

# A Phase 2 Study to Evaluate the Efficacy and Safety of SRK-015 in Patients with Later-Onset Spinal Muscular Atrophy (TOPAZ): An Introduction

Poster: 4534

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# Disclaimer

- SRK-015 is an investigational product candidate that is currently being evaluated in a clinical trial
- SRK-015 has not been approved by the U.S. Food and Drug Administration (FDA), the European Commission, or any other health authority, and the safety and effectiveness of this molecule have not been established

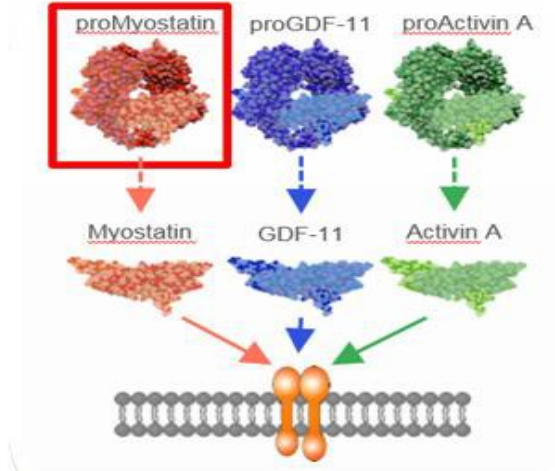
# Disclosures

- Amy Place is an employee of Scholar Rock and owns equity in the company.



# SRK-015: Specifically Inhibits Myostatin Activation

## Selective Targeting of proMyostatin, the Myostatin Precursor



Pirruccello-Straub et al. Blocking extracellular activation of myostatin as a strategy for treating muscle wasting. Sci Rep. 2018;8:2292.

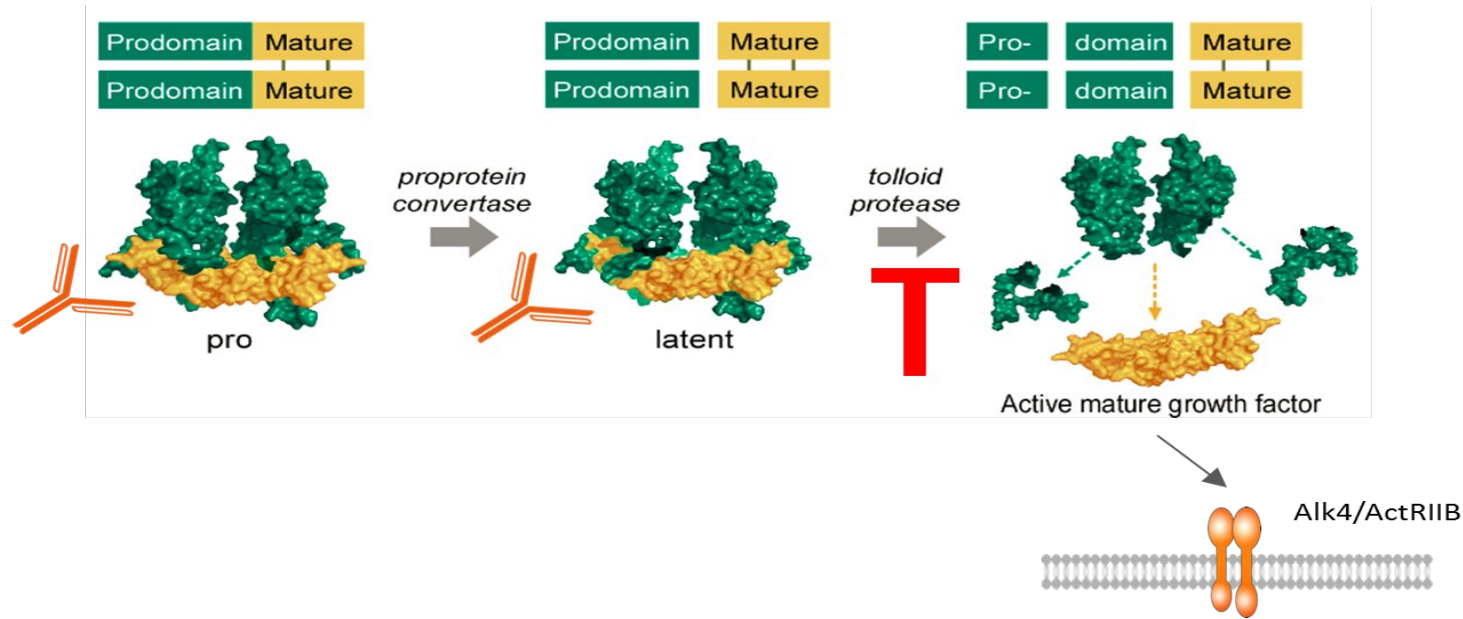
## SRK-015 Binding to Myostatin and Related Proteins

