



BEAM-302: Targeting AATD-related Liver and Lung Disease with Base Editing

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Disclosure/Forward looking statements



- ▶ I am a Beam employee and shareholder

Overview



- ▶ Introduction to Base Editing with BEAM-302
- ▶ *In vivo* data for correction of the PiZ mutation
- ▶ Summary and Next Steps

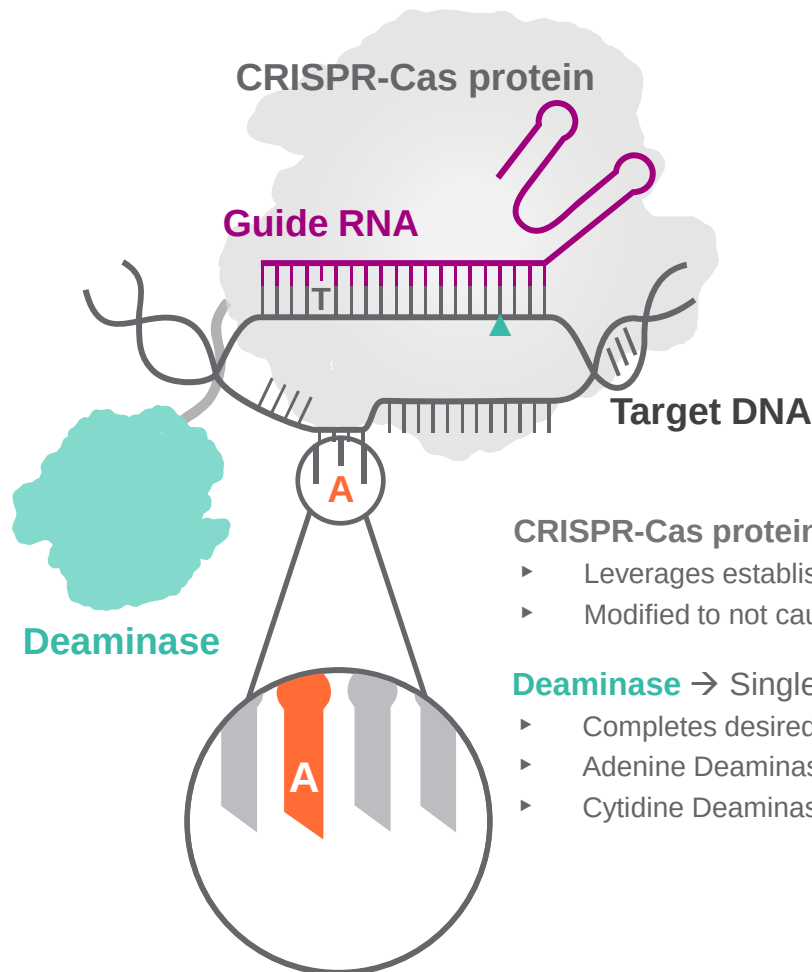
Base editing is a next-generation approach to gene editing with single base precision



Precise targeting?	Yes (guide RNA or ZF/TALE)	Yes (guide RNA)
Durability of edit?	Permanent	Permanent
Double strand breaks?	Yes	No
Applications?	Primarily knockout	Correct, modify, activate, multiplex
Editing predictability	Random insertions and deletions 100s of uncharacterized edits	Single base edits All edits fully characterized
Efficiency of precise edit?	Low – dividing cells only	High – any cell type

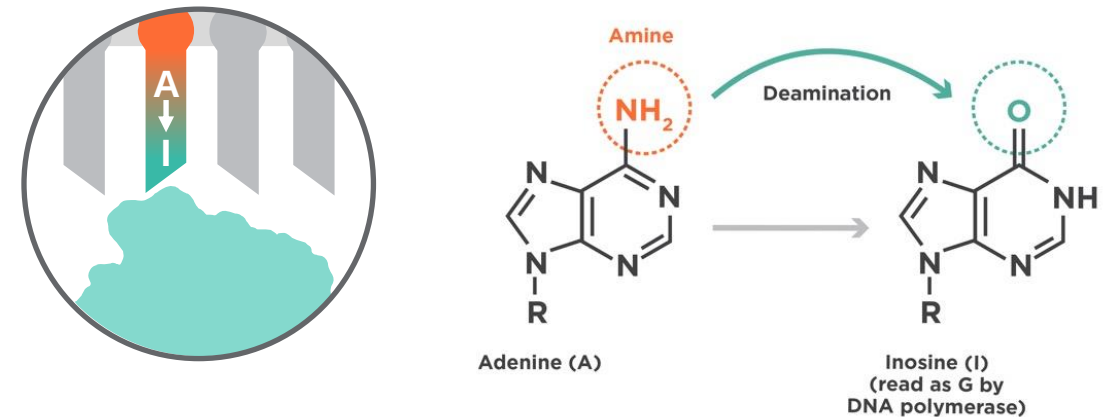
Base Editors Chemically Modify Target Bases, Permanently and Predictably

Base editor binds the target DNA and exposes a narrow editing window

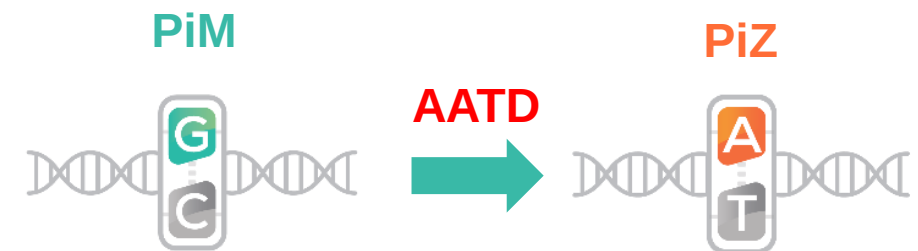


A-to-G
base editor
("ABE")

Deaminase chemically modifies target base, permanently and predictably



PiZ allele is due a G-to-A mutation



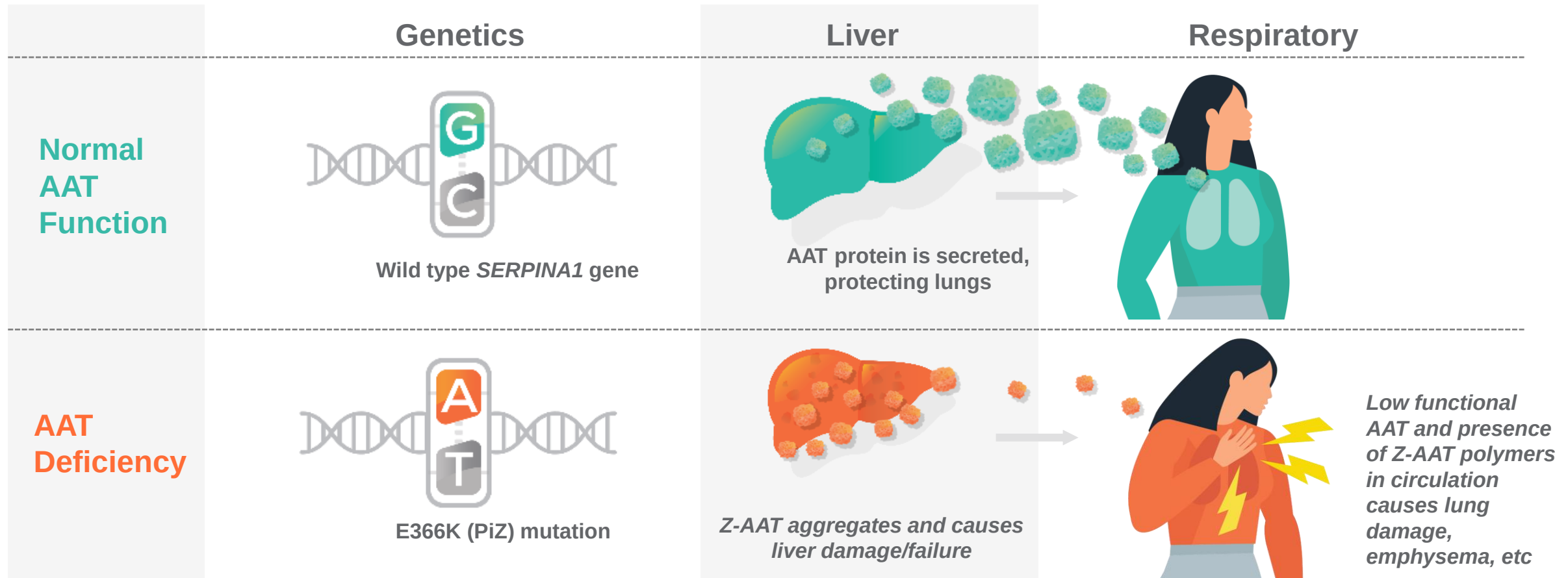
CRISPR-Cas protein → Guide RNA-driven targeting

