

Growth Response to LUM-201 in the OraGrowthH210 Trial
in Idiopathic Pediatric Growth Hormone Deficiency
(iPGHD): Interim Analysis Data (41 subjects)
Abstract 6178

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Disclosures

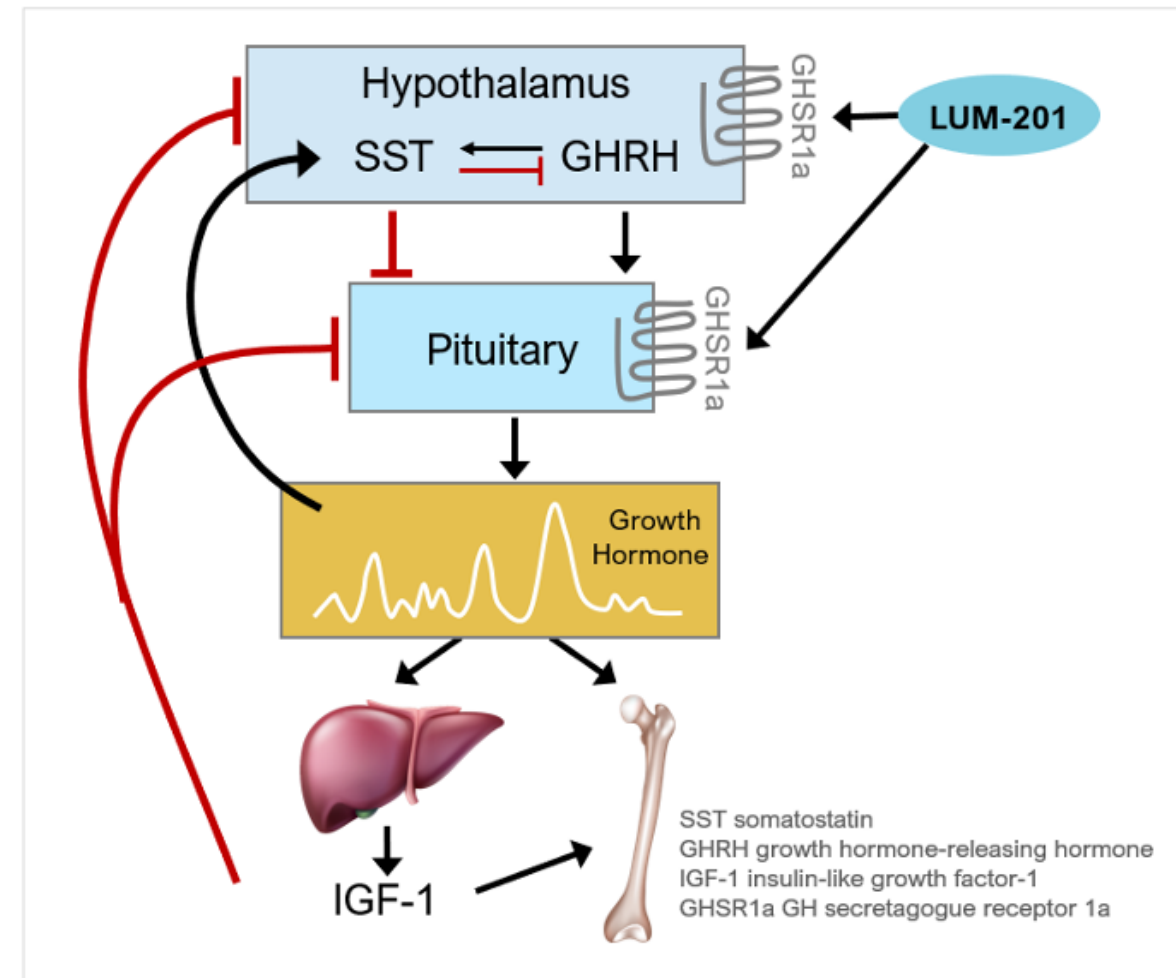
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- LUM-201 is an investigational compound and is not approved for use by the FDA or any other regulatory agency. Some of the slides in this presentation are derived or copied from corporate presentations previously given by Lumos Pharma, Inc. These slides are used with permission.

