

Telitacicept for Generalized Myasthenia Gravis: Depth of Response Across 48 Weeks in a Phase 3 Study Conducted in China

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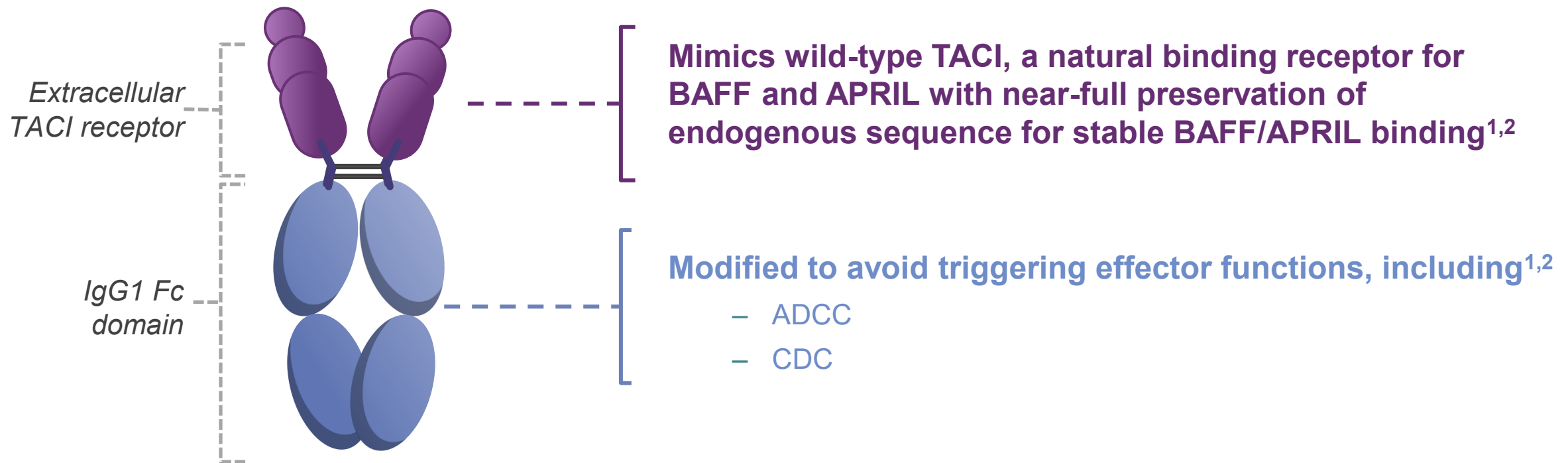
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- Jeremy Sokolove is an employee of Vor Biopharma Inc. and owns company stock.
- Lin Li, Wenxiang Wang, and Jianmin Fang are employees of RemeGen Co.
- Mingming Zhao, Hui Deng, Bitao Bu, Xu Zhang, Ting Chang, Guoyan Qi, Huiyu Feng, Chong Yan, and Jian Yin have nothing to declare

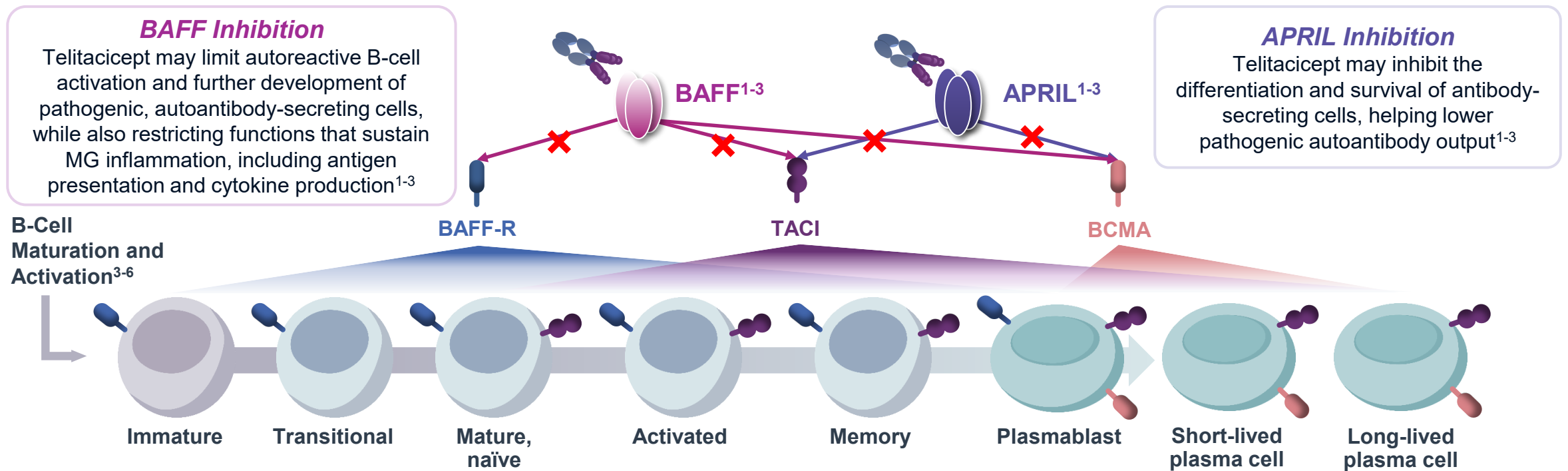
Telitacicept Is a Fusion Protein Based on the Human TACI Receptor Designed to Inhibit BAFF and APRIL



ADCC, antibody-dependent cellular cytotoxicity; APRIL, a proliferation-inducing ligand; BAFF, B cell-activating factor; CDC, complement-dependent cytotoxicity; Fc, fragment crystallizable; IgG1, immunoglobulin G1; TACI, transmembrane activator and calcium-modulating ligand interactor.

