UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2024

iTeos Therapeutics, Inc.

(Exact name of Registrant as Specified in Its Charter)

Delaware	**001-39401**	**84-3365066**
(State or Other Jurisdiction of Incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

321 Arsenal Street **Watertown , Massachusetts** **(Address of Principal Executive Offices)**	**02472** **(Zip Code)**

Registrant's Telephone Number, Including Area Code: 339 217 0161

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	**Trading Symbol(s)**	**Name of each exchange on which registered**
Common Stock, $0.001 par value per share	ITOS	The Nasdaq Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure.

On January 10, 2024, Michel Detheux, Ph.D., President and Chief Executive Officer of iTeos Therapeutics, Inc., will present at the 42nd Annual J.P. Morgan Healthcare Conference (the "Conference"). The slides that will be presented by Dr. Detheux at the Conference are furnished with this report as Exhibit 99.1, which is incorporated herein by reference.

The information in this Item 7.01 is furnished pursuant to Item 7.01 and shall not be deemed "filed" for the purposes of Section 18 of the Securities and Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section. It may only be incorporated by reference in another filing under the Exchange Act or the Securities Act of 1933, as amended, if such subsequent filing specifically references the information furnished pursuant to Item 7.01 of this report.

Item 9.01 Financial Statements and Exhibits.

Exhibit No.	Description
99.1	iTeos Therapeutics, Inc. Presentation at the 42nd Annual J.P. Morgan Healthcare Conference dated January 10, 2024
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned thereunto duly authorized.

iTeos Therapeutics, Inc.

Date: January 10, 2024

By: /s/ Michel Detheux
Michel Detheux, Ph.D.
President and Chief Executive Officer

iTEOS THERAPEUTICS

Cancer Immunotherapies *by design™*

Nasdaq: ITOS January 2024

Forward-Looking Statements

This presentation contains forward-looking statements. Any statements that are not solely statements of historical fact are forward-looking statements. Words such as "believe," "anticipate," "plan," "expect," "will," "may," "intend," "prepare," "look," "potential," "possible" and similar expressions are intended to identify forward-looking statements. These forward-looking statements include statements relating to the potential benefits of our product candidates and combinations, including the potential of belrestotug to be the highest quality TIGIT in the field, the potential of EOS-984's mechanism to have profound effects as a monotherapy or in combinations, and the potential of inupadenant to enhance chemotherapy therapeutic response; the expectation that 2024 will be a defining year for iTeos; our clinical and data generation plans for 2024, including initiating a TIGIT Phase 3 registrational study, having clinical data from GALAXIES Lung-201 and TIG-006 HNSCC, having clinical data from the dose escalation portion of A2A-005 in late 2024, presenting preclinical mechanism of action data from EOS-984 in the second quarter of 2024, and having topline data from the Phase 1 dose escalation trial in advanced malignancies in late 2024; our goal to gain commercial approval for belrestotug in 1L NSCLC and branch into earlier lines and potentially to a variety of IO amenable tumors; the potential of our biomarker for TIGIT in identifying indications to target and subpopulations; our market opportunities and number of patients potentially eligible for our product candidates; the potential benefits of our collaboration with GSK and the expectation that 2024 will be a year of significant momentum for this collaboration; and our expected cash runway through 2026, which contemplates the launch of multiple TIGIT Phase 3 trials.

These forward-looking statements involve risks and uncertainties, many of which are beyond iTeos' control. Actual results could materially differ from those stated or implied by these forward-looking statements as a result of such risks and uncertainties. Known risk factors include the following: success in preclinical testing and early clinical trials does not ensure that later clinical trials will be successful, and early results from a clinical trial do not necessarily predict final results; the data for our product candidates may not be sufficient to support regulatory approval; iTeos may encounter unanticipated costs or may expend cash more rapidly or more slowly than currently anticipated due to challenges and uncertainties inherent in product research and development and biologics manufacturing; the expected benefits and opportunities related to the agreement between iTeos and GSK may not be realized or may take longer to realize than expected due to a variety of reasons, including any inability of the parties to perform their commitments and obligations under the agreement, challenges and uncertainties inherent in product research and development and manufacturing limitations; iTeos may not be able to execute on its business plans, including meeting its expected or planned regulatory milestones and timelines, research and clinical development plans, and bringing its product candidates to market, for various reasons, some of which may be outside of iTeos' control, including possible limitations of company financial and other resources, manufacturing limitations that may not be anticipated or resolved for in a timely manner, negative developments in the field of immuno-oncology, such as adverse events or disappointing results, including in connection with competitor therapies, and regulatory, court or agency decisions such as decisions by the United States Patent and Trademark Office with respect to patents that cover our product candidates; and those risks identified under the heading "Risk Factors" in iTeos' Quarterly Report on Form 10-Q for the nine months ended September 30, 2023 filed with the Securities and Exchange Commission (SEC) as well as other SEC filings made by the Company which you are encouraged to review. Statements regarding the Company's cash runway do not indicate when the Company may access the capital markets.

