

Second-line tislelizumab vs chemotherapy in advanced or metastatic ESCC: RATIONALE 302 Japanese subgroup

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Background:

Tislelizumab (TIS) demonstrated statistically and clinically significant improvement in overall survival (OS) vs chemotherapy (chemo) in patients (pts) with advanced or metastatic esophageal squamous cell carcinoma (ESCC) in the global Phase 3 study RATIONALE 302 (NCT03430843). Here, we report results for the Japanese subgroup.

Methods:

Eligible pts with disease progression after first-line systemic therapy were randomized 1:1 to receive TIS 200 mg IV Q3W or chemo (paclitaxel, docetaxel, or irinotecan) until disease progression, intolerable toxicity, or withdrawal. The primary endpoint was OS in all randomized pts (ITT population). The key secondary endpoint was OS in the PD-L1 Tumor Area Positivity (TAP) score $\geq 10\%$ population. Other secondary endpoints included progression-free survival (PFS), objective response rate (ORR), duration of response (DoR), and safety.

Results:

Of 512 randomized pts, 50 (9.8%) comprised the Japanese subgroup (n=25 TIS, n=25 chemo). Of these patients, median age was 65.0 years, 78.0% were male and 38.0% had PD-L1 TAP score $\geq 10\%$. At data cut-off (Dec 1, 2020), median (m) follow-up was 7.7 months (mo). In the Japanese subgroup, TIS improved OS vs chemo (mOS 9.8 vs 7.6 mo; HR 0.59; 95% CI 0.31–1.12). Median PFS was 3.6 mo with TIS vs 1.7 mo with chemo (HR 0.50; 95% CI 0.27–0.95). TIS resulted in a higher ORR (32.0% vs 20.0%) and longer median DoR (8.8 vs 2.6 mo) vs chemo. Pts treated with TIS had fewer Grade ≥ 3 treatment-emergent adverse events (TEAEs) (44.0% vs 69.6%) and serious TEAEs (36.0% vs 43.5%). Fewer pts discontinued TIS vs chemo due to a TEAE (8.0% vs 17.4%). TEAEs leading to death were similar with TIS vs chemo (4.0% vs 4.3%).

Conclusions:

In the Japanese subgroup, TIS improved survival and tumor response vs chemo as second-line treatment in pts with advanced or metastatic ESCC and showed a well-tolerated safety profile. These findings were consistent with published results in the overall population.