

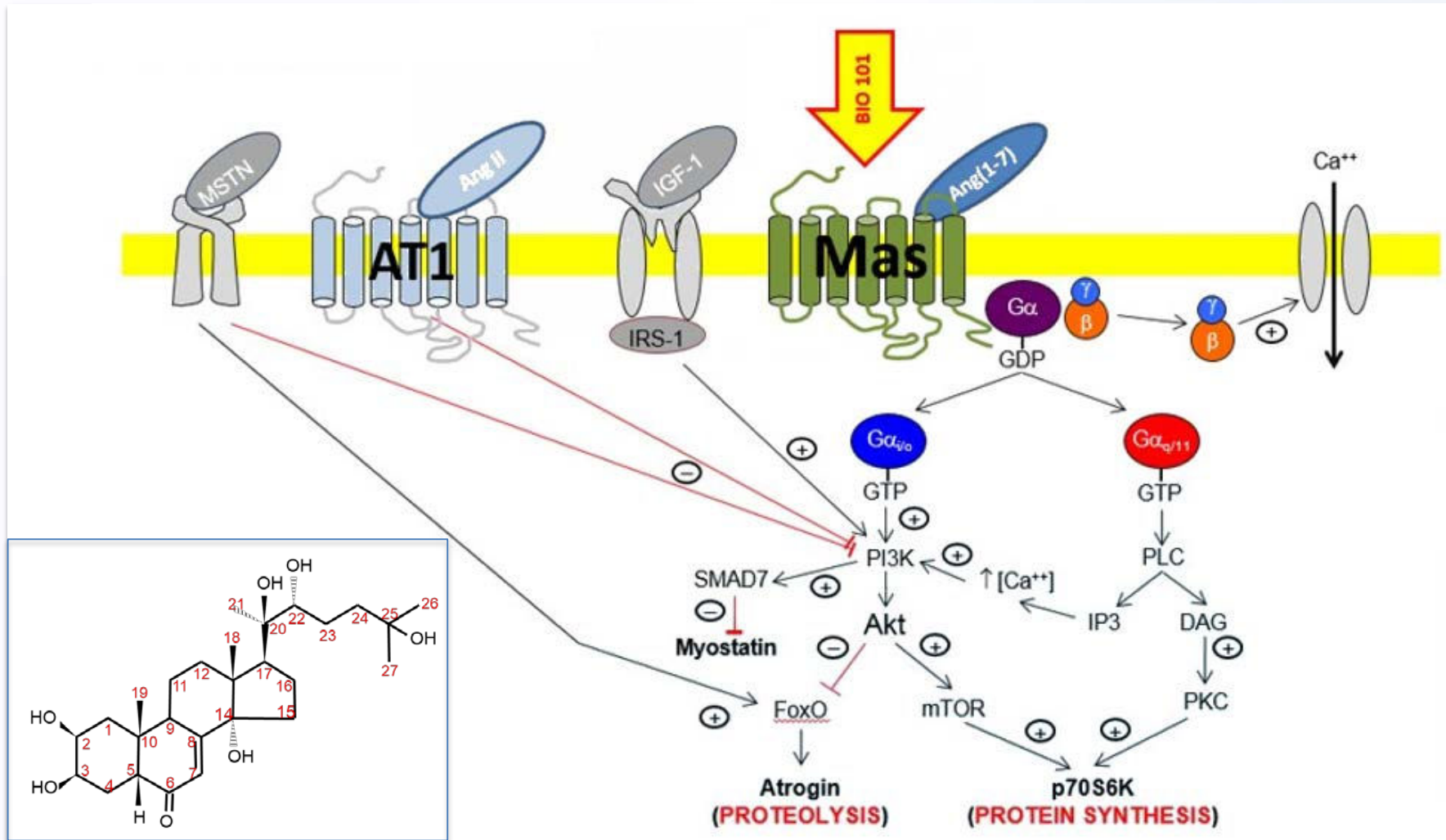


**SARA PROGRAM: PRELIMINARY
FINDINGS & IMPLICATIONS
FROM SARA-OBS STUDY AND ITS
IMPACT ON SARA-INT STUDY**

W. DIOH, C. TOURETTE, C. MARGALEF, A. CHEN, R.
LAFONT, P. DILDA, S. VEILLET, AND S. AGUS

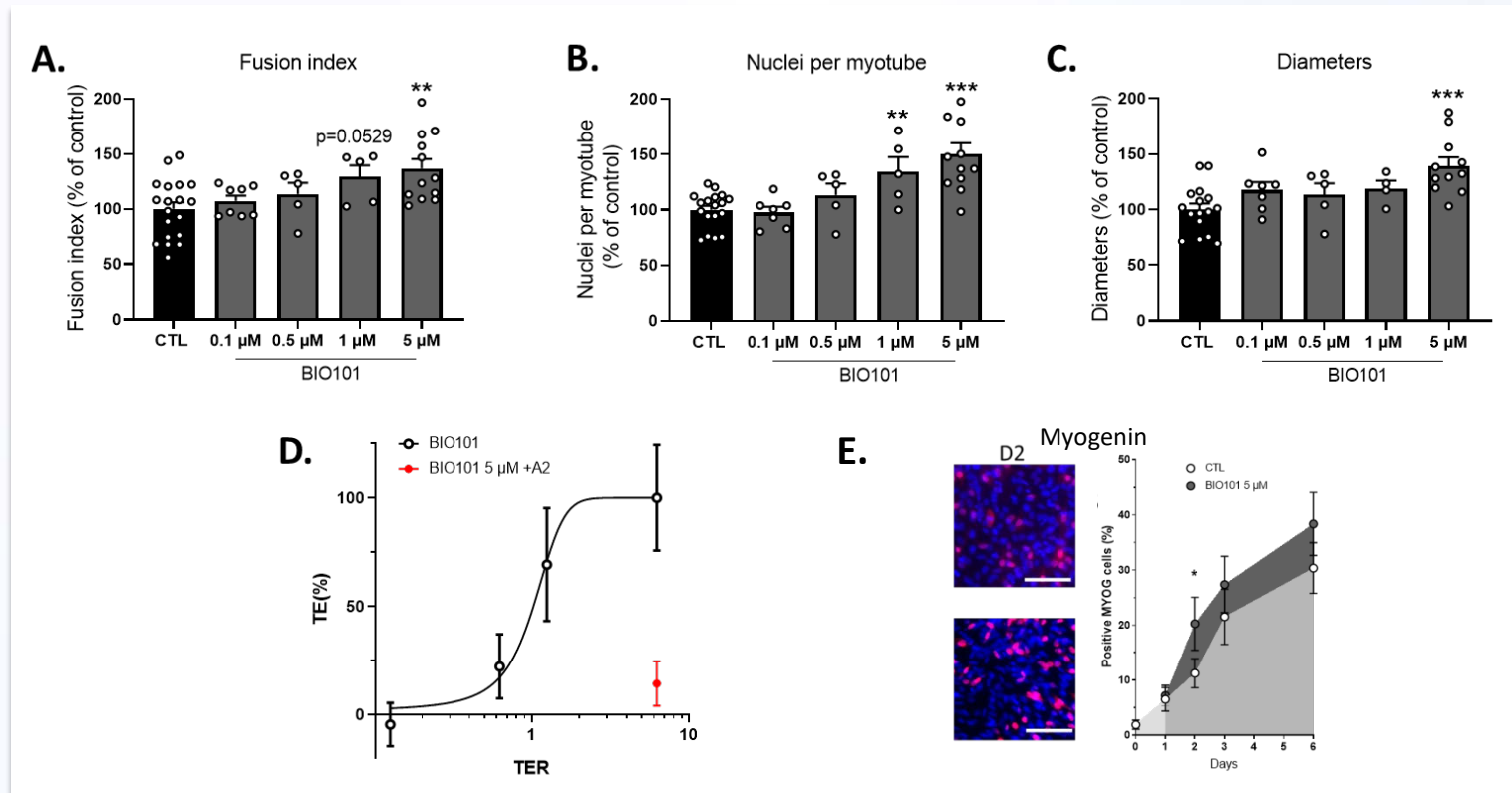
BIO101: MECHANISM OF ACTION

MAS receptor activation



TARGET ENGAGEMENT STUDIES *IN-VITRO*

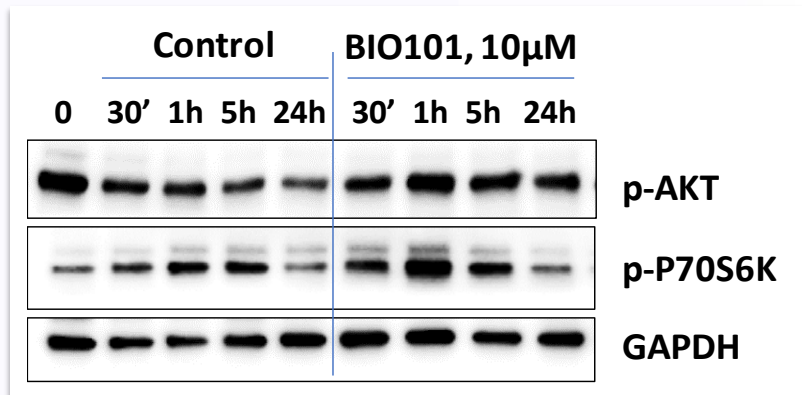
