**BACKGROUND**

- CD200R1 was identified as a promising immune-oncology target by the 23ME-00610 antibody.
- Preclinical trials showed promising effects as a target for cancer immunotherapies, referred to as a ‘3R’ signature, observed across three components of the CD200R1 pathway.
- CD200R1 is expressed on immune cells and is blocking CD200R1.
- It is one of the few known blocking T-cell receptors with high affinity (~4.1E-11), and it is a monomeric target.
- This work highlights the approach used in several doses for Phase II testing with a potentially validated antibody.

**RESULTS**

**Phase 1 Dose Selection**

- 3+3 design was used for early selection.
- Further selection was based on concentration-effect modeling.
- Safety and dose levels; 2 mg and 6 mg were anticipated to be subtherapeutic based on Ctrough ≤ EC90 and < 99% RO, respectively.
- Safety modeling with target saturation on CD4+ T cells and neutrophils. BLQ values set to missing.
- Doses of 2 and 6 mg were anticipated to be subtherapeutic based on Ctrough ≤ EC90 and < 99% RO, respectively.
- Safety modeling with target saturation on CD4+ T cells and neutrophils. BLQ values set to missing.

**Phase 1 Results and Phase 2a Dose Selection**

- Table 2: Summary of Treatment Exposure and Adverse Events (All Doses)

**CONCLUSIONS**

- Predictable target PK based on allometric scaling to early screening results in serum efficacy levels.
- The PK, PD, and safety data support 1400 mg Q3W as the recommended Phase 2a dose.
- The PK, PD, and safety data support 1400 mg Q3W as the recommended Phase 2a dose.

**METHODS**

- Table 3: Summary statistics for selected dose levels.

**REFERENCES**

- Fenaux et al., 2011; 3(1):61-6.