- ▶ Leverages established DNA targeting ability of CRISPR
- ▶ Modified to not cause double-stranded breaks

Deaminase → Single base editing

- ▶ Completes desired chemical modification at target DNA base
- ▶ Adenine Deaminase for A-to-G editor ("ABE")
- ▶ Cytidine Deaminase for C-to-T editor ("CBE")

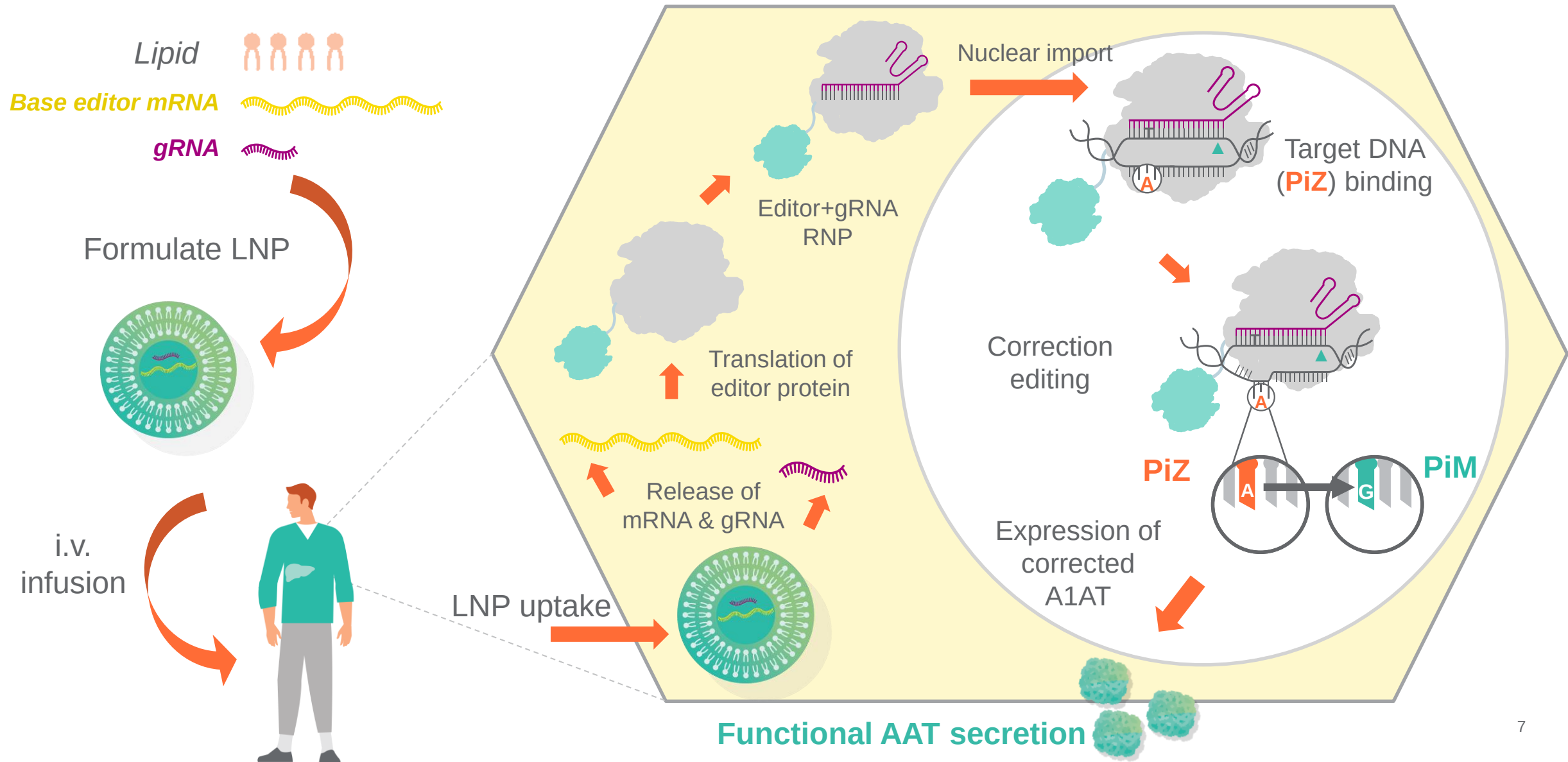
Alpha-1 Antitrypsin (AAT) Deficiency



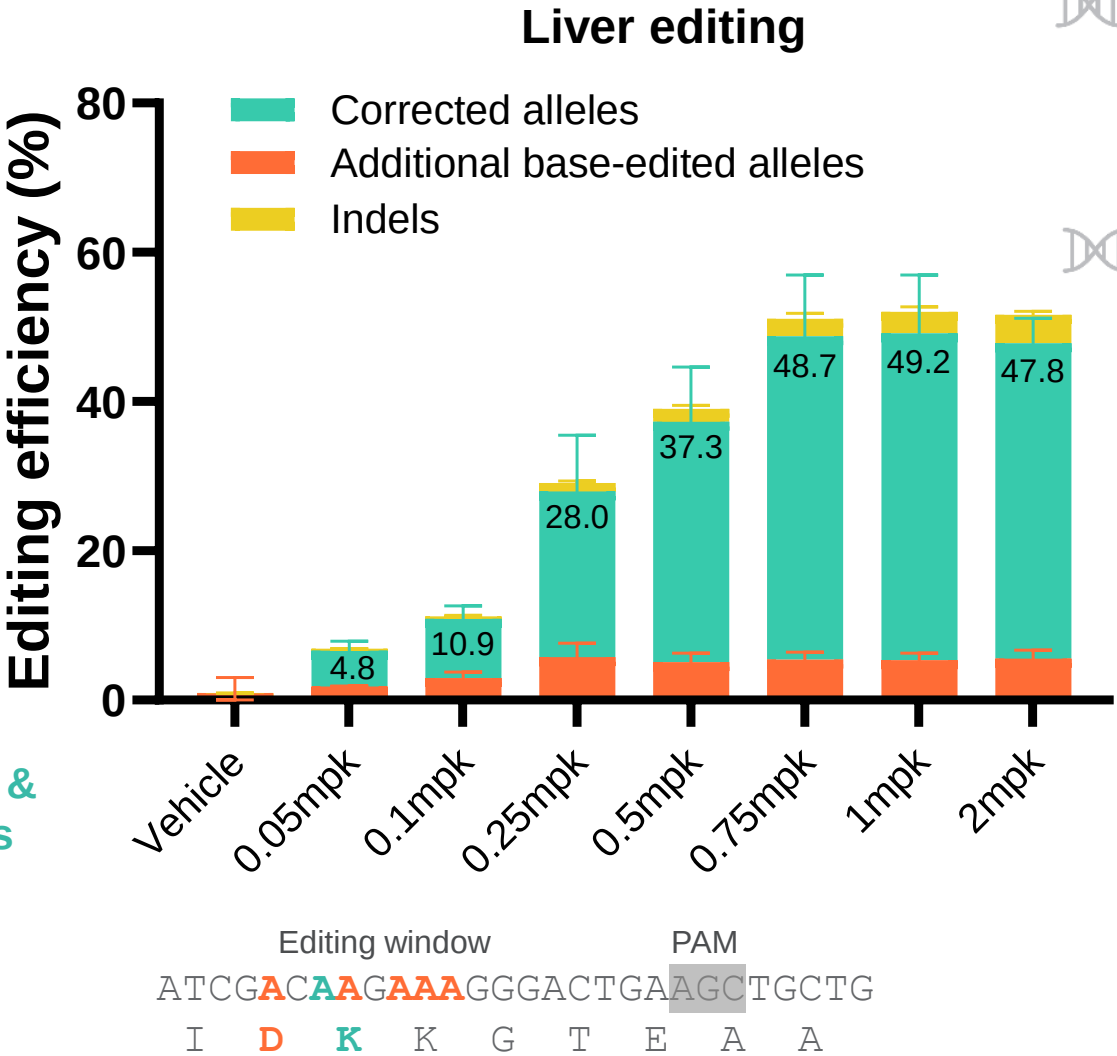
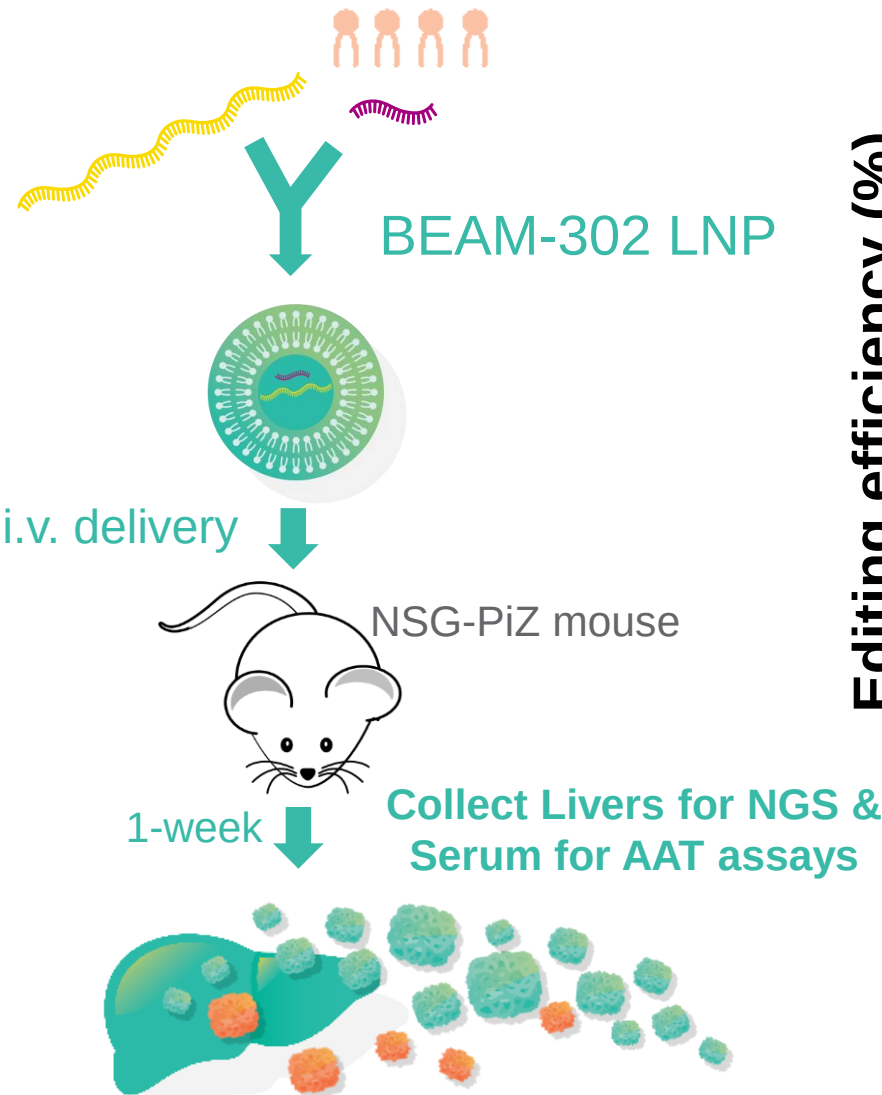
