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Baseline characteristics of patients in the ALOFT-IPF phase 3, randomized, placebo-controlled trial of admilparant (BMS-986278), an oral lysophosphatidic acid receptor 1 antagonist, in idiopathic pulmonary fibrosis

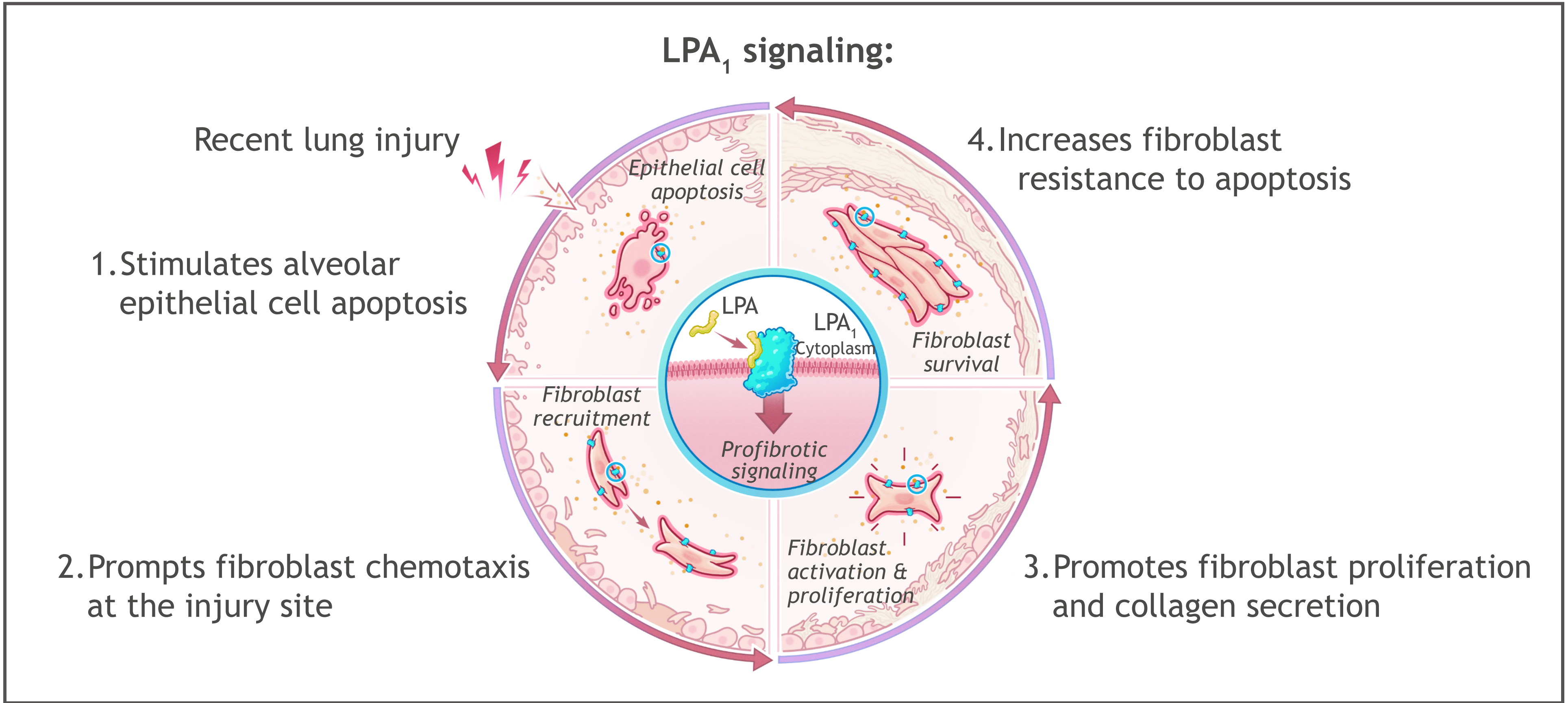
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Rationale

