Innovative Treatment - What's on the Horizon

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Disclosure Information

- **Grant or research support (to my institution) from *BMS, Novartis, Pfizer, Sun Pharma, Takeda***
- **Paid Consultant for *Novartis, Pfizer, Sun Pharma, Takeda***

CML: The Current Status

- Six TKI approved
- High rates of response
- Low rates of transformation
- Near-normal life expectancy
- TFR: a reality in standard practice

However…

- ~40% change therapy by 5 yrs
- ~60% achieve MR4.5 by 10 yrs
- ~50% have sustained MR4.5 by 10 yrs
- ~50% resume therapy after TFR
- CCyR with 2GTKI ~40% after imatinib resistance
- 2nd line TKI discontinuation ~50-80% by 2 yrs
- 3rd line TKI *BCR::ABL1* <1% ~45%
- 3rd line TKI discontinuation ~40-50% by 2 yrs
- Arterio-occlusive events with most TKI

Treatment Discontinuation by TKI

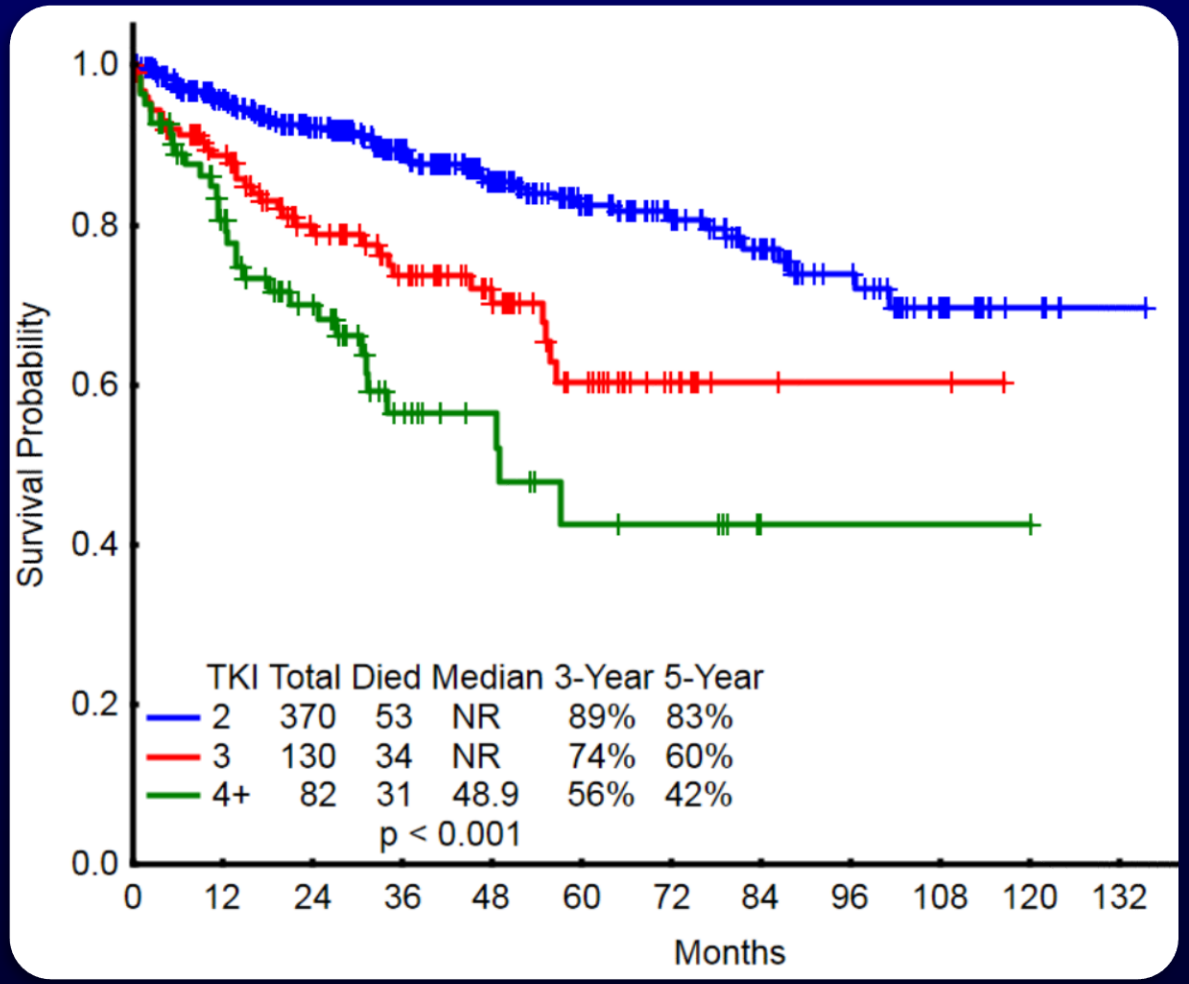
	DASISION		ENESTnd		BFORE	
	Dasatinib	Imatinib	Nilotinib	Imatinib	Bosutinib	Imatinib
2 yrs	23	25	26	33	29	31
Efficacy	9	11	9	17	5	15
Safety	9	5	9	10	19	11
5 yrs	39	37	39	50	40	42
Efficacy	11	14	13	25	6	18
Safety	21	9	12	14	25	13
10 yrs	-	-	53[a]	48[b]	-	-
Efficacy	-	-	5[a]	6[b]	-	-
Safety	-	-	22	35	-	-

[a] 62% including those who switched to imatinib or increased to nilotinib 400 mg BID (14% for efficacy)
[b] 65% including those who switched to niltionib or increased imatinib dose (24% for efficacy)

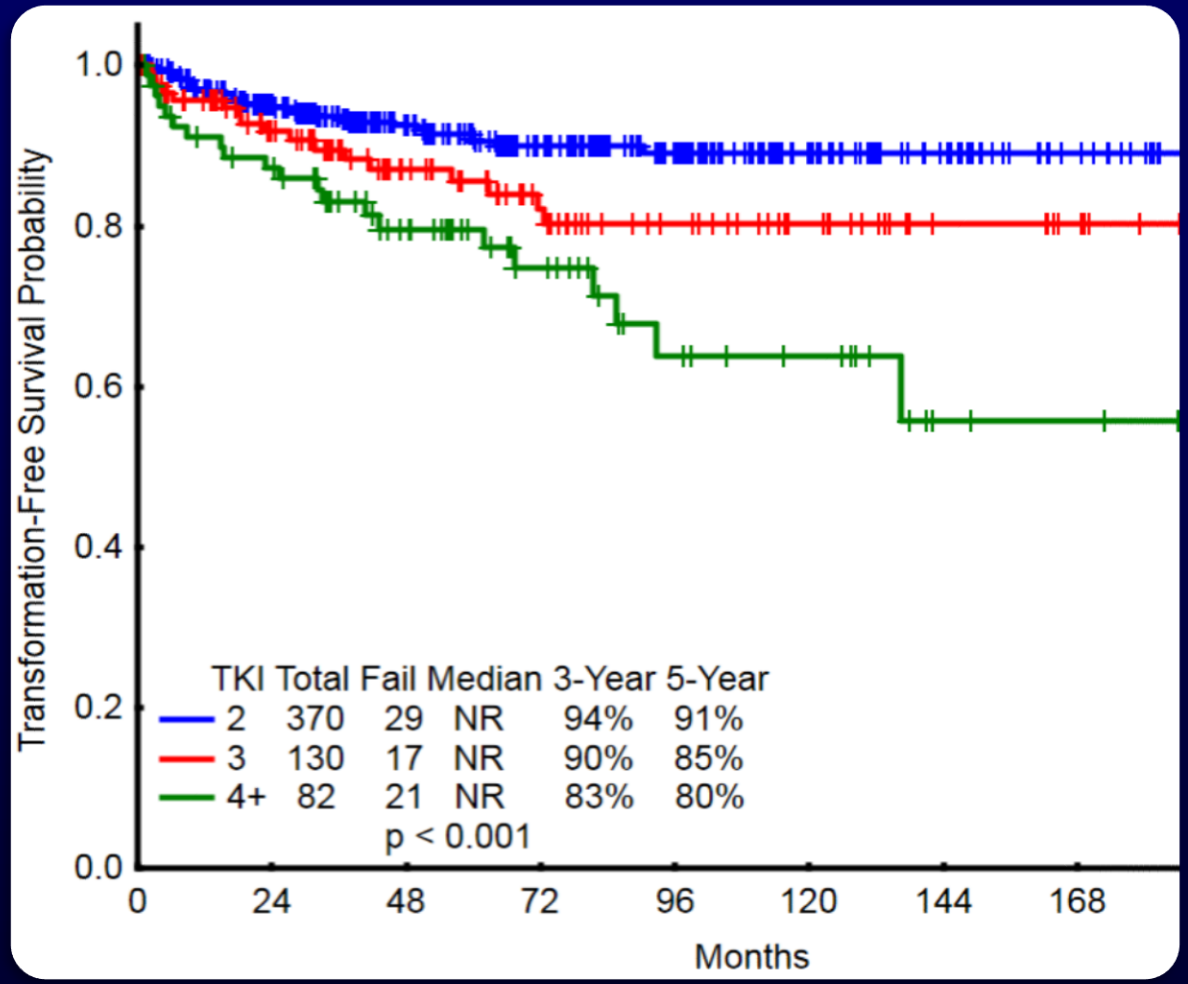
Cortes et al. JCO 2016; 34: 2333-40; Hochhaus et al. Leukemia 2016; 30: 1044-54; Kantarjian et al. Blood 2012; 119: 1123-9;
Kantarjian et al. Lancet Oncology 2011; 12: 841-51; Cortes et al. J Clin Oncol 36, 2018 (suppl; abstr 7002); Brümmendorf et al. ASH 2020; abstract #46

Long-Term Outcome After Multiple TKI

Overall Survival



Transformation-Free Survival



Akosile et al. Blood 2015; 126: 1587

2G-TKI as 3rd-Line Treatment for CML-CP

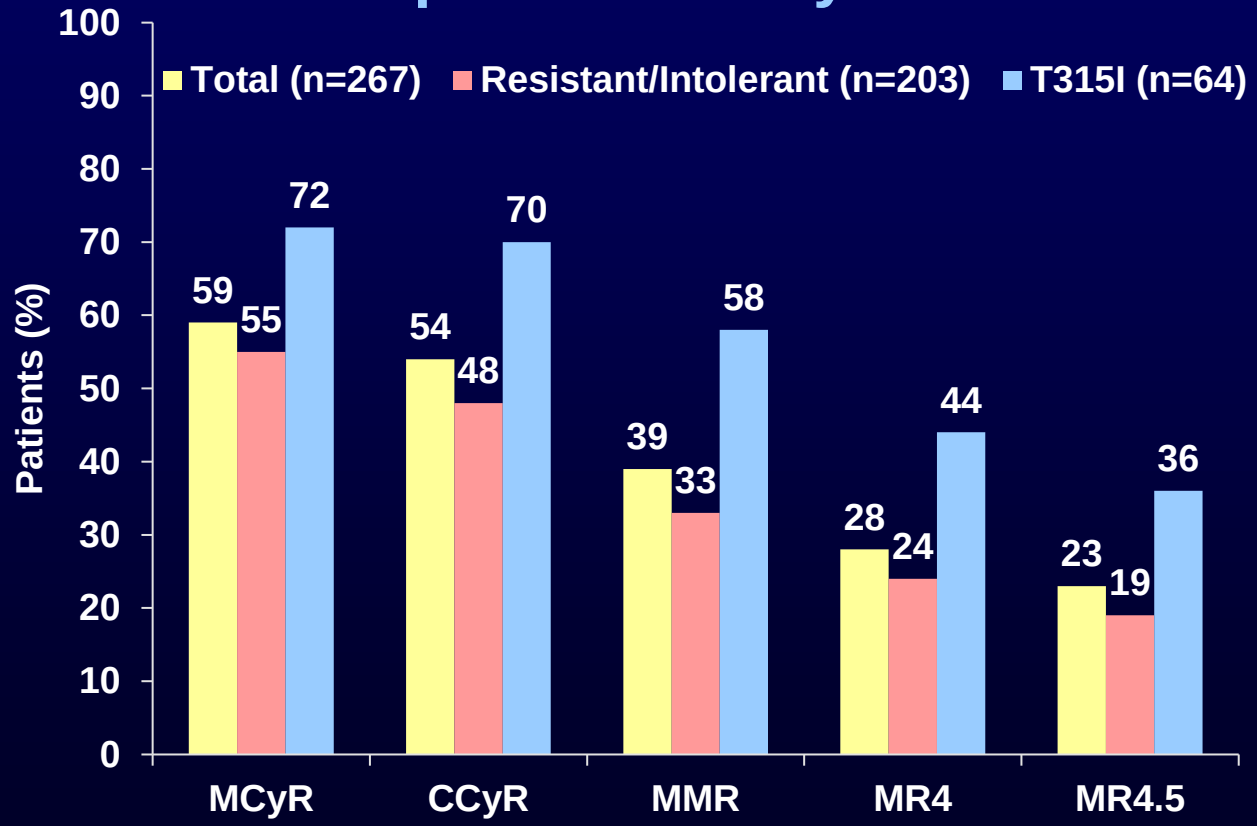
Study	TKI (n)	CCyR	MMR	EFS/PFS/TTF	OS
Garg 2009	Das (16)	31	12	Median FFS 20 m	Median 20
	Nil (9)	11	33		
Ribeiro 2015	Das (5), Nil (13)	13	24	5-y EFS 22% 5-y PFS 54%	5-y 86%
Lomaia 2015	Das (30), Nil (18), Bos (5)	21	NA	NA	2-y 67%
Giles 2010	Nil (39)	24	NA	Median TTF 19.5 m 18-m PFS 59%	18-m 86%
Cortes 2011	Any (29)	24	NA	NA	NA
Ibrahim 2010	Das or Nil (26)	35	19	30-m EFS 46%	30-m OS 47%
Cortes 2016	Bos (119)	28	15	4-y progression or death 24%	4-y OS 78%
Hochhaus 2019	Bos (61)	84	64	NA	NA

