

# Lirentelimab, A Monoclonal Antibody Against Siglec-8, Depletes Blood and Tissue Eosinophils in Patients With Allergic or Inflammatory Diseases

Marc E. Rothenberg MD PhD<sup>1</sup>, Marcus Maurer MD<sup>2</sup>, Frank Siebenhaar MD<sup>2</sup>, Stephen D. Anesi MD<sup>3</sup>, Sabine Altrichter MD<sup>2</sup>, Evan S. Dellon MD MPH<sup>4</sup>,  
Bhupinder Singh MD<sup>5</sup>, Cory Mekelburg<sup>5</sup>, Bradford A. Youngblood PhD<sup>5</sup>, Henrik S. Rasmussen MD PhD<sup>5</sup>

<sup>1</sup>University of Cincinnati College of Medicine, Cincinnati, OH; <sup>2</sup>Dermatological Allergology, Allergie-Centrum-Charité, Charité - Universitätsmedizin Berlin, Germany;  
<sup>3</sup>Massachusetts Eye Research & Surgery Institution, Waltham, MA; <sup>4</sup>University of North Carolina, Chapel Hill, NC; <sup>5</sup>Allakos, Inc, Redwood City, CA

**IES Virtual Seminar Forum 2021**

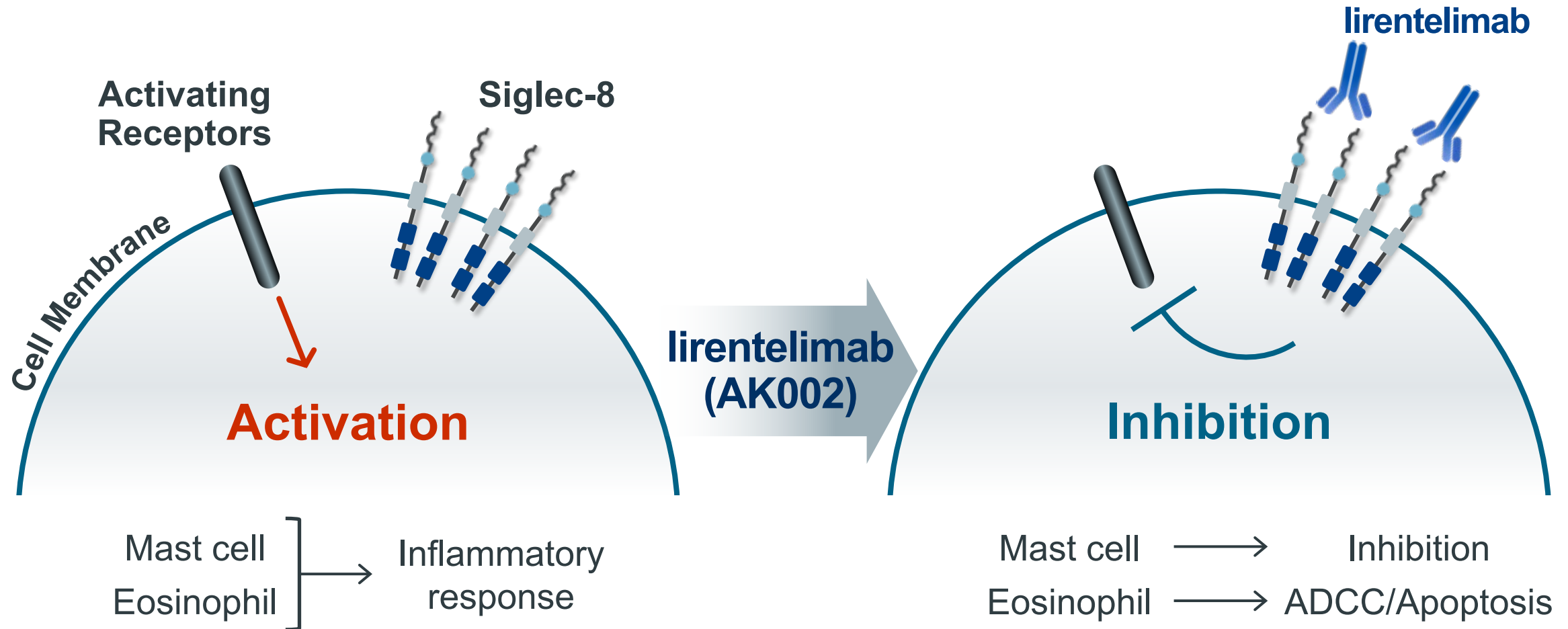
**October 6<sup>th</sup> 2021**



# Disclosures

- Dr. Marc E. Rothenberg is an investigator in the ENIGMA study
- Lirentelimab is an investigational medicine and is not FDA/EMA approved
- ENIGMA open-label extension is in progress. Data presented are current as of 7/7/2021

# Lirentelimab (AK002) Targets Siglec-8 on Eosinophils and Mast Cells



Sources: BA Youngblood, et al. *Int Arch Allergy Immunol.* 2019;180(2):91-102. doi: 10.1159/000501637.

