

## INTRODUCTION

- Rett Syndrome (RTT): a rare, genetic disorder characterized by neurodevelopmental, autonomic, and CNS dysfunctions which increase risk of premature mortality and have profound and life-long impacts.
  - Usually caused by mutations in the X-chromosome gene Methyl-CpG-binding Protein 2 (*MECP2*)
  - Occurs almost exclusively in females. Current incidence 1 in 10,000
  - Young girls with RTT have apparently normal early development with onset of regression at 6 -18 months of age
  - Regression includes: developmental arrest and loss of spoken communication, purposeful hand use, and motor skills
- Currently, no successful or approved drug treatments available to alleviate core symptoms of RTT
- First industry-sponsored, multi-site clinical trial in RTT

## OBJECTIVES

The effects of treatment with orally administered NNZ-2566 (an analog of IGF-1 terminal tripeptide) on symptoms of RTT were examined in a Phase 2, randomized, double-blind, placebo-controlled, dose-escalation study.

1. Primary outcome: Safety as measured by adverse events, ECGs, physical exams and lab values
2. Secondary outcomes:
  - Efficacy using clinician and caregiver measures of RTT symptom severity, associated behavioral symptoms, and physiological abnormalities

## STUDY DESIGN

**Table 1: Dosing Cohorts of Oral NNZ-2566 vs Placebo**

Cohort Number	Dose	Treatment Period	Post-Treatment Follow-Up	Active:Placebo Ratio
0	35 mg/kg b.i.d.	14 days	Day 28	2:1
1	35 mg/kg b.i.d.	28 days	Day 40	2:1
2	70 mg/kg b.i.d.	28 days	Day 40	2:1

\* Key assessments occurred on Days 14 and 26

- Adolescent and adult females ages 16-45 years
- Met diagnostic criteria for typical RTT and having a *MECP2* mutation
- See [www.clinicaltrials.gov](http://www.clinicaltrials.gov) (NCT01703533) for complete inclusion/exclusion criteria

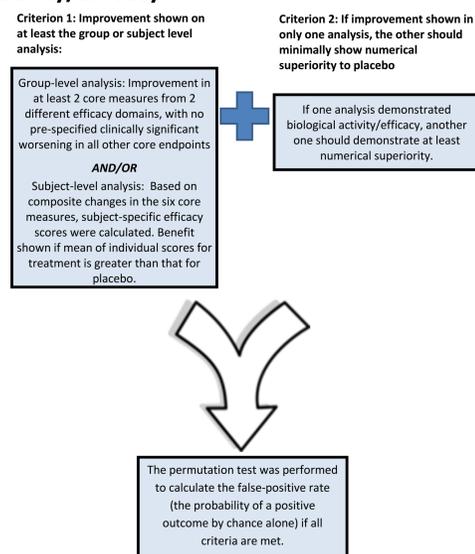
## ANALYTICAL METHODS

- Clinical benefit pre-specified by change criteria in 6 core measures comprising 4 efficacy domains (Table 2 & Figure 1)
- Core efficacy analyses were adjusted for baseline.

**Table 2: Core Efficacy Measures by Efficacy Domain**

Efficacy Domain	Core Outcome Measure
<b>Efficacy Domain 1:</b> Clinician-completed syndrome-specific measures	1. Rett Syndrome Motor-Behavior Assessment (MBA) 2. Rett Clinical Severity Scale (CSS)
<b>Efficacy Domain 2:</b> Clinician-completed syndrome-specific global measures	3. Clinical Global Impression of Improvement (CGI-I) scale
<b>Efficacy Domain 3:</b> Caregiver completed syndrome-specific and general measures	4. Caregiver Top 3 Concerns visual analog scale (VAS) 5. Aberrant Behavior Checklist (ABC)
<b>Efficacy Domain 4:</b> Physiological measures	6. Modified Apnea Index

**Figure 1: Pre-Specified Criteria for Biological Activity/Efficacy**



## RESULTS

**Table 3: Participant Demographics (mITT)**

Characteristic	Cohort 0		Cohort 1		Cohort 2		Total (n=55)
	Placebo (N=4)	35 mg/kg (N=5)	Placebo (N=5)	35 mg/kg (N=13)	Placebo (N=11)	70 mg/kg (N=17)	
<b>Age, years</b>							
N	4	5	5	13	11	17	55
Mean (SD)	22.4 (4.6)	26.7(8.8)	32.1(9.3)	22.6 (5.6)	27.1(8.4)	24.5(5.9)	25.3(7.1)
Median	22.2	25.4	33.9	20.6	25.2	23.9	24.2
Minimum, Maximum	17.4,27.9	17.6,40.8	18.5,44.2	15.9,31.0	16.3,43.9	17.1,35.9	15.9,44.2
<b>Ethnicity</b>							
Hispanic or Latino	2	0	1	0	0	2	5 (9%)
Not Hispanic or Latino	2	5	4	13	11	15	50 (91%)
<b>Race</b>							
White	3	5	5	10	11	15	49 (89%)
Black or African American	1	0	0	3	0	1	5 (9%)
Asian	0	0	0	0	0	1	1 (2%)

ITT: Intent to Treat-all randomized subjects. mITT: Modified Intent to Treat-randomized subjects who received at least one dose of study medication.