Modified from Hochhaus et al. Leukemia 2020; 34: 1495-1502

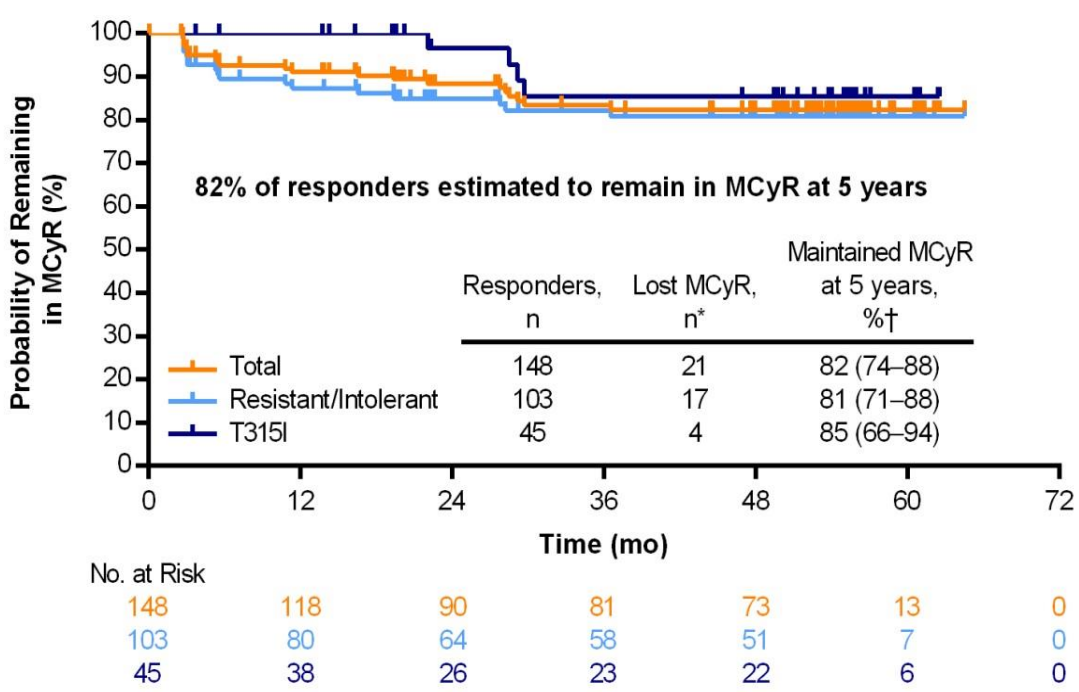
Efficacy of Ponatinib in CP-CML

- Median times to MCyR 2.8 (1.6–24.5) mo, CCyR 2.8 (1.6–35.7) mo, and MMR 5.5 (1.8–32.9) mo
- AOEs 31% (CV 16%, CVE 13%, PV 14%)

Responses at Any Time

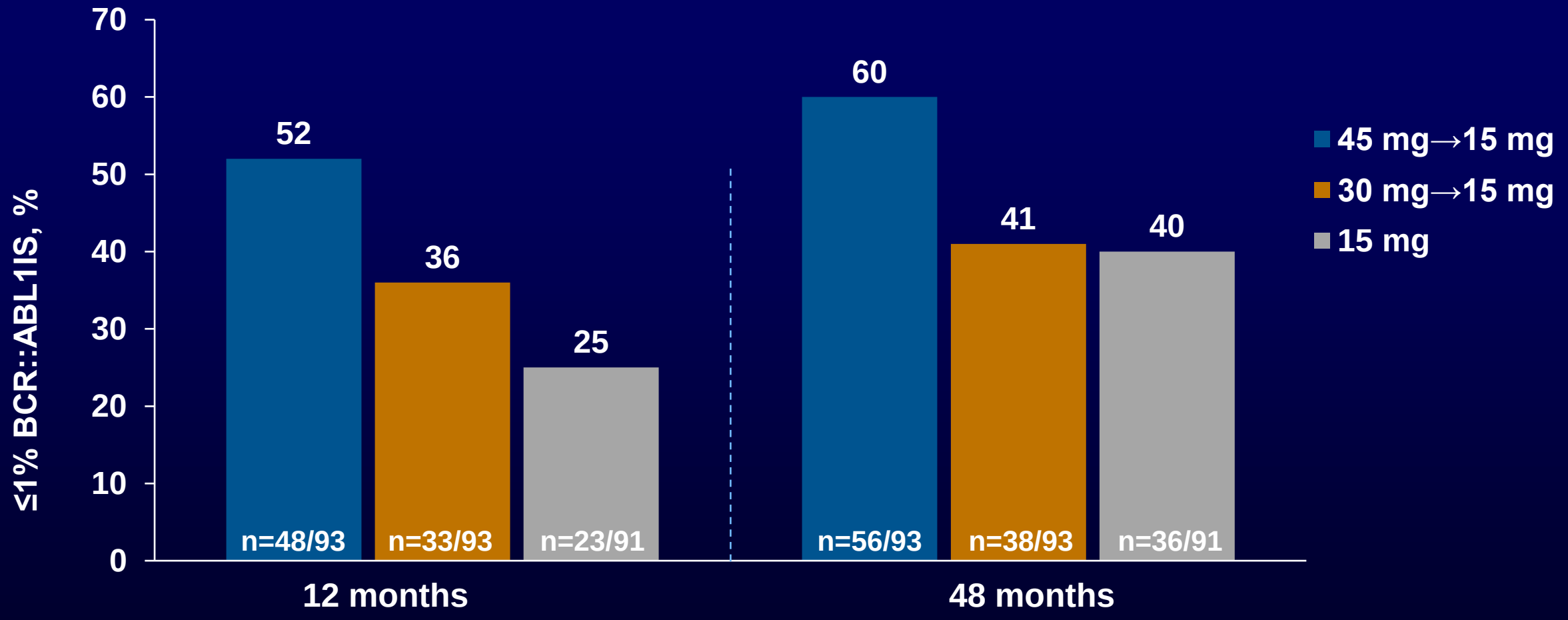


Duration of MCyR



Cortes et al. Blood 2018; 132: 393-404

OPTIC: ≤1% *BCR::ABL1*^{IS} Response Rate by 12 and 48 Months



[a]Number of subjects with ≤1% *BCR::ABL1*^{IS} is counted on cumulative basis by each time point, and a subject with response is counted only once. Percentages are based on a number of subjects in each cohort as denominator. [b]Analysis conducted in the intent-to-treat population.

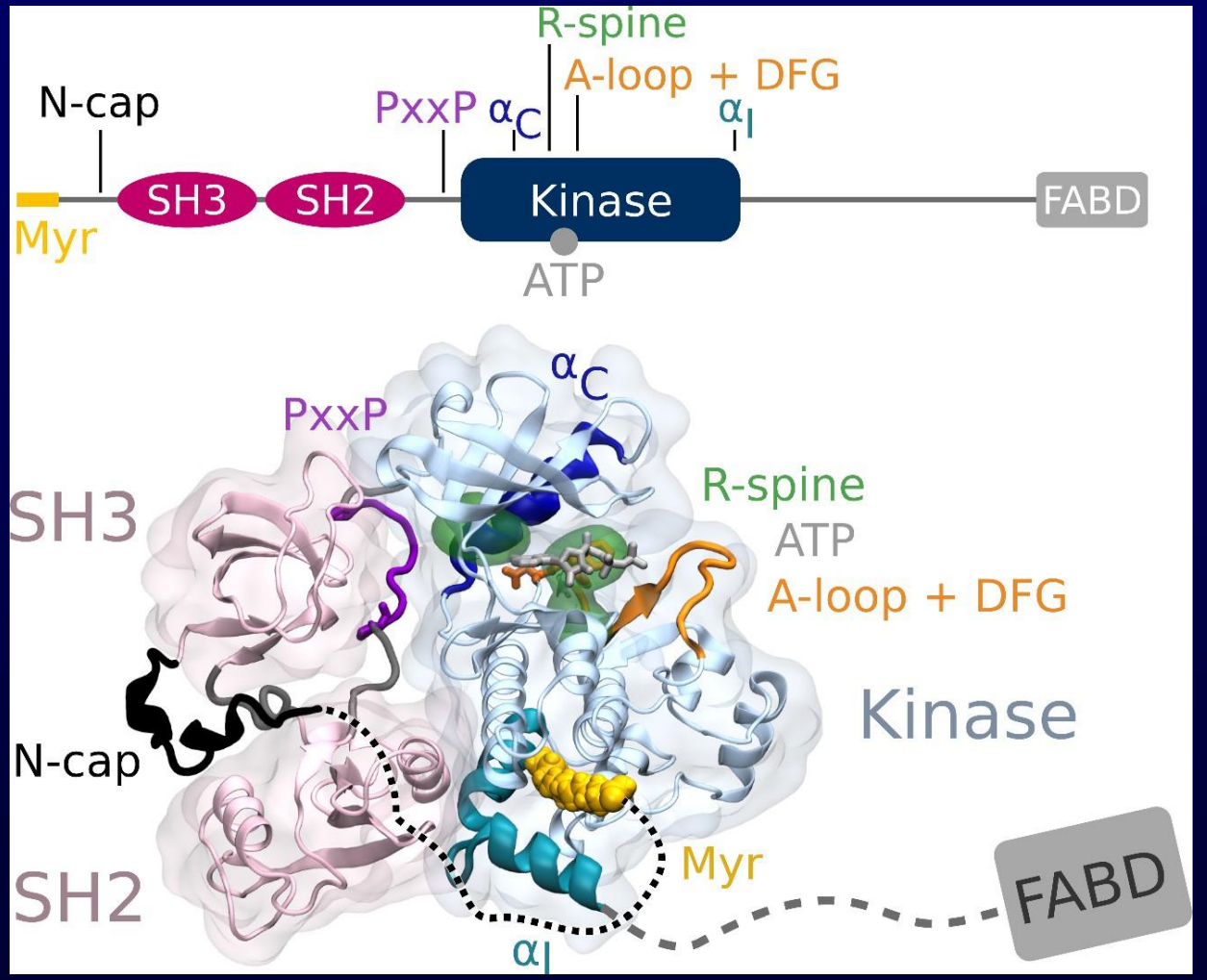
Cortes et al. ASH 2023; abstract #3164

OPTIC: TE-Arterio-Occlusive Events

Characteristic	45 mg→ 15 mg (N=94)	30 mg→ 15 mg (N=94)	15 mg (N=94)
TE-AOEs, n (%)			
Any TE-AOE	11 (12)	8 (9)	4 (4)
Grade 3–4 TE-AOEs	6 (6)	7 (7)	4 (4)
Grade 5 TE-AOEs	0	0	0
Dose modifications for TE-AOE, n (%)			
Discontinuation	5 (5)	4 (4)	1 (1)
Reduction	0	2 (2)	0
Interruption	3 (3)	5 (5)	2 (2)
Exposure-adjusted AOEs, pts with events/100 person-years (95% CI)	3.87 (1.45–6.30)	3.66 (1.11–6.20)	1.73 (0.02–3.44)

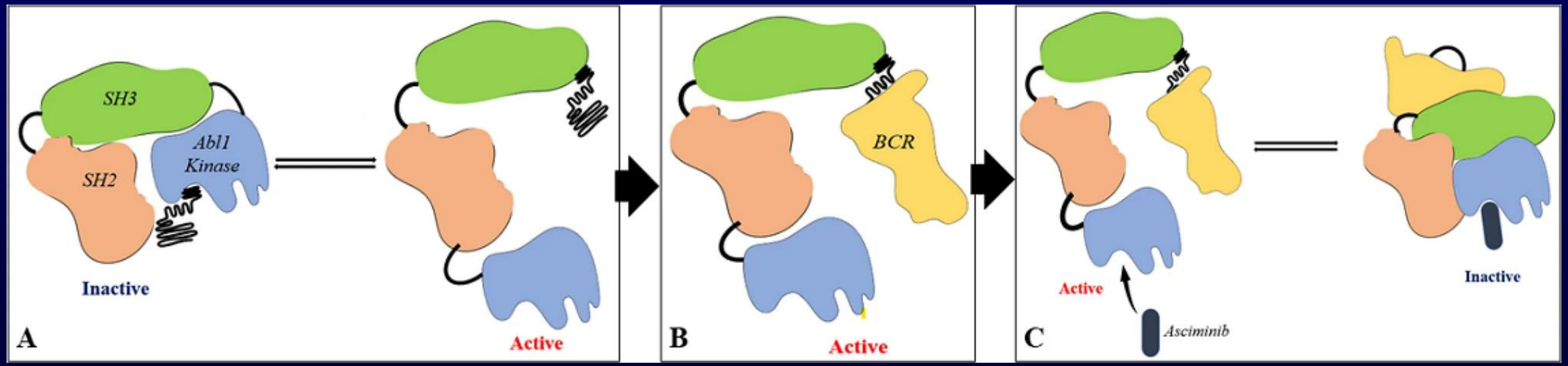
Cortes et al. ASH 2023; abstract #3164

Abl Structure in the Assembled State



De Bur & Grater. eLife 2023; 12: e85216

Mechanism of Action of Asciminib



Kumar et al. Mol Cell Biochem 2022; 477: 1261-79

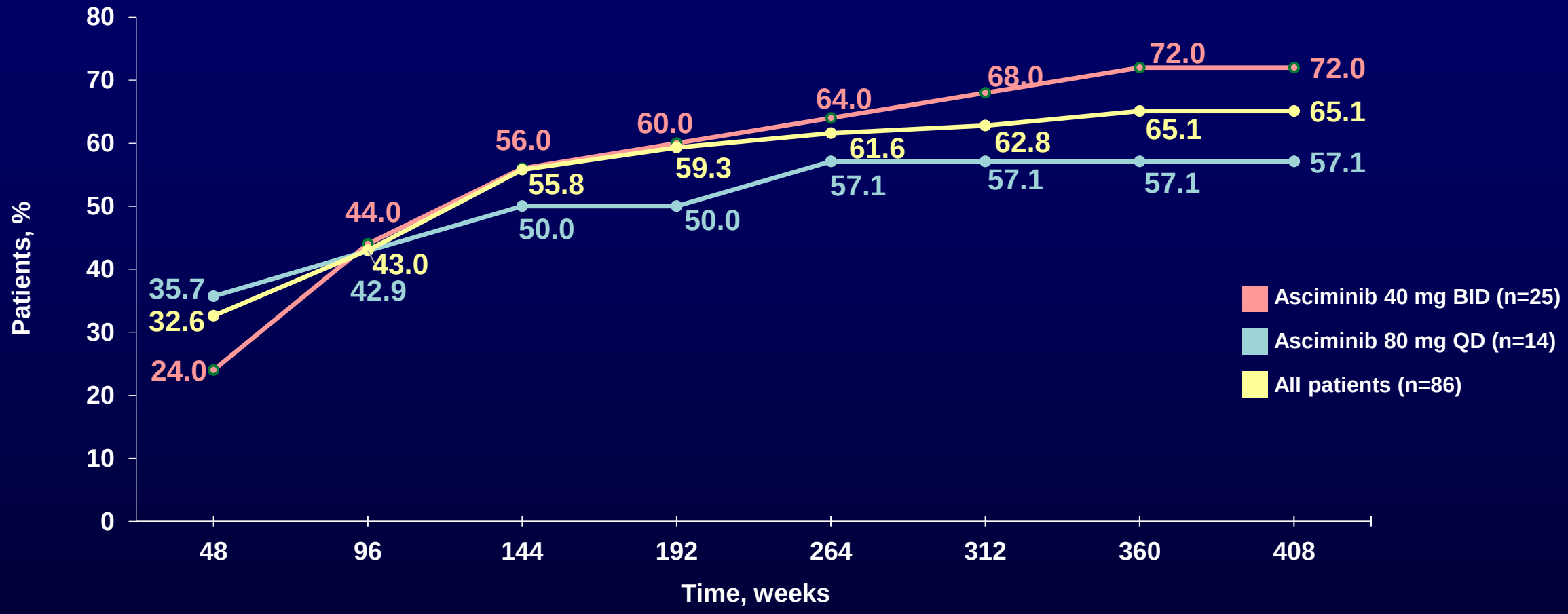
Phase 1 Asciminib – Response in R/R CML-CP