	SRK-015 Binding (nM)
ProMyostatin	2.9
Latent Myostatin	2.4
Myostatin	NB
ProGDF11	NB
GDF11	NB
ProActivin A	NB
Activin A	NB
BMP9	NB
BMP10	NB
TGF $\beta$ <sub>1</sub>	NB

NB: no binding detected at 200nM of antibody



# SRK-015: A fully human antibody that blocks cleavage of the Myostatin prodomain



Pirruccello-Straub et al. Blocking extracellular activation of myostatin as a strategy for treating muscle wasting. Sci Rep. 2018;8:2292.



# SRK-015 Phase 2 Trial (TOPAZ): Objectives and Design

	Cohort 1	Cohort 2	Cohort 3
Design	<ul style="list-style-type: none"> <li>N= 20; ages 5-21</li> <li>Open-label, single-arm</li> <li>20 mg/kg SRK-015 IV Q4W</li> <li>12-month treatment period</li> </ul>	<ul style="list-style-type: none"> <li>N= 15; ages 5-21</li> <li>Open-label, single-arm</li> <li>20 mg/kg SRK-015 IV Q4W</li> <li>12-month treatment period</li> </ul>	<ul style="list-style-type: none"> <li>N= 20; ages <math>\geq 2</math></li> <li>Double-blind, randomized (1:1) to 2 mg/kg or 20 mg/kg SRK-015 IV Q4W</li> <li>12-month treatment period</li> </ul>
Patients	<ul style="list-style-type: none"> <li>Ambulatory Type 3 SMA</li> <li>Receiving treatment with approved SMN upregulator or as monotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Type 2 or non-ambulatory Type 3 SMA</li> <li>Receiving treatment with approved SMN upregulator</li> </ul>	<ul style="list-style-type: none"> <li>Type 2 SMA</li> <li>Initiated treatment with approved SMN upregulator before age 5</li> </ul>
Primary Objectives	<ul style="list-style-type: none"> <li>Safety</li> <li>Mean change from baseline in RHS</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Mean change from baseline in HFMSE</li> </ul>	<ul style="list-style-type: none"> <li>Safety</li> <li>Mean change from baseline in HFMSE</li> </ul>

