TransCon™ PTH

Week 110 Phase 2
PaTH Forward Trial

September 12, 2022

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Independence From Conventional Therapy at Week 110

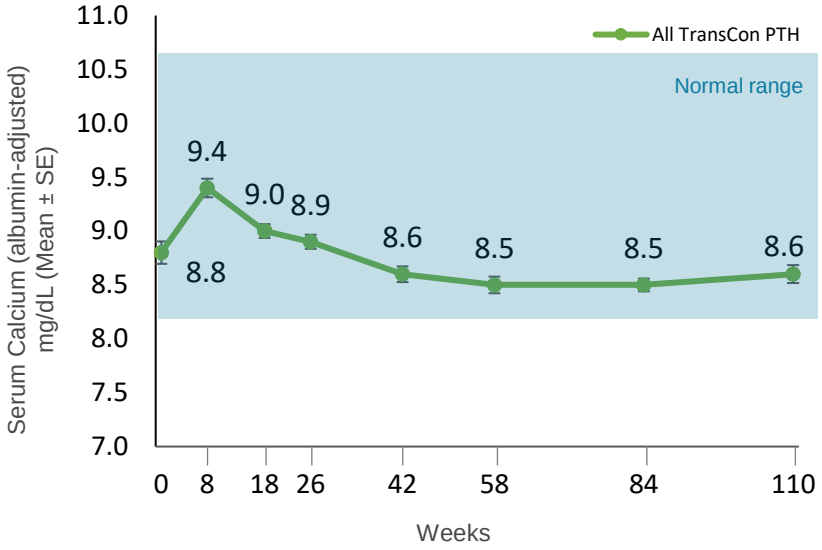
	All TransCon PTH
Number of participants continuing through Week 110, n	57
Active vitamin D = 0 µg/day, n (%)	57 *(100%)*
Calcium ≤ 600 mg/day, n (%)	53 *(93%)*
Calcium = 0 mg/day, n (%)	44 *(77%)*
Active vitamin D = 0 µg/day ***and*** Calcium ≤ 600 mg/day, n (%)	53 *(93%)*
Active vitamin D = 0 µg/day ***and*** Calcium = 0 mg/day, n (%)	*44 (77%)*

Of 57 participants, 53 (93%) achieved independence[1] from conventional therapy and 44 (77%) were able to achieve independence from all supplements

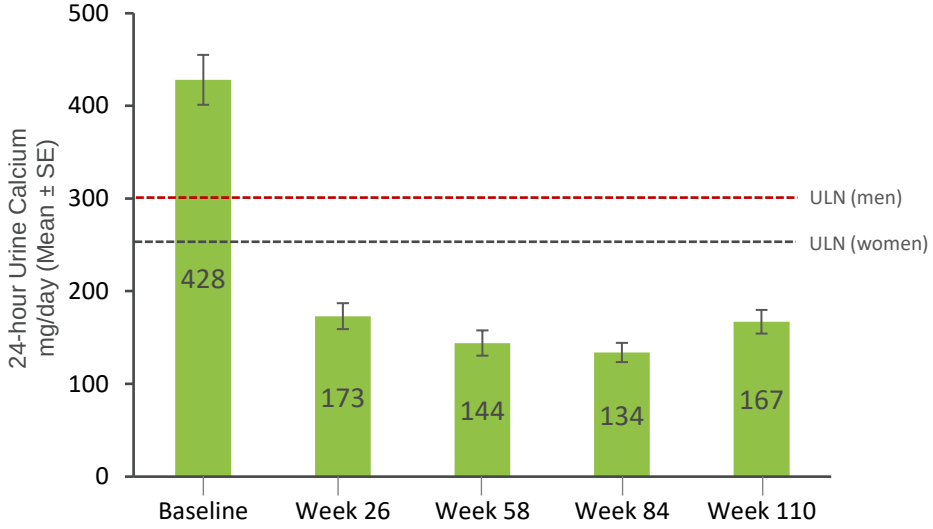
[1] Not taking active vitamin D and taking ≤ 600 mg/day of calcium supplements.