MMR — n/N‡ (%)	Non-T315I			T315		
	Overall	Achieve	Maintain	Overall	Achieve	Maintain
	(N = 113)†			(N = 28)†		
≤2 prior TKIs	N = 34			N = 12		
By 6 months	13/25 (52)	5/15 (33)	8/10 (80)	4/10 (40)	3/9 (33)	1/1 (100)
By 12 months	15/25 (60)	7/15 (47)	8/10 (80)	4/9 (44)	3/8 (38)	1/1 (100)
>2 prior TKIs	N = 79			N = 16		
By 6 months	24/74 (32)	14/64 (22)	10/10 100)	1/10 (10)	1/10 (10)	0
By 12 months	29/66 (44)	19/56 (34)	10/10 (100)	1/9 (11)	1/9 (11)	0
Resistant and/or intolerant of ponatinib	N = 18			N = 11		
By 6 months	7/17 (41)	3/13 (23)	4/4 (100)	1/7 (14)	1/7 (14)	0/0
By 12 months	8/14 (57)	4/10 (40)	4/4 (100)	1/6 (17)	1/6 (17)	0/0

- 91 evaluable pts at 12 mo: 30/40 (75%) with baseline BCR-ABL1^{IS} ≤1% achieved MMR by 12 mo vs 14/51 (27%) with BCR-ABL1^{IS} >1%.

Hughes T, Mauro M, Cortes J, et al. NEJM 2019; 381: 2315-26

Asciminib Phase 1 X2101: Cumulative MMR Rate in Patients not in MMR at Screening[a]

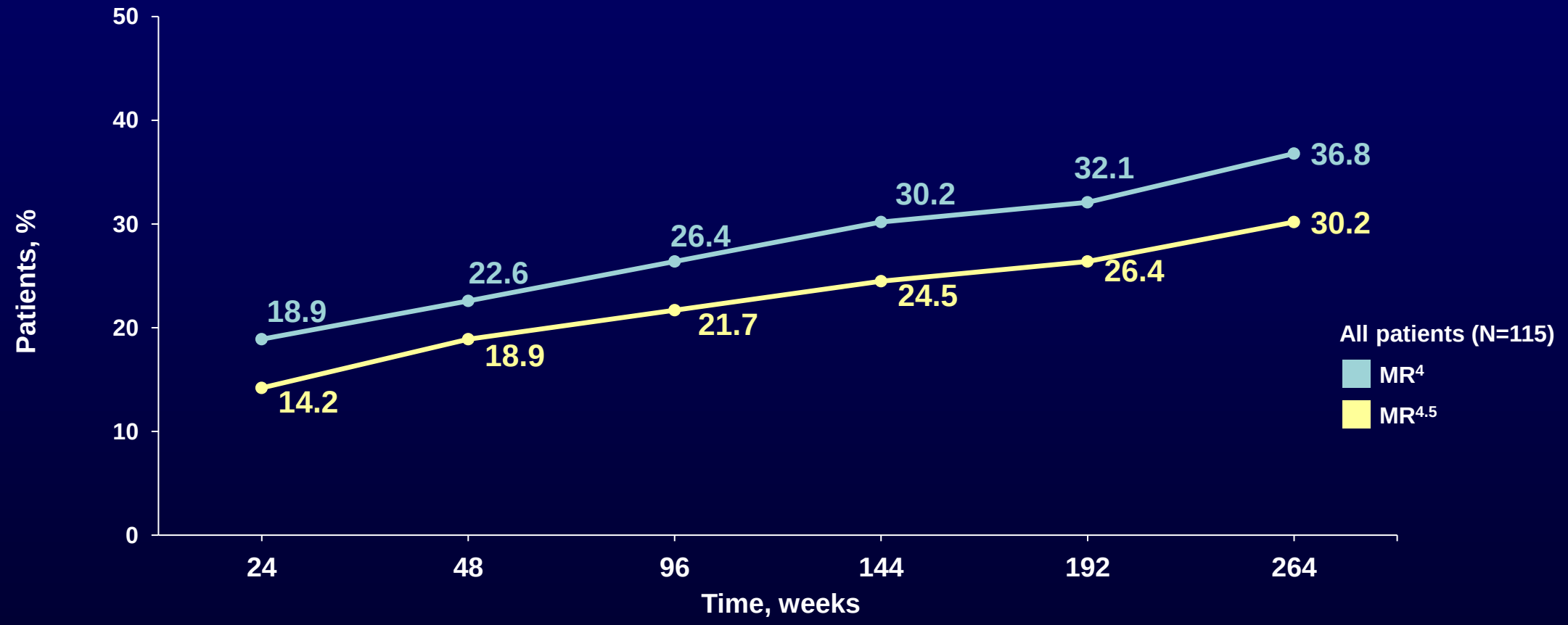


- MMR rate continued to increase over the treatment period, and new patients still achieved their first MMRs up to year 7 (median time to MMR [range]: 58.3 [2-360] weeks)
- With longer follow-up, 50 of 56 patients who achieved MMR maintained or achieved deeper responses by the cutoff date

[a] Excludes patients with atypical or unknown transcripts (n=9) and patients in MMR (n=20) at screening.

Hochhaus et al. ASH 2023; abstract #450

Asciminib Phase 1 X2101: Cumulative Rates of Deep Molecular Responses



Hochhaus et al. ASH 2023; abstract #450

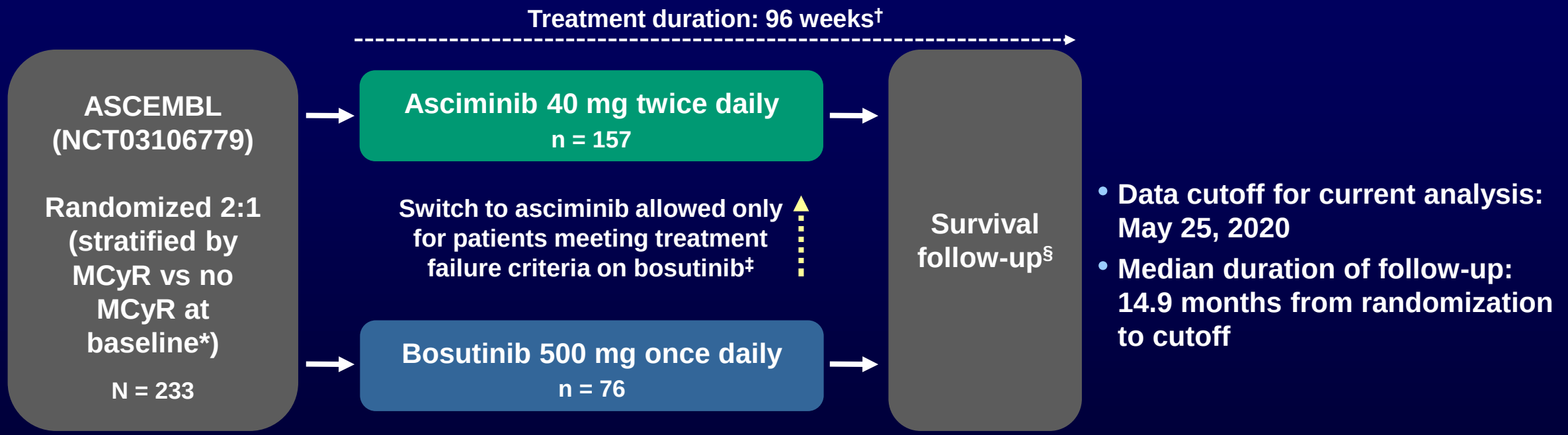
TEAE with Asciminib in Phase 1/2 Study
(≥15% any grade or ≥5% Grade 3-4)

Adverse Event	All Grades, %	Grade 3/4, %
Fatigue	29.3	1.3
Headache	28	0.7
Lipase increased	26.7	10
Arthralgias	24	1.3
Nausea	24	0.7
Diarrhea	23.3	0
Rash	23.3	0
Thrombocytopenia	22	9.3
Vomiting	20.7	2.7
Hypertension	19.3	9.3
Upper respiratory tract infection	18	0
Abdominal pain	16.7	0
Pain in arm or leg	16	0
Pruritus	16	0.7
Back pain	15.3	1.3
Anemia	11.3	7.3
Neutropenia	10.7	7.3

Hughes T, Mauro M, Cortes J, et al. NEJM 2019; 381: 2315-26

ASCEMBL
Study Design

- **Multicenter, open-label, phase 3, randomized study of asciminib vs bosutinib in patients with CML-CP, previously treated with ≥ 2 TKIs**



- **Data cutoff for current analysis: May 25, 2020**
- **Median duration of follow-up: 14.9 months from randomization to cutoff**

* At baseline, 68 (29.3%) patients were in MCyR: 46 (29.3%) patients in the asciminib arm and 22 (28.9%) in the bosutinib arm were in MCyR at baseline.

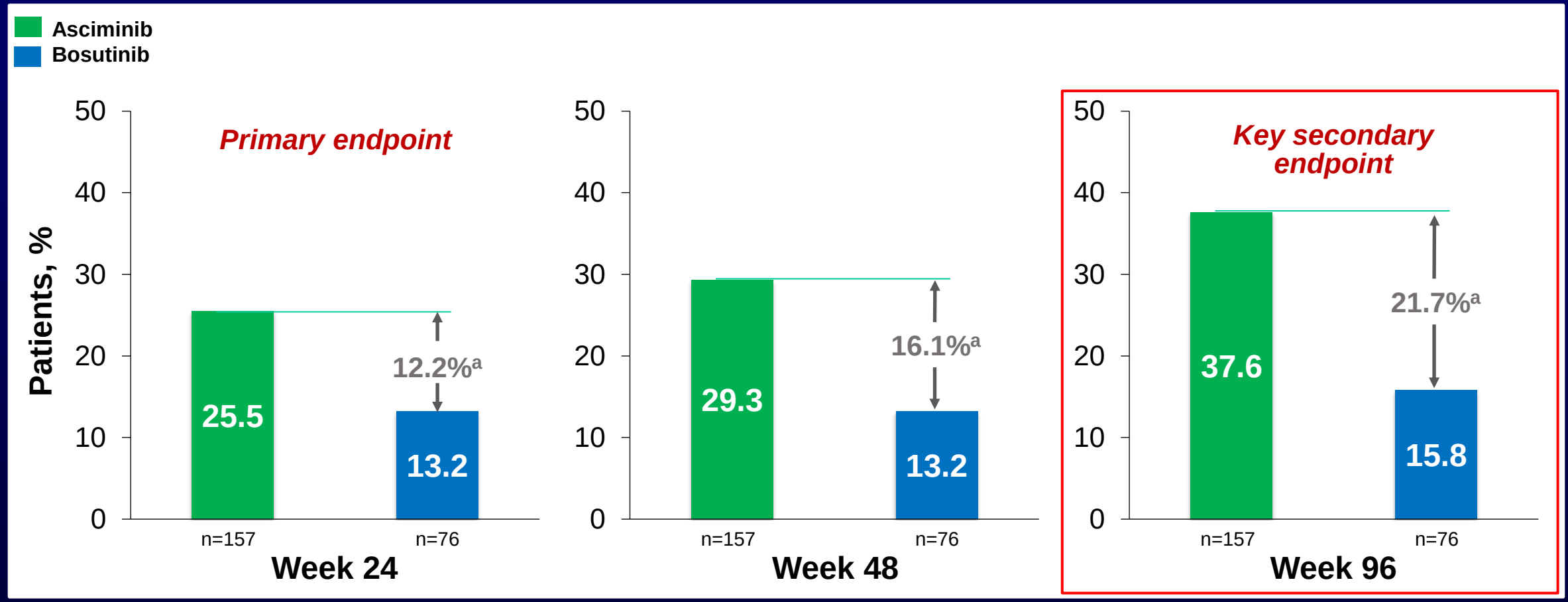
† Patients will continue to receive study treatment for up to 96 wks after the last patient's 1st dose or 48 wks after the last patient switches to asciminib, whichever is longer.

‡ Must meet the definition of treatment failure per the 2013 European LeukemiaNet recommendations.

§ Patients who discontinue study treatment at any time will be followed-up for survival and progression to AP/BC for up to 5 years after the last patient's first dose.

