





Safety, Pharmacokinetics, and Immunological Effects of Omilancor (BT-11) in a Phase 2 Randomized, Double-Blind, Placebo-Controlled Trial of Patients with Ulcerative Colitis

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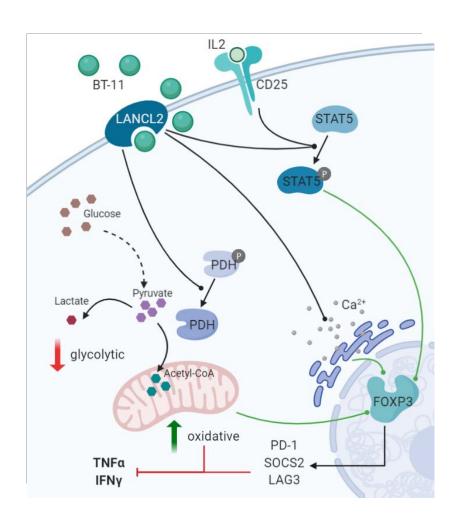
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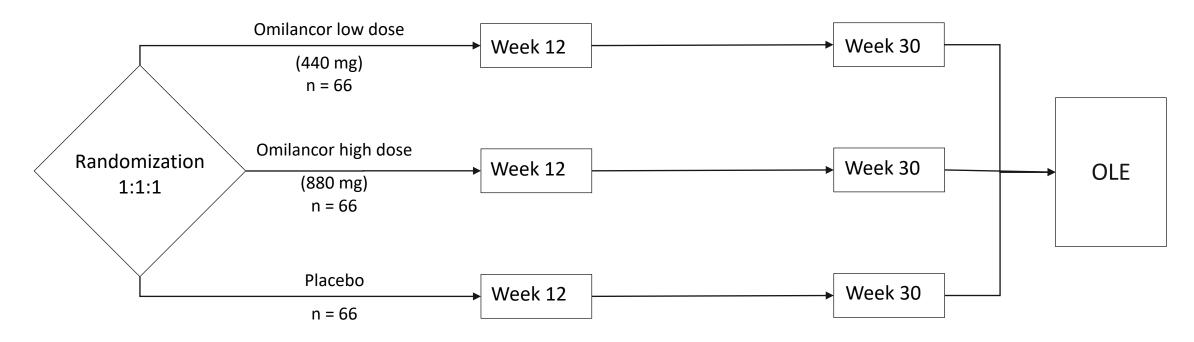


- Multipronged immunometabolic mechanism of action
 - Supports regulatory T cell (Treg) stability and suppressive effects
 - Decreases production of inflammatory mediators (TNFα, IFNγ, MCP1, IL-6, IL-8)
 - Restores dysregulated metabolism in immune and epithelial cells of the gut





Phase 2 Study of Omilancor in Mild to Moderate UC



- Primary Objective
- The primary objective of this proof-of-concept study was to establish the efficacy of oral BT-11 in inducing clinical remission at Week 12 in subjects with mild to moderate ulcerative colitis (UC).
- Key Inclusion Criteria
- Male and female subjects with mild to moderate UC defined by a total Mayo Score of 4 to 10 with MES ≥ 2 (confirmed by central reader); 5-aminosalicylates (max 4.8 g/day) and oral corticosteroids (max 20 mg/day prednisone or equivalent) must be stable for the 12-week induction period.

