

Long-term Efficacy And Persistence With Obefazimod After Dose De-escalation To 25 mg: 3-year Interim Analysis In Patients With Moderately To Severely Active Ulcerative Colitis Completing Week 144, Stratified By Prior Advanced Therapy Experience:

Results From The Phase 2 Program

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Disclosure of Conflicts of Interest

I herewith declare the following paid or unpaid consultancies, business interests, or sources of honoraria payments for the past three years, and anything else which could potentially be viewed as a conflict of interest:

I received consultancy fees from Aclaris Therapeutics, Adaxion Therapeutics, Adiso Therapeutics, Agomab Therapeutics, Alfasigma, Alimentiv, Amgen, AnaptysBio, AstraZeneca, Attovia Therapeutics, Biologic Design, BiomeBank, Biora Therapeutics, Boehringer-Ingelheim, Caldera Therapeutics, Cellarity, Cytoki Pharma, Disc Medicine, Eil Lilly & Company, Ensho Therapeutics, Entera, Enveda Biosciences, Equilium, Evommune, Ferring, Fzata, Galapagos, Genentech (Roche), Genesis Therapeutics, Gilead Sciences, GlaxoSmithKline, Globalport, Ignite Biomedical, Imedex, Imhotex, Immunitas Therapeutics, Immunyx Pharma, Kallyope, Kyowa Kirin, LifeMine Therapeutics, Merck & Co., Merck Sharp & Dohme, Microba, Microbiotica, Mirador Therapeutics, Mitsubishi Tanabe Pharma, Mobius Care, Morphic Therapeutic, MRM Health, Nexus Therapeutics, Nimbus Discovery, Novartis, Numab Therapeutics, Odyssey Therapeutics, ONO Pharmaceutical, OSE Immunotherapeutics, Palisade Bio, Pioneering Medicines Explorations, Prometheus Biosciences, Protagonist Therapeutics, Q32 Bio, Quotient Therapeutics, Rasayana Therapeutics, Recludix Pharma, Reistone Biopharma, Sanofi, Slate Bio, Sorriso Pharmaceuticals, Spyre Therapeutics, Synlogic, Target RWE, Televant, Teva, Thetis Pharmaceuticals, SRT Therapeutics, TR1X, Trex Bio, Union Therapeutics, VectivBio, Vedanta Biosciences, Vividion Therapeutics, Xencor; honoraria for consulting and speaking and other support from AbbVie, Abivax, Bristol Myers Squibb, Celltrion, Eli Lilly & Company, Genentech (Roche), J&J Innovative Medicine/Janssen, Merck & Company, Pfizer, Takeda, Teva; honoraria for consulting, stock options from Caldera Therapeutics, Mirador Therapeutics and SRT Therapeutics; and stock from Doximity.

Obefazimod is Designed to Restore Intestinal Immune Balance in Ulcerative Colitis Through Physiologic Immunoregulation



Obefazimod MOA

- Obefazimod is an oral, once-daily, small molecule that increases expression of endogenous miR-124
- Restores immune balance while maintaining immune surveillance functions



