



NYRADA LTD (ASX:NYR)

23 October 2025

Good Afternoon,

Last night, Boehringer Ingelheim, one of the world's largest pharmaceutical companies with 54,000 employees and an annual revenue of €26.8B in 2024, announced positive results from its trial of BI 764198 TRPC6 inhibitor for the treatment of the kidney disease Focal Segmental Glomerulosclerosis (FSGS).

Trial Details

The trial was multi-centred, double blind, placebo-controlled, randomised, assessing the efficacy and safety of an oral selective TRPC6 inhibitor BI 764198 administered once daily at 20mg, 40mg and 80mg doses in patients with FSGS or genetic FSGS due to known TRPC6 mutations versus placebo. The trial took place versus placebo over a 12-week period. The primary endpoints were the proportion pf patients with a proteinuria response (≥25% UPCR from baseline) at week 12. The other key outcomes were safety, tolerability and pharmacokinetics.

Results

Sixty patients (7 with TRPC6 mutations) were completed the study. Proteinuria responses at Week 12 were observed in 44.4% (8/18), 14.3% (2/14), and 42.9% (6/14) of patients receiving BI 764198 20 mg, 40 mg, and 80 mg, respectively, versus 7.1% (1/14) receiving placebo.

Among patients with TRPC6 mutations, all BI 764198-treated participants (4/4) achieved a proteinuria response, versus none (0/3) on placebo. The highest placebo-corrected mean change in UPCR at Week 12 occurred at the 20 mg dose (-39.82%; 95% CI -56.17 to -17.36; p=0.002). BI 764198 was safe and well-tolerated across all dosing arms, with no notable differences in adverse event frequency. The p-value of 0.002 shows that there is a very high probability that these results are due to the drug being efficacious.

Conclusion

BI 764198 met its primary endpoints. BI 764198 is the first podocyte-targeted therapy to show efficacy in FSGS and represents an important step forward for this class of medicines.

What Does This Mean for Nyrada?

Canary Capital believes that Boehringer Ingelheim's success further validates TRPC ion channel inhibitors as a promising new therapeutic frontier for a range of diseases. The results significantly de-risk Nyrada's upcoming trial evaluating its TRPC inhibitor for protecting cardiac tissue following myocardial infarction, particularly during ischemic reperfusion (artery re-opening) procedures.

A link to the trial results is provided below. As always, if you have any questions, please feel free to call me. https://www.asn-online.org/education/kidneyweek/2025/program-abstract.aspx?controlId=4345072

Regards, Paul Hart - Executive Director Canary Capital

M: 0421 051 474

E: phart@canarycapital.com.au