

RESCUE-ALS Trial Results: A Phase 2, Randomized, Double-Blind, Placebo-Controlled Study of CNM-Au8 to Slow Disease Progression in ALS

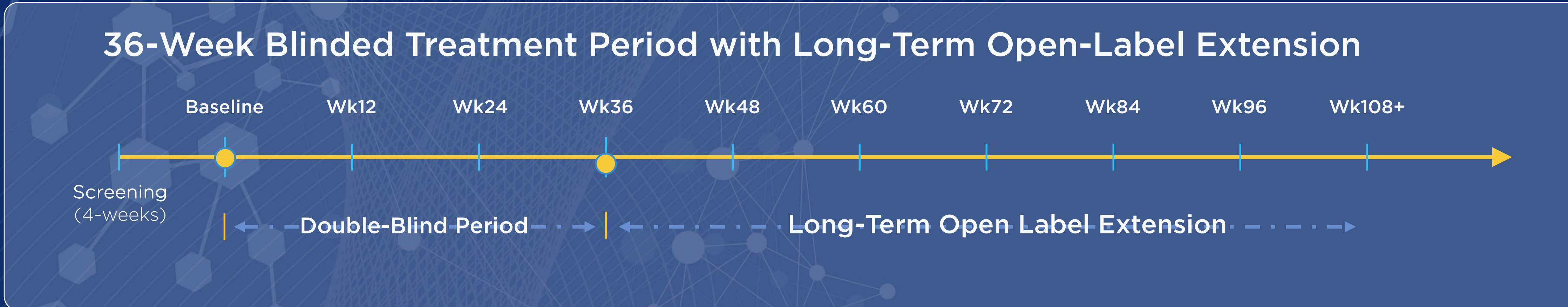


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CONCLUSION: RESCUE-ALS has established safety and suggested efficacy of CNM-Au8, a cellular energetic catalyst, for the treatment of ALS

Design Scheme



Design Summary

- Early symptomatic ALS
- Randomized (1:1, CNM-Au8 30 mg or placebo)
- 36-week treatment period with open label extension
- 1st EP: MUNIX(4) summed %change of ADM, APB, BB, & TA
- 2nd EPs: absolute MUNIX change, % FVC
- Exploratory EPs: disease progression, 6-pt decline in ALSFRS-R, ALSSQOL-SF, & other neurophysiology endpoints

