KOL Panel Discussion

The changing face of Atopic Dermatitis

How the clinical trial and treatment landscape has changed in the seven years following Dupilumab's introduction

October 24, 2023

Co-hosted by IQVIA Biotech and ASLAN Pharmaceuticals

AGENDA

Presentation	Speakers
Welcome	Dr David Amato, IQVIA Dr Karen Veverka, ASLAN
IQVIA Biotech's experience in Atopic Dermatitis	Dr Raymond Cook, IQVIA
Eblasakimab Phase 2b TREK-AD study: putting it in context	Dr Karen Veverka, ASLAN
Evolving treatment landscape: perspectives from patients and prescribers	Alan Bianchi, ASLAN
Panel discussion	Dr Jonathan Silverberg Dr April Armstrong

IQVIA Biotech's presentation can be accessed through the webinar replay here

Eblasakimab Phase 2b TREK-AD study: putting it in context

Dr Karen Veverka

VP Medical, ASLAN Pharmaceuticals

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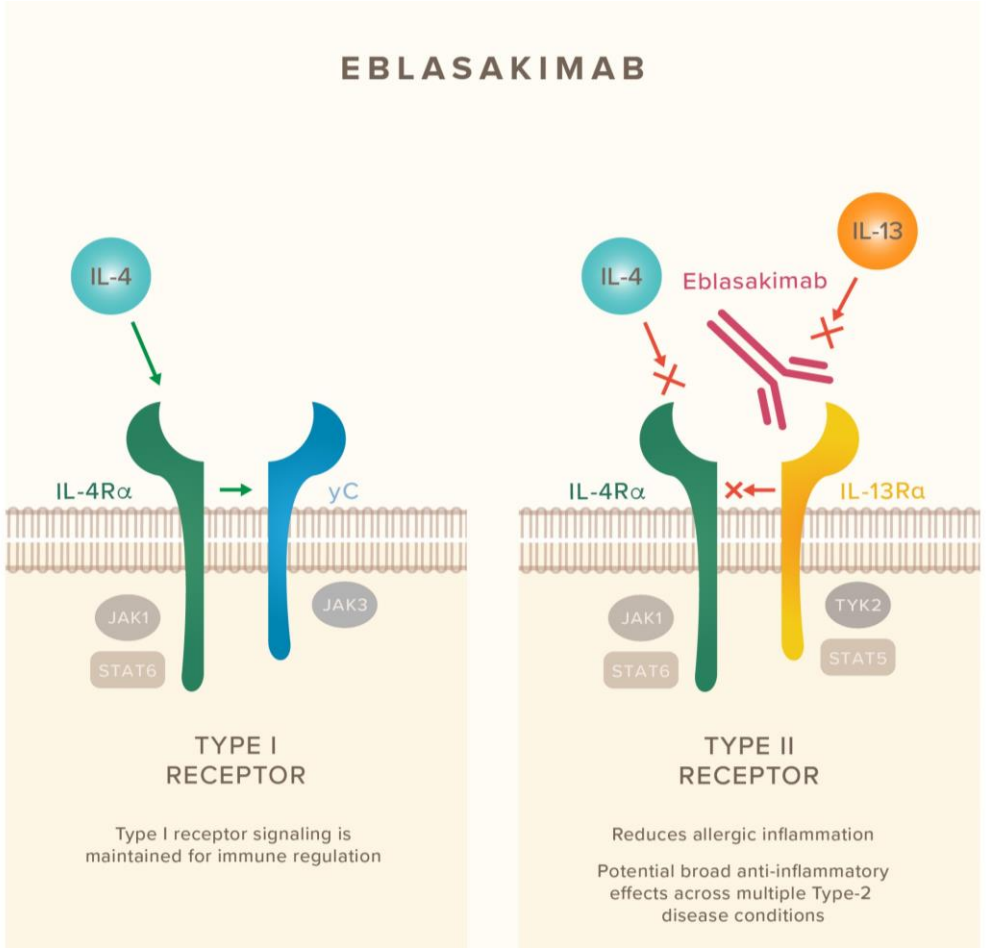
Eblasakimab is the only monoclonal antibody in the clinic targeting the IL-13 receptor

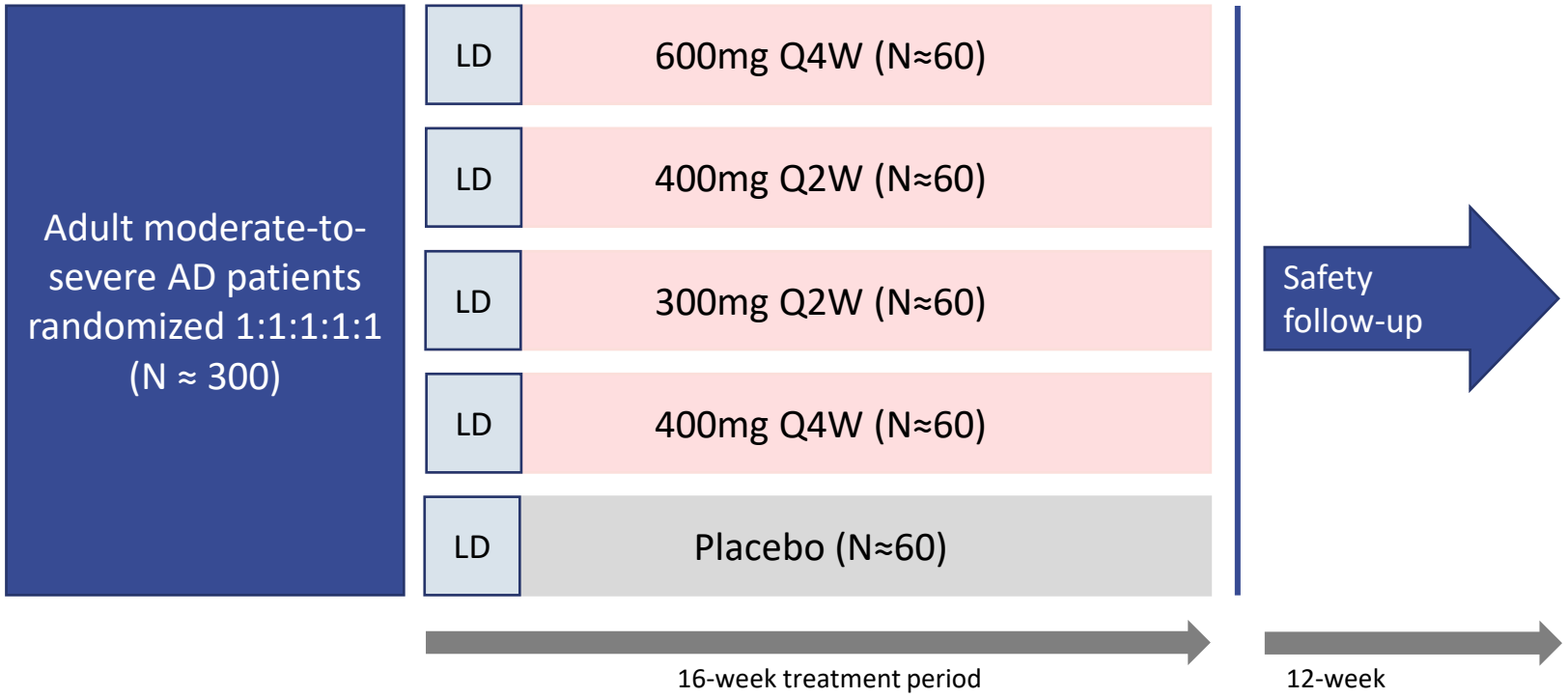


- IL-4 and IL-13 are central to triggering allergy and symptoms of atopic dermatitis
- By targeting the IL-13 receptor, ***eblasakimab's*** novel approach blocks the Type 2 receptor, preventing signaling through **both** IL-4 and IL-13, whilst sparing the Type 1 receptor
- Recently published translational data[1] demonstrates blockade of the IL-13 receptor can lead to more efficient reduction of Th2 cytokines without an increase in Th1 cytokines, as compared to blockade of the IL-4 receptor

1 Data presented at the 1st International Society of Investigative Dermatology Meeting, May 10-14, 2023, in Toyko, Japan, in late-breaker minisymposium (Cevikbas et al)

TREK-AD: Phase 2b study of *eblasakimab* in moderate-to-severe AD

90 sites from 8 countries, over half the patients enrolled in North America



Key inclusion criteria:

- Chronic AD present for ≥1 year prior to screening visit
- Disease scores at screening and baseline:
  - EASI ≥16
  - vIGA score ≥3 (scale of 0 to 4)
  - ≥10% body surface area (BSA) of AD involvement

