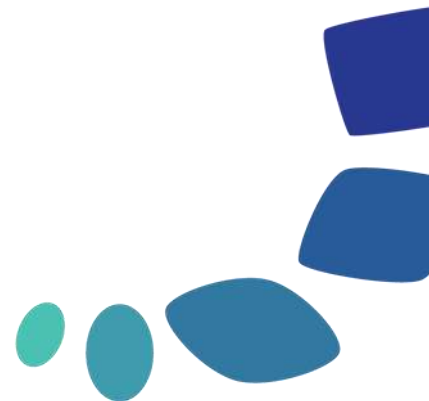




Introduction to Clementia's Multiple Osteochondromas Program: efficacy of PVO in $Fsp1-Ext1^{cko}$ mice ACAR conference

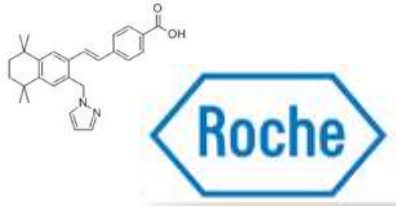
Fei F. Shih MD PhD
Executive Medical Director
April 7, 2018



Palovarotene

Retinoic Acid Receptor Gamma (RAR γ) Agonist

2003-2013



- Oral, small molecule in-licensed from Roche after testing in >800 subjects; >450 dosed chronically up to 2 yrs
- Well-tolerated, safety profile was consistent with other retinoids

Fibrodysplasia Ossificans Progressiva (FOP) 2013-2017

- Publication of newly discovered role of RAR γ agonists in the prevention of heterotopic ossification (HO)
- RAR γ agonists inhibit BMP signalling and bind nuclear hormone receptors
