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28-29 September 2026

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30 September – 3 October 2026

Bordeaux, France

european society for paediatric nephrology
espn

Paediatric Kidney Week

Pegcetacoplan sustained clinical benefit in adolescent patients with C3 glomerulopathy and primary immune complex membranoproliferative glomerulonephritis through 1 year of therapy: Data from VALIANT/VALE

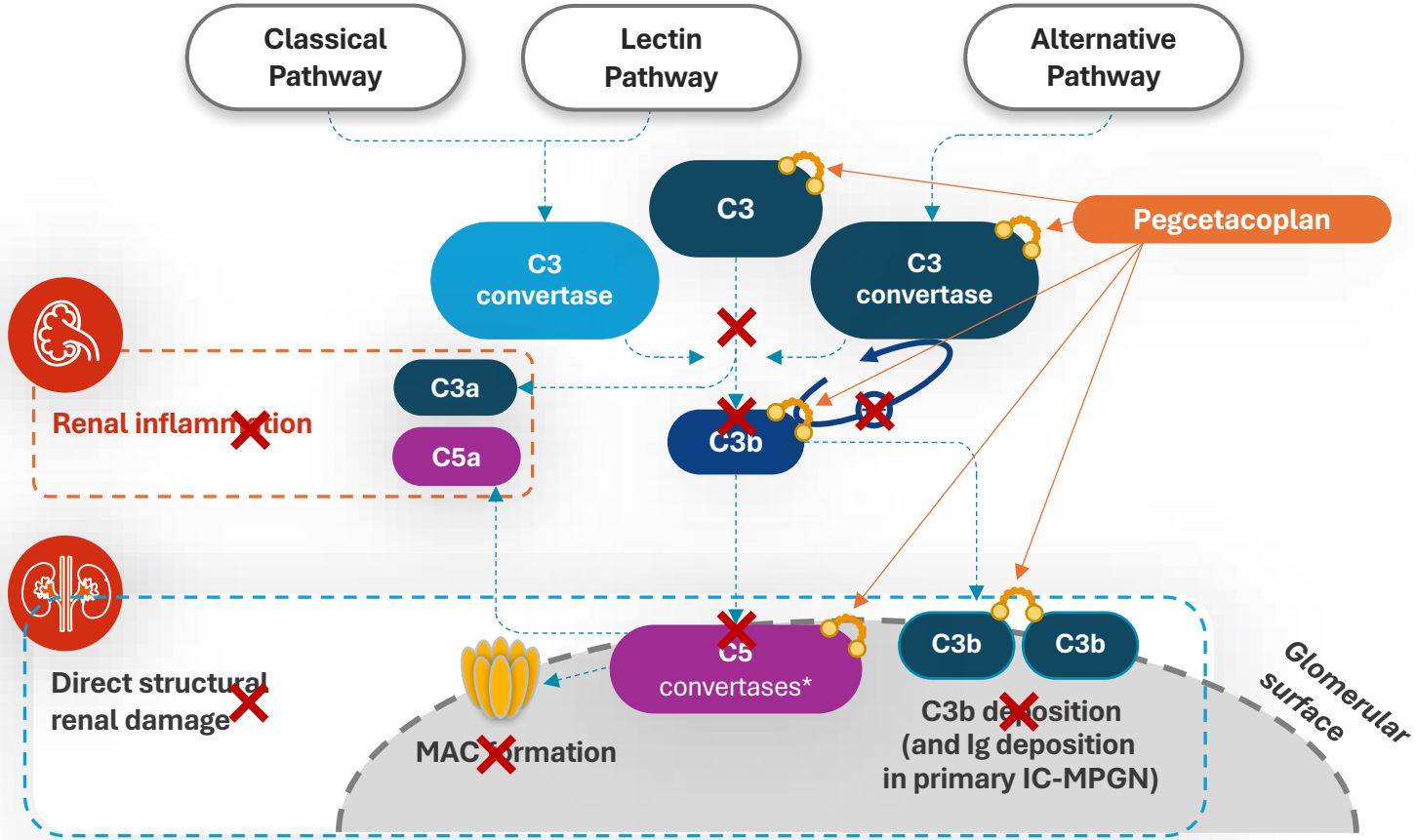
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Declaration of conflict of interest

