

Lessons learned from development of a genetically targeted therapy for SOD1 ALS

Precision Medicine in Neuroscience: Tools, Translation, and Implementation

National Academy of Medicine

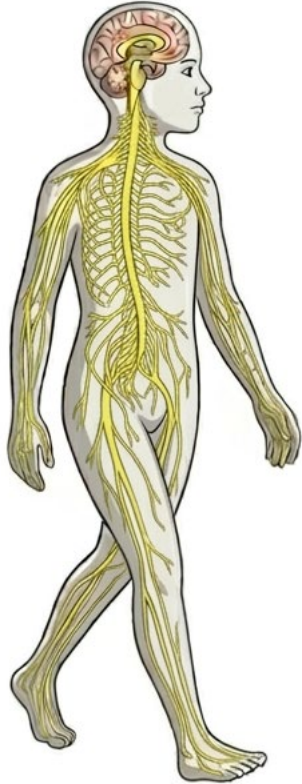
March 4, 5th, 2026

Toby Ferguson, MD, PhD

Disclosures

I am a current employee of Alnylam Pharmaceuticals and past employee of Biogen and Voyager Therapeutics.

ALS is a fatal disease characterized by loss of motor neurons and muscle weakness



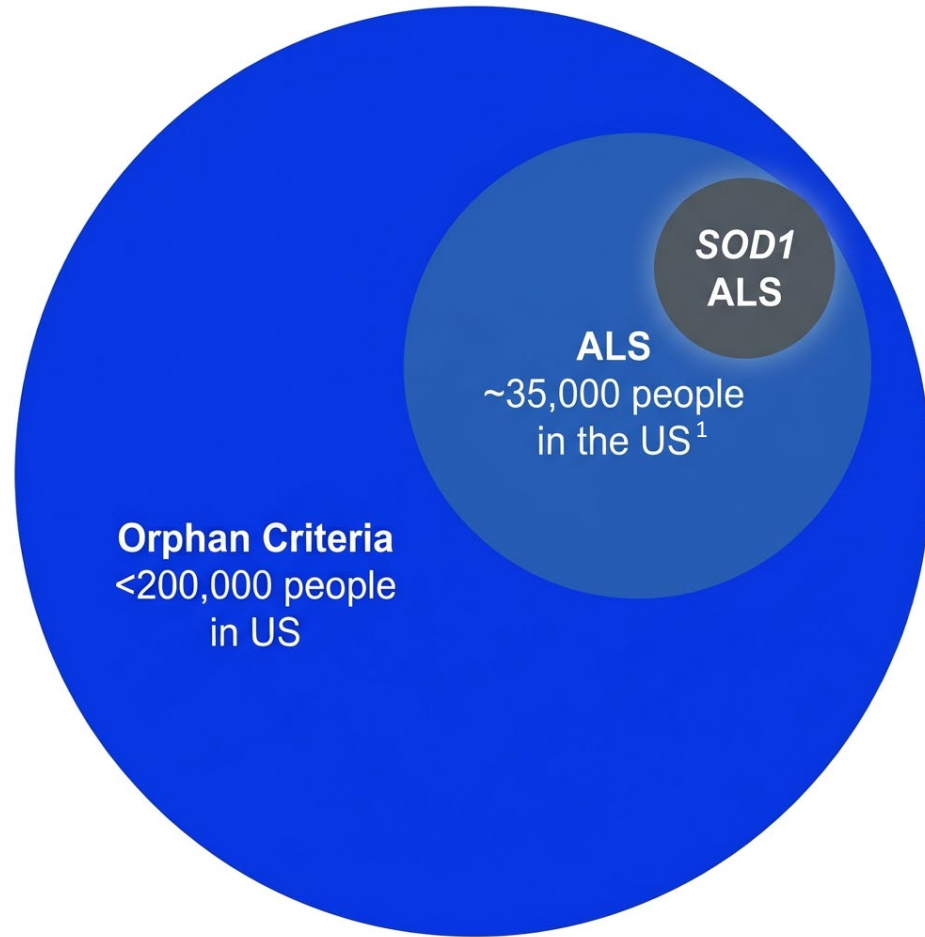
ALS is a progressive disease with no natural history of sustained plateaus or improvement

Weakness leads to difficulty breathing, swallowing, and moving



ALS is uniformly fatal typically from respiratory failure 3-5 years from symptom onset

SOD1 ALS is rare but genetic testing facilitates a trial in the SOD1 population

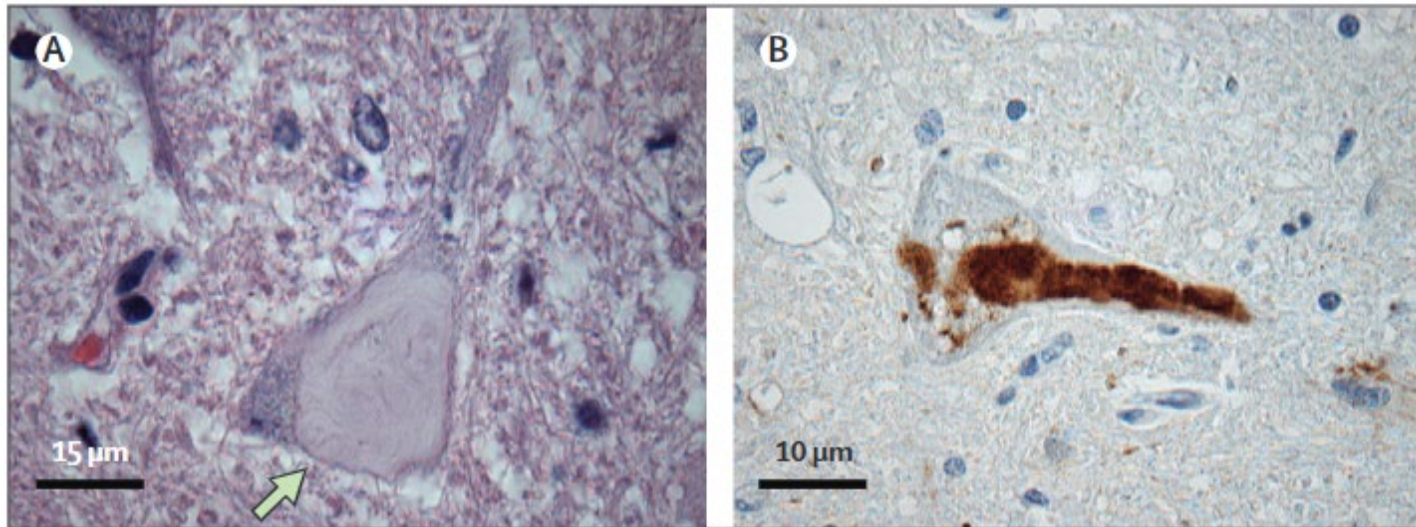


- SOD1 discovered as first genetic cause of ALS (1993), genetic testing now widely available
- SOD1 ALS is rare
 - ~300-600 US
 - ~1,000 Europe
 - ~500 Japan

Mutations of SOD1 lead to production of a toxic protein species

Knockdown of SOD1 is appropriate therapeutic approach

Mutant SOD1 accumulates in motor neurons



Loss of enzyme activity not linked to disease

Normal enzymatic activity:

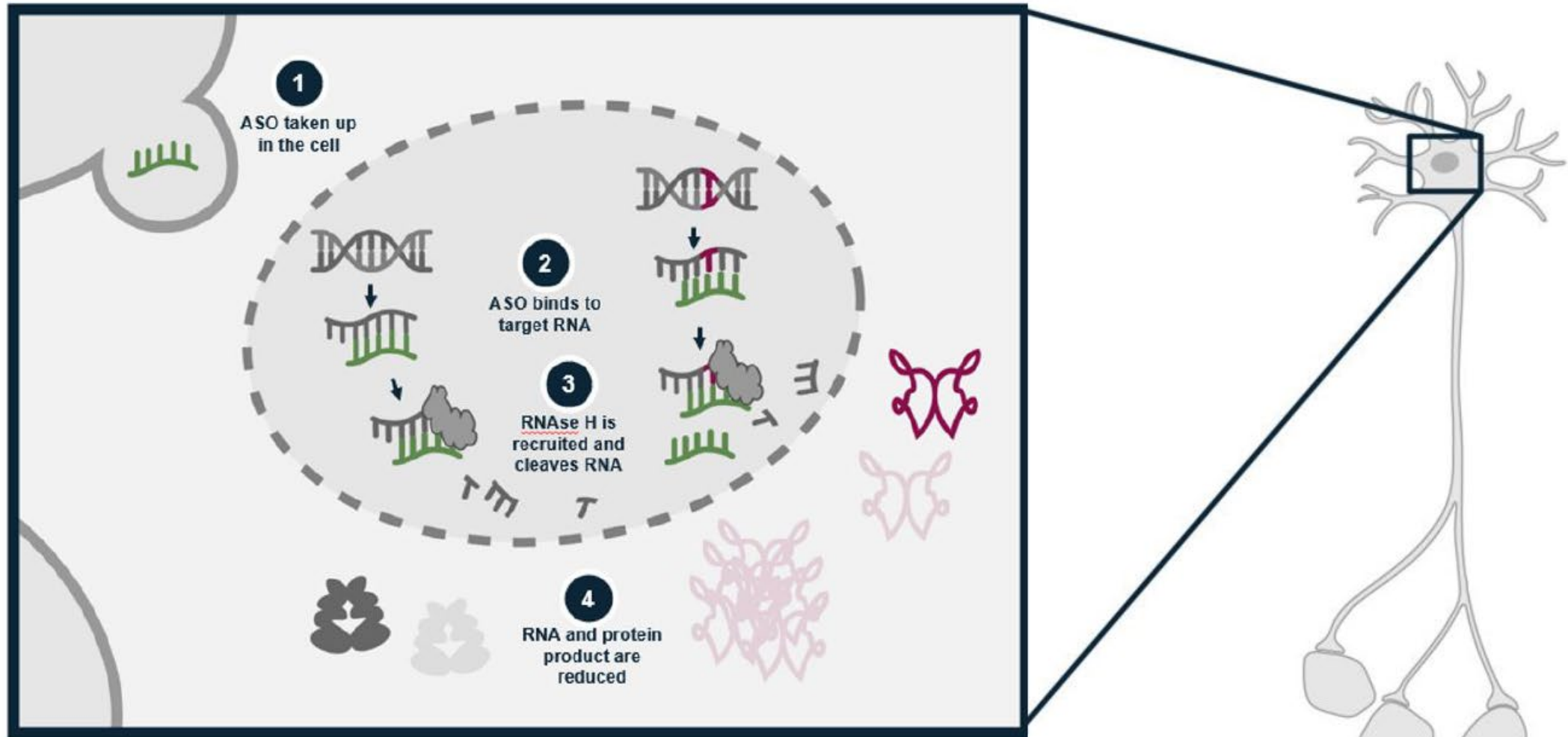
• Cys7Ser, Glu41Gly, Leu85Phe,
Asp91Ala, Asp110Thr,
Leu118Val, Glu134Ala



No enzymatic activity:

• His47Arg, Gly86Arg,
Cys112Tyr, Leu127*, Gly128*

Tofersen is an ASO that targets knockdown of SOD1 mRNA

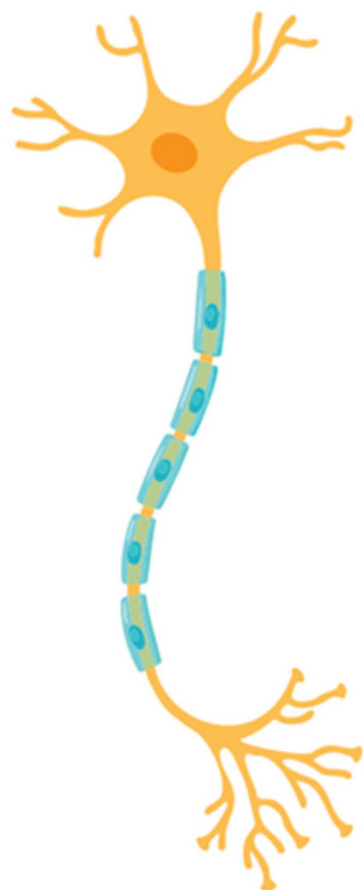


ASO, antisense oligonucleotide; RNA, ribonucleic acid; RNase H, ribonuclease H.
Based on Robberecht W, Philips T. *Nat Rev Neurosci*. 2013;14:248-264.

