

**Burosumab (KRN23): Effects on
Phosphate and Vitamin D Dysregulation
in Children < 5 Years Old with X-linked
Hypophosphatemia (XLH)**

Erik Imel

Indiana University School of Medicine
Indianapolis, IN

T. Carpenter, G.S. Gottesman, J. San
Martin, M. Mao, A. Skrinar, M.P. Whyte

Disclosures

- Dr. Imel: travel and/or consulting fees from Ultragenyx Pharmaceuticals Inc.
- Dr. Carpenter: grant support, travel fees, and consulting fees from Ultragenyx Pharmaceuticals Inc.
- Dr. Gottesman: consulting fees from Ultragenyx Pharmaceuticals Inc.
- Drs. Mao, Skrinar, and San Martin: employees of Ultragenyx Pharmaceuticals Inc.
- Dr. Whyte: research grant support, honoraria, and travel from Ultragenyx and Alexion Pharmaceuticals Inc.
- This study was sponsored and funded by Ultragenyx Pharmaceuticals Inc. in partnership with Kyowa Hakko Kirin Co., Ltd.
- Catherine Woods PhD, from Ultragenyx Pharmaceuticals Inc. provided medical writing support

XLH Causes Rickets, Skeletal Deformity, and Impaired Growth in Children

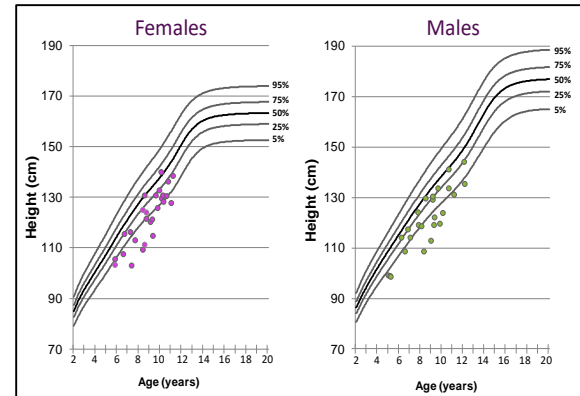
Rickets



Bowing of the Lower Limbs

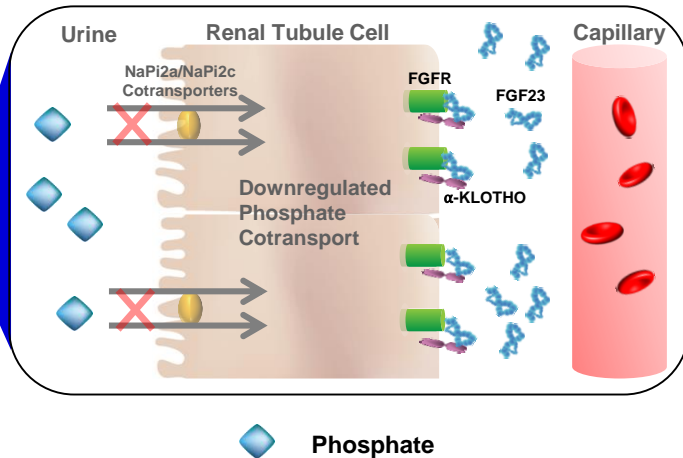
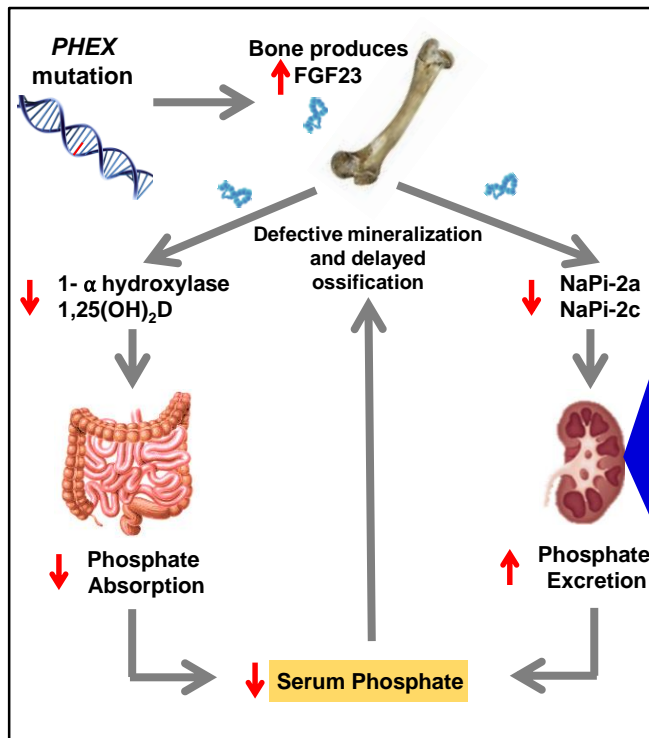


