NLRC4/XIAP INFORMATION SHEET

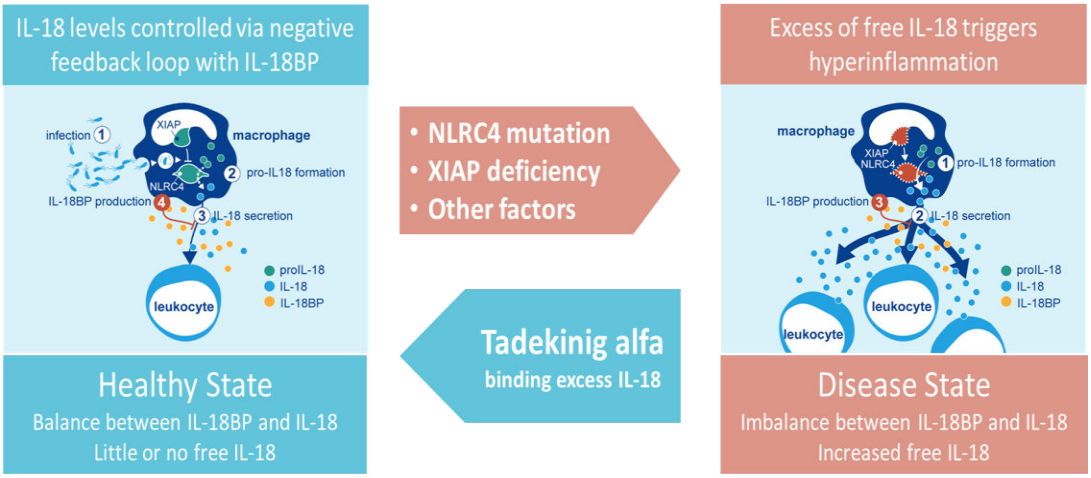
NLRC4/XIAP PHASE III STUDY
ClinicalTrials.gov Identifier: NCT03113760

OVERVIEW

The Swiss-based company AB2 Bio (www.AB2Bio.com) is conducting a clinical Phase III trial to assess the efficacy and safety of ***Tadekinig alfa*** in patients with monogenic, interleukin-18 driven autoinflammation caused by **NLRC4-MAS mutation or XIAP deficiency**. ***Tadekinig alfa*** is the drug name for a recombinant human interleukin-18 binding protein (r-hIL-18BP) which is administered by subcutaneous injections every two days.

NLRC4-MAS MUTATION AND XIAP DEFICIENCY

Monogenic disorders caused by NLRC4-MAS mutation and XIAP deficiency are generally associated with high levels of interleukin-18 (IL-18).

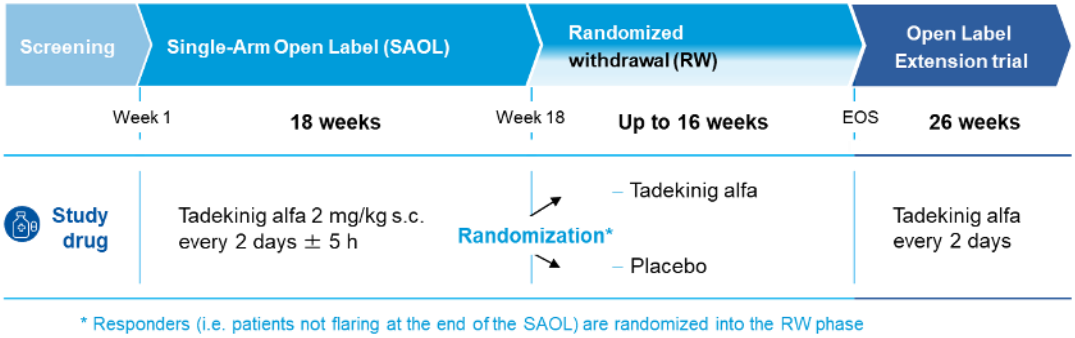


TADEKINIG ALFA – MODE OF ACTION

The rationale for treatment with ***Tadekinig alfa*** is that it can inhibit the pro-inflammatory cascade triggered by free IL-18. By restoring the natural balance of the IL-18 system, it may help to manage the severe symptoms of the disease such as hemophagocytic lymphohistiocytosis (HLH), enterocolitis and other system organ damages.

TRIAL APPROACH

The NLRC4/XIAP.2016.001 Phase III trial is a multicenter, double-blind, placebo-controlled, randomized withdrawal trial to evaluate the safety and efficacy of ***Tadekinig alfa***. After trial completion, ***Tadekinig alfa*** treatment is continued for 26 weeks in the open-label extension trial OLE-NLRC4/XIAP.2016.001.



Recruitment in the NLRC4/XIAP.2016.001 trial was completed in Feb 2023. The last patient will complete the open label extension trial OLE-NLRC4/XIAP.2016.001 between Dec 2023 - Apr 2024.

