



# Endosomal Escape Vehicle (EEV™) - Oligonucleotide Conjugates Produce Exon Skipping and Dystrophin Production in Preclinical Models of Duchenne Muscular Dystrophy

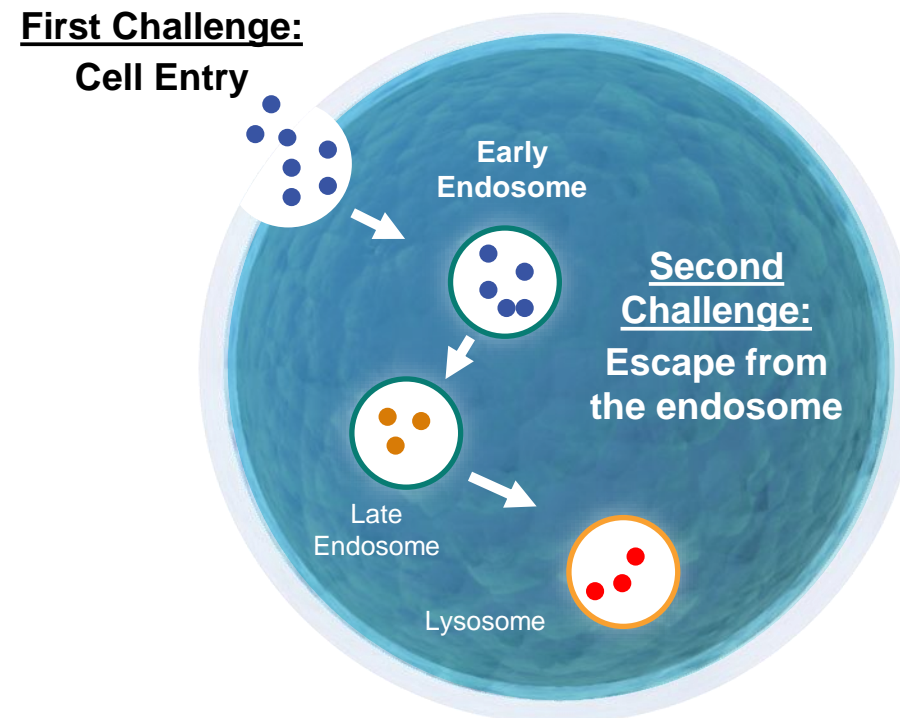
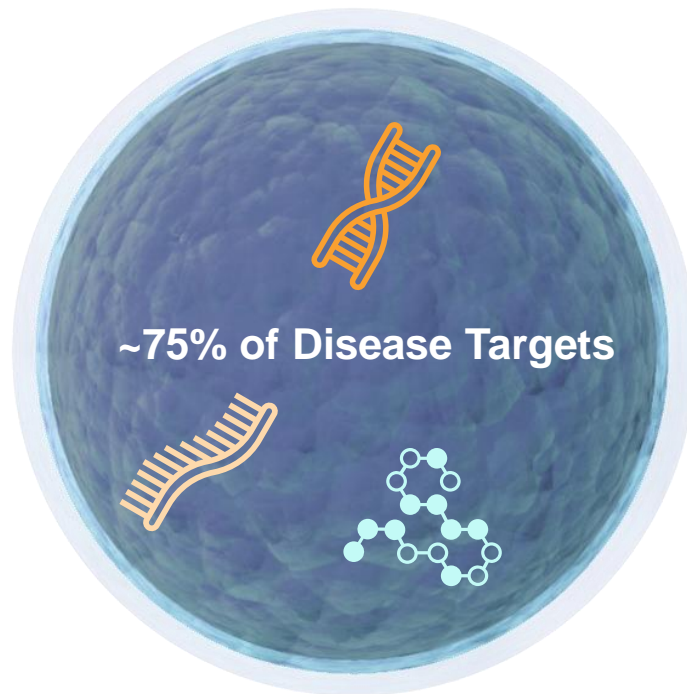
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**Mahasweta Girgenrath, PhD**  
Vice President, Neuromuscular Therapeutics

**Frontiers in Myogenesis Conference 2023**  
November 10, 2023



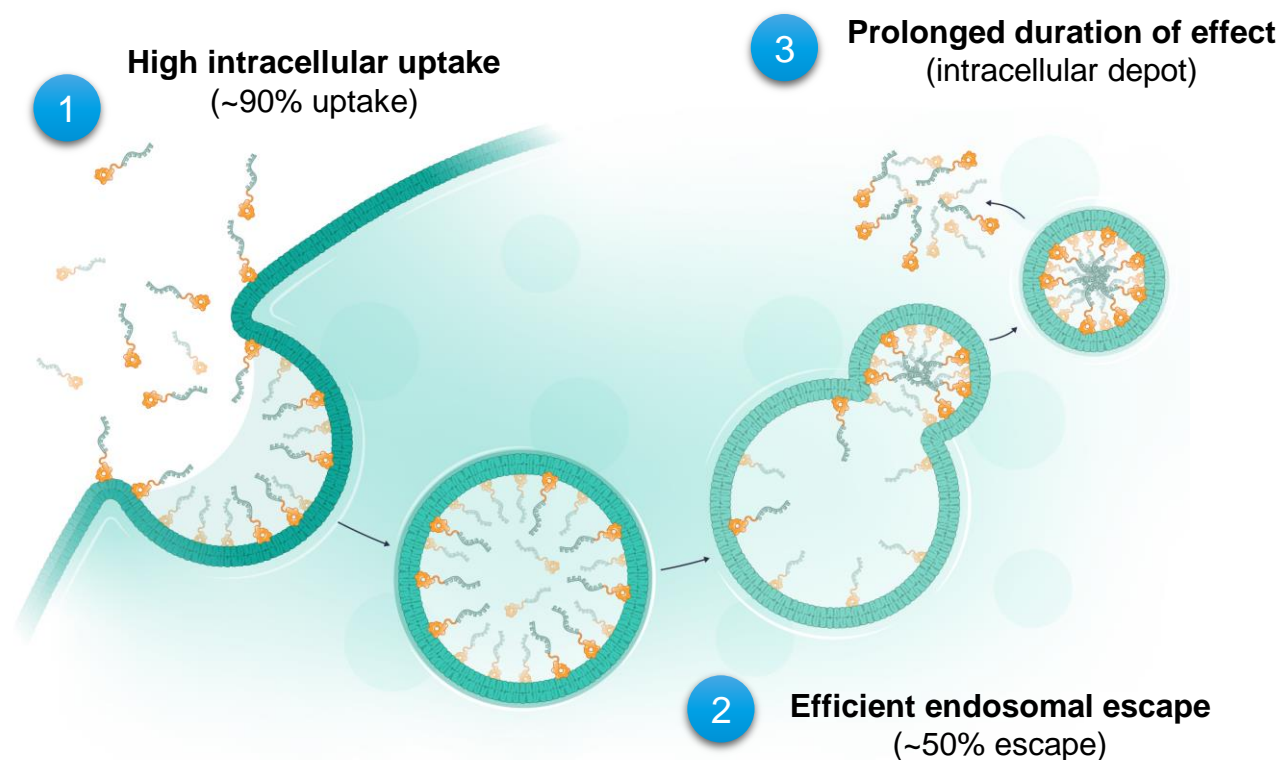
Approximately 75% of all disease-causing targets are intracellular and difficult to reach, representing a significant issue when developing effective therapies



**The Endosomal Escape Vehicle (EEV™) Platform aims to solve the fundamental problem:  
Lack of efficient cellular uptake and escape from the endosome**

Entrada seeks to solve a fundamental problem: lack of efficient cellular uptake and escape from the endosome; Both are critical to intracellular target engagement and therapeutic benefit

- Unique chemistry results in **improved uptake and endosomal escape**
- Cyclic structure designed to **extend half life and increase stability**
- Phospholipid binding potentially **enables broad biodistribution to all cells**
- Mechanism of **internalization conserved across species**



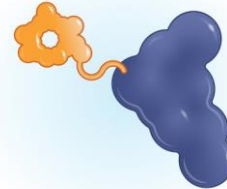
# A BROADLY APPLICABLE PLATFORM

Entrada has demonstrated intracellular uptake of unique moieties ranging from 1 kDa to 600 kDa

