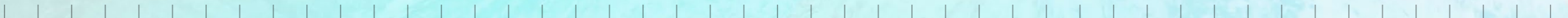


# Targeting noncoding regulatory RNAs with antisense oligonucleotides to increase gene expression for the potential treatment of haploinsufficient diseases

Dan Tardiff, PhD  
Chief Scientific Officer  
May 14, 2026



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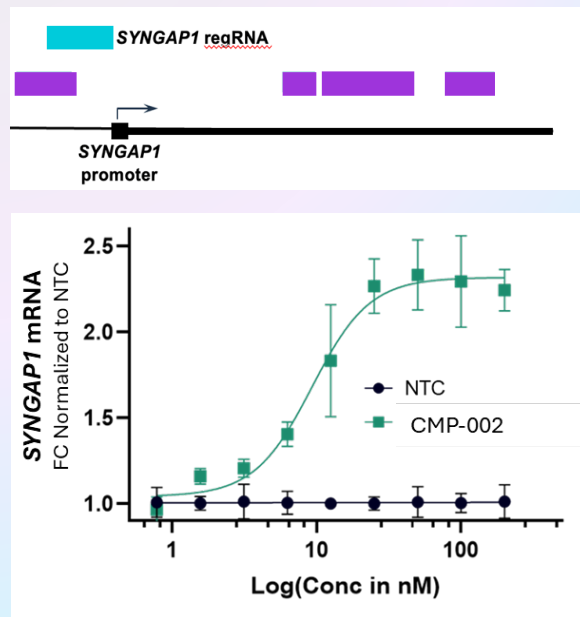
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Dan Tardiff is an employee of and equity holder in CAMP4 Therapeutics.

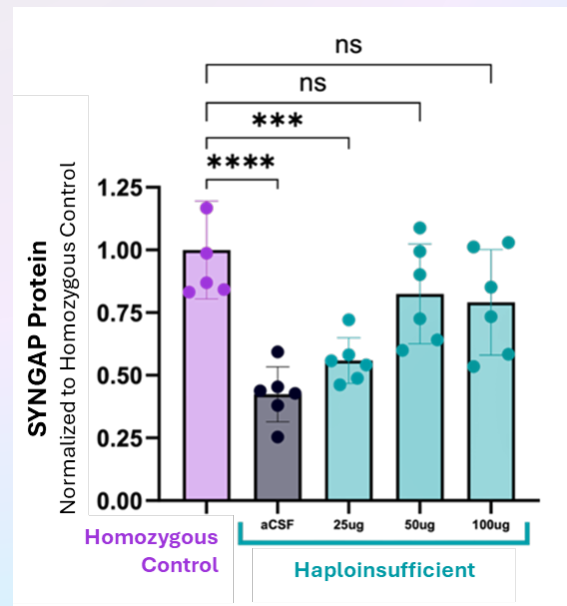
# SYNGAP program overview

CMP-002 on path to be the first potentially disease modifying therapy in the clinic for SYNGAP1

## Identification of SYNGAP1 regRNA & CMP-002



## CMP-002 rescues phenotypes in mice; increases SYNGAP in monkey



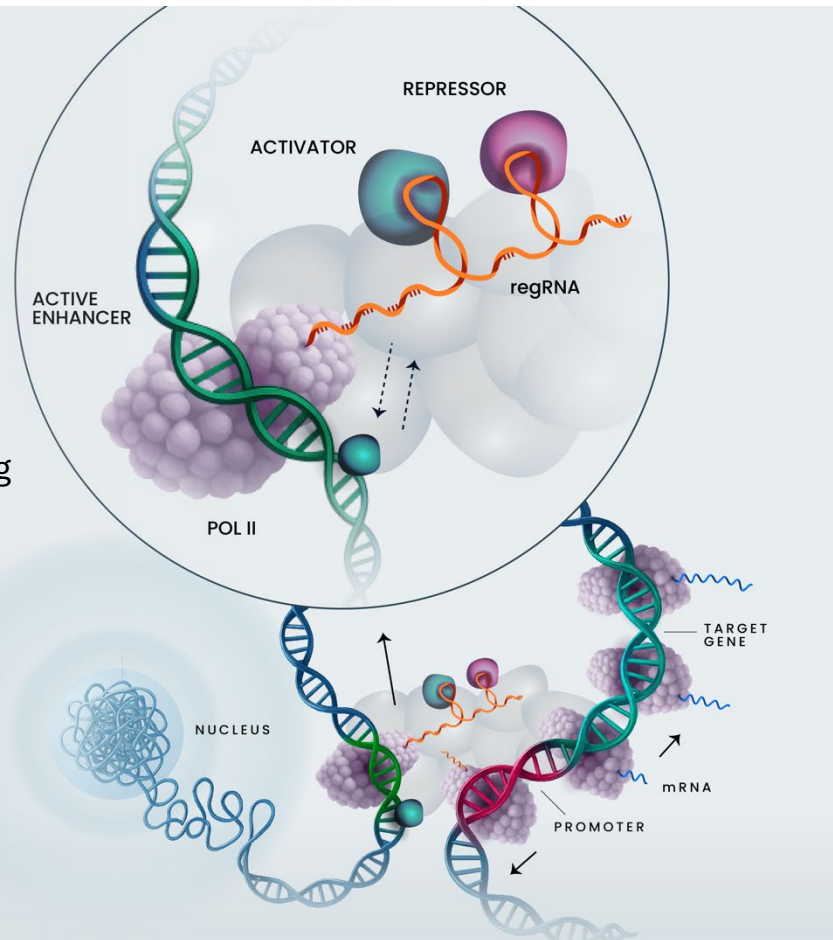
- Global Ph1/2 clinical trial expected to initiate in 2H26
- Regulatory submission completed to AUS
- Additional global regulatory submissions planned



# regRNAs play a central role in the regulation of every gene's expression

1 regRNAs originate from enhancers and promoters

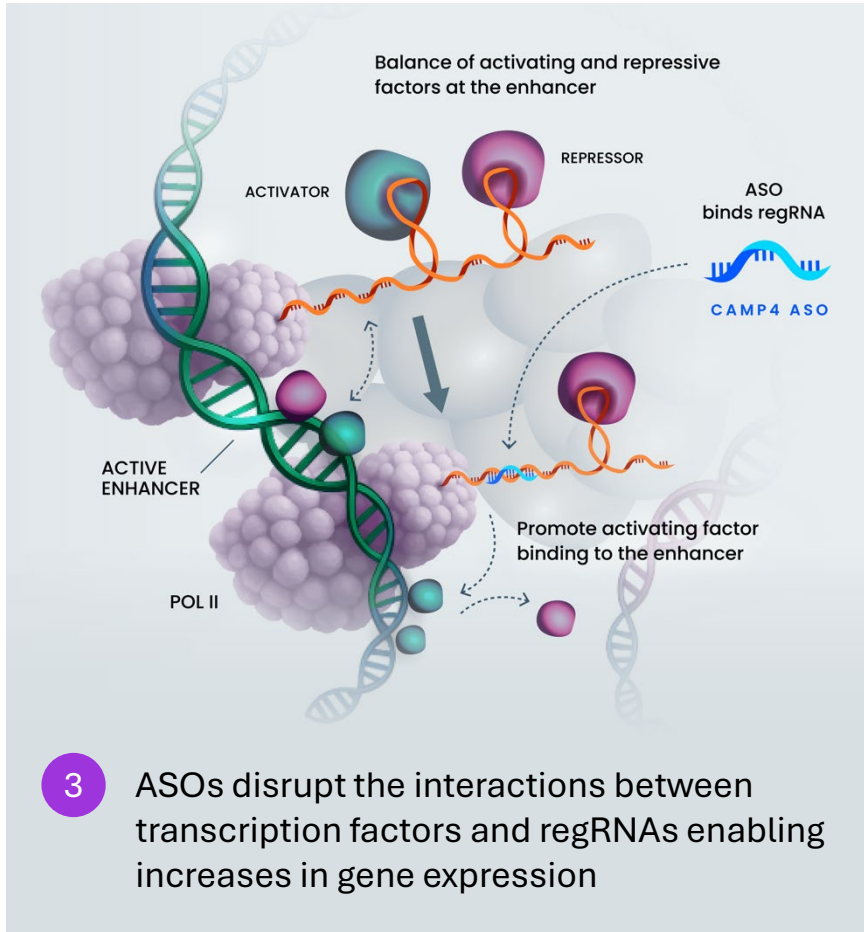
2 Activators and repressors bind to regRNAs to control the expression of protein-coding genes



