AK002 (Antolimab) in Adult Patients with Active Eosinophilic Gastritis and/or Eosinophilic Gastroenteritis: Primary Results from a Randomized, Double-Blind, Placebo-Controlled Phase 2 Trial (ENIGMA Study; NCT03496571)

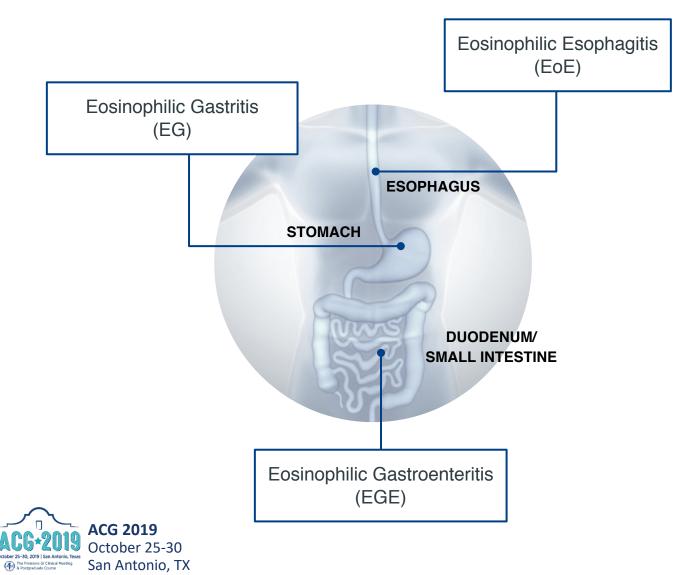
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# Eosinophilic Gastrointestinal Diseases (EGIDs)

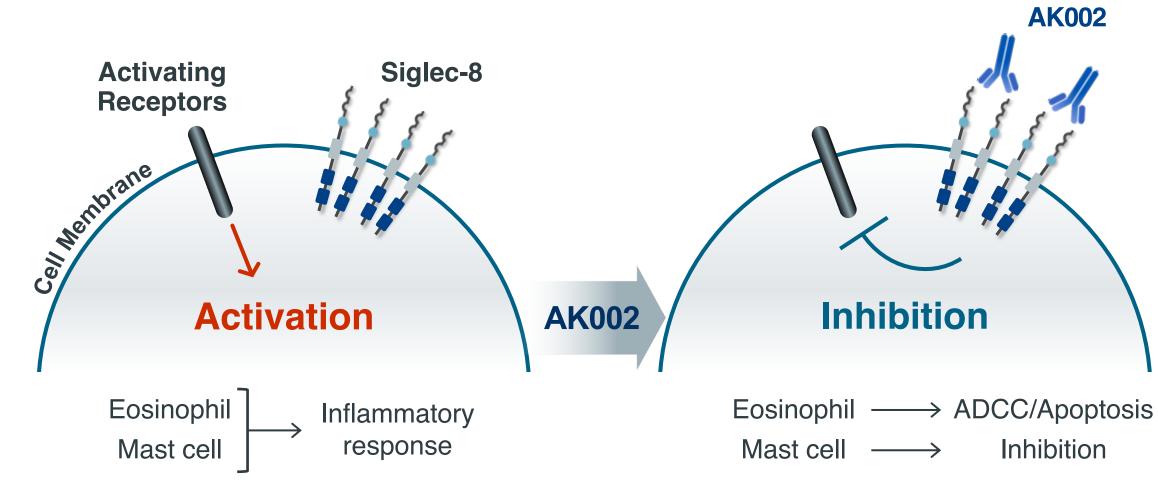


EG, EGE, EoE

### Chronic Eosinophilic Inflammation of the Stomach, Small Intestine, or Esophagus

- Symptoms: abdominal pain, nausea, early satiety, loss of appetite, bloating, abdominal cramping, vomiting, diarrhea, and dysphagia
- Eosinophils and mast cells are important drivers of disease
- Current standard of care: steroids; diet
- No FDA-approved treatment for EG, EGE, or EoE