- Company formed to evaluate palovarotene as a potential treatment for FOP
- Phase 2 dose ranging study completed
- Global Ph 3 MOVE trial in FOP initiated 4Q2017

Multiple Osteochondroma(MO) 2016-2017

- Publications identify abnormal BMP signalling in the pathologic changes in mouse models of MO
- Clementia collaborated with Yamaguchi to evaluate the effect of palovarotene to inhibit osteochondroma growth
- Advisory board of international experts in MO formed to develop a clinical trial
- Global Ph 2 MO-Ped trial in MO initiated 1Q2018

clementia

-Confidential-
21 Feb 2018

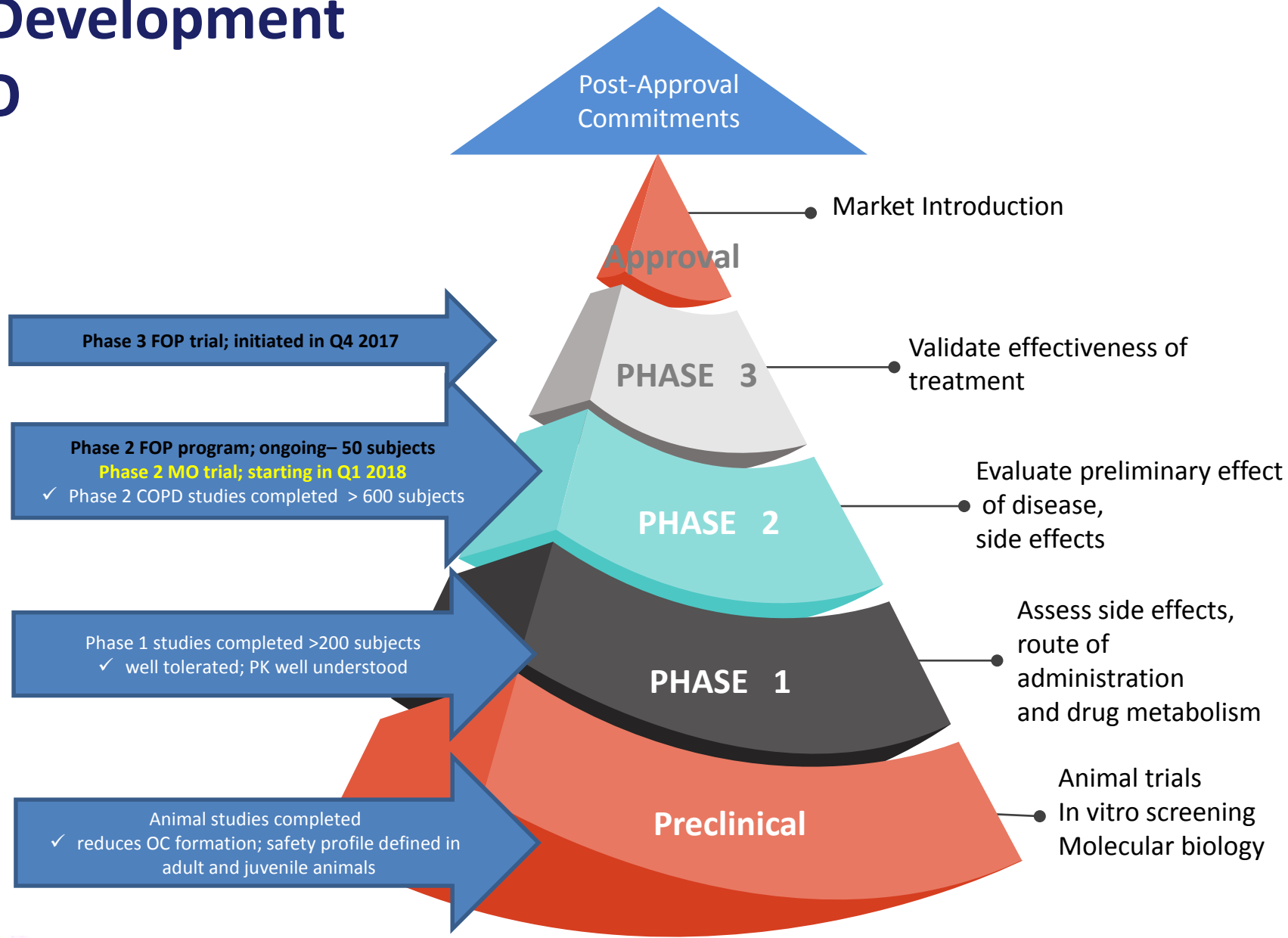
Clementia Team: Highly experienced, dedicated rare disease drug development experts



