61ST ERA CONGRESS
STOCKHOLM & VIRTUAL
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Felzartamab (anti-CD38) in Patients with IgA Nephropathy - Interim Results from the IGNAZ Study

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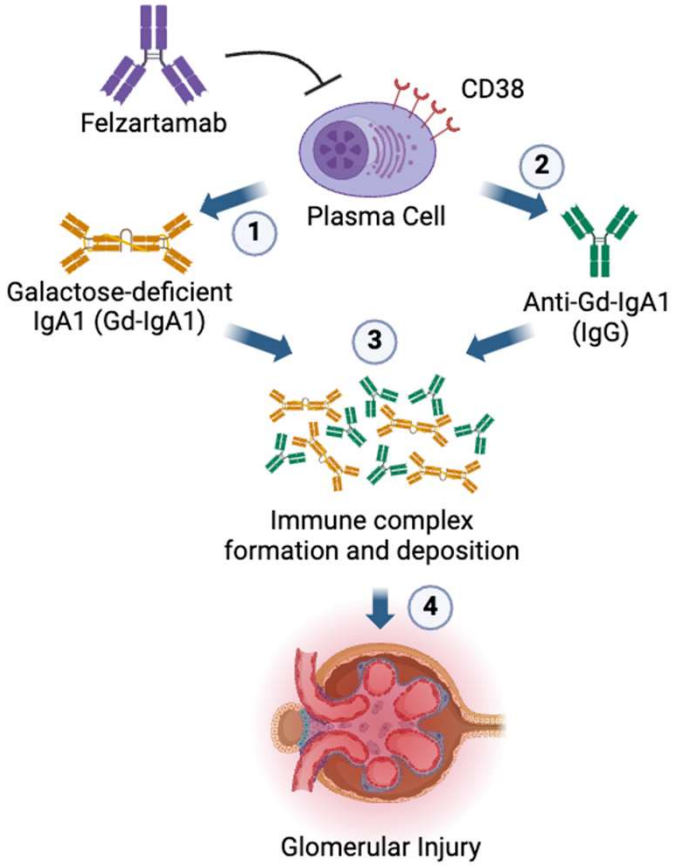
Introduction

- **IgAN is the most common primary glomerulonephritis with a median time to ESKD of 20 years**
- **Inhibiting production of Gd-IgA1 and its autoantibody (Ab) may be a valid therapeutic strategy, but all current APRIL and BAFF targeting agents likely require chronic treatment**
- **Targeting memory B cells with rituximab (anti-CD20) is ineffective in IgAN, suggesting that CD38+ plasmablasts and plasma cells are the source of Gd-IgA1, the pathogenic antigen and its autoantibody**
- **Felzartamab depletes CD38+ cells, may not require chronic treatment, and offers the potential for improved efficacy, safety, and convenience**



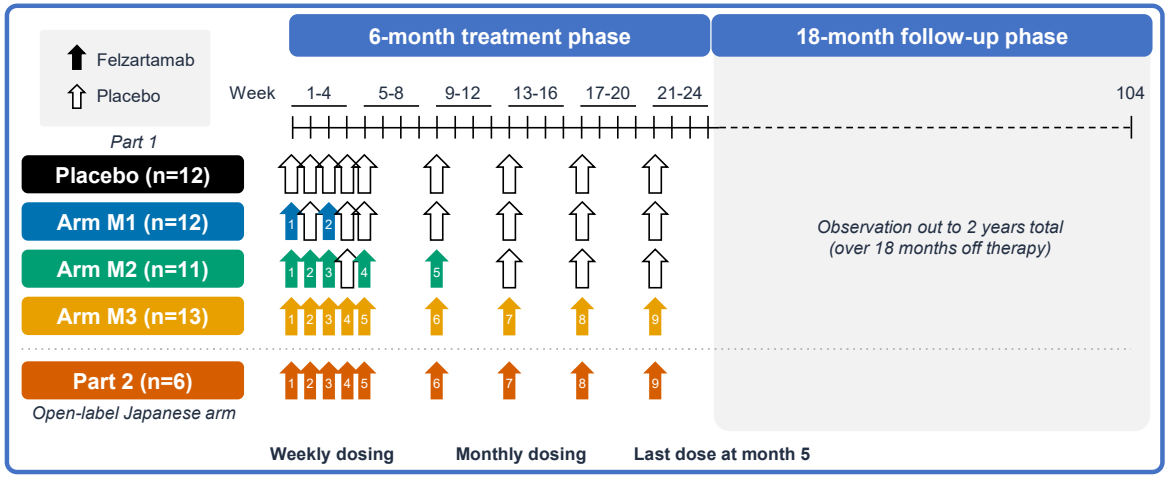
ESKD = End-stage kidney disease; Gd-IgA1 = galactose-deficient IgA1; APRIL = a proliferation inducing ligand; BAFF = B-cell activating factor