Direct correction of the PiZ mutation through base editing can:

1. Reduce liver toxicity caused by mutant Z-AAT protein aggregates (referred to as polymers)
2. Restore circulating functional AAT and decrease circulating Z-AAT polymers to protect the lungs

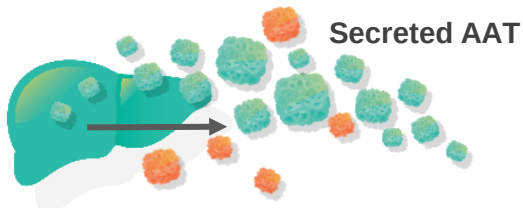
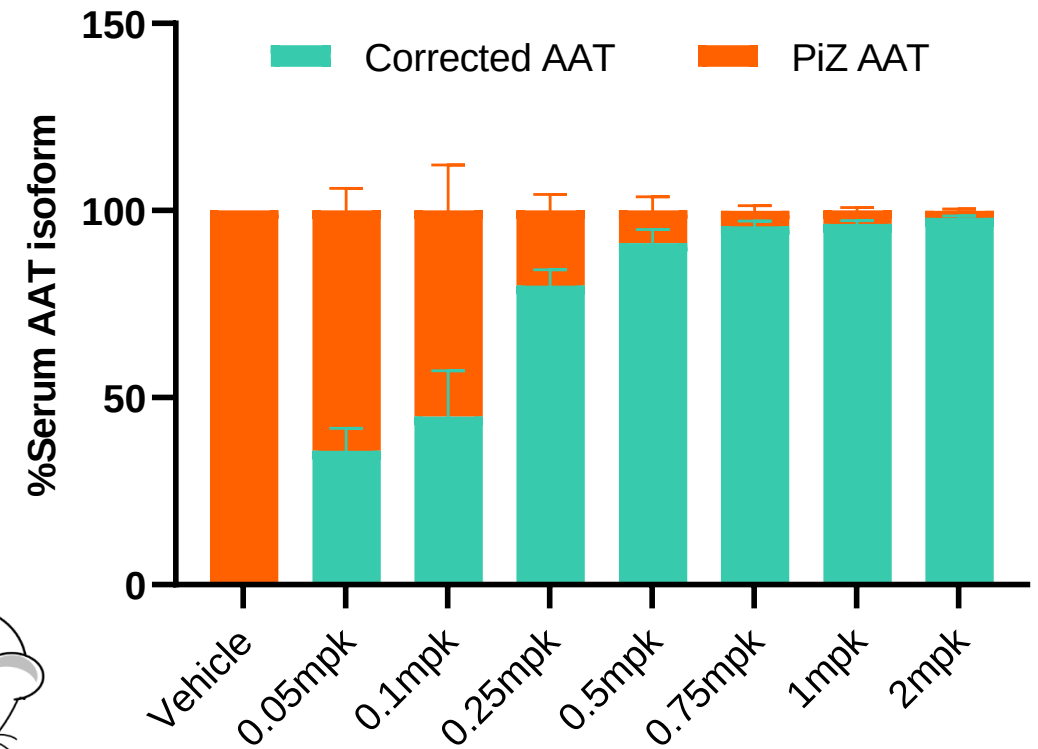
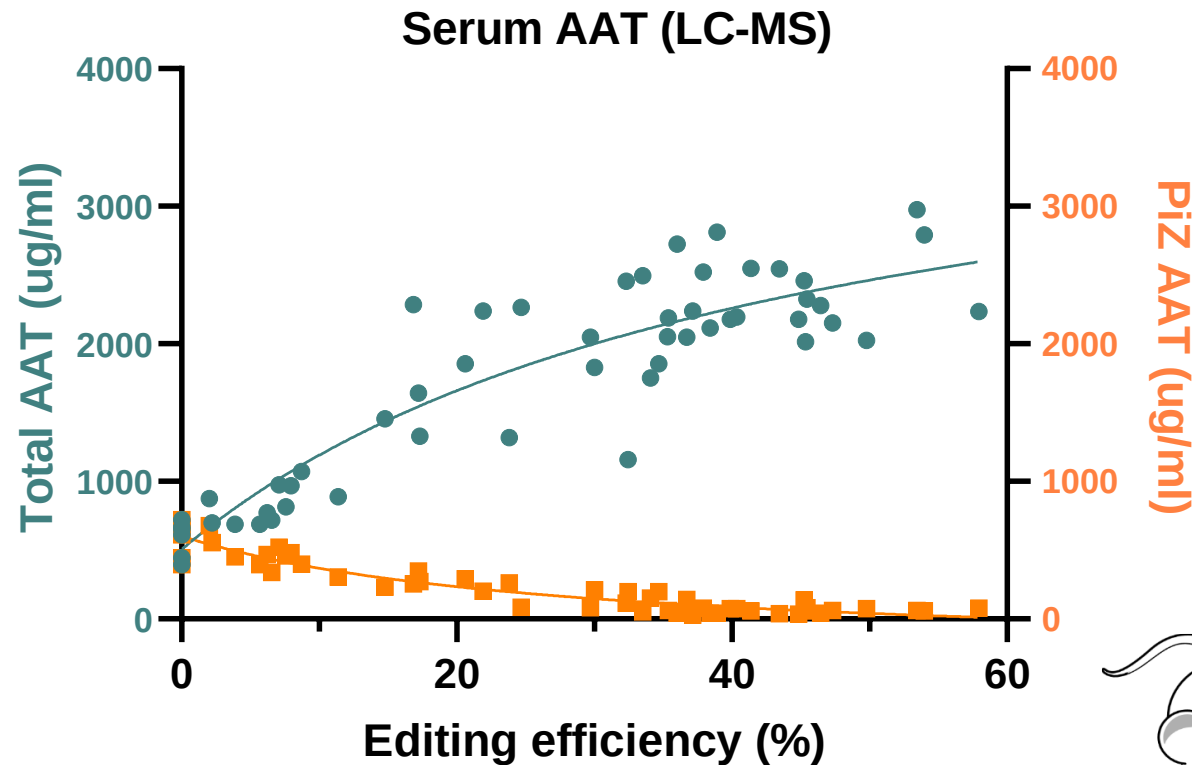
Lipid nanoparticle delivery for *in vivo* base editing in liver