Primary endpoint

- % change in EASI from baseline

Key secondary endpoints

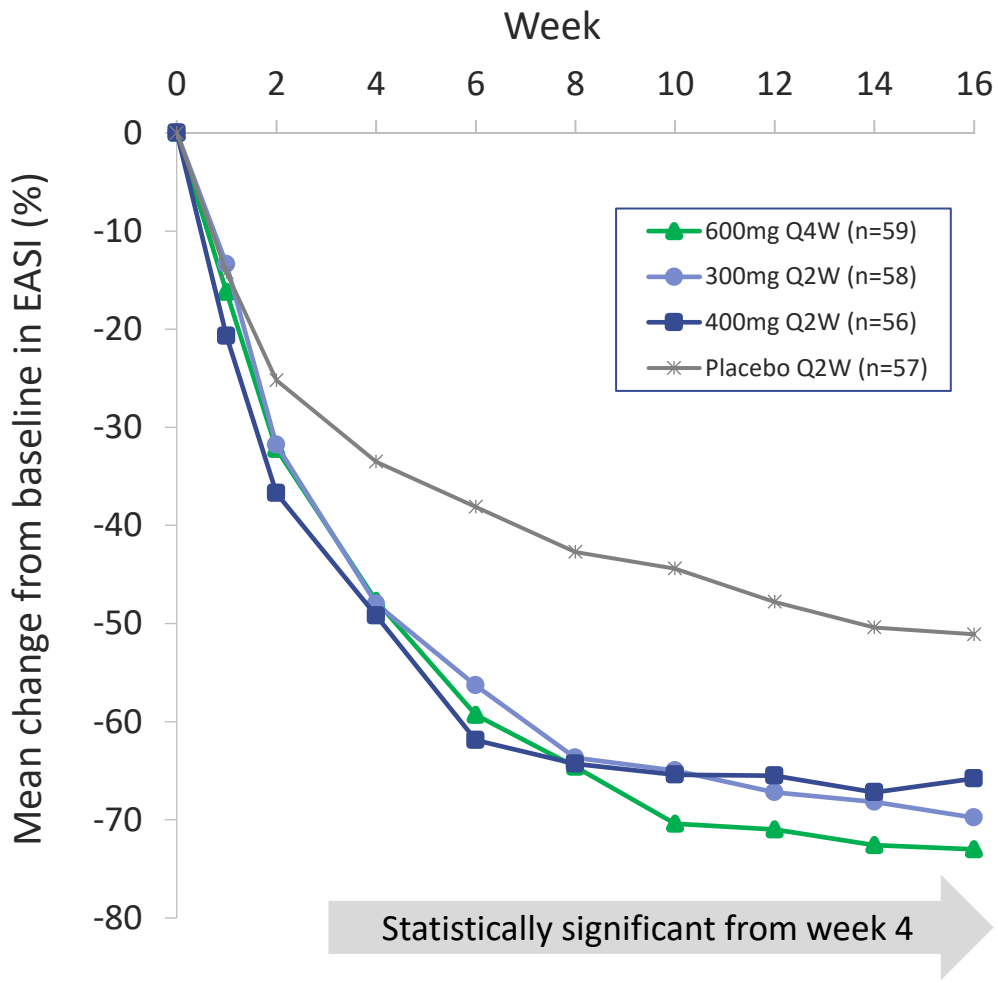
- EASI-75
- EASI-90
- vIGA-AD 0/1

- Loading dose of 600mg for the Q2W dose groups at week 0 and week 1
- Loading dose of 600mg for the Q4W dose groups at week 0, week 1 and week 2

Monthly dosing with 600mg led to 73% improvement in disease after 16 weeks and was statistically significant from week 4

Eblasakimab **met the primary endpoint** in three dose groups*

Dose	LS Mean (%)	P value	Statistically significant
600mg Q4W	-73.0	0.0010	✓
400mg Q2W	-65.8	0.0294	✓
300mg Q2W	-69.8	0.0050	✓
400mg Q4W	-61.9	0.1054	
Placebo	-51.1		



P value is calculated versus placebo for least squares mean values by MMRM method, LS: Least Squares

* The lowest dose group (400mg Q4W) had a LS mean change of 62% improvement in disease after 16 weeks and did not reach statistical significance

Clear differences from historic studies of *dupilumab*

Baseline characteristics	*Dupilumab* [1] Phase 3: SOLO1+SOLO2	*Eblasakimab* Phase 2b: TREK-AD
Year started	2013	2022
EASI score		
Mean	34.0	28.3
Median	31.1	24.0
Placebo rate		
% Mean change from baseline in EASI	-37%	-51%

1 Simpson et al (2016) NEJM 375(24):2334-2348

Lower disease severity has correlated with higher placebo response

Biomarker analysis from SOLO1 and SOLO2 studies[1]

Efficacy across disease severity based on baseline TARC levels

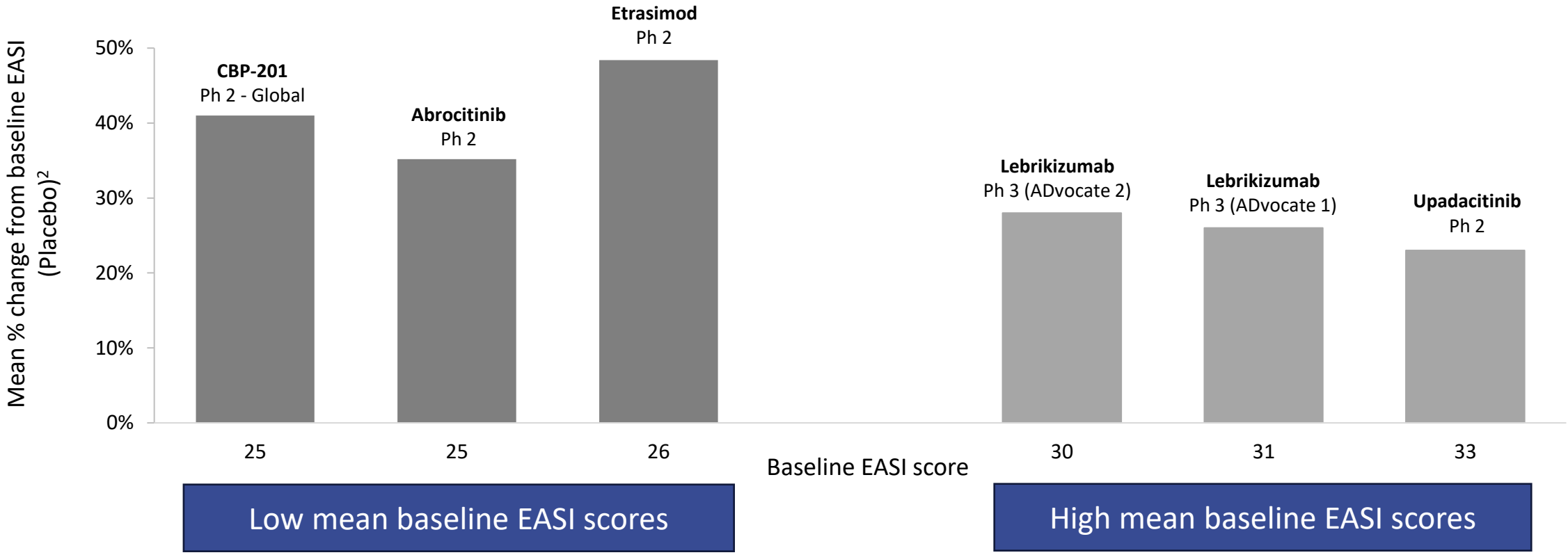
Higher placebo responses in patients with lowest baseline TARC tertile

	n	CCL17 tertile	LS mean % change from baseline (SE) at Week 16
EASI			
Placebo qw (n = 460)	460	All	–34.3 (2.3)
	143	≤ 1,115	–43.7 (3.5)
	157	> 1,115 and ≤ 4,300	–23.3 (4.4)
	156	> 4,300	–27.1 (5.6)
Dupilumab 300 mg q2w (n = 457)	457	All	–70.0 (1.8)*
	154	≤ 1,115	–77.9 (2.8)*
	153	> 1,115 and ≤ 4,300	–67.4 (3.5)*
	149	> 4,300	–63.1 (3.9)*

1 Hamilton et al, presented at the 49th European Society for Dermatological Research (ESDR) Annual Meeting; Bordeaux, France; September 18-21, 2019.