Any of the foregoing risks could materially and adversely affect iTeos' business, results of operations and the trading price of iTeos' common stock. We caution investors not to place considerable reliance on the forward-looking statements contained in this press release. iTeos does not undertake any obligation to publicly update its forward-looking statements based on events or circumstances after the date hereof.

2024

A Defining Year for iTeos

Promising TIGIT:PD-1 Doublet 1

Two Data Readouts Anticipated in 2024

Unlocking Adenosine Pathway 2

Two Data Readouts Anticipated in 2024

Funded Through 2026 3

$645M in cash as of 3Q23

Deep Pipeline with Four Clinical Readouts in 2024

Innovative molecules and compelling combinations

	Preclinical	Phase 1	Phase 2	Phase 3	Status
Belrestotug: IgG1 antibody targeting TIGIT					
+ dostarlimab | 1L NSCLC PDL1 high					Planned Study
+ dostarlimab | 1L NSCLC PDL1 high			GALAXIES Lung-201		Data Anticipated 2024
+ dostarlimab | 1L HNSCC PDL1 high/low			TIG-006		Data Anticipated 2024
+ dostarlimab + CD96 | 1L HNSCC PDL1 high			GALAXIES H&N-202		Enrolling
+ dostarlimab + chemotherapy | 1L mNSCLC		TIG-006			Enrolling
+ dostarlimab + CD96 | Advanced Malignancies		NCT03739710			Enrollment Complete
+ dostarlimab + PVRIG | Advanced Malignancies		NCT05277051			Enrolling
Inupadenant: Small molecule targeting A_{2A} receptor					
+ chemotherapy | Post-IO Chemo-naïve NSCLC			A2A-005		Data Anticipated Late 2024
EOS-984: Small molecule targeting ENT1					
Monotherapy | Advanced Malignancies					Data Anticipated 2024

ENT1, Equilibrative Nucleoside Transporter 1; (m)NSCLC, (metastatic) non-small cell lung cancer; HNSCC, head and neck squamous cell carcinoma

Belrestotug

EOS-448 / GSK4428859A

iTeos and GSK are uniquely positioned to leverage the TIGIT/CD226 axis

We Hold An

Advantageous Field Position

Significant momentum in 2023

There Is A Need for a Transformative TIGIT:PD-1 Doublet

We Believe Our TIGIT:PD-1 Doublet Is Differentiating In Key Areas

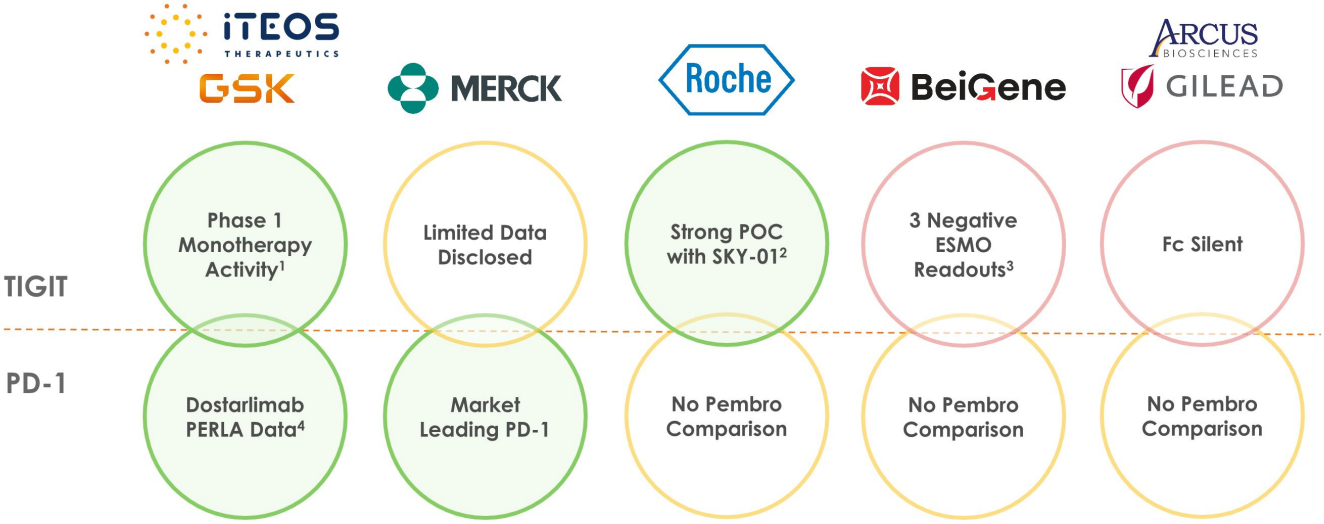
Proven quality target engagement with TIGIT and FcγR