BEAM-302 treatment led to *in vivo* correction of the PiZ mutation in AATD mouse model

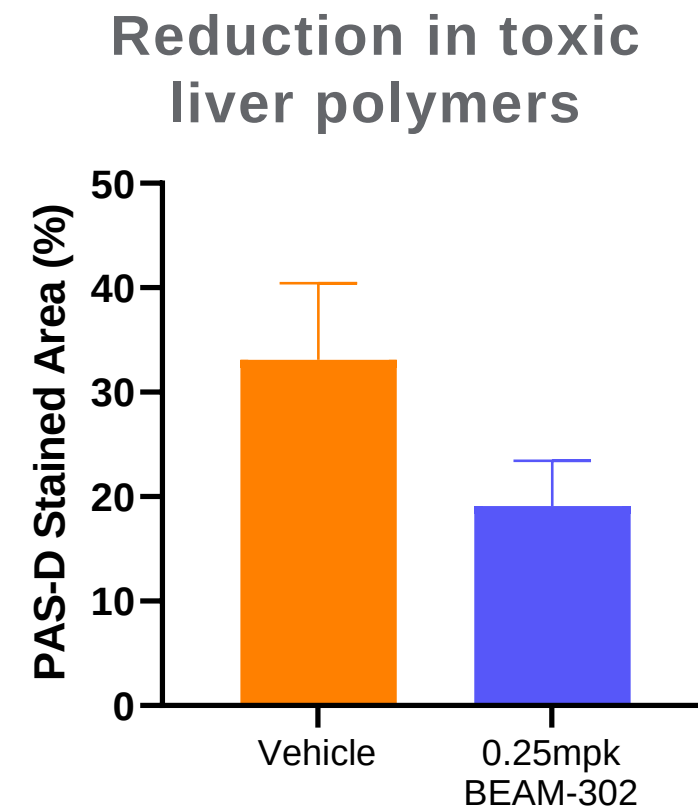
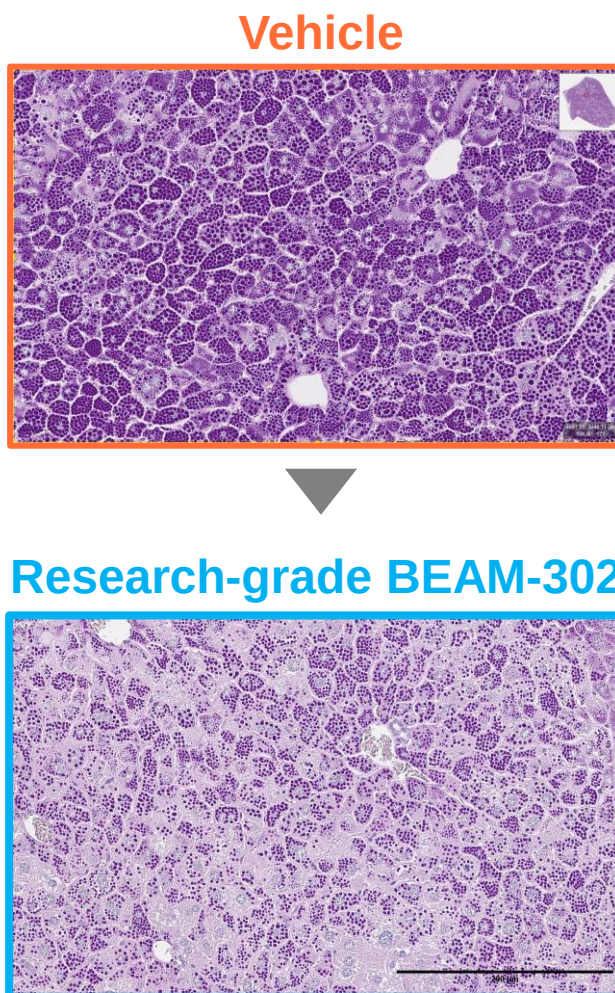
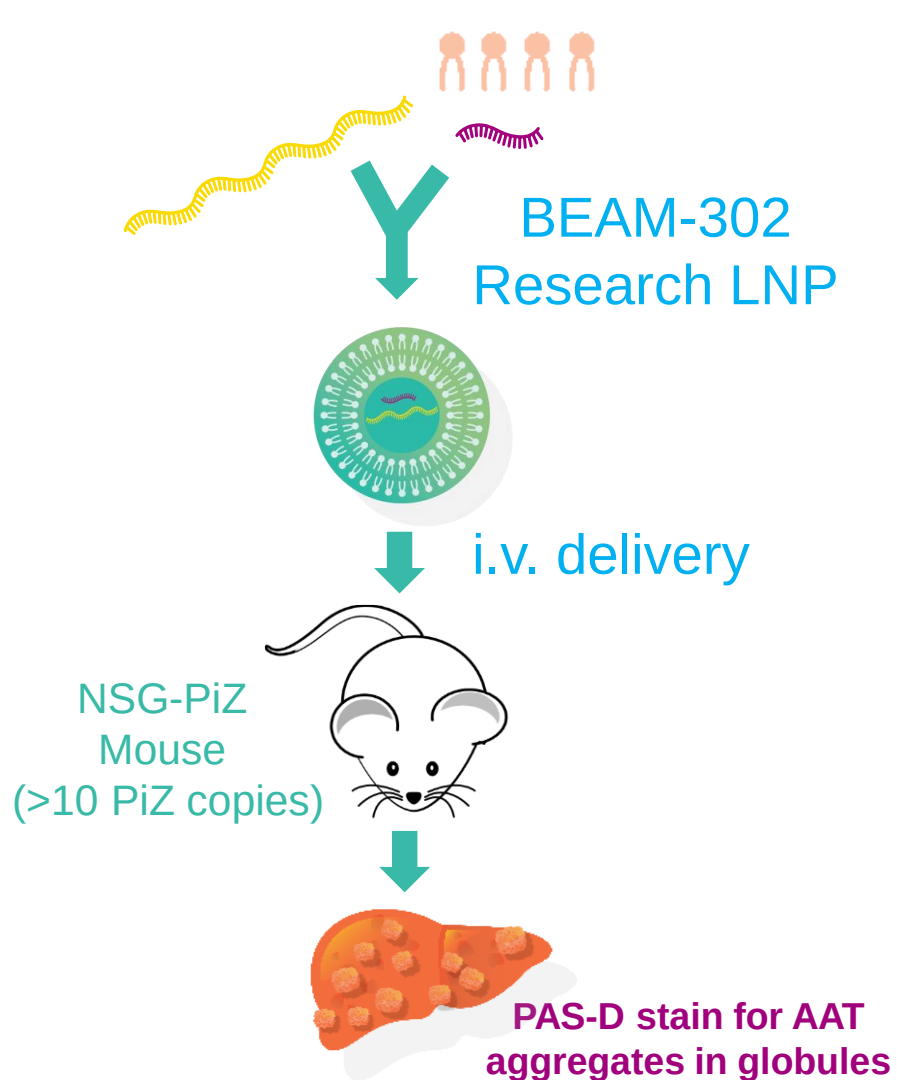


