**BARDOXOLONE METHYL - CLINICAL TRIALS**

**BARD increases measured GFR and eGFR in Phase 2 & 3 studies**
- In TSUBAKI, BARD treatment increased inulin clearance compared to placebo.
- In the BEAM and BEACON trials, BARD treatment increased eGFR compared to placebo in patients with type 2 diabetes and CKD.

**Initial data from Phase 2 open-label study CARDINAL**
- BARD significantly increased eGFR in patients with Alport syndrome through 36 weeks of treatment.
- Increases in eGFR with BARD in patients with pulmonary arterial hypertension (PAH) in the LARAT trial are durable for up to two years of treatment.

**In BEAM and BEACON, eGFR change at 12 weeks significantly correlated with change at one year.**
- BARD may target the common pathways contributing to GFR loss in multiple forms of CKD.

**SAFETY: BLOOD PRESSURE, BNP, AND ADVERSE EVENTS**

**Efficacy: Change from Baseline in eGFR**

**Treatment with BARD leads to time-dependent increases in eGFR in patients with ADPKD and IgAN**

**Demiographic and Baseline Data from Phoenix**

**Conclusions**

- Bardoxolone methyl was generally well-tolerated and significantly increased eGFR in patients with ADPKD and IgA nephropathy.
- No treatment-related serious adverse events have been reported to date.
- Bardoxolone methyl is currently being evaluated in other forms of chronic kidney disease.

**References**


**Disclosure**

- We would like to thank Megan O’Grady and Rex Tungala for their help with data analysis and Isaac Trivino and Linda Hannigan for their work on pre-clinical data studies.