



**Celldex**  
therapeutics

**Barzolvolimab Data Updates**

**Phase 2 Topline CSU & Phase 1b PN Data Results**

**NASDAQ: CLDX**  
**November 6, 2023**

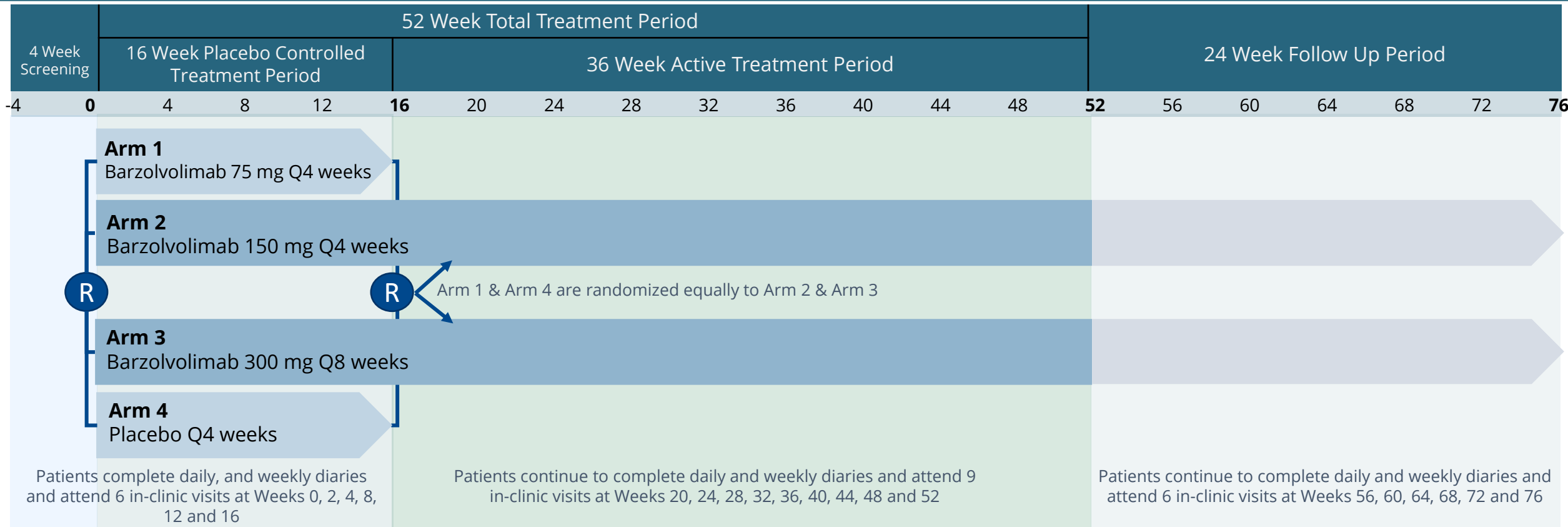


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# Barzolvolimab Phase 2 CSU Study Topline Results

# Phase 2 CSU Study Design and Key Eligibility



Randomized, double-blind, placebo-controlled, dose-finding study

208 patients enrolled; 72 sites/8 countries

Biologic naive & experienced patients refractory to antihistamines

### Primary Endpoints:

Mean change from baseline to Week 12 of UAS7 (Urticaria Activity Score)

### Secondary Endpoints:

ISS7 (Itch Severity Score)

