ProQR®

ProQR R&D DAY

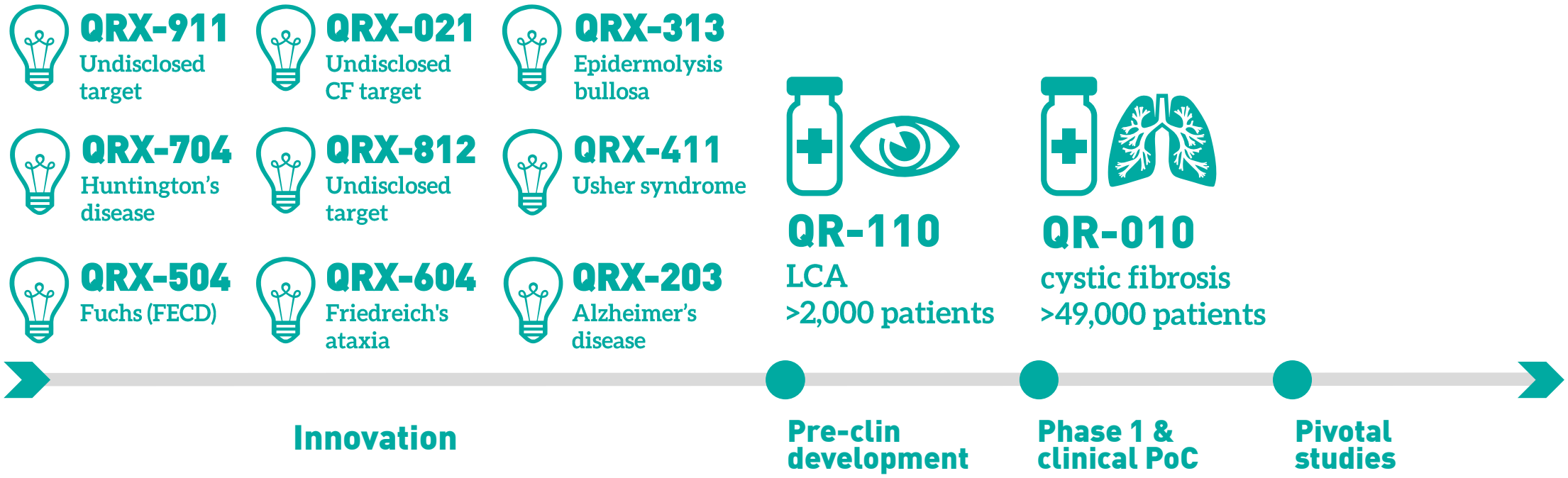
March 14, New York

Forward looking statements

This presentation contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our strategy, future operations, future pre-clinical and clinical trial plans, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words “aim,” “anticipate,” “believe,” “estimate,” “expect,” “intend,” “may,” “plan,” “predict,” “project,” “target,” “potential,” “will,” “would,” “could,” “should,” “continue,” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

Forward-looking statements represent our management’s beliefs and assumptions only as of the date of this presentation. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. The forward-looking statements contained in this presentation reflect our current views with respect to future events, and we assume no obligation to update any forward-looking statements except as required by applicable law. These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those that may be described in greater detail in the Registration Statement on Form F-1 (including the prospectus) that we have filed with the U.S. Securities and Exchange Commission. We have included important factors in the cautionary statements included in that prospectus, particularly in the Risk Factors section, that we believe could cause actual results or events to differ materially from the forward-looking statements that we make.

Research and development pipeline



QR-010 for cystic fibrosis

RNA repair of cystic fibrosis ΔF508

ssRNA oligonucleotides to improve the lives of patients with severe genetic disease

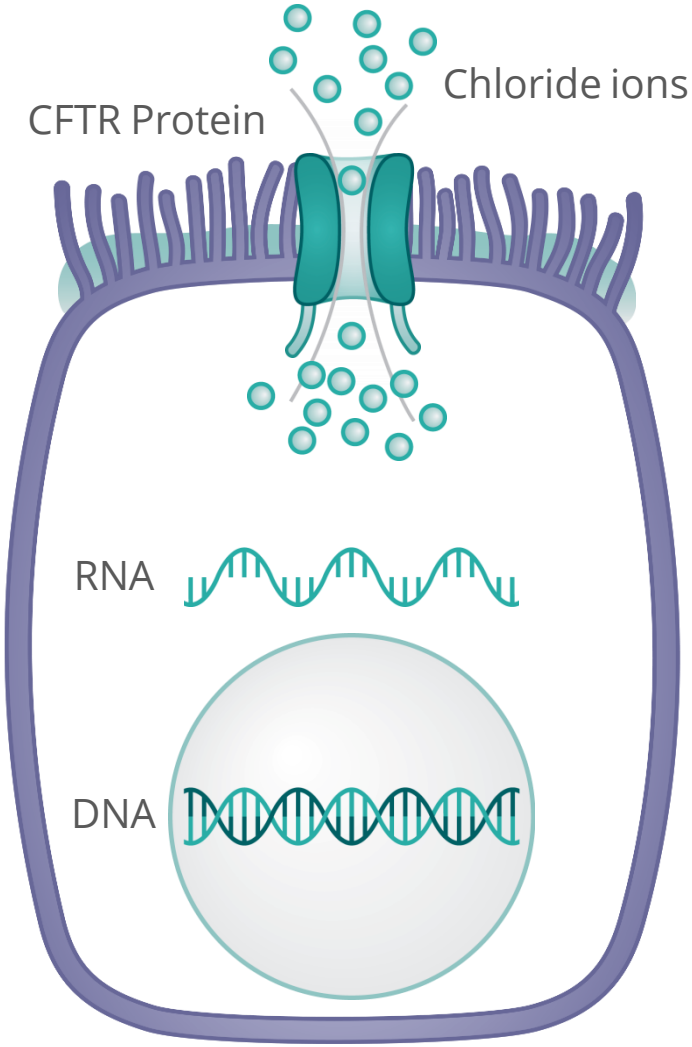
- All molecules that you will hear about today are ssRNA antisense molecules
- They do not all work via the same mechanism
- All hold the promise of restoring protein function
- ssRNA molecules are chemically modified – no vectors or envelopes
- Manufacturing is easy; cost of goods is low
- ProQR has exclusive IP

QR-010: ProQR's lead molecule, now in clinical development for CF

- QR-010 is a 33 mer chemically modified ss antisense RNA oligonucleotide
- Demonstrated to restore CFTR function in 2 *in vitro* models and 2 *in vivo* preclinical models
- Approach is unique
- Promise of gene therapy without the barriers
- Inhaled delivery with demonstrated uptake to the airways of the lung and delivery to extrapulmonary organs affected by CF

QR-010 for cystic fibrosis

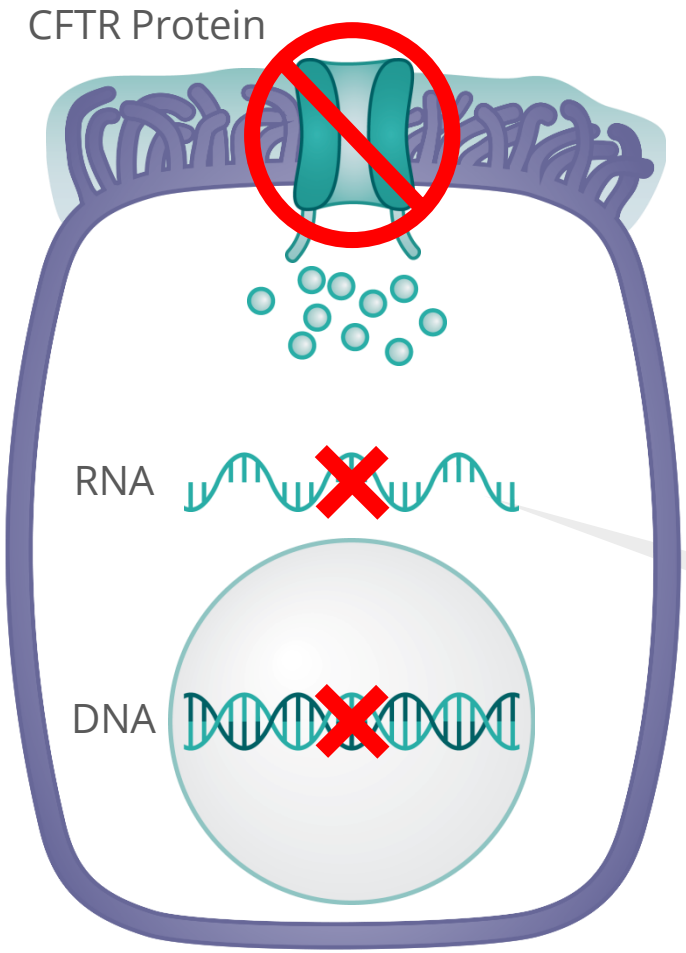
Focus on CFTR function



In wild-type cells CFTR protein reaches the membrane

QR-010 for cystic fibrosis

Focus on CFTR function

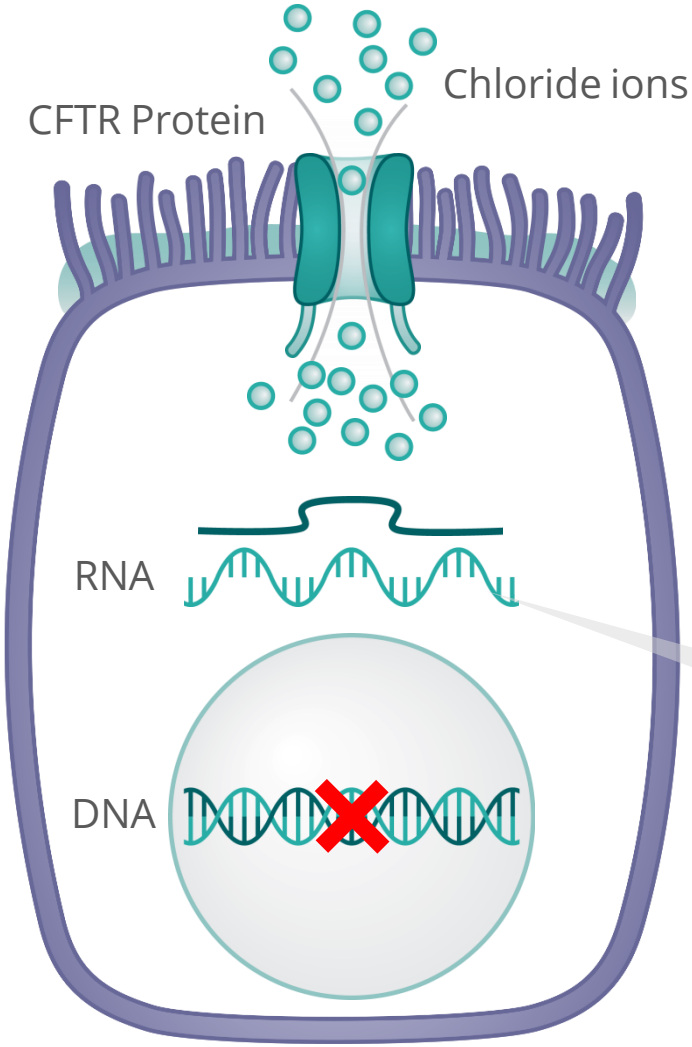


In Cystic Fibrosis cells CFTR protein does not reach the membrane

AUC AU~~C UU~~U GGU GUU

QR-010 for cystic fibrosis

Focus on CFTR function



PNAS

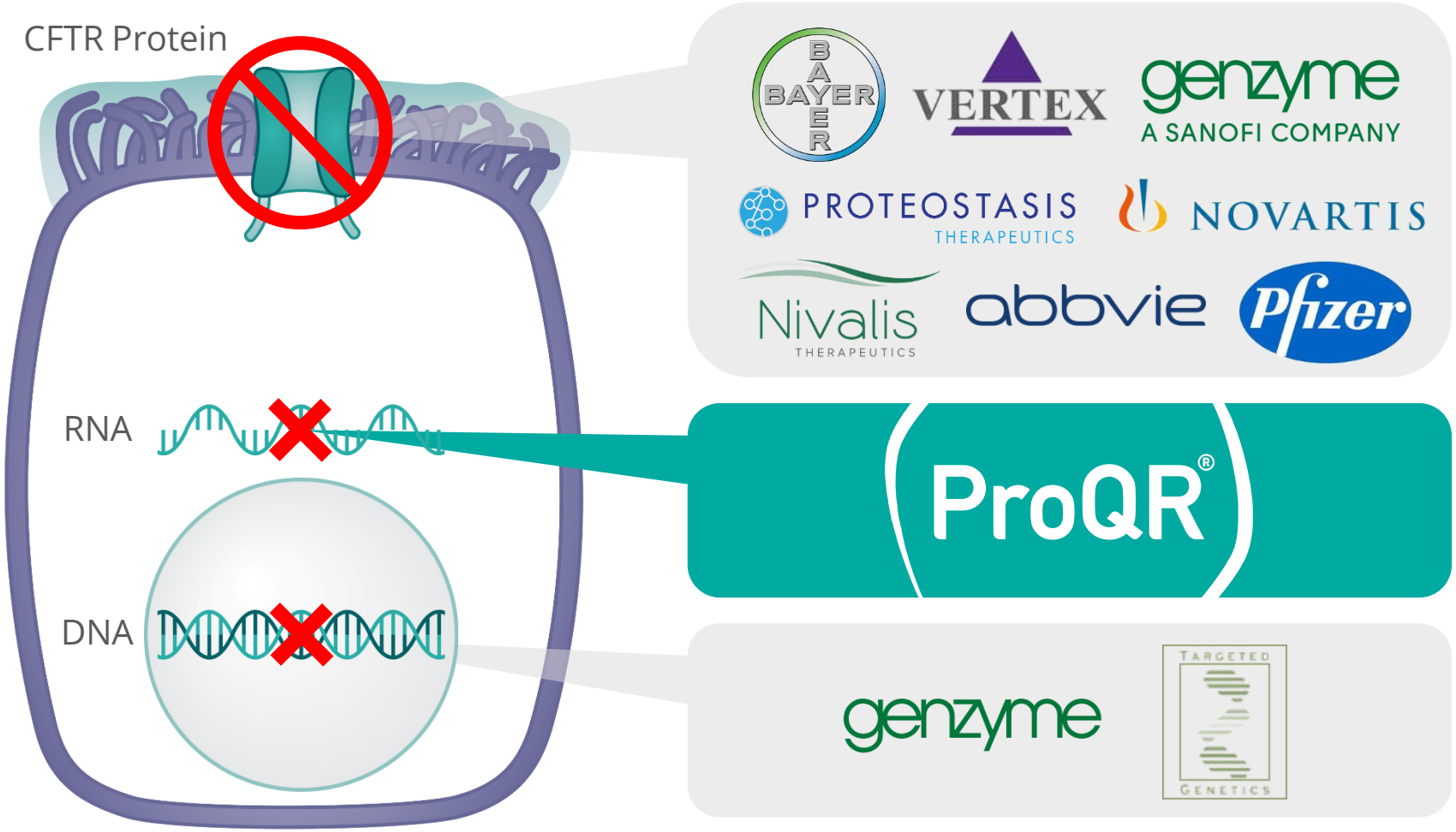
Reversal of cystic fibrosis phenotype in a cultured Δ508 cystic fibrosis transmembrane conductance regulator cell line by oligonucleotide insertion

Paul C. Zamecnik*†, Malay K. Raychowdhury*, David R. Tabatadze, and Horacio F. Cantiello

QR-010
ΔF508 **AUC AUC UUU GGU GUU**

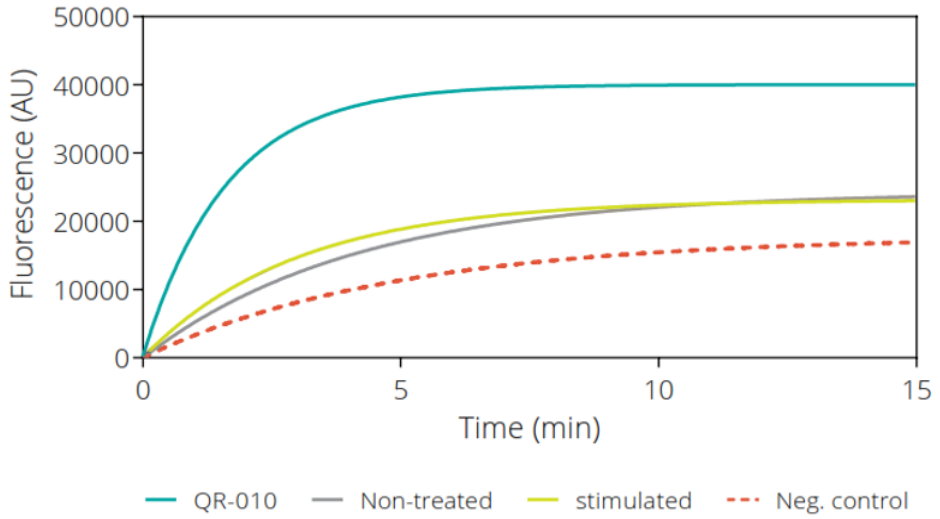
QR-010 for cystic fibrosis

Focus on CFTR function

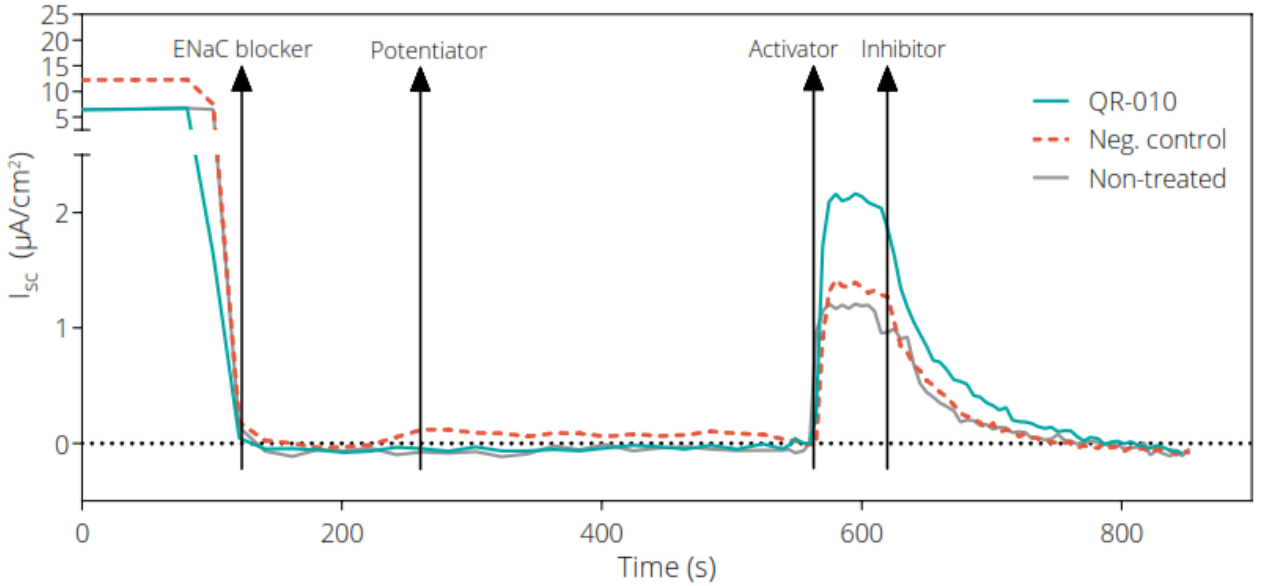


QR-010: Demonstrated increase in CFTR activity in two *in vitro* assays

MQAE Assay [CF PAC1 cells]



Ussing Chamber assay [primary HBE]



QR-010 increases CFTR activity in two *in vivo* assays

ΔF508 mouse model

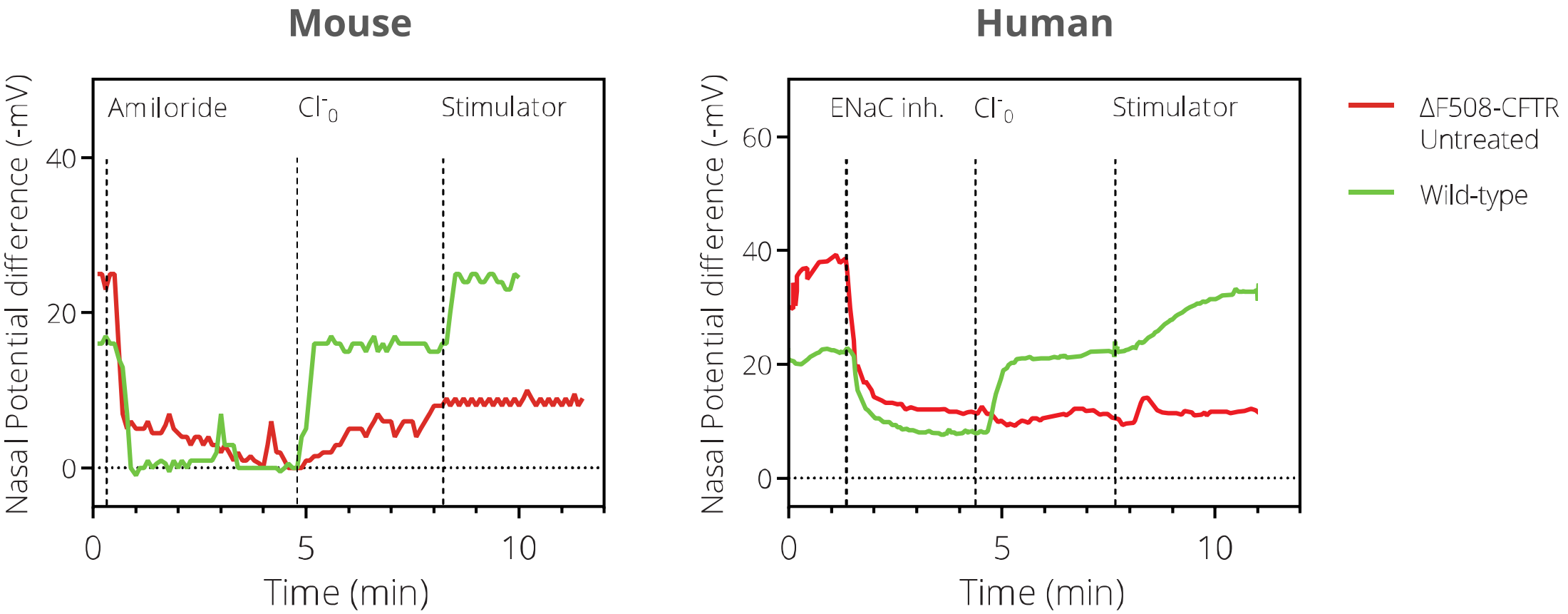
- Exact same mutation as in humans
- QR-010 used in mice and humans

Two independent functional assays

- Nasal potential difference (NPD) – diagnostic test for CF in humans
- Saliva secretion assay – specific mouse study that is a surrogate for the human sweat chloride test, another diagnostic test for CF in humans

QR-010 dependent restoration of CFTR protein function

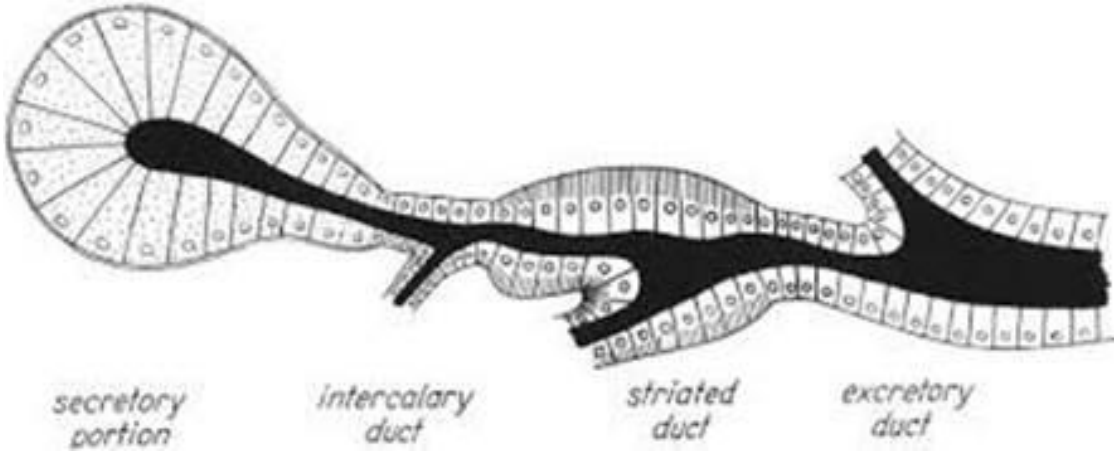
Background: NPD tracing interpretation



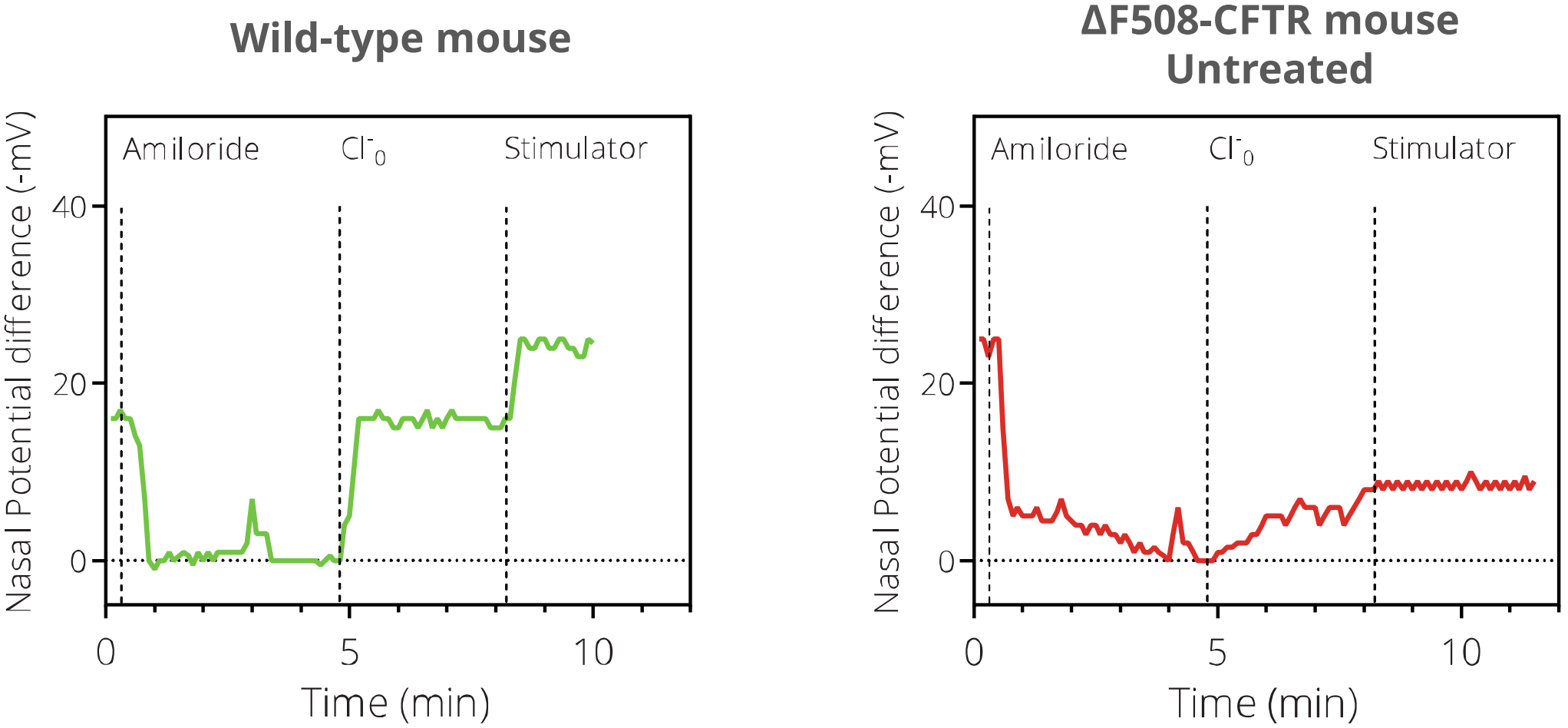
Methods Mol Biol. 2011; 741: 69–86.

Background: Saliva Secretion Assay

- Similar to sweat chloride test in humans
- Saliva glands of female mice are highly dependent on CFTR to produce saliva

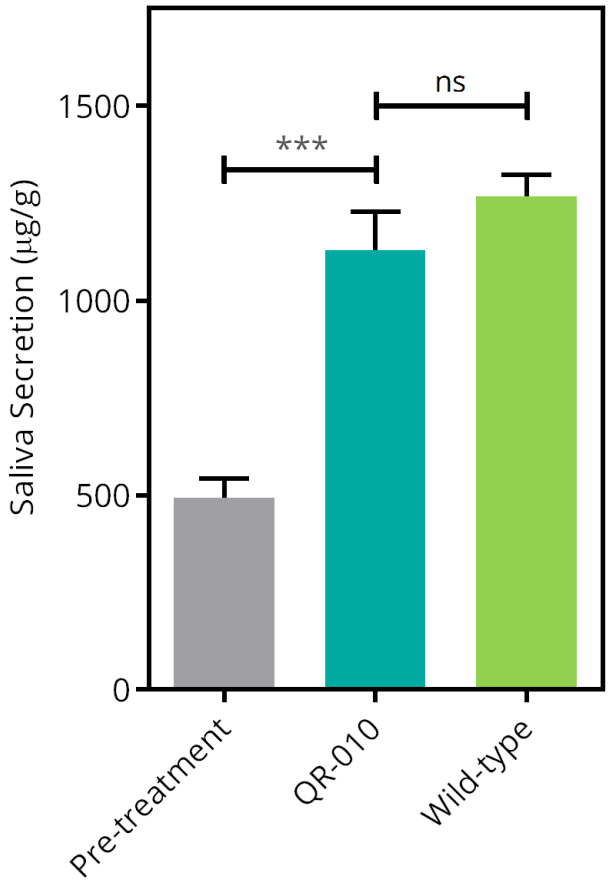


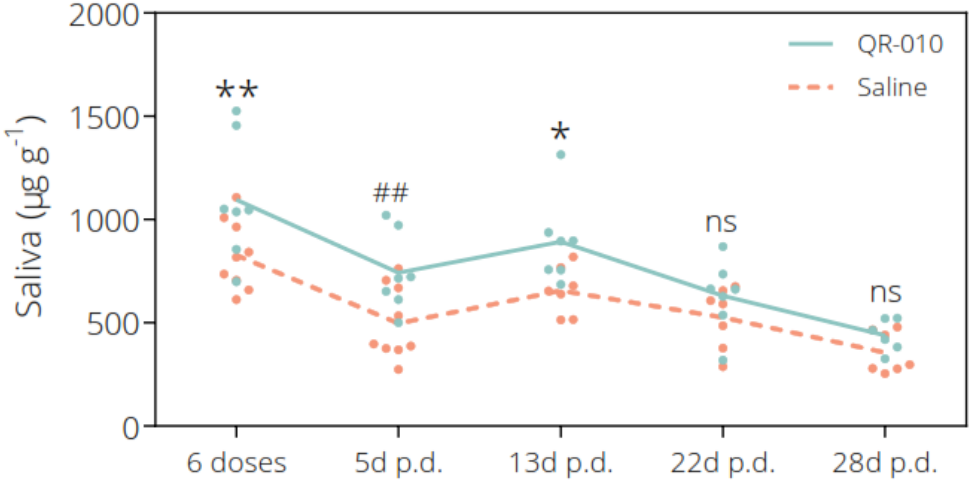
QR-010 increases CFTR activity as demonstrated by mouse NPD



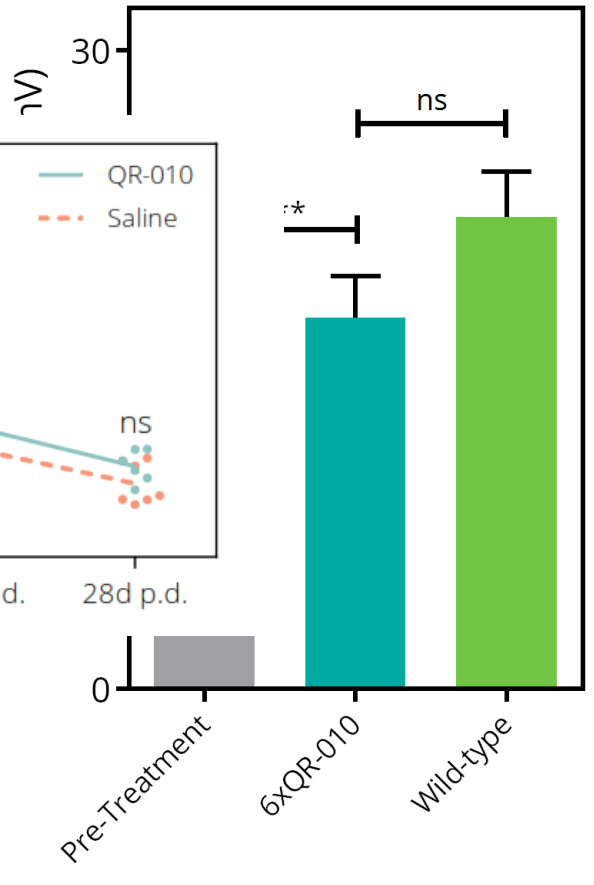
QR-010 increases CFTR activity in the saliva secretion assay

CFTR-mediated Saliva Secretion



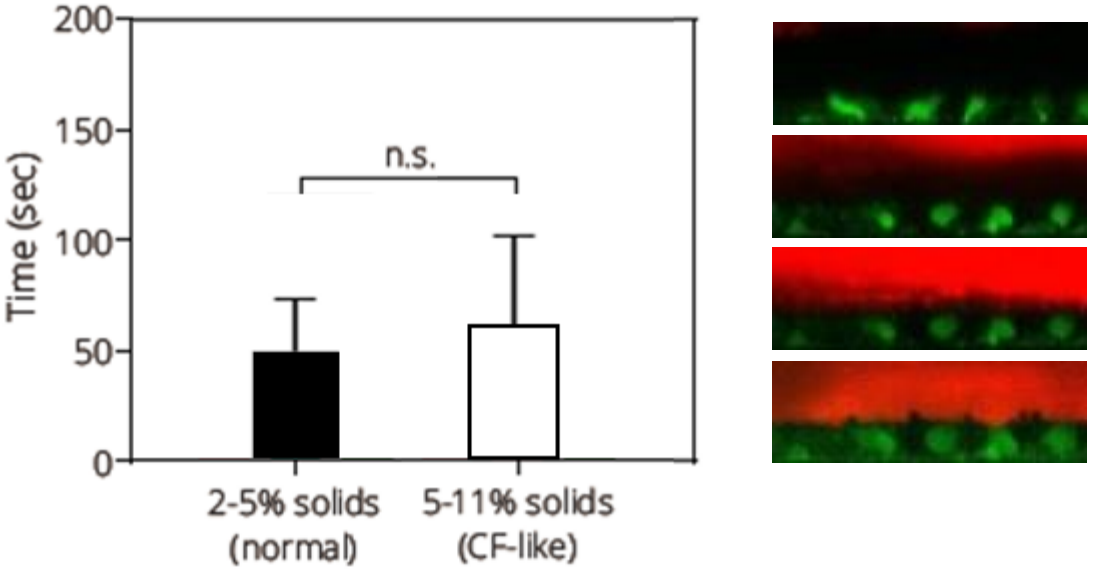


Nasal potential difference CFTR activity

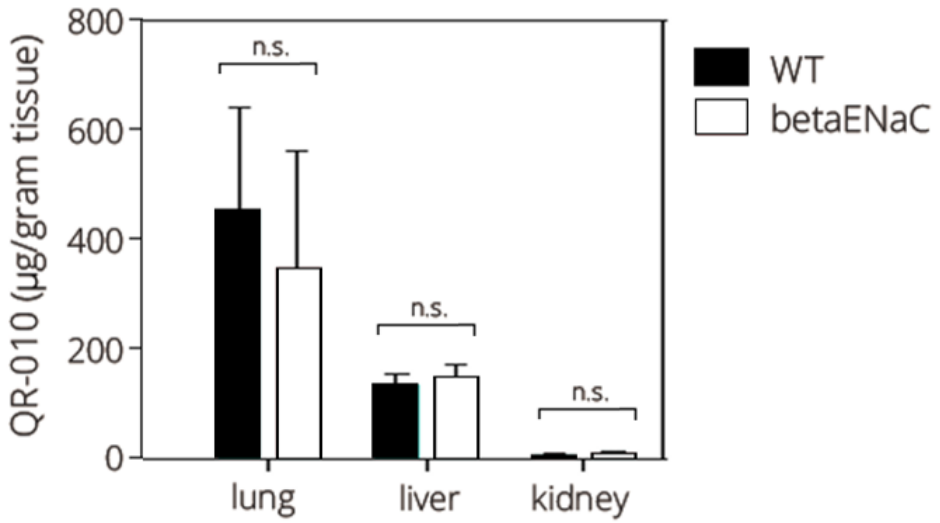


QR-010: aerosol gets through mucus and remains stable

QR-010 moves through sputum regardless of solutes



QR-010 is taken up by cells regardless of mucus



Additional studies:

- Stable in the presence of proteases
- Stable in the presence of CF standard of care inhaled medications
- Aerosol is 3-5 micron: optimized for small and medium airways

QR-010: Clinical Trials

Phase 1b Safety and Tolerability study

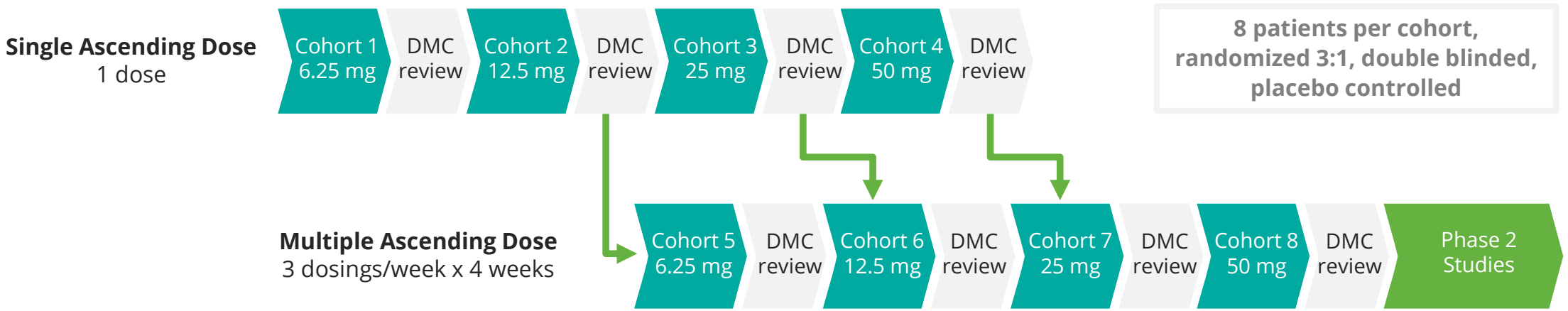
- QR-010 delivered via inhalation
- 64 homozygous ΔF508 patients (> 18 yrs)
- First development study

Nasal potential difference proof-of-concept study

- QR-010 delivered topically to nasal passages
- 16 patients total, 8 homozygous ΔF508 patients and 8 compound heterozygous patients (>18 yrs)
- Proof-of-concept study

QR-010: PQ-010-001

Phase 1b Safety and Tolerability

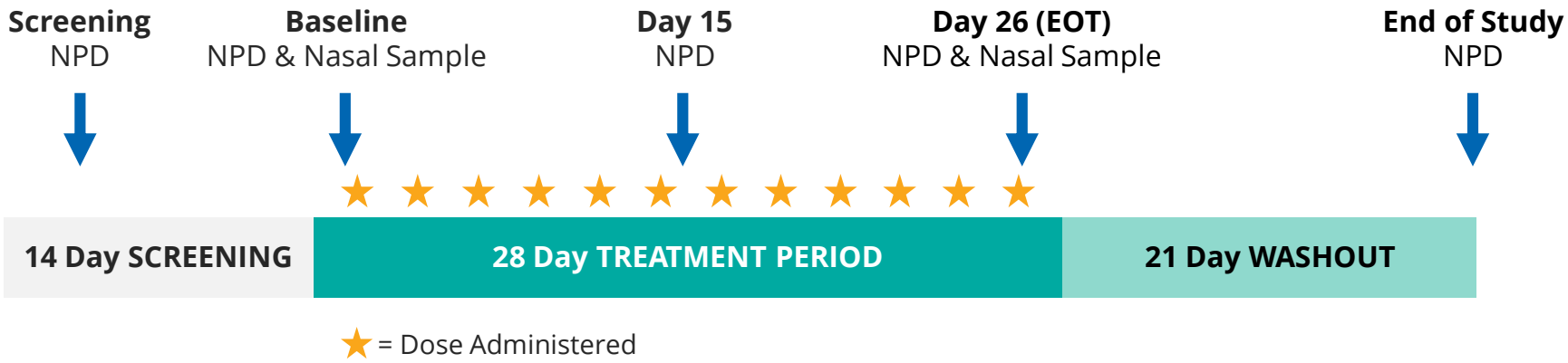


- 64 homozygous ΔF508 CF patients (>18yrs)
- Inhalation through Pari eFlow nebulizer
- Participating sites: 20 sites in EU (CTN) and US (TDN)

- Endpoints:
  - Safety, tolerability and pharmacokinetics
  - Exploratory efficacy (FEV1, CFQ-R, weight gain, sweat chloride)

QR-010: PQ-010-002

Proof-of-Concept Study



- Proof of Concept Nasal Potential Difference (NPD) study in ΔF508 CF patients >18yr
- 8 homozygous and 8 compound heterozygous patients in adaptive design
- Open-label case-controlled study
- Multiple dose design: 12 doses (3 per week x 4 weeks)
- Local dosing in the nose
- Up to 5 participating sites in EU (CTN) and US (TDN) all experienced NPD reference sites
- Endpoints:
  - NPD
  - Sweat chloride

QR-010: ProQR's lead molecule, now in clinical development for CF

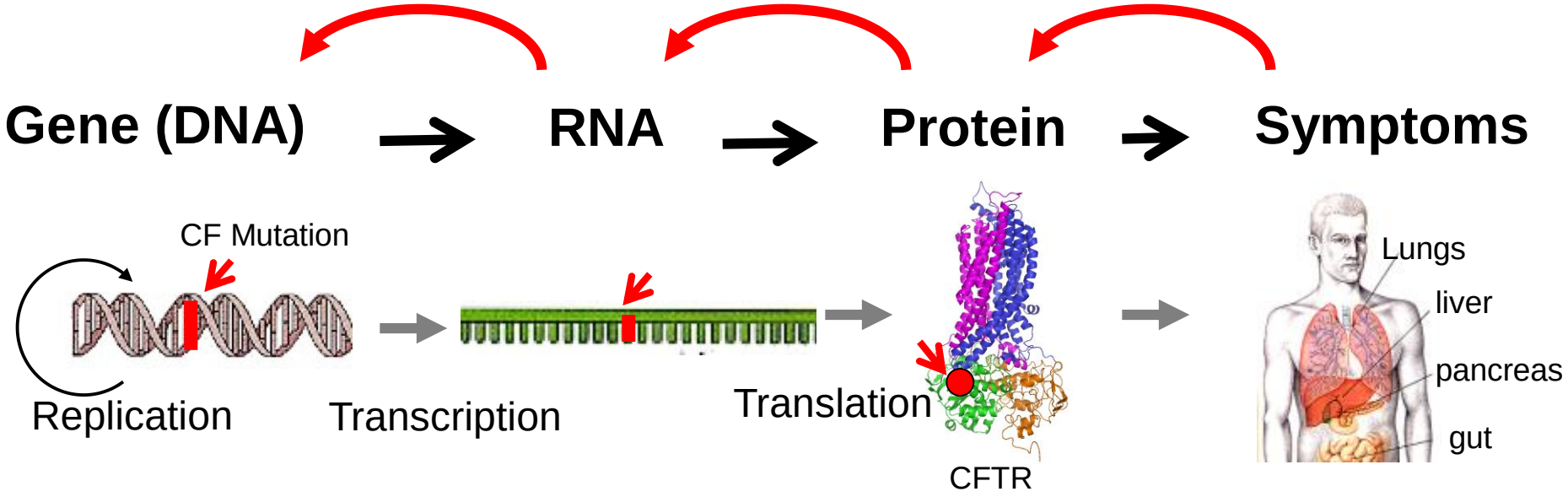
- On-going preclinical work continues to demonstrate consistent increase in CFTR function
- Two clinical trials actively enrolling
  - Safety and tolerability
  - NPD proof-of-concept
- No similar approach to correct CFTR function
- Strong IP

CYSTIC FIBROSIS FOUNDATION
ADDING TOMORROWS

Can we do better?

ROBERT J. BEALL, PH.D.
Former President and CEO
Cystic Fibrosis Foundation

Our Goal: A Lifelong Cure For All CF Patients

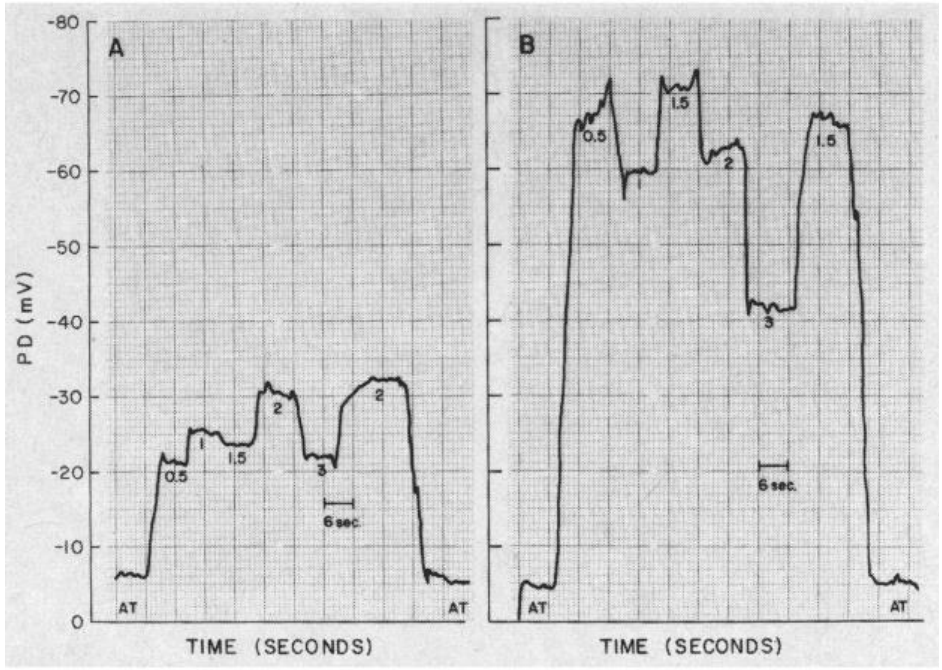


Permanent Repair	**Periodic Therapy**	**Daily Therapy**	**Continuous Therapy**
Gene editing	Transcription	CFTR modulation	Infection
Gene delivery	Translation (PTCs)	Potentiators	Mucus
Stem cell biology	RNA replacement**	Correctors	Inflammation
	RNA editing		Nutrition….