clem



Palovarotene Development Program in MO



Palovarotene is an Oral Small Molecule with a Well Characterized Safety Profile

Adverse Events



- Adverse events primarily dose-related mucocutaneous side effects
 - dry skin/mouth/eyes
 - Rash
 - Itching
 - Redness
- Managed with prophylactic treatments, and dose reduction (if necessary)
- No treatment related effects on growth plate or linear height observed to date

Clinical Laboratory
ECG

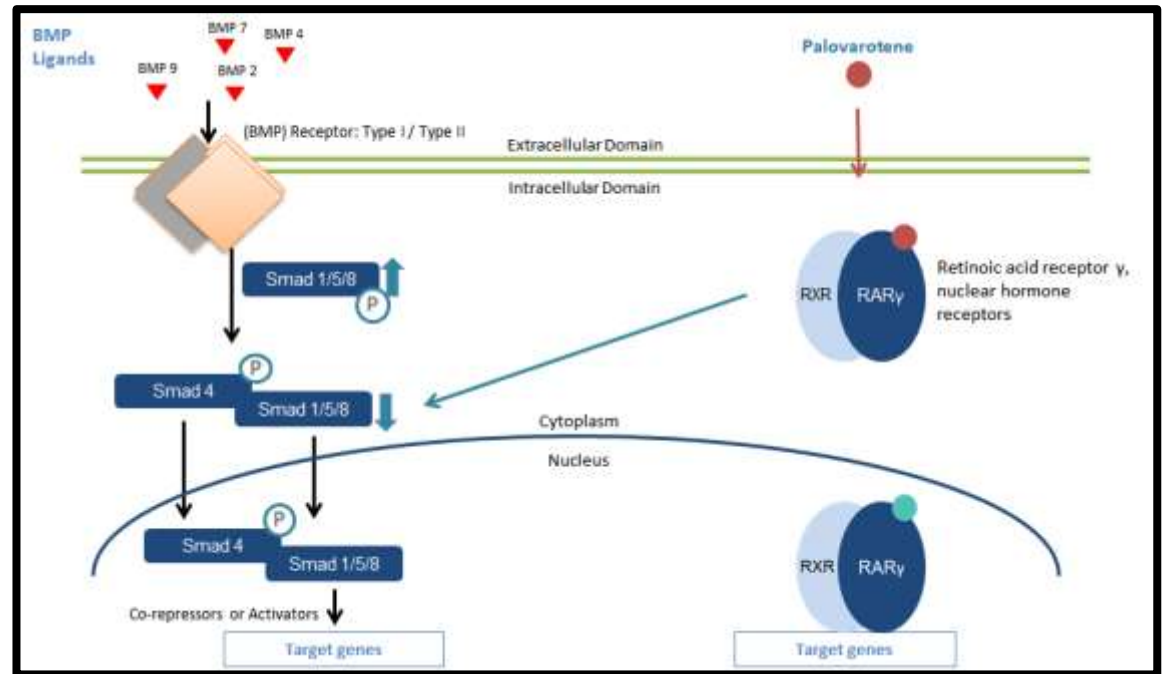
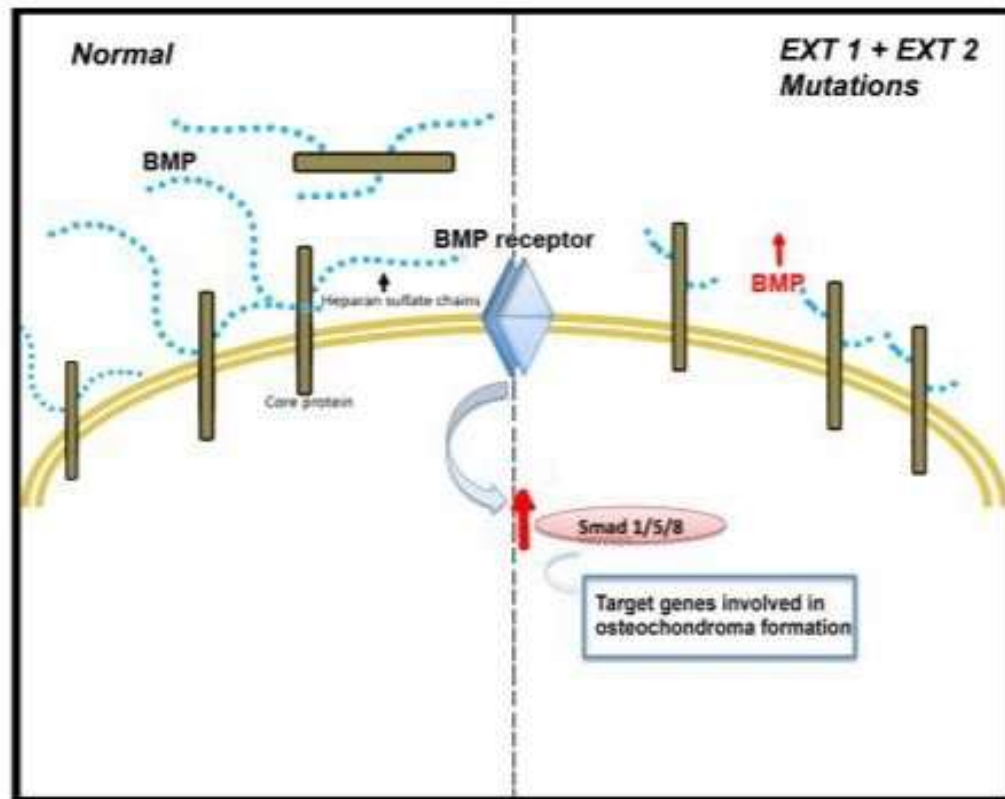


