

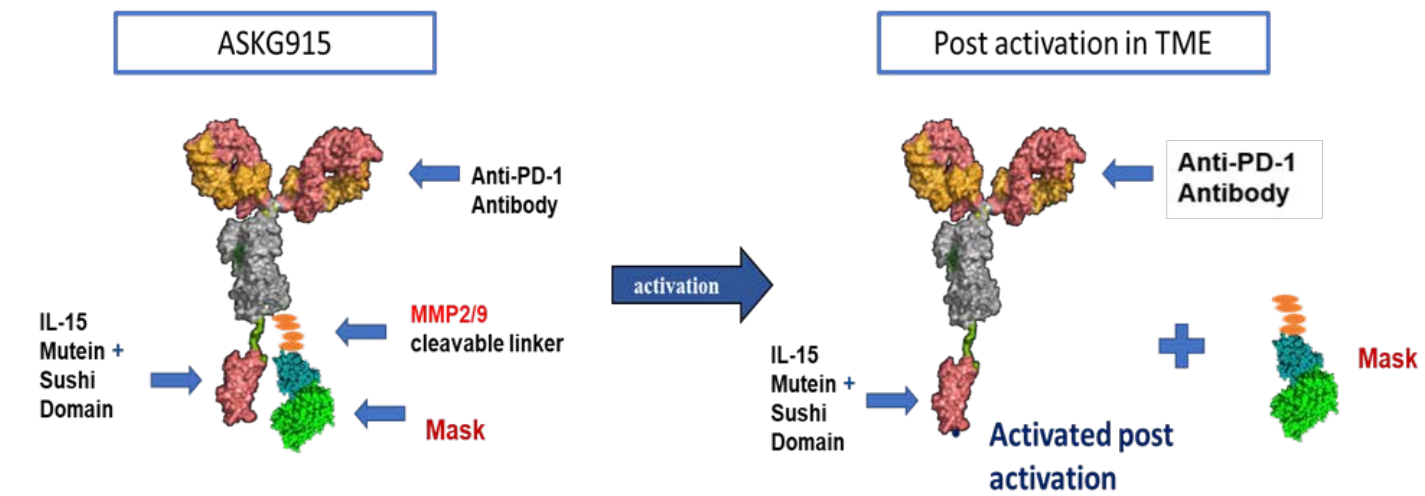
Abstract #2607: Safety and Efficacy Results from a First in Human, Phase 1/2 Study of ASKG915, an Anti-PD-1/Pro-IL-15 Bifunctional Fusion Protein, for Patients with Advanced Solid Tumors

¹Jiajia Li, ¹Jian Zhang, ²Lin Wu, ²Xianli Yin, ³Anwen Xiong, ⁴Xiubao Ren, ⁵Jianzhen Shan, ⁶Luwei Han, ⁶Jing Chen, ⁷Jianfeng Lu, ¹Xiaohua Wu

1. Fundan university shanghai cancer center, China, 2. Hunan Cancer Hospital, China, 3. Shanghai East Hospital, China, 4. Tianjin medical university cancer institute and hospital, China, 5. First affiliated hospital, Zhejiang university school of medicine, China, 6.Jiangsu Aosaikang Biopharmaceutical Co., Ltd, 7. AskGene Pharma Inc. USA

