Iambic Presents Preclinical Data for CDK2/4 Inhibitor IAM-C1 and Brain-Penetrant KIF18A Inhibitor IAM217 at 2026 EORTC-NCI-AACR Symposium

November 18, 2026

- IAM-C1, a selective dual CDK2/4 inhibitor, showed single-agent antitumor activity across CDK2-, CDK4- and CDK2/CDK4-dependent models, including a CDK4/6 inhibitor-resistant breast cancer patient-derived xenograft model
- IAM-C1 produced smaller neutrophil reductions than combined selective CDK2 and CDK4 inhibition, despite higher exposure multiples
- IAM217, a brain-penetrant KIF18A inhibitor, drove deep regressions across multiple preclinical models with approximately 90% regression in an intracranial breast cancer model
- Both wholly owned drug candidates were designed using Iambic's AI-driven, molecular superintelligence platform and are advancing toward the clinic, with a Safe-to-Proceed Letter received for a Phase 1/2 trial for IAM217 and an IND submission for IAM-C1 anticipated in Q4

SAN DIEGO, Nov. 18, 2026 (GLOBE NEWSWIRE) -- Iambic (Nasdaq: IAM), a clinical-stage life sciences and technology company developing novel medicines using its AI-driven platform, today announced two preclinical poster presentations at the 38th EORTC-NCI-AACR Symposium on Molecular Targets and Cancer Therapeutics (ENA 2026), known as the Triple Meeting, taking place November 18–20, 2026 in Barcelona.

The posters present preclinical data for IAM-C1, a selective dual CDK2/4 inhibitor in development for HR+/HER2- breast cancer and CCNE1-amplified cancers, and IAM217, a brain-penetrant KIF18A

inhibitor in development for cancers with chromosomal instability (CIN). Both wholly owned drug development candidates were designed using Iambic's molecular superintelligence platform, which integrates Enchant® and NeuralPLexer®, its flagship AI technologies for multimodal endpoint and protein-ligand structural predictions, with automated chemistry and biology experimentation.

"IAM-C1 and IAM217 are Iambic's second and third drug development candidates and demonstrate what our molecular superintelligence platform is designed to do: discover and advance differentiated molecules to address urgent unmet patient need," said Tom Miller, PhD, Co-Founder and CEO, Iambic. "For IAM-C1, it meant dual CDK2 and CDK4 activity while sparing other CDKs associated with dose-limiting toxicities. For IAM217, it meant selective KIF18A inhibition with brain penetrance. The preclinical data presented at ENA reflect both design goals, and we look forward to advancing these programs to and through clinic."

"Resistance to CDK4/6 inhibitors remains a key limitation in HR+/HER2- breast cancer, and increased CDK2 signaling through cyclin E is one route to that resistance," said Pete Olson, PhD, Chief Scientific Officer, Iambic. "In our studies, IAM-C1 was active in models driven by CDK2, CDK4 or both, including a patient-derived model from a patient previously treated with abemaciclib and palbociclib. With IAM217, we saw selective activity against chromosomally unstable tumor cells in vitro and deep regressions in vivo, including in an intracranial model. We are encouraged by these preclinical data and look forward to submitting an IND for IAM-C1 later this year and initiating the Phase 1/2 trial for IAM217."

POSTER PRESENTATIONS

Title: IAM-C1, a Potent and Selective Dual CDK2/CDK4 Inhibitor, Demonstrates Robust Antitumor Activity and a Favorable Preclinical Tolerability Profile
Abstract: 234 | Poster: PB-129 | Session: Molecular Targeted Agents |

November 19, 2026 | Exhibition Hall, CCIB| Presenter: Pete Olson, Iambic

Summary:

- IAM-C1 inhibited CDK2/cyclin E1 and CDK4/cyclin D1 with biochemical IC50 values below 1 nM. Across a broad kinome panel at 30 nM, four non-mutant off-target kinases met the binding-hit criterion.
- In cancer cell lines with distinct CDK dependencies (MCF-7, CDK4; OVCAR-3, CDK2; MFE-296, CDK2/CDK4), IAM-C1 suppressed RB phosphorylation (IC50 18–19 nM), inhibited proliferation (IC50 40–100 nM) and depleted S-phase cells.
- As a single agent, IAM-C1 achieved tumor growth inhibition (TGI) of 138% in MCF-7, 97% in OVCAR-3 and 94% in MFE-296 xenograft models. In the CDK2/CDK4 co-dependent MFE-296 model, TGI with IAM-C1 exceeded that of single-agent CDK2, CDK4 and CDK4/6 inhibitors and was comparable to a combination of selective CDK2 and CDK4 inhibitors.In the ST4316B ER+/HER2- breast cancer patient-derived xenograft model, established from a patient previously treated with abemaciclib and palbociclib, IAM-C1 achieved 78% TGI versus 24% with palbociclib.
- In the MCF-7 model, IAM-C1 combined with fulvestrant or imlunestrant produced significantly greater antitumor activity than either selective estrogen receptor degrader alone.
- In rats, IAM-C1 reduced neutrophil counts by a mean of 13% at exposure multiples of 1.3–1.4x across two studies, compared with 48% for combined selective CDK2 and CDK4 inhibitors at 0.65–0.75x and 69% for palbociclib.

