Results

ERAS-601 Summary of Safety

<table>
<thead>
<tr>
<th>Subjective experience, (%)</th>
<th>QD</th>
<th>BID</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEAEs*</td>
<td>14 (33.3)</td>
<td>13 (100)</td>
</tr>
<tr>
<td>Grade 3 TEAEs</td>
<td>6 (40.0)</td>
<td>6 (40.2)</td>
</tr>
<tr>
<td>Grade 4 TEAEs</td>
<td>2 (13.3)</td>
<td>0</td>
</tr>
<tr>
<td>Treatment related SAEs</td>
<td>1 (6.7)</td>
<td>0</td>
</tr>
<tr>
<td>DIs</td>
<td>4 (26.7)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Grade ≥ 3 TRAEs:**
- Neutropenia
- Thrombocytopenia
- ALT increased

**Grade 2 TRAEs:**
- Thrombocytopenia
- Neutropenia

**Grade 1 TRAEs:**
- Fatigue
- Hemorrhage
- Hypertension

**Other reported TEAEs:**
- Nausea
- Vomiting
- Diarrhea
- Anorexia
- Abdominal pain
- Headache
- Insomnia
- Cough
- Urinary tract infection

**Not otherwise specified TEAEs:**
- Nausea
- Hemorrhage
- Diarrhea
- Anorexia
- Abdominal pain
- Headache
- Insomnia
- Cough
- Urinary tract infection

**Grade ≥ 3 TRAEs observed in ≥10% of patients:**
- Neutropenia
- Thrombocytopenia
- ALT increased

**Grade 1 and 2 TRAEs observed in ≥10% of patients:**
- Fatigue
- Hemorrhage
- Hypertension

**No Grade 5 TEAEs or SAEs observed.** All patients died of study drug in Q2 and in 4% of those in BID cohort, as a result of progression of disease. **Overall, data suggest both QD and BID regimens are well tolerated.**

**ALL QD:**
- 24 patients
- Median age: 60.0 years (range: 19 - 82)
- Race: 63% White, 24% African American, 13% Asian
- Eastern Cooperative Group (ECOG) Performance Status: 0 or 1 in 100%
- Tumor burden: 2-3 sites in 75%, 4-5 sites in 25%
- Male: 45%
- Female: 55%
- ≤ Grade 2: 95.0%
- Grade 3: 5.0%
- Grade 4: 0%

**ALL BID:**
- 24 patients
- Median age: 60.0 years (range: 19 - 82)
- Race: 63% White, 24% African American, 13% Asian
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- Grade 3: 5.0%
- Grade 4: 0%

**Prevalent preferred term:**
- Tumor activity in vitro and in vivo as monotherapy and in combination in preclinical models of cancer harboring EGFR, KRAS, BRAF, NF1 and/or PIK3CA mutations.
- DUSP6 inhibition was recovered after 24 hours of QD dosing at C1D15, suggesting continuous pathway inhibition between doses.
- Overall data suggest both QD and BID regimens are well tolerated. All patients died of study drug in Q2 and in 4% of those in BID cohort. No Grade 5 TEAEs or SAEs occurred. All patients died of study drug in Q2 and in 4% of those in BID cohort, as a result of progression of disease.

**All-MTD:**
- Two patients in the BID cohort are still on treatment.
- Two patients in the BID cohort are still on treatment.

**Per RECIST 1.1:**
- New lesion: Peri
- Disappearance of target lesion: 
- Progression:
- New lesion:
- Disappearance of target lesion:
- Progression:
- New lesion:
- Disappearance of target lesion:
- Progression:
- New lesion:
- Disappearance of target lesion:
- Progression:

**Biweekly dose escalation schedule:**
- Cycle 1: 20 mg/bid for 2 cycles, followed by 40 mg/bid for 2 cycles.
- Cycle 2: 80 mg/bid for 2 cycles.

**Overall data suggest both QD and BID regimens are well tolerated.**

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