



# Yselty<sup>®</sup> for Uterine Fibroids Clinical Results

PRIMROSE 1 up to Week 52  
PRIMROSE 2 up to Week 76

10 DEC 2020



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# Uterine fibroids are ruining lives ...

No two women are the same. But millions share a common problem: suffering the daily consequences of uterine fibroids



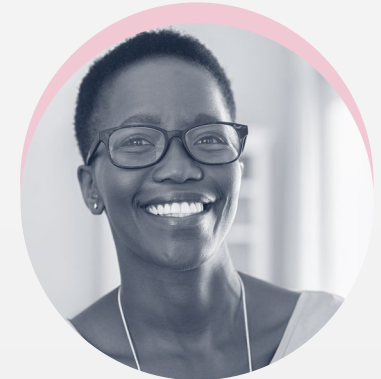
**Yselty® 200 mg once daily  
with concomitant ABT**

For long-term use for women  
for whom ABT is appropriate



**Yselty® 100 mg once  
daily without ABT**

For long-term use for women with  
a contraindication to or who prefer  
to avoid ABT



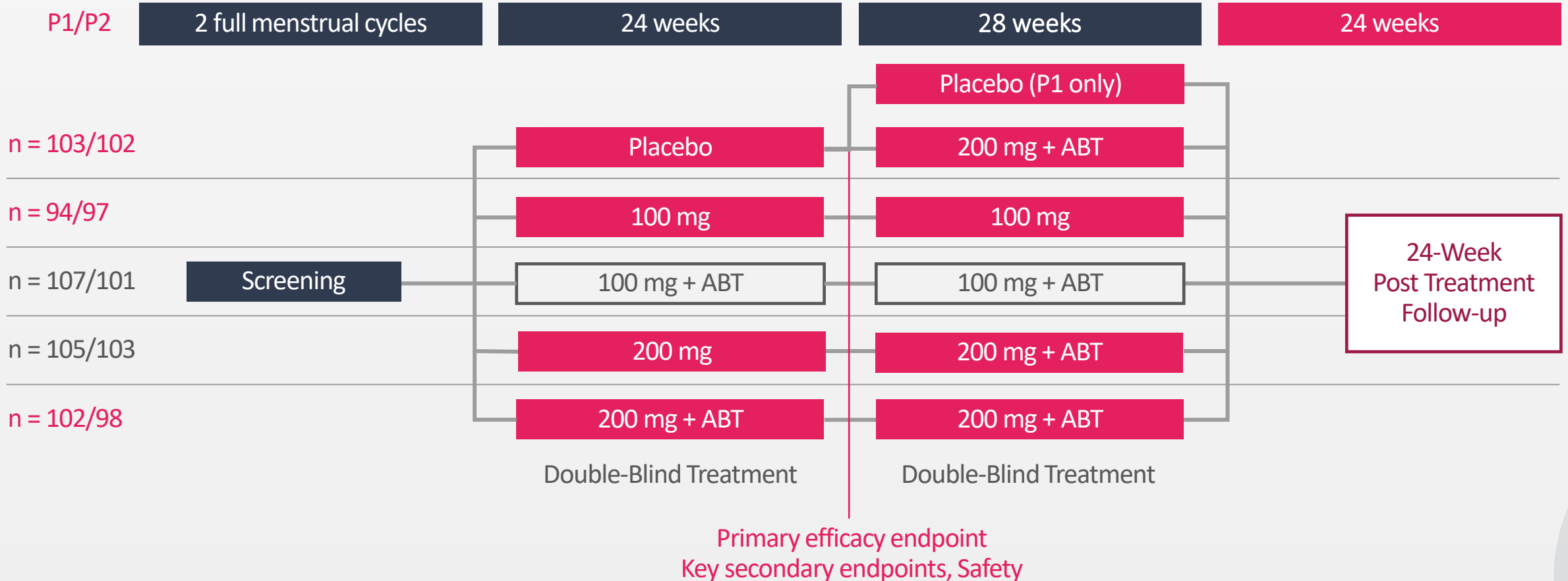
**Yselty® 200 mg once  
daily without ABT**

