

Inhaled Molgramostim Improves Pulmonary Gas Exchange and Respiratory Health-Related **Quality of Life in Patients with Autoimmune Pulmonary Alveolar Proteinosis: Results from IMPALA-2**

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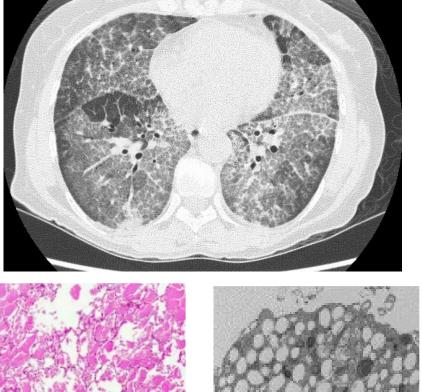




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Pulmonary Alveolar Proteinosis (PAP)

- Rare syndrome, not a specific disease
- Characterised by progressive accumulation
 of alveolar surfactant
- Foamy lipid-laden alveolar macrophages
- Restrictive lung impairment, hypoxic respiratory insufficiency, and, in severe cases, respiratory failure and death









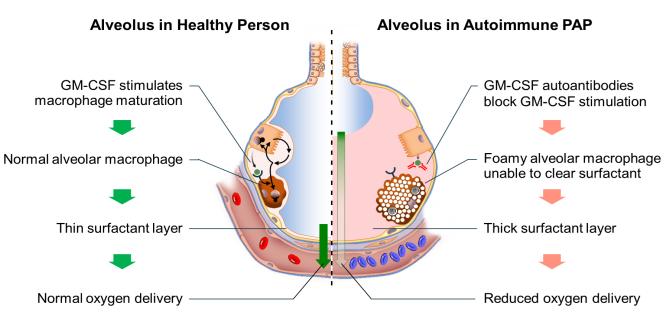
Dranoff G, et al. Science 1994;264:713-716; 2. Trapnell BC, Whitsett JA. Annu Rev Physiol 2002;64:775-802; 3. Inoue Y, et al. Am J Respir Crit Care Med 2008;177:752-62. McCarthy C et al. Am J Respir Crit Care Med. 2022.. 5. Kitamura N, et al. ERJ Open Res 2019;5. GM-CSF, granulocyte-macrophage colony-stimulating factor.

Autoimmune PAP (aPAP)

- aPAP is caused by autoantibodies to GM-CSF^{1,2}
- The prevalence of aPAP is 6 to 27 per 1 million in the general population³⁻⁵
- Accounts for 90% of all PAP cases³
- Molgramostim inhalation solution is a form of recombinant GM-CSF

 Administered using a proprietary investigational eFlow® Nebulizer System (PARI)
- Molgramostim is being evaluated for the treatment of aPAP in the IMPALA-2 Phase 3 clinical trial

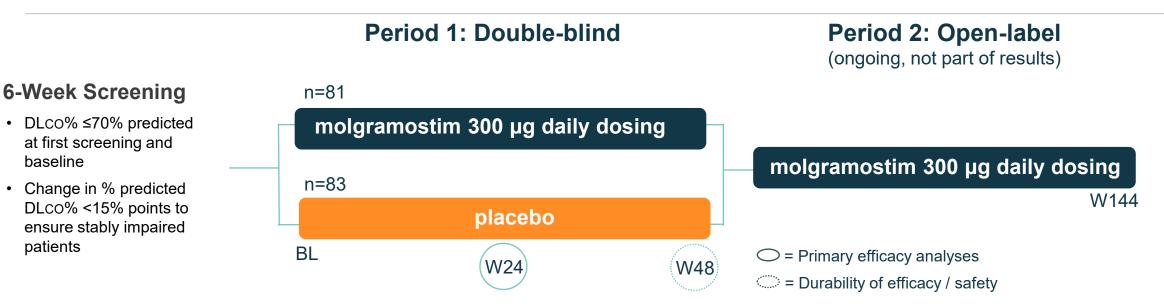






Phase 3 IMPALA-2 Trial Design





PRIMARY ENDPOINT

Change from baseline in DLco% at W24

SECONDARY ENDPOINTS

Change from baseline in:

- DLco% at W48
- SGRQ Total Score at W24 and W48
- SGRQ Activity Score at W24 and W48
- Exercise Capacity at W24 and W48