BEAM-302 resulted in both increased serum total & corrected AAT and decreased serum PiZ AAT in vivo



Measure secreted AAT in blood 1-week post-dose

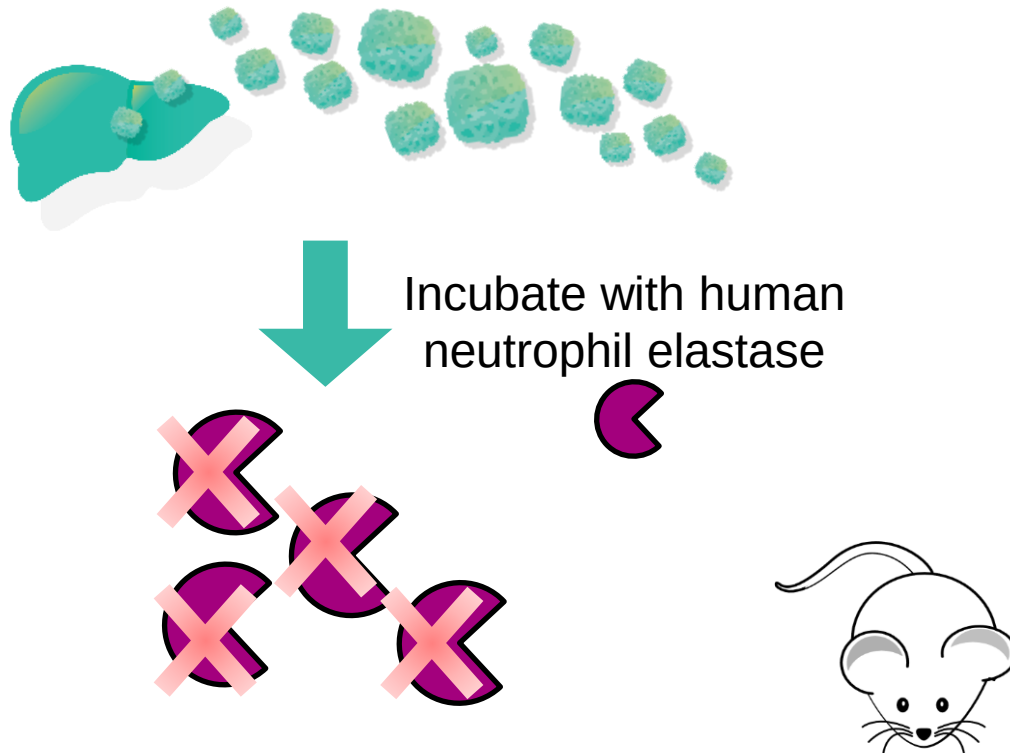
Correction of the PiZ mutation led to decreased liver Z-AAT polymers in mice



Liver Z-AAT levels by LC-MS
being established

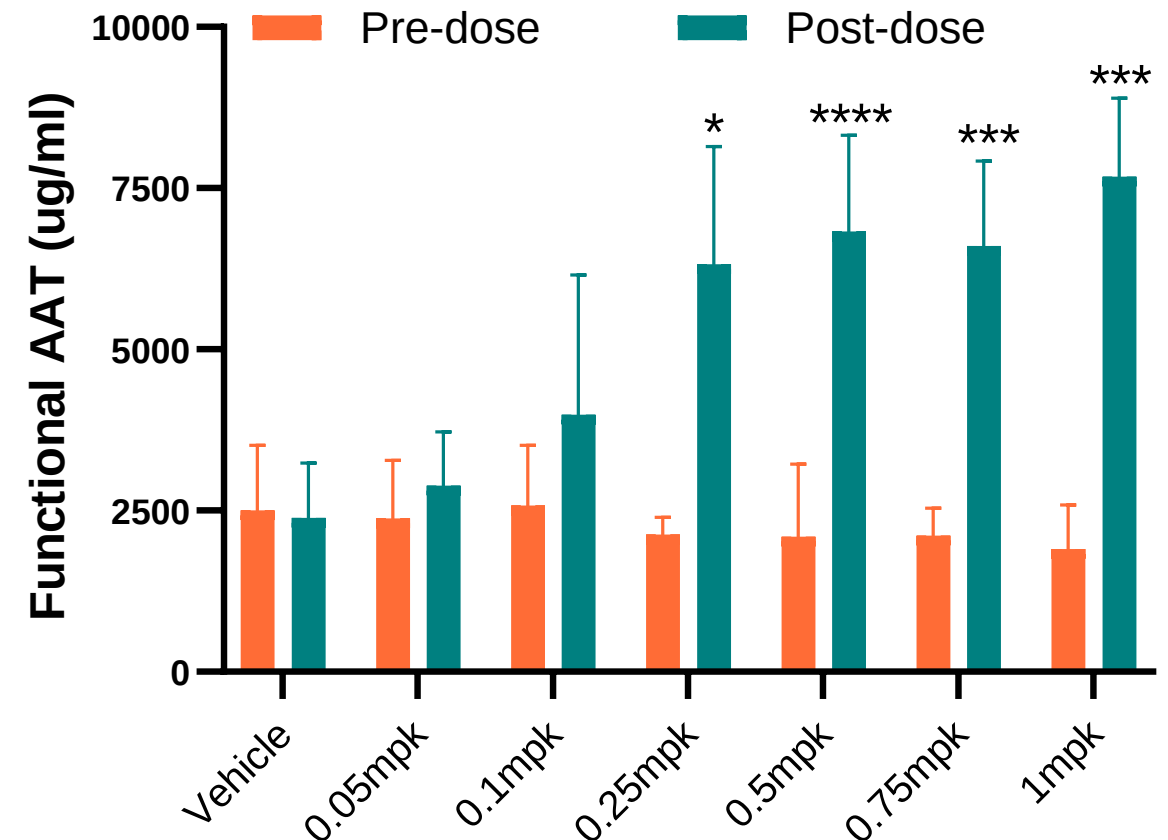
Increased serum AAT from BEAM-302 dosing corresponded to increased functional serum AAT

