Eledon Presents Long-Term Extension Phase 2 BESTOW Results at American Transplant Congress Showing Sustained Higher Kidney Function and Improved Patient-Reported Outcomes with Tegoprubart Compared with Tacrolimus

June 22, 2026

Tegoprubart-treated patients maintained higher mean eGFR over time, including a statistically significant approximately 12 mL/min/1.73 m² advantage at month 18 versus tacrolimus (74 vs. 61 mL/min/1.73 m²; p<0.05)

No biopsy-proven acute rejection (BPAR) events were observed in tegoprubart-treated patients after the first six months post-transplant, compared with seven BPAR events (9.4% of tacrolimus-treated patients) reported in the tacrolimus arm

Patient-reported outcomes at 52 weeks favored tegoprubart, with statistically significant improvements versus tacrolimus on two validated measures of symptom burden

Conference call and webcast to be held today at 8:00 a.m. ET

IRVINE, Calif., June 22, 2026 (GLOBE NEWSWIRE) -- Eledon Pharmaceuticals, Inc. (“Eledon”) (Nasdaq: ELDN) today announced new long-term data from its Phase 2 BESTOW clinical program evaluating tegoprubart in patients undergoing kidney transplantation, presented in oral and poster presentations at the American Transplant Congress (ATC) taking place June 20-24, 2026, in Boston, Massachusetts. The presentations highlight updated results from the Phase 2 BESTOW trial and new long-term follow-up data from the Phase 2 BESTOW extension study.

“These long-term data further strengthen our belief that tegoprubart has the potential to redefine the standard of care in transplant immunomodulation,” said David-Alexandre C. Gros, M.D., Chief Executive Officer of Eledon. “A statistically significant kidney function benefit at 18 months, no observed BPAR events after six months in tegoprubart-treated patients, favorable long-term safety and tolerability, and improved patient-reported outcomes collectively reinforce tegoprubart’s emerging, differentiated clinical profile as we prepare to advance into Phase 3 development.”

“For kidney transplant recipients, success is measured not only by preventing rejection, but by preserving kidney function and maintaining quality of life over the long term,” said Andrew Adams, M.D., Ph.D., Professor of Surgery and Chief, Division of Transplantation, John S. Najarian Surgical Chair in Clinical Transplantation, Department of Surgery, University of Minnesota. “These data are especially encouraging because tegoprubart was associated with sustained kidney function and improvements in patient-reported measures of symptom burden compared with tacrolimus. Providing an effective alternative to tacrolimus-based immunosuppression remains one of the most important unmet needs in kidney transplantation, particularly because lifelong immunosuppression can affect both long-term graft survival and how patients feel and function every day.”

Efficacy Results

- Among patients who completed 12 months of treatment in the BESTOW study, 96% (49/51) of tegoprubart-treated patients and 86% (48/56) of tacrolimus-treated patients entered the BESTOW long-term extension study. As of the data cutoff, mean follow-up was 21 months, with: 89 patients followed through 18 months, 20 patients followed through 24 months, and the longest-followed ongoing patient followed for approximately 33 months.
- Kidney graft function, as assessed by estimated glomerular filtration rate (eGFR), stabilized after the first month of treatment and remained higher in tegoprubart-treated patients than in tacrolimus-treated patients at each reported time point. At month 18, tegoprubart-treated patients demonstrated a statistically significant approximately 12 mL/min/1.73 m² higher mean eGFR compared with tacrolimus-treated patients (74 vs. 61 mL/min/1.73 m²; p<0.05).
- No biopsy-proven acute rejection (BPAR) events were observed in tegoprubart-treated patients after the first six months of treatment. In the tacrolimus arm, seven of 11 total BPAR events (approximately 64% of BPAR events) occurred after six months, including two events after 12 months: one new case of active antibody-mediated rejection (aAMR) and one recurrent case of active T-cell-mediated rejection with aAMR.
- Patient-reported outcome measures demonstrated lower symptom burden among tegoprubart-treated patients compared with tacrolimus-treated patients at 52 weeks, with statistically significant improvements on the Modified Transplant Symptom Occurrence and Symptom Distress Scale (MTSOSD-59R; treatment difference: -12.2; 95% CI: -19.7, -4.6; p<0.05) and the KDQOL-36 Symptoms and Problems domain (treatment difference: 5.7; 95% CI: 1.0, 10.5; p<0.05).
- In an exploratory analysis of patients who experienced rejection post-transplant, those who remained on tegoprubart maintained higher mean eGFR than tacrolimus-treated patients who experienced rejection, with the observed difference increasing from approximately 15 mL/min/1.73 m² at 12 months to approximately 25 mL/min/1.73 m² at 21 months.
- Long-term follow-up from the Phase 1b study for patients treated at the 20 mg/kg dose of tegoprubart was consistent with the Phase 2 BESTOW results, with no BPAR episodes observed after six months in tegoprubart-treated patients. In the Phase 1b study, long-term data was available for 16 patients; eight patients have been followed through 24 months, and the longest-followed ongoing patient has been on tegoprubart for approximately 3.5 years.

Safety Results

- In the BESTOW long-term extension study, key central nervous system and kidney-related adverse events were observed more frequently in the tacrolimus arm than in the tegoprubart arm, including headache (12% vs. 2%), extremity pain (10% vs. 0%), fall or loss of balance (6% vs. 0%), and acute kidney injury (6% vs. 2%), respectively.
- Diarrhea was observed more frequently in the tacrolimus arm than in the tegoprubart arm during long-term follow-up (21% vs. 10%, respectively). This pattern was consistent with the first-year BESTOW results, in which diarrhea was reported in 34% of tacrolimus-treated patients vs. in 22% of tegoprubart-treated patients.
- No graft loss, no progressive multifocal leukoencephalopathy (PML), no post-transplant lymphoproliferative disorder (PTLD), no BK or CMV nephropathy/disease, and no new malignancies were reported in the BESTOW long-term extension study. No new proteinuria was reported on the tegoprubart arm. One death occurred in the tegoprubart arm and was not attributed to study drug.

