

Long-Term Efficacy and Safety of Palopegteriparatide Treatment in Adults With Chronic Hypoparathyroidism: 4-Year Results From the Phase 2 PaTH Forward Trial

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Presenter's Disclosure

- Nothing to declare

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PTH Therapy for Hypoparathyroidism

- An **intact PTH axis** maintains normal serum calcium and phosphate homeostasis^{1,2,3}
- PTH is the primary regulator of calcium/phosphate balance, acting directly on bone and kidney, and indirectly on the intestine^{4,5}
- Conventional therapy for hypoparathyroidism (active vitamin D and calcium) aims to alleviate hypocalcemic symptoms but fails to restore normal PTH physiology⁶
- PTH replacement therapy for hypoparathyroidism should provide PTH levels within the physiological range and restore downstream calcitriol, promoting independence from conventional therapy and normalizing:
 - Serum and urine biochemistries
 - Skeletal health
 - Quality of life

PTH, parathyroid hormone

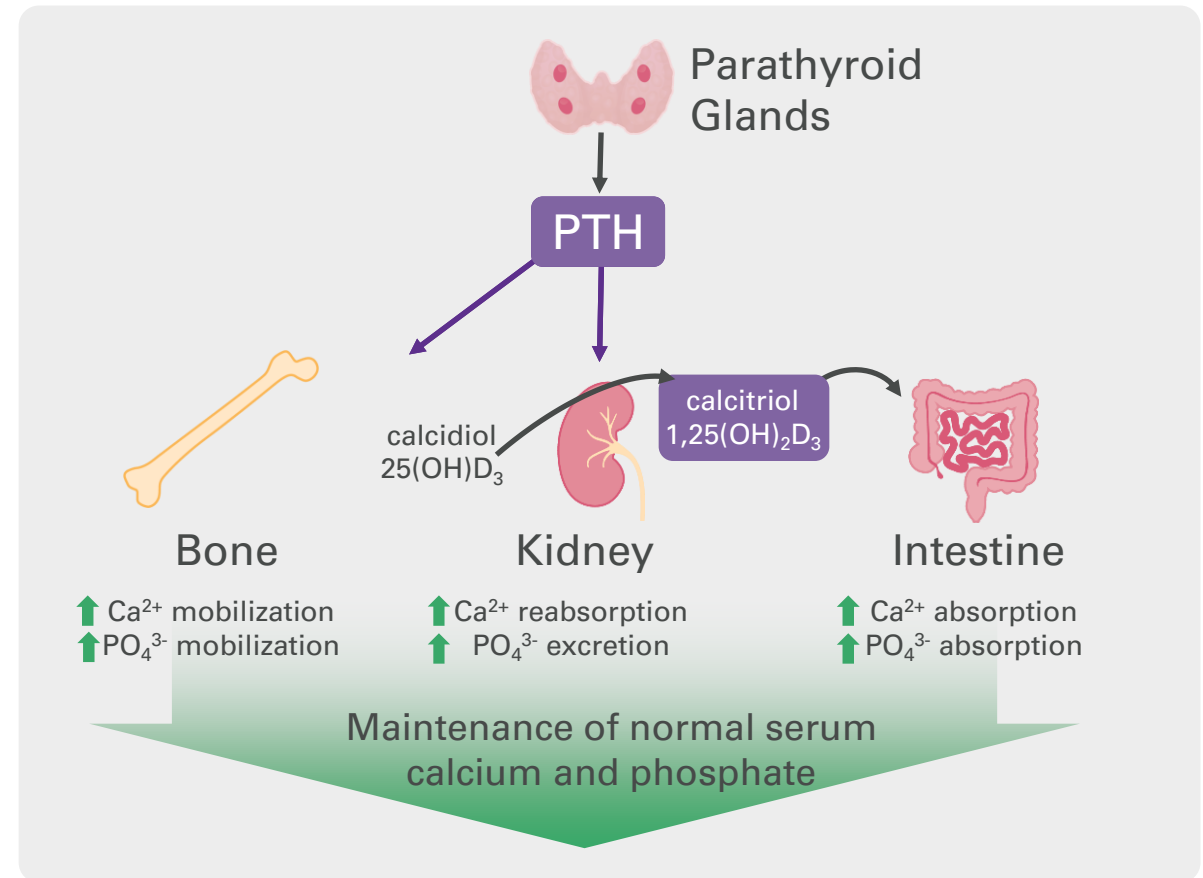
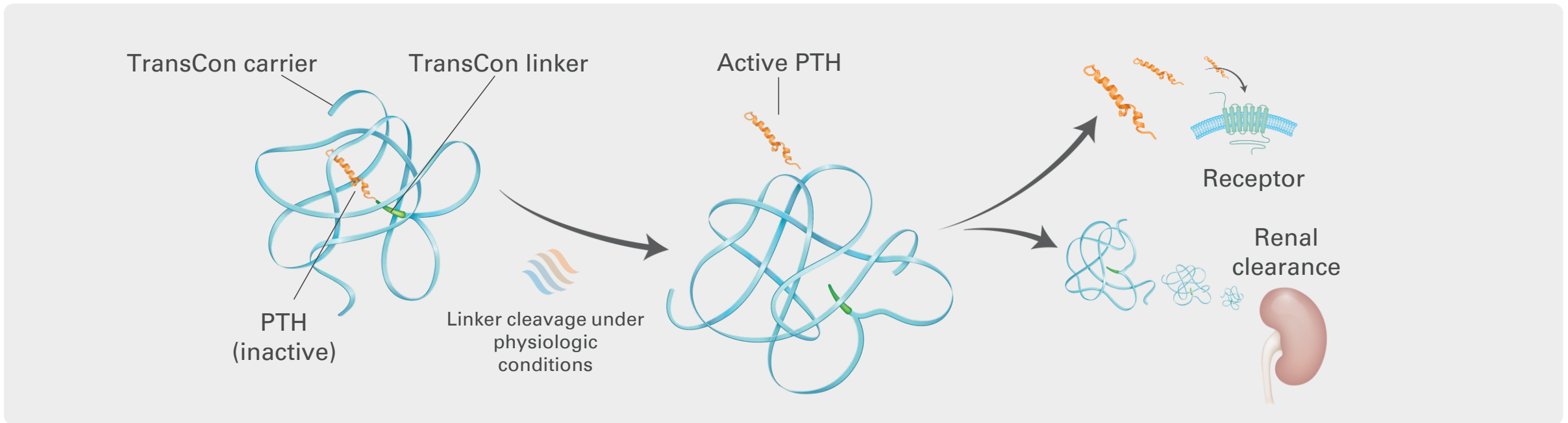


