

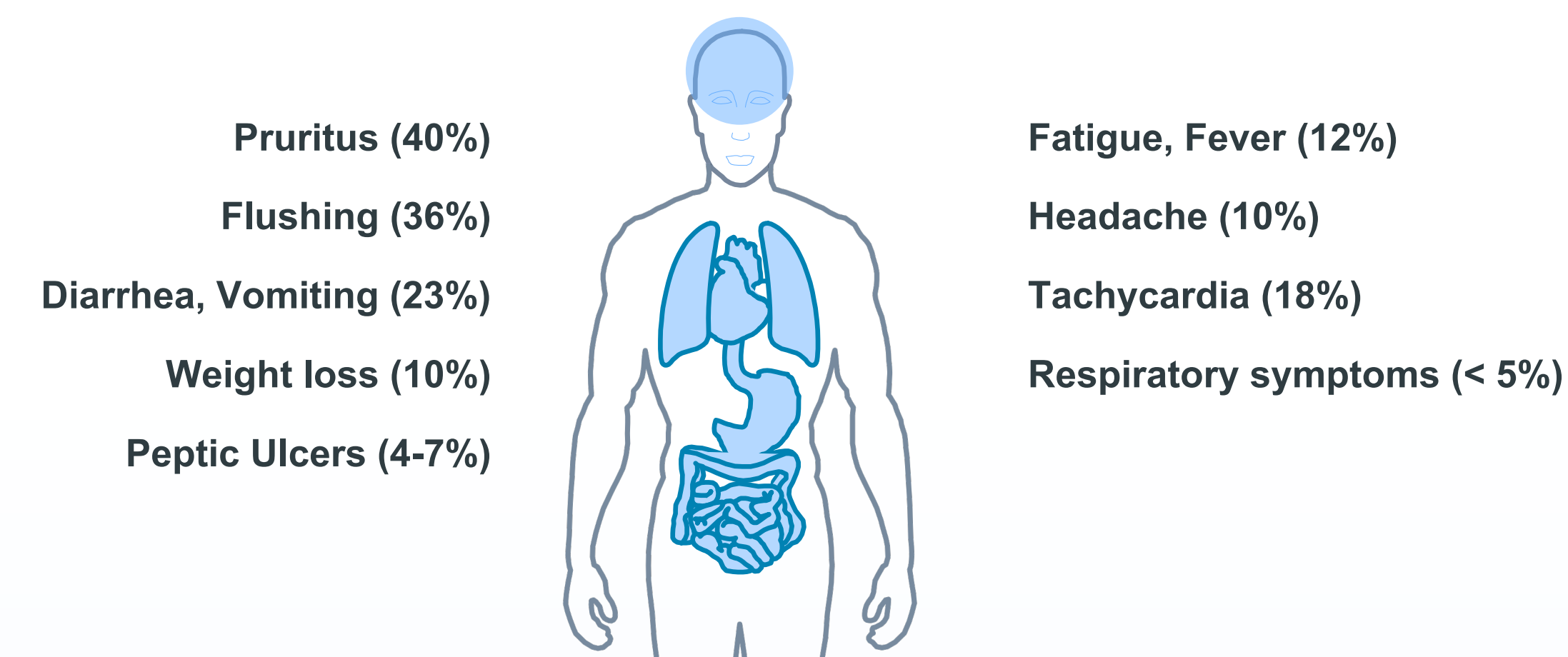
Safety and Efficacy Data of AK002, an Anti-Siglec-8 Monoclonal Antibody, in Patients with Indolent Systemic Mastocytosis (ISM): Results from a First-in-Human, Open-label Phase 1 Study

