



## Kyverna Therapeutics to Host Conference Call on New Data Across Neuroimmunology Franchise at AAN 2026

April 9, 2026

EMERYVILLE, Calif., April 09, 2026 (GLOBE NEWSWIRE) -- Kyverna Therapeutics, Inc. (Kyverna, Nasdaq: KYTX), a late-stage clinical biopharmaceutical company focused on developing cell therapies for patients with autoimmune diseases, today announced it will host a conference call on Wednesday, April 22, 2026 at 7:00 a.m. ET to discuss the primary analysis from its KYSA-8 registrational trial of miv-cel (mivocabtagene autoleucl, KYV-101) in stiff person syndrome, along with longer-term follow-up data from the KYSA-6 Phase 2 trial in generalized myasthenia gravis (gMG). These data will be shared as oral presentations at the American Academy of Neurology (AAN) Annual Meeting, held April 18-22, 2026, in Chicago.

### **Conference Call Details**

Participants will need to register at the below-noted URL in order to participate in the call. Once registered, participants will receive a dial-in phone number and unique PIN number which will be needed to join the call. The call can also be accessed via live webcast. The webcast and supporting presentation materials will be available on the "Events & Presentations" section of Kyverna's Investor Relations webpage at [ir.kyvernatx.com](https://www.kyvernatx.com). An archived replay will also be available on the website.

Dial-In Registration Link:

[Conference Call Registration](#)

Webcast Link:

[Kyverna AAN Conference Call](#)

### **AAN Presentation Details**

#### **Oral Presentations:**

**Late-Breaker Title:** Miv-cel CD19 CAR T-Cell Therapy Shows Efficacy and Safety in Stiff Person Syndrome in a Pivotal, Multicenter, Phase 2 Study (KYSA-8)

**Presenter:** Amanda Piquet, M.D., FAAN, University of Colorado Anschutz School of Medicine

**Date & Time:** Tuesday, April 21, 2026, 6:27 PM CT

**Title:** Update on the Phase Two Portion of KYSA-6, an Open-label, Single-arm, Multicenter Study of KYV-101, a Fully Human CD19 Chimeric Antigen Receptor (CAR) T-cell Therapy in Generalized Myasthenia Gravis (gMG)

**Presenter:** Srikanth Muppidi, M.D., Stanford Medicine

**Date & Time:** Monday, April 20, 2026, 1:48 PM CT

#### **Poster Presentations:**

**Title:** A Multicenter, Real-world Natural History Study on Timed 25-Foot Walk Outcome Measures in Stiff Person Syndrome

**Presenter:** Scott Newsome, D.O., Johns Hopkins Medicine

**Date & Time:** Monday, April 20, 2026, 8:00 AM CT

**Title:** Design of Phase Three of KYSA-6, a Global Open-label, Randomized, Controlled Study of KYV-101, a Fully Human CD19 Chimeric Antigen Receptor (CAR) T-cell Therapy, Versus Ongoing Standard-of-Care (SOC) Immunosuppressive Therapy in Generalized Myasthenia Gravis (gMG)

**Presenter:** Srikanth Muppidi, M.D., Stanford Medicine

**Date & Time:** Tuesday, April 21, 2026, 5:00 PM CT

### **About Stiff Person Syndrome (SPS)**

SPS is a rare, progressive neurologic autoimmune disease characterized by muscle stiffness and painful muscle spasms, impacting mobility and gait. Stiffness, rigidity, and spasms in the torso, arms, and legs lead to progressive disability causing up to 80% of patients to lose mobility<sup>1-3</sup>. SPS has been shown to lead to permanent disability and increased risk of mortality<sup>3</sup>. Most patients with SPS have antibodies to glutamic acid decarboxylase 65 (GAD65) or the glycine receptor, which disrupt normal inhibitory neurotransmission, contributing to the hallmark symptoms of SPS. There are currently no FDA-approved treatments for SPS. Current treatment options include symptomatic treatments, off-label immunotherapies, such as intravenous immunoglobulin (IVIg), rituximab and plasmapheresis, as well as supportive care and physical, speech, occupational, and psychiatric therapy; however, the majority of patients have inadequate or no response to these treatment options. An estimated 6,000 patients are diagnosed with SPS in the United States<sup>4-5</sup>.

