

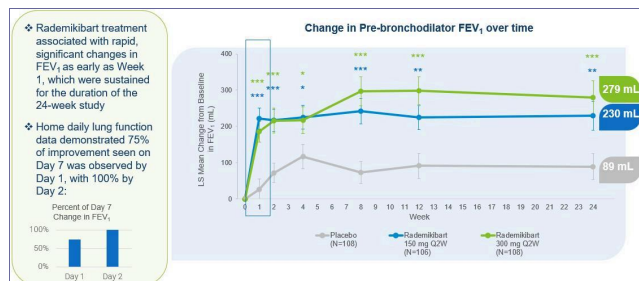
[Print this Page for Your Records](#)[Close Window](#)**Control/Tracking Number:** 2025-S-13121-ATS**Activity:** Scientific Abstract**Current Date/Time:** 2/25/2025 2:20:40 PM**Rapid Improvement In Lung Function Observed With Rademikibart In Patients With Moderate-to-severe Uncontrolled Asthma****Author Block:** R. Collazo¹, M. E. Wechsler², B. Quart¹;¹Connect Biopharma, San Diego, CA, United States, ²Dept. of Medicine, National Jewish Health, Denver, CO, United States.**Abstract:**

RATIONALE: More than 26 million Americans are burdened with asthma symptoms. Rademikibart, an IL-4R α -blocker, blocks both interleukin-4 and interleukin-13 signaling. In a previously reported Phase 2b trial, using in-clinic spirometry readings, rademikibart demonstrated significant improvements in lung function by Week 1 that were sustained through 24-weeks of treatment. At home spirometry data were also collected during the trial and although home-spirometry readings tend to be more variable compared to in-clinic readings due to the lack of coaching, we examined home spirometry data (in a *post hoc* analysis) to assess rademikibart's ability to improve lung function during the first week of treatment (prior to the Day 7 clinic visit) following a single loading dose in patients with uncontrolled moderate-to-severe asthma.

METHODS: This Phase 2b trial (NCT04773678) was a global, placebo-controlled study with 322 patients randomized to receive rademikibart 600 mg loading dose (n=214) or placebo (n=108). The *post hoc* end point of interest was absolute change from baseline (CFB) in the pre-bronchodilator FEV₁ from home, self-administered spirometry on Days 1-7 in the overall trial population and in patients with a blood eosinophil count of ≤ 300 cells/ μ l vs of ≥ 300 cells/ μ l at baseline.

RESULTS: Following a single 600 mg loading dose on Day 0, in clinic FEV₁ change from baseline at Week 1 was 232 mL and 175 mL in the 150 mg and 300 mg groups, respectively. With the home spirometry, 75% of the Day 7 improvement was observed ~24 hours post dose and 100% of the observed improvement was noted by Day 2. Greater improvement in FEV₁ was achieved in patients with eosinophil levels of ≥ 300 cells/ μ l at baseline. Consistent with previous experience, treatment with rademikibart was generally well tolerated.

CONCLUSIONS: This *post hoc* analysis demonstrates that rademikibart rapidly improves lung function, with significant gains observed within 24 hours of a single loading dose and sustained through the maintenance treatment period. These findings support rademikibart's potential as an effective, fast-acting therapy for patients with type 2 inflammation-driven asthma and indicate a possible use in the early in treatment setting following an acute exacerbation of asthma or COPD.



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