Insmed to Present Multiple Analyses from Phase 3 ASPEN Study at the American College of Chest Physicians Annual Meeting 2025

—Data on Structural Lung Changes from a High-Resolution CT Substudy to be Presented as Late-Breaker—

—Additional Analyses Will Highlight Efficacy, Symptom Reduction, and Biomarker Suppression in Patients with Non-Cystic Fibrosis Bronchiectasis—

BRIDGEWATER, N.J., Oct. 16, 2025 /PRNewswire/ -- Insmed Incorporated (Nasdaq: INSM), a people-first global biopharmaceutical company striving to deliver first- and best-in-class therapies to transform the lives of patients facing serious diseases, today announced that it will present six abstracts from the Phase 3 ASPEN study of BRINSUPRI™ (brensocatib) at CHEST 2025, the American College of Chest Physicians Annual Meeting, taking place October 19 - October 22, 2025, in Chicago, IL.

Presentations will feature new prespecified and post-hoc subgroup analyses from the Phase 3 ASPEN trial evaluating brensocatib in patients with non-cystic fibrosis bronchiectasis (NCFB). Highlights include data showing suppression of neutrophil serine proteases (NSPs), as well as late-breaking results demonstrating effects on structural lung changes from a high-resolution CT substudy. Additional presentations feature new insights into treatment outcomes among patients with comorbid chronic obstructive pulmonary disease (COPD), clinical findings in Asian populations, and detailed assessments of symptom burden using the Bronchiectasis Exacerbation and Symptom Tool (BEST), both during and outside of pulmonary exacerbation events. Together, these analyses further explore BRINSUPRI's mechanism of action and its potential impact on disease management.

"We are thrilled to have a strong presence at CHEST, the first major U.S. respiratory congress since the FDA approval of BRINSUPRI," said Martina Flammer, M.D., MBA, Chief Medical Officer, Insmed. "This milestone offers an exciting opportunity to engage with the respiratory community and highlight the breadth of our research. We look forward to presenting new analyses from the ASPEN study that further highlight brensocatib's performance and potential impact for people living with NCFB."

Presentations:

- **Presentation Details,** Rapid Fire Oral Presentation, Monday, October 20, 10:25 – 10:29 AM CT:
  - **Presenting Author:** Patrick Flume
  - The Effect of Brensocatib vs. Placebo on Symptom Burden in Patients With or Without On-Study Pulmonary Exacerbations: A Post-Hoc Analysis From the ASPEN Trial
- **Presentation Details,** Late-Breaking Abstract Poster Session, Tuesday, October 21, 1:45 PM CT:
  - **Presenting Author:** James Chalmers
  - Effect of Brensocatib on Computed Tomography Outcomes in Patients with Non-Cystic Fibrosis Bronchiectasis: An Analysis of the ASPEN Trial
- **Presentation Details,** Poster Session, Wednesday, October 22, 10:20 – 11:05 AM CT:
  - **Presenting Author:** Colin Swenson
  - Efficacy and Safety of Brensocatib in Patients with Non-Cystic Fibrosis Bronchiectasis and Comorbid COPD: A Subgroup Analysis of the ASPEN Trial
- **Presentation Details,** Poster Session, Wednesday, October 22, 10:20 – 11:05 AM CT:
  - **Presenting Author:** Doreen Addrizzo-Harris
  - Efficacy and Safety of Brensocatib in Patients of Asian Race With Non-Cystic Fibrosis Bronchiectasis: A Subgroup Analysis of the ASPEN Trial

- **Presentation Details,** Poster Session, Wednesday, October 22, 10:20 – 11:05 AM CT:
  - **Presenting Author:** Charles L. Daley
  - Effects of Brensocatib on Neutrophil Serine Protease Levels in Patients With Non-Cystic Fibrosis Bronchiectasis: An Analysis of the ASEPN Trial
- **Presentation Details,** Poster Session, Wednesday, October 22, 10:20 – 11:05 AM CT:
  - **Presenting Author:** Carlos Fernandez
  - Changes in Symptom Burden During Pulmonary Exacerbations in Placebo-Treated Patients With Non-Cystic Fibrosis Bronchiectasis: A Post-Hoc Analysis From the ASPEN Trial

About BRINSUPRI™ (brensocatib)

BRINSUPRI™ (brensocatib) is a small molecule, once-daily, oral, reversible inhibitor of dipeptidyl peptidase 1 (DPP1) indicated for the treatment of non-cystic fibrosis bronchiectasis (NCFB) in adult and pediatric patients 12 years of age or older. Brensocatib is designed to inhibit the activation of enzymes (neutrophil serine proteases) in neutrophils that are key drivers of chronic airway inflammation in bronchiectasis. Brensocatib is also being evaluated for its potential role in other neutrophil-mediated diseases.

