KIDNEY WEEK 2026

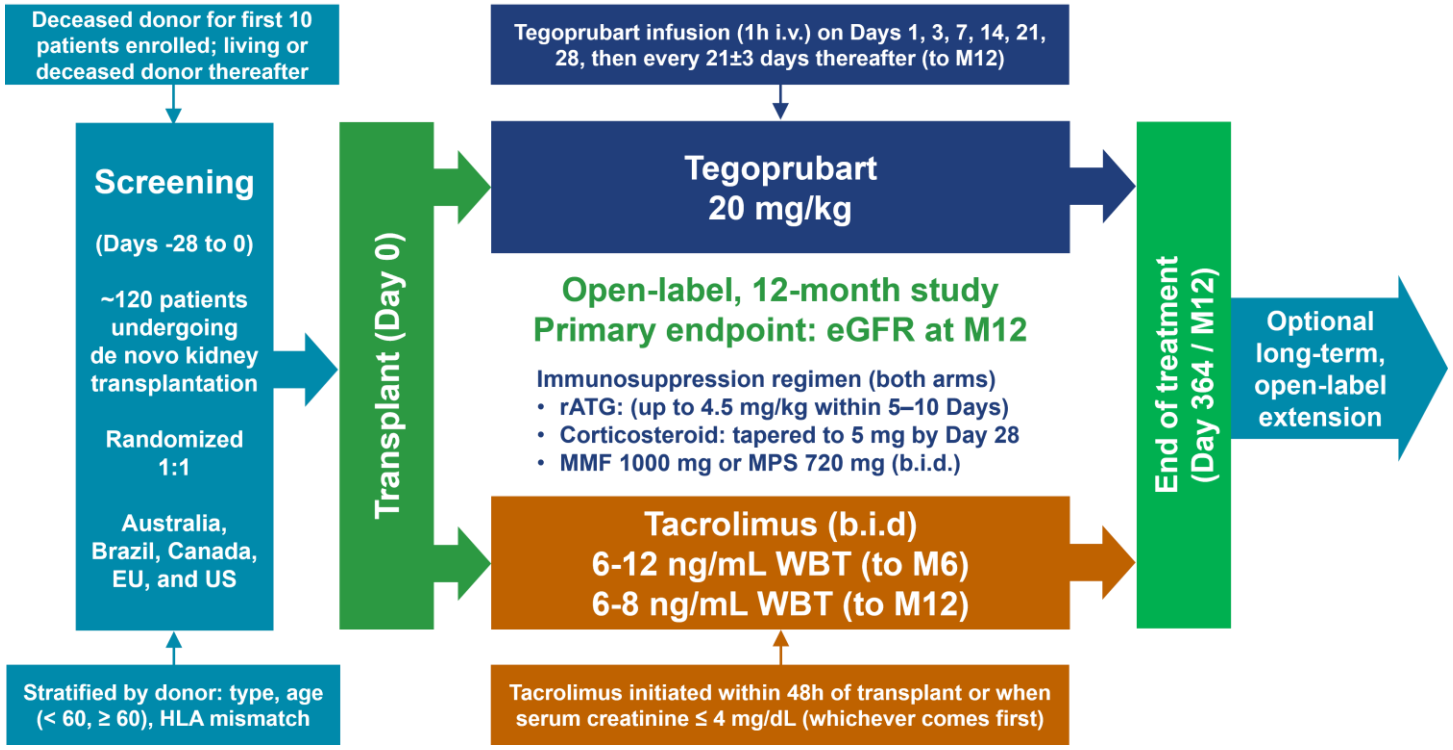
Patient-reported outcomes in the Phase 2 BESTOW trial comparing tegoprubart to tacrolimus in kidney transplant recipients

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BESTOW: a prospective, multicenter, active-controlled, randomized, open-label Phase 2 trial

- **BESTOW** (NCT05983770) was a head-to-head comparison of tacrolimus (calcineurin inhibitor) and tegoprubart (anti-CD40L antibody) in de novo kidney transplant recipients
- Alongside safety and efficacy outcomes, PROs were assessed at baseline, and 25 and 52 weeks post-transplant using **KDQOL-SF 36** and **MTSOSD-59R**



b.i.d., twice daily; CD40L, cluster of differentiation 40 ligand; eGFR, estimated glomerular filtration rate (Chronic Kidney Disease Epidemiology Collaboration creatinine criterion); HLA, human leukocyte antigen; i.v., intravenous; KDQOL-SF 36, Kidney Disease Quality of Life 36-Item Short-Form instrument; M, month; MMF, mycophenolate mofetil; MPS, mycophenolate sodium; MTSOSD-59R, Modified Transplant Symptom Occurrence and Symptom Distress scale; PRO, patient-reported outcome; rATG, rabbit anti-thymocyte globulin; WBT, whole blood trough concentration

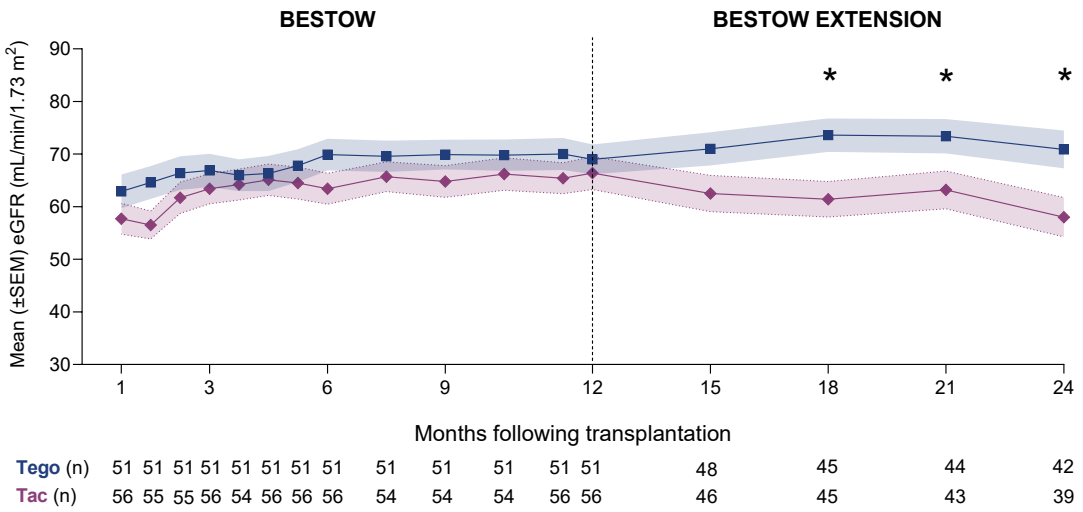
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BESTOW: Safety and efficacy findings