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BACKGROUND

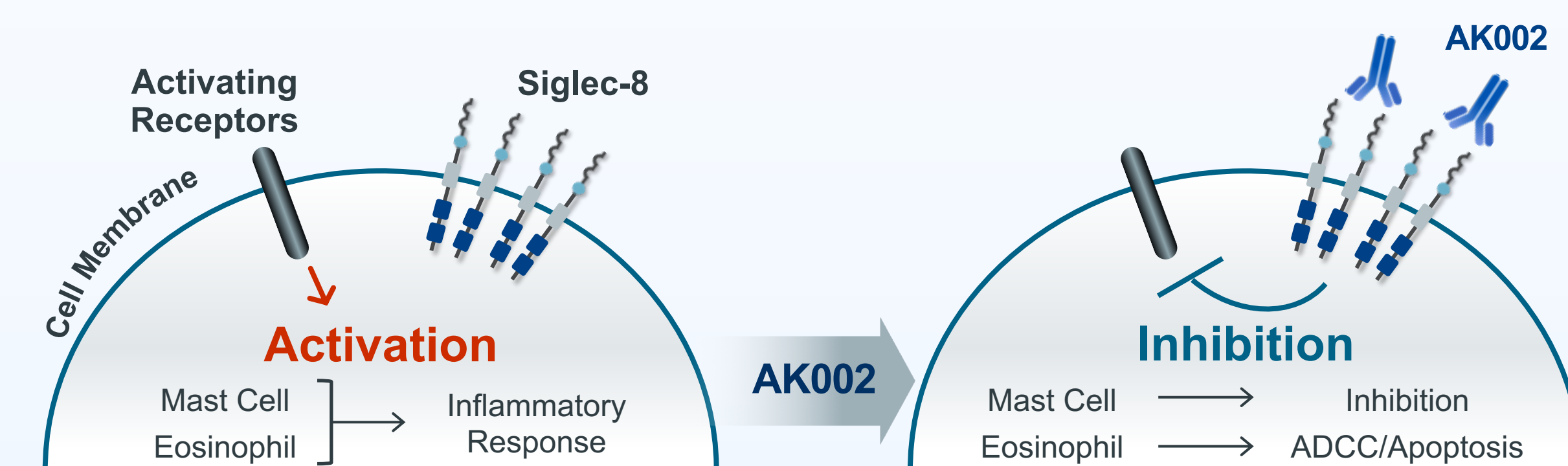
- Systemic mastocytosis (SM) is a group of proliferative disorders characterized by mast cell accumulation and activation in multiple organ systems: most commonly in bone marrow; with or without skin involvement
- Indolent Systemic Mastocytosis (ISM) is the most common form of SM, estimated to affect ~30,000 people in the United States
- Although patients with ISM present with a stable or slowly progressing clinical course, the symptoms associated with this disease significantly affect quality of life

Figure 1. Common ISM Symptoms



- No approved therapies – current treatment options (steroids, antihistamines, and mast cell stabilizers) have limited efficacy
- There is a significant medical unmet need for novel therapies