The Three Most Important Observations in CF Research History

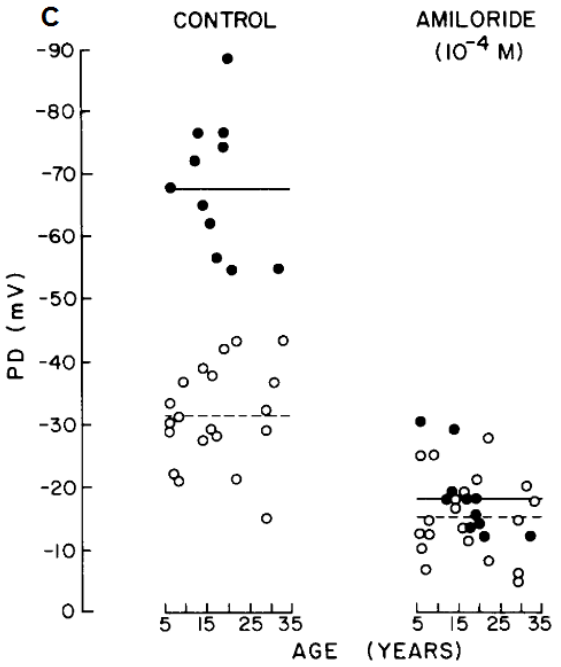
1. **Abnormal Potential Difference in CF Airways**

Raised Transepithelial Potential Difference (PD) and Amiloride Inhibition of PD in CF vs Normal Subjects: Evidence for an Intrinsic Defect in CF Epithelial Ion Transport



Normal Subjects

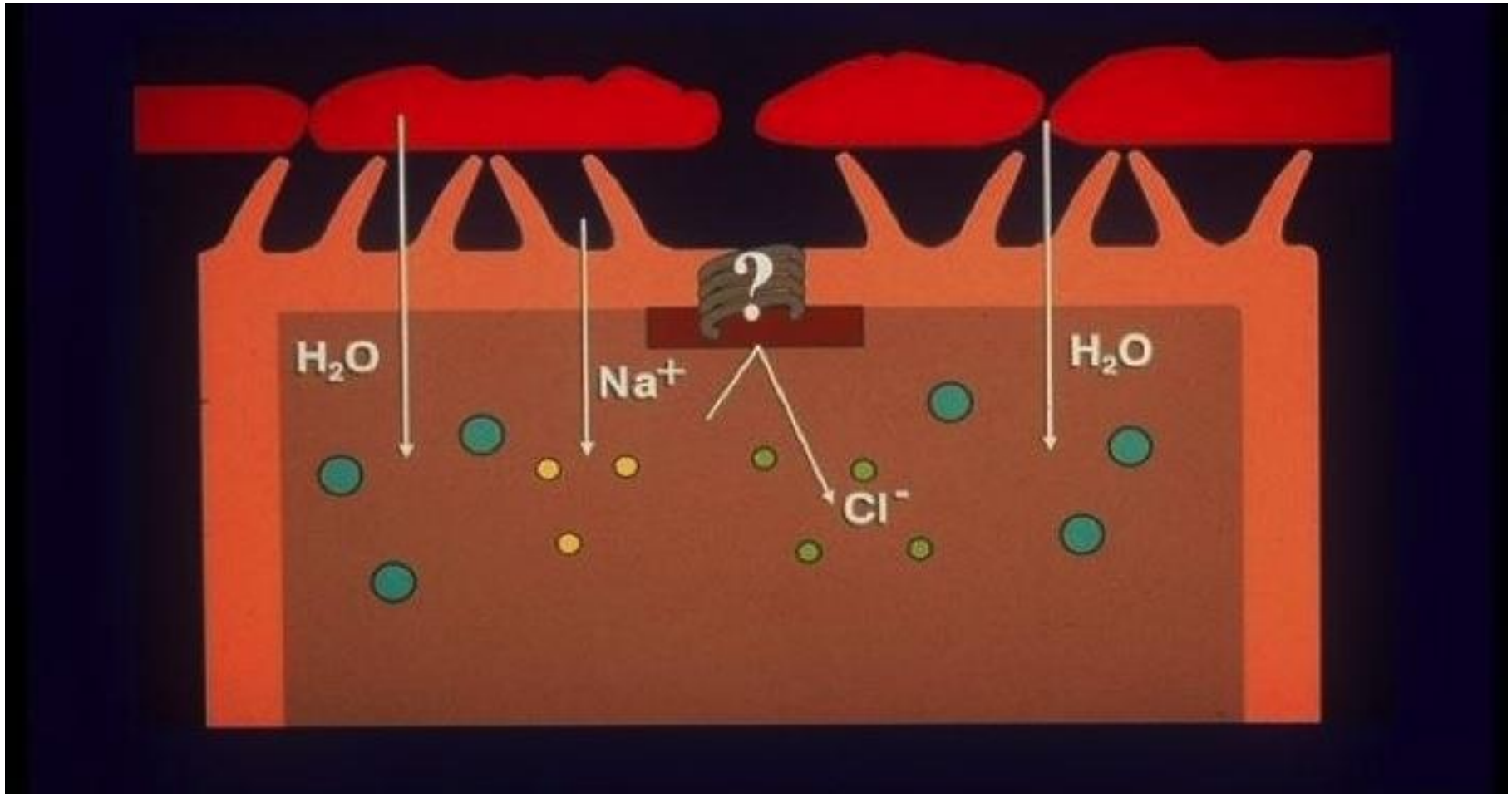
CF Subjects



Amiloride Inhibition of PD (Na+ transport) in CF (●) vs Normal (○) subjects

Knowles, Gatzy, Boucher NEJM 1981

Development of a Working Hypothesis



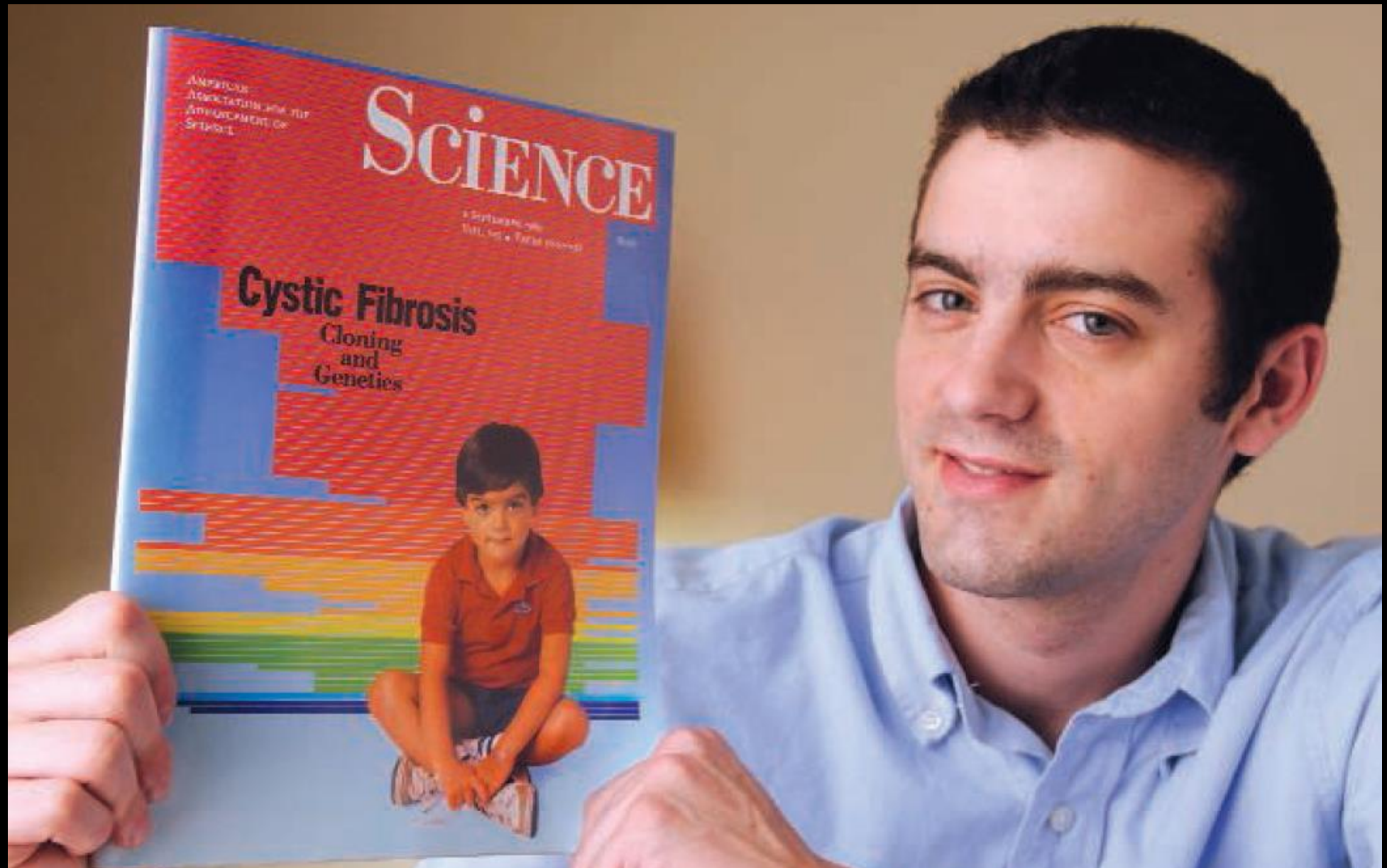
The Three Most Important Observations in CF Research History

1. Abnormal Potential Difference in CF Airways

2. **Discovery of CF Gene in 1989**

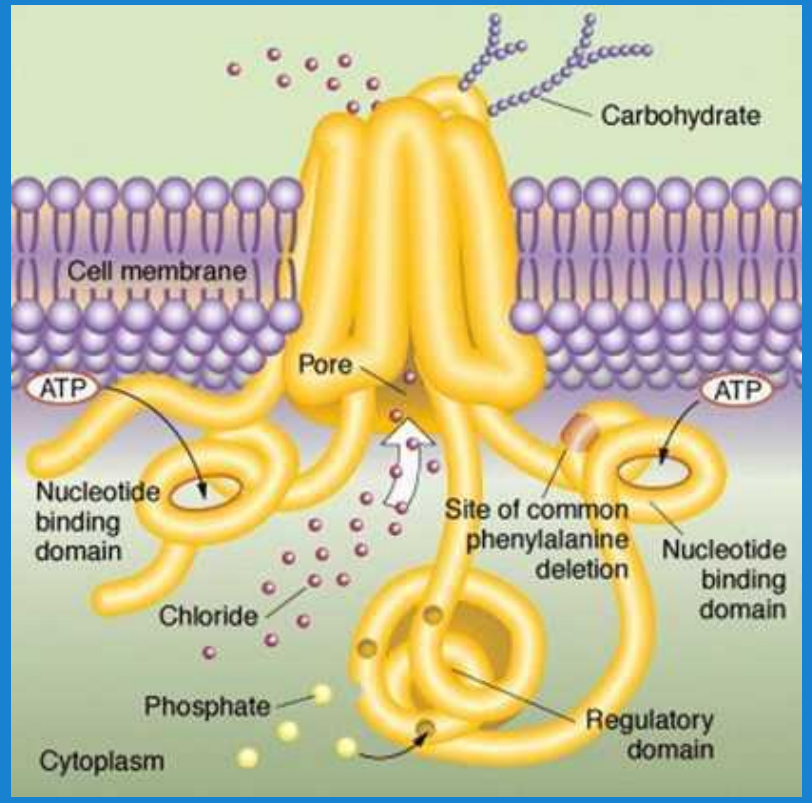
CYSTIC FIBROSIS FOUNDATION

Discovery of CF Gene 1989



Cystic Fibrosis Trans-membrane Conductance Regulator

- Acts as a Chloride Channel
- Controls Salt and Water Balance in the Airways



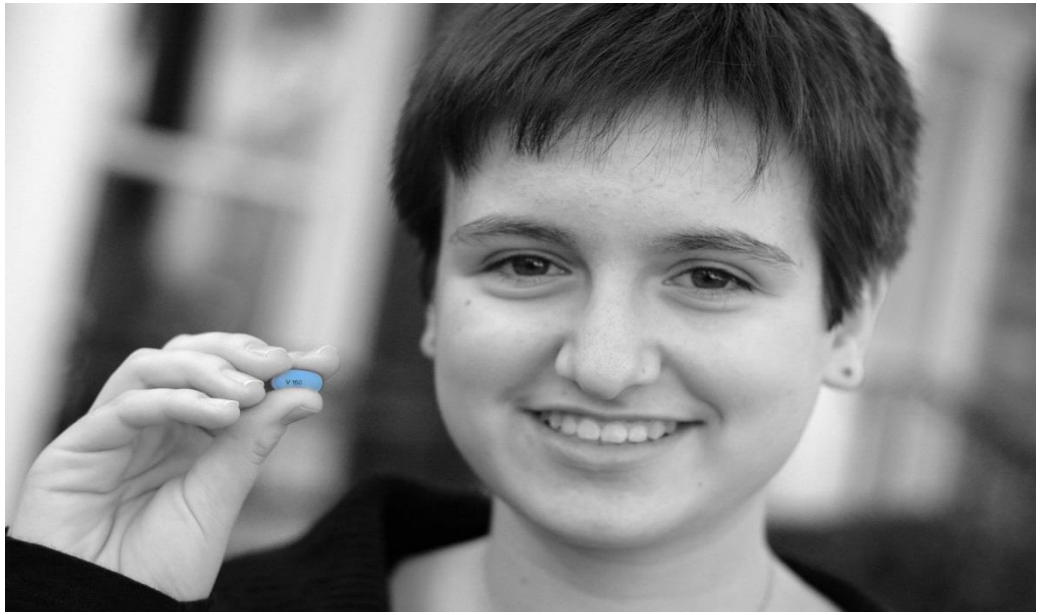
The Three Most Important Observations in CF Research History

1. Abnormal Potential Difference in CF Airways

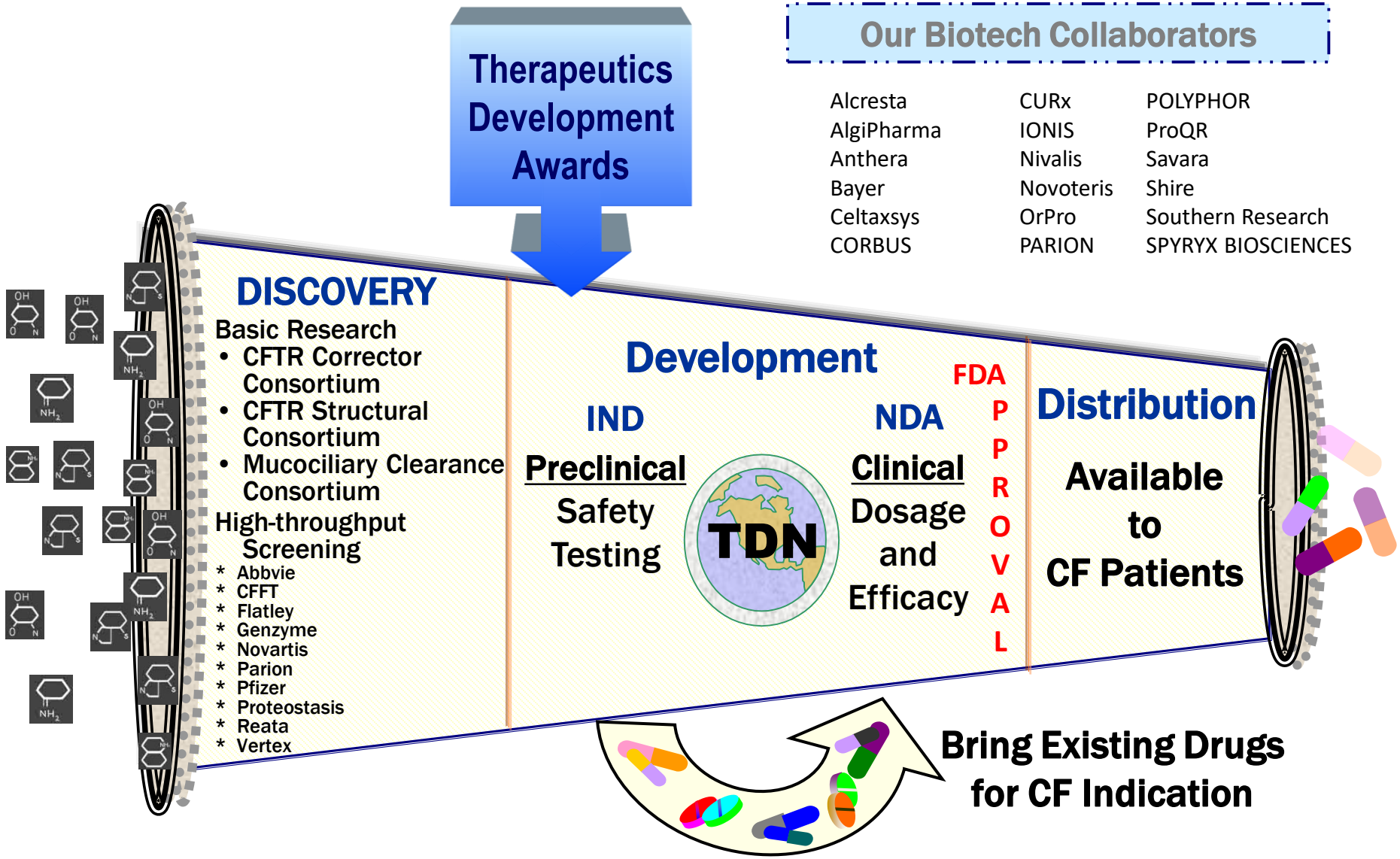
2. Discovery of CF Gene in 1989

3. **Small Molecules (Kalydeco) Can Partially Correct the CFTR Defect in Cystic Fibrosis Patients**

2012 – FDA Approves Ivacaftor



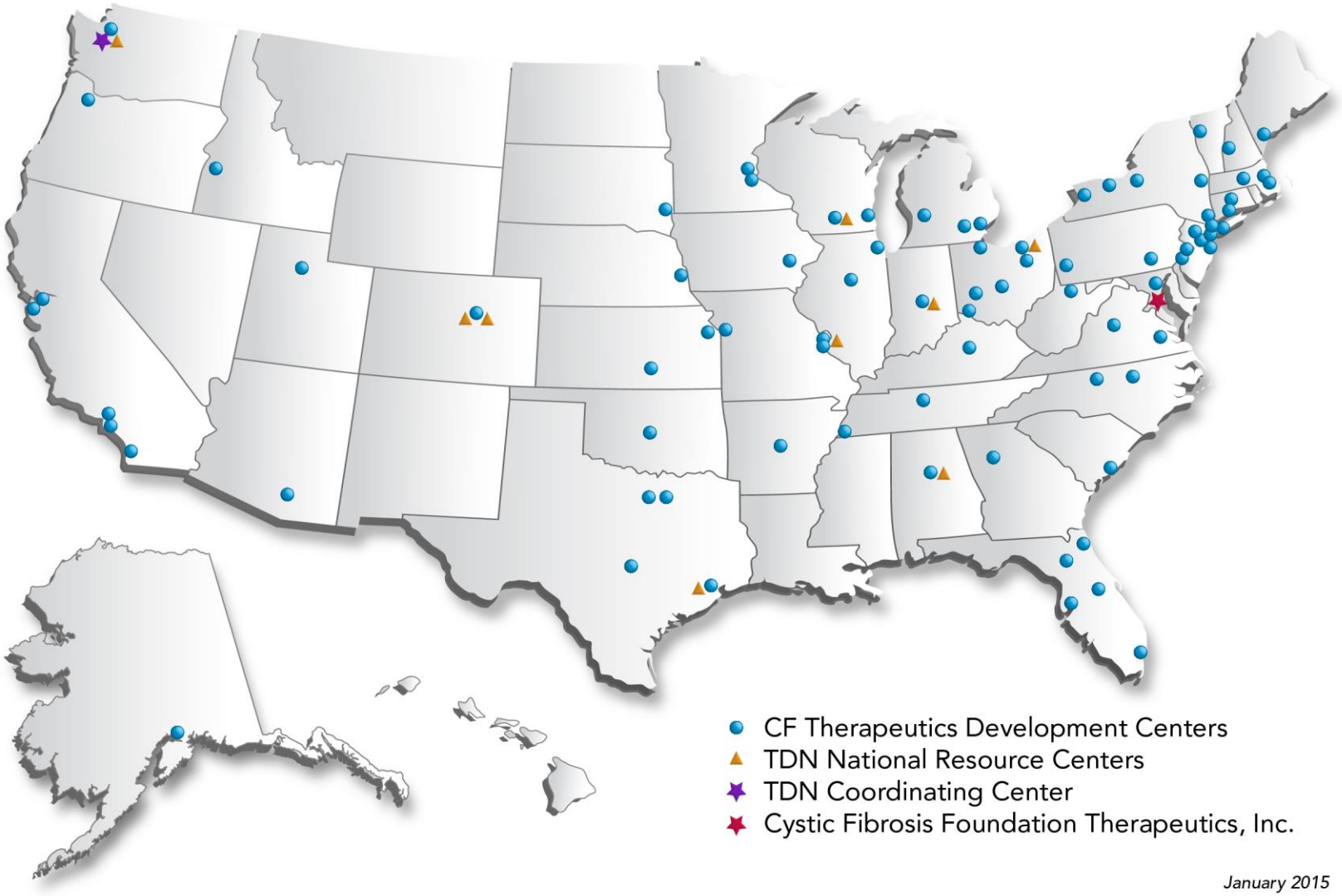
Therapeutics Development Program



Our Biotech Collaborators

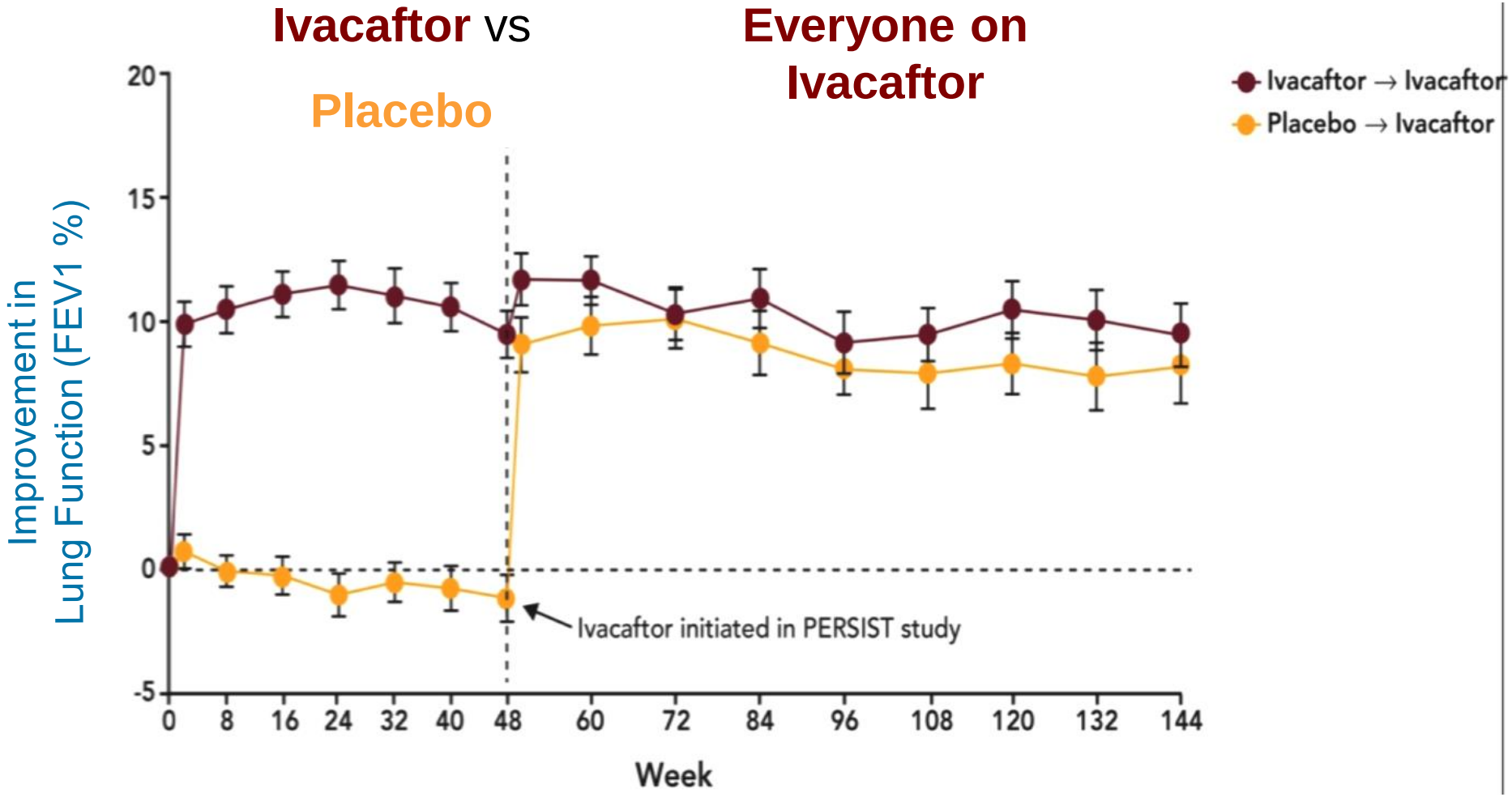
Alcresta	CURx	POLYPHOR
AlgiPharma	IONIS	ProQR
Anthera	Nivalis	Savara
Bayer	Novoteris	Shire
Celtaxsys	OrPro	Southern Research
CORBUS	PARION	SPYRYX BIOSCIENCES

Therapeutics Development Network



January 2015

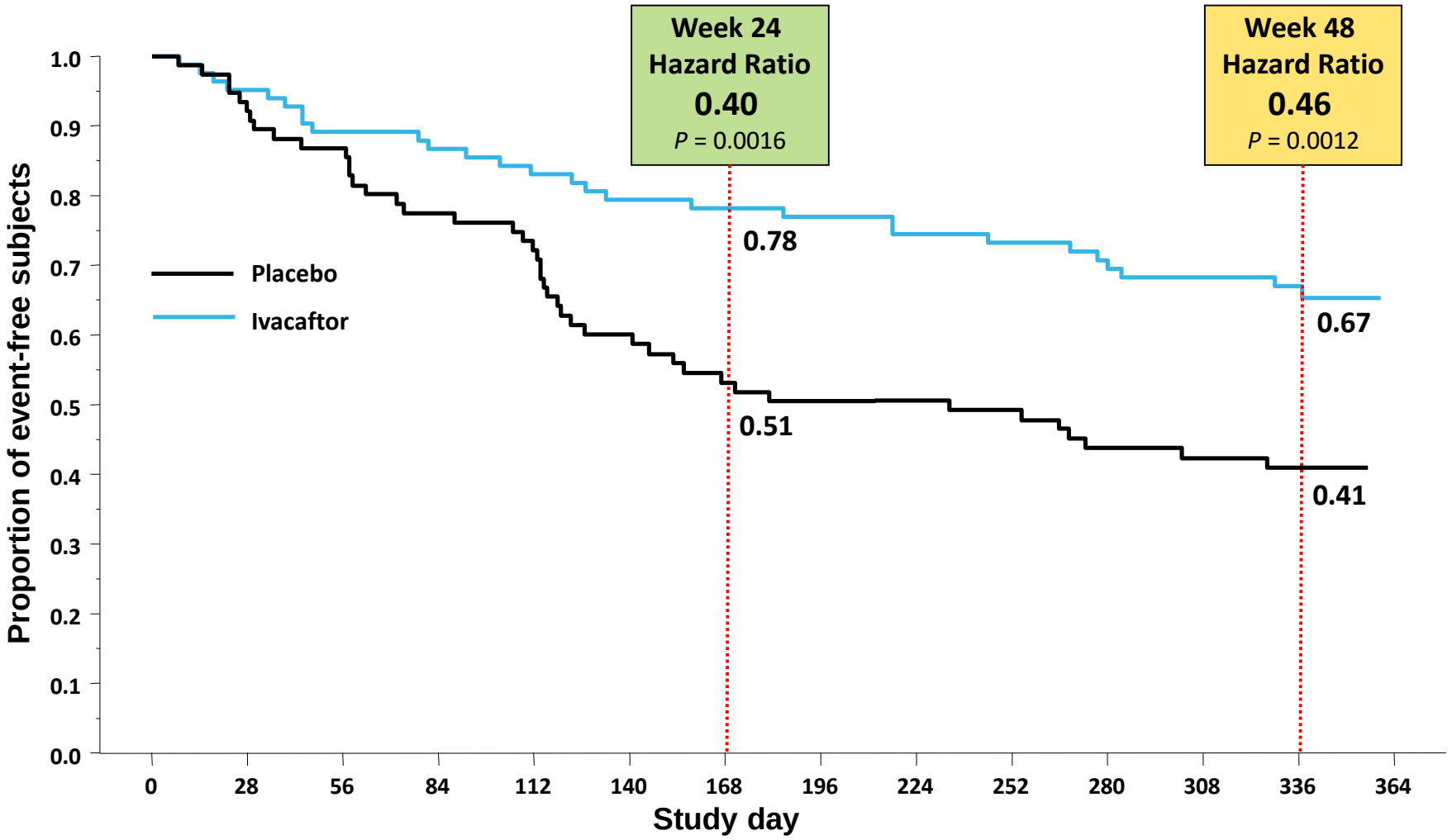
Ivacaftor Improved FEV: Most Important Proof of Concept in CF History



McKone, Borowitz….Davies et al, NACFC 2013. Poster 207

Time-to-First Pulmonary Exacerbation

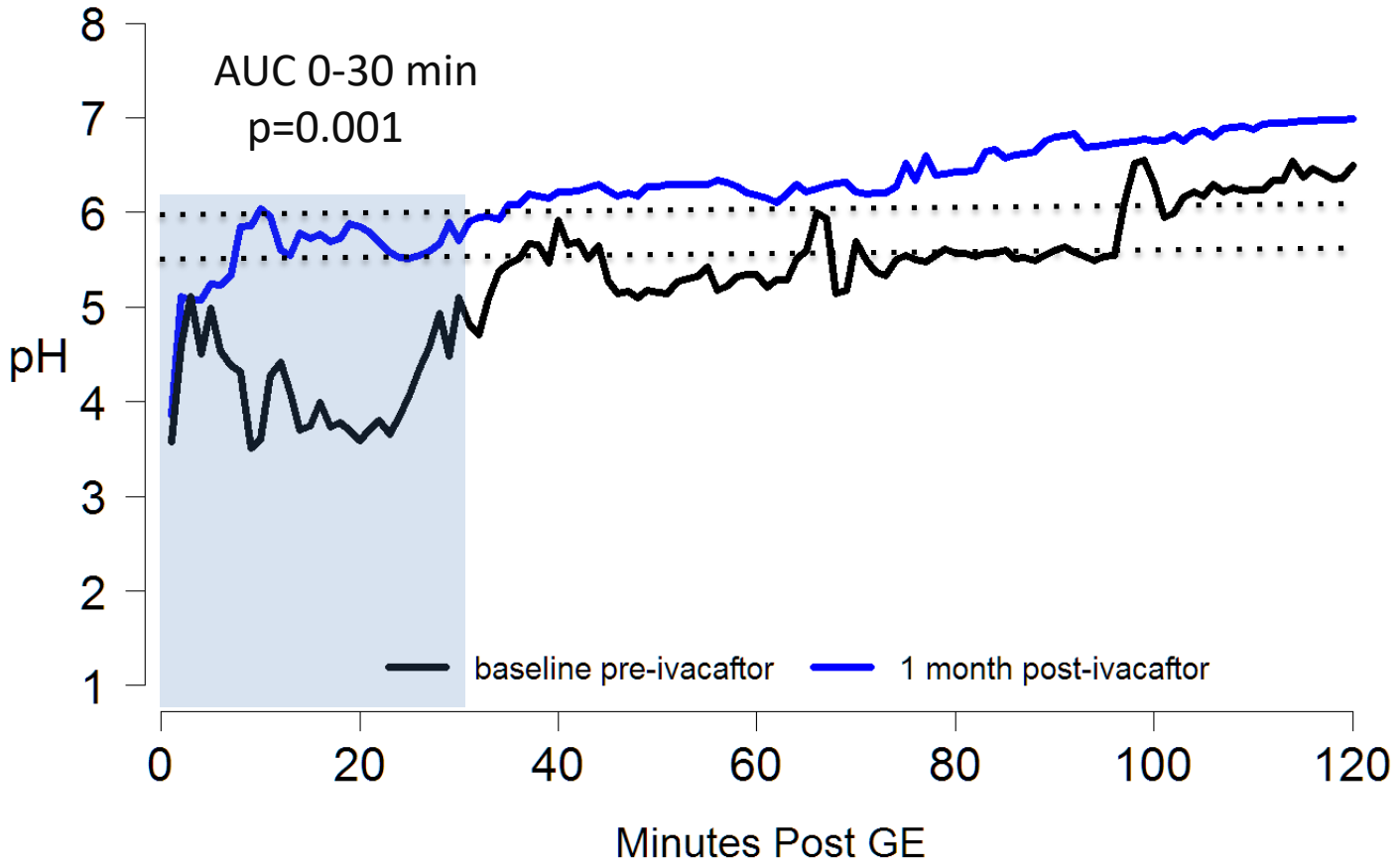
Modified Fuchs' criteria



Key secondary endpoint in gold

Ramsey et al., N Engl J Med. 2011 Nov 3;365(18):1663-72

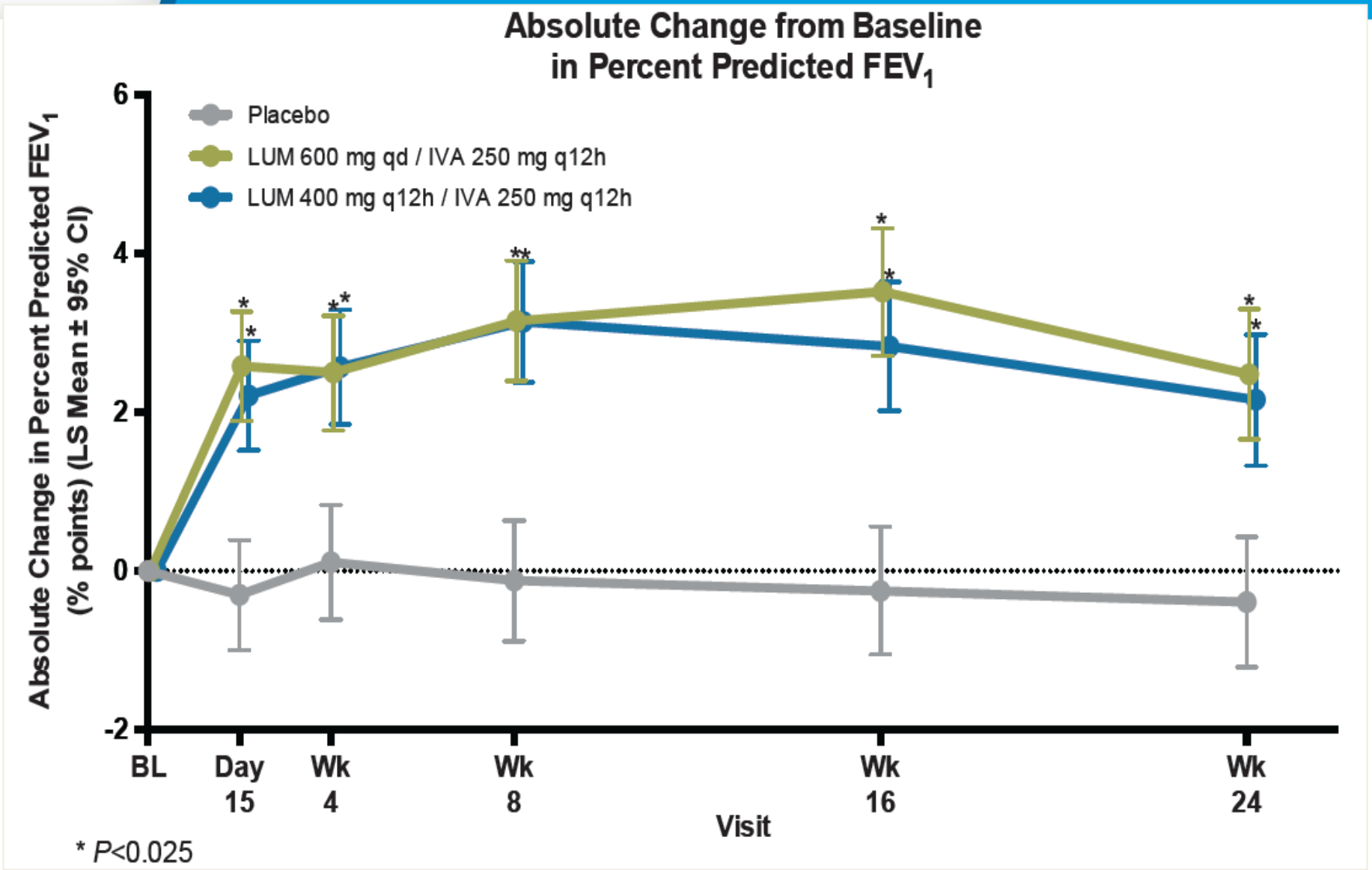
Effect of Ivacaftor on Small Bowel pH



Rowe et al., *Am J Resp Crit Care Med*, 2014

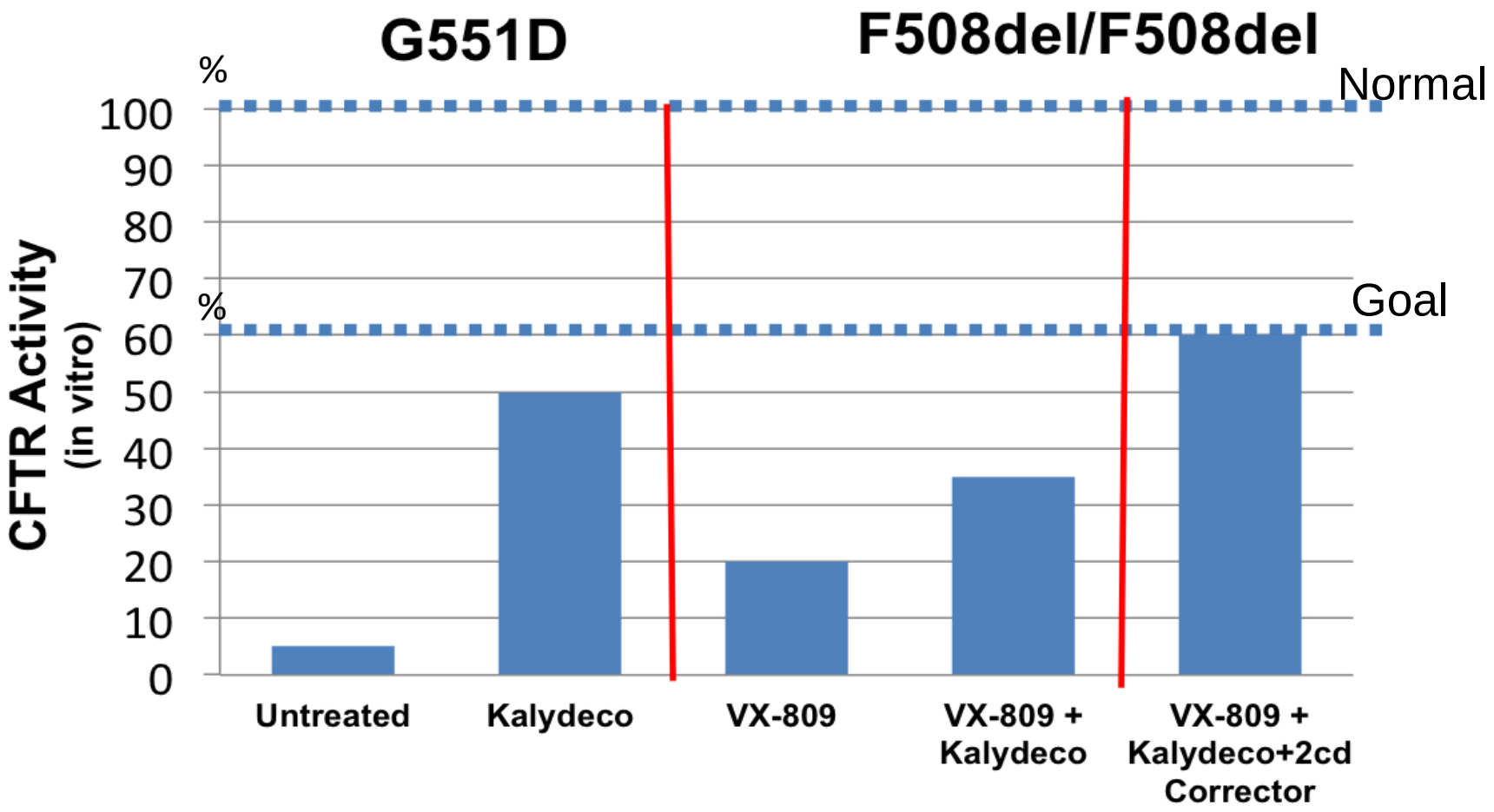
Drucy Borowitz, Daniel Gelfond, Sub-study PIs

Lumacaftor/Ivacaftor Improved FEV_1



Ramsey, Boyle, Elborn…Wainwright et al. Poster #250 NACFC 2014
Symposium 10.3, Wainwright, Friday 11:30 AM

2nd Generation Modulators Restore CFTR Activity



Can we do better?

Vertex Next Generation Program

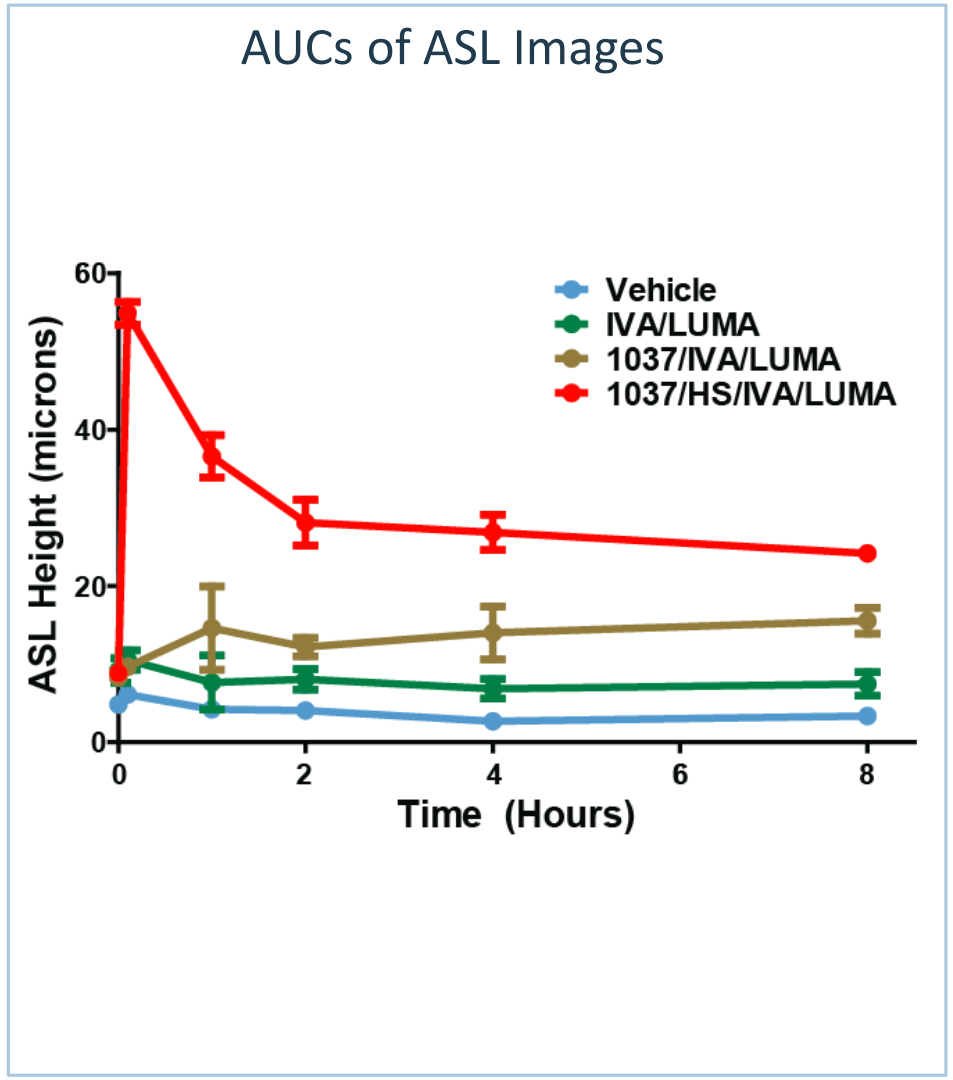
Corrector Therapy

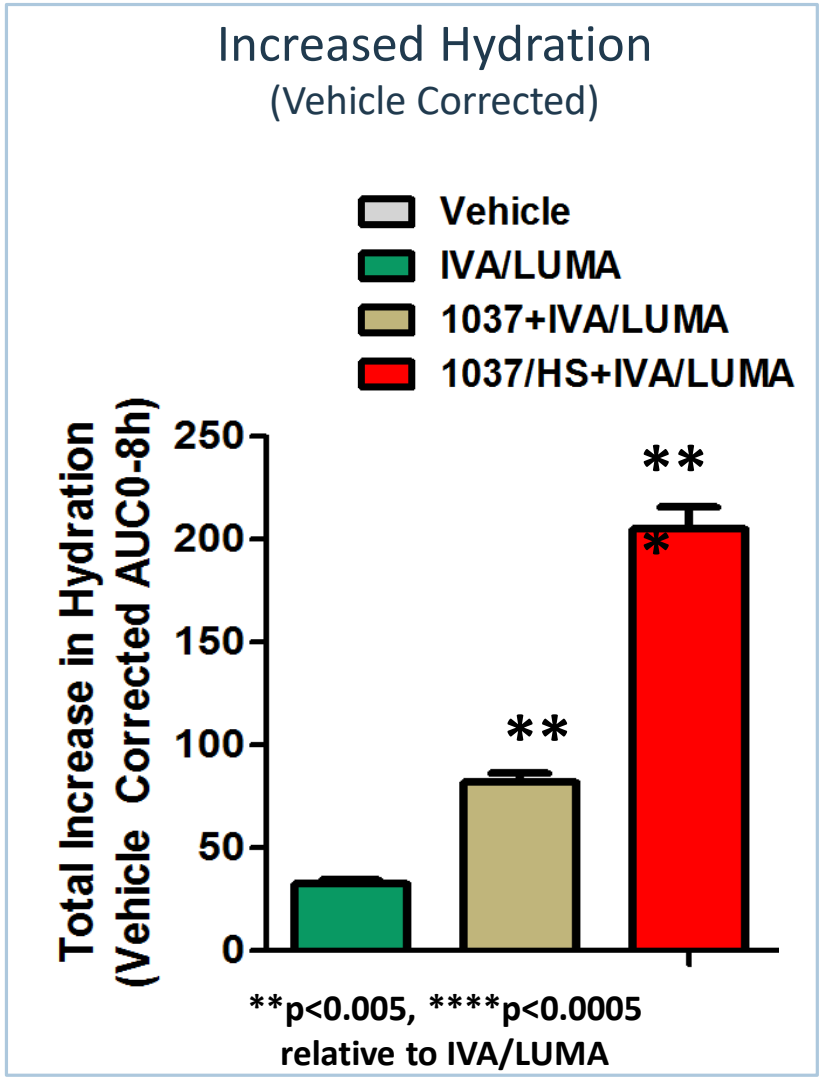
- Two 2nd Generation Correctors now in clinical studies: VX-152 and VX-440
- Each additive or synergistic with first generation correctors in vitro (i.e. VX-661 or VX-809)
- CF trial design in development

Vertex – ENaC blocker Program (with Parion)

- P-1037 / VX-371 Currently enrolling Phase 2a as monotherapy (N=120, 2 week study)
- Combination with corrector/potentiator therapy will follow

Comparison ASL Heights: Iva/Luma +/- P-1037





Source: Parion 2015 NACFC Poster

Innovating for the Future

February 2016

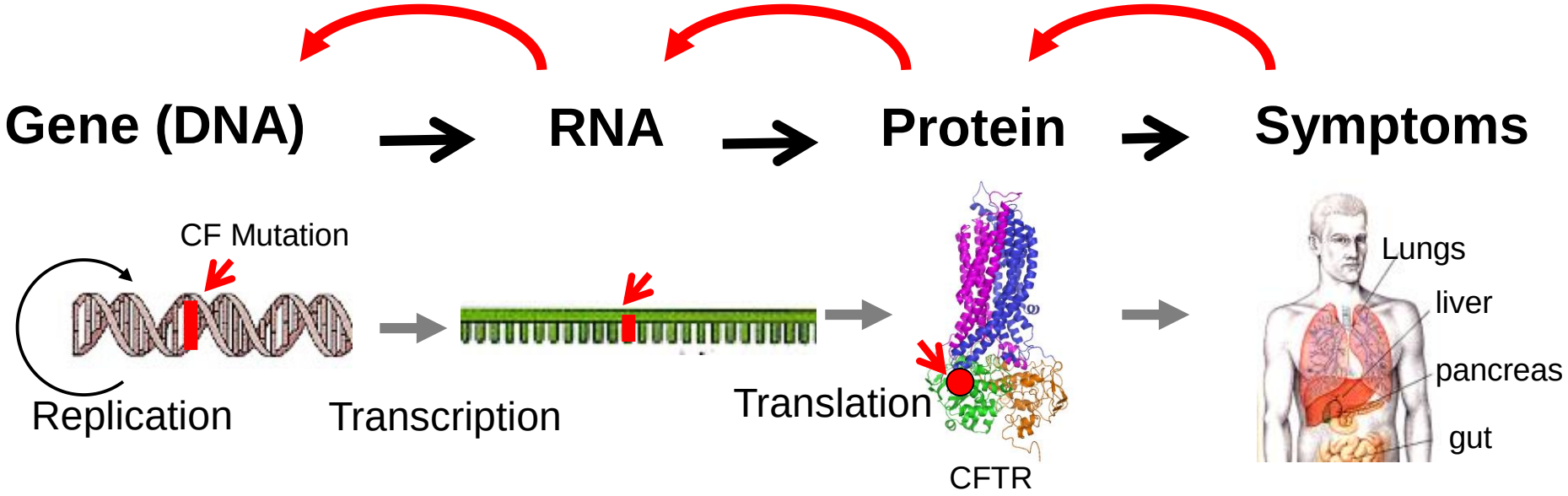
Explosion of CFTR Modulator Trials

1. **PTC –** Ataluren – Phase 3 – Read through stop codons
2. **ProQR –** QR-010- Phase I - RNA repair for F508del
3. **Bayer –** Riociguat – Phase 2 – Corrector
4. **Novartis** – Phase 2 - Potentiator
5. **Nivalis** – N9115 – Phase 2 - Corrector
6. **John Flatley Lab** – Phase 2 – Corrector

“Second Generation” – mid to late 2016

1. **Vertex** – VX-152 and VX-440 - Phase 2 - Correctors
2. **Galapagos/AbbVie** – GLPG2665 - Phase 1

A Lifelong Cure For All CF Patients



Permanent Repair	**Periodic Therapy**	**Daily Therapy**	**Continuous Therapy**
Gene editing	Transcription	CFTR modulation	Infection
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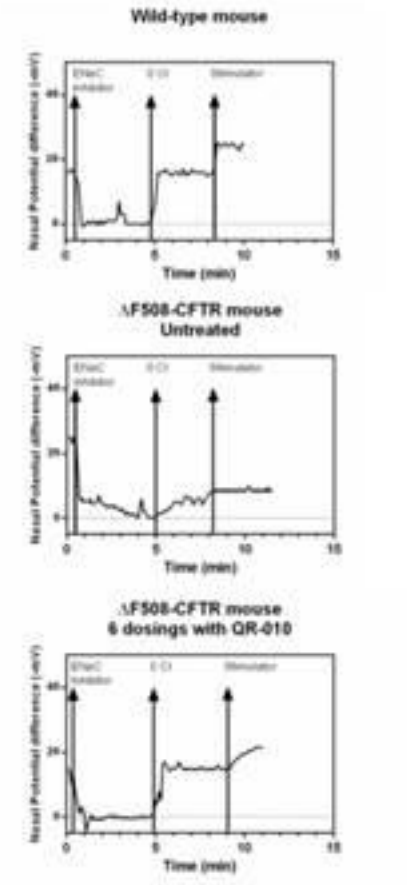
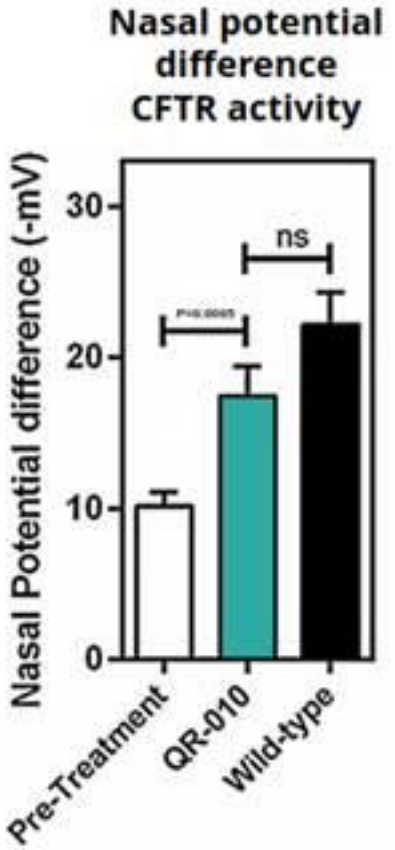
Stem cell biology	RNA replacement**	Correctors	Inflammation
	RNA editing		Nutrition….

A Lifelong Cure For All CF Patients

QR-010 normalizes CFTR activity in CF mice





Building Science for a One Time Cure

Recruit world class investigators into CF research

Workshops

CFTR Expression (Oct 2014):	increase level of RNA and protein
Gene Editing (Dec 2014):	repair CFTR DNA mutations
Gene Deliver (Dec 2014):	delivery DNA and editing enzymes
Stem Cells (Mar 2015):	identify and “correct” target cells

Successful RFAs

	Applications received	Funded
Gene expression	19	13
Gene Editing	22	10-12
Gene Delivery	23	7-10
Stem cell biology	29	Review Nov 19

Expect to fund ~40-50 laboratories, 2 companies

~ $7M investment in 2015, increasing 2016-18

Additional discussions on gene delivery: viral & nanoparticle technologies.

Drug Discovery / Preclinical Pipeline

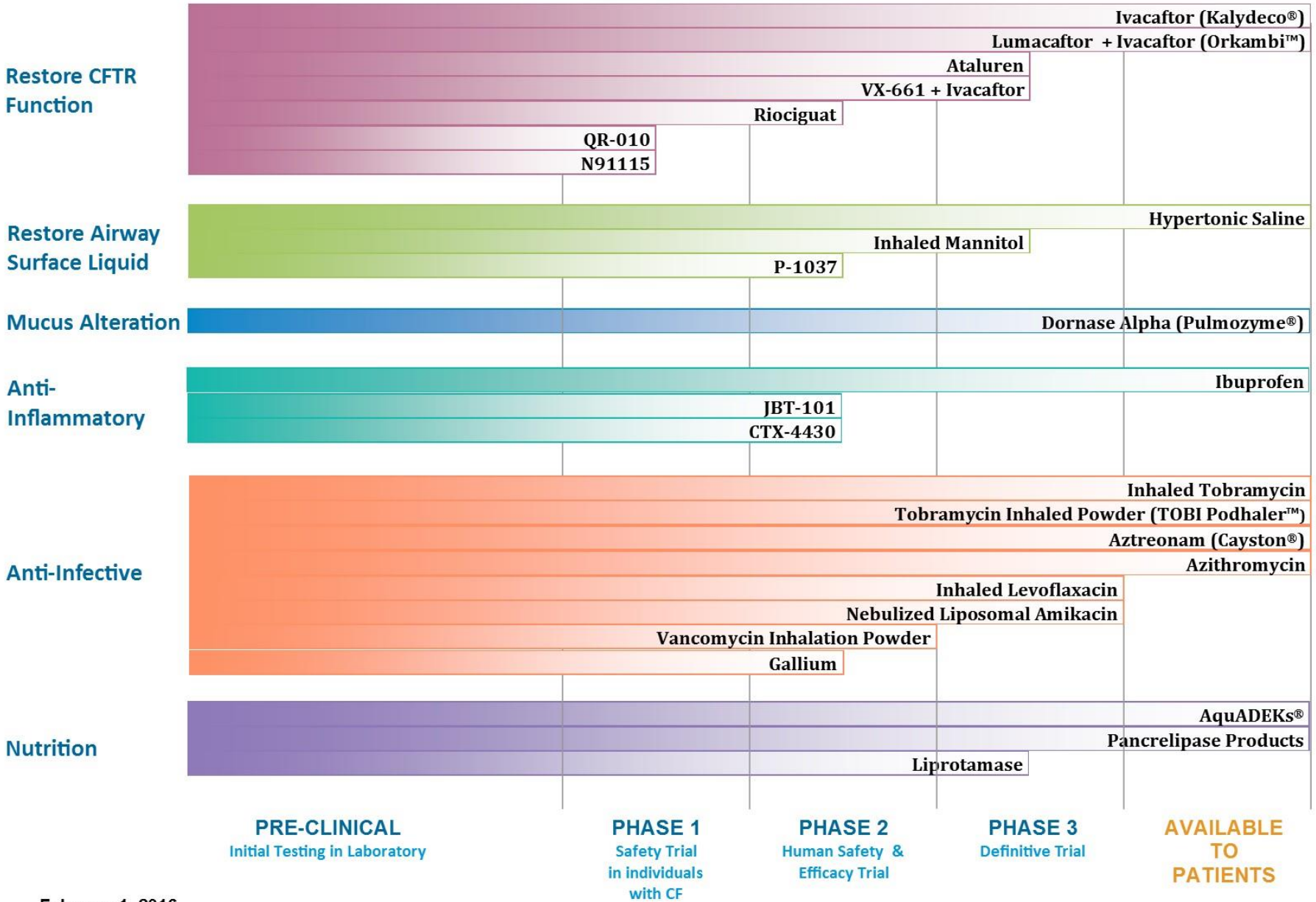
2nd Gen CFTR Modulators: (9 projects)
- Vertex, Pfizer, Genzyme, PTI, Reata, Parion

Nonsense (PTC) mutations: (4 projects, 3 ongoing, 1 in development
- Southern Research Institute/UAB collaboration
- PTC completing Ataluren phase III trial
- Negotiating an additional large Pharma screen
- Novel oligonucleotide approaches

RNA directed therapy: (3 projects, 2 ongoing, 1 in development)
- Shire: direct RNA delivery, ProQR: RNA repair
- Splicing, Expression

Gene editing and delivery: (3 projects; 1 funded, 2 in development)
- CRISPR/Cas9
- Zn Finger nuclease
- novel delivery technologies

Cystic Fibrosis Foundation Therapeutics Pipeline



February 1, 2016

Thank you!