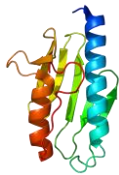
## Antibodies



## Enzymes

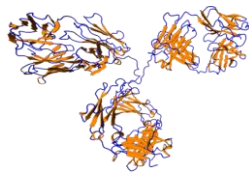


## Oligonucleotides



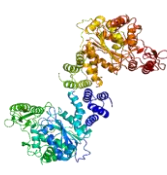
550-600 KDa

Hybrid frataxin



150 KDa

Antibody



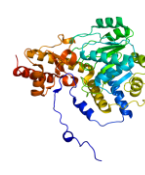
98 KDa

Thymidine  
phosphorylase



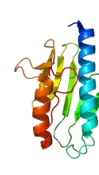
96 KDa

Purine  
nucleoside  
phosphorylase



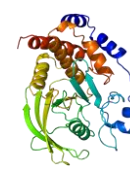
86 KDa

Alanine-  
glyoxylate  
aminotransferase



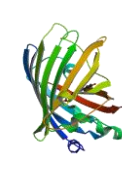
46 KDa

Human frataxin



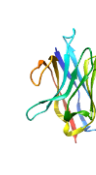
37 KDa

PTP1B  
catalytic  
domain



32 KDa

EGFP



16 KDa

Nanobody



6 KDa

Oligonucleotide

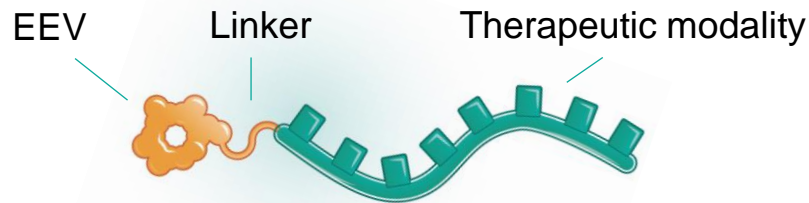


1-3 KDa

Various  
peptide cargos

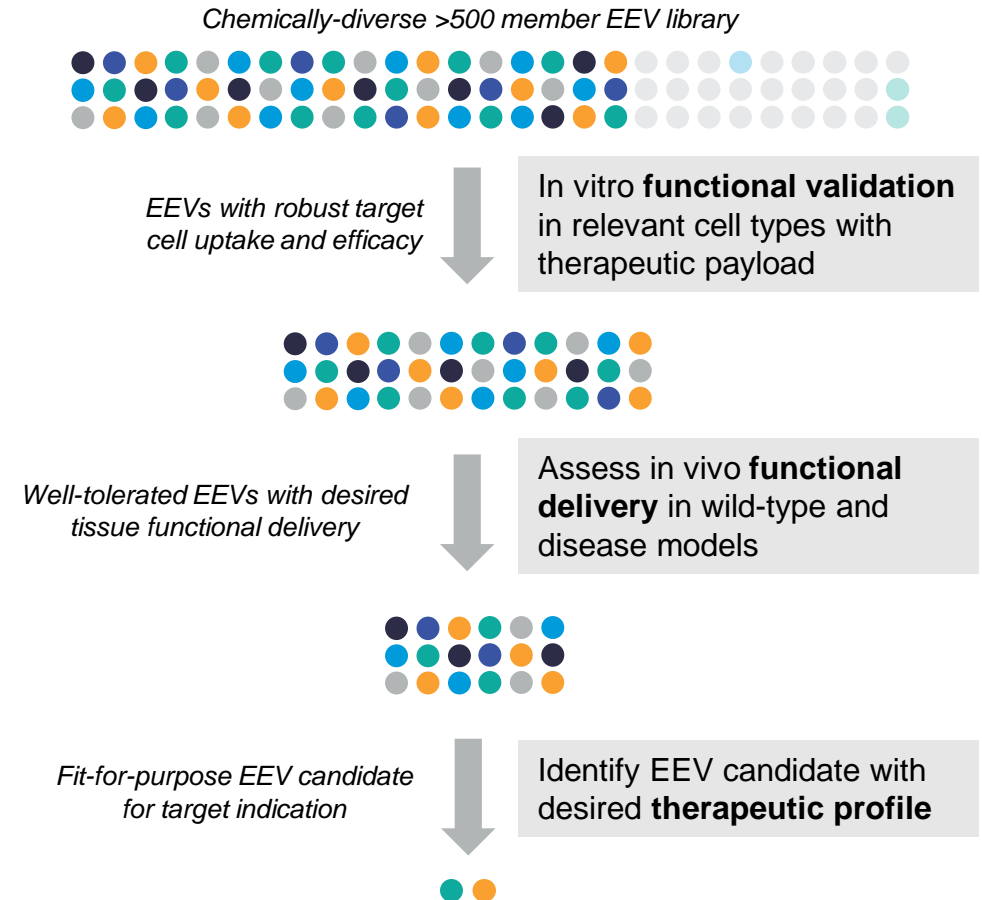
EGFP, enhanced green fluorescent protein.

## Discovery Engine for Intracellular Therapeutics



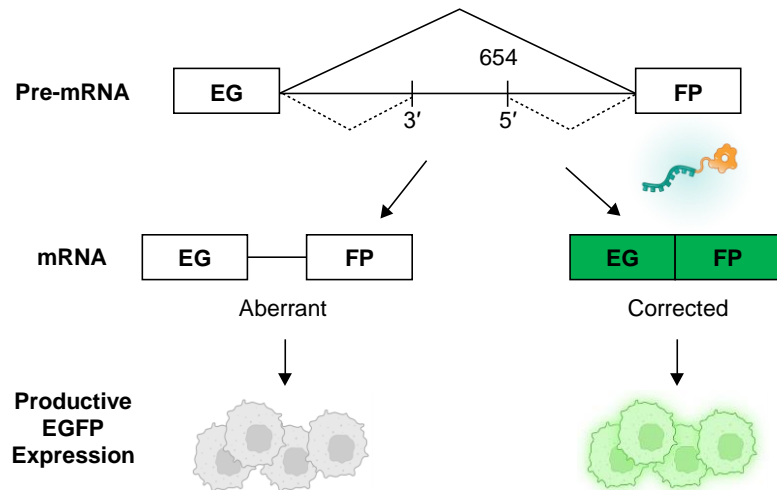
- Cyclic peptide library design and combinatorial synthesis to generate **EEV library**
- Delivery and counter-screening assays enabled for in vitro **high throughput screening**
- Functional screening of lead EEVs in vivo to select for **pharmacodynamic activity** in target tissues
- Optimize **linker & conjugation chemistry** for desired therapeutic modality

## Screening Cascade for EEV Candidates



Entrada's EEV-therapeutics can be designed to enhance functional delivery to target tissues

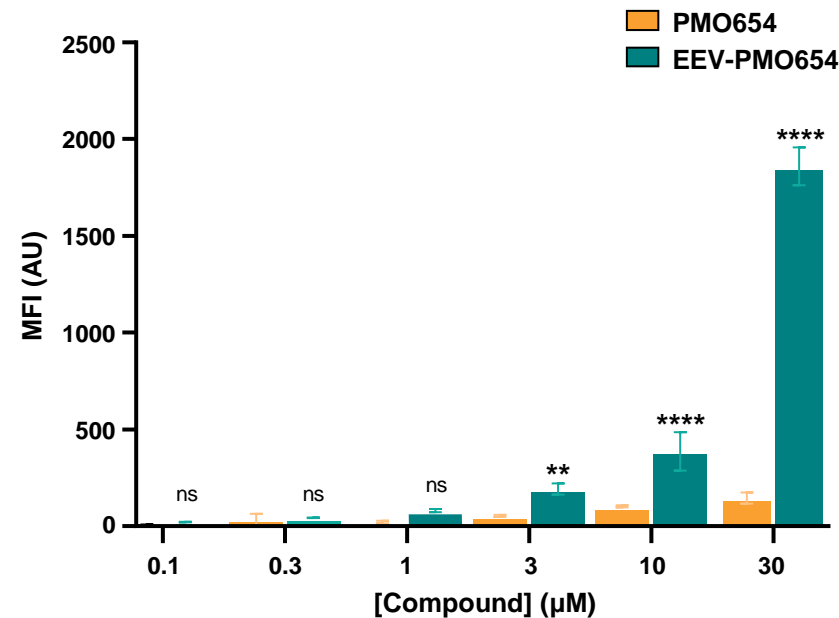
## EGFP-654 Transgenic Model<sup>1</sup>



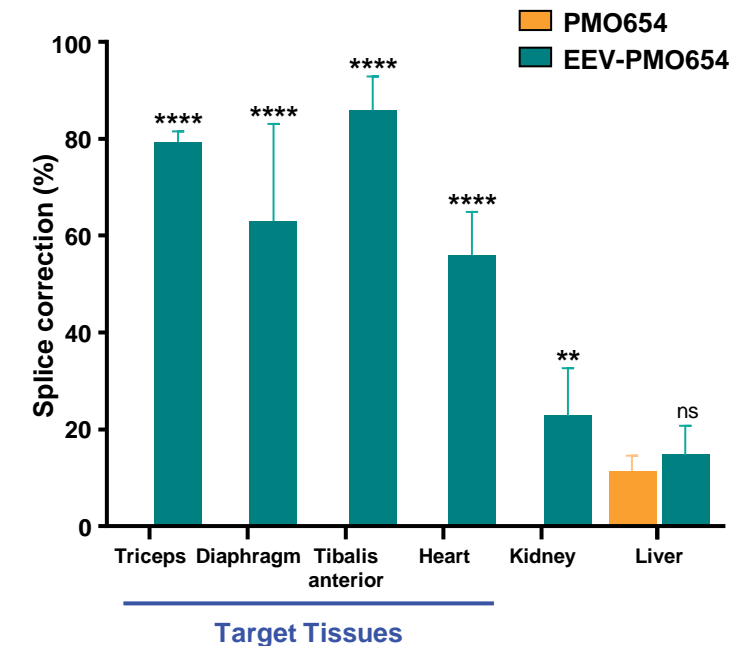
- The HeLa EGFP-654 cellular model was used to evaluate the suitability of the EEV platform for in vitro delivery of oligonucleotide cargo
- Successful treatment of HeLa EGFP-654 cells with antisense oligonucleotides (PMOs) would switch the splicing and restore expression of EGFP.

