

# THE DAVIO 2 TRIAL: A Phase 2, Multicenter Study of a Single Injection of EYP-1901 (Vorolanib in the Durasert E™ Technology) vs Aflibercept for Previously Treated Wet Age-Related Macular Degeneration

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# Disclosures

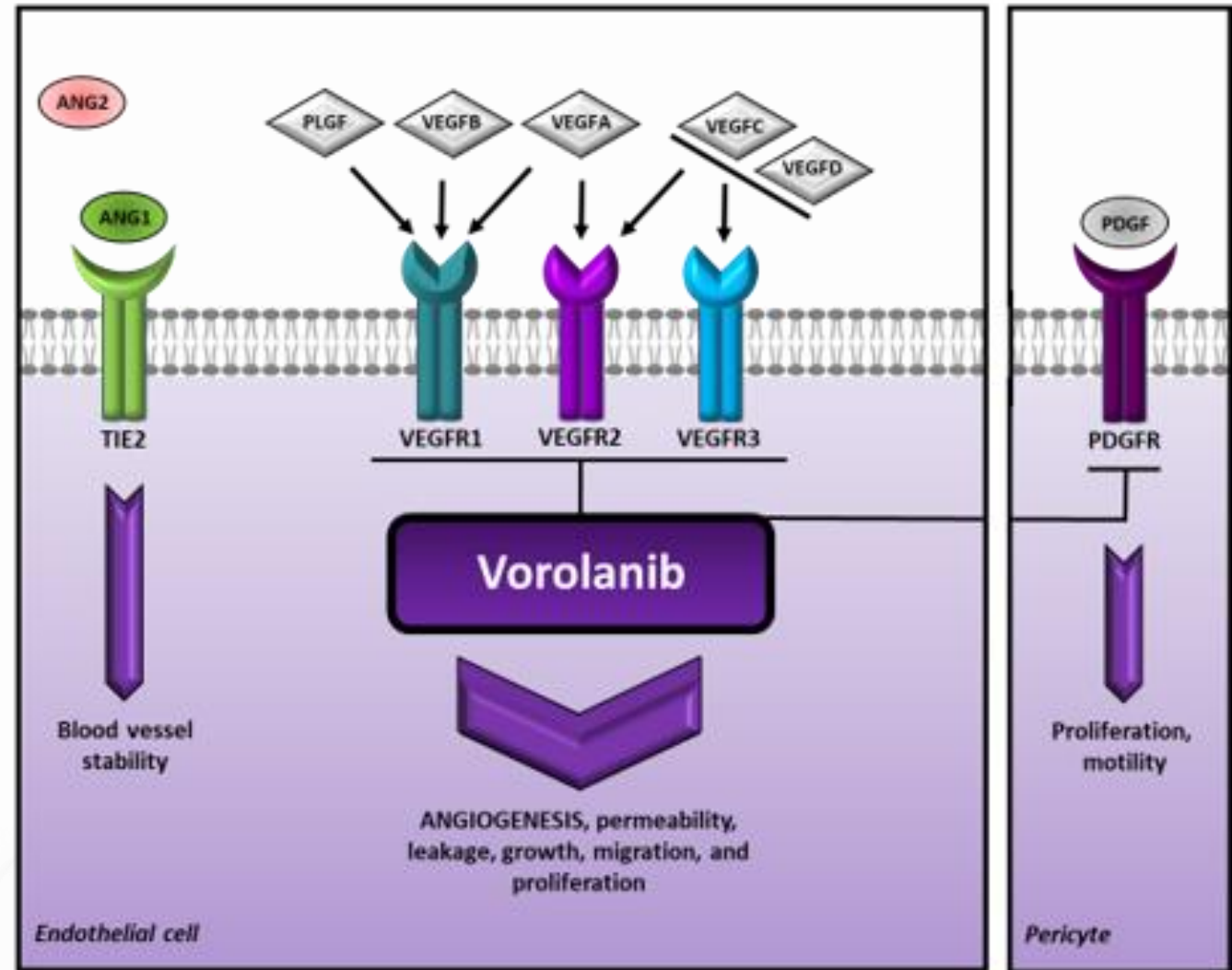
## Financial Disclosure

- Consultant – Roche

# Vorolanib: A Potent Pan-VEGF Receptor Inhibitor

## Vorolanib:

- Potent and patent-protected pan-VEGFR inhibitor
  - Inhibits all VEGFRs (1, 2, and 3), PDGFR, and other receptors involved in wAMD
  - Potency:  $IC_{50} = 52$  nM for VEGFR2
  - Does not inhibit **TIE2** receptors at clinically relevant doses\*
- **Binds receptors inside the cell** preventing multiple downstream pro-angiogenic VEGFR, FGFR, PDGFR signaling cascades
- May have additional benefits that do not involve VEGFR inhibition, such as neuroprotection\* and anti-fibrosis