Serum Calcium and 24-Hour Calcium at Week 110

Mean Serum Calcium



Mean 24-Hour Urine Calcium

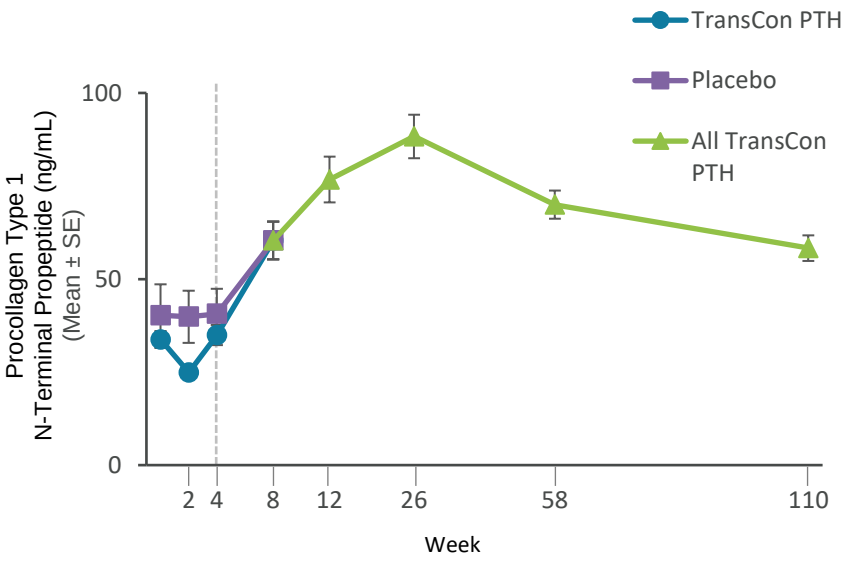


Mean serum calcium and mean 24-hour urine calcium remained in the normal range at Week 110

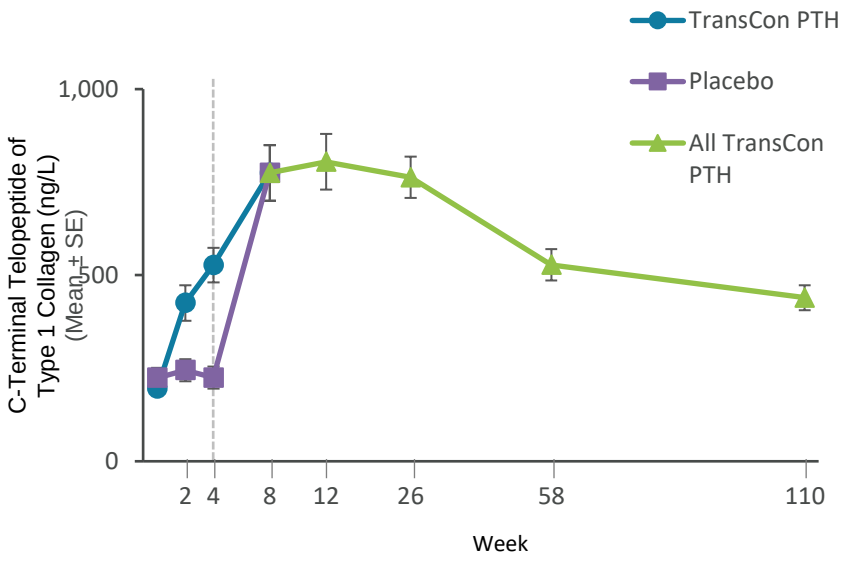
PTH, parathyroid hormone; SE, standard error; ULN, upper limit of normal

Serum Markers of Skeletal Dynamics at Week 110

Mean P1NP



Mean CTx



P1NP peaked 26 weeks and CTx peaked 12 weeks after initiation of TransCon PTH therapy and thereafter trended downward through Week 110

CTx, C-terminal telopeptide of type 1 collagen; P1NP, procollagen type 1 N-terminal propeptide