## Enhanced Functional Delivery to Target Tissues with EEV Platform

### Internalization Efficacy in HeLa-EGFP-654 Cells



### Splicing Correction in EGFP-654 Mice



\*\*p<0.01, \*\*\*\*p<0.0001 vs. PMO654. These studies used EEV3-PMO654. Values are shown as mean ± standard deviation. 1. Li, X. et al. *Mol. Ther. Nucleic Acids* 2023. EEV, endosomal escape vehicle; EGFP, enhanced green fluorescent protein; PMO, phosphorodiamidate morpholino oligomer.

# DUCHENNE MUSCULAR DYSTROPHY



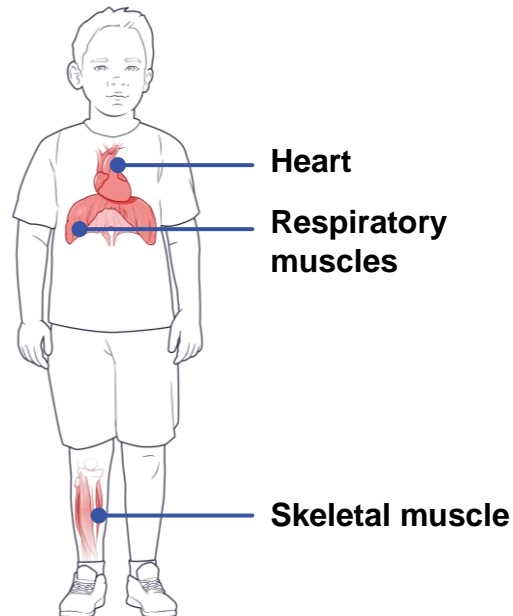
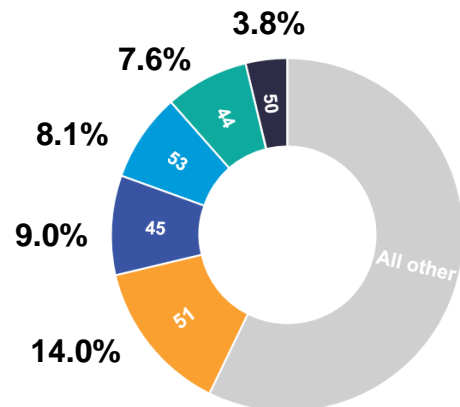
# SIGNIFICANT THERAPEUTIC NEED EXISTS WITHIN A VALIDATED DUCHENNE MARKET

Duchenne is caused by **mutations in the DMD gene, which lead to a lack of functional dystrophin**, causing progressive loss of muscle function throughout the body

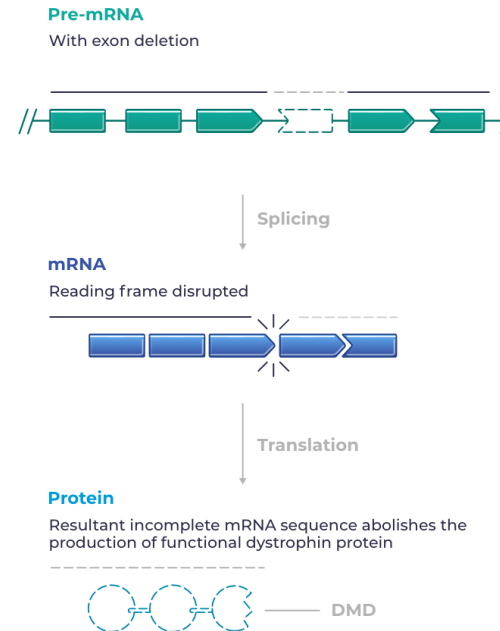
Exon skipping therapeutics have been approved based on **modest improvement in dystrophin levels ranging from ~1% to 6%**<sup>4-7</sup>

**~15,000** people in the **U.S.**<sup>1</sup> & **~26,000** people in **Europe**<sup>2</sup> have Duchenne

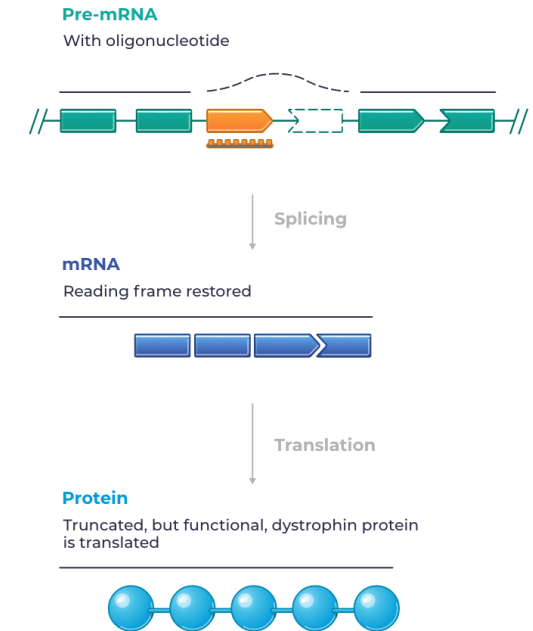
**>40% of patients with Duchenne**<sup>3</sup> have mutations amenable to exon skipping of exons 44, 45, 50, 51 and 53



## Patients with Duchenne



## EEV-Oligonucleotide Approach

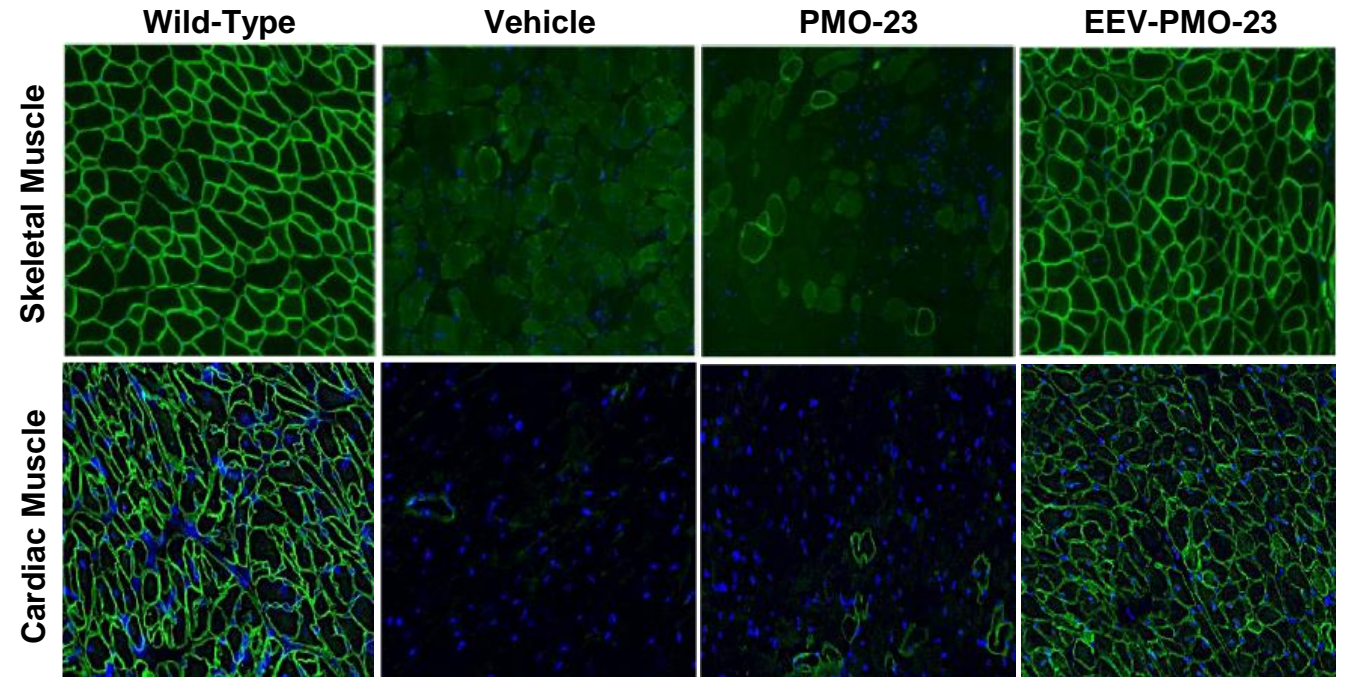
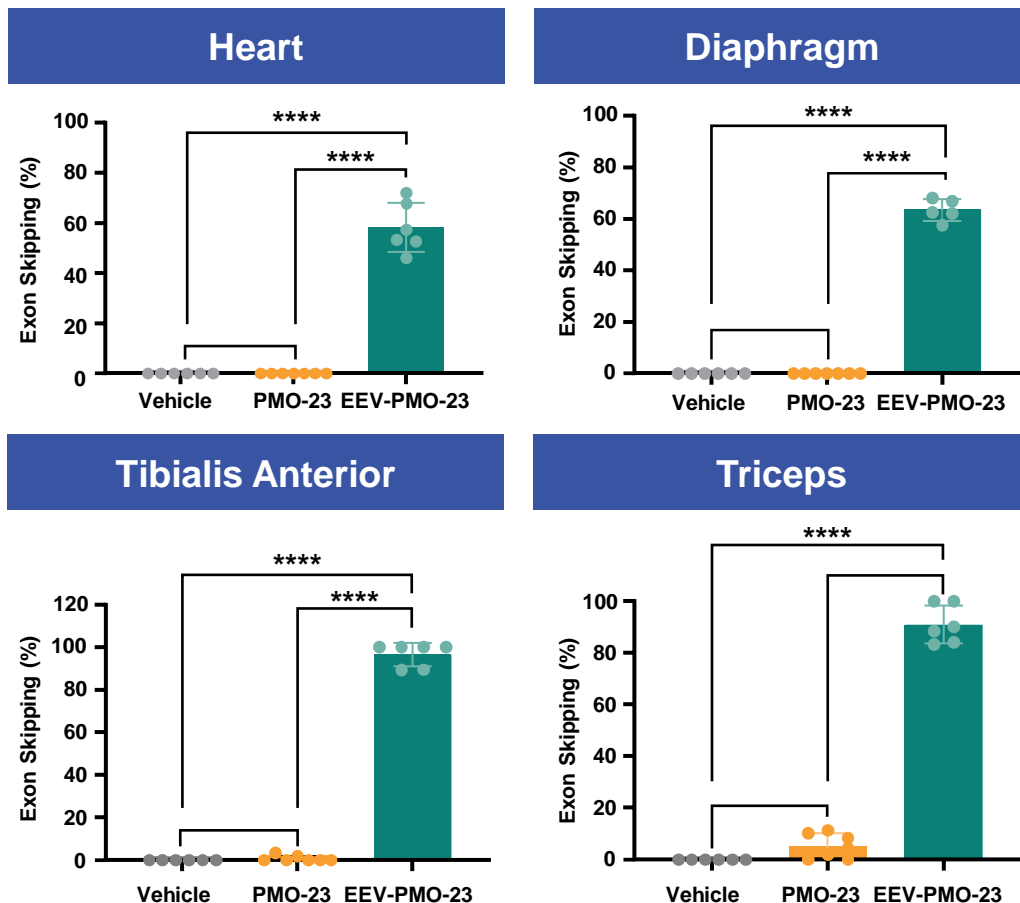




