



# MEMO THERAPEUTICS AG POTRAVITUG

TAVI Forum 14, Munich, Germany, April 17<sup>th</sup>, 2026

# Phase II (“SAFE KIDNEY II”) included 95 kidney transplant recipients with BKPyV DNAemia

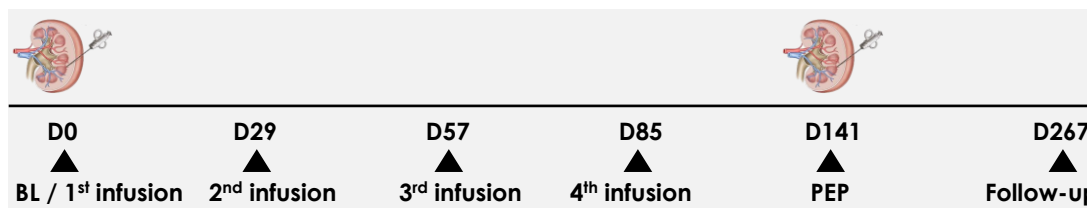
## Double blinded placebo-controlled study

<b>Part 1</b> 1:1 randomized	Potravitug 1000mg		Placebo
<b>Part 2</b> 1:1:1 randomized	Potravitug 1000mg	Potravitug 500mg	Placebo
	42 Patients	11 Patients	42 Patients

- **On top of Standard of Care:** Immunosuppression lowering per global consensus guidelines
- **Sites:** 22 study sites across the USA

## What is unique about this study?

- **Protocolized biopsies** according to BANFF criteria, with central reading at baseline (“BL”) and primary endpoint (“PEP”) visits
- Enables evaluation of the **association** between **BKPyV infection resolution in blood and kidney**



## Study Objectives

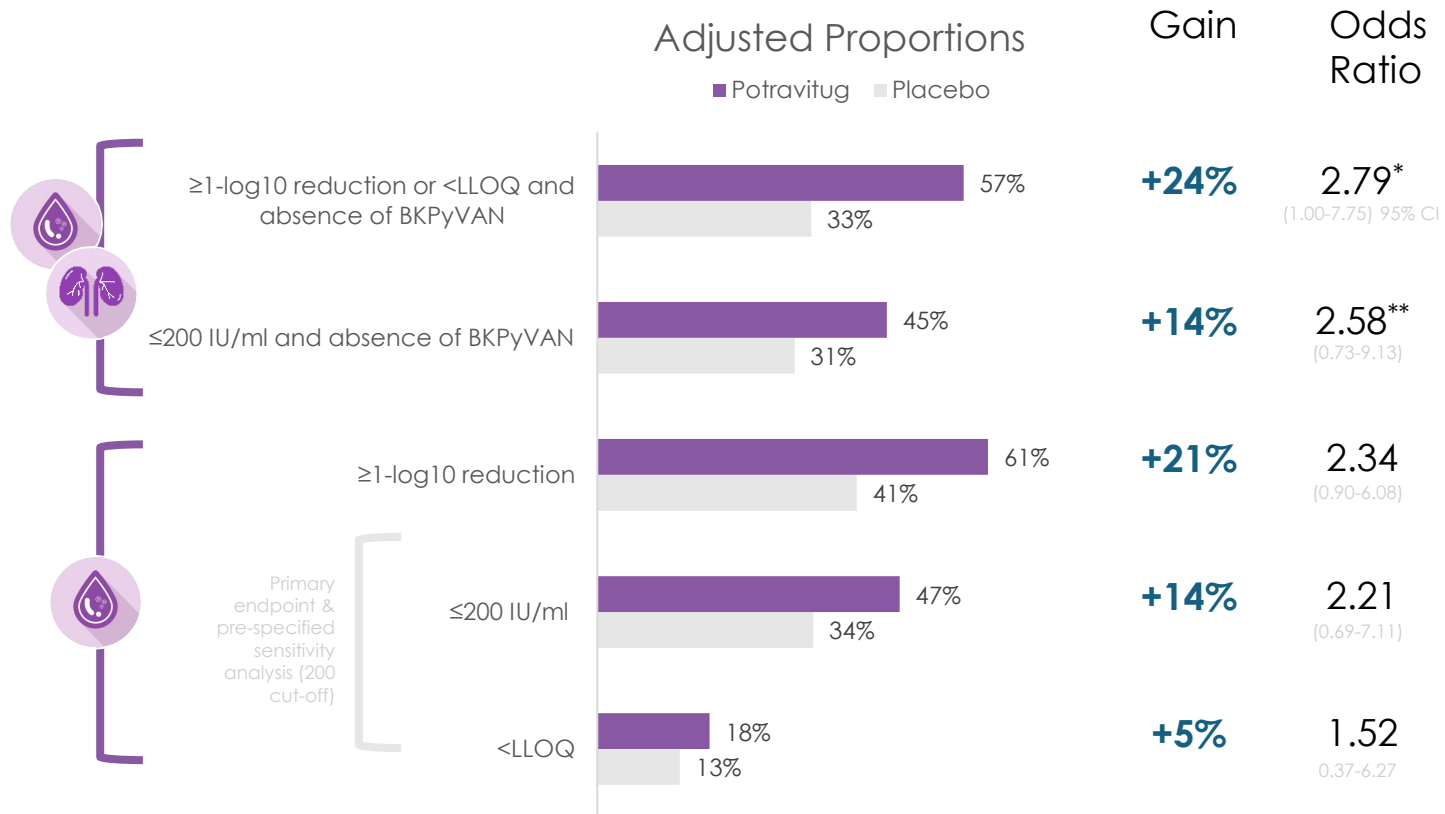
- Investigate the **clinical effectiveness** of potravitug in regressing BKPyV infection
- Evaluate the **safety** of potravitug
- **Compare** potravitug 1000 mg **versus placebo**