- **Tegoprubart preserved kidney function**
  eGFR was higher with tegoprubart than tacrolimus across all measurable time points, including amongst patients with rejection who continued treatment

- **Tegoprubart adequately controlled rejection**
  BPAR did not differ between groups at Month 12

- **Tegoprubart had a favorable safety profile**
  Rates of adverse events resulting in poor outcomes seen with tacrolimus were lower with tegoprubart

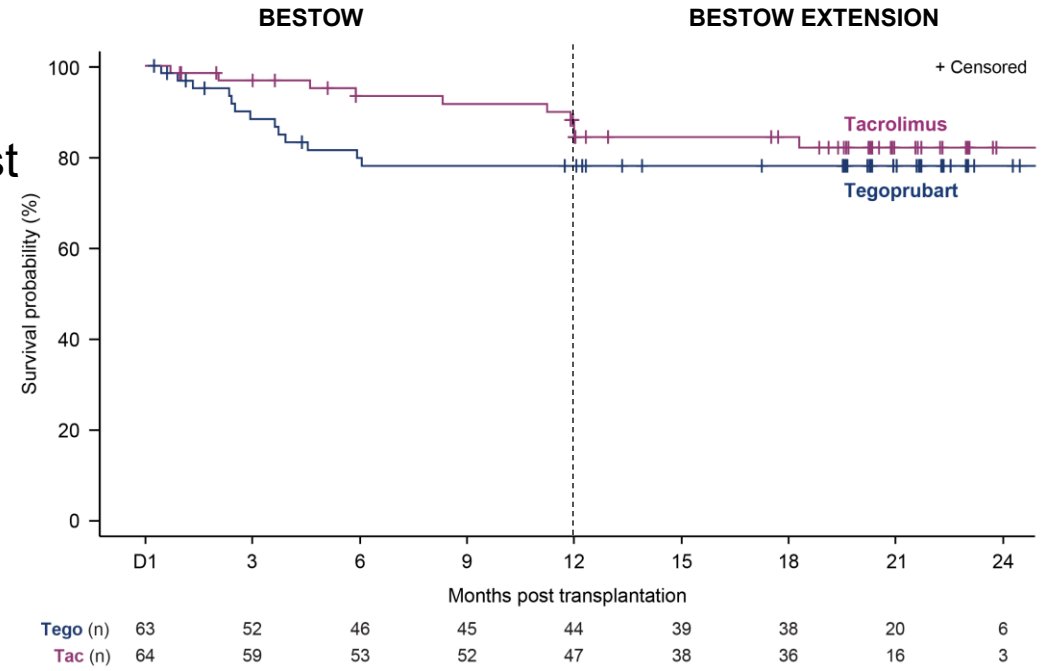


**: p < 0.05 (treatment difference at M18, M21 and M24). BPAR, biopsy-proven acute rejection; eGFR, estimated glomerular filtration rate; SEM, standard error of the mean; tac, tacrolimus; tego, tegoprubart*

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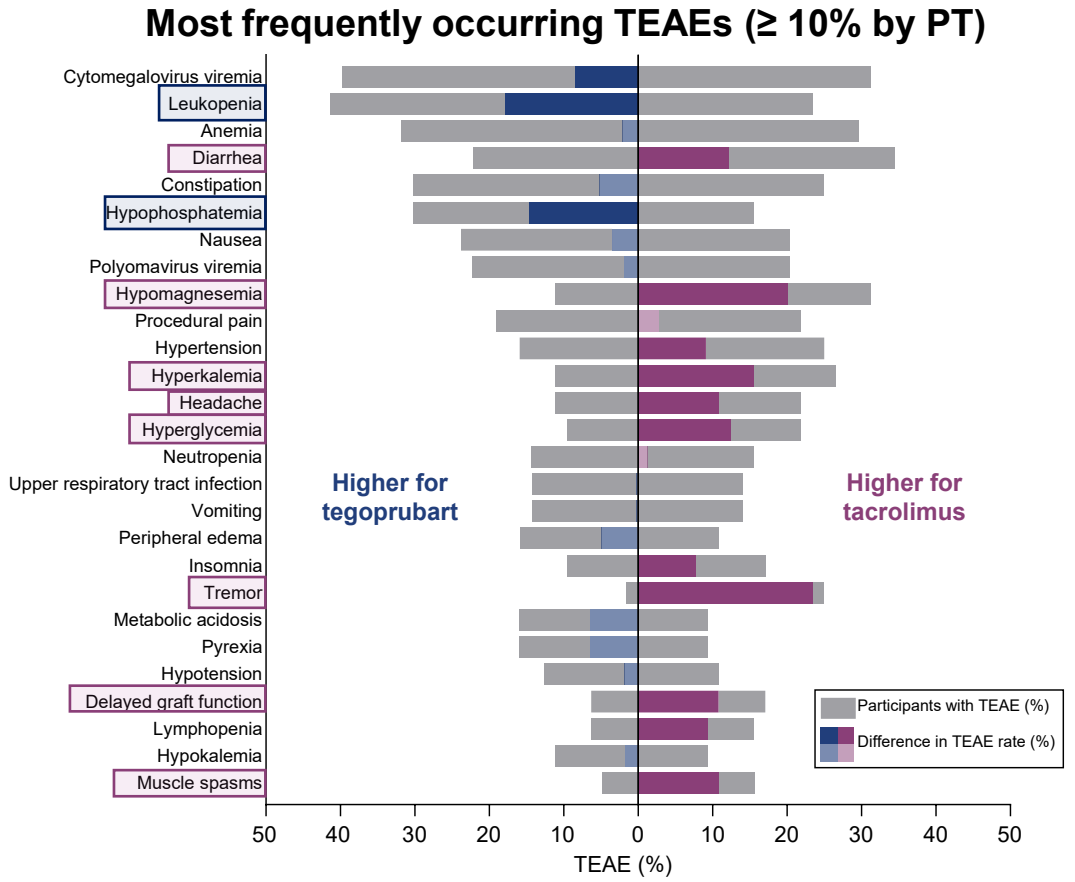


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BPAR, biopsy-proven acute rejection; eGFR, estimated glomerular filtration rate; PT, preferred term; TEAE, treatment-emergent adverse event

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BESTOW: Health-Related Quality of Life (HRQoL)

- **Kidney transplantation impacts patient HRQoL[1]**
  Treatment burden
  Symptoms that impact physical functioning
  Ongoing psychological distress, with emotional and social impact
- **PROs**
  Useful for understanding of patients' perception of HRQoL[1]
- **Evidence suggests a link between kidney function and HRQoL**
  Improvements with treatment can also lead to improved HRQoL[2]

Study Aim

Clinical outcomes improved with tegoprubart treatment

Does this translate into improved PROs and HRQoL in patients living with a kidney transplant in BESTOW?