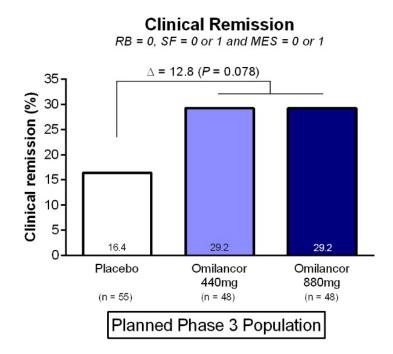


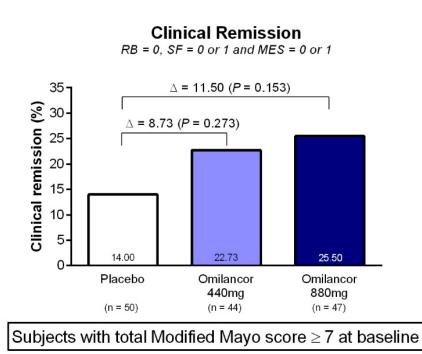
Study Demographics

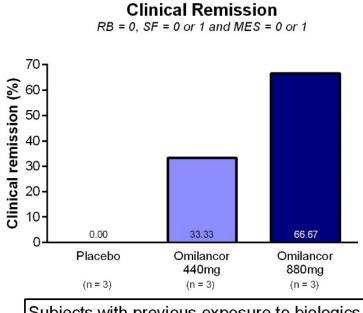
	Placebo	Omilancor 440 mg	Omilancor 880 mg
	(n = 66)	(n = 66)	(n = 66)
Age – yr	43.3	43.1	43.3
Male sex – no. (%)	35	26	44
	(53.0%)	(39.4%)	(66.7%)
Baseline Total MCS	7.52	7.15	7.33
Baseline MES	2.53	2.61	2.56
Corticosteroid use at baseline – no. (%)	13	12	13
	(19.7%)	(18.1%)	(19.7%)
Previous biologic	3	3	3
use – no. (%)	(4.5%)	(4.5%)	(4.5%)



Omilancor induces clinical remission at 440 and 880 mg once daily

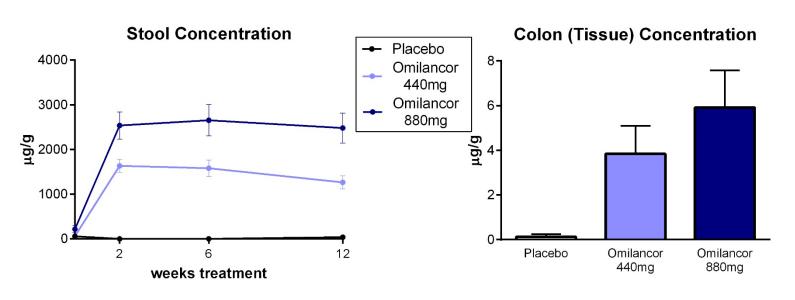


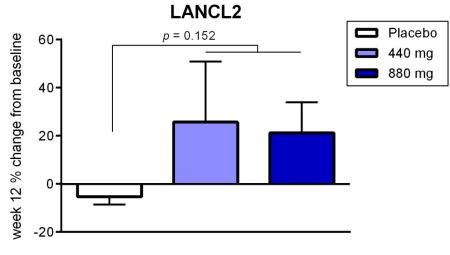






PK Results Validate LANCL2 Target Engagement at both Doses Tested





- Omilancor stool concentrations stable between 2 and 12 weeks of dosing
- No significant difference in stool concentrations between UC patients after 12 weeks and healthy volunteers after 7 days
- Stool and tissue concentration scale in a near dose-proportional manner
- 440 and 880 mg doses effectively clear therapeutic threshold, engage LANCL2, and increase LANCL2 expression in the colon

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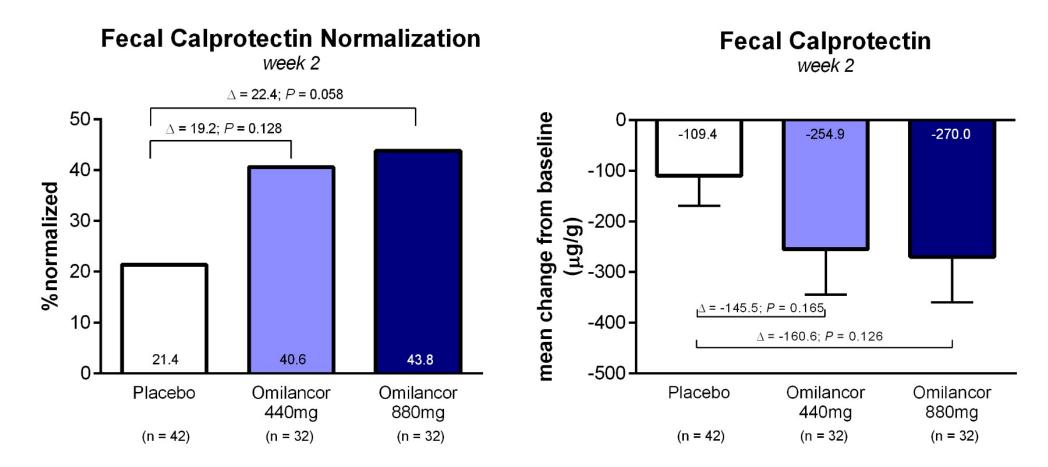