## Study Details

- **Dose administration:** 4 IV infusions, 4 weeks apart
- **Primary endpoint:** BKPyV DNAemia < LLOQ (21.5 IU/mL) at Week 20 (Day 141)
- **Secondary endpoints:**
  - BKPyV DNAemia reduction / response
  - Biopsy-proven BKPyV nephropathy (BKPyVAN)
- **Inclusion criteria:** Single  $\geq 10,000$  DNAemia IU/mL measurement, **OR** two consecutive  $\geq 1,000$  DNAemia IU/mL measurements

# Phase II results support medically relevant Phase III endpoints aligned with real-world practice

## SAFE KIDNEY II Efficacy Results at Day 141



Potravitug was **numerically superior on every efficacy measure** taken, despite baseline imbalances (higher BKPyV DNAemia)

Demonstrated a **relative change, ranging from 38-72%** -- clinically meaningful results

The **adjusted ORs were superior for potravitug** when combining viremia and biopsy endpoints

The slope of **BKPyV DNAemia reduction was 37.5% steeper** for potravitug compared to placebo

**Time to 1-log reduction was 52 days faster** than placebo (on top of SOC IS reduction)

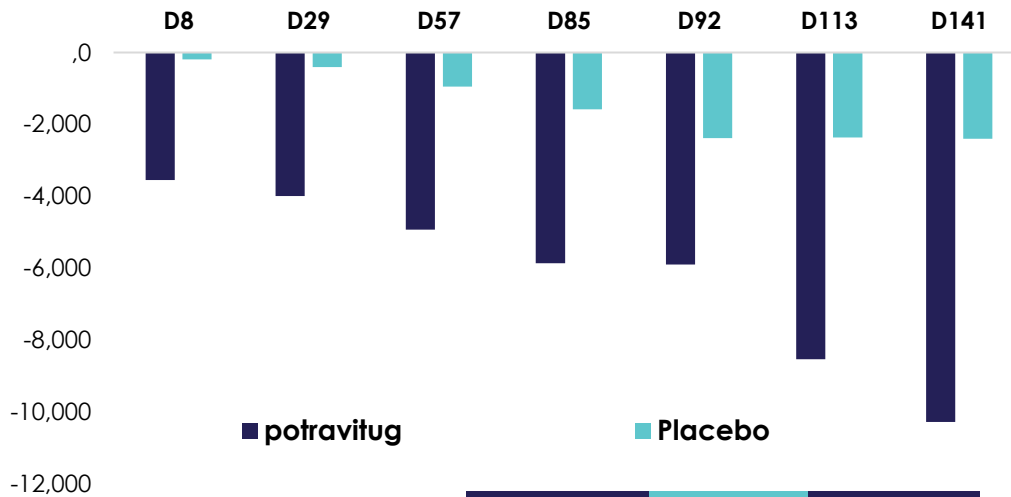
Note: OR adjusted proportions. \*P=0.05. \*\*P=0.14

# Potravitug demonstrated a reduction in viral load in blood and the kidney



## Plasma BK Viral Load Reduction from Baseline

Median BKPyV DNAemia plasma concentration (IU/mL):  
Absolute change from baseline – ITT



