



HMB-001

A novel bispecific antibody with potential for subcutaneous prophylactic treatment of multiple bleeding disorders - initial focus on Glanzmann Thrombasthenia (GT)

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Disclosure for Prafull S. Gandhi

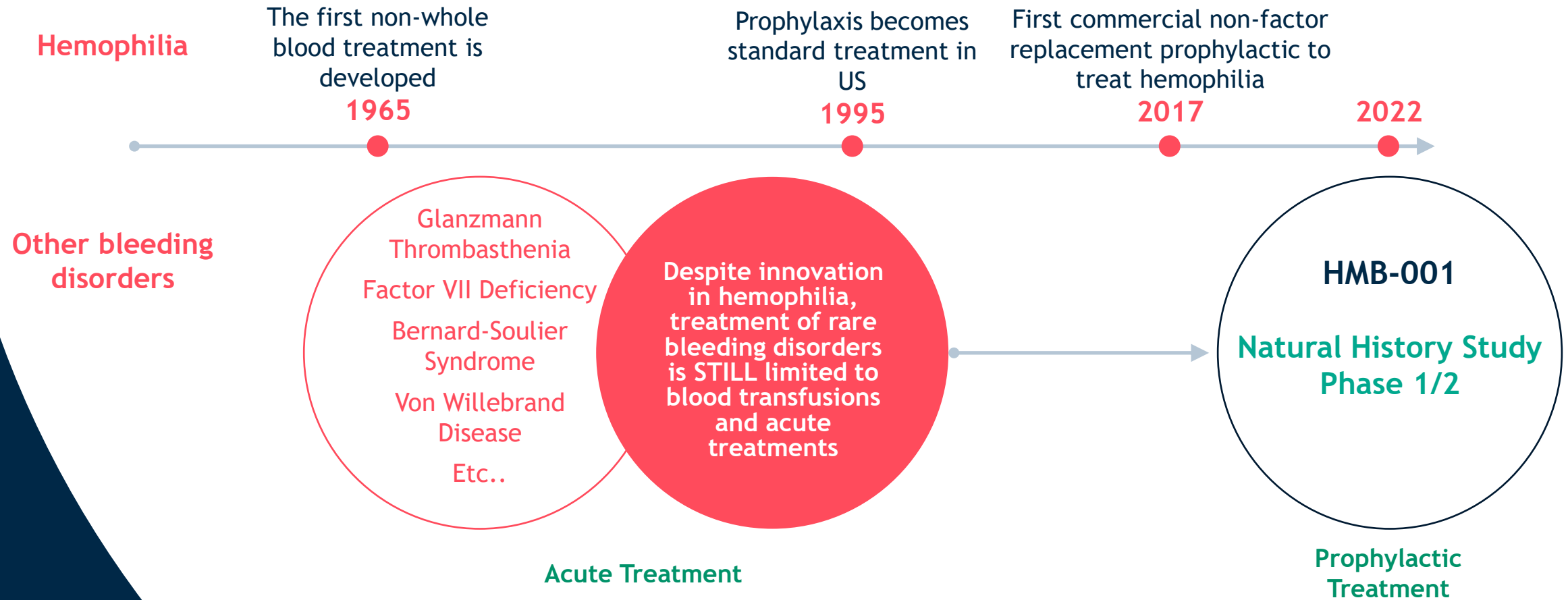
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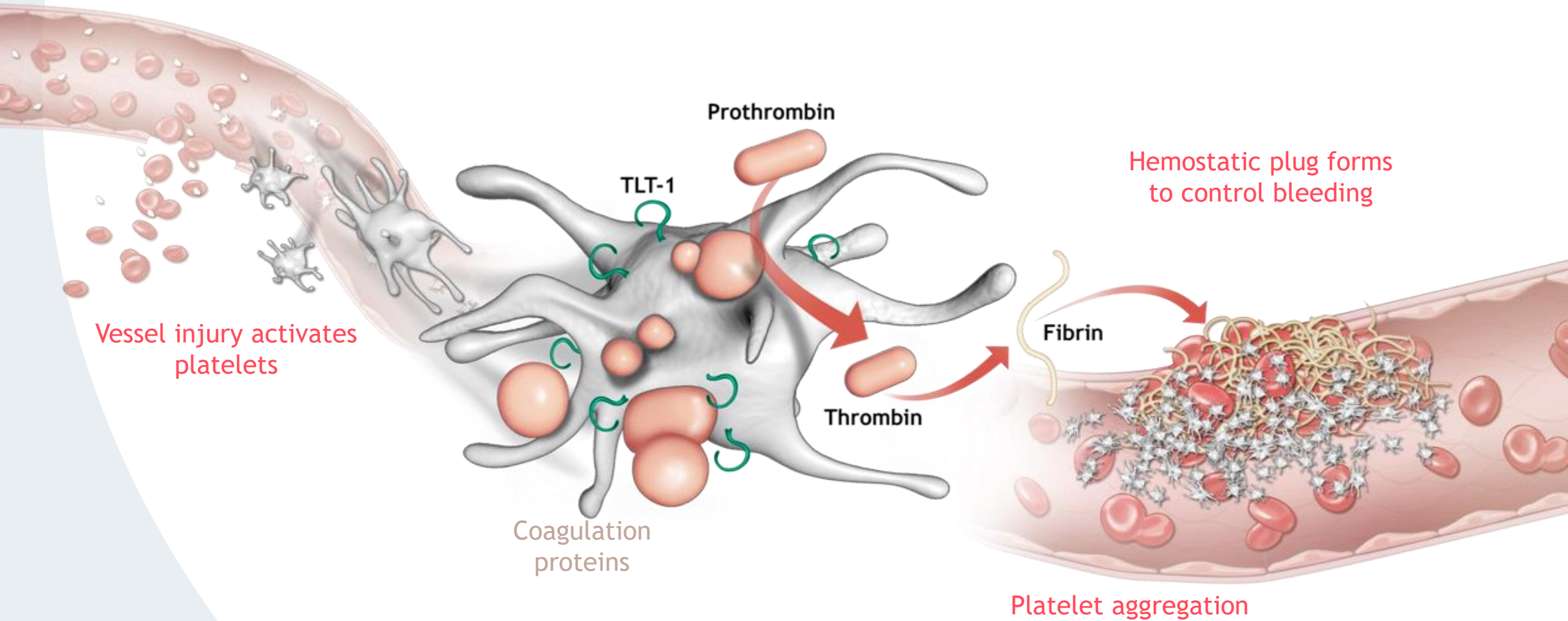
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Prophylaxis is Not Available for People with Rare Bleeding Disorders