Myoblast differentiation



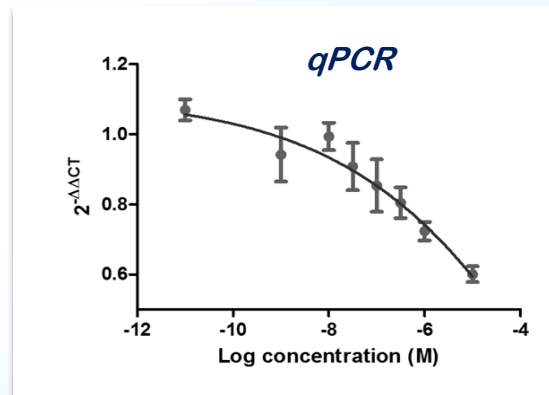
⇒ Dose-dependent effect of BIO101 on myoblast differentiation, based on effects observed on fusion index, number of nuclei per myotube and myotube diameter, as well as Myogenin protein expression.

TARGET ENGAGEMENT STUDIES *IN-VITRO*

AKT signaling pathway

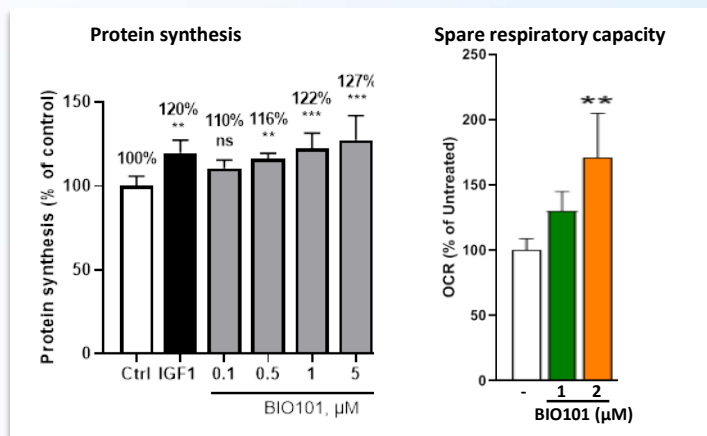


Myostatin gene expression



⇒ BIO101 stimulates AKT signaling pathway and inhibits myostatin gene expression

Myoblast protein synthesis and mitochondrial respiration



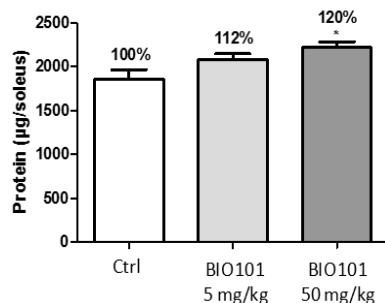
- ⇒ BIO101 is responsible for a significant increase in protein synthesis in differentiated muscle cells.
- ⇒ BIO101 increases significantly the mitochondrial spare respiratory capacity in differentiated C2C12

