



**Eledon**  
Pharmaceuticals

# **Phase 1b Trial Update: Evaluating Tegoprubart For The Prevention of Rejection In Patients Undergoing Kidney Transplantation**

November 2, 2023

# Forward-Looking Statements

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Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: the ability to develop commercially viable product formulations; the sufficiency of the company's cash resources; the ability to obtain necessary regulatory and ethics approvals to commence additional clinical trials; whether data from early clinical trials will be indicative of the data that will be obtained from future clinical trials; whether the results of clinical trials will warrant submission for regulatory approval of any investigational product; whether any such submission will receive approval from the United States Food and Drug Administration or equivalent foreign regulatory agencies and, if we are able to obtain such approval for an investigational product, whether it will be successfully distributed and marketed. These risks and uncertainties, as well as other risks and uncertainties that could cause the company's actual results to differ significantly from the forward-looking statements contained herein, are discussed in our annual report on Form 10-K for the year ended December 31, 2022, and other filings with the SEC which can be found at [www.sec.gov](http://www.sec.gov). Any forward-looking statements contained in this presentation 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.

Photo: Gertrude "Trudy" Elion, inventor of azathioprine and recipient of Nobel Prize in Medicine in 1988.



# Tegoprubart: Transplantation Focused Pipeline in a Product Opportunity

Indications	DEVELOPMENT STAGE				
	Pre-clinical	Phase 1 / Early Human Trials	Phase 2	Phase 3	
<b>Kidney Transplantation</b>					<ul style="list-style-type: none"> <li>Phase 2 BESTOW and ex-US Phase 1b enrolling</li> <li>Sub-cutaneous formulation completed non-human primate study</li> </ul>
<b>Xenotransplantation</b>					<ul style="list-style-type: none"> <li>Cardiac xenotransplantation performed at University of Maryland</li> <li>eGenesis &amp; academic collaborations</li> </ul>
<b>Liver Transplantation</b>					<ul style="list-style-type: none"> <li>Academic collaboration</li> </ul>
<b>Amyotrophic Lateral Sclerosis (ALS)</b>					<ul style="list-style-type: none"> <li>Seeking non-equity dilutive financing to advance program to Phase 3</li> </ul>

# Kidney Transplantation Immunosuppression Market Represents a Multi-Billion Dollar Commercial Opportunity

## Large Patient Population



255,000+ 

188,000+ 

People living with a functioning kidney transplant

**90,000+**  
**Americans**  
on transplant  
waiting list

**5,000 Americans per year die** waiting  
for a kidney transplant

**~15% of U.S. adults on waitlist** are  
waiting for **repeat transplants**



## Kidney Transplants Annually

25,000+ 

21,000+ 

Average age transplant U.S. **50 years old**

Average organ only functions **10-15 years**

Many patients  
require **repeat  
transplants**

## Heavy Economic Burden

### End Stage Renal Disease & Transplant

**\$50+ Billion** annual U.S. **Medicare** expenditure including  
**Kidney Transplantation** costs of **\$420,000+ / transplant**

**Medicare covers cost of immunosuppressive transplant drugs**,  
regardless of patient age, if patient does not have other insurance



Global organ transplant  
immunosuppressant market  
size estimated **\$5.3+ billion**

Astellas reported  
**tacrolimus** global  
revenues **~\$1.5B** in **FY2022**  
(*Prograf, first FDA approval 1994*)

