

A Phase 1/2 Multicenter Study to Investigate the Safety, Tolerability, Pharmacokinetics and Pharmacodynamics of BION-1301 in Healthy Volunteers and Adults with IgA Nephropathy



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IgAN and APRIL

Immunoglobulin A Nephropathy (IgAN):

- IgAN is the leading cause of primary glomerulonephritis, with approximately 2.5 per 100,000 individuals per year worldwide¹
- Approximately 30-45% of IgAN patients progress to end-stage kidney disease (ESKD) over a period of 20-25 years²⁻⁵
- Proteinuria is strongly associated with kidney disease progression in IgAN^{2,6-7}

APRIL, A Proliferation Inducing Ligand:

- Is a TNF superfamily cytokine that drives IgA class switching and survival of IgA-secreting plasma cells in IgAN⁸
- Higher APRIL levels in patients with IgAN are correlated with higher pathogenic galactose-deficient IgA1 (Gd-IgA1), proteinuria and lower eGFR⁹⁻¹⁰

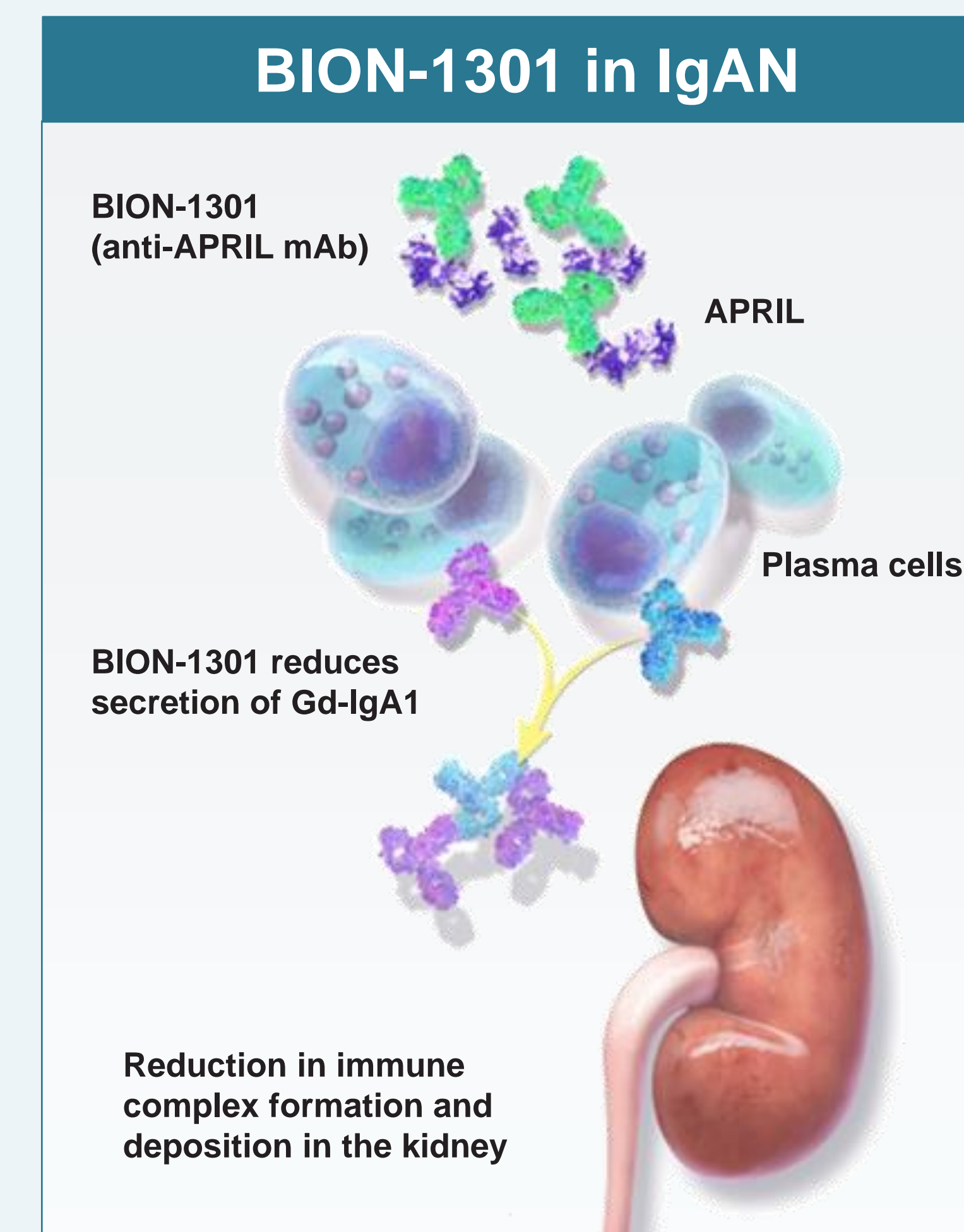
Reference

1. McGrogan et al, 2011, NDT; 2. Reich et al, 2007, JASN; 3. Moriyama et al, 2014, PLOS ONE; 4. Rauen et al, 2020, Kidney Int; 5. Hastings et al, 2018, Kidney Int Rep; 6. Thompson et al, 2019, CJASN; 7. Barbour et al, 2019, JAMA Int Med; 8. Suzuki et al, 2021, Sem Immun; 9. Zhai et al, 2016, Medicine; 10. McCarthy et al, 2011, J Clin Invest; 11. Barratt et al, 2022, ERA; 12. Lo et al, 2020 ERA-EDTA