Neurofilaments are a marker of motor neuron integrity and injury

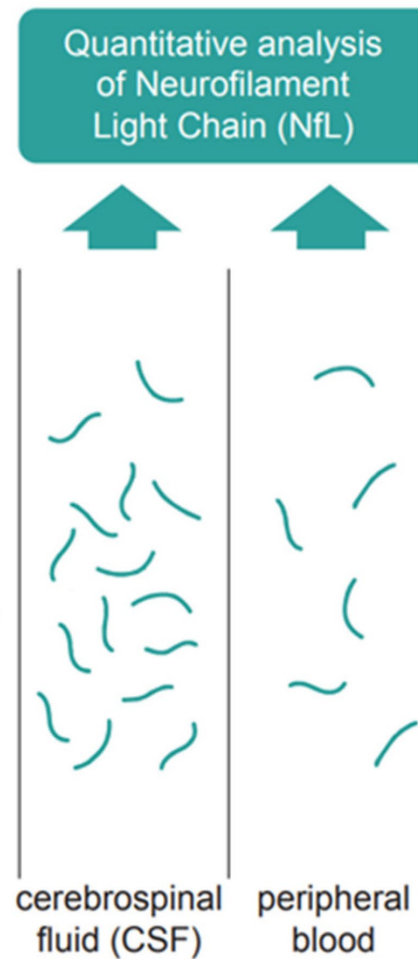
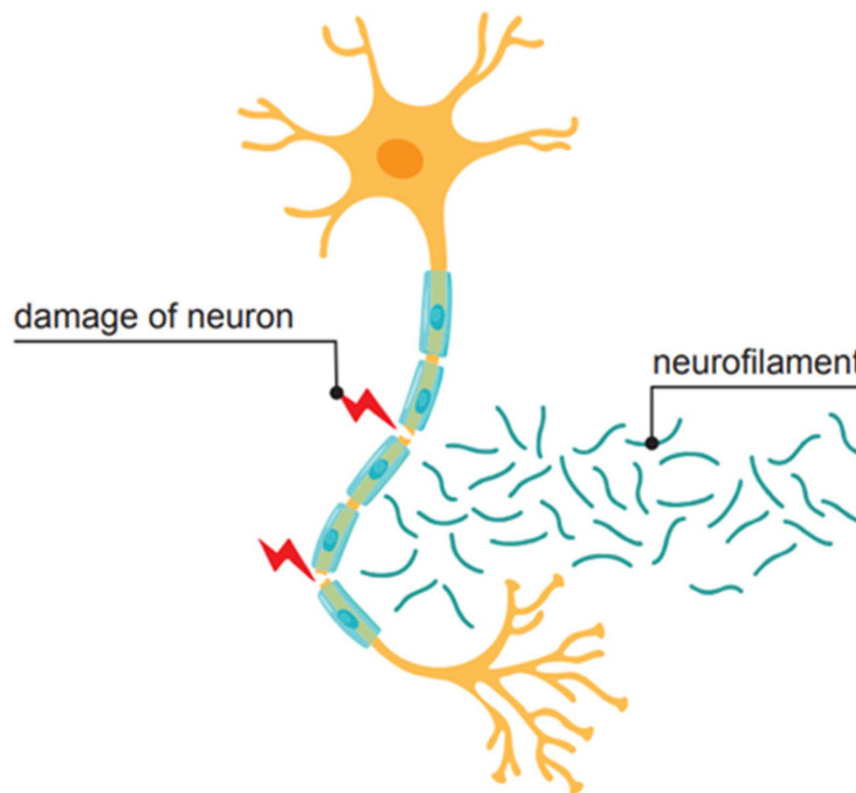
Intact neuron

Intact cytoskeleton
formed by neurofilaments

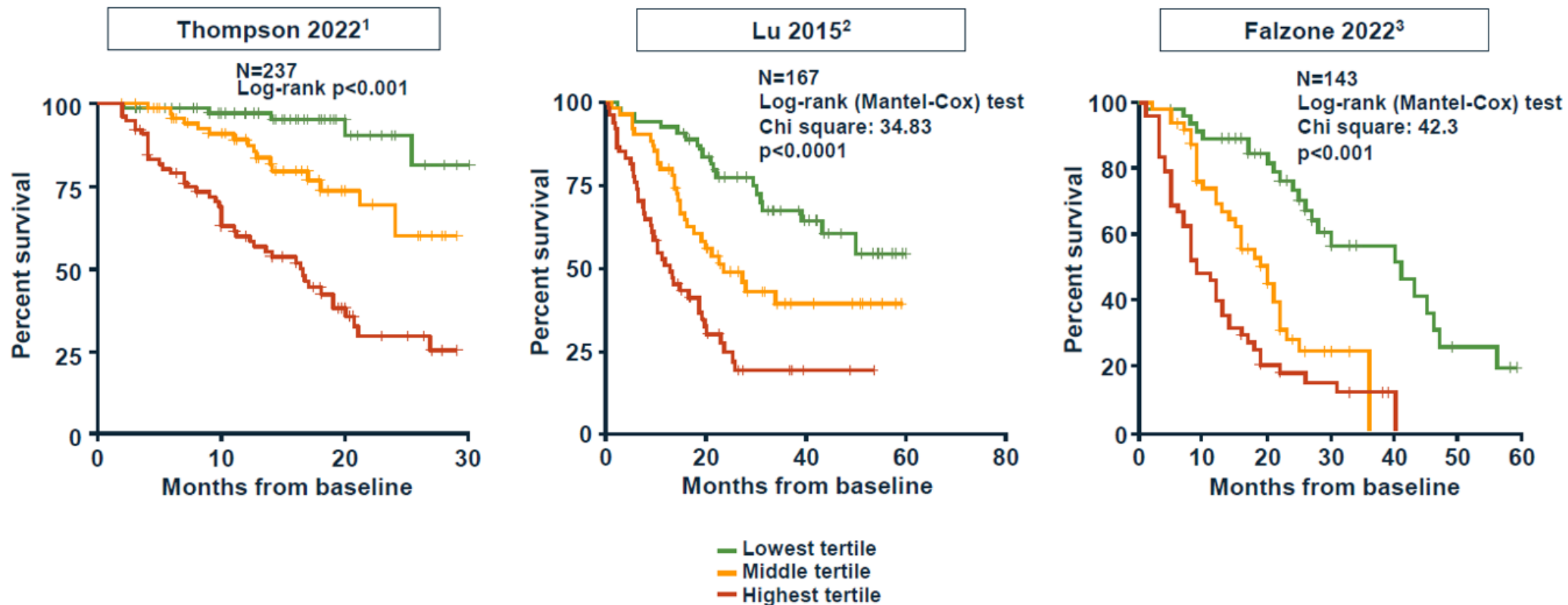


Damaged neuron

Breakdown of cytoskeleton



Neurofilament levels are prognostic for survival in ALS

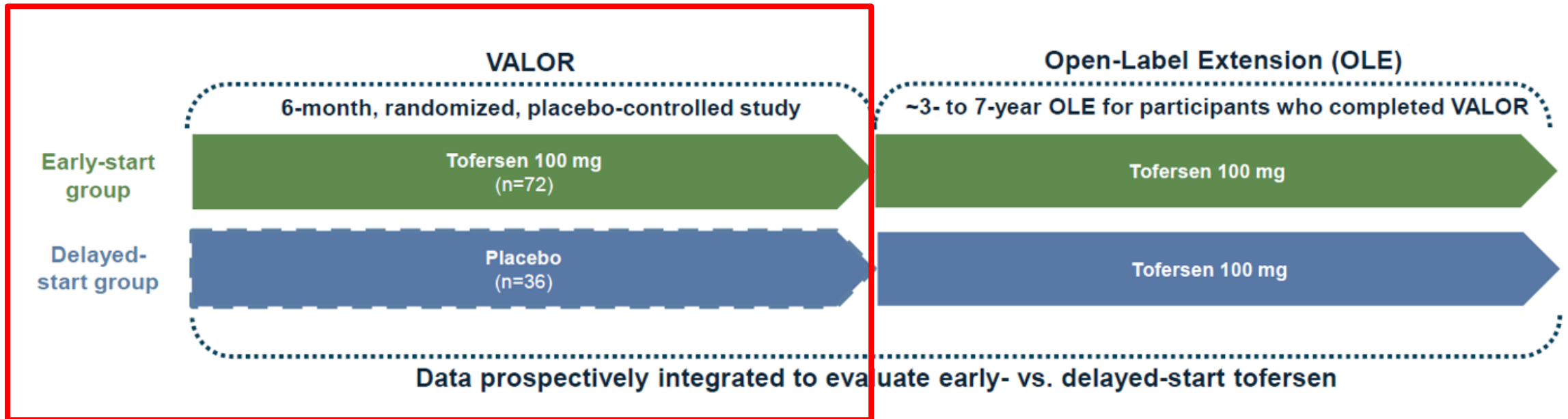


1. Reprinted from Thompson AG, et al. *Brain Commun.* 2022;4(1):fcac029. <https://creativecommons.org/licenses/by/4.0/>.

2. Reprinted from Lu CH, et al. *Neurology.* 2015;84(22):2247-2257.

3. Reprinted from Falzone YM, et al. *Eur J Neurol.* 2022;29(7):1930-1939. Copyright © 2019 Wiley. Reproduced with permission from John Wiley & Sons Inc.

VALOR and its open label extension were conducted to evaluate tofersen in adults with SOD1-ALS



Population (n=108)

- Adults with weakness attributable to ALS and a confirmed *SOD1* mutation

Primary analysis population

- Faster Progression Subgroup; “FPS (mutation/slope)” composed of n=60 participants predicted to have faster progressing disease based on *SOD1* mutation type and/or pre-randomization ALSFRS-R slope

Primary endpoint

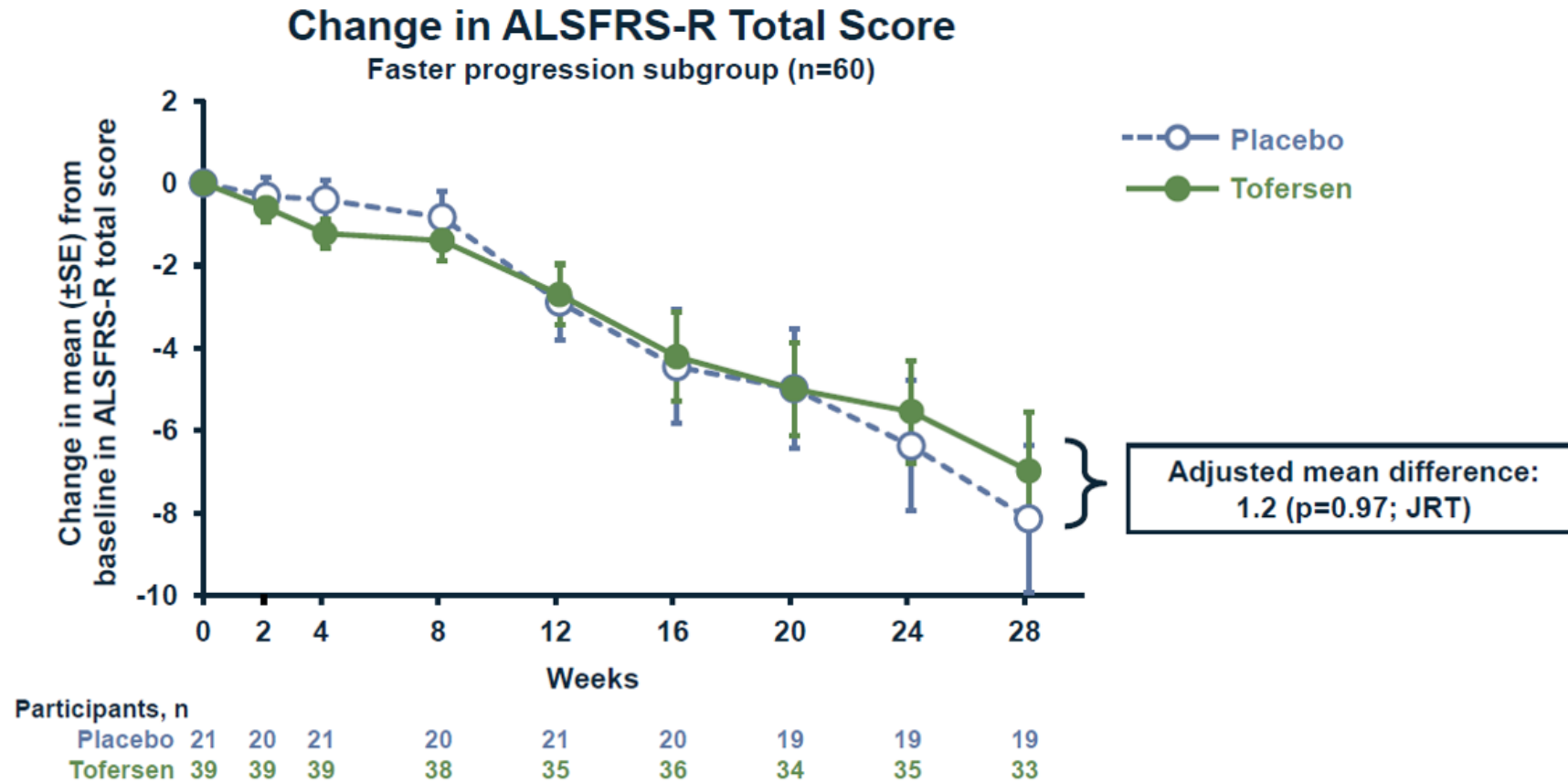
- ALSFRS-R total score

Secondary endpoints (in order of testing)

