

DISCOVERY OF [18F]ACI-12589: A NOVEL AND PROMISING PET-TRACER FOR ALPHA-SYNUCLEIN

Francesca Capotosti, PhD | AD/PD™ 2022 | 18 March



Disclaimer

This presentation contains statements that constitute “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934. Forward-looking statements are statements other than historical fact and may include statements that address future operating, financial or business performance or AC Immune’s strategies or expectations. In some cases, you can identify these statements by forward-looking words such as “may,” “might,” “will,” “should,” “expects,” “plans,” “anticipates,” “believes,” “estimates,” “predicts,” “projects,” “potential,” “outlook” or “continue,” and other comparable terminology. Forward-looking statements are based on management’s current expectations and beliefs and involve significant risks and uncertainties that could cause actual results, developments and business decisions to differ materially from those contemplated by these statements. These risks and uncertainties include those described under the captions “Item 3. Key Information – Risk Factors” and “Item 5. Operating and Financial Review and Prospects” in AC Immune’s Annual Report on Form 20-F and other filings with the Securities and Exchange Commission. These include: the impact of Covid-19 on our business, suppliers, patients and employees and any other impact of Covid-19. Forward-looking statements speak only as of the date they are made, and AC Immune does not undertake any obligation to update them in light of new information, future developments or otherwise, except as may be required under applicable law. All forward-looking statements are qualified in their entirety by this cautionary statement.

This presentation is strictly confidential, is being distributed to a limited range of invited persons solely for their own information, may not be distributed to the press or any other person, and may not be reproduced or published, in whole or in part, in any form.

Disclosures

Francesca Capotosti is an employee of AC Immune entitled to stock options

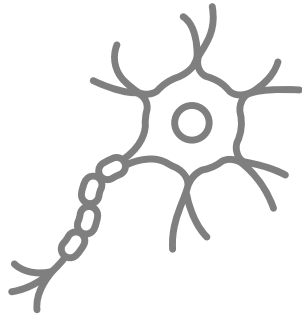
Funding

Grants from the Michael J Fox Foundation

A-syn¹ PET² tracers can improve the diagnosis and treatment of NDD³

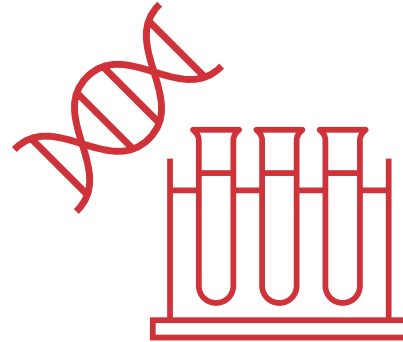
An effective PET tracer is needed to best enable precision medicine for a-synucleinopathies

Early Diagnosis and Treatment is Key in NDD



- Once neurons are damaged, they cannot be repaired or replaced with current therapies

Early diagnosis of a-syn-opathies⁴ is not possible with current techniques



- Dopaminergic imaging correlates poorly with disease severity
- Genetic testing is ineffective in most cases
- Low abundance of a-syn limits utility of fluid biomarkers