### Early graft failure of transplanted kidneys

**\$150,000+** average incremental U.S., medical  
costs / patient year after graft failure

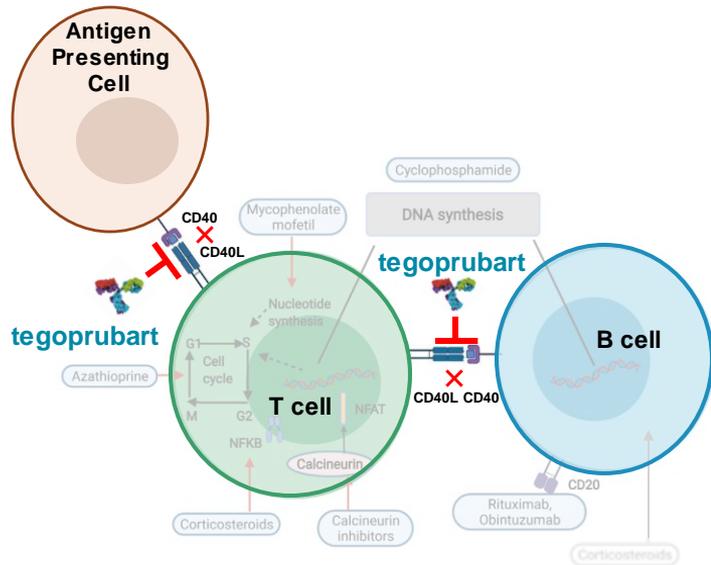


Patients returning to dialysis:  
▼ quality of life  
**< 50%** 5-year survival rate

**Re-transplants  
deplete** an already  
inadequate **donor  
organ pool**

# Mechanism Overview of CD40L Inflammatory Signaling

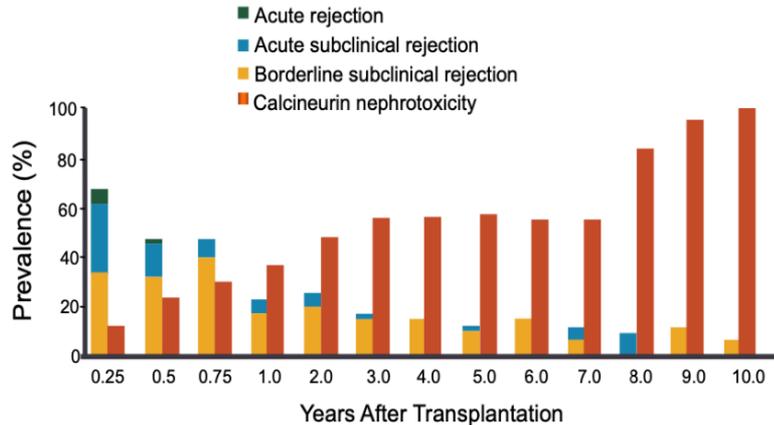
## CD40/CD40L Pathway and Tegoprubart Site of Action



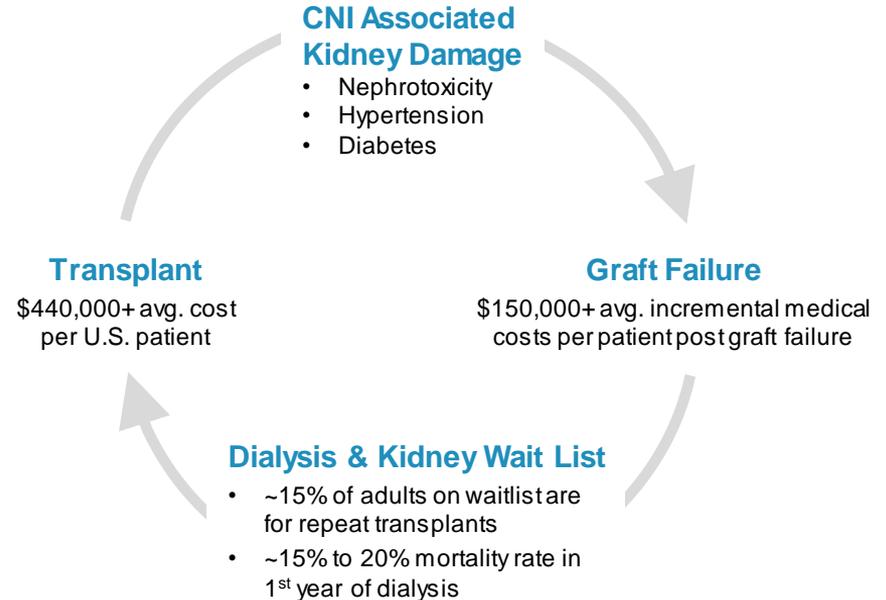
- Interaction of CD40 with CD40L on immune cells **mediates activation of the co-stimulatory immune pathway**, controlling "cross talk" between the adaptive and innate immune systems
- Maximal activation of inflammatory system is a 3-step process requiring co-stimulatory signaling
  - **Step 1:** Major histocompatibility complexes (MHC) and CD3/TCR engagement
  - **Step 2:** CD40 and CD40L binding resulting in cell division and clonal expansion
  - **Step 3:** Pro-inflammatory response by polarized T cells expressing inflammatory chemokines and cytokines
- **Blocking CD40L shifts polarization away from pro-inflammatory signaling** to T cell anergy, apoptosis, and polarization **to a Treg environment**
  - Blocking CD40L thus **does not generally result in lymphopenia** often seen with immunosuppressive agents