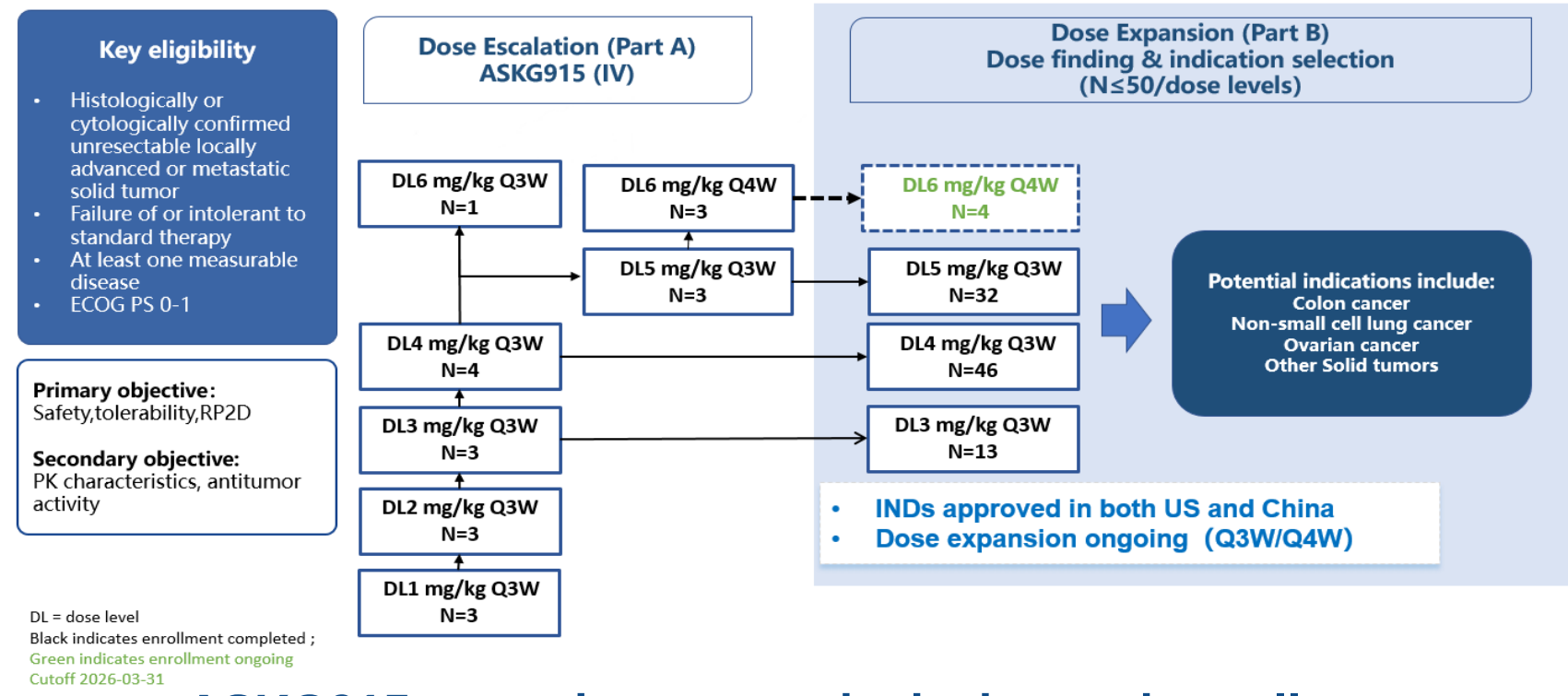
Background

- ASKG915 is a bifunctional fusion protein of PD-1 antibody fused with an IL-15 prodrug. Preclinical study demonstrated ASKG915 efficacy in neoplastic models.
- Here, we present updated safety and efficacy results from a first-in-human, dose escalation and dose expansion of ASKG915 monotherapy in patients (pts) with advanced solid tumors. (NCT05867420).



Methods

- The study design of the ASKG915 monotherapy study is shown below.
- The monotherapy study (including dose escalation and dose expansion phases) enrolled patients with advanced solid tumors who received ASKG915 DL1 to DL6 mg/kg, once every 3 or 4 weeks for a 21 or 28-day cycle.
- The primary endpoints included safety, tolerability, MTD, and the RP2D of ASKG915 as monotherapy



ASKG915 monotherapy study design and enrollment

Patients Baseline Characteristics

- As of March 31, 2026, we have treated 115 pts at dose-escalation phase (n=20) and dose expansion phase (n=95). Primary tumor types included NSCLC, CRC ovarian cancer and others. Most pts (73.9%) had received two and more lines of prior treatment, and 63 pts (54.8%) had undergone previous immunotherapy.

Dose level	DL3 mg/kg (N=16)	DL4 mg/kg (N=50)	DL5 mg/kg (N=35)	DL1-DL6 mg/kg (N=115)
Median age, years(range)	58.0 (42.0~71)	60.0 (29.0~77)	60.0 (28.0~75)	59.0 (28.0~77)
ECOG PS=1, n (%)	13 (81.3)	39 (78.0)	24 (68.6)	87 (75.7)
Tumor types, n (%)				
NSCLC	3 (18.8)	30 (60.0)	15 (42.9)	50 (43.5)
CRC	9 (56.3)	11 (22.0)	18 (51.5)	42 (36.6)
Ovarian cancer	3 (18.8)	6 (12.0)	2 (5.7)	11 (9.6)
Others	1 (6.3)	3 (6.0)	0	12 (10.4)
Clinical Stage IV, n (%)	15 (93.8)	41(82.0)	28 (80.0)	94 (81.7)
≥2 prior lines of systemic therapy, n (%)	12 (75.0)	36 (72.0)	27 (77.1)	85 (73.9)
Prior treatment with immunotherapy, n (%)	6 (37.5)	32 (64.0)	17 (48.6)	63 (54.8)

