Cancer Treatment Prior Lines of Anti-Female (range) efficacy achieved with high dose while improving patient tolerability. Including vascular leak syndrome (VLS).

Historically, rhIL-2 is generally tolerated but is activate regulatory T cells, leading to immunosuppression. The critical challenge is the development of IL-2 based therapies to balance the efficacy achieved with high dose without improving patient tolerability.

XTX202, a Masked Tumor Fc

XTX202 is an investigational tumor-inactivated IL-2 analog designed to be active in the presence and activated by matrix metalloproteinases (MMPs) to the tumor microenvironment. 

Studying dose-ranging and escalating high tumor burden, tumor microenvironment, dose-responses, and blood samples.

A Phase 1 First-in-Human clinical trial of XTX202 in advanced solid tumors is ongoing (NCT05023284).

XTX202 On-Treatment Biopsy Demonstrated ~15% Activated Tumor in Tumor vs 1% Activated Tumor in Plasma

The totality of preliminary data supports plans to evaluate XTX202 in Phase 2 study in patients with RCC and melanoma at a target dose range of 1.0-1.4 mg/kg or higher.

Conclusions for XTX202, a Tumor-ACTivated Engineered IL-2 by

- The patient population enrolled in the Phase 1 study comprised older, heavily pre-treated patients with a range of advanced solid tumors and lower performance status in contrast to younger RCC and melanoma patients.

- XTX202 demonstrated measurable tumor responses in solid tumors, as seen in lymphohistological biomarker assessments. Treatment of patients was well-tolerated with TRAEs primarily Grade 1-2, supporting effective masking of XTX202.

- No grade 5 TRAEs and no signs or symptoms of VLS were observed through 4.0 mg/kg dose level.

- Data suggest 2.8 mg/kg or higher microtherapy doses are approaching optimal range to activate CD99 effector T cells and NK cells in the tumor.

- Peripheral PK data support QOW dosing schedule and demonstrated limited XTX202 activation in peripheral circulation.

- Tumor-selective increases in CD99 effector T cells was observed in patient tumor samples following XTX202 treatment.

- Of 42 response-eligible patients:
  - only 6% were treated at a dose level of 2.8 mg/kg or higher as of the data cutoff date.
  - among these 6 patients, disease control rate was 50%.

- 2 patients, including a treatment-refractory MSS CRC patient and a RCC patient, are ongoing on treatment for over 20 cycles (14 months), suggesting XTX202 is well-tolerated for long-term therapy.

- Tumor-selective increases in CD99 + effector T cells were observed in response to XTX202 treatment, consistent with IL-2 by biology.

- Data suggest dose-dependent increase in CR, with 55% DCR at doses >2.8 mg/kg.

- The totality of preliminary data supports plans to evaluate XTX202 in Phase 2 study in patients with RCC and melanoma at a higher dose level of 4.0 mg/kg or higher.

- XTX202 was generally well-tolerated with repeated administration (including >1 year) and favorable profile for combination therapy.