Rea D, et al. Blood 2021; 138: 2031-41

ASCEMBL - MMR Rates at Weeks 24, 48, and 96

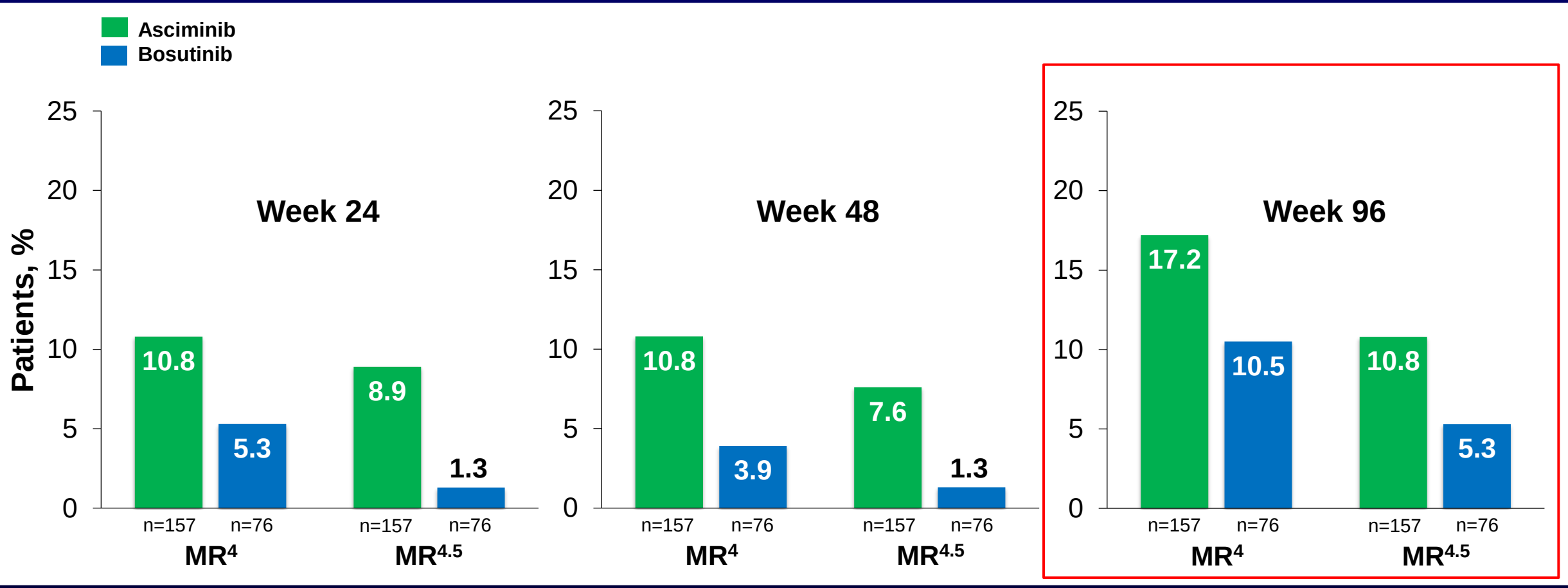


- **The MMR rate with asciminib increased consistently over time suggesting the long-term benefit of continuing treatment with asciminib**

[a] The treatment difference after adjusting for baseline MCyR status was 12.24% (95% CI: 2.19%, 22.30%; 2-sided *P*=0.029) at week 24, 16.09% (95% CI: 5.69%, 26.49%; 2-sided *P*=0.007) at week 48, and 21.74% (95% CI: 10.53%, 32.95%; 2-sided *P*=0.001) at week 96.

Adapted from: Hochhaus et al. EHA 2022 & Hochhaus et al. Leukemia 2023; 37(3): 617-626

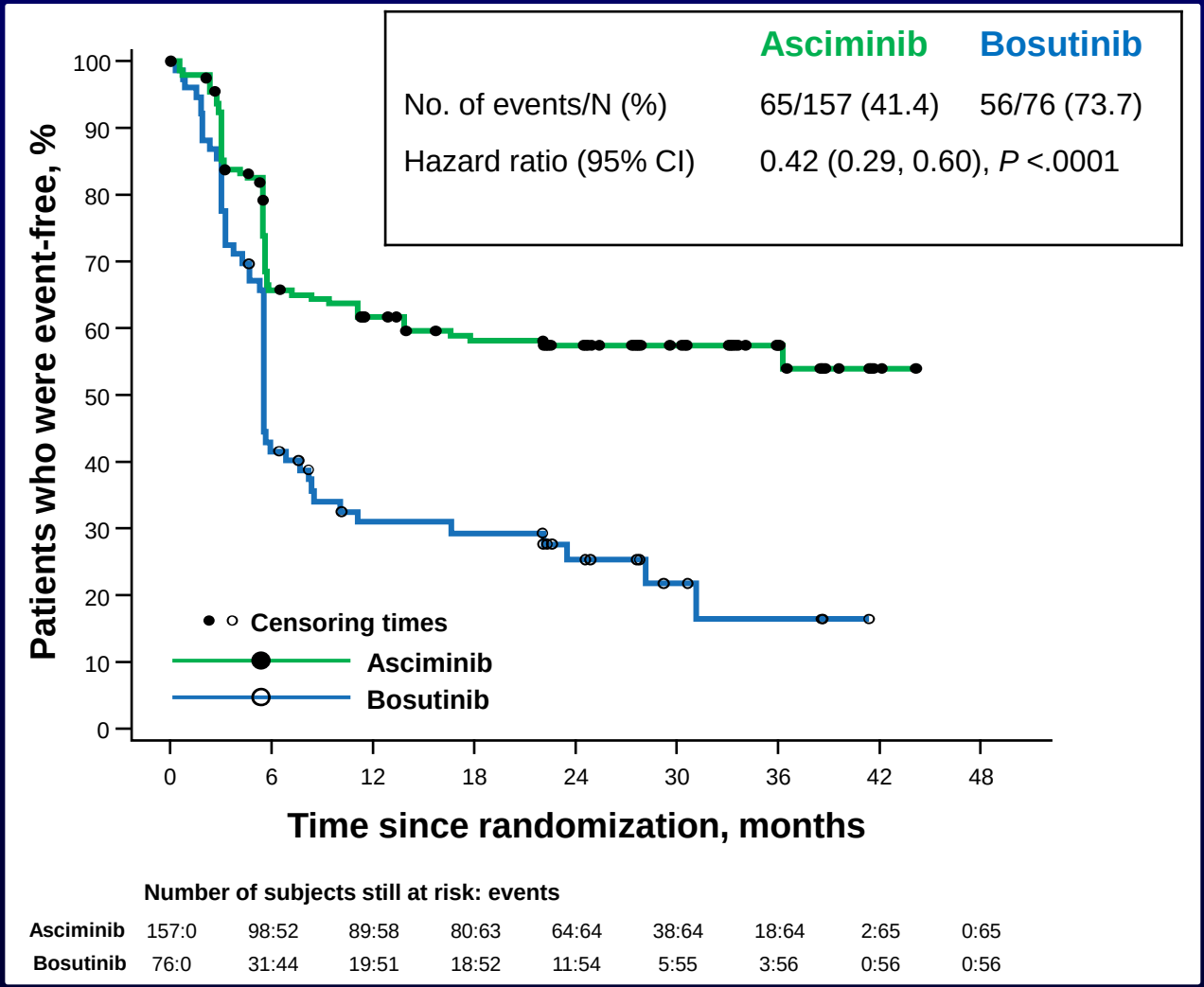
ASCEMBL - MR^4 and MR$^{4.5}$ Rates at Weeks 24, 48, and 96



- At week 96, deep molecular **response rates continued to be higher with asciminib** than with bosutinib, and most patients who achieved MR^4 with asciminib also achieved MR$^{4.5}$

Adapted from: Hochhaus et al. EHA 2022 & Hochhaus et al. Leukemia 2023; 37(3): 617-626

ASCEMBL - Event-Free Survival



- The proportion of patients who were event-free* by 2 years was: 57.4% (95% CI: 49.0%, 64.8%) with asciminib vs 25.2% (95% CI: 15.4%, 36.2%) with bosutinib
- Median time to event was not reached with asciminib and was 5.6 months with bosutinib

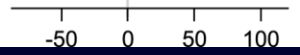
* EFS – lack of efficacy **(per 2013 ELN recommendations for 2L patients[5]), disease progression (CML-AP/BP, CML death) or discontinuation due to AEs**

Hochhaus et al. EHA 2022

ASCEMBL

Subgroup Analyses for MMR at 24 Weeks

Subgroup	Asciminib, n/N (%)	Bosutinib, n/N (%)	Risk difference, % (95% CI)
All patients	59/157 (37·6)	12/76 (15·8)	21·8 (10·6 to 33·0)
Strata based on randomization data			
Major cytogenetic response	25/46 (54·4)	3/22 (13·6)	40·7 (20·4 to 61·0)
No major cytogenetic response	34/111 (30·6)	9/54 (16·7)	14·0 (0·8 to 27·1)
Sex			
Female	30/75 (40·0)	3/45 (6·7)	33·3 (20·1 to 46·6)
Male	29/82 (35·4)	9/31 (29·0)	6·3 (−12·7 to 25·4)
Race			
Asian	8/22 (36·4)	2/11 (18·2)	18·2 (−12·2 to 48·6)
White	44/118 (37·3)	9/56 (16·1)	21·2 (8·2 to 34·2)
Others	7/17 (41·2)	1/9 (11·1)	30·1 (−1·1 to 61·2)
Age category			
18 to <65 years	48/128 (37·5)	7/61 (11·5)	26·0 (14·4 to 37·6)
≥65 years	11/29 (37·9)	5/15 (33·3)	4·6 (−25·1 to 34·3)
≥75 years	4/4 (100)	1/2 (50·0)	50·0 (−19·3 to 100·0)
Reason for discontinuation of the last prior TKI			
Lack of efficacy	29/95 (30·5)	4/54 (7·4)	23·1 (11·5 to 34·7)
Intolerance	30/59 (50·9)	8/22 (36·4)	14·5 (−9·3 to 38·3)
Number of prior TKI therapies			
2	38/89 (42·7)	9/33 (27·3)	15·4 (−2·9 to 33·8)
3	19/53 (35·9)	3/33 (9·1)	26·8 (10·5 to 43·0)
≥4	2/15 (13·3)	0/10 (0·0)	13·3 (−3·9 to 30·5)
Line of therapy of randomized treatment			
3	34/82 (41·5)	9/30 (30·0)	11·5 (−8·1 to 31·0)
4	16/44 (36·4)	3/29 (10·3)	26·0 (8·0 to 44·0)
≥5	9/31 (29·0)	0/17 (0·0)	29·0 (13·1 to 45·0)
BCR::ABL1* mutations at baseline			
Not detected	47/125 (37·6)	10/63 (15·9)	21·7 (9·3 to 34·1)
Detected	7/17 (41·2)	2/8 (25·0)	16·2 (−21·9 to 54·2)
***BCR::ABL1*^{IS} transcript level at baseline**			
≥1%	49/142 (34·5)	10/72 (13·9)	20·6 (9·4 to 31·8)
<1%	10/15 (66·7)	2/4 (50·0)	16·7 (−37·8 to 71·2)



Hochhaus et al. Leukemia 2023; 37(3): 617-626

Asciminib for T315I CML
Response

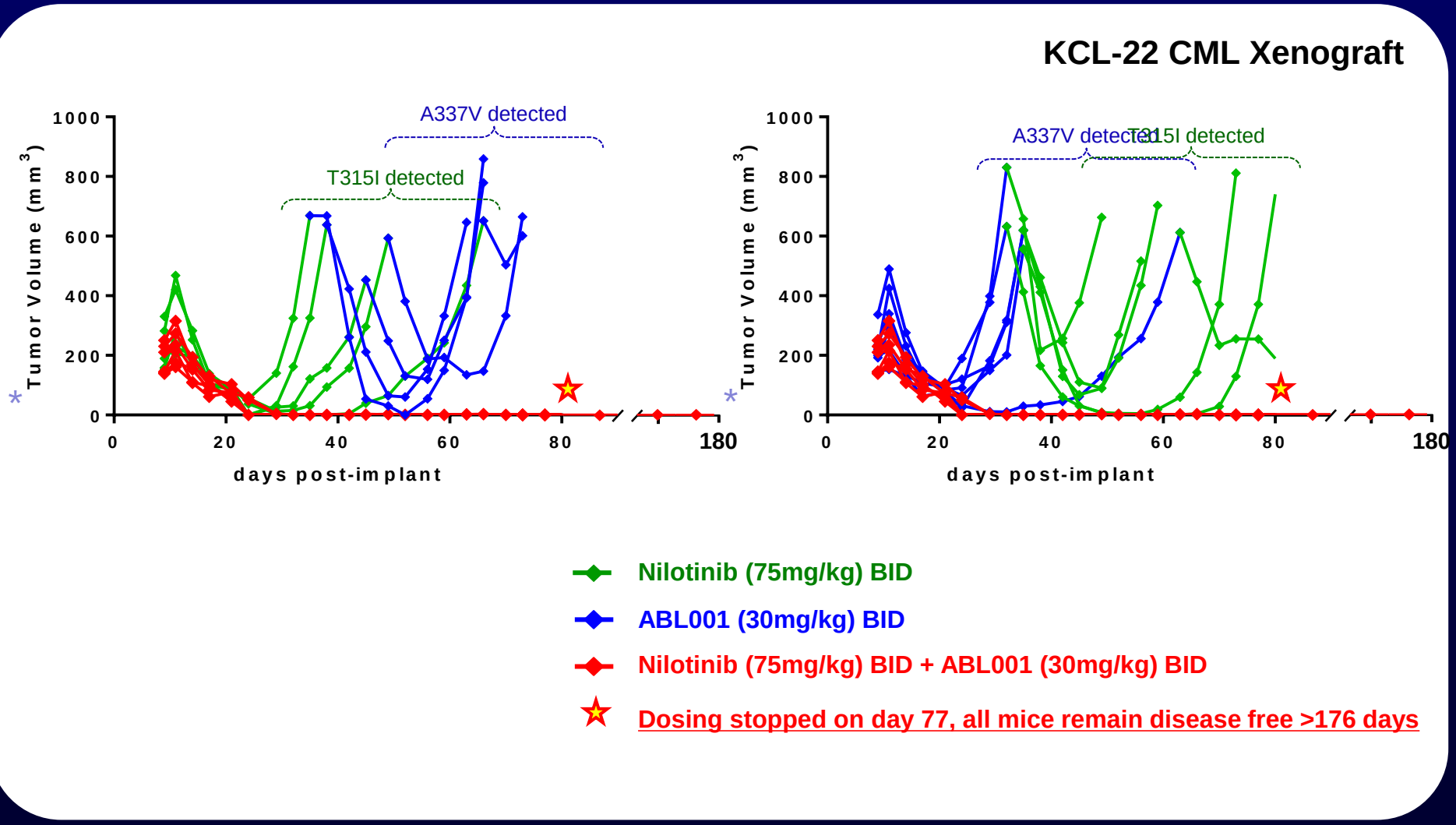
- Asciminib 200 mg twice daily

Patients, n (%)	MMR	MR4	MR4.5
All patients (n = 49)	23 (46.9)	13 (26.5)	10 (20.4)
Ponatinib naive (n = 21)	12 (57.8)	8 (38.1)	7 (33.3)
Ponatinib pretreated (n = 28)	8 (28.6)	5 (17.9)	3 (10.7)

- Median time to MMR: 12.1 weeks (range, 4 to 48 weeks)
  - K-M-estimated MMR duration at 144 wks: 87% (95CI: 68.4%, 100%)

Cortes JE, et al. *Blood.* 2020;136 (Suppl 1): Abstract 650.

