

Tislelizumab (TIS) plus chemotherapy (Chemo) vs placebo (PBO) plus chemo as first-line (1L) treatment of advanced gastric or gastroesophageal junction adenocarcinoma (GC/GEJC): Patient reported outcomes (PRO) in the Asian subgroup of the RATIONALE-305 study

Authors: ¹Ken Kato, ²Rui-Hua Xu, ³Do-Youn Oh, ⁴Yuxian Bai, ⁵Jianhua Shi, ⁶Keun-Wook Lee, ⁷Hidekazu Hirano, ⁸Hui Xu, ⁹Tao Sheng, ¹⁰Gisoo Barnes

Affiliations: ¹National Cancer Center Hospital, Department of Gastrointestinal Medical Oncology, Tokyo, Japan; ²University Cancer Center, State Key Laboratory of Oncology in South China, Collaborative Innovation Center of Cancer Medicine, Department of Medical Oncology, Guangzhou, China; ³Seoul National University Hospital Cancer Research Institute, Seoul National University College of Medicine, Department of Internal Medicine, Seoul, Republic of Korea; ⁴Harbin Medical University Cancer Hospital, Department of Gastrointestinal Oncology, Harbin, China; ⁵Linyi Cancer Hospital, Department II of Medical Oncology, Linyi, China; ⁶Seoul National University College of Medicine, Seoul National University Bundang Hospital, Department of Medical Oncology (Internal Medicine), Seongnam, Republic of Korea; ⁷National Cancer Center Hospital, Department of Gastrointestinal Medical Oncology, Tokyo, Japan; ⁸BeiGene (Beijing) Co., Ltd., Beijing, China; ⁹BeiGene (Beijing) Co., Ltd., Beijing, China; ¹⁰BeiGene USA, Inc., San Mateo, CA, USA

ABSTRACT

Background: RATIONALE-305 (NCT03777657) demonstrated statistically significant and clinically meaningful improvements in overall survival (OS) with TIS + chemo versus PBO + chemo and better PROs as 1L treatment in patients (pts) with advanced GC/GEJC. Post-hoc analysis examined PROs endpoints in the Asian subgroup of RATIONALE-305.

Methods: Adults with previously untreated, unresectable, or metastatic GC/GEJC were randomized (1:1) to TIS 200 mg or PBO intravenously once every 3 weeks plus investigator-choice of chemo. PROs were a secondary endpoint and were measured using the EORTC QLQ-C30 and the QLQ-STO22. A mixed model for repeated measures using PRO endpoints at Cycles 4 and 6 was performed. Time to deterioration was also examined.

Results: Asian pts in RATIONALE-305 receiving TIS + chemo (n=376) had improved outcomes versus PBO + chemo (n=372), as indicated by differences in least-squares (LS) mean change from baseline to Cycle 6 for QLQ-C30 Global Health Status (GHS)/Quality of Life (QoL) (2.76 [95% CI: 0.24 to 5.28]), physical functioning (fx) (2.10 [-0.07 to 4.27]), fatigue (-2.39