BA Youngblood, J Leung, R Falahati, et al. *Discovery, Function, and Therapeutic Targeting of Siglec-8.* 2021 Jan 10(1):19. doi: 10.3390/cells10010019.



# Summary of Lirentelimab Clinical Studies Design

	EG and/or EoD <sup>a,b</sup>	Chronic Urticaria <sup>c</sup>	Allergic Conjunctivitis <sup>d</sup>	Indolent Systemic Mastocytosis <sup>e</sup>
Patients	58	47	30	12
Monthly Dosing	<ul style="list-style-type: none"> <li>Randomized: 4 (0.3 – 3 mg/kg)</li> <li>OLE: Up to 20 (0.3 – 3 mg/kg)</li> </ul>	6 (0.3 – 3 mg/kg)	6 (0.3 – 3 mg/kg)	6 (1 – 6 mg/kg)
Endpoints	<p>Primary</p> <ul style="list-style-type: none"> <li>Change in GI tissue eos from baseline to day 99 (week 16); randomized vs. placebo</li> </ul> <p>Secondary</p> <ul style="list-style-type: none"> <li>Treatment response (reduction in tissue eos and TSS)<sup>f</sup></li> <li>Symptom improvement (Mean% reduction in TSS)<sup>g</sup></li> </ul>	<p>Primary<sup>h</sup></p> <ul style="list-style-type: none"> <li>Change in UCT @ week 22 vs baseline</li> </ul> <p>Secondary<sup>i</sup></p> <ul style="list-style-type: none"> <li>Change in UAS7</li> <li>Safety</li> </ul>	<p>Primary</p> <ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul> <p>Secondary</p> <ul style="list-style-type: none"> <li>Symptom improvement: <ul style="list-style-type: none"> <li>a) Patient reported (ACS)<sup>j</sup></li> <li>b) Investigator reported (OSS)<sup>k</sup></li> </ul> </li> </ul>	<p>Primary</p> <ul style="list-style-type: none"> <li>Safety and tolerability</li> </ul> <p>Secondary</p> <ul style="list-style-type: none"> <li>Change in: <ul style="list-style-type: none"> <li>a) Symptoms (MSQ)<sup>l</sup></li> <li>b) Activity (MAS)<sup>m</sup></li> <li>c) QoL (MC-QoL)<sup>n</sup></li> </ul> </li> </ul>
Blood Sampling	Baseline and just prior to infusion	Baseline and just prior to infusion	Baseline and 1 day prior to infusion	Baseline and 1 day prior to infusion
Tissue (Biopsy)	OLE: Baseline, day 99, 323, and 659	Not collected	Not collected	Not collected

<sup>a</sup> EG and/or EoD, ENIGMA Phase 2 ClinicalTrials.gov #NCT03496571; <sup>b</sup> Dellon ES., et al. Siglec-8 Antibody for Eosinophilic Gastritis and Duodenitis. NEJM. 2020 Oct 22;383(17):1624-1634

<sup>c</sup> Chronic urticaria, CURSIG Phase 2a ClinicalTrials.gov # NCT03436797

<sup>d</sup> Severe allergic conjunctivitis, KRONOS Phase 1b ClinicalTrials.gov # NCT03379311

<sup>e</sup> Indolent systemic mastocytosis, ASIGMA Phase 1 Clinical Trials.gov # NCT02808793