Benefits of PET tracers for imaging have been validated

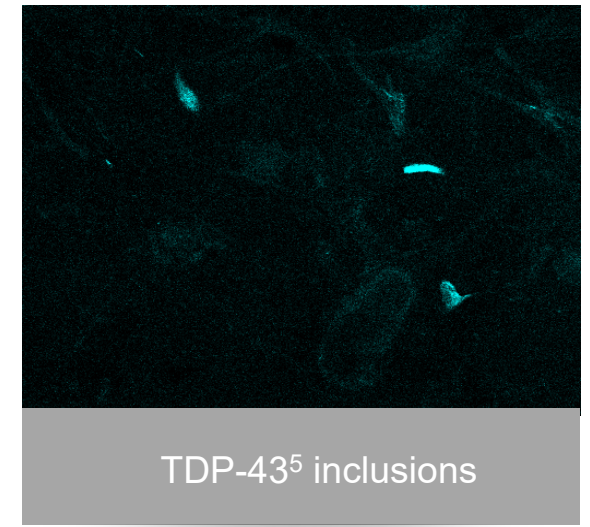
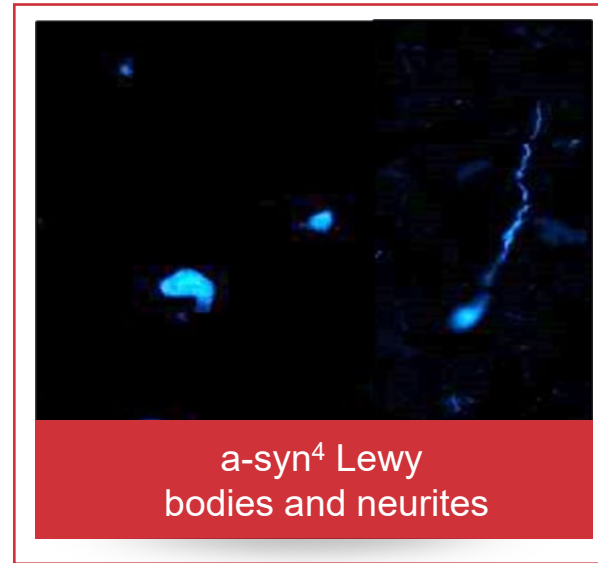
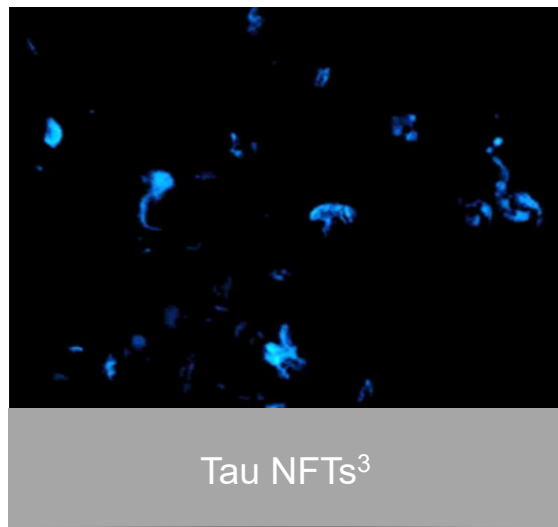


- Patient stratification
- Better clinical trials when focused using PET tracer for recruitment and monitoring
- May enable combination treatment of co-pathologies

(1) Alpha-synuclein; (2) Positron emission tomography; (3) Neurodegenerative disease; (4) Alpha-synucleinopathies

Precision medicine approach enabled by the Morphomer® platform

Developing a suite of PET¹ tracers against emerging targets in NDD²



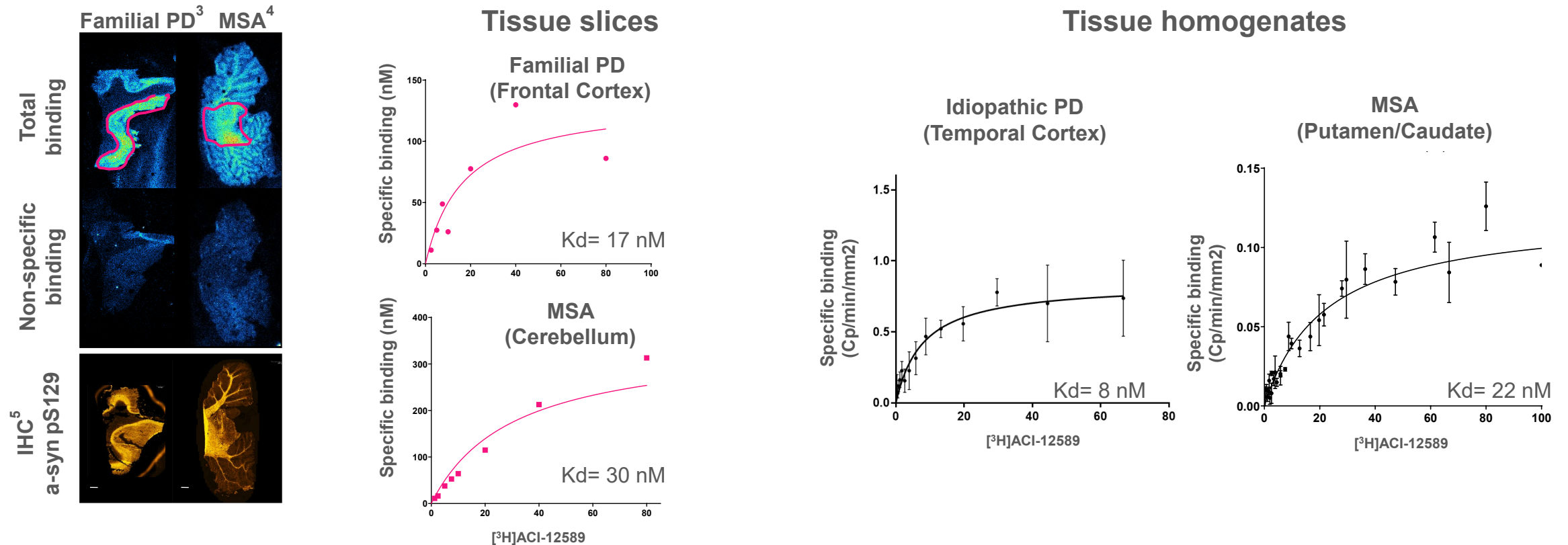
Leverage the Morphomer® small molecule platform:

- Non-peptidic, small molecules with CNS-drug properties for brain penetration
- Conformation-specificity (pathologic protein species)
- Selectivity against co-pathologies (Abeta, Tau, TDP-43)
- Pharmacokinetics suitable for brain PET imaging

(1) Positron emission tomography; (2) Neurodegenerative disease; (3) Neurofibrillary tangles; (4) Alpha synuclein; (5) TAR DNA binding protein-43

ACI-12589: a potential α -syn¹ PET² tracer

[³H]ACI-12589 specific binding on brain tissue from different α -synucleinopathy cases

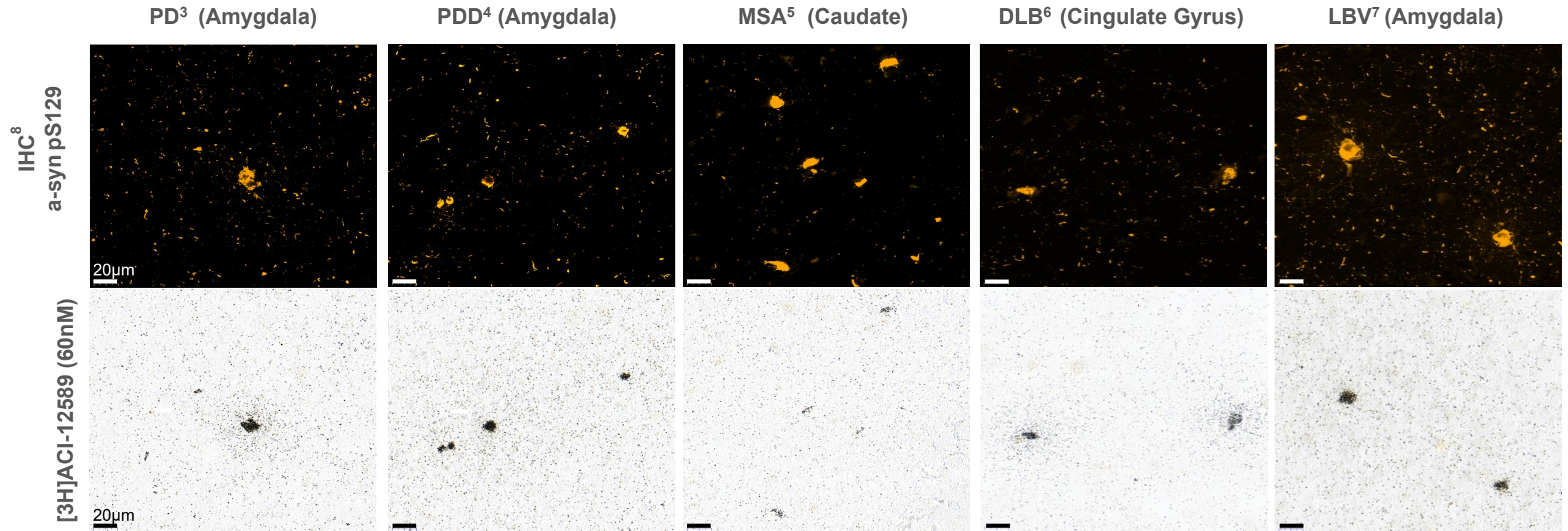


- ACI-12589 displays a clear autoradiography signal which correlates with the presence of pathological α -syn
- Binding affinities are measured in the range of 8-30 nM with Bmax/Kd ratios of ~ 5-10

