

STARS Nutrition -- Interim Data Summary October 2022

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This presentation concerns products that are under clinical investigation and which have not yet been approved for marketing by any regulatory authorities. They are currently limited by applicable laws to investigational use, and no representation is made as to their safety or effectiveness for the purposes for which they are being investigated.

STARS Nutrition is the First Dedicated Phase 2 in CIC patients

Supplemental study to demonstrate and quantify absorption benefits in CIC

STARS nutrition

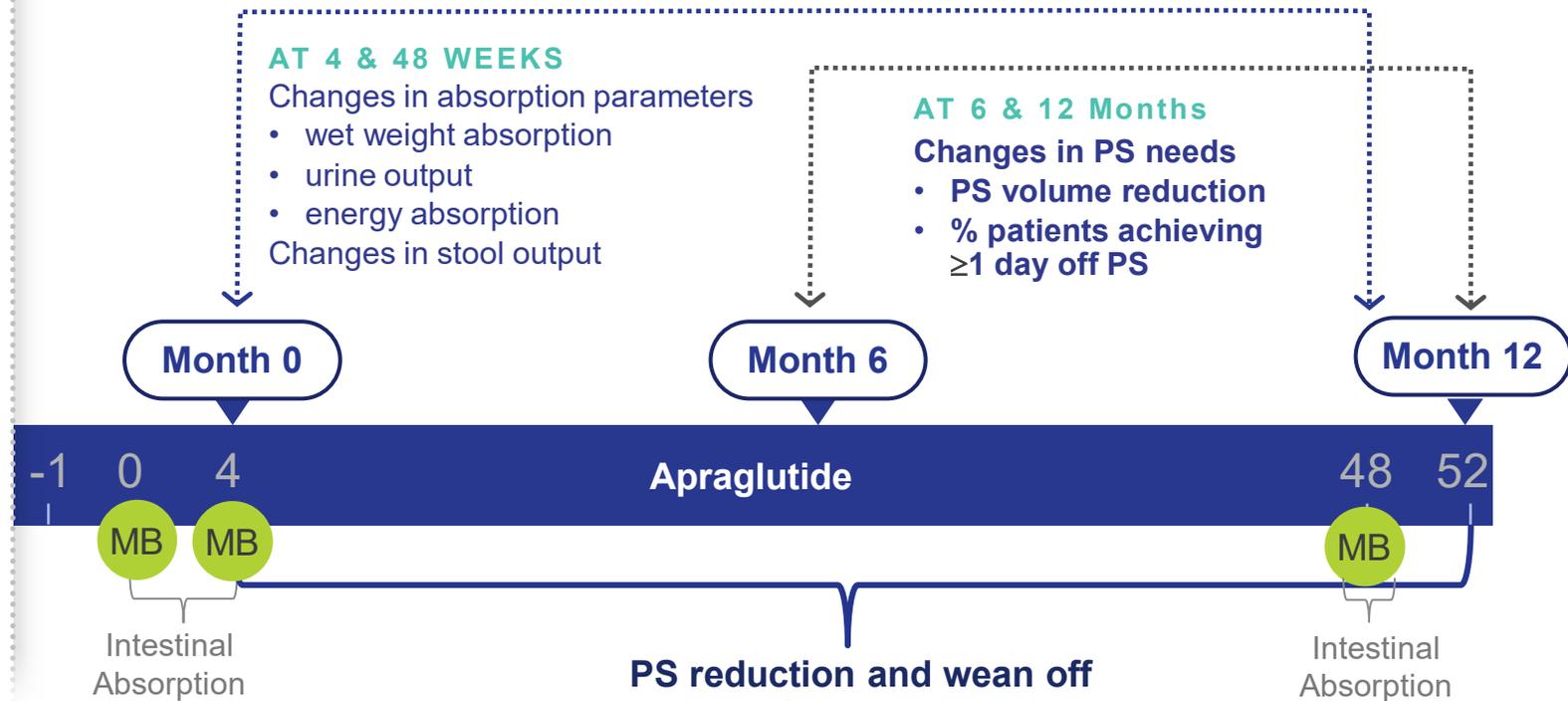
9 SBS-IF patients with CIC