TIGIT monotherapy activity

Pembrolizumab comparison

The Need for a Transformative TIGIT:PD-1 Doublet

Belrestotug + dostarlimab represent differentiated, high-quality therapies



1. iTeos AACR 2021
2. Genentech Phase 3 Skyscraper-01 Study - August 22, 2023 Release
3. ESMO 2023 - AdvanTIG-203, AdvanTIG-206, AdvanTIG-202
4. ESMO 2023 – Phase 2 GSK-sponsored PERLA study in 1L NSCLC

POC, proof of concept; Pembro, pembrolizumab

Belrestotug: The First And Only TIGIT to Demonstrate Robust Target Engagement

Unique Epitope Binding

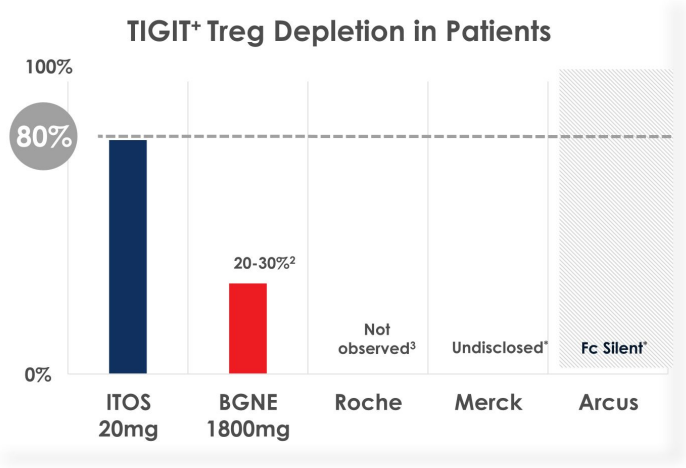
High Affinity + Potency

First and only TIGIT with proven

Treg depletion at all doses[1]

Only TIGIT to Demonstrate Phase 1

Monotherapy Activity[1]



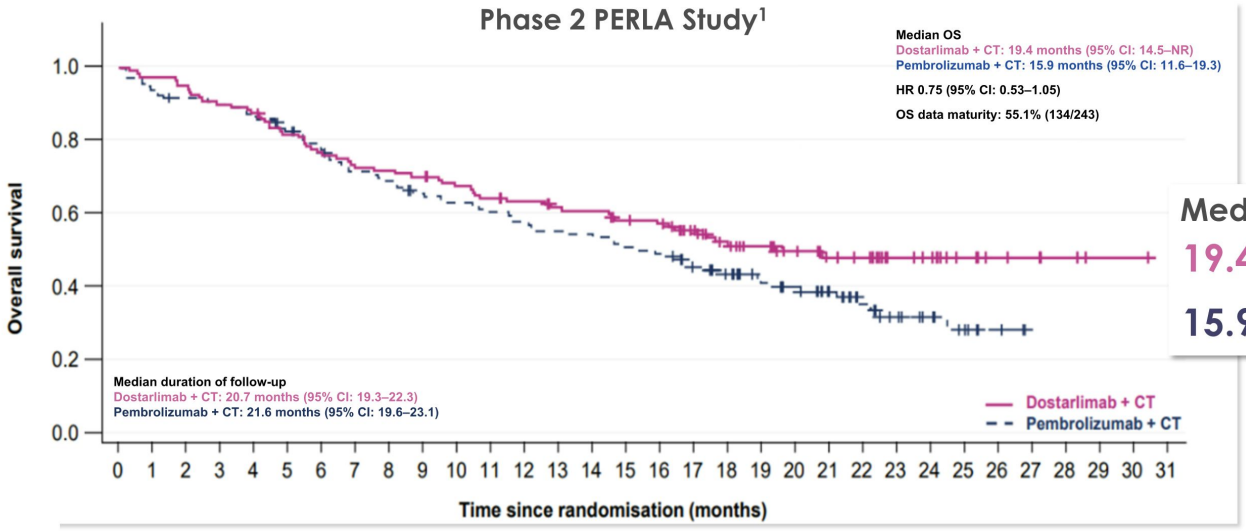
*Merck vibostolimab has yet to publicly show Treg depletion data; Arcus' domvanalimab is an Fc silent TIGIT and not capable of Treg depletion

[3] Ira Melman, Vice President, Cancer Immunology at Genentech: "We would have loved to see Treg depletion…I know that [TIGIT] is also present in fairly high abundance on regulatory T cells but neither in the mouse models nor in cancer patients can we really find much or certainly dramatic evidence that Treg compartment is diminished as a consequence of TIGIT exposure."