LUM-201 – Oral Growth Hormone Secretagogue

LUM-201

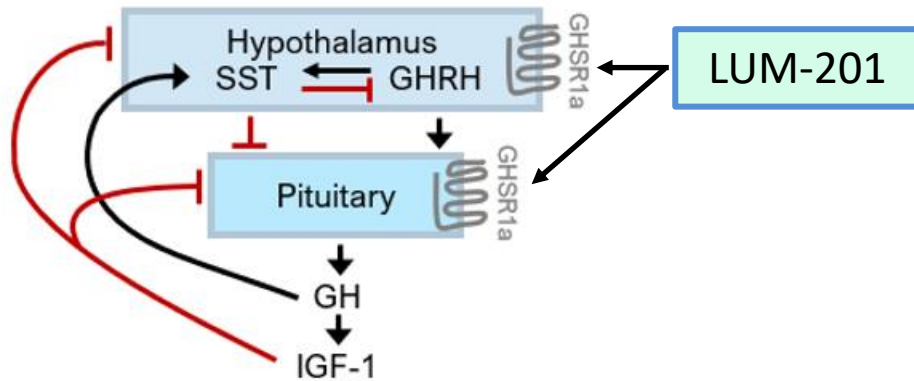
- Binds to GH Secretagogue (ghrelin) receptor
- Increases amplitude of endogenous GH pulses
- Acts within intact GH/IGF-1 feedback loop
- Phase 2 study ongoing- OraGrowthH210 Trial
 - 3 doses of LUM-201 vs daily rhGH
 - 24-month study
 - Pre-pubertal GH deficiency - iPGHD



Single Stim Dose of LUM-201 Identifies Likely Responders

Moderate / Idiopathic PGHD PEM-Positive

~60% of total PGHD population¹



Responders to LUM-201²

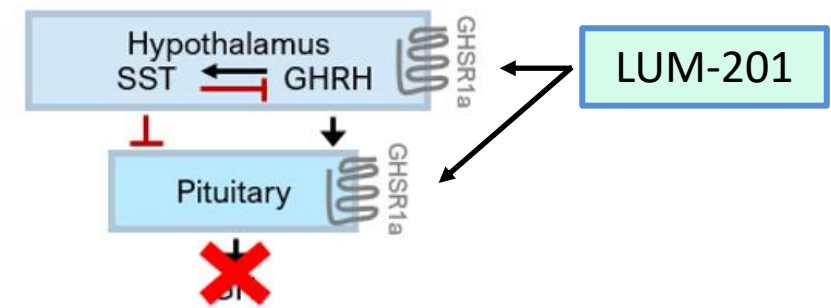
Predictive Enrichment Marker Positive (PEM+)

- Baseline IGF-1 > 30 ng/ml
- Stim LUM-201 peak GH ≥ 5 ng/ml
- Functional but reduced HP-GH axis

LUM-201
Stim dose

Severe / Organic PGHD PEM-Negative

~40% of total PGHD population



Non-Responders to LUM-201

Predictive Enrichment Marker Negative (PEM-)

- Baseline IGF-1 < 30 ng/ml
- Stim LUM-201 GH < 5 ng/ml
- Non-functional HP-GH axis



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¹ Blum 2021 JES ² Bright 2021 JES

HP-GH axis – hypothalamic pituitary growth hormone axis

Phase 2 OraGrowthH210 Trial in Moderate Idiopathic PGHD

Trial Design

- ❖ N = 80 subjects
- ❖ Only PEM(+) PGHD subjects
- ❖ Inclusion: stim GH \geq 5 ng/mL* & baseline IGF-1 > 30 ng/mL
- ❖ rhGH treatment naïve
- ❖ ~45 trial sites US & Int'l
- ❖ Trial opened Q4 2020
- ❖ Trial duration 24 months

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n = 20 LUM-201: 0.8 mg/kg/day

n = 20 LUM-201: 1.6 mg/kg/day

n = 20 LUM-201: 3.2 mg/kg/day

n = 20 Daily rhGH injection

Trial Objectives

Primary Endpoint

- ❖ Annualized Height Velocity (AHV)

Goals

- ❖ Prospectively confirm utility of PEM strategy
- ❖ Determine optimal Phase 3 dose