Conclusion and Future Direction for Research

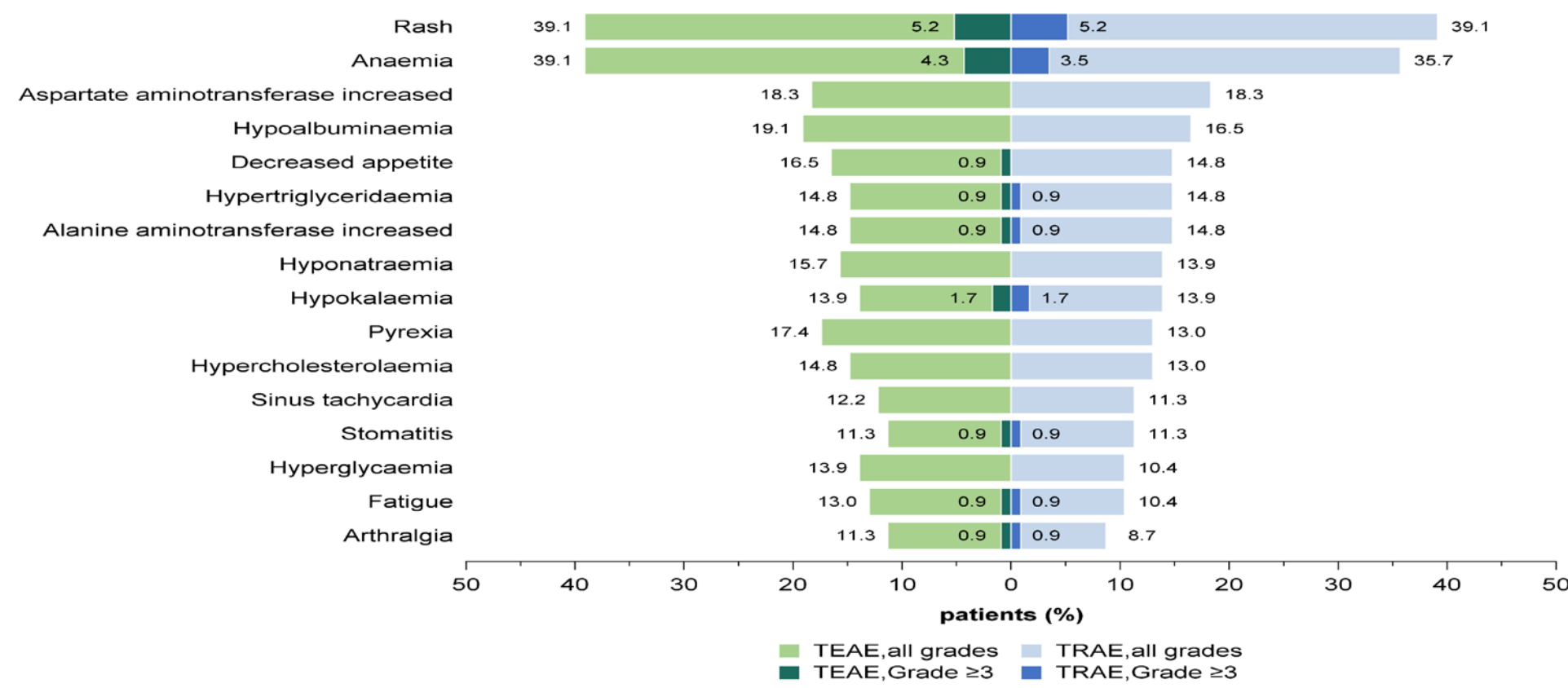
- Dose-dependent anti-tumor activity observed up to DL6 mg/kg with manageable toxicity.
- Promising efficacy was demonstrated at DL3–DL5 mg/kg in patients with cold tumors, and ASKG915 monotherapy showed deep tumor reduction in non-liver metastatic and non-MSI-H mCRC patients (cORR 33.3%).
- Dose escalation to establish proof-of-concept and determine the RP2D for monotherapy is ongoing. In parallel, multiple combination cohorts in patients with advanced solid malignancies are actively enrolling.

Safety Profile

Safety key findings

- Good tolerability up to DL6 mg/kg with no DLT. Majority of TRAEs were mild to moderate (Grade 1-2).
- The common safety profile consistent with IL-15 and PD-1 mechanism of action. Rash (39.1%) , anemia (35.7%) , AST increased (18.3%) and hypoalbuminaemia (16.5%) were the most common AEs related to ASKG915.
- The transition from Q3W to Q4W dosing improved tolerability, as evidenced by marked reductions in the incidence in the incidence of grade ≥3 TRAEs.

