



RIDGE™ -1 CLINICAL TRIAL

for *PKP2*-
associated ARVC

Arrhythmogenic right-ventricular cardiomyopathy (ARVC), also known as Arrhythmogenic Cardiomyopathy (ACM), is an inherited condition often caused by mutations (changes) in the *PKP2* gene.

The *PKP2* gene produces proteins necessary for heart muscle cells to connect and communicate with each other for typical heart function. *PKP2* gene mutations result in a loss of proteins and, over time, muscle cells in the heart lose their structure. This can lead to heart failure. The heart cells may also lose the ability to make consistent heartbeats, which can lead to dangerous heart rhythms, called arrhythmias, and sudden cardiac arrest. The RIDGE-1 clinical trial will study a gene therapy called TN-401 that delivers a working *PKP2* gene to the heart for the treatment of ARVC.

WHAT IS TN-401?

TN-401 is an investigational gene therapy designed to reach heart muscle cells to address the underlying genetic cause of ARVC.

- TN-401 uses an adeno-associated virus (AAV) as a vehicle (called a vector) to reach heart muscle cells called cardiomyocytes to deliver a working *PKP2* gene
- Once in these cells, the working *PKP2* gene is expected to make the protein needed to restore typical heart function
- TN-401 is given as a one-time intravenous (IV) infusion



AAV is one type of virus commonly used as a vector because it is efficient at delivering new genes to cells and is not known to cause diseases in people.¹

WHAT IS THE PURPOSE OF THE RIDGE-1 CLINICAL TRIAL?

RIDGE-1 is a Phase 1b clinical trial. This means it is the first trial conducted by Tenaya Therapeutics to study TN-401 in humans. The goals are to understand:

- How safe TN-401 is for humans
- Any potential side effects
- The best dose of TN-401
- The effects of TN-401 on the body

The RIDGE-1 clinical trial will also look at how TN-401 affects overall health and quality of life based on feedback from participants and their doctors.

AAV gene therapy does carry some risk. Please ask your doctor about these risks.

WHO CAN TAKE PART IN THE RIDGE-1 CLINICAL TRIAL?

To be in the trial, you must:

- Be 18 to 65 years old
- Have ARVC caused by mutations in the *PKP2* gene
- Have a working transvenous implantable cardiac defibrillator (ICD) with remote monitoring
- Have frequent daily arrhythmias such as premature ventricular contractions (PVCs)
- Have a low level of antibodies to the AAVs

These are not all of the eligibility criteria. Clinical trial staff will evaluate you and determine if you are eligible to take part in RIDGE-1.



WHAT TO EXPECT IN THE RIDGE-1 CLINICAL TRIAL

| MAIN CLINICAL TRIAL | | |
|-------------------------------------|---|---|
| Up to 8 Weeks | Informed Consent & Screening | <ul style="list-style-type: none"> • 1 visit to gather information about your health to determine whether you can participate • You will review informed consent materials to ensure you understand: <ul style="list-style-type: none"> ◦ The purpose of the clinical trial ◦ All participants will receive TN-401, the investigational gene therapy ◦ The expectations for participation, including required visits, procedures, and tests ◦ Potential risks and benefits ◦ How to leave the clinical trial if desired |
| About 7 days | Pre-dose Activities | <ul style="list-style-type: none"> • The clinical trial doctor will start you on medicines that will reduce the chances that your immune system will block the effect of TN-401 <ul style="list-style-type: none"> ◦ The doctor will review why these medicines are needed, the amount of time you will need to take these medicines, and any potential side effects • The doctor will gather more information about your health |
| About 8 Days | Hospitalization for Infusion of TN-401 & Monitoring | <ul style="list-style-type: none"> • Hospitalization for close monitoring, management, and treatment of any possible side effects |
| About 1 Year | First Year Visits | <ul style="list-style-type: none"> • 16 follow up visits after leaving the hospital to monitor safety and changes in heart function and ARVC symptoms |
| LONG-TERM FOLLOW-UP | | |
| About 4 Years | Follow-up Visits | <ul style="list-style-type: none"> • 5 visits total to monitor safety and changes in heart function and ARVC symptoms over time |
| TOTAL PARTICIPATION – ABOUT 5 YEARS | | |

Most visits will be in person at the trial site with a select number of visits completed by phone or at your home.

IF YOU ARE INTERESTED IN PARTICIPATING:



Talk to your doctor about whether you may be a candidate for this clinical trial



Visit ClinicalTrials.gov and enter identifier number **NCT06228924** to learn more



Contact Tenaya at Patient.Advocacy@tenayathera.com to request more information

THE USE OF TN-401 DESCRIBED HERE IS INVESTIGATIONAL. SAFETY AND EFFICACY HAVE NOT BEEN ESTABLISHED. TN-401 HAS NOT BEEN APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION OR ANY OTHER COUNTRY'S HEALTH AUTHORITY OR REGULATORY AGENCY.

REFERENCE

1. Li C, Samulski RJ. Engineering adeno-associated virus vectors for gene therapy. *Nat Rev Genet.* 2020. 21(4):255-272.