About ASPEN

ASPEN was a global, randomized, double-blind, placebo-controlled Phase 3 study to assess the efficacy, safety, and tolerability of brensocatib in patients with non-cystic fibrosis bronchiectasis (NCFB). As part of the ASPEN study's conduct, more than 460 trial sites were engaged in nearly 40 countries. After excluding sites that did not enroll any patients and all sites in Ukraine, the total number of active sites in ASPEN was 391 sites in 35 countries. Adult patients (ages 18 to 85 years) were randomized 1:1:1 and adolescent patients (ages 12 to <18 years) were randomized 2:2:1 for treatment with brensocatib 10 mg, brensocatib 25 mg, or placebo once daily for 52 weeks, followed by 4 weeks off treatment. The primary efficacy analysis included data from 1,680 adult patients and 41 adolescent patients.

About Bronchiectasis

Bronchiectasis is a serious, chronic lung disease in which the bronchi become permanently dilated due to a cycle of infection, inflammation, and lung tissue damage. The condition is marked by frequent pulmonary exacerbations requiring antibiotic therapy and/or hospitalizations. Symptoms include chronic cough, excessive sputum production, shortness of breath, and repeated respiratory infections, which can worsen the underlying condition. Most bronchiectasis cases in adults are non-cystic fibrosis bronchiectasis. Today, approximately 500,000 patients in the U.S., 600,000 patients in the EU5 (France, Germany, Italy, Spain, and UK), and 150,000 patients in Japan have been diagnosed with NCFB. Outside the U.S. there are currently no approved therapies specifically targeting bronchiectasis in these regions.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS
Dermatologic Adverse Reactions
Treatment with BRINSUPRI is associated with an increase in dermatologic adverse reactions, including rash, dry skin, and hyperkeratosis. Monitor patients for development of new rashes or skin conditions and refer patients to a dermatologist for evaluation of new dermatologic findings.

Gingival and Periodontal Adverse Reactions
Treatment with BRINSUPRI is associated with an increase in gingival and periodontal adverse reactions. Refer patients to dental care services for regular dental checkups while taking BRINSUPRI. Advise patients to perform routine dental hygiene.

Vaccinations
It is unknown whether administration of live attenuated vaccines during BRINSUPRI treatment will affect the safety or effectiveness of these vaccines. The use of live attenuated vaccines should be avoided in patients receiving BRINSUPRI.

ADVERSE REACTIONS
The most common adverse reactions (incidence ≥2%) in the ASPEN trial included upper respiratory tract infection, headache, rash, dry skin, hyperkeratosis, and hypertension. The safety profile for adult patients with NCFB in WILLOW was generally similar to ASPEN, except for a higher incidence of gingival and periodontal adverse reactions.

Less Common Adverse Reactions

Liver Function Test Elevations
In ASPEN, there was an increase from baseline in average ALT, AST, and alkaline phosphatase levels at all time points from Week 4 through Week 52 in both BRINSUPRI 10 mg and 25 mg arms compared to placebo. The incidence of ALT >3X upper

limit of normal (ULN) was 0%, 1.2%, and 0.9%; the incidence of AST >3X ULN was 0.2%, 0.3%, and 0.5%; and the incidence of alkaline phosphatase >1.5X ULN was 2.5%, 4.1%, and 4.0% in patients treated with placebo and BRINSUPRI 10 mg and 25 mg, respectively.

Skin Cancers
In ASPEN, the incidence of skin cancers among patients treated with BRINSUPRI 10 mg and 25 mg was 0.5% and 1.9%, respectively, compared to 1.1% in placebo-treated patients.

Alopecia
In ASPEN, the incidence of alopecia among patients treated with BRINSUPRI 10 mg and 25 mg was 1.4% and 1.6% respectively, compared to 0.4% in placebo-treated patients.

USE IN SPECIFIC POPULATIONS
Pregnancy: There are no clinical data on the use of BRINSUPRI in pregnant women.

Lactation: There is no information regarding the presence of BRINSUPRI and/or its metabolite(s) in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for BRINSUPRI and any potential adverse effects on the breastfed child from BRINSUPRI or from the underlying maternal condition.

Pediatric use: The safety and effectiveness of BRINSUPRI for the treatment of NCFB have been established in pediatric patients aged 12 years and older. Common adverse reactions in pediatric patients aged 12 years and older enrolled in ASPEN were consistent with those in adults. The safety and effectiveness of BRINSUPRI have not been established in pediatric patients younger than 12 years of age.

