May 18, 2021 Patient Education Webinar- The ADDRESS Trial with argenx

Becky: Welcome, everyone. Thank you for joining us tonight. We're gonna just jump right into this, and for all of you who have been diagnosed with pemphigus, we're just gonna jump right into a poll. While we make the introductions here, if you wouldn't mind answering our poll question. Thank you for joining us. Tonight we're going to discuss the ADDRESS trial, a Phase III pemphigus trial with argenx. This call is now being recorded. I'd like to thank each one of you for being on the call with us today and a big thank you to our sponsors, Genentech, Principia Biopharma, a Sanofi Company, argenx and Cabaletta Bio for making today's call possible. “Information is a key factor in treating and living with any condition, however, every patient's situation is unique. The IPPF reminds you that any information found on the internet or during presentations should be discussed with your own doctor or health care team to determine if it applies to your specific situation.” Before we begin, I just want to give the results. It looks like a lot of people have already answered this. It looks like about 36% of the people have had pemphigus for about a year, 32% longer than 10 years, 18% for 5 to 10 years, and 14% for 2 to 4 years. Tonight, we have with us on the call, Kathy Perez and she is the head of Global Patient Advocacy at argenx. She's been in the biopharmaceutical industry for over 30 years, working with healthcare professionals, and patients to ensure access to medicines for rare diseases and Oncology patients. Kathy was one of the the first U.S. staff hired by argenx and has been with the company for two years during which time she has worked closely with the IPPF staff and volunteers. John Holtz is the Associate Medical Affairs Director for Dermatology at argenx. He received his PhD in physical chemistry in 1997 and MBA in 1998 from the University of Pittsburgh. He has worked in big pharma and biotech focusing on immunology from autoimmune diseases to allergy for over 20 years. He is currently managing the scientific platform and Medical Affairs functions for pemphigus and other autoimmune skin diseases at argenx. Now, before we get going, I would like to share my screen with you and talk a little housekeeping… (REVIEWS HOUSEKEEPING SLIDES).

Becky: So before I pass this over to Kathy and John, let's do one more poll. Have you experienced a relapse of your pemphigus in the last two years? It looks like about 38% have had a relapse in the past couple of years. So thank you for taking a few minutes out and answering our poll questions. So now, Kathy and John, we are ready for you to present to us.

Kathy: I'll start and introduce myself. I'm Kathy Perez, and it's really nice to be here with you. We wanted to say thank you as we get started for your time this evening. We know how important the patient is and how important the patient community is, especially in this area of pemphigus. The last time I was with all of you was in 2019 and we were at a live meeting and that was so exciting and we can't wait to get back to being able to do that. But since that time, I wanted to share with you that we had the opportunity last spring to meet with a group that Becky, Marc and Kevin helped us convene to talk about this particular clinical trial. We met with pemphigus patients to hear what they thought was important in considering a clinical trial and

they really were extremely helpful. I think when John speaks about this, you'll hear that there's some very unique factors. One of them is that this is a single subcutaneous injection that we're studying. The patients that we had the chance to speak to gave us some very good feedback about that. They also helped us think about, how do we manage a clinical trial in the COVID environment? That was incredibly helpful, as we think about things like home care and virtual visits and how does that impact this patient population? So a huge thank you to all of you for being here this evening, but also to you and your fellow patients who have given us feedback and made this study possible. This is a study you all helped design and I'll let John share the rest of it with you.

John: Thank you, Kathy. I'd like to reiterate what Kathy just said, that we really appreciate your presence here tonight. We appreciate all that the IPPF has done in helping us design this trial and we are really happy to be able to share this information with you this evening. So this evening, I would like to go through a few things. I'd like to talk a little bit about the company argenx, a little bit about our understanding of pemphigus vulgaris and pemphigus foliaceus so we are on the same page. We would like to talk a little bit about the investigational study drug Efgartigimod, a little bit about the ADDRESS study, and then tell you how to get more information. I'd like to note here that Efgartigimod subcutaneous, is an investigational study drug and has not been approved for anything yet. It's being studied in multiple disease states, and we'll tell you a little bit more about that as we go through here.

John: So to talk a little bit about argenx, we are a company that develops drugs for immune conditions. We base our work on three pillars. We want to listen to patients. We want to listen to their supporters, the advocacy communities, the caregivers. We want to hear your story so we can share your determination.Then as Kathy was explaining, we integrate your feedback into what we do. How we conduct our research and design our trials and how we can support you in the kind of daily struggles that you have living with these rare diseases. There's a common purpose across argenx, we see your resilience and we look at that as an opportunity to partner with you and we're proud to do so.