HRQoL, health-related quality of life; PRO, patient-reported outcome.
1. Knobbe TJ et al. Kidney Med 2025;7(5). 2. Dobbels F et al. Transplantation 2014;98(9):960-8

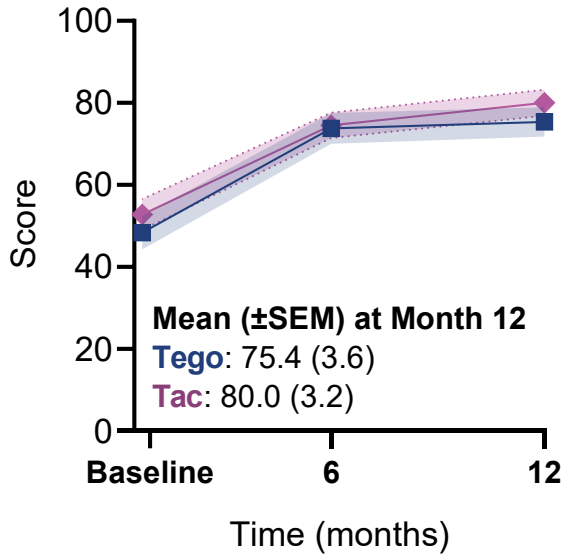
Tegoprubart showed early improvement in patient-reported HRQoL that was sustained at Month 12 (1 of 3)

- **KDQOL-SF: timeline[a]**

  HRQoL improvements were observed across all 5 subscales with tegoprubart, and 4 of 5 subscales with tacrolimus

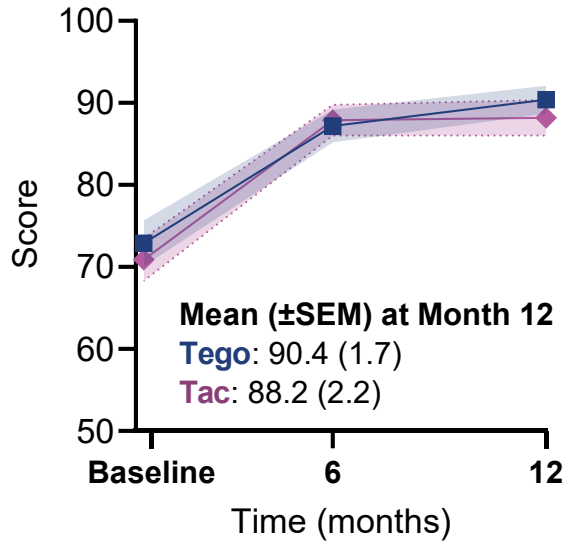
  HRQoL improved by Month 6 and was sustained through Month 12 across all scales with tegoprubart

Burden of kidney disease scale



Tego (n)	50	48	50
Tac (n)	55	52	55

Effects of kidney disease on daily life scale



Tego (n)	49	48	49
Tac (n)	55	52	55

[a]Higher scores indicate better HRQoL; baseline values for tegoprubart and tacrolimus were similar across all outcomes.
HRQoL, health-related quality of life; KDQOL-SF, Kidney Disease Quality of Life Short-Form instrument; SEM, standard error of the mean; tac, tacrolimus; tego, tegoprubart. 1. KDOQI. Am J Kidney Dis 2007;50:471–530

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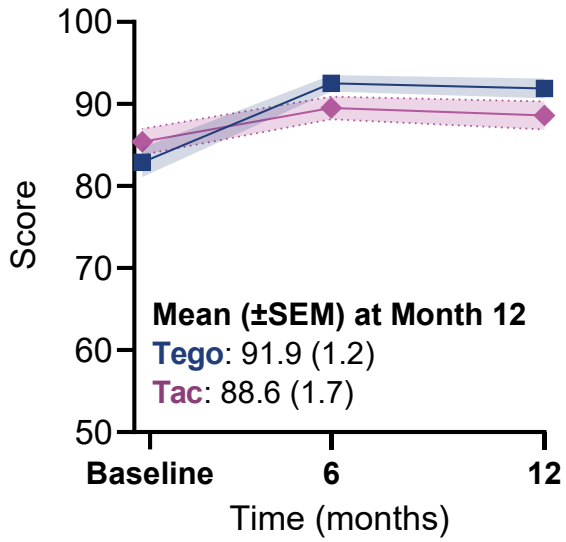
Tegoprubart showed early improvement in patient-reported HRQoL that was sustained at Month 12 (2 of 3)

- **KDQOL-SF: timeline[a]**

  HRQoL improvements were observed across all 5 subscales with tegoprubart, and 4 of 5 subscales with tacrolimus

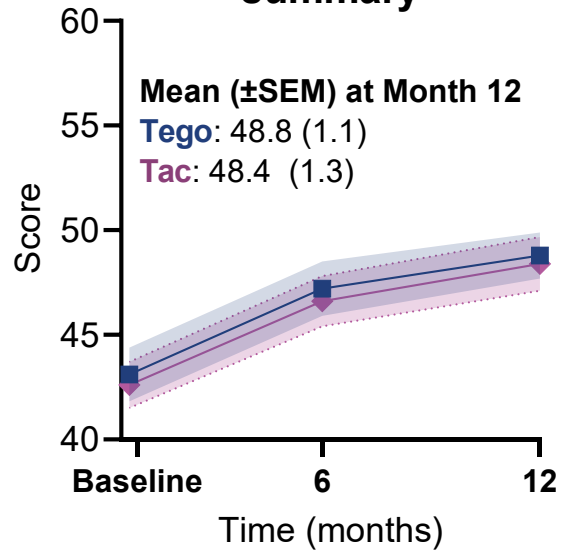
  HRQoL improved by Month 6 and was sustained through Month 12 across all scales with tegoprubart