Please see full Prescribing Information.

INDICATION

BRINSUPRI is indicated for the treatment of non-cystic fibrosis bronchiectasis (NCFB) in adult and pediatric patients 12 years of age and older.

About Insmed

Insmed Incorporated is a people-first global biopharmaceutical company striving to deliver first- and best-in-class therapies to transform the lives of patients facing serious diseases. The Company is advancing a diverse portfolio of approved and mid- to late-stage investigational medicines as well as cutting-edge drug discovery focused on serving patient communities where the need is greatest. Insmed's most advanced programs are in pulmonary and inflammatory conditions, including two approved therapies to treat chronic, debilitating lung diseases. The Company's early-stage programs encompass a wide range of technologies and modalities, including gene therapy, AI-driven protein engineering, protein manufacturing, RNA end-joining, and synthetic rescue.

Headquartered in Bridgewater, New Jersey, Insmed has offices and research locations throughoutthe United States, Europe, and Japan. Insmed is proud to be recognized as one of the best employers in the biopharmaceutical industry, including spending four consecutive years as the No. 1 *Science* Top Employer. Visit **www.insmed.com** to learn more or follow us on **LinkedIn**, **Instagram**, **YouTube**, and **X**.

Forward-looking Statements

This press release contains forward-looking statements that involve substantial risks and uncertainties. "Forward-looking statements," as that term is defined in the Private Securities Litigation Reform Act of 1995, are statements that are not historical facts and involve a number of risks and uncertainties. Words herein such as "may," "will," "should," "could," "would," "expects," "plans," "anticipates," "believes," "estimates," "projects," "predicts," "intends," "potential," "continues," and similar expressions (as well as other words or expressions referencing future events, conditions or circumstances) may identify forward-looking statements.

The forward-looking statements in this press release are based upon the Company's current expectations and beliefs, and involve known and unknown risks, uncertainties and other factors, which may cause the Company's actual results, performance and achievements and the timing of certain events to differ materially from the results, performance, achievements or timings discussed, projected, anticipated or indicated in any forward-looking statements. Such risks, uncertainties and other factors include, among others, the following: failure to successfully commercialize BRINSUPRI in the U.S. or to maintain U.S. approval for BRINSUPRI; failure to obtain, or delays in obtaining, regulatory approvals for BRINSUPRI in Europe or Japan, including the risk that any regulatory approvals, if granted, may be subject to significant limitations on use or subject to withdrawal or other adverse actions by the applicable regulatory authority; uncertainties in the degree of market acceptance of BRINSUPRI by physicians, patients, third-party payors and others in the healthcare community; inaccuracies in the Company's estimates of the size of the potential markets for BRINSUPRI or in data the Company has used to identify physicians; expected rates of patient

uptake, duration of expected treatment, or expected patient adherence or discontinuation rates; the Company's inability to obtain adequate reimbursement from government or third-party payors for BRINSUPRI or acceptable prices for BRINSUPRI; development of unexpected safety or efficacy concerns related to BRINSUPRI, including the risk that data generated in further clinical trials of brensocatib may not be consistent with the results of the ASPEN study, which may result in changes to the product label and may adversely affect sales, or result in withdrawal of BRINSUPRI from the market; failure by us to comply with agreements related to brensocatib, including our license agreement with AstraZeneca AB; failure to successfully conduct future clinical trials for brensocatib, including due to the Company's potential inability to enroll or retain sufficient patients to conduct and complete the trials or generate data necessary for regulatory approval, among other things; failure to obtain regulatory approval for potential future brensocatib indications; and failure of third parties on which the Company is dependent to manufacture sufficient quantities of brensocatib for commercial or clinical needs, to conduct the Company's clinical trials, or to comply with the Company's agreements or laws and regulations that impact the Company's business or agreements with the Company.

The Company may not actually achieve the results, plans, intentions or expectations indicated by the Company's forward-looking statements because, by their nature, forward-looking statements involve risks and uncertainties because they relate to events and depend on circumstances that may or may not occur in the future. For additional information about the risks and uncertainties that may affect the Company's business, please see the factors discussed in Item 1A, "Risk Factors," in the Company's Annual Report on Form 10-K for the year ended December 31, 2024 and any subsequent Company filings with the Securities and Exchange Commission (SEC).

The Company cautions readers not to place undue reliance on any such forward-looking statements, which speak only as of the date of this press release. The Company disclaims any obligation, except as specifically required by law and the rules of the SEC, to publicly update or revise any such statements to reflect any change in expectations or in events, conditions or circumstances on which any such statements may be based, or that may affect the likelihood that actual results will differ from those set forth in the forward-looking statements.

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