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Title: INTERIM ANALYSIS OF A RANDOMIZED PHASE 1 TRIAL IN HEALTHY VOLUNTEERS INVESTIGATING THE SAFETY, PHARMACOKINETICS AND PHARMACODYNAMICS OF A NOVEL FLT3/IRAK4 INHIBITOR, LOMONITINIB (ZE46-0134)

Abstract Type: Poster Presentation

Topic: Acute myeloid leukemia - Clinical

Background:

Lomonitinib is a highly potent and selective pan-FLT3/ IRAK4 inhibitor that targets clinically relevant FLT3 mutations (ITD, TKD) including the gatekeeper mutation as well as IRAK4, a putative escape pathway for FLT3-driven AML. *In vitro* studies with FLT3-specific cell lines demonstrate potent inhibition and differential decrease of FLT3 protein expression as compared to gilteritinib. Multiple *in vivo* studies with both xenograft and syngeneic immune competent murine models demonstrated that lomonitinib has superior efficacy to gilteritinib in ITD and gatekeeper mutation-dependent disease and demonstrates synergistic efficacy when administered in combination with Bcl-2 or menin inhibitors. Unlike gilteritinib, lomonitinib had minimal toxicity observed in pre-clinical rodent toxicology studies at exposures well in excess of the anticipated therapeutic exposure.

Aims:

We sought to do first-in-human clinical trial of lomonitinib in healthy volunteers.

Methods:

We conducted a Phase 1, single-center, prospective, randomized, double-blind placebo-controlled study of 4 SAD cohorts of lomonitinib administered orally to healthy adult participants. In addition, the study will include a total of 3 MAD cohorts. The primary objective was pharmacokinetics (PK), secondary objective was safety, and exploratory objective was pharmacodynamics (FLT3 target engagement). This interim analysis focuses on the 4 SAD cohorts (2, 10, and 50 mg; and 10 mg with food) and the first MAD cohort.

Results:

A total of 40 healthy subjects were treated on trial, 24 were treated with a single dose of lomonitinib (6 subjects dosed with 2 mg, 6 subjects with 10 mg, 6 subjects with 50 mg, and 6 subjects with 10 mg with a high fat meal), 6 subjects were dosed for 7 days with 50 mg on Day 1 and 10 mg on Days 2-7 (MAD cohort 1), and 10 subjects were dosed with placebo (8 in the SAD and 2 in the MAD). Lomonitinib was well tolerated with no treatment-related safety signals reported in any SAD or MAD cohort. The PK of lomonitinib was linear with mean plasma exposure values that increased proportionally with increases in dose from 2 to 50 mg and with a modest positive food effect at 10 mg when dosed after a high fat meal. There was a slow absorption with a T_{max} (6 to 24 hours) and an extended half-life of approximately 92 hours. Because of the extended half-life and safety of lomonitinib, we utilized a loading strategy (50 mg day 1) to reach rapid steady state concentration (C_{ss}) followed by a maintenance dose of 10 mg QD on Days 2-7. Pharmacokinetic data from the MAD cohort 1 confirmed that the loading dose of 50 mg on Day 1 permitted achievement of steady state exposures for 10 mg QD by day 4. Consistent with studies in human cells *in vitro*, oral administration of lomonitinib in healthy human subjects demonstrated target engagement of FLT3-ITD in an *ex vivo* plasma inhibition assay toward FLT3-ITD cell line at doses of ≥ 10 mg, which is anticipated to be in the therapeutic dose range based on preclinical data.

Summary/Conclusion:

Lomonitinib demonstrates favorable PK and safety profiles when administered orally as single dose, with dose-

proportional increases in systemic exposure, target engagement, and no treatment-related adverse events. In addition, lomonitinib was well tolerated with no treatment-related safety signals in the first MAD cohort thereby enabling a rapid FLT3 engagement strategy by using a loading dose that is not possible with other FLT3 inhibitors. A phase 1B study in R/R AML with mutated FLT3 has been initiated.

Keywords: KMT2A, Acute myeloid leukemia, Experimental therapeutics