4DMT

2024 Cantor Global Healthcare Conference

September 19, 2024

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Key 4D-150 Takeaways in Wet AMD

1. **Robust & Durable Clinical Activity:** Across all populations studied, including recently diagnosed patients

2. **Tolerability:** Well-tolerated with profile comparable to approved anti-VEGF agents

3. **4FRONT Phase 3 Design:** Maximizes probabilities of clinical, regulatory & commercial success

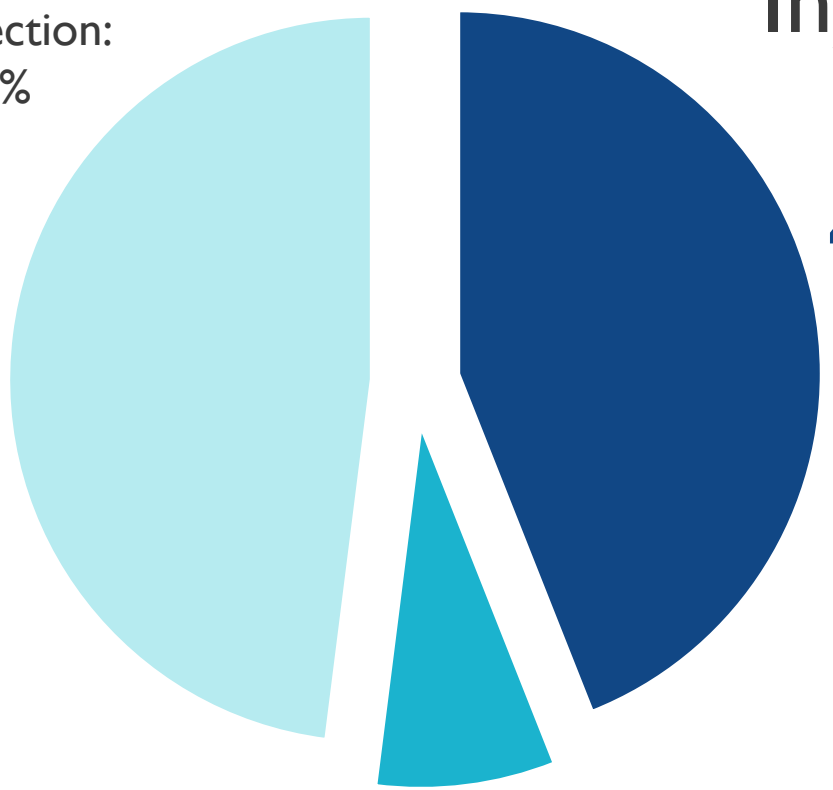
Data cutoff (clinical activity data), September 3, 2024.
Data cutoff (safety data), August 23, 2024.

Overview of Disease Populations

Cohort	Phase 1/2a (Dose Exploration & Expansion)	Phase 2b (Population Extension)	Phase 2b (Population Extension)
Population	Severe Disease Activity	Broad	Recently Diagnosed

In Severe Wet AMD Population

Through 52 Weeks†



Injection-Free:

44%

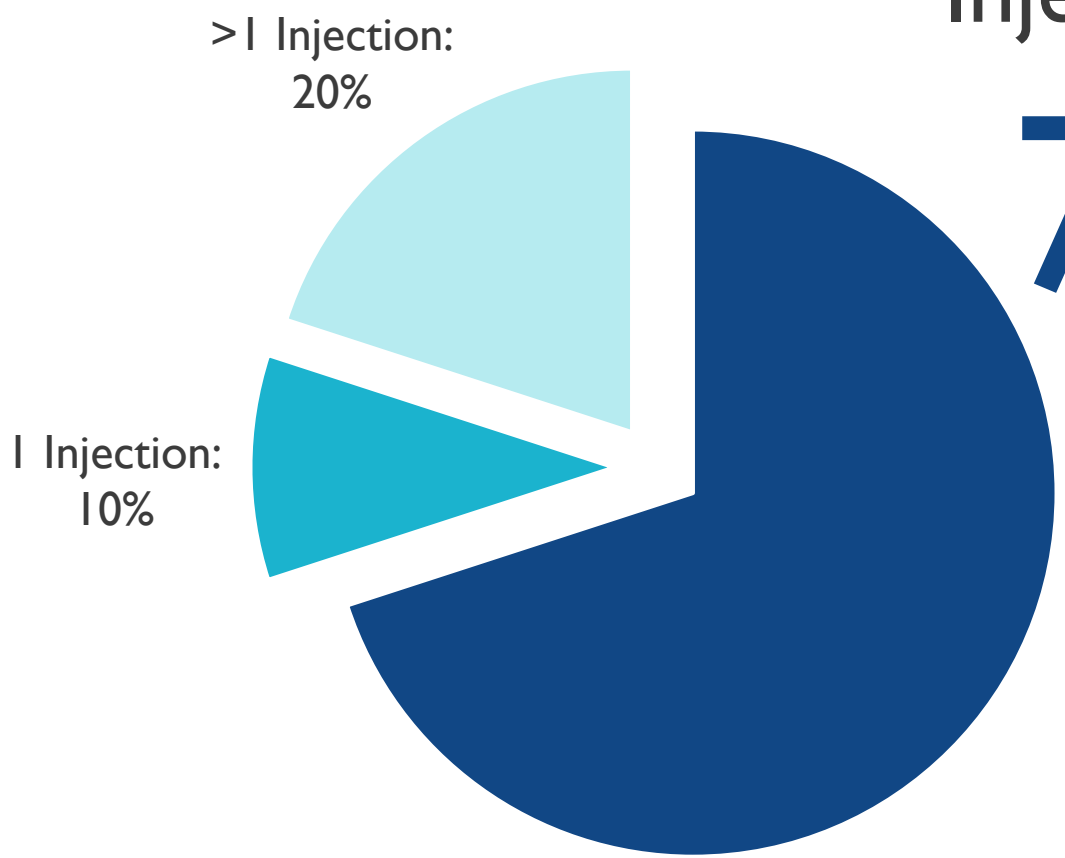
Treatment Burden Reduction:

83%

Data cutoff, September 3, 2024.
†Injection-free, 1 injection, and >1 injection based on Kaplan-Meier method for calculating endpoint with variable follow-up through 52 weeks (Phase 1/2a)

In Broad Wet AMD Population, Including Recently Diagnosed*

Through 52 Weeks†



Injection-Free:

70%

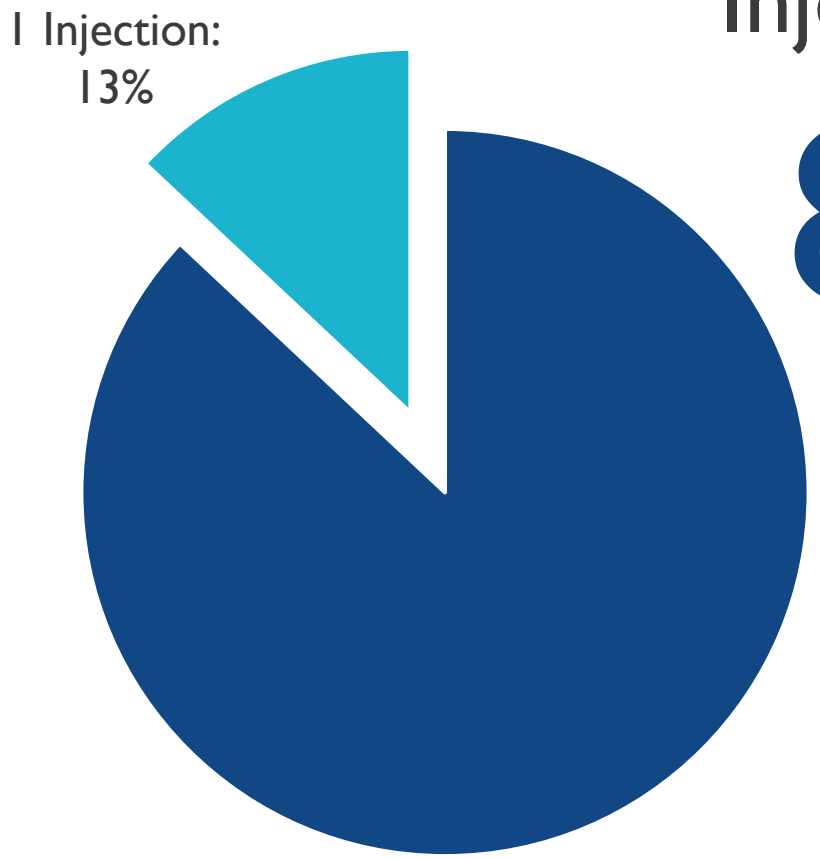
Treatment Burden Reduction:

