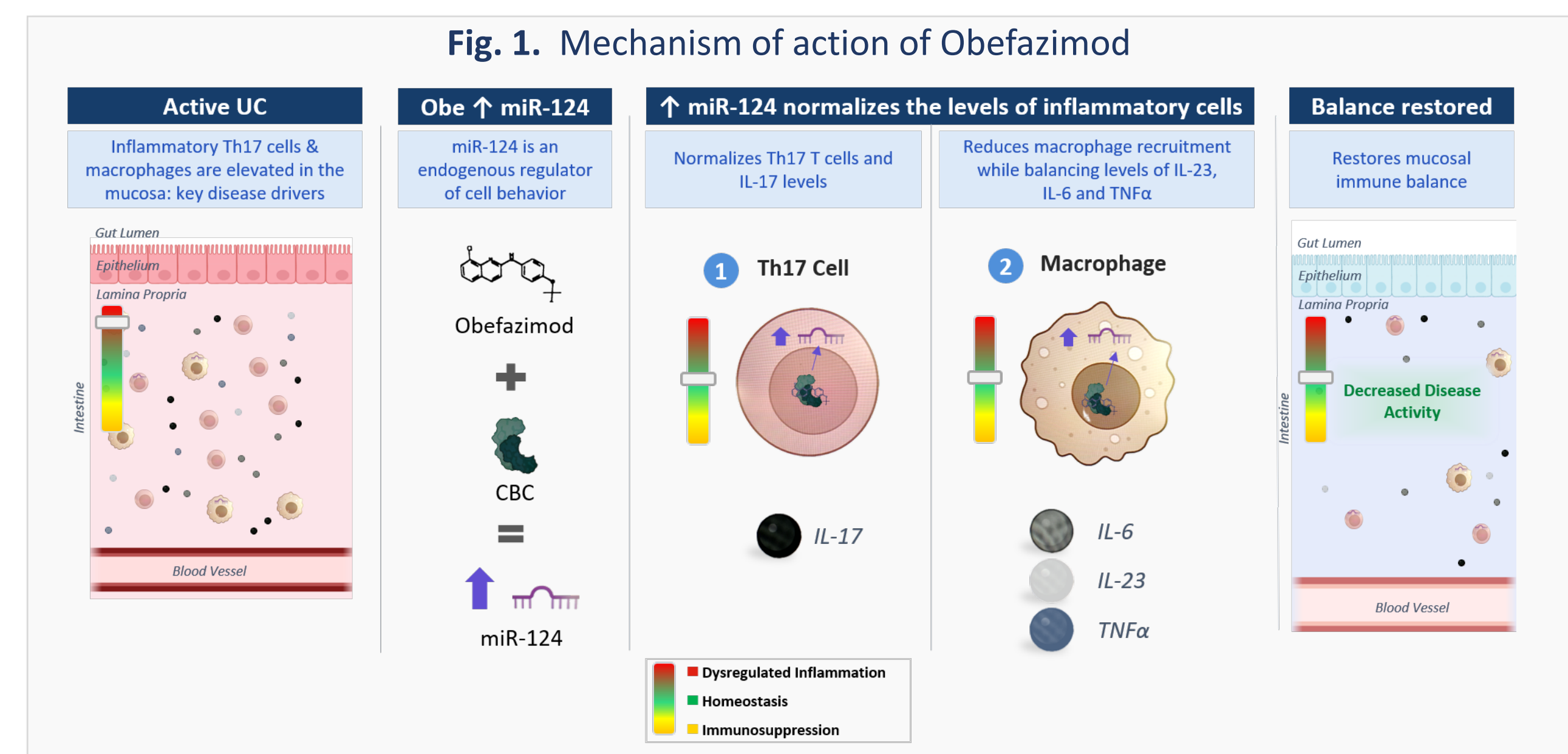


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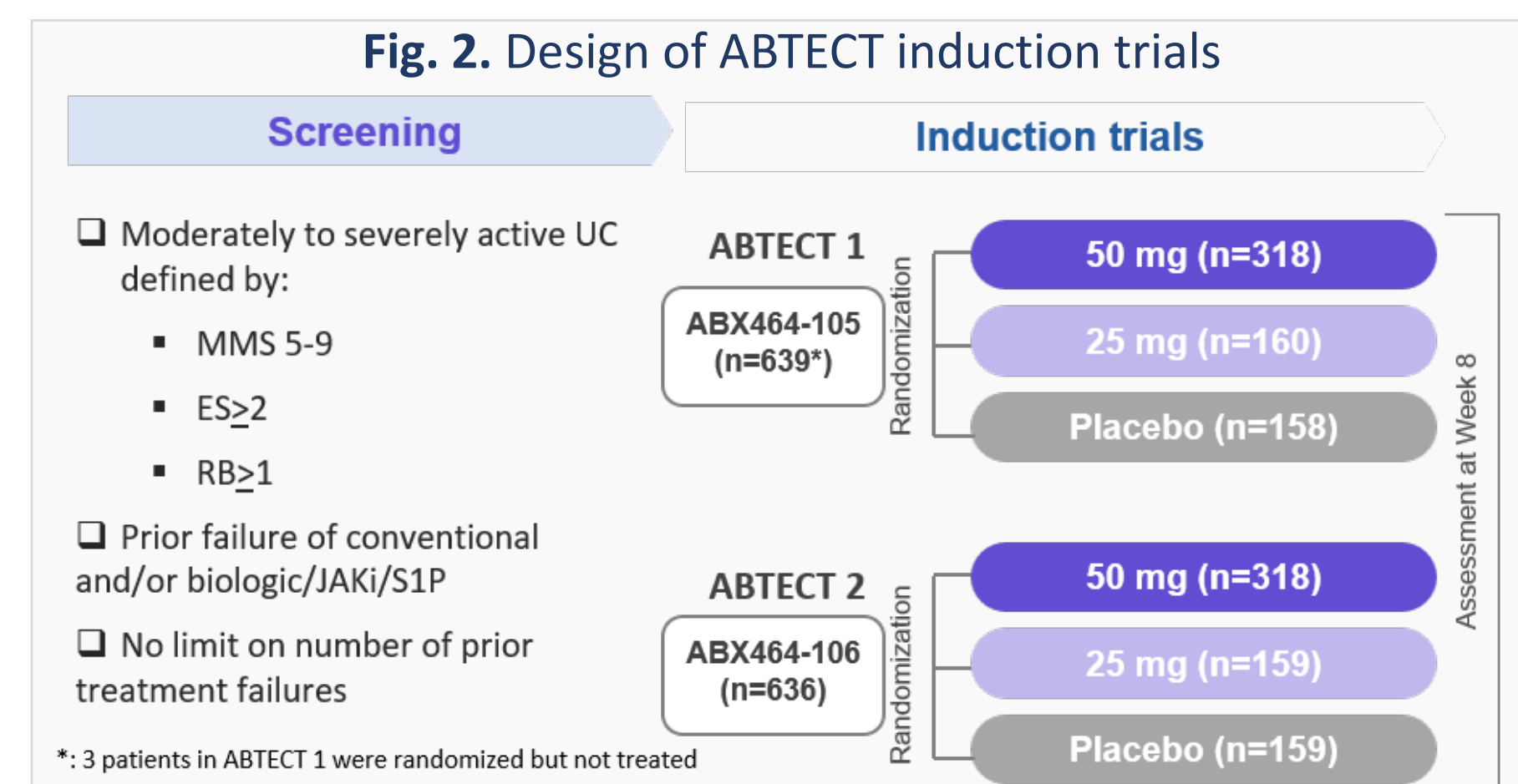
Background

- Obefazimod (Obe) is an oral, once-daily (QD), small molecule that enhances the expression of microRNA-124, thereby restoring intestinal immune balance through regulation of Th17 cells and macrophage activity (Fig.1)
- Obe has shown efficacy in patients (pts) with moderately to severely active ulcerative colitis (UC) in the two Phase 3 ABTECT induction trials [1]. Here, we report the efficacy of Obe in pts from the ABTECT trials, stratified by baseline Mayo endoscopic subscore (MES) and disease extent.



Design

The multicenter, randomized, double-blind, placebo-controlled ABTECT induction trials enrolled pts with moderate-to-severe UC who had inadequate response, loss of response, or intolerance to ≥ 1 prior advanced therapy (no upper limit), including corticosteroids, immunosuppressants, biologics, S1P receptor modulators and/or JAK inhibitors. Pts were randomized 2:1:1 to Obe 50 mg QD (Obe-50), Obe 25 mg QD (Obe-25) or placebo (PBO) for 8 weeks (Fig. 2).



- This post-hoc analysis categorized pts by baseline MES=2 (MES2) or 3 (MES3) and by baseline disease extent as designated by investigator: proctosigmoiditis (>15 cm from anal verge), left-sided colitis, extensive colitis.
- Efficacy endpoints were clinical remission, clinical response, endoscopic improvement, endoscopic remission and histo-endoscopic mucosal improvement (HEMI). P-values are nominal.