- No treatment related changes in clinical safety labs or ECGs

Mechanism of Action

Multiple osteochondromas (MO) mediated by excess BMP signaling

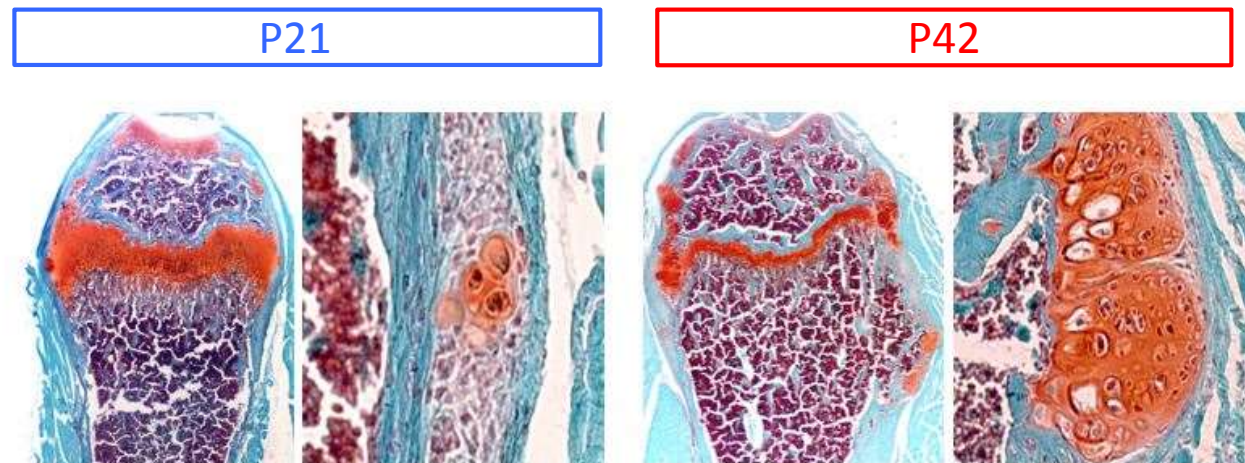
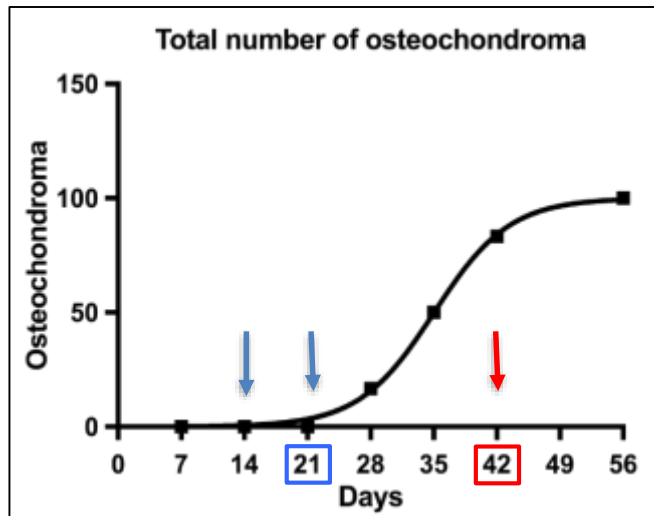
Palovarotene suppresses effects on mediators of BMP signaling



Fsp1-Ext1^{CKO} mouse model of MO

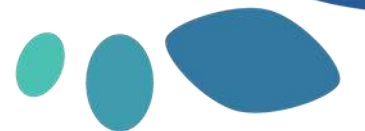
- *Fsp1* is expressed by precursor cells of the mesenchymal lineage, and its expression in developing bone is restricted to the perichondrium and periosteum
- Fsp1-Ext1^{CKO} mouse develops multiple osteochondromas in rib and long bones – *Inubushi et al., JCI 2017*