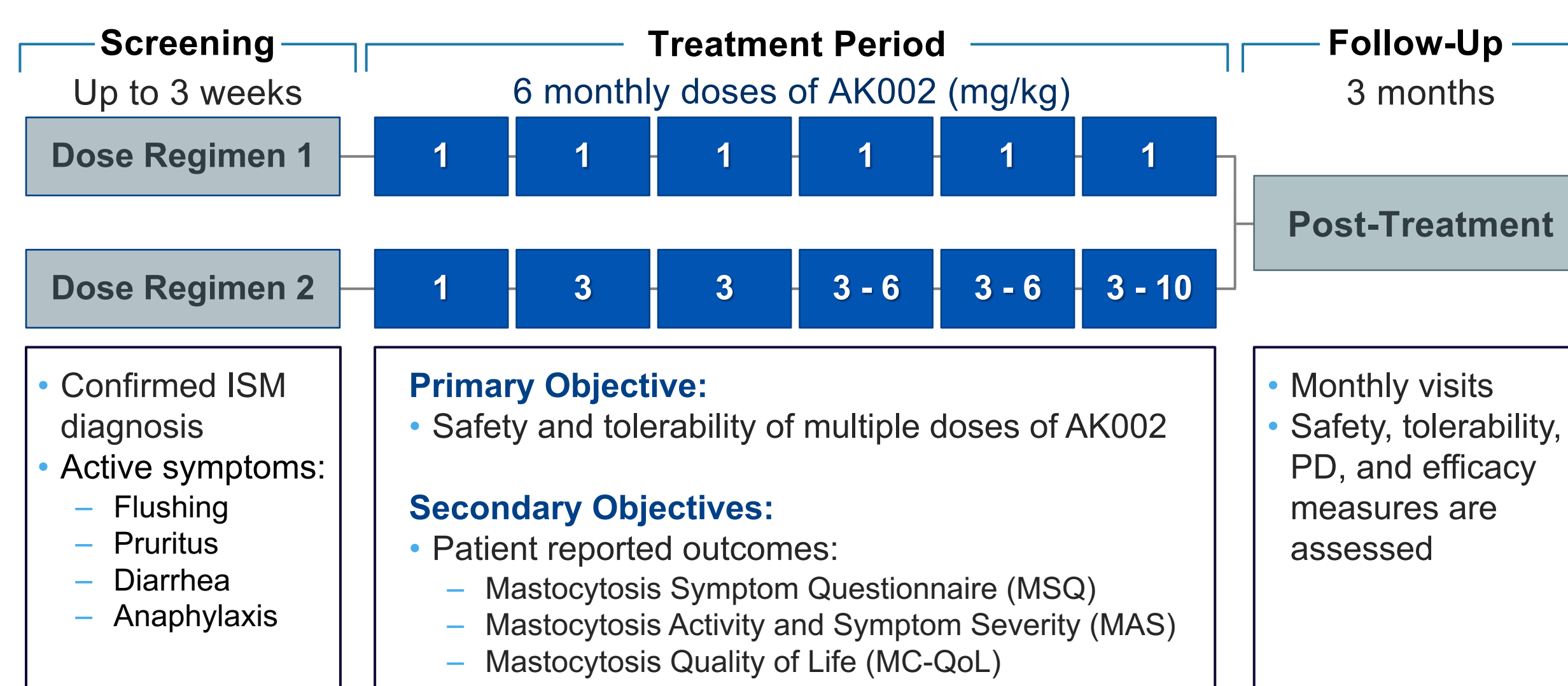
Figure 2. AK002 Mechanism of Action



- Siglec-8 is an inhibitory receptor selectively expressed on human eosinophils and mast cells, and therefore represents a novel target for the treatment of ISM
- AK002 is a novel, humanized, non-fucosylated IgG1 monoclonal antibody to Siglec-8
- Engagement of Siglec-8 receptor by AK002 triggers:
 - Antibody dependent cell mediated cytotoxicity (ADCC) against eosinophils (blood)
 - Inhibition of mast cells and apoptosis of tissue eosinophils (tissue)
- This Phase 1 study evaluated single ascending doses and multiple doses of AK002 in ISM
- Here we present results from the multiple dose arm of the study

METHODS

Figure 3. Study Design



INCLUSION CRITERIA

- Adults (18 to 85 years old)
- Confirmed diagnosis of ISM based on World Health Organization (WHO) criteria
- Presence of at least 1 of the following ISM related symptoms:
 - Flushing (at least 1 episode per week)
 - Pruritus (minimum MAS score of 4)
 - Diarrhea (minimum MAS score of 4)
 - Anaphylaxis (at least 1 episode [grade 2 or higher] within the last 12 months)

EXCLUSION CRITERIA

- Presence of an associated hematologic non-mast cell lineage disorder or mast cell leukemia
- Use during the 30 days before screening of omalizumab (Xolair®), immunosuppressive drugs, or systemic corticosteroids with a daily dose >10 mg prednisone or equivalent

Figure 4. Daily Symptom Intensity PRO (MSQ and MAS)

