**Background**

- Agents directed against the vascular endothelial growth factor (VEGF) pathway demonstrate clinical benefit in patients (pts) with advanced clear cell renal cell carcinoma (ccRCC), but often experience resistance and progressive disease.
- Acquired resistance to the VEGF-targeted tyrosine kinase inhibitors (TKI) is associated with a marked increase in the expression of VEGF (Vascular Endothelial Growth Factor), which promotes angiogenesis. HIF-2α induces the expression of X4P-001 in endothelial cells.
- Multiple RCC xenograft models reveal that the addition of X4P-001 to axitinib results in greater-than-additive antitumor effect.

**Study Design**

- This is an ongoing, open-label, multicenter, open-label study of X4P-001 in combination with axitinib in patients with advanced RCC in the prior setting.
- The study includes a 28-day dose escalation phase and a DLT evaluation.

**Assessments**

- Safety evaluations include AE, clinical observations (e.g., weight, vital signs, weight, disease, ECOG performance status), laboratory evaluations, and review of medical history.

**Results**

- Among 16 pts, 15 pts had VEGFR TKI and 8 pts had checkpoint inhibitor therapy.
- A median of 2 prior lines of systemic therapy were received.
- The recommended Phase 2 dose (RP2D) is X4P-001 200 mg BID plus axitinib 10 mg QD.

**MTD and RP2D Determination**

- The MTD and RP2D were determined to be 400 mg of X4P-001 + 5 mg of axitinib.

**Safety**

- Treatment-related AEs (≥ Grade 3) were fatigue, hypoglycemia, and proteinuria.
- The most common treatment-related AEs (≥ Grade 1) were headache, fatigue, and proteinuria.

**Conclusions**

- The MTD and RP2D of the combination is 400 mg of X4P-001 + 5 mg of axitinib.
- The combination was well-tolerated at the RP2D with manageable AE.
- The most common AEs were fatigue, proteinuria, nausea, headache, dyspepsia, and vomiting.

**References**


**Disclosures**

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