

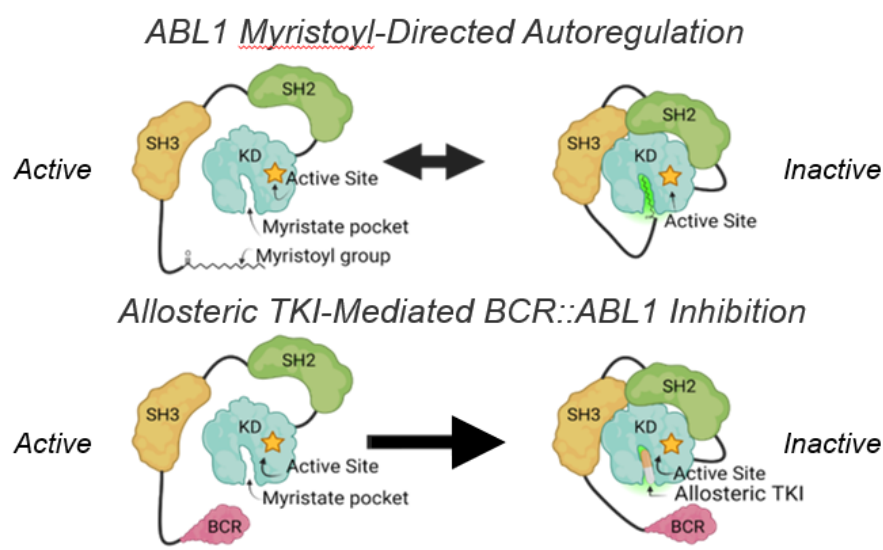


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1 BACKGROUND

- Chronic myeloid leukemia (CML) is a myeloproliferative disorder characterized by a reciprocal translocation between chromosomes 9 and 22, leading to the loss of myristoyl-directed autoregulation and constitutive activation of the BCR::ABL1 oncoprotein^{1,2}
- TERN-701 is an investigational, highly selective, oral allosteric BCR::ABL1 inhibitor that specifically targets the ABL myristoyl pocket that is potent against native BCR::ABL1 and most common BCR::ABL1 mutations, including T315I, in preclinical models^{3,4,5}
- This Phase 1 study was conducted to evaluate the pharmacokinetics (PK), safety, and tolerability of TERN-701 and the effect of food on the PK of TERN-701 in healthy volunteers

Figure 1. Schematic representation of allosteric inhibition of the BCR::ABL1 oncoprotein



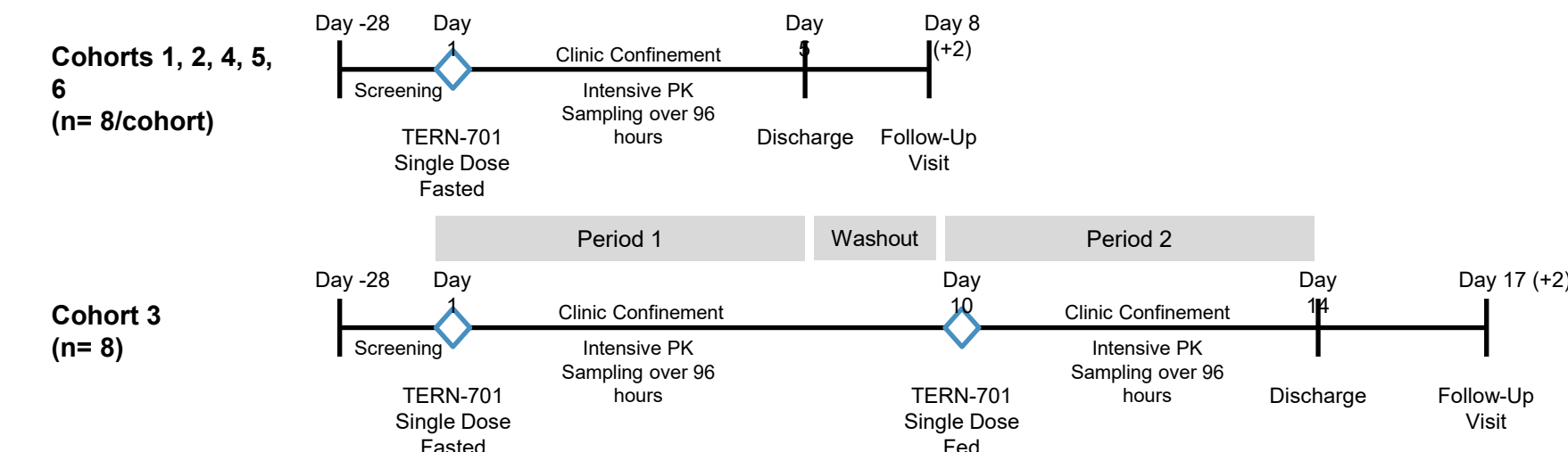
2 OBJECTIVES

- Primary:** To evaluate the safety, tolerability, and PK of single-ascending doses of TERN-701 in healthy participants
- Secondary:** To evaluate the effect of food on the PK of TERN-701

3 METHODS

Study Design: Phase 1, open-label, single-ascending dose escalation study in healthy male and female participants at a single center in the United States

Figure 2. Study schema across cohorts



ACKNOWLEDGEMENTS

We extend our thanks to the study participants and the staff at the ICON CRU. This study was funded by Terns, Inc.