# REPEAT EEV-PMO-23 TREATMENT IN D2-*mdx* MICE

Robust exon 23 skipping after 4 monthly IV doses of EEV-PMO-23 in D2-*mdx* mice

Broad dystrophin expression and restoration of muscle integrity after four monthly IV doses of EEV-PMO-23 in D2-*mdx* mice



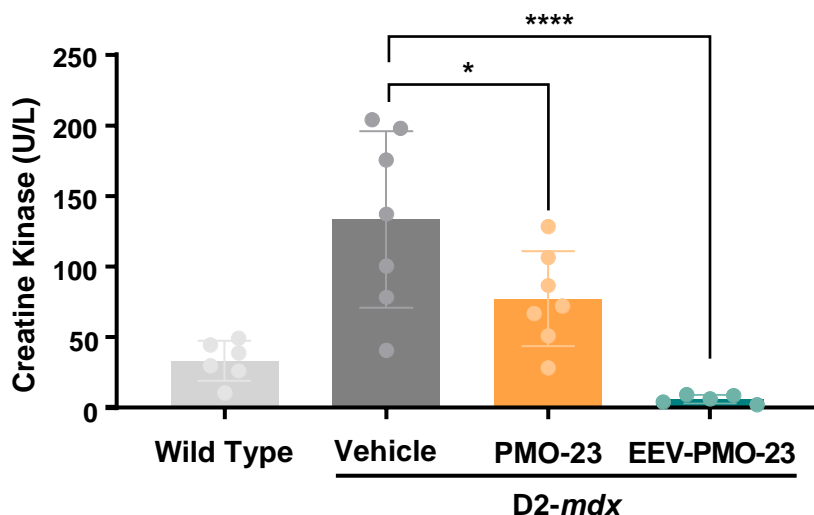
- D2-*mdx* mice (male, n=6-7) were treated with 4 monthly doses of either vehicle, 20 mg/kg unconjugated PMO-23 or 20 mg/kg PMO-23 equivalent of EEV-PMO-23, and the data were collected ~4 weeks after the last dose.

# REPEAT EEV-PMO-23 TREATMENT RESULTS IN CK CORRECTION AND FUNCTIONAL IMPROVEMENT

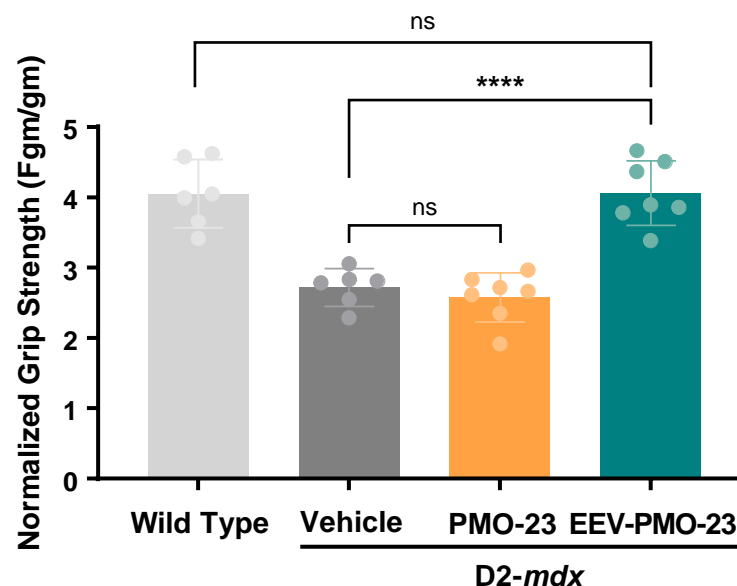
Repeat EEV-PMO-23 treatment normalized serum CK levels and showed significant improvements in muscle function when compared to PMO alone after four monthly IV doses in D2-*mdx* mice

\*p<0.05, \*\*p<0.01, \*\*\*\*p<0.0001

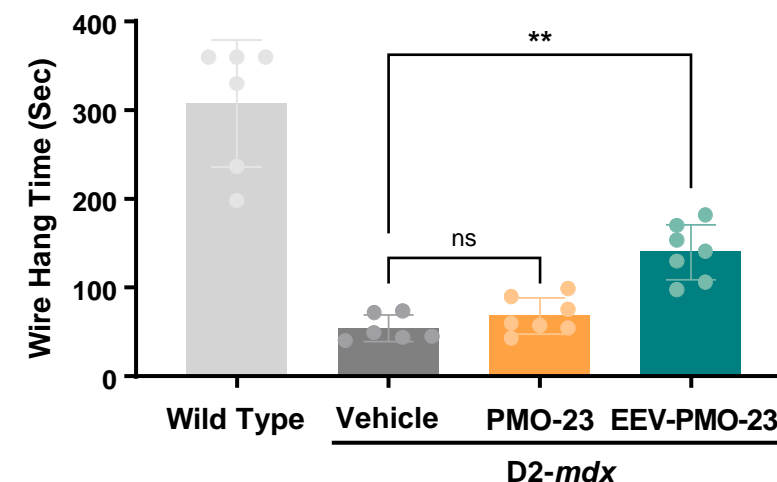
## Serum CK Levels (Muscle Damage)



## Grip Strength



## Wire Hang Time



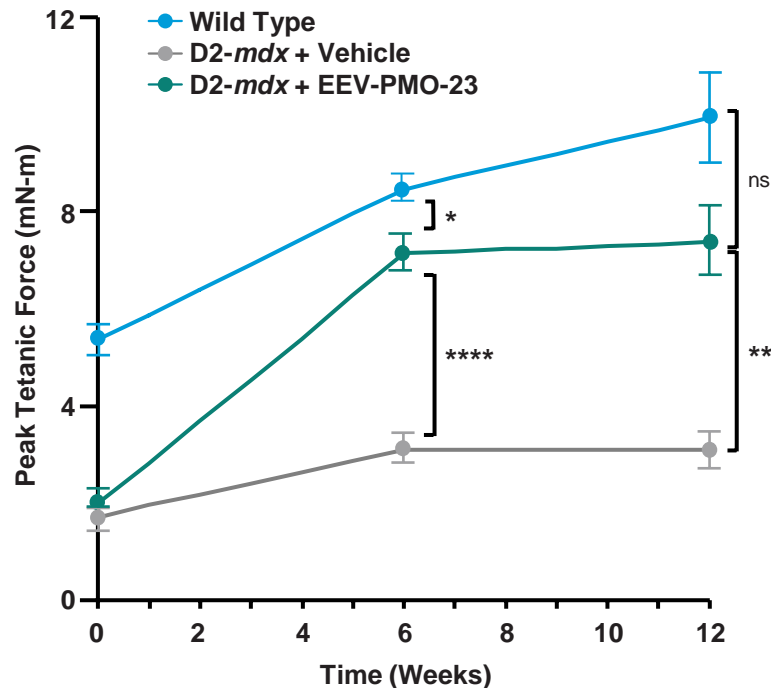
- D2-*mdx* mice (male, n=6-7) were treated with 4 monthly doses of either vehicle, 20 mg/kg PMO-23 or 20 mg/kg PMO-23 equivalent of EEV-PMO-23, and the data were collected ~2 weeks after the last dose