- **CL** has received consulting fees from Apellis, Sobi, Novartis, and Alexion AstraZeneca.
- **GA** received honoraria for lectures, educational events, or advisory boards for Astra Zeneca (Alexion), Recordati Rare Disease, Advicenne, Chiesi, Kyowa Kirin, Alnylam, and Dicerna; and served as site investigator for Apellis.
- **YB** received honoraria for lectures, educational events, or advisory boards for Novartis, Sobi, Neopharm and Medison.
- **BPD** has received consultancy fees from Alexion Astra Zeneca Rare Disease, Novartis Pharmaceuticals, Apellis Pharmaceuticals, Roche Genentech, and Arrowhead Pharmaceuticals, and has received research funding (clinical trials support) from Alexion Astra Zeneca Rare Disease, Novartis Pharmaceuticals, Apellis Pharmaceuticals, Roche Genentech, and Ultragenyx Pharmaceuticals.
- **NF** received consulting fees from Sobi.
- **AM** has received consultant and speaker fees from Sobi.
- **NM** received consulting fees from Sobi and SERB pharmaceuticals.
- **NvdK** received consultancy fees from Roche, Novartis, Alexion, Sobi and Samsung.
- **MV** received consultancy fees from Novartis, Sobi, Roche, Apellis, Alexion, Santhera, CSLBehring, SaneGene Bio, PureSpring; received funding from Alexion, Bayer, Novartis, Roche, Apellis and Travere for participation in clinical studies; and served on speakers bureaus for Novartis, SOBI, Samsung Bioepis, Roche, Alexion.
- **DW** has received consultancy fees and sponsorship from Sobi.
- **VT** is an employee of Swedish Orphan Biovitrum AB and holds stock or stock options.
- **JS** is an employee of Swedish Orphan Biovitrum AB and holds stock or stock options.
- **KG** is an employee of Apellis Pharmaceuticals and may hold stock or stock options.
- **ZW** is an employee of Apellis Pharmaceuticals and may hold stock or stock options.
- **CMN** has received consultant fees from Alexion Pharmaceuticals, Apellis, Biocryst Pharmaceuticals, Novartis, and Vertex, DSMB fees from Silence Therapeutics and clinical trial support from Apellis, Biocryst Pharmaceuticals, Novartis, and Travere.

C3G and primary IC-MPGN are rare, chronic, and heterogeneous complement-mediated diseases with a high unmet need



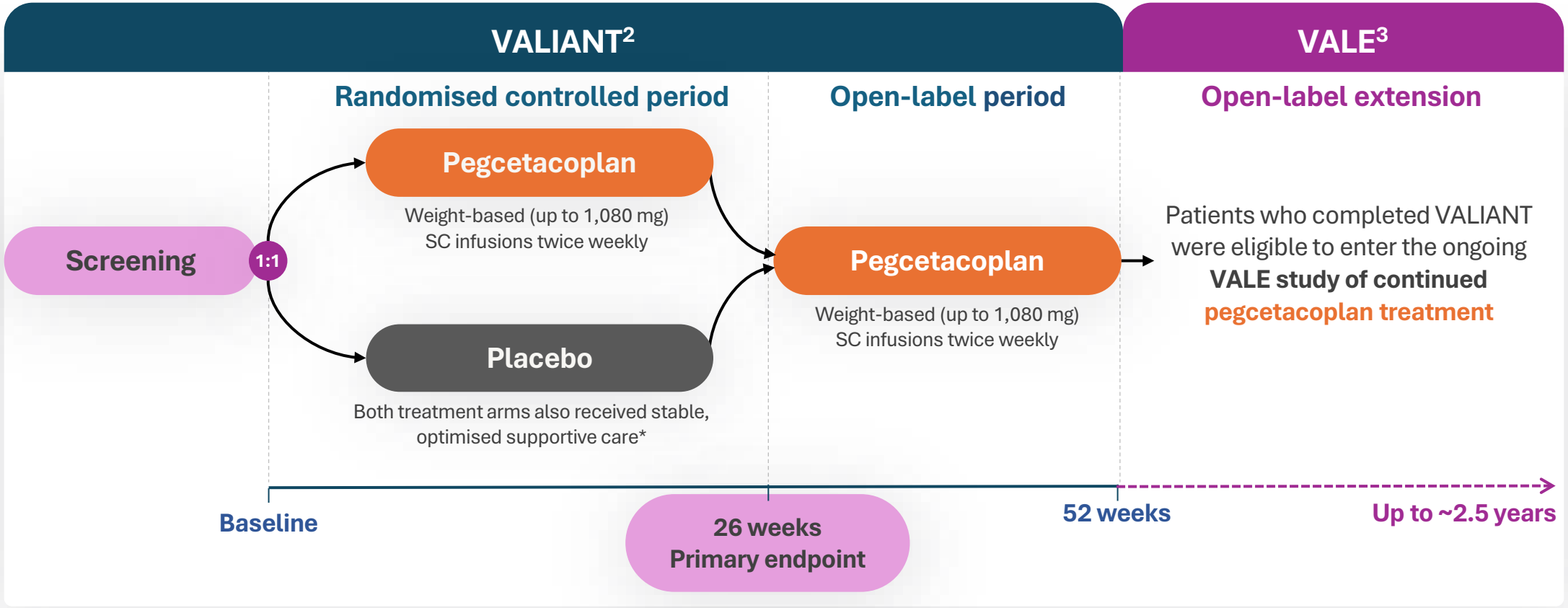
- Both diseases are **characterised by C3 dysregulation** resulting in **glomerular deposition of C3** breakdown products (and immunoglobulins in IC-MPGN)[1,2]
- Up to **20% of paediatric and adolescent patients progress to kidney failure** within 10–15 years despite current non-targeted treatments that do not address the underlying pathologic mechanism[3-5]

