First-line Tislelizumab+Chemotherapy for Gastric/Gastroesophageal Junction (G/GEJ) Adenocarcinoma

Ken Kato[1], Rui-Hua Xu[2], Tobias Arkenau[3], Yung-Jue Bang[4], Crystal S. Denlinger[5], Josep Tabernero[6], Jin Wang[7], Jiang Li[8], Yanyan Li[7], Markus Moehler[9]

[1]Gastrointestinal Medical Oncology Division, National Cancer Center Hospital, Tokyo, Japan; [2]SunYat-sen University Cancer Center, Guangzhou, China; [3]Sarah Cannon Research Institute UK, London, United Kingdom; [4]Seoul National University Hospital, Seoul, South Korea; [5]Fox Chase Cancer Center, Philadelphia, PA, USA; [6]Vall d'Hebron Institute of Oncology (VHIO), Barcelona, Spain; [7]BeiGene (Beijing) Co., Ltd., Beijing, China; [8]BeiGene USA, Inc., San Mateo, CA, USA; [9]Johannes Gutenberg-University of Mainz, Mainz, Germany

Tislelizumab is an anti-PD-1 monoclonal antibody engineered to minimize binding of FcγR on macrophages. In pts with G/GEJ from early phase studies (BGB-A317-001[NCT02407990]; BGB-A317-102[NCT04068519]; BGB-A317-205[NCT03469557]), tislelizumab was well tolerated and had antitumor activity as a single agent (ORR=13-17%) and with chemotherapy (ORR=80%).

This currently enrolling, global, placebo-controlled, randomized phase 3 study (RATIONALE-305 [NCT03777657]) evaluates platinum (plt)/fluoropyrimidine+tislelizumab (200mg IV Q3W; Arm A) vs plt/fluoropyrimidine+placebo (Arm B) as first-line therapy for pts with locally advanced or metastatic G/GEJ adenocarcinoma. Adult pts (n=980) from ~180 centers will be randomized 1:1 to each Arm. Oxaliplatin (130mg/m2 IV)+capecitabine (1000mg/m2 PO BID for 2 wks) or cisplatin (80mg/m2 IV)+5-fluorouracil (800mg/m2/day IV on Days 1-5) will be backbone chemotherapy (investigator's choice). Chemotherapy will be administered for ≤6 cycles; capecitabine maintenance is optional for pts receiving capecitabine+oxaliplatin. Pts must provide fresh/archival tumor tissue; PD-L1 expression will be assessed using the VENTANA PD-L1 (SP263) assay. The primary endpoint is OS; secondary endpoints include PFS and the safety/tolerability profile of combination therapy. Exploratory endpoints include DCR, time to response, and predictive biomarkers (eg, PD-L1).