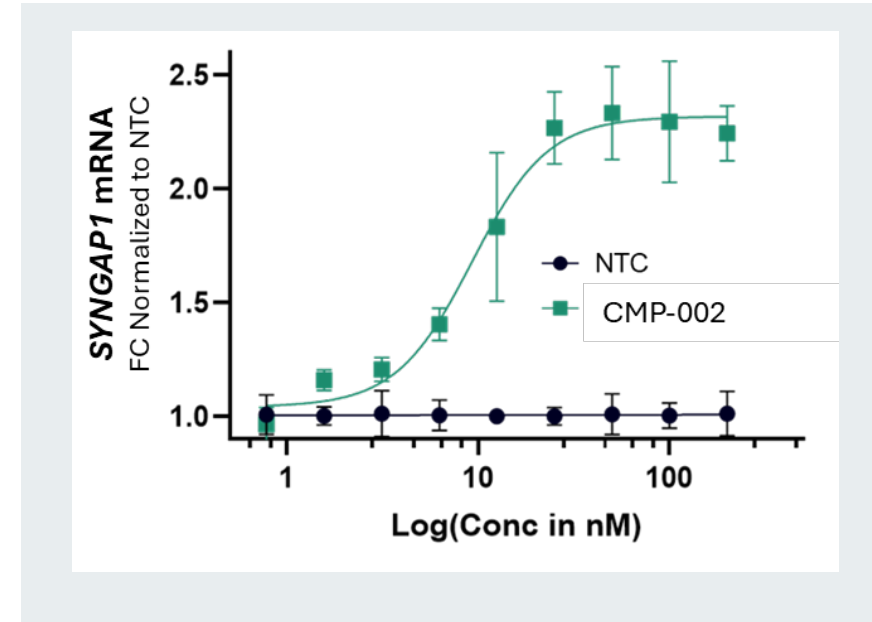
- **All genes** that are transcribed are associated with regulatory RNAs (regRNA)
- regRNAs act locally to **specifically regulate** target gene
- Function through their interaction with **transcription factors**
- regRNAs are in **low abundance** and not detected with conventional methods

# Targeting regRNAs with antisense oligonucleotides increases transcription

ASOs target regRNAs and alter structure and proteins



Increase transcription by targeting regRNAs with ASOs



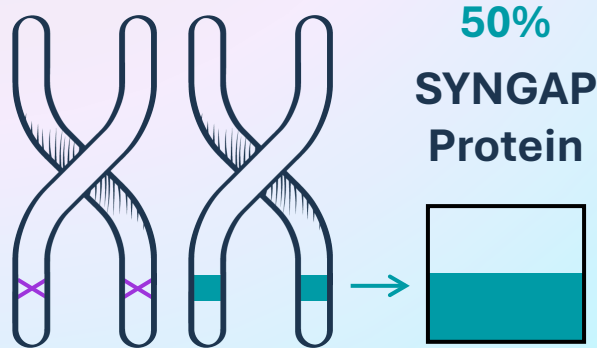
## Key features of regRNA-targeting ASOs

- High degree of **specificity** for target gene
- Same **ASO chemistry** and **route of administration** (intrathecal) as for approved products

# SYNGAP1 is a haploinsufficiency with >10,000 US patients in need of therapy

Haploinsufficiency results in 50% of normal protein levels

SYNGAP1 Haploinsufficiency



>10,000 SYNGAP1 patients in the US



6.1–10 per 100K incidence rate<sup>1,2</sup>

100% have intellectual disability, ~85% have seizures, potentially experiencing 10+ per day<sup>3,4,5</sup>



High unmet need for disease-modifying therapy

ICD-10 code assigned in 2021

F78.A1



0 approved disease modifying therapies

<sup>1</sup> López-Rivera et al., *Brain*, 2020; <sup>2</sup> Marotta et al., *Curr Probl Pediatr Adolesc Health Care*, 2024; <sup>3</sup> Holder et al., *GeneReviews*, 2019; <sup>4</sup> SYNGAP-Related Epilepsy, *Epilepsy Foundation* (Accessed May 2025); <sup>5</sup> Vlaskamp et al. *Neurology*, 2019

# Dire unmet need for a targeted disease modifying therapy to alter SYNGAP1's devastating disease course



JAELI, 16

## Complex Symptoms



Developmental delay and/or intellectual disability

- **100% of patients** <sup>1,2,3</sup>



Generalized epilepsy

- **~85% of patients** <sup>3,4,5</sup>



Severe behavioral problems

- **~70% of patients** <sup>1,5</sup>



Sleep problems

- **~60% of patients** <sup>2,5</sup>



Limited communication

- **~30% non-verbal, single words** <sup>4</sup>

## No Approved Therapy

Non-specific treatments have limited impact on SYNGAP1 symptoms

- Anti-seizure medications
- Cannabinoids
- Sleep medications

Polypharmacy is common –  
*Patient regimen* <sup>6</sup> example:

- *Epidiolex*
- *Ravicti*
- *Sodium bicarb*
- *Amantadine*

Constant patient care needed

- Caregivers vigilant at all times
- Significant lifelong cost of care

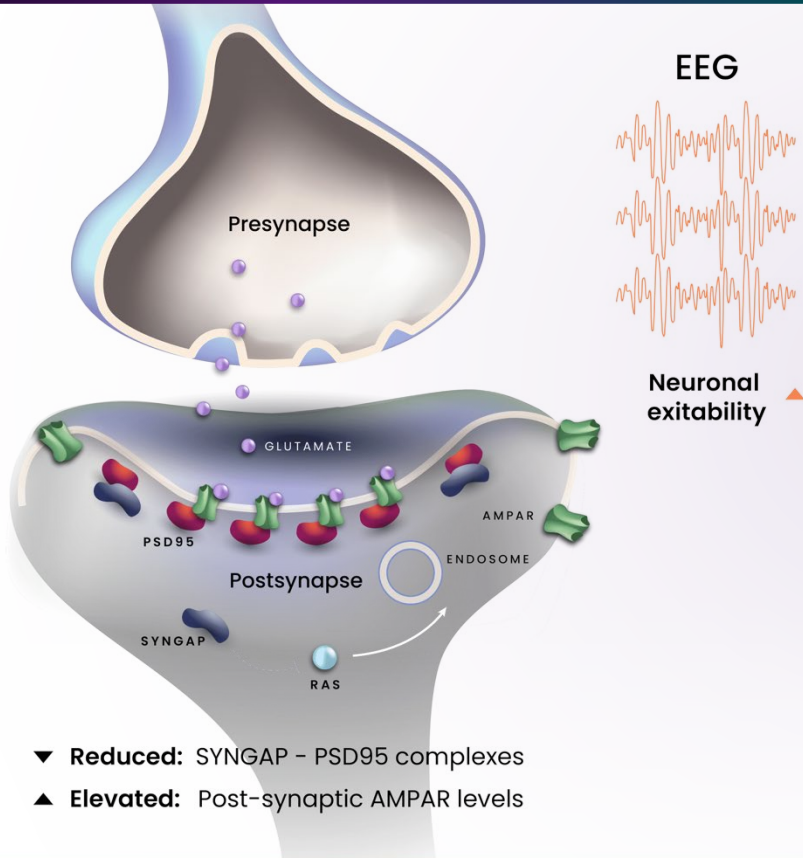
<sup>1</sup> Wiltrout, et al., *Epilepsia*, 2024; <sup>2</sup> Jimenez-Gomez, et al. *J Neurodev Disord*, 2019; <sup>3</sup> Holder et al., *GeneReviews*, 2019; <sup>4</sup> SYNGAP-Related Epilepsy, *Epilepsy Foundation* (Accessed May 2025);

<sup>5</sup> Vlaskamp et al. *Neurology*, 2019; <sup>6</sup> CURE SYNGAP1

# SYNGAP1 haploinsufficiency drives synaptic dysfunction

Mutations in *SYNGAP1* lead to decreased SYNGAP protein, causing increased synaptic firing

50%  
LOWER  
SYNGAP  
PROTEIN



## SYNGAP1

- GTPase-activating protein (GAP) negatively regulates Ras in postsynaptic neuron
- Controls AMPAR levels at postsynaptic membrane and excitatory-inhibitory balance

## Mutational Landscape

- ~80% protein truncating mutations (nonsense / frameshift)
- ~20% missense
- Rare exon 1-4 mutations with intermediate SYNGAP levels and more mild disease