Interim Data: 41 subjects @ 6 months on therapy – November 2022

Primary Outcome Data: 82 subjects @ 6 months on therapy – 4th Qtr. 2023

* Peak GH response to single stimulation dose of 0.8 mg/kg dose of LUM-201

OraGrowth210 Baseline Characteristics at Interim (n=41)

	LUM-201 0.8 mg Mean (SD) N=11	LUM-201 1.6 mg Mean (SD) N=10	LUM-201 3.2 mg Mean (SD) N=10	rhGH Mean (SD) N=10
Age (months)	95.5 (28.2)	99.3 (28.3)	96.1 (21.7)	90.3 (26.7)
Height (cm)	113.8 (12.6)	114.6 (9.6)	113.8 (8.8)	111.6 (11.9)
Height SDS	-2.31 (0.32)	-2.35 (0.62)	-2.30 (0.48)	-2.29 (0.43)
Max Height SDS	-1.76	-1.66	-1.57	-1.73
IGF-1 SDS	-1.24 (0.573)	-1.17 (0.72)	-1.39 (0.61)	-1.37 (0.48)
Max IGF-1 SDS	-0.3	-0.3	-0.6	-0.7
MPH (cm)	164.47 (6.44)	166.98 (7.15)	166.20 (8.06)	168.78 (8.85)
MPH SDS Δ	1.29 (0.62)	1.76 (0.60)	1.96 (0.83)	1.76 (0.73)
BA Delay (yrs)	1.89 (1.02)	1.91 (0.53)	2.19 (0.86)	1.78 (0.96)
BMI SDS¹	-0.29 (1.04)	-0.35 (0.79)	-0.70 (0.48)	+0.31 (1.05)

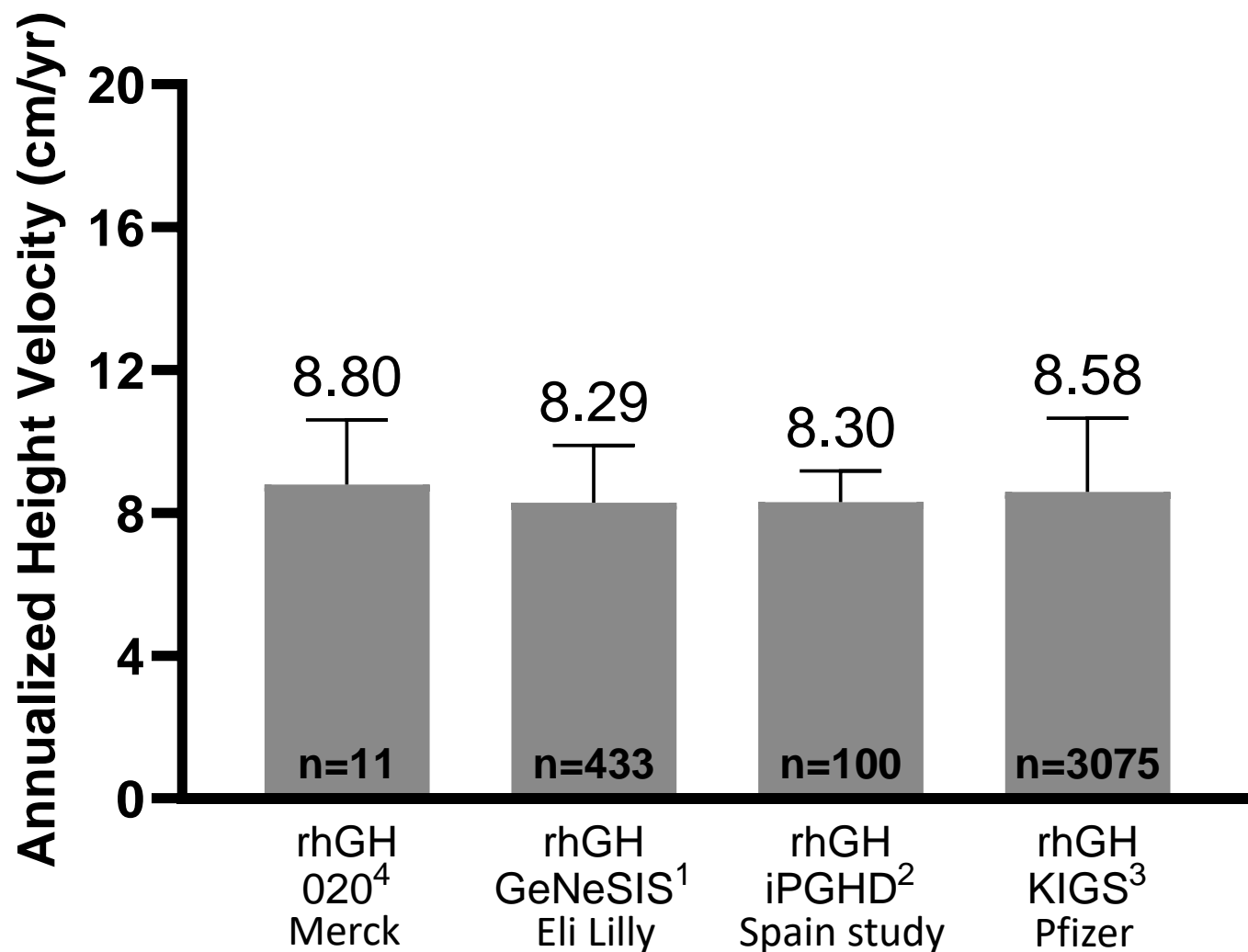
- Imbalances were observed in baseline characteristics between rhGH arm & LUM-201 arms
- Baseline characteristics predict faster 1st year growth on therapy for rhGH arm than for LUM-201 arms²