John: To tell you a little bit about our understanding of pemphigus vulgaris and pemphigus foliaceus to make sure everyone is on the same page here as far as what we're talking about and what we're trying to do. So pemphigus vulgaris and pemphigus foliaceus are rare and severe autoimmune diseases. Antibodies in the skin attack proteins that hold the skin cells together and by loosening those bonds, they cause blistering of the skin. I'm sure you've been hearing and talking about antibodies with respect to the COVID vaccines. Your immune system has specific cells, B cells and plasma cells that produce antibodies to help fight off harmful invaders of various kinds. But in pemphigus, something goes a little bit wrong and the body produces antibodies that recognize parts of yourself and think they're non-self or think they're an invader and that causes the damage that causes the blistering in your skin and mucous

membranes. Now, pemphigus vulgaris typically presents with blisters in the skin and possibly in the mouth, and it's the most common type of pemphigus. It typically causes weight loss if it manifests in the mucous membranes because of difficulty swallowing. Pemphigus foliaceus is confined to the skin, the scalp, the face, and the torso and doesn't affect the mucous membranes in the mouth or the eyes.

John: Now looking at what happens here, you have your skin cells held together by this network of proteins and when your body produces these pathogenic antibodies, the antibodies to cause disease, these are not the same antibodies that fight off invaders, those have a different recognition piece on the antibody that recognizes the invader. Here, the recognition piece binds to the desmoglein, those proteins that help the skin cells stick together and loosens them. This results in blistering of the skin with erosions of the mucous membranes.

John: Efgartigimod is our investigational study drug and it's being evaluated to treat severe autoimmune diseases, where there's a confirmed presence of a specific type of immunoglobulin, specific type of antibody. There are various subtypes that are denoted by letters. The type that generally causes the problem in pemphigus is IgG. These IgG auto antibodies also appear in other diseases and Efgartigimod is being looked at against multiple diseases where IgG plays a bad guy in the disease. We are currently investigating in Phase III the effect of Efgartigimod on pemphigus.

John: So to talk a little bit about the ADDRESS study, it's a global study. So we're looking to be in about 100 countries. It's designed to assess how effective and safe the investigational study drug is, the Efgartigimod, subcutaneous injection. It's being compared to placebo and I'll talk a little bit about the split between placebo in a few slides, and how we're going to take care of you if you happen to be assigned to the placebo arm. All participants, regardless of treatment, will receive oral prednisone so you will get an active drug to control the disease no matter whether you're in the placebo or in the active arm. Participants enrolled in the studies will be randomly assigned by computer, either to the Efgartigimod subcutaneous group or the placebo group and if all criteria are met at the conclusion of the study, you'll be given the opportunity to join an open label study. Open label means that you will get Efgartigimod and you will know that. Everybody knows that and it's not blinded in any way. This study will go on for up to 60 weeks and help us assess the long term effects of Efgartigimod on pemphigus.

John: So why should you consider participating in the ADDRESS study? If we want new drugs to enter the space in pemphigus, the evaluation of these potential treatments requires clinical research studies and they rely on eligible patients participating. Participating in the study will help us, the investigators, to evaluate potential treatment options. We're also contributing to medical research into a body of knowledge. Every time we do a study, whether it's for a specific

drug or not, we learn something about the disease and we advance knowledge a little bit farther. So that's why we would ask you to consider participating in the ADDRESS study.

John: So some of the eligibility requirements for this study and in this way I want to introduce what are called inclusion and exclusion criteria, what we would like patients to have to include them in the study, and what things would give us a reason to say, we're not going to take this particular person, for whatever reason. You have to be over the age of 18, we're not taking anyone under the age of 18 for this. Let's have a clinical diagnosis of pemphigus vulgaris or pemphigus foliaceus, those are pretty common sense. No known reactions to oral prednisone because prednisone is the treatment that we're giving to both the placebo and active arms, we can't take in any one who has any severe reactions. You can't have been diagnosed with another significant or serious disease. We're looking for safety here and those kinds of diseases will interfere with our evaluation of whether the drug is causing something. We ask that you not have recently undergone or planned a major surgery during the trial. We're not taking in pregnant or lactating women and there are a few additional eligibility criteria. The big one for relapsing patients is that we ask that it be within 4 years of the onset of symptoms, not of diagnosis but the onset of symptoms. When you first entered the medical system, went to a doctor, whether it be your PCP or your dentist or whomever, and said hey something's wrong. Generally, we know it takes about a year to get a good diagnosis. So in general, patients are going to be within 3 years of definitive diagnosis. So that's the big one, as far as exclusion criteria go.

John: What can you expect during the ADDRESS study? We're looking for informed consent. You will be given information that tells you exactly what's going to happen in the trial and exactly how you're going to be treated so that you completely understand what we're asking of you. You'll undergo screening to make sure that you're eligible and that you're on a stable dose of prednisone. You'll be randomized, and it's a 2 to 1 randomization. 2/3 of the patients will be assigned to the active arm, 1/3 to the placebo arm. You'll have visits and procedures during the trial. The double blind placebo controlled portion of the trial will last up to 30 weeks, and then it will be a follow up after the last visit where the drug is administered, we will follow up to make sure everything is okay for another 8 weeks.