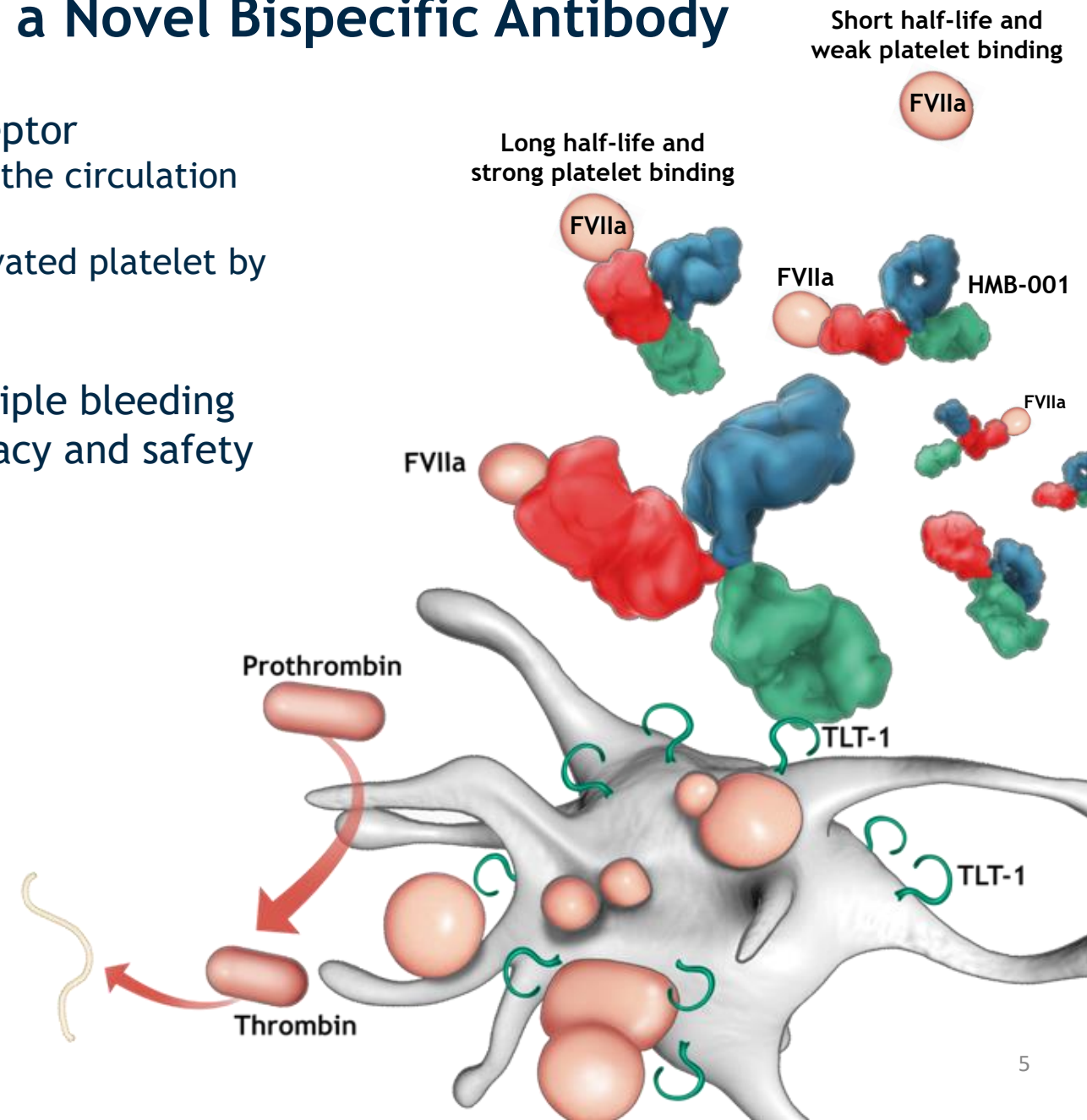
Healthy Hemostatic System

Controlling bleeding, preventing thrombosis



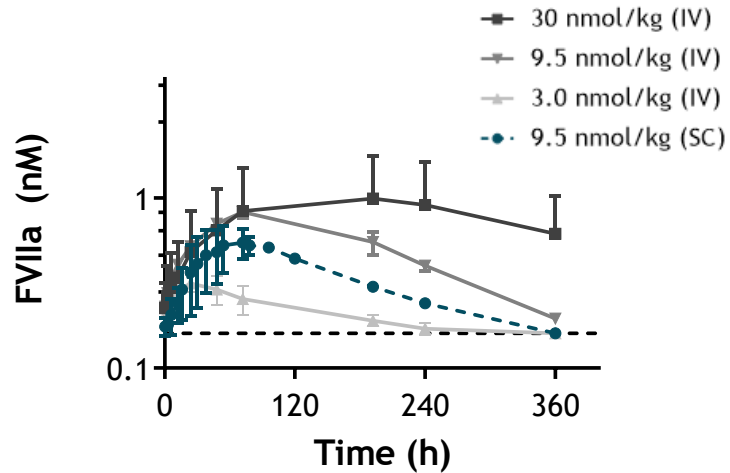
HMB-001 | Mechanism of Action of a Novel Bispecific Antibody

