

FORTE BIOSCIENCES

FB I 02 prevents histological damage and mitigates gluten challenge-induced symptoms in a celiac disease Phase Ib study

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DISCLOSURE

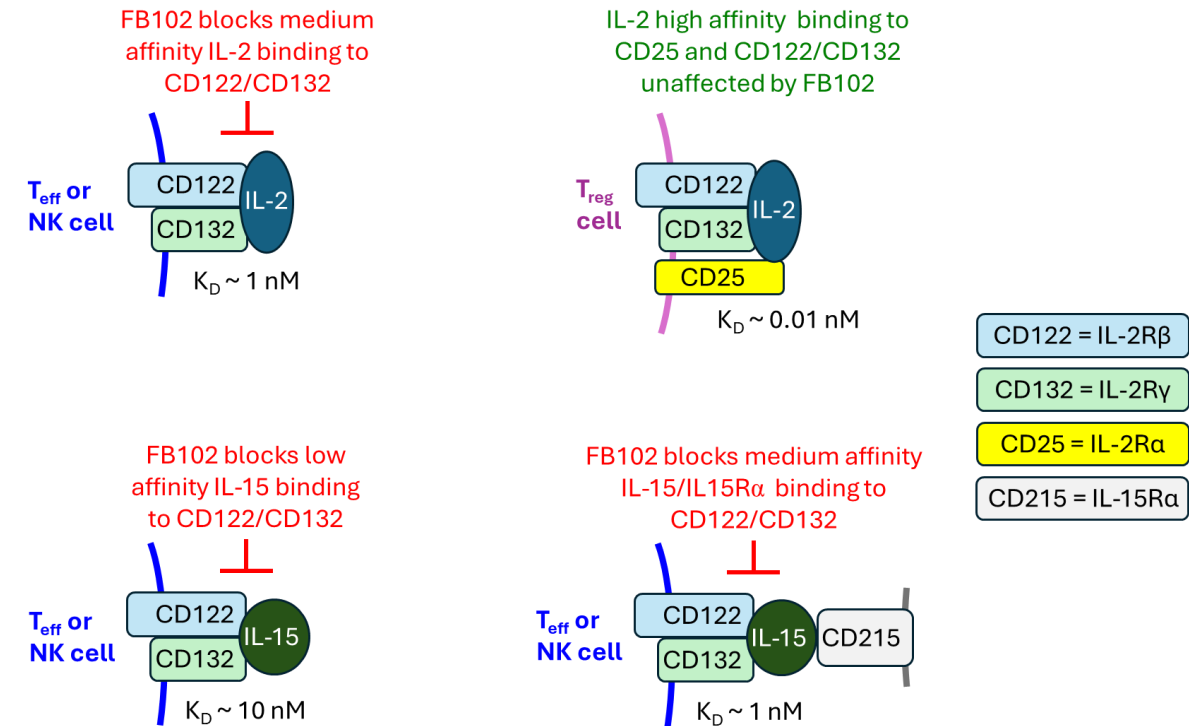
I have the following relevant disclosures:

- Consultant for Forte Biosciences
- Principal Investigator on the FBI02 Phase IB trial

FBI02 (ANTI-CD122) OVERVIEW

CD122 is a subunit of the intermediate affinity IL-2/IL-15 receptor expressed on NK cells, certain T cell subtypes and is a subunit of the high affinity IL-2 receptor expressed on Tregs

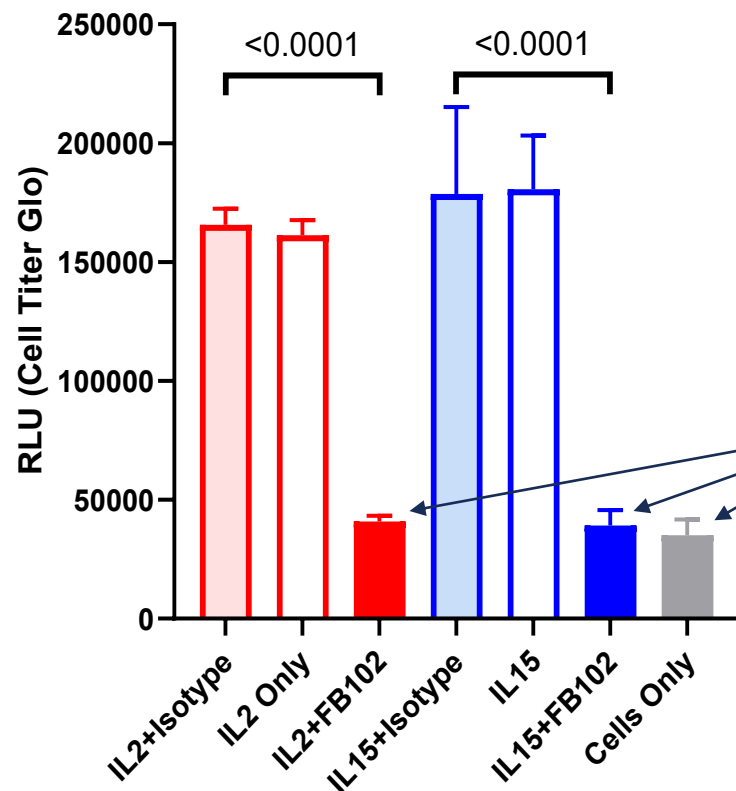
FBI02 (Forte's anti-CD122 antibody) is designed to mediate both the IL-2 and the IL-15 induced proliferation and activation of pathogenic NK cells, certain T cell subtypes without effecting the IL-2 biology of beneficial Tregs