# REPEAT EEV-PMO-23 TREATMENT RESULTS IN IMPROVED MUSCLE CONTRACTILITY

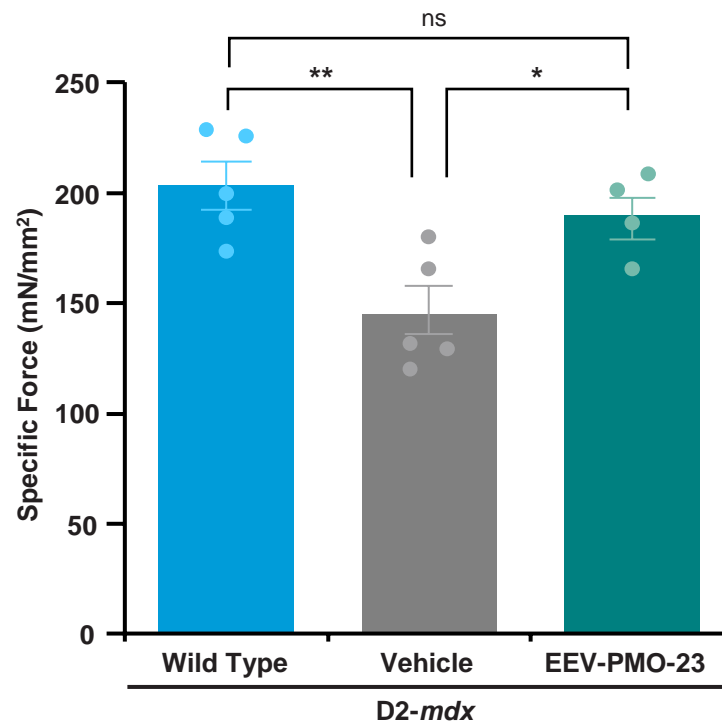
Bi-weekly treatment with EEV-PMO-23 improved skeletal muscle contractile force in *D2-mdx* mice and was not significantly different than wild-type mice at Week 12

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\*\* $p < 0.0001$

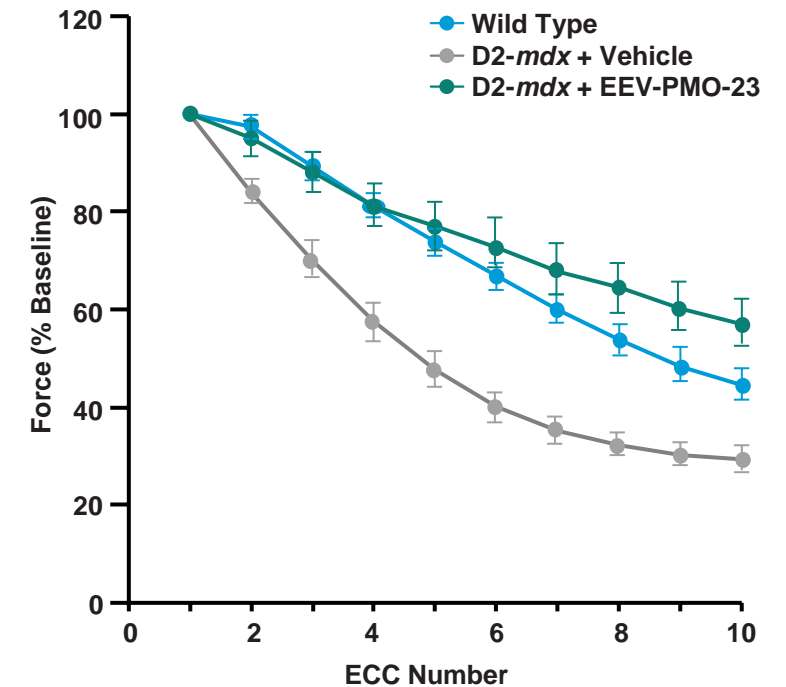
## Longitudinal Tetanic Force



## Week 12 Specific Force



## Repeated Muscle Contraction



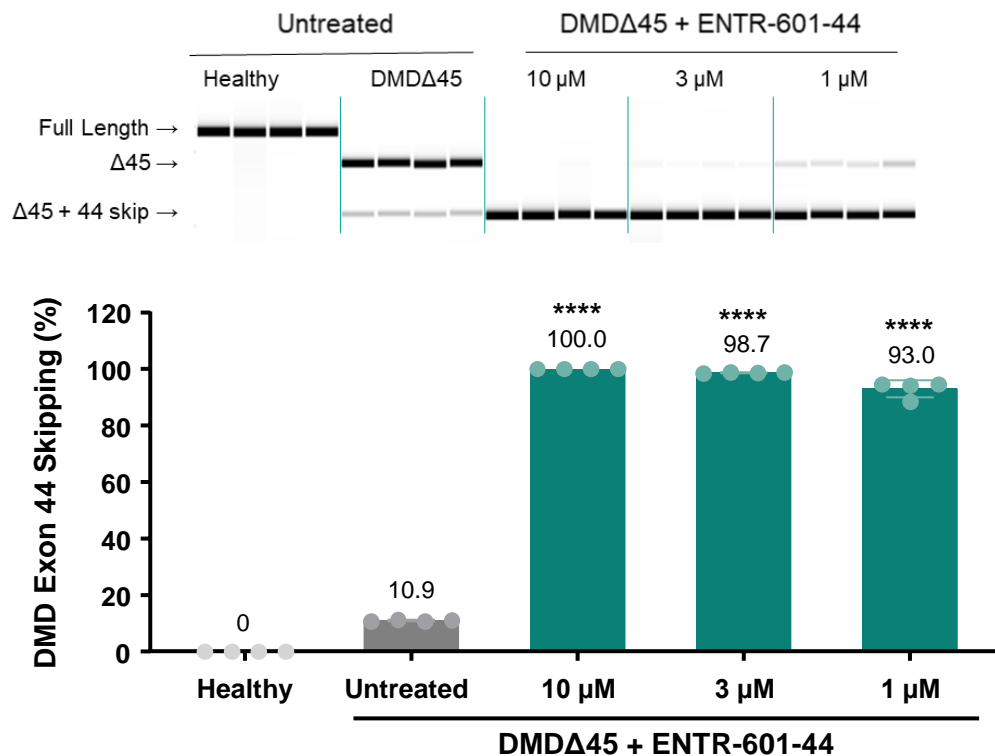
**ENTR-601-44**



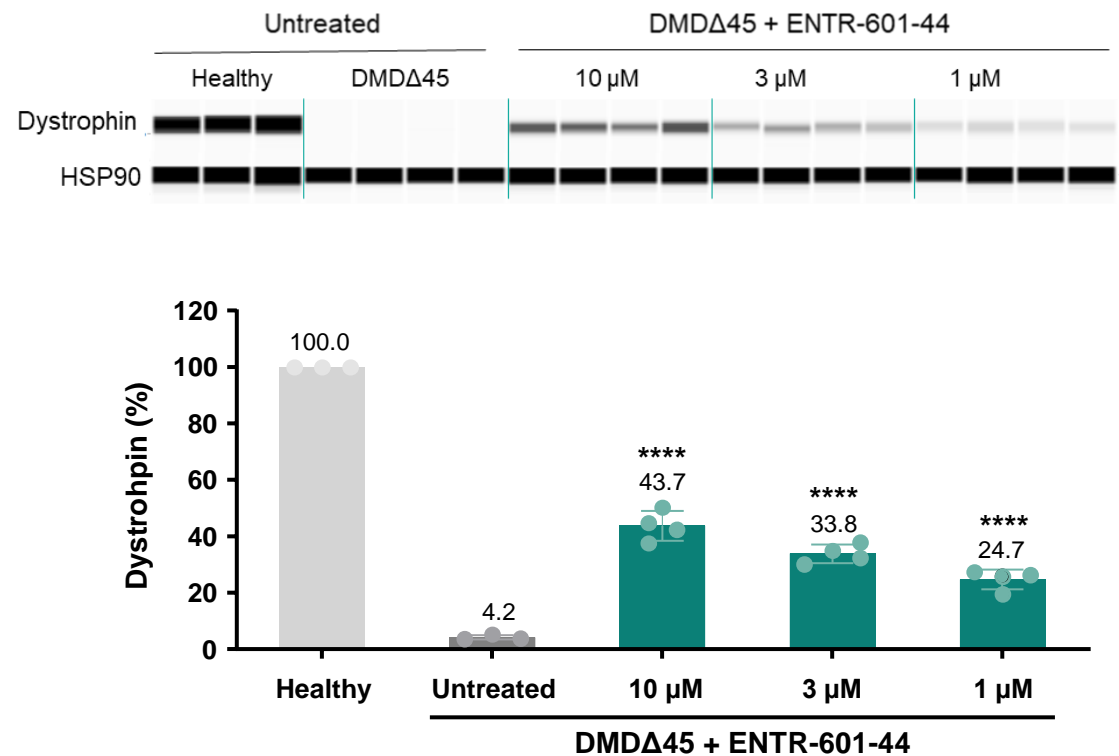
# ENTR-601-44 IN PATIENT-DERIVED MYOTUBES