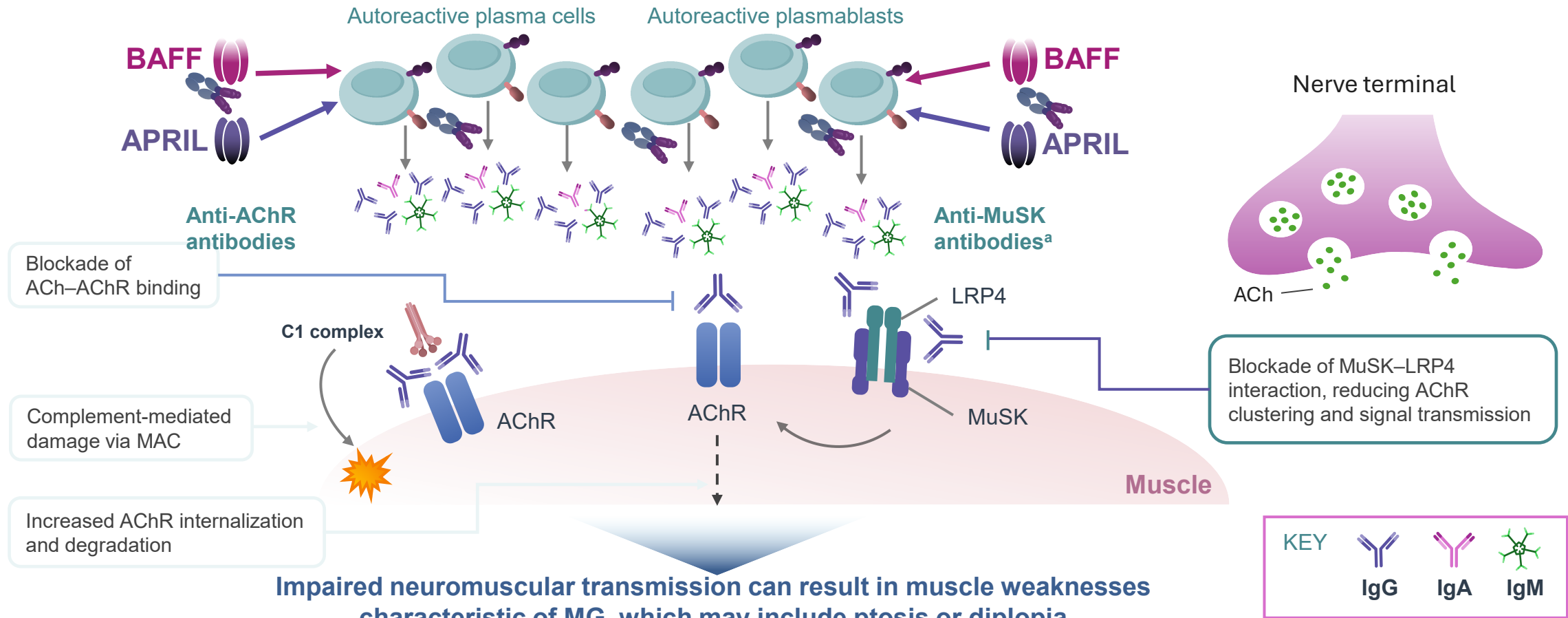
1. Zeng L, et al. *J Autoimmun.* 2024;148:103291. 2. European Patent Agency. Patent EP3868403 A1.

Proposed Bifunctional Effect of Telitacicept: Modulates B-Cell Development and Autoantibody Production



By blocking BAFF and APRIL binding, telitacicept is designed to modulate B-cell maturation and plasma cell survival signals, potentially reducing both autoantibody production and the proinflammatory functions of B cells that drive autoimmune disease^{1,3}

Telitacicept Helps Disrupt B-Cell–Mediated Autoantibody Production That Attacks the Neuromuscular Junction in Myasthenia Gravis¹⁻¹³