BION-1301*

BION-1301 is a novel humanized monoclonal antibody that binds and blocks APRIL

- Blocking APRIL with BION-1301 is a potentially disease-modifying mechanism to deplete Gd-IgA1 and prevent pathogenic immune complex formation
- BION-1301 was well-tolerated in patients with IgAN and resulted in depletion of Gd-IgA1 and sustained, clinically meaningful proteinuria reduction by 12 weeks of treatment¹¹
- Phase 1 bioavailability study in healthy volunteers (HV) supports SC dosing¹²



In a 3-part phase 1/2 study (ADU-CL-19; NCT03945318), the completed Parts 1 and 2 were blinded, placebo-controlled single and multiple ascending (SAD, MAD) dose designs in HVs.

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|--------|---|-----------|
| Part 1 | SAD in healthy volunteers (up to 1350 mg) | Completed |
| Part 2 | MAD in healthy volunteers (up to 450 mg) | Completed |

Objectives of Parts 1 and 2 included:

- Safety, tolerability, pharmacokinetics, immunogenicity and biomarker effects in healthy volunteers and IgAN patients
- Proof of mechanism (free APRIL, IgA and Gd-IgA1)
- Explore dose/schedule (exposure) necessary to achieve reduction in IgA and Gd-IgA1

BION-1301 Phase 1/2 Study Ongoing Part 3



ADU-CL-19 Phase 1/2 study Part 3 (NCT03945318) is a multicenter (US, UK, South Korea), multicohort, open-label study in up to 40 patients with IgAN

Study Objectives:

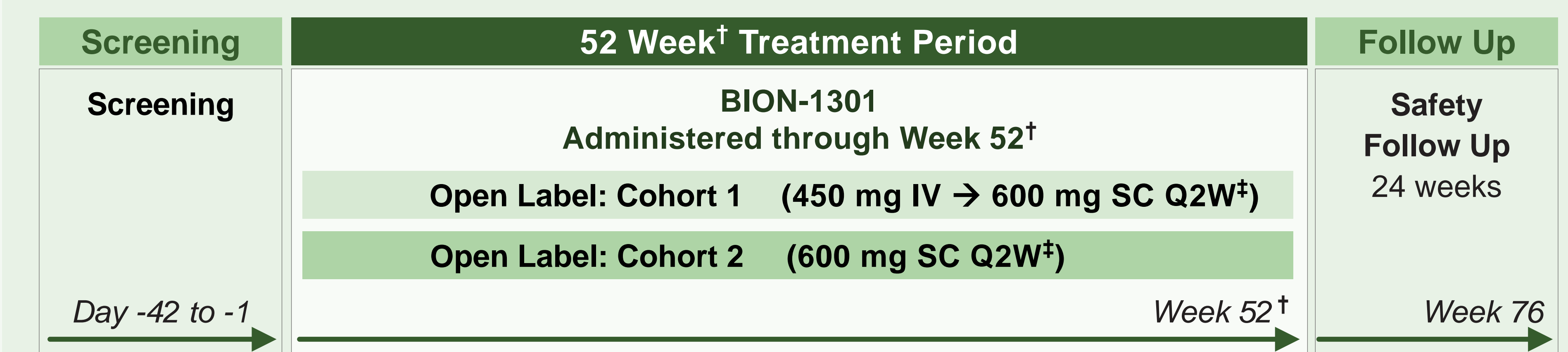
- Safety, tolerability, PK, immunogenicity, biomarker effects and preliminary effect on proteinuria in patients with IgAN
- Proof of mechanism
- Proof of concept
- Explore dose/schedule, intravenous (IV) and subcutaneous (SC) administration

Key Eligibility Criteria, Cohort 2 (Currently Enrolling):

- Biopsy-proven IgAN diagnosis within past 10 years
- Total protein excretion ≥ 0.5 g/24h OR UPCR ≥ 0.5 g/g based on 24-hour urine collection at screening
- eGFR ≥ 30 mL/min/1.73 m²
- Stable/optimized dose of RASi for ≥ 3 months prior to screening (or intolerant to RASi)

The current design of the Phase 1/2 study incorporating SC dosing provides improved patient convenience and will enable generation of extended safety, PK, immunogenicity, PD and preliminary efficacy data for the use of BION-1301 in patients with IgAN

Ongoing Part 3 in Patients with IgAN



[†]Patients transitioned to SC after receiving IV BION-1301 for ≥ 24 weeks

Cohort 1 (n = 10; enrollment complete)

- 450 mg of BION-1301 IV every 2 weeks (Q2W) for at least 24 weeks; transition to 600 mg of BION-1301 SC Q2W for the remainder of the 1-year study period

Cohort 2 (up to 30 patients; enrollment ongoing)

- 600 mg of BION-1301 SC every 2 weeks for 1 year

[†] An optional 1-year treatment extension is available to both cohorts with total treatment duration not to exceed 2 years.