



H.C. Wainwright 2022 KOL Series — Deep Dive into Anti-GBM Disease

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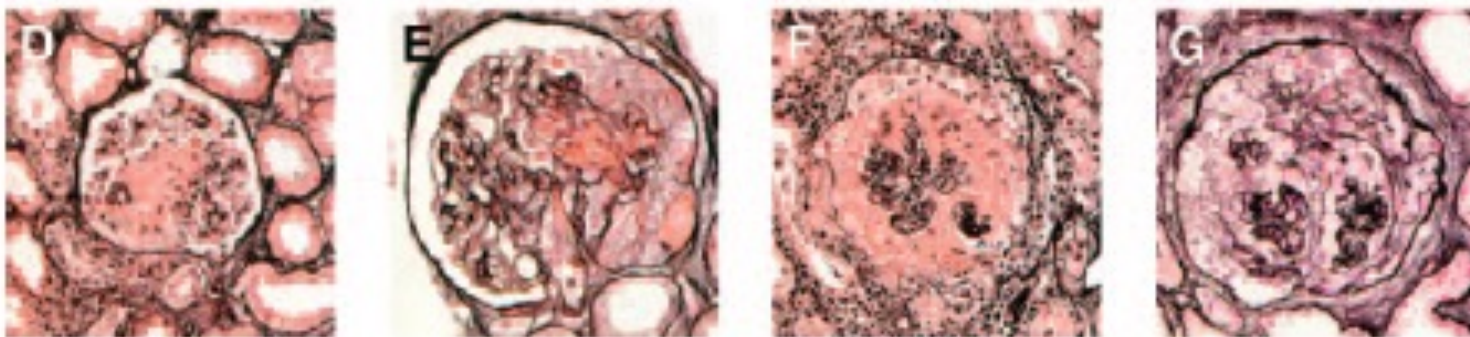
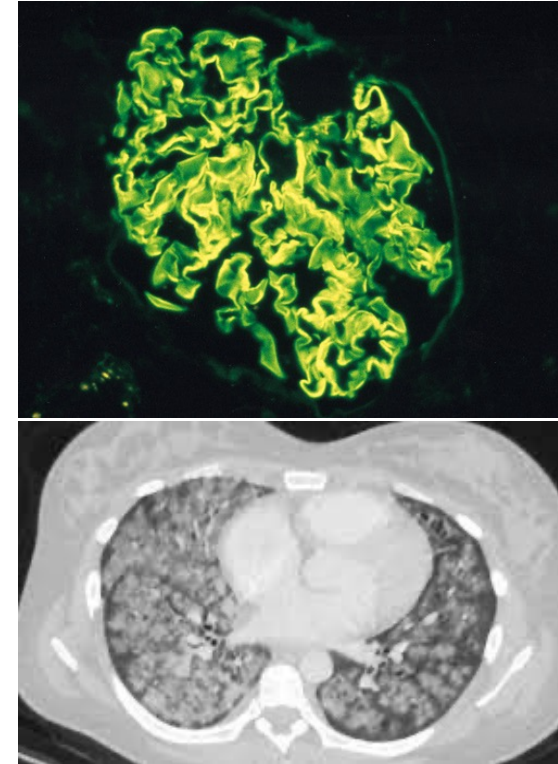
Anti-GBM disease



Ernest William Goodpasture 1886-1960

The most severe form of inflammatory renal disease:

- Unspecific symptoms for a few weeks (months)
- Rapidly progressive glomerulonephritis or acute renal failure
- Pulmonary hemorrhage or subclinical lung engagement
- Incidence: 1.5 per million and year, men= women