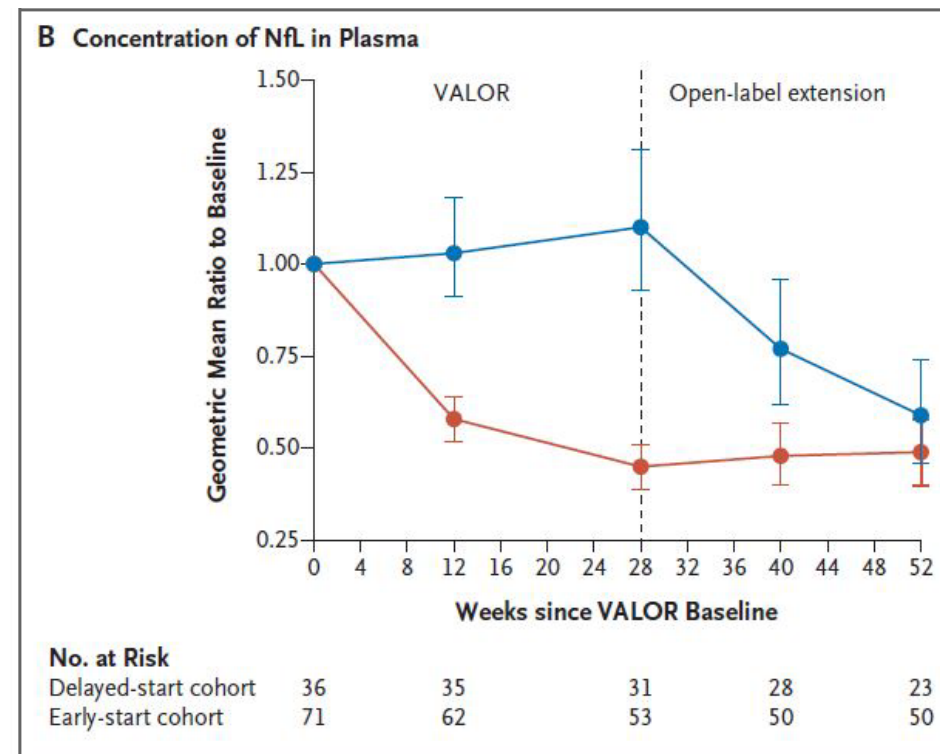
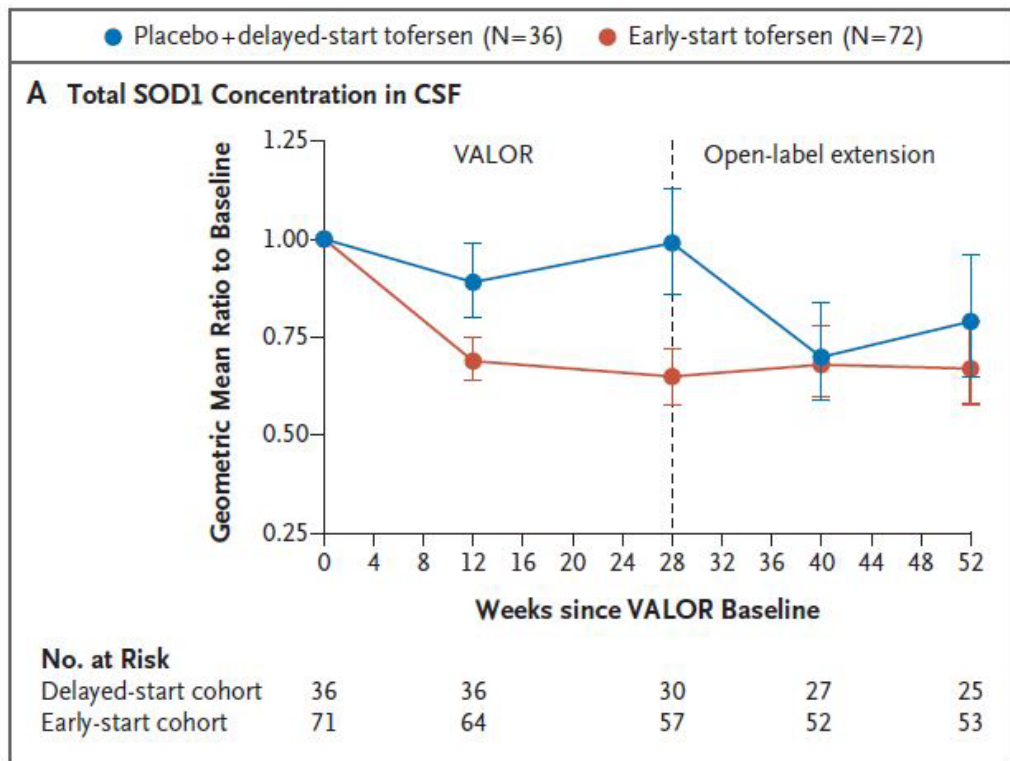
- Total SOD1 protein
- Plasma NfL
- Percent-predicted slow vital capacity (SVC)
- HHD megascore
- Ventilation assistance-free survival
- Overall survival

Statistical significance was not achieved on the primary endpoint in VALOR

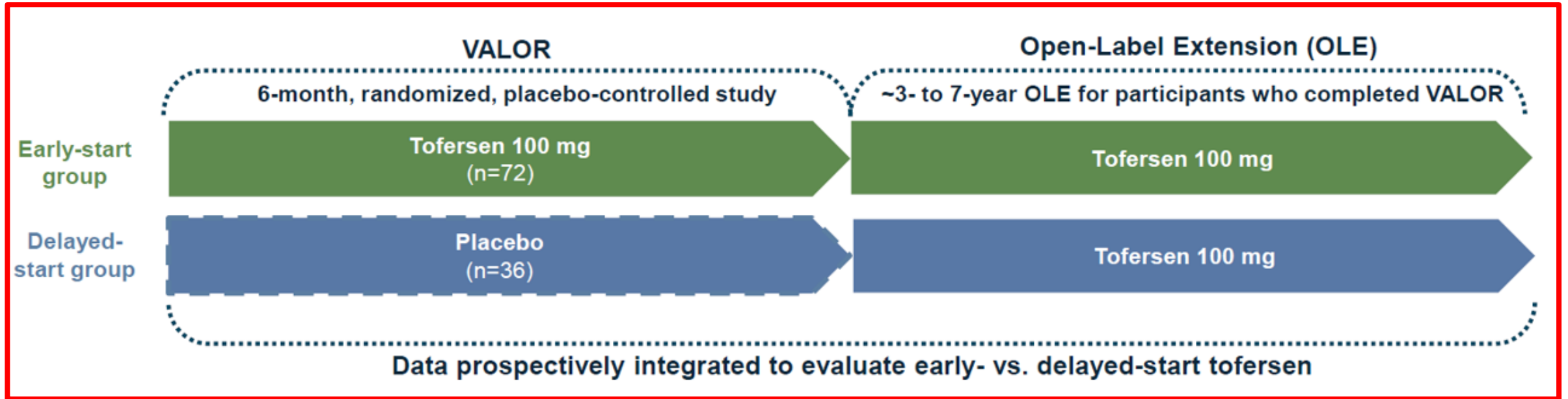
VALOR, FPS (mutation/slope)



Tofersen reduces CSF SOD1 and plasma neurofilament



Integrated VALOR+OLE analyses

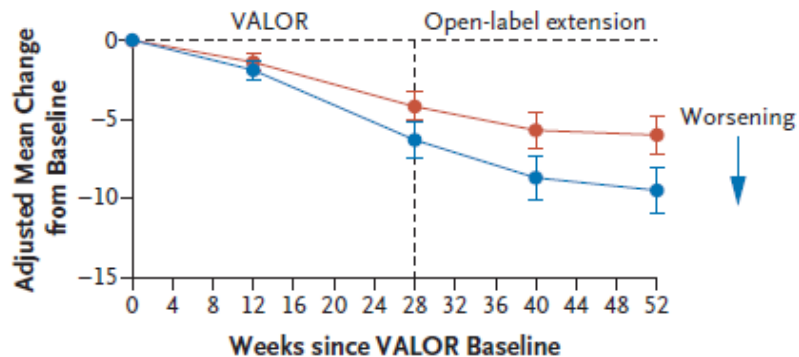


To preserve the integrity of ongoing data collection, participants, site staff, and the Biogen study team remain blinded to VALOR treatment assignments through completion of the OLE

Delayed start analysis consistent with Tofersen benefit

● Placebo+delayed-start tofersen (N=36) ● Early-start tofersen (N=72)

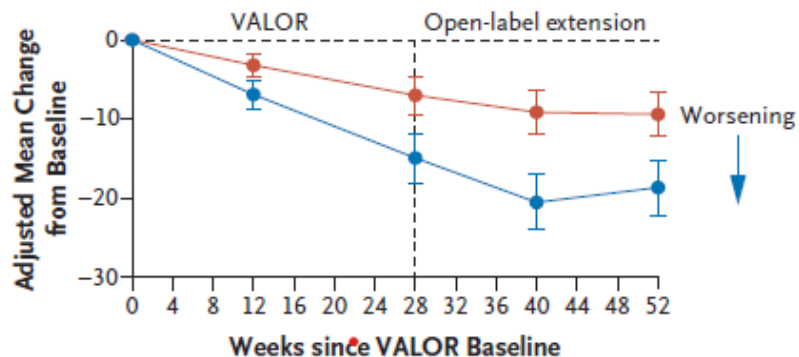
A ALSFRS-R Total Score



No. at Risk

Delayed-start cohort	36	36	33	29	28
Early-start cohort	72	66	63	58	57

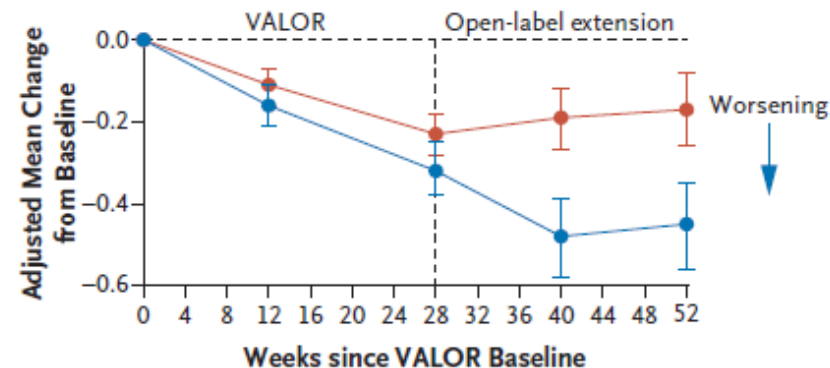
B Percentage of Predicted Slow Vital Capacity