For short-term use (up to 6 months)  
when rapid reduction in fibroid and  
uterine volume is desired



# Phase 3 registration studies

## PRIMROSE 1 (US) and PRIMROSE 2 (EU/US)

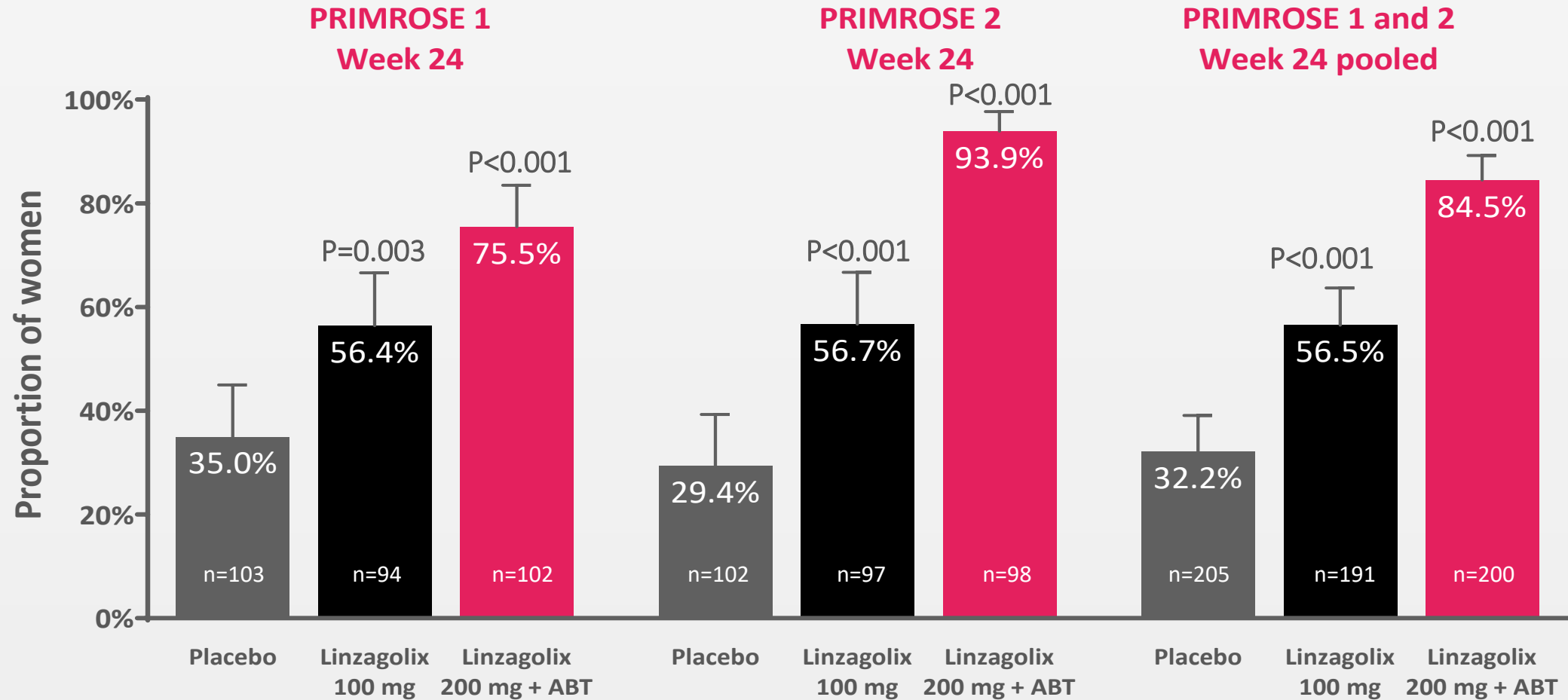


Primary efficacy endpoint is proportion of women with menstrual blood loss  $\leq 80$  mL (by alkaline hematin method) and  $\geq 50\%$  reduction from baseline

