

Pr Noémie Jourde-Chiche – Aix-Marseille Univ & APHM
Nephrology

Conflict of interest statement

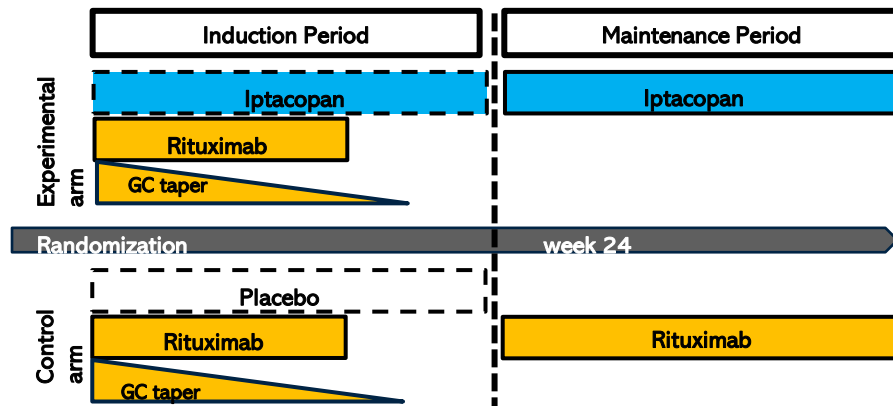
- ✓ NOVARTIS: conference & expertise & congress
 - ✓ VIFOR: conference & expertise & congress
 - ✓ GSK: conference & expertise
 - ✓ ASTRA-ZENECA: teaching & expertise
 - ✓ ROCHE: expertise & research grant pending
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- ✓ Groupe Français d'Etude des Vascularites (GFEV)
 - ✓ Groupe Coopératif sur le Lupus Rénal (GCLR)

Iptacopan – Oral Complement Factor B inhibitor

- ✓ **Paroxysmal nocturnal hemoglobinuria: 2024 EMA approval**
- ✓ **C3 glomerulonephritis: 2025 EMA approval native & KTR – Phase 3 APPEAR positive**
- ❑ **Active lupus nephritis: in development**
- ❑ **Active ANCA-associated vasculitis: in development**

Iptacopan vs Placebo in ANCA-Associated Vasculitis – Phase 2 – Novartis

- **Objective:** To evaluate the efficacy and safety of iptacopan in combination with RTX induction therapy for the treatment of newly diagnosed or relapsed patients with active GPA or MPA
- **Number of patients expected:** 78 adult patients (inclusions end in August 2026)
- **Design:** Multicenter, randomized, controlled Phase 2 study; induction period double blinded, maintenance period open label
- **Primary endpoint:** Sustained remission through Week 48
 - ✓ complete remission at Week 24
 - ✓ without major relapse up to Week 48