No. at Risk

Delayed-start cohort	36	34	25	20	20
Early-start cohort	72	59	52	39	38

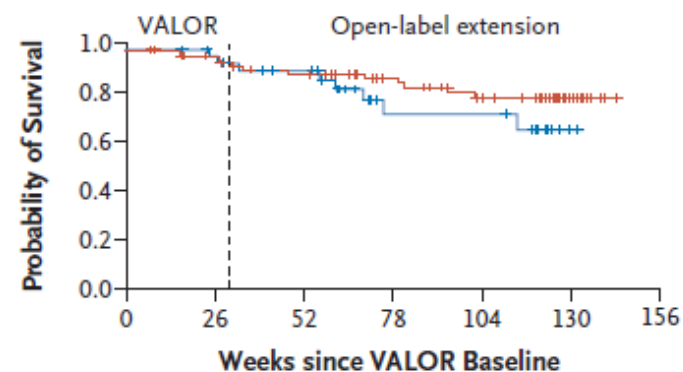
C Handheld Dynamometry Megascore



No. at Risk

Delayed-start cohort	36	35	27	24	25
Early-start cohort	72	64	58	47	42

D Kaplan-Meier Plot of Time to Death or Permanent Ventilation



No. at Risk

Delayed-start cohort	36	32	27	12	12	2
Early-start cohort	72	65	57	44	34	11

Tofersen Approved

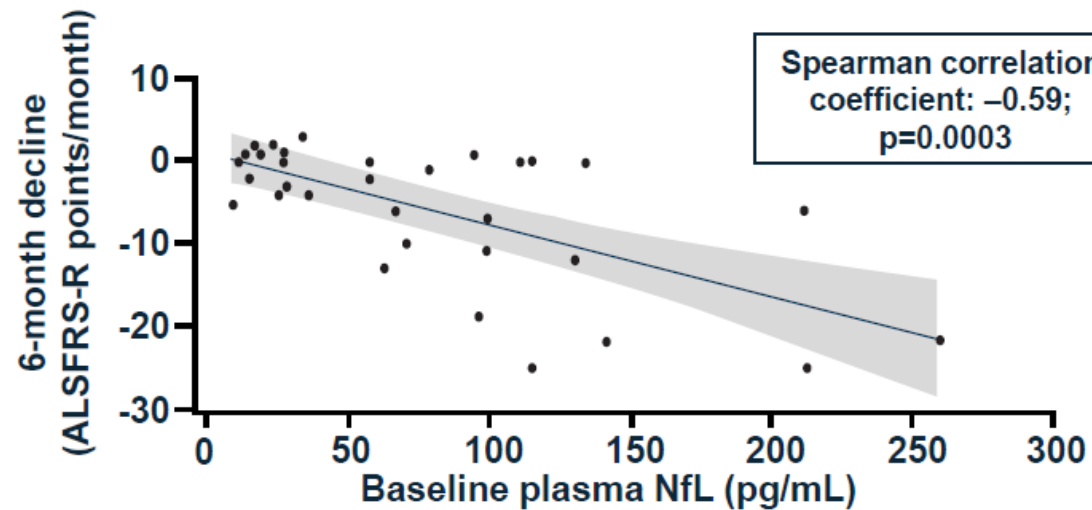
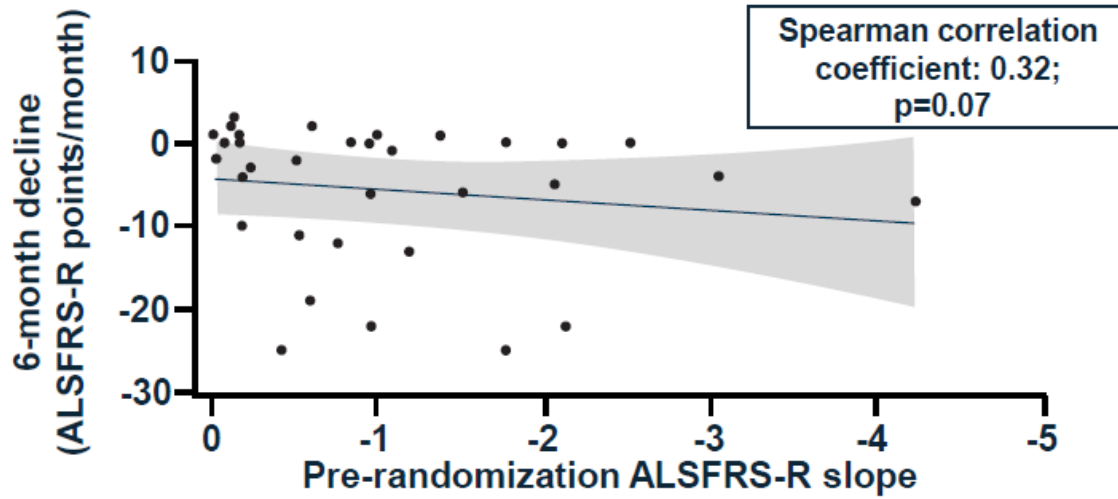


Tofersen Approved by FDA 25 April 2023 under accelerated approval mechanism

Tofersen received European Commission Approval 30 May 2024

Using baseline neurofilament to control for disease heterogeneity

Correlation Between Key Baseline Characteristics and Change in ALSFRS-R in VALOR Placebo Participants



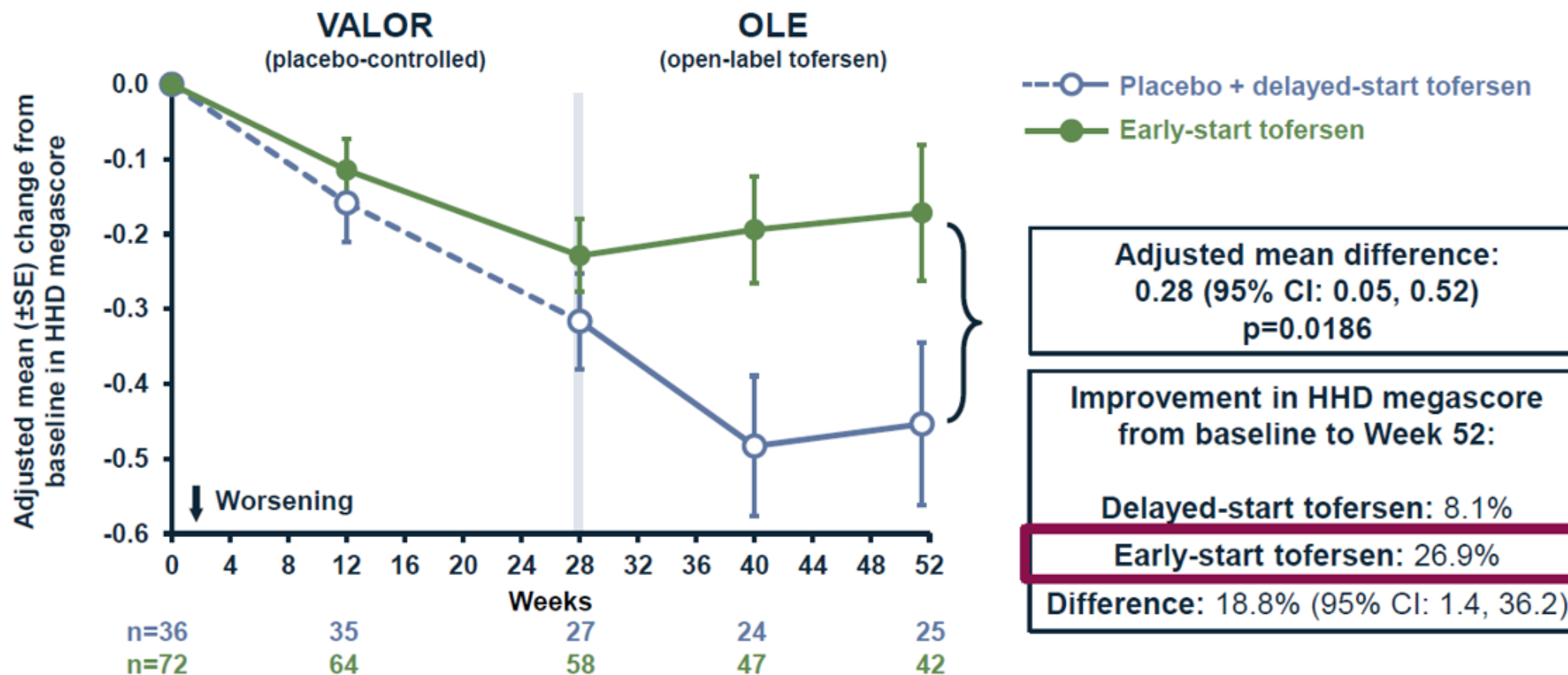
Mechanisms to control for disease heterogeneity

Baseline neurofilament levels can be used to control for disease heterogeneity

- Supported by robust ALS literature
- Superior to historical approaches to enrich with clinical features (diagnostic stage, disease duration, ALSFRS-R slope, mutation type, SVC)
- Incorporation of baseline NfL as a covariate more precisely controls for individual disease progression than categorical subgrouping of the population

Effect on muscle strength (HHD)

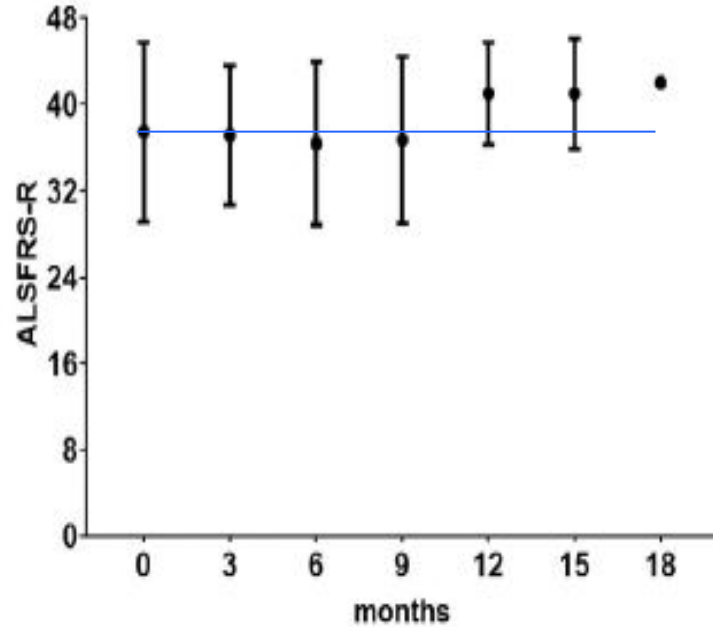
Combined VALOR+OLE; ITT population



HHD, handheld dynamometry; ITT, intent-to-treat; OLE, open-label extension.

