# **HARMONi Phase 3 Clinical Trial**

EGFR+ Advanced NSCLC Who Have Progressed After 3rd Generation EGFR-TKI (osimertinib)

Ivonescimab: Most Advanced PD-1/VEGF Bispecific Antibody

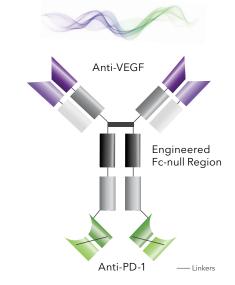
in Clinical Development in the U.S. and EU.\*

Brings two validated mechanisms in oncology<sup>1,2,3</sup> into ONE novel tetravalent molecule.



To-date 825+ patients have been treated with ivonescimab in clinical trials in China and Australia. Summit is actively recruiting 100+ patients in the U.S., Canada and Europe; the overall study will include over 400 patients worldwide.





## **HARMONI PHASE 3 STUDY DESIGN NCT05184712**

1:1

## Locally advanced or metastatic non-squamous **NSCLC:**

- → Positive sensitive EGFR mutation
- $\rightarrow$  Progressed on 1<sup>st</sup>/2<sup>nd</sup> generation EGFR-TKI with negative T790, or on 3rd generation EGFR-TKI
- $\rightarrow$  ECOG = 0 or 1
- Regardless of PD-L1 expression

#### **Stratification factor:**

- $\rightarrow$  Exposure to  $3^{rd}$  generation EGFR-TKI before (Yes or No)
- Brain metastases at baseline (Yes or No)

# **Group A**

Ivonescimab 20 mg/kg Q3W + Pemetrexed 500 mg/m<sup>2</sup> Q3W + Carboplatin AUC 5 Q3W 4 cycles (3 weeks/cycle)

## **Group B**

Placebo Q3W + Pemetrexed 500 mg/m<sup>2</sup> Q3W + Carboplatin AUC 5 Q3W 4 cycles (3 weeks/cycle)

# Primary Endpoints: OS, PFS assessed by IRRC Secondary Endpoints: ORR by IRRC, DoR, safety and tolerability

**Group A** 

Ivonescimab 20 mg/kg Q3W +

Pemetrexed 500 mg/m<sup>2</sup> Q3W +

Maintenance Period

**Group B** 

Placebo Q3W + Pemetrexed

500 mg/m<sup>2</sup> Q3W

Maintenance Period

# Treatment Until

- → Intolerable toxicity
- → No clinical benefit (Investigator assessment)
- Initiation of a new anti-tumor therapy
- Complete 24 months of treatment

Safety and Survival Follow up

## **KEY ELIGIBILITY CRITERIA**

- Expected survival ≥3 months
- Locally advanced (Stage IIIB/IIIC) or metastatic NSCLC that has progressed on 3<sup>rd</sup> generation EGFR-TKI (e.g., osimertinib)
- At least 1 measurable noncerebral lesion
- Adequate organ and hematologic function
- Has not received other systemic antitumor therapy for the advanced stage (IIIB to IV) of NSCLC
- Tumor does not surround important blood vessels, have obvious necrosis and/or cavitation or invade the surrounding vital organs and blood vessels
- No symptomatic metastases of the central nervous system
- No history of esophageal gastric varices, severe ulcers or wounds that do not heal
- No history of severe bleeding tendencies or coagulopathy, or hemoptysis within last 4 weeks

## Ivonescimab is an investigational therapy that is not approved by any regulatory authority.

\*There are no known PD-1-based bispecific antibodies approved by the U.S. Food and Drug Administration ("FDA") or the European Medicines Agency ("EMA").



3. Tamura et al., (2020) Med Oncol 37:2, 10.1007.

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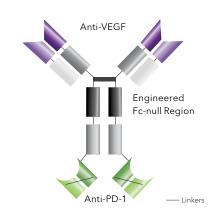
# Ivonescimab: Most Advanced PD-1/VEGF Bispecific Antibody in Clinical Development in the U.S. and EU\*

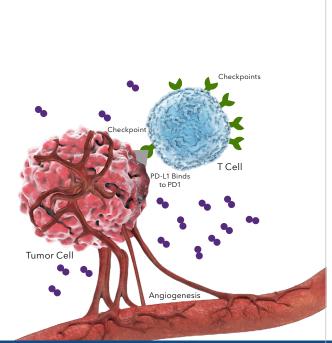
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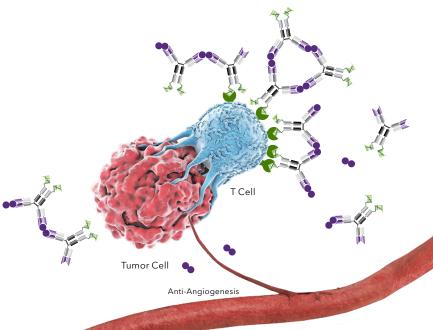
# Designed to Optimize the Balance of Anti-tumor Activity and Safety<sup>4,5</sup>

# Cooperative Binding

- Presence of VEGF increases binding of PD-1 by >10-fold in-vitro<sup>6</sup>
- VEGF dimer leads to potential interconnection of multiple ivonescimab molecules, which may lead to increased binding of T-cells in-vitro<sup>6</sup>







Without Ivonescimab PD-1/VEGF Bispecific Antibodies With Ivonescimab PD-1/VEGF Bispecific Antibody
Cooperative Binding





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1. Manegold et al., (2016); JTO 12:2.194-207.; 2. Pardoll, Drew M. (2012) Nature Reviews Cancer vol. 12,4:252-64.; 3. Tamura et al., (2020) Med Oncol 37:2, 10.1007.; 4. Zhao Y. et al., (August 2023) eClinicalMedicine vol 62: 102106.; 5. Zhou C. et al., Journal of Clinical Oncology 40, no. 16\_suppl (June 01, 2022) 9040.; 6. Zhong T et al., (2022) Journal for ImmunoTherapy of Cancer 10(2) 521.

# Intended for Clinical Site Staff Use Only

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