4 RESULTS

Table 1. Baseline Demographics of Study Participants

	Cohort 1 20 mg (N=8)	Cohort 2 40 mg (N=8)	Cohort 3 80 mg (N=8)	Cohort 4 160 mg (N=8)	Cohort 5 320 mg (N=8)	Cohort 6 400 mg (N=8)
Demographics						
Mean age, years (range)	48 (20-65)	38 (24-65)	48 (27-57)	47 (31-62)	43 (30-63)	38 (27-64)
Sex [n (%)]						
Male	3 (37.5%)	5 (62.5%)	8 (100%)	4 (50%)	5 (62.5%)	7 (87.5%)
Race [n (%)]						
White	7 (87.5%)	6 (75.0%)	5 (62.5%)	5 (62.5%)	6 (75.0%)	5 (62.5%)
Non-White	1 (12.5%)	2 (25.0%)	3 (37.5%)	3 (37.5%)	2 (25%)	3 (37.5%)

Table 2. Summary of Treatment-Emergent AEs

	Cohort 1 20 mg (N=8)	Cohort 2 40 mg (N=8)	Cohort 3 Period 1 80 mg, fasted (N=8)	Cohort 3 Period 2 80 mg, fed (N=8)	Cohort 4 160 mg (N=8)	Cohort 5 320 mg (N=8)	Cohort 6 400 mg (N=8)
Participant incidence AE by category, N (%)							
Any TEAE, all grades	3 (37.5%)	1 (12.5%)	1 (12.5%)	0	3 (37.5%)	1 (12.5%)	1 (12.5%)
TEAE, Grade 2	0	0	0	0	0	0	1 (12.5%)
TEAEs by relationship to study drug							
Not Related	2 (25.0%)	1 (12.5%)	0	0	1 (12.5%)	0	0
Unlikely Related	0	0	0	0	0	0	0
Possibly Related	1 (12.5%)	0	1 (12.5%)	0	2 (25.0%)	1 (12.5%)	1 (12.5%)
Related	0	0	0	0	0	0	0

CTCAE = common terminology criteria for adverse events, version 5.0

- TERN-701 was well-tolerated as single doses up to 400 mg
- Most TEAEs were mild (1 TEAE of Grade 2); most common TEAE was headache (n=5)
- No Grade ≥3 or Serious TEAEs
- No pre-defined trial or dose-escalation stopping criteria were met
- No clinically meaningful changes in vital signs or ECGs
- No clinically significant laboratory abnormalities

- TERN-701 was administered fasted, except Cohort 3 (high-fat meal in crossover)
- Adverse event (AE) monitoring, clinical laboratory assessment, physical examination, and electrocardiography performed throughout the study
 - Dose escalations guided by review of safety and available PK data
- TERN-701 plasma concentrations determined using validated liquid chromatography-tandem mass spectrometry assay
- PK parameters estimated via noncompartmental methods using WinNonlin 8.4 (Certara, LP, Princeton, NJ, USA)
 - Geometric least-squares means ratios (GLSMR) and 90% confidence intervals (CIs) calculated (test [high-fat meal] vs reference [fasting]) for TERN-701 primary PK parameters

DISCLOSURES

- K. Anderson, L. Holes, T. Marmon, A. Nichols, C. Nelson, and E. Kuriakose: Terns Pharmaceuticals
- A. Schlegel: Terns Pharmaceuticals employee at the time of study conduct