Symptoms and problems scale



Tego (n)	50	48	50
Tac (n)	54	51	54

SF-12 physical component summary



Tego (n)	48	47	48
Tac (n)	55	52	54

[a]Higher scores indicate better HRQoL; baseline values for tegoprubart and tacrolimus were similar across all outcomes.
HRQoL, health-related quality of life; KDQOL-SF, Kidney Disease Quality of Life Short-Form instrument; SEM, standard error of the mean; SF-12, 12-item short-form survey; tac, tacrolimus; tego, tegoprubart. 1. KDOQI. Am J Kidney Dis 2007;50:471–530

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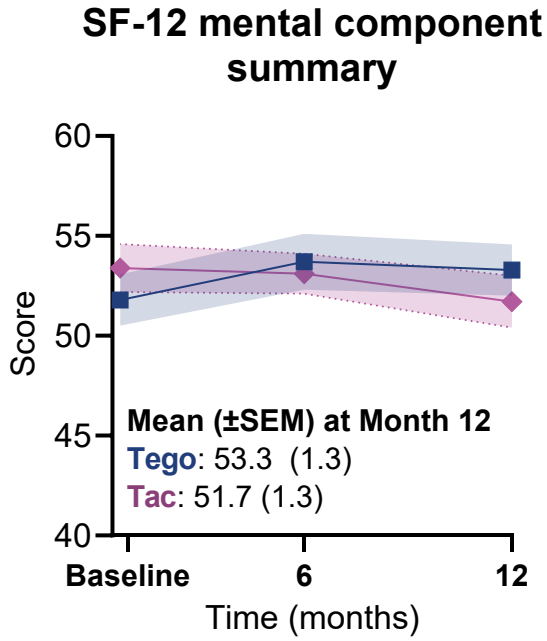
Tegoprubart showed early improvement in patient-reported HRQoL that was sustained at Month 12 (3 of 3)

- **KDQOL-SF: timeline[a]**

  HRQoL improvements were observed across all 5 subscales with tegoprubart, and 4 of 5 subscales with tacrolimus

  HRQoL improved by Month 6 and was sustained through Month 12 across all scales with tegoprubart

  Decline in SF-12 mental component summary with tacrolimus



Tego (n)	48	47	48
Tac (n)	55	52	54

[a]Higher scores indicate better HRQoL; baseline values for tegoprubart and tacrolimus were similar across all outcomes.
HRQoL, health-related quality of life; KDQOL-SF, Kidney Disease Quality of Life Short-Form instrument; SEM, standard error of the mean; SF-12, 12-item short-form survey; tac, tacrolimus; tego, tegoprubart. 1. KDOQI. Am J Kidney Dis 2007;50:471–530

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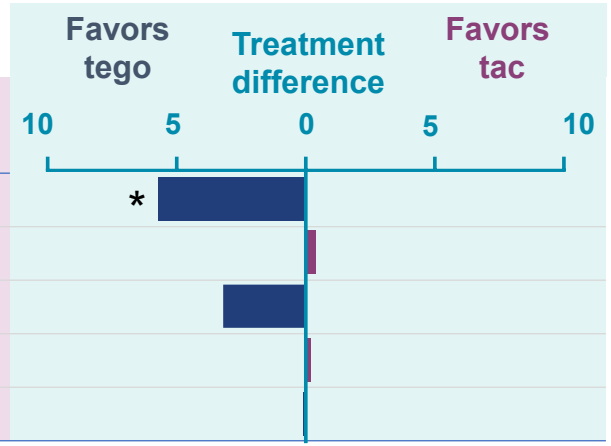
Tegoprubart showed greater improvement in key HRQoL measures at Month 12

- **KDQOL-SF: change from baseline[a]**

  Symptoms and problems: greater improvement with tegoprubart vs tacrolimus (9.0 vs 3.3; $p < 0.05$)

  SF-12 mental component summary: improved with tegoprubart (+1.5) but declined with tacrolimus (−1.6), a 3.1-point between-group difference

KDQOL-SF (change from baseline at Month 12),[a] mean (SEM)	Tego (N = 51)	Tac (N = 56)
Symptoms and problems scale	9.0 (1.6)	3.3 (1.8)
SF-12 physical component summary	5.7 (1.3)	6.0 (1.4)
SF-12 mental component summary	1.5 (1.4)	−1.6 (1.3)
Burden of kidney disease scale	27.0 (4.4)	27.2 (3.4)
Effect of disease on daily life	17.5 (2.8)	17.4 (2.7)



*[a]Higher scores indicate better HRQoL; a change of 3–5 points can be considered clinically significant[1]. Baseline values were similar across all outcomes. *p < 0.05. HRQoL, health-related quality of life; KDQOL-SF, Kidney Disease Quality of Life Short-Form instrument; SEM, standard error of the mean; SF-12, 12-item short-form survey; tac, tacrolimus; tego, tegoprubart.1. KDOQI. Am J Kidney Dis 2007;50:471–530*

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Symptom occurrence decreased over time with tegoprubart

MTSOSD-59R

Tacrolimus: total symptom occurrence initially decreased through Month 6, but then rebounded to baseline levels by Month 12

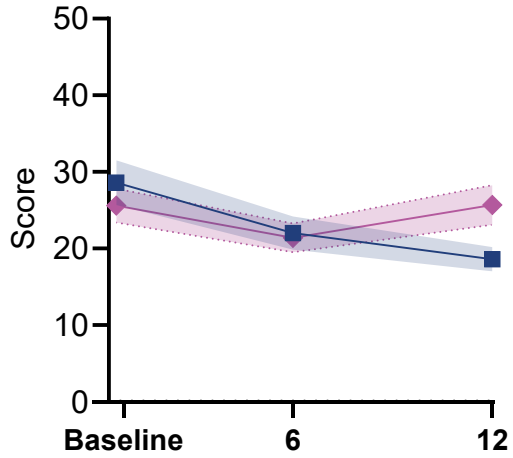
Tegoprubart: total symptom occurrence decreased continuously from baseline through Months 6 and 12

At Month 12, unadjusted and baseline-adjusted treatment differences showed that symptom occurrence was significantly lower with tegoprubart than with tacrolimus

Together with improvement in the KDQOL-SF Symptoms and Problems scale, these findings support a consistent improvement in patient-reported symptoms with tegoprubart through Month 12