Open label, baseline controlled

Weekly apraglutide

STUDY OBJECTIVES

Safety tolerability, PK, and absorption parameters



Baseline Characteristics

	Mean (SD)	Median	Min - Max
Demographics			
Sex	2 M / 7 F		
Age (n=9)	46.8 (17.46)	51	22 - 70
Weight (kg) (n=9)	58.2 (4.78)	60.2	49.3 - 63.1
Height (cm) (n=9)	164.7 (8.96)	164	155 - 182.5
BMI (kg/m ²) (n=9)	21.6 (2.87)	21.39	17.47 - 25.48
SBS History			
Small bowel (cm) (n=9)	18.7 (17.67)	20	0 - 50
Colon (%) (n=9)	79.2 (19.12)	71	43 - 100

Inclusion criteria

Adult males and females with SBS-IF

Less than 200 cm small bowel

At least 28 cm colon and no colostomy

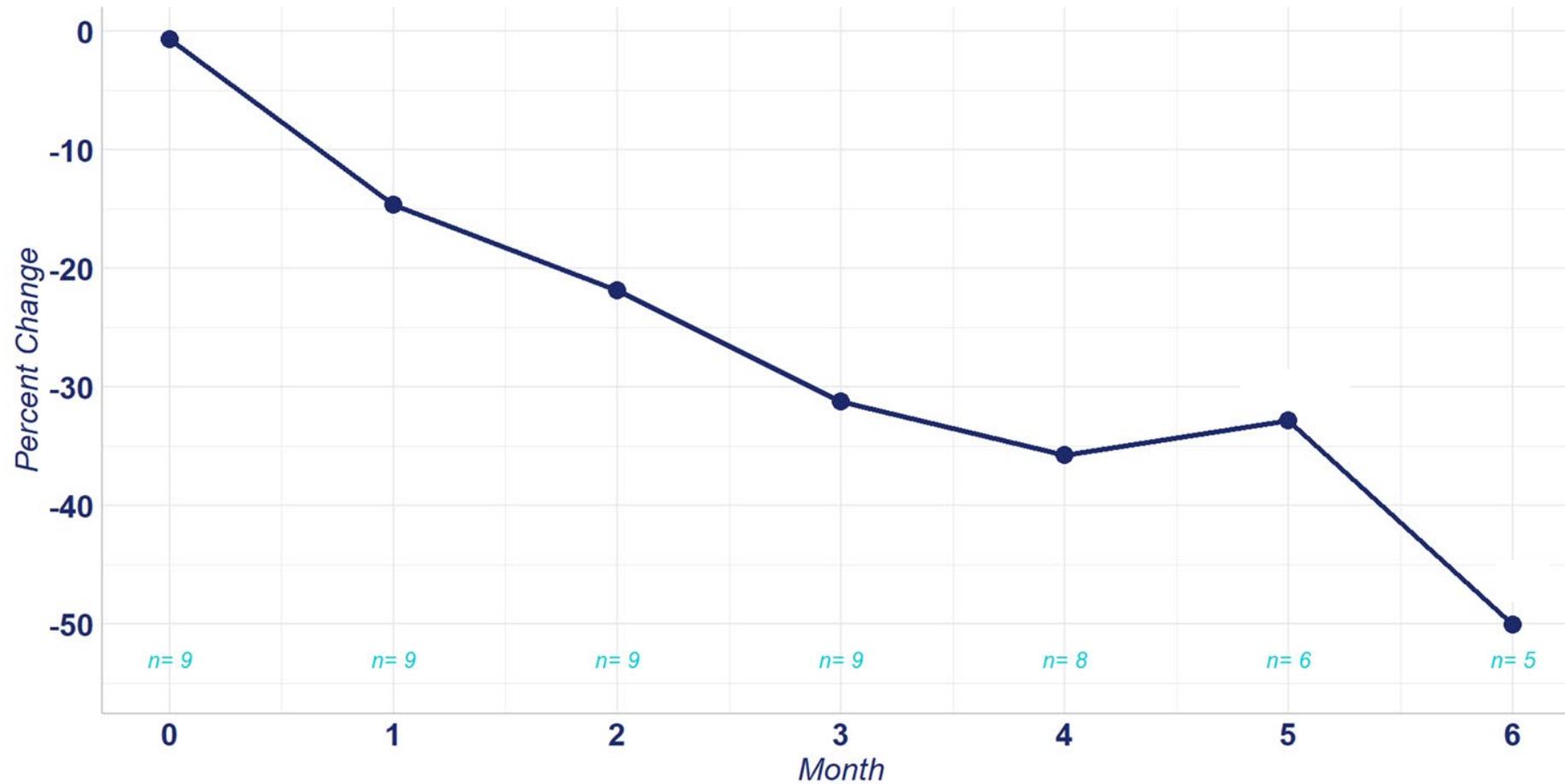
At least 12 months from last intestinal resection

