



ISAD Beijing 2026

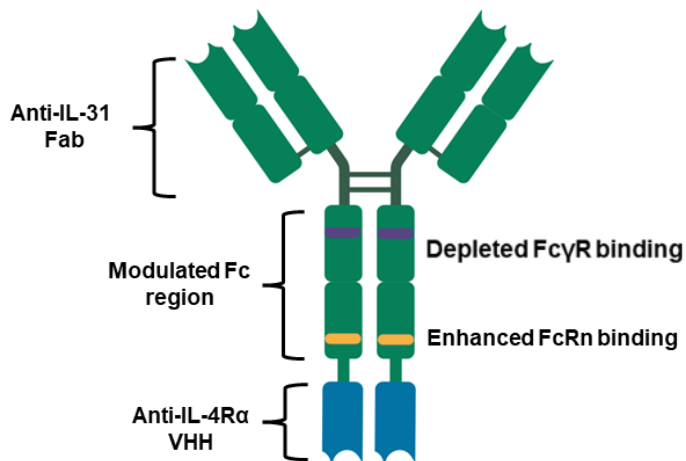
Safety and Efficacy of BBT001, a Novel Bispecific IL-4R α /IL-31 Antibody: Proof-of-Concept Results from the Biologic-Naïve Portion of a Double-Blind, Placebo-Controlled Phase I Study in Patients with Atopic Dermatitis

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BBT001 is Rationally Designed to Be a Transformative Medicine in Atopic Dermatitis and Beyond

BBT001 | 2+2 IgG1 Bispecific



IL-4Rα × IL-31 | Potency + durability

Clinically Validated Targets

BBT001 bridges inflammation + itch biology

Anti-IL-4Rα		Anti-IL-31*	
<i>Dupilumab</i>	Approved in 9 indications in the USA ¹	<i>Nemolizumab</i>	Approved in 2 indications in the USA ²

Complementary Pathways

Targeting both IL-4Rα and IL-31 may provide faster and more durable efficacy

- Two orthogonal and clinically validated targets
- Addresses core Type 2 pathways driving inflammation and chronic itch

Differentiated half-life extension technology

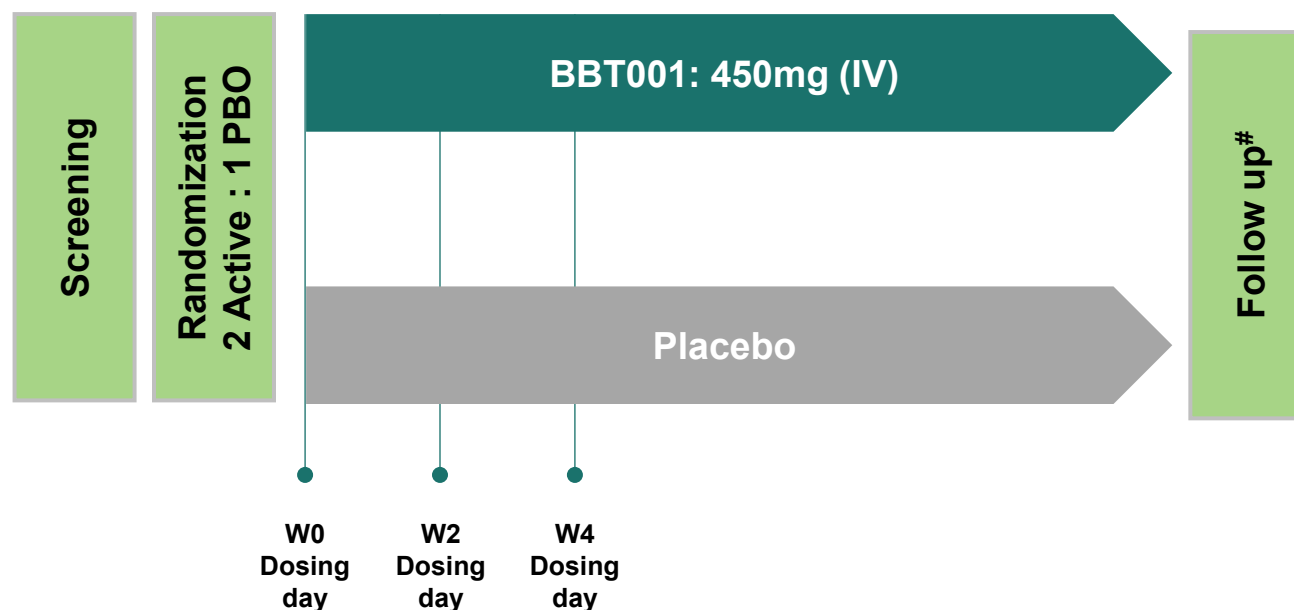
Fc Engineering

- Compatible with the bispecific structure
- Optimize immunogenicity and developability