John: Informed consent, this will explain the purpose of the study, visits and procedures, the risks and benefit, confidentiality, and information on how to withdraw from the study if you decide this isn't for you. Looking at the study design, after screening, you'll be assigned to one of the two arms. If you're assigned to the active arm, you will get weekly injections of Efgartigimod. The first two injections will be 2000 milligrams. After that, it would be 1,000 milligrams per week as you move through the study. At the end of the 30 weeks if you are still continuing you will be given the option to what we call, rollover, to enroll into the open label study for another 60 weeks of treatment. The placebo patients will not have received

Efgartigimod during those 30 weeks but at the end of the study, they will be given the option to rollover into the study. If the steroids did not work for the placebo patient, there will be an option to rollover into the Open Label study early and I'll talk about that in a little bit. What we're looking for is complete clinical remission, so clearing up of the disease according to the international guidelines. And then at that point, we're going to titrate the steroids down to 10 milligrams per day, a total of 10 milligrams per day. If you can hold for 8 weeks at that point, we will withdraw Efgartigimod, we will withdraw the active study drug, and we will begin to taper down steroids to nothing, and hopefully you can hold that and we will have patients who achieve this state of what we call CR zero, or clinical remission with nothing, no drugs administered at all. But we need to evaluate how well the drug works in order to get to that point. We'll also be looking at physical exams and vital signs. The measure is the Pemphigus Disease Activity Index, which is a standard disease activity score. We will also be administering some blood tests and pregnancy tests.

John: Randomization. So eligible patients, once you get through the screening period, are randomly assigned. Two out of every three go on the investigational study drug, one out of three gets the placebo. You will receive oral prednisone no matter which arm you're on or an equivalent such as prednisolone. The study is blinded, so you won't know and your doctor won't know which treatment you are receiving.

John: The visits and procedures. We will ask health questions, physical examinations, blood and urine tests, the disease severity assessment, weekly administration of either the investigational study drug or the placebo. And after week seven, depending on some other factors, you have the potential for having a home health care nurse minister the drug at home. The ADDRESS studies up to 41 weeks, now what's that 41 weeks? It's the 3 weeks of screening where you're not receiving drug, the 30 weeks on active drug, and then the 8 weeks of follow up. So that if you do not choose to enroll in the Open Label extension study. The 8 weeks for follow-up that's mentioned on this slide is a treatment-free follow-up which will occur at the end of the active part of the study if you choose not to rollover. If you choose to rollover, that will occur at the end of the open label portion of the study, which would last for another 60 weeks.

John: Can you withdraw from the clinical stuff trial after you started? Of course, you can. Clinical trials are not for everyone. Individual drugs are not for everyone. If you're taking part in a clinical research study, it's entirely voluntary. You can withdraw at any time, for any reason, and the standard of care by your primary doctor will not change. We really want you to be comfortable taking this drug and participating in this study. So this is an important slide. If at any point you feel that this isn't for you, feel free to withdraw.

John: We do not provide compensation for this trial. You will get the investigational study drug, the tests and exams, and all the medical care related to the study is paid for. However, we will compensate for reasonable travel expenses incurred as a result of taking part in the study because we only have 20 study sites in the United States and we realized that you may have to travel a bit to get to those centers.

John: As for COVID-19, we understand that during the pandemic it may not be possible to perform all the assessments so we have a way to assess and get information from the trial even if there isn't an opportunity where you're not able to get to the study site. So we're able to collect some data. At all the sites, we will make sure that they have the proper PPE and can maintain the proper distancing and take all the safety precautions that are appropriate during this pandemic.

John: So how to learn more for more? For information about the study, we have some information on argenx.com. The study website is called addresspemphigusstudy.com. If you go on there, there's a section where you can go see where the study sites are.There's a map and you can tell it to look within 100 miles, 200 miles, etc., to see what the nearest study site to you is. They'll be color coded, so the ones that are already up and running and taking in patients will be green and the ones that are still in the process of getting ready to take patients, will be in red. You can contact the sites directly, or you can enter your information into the website in order to get an idea of if you're eligible. You can also look us up there at these addresses on clinical trials.gov. We are registered and ready to go with clinical trials.gov. So, thank you for your attention. I know I glossed over a bunch of stuff but I'm happy to take questions at this point and answer anything that I might have missed or anything else that you're interested in hearing.

Becky: Great, thank you so much John and Kathy. That was really wonderful and gave us a good overview of what the ADDRESS study is. We had a couple questions come in. Can you tell us what a drug study is, and what the difference between a study and a trial is? A lot of our community have heard both of those terms so if you could help us figure out what these mean.

John: They're pretty much used interchangeably within the drug industry, because we're studying drugs. In general, a study could also be the sorts of things where you're just observing to see the natural history of the disease. You're not introducing an intervention, you're not changing anything in the way the patient is living their life, and you're not introducing a pharmaceutical to it, you're just observing. So, that could be a study. You can study a drug, but we also talk about a clinical trial because we're looking at and we're trying this drug, we're trying the evidence for this drug basically. So, within the pharma industry, you'll hear those used

interchangeably. Sometimes when academics use it, they mean they're not introducing an intervention.

