**METHODS**

**Design:**
- 3+3 cohort dose escalation: Cohort 1 (10 mg QD), Cohort 2 (20 mg QD), Cohort 3 (40 mg QD) and Cohort 4 (80 mg QD)
- By cohort re-assessment of PK and PD to inform/confirm the predictive non-clinical PK/PD model
- BED defined as the concentration of IOA-244 at which CD63 is inhibited ≥ 50% area under the effect (AUE)/24h

**Patients Eligibility:**
- ≥ 18 years of age with the following:
  - Performance status of ≤2 on the Eastern Cooperative Oncology Group (ECOG) scale
  - Adequate organ functioning
  - Histological/cytological evidence of advanced and/or metastatic melanoma, cutaneous and uveal melanoma
  - Adequate organ functioning

**Assessments:**
- Toxicities graded according to Common Terminology Criteria for Adverse Events (CTCAE) version 5.0
- Standard laboratory haematology and chemistry
- RECIST 1.1 based evaluation (ORR)
- Benefit/Risk for Recommended Phase 2 Dose (RP2D)

**CONCLUSION**

- 80 mg QD is recommended as Phase 2 dose
- No dose-limiting toxicities observed
- Low inter- and intra-patient variability in PK profile with no major metabolites
- IOA-244 administration is associated with reduction in Treg counts in peripheral blood using CyTOF