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Enclosure:

INFOGRAPHIC: Presented at: American Society of Nephrology (ASN) Annual Meeting, October 22-25, 2026; Denver, CO, USA

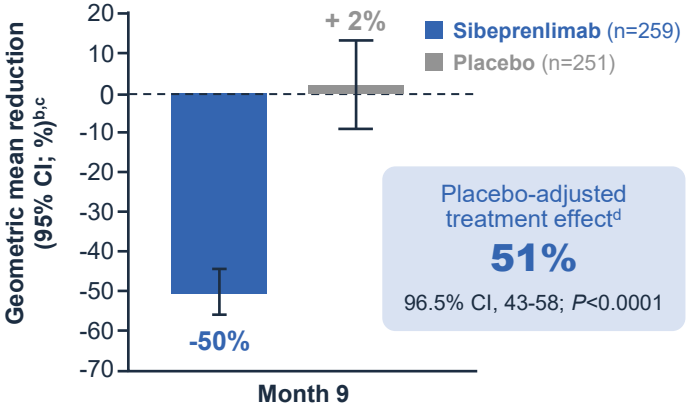
Sibeprenlimab in IgA Nephropathy: Phase 3 VISIONARY 24-Month Analysis

VISIONARY Overview

A randomized, multicenter, double-blind, placebo-controlled trial evaluating **sibeprenlimab 400 mg SC Q4W (n=259)** vs **placebo SC Q4W (n=251)** in adults with IgA nephropathy[1,a]

Prespecified Interim Analysis[1,2]

Change from baseline in uPCR-24h (g/g) at month 9



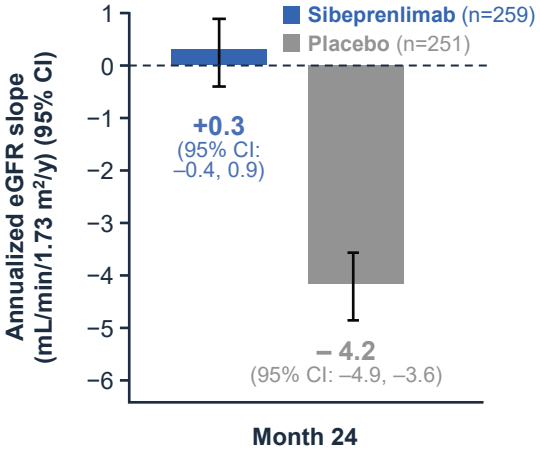
Placebo-adjusted treatment effect[d]
51%
96.5% CI, 43-58; *P*<0.0001

Adverse reactions in ≥10% of patients treated with sibeprenlimab and at a higher incidence than placebo

Percentage of patients	Sibeprenlimab (n=259)	Placebo (n=251)
Infections	49	45
Upper respiratory infection	15	14
Injection site reactions	24	23
Erythema	13	12

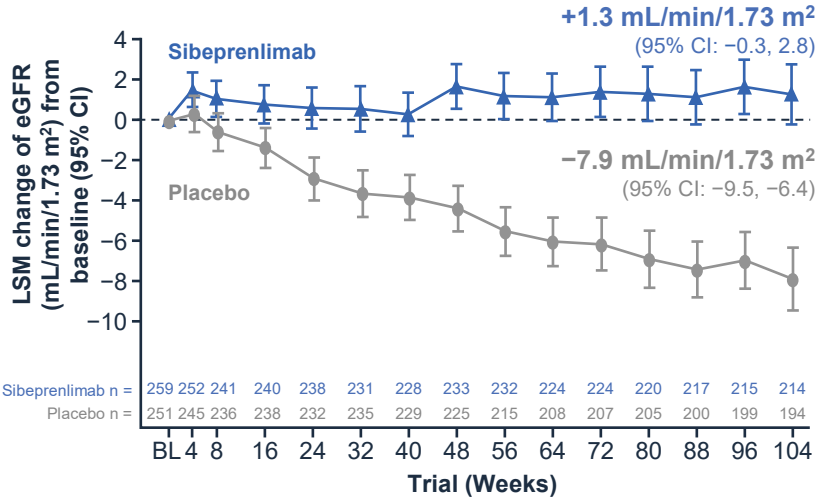
Treatment Effect on eGFR[3,4]

Annualized eGFR slope over 24 months[c,d] (mL/min/1.73 m² per year)



Treatment difference
+4.5 mL/min/1.73 m²/y
95% CI: 3.6, 5.4; *P*<0.0001

Change from baseline in eGFR over 24 months[c,e]



Treatment difference at week 104
+9.2 mL/min/1.73 m²
95% CI: 7.1, 11.4; *P*<0.0001

Sibeprenlimab has not been approved by the FDA to reduce the loss of kidney function. The safety and effectiveness of sibeprenlimab for this use has not been established.[2]

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[a]In adults with biopsy-confirmed IgAN, eGFR ≥30 mL/min/1.73 m², uPCR ≥0.75 g/g or urine protein ≥1.0 g/d, on a stable and maximally tolerated dose of an ACEi and/or ARB ≥3 months with or without SGLT2i.[1] [b]This analysis was performed in the interim analysis set comprising the first 62.5% of randomized patients who had the opportunity to complete the 9-month uPCR-24h evaluation. The primary efficacy endpoint was uPCR-24h at month 9 compared with baseline.[1] [c]This analysis was performed in the full analysis set comprising all randomized patients.[3] [d]Annualized slope estimated during planned treatment period with first measurement starting week 4, through week 104, using a linear mixed-effects model. The key secondary endpoint was annualized eGFR slope over 24 months.[1,4] [e]Analyzed by the repeated measures model. Secondary endpoints included safety and change from baseline in eGFR over 24 months.[1,3]

