# C-1

## Preliminary Safety, PK/PD, and Antitumor Activity of XmAb18087, an SSTR2 x CD3 Bispecific Antibody, in Patients with Advanced Neuroendocrine Tumors

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**BACKGROUND:** SSTR2 is highly overexpressed in neuroendocrine tumors (NETs). XmAb18087 is a humanized, anti-SSTR2 x anti-CD3 bispecific antibody that directs T-cell-mediated cytotoxicity to SSTR2+ tumor cells.

**METHODS:** This ongoing, Phase 1, dose-escalation and expansion study (NCT03411915) investigates the safety/tolerability and maximum tolerated dose (MTD) of XmAb18087, administered as weekly infusions in 28-day cycles,

in parallel cohorts of advanced NET and gastrointestinal stromal tumor patients. PK/PD and response (RECIST 1.1) are assessed. We report preliminary data for NET cohorts.

**RESULTS:** As of 10Jun2020, 25 patients (median age, 61 years; 52% male) were treated: 21 in 4 ascending-dose cohorts (first dose, 0.1-1.0 µg/kg, 0.1-2.0 µg/kg thereafter) and 4 in expansion at the MTD (first dose, 0.3 µg/kg, 1.0 µg/kg thereafter). Initial lesion was Grade 2 in 60% of patients and located in pancreas (56%), lung (16%), and intestine (12%); 84% of patients received ≥3 prior systemic therapies, including peptide receptor radionuclide therapy in 52%. Dose-limiting toxicities were nausea and vomiting. Treatment-related Grade 3/4 adverse events (Table 1) occurred in 68% of patients; Grade 1/2 CRS occurred in 44%. Best response was stable disease (6/13 evaluable patients; 46%), with a median of 211 days' treatment. Median half-life was 94 hours. Dose-dependent T-cell margination within 48 hours after each dose and sustained T-cell proliferation 7 days after each weekly dose were observed. Cytokine production decreased after the first 2 doses.

**CONCLUSION:** Preliminary data indicate XmAb18087 was well-tolerated in NET patients, with dose-dependent T-cell proliferation and disease control in almost half of evaluable patients. Updated data from the expansion cohort will be presented.

**Table 1. Grade 3/4 TRAEs in ≥5 Patients**

| Event | n (%) |
|---|---|
| Lymphopenia | 11 (44%) |
| GGT increased | 6 (24%) |
| ALT/AST increased | 5 (20%) |
| Vomiting | 5 (20%) |

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