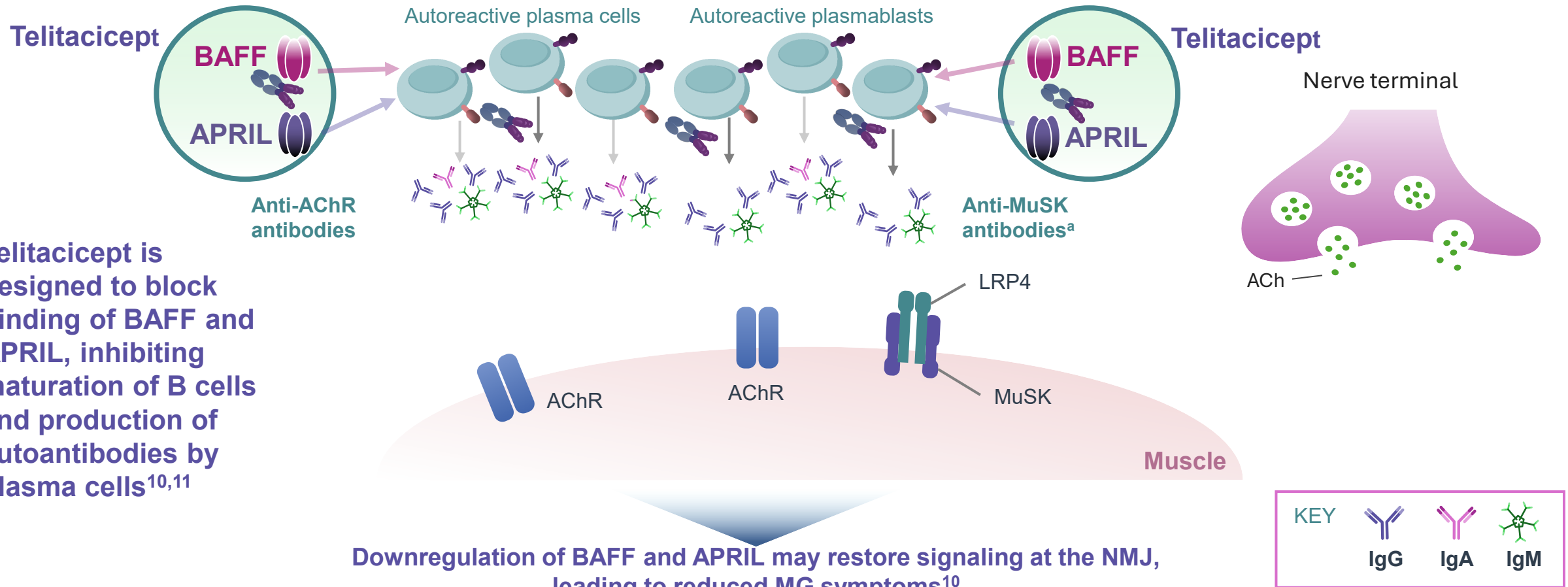


^aSome patients with MG also have anti-LRP4 antibodies, representing a relatively rare subset of patients with MG.¹

ACh, acetylcholine; AChR, acetylcholine receptor; APRIL, a proliferation-inducing ligand; BAFF, B-cell activating factor; Ig, immunoglobulin; LRP4, low-density lipoprotein receptor-related protein 4; MAC, membrane attack complex; MG, myasthenia gravis; MuSK, muscle-specific tyrosine kinase; NMJ, neuromuscular junction.

1. Iorio R. *Nat Rev Neurol*. 2024;20(2):84-98.
2. Gilhus NE, et al. *Nat Rev Dis Primers*. 2019;5(1):30.
3. Menzel SR, et al. *Nat Commun*. 2025;16(1):7106.
4. Davidson A. *Int J Clin Rheumatol*. 2010;5(3):281-285.
5. Yi JS, et al. *Muscle Nerve*. 2018;57(2):172-184.
6. Benson MJ, et al. *J Immunol*. 2008;180(6):3655-3659.
7. Bayer AC, et al. *Int Rev Neurobiol*. 2025;182:43-66.
8. Masi G, et al. *Brain*. 2026 Jun 3;149(6):2091-2106.
9. Lazaridis K, Tzartos SJ. *Front Neurol*. 2020;11:596981.
10. Cai J, et al. *Front Immunol*. 2023;14:1169084.
11. Ji L, et al. *MedComm* (2020). 2024;5(4):e515.
12. Khani-Habibabadi F, et al. *Neurol Neuroimmunol Neuroinflamm*. 2025;12(5):e200436.
13. Patel P, et al. *Immunoglobulin*. StatPearls [Internet]. StatPearls Publishing. Last updated August 28, 2023. Accessed May 21, 2026. <https://www.ncbi.nlm.nih.gov/books/NBK513460/>.