At least 3 days per week PS

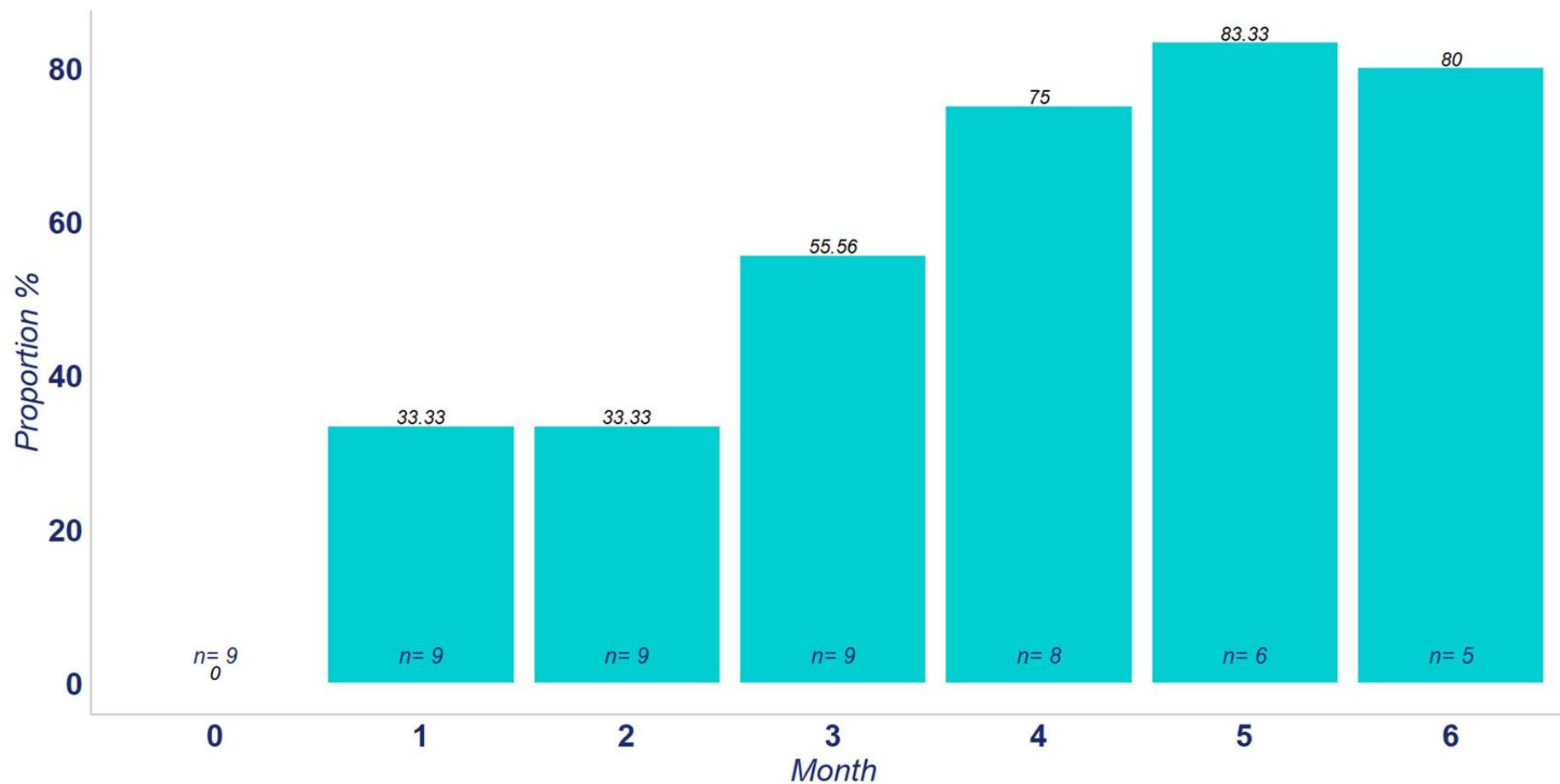
Subject considered stable with regard to PS (volume and energy) and bodyweight 3 months prior to screening

