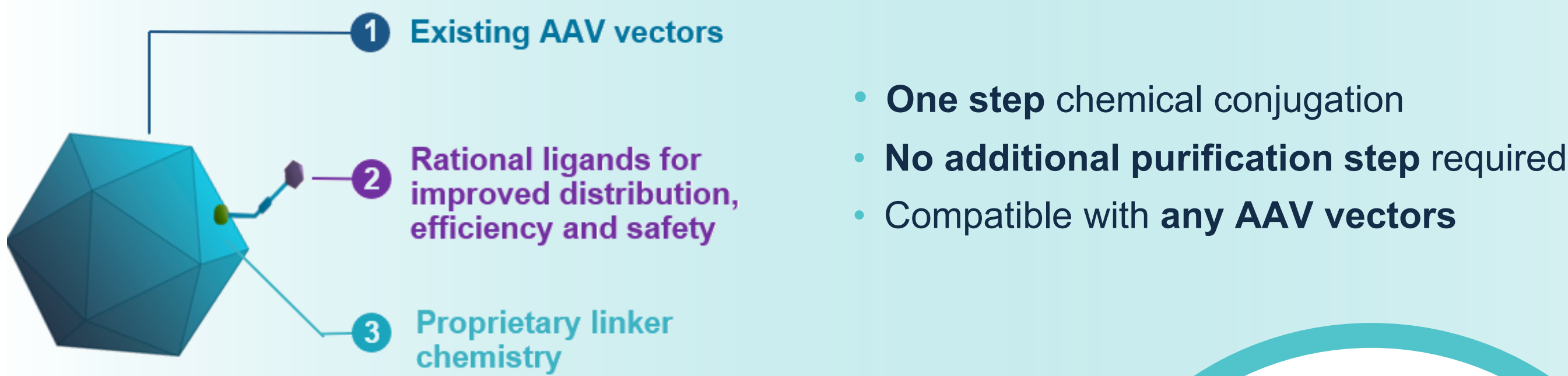
L Petit, G. Lefèvre, A Savy, M-A Burlot, E Jordi, D Compère, P Françon, J Spatazza

Introduction: AAV gene therapy is promising for ocular diseases, but current vectors have limited distribution and safety. We are developing next-generation capsids using our **ALIGATER™** platform. Our lead capsid **coAAV-SCS-01** enables safe, broad posterior segment transduction via suprachoroidal (SCS) delivery for inherited and prevalent retinal diseases.

Barriers to ocular gene therapy

- Delivery limitations:** restricted posterior segment coverage with current vectors or invasive subretinal surgery
- Dose-limiting inflammation** requires high steroids and reduced doses
- Pre-existing immunity** limits re-dosing & second-eye treatment

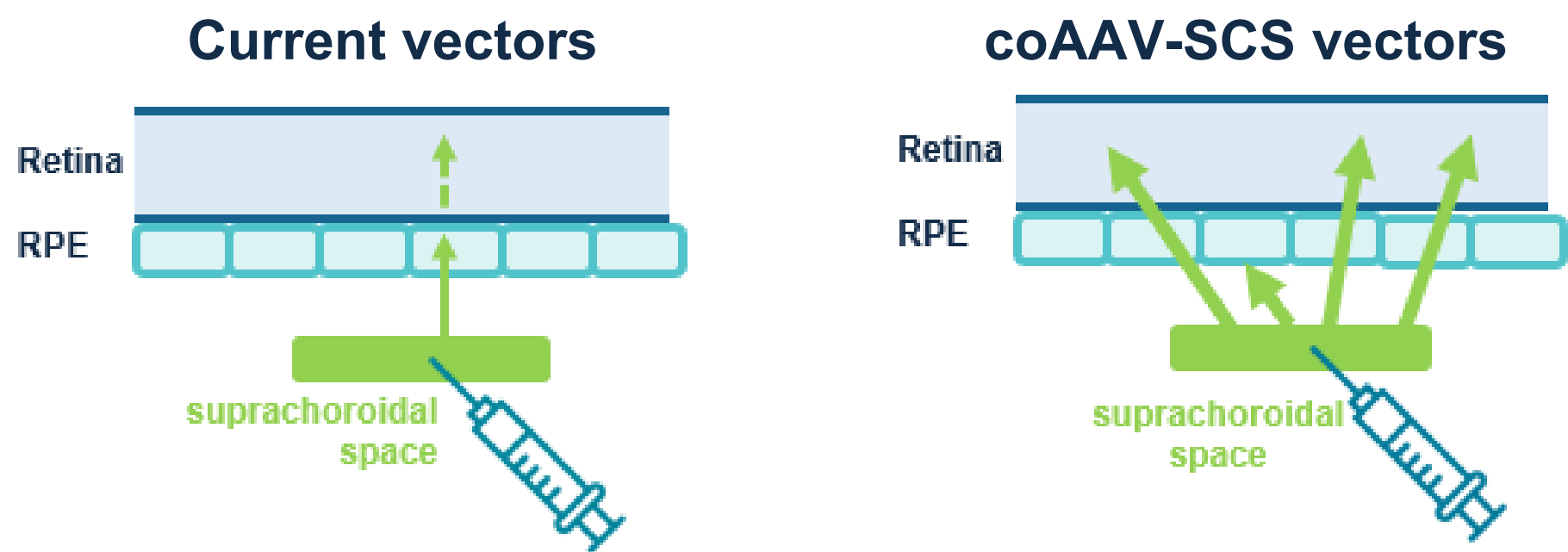
Building next-generation AAV vectors using ALIGATER™



