# EIK1003, A PARP1-Selective Inhibitor, in Combination with Paclitaxel: Initial Combination and Updated Monotherapy Results from a Phase 1/2 Study EIK1003-001 in Advanced Solid Tumors

**ABSTRACT# 3102**


Martin Højgaard,[1] Jian Zhang,[2] Joohyuk Sohn,[3] Bernard Doger,[4] Antonio Gonzalez-Martin,[5] Gerald Steven Falchook,[6] Luis de la Cruz-Merino,[7] Christina Teng,[8] Jorge Bartolomé Arcilla,[9] Gilles Freyer,[10] Victoria Sánchez,[11] Kaïssa Ouali,[12] Wen Xu,[13] Yanhua Xu,[14] Anil Kolur,[15] Yayan Zhang,[15] Yawei Zhang,[15] Viola Chen,[15] Ramón Yarza[16]

[1] Rigshospitalet, Copenhagen, Denmark; [2] Fudan University Shanghai Cancer Center, Shanghai, China; [3] Yonsei Cancer Center, Seoul, Republic of Korea; [4] START Madrid Fundación Jiménez Díaz, Madrid, Spain; [5] Cancer Center Clinica Universidad de Navarra, Madrid, Spain; [6] Sarah Cannon Research Institute at HealthONE, Denver, CO, USA; [7] Universidad de Sevilla - Hospital Universitario Virgen Macarena, Seville, Spain; [8] Scientia Clinical Research, Randwick, NSW, Australia; [9] Hospital Clinico San Carlos, Madrid, Spain; [10] Hospices Civils de Lyon (hcl) - Centre Hospitalier Lyon Sud, Lyon, France; [11] Vall d'Hebron Institute of Oncology, Barcelona, Spain; [12] Institut Gustave Roussy, Villejuif, France, [13] Princess Alexandra Hospital and the University of Queensland, Brisbane, Australia; [14] Impact Therapeutics, Inc., Shanghai, China; [15] Eikon Therapeutics, Inc., Jersey City, NJ, USA; [16] START-CIOCC, HM Sanchinarro Hospital, Madrid, Spain

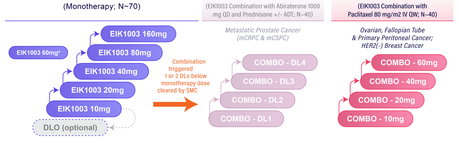

## BACKGROUND

- PARP inhibitors (PARPi) exploit synthetic lethality in tumors harboring mutations in DNA repair genes (eg, BRCA1/2) through inhibition of enzymatic activity and trapping of PARP1/2 on DNA[1,2]
- Currently approved non-selective PARPi demonstrate antitumor activity but are associated with hematologic toxicities, likely due to PARP2 trapping, which limit combinability with chemotherapy and restrict their use largely to the maintenance setting[3]
- EIK1003 is a highly potent PARP1-selective inhibitor that has been combined with paclitaxel at clinically active doses, enabling a combination approach previously not feasible with non-selective PARPi

## METHODS

Study EIK1003-001 (IMP1734-101; NCT#06253130) is an ongoing global, multi-center, Phase 1/2 study evaluating the safety and efficacy of EIK1003 as monotherapy or in combination with anti-cancer agents in participants with advanced solid tumors

**Figure 1. Schematic of Study EIK1003-001 Part 1: Dose-Escalation Cohorts**




* 60 mg intermediate dose-level opened after DLTs observed at higher dose levels

For Cohort 1C, EIK1003 doses are shown

Abbreviation: DL = dose level; DLT = dose-limiting toxicity; SMC = safety monitoring committee

Dose escalation for all dose levels is based on Bayesian Optimal Interval (BOIN) Design

| PATIENT POPULATION | |
|---|---|
| COHORT 1A | COHORT 1C |
| Ovarian Cancer, HER2-negative breast cancer, metastatic prostate cancer, and pancreatic ductal adenocarcinoma (PDAC) that progressed on at least one prior line of chemotherapy in the appropriate setting, or deemed ineligible to receive treatment | Platinum-resistant ovarian cancer or HER2-negative breast cancer that progressed on at least one prior line of therapy |
| May have received up to one prior PARPi therapy | |
| Tumors harboring deleterious or suspected deleterious germline or somatic mutations in homologous recombination repair (HRR) genes such as *BRCA1*, *BRCA2*, *PALB2*, *RAD51B*, *RAD51C*, or *RAD51D* | No genetic mutation requirement |