Figure adapted from Shoback D. *N Engl J Med.* 2008;359(4):391-403.⁷

1. Khan AA, et al. *J Bone Miner Res.* 2022;37(12):2568-2585. 2. Shoback DM, et al. *J Clin Endocrinol Metab.* 2016;101(6):2300-2312. 3. Bilezikian JP, et al. *J Clin Endocrinol Metab.* 2016;101(6):2313-2324. 4. Mannstadt M, et al. *Nat Rev Dis Primers.* 2017;3:17055. 5. Brandi ML, et al. *J Clin Endocrinol Metab* 2016;101(6):2273-83. 6. Khan AA, et al. *Eur J Endocrinol.* 2019;180(3):R33-63. 7. Shoback D. *N Engl J Med.* 2008;359(4):391-403.

Palopegteriparatide (TransCon[®] PTH) Design



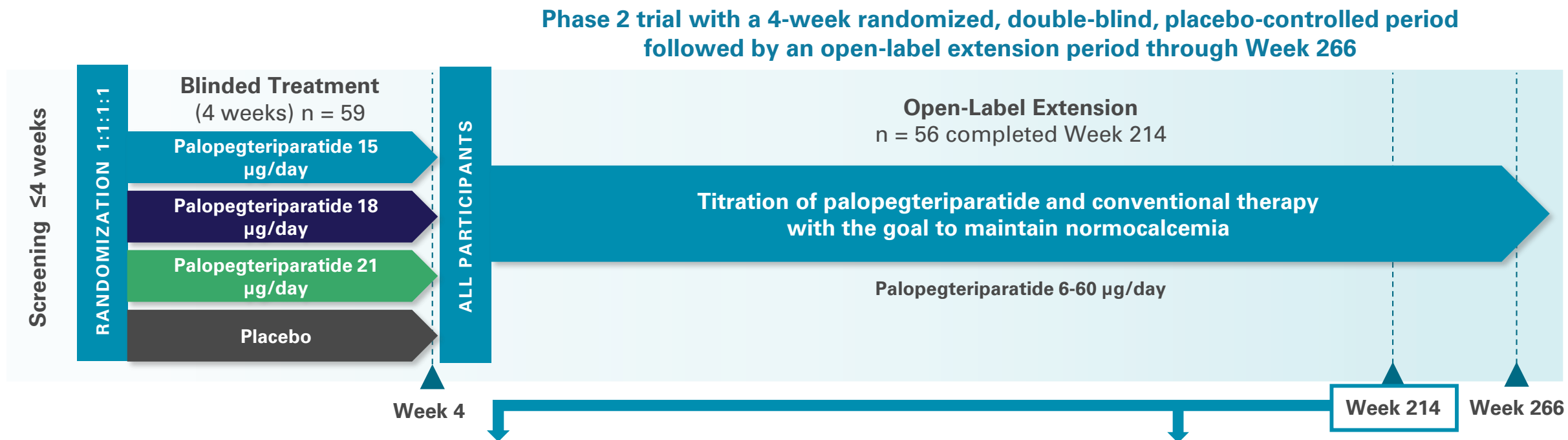
- Palopegteriparatide is a prodrug of PTH (1-34), administered once daily, that provides active PTH within the physiological range for 24 hours per day^{1,2}
- Palopegteriparatide has received regulatory approval in the EU^a, US^b and several other countries

PTH, parathyroid hormone; TransCon, transient conjugation.

^a Indicated for the treatment of adults with chronic hypoparathyroidism. ^b Indicated for the treatment of hypoparathyroidism in adults.

1. Karpf DB, et al. *J Bone Miner Res.* 2020;35(8):1430-1440. 2. Holten-Andersen L, et al. *J Bone Miner Res.* 2019;34(11):2075-2086.

PaTH Forward Trial of Palopegteriparatide in Adults with Chronic Hypoparathyroidism



Select Open-Label Extension Endpoints

- Levels of serum calcium (normocalcemia)
- Independence from conventional therapy (defined as taking no active vitamin D and ≤ 600 mg/day elemental calcium)
- Levels of 24-hour urinary calcium
- Incidence of AEs, SAEs, TEAEs

Skeletal Remodeling and Renal Endpoints

- Bone turnover markers (P1NP and CTx)
- Bone mineral density by DXA of the lumbar spine L1-L4, femoral neck, total hip, and distal 1/3 radius
- Renal function as assessed by eGFR