Percentage Change from Baseline in Weekly PS volume

Patients achieved a mean reduction in PS volume of 50% at 6 months



Proportion of Clinical Responders (PS reduction greater than 20%)



Summary of results

Interim results demonstrate that once weekly apraglutide has the potential to be a best-in-class GLP2

- Average 50% reduction in PS volume and 47% reduction in energy content by 6 months in the first 5 patients
- Greater than 30% average PS reduction in all 9 patients by 3 months
- 80% (4 out of 5 patients) were clinical responders (defined as 20% PS reduction) at 6 months
- 80% (4 out of 5 patients) achieved at least one day off PS at 6 months
- No reduction in average bodyweight despite 50% reductions in PS and 47% reduction in PS energy content.

Interim data as of 7 October 2022

Appendix

Summary Table of Gattex and Glepaglutide Phase 3 Results

	STEPS Gattex ¹	EASE 1 Glepaglutide ²	STARS Nutrition Apraglutide ⁵
Number of patients	N= 86 (1:1 Gattex/PBO)	N= 106 (1:1:1 weekly, 2x weekly, PBO)	N= 9 (open label, all CIC)
Baseline volume (liters/week)	13 ± 7.8 Gattex; 13.2 ± 7.4 PBO CIC: Gattex 10.6 PBO 10.5 ³	~14 liters across all arms CIC baseline volumes undisclosed	9.5
Anatomy split: CIC/stoma	55% / 45%	"balanced" (~50/50) in each arm	100% CIC
% Volume reduction @ wk 24	Gattex 32% rel to baseline PBO 21% rel to baseline (CIC: 23.3% Gattex 23.8% PBO) 11% relative improvement over placebo 0% improvement over placebo in CIC group	2x weekly 37% rel to baseline ⁴ 1x weekly 22% rel to baseline) PBO - 20% rel to baseline 16% relative improvement over placebo (2x weekly) No data presented on different anatomies	50% relative to baseline
Clinical response (% of pts with >20% reduction)	63% Gattex 30% PBO 33% increase over placebo	65.7% 2x weekly 45.7% 1x weekly 38.9% PBO 26.8% increase over placebo (2x weekly)	80%

* Non-significant even excluding the outlier in 1 weekly dose arm with significant increase in PN due to duplicate entries in case report form

¹ Jeppesen, et al. Gastroenterology 2012 ² Zealand Press release and investor call ⁴ Jeppesen, et al. Gastroenterology 2018

⁴ Data extrapolated from absolute volume reductions presented in Zealand Press release and investor call

⁵ The above data shown from separate trials are not intended to demonstrate comparative efficacy