1. iTeos AACR 2021
2. doi: 10.1136/jitc-2022-SITC2022.0768
3. Piper Sandler Virtual BioInsights KOL Day: Expert Call on Next Generation Cancer Immunotherapy – June 2020

PERLA: Dostarlimab Is A Quality Anti-PD-1 Backbone

Positive numerical OS trend in 1L NSCLC favoring dostarlimab + CT vs. pembrolizumab + CT



Median OS

19.4 Months

15.9 Months

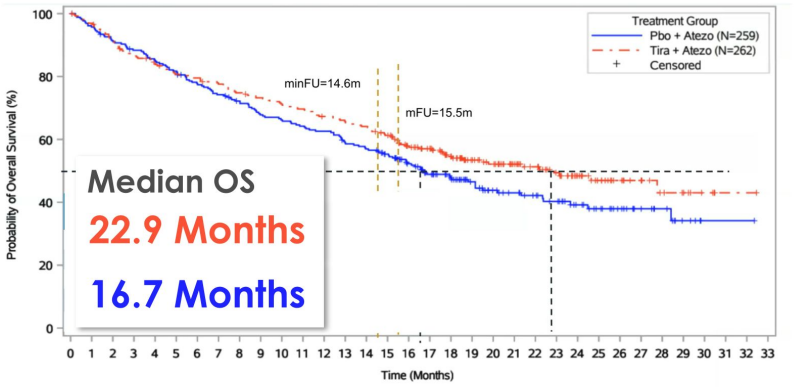
[1]Phase 2 GSK-sponsored PERLA study in 1L NSCLC. Peters S, et al. Annals of Oncology (2023) 34 (suppl_2): S1254-S1335. 10.1016/annonc/annonc1358.
NB: Safety profiles in the secondary analysis of OS were similar and consistent with those previously reported in the primary analysis for the PERLA trial.

CT, chemotherapy; NSCLC, non-small cell lung cancer; OS, overall survival; dMMR, mismatch repair–deficient

SKY-01: Meaningful Separation of Curves Validates TIGIT

Quality of components and clinical trial design leave room for improvement

Phase 3 SKY-01 IA2[1] in 1L NSCLC



Key Insights

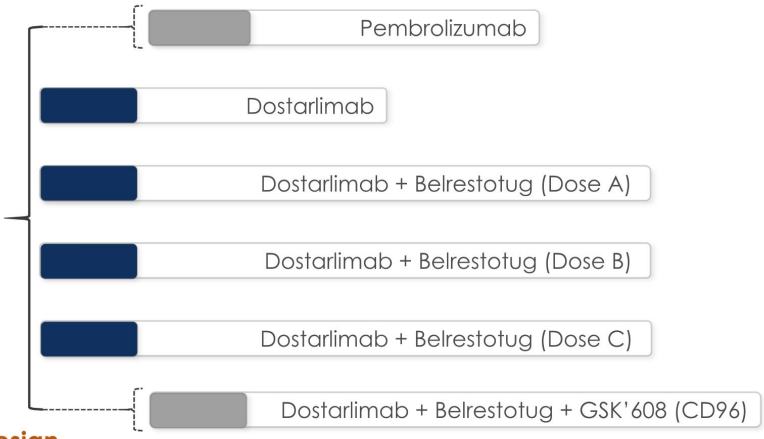
1. **Validated TIGIT as a target** with mOS extended by ~6 months
2. **Robust study design** could provide meaningful efficacy and safety evaluation
3. **Incorporation of pembrolizumab** as SoC control arm

1. Genentech Phase 3 Skyscraper-01 Study - August 22, 2023 Release

SoC, standard of care; OS, overall survival; NSCLC, non-small cell lung cancer

GALAXIES Lung-201 - Phase 2 in 1L NSCLC

The largest TIGIT Phase 2 in 1L NSCLC



Study Design

Estimated Enrollment 300

Status	Enrolling	**Objectives**	Evaluate Belrestotug + Dostarlimab safety, efficacy, PK/PD
Masking	Open label	**Primary Endpoint**	ORR
PDL1 Expression	≥50%	**Secondary Endpoint**	PFS, OS, DOR
Lines of Therapy	No prior systemic therapy	**Clinical Trials Listing**	NCT05565378
Delivery	IV Infusion		