## Functional impact

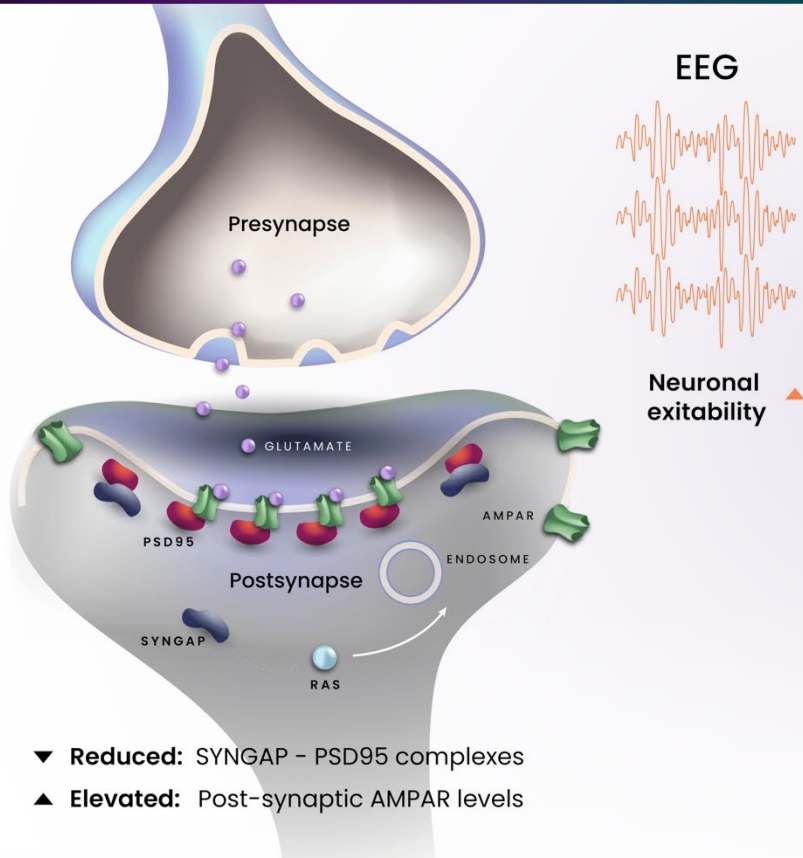
- ~50% reduction in protein / activity
- Disinhibited Ras, increased AMPAR at postsynaptic membrane
- Constitutively “potentiated” state – hyperexcitability
- Premature synaptic maturation, reduction in plasticity

# CAMP4 aims to increase SYNGAP protein levels, restore *SYNGAP1* function, and improve disease symptoms

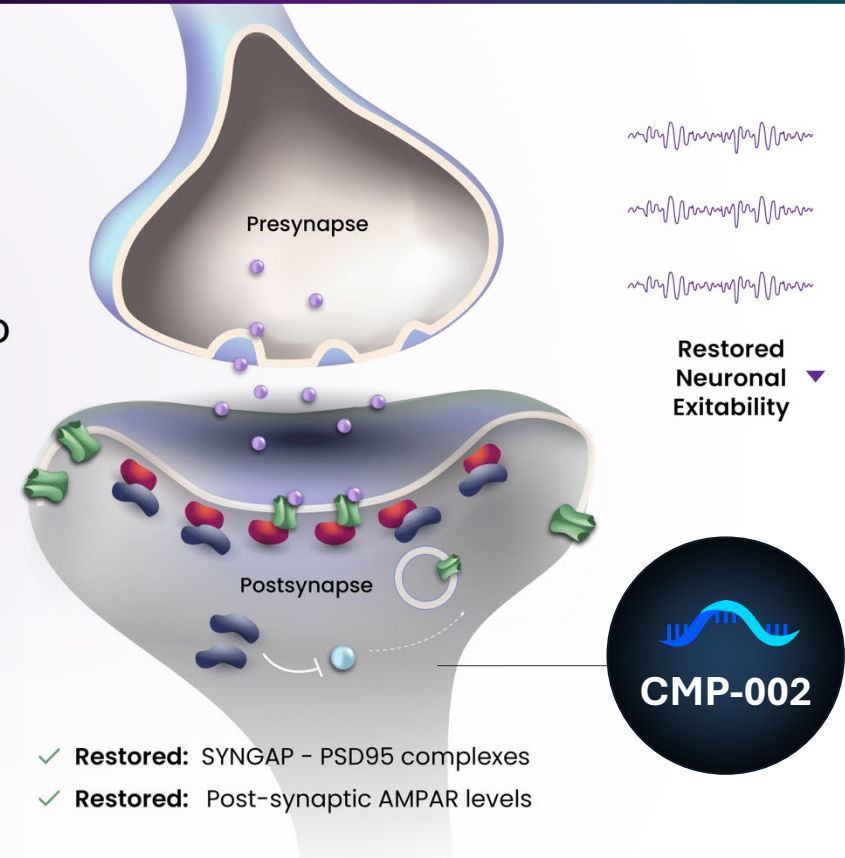
Mutations in *SYNGAP1* lead to decreased SYNGAP protein, causing increased synaptic firing

CMP-002 binds to a SYNGAP-specific regRNA to increase *SYNGAP1* expression, aiming to restore SYNGAP towards wild-type levels and normalize synaptic function

50%  
LOWER  
SYNGAP  
PROTEIN



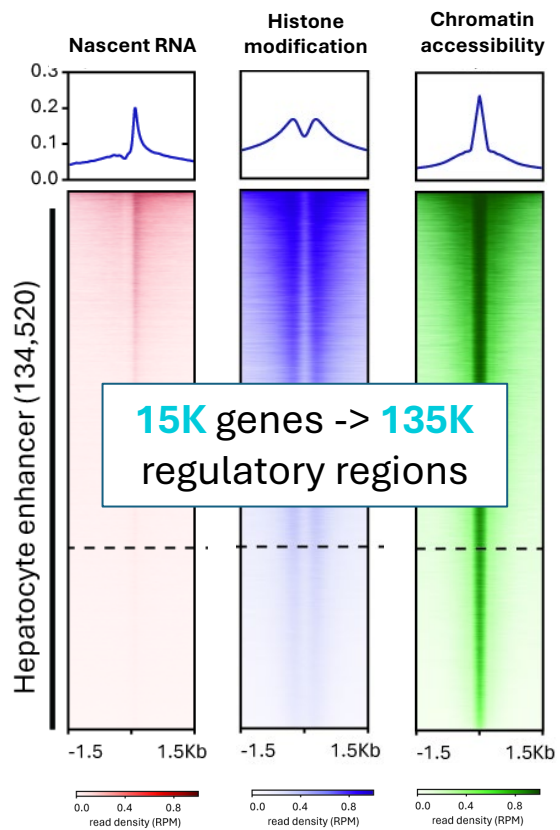
RESTORED  
SYNGAP  
PROTEIN



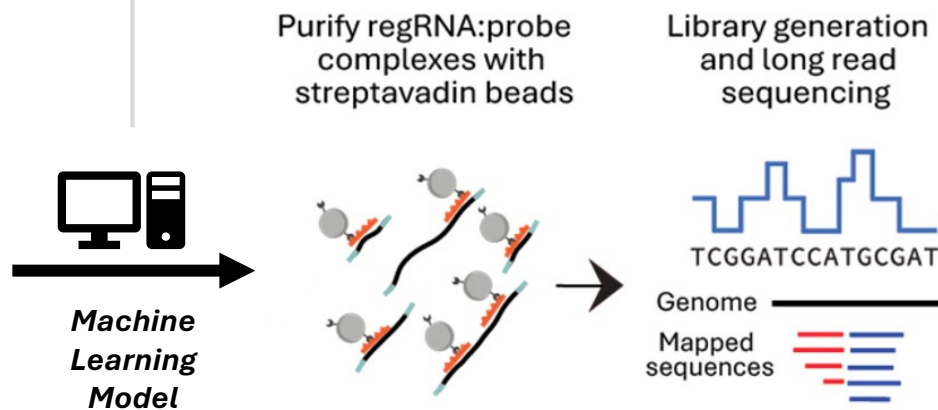
# How do we identify regRNAs?

Developed RAP Platform<sup>®</sup> to identify regulatory regions and associated regulatory RNAs

Identify regulatory regions throughout the genome

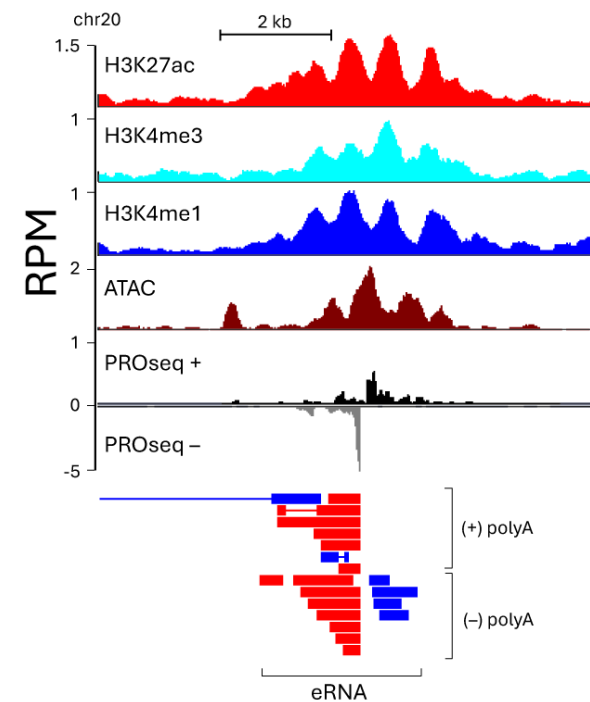


Capture-seq to enrich and sequence regulatory RNAs from predicted regions



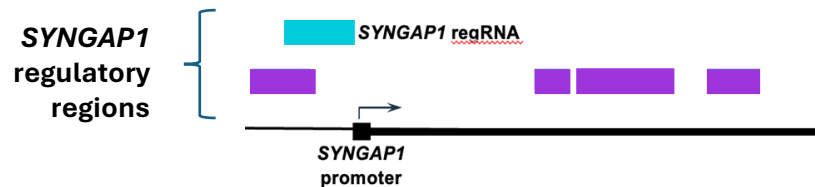
Test set of ~2K regulatory regions yielded ~20K regulatory RNAs

