

12 Months Interim Safety Results of the Pivotal Study of the PRIMA Retinal Implant System in Patients with Geographic Atrophy: the PRIMAvera Clinical Trial

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 $\frac{1}{8}$ Science

24th Euretina Congress, 20 Sept 2024



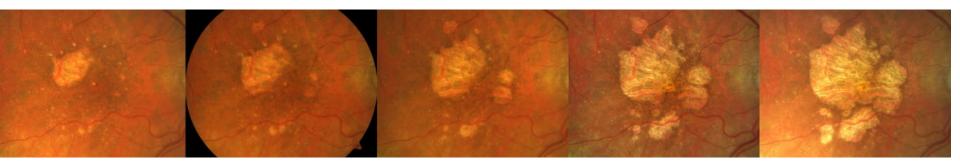


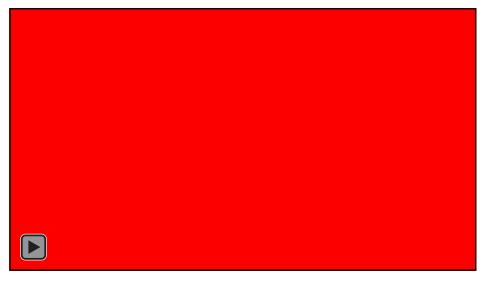


Grants: Acucela, Allergan, Apellis, Bayer, Bioeq, Centervue, Geuder, Roche/Genentech, Heidelberg Engineering, ivericBio, NightStarx, Novartis, Kanghong, Zeiss

Consulting: Acucela, Alcon, Alexion, Apellis, Bayer, Biogen, Boehringer-Ingelheim, Genentech/Roche, Grayburg Vision, Heidelberg Engineering, ivericBio, Lin Bioscience, Novartis, Oxurion, La Science, Stealth Biotherapeutics, Zeiss

Geographic Atrophy due to AMD





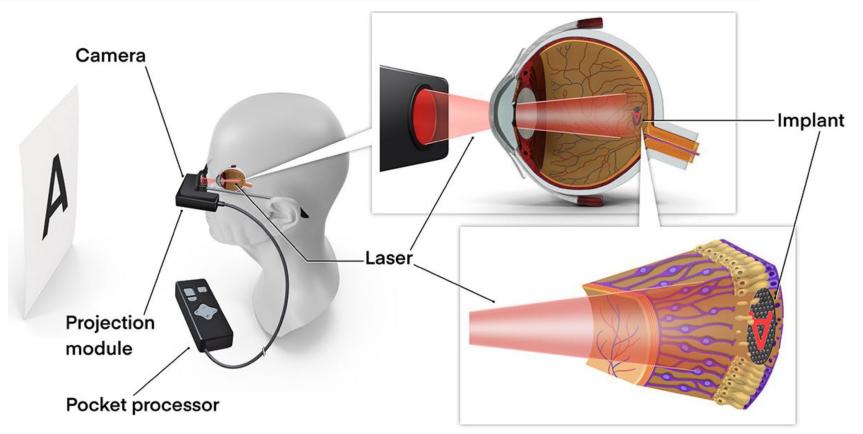




Complem System		Stem Cell Therapy	Neuro- protection	Immuno- modulation	Gene Therapy	Vitamin A Cycle
Pegcetaco Apellis	Phase IV	OpRegen Genentech	CT1812 Cognition Therapeutics	Kamuvudine-8 University of Kentucky	OCU410 Ocugen	Tinlarebant ^{Belite Bio}
Avacin captad pe Astellas ANX00 Annexon	egol Phase IV 7	Autologous iPSC- Derived RPE NEI Phase I/II	Phase II Elamipretide Stealth BioTherapeutics Phase III	Dimethyl Fumarate Hôpitaux de Paris Phase II	Phase I/I JNJ-81201887 AAVCAGsCD59 Janssen Research & Development Phase II	Phase III ALK-001 Alkeus Pharmaceuticals Phase III
Danicopa Alexion	Phase II an Phase II	ASP-7317 Astellas Institute for Regenerative Medicine Phase I	BI 771716 Boehringer Ingelheim Phase I	EG-301 Evergreen Phase II		
Iptacopa Novartis		MA09-hRPE				
NGM621 NGM Phase II		CHABiotech CO. Phase I/II				
AVD-10 Aviceda						
Lampalizu Genented						