Innovation unit

In-house discovery engine

Research and development pipeline

QRX-911
Undisclosed target

QRX-021
Undisclosed CF target

QRX-313
Epidermolysis bullosa

QRX-704
Huntington's disease

QRX-812
Undisclosed target

QRX-411
Usher syndrome

QRX-504
Fuchs (FECD)

QRX-604
Friedreich's ataxia

QRX-203
Alzheimer's disease

QR-110
LCA
>2,000 patients

QR-010
cystic fibrosis
>49,000 patients

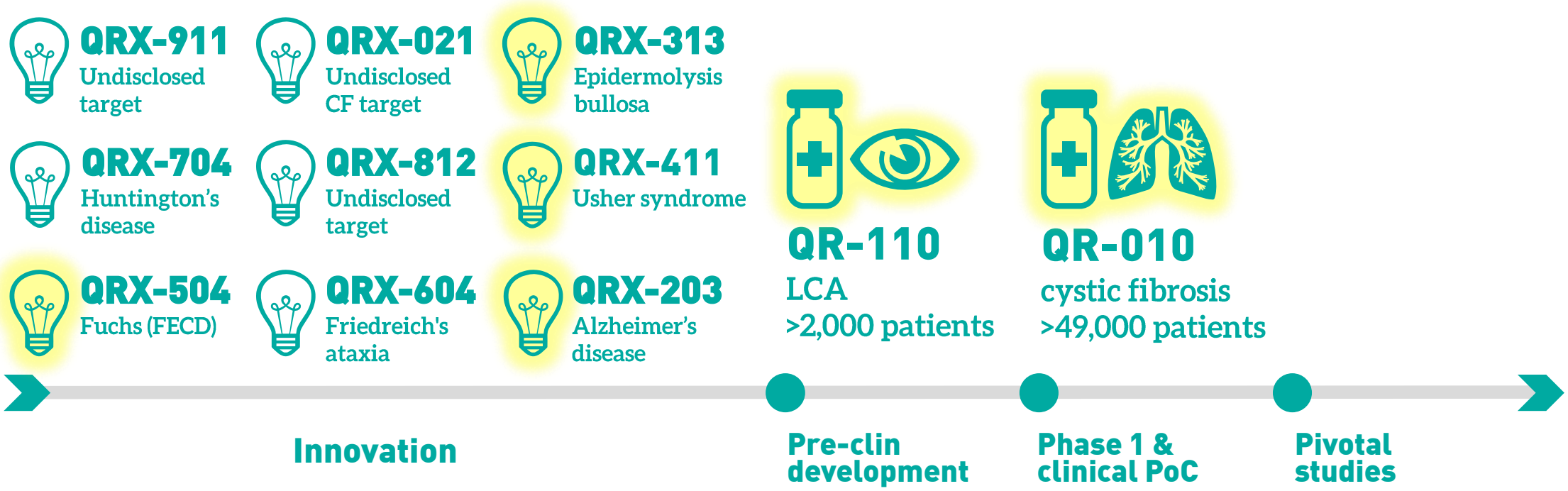
Innovation

Pre-clin development

Phase 1 & clinical PoC

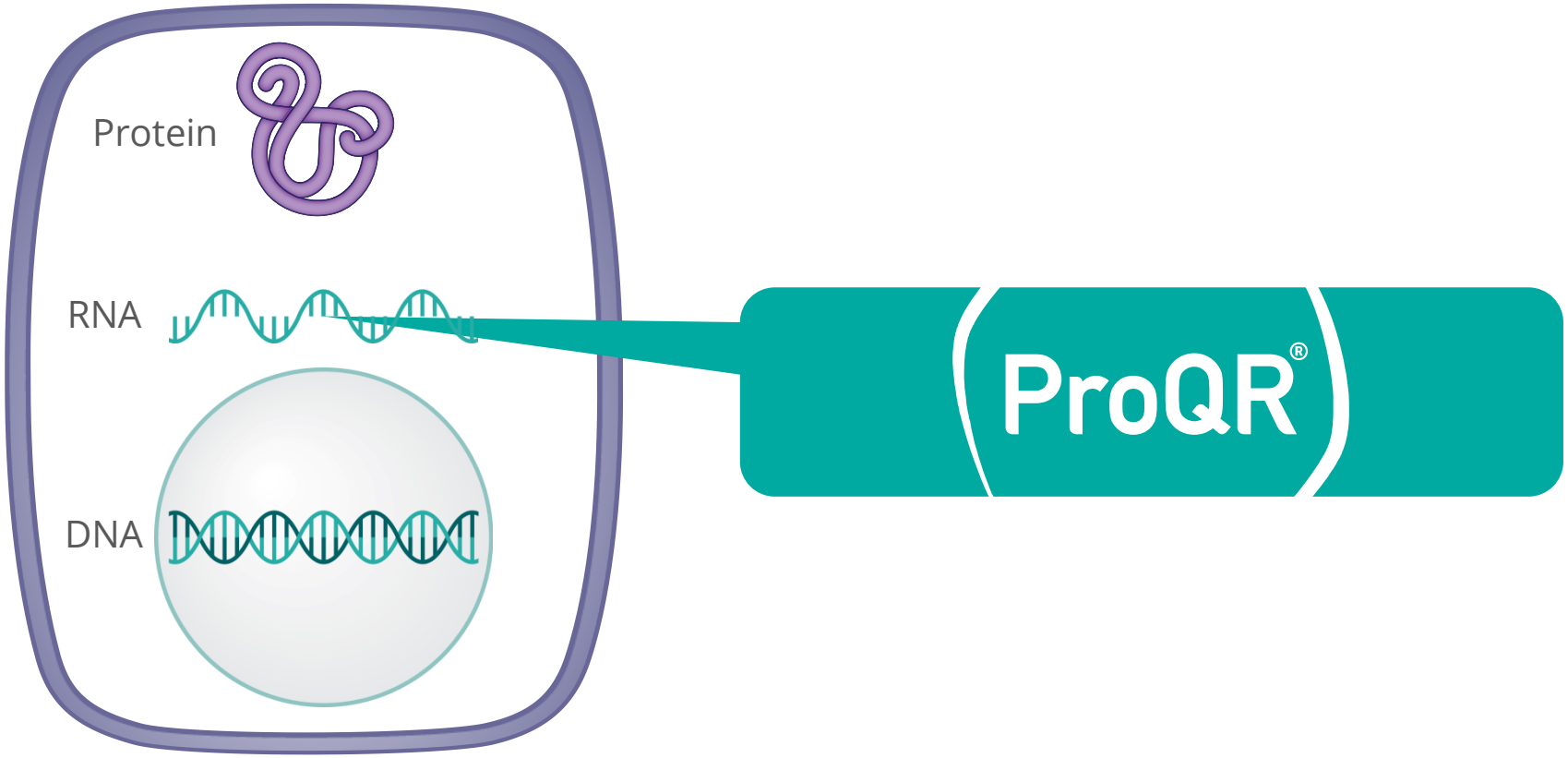
Pivotal studies

Research and development pipeline

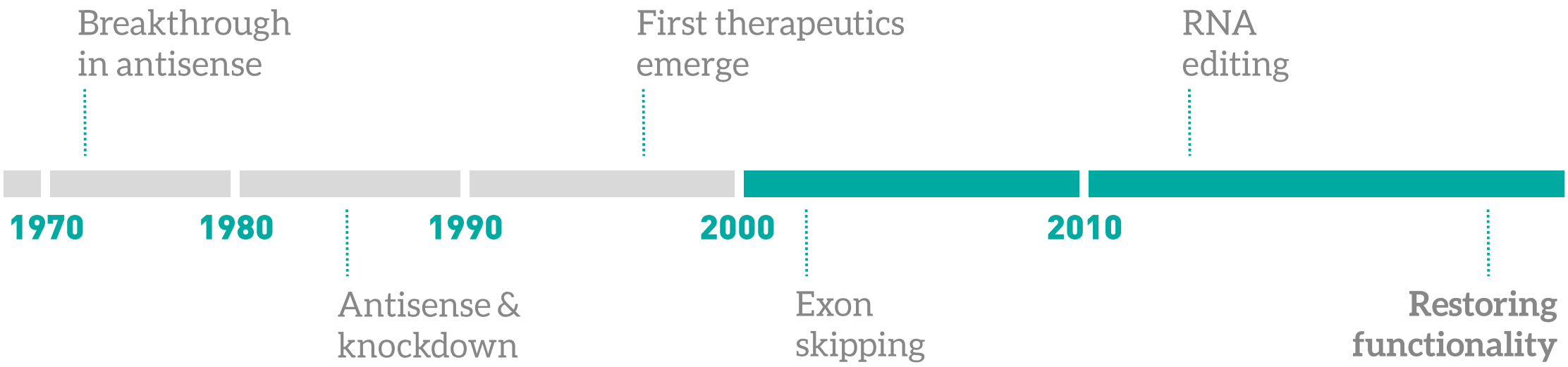


Innovation platform

targeting genetic disorders at the RNA



RNA space


Breakthrough in antisense
First therapeutics emerge
RNA editing
1970
1980
1990
2000
2010
Antisense & knockdown
Exon skipping
Restoring functionality

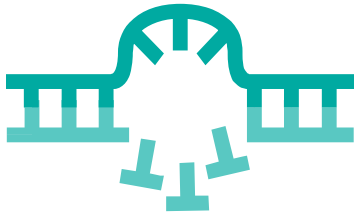
Approach

Well understood causality
Genetic defect leading to disease manifestation well understood

Patient specific
High unmet needs

Intellectual property
Aggressive patenting strategy
Broad IP portfolio

Feasible delivery
Feasible delivery route to target organ



Technology based
RNA modulation to restore wild-type functionality

Promising programs in 5 therapeutic areas

CNS
Huntington's disease
Alzheimer's disease

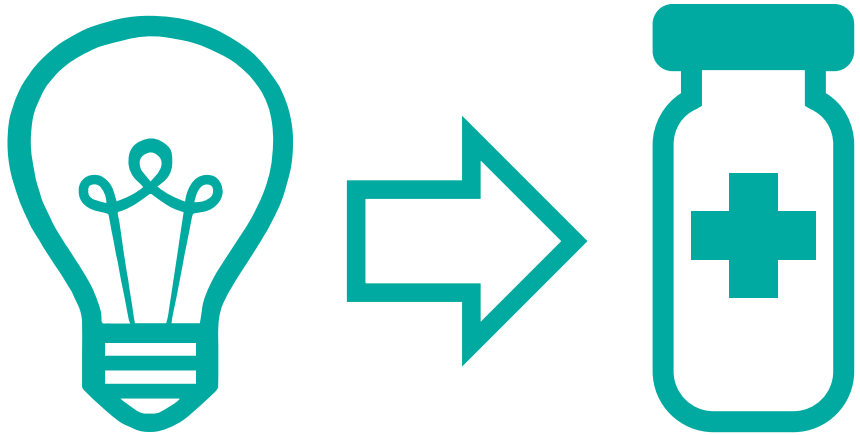
Ophthalmology
LCA10
Usher syndrome
Fuchs (FECD)

Respiratory
Cystic fibrosis

Dermatology
Dystrophic EB

Neuromuscular
Friedreich's ataxia

Selecting the best programs



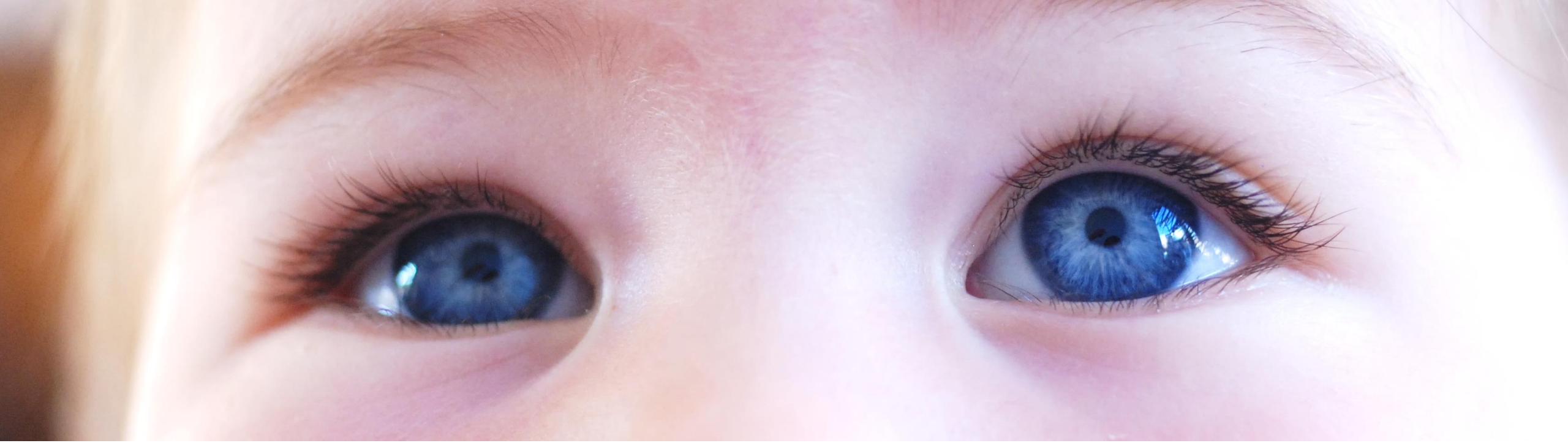
Well understood causality

Unmet need

IP position

Strong proof-of-concept

Feasible delivery



QR-110

Splice correction for p.Cys998X causing Leber's congenital amaurosis (LCA10)

Leber's congenital amaurosis disease background

- LCA is a broad set of diseases
  - 18 types
  - Caused by many mutations
- Different phenotypes
  - LCA2: RPE65
  - LCA10: CEP290 (a ciliopathy)
- **LCA10** - p.Cys998X: ~2,000 LCA patients in the Western world
- No treatments available

LCA10 Clinical Phenotype

- Most severe form of early childhood blindness
- Very early severe vision loss with onset in the first months of life
- Symptoms include sensory nystagmus (involuntary eye movement), amaurotic pupils, oculo-digital signs, and absent electrical signals on electroretinogram (ERG).
- Is associated with a cone-sparing macular presentation

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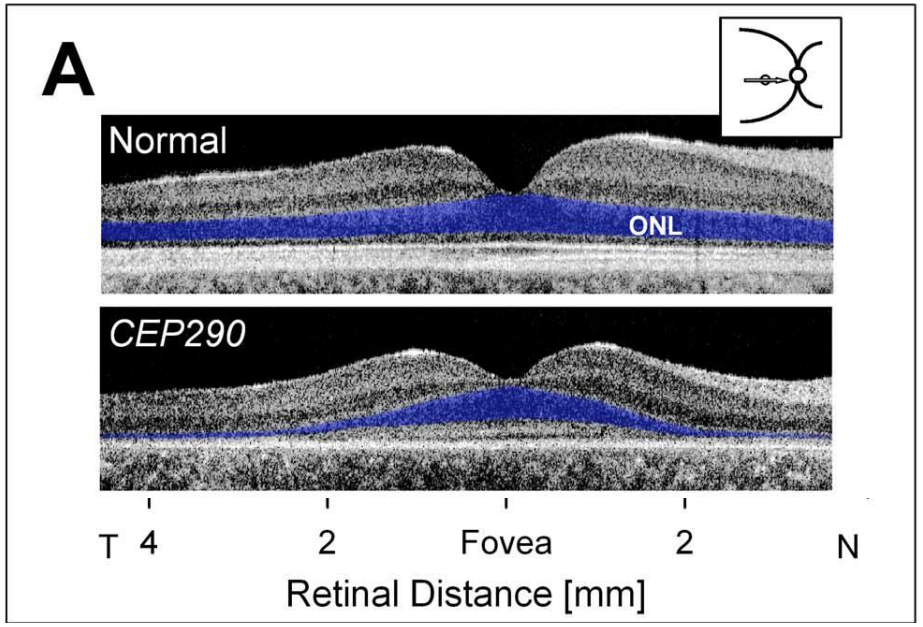
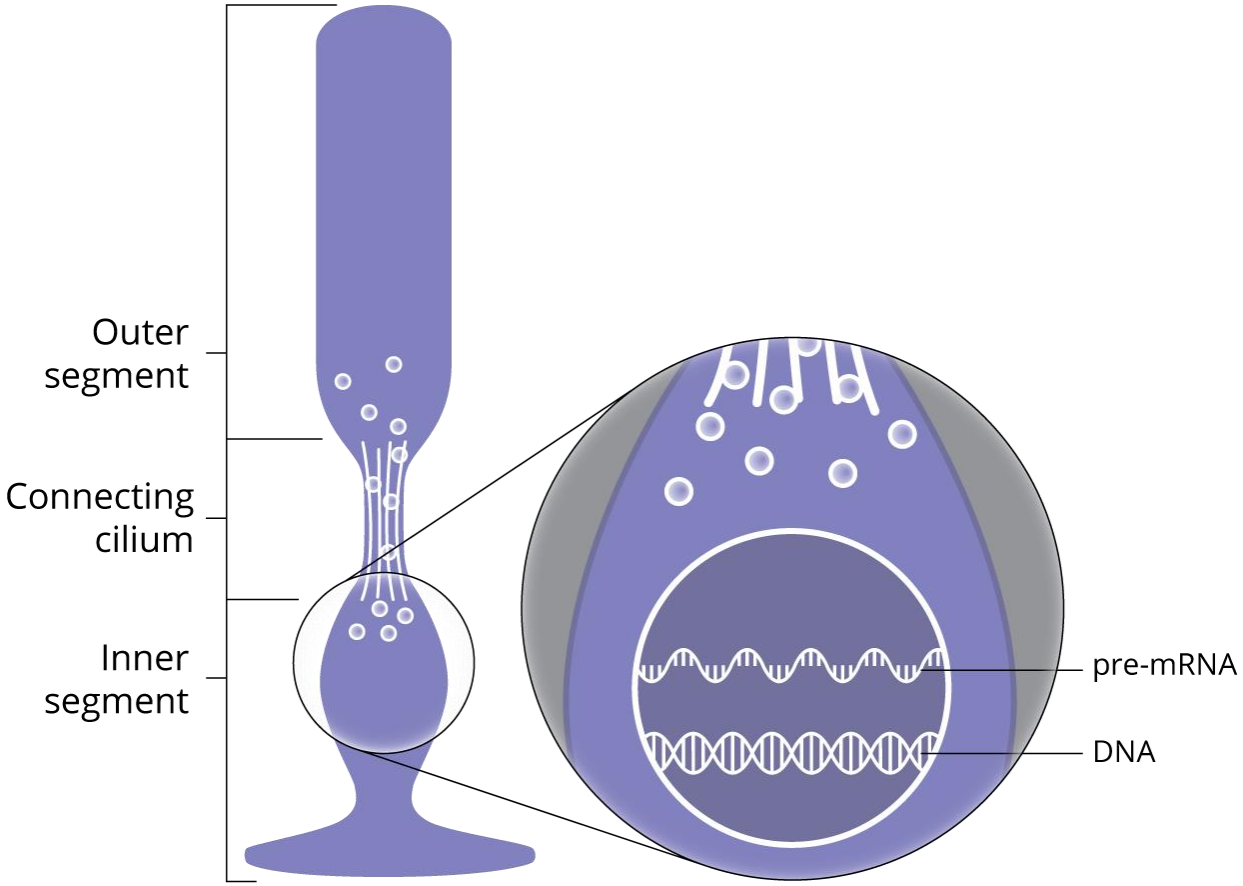
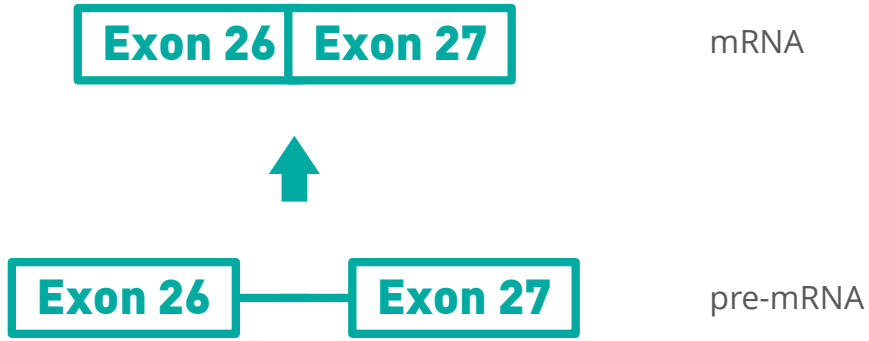


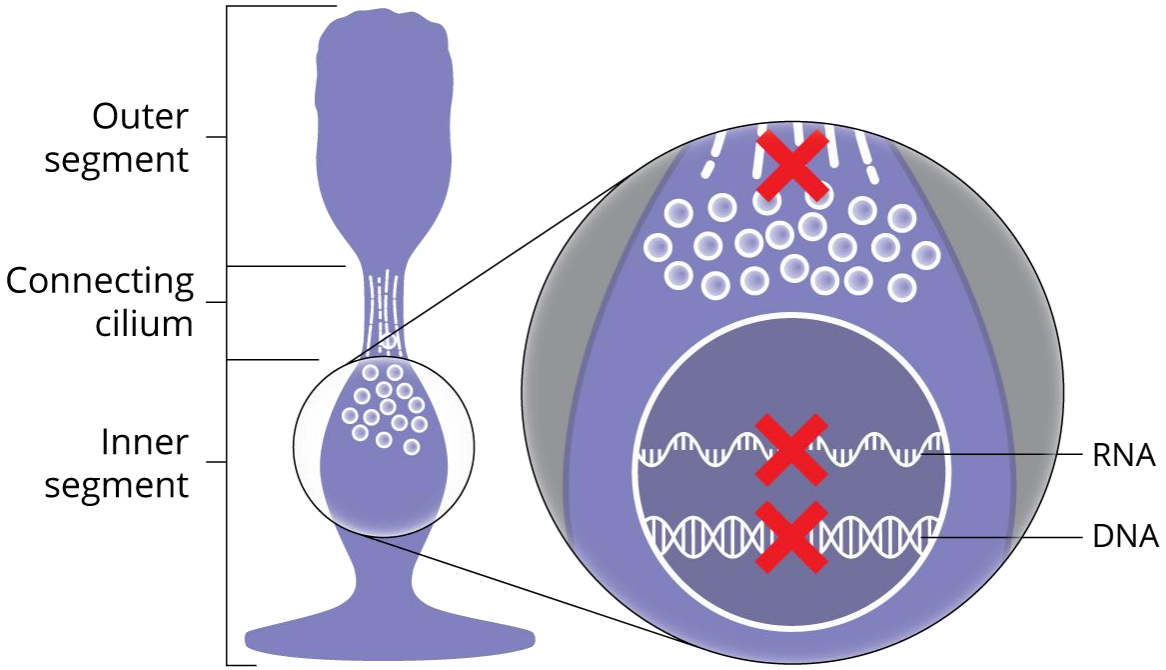
QR-110 for LCA10



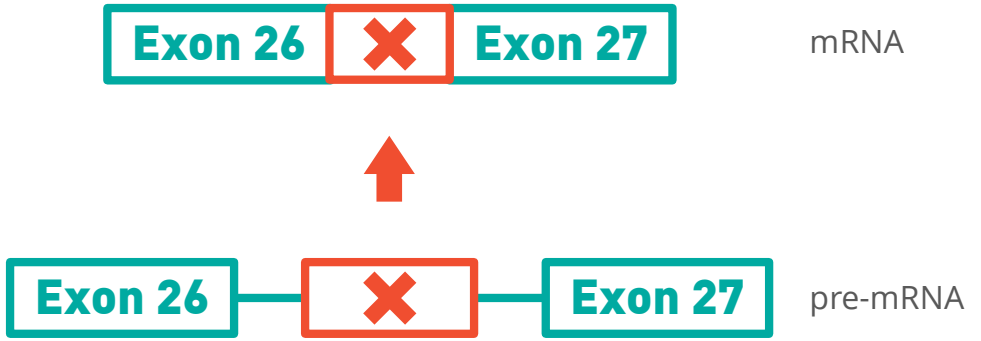
In wild-type cells CEP290 maintains cilium structure and enables normal protein transport



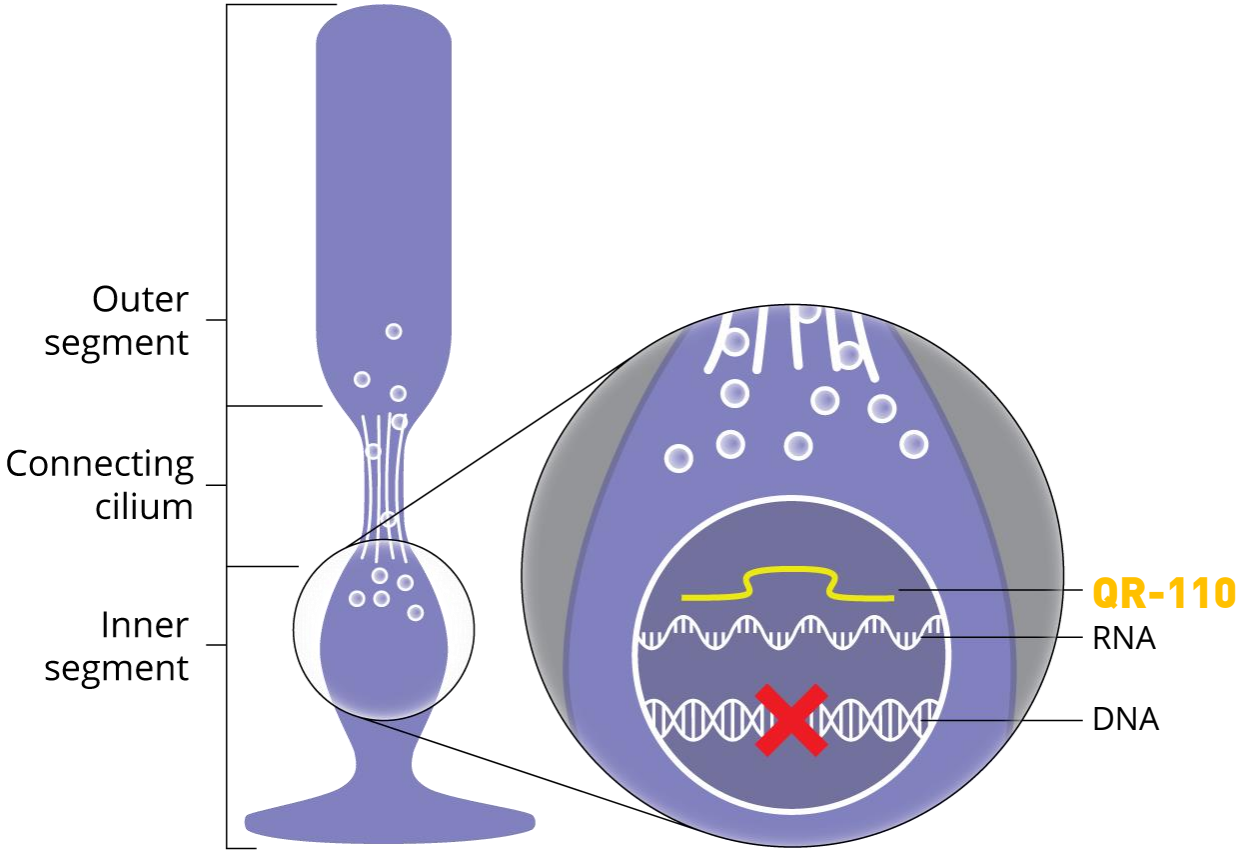
QR-110 for LCA10



In p.Cys998X-LCA10 cells protein transport is hampered and the outer segment degenerates



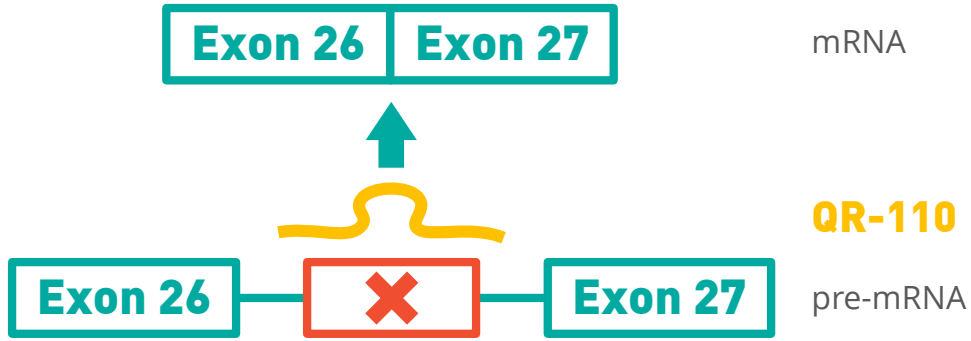
QR-110 for LCA10



Molecular Therapy-Nucleic Acids

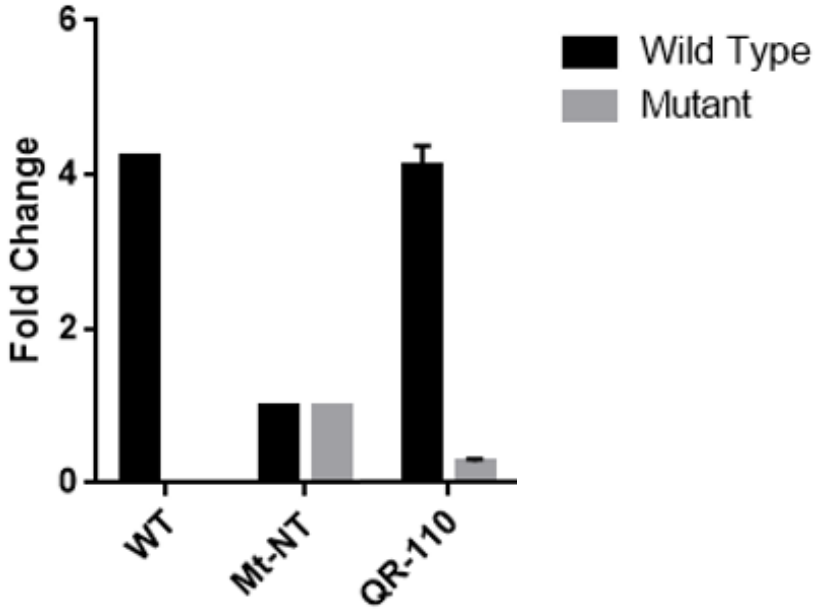
Antisense Oligonucleotide (AON)-based Therapy for Leber Congenital Amaurosis Caused by a Frequent Mutation in *CEP290*

Rob WJ Collin[1–4], Anneke I den Hollander[1–4], Saskia D van der Velde-Visser[1], Jeannette Bennicelli[5], Jean Bennett[5] and Frans PM Cremers[1,3]

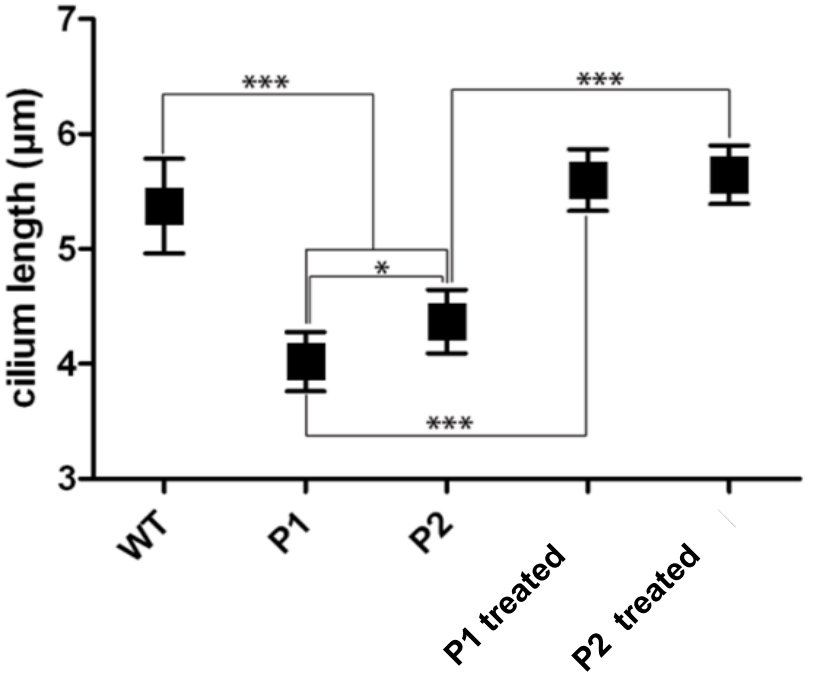


Restoration of mRNA and functionality in patient fibroblasts

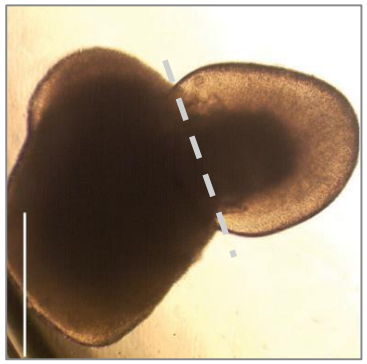
mRNA profile restoration (patient fibroblasts)



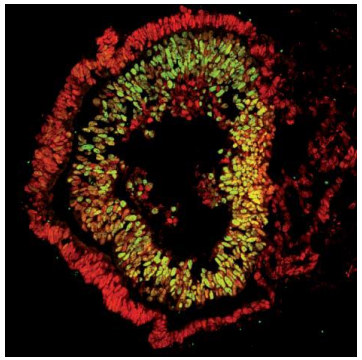
Functional restoration (patient fibroblasts)



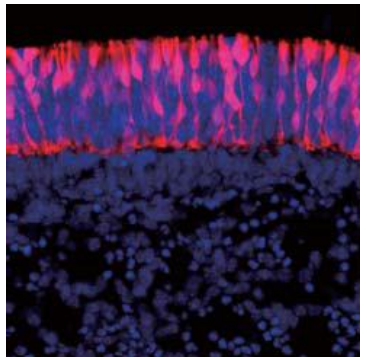
Restoration of mRNA in eye-cups



Eye cup model of iPSC



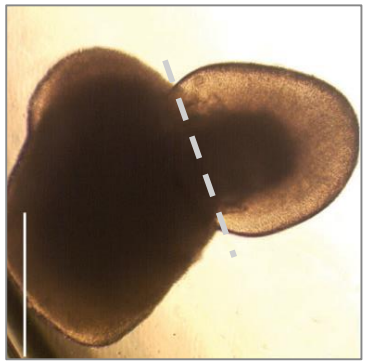
emerging eye cup
with retinal pigment
epithelium in red



Red = rhopospin
pigment only in photoreceptors
which sense light.

Zhong et al., 2014

Restoration of mRNA in eye-cups



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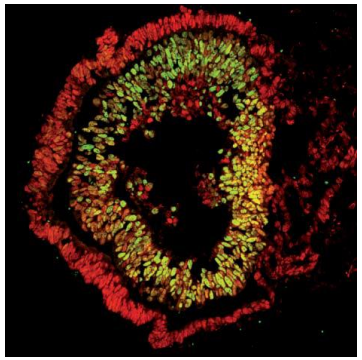

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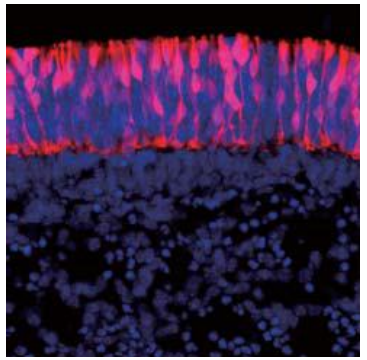

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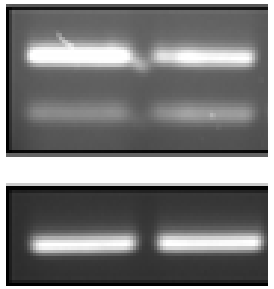
Control

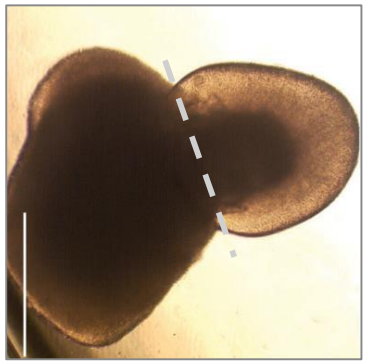


Mutant

Wild-type

GAPDH

Restoration of mRNA in eye-cups



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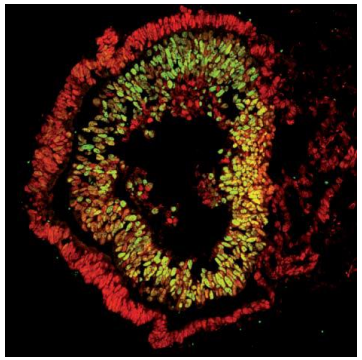

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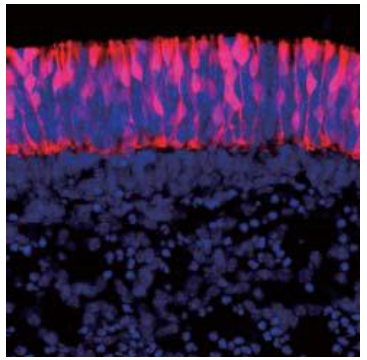

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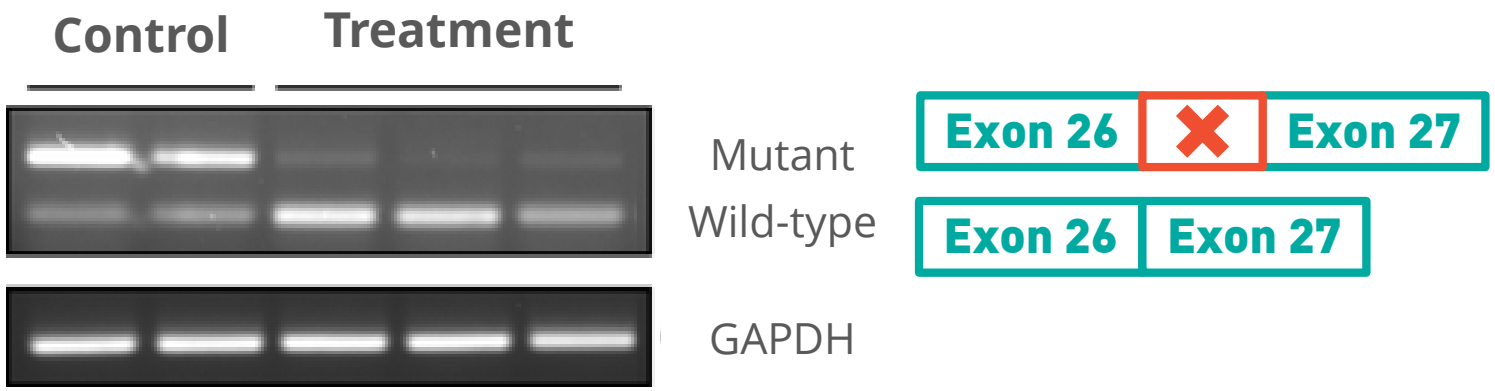
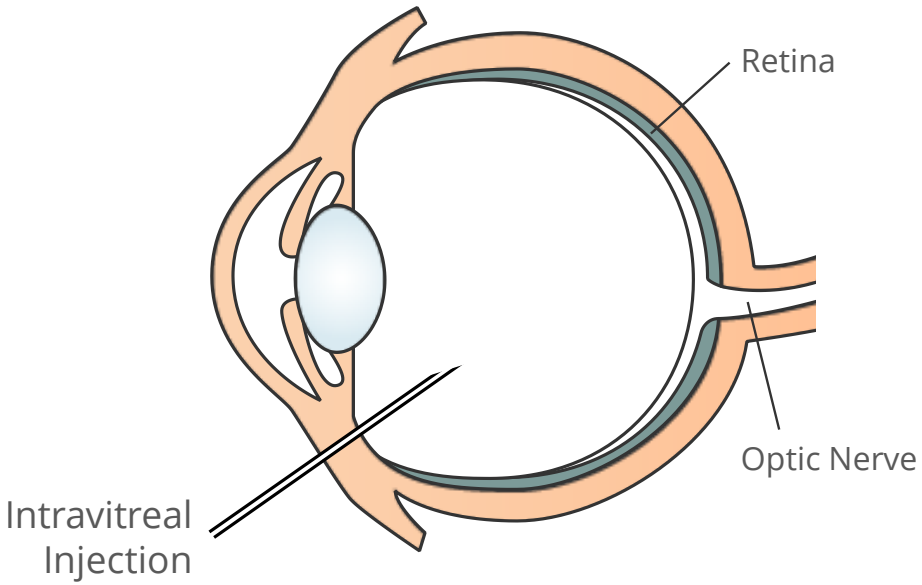
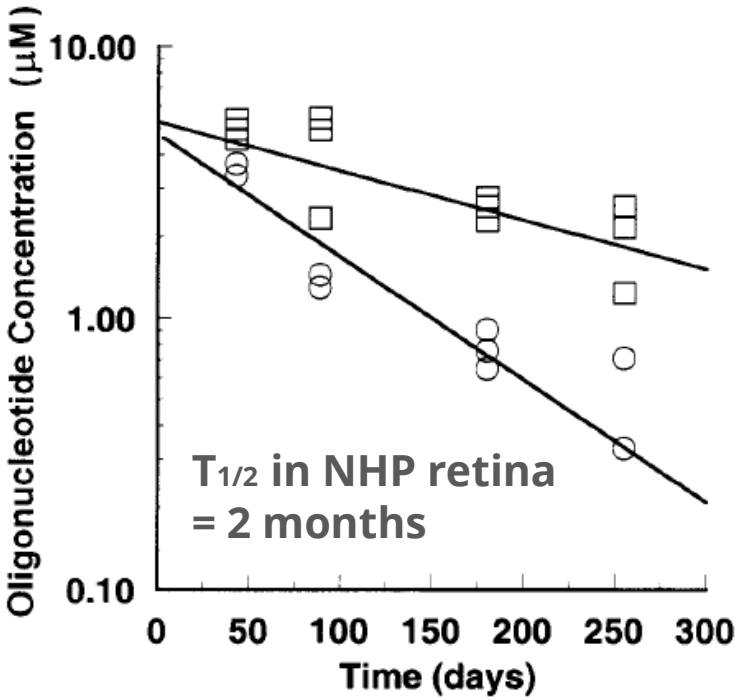


Intravitreal delivery

- Eye well validated target for oligo's
- Routine procedure (IVT)
- Infrequent dosing expected



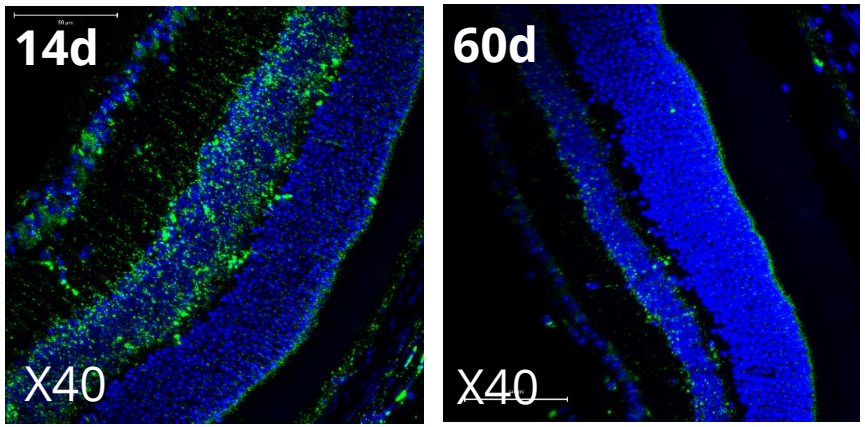
- Long retinal half-lives
- A number of marketed therapeutics including intravitreal oligonucleotides



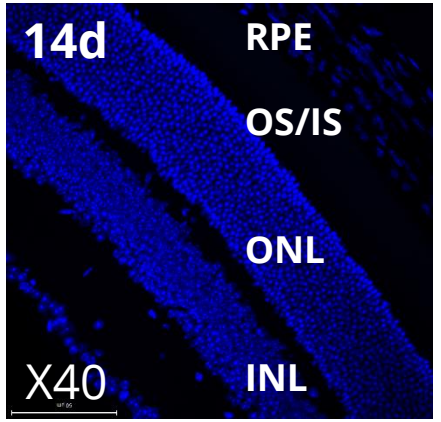
Henry et al., 2001
IOVS 42 2646

Efficient delivery to retinal Outer Nuclear Layer

100ug 6FAM-QR-110 IVT 14d and 60d mouse



6FAM only 14d mouse



6FAM-QR-110 (green) or FAM only (green)

DAPI (blue)

100ug in mouse well tolerated for 60 days

QR-110 for Leber's congenital amaurosis

Clinical program to start in 2016

Preliminary study outline:

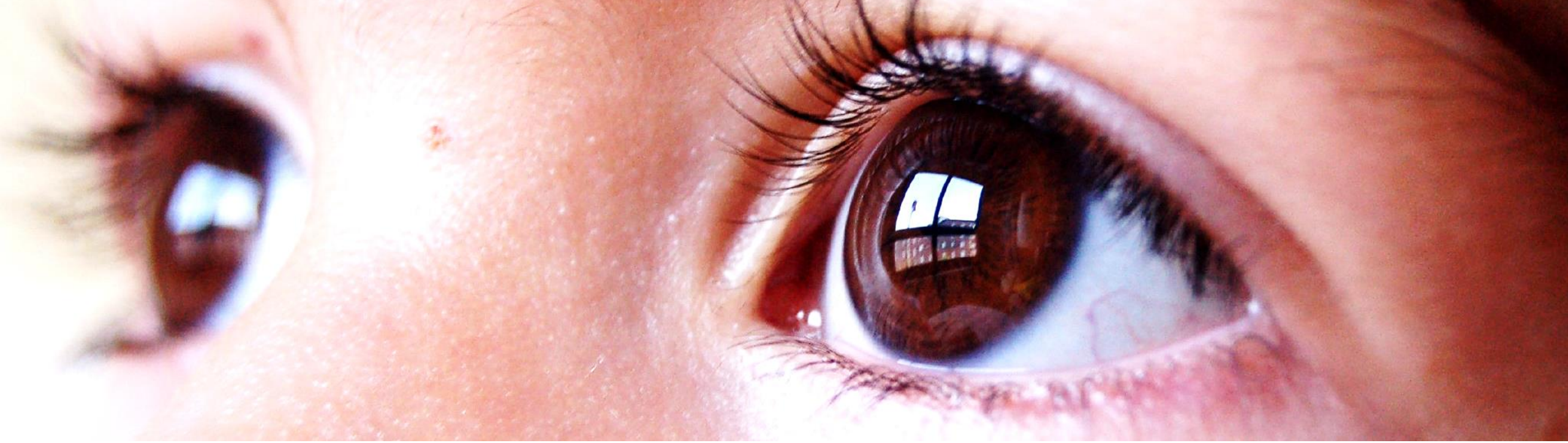
- Phase 1b (no placebo/sham injection)
- 8+ patients with residual ONL (observable retinal structure)
- Repeated doses in one eye (intravitreal injection)

Primary endpoints

- Safety
- Tolerability

Secondary endpoints

- Electroretinogram (ERG)
- Full-field stimulus test (FST)
- OCT (retinal degradation area)
- Visual acuity
- Patient reported outcome
- Mobility testing



QRX-411

Splice correction for Usher's syndrome

QRX-411 for Usher's syndrome

Leading genetic cause of deafness & blindness

- Usher type II
- Retinitis pigmentosa
  - onset: childhood
  - (almost) complete blindness in the 3rd or 4th decade of life
- Congenital hearing impairment

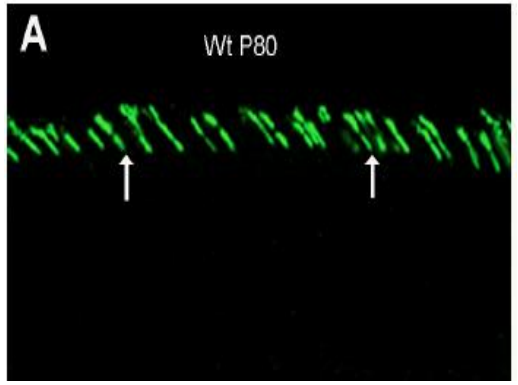
Most common mutations in *USH2A* gene

- USH2A required for transport across the connecting cilium
- Lack of USH2A leads to slow degeneration of the photoreceptors
- AON treatment for PE40 mutation, potential to expand to other mutations.