FBI02 INHIBITS CD4+ AND CD8+ T CELL PROLIFERATION

	Fold Reduction Isotype/FB102
IL-2	4.1
IL-15	4.6

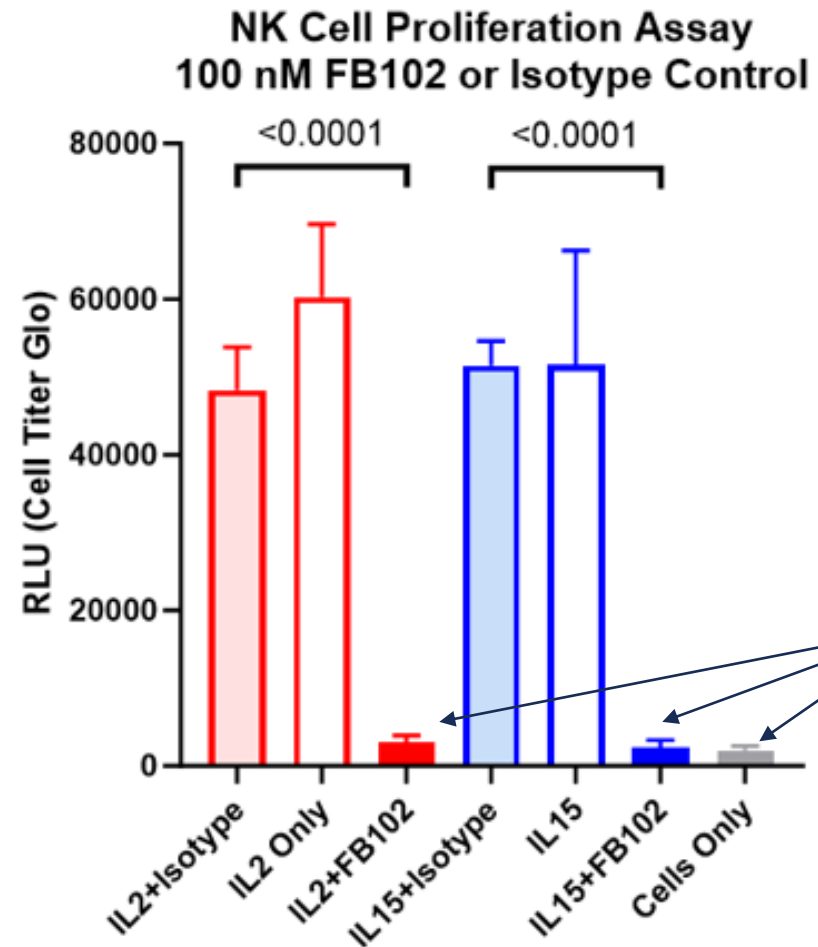
T Cell Proliferation Assay
100 nM FB102 or Isotype Control



FBI02 inhibits IL-2/IL-15 signaling back to baseline levels of the unstimulated cell only