PRIMA Mechanism of Action

The PRIMA System was developed by Pixium Vision and has recently been acquired by Science Corporation

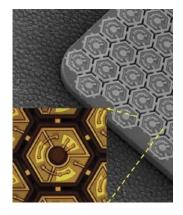


The PRIMA Retinal Implant System



PRIMA Implant - Wireless Microchip







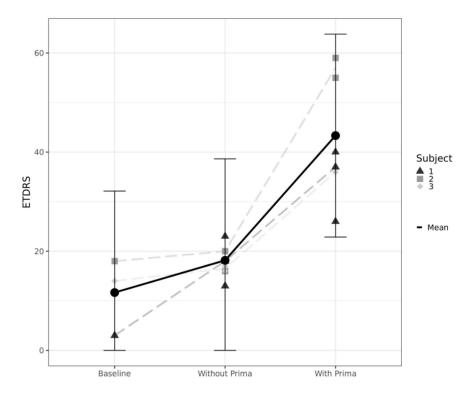
PRIMA Clinical Trials

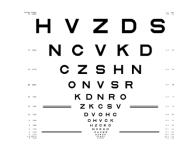
Purpose

To determine the visual acuity results of patients with geographic atrophy due to AMD following subretinal surgical implantation of the PRIMA neurostimulation system

FS Study France	FS Study US	PRIMAvera
Feasibility Study	Feasibility Study	Pivotal Study
5 Subjects	4 Subjects	38 subjects
GA logMAR ≥ 1.3 (20/400)	GA logMAR ≥ 1.3 (20/400)	GA logMAR ≥ 1.2 (20/320)
First implant 2017	First implant 2020	First implant 2022
1 Site	36 months follow up	36 month follow up
72 month follow up	1 Site	17 sites
Primary endpoint: visual	Primary endpoint:	Primary endpoint:
perception	Landolt acuity	Letter acuity

PRIMA Feasibility: ETDRS Results 4 years





+ 32 letters vs. baseline

(ranging from 22 to 39 letters) versus baseline (SE 5.1) 95% CI [13.4,49.9]; p<0.0001.

Image processing includes magnification up to x8

Two subjects were excluded from the analysis: 1 subject-died unrelated to the study 1 subject- the implant was injected in the choroid

Figure 6: Median best-corrected prosthetic VA with the ETDRS chart at 1 meter distance.

Muqit M., Le Mer Y., de Koo L.O., Holz F.G., Sahel J. & Palanker D., Prosthetic Visual Acuity with the PRIMA Subretinal Microchip in Patients with Atrophic Age-related Macular Degeneration at 4 years follow-up, **Ophthalmology Science (2024)**

Long-term Observations of Macular Thickness after Subretinal Implantation of a Photovoltaic Prosthesis in Patients with Grographic Atrophy - 3 years



- Decrease in RT above the implant by $30 \pm 12 \,\mu$ m during the first 3 months following surgery
- Macular layers then remained stable up to 36 months

PRIMAvera Pivotal Study Design

- Pivotal multicenter study in EU/UK (equivalent ot phase 3)
- Open label, non-randomized
- Study patients:
 - •38 patients with GA, age 60 years or older
 - GA with foveal involvement with scotoma at least the implant size >4.5 mm²
 - •logMAR 1.2 (20/320) or worse
- Efficacy endpoints: Visual acuity (ETDRS), Quality of life (IVI), Central visual perception
- Follow up: 36 month with primary analysis after 12 months
- 17 sites across 5 countries



Demographics:

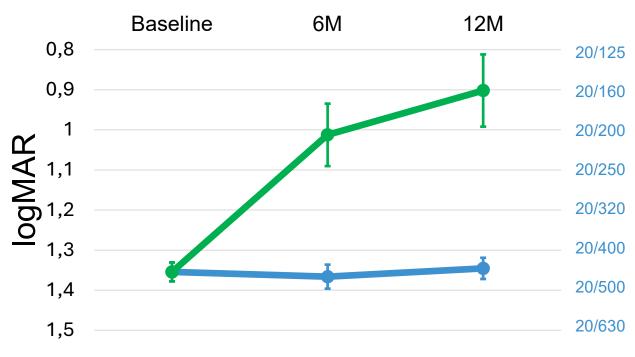
- Mean age: 78.9 years
- 20 female: 18 male
- Diagnoses: 9.5 years
- Mean atrophy size: 24.7mm²

