CBP-201-206

Rademikibart Add-on Treatment of an Acute Asthma Exacerbation (Seabreeze STAT Asthma)

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Study 206 Preliminary Topline Results

- 66% reduction in Treatment Failure (TxF) events compared to placebo by Day 28
  - Although reduction in TxF observed with rademikibart was approximately 50% greater than projected, statistical significance not achieved (p=0.153) due to much lower overall rate of TxF events than projected from ABRA study* used to power Study 206
    - 45% TxF rate in ABRA control arm and 50% reduction in benralizumab arm used to power Study 206
    - TxF rate in placebo control arm in Study 206 was 7.4%; rademikibart arm TxF rate of 2.5% is 66% lower than placebo arm (50% greater difference than seen with benralizumab in ABRA at 28 days)
- Rapid, statistically significant increase in post-bronchodilator FEV_1 compared to placebo despite participants receiving maximal treatment (bronchodilator and systemic steroids) for exacerbations
- Favorable safety profile with low overall incidence of adverse events and no individual adverse event occurring in more than 2 participants.

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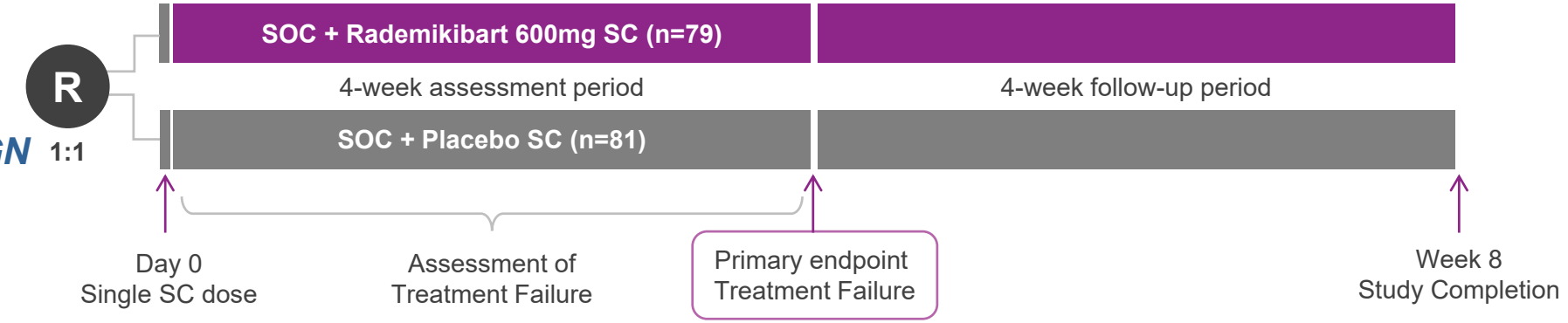
* Treating eosinophilic exacerbations of asthma and COPD with benralizumab (ABRA): double-blind, double-dummy, active placebo-controlled randomised trial

Phase 2 Clinical Trial of Rademikibart for Treatment of Acute Asthma Exacerbations

Seabreeze

STAT ASTHMA STUDY DESIGN



	Population		Primary Endpoint	Secondary Endpoints	Key Exploratory Endpoints
Seabreeze STAT Asthma	Adolescents and adults at urgent outpatient visit, ED or hospital	Eosinophil count of ≥ 300 cells/μL and ≥1 exacerbation in prior ~12 months	Treatment Failure (28 days after randomization) includes: • death (any cause), • (re)admission to hospital, • urgent visit to outpatient/ED provider for symptom worsening, or • necessity to intensify pharmacologic treatment.	•**KEY**: Absolute change from baseline in post-bronchodilator (BD) FEV1 at Wk 1; •Rate of exacerbations in 28 days •Time to new exacerbation in 28 days •Absolute change in post-BD FEV1 at Day 3 & Wk 4 •Mean change in respiratory symptoms. •Safety	•Time to ready for discharge in hospitalized patients •Disease specific-PROs

