

The FUSION Study Is Evaluating Ulefnersen, an Investigational RNA-Targeted Medicine, for People With FUS-ALS^{1,2}

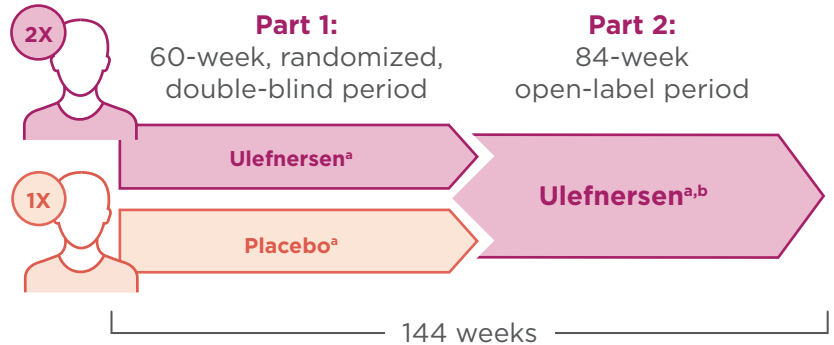


The Phase 1-3, double-blind, placebo-controlled clinical trial is currently underway^{1,2}



Study objective:

To determine if an investigational RNA-targeted antisense medicine, ulefnersen, is safe and capable of halting, reversing, or slowing deterioration based on clinical functioning and biomarkers in people with FUS-ALS.^{1,2}



This is a multicenter, two-part study of ulefnersen. **Part 1** will consist of participants who will be randomized in a 2:1 ratio to receive a multidose regimen of ulefnersen or placebo for a period of 60 weeks with a 12-week follow-up, followed by **Part 2**, which will be an open-label period where all participants will receive ulefnersen for a period of 84 weeks.²

Select inclusion/exclusion criteria^{1,c}:

- People aged ≥ 12 years with signs or symptoms consistent with ALS
- Confirmed genetic mutation in *FUS*^d
- Upright SVC^e $\geq 50\%$ of predicted value
- People who require permanent ventilation^f and/or tracheostomy are excluded
- People who have any known ALS-associated mutations, other than *FUS* are excluded

Table: Key Clinical Endpoints¹

Primary Endpoint	Change From Baseline (Day 1) Through Study Day 505 in Part 1 in Functional Impairment ^g
Secondary Endpoints	Change From Baseline in ALSSQOL-R Change From Baseline in In-Clinic ALSFRS-R Survival Change From Baseline in In-Clinic SVC Change From Baseline in HHD Change From Baseline in CSF NfL Concentration

For more study information scan here:



Ulefnersen has not been evaluated for safety and efficacy by any regulatory authorities, and ulefnersen is not indicated for the treatment of any disease.

^aAdministered by lumbar intrathecal bolus injection.¹ ^bParticipants who complete Part 2 will have the opportunity to enroll in Part 3, an open-label extension with continued access to ulefnersen and monitoring until ulefnersen receives marketing authorization or its development is discontinued.¹ ^cThis is not an exhaustive list. ^dBy a certified, CE-marked, or equivalent testing laboratory, mutations must be reviewed and approved by a variant classification committee.¹ ^eAs adjusted for sex, age, and height. ^fMore than 22 hours of mechanical ventilation (invasive or noninvasive) per day for >21 consecutive days.¹ ^gFunctional impairment to be measured by joint rank analysis of the combined assessment of function and survival.¹

ALSFRS-R, Revised Amyotrophic Lateral Sclerosis Functional Rating Scale; ALSSQOL-R, Revised Amyotrophic Lateral Sclerosis Specific Quality of Life; CSF, cerebrospinal fluid; FUS-ALS, Fused in Sarcoma amyotrophic lateral sclerosis; HHD, handheld dynamometry; NfL, neurofilament light; SVC, slow vital capacity.

1. ClinicalTrials.gov. Accessed February 19, 2024. <https://clinicaltrials.gov/ct2/show/NCT04768972> / 2. Ionis Pharmaceuticals. Data on file.

Ulefnersen Is an Investigational RNA-Targeted Medicine (RTM) That Has Been Designed to Reduce CNS Expression of FUS¹⁻⁴

FUSION

Proposed Ulefnersen-Mediated Downregulation of FUS¹⁻⁴



Ulefnersen lowered levels of wild-type and mutant FUS in the CNS, which resulted in a marked reduction in the burden of FUS aggregates, a pathological hallmark of the disease, in animal models and a compassionate use authorization in a single human patient.⁴



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For more information or questions about participating sites, please contact us at ionisNCT04768972study@clinicaltrialmedia.com or 844-421-0104.⁵

LEADING THE RNA REVOLUTION

in the treatment of neurologic disease

With a history of major breakthroughs in RNA-targeted technology, Ionis' robust pipeline is filled with potential.

CNS, central nervous system; dsDNA, double-stranded DNA; FUS, Fused in Sarcoma; mRNA, messenger RNA.

1. Bennett CF, et al. *Annu Rev Pharmacol Toxicol*. 2021;61:831-852. 2. Ionis Pharmaceuticals. The Ionis antisense pipeline. Accessed February 18, 2024. <https://www.ionispharma.com/ionis-technology/antisense-pipeline/> 3. Dhuri K, et al. *J Clin Med*. 2020;9(6):2004. 4. Korobeynikov VA, et al. *Nat Med*. 2022;28(1):104-116. 5. ClinicalTrials.gov. Accessed February 19, 2024. <https://clinicaltrials.gov/ct2/show/NCT04768972/>

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