

Trial in Progress: A Phase 1/2 First-in-Human Study of ATX-295, an Oral Inhibitor of KIF18A, in Patients with Advanced or Metastatic Solid Tumors, Including Ovarian Cancer

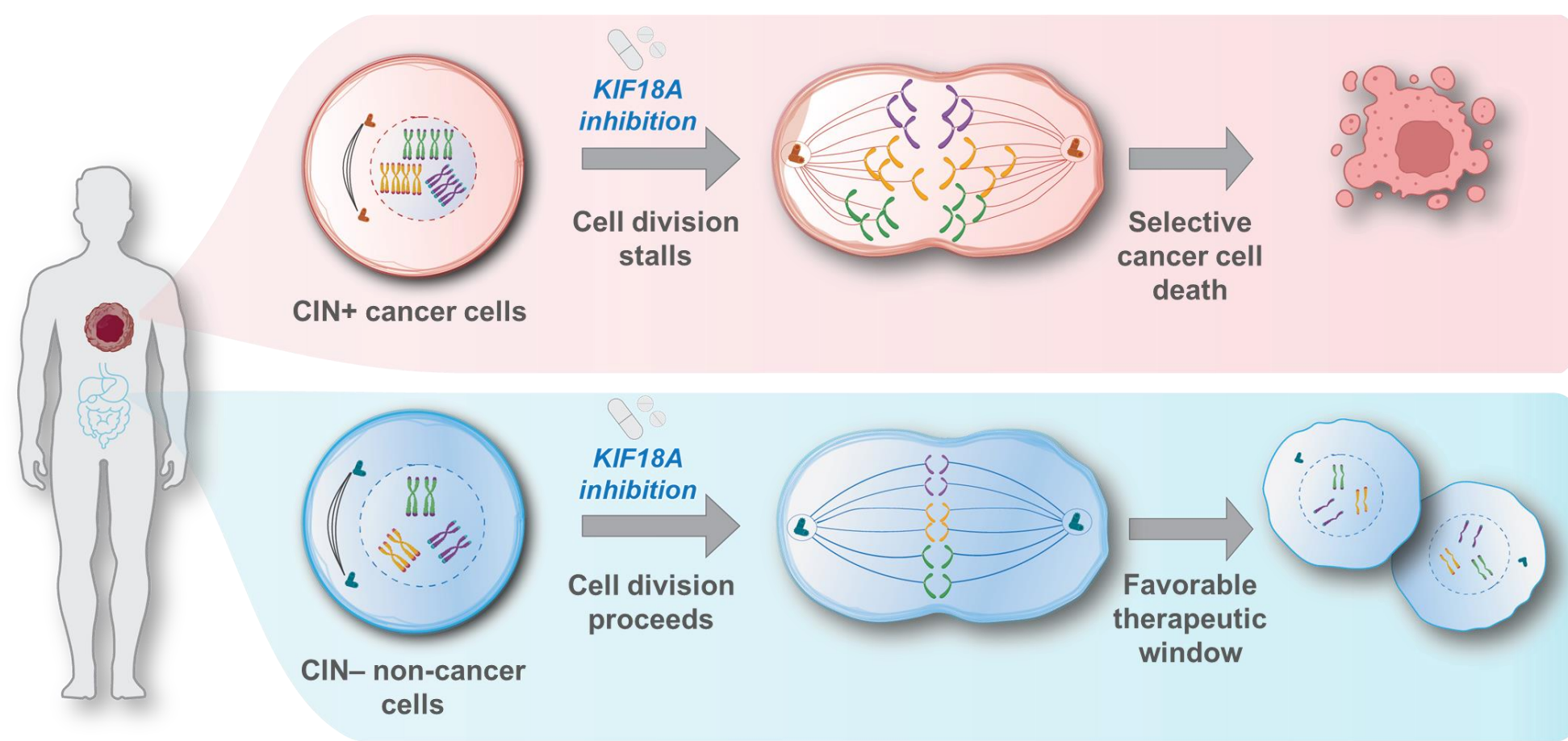
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BACKGROUND