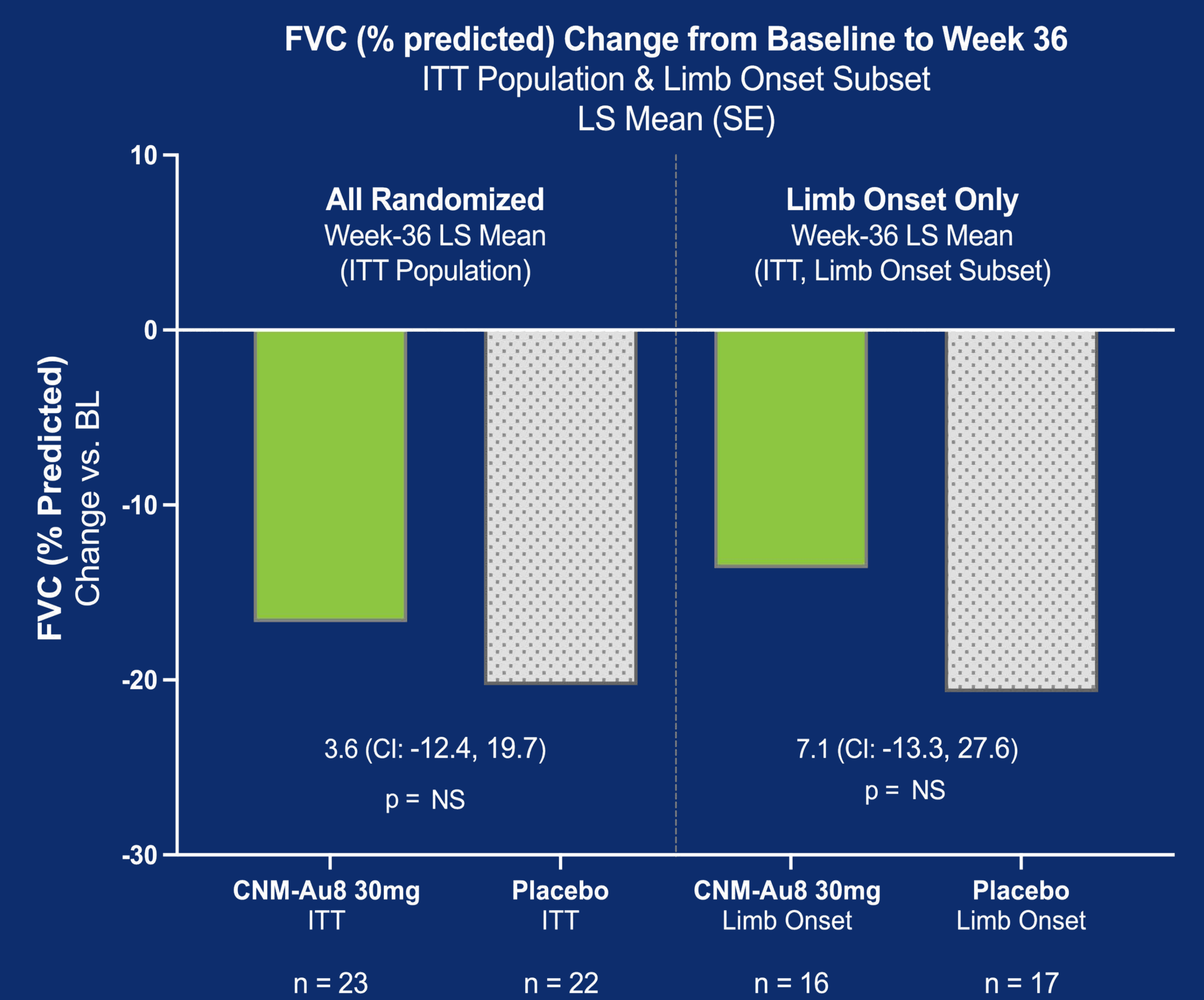