Historically, higher baseline EASI score tend to produce lower placebo response

Results from meta-analysis of 64 AD trials showed that the placebo response was increased in studies with a higher proportion of mild-moderate mean baseline EASI scores[1]

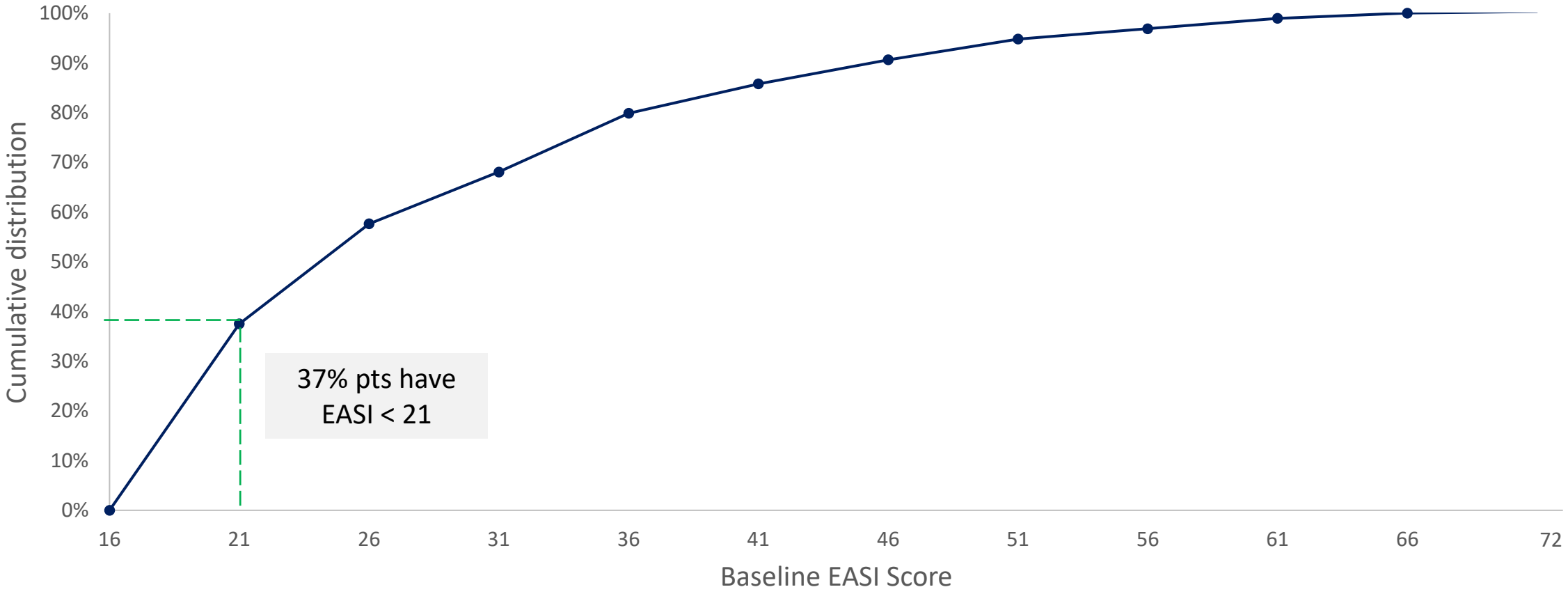


1 Lee et al (2020) JAAD 82(2): 62-71

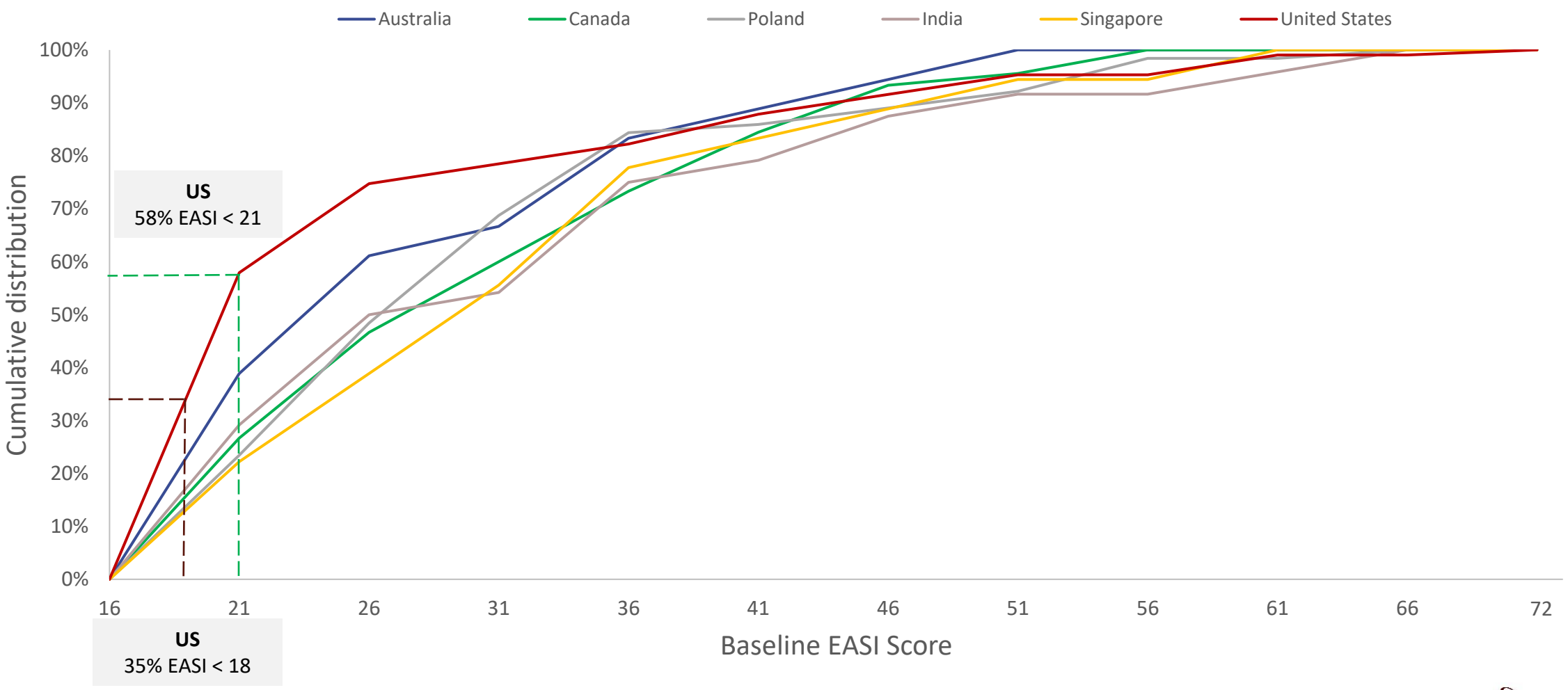
2 'Low mean baseline EASI score' refers to trials with baseline EASI below or equal to 26, 'high mean baseline EASI score' refers to trials with baseline EASI score above 30. All the P2/3 AD trials that were conducted post dupilumab P3 SOLO trials were reviewed, only trials with mean baseline EASI score and percentage change in baseline EASI score (placebo) were shortlisted for selection.

Over 37% of patients in the ITT population in TREK-AD had a baseline EASI score below 21

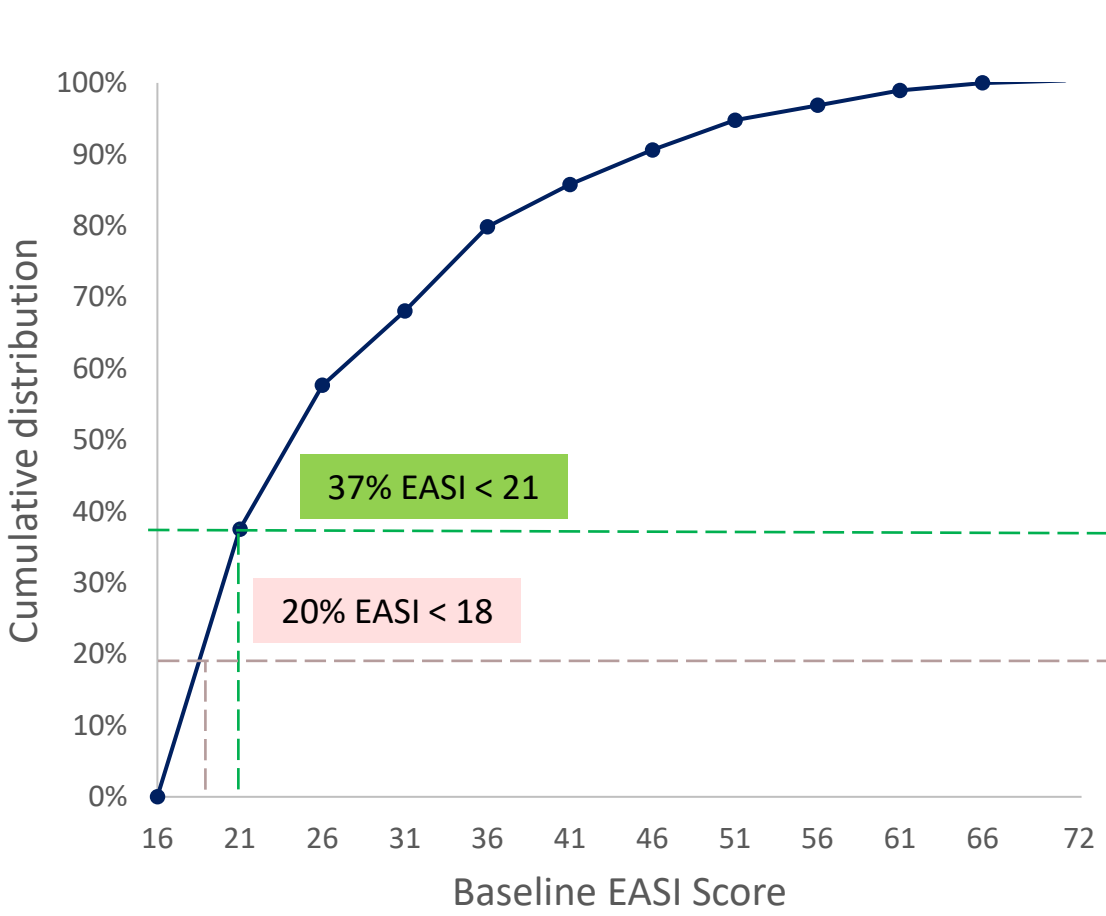
Distribution of baseline EASI scores in the ITT population in TREK-AD