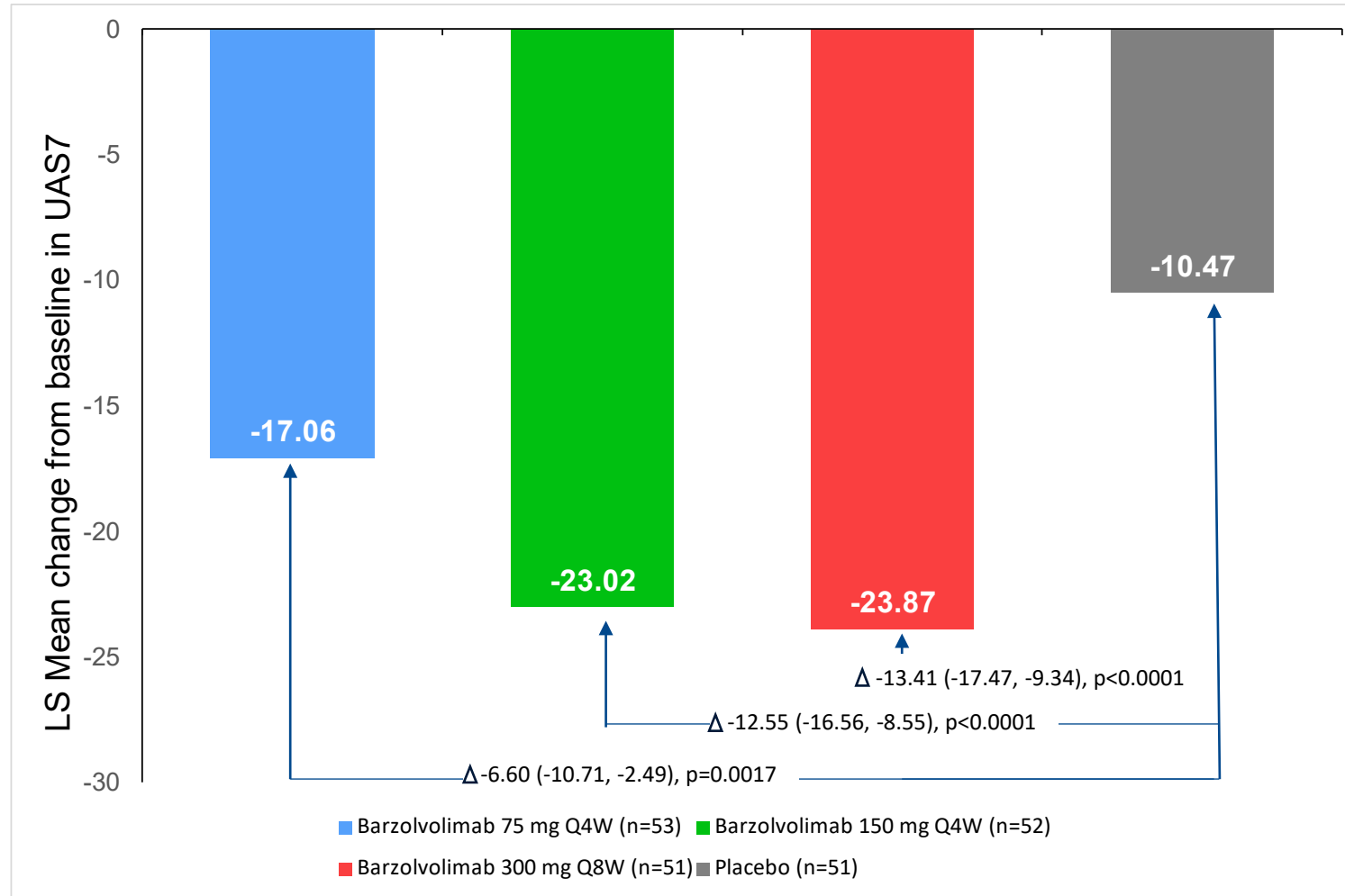
HSS7 (Hives Severity Score)

AAS7 (Angioedema Activity Score)

Safety

# Profound Improvement in UAS7 in Patients with Moderate to Severe CSU at Week 12

## Mean Change from Baseline in UAS7 at Week 12



Data were analyzed using ANCOVA model and multiple imputation. Benjamini-Hochberg were used for multiplicity adjustment.

$\Delta$  treatment difference LS mean (95% CI)