Robust dose-dependent exon 44 skipping and dystrophin protein production were observed in DMD patient-derived muscle cells treated with clinical candidate, ENTR-601-44

## Exon Skipping



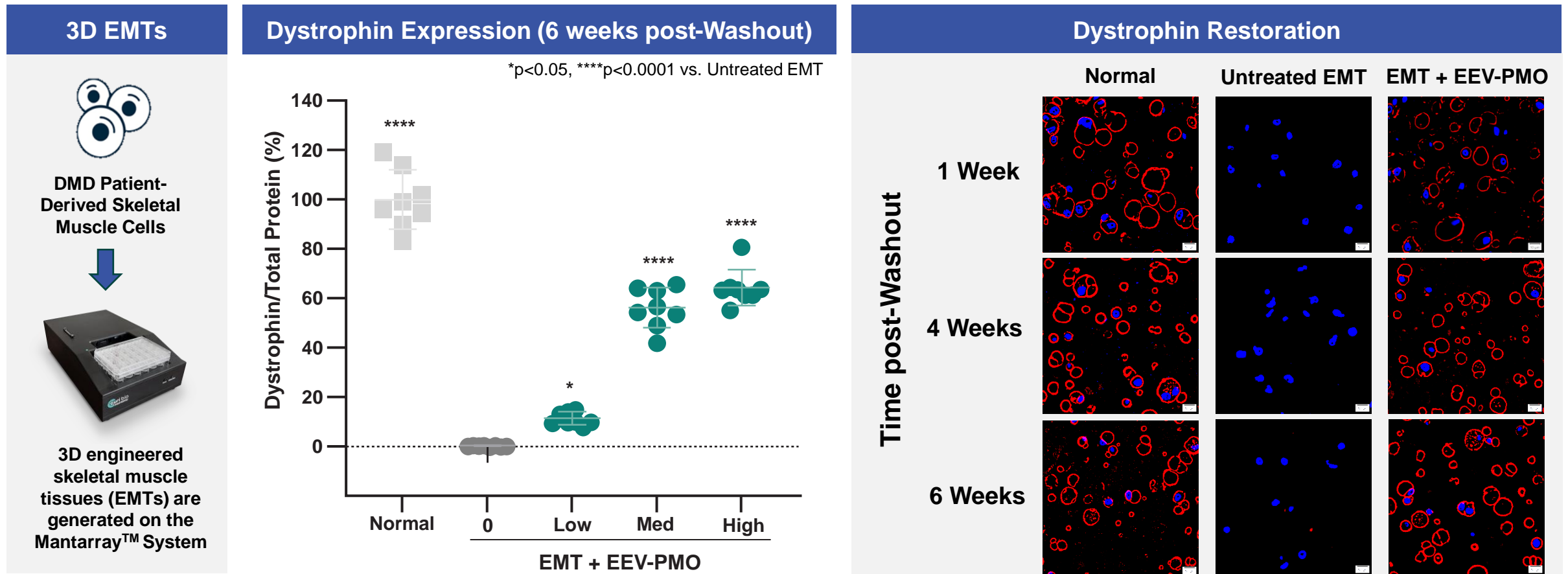
## Dystrophin Protein Production



# EXON 44 SKIPPING AND DYSTROPHIN RESTORATION WITH A HUMAN DMD CELL MODEL

EMT + EEV-PMO44

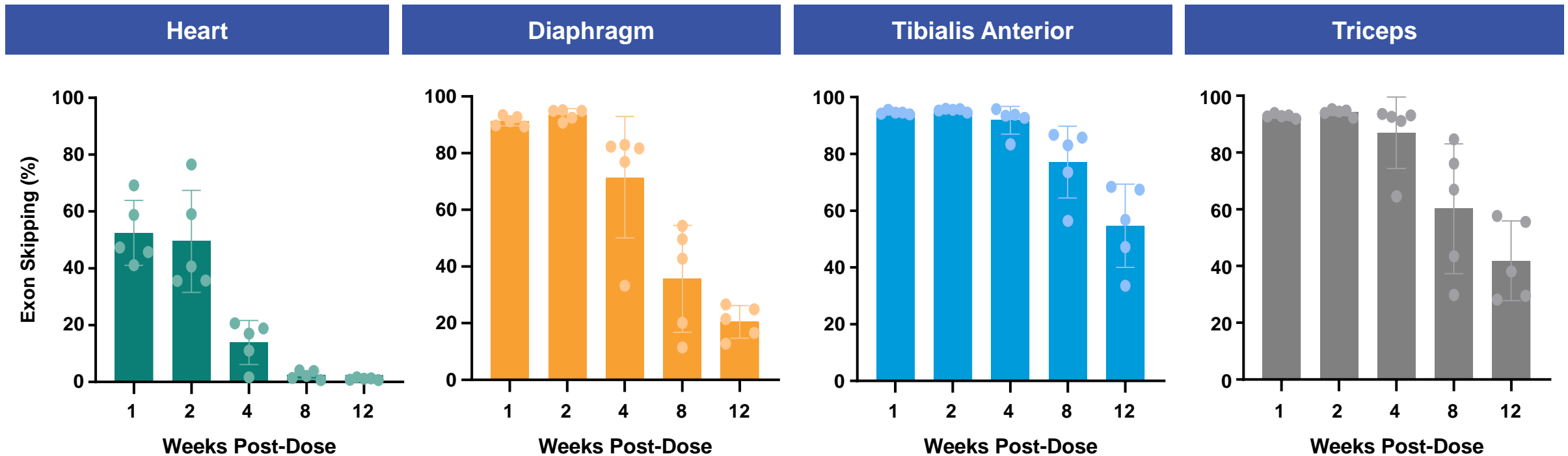
Proper dystrophin restoration with an exon 44 skipping EEV-PMO tool compound was observed using a DMD patient-derived, 3D organoid system



Immortalized patient-derived skeletal myoblasts with exon 45 deletion in the *DMD* gene were engineered into EMTs (Mantarray™ system, Curi Bio, Seattle, WA). EMTs were treated with EEV-PMO for 24 hours and analyzed at 1-, 4-, and 6-weeks post-washout. Normal cells from non-DMD individuals were used as controls. Dystrophin quantified using RT-PCR (N=8). Data are shown as mean ± SD; Ordinary 1-way ANOVA and Dunnett's multiple comparison test. Cross-sectional images (40X cropped) of EMTs (N=4). Red, dystrophin; blue, DAPI. **EMT**, engineered muscle tissue; **Med**, medium.

# ENTR-601-44 IN HUMAN DMD MICE (hDMD)

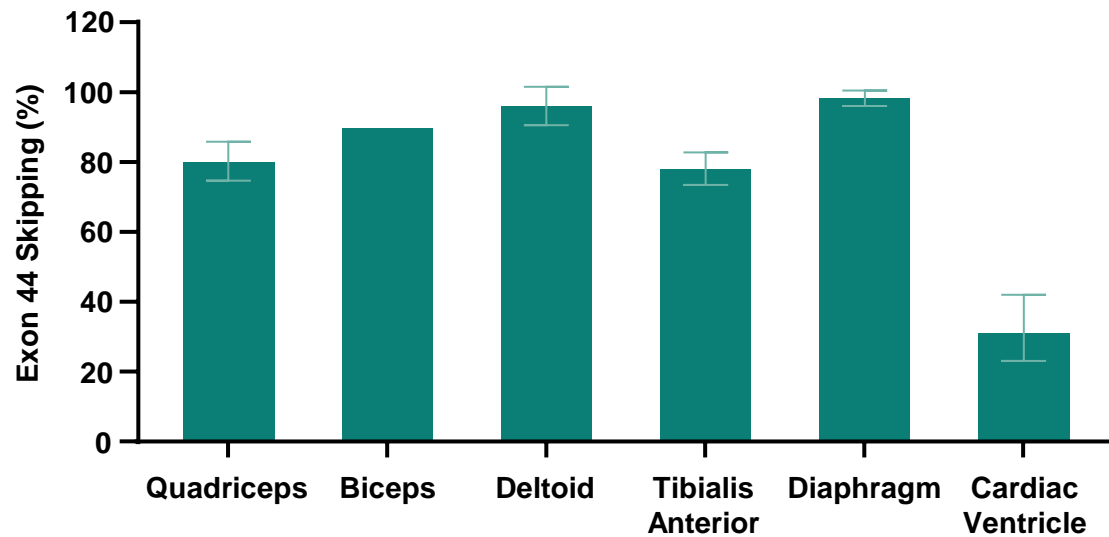
A single IV dose of ENTR-601-44 resulted in high and durable levels of exon 44 skipping across major muscle groups in hDMD mice for at least 12 weeks



- Post single IV dosage of 60 mg/kg (PMO equivalent), robust exon skipping was observed in ENTR-601-44-treated hDMD mice

