Glycogen storage disease type 1a (GSD1a) (mRNA-3745)

Last updated: November 2nd, 2023

Modality		Program	ID#	Preclinical development	Phase 1	Phase 2	Phase 3	Commercial	Moderna rights
	Systemic secreted & cell surface therapeutics	Relaxin Heart failure	mRNA-0184						Worldwide
		PD-L1 Autoimmune hepatitis	mRNA-6981						Worldwide
Can	Cancer	Individualized neoantigen therapy (INT)	mRNA-4157						50-50 global profit sharing with Merck
Vac	ccines & rapeutics	KRAS vaccine	mRNA-5671						Worldwide
	Intratumoral Immuno- oncology	Checkpoint vaccine	mRNA-4359						Worldwide
Imm		OX40L/IL-23/IL-36γ (Triplet) Solid tumors/lymphoma	mRNA-2752						Worldwide
		Propionic acidemia (PA)	mRNA-3927						Worldwide
		Methylmalonic acidemia (MMA)	mRNA-3705						Worldwide
	Rare disease intracellular therapeutics	Glycogen storage disease type 1a (GSD1a)	mRNA-3745						Worldwide
		Ornithine transcarbamylase deficiency (OTC)	mRNA-3139						Worldwide
		Phenylketonuria (PKU)	mRNA-3210						Worldwide
Inho	Inhaled	Crigler-Najjar syndrome type 1 (CN-1)	mRNA-3351						Provided to ILCM free of charge
	lmonary erapeutics	Cystic fibrosis (CF)	VX-522						Vertex to pay milestones and royalties



Glycogen storage disease type 1a (GSD1a) overview

GSD1a refers to a rare inherited metabolic disease resulting from a deficiency in the metabolism of glucose

GSD1a biology

 GSD1a is caused by mutations within the enzyme glucose 6-phosphatase, G6Pase



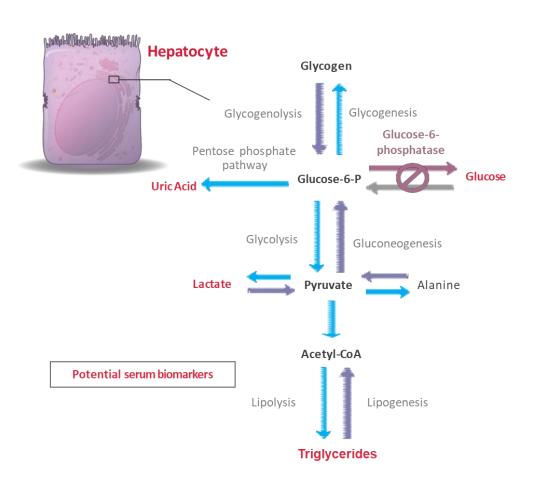
Clinical manifestations

- Life-threatening hypoglycemia, long-term liver & kidney damage
- Long-term hepatic complications are observed in 75% of adult patients of which 10% are at risk of malignant transformation into hepatocellular carcinomas (HCC)



