

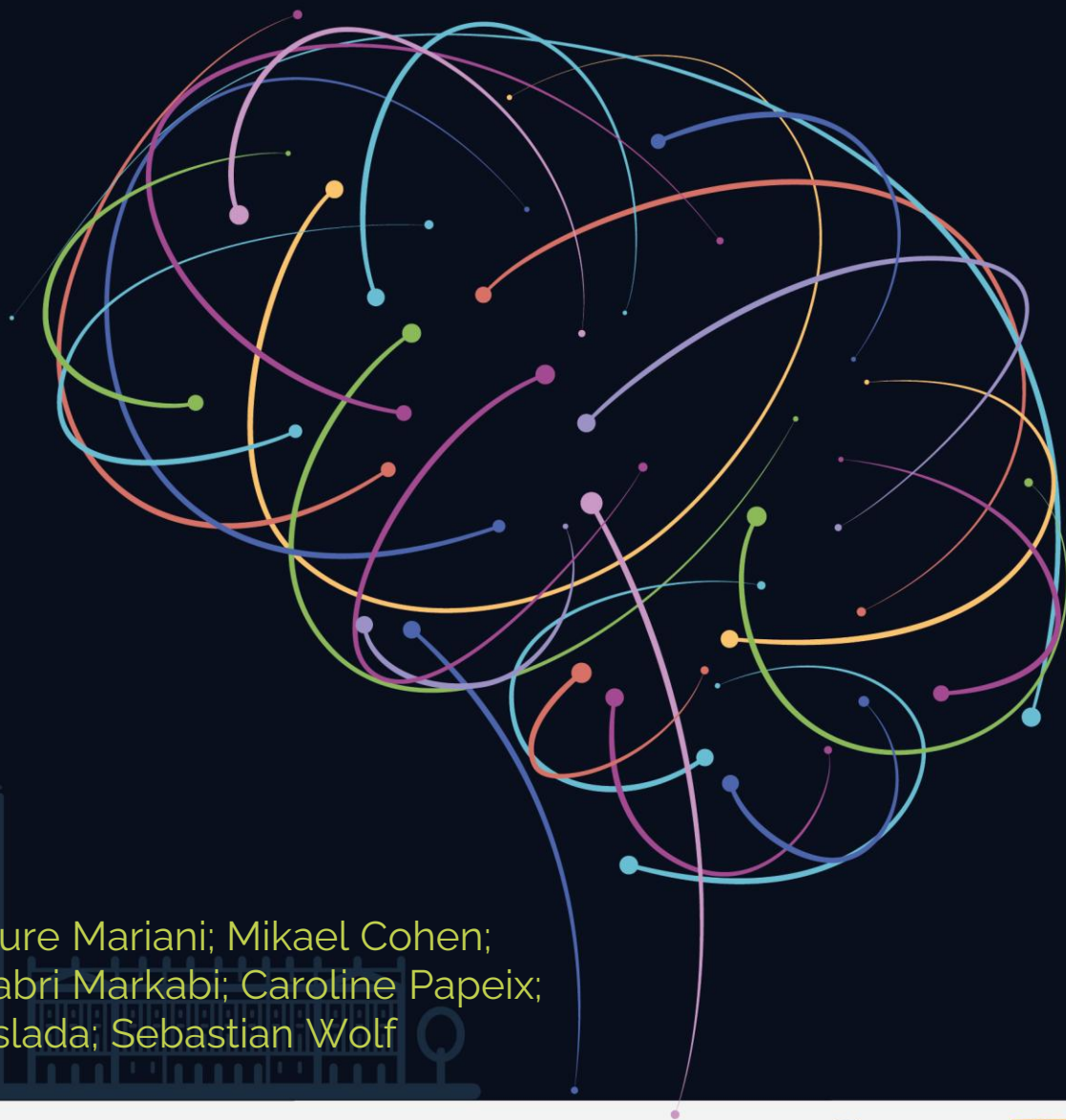
EUNOS 2026

June 4-6 - MILAN, Italy

LCVA Letter Response and Retinal Structure Preservation with Privosegtor in Optic Neuritis: Post-hoc Analysis of OCT Scans from the Phase 2 ACUITY Study

