[music]

**Speaker 1:** The *BioWorld Insider* podcast.

**Lynn Yoffee:** This is the *BioWorld Insider* podcast, and I'm Lynn Yoffee. In one of the year's biggest deals, iTeos Therapeutics, on Monday, entered a massive alliance with GlaxoSmithKline. It could be worth more than $2 billion to iTeos. For Glaxo, the deal brings its iTeos's anti-TIGIT monoclonal antibody to the company, adding to its arsenal of cancer-fighting monoclonal antibodies.

For iTeos, it brings big money to a relatively small company and puts it on the global stage with a major player. Today, BioWorld Staff Writer, Lee Landenberger, is talking with iTeos president and CEO, Michel Detheux. Welcome, Michel.

**Michel Detheux:** Thank you.

**Lynn:** Lee, over to you.

**Lee Landenberger:** Thank you, Lynn. Thank you, Michel, for joining us today. I appreciate it. Congratulations on this big deal, too. It takes a relatively young and small company like yours, one that just went public about a year ago, onto a very big stage. iTeos will receive $625 million upfront plus a potential $1.45 billion in milestones. Would you please explain for our listeners, first off, what a TIGIT inhibitor is and what sets yours apart from the competition?

**Michel Detheux:** Yes, indeed. Then thank you very much for this opportunity to explain where we are and where we come from. Indeed, what is TGIT? If we start from the beginning, immuno-oncology was an evolution for oncology treatment and people living with cancer 10 years ago when the antibodies against PD-1 or PD-L1 were approved for the first time, with pembrolizumab the Keytruda and Opdivo from Merck and BMS.

That evolution rode to bring a significant cure for cancer I would say in less than 30% of the patient, and there was a significant expectation to see the next generation of these immunotherapies or cancer immunotherapies and a way to expand the number of patient that could beneficiate from on this treatment, which are usually less toxic and more efficient than the classical chemotherapy or radiotherapy or of targeted therapies.

Last year, Genentech published positive data on the TIGIT program into a randomized phase II in lung cancer. It was the first time in 10 years that a next-generation IO drug came with positive data into a randomized study into a major indication. Then there was a significant extension about these TIGIT programs, and it's a busy field. We have probably more than 10 programs in clinic, but iTeos succeeded to develop a program, which is well-differentiated and that maximize what an antibody can do to enhance the anti-tumor response with a multi-faceted mechanism. Then we designed an antibody with the highest affinity, high potency, and also an antibody able to activate immune cells to increase the anti-tumor effect.

**Lee:** You had a lot of suitors for this antibody. Would you give me some background on the process and why you chose Glaxo?

**Michel:** Indeed. It was a competitive process. Based on our balance sheet and the ability to lead our development through the phase II, we were into position to be very selective. We had conversation with a few companies that had an IO portfolio, capabilities, and ambition to be the type of partner we would be interested in. As things started to get more serious, it was clear that the fit with GSK would be ideal.

We cannot be happier with how the process worked out in terms of the right partner with a collaboration structure **[unintelligible 00:04:05]** plan that are ideal for us in near and long-term perspective.

**Lee:** How long did it take to go through the process and sift through the offers?

**Michel:** I would say that sales discussion started after JP Morgan this year in January.

**Lee:** Oh, fairly soon then.

**Michel:** Yes, indeed and it was a very productive discussion.

**Lee:** You said in the company conference call yesterday, for investors, that you were under no pressure to partner with anyone, and I think you just alluded to this. It sounds like your coffers are full. Does that mean your cash position is strong and you really didn't need to do a deal?

**Michel:** The cash position after the IPO last year and the crossover was strong with three years of cash on our balance sheet and was allowing us to move forward the clinical development of our TIGIT asset. We've also a second program in clinical development, a small molecule called Inupadenant, for adenosine receptor antagonist. For TIGIT, we were equipped ready to move forward toward phase II, but we were also well aware that if we identify the ideal partner to accelerate and expand the development plan, it would be a big added value for people living with cancer, for our stakeholders, and for our shareholders. This is what we have done with GSK.

**Lee:** You're talking about submitting an I&D for next year for 2022.

**Michel:** Oh, in fact, to be correct or accurate, we have completed the dose-escalation phase I at the end of last year, and we've presented our data in April at ACR, one of the biggest cancer conference, and the data were very promising. That is another catalyst I would say to have deal.