*BBT001 inhibits IL-31 cytokine; Nemolizumab inhibits the IL-31 receptor.
1. Dupixent. Prescribing information. Regeneron Pharmaceuticals, Inc; revised April 2026. Accessed September 21, 2026. 2. Nemlurio. Prescribing information. Galderma Laboratories, LP; revised June 2025. Accessed September 21, 2026.
IgG1: subclass 1 of immunoglobulin G; Fc: crystallizable fragment; Fab: Fragment antigen-binding; VHH: variable domain of heavy chain-only antibody; FcγR: cell surface receptors for the Fc region of IgG antibodies that mediates antibody-dependent cellular cytotoxicity (ADCC); FcRn: neonatal Fc receptor, which mediates half-life

BBT001 Four-Week Proof-of-Concept Cohort in Biologic-Naïve Moderate-to-Severe Atopic Dermatitis Patients

Randomized, Double-Blinded, Placebo-Controlled Cohort
Enrollment from United States and New Zealand



Observed data from interim analysis of patients with follow-up ranging from 33 days to 165 days (median: 71 days).
Key exclusion criteria for bio-naïve participants: Prior use of a systemic drug targeting IL-4/13 and IL-31 pathways (e.g., dupilumab, tralokinumab, lebrikizumab or nemolizumab) or JAK inhibitors (e.g., upadacitinib, abrocitinib, baricitinib or deucravacitinib).

AD Population:

- AD history ≥ 12 months
- EASI ≥ 16
- vIGA ≥ 3
- BSA $\geq 10\%$
- PP-NRS ≥ 4

Primary Endpoint

- Safety and Tolerability

Key Exploratory Efficacy Endpoints

- Percentage Change from Baseline in Type 2 Inflammatory Biomarkers
- Percentage Change from Baseline in EASI
- Proportion of Patients Achieving EASI-50/75
- Percentage Change from Baseline in PP-NRS

BBT001-001 Trial identifier: NCT06808477. Data cutoff as of June 8th, 2026.

IV: intravenous; AD: atopic dermatitis; EASI: Eczema Area and Severity Index; vIGA: validated Investigator's Global Assessment; BSA: Body Surface Area; PP-NRS: Peak Pruritus Numerical Rating Scale; PROMIS-SRI: Patient-Reported Outcomes Measurement Information System Sleep-Related Impairment; PBO: Placebo; W: week; EASI-50/75: 50% or 75%, respectively, or greater improvement/reduction in EASI score.

Baseline Patient Characteristics and Disease Severity

	BBT001 (N=12)	Placebo (N=5)
Age, yrs (mean, SD)	31.1 (11.39)	31.8 (12.11)
Weight, kg (mean, SD)	82.16 (14.00)	76.35 (21.09)
BMI, kg/m² (mean, SD)	27.66 (5.79)	25.34 (6.09)
Duration AD Diagnosis, yrs (mean, SD)*	28.14 (9.25)	30.5 (10.61)
Type 2 Comorbidity (N, %)**	8 (66.7%)	2 (40.0%)
Sex (N, %)		
Female	3 (25%)	1 (20%)
Male	9 (75%)	4 (80%)
Race (N, %)		
Caucasian	3 (25%)	2 (40%)
Asian	0 (0%)	2 (40%)
Black	2 (16.7%)	1 (20%)
Others***	7 (58.3%)	0 (0%)
EASI (mean, SD)	34.64 (11.38)	29.06 (14.00)
BSA, % (mean, SD)	62.58 (19.87)	47.60 (25.10)
Weekly PP-NRS (mean, SD)	7.34 (0.87)	6.33 (1.55)
vIGA (mean, SD)	3.42 (0.51)	3.20 (0.45)