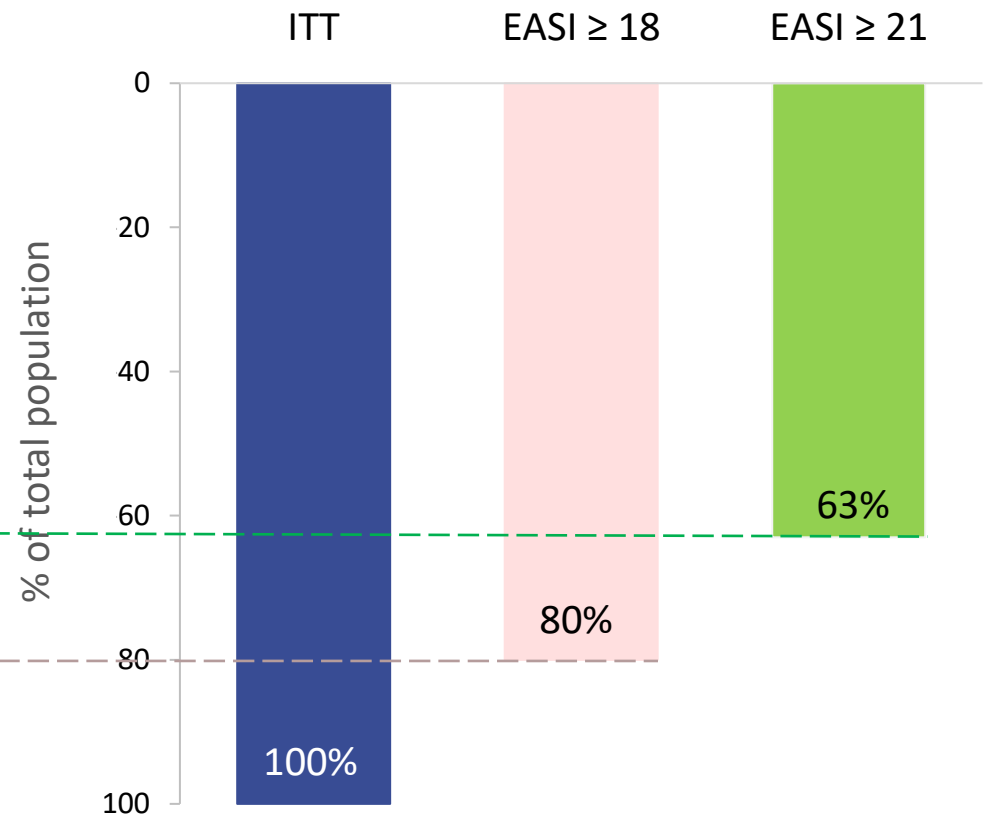


Skewed enrolment of AD patients with lower EASI scores stems from specific countries



Post-hoc analysis of patients with baseline EASI scores above 18

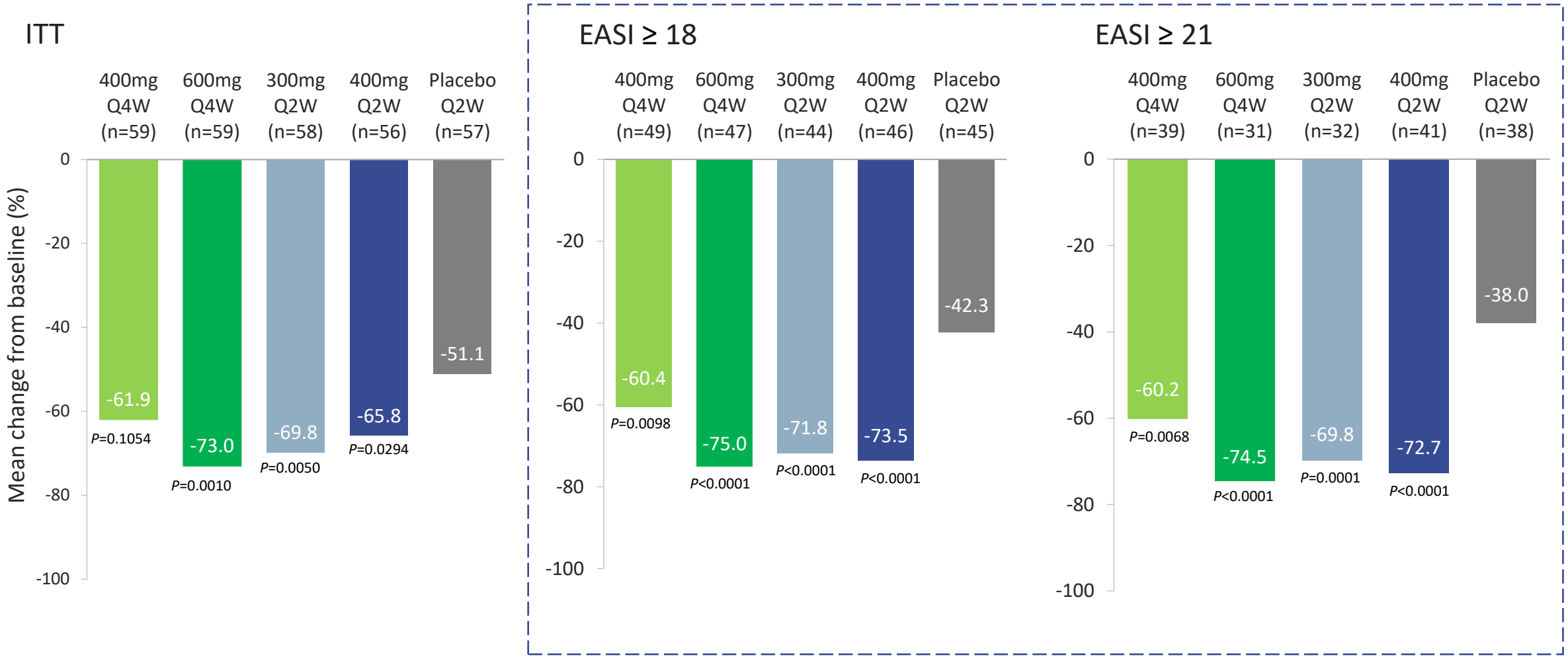




Baseline demographics of EASI ≥ 18 population comparable to ITT

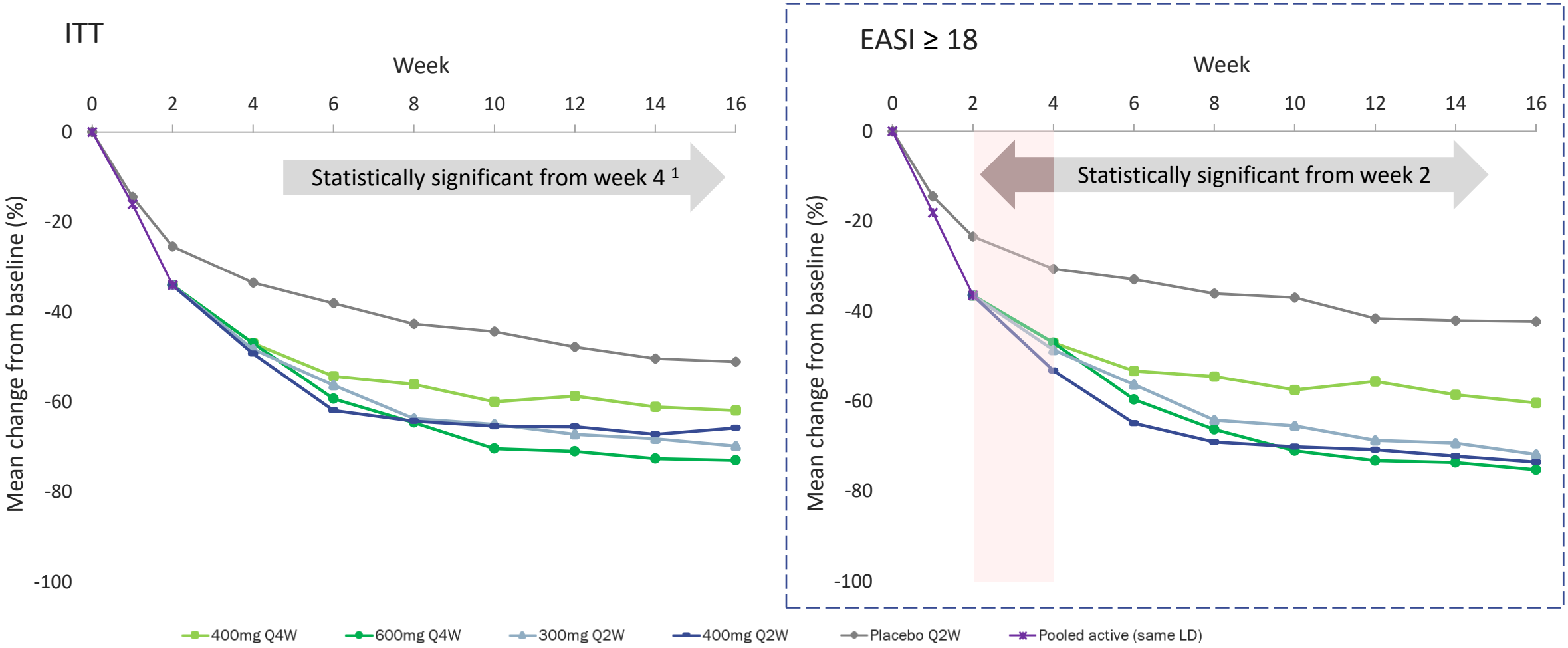
	ITT (n=289)	EASI ≥ 18 (n=231)	EASI ≥ 21 (n=181)
Age (yrs) – mean	38.7	37.2	35.6
Male	55.7%	59.3%	61.0%
BW (kg) – mean	80.0	78.8	78.1
AD duration (years) – mean	21.7	21.9	22.2
AD onset (years) – mean	17.9	16.3	14.4
EASI score – mean	27.9	30.7	33.8
– median	24.0	27.7	31.1
Number of United States patients (n)	*107*	*70*	*45*
EASI score US pts – mean	*25.1*	*28.8*	*34.3*
– median	*19.2*	*22.8*	*31.0*
IGA score			
3 Moderate	58.8%	51.5%	40.3%
4 Severe	41.2%	48.5%	59.7%