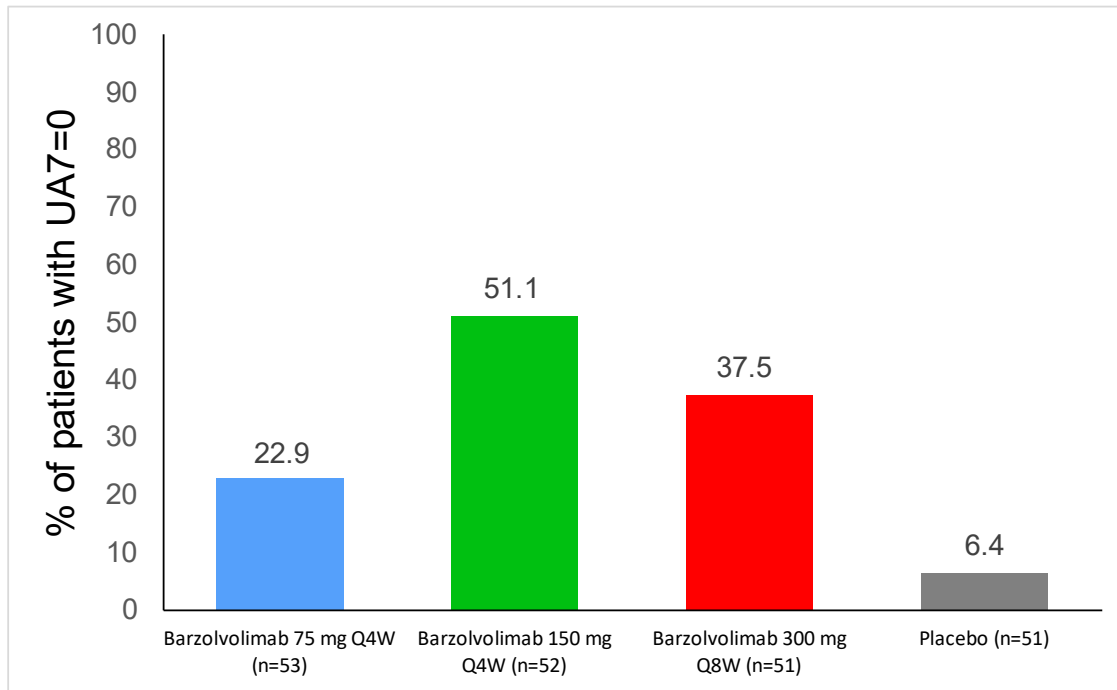
CI, confidence interval; LS, least squares; n, number of patients who received at least one dose of study drug; UAS7, weekly Urticaria Activity Score

Data cutoff Oct 18, 2023

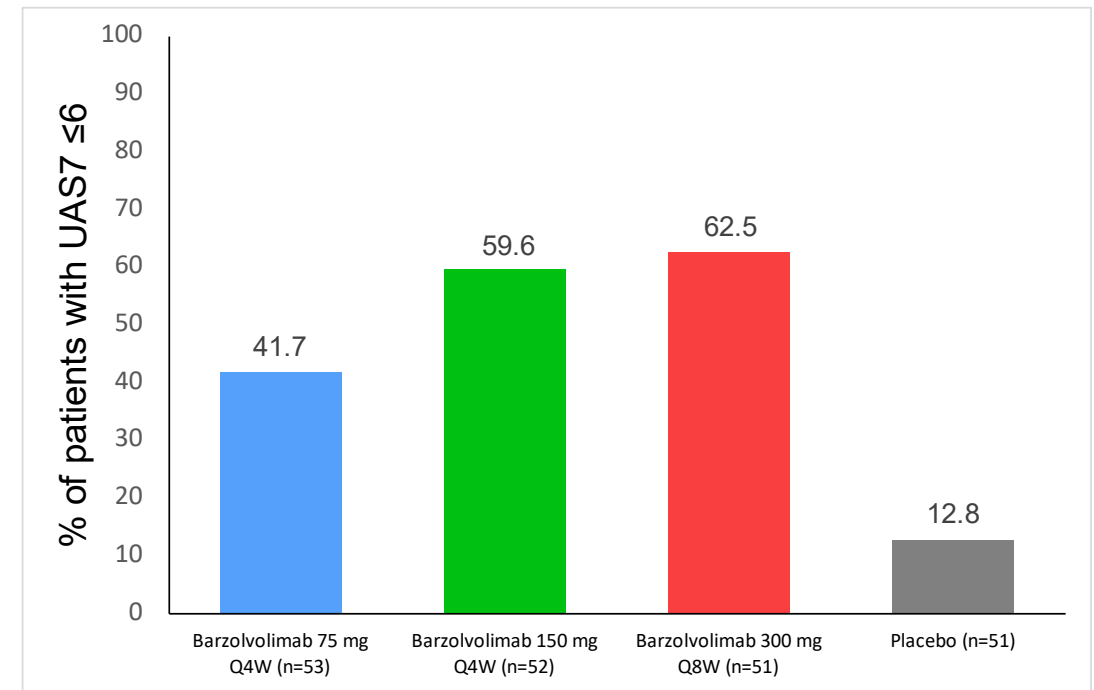
# Barzolvolimab Achieves Clinically Meaningful Responses in Patients with CSU