Becky: Great, thank you. You had mentioned that this is a phase III trial, what does that mean and what do the different phases stand for and what are you looking for in each of those?

John: Sure, so let me take you a little bit through the drug development process. Originally you get an idea and you want to know, can we make a molecule, a chemical that hits the target, the biological target. Once we do that, we then take it into what we call pre-clinical. That means we look at it in various animal models. We want to see some signs for safety. The FDA has a whole host of things that we have to do such as testing on different species of animals because nothing exactly matches humans and there's different models. When we get through that, then we take it into phase I, which is a small study in healthy volunteers and people who don't have the disease, to make sure that we saw all the safety signals we thought we did and nothing shows up in humans. So we give small amounts for very short amounts of time, and then we gradually increase that, that's phase I of a trial. Phase II, we now take it to patients, people who have the disease. Then in a small number of patients, and we try to figure out, we have an idea of what the dose might be, but we try to figure out what the dose is and get an idea of the safety and efficacy. In this phase we're looking for how well it works. The reason, in this company we don’t talk about phase II results. I've been in this business for over 20 years and I've seen a lot of phase II that looked really good but did not pan out in phase III. We don't want to raise your hopes. We don't want to indicate to you that these phase II results really mean anything. They mean something scientifically, they mean we have confidence to go on. So we passed our phase II, we have confidence to go on. But I don't talk about the results because I am certain, whatever those results are, phase III results are going to be different and the phase III results are what counts and what we should look at. Phase III, once we've got the dosing set and everything else is ready from phase II, we then take it into a large number of patients which as you see, in phase I we already figured out what our dose should be. In phase III then we use it for a long time in a large number of patients to ascertain both safety and how well it is going to work.Then there is also a phase IV, so once the FDA approves it, we're still going to look at more safety and look at it for a longer term. And those are generally referred to as phase IV studies. They're not part of what we call registration. They're not required for approval, but they are required post approval to make sure that the safety signals we got, we still have confidence in.

Becky: Great. Thank you so much. That's really helpful to help us understand where this is in the process. Can you also explain why it's important for the IPPF community to participate in research and to be involved and to volunteer for a study like the ADDRESS study?

John: Certainly. We all depend, no matter whether it's for a drug trial or whether it's a study from an academic, we depend on research volunteers to step into these studies. You're providing data for the entire community, for the scientific community, to understand the disease and for your fellow patients, so that when they go to the doctor, the doctor has more information, more idea of how drugs work, and whether they work, and whether it's appropriate or not. Not every drug is appropriate for every patient. And the more people we have volunteering for studies the more we understand. Your diseases are heterogeneous, your genetics are heterogeneous. All of those things play a role in medicines because of that. We bring it a little closer to being a science with each clinical trial that people volunteer for.

Becky: Great, thank you. We had a question come in, and I think you covered it briefly, but is travel reimbursement available at a clinical trial site that is distant from where I live?

John: Absolutely. Please go to the website or talk to the site. We can get more information for you on that for your specific case.

Becky: Great. Carolyn had a question, and she just asked, did I hear that you have to be within three years of diagnosis to be eligible for this trial?

John: Generally. So, I use that as a rule of thumb. If you were diagnosed quickly, it could be a little longer than that, but we're asking that you be within four years of the time that the symptoms first appeared. So as I said, we understand that most people take a while to get diagnosed because you may be misdiagnosed and you have to work your way through the healthcare system. So it takes a little while to get that diagnosis. We're not starting the clock at diagnosis, we're starting the clock at when did the symptoms first appear and that’s four years from then.

Becky: Great, thank you. COVID is a big topic and I know you mentioned that you're making sure that each of the sites are COVID compliant and keeping our patients and our community safe. But how does COVID affect a clinical trial like this? And do you require patients to get their COVID vaccine before starting the trial?

John: We highly recommend it. We aren't requiring it. One of the exclusion criteria is that we do not want you to have had a live vaccine within a couple of months of entering the trial. Efgartigimod reduces, it doesn't eliminate but it reduces, the amount of circulating IgG. So we're monitoring safety in terms of infection because of that. We recommend that you get your COVID vaccine before the trial but we're allowing people to be vaccinated with non-live

vaccines, so vaccines that aren't a weakened version of a real virus. The M-RNA vaccine is simply a protein, well it's an RNA, a nucleic acid, that generates a protein. It is not a live virus in any way. So we're not considering those to be exclusion criteria. You can get vaccinated during the trial. We have a little bit of data on how this interacts with vaccines, but because you're lowering your IgG response, we feel it's a better idea to be vaccinated before you enter the trial rather than the after. But if you haven't had the chance, and you want to enter the trial, and you get the chance to get a COVID vaccine after you've entered the trial, it is permissible to do so.

Becky: That's great news because I know some of us are a little reluctant right now and we're still looking for data on how it's gonna react in patients with pemphigus and pemphigoid. So that's very helpful. Another question came in, and it's asking if Efgartigimod works in other autoimmune diseases? And if it's been already approved or studied in those areas as well?