Patients with lower baseline EASI scores: *Eblasakimab* response maintained, while placebo response reduced



Least Squares mean values analyzed using a MMRM approach

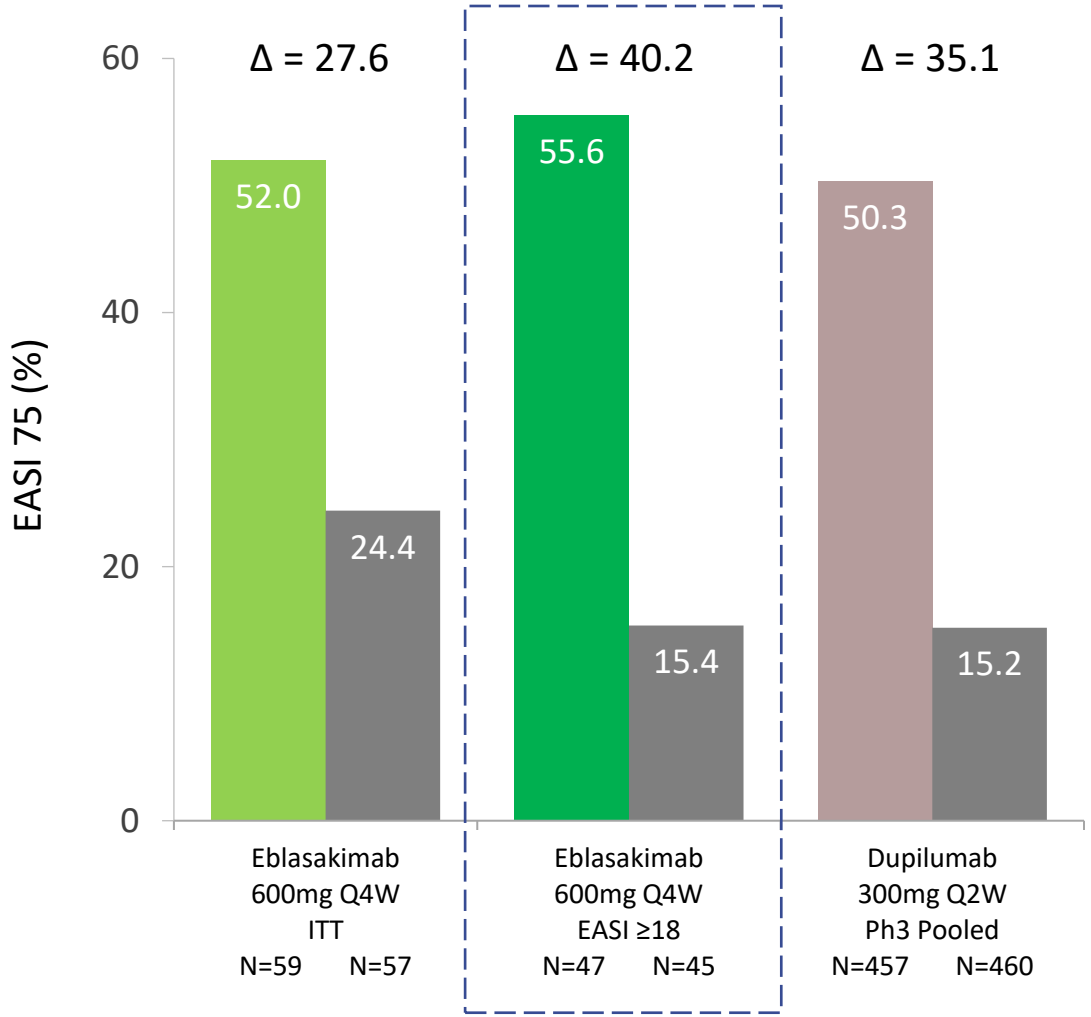
Onset of action in patients with baseline EASI ≥ 18 is significant from week 2

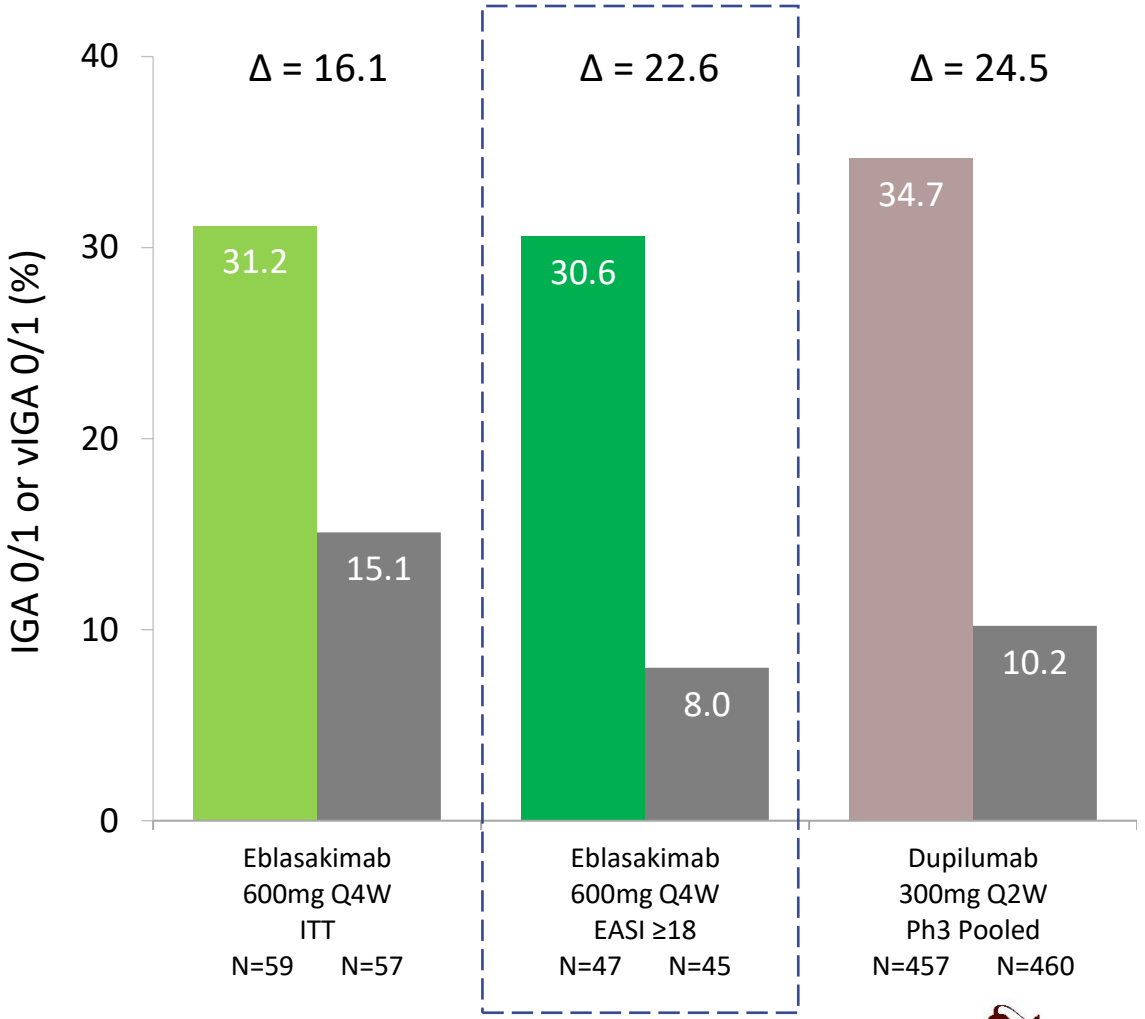


LS mean values using a MMRM approach. Week 1-2 data pooled across all doses (all patients followed identical loading dose schedule to week 2)