- The majority of patients treated with 150mg or 300mg were well controlled at week 12

### % of Patients with UAS7 = 0 Complete Control



### % of Patients with UAS7 ≤ 6 Well Controlled



# Barzolvolimab Was Well Tolerated with Favorable Safety Profile in CSU



- Barzolvolimab was generally well tolerated with a favorable safety profile across multiple dose regimens
- Most adverse events (AEs) were mild to moderate in severity; through 12 weeks, the most common treatment emergent adverse events were hair color changes (9%), urticaria (9%) and neutropenia (8%)
- The rate of infections was similar between barzolvolimab-treated patients and placebo with no apparent association between neutropenia and infections

# Positive CSU Data Supports Advancing to Registrational Studies



- Barzolvolimab Phase 2 CSU study met the primary efficacy endpoint across all three doses, with a statistically significant mean change from baseline to week 12 of UAS7 (urticaria activity score) compared to placebo
- Demonstrated rapid, durable and clinically meaningful responses in patients with moderate to severe CSU refractory to antihistamines, including patients with prior omalizumab treatment
- Approximately 20% of enrolled patients were omalizumab experienced—these patients experienced a similar clinical benefit as the overall treated population within their individual dosing groups
- Barzolvolimab was generally well tolerated with a favorable safety profile

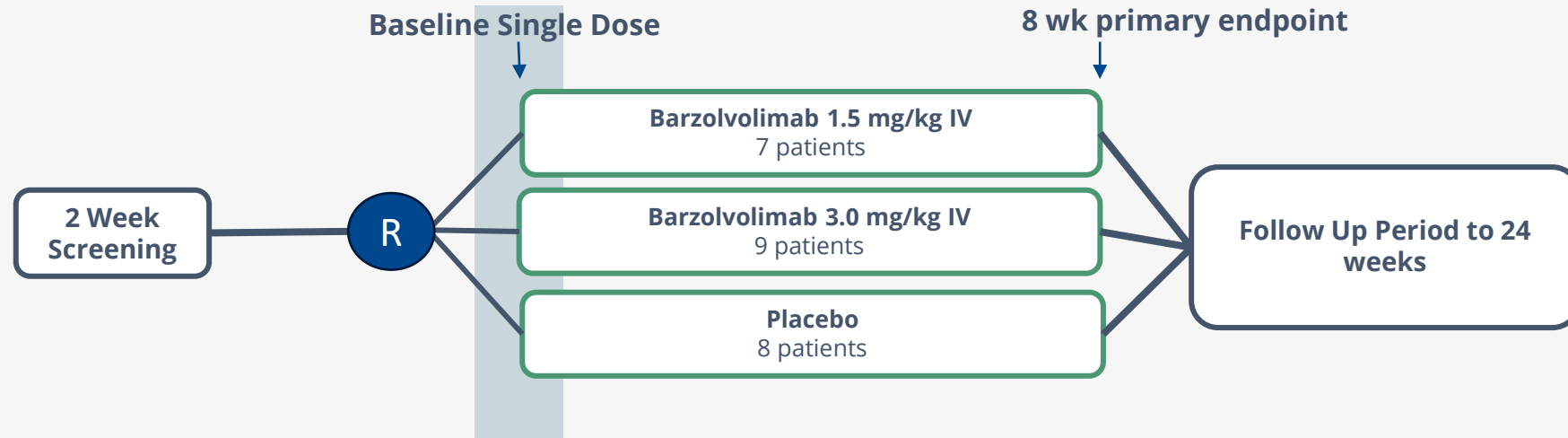




# Barzolvolimab Phase 1b Prurigo Nodularis Results

World Congress on Itch (WCI) 2023

# Prurigo Nodularis Phase 1b Study Design



- Randomized, double-blind, placebo-controlled, single dose study in adults with moderate to severe PN
  - WI-NRS  $\geq 7$  at baseline
  - IGA  $\geq 3$  at baseline
- Primary endpoint is safety profile; secondary endpoints include changes from baseline in Worst Itch-Numerical Rating Scale (WI-NRS) & Investigator Global Assessment (IGA), PK, and serum tryptase
  - Patients followed for safety and efficacy endpoints to 24 weeks
  - **Primary timepoint for evaluation of clinical activity was 8 weeks**