Collect serum from dosed NSG-PiZ mice



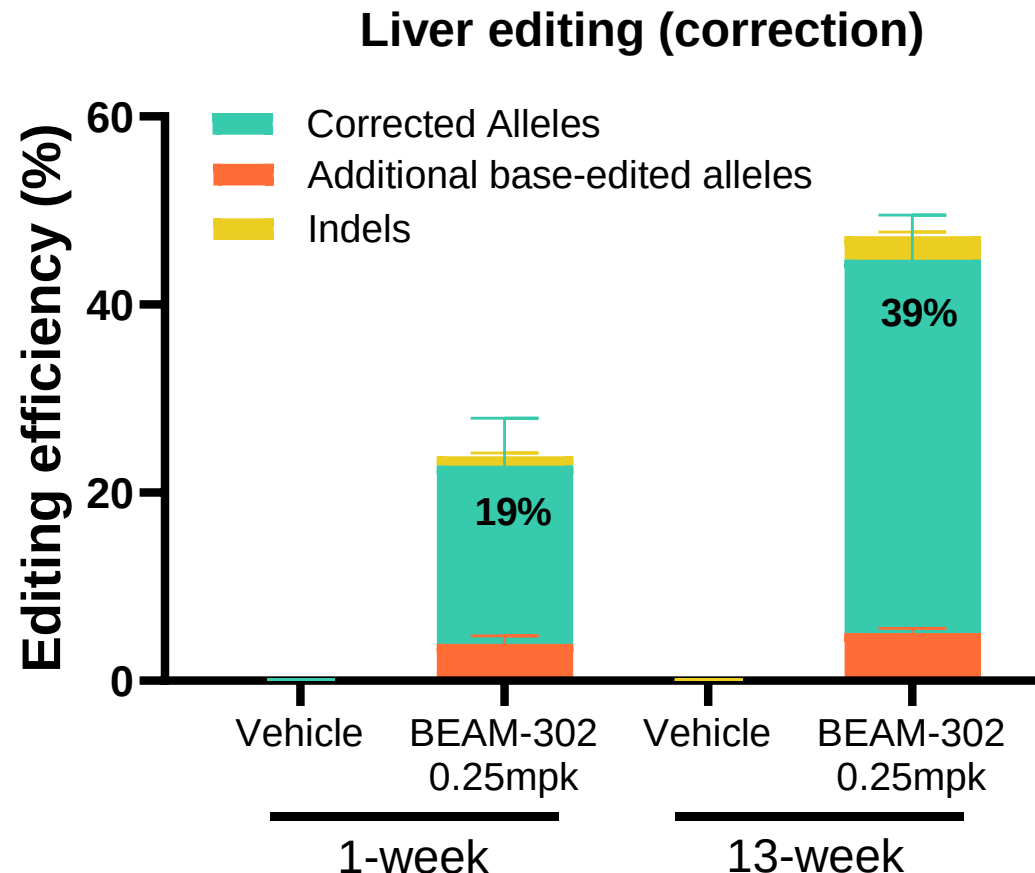
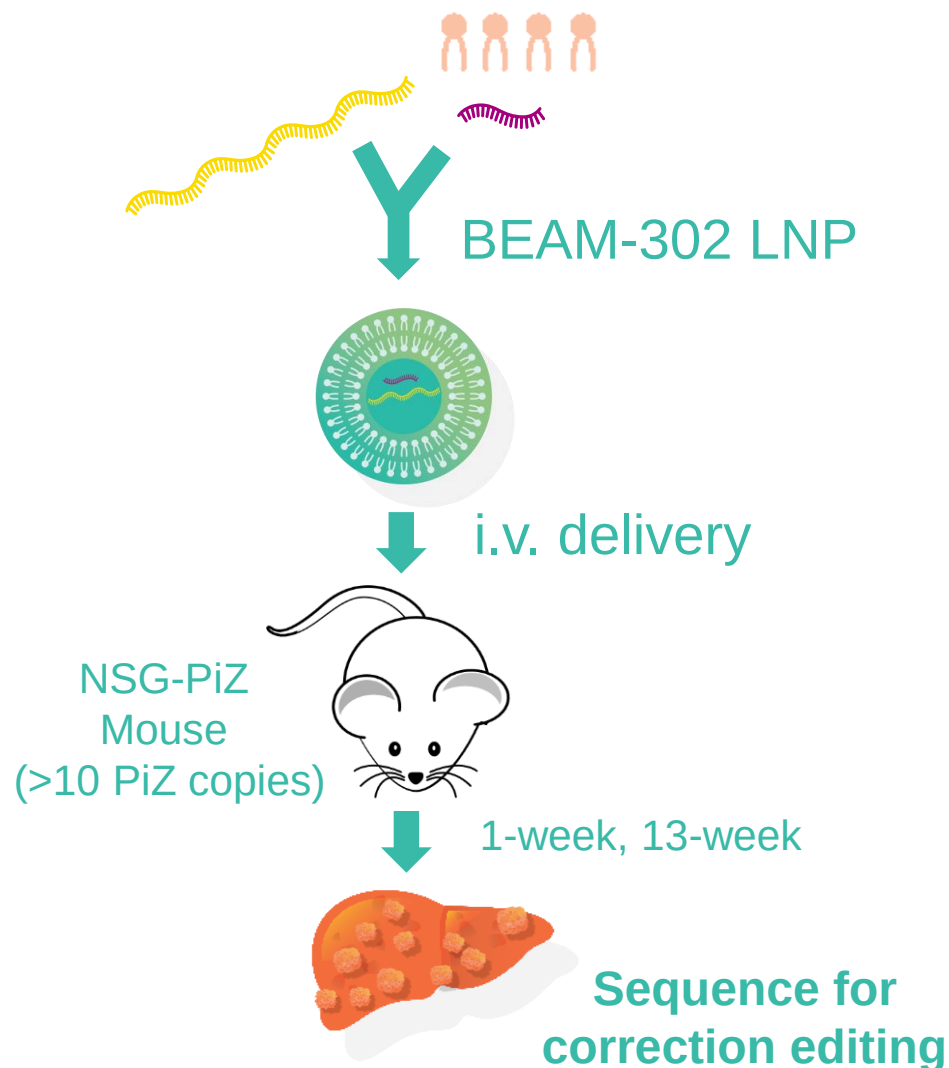
Measure inhibition of neutrophil elastase activity as functional AAT

Functional AAT



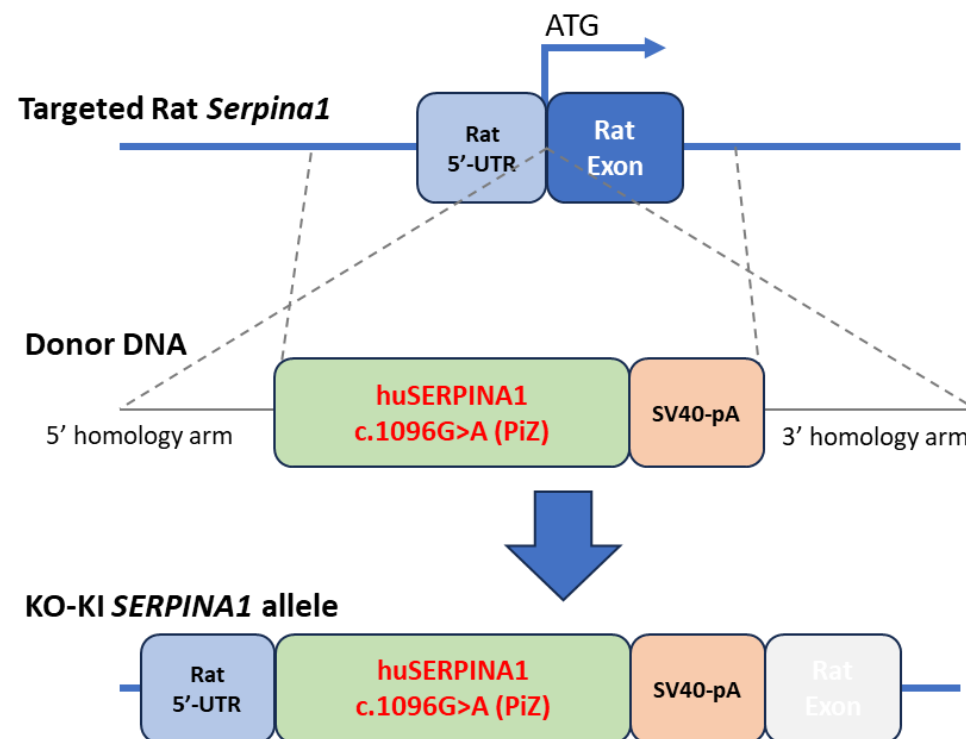
* $P < 0.05$, *** $P < 0.005$, **** $P < 0.0005$
One-way ANOVA with Sidak's Multiple Comparison test