Pegcetacoplan binds C3/C3b to target the pathogenic process in C3G/primary IC-MPGN with the aim of stopping kidney damage[2,5]

C3G, C3 glomerulopathy; IC-MPGN, immune complex membranoproliferative glomerulonephritis; Ig, immunoglobulin; MAC, membrane attack complex.

1. Bomback et al. *Kidney Int Rep* 2025 **2.** Kavanagh et al. *Kidney Int Rep* 2025 **3.** Kirpalani et al. *Kidney Int Rep* 2020 **4.** Wong et al. *Clin J Am Soc Nephrol* 2021 **5.** Fakhouri et al. *N Engl J Med* 2025.

VALIANT was a Phase 3 study of pegcetacoplan in C3G and primary IC-MPGN patients ≥12 years old with native or transplanted kidneys[1]



* Stable, optimised antiproteinuric regimens: ACEis, ARBs, SGLT2is, MMF, and corticosteroids (prednisone ≤20 mg/d or equivalent) were permitted, provided doses were stable 12 weeks prior and throughout randomised controlled period.

ACEis, angiotensin-converting enzyme inhibitors; ARBs, angiotensin receptor blockers; C3G, C3 glomerulopathy; IC-MPGN, immune complex membranoproliferative glomerulonephritis; MMF, mycophenolate mofetil; SC, subcutaneous; SGLT2is, sodium-glucose cotransporter-2 inhibitors.

1. Fakhouri et al. *N Engl J Med* 2025 **2.** ClinicalTrials.gov. VALIANT. clinicaltrials.gov/study/NCT05067127 **3.** ClinicalTrials.gov. VALE. clinicaltrials.gov/study/NCT05809531.

VALIANT: **Pegcetacoplan's efficacy** in adolescents with C3G and primary IC-MPGN was comparable to the overall population

At 26 weeks vs placebo

Kidney Health Initiative (KHI) consensus[1]:

Favourable treatment effect on **histopathology, proteinuria and eGFR**

Primary endpoint

Relative reduction in UPCR vs placebo

Overall[2]	68%	p<0.001
Adolescents[3§]	75%	p<0.001 nominal

Proteinuria reduction

Histopathology improvement: C3 staining

Glomerular C3 clearance

Adults[1‖]

74% achieved C3 staining reduction ≥2 OOM*‡ vs placebo: 12%

71% showed no detectable deposits†

eGFR stabilisation/ improvement

Stabilisation of eGFR vs placebo*‡

Overall[1]	+6.3 mL/min/1.73 m²
Adolescents[2§]	+9.7 mL/min/1.73 m²

* Key secondary endpoint.

† Post-hoc analysis. ‡ A fixed sequence testing strategy was used for key secondary endpoints. Key secondary histologic activity score endpoint was not met at week 26; therefore subsequent endpoints including C3 staining reduction and eGFR change were not formally tested and should be interpreted descriptively.

§ Pre-specified adolescent subgroup analysis; comparisons for all endpoints described were not corrected for multiplicity, therefore p values are nominal.

‖ Biopsy was not mandated in adolescents (aged 12-17 years).

C3G, C3 glomerulopathy; eGFR, estimated glomerular filtration rate; IC-MPGN, immune complex membranoproliferative glomerulonephritis; OOM, orders of magnitude; UPCR, urine protein:creatinine ratio.