Growth Impairment



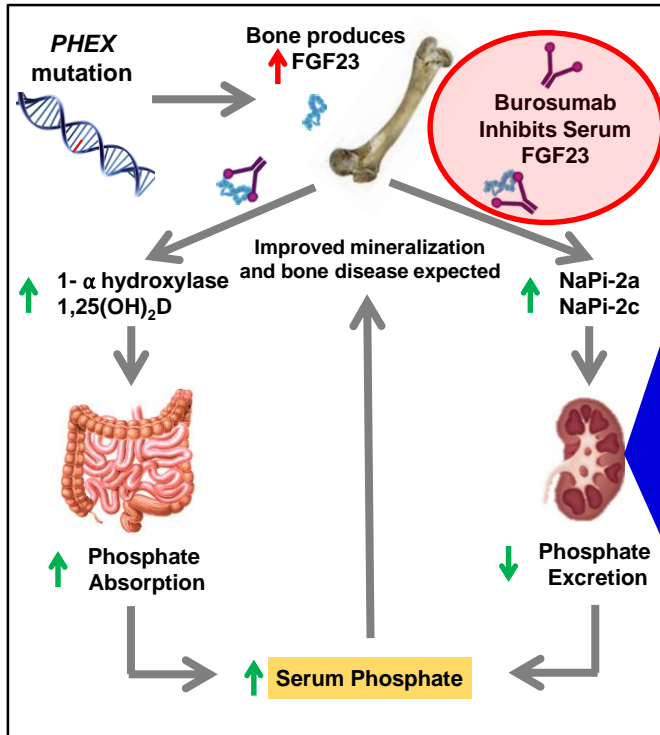
- Skeletal deformity and growth impairment begin in early childhood, and some studies suggest earlier initiation of treatment with phosphate and active vitamin D may lead to better height outcomes

Excess FGF23 in XLH Pathophysiology

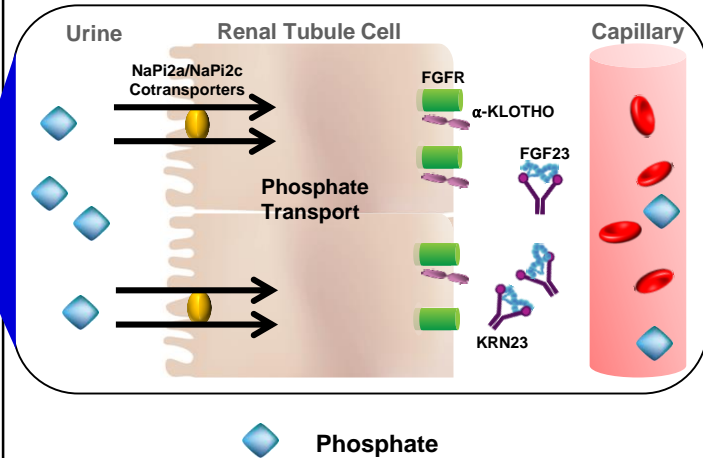


Razzaque MS. Nat Rev Endocrinol 2009;5:611-9. Martin A, et al. Physiol Rev 2012;92:131-55.

Burosumab (KRN23), a Monoclonal Antibody, Inhibits Serum FGF23



Proposed Mechanism of Action of Burosumab, an Investigational Product



Pediatric Phase 2 Study Design (Burosumab-CL205)

Population

- N = 13
- Children with XLH
- 1-4 years old
- A RSS at the knee of ≥ 1.5 required in ≥ 5 patients

7-day Wash-out
Vitamin D metabolites/
analogs, Oral phosphate

Treatment Period*
Open-Label SC Burosumab
0.8 mg/kg Q2W

Extension Study

Weeks 0 24 40 64

Interim Analysis

Final Analysis

Endpoints

- **Pharmacodynamics:** serum phosphorus (primary), serum $1,25(\text{OH})_2\text{D}$, serum alkaline phosphatase
- **Rickets and lower extremity skeletal abnormalities** (RSS and RGI-C at week 40 and 64)
- **Height** (cm, height-for-age z-scores, and percentiles)
- **Safety**