TARGET ENGAGEMENT STUDIES *IN-VIVO*

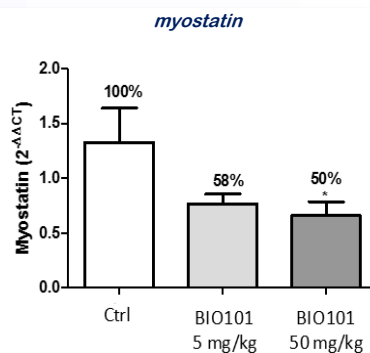
Mouse soleus, 6 weeks
oral treatment



Muscle protein content



Gene expression



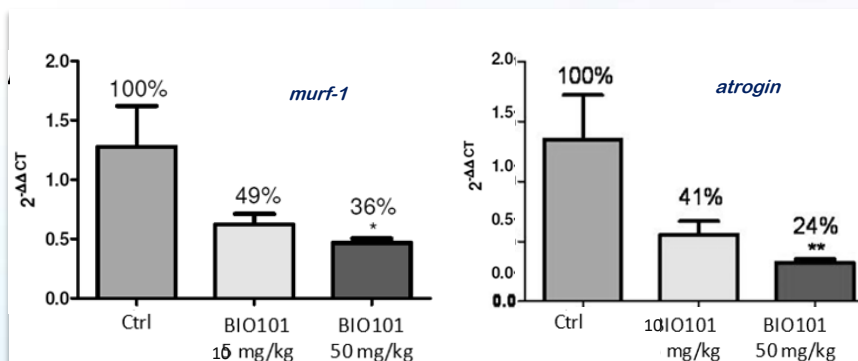
BIO101 causes an increase in muscle protein content in treated mice.

BIO101 administration cause a partial inhibition of myostatin gene expression.

Rat tibialis anterior, 12
weeks oral treatment



Gene expression

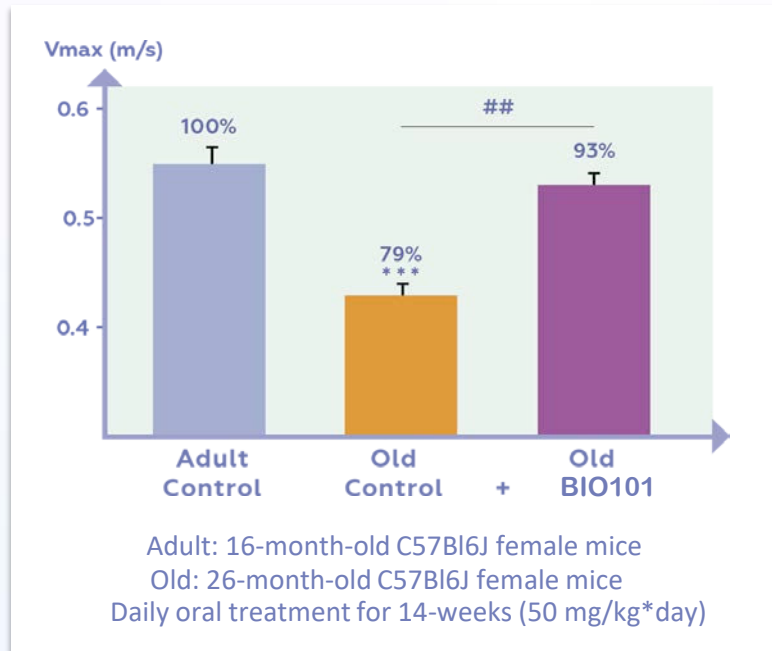


Chronic BIO101 treatment causes a dose-dependent gene expression inhibition of two important regulators of ubiquitin-mediated protein degradation in skeletal muscle (Murf-1 and Atrogin).