# Removing CNIs May Stop the Cycle of Transplantation and Subsequent CNI Related Graft Failure

**CNI side effects are a leading cause of kidney graft failure over time....**



**...and can lead to a cycle of transplantation and graft failure**



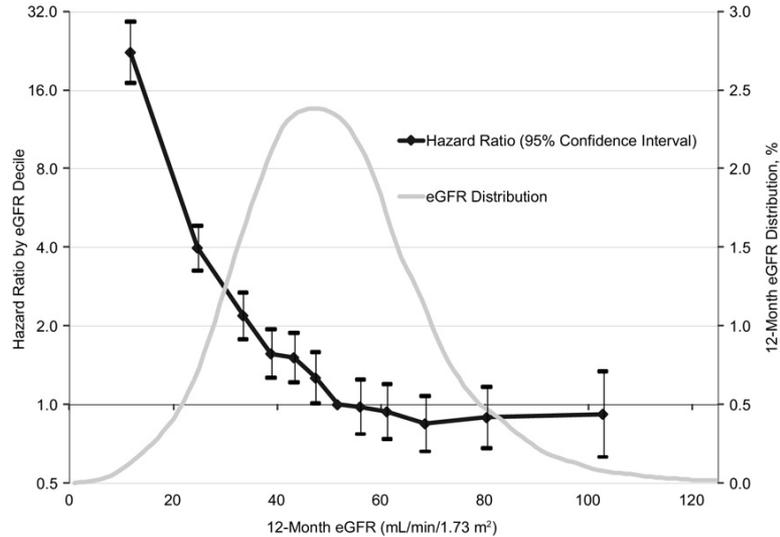
# Distribution of eGFRs Using Standard of Care Post Transplant: Median ~51 mL/min/1.73m<sup>2</sup> in First Year

Time Posttransplant	No. of			eGFR Value (mL/min/1.73 m <sup>2</sup> ) at Listed Percentiles					Percentage in Listed eGFR (in mL/min/1.73 m <sup>2</sup> ) Categories					
	Centers	Patients	eGFR Values	5th	25th	50th	75th	95th	≥90	60-89	45-59	30-44	15-29	<15
Discharge	11	23,053	18,393	11	31	45	60	86	4	21	26	26	15	9
1 mo	8	22,597	12,715	21	38	50	62	85	4	25	32	27	10	2
3 mo	9	21,894	12,887	26	40	51	63	86	4	27	33	28	8	1
6 mo	9	21,212	13,272	26	40	51	62	84	3	26	35	28	7	1
1 y	12	19,989	13,671	25	39	50	61	83	3	24	34	29	9	1
2 y	10	17,449	11,298	23	38	49	62	83	3	25	32	28	11	1
3 y	11	15,103	10,221	22	37	49	61	83	3	24	31	29	12	2
4 y	10	12,806	8,520	21	37	48	61	84	3	23	31	28	12	2
5 y	10	10,620	7,269	21	36	48	61	83	3	23	29	30	13	2

Abbreviations: CKD, chronic kidney disease; eGFR, estimated glomerular filtration rate.