Glycogen storage disease type 1a (GSD1a) overview

Significant unmet medical need



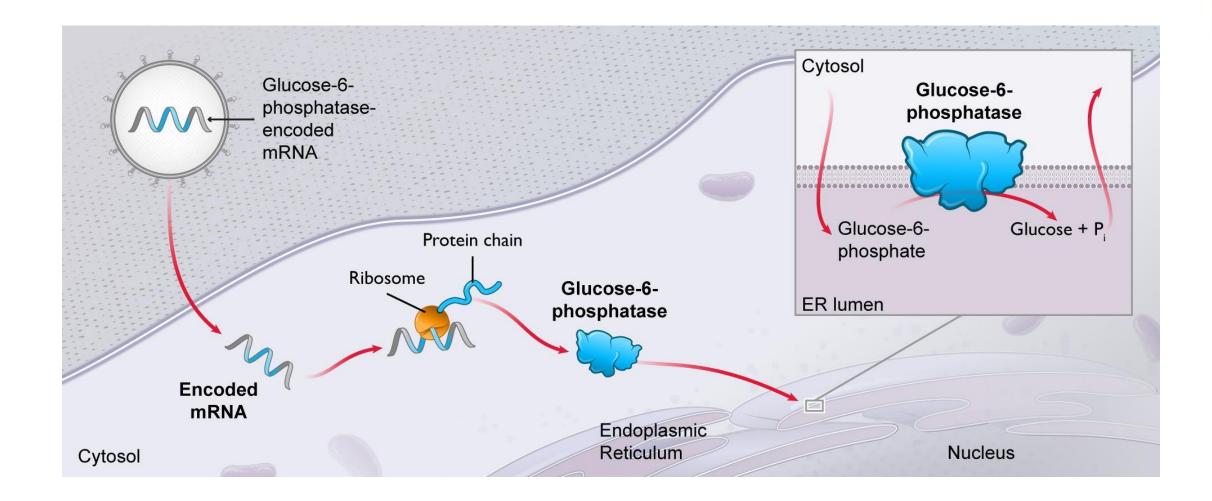


Standard of care

- No approved therapy for GSD1a
- Current interventions include:
 - Strict diet control; frequent consumption of uncooked cornstarch to improve hypoglycemia
 - Feedings by gastric tube
 - Glycosade® (cornstarch for dietary management)
 - Liver/kidney transplantation



GSD1a therapy (mRNA-3745) encodes for the G6Pase enzyme



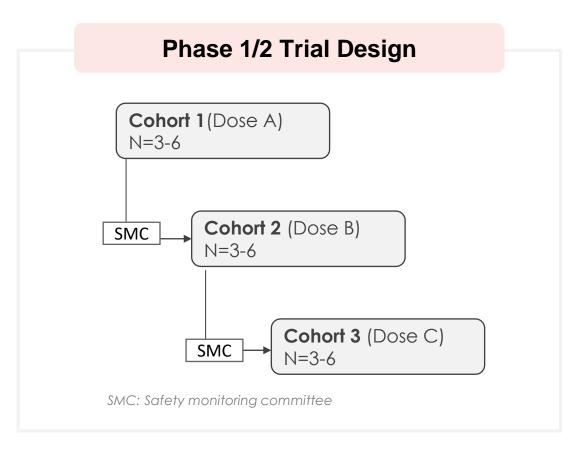


Ongoing Phase 1/2 study of mRNA-3745 in GSD1a

Orphan Drug Designation granted by U.S. FDA

- Evaluate the safety and pharmacology of mRNA-3745 in patients 18 years of age and older with GSD1a
- Single ascending dose study: Challenging patients twice, on day 3 and day 8
 - Biomarkers: blood sugar and lactate
 - Clinical: improvement in fasting tolerance 3 days and 8 days after a single dose of mRNA-3745
- **Trial progress:** Enrollment ongoing (first participant dosed in June '22)







Safe first-in-human administration of mRNA-3745

Intravenous infusion of mRNA-3745 with LNP2 without pre-medication was very well tolerated with only mild AEs

Patient 1

- Female, 21 years old
- GSD1a diagnosed at 6 months of age, managed with cornstarch
- Genotype: c.379_380dup (homo)

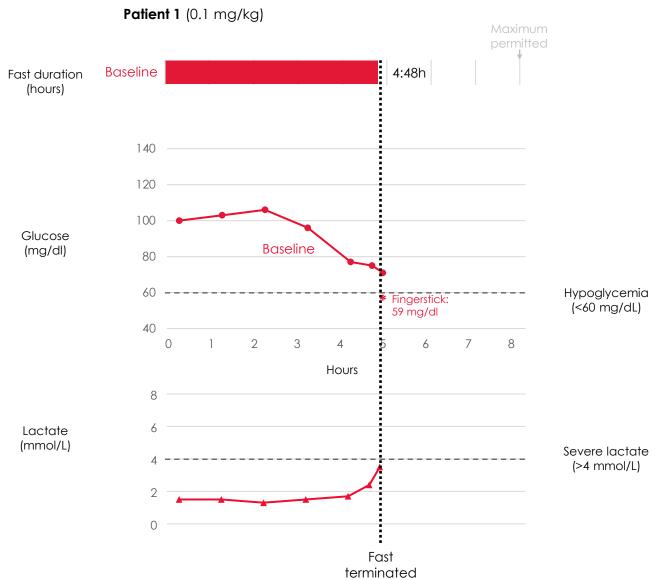
Patient 2

- Female, 18 years old
- GSD1a diagnosed at 2 years of age, managed with cornstarch
- Genotype: c.562G>C c.883C>T (compound het)