\*Avery RL, et al. Presented at AAO 2023.

ANG, angiopoietin; FGFR, fibroblast growth factor receptor; PDGF(R), platelet-derived growth factor (receptor); PLGF, placental growth factor; TIE2, tyrosine-protein kinase receptor TIE-2; VEGF(R), vascular endothelial growth factor (receptor); wAMD, wet age-related macular degeneration.

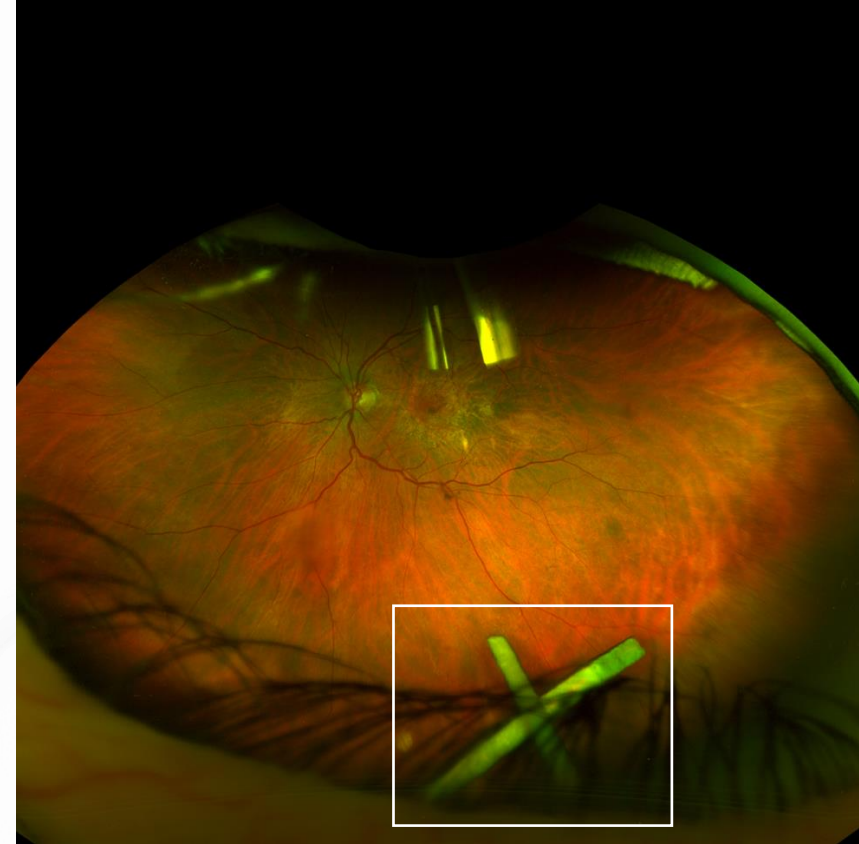
# EYP-1901: Vorolanib in Durasert E™, a Bioerodible, Sustained-delivery, IVT Insert

## Bioerodible Durasert E™:

- **Vorolanib reaches targeted tissues within hours** of administration, reaching levels considerably higher than  $IC_{50}$  within the day of injection
- **Zero-order kinetics** continuously delivers therapeutic levels of vorolanib for ~9 months at a steady state
- Designed to completely elute vorolanib and then fully **bioerode**
- Stored and shipped at **ambient temperature**