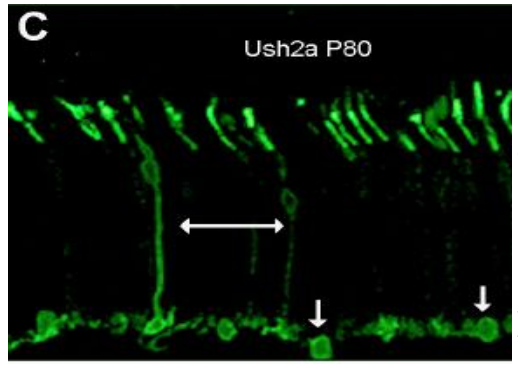
High unmet need

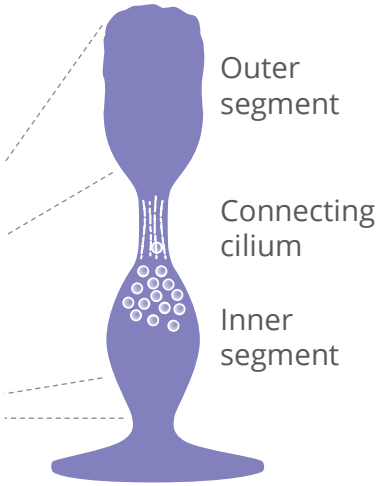
- >15,000 USH2A patients in western world

Opsin protein in WT mouse



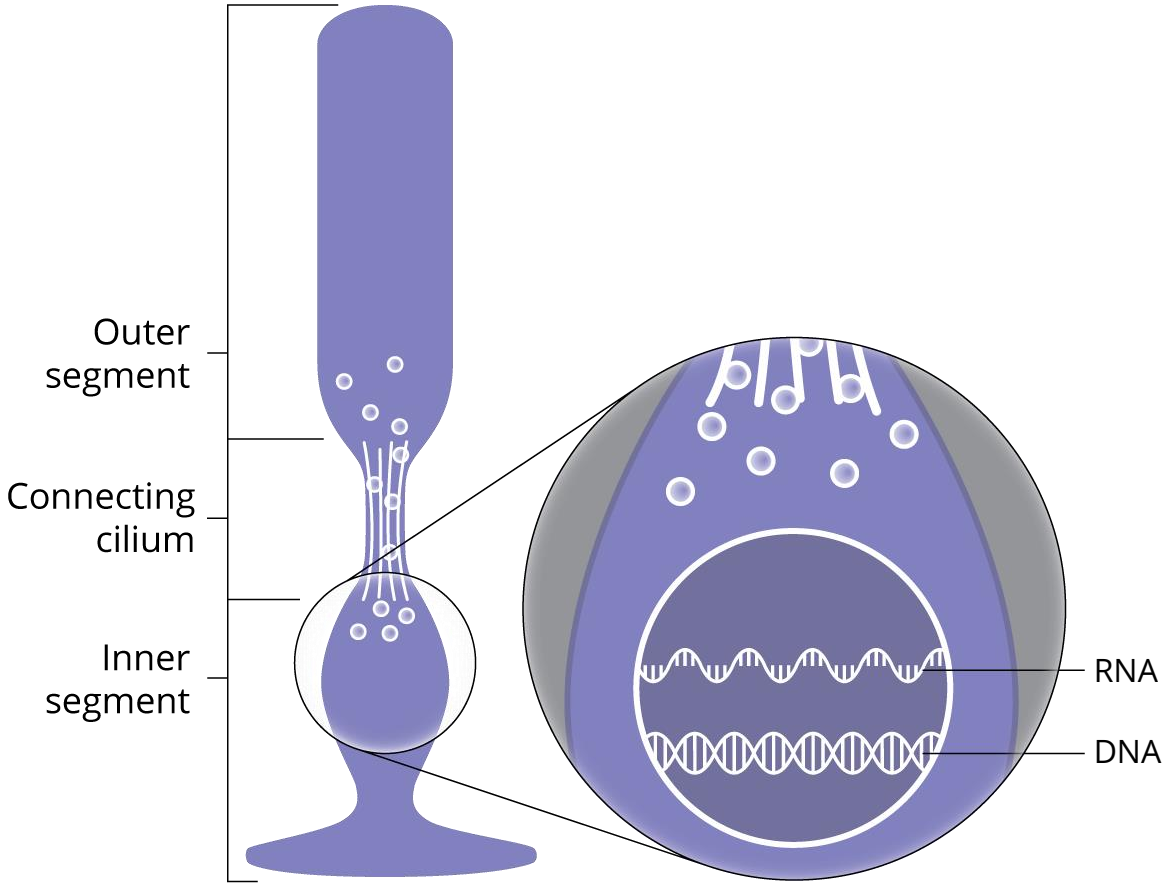
Opsin protein in USH2A mutant mouse



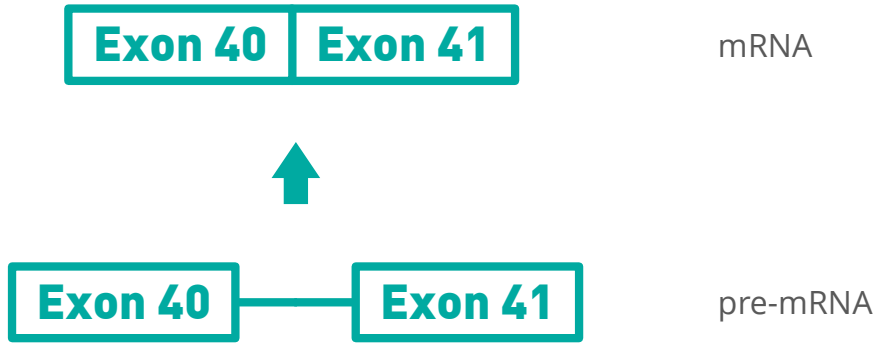


Lu et al., 2010

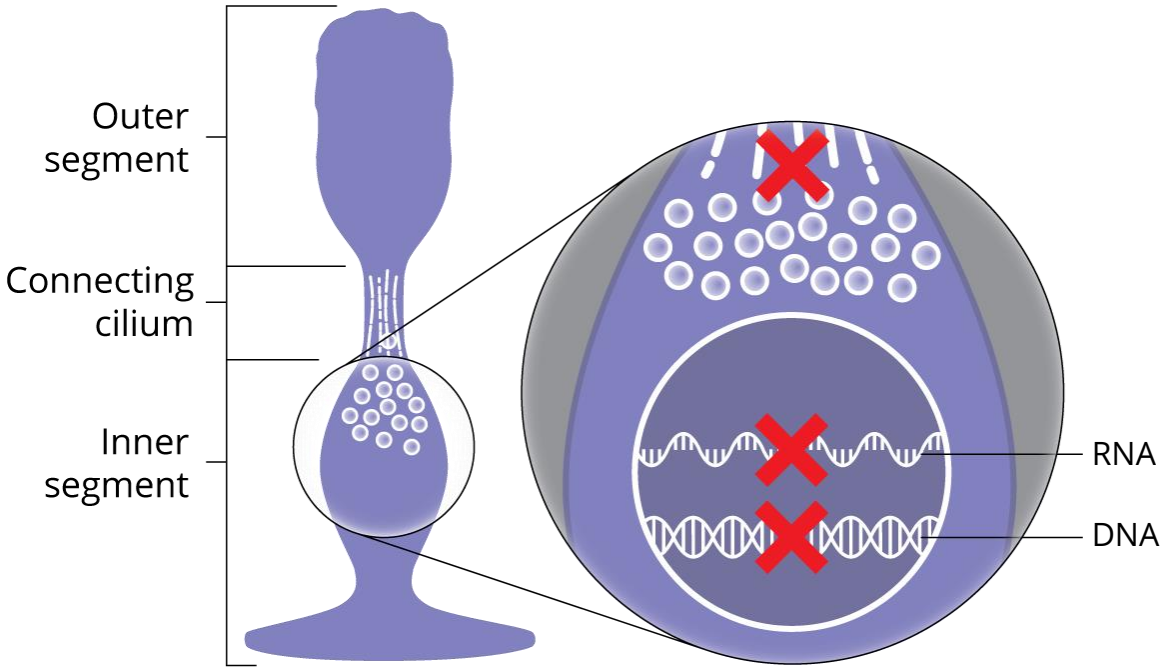
QRX-411 for Usher's syndrome



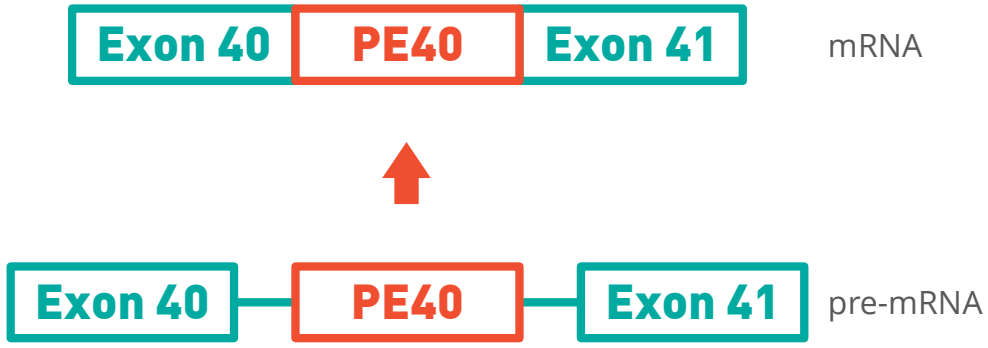
In wild-type cells Ush2a protein enables protein transport through the connecting cilium



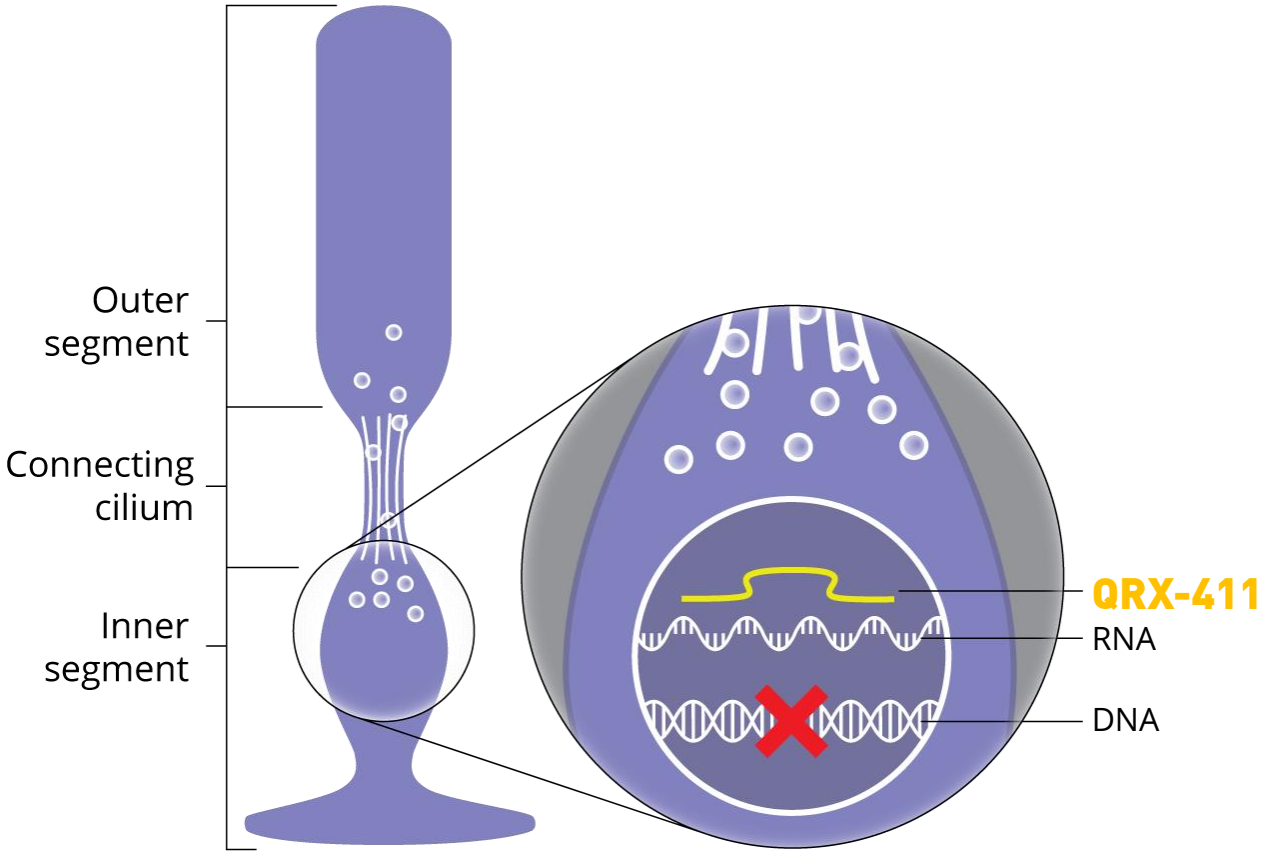
QRX-411 for Usher's syndrome

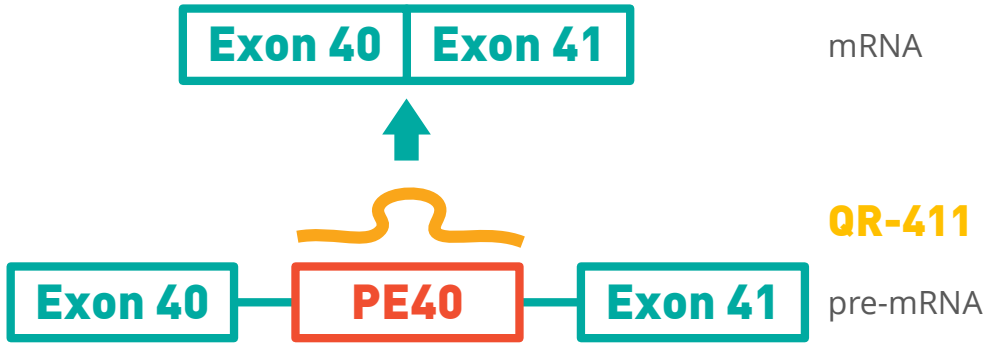


In cells with the mutation Ush2a protein is not active hampering protein transport over the cilium



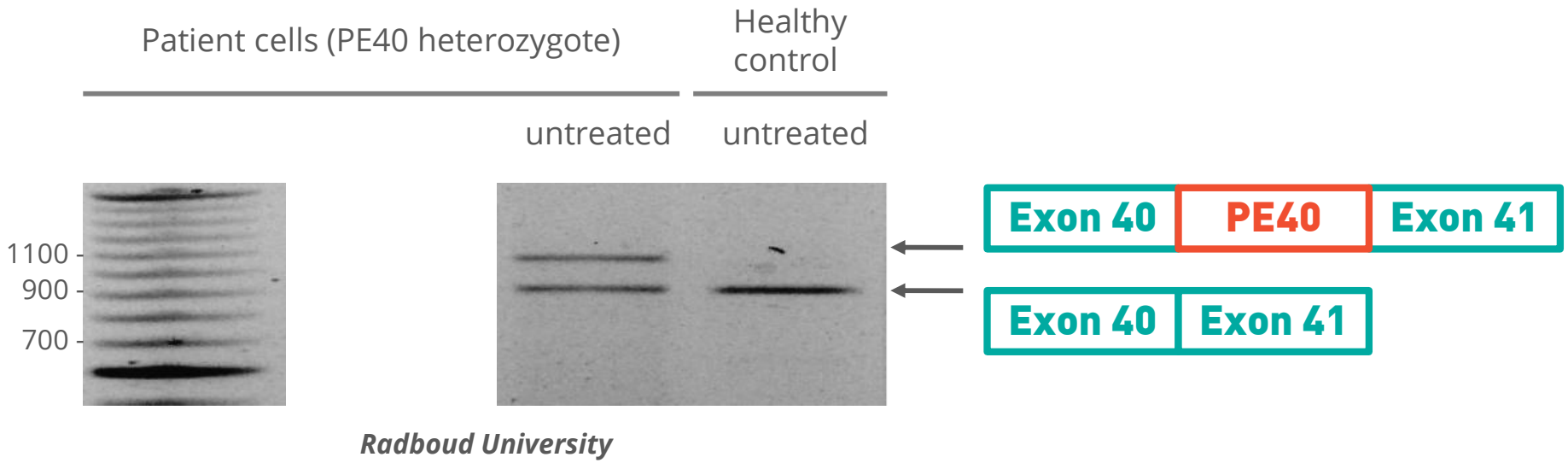
QRX-411 for Usher's syndrome





Strong proof of concept

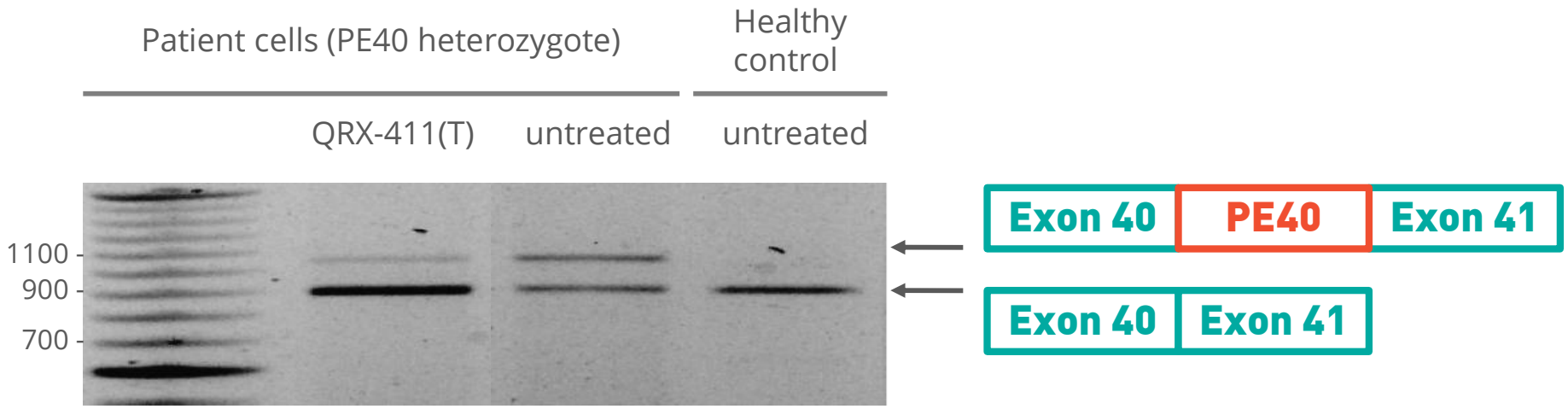
RNA restoration after AON treatment



Radboud University

Strong proof of concept

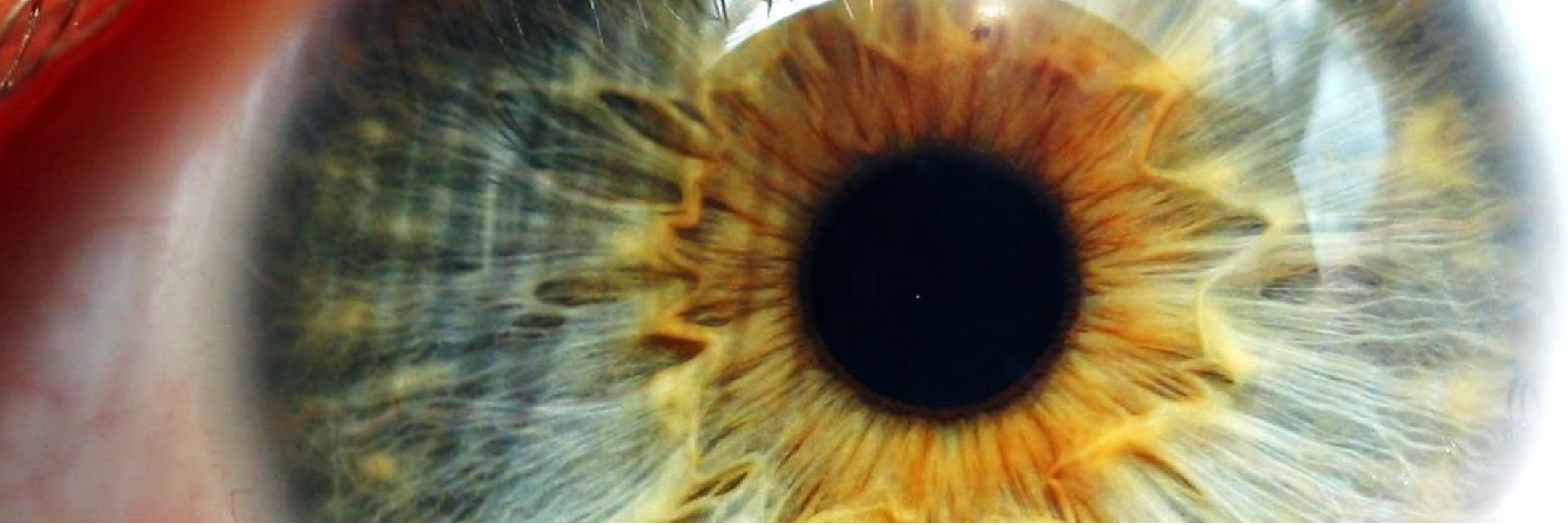
RNA restoration after AON treatment



Radboud University

QRX-411 status and overview

- ✓ Single stranded oligo nucleotide resulting in WT mRNA
- ✓ Delivery through intravitreal administration
- ✓ Two lead compounds selected



QRX-504

RNA modulation for Fuchs endothelial corneal dystrophy (FECD)

QRX-504 for Fuchs Endothelial Corneal Dystrophy

Progressive degeneration of the cornea

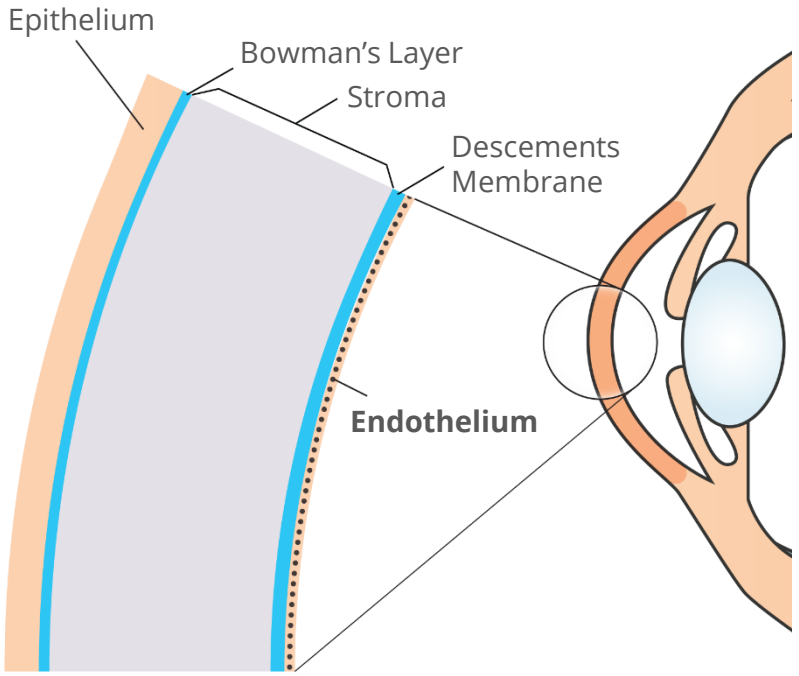
- Reduced or loss of vision due to loss of function of corneal endothelial cells or loss of corneal endothelial cells
- ~5% of middle-aged Caucasians have guttae, a hallmark of FECD. A subset of that group develops a severe phenotype
- Disease is also associated with painful corneal blisters

FECD3 caused by mutations in TCF4 gene

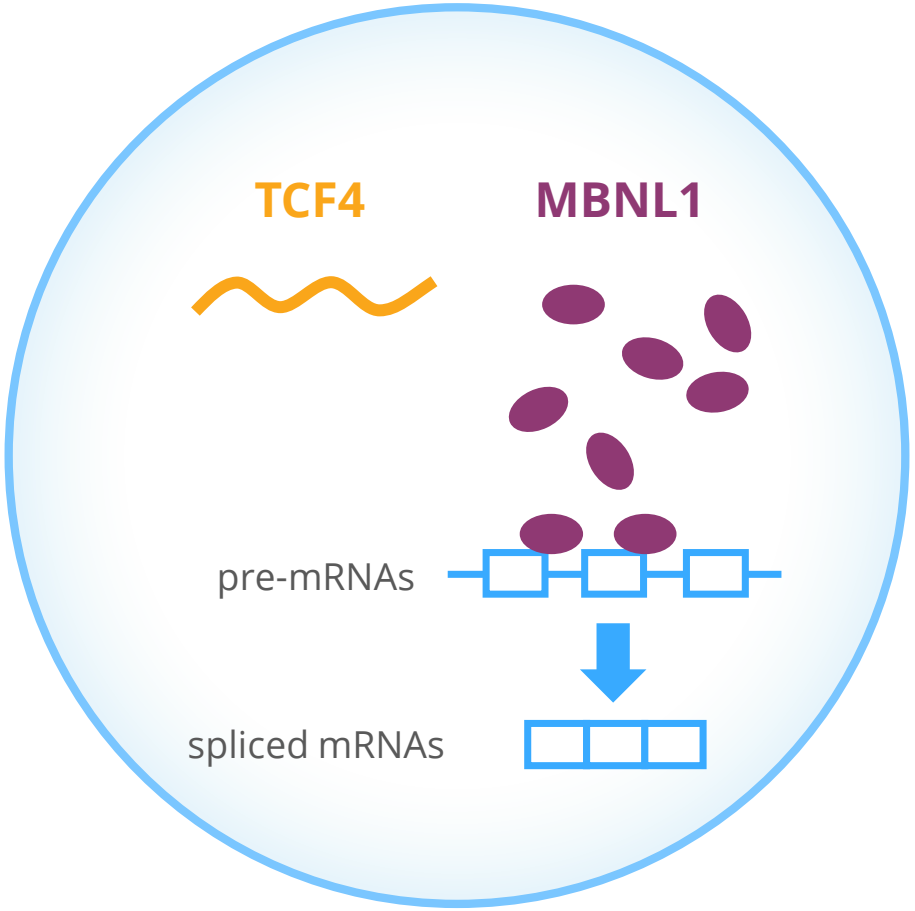
- 75% of population with guttae have TCF4 expansions
- Formation of nuclear RNA foci that sequester splicing factors
- Foci lead to loss of function of endothelium cells

Unmet Need

- Eye disorder, leading to blindness, 15,000 corneal transplants performed annually in the US due to Fuchs
- High unmet medical need

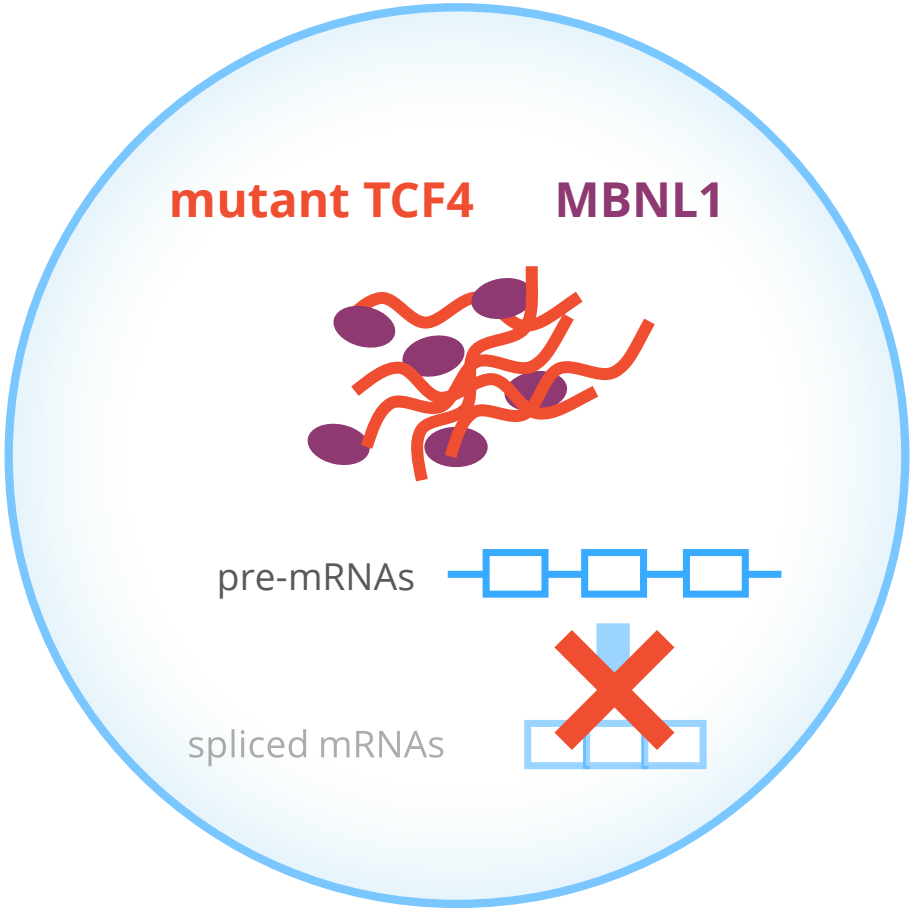


QRX-504 for FECD3



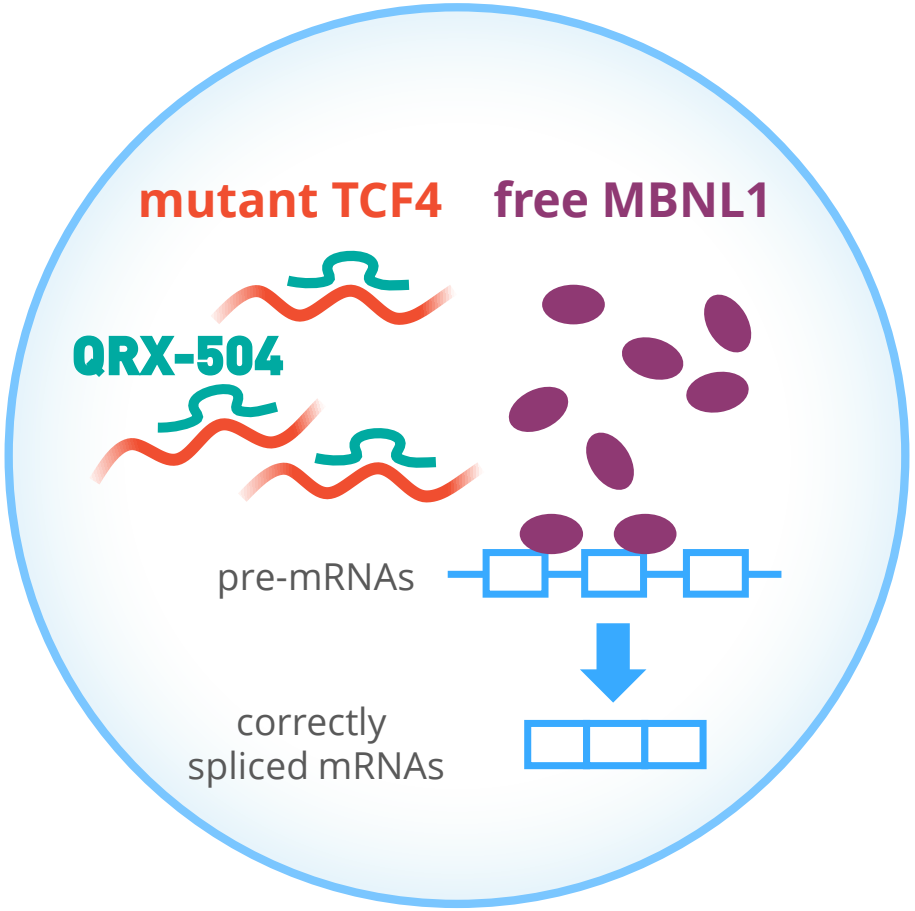
In with wild-type cells, MBNL1 protein regulates splicing of many RNAs

QRX-504 for FECD3



Mutated *TCF4* RNA and MBNL1 form aggregates (foci), and splicing is disrupted

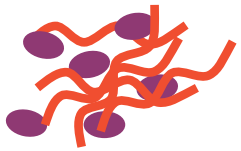
QRX-504 for FECD3



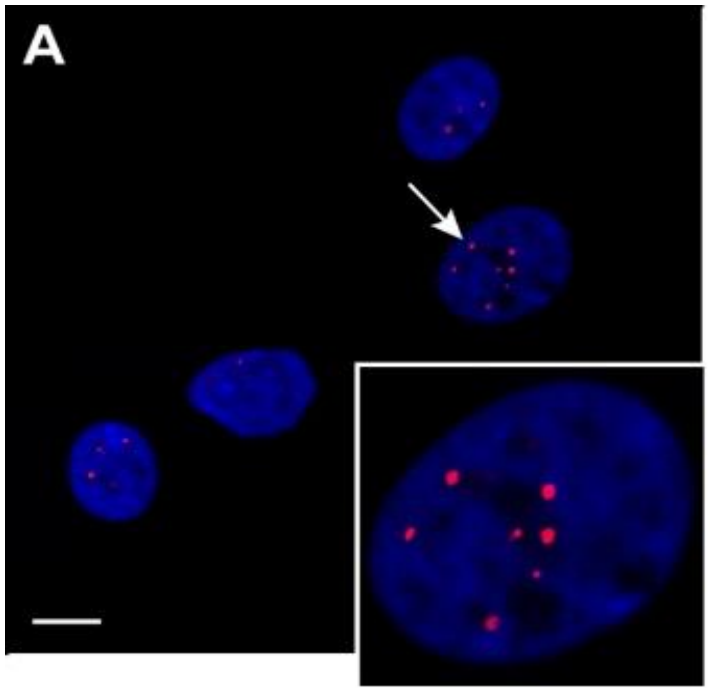
Fuchs patients with mutations in TCF4 have RNA foci

FECD3 is an RNA toxicity disease

Mutant TCF4



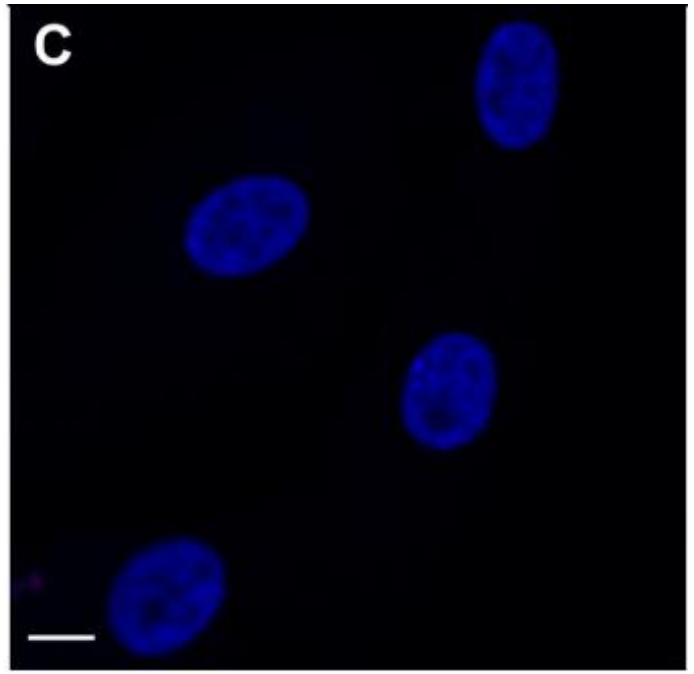
MBNL1



FECD

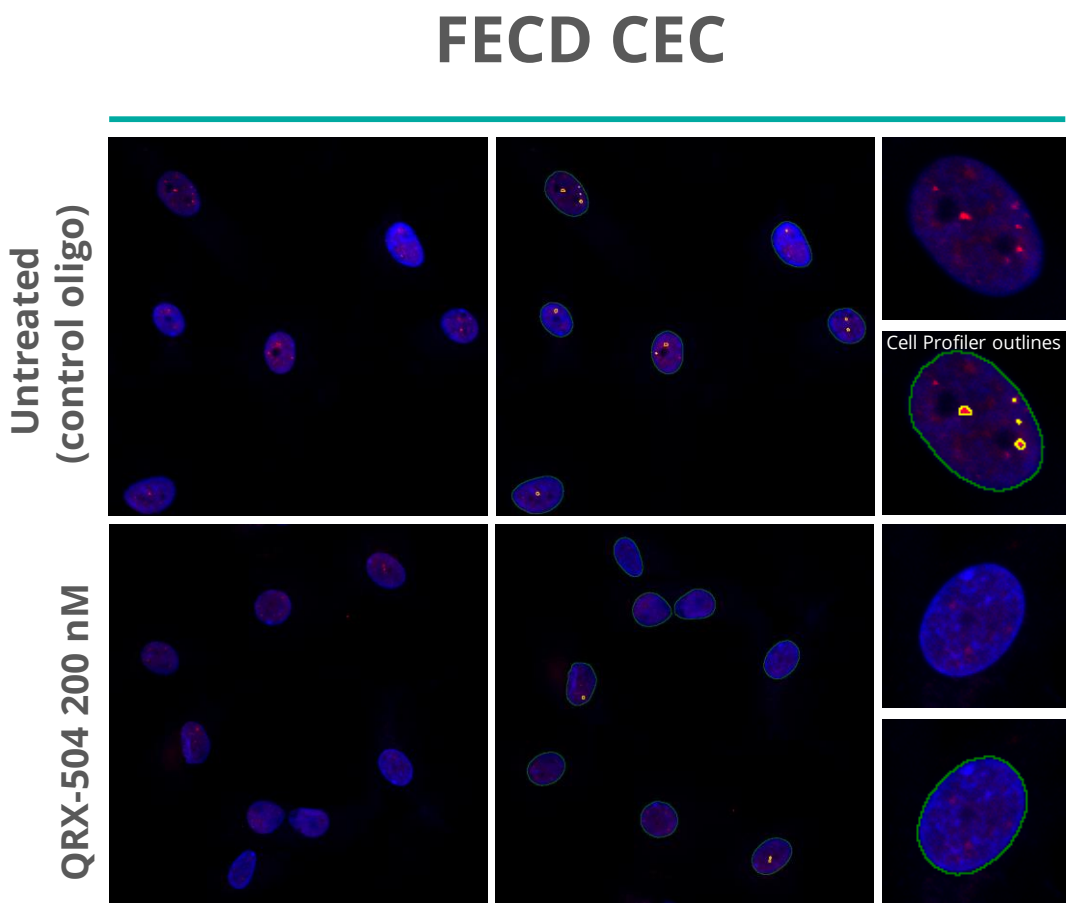
TCF4

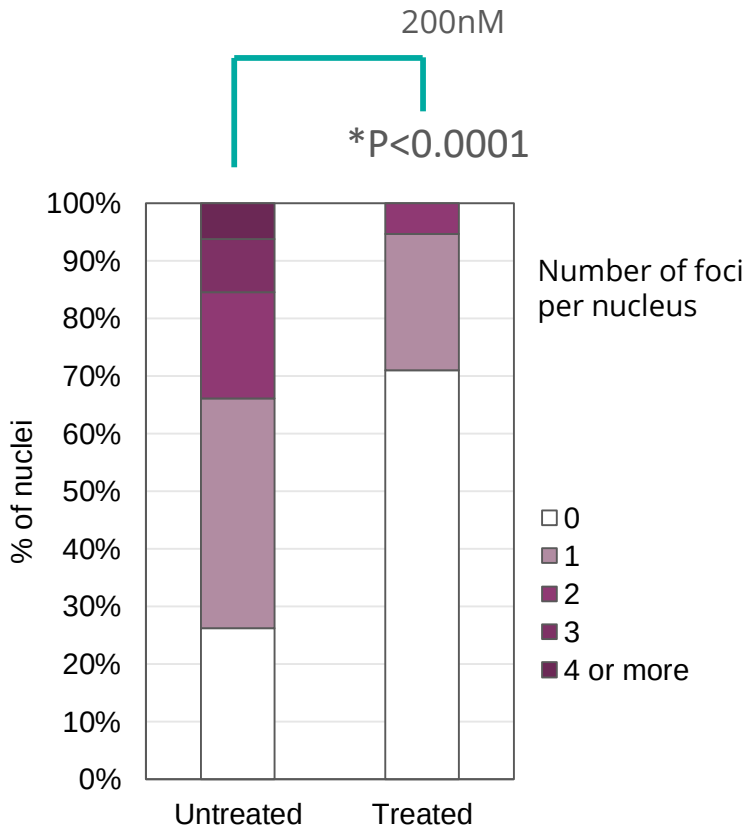
Free MBNL1



Control

QRX-504 reduces RNA foci in FECD CEC

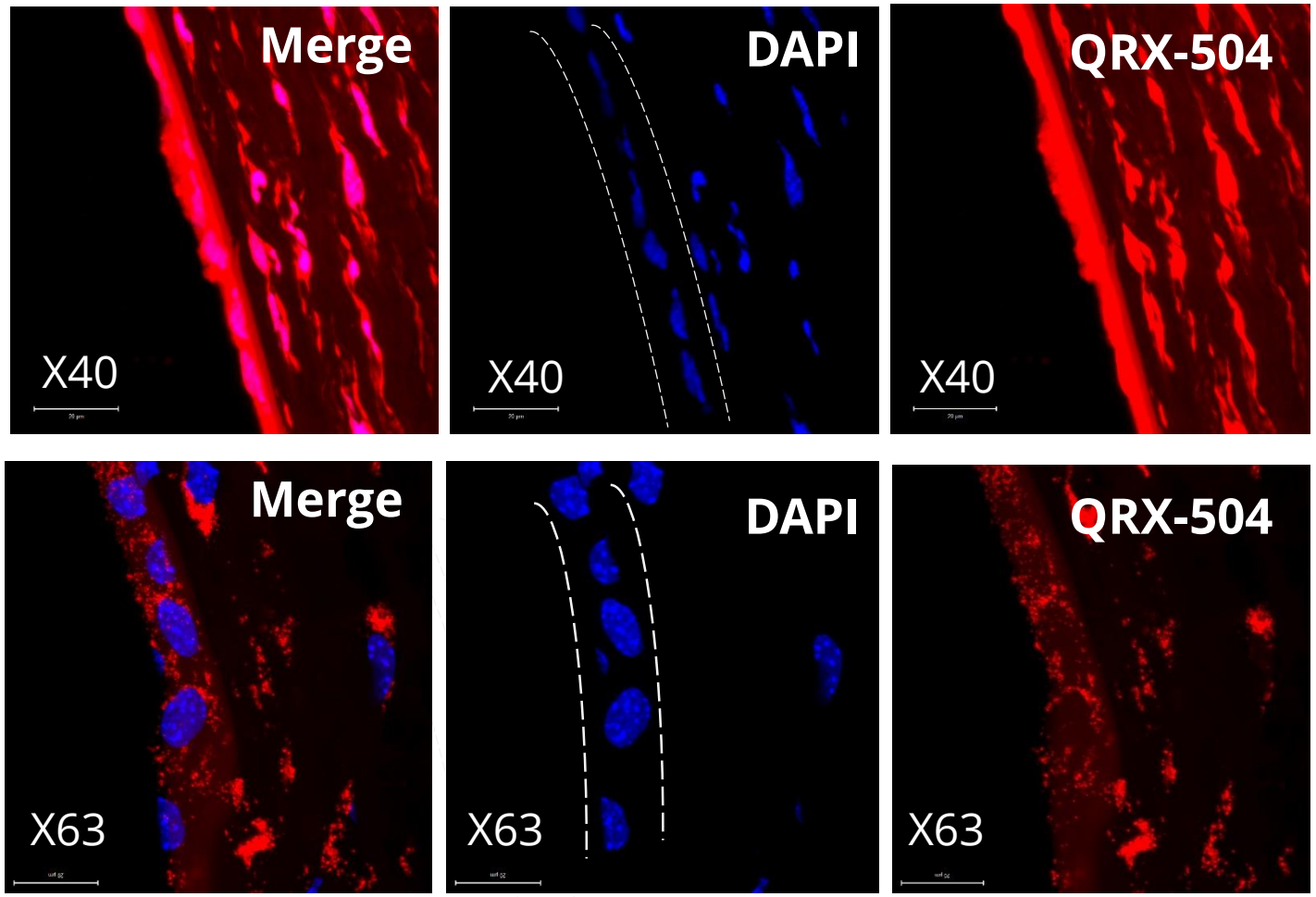




Oligo delivery to corneal endothelium

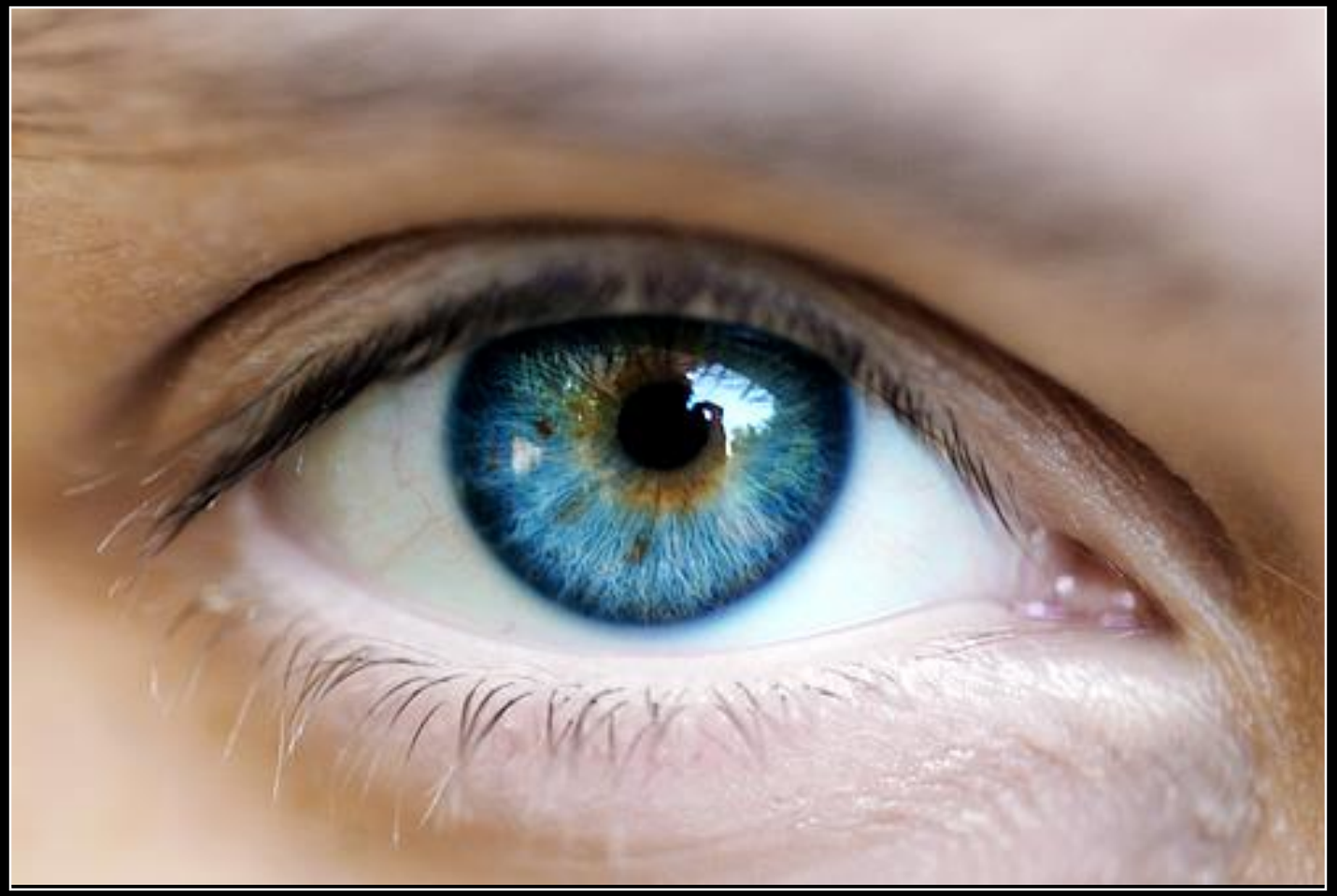
IVT administered QRX-504 shows robust uptake

Cy3-labelled-QRX-504

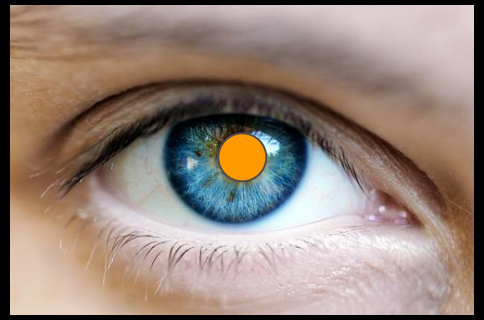


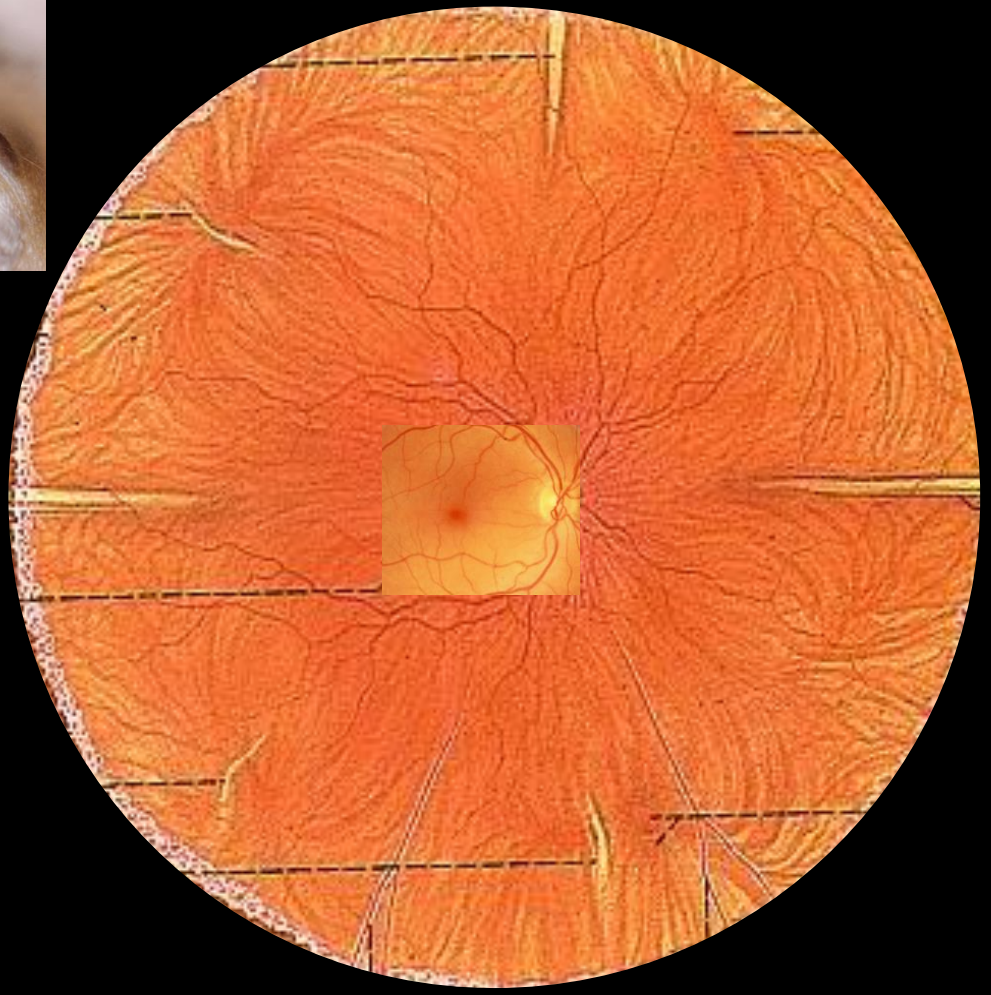
QRX-504 status and overview

- Single stranded oligo nucleotide resulting in reduction of RNA foci in FECD CEC cells
- Delivery to corneal endothelium through intravitreal administration
- Lead compound selected