=> BIO101 has a dose-dependent effect in the target tissue with a chronic treatment

PROOF OF CONCEPT

Age-related muscle wasting and loss of function



⇒ Significant protection against muscle function loss during ageing

THE SARA CLINICAL PROGRAM

SARA = SARcopenia and sarcopenic obesity in patients Aged ≥ 65 years

SARA-PK

- Phase 1 study
- Safety and pharmacokinetic profiles of BIO101 in older adults
- Selection of doses for SARA-INT

SARA-OBS

- An observational study to characterize the target population and main parameters of SARA-INT

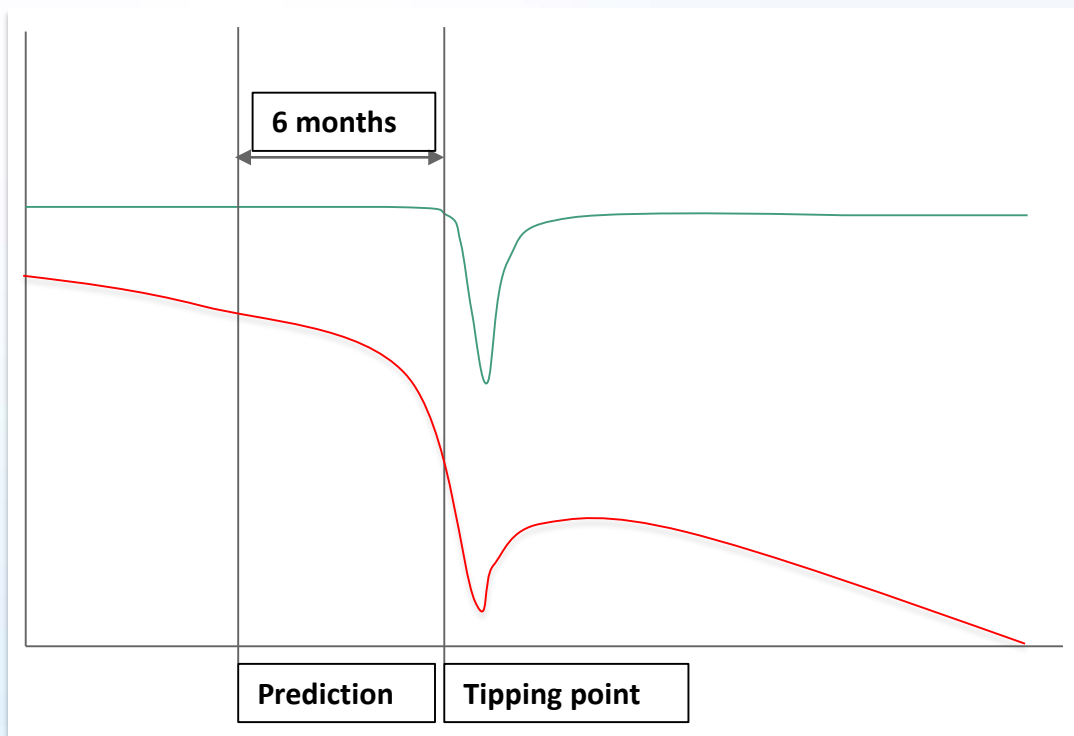
SARA-INT

- A phase 2 interventional trial to evaluate the safety and efficacy of BIO101 after 6-month administration in sarcopenic patients on mobility function

SARA PROGRAM: IDENTIFICATION OF THE TARGET POPULATION

Aiming to identify individuals who are at a high risk for mobility disability

- In standard care, individuals with a chronic disease are often diagnosed when a bad thing happens. This is the **Tipping Point**
- The tipping point is an untoward medical event, from which the affected individual is not able to recover to their pre-event function
- **Resilience** indicates the ability of individuals to recover from untoward events. The opposite of resilience is **frailty**
- Sarcopenia is a significant cause for increased frailty and losing the ability to complete the 400 meter gait task. 400MW test is a measure that is associated with loss of resilience.