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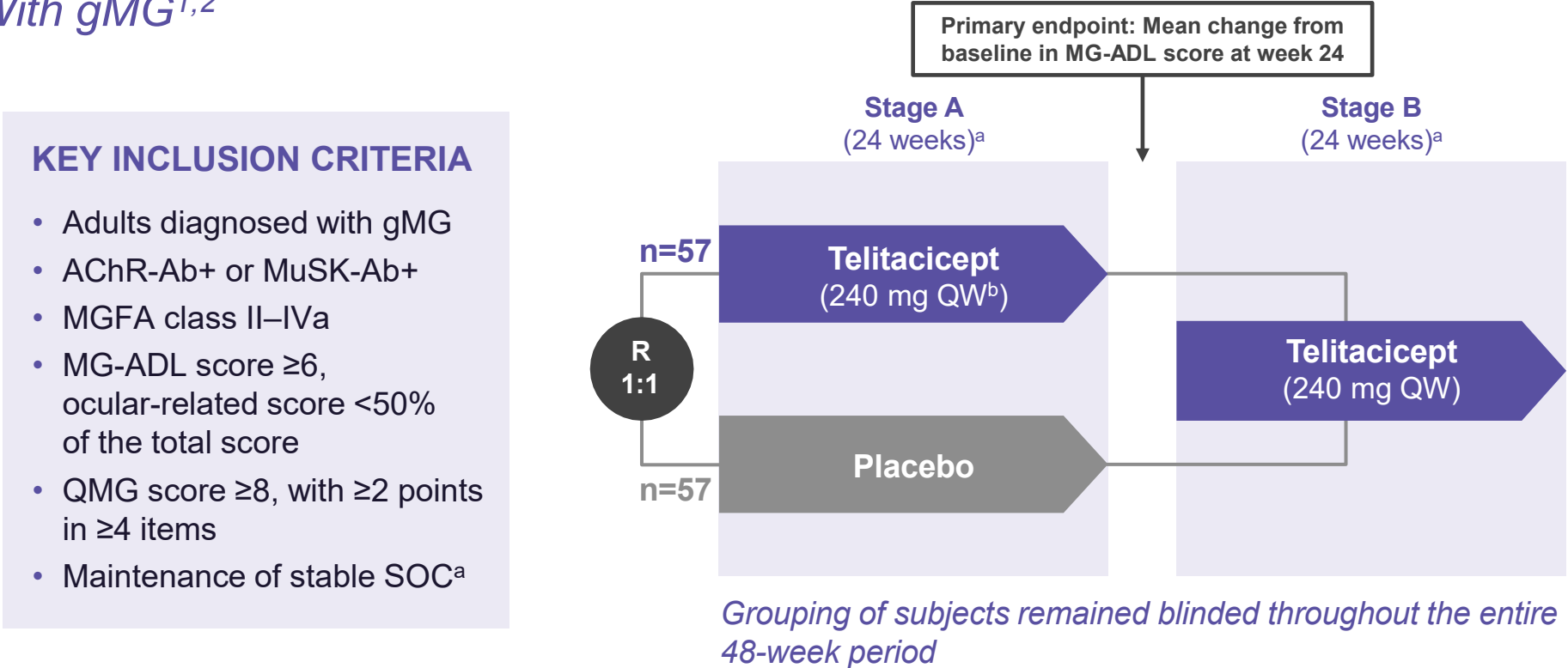
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A Phase 3, Randomized, Double-Blind, Placebo-Controlled Study of Telitacicept in gMG Conducted Across Multiple Centers in China

A Multicenter, Randomized, Double-Blind, Placebo-Controlled Study of Telitacicept in Patients With gMG^{1,2}



^aMaintenance of stable SOC regimen, including any 1 of the following either as monotherapy or in combination: cholinesterase inhibitors (stable use for ≥2 weeks prior to randomization, at ≤480 mg/day); glucocorticoids (stable use of ≤40 mg/day prednisone or equivalent dose of glucocorticoids for ≥1 month before randomization); immunosuppressants (azathioprine: initiated ≥6 months prior to randomization with a stable dosage maintained 3 months before randomization; mycophenolate mofetil, methotrexate, cyclosporine, or tacrolimus: stable use for ≥3 months before randomization). ^bAll dosing was performed in the clinic.

Ab, antibody; AChR, acetylcholine receptor; gMG, generalized myasthenia gravis; MG-ADL, Myasthenia Gravis Activities of Daily Living; MGFA, Myasthenia Gravis Foundation of America; MuSK, muscle-specific tyrosine kinase; QMG, Quantitative Myasthenia Gravis; QW, once weekly; R, randomized; SOC, standard of care.

1. Li G, et al. Presented at: American Association of Neuromuscular & Electrodiagnostic Medicine Annual Meeting; October 29–November 1, 2025; San Francisco, CA. 2. ClinicalTrials.gov identifier: NCT05737160. Updated May 23, 2025. Accessed June 26, 2026. <https://clinicaltrials.gov/study/NCT05737160>.

The Objective of This Post Hoc Analysis Was to Assess the Depth and Durability of Clinical Response With Telitacicept