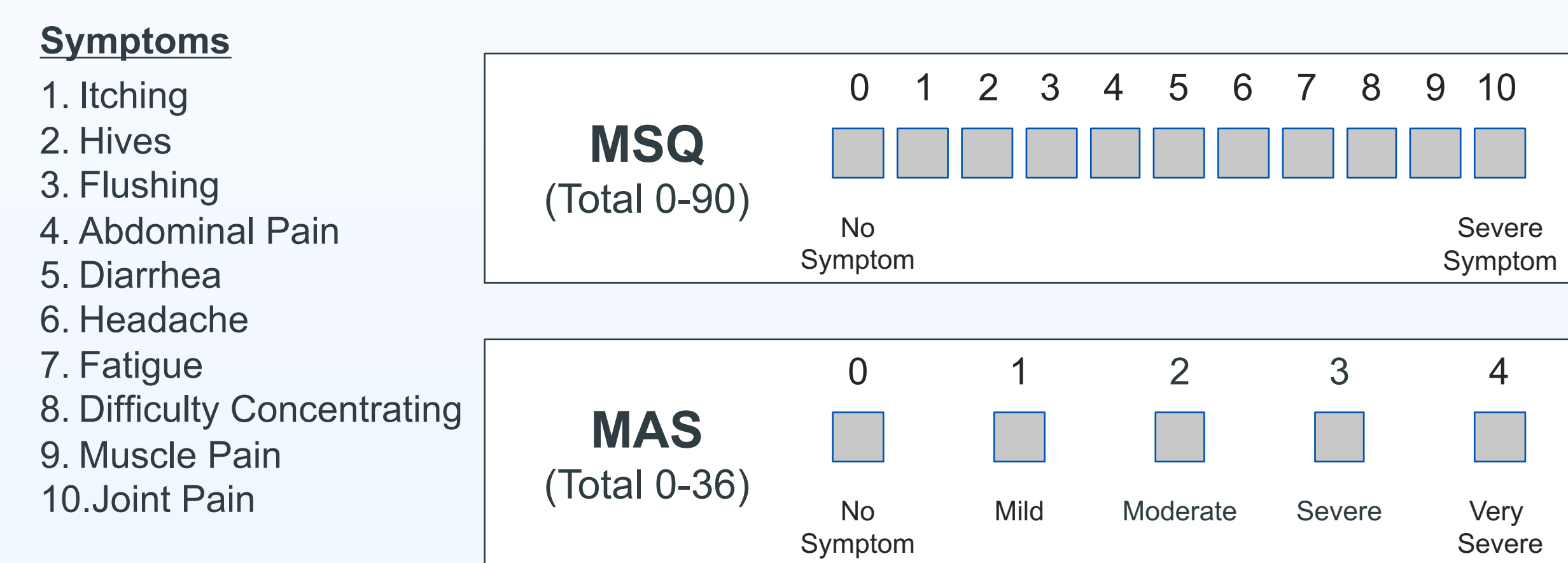


Figure 5. Biweekly Quality of Life Assessment (MC-QoL)

