

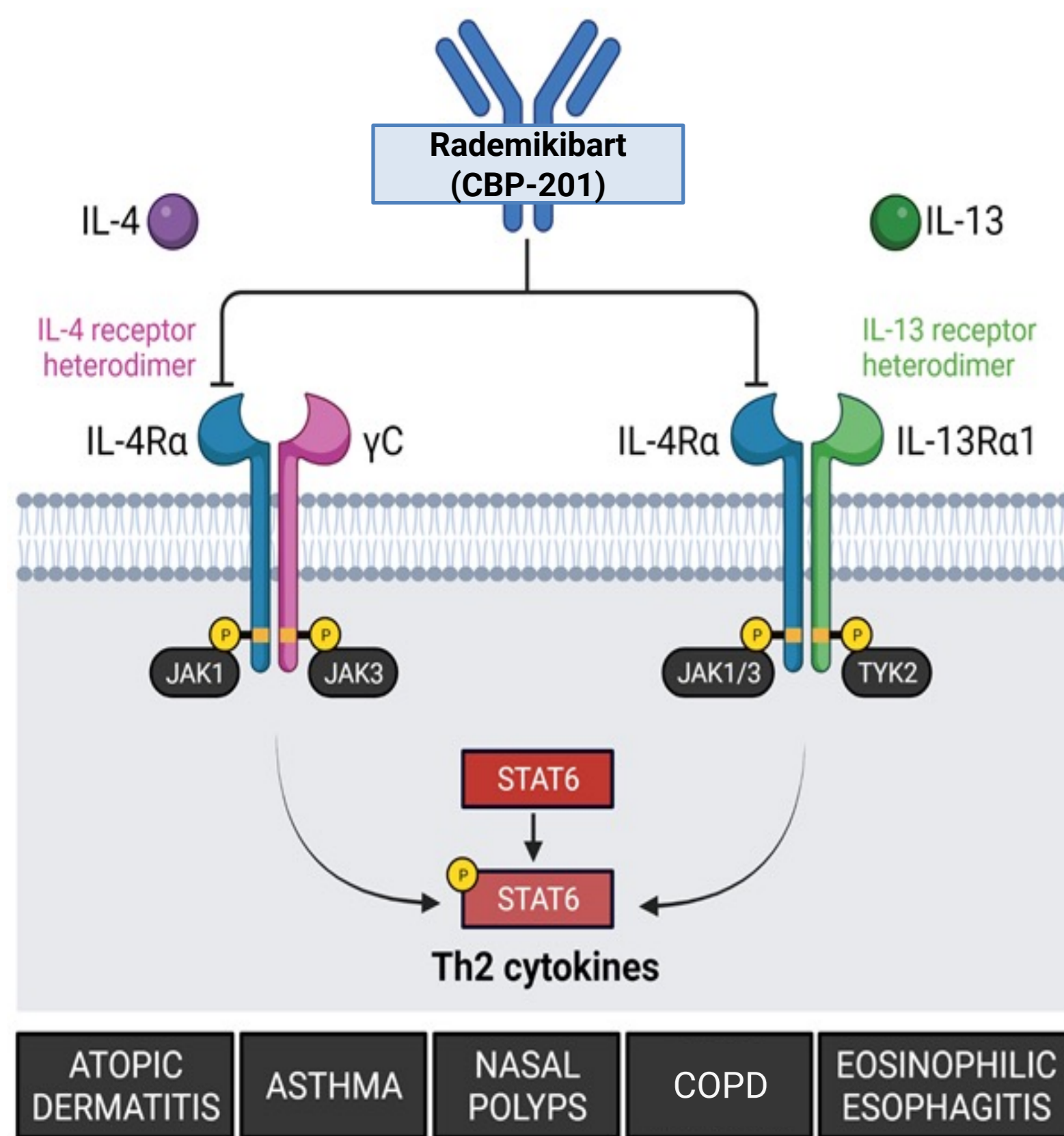
# Improvements in patient-reported outcomes (PROs) across 16 weeks of treatment with rademikibart (CBP-201) for moderate-to-severe atopic dermatitis (AD): Results from a pivotal trial in China (CBP-201-CN002)