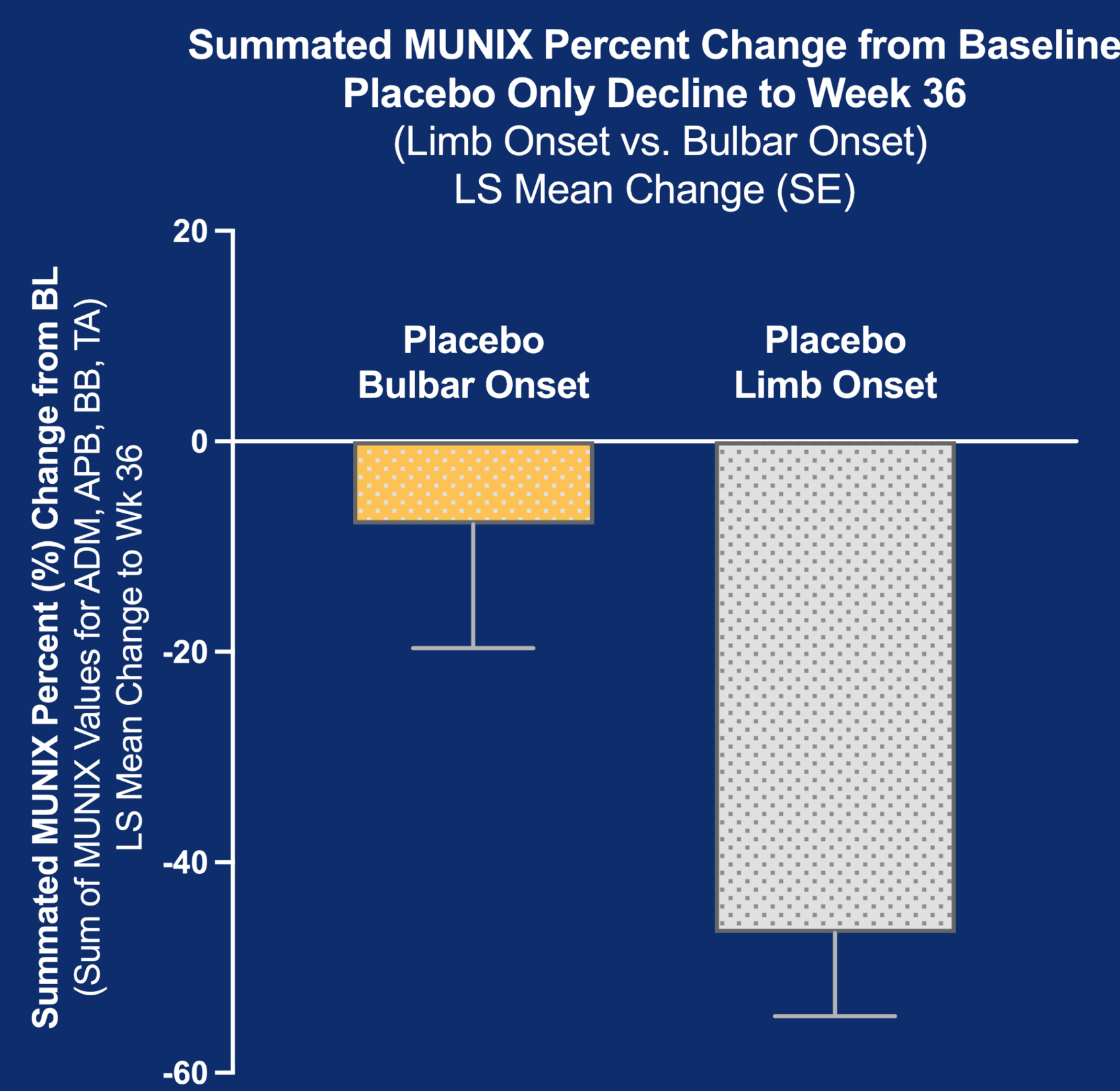