¹ Yang, et al. Nature Sci Rep 2019, 9(1); 16181 ² Blum et al JES 2021, ³ Ranke et al JCEM 2010

SDS = Standard deviation score | MPH = Mid-parental height (Child's target height) | MPH SDS delta = SD's from target height | BA = Bone age | BMI = Body mass index



Historical Data for rhGH Growth Rates in Moderate PGHD



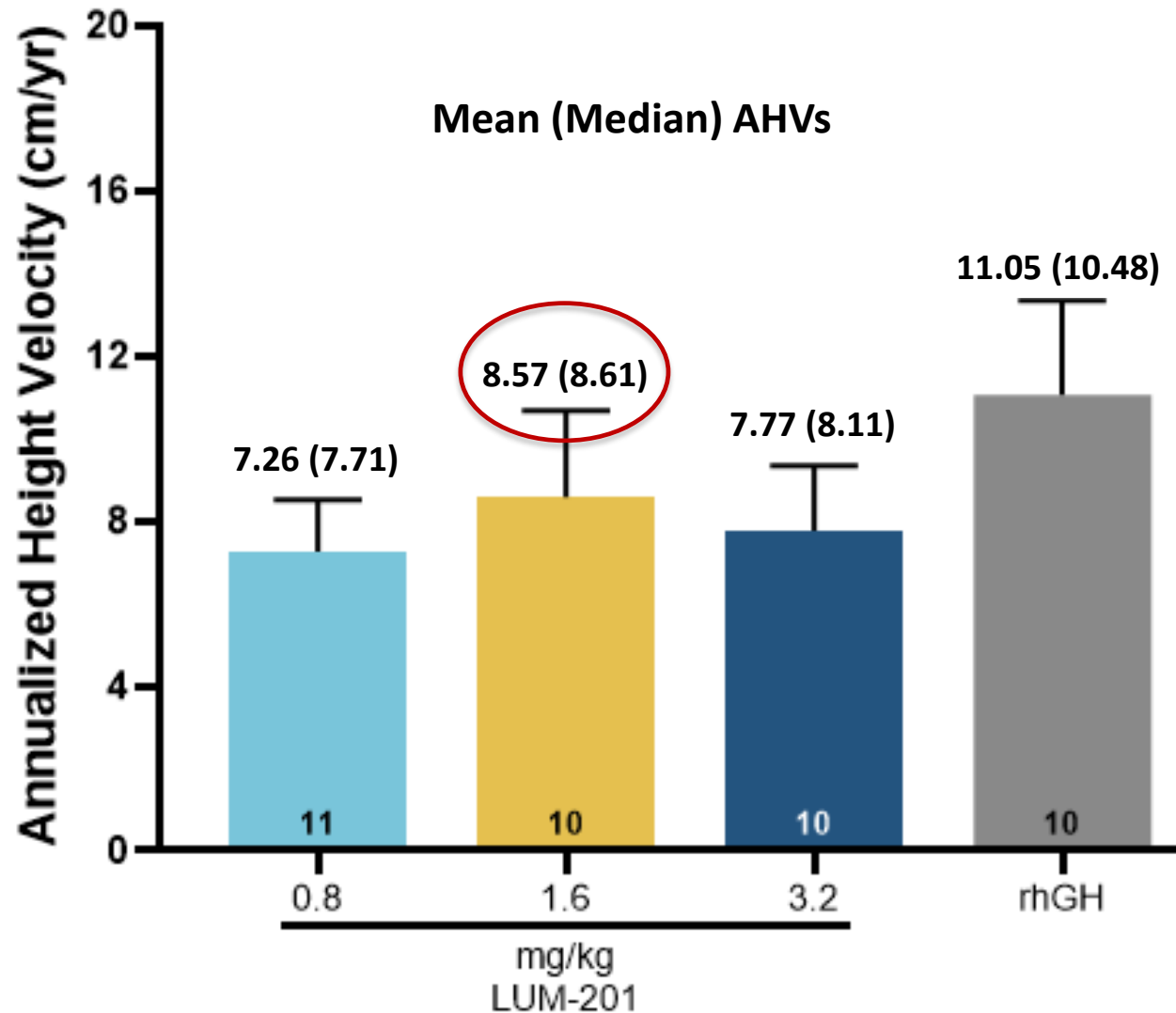
Historical Datasets

- GeNeSIS¹, iPGHD², and KIGS³ AHV at 12 months on rhGH
- Merck 020⁴ AHV at 6 months on rhGH
- These historical trials set precedent for expected growth on rhGH in moderate idiopathic PGHD

Predictions