Maps of regulatory regions and associated regRNAs



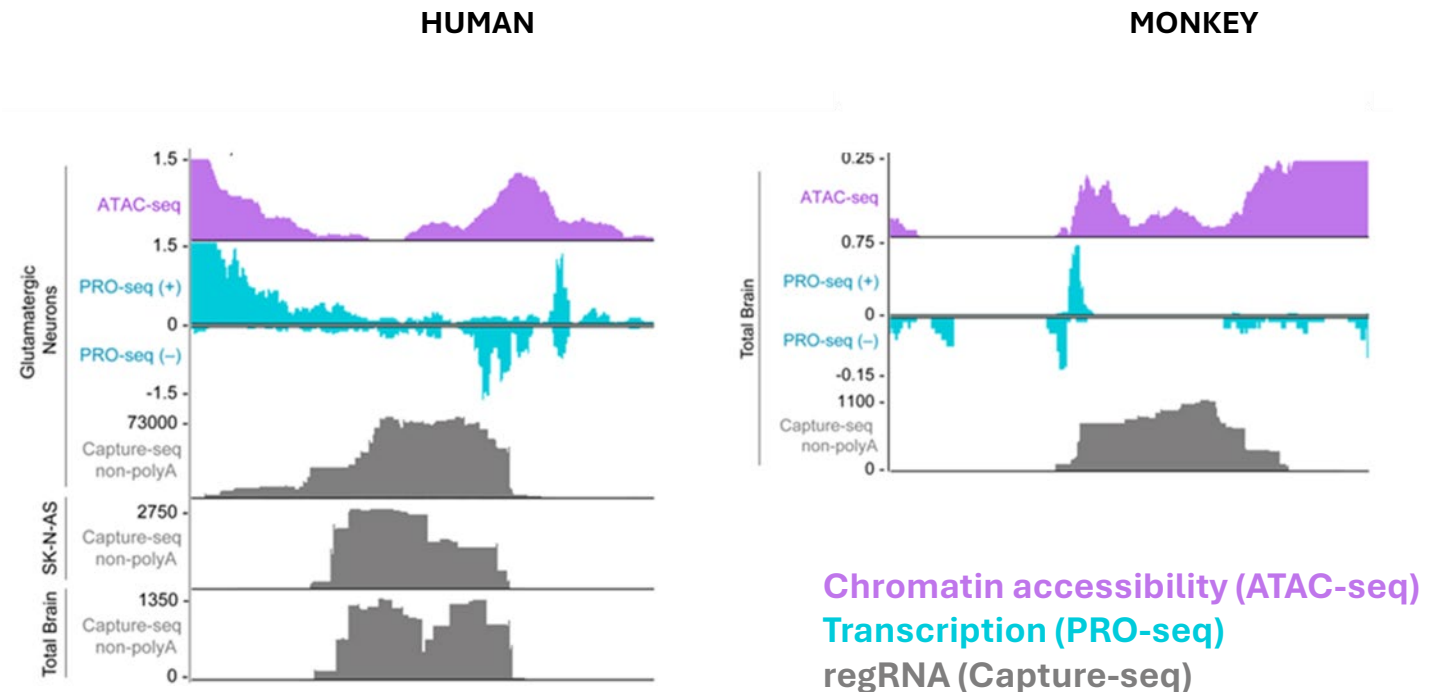
# Identification of the key *SYNGAP1* regulatory RNA controlling transcription

## *SYNGAP1* regulatory regions



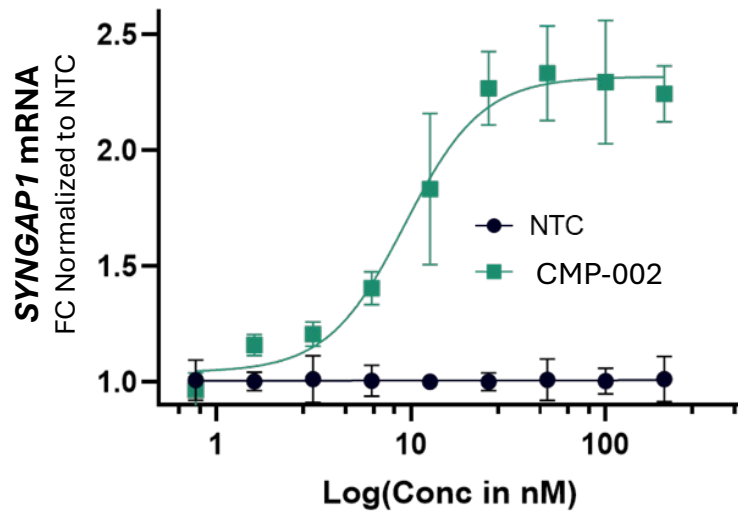
## *SYNGAP1* regRNA in human & monkey

- Multiple regulatory regions identified
- Validated regRNA expression across cell types and tissues

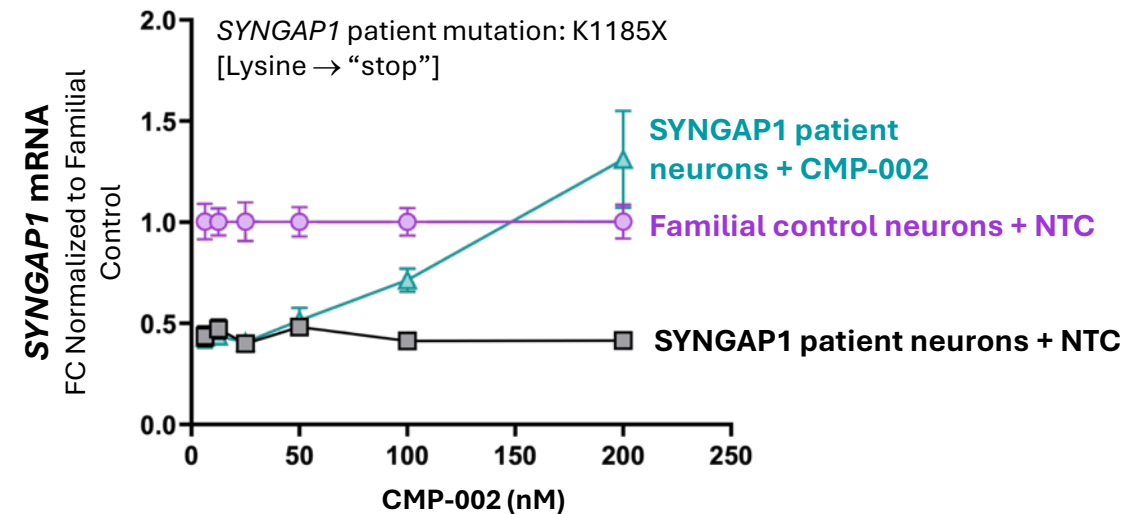


# CMP-002 upregulates *SYNGAP1* levels in SK-N-AS cells and neurons

## SK-N-AS cells



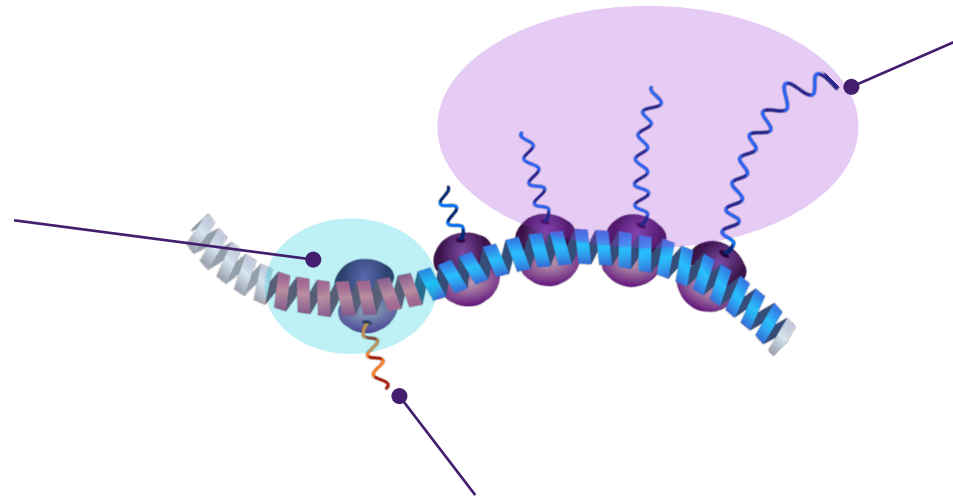
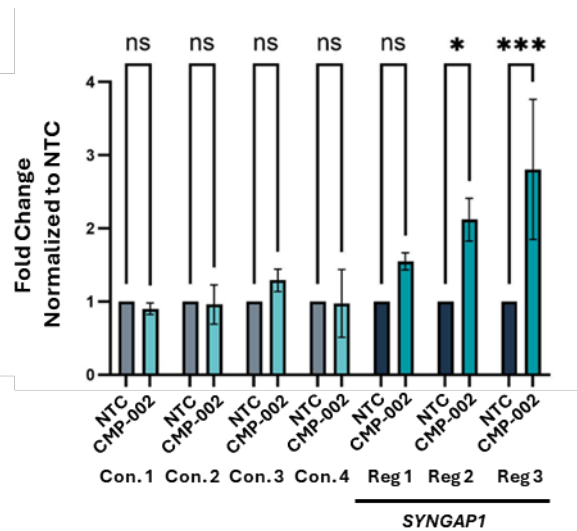
## *SYNGAP1* patient iPSC-derived neurons