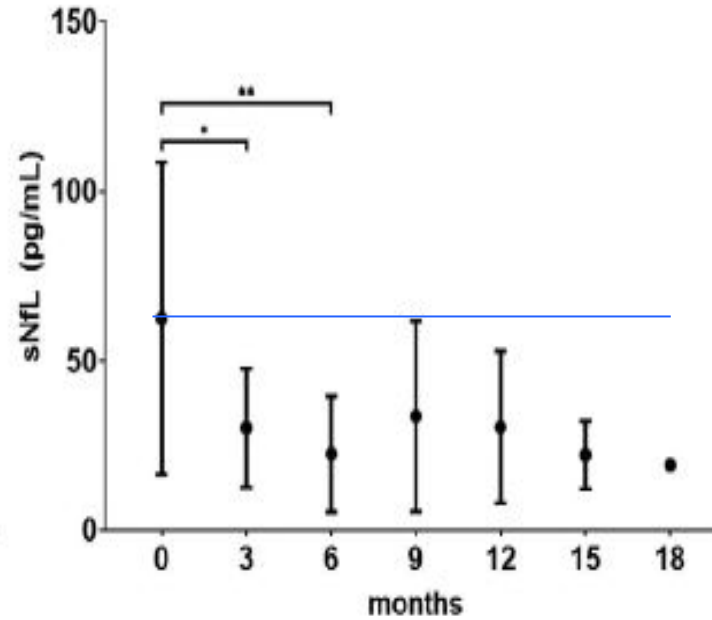
Tofersen post-approval efficacy consistent with VALOR including biomarkers and clinical improvement

ALSFRS-R

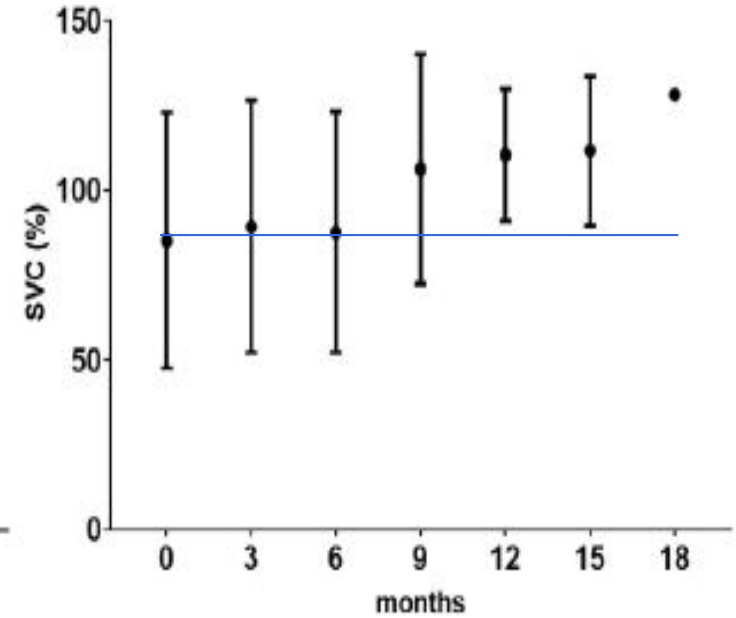


8/16 stable or improved

NFL

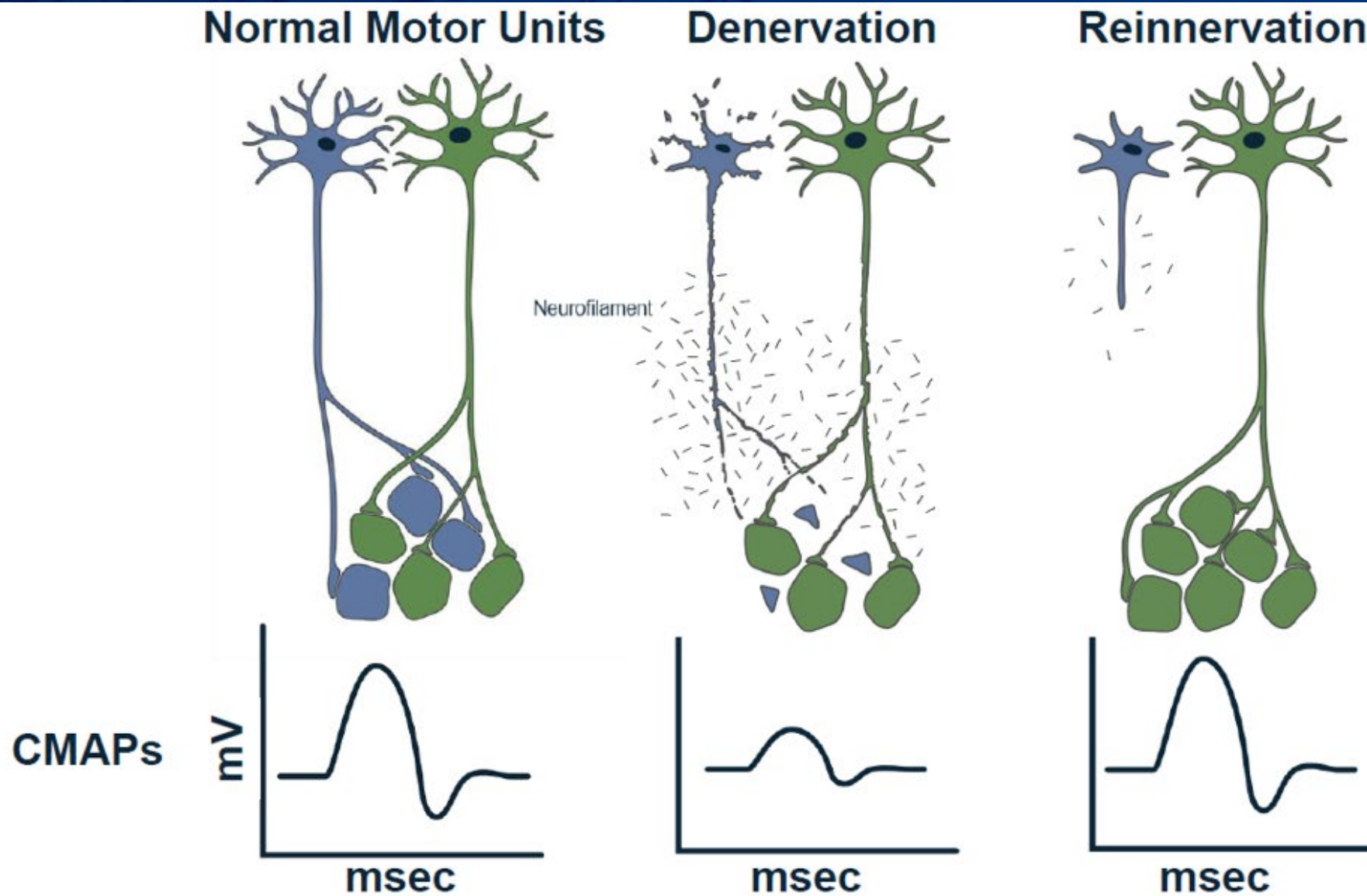


SVC



8/16 stable or improved

Reinnervation may account for increases in strength

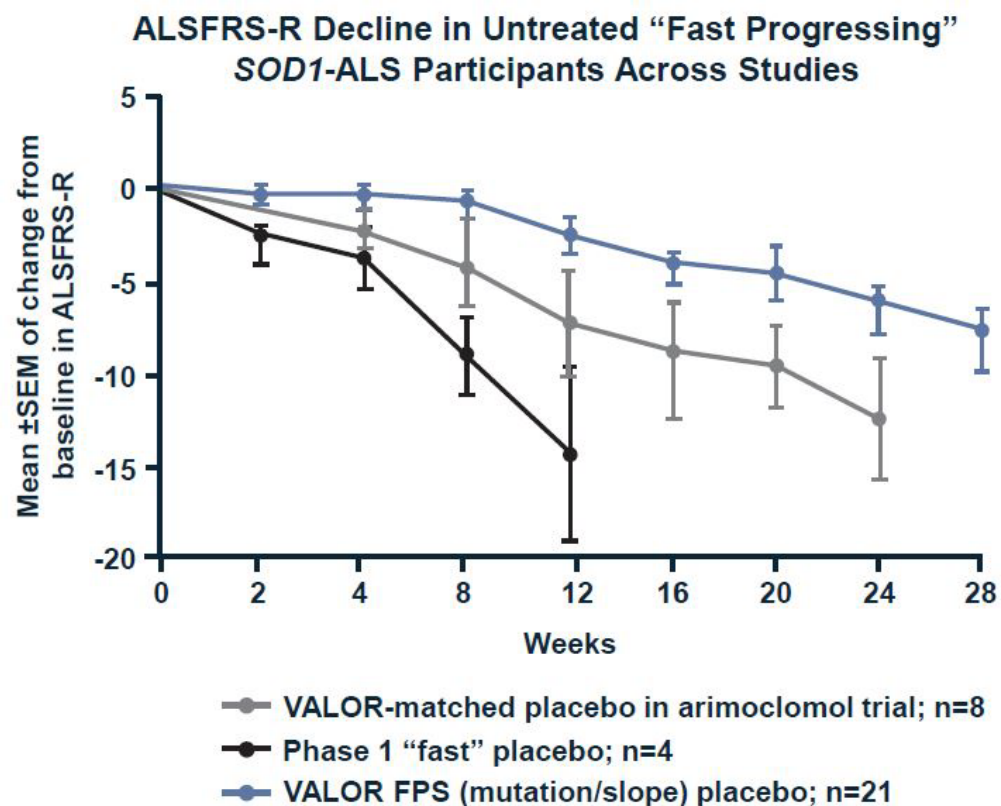


Conclusions

- Tofersen is the first genetically targeted ALS therapy and is approved in the USA (accelerated approval) and EU (exceptional circumstances) as well as in Japan and China more recently.
- Tofersen efficacy (USA) is subject to confirmation based on ongoing ATLAS study in presymptomatic SOD1 ALS
- Tofersen, as evidenced by neurofilament reduction, is a disease modifying therapy and clinical improvement has been observed in multiple people with SOD1 ALS
- Neurofilament is an important biomarker of therapeutic response and prognosis in ALS

Study duration was short and contributed to failed primary outcome

Duration

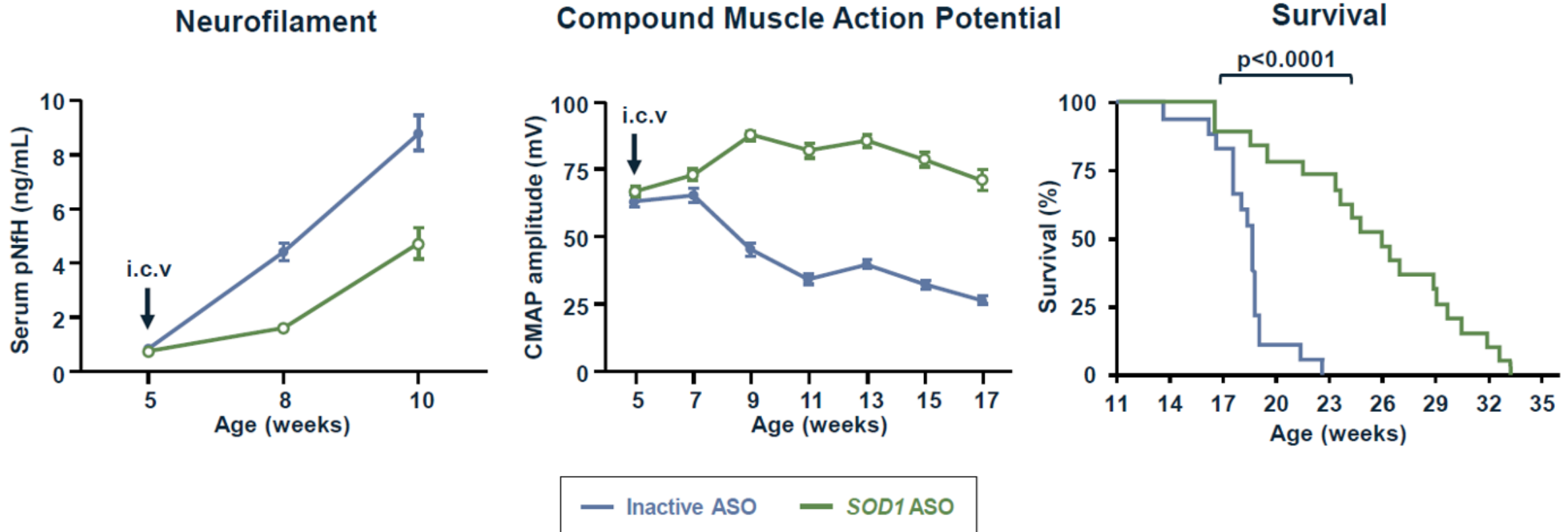


Longer study duration (> 6 months) needed to:

- Reliably detect a decline in the control arm
- Account for potential deaths unrelated to disease progression/study treatment
- Allow sufficient time for biological activity to translate to clinical benefit

ALSFRS-R, ALS Functional Rating Scale-Revised; FPS, faster progression subgroup; SOD1, superoxide dismutase-1.

