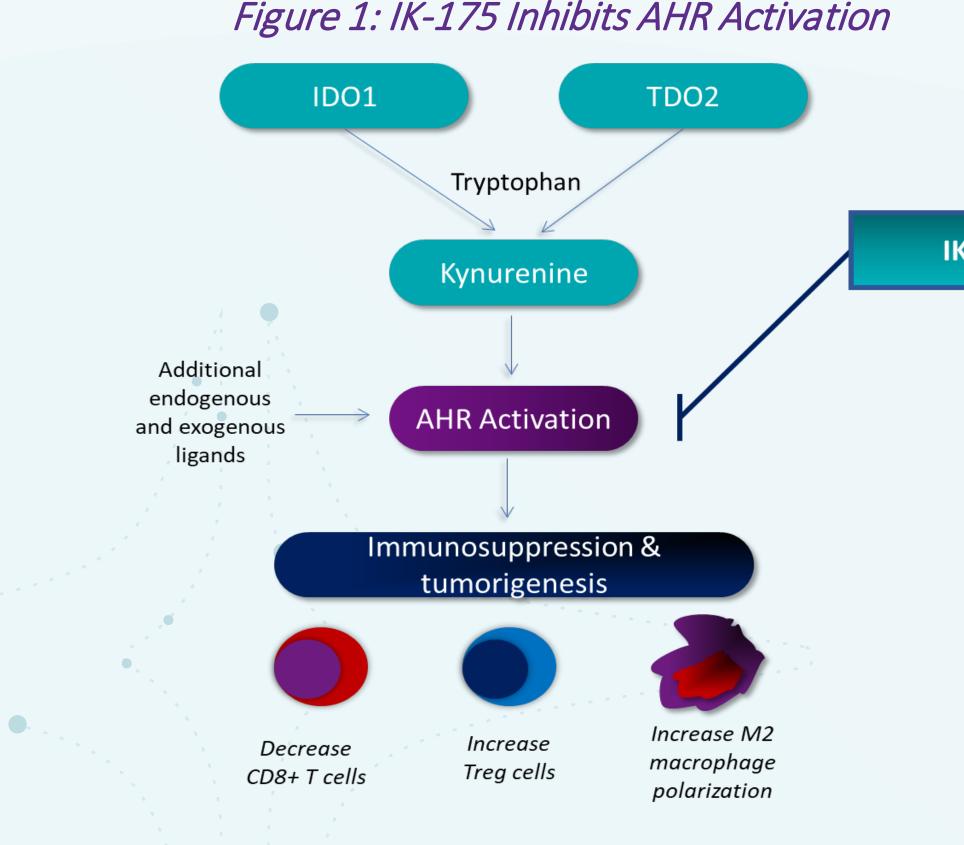


# (680) A Phase 1b open-label, single-arm study of IK-175, an oral AHR inhibitor, in combination with nivolumab in patients with PD-1 inhibitor resistant metastatic or recurrent head and neck cancer Trupti Lingaraj, Marissa Timothy, Nerymar Ortiz-Otero, Wilmin Bartolini, Katherine Kacena, Karim S. Malek, and Sergio Santillana on Behalf of the IK-175-002 Investigators Ikena Oncology, Boston, MA, USA

