Lifordi Immunotherapeutics Presents Phase 1 Clinical Data for LFD-200, a Subcutaneous Glucocorticoid Antibody Drug Conjugate, at EULAR 2026

Data showed LFD-200 selectively delivers glucocorticoid payload to immune cells, resulting in dose-responsive anti-inflammatory activity without impact on cortisol - a sensitive measure of GC toxicity

Single doses ≤12 mg/kg and four weekly 5.5 mg/kg doses were safe and well tolerated in healthy participants

Short duration of exposure of LFD-200 in blood was consistent with rapid uptake into immune cells and tissue residency of ≥2 weeks, supporting potential for less frequent dosing

Dosing in the Phase 1 trial in patients with rheumatoid arthritis is ongoing

BURLINGTON, MA – June 8, 2026 -- Lifordi Immunotherapeutics, Inc., a clinical-stage biotechnology company developing antibody-drug conjugates (ADCs) for the treatment of autoimmune and inflammatory disorders, presented first-in-human data for LFD-200, the Company's novel subcutaneously (SC) administered ADC delivering a potent glucocorticoid (GC) directly to immune cells. Phase 1 data from healthy participants (HPs) presented at EULAR 2026 (European Congress of Rheumatology), in London, UK, June 3-6, 2026, showed LFD-200 was well tolerated and demonstrated dose-responsive anti-inflammatory activity with no impact on serum cortisol levels, a sensitive marker for systemic GC toxicity. Dosing patients with moderate to severe rheumatoid arthritis (RA) in the Phase 1 study is ongoing with data expected by year-end 2026.

"We believe these data provide proof of mechanism for our VISTA-targeted ADC approach, which is designed to deliver a therapeutic payload directly to immune cells while avoiding the side effects associated with systemic exposure," said Arthur Tzianabos, Ph.D., President & Chief Executive Officer. "By leveraging the unique properties of LFD-200 — including rapid uptake into immune cells, prolonged tissue residency, and anti-inflammatory activity — we believe we are establishing a differentiated approach to the treatment of autoimmune and inflammatory diseases. We look forward to seeing LFD-200 data in patients with RA."

LFD-200 is a novel ADC composed of a monoclonal antibody (mAb) that is conjugated to 8 glucocorticoid payloads. The mAb is designed to selectively bind to the immune cell surface protein V-domain immunoglobulin suppressor of T cell activation (VISTA), rapidly internalize the GC payload, and have no other biological function. Nonclinical studies of subcutaneous dosing with LFD-200 in non-human primates[1] (NHP) demonstrated sustained GC payload exposures in lymph nodes and spleen. Additionally, ex vivo stimulation of proinflammatory cytokines in whole blood and bone marrow samples was suppressed in a dose-responsive manner and no impact on cortisol was seen in any study, including after 13 weekly doses.

The Phase 1 clinical trial is a single and multiple ascending dose (SAD/MAD), randomized, double-blind, placebo- and active-controlled first-in-human study designed to evaluate the safety, efficacy, pharmacokinetics (PK) and pharmacodynamics (PD) of LFD-200 in healthy participants and patients with moderate to severe RA.

Part 1: HPs [N=11/cohort (SAD) or N=8/cohort (MAD)]

- SAD HP were randomized to receive a single dose of either oral prednisone (10 mg, open label; N=3), placebo (N=2), or SC LFD-200 (N=6; 1.5, 3, 6, or 12 mg/kg dose)
- MAD HP were randomized to receive 4 weekly 5.5 mg/kg doses of SC LFD-200 (N=6) or placebo (N=2)

Part 2: Cohorts of patients with moderate to severe RA (N=14/cohort)

- Randomization in each cohort is 8 LFD-200: 3 placebo: 3 prednisone with dosing for 12 weeks

In the poster (POS#1310) entitled "**LFD-200, an Antibody Drug Conjugate that Selectively Delivers a Glucocorticoid Payload to Immune Cells, has a Favorable Risk-Benefit Profile vs. Prednisone and Placebo in a First in Human Study**," presented on Saturday, June 6, 2026, [10:15 am local time], Dr. Matthew W. McClure, Chief Medical Officer of Lifordi, shared data from 4 SAD and 1 MAD cohorts of HPs, which demonstrated:

- **LFD-200 was safe and well tolerated**
  - No serious adverse events
  - Treatment-emergent adverse events: No concerning findings/trends (Grade ≤2)
  - Laboratories/vital signs/electrocardiograms/physical examination: no concerning findings or trends
- **LFD-200 plasma exposures were supportive of biweekly or monthly dosing**
  - Serum half-life of ADC was ~30 hours, which is consistent with targeted uptake into VISTA+ cells
  - Steady state reached after 2nd dose
  - Free GC payload exposure persists beyond ADC detection, suggesting tissue exposure ≥2 weeks
- **LFD-200 had no impact on cortisol levels, a sensitive measure of systemic GC toxicity, at any time point after doses as high as 12 mg/kg (equivalent to ~170 mg of prednisone in a 70 kg HP)**
- **LFD-200 showed sustained and potent GC activity in whole blood***
  - TNFα levels after *ex vivo* lipopolysaccharide stimulation of whole blood samples in the SAD/MAD study demonstrated a dose-responsive effect for LFD-200 that was comparable to a single 10 mg dose of prednisone and was sustained. A similar effect was seen for IL-6 and IL-1β.

**Blood is not target tissue; Assay known to underrepresent in vivo effects in immune tissues*

"These results demonstrate successful translation of our preclinical LFD-200 findings into humans and further validate our ability to deliver a potent glucocorticoid to immune cells and avoid the systemic side effects that have limited their use for decades," said Dr. McClure. "Importantly, the safety profile observed in healthy participants — including no impact on cortisol levels — together with reductions in proinflammatory cytokines, strengthens our confidence that these findings may translate into meaningful benefit for patients with RA."

For further details, view the poster here.

About Lifordi

Lifordi Immunotherapeutics, Inc. is a clinical-stage biotechnology company leading the way by leveraging the success of antibody-drug conjugates (ADCs) to develop treatments for autoimmune and inflammatory disorders. The Company's lead ADC, LFD-200, is in a Phase 1 clinical trial for rheumatoid arthritis and demonstrated a favorable safety, PK and PD profile in healthy participants, including dose-responsive anti-inflammatory activity without systemic glucocorticoid toxicity (cortisol suppression). Lifordi has also applied its novel drug delivery approach to other diverse payloads, such as antisense oligonucleotides (ASOs), siRNA, and small molecules. As experienced drug developers in immunology and inflammatory diseases, together with expert clinical advisors and funding from ARCH Venture Partners, Atlas Venture, 5AM Ventures, and Sanofi Ventures, Lifordi is committed to changing how immune and inflammatory diseases are treated. For more information, please visit www.lifordi.com and follow us on LinkedIn.

Contact

Theresa McNeely
Chief Communications Officer
tmcneely@lifordi.com
(508) 523-9511

[1]McClure et al., ACR 2025