Exclusion of individuals with SPPB = 9 is the main difference between the SARA program and previous sarcopenia studies

SARA-OBS: AN OBSERVATIONAL CLINICAL TRIAL

Characterizing Sarcopenia and sarcopenic obesity in patients Aged 65 years and over, at risk of mobility disability

Objectives:

- To characterize sarcopenia, including sarcopenic obesity, in older patients (≥ 65 years) living in the community and at risk of mobility disability
- Evaluate physical performance and body composition for the design of a phase 2 interventional study on the efficacy and safety of BIO101
- Estimate the relative prevalence and recruitment rate in sarcopenia

Main endpoints:

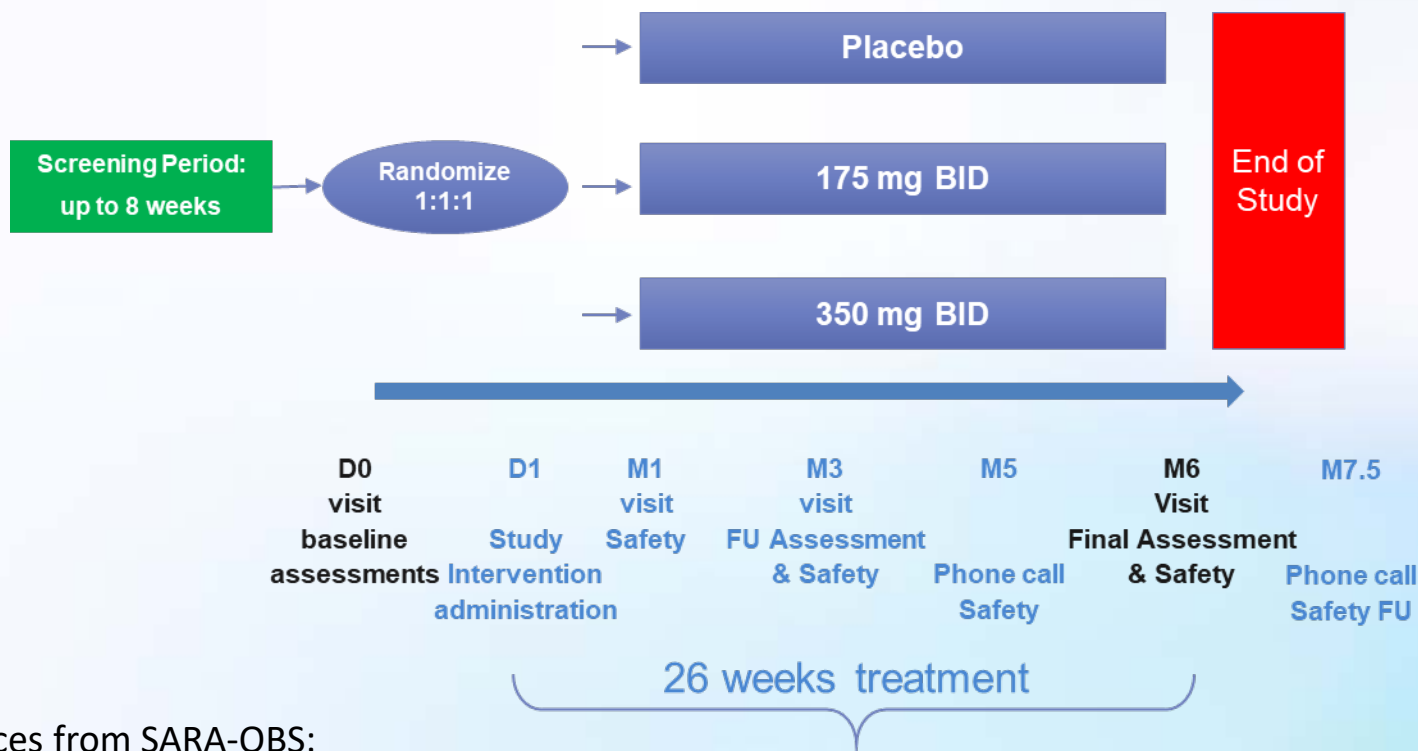
- Primary endpoint: gait speed of the 400MW test
- Co-primary endpoint: The Physical Function Domain (PF-10) of the Short Form Health Survey (SF-36)
- Key secondary endpoint: Hand grip strength
- Other secondary endpoints: 6 MWD, completion of 400MW Test, SPPB, SPPB sub-score of sit-stand, stair climbing Power Test, PROs (SF36; SarQoL; TSD-OC) knee extension strength, DXA measurements
- Safety and tolerability