- HMB-001 binds endogenous FVIIa and TLT-1 receptor
 - Accumulate fully functional endogenous FVIIa in the circulation by the **anti-FVIIa arm**
 - Recruit endogenous FVIIa selectively on the activated platelet by the **anti-TLT-1 arm**
- HMB-001 is designed for prophylaxis across multiple bleeding disorders based on the clinically validated efficacy and safety of recombinant FVIIa



HMB-001 | Accumulates Endogenous FVIIa and Increase Potency via TLT-1 Platelet Targeting

PK study in Cynomolgus Monkey HMB-001 leads to accumulation of endogenous FVIIa



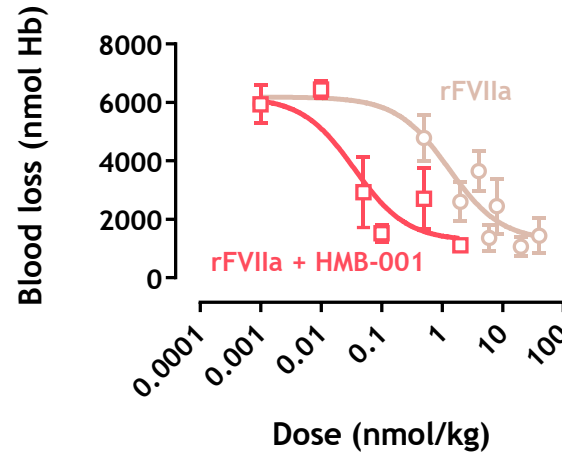
Study design:

- Study conducted in healthy NHP (cynomolgus monkey)
- Single bolus injection IV and/or SC, n=2

Conclusions:

- A dose-dependent accumulation of endogenous FVIIa is observed
- No adverse event were observed. No safety signal have been detected including changes in platelet counts, fibrinogen levels, or d-dimers

In vivo effect in Mouse tail bleeding model HMB-001 potentiates effect of rFVIIa



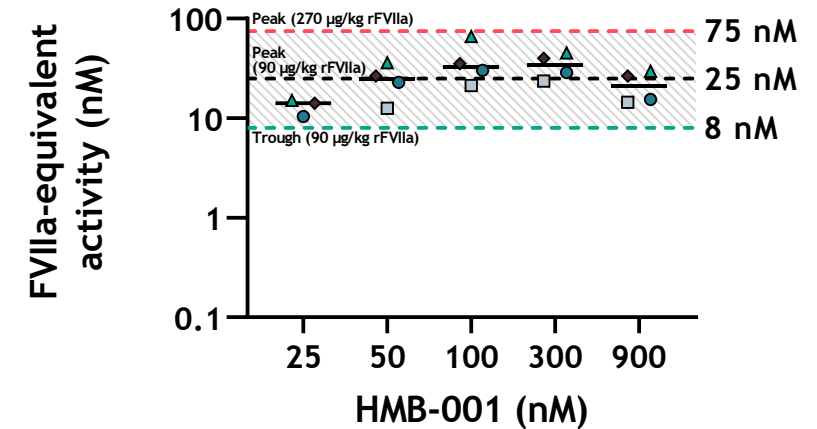
Study design:

- Study conducted in haemophilia A mice (F8KO) with TLT-1 KOKI
- Compounds, rFVIIa or rFVIIa:HMB-001 (1:1), administered 5 min prior to injury
- Using Tail Vein Transection (TVT) bleeding model, blood loss from lateral vein and bleeding time were measured

Conclusion:

- HMB-001 leads to substantial potentiation of the effect of rFVIIa in mice

HMB-001 raises activity of FVIIa to therapeutic levels in whole blood *ex vivo* assay



Study design:

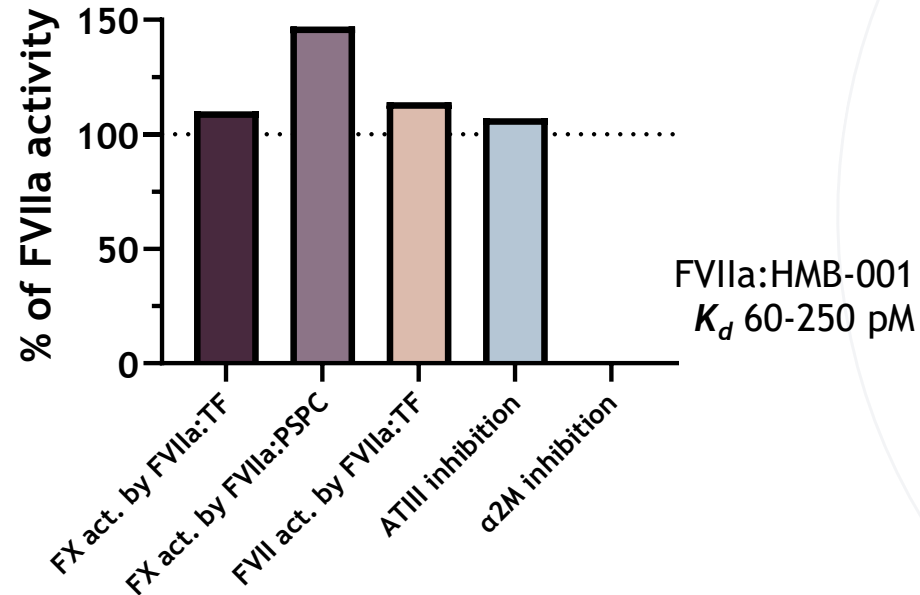
- FVIIa-equivalent activity at relevant steady-state levels of FVIIa and HMB-001, predicted by NHP PK, was measured by Thromboelastography (R-time) in HA-like blood from 4 donors

Conclusions:

- HMB-001 can provide significantly ≥ 8 nM FVIIa-equivalent activity and matches the FVIIa-equivalent activity observed immediately after a clinical IV dose of 90 - 270 $\mu\text{g/kg}$ rFVIIa (25 - 75 nM FVIIa)
- No signs of hypercoagulability was observed at wide range of HMB-001 concentrations

HMB-001 | Anti-FVIIa Binding Site on FVIIa is Remote from Natural Substrate, Cofactor and Inhibitors

Anti-FVIIa binding arm of HMB-001 does not influence FVIIa activity



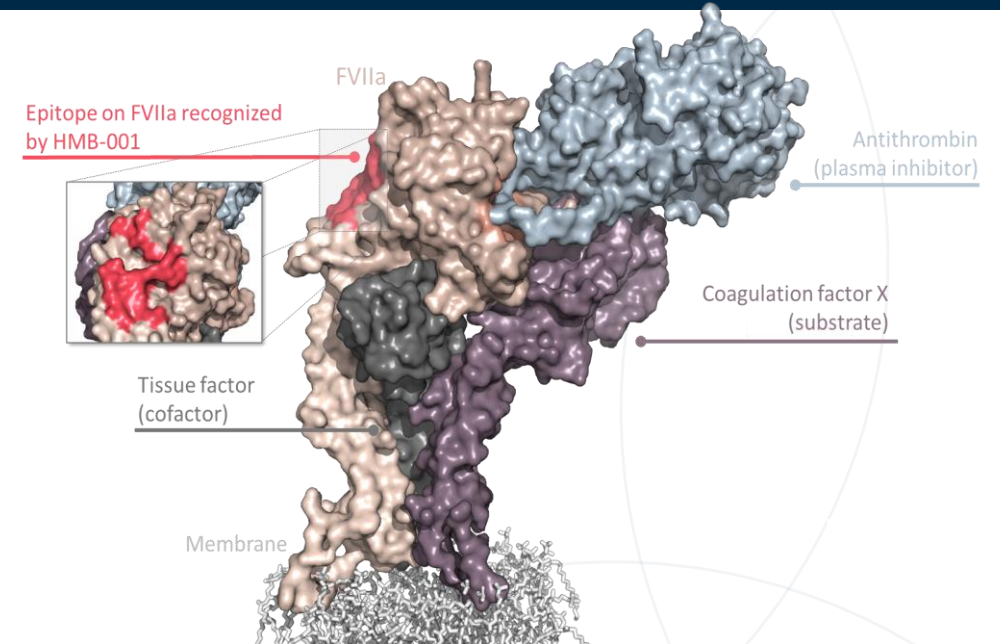
Study design:

- *In vitro* assays were done to assess influence of anti-FVIIa binding arm of HMB-001 on the ability of FVIIa to activate FX or FVII in presence and in absence of tissue factor (TF) and/or phospholipid vesicles (PSPC) and inhibition of FVIIa by ATIII, in presence of heparin, and α2M

Conclusions:

- Anti-FVIIa arm of HMB-001 does not influence ability of FVIIa to activate FX and FVII
- While ATIII inhibition is retained; HMB-001 abrogates α2M inhibition of FVIIa

Crystal structure of FVIIa with anti-FVIIa Fab reveals basis for lack of HMB-001 influence on FVIIa activity



Study design:

- Crystal structure of the anti-FVIIa Fab of HMB-001 was solved in complex with FVIIa bound to soluble fragment of tissue factor
- Crystal structure overlayed with computational models of FVIIa bound to FX or Antithrombin

Conclusion:

- Binding epitope of anti-FVIIa arm of HMB-001 on FVIIa is distant from substrate, cofactor and inhibitor recognition epitopes on FVIIa as well as the FVIIa active site

Glanzmann Thrombasthenia | Definition

Cause

- Deficiency of Glycoprotein IIb/IIIa → Abnormal platelet aggregation → Recurring bleeding events

Affected Population

- Autosomal recessive rare bleeding disorder
- Females and Males
- Children and adults

Unmet need and Standard of Care

- Blood transfusions - red cells and platelets
- Recombinant factor VIIa for acute bleeds
- Bone marrow transplantation

Hemostatic facts in Glanzmann Thrombasthenia

X

Glycoprotein
IIb/IIIa (integrin
 α IIb β 3)