No differences in AE profile observed between omilancor and placebo

	Placebo	Omilancor 440 mg	Omilancor 880 mg
	(n = 66)	(n = 66)	(n = 66)
Subjects reporting ≥ 1 AE – no. (%)	20 (30.3%)	18 (27.3%)	20 (30.3%)
Total AEs – possibly related or higher	10	16	11
Total AEs – definitely related	0	0	0
Infections and Infestations	5 (7.6%)	4 (6.1%)	5 (7.6%)
Lymphopenia	1 (1.5%)	0 (0%)	0 (0%)
AEs experienced in ≥ 5% of subjects			
Ulcerative colitis worsening	5 (7.6%)	7 (10.6%)	7 (10.6%)



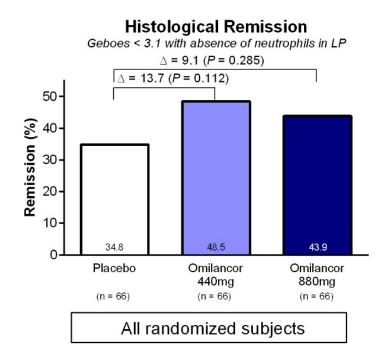
Omilancor promotes FCP normalization after 2 weeks of treatment

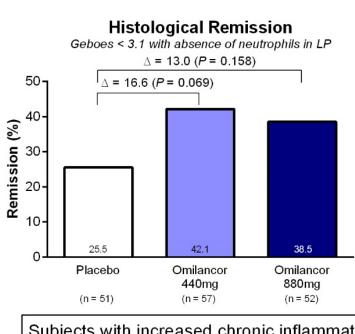


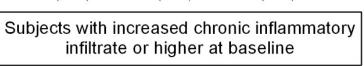
Fecal calprotectin considered normalized at < 250 ug/g Inclusive of subjects with abnormal levels at baseline