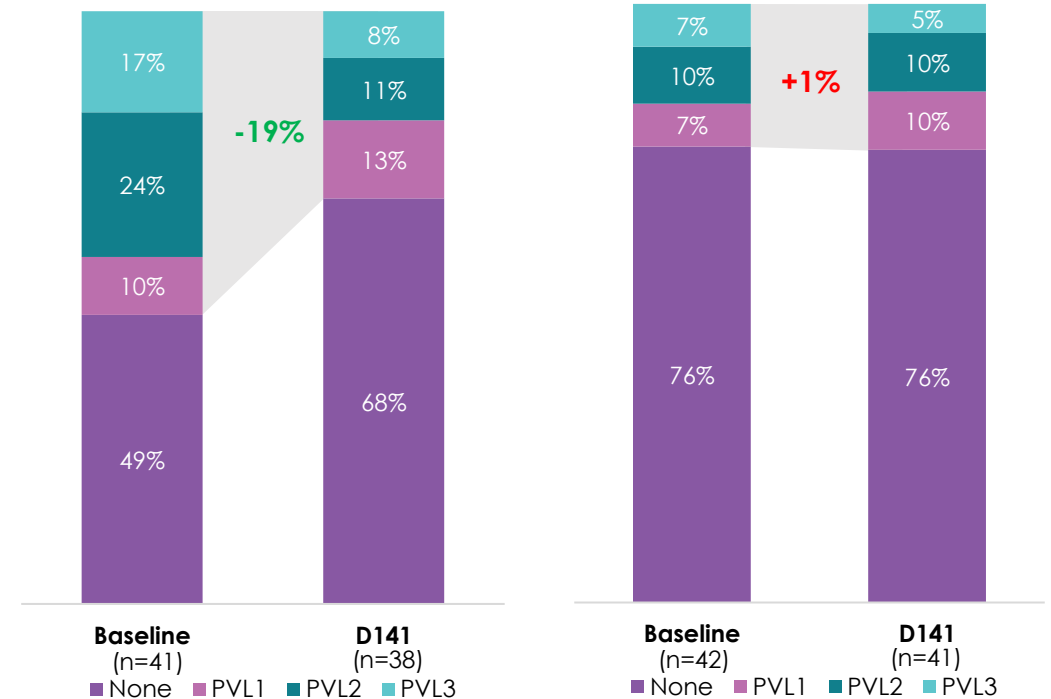
	potravitug (1000mg)	Placebo	Delta
<b>Reduction in IU/ml BKPyV DNAemia D141 vs. BL, median</b>	<b>-10,272</b>	<b>-2,399</b>	<b>-7,873</b>
<b>Log10 reduction in IU/ml BKPyV DNAemia D141 vs. BL, median</b>	<b>-1.38</b>	<b>-0.82</b>	<b>-0.56</b>



## Kidney Viral Load (PVL) Reduction from Baseline

potravitug 1000mg  
- PVL classes

Placebo  
- PVL classes



**Note:** PVL reflects SV40-positive tubular cells, i.e., BKV-infected cells, with increasing severity (greater numbers of infected cells) up to PVL class 3.

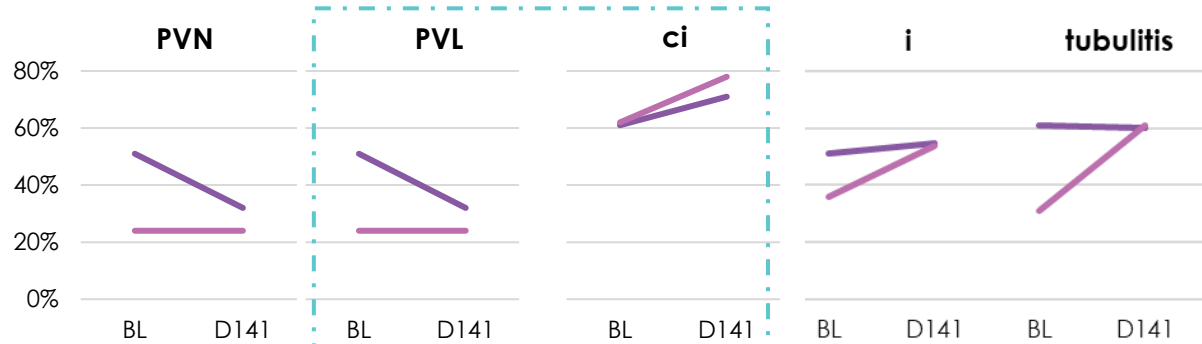
# BANFF histology scores show improvement in nephropathy for potravitug and increased inflammation for placebo



## BANFF Histology Scores

### BK Virus Nephropathy

### Inflammation



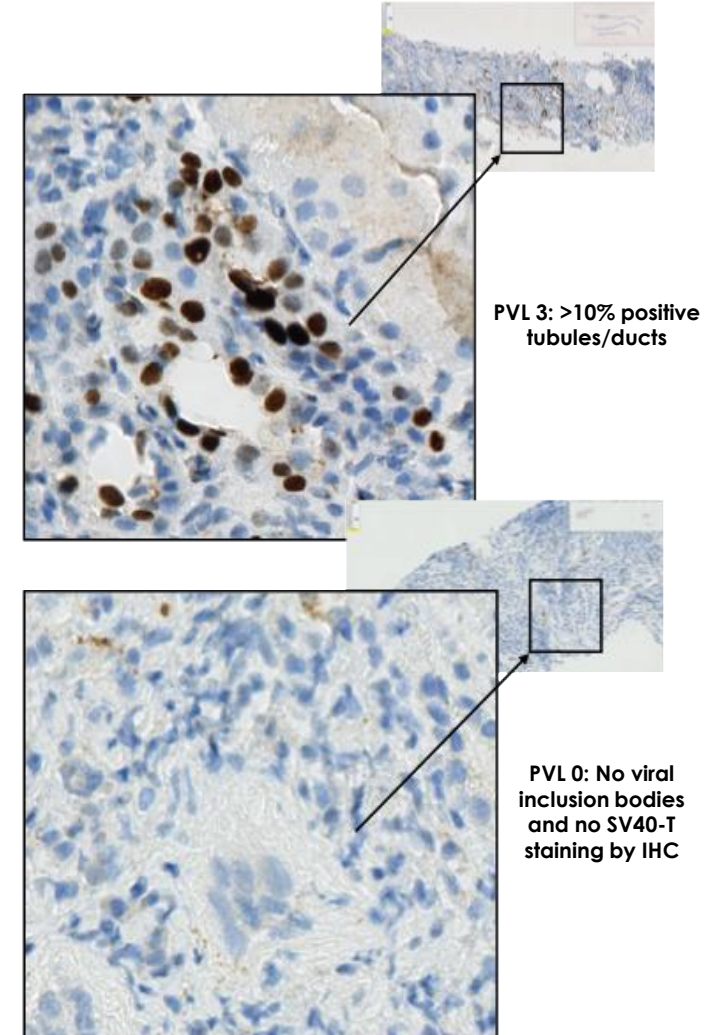
— potravitug 1000mg, n=41 (BL), n=38 (D141)  
 — Placebo, n= 42 (BL), n= 41 (D141)

- ~20% improvement in BKPyVAN (PVN) in potravitug group vs. no improvement in placebo group
- PVN is composite score of PVL (viral replication) and ci (fibrosis)
- PVN improvement is driven by reduction in PVL
- Stable inflammation markers in potravitug group vs. +20-30% in placebo

## Example: PVL

Score at Baseline (Day 1): PVL 3

Score at Day 141: None  
(same patient)



# Treatment with potravitug was generally well tolerated without safety concerns

## No Significant Adverse Safety Signals Identified

- Treatment with potravitug was generally well tolerated, with 95% of patients receiving all four administrations of therapy
- The majority of AEs were mild (Grade 1 or 2)
- The most common Adverse Drug Reaction (>10%) were *infections and infestations*
  - COVID-19 and urinary tract infections were the most common
  - Safety review determined these were likely unrelated to potravitug
- Clinically relevant adverse drug reactions were headache and GI disturbances
  - SAEs related to rejections (n=6) were mostly borderline and discovered due to protocolized biopsies at BL and D141
  - 1 patient experienced Grade 5 AE (histoplasmosis), a known but rare side effect of immunosuppression
- No patients discontinued therapy due to AEs

# Next Steps

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- SAFE KIDNEY 3 protocol synopsis being finalized
- We will include ~60 sites in the US and Europe with a target enrollment of 240 patients
- Study start 2026

**Thank you!**



Memo Therapeutics AG

Wagistrasse 27  
8952 Schlieren / Zurich  
Switzerland

E: [info@memo-therapeutics.com](mailto:info@memo-therapeutics.com)  
W: [memo-therapeutics.com](http://memo-therapeutics.com)