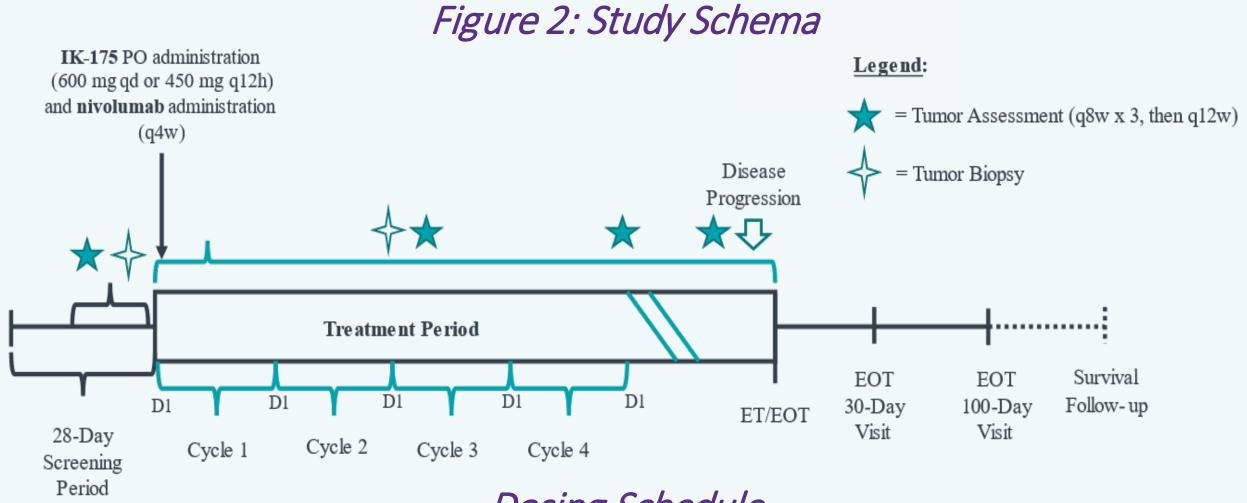
# Background

- Head and neck squamous cell carcinoma (HNSCC) is the sixth most common cancer worldwide
- PD-1 inhibitors targeting immune checkpoint proteins are the current standard of care in HNSCC in advanced disease, however despite the clear clinical benefit associated with their use, only a subset of patients with R/R HNSCC gain long term benefit from these therapies
- Resistance to checkpoint inhibitors (CPI) still represents an area of significant unmet medical need
- Aryl Hydrocarbon Receptor (AHR) is a ligand-activated transcription factor that regulates the activity of multiple innate and adaptive immune cells
- AHR plays a dominant role in mediating immunosuppression by modifying immune cell gene expression and the pathway is highly activated in HNSCC
- IK-175 is an oral, selective, potential first-in-class inhibitor of AHR and is currently being studied in solid tumors and urothelial carcinoma showing initial antitumor activity in patients who have progressed on prior CPI
- IK-175 may help overcome the immunosuppressive effects driving resistance to PD-1 inhibitors in HNSCC and may improve the clinical activity of nivolumab in this setting



### Study Design • This is a phase 1b, open-label, multicenter, dose optimization study assessing the safety and preliminary antitumor activity of IK-175 in combination with nivolumab in R/R HNSCC patients

- Approximately 54 patients with primary or secondary PD-1 inhibitor resistant metastatic or locally incurable, recurrent HNSCC will be enrolled and randomized in two dose level cohorts to determine the optimal dose of IK-175 in combination with nivolumab in this population
- Enrichment by assessment of AHR nuclear localization by IHC in patients with HNSCC in both treatment arms



Dosing Schedule

### IK-175

Cohort 1	600mg QD PO
Cohort 2	450mg q12h PO

# *Key Objectives and Endpoints*

Objectives	Ε
Primary	<ul> <li>Safety and tolerability of IK-2</li> <li>ORR, DCR, DOR (RECIST1.1)</li> </ul>
Secondary	<ul><li>PK of IK-175 and metabolite</li><li>PFS (RECIST1.1)</li></ul>
Exploratory	<ul> <li>Pharmacodynamic immune</li> <li>PFS and OS at 12 months (R</li> </ul>

### IK-175

# Methods

## Nivolumab

480mg q4w IV

480mg q4w IV

### Endpoints

-175 in combination with nivolumab

tes including t<sub>1/2</sub>, AUC, C<sub>max</sub>, and C<sub>min</sub>

e effects RECIST1.1)

## **Inclusion Criteria**

Subject has a histologically confirme or locally incurable, recurrent HNSCO or secondary resistance to PD-1 inhil whether administered alone or in co with chemotherapy

Tumors must express PD-L1 with a minimum  $CPS \ge 1$ 

Subjects can be enrolled regardless of tumor's expression of human papillo

Subjects are required to have receive treatment with a platinum-based che the recurrent or metastatic disease medically contraindicated

in paired tumor biopsies and peripheral immune cells

- Patients will be randomized 1:1 across 2 dose cohorts
- A Simon 2-stage design will be used to evaluate preliminary antitumor activity of IK-175 in combination with nivolumab
- Enrichment strategy to include patients with elevated nuclear AHR
- Region: USA
- Clinical trial information: NCT05472506



Learn more about the study at clinicaltrials.gov

# Key Eligibility Criteria

•	
•	Exclusion Criteria
ed metastatic C with primary bitors, ombination	Subject who are unable to swallow or have an impaired GI function that could significantly interfere with the absorption of IK-175. Subjects who are dependent on a gastrostomy tube for feeding and medication administration are permitted to enroll.
	Subject has received prior treatment with an AHR inhibitor
of their omavirus (HPV)	Subject has untreated or symptomatic CNS tumors or metastases
ed prior emotherapy in setting, unless	Subject has any condition requiring continuous systemic treatment with either corticosteroids (> 11 mg daily prednisone or equivalent) or other immunosuppressive medications within 2 weeks prior to first dose of study treatment

# Translational Research

• Correlative analyses of tumor AHR nuclear localization with clinical outcomes • Evaluation of pharmacodynamic effects of IK-175 in combination with nivolumab

# Statistical Considerations

# Study Status

• The study was approved in July 2022 and will be open for enrollment in November 2022

Download this poster and visit the Ikena website