Week 20 biochemistry data and week 24 safety data for all 13 subjects

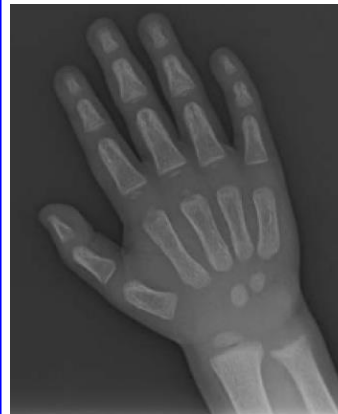
*Dose was increased to 1.2 mg/kg if serum phosphorus increased by < 0.16 mmol/L (0.5 mg/dL) from baseline or 2 consecutive measurements were below normal range. Only 2 patients had dose increases from 0.8 to 1.2 mg/kg at week 22.

Burosumab-CL205 Baseline Characteristics

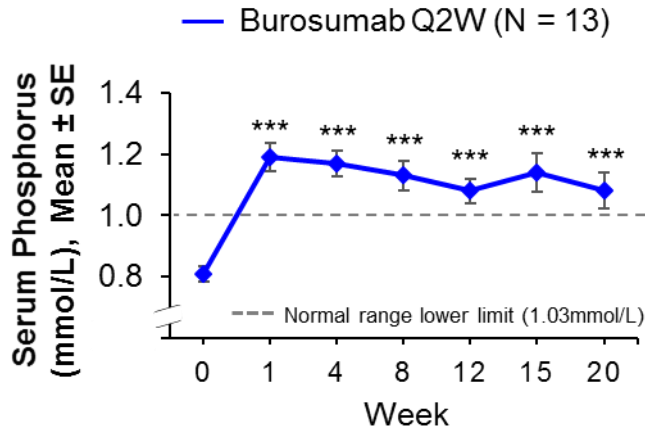
Characteristic	Burosumab Q2W (N = 13)
Age, yrs	2.94 (1.15)
Male	9 (69.2)
White	12 (92.3)
Weight, kg	12.92 (1.82)
Height Z score	-1.38 (1.19)
RSS total score Range	2.92 (1.37) (1.0-6.5)
Received prior oral P / active vitamin D	13 (100)
Duration of prior oral P / active vitamin D, mos	16.91 (13.90)
Values as mean (SD), median (min-max), or n (%) as indicated.	

Example: Baseline radiographs of 2-year-old male patient from this study

RSS	Score
Knee	1.5
Wrist	2.0
Global	3.5

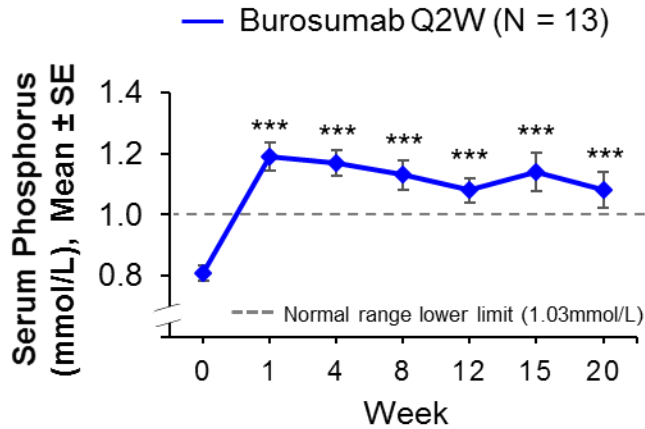


Improvement in Serum Phosphorus, 1,25(OH)₂D, and ALP

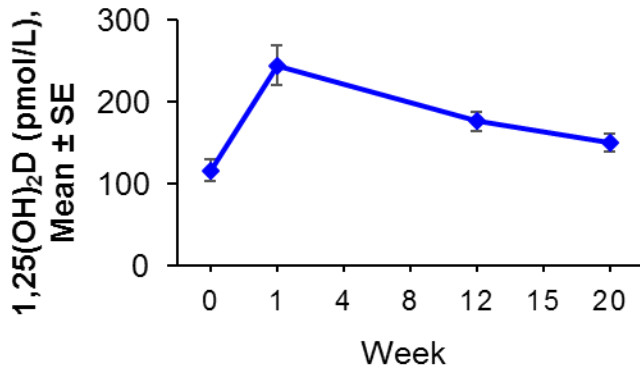


- No hyperphosphatemia in any patient
- For serum phosphorus and 1,25(OH)₂D, N = 10-13 based on available samples