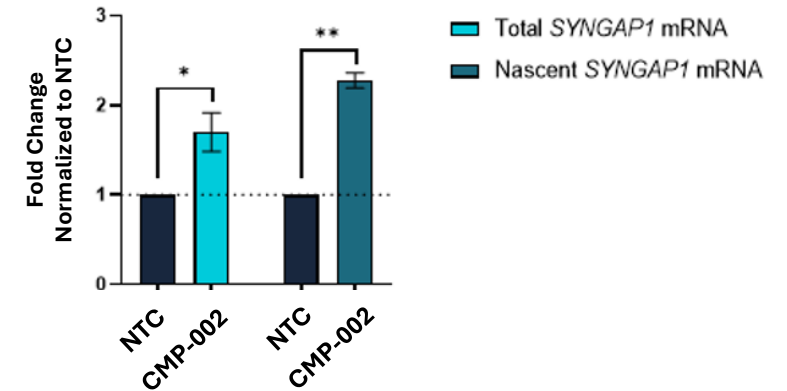
NTC: nontargeting control

# Targeting *SYNGAP1* regRNA increases transcriptional machinery, and nascent RNA of both the mRNA and regRNA

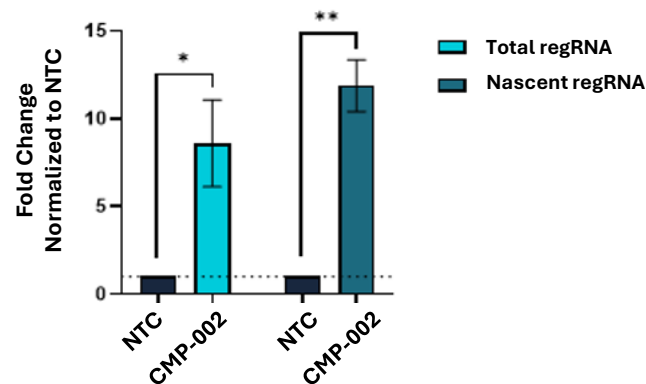
## Increased RNA Pol II at promoter



## Increased total and nascent RNA



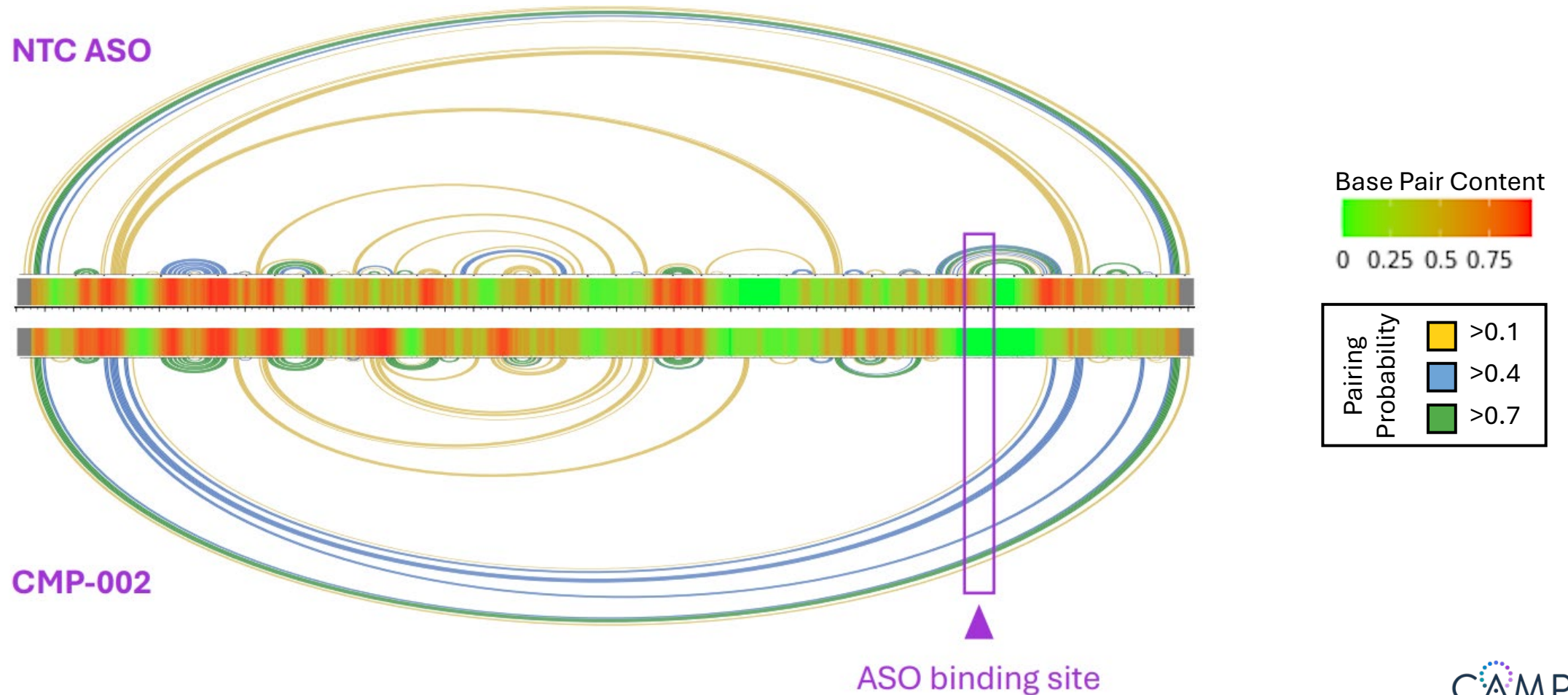
## Increased total and nascent regRNA



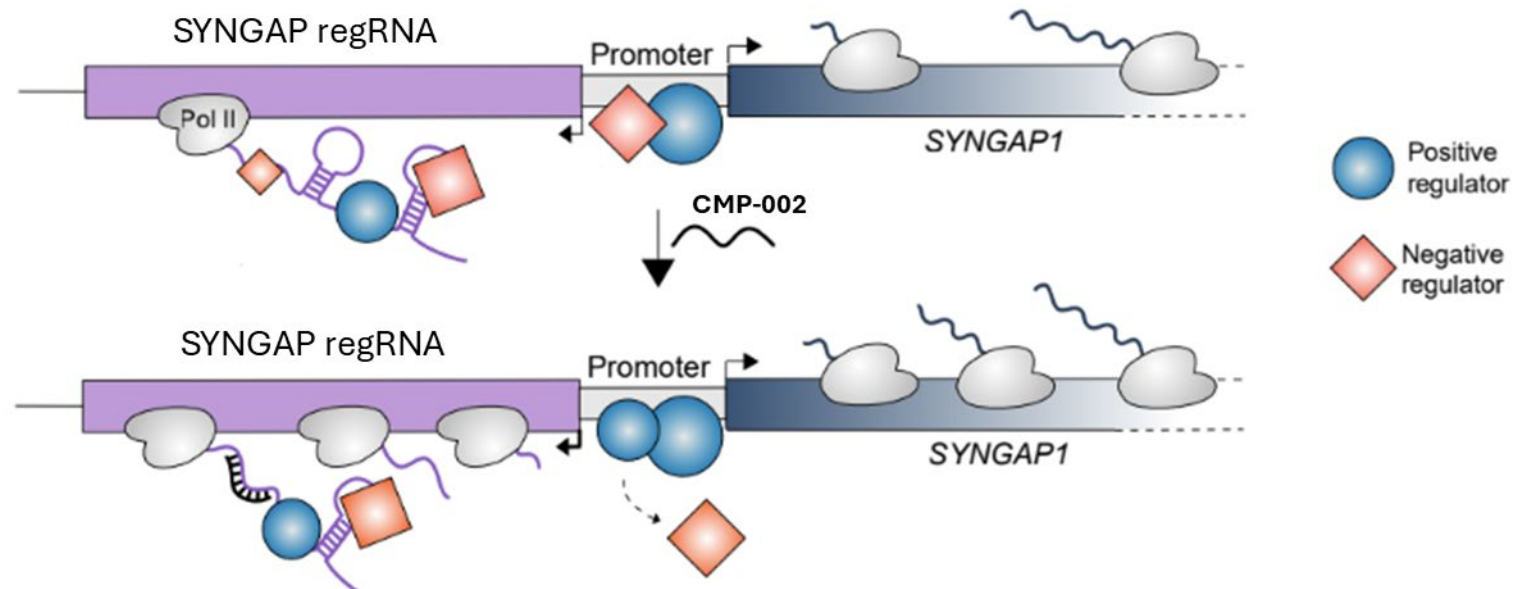
Con. : Control gene  
 Reg: regulatory region  
 NTC: Nontargeting control