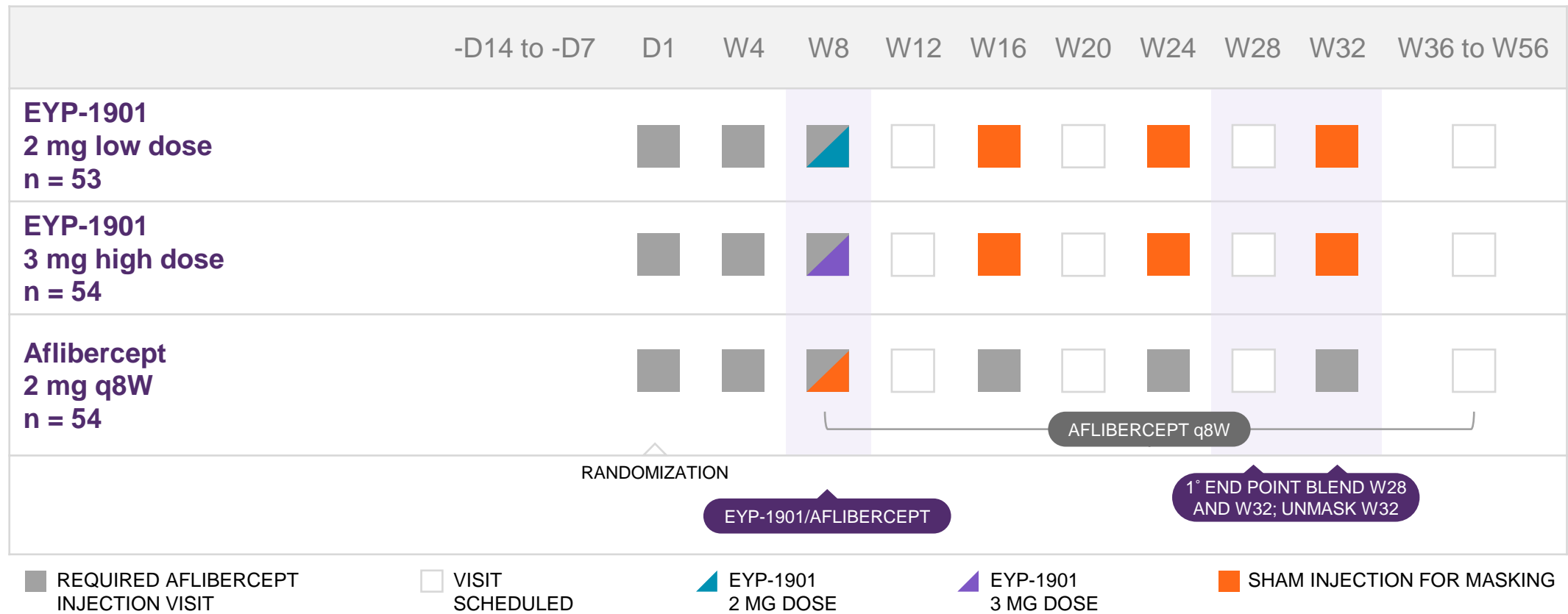
## Durasert®: proven, safe IVT drug delivery technology

- Routine in-office IVT injection
- Bioerodible and non-erodible formulations
- Safely administered across 4 FDA-approved products with non-erodible formulations



# DAVIO 2: Phase 2 Randomized, Double-Masked, Parallel Trial of a Single EYP-1901 Treatment Compared to SoC in Previously Treated wAMD Patients

**Primary end point:** Combined mean change in BCVA at Weeks 28 and 32 (6 months after EYP-1901 injection)



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## Key inclusion/exclusion criteria

- Diagnosed with wAMD at any time
- History of documented response to anti-VEGF
- History of at least 2 injections in last 6 months
- BCVA range 85 to 35 letters (20/20 to 20/200)
- Excluded CST >350  $\mu\text{m}$ , IRF >25  $\mu\text{m}$ , RPED >400  $\mu\text{m}$

## Criteria for supplemental injection

BCVA reduction of  $\geq 5$  letters from best on-study measurement due to wAMD AND increase in CST of  $\geq 75$   $\mu\text{m}$  from lowest on-study measurement

OR

BCVA reduction of  $\geq 10$  letters from best on-study measurement due to wAMD

OR

Increase in CST of  $\geq 100$   $\mu\text{m}$  from lowest on-study measurement at 2 consecutive visits

