We believe that by blocking GM-CSF signaling, mavrilimumab may be able to reverse the course of GCA by upstream targeting of the cell types driving the inflammatory process, a mechanism that is different from currently available therapies.

- The GM-CSF signaling pathway has been shown to be upregulated in GCA biopsies versus control at both the messenger ribonucleic acid (mRNA) and protein level.
- Mavrilimumab reduced inflammatory molecules characteristic of GCA pathophysiology in an ex vivo GCA artery culture model.
- Mavrilimumab reduced arterial inflammation compared to control in an in vivo model of vasculitis.
- In previous Phase 2b trials in rheumatoid arthritis, mavrilimumab demonstrated rapid and prolonged reductions in interleukin-6 (IL-6) production, which is indicative of suppression of tissue inflammation upstream.

**Status: Phase 2**

We are conducting a randomized, double-blind, placebo-controlled, global Phase 2 proof-of-concept clinical trial of mavrilimumab in patients with GCA.

- The Phase 2 clinical trial is expected to enroll subjects with new-onset and refractory disease. Subjects will be randomized 3:2 to 150 mg of mavrilimumab or placebo injected subcutaneously once every 2 weeks and coadministered with a corticosteroid taper. Treatment duration is 26 weeks, and the primary efficacy endpoint is time to first flare. Data are expected in the fourth quarter of 2020.

**Clinical Collaboration**

We have a clinical collaboration with Kite, a Gilead Company, to conduct a Phase 2, multicenter study of mavrilimumab in combination with axicabtagene ciloleucel in relapsed or refractory large B-cell lymphoma. The objective of the study is to determine the effect of mavrilimumab on the safety of axicabtagene ciloleucel. Preclinical evidence shows the potential for interruption of GM-CSF signaling to disrupt chimeric antigen receptor T cell (CAR T)-mediated inflammation without disrupting anti-tumor efficacy. The Phase 2 trial is expected to commence in the second half of 2020.