Improvement in Serum Phosphorus, 1,25(OH)₂D, and ALP

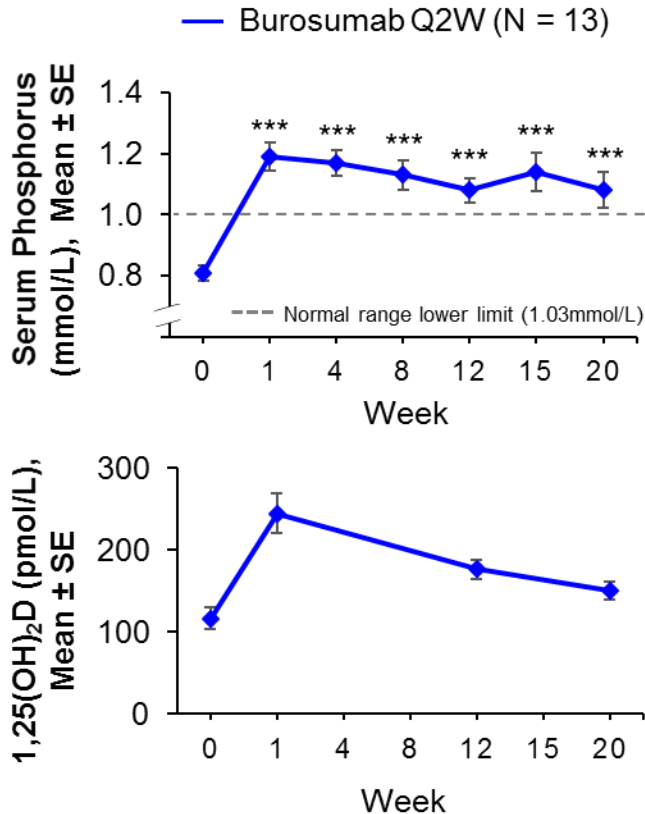


- No hyperphosphatemia in any patient
- For serum phosphorus and 1,25(OH)₂D, N = 10-13 based on available samples

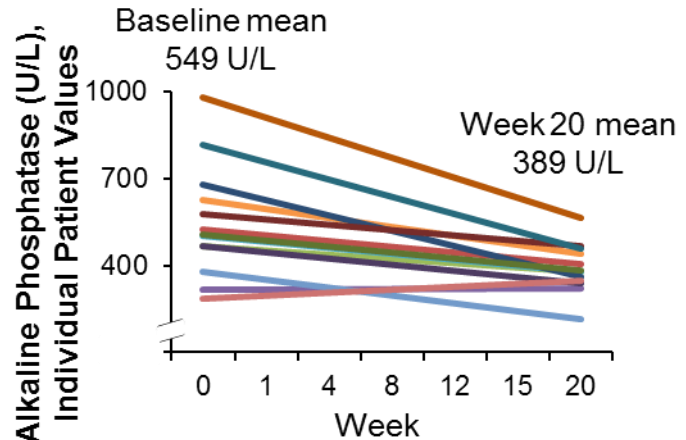


*** P<0.0001 based on the Generalized Estimation Equation; Statistical comparisons only conducted for serum phosphorus.

Improvement in Serum Phosphorus, 1,25(OH)₂D, and ALP



- No hyperphosphatemia in any patient
- For serum phosphorus and 1,25(OH)₂D, N = 10-13 based on available samples



*Due to missing baseline value, the screening alkaline phosphatase value was used for the baseline value for 1 patient

Summary of Safety Measures*

Incident (N = 13)	n (%)
Patients with any related treatment-emergent adverse events (AEs)	13 (100)
AEs of Interest	
Arthralgia	1 (7.7)
Blood parathyroid hormone increased	1 (7.7)
Bone pain	1 (7.7)
Contusion	1 (7.7)
Injection site erythema	1 (7.7)
Injection site pruritus	1 (7.7)
Injection site reaction	1 (7.7)
Nausea	1 (7.7)
Pain in extremity	1 (7.7)
Serious AEs	0 (0)
AEs leading to discontinuation	0 (0)
AEs leading to death	0 (0)