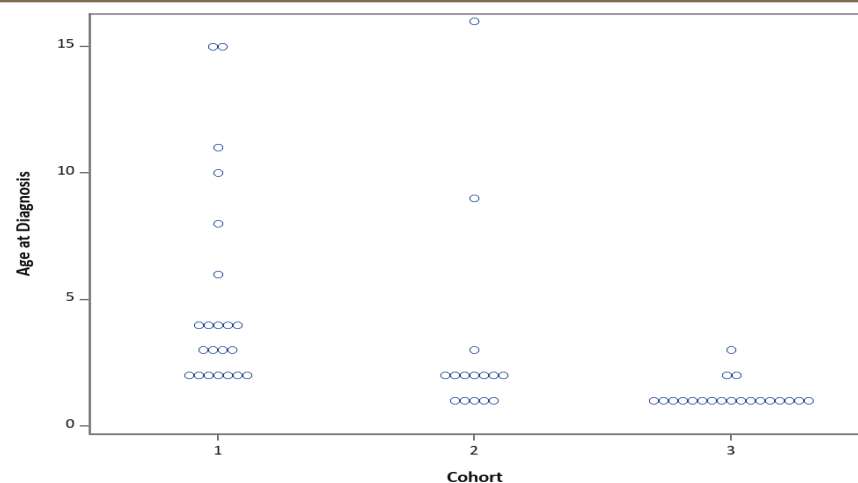


## Study Participant Baseline Demographics (1/2)

### Age (Years) at Informed Consent by Cohort

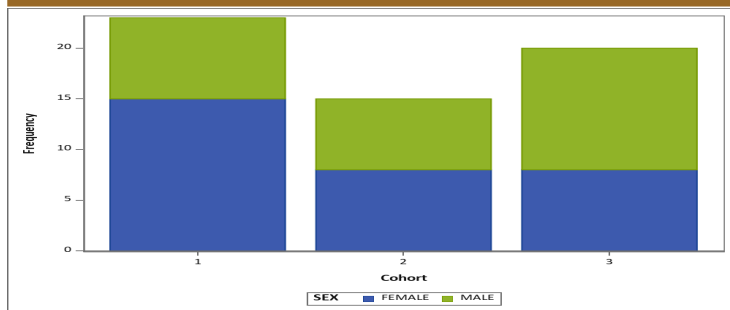
Cohort	N	Mean	Std	Min	Med	Max
1	23	12.6	4.53	7	13.0	21
2	15	11.7	3.94	8	10.0	19
3	20	4.0	1.23	2	4.0	6
Total	58	9.4	5.31	2	8.0	21