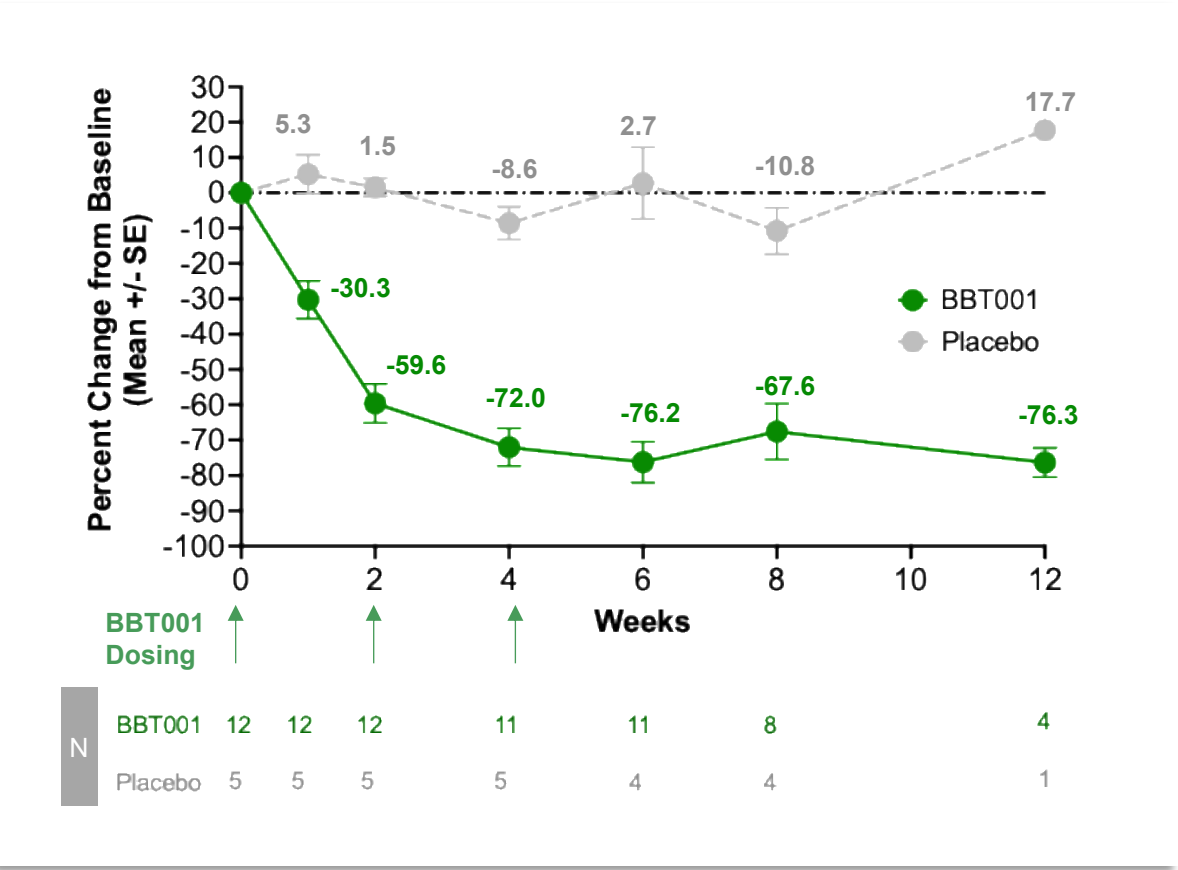
* Duration of AD diagnosis of N=9 for BBT001 and N=2 for placebo.
** Type 2 Comorbidity includes asthma, allergy, hay fever, and urticaria.
*** Others included: Native Hawaiian or Pacific Islanders, multiple, other not specified, and unknown.

Data cutoff as of June 8th, 2026. Baseline refers to Day 1 pre-dose or Week 0 of the study

BMI: body mass index; EASI: Eczema Area and Severity Index; SD: standard deviation; BSA: Body Surface Area; PP-NRS: Peak Pruritus Numerical Rating Scale; vIGA: Validated Investigator Global Assessment

BBT001 Demonstrated Statistically Significant and Clinically Meaningful Lesion Improvement as Early as Week 1