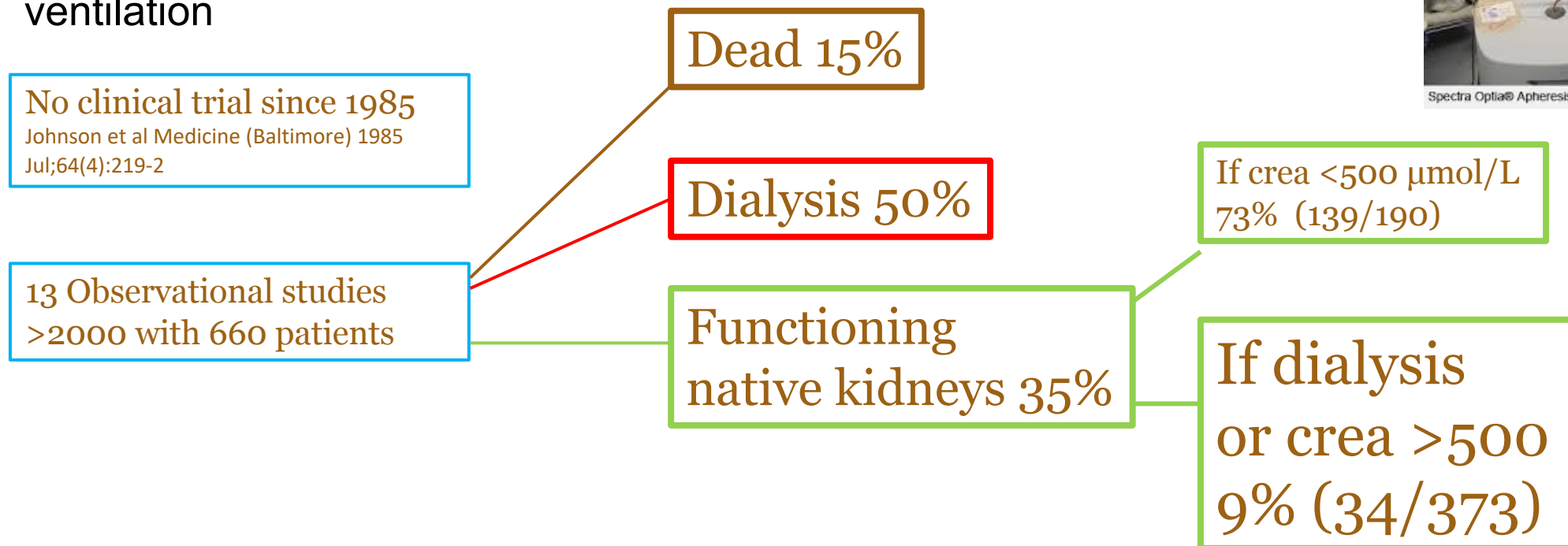
Stanton and Tange. Australas Ann Med. 1958;7:132-44



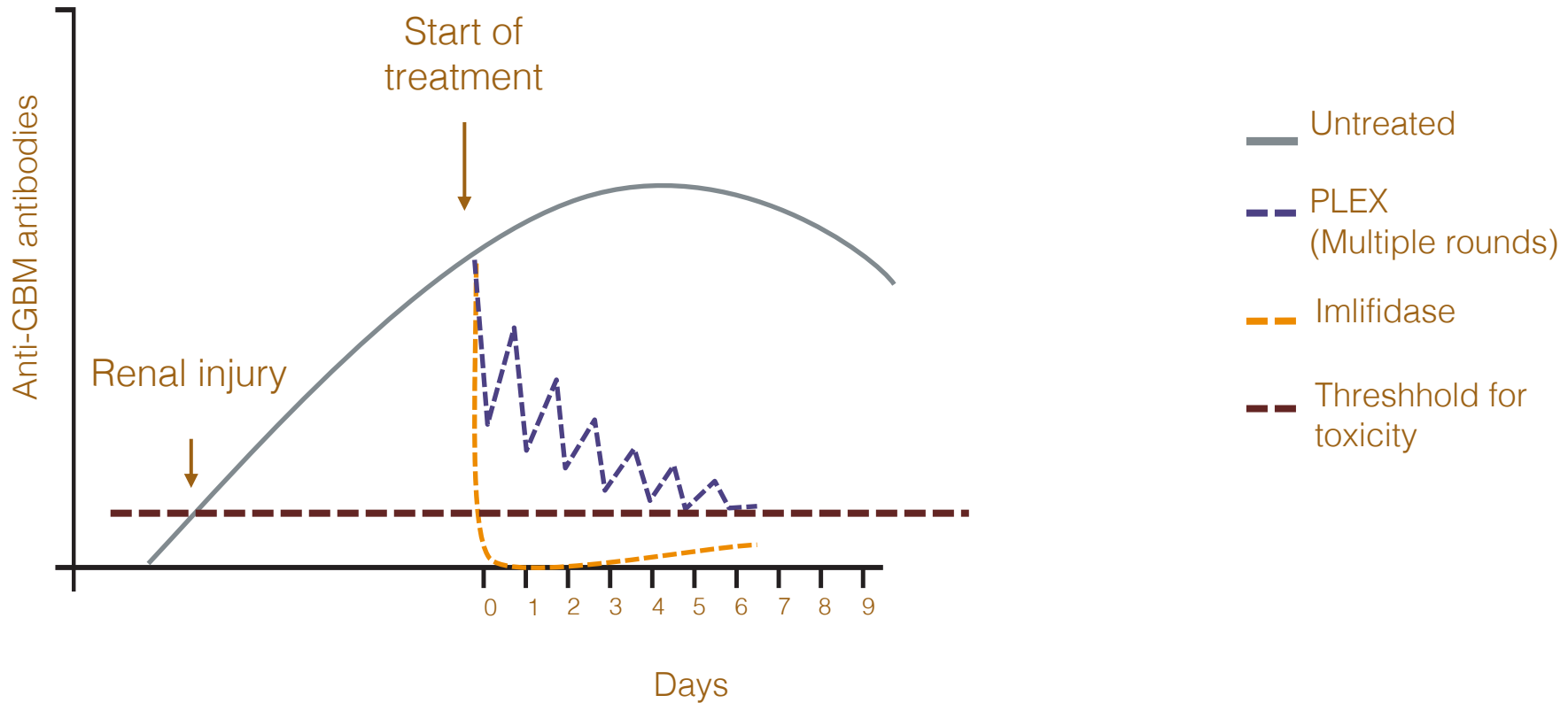
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Current treatment of anti-GBM disease

