

**Abstract Submission No.: A-0696****Updated Results from the RUBY-3 Study of Povetacicept, an Enhanced Dual BAFF/APRIL Antagonist, in Autoantibody-Associated Glomerulonephritis**

**Jonathan Barratt**<sup>1</sup>, Arvind Madan<sup>3</sup>, Inwhae Park<sup>4</sup>, Rajesh Yalavarthy<sup>5</sup>, Sreedhar Mandayam<sup>6</sup>, Hemant Kulkarni<sup>7</sup>, Heather Thomas<sup>1</sup>, Jiahua Li<sup>1</sup>, Stanford L. Peng<sup>1</sup>, James Tumlin

<sup>1</sup>Department of Nephrology, University of Leicester, United Kingdom

<sup>2</sup>Department of Nephrology, Central Florida Kidney Specialists, United States

<sup>3</sup>Department of Nephrology, Ajo University School of Medicine, Korea, Republic of

<sup>4</sup>Department of Nephrology, Western Nephrology - Arvada, United States

<sup>5</sup>Department of Nephrology, The University of Texas MD Anderson Cancer Center, United States

<sup>6</sup>Department of Nephrology, Royal Perth Hospital, Armadale Hospital, Australia

<sup>7</sup>Department of Research and Development, Alpine Immune Sciences, Inc., United States

<sup>8</sup>Department of Nephrology, NephroNet Clinical Trials Consortium, Emory University School of Medicine, United States

**Objectives :** Inhibition of BAFF and/or APRIL has shown promise in IgA nephropathy (IgAN), systemic lupus erythematosus (SLE), lupus nephritis (LN), and primary membranous nephropathy (pMN), and may exert a disease-modifying effect. Povetacicept (ALPN-303) is an Fc fusion protein of a variant TACI domain engineered for more potent dual BAFF/APRIL inhibition than wild-type TACI or anti-BAFF or anti-APRIL antibodies. Previous results showed povetacicept 80 mg every 4 weeks was initially well tolerated and demonstrated promising, clinically meaningful reductions in urine protein to creatinine ratio (UPCR) and Gd-IgA1 in participants with IgAN.

**Methods :** RUBY-3 is an open-label, multiple ascending dose, phase 1b/2a study of povetacicept 80 or 240 mg administered subcutaneously once every 4 weeks. Eligible participants are aged  $\geq 18$  years with biopsy-confirmed IgAN, LN, or pMN and on maximally tolerated ACE inhibitor/ARB therapy, with well-controlled blood pressure, and disease-specific immunosuppressive therapy where applicable. The primary objective is safety; secondary objectives include pharmacokinetics, pharmacodynamics, immunogenicity, biomarkers, and efficacy.

**Results :** As of 1 Dec 2023, 12 participants with IgAN have enrolled and received povetacicept 80 mg, with 7 (58%) having received  $\geq 24$  weeks of treatment. Povetacicept continues to be well tolerated, with the majority of treatment-emergent adverse events being of low grade. There have been no incidences of severe hypogammaglobulinemia (IgG  $< 3$  g/L) or severe infections. Povetacicept 80 mg was associated with a UPCR reduction of 52.6% at 24 weeks (n=7). Reductions in Gd-IgA1, stable renal function, and pharmacodynamically expected decreases in immunoglobulin levels were also observed. Additional results from the 80 mg cohort with longer duration of follow-up, as well as initial results from the 240 mg dosing cohort, are planned to be presented.

**Conclusions :** Povetacicept remains well tolerated with multiple dosing and continues to demonstrate very promising activity in IgAN, strongly supporting further study in IgAN as well as other glomerulonephritis and autoantibody-associated diseases.