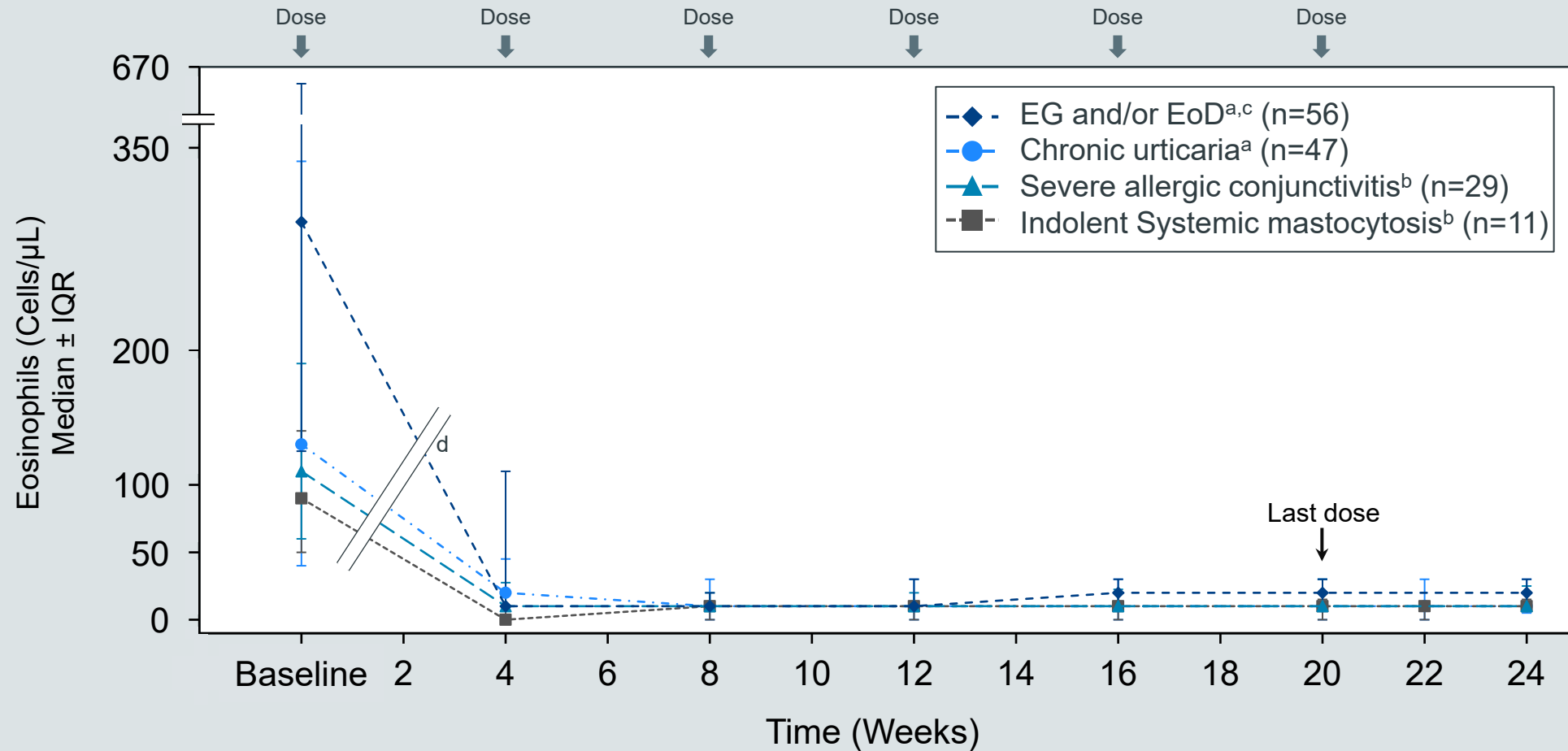
<sup>f</sup> Treatment response defined as >75% reduction in tissue eosinophil counts AND >30% reduction in symptoms from baseline to 2 weeks post-last dose; <sup>g</sup> TSS, total symptom score;

<sup>h</sup> UCT, urticaria control test; <sup>i</sup> UAS7, Patient-reported urticaria activity scores (for patients with chronic CU); <sup>j</sup> ACS, Patient-reported allergic conjunctivitis symptom questionnaire;

<sup>k</sup> OSS, monthly investigator-assessed ocular symptom scores; <sup>l</sup> MSQ, mastocytosis symptom questionnaire; <sup>m</sup> MAS, mastocytosis activity score; <sup>n</sup> MC-QoL, mastocytosis quality of life



# Sustained Depletion of Blood Eosinophils



a. Blood eosinophils collected just prior to each infusion.