Total MTSOSD-59R

Scores represent symptom occurrence (higher scores reflect greater symptom occurrence)



Mean (±SEM) at Month 12
Tego: 18.6 (1.6)
Tac: 25.7 (2.6)

Unadjusted difference (95% CI): -7.1 (-13.2, -1.0)
Baseline-adjusted difference (95% CI): -12.2 (-19.7, -4.6)

Tego	(n)	43	46	50
Tac	(n)	51	47	54

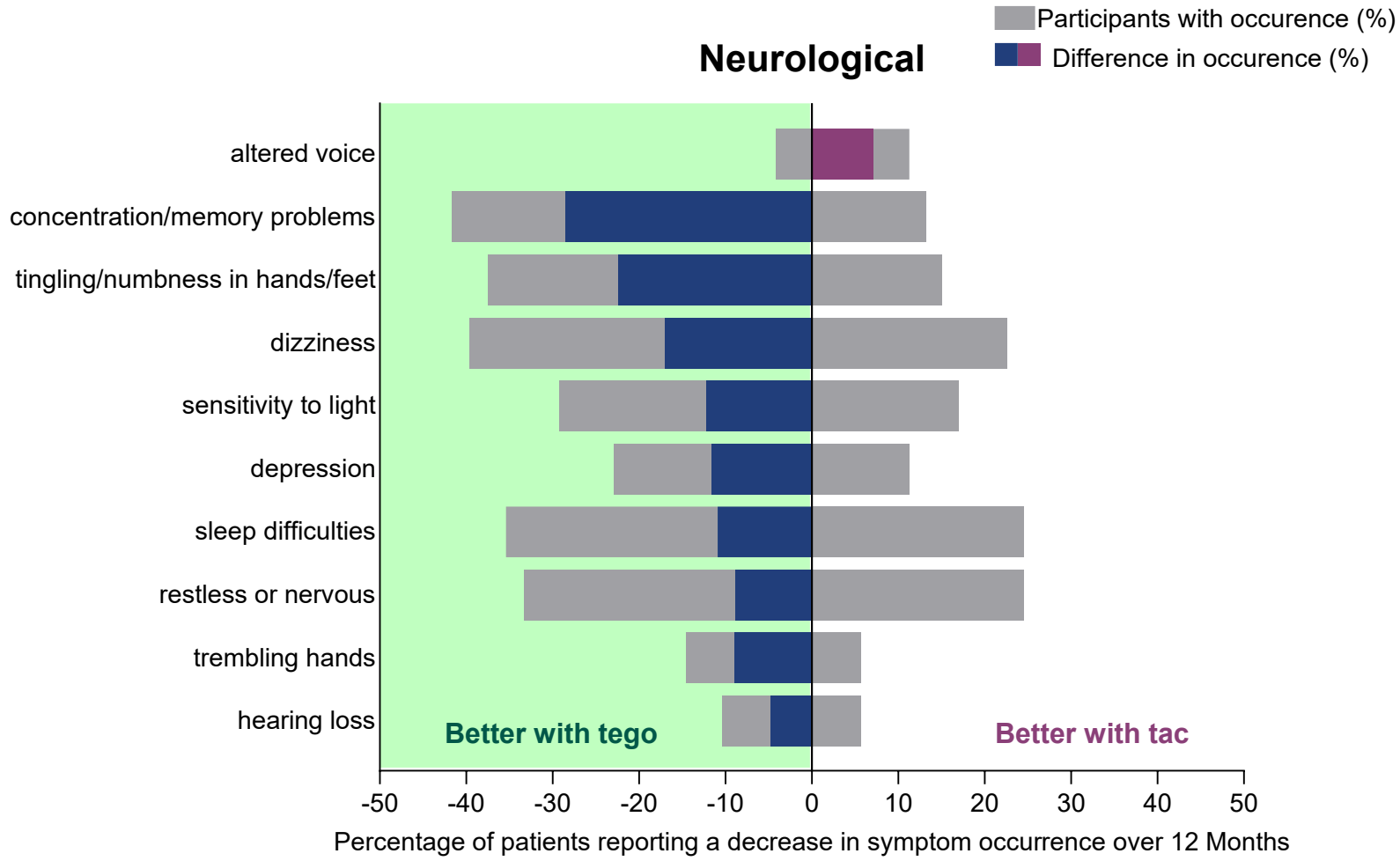
CI, confidence interval; KDQOL-SF, Kidney Disease Quality of Life Short Form; MTSOSD-59R, Modified Transplant Symptom Occurrence Scale- 59 Items Revised; SEM, standard error of the mean; tac, tacrolimus; tego, tegoprubart

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MTSOSD-59R: Symptoms getting better (1 of 3)

For symptoms with the greatest between-group difference in improvement, **greater improvements (i.e. decreased symptom occurrence) were observed with tegoprubart** than tacrolimus for:

- all but one of the symptoms classified as **neurological**
- all symptoms classified as **gastrointestinal/metabolic**
- all symptoms classified as **physical**