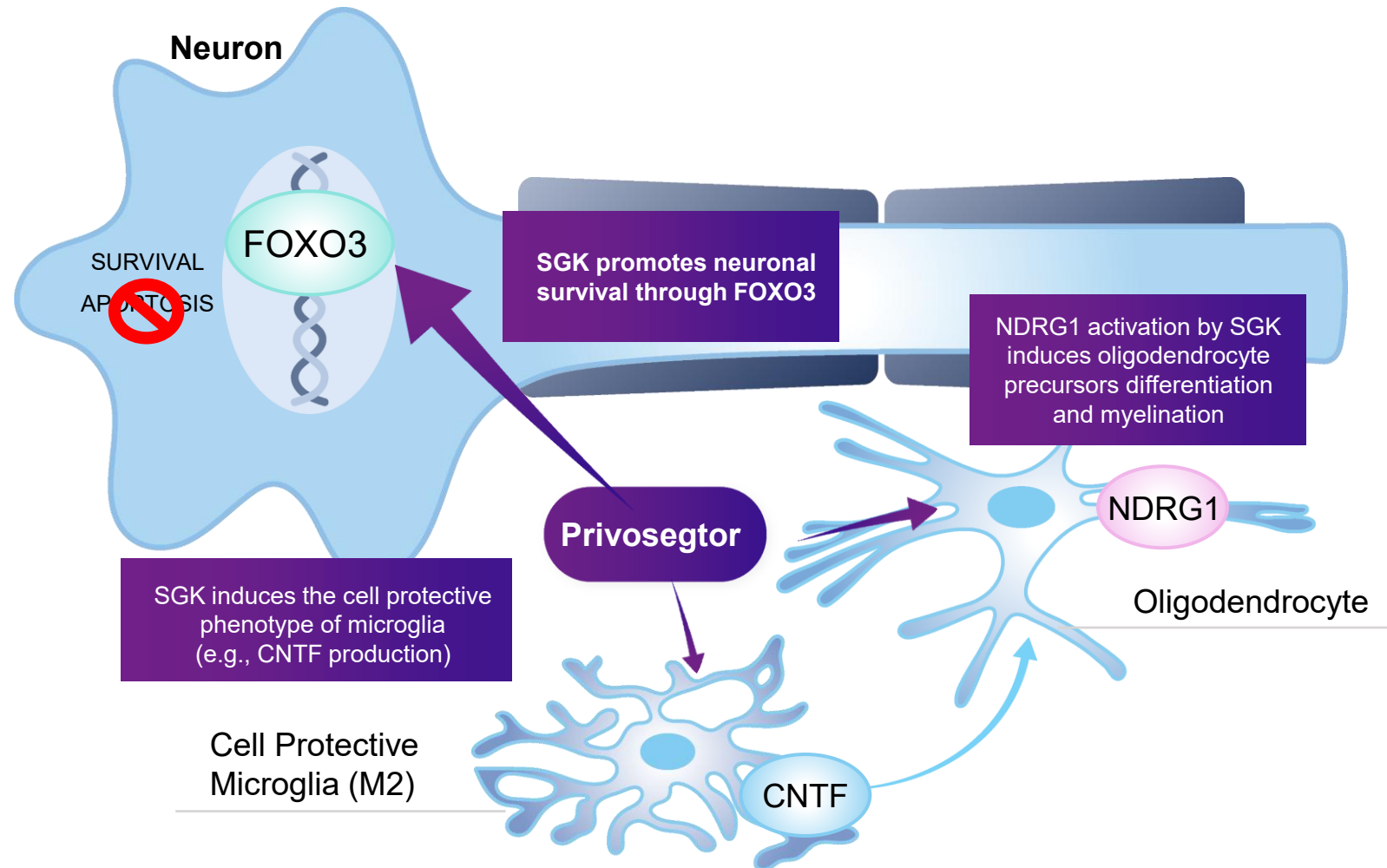
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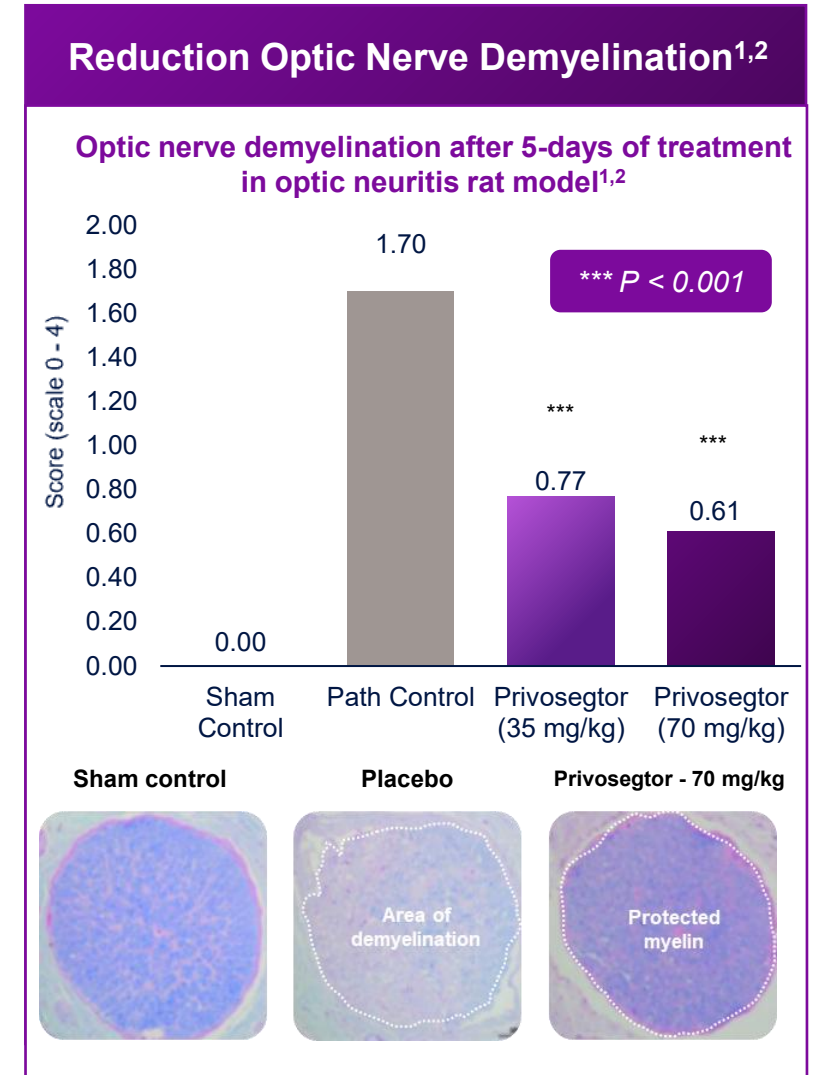
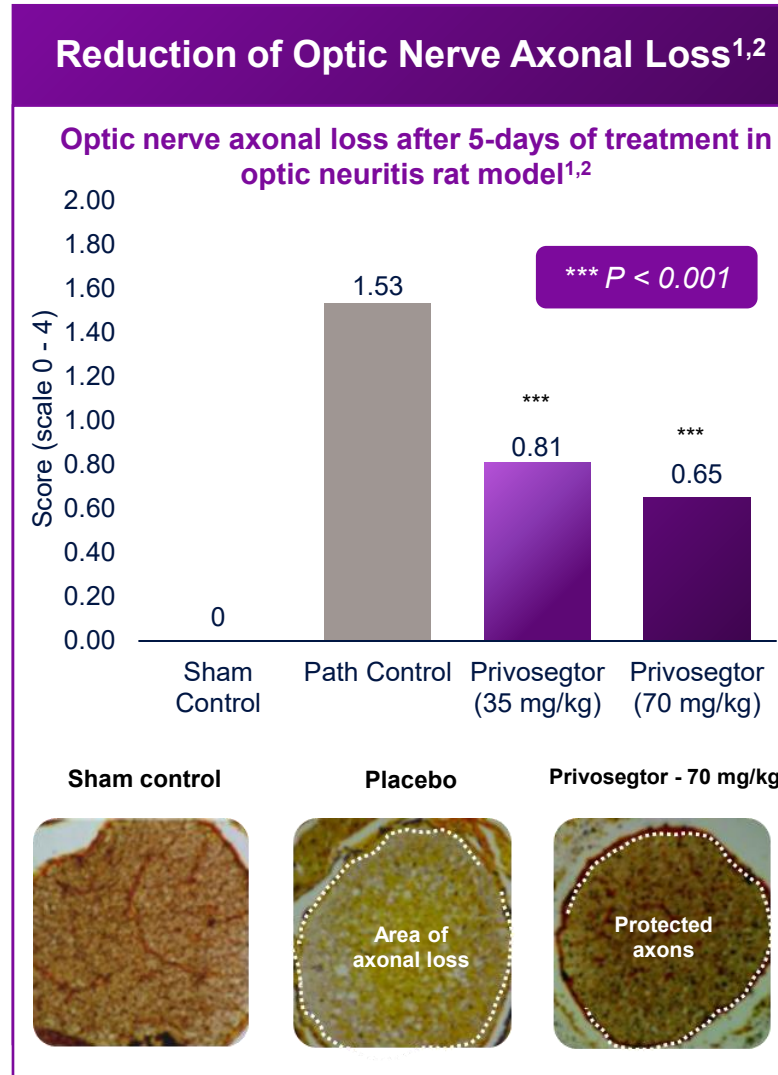
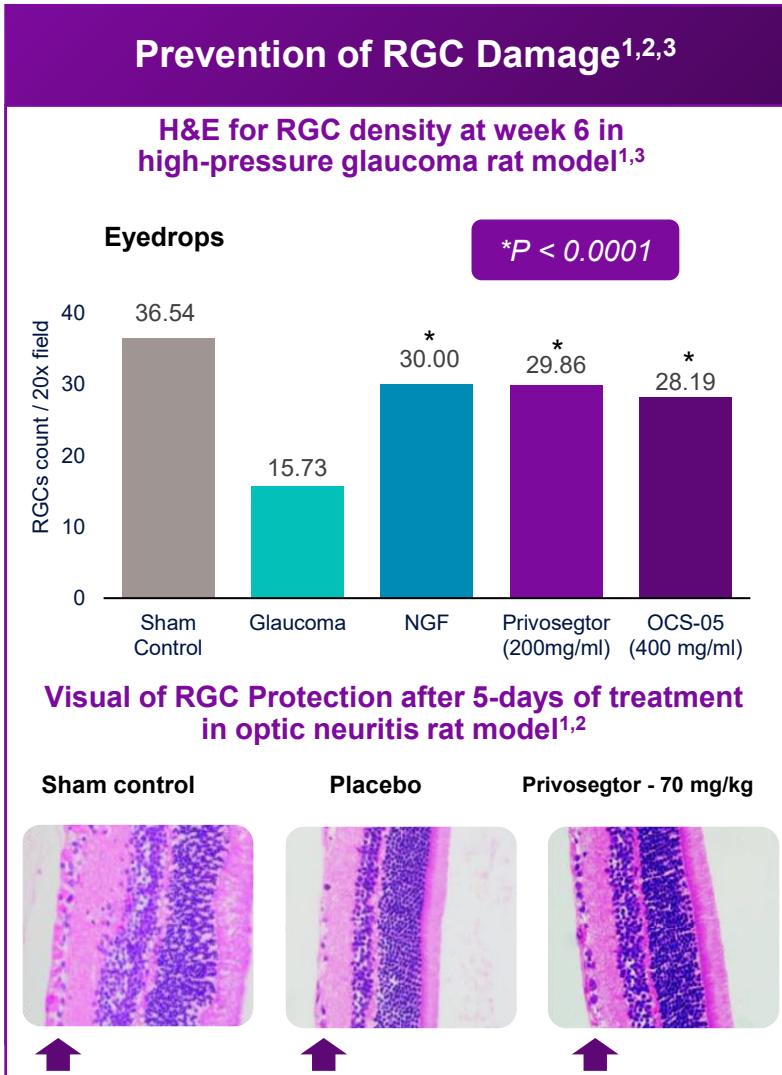