John: It has been studied, it has been in phase III in my Myasthenia Gravis. We're looking at other indications as well. In general, the way these pathogenic autoantibodies work is that your body is supposed to screen out cells that make antibodies that react to your own tissue. In some people, for some reason, that process gets broken and you make antibodies that mistake yourself or non-self. The way that particularly manifests depends on a lot of factors, genetics, environment, some things we don't even understand. So the IgGs can go wrong and attack the nerves, they can attack platelets, they can attack the skin membrane itself by attacking those proteins that hold the skin cells together. Which kind of autoimmune disease you have is sort of an individual journey, genetically and environmentally and Efgartigimod because it gets at the IgG, that pathogenic anybody, it can work in multiple autoimmune diseases. And the benefit for you is, we will get safety data from those other diseases and we'll be able to feed that back and say, watch out for this or, yeah, we thought this might be a problem but it's not. We're looking for all those sorts of things by pooling the safety data together from all of those indications.

Becky: Great. Thank you. Going back to COVID real quick, how does this drug affect COVID and the reaction to the IgG response, as compared to a drug, like Rituximab?

John: I can't say, it's not been studied. so the short answer is I don't know. There is caution. Let me stick to just Efgartigimod, I don't want to talk about other drugs. Let me stick to Efgartigimod. There is a reduction in circulating IgG. So the way Efgartigimod works is it does not interfere with the production of antibodies. It does not interfere with the production of IgG but IgG has what we call a long half-life, it circulates for a long time because antibodies are recycled. As they circulate through the blood, they're grabbed by certain cells pulled in, and they're broken apart into constituent parts so they're not floating around all the time. IgG is a special antibody and there's a little pocket that fits into the other cells that protects it from getting degraded. So it's pulled in and then it's spit back out, so it circulates and long time.

Efgartigimod blocks that pocket, so the IgG gets degraded so it's level drops but you're still making new IgG. The amount that it drops by is between 50 and 75% reduction in IgG. You still make it but you're reducing the IgG significantly. So there is a concern that you are not going to respond as well to vaccines and be able to mount an efficient defense against infection. So that's why we're monitoring the safety very carefully. We can't say anything at this point because we haven't gathered enough data about how you'd respond, if you've got the COVID vaccine during the trial but we would monitor you very carefully.

Becky: That's a great answer. Thank you John. You had mentioned that Efgartigimod is given subcutaneously through an injection. Where are the injection sites or is that only can it be given in one place? Or can we give it in a few other places?

John: It's given in the abdomen. We can move around there but this injection is fairly large. It's about six milliliters of fluid, which is why we've included that enhancer that helps it get into the body through the skin. And that's the other reason why we're not allowing you to inject yourself for a while. We need to get an idea of how it's responding and so forth. So there will be a medical professional administering it.

Becky: Great. Thank you. You might have mentioned it during the presentation and I could have missed it, how often are people getting the injections?

John: Once per week.

Becky: Great. Another question has come in, how long are people taking to see results when they've been given this drug?

John: This gets into phase II and I don't want to talk about that. I don't know what we're going to see in phase III. We are hoping that this will be a rapid onset, but that's why we were running the phase III trial to find that out.

Becky: Great. Thank you. I know a lot in our community have had some pretty serious side effects, taking the prednisone. How long does somebody need to take prednisone with this medication?

John: That kind of brings up how we're taking care of you on the placebo arm. So let me take you through what a patient would experience coming in. So you would start the trial at 0.5 milligrams per kilogram per day. What we're looking for is that you start to get disease control. If you can get things under control, then we start to get clinical remission, no new blisters are appearing and your blisters are starting to heal, then we're going to start tapering down that prednisone. Let's say you're in the placebo arm and you don't respond to that 0.5 milligram per kilogram per day, we'll move that up to 1 milligram per kilogram per day. So if you are 145 pounds or so you're about 70 kilograms, so that would be 70 milligrams of prednisone for you. Same thing, we'll watch for three weeks and if you don't get under control, then we move you up to 1.5 milligrams per kilogram, which is the maximum dose. So if you were 70 kilograms, 145 pounds, you'll be getting about 100 milligrams of prednisone per day. We will hold you there for three weeks. If you still don't show any signs of improvement, you're done. You've fulfilled your obligation in the double blind portion of the trial and we immediately give you the choice, you can stop the trial and go try to find something else or you can enter the open label at that point and know that you're getting Efgartigamod. So, it varies depending on your clinical response. I can't give you a definitive answer, like how long you'll be on it but once you get to clinical remission, we start to taper. The design is to start to taper off the steroids because we know that is a goal for both you and us.

Becky: That's great information, and it's really nice too, that even if you're ending up in the placebo arm and you're not getting control, that there's a chance, that fairly quickly it sounds like, you'll move us over to the study drugs. So, that's really an amazing feature of your design as well. Our next question asks about personal information. How is patient's personal information collected and protected when you're participating in a study like the ADDRESS study?