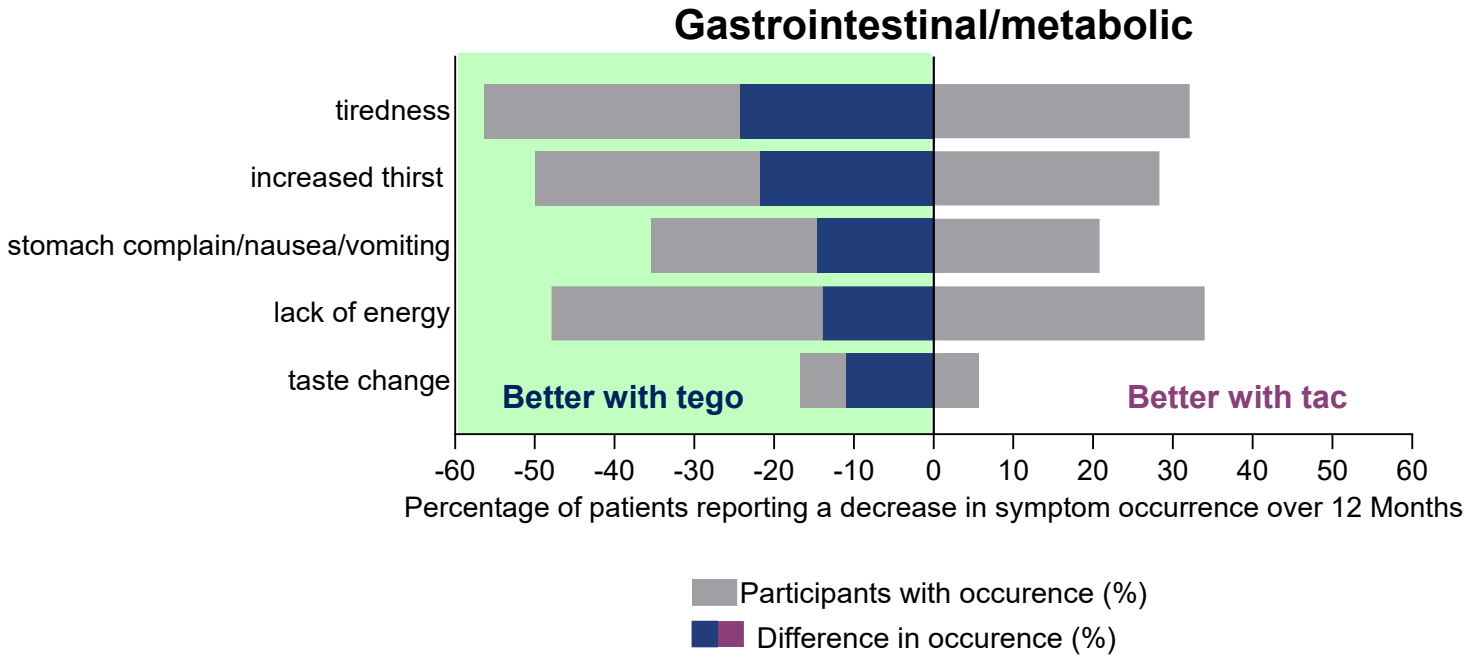
Symptoms presented are those with 'halving with at least 5% difference' OR 'at least 10% difference' between treatment arms in symptoms where patients experienced a decrease in symptom occurrence between baseline and Month 12. Baseline is defined as the last non-missing score on or before Study Day 1. Percentages are calculated out of n for the visit. MTSOSD-59R, Modified Transplant Symptom Occurrence Scale- 59 Items Revised; tac, tacrolimus; tego, tegoprubart

KIDNEY WEEK 2026

MTSOSD-59R: Symptoms getting better (2 of 3)

For symptoms with the greatest between-group difference in improvement, **greater improvements (i.e. decreased symptom occurrence) were observed with tegoprubart** than tacrolimus for:

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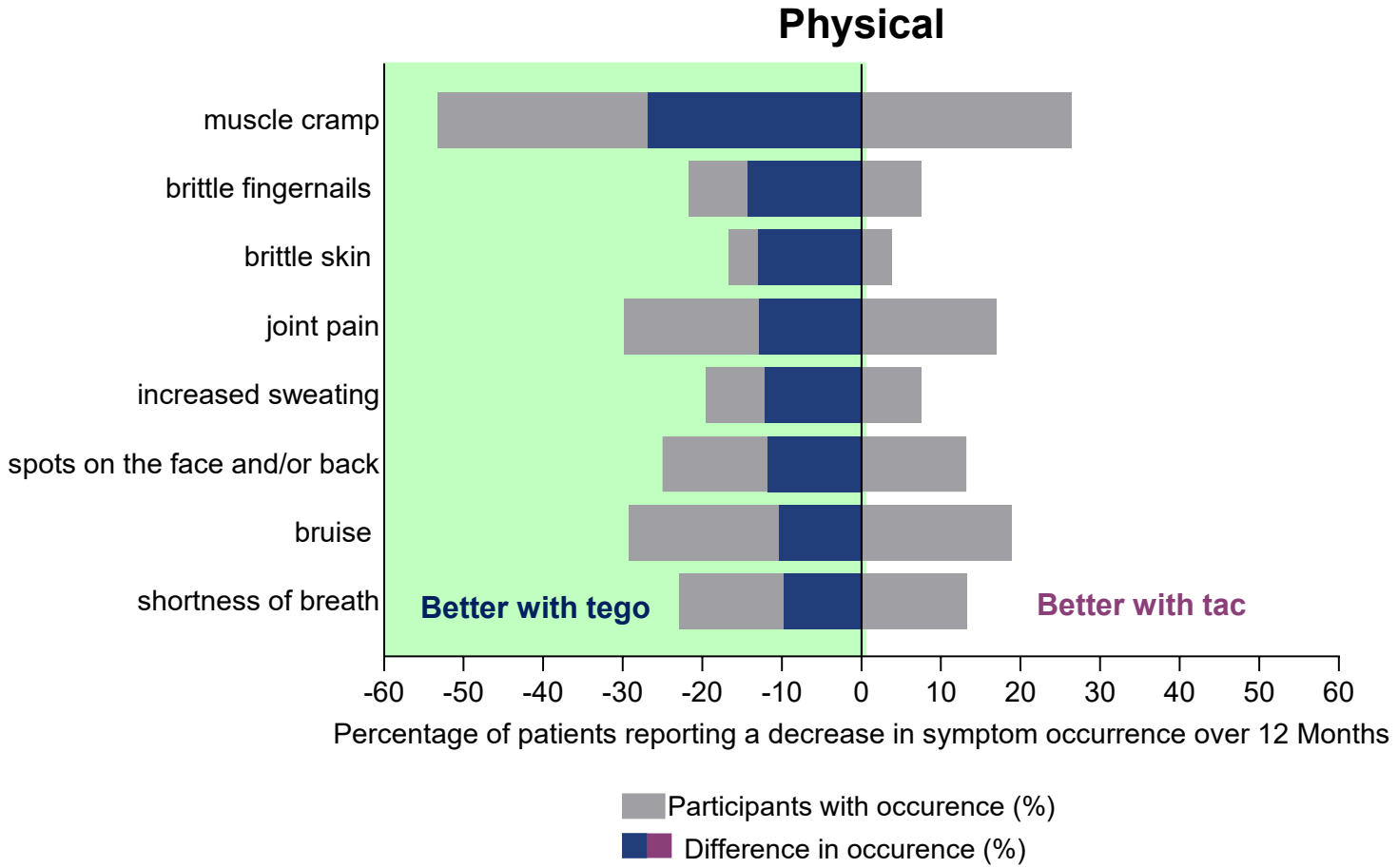
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KIDNEY WEEK 2026