Privosegtor Is a Novel Neuroprotective Candidate with Broad Potential for Neuro-axonal Diseases

- Peptoid small molecule that **crosses blood brain** and **retinal barriers**
- Selected by **high-throughput screening (HTS)** for its unique ability to **promote neuro-axonal survival**, validated across multiple in vitro injury models: **apoptosis, oxidation, and inflammation**
- Confirmed **neuro-axonal survival** in vivo in glaucoma, MS, and optic neuritis models
- FDA **Breakthrough Therapy Designation** and EMA **PRiority MEDicines (PRIME)** designations granted for optic neuritis



Compelling Preclinical Data Showed Neuroprotection Benefits with Neurons and Axons Preservation/Survival



3 H&E: hematoxylin and eosin staining; RGC: retinal ganglion cell; 1. Villoslada P, et al. *Neurotherapeutics*. 2019;16(3):808-827; 2. Lyssolecithin induced demyelinating model in rat (model of acute optic neuritis)- Assessment after 5-days of treatment; 3. High pressure Glaucoma rat model of neurodegeneration without inflammation

Successful Phase 2 ACUIY Trial Investigated Safety and Efficacy of Privosegtor in Optic Neuritis

Study Design

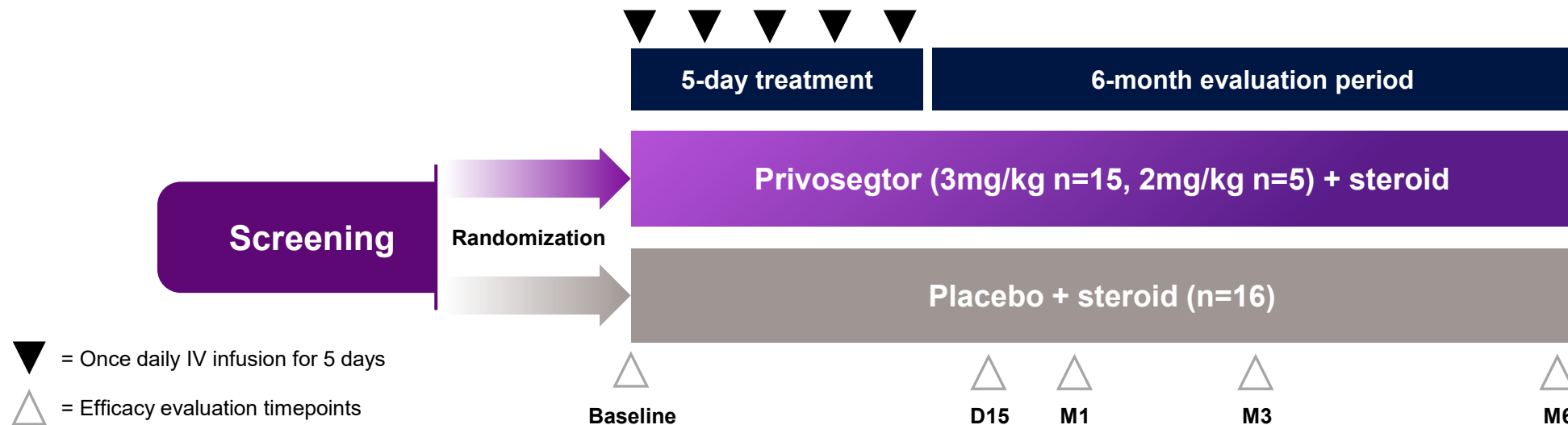
- Randomized, double-masked, placebo-controlled study
- Multi-center, 6-month trial with 36 patients randomized (mITT: 33)

Key Endpoints

- Primary:** Safety
- Secondary:**
- Function: LCVA
 - Anatomy: GCIPL and RNFL thickness
 - Biology: Neurofilaments

Study Population

- Unilateral optic neuritis with a demyelinating origin
- Onset of visual loss symptoms in the last 12 days before randomization



