First-line tislelizumab plus chemotherapy in gastric/gastroesophageal junction cancer: RATIONALE-305 Asian subgroup

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ABSTRACT

Background: Survival outcomes with platinum + fluoropyrimidine chemotherapy (chemo) alone as first-line (1L) therapy for advanced gastric/gastroesophageal junction cancer (GC/GEJC) are poor. Tislelizumab (TIS), an anti- programmed cell death protein-1 antibody, + chemo, showed significant overall survival (OS) benefit versus placebo (PBO) + chemo as 1L therapy in patients (pts) with advanced GC/GEJC in the randomized, double-blind, global phase 3 RATIONALE-305 study (NCT03777657). Here, we present results from the Asian pt subgroup analysis.

Methods: Eligible pts were randomized (1:1) to receive TIS 200 mg intravenously every 3 weeks plus investigator- chosen chemo (ICC [oxaliplatin + capecitabine or 5-fluorouracil + cisplatin]) or PBO + ICC until disease progression, or intolerable toxicity. Dual primary endpoints were OS in both the programmed death ligand-1 (PD-L1)+ (tumor area positivity ≥5%) and intention-to-treat (ITT) analysis sets. Secondary endpoints included progression-free survival, objective response rate, duration of response, and safety.

Results: 748 pts (TIS + chemo: n=376, PBO + chemo: n=372, of N=997) enrolled from Asia (China, Korea and Japan) were analyzed, including 403 pts in the PD-L1+ analysis set. At final analysis, TIS + chemo showed improvements versus PBO + chemo in OS both in PD-L1+ (median [m] OS: 18.0 [95% confidence interval (CI): 15.0, 21.6] versus 14.0 mo [95% CI: 12.3, 15.5], hazard ratio [HR]=0.71 [95% CI: 0.56, 0.89]) and ITT analysis set (mOS: 16.4 [95% CI: 14.4, 18.0] versus 14.1 mo [95% CI: 12.8, 15.4], HR=0.83 [95% CI: 0.70, 0.97]). Incidences of grade ≥3 treatment-related adverse events (TRAEs) were 55.5% versus 50.0% and TRAEs leading to death were 2.4% versus 0.8% for TIS versus PBO, respectively. TRAEs leading to discontinuation were reported in 17.1% pts in TIS + chemo arm versus 8.9% patients in PBO + chemo arm.

Conclusion: TIS + chemo produced a clinically meaningful improvement in OS versus PBO + chemo and a safety profile in pts with advanced GC/GEJC in the Asian subgroup that was consistent with published results in the overall study population.