MTSOSD-59R: Symptoms getting better (3 of 3)

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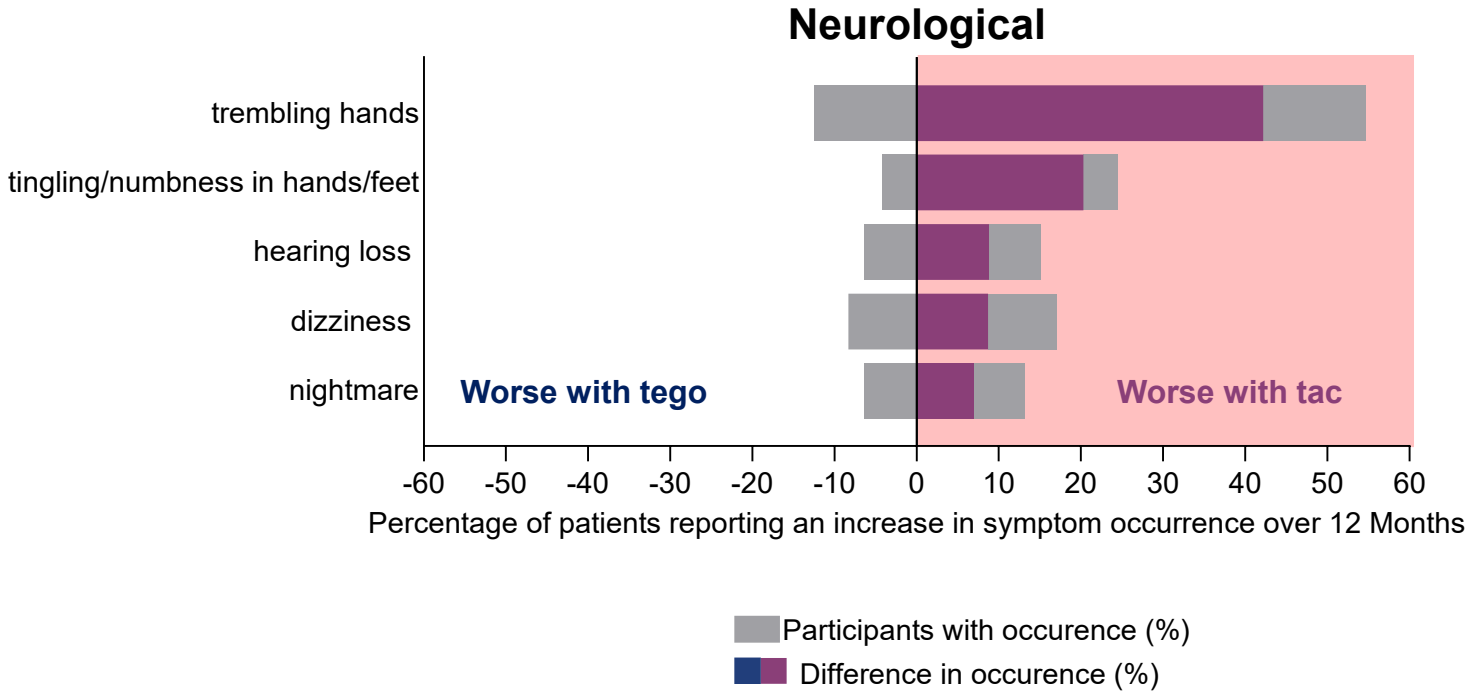
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MTSOSD-59R: Symptoms getting worse (1 of 3)

For symptoms with the greatest between-group difference in worsening, **more symptoms got worse (i.e. increased symptom occurrence) with tacrolimus** than tegoprubart for:

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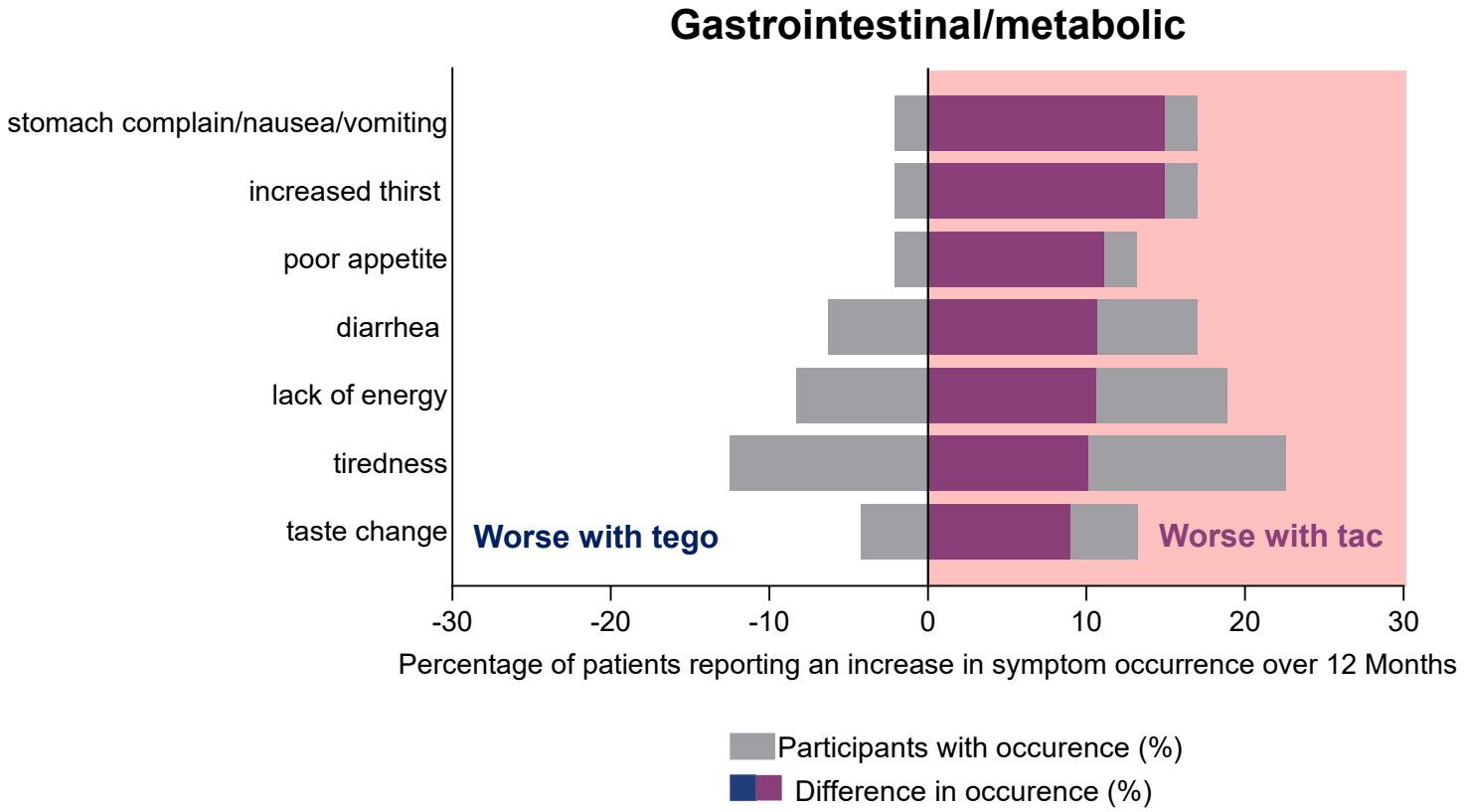
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KIDNEY WEEK 2026