ATX-295 Mechanism of Action and Profile

- KIF18A is a plus-end directed kinesin that facilitates chromosome alignment and spindle microtubule dynamics during mitosis
- Cells with ongoing chromosomal segregation defects are vulnerable to disrupted mitosis when KIF18A is lost; thus, KIF18A is a compelling synthetic lethal target in chromosomally unstable (CIN+) cancers
- KIF18A inhibition leads to robust anti-proliferative activity solid tumor cell lines, as well as marked anti-tumor activity in *in vivo* models of ovarian, squamous non-small cell lung cancer (sqNSCLC), and triple negative breast cancer (TNBC)

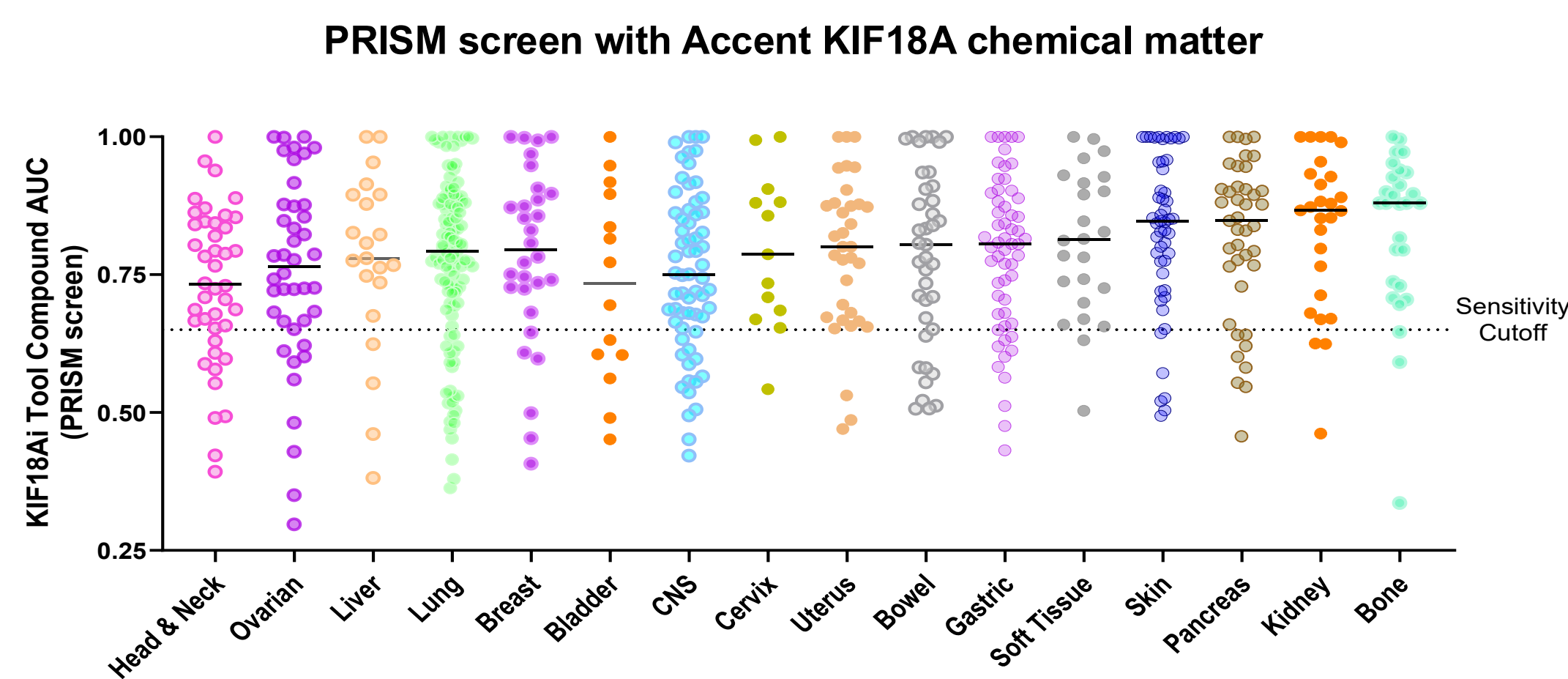


ATX-295 is a proprietary Accent Therapeutics clinical candidate that potently and selectively inhibits KIF18A