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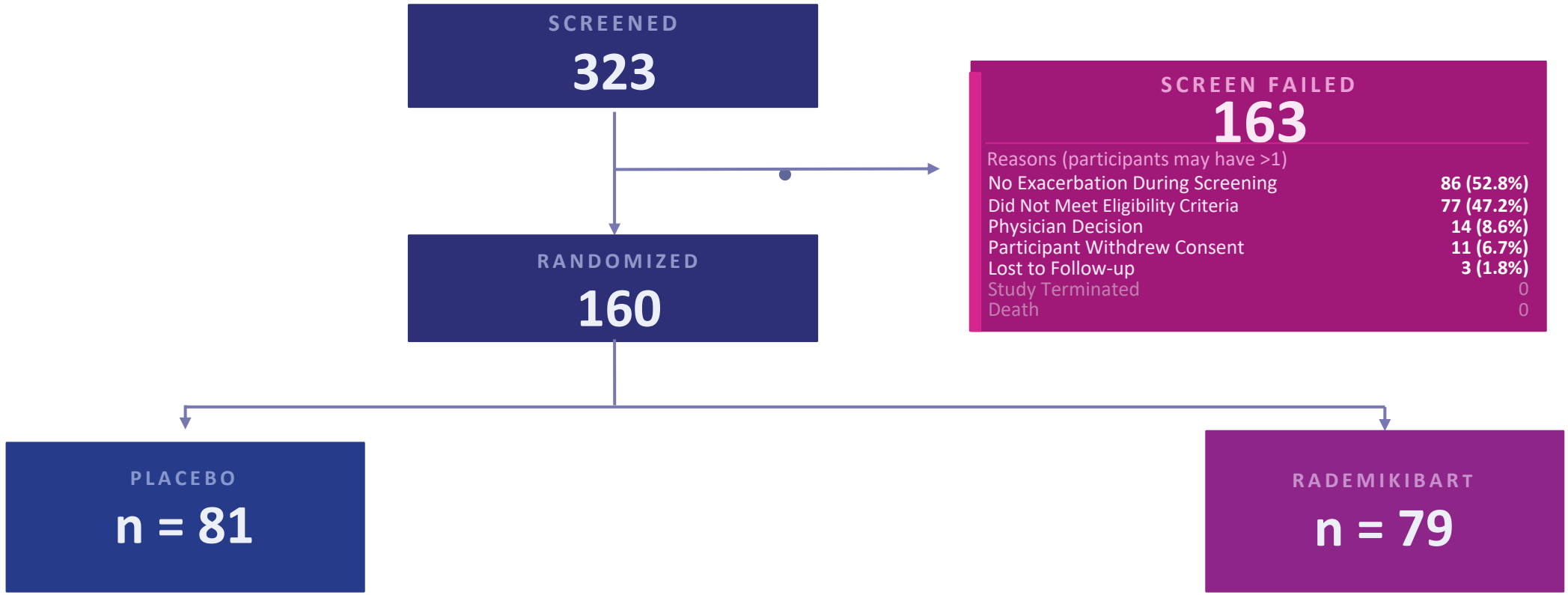
Abbreviations: COPD = Chronic obstructive pulmonary disease; FEV_1 = forced expiratory volume in 1 second; PRO =patient-reported outcome; SC = subcutaneous; SOC = standard of care:

Phase 2 Seabreeze STAT Asthma Study Participant Disposition



Phase 2 Seabreeze STAT Asthma Demographics and Baseline Characteristics

		Placebo (N=81) n (%)	Rademikibart (N=79) n (%)
Age (years):	Mean (SD); Min, Max	57.1 (12.86); 13, 74	53.0 (13.01); 23, 73
Sex:	Female Male	45 (55.6%) 36 (44.4%)	53 (67.1%) 26 (32.9%)
Ethnicity:	Not Hispanic	69 (85.2%)	71 (89.9%)
Race:	White Black Asian & Other	80 (98.8%) 0 2 (2.5%)	73 (92.4%) 4 (5.1%) 2 (2.5%)
Smoking Status:	Former/Nonsmoker Current	79 (97.5%) 2 (2.5%)	77 (97.5%) 2 (2.5%)
Exacerbations in Prior 12 mos:	Mean (SD)	1.6 (0.97)	1.6 (0.88)
Baseline Eosinophil Count (cells/µL):	Mean (SD)	500 (300)	600 (460)
Baseline FeNO (ppb):		45.5 (51.88)	45.9 (43.58)
Country:	Serbia Georgia USA Argentina Great Britain Australia	41 (50.6%) 23 (28.4%) 5 (6.2%) 9 (11.1%) 2 (2.5%) 1 (1.2%)	40 (50.6%) 23 (29.1%) 9 (11.4%) 4 (5.1%) 2 (2.5%) 1 (1.3%)

Treatment Failure (TxF) Rate in Trial Lower than Projected
66% Reduction in TxF with Rademikibart 50% Greater Than Projected

	Placebo (n=81)	Rademikibart (n=79)	P-value
Treatment Failure Rate	6 (7.4%)	2 (2.5%) 66% reduction*	0.153
Death	0	0	
~~A~~dmission or readmission to hospital for asthma	0	0	
ED visit or unscheduled medical visit for worsening asthma symptoms	4 (4.9%)	2 (2.5%) 50% reduction	
Intensified pharmacologic treatment without hospital admission or ED/unscheduled medical visit	2 (2.5%)	0	

* Study 206 was powered based on 45% placebo arm TxF rate and approximately a 50% reduction observed for benralizumab arm in ABRA study
ED – Emergency Department.

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Number of New Exacerbations Also Lower in Study 206

	Placebo (n=81)	Rademikibart (n=79)	P-value
Number of new exacerbations through Week 4 visit	5 (6.2%)	2 (2.5%)	N/A

Due to the low number or exacerbations, the other secondary endpoints of rate of new asthma exacerbations in 28 days after randomization and time to the first new asthma exacerbation in the 28 days after randomization could not be calculated.

* Study 206 was powered based on 45% placebo arm TxF rate and approximately a 50% reduction observed for benralizumab arm in ABRA study
ED – Emergency Department.

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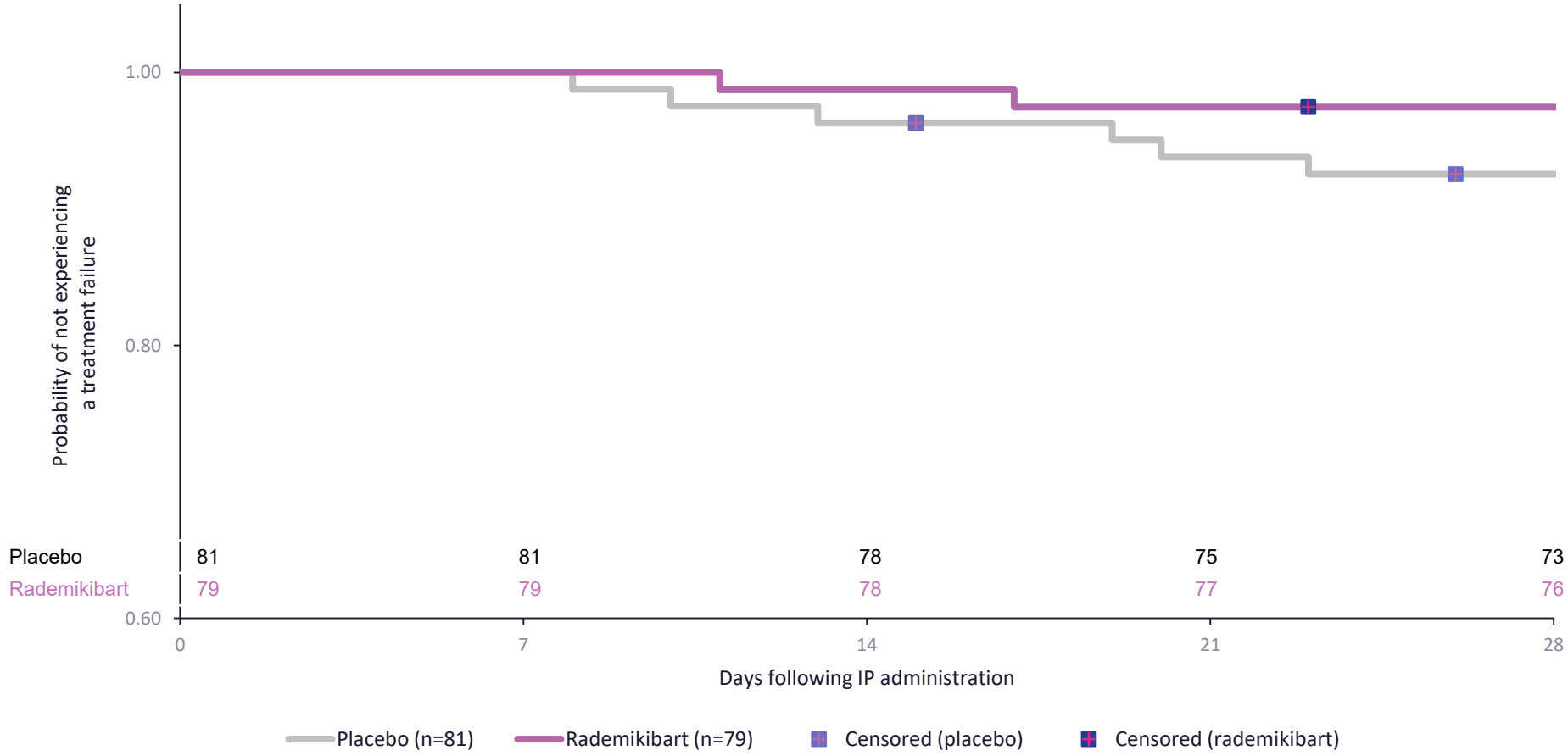
Time to Treatment Failure