Combination of ABL001 and Nilotinib Prevents the Emergence of Resistance



Each line represents individual animals

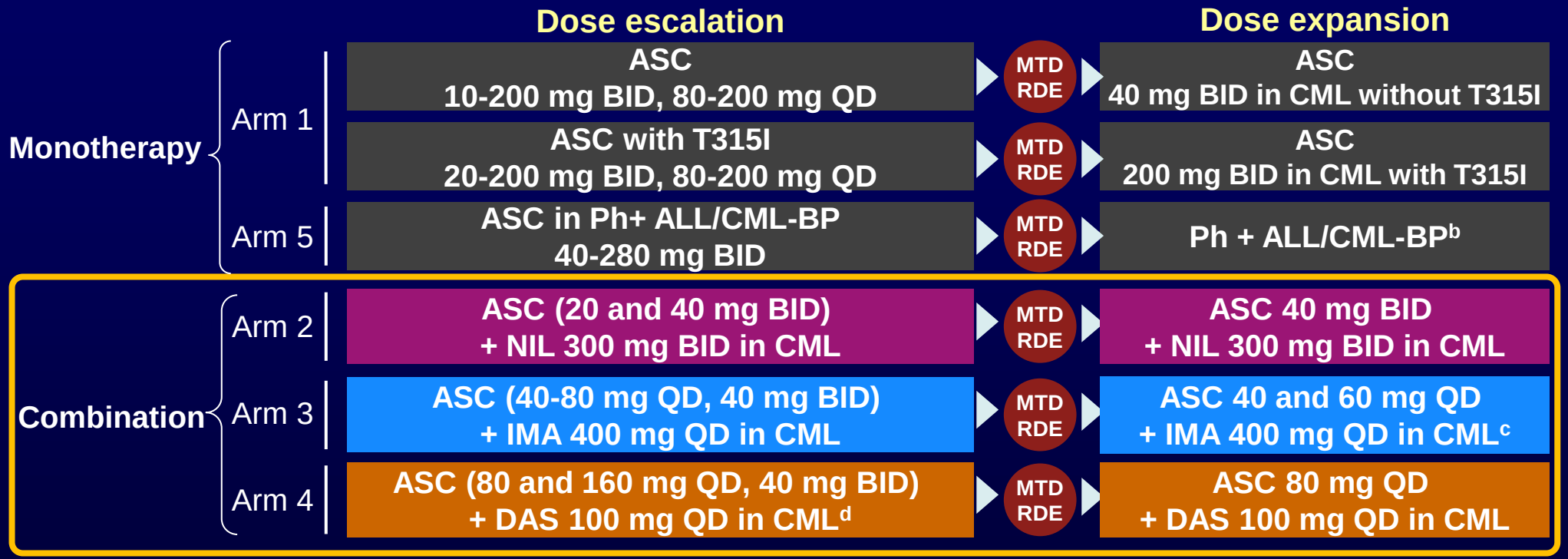
Wylie A et al, Nature 2017; 543: 733-7

Asciminib Phase 1 Study - Combinations: Study Design

Primary objective: MTD and/or recommended dose for expansion (RDE)
Secondary objectives: safety, PK, and efficacy

Key inclusion criteria

- Adults with **Ph+ CML-CP or -AP previously treated with ≥2 TKIs and with relapsed, refractory, or intolerant disease**[a]
- ECOG performance status 0-2

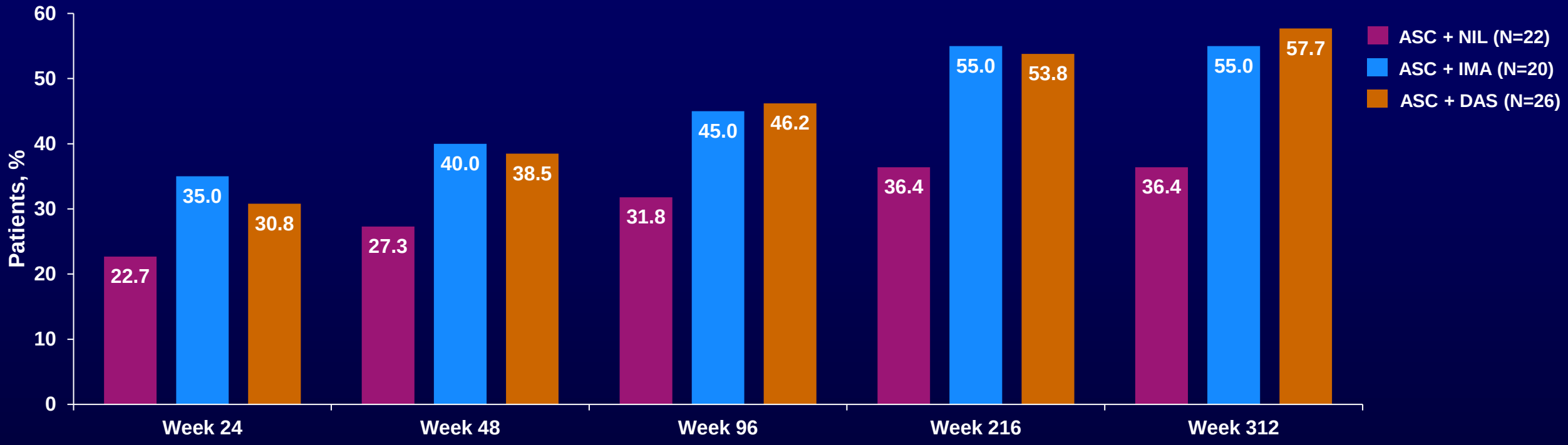


- **Duration of combination treatment: 2.1, 2.9, and 2.2 years in the ASC + NIL, ASC + IMA, and ASC + DAS arms, respectively**
- **End of study: All** patients enrolled had completed study treatment and all applicable study visits

[a] Those with a T315I mutation are eligible after ≥1 prior TKI if no other effective therapy was available. [b] RDE has not been determined and no dose-expansion cohort has been opened. [c] Dose expansion of asciminib + imatinib is being assessed in a separate phase 2 study (NCT03578367). [d] 9 additional patients in the dasatinib arm were enrolled between September 2020 and May 2021, after the primary analysis.

Cortes et al. ASH 2023; abstract #868

Asciminib Phase 1 Study - Combinations: MMR by Time Point in Patients Not in MMR at Screening[a]

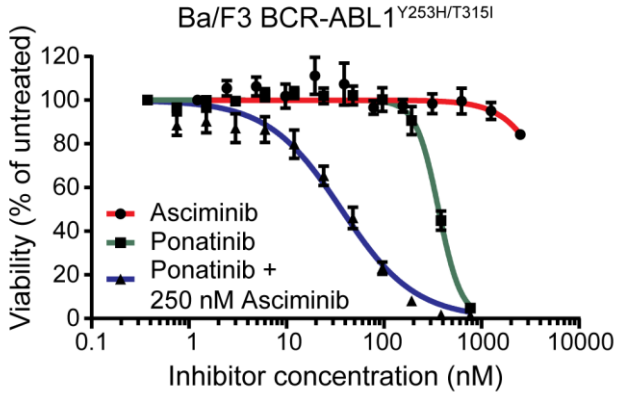


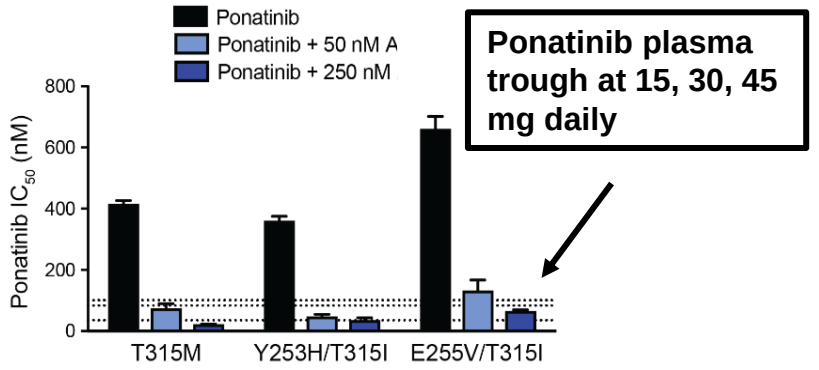
- Of 26, 25, and 32 patients enrolled in the ASC + NIL, ASC + IMA, and ASC + DAS arms, respectively, 0, 2, and 2 patients were not evaluable for MMR due to atypical or unknown transcripts
- Responses were achieved rapidly, with MMR-evaluable patients[a] achieving a median time to first MMR of 20.1, 20.9, and 22.1 weeks in the ASC + NIL, ASC + IMA, and ASC + DAS arms, respectively

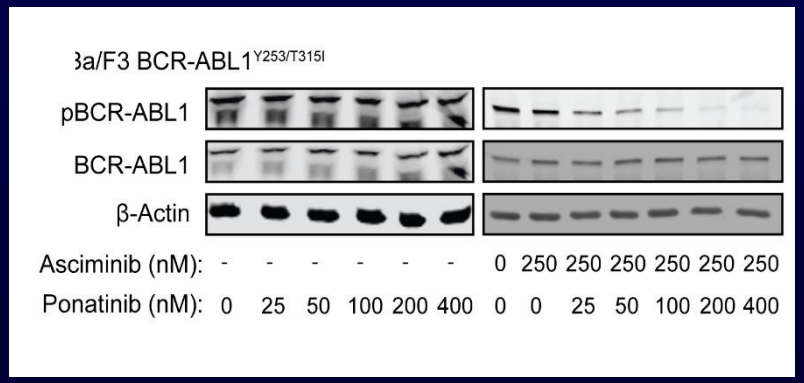
[a] Excludes patients with atypical transcripts and those in MMR at baseline.

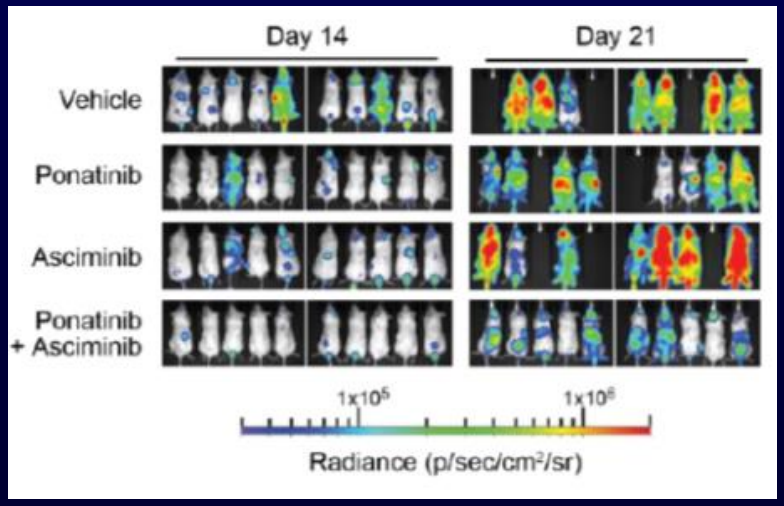
Cortes et al. ASH 2023; abstract #868

Asciminib Combined with Ponatinib is Active Against T315I-inclusive Compound Mutants



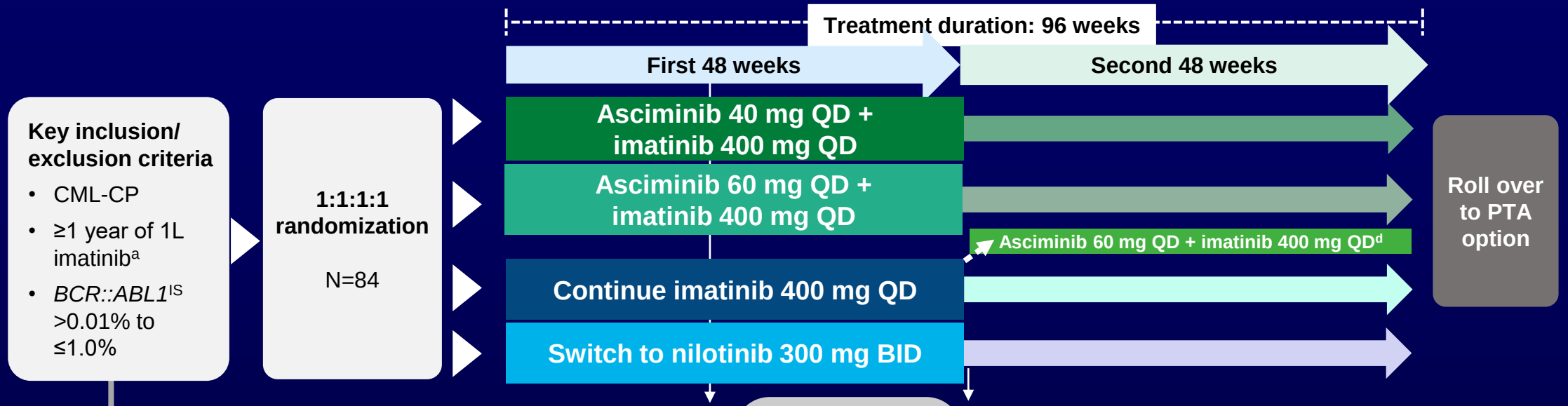






Eide, et al. Cancer Cell 2019; 36(4): 431-443

ASC4MORE Study Design



Week 96 Analysis
Secondary endpoint: Rate of $MR^{4.5}$ at week 96 for asciminib + imatinib vs continued imatinib arms or switch to nilotinib
Exploratory endpoint: Efficacy endpoints in patients crossing over from continued imatinib to asciminib 60 mg add-on
Cutoff date: March 6, 2023
Median follow-up: 32 months

N=20

Monotherapy arm
Currently recruiting

Treatment duration: 48 weeks
Asciminib 80 mg QD
Roll over to PTA option

[a] Protocol amendment to allow patients treated with imatinib ≥300 mg QD for ≥1 year and have not achieved DMR.
[b] Patients could discontinue treatment at the time of interim analysis if there was excessive toxicity without added benefit observed in 1 of the observational arms. Patients who chose to discontinue in the asciminib 60 mg add-on arm had the opportunity to continue the study in the asciminib 40 mg add-on arm if the investigator believed it was in the best interest of the patient. [d] Crossover allowed for patients who have not achieved $MR^{4.5}$.