Time course of osteochondroma formation in *Fsp1-Ext1*^{CKO} mice



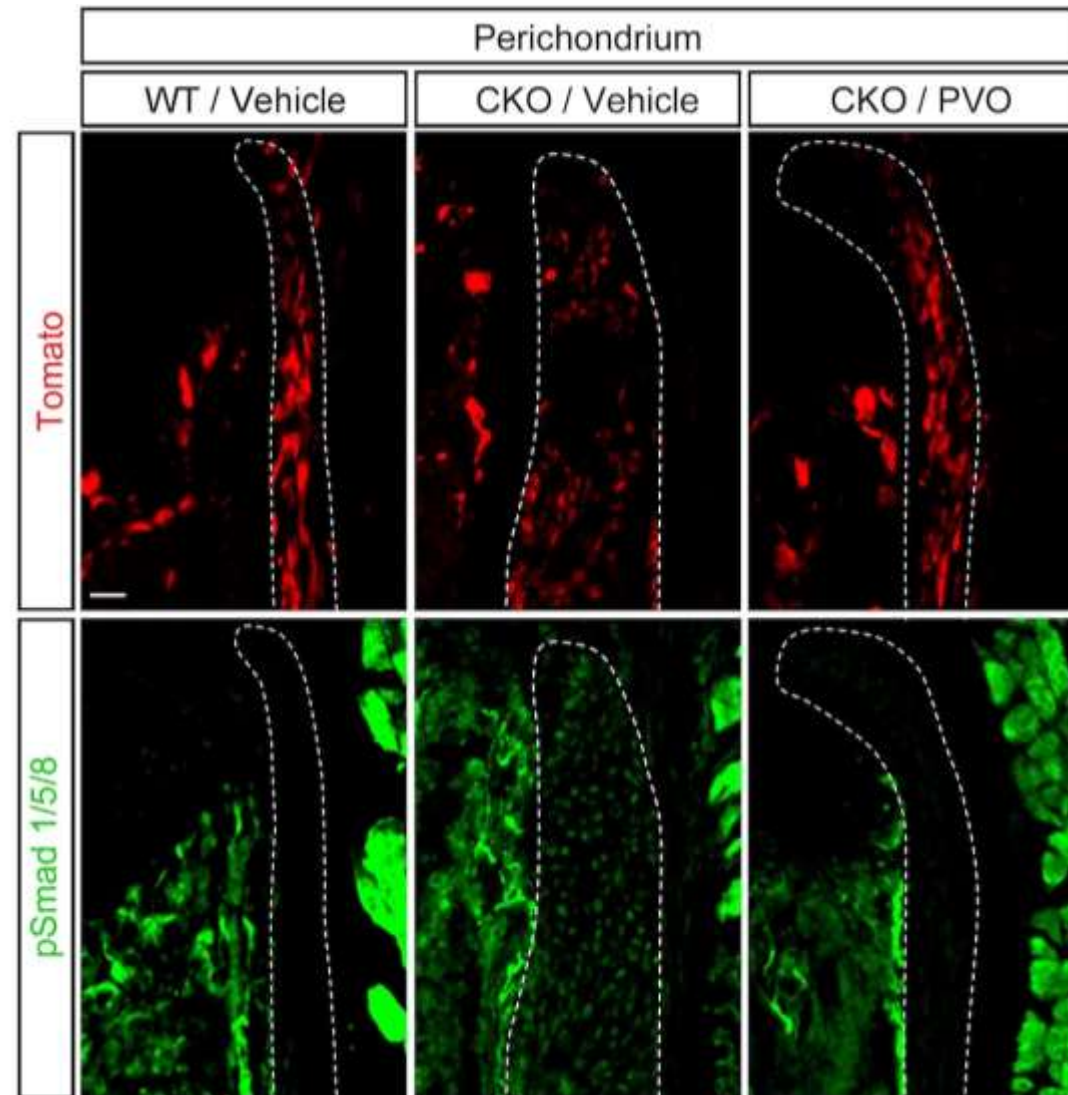
Fsp1-Ext1^{CKO} mice demonstrate many of the pathologic features of MO

12 weeks



Palovarotene reduces Smad 1/5/8 phosphorylation in R26^{Tom}Fsp1-Ext1^{CKO} mice

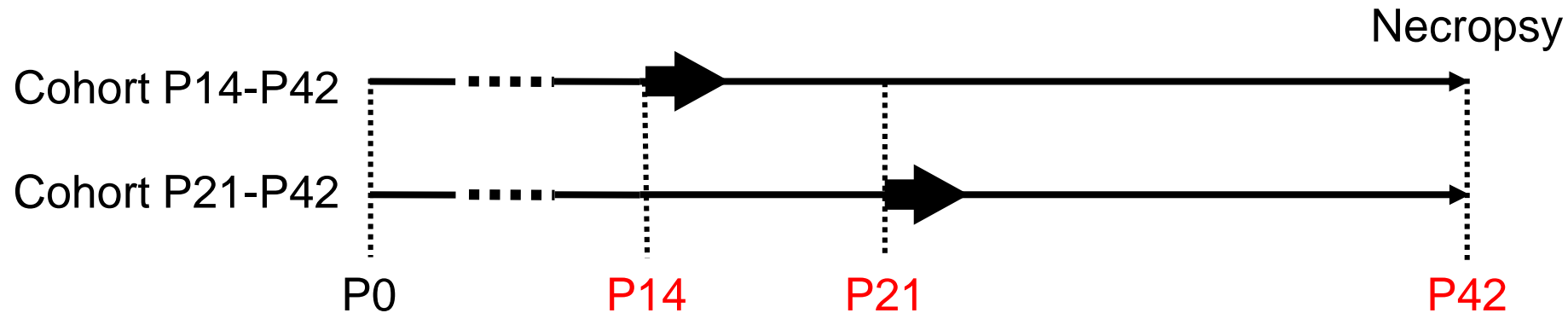
- Mesenchymal cells marked by Tomato expression in the perichondrium (depicted by dashed line)
- pSmad 1/5/8 expression in the perichondrium
- Fsp1-Ext1^{CKO} mice exhibit excess BMP signaling in developing bone
- Palovarotene at 1.76 mg/kg/day from P21-P31 reduces pSmad 1/5/8 to WT