Figure 3. TERN-701 Single Dose Pharmacokinetic Profile

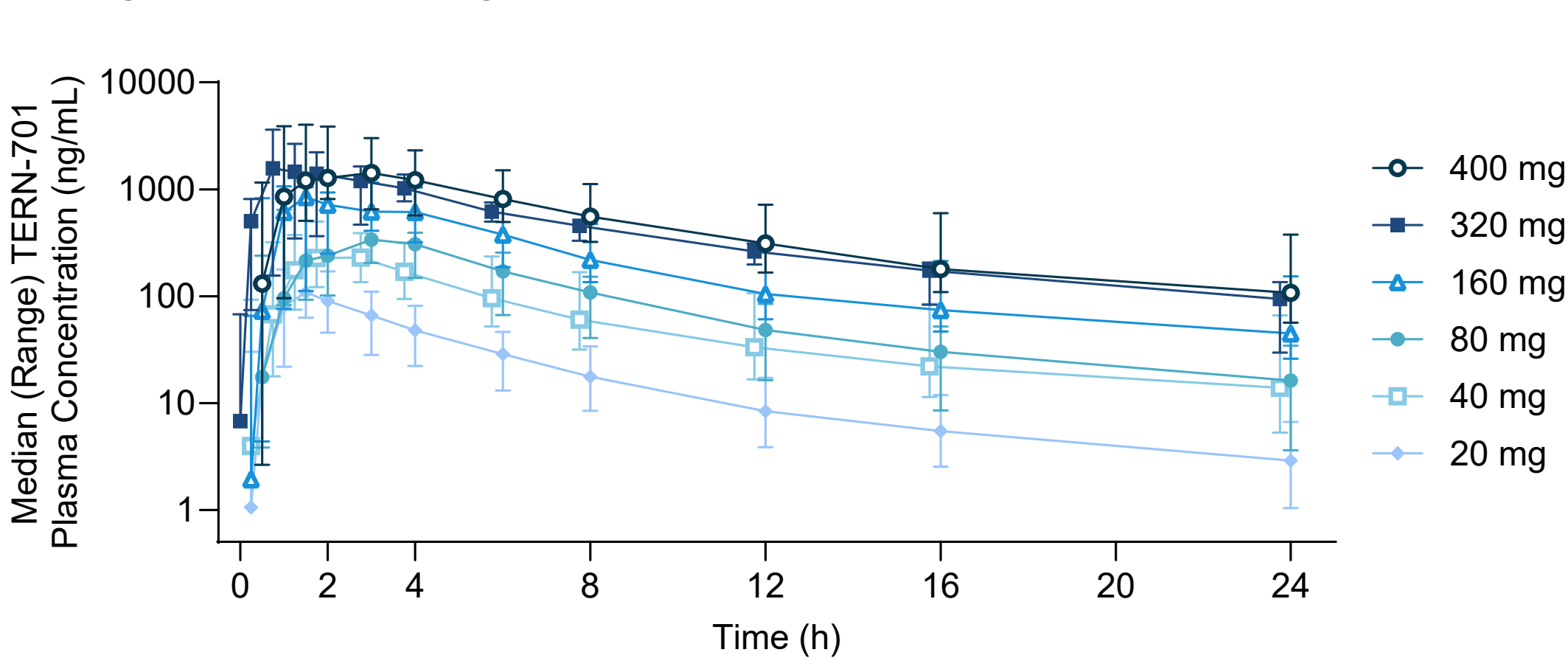


Table 3. TERN-701 Single Dose Pharmacokinetic Parameters

Parameter	Cohort 1 20 mg (N=8)	Cohort 2 40 mg (N=8)	Cohort 3 80 mg (N=8)	Cohort 4 160 mg (N=8)	Cohort 5 320 mg (N=8)	Cohort 6 400 mg (N=8)
C_{max} (ng/mL)	110 (63, 200)	250 (170, 500)	360 (240, 750)	900 (630, 1200)	1800 (810, 3600)	1600 (1300, 4000)
T_{max} (h)	1.5 (1.0, 3.0)	2.0 (1.0, 3.0)	2.0 (1.5, 4.0)	2.3 (1.0, 4.0)	1.8 (1.0, 4.0)	2.0 (1.0, 4.0)
AUC_{inf} (ng*h/mL)	560 (260, 1000)	1600 (950, 5200)	2600 (1100, 3600)	5700 (4000, 13000)	11000 (8600, 16000)	13000 (7700, 34000)
t_{1/2} (h)	7.8 (5.1, 11)	11 (6.2, 17)	9.5 (4.8, 12)	12 (9.1, 15)	12 (6.3, 14)	14 (6.9, 19)

Data presented as median (range). Values reported to 2 significant figures.

- TERN-701 was rapidly absorbed, with median T_{max} occurring 1.5 to 2.3 hours postdose
- Median TERN-701 half-life (t_{1/2}) ranged from 8 to 14 hours
- TERN-701 exhibited approximately linear increases in AUC from 20 to 400 mg and C_{max} from 20 to 320 mg