Methods

- **Inclusion criteria:**
  - ≥18 years
  - biopsy confirmed IgAN
  - proteinuria ≥1.0 g/d
  - eGFR ≥30 ml/min (CKD-EPI)
  - maximally tolerated RASi therapy
- **Dosing: IV 16 mg/kg**
- **Seven subjects were excluded from analyses due to receiving three or fewer blinded infusions:**
  - One subject excluded from M1
  - Three subjects excluded from M2
  - Three subjects excluded from M3

IGNAZ Study Design

IgAN Ph2a: Part 1:Double-blind, randomized, four-arm, placebo-controlled study; Part 2: Open-label Japanese cohort receiving 9-doses



	Overall (N=54) mean (SD)
UPCR (g/g)	1.7 (1.0)
eGFR (mL/min/1.73 m^2)	75 (30)
Biopsy to Baseline (years)	2.7 (2.3)

Results

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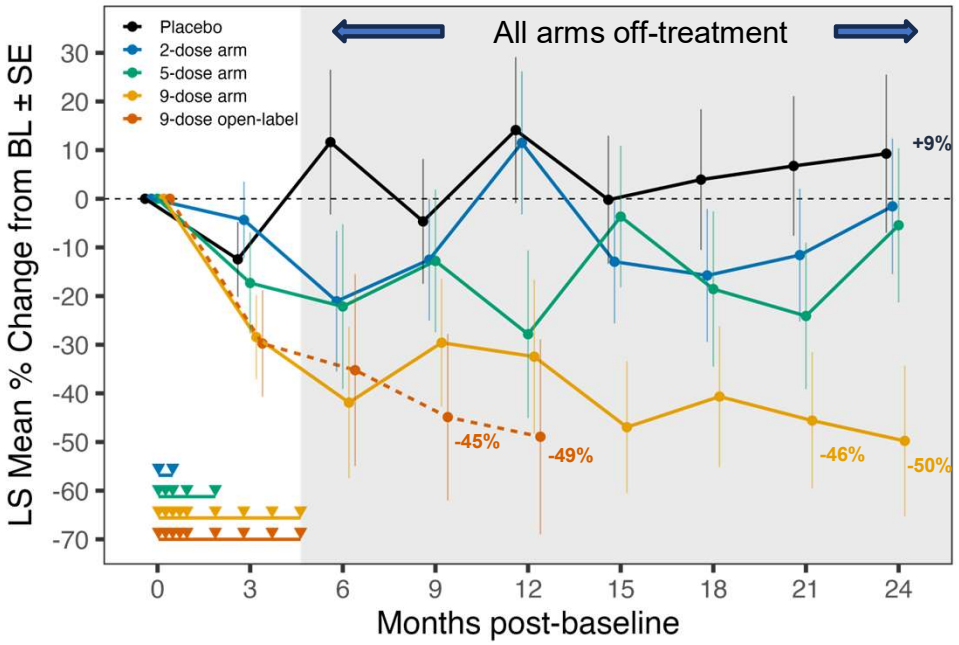
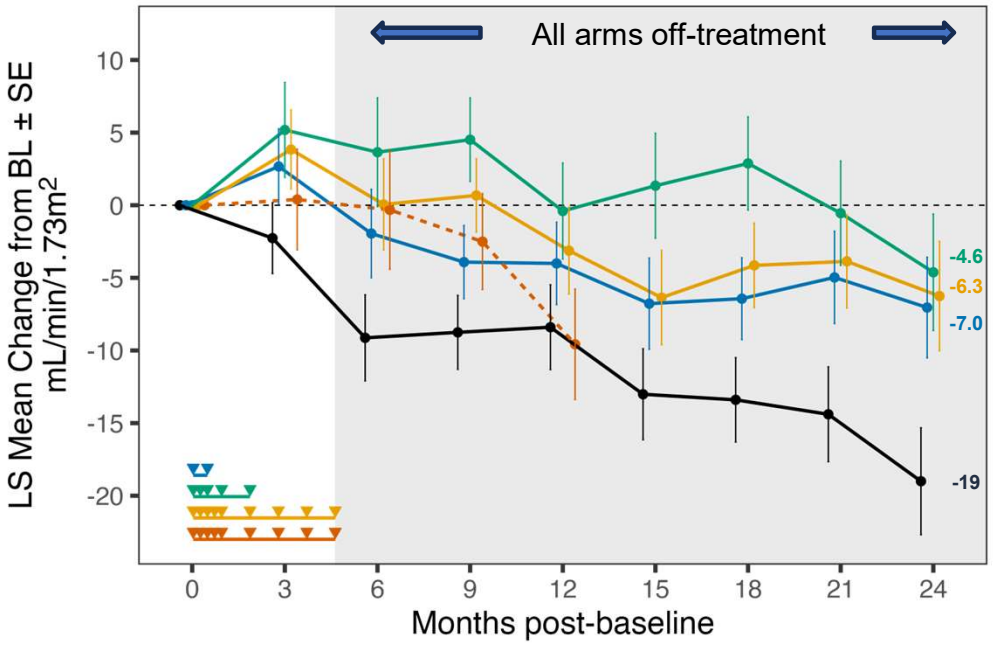
UPCR % Change from Baseline