Time to Treatment Failure Through Day 28



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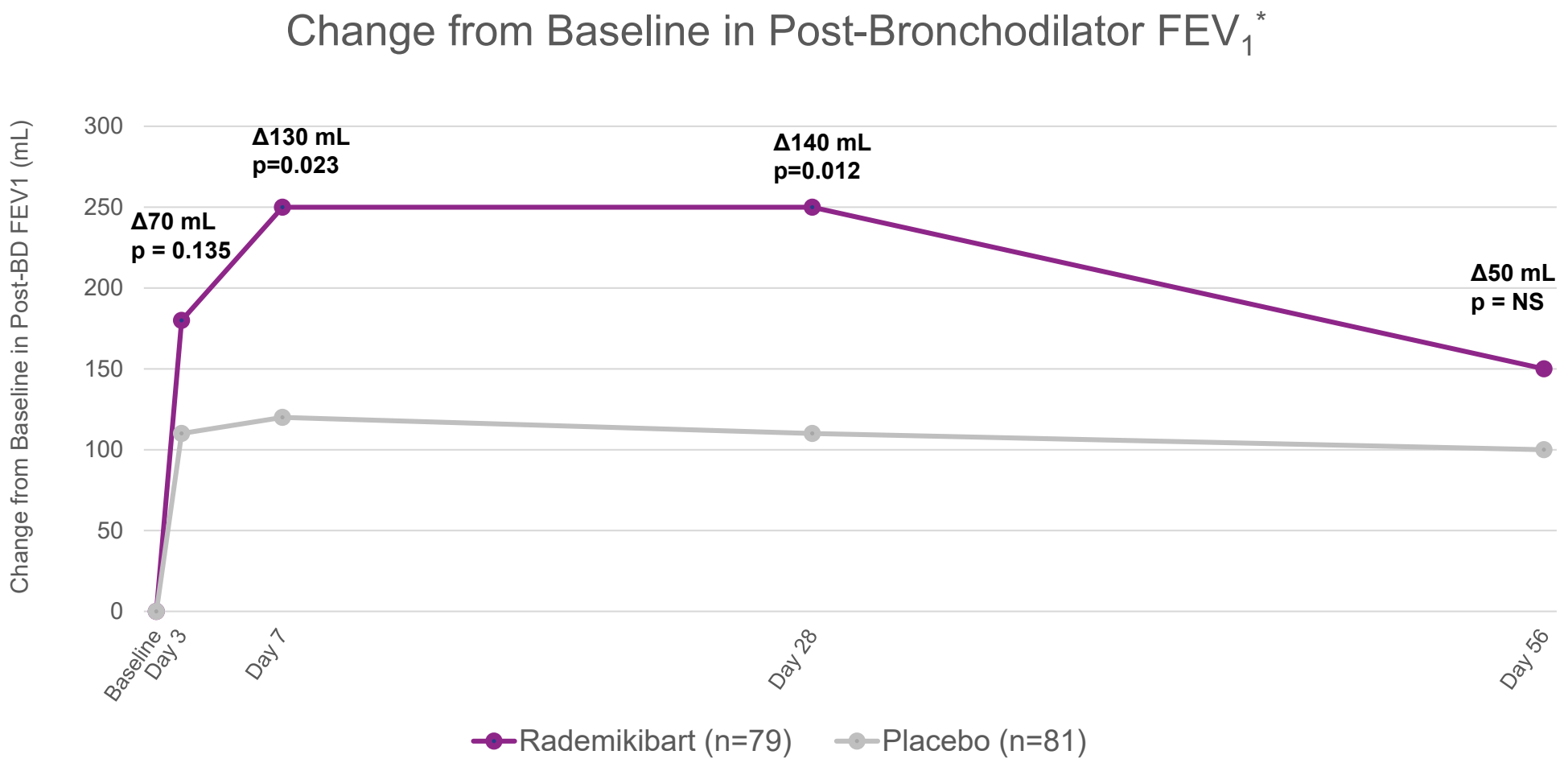
Key Secondary Endpoint – Significant Increase in Post-Bronchodilator FEV_1 on Day 7 (Day 28 also Significant Change from Baseline vs Placebo) Preliminary Topline Results