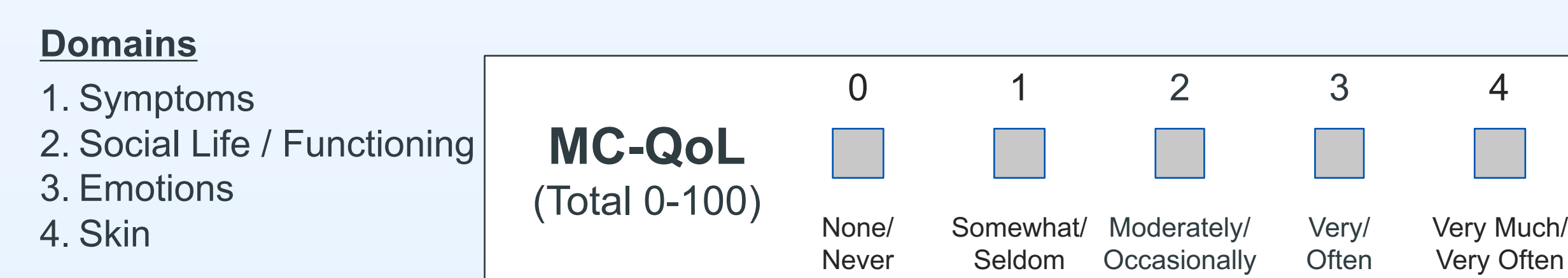


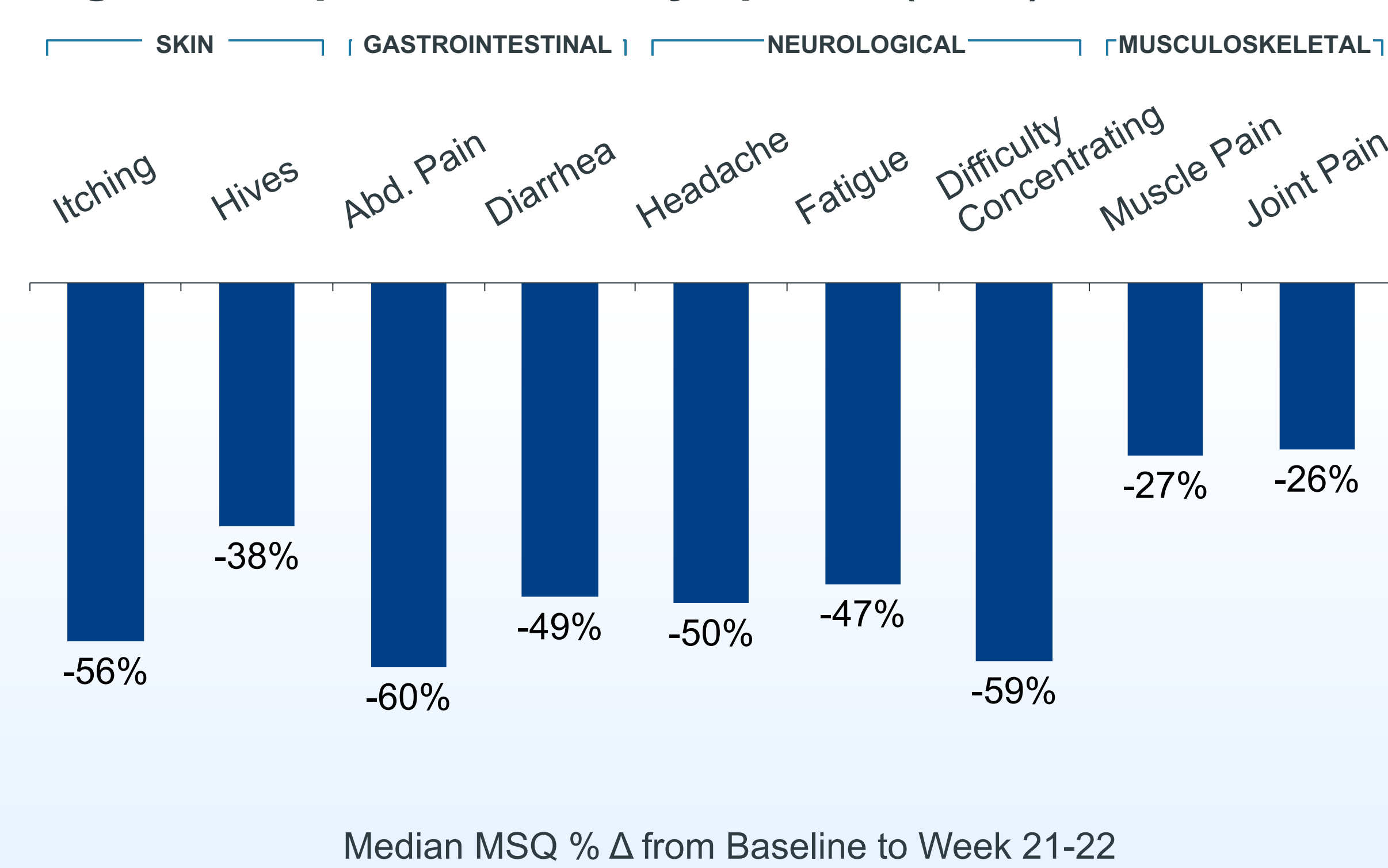
Figure 5. MC-QoL PRO has 27 questions to assess quality of life improvements in 4 domains: Symptoms (diarrhea, fatigue, headache, muscle or joint pain, difficulty concentrating; limited sleep, tired during the day due to not sleeping well; feeling less capable, lack of motivation), Social Life/Functioning (limited in daily life in school/university/work, sexual activity, leisure time, relationships; change of food/drink, burdened by symptoms, choice of wear restricted; uncomfortable in public), Emotions (afraid of allergic reaction, wrong treatment, worsening of mastocytosis; feeling alone with illness, concerned, sad), and Skin (itching, skin redness/swelling, flushing). All domain scores and the total score are linearly transformed to a 0-100 scale