NSCLC, non-small cell lung cancer; SoC, standard of care; ORR, overall response rate; PFS, progression free survival; OS, overall survival; DOR, duration of response

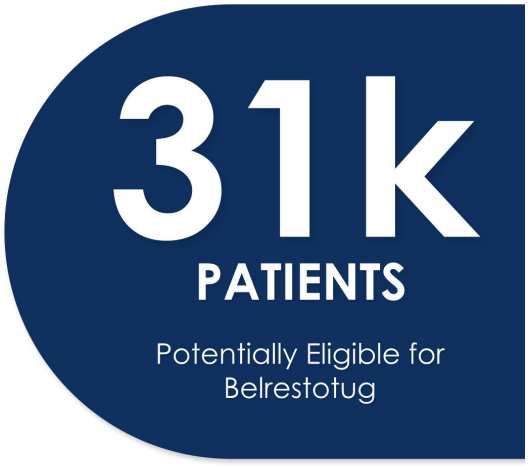
1L NSCLC: Building A Meaningful Position

Evolving competitive landscape favoring a high-quality TIGIT:PD-1 doublet

Strong scientific rationale with high levels of TIGIT+ Tregs, high infiltration of T cells, and highly amenable to IO therapies

The right Phase 3 strategy with right dose, right combination, right trial design, and right commercial approach

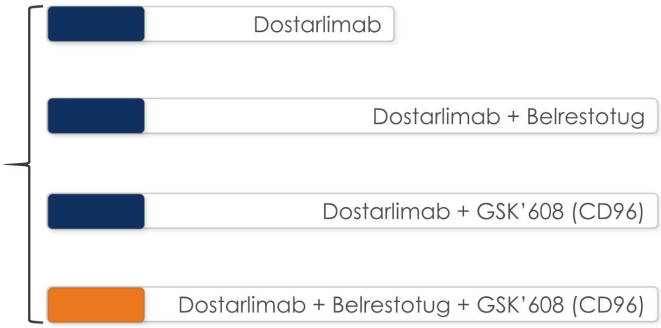
1L NSCLC launch point and clinical POC enables future exploration of other NSCLC settings and indications beyond lung



Source: Kantar, internal iTeos analysis

NSCLC, non-small cell lung cancer; IO, immuno-oncology; POC, proof of concept

GALAXIES H&N-202: Phase 2 in 1L HNSCC



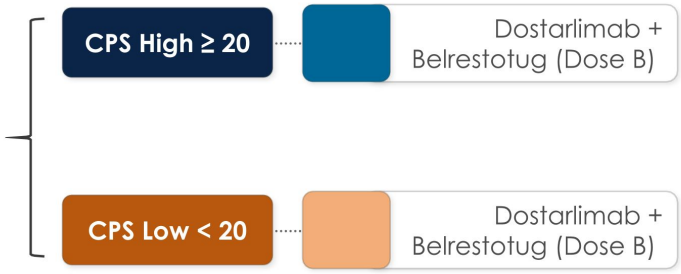
Study Design

Estimated Enrollment 360

Status	Enrolling	**Objectives**	Evaluate antitumor activity, safety of Dostarlimab + novel IOs
Masking	Open label	**Primary Endpoint**	ORR
PDL1 Expression	PDL1+	**Secondary Endpoint**	PFS, OS, DOR
Lines of Therapy	No prior systemic therapy	**Clinical Trials Listing**	NCT06062420
Delivery	IV Infusion		

HNSCC, head and neck squamous cell carcinoma; ORR, overall response rate; PFS, progression free survival; OS, overall survival; DOR, duration of response

TIG-006 – Phase 2 in 1L HNSCC PDL1 High/Low



Study Design

Estimated Enrollment 80

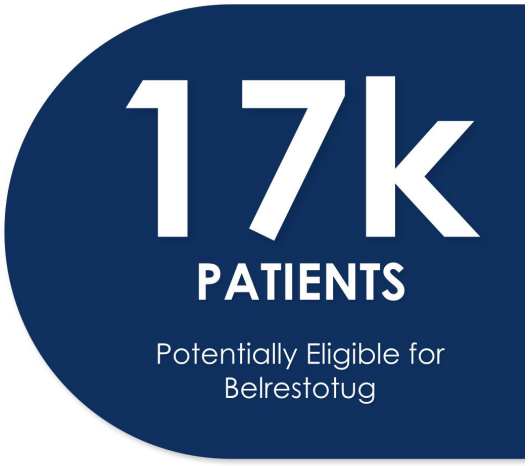
Status	Enrolling	**Objectives**	Evaluate Belrestotug + Dostarlimab in two CPS populations
Masking	Open label	**Primary Endpoint**	ORR
PDL1 Expression	PDL1+	**Secondary Endpoint**	PFS, OS, DOR
Lines of Therapy	No prior systemic therapy	**Clinical Trials Listing**	NCT05060432
Delivery	IV Infusion		