Safety

- No vital signs changes up to 12 hours post-infusion
- No serious adverse events
- No meaningful changes in safety labs, including hematology and liver function
- Follow up ongoing

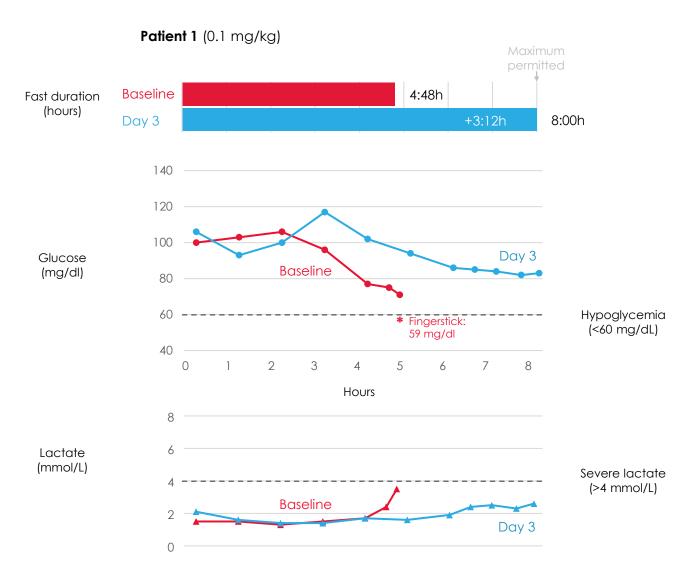




Fast terminated due to confirmed hypoglycemia after clinical symptoms

Evidence of severe metabolic strain with lactate approaching 4 mmol/L

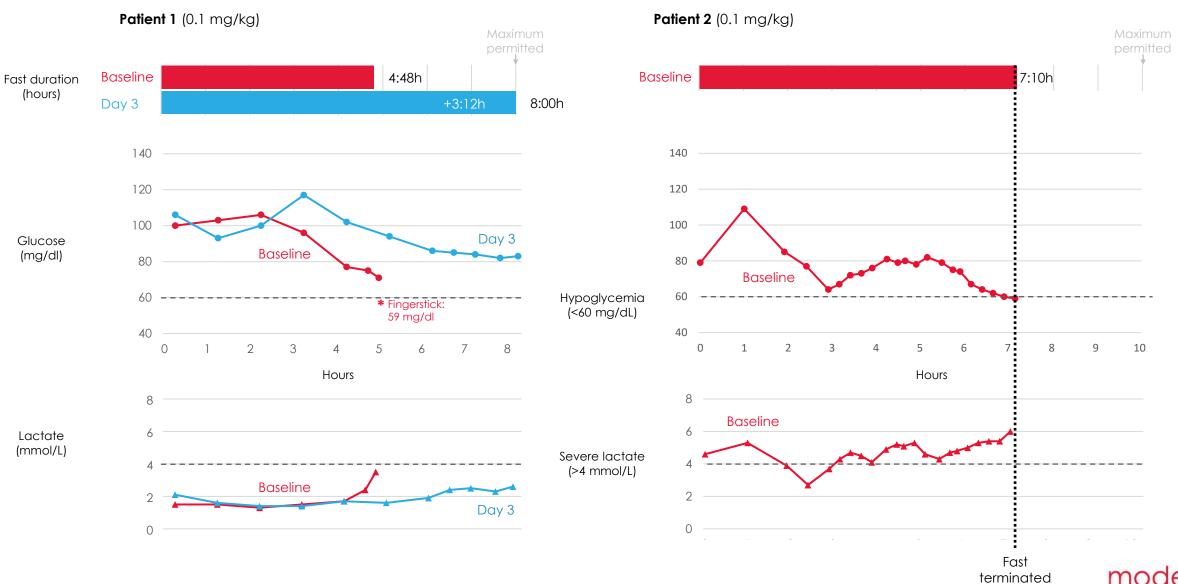


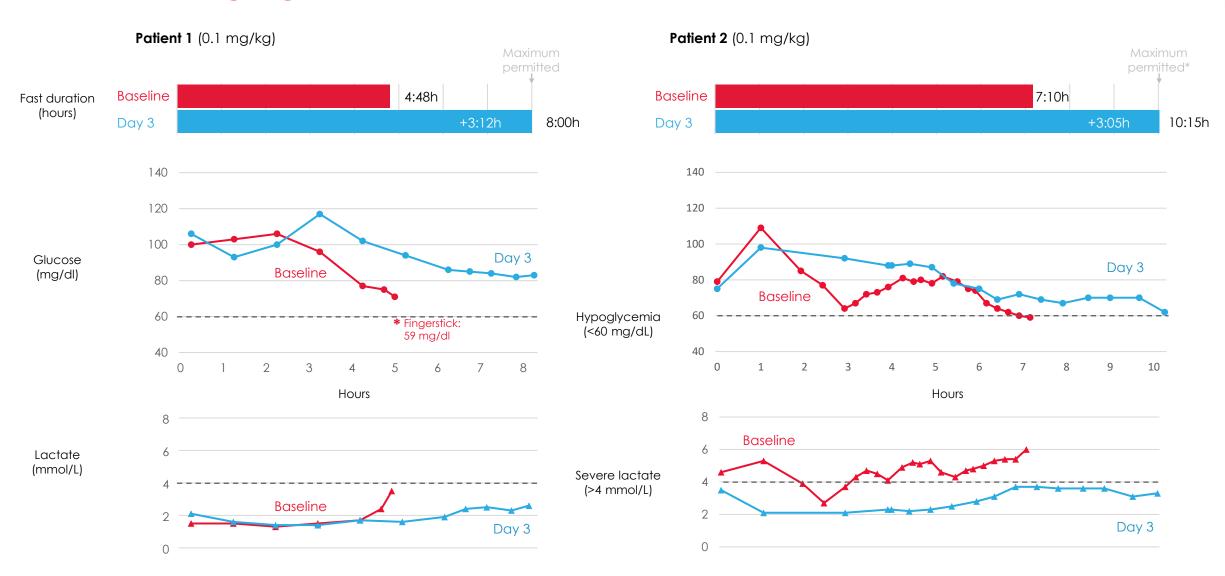


Patient able to complete full fast (limited to 8 hours)