Our solution: coAAV-SCS-01 a novel suprachoroidal capsid validated in NHPs

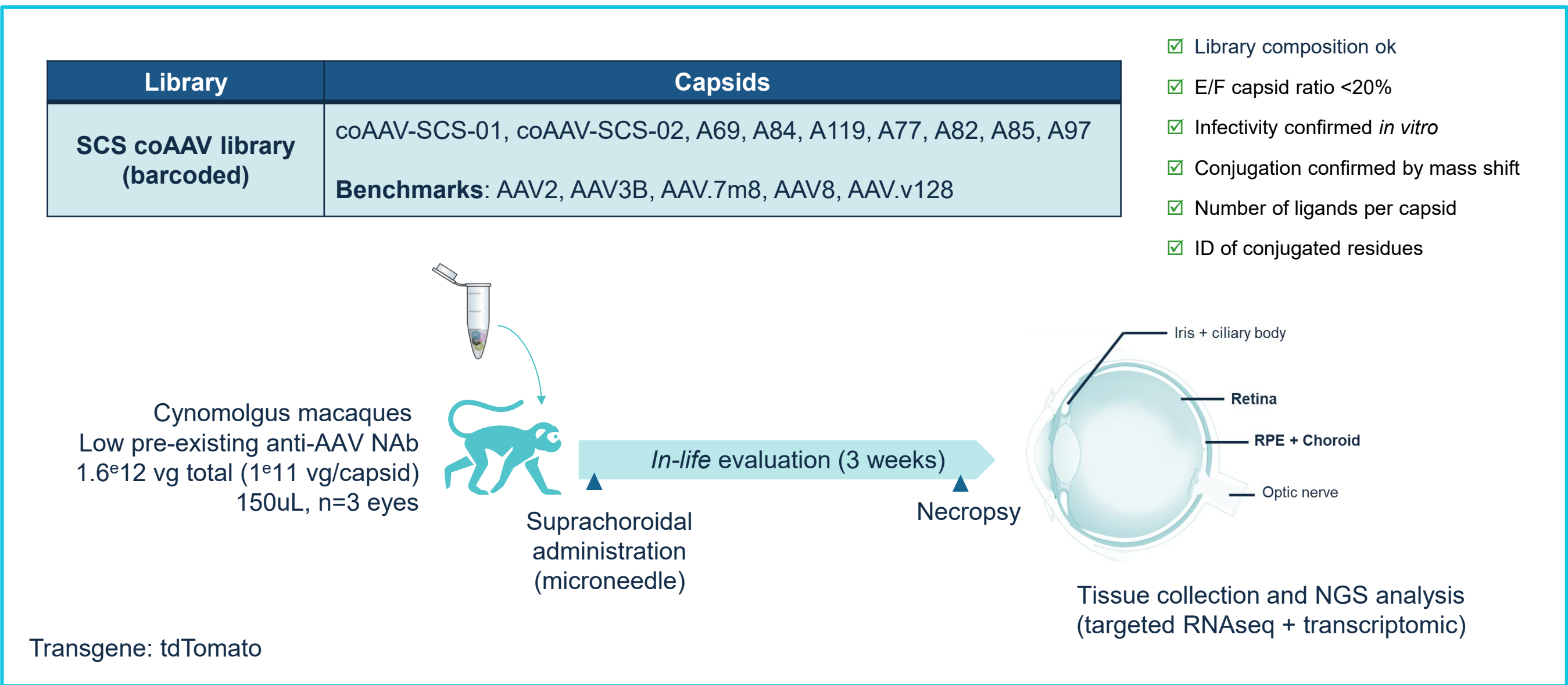
Why suprachoroidal?