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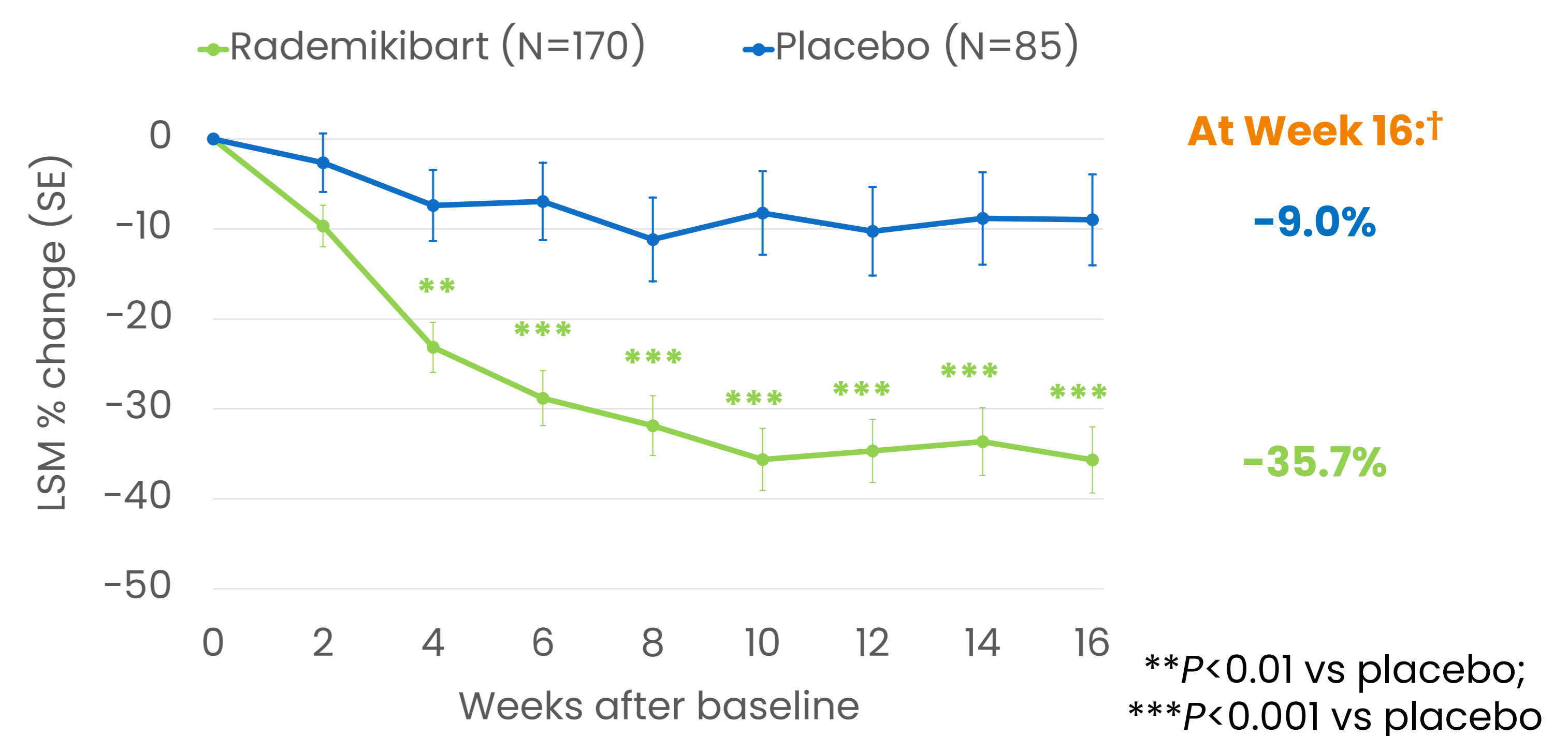
- Rademikibart (formerly CBP-201) is a next-generation mAb that inhibits the actions of both IL-4 and IL-13.
- In preclinical studies, rademikibart bound with greater affinity to IL-4Rα at a distinct epitope, resulting in more potent inhibition of STAT6 signaling and Th2 cytokine gene expression than with dupilumab.<sup>1,2</sup>
- The WW001 global Phase 2 trial of rademikibart demonstrated improvements in AD signs and symptoms across a range of investigator and PRO rating scales.<sup>3-5</sup>
- While investigators objectively assess the extent and severity of eczematous lesions, PROs reflect improvements that may be particularly meaningful for patients, including in intractable pruritus and in mental and physical functioning.

