ANALYSIS OF THE ROCKSTAR STUDY: A PHASE 2, RANDOMIZED, MULTICENTER STUDY TO EVALUATE THE EFFICACY AND SAFETY OF BELUMOSUDIL (KD025) IN SUBJECTS WITH CGVHD

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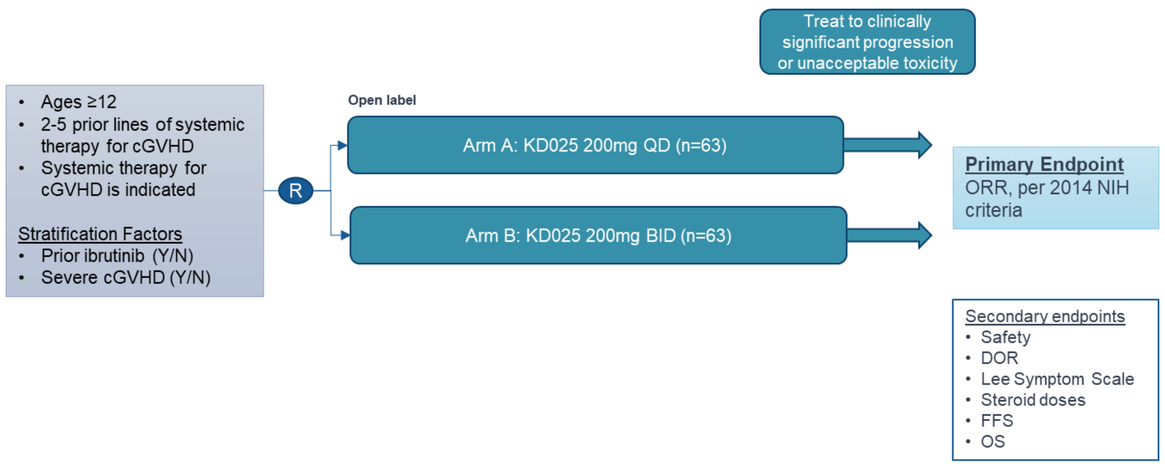
Introduction

- **cGVHD exhibits both autoimmune and fibrotic features across multiple organ systems.**
- **KD025 is an orally available Rho-associated coiled-coil kinase 2 (ROCK2) selective inhibitor.**
- **KD025 downregulates pro-inflammatory T helper 17 (Th17) cells while upregulating Treg cells, as well as decrease collagen deposition and myofibroblast formation and proliferation.**

Key Features of Study Design

- **cGVHD patients (pts) after 2-5 prior lines of therapy (LOT) were randomly assigned to KD025 200mg QD (n=66), or KD025 200mg BID (n=66), across 31 sites.**
- **Stratification: cGVHD severity and prior ibrutinib/ruxolitnib treated patients**
- **Primary endpoint: Overall response rate (ORR) per 2014 NIH response criteria, assessed by investigators. Treatment was until clinically significant progression or unacceptable toxicity**



Key Statistical Plan

- **A pre-specified interim analysis (IA) occurred 2 months after the last patient was enrolled, with the primary analysis occurring 6 months after the last patient was enrolled.**

Demographics	KD025 QD (n=66)	KD025 BID (n=66)	Overall (n=132)
Median age [years (range)]	53 (21-77)	57 (21-77)	56 (21-77)
Male (%)	64	50	57
Median prior lines of therapy	3	4	4
Median time from cGVHD diagnosis to enrollment (months)	25	30	28
* NIH Severe cGVHD [n (%)]	46 (70%)	43 (65%)	89 (67%)
Median prednisone dose (mg/kg/day)	0.17	0.22	0.18
≥4 Organs involved [n (%)]	33 (50%)	35 (53%)	68 (52%)
* Prior ibrutinib treatment	22 (33%)	23 (35%)	45 (34%)
Refractory to line prior to enrollment, excluding unknown / missing	80% (45/56)	64% (34/53)	72% (79/109)

* Stratification factor

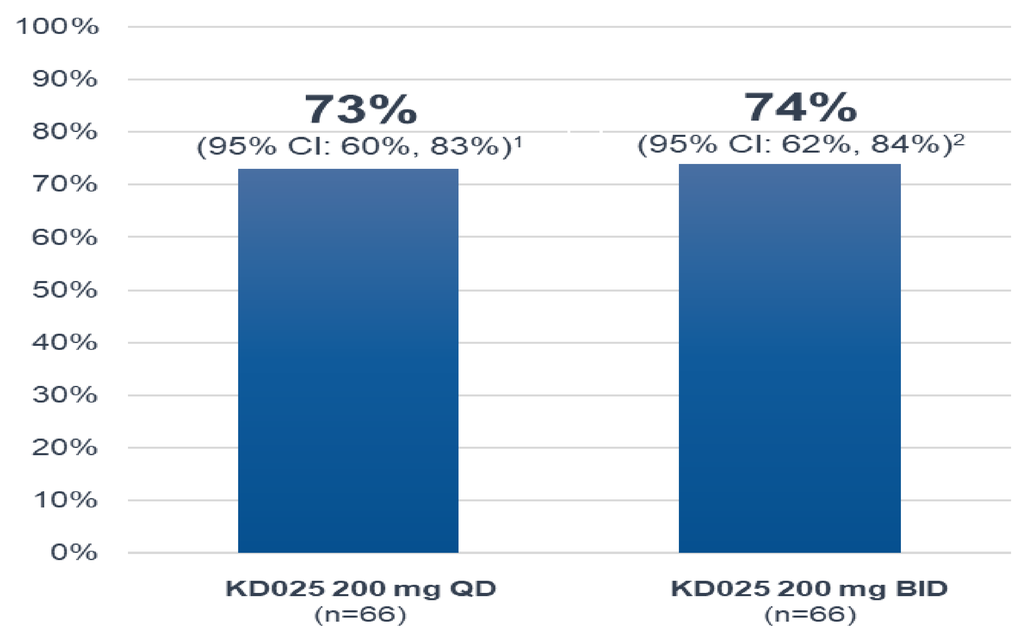
Commonly Reported AEs, n (%)	KD025 QD (n=66)	KD025 BID (n=66)
All Grade, in ≥20%		
Fatigue	26 (39)	16 (24)
Diarrhea	20 (30)	18 (27)
Nausea	17 (26)	17 (26)
Cough	19 (29)	13 (20)
Dyspnea	20 (30)	11 (17)
URTI	14 (21)	16 (24)
Liver-related investigations (SMQB)	12 (18)	16 (24)
Peripheral edema	17 (26)	11 (17)