89%

Data cutoff, September 3, 2024.
*Diagnosed ≤6 months prior to screening.
†Based on Kaplan-Meier method for calculating endpoint with variable follow-up through 32-52 weeks (Phase 2b)

In Recently Diagnosed Wet AMD Population*

Through 52 Weeks†



Injection-Free:

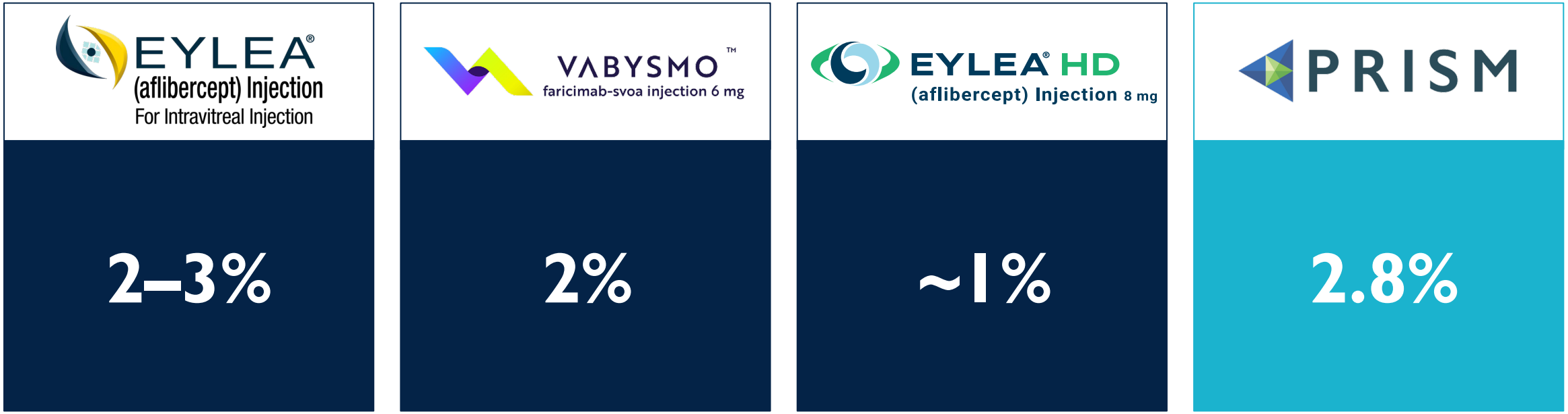
87%

Treatment Burden Reduction:

98%

Data cutoff, September 3, 2024.
*Diagnosed ≤6 months prior to screening.
†Based on Kaplan-Meier method for calculating endpoint with variable follow-up through 32-52 weeks (Phase 2b)

4D-150 Development Enabled by a Favorable IOI Profile



Data cutoff, August 23, 2024.
IOI, intraocular inflammation. All IOI rates from approved FDA labels.