MTSOSD-59R: Symptoms getting worse (2 of 3)

For symptoms with the greatest between-group difference in worsening, **more symptoms got worse (i.e. increased symptom occurrence) with tacrolimus** than tegoprubart for:

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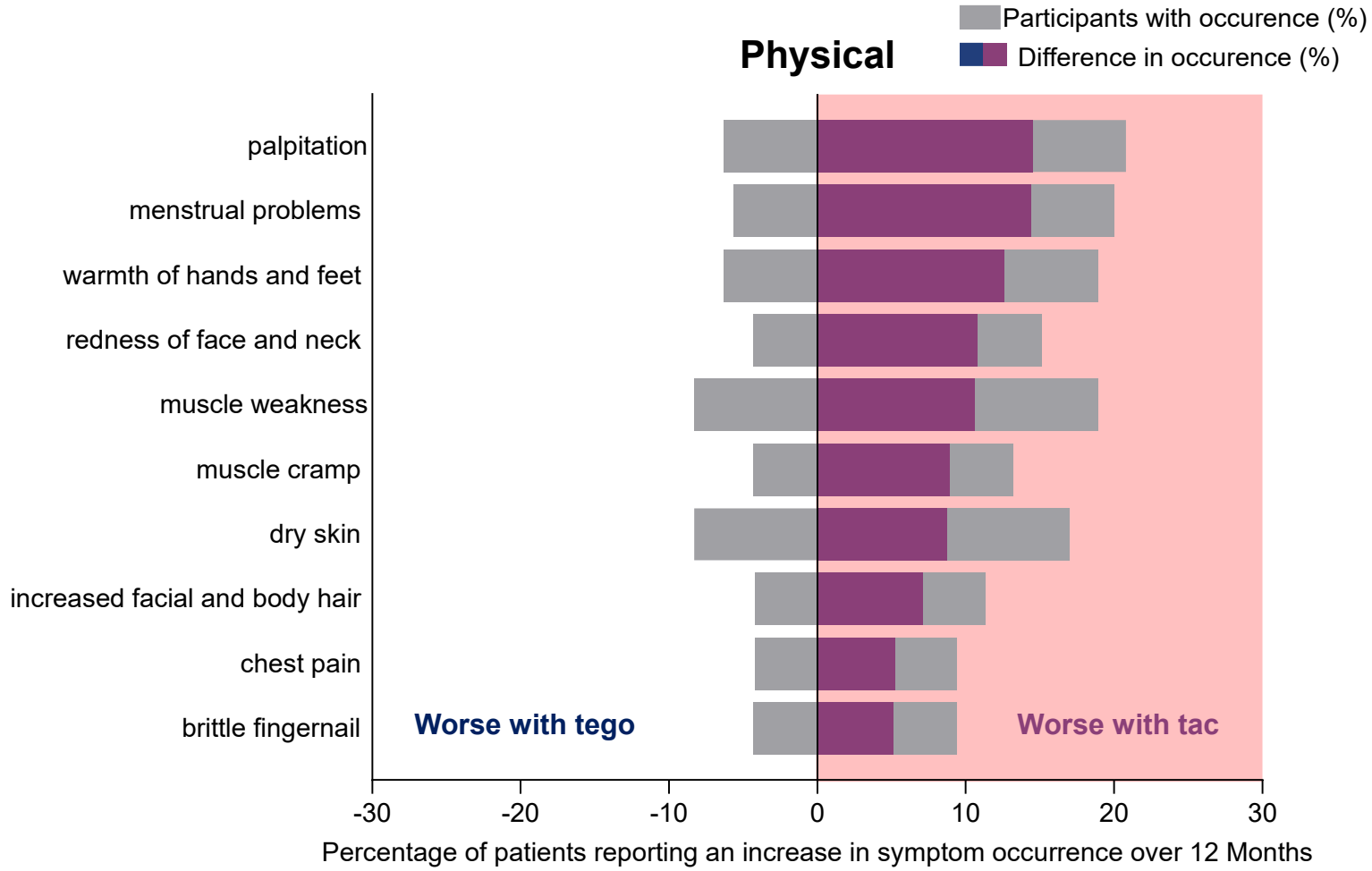
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Conclusions

- **Kidney Disease Quality of Life Short Form (KDQOL-SF)**
  - Improvements from baseline to Month 12 were observed in all 5 KDQOL-SF subscales with tegoprubart and in 4 of 5 subscales with tacrolimus
  - Improvement with tegoprubart on the symptoms and problems scale was both clinically and statistically significant compared with tacrolimus

- **Modified Transplant Symptom Occurrence Scale- 59 Items Revised (MTSOSD-59R)**

  There was a greater numerical reduction in total symptom score from baseline to Month 12 with tegoprubart than tacrolimus

  For symptoms with the greatest changes in occurrence from baseline to Month 12:
  - For improving symptoms, **more symptoms got better in patients receiving tegoprubart** than tacrolimus
  - For worsening symptoms, **more symptoms got worse in patients receiving tacrolimus** than tegoprubart

Tegoprubart was associated with sustained improvements in HRQoL and patient-reported symptom burden through Month 12, compared with tacrolimus after kidney transplantation

HRQoL, health-related quality of life

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