- Pulse-doses of corticosteroids
- Cyclophosphamide
- Plasma exchange
- Supportive care as needed with dialysis and mechanic ventilation



Rational for treating anti-GBM disease with imlifidase

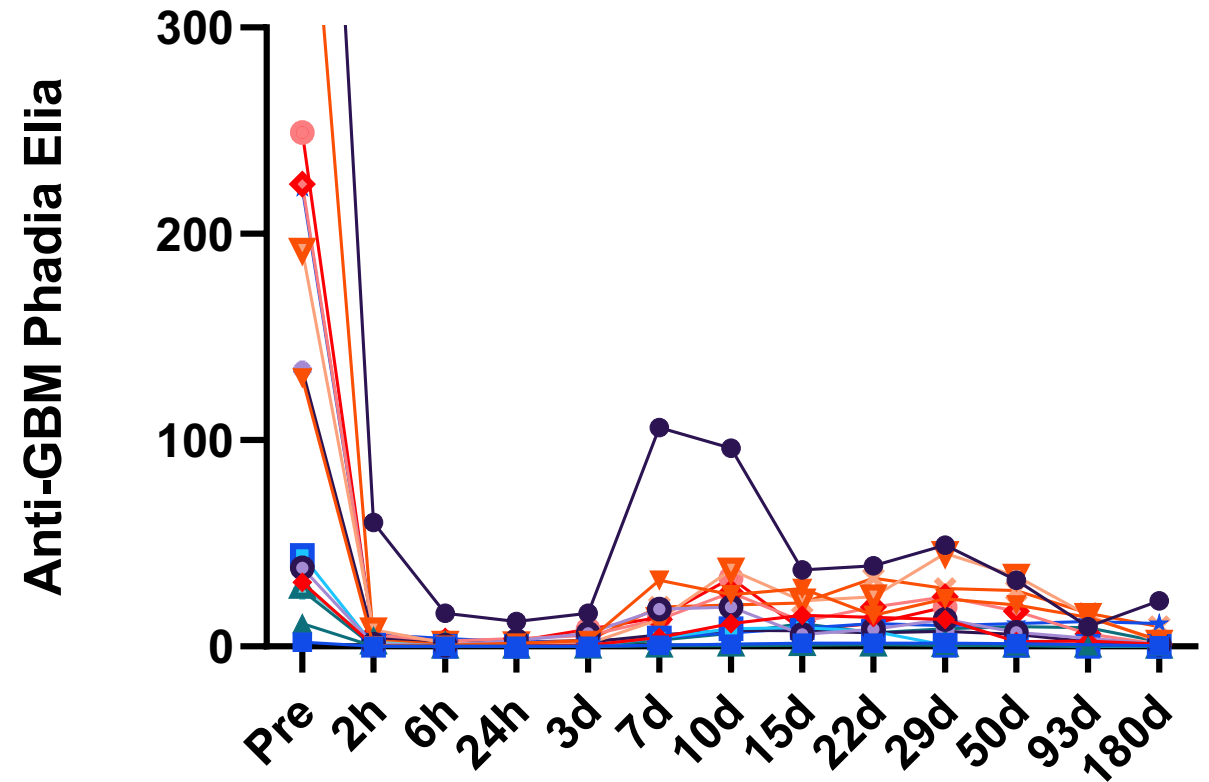
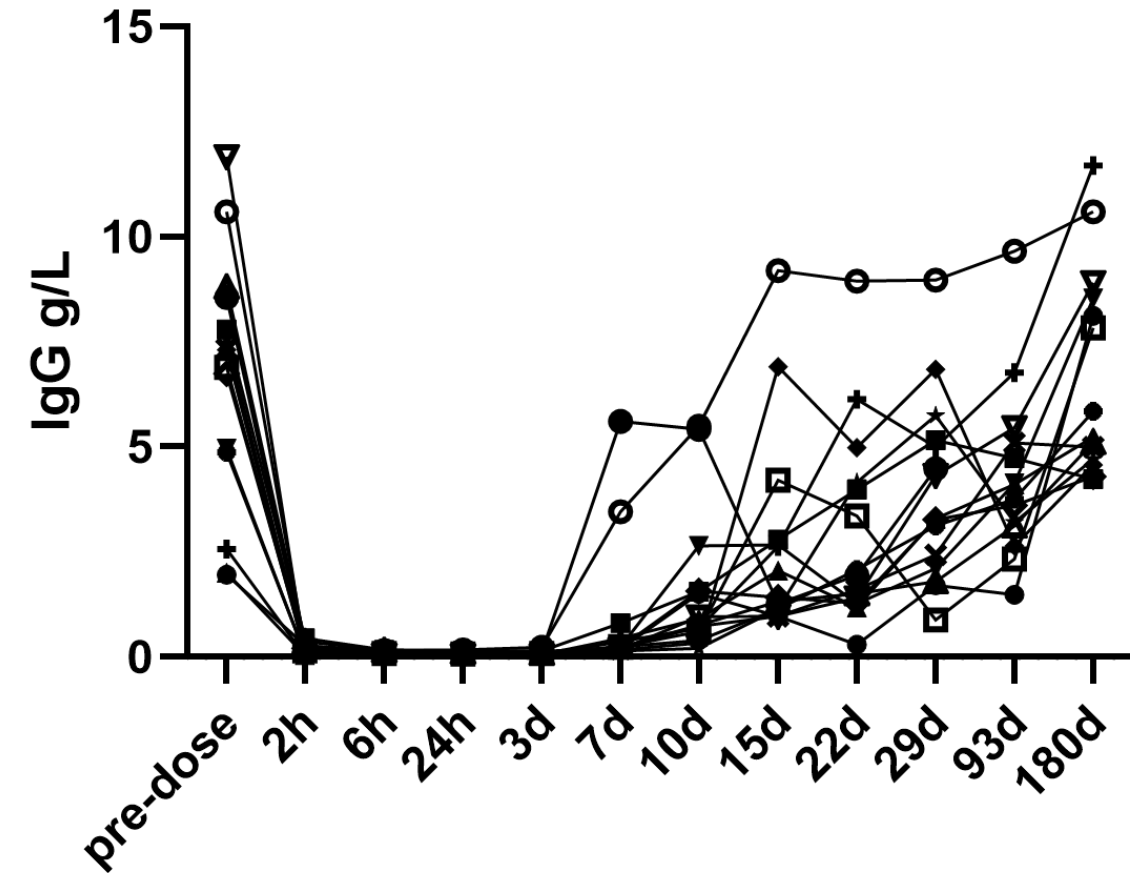