- 24 patients randomized (evaluatable: n=23 safety; n=22 efficacy)

# Demographics and Baseline Characteristics

Baseline Characteristic	1.5 mg/kg N=7	3.0 mg/kg N=8	Placebo N=8	Total N= 23
<b>Age</b> years	65 (56-69)	60 (29-63)	55.5 (18-75)	60 (18-75)
<b>Sex</b> Female, n (%)	4 (57)	6 (75)	2 (25)	12 (57)
<b>Race</b> White, n (%)	3 (43)	5 (63)	6 (75)	14 (61)
Black n (%)	4 (57)	3 (37)	2 (25)	9 (39)
<b>Ethnicity</b> Hispanic n (%)	1 (14)	0 (0)	1 (13)	2 (9)
<b>Weight</b> (kg)	89.4 (68.5-103.4)	84.6 (48-117)	84.6 (57.5-137)	85.9 (48-137)
<b>PN duration</b> years	9.7 (1-21.9)	7.3 (0.3-21.1)	9.7 (0.4-32.1)	8.5 (0.3-32.1)
<b>WI-NRS</b> weekly average	8.6 (7.4-10)	8.4 (7.5-10)	8.7 (7.3-10)	8.6 (7.3-10)
<b>IGA</b>	3.1(3-4)	3.3 (3-4)	3.4 (3-4)	3.3 (3-4)
<b>Tryptase</b> (ng/ml)	6.2 (4.4-7.9)	5.3 (3.2-11.2)	5.4 (2.8-7.6)	6.0 (2.8-11.2)

# Barzolvolimab was Well Tolerated

- AEs were generally mild to moderate in intensity and considered unrelated to treatment
- During the initial 8 week observation period in the 3.0 mg/kg dosing arm, as previously disclosed, an anaphylactic reaction occurred in a complicated patient with multiple comorbidities; the event fully resolved without sequelae
- Generally, AEs seen during the 24-week follow-up period were consistent with comorbidities commonly observed in the PN population

# Clinically Meaningful Reduction in WI-NRS Following a Single Dose

- Effect was noted as early as the first clinic visit at week 2 and was generally maintained out to week 16
- In the 3.0 mg/kg arm, the decrease in itch was seen as early as the first week and reached a high of 71% of patients at week 6

**Proportion % of Subjects with  $\geq 4$ -point decrease in WI-NRS**

Dose	Week 01	Week 02	Week 03	Week 04	Week 05	Week 06	Week 07	Week 08
1.5 mg/kg	0	14	29	14	29	29	29	43
3.0 mg/kg	14	29	29	29	57	71	57	57
placebo	0	0	13	13	25	38	38	25

# 29% of Patients Treated with Barzolvolimab 3.0 mg/kg Achieved Clear or Almost Clear Skin by Week 8

- Effect was noted as early as the first clinic visit at week 2 and was generally maintained out to week 16