Patient Demographics and Baseline Characteristics

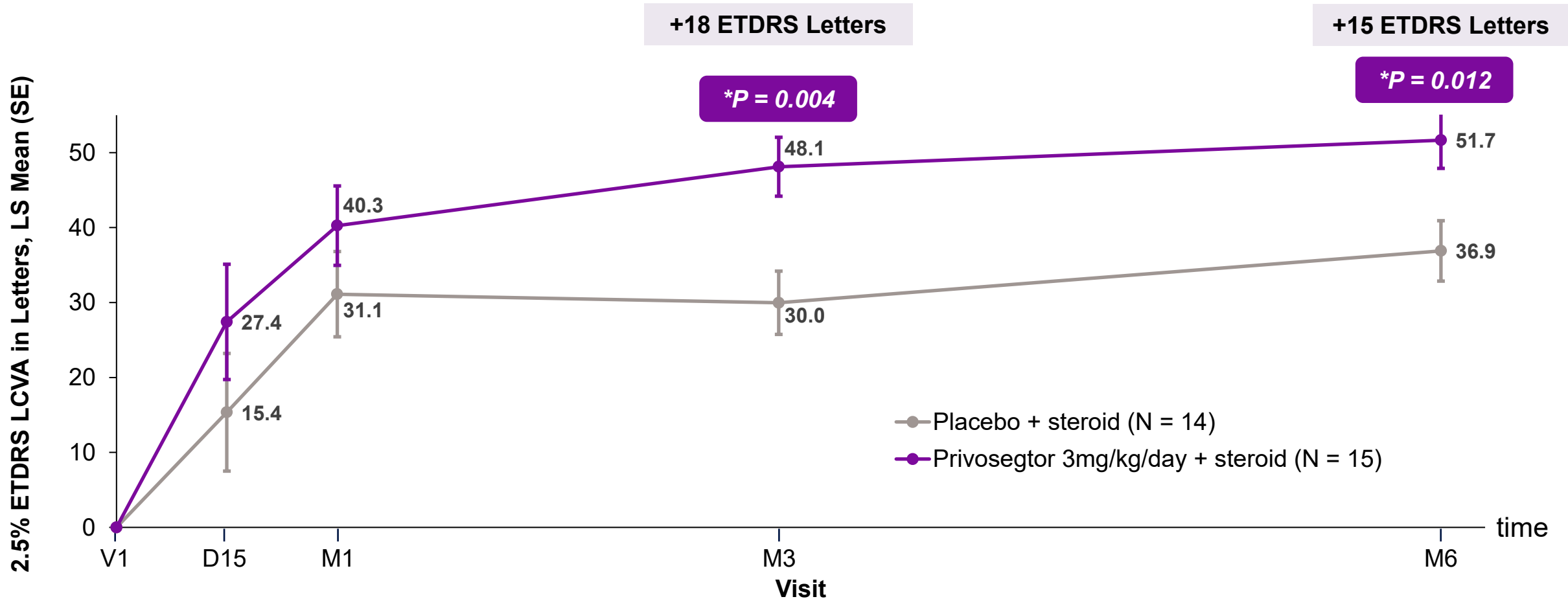
	Privoseptor + steroid 3 mg/kg/day (N = 15)	Placebo + steroid (N = 14)
Age, mean (SD), years	33.7 (9.8)	32.7 (10.3)
Female, n (%)	9 (60.0)	10 (71.4)
GCIPL thickness, mean (SD), μm	89.3 (8.3)	84.3 (13.8)
RNFL thickness, mean (SD), μm	104.6 (13.1)	115.5 (54.1)
HCVA, mean (SD), ETDRS	54.1 (34.5)	42.6 (34.5)
LCVA, mean (SD), ETDRS	19.4 (22.3)	17.8 (24.3)
Visual Field Mean Deviation, mean (SD), dB	-14.1 (11.9)	-14.5 (12.5)
Time since first visual loss symptoms at date of first dose, mean (SD), days	9.5 (2.7)	9.6 (2.5)
Multiple sclerosis at baseline, n (%)	10 (66.7)	9 (64.3)
Disease Modifying Therapies n (%)	10 (66.7)	9 (64.3)

Safety Profile Reported in ACUITY Phase 2 Trial Showed No AEs Leading to Drug Withdrawal or Study Discontinuation

- No AEs leading to drug withdrawal or study discontinuation
- No drug-related serious adverse events (SAEs)

Event, n (%)	Privosegtor + steroid			Placebo + steroid (N = 14)
	2 mg/kg/day (N = 4)	3 mg/kg/day (N = 15)	Pooled (N = 19)	
At least one TEAE <i>Related to study treatment</i>	4 (100.0%) 4 (100.0%)	12 (80.0%) 6 (40.0%)	16 (84.2%) 10 (52.6%)	14 (100.0%) 6 (42.9%)
At least one grade ≥2 TEAE <i>Related to study drug</i>	2 (50.0%) 0	9 (60.0%) 2 (13.3%)	11 (57.9%) 2 (10.5%)	6 (42.9%) 0
At least one serious TEAE <i>Related to study drug</i>	0 0	1 (6.7%) 0	1 (5.3%) 0	1 (7.1%) 0
At least one SAE leading to death	0	0	0	0
At least one TEAE leading to a dose reduction	0	0	0	0
At least one TEAE leading to a dose interruption	0	0	0	0
At least one TEAE leading to a drug withdrawn	0	0	0	0
At least one TEAE leading to premature discontinuation of the study	0	0	0	0