4FRONT Phase 3 Program in Treatment Naïve Wet AMD Population

Design Maximizes Probabilities of Clinical, Regulatory & Commercial Success

1

Informed by:

- PRISM interim data
- Phase 3 designs of marketed intravitreal anti-VEGF products
- Regulatory discussions with FDA & EMA under RMAT & PRIME

2

Goals:

- Maximize probability of success for:
  - Primary endpoint: BCVA non-inferiority
  - Secondary endpoint: treatment burden reduction
  - Commercialization

3

Design features:

- Anti-VEGF responsive on study to be randomized
- 4D-150 3E10 vg/eye dose
- Durezol topical eyedrops
- 3 monthly loading doses applied to both arms
- Comparator arm 2Q8W dosing without supplemental injections

World Class Senior Ophthalmology Leadership Team:
100+ Years of Experience with 6 Approvals & Two Launches of Major Products

Robert Kim, MD
Chief Medical Officer
30+ years
Clinical Science, Clinical Operations, Early- & Late-stage Clinical Development

Dhaval Desai, PharmD
Chief Development Officer
20+ years
Late-stage Product Development, Medical Affairs & Scientific Communications

Christopher Simms
Chief Commercial Officer
25+ years
Pre-commercial & Commercial, Pre-launch Preparations & Development

Carlos Quezada-Ruiz, MD, FASRS
SVP, Therapeutic Area Head, Ophthalmology
20+ years
Leads Ophthalmology R&D, Early- & Late-stage Clinical Development

4FRONT-1 Phase 3 Wet AMD Study Design

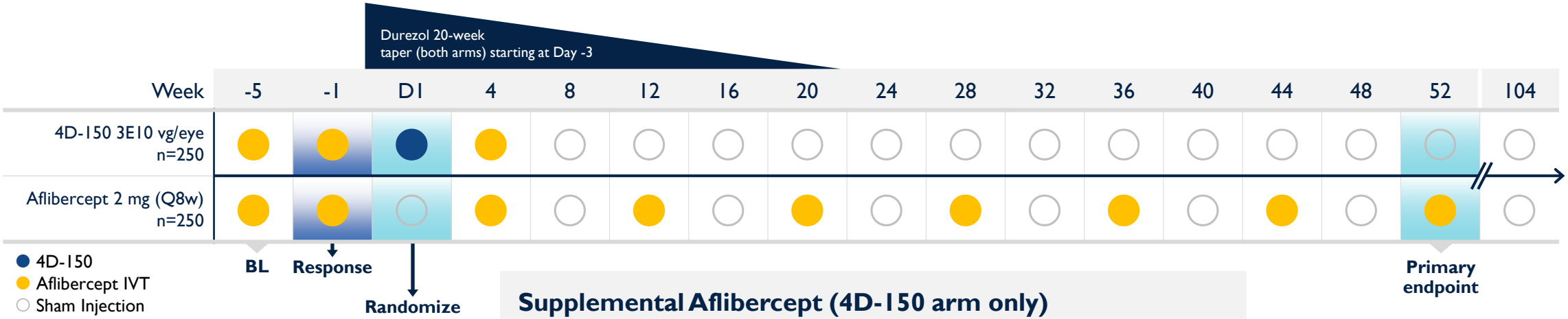
Primary Endpoint: BCVA Noninferiority of 4D-150 3E10 vg/eye to Aflibercept 2mg Q8 weeks

Key Inclusion Criteria

Treatment naïve wet AMD

BCVA: 25-78 letters

Anti-VEGF responsive: After Week -5 loading dose



Supplemental Aflibercept (4D-150 arm only)

Reference Point: After 3 loading doses

Pre-specified criteria for BCVA & CST worsening to maintain BCVA and **protect primary endpoint**

Designed to Drive Clinical, Regulatory & Commercial Success

THANK YOU

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