# CMP-002 perturbs local regRNA structural domains

- SHAPE-MaP: **S**elective 2'-**H**ydroxyl **A**cylation analyzed by **P**rimer **E**xtension and **M**utational **P**rofilng



# CMP-002 binds regulatory RNA to increase *SYNGAP1* transcription

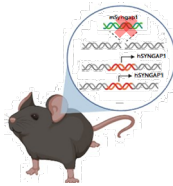


CMP-002 alters regRNA structure, likely causing changes in protein regulators of transcription and a resulting increase in transcription

# CMP-002 restores near-normal protein levels in humanized mouse model haploinsufficient for *SYNGAP1*

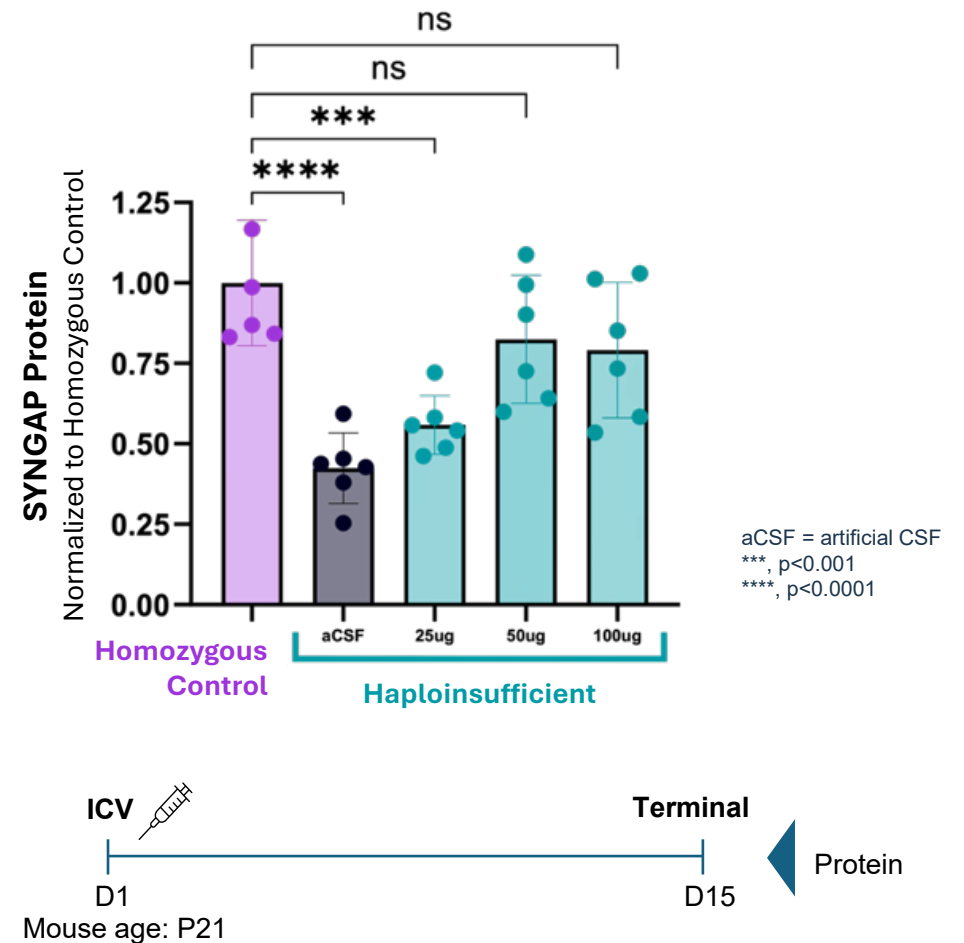
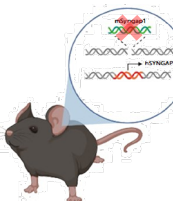
## Homozygous Mouse

- No copies of mouse *Syngap1*
- Two copies of Human *SYNGAP1*



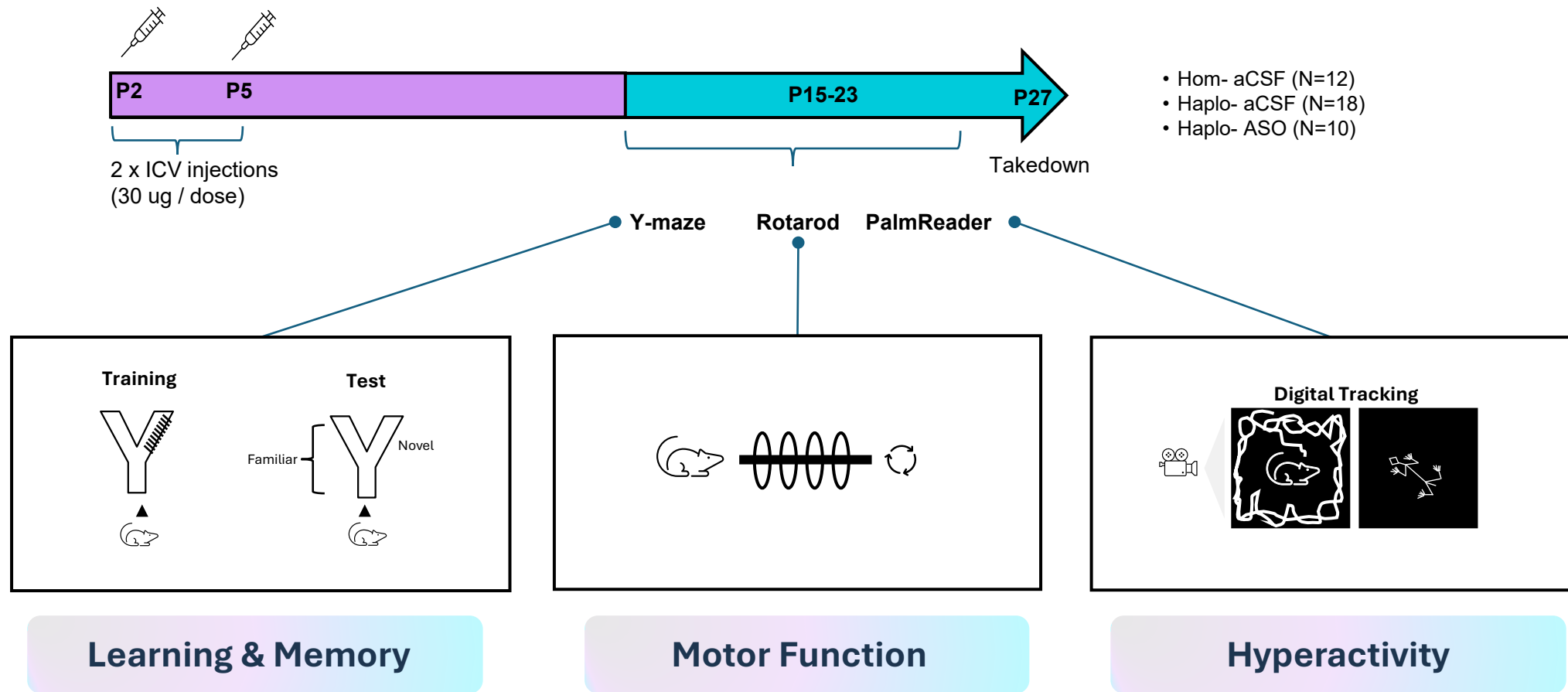
## Haploinsufficient Mouse

- No copies of mouse *Syngap1*
- Single copy of Human *SYNGAP1*



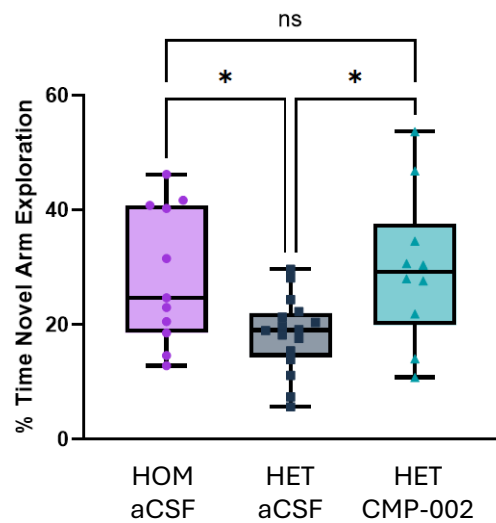
(SYNGAP1-ZBTB9)1Bpro/Mmjax mouse strain obtained from the Mutant Mouse Resource and Research Centers (originally deposited by Benjamin Prosser, Ph.D., University of Pennsylvania).