OR

Presence of new or worsening vision-threatening hemorrhage due to wAMD

# DAVIO 2 Baseline Characteristics Well Balanced Across Arms

Baseline Characteristics (N = 156)	Aflibercept 2 mg q8W (n = 54)	EYP-1901 2 mg (n = 50)	EYP-1901 3 mg (n = 52)
Mean age, years (range)	75.9 (52-93)	76.4 (61-93)	75.4 (56-89)
Female, %	53.7%	64.0%	67.3%
Mean BCVA, ETDRS letters (range)	73.4 (41-85)	73.9 (52-84)	74.9 (46-85)
Mean CST, $\mu\text{m}$ (range)	265.7 (178-348)	267.0 (192-400)	262.9 (186-345)
Median length of time for wAMD diagnosis prior to screening, months (range)	28.1 (2.4-273.8)	24.3 (2.4-168.1)	28.1 (2.4-145.3)
Mean number of injections in the 12 months prior to screening (range)*	9.5 (2-12)	<b>10.2 (2-13)</b>	<b>10.0 (2-13)</b>

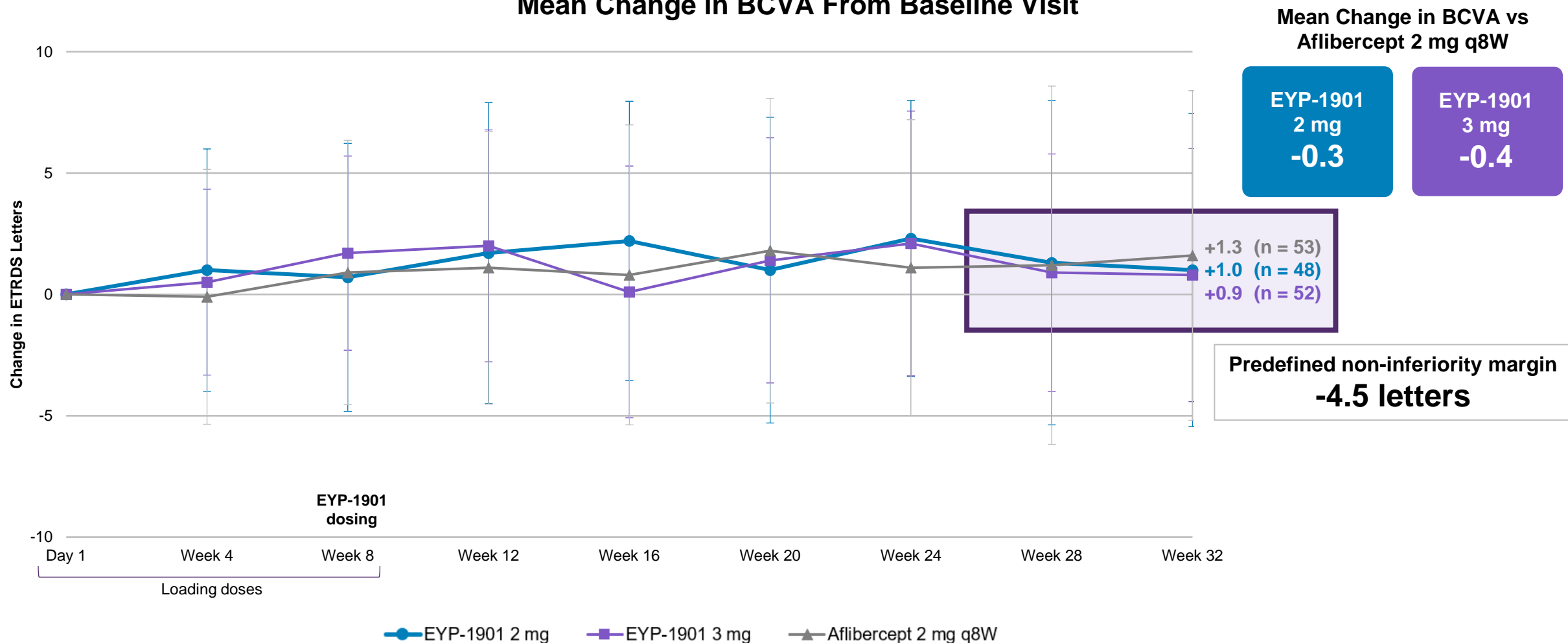
\*Normalized values using topline Table 9-1. Other data are from topline Tables 2 and 3.

BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; VEGF, vascular endothelial growth factor; wAMD, wet age-related macular degeneration.

DAVIO 2 INTERIM DATA NOV23:  
DATABASE LOCK PENDING

# Primary End Point: EYP-1901 Statistically Non-inferior to SoC in Maintaining BCVA Over 32 Weeks

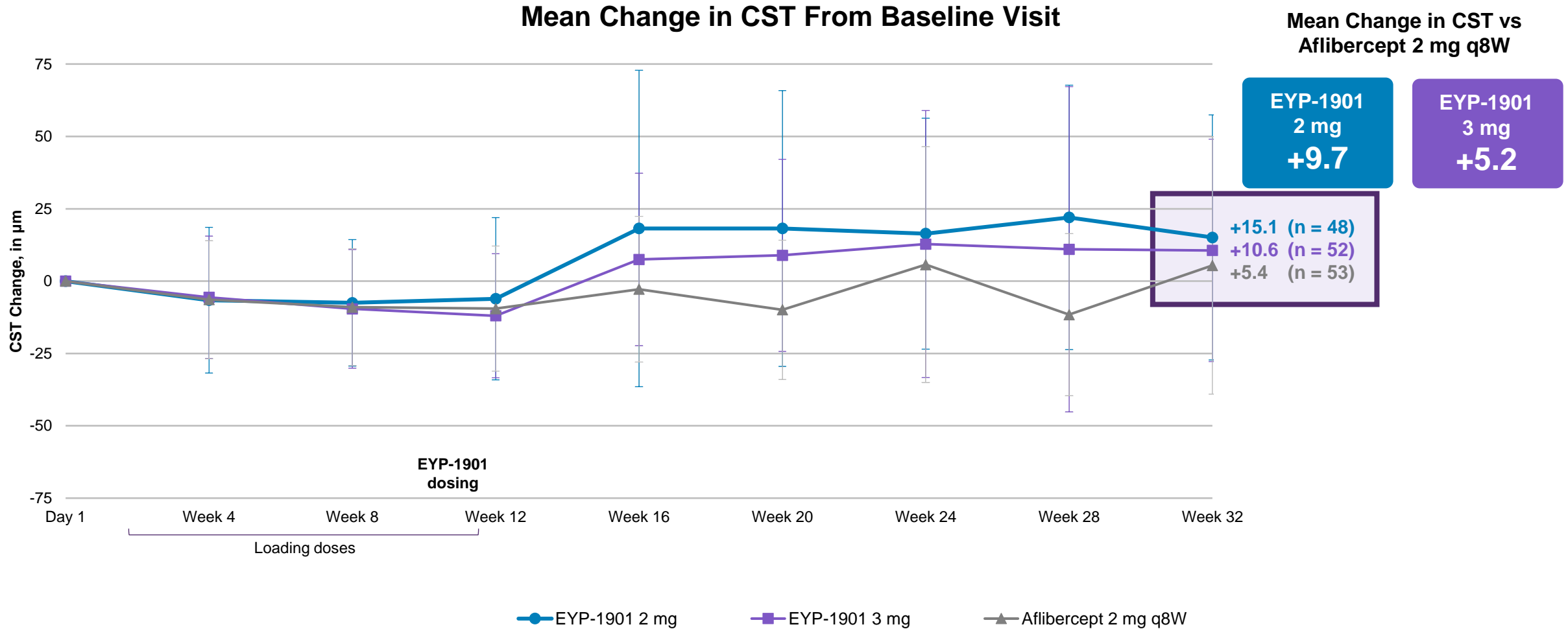
## Mean Change in BCVA From Baseline Visit



Data from topline Table 4-1. BCVA units were ETDRS letters.  
 BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; q8W, every 8 weeks; SoC, standard of care.