Eczema Area and Severity Index (EASI) Score Change



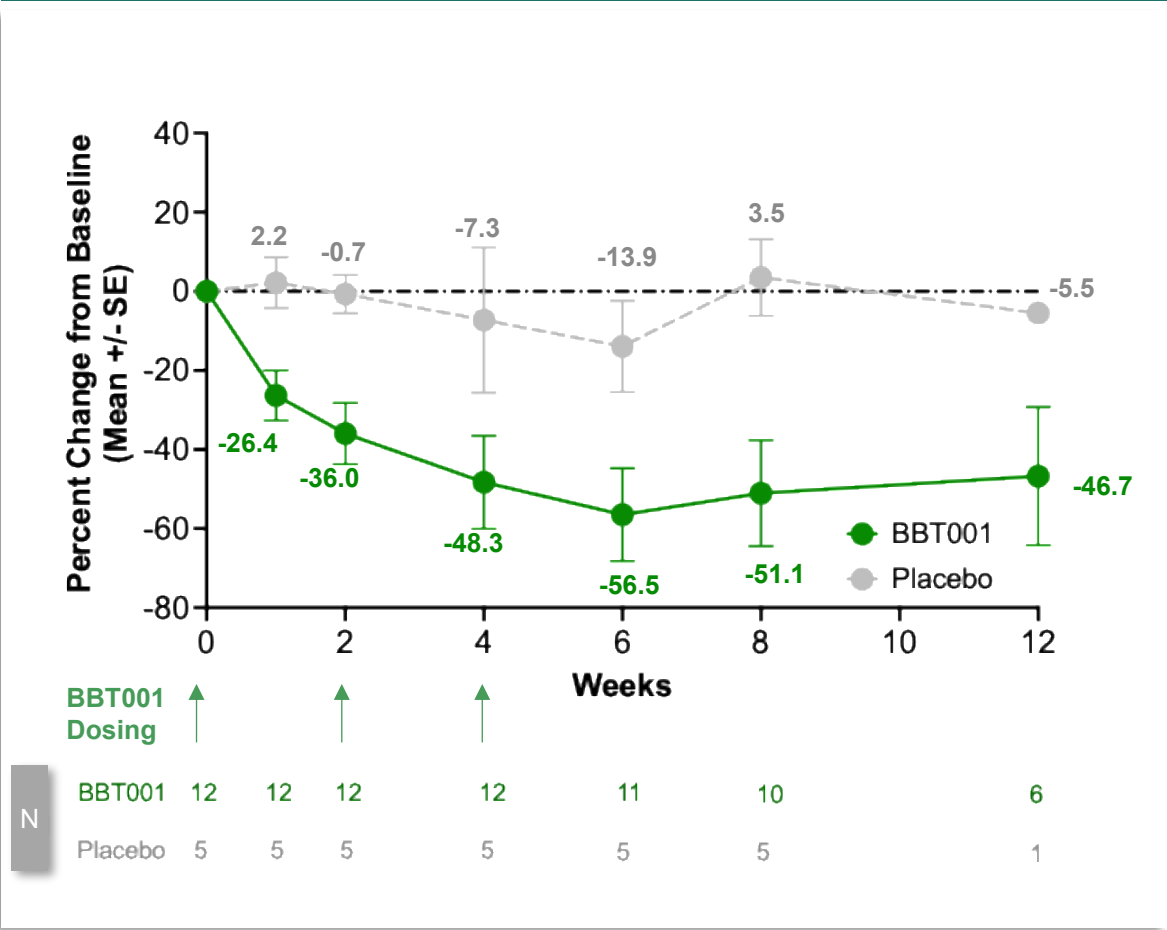
Placebo-Adjusted Percentage Change in EASI*

Visit	Placebo-adjusted Change (%)	95% CI	p-value
Week 1	-35.56	(-50.96, -13.59)	0.0012
Week 2	-61.10	(-81.24, -43.87)	<0.0001
Week 4	-63.46	(-80.75, -43.27)	<0.0001
Week 6	-78.95	(-94.62, -57.14)	<0.0001

