BACKGROUND

- Tislelizumab is a humanized anti-PD-L1 antibody designed to minimize Fcγ-γ interaction.
- Monoclonal antibodies (mAbs) against immune checkpoint inhibitory receptors are used to treat advanced solid tumors.

RESULTS

- Patients with ≥1 measurable or evaluable lesion considered inoperable, or with ≥1 evaluable lesion that had progressed on ≥1 prior systemic therapy, were enrolled.
- Patients had to have locally recurring cancers that had undergone prior systemic therapy, or who had metastatic disease that was refractory to prior systemic therapy.

SAFETY AND TOLERABILITY

- Most patients were male (73%), had an Eastern Cooperative Oncology Group (ECOG) performance status (PS) of 0 (73%), and a median age of 59 years.
- The confirmed objective response rate was 47% (n=7/15) for patients with GC/GEJ cancer.
- The most common adverse events were hyperglycemia, hypertension, and diarrhea.

CONCLUSIONS

- Tislelizumab in combination with chemotherapy was generally well tolerated and demonstrated antitumor activity.

METHODS

- The study design of this two-phase cohort study (PCT0216055T) is detailed in Figure 1.
- Adult patients with histologically confirmed advanced-stage GC/GEJ cancer with measurable or evaluable visceral lesions (ESCC) were eligible for inclusion in the study.

REFERENCE


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