# AK002 Targets Siglec-8 on Eosinophils and Mast Cells





# **ENIGMA Phase 2 Study Aim and Inclusion**

### **Study Aim**

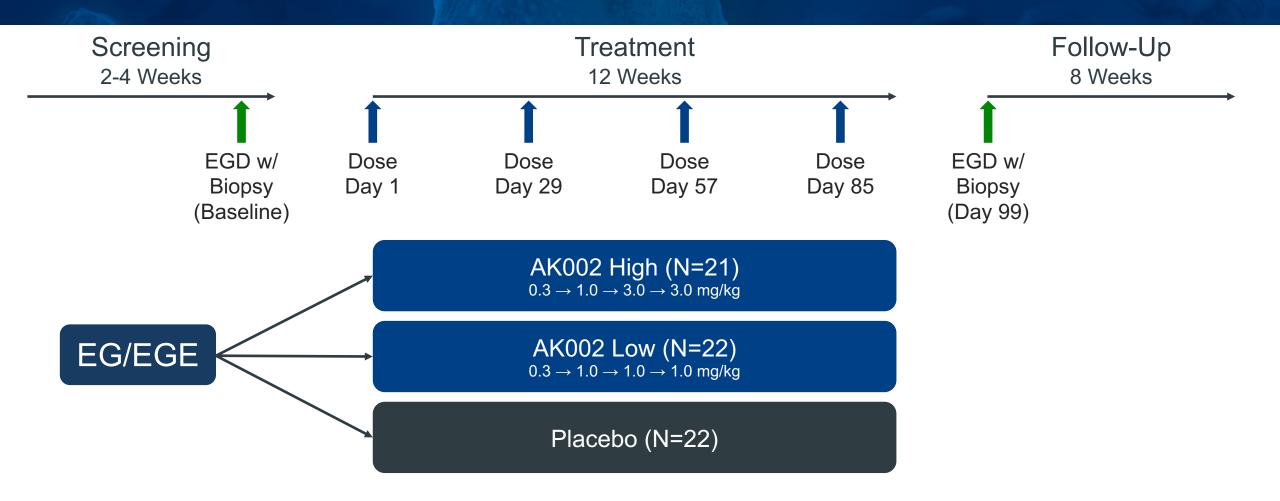
• Determine safety and efficacy of AK002 for treatment of EG and/or EGE

### **Key Inclusion Criteria**

- Active moderate to severe symptoms<sup>1</sup> using the daily 8 symptom EG/EGE-SQ<sup>©</sup> Questionnaire
- Biopsy confirmed EG/EGE
  - Stomach: ≥30 eos/hpf in 5 hpfs
  - Duodenum: ≥30 eos/hpf in 3 hpfs



## ENIGMA Phase 2 Study Design





# Endpoints

### **Primary Endpoint**

• Mean percent change in gastrointestinal eosinophil counts from baseline

### **Symptoms Secondary Endpoint**

• Mean percent change in Total Symptom Score (TSS) from baseline

### **Responder Secondary Endpoint**

- Proportion of patients who have:
  - >75% decrease in tissue eosinophils AND >30% benefit in TSS

### Primary analysis with a pre-specified hierarchical per protocol approach

• Sensitivity analyses: ITT; subgroup with no steroid use



### **Baseline Characteristics**

		AK002 Dose Groups				
		High 0.3-3.0 mg/kg (n=20)	Low 0.3-1.0 mg/kg (n=19)	Combined <sub>High/Low</sub> (n=39)	Placebo (n=20)	Total (N=59)
	Age, Mean (Range)	42 (20-67)	43 (18-74)	42 (18-74)	40 (18-67)	41 (18-74)
	Female	60%	84%	72%	50%	64%
	White	85%	95%	90%	100%	93%
Mean Gastrointes	tinal <sup>1</sup> Eosinophils/hpf	76	80	78	75	77
Mean Gastrointe	stinal <sup>1</sup> Mast Cells/hpf	59	70	64	56	62
Mean Total Symptom Score (TSS) [0-80]		34.1	34.7	34.4	30.1	32.9
% of Patients (n) by AEC²/µL	<250	45% (9)	26% (5)	36% (14)	45% (9)	39% (23)
	250 to <500	35% (7)	42% (8)	38% (15)	15% (3)	31% (18)
	500 to <1500	20% (4)	21% (4)	21% (8)	35% (7)	25% (15)
	≥1500	0%	11% (2)	5% (2)	5% (1)	5% (3)



1 Gastric or duodenum site with highest eosinophil or mast cell counts 2 AEC: Absolute Eosinophil Count

# Primary Endpoint – Mean % Change in Eosinophil Count

Treatment Arm	Baseline Eosinophil Counts / hpf	Mean %∆ in Eosinophil Counts	p - value
High Dose AK002 (n=20)	76	-97%	<0.0001
Low Dose AK002 (n=19)	80	-92%	<0.0001
Combined AK002 (n=39)	78	-95%	<0.0001
Placebo (n=20)	75	+10%	-