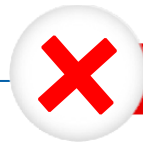


Iptacopan vs Placebo in ANCA-Associated Vasculitis – Phase 2 – Novartis



Inclusion

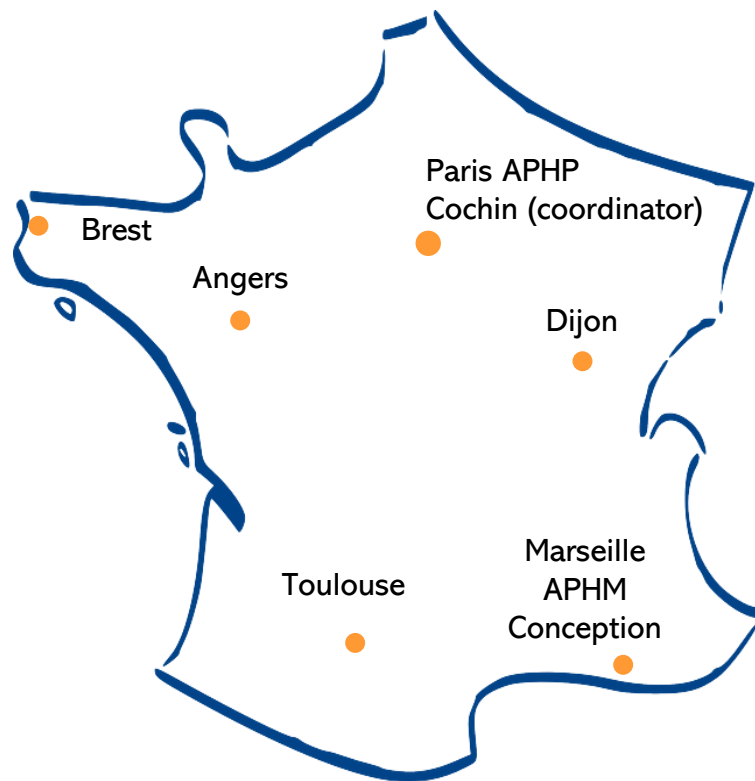
- ✓ Newly diagnosed or relapsed GPA and MPA
- ✓ Requiring treatment with RTX and corticosteroids as per investigator's judgement
- ✓ BVAS with ≥ 1 major item, or ≥ 3 minor items, or ≥ 2 renal items at Screening
- ✓ Positive anti-proteinase 3 (PR3) or anti-myeloperoxidase (MPO) antibodies at Screening or with history of documented evidence of a positive antibody test



Exclusion

- ✗ Other systemic disease which constitutes the primary illness
- ✗ Alveolar hemorrhage requiring invasive pulmonary ventilation support at Screening.
- ✗ Severe kidney disease defined as eGFR < 15 mL/min/1.73m², or requiring renal replacement therapy, or kidney transplant recipient
- ✗ Plasma exchange/apheresis within 12 weeks prior to Screening.

Iptacopan vs Placebo in ANCA-Associated Vasculitis – Phase 2 – Novartis



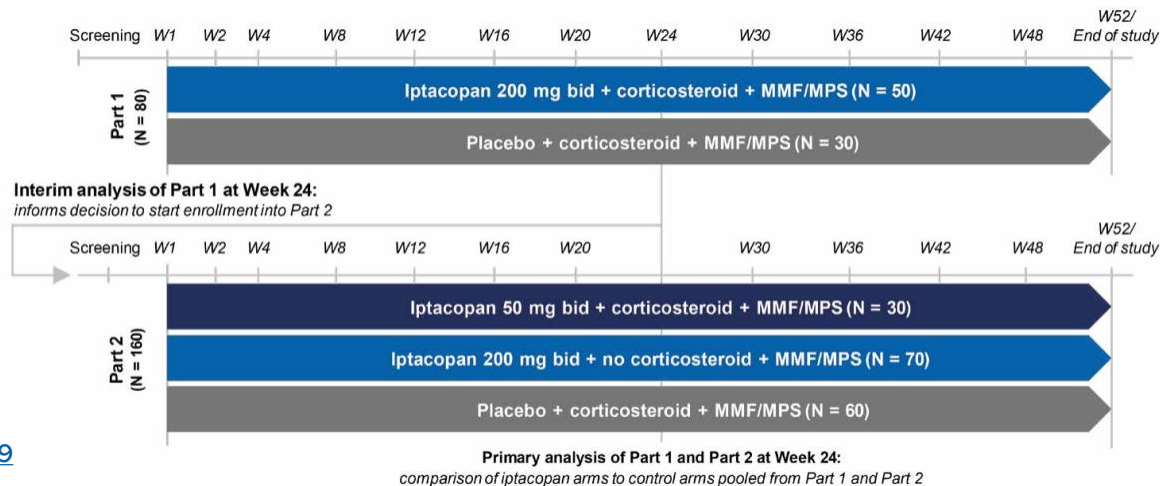
France : 10 patients randomized

World : 31 patients randomized

Iptacopan vs Placebo in Active Lupus Nephritis – Phase 2 – Novartis

- ✓ **Objective:** To evaluate the efficacy and safety of iptacopan versus placebo, in combination with standard treatment (SoC) with or without corticosteroids, in patients with active lupus nephritis (III or IV, +/- V).
- ✓ **Number of patients expected:** 240 adult patients
- ✓ **Design:** Adaptive, Randomized, Double-blind, Dose Exploration, Parallel Group, Placebo Controlled, Multicenter Phase 2 Trial