1. Nester et al. *Clin J Am Soc Nephrol* 2024 **2.** Fakhouri et al. *N Engl J Med* 2025 **3.** Vivarelli et al. *Clin J Am Soc Nephrol* 2026.

VALIANT: **Pegcetacoplan's efficacy** in adolescents with C3G and primary IC-MPGN was maintained

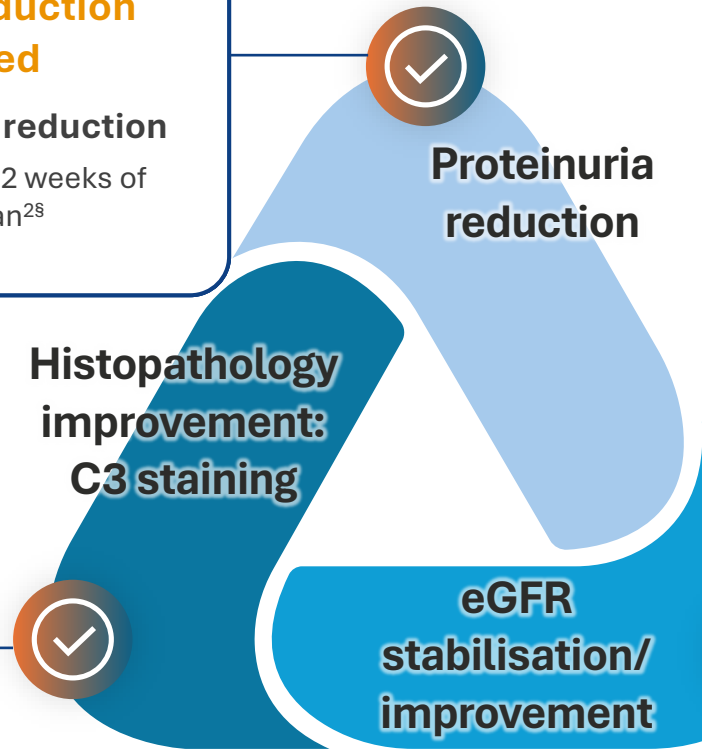
At 52 weeks vs baseline in the pegcetacoplan-to-pegcetacoplan arm

Assessment of treatment effects over time, particularly eGFR, are likely to be **more robust** with **long-term follow-up** and in a **larger patient population**[3,4]

Proteinuria reduction maintained

72% proteinuria reduction

from baseline after 52 weeks of pegcetacoplan[2§]



eGFR stabilisation maintained

+4.2 mL/min/1.73 m²

from baseline after 52 weeks of pegcetacoplan[2§]

Glomerular C3 clearance

Adults[1‖]

74%

achieved C3 staining reduction ≥2 OOM*‡

vs placebo: 12%

71%

showed no detectable deposits†

* Key secondary endpoint.

† Post-hoc analysis. ‡ A fixed sequence testing strategy was used for key secondary endpoints. Key secondary histologic activity score endpoint was not met at week 26; therefore subsequent endpoints including C3 staining reduction and eGFR change were not formally tested and should be interpreted descriptively.

§ All Week 52 endpoints were exploratory and not powered to detect statistically significant differences.

‖ Biopsy was not mandated in adolescents (aged 12-17 years).