- Prediction for growth in OraGrowthH210 is AHV of ~8.3 cm/yr on both rhGH and LUM-201 based on this historical data





Interim Results

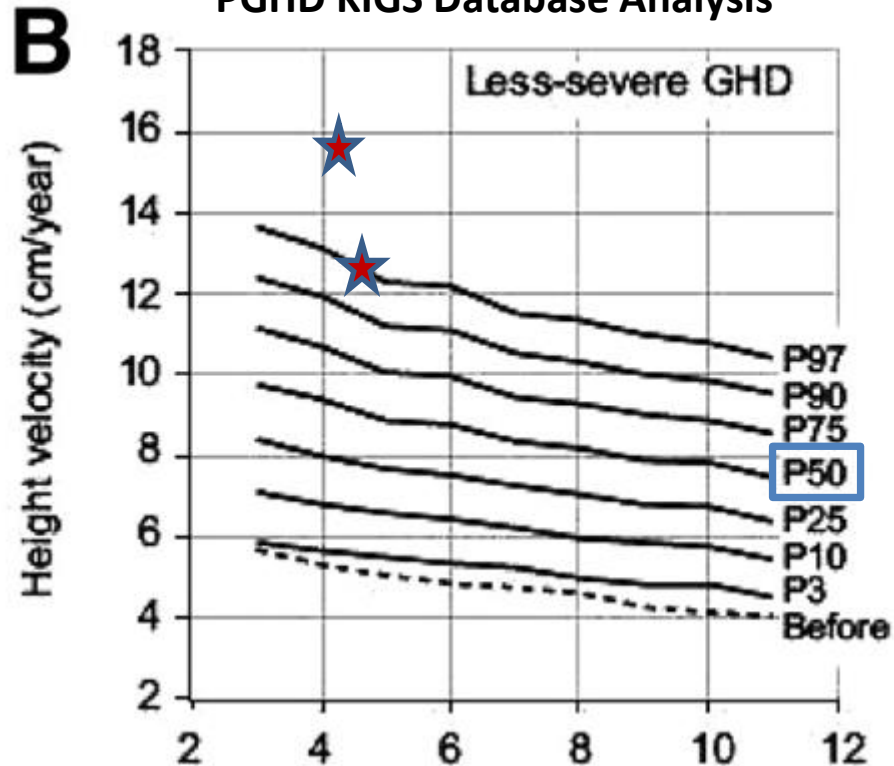
- 1.6 mg/kg/day LUM-201 cohort growth of 8.6 cm/year was in line with the expected rate of 8.3 cm/year based on historical data
- rhGH cohort grew at a much faster rate than expected or previously reported in moderate idiopathic PGHD population
- Cohort baseline differences predict faster first-year growth in the rhGH arm^{1,2}
- Median AHV values offer more authentic comparison by minimizing impact of outliers