References. 1. Sands BE, et al. UEG Journal, 2025; 13: 1818-1820

[illegible]

Results

- Among randomized and treated pts in ABTECT trials, 511 (40%) were graded as MES2 and 761 (60%) MES3; 280 (22%) presented with proctosigmoiditis, 474 (37%) with left-sided colitis, and 497 (39%) with extensive colitis. Baseline demographics and disease characteristics were similar between treatment groups, regardless of baseline MES or disease extent.
- In the pooled analysis, higher proportions of pts receiving Obe, any dose, vs PBO achieved clinical remission in both the MES2 and MES3 subgroups, and similar trends were observed across all endpoints (Fig.3). The proportions of pts achieving efficacy endpoints were generally numerically lower in the MES3 vs MES2 subgroup.
- Greater proportions of pts treated with Obe vs PBO achieved clinical remission in pts with proctosigmoiditis and left-sided colitis and met all efficacy endpoints with nominal significance (Fig.4).
- Greater proportions of pts with extensive colitis treated with Obe-50 vs PBO achieved clinical response, endoscopic improvement and HEMI with nominal significance.

Fig. 3. 8-week efficacy of obefazimod in pts with baseline MES=2 (N=511) vs MES=3 (N=761)
- pooled ABTECT trials

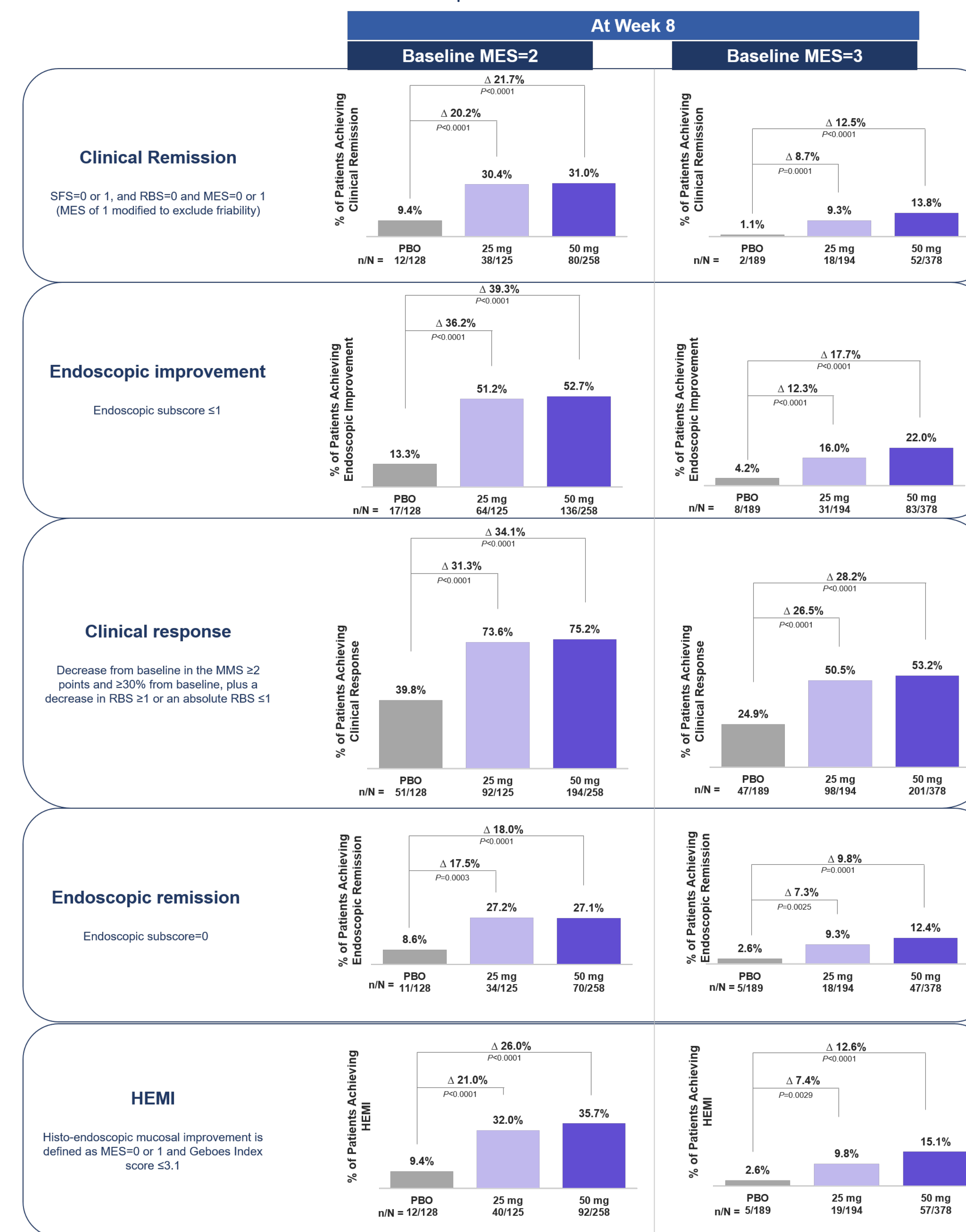
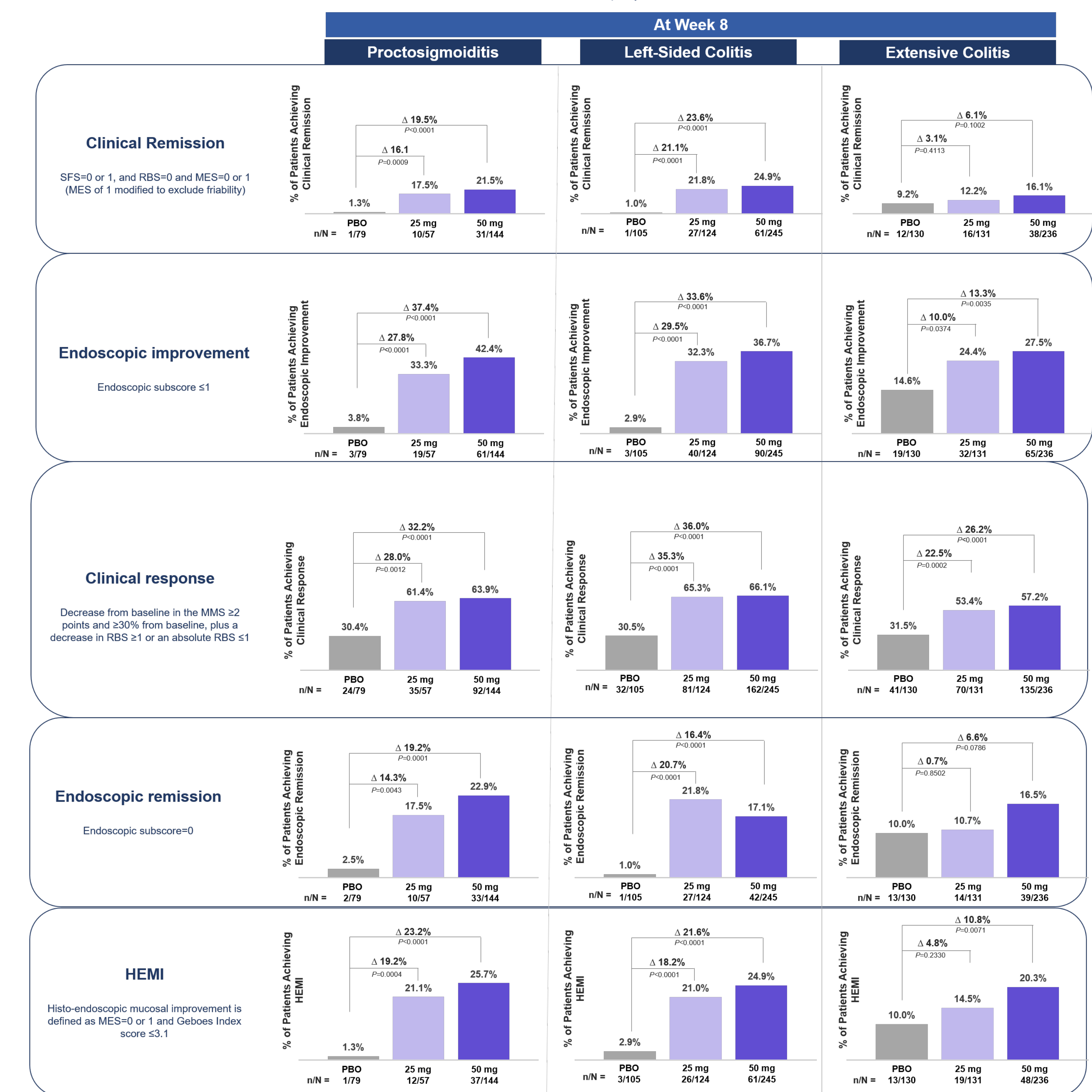


Fig. 4. 8-week efficacy of obefazimod in pts with different baseline disease extent (proctosigmoiditis, left-sided colitis, or extensive colitis) - pooled ABTECT trials



Conclusions

- In the pooled analysis of ABTECT induction trials, obefazimod demonstrated consistent efficacy at week 8 across baseline disease extent and endoscopic subscore over placebo, with higher efficacy rates in less severe disease.
- Patients achieving clinical response to obefazimod were re-randomized into a maintenance trial where efficacy endpoints will be evaluated after 44 weeks of treatment.