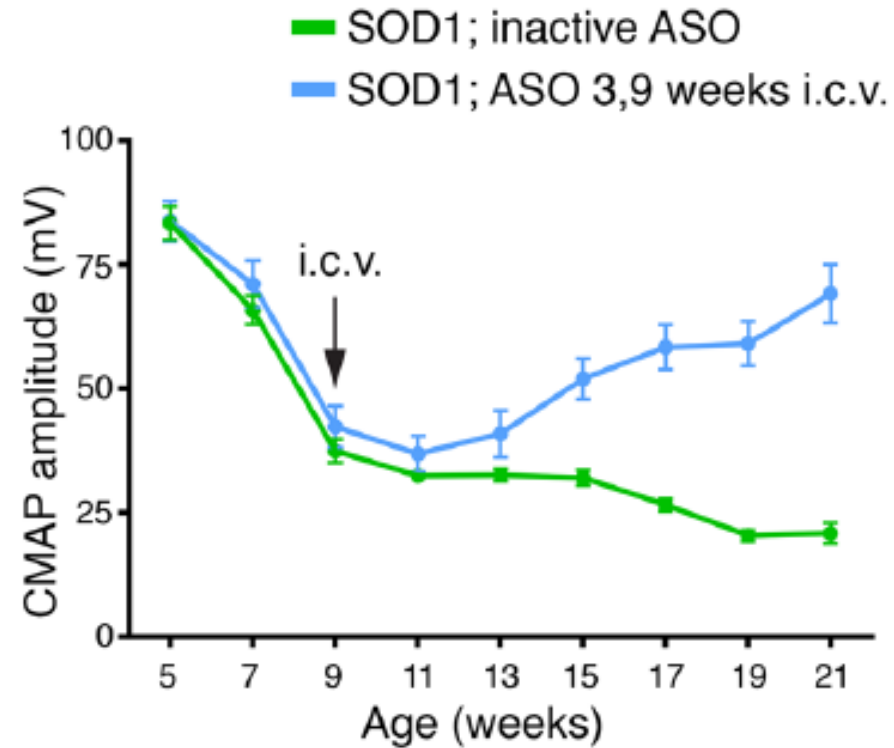
In SOD1-G93A transgenic mice, tofersen reduced NF levels, preserved motor units, and prolonged survival



ASO, antisense oligonucleotide, i.c.v., intracerebroventricular infusion.

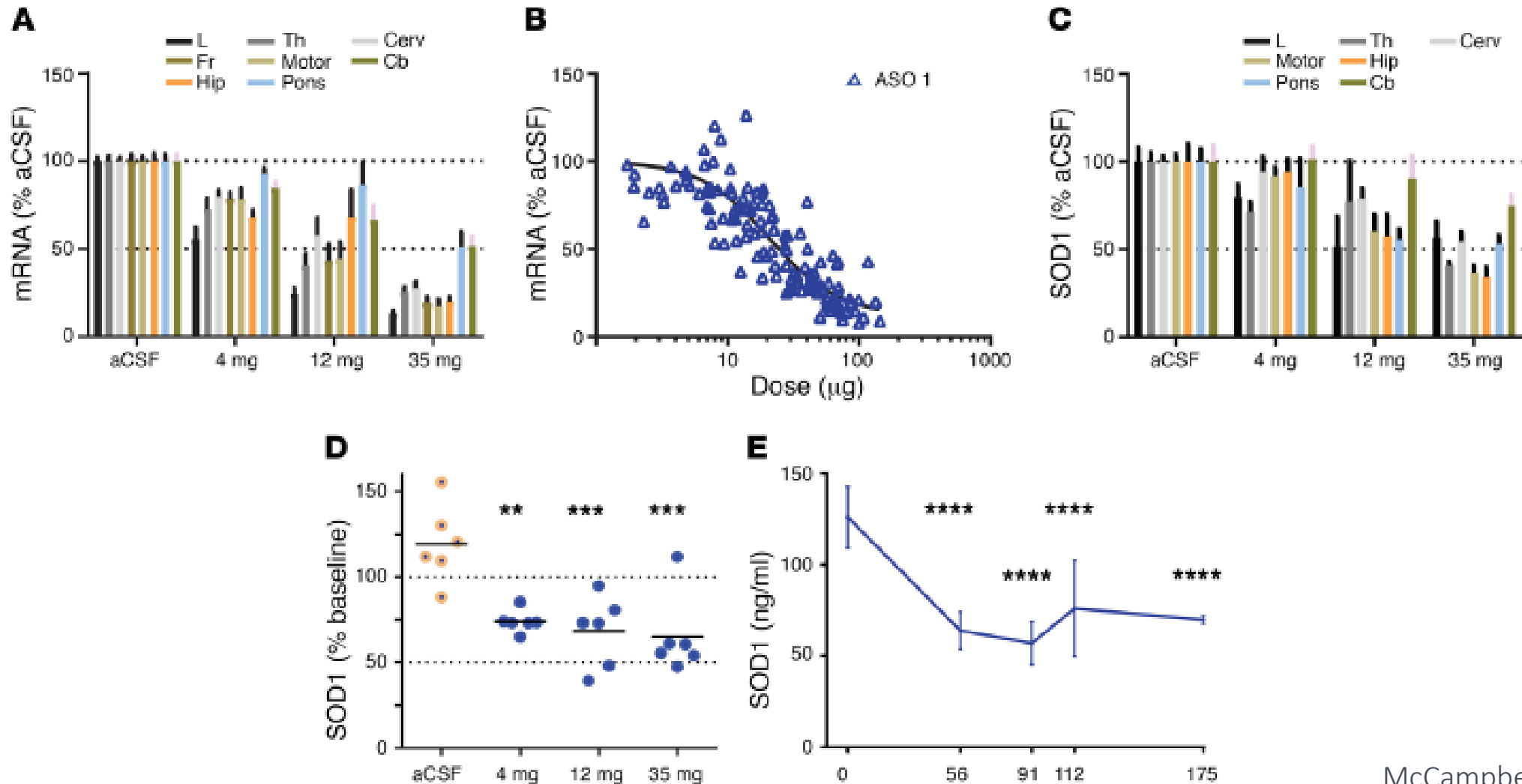
Reprinted from McCampbell A, et al. *J Clin Invest.* 2018;128(8):3558-3567. <https://creativecommons.org/licenses/by/4.0/>.

In SOD1-G93A transgenic mice, tofersen dosed after CMAP decline lead to improved CMAP

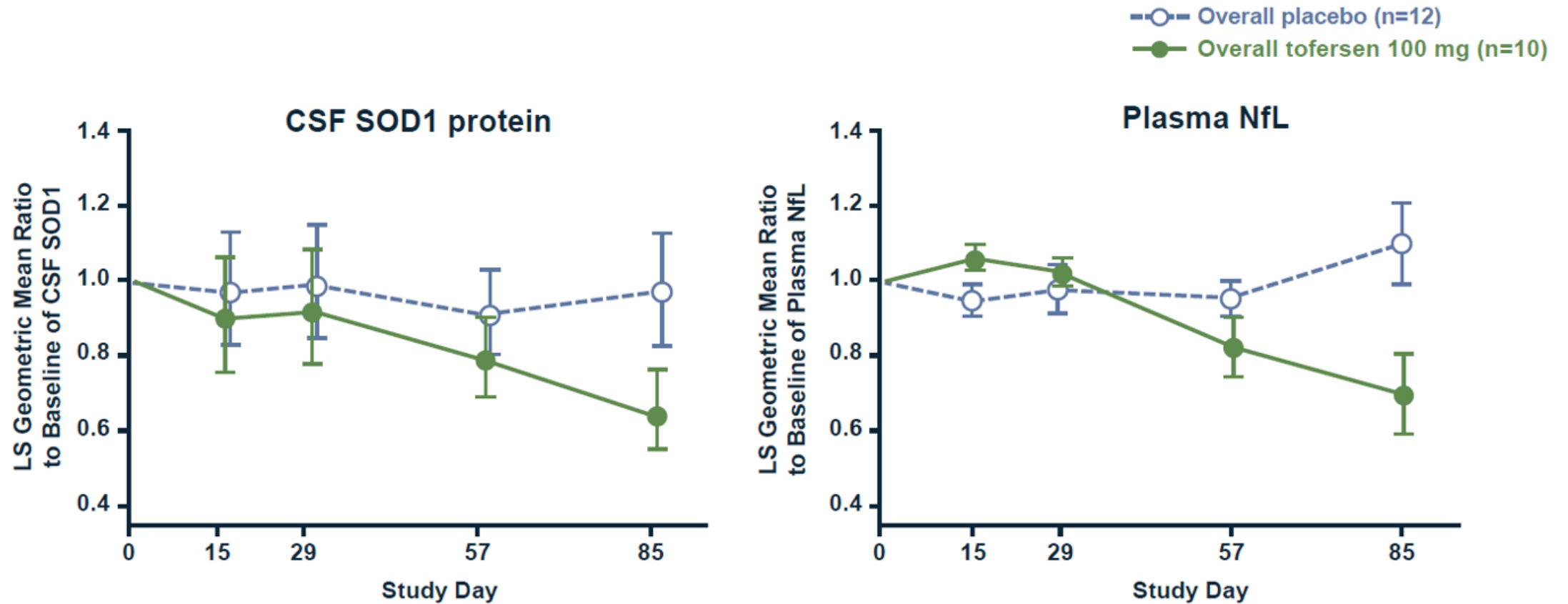


Preclinical testing is critical to demonstrate intended therapeutic behaves as predicted

SOD1 Reduction in Primate

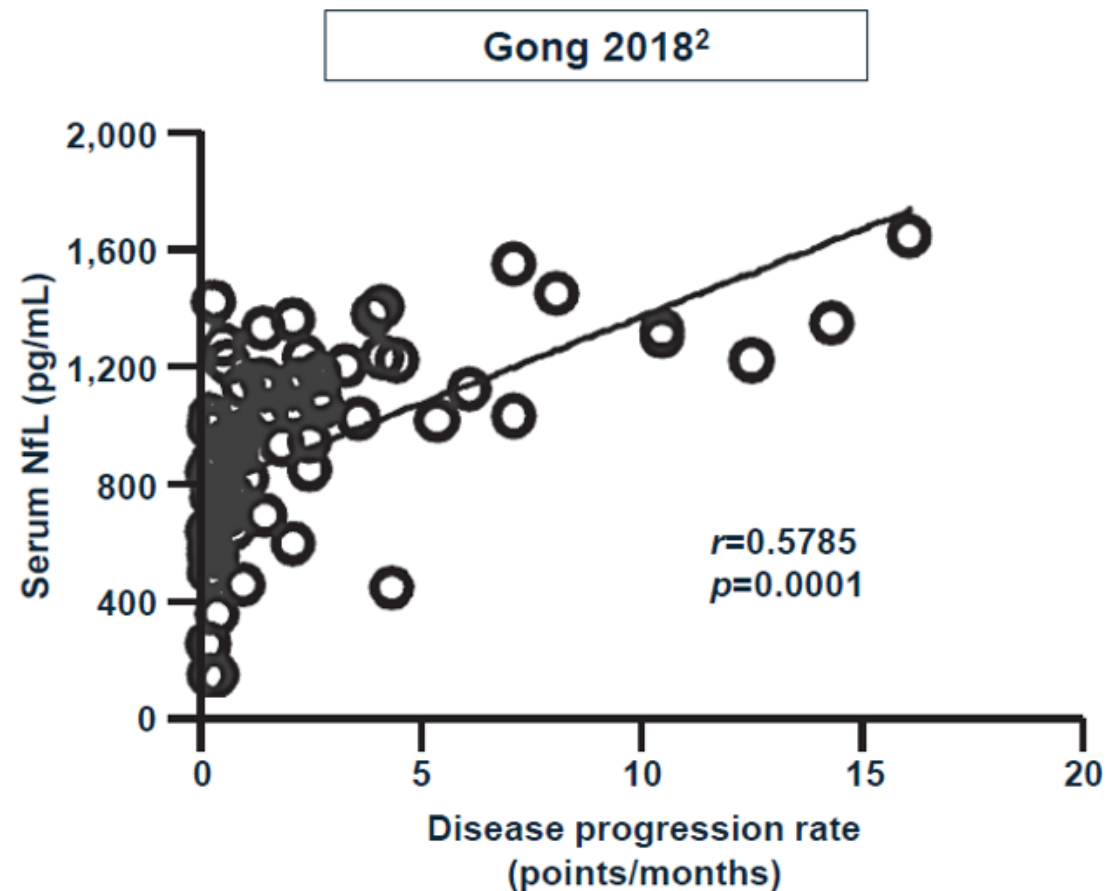
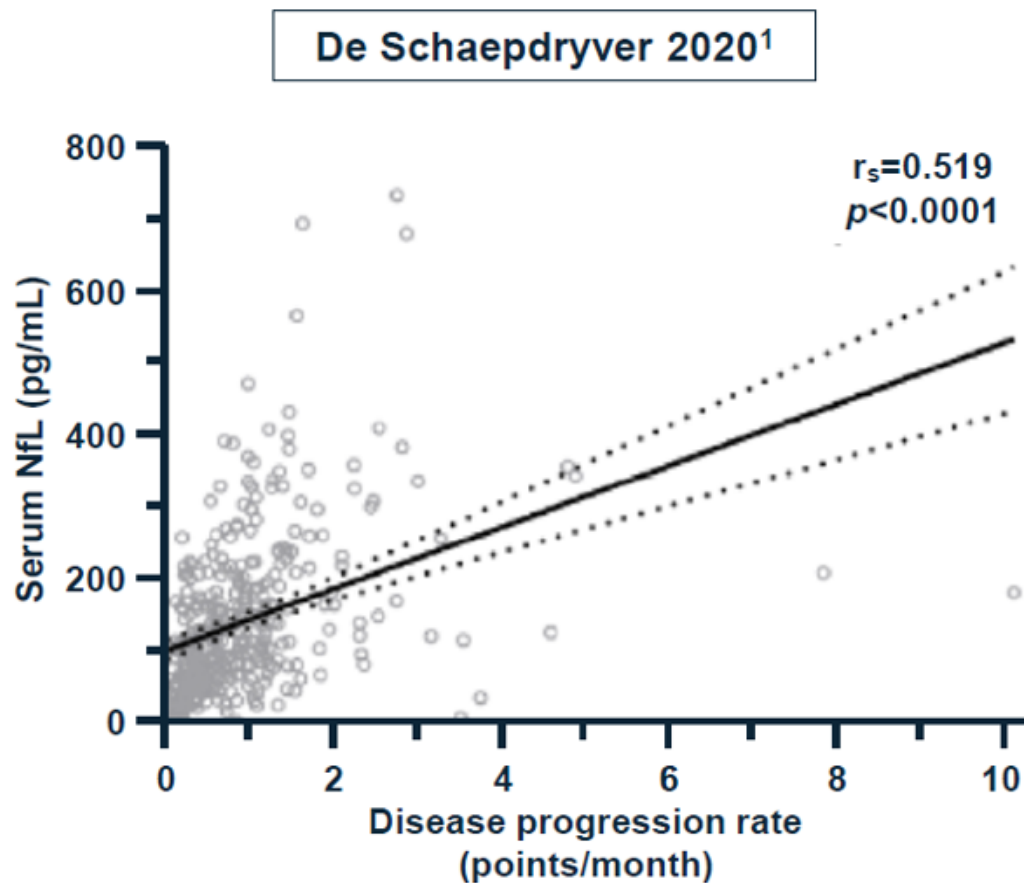