PRIMAvera preliminary results

VA without PRIMA



Average with SEM



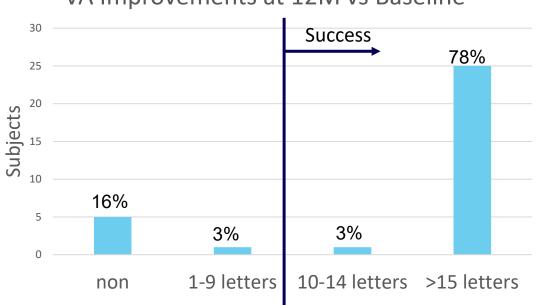
VA with PRIMA

Mean improvement: 23 letters Best patient improved by 59 letters

D	S	R	κ	Ν	
С	; к	Ζ	0	н	
ONRKD					
——к z v d c ——					
VSHZO					
HDKCR					
CSRHN					
SVZDK NCVOZ					
RHSDV					
OBNER					

Image processing includes magnification up to x8

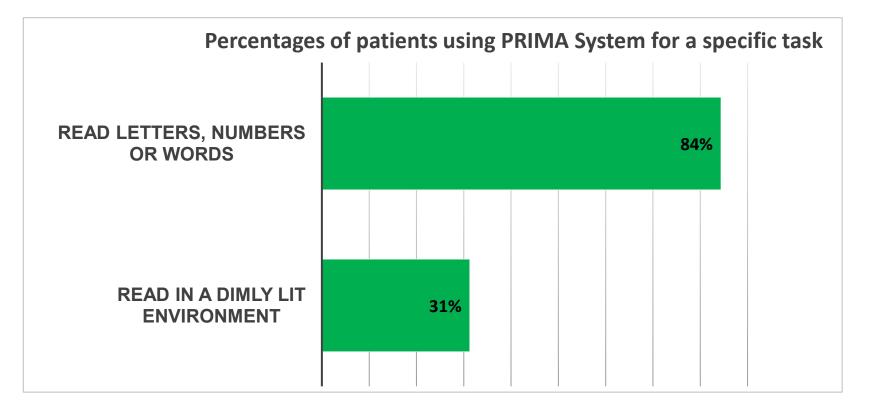
Primary endpoint



VA Improvements at 12M vs Baseline

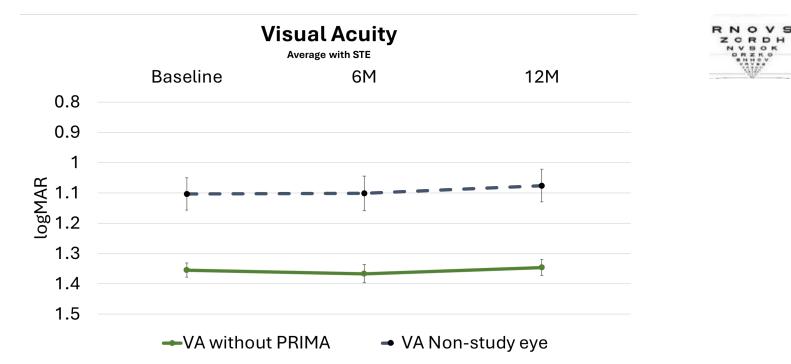
Preliminary data

Main Home Use Applications



Preliminary data

Safety: Natural Visual Acuity (ETDRS) Pivotal study



PRIMA could be safely implanted under the atrophic macula while preserving the residual natural peripheral visual acuity, measured via ETDRS in the Feasibility study

Related Serious Adverse Events

SAE name	Number of cases/implanted subjects	Satus
Retinal break	8/38	7 resolved 1 ongoing
Hypertony in study eye	6/38	Resolved
Subretinal hemorrhage	6/38	Resolved
Retinal hemorrhage	1/38	Resolved
Asymptomatic choroidal neovascularization (CNV)	2/38	Resolved
Thrombophlebitis of right thigh and lower leg	1/38	Resolved
Choroidal fold	1/38	Resolved
Retinal detachment	1/38	Resolved
Proliferative vitreoretinopathy (PVR)	1/38	Ongoing

CONCLUSIONS

- PRIMA can restore meaningful visual acuity in patients with foveal involving GA, where photoreceptors are already lost
- Patients can use the device for reading letters, numbers, and words, some patients can even read longer text
- Integration of natural peripheral and artificial vision is possible
- While other therapies for GA aim at slowing progression, the PRIMA system may improve functional outcomes by restoring central vision

Clinical Partners for EU Studies



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