(1) alpha-synuclein ; (2) Positron emission tomography; (3) Parkinson's disease with G51D SNCA mutation; (4) Multiple system atrophy; (5) Immunohistochemistry

ACI-12589: a potential a-syn¹ PET² tracer

[3H]ACI-12589 target engagement on a range of different a-syn inclusions

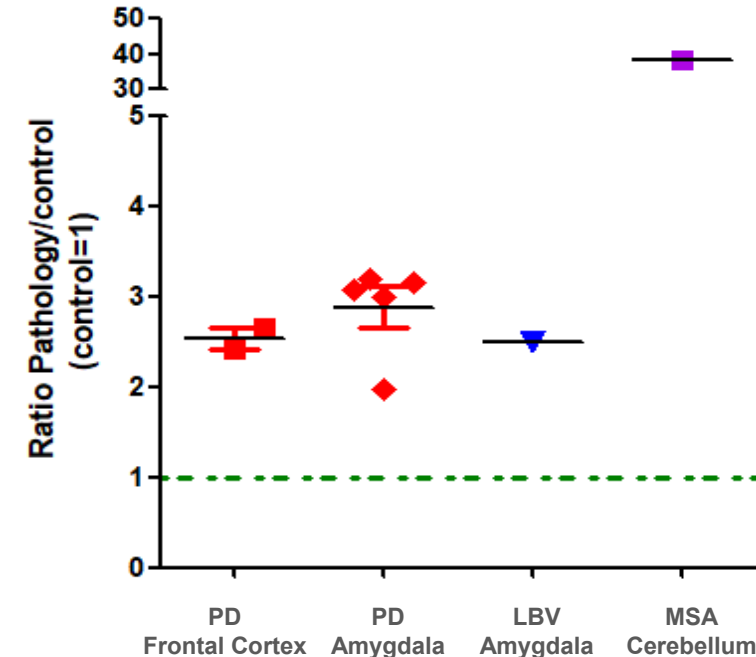
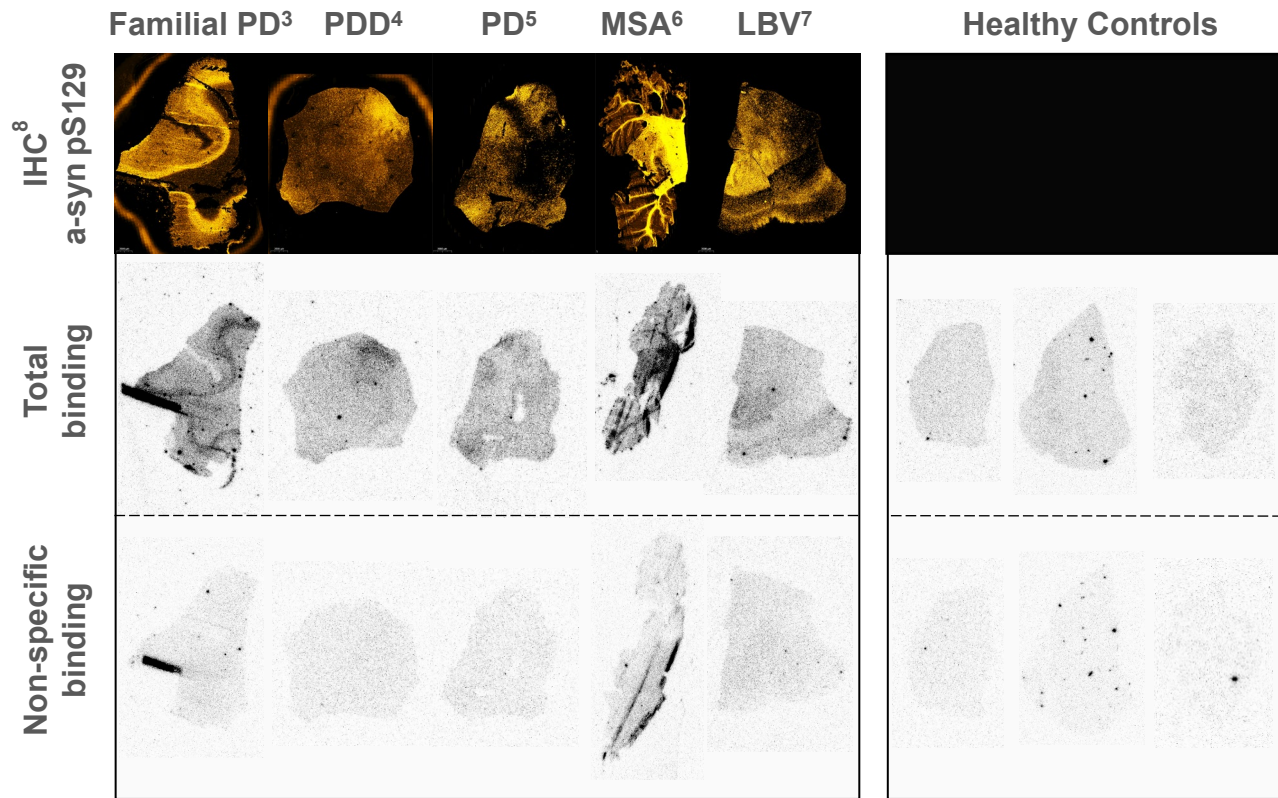


