Evaluate Vantage

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Ash 2020 – Kura looks to take on Syndax

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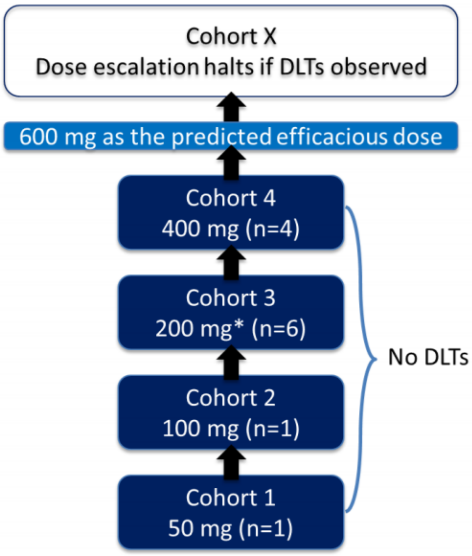
With its lead project tipifarnib looking pretty elderly, Kura Oncology will have been relieved with data presented at Ash on Saturday suggesting that its oral menin inhibitor KO-539 has potential in acute myeloid leukaemia. The phase I Komet-001 study enrolled 12 patients with advanced AML who had received a median three prior therapies. The Ash dataset covered eight of these patients, two of whom had complete response. These occurred in NPM1-mutant patients, suggesting this as another biomarker-based treatment in AML; a third NPM1 mutant was not evaluable for efficacy at the data cut. Kura expects to find a phase II dose in the first quarter of 2021, at which point it will expand into cohorts in NPM1-mutant patients and those with KMT2A/MLL rearrangements, the populations in which Kura believes KO-539 could show "pronounced clinical benefit". NPM1 mutations occur in around 30% of people with AML. The only other menin inhibitor in clinical development is Syndax Pharmaceuticals' SNDX-5613: this has higher consensus sales forecasts than KO-539, but given the Ash data this situation might change. As for Kura itself, its stock was up 5% this morning.

KO-539 Demonstrates Encouraging Early Clinical Activity



Clinical activities observed in 6 patients (efficacy evaluable = 8)

Dose	Mutational Profile	CYP3A4 inhibitor	# of prior regimens	Clinical Activity
400 mg	RUNX1, SRSF2, ASXL1, TET2, STAG2, BCOR, PTPN11	Yes	3	Decreased peripheral blasts
200 mg	U2AF1, TET2, p53, DNMT3A, PTPN11	No	4	Stable disease
	NPM1, FLT3-ITD, TET2, CUX1	Yes	4	Morphological leukemia-free state
	NPM1, DNMT3A, KMT2D	Yes	7	CR, MRD-
100 mg	SETD2, RUNX1	Yes	2	CR, MRD+
50 mg	KMT2A-r	Yes	2	Decreasing hydrea requirement

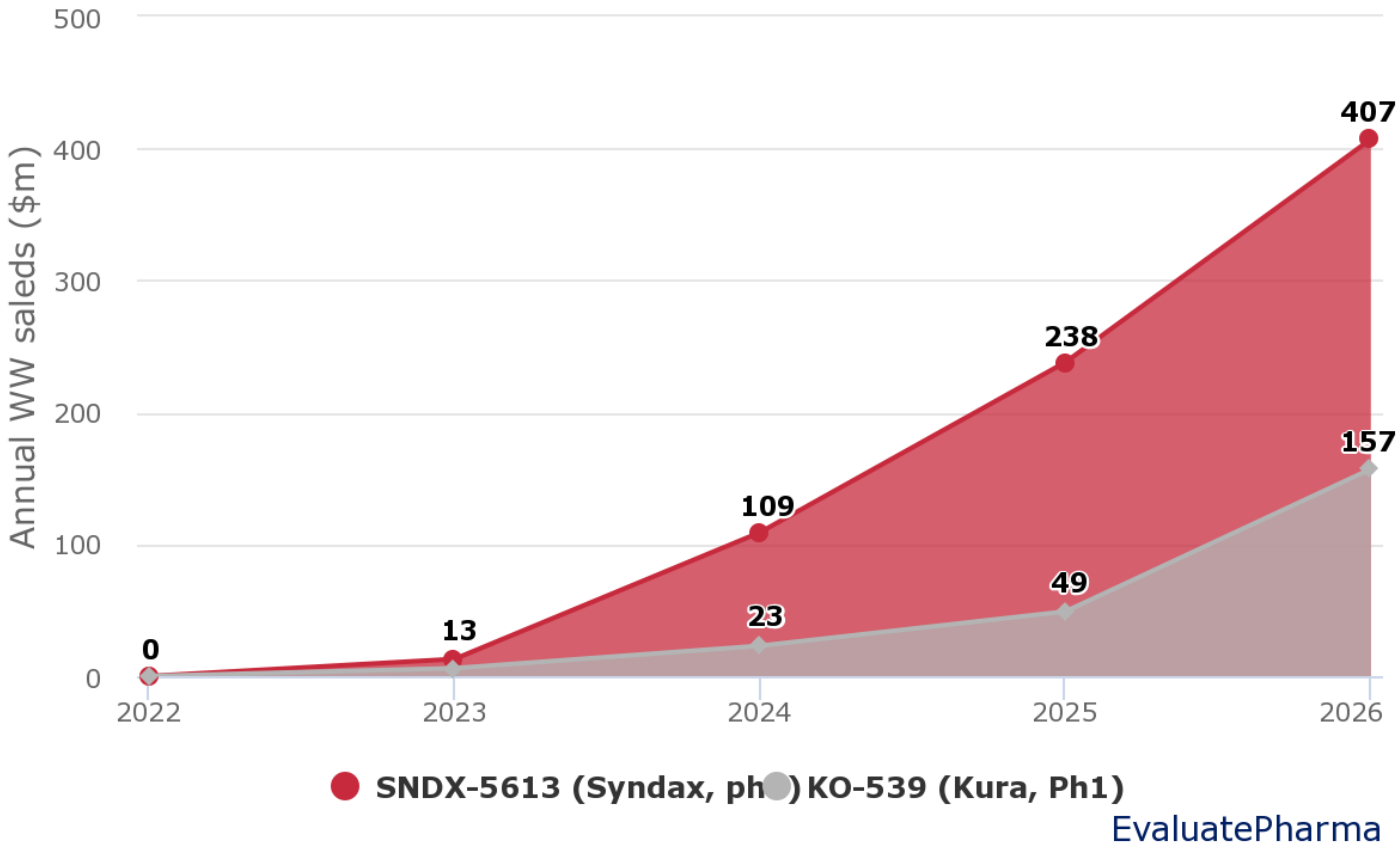
*Expanded to characterize PK

Data as of 02 November 2020

American Society of Hematology

MRD = measurable residual disease. Source: Dr Eunice Wang & Ash.

Battle of the menin inhibitors



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