

# Phase 1/2 Study to Assess Safety, Tolerability, and Efficacy of XmAb942 (anti-TL1A) in Healthy Participants and Participants With Ulcerative Colitis

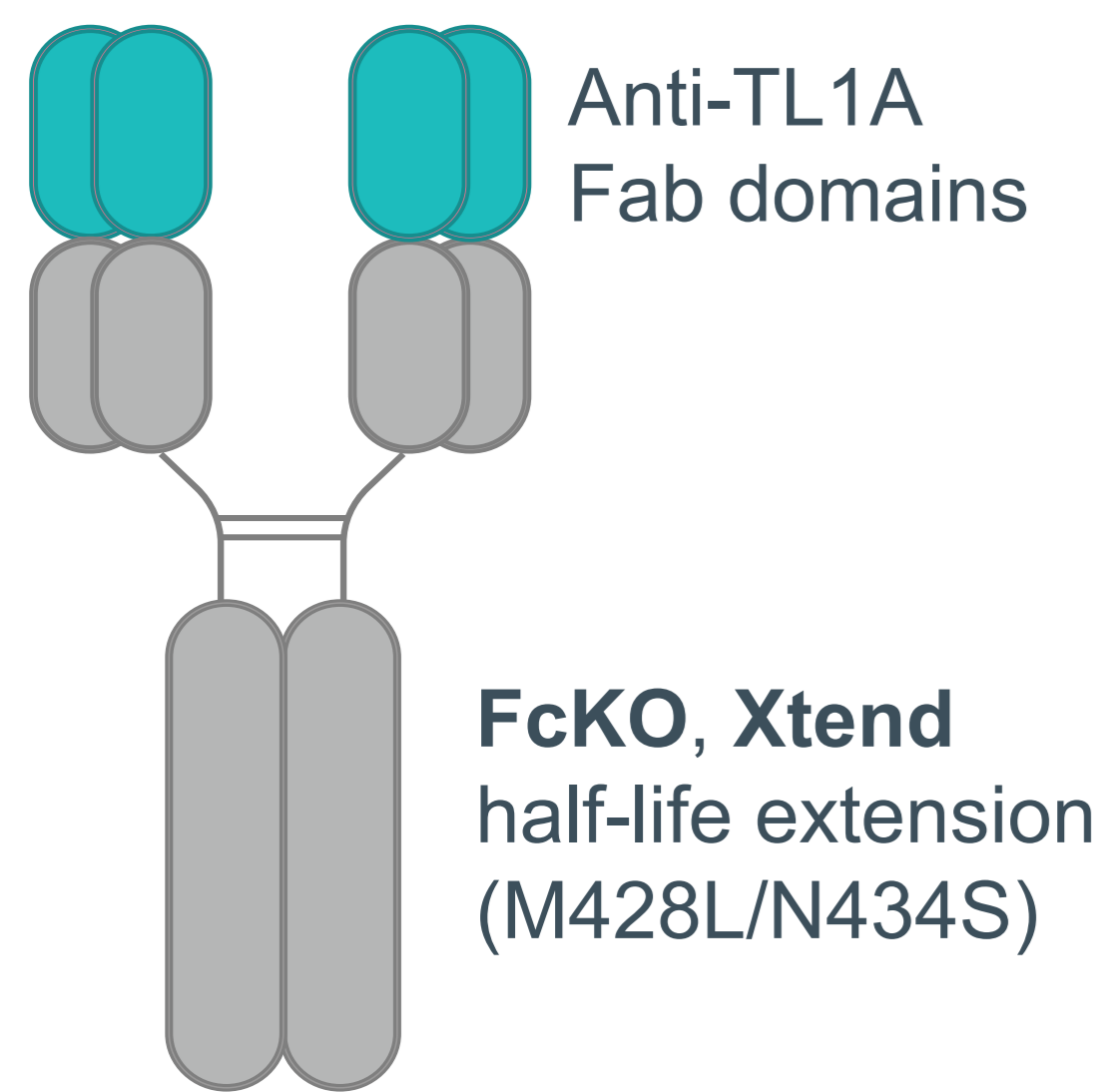
K. Hung,\* S. Aggarwal, S. Gargosky, C. Peterson, S. Ramanujan, C. Banfield, Z. Manukyan, M. Hassan-Zahraee, J. Woo, D. Szymkowski, S. Visonneau, B. Burington, C. Trout, D. Leone, B. Dahiyat, J. Desjarlais, J. Kanodia