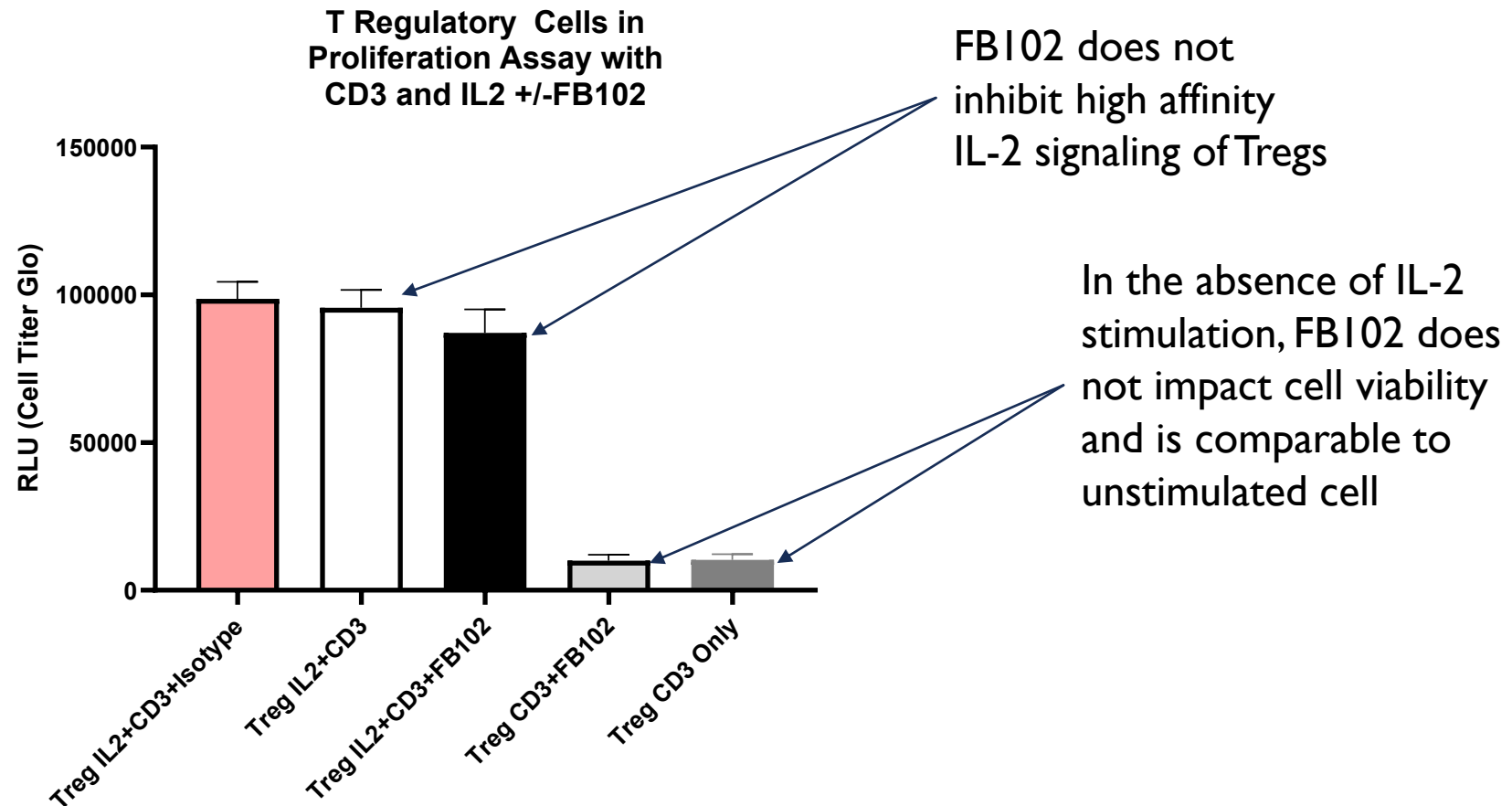
FBI02 INHIBITS NK CELL PROLIFERATION TO BASELINE LEVELS

	Fold Reduction Isotype/FB102
IL-2	15.8
IL-15	21.8

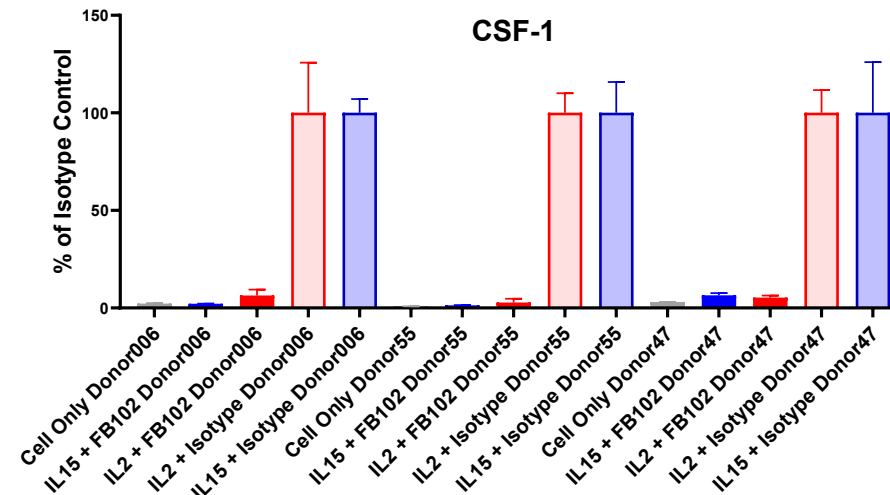
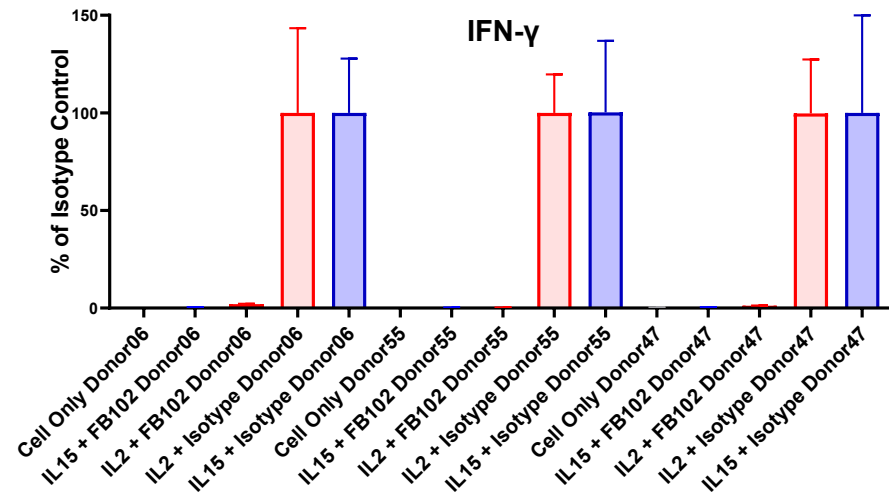
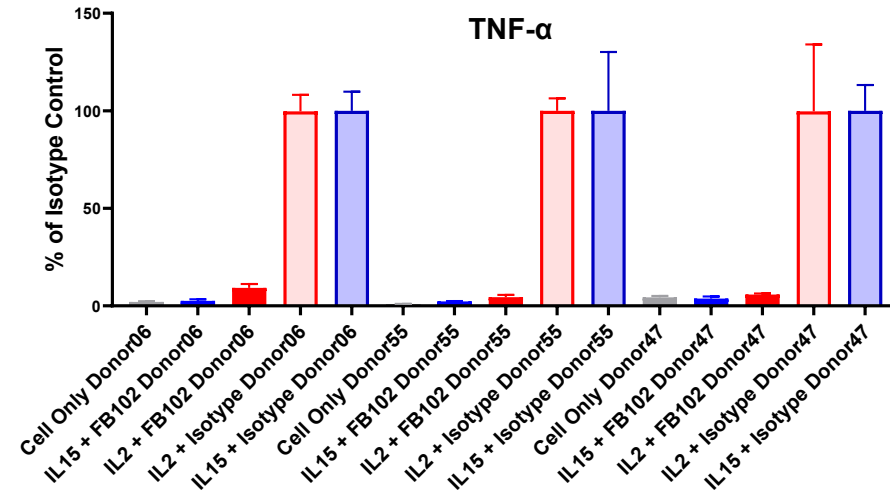
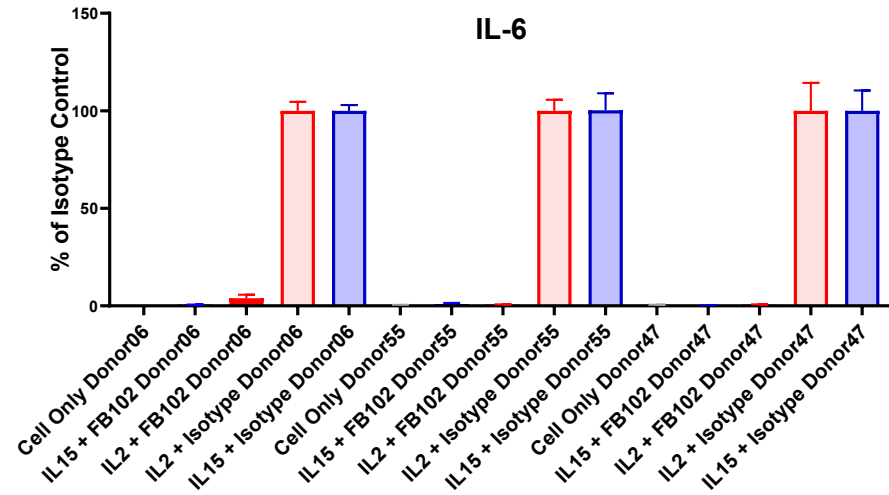


FBI02 inhibits IL-2/IL-15 signaling back to baseline levels of the unstimulated cell only