Cortes JE, et al. Presented at the 64th American Society of Hematology Annual Meeting. Abstract 80.
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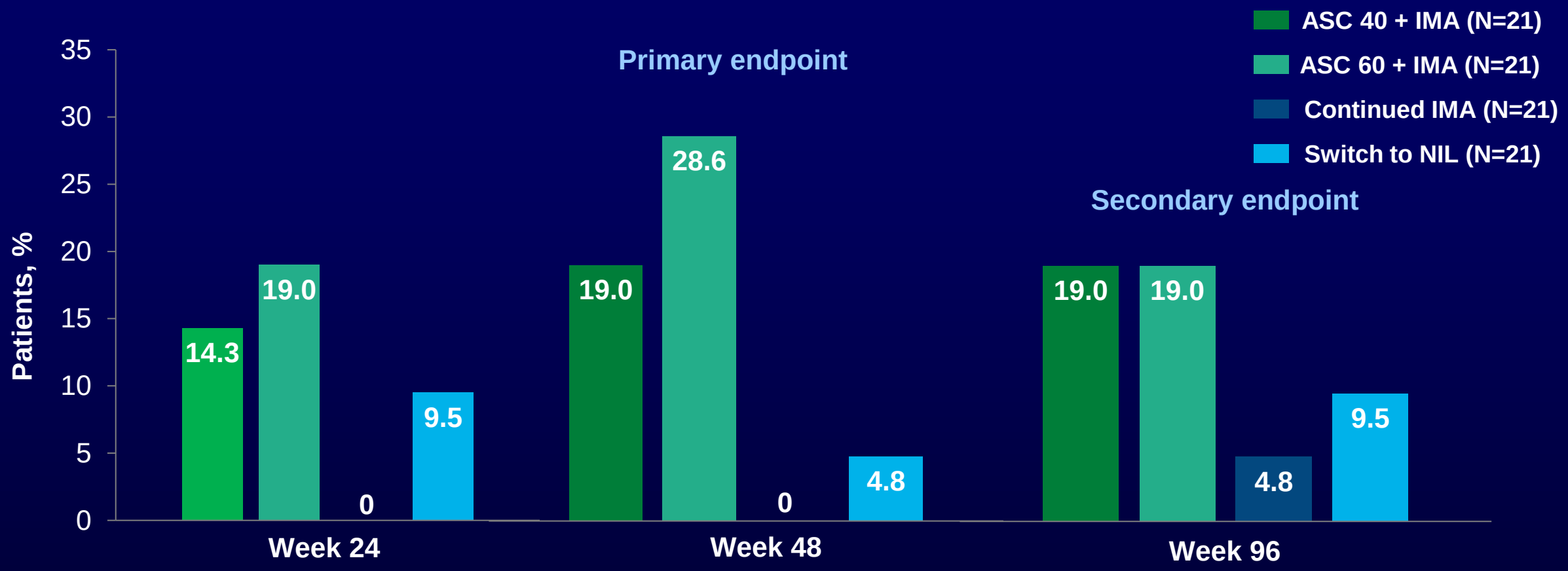
Hughes et al. ASH 2023; abstract #866

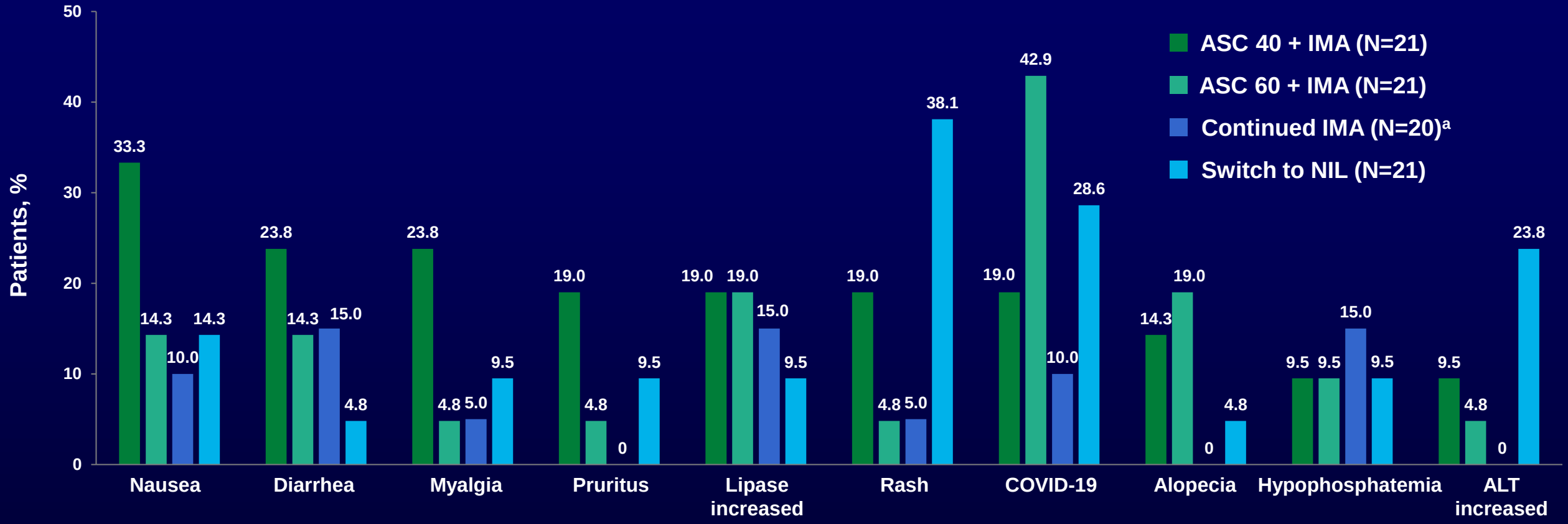
ASC4MORE: MR$^{4.5}$ at Weeks 24, 48, and 96



- At weeks 24, 48, and 96, more patients who received **asciminib 40** and **60 mg add-on** were in MR$^{4.5}$ than those receiving **imatinib** or **nilotinib**

Hughes et al. ASH 2023; abstract #866

ASC4MORE: Any-Grade AEs (≥15% of Patients in Any Arm)



- AEs experienced with **asciminib add-on** did not occur in a dose-dependent manner

[a] One patient in the imatinib arm was not treated due to patient decision.

Hughes et al. ASH 2023; abstract #866

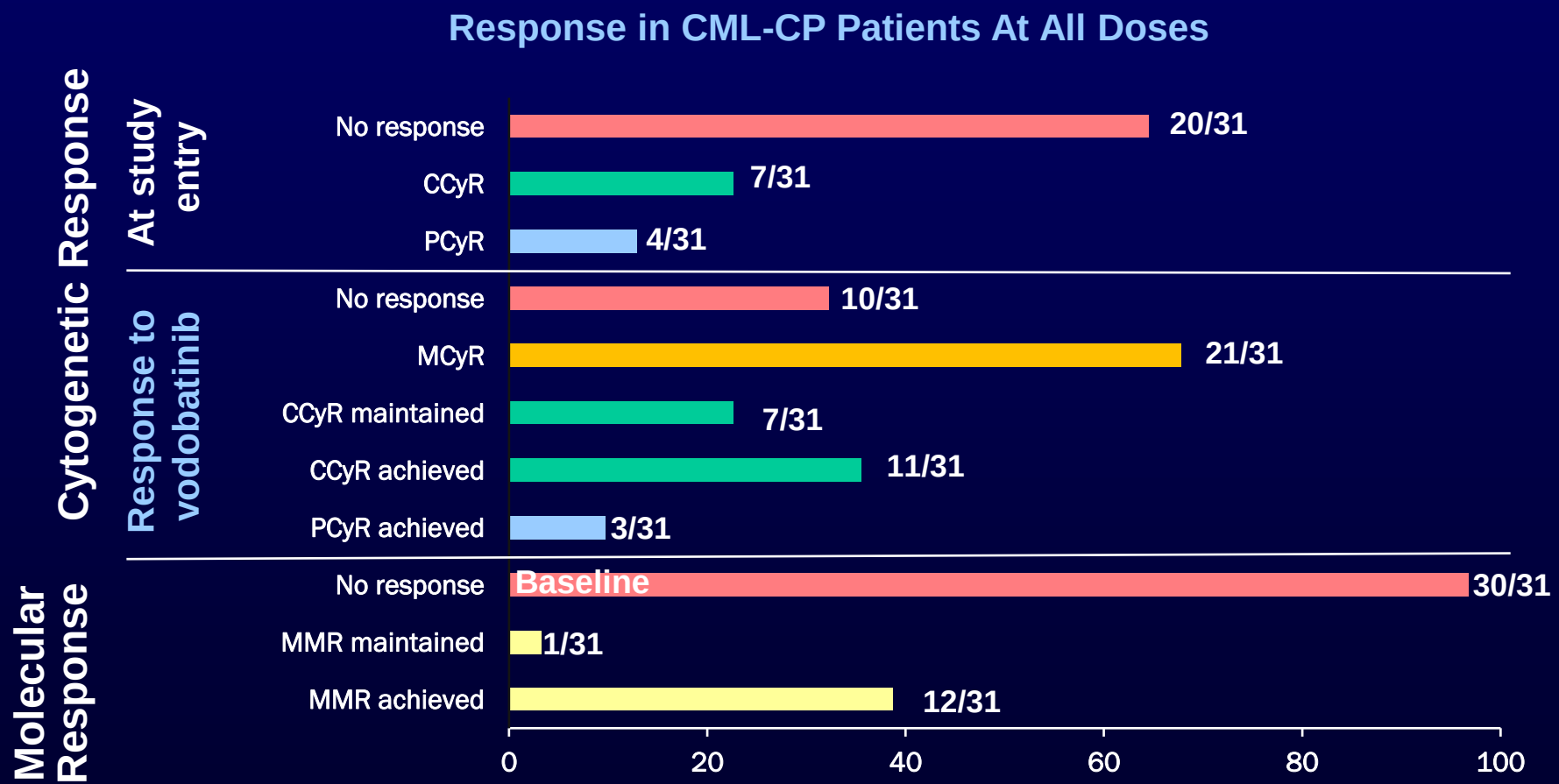
Hughes et al. ASH 2023; abstract #866

New TKIs Under Development

TKI	Features	Current status
Olverembatinib	• Active v. T315I	• Pivotal trial vs BAT: MMR 27% vs 10%, improved EFS (Approved in China) • Global pivotal trial ongoing
Vodobatinib	• No activity vs T315I	• MCyR 67% (69% in prior ponatinib) in ≥3 TKI
Tgrx-678	• Allosteric TKI	• CML-CP: CCyR 33%, MMR 19% (T315I: CCyR 57%, MMR 50%) • 22 pts prior ponatinib, olverembatinib or asciminib: MCyR 18%, CCyR 14%
ELVN-001	• Binds active BCR::ABL1 • Highly selective • Active v. T315I	• MMR 44% by 12 wks (n=16; 70% >3 TKI)
TERN-001	• Allosteric TKI	
PF-114	• Ponatinib analog, not binding VEGFR • Active against T315I	•Phase 2 ongoing (?)

Vodobatinib Phase 1
Overall Response

- **Best Overall Responses in CML-CP Patients Across All Doses**



Major cytogenetic response seen in 68% CML-CP patients

Cortes JE, et al. *Blood.* 2020;136(Suppl 1): Abstract 652.

Vodobatinib Phase 1: Efficacy

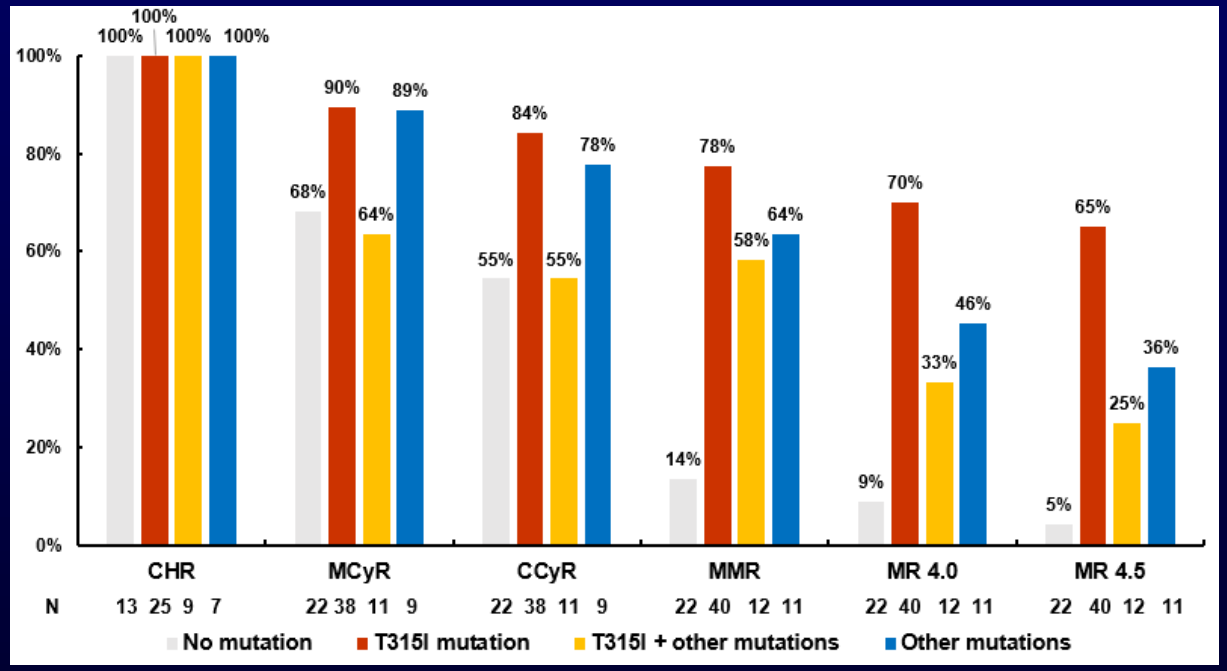
Response	Total N = 43	2T N = 15	3T N = 28	PON N = 16	ASC N = 3
Cytogenetic, n(%)					
Baseline CCyR*	7 (16.3%)	2 (13.3%)	5 (17.9%)	4 (25.0%)	0
Achieved MCyR on study	21 (48.8%)	9 (60.0%)	12 (42.8%)	7 (43.8%)	1 (33.3%)
Achieved CCyR	17 (39.5%)	8 (53.4%)	9 (32.1%)	4 (25.0%)	1 (33.3%)
Achieved PCyR	4 (9.3%)	1 (6.7%)	3 (10.7%)	3 (18.8%)	0
No response	15 (34.9%)	4 (26.7%)	11 (39.3%)	5 (31.3%)	2 (66.7%)
Molecular, n(%)					
Baseline MMR*	1 (2.3%)	0	1 (3.6%)	0	0
Achieved MMR (M3)	19 (44.2%)	5 (33.3%)	14 (50.0%)	9 (56.3%)	0
Achieved M4	11 (25.6%)	2 (13.3%)	9 (32.1%)	4 (25.0%)	0
No Response	23 (53.5%)	10 (66.7%)	13 (46.4%)	7 (43.8%)	3