Growth Outliers in the rhGH Cohort:

Two of Three Subjects Under Age 5 Randomized to rhGH

First-year Growth on rhGH for Pfizer's Moderate PGHD KIGS Database Analysis¹



★ OraGrowthH210 youngest subjects in rhGH cohort at 6-months AHV

P lines = Percentiles
“Before” line marks height velocity before GH therapy

¹ Ranke, et al 2010 JCEM

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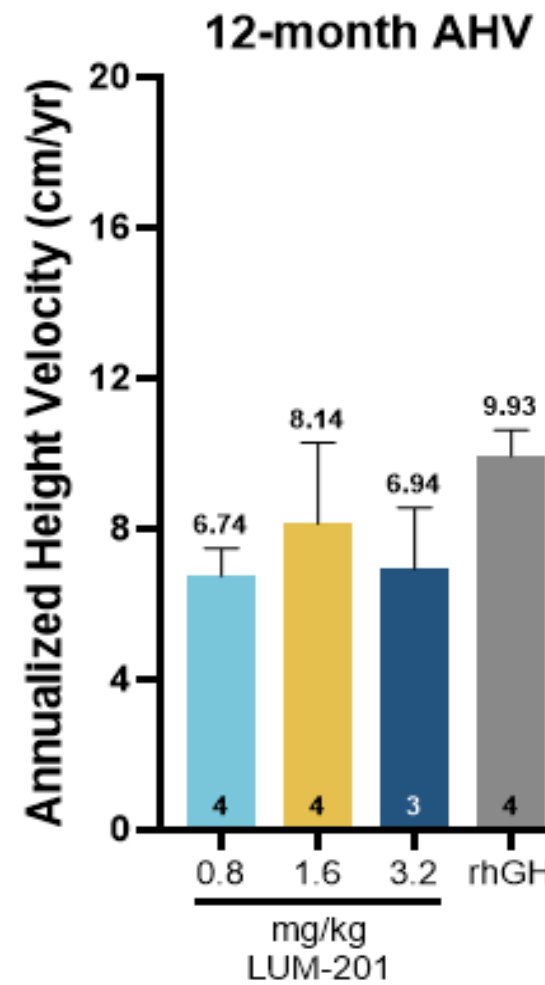
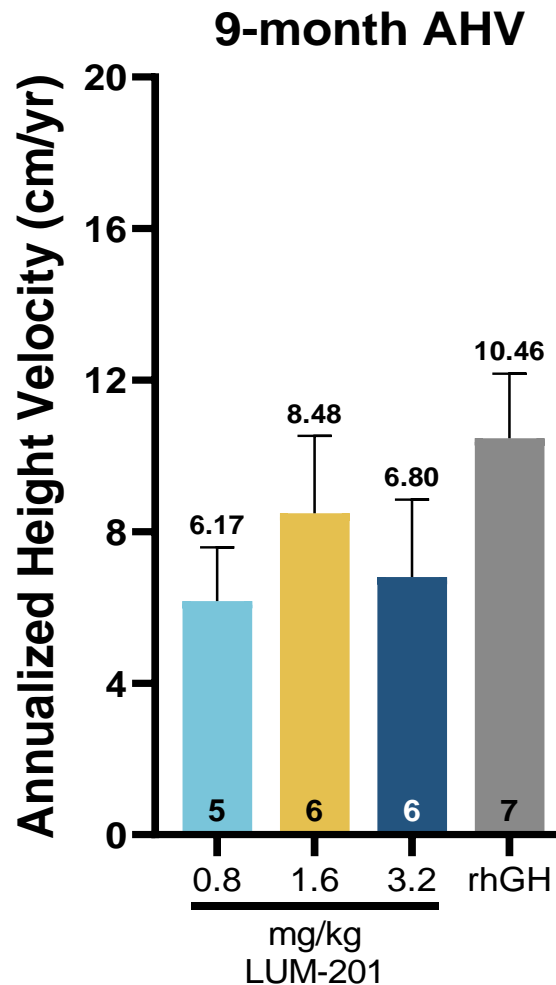
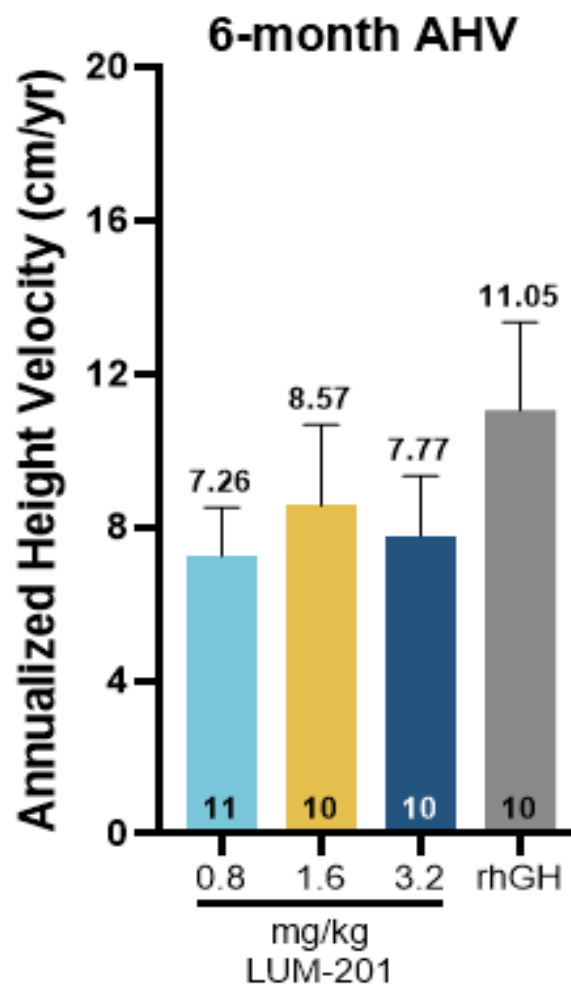
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Interim OraGrowthH210 Data: LUM-201 Demonstrates Durable Response to 12 Months