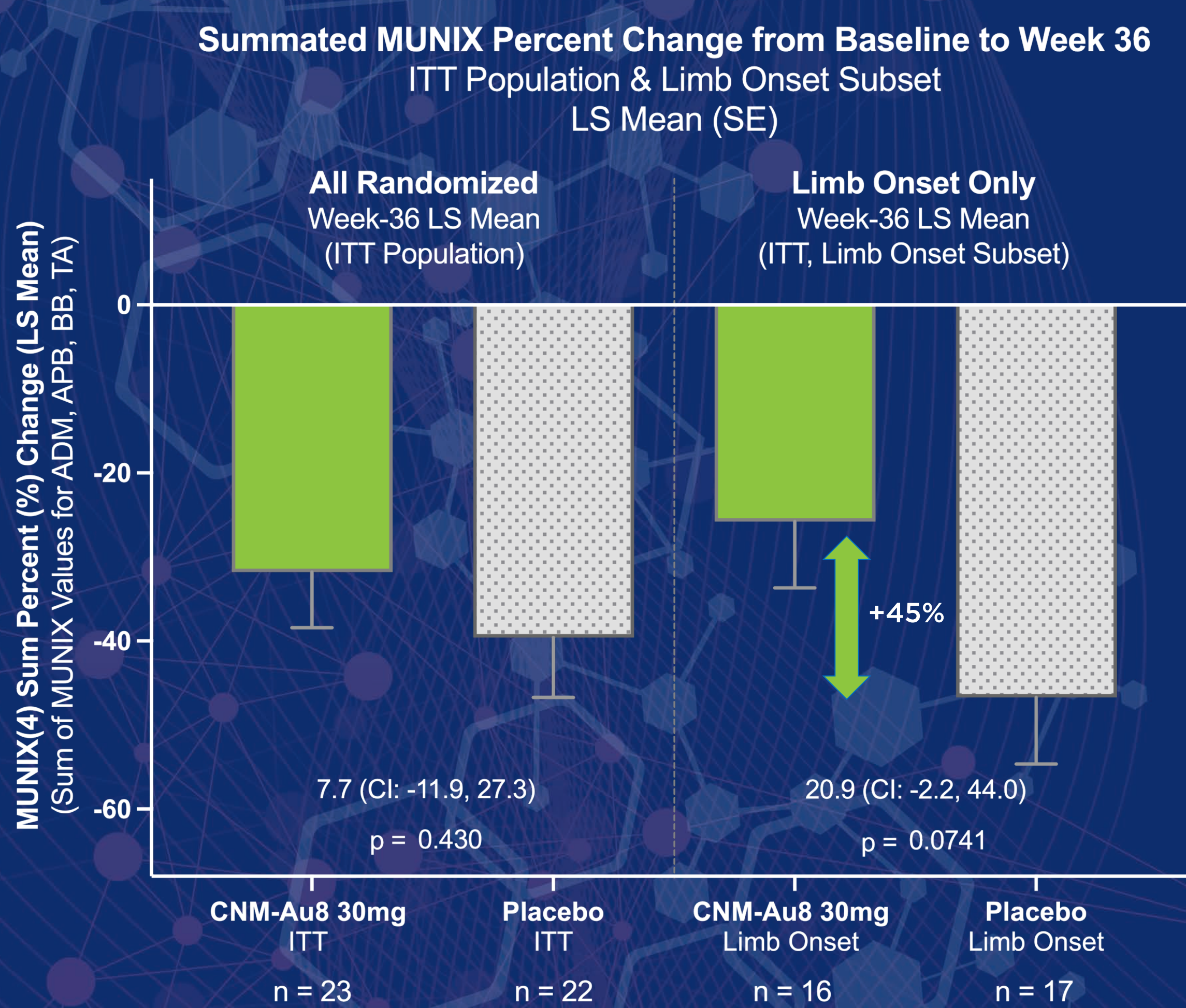
Baseline Demographics