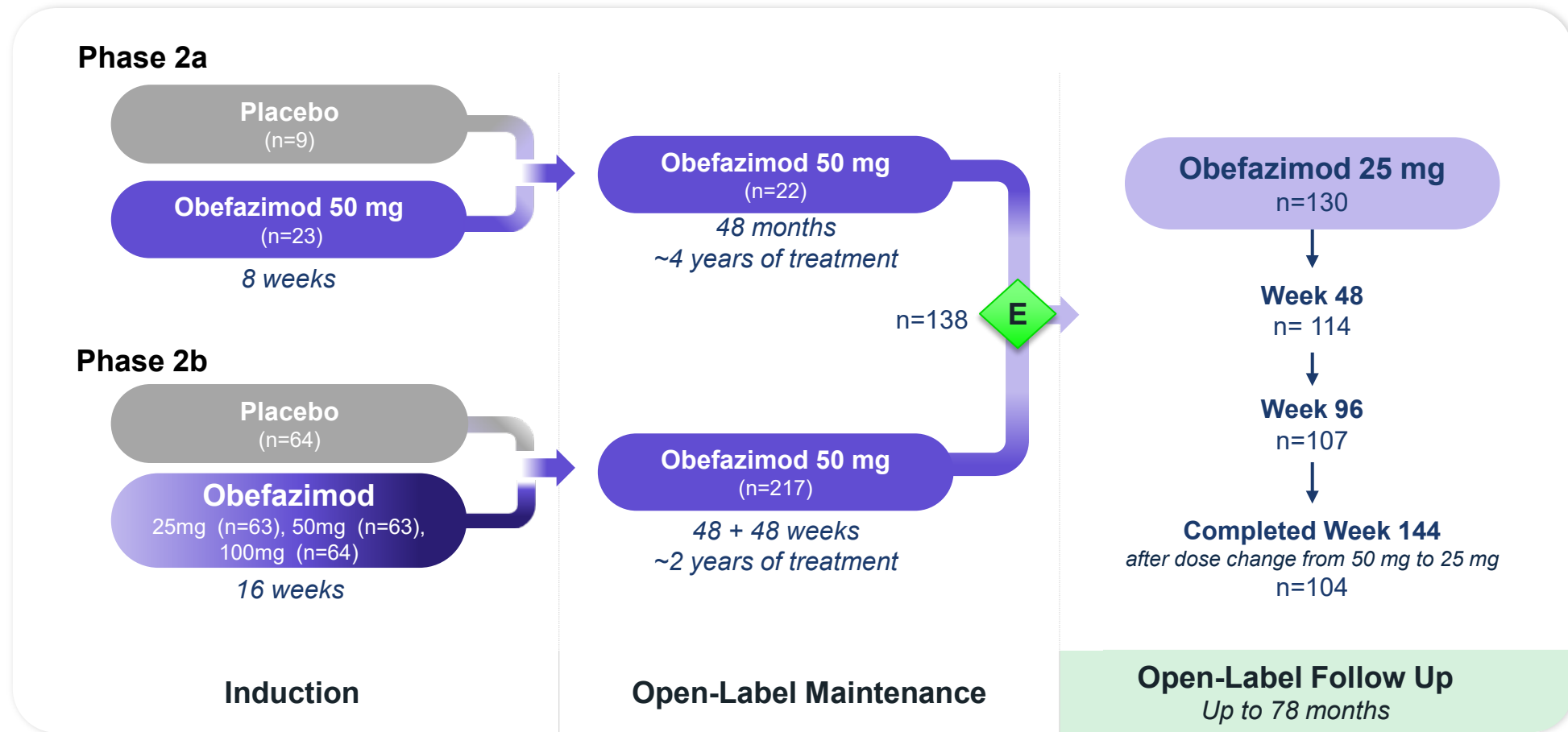
Clinical Evidence

- Phase 2 studies demonstrated clinical activity, with sustained efficacy observed during long-term open-label treatment
- The Phase 3 ABTECT program demonstrated induction efficacy through 8 weeks

Objective

Evaluate maintenance of efficacy through 3 years following dose reduction to obefazimod 25 mg during long-term extension after Phase 2 induction and maintenance studies, overall and by prior advanced therapy exposure

Phase 2 Program in Ulcerative Colitis



Eligibility criteria:

Mayo Endoscopic subscore = 0 or 1 AND Rectal bleeding subscore = 0

Phase 2 Program in Ulcerative Colitis

Phase 2a



Here we present efficacy and safety in patients completing Week 144 of 25 mg treatment stratified by prior inadequate response to advanced therapies

Prior AT-IR is defined as: primary refractoriness to biologics or JAK inhibitors

5 mg

144 after
to 25 mg

ow Up
ns

Eligibility criteria:

Mayo Endoscopic subscore = 0 or 1 AND Rectal bleeding subscore = 0

Demographics and Disease Characteristics at Baseline of Open-label Follow-up (Start of 25 mg Dose)

