Histologic and Symptomatic Improvement Across Multiple Forms of Eosinophilic Gastrointestinal Diseases in ENIGMA, a Randomized, Double-Blind, Placebo-Controlled Trial of Antolimab (AK002) (ENIGMA; NCT03496571)

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• Dr. Evan Dellon is a principal investigator in the ENIGMA study

• Antolimab (AK002) is an investigational drug candidate and is not FDA/EMA approved



### Eosinophilic Gastrointestinal Diseases (EGIDs)



#### EG, EoD, EoE

## Chronic Eosinophilic Inflammation of the Stomach, Duodenum, or Esophagus

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



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



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

#### **Study Aim**

• Determine safety and efficacy of antolimab (AK002) for treatment of EG and/or EoD

#### **Key Inclusion Criteria**

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



### **ENIGMA Phase 2 Study Design**





### Symptoms Assessed Using a PRO Questionnaire

#### **EG/EoD Questionnaire**<sup>©</sup>

- Developed in accordance with FDA guidance on PRO development
- Captures the symptoms of EG/EoD patients on a daily basis
- Measures 8 symptoms each on a scale of 0-10; Total Symptom Score: (TSS) 80 points
  - Abdominal pain
  - Nausea
  - Vomiting
  - Early satiety

- Loss of appetite
- Abdominal cramping
- Bloating
- Diarrhea
- Patients with concomitant eosinophilic esophagitis received a daily question to report severity of dysphagia on a scale of 0-10



### Endpoints

#### **Primary Endpoint**

• Mean percent change in gastrointestinal eosinophil counts from baseline

#### **Responder Secondary Endpoint**

 Proportion of patients who have >75% decrease in tissue eosinophils AND >30% benefit in Total Symptom Score (TSS)

#### Symptoms Secondary Endpoint

• Mean percent change in TSS from baseline

#### Post-hoc analysis: histologic and symptomatic (TSS) changes in EG/EoD subgroups

- Proportion of patients with tissue eosinophils below threshold;
  ≤4 (stomach) and/or ≤15 (duodenum)
- Mean percent change in TSS from baseline



### **Baseline Characteristics of EG/EoD Patients**

|  |              | antolimab (AK002) Dose Groups   |                                |   |                   |                 |
|--|--------------|---------------------------------|--------------------------------|---|-------------------|-----------------|
|  |              | High<br>0.3-3.0 mg/kg<br>(n=20) | Low<br>0.3-1.0 mg/kg<br>(n=19) | Combined<br><sub>High/Low</sub><br>(n=39) | Placebo<br>(n=20) | Total<br>(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 Gastrointestinal <sup>1</sup> Eosinophils/hpf |              | 76                              | 80                             | 78  | 75                | 77              |
| Mean Gastrointestinal <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<br>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 Efficacy population; one patient withdrew after the 1<sup>st</sup> OLE dose with no qualifying weeks with symptom scores

2 Gastrointestinal; Gastric or duodenum site with highest eosinophil or mast cell counts

3 AEC: Absolute Eosinophil Count

### Antolimab Met ENIGMA Primary and Secondary Endpoints

|   |          | Antolimab Dose Groups |               |                    |                   |
|---|----------|-----------------------|---------------|--------------------|-------------------|
| Prespecified Endpoints                                  |          | High<br>(n=20)        | Low<br>(n=19) | Combined<br>(n=39) | Placebo<br>(n=20) |
|   | Baseline | 76                    | 80            | 78                 | 75                |
| 1° - Hissue Eosinophils'<br>% Λ from BL to Day 99       | %Δ       | -97%                  | -92%          | -95%               | +10%              |
| /o o _ o., o o  | p-value  | <0.0001               | <0.0001       | <0.0001            | -                 |
| 2° - Treatment Responders                               | %        | 70%                   | 68%           | 69%                | 5%                |
| (Eos Δ >-75% & TSS Δ >-30%)                             | p-value  | 0.0009                | 0.0019        | 0.0008             | -                 |
|   | Baseline | 34                    | 35            | 34                 | 30                |
| 2° - Iotal Symptom Score<br>% Λ from BL to End of Study | %Δ       | -58%                  | -49%          | -53%               | -24%              |
|   | p-value  | 0.0012                | 0.0150        | 0.0012             | -                 |



### Improvement Across All Symptoms on Antolimab





### **ENIGMA** Patient Distribution



61% (40/65) of patients had gastric eosinophilia (+/- duodenal eosinophilia)85% (55/65) of patients had duodenal eosinophilia (+/- gastric eosinophilia)



### Response in Eosinophilic Gastritis (EG)<sup>1</sup>





### Response in Eosinophilic Duodenitis (EoD)<sup>1</sup>



![](_page_13_Picture_2.jpeg)

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

![](_page_14_Figure_1.jpeg)

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

### Absolute Blood Eosinophil Counts

![](_page_15_Figure_1.jpeg)

![](_page_15_Picture_2.jpeg)

### Safety Summary

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

| % of Patients, (n)                | Antolimab<br>(n=43) | Placebo<br>(n=22) |
|-----------------------------------|---------------------|-------------------|
| Infusion related reaction         | 60% (26)            | 23% (5)           |
| Headache                          | 9% (4)              | 9% (2)            |
| Upper respiratory tract infection | 9% (4)              | 9% (2)            |
| Urinary tract infection           | 9% (4)              | 5% (1)            |
| Nausea                            | 7% (3)              | 14% (3)           |
| Fatigue                           | 7% (3)              | 9% (2)            |
| Diarrhea                          | 5% (2)              | 9% (2)            |
| Nasopharyngitis                   | 5% (2)              | 9% (2)            |
| Abdominal pain                    | 2% (1)              | 9% (2)            |
| Dehydration                       | 2% (1)              | 9% (2)            |
| Gastroenteritis viral             | 2% (1)              | 9% (2)            |
| Pyrexia                           | 2% (1)              | 9% (2)            |
| Sinusitis                         | 2% (1)              | 9% (2)            |
| Cough                             | 0% (0)              | 9% (2)            |
| Influenza                         | 0% (0)              | 9% (2)            |
| White blood cell count increased  | 0% (0)              | 9% (2)            |

• 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

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### Summary

- The ENIGMA study met all prespecified endpoints, demonstrating significant histologic and symptomatic improvement in EG and/or EoD
- Eosinophils were reduced in blood and throughout the upper gastrointestinal tract (esophagus, stomach, and duodenum)
- Generally well-tolerated
- These results build on clinical activity of antolimab (AK002) observed in chronic urticaria, severe allergic conjunctivitis, asthma, atopic dermatitis, and indolent systemic mastocytosis
- Additional antolimab studies in EGIDs:
  - Phase 3 randomized trial in EG/EoD (NCT04322604)
  - Phase 2/3 randomized trial in EoE (NCT04322708)

![](_page_17_Picture_8.jpeg)

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

![](_page_18_Picture_1.jpeg)