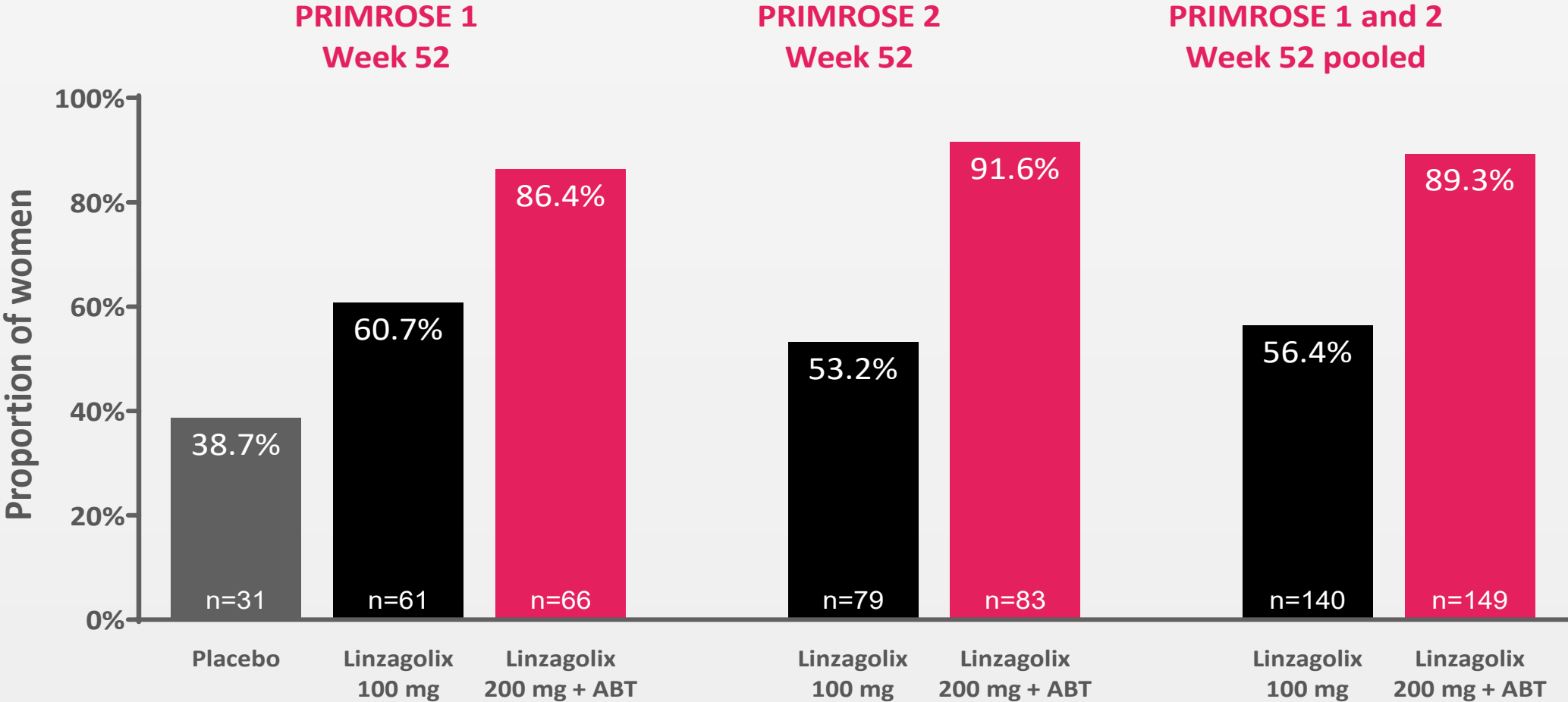
Patients in the studies received no Vitamin D or calcium supplementation