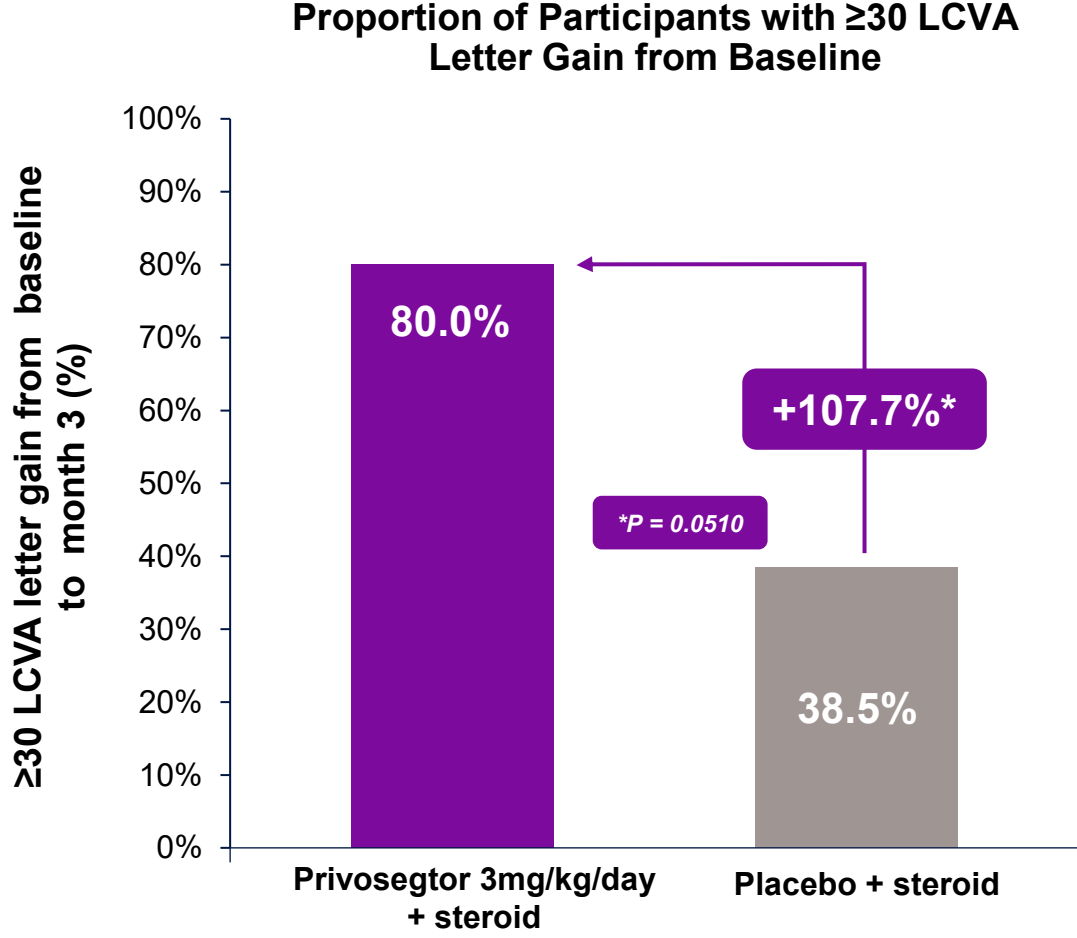
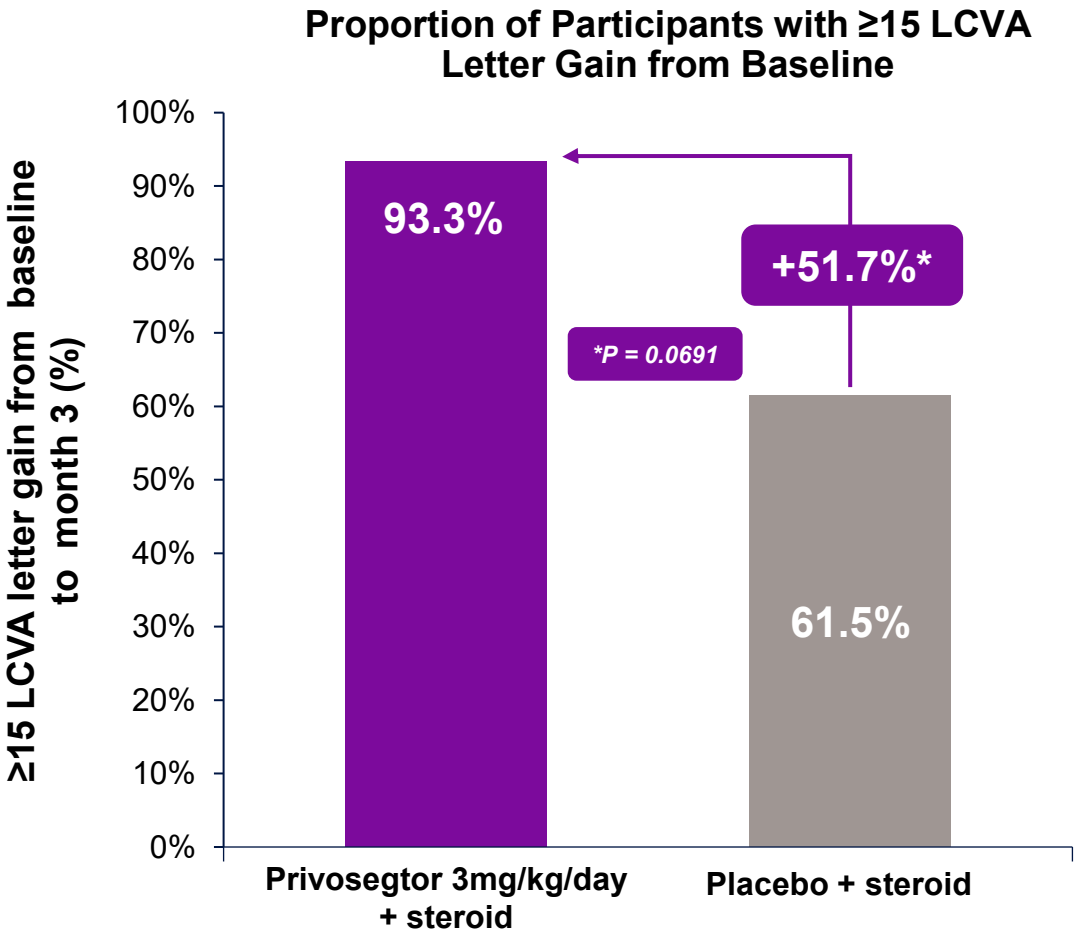
Patients in the Privosegtor 3mg/kg/day Arm Achieved Clinically Meaningful and Sustained Improvement in Visual Function



ETDRS: Early Treatment Diabetic Retinopathy Study; LCVA: low contrast visual acuity

7 *Mixed Model for Repeated Measures (MMRM), Least-Squares Mean Change from Baseline: (2-sided nominal p-value), mITT population (affected eye): one placebo subject excluded from the mITT population in this analysis due to missing LCVA post-baseline assessments