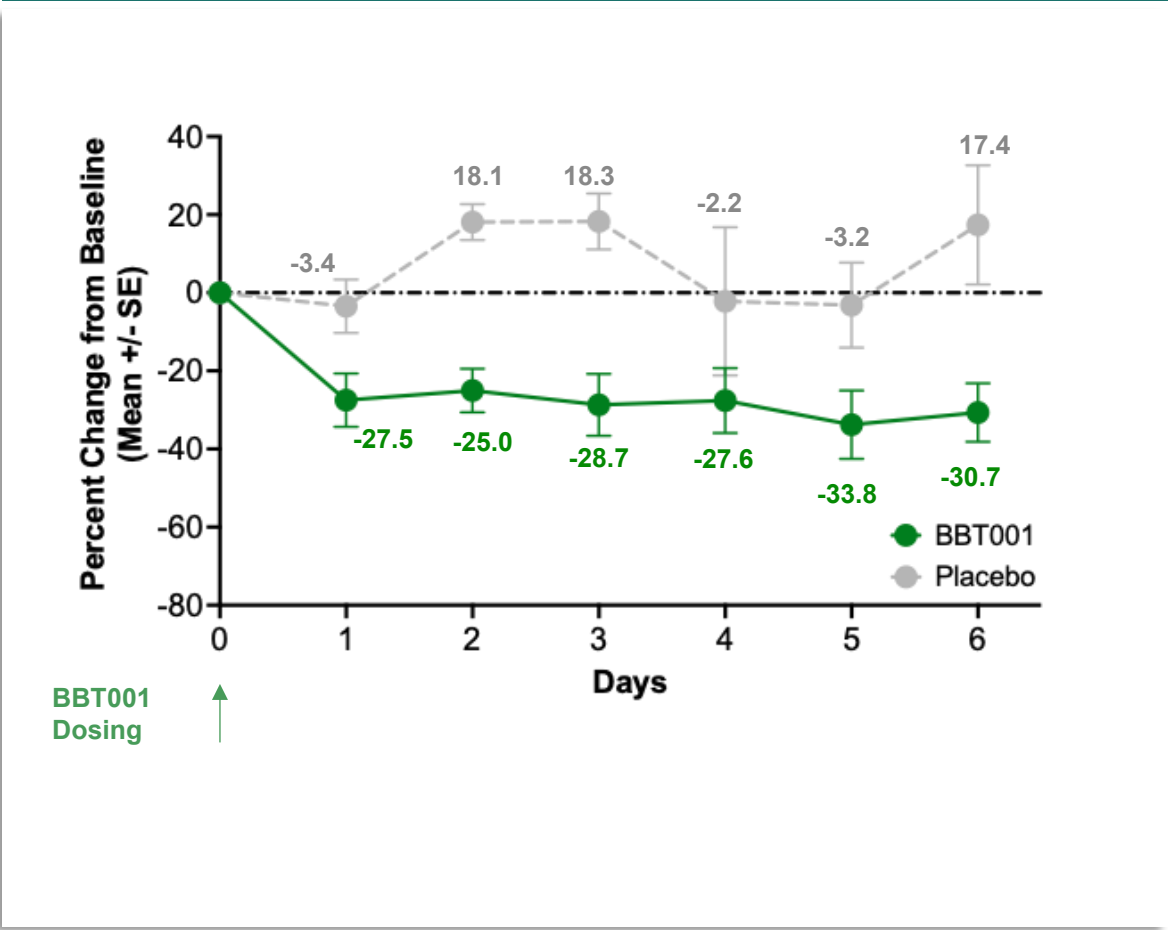
*Least Squares mean method was used to compare the difference between BBT001 versus placebo group. The p-values were derived from a mixed model for repeated measures. Data cutoff as of June 8th, 2026

BBT001 Delivered Rapid Itch Control as Early as Day 1 after Dosing with the Effect Sustained Throughout the Study Period

Change in Peak Pruritus Numerical Rating Scale



Change in PP-NRS within the First Week after Dosing



Data cutoff as of June 8th, 2026

PP-NRS: Peak Pruritus Numerical Rating Scale; SE: standard error

BBT001 Delivered Rapid and Substantial Clinical Benefit

Patient 1: A 36-year-old female with a baseline EASI score of 57.00, PP-NRS score of 6.57, vIGA score of 4, and BSA involvement of 85.0%



Data cutoff as of June 8th, 2026.

EASI: Eczema Area and Severity Index; PP-NRS: Peak Pruritus Numerical Rating Scale; vIGA: Validated Investigator Global Assessment; BSA: Body Surface Area

BBT001 Delivered Rapid and Substantial Clinical Benefit

Patient 2: A 24-year-old female with a baseline EASI score of 41.8, PP-NRS score of 7.57, vIGA score of 4, and BSA involvement of 61.0%



Data cutoff as of June 8th, 2026.

EASI: Eczema Area and Severity Index; PP-NRS: Peak Pruritus Numerical Rating Scale; vIGA: Validated Investigator Global Assessment; BSA: Body Surface Area

BBT001 has been Well Tolerated with a Favorable Safety Profile

Participants (%)	Healthy Volunteers SAD		Healthy Volunteers MAD		AD Patients MAD	
	BBT001 (N=28)	Placebo (N=10)	BBT001 (N=20)	Placebo (N=6)	BBT001 (N=12)	Placebo (N=5)
With ≥ 1 TEAE	19 (67.9%)	6 (60.0%)	17 (85.0%)	6 (100.0%)	6 (50.0%)	3 (60.0%)
With ≥ 1 Grade 3 TEAE*	1 (3.6%)	1 (10.0%)	0 (0.0%)	0 (0.0%)	1 (8.3%)	0 (0.0%)
With ≥ 1 TRAE	6 (21.4%)	1 (10.0%)	8 (40.0%)	1 (16.7%)	4 (33.3%)	0 (0.0%)
With ≥ 1 Grade 3 TRAE*	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (8.3%)	0 (0.0%)

No cases of conjunctivitis have been reported.