FBI02 DOES NOT INHIBIT REGULATORY T CELL PROLIFERATION

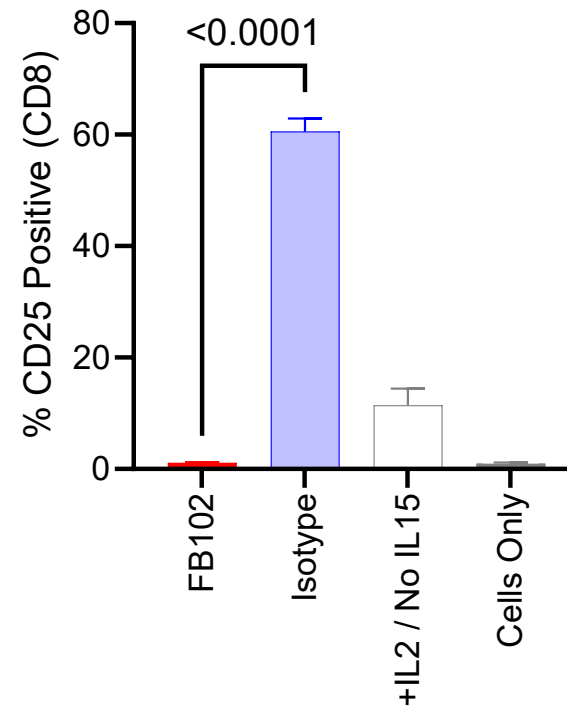


FBI02 INHIBITS IL-2 AND IL-15 INDUCTION OF IL-6, TNF- α , IFN- γ , AND CSF-1 WITH 3 DIFFERENT T CELL DONORS

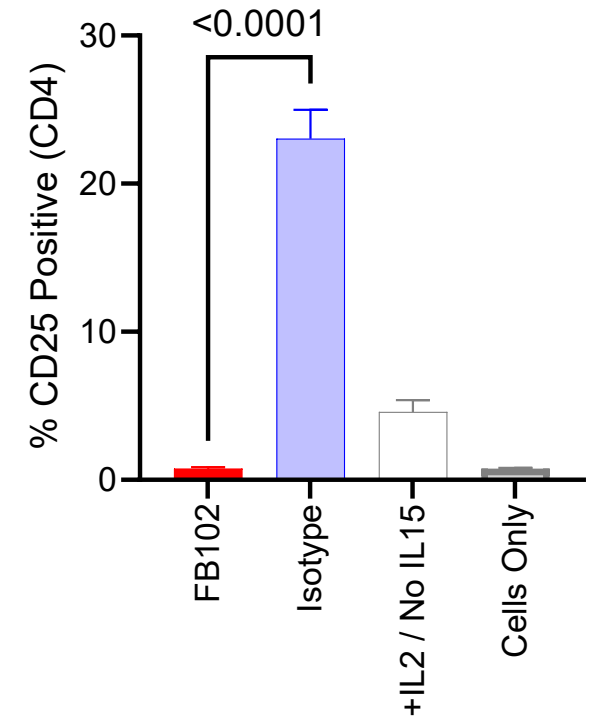


FBI02 INHIBITS IL-2/IL-15 CD4+ AND CD8+ T CELL ACTIVATION IN INVITRO DISEASE MODEL

- CD4+ and CD8+ T cells were treated with IL2 for 24 hours then with IL15 for 3 days, simulating disease activity in the presence or absence of FBI02
- FBI02 provides nearly complete inhibition of T cell activation

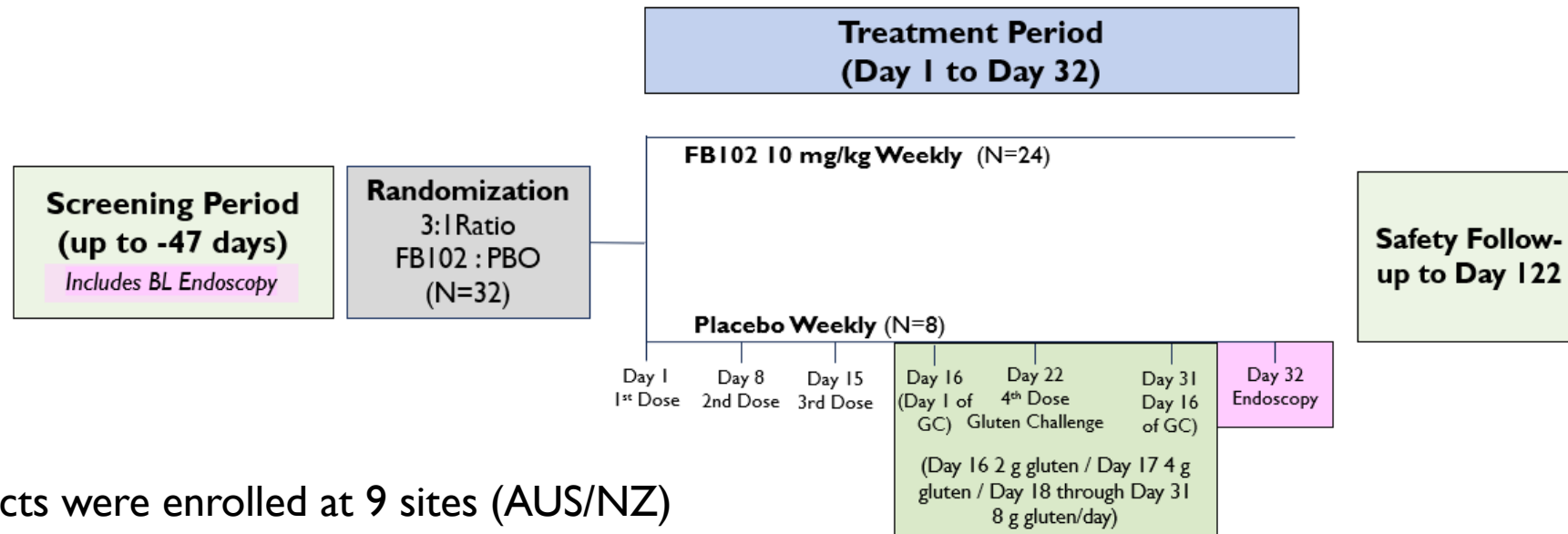


CD8+ T Cells



CD4+ T Cells

CELIAC DISEASE PHASE 1B DESIGN



- 32 subjects were enrolled at 9 sites (AUS/NZ)
- Randomized 3:1 to FBI02 vs PBO (24:8)
- Subjects received 3 of 4 doses of either FBI02 (10mg/kg) or placebo then began 16 day gluten challenge (2g,4g, 8g for 14 days)
 - 4th dose of either FBI02 or placebo on day 22
- Endoscopy/biopsy at baseline and at end of gluten challenge (central review of histology endpoints)
- Gluten challenge symptoms collected in patient diaries/AE reporting
- All subjects completed day 32 biopsy

BASELINE DEMOGRAPHICS

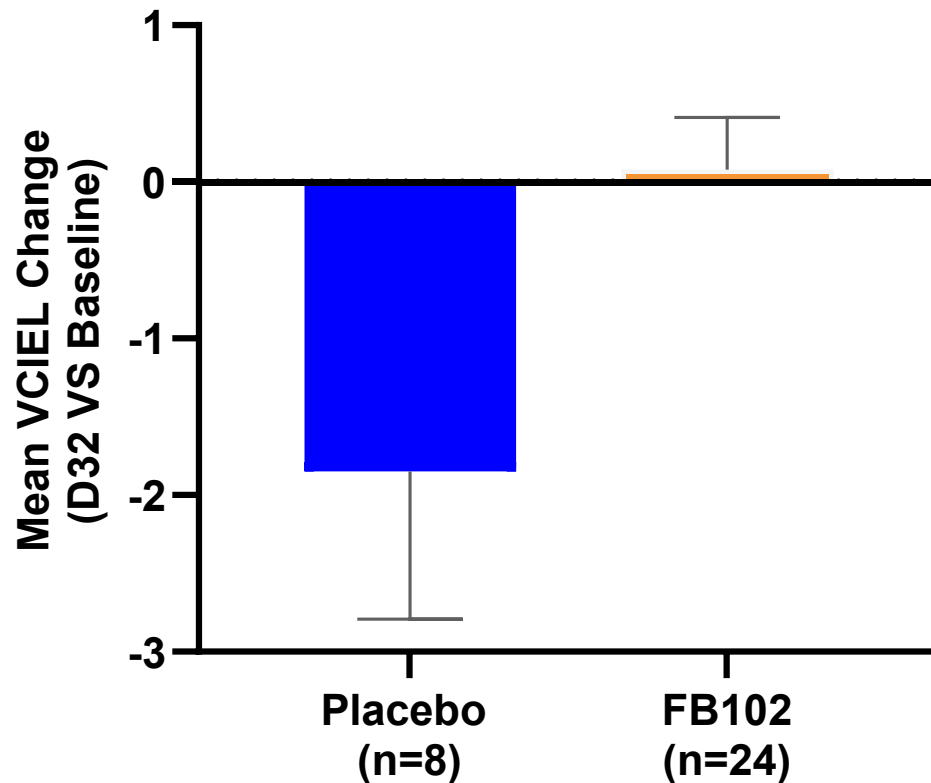
Parameter		Placebo N=8	FB102 N=24	Overall N=32
Age (Years)	Mean	38.3	40.8	40.1
Sex [n (%)]	Female	5 (62.5%)	19 (79.2%)	24 (75.0%)
	Male	3 (37.5%)	5 (20.8%)	8 (25.0%)
Ethnicity [n (%)]	Hispanic or Latino	0	0	0
	Not Hispanic or Latino	7 (87.5%)	23 (95.8%)	30 (93.8%)
	Not Reported	1 (12.5%)	1 (4.2%)	2 (6.3%)
	Unknown	0	0	0
Body Mass Index (kg/m ²) at Screening	Mean	25.61	24.8	25
Baseline Villus height to Crypt depth ratio	Mean	2.756	2.818	
	Standard error of mean	0.1398	0.1099	
Baseline CD3 positive IELs per 100 enterocyte	Mean	25.6	23.5	
	Standard error of mean	3.83	1.68	