Conclusions

- Growth rates for LUM-201 are consistent from 6 to 12 months
- A Phase 3 non-inferiority trial is expected to be a 12-month study in a significantly larger population



Safety Profile at Interim Analysis for OraGrowthH210 Trial

	0.8 mg/kg	1.6 mg/kg	3.2 mg/kg	ALL LUM-201	rhGH 34 mcg/kg
N =	14	15	14	<u>43</u>	15
Number of AEs	31	45	38	114	21
Subjects with AE (%)	8 (57.1%)	13 (86.7%)	9 (64.3%)	30 (69.8%)	9 (60.0%)
Treatment Related AEs (N)	2	1	3	6 Increased appetite (2) Pain in extremity (2) Arthralgia (1) Growing Pains (1)	3 Increased appetite (2) Injection site bruising (1)
Subjects with Treatment Related AEs (%)	1 (7.1%)	1 (6.7%)	2 (14.3%)	4 (9.3%)	2 (13.3%)
Subjects with SAEs (%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

Data Available

- No treatment-related Serious Adverse Events (SAEs)
- No drop-outs due to SAE's
- No meaningful safety signals observed in either laboratory values, adverse event data, or in EKG values.



Summary of Interim OraGrowthH210 Data

- In a selected patient population (idiopathic PGHD) using the LUM-201 PEM (Prediction Enrichment Marker), LUM-201 demonstrates an increase in height velocity with three doses of this oral growth hormone secretagogue.
- Oral LUM-201 1.6 mg/kg/day cohort grew 8.6 cm/year, in line with the expected historical rate of ~ 8.3 - 8.6 cm/year from prior data of moderate iPGHD rhGH treated patients.
- No treatment-related Serious Adverse Events (SAEs) and no meaningful safety signals observed in either laboratory values, adverse event data, or in electrocardiogram values.