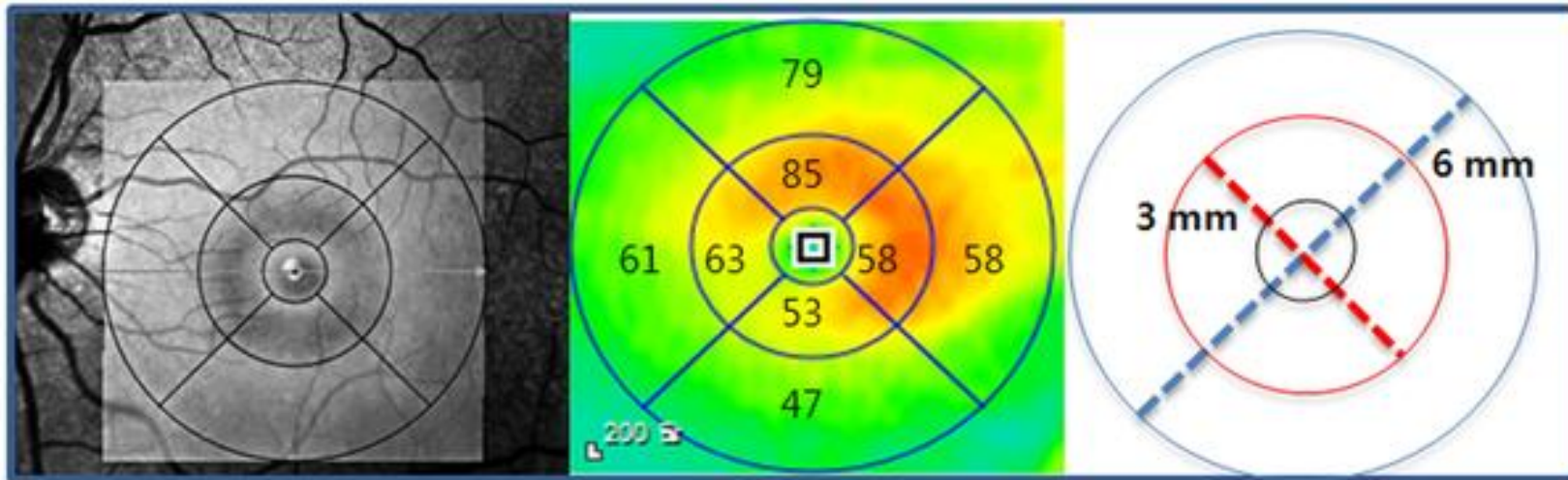
More Patients Achieved ≥ 15 and ≥ 30 ETDRS LCVA Letter Improvement with Privosegtor 3 mg/kg/day vs Placebo at Month 3 (Post Hoc Analysis)



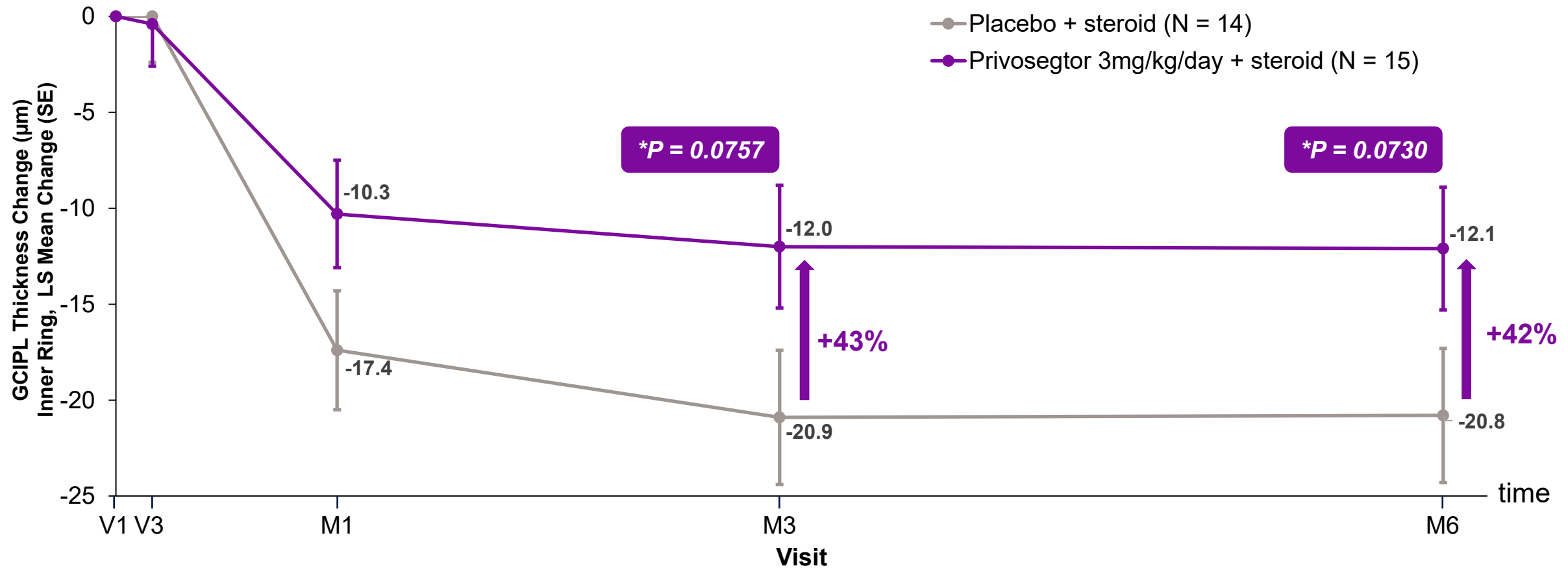
Post-hoc Analysis of OCT Scans in ACUITY

A macular volume scan was performed and mean GCIPL thickness and RNFL thickness was calculated within the 6 mm ETDRS grid for:

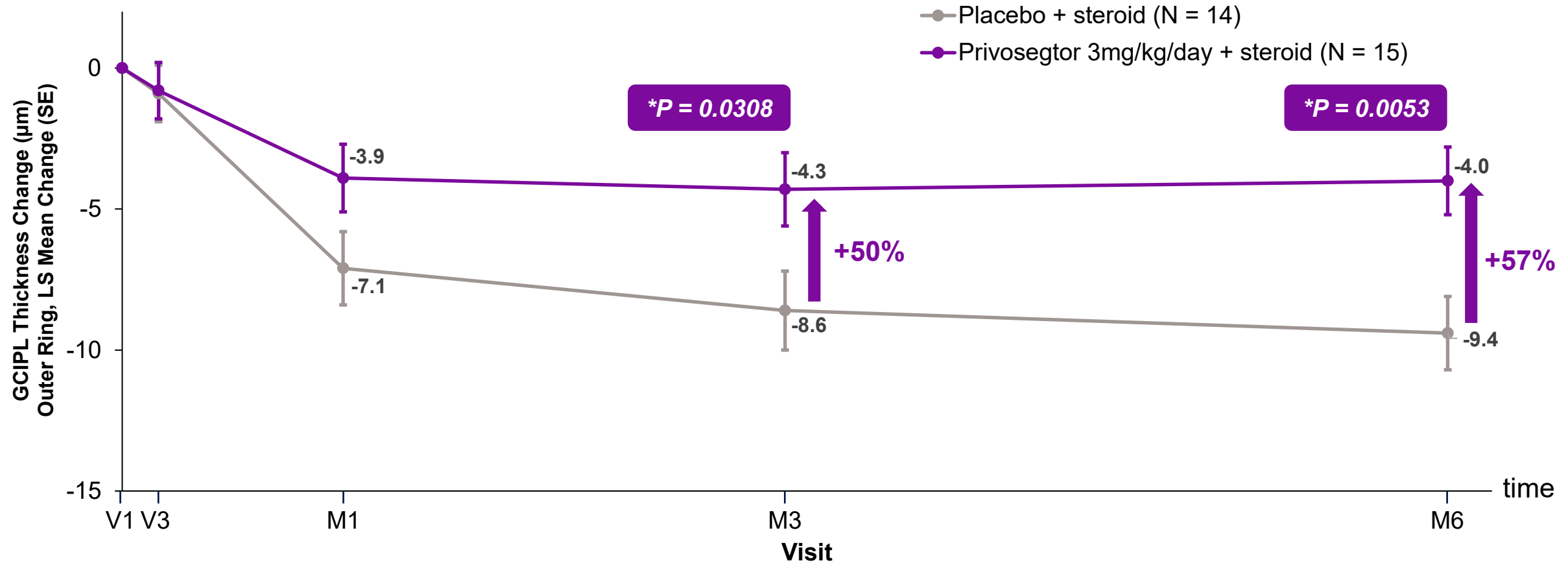
- **Inner ring:** the 3 mm circle excluding the 1 mm central area for each time point
- **Outer ring:** the 6 mm circle excluding the inner 3 mm circle
- **Inner and Outer ring:** the 6 mm circle excluding the 1 mm central area