- ACI-12589 displays strong target engagement on Lewy bodies and Lewy neurites, as well as smaller a-syn inclusions, across a wide range of a-synucleinopathies

(1) alpha-synuclein ; (2) Positron emission tomography; (3) Parkinson's disease; (4) Parkinson's disease with dementia; (5) Multiple system atrophy; (6) Dementia with Lewy bodies; (7) Lewy body variant of Alzheimer's disease; (8) Immunohistochemistry

ACI-12589: a potential α -syn¹ PET² tracer

[18F]ACI-12589 specific binding on brain tissue from different α -synucleinopathy cases



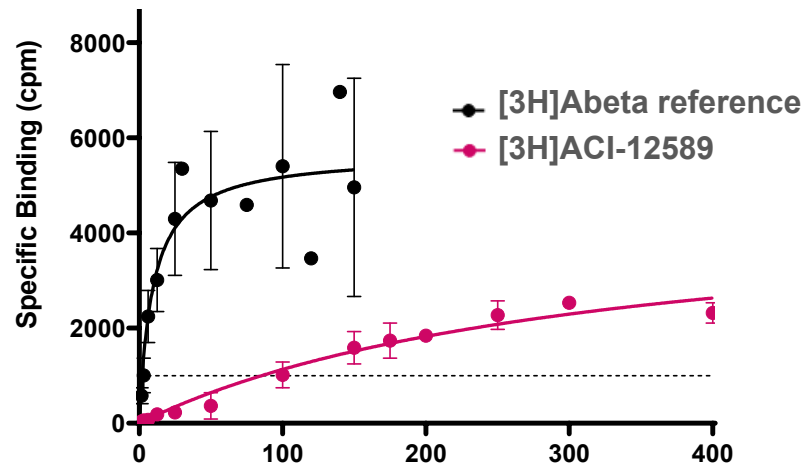
- Classical autoradiography experiments confirms specific binding across a wide range of α -synucleinopathies

(1) alpha-synuclein; (2) Positron emission tomography; (3) Parkinson's disease with G51D SNCA mutation; (4) Parkinson's disease with dementia; (5) Parkinson's disease ; (6) Multiple system atrophy; (7) Lewy body variant of Alzheimer's disease; (8) Immunohistochemistry

