## Addressing Unmet Treatment Needs in

# POMPE DISEASE

## **Therapeutic Strategies for Pompe Disease**



## **Second-Generation ERT**

## AVAL

- Increased enzyme uptake through greater affinity for the M6P receptors on the cells of target tissues
- Aim is to enhance glycogen clearance and improve the clinical efficacy





## **COMET Study**

- Treatment-naive patients with LOPD (N=100)
- AVAL led to clinically meaningful improvements in respiratory and motor functions over ALA through week 49
- Statistical analysis showed non-inferiority of AVAL to ALA
- Similar IgG antidrug antibody responses with both AVAL and ALA



## CIPA + MIG



## CIPA

- rhGAA with significantly higher M6P
- Approximately 10x higher bis-M6P
- Enables significantly better tissue uptake and lysosomal targeting

#### MIG

- Orally administered iminosugar stabilizer
- Reduces rhGAA protein denaturation and aggregation at neutral pH of plasma
- Endogenous addition of structures retains ability for processing to mature and more active form of rhGAA after uptake
- Stabilizes cipaglucosidase alfa in plasma during infusion to provide more active enzyme for uptake into tissues

#### **PROPEL Study**

- Pre-treated and treatment-naive patients with LOPD (N=125)
- CIPA + MIG led to improvements in measures of physical and lung function
- After week 52, the difference between groups in change in sitting FVC % predicted was significant (p=.023)
- Safety profile of CIPA + MIG was similar to ALA

#### **Abbreviations**

FDA: US Food and Drug Administration

FVC: force vital capacity

EMA: European Medicines Agency

ERT: enzyme replacement therapy

lg: immunoglobulin

LOPD: late-onset Pompe disease

M6P: mannose 6-phosphate

rhGAA: recombinant human acid alphaglucosidase

#### References

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