RESULTS

FBI 02: SIGNIFICANT DIFFERENCE IN COMPOSITE HISTOLOGY

Change in VCIEL Composite Histology Score

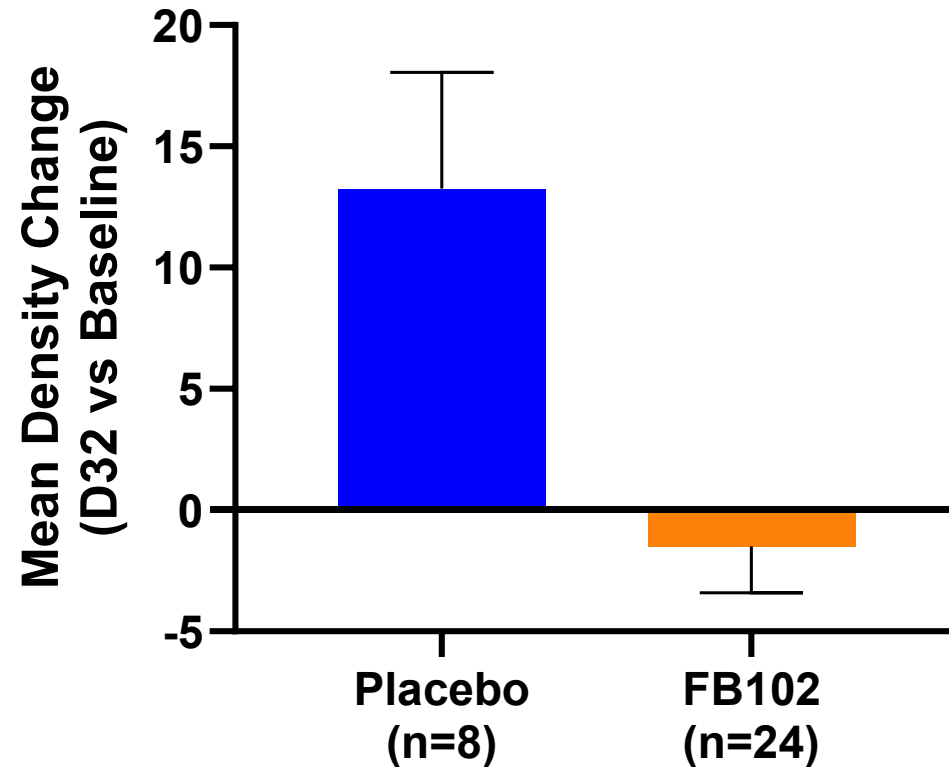


Day 32 vs baseline VCIEL composite score -1.849 for PBO compared to 0.079 for FBI02 treated subjects
•(p=0.0099) *

* Based on analysis of variance of changes from baseline

FBI 02: SIGNIFICANT DIFFERENCE IN CHANGE IN IEL DENSITY

Change in IEL Density (Per 100 Enterocytes)

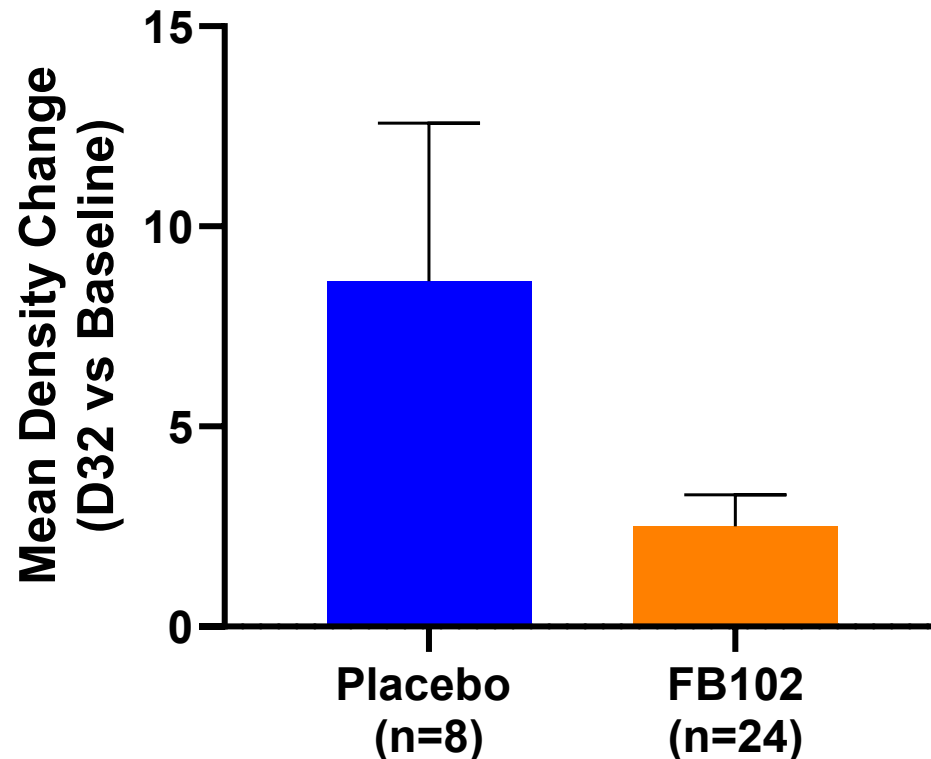


•Day 32 vs baseline mean IEL density increase of 13.3 for PBO compared to a decrease of 1.5 for FB102 treated subjects ($p=0.0035$)*

* Based on analysis of variance of changes from baseline using log-transformed data