*Week 24 and including additional safety data through January 6, 2017

Week 40 Rickets Assessment Expected Late 2017

Example **baseline** radiographs in 3-year-old male patient from this study



Example **week 40** radiographs in same patient



Example **baseline** radiograph in 3-year-old male patient from this study



Example **week 40** radiograph in same patient

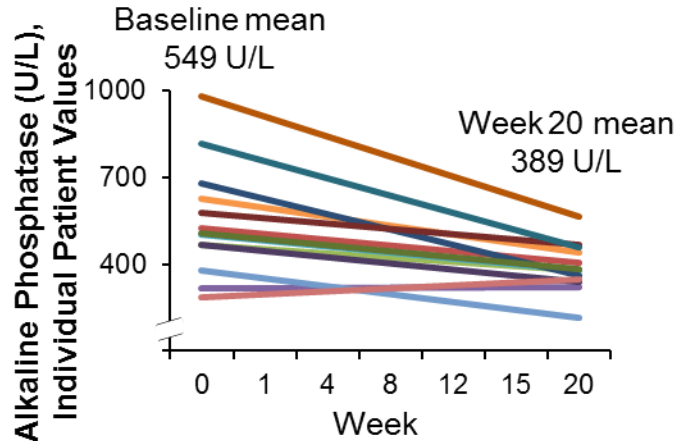
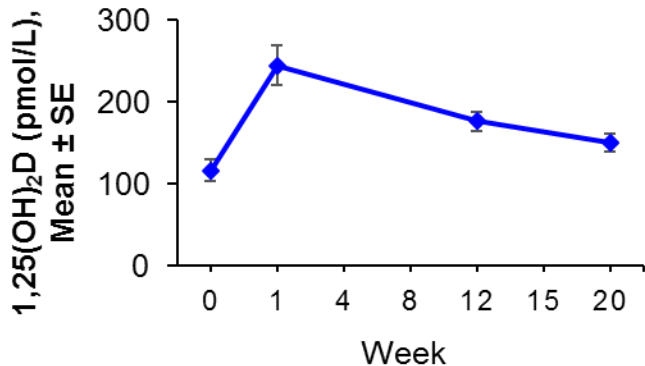
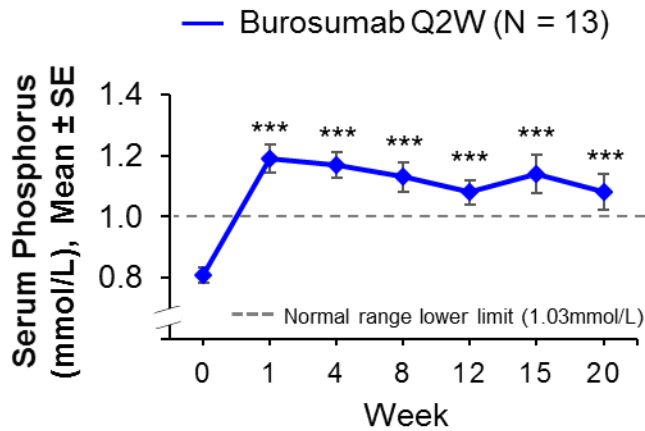


Summary and Conclusions

- In children 1-4 years old with XLH, treatment with burosumab for up to 24 weeks improved key pharmacodynamic parameters in XLH consistent with inhibiting FGF23:
 - Increased serum phosphorus
 - Increased serum $1,25(\text{OH})_2\text{D}$
 - Decreased serum alkaline phosphatase
- Burosumab had a similar safety profile to previous pediatric trials; adverse events were predominately mild to moderate
 - There were no instances of hyperphosphatemia and no clinically meaningful changes observed in serum PTH, serum or urine calcium, hematology, or urine biochemical parameters
- Radiographic assessment of rickets will be conducted at week 40 and 64

Appendix

Improvement in Serum Phosphorus, 1,25(OH)₂D, and ALP



*Due to missing baseline value, the screening value was used for the baseline value for 1 patient

- No hyperphosphatemia in any patient
- For serum phosphorus and 1,25(OH)₂D, N = 10-13 based on available samples