ACI-12589: selective *versus* Abeta and Tau

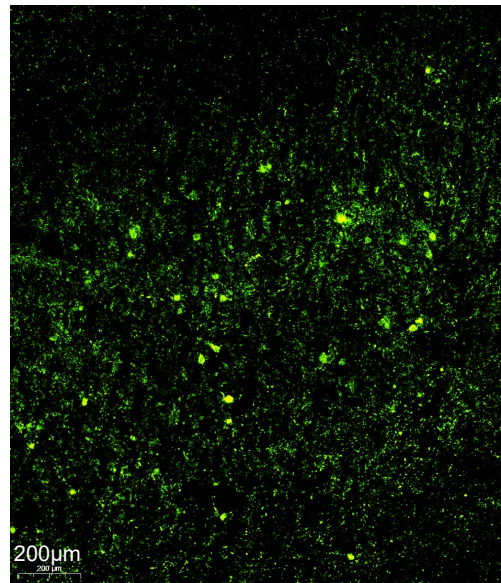
[3H]ACI-12589 assessed using Alzheimer's disease tissue

Radiobinding with AD¹ brain homogenates
(Frontal Cortex)



Compound	Kd
[3H]Abeta reference	10 nM
[3H]ACI-12589	317 nM

High-resolution ARG² on Tau rich AD sections
(Entorhinal Cortex)



IHC³ for Tau (MC1)

[3H]ACI-12589

[3H]PI-2620
Tau reference

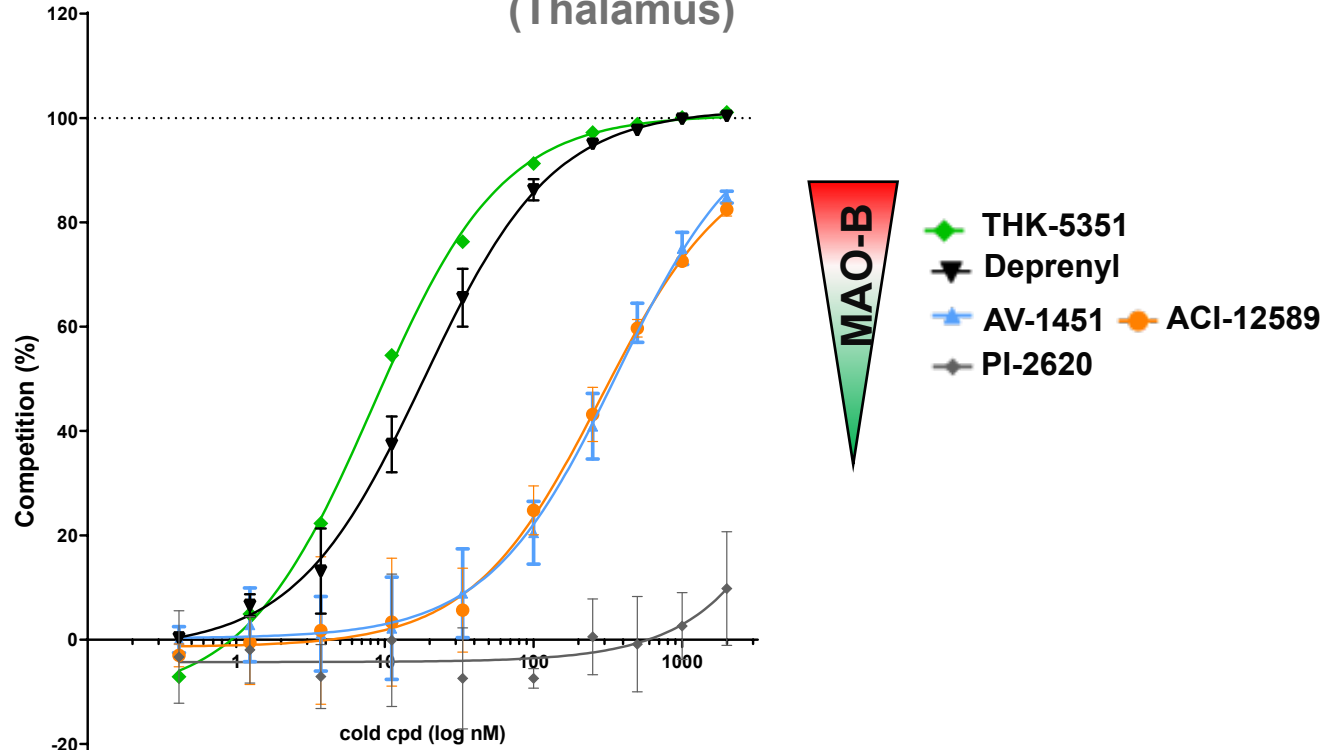
■ ACI-12589 displays selectivity versus co-pathologies such as Abeta and Tau