FBI02: SIGNIFICANTLY LESS KI67 ACTIVATION IN IELS

Ki67 positive IELs per 100 enterocytes

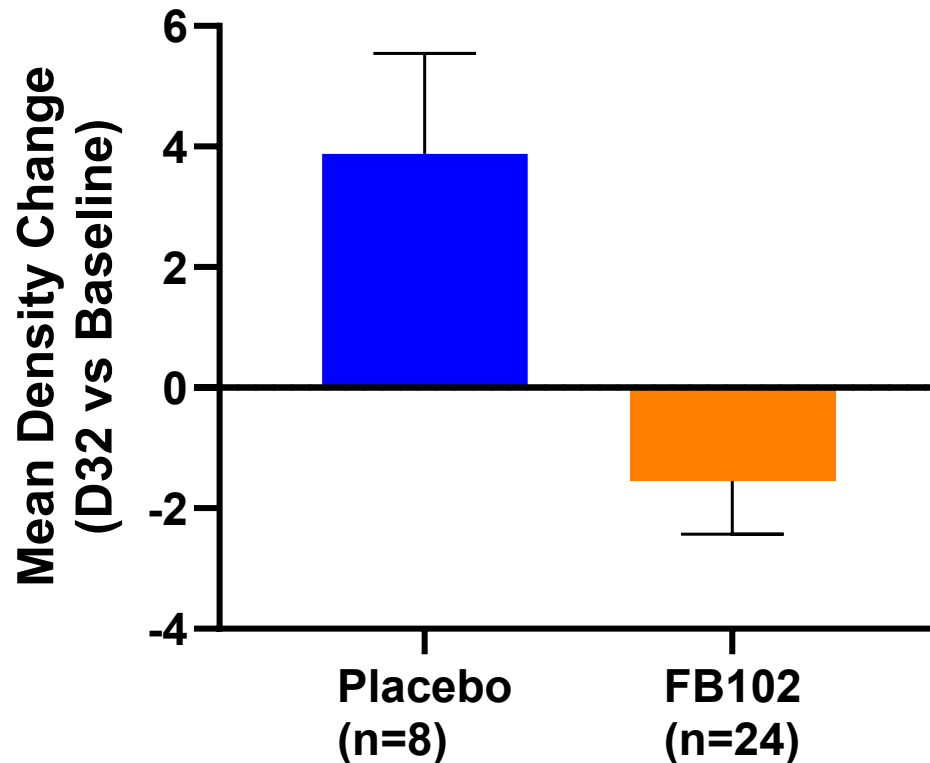


- Ki67 is a marker of proliferation (inflammation) on gluten challenge in celiac disease.
- FB102 treated subjects had statistically significantly less Ki67 activation in IELs after gluten challenge vs placebo ($p = 0.0006$)*

* Based on analysis of covariance of changes from baseline with baseline value as covariate

FBI02: TCR $\gamma\delta$ CELLS SIGNIFICANTLY REDUCED

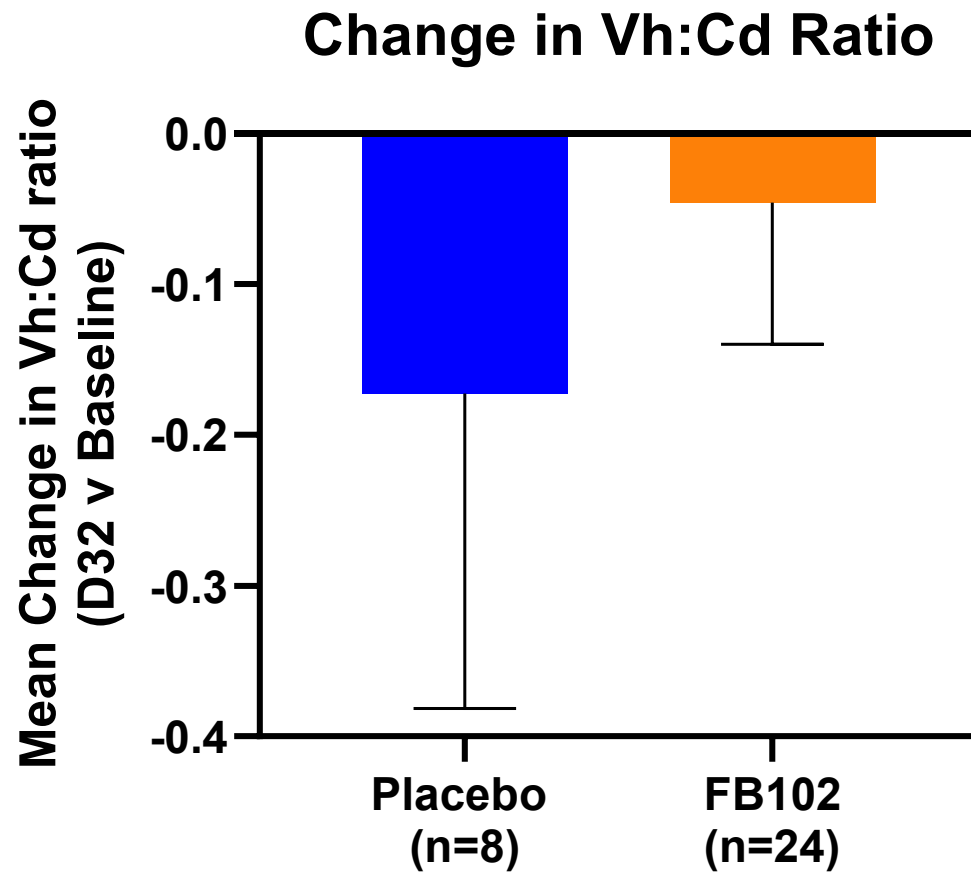
TCR $\gamma\delta$ positive IELs per 100 enterocytes



- Gluten interacts with the receptors on TCR $\gamma\delta$ IELs resulting in the activation to cytotoxic T cells
- FB102 treatment led to statistically significantly lower TCR $\gamma\delta$ cells vs placebo following gluten challenge ($p = 0.0007$)*

* Based on analysis of covariance of changes from baseline with baseline value as covariate