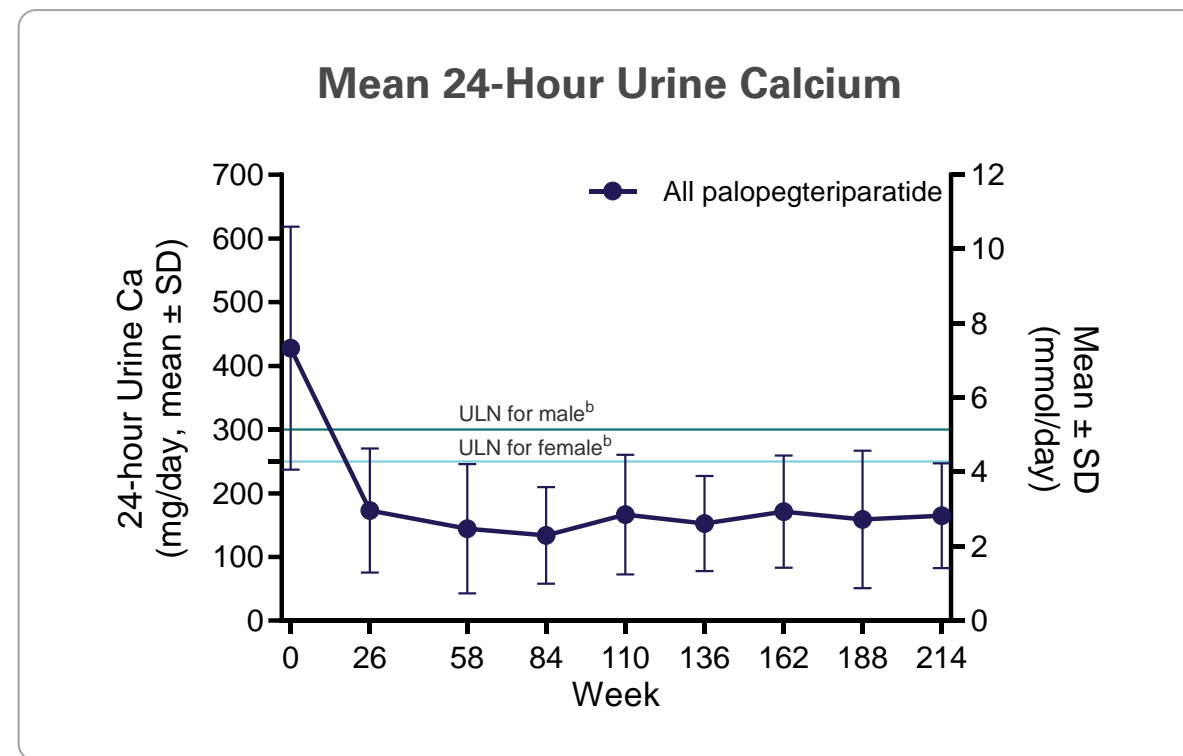
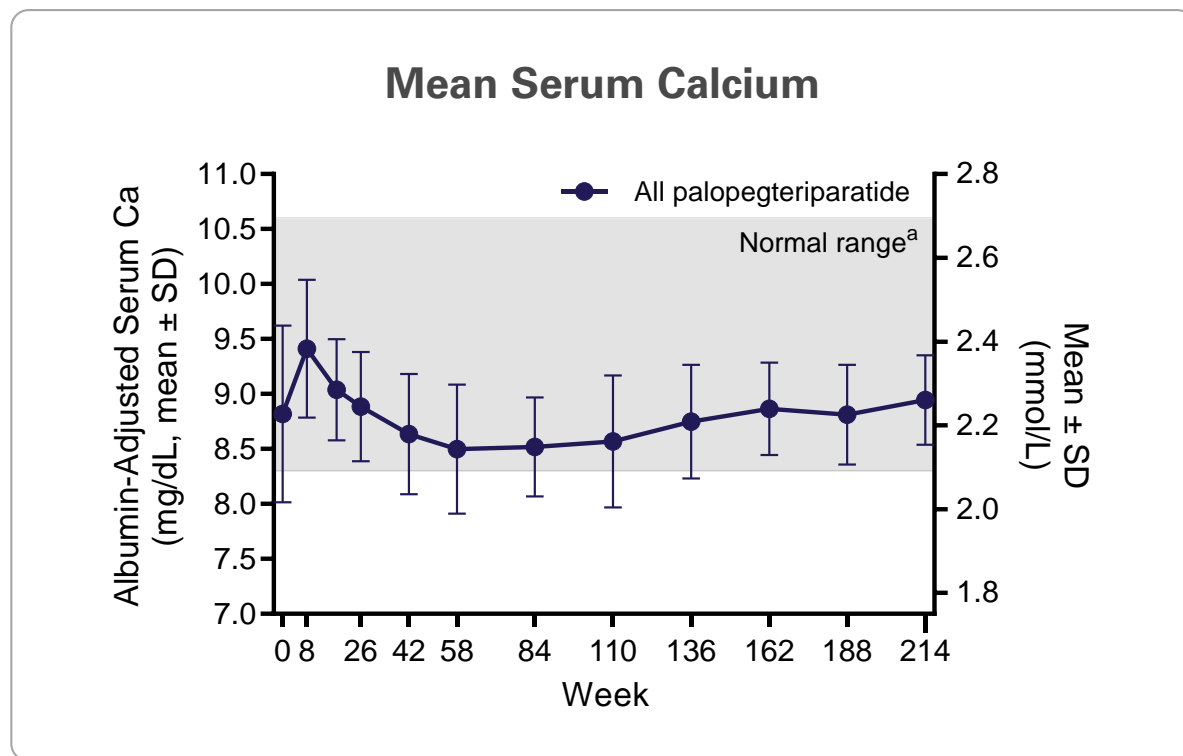
High Proportion of Participants Achieved Independence From Conventional Therapy

