**ASN Kidney Week 2026 Abstract Grid**

*Below is an overview of Vertex research being presented at ASN Kidney Week 2026. View the abstracts on ASN's website: https://www.asn-online.org/education/kidneyweek/archives/*

| Title | Abstract Type | Session Date & Time | Location |
|---|---|---|---|
| Povetacicept for Treatment of IgA Nephropathy (IgAN): RAINIER Phase 3 Interim Efficacy and Safety Analysis (IA) | Late-Breaking Abstract – Oral # SA-OR076 | Oct. 24, 2026<br><br>5:06pm MT | Four Seasons Ballroom 2, Convention Center |
| Patient Perceptions of Injectable Therapies among Adults with IgAN: A Qualitative Study | Poster Board # TH-PO0473 | Oct. 22, 2026<br><br>10:00 AM to 12:00 PM MT | Exhibit Hall A, Convention Center |
| Real-World Treatment Patterns Among Patients with APOL1-Mediated Kidney Disease (AMKD) in the United States | Poster Board # FR-PO0109 | Oct. 23, 2026<br><br>10:00 AM to 12:00 PM MT | Exhibit Hall A, Convention Center |
| APOL1-Mediated Kidney Disease (AMKD) Progression Among People Living with HIV | Poster Board # FR-PO0254 | Oct. 23, 2026<br><br>10:00 AM to 12:00 PM MT | Exhibit Hall A, Convention Center |
| Natural History Study of Patients with Proteinuric APOL1-Mediated Kidney Disease (AMKD) in BioVU and the Million Veteran Program (MVP) | Poster Board # FR-PO0154 | Oct. 23, 2026<br><br>10:00 AM to 12:00 PM MT | Exhibit Hall A, Convention Center |
| Disease Progression in Patients Diagnosed with ADPKD by Variant Subgroups in HALT-PKD and CRISP | Poster Board # TH-PO0195 | Oct. 22, 2026<br><br>10:00 AM to 12:00 PM MT | Exhibit Hall A, Convention Center |

**Abstract: SA-OR076**

# Povetacicept for Treatment of IgA Nephropathy: RAINIER Phase 3 Interim Efficacy and Safety Analysis (IA)

## Session Information

- Late-Breaking Research Orals: Pediatrics, Genetics, and Glomerular Diseases
  October 24, 2026 | Location: Four Seasons Ballroom 2, Convention Center
  Abstract Time: 05:06 PM - 05:18 PM

## Category: Glomerular Diseases

- 1402 Glomerular Diseases: Clinical, Outcomes, and Therapeutics

## Authors


- Lafayette, Richard A., Stanford University School of Medicine, Stanford, California, United States
- Zhang, Hong, Peking University First Hospital, Beijing, China
- Han, Seung Hyeok, Yonsei University College of Medicine, Seoul, Korea (the Republic of)
- Suzuki, Yusuke, Juntendo Daigaku Igakubu Daigakuin Igaku Kenkyuka, Tokyo, Japan
- Tumlin, James A., NephroNet LLC, Lawrenceville, Georgia, United States
- Chacko, Bobby, John Hunter Hospital, New Lambton Heights, New South Wales, Australia
- Noronha, Irene L., Universidade de Sao Paulo, São Paulo, SP, Brazil
- Madan, Arvind, Central Florida Kidney Specialists, Orlando, Florida, United States
- Duivenvoorden, Raphael, Radboud universitair medisch centrum, Nijmegen, GE, Netherlands
- Azzi, Jamil R., Brigham and Women's Hospital, Boston, Massachusetts, United States
- Nester, Carla M., The University of Iowa Stead Family Children's Hospital, Iowa City, Iowa, United States
- Dong, Cassie, Vertex Pharmaceuticals Incorporated, Boston, Massachusetts, United States
- Ahluwalia, Neil, Vertex Pharmaceuticals Incorporated, Boston, Massachusetts, United States
- Li, Jiahua, Vertex Pharmaceuticals Incorporated, Boston, Massachusetts, United States
- Bozic, Carmen, Vertex Pharmaceuticals Incorporated, Boston, Massachusetts, United States
- Egbuna, Ogo I., Vertex Pharmaceuticals Incorporated, Boston, Massachusetts, United States
- Wong, Muh Geot, The University of Sydney School of Life and Environmental Sciences, Sydney, New South Wales, Australia

- Barratt, Jonathan, University of Leicester, Leicester, England, United Kingdom



#### Background

BAFF and APRIL play distinct roles in B cell proliferation, differentiation, function, and survival. In IgAN, elevated expression of both BAFF and APRIL drives B cell activation, differentiation, and proliferation, promoting overproduction of Gd-IgA1 and anti-Gd-IgA1 autoantibodies that form pathogenic immune complexes. Povetacicept is an enhanced, variant TACI–crystallizable fragment fusion therapeutic engineered for dual BAFF/APRIL inhibition with robust binding affinity and potency, favorable pharmacokinetics, broad tissue distribution, and administered subcutaneous (SC) Q4W with a small volume, thin needle autoinjector.

#### Methods

The RAINIER Phase 3, randomized, double-blind, placebo (pbo)-controlled trial is ongoing in adults with biopsy-proven IgAN: 557 participants on optimized standard-of-care were randomized to povetacicept 80 mg (N=371) or pbo (N=186) SC Q4W (main cohort). Prespecified efficacy IA included 199 participants (N=131 povetacicept; N=68 pbo). The IA primary endpoint was change from baseline in 24hr-UPCR and secondary endpoints were change from baseline in Gd-IgA1 and proportion of participants with hematuria resolution, all at Week (Wk)36.

#### Results

Povetacicept significantly reduced 24hr-UPCR (-52.0%) compared to pbo (-4.3%) at Wk36, with pbo-adjusted treatment effect of 49.8% (95% CI: 39.2% to 58.6%; P<0.0001). The treatment effect on change from baseline in 24hr-UPCR at Wk36 was consistent across all subgroups evaluated. More participants (42.2%) on povetacicept achieved 24hr-UPCR <0.5 g/g at Wk36 compared to those on pbo (6.2%). Gd-IgA1 was significantly reduced with povetacicept (-77.4%) compared to an increase with pbo (+9.1%), with pbo-adjusted effect of 79.3% (95% CI: 75.9% to 82.2%; P<0.0001). Among those with hematuria at baseline, povetacicept led to significant hematuria resolution (85.1%) compared to pbo (23.4%), with a pbo-adjusted treatment effect of 61.7% (95% CI: 44.9% to 78.4%; P<0.0001). Povetacicept was generally safe and well tolerated with a similar incidence of adverse events (75.0% vs 78.4%) and serious adverse events (3.0% vs 4.3%) to pbo.

#### Conclusion

Povetacicept results in rapid, sustained, and clinically and statistically significant reductions in proteinuria, Gd-IgA1, and hematuria compared to pbo at Wk36 and was generally safe and well tolerated, indicating povetacicept is a disease-modifying therapy for adults with IgAN.


## Funding

- Commercial Support – Vertex Pharmaceuticals Inc