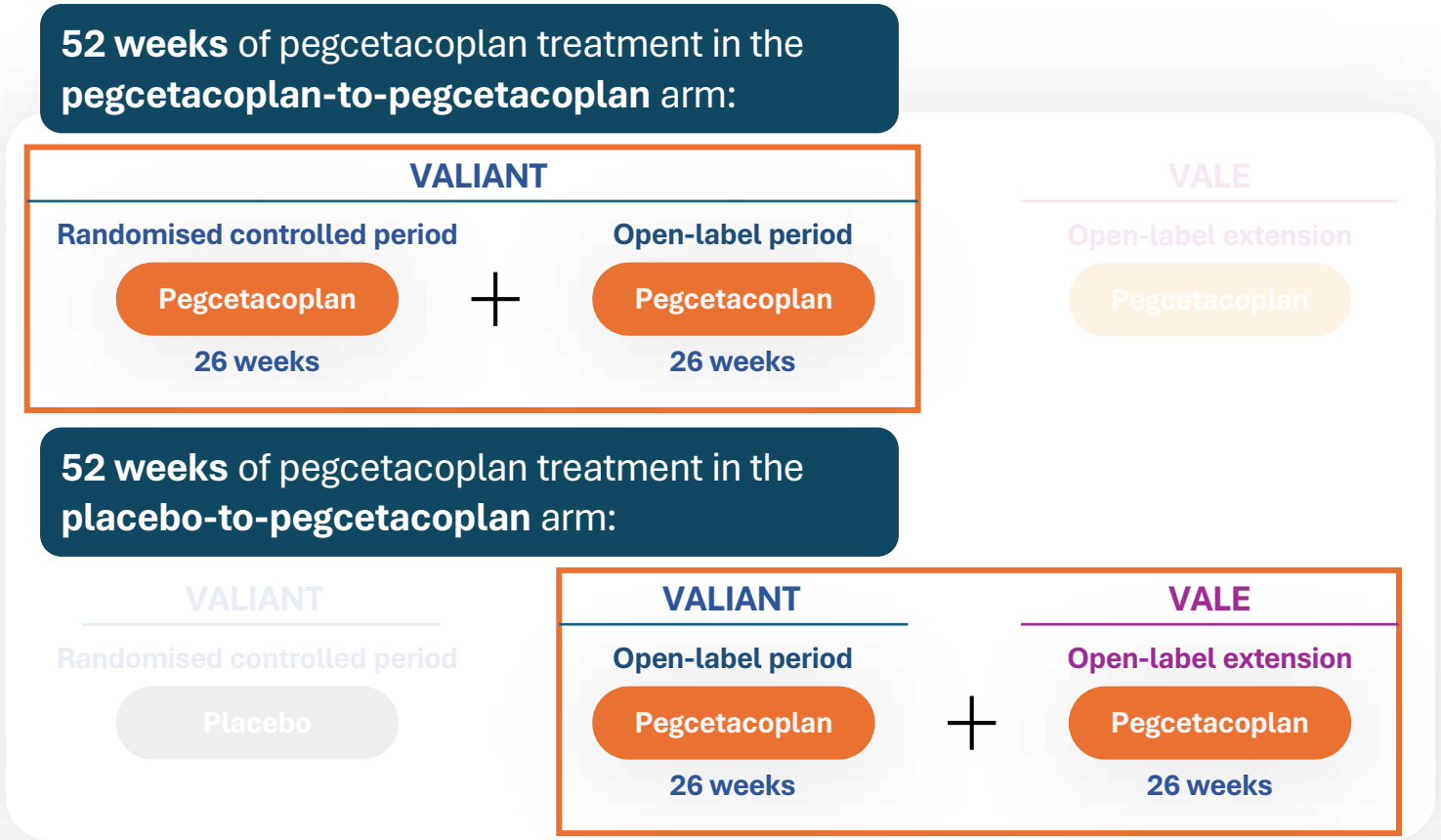
C3G, C3 glomerulopathy; eGFR, estimated glomerular filtration rate; IC-MPGN, immune complex membranoproliferative glomerulonephritis.

1. Fakhouri et al. ERA 2025; oral **2.** van de Kar et al. ESPN 2025; oral **3.** Nester et al. *Clin J Am Soc Nephrol* 2024 **4.** Kavanagh et al. *Kidney Int Rep* 2025.

Aim: To evaluate **1-year efficacy and safety of pegcetacoplan** in adolescents in a **larger population** than previously reported

Method:

- Patients in VALIANT with <52 weeks of pegcetacoplan treatment were supplemented with up to 6 months of treatment data from the VALE extension study*
- All data were time-aligned such that baseline represented pegcetacoplan initiation for all patients



* No histology data is available for this analysis, as histological assessment was not mandatory at 52 weeks in VALIANT and not included in the VALE study protocol.

VALIANT included a **broad patient population**, with **nearly all patients** continuing into **VALE**

Baseline characteristic	Adolescents[1] n=55		Overall population[1] N=124	
	Pegcetacoplan (n=28)	Placebo (n=27)	Pegcetacoplan (n=63)	Placebo (n=61)
Age, mean (SD), years	14.6 (1.7)	14.8 (1.8)	28.2 (17.1)	23.6 (14.3)
Sex, female, n (%)	18 (64.3)	14 (51.9)	37 (58.7)	33 (54.1)
Underlying disease based on screening biopsy, n (%)				
C3G	21 (75.0)	17 (63.0)	51 (81.0)	45 (73.8)
Primary IC-MPGN	7 (25.0)	10 (37.0)	12 (19.0)	16 (26.2)
Baseline triplicate first-morning spot UPCR, mean (SD), g/g	3.5 (3.1)	2.6 (2.3)	3.1 (2.4)	2.5 (2.0)
Baseline eGFR, mean (SD), mL/min/1.73 m²	92.8 (32.4)	94.0 (34.3)	78.5 (34.1)	87.2 (37.2)
Patients with up to 52 weeks of pegcetacoplan treatment in VALIANT/VALE in this analysis, n	**28**	**25**	**63**	**57**
	53 adolescents		**120 overall**	