BD – Bronchodilator
*LSM change from baseline

Phase 2 Seabreeze STAT Asthma Study Adverse Event Summary

	Placebo (N=81) n (%)	**Rademikibart** (N=79) n (%)
Any TEAE	16 (19.8%)	13 (16.5%)
SAE	3 (3.7%)	1 (1.3%)
TEAEs possibly related to IP	1 (1.2%)	2 (2.5%)
TEAEs ≥Grade 3	2 (2.5%)	2 (2.5%)
AESIs	0	1 (1.3%)
TEAEs of DILI	0	0
TEAEs leading to IP discontinuation	0	0
TEAEs leading to trial withdrawal	0	0

Note: AESIs include conjunctivitis, keratitis, severe (Grade 3) injection site reactions persisting > 24 hrs, parasitic and opportunistic infections, and anaphylaxis

Abbreviations: AESI, adverse event of special interest; CPK, creatine phosphokinase; DILI, drug-induced liver injury; GFR, glomerular filtration rate; IP, investigational product; SAE, serious adverse event; TEAE, treatment-emergent adverse event.

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Phase 2 Seabreeze STAT Asthma Study Adverse Event Details

Placebo (N=81)		**Rademikibart** (N=79)	
Abdominal pain (n=1)	✓ SAE	Asthma (n=1; exacerbation - Day 42)	✓ SAE ✓ Grade 3 TEAE
Cholangitis (n=1) Drug hypersensitivity (n=1)	✓ SAE ✓ Grade 3 TEAE	Injection site erythema (n=1; left upper arm)	✓ Grade 3 TEAE ✓ AESI
Vertigo (n=1)	✓ Possibly related TEAE	Injection site erythema (n=2; multiple locations)	✓ Possibly related TEAE
Asthma (n=2; exacerbation) Diarrhea (n=2) Urinary tract infection (n=2)	✓ Most common TEAE	Injection site erythema (n=2) Blood triglycerides increased (n=2) Urinary tract infection (n=2)	✓ Most common TEAE

Abbreviations: AESI, adverse event of special interest; SAE, serious adverse event; TEAE, treatment-emergent adverse event

Notes:
No AEs of 'eosinophil count increased' or 'eosinophilia' reported in the study. The protocol required eosinophil counts ≥1500 cells/μL or if symptomatic to be reported as an AE. Asthma exacerbations reported as an Adverse Event only if more severe than Index Exacerbation or more frequent than expected for participant.