Scale bars, 50 μ m

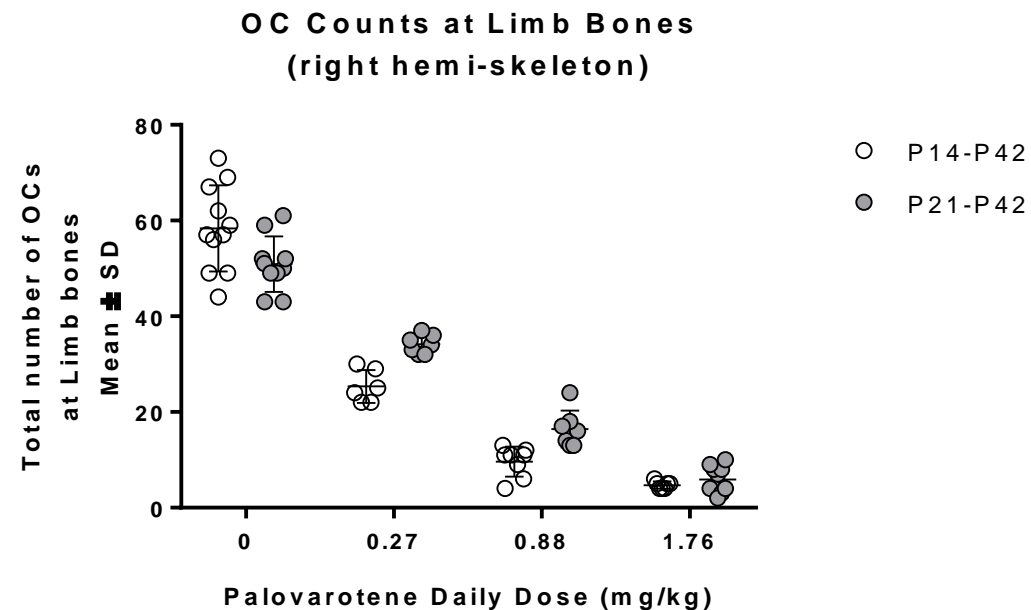
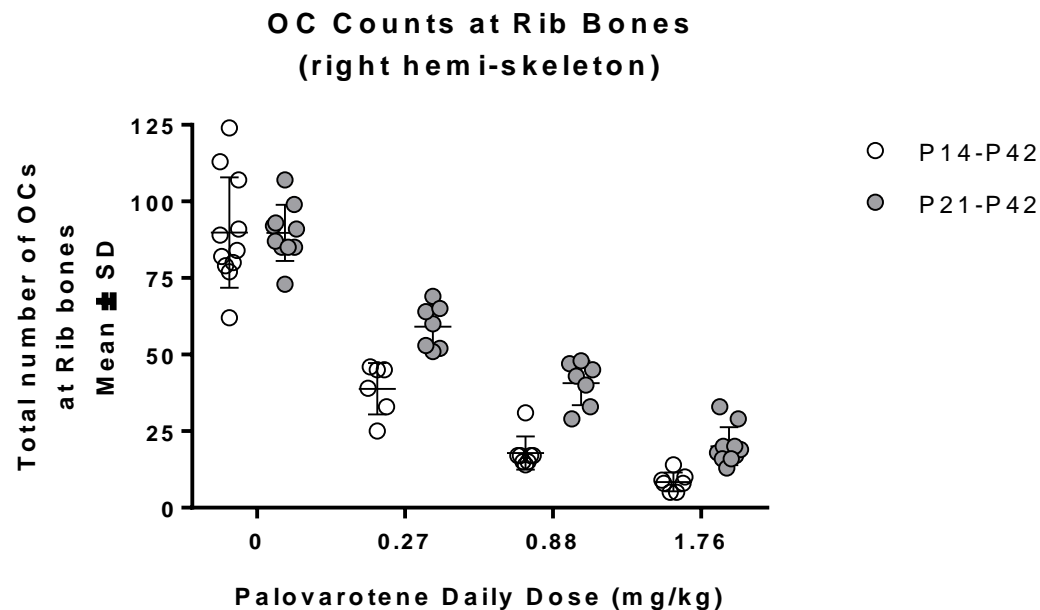
Study Design – Palovarotene in Fsp1-Ext1^{CKO} mice

- Dosing regimen: daily
- Route of administration: oral gavage
- Dose levels: 0.27, 0.88 and 1.76 mg/kg palovarotene or vehicle
- Treatment schedule



- Sample size: 6 – 11 per group
- Endpoints: Number of OCs, bone length, histology