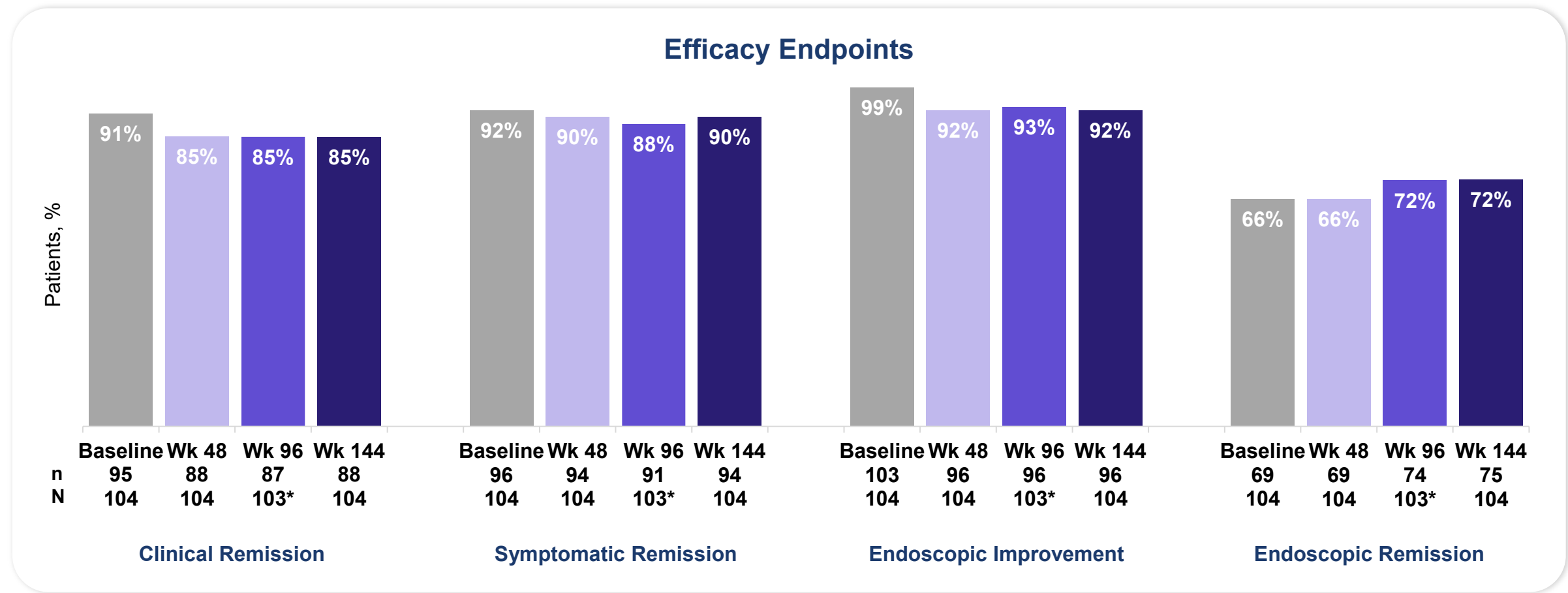
	Patients Completing Week 144 After Treatment With 25 mg n=104
Patient Characteristics	
Age (Years), Mean (SD)	45.4 (12.74)
Male, n (%)	65 (62.5)
Disease Characteristics	
UC Duration (years), mean (SD)	11.2 (7.02)
MMS, median	0
MMS, n (%)	
0 to 4	104 (100)
5 to 6	0
7 to 9	0
pMMS, median	0
C-reactive protein (mg/L), median	2.2
Fecal calprotectin (µg/g), median	57.0
Concomitant UC Therapy	
Concomitant corticosteroids, n (%)	6 (5.8)
Concomitant 5-ASA, n (%)	79 (76.0)
Prior Refractoriness to Biologics, n (%)*	49 (47.1)
Primary non-response	19 (38.8)
Loss of response	30 (61.2)

Refractory population: ~47% prior failure to a biologic

5-ASA: 5-aminosalicylic acid, MMS: modified Mayo score, pMMS: partial modified Mayo score.
Data on file: ABX464-101, ABX464-102, ABX464-103, ABX464-104, ABX464-108

*Prior refractoriness to biologics = primary non-response or loss of response per disease history CRF.