1 Statistically significant from week 4 for 600mg Q4W, 300mg Q2W and 400mg Q2W

Low placebo rate in EASI ≥ 18 population, maintained in key secondary endpoints





Simpson et al (2016) NEJM 375(24):2334-2348

Key learnings from TREK-AD for current and future AD studies

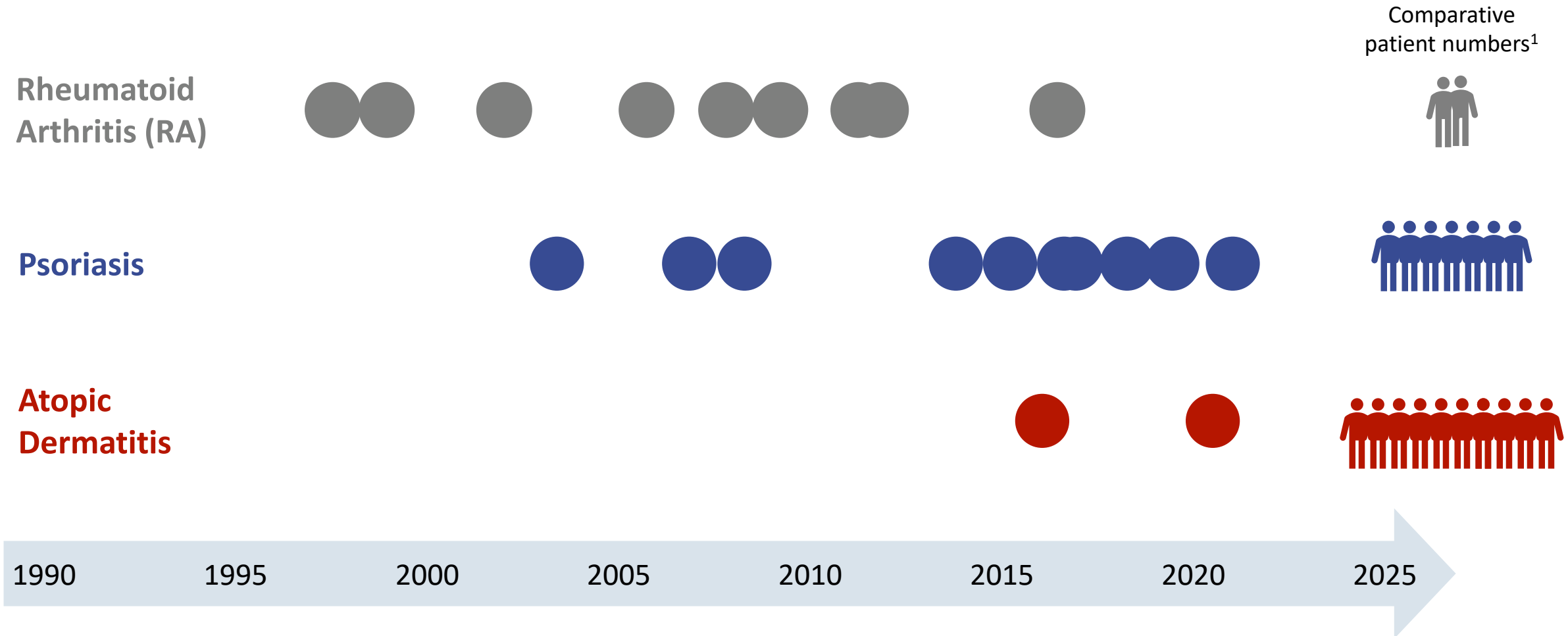
- Patients in subgroup population had reduced placebo response but maintained response to *eblasakimab*
- Baseline demographics from subgroup analysis more aligned with historical trials in AD
- Placebo response rates in subgroup populations are reflective of trials with a higher baseline disease activity
- Data demonstrate *eblasakimab* has a monthly dosing regimen from initiation with competitive efficacy, positioning it as a potential leading therapy for AD
- Actively applying learnings from current and future trials in AD

Evolving treatment landscape: perspectives from patients and providers

Alan Bianchi

Commercial Lead Advisor, ASLAN Pharmaceuticals

Only 2 biologics have been launched for AD, yet there are double the number of global patients compared to psoriasis



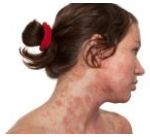
As a complex lifelong heterogenous disease, AD needs more safe biologics approved

Circles represent biologic approvals in AD, psoriasis and RA

1 Biomedtracker database, Decision Resources Group, June 2021, World Health Organization, National Psoriasis Foundation

Market Research methodology

Patient market research



	Qualitative	Quantitative
Research Methodology	45-minute in-depth, blinded video interview	20-minute online survey, questionnaire
Total Sample Size (N)	N=12	N=83
Patient Sample Cohorts	Current biologic patient (n=4) Lapsed biologic patient (n=5) Biologic/oJAKi Naïve Patient (n=2) Oral JAKi (Biologic Naïve) Patient (n=1)	Current biologic patient (n=32) Lapsed dupixent patient (n=25) Biologic/oJAKi Naïve Patient (n=26)

Prescriber market research

	Qualitative (N=5)		
	Dermatologist	**Allergist**	**NP / PA**
Sample Size	3	1	1

	Quantitative (N=93)		
	Dermatologist	**Allergist**	**NP / PA**
Sample Size	41	20	32

Patient and prescriber market research conducted in the US market from May-July 2023 and August-October 2023 respectively
NP:: Nurse Practitioner, PA: Physician Assistant

In-depth interviews revealed the high QoL impact on AD patients, only moderate satisfaction with current treatments

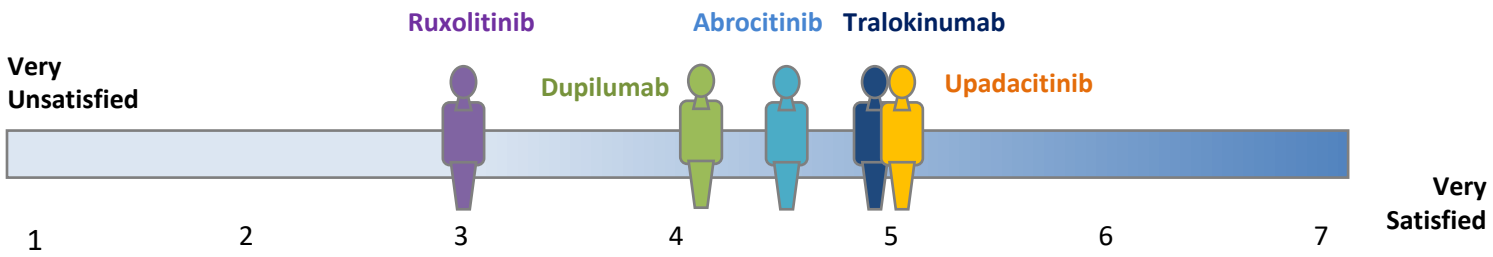
Patients reported that **AD is very impactful to quality of life (QoL)** during a flare, and moderately impactful on a normal basis

Efficacy and **onset of action** are top treatment attributes among all patients – Other important attributes include: **minimal side effects; treating related conditions; and dosing frequency**

Key Takeaways

No patients were highly satisfied with their current treatment

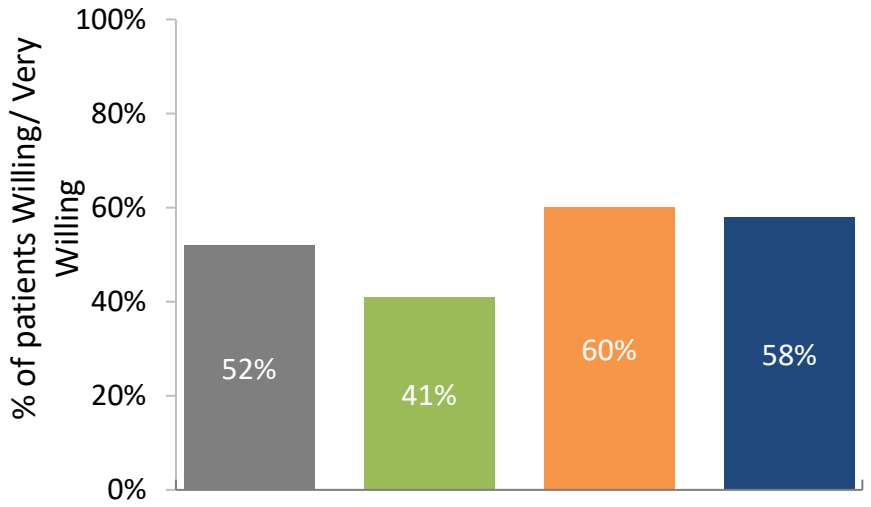
- **60% of the patients were only *moderately satisfied*** with their current treatment
- **Average satisfaction** with their current treatment **across all patient cohorts**, was reported as only **4.1 out of 7**
- **Current treatments do not fully address patients' needs** and they are **open to trying new treatments to improve symptoms**