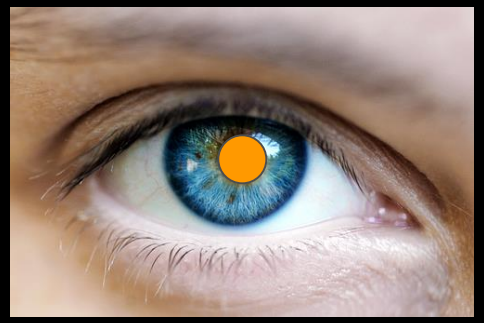


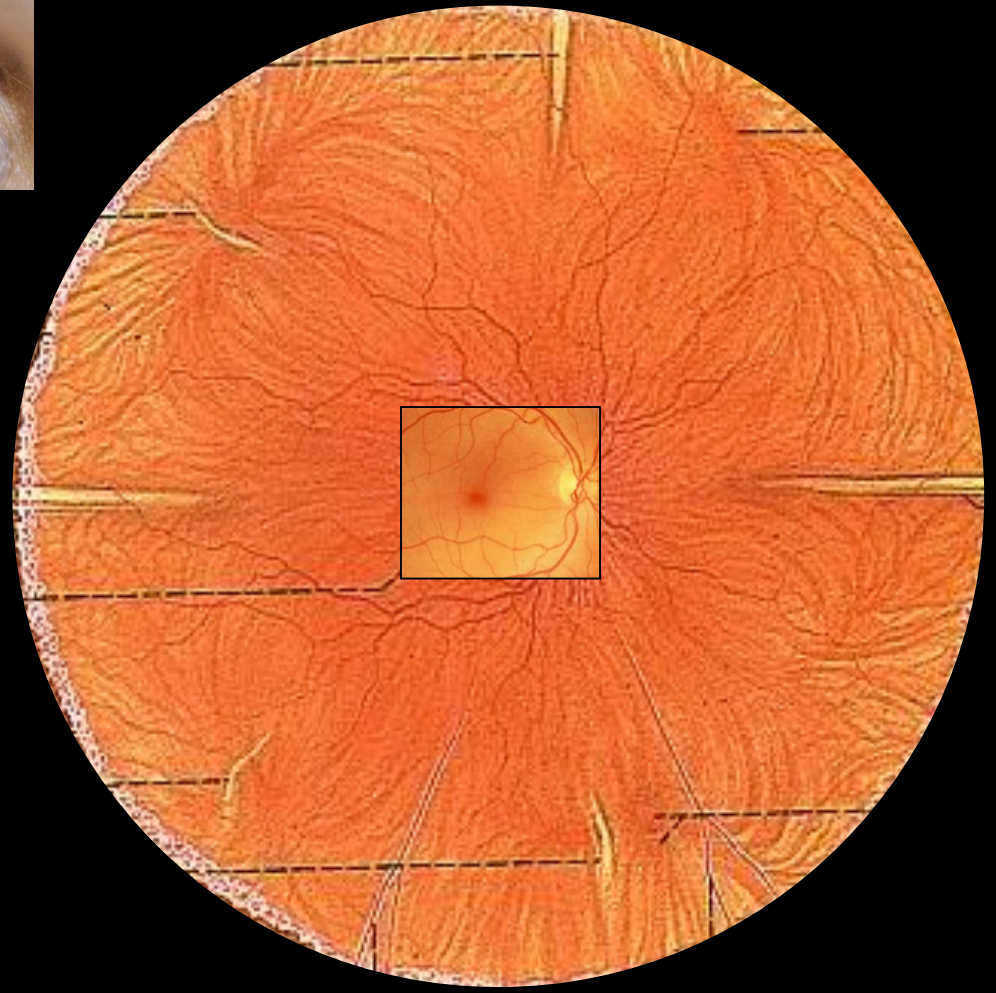
The Retina



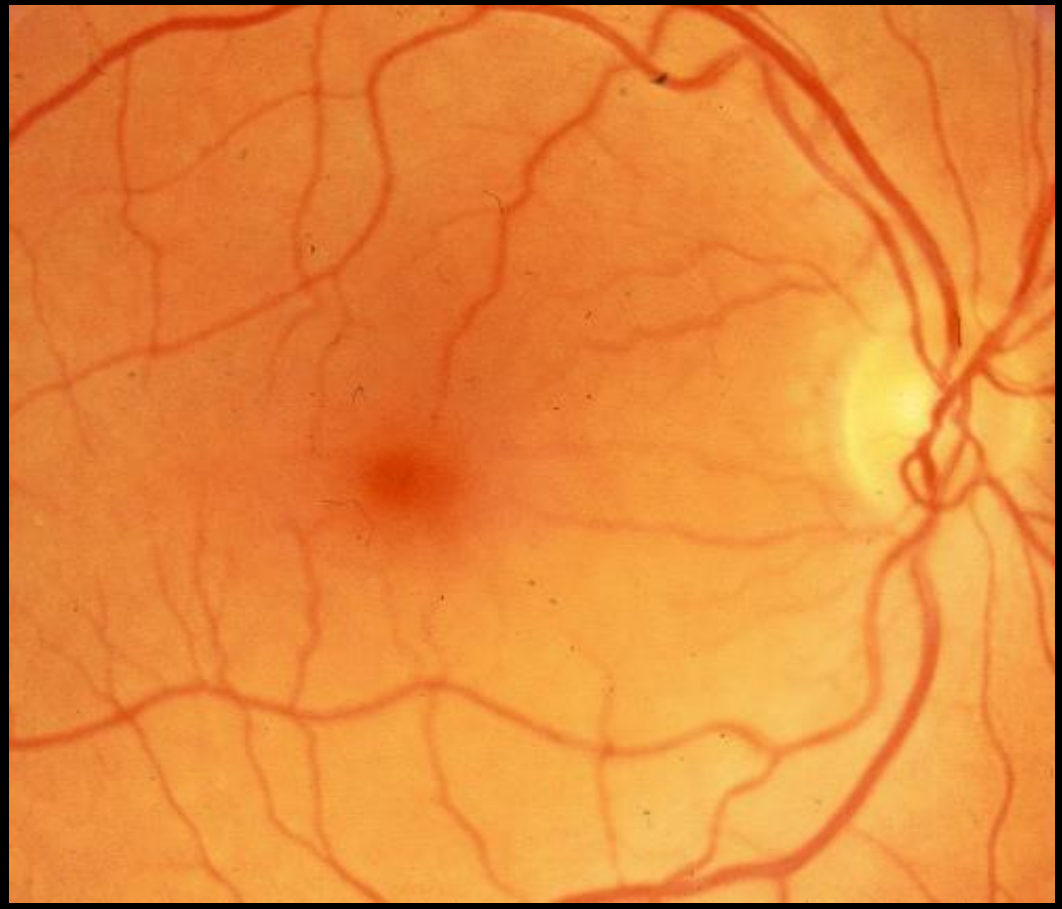


The Retina





Macula



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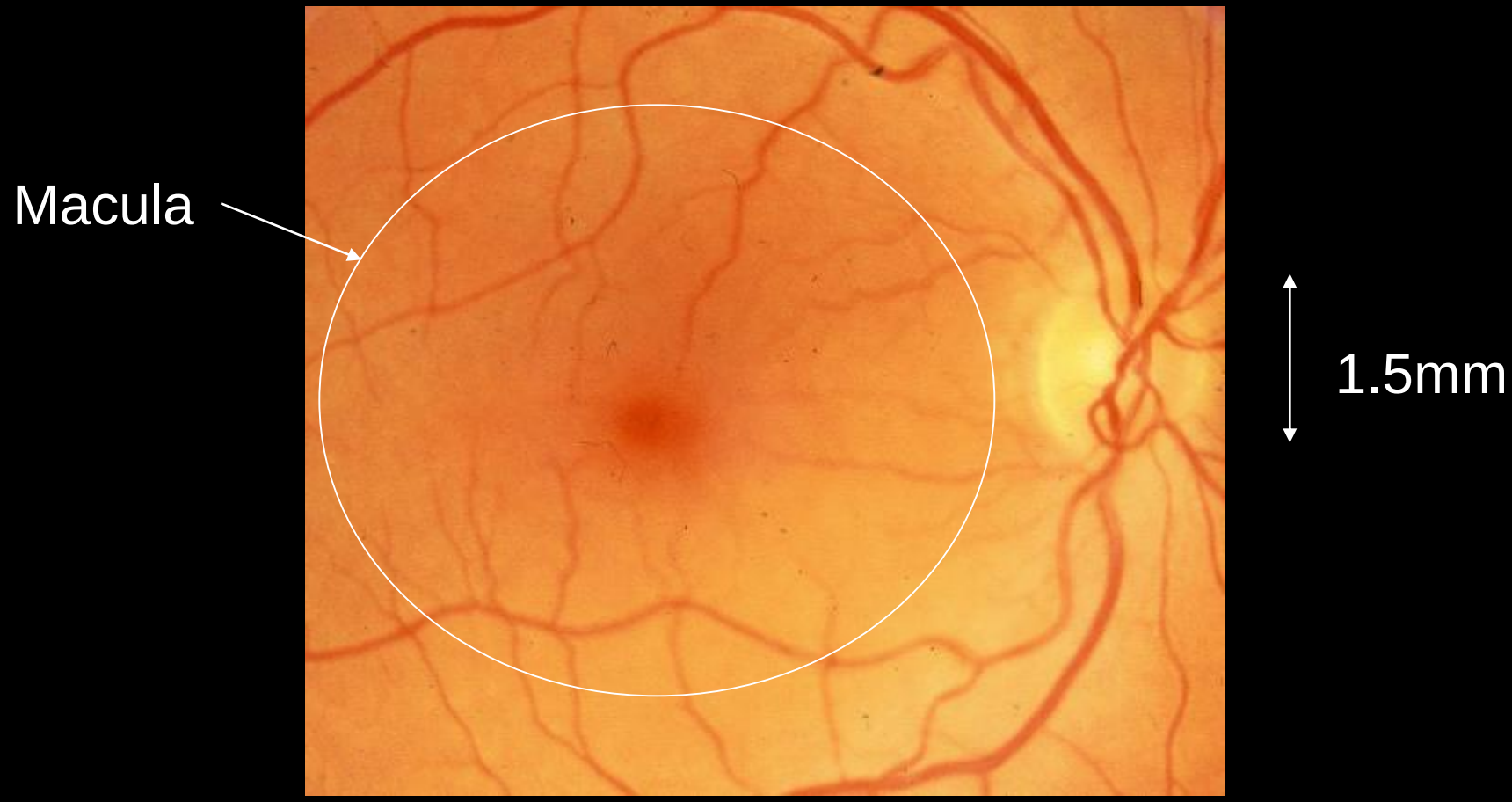
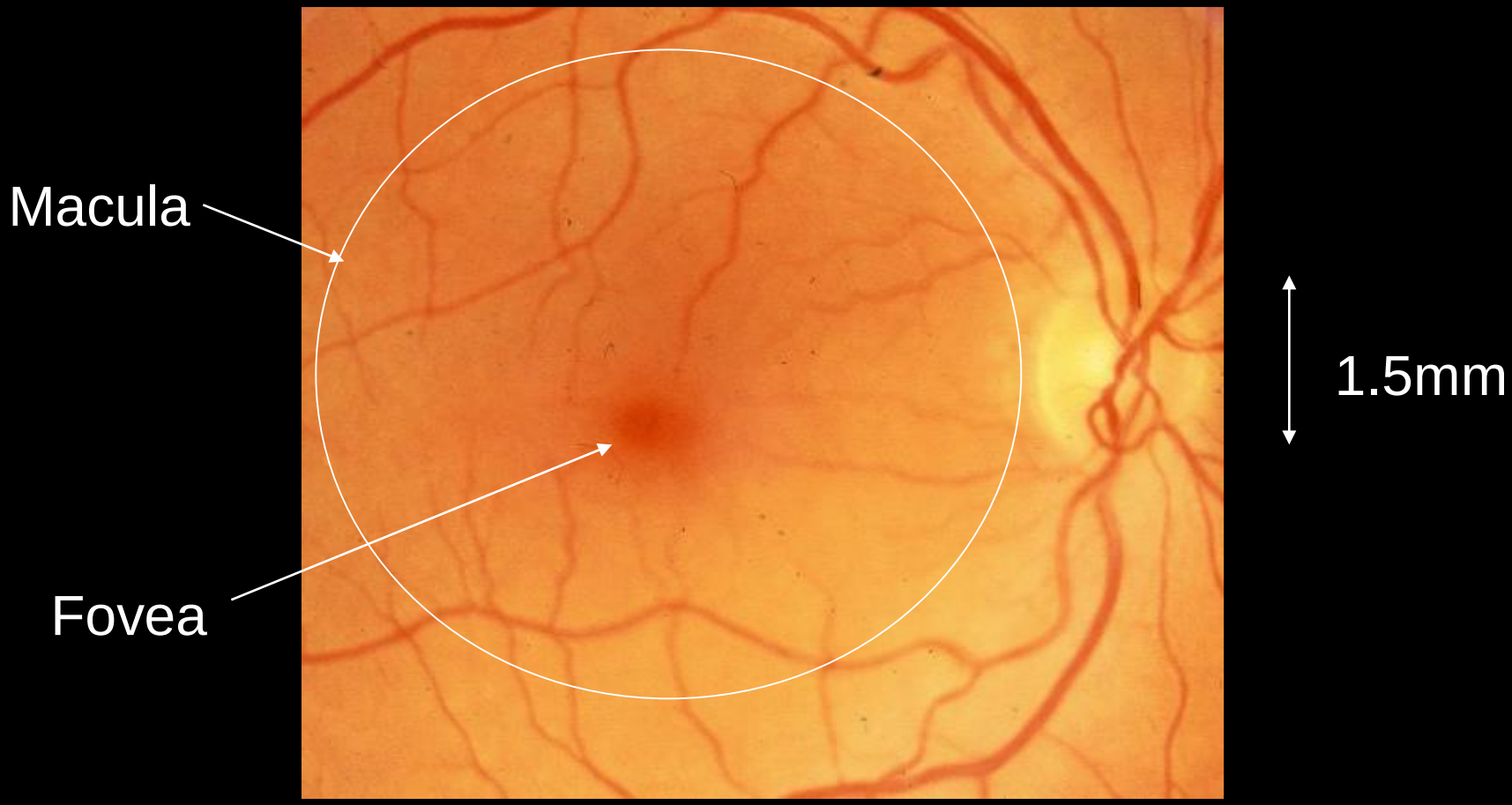
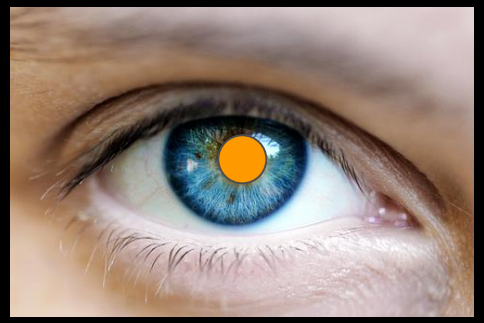
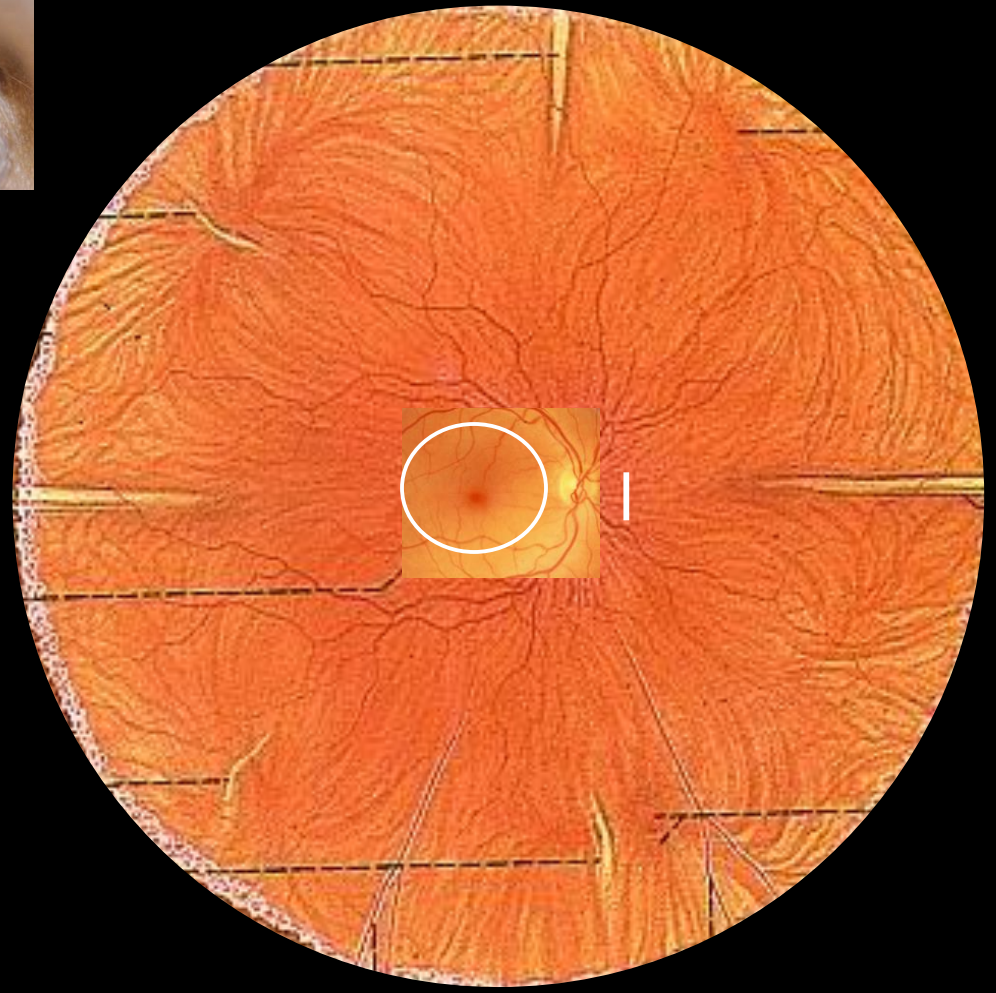


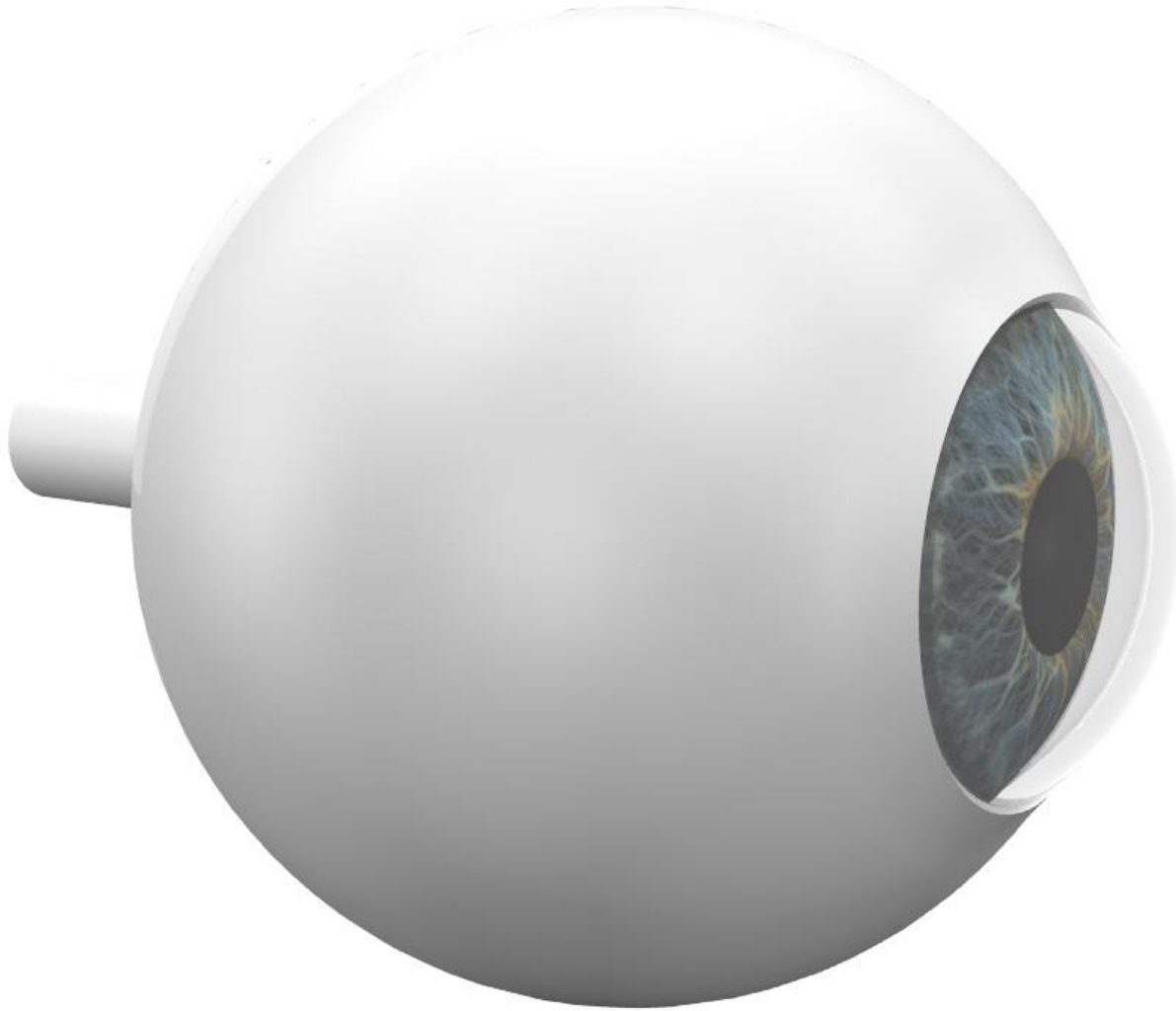
Macula

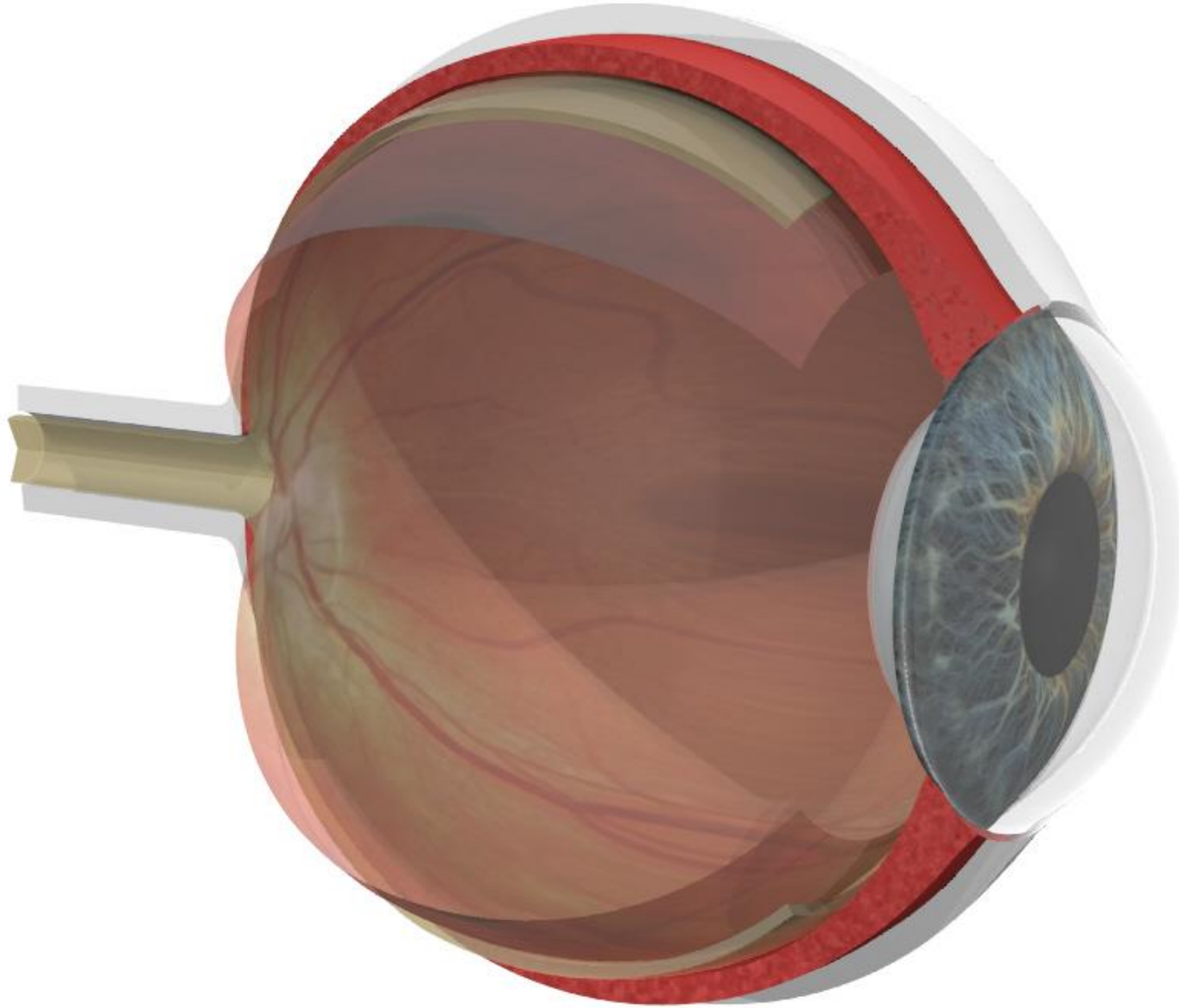


The Retina









Sight loss

- In 2010 WHO estimated that 265 million people worldwide were visually impaired.
- In the UK today, 2 million people suffer from sight loss.
- Over 250 genes have been mapped to retinal disease (and we have discovered more than any other lab).

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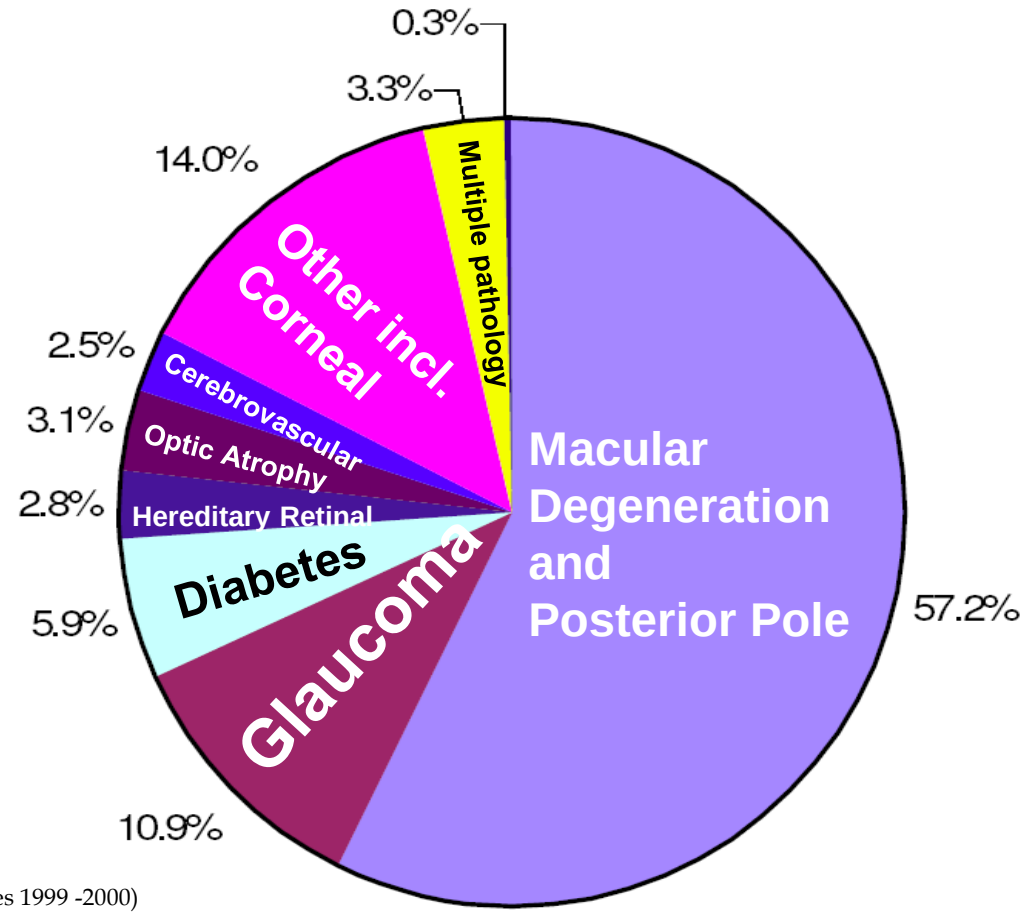
to cure blindness

Major Causes of Blindnesss



Causes of Blindness (England and Wales 1999 -2000)
Bunce Wormald BMC Public Health 2006

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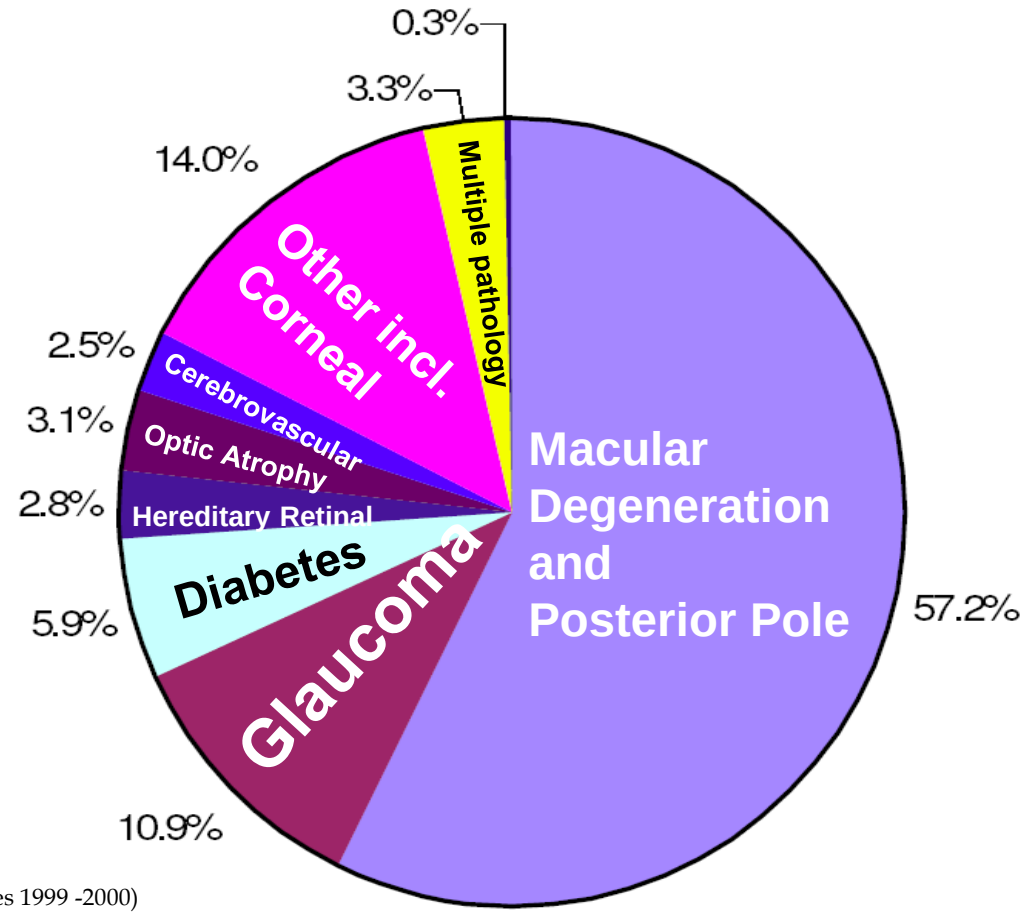
Advances in Innovation

Visual assessment and imaging

New Technologies & Devices



Genotyping, Phenotyping and Informatics

Causes of Blindness (England and Wales 1999 -2000)
Bunce Wormald BMC Public Health 2006

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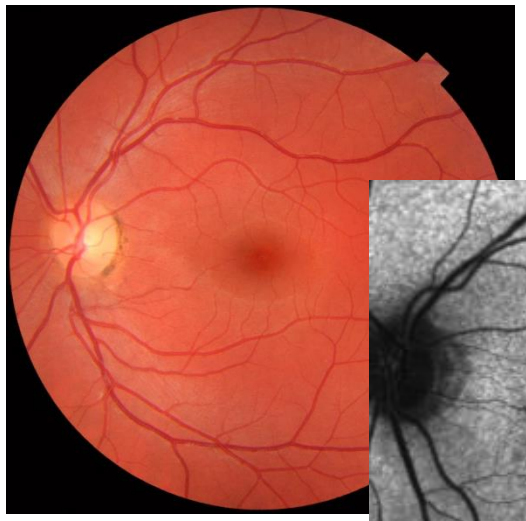
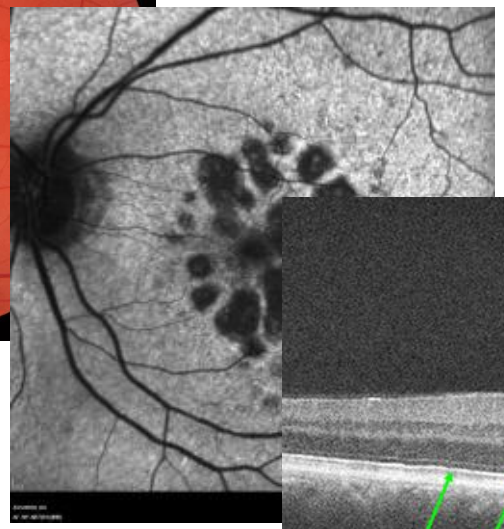
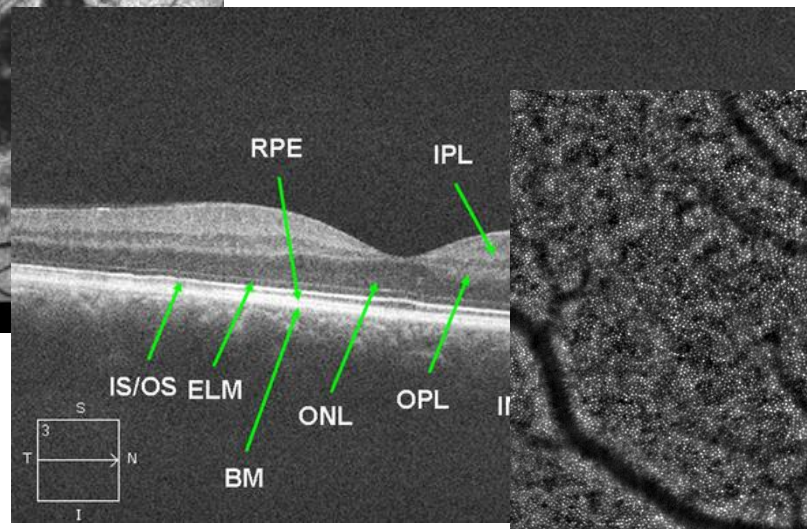
Imaging the Eye



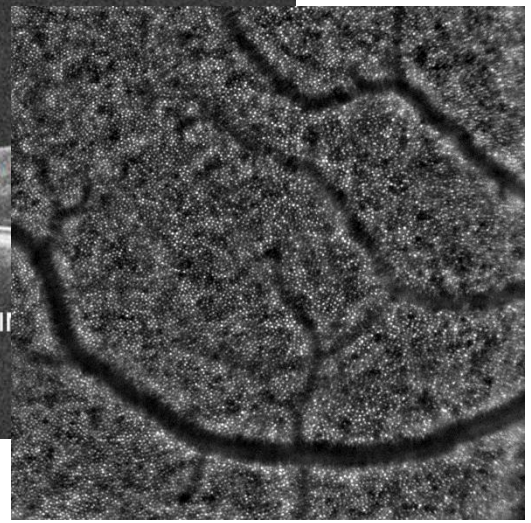
Colour Photography



Flourescence

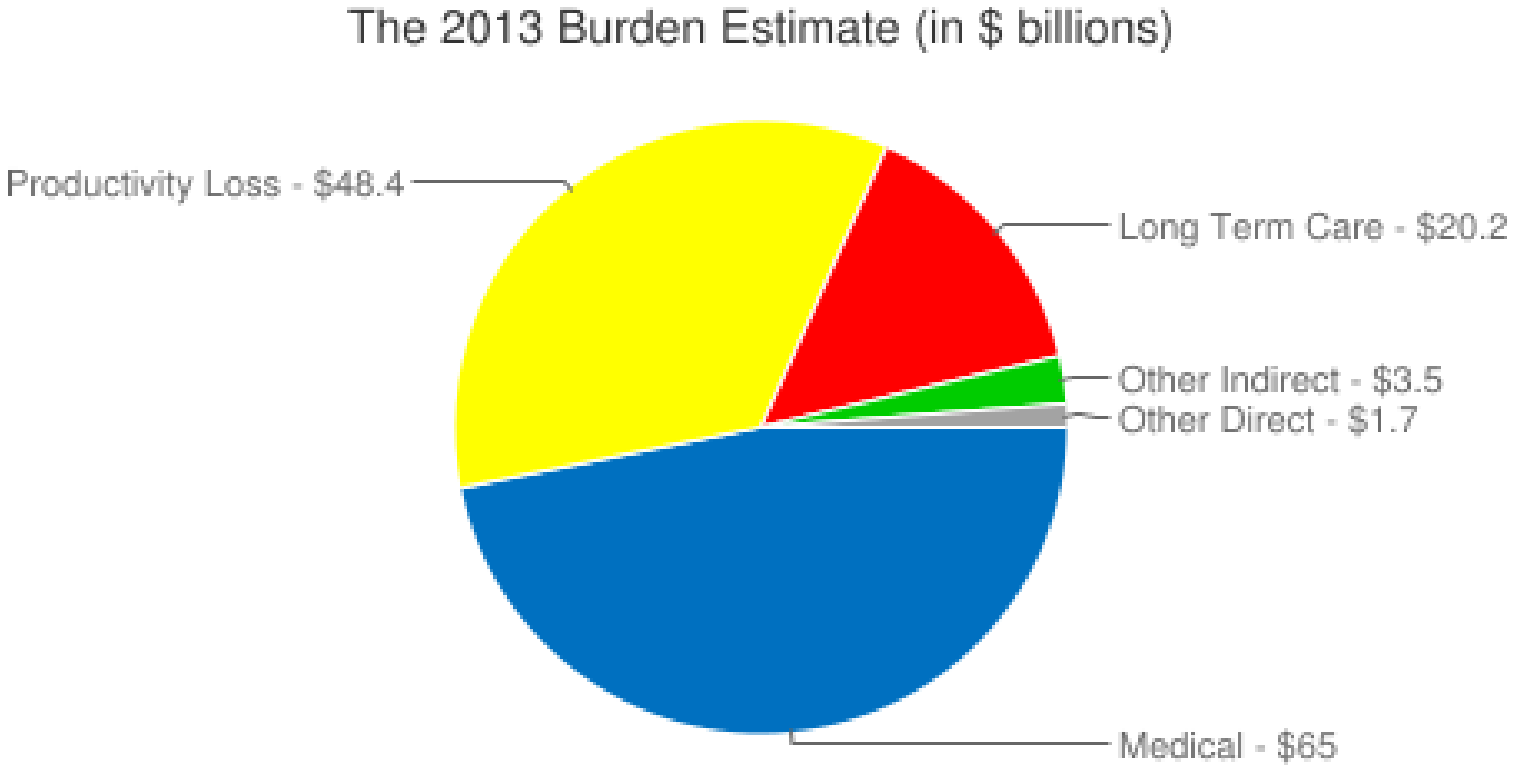


OCT



The Cost of Vision Problems

$139 billion in direct and indirect costs



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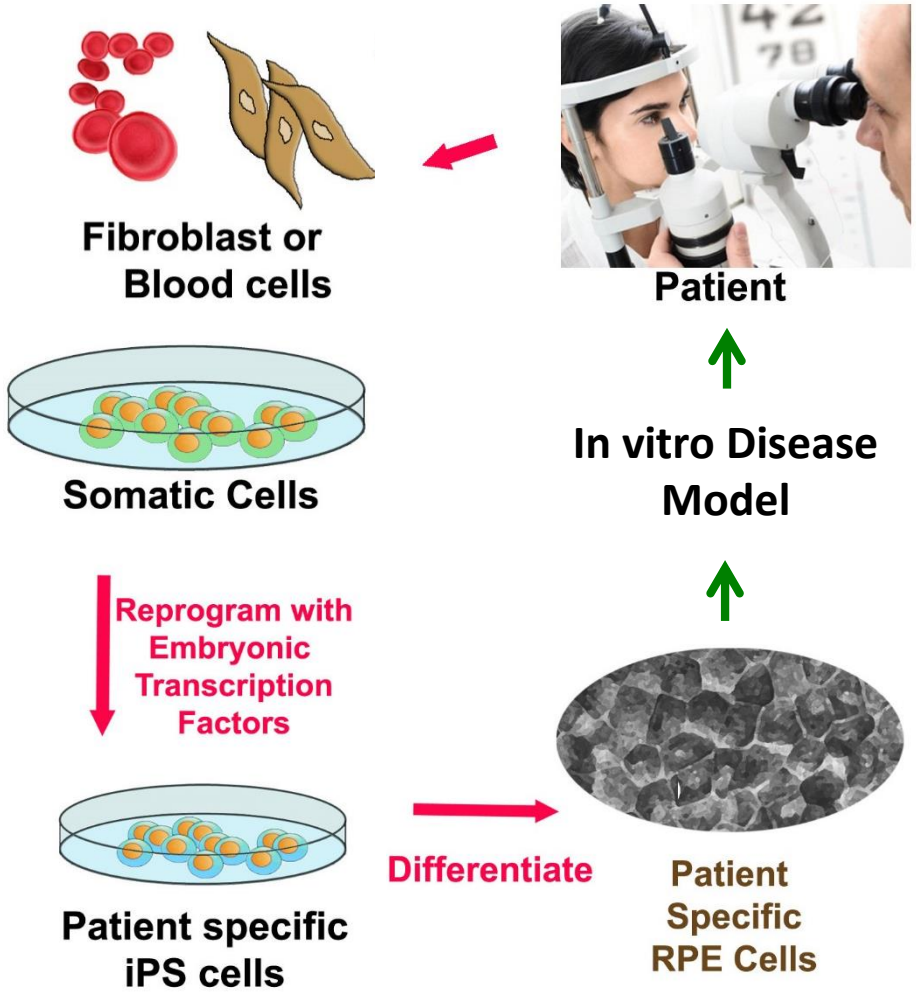
Phase 0: De-risking failure



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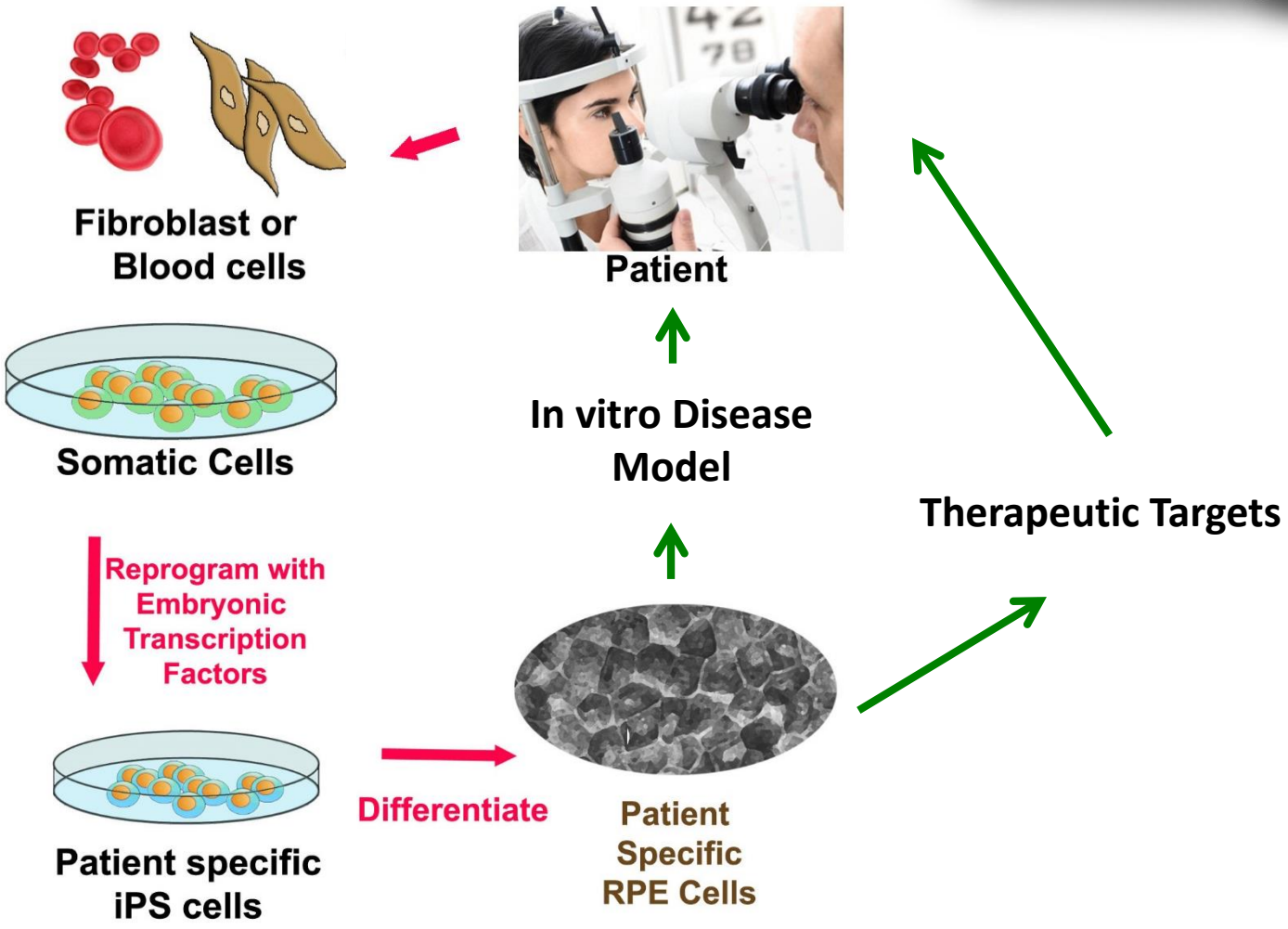
Phase 0: De-risking failure



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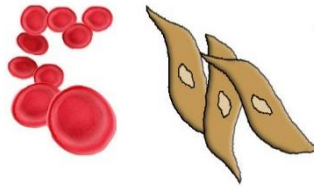
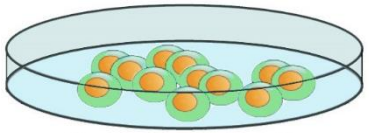
Phase 0: De-risking failure



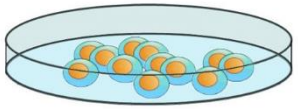
Fibroblast or
Blood cells

Patient



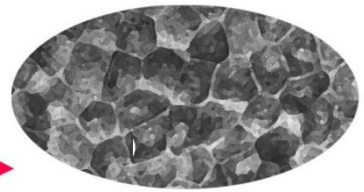
Somatic Cells

Reprogram with
Embryonic
Transcription
Factors



Patient specific
iPS cells

Differentiate



Patient
Specific
RPE Cells

Drug
Discovery

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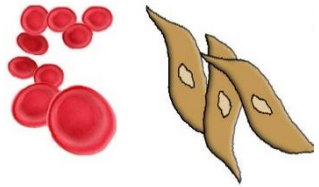
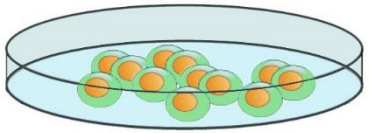
Phase 0: De-risking failure



Fibroblast or
Blood cells

Patient



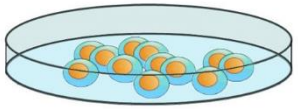
Somatic Cells

In vitro Disease
Model

Therapeutic Targets

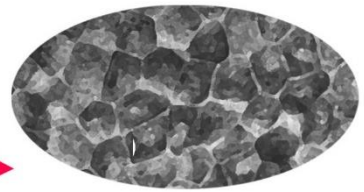
Drug
Discovery

Reprogram with
Embryonic
Transcription
Factors



Patient specific
iPS cells

Differentiate



Patient
Specific
RPE Cells

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Phase 0: De-risking failure

Gene	Disease	iPSC Lines
Best 1	Bestrophinopathies	✔
CFH	AMD	✔
RP2	Retinitis Pigmentosa	✔
MerTK	Retinal Cone Dystrophy	✔
REP-1	Choroideremia	✔
Stra6	Anophthalmia	✔
RARα	Anophthalmia	Fibs
Cep290	Leber's Congenital Amaurosis	✔
Lrat	Retinal Cone Dystrophy	
Rdh5	Fundus Albipuntatus	
Timp3	Sorsby Fundus Dystrophy	
RPE65	Retinitis Pigmentosa	

Sample label	Y402H	I62V	E936D	L9H	intron 10	A69S	R130C	R176C	Isotype
HF 081309	YY	VI	EE	LL	TG	AA	TT	CC	ε3ε3
HF 082809 (20wk)	HH	VI	EE	LL	TG	AA	TT	CC	ε3ε3
HF 030411	YY	II	EE	LL	TG	AS	TT	CC	ε3ε3
HF 031611-1	YY	II	EE	LL	TG	AA	TC	CC	ε3ε4
HF 032411	YY	II	EE	LL	GG	AA	TT	CC	ε3ε3
HF 091511	HH	VV	EE	LL	GG	AS	TC	CC	ε3ε4
HF 110211	HH	VV	EE	LL	GG	AA	TT	CC	ε3ε3
HF 110912	YY	VI	DE	LL	GG	AA	TC	CC	ε3ε4
hF 120111	HH	VV	?	TT	GG	GT	?	?	?

Table 1. Current bank of induced pluripotent stem cell lines expressing relevant genes associated with AMD: Y402H – CFH, L9H – CFB, A69S – ARMS2/HTRA1 and R130C/176C – ApoE.

EBiSC
European Bank for Induced pluripotent Stem Cells

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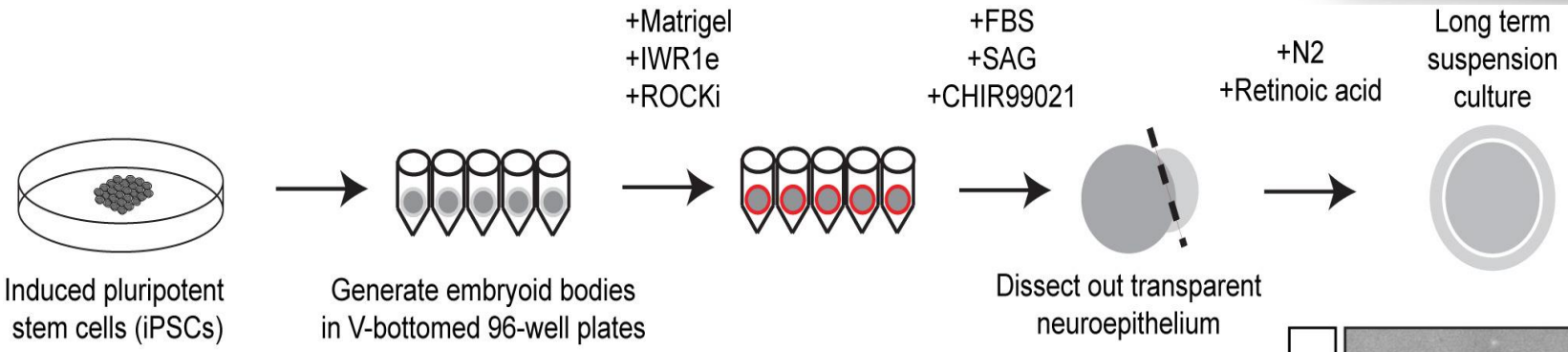
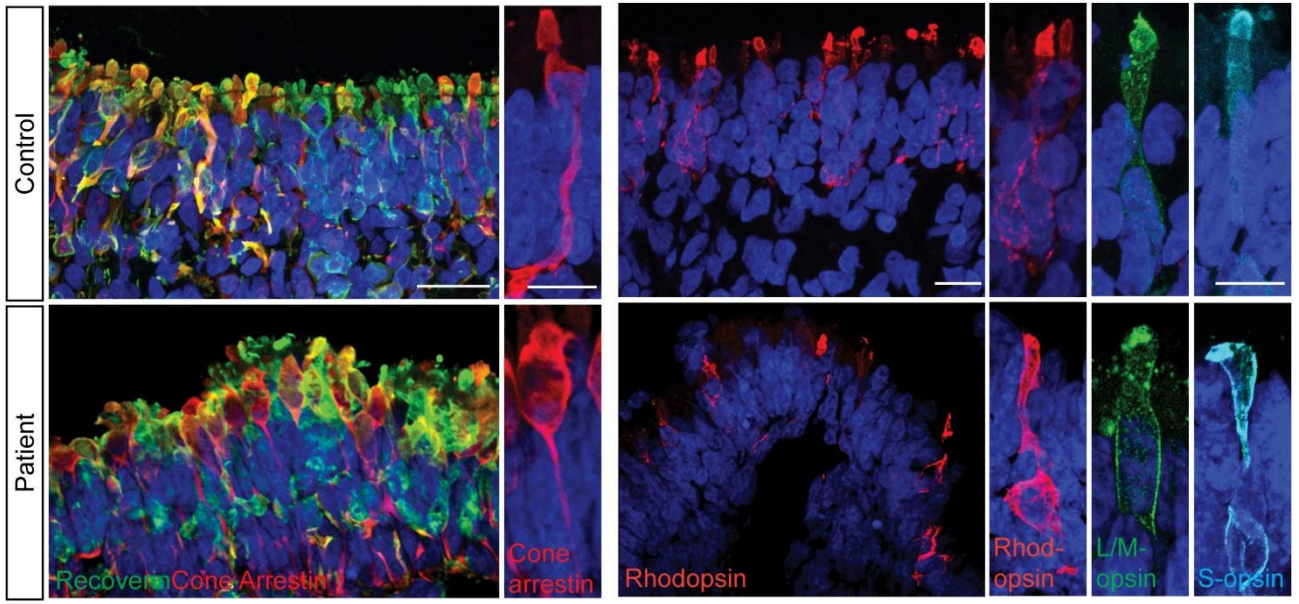
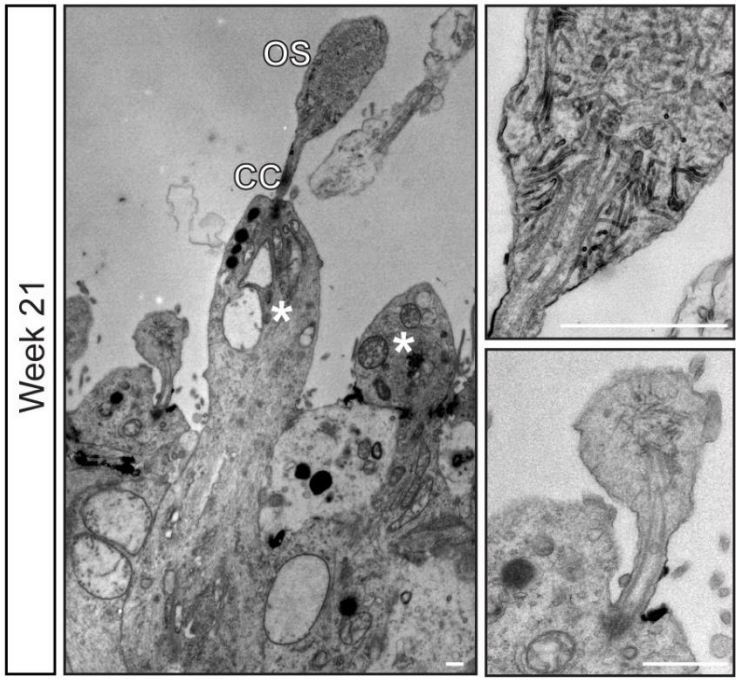
Phase 0: De-risking failure







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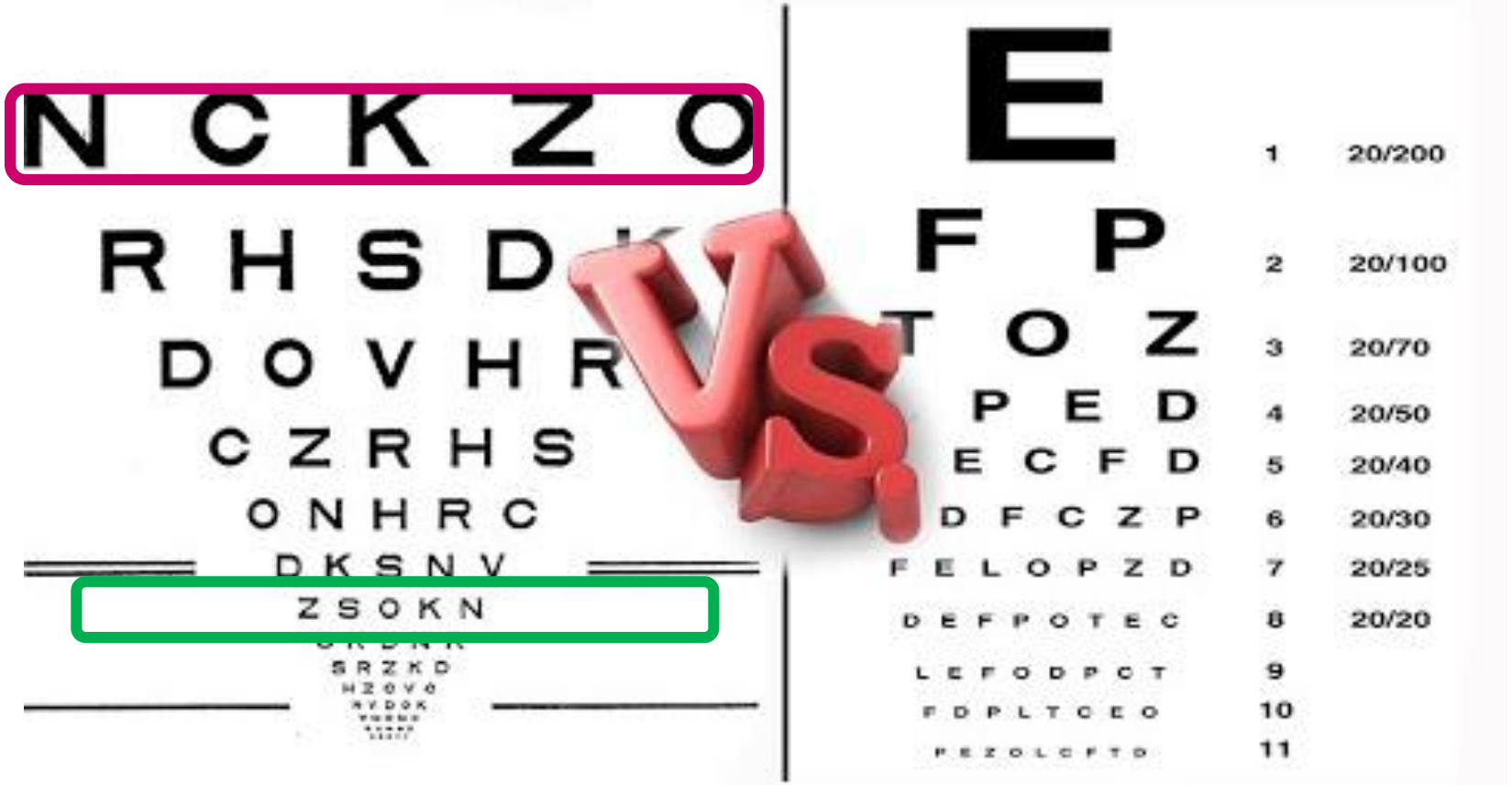
Clinical Outcome

EDTRS



Snellen

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Government - Translational Medicine

George Freeman MP – Minister of Life Sciences
December 2015 MEH/IoO Visit

Faster Cures

Early stage remuneration

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Questions from the audience

Lunch Break

Presentations start
again at 12:50 PM EST

Epidermolysis Bullosa

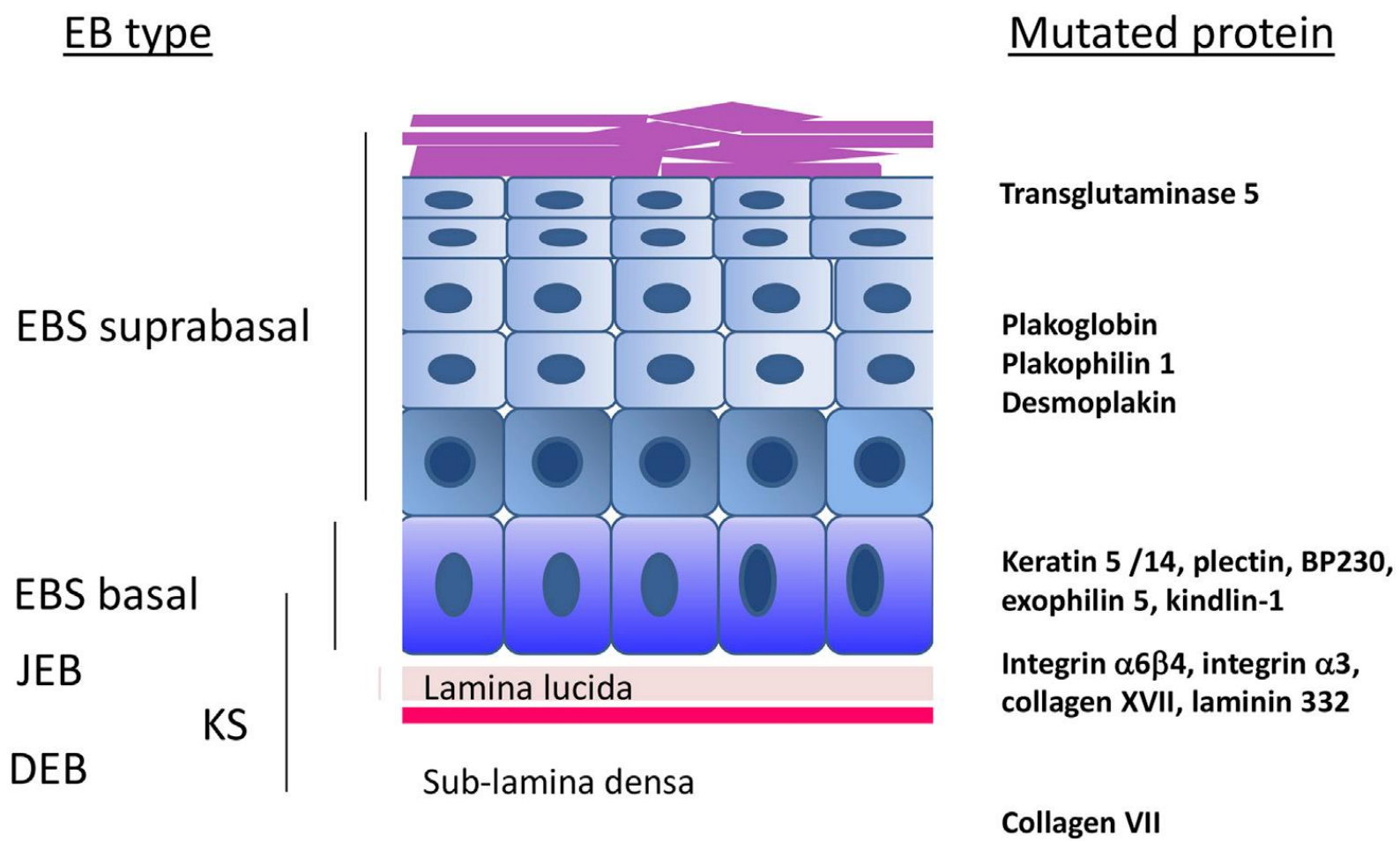
The Worst Disease You've Never Heard Of

debra

because the cost of doing nothing is too great

EB Definition – Onion Skin Approach

In 2014, there was an updated consensus on the classification of EB subtypes to further add clarification to the major types and subtypes. This approach took into account many factors including the level of skin cleavage, the phenotypic characteristics, the mode of inheritance, the targeted protein, and the gene involved with mutation present, to name a few.