	All palopegteriparatide
Number of participants continuing through Week 214	56
Active vitamin D = 0 µg/day, n (%)	53 (95%)
Calcium ≤ 600 mg/day, n (%)	53 (95%)
Active vitamin D = 0 µg/day <i>and</i> calcium ≤ 600 mg/day, n (%)	52 (93%)

93% were independent from conventional therapy at week 214^a

^aNot taking active vitamin D and taking ≤ 600 mg/day of elemental calcium.

Serum and 24-Hour Urine Calcium Remained in the Normal Range Through Week 214

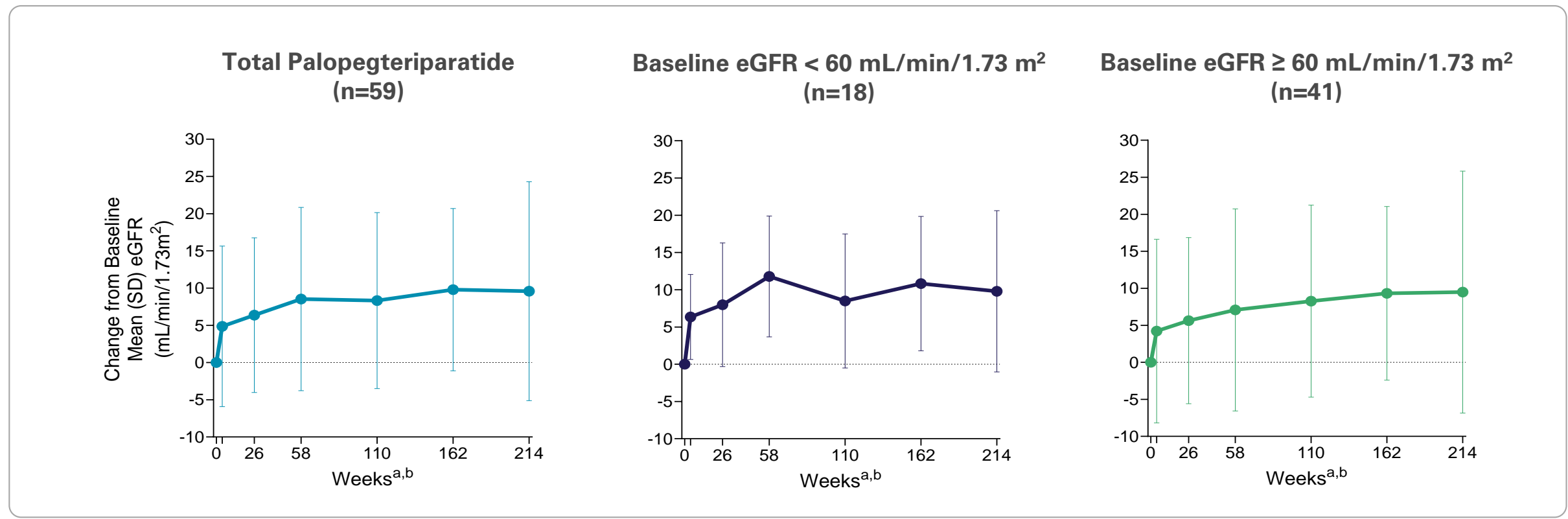


98% had normal serum calcium at week 214; mean 24-hour urine calcium normalized within 26 weeks