In vivo correction of the PiZ mutation with BEAM-302 was durable



Increased editing likely due to survival advantage of corrected hepatocytes

A novel knock-out/knock-in humanized PiZ rat

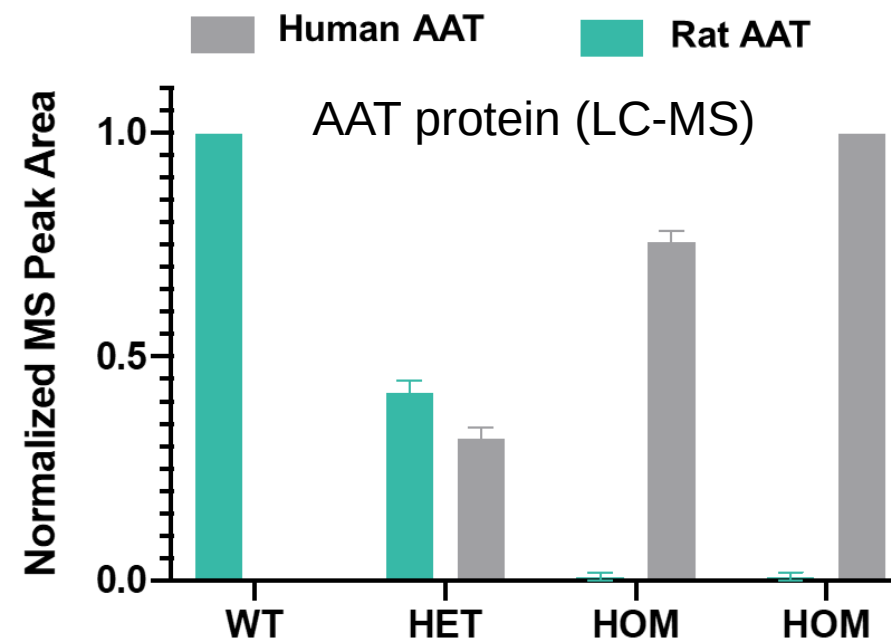


Novel PiZ Rat Model

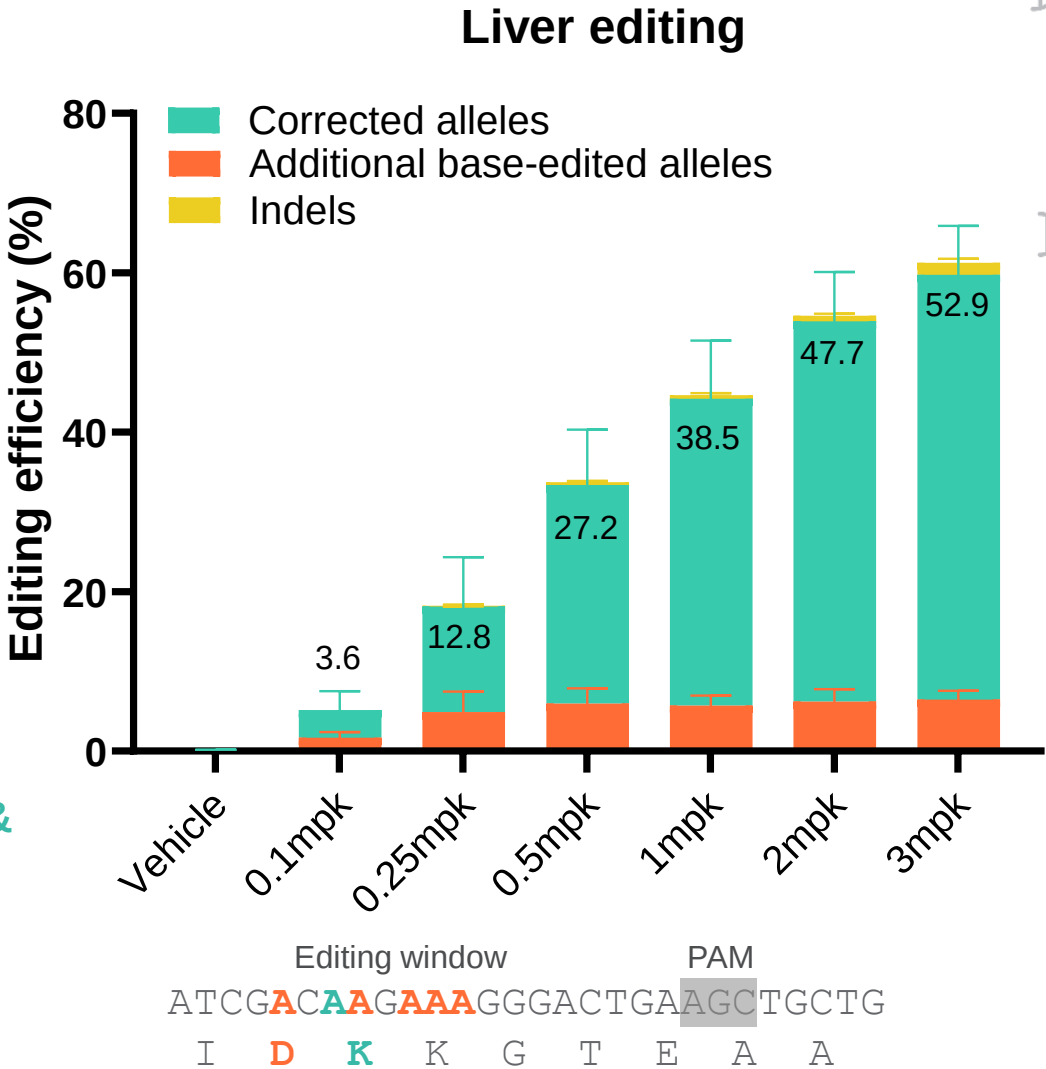
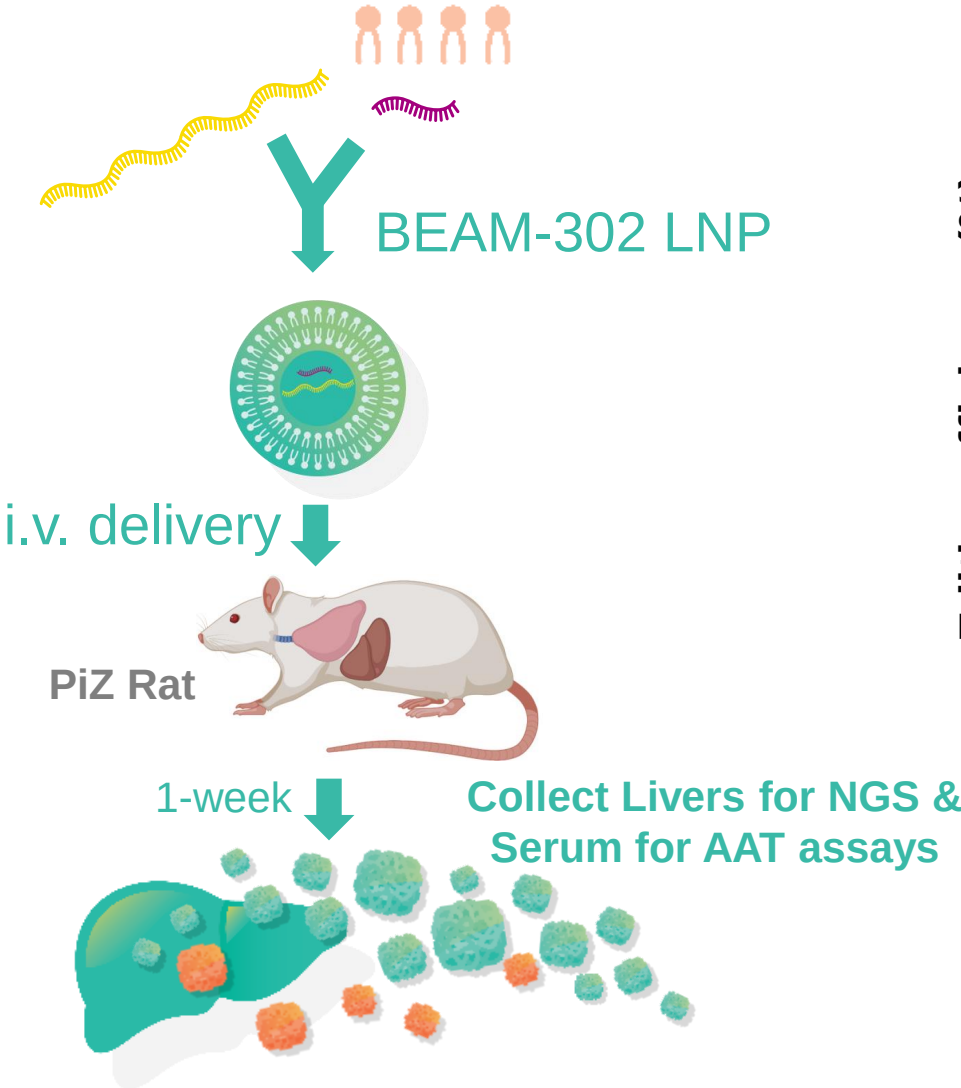
- Knock-out WT PiM allele(s)
- Insert mutant PiZ allele(s)