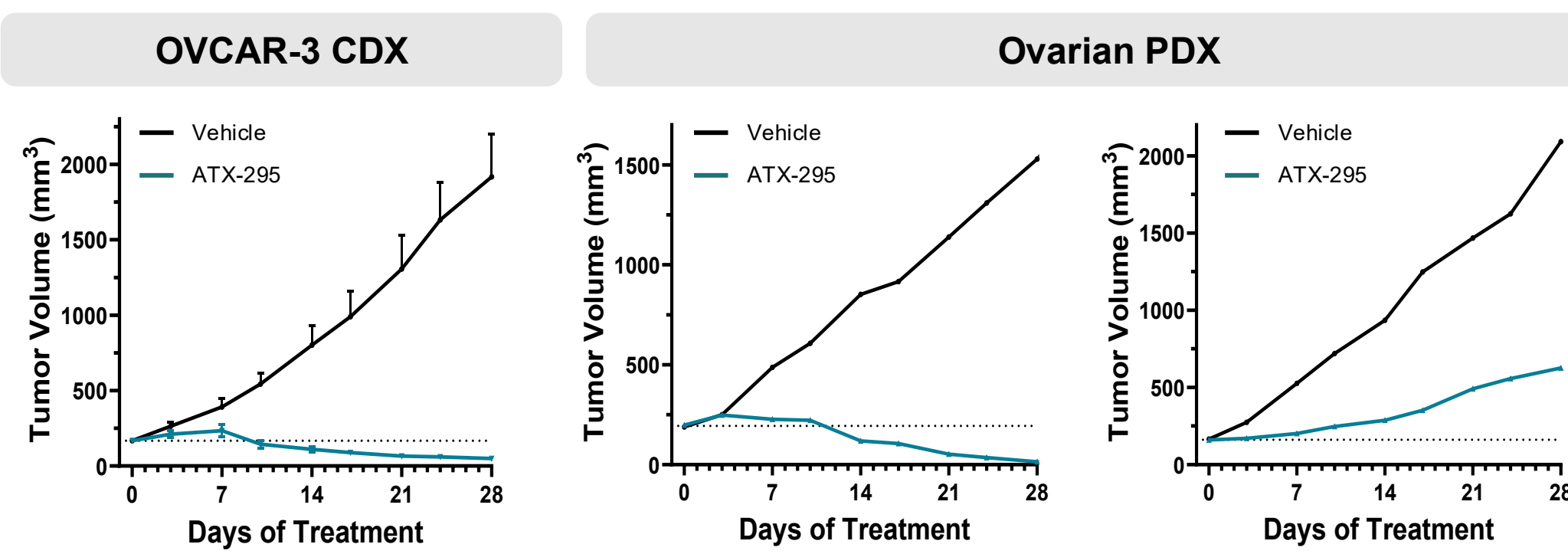
- Orally bioavailable with clear differentiation vs. competitor inhibitors**
- Robust monotherapy activity and therapeutic margins in preclinical models**
- Highly selective against other kinesins and 98 targets in a safety pharmacology panel**

ATX-295 Preclinical Validation

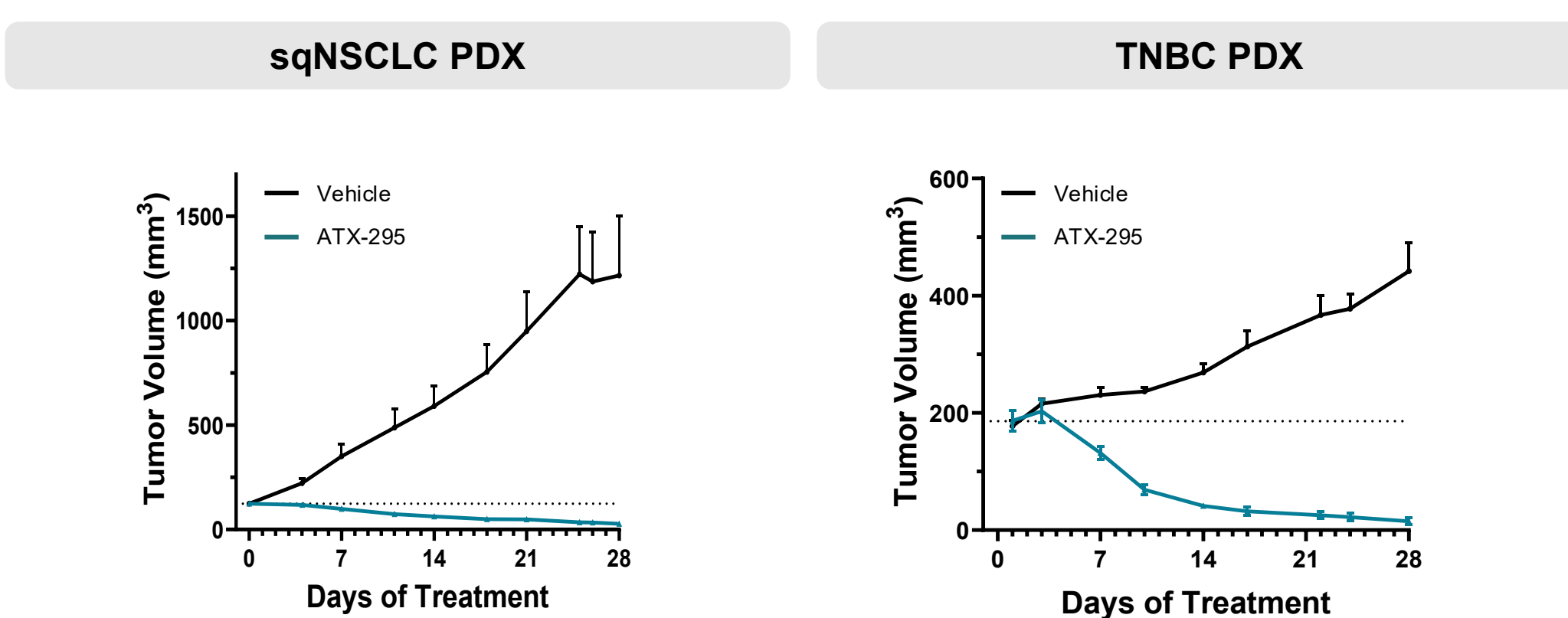
KIF18A offers a large patient impact opportunity across multiple high unmet need indications