Serum calcium: n=59 at week 0; n=58 at week 58; n=57 at week 42 and 188; n=56 at weeks 26, 162, and 214; n=55 at week 136; n=54 at weeks 8 and 110; n=52 at week 18
 24-hour urine calcium: n=55 at week 58; n=54 at weeks 84, 110, and 214; n=53 at week 188; n=50 at week 0; n=51 at weeks 136 and 162; n=49 at week 26
 Ca, calcium; SD, standard deviation; ULN, upper limit of normal.

^aThe shaded area represents the normal serum calcium range of 8.3-10.6 mg/dL. ^bThe ULN for males and females are depicted by teal and light blue lines, respectively.

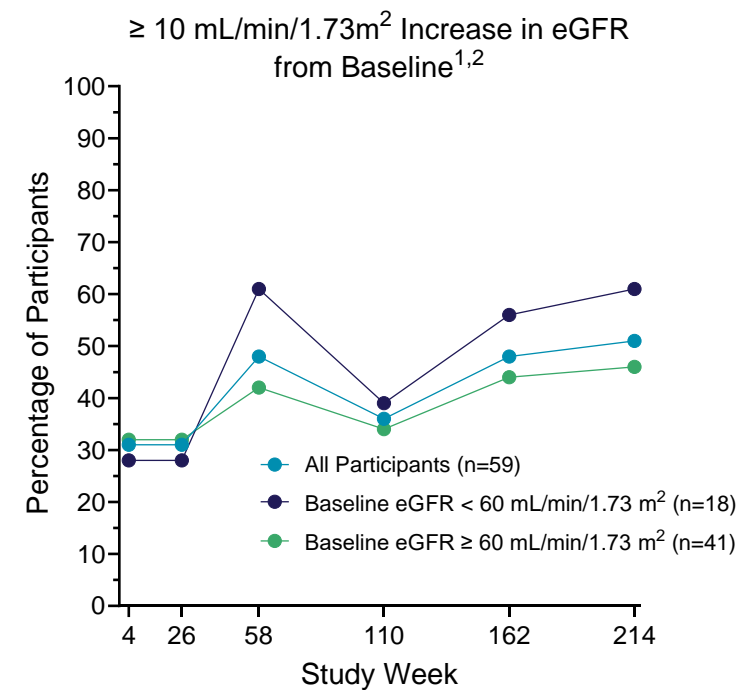
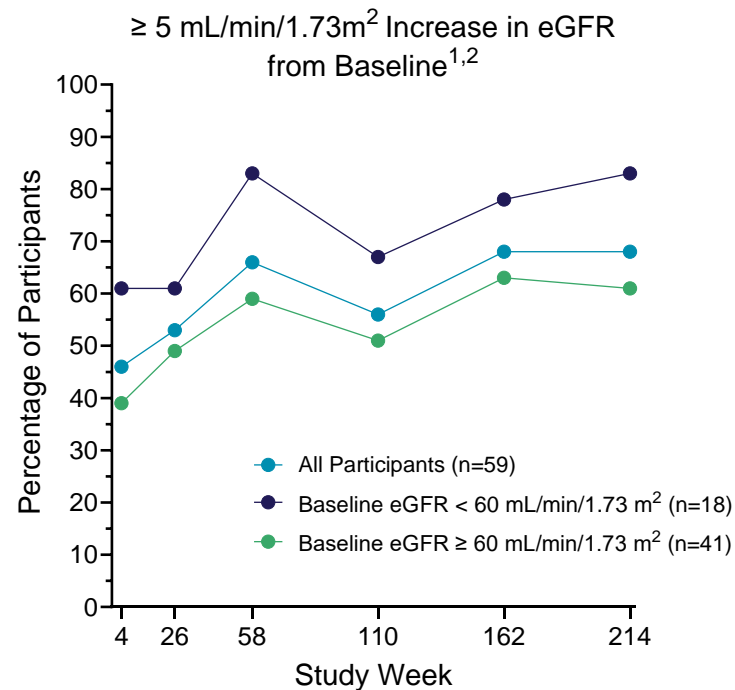
eGFR Increase With Palopegteriparatide Treatment was Sustained Through Week 214