## DLQI scores across the initial 16-week treatment period

Significant improvements in DLQI\* scores with rademikibart were observed from Week 4 and sustained across the 16-week treatment period (Figure 3). Placebo-adjusted improvements were -15.8% and -26.7% at Weeks 4 and 16, respectively.

\*DLQI is a 10-item questionnaire, with one question about AD lesions and pruritus and nine questions about mental and physical functioning over the past week.

Figure 3: Change in DLQI scores across 16 weeks of treatment †



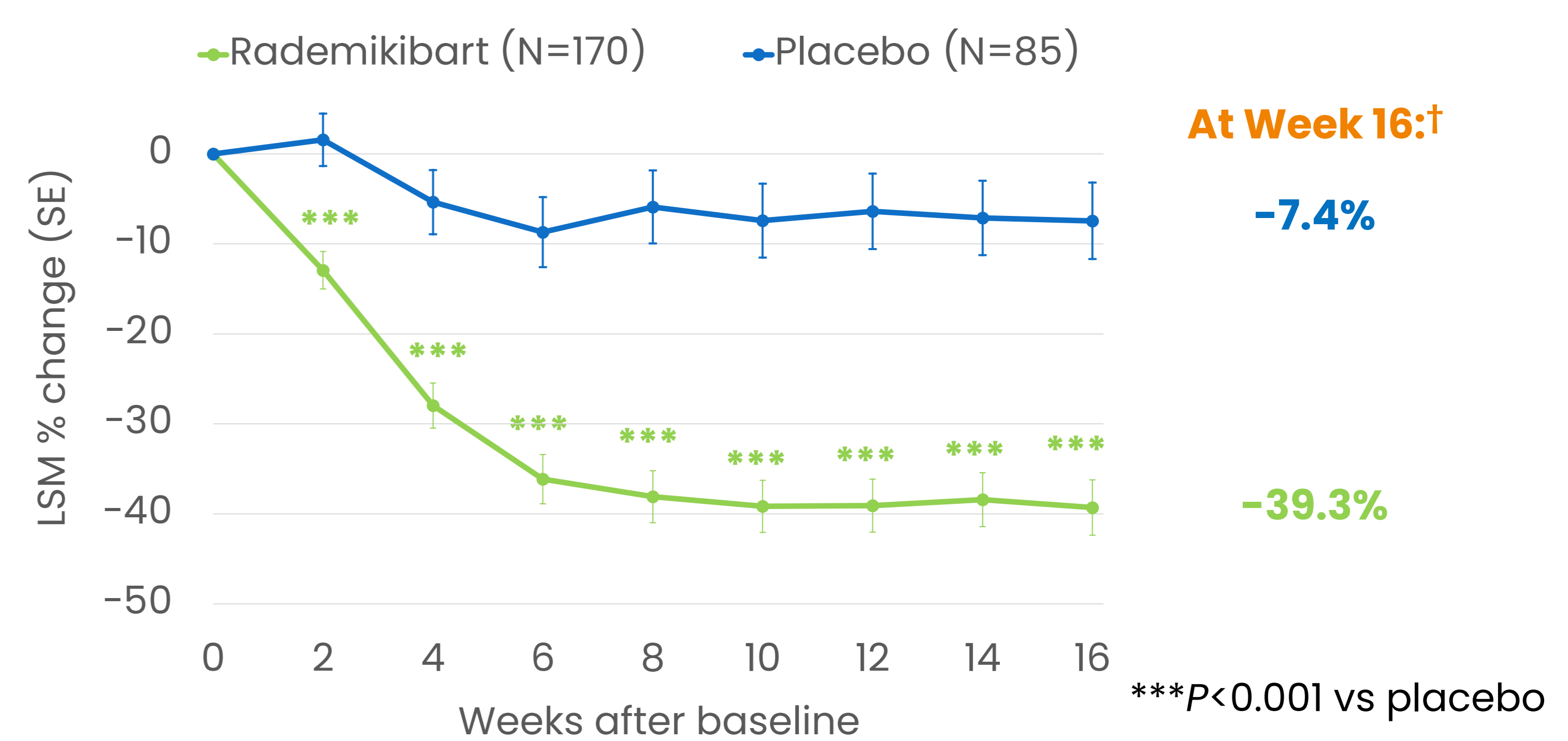
†Secondary endpoint at Week 16

## POEM scores across the initial 16-week treatment period

Rapid and sustained significant improvements in POEM\* scores were observed with rademikibart (Figure 4). Placebo-adjusted improvements were -14.5% and -31.9% at Weeks 2 and 16, respectively.