# PRIMROSE 1 and 2 achieved primary endpoint for both doses

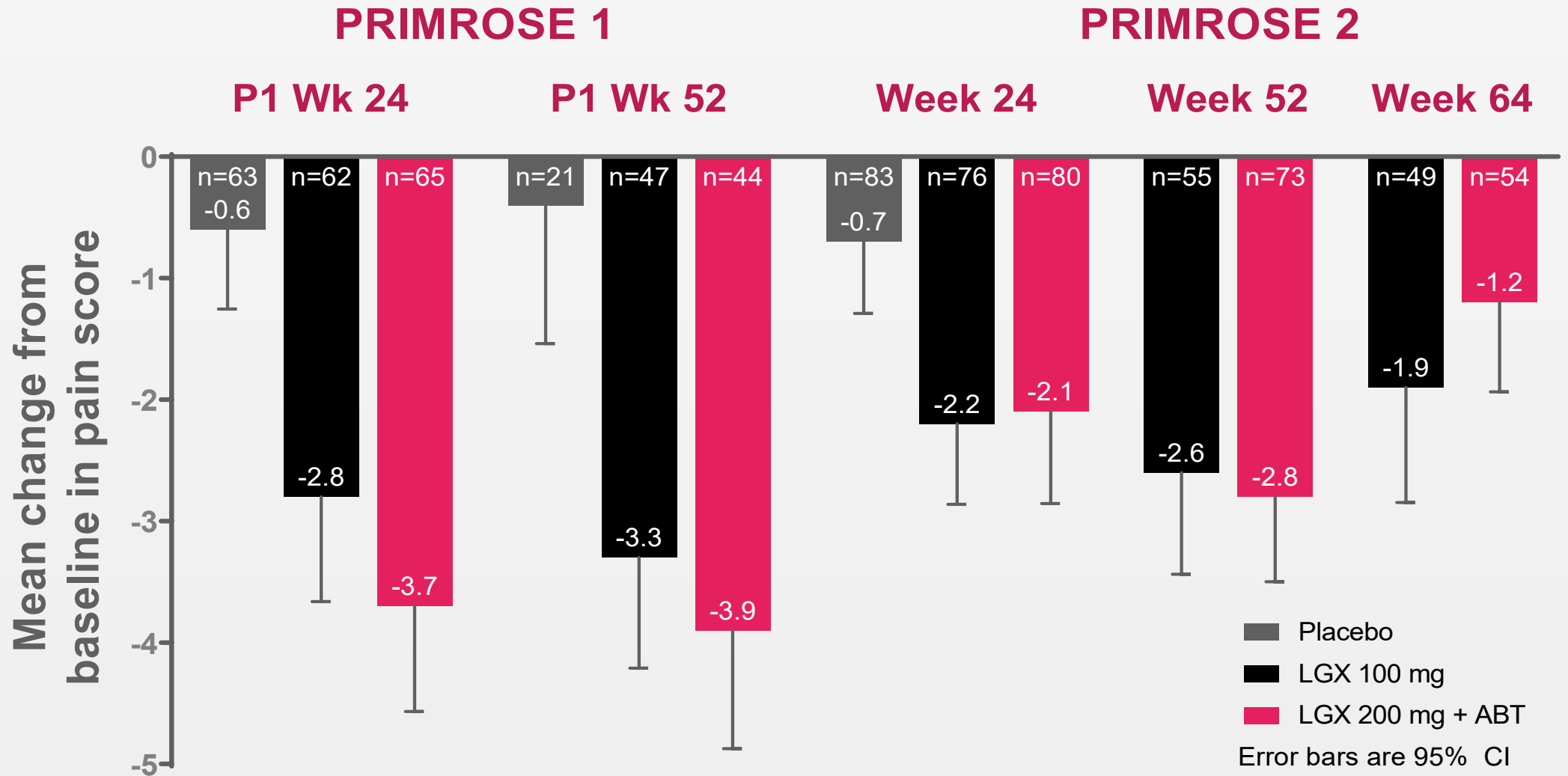
## Responder\* analysis at Week 24



# PRIMROSE 1 and 2 achieved sustained reduction in MBL Responder\* analysis at Week 52



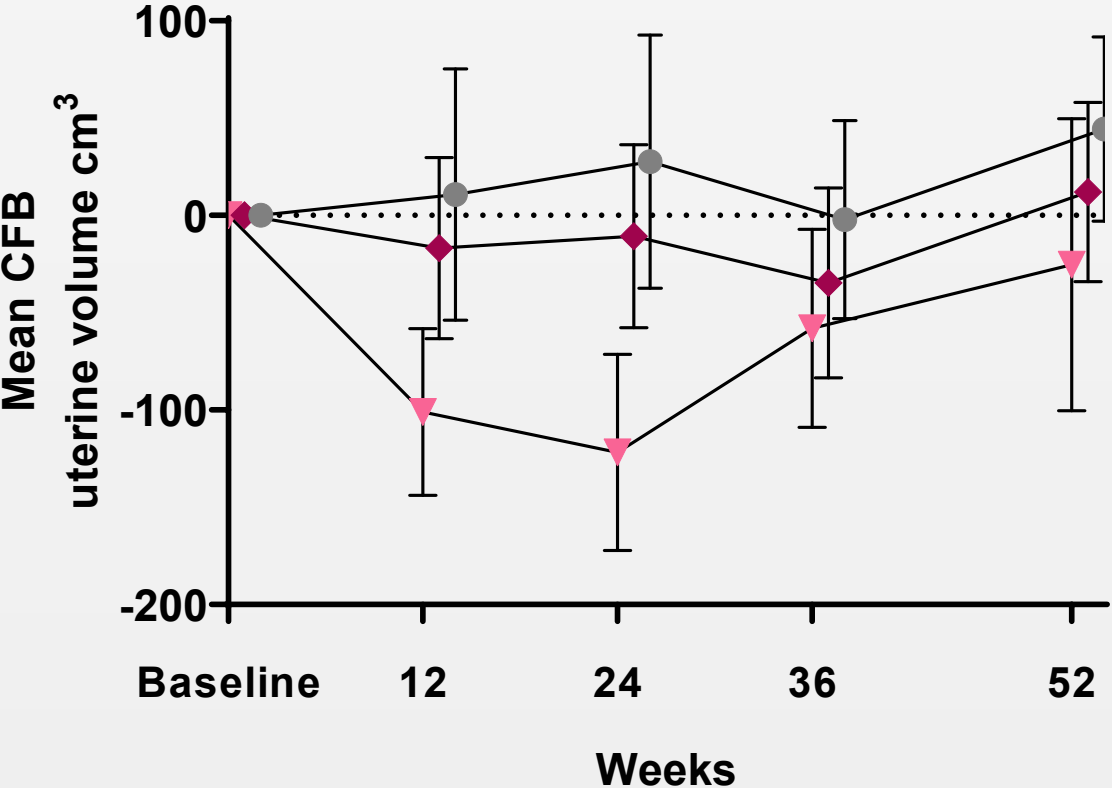
# Significant pain reduction maintained at Weeks 52 and 64