J Am Acad Dermatol http://dx.doi.org/10.1016/j.jaad.2014.01.903

EB Definition – Simplex

If only it was easy enough to say there were two subtypes, suprabasal and basal.

Suprabasal

Suprabasal EBS has 6 subtypes
There are 7 structural proteins potentially affected
Example:
EBS – Suprabasal - Acral peeing skin syndrome
Transglutaminase 5
Known mutations on TGM5 gene
Missense, deletion, small deletion/insertion

Basal

Basal EBS has 11 subtypes
There are 6 structural proteins potentially affected
Example:
EBS – Basal - Generalized Severe
Keratin 5 or Keratin 14
Known Mutations on K5/K14 genes
Missense, deletion, splice, nonsense, small deletion/insertion, insertion

EB Definition – Dystrophic

2 major subtypes, 14 subtypes – 1 affected protein – Collagen VII

Dominant

Dominant has 6 subtypes
Known mutations on COL7A1 gene
Missense, splice and deletion

Recessive

Recessive has 8 subtypes
Known mutations on COL7A1 gene
Missense, nonsense, deletion, splice, insertion, small deletion/insertion

Epidermolysis Bullosa - Definition

EB has been called a skin disease (because of it's main symptom) and it's been called a group of disorders (because there are 4 major types and a large number of subtypes). Yet, neither properly defines the disease.

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What is Epidermolysis Bullosa?

Epidermolysis Bullosa (EB) is a rare, genetic connective tissue disorder. There are many genetic and symptomatic variations of EB, but all share the prominent symptom of extremely fragile skin that blisters and tears from minor friction or trauma. Internal organs and bodily systems can also be seriously affected by the disease.

EB is always painful, is often pervasive and debilitating, and is in some cases lethal before the age of 30. The list of secondary complications can be long and may require multiple interventions from a range of medical specialists.

EB affects 1 out of every 20,000 live births and affects both genders and every racial and ethnic background equally. Those born with it are often called 'Butterfly Children' because as the analogy goes, their skin is as fragile as the wings of a butterfly.

There is no treatment or cure. Daily wound care, pain management and protective bandaging are the only options available.

By the numbers….

1 out of every 227 people has a defective gene that causes EB

There are about 25,000 people in the US with EB

There are about 30,000 in Europe and 500,000 worldwide

About 200 children are born each year in the US with a form of EB

Complications – Frequency in RDEB

The following samples of frequencies of secondary complications show profound individual impairment and demonstrate the cavernous unmet need.

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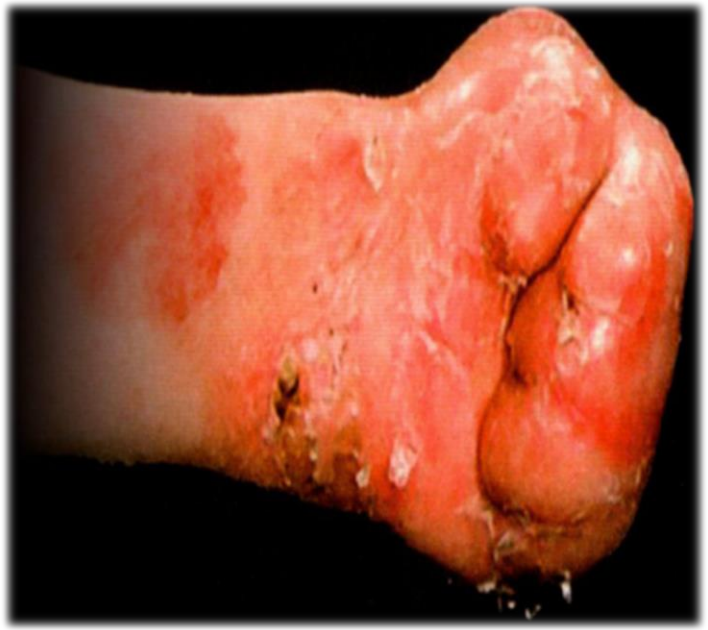
because the cost of doing nothing is too great

Frequency from total RDEB population

Anemia	Growth Retardation
54.4%	43.6%



Frequency of psuedosyndactyly

< 2 yrs old	2 – 6 yrs old	6 – 10 yrs old	10 – 18 yrs old	> 18 yrs old
25.64%	59.26%	77.42%	74.19%	73.47%

Frequency of contractures

< 2 yrs old	2 – 6 yrs old	6 – 10 yrs old	10 – 18 yrs old	> 18 yrs old
18.42%	33.33%	64.52%	70.97%	77.55%

Frequency of cutaneous scarring

< 2 yrs old	2 – 6 yrs old	6 – 10 yrs old	10 – 18 yrs old	> 18 yrs old
84.62%	100%	96.77%	100%	100%

25.5% of those with RDEB have Cardiovascular issues

Complications – Frequency in RDEB-GS

When narrowing the scope to RDEB-GS, the frequency rates become horrific. Compare these frequency rates to the general population and the burden of disease is staggering.

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Frequency of musculoskeletal, hematologic and constitutional complaints

Anemia	Growth Retardation	Pseudosyndactyly	Other Contractures
79.8%	78.8%	86.3%	74.3%

Frequency of GI complaints

Dysphagia	Esophageal Web, Stricture or Stenosis	Constipation
83.2%	59.3%	60.6%

Frequency of Ocular complaints

Corneal Scarring	Corneal Abrasions or Blisters	Impaired Vision
35.4%	56.4%	19.6%

Frequency of Oral complaints

Microstamia	Ankyloglossia	Gingival Erosions & Blisters	Abnormal Enamel or Dysplastic Teeth	Excessive Caries	Premature Tooth Loss
71%	80.8%	89.9%	31.3%	54.7%	47.9%

Frequency of select additional physical findings in a longitudinal follow-up of randomized sample of RDEB-GS

Scarring	Milia	Nail Dystrophy	Alopecia	Hypotrichosis	Pseudosyndactyly	Other Contractures
97.3%	78.4%	97.3%	35.1%	21.9%	93.2%	85.1%

RDEB-GS – Cancer & Life Expectancy

Squamous Cell Carcinoma is curable in the general population, not in RDEB. People who suffer from RDEB are 26.6 times more likely to suffer at least one incidence of SCC.

debra
because the cost of doing nothing is too great

CANCER

21.67% *Chance of developing SCC, if patient lives to 25 years old*

39.57% *Chance of developing SCC, if patient lives to 30 years old*

53.00% *Chance of developing SCC, if patient lives to 35 years old*

Life Expectancy

10% *Lost their battle before they were 10 years old*

40% *Succumbed by the age of 20*

72% *Passed away by the age of 30*

EB in Numbers – Incidence & Prevalence

Given the incidence rate of 1 in 20,000 live births and prevalence percentages, debra of America estimates the below numbers of patients.

Estimates for Epidermolysis Bullosa (EB)
By Main Types and Subtypes
Numbers Are Still Extremely Under Reported

	Incidence (# born per year)	Prevalence (# at any given time in population)
EB	200	21,107
Simplex	110	13,990
Localized	69	9,550
All Others	40	4,440
Junctional	21	1,338
Severe Generalized	4	213
Other	17	1,125
Dystrophic	50	5,779
DDEB	29	3,011
RDEB	21	2,768
- Severe Generalized	4	1,277
- Other	17	1,490

No Cure or Treatment – But Hope

As of today there is no cure or FDA approved treatment. Pain management, wound care, and preventative bandaging are the only options.

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There is HOPE
Currently under investigation

- *RNA Repair*
- *Gene Editing*
- *Gene Therapy*
- *Gene Transfer*
- *Grafting of Autologous Skin*
- *Protein Replacement*
- *Stem Cell Transplantation*
- *Topical Creams for Wound Healing*

Burden of Illness– Financial Burden

EB, and particularly the more severe forms, are incredibly expensive. Wound care supplies, hospital visits, surgeries, medications all are factors.

1 Month Supply of Wound Care Supplies for an 8 year-old

Wound Care Supplies

The specialized wound care dressings can cost more than $15,000 per month. The average cost of these supplies are approximately $125,000 per annum.

Hospital Visits

A child may need to receive blood transfusions every eight weeks to treat the anemia, and may require quarterly esophageal dilations to swallow liquid.

Assuming costs are:
Blood Transfusions - $8,000
Esophageal Dilations - $15,000

Annual cost = $108,000

Drugs

The list of daily medications is extensive. It is difficult to calculate the cost but a list of medicines for an RDEB child could be:

Protonix, Methadone, Gabapentin, Carvedilol, Enalapril, Hydroxizine, Lexapro, Lorazepam, Ferrous Sulfate, Zinc, Vitamin D

Burden of Illness– Bandage Changes

It's impossible to truly understand what a person with EB undergoes daily. Bath and bandage changes can last 3 or more hours, are incredibly painful, and are likened to parents torturing their child.

Thank You ProQR® From All Of Us Living with EB

debra
because the cost of doing nothing is too great

QRX-313

RNA modulation for dystrophic epidermolysis bullosa

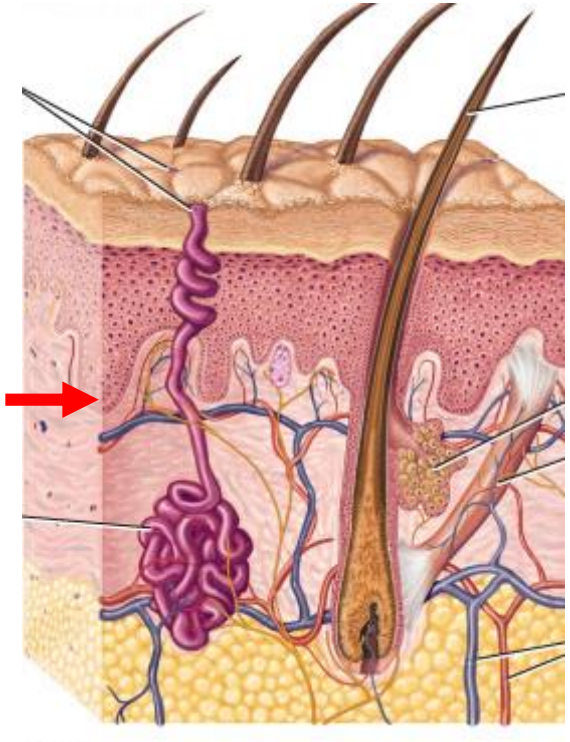
Skin morphology

Stratum corneum

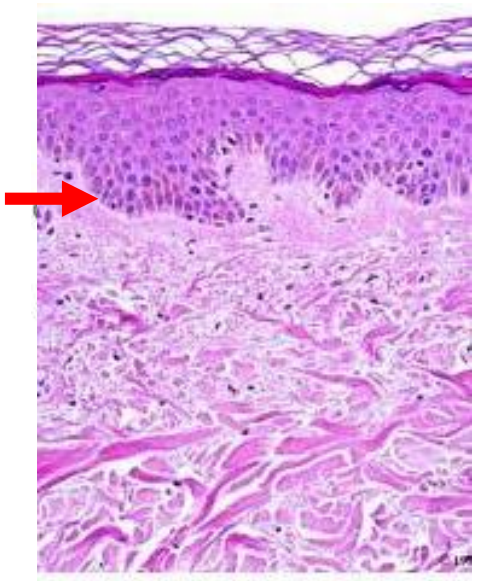
Epidermis

Dermis

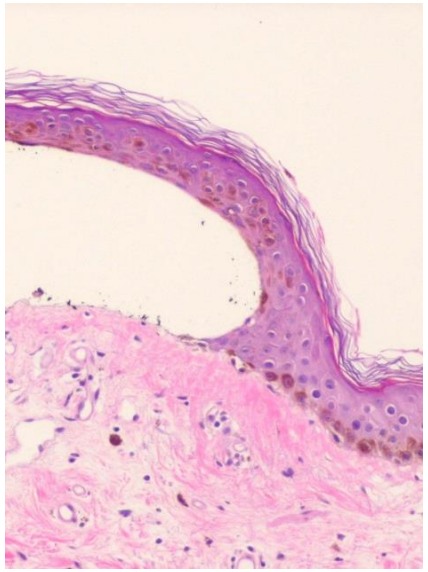
Subcutaneous fat



Healthy skin

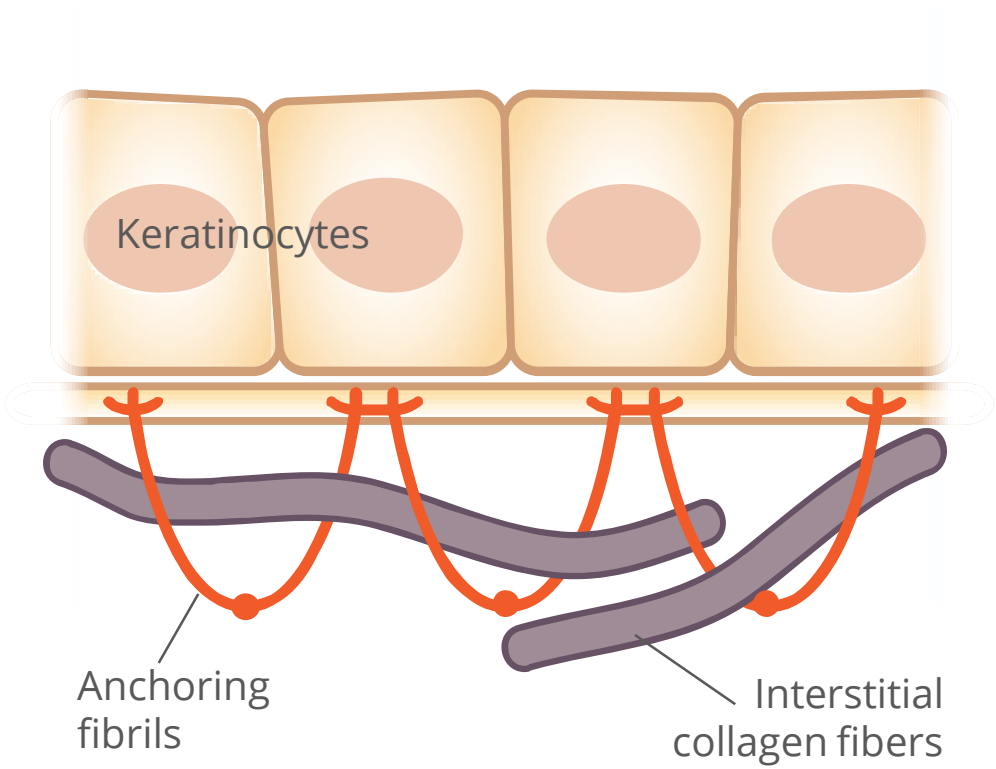


DEB skin

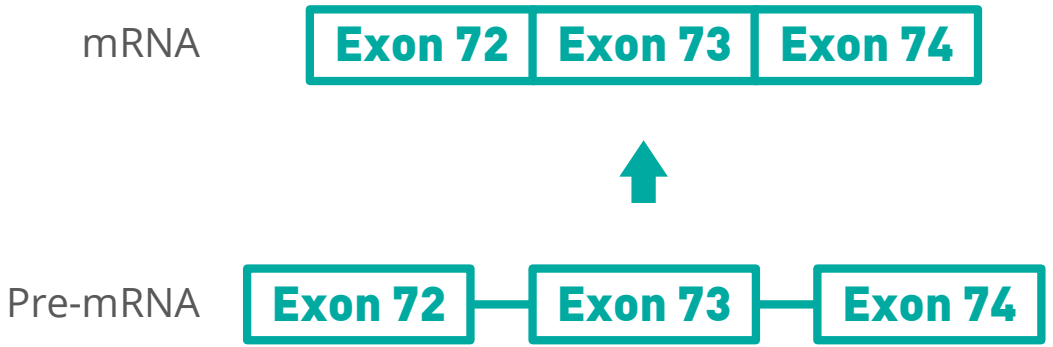


Location Collagen type VII

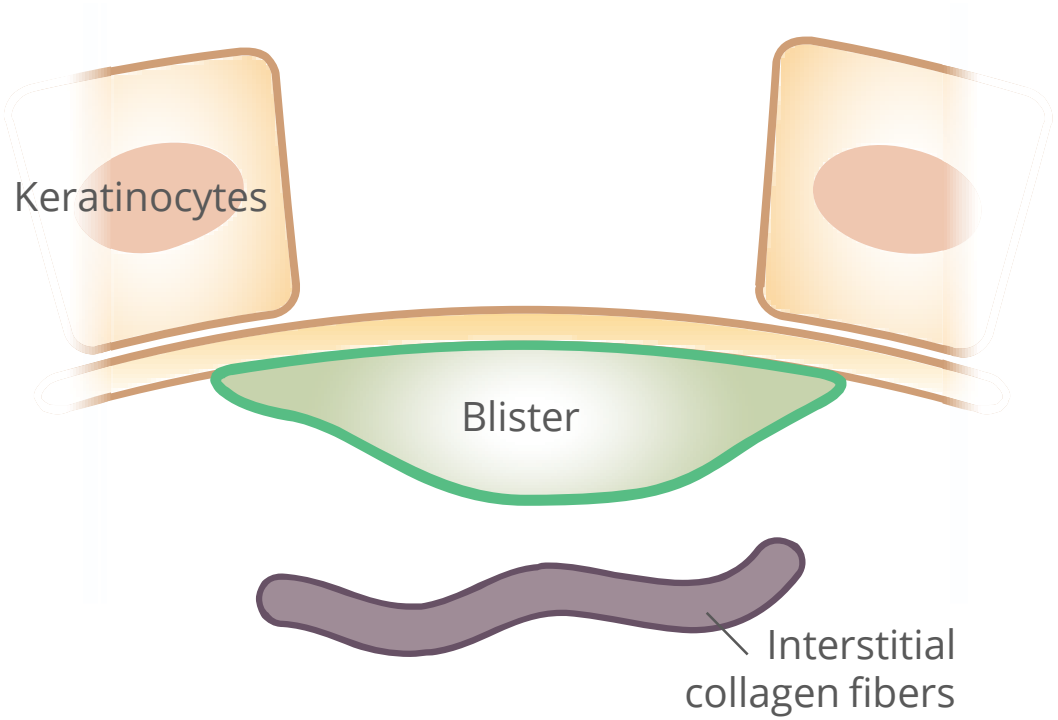
QRX-313 for DEB



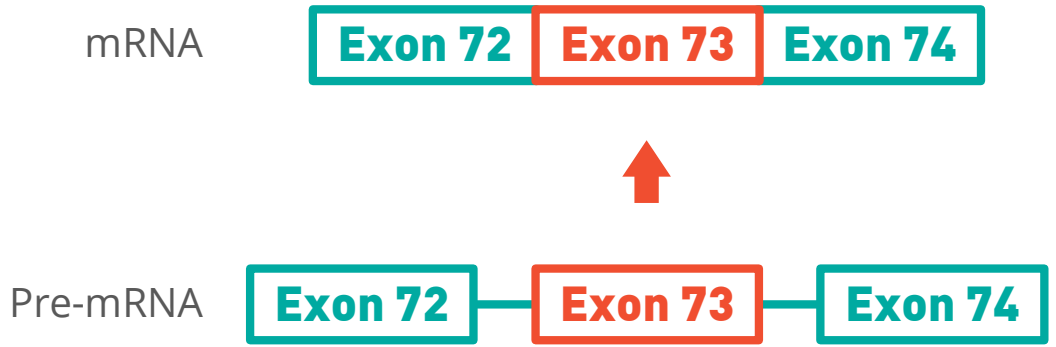
In healthy skin collagen VII forms anchoring fibrils that link skin layers



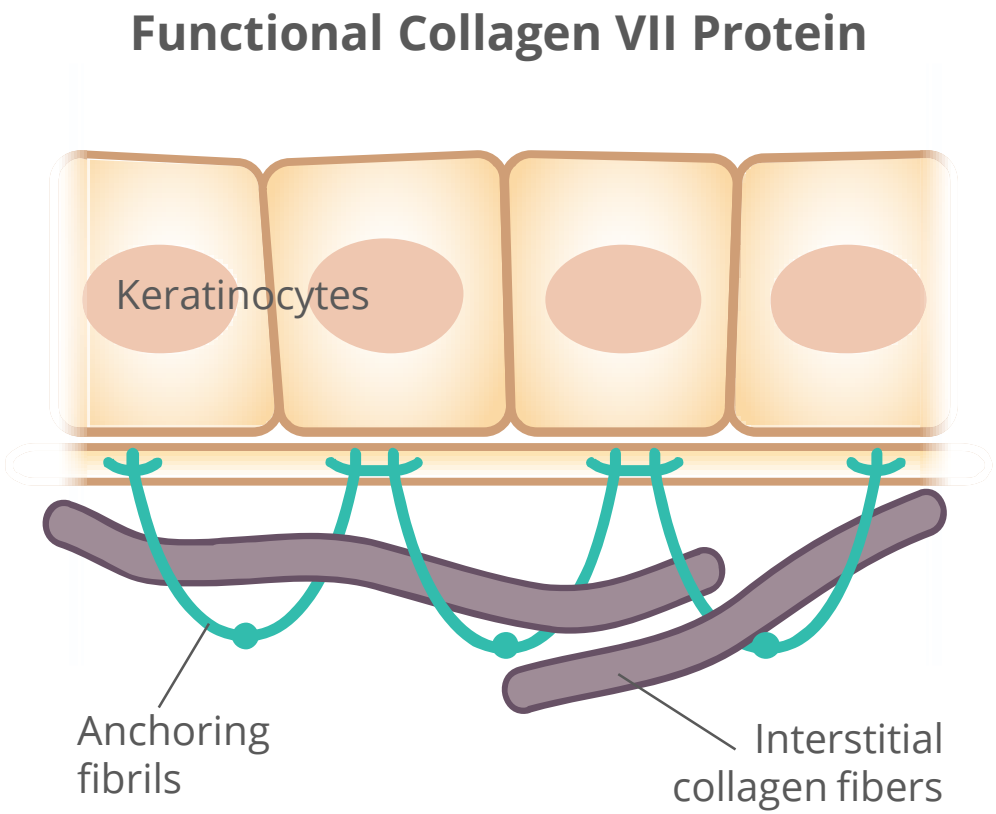
QRX-313 for DEB

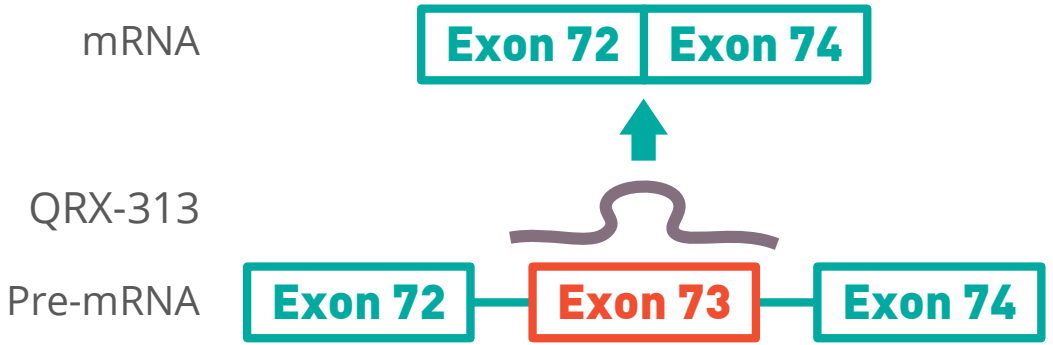


In DEB skin anchoring fibrils are absent or dysfunctional



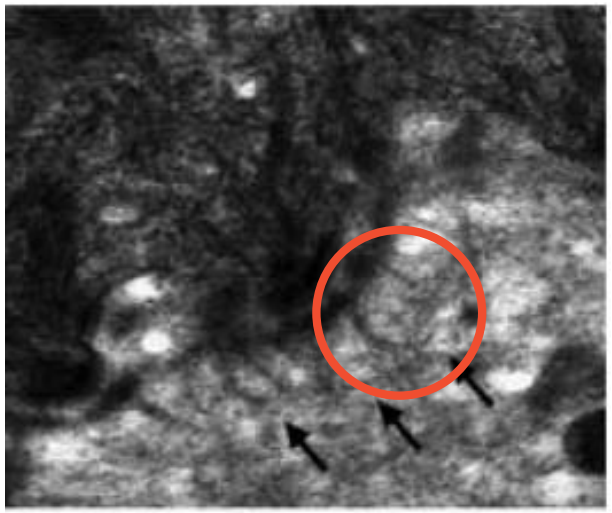
QRX-313 for DEB



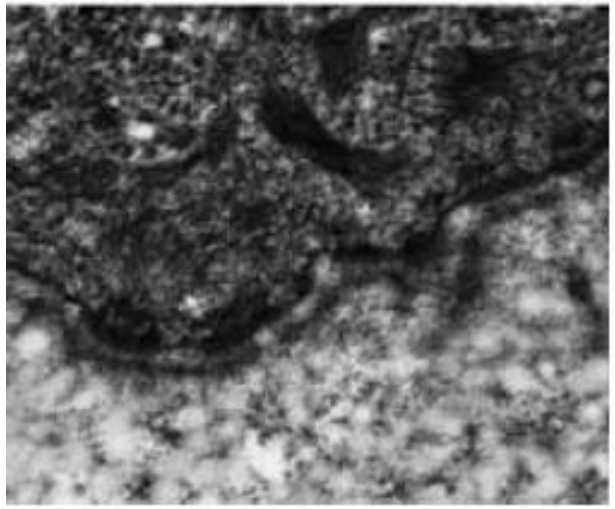


Restoration of anchoring fibrils after exon exclusion

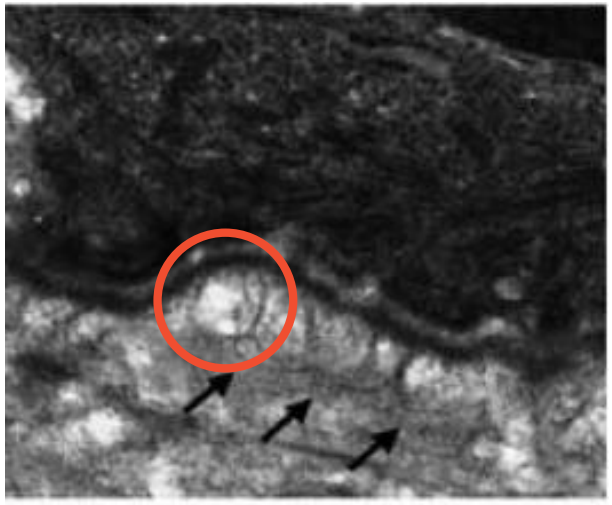
Wild type



Epidermolysis Bullosa



Epidermolysis Bullosa + exon exclusion



Goto et al, 2006

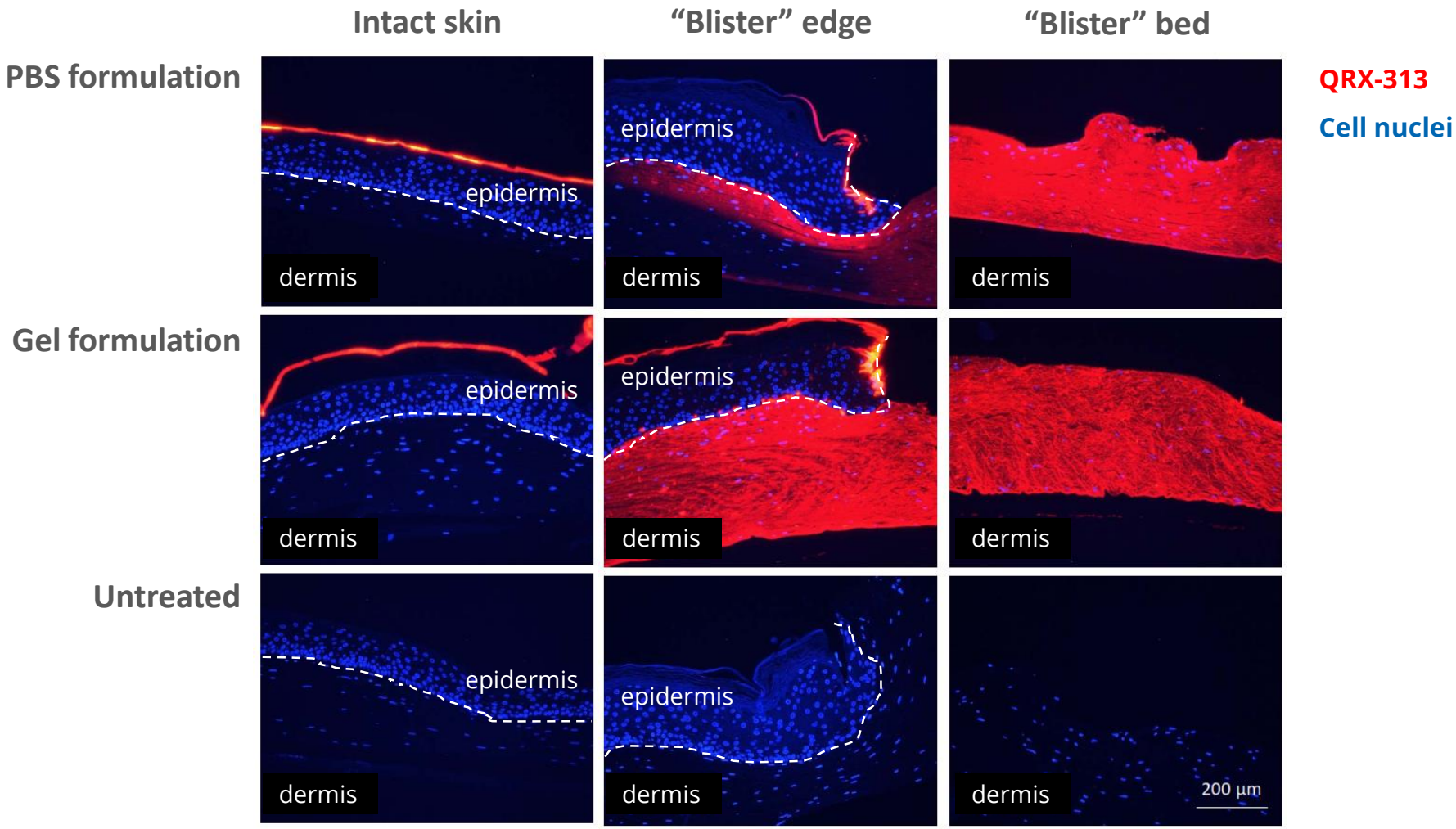
Exon 73 exclusion with QRX-313

In vitro proof of concept at the RNA level

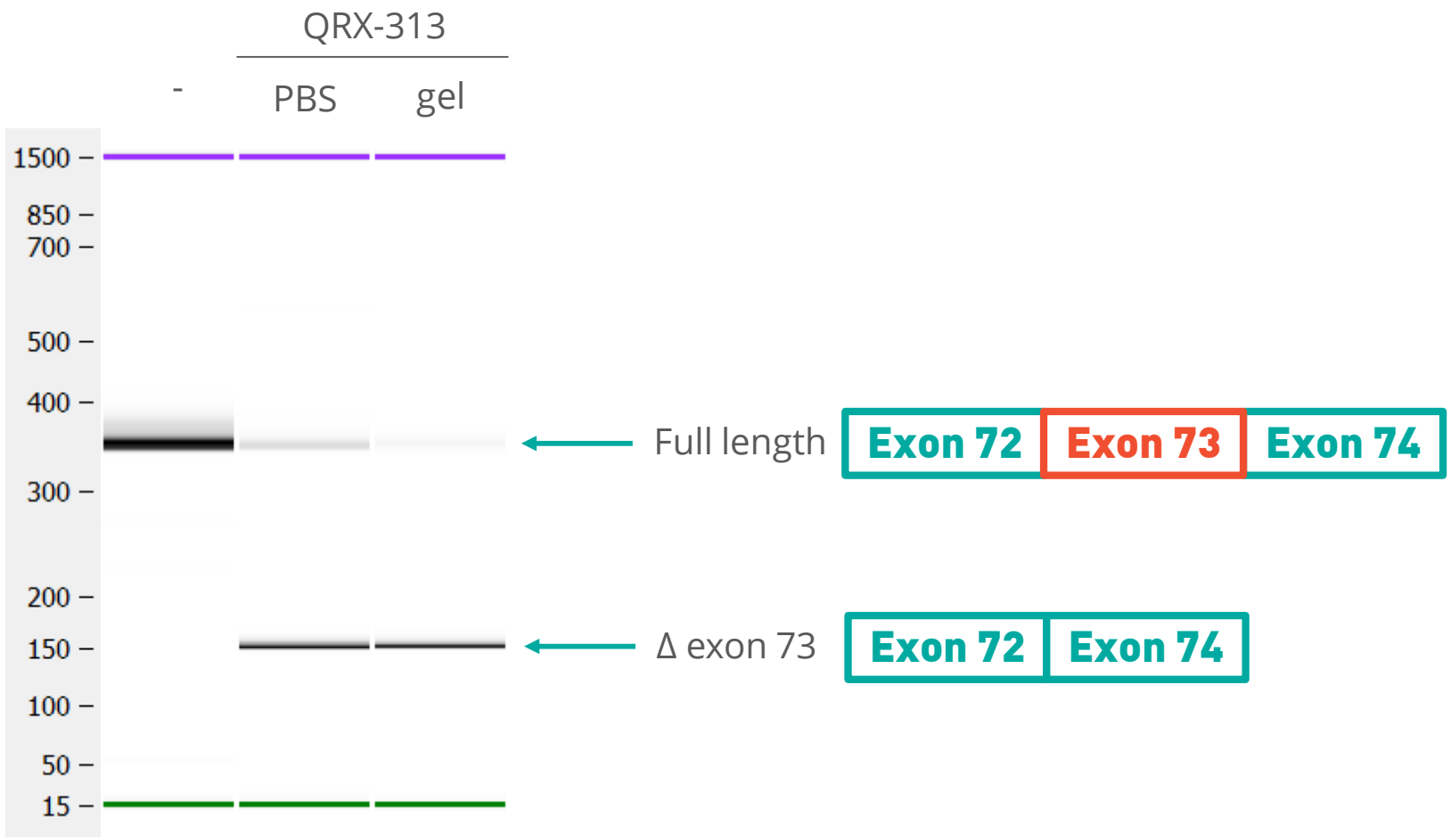
Full length — Exon 72 | Exon 73 | Exon 74

Δ exon 73 — Exon 72 | Exon 74

QRX-313 in formulation penetrates blister-like human skin equivalents



QRX-313 on human skin equivalents induces Δ73 mRNA in the dermal fibroblasts



QRX-313 status

- ✓ Single stranded oligo nucleotide resulting in removal of mutated exon
  - Well understood mechanism of action
  - Strong pre-clinical PoC
  - Lead compound selected
- ✓ Efficient delivery through topical administration
- ✓ Potential to expand to other subsets of patients

QRX-203

RNA modulation for Alzheimer's disease

QRX-203 for Alzheimer's Disease

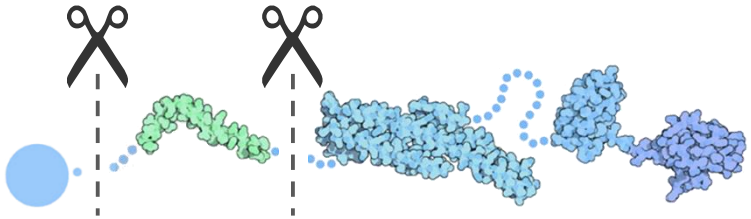
Most prevalent form of dementia

- Progressive neurodegenerative disease
- Impairments of memory, learning ability, language and judgement

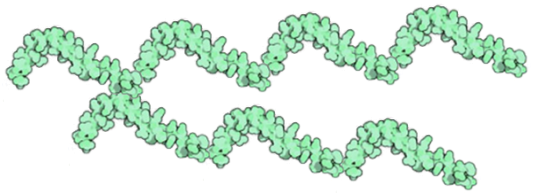
Amyloid related disorder

- Toxic amyloid-beta peptide causes plaque formation in brain
- Potential to treat other amyloid-beta related disorders

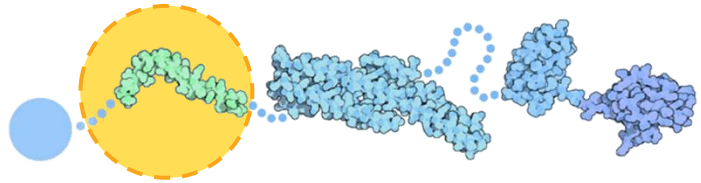
Preventing Aß inclusion into mature APP



Enzyme inhibitors



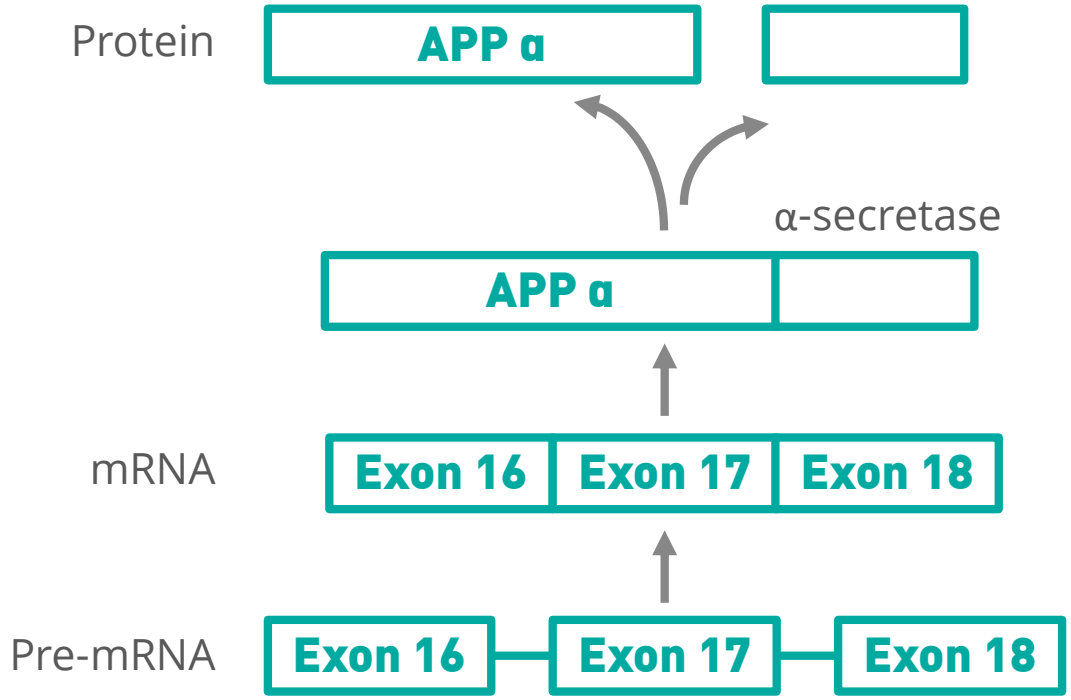
Plaque removing antibodies



QRX-203

QRX-203 for Alzheimer's disease

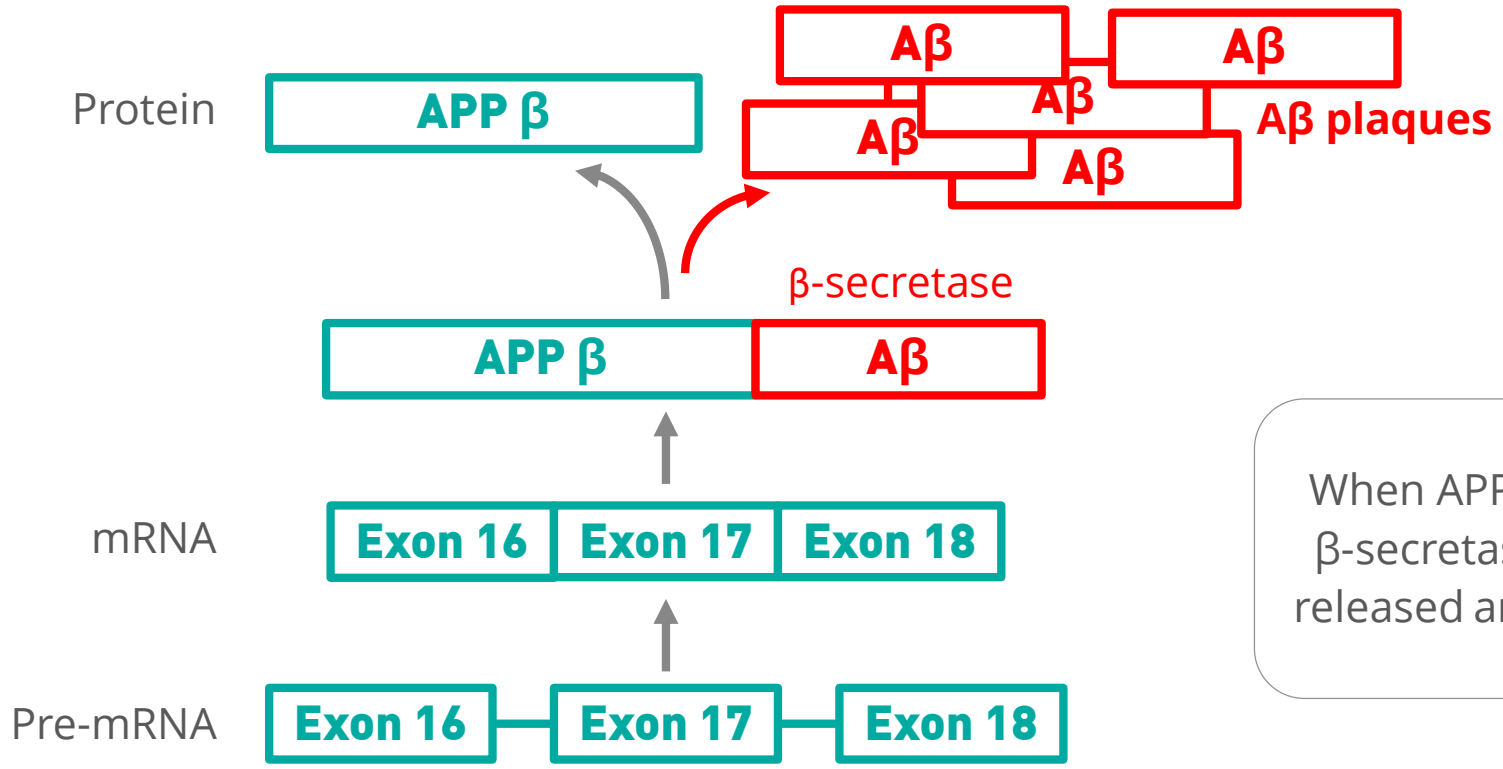
APP processing: Non-Amyloidogenic pathway



The "healthy" cleavage of APP is by α-secretase

QRX-203 for Alzheimer's disease

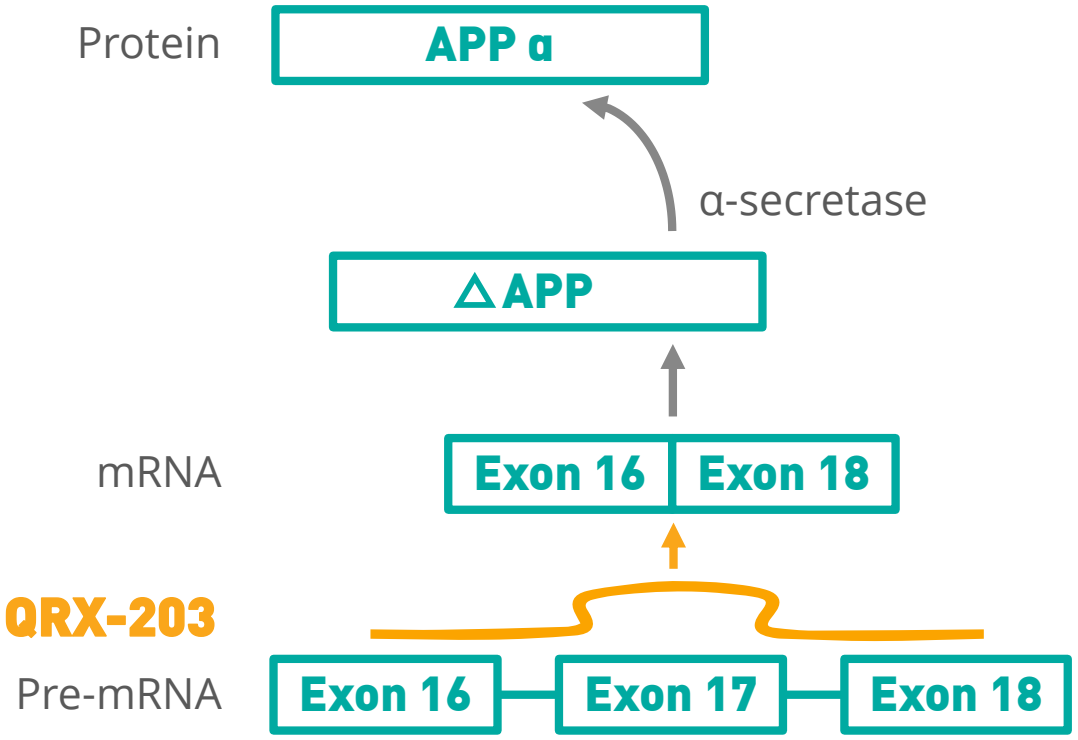
APP processing: Amyloidogenic pathway



When APP is cleaved by β-secretase. Toxic Aβ is released and aggregates.

