

Tumor-Activated Anti-CTLA-4 Monoclonal Antibody, XTX101, Demonstrates Monotherapy and Anti-PD-1 Combination Benefit in Preclinical Models

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### BACKGROUND

- The clinical benefit of CTLA-4 blockade to cancer patients has been well established
- However, efficacy of current therapies is limited by dose limiting toxicity arising from systemic immune activation
- XTX101 is a tumor-selective anti-CTLA-4 mAb that is designed to improve upon the therapeutic index of existing anti-CTLA-4 therapies by overcoming potency and tolerability limitations
- XTX101 is designed for improved potency
- Higher affinity binding to the target CTLA-4
- Enhanced Fc effector function
- XTX101 is designed to have reduced peripheral immune activity
- · CDR sequences are masked while in circulation
- · Activated by protease-dependent release of the masks
- Selectively active in the tumor microenvironment and avoids toxicity associated with systemic immune activation

## Ipilimumab data strongly validate potential for improved α-CTLA-4 mAb Ipilimumab Melanoma Randomized Phase 3 Study'



Conclusion: Treatment with higher dose resulted in increased overall survival (OS) but also increased AEs and discontinuations

- Ipilimumab shows preliminary evidence of promising antitumor activity in a range of tumor types, outside of the approved indications<sup>2,3,4</sup>
- Patients with high affinity FcγR polymorphisms have shown improved clinical responses to ipilimumab<sup>5,6</sup>
- Ipilimumab is more active when combined with nivolumab, including increased rate of irAEs<sup>7</sup>
- The therapeutic potential of ipilimumab monotherapy or in combination with anti-PD-1 is curtailed by dose limiting systemic immune toxicities

Xilio's approach is to combine tumor selectivity and enhanced potency of anti-CTLA-4 treatment to achieve an improved therapeutic index (TI)

Sources: 'Acciento PA, Lancet Oncol. (2017); <sup>2</sup> Beer TM, J. Clin. Oncol. (2017); <sup>3</sup> Hellmann MD, NEJM (2019): 'Kao HF, Head Neck. (2019); <sup>3</sup> Arce-Vargas F, Cancer Cell (2018); <sup>3</sup> Quezada SA Clin. Cancer Res. (2019); <sup>3</sup> Lebbé C, J. Clin. On (2019)



BACKGROUND

## Tumors are proteolytically active environments that we

leverage for tumor selectivity of XTX101
Proteolytic processes Cancer hallmarks Example proteases



#### RESULTS

After proteolytic activation, XTX101 inhibits binding of CTLA-4 to its cognate ligands CD80 and CD86, and mediates cellular activity in PBMC and ADCC assays



Ab (upimL)

0.01 0.1 Ab (up/mL)

## RESULTS

#### XTX101 is more potent than ipilimumab-analog



XTX101 drives potent tumor growth inhibition (TGI), superior to ipilimumab-analog

 A dose of 3 mg/kg of ipilimumab-analog is required to achieve similar efficacy and CR rate as XTX101 at 0.3 mg/kg, suggesting XTX101 has 10x higher potency
 M649 cells were inoculated subcutaneously into C57BL6-huCTLA4 mice. Mice were dosed single-dose i.v.
 A two-way NOVA with Bordronn's multiple comparisons post-test was performed to determine the statistical significance of treatment vs. isotype on Day 16 (ns not significant, "P<0.05; ""P<0.01; """>-0.001;

## XTX101 demonstrates potent intratumoral pharmacodynamic (PD) response, superior to ipilimumab-analog



- XTX101 shows Treg depletion in the tumor and no effect on peripheral Treg levels
- A dose of 3 mg/kg of ipilimumab-analog is required to achieve similar peripheral PD as XTX101 at 10 mg/kg, consistent with better tolerability of XTX101 in mice
   MB49 colls were inocated soluctaneously into CSFILB-InCLTA-mice. Mice were dosed single-dose ix A one-way ANOVA with Bordreron's multiple comparisons post-test was performed to determine the statistical significance of treatment vs. subsep (PF-0.03; "Pe-0.01; "Pe-0.01].

# Significant combination benefit observed with XTX101 and anti-muPD-1



 Significant TGI observed in mice treated with XTX101 and anti-PD-1 combination, and no significant decrease of body weight was observed.

MC38 cells were inoculated subcutaneously into the right flank of C57BU6+tuCTLA-4 mice. Therapy started when the tumors reached ~144 mm<sup>3</sup>. Mice were dosed iv with 0.3 mg/kg of XTX101 on day 0, 2; i.p. with 10 mg/kg of anti-DD-1 on day 0, 3; 6. A Two-way ANOVA with Dunnett's multiple comparisons post-less twas performed to determine the statistical significance of treatment between groups (n.s.=not significant; \*p<0.0; \*\*p<0.01; \*\*

## RESULTS





Cancer type	Melanom a	RCC	Ovary	Bladder	Colon	NSCLC	Breast	Liver	Total
% Tumors that activate XTX101	71%	57%	58%	67%	91%	67%	75%	67%	66%
Sample size	7	30	12	6	11	9	4	6	85

- Broad potential for tumor selective XTX101 activity leads to opportunities in many indications
- Given the broad activation of XTX101 across diverse tumor types, Companion
  Diagnostic (CDx) biomarker for protease activity or expression likely not required

## CONCLUSION

- The clinical benefit of CTLA-4 blockade is well established, but remains limited due to toxicities arising from systemic immune activation
- XTX101 is a potent, tumor-selective anti-CTLA-4 mAb with the potential to significantly expand the TI relative to ipilimumab and therefore potentially reduce toxicity while enhancing efficacy
- Functional characterization of XTX101 confirmed proteasedependent activity
  - XTX101 binds to CTLA-4 with high affinity in a protease-dependent manner
  - XTX101 exhibits protease dependent inhibition of CD80/86 binding to CTLA-4
  - Protease-dependent activation of XTX101 overcomes CTLA-4 inhibition of T cell activation
  - Enhanced effector function of XTX101 confers potent protease & CTLA-4 binding dependent ADCC activity
- Tumor-selective activity of XTX101 was demonstrated by in vivo studies
- XTX101 demonstrates 10x improvement in potency in murine tumor growth inhibition studies
- XTX101 exhibited enhanced Treg depletion in tumors
- XTX101 showed reduced peripheral immune activation by comparison to ipilimumab-analog
- Significant benefit observed with XTX101 and anti-PD-1 combination, inducing increased TGI without an increase in toxicity
- XTX101 is activated broadly across multiple tumor subtypes based on *ex vivo* studies in fresh human explant tumor tissue
- These data support evaluation of XTX101 in clinical studies