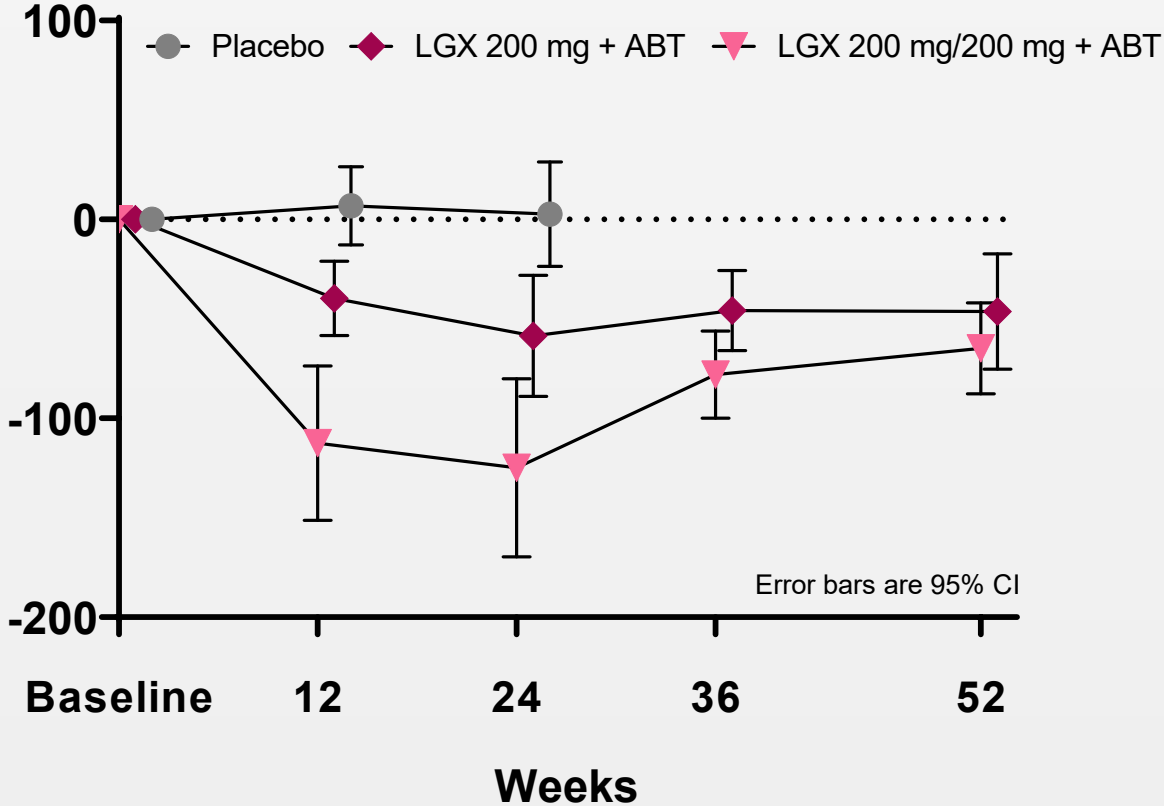
# LGX 200 mg without ABT significantly reduces uterine volume