IMPALA-2: Baseline Clinical Characteristics



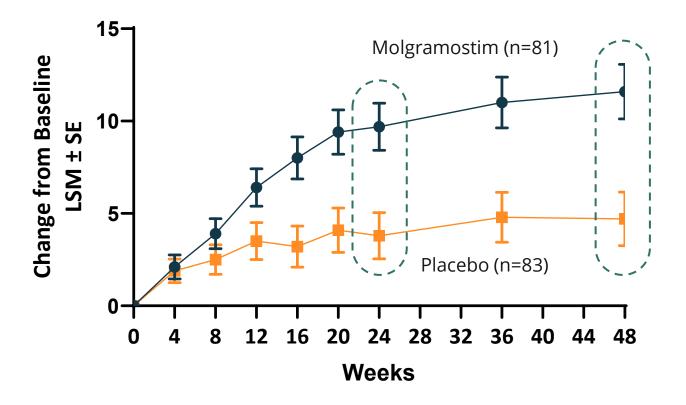
		Molgramostim N=81	Placebo N=83
DLco%	Mean (SD)	52.6 (11.7)	52.6 (10.4)
	Median	54	55
	Range	25-72	28-71
SGRQ Total Score*	Mean (SD)	39.5 (19.2)	41.2 (18.1)
	Median	42.2	44.0
	Range	0-87	2-84
Exercise Capacity	Mean (SD)	7.1 (2.2)	7.2 (2.1)
Peak METs [†]	Median	7.3	7.6
	Range	2.6-9.8	2.5-9.8
Disease Severity	DSS 1 (Mild)	12 (15.6)	16 (19.5)
Score (DSS), n (%)	DSS 2	30 (39.0)	35 (42.7)
	DSS 3	25 (32.5)	19 (23.2)
	DSS 4	9 (11.7)	9 (11.0)
	DSS 5 (Severe)	1 (1.3)	3 (3.7)
	Total	77 (100)	74 (100)

*n=74, molgramostim; n=78, placebo. †n=78, molgramostim; n=82, placebo. DLco%, hemoglobin-adjusted percent predicted diffusing capacity of the lungs for carbon monoxide; METs, metabolic equivalents; SD, standard deviation; SGRQ, St. George's Respiratory Questionnaire.

IMPALA-2 Results: Molgramostim Improves Pulmonary Gas Transfer



DLco%



	LSM Change from Baseline	Between- group LSM difference*	P-value
Week 24	Mol: 9.8 Pbo: 3.8	6.00	0.0007
Week 48	Mol: 11.6 Pbo: 4.7	6.90	0.0008

Absolute mean DLco% increased from 52.6 at Baseline to 64.8 at 48 weeks in the molgramostim group and from 52.6 to 56.5 in the placebo group

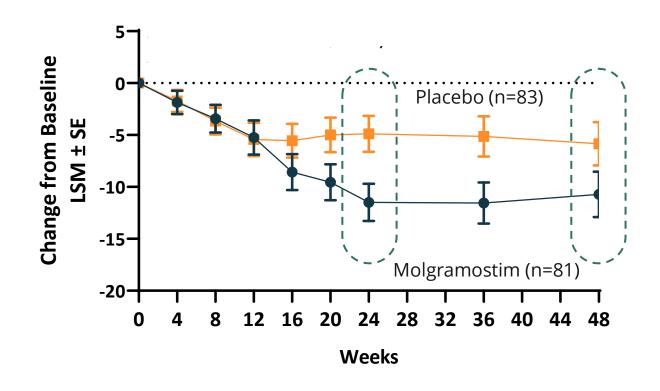
*Mean change from baseline compared with placebo. P-values are for difference in LSM compared with placebo and met the threshold required in the pre-specified hierarchical testing procedure to control the overall Type 1 error rate at 0.05.

DLco%, hemoglobin-adjusted percent predicted diffusing capacity of the lungs for carbon monoxide; LSM, least squares mean; Mol, molgramostim; Pbo, placebo; SE, standard error.