# Kidney Allograft Function is an Early Predictor of Future Graft Failure

## eGFR at 12 months is associated with subsequent death-censored graft failure



- Graft function measured using eGFR at 12 months post transplant is associated independently with subsequent graft failure
- Of multiple covariates, **12-month eGFR is the strongest predictor of graft failure**

# Phase 1b and Phase 2 Kidney Transplantation Studies are Running in Parallel

## Phase 1b

Up to 12 participants  
undergoing kidney  
transplantation  
*Canada, UK  
and Australia*

### 52-week, open label, single arm study

ATG induction therapy plus

#### CNI-free maintenance therapy with tegoprubart

(as a replacement for tacrolimus) as part of a  
maintenance immunosuppressive regimen including  
mycophenolate and a corticosteroid taper

#### Primary endpoints:

- Safety & tolerability

#### Secondary endpoints:

- Graft function (eGFR)
- Participant and graft survival
- Biopsy proven acute rejection (BPAR)
- Immune cell infiltrate of graft biopsy
- Biomarker measures of kidney injury and rejection risk

## Phase 2 “BESTOW”

~120 participants (60/arm)  
undergoing kidney  
transplantation  
*U.S. and  
other countries*

### 52-week, head-to-head, superiority study

ATG induction therapy plus

#### CNI-free maintenance therapy with tegoprubart or tacrolimus

as part of a maintenance immunosuppressive regimen  
including mycophenolate and a corticosteroid taper

#### Primary endpoints:

- Graft function (eGFR)
- Safety & tolerability

#### Secondary endpoints:

- Participant and graft survival
- Biopsy proven acute rejection (BPAR)
- Immune cell infiltrate of graft biopsy
- Rate of new onset diabetes mellitus (NODAT)
- Biomarker measures of kidney injury and rejection risk

# Phase 1b Kidney Transplantation: Demographics & Disposition

Participant	Age/Gender	Ethnicity	Donor	Underlying Disease	Days Post TxP (DS: Discontinued Study)	Status
1	60/F	White	Living	Polycystic Kidney Disease	217 (DS)	Discontinued study on day 217 due to alopecia and fatigue
2	77/F	White	Deceased	Diabetes	380	
3	62/M	White	Living	Cystic Disease	54 (DS)	Discontinued study on day 54 due to Polyomavirus viremia
4	68/M	White	Living	Diabetes	217	
5	23/F	Asian	Living	Glomerulonephritis	181	
6	44/M	White	Deceased	Polycystic Kidney Disease	154	
7	65/M	White	Living	Type 1 Diabetes	146	
8	57/F	White	Living	Diabetes	83	
9	35/M	Other	Living	Glomerulonephritis	75	
10	56/F	White	Living	Polycystic Kidney Disease	60	
11	59/M	White	Living	Diabetes	43	