Next Steps

Following a successful FDA End-of-Phase 2 meeting, Eledon has established the regulatory framework for its Phase 3 kidney transplantation program and plans to initiate Phase 3 clinical development of tegoprubart in late 2026. The Phase 3 primary endpoint is expected to be non-inferiority versus tacrolimus at 52 weeks on a composite of BPAR, graft loss and death. The Phase 3 study will also incorporate key learnings from the Phase 2 BESTOW trial and ongoing long-term extension study, including evidence of sustained kidney function benefit, favorable rejection outcomes, and improved patient-reported outcomes.

Investor Conference Call Information

Eledon will hold a conference call today, June 22, 2026 at 8:00 a.m. Eastern Time to discuss the long-term data from the Phase 2 BESTOW and the Phase 1b kidney transplant clinical trials, as well as to discuss recently presented data from the on-going islet cell transplant investigator sponsored study. The dial-in numbers are 1-800-717-1738 for domestic callers and 1-646-307-1865 for international callers. The conference ID is 84665. A live webcast of the conference call will be available on the Investor Relations section of the Company's website at www.eledon.com. The webcast will be archived on the website following the completion of the call.

Full details of the ATC oral presentation are below:

Title: Phase 2 BESTOW Trial: Evaluating Tegoprubart's Safety and Efficacy in Preventing Kidney Transplant Rejection
Presenter: Andrew Adams, M.D., Ph.D., Professor of Surgery and Chief, Division of Transplantation, John S. Najarian Surgical Chair in Clinical Transplantation, Department of Surgery, University of Minnesota; Executive Medical Director, Solid Organ Transplant Service Line, M Health Fairview
Abstract Publication Number: 585
Session Title: Emerging Discoveries Oral Abstract Session - Kidney: Biomarkers -3
Session Date and Time: Monday, June 22, 2026, from 11:15 a.m. - 12:15 p.m. ET
Session Room: 253BC (Level 2)
Presentation Time: 12:03 p.m. - 12:15 p.m. ET

About Eledon Pharmaceuticals and tegoprubart

Eledon Pharmaceuticals, Inc. is a clinical stage biotechnology company that is developing immune-modulating therapies for the management and treatment of life-threatening conditions. The Company's lead investigational product is tegoprubart, an anti-CD40L antibody with high affinity for the CD40 Ligand, a well-validated biological target that has broad therapeutic potential. The central role of CD40L signaling in both adaptive and innate immune cell activation and function positions it as an attractive target for non-lymphocyte depleting, immunomodulatory therapeutic intervention. The Company is building upon a deep historical knowledge of anti-CD40 Ligand biology to conduct preclinical and clinical studies in kidney allograft transplantation, xenotransplantation, islet cell transplantation, liver transplantation and amyotrophic lateral sclerosis (ALS). Eledon is headquartered in Irvine, California. For more information, please visit the Company's website at www.eledon.com.

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Forward-Looking Statements

This press release contains forward-looking statements that involve substantial risks and uncertainties. Any statements about the company's future expectations, plans and prospects, including statements about planned clinical trials, the development of product candidates, expected timing for initiation of future clinical trials, expected timing for receipt of data from clinical trials, the company's capital resources and ability to finance planned clinical trials, as well as other statements containing the words "believes," "anticipates," "plans," "expects," "estimates," "intends," "predicts," "projects," "targets," "looks forward," "could," "may," and similar expressions, constitute forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements are inherently uncertain and are subject to numerous risks and uncertainties, including: our short operating history and shifts in our business strategy; our operating losses since inception; our need for additional funding to develop our lead drug candidate and our ability to secure additional funding on acceptable terms or at all; the impact of issuances of our common stock, including in the possibility of dilution or a decline in our stock price; our ability to successfully develop our product candidates; unfavorable global economic and financial market conditions; the regulatory environment of our business and our ability to obtain required regulatory approvals; results of non-clinical studies and clinical trials, and risks that non-clinical studies or early clinical trials may not be predictive of results of later-stage clinical trials; delays or difficulties in enrollment of patients in clinical trials; our ability to attract and retain our executives and key employees; legislation of the pharmaceutical and healthcare industries; cybersecurity and data privacy risks; the ability of our products to achieve marketing approval; competition in our industry; our ability to obtain insurance coverage; our dependence on contract research organizations; our ability to protect our intellectual property; public health crises; our ability to maintain proper and effective internal control over financial reporting and other risks disclosed in our Annual Report on Form 10-K for the year ended December 31, 2025, filed with the Securities and Exchange Commission on March 19, 2026. Actual results may differ materially from those indicated by such forward-looking statements as a result of various factors. These risks and uncertainties, as well as other risks and uncertainties that could cause the company's actual results to differ materially from the forward-looking statements contained herein, are discussed in our Annual 10-K, and other filings with the U.S. Securities and Exchange Commission, which can be found at www.sec.gov. Any forward-looking statements contained in this press release speak only as of the date hereof and not of any future date, and the company expressly disclaims any intent to update any forward-looking statements, whether as a result of new information, future events or otherwise.

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Source: Eledon Pharmaceuticals