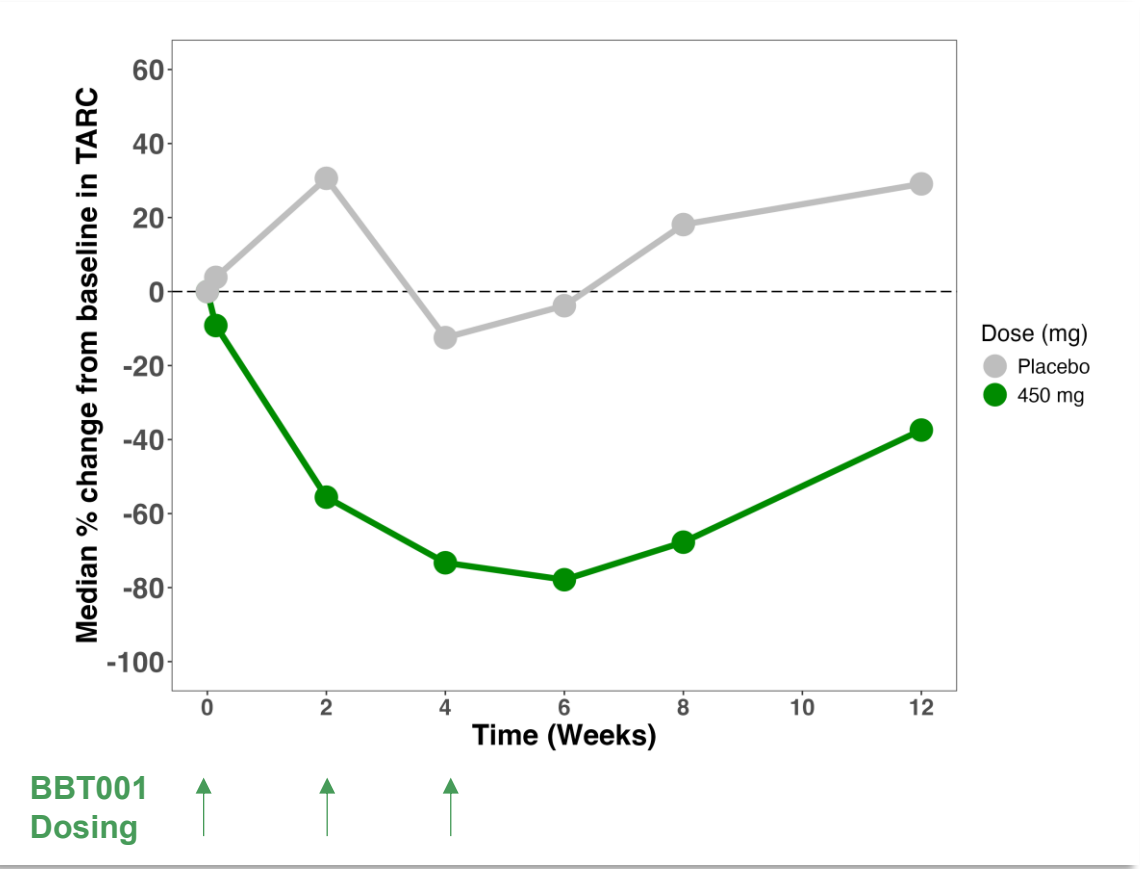
*Grade 3 TEAEs: Hypoglycemia, Syncope, IRR

Data cutoff as of June 8th, 2026; Safety data for BBT001 are derived from different cohorts conducted at different times with differences in trial design and patient populations. As a result, cross-study comparisons cannot be made.