Main inclusion criteria:

- Men and women aged ≥ 65 years, living in the community, and reporting loss of physical function
- Short Physical Performance Battery (SPPB) score ≤ 8
- ALM/BMI < 0.789 in men and 0.512 in women, or ALM < 19.75 kg in men and < 15.02 kg in women by DXA

SARA-INT: A PHASE 2 INTERVENTIONAL STUDY

Following the same outline as that of the SARA-OBS study



Main differences from SARA-OBS:

- Participants must perform the 400MWT within 15 minutes
- Exclusion of individuals with an active biliary-tract disease

Initial number of participants: 334

Currently randomized: 224

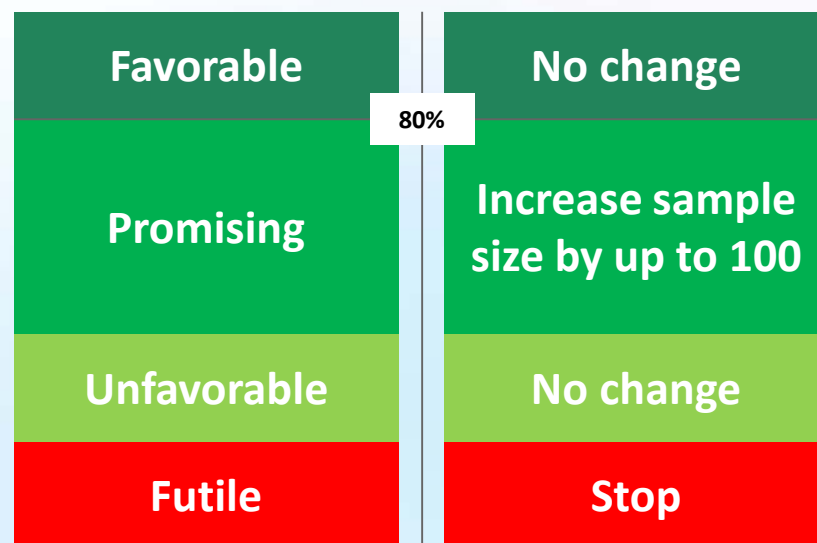
WHAT WE LEARNED FROM SARA-OBS (PRELIMINARY ANALYSIS ON 106 COMPLETERS)

Disease progression and its impact on the sample size

	BL	M6	Change	P
400WT	0.90	0.84	-0.05	0.0036
SPPB score	6.67	6.99	0.32	0.0915
6MWT	298.84	279.56	-19.28	0.0012
Chair-stand	19.63	20.04	0.41	0.61
Handgrip	22.73	22.29	-0.43	0.36
Effect size assumption: 0.05m/sec above baseline				
Std div.	Expected diff from placebo	N / arm	N total	Expected change from BL (%)
0.20	0.05	253	759	5.5%
	0.08	111	334	8.9%
	0.10	64	192	11.0%