Common (≥10%) Treatment-emergent or Related Adverse Events (N = 115)



Safety Profile between Q3W and Q4W Dose Regimen

TRAE Preferred Terms (n, %)	DL3-DL6 mg/kg Q3W (N=102)	DL6 mg/kg Q4W (N=7)
Drug related AEs, grade ≥3*		
Rash	6 (5.9)	0
Anaemia	4 (3.9)	0
Hypokalaemia	1 (9.8)	0
Hypocalcaemia	2 (2.0)	0
Skin infection	2 (2.0)	0
Drug related SAE	20 (19.6)	0

* Grade 3+ TRAE occurring in ≥2 patients

Dose-Response Clinical Benefit

Encouraging evidence of clinical activity was observed at doses ≥ DL3 mg/kg across a broad population of heavily pre-treated tumors, including cold tumors (non-MSI-H mCRC and PROC; n=40, 44.0%).

- 11 of the 15 pts who achieved PR remained on treatment.
- In non-MSI-H mCRC subgroup (evaluable N=30), confirmed ORR was 16.7% (5/30) overall and 33.3% (5/15) in pts without liver metastasis.

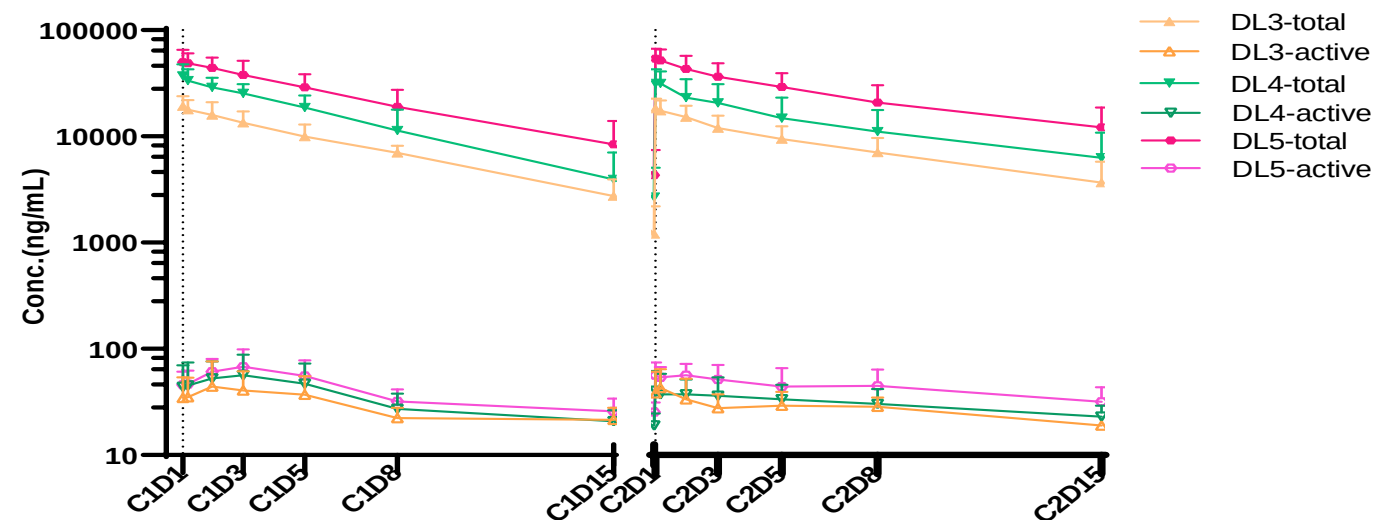
Response Assessed by Investigator - All Tumor Types (evaluable N=91)*

Dose level	DL3 mg/kg Q3W (N=15)	DL4 mg/kg Q3W (N=46)	DL5 mg/kg Q3W (N=30)
Best overall response, n			
PR	2 all confirmed	7 all confirmed	6 all confirmed
SD	6	17	10
PD	7	21	12
NE	0	1	2
cORR, %(95%CI)	13.3% (1.7, 40.5)	15.2% (6.3, 28.9)	20.0% (7.7, 38.6)
DCR, % (95%CI)	53.3% (26.6, 78.7)	52.2% (36.9, 67.1)	53.3% (34.3, 71.7)

PROC: platinum-resistant ovarian cancer ; Non-MSI-H mCRC: including MSS/pMMR and MSI-status unknown metastatic colorectal cancer.

