Clinically Relevant Reductions in FeNO Reported After 10-day Treatment With KN-002 in Subjects With Mild Asthma

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Introduction

- The JAK-STAT pathway mediates activity of multiple pro-inflammatory cells, cytokines and chemokines implicated in the pathogenesis of non-eosinophilic and eosinophilic severe asthma.
- KN-002 is a potent and balanced pan-JAK inhibitor¹, formulated as a dry powder for delivery via inhalation.
- Delivery of KN-002 results in high lung bioavailability, low plasma exposure, inhibition of Th1/2/17 pro-inflammatory mediators, attenuation of STAT phosphorylation levels and suppression of house dust mite induced airway hyper-responsiveness^{2,3}.

Study Objectives

Primary

• Assess the **SAFETY AND TOLERABILITY** of multiple ascending doses of **INHALED** KN-002 in subjects with stable mild asthma

Secondary

- Changes in **FeNO** from Day 1 pre-dose to Day 10 and % subjects with Day 10 FeNO levels <25 ppb
- Characterisation of **PLASMA** pharmacokinetics (PK) via C_{max} , T_{max} , $T_{1/2}$, area under the curve and accumulation ratio for C_{max} and area under the curve

Study Methods

Study Design

- Part 2 of a 4-part Phase 1b, randomized, double-blinded, placebo-controlled study (NCT05006521)
- Subjects in clinic for 12 days; follow-up at Day 17
- 10-DAY TREATMENT PERIOD

Doses/regimen (6 active:2 placebo)

• 0.6 mg QD, 2 mg QD, 4 mg BID and 8 mg BID

Subjects

- Aged 18-65 years with physician diagnosis of asthma
- NAÏVE TO ICS THERAPY WITH FeNO ≥30 PPB
- Body mass index \geq 18 and \leq 35 kg/m²
- Pre-bronchodilator $FEV_1 \ge 70\%$ predicted

Study Results

Table 1: Study Demographics

Raceline narameter (mean)	Overall (ITT) Population		
Dasenne parameter (mean)	Active (n=24)	Placebo (n=8)	
Age (years)	35.5	47.5	
Gender (% male/female)	83/17	88/13	
BMI (kg/m ²)	26	27	
FeNO (ppb)	74.5	48.2	
Pre-dose FEV ₁ (% pred)	85	80	
Blood eosinophil count (10 ⁶ /L)	323	229	

Safety

- No deaths, serious or severe adverse events (AE), dose changes or withdrawals
- ALL AES MILD OR MODERATE AND UNRELATED TO TREATMENT.
- No treatment related or clinically important hematologic or chemistry findings.

Pharmacokinetics

- Dose proportional PK profile (AUC and C____)
- MAXIMUM UNBOUND KN-002 PLASMA CONCENTRATIONS BELOW PHARMACOLOGICALLY ACTIVE LEVELS¹
- Steady state PK achieved by Day 3
- Minimal accumulation in plasma after 10-day repeat dose period (C_{max} ratio 1.1 to $1.9, AUC_{TAU}$ ratio 1.2 to 1.8)
- Main metabolite at 1% of parent in plasma

Table 2: Mean KN-002 Plasma PK Parameters at Day 10

Parameter	0.6 mg QD (n=6)	2 mg QD (n=6)	4 mg BID (n=6)	8 mg BID (n=6)
C _{max} (ng/ml)	2.0	6.5	31.5	60.4
AUC ₀₋₁₂ (ng.h/ml)	16.1	55.2	236.8	458.2
T _{max} (hours)	2	3	2	2
T _{1/2} (hours)	9.2	8.4	14.1	20.6

Pharmacodynamics

- BID (-24.1% [95% Cl, -50.1, +1.9]) REGIMENS
- Clinically relevant placebo-corrected reductions achieved as quickly as Day 1
- FeNO values revert to near Day 1 pre-dose levels after a 7-day no treatment period

Table 3: Table 3: KN-002 responder analysis at Day 10 Figure 1: FeNO change from Day 1 pre-dose to Day 17



Conclusions

- No safety concerns post 10-day administration of daily doses ≤16 mg

References: ¹ Wiegman C. ERJ 2015; 46: PA2130; ² Wiegman C. AJRCCM 2015; 191:A6435; ³ Wiegman C. J Aerosol Med Pulm Drug Del 2015: 28(3):A23-A23. **Disclosures:** This study is funded by Kinaset Therapeutics Inc. Dave Singh has received consultancy fees from Aerogen, AstraZeneca, Boehringer Ingelheim, Chiesi, Cipla, CSL Behring, EpiEndo, Genentech, GlaxoSmithKline, Glenmark, Gossamer Bio, Kinaset Therapeutics, Menarini, Novartis, Orion, Pulmatritx, Sanofi, Teva, Theravance Biopharma, and Verona Pharma. Gary Burgess has received consultancy fees from Kinaset. Julie Young, Chris O'Brien, and Frazer Morgan are employed by Kinaset.



• CLINICALLY RELEVANT (>20%) LS MEAN PLACEBO-CORRECTED FeNO REDUCTIONS, FROM DAY 1 PRE-DOSE TO DAY 10 MEAN, ACHIEVED WITH 2 mg QD (-27.9% [95% Cl,-56.6, +0.8]), 4 mg BID (-28.4% [95% Cl, -55.3,-1.5]) AND 8 mg

0.6 mg QD established as minimally active dose (LS mean placebo corrected reduction -7.4% [95% CI, -33.5,+18.7])

• FeNO reduction continues to at least Day 10 and is maintained post 2-day no treatment period

• 67% OF SUBJECTS RANDOMISED TO 4 mg BID ACHIEVE NORMAL FENO VALUES (<25 PPB) AT DAY 10

• Maximal PD effect achieved with 4 mg BID regimen; no additional benefit with 8 mg BID regimen

	Dose/regimen	% subjects with FeNO <25 ppb on Day 10
	Pooled placebo (n=8)	13
	0.6 mg QD (n=6)	17
	2.0 mg QD (n=6)	17
	4.0 mg BID (n=6)	67
+12 hours +6 hours +3 hours Pre-dose +12 hours	8.0 mg BID (n=6)	50
9 Day 10 Day Day Day 11 12 17		

• Unbound plasma levels below pharmacologically active concentrations • Clinically relevant FeNO reductions achieved with ONCE- AND TWICE DAILY REGIMENS • Maximal FeNO response with 4 mg BID regimen delivered via a SINGLE capsule • Outcomes support evaluation of 4 mg BID in subjects with moderate/severe asthma and COPD