Camoteskimab, an anti-IL-18 monoclonal antibody, demonstrates phase 2 proof-of-concept in atopic dermatitis (AD)

LB1156

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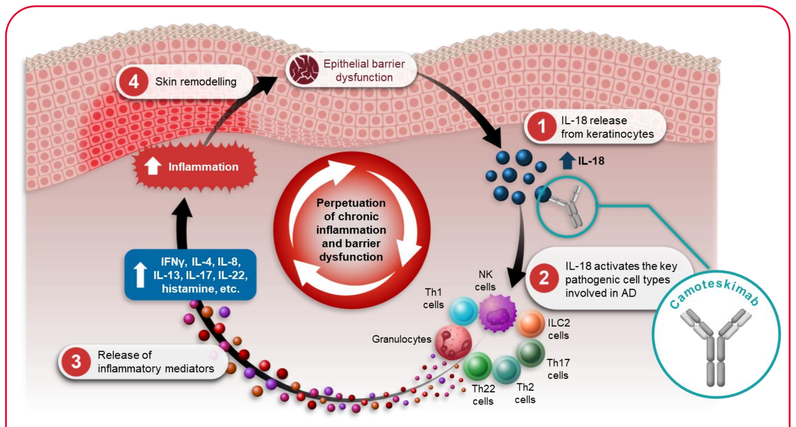
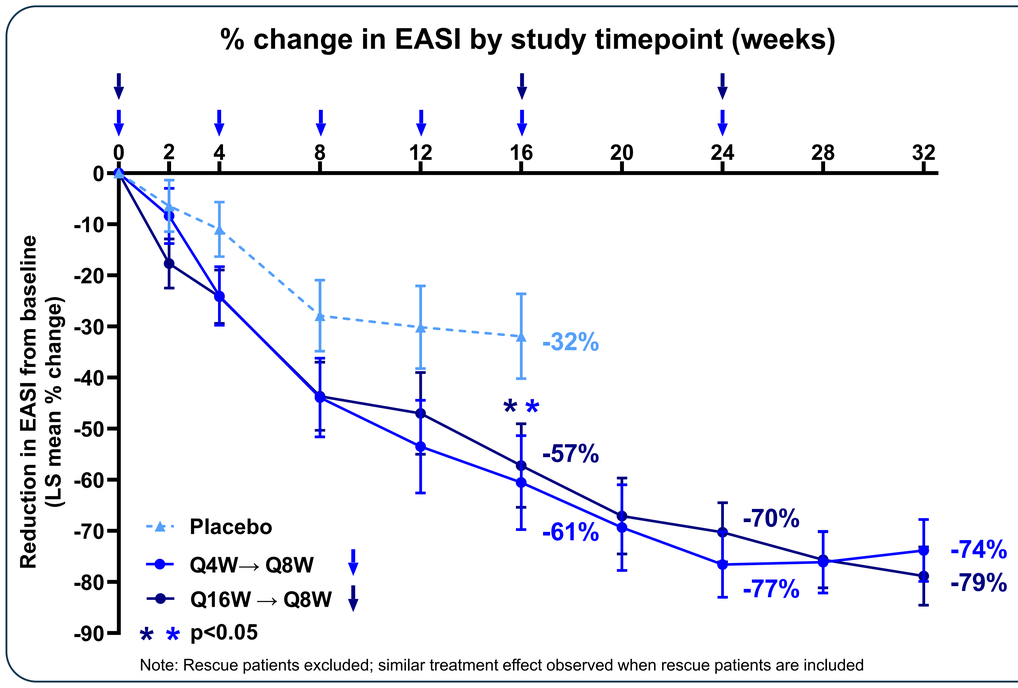
Background



- Majority of AD drugs target Th2-mediated inflammation
- IL-18 targets **multiple inflammatory pathways** (Th1, Th2 and Th17), **epithelial barrier function** (Th22) and **innate inflammation** (granulocytic)
- IL-18 inhibition offers a **highly differentiated** mechanism that targets mixed phenotype inflammation

Primary endpoint: % change from baseline in EASI

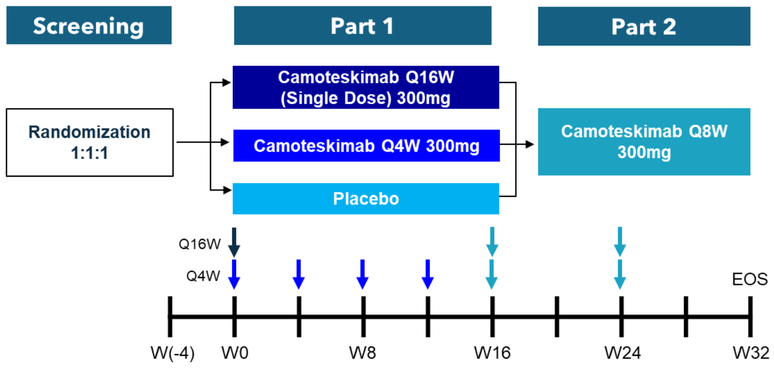


Note: Rescue patients excluded; similar treatment effect observed when rescue patients are included

Efficacy with convenient dosing (Q16W) consistent with disease resolution

- Statistical significance versus placebo for both camoteskimab regimens at Week 16
- Early improvement seen by Week 2 and Week 4
- Robust, long-lasting efficacy consistent with disease resolution
- Equivalent efficacy with Q4W and Q16W dosing
- Efficacy with single dose over 16 weeks supporting convenient dosing schedule