IMPALA-2 Results: Molgramostim Improves Respiratory Health-Related Quality of Life



SGRQ Total Score



	LSM Change from Baseline	Between- group LSM difference*	P-value
Week 24	Mol: -11.5 Pbo: -4.9	-6.59	0.0072†
Week 48	Mol: -10.7 Pbo: -5.9	-4.87	0.1046

Absolute mean SGRQ Total Score decreased from 39.5 at Baseline to 29.4 at 48 weeks in the molgramostim group and from 41.2 to 35.9 in the placebo group

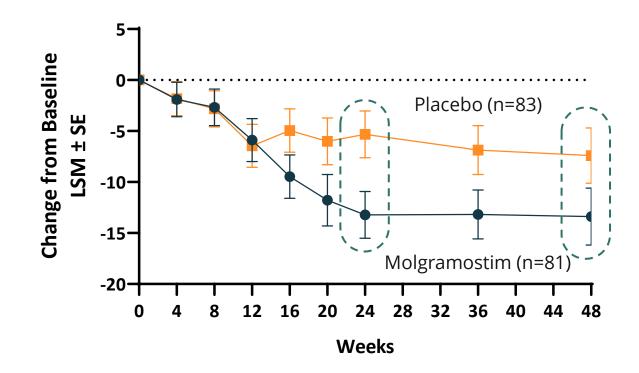
*Mean change from baseline compared with placebo. P-values are for difference in LSM compared with placebo. [†]Statistically significant: met the threshold required in the pre-specified hierarchical testing procedure to control the overall Type 1 error rate at 0.05.

HRQoL, health-related quality of life; LSM, least squares mean; Mol, molgramostim; Pbo, placebo; SE, standard error; SGRQ, St. George's Respiratory Questionnaire.

IMPALA-2 Results: Molgramostim Improves Respiratory Health-Related Quality of Life



SGRQ Activity Score



	LSM Change from Baseline	Between- group LSM difference*	P-value
Week 24	Mol: -13.0 Pbo: -5.2	-7.81	0.0149 [†]
Week 48	Mol: -13.4 Pbo: -7.4	-5.99	0.1216

Absolute mean SGRQ Activity Score decreased from 54.6 at Baseline to 41.9 at 48 weeks in the molgramostim group and from 57.8 to 51.0 in the placebo group

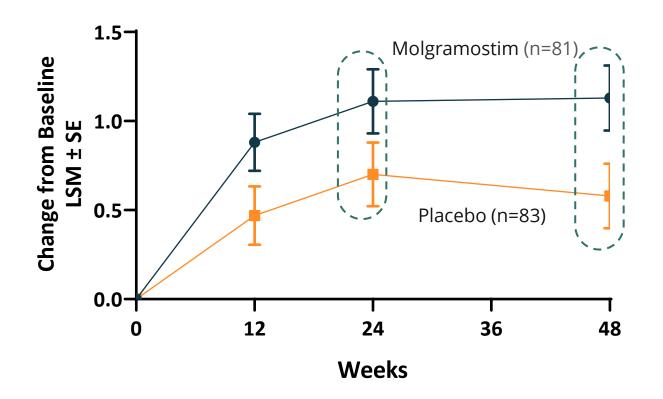
*Mean change from baseline compared with placebo. P-values are for difference in LSM compared with placebo. [†]P-value nominally significant: P-value ≤0.05 but did not meet the p-value threshold required in the pre-specified hierarchical testing procedure.

HRQoL, health-related quality of life; LSM, least squares mean; Mol, molgramostim; Pbo, placebo; SE, standard error; SGRQ, St. George's Respiratory Questionnaire.

IMPALA-2 Results: Molgramostim Improves Patient Function



Peak Exercise Capacity (METs)



	LSM Change from Baseline	Between- group LSM difference*	P-value
Week 24	Mol: 1.11 Pbo: 0.70	0.41	0.0845
Week 48	Mol: 1.13 Pbo: 0.58	0.55	0.0234†

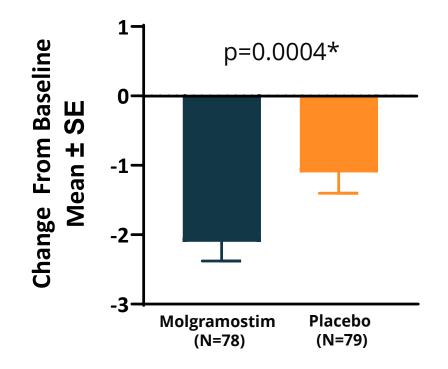
Absolute mean METs increased from 7.1 at Baseline to 8.2 at 48 weeks in the molgramostim group and from 7.2 to 7.7 in the placebo group