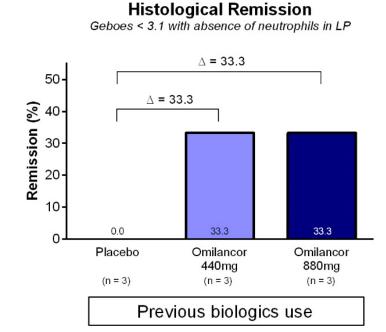


Omilancor induces histological remission



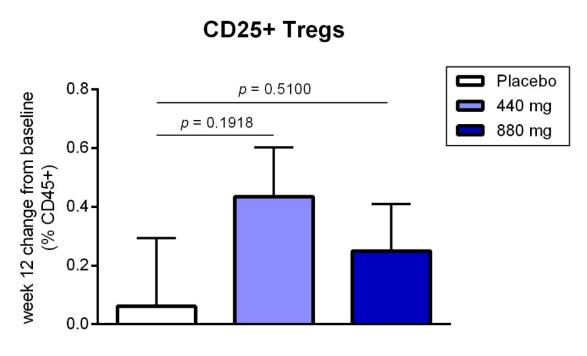






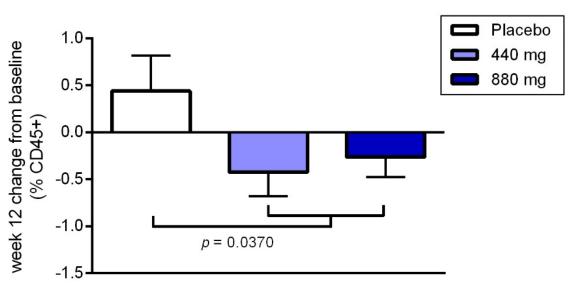


Mechanistic Validation in Tregs and TNF+ Cells by Flow Cytometry



Baseline levels of Tregs cells were 2.24%

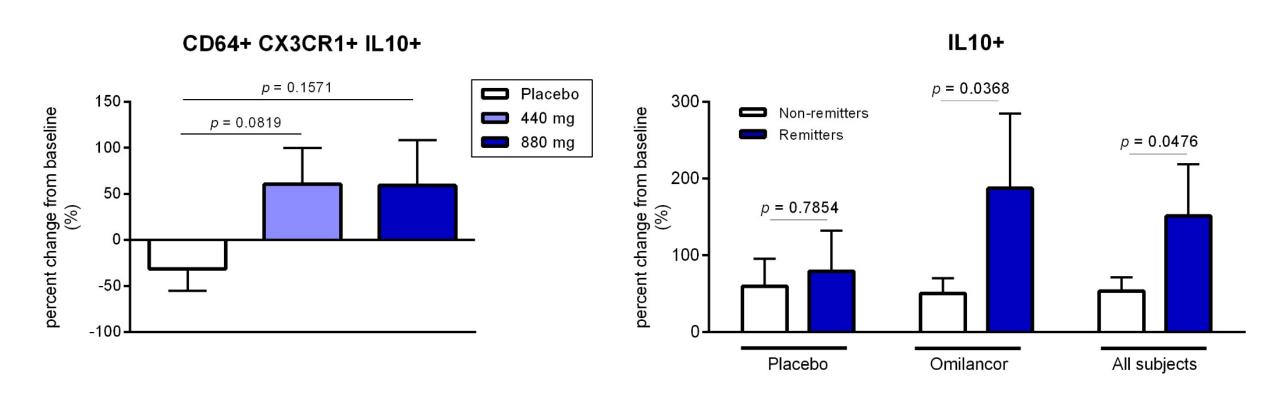
TNF+ Myeloid Cells



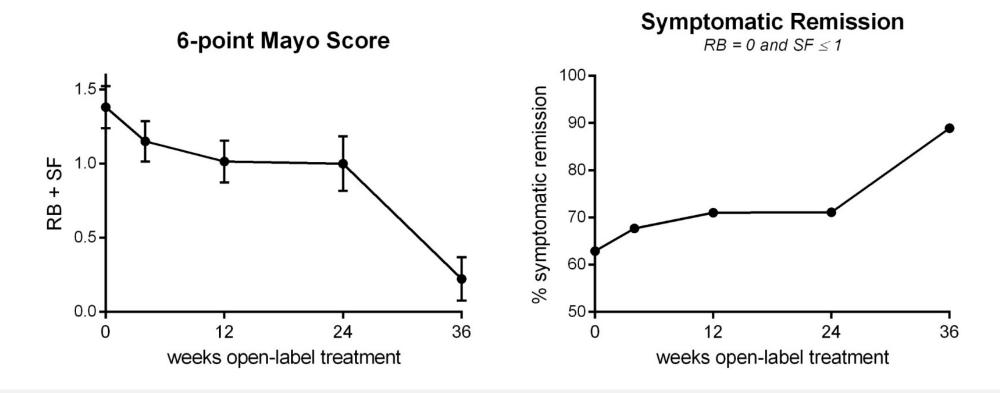
Baseline levels of TNF+ myeloid cells were 0.599%



IL10+ Cells are associated with remission in omilancor-specific manner







- Nearly 90% of patients achieving remission thresholds in stool frequency and rectal bleeding after 36 weeks of open-label treatment.
- Clinical remission (based on 3-component Mayo) was observed in 36.1% (Δ = 16.7%) of the omilancor 880 mg group and 35.5% (Δ = 16.1%) of the omilancor 440 mg group during the blinded maintenance phase.





- During a positive End of Phase 2 Meeting with the FDA, Landos and the FDA agreed on key elements of pivotal global Phase 3 program that are necessary to prepare for regulatory approval
- Two independent placebo-controlled trials enrolling 1,378 UC patients assessing clinical remission at Weeks 12 and 52 of treatment.
- If interested in learning more or becoming an investigator visit www.pacifytrials.com or contact clinical@landosbiopharma.com