Title: IAM217: a Novel, Brain-penetrant KIF18A Inhibitor for Targeting Chromosomal Instability in Cancer

Abstract: 330 | Poster: PB-122 | Session: New Drugs | November 20, 2026 | Exhibition Hall, CCIB | Presenter: Jill Hallin, Iambic

Summary:

- IAM217 inhibited growth of CIN-high OVCAR-3 ovarian cancer cells (IC_{50} 24 nM) while sparing CIN-low MCF-7 cells (IC_{50} >10,000 nM) and bone marrow hematopoietic progenitor cells (IC_{50} 7,700 nM to >10,000 nM). Anti-proliferative activity tracked with mitotic arrest.
- IAM217 was negative in a mini-Ames assay, showed a clean kinesin and kinome selectivity screen, and achieved CNS exposure in rodents.
- Once-daily oral dosing in ovarian cancer xenograft models produced dose-dependent plasma and tumor exposure that correlated with dose-dependent tumor growth inhibition and modulation of the mitotic marker phospho-histone H3. IAM217 was well tolerated at all dose levels tested.
- At 60 mg/kg once daily for approximately 21 days, IAM217 showed antitumor activity across a panel of breast cancer cell line-derived and patient-derived xenograft models, as well as ovarian, colon and osteosarcoma models, with deep regressions in multiple models.
- In an intracranial JIMT-1 breast cancer model of brain metastasis, IAM217 achieved approximately 90% regression. Unbound plasma and cerebrospinal fluid concentrations exceeded the free IC_{90} for more than 24 hours.
- In vitro, IAM217 combined with eribulin showed synergy in Kuramochi (ovarian cancer) and HCC1187 (triple-negative breast cancer) cell lines.

About Iambic

Iambic's mission is to make better technology for better medicines. By utilizing molecular superintelligence — integrating proprietary AI with automated, scalable chemistry and biology experimentation — our platform is designed to address the totality of drug discovery and development. We believe the utility of our platform is demonstrated by

the discovery of IAM1363, a novel drug candidate advanced to clinic in approximately two years, along with a diverse preclinical pipeline. Our leading AI technologies include Enchant® and NeuralPLexer® for multimodal endpoint prediction designed to improve the speed, precision, and success rates of drug discovery and clinical development. At Iambic, we are building an engine that is designed to power the future of medicine. | iambic.ai

Forward-Looking Statements

This press release contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended, which are intended to be covered by the safe harbor provisions of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical fact are forward-looking statements. Words such as “anticipate,” “believe,” “continue,” “could,” “designed,” “estimate,” “expect,” “intend,” “may,” “plan,” “potential,” “should,” “will” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these words. Forward-looking statements in this press release include, but are not limited to: statements regarding the potential therapeutic effects of IAM-C1 and IAM217, the potential tolerability of IAM-C1 and IAM217, the potential for IAM-C1 and IAM217 to be differentiated from other therapies, the anticipated timing of an IND submission for IAM-C1, Iambic’s plans to advance IAM-C1 and IAM217 into clinical development, and the capabilities of Iambic’s platform. These statements are based on numerous assumptions and involve substantial risks, uncertainties and other factors that may cause actual results, levels of activity, performance or achievement to be materially different from the information expressed or implied by these forward-looking statements, including that results of preclinical studies may not be predictive of results in clinical trials; comparisons across separate studies or to other compounds may not be reliable indicators of relative performance; that IAM-C1 or IAM217 may demonstrate unexpected safety or tolerability findings in humans; and that IND submissions, regulatory

clearances and trial initiations may not occur on the anticipated timelines or at all. These and other risks are described more fully under “Risk Factors” in Iambic’s final prospectus relating to its initial public offering filed with the Securities and Exchange Commission pursuant to Rule 424(b) on October 14, 2026, Iambic’s Quarterly Report on Form 10-Q for the quarter ended September 30, 2026, to be filed with the Securities and Exchange Commission, and in Iambic’s subsequent filings with the Securities and Exchange Commission. The forward-looking statements in this press release speak only as of the date of this press release, and you should not rely on them as representing Iambic’s views as of any subsequent date. Iambic undertakes no obligation to update these forward-looking statements, or the reasons actual results could differ from those projected, except as required by law.

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