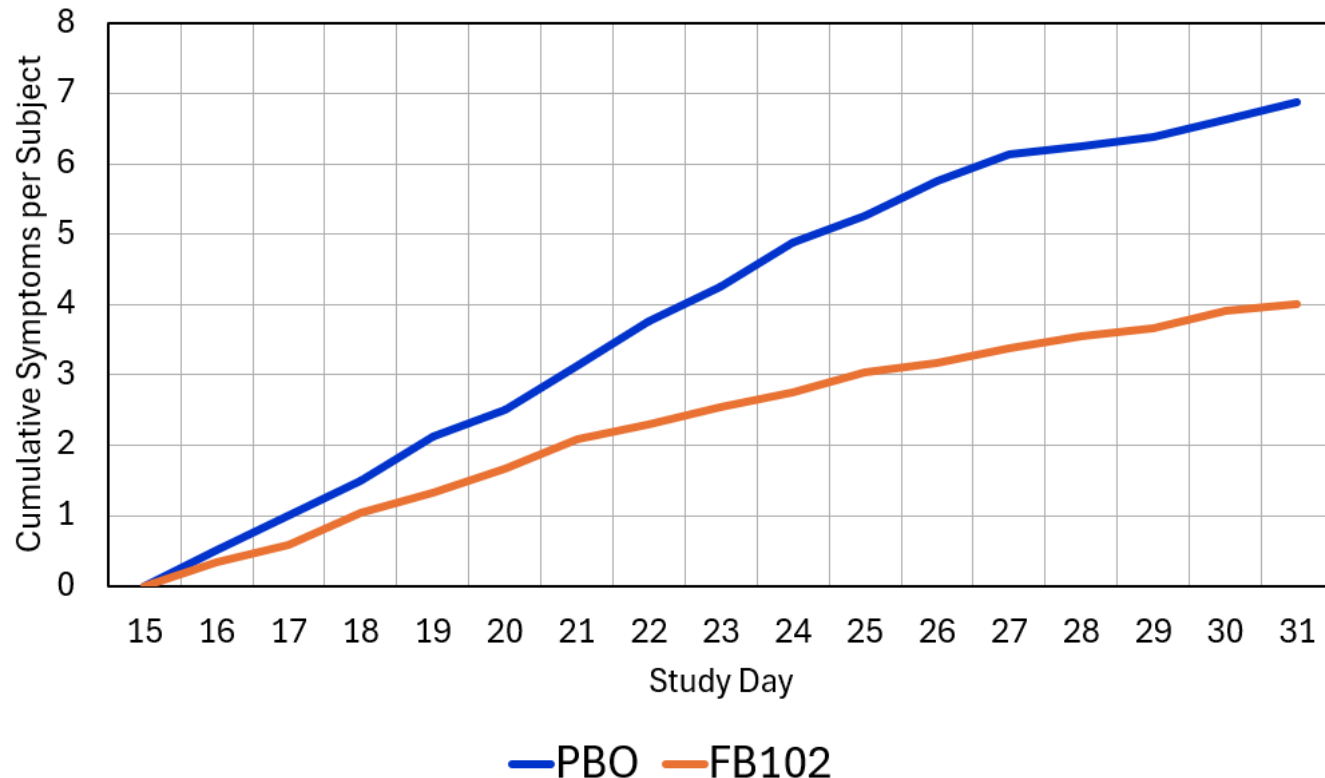
FBI 02: VH:CD RATIO IMPROVEMENT



- Day 32 vs baseline Vh:Cd ratio improvement of 73% for FBI02 (-0.046) compared to PBO (-0.173)

FBI02: GLUTEN CHALLENGE SYMPTOM EVENT BENEFIT

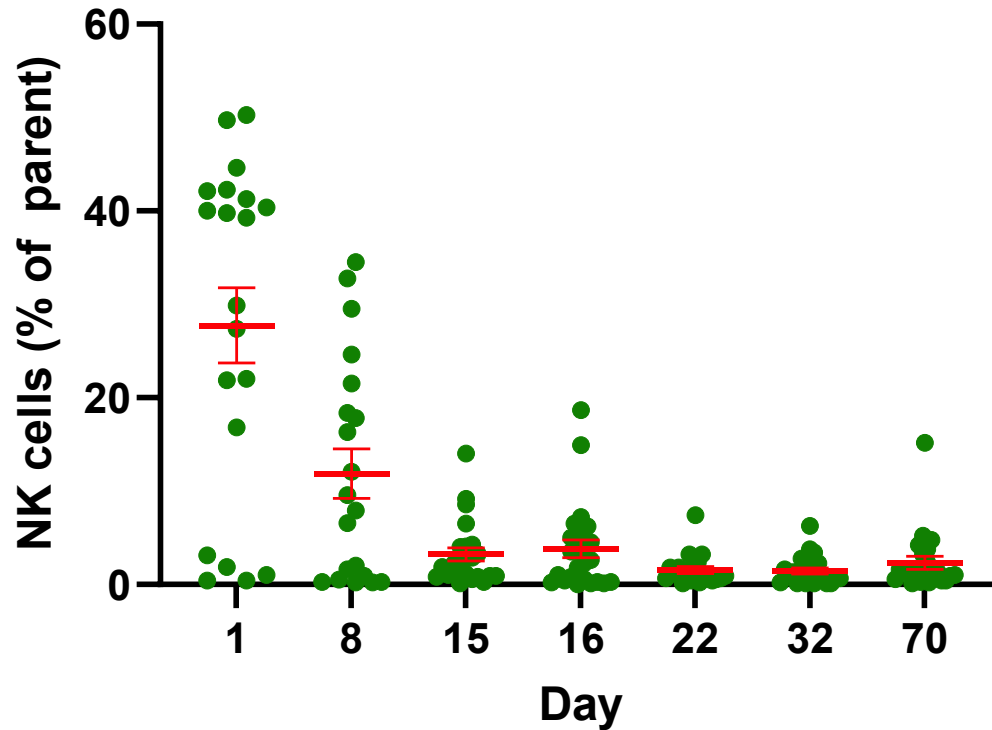
Cumulative Symptom per Subject during the Gluten Challenge
by study day for Placebo and FB102
Placebo N = 8, FB102 N=24



- Gluten challenge (GC) symptoms reported in patient diaries/AE collection
- GC induced GI symptoms tracked: nausea, diarrhea, vomiting, abdominal pain, abdominal bloating
- Through the 16-day gluten challenge FB102 demonstrated a 42% symptom benefit vs placebo (average of 6.9 events per subject on placebo compared to 4.0 events per subject on FB102)