1L HNSCC: Potential First-to-Market Opportunity

Under-served population with strong biological rationale seeking advances

Strong scientific rationale with high levels of TIGIT+ Tregs, high infiltration of T cells and the indication being amenable to PD-1 therapy

Significant market opportunity due to no ongoing Phase 3 studies, potential to be first-to-market, and the opportunity to expand to the locally advanced setting



Source: Kantar, internal iTeos analysis

HNSCC, head and neck squamous cell carcinoma; mOS, median overall survival

Belrestotug + Dostarlimab Are Uniquely Positioned to Fully Exploit TIGIT Pathway

Foundation

1L NSCLC to serve as launch point for TIGIT:PD-1 doublet

Expansion

Target clinically validated indications and improve tumor activity with TIGIT:PD-1 doublet

Design

Utilize doublets beyond PD-1 and unique triplets to target complementary mechanisms or drugs limited by exhaustion

Implementation

Integrate promising TIGIT biomarker to precisely target sensitive indications and subpopulations

The Right Deal & The Right Partner

Data-driven approach to unlock potential of high-quality regimens

Success Factors

Quality TIGIT

Proven PD-1

Right Partner

Strategic Approach

Payments
$625M upfront,
up to **$1.45B** milestones

Territories
US: co-commercialization and **50/50 profit share**

Ex-US: double digit royalties **up to 20%**

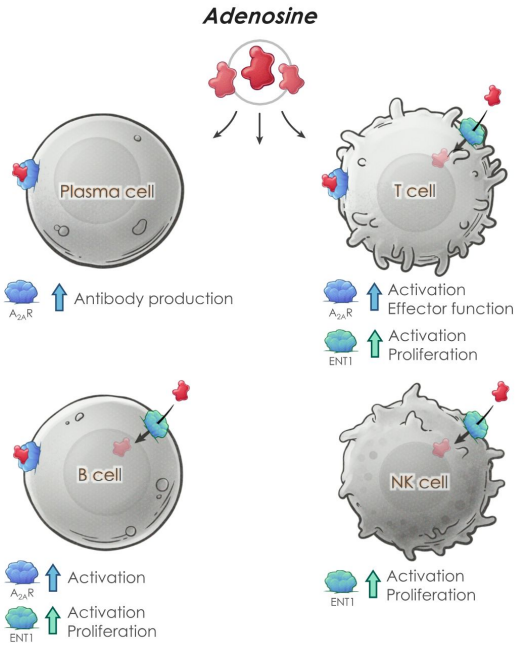
Developmental expenses
40% iTeos / **60%** GSK

PFS, progression free survival; OS, overall survival; dMMR, mismatch repair deficient

Adenosine Pathway

Unlocking one of the most promising targets responsible for immunosuppression

Addressing The Critical Adenosine Pathway Issue: Adenosine Inhibits Immune Cell Activity + Proliferation



Inupadenant: Best-in-Class Approach

- Targets $A_{2A}R$, restoring immune cell activity, specifically plasma cell antibody production
- First and only $A_{2A}R$ antagonist to maintain activity at high adenosine concentrations

EOS-984: First-in-Class Approach

- Targets ENT1, a major adenosine transporter involved in T cell expansion, effector function, and survival
- Potential to restore T cell proliferation in hostile TME

TME, tumor microenvironment; ENT1, Equilibrative Nucleoside Transporter 1

Inupadenant: A Class of Its Own

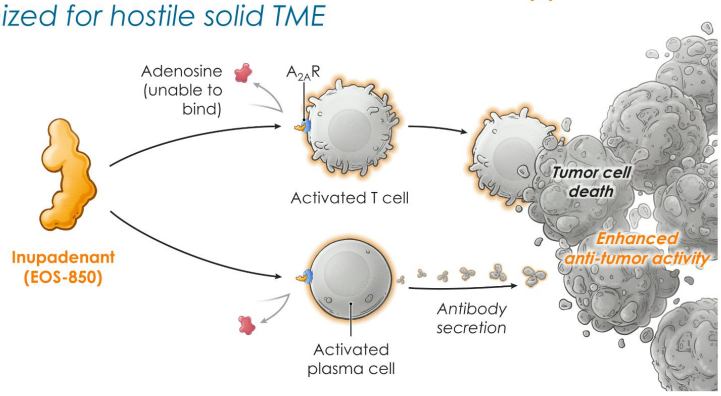
Best-in-class, highly selective $A_{2A}R$ antagonist optimized for hostile solid TME