- All pts en+rolled with response maintained their response on study and remained on study drug

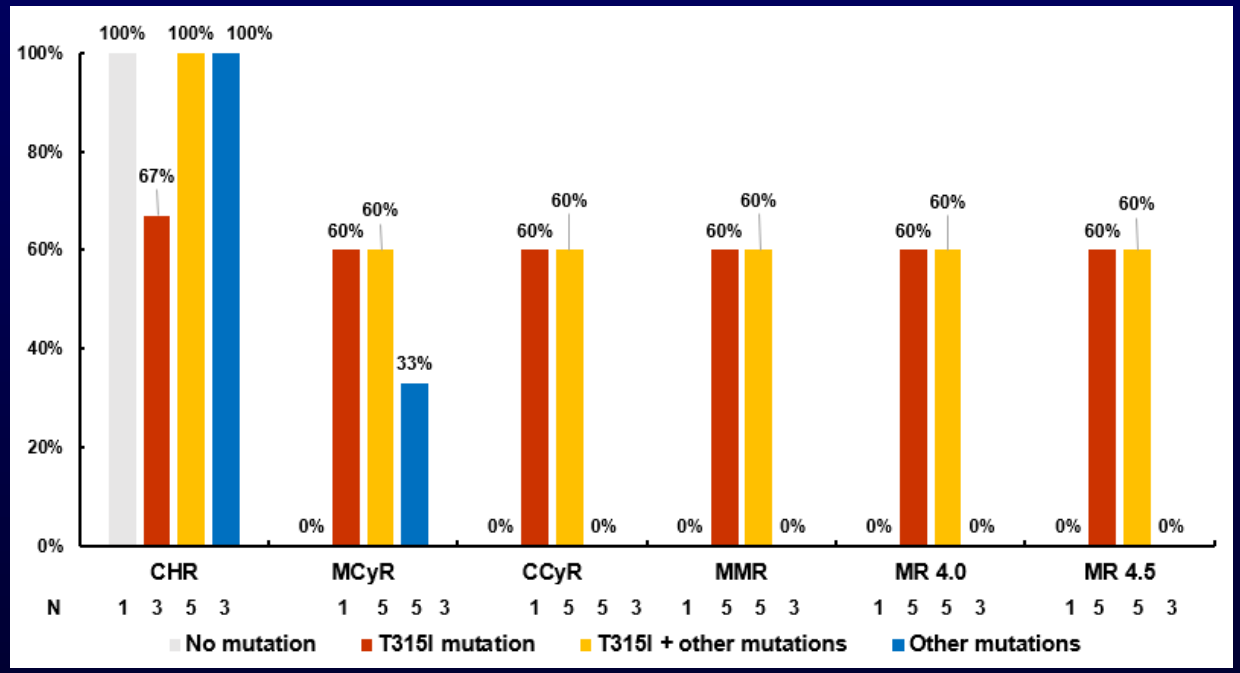
Cortes et al. ASH 2022; abstract #84

Phase 1 Olverembatinib - Responses by Mutation Status (Sanger Sequencing, ≥ 30mg)

CP



AP



- T315I + others: F317L, E255K, M244V, F359C/I/V, G250E, E459K, L248V, E279A, K247R, M351T, Y253F/H
- Other mutations：F317L, E255K, M244V, F359V, L248V, F468S, L384M, V299L

Jiang Q et al. ASH 2022; abstract #81

Olverambatinib vs BAT: Study Design

Key study criteria

- Adults with CP-CML
- Resistance or intolerance to I, D, N
- ECOG PS ≤ 2
- Adequate organ function
- Excluded patients with conditions complicating TKI treatment or in CCyR at baseline

HQP1351CC203 (NCT04126681)

Randomized 2:1

N = 144*

Olverembatinib 40 mg QOD, n = 96

Best Available Therapy**
n= 48

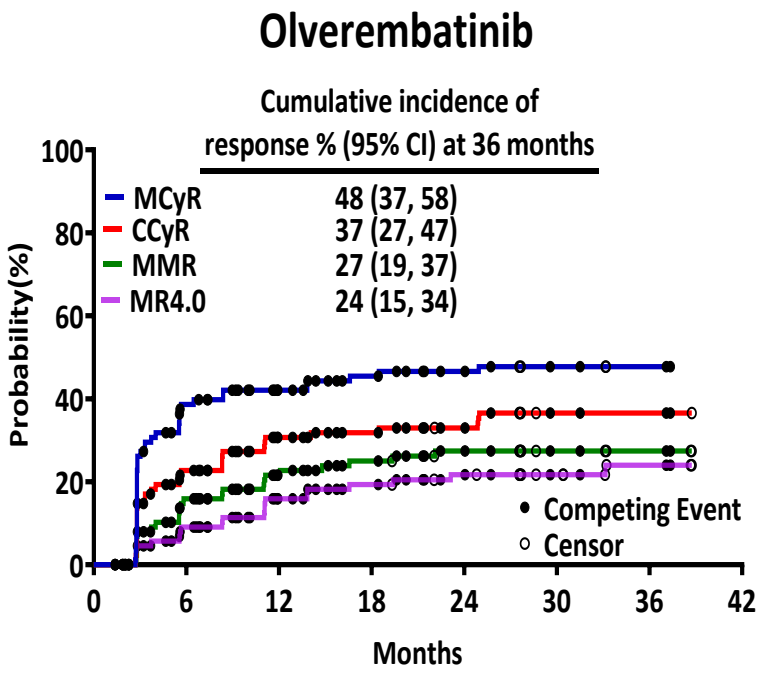
Primary Endpoints:

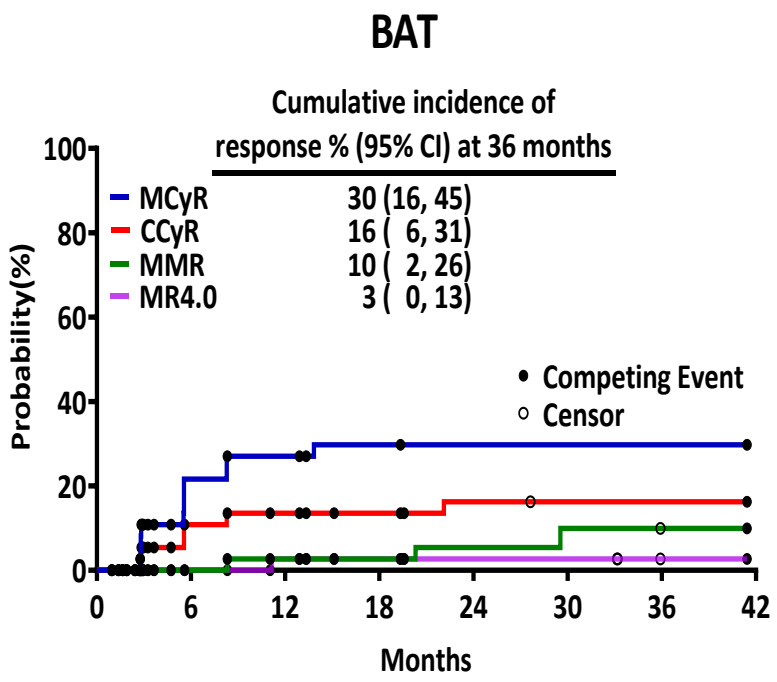
Event-free survival ***

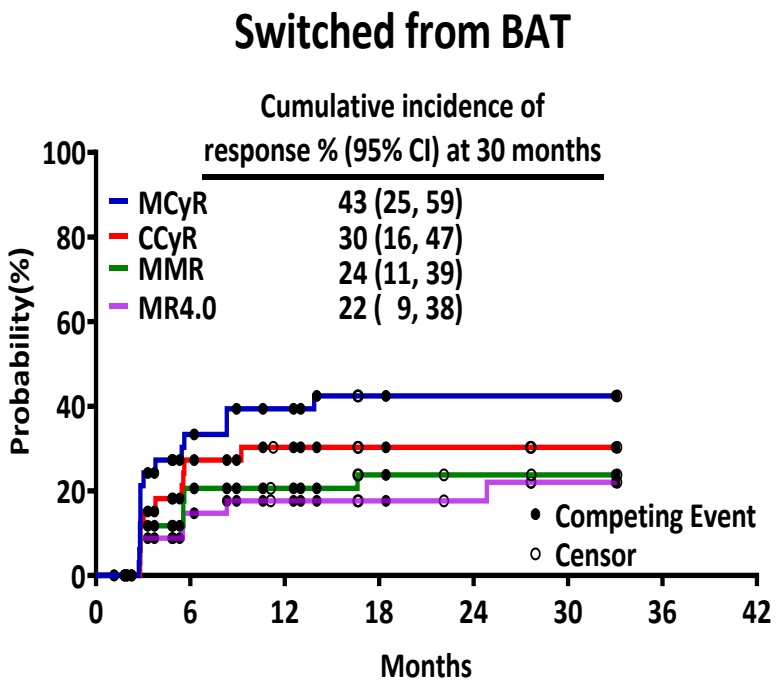
[I], [D], [N], imatinib, dasatinib, nilotinib
CP-CML, CML in chronic phase;
ECOG PS, Eastern Cooperative Oncology Group performance status;
QOD, every other day.
BAT, best available therapy
*2 patients in BAT group had been randomized successfully but not dosed .
** BAT includes interferon, hydroxyurea, and homoharringtonine or TKIs I, D, and N and combinations
*** Cross-over from BAT was allowed when meeting the event criteria
Cut off Oct 17, 2023

Jiang Q, et al. ASH abstract #869, 2023

Olverembatinib vs BAT: Cumulative Incidence of Achieving Responses



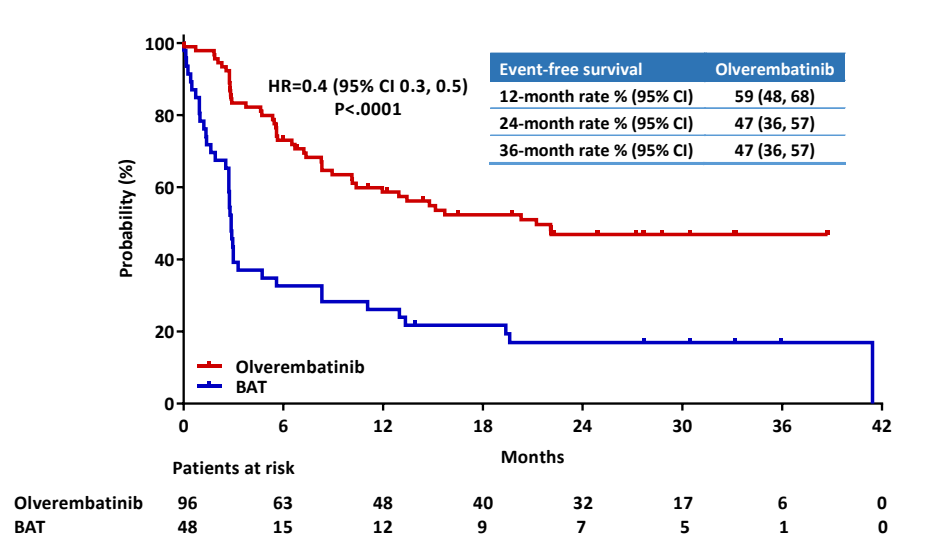




Jiang Q, et al. ASH abstract #869, 2023

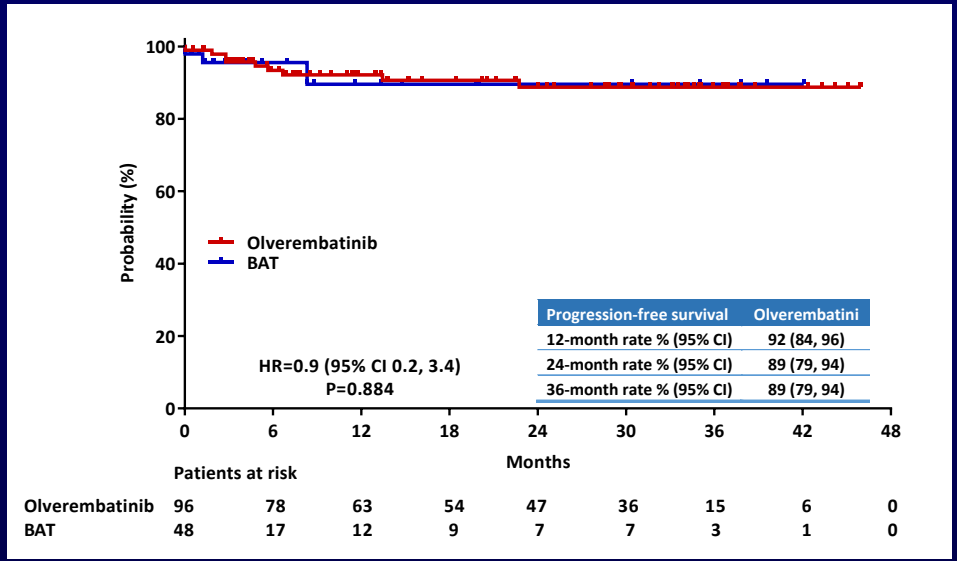
Olverembatinib vs BAT: Survival Endpoints