## Age (Years) at Diagnosis by Cohort

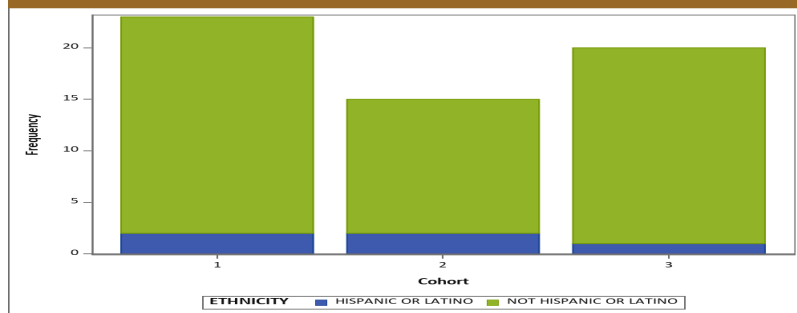


# Study Participant Baseline Demographics (2/2)

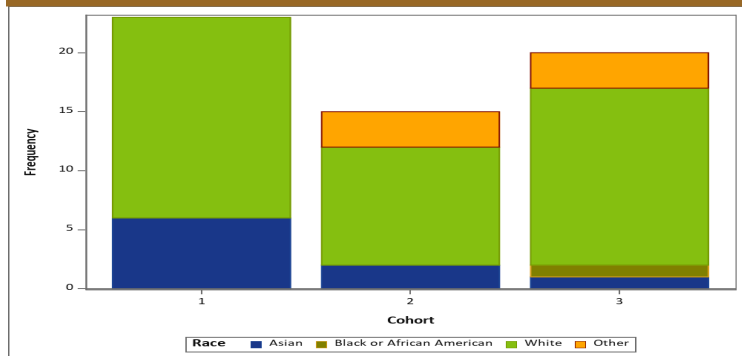
## Sex Distribution by Cohort



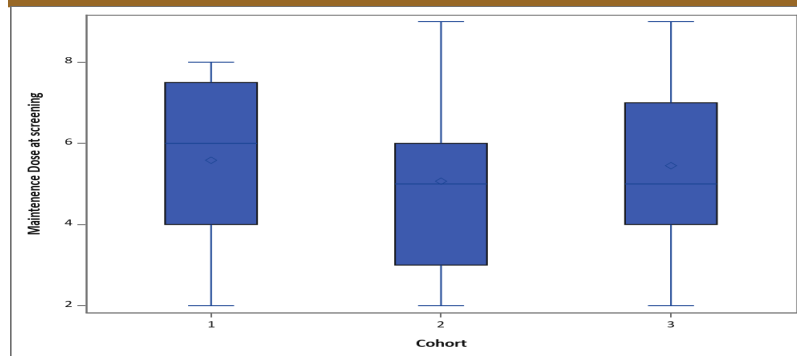
## Ethnicity Distribution by Cohort



## Race Distribution by Cohort



## Maintenance Dose of Nusinersen at Screening<sup>†</sup>



<sup>†</sup>Excluded Cohort 1 patients who are not on Nusinersen



# Study Participant Baseline Motor Function

RHS\* Score at Screening, Cohort 1

	N	Mean	Std	Min	Med	Max
RHS Score	23	49.0	11.00	25	49	63

6 Minute Walk at Screening‡, Cohort 1

	N	Mean	Std	Min	Med	Max
Distance Walked (m)	20	260.1	166.85	11	341.0	514

HFMSE\*\* at Screening, Cohort 2 and 3

Cohort	N	Mean	Std	Min	Med	Max
2	15	22.3	8.98	12	19.0	37
3	19	25.0	9.58	12	22.0	44
Total	34	23.8	9.28	12	21.5	44

\*Top RHS score 69 points

\*\*Top HFMSE score 66 points

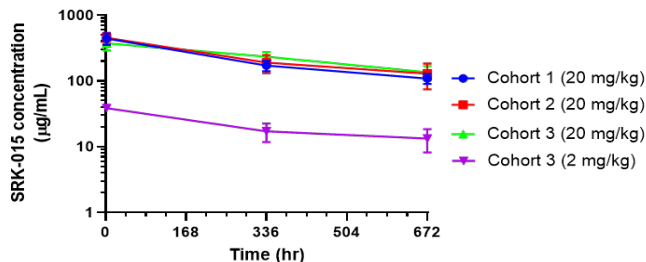
‡ Only including patients who are ambulatory and completed the test



RHS: Revised Hammersmith Scale  
HFMSE: Hammersmith Functional Motor Scale Expanded

# Preliminary TOPAZ Biomarker Data Provide First Demonstration of Target Engagement in SMA

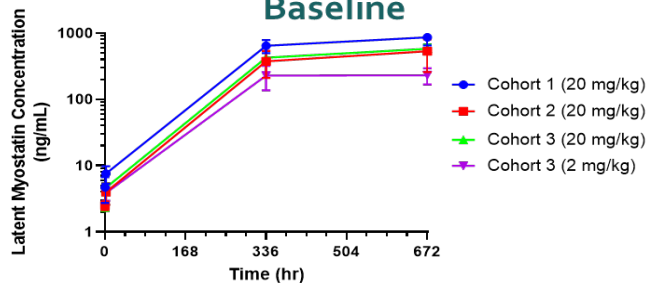
## PK Data



## Well-Behaved, Linear PK Profile

- Minimal variability across cohorts
- Dose proportional increase in serum drug exposure between low (2 mg/kg) and high (20 mg/kg) doses

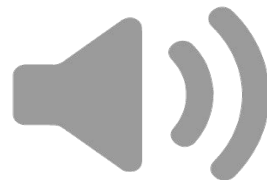
## Latent Myostatin Change over Baseline



## Robust Target Engagement Observed

- ~100-fold increase in serum latent myostatin levels following single 20 mg/kg dose in all cohorts
- Confirms presence of latent myostatin in patients with SMA

*Preliminary PK/PD results from planned data cutoff in November 2019 include data from 29 patients (12 in Cohort 1, 8 in Cohort 2, and 9 in Cohort 3). Press release announcing preliminary PK/PD data (Nov 19, 2019) at [www.scholarrock.com](http://www.scholarrock.com).*



# SRK-015 Phase 2 Trial (TOPAZ) Timelines

- All 3 cohorts fully enrolled
- Interim analysis: 6-month treatment period
- Top-line results: 12-month treatment period
- Patients eligible to continue treatment for an additional 12-month extension period
- Results from TOPAZ trial may inform future studies in SMA

SRK-015 has the potential to be the first muscle-directed therapy for patients with SMA



# Acknowledgements

- Phase 2 trial study investigators, site staff and participants
- Medpace
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