### **Tissue Eosinophil Depletion**

# Stomach/Duodenal Eos < 6/hpf

37 of 39 patients had < 6 eos/hpf; 31/39 had 0 eos/hpf



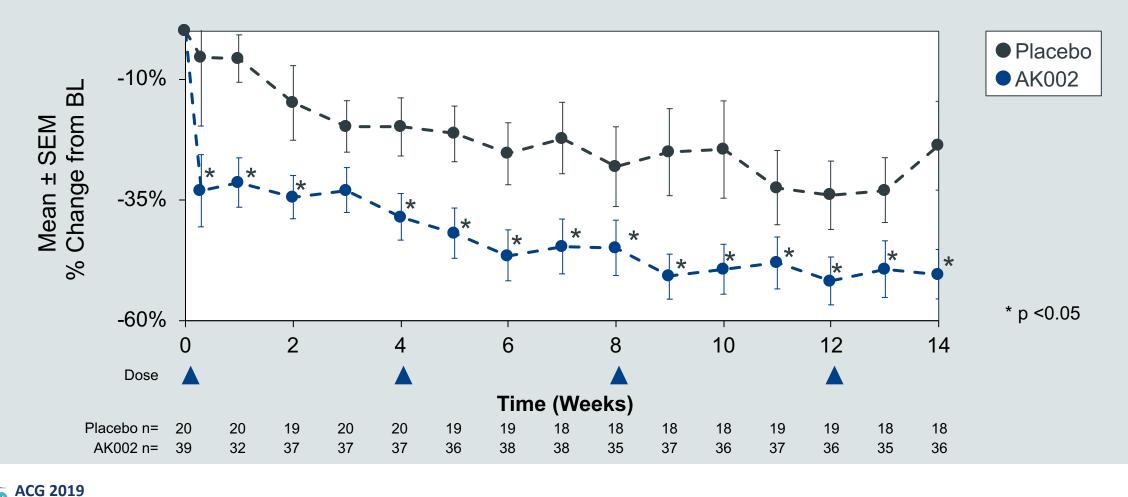
# Patient Reported Symptoms Secondary Endpoint

Treatment Arm	Baseline TSS	Mean % Change in TSS	p - value
High Dose AK002 (n=20)	34	-58%	0.0012
Low Dose AK002 (n=19)	35	-49%	0.0150
Combined AK002 (n=39)	34	-53%	0.0012
Placebo (n=20)	30	-24%	-



### Rapid & Sustained Improvement in Symptoms

### **EG/EGE-PRO Total Symptom Score**



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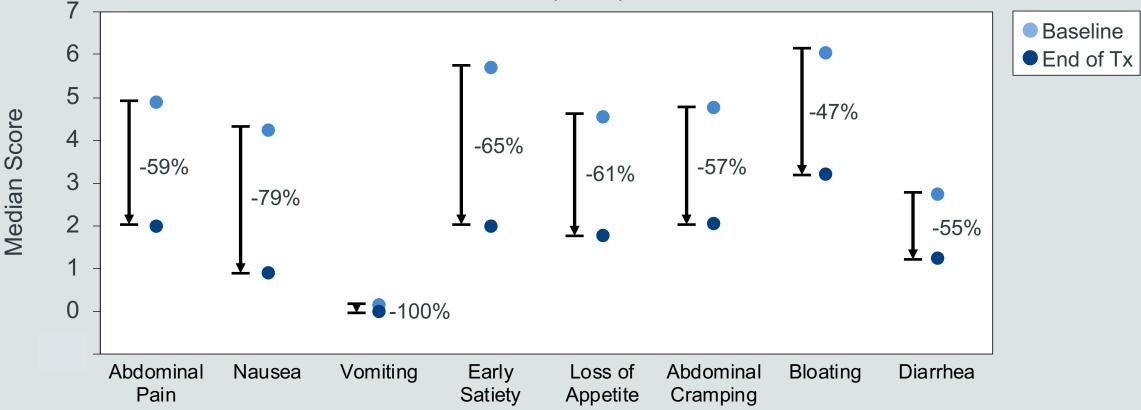
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### Improvement Across All Symptoms

