

Survival Results from the Global Phase 3 Trial (PHOENIX) Evaluating Sodium Phenylbutyrate and Ursodoxicoltaurine in ALS

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Disclosures

- The institution of Dr. van den Berg has received compensation for serving on a Scientific Advisory or Data Safety Monitoring board for:
 - Amylyx, Ferrer, Sanofi, Biogen, Takeda, Novartis, BMS, ArgenX, Projenx
- The institution of Dr. van den Berg has received research support from Netherlands ALS Foundation

PHOENIX Was 48 Weeks Long with an Open-Label Extension

Inclusion Criteria

- Clinically definite or clinically probable ALS (2+ body regions)
- <24 months from symptom onset
- Slow vital capacity ≥55%
- Stable riluzole/edaravone use permitted

Randomized 3:2 N = 664 PB&TURSO N = 397

Placebo N = 267

Placebo-Controlled Phase 48 weeks

PB&TURSO

The PHOENIX Open-Label Extension closed October 2024

Survival status was collected beyond Week 48 until PHOENIX study closure

A Quick PHOENIX Recap from ENCALS 2024

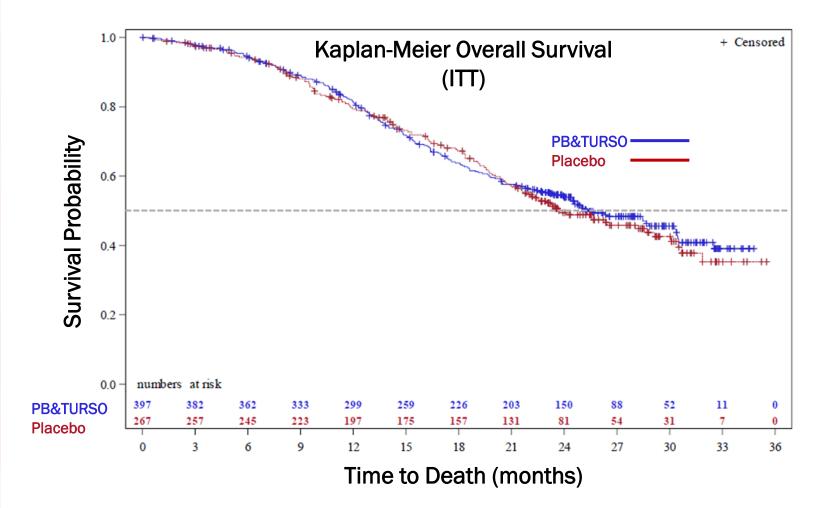
- Demographics and baseline disease characteristics were well-balanced
- PB&TURSO was generally well-tolerated

- No differences between groups for primary endpoint, ALSFRS-R, or secondary endpoints, ALSAQ-40 and SVC at Week 48
 - Overall survival secondary endpoint was not presented in 2024 as follow-up was ongoing

Today's Presentation:

Overall Survival and Ventilation-Free Survival Results From PHOENIX

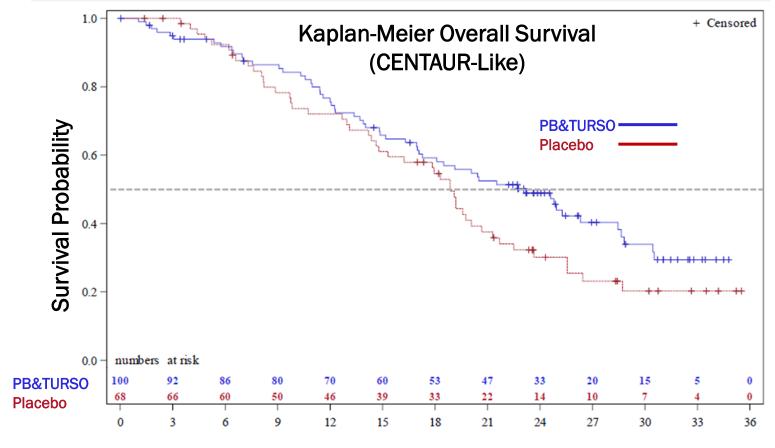
Overall Survival (ITT)



Iπ	PB&TURSO (N=397)	Placebo (N=267)	
Median Survival Time, mo (95%CI)	25.3 (23.2, 30.4)	23.8 (21.6, 29.1)	
HR ^a (95% CI)	0.95 (0.76, 1.19)		
p-value ^b	0.520		

^aHR obtained from Cox proportional hazards model - covariates: del-FS, CENTAUR-like, baseline ALSFRS-R, age ^bStratified log-rank test

Overall Survival (CENTAUR-Like)



CENTAUR- Like	PB&TURSO (N=100)	Placebo (N=68)	
Median Survival Time, mo (95%CI)	23.2 (17.3, 28.5)	18.9 (14.8, 20.7)	
HR ^a (95% CI)	0.82 (0.55, 1.23)		
<i>p</i> -value ^b	0.099		

