

CLINICAL PROOF OF PRINCIPLE AND FAVORABLE TOLERABILITY PROFILE SHOWN WITH ORALLY DOSED MORF-057 AS INDUCTION THERAPY FOR MODERATELY TO SEVERELY ACTIVE UC: PHASE 2A EMERALD-1 STUDY RESULTS

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Poster

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Phase 2a open-label study of MORF-057, an oral $\alpha 4\beta 7$ integrin inhibitor dosed at 100 mg twice daily, met its primary histologic endpoint with statistically significant improvement in moderately to severely active ulcerative colitis patients over 12 weeks.

KEY POINTS

- The primary endpoint was met with a mean reduction in Robarts Histopathology Index score of -6.4 (SD=11.2, $p=0.0019$) at week 12 in 35 patients, 89% of whom completed induction.
- Secondary clinical outcomes included 25.7% achieving modified Mayo Clinic score clinical remission, 45.7% achieving clinical response, and 25.7% achieving endoscopic improvement, with a mean mMCS change of -2.3 points.
- The study enrolled a difficult-to-treat population with mean baseline RHI of 22.7, modified Mayo score of 6.7, and 40% having prior advanced therapy experience; approximately half had Mayo endoscopic sub-score of 3.
- Pharmacodynamic analysis showed median $\alpha 4\beta 7$ receptor occupancy >99% at trough with selective increases in circulating ITGb7+ lymphocyte subsets without rise in total lymphocyte counts.
- Treatment-emergent adverse events were low with no safety signals identified; the most common events were UC exacerbation (11.4%) and anemia (8.6%).

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