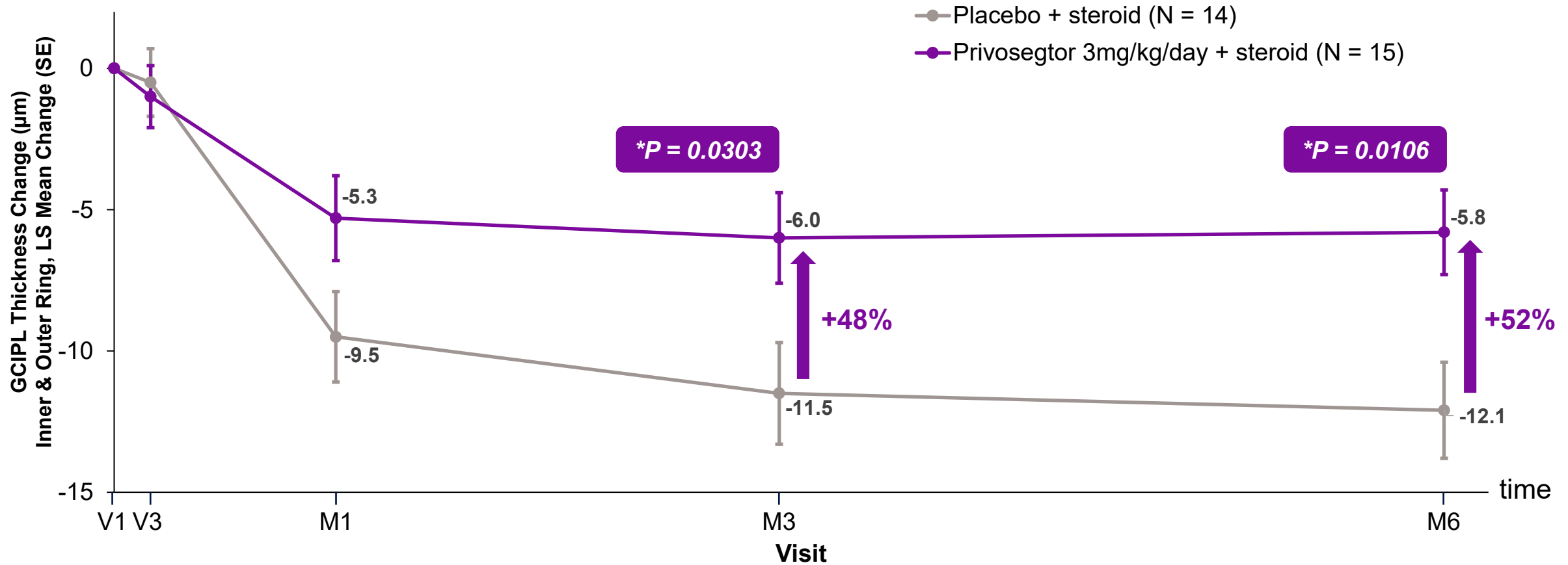
Greater Preservation of GCIPL Thickness in the Inner Ring with Privosegtor 3mg/kg/day



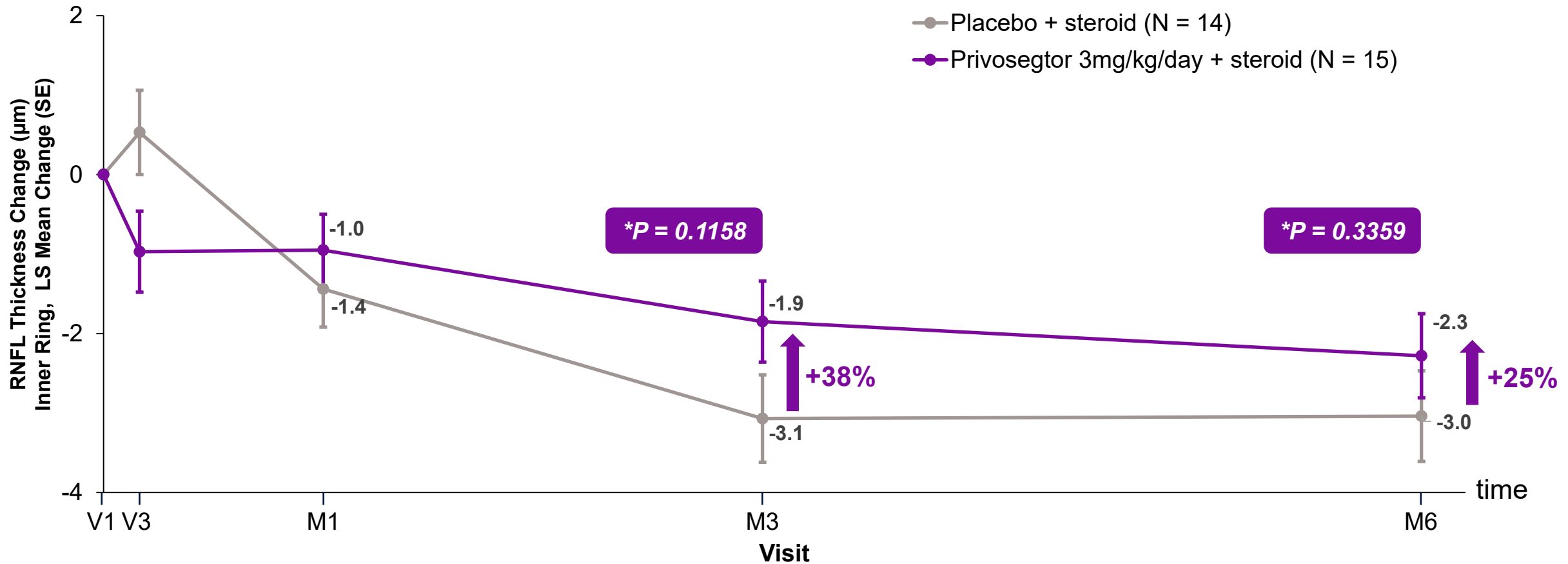
Greater Preservation of GCIPL Thickness in the Outer Ring with Privosegtor 3mg/kg/day



