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Next Generation TED Therapy in Clinical Development

THRIVE Phase 3 Trial of VRDN-001: A Full Antagonist Antibody to the IGF-1 Receptor for Thyroid Eye Disease (TED)

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KEY TAKEAWAYS

- THRIVE is a phase 3 randomized placebo-controlled trial to assess the efficacy and safety of **VRDN-001**, a full antagonist antibody to IGF-1R, in patients with TED.
- The trial is designed to identify a regimen that best balances efficacy, safety, and patient treatment burden.
- The study is currently enrolling patients with active, moderate-to-severe TED in North America and Europe, with topline results expected mid-2024.

INTRODUCTION

- **VRDN-001** is a novel full antagonist monoclonal antibody targeting IGF-1R.
- Preclinical studies have shown **VRDN-001** is a full antagonist of IGF-1R providing more complete receptor blockade than other anti-IGF-1R antibodies, including the only currently approved TED therapy.[1]

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- Data from the **VRDN-001** phase 2 proof-of-concept study in patients with active TED demonstrated marked improvements in proptosis, inflammation, and diplopia.[2] (Presented in NANOS platform session II)
- The THRIVE phase 3 study will assess the safety and efficacy of **VRDN-001** treatment regimens in a larger population of patients with active TED (NCT05176639).

PATIENT POPULATION

Sites

Approximately 50 sites across North America and Europe

Patients

Female or male with active TED

Key inclusion criteria

CAS ≥4 — Active TED and CAS ≥4 in study eye

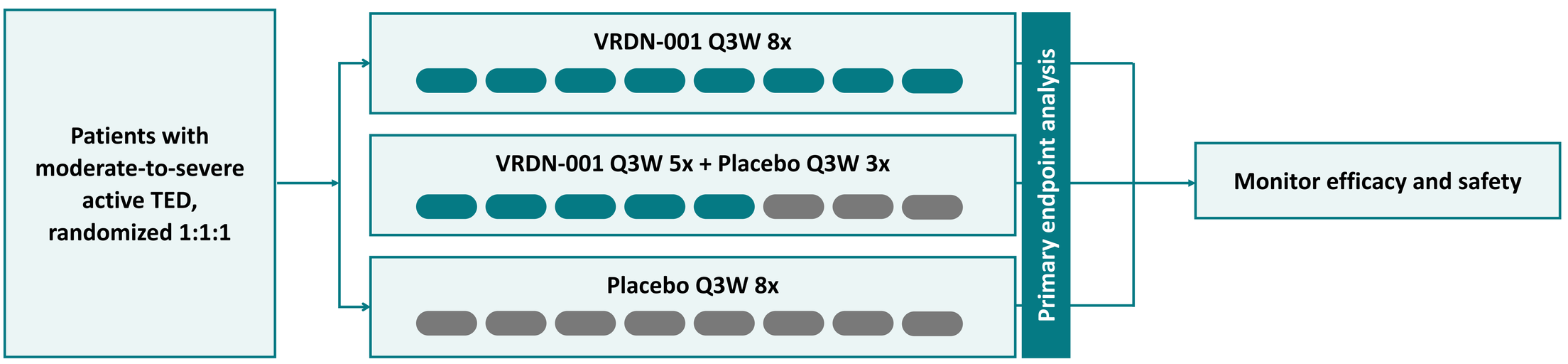
Moderate-to-severe TED

≤15 months — Recent onset of TED signs and symptoms

Key exclusion criteria

- Prior treatment with an IGF-1R antibody or any investigational agent for TED
- Systemic corticosteroids within 2 weeks or immunosuppressants within 60 days
- Compressive optic neuropathy requiring surgical decompression
- Clinically significant ear pathology, ear surgery, or hearing loss
- Inflammatory bowel disease

PROPOSED TRIAL DESIGN



At 24 weeks, non-responders (active or placebo) can enter a separate open-label extension study to receive VRDN-001.

ENDPOINTS

- Primary efficacy endpoint in North America: proptosis responder rate (reduction ≥2 mm vs baseline).
- Primary efficacy endpoint in Europe: overall responder rate (combined proptosis reduction ≥2 mm and CAS reduction ≥2 points).
- Additional secondary endpoints: measures of diplopia, CAS, MRI/CT volumetric analyses, and quality of life.
- Safety and tolerability will be assessed throughout the full study period.

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References: **1.** Zhao Y et al. *Thyroid.* 2022; 32:S1, Poster 132; **2.** Ugradar S et al. *Thyroid.* 2022; 32:S1, Poster 535.

PDF of poster and additional information: Scan QR code.
Abbreviations used in poster: CAS, clinical activity score; IGF-1R, insulin-like growth factor 1 receptor; Q3W, every 3 weeks.
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Clinical Trial ID: NCT05176639

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