### Primary Objectives

- To evaluate the safety and tolerability of EIK1003
- To determine the maximum tolerated dose (or maximum acceptable dose) and recommended dose for expansion as monotherapy and in combination with anti-cancer agents

As of 27-Feb-2026 data cutoff,

- 65 participants were dosed with EIK1003 monotherapy (10-160 mg QD) in Cohort 1A
- 60 participants were dosed with EIK1003 (10-60 mg QD) in combination with paclitaxel in Cohort 1C

Here, we report the first clinical data for EIK1003 combination with paclitaxel (Cohort 1C) and updated results for EIK1003 monotherapy (Cohort 1A) in Study EIK1003-001

## RESULTS

### Demographics and Baseline Disease Characteristics

**Table 1. Demographics and Baseline Disease Characteristics**

| | COHORT 1A (N = 65) | COHORT 1C (N = 60) |
|---|---|---|
| Age, years | | |
| Median (range) | 60.0 (31-77) | 59.0 (25-81) |
| Sex, n (%) | | |
| Male | 8 (12.3) | 0 |
| Female | 57 (87.7) | 60 (100) |
| ECOG PS, n (%) | | |
| 0 | 32 (49.2) | 34 (56.7) |
| 1 | 33 (50.8) | 25 (41.7) |
| HRR Mutation, n (%) | | |
| *BRCA1* | 31 (47.7) | NA |
| *BRCA1, CHEK2* | 1 (1.5) | NA |
| *BRCA2* | 27 (41.5) | NA |
| *BRCA2*, Other[a] | 1 (1.5) | NA |
| *PALB2* | 2 (3.1) | NA |
| *RAD51B* | 1 (1.5) | NA |
| *RAD51D* | 2 (3.1) | NA |
| Tumor Type, n (%) | | |
| Breast Cancer (HER2-Negative) | 20 (30.8) | 28 (46.7) |
| Epithelial Ovarian Cancer | 32 (49.2) | 32 (53.3) |
| Pancreatic Ductal Adenocarcinoma | 10 (15.4) | NA |
| Adenocarcinoma of Prostate Cancer (mCRPC) | 2 (3.1) | NA |
| Other[b] | 1 (1.5) | NA |
| Prior Lines of Systemic Therapy (Metastatic), n (%) | | |
| 0 | 5 (7.7) | 0 |
| 1 | 13 (20.0) | 6 (10.0) |
| 2 | 14 (21.5) | 10 (16.7) |
| 3+ | 33 (50.7) | 44 (73.3) |
| Median (range) | 3.0 (0.0-4.0) | 3.0 (1.0-10.0) |
| Prior PARPi Exposure, n (%) | | |
| Yes | 42 (64.6) | NA[c] |
| No | 23 (35.4) | NA[c] |
| Prior PARPi and/or Platinum-based Therapy, n (%) | | |
| PARPi or Platinum | 59 (90.8) | NA |
| Both PARPi and Platinum | 36 (55.4) | NA |
| PARPi only | 6 (9.2) | NA |
| Platinum only | 17 (26.2) | NA |
| Prior Taxane Exposure (Any Setting) | | |
| n (%) | NA | 54 (90.0) |

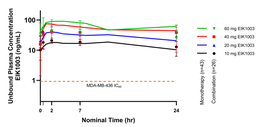
[a] Non-HRR mutation
[b] Protocol-ineligible histology of endometrial cancer (included in safety analysis only)
[c] HRR mutation not a condition of eligibility for Cohort 1C

Abbreviations: ECOG PS = Eastern Cooperative Oncology Group Performance Status; mCRPC = metastatic castration-resistant prostate cancer; NA = not applicable or not available

### EIK1003 Pharmacokinetics (COHORT 1A and COHORT 1C)

- Steady-state systemic concentrations of EIK1003 in Cohort 1A (EIK1003 monotherapy) and Cohort 1C (EIK1003 + paclitaxel) were consistent across dose levels (Figure 2)
- EIK1003 unbound exposure exceeded pre-clinical target concentration (IC95 from proliferation assay using MDA-MB-436 cells) (Figure 2)

