In addition, a Biomarker (BMK) substudy was conducted to assess senescent cell (SnC) burden.

A non-drug biomarker study showed senescent cell (SnC) burden.

We assessed in a Phase I study the safety, pharmacokinetics (PK), and clinical outcomes of intra-articular (IA) UBX0101 treatment in patients (pts) with painful knee OA.

In addition, a Biomarker (BMK) substudy was conducted to assess senescent cell (SnC) burden.

UBX0101 Plasma PK

Biomarker Substudy: Modulation of SASP and OA-related Markers in Synovial Lavage 4 Wks Following a Single IA Administration of UBX0101 14 mg

Patients With OA Treated with UBX0101 Reported a Dose-Dependent Improvement in Function (A, WOMAC-C) and a Greater Improvement of Change (B, PGIC) at Wk 12 vs Placebo

Dose-Dependent, Clinically Meaningful, Durable Improvements in Pain (WOMAC-A)

Endpoints

A) Responder Analyses

B) WOMAC-A LSM CFBL: All Doses

CI, confidence interval; LSM CFBL, least-squares mean change from baseline.

Doses of 1, 2 and 4 mg clearly separated from placebo, and a greater proportion of pts in the high doses group achieved a ≥70% decrease in WOMAC-A at Wk 12 (16.2%, 40.0% and 30.12%, respectively)

Statistically significant pain reduction at Wk 12 for pts in the high doses group

C) WOMAC-A LSM CFBL (Placebo-Adjusted)

No dose dependence in AEs or in clinical lab findings

No serious AEs occurred and no AEs led to discontinuation

UBX0101 doses

UBX01 Plasma PK

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