Xencor, Inc., Pasadena, CA, USA

## BACKGROUND

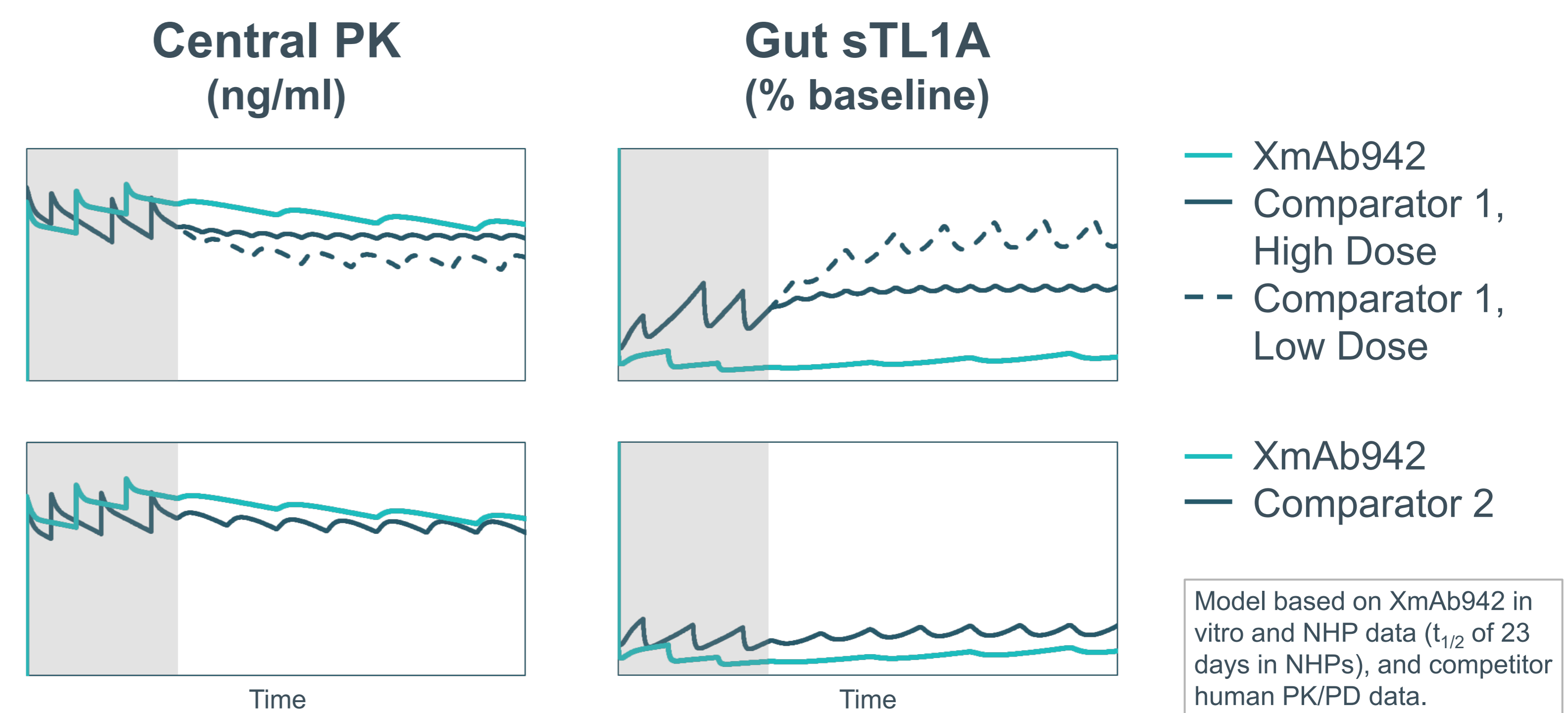
- TL1A mediates pro-inflammatory and pro-fibrotic effects that have been linked to the pathogenesis of IBD, including UC and CD.
- Recent clinical trials have demonstrated early efficacy of antagonist anti-TL1A antibodies for UC and CD.<sup>1</sup>
- XmAb942 (**Figure 1**) is an effector-less (FcKO) anti-TL1A IgG1 antibody that incorporates Xtend™ half-life extension technology. XmAb942 binds trimeric TL1A with high affinity and specificity and is highly potent across multiple preclinical assays.<sup>2</sup>