**Figure 2. Steady-State EIK1003 Concentrations as Monotherapy and in Combination**




### Treatment Exposure (COHORT 1A and COHORT 1C)

- Median relative dose intensity (% of planned dose) was 100% for EIK1003 in Cohort 1A
- Median relative dose intensity was 90.4% for EIK1003 and 66.7% for paclitaxel in Cohort 1C
  - Lower paclitaxel intensity reflects protocol-driven holds for anticipated neutropenia; EIK1003 was not dose-limiting

### EIK1003 Monotherapy Update (COHORT 1A)

#### Safety

The overall safety profile of EIK1003 as monotherapy is consistent with safety presented at ASCO 2025

- 63 out of 65 (96.9%) participants experienced treatment-emergent adverse events (TEAEs)
- 29 (44.6%) participants experienced Grade ≥ 3 TEAEs. The most common Grade ≥ 3 TEAEs (≥ 5% frequency) were anemia (n = 6 [9.2%]) and neutropenia and ascites (n = 5 [7.7%] each). Grade ≥ 3 thrombocytopenia was reported in 1 (1.5%) participant
  - 4 out of 6 participants who developed Grade ≥ 3 anemia had Grade 1-2 anemia at baseline
- There were no treatment-related AEs (TRAEs) that led to death
- TEAEs led to dose interruption in 22 (33.8%), dose reduction in 7 (10.8%) and discontinuation of drug in 6 (9.2%) participants

#### Efficacy

- Among 49 efficacy-evaluable participants per RECIST v1.1, objective response rate (ORR; CR+PR) was 14.3% (7/49; Figure 3)
  - All 7 responses were PR (5 confirmed, 2 unconfirmed)
  - 26.7% (4/15) PARP-naïve participants achieved objective responses compared with 8.8% (3/34) previously treated with a PARP inhibitor
  - Objective responses by tumor type: 14.8% (4/27) ovarian cancer; 12.5% (2/16) breast cancer; 100% (1/1) prostate cancer
  - Median duration of response (DOR) in confirmed responders: 7.8 (range: 6.0-15.9+) months (Figure 4)
- Disease control rate (DCR; CR+PR+SD): 38.8%

**Figure 3. Best Percentage Change from Baseline for Target Lesions**

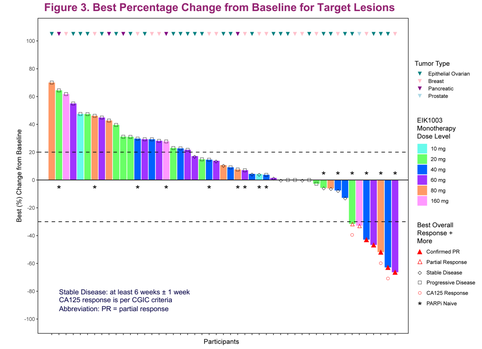
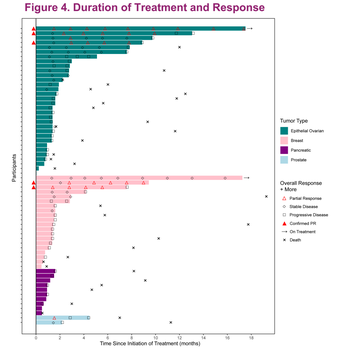



**Figure 4. Duration of Treatment and Response**




### EIK1003 Combination with Paclitaxel (COHORT 1C)

#### Safety

- Dose-limiting toxicities of febrile neutropenia and tachycardia (1 participant each) occurred at the highest dose level tested (EIK1003 60 mg)
- All 60 participants experienced TEAEs (Table 2)
- 45 (75.0%) participants experienced Grade ≥ 3 TEAEs (Table 3). Grade ≥ 3 TEAEs (≥ 10%) were neutropenia (n = 30 [50.0%]) and anemia (n = 8 [13.3%])
  - All 8 participants who developed Grade ≥ 3 anemia had Grade 1-2 anemia at baseline
- There were no TRAEs that led to death
- TEAEs led to dose interruption in 50 (83.3%), dose reduction in 15 (25%) and discontinuation of either or both drugs in 11 (18.3%) participants