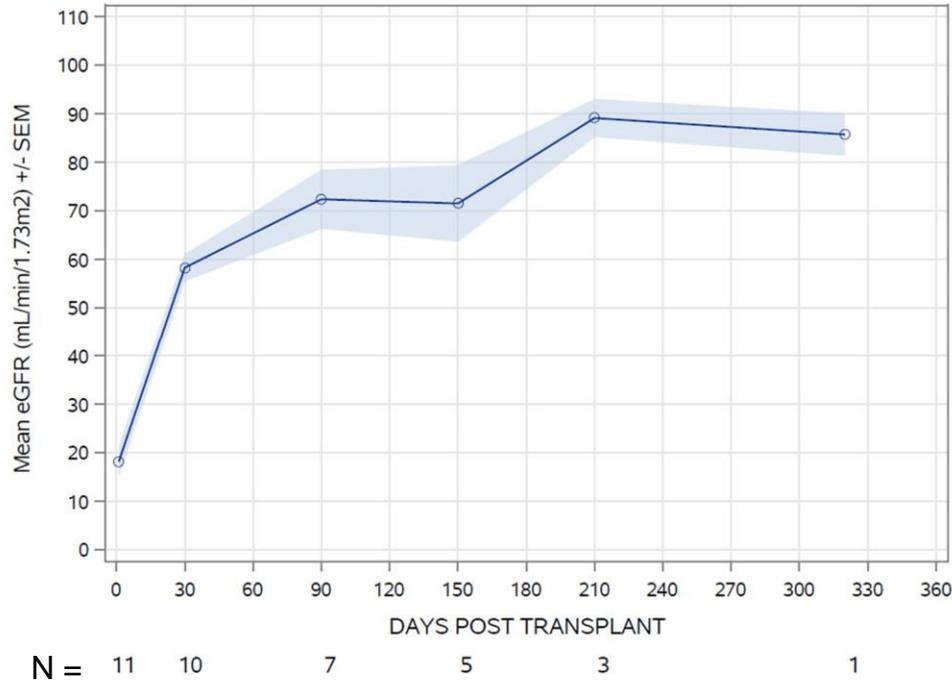
# Phase 1b Kidney Transplantation: Treatment Emergent Adverse Events

System Organ Class	Preferred Term	N (%)
Gastrointestinal	Diarrhea	5 (45%)
	Constipation	4 (36%)
	Nausea	3 (27%)
	Vomiting	2 (18%)
Infections	Polyomavirus viremia	4 (36%)
	Urinary tract Infection	2 (18%)
Procedural Complication	Complications of Transplant Surgery	3 (27%)
	Procedural pain	2 (18%)
Blood and Lymphatic System	Leukopenia	2 (18%)
	Neutropenia	2 (18%)
Cardiac	Tachycardia	2 (18%)
General	Oedema peripheral	2 (18%)
	Pyrexia	2 (18%)
Metabolism	Hypoglycemia	2 (18%)
	Hypophosphatemia	2 (18%)
Musculoskeletal and Connective Tissue	Back pain	2 (18%)
Skin and Subcutaneous tissue	Alopecia	2 (18%)
Vascular	Hypertension	2 (18%)
	Hypotension	2 (18%)

\* Occurring in 2 or more study subjects as of October 13, 2023. Of all the reported TEAEs, 7 events experienced by 3 subjects are reported as serious. These SAEs include neutropenia, acute kidney injury, T-cell rejection, Polyomavirus viremia, anterior abdominal wall collection, and hyperkalemia

- 1 participant experienced a T cell mediated rejection (Banff score 1a). The patient was treated and remains in the study
- 1 patient experienced a surgical related acute tubular necrosis on day 0 (prior to administration of study drug) which impacted their kidney function. The patient continues to be in the study
- **No cases of hyperglycemia, new onset diabetes, tremor, or cytomegalovirus infection**

# Phase 1b Kidney Transplantation: Mean eGFR Over Time



- **Aggregate mean eGFR was above 70 mL/min/1.73m<sup>2</sup> at all reported time points after day 90**
- One participant completed the 12-month study with an eGFR of 91 on day 374, and is now enrolled in a Phase 2 open-label extension study

Note: Estimated glomerular filtration rate (eGFR) as of October 19, 2023, calculated using the chronic kidney disease epidemiology collaboration (CKD-EPI) creatinine equation. N is the number of participants at that time contributing data to mean eGFR calculation.

# Phase 1b Kidney Transplantation: Summary Conclusions

- Data from 11 participants demonstrates tegoprubart successfully prevented kidney transplant rejection and was generally safe and well-tolerated
- Aggregate mean eGFR was above 70 mL/min/1.73m<sup>2</sup> at all reported time points after day 90, supporting tegoprubart's potential to better protect organ function than with regimens using calcineurin inhibitors, the current standard of care
- Eledon next plans to report updated data from the Phase 1b trial mid-2024



# Q&A



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