Adjusted for baseline NfL

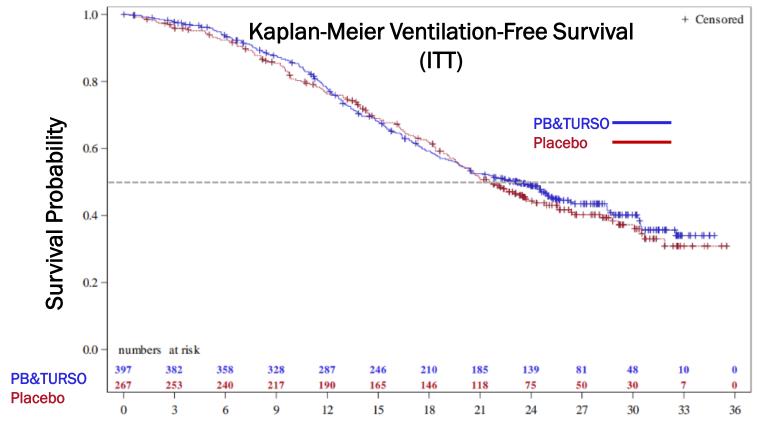
• HRa (95%CI): 0.74 (0.49, 1.12)

Time to Death (months)

CENTAUR-like definition: <18 months from symptom onset, slow vital capacity (SVC)>60%, and clinically definite ALS diagnosis **aHR obtained from Cox proportional hazards model:** covariates: del-FS, baseline ALSFRS-R, age (adjusted for baseline NfL also includes baseline NfL as covariate)

bLog-rank test

Ventilation-Free Survival (ITT) [includes OLE events]



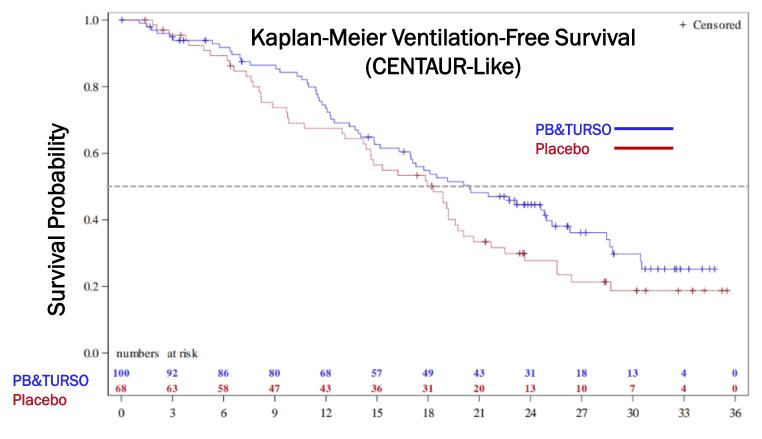
Iπ	PB&TURSO (N=397)	Placebo (N=267)	
Median Survival Time, mo (95%CI)	23.2 (19.7, 25.7)	21.6 (19.6, 24.9)	
p-value ^a	0.485		

Time to Death, TAV, or PAV (months)

Definition: time to earliest date of tracheostomy for respiratory distress (TAV), permanent non-invasive ventilation (PAV), or the date of death due to any cause. TAV and PAV events were collected during OLE, but not following completion or after drop out. **aStratified log-rank test**

HR analysis not performed for this endpoint.

Ventilation-Free Survival (CENTAUR-Like) [includes OLE events]



CENTAUR- Like	PB&TURSO (N=100)	Placebo (N=68)	
Median Survival Time, mo (95%CI)	20.4 (17.0, 25.3)	18.3 (14.4, 19.7)	
HR ^a (95% CI)	0.87 (0.59, 1.28)		
<i>p</i> -value ^b	0.122		

Adjusted for baseline NfL

• HR^a (95%CI): **0.80** (0.54, 1.19)

Time to Death, TAV, or PAV (months)

Definition: time to earliest date of tracheostomy for respiratory distress, permanent non-invasive ventilation (PAV), or the date of death due to any cause. TAV and PAV events were collected during OLE, but not following completion or after drop out.

^aHR obtained from Cox proportional hazards model: covariates: del-FS, baseline ALSFRS-R, age (adjusted for baseline NfL also includes baseline NfL as covariate)

bLog-rank test

Overall Survival Participant Disposition: Learnings

ITT	PB&TURSO (N=397)	Placebo (N=267)	CENTAUR- Like	PB&TURSO (N=100)	Placebo (N=68)
Death	48%	50%	Death	57%	69%
Censored	52%	50%	Censored	43%	31%
Lost to Follow-Up	1.5%	1.5%	Lost to Follow-Up	1%	0
Withdrawal of Consent	10%	15%	Withdrawal of Consent	9%	13%
Study Termination	40%	34%	Study Termination	33%	18%

Importance of avoiding loss to follow-up and withdrawal of consent for survival status collection whenever possible

We Extend our Sincere Gratitude to the PHOENIX Participants, Investigators, and Sites





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