Palovarotene reduces OC formation at rib and long bones in Fsp1-Ext1^{CKO} mice

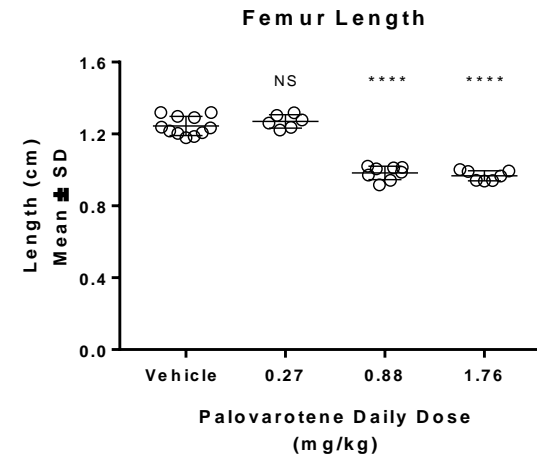
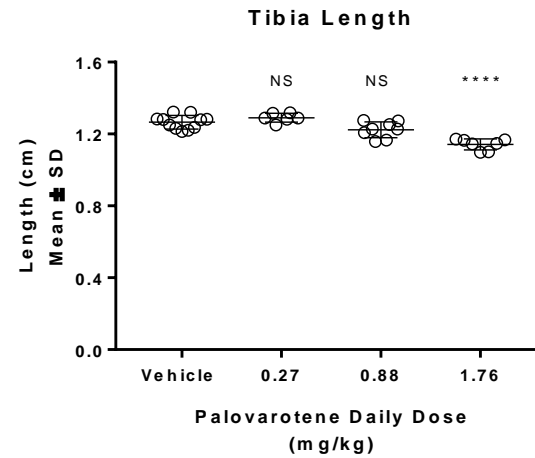


PVO (mg/kg)	EC ₅₀ (mg/kg)	Mean (SD) % Decrease Vs Vehicle		
		0.27	0.88	1.76
P14-P42	0.20	57 (9)	80 (6)	91 (3)
P21-P42	0.59	34 (8)	55 (8)	78 (7)

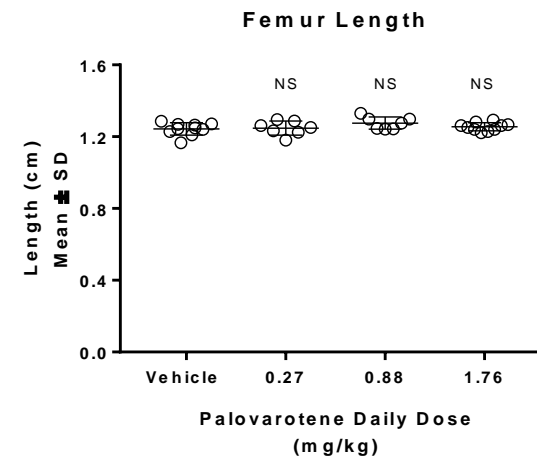
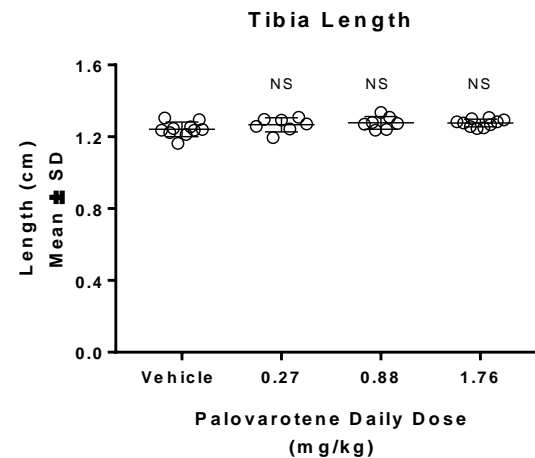
PVO (mg/kg)	EC ₅₀ (mg/kg)	Mean (SD) % Decrease Vs Vehicle		
		0.27	0.88	1.76
P14-P42	0.20	57 (6)	83 (6)	92 (1)
P21-P42	0.43	33 (4)	68 (8)	88 (6)