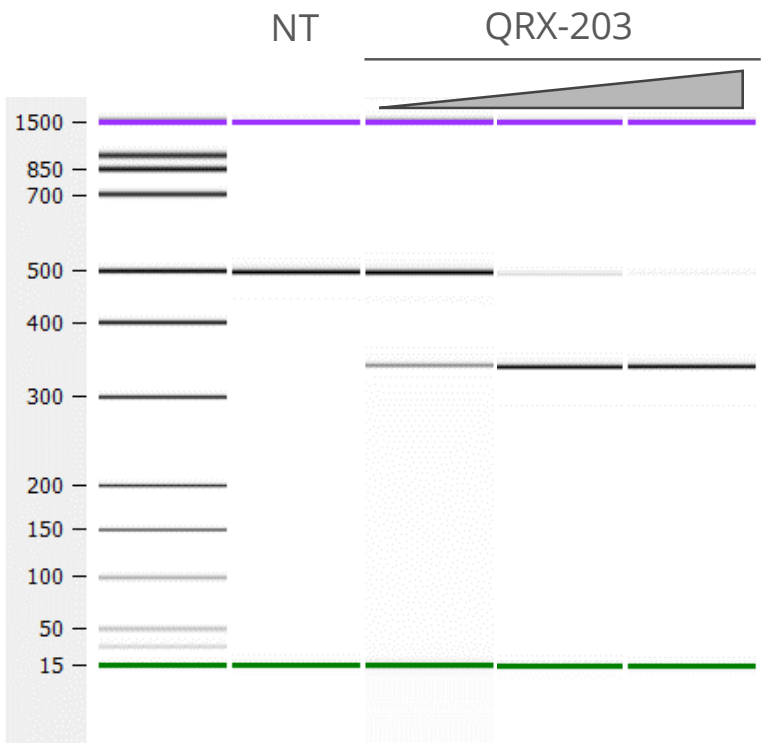
QRX-203 for Alzheimer's disease

Modulates RNA and prevents Aβ formation



Strong proof of concept

Efficient skip on RNA level

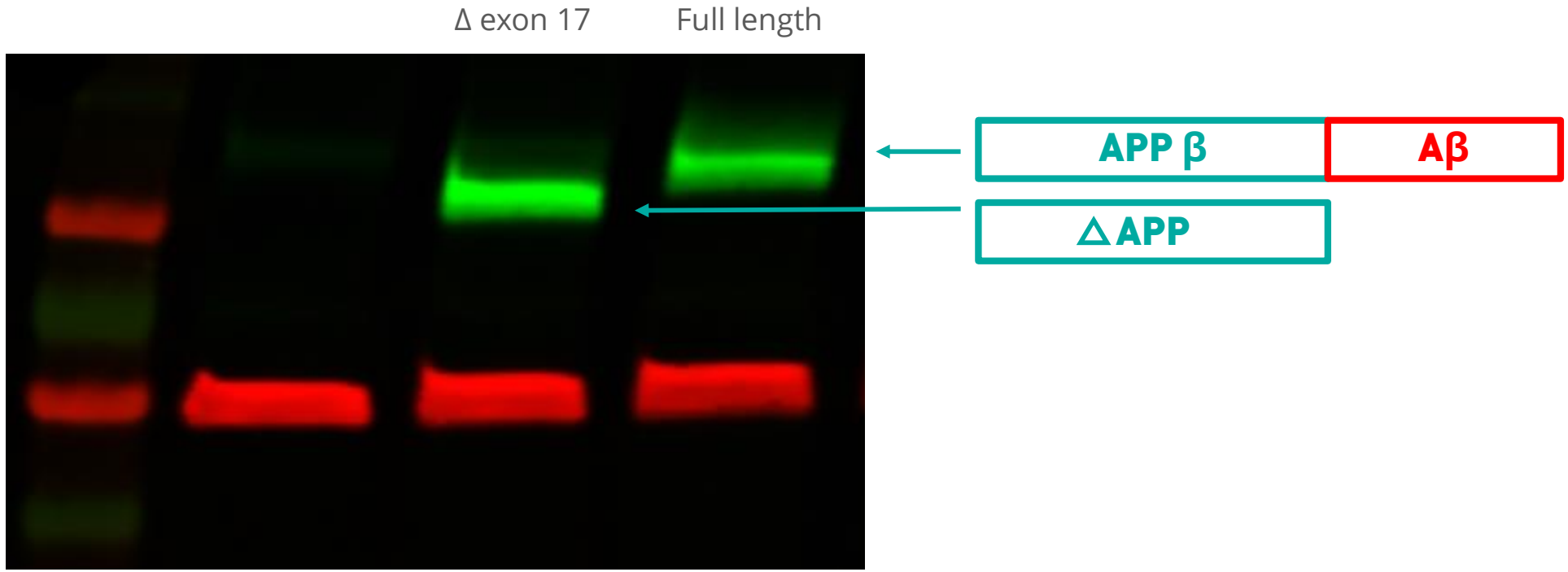


Full length — Exon 16 | Exon 17 | Exon 18

Δ exon 17 — Exon 16 | Exon 18

Strong proof of concept

Removal of exon 17 results in protein without Aβ segment



Validated delivery methods for CNS

Exploring several routes of administration

Intrathecal delivery

IONIS PHARMACEUTICALS

Intranasal delivery

OptiNose

Impel NeuroPharma

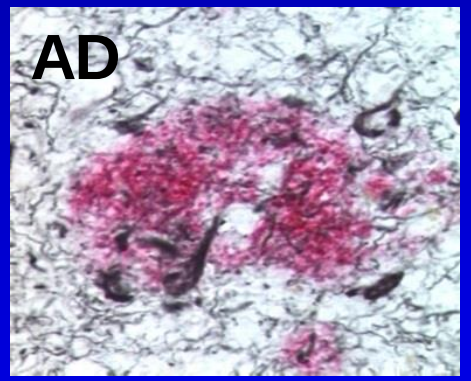
Intracerebro-Ventricular delivery

IONIS PHARMACEUTICALS

NeuroNova

NYU Langone MEDICAL CENTER

Alzheimer's Disease: Disease Pathogenesis, Diagnosis and Treatment Landscape

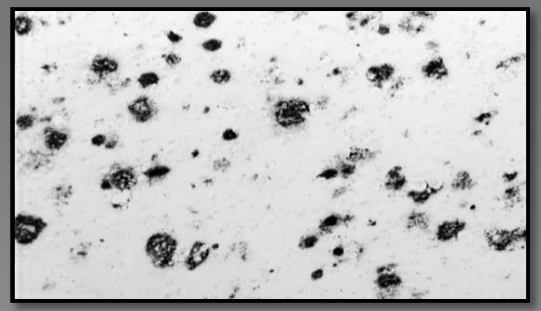


Thomas Wisniewski MD

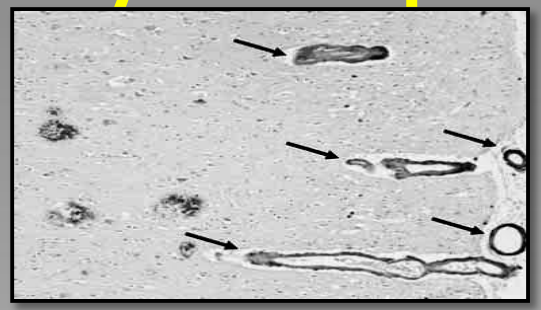
Professor of Neurology, Psychiatry and Pathology

March 14th, 2016

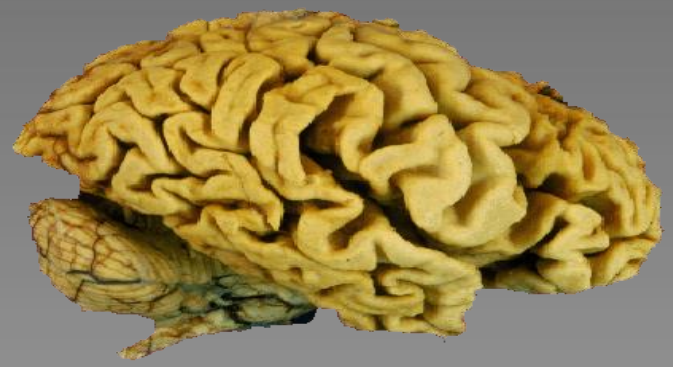
Alzheimer's Disease - most common dementia



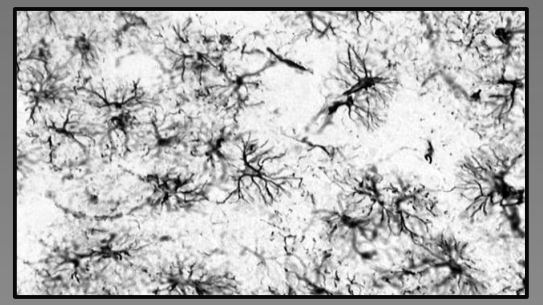
Amyloid Plaques



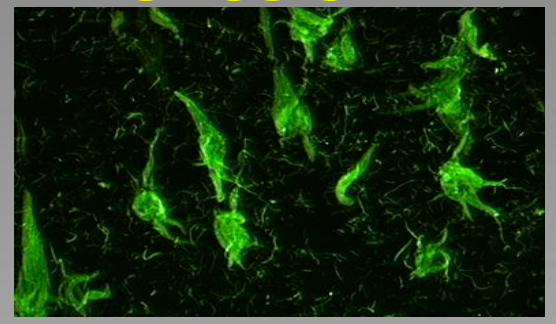
Vascular Amyloid



Worldwide
Today: ~47 million
2050: ~131.5 million



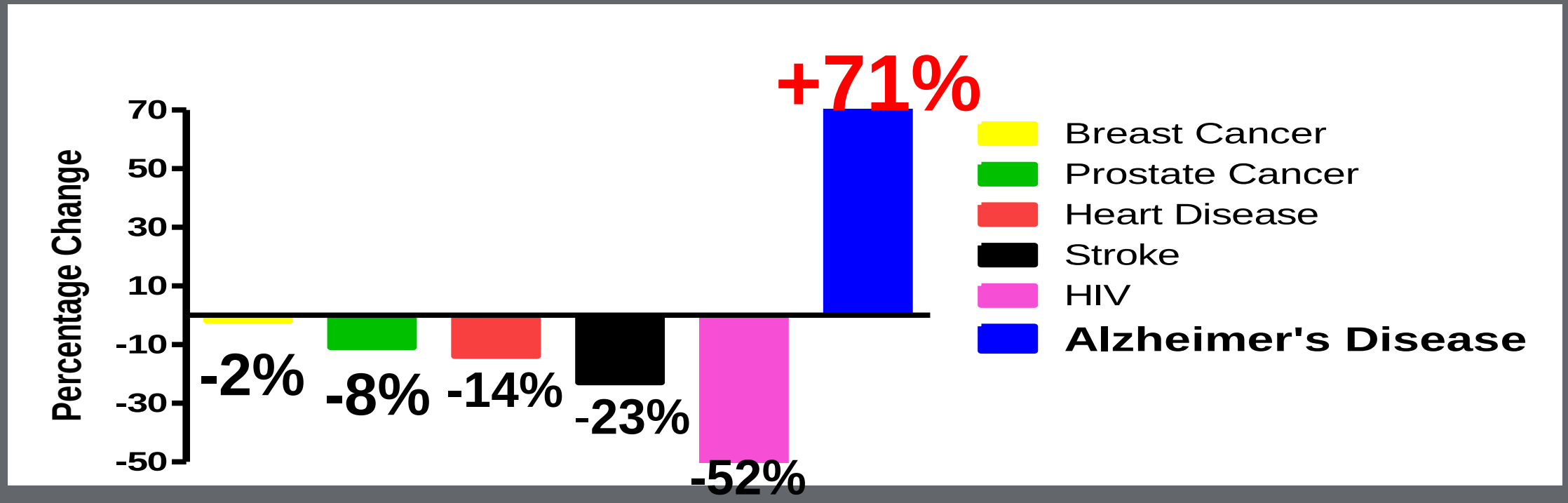
Gliosis



Neurofibrillary Tangles

- Alzheimer's disease is the 6th deadliest disease in the USA
- Only Cause of death among top 10 with no effective treatment(s)
- Affects ~13% of people >65 years old (~1 in 8)
- Affects ~40-50% of people >85 years old
- In 2015 direct costs of AD in the USA are ~$226 Billion
- Costs will rise to ~1.1 Trillion in 2050, if no treatments are developed

% Change in Deaths between 2000 and 2013



Alzheimer's disease is the only cause of death among the top 10 in the USA without and effective way to prevent, cure or significant slow its progression!

NYU Langone MEDICAL CENTER

Costs for Dementia Care in the USA versus Research Funding

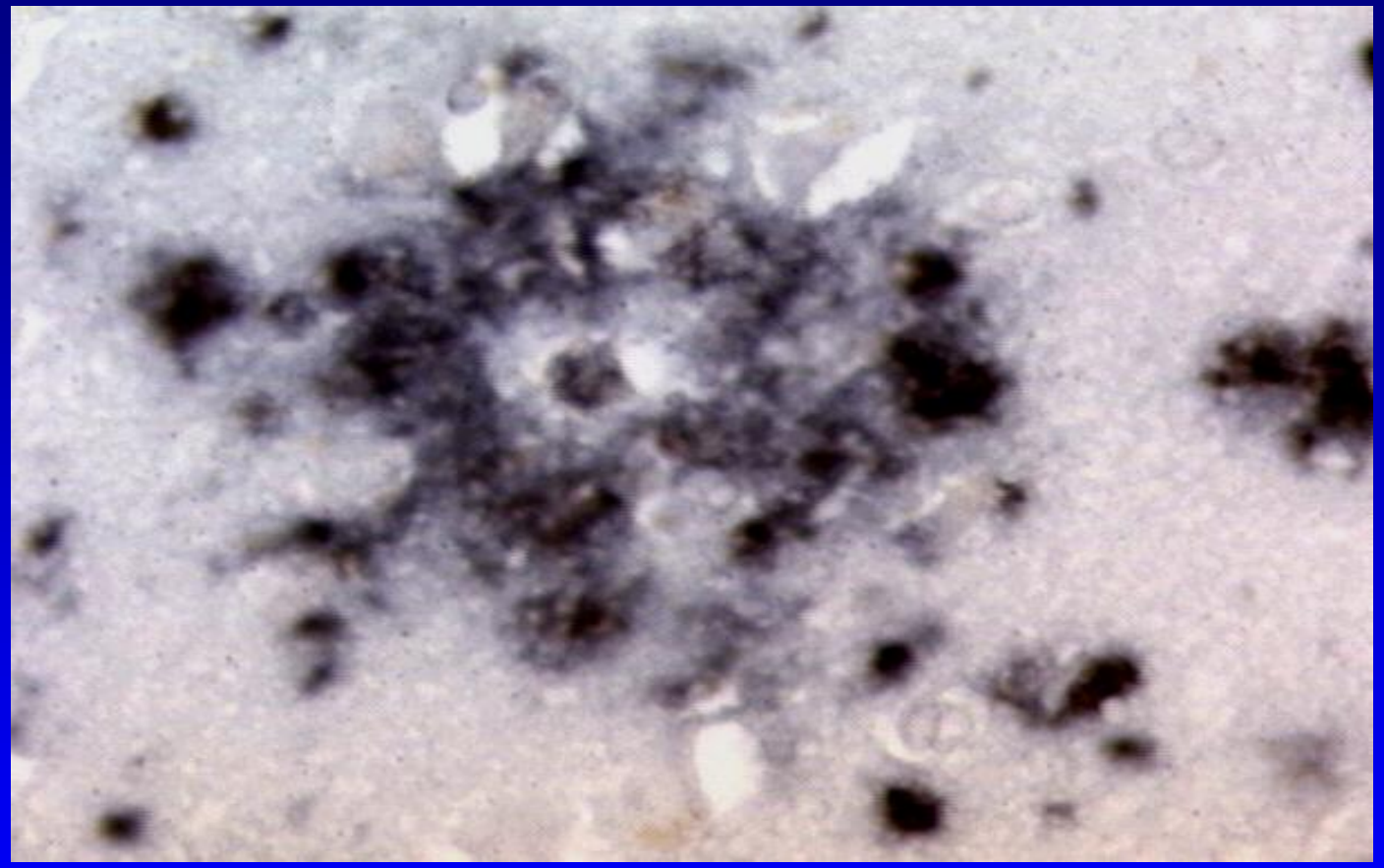
- **Estimates suggest that the monetary costs of care for dementia patients in the USA is significantly greater than all other major medical conditions including cancer and heart disease.***
- **This contrasts with federal research spending: estimated 2015 Federal Research Spending in 2015:**
  - **Cancer: ~5.4 Billion**
  - **HIV/AIDS: ~3 Billion**
  - **Heart Disease: ~2.0 Billion**
  - **Diabetes: ~1 Billion**
  - **Alzheimer's disease: ~586 million**

* Kelley et al. Ann Intern Med 163:729-736, 2015;
Hurd et al. NEJM 368: 1326-34, 2013

Neuropathology of Alzheimer's Disease

- Neuritic Plaques
- Neurofibrillary Tangles
- Congophilic Angiopathy
- Synaptic Loss

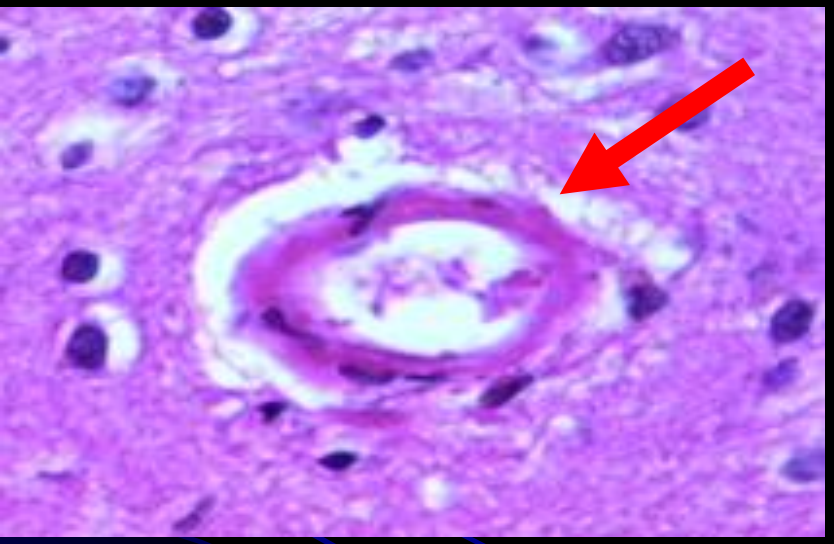
Alzheimer's Pathology



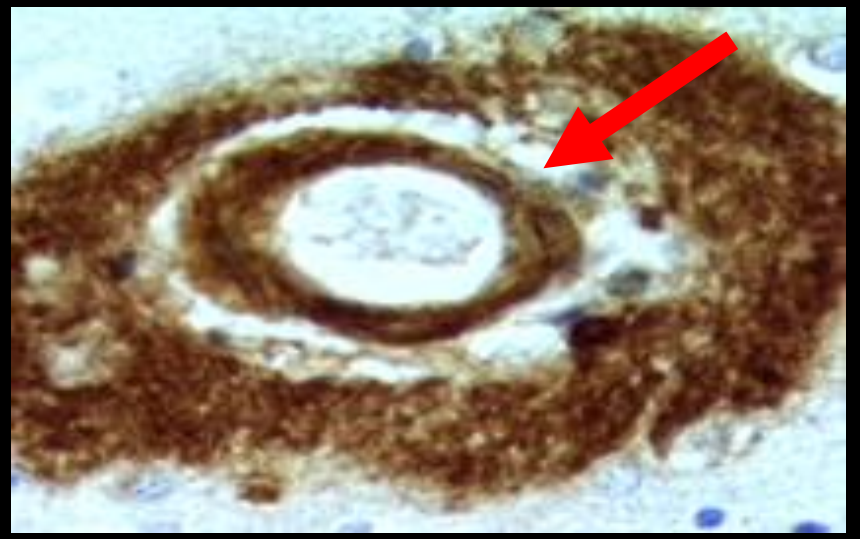
Amyloid plaque shown by
Immunohistochemical labeling
With anti-amyloid β antibody

Neurofibrillary Tangle shown
By immunofluorescent labeling with
Anti-phosphorylated tau antibody

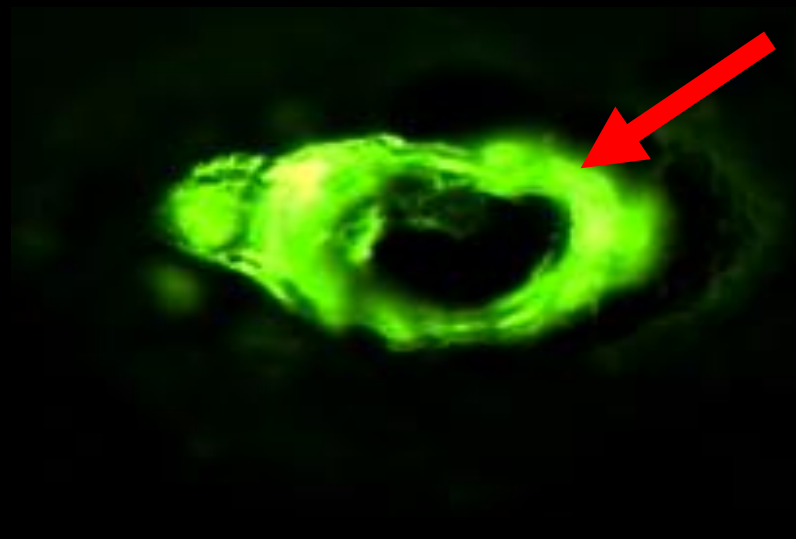
Congophilic Angiopathy



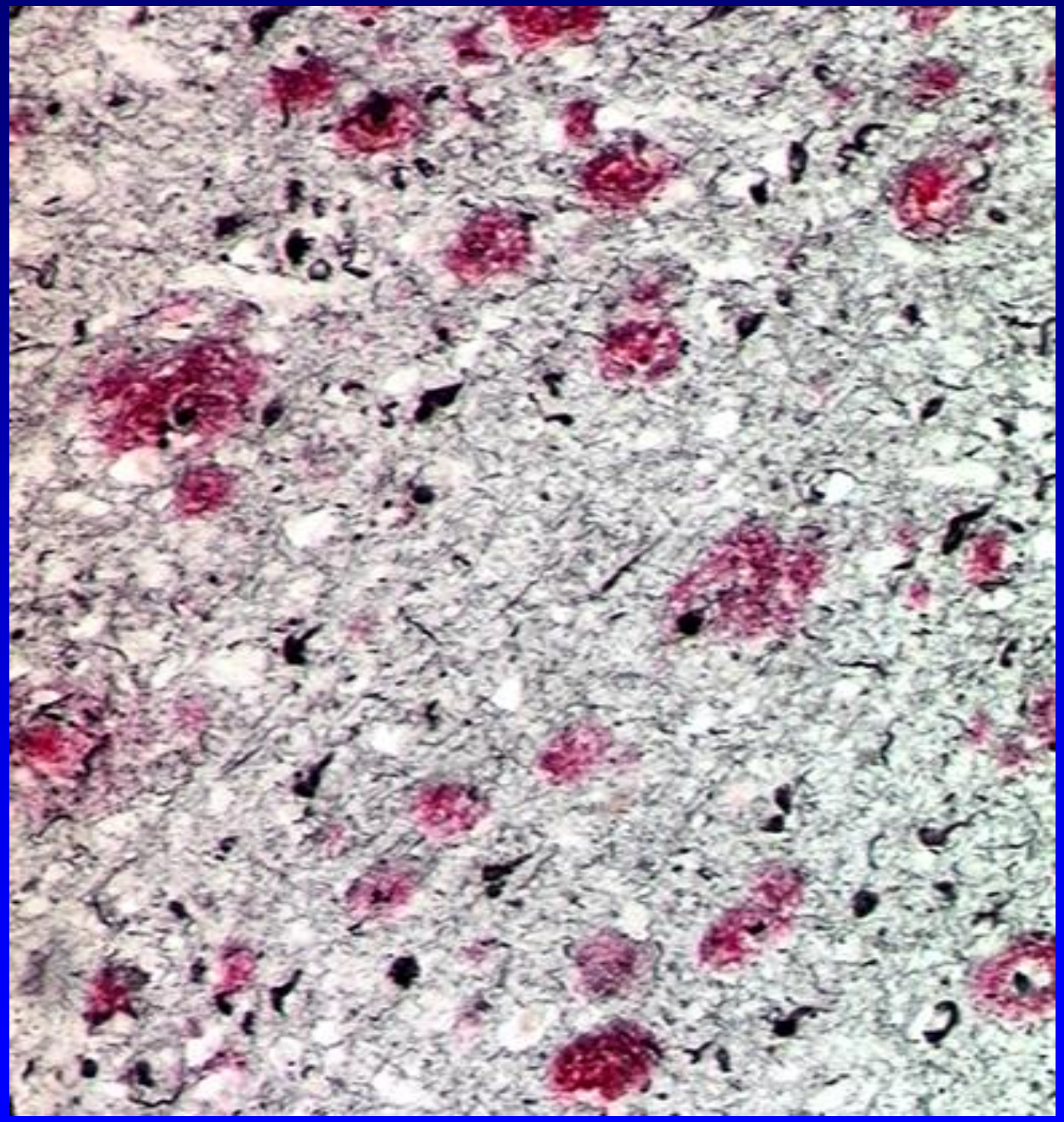
H & E Stain



Aβ Immunoreactivity

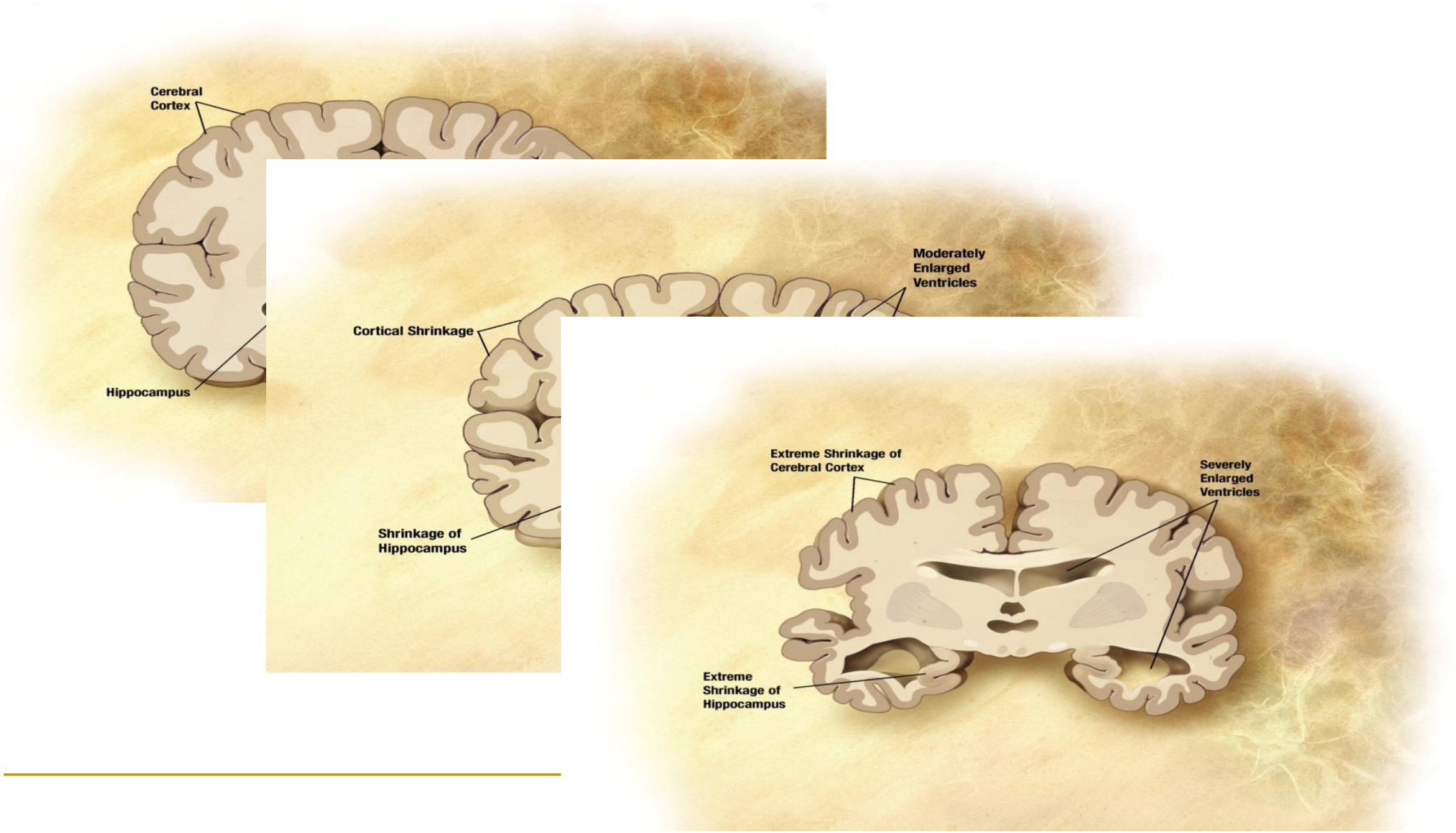


Congo Red Staining under polarized light

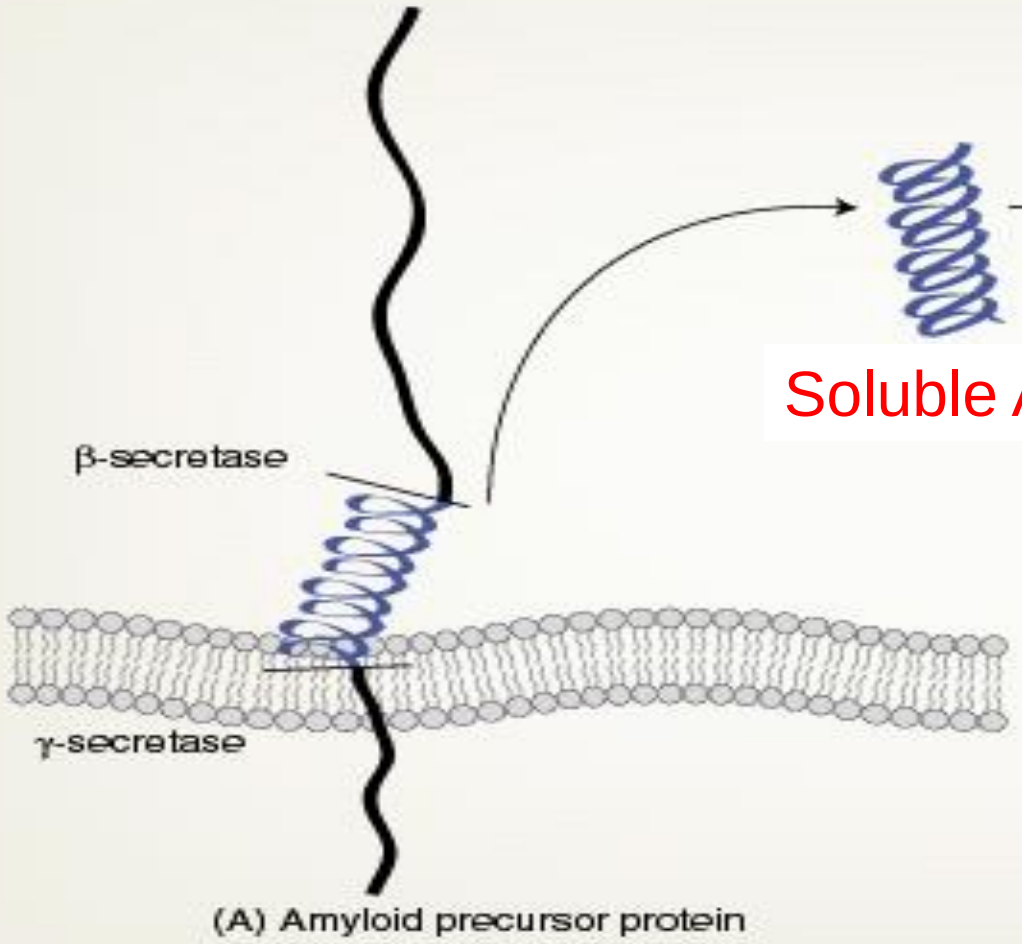


Aβ immunostaining in Neuritic Plaques in Red

Abnormally phosphorylated tau (PHF1) Immunostaining in Neurofibrillary Tangles And Dystrophic Neurites in Black


Cerebral Cortex
Hippocampus
Moderately Enlarged Ventricles
Cortical Shrinkage
Shrinkage of Hippocampus
Extreme Shrinkage of Cerebral Cortex
Severely Enlarged Ventricles
Extreme Shrinkage of Hippocampus

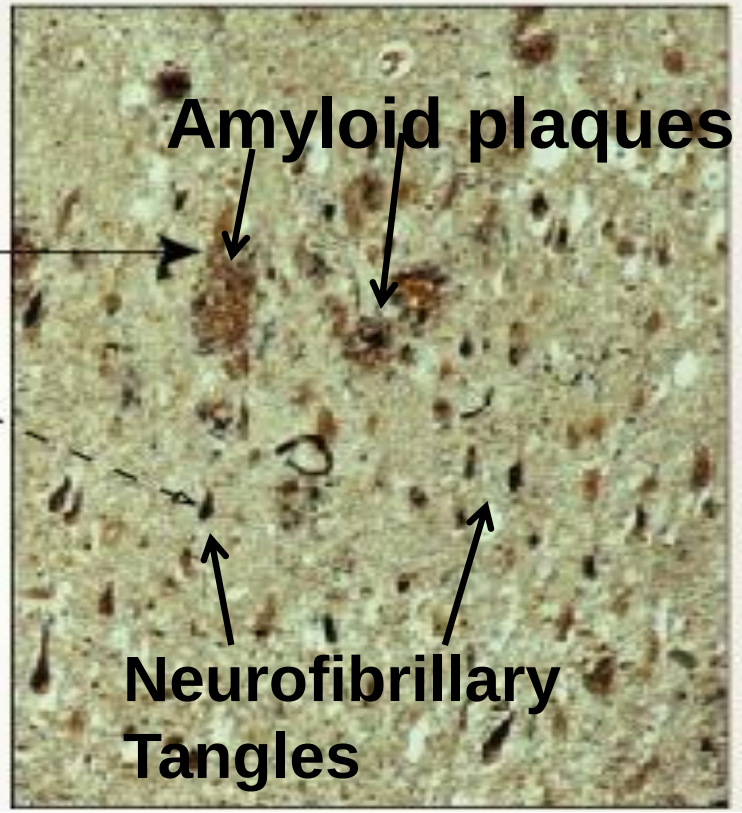
Amyloid Cascade Hypothesis of Alzheimer's Disease



Soluble Aβ

Oligomer Aβ

Most Toxic Species of Aβ



Formation of amyloid deposits and subsequent neurofibrillary tangles.

Accumulation of toxic oligomeric Aβ species is driven by either over production or impaired clearance.

Alzheimer's disease

Familial

Onset <60y

~1%

Inherited abnormalities of:

-presenilin 1 (PS 1)

-presenilin 2 (PS2)

-amyloid precursor protein (APP)

Sporadic

Onset >65y

~99%

Risk factors increasing likelihood of Alzheimer's

Environmental

Age

Head trauma

High blood pressure

High cholesterol

Diabetes

Stroke

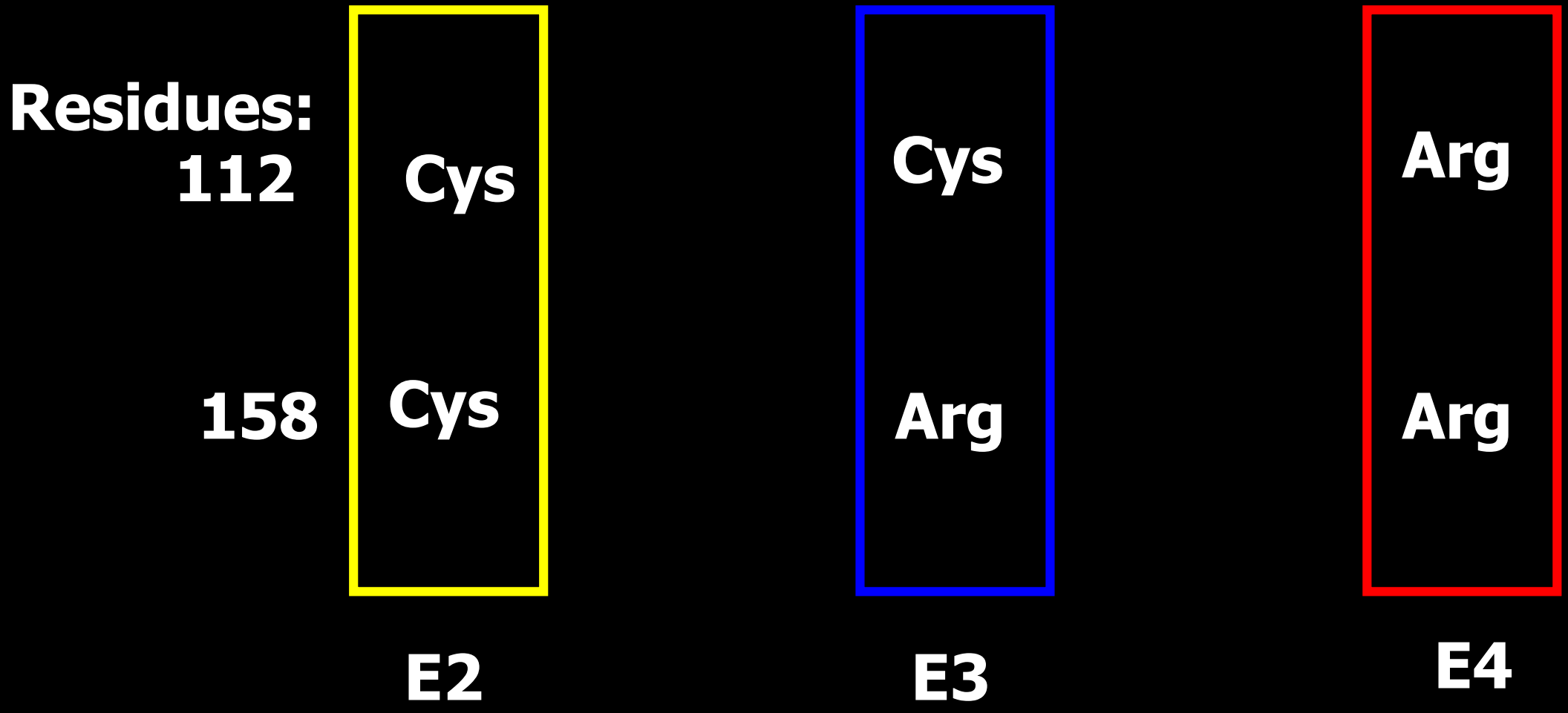
Inherited

Apo E isoform

First degree Relative

~20 GWAS identified Genetic risk factors

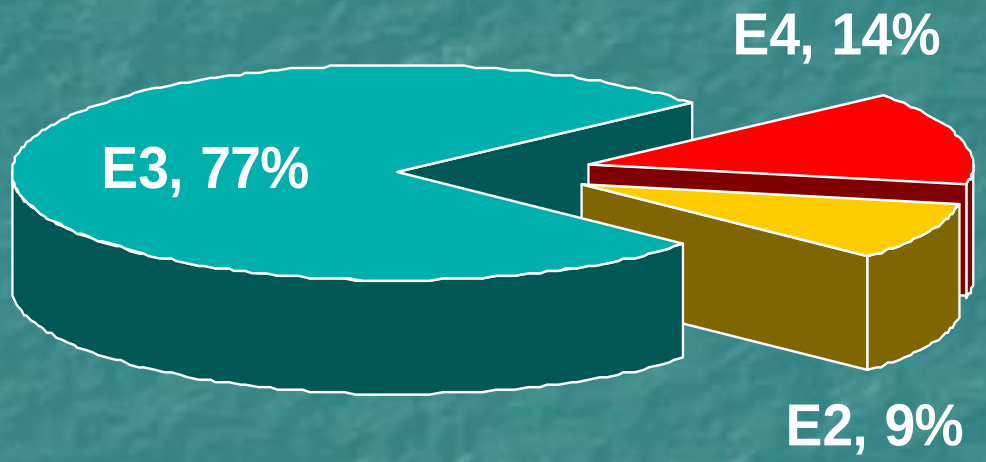
Apolipoprotein E Isotypes



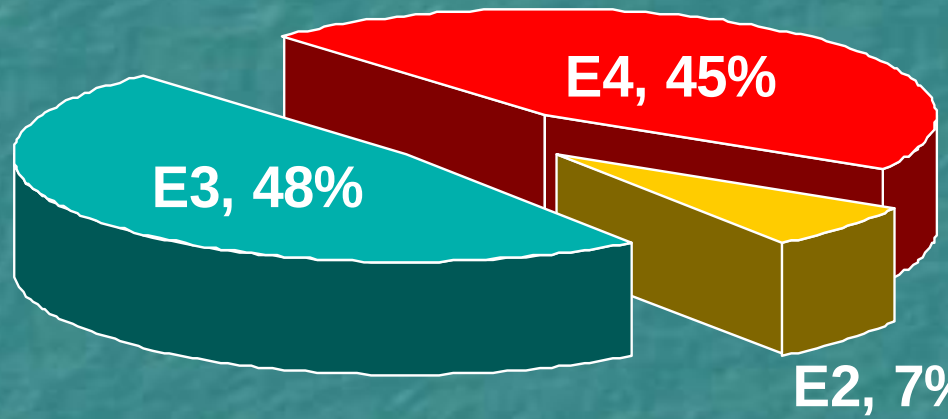
Apolipoprotein E isoform profile is the strongest risk factor for sporadic AD.

Apolipoprotein E isoform frequency

General population



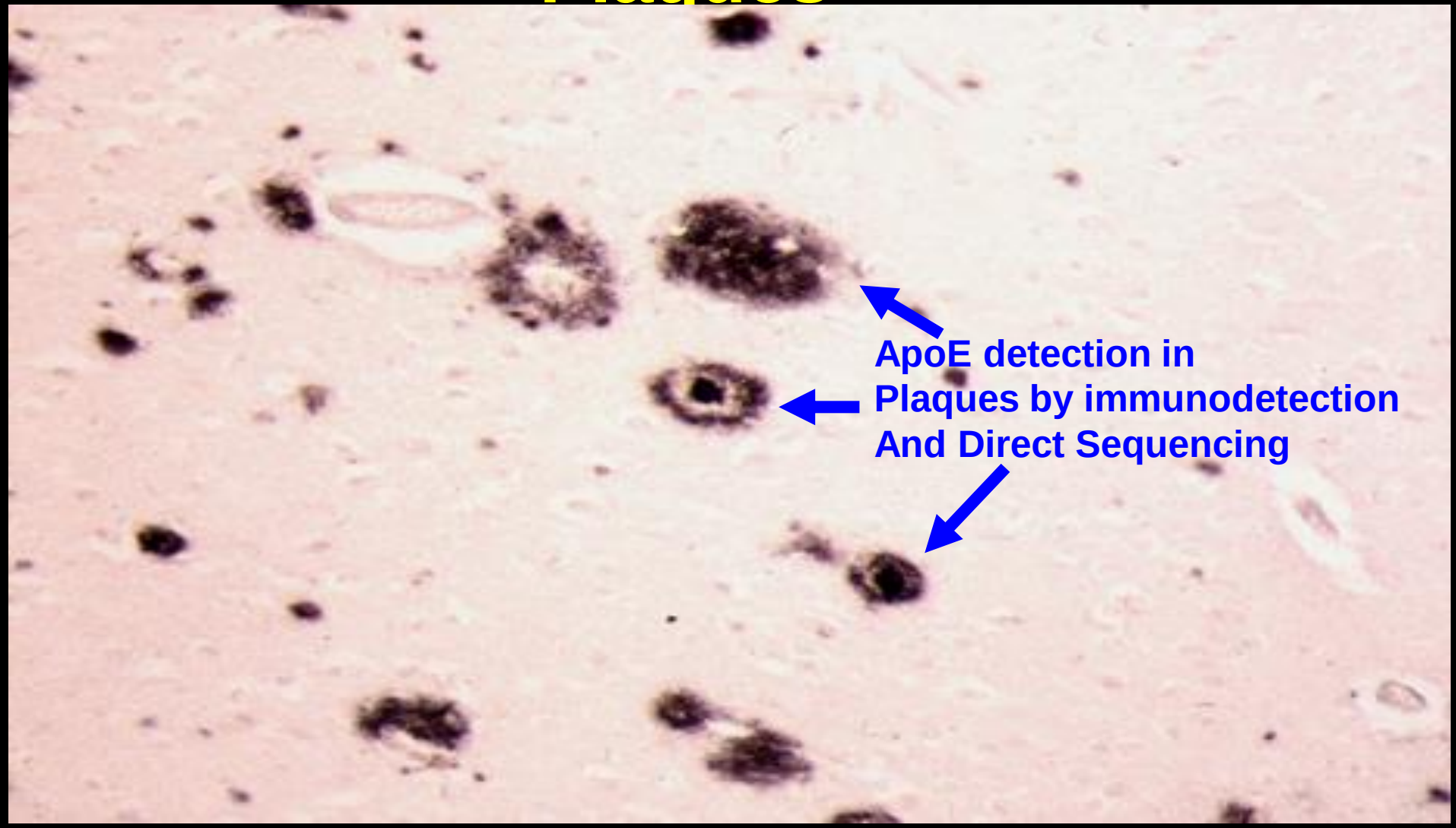
Sporadic AD population



E4/E3 or E2- 2-3 fold increased risk

E4/E4 8-10 fold increased risk

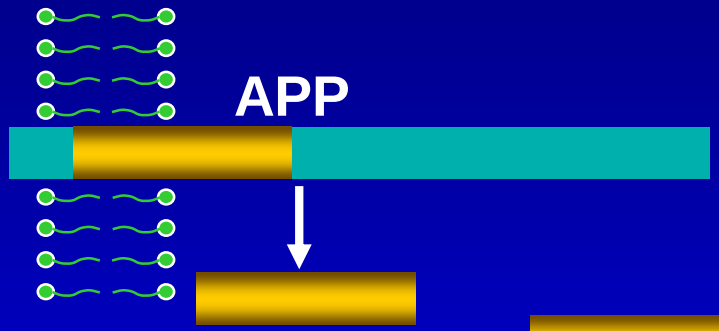
Apolipoprotein E Co-Localizes with Aβ in Plaques



Neurosci.Lett. 135:235-238, 1992

The Lancet 345: 956-958, 1995

The Amyloid (Aβ) Cascade



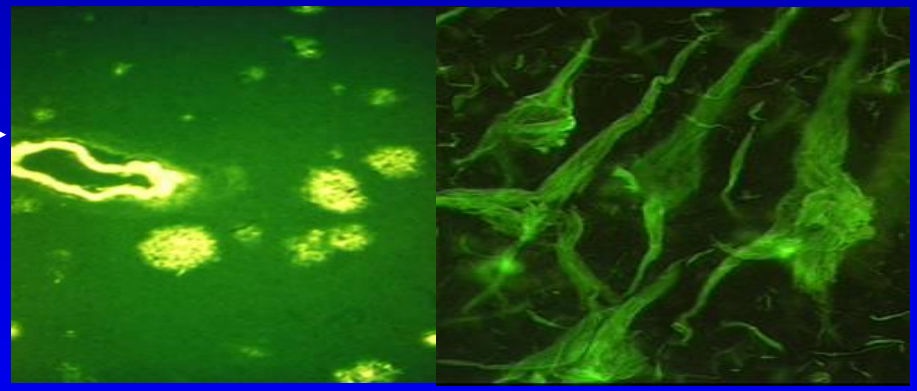
APP

Aβ monomers

Aβ oligomers

Aβ fibrils

Apolipoprotein E4
Promoting Aβ aggregation
Poor Aβ brain clearance



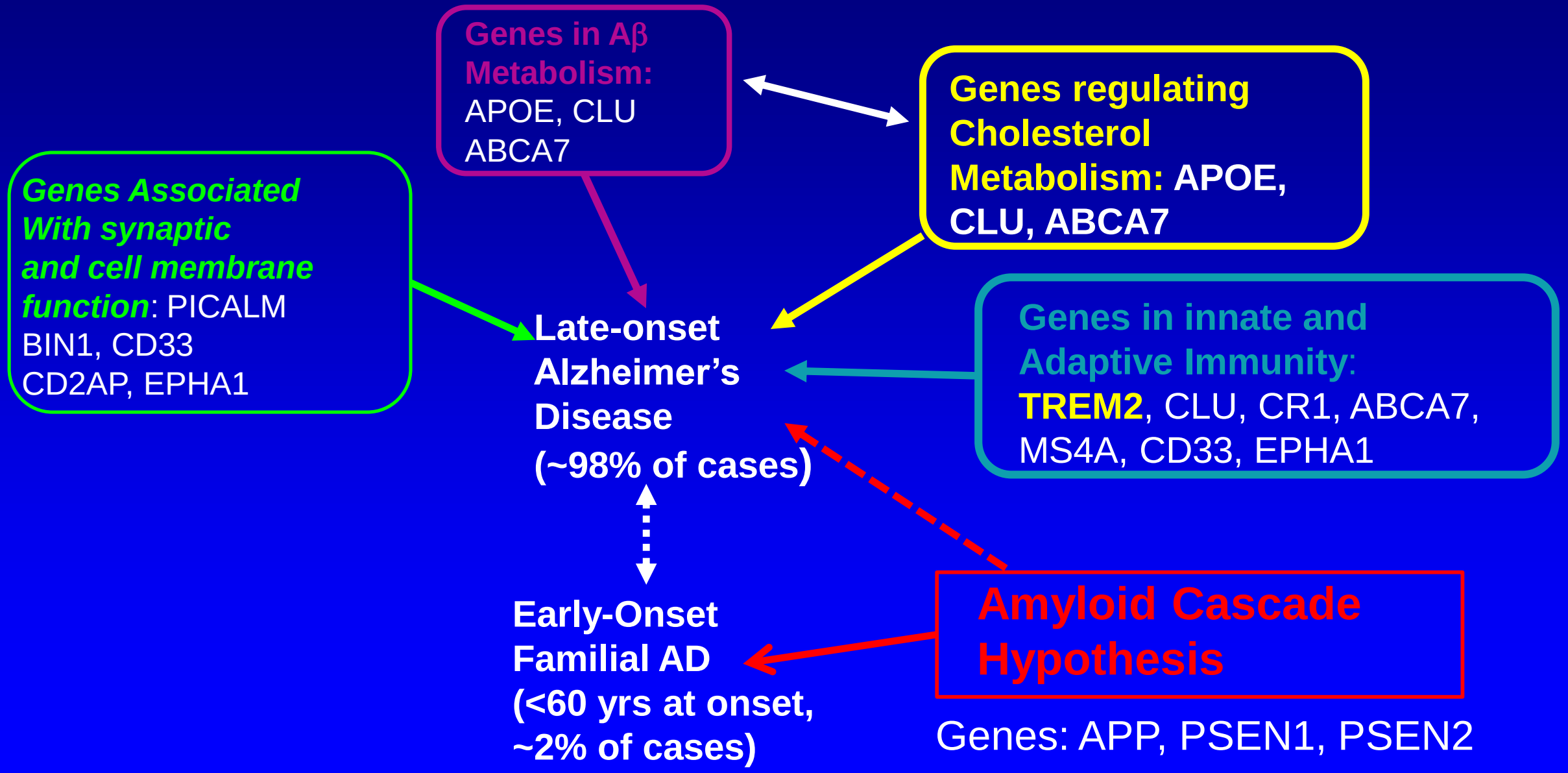
Aβ plaques and NFTs

Neuronal death

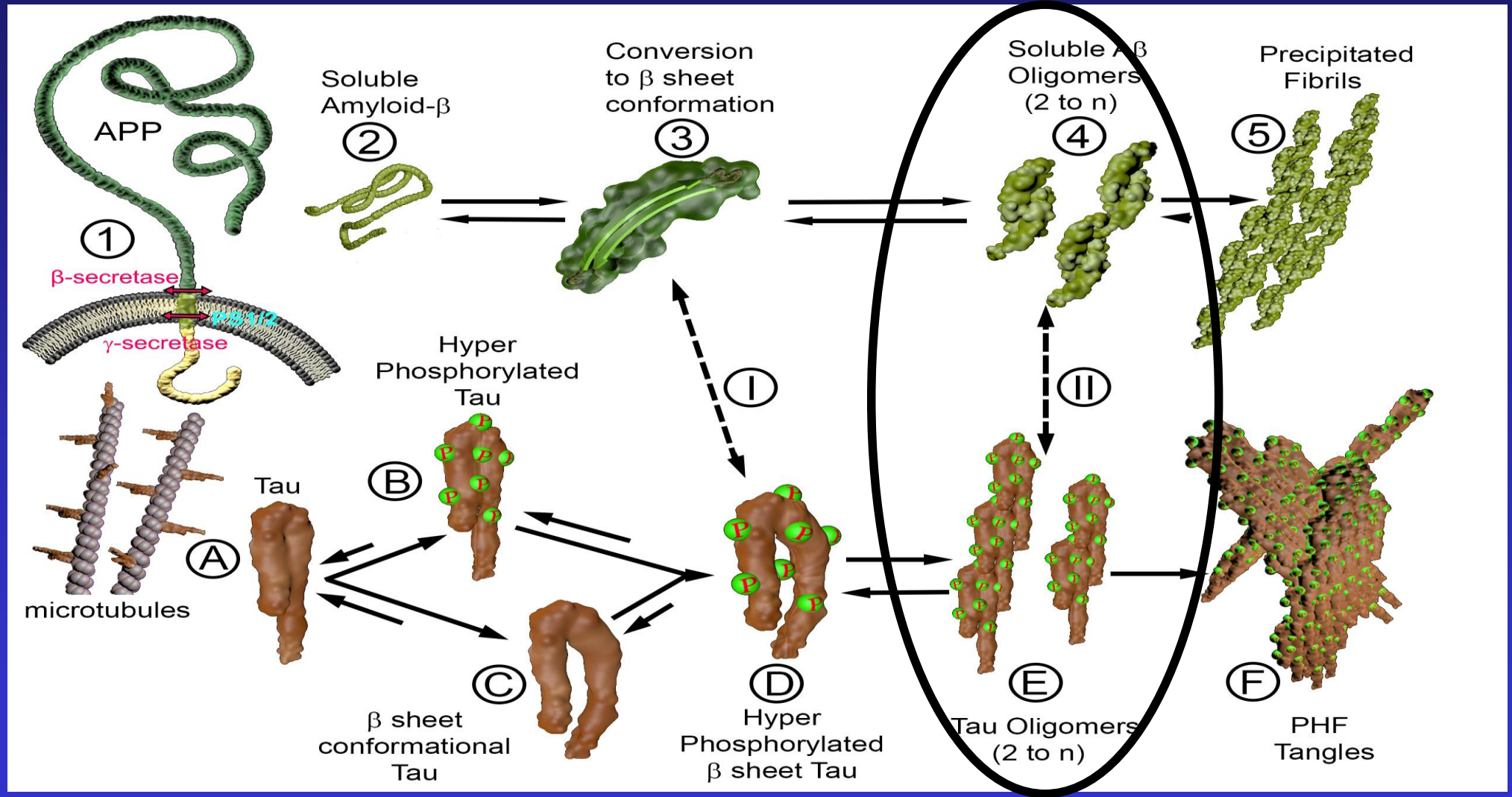
Cognitive decline

Neurotoxicity

What Recent Gene Wide Association Studies (GWAS) Tell Us about the Cause(s) of Late-onset Alzheimer's Disease