RESULTS

Table 1. Baseline Characteristics

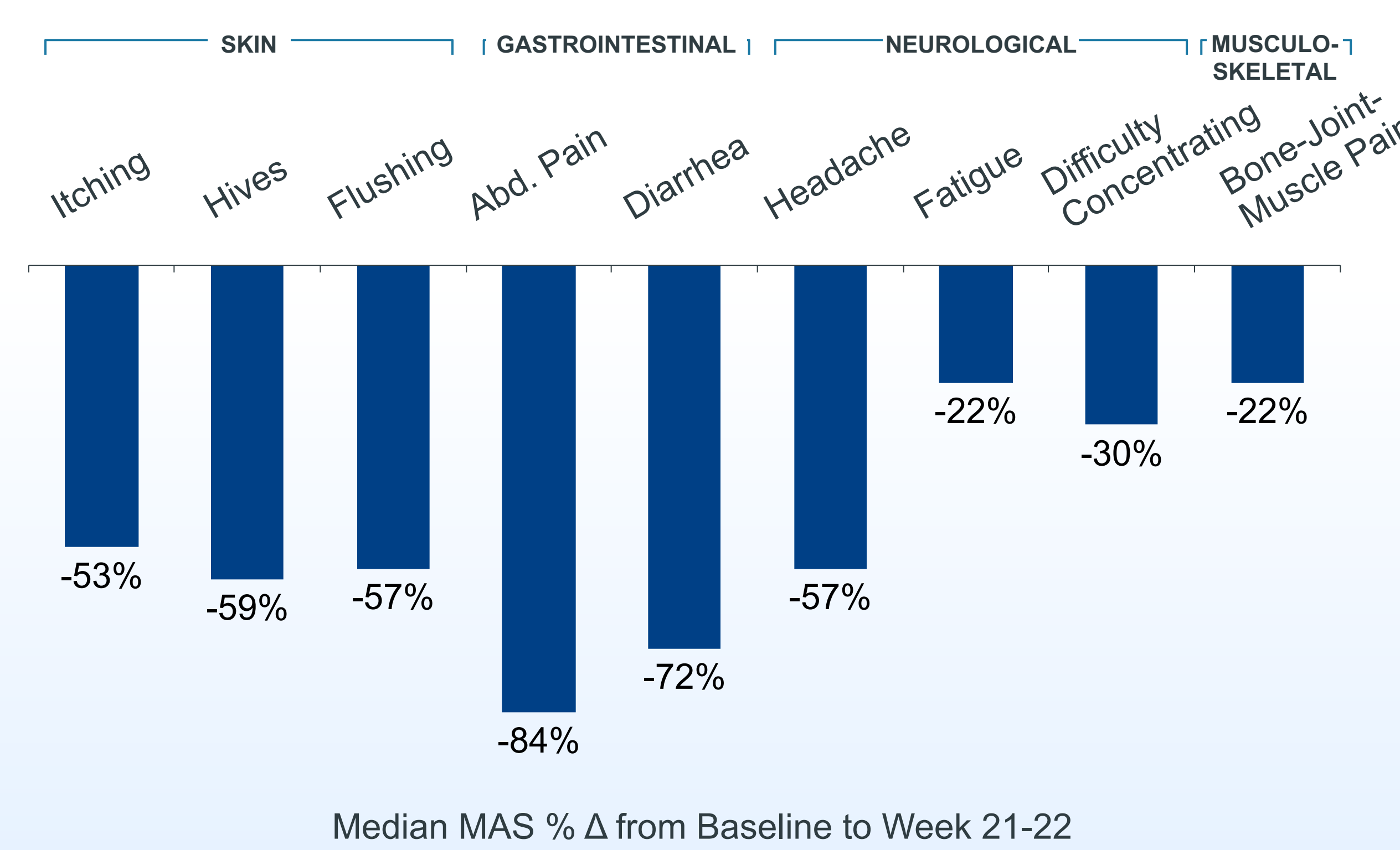
	Multi-dose Patients (N=12)
Age, Median Years (Range)	47 (34-66)
Female, %	75%
White, %	100%
BMI, Median (Range)	26 (20-39)
MSQ Total Symptom Score (0-90), Mean (Median) ^a	32.1 (33.3)
MAS Total Symptom Score (0-36), Mean (Median) ^b	14.2 (15.7)
MC-QoL Total Score (0-108), Mean (Median) ^b	59.5 (64.8)