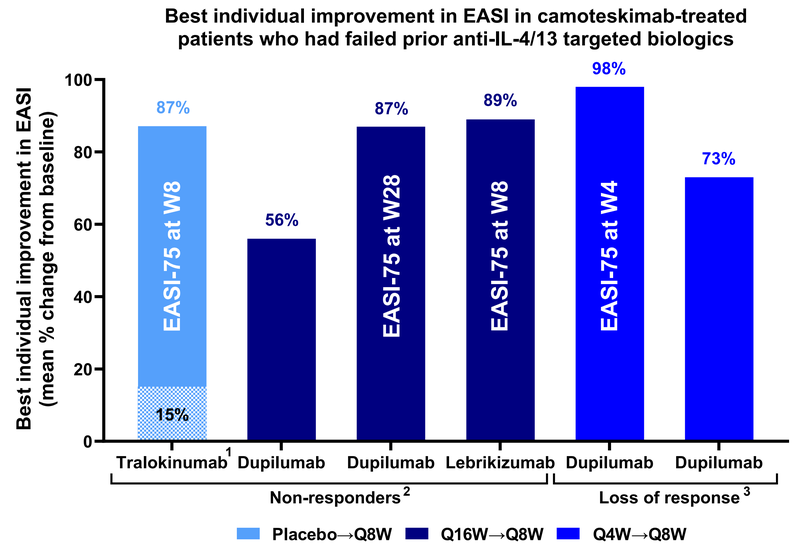
CHAMELEON Phase 2a study design



- US / Canada (37 sites)
- 63 patients
- IV administration
- Moderate-to-severe population
- Rescue therapy was not allowed in Part 1

- Key entry criteria:
  - Chronic AD for at least 1 year
  - EASI ≥ 12
  - BSA ≥ 10%
  - IGA ≥ 3
  - PP-NRS ≥ 4

Camoteskimab effect in previous inadequate responders



Camoteskimab demonstrated efficacy in all patients who failed prior treatment on anti-IL-4/IL-13 biologics

- 6 patients had clinically documented inadequate response to prior biologics
- 6/6 patients achieved EASI-50
- 4/6 patients achieved EASI-75
- Response in patients who failed Th2-based therapies consistent with camoteskimab MoA targeting multiple inflammatory pathways

[1.] 15% EASI improvement reported at Week 16 on placebo [2.] Non-responders = patients who failed to respond to previous biologic therapy [3.] Loss of response = patients who stopped responding to previous biologic therapy

Key demographics

	Camoteskimab 300mg Q4W N=19	Camoteskimab 300mg Single N=22	Placebo N=22	Overall N=63
Age, mean (SD)	48.1 (11.1)	44.5 (13.1)	47.8 (13.9)	46.7 (12.8)
Sex, n (%)				
Female	10 (52.6)	11 (50.0)	12 (54.5)	33 (52.4)
Race, n (%)				
White	7 (36.8)	9 (40.9)	14 (63.6)	30 (47.6)
Black or African American	11 (57.9)	11 (50.0)	6 (27.3)	28 (44.4)
Other	1 (5.3)	2 (9.0)	2 (9.0)	5 (7.9)
Baseline EASI Score, mean (SD)	23.13 (10.4)	21.33 (8.9)	22.71 (8.8)	22.16 (9.6)
Baseline IGA Score, n (%)				
3	17 (89.5)	17 (77.3)	14 (63.6)	48 (76.2)
4	2 (10.5)	5 (22.7)	8 (36.4)	15 (23.8)
Baseline PP-NRS Score, mean	7.7	7.4	7.5	7.5
Prior Biologic or JAKi use				
Yes	3 (15.8)	3 (13.6)	4 (18.2)	10 (15.9)

Safety

	Camoteskimab Q4W N=18 n (%)	Camoteskimab Single Dose N=22 n (%)	Pooled Camoteskimab N=59[1] n(%)	Placebo N=22 n (%)
Participants with ≥ 1 TEAE	12 (66.7)	14 (63.6)	34 (54.2)	13 (59.1)
Participants with ≥ 1 Severe TEAE	1 (5.6)	1 (4.5)	3 (5.1)	0
Severe TRAE	0	0	0	0
Participants with ≥ 1 Serious TEAE	2 (11.1)[2]	0	4 (6.8)[2]	0
Serious TRAE	0	0	0	0
TRAE leading to discontinuation	0	0	0	0
TEAE leading to death	0	0	0	0

[1] Includes all randomized to camoteskimab and participants that crossed from placebo to camoteskimab
[2] SAEs all unrelated to camoteskimab: Worsening congestive heart failure; Nephrolithiasis; Pneumonia; COPD exacerbation/Sepsis
TEAE = Treatment emergent adverse event; n = Number of participants; TRAE = Treatment related adverse events

- Camoteskimab safe and well tolerated
- No treatment related SAEs
- No TRAEs led to discontinuation
- No late onset toxicities
- No evidence of increased risk of infection
- No reports of conjunctivitis, mouth ulcers or isolated fevers

Summary

Camoteskimab is an anti-IL-18 antibody targeting multiple inflammatory pathways beyond Th2.

This Ph2a study in AD demonstrated:

- **Excellent efficacy up to Q16W dosing frequency**
- **Profile consistent with disease-modifying activity**
- **Robust efficacy in Th2 inadequate responders**
- **Indication leading safety profile**

A Ph2b dose-ranging study with s.c. camoteskimab is ongoing

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