A 'promising zone' interim analysis

- Re-confirm the statistical power
- Re-adjust the sample size – if needed

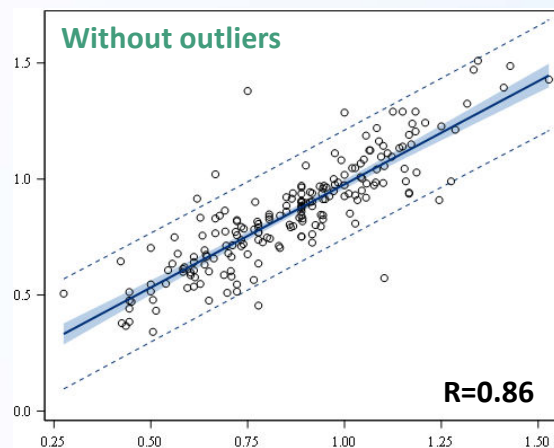
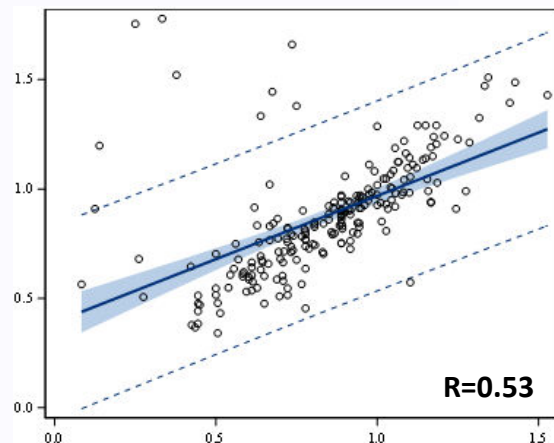


Population of the 2 studies have similar baseline characteristics

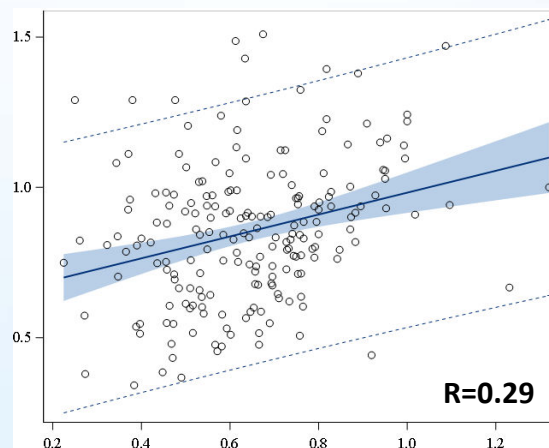
- ⇒ Exclusion of SPPB=9 led to the selection of a **more vulnerable population**, which is closer to the 'tipping point'
- ⇒ Sample size re-estimation to 192 participants (231 including 20% premature termination).

CORRELATIONS

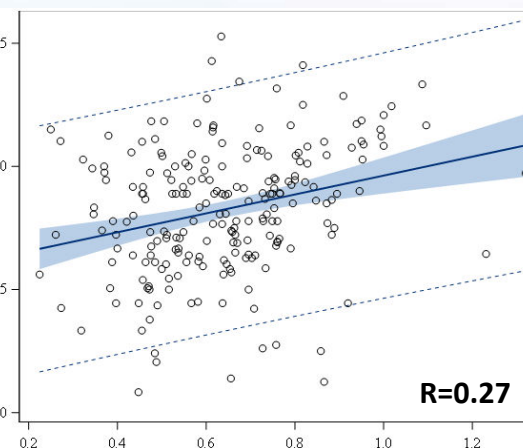
400MWT to 6minwt



400MWT to 4MWT
(from SPPB)



6minwt to 4MWT
(from SPPB)



A high correlation between the 400MWT and the 6MWT, but not between either to the 4MWT (from the SPPB)

THANK YOU!

For more details on SARA-OBS study, please come and visit our poster

CLINICAL TRIALS

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**Design and Population Baseline Features of the SARA-OBS Study:
Characterizing SARcopenia and Sarcopenic Obesity in Patients Aged 65
years and over, at Risk of Mobility Disability**

Waly Diah, Cendrine Tourette, Carole Margalef, Amy Chen, René Lafont, Pierre Dilda, Stanislas Veillet, and Samuel Agus