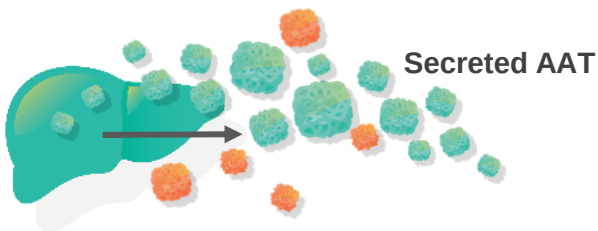
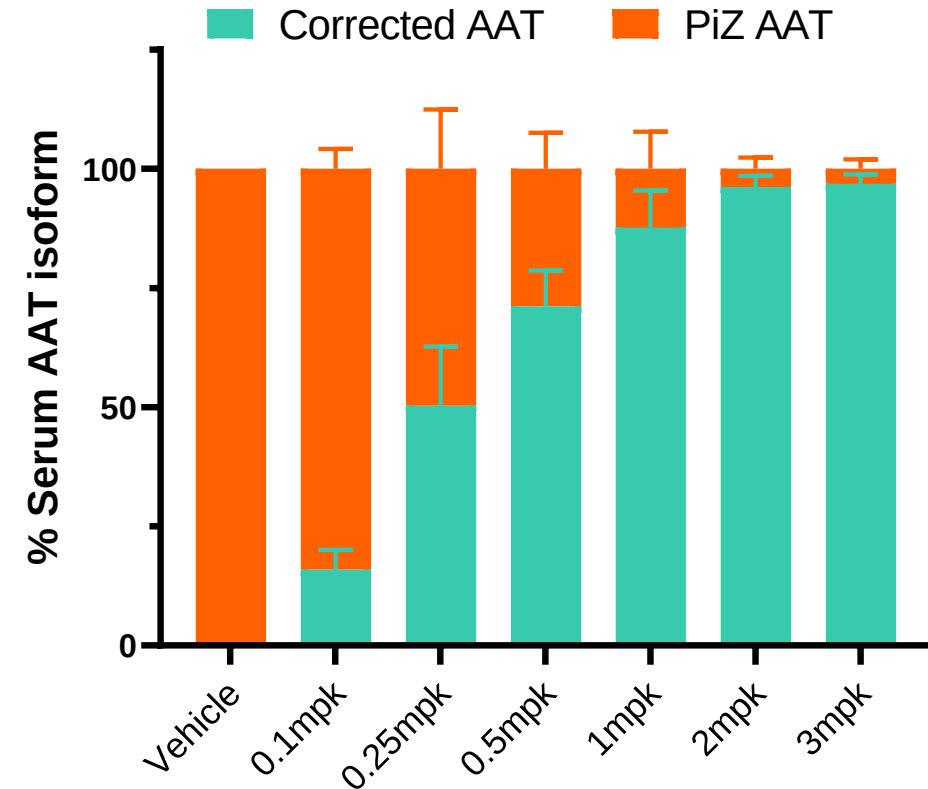
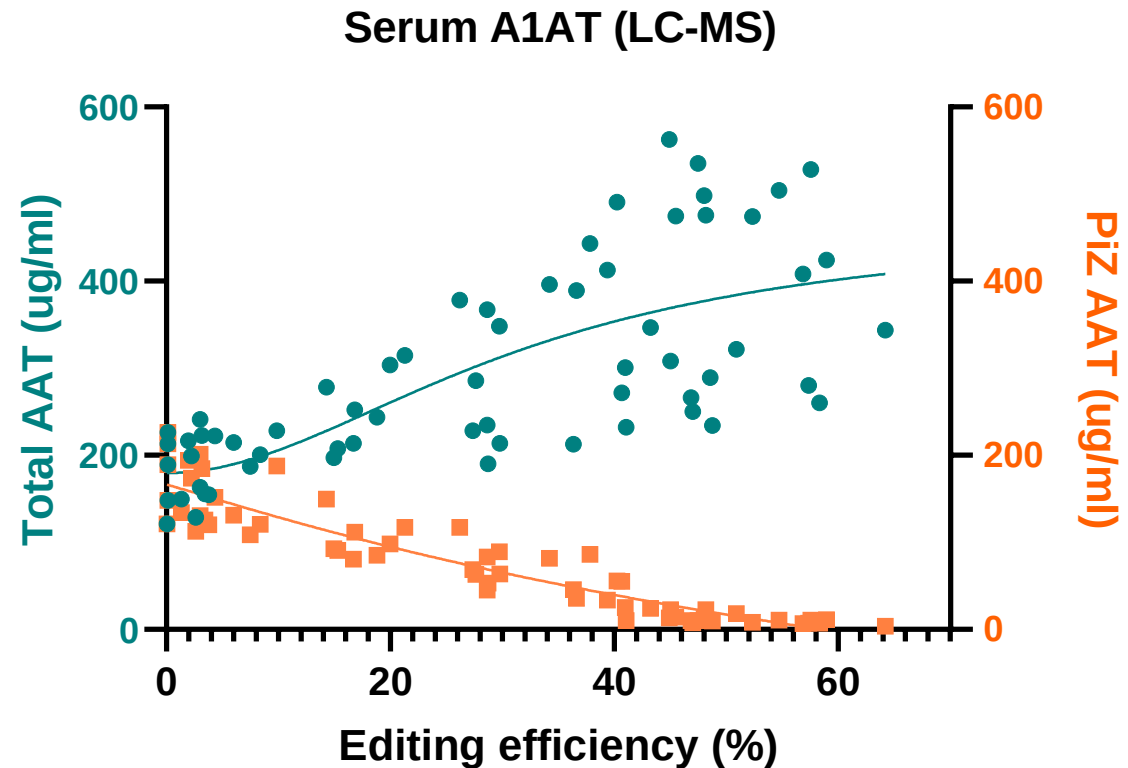
	hSERPINA1 PiZ rat
Background strain	Sprague-Dawley
Immunocompetent	Yes
Rat AAT	No
AAT genes (copy number)	Human PiZ (1:1 replacement)
hAAT serum levels	3.6 uM (18 wks)



Correction of the PiZ mutation with BEAM-302 in PiZ rats was dose dependent



PiZ mutation correction by BEAM-302 resulted in both increased serum total & corrected AAT and decreased serum PiZ AAT in rats



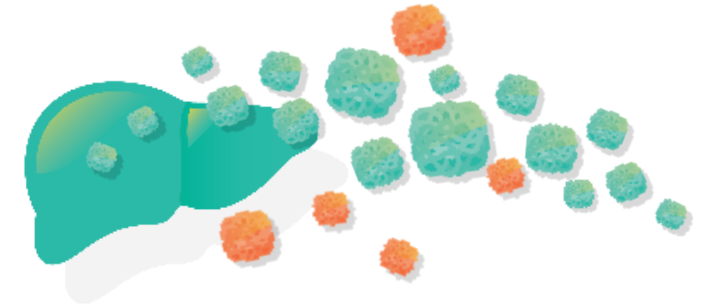
Measure secreted AAT in blood 1-week post-dose

Summary

AAT
Deficiency



E366K (PiZ) mutation



BEAM-302



✓ Corrects the PiZ mutation to restore *SERPINA1* gene function

✓ Decreases Z-AAT polymers in liver

✓ Increase circulating functional AAT and decrease Z-AAT in two rodent models



Next steps

- ▶ Complete CTA/IND-enabling studies: Efficacy, Biodistribution, Safety and Toxicology
- ▶ Submit a CTA/IND application in early 2024 to investigate BEAM-302 in first-in-human clinical studies

Together,

with our partners in the AAT deficiency community, academia, industry, and regulators, we hope to bring new treatment options to patients and families living with AAT deficiency



Questions?