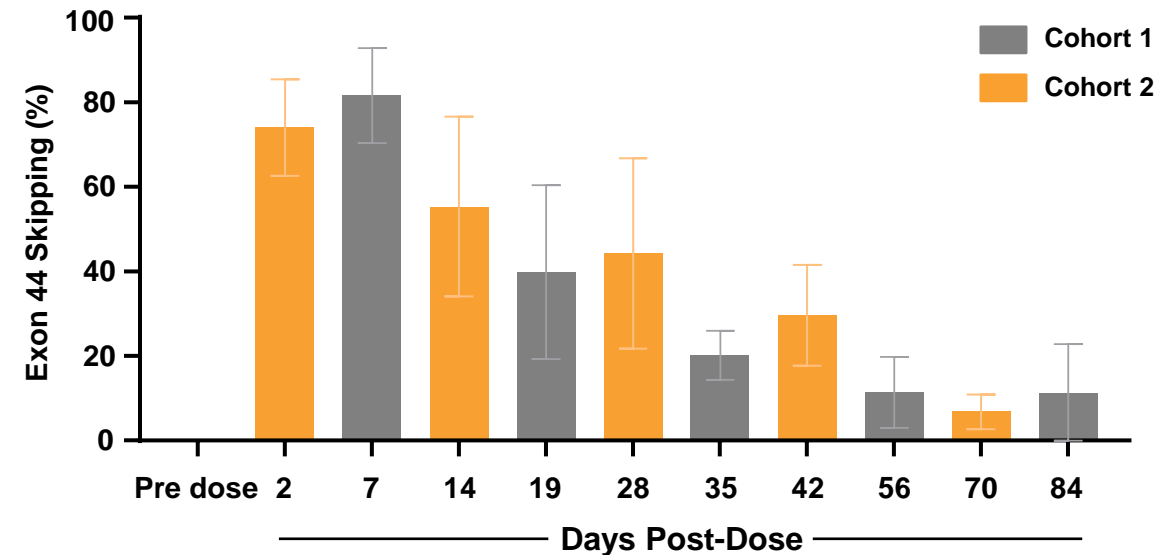
A single IV dose of ENTR-601-44 resulted in robust exon skipping in both skeletal and cardiac muscles in NHP, as well as prolonged duration of effect for at least 12 weeks

### Exon Skipping in NHP Muscles at Day 7



- At 7 days post IV infusion of 30 mg/kg (PMO equivalent), robust exon 44 skipping across different muscle groups isolated from the ENTR-601-44-treated NHP

### Duration of Effect in NHP Biceps for at Least 12 Weeks



- Post IV infusion of 35 mg/kg (PMO equivalent), robust exon 44 skipping observed in biceps in the ENTR-601-44-treated NHP (n=3 per cohort) for at least 12 weeks



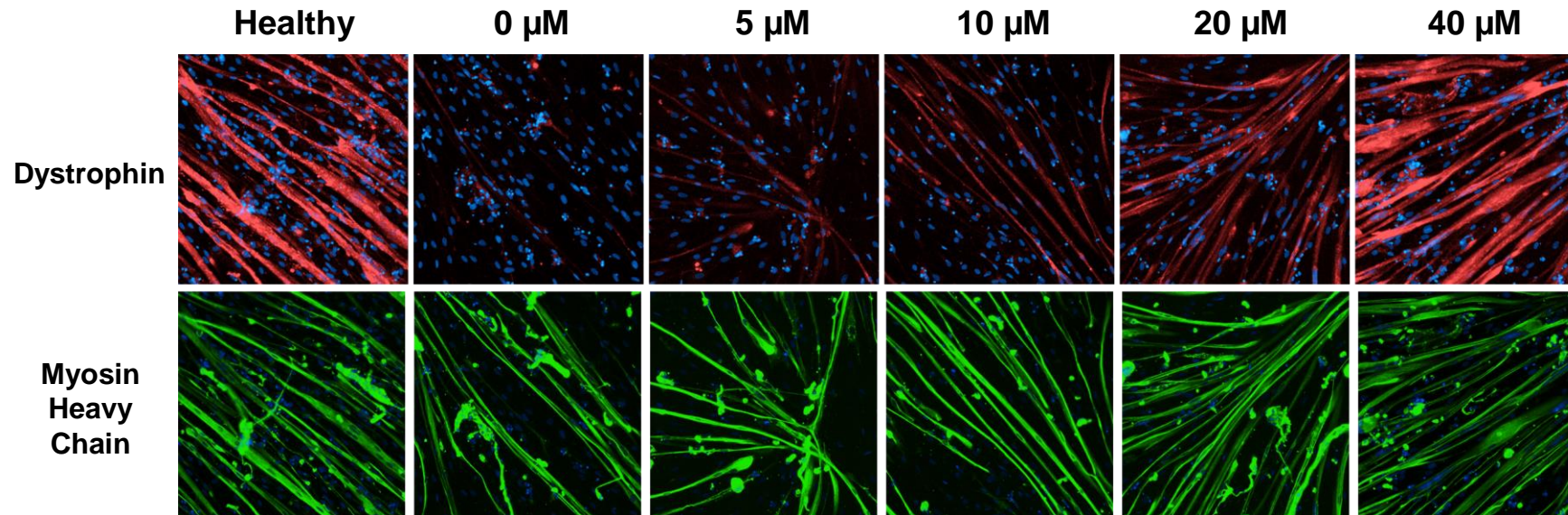
**ENTR-601-45**



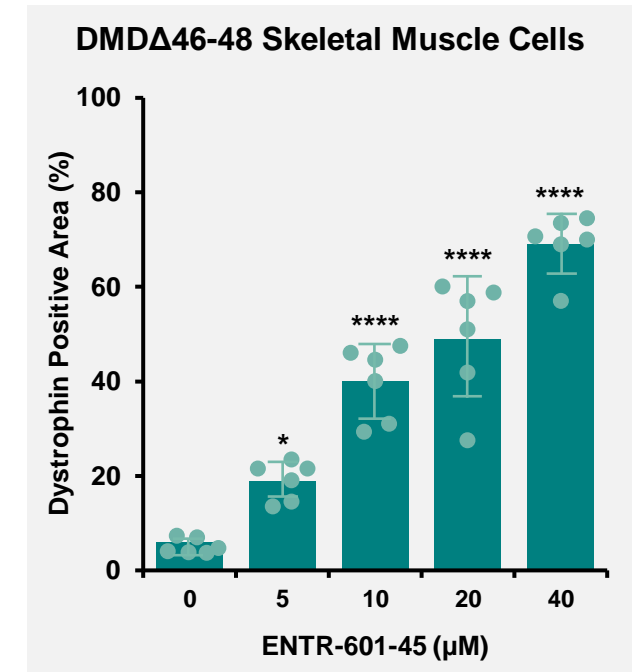
# ENTR-601-45 IN SKELETAL MUSCLE CELLS

ENTR-601-45 produced dose-dependent dystrophin restoration in patient-derived skeletal muscle cells

## DMD $\Delta$ 46-48 Skeletal Muscle Cells + ENTR-601-45



\* $p < 0.05$ , \*\*\*\* $p < 0.0001$  vs. Vehicle

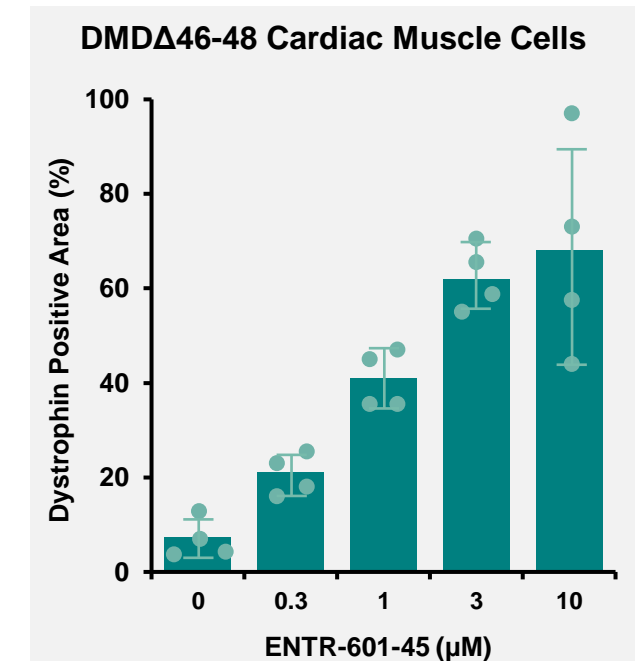
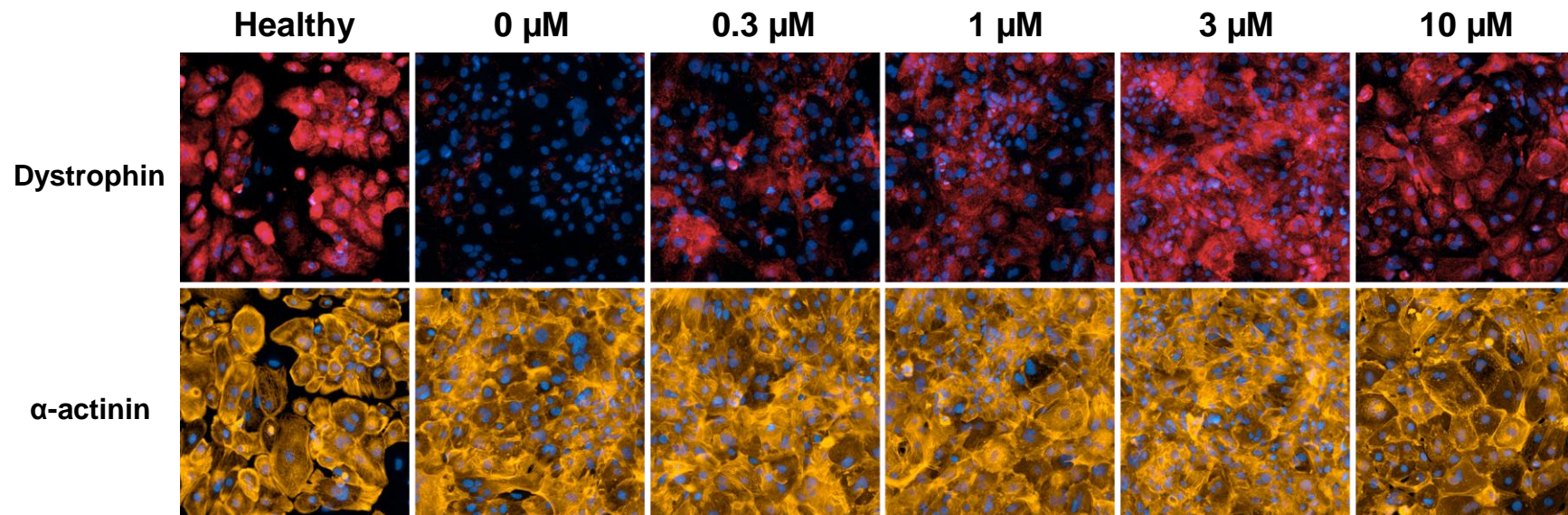