John: This is a blinded trial. We do not get personal information. Everything that's given to us from the sites is blinded. We don't want to know who you are. We want to know what your condition was, what your medical history was. We don't want to know who it was that provided this information. The laws in Europe are even stricter, and in general we're following the strictest laws in the world as far as protecting your data and protecting the electronic means by which that data is stored and it's not shared.

Becky: Great, thank you so much. Another question is, what is done during the screening to see if I'm eligible to participate in the trial? How severe does my disease need to be in order to participate?

John: The FDA gives us permission to market this for a certain type of patient and what we're looking for here is moderate to severe. Now, that has a definition. I'm not sure what it means to

you, because to everyone, moderate has a different definition. So we're using the international consensus, the Pemphigus Disease Activity Index and it has a numerical rank associated with. We're looking for a PDAI of 15 or greater. So your physician will assess the amount of involvement that you have. If you reach that point, you're moderate and you are eligible for the trial. If you don't reach that point, you're not eligible.

Becky: Great, thank you. Cathy is asking this question, “I am currently taking another medication for my disease, can I still participate or do I need to wait a certain amount of time after stopping this medicine to participate in the trial?”

John: It depends on what that medication is, how long you have to wait. So if you are taking one of the standard medications, such as Azathioprine for instance, or MMF known as Cellcept, you can take that up to the day that you start the trial. If you're taking IVIg or some other nonstandard immunomodulators, immunosuppressants, then we asked for a two month wash out. The big one is Rituximab, we ask you to be at least six months since your last infusion. It takes most people about six months to regenerate the CD20 cells. So you can participate if you've had Rituximab in the past, it just has to be six months or more since your last infusion.

Becky: That's really good information. Thank you for sharing that. I know when we had been talking about this and leading up to the webinar, you had mentioned that you're looking for our international community to be involved, too. Are you willing to share the information about how many patients that you're looking for and how many countries around the world?

John: We're looking for 150 patients. We have 100 sites around the world. We have begun recruiting patients in Europe, we have sites in western and eastern Europe. We have sites in Japan, Australia and in the United States. Will have 20 sites roughly, in the United States spread around the country. We've kind of tried to concentrate in the places where we know most of the pemphigus patients live. So there are sites around the country here.

Becky: Great, thank you so much. Then how can our international community find those sites?

John: You can contact argenx directly and we can give you the information to find the local clinical sites.

Becky: Great, thank you.

Kathy: Becky, I was just going to say, they can email medinfo@argenx.com and ask that question, or they can look at clinicaltrials.gov. I think that would be two places.

Becky: Great information, thank you both. Another question has come in, and they're asking if they will work with their primary care doctor or only the investigators that are being part of this trial?

John: The primary care doctor will not be involved in the trial. However, anyone that you deem appropriate to participate in your medical care should be involved in your medical care. And you should inform those physicians who are part of your care team, who are no not involved in the trial that you are in a clinical trial. They may request that you give them some of the information so they know what's happening, what interventions are being used. I think it's a good idea to let all of your physician's know that you're participating in a clinical trial.

Becky: Thank you. Todd is asking, is any psychological support being included in the clinical trial, especially if this medicine doesn't work for me?

John: We have not included any of that. During the clinical trial, we are assessing quality of life. If there are certain instruments that sort of let people know how you're doing in a way that's reproducible, then we can see that people have trouble with this in their life or have an issue with mental issues. We will be measuring that but we're not providing any sort of mental health support.

Becky: Thank you. Scott asks, doesn't matter if I have oral or mucous membrane lesions or if I just have skin lesions? For the longest time, I only had oral lesions but now I'm starting to develop lesions on my skin.

John: So that the Pemphigus Disease Activity index looks at both mucosal involvement and skin involvement. You can qualify for this trial through just the mucosal involvement as long as your PDAI is 15 or greater. It's a little easier to qualify if you have both mucus and skin involvement because all of that adds up. So you have to be probably a little more severe in the mucus if you have no skin involvement at all. But, it doesn't matter as long as you get to that 15 on the PDAI and it measures then you will be eligible for the trial.

Becky: Great, how closely will I be monitored during this study and is it possible to be monitored virtually?

John: We will have virtual monitoring as early as week 7 depending on how you're responding. There will be virtual visits, so you don't have to show up every week. We'll have the home health care organization that we've contracted with, will come and administer the drug, they'll do all the safety checks, take your vitals, those sorts of things. Then you'll be required to come in once a month to the site, just to make sure that everything's okay and we get the second pair of eyes from the investigator on you. But, it is possible to do a number of these visits if you're responding enough from home.

Becky: Great, thank you. Our next question comes from Virginia and she is asking, who do I contact if I have a side effect while taking the study drug?

John: Immediately contact the investigator. This is their job to report these to us. We need to know right away. We would like to know within a day, preferably less if this happens. So immediately contact your investigator. If it's a remote site, you should probably also talk to your health care team that's in the immediate area where you live. But definitely immediately report it, and they will give you contact information and instructions.