(1) Alzheimer's disease; (2) Autoradiography; (3) Immunohistochemistry

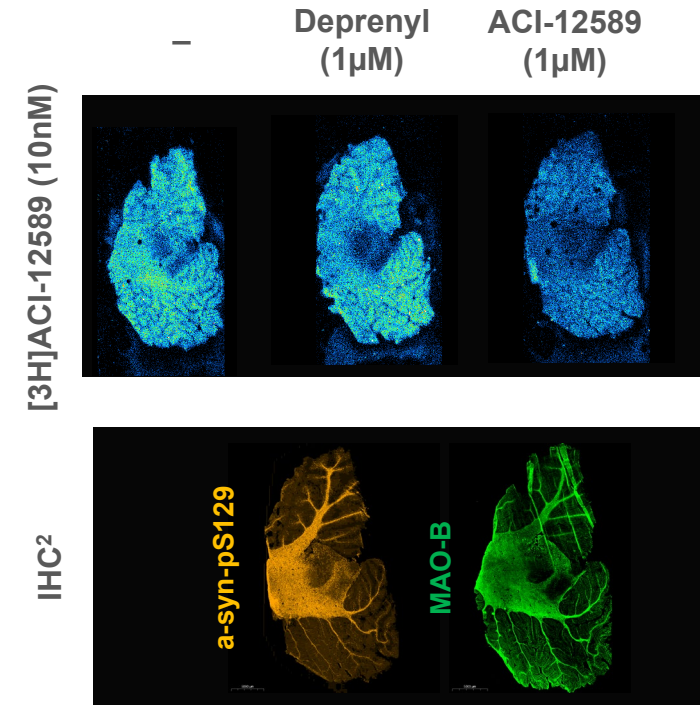
ACI-12589: minimal off-target binding

[3H]ACI-12589 assessed for off-target binding to MAO-B¹

Radiobinding on brain homogenates from healthy donor (Thalamus)



Autoradiography on MSA (Cerebellum)