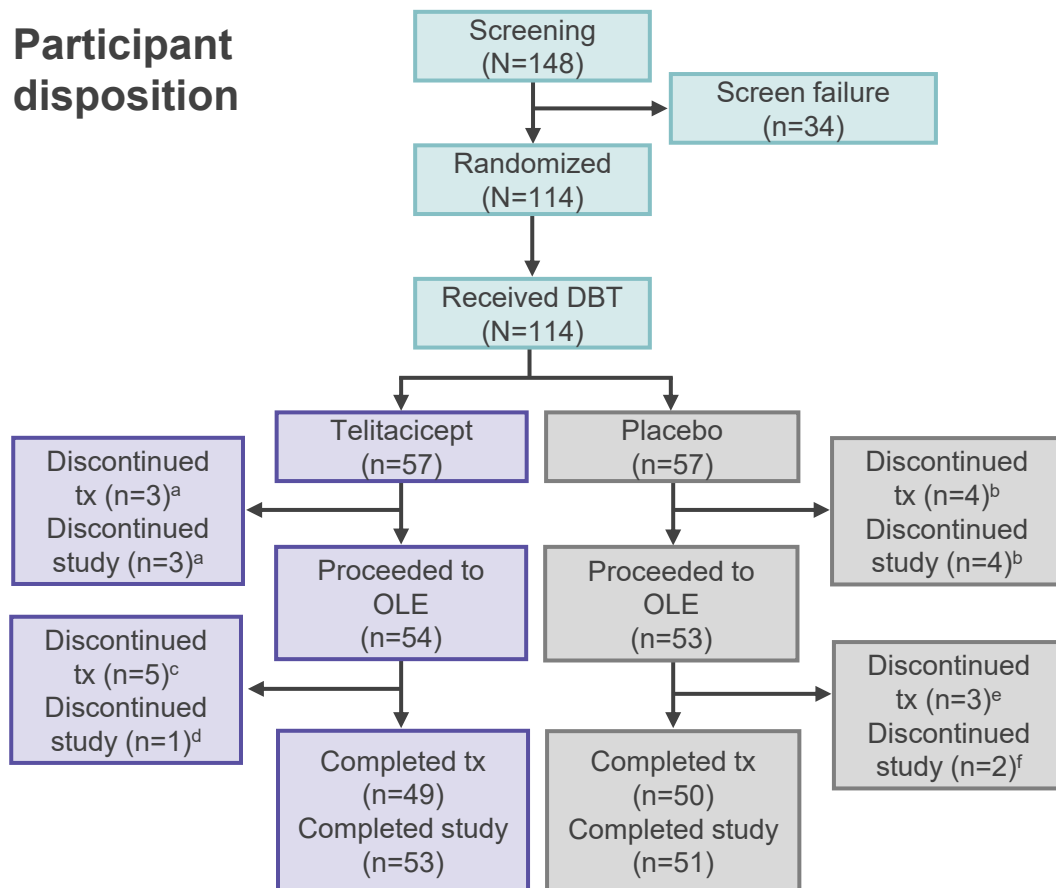
- In this phase 3 study, telitacicept demonstrated significant treatment effects in improving disease severity and functional status in adult participants with gMG,^{1,2} leading to regulatory approval in China
- The primary endpoint was met with a mean change from baseline in MG-ADL score of -5.74 in the telitacicept 240 mg group and -0.91 in the placebo group ($p < 0.001$) at week 24
- Maintenance of minimal symptom expression (MSE) defined as an MG-ADL score of ≤ 1 is a treatment goal for many patients^{3,4}
- This post hoc analysis assessed the depth of response in MG-ADL score and achievement of MSE in the 24-week double-blind, placebo-controlled period and the subsequent 24-week OLE
 - Depth of response was defined as the magnitude of MG-ADL improvement from baseline, evaluated across increasing response thresholds (≥ 2 - to ≥ 10 -point improvement from baseline) and achievement of MSE
 - Durability of response was defined as the maintenance of clinical benefit over time, assessed by sustained MSE at the next monthly visit and the proportion of follow-up time spent in MSE after its achievement
- The safety profile of telitacicept over 48 weeks was also assessed

gMG, generalized myasthenia gravis; OLE, open-label extension; MG-ADL, myasthenia gravis activities of daily living.

1. Yin J, et al. Presented at: American Academy of Neurology Annual Meeting; April 5-9, 2025; San Diego, CA. 2. Li G, et al. Presented at: American Association of Neuromuscular & Electrodiagnostic Medicine Annual Meeting 2025; October 29–November 1, 2025; San Francisco, CA. 3. Narayanaswami P, et al. *Neurol Clin Pract*. 2026;16(4):e200644. 4. Meisel A, et al. *Eur J Neurol*. 2026;33(3):e70563.

Baseline Demographics and Disease Characteristics Were Similar Between the Telitacicept and Placebo Groups