**Figure 1. XmAb942 Characteristics**



- ✓ High affinity ( $K_D \sim 10$  pM), potent and selective TL1A binding
- ✓ Proprietary half-life extension provides a predicted  $t_{1/2} \geq 70$  days in humans<sup>3</sup>
- ✓ QSP simulations suggest best-in-class TL1A suppression (**Figure 2**)
- ✓ Modeling supports less frequent dosing (Q8-12W SC; **Figure 2**)
- ✓ High concentration formulation with low viscosity (<10 cp) for SC administration
- ✓ Predicted low immunogenicity

**Figure 2. QSP Simulations: XmAb942 vs. Comparators**

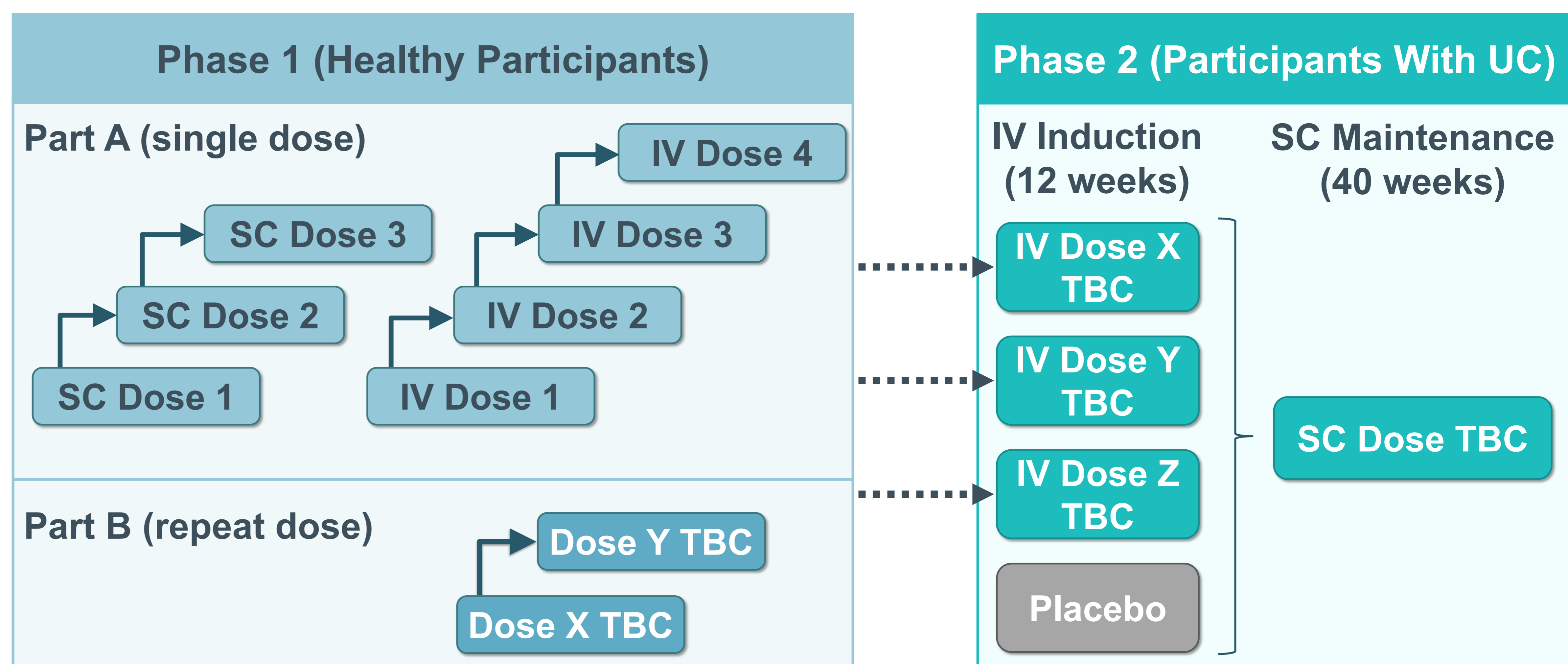


- Here, we present details of the ongoing seamless Phase 1/2 study (NCT06619990) assessing XmAb942 in healthy participants and participants with UC.

## METHODS

- This study is a seamless Phase 1/2 randomized, double-blind, placebo-controlled trial (**Table 1, Figure 3**).
  - The Phase 1 in healthy participants (Parts A and B) consists of a single ascending-dose study, followed by a repeat-dose study.
  - The Phase 2 (Part C) evaluates participants with UC at dose levels determined by the emerging Phase 1 data.
- Approximately 300 participants will be enrolled.