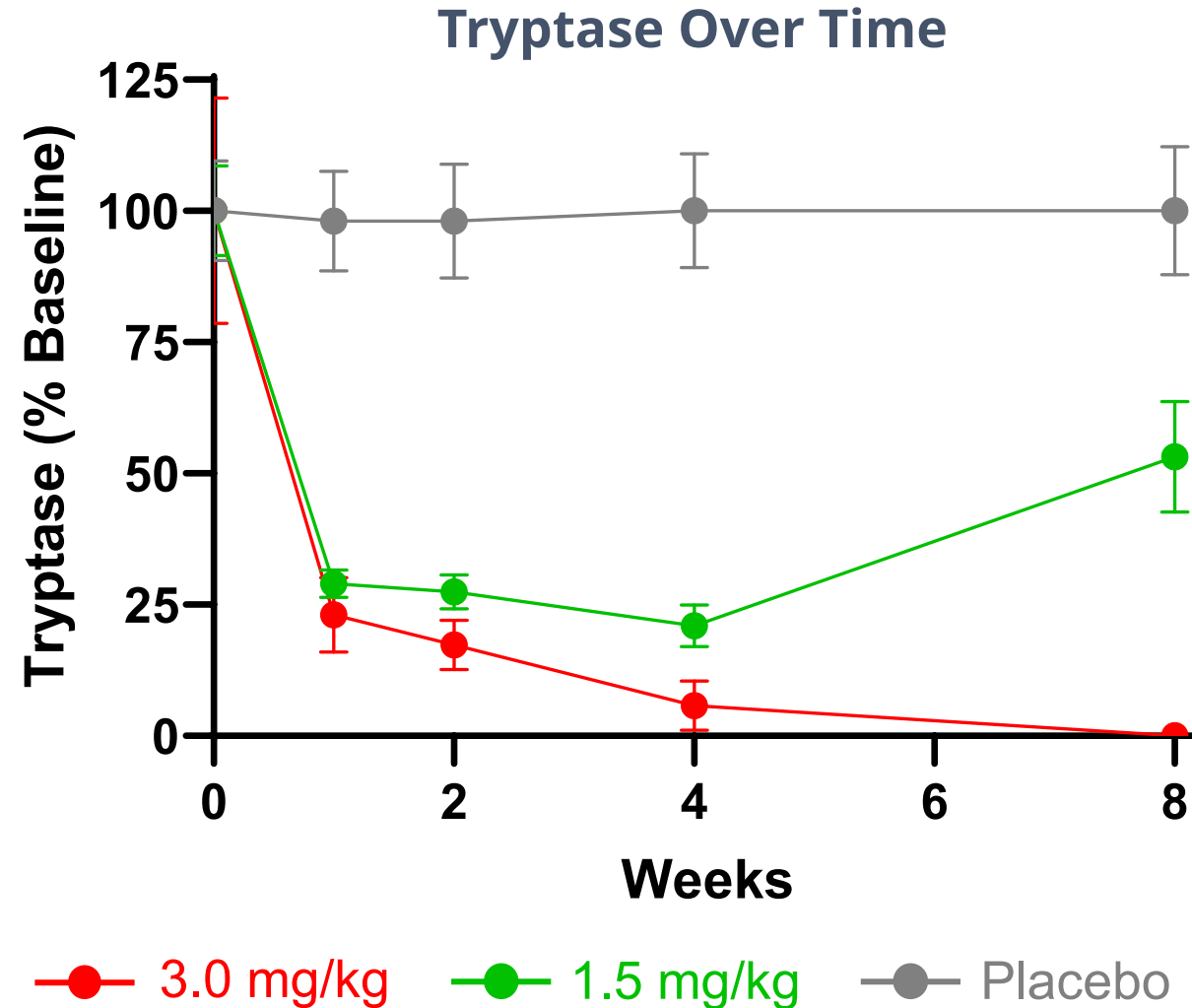
## Proportion % of Subjects with Clear/Almost Clear Skin (IGA 0/1)

Dose	Baseline	Week 2	Week 4	Week 8
1.5 mg/kg	0	0	0	0
3.0 mg/kg	0	14	14	29
placebo	0	0	0	0

2 additional patients in the 1.5 mg/kg arm, 2 additional patients in the 3.0 mg/kg arm and 1 patient on placebo had IGA 0/1 at timepoints between weeks 8 and 24

# Tryptase is Profoundly and Durably Suppressed by Barzolvolimab 3.0 mg/kg

- Data suggests that in PN, profound and sustained mast cell depletion is required for maximal clinical activity



- Data support broad development in mast cell driven diseases
- Expect to advance CSU into Registrational Studies in 2024
- PN advancing into Phase 2 in early 2024
- Phase 2 CIndU data expected in 2H 2024
- Phase 2 EoE study actively enrolling





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Q&A

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