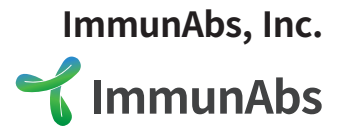


IM-101: Complement Inhibitor for Autoimmune Diseases



IMMUNOLOGY

Phase 1

| | |
|----------------------------------|---|
| Product Type | Monoclonal antibody |
| Indication | Generalized Myasthenia Gravis (gMG), Chronic Inflammatory Demyelinating Polyneuropathy (CIDP), Neuromyelitis Optica Spectrum Disorder (NMOSD), etc. |
| Target | Human Complement C5 |
| MoA (Mechanism of Action) | IM-101 prevents the proteolysis of C5 into C5a and C5b, a mediator of membrane attack complexes (MACs) that cause cell death and tissue damage, via physically binding to C5. |
| Competitiveness | <ul style="list-style-type: none"> • High-dose glucocorticoids yield up to 30% remission in patients, yet are associated with high relapse rate, risks of transient worsening, and severe adverse events. • Complement C5 inhibitors display superior efficiency in minimizing disease relapse as well as long-term safety compared to biologics with non-complement targets. C5 inhibitors have garnered significant attention as a prominent therapeutic for autoimmune diseases. • IM-101 inhibits both the complement classical and alternative pathways completely and minimizes the formation of C5a compared to other C5 inhibitors, potentially benefiting patients who experience residual symptoms like pain and fatigue |
| Development Stage | Phase 1 Clinical Trial (USA) |
| Route of Administration | Intravenous |