✓

TLT-1
expression

✓

Platelet
activation

✓

Clinical
validated effect
of rFVIIa

No prophylactic
treatment available

All available
treatments are
merely reactive

Median Prevalence

1:400,000

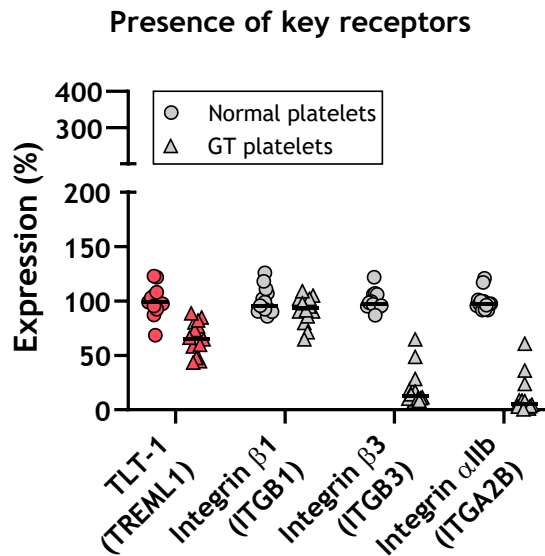
Approximately

18,500

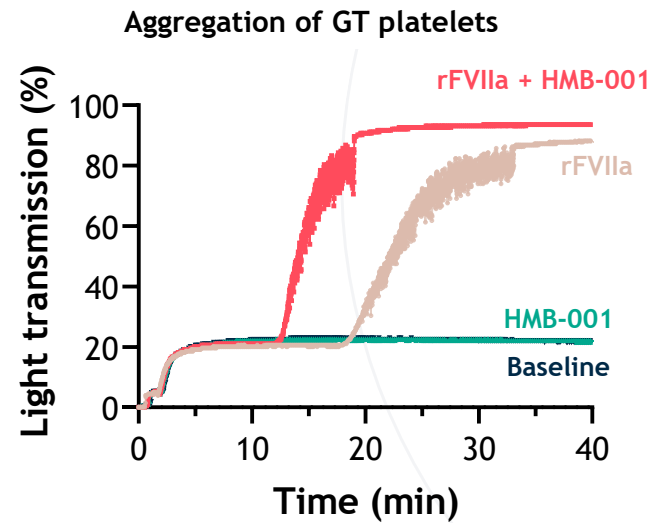
patients worldwide

HMB-001 | Glanzmann Thrombasthenia

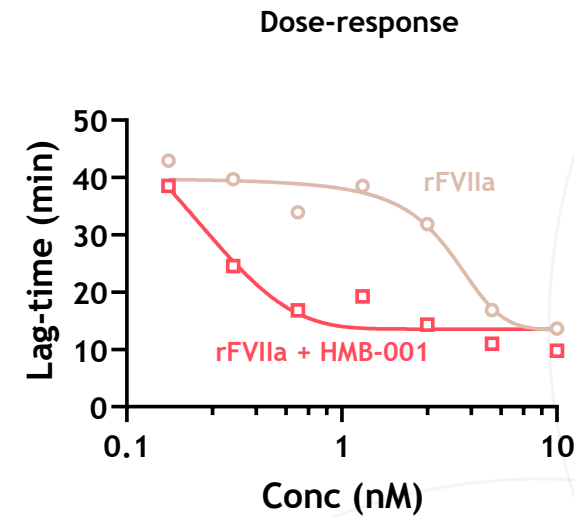
TLT-1 is present in GT platelets



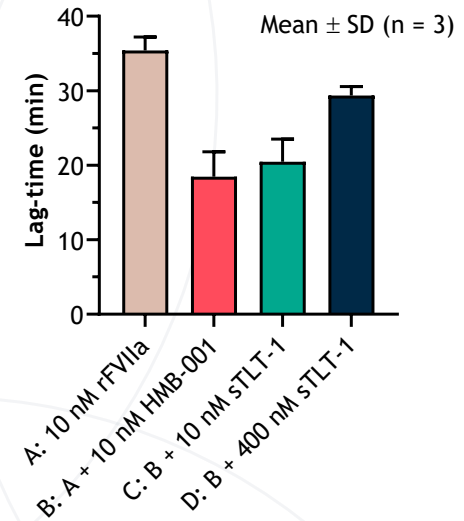
HMB-001 potentiates rFVIIa activity in platelet aggregation assay in GT platelets



Potential of rFVIIa activity by HMB-001 is dose-dependent and TLT-1-dependent



Effect of sTLT-1 on platelet aggregation lag-time



Study design:

- Analysis of total platelet lysates by MS

Conclusions:

- TLT-1 is expressed on platelets from patients with GT - around 67% of normal control subjects

Study assay:

- Platelet aggregometry assay
- 10 nM rFVIIa, 10 nM HMB-001, 10 nM rFVIIa+10nM HMB-001

Conclusions:

- HMB-001 potentiates rFVIIa activity in GT platelets

Study assay:

- Platelet aggregometry assay
- rFVIIa or rFVIIa:HMB-001 (1:1 co-formulation)

Conclusions:

- Dose-response of potentiation is established
- Potentiation can be reversed by adding excess sTLT-1

Conclusions

HMB-001 is a novel bispecific antibody that binds FVIIa and TREM-like transcript (TLT)-1 receptor on activated platelets with its two respective arms