ATX-295 shows robust response in TP53 LOF ovarian CDX and PDX models



ATX-295 inhibits tumor growth in TP53 LOF sqNSCLC and TNBC PDX models



- ATX-295 is well tolerated *in vivo*, leading to robust tumor growth inhibition and regression in ovarian CDX and PDX models, as well as sqNSCLC, and TNBC PDX models

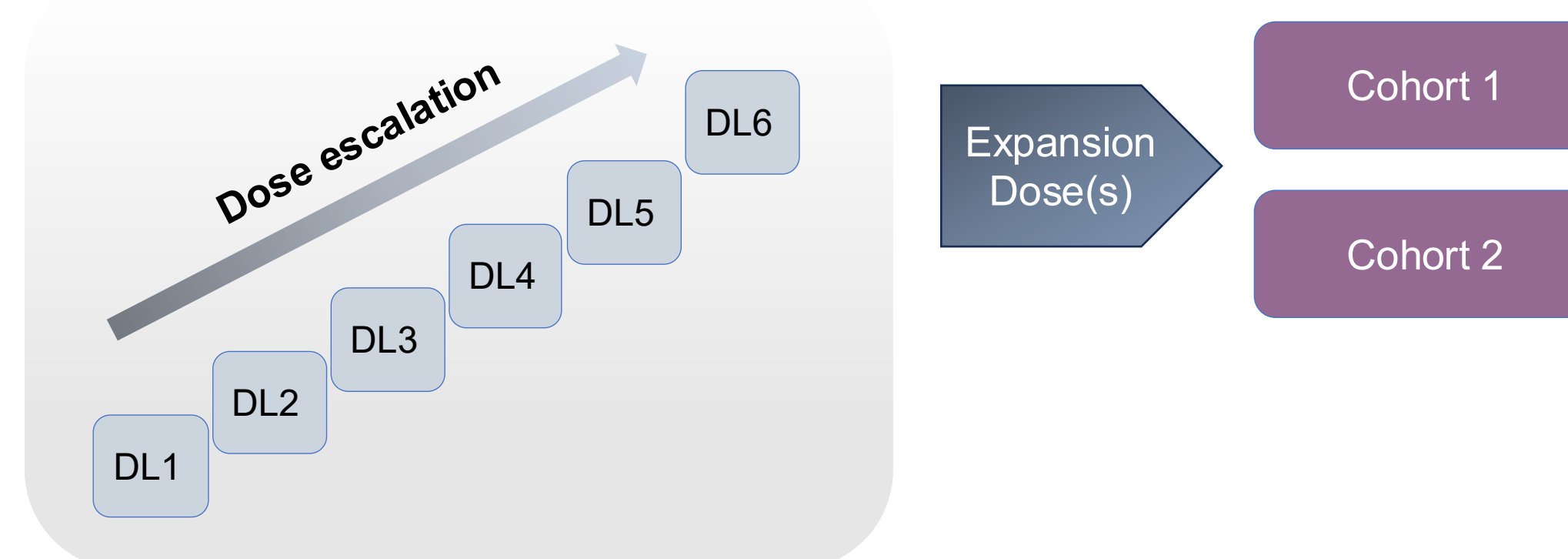
ATX-295 PHASE 1/2 CLINICAL TRIAL

Study Design

- This is a first-in-human, Phase 1, open-label, single-arm, dose-escalation and Simon's 2-Stage expansion study to evaluate the safety profile of ATX-295 and determine the recommended phase 2 dose (RP2D) in participants with Locally Advanced or Metastatic Solid Tumors, including High-Grade Serous Ovarian Cancer

Dose Escalation and Dose Finding (mTPI-2)

Simon's 2-Stage Dose Optimization



- The study will be conducted in two parts: dose escalation, followed by dose expansion
- Participant enrollment and continuous safety assessment will be guided by a mTPI-2 design (Guo, 2017) to identify an acceptable dose
- To assess evidence of preliminary antitumor activity, a Simon's 2-stage design (Simon, 1989) will be used during dose expansion
- A Project Optimus cohort and biopsy sub-study are also included in the protocol design

Current Status

Phase I enrollment is active and ongoing

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- Ghisolfi L. et al, Potent and Durable Activity of the novel KIF18A inhibitor, ATX-295, in preclinical models of chromosomally unstable tumors. AACR. 2026 April; San Diego, CA.
- Corsello, S.M. et al, Discovering the anticancer potential of non-oncology drugs by systematic viability profiling. Nature Cancer, 2020 Jan;235-248.
- Guo, W. et al., A Bayesian interval dose-finding design addressing Ockham's razor: mTPI-2. Contemp Clin Trials. 2017 Jul;58:23-33.
- Simon R. Optimal two-stage designs for phase II clinical trials. Control Clin Trials. 1989 Mar;10(1):1-10.

Key Eligibility Criteria

- For dose escalation: adults with histologically confirmed solid tumors who have locally recurrent or metastatic measurable or evaluable disease per RECIST v1.1, enriched for expansion cancer types of interest
