Results from the Phase 3 PEACHTREE Clinical Trial
Systemic Therapy and the Efficacy of CLS-TA: a Post-Hoc Analysis

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for the PEACHTREE Investigators
Financial Disclosures

• QDN
  – Dr. Nguyen has served as advisor for Bayer, Clearside, Genentech/Roche, Regeneron, and Santen among others
  – Stanford University, the employer of Dr Nguyen, has received research funding from Genentech, Regeneron, and Santen, among others

• TAC
  – Employment & Financial Interest: Clearside Biomedical
Core Advantages of Treating Via the Suprachoroidal Space

**TARGETED**
The back of the eye is the location of many irreversible and debilitating visual impairments\(^1\)

**COMPARTMENTALIZED**
Drug is compartmentalized in the suprachoroidal space, which helps keep it away from non-diseased tissues\(^2\)

**BIOAVAILABLE**
Fluid spreads circumferentially and posteriorly when injected within the suprachoroidal space, bathing the choroid and adjacent areas with drug\(^3\)

\(^{1}\) PK = pharmacokinetic

**Background:** Suprachoroidal Delivery of Corticosteroids

- **PEACHTREE:** Macular Edema in NIU met Primary Endpoint
  - 46.9% of subjects gained ≥15 BCVA letters from baseline vs. 15.6% in the control

**Mean change from baseline in BCVA by visit**

![Graph showing mean change in BCVA letters by visit](image)

- Treatment of uveitis often requires a combination of systemic and local therapies
- The index analysis explores the efficacy in patients receiving and not receiving other systemic therapies at baseline
### Safety: PEACHTREE Study

<table>
<thead>
<tr>
<th>IOP-Related Events</th>
<th>CLS-TA 4.0 mg N = 96</th>
<th>Control N = 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated IOP adverse events</td>
<td>11 (11.5%)</td>
<td>10 (15.6%)</td>
</tr>
<tr>
<td>IOP elevation ≥10 mmHg change from baseline at any visit*</td>
<td>9 (9.4%)</td>
<td>7 (10.9%)</td>
</tr>
<tr>
<td>IOP elevation ≥30 mmHg absolute reading at any post baseline visit*</td>
<td>5 (5.2%)</td>
<td>4 (6.3%)</td>
</tr>
<tr>
<td>Given any additional IOP-lowering medication</td>
<td>7 (7.3%)</td>
<td>6 (9.4%)</td>
</tr>
<tr>
<td>Any surgical intervention for an elevated IOP Adverse Event</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- Cataract: 7.3% (7/96) in the CLS-TA arm vs. 6.3% (4/64) in the sham arm

- One serious ocular AE
  - Retinal detachment 8 weeks after CLS-TA
  - Determined to be unrelated to study drug by the Investigator

*Based on elevated intraocular pressure adverse reactions*
Post Hoc Analysis: Objectives and Methods

- In PEACHTREE, enrollment criteria allowed for:
  - low dose corticosteroid or
  - stable dose of immunomodulatory therapy throughout study if no increase anticipated during study
- Post-hoc analyses were performed to evaluate improvement in BCVA and CST in subjects receiving systemic corticosteroids and/or steroid-sparing therapy at baseline versus subjects receiving no systemic therapies
  - Dosage reduction / stoppage during study after baseline not accounted for in analysis

<table>
<thead>
<tr>
<th>Any Systemic Steroid or Steroid-Sparing Therapy at Baseline</th>
<th>CLS-TA n=96</th>
<th>Control n=64</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO Systemic Therapy</td>
<td>68/96 (70.8%)</td>
<td>49/64 (76.6%)</td>
</tr>
<tr>
<td>YES Systemic Therapy</td>
<td>28/96 (29.2%)</td>
<td>15/64 (23.4%)</td>
</tr>
</tbody>
</table>
Mean change in BCVA significantly greater than control in both CLS-TA groups

**CLS-TA + No Systemic Therapy**
At Week 24: Change in BCVA +15.6 letters versus +4.9 in the control (p < 0.001)

**CLS-TA + Systemic Therapy**
At Week 24: Change in BCVA was +9.4 letters versus -3.2 in the control (p = 0.019)

Intention-to-treat population; LOCF imputation.
Mean change in CST significantly greater than control in No Systemic Therapy group

- **CLS-TA + Systemic Therapy**
  - At Week 24: Reduction in CST was **108.3 µm** versus **43.5 µm** in the control
  - (p = .190)

- **CLS-TA + No Systemic Therapy**
  - At Week 24: Reduction in CST was **169.8 µm** vs. **10.3 µm** in the control
  - (p < 0.001)

Intention-to-treat population; LOCF imputation.
Conclusion

• The benefit of suprachoroidally injected CLS-TA versus the control in treating macular edema associated with NIU was noted regardless of administration of systemic therapy at baseline
  – Significant improvement in visual acuity and reduction in retinal thickness
• These results corroborate the prespecified study analyses in the PEACHTREE Study
Sincere Appreciation to the PEACHTREE Subjects, Investigators, and Study Staff