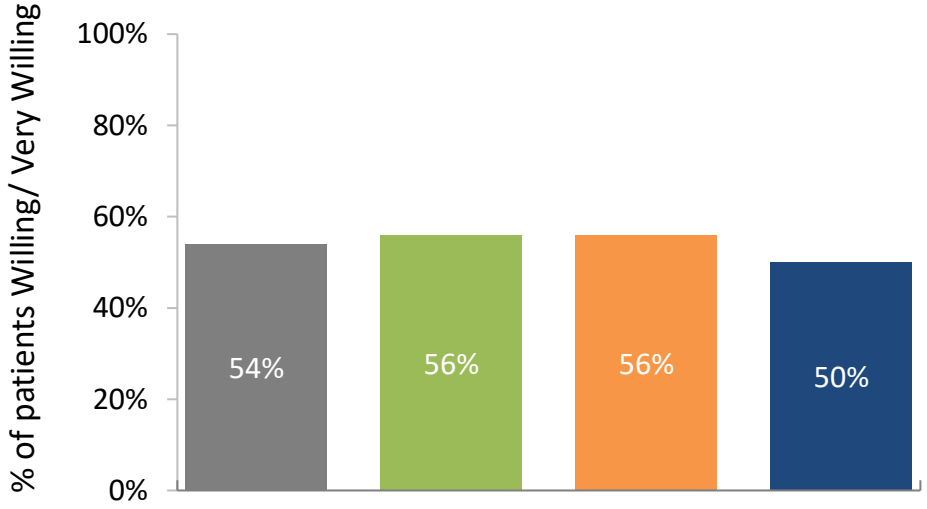
Patient and prescriber market research conducted in the US market from May-July 2023 and August-October 2023 respectively

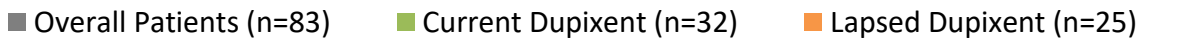
Quantitative study: Over half of patients are willing to switch from existing treatments and to *eblasakimab* target profile

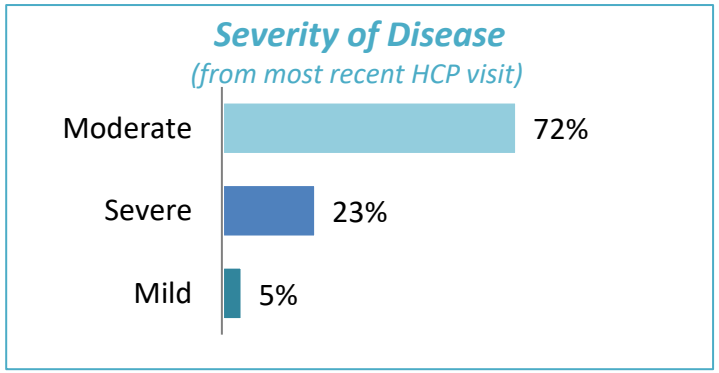
Willing to switch to any 'New Treatment'



Willing to switch to *Eblasakimab* target profile



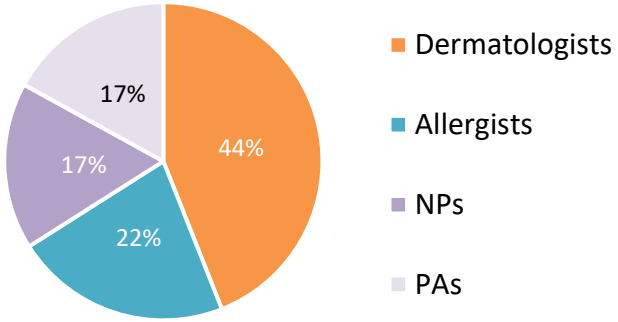




AD prescribers: quantitative research demographics

HCP BACKGROUND

HCP Specialty Distribution
(N=93; % of HCPs)



Practice Background	Avg. Years in Practice
Dermatologists (n=41)	14.2
Allergists (n=20)	16.4
NPs (n=16)	10.8
PAs (n=16)	9.6

Majority in community practice

HCP: Healthcare Professional, NP: Nurse Practitioner, PA: Physician Assistant

HCP PATIENT VOLUME

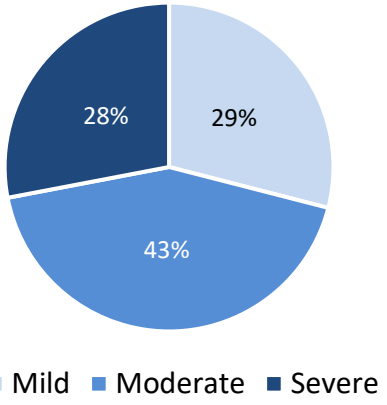
Avg. AD Patients Treated per Month
(N=93; Unique Patient Counts)

95

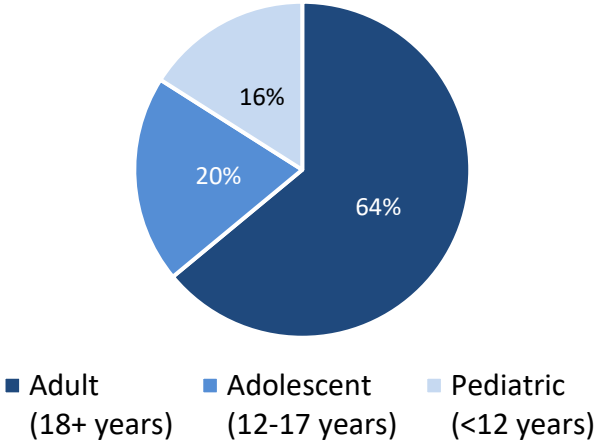
Moderate-to-Severe AD Patients with Other Atopic (Type-II) Comorbidities
(N=93; Avg. % of Mod-Severe AD Patients)

60%

AD Disease Severity Distribution
(N=93, Avg. % of AD Patients)



Age Distribution Among Moderate-to-Severe AD Patients
(N=93, Avg. % of Mod-Severe AD Patients)

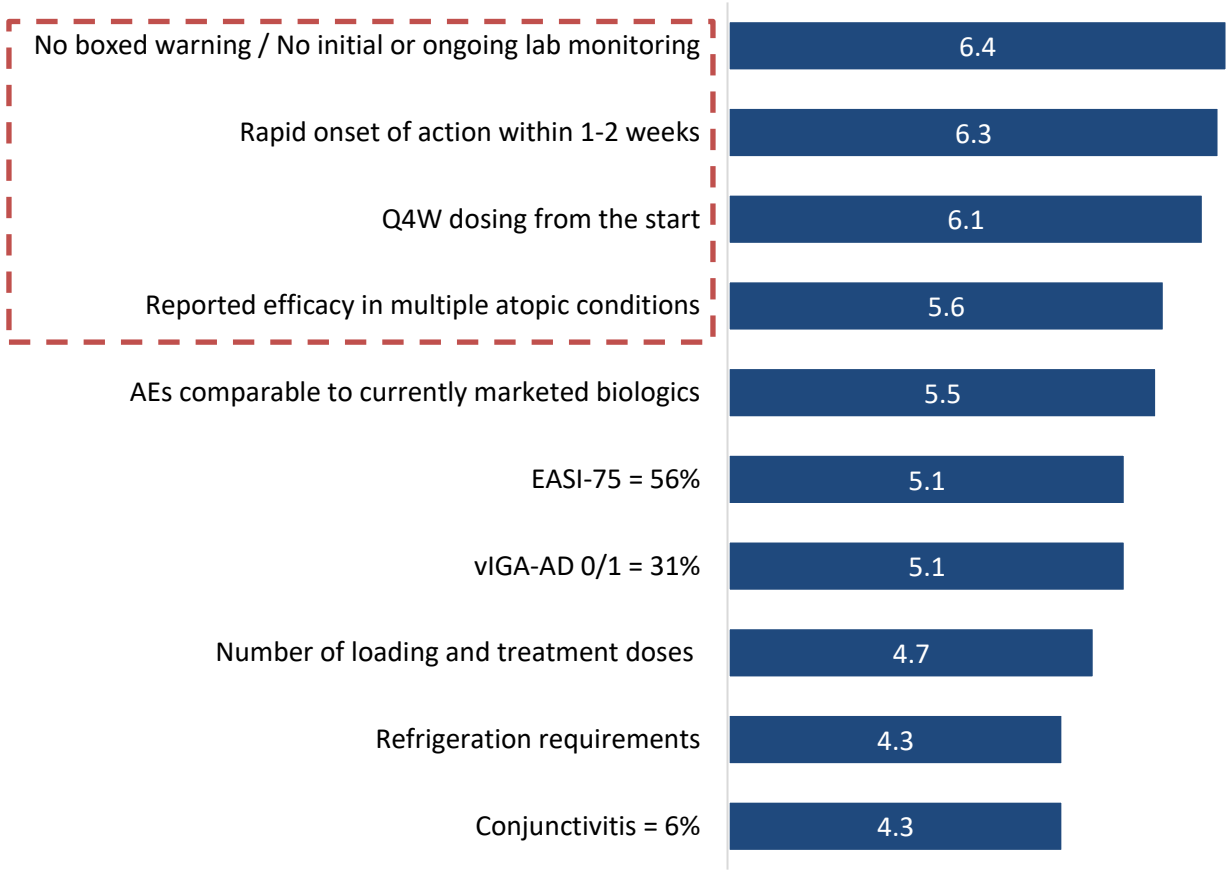


Eblasakimab safety profile, rapid onset, Q4W dosing, and efficacy in other atopic conditions are viewed most favorably