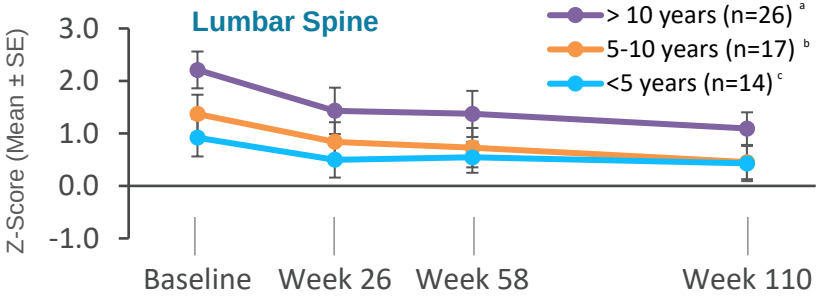
Bone Mineral Density by DXA at Week 110

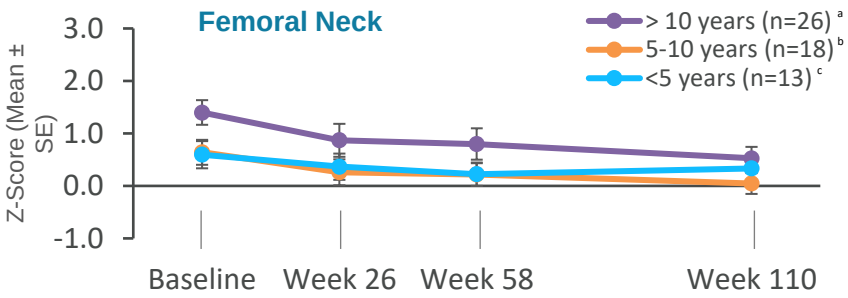
	Mean Z-Scores			
	Baseline (n=57)	Week 26 (n=46)	Week 58 (n=46)	Week 110 (n=55)
Region				
Lumbar Spine L1-L4	1.6	1.0	0.9	0.7
Femoral Neck	1.0	0.5	0.4	0.3
Total Hip	1.0	0.6	0.5	0.4
Distal 1/3 Radius[a]	0.4	0.3	0.3	0.2

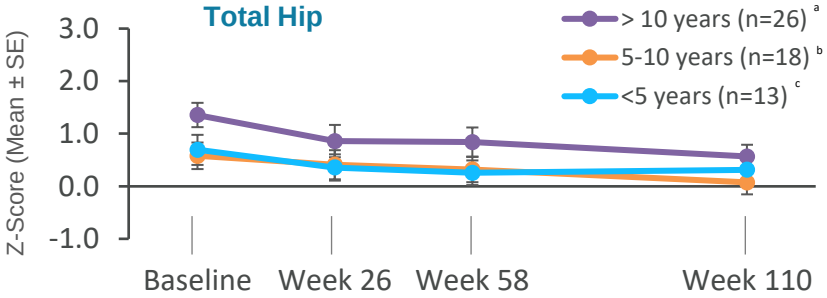
DXA, dual-energy X-ray absorptiometry
[a]n=3 participants missing distal 1/3 radius corrected Z-scores at each time point

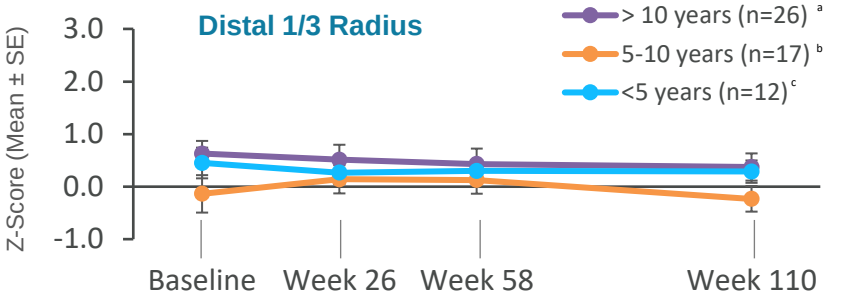
With TransCon PTH treatment BMD Z-scores trended toward age- and sex-matched norms

Bone Mineral Density by Duration of Hypoparathyroidism at Week 110









At axial sites, participants with more years of hypoparathyroidism duration had higher baseline Z-scores and larger numeric decreases in Z-scores through Week 110

DR, distal 1/3 radius; FN, femoral neck; LS, lumbar spine; TH, total hip | [a] >10 years: n=7 (LS, FN, TH) and n=8 (DR) missing data at Week 26, n=8 missing at week 58, n=1 missing at Week 110; [b] 5-10 years: n=4 missing data at Week 26, n=3 (LS, FN, TH) and n=4 (DR) missing at Week 58; [c] <5 years: n=1 missing data at Week 110

Treatment Emergent Adverse Event Summary at Week 110

TEAEs during TransCon PTH Treatment, n (%)	All TransCon PTH (N = 59)
Any TEAE	56 (94.9)
Serious TEAE	6 (10.2)
Severity[a]	
Grade 1	35 (59.3)
Grade 2	17 (28.8)
Grade 3	4 (6.8)
Grade 4	0
Treatment-related TEAE	25 (42.4)
Serious treatment-related TEAE	0
TEAE related to hypercalcemia or hypocalcemia leading to ED/urgent care visit and/or hospitalization	0
TEAE leading to discontinuation of study drug	0
TEAE leading to discontinuation of trial	0
TEAE leading to death	0

The majority of AEs were mild and unrelated to study drug

ED, emergency department; PTH, parathyroid hormone; TEAE, treatment-emergent adverse event.
[a] In the severity categories, participants are displayed for the highest severity only.

Conclusions

- Durability of response to TransCon PTH therapy through Week 110 demonstrated by continued normalization of serum calcium and 93% achieving independence from conventional therapy.
- Participants with more years of disease duration had higher baseline bone mineral density (BMD) Z-scores and larger decreases in BMD Z-scores following treatment, trending toward age- and sex-matched norms through Week 110.
- Replacement therapy with TransCon PTH was well tolerated through Week 110, with continued normalization of 24-hour urine calcium and no discontinuations due to treatment-emergent adverse events.

Thank you

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