- DMD patient-derived skeletal muscle cells (DMD $\Delta$ 46-48, n=6) were treated with ENTR-601-45 for 24 hours and analyzed 5 days later.

# ENTR-601-45 IN CARDIAC MUSCLE CELLS

ENTR-601-45 produced dose-dependent dystrophin restoration in patient-derived cardiac muscle cells

## DMD $\Delta$ 46-48 Cardiac Muscle Cells + ENTR-601-45

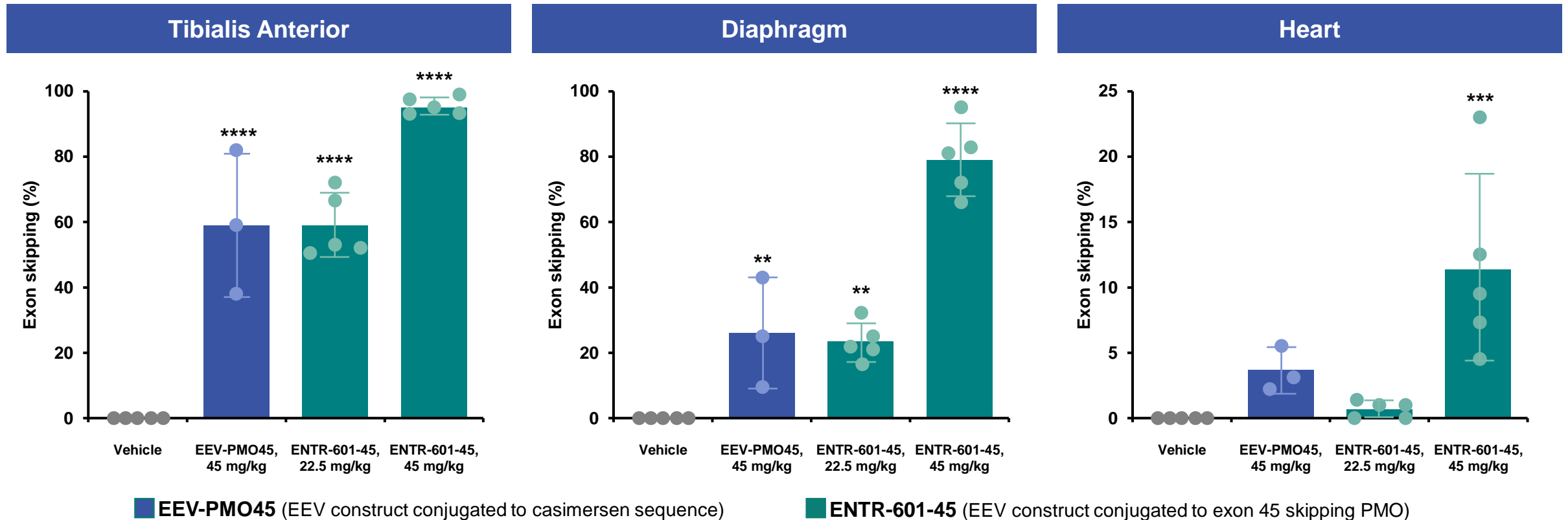


- DMD patient-derived cardiac muscle cells (DMD $\Delta$ 46-48, n=4) were treated with ENTR-601-45 for 24 hours and analyzed 48 hours later.

# ENTR-601-45 TARGET ENGAGEMENT IN hDMD MICE

A single dose of ENTR-601-45 delivered up to a two-fold improvement in exon skipping when compared to an equivalent dose of the same EEV conjugated to a casimersen sequence

\*p<0.05, \*\*p<0.01, \*\*\*\*p<0.0001 vs. Vehicle



These results demonstrate that the EEV Platform efficiently delivers oligonucleotides to skeletal and cardiac muscles in preclinical models of Duchenne muscular dystrophy

## ENTR-601-44\*

- High levels of exon skipping across mdx, D2-*mdx*, human dystrophin (hDMD) mouse and NHP studies
- Exon skipping translates to promising dystrophin production in heart and skeletal muscles
- Dystrophin production observed to result in functional improvement

**Entrada received authorization in the U.K. to initiate a Phase 1 clinical trial in healthy volunteers**

- First participant was dosed in September 2023 with data anticipated in 2H 2024

## ENTR-601-45

- Robust exon skipping and dystrophin protein production in patient-derived cardiac and skeletal muscle cells
- High levels of exon skipping were measured in hDMD mouse heart and skeletal muscle tissue

**Entrada is planning for regulatory submission in Q4 2024**

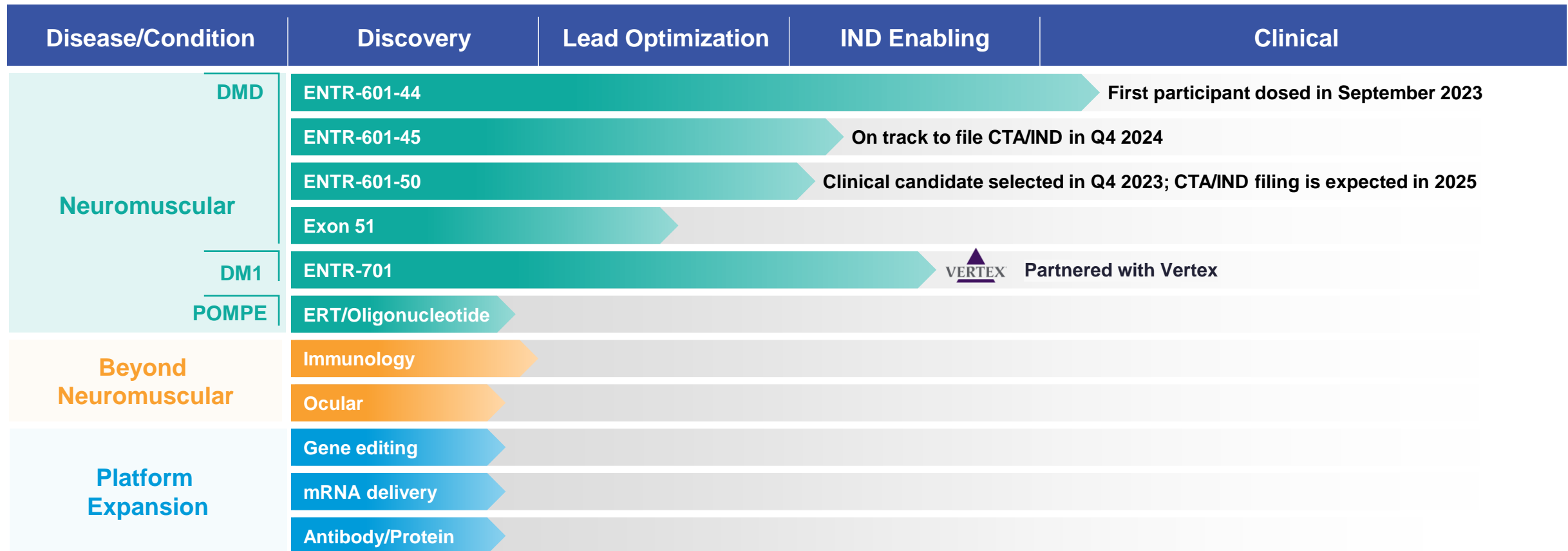
- Planning for a direct to MAD trial in Duchenne patients for ENTR-601-45

\*Entrada received a clinical hold notice from the FDA regarding the IND for ENTR-601-44 in December 2022. Entrada plans to share additional updates pending further communications with the FDA.

# A DIFFERENTIATED AND EXPANDING PIPELINE



Entrada's pipeline includes a diverse array of high potential and high value assets; Each disease has a substantial patient population with a significant unmet medical need



# THANK YOU



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