Palovarotene effect on long bone development is age and dose dependent

P14-P42

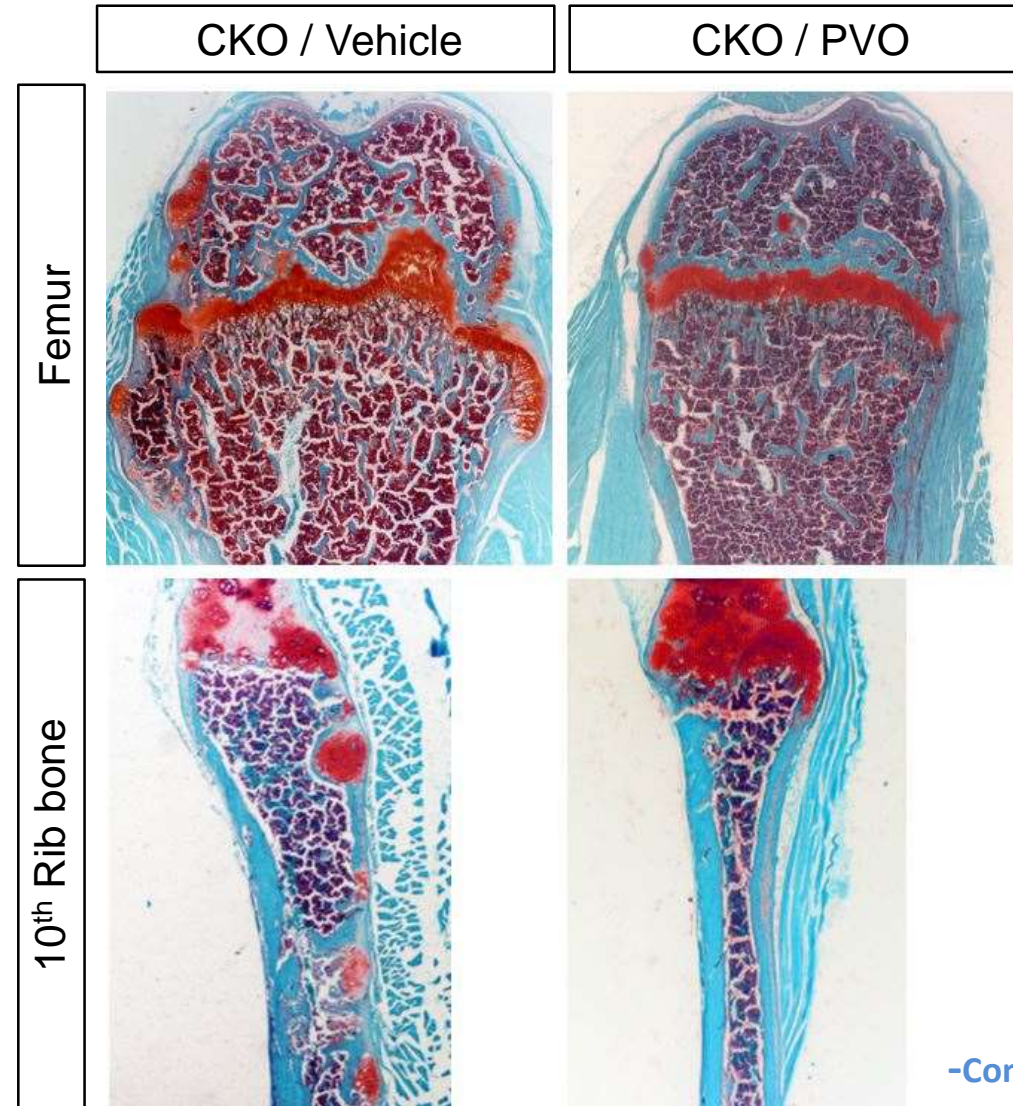


P21-P42



Ordinary one-way ANOVA followed by Tukey's multiple comparisons test
NS, not significant; ****, $p < .0001$

PVO restores growth plate architecture in $Fsp1-Ext1^{CKO}$ mice (cohort P21-P42)



Adapted from Inubushi et al., 2017
Laboratory of Dr. Yu Yamaguchi, Sanford
Burnham Prebys Medical Discovery Institute

Age and dose selection minimizes risk to growth while optimizing efficacy in children

- Daily treatment of palovarotene reduces OC formation in a dose dependent and age dependent manner
- There is a therapeutic window (timing of treatment and dose) such that bone growth is preserved while maintaining efficacy in suppressing OC formation
- Lower age of 2 years based on juvenile toxicology data
- Doses selected (2.5 mg and 5 mg) are predicted to have exposures below the highest non-severely toxic dose (skeletal effects are mild and reversible at this dose)
- These doses approximate the low and mid doses used in the Fsp1-EXT1 experiments
- Chronic dosing at 5 mg for 2 years was well tolerated in COPD patients
- Safety monitoring for growth and bone health incorporated into study

Palovarotene Program

Sincere Gratitude