**Figure 3. Study Design**



## RESULTS

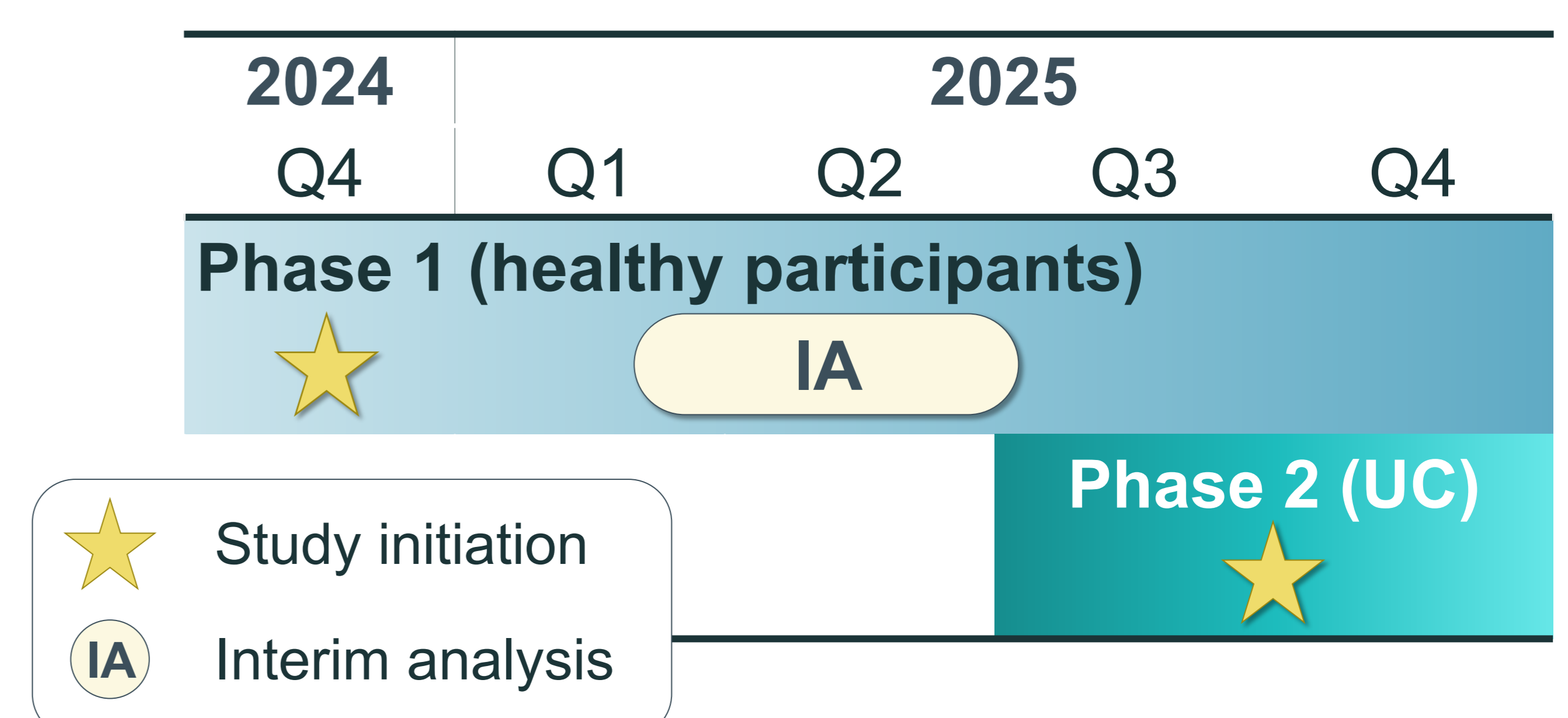
**Table 1. Objectives**

|                    | Parts A and B<br><i>Healthy participants</i>                                     | Part C<br><i>Participants with UC</i>  |
|--------------------|--|--|
| <b>Objectives</b>  |  |  |
| <b>Primary</b>     | Safety and tolerability  | Clinical remission   |
| <b>Secondary</b>   | PK   | <ul style="list-style-type: none"> <li>• Safety and tolerability</li> <li>• PK</li> <li>• Endoscopic improvement</li> <li>• Endoscopic remission</li> <li>• Clinical response</li> <li>• Histologic-endoscopic improvement</li> <li>• Histologic-endoscopic remission</li> </ul> |
| <b>Exploratory</b> | <ul style="list-style-type: none"> <li>• Immunogenicity</li> <li>• PD</li> </ul> | <ul style="list-style-type: none"> <li>• Immunogenicity</li> <li>• PD</li> </ul>   |

## CONCLUSIONS

- This seamless Phase 1/2 study is designed to assess XmAb942 as a next-generation, potent, and long-acting anti-TL1A antibody therapeutic with potential best-in-class target neutralization and less frequent dosing.