#### Efficacy

- Among 53 efficacy-evaluable participants per RECIST v1.1, ORR was 24.5% (13/53; Figure 5)
  - 1 CR (confirmed), 12 PR (8 confirmed, 4 unconfirmed)
    - 92% (12/13) of responders had previous taxane exposure
  - Objective responses by tumor type: 29.6% (8/27) ovarian cancer; 19.2% (5/26) breast cancer
    - Prior taxane exposure by tumor type: 100% (8/8) ovarian cancer; 80% (4/5) breast cancer
  - DOR range in confirmed responders: 1.5+ - 11.4 months. The response remains ongoing for 3 responders (Figure 6)
- DCR (CR+PR+SD): 79.2%

**Table 2: All-Grade TEAE (≥ 20%)**

| | All-Grade TEAE (N = 60), n (%) |
|---|---|
| Participants with one or more TEAE | 60 (100.0) |
| Neutropenia* | 47 (78.3) |
| Anemia* | 40 (66.7) |
| Fatigue* | 37 (61.7) |
| Nausea | 24 (40.0) |
| Diarrhea | 17 (28.3) |
| Tachycardia* | 15 (25.0) |
| Thrombocytopenia* | 13 (21.7) |
| Vomiting | 13 (21.7) |
| Constipation | 12 (20.0) |
| Decreased appetite | 12 (20.0) |
| Headache | 12 (20.0) |

* Consolidated AE terms

**Table 3: Grade ≥ 3 TEAE**

| | Grade 3-5 TEAE[a] (N = 60), n (%) |
|---|---|
| Participants with one or more TEAE | 45 (75.0) |
| Neutropenia* | 30 (50.0) |
| Anemia* | 8 (13.3) |
| Fatigue* | 4 (6.7) |
| Diarrhea | 2 (3.3) |
| Abdominal pain | 2 (3.3) |
| Ascites | 2 (3.3) |
| Febrile neutropenia | 2 (3.3) |
| Lymphopenia* | 2 (3.3) |

[a] Additional Grade ≥ 3-5 TEAE reported in 1 participant each were abdominal infection, abdominal pain lower, acute respiratory failure, AST increased, bronchial hemorrhage, bronchostenosis, COVID-19, decreased appetite, disease progression, ECG QT prolonged, fall, general physical health deterioration, hematuria, hemoptysis, headache, hypercalcemia, hypokalemia, and hypotension*

* Consolidated AE terms

**Figure 5. Best Percentage Change from Baseline for Target Lesions**

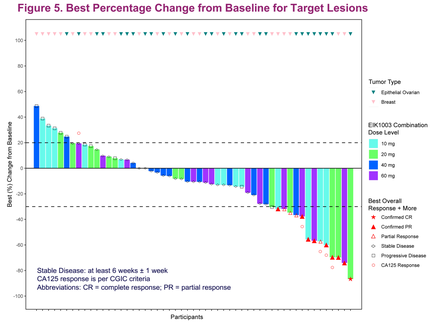
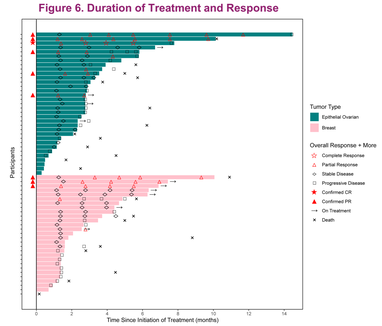



**Figure 6. Duration of Treatment and Response**




## CONCLUSIONS

- Extended follow-up of EIK1003 monotherapy confirms a favorable safety profile and durable responses in a heavily pre-treated HRR-mutated population
- EIK1003 + paclitaxel showed a manageable safety profile in an advanced-line population, with hematologic toxicities comparable to studies using a weekly paclitaxel regimen[4]
- Encouraging antitumor activity was observed in Cohort 1C despite extensive prior taxane exposure
- These findings represent the first clinical evidence that a PARP1-selective inhibitor can be safely combined with cytotoxic chemotherapy


### REFERENCES

1. Lord CJ and Ashworth A. Science 2017;355:1152
2. Petropoulos M et al. Nature 2024;628:433.
3. Lafargue CJ et al. Lancet Oncol 2019;20:e15-e2
4. Colombo et al. Lancet 2026;407:1525.



### ACKNOWLEDGEMENTS

- Patients and their families; all participating investigators and study sites
- This study is sponsored by Eikon Therapeutics, Inc. and Impact Therapeutics, Inc. (Sponsor for the region of Greater China)
- Medical writing support for this poster was provided by Meghal Gandhi, PhD (Eikon Therapeutics, Inc.)