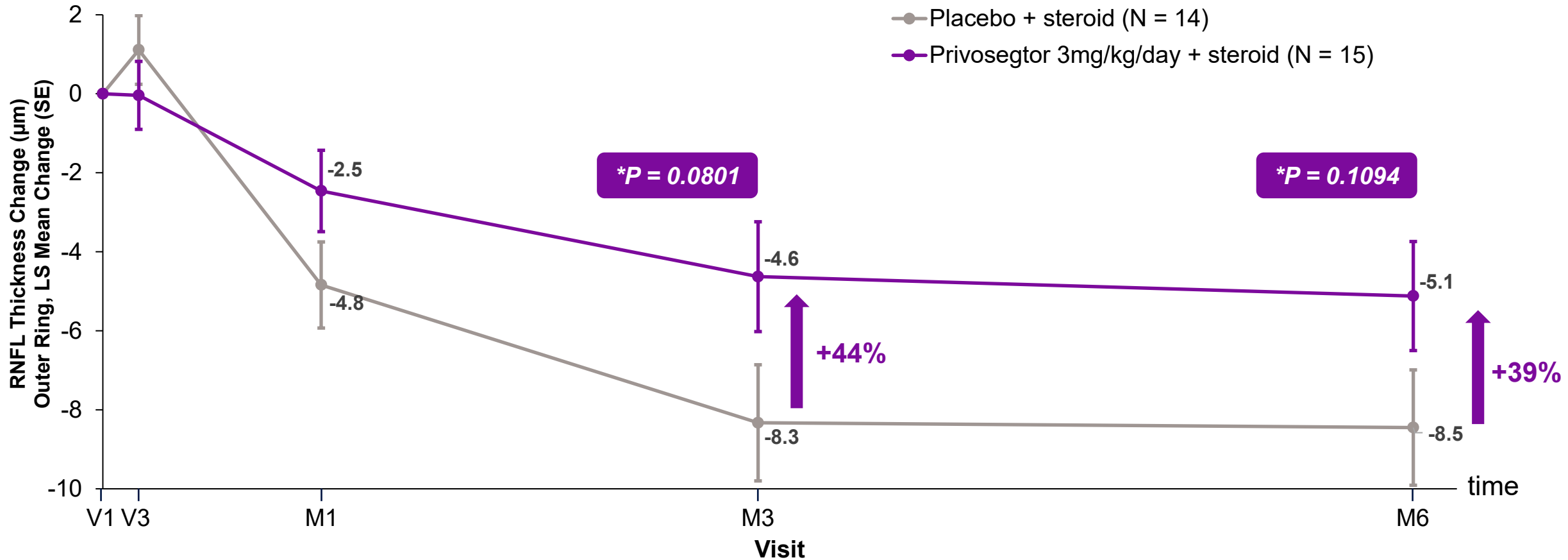
Greater Preservation of GCIPL Thickness across Inner and Outer Ring Combined with Privosegtor 3mg/kg/day



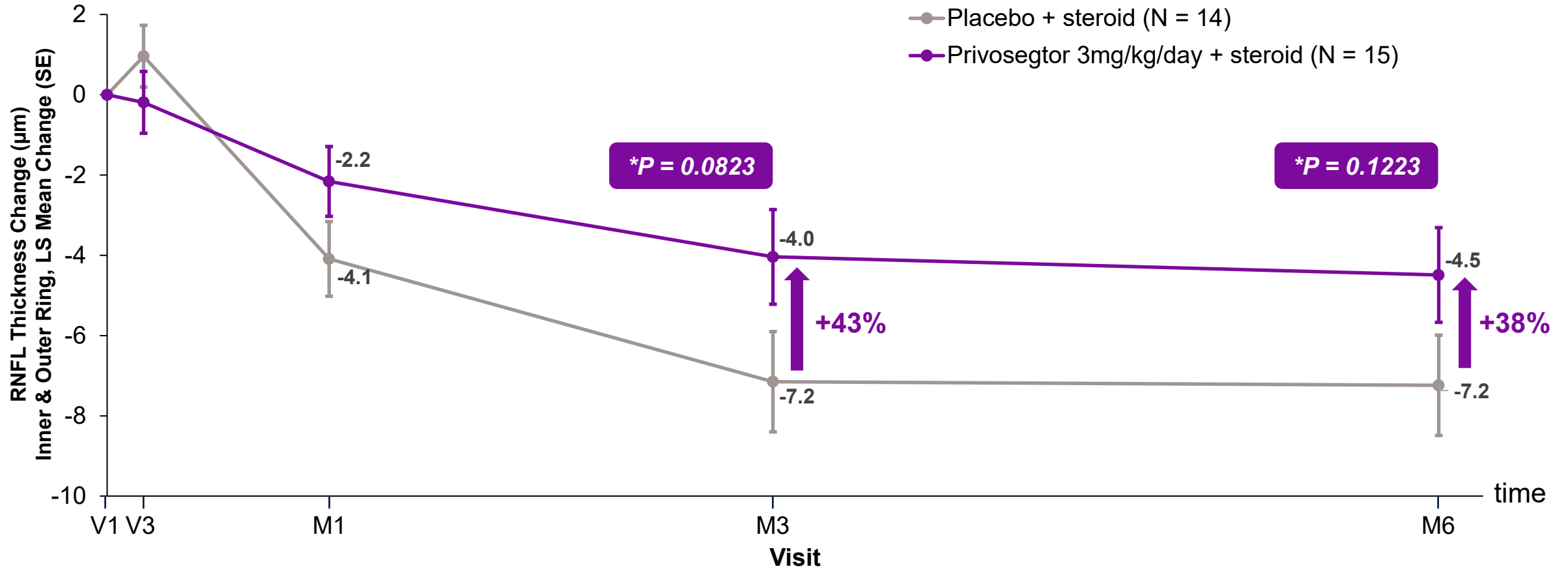
Greater Preservation of RNFL Thickness in the Inner Ring with Privosegtor 3mg/kg/day



Greater Preservation of RNFL Thickness in the Outer Ring with Privosegtor 3mg/kg/day



Greater Preservation of RNFL Thickness across Inner and Outer Regions Combined with Privosegtor 3mg/kg/day



Conclusions

1. Safety:

Well tolerated, with no AEs leading to treatment discontinuation and no treatment-related SAEs

2. Visual Function:

Clinically meaningful and sustained improvements in visual function, with an 18-letter mean difference versus placebo and a 93% response rate (≥ 15 -letter gain in 2.5% ETDRS LCVA)*

3. Retinal Structure:

Greater preservation of GCIPL and RNFL across all regions

Privosegtor showed promising results in improving visual function and preserving retinal structure in patients with optic neuritis

Thank you!

Thank you to all the investigators, study teams,
and patients who contributed to this work