Baseline Value mean (sd)	Age (yrs)	Sex n, (%) Male Female	Onset Site n, (%) Limb Bulbar	Months from Onset	FVC (% pred.)	ALSFRS-R Score	ENCALS Risk Profile ¹	MUNIX Sum
All (n=45)	59.1 (12.3)	M: 26 (58%) F: 19 (42%)	L: 33 (73%) B: 12 (27%)	15.8 (9.3)	81.5 (16.7)	38.7 (6.0)	-4.4 (1.8)	378.2 (175.3)
CNM-Au8 30mg (n=23)	57.0 (13.3)	M: 13 (57%) F: 10 (43%)	L: 16 (70%) B: 7 (30%)	15.5 (7.6)	84.5 (18.3)	38.6 (6.6)	-4.6 (1.7)	380.2 (198.0)
Placebo (n=22)	61.3 (10.9)	M: 13 (59%) F: 9 (41%)	L: 17 (77%) B: 5 (23%)	16.1 (10.9)	78.2 (14.5)	38.8 (5.4)	-4.2 (1.8)	376.2 (152.7)

Safety Summary

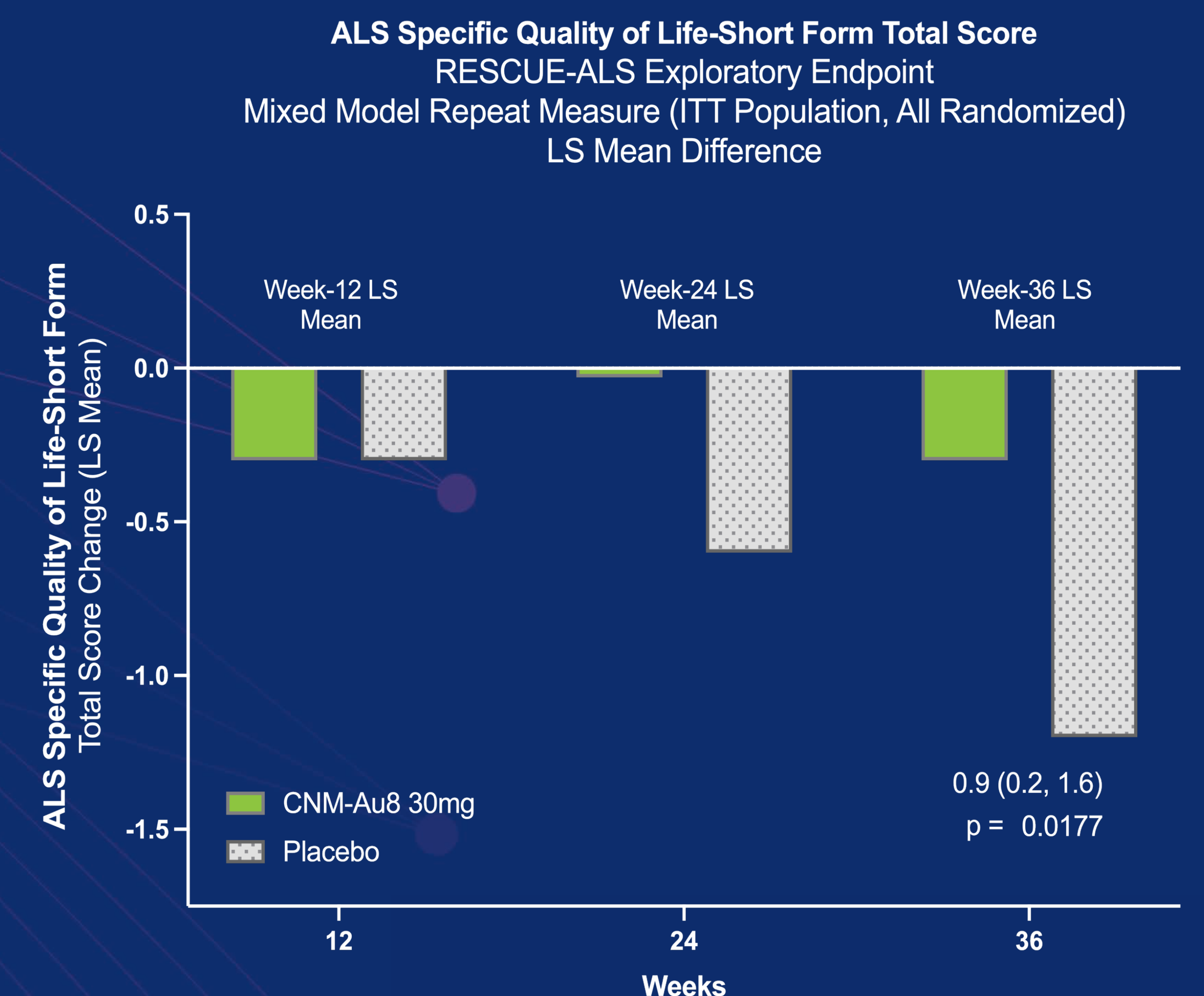
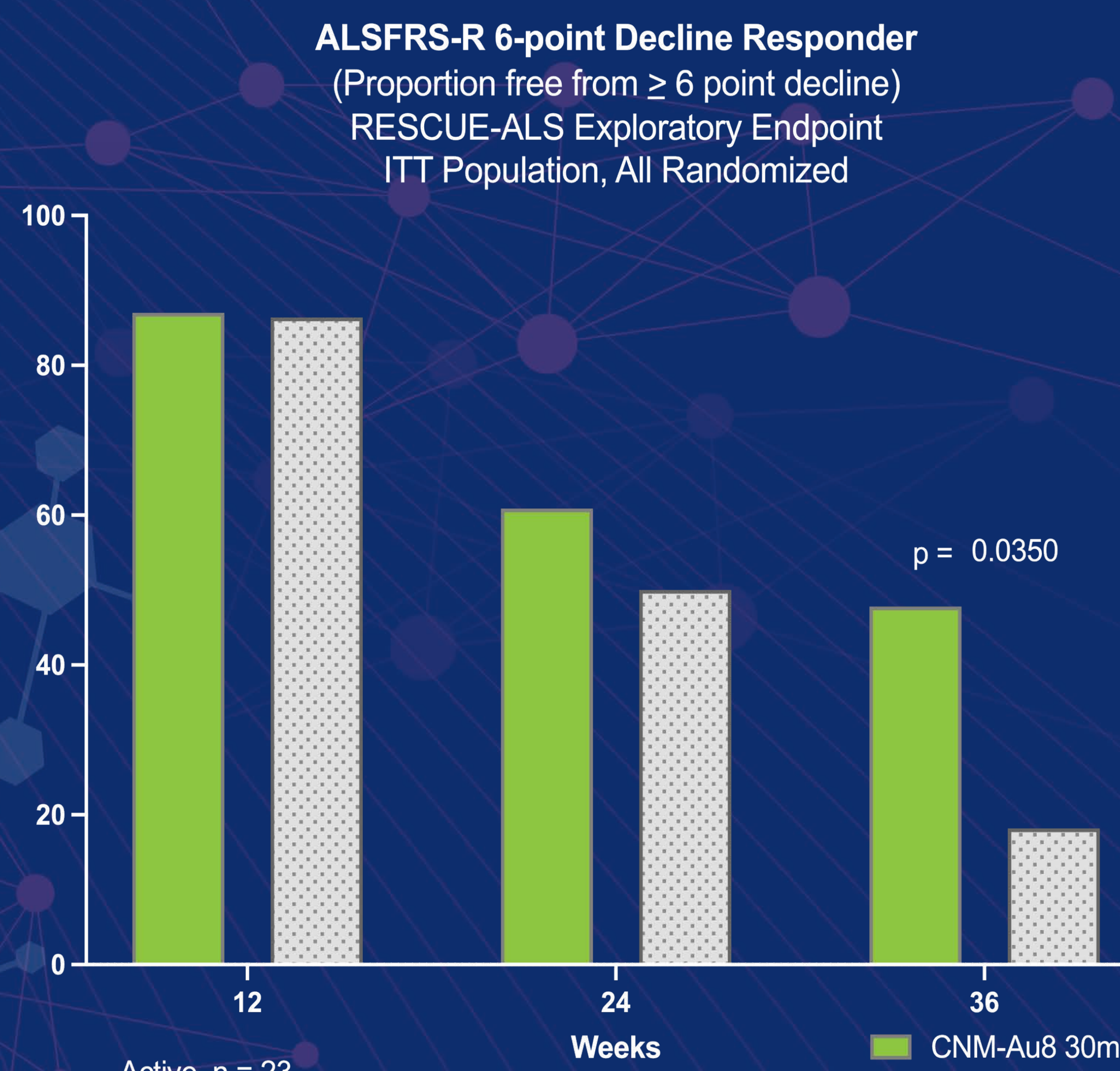