### Safety:

- Both dose levels of NNZ-2566 well-tolerated
- There were no SAEs attributable to study drug.
- No time- or dose-dependent changes in the safety profile noted.

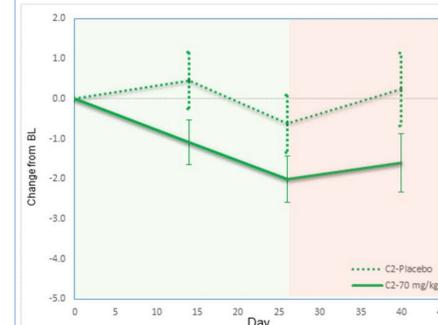
## RESULTS

### Efficacy

- Clinical benefit (as per pre-specified definition) demonstrated at Day 26 for the 70mg/kg dose in both group- and subject-level analyses (Fig. 2).

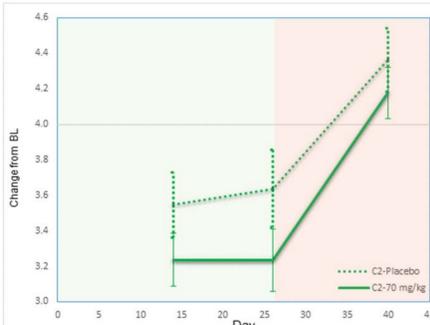
**Figure 2: Assessments that met improvement criteria in the 70mg/kg b.i.d.. group (Cohort 2, mITT)**

**Motor Behavior Assessment Change Index**



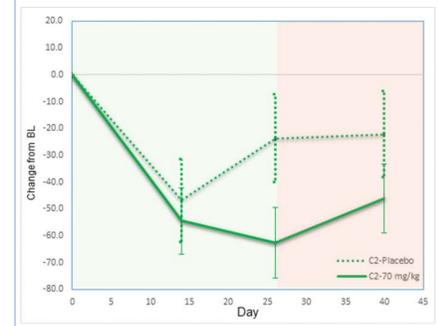
LSmeans: Adjusted for Baseline when Baseline p<0.1. Data during treatment at Day 14 and Day 26. Post treatment at Day 40. Direction of benefit: decrease in score.

**Clinical Global Impression of Improvement**



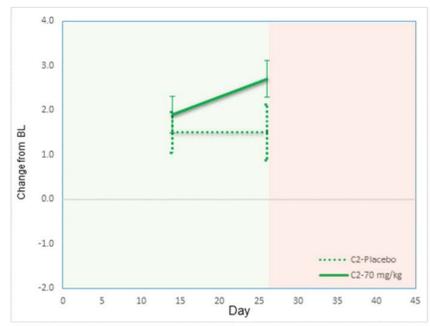
Means. Data during treatment at Day 14 and Day 26. Post treatment at Day 40. Direction of benefit: lower score.

**Caregiver Top 3 Concerns**



LSmeans: Adjusted for Baseline when Baseline p<0.1. Data during treatment at Day 14 and Day 26. Post treatment at Day 40. Direction of benefit: decrease in score.

**Mean Subject-level Efficacy Score**



Means. Data during treatment at Day 14 and Day 26. Direction of benefit: higher score.

- No clinically significant worsening in any pre-specified core outcomes.
- The probability that this was a false-positive outcome based on a permutation test was 0.023.

## CONCLUSIONS

- Overall, this small Phase 2 study met its primary end point.
  - Both dose levels of NNZ-2566 well-tolerated.
  - No time- or dose-dependent changes in safety profile noted.
- Higher dose exceeded pre-specified criteria for evidence of clinical benefit in the core symptoms of RTT.
- Results provide initial evidence of effectiveness of NNZ-2566 as a potentially viable treatment for the core signs and symptoms of Rett syndrome and support further trials in this population.

## ACKNOWLEDGEMENTS

The study was sponsored by Neuren Pharmaceuticals, and funded by Neuren Pharmaceuticals and the International Rett Syndrome Foundation. We acknowledge the participating centers, Baylor College of Medicine (PIs: Drs. Daniel Glaze and Jeffrey Neul), the University of Alabama, Birmingham (PI: Dr. Alan Percy), and Gillette Children's Specialty Healthcare (PIs: Drs. Timothy Feyma and Art Beisang). We thank the families who have participated in the study.