\*POEM is a 7-item questionnaire, with six questions about AD lesions and pruritus and one question about sleep disturbance over the past week.

Figure 4: Change in POEM scores across 16 weeks of treatment †



†Secondary endpoint at Week 16

## Objective

CN002 is a pivotal trial of rademikibart in China (NCT05017480) with a primary patient population of adults with moderate-to-severe AD. Assessments are also being conducted in adolescents.

In three other posters by Zhang et al. at this meeting (WCD2023, posters 3240, 3242, 3247), we report that the CN002 trial achieved its primary endpoint (% patients with IGA 0/1 and ≥2-point reduction from baseline at Week 16) and all secondary endpoints at 16 weeks of treatment with rademikibart in adult patients.

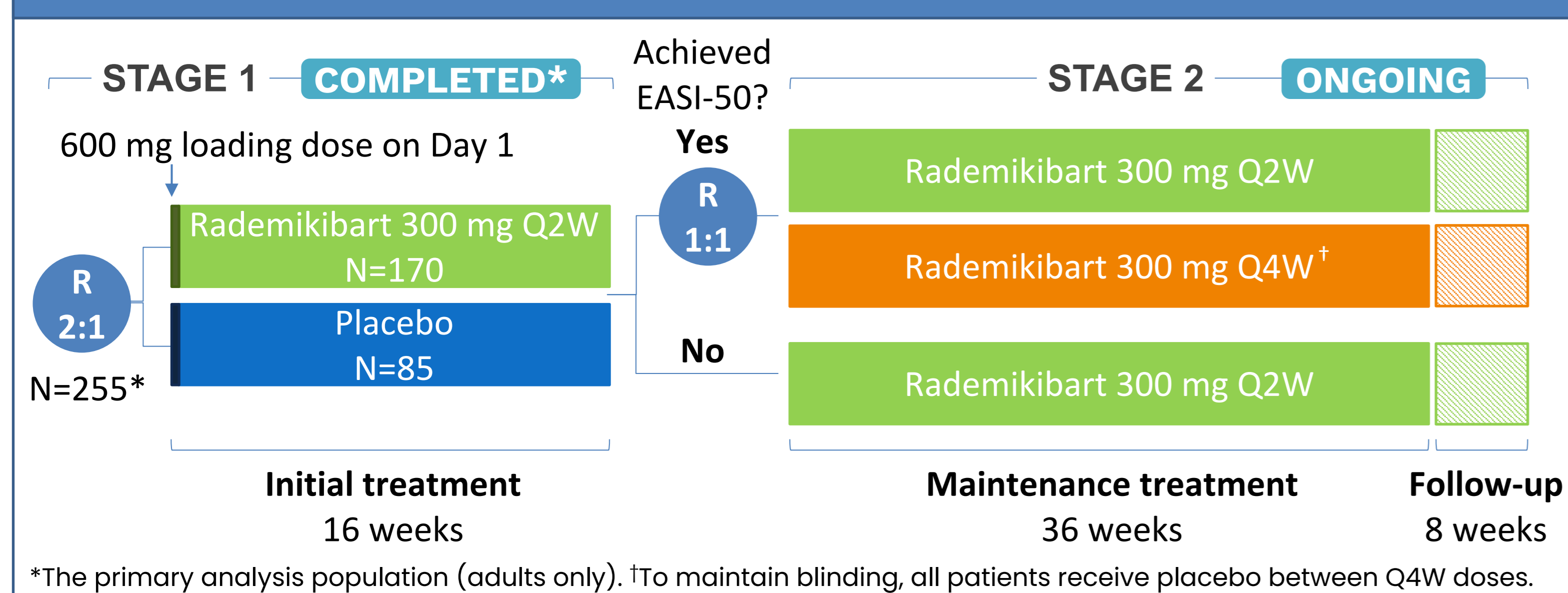
Here, we report improvements in PROs with rademikibart across the initial 16-week treatment period in the adult population.