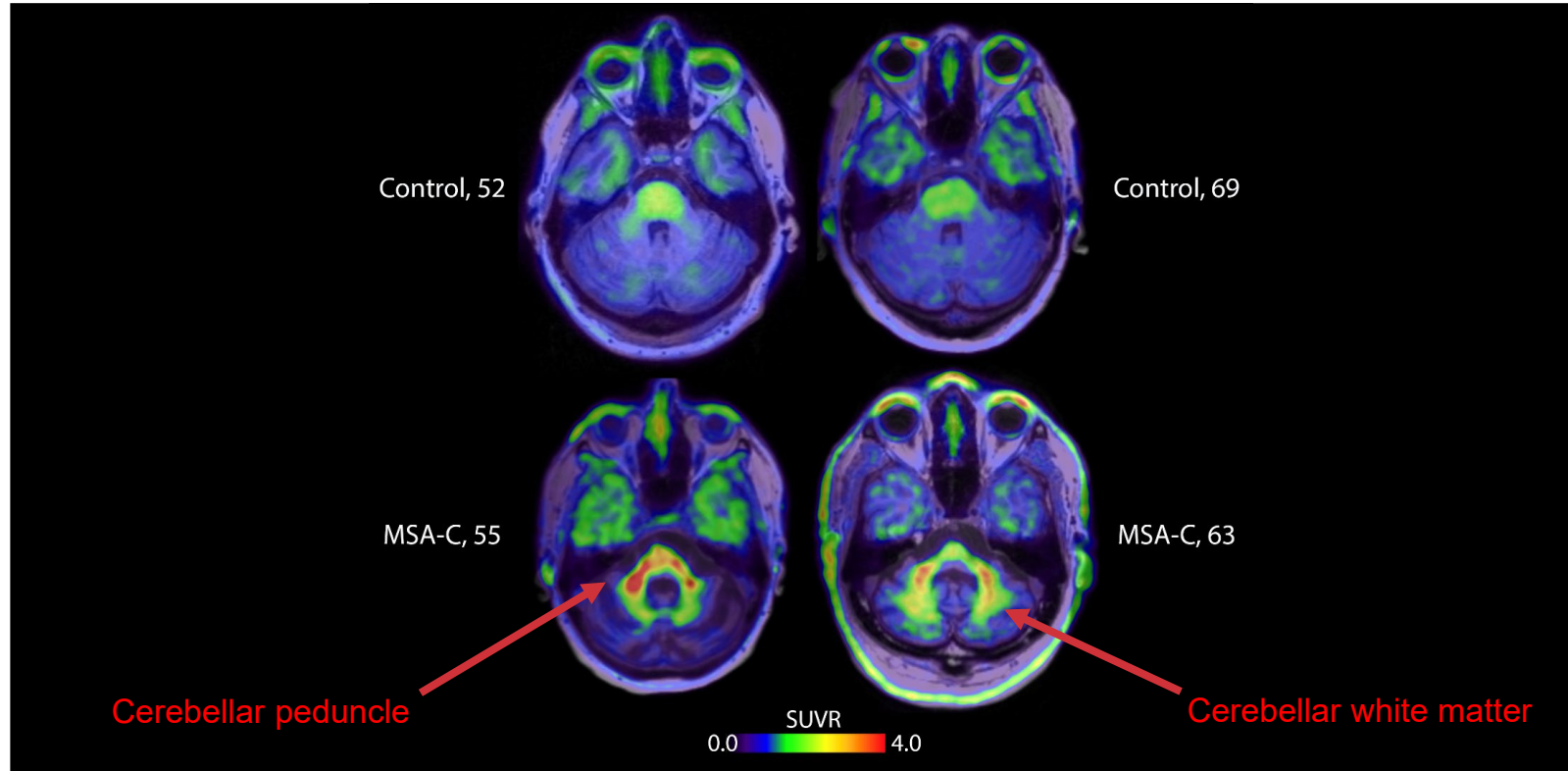


- When assessed against **133** receptors and enzymes, only a weak off-target binding was observed for MAO-B confirmed by limited displacement using the MAO-B inhibitor Deprenyl by autoradiography experiments

(1) Monoamine oxidase-B; (2) Immunohistochemistry

[18F]ACI-12589 as potential first-in-class PET¹ tracer for MSA²

Representative PET scan images of MSA and controls



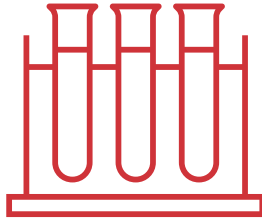
- PET scan images suggest tracer retention in areas affected by disease process in MSA such as the cerebellar white matter and the cerebellar peduncles
- Available clinical data will be presented by **Ruben Smith on March 18, 06:45 PM – 07:00 PM, Room Onsite: 114**

(1) Positron emission tomography; (2) Multiple system atrophy

[18F]ACI-12589 as potential first-in-class PET¹ tracer for MSA²

Data support the further clinical development in MSA, and continuing evaluation in other synucleinopathies

Preclinical data



- Significantly improved target binding with clean off-target profile
- Recognition of a-syn³ inclusions across different synucleinopathies
- Selectivity versus potential co-pathologies
- Pharmacokinetic profile suitable for use as a brain PET imaging agent

Clinical data



- Short scan time: good brain uptake and fast signal equilibration
- Substantial tracer retention seen in MSA in expected brain regions
- No clinically relevant *in vivo* block of cerebellar signal after MAO-B⁴ blocking

(1) Positron emission tomography; (2) Multiple system atrophy; (3) Alpha-synuclein; (4) Monoamine oxidase-B

Acknowledgements



Efthymia Vokali
Jerome Molette
Myriam Ravache
Christophe Delgado
Jaqueline Kocher
Laure Pittet
Elpida Tsika
Kasia Piorkowska
Heiko Kroth
Tanja Jürgens
Ruth Luthi-Carter
Valerie Hliva
Olivier Sol
Andrea Pfeifer
Johannes Streffer
Marie Kosco-Vilbois



Oskar Hansson
Ruben Smith
Martin Schain
Tomas Ohlsson
Klas Brattby