Figure 4. TERN-701 Food Effect Pharmacokinetic Profile

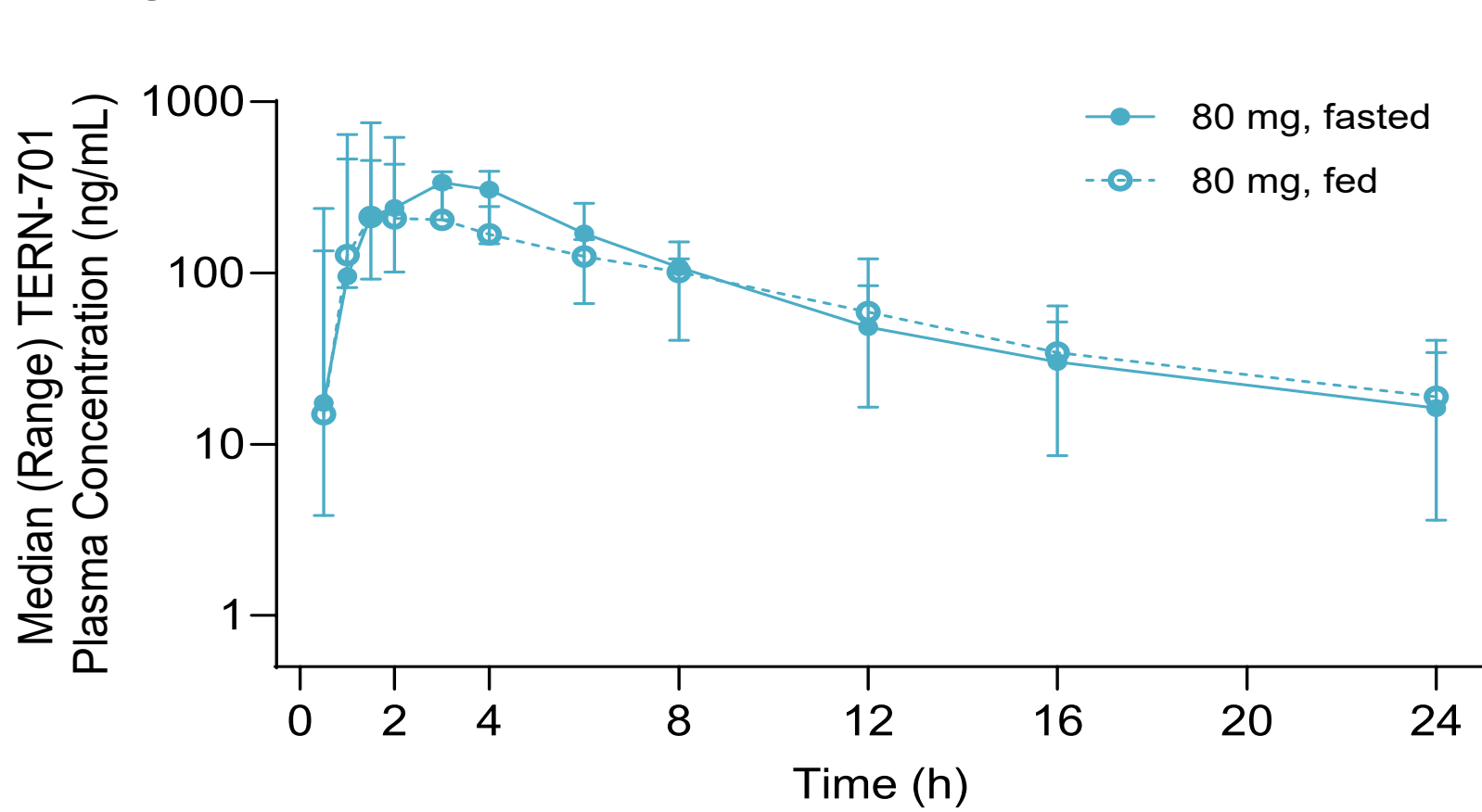


Table 4. TERN-701 Food Effect Pharmacokinetic Parameters, 80 mg

Parameter	TERN-701 Fasted (reference) N=8	TERN-701 High-Fat Meal (test) N=8	% GLSMR (90% CI)
C_{max} (ng/mL)	380 (47)	240 (53)	62 (44, 87)
T_{max} (h)	2.0 (1.5, 4.0)	2.5 (1.0, 4.0)	--
AUC_{inf} (ng*h/mL)	2400 (36)	2100 (32)	89 (68, 120)
t_{1/2} (h)	9.5 (4.8, 12)	11 (7.2, 17)	--

Data presented as geometric mean (geometric %CV). Time to maximum concentration (T_{max}) and terminal elimination half-life (t_{1/2}) presented as median (range). Values reported to 2 significant figures.

- When administered with a high-fat meal, TERN-701 AUC_{inf} and C_{max} were 89% and 62% of fasted state AUC_{inf} and C_{max}, respectively

5 CONCLUSIONS

- TERN-701 was safe and well-tolerated following oral doses up to 400 mg
- TERN-701 exhibited approximately linear increases in AUC over the dose range of 20 to 400 mg
- Food had no clinically meaningful impact on TERN-701 exposure, supporting administration of TERN-701 with or without food
- The PK and safety profile of TERN-701 support further evaluation in CML with once-daily dosing; including the ongoing, global, Phase 1 clinical trial (CARDINAL; NCT06163430) to evaluate TERN-701 in participants with previously treated chronic phase CML

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