## Methodology

### Study design

CN002 is a randomized, double-blind, placebo-controlled, pivotal trial of subcutaneous rademikibart conducted across 48 centers in China (Figure 1). Stage 1 has completed in adults; Stage 2 is ongoing. Patients had moderate-to-severe AD (IGA ≥3, EASI ≥16, BSA ≥10%) inadequately controlled typically, no prior anti-IL-4Rα/IL-13s, and no concomitant topical AD treatment except rescue medication and emollient.

Figure 1: CN002 study design



\*The primary analysis population (adults only). †To maintain blinding, all patients receive placebo between Q4W doses.

### Statistics

Continuous score changes were analyzed using MMRM.

## Results

### Baseline characteristics and patient disposition

All 255 adults had moderate-to-severe AD, with the following baseline characteristics:

- Investigator rated: median EASI 26.9; 54.5% with IGA score of 4; median BSA 44.5%.
- Patient rated: median PP-NRS 7.0; median DLQI 15.0; median POEM 23.0.

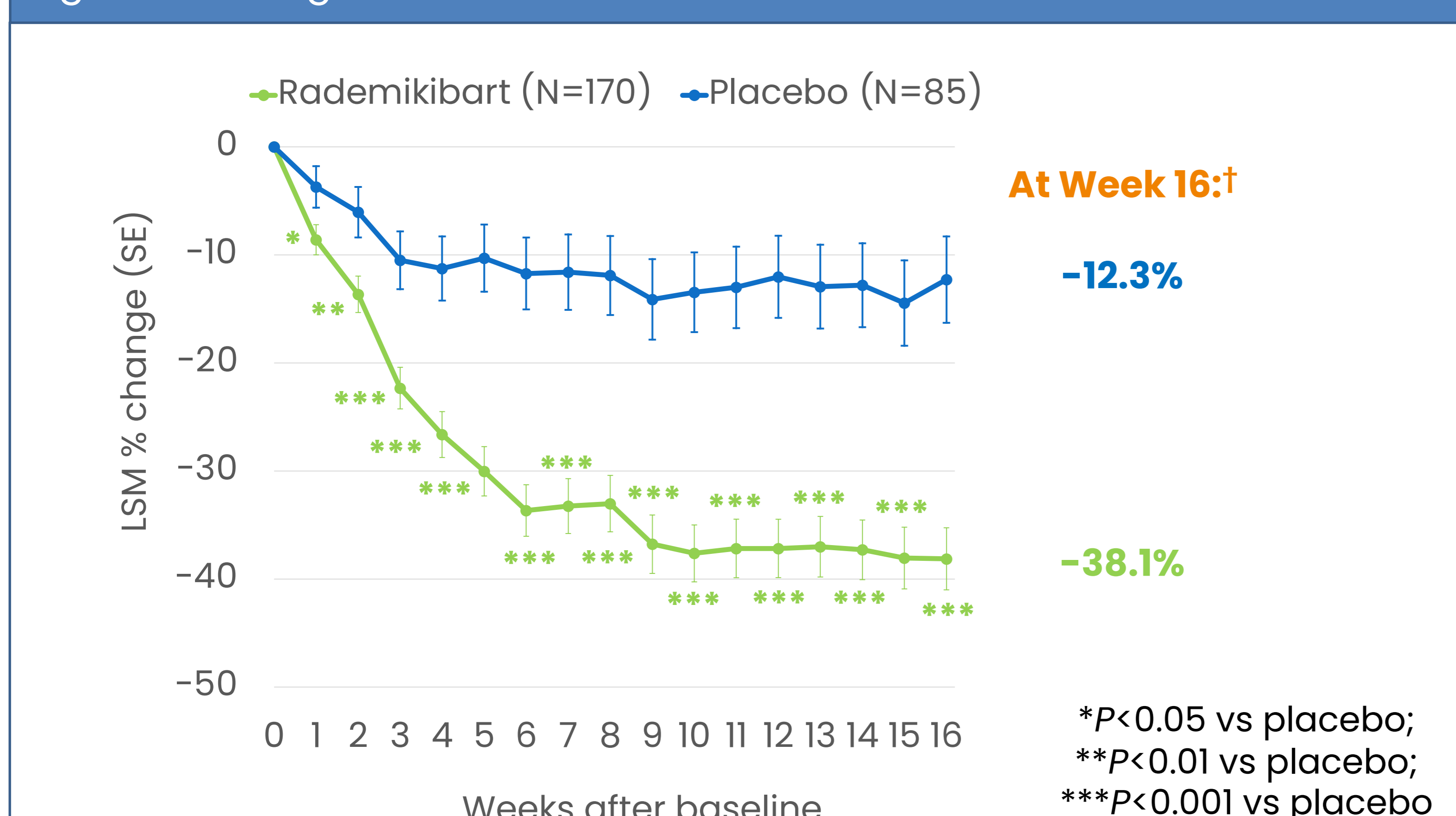
Disease characteristics were well balanced in the rademikibart and placebo arms, and generally comparable to those in dupilumab trials conducted in China and globally.<sup>6-8</sup>