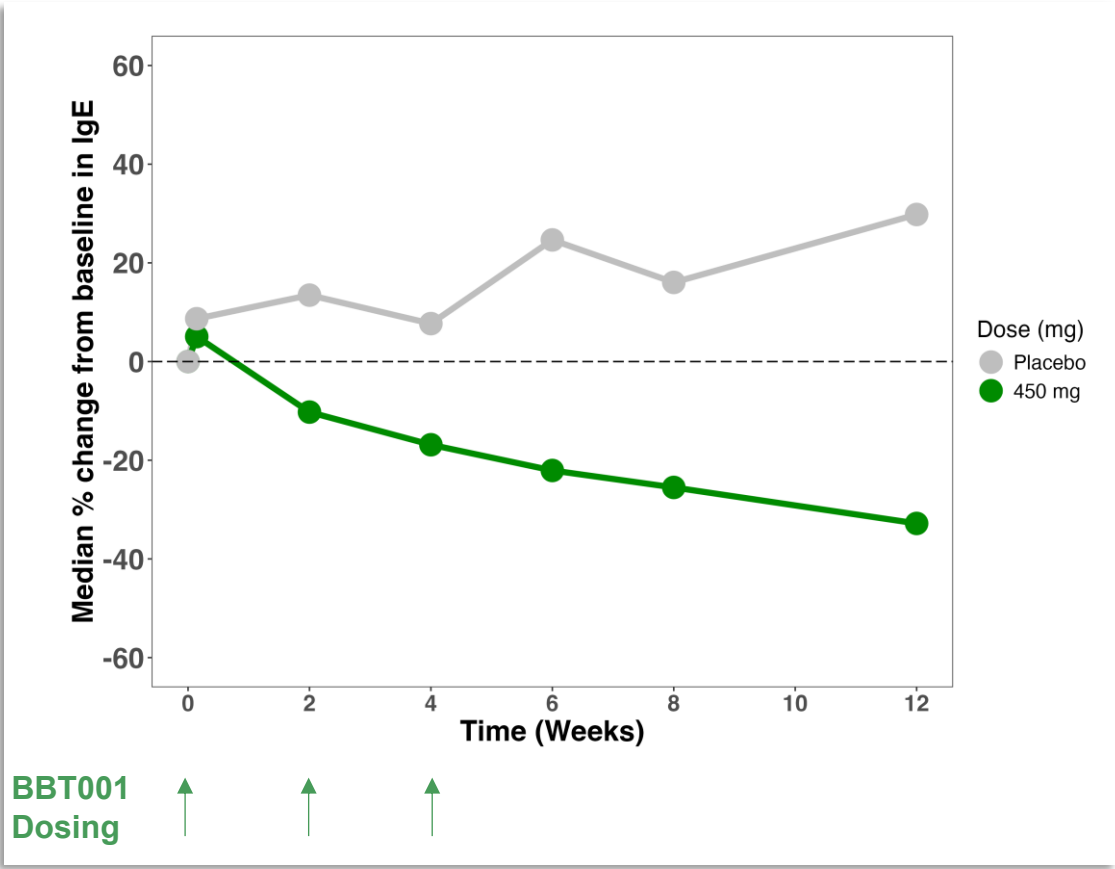
SAD: single ascending dose; MAD: multiple ascending dose; AD: atopic dermatitis; TEAE: treatment emergent adverse event; TRAE: treatment related adverse event.

BBT001 Delivered Rapid, Deep, and Sustained TARC and IgE Inhibition in AD Patients Through Eight Weeks Post-Final Dose