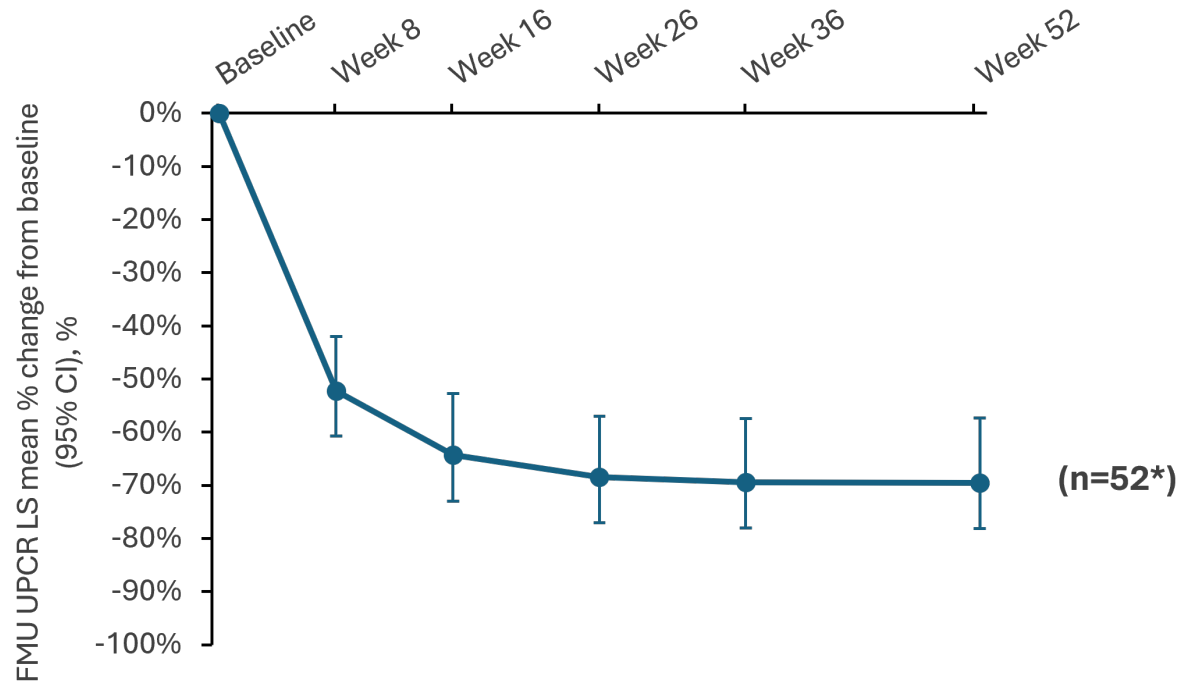
C3G, C3 glomerulopathy; IC-MPGN, immune complex membranoproliferative glomerulonephritis; eGFR, estimated glomerular filtration; SD, standard deviation; UPCR, urine protein:creatinine ratio.

1. Vivarelli et al. *Clin J Am Soc Nephrol* 2026.

Pegcetacoplan led to a **clinically meaningful proteinuria reduction in adolescents, sustained through 52 weeks**

Data from time-aligned baseline

Change from time-aligned baseline in proteinuria over 52 weeks of pegcetacoplan treatment



Geometric mean change in proteinuria between baseline and 52 weeks:

-69.5%

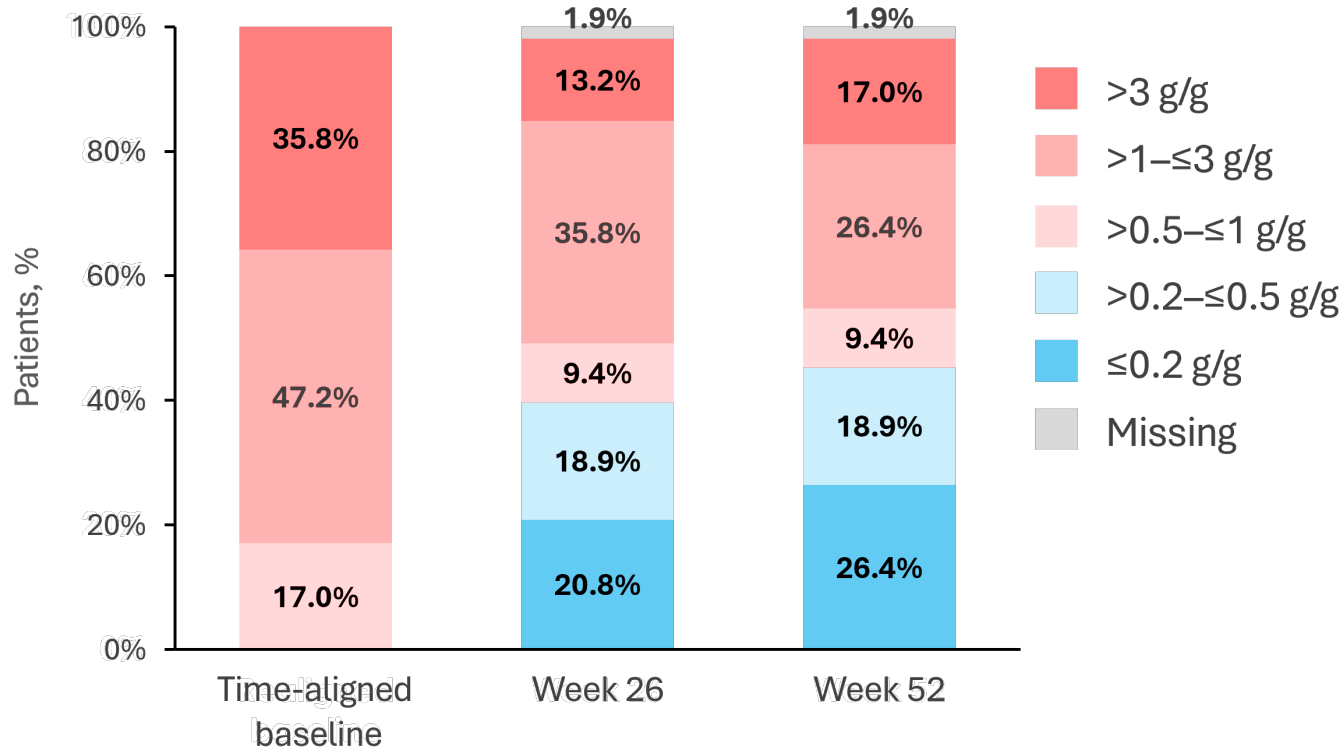
(95% CI -78.1, -57.3)

* Included in the MMRM model. Geometric means and % change estimated from exponentiated LS mean differences from an MMRM of log-transformed UPCR. MMRM model including the fixed categorical effect for treatment group, visit, disease type, baseline immunosuppressants use, stratification factors, and the visit-by-treatment group interactions as well as the continuous fixed covariate of baseline log-transformed UPCR, is utilised to analyse the log-transformed ratio of UPCR at each visit compared to VALIANT baseline.
CI, confidence interval; FMU, first morning urine; LS, least squares; MMRM, mixed model for repeated measures; UPCR, urine protein:creatinine ratio.

A shift towards **lower proteinuria for adolescents treated with pegcetacoplan through 52 weeks**

Data from time-aligned baseline

Proteinuria shift analysis based on FMU UPCR



Adolescent patients with UPCR ≤0.5 g/g at 52 weeks:

45.3%

n=24/53

Adolescent patients with UPCR ≤0.2 g/g at 52 weeks:

26.4%

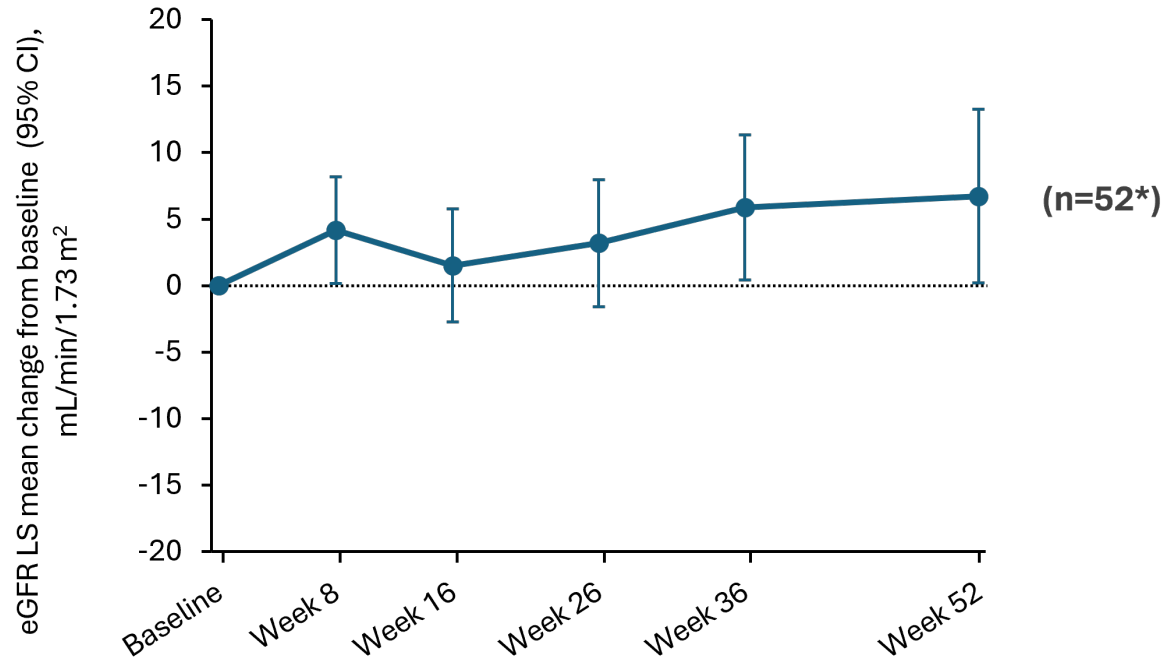
n=14/53

FMU, first morning urine; UPCR, urine protein:creatinine ratio.

Pegcetacoplan was associated with **eGFR stabilisation in adolescents, sustained through 52 weeks**

Data from time-aligned baseline

Change from time-aligned baseline in eGFR over 52 weeks of pegcetacoplan treatment



LS mean change in eGFR between baseline and 52 weeks:

+6.7

mL/min/1.73 m²

(95% CI 0.2, 13.2)

* Included in the MMRM model. MMRM model including the fixed categorical effect for treatment group, visit, disease type, baseline immunosuppressants use, stratification factors, and the visit-by-treatment group interactions as well as the continuous, fixed covariate of baseline eGFR, is utilised to analyse change from baseline eGFR at each visit compared to VALIANT baseline.

CI, confidence interval; eGFR, estimated glomerular filtration rate; LS, least squares; MMRM, mixed model for repeated measures.

Pegcetacoplan was **well-tolerated** in adolescents and its **safety profile was consistent with previous reports**

Patients, n (%)	Adolescents (n=53)
	Pegcetacoplan for 52 weeks
TEAEs	47 (88.7)
Treatment-related TEAEs	26 (49.1)
Severe TEAEs	5 (9.4)
Serious TEAEs	8 (15.1)
Common TEAEs (occurring in ≥15% of patients in either group)	
Infusion site reaction	19 (35.8)
Pyrexia	12 (22.6)
Headache	12 (22.6)
Vomiting	11 (20.8)
Nasopharyngitis	10 (18.9)
Diarrhoea	8 (15.1)
Cough	8 (15.1)
Encapsulated meningococcal infections	0
TEAE leading to study discontinuation	1 (1.9)
Deaths	0 (0)

Consistent with >3,500 patient-years of pegcetacoplan exposure*[1]

TEAEs defined as any new AE that began, or any preexisting condition that worsened in severity, after the first dose of study drug in either VALIANT or VALE and ≤56 days beyond the last dose of study drug.
* As of 13 February 2026. Includes exposure in clinical trials and post-marketing across multiple indications.
AE, adverse event; TEAE, treatment-emergent AE.
1. Ayehu et al. NKF Spring Clinical Meetings 2026; poster.

Key takeaways

Pegcetacoplan directly **targets** uncontrolled C3 activation, **addressing the underlying pathophysiology** of C3G and primary IC-MPGN beyond current standard-of-care therapies

Improvements in **proteinuria**, **eGFR** stabilisation, and overall **safety in adolescent patients** were **sustained at 52 weeks**, indicating durable disease control

This *post-hoc* analysis supports the **potential of pegcetacoplan** to provide sustained modification of disease progression **in adolescent patients** with C3G and primary IC-MPGN

C3G, C3 glomerulopathy; eGFR, estimated glomerular filtration rate; IC-MPGN, immune complex membranoproliferative glomerulonephritis.

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