Across 16 weeks of treatment, all patients received ≥1 dose, with 95.3% and 92.9% completing to Week 16 in the rademikibart and placebo arms, respectively.

### PP-NRS scores across the initial 16-week treatment period

Rapid and sustained improvements in pruritus were reported (Figure 2). Statistical significance with rademikibart vs placebo was achieved at the earliest assessment (Week 1) and throughout the 16-week treatment period. Placebo-adjusted PP-NRS score improvements with rademikibart were -7.6% and -25.8% at Weeks 2 and 16.

Figure 2: Change in PP-NRS scores across 16 weeks of treatment †



†Secondary endpoints at Weeks 2 and 16

## Conclusions

- In CN002, a large China-specific pivotal trial, adults with moderate-to-severe AD reported rapid and sustained improvements in symptoms, including pruritus, and in QoL across the initial 16-week treatment period with rademikibart.
- In three other posters at this meeting (WCD2023, posters 3240, 3242, 3247), in the adult population, we report compatible improvements in AD extent and severity, including:
  - CN002 achieved its primary endpoint (% patients with IGA 0/1 and ≥2-point reduction from baseline at Week 16) and all secondary endpoints at Week 16.
  - Investigator-assessed AD signs improved rapidly, without plateauing by Week 16.
- Efficacy responses were generally comparable to those in dupilumab global and China-specific trials.<sup>6-8</sup>
- The findings are also confirmatory of previously reported rapid and sustained improvements in AD signs and symptoms, and in QoL, during the WW001 global Phase 2 trial of rademikibart.<sup>3-5</sup>
- Whether patients' perceptions of QoL differ according to cultural background requires further research, thus limiting direct comparison with global studies.
- The CN002 pivotal trial is ongoing in adults and adolescents. The 36-week maintenance treatment period will potentially demonstrate sustained patient- and investigator-assessed efficacy with rademikibart Q2W, as well as with a more convenient Q4W dose.

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Abbreviations: AD, atopic dermatitis; BSA, Body Surface Area; DLQI, Dermatology Life Quality Index; EASI, Eczema Area and Severity Index; EASI-50, at least 50% decrease from baseline; IGA, Investigator Global Assessment; LSM, least squares mean; mAb, monoclonal antibody; MMRM, Mixed-Effect Model for Repeated Measures; POEM, Patient Oriented Eczema Measure; PP-NRS, Peak Pruritus Numeric Rating Scale; Q2/4W, every 2/4 weeks; QoL, quality of life; R, randomized; SE, standard error.