EFS



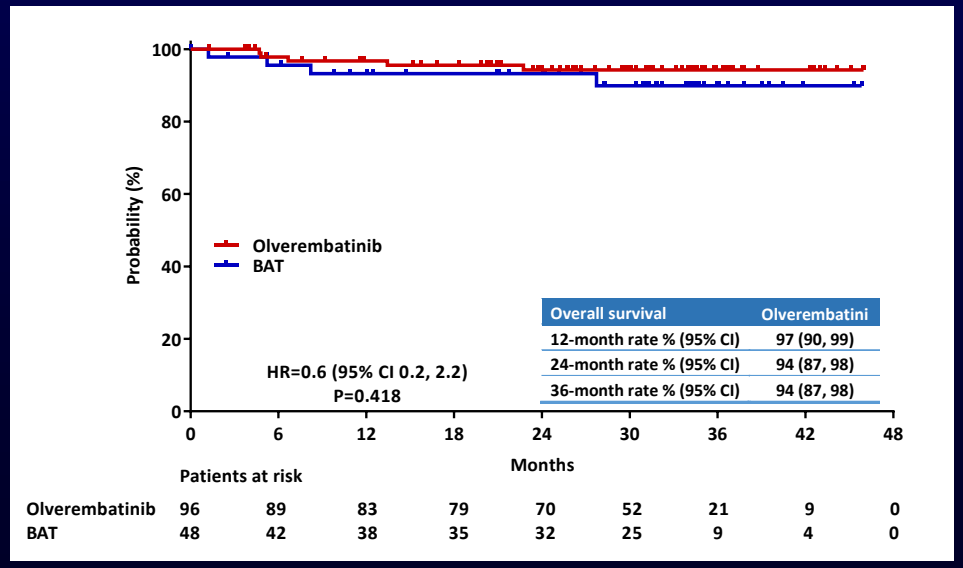
Event-free survival	Olverembatinib
12-month rate % (95% CI)	59 (48, 68)
24-month rate % (95% CI)	47 (36, 57)
36-month rate % (95% CI)	47 (36, 57)

PFS



Progression-free survival	Olverembatini
12-month rate % (95% CI)	92 (84, 96)
24-month rate % (95% CI)	89 (79, 94)
36-month rate % (95% CI)	89 (79, 94)

OS



Overall survival	Olverembatini
12-month rate % (95% CI)	97 (90, 99)
24-month rate % (95% CI)	94 (87, 98)
36-month rate % (95% CI)	94 (87, 98)

Jiang Q, et al. ASH abstract #869, 2023

TGRX-678: A Selective and Potent BCR::ABL1 Inhibitor

- **Novel BCR::ABL1 tyrosine kinase inhibitor targeting the ABL myristoyl pocket (STAMP)**

Increased permeability

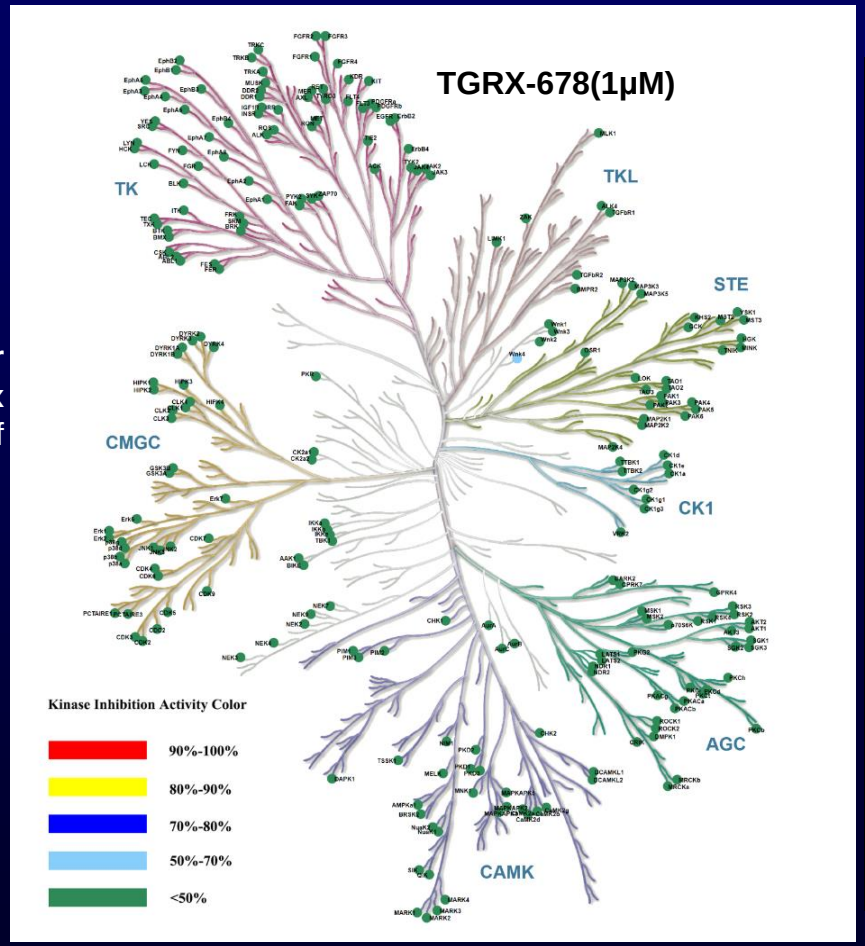
Caco-2 Permeability Assay	TGRX-678	Asciminib[a]
P_{app} (A→B) (cm/s x 10^{-6})	6.54±0.35	2.3
Efflux ratio (ER)	0.99±0.07	3

Caco-2 permeability assay: TGRX-678 has higher permeability and is unlikely a substrate of efflux transporter. (A test drug is usually considered a substrate of efflux transporters If ER > 2)

Enhanced bioactivity

Ba/F3-BCR::ABL1	TGRX-678	Asciminib
Native	4.11±0.05	8.64±1.15
T315I	66.1±2.55	120±3.54

Cell proliferation assay IC_{50} (nM): TGRX-678 has higher potency against Ba/F3 cells expressing native or T315I-mutant BCR::ABL1.



Kinase	Inhi % at 1μM
WNK4	57.21
ALK	56.67
PRKCQ	47.27
PRKCD	33.26
LYNb	31.90
PRKCH	31.81
PKCβ2	29.34
MRCKα	28.54
VRK2	27.32
MAPKAPK5	27.10
EGFR	26.11
FER	25.96
CDK16/CycY	25.30
EPHA8	24.52
SIK	23.13
QIK	23.11
CK1ε	23.06
GPRK4	20.88
TRKB	20.48
FGFR2	19.82

Inhi.%: 100, 80, 60, 40, 20, 0

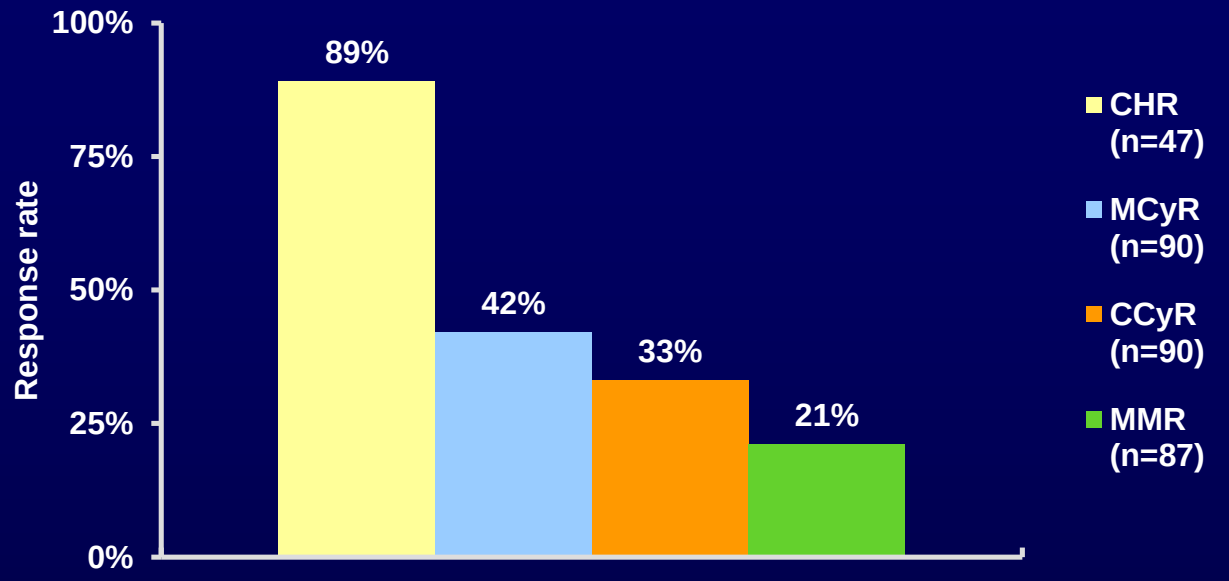
List of top 20 kinase inhibition among the ~300 kinase panel

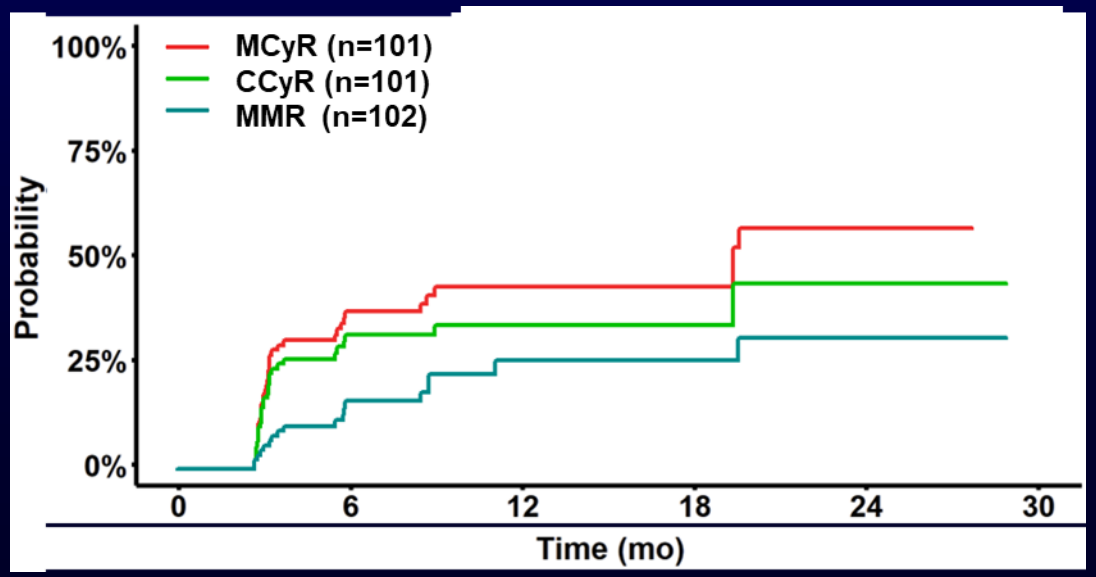
*Full length c-ABL1 was not inhibited by TGRX-678 most likely due to myristoylation-mediated auto-inhibition

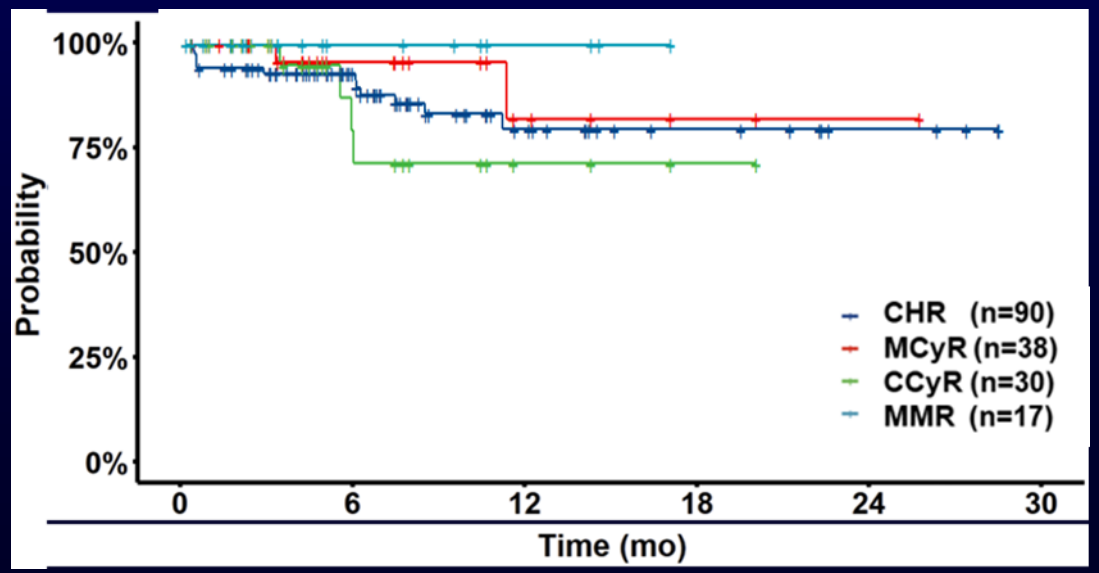
[a] *J. Med. Chem.* 2018, 61, 8120-8135

Jiang et al. ASH 2023; abstract #867

TGRX-678 Phase 1: Responses in CP Patients (n = 102)







Jiang et al. ASH 2023; abstract #867

ELVN-001

- ATP-competitive inhibitor, active against T315I
- Phase 1 study (10 – 120 mg)
- 16 pts: 70% ≥3 TKI, 70% prior ponatinib or asciminib, 67% prior resistance
- MMR 44% (7/16) by 12 weeks
  - Post-asciminib patients: MMR 44% (4/9)
  - TKI-resistant: MMR 40% (4/10)
- All response-evaluable patients had improved or stable BCR::ABL1 transcript levels by 12 weeks.
- No MTD, daily dosing, no food effect

https://ir.enliventherapeutics.com/news-releases/news-release-details/enliven-therapeutics-announces-positive-proof-concept-data-phase

“There is nothing wrong with change, if it is in the right direction.”

Winston Churchill

British Statestman

1874-1965

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DEADLINE FOR ABSTRACTS: MAY 8th, 2024

To register and for further information: www.esh.org - info@esh.org

Questions?

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