- Idiopathic pulmonary fibrosis (IPF) is an irreversible disease associated with progressive loss of lung function and poor prognosis, despite existing antifibrotic therapies<sup>1,2</sup>
- Well-tolerated therapies that can be used alone or with existing options are needed to stabilize disease progression
- Admilparant (BMS-986278) is an oral lysophosphatidic acid receptor 1 (LPA<sub>1</sub>) antagonist that targets 3 key drivers of fibrogenesis: faulty epithelial cell repair, inflammation/vascular leakage, and fibroblast expansion (Figure 1)<sup>3</sup>
- In a 26-week phase 2 trial, admilparant 60 mg twice daily (BID) was well tolerated and slowed the rate of respiratory function decline vs placebo in patients with IPF<sup>4</sup>
- Here, we present the baseline characteristics of patients enrolled in the ongoing ALOFT-IPF phase 3 trial, which aims to evaluate the efficacy and safety of admilparant over 52 weeks in patients with IPF<sup>5</sup>

Figure 1. The role of LPA<sub>1</sub> signaling in the pathogenesis of pulmonary fibrosis

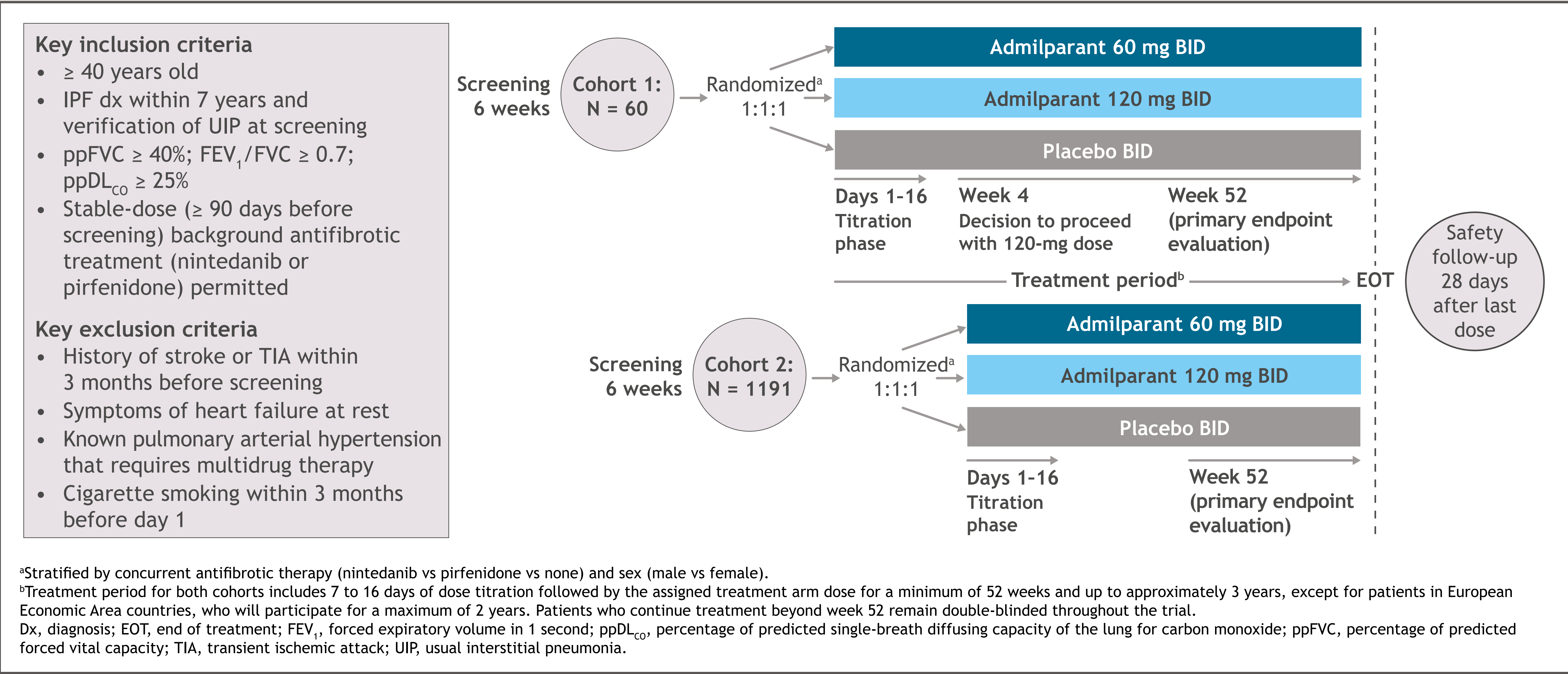


Methods

- ALOFT-IPF (NCT06003426) is a multicenter, randomized, placebo-controlled trial being conducted in 32 countries.<sup>5,6</sup> Trial completion is estimated to be October 2026
- Using a 2-cohort design, adults (age ≥ 40 years) with IPF were randomized to receive admilparant 60 or 120 mg or placebo (1:1:1) orally, twice daily for ≥ 52 weeks, stratified by concurrent antifibrotic therapy (nintedanib vs pirfenidone vs none) and sex (male vs female) (Figure 2)
  - Cohort 1 enrolled patients in a single-blind design to evaluate the safety and tolerability of admilparant 120 mg after 4 weeks of treatment; based on data evaluation, continuation of the trial is permitted without change
  - Subsequent patients were enrolled in cohort 2, a registrational, double-blind design; both cohorts are running in parallel
- Key participant eligibility criteria are presented in Figure 2
- The primary endpoint is absolute change in forced vital capacity (FVC) from baseline to week 52

ALOFT-IPF enrolled a representative population for the assessment of admilparant for the treatment of patients with IPF

Figure 2. ALOFT-IPF study design



Results

- Between September 14, 2023, and September 5, 2025, 1251 patients with IPF were randomized and received ≥ 1 dose of study drug (cohort 1, N = 60; cohort 2, N = 1191)
- Overall, 42.5% of patients were enrolled from Asia-Pacific countries, 23.6% from Europe, 18.2% from North America, and 15.7% from Latin America (Table 1)
- Median age (interquartile range; IQR) was 71.0 (66.0-75.0) years, 79.4% were male, and 57.8% were White (Table 1)
- At baseline, 64.1% of patients were receiving background antifibrotics; the median time (IQR) since diagnosis was 2.1 (1.0-3.9) years (Table 2)
- Baseline median FVC (IQR) was 2715 (2200-3230) mL, and ppFVC and ppDL<sub>co</sub> were 78.8% and 51.8%, respectively (Table 2)
- Nearly all patients (96.9%) had a history of 1 or more medical conditions, most commonly hypertension and gastroesophageal reflux disease (GERD) (Table 2)

Table 1. Baseline demographic characteristics

| Characteristic                | Cohort 1 (N = 60) | Cohort 2 (N = 1191) | Total (N = 1251) |
|-------------------------------|-------------------|---------------------|------------------|
| Age, years                    | 71.0 (66.0-76.0)  | 71.0 (66.0-75.0)    | 71.0 (66.0-75.0) |
| Age categorization, n (%)     |                   |                     |                  |
| < 65 years                    | 13 (21.7)         | 238 (20.0)          | 251 (20.1)       |
| 65-84 years                   | 47 (78.3)         | 940 (78.9)          | 987 (78.9)       |
| ≥ 85 years                    | 0                 | 13 (1.1)            | 13 (1.0)         |
| Sex, n (%)                    |                   |                     |                  |
| Male                          | 49 (81.7)         | 944 (79.3)          | 993 (79.4)       |
| Female                        | 11 (18.3)         | 247 (20.7)          | 258 (20.6)       |
| Body weight, kg               | 67.0 (60.1-80.0)  | 73.9 (64.4-83.0)    | 73.7 (64.1-83.0) |
| Race, n (%)                   |                   |                     |                  |
| White                         | 21 (35.0)         | 702 (58.9)          | 723 (57.8)       |
| Asian                         | 38 (63.3)         | 468 (39.3)          | 506 (40.4)       |
| Black or African American     | 0                 | 5 (0.4)             | 5 (0.4)          |
| American Indian/Alaska Native | 1 (1.7)           | 2 (0.2)             | 3 (0.2)          |
| Unknown/not reported/missing  | 0                 | 14 (1.2)            | 14 (1.1)         |
| Geographic region, n (%)      |                   |                     |                  |
| Asia-Pacific                  | 39 (65.0)         | 493 (41.4)          | 532 (42.5)       |
| Europe                        | 3 (5.0)           | 292 (24.5)          | 295 (23.6)       |
| North America                 | 18 (30.0)         | 210 (17.6)          | 228 (18.2)       |
| Latin America                 | 0                 | 196 (16.5)          | 196 (15.7)       |

Data for continuous variables are presented as median (IQR).

Table 2. Baseline clinical characteristics

| Characteristic                                      | Cohort 1 (N = 60) | Cohort 2 (N = 1191) | Total (N = 1251) |
|-----------------------------------------------------|-------------------|---------------------|------------------|
| Time since diagnosis, years                         | 2.7 (1.4-4.9)     | 2.1 (1.0-3.8)       | 2.1 (1.0-3.9)    |
| Concurrent antifibrotic treatment (on day 1), n (%) |                   |                     |                  |
| Pirfenidone                                         | 10 (16.7)         | 374 (31.4)          | 384 (30.7)       |
| Nintedanib                                          | 33 (55.0)         | 385 (32.3)          | 418 (33.4)       |
| None                                                | 17 (28.3)         | 432 (36.3)          | 449 (35.9)       |
| FVC, mL                                             | 2785 (2245-3380)  | 2710 (2200-3230)    | 2715 (2200-3230) |
| ppFVC                                               | 80.2 (68.3-91.1)  | 78.7 (66.7-91.7)    | 78.8 (66.8-91.6) |
| FEV <sub>1</sub> /FVC                               | 0.78 (0.75-0.85)  | 0.80 (0.76-0.84)    | 0.80 (0.76-0.84) |
| DL <sub>co</sub> , mL/min/mmHg                      | 11.8 (9.2-15.1)   | 11.5 (9.3-14.3)     | 11.5 (9.3-14.3)  |
| ppDL <sub>co</sub> , hemoglobin corrected           | 53.0 (42.4-64.6)  | 51.8 (41.9-64.4)    | 51.8 (41.9-64.4) |
| Quantitative lung fibrosis, %                       | 13.2 (7.2-21.2)   | 14.9 (9.0-22.5)     | 14.8 (8.9-22.4)  |
| Medical history, <sup>a</sup> n (%)                 |                   |                     |                  |
| Hypertension                                        | 60 (100)          | 1152 (96.7)         | 1212 (96.9)      |
| GERD                                                | 30 (50.0)         | 547 (45.9)          | 577 (46.1)       |
| Hyperlipidemia                                      | 21 (35.0)         | 313 (26.3)          | 334 (26.7)       |
|                                                     | 13 (21.7)         | 211 (17.7)          | 224 (17.9)       |

<sup>a</sup>Patients could have more than 1 medical condition. The 3 most common medical histories are listed by preferred term (MedDRA v28.1). Data for continuous variables are presented as median (IQR). DL<sub>co</sub>, diffusing capacity of the lung for carbon monoxide.

Conclusions

- Patients enrolled in the ALOFT-IPF trial are generally representative of people with IPF and are similar to other recent phase 3 trials,<sup>7,8</sup> comprising adults with advanced age, a preponderance of males and, on average, moderately impaired lung function
- Notable differences from other recent phase 3 trials<sup>7,8</sup> are the relatively shorter time since diagnosis (2.1 years) and the higher proportion of patients not on background antifibrotic therapy (35.9%) in ALOFT-IPF
- ALOFT-IPF will assess the impact of treatment with admilparant for up to 3 years in a typical population of patients with IPF

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Acknowledgments

- The study was supported by Bristol Myers Squibb (Princeton, NJ)
- The authors would like to thank the study staff and investigators as well as the patients and their families for their participation in this study
- All authors contributed to and approved the presentation; writing and editorial assistance were provided by Jean Turner of Parexel, funded by Bristol Myers Squibb