50% reduction in UPCR over 18 months after last dose, with ongoing reduction at Month 24

eGFR Change from Baseline



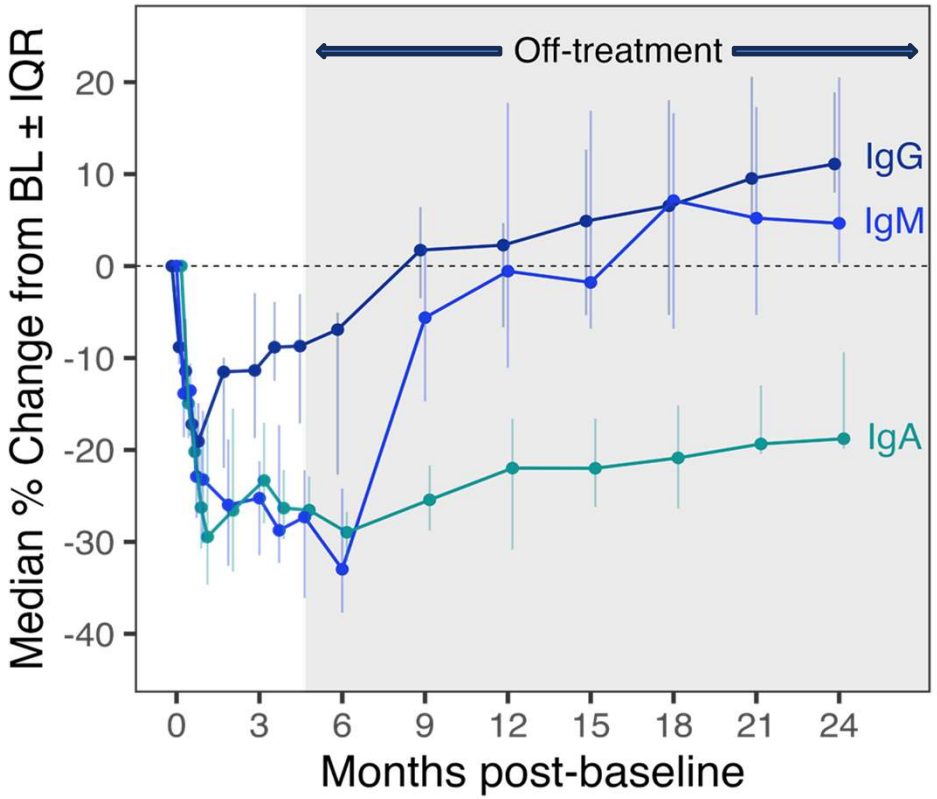
Stabilization of eGFR across treated arms vs placebo, which has rapid progression consistent with high-risk IgAN

Prolonged durability in response observed in UPCR and eGFR over 18 months after last dose of felzartamab

Per protocol analyses based on an April 10, 2024 data cut
Note: Month 24 data is partially complete with two patients in the 9-dose arm and one patient on placebo with data pending

Discussion

Felzartamab 9-dose arm



Prolonged pharmacodynamic effect on IgA reductions compared to recovery of IgG & IgM

- **>18 months off treatment, felzartamab demonstrated ~50% UPCR reduction at 24 months in the 9-dose group and durable stabilization of eGFR**
- **CD38+ plasma cell depletion with felzartamab lead to selective, durable reductions in IgA**
- **Most AEs were mild or moderate; infections were mostly mild and balanced across active treatment groups; 1 subject had a Grade 1 IRR, 2 subjects had a Grade 2 IRR, and 4 subjects had a Grade 3 IRR.**
- **Complete final data expected by Q4 2024**

AE = adverse event; IRR = infusion-related reaction

Acknowledgements

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