Substantial reduction compared to placebo and LGX 200 mg with ABT at Week 24

### PRIMROSE 1



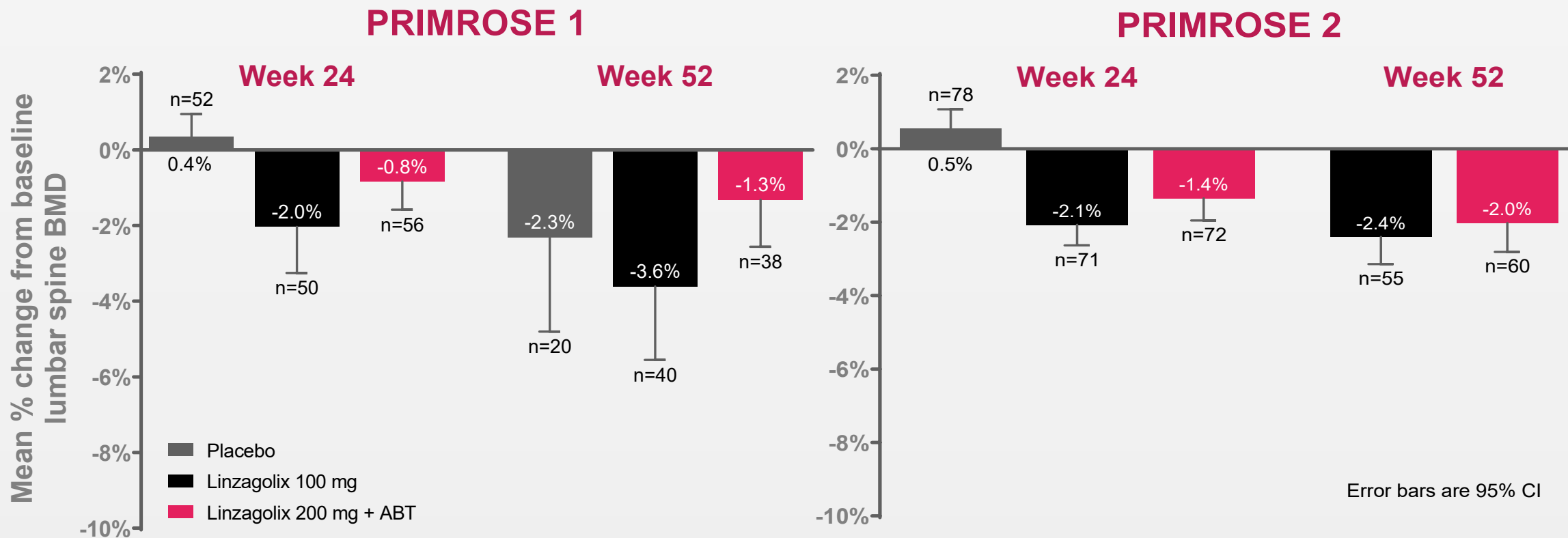
### PRIMROSE 2





# Minimal BMD change with both doses, plateauing after Week 24

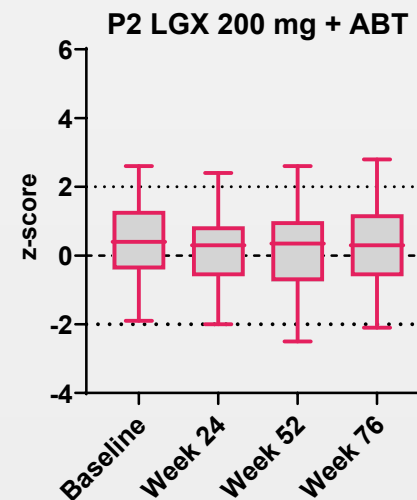