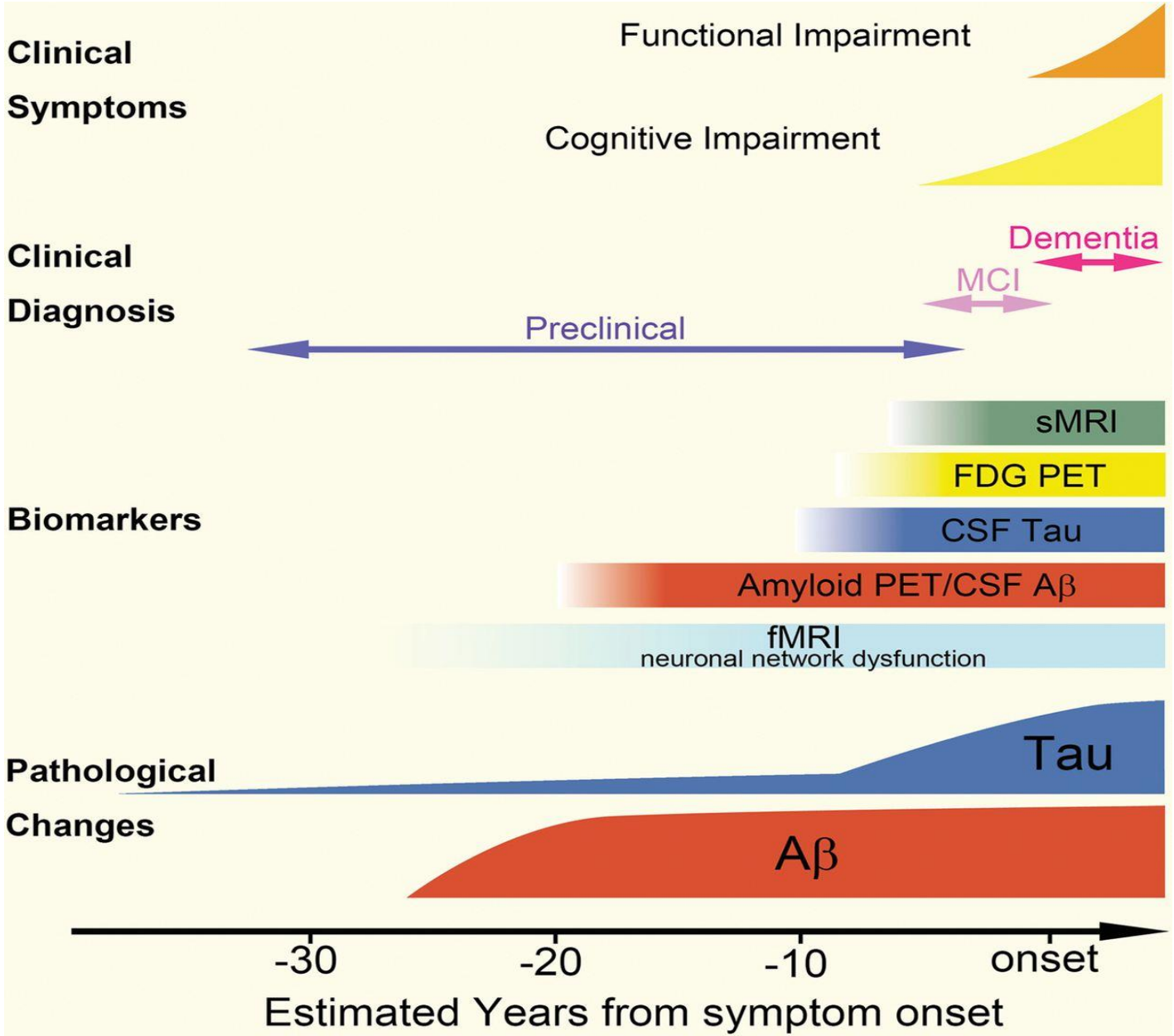


Aβ and Tau Conformational Changes in AD

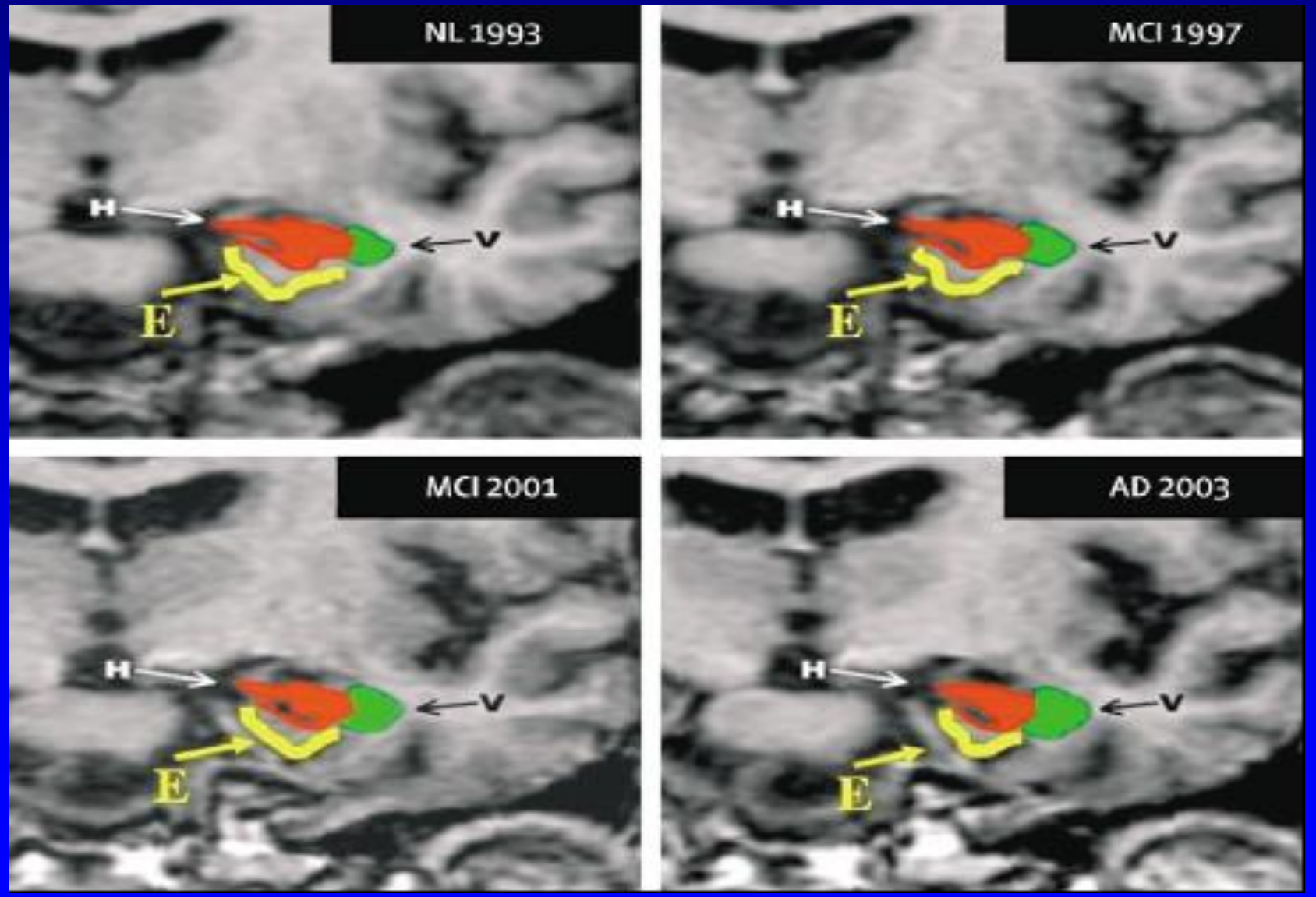


Wisniewski and Goni, *Neuron*, 85: 1162-1176, 2015

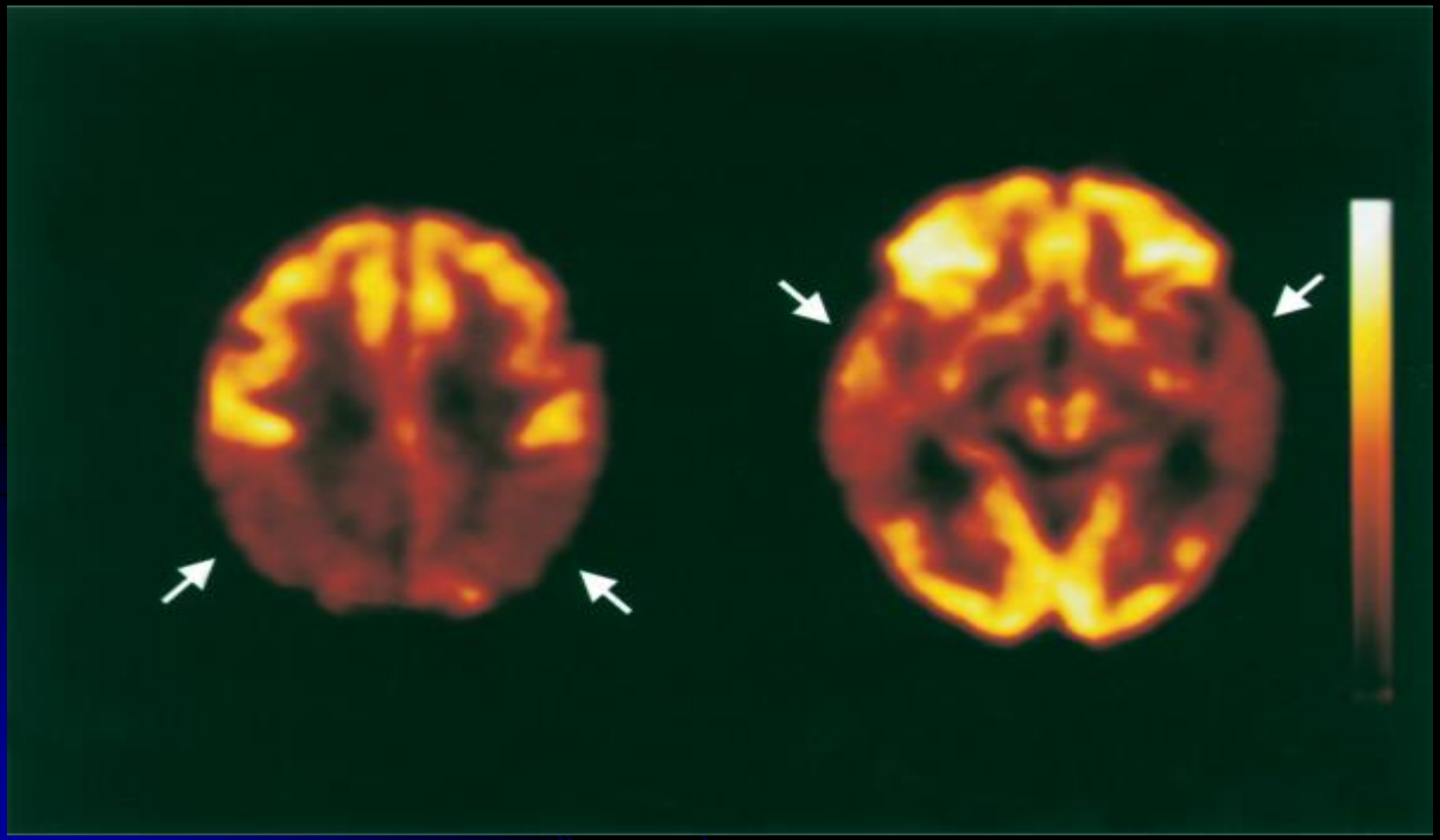
Chronological relationships among pathology, clinical symptoms and biomarkers



Hippocampal/Entorhinal Cortex Atrophy in MCI/AD

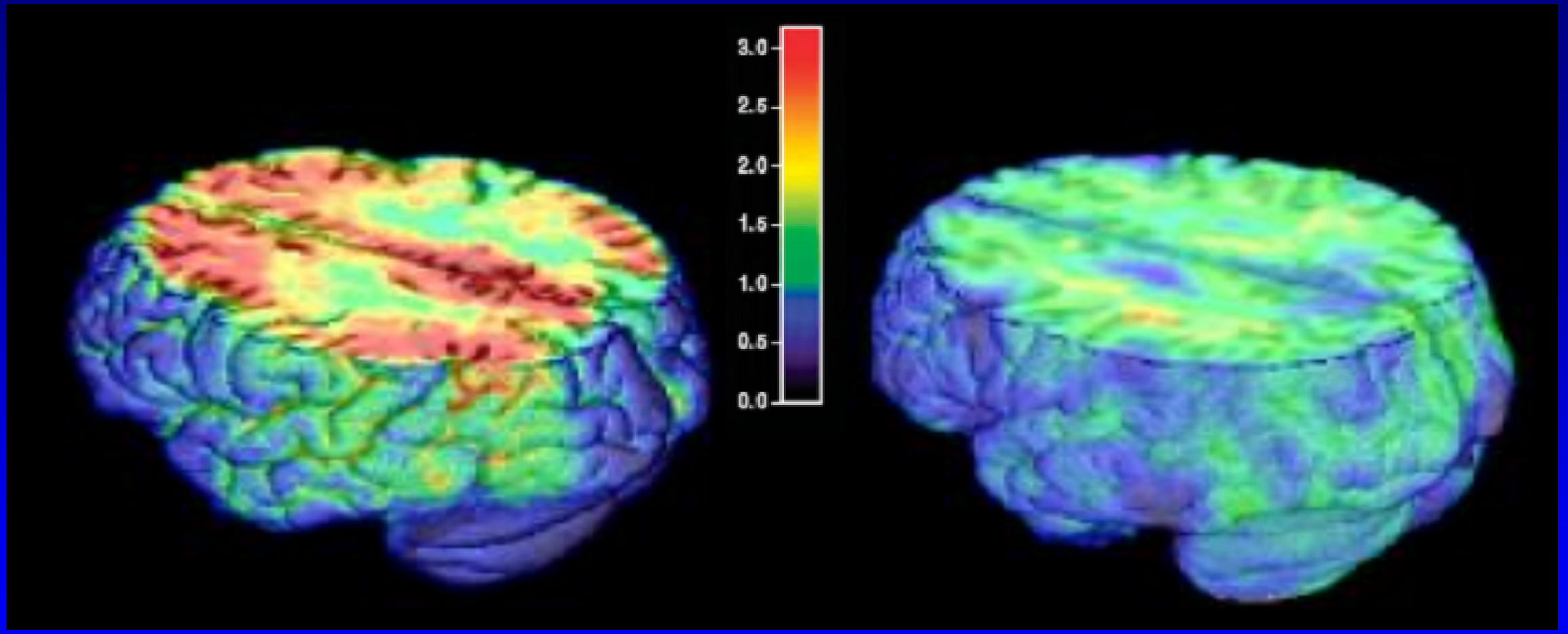


FDG-PET in AD



Characteristic Biparietal and Bitemporal Hypometabolism With sparing Of sensorimotor cortex

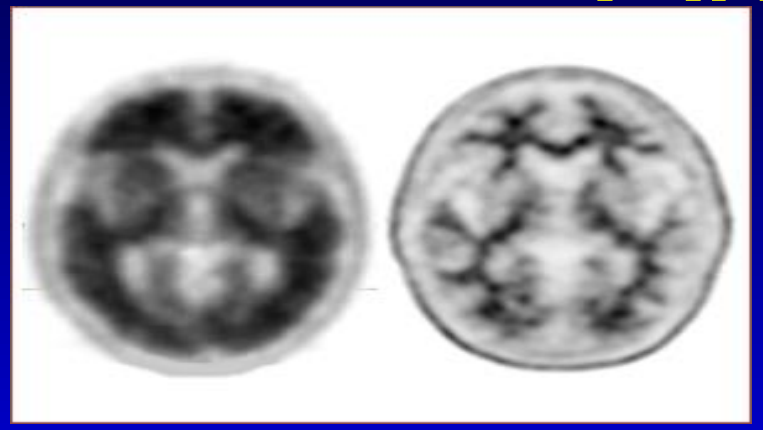
PIB *in vivo* Amyloid Imaging



Alzheimer's Disease Patient
Showing extensive amyloid binding
(In red)

Control Age Matched Patient with
No amyloid binding

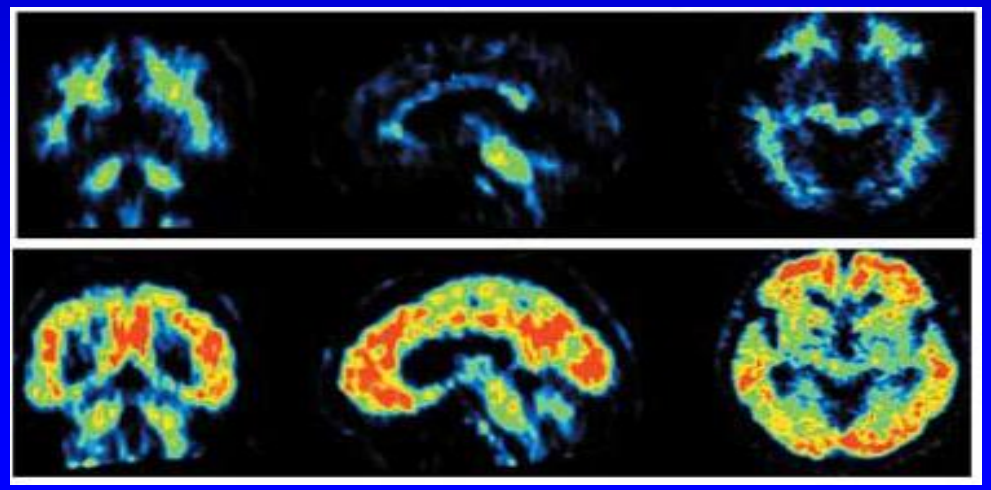
Florbetapir (Amyvid) for Direct Amyloid Imaging



+ve amyloid uptake

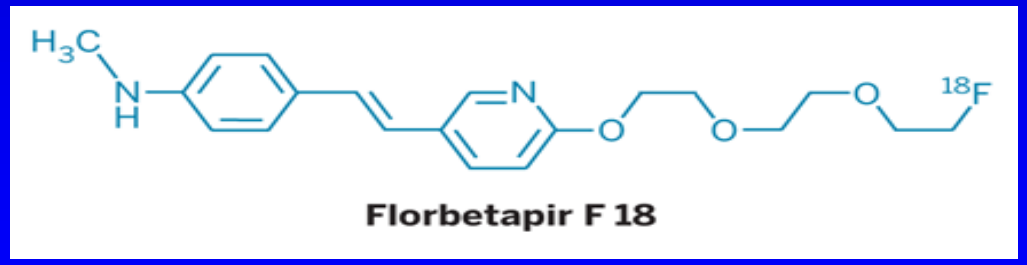
negative scan

florbetapir was approved by the FDA as a diagnostic imaging agent on April 9th, 2012



Control

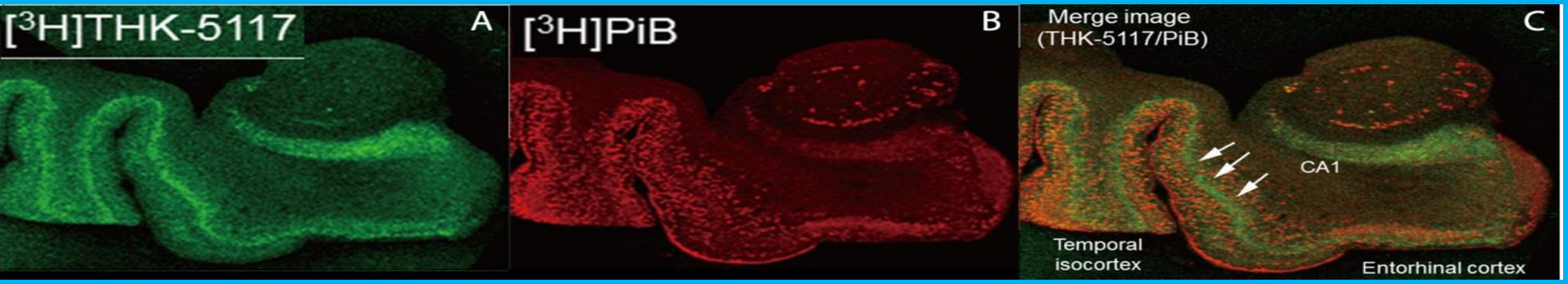
AD Patient



Florbetapir F 18

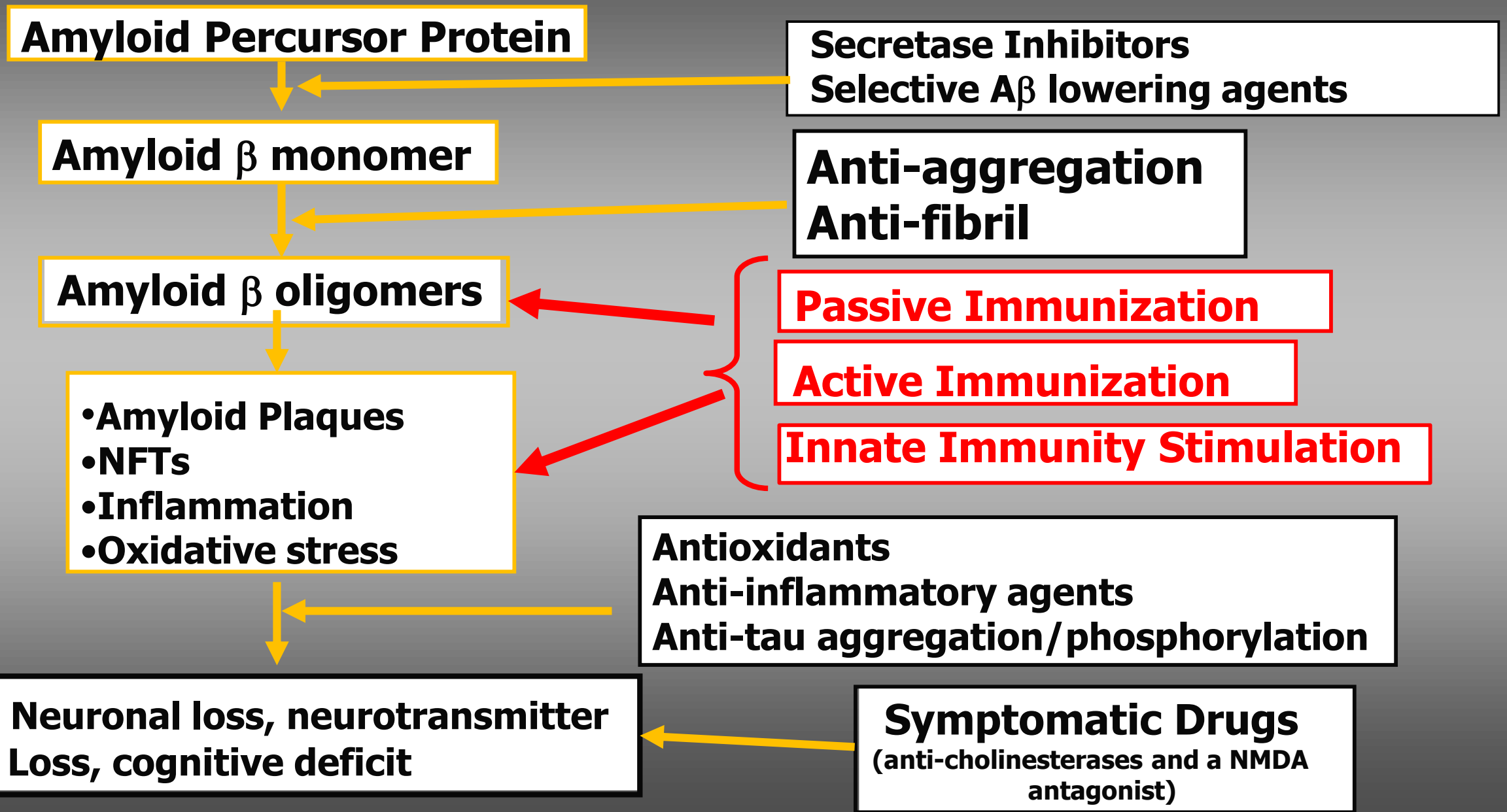
PET AMYLOID AND TAU TRACERS

HISTOLOGY

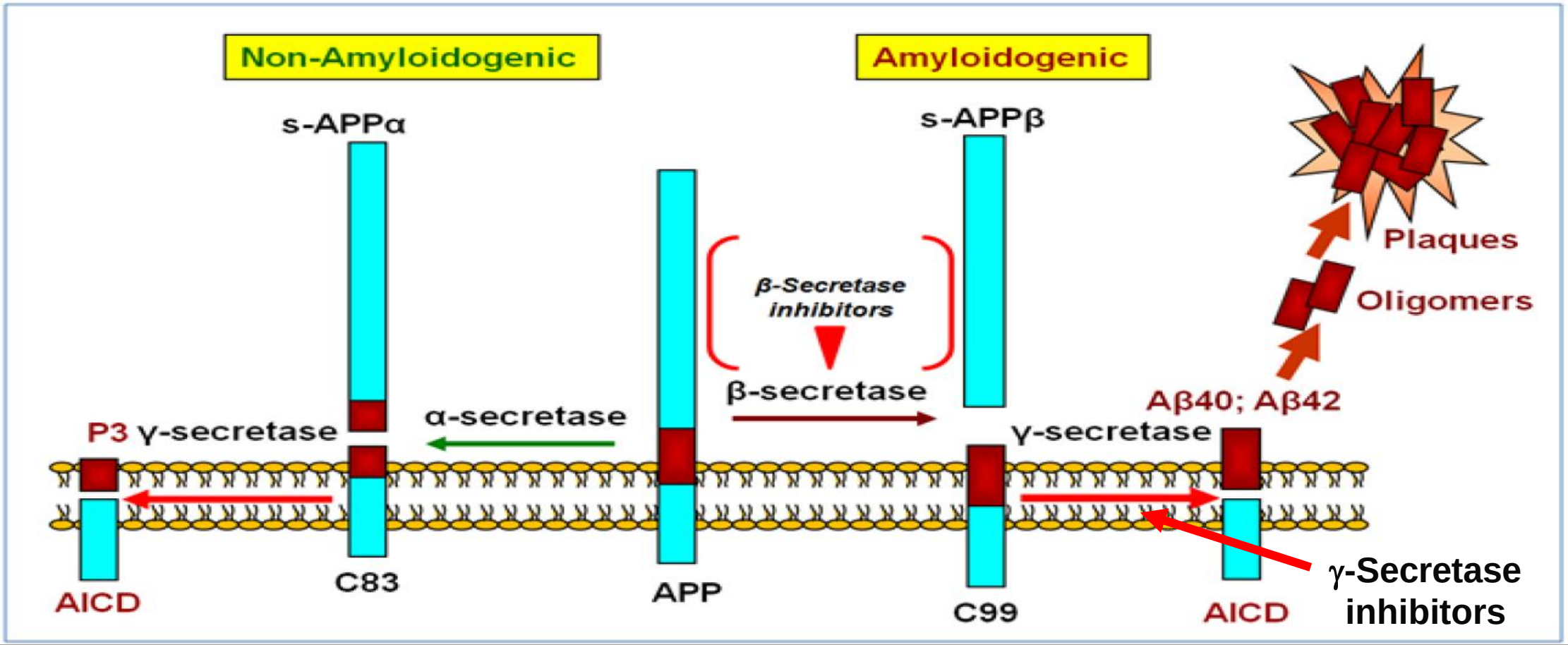


de Leon, Li et al NYU 2015

Treatment Approaches for AD

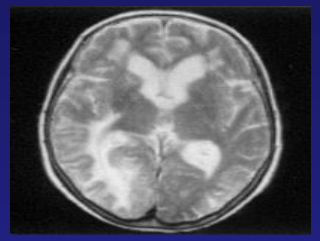


Inhibition of γ– and β-Secretase as a Treatment for AD

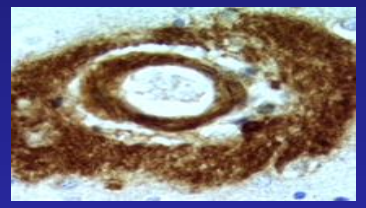


γ- and β- secretase inhibitors have off target substrates such as Notch and neuregulin 1, respectively. Notch regulates cell proliferation and differentiation. Neuregulin regulates myelination of neurons. There have been significant side effect issues. BACE inhibitor trials are on-going.

Problems to Overcome for Developing a Successful AD Vaccine



For immunotherapy approaches need to overcome tolerance without inducing excessive cell mediated inflammation.



Effectively reduce Vascular Amyloid without inducing hemorrhages or ARIA.

Address tau related pathology in addition to Aβ deposition concurrently

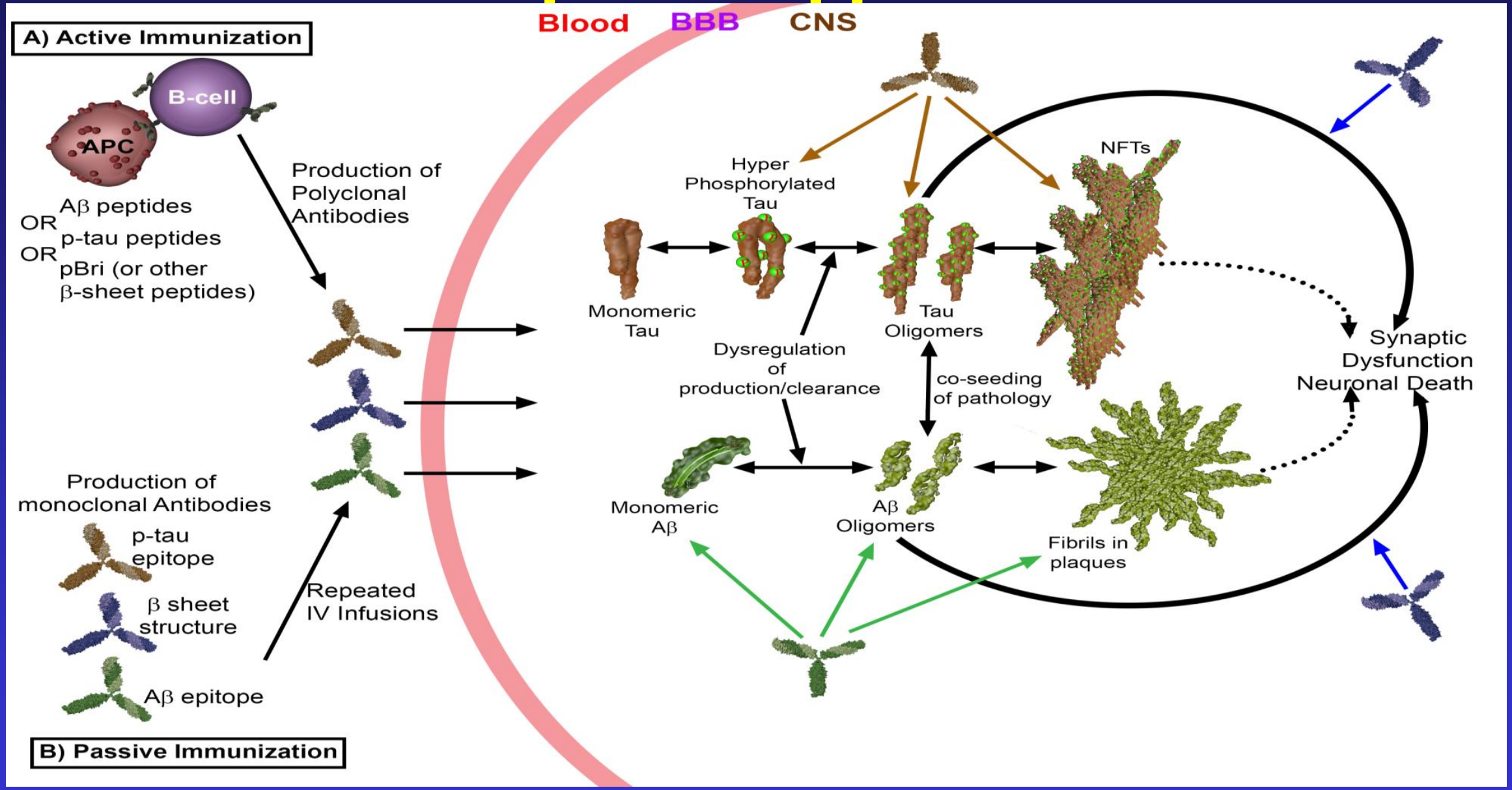
Specifically target the most toxic oligomeric species of Aβ and tau

Targeting of Concomitant pathologies: α-synuclein and TDP-43 aggregation

Past Vaccination Clinical Trial Failures

Name	Active or Passive	Epitope	Phase	Company
ACC-001 QS-21 (NCT00960531)	Active	N-terminus	II	Wyeth & Elan
Affitope AD01 (NCT00711139)	Active	N-terminus	I	Affiris
CAD-106 (NCT01097096)	Active	N-terminus	II	Novartis
Bapineuzumab	Passive	N-terminus	III	Wyeth & Elan
Solenazumab (LY2062430)	Passive	Middle	III	Eli Lilly
PF-04360365 (RN-1219)	Passive	C-terminus	II	Pfizer & Rinat Neuroscience
Gantenerumab/ R1450 /RO4909832	Passive	N-terminus and internal	I	Hoffman-LaRoche & MorphoSys
V950	Passive	N-terminus	I	Merck
GSK933776A	Passive	not published	I	GlaxoSmithKline
Crenezumab	Passive	not published	II	Genentech

Immunotherapeutic Approaches for AD



Wisniewski and Goni, *Neuron*, 85: 1162-1176, 2015; Wisniewski and Drummond, *Expert Review of Vaccines*, 15(3): 401-415, 2016

(A) CNS fibrillar amyloid clearance with anti-Aβ antibodies

Aβ disaggregation by anti-Aβ Abs

Fc-mediated phagocytosis

Vascular Amyloid

(B) fibrillar amyloid clearance via a *"peripheral sink"* with anti-Aβ antibodies

reduced Aβ plaque deposition

potential for encephalitis and/or microhemorrhages

reduced sAβ pool

Effectively only very Early in Disease Progression?

sAβ

fibrillar Aβ

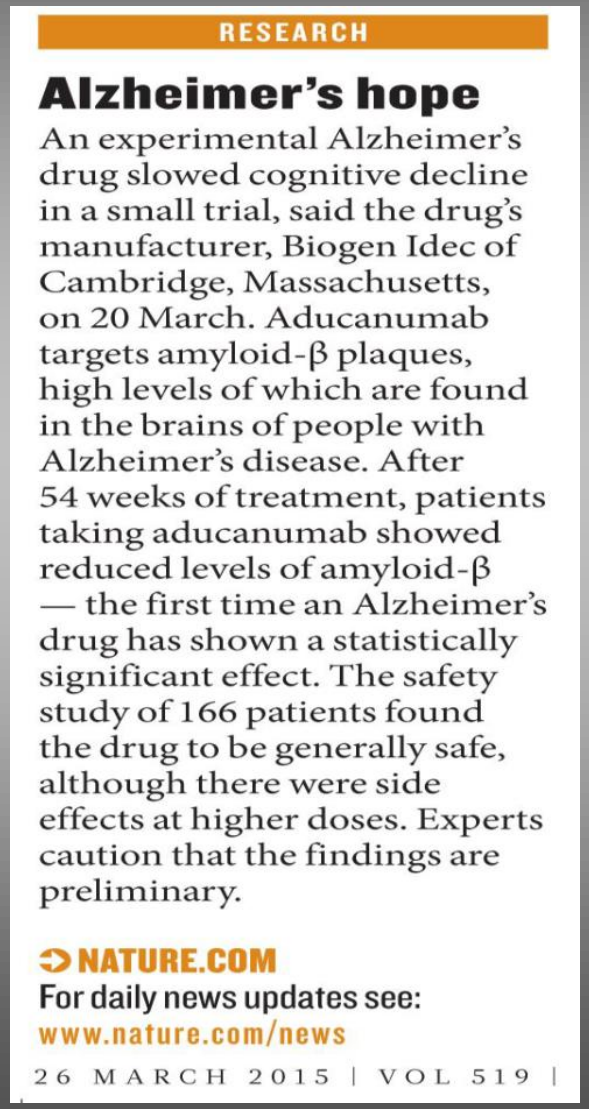
Aβ and tau oligomers

microglia/ macrophage

Anti-Aβ antibodies

Fc-receptor

Early proof of concept for the therapeutic approach, but issues remain



RESEARCH

Alzheimer's hope

An experimental Alzheimer's drug slowed cognitive decline in a small trial, said the drug's manufacturer, Biogen Idec of Cambridge, Massachusetts, on 20 March. Aducanumab targets amyloid-β plaques, high levels of which are found in the brains of people with Alzheimer's disease. After 54 weeks of treatment, patients taking aducanumab showed reduced levels of amyloid-β — the first time an Alzheimer's drug has shown a statistically significant effect. The safety study of 166 patients found the drug to be generally safe, although there were side effects at higher doses. Experts caution that the findings are preliminary.

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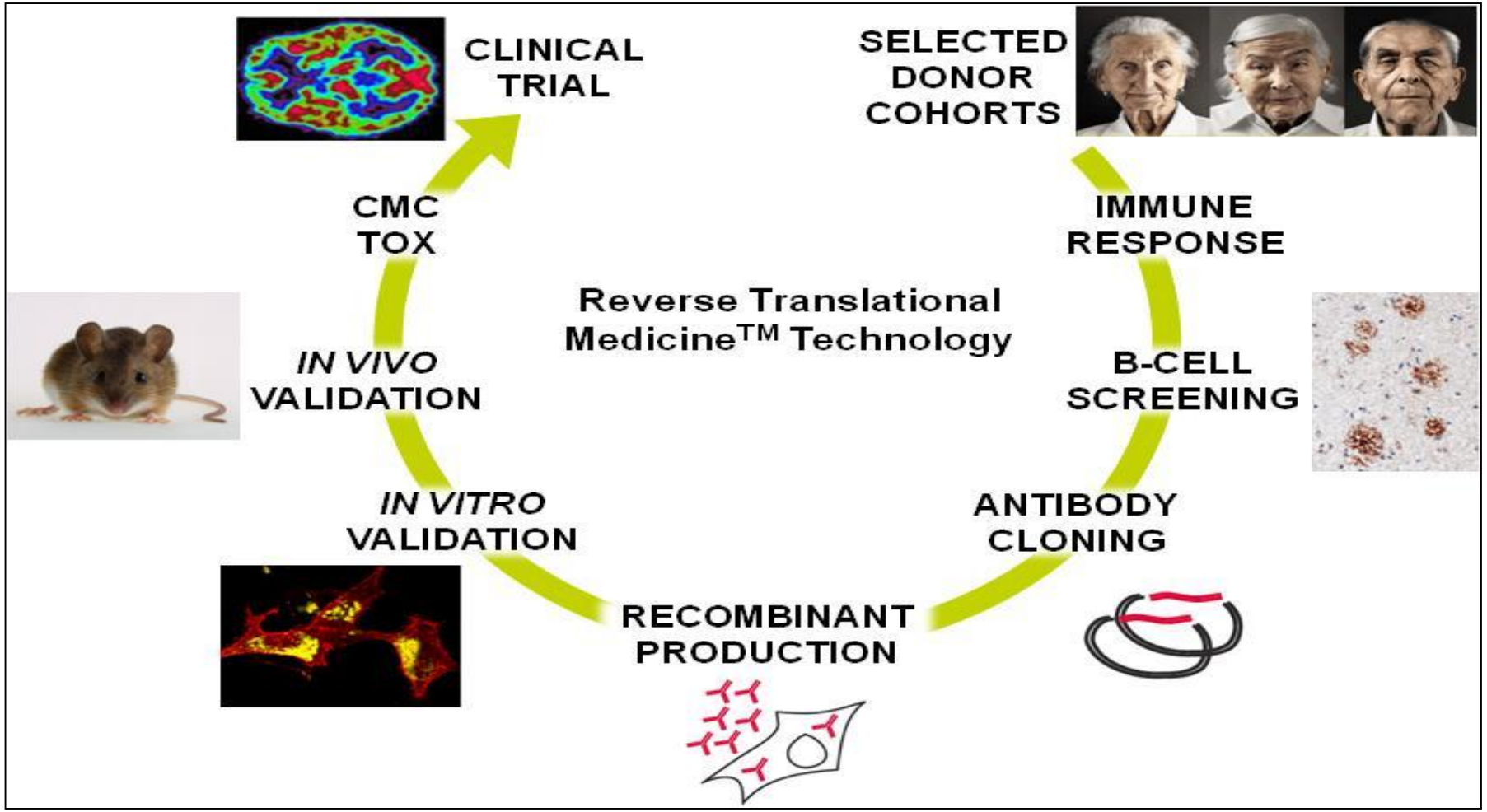
26 MARCH 2015 | VOL 519 |

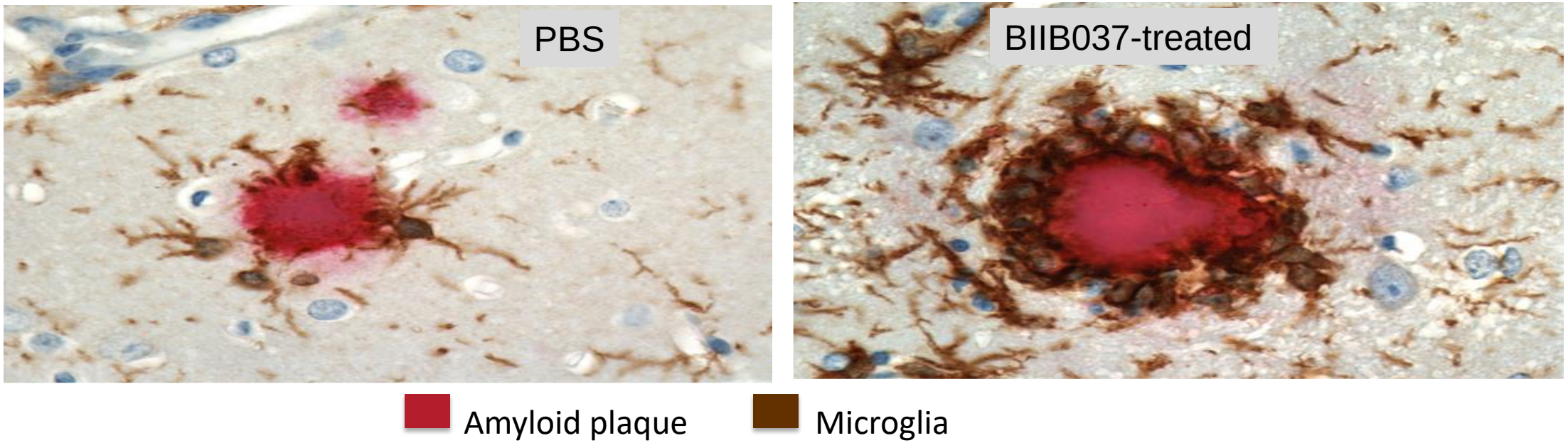
- Biogen's Aducanumab showed improvement in objective biomarkers and clinical end-points
  - Validates the approach of targeting aggregated Aβ
- However, major issues remain
  - It is associated with significant side effects (ARIA) due to non-selective targeting of both fibrillar and oligomeric Aβ

Aducanumab (Biogen) is a human IgG1 anti-Aβ monoclonal antibody



Aducanumab
Is derived from a naturally occurring antibody isolated from human memory B cells

Microglia-mediated clearance of amyloid plaques



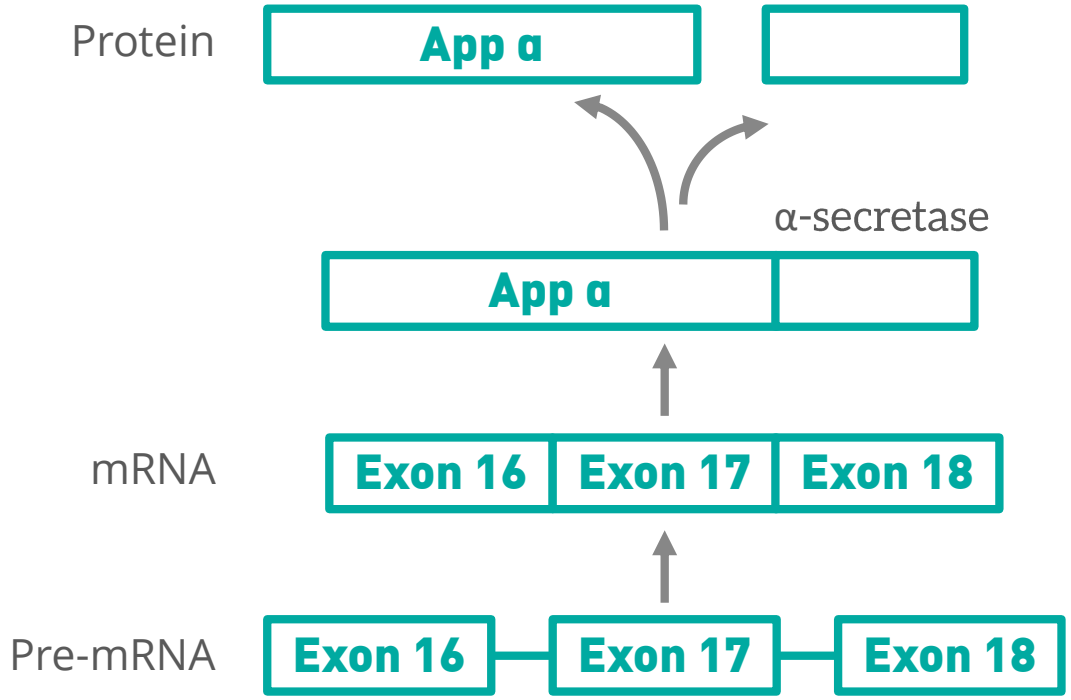
- Immunostaining of Tg2576 mouse brain sections demonstrating recruitment of microglial cells around the parenchymal amyloid plaques upon BIIB037 treatment

Promise from the Adcanumab (Biogen) Trial ?

- The 3 and 10mg/kg doses of Aducanumab produced significant improvements in MMSE in the Phase 1b trial, in association with amyloid burden reduction on PET as reported at the AD/PD meeting in March 2015.
- However the 6mg/kg dosage failed to show clinical benefits as reported at the AAIC meeting in July 2015.
- The incidence of ARIA-edema (ARIA-E) was high at 5%, 43%, 55% in the 1-3, 6 and 10mg/kg, respectively in apoE4 carriers and 9%, 22% and 17% in the apoE4 non-carriers

QRX-203 for Alzheimer's disease

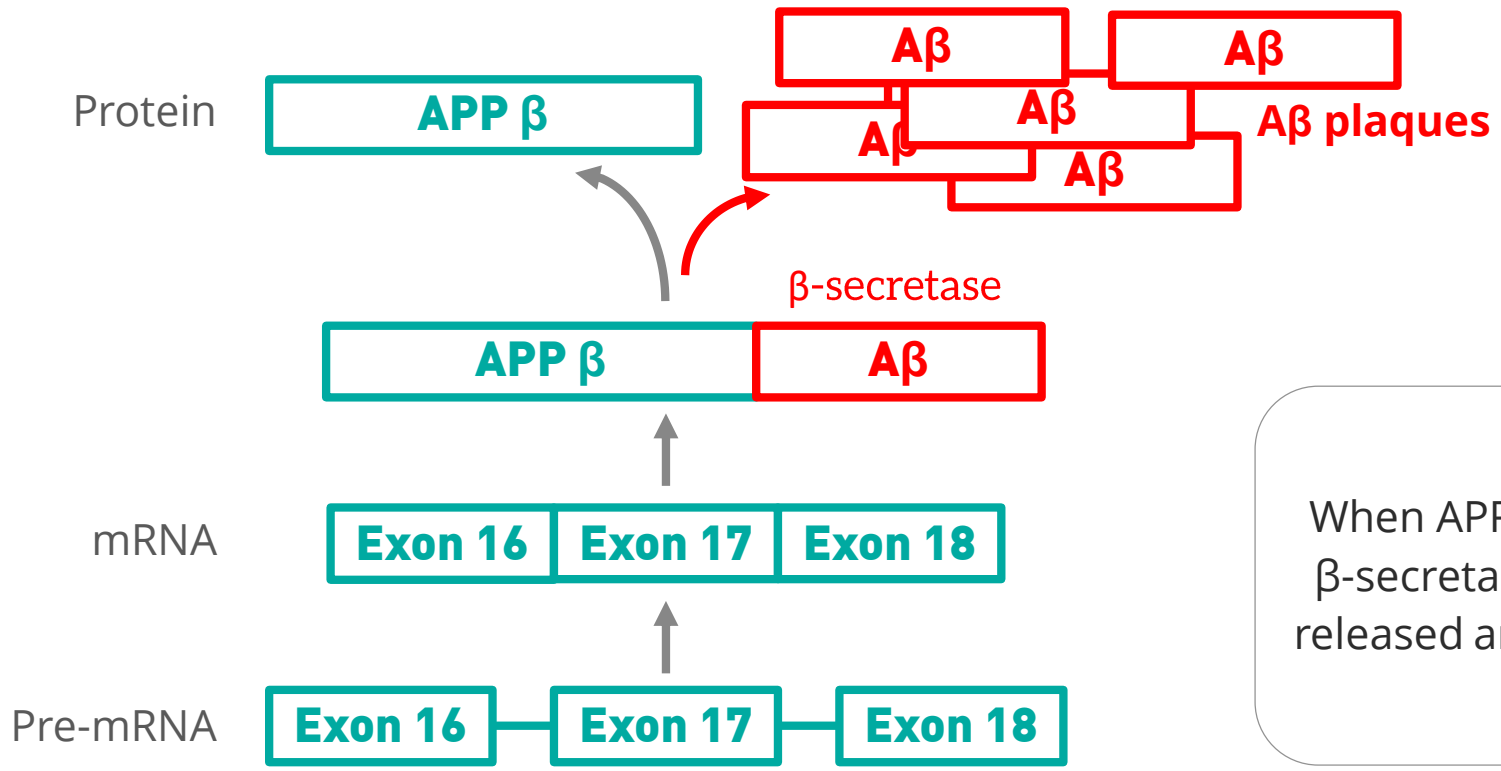
APP processing: Non-Amyloidogenic pathway



The "healthy" cleavage of APP is by α-secretase

QRX-203 for Alzheimer's disease

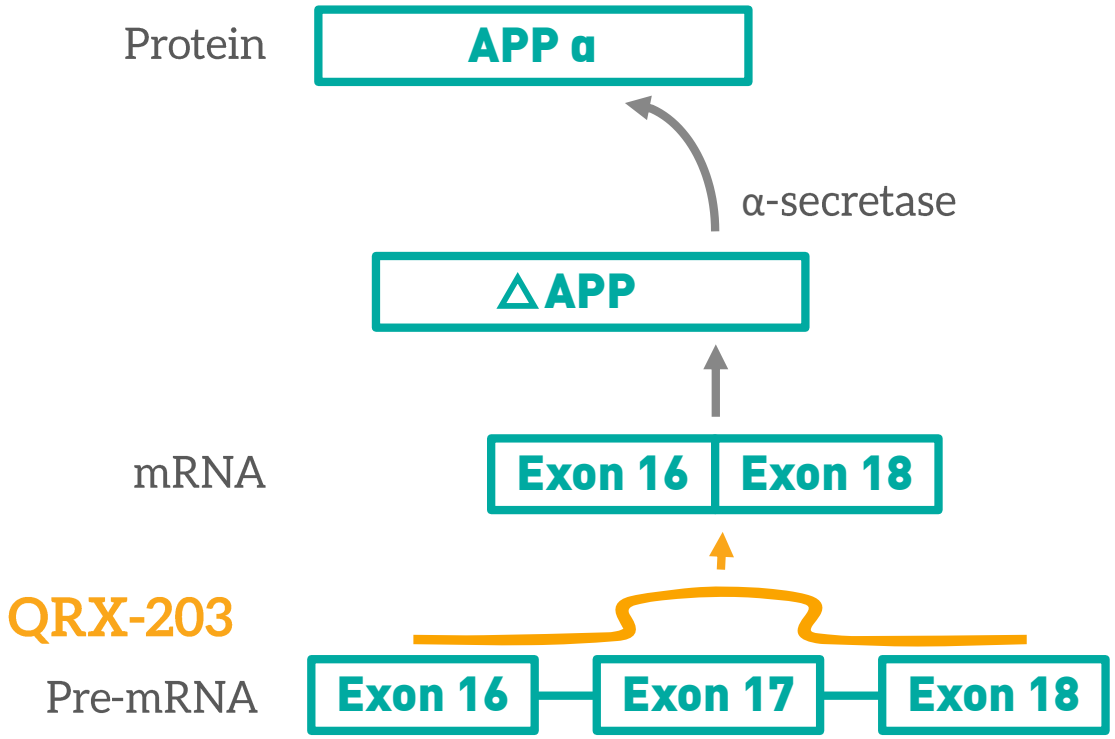
APP processing: Amyloidogenic pathway



When APP is cleaved by β-secretase. Toxic Aβ is released and aggregates.

QRX-203 for Alzheimer's disease

Modulates RNA and prevents Aβ formation



ProQR®

ProQR R&D DAY

March 14, New York

Aknowledgements

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CF Foundation

LUMC

Radboud

Questions from the audience

ProQR®

IT'S IN OUR RNA