Participant disposition



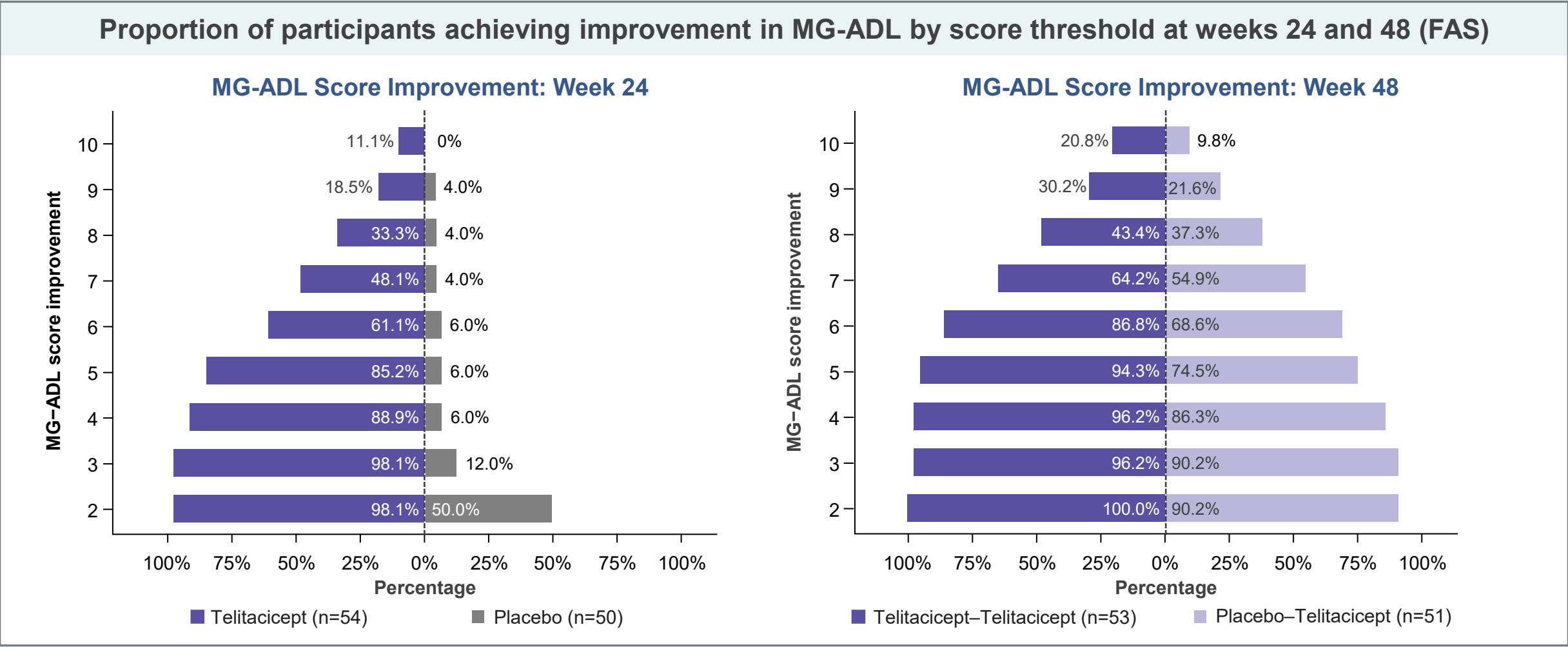
	Telitacicept (n=57)	Placebo (n=57)
Age (years), mean ± SD	49.1 ± 14.69	49.6 ± 15.03
Sex, n (%)		
Male	30 (52.6)	21 (36.8)
Disease duration (months), mean ± SD	83.09 ± 84.507	76.05 ± 87.818
MGFA classification		
Class IIa, n (%)	3 (5.3)	12 (21.1)
Class IIb, n (%)	14 (24.6)	9 (15.8)
Class IIIa, n (%)	25 (43.9)	23 (40.4)
Class IIIb, n (%)	11 (19.3)	12 (21.1)
Class IVa, n (%)	4 (7.0)	1 (1.8)
Baseline MG-ADL score, mean ± SD	10.0 ± 2.60	9.9 ± 2.62
Min–Max	7–16	6–16
Baseline QMG score, mean ± SD	17.9 ± 3.43	18.8 ± 3.65
Min–Max	12–25	11–25
Antibody-positive at screening, n (%)		
AChR	55 (96.5)	55 (96.5)
MuSK	2 (3.6)	2 (3.5)
Standard-of-care therapy, n (%)		
Anticholinesterase inhibitors	53 (93.0)	52 (91.2)
Steroids	36 (63.2)	34 (59.6)
Immunosuppressants	34 (59.6)	34 (59.6)

^aDiscontinued due to AEs (n=2), AEs and development of MG crisis (MGFA Class V) during the study for which the investigator determined the risks of continuing outweighed the benefits (n=1). ^bDiscontinued due to AEs and voluntary participant withdrawal (n=1), voluntary participant withdrawal (n=1), decision by the investigator (n=1), lack of efficacy (n=1). ^cDiscontinued due to AEs (n=2), decision by the investigator (n=1), voluntary participant withdrawal (n=1), other (n=1). ^dDiscontinued due to voluntary participant withdrawal (n=1). ^eDiscontinued due to AEs and voluntary participant withdrawal (n=1), AEs (n=1), other (n=1). ^fDiscontinued due to voluntary participant withdrawal (n=1), other (n=1).