- Non-invasive, clinically-validated** procedure
- Broad posterior coverage** vs subretinal
- Low inflammation**, no steroids needed at >10x intravitreal dose
- Potential for safe and effective **second-eye treatment**

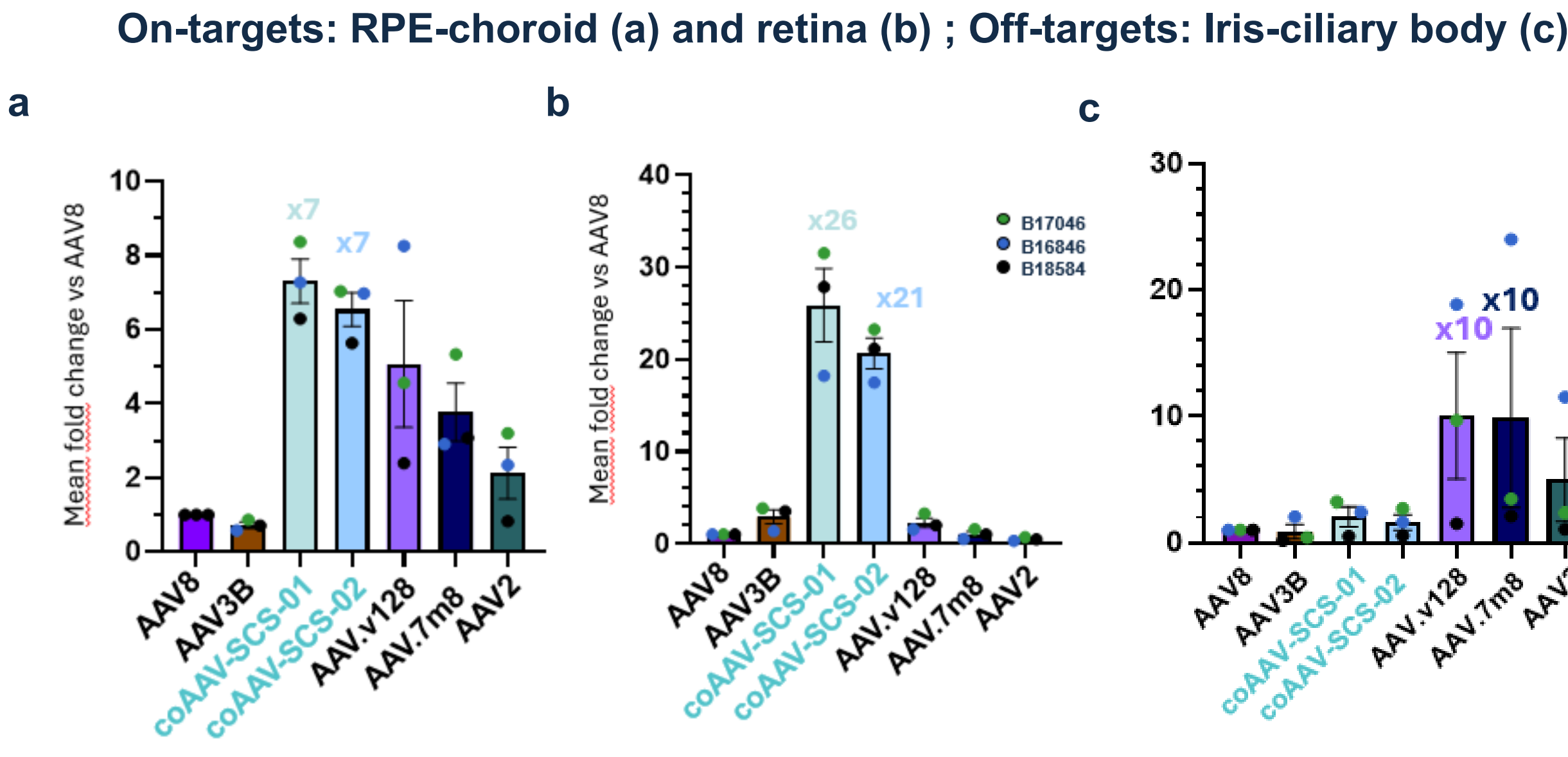


STUDY 1 (MULTIPLEX): coAAV-SCS-01 and coAAV-SCS-02 outperform 1st and 2nd generation capsids in NHPs

Study design:

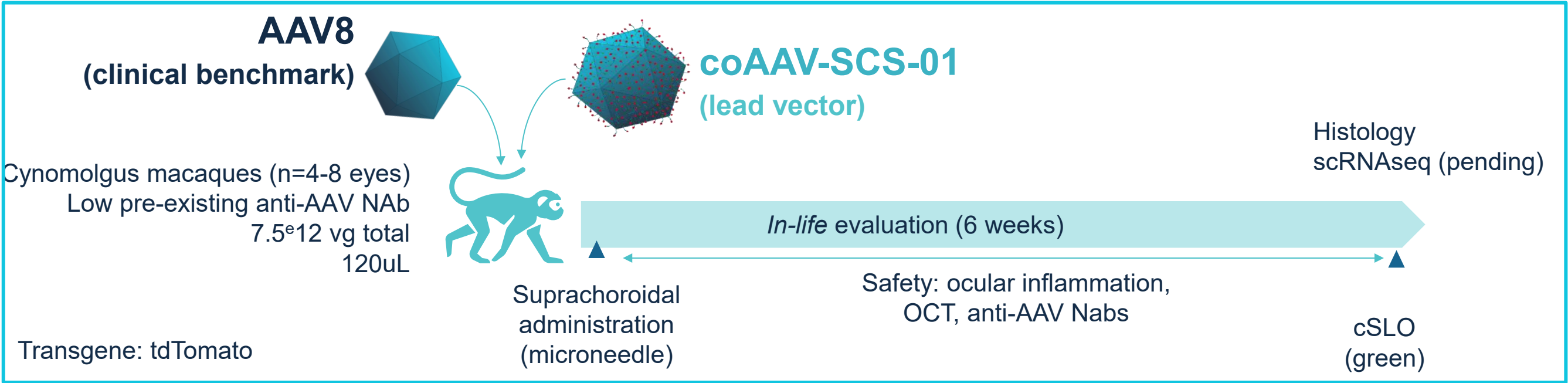


Vector ranking:

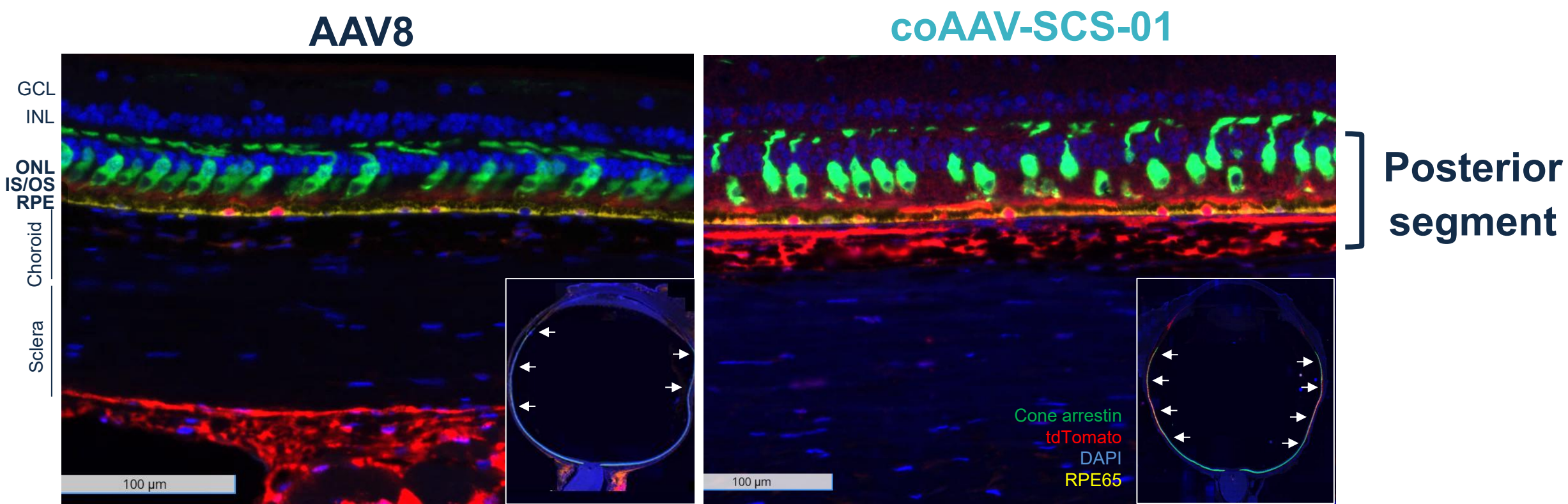


STUDY 2: Superiority of coAAV-SCS-01 versus AAV8 is