Figure 6. Improvement in Symptoms (MSQ)



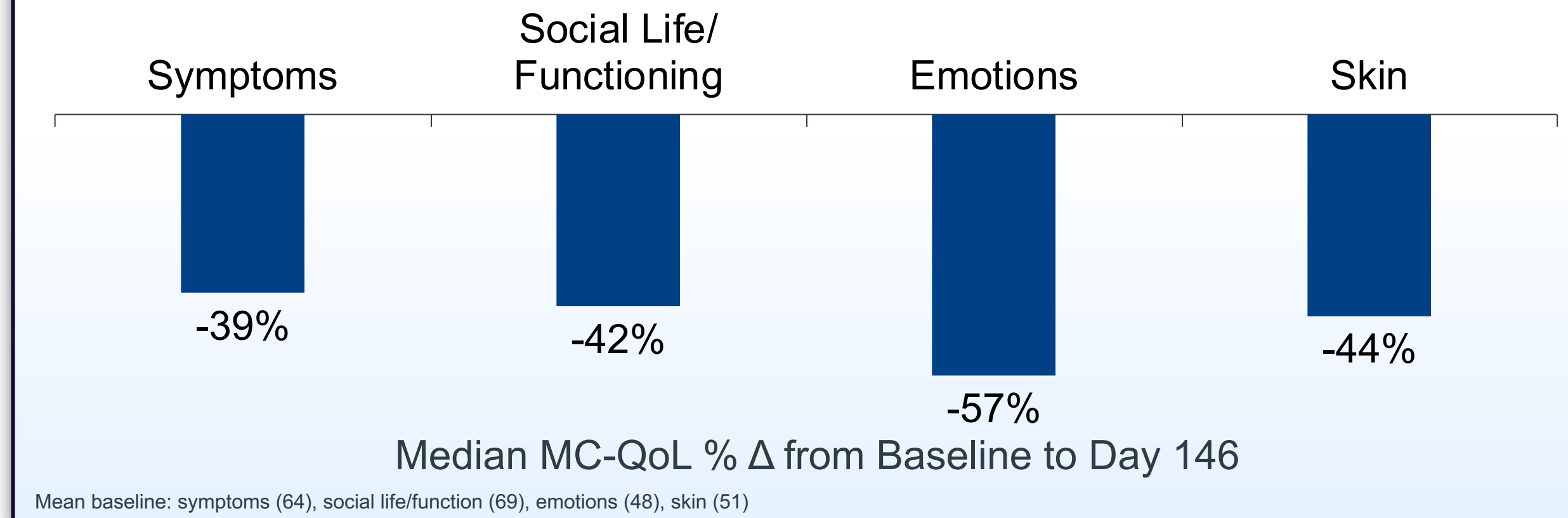
8 patients included in MSQ analysis. 3 patients from multi-dose cohort enrolled before MSQ PRO was available. Mean baseline: itching (3.7), hives (4.2), abdominal pain (3.4), diarrhea (2.9), headache (3.7), fatigue (5.1), difficulty concentrating (3.9), muscle pain (3.6), joint pain (3.4)

Figure 7. Improvement in Symptoms (MAS)