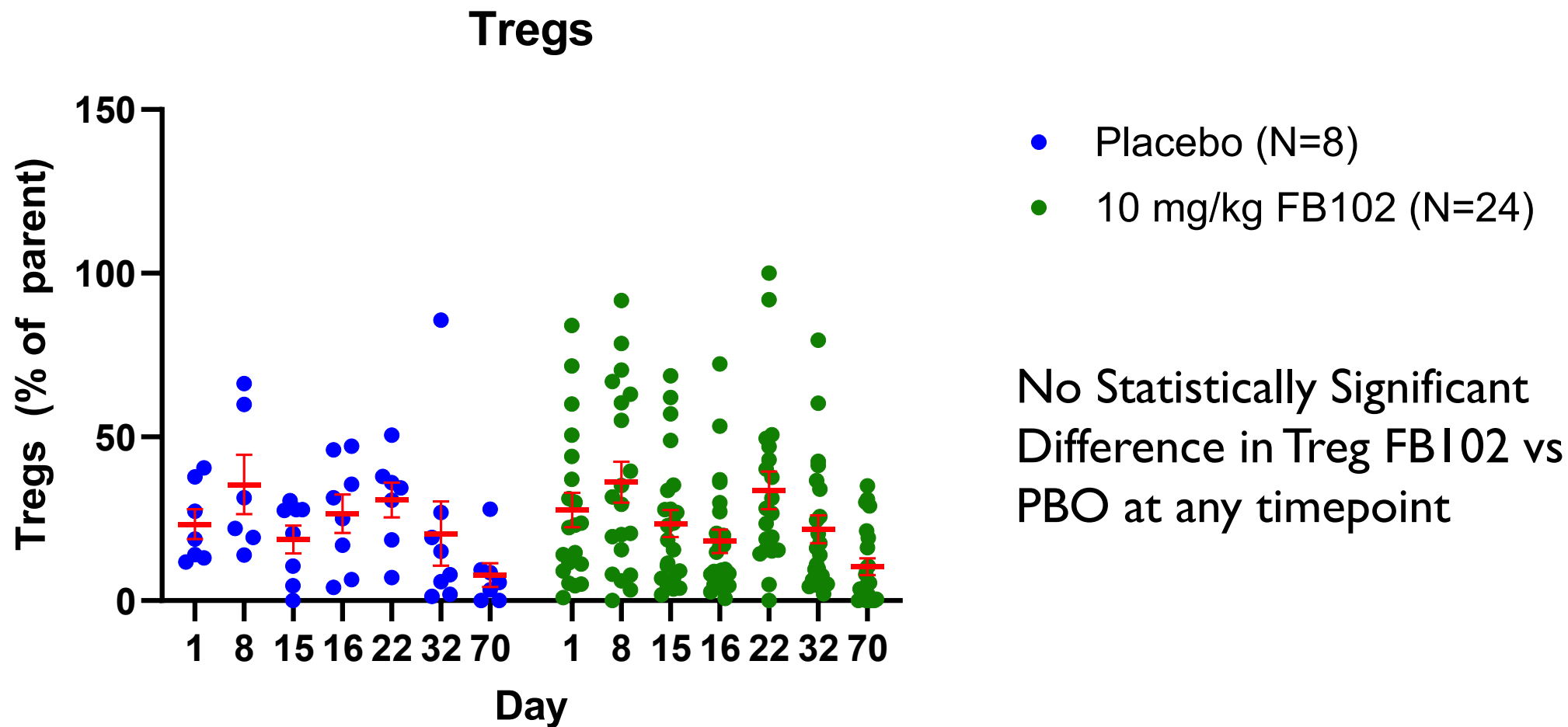
FBI02 DECREASES CD56+ BRIGHT NK CELLS IN PATIENTS

NK cells in celiac patients dose with FB102



Day	% Lymphocyte	% Change
1	27.7	-
8	11.9	-57%
15	3.2	-88%
16	3.8	-86%
22	1.5	-95%
32	1.5	-95%
70	2.3	-92%

TREGS DO NOT CHANGE WITH FB102 TREATMENT



FBI 02 GENERALLY SAFE AND WELL TOLERATED

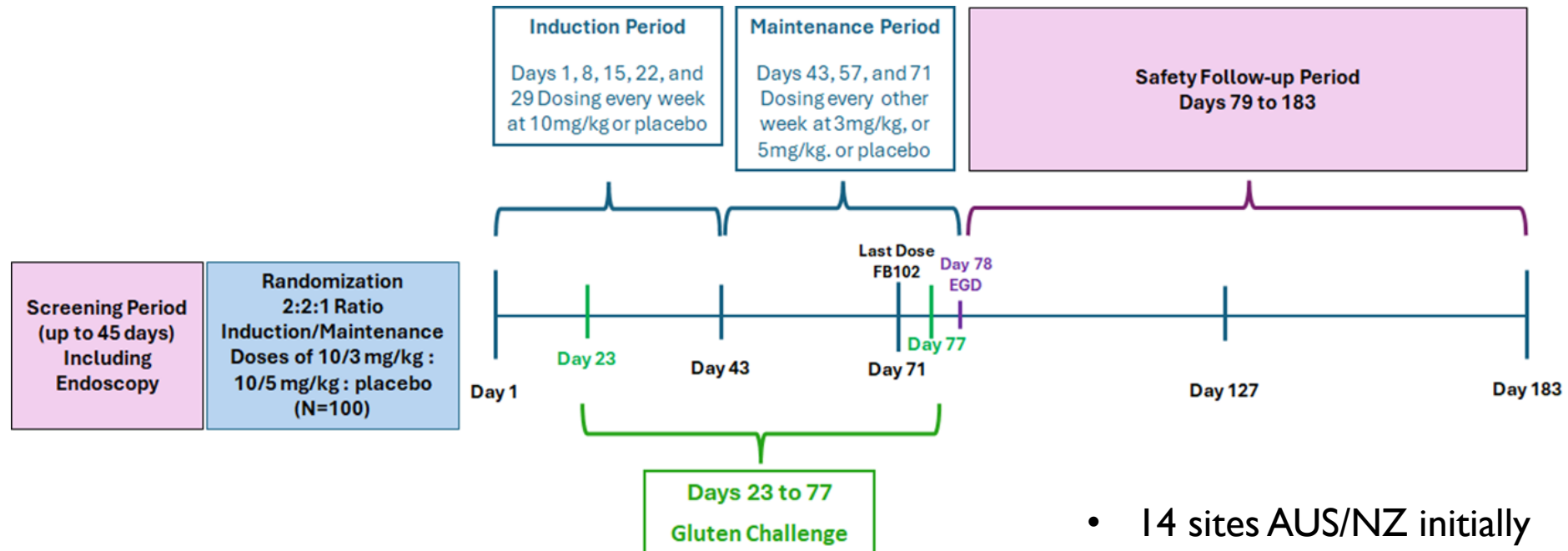
Treatment Emergent Adverse Events By Grade

	Placebo (N=8)		FBI02 (N=24)		Overall (N=32)	
	n (Participant Count)	%	n (Participant Count)	%	n (Participant Count)	%
All Any Grade	8	100.0%	23	95.8%	31	96.9%
Grade 1 (Mild)	8	100.0%	22	91.7%	30	93.8%
Grade 2 (Moderate)	6	75.0%	9	37.5%	15	46.9%
Grade 3 (Severe)	1	12.5%	0	0.0%	1	3.1%



WHAT'S NEXT?

CELIAC DISEASE PHASE 2 TRIAL



Study Day	Amount of Gluten (grams)
Day 1 to 22	0 grams of gluten per day
Days 23 to 36	8 grams of gluten per day
Days 37 to 77	3 grams of gluten per day
Day 78	EGD

- 14 sites AUS/NZ initially
- Initiation in 2H25
- US IND expected late 2025/early 2026
- Topline data readout expected in 2026



THANK YOU