Mean (SD) eGFR for total population increased approximately 9.6 (14.7) mL/min/1.73m² from baseline^c

^aAll participants received TransCon PTH during the open-label extension. ^bSecond (unlabeled) X-axis tick in each figure denotes 4 weeks ^cCalculated according to the Modified Diet in Renal Disease Equation (MDRD): eGFR (mL/min/1.73 m²) = 175 × (serum creatinine mg/dL)^{-1.154} × (age)^{-0.203} × 0.742 [if female] × 1.212 [if Black].
 Total palopegteriparatide: n=59 at week 4; n=58 at week 58; n=56 at week 214; n=55 at weeks 26, 162; n=53 at week 110. Baseline eGFR < 60 mL/min/1.73 m²: n=18 at weeks 4, 58, 214; n=17 at weeks 26, 162; n=16 at week 110. Baseline eGFR ≥ 60 mL/min/1.73 m²: n=41 at week 4; n=40 at week 58; n=38 at weeks 26, 162, 214; n=37 at week 110.
 eGFR, estimated glomerular filtration rate; SD, standard deviation

Proportions of Participants With ≥ 5 and ≥ 10 mL/min/1.73 m² Increases in eGFR



Most participants (67.8%)^a had a clinically meaningful^{1,2} ≥ 5 mL/min/1.73 m² increase in eGFR at week 214

^a Percentages calculated based on ITT population.
 1. Mayne TJ, et al. *Clin Transplant*. 2021;35(7):e14326.
 2. Ku E, et al. *J Am Soc Nephrol*. 2016;27(7):2196-204.

Treatment-Emergent Adverse Events Summary Through Week 214

TEAEs during palopegteriparatide treatment, n (%)	All palopegteriparatide (N = 59)
Any TEAE	58 (98.3)
Serious TEAE	7 (11.9)
Serious treatment-related TEAE	0
Treatment-related TEAE	27 (45.8)
<i>Treatment-related TEAEs occurring in ≥ 5% of participants</i>	
Headache	7 (11.9)
Hypocalcaemia	6 (10.2)
Hypercalcaemia	4 (6.8)
Nausea	4 (6.8)
Paraesthesia	4 (6.8)
TEAE related to hypercalcaemia or hypocalcaemia leading to ED/urgent care visit and/or hospitalization	2 (3.4)
TEAE leading to discontinuation of trial or of study drug	0
TEAE leading to death	0

Most TEAEs were mild or moderate and not related to study drug; no new safety signals were identified

Palopegteriparatide demonstrated sustained efficacy and safety over a 4-year period

- 93% of remaining participants were independent from conventional therapy and 98% had normal albumin-adjusted serum calcium levels at Week 214
- eGFR increased with palopegteriparatide treatment and was sustained through Week 214
- Palopegteriparatide was generally well tolerated, with no treatment discontinuation due to related adverse events

Thank you for your attention!

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