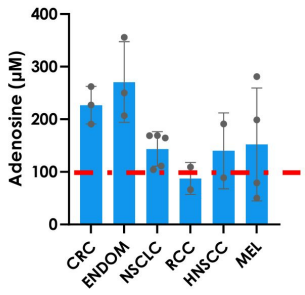
Targeting $A_{2A}R$

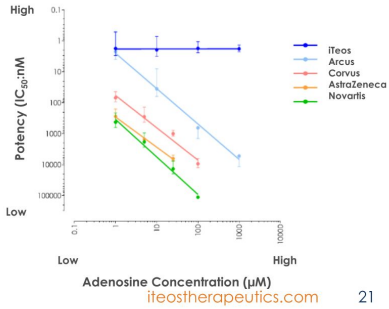
- $A_{2A}R$ activation by adenosine suppresses immune cell responses, inhibiting anti-tumor response
- Inupadenant targets $A_{2A}R$, the final endpoint of the adenosine production pathway, circumventing the multiple ways adenosine is created

The Insurmountable Profile of Inupadenant

- First company to demonstrate TME adenosine concentration is supraphysiological and varies depending on indication
- First and only $A_{2A}R$ antagonist to maintain activity at high adenosine concentrations

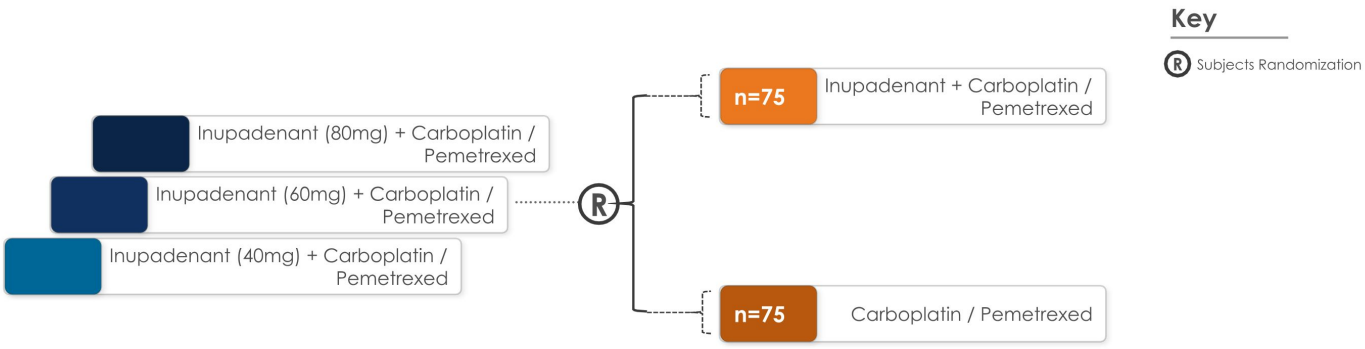






TME, tumor microenvironment

A2A-005: Phase 2 in 2L NSCLC (Post-IO) Chemo-Naïve



Study Design

Estimated Enrollment 192

Status	Enrolling	**Objectives**	Evaluate Clinical Benefit of Inupadenant + Chemotherapy
Masking	Double Blind	**Primary Endpoint**	ORR
PDL1 Expression	PDL1+ (all %)	**Secondary Endpoint**	PFS, OS, DOR
Lines of Therapy	1; PD-1 Inhibitors	**Clinical Trials Listing**	NCT05403385
Delivery	Oral		

Inupadenant Counteracts Chemotherapy's Key Downfall

2L NSCLC is an under-served population with strong biological rationale seeking advances

Chemotherapy increases adenosine levels via cell death, hindering the immune system and plasma cell activity

Inupadenant maintains potency + function at high adenosine levels, potentially enhancing chemotherapy therapeutic response

Currently only clinical trial in 2L NSCLC platinum-naïve setting

Source: Kantar, internal iTeos analysis

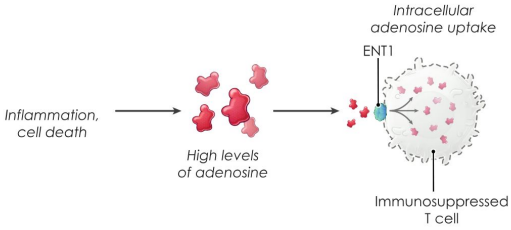
NSCLC, non-small cell lung cancer; TME, tumor microenvironment