In the phase 1/2 clinical study, tofersen reduced levels of CSF SOD1 and plasma NfL



Miller T, et al. *N Engl J Med.* 2020;383(2):109-119.

Neurofilament levels correlate with disease progression rate in ALS



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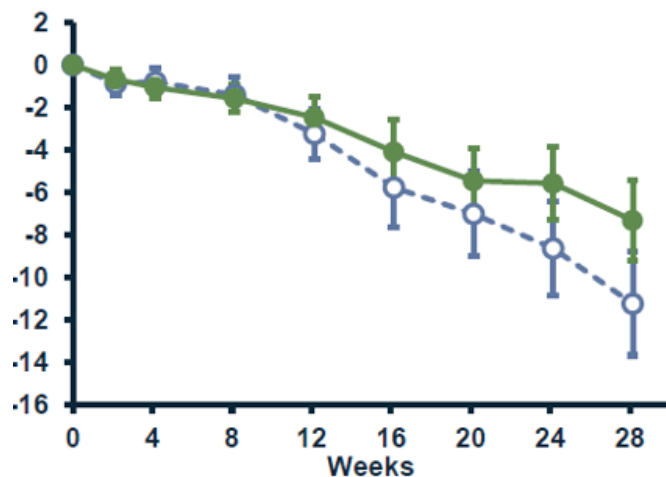
2. Reproduced from Gong ZY, et al. *Neurodegener Dis*. 2018;18(2-3):165-172. Copyright © 2018 Karger Publishers, Basel, Switzerland.

Greater differentiation observed in faster progression subgroup with baseline plasma NfL incorporated as covariate

VALOR, FPS (mutation/slope)

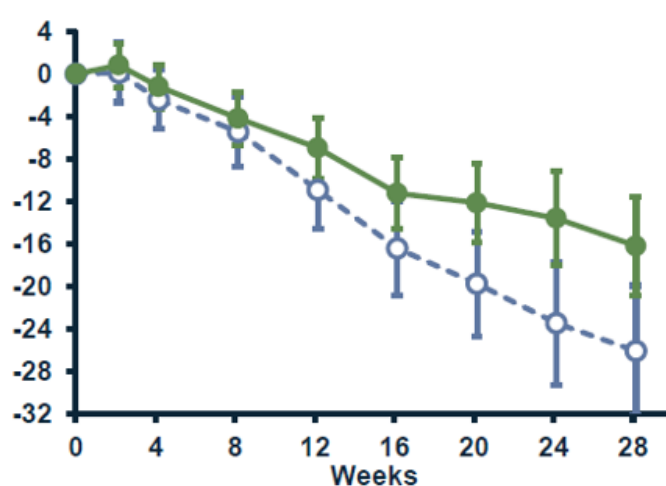
○ Placebo
● Tofersen

Change in ALSFRS-R Total Score



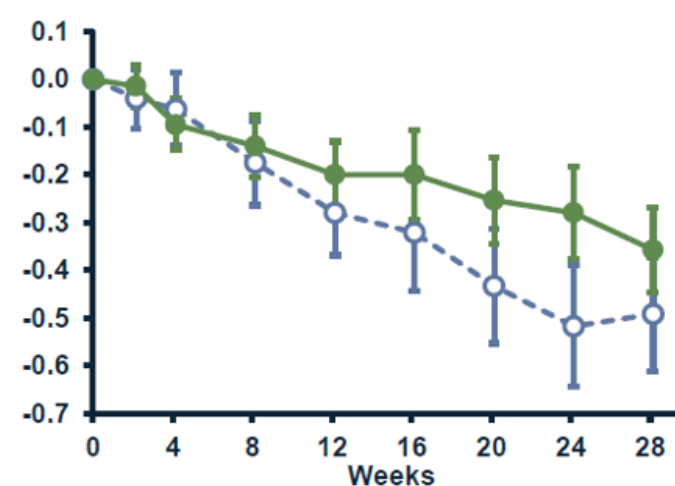
Difference: 3.9 (95% CI: -1.00, 8.86)

Change in %-Predicted SVC



Difference: 9.91 (95% CI: -2.27, 22.09)

Change in HHD Megascore



Difference: 0.13 (95% CI: -0.11, 0.37)

* Median plasma NfL = 75.6 pg/mL.

ALSFRS-R, ALS Functional Rating Scale-Revised; FPS, faster progression group; HHD, handheld dynamometry; NfL, neurofilament light; SVC, slow vital capacity.

Tofersen Post-Approval efficacy consistent with VALOR including biomarkers and clinical improvement



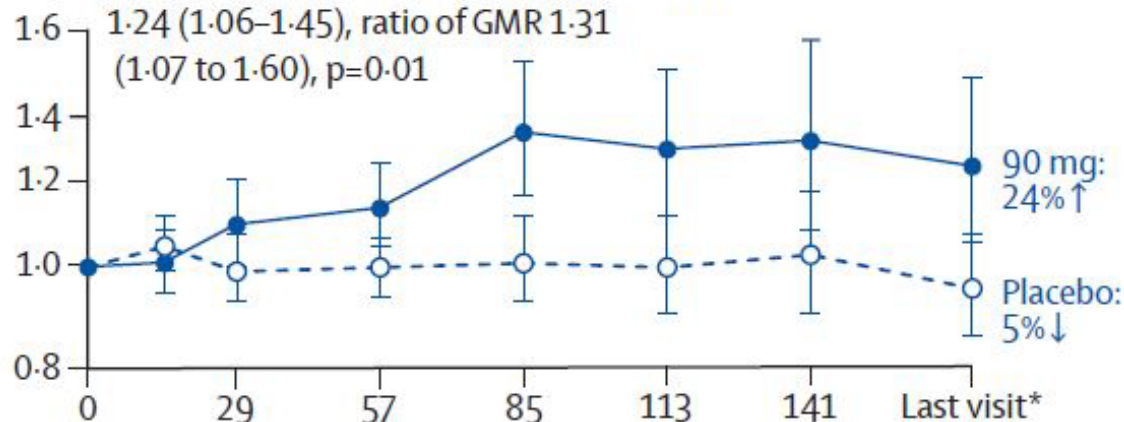
Treatment of c9orf72 ALS with an ASO increased NfL and was consistent with clinical observations

Neurofilament

BIIB078 90 mg vs placebo

● BIIB078 90 mg ○ Placebo

Placebo 0.95 (0.84–1.08) vs BIIB078 90 mg
1.24 (1.06–1.45), ratio of GMR 1.31
(1.07 to 1.60), p=0.01



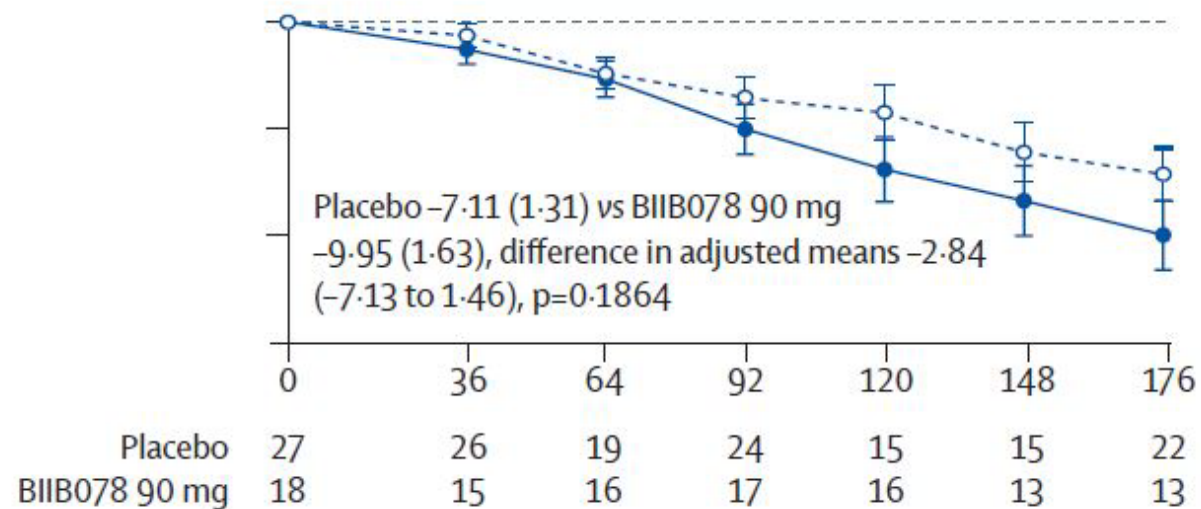
	0	29	57	85	113	141	Last visit*
Placebo	25	24	21	24	19	15	15
BIIB078 90 mg	17	17	16	15	13	11	11