**Lee:** It was at the phase 1/2a that you're talking about?

**Michel:** Indeed. Then it was monotherapy with late-stage patients. We have observed, out of 20 patient, which is still a small number, a clinical benefit in 10 patient, with 1 confirmed partial response and 9 stable disease.

**Lee:** Will you be wrapping that up soon and then you'll have a phase II? Can you give me some idea of when you'll be getting the latter or moving on to a phase III, perhaps?

**Michel:** Yes. Well, at least in the near term, we're going to start a combination in the summertime **[unintelligible 00:06:39]** combination and a combination with PD-1. We are planning to start a very large study with GSK somewhere next year.

**Lee:** What does this deal mean for the other assets that you're developing in your pipeline?

**Michel:** In fact, now we have a cash position which has given cash away for more than five years. We are going to invest this cash in three different top priorities: co-develop TIGIT with GSK, it was also something that was very important for us, keep development rights and commercialization rights in US, and this is what we have done with GSK, then we're going to invest in the TIGIT development.

We are going to invest into our second program, which is a potential best-in-class A2A receptor antagonist, highly differentiated for application in immuno-oncology. We are currently starting phase II, with the plan to get a randomized phase II for this program somewhere next year. Then we're going to continue to expand our pipeline of cancer immunotherapies.

**Lee:** Thanks for that, Michel. iTeos made retaining co-commercialization rights in the US with Glaxo a major factor in the negotiations, so why not share the rights globally?

**Michel:** I would say that if you take the perspective of a young biotech like iTeos, setting up a commercial team and a commercial organization is a significant investment and a significant lift. The big added value of US is that this is one country with one regulation and a significant share in terms of the total market for oncology drugs, whereas Europe will be 27 different countries with 27 different languages and 20 different market. Starting or learning the process in the USA, I would say, is the wise approach to build their commercial organization and become an integrated pharma company.

**Lee:** What did Glaxo see in the EOS-448 that other companies maybe didn't?

**Michel:** As I said, Glaxo is the ideal partner because, today, they have an approved PD-1, and they're among the few companies having an approved PD-1, but they don't have the PD-1 franchise. Glaxo, based on their data, their expertise, decided to build the pipeline immuno-oncology focused on the TIGIT pathway. They were already in development with two other immune checkpoints of this pathway, CD96 and CD112 receptor, and what was missing was the TIGIT antibody.

They have seen, in our critical data and phase I data, a highly differentiated TIGIT antibody that convinced them that partnering with iTeos would be a win-win for the two companies.

**Lee:** You're a small company, at least you were. You went public nearly a year ago. That expanded your reach, and now you've done this deal, which is huge. Do you have plans to expand? If you do, what are those plans?

**Michel:** Yes, and indeed, if we consider the crossover last year, the IPO last year, three months or four months after the crossover, and the deal today, we have raised almost $1 billion, which is a significant amount of money for a company of our size. We are going to continue to integrate the expertise that will allow us to develop our drugs and bring innovative cancer immunotherapies for people living with cancer. This is our top priority.

We are going to build a pipeline that will allow to get several programs covering different type of integration and combination. We believe that with this amount of money, we are well-positioned now to execute and continue to bring these innovative drugs to the market and to the patients.

**Lee:** Michel, thanks. Is there anything that we didn't speak about that you wanted to touch on and let everyone know about?

**Michel:** Yes, thank you. Well, there's something important to consider. As I said, therapies was a revolution, but there are still a majority of patient which are not going to benefit or which are going to progress quite rapidly, then the need for a new generation of cancer therapies is very important. We believe and GSK believe that our TIGIT antibody program will be able to meet this expectation and the need for people living with cancer.

We also believe that on top of this significant cash position for a company like iTeos, we are also very well-positioned because, on top of TIGIT, we have these second programming clinics, this A2 receptor antagonist, which has been tailored for application in cancer therapies that could be also a game-changer and in which we are going to invest in order to bring another innovative drug treatment for people living with cancer.

**Lee:** Michel, thanks for taking the time to speak to *BioWorld* today. I appreciate it.

**Michel:** This is really my pleasure. Thank you very much. I wish you a wonderful day.

**Lynn:** Thank you, Michel and Lee. That's our show for today. Thanks for joining us. If you need to track the development of drugs, turn to bioworld.com. Follow us on Twitter. Email us at Newsdesk@BioWorld.com.

**Speaker 1:** BioWorld, published by Clarivate is a subscription-based news service, but all of our COVID-19 content, more than 5,000 articles, and data entries since the start of the pandemic are freely accessible.

[music]

**[00:12:30] [END OF AUDIO]**