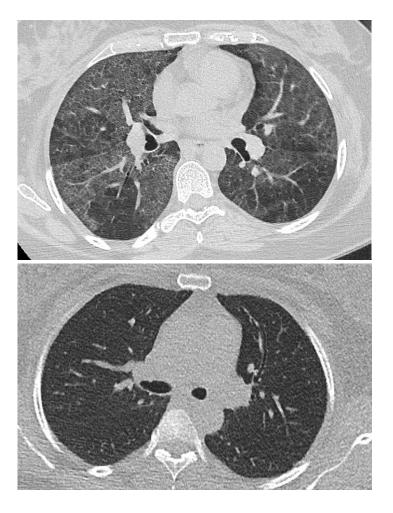
*Mean change from baseline compared with placebo. P-values are for difference in LSM compared with placebo. $^{+}$ P-value nominally significant: P-value ≤ 0.05 but did not meet the p-value threshold required in the pre-specified hierarchical testing procedure. LSM, least squares mean; MET, metabolic equivalent; Mol, molgramostim; Pbo, placebo; SE, standard error.

IMPALA-2 Results: Molgramostim Reduces Pulmonary Surfactant Burden



Ground Glass Opacity Score (Week 24)

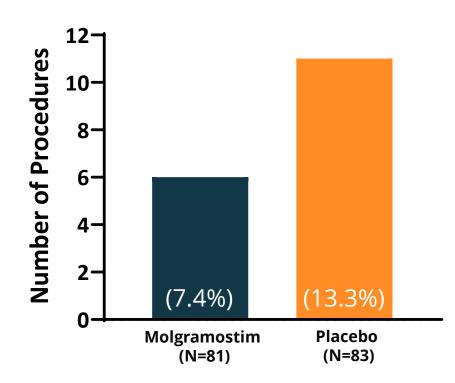




IMPALA-2 Results: Molgramostim Reduces Pulmonary Surfactant Burden



Rescue WLL Use (entire 48-week period)



Whole lung lavage was permitted as a rescue therapy during the 48-week, double-blind treatment period. WLL, whole lung lavage.

IMPALA-2 Results: Molgramostim Is Well Tolerated



Adverse events (AEs)

AEs during the double-blind treatment period

AEs in >10% of patients in any treatment arm during the double-blind treatment period

Treatment-Emergent Adverse Event	Molgramostim N=81 n (%)	Placebo N=83 n (%)	Treatment-Emergent Adverse Event	Molgramostim N=81 n (%)	Pla N n
Any adverse event	69 (85)	71 (86)	Most common	· · ·	
Severe adverse events	13 (16)	16 (19)	- COVID-19	18 (22)	8
Treatment related	20 (25)	16 (19)			
Serious adverse events	14 (17)	20 (24)	Cough	17 (21)	18
Not treatment related	13 (16)	20 (24)	Pyrexia	11 (14)	9 (
Treatment related*	1 (1)	0	Nasopharyngitis	11 (14)	7
Leading to death	0	0	Arthralgia	9 (11)	7
Leading to drug discontinuation	2 (2)	1 (1)	Headache	9 (11)	7
Special interest	9 (11)	6 (7)	Diarrhea	9 (11)	2
Serious special interest	0	1 (1)	Alveolar proteinosis	4 (5)	12

97% of Patients Completed the Double-Blind Treatment Period

*Serious adverse event of delusions resulting in psychiatric hospitalization in patient with a past medical history of seizure disorder treated with levetiracetam, which is labeled for psychiatric side effects, including delusions; the event was assessed as possibly related to study drug by the investigator.

IMPALA-2: Conclusions



- Largest and longest controlled trial of inhaled GM-CSF therapy for aPAP ever conducted
- Improvement in DLCO% demonstrated
- Achieved improvement in multiple secondary and exploratory endpoints
 - Pulmonary surfactant burden
 - Pulmonary gas exchange
 - Quality of life
 - Exercise capacity
- Molgramostim was well-tolerated with a favorable risk-benefit profile
 - 97% of patients completed the entire blinded treatment period



Questions