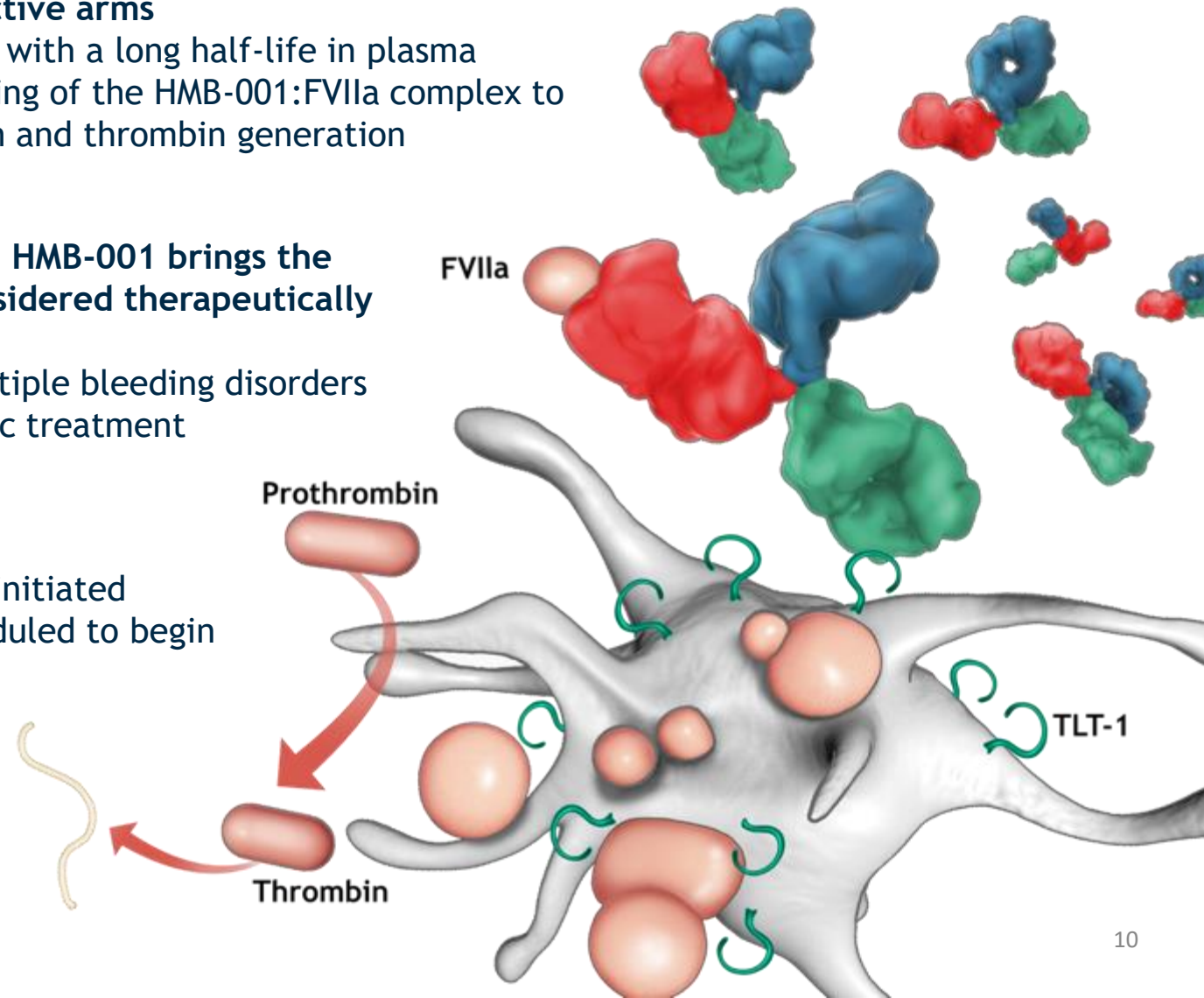
- Accumulates endogenous FVIIa by endowing FVIIa with a long half-life in plasma
- Potentiates activity of FVIIa through TLT-1 targeting of the HMB-001:FVIIa complex to activated platelets to promote local FX activation and thrombin generation

Combining accumulation and activity potentiation, HMB-001 brings the activity of endogenous FVIIa to levels that are considered therapeutically effective based on clinical experience with rFVIIa

- HMB-001 may have broad applicability across multiple bleeding disorders enabling subcutaneous and long-term prophylactic treatment

HMB-001 is in CTA/IND enabling development

- A series of natural history studies have been initiated
- Phase 1/2 clinical trial in GT patients is scheduled to begin in late 2022



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