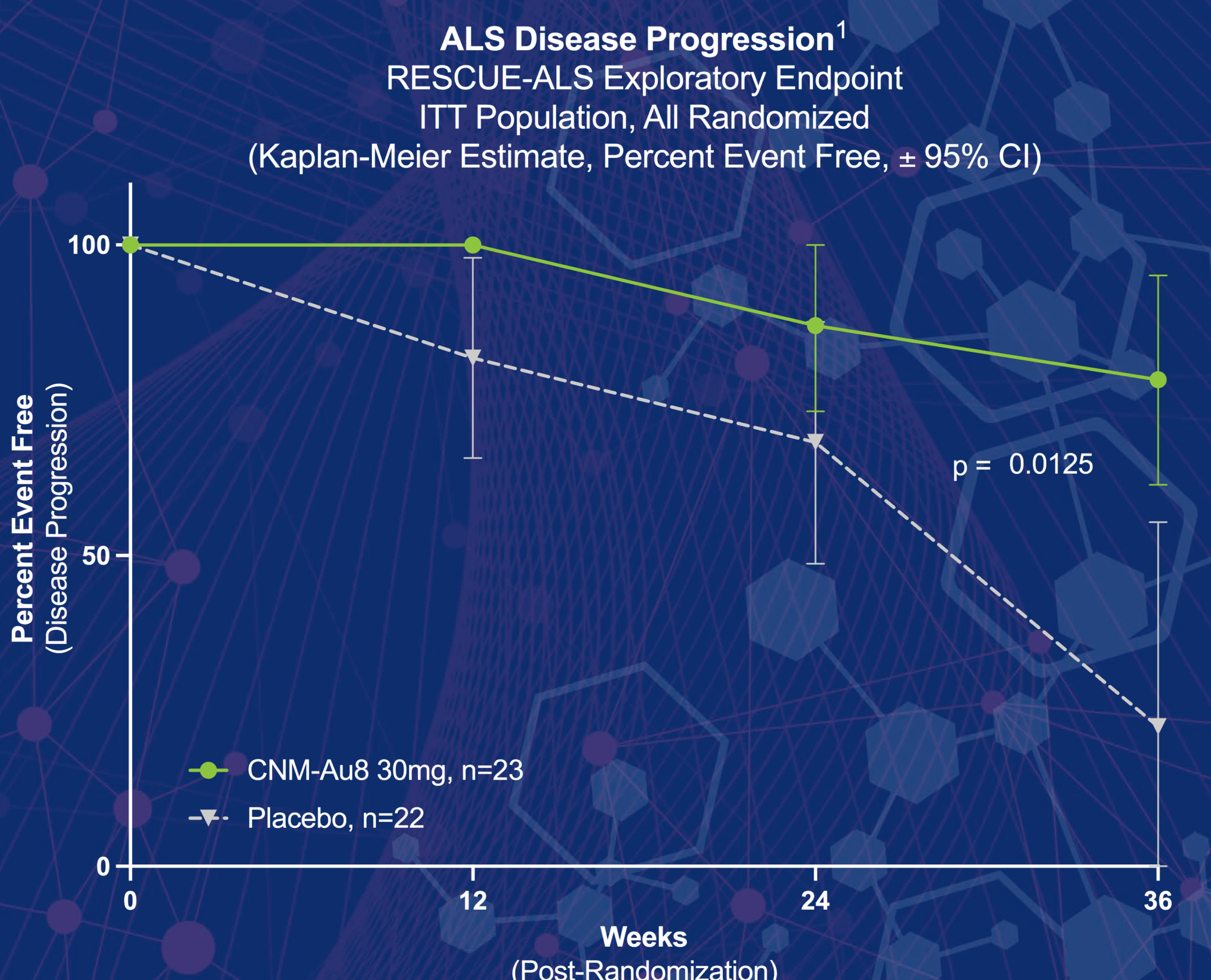
- No CNM-Au8 related SAEs, drug discontinuations, or adverse event (AE) imbalance by system organ class.
- AEs predominantly mild-to-moderate & transient.
- The AEs most commonly associated with CNM-Au8 included aspiration pneumonia, n=3; nausea, n=2; abdominal discomfort, n=2.

1° Endpoint | Summated MUNIX Change at Week 36



Primary endpoint p-value is based on mixed model repeat measures with treatment, visit, treatment by visit interaction as fixed effects, and baseline value and ENCALs score as covariates. An unstructured covariance model was used.

Clinical Endpoints | Exploratory



¹ Disease progression defined as death, tracheostomy, or need for non-invasive ventilatory support or gastrostomy tube placement.

P-value is based on a Chi-Square test

P-value is based on MMRM model with treatment, visit, treatment by visit interaction as fixed effects, and baseline value, and ENCALs score as covariates. An unstructured covariance model was used.

Acknowledgements: We thank the ALS study patients and their families for their support and willingness to engage in clinical research. We thank the site investigators for their research excellence and dedication to patients. We thank FightMND of Australia for substantially funding the RESCUE-ALS trial.