b. Blood eosinophils collected 1-day prior to infusion

c. Total liletelimab exposure, inclusive of the Phase 2 ENIGMA study

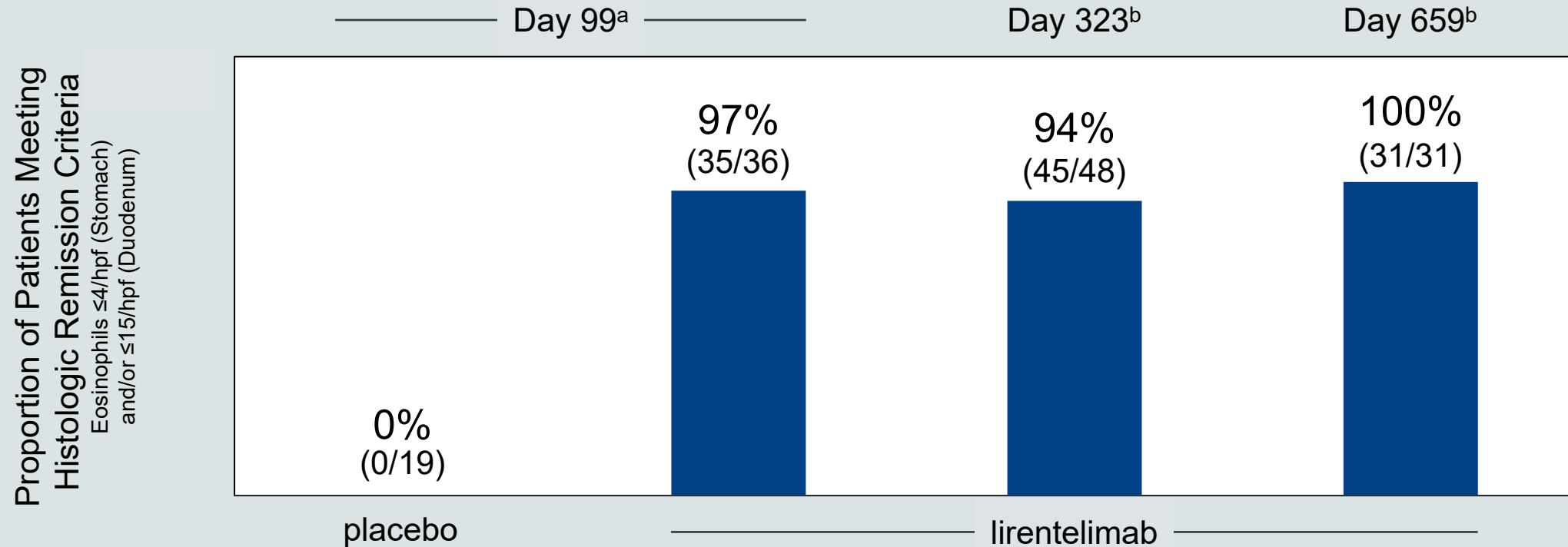
d. Depletion of eosinophils is not linear and occurs more rapidly than depicted; slope reflects baseline and next monthly infusion visit



# Sustained Depletion of Eosinophils in Gastric and Duodenal Tissues From Patients With EG and/or EoD

## Proportion of Patients Meeting Histologic Remission Criteria

Eosinophils  $\leq 4$ /hpf (Stomach) and/or  $\leq 15$ /hpf (Duodenum)



a Only patients enrolled in ENIGMA OLE displayed at day 99. 37/39 (95%) lilelntelimab patients and 3/20 (15%) placebo patients met histologic remission criteria (predefined as  $< 30$  eos/hpf.) at the end of ENIGMA; SOURCE: Dellon ES, et al. New England Journal of Medicine. 2020;383:1624-34.

b Day 323 and 659 biopsy collected from patients in the OLE; by day 659 29 patients were no longer in treatment in the OLE (8 completed the study and 21 patients discontinued [n=15 due to personal reasons, n=3 due to AEs not related to study drug, n=2 due to study non-compliance, and n=1 lost to follow-up])



# Summary

- Lirentelimab depleted blood eosinophils in 4 separate studies of patients with allergic or inflammatory diseases through 24 weeks
- In patients with EG/EoD, monthly dosing of lirentelimab maintained complete or almost complete depletion of blood and tissue eosinophils through 94 weeks
- Additional ongoing lirentelimab studies:
  - Phase 3 randomized trial in EG and/or EoD (NCT04322604)
  - Phase 2/3 randomized trial in EoE (NCT04322708)

We thank the patients who participated in these studies,  
the investigators, and all study staff