ALSFRS-R

BIIB078 90 mg vs placebo

● BIIB078 90 mg ○ Placebo

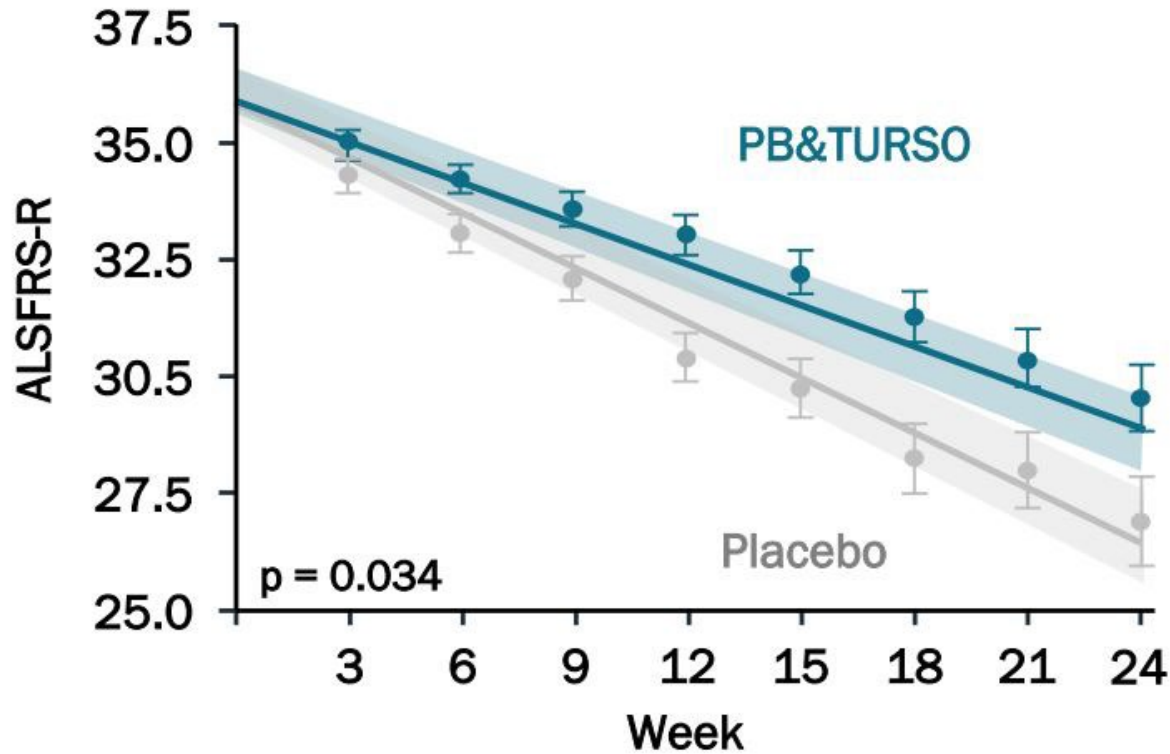
Placebo -7.11 (1.31) vs BIIB078 90 mg
-9.95 (1.63), difference in adjusted means -2.84
(-7.13 to 1.46), p=0.1864



	0	36	64	92	120	148	176
Placebo	27	26	19	24	15	15	22
BIIB078 90 mg	18	15	16	17	16	13	13

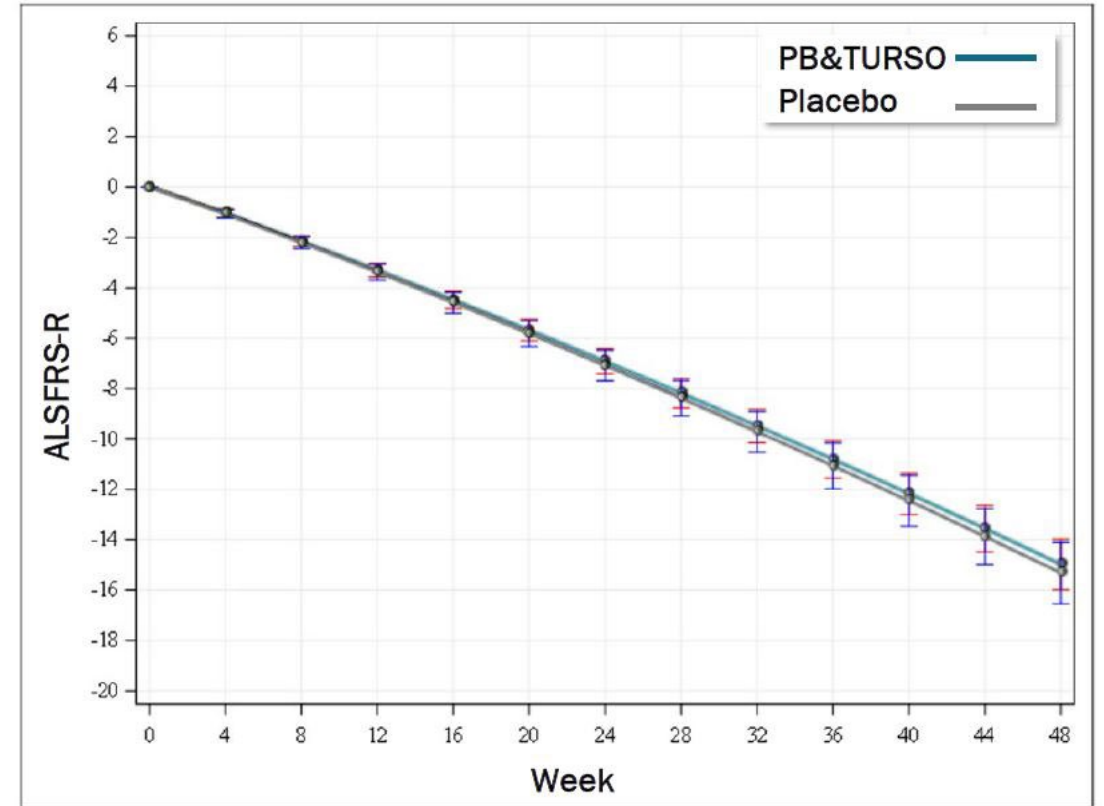
AMX0035 positive phase 2 data was not reproduced in phase 3 study

Phase 2 Centaur Study: primary endpoint¹



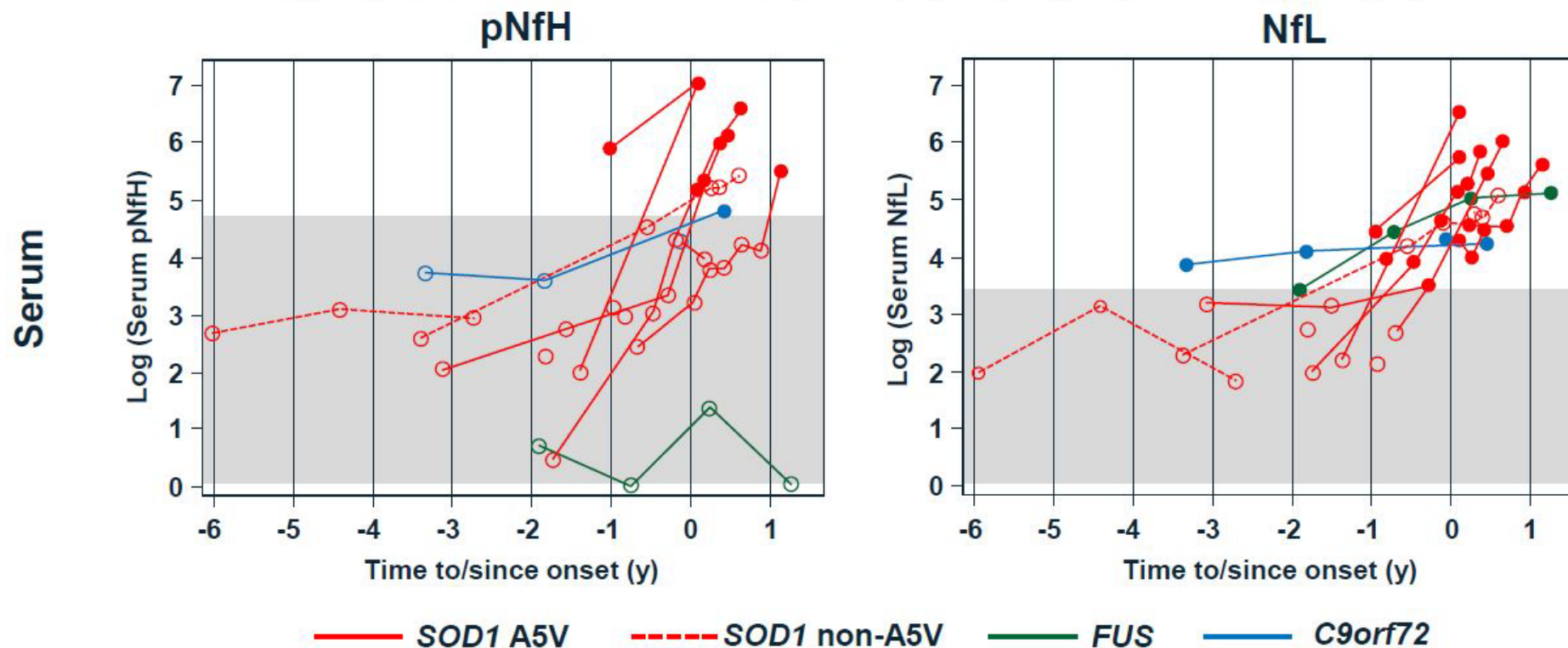
No difference in NfL observed in Centaur

Phase 3 Phoenix Study: primary endpoint¹



Neurofilament levels are elevated prior to onset of clinical ALS

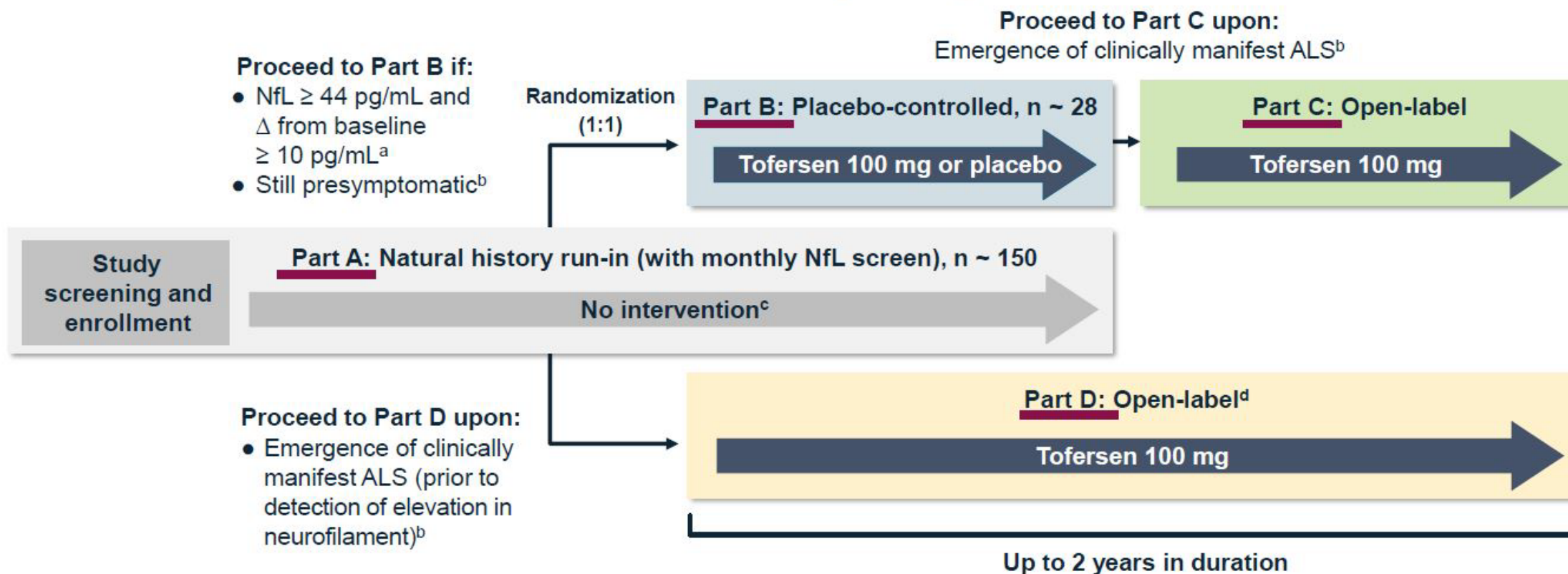
Pre-fALS phenoconverters: Longitudinal change in serum pNfH and NfL



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ATLAS Study is confirmatory study designed to confirm tofersen efficacy

ATLAS study design



^a Measured using Siemens Healthineers NfL Assay; ^b Assuming other eligibility criteria are met; ^c Follow-up in Part A will end once 28 participants have been enrolled in Part B;

^d Part D was originally designed with a placebo-control but was transitioned to open-label following the sponsor's review of the results of the Phase 3 VALOR study.

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