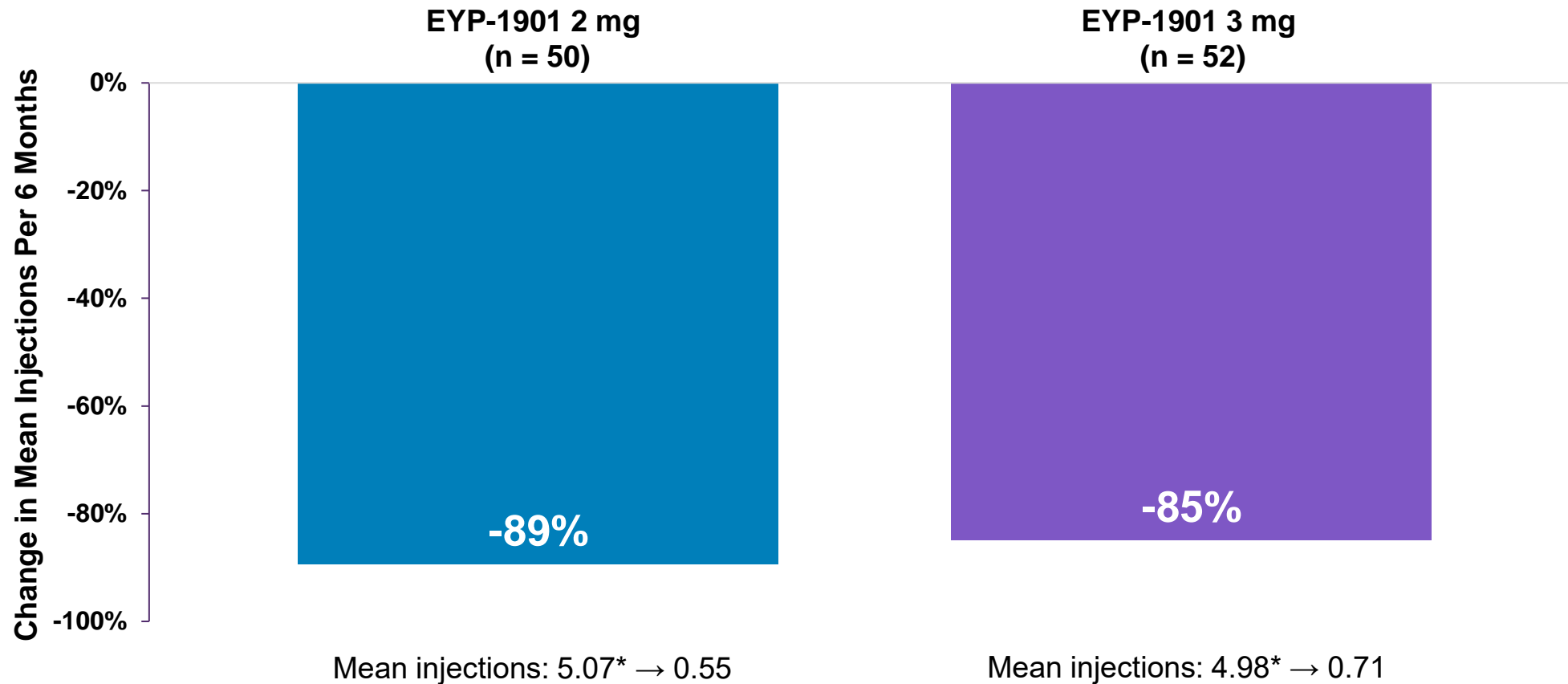
# CST Similar to SoC and No Sawtooth Pattern Over 32 Weeks with EYP-1901



Data from topline Table 6. Error bars represent the standard deviation. CST units were µm. CST, central subfield thickness; q8W, every 8 weeks; SoC, standard of care.