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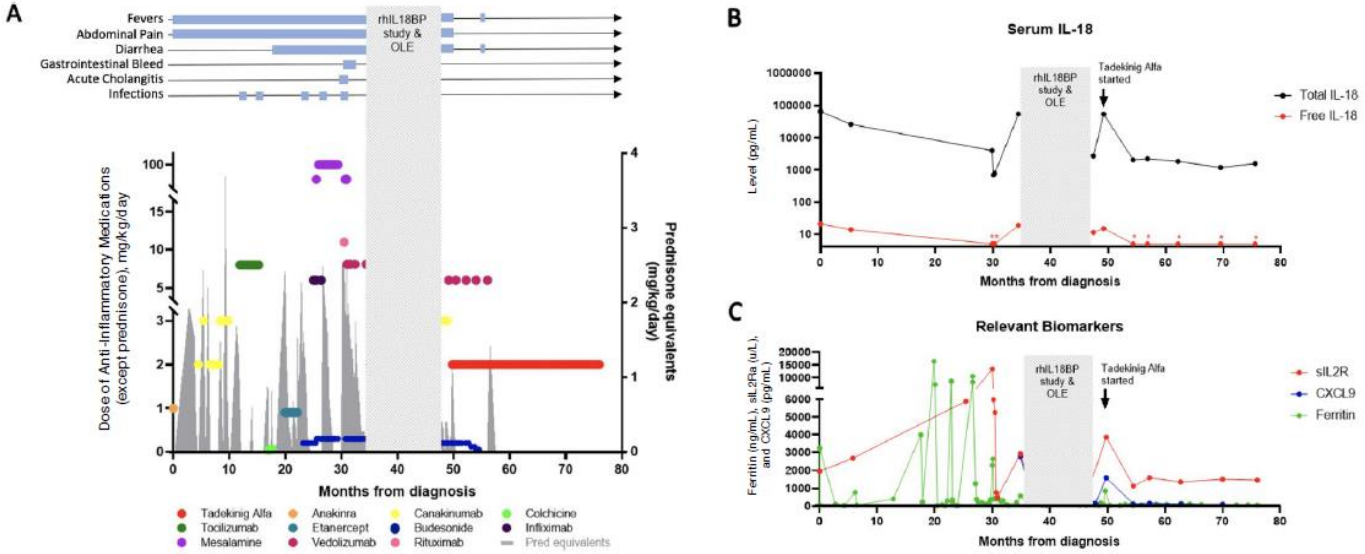
SUCCESSFUL TREATMENT OF PATIENTS WITH NLRC4-MAS MUTATION AND XIAP DEFICIENCY

A Case of XIAP Deficiency Successfully Managed with Tadekinig alfa (rhIL-18BP)

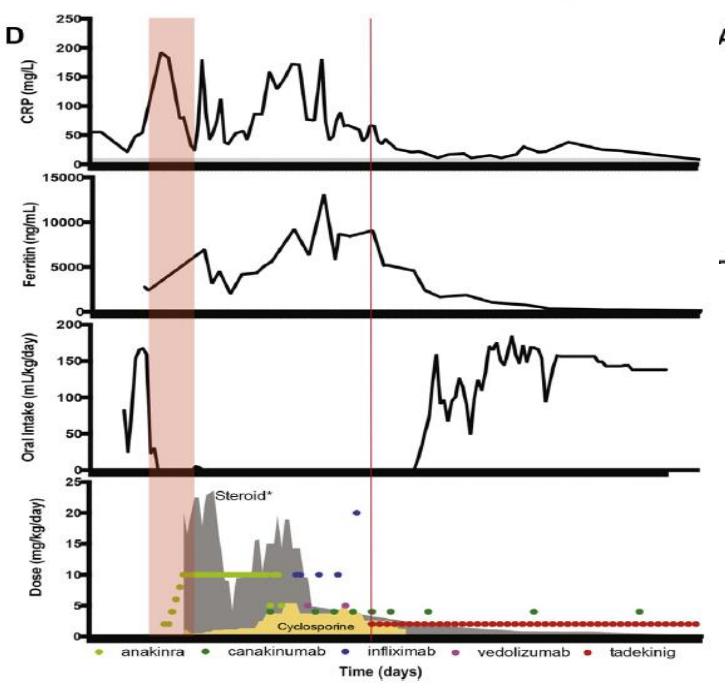
(Geerlinks et al., 2022, Journal of Clinical Immunology)

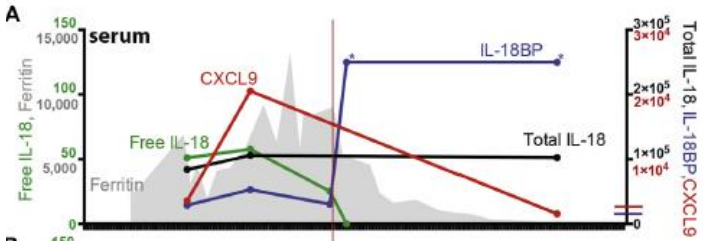


Graph A: Anti-inflammatory medications, doses and duration, and clinical symptoms after confirmed diagnosis of XIAP deficiency. Blue bars represent timing of key clinical symptoms. Gray shading: daily prednisone-equivalent doses.
Graph B: Serum total and free IL-18 levels.* indicates levels that were < 10 pg/mL and not quantifiable.
Graph C: sIL2R, CXCL9, and ferritin levels. Arrow indicates initiation of tadekinig alfa through compassionate use.
Shaded gray box indicates time period of rhIL18BP study and open label extension (OLE)

Life-threatening NLRC4-associated hyperinflammation successfully treated with IL-18 inhibition

(Canna et al., 2016, Journal of Allergy and Clinical Immunology)





Graph D: C-reactive protein (CRP), ferritin, enteral intake, and anti-inflammatory medications
Red box: MAS onset
Red line: Start of Tadekinig alfa

Graph A: Serum cytokines (in pg/mL) and serum ferritin (gray, ng/mL).
Upper limit of healthy controls, if visible, crosses the y-axis