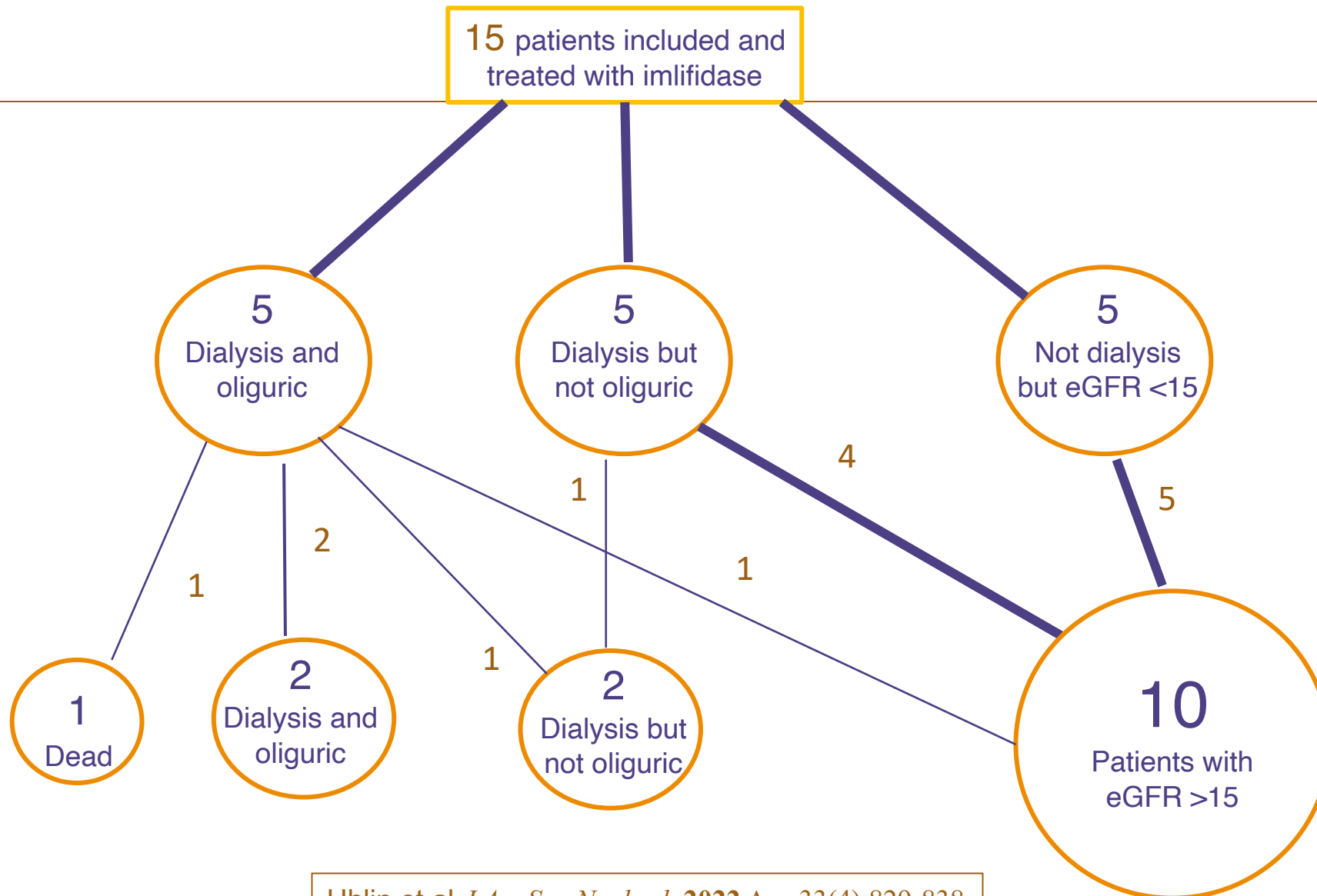
GOOD-IDES-01

- Investigator lead open label phase II study
- 17 sites in 5 European countries
- Imlifidase on top of standard of care
- PLX to curb rebounds
- 15 patients with eGFR<15 ml/min
 - 10 of them already dialysis dependent



IgG and anti-GBM in plasma after imlifidase





Uhlin et al *J Am Soc Nephrol.* **2022** Apr;33(4):829-838



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Safety

- No infusions related adverse events
- No severe infections first 4 weeks
- 8 SAE during the study - none assessed by PI as probably or possibly related to imflidase
- 82 other AE – none assessed as probably related to imflidase
- 1 death, 2 month after imlifidase, pneumonia

Summary

- Anti-GBM is the most aggressive form of glomerulonephritis mediated by IgG autoantibodies
- Imlifidase degrade circulating and kidney bound autoantibodies within a few hours
- Imlifidase treatment in the phase IIa study led to 67% renal survival rate which is much better than expected from earlier cohort studies
- A phase III study is planned to start in 2022 in EU, UK and USA



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The GOOD-IDES-01 study team

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