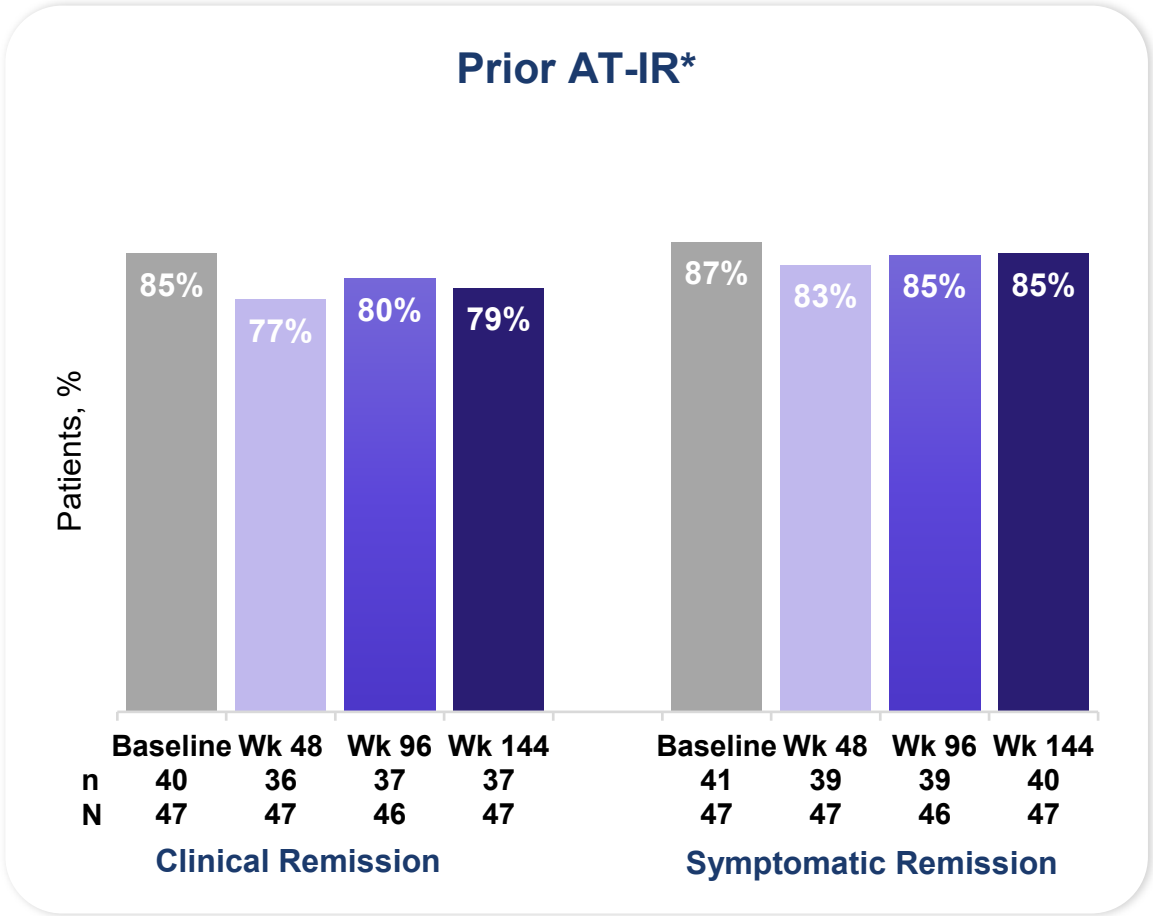
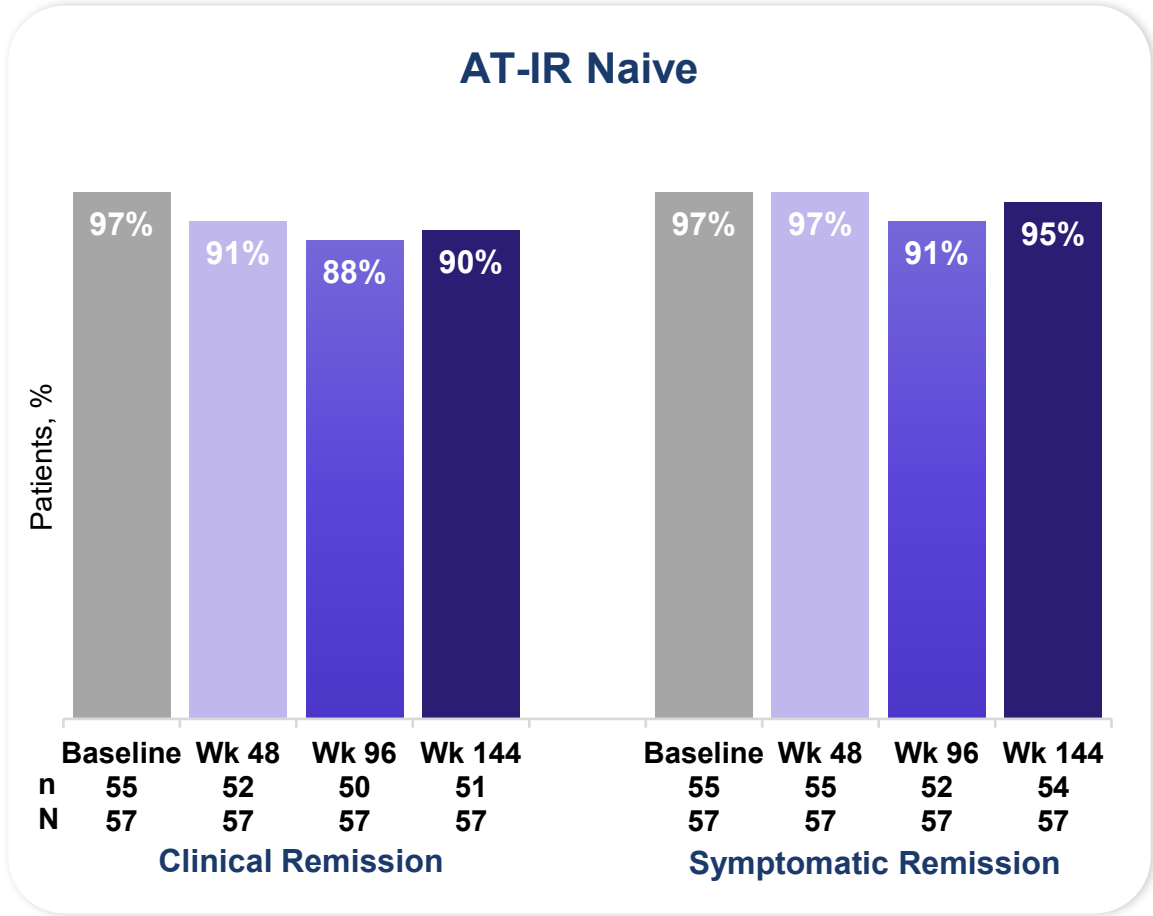
Week 144 Completers: Following Treatment with 25 mg, Consistent Trends were Observed Across Clinical, Symptomatic and Endoscopic Endpoints