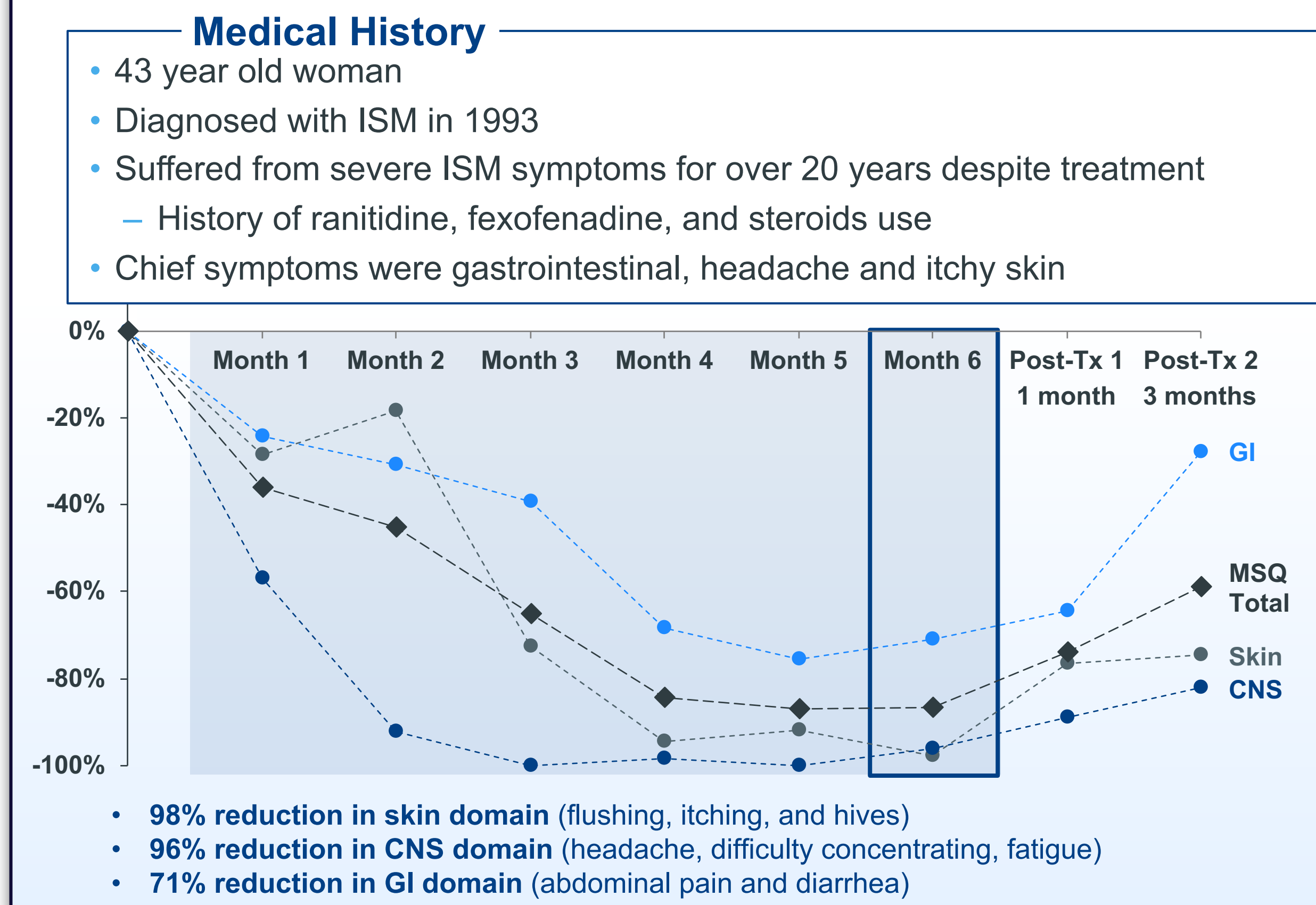
Mean baseline: itching (1.8), hives (1.6), flushing (1.7), abdominal pain (1.4), diarrhea (1.0), headache (1.5), fatigue (2.2), difficulty concentrating (1.6), bone-joint-muscle pain (2.0)

Figure 8. Improvement in Quality of Life (MC-QoL)



Mean baseline: symptoms (64), social life/functioning (69), emotions (48), skin (51)

Figure 9. ISM Patient Case Study



Safety Summary

- Generally well-tolerated
- The most common drug-related adverse event was infusion-related reactions all of which were mild to moderate
 - These may include feeling of warmth, headache, erythema, fatigue, and dizziness
- No drug related serious adverse events

CONCLUSIONS

- AK002, a humanized Siglec-8 antibody, demonstrates substantial improvement across all ISM symptoms
- Significant and consistent improvements reported in symptoms and quality of life using three different PROs
- AK002 was generally well-tolerated
- These results suggest AK002 may be a novel treatment for ISM

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