Becky: Great. Thank you. Can you be in remission to join this study?

No, in order to enter at the point of entry, you must have a pemphigus disease activity index score of 15, or greater, which is moderate. It's the lowest end of moderate, but you have to have some disease activity.

Becky: Thank you. Our next question, Robert is asking, how long is your recruitment window?

John: We're recruiting until December. So, we have roughly a little more than six months to recruit. We have 100 sites globally, and we're looking for 150 patients, with 20 sites in the US. We would like in those six months to recruit 30 or so patients.

Becky: And they can find that on the ADDRESS study website as well, correct?

John: That is correct.

Becky: Perfect. What are my responsibilities during this study? How often will I need to meet with that investigator or the doctor who's participating in the trial with me?

John: Just your weekly visits, to take all of the safety data and to do the disease activity index measurement. And as I said, if you're responding well enough, then looking at the home health care nurse to be doing those on the off visits. You would be responsible for coming in once a month.

Becky: Then, can you kind of talk us through the length of time? If I decide today that I would like to participate in this study and I go to your website and I believe on the ADDRESS study site that there is a request form that we can participate. How long until somebody gets back to me and I get connected with a researcher? And how long is the enrollment process and how long until I get the drug from there? Can you kind of walk us through some of that? I'm sure that there's some flexibility and there's a whole lot of variables in that. We won't hold you to it but a rough guess?

John: We eagerly awaiting patients in the United States. So if you enter your data and say you're interested, you're going to get a response fairly rapidly. But, once that has happened and you get in contact that will take some time and I can't really predict how long it takes for you to get in contact with the site and get your appointments scheduled. Hopefully, that will be rather smooth and rapid. At that point, I can tell you how things are going. So, we have the screening period, it's up to three weeks. If you're fairly recent with your diagnosis, all your tests are up to date, we will do 1 test, 1 blood test the ELISA and get you ready to go get your prednisone stable and get you up to the 0.5 milligram per kilograms per day and start you. So that's 1 to 3 weeks, could be one week, could be three weeks, it just depends on your particular situation. Then it's 30 weeks of the study. If you make it all the way through the study, and let's say you're not as I was describing, if you fail to respond at the highest dose of prednisone for three weeks, you get the option to go into Open Label study. But let's say if things go smoothly, then you would go through the entire 30 weeks of the study. At that point, we would ask that you come back a couple of times over the eight week period to monitor your safety, if you decide that you are done. And that's a perfectly rational thing to do. If you decide, I want to keep going and if I know for whatever reason you want to stay under this care and you get the option to take Efgartigamod again, then you can enroll in that Open Label study that will last for another 60 weeks. So, we're talking about if you do that, then you would have your 3 weeks upfront, you're 30 weeks, now you're 60 weeks. That's 90 weeks, almost two years. Then, at the end of that 90 weeks, you would have the 8 weeks study period where you will be off drug. Then that would

be the end of the term for that part of the study. So, it really depends on what you decide your options are as you go through the study, whether you enroll in the Open Label.

Kathy: I would like to throw in there though, yes, it's 60 weeks and that's written so that we've got those things in the protocol. But if the study is positive and the data looks good, depending on what we do with the FDA we have not taken any of our MG patients off the study. So those that were receiving drug and getting benefit have continued to get that, well past the initial time that we set. COVID has done lots of things and made things unpredictable. I want to reassure the patient community that if they're getting benefit from the drug, as long as the data continues to be positive, then argenx is committed to providing that.

John: Thank you, Kathy. Yes. That would not be part of the study period but you would have access to that.

Becky: That's amazing. That's really a very nice thing. So thank you. Joel wrote in, will I have the ability to talk or meet with other people who are participating in the study as well?

John: This is a blinded trial. We generally don't encourage that either, because it causes us problems with blinding. People start to figure out perhaps, I think this is the sign of being on a placebo and it. We've seen people form Facebook groups where they know they're in the study and they talk to each other. We're not going to stop you from doing that, but we aren't going to encourage you. And certainly, we value your privacy, so we're going to share patient info with anyone else you're going to have to go search that out yourself.

Becky: Great, thank you. Would you mind reiterating just one more time the ADDRESS website for us?

John: Sure, it's Pemphigus Study: ADDRESS Clinical Trial.

Becky: Perfect.

Kathy: I was going to say before you wrap up, I just wanted to say a couple of things. Are there a couple more questions?

Becky: There are a couple more questions. At the end of the trial, will I find out what you have found out by being in this trial? How does that work? Do I ever find out what you learned from me in this trial?

John: You will be blinded but you will know because you will have your PDAI scores. You have access to all of those things that we measured for you. We're not going to release the information, like how you fit into the study because we don't know. We don't know what data was yours, it's blinded to us, it's anonymized. What we will release because we're part of clinicaltrials.gov, we commit to whether the study is positive or negative to releasing the data and publishing it. So you will learn what we learned in the aggregate from all the patients, including your data, from what we publish. And we encourage you to take a look at that, clinicaltrials.gov, or ask your principal investigator, the person that you go to for the study, or your physicians to look up the paper and help walk you through it.