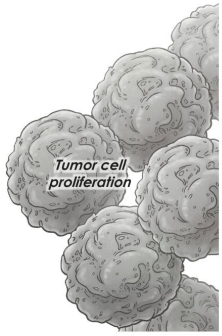
EOS-984: Enhancing T Cell Proliferation in the Hostile TME

One of the most meaningful discoveries in the adenosine pathway

The Role of ENT1

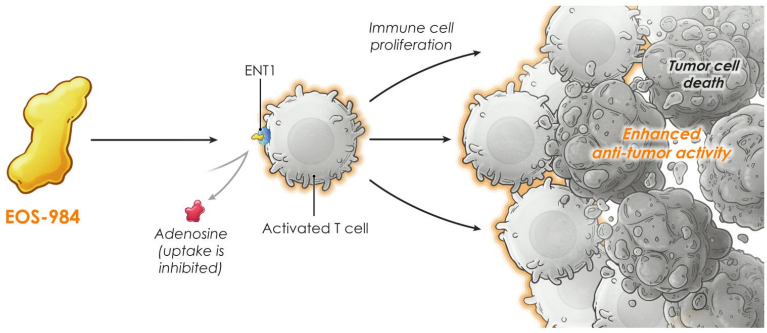
- Dominant transporter of adenosine on lymphocytes effecting:
  - T cell metabolism
  - T cell expansion
  - T cell effector function
  - T cell survival





The Opportunity to Revive T Cell Proliferation

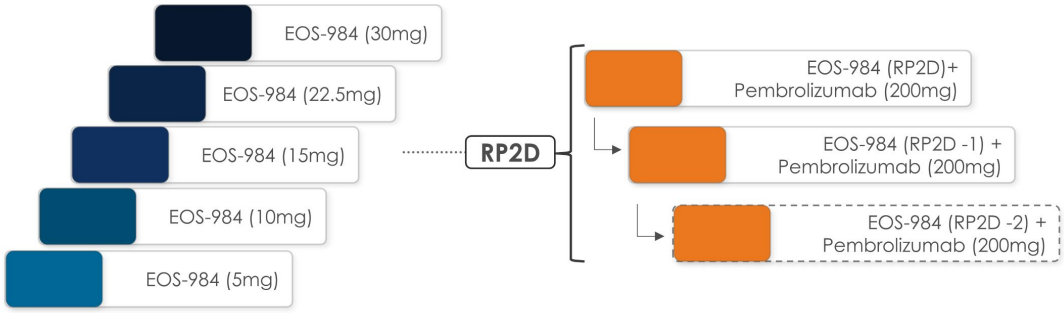
- First company to understand how adenosine transports into T cells and inhibits proliferation
- EOS-984 offers large combination opportunity broadly across cancer therapies



TME, tumor microenvironment; ENT1, Equilibrative Nucleoside Transporter 1

EOS-984: Phase 1 in Advanced Solid Tumors

Evaluation of target engagement and impact on T cells in TME



Study Design

Status	Enrolling
Masking	Open Label
PDL1 Expression	PDL1+ (all %)
Lines of Therapy	All-comers
Delivery	Oral

Objectives	Evaluate Safety/Tolerability of EOS-984 as a Monotherapy and in Combination with Pembrolizumab
Primary Endpoint	Safety/Tolerability, PK/PD
Secondary Endpoint	ORR, PFS, OS, DOR

TME, tumor microenvironment; RP2D, recommended Phase 3 dose; PK/PD, pharmacokinetic/pharmacodynamic; ORR, overall response rate; PFS, progression free survival; OS, overall survival; DOR, duration of response

2024: Pivotal Year of Data Generation

Innovative portfolio leveraging deep tumor immunology expertise

TIGIT

1L NSCLC
(Phase 2 GALAXIES LUNG-201)

1L HNSCC
(Phase 2 TIG-006)

Adenosine Pathway

$A_{2A}R$ - 2L NSCLC
(Phase 2 A2A-005)

ENT1 - MOA
(EOS-984 Preclinical)

ENT1 - Advanced Malignancies
(EOS-984 Phase 1)

Funded Through Significant Milestones

As of 3Q23

$645M

In cash, cash equivalents and investments

Runway through 2026

NSCLC, non-small cell lung cancer; HNSCC, head and neck squamous cell carcinoma; ENT1, Equilibrative Nucleoside Transporter 1; MoA, Mechanism of Action

iTEOS THERAPEUTICS

Cancer Immunotherapies *by design™*

Nasdaq: ITOS January 2024