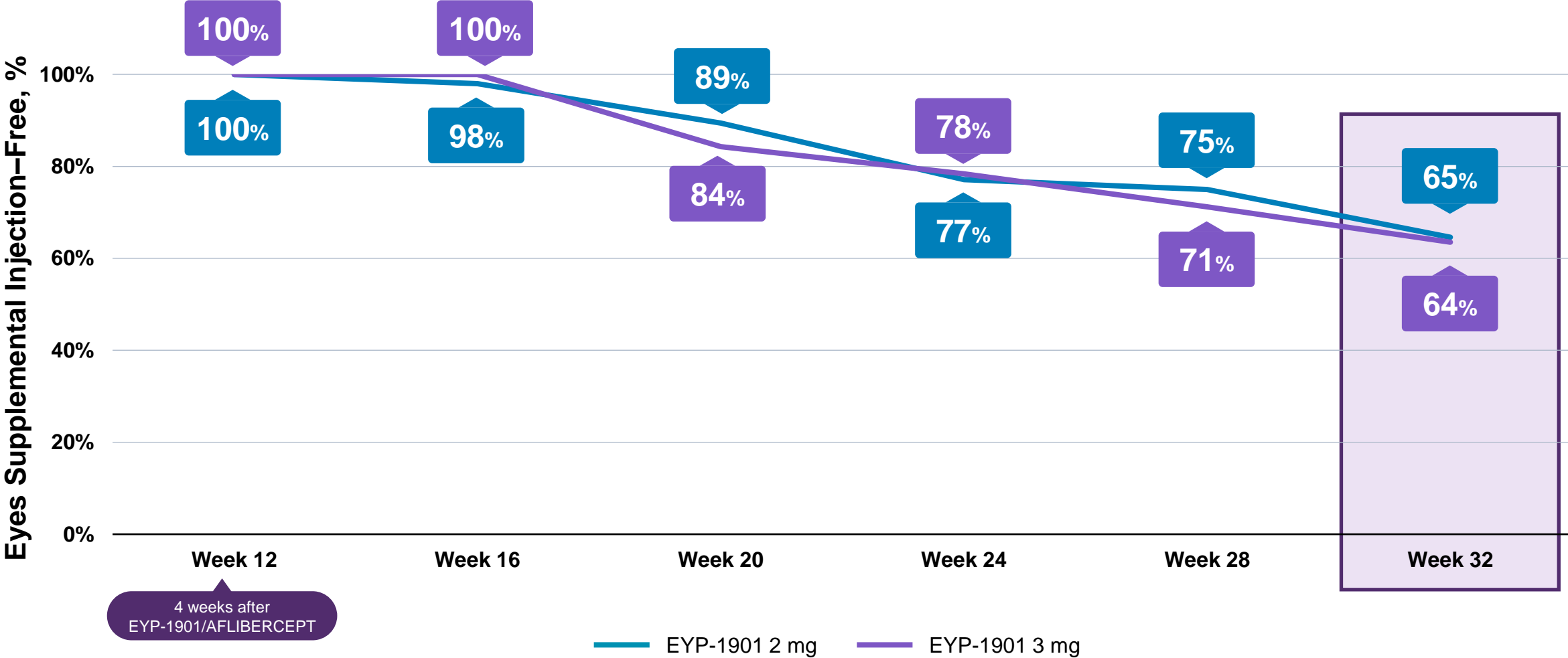
# EYP-1901 Reduced Treatment Burden by $\geq 85\%$ Compared to Prior 6 Months

## Treatment Burden on Study (Up to Week 32) vs Prior 6 Months



\*Normalized values using data from topline Table 9-2.

# ≥64% of Eyes Receiving EYP-1901 Were Supplemental Injection–Free Up to Week 32



Data from topline Table 7.

# EYP-1901: Well Tolerated With an Acceptable Safety Profile Through Week 32 and No Ocular SAEs Related to EYP-1901

## Key ocular findings

- No reported EYP-1901–related ocular SAEs
- Four ocular SAEs reported in a study eye – none deemed related to EYP-1901
- No reported EYP-1901–related systemic SAEs
- >97% of AEs reported were mild or moderate and generally expected with IVT
- No cases of:
  - Insert migration into the anterior chamber
  - Retinal occlusive vasculitis
  - No discontinuations were related to EYP-1901 treatment

# Summary: EYP-1901 Demonstrated Non-inferiority to SoC with Stable BCVA and a Favorable Safety Profile while Reducing Treatment Burden vs SoC in Eyes with wAMD

## DAVIO 2

- Prospective, randomized, aflibercept-controlled phase 2 trial

### Primary end point

- BCVA: Statistically non-inferior change vs aflibercept; stable over 6 months

### Favorable safety profile

- Most ocular AEs were expected with IVT injection; no EYP-1901–related ocular SAEs

### Secondary end points

- Strong anatomical control: **<10 µm** OCT difference vs SoC at 6 months
- **≥64%** of eyes were supplemental injection–free up to 6 months
- **≥85%** mean reduction in treatment burden vs prior 6 months

**Ph2 DAVIO2 12m readout H2 2024; Ph2 DME first patient enrolled Jan 2024; Ph2 NPDR topline mid-2024; Global Ph3 wAMD planned initiation H2 2024**