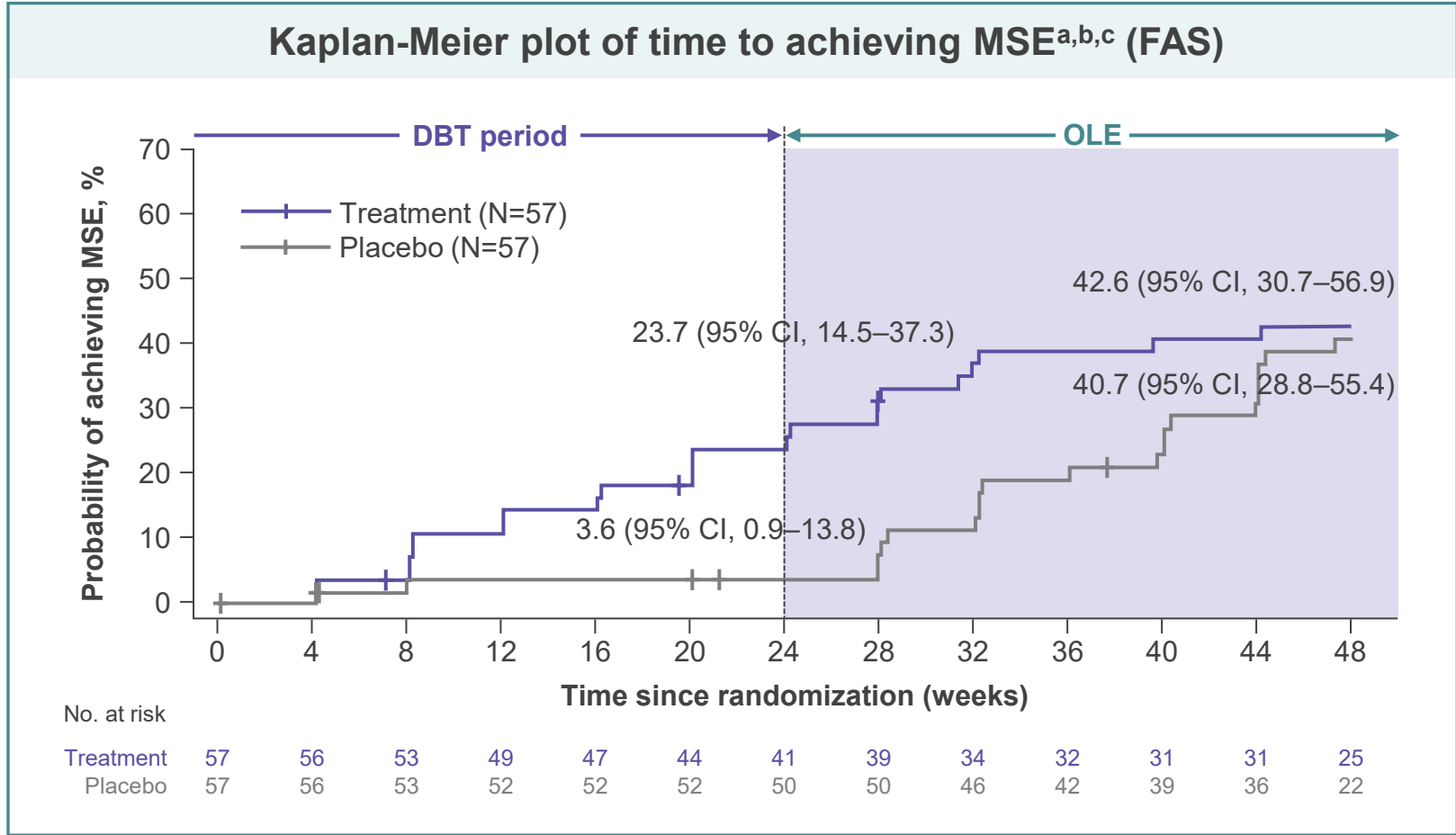
AChR, acetylcholine receptor; AE, adverse event; DBT, double-blind treatment; MG, myasthenia gravis; MG-ADL, Myasthenia Gravis Activities of Daily Living; MGFA, Myasthenia Gravis Foundation of America; MuSK, muscle-specific tyrosine kinase; QMG, Quantitative Myasthenia Gravis; SD, standard deviation; tx, treatment.

At Week 24, Nearly All Participants Had at Least a Three-Point Improvement in MG-ADL Response, Which Deepened at Week 48

Proportion of participants achieving improvement in MG-ADL by score threshold at weeks 24 and 48 (FAS)



The Estimated Probability of Achieving MSE at Any Time Was ~42% Among Participants Treated With Telitacicept