- This study is currently enrolling in Australia, with Phase 2 to be expanded globally (**Figure 4**).
- Interim Part A data are expected in the first half of 2025.

**Figure 4. Study Timeline**



**Abbreviations:** CD Crohn's disease FcKO Fc knockout IBD inflammatory bowel disease IgG immunoglobulin G IV intravenous Q8-12W every 8-12 weeks NHP non-human primate PD pharmacodynamic(s) PK pharmacokinetic(s) QSP quantitative systems pharmacology  $t_{1/2}$  half-life SC subcutaneous TBC to be confirmed TL1A tumor necrosis factor-like ligand 1A UC ulcerative colitis.

**Acknowledgments:** We would like to thank the participants enrolled in this study, as well as the investigational study teams for support in the conduct of this research. Scientific writing and editorial assistance was provided by Christina Khodr, Ph.D., of Xencor, Inc.

**Author disclosures:** All authors are Xencor employees.

**References:** 1. Solitano V, et al. *Med.* 2024;5(5):386-400. 2. Ernst JA, et al. *UEG J.* 2025;12: 554 (Poster MP568). 3. Haraya K, Tachibana T. *BioDrugs.* 2023;37(1):99-108.



Scan the QR code to download an electronic version of the poster. The PDF should not be altered or reproduced in any way.