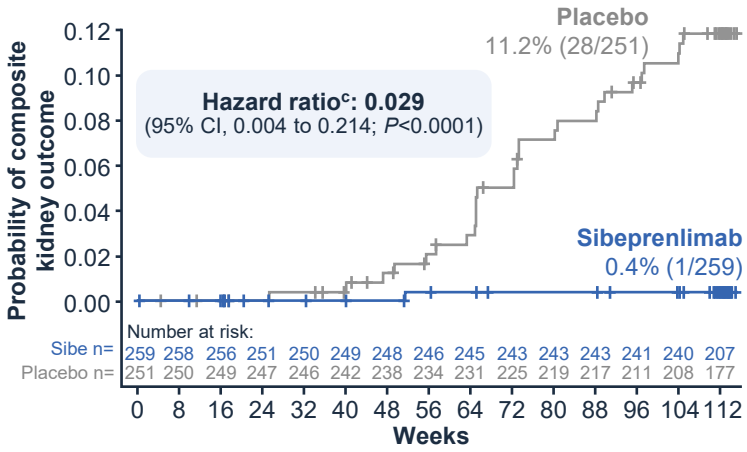
ACEi, angiotensin-converting enzyme inhibitor; ARB, angiotensin receptor blocker; BL, baseline; eGFR, estimated glomerular filtration rate; DA, Food and Drug Administration; IgA, immunoglobulin A; LSM, least-squares mean; Q4W, every 4 weeks; SC, subcutaneous; SGLT2i, sodium-glucose cotransporter 2 inhibitor; uPCR-24h, 24-hour urine protein to creatinine ratio.

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Composite Kidney Outcomes[3,4]

Progression to composite kidney outcome[a,b]



Sibeprenlimab treatment led to a
97.1% risk reduction
(95% CI, 78.6 to 99.6)

Components of the composite kidney outcome[a,d]

No. of patients	Sibeprenlimab (n=259)	Placebo (n=251)
Proportion of patients with ≥1 event	0.4	11.2
	OR: 0.026 (95% CI: 0.003, 0.197; *P*<0.001)	
Sustained 40% reduction in eGFR	1	28
Sustained doubling of serum creatinine	0	13
Sustained eGFR <15 mL/min/1.73 m^2	1	10
Kidney replacement therapy	0	5

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Sibeprenlimab Treatment Effect on Biomarkers[3-5]

Mean percentage change from baseline in sibeprenlimab vs placebo

APRIL

↓ 96% Sibeprenlimab **vs** ↓ 3% Placebo
at 24 months[a]

Gd-IgA1

↓ 63% Sibeprenlimab **vs** ↑ 20% Placebo
at 24 months[a]

Immunoglobulins

↓ 75% Sibeprenlimab **vs** ↑ 4% Placebo
in IgA at 24 months; IgG and IgM changed by -37% vs 6% and -77% vs 1%, respectively[a]

Immune complexes

IgM/IgA-CIC
↓ 68% Sibeprenlimab **vs** ↓ 5% Placebo

IgG/IgA-CIC
↓ 26% Sibeprenlimab **vs** ↓ 3% Placebo
at week 48[e]

Immune complex deposition may trigger glomerular inflammation and injury, contributing to hematuria[6]

Hematuria

~80% Sibeprenlimab **vs** 20% Placebo had resolution of dipstick hematuria (absence of trace or greater results) at 24 months[a]

Data were exploratory and not adjusted for multiplicity. The results should be interpreted with caution and may not represent statistical significance.

Scan the QR code to learn more

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[a]This analysis was performed in the full analysis set comprising all randomized patients who had baseline uPCR measured from at least one 24-hour urine sample.[3] [b]Composite kidney outcome was a secondary endpoint and defined as sustained 40% reduction in eGFR, sustained doubling of serum creatinine, sustained eGFR <15 mL/min/1.73 m^2, or requirement for kidney replacement therapy.[3] [c]The stratified log-rank test was used to obtain *P* value. Hazard ratio and its confidence interval (CI) were obtained using the Cox proportional hazards model with treatment and stratification factors as covariates.[3] [d]Numbers represent patient counts satisfying each condition. Categories are not mutually exclusive; an individual patient may meet multiple conditions and thus appear across several entries.[3] [e]Mixed immune complexes comprising IgA and IgM (IgM/IgA-CIC) or IgA and IgG (IgG/IgA-CIC) were quantified in serum using plate immunoassay. CIC data were available for 338 patients (sibeprenlimab, n=167; placebo, n=171).[5]

APRIL, a proliferation-inducing ligand; CIC, circulating immune complex; eGFR, estimated glomerular filtration rate; FDA, Food and Drug Administration; Gd-IgA1, galactose-deficient IgA1; IgA, immunoglobulin A; IgG, immunoglobulin G; IgM, immunoglobulin M; LSM, least-squares mean; OR, odds ratio; sibe, sibeprenlimab; uPCR, urine protein to creatinine ratio.

References: 1. Perkovic V, et al. *N Engl J Med*. 2026;394(7):635-646. **2.** VOYXACT® (sibeprenlimab-szsi) injection, for subcutaneous use [prescribing information]. Tokyo, Japan: Otsuka Pharmaceutical Company, Ltd.; November 2025. **3.** Rizk DV, et al. *N Engl J Med*. 2026;396(16):oa2609127. **4.** Rizk DV, et al. Presented at: ASN. 2026 (Poster TH-PO1258). **5.** Rizk DV, et al. Presented at: GlomCon; August 3-7, 2026; Maui, HI. **6.** Floege J, et al. *Clin Kidney J*. 2026;19(2):sfag003.

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