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Study 206 Topline Results - Conclusions

- Clinically meaningful 66% reduction in Treatment Failure (TxF) observed through Day 28
- Rapid, statistically significant and clinically meaningful increase in post-bronchodilator FEV_1 compared to placebo observed at Day 7
  - Day 7 FEV_1 improvement is Key Secondary Endpoint, which we plan to propose to FDA as Phase 3 endpoint
  - FDA has previously indicated they prefer an endpoint showing rapid benefit
- Favorable safety profile

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Snapshot of the Asthma Market

- Based on the rapid onset of FEV1 increases, current development of rademikibart is focused on treatment of acute exacerbations of asthma and COPD
- Updated market research indicates that there were approximately 1.6M ED visits in the US for acute asthma attacks in T2 high patients in 2025*
  - Penetration of biologics into the asthma market is very low: 2.26% of all asthma patients (288,683 of 12.7M) received an asthma biologic in 2025, rising to 3.44% among the type-2-high subset leaving a large untapped market
- Ultimately, goal is to have both acute and chronic indications for rademikibart
  - Market research indicates that acute use will drive significant chronic use

*Komodo 2025 Asthma Biologic Penetration
ED – Emergency Department

Real-World Claims Data

How we measure disease burden at national scale

Every time a patient is treated, a billing claim is created. Aggregated across payers, those claims show how care is actually delivered in the United States.

WHAT IS CAPTURED

Diagnosis, procedure, prescription, site of care, and amount paid, for every billed encounter.

WHAT WE DO WITH IT

Size the patient population, quantify the cost of uncontrolled disease, and design better trials.

THE DATA SOURCE: KOMODO HEALTH HEALTHCARE MAP

330M+	160M	60+	1T+	Daily
de-identified U.S. patient journeys	closed, linkable lives per year	contributing data sources	linked patient records	refresh of the underlying map

Claims are coded for billing, not for research, so cohorts are pre-specified and validated before any figure is reported.

Source: Komodo Health, Healthcare Map product overview and company press materials (komodohealth.com), accessed September 2026; figures as reported by the vendor. All analyses use HIPAA-compliant de-identified data. HIPAA, Health Insurance Portability and Accountability Act.

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2025 US National Claims Data Patients Aged 12 and Over
Distribution of Emergency Visits for Asthma with Costs

Acute asthma attack
2,158,005 ER visits/yr

Not type 2–high · 565,397 · 26.2% *not carried forward*

Type 2–high **1,592,608** 73.8%

76% of the 90-day spend lands in the first month.

HOW THE VISIT ENDS…	Treat + Release discharged from the ER		Observation held, not admitted		Admitted inpatient stay	
Type 2–high visits a year †	1,138,353	71.5%	144,783	9.1%	309,472	19.4%
WHAT HAPPENS IN THE FIRST 30 DAYS…						
Returned to ER or was admitted ≤30 days	194,658	17.1%	22,441	15.5%	64,061	20.7%
↳ extra cost those returns drive per patient	$4,992		$11,249		$19,572	
30-day cost for returning patients	$971M		$253M		$1,254M	
Cost savings with 66% reduction in 30-day returns	$641M	$563 per Treated and Released visits	$167M	$1,153 per Observed visits	$828M	$2,674 per Admitted visits

ER = emergency room; type 2–high = elevated eosinophils, IgE or a documented atopic condition; allowed amount = billed and allowed by the plan, before the plan's share is netted out
Visit volume: Komodo Healthcare Map, age 12+, CY2025, standardised for age and payer mix — 2,158,005 is the projection of 1,087,531 observed ER episodes.

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