Clinical Trial Registry: NCT03640481

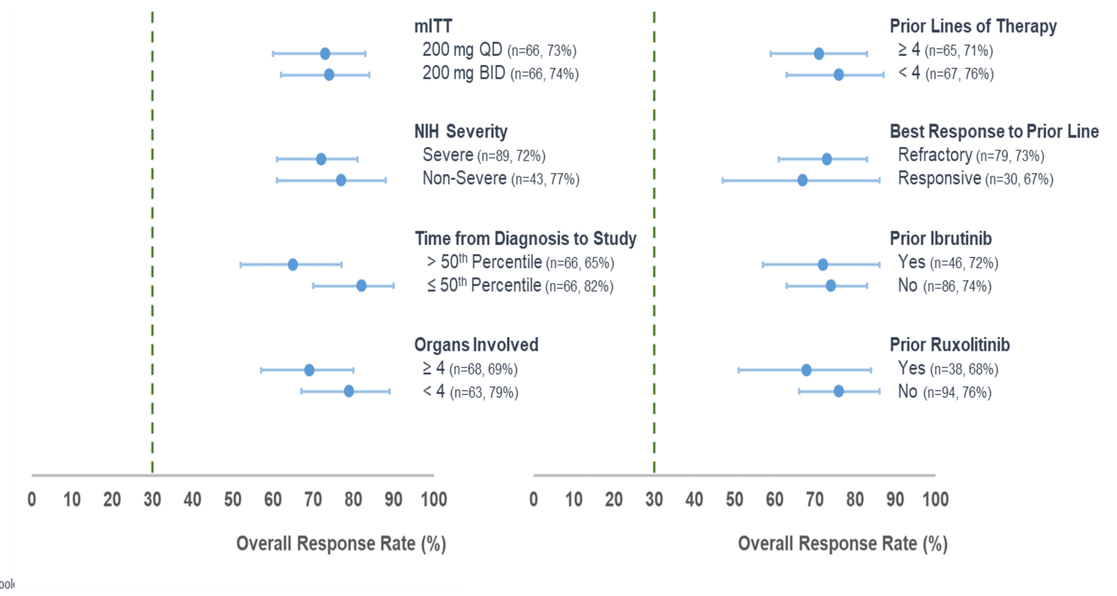
Safety Overview, n (%)	KD025 QD (n=66)	KD025 BID (n=66)	Overall (n=132)
Median duration of treatment (months)	4.5	4.2	4.3
Any Adverse Event (AE)	64 (97)	61 (92)	125 (95)
Grade 3/4 AE	23 (35)	27 (41)	50 (38)
SAE	22 (33)	15 (23)	37 (28)
Drug related AE			
Any related AE	38 (58)	28 (42)	66 (50)
Related SAE	3 (5)	1 (2)	4 (3)
On study deaths[1]	4 (6)	1 (2)	5 (4)

- **Five deaths occurred on study. 4 were considered unrelated to KD025 (QD: hemothorax post lung biopsy, aspiration pneumonia, AML relapse; BID: cardiac arrest) and 1 subject (QD) with severe nausea, diarrhea and vomiting leading to multiple organ dysfunction syndrome.**

Results



- **The ORR [95% CI] was 73% [60, 83] with KD025 QD and 74% [62, 84] with KD025 BID. Four pts achieved a complete response. Responses were consistent across key subgroups as shown below with particular attention to time from initial diagnosis to study, in prior ibrutinib/ruxolitinib treated patients, and disease severity.**



- **49% of responders have maintained responses ≥ 20 weeks, with median duration of response (DOR) not being reached at time of data analysis.**

Conclusions

- **KD025 213 study met its primary endpoint**
  - **Demonstrated ORRs of 73%-74% across QD and BID arms, respectively**
  - **Responses observed across all key subgroups**
  - **Responses observed in all affected organ systems, including in organs with fibrotic disease**
- **KD025 was well tolerated with AEs consistent with those expected in patients with cGVHD. There was no CMV infection or ractivation**
- **Additional endpoint data will be available later in 2020 including Duration of response, FFS, OS, Lee Symptom Scale (LSS) reductions, Corticosteroid dose reductions, PK and PD**