

# Renal Autologous Cell Therapy/Neo-Kidney Augment™ (REACT/NKA): Phase II study of REACT/NKA implantation In Type 2 Diabetes with Chronic Kidney Disease

Joseph Stavas<sup>1</sup>, Tim Bertram<sup>1</sup>, Ashley Johns<sup>1</sup>, Deepak Jain<sup>1</sup>, David Gerber<sup>2</sup>, Prabir Roy-Chaudhury<sup>3</sup>, George Bakris<sup>4</sup>

inRegen/Twin City Bio, Cayman Islands/USA<sup>1</sup>, University of North Carolina School of Medicine, Division of Transplant Surgery, Chapel Hill, NC<sup>2</sup>, University of North Carolina School of Medicine, Division of Nephrology, Chapel Hill, NC<sup>3</sup>, University of Chicago School of Medicine, Division of Nephrology, Chicago, IL<sup>4</sup> USA

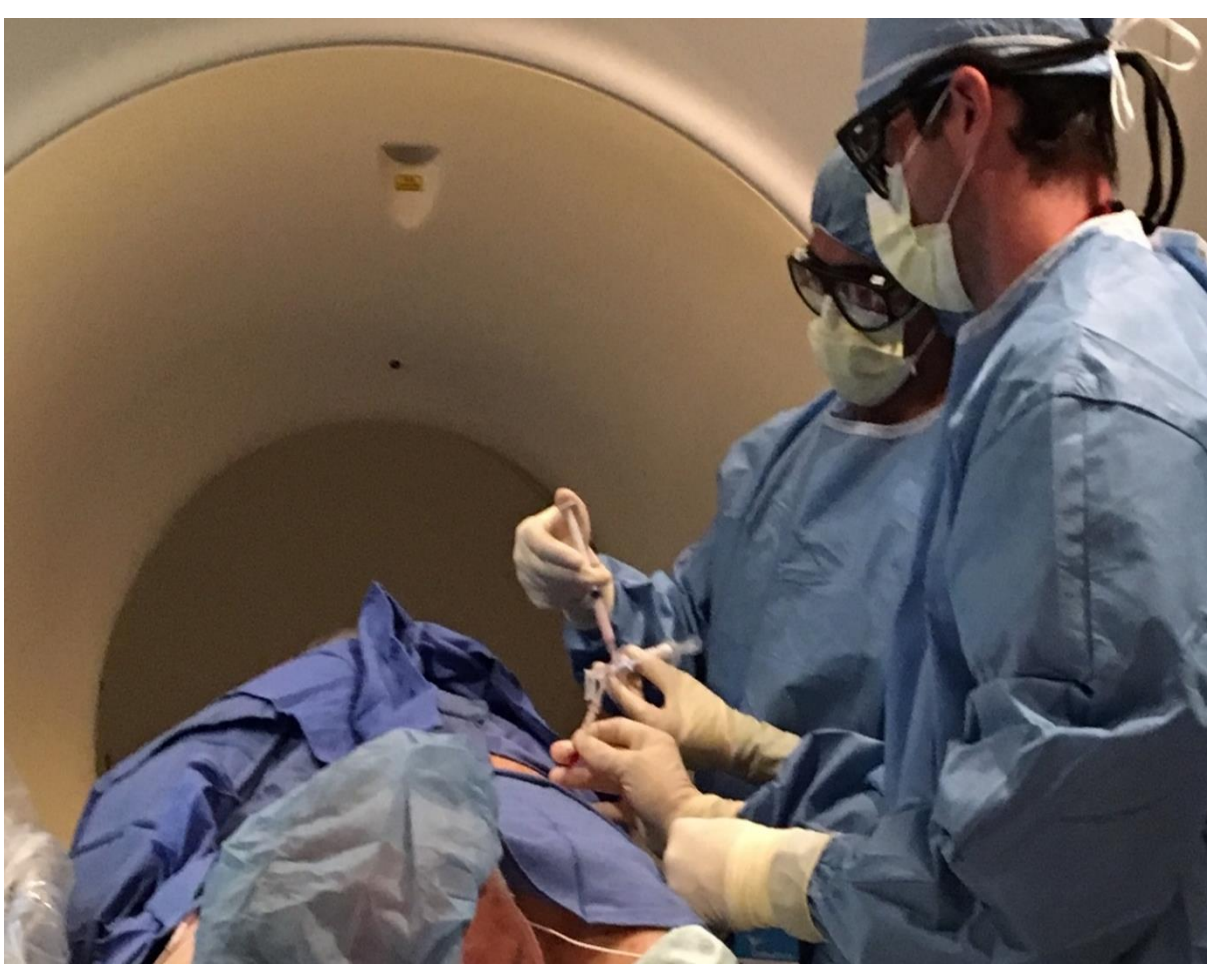
## INTRODUCTION

**Progenitor Cell-based Phase II Trial of Renal Autologous Cell Therapy™ (REACT) to prevent or delay T2DM Stage 3b/4 CKD RRT (NCT 02836574)**

Multiple renal therapies have entered the clinical development pipeline for diabetic kidney disease. Most target a biochemical or genetic aspect of various disease pathways of CKD. Few CKD cell-based therapies are under investigation to avert RRT.

## MATERIALS and METHODS

- Ongoing multi-center, prospective, open-label
  - RCT with Active and Deferred Cohorts
  - Randomization 1:1 (80 subjects)
  - Percutaneous kidney biopsy and injection
  - 2<sup>nd</sup> dose after 6 months in same kidney
- 
- Deferred Cohort: SOC for 12 mo.
  - CKD, glycemic, lipidemic, coagulation control
  - Cross-over @12 months to Active Cohort
  - 2 yr. follow-up for each Cohort then 5 year LTFU



CT real-time precision injection of REACT™ & observation for adverse events. Outpatient procedure, moderate sedation.

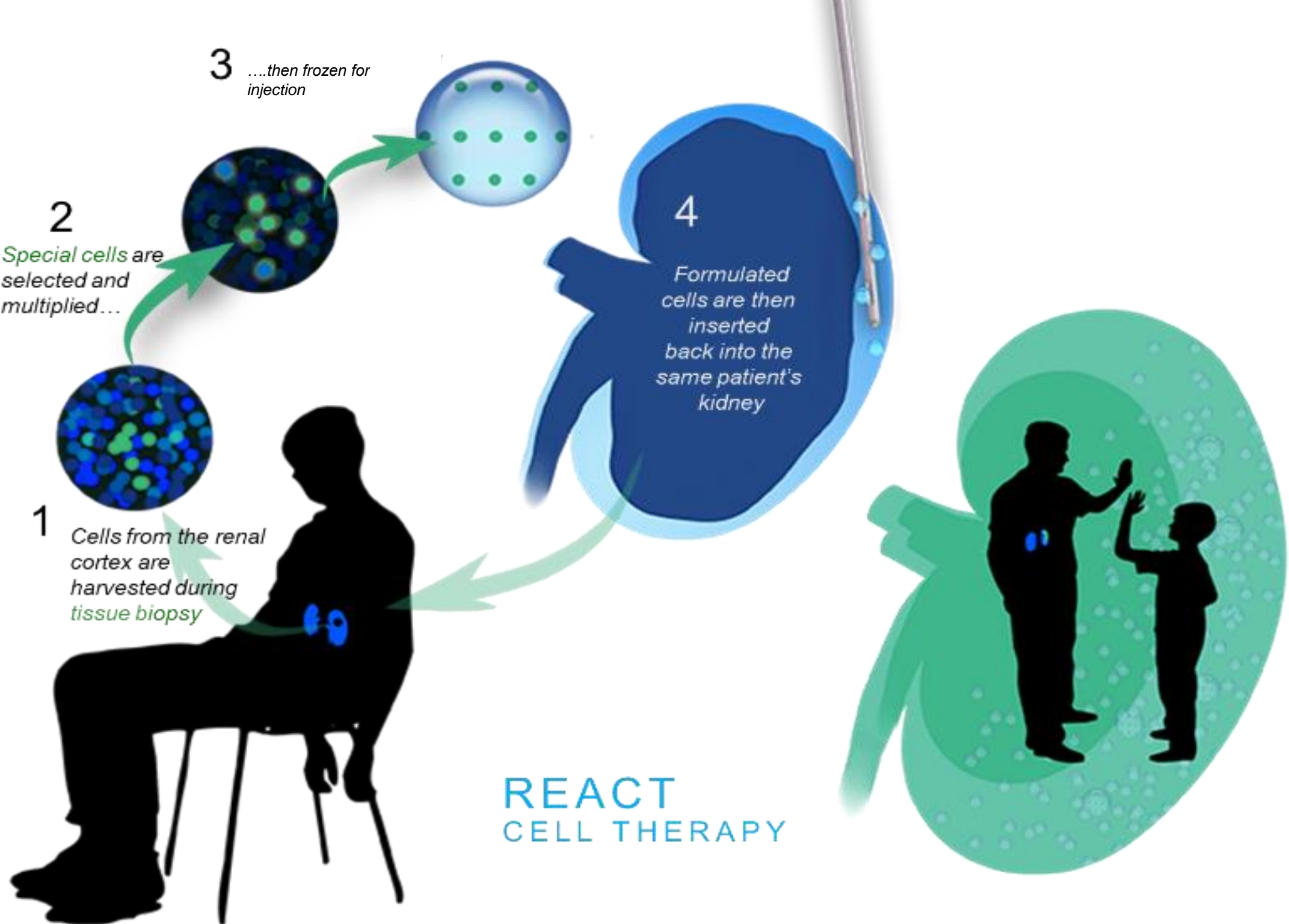
## INCLUSION and EXCLUSION CRITERIA

- MAJOR INCLUSION**
- Male, Female ages 30-80 years
  - T2DM and Diabetic Kidney Disease
  - No dialysis, eGFR 20-50 ml/min/1.73m<sup>2</sup>
  - Blood pressure stable and < 150/90 mm Hg
  - > 2 values of eGFR or sCr @ 3 months prior
  - Rate of CKD progression over last 18 months
  - Refrain from ASA, NSAIDS, warfarin
  - Refrain from fish oil & anti-platelet agents
  - Able to sign informed consent

- MAJOR EXCLUSION**
- Type 1 DM and other glomerular disease
  - Renal transplantation
  - HbA1c > 10% at screening
  - Metabolically unstable diabetes
  - Hgb < 9 g/dl prior to NKA implantation
  - Small kidneys, single kidney by US or MRI
  - AKI or rapid decline in renal function
  - Renal masses, large cysts, APCKD, anatomy
  - Cancer within 3 years

## CONCLUSIONS and FUTURE DIRECTIONS

- Trial enrollment completed by 2H2020**
- Interim analysis supports:**
  - Product safety
  - Procedure safety
- Global Phase III trial design underway**
- Phase III efficacy endpoints:**
  - eGFR slope/ACR reduction
  - Delay in RRT/Death
- REACT™ offers options to delay RRT for late stage CKD**



Atraumatic small gauge needle tip (arrow) in cortex of Stage 4 CKD Kidney

## OBJECTIVES/OUTCOMES/OBSERVATIONS

- PRIMARY OBJECTIVE**  
Assess safety and efficacy of up to 2 REACT injections
- PRIMARY SAFETY ENDOPOINT**  
Procedural and product related adverse events
- PRIMARY EFFICACY ENDOPOINT**  
Improved renal function – eGFR chronic slope and ACR
- QUALITY OF LIFE OBSERVATION**  
KDQOL Survey through 24 months

## REFERENCES

H. Heerspink et al. "Change in albuminuria as a surrogate endpoint for progression of kidney disease: a meta-analysis of treatment effects in randomized clinical trials", *Lancet Diabetes Endocrinol* 2019;7:128–39.

A. Levey et al. "Change in albuminuria and GFR as end points for clinical trials in early stages of CKD: a scientific workshop sponsored by the NKF in collaboration with the US FDA and EMA", *AJKD* 2020;75:84-104

L. Inker et al. (2019) "GFR slope as a surrogate end point for kidney disease progression in clinical trials: a meta-analysis of treatment effects of randomized control trials" *JASN* 2019; 30:1753-1745.

S. Yamanaka et al. "Kidney regeneration in later-stage mouse embryos via transplacental renal progenitor cells" *JASN* 2019;30:2293-2305.

## Trial Contact

Joseph Stavas MD, MPH, FACR, FSIR  
[jestavas@inregen.com](mailto:jestavas@inregen.com)  
 Senior Vice President of Clinical Development  
 8020 Arco Corporate Drive, Suite 118  
 Raleigh, North Carolina USA 27617



**RESEARCH STUDY CONDUCTED at 16 Major Academic Research Centers and Internationally recognized investigators**