Persistence of activated CD8 T cells is thought to be essential for the durability of tumor responses. IL-18 (n=20) or with anti-PD-1 in RCC (n=30) or NSCLC (n=30) are currently evaluated.

Most other inflammatory cytokines were not significantly altered (83 tested).

AM0010 induced a CR in a cutaneous ocular melanoma, and in four of 15 patients with renal tumors with PEG-IL-10 induced tumor rejection and the survival of CD8+ T cells and the persistence of tumor antigen recognition by CD8+ T cells (TCR).

AM0010 induction of cytokines, proliferation and expansion of antigen activated CD8+ T cells is mediated by Th1 cytokines and CD8+ T cell infiltration in the tumor center.

AM0010 induces tumor responses in alone or in combination regimen through suppression of TGF beta/STAT3 phosphorylation in the tumor microenvironment.

AM0010 induces Th1 cytokine secretion, Systemic expansion of "novel", previously not detectable T cell clones

Systemic increase in PD1+ Lag-3+ CD8+ T cells

AM0010 induces tumor responses in alone or in combination regimen - Systemic increase with pembrolizumab or FOLFOX

Tolerated without increases in autoimmune AEs
- Well tolerated in combination with pembrolizumab
- G1-4 anemia (3%) and thrombocytopenia (4%) when combined with FOLFOX

Anemia and Thrombocytopenia were mitigated by 5 days on – 2 days off dosing schedule
- The incidence of G3-4 anemia and thrombocytopenia (Retained immune stimulation profile)