confirmed in a 2nd NHP validation study

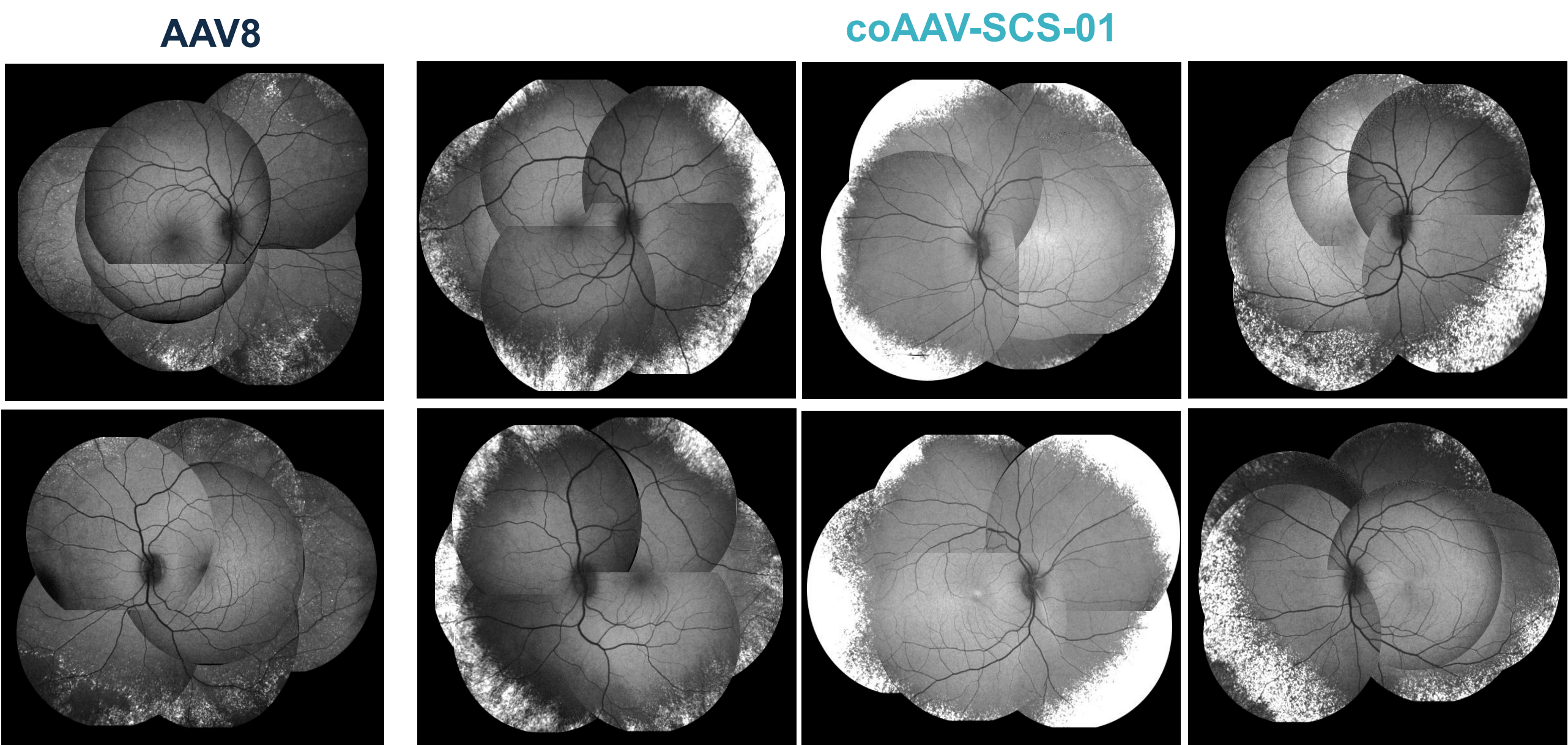
Study design:



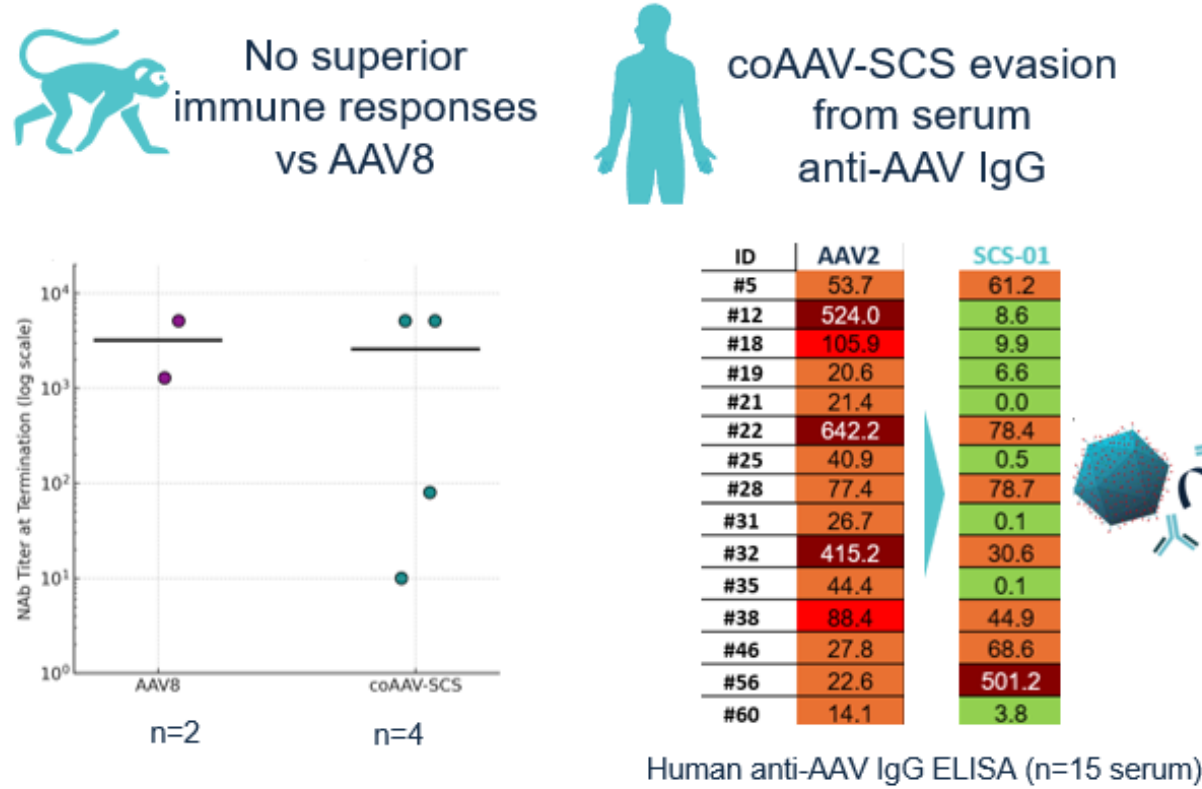
Confirmation of increased posterior segment targeting by IHC



In vivo transgene expression:



Safety profile



KEY CAPSID PROPERTIES

Up to 26x posterior coverage vs AAV8 with improved RPE-choroid and retina transduction
De-targeted from anterior segment = improved safety
Immune evasion = potential for 2nd eye treatment