Kathy: And where I've seen a lot of this information reported out is also at IPPF Patient Meetings, where the experts are talking about recent clinical data that's become available and sharing it with the patient community. So that is probably one of the best places.

Becky: Thank you for pointing that out, too. If you've been to our meetings, the doctors do break it down, so it's not just medical terms, that it's easily digestible for most of us. So, thank you for pointing that out. One last question. If this drug gets approved, will there be any assistance programs through argenx to be able to help? Because many times when drugs are new and they are for rare diseases our insurance companies don't really pick up real quickly and add them to their formulary. So, are there plans? I'm sure it's pretty preliminary at this point, but would there be any assistance programs to help patients with any co-pays?

Kathy: I can take that one. Absolutely, if we get that far. I can assure you that right now, for the Myasthenia Gravis review that's going on with the FDA in preparation for that, we're planning for a full patient support program and we would continue to do that for any additional indications that we might get.

Becky: Great. Thank you so much. I know you guys had a couple of other questions. Do you mind if we launch one of the poll questions now?

John: Yes, please.

Becky: So if you qualify for this study, after hearing the information that you heard tonight, let us know how likely that you would be to participate in this study. It looks like about 50% of our listeners would be somewhat likely, and 25%, very likely to hop on the study. Just once again, I just wanted to make sure everybody has the website. So if they're interested in learning more, if you wouldn't mind just sharing with us the website again, so people can get more information or learn how to contact a clinical site.

John: addresspemphigusstudy.com

Becky: Great. Thank you. And now, just to keep everybody on their toes, we're going to launch one last poll. If you've had a relapse, how was your disease treated? If you could just let us know that. And Kathy and John, I just want to thank you so much for being on tonight's webinar with us and for sharing so much great information about the ADDRESS study.

John: Thank you Becky.

Becky: I'd also like to thank everyone for joining us on this call and a big thank you to our sponsors, Genentech, Principia Biopharma, a Sanofi Company, of course argenx and Cabaletta Bio for making today's call possible. If you would like more information, and this is going to, our state side, as well as our international support group leaders. Before the call, Kathy and John graciously agreed to share a similar presentation with your support groups or your international groups at an upcoming meeting. So please contact me and I can get you in contact with John and Kathy to be able to make that happen for your groups. In the last question that we asked, about 33% of the people had steroids alone, 11% used steroids plus an oral drug, about 33% had Rituximab with or without steroids, 22% used IVIg with or without steroids. So, thank you all for participating in our surveys tonight and participating in our webinars. Before we go, I do have a few announcements. Our next webinar will be Wednesday, June 2nd to discuss COVID-19 Updates and the COVID-19 Vaccines with Dr. Aimee Payne, Dr. Mary Tomayko and Dr. Emmanuel Maverakis, member of the IPPF's Medical Advisory Council. Registration will open soon.

Becky: Also, the IPPF has several upcoming virtual patient support groups around the country that will be meeting in the next few months. To join find a virtual support group visit our website www.pemphigus.org and click on the news and events tab. The IPPF is looking for patient advocates to represent the pemphigus and pemphigoid community during the Virtual Rare Disease Week in July. This is a great opportunity to share your story with your representatives as well as make a difference and advocate for legislation that will help pemphigus and pemphigoid patients have better access to treatments and increase funding to advance medical

research for rare disease. To find out more please email Marc Yale, the IPPF's Research and Advocacy Coordinator at marc@pemphigus.org. The IPPF and RDLA will provide training to prepare you for this event. We hope that you will consider joining us as we the more pemphigus and pemphigoid voices that are heard the more of a difference we can make, together we are strong. The IPPF has been looking towards the future and how we can continue to help you and our community. We need your help to grow our community of Healing Heroes. Healing Heroes fund the future of the IPPF community by making sustaining, monthly gifts to support our mission of improving the quality of life for all those affected by pemphigus and pemphigoid. No amount is too small, even a $5 or $10 monthly donation goes a long way and continues to allow us to provide for the greater good of our community.

Becky: If you have not registered for the IPPF's natural history study we encourage you to do so. The IPPF Natural History study is a patient registry sponsored by the National Organization for Rare Disorders (NORD) and the US Food and Drug Administration (FDA). You can register today at www.pemphigus.iamrare.org. This online data system collects, stores, and retrieves patient data for analysis in research studies. The more data we can collect, the better the information we can give to researchers, the sooner they can find better treatments, earlier diagnosis, and one day A CURE! Lastly, If you have a question that didn't get answered on the call, or have additional questions please contact one of the IPPF's Peer Health Coaches on our website by visiting: www.pemphigus.org/peer-health-coaches/ or you can call (916) 922-1298, and we would be more than happy to help. This call recording will be sent out with the survey following this call. Thank you so much and have a good night.