TARC Percentage Change from Baseline



IgE Percentage Change from Baseline

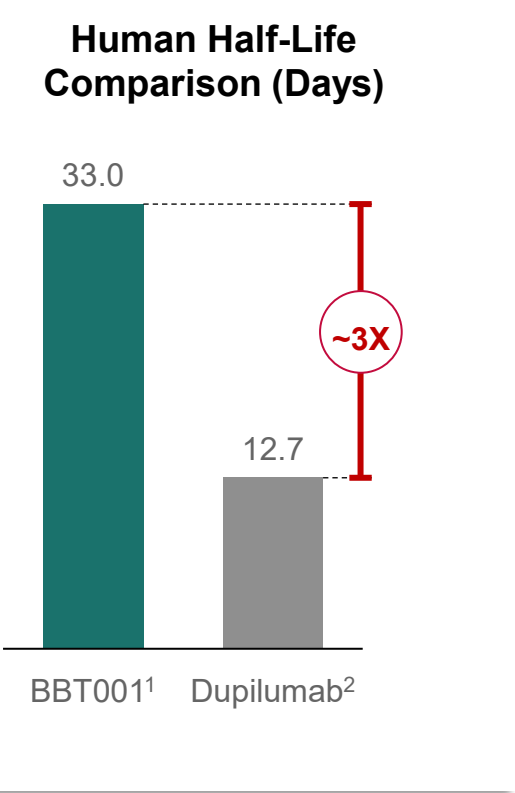
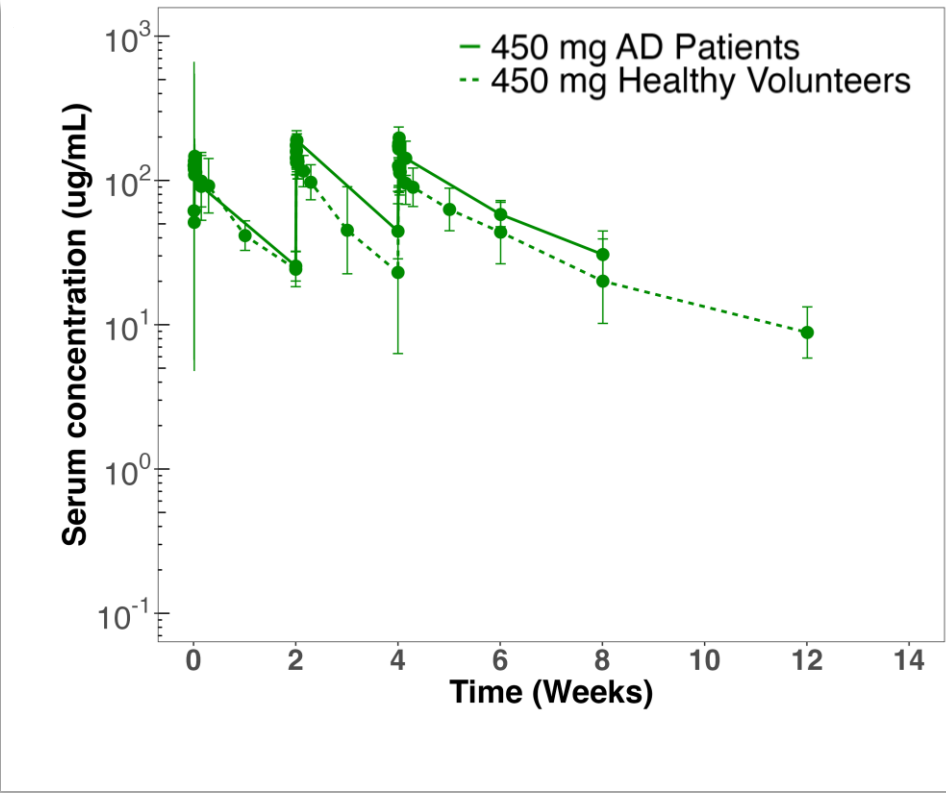


Data cutoff as of June 8th, 2026

TARC: thymus and activation-regulated chemokine; IgE: immunoglobulin E

BBT001 Demonstrated Strong Pharmacokinetics and Immunogenicity

BBT001 MAD Pharmacokinetics



BBT001 Immunogenicity

BBT001 Demonstrated a Low Incidence of Immunogenicity

- ~6.8% treatment-emergent ADA incidence across healthy volunteers and patients
- ~2.1% treatment-emergent ADA incidence in patients with atopic dermatitis
- Low titers³ and predominantly transient

1. Human half -life is estimated through the linear elimination part of the model. 2: Dupilumab's half-life of 12.7 days, calculated based on the popPK model from the FDA's clinical pharmacology and biopharmaceutics review report of Dupixent. 3. 60 is minimum dilution requirement for ADA assay.

Data cutoff as of June 8th, 2026. Serum concentration data are derived from different cohorts conducted at different times with differences in trial design and patient populations. As a result, cross-study comparisons cannot be made. Additionally, there have been no head-to-head clinical trials between BBT001 and dupilumab; study designs and protocols for each were different, and as a result, results may not be comparable.

Conclusions from the BBT001 Phase 1 Proof-of-Concept Study in AD

- BBT001 produced highly statistically significant and clinically meaningful improvement in EASI beginning at Week 1, with responses deepening through Week 6 and sustained throughout Week 12
- Rapid and sustained itch relief as early as Day 1 was also reported, along with robust and durable suppression of Type 2 inflammatory biomarkers
- BBT001 was observed to be well tolerated, with no cases of conjunctivitis reported
- BBT001 demonstrated an extended half-life in patients with AD supporting the potential for maintenance dosing as infrequently as every three months