EG/EGE-PRO Symptom Score AK002 (n=39)





### Improvements in TSS Were Not Driven by Any Single Symptom

Mean Reduction in TSS	Combined AK002 (N=39)	Placebo (N=20)	<i>p - v</i> alue
Total Score	<u>-53.5%</u>	<u>-24.3%</u>	<u>0.0012</u>
Minus Abdominal Pain	-53.1%	-22.5%	0.0010
Minus Nausea	-53.2%	-23.9%	0.0009
Minus Vomiting	-53.0%	-24.9%	0.0018
Minus Satiety	-51.8%	-25.4%	0.0019
Minus Loss of Appetite	-53.0%	-24.9%	0.0009
Minus Abdominal Cramping	-53.0%	-22.4%	0.0011
Minus Bloating	-55.9%	-26.9%	0.0029
Minus Diarrhea	-54.9%	-24.0%	0.0010



# AK002 Met Treatment Responder Secondary Endpoint

Treatment Arm	Treatment Responders	<i>p</i> - value
High Dose AK002 (n=20)	70%	0.0009
Low Dose AK002 (n=19)	68%	0.0019
Combined AK002 (n=39)	69%	0.0008
Placebo (n=20)	5%	-

Treatment responder defined as: >75% reduction in tissue eosinophil counts AND >30% reduction in symptoms (TSS)



## Response in Concomitant EoE<sup>1</sup>

Esophageal Eos  $\leq$  6/hpf<sup>2</sup> Severity of Dysphagia<sup>3</sup> AK002 Placebo (n=12) (n=8) 0% 93%\* 100% В (13/14)% of Patients -17% Mean %∆ from -25% 75% 50% -50% 11% -53% 25% (1/9)0% -75% AK002 Placebo \* p < 0.001<sup>†</sup>

1 25 patients with concomitant EoE (≥15 eos/hpf or history of EoE) and baseline dysphagia

2 Excludes patients with eos < 6/hpf at baseline. At end of treatment, 10/14 AK002 patients had 0 eos/hpf; 2/14 AK002 patients had 1 eos/hpf;

1/14 AK002 patients had 3 eos/hpf; 1/14 AK002 patients had 105 eos/hpf (biopsy occurred 6 weeks post last dose instead of 2 weeks per protocol);

1/9 placebo patients had 2 eos/hpf; 8/9 placebo patients had 19 - 200 eos/hpf

3 All EoE patients with end of treatment dysphagia scores

† p = 0.00015

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# Safety Summary

#### Treatment-Emergent AEs in ≥5% of Patients

AK002 (n=43)	Placebo (n=22)
	23% (5)
9% (4)	9% (2)
9% (4)	9% (2)
9% (4)	5% (1)
7% (3)	14% (3)
7% (3)	9% (2)
5% (2)	9% (2)
5% (2)	9% (2)
2% (1)	9% (2)
2% (1)	9% (2)
2% (1)	9% (2)
2% (1)	9% (2)
2% (1)	9% (2)
0% (0)	9% (2)
0% (0)	9% (2)
0% (0)	9% (2)
	(n=43) 60% (26) 9% (4) 9% (4) 9% (4) 7% (3) 7% (3) 5% (2) 5% (2) 2% (1) 2% (1) 2% (1) 2% (1) 2% (1) 2% (1) 0% (0) 0% (0)

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### • Generally well tolerated

- Most common AE was mild to moderate infusion related reactions (IRR)
  - 93% mild to moderate (flushing, feeling of warmth, headache, nausea, dizziness)
  - Mostly on first infusion, greatly reduced or does not occur on subsequent infusions
  - 1 drug-related serious adverse event, an IRR which recovered within 24 hours with no further sequelae
- Treatment-emergent SAEs: 9% on AK002, 14% on Placebo
- No other significant AEs

# **ENIGMA Summary**

- This was the first randomized study in EG/EGE
- Study met all primary and secondary endpoints, demonstrating significant histologic and symptom improvements in EG/EGE
- Strong histologic and symptom improvements in EoE
- Generally well-tolerated
- These results build on clinical activity of AK002 observed in other atopic and mast cell disorders (chronic urticaria, severe allergic conjunctivitis, asthma, atopic dermatitis, and indolent systemic mastocytosis)
- Further development of AK002 for EG/EGE is appropriate



# We thank the patients who participated in this study, investigators, and study staff