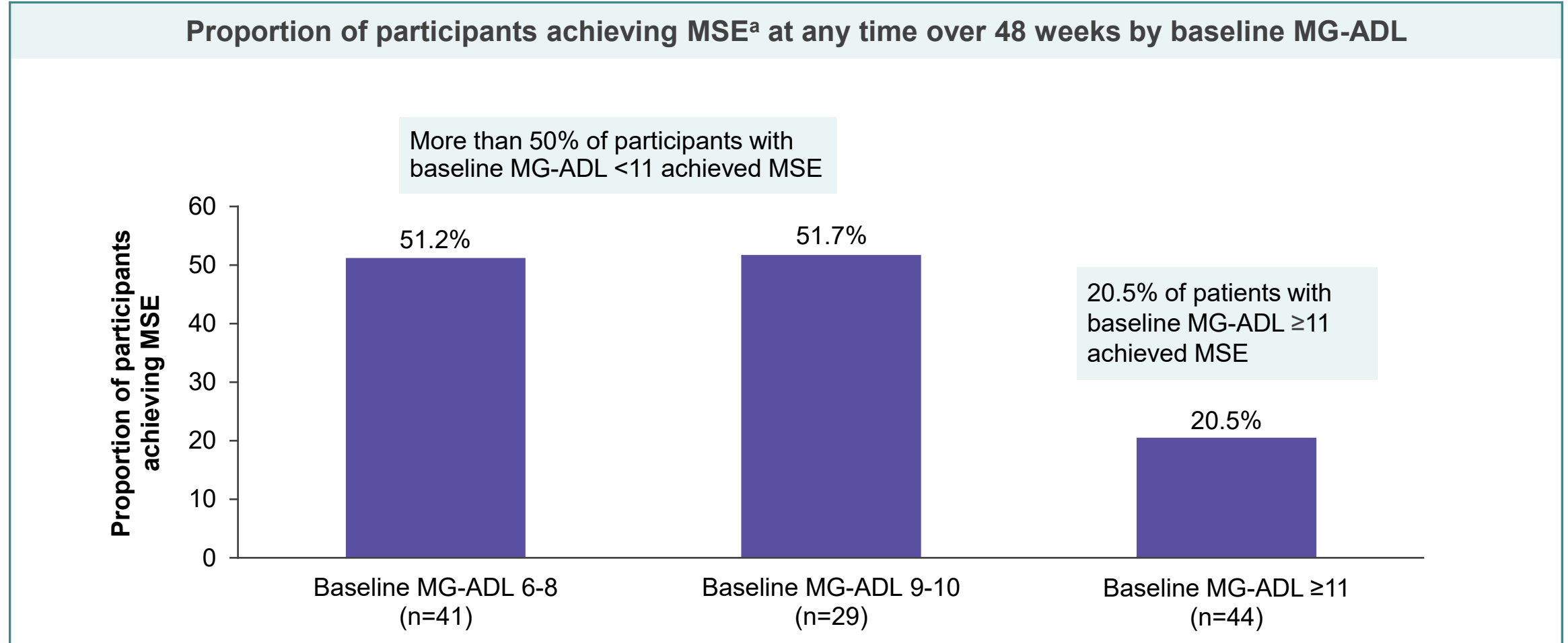


MSE was sustained in those who reached it (n=45) across the 48-week study

- 86.7% of MSE events were sustained at the next monthly visit
- 83% (SD 26.8) and 85% (18.2) of remaining study follow-up was spent in MSE in participants originally assigned telitacicept and crossed over from placebo, respectively

^aMSE is defined as a MG-ADL score of ≤ 1 . ^bData were captured only up to week 48. ^cParticipants were censored if they received rescue medication or discontinued treatment or the study.
CI, confidence interval; DBT, double-blind treatment; FAS, full analysis set; MG-ADL, myasthenia gravis activities of daily living; MSE, minimal symptom expression; SD, standard deviation.
1. Meisel A, et al. *Eur J Neurol*. 2026;33(3):e70563.

MSE Achievement as a Function of Baseline MG-ADL



^aMSE is defined as a MG-ADL score of ≤1.¹

MG-ADL, Myasthenia Gravis Activities of Daily Living; MSE, minimal symptom expression.

1. Meisel A, et al. *Eur J Neurol*. 2026;33(3):e70563.

Telitacicept Was Generally Well Tolerated With No New Safety Signals

Summary of AEs (Safety Set^a) at Weeks 0–48

	Telitacicept 240 mg, Weeks 0–48 (n=57)	All Telitacicept, ≥1 Dose (n=110)
TEAE	51 (89.5)	96 (87.3)
SAE	8 (14.0)	11 (10.0)
TEAE leading to treatment discontinuation ^b	2 (3.5)	3 (2.7)
Death	1 (1.8) ^c	1 (0.9) ^c
Infection	39 (68.4)	60 (54.5)
Upper respiratory tract infection	21 (36.8)	32 (29.1)
Urinary tract infection	13 (22.8)	18 (16.4)
Injection site reactions	8 (14.0)	15 (13.6)
TRAE	45 (78.9)	81 (73.6)

^aParticipants who had received at least 1 dose of the investigational drugs with safety measurement records. ^bDuring weeks 0–48, 2 participants (3.5%) in the telitacicept 240 mg group experienced 4 AEs leading to treatment discontinuation, including 2 cases of pneumonia and 1 event each of pyrexia and diarrhea. A total of 6 AEs leading to treatment discontinuation occurred in 3 (2.7%) participants in the telitacicept at least one dose group. ^cDuring the study, one participant in the telitacicept 240 mg group died of trauma after a traffic accident. This event was assessed as unrelated to disease progression and the investigational drug.

AE, adverse event; SAE, serious adverse event; TEAE, treatment-emergent adverse event; TRAE, treatment-related adverse event.

Li G, et al. Presented at: American Association of Neuromuscular & Electrodiagnostic Medicine Annual Meeting; October 29–November 1, 2025; San Francisco, CA.

Conclusions

- The estimated probability of participants receiving telitacicept achieving MSE at any time was ~42%, which varied by severity at treatment initiation
 - The majority of participants who initiated treatment at MG-ADL <11 achieved MSE
- Once achieved, MSE was highly durable, with participants spending >80% of their remaining time in the study in MSE
 - Depth of response increased over time from weeks 24 to 48 as observed in both MG-ADL response thresholds and MSE
- Telitacicept was generally well tolerated over 48 weeks with no new safety signals
- A global phase 3 pivotal, multicenter, randomized, double-blind, placebo-controlled trial with long-term OLE is ongoing to evaluate efficacy and safety of telitacicept in people with gMG worldwide (UPSTREAM MG)¹

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 - Zunbo Li, Xi'an Gaoxin Hospital
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 - Hong'en Wei, Shanxi Provincial People's Hospital
 - Qun Xue, The First Affiliated Hospital of Soochow University
 - Tingjun Dai, Qilu Hospital of Shandong University
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