Part 1 : proof of concept (N = 80)

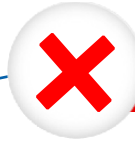


Iptacopan vs Placebo in Active Lupus Nephritis – Phase 2 – Novartis



Inclusion

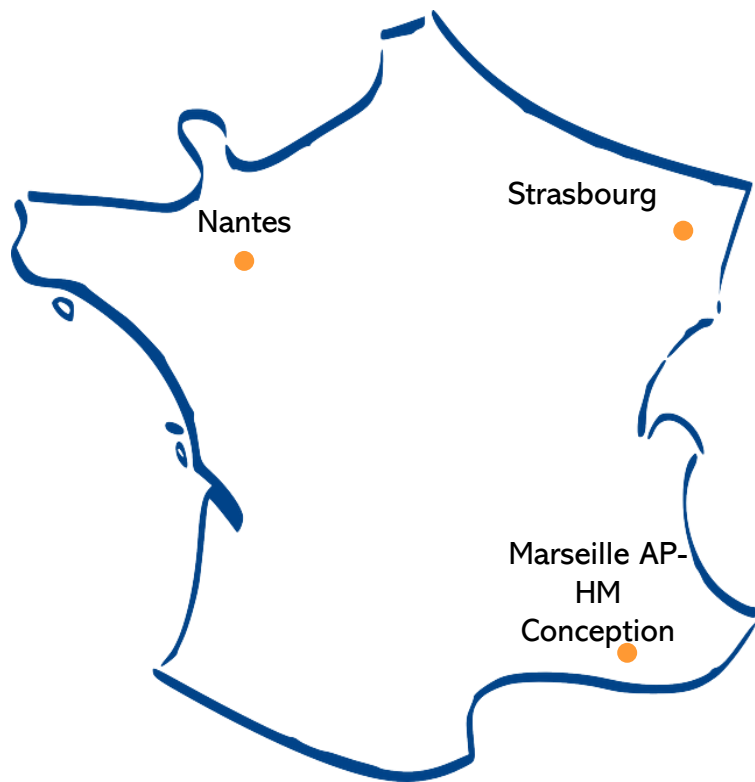
- ✓ Unequivocally positive ANA and/or anti-dsDNA upon selection
- ✓ Class III/IV +/- V active lupus nephritis (biopsy < 3 months)
- ✓ Active renal disease at screening, requiring corticosteroids + MMF
- ✓ eGFR ≥ 30 ml/min/1.73 m²
- ✓ Vaccinations : Neisseria meningitidis, Streptococcus pneumoniae and Haemophilus influenzae
- ✓ Supportive care :
 - ✓ antimalarials unless contraindicated
 - ✓ ACEi/ARB at the maximum daily dose approved locally or maximally tolerated dose
- ✓ First presentation or relapse of lupus nephritis



Exclusion

- ✗ RPGN (50% decrease in eGFR within 3 months prior to selection)
- ✗ IF/TA or glomerulosclerosis > 50%
- ✗ Induction by CYP or treatment with CNI \leq 3 months prior to selection
- ✗ Corticosteroids > 15 mg/day on average in the previous 4 weeks
- ✗ Corticosteroids > 30 mg/day on average in the previous week
- ✗ Corticosteroids > 5 mg/day for indication other than lupus
- ✗ Corticosteroids cumulative dose > 1000 mg i.v. methylprednisolone in the 2 weeks prior to inclusion

Iptacopan vs Placebo in Active Lupus Nephritis – Phase 2 – Novartis



France : 2 patients randomized

World : 65 patients randomized