### **About Myasthenia Gravis (MG)**

Myasthenia gravis is a B-cell and antibody-mediated autoimmune neuromuscular disease that causes muscle weakness and fatigue, and patients may experience difficulty speaking, chewing, swallowing, or breathing. MG is caused by autoantibodies produced by B-cells that lead to an immunological attack on critical signaling proteins at the junction between nerve and muscle cells, thereby inhibiting the ability of nerves to communicate properly with muscles. The disease includes gMG, which impacts muscles beyond the eyes and may involve bulbar, limb, and respiratory muscles. Most patients develop gMG within two years after MG diagnosis. Although symptoms may initially remit, most patients experience progressive disease requiring chronic immunosuppressive therapy. Up to 20% of MG patients experience respiratory crisis at least once in their lives<sup>6</sup>. An estimated 80,000 patients are diagnosed with gMG in the United States<sup>7-8</sup>.

### **About miv-cel (mivocabtagene autoleucl, KYV-101)**

Miv-cel is a fully human, autologous, CD19-targeting CAR T-cell therapy with CD28 co-stimulation, designed for potency and tolerability, which is under investigation for B-cell-driven autoimmune diseases. With a single administration, miv-cel has potential to achieve deep B-cell depletion and immune system reset to deliver durable drug-free, disease-free remission in autoimmune diseases.

### **About Kyverna Therapeutics**

Kyverna Therapeutics, Inc. (Nasdaq: KYTX) is a late-stage clinical biopharmaceutical company focused on liberating autoimmune patients through the

curative potential of cell therapy. The Company's lead autologous CD19-targeting CAR T-cell therapy candidate, miv-cel (mivocabtagene autoleucel, KYV-101), has demonstrated the potential to fundamentally change the treatment paradigm across multiple B-cell-driven autoimmune diseases. Kyverna is advancing its potentially first-in-class neuroimmunology franchise with its initial indications in stiff person syndrome and generalized myasthenia gravis. The Company is also advancing additional clinical and investigator-sponsored studies, including in multiple sclerosis and rheumatoid arthritis, to inform future priority indications and develop next-generation CAR T platforms to improve access and patient experience. For more information, please visit <https://kyvernatx.com>.

#### **Forward-Looking Statements**

Statements in this press release about future expectations, plans and prospects, as well as any other statements regarding matters that are not historical facts, may constitute "forward-looking statements." The words, without limitation, "anticipate," "believe," "continue," "could," "estimate," "expect," "intend," "may," "plan," "potential," "predict," "project," "should," "target," "will," "would" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these or similar identifying words. Forward-looking statements in this press release include, without limitation, those related to: Kyverna's anticipated timing for its conference call and webcast and presentations at the AAN Annual Meeting and the topics expected to be discussed during such conference call and webcast and presentations; opportunities related to miv-cel, including miv-cel's potential to fundamentally change the treatment paradigm across multiple B-cell-driven autoimmune diseases and to achieve deep B-cell depletion and immune system reset to deliver durable drug-free, disease-free remission in autoimmune diseases, with a single administration; and Kyverna's advancement of its potentially first-in-class neuroimmunology franchise with its initial indications in SPS and gMG and of additional clinical and investigator-sponsored studies, and the potential for such advancement to improve access and patient experience. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including: uncertainties related to market conditions, the possibility that results from prior clinical trials, named-patient access activities and preclinical studies may not necessarily be predictive of future results; the possibility that the FDA or other regulatory agencies may require additional trials or studies to support its intended BLA submission; intellectual property rights; and other factors discussed in the "Risk Factors" section of Kyverna's most recent Annual Report on Form 10-K and Quarterly Reports on Form 10-Q that Kyverna has filed or may subsequently file with the U.S. Securities and Exchange Commission. Any forward-looking statements contained in this press release are based on the current expectations of Kyverna's management team and speak only as of the date hereof, and Kyverna specifically disclaims any obligation to update any forward-looking statement, whether as a result of new information, future events or otherwise.

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<sup>1</sup> Rakocevic G, et al. BMC Neurol. 2019;19:1.

<sup>2</sup> Dalakas MC. Nat Rev Neurol. 2024;20(10):587-601.

<sup>3</sup> Duddy ME, Baker MR. Front Neurol Neurosci. 2009;26:147-165.

<sup>4</sup> Crane PD, et al. Neurology. 2024;103(12):e210078.

<sup>5</sup> Analysis of 2024 Komodo U.S. Claims Data.

<sup>6</sup> Claytor B, et al. Muscle Nerve. 2023;68(1):8-19.

<sup>7</sup> Rodriguez E, et al. Muscle. Nerve. 2024;69(2):166-171.

<sup>8</sup> Hendricks TM, et al. Am J Ophthalmol. 2019; 205:99-105. 3. Clarivate DRG Report (2024).