- Refractory to or relapsed after all standard therapies with proven clinical benefit, unless refused; no limit to prior lines of therapy
- For the expansion cohorts, participants must have histological confirmation and measurable disease of the specified tumor types:
 - Platinum-resistant, platinum-refractory, or platinum-intolerant HGSO
- ECOG 0-1
- Available archival tumor tissue identified
- Adequate organ function
- No use of other concurrent anti-cancer treatment, except for hormonal blockade
- No clinically unstable central nervous system (CNS) tumors or brain metastasis
- No clinically significant (i.e., active) or uncontrolled cardiovascular disease
- No medical issue that limits oral ingestion or impairment of gastrointestinal function is excluded
- No use of proton pump inhibitors on study or H2-receptor antagonists for the dose escalation portion of the study
- Able to transition off strong or moderate CYP3A4 inhibitors or strong inducers
- No pregnancy or intent to breastfeed or conceive a child within the projected duration of treatment



Study Objectives

Primary objectives

- To determine the recommended phase 2 dose (RP2D) and/or maximum tolerated dose (MTD) and to characterize the dose-limiting toxicities (DLTs) of ATX-295 using mTPI-2 to identify a dose that is deemed acceptable
- To evaluate safety and tolerability of ATX-295 at expected pharmacologically active dose(s) and/or schedule(s) by frequency and severity of adverse events (AEs) overall, by grade, relationship to study treatment, time-of-onset, duration of the event, and concomitant medications administered

Secondary objectives

Pharmacokinetics (PK)	Anti-tumor activity	Pharmacodynamics (PD)
<ul style="list-style-type: none"> Maximum observed concentration (C_{max}) Time to reach maximum observed concentration (T_{max}) Area under the concentration-time curve (AUC_{0-t}) 	<ul style="list-style-type: none"> Preliminary antitumor activity endpoints per Response Evaluation Criteria in Solid Tumors version 1.1 (RECIST v1.1) 	<ul style="list-style-type: none"> Measurement and comparison of the levels of pathway PD biomarkers downstream of ATX-295