Glucose and lactate maintained throughout the fast



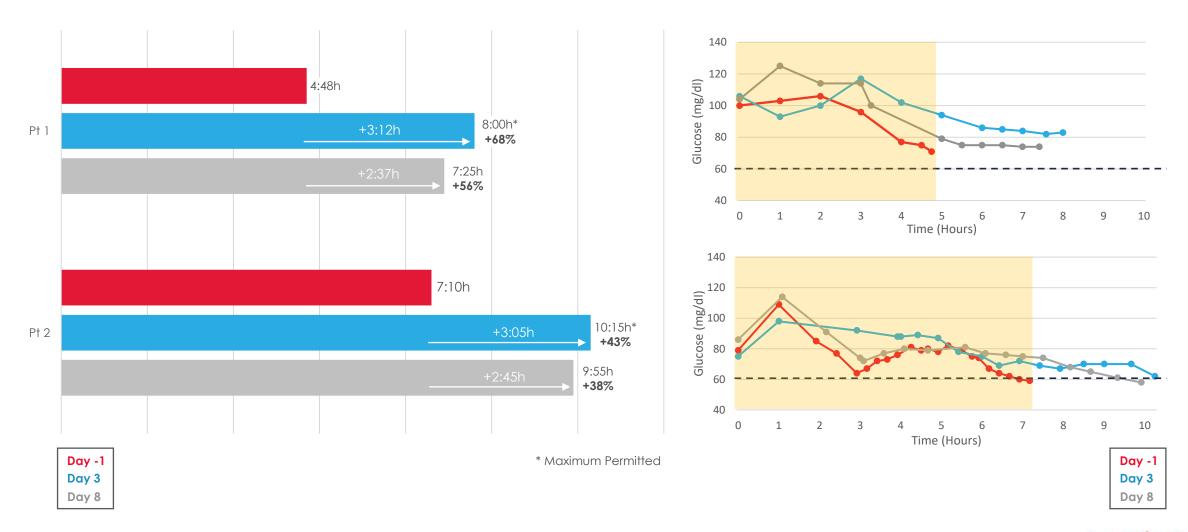






Improved fasting tolerance maintained through Day 8

Slight decrease vs. day 3, consistent with G6Pase enzyme half-life



mRNA-3745 for GSD1a – next steps

- Continue to evaluate safety of mRNA-3745 and LNP2
- Assess fast tolerance beyond day 8
- Exploring higher doses to extend potential repeat dose interval
- Identify a dose to move to repeat dose study



Forward-looking statements

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