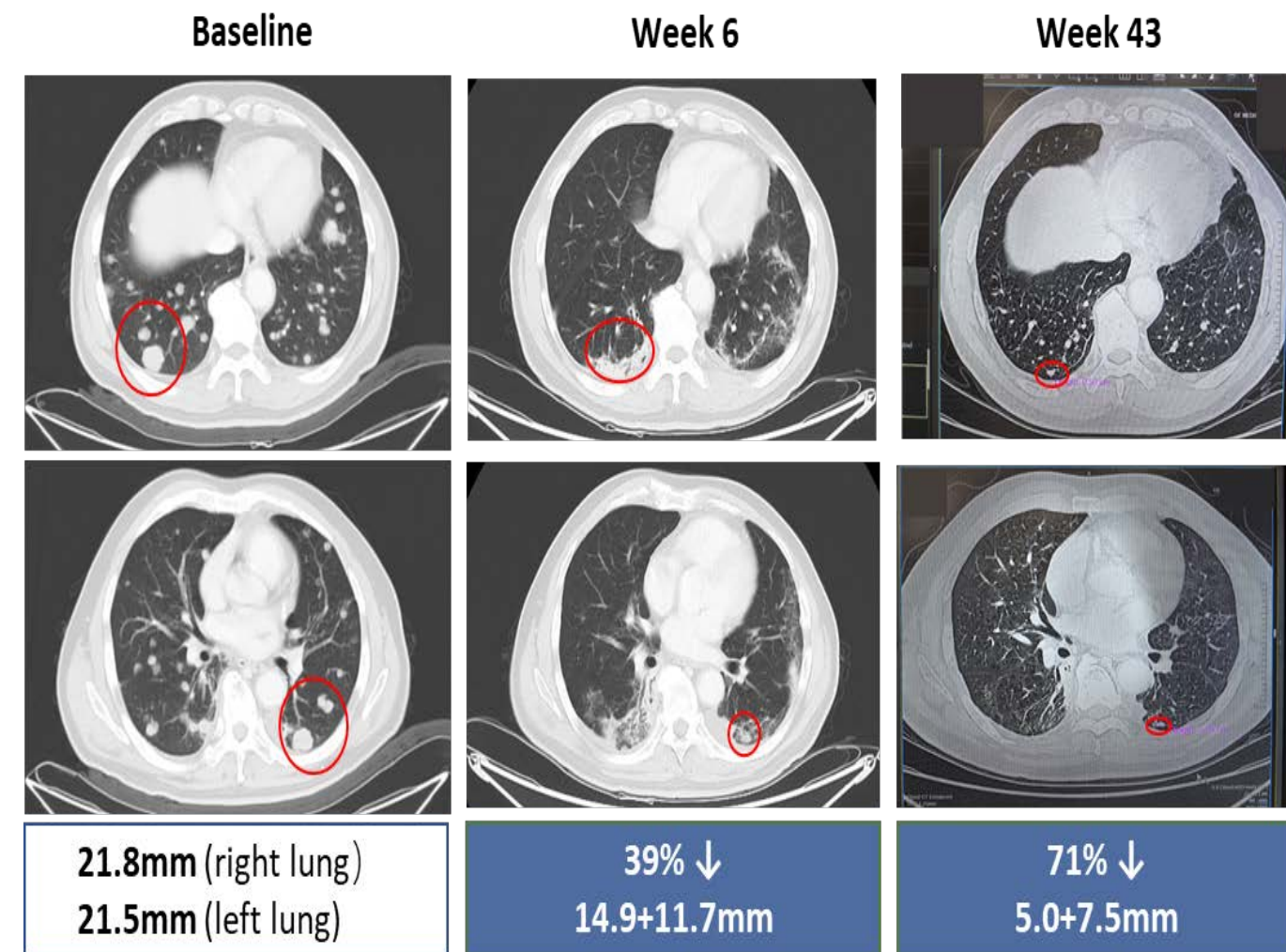
* Efficacy data cut-off: 20260410

Preliminary PK-PD



- The activated ASKG915 in the plasma < 1 %.
- Dose-dependent increase of drug exposure for total and activated ASKG915, with long half life supporting Q3W and Q4W dosing.
- No ADA impact on PK profile after multiple doses.
- Dose dependent increase of CD8+T and NK cell proliferation and expansion.

Durable PR in Heavily Pre-treated MSS/pMMR mCRC



Subject

•68-yr-old male with Stage IV MSS/pMMR mCRC

Prior Treatment

- Neoadjuvant: XELOX + anti-PD-1 5 cycles
- Radical surgery with adjuvant therapy
- 1L XELIRI + Bevacizumab 5 cycles
- 2L Fruquintinib 1 cycle
- 3L TAS102+Regorafenib 2 cycles

Response to ASKG915 at DL3 mg/kg

- First efficacy evaluation was PR (lesions reduced by 39%) .
- Response further improved to 71%, maintained for 7+ months with ASKG915 treatment.