

Phase 1 and 2 Clinical Trials for AC102 Treating SSNHL R. Pennings¹, C. Arnoldner², C. Lanting¹, M. Nieratschker², C. Galetzka⁴, S. Plontke³, R. Schlingensiepen⁴

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Introduction

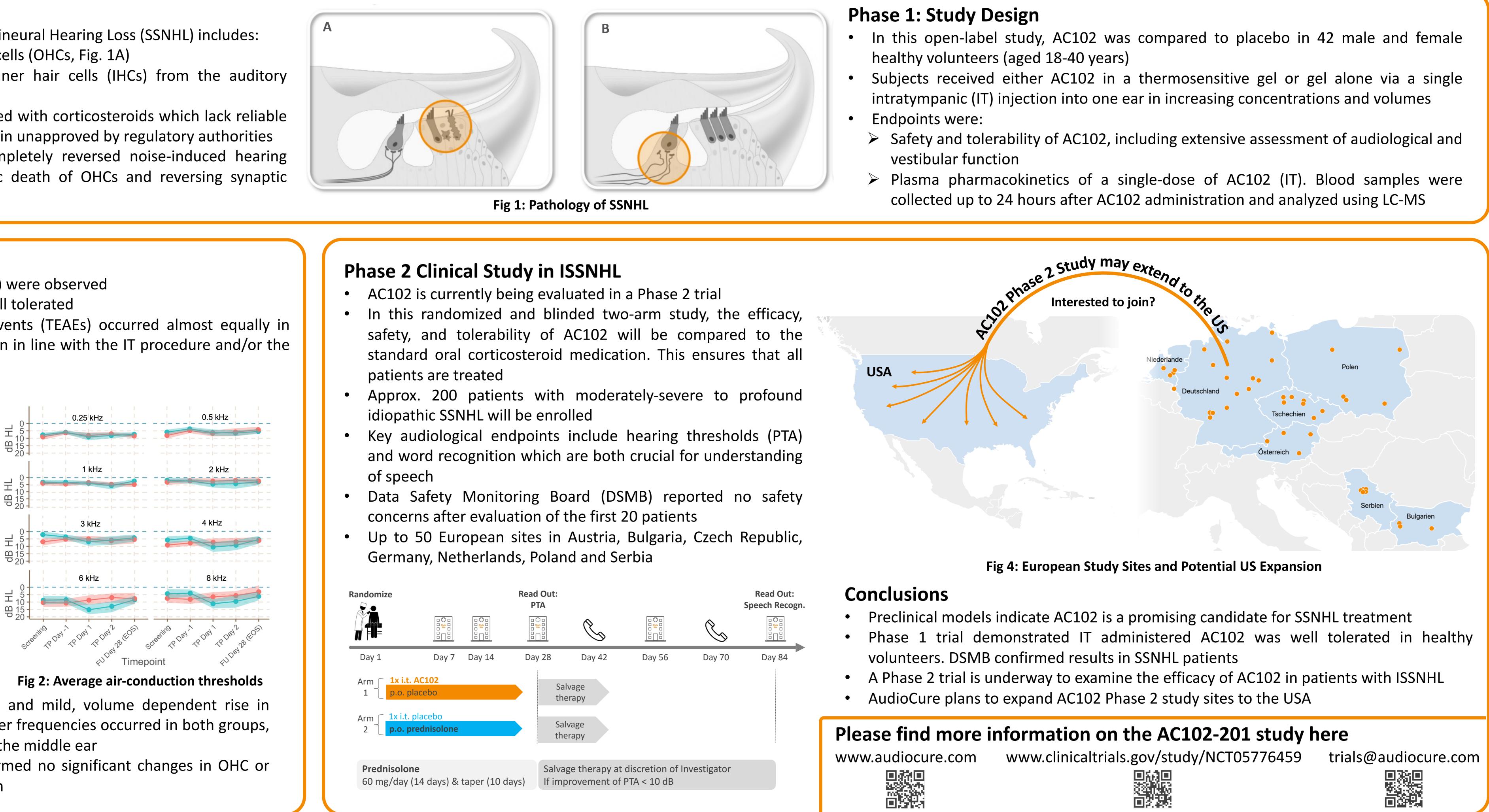
- The pathology of Sudden Sensorineural Hearing Loss (SSNHL) includes:
- Permanent loss of outer hair cells (OHCs, Fig. 1A)
- \succ Synaptic disconnection of inner hair cells (IHCs) from the auditory nerve (Fig. 1B)
- Currently, SSNHL is mostly treated with corticosteroids which lack reliable efficacy data and therefore remain unapproved by regulatory authorities
- Preclinically, AC102 almost completely reversed noise-induced hearing loss by counteracting apoptotic death of OHCs and reversing synaptic disconnection of IHCs

Phase 1: Results

- No Serious Adverse Events (SAEs) were observed
- AC102 and placebo gels were well tolerated
- Treatment Emergent Adverse Events (TEAEs) occurred almost equally in both groups, were mild and often in line with the IT procedure and/or the gel in the middle ear

Main TEAEs Included:

- Otoscopically, small bleedings after IT injection
- The injection hole healed without consequences by day 4
- No trends were noted for clinical laboratory evaluations, vital signs, and ECGs
- significant clinically No tympanometry otoscopy or findings at EOS
- AC102 plasma levels were dose-dependent and decreased over 24h



- A temporary (usually < 4 days) and mild, volume dependent rise in hearing threshold mainly at higher frequencies occurred in both groups, indicating the presence of gel in the middle ear
- Functional measurements confirmed no significant changes in OHC or auditory neural pathway function