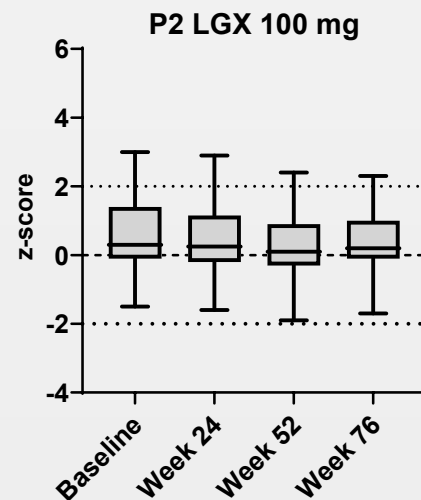
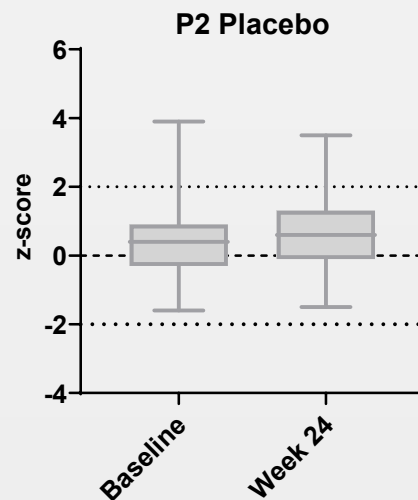
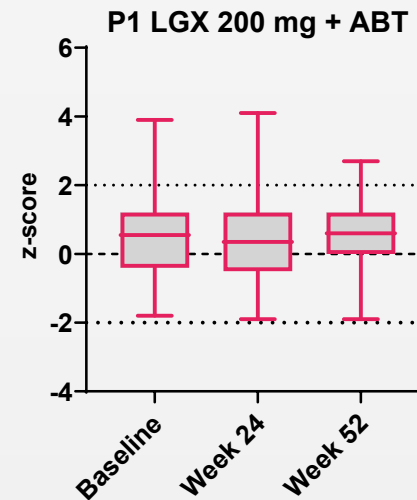
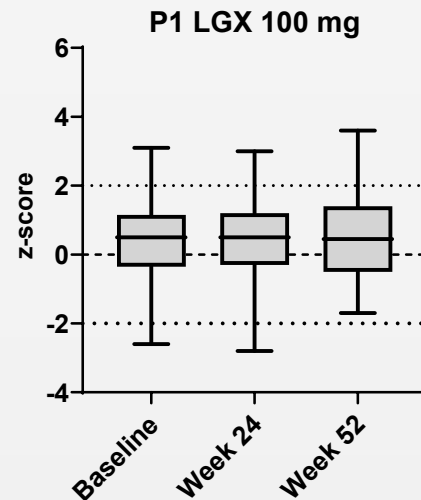
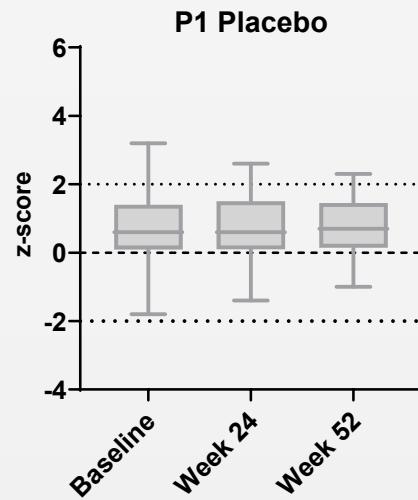
Expected age-related BMD decline observed in placebo arm at Week 52