Clinical remission: SFS = 0 or 1, RBS = 0, and MES = 0 or 1. **Symptomatic remission:** SFS = 0 or 1 and RBS = 0. **Endoscopic improvement:** MES = 0 or 1. **Endoscopic remission:** MES = 0.

*One patient had rectal bleeding/stool frequency subscores at W96 but was missing endoscopy assessment. | Data on file: ABX464-101, ABX464-102, ABX464-103, ABX464-104, ABX464-108. MES: Mayo endoscopic subscore, RBS: rectal bleeding score, SFS: stool frequency score.

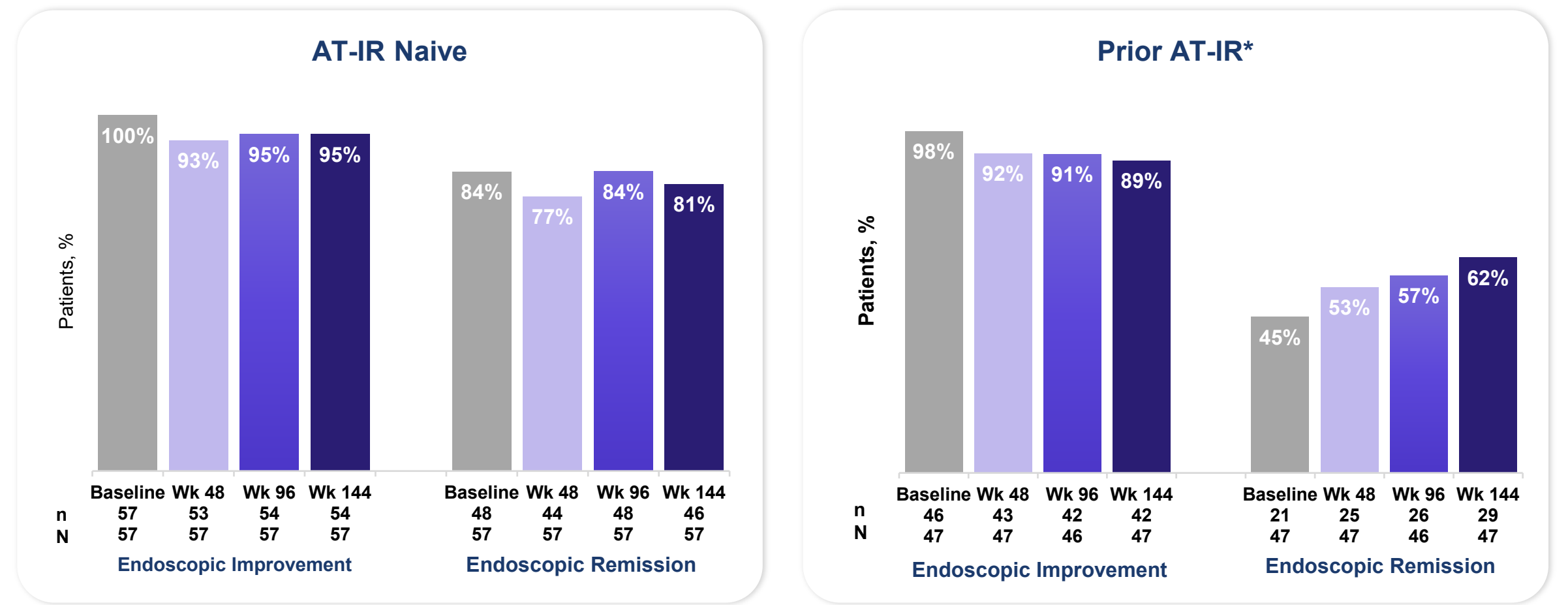
Clinical and symptomatic remission were stable regardless of prior AT-IR



Clinical remission: SFS = 0 or 1, RBS = 0, and MES = 0 or 1. **Symptomatic remission:** SFS = 0 or 1 and RBS = 0.
One patient had rectal bleeding/stool frequency subscores at W96 but was missing endoscopy assessment. | *Prior AT-IR = primary refractoriness to biologics or JAK inhibitors. | Data on file: ABX464-101, ABX464-102, ABX464-103, ABX464-104, ABX464-108. RBS: rectal bleeding score, SFS: stool frequency score.

Endoscopic improvement was stable over time regardless of prior AT-IR

Over time, endoscopic remission was maintained in the AT-IR Naive subgroup and improved in the Prior AT-IR subgroup



Endoscopic improvement: MES = 0 or 1. Endoscopic remission: MES = 0.
Data on file: ABX464-101, ABX464-102, ABX464-103, ABX464-104, ABX464-108. MES: Mayo endoscopic subscore. | One patient had rectal bleeding/stool frequency subscores at W96 but was missing endoscopy assessment.
*Prior AT-IR = primary refractoriness to biologics or JAK inhibitors

Safety Results Summary

	All Patients n = 130
	N (%) [IR/100 PY]
TEAE	
Any TEAE	96 (73.8) [87.9]
TEAE Leading to Discontinuation	9 (6.9) [4.25]
Serious TEAE	8 (6.2) [3.86]
Treatment-Emergent Adverse Events (≥3% of patients)	
Ulcerative Colitis	15 (11.5) [7.3]
Nasopharyngitis	11 (8.5) [5.4]
Upper Respiratory Tract Infection	10 (7.7) [4.9]
COVID-19	11 (8.5) [5.4]
Hypertension	7 (5.4) [3.4]
Diarrhea	5 (3.8) [2.4]
Arthralgia	5 (3.8) [2.4]
Gastroenteritis	4 (3.1) [1.9]
Death	0
Opportunistic infections	0
Non-Melanoma Skin Cancer (NMSC)	1 (0.8) [0.5]

Conclusions

- In this Phase 2 UC program, 104 patients persisted on obefazimod treatment **for up to 5 to 7 years**
- Efficacy was maintained in high proportions of patients over 3 years after **dose change from 50 mg to 25 mg**
- **Clinical, symptomatic, and endoscopic improvements** were maintained regardless of ATIR status
- **Favorable safety profile** with no new signals observed