Top-4 Favorable Attributes

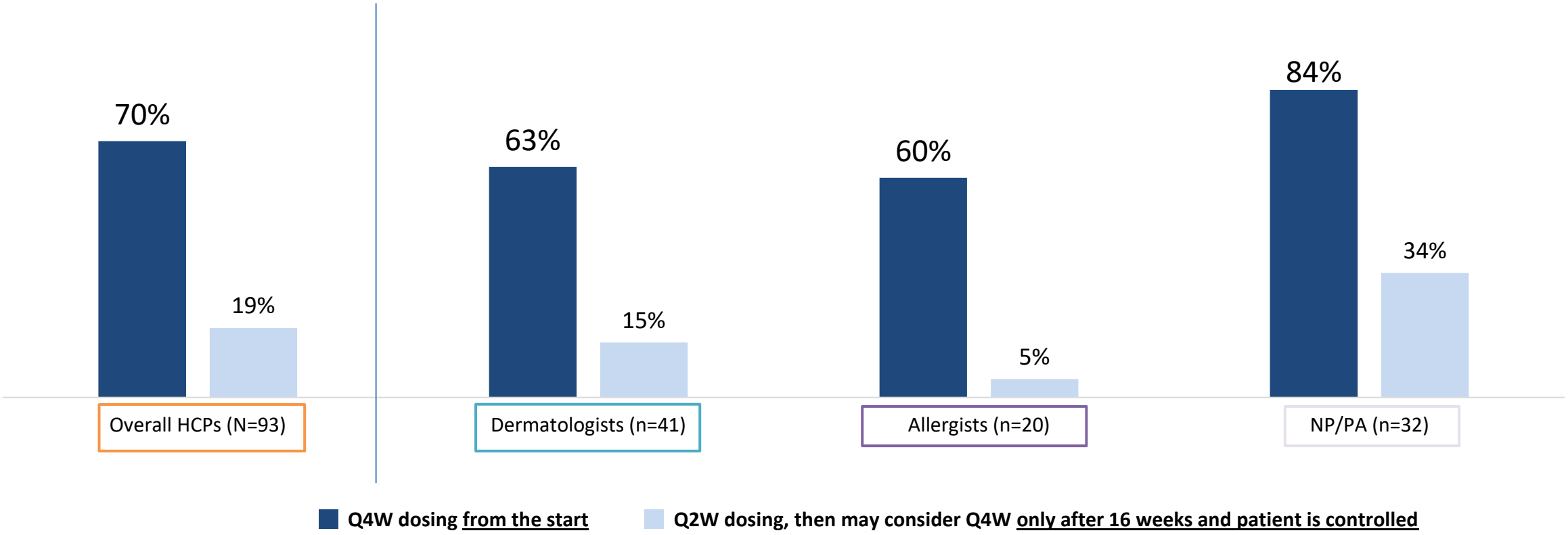
- Safety profile
- Onset of action
- Q4W dosing
- Efficacy in atopic conditions

Avg. Perception of Base Eblasakimab Treatment Attributes
(N=93; 1=Very Unfavorable and 7=Very Favorable)



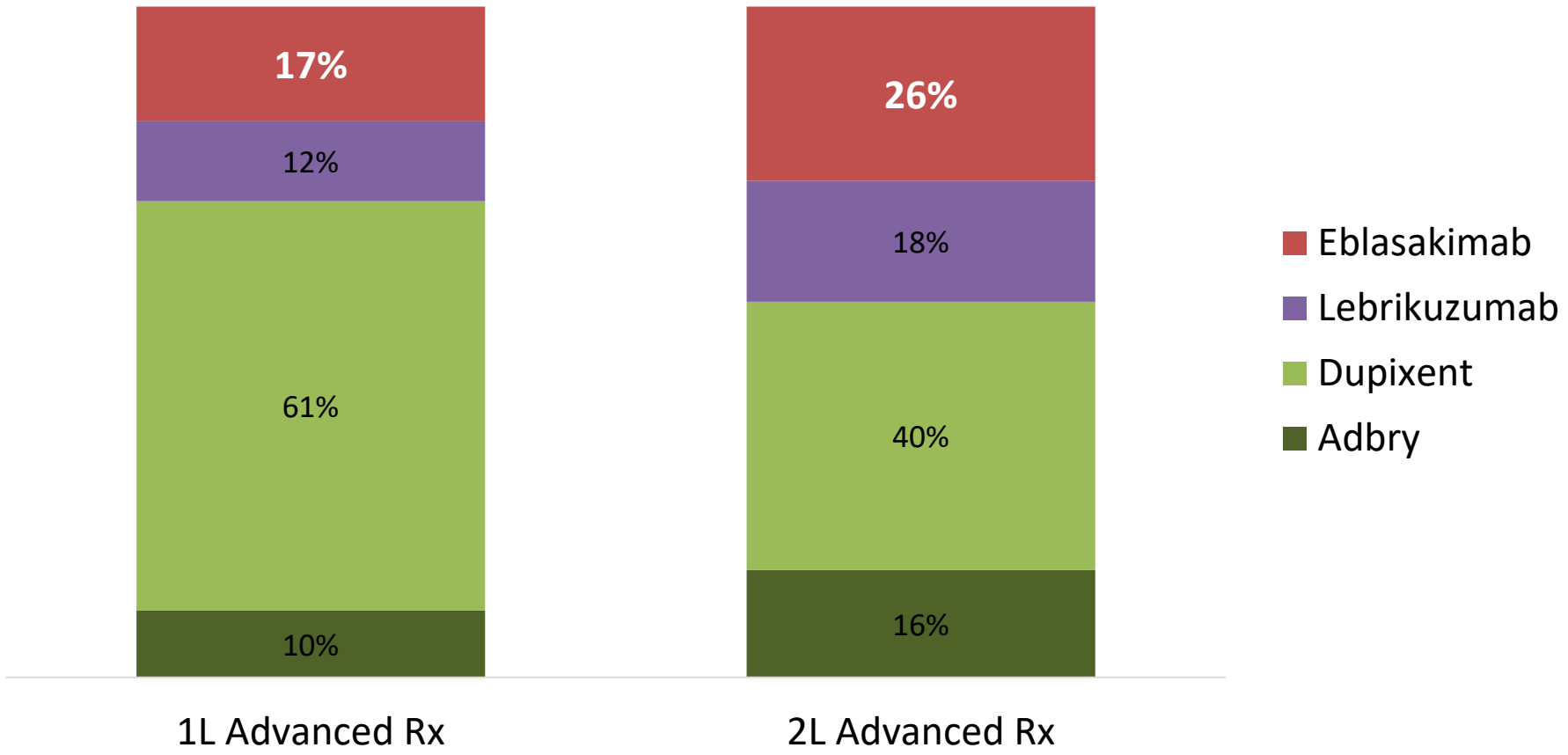
Q4W dosing from initiation is greatly preferred over alternative treatment regimens

Perceived Value of Dosing Frequency Options by Cohort



Eblasakimab was given the largest market share among biologics in 1L and 2L after Dupixent

Expected 1L/2L Biologic Treatment



N=93, weighted average % of moderate-severe AD patients, includes exposure to *eblasakimab* profile after *lebrikizumab* profile

Summary

- Current treatments do not fully address needs of AD patients
- Over half of patients are willing to switch from existing treatments and to *eblasakimab* target profile
- Prescribers rated safety profile, rapid onset, Q4W dosing, and efficacy in other atopic conditions as most favorable attributes for *eblasakimab*
- *Eblasakimab* was given the largest market share among biologics in 1L and 2L after Dupixent

Panel Discussion

Dr Jonathan Silverberg

The George Washington University School of Medicine and Health Sciences

Dr April Armstrong

UCLA Health

Moderated by

Dr Karen Veverka
ASLAN Pharmaceuticals

Dr David Amato
IQVIA Biotech

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The changing face of Atopic Dermatitis

How the clinical trial and treatment landscape has changed in the seven years following Dupilumab's introduction

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