# Proof-of-concept study design for humanized mouse model of *SYNGAP1* haploinsufficiency

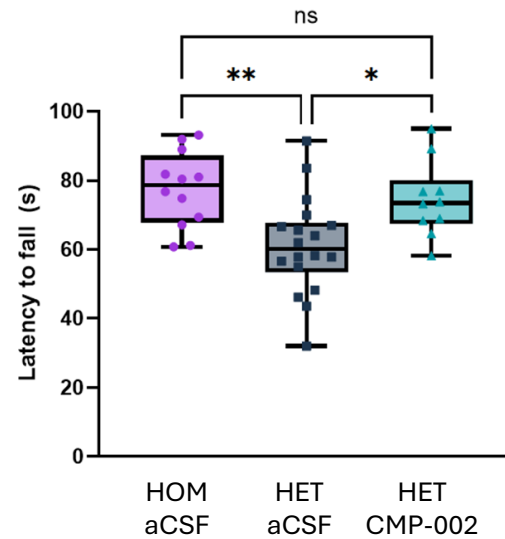


# Improved behavioral phenotypes in SYNGAP1 humanized haploinsufficient mice given CMP-002

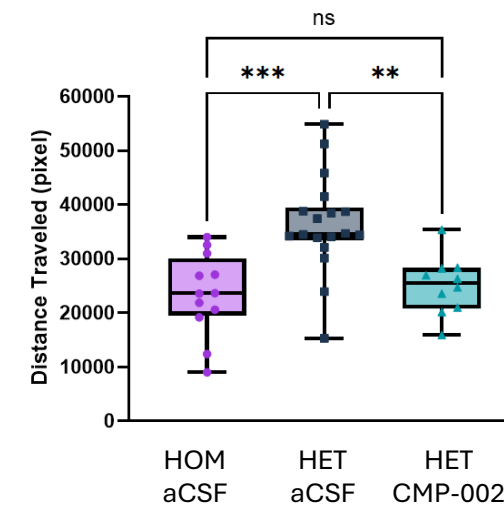
## Learning & Memory



## Motor Function



## Hyperactivity



aCSF = artificial CSF

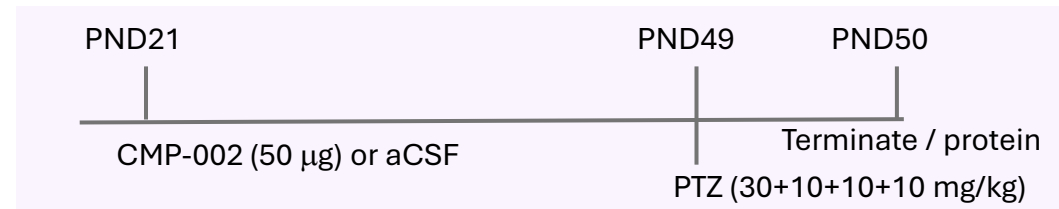
\*, p < 0.05  
\*\*, p < 0.01  
\*\*\*, p < 0.001

Neonatal mice administered CMP-002 and assessed within 3-weeks; protein restored to near-wild type levels

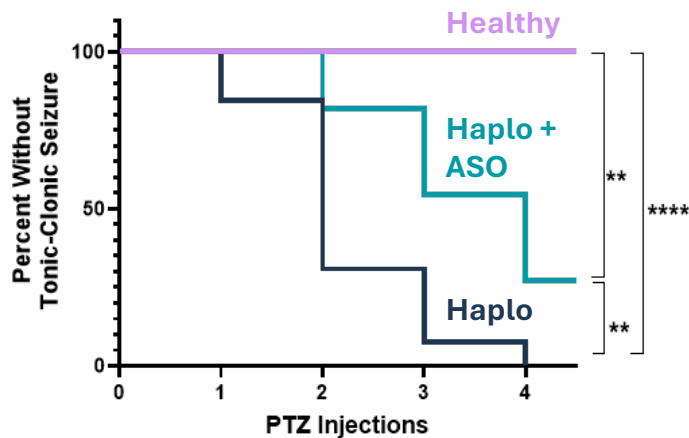
Restoring SYNGAP protein to near wild-type levels ameliorates multiple behavioral phenotypes caused by SYNGAP1 haploinsufficiency

# CMP-002 reduces PTZ-induced seizures in SYNGAP1 humanized mouse

- Chemically-induced seizure model shown to be sensitized by SYNGAP1 haploinsufficiency
- Repeated IP administration of GABA antagonist with monitoring of seizures over 5-minute window
- Score when mice have seizures and their severity

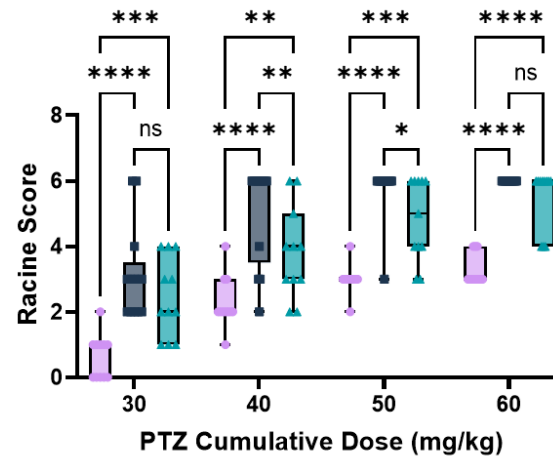


## Seizure Threshold

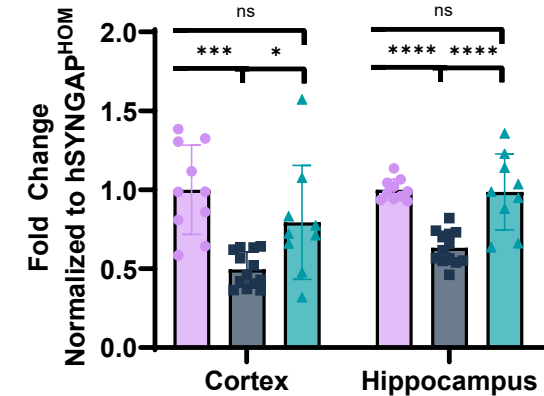


hSYNGAP<sup>HOM</sup> – aCSF (n=11)  
 hSYNGAP<sup>HET</sup> – aCSF (n=13)  
 hSYNGAP<sup>HET</sup> - CMP-002 (n=11)

## Racine Score

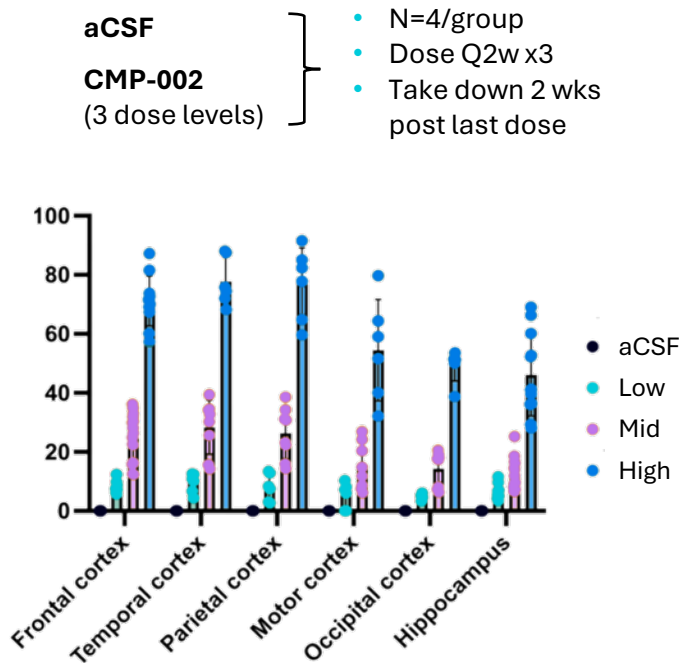


## Protein Level

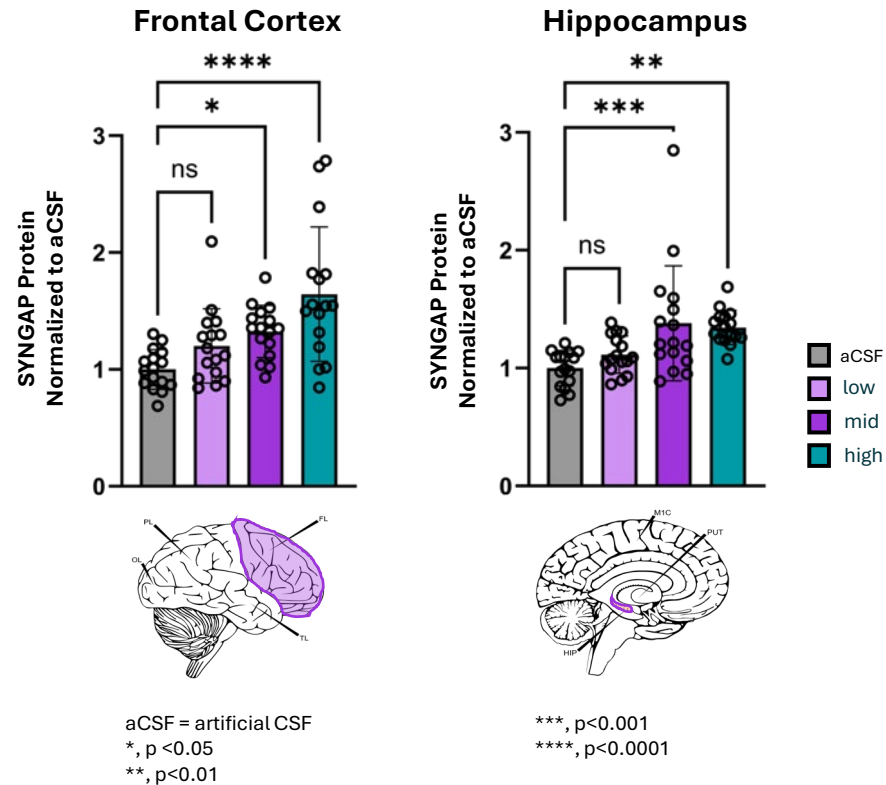


# Intrathecal administration of CMP-002 to cynomolgus monkeys achieves broad brain distribution to increase SYNGAP protein levels

## ASO Concentrations



## SYNGAP Protein Levels



## Summary

IT administration in NHPs was **well-tolerated**

**Broad ASO distribution** throughout disease-relevant brain regions

↑ **SYNGAP protein** throughout brain

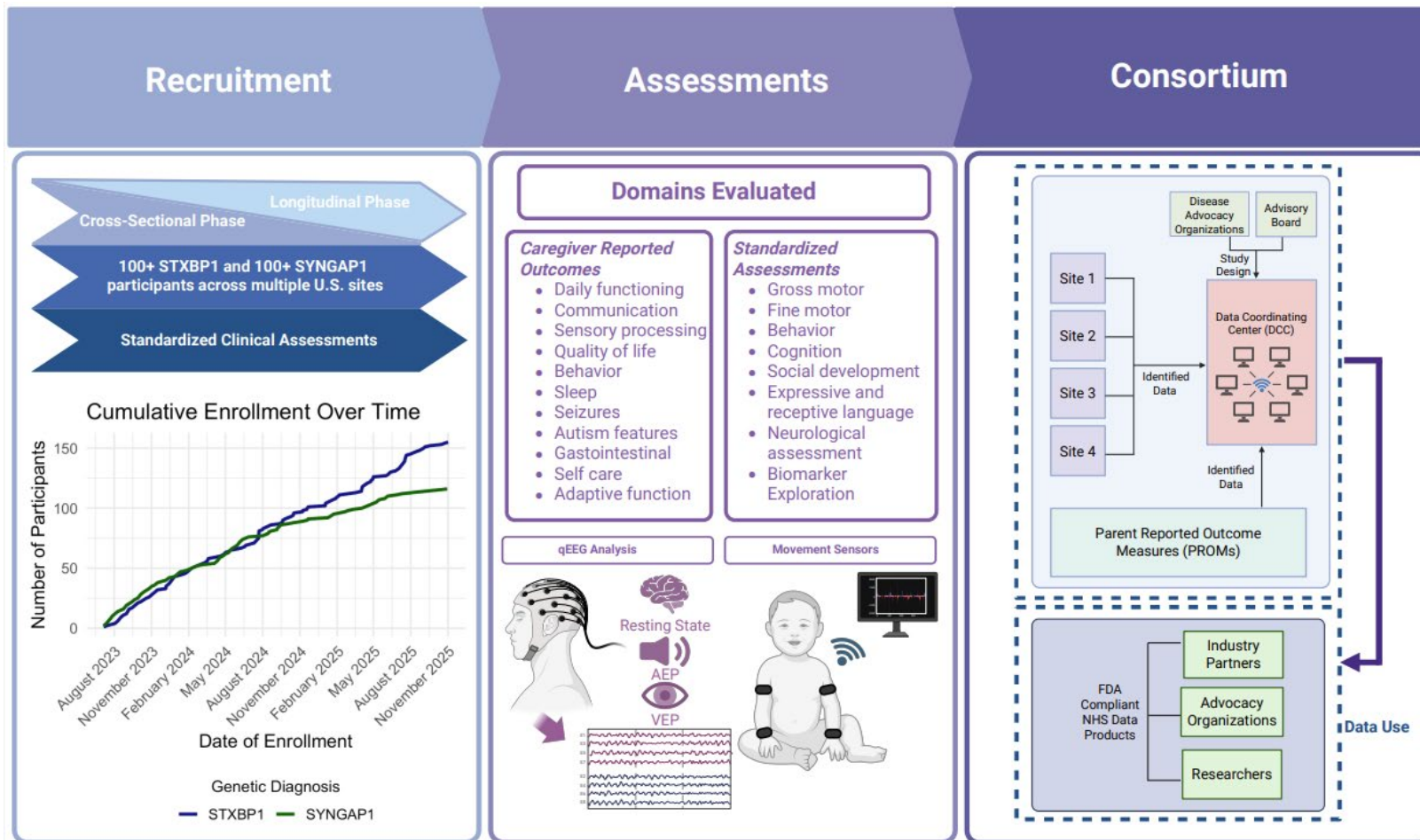
GLP tox studies **initiated** 3Q2025

# CAMP4 positioned to be first in the clinic for SYNGAP1

<b>Standard-of-Care</b>	<ul style="list-style-type: none"><li>• No disease modifying therapies available</li><li>• Patients currently managed symptomatically, with complications of polypharmacy</li></ul>
<b>Natural History Study</b>	<ul style="list-style-type: none"><li>• Collaborating with CURE SYNGAP1 to support ongoing, multi-site study with multiple centers of excellence; 100 patients with 1,240 patient-years of data available</li></ul>
<b>Center of Excellence</b>	<ul style="list-style-type: none"><li>• Global centers of excellence, currently nodes for translational work and natural history, with readiness to expand to trial sites for rapid clinical trial conductance</li></ul>
<b>Path to Clinic</b>	<ul style="list-style-type: none"><li>• First clinical trial regulatory filing submitted; filings with multiple global regulatory agencies planned throughout 2026</li><li>• Planning to initiate global Ph1/2 study in patients in H2 2026</li></ul>
<b>Path to Approval</b>	<ul style="list-style-type: none"><li>• Multiple, established paths to approval for a developmental epileptic encephalopathy (DEE)</li><li>• Optionality on endpoints with regulatory approval precedent by regulators</li></ul>

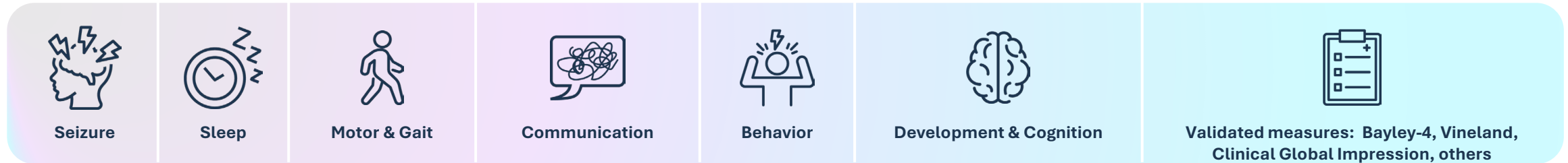
# Understanding natural history is critical for SYNGAP1 clinical development

Access to ProMMiS natural history data informs our clinical development plan and regulatory strategy (>100 patients)



# Phase 1/2 study will assess key domains of SYNGAP1, utilizing validated measures to demonstrate PoC in First-in-Human

## Phase 1/2 endpoint categories



## Development path and design to maximize speed and success

### Ph 1/2 key features:

- Global study for rapid enrollment
- Straight to MAD
- Efficacy assessments across all domains of disease
- Identify optimal biological dose selection
- Drive optionality for potential expedited regulatory programs participation

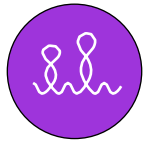
### First-in-Human clinical trial design approach:

- Aim to start in pediatric patients
- Patient cohort study design: Screening → Baseline → Treatment period → Follow-up Period → Open Label Extension
- Endpoints mapped to natural history for additional control
- Key inclusion criteria: Enriched genotype representing majority of population (haploinsufficient): seizures, impaired sleep, inability to say phrases
- Open-Label Extension to demonstrate long-term disease-modifying benefit

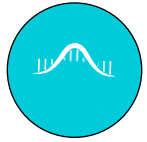
# SYNGAP1 program overview

CMP-002 POISED TO ENTER THE CLINIC IN THE SECOND HALF OF 2026, MAKING IT THE **FIRST POTENTIALLY DISEASE MODIFYING THERAPY IN THE CLINIC** FOR SYNGAP1

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- Identified regRNA that is expressed across NHP and human cells and brain tissue



- Improved neurobehavioral and seizure phenotypes in humanized haploinsufficient mice
- Broad distribution and increased SYNGAP protein in monkeys with IT administration



- Monkey GLP toxicity studies completed



- Robust community engagement and education
- Regulatory application submitted to AUS with global submissions planned this year
- Global Phase 1/2 clinical study expected to initiate in 2H2026

# Thank You!

To the CAMP4 Team  
To our collaborators and supporters  
And, to the patients & caregivers