Recovery at 6 months post-treatment (in subjects with a decrease at Week 52):  
Median % BMD increase: LGX 100 mg about 0.8%, LGX 200 mg + ABT about 1.2%

# Bone mineral density – no change in z-scores

BMD remains well within age-matched normal ranges during and after treatment for both doses



Z-score compares BMD to the average values of a person of the same age and gender. A score < -2 is a sign of less bone mass than expected

# Summary of adverse events – week 24 to 52

Confirmed good safety & tolerability

Number (%) of women	PRIMROSE 1			PRIMROSE 2	
	Placebo	Linzagolix 100 mg	Linzagolix 200 mg + ABT	Linzagolix 100 mg	Linzagolix 200 mg + ABT
	n=31	n=62	n=70	n=79	n=84
Subject with at least one TEAE	12 (38.7)	25 (40.3)	25 (35.7)	22 (27.8)	21 (25.0)
TEAE leading to discontinuation	1 (3.2)	2 (3.2)	1 (1.4)	7 (8.9)	1 (1.2)
SAE related to linzagolix	0	0	0	0	0
<b>Occurrence after week 24 of most frequently reported AEs (&gt; 5%) up to week 24</b>					
Hot flush	0	1 (1.6)	0	2 (2.5)	3 (3.6)
Headache	1 (3.2)	3 (4.8)	0	1 (1.3)	1 (1.2)
Anemia	1 (3.2)	0	0	2 (2.5)	1 (1.2)

# Adverse events of interest/pregnancy – week 24 to 52

No signal related to adverse events of interest\*

Number (%) of women	PRIMROSE 1			PRIMROSE 2	
	Placebo	Linzagolix 100 mg	Linzagolix 200 mg + ABT	Linzagolix 100 mg	Linzagolix 200 mg + ABT
	n=31	n=62	n=70	n=79	n=84
Suicidal ideation	0	0	0	0	0
Depression; depressed mood	0	0	0	0	0
Anxiety	0	0	0	0	0
Alopecia	0	0	0	0	1 (1.2)
Decreased libido	0	0	0	0	1 (1.2)
Pregnancy	0	0	0	1 (1.3)	0

\* Adverse events of interest are AEs that are potentially related to suppression of estradiol and have been reported with Oriahnn treatment

# PRIMROSE 1 & PRIMROSE 2 results

## Conclusions

1

### Potential best-in-class efficacy

- Efficacy sustained up to 52 weeks for all dose regimens
- Potentially best-in-class symptom control for 200 mg with ABT

2

### Unique set of treatment options

- Clinically meaningful & sustained efficacy of the 100 mg without ABT
- Significant uterine volume reduction for 200 mg without ABT

3

### Favorable tolerability profile

- No safety signal of concern for any of the linzagolix regimens
- BMD remains within age-matched normal ranges during and after treatment

# Thank you

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