



Nektar Announces Three Oral Presentations for Rezpegaldesleukin at the European Academy of Dermatology & Venereology (EADV) Congress 2026

September 28, 2026

New data to be presented from the REZOLVE-AA study at EADV, including 6-month off-treatment data for patients with severe-to-very-severe alopecia areata

Company to host conference call with investors and analysts on October 1, 2026 at 8:00 AM ET/2:00 PM CET

SAN FRANCISCO, Sept. 28, 2026 /PRNewswire/ -- Nektar Therapeutics (Nasdaq: NKTR) announced today that data from its Phase 2b studies of rezpegaldesleukin in atopic dermatitis and alopecia areata will be presented in three separate oral presentations at the European Academy of Dermatology & Venereology (EADV) Congress 2026, to take place September 30 to October 3, 2026, in Vienna, Austria.



**Bold immune science.
Transformative immune health.**

The oral presentations include: new data from the REZOLVE-AA study in patients with alopecia areata, including 6-month off-treatment data evaluating the durability of response as measured by the Severity of Alopecia Tool (SALT); previously reported maintenance data from the REZOLVE-AD study in patients with atopic dermatitis; and a late-breaking oral presentation featuring new multi-omic findings from a biomarker sub-study of REZOLVE-AD that was conducted at the Icahn School of Medicine at Mount Sinai.

Investor and Analyst Call and Webcast on Thursday, October 1, 2026 at 8:00 AM ET/2:00 PM CET

The Company will host an investor conference call and webcast to present the new 6-month (24-week) off-treatment data from REZOLVE-AA in patients with severe-to-very-severe alopecia areata. Nektar management will be joined by Dr. Benjamin Ungar, Director of the Alopecia Center of Excellence and Director of the Rosacea & Seborrheic Dermatitis Clinic at the [Kimberly and Eric J. Waldman Department of Dermatology](#) at Mount Sinai.

Interested participants can access the live webcast at this [LINK](#).

The event, the press release and the slides will also be available on the events section of Nektar's website at <https://ir.nektar.com/events-and-presentations/events>. A replay of the webcast will be available for at least 30 days following the event.

Details of the Presentations at the EADV Congress 2026 are as follows:

- **Oral Presentation:** *"Rezpegaldesleukin, a Novel Regulatory T Cell-Inducing Biologic, Demonstrates Efficacy and Safety in Severe-to-Very-Severe Alopecia Areata: 52-Week Results from the Phase 2b REZOLVE-AA Study"*
 - Presenter: Dr. David Rosmarin, M.D., Indiana University School of Medicine
 - Session Title: FC04.1D
 - Presentation Date and Time: Thursday, October 1st 16:30 – 16:40 CET
 - Location: Hall N
 - Abstract N°: AS-1872
 - This presentation will include new findings from the 6-month (24-week) off-treatment follow-up period of REZOLVE-AA study, which was completed in September 2026 (not included in abstract).
- **Oral Presentation:** *"Rezpegaldesleukin Provides Durable and Deepening Improvements in the Signs and Symptoms of Atopic Dermatitis with Monthly and Quarterly Dosing: Results from the Phase 2b REZOLVE-AD Maintenance Part of Study"*
 - Presenter: Dr. Thomas Bieber, M.D., Ph.D., M.D.R.A., Ludwig-Maximilians University
 - Session Title: FC02.1B
 - Presentation Date and Time: Thursday, October 1st 10:25 – 10:35 CET
 - Location: Hall N

- Abstract N°: AS-1732
- **Late-Breaking Oral Presentation:** *"Multi-omic profiling identifies early molecular responses to rezpegaldesleukin, a novel regulatory T cell-inducing therapy, in atopic dermatitis"*
 - Presenter: Dr. Emma Guttman-Yassky, M.D., Ph.D., Icahn School of Medicine at Mount Sinai
 - Session Title: D1T01.2
 - Presentation Date and Time: Wednesday, September 30th 16:30 – 16:45 CET
 - Location: Hall A
 - Abstract N°: LB-219

The full content of accepted abstracts, including late-breaking abstracts, remains under embargo until **September 30, 2026 at 07:00 AM CET**. The presentations will be made available on Nektar's website at <https://www.nektar.com/scientific-publications>, after each formal presentation.

About REZOLVE-AD Phase 2b Study

The global 393-patient Phase 2b REZOLVE-AD ([NCT06136741](#)) study was conducted in patients with moderate-to-severe atopic dermatitis who had not previously been treated with a JAK inhibitor or other biologic. Patients were randomized (3:3:3:2) to receive subcutaneous rezpegaldesleukin at one of three dose regimens: 24 µg/kg every two weeks (Q2W), 18 µg/kg Q2W, or 24 µg/kg every four weeks (Q4W). A fourth arm received placebo Q2W. Primary and key secondary endpoints were assessed at Week 16. Following the induction period, rezpegaldesleukin-treated patients who achieved EASI percent reductions of at least 50 were re-randomized (1:1) to continue at the same dose level on a Q4W or Q12W regimen through Week 52 in a blinded maintenance period. Placebo patients with EASI percent score reductions of at least 50 continued to receive placebo Q4W.

About REZOLVE-AA Phase 2b Study

The global 92-patient Phase 2b REZOLVE-AA ([NCT06340360](#)) study was conducted in patients with severe-to-very-severe alopecia areata who had not previously been treated with a JAK inhibitor or other biologic. During the initial 36-week induction phase, patients were randomized (3:3:2) to receive one of two rezpegaldesleukin doses or placebo, administered as twice-monthly subcutaneous injections. The primary endpoint was the mean percentage reduction from baseline in the SALT score at Week 36. Key secondary endpoints included the proportion of patients who achieved absolute SALT scores of less than or equal to 30, 20, and 10, along with the exploratory endpoint of the Clinician-Reported Outcomes (ClinRO) Eyebrow and Eyelash Score. The study also included an optional, blinded 16-week treatment extension and a 24-week follow-up period after 36 or 52 weeks of treatment.

About Rezpegaldesleukin

Autoimmune and inflammatory diseases cause the immune system to mistakenly attack and damage healthy cells in a person's body. A failure of the body's self-tolerance mechanisms enables the formation of the pathogenic T lymphocytes that conduct this attack. Rezpegaldesleukin is a potential first-in-class disease modifying therapeutic that may address this underlying immune system imbalance in people with many autoimmune and inflammatory conditions. It targets the interleukin-2 receptor complex in the body to stimulate proliferation of powerful inhibitory immune cells known as regulatory T-cells. By activating these cells, rezpegaldesleukin may act to bring the immune system back into balance.

In February 2025, the U.S. FDA granted Fast Track designation for rezpegaldesleukin for the treatment of adult and pediatric patients 12 years of age and older with moderate-to-severe atopic dermatitis whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. In July 2025, the FDA granted Fast Track designation for rezpegaldesleukin for the treatment of severe alopecia areata (AA) in adults and pediatric patients 12 years of age and older who weigh at least 40 kg.

Rezpegaldesleukin is being developed as a self-administered injection for a number of autoimmune and inflammatory diseases, including atopic dermatitis, alopecia areata and Type 1 diabetes. It is wholly owned by Nektar Therapeutics.

About Nektar Therapeutics

Nektar Therapeutics is a clinical-stage biotechnology company focused on developing treatments that address the underlying immunological dysfunction in autoimmune and chronic inflammatory diseases. Nektar's lead product candidate, rezpegaldesleukin (REZPEG, or NKTR-358), is a novel, first-in-class regulatory T cell stimulator being evaluated in atopic dermatitis, alopecia areata, and Type 1 diabetes mellitus. Nektar's pipeline also includes preclinical bivalent tumor necrosis factor receptor type II (TNFR2) antibody and bispecific programs, NKTR-0165 and NKTR-0166, and a modified hematopoietic colony stimulating factor (CSF) protein, NKTR-422.

Nektar is headquartered in San Francisco, California. For further information, visit www.nektar.com and follow us on LinkedIn.

Cautionary Note Regarding Forward-Looking Statements

This press release contains forward-looking statements which can be identified by words such as: "will", "can", "develop", "potential", "expand", "address", "may", "plan" and similar references to future periods. Examples of forward-looking statements include, among others, statements regarding the safety and efficacy profile and therapeutic potential of, and future development plans for, rezpegaldesleukin, NKTR-0165, NKTR-0166, and NKTR-422, and plans and timing of future clinical trials and data

releases. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based only on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, anticipated events and trends, the economy and other future conditions. Because forward-looking statements relate to the future, they are subject to inherent uncertainties, risks and changes in circumstances that are difficult to predict and many of which are outside of our control. Our actual results may differ materially from those indicated in the forward-looking statements. Therefore, you should not rely on any of these forward-looking statements. Important factors that could cause our actual results to differ materially from those indicated in the forward-looking statements include, among others: (i) our statements regarding the therapeutic potential of rezpegaldesleukin, NKTR-0165, NKTR-0166 and NKTR-422 are based on preclinical and clinical findings and observations and are subject to change as research and development continue; (ii) rezpegaldesleukin, NKTR-0165, NKTR-0166 and NKTR-422 are investigational agents and continued research and development for these drug candidates is subject to substantial risks, including negative safety and efficacy findings in future clinical studies (notwithstanding positive findings in earlier preclinical and clinical studies); (iii) rezpegaldesleukin, NKTR-0165, NKTR-0166 and NKTR-422 are in various stages of preclinical and clinical development, the risk of failure is high and can unexpectedly occur at any stage of development, and there can be no assurance that any such drug candidate will obtain regulatory approval; (iv) data reported from ongoing clinical trials may be preliminary or interim and may change as additional patient data become available or as continuing observations, verifications and analysis are completed; (v) the timing of the initiation or completion of clinical trials and the availability of clinical data may be delayed or unsuccessful due to regulatory delays, slower than anticipated patient enrollment, manufacturing challenges, changing standards of care, evolving regulatory requirements, clinical trial design, clinical outcomes, competitive factors, or delay or failure in ultimately obtaining regulatory approval in one or more important markets; (vi) a Fast Track designation does not increase the likelihood that rezpegaldesleukin will receive marketing approval in the United States; (vii) patents may not issue from our patent applications for our drug candidates, patents that have issued may not be enforceable, or additional intellectual property licenses from third parties may be required; and (viii) certain other important risks and uncertainties set forth in our filings with the Securities and Exchange Commission (SEC), including the risks and uncertainties described under the heading "Risk Factors" in our most recent Annual Report on Form 10-K or Quarterly Report, as such risks and uncertainties may be amended or supplemented by our other filings with the SEC. Any forward-looking statement made by us in this press release is based only on information currently available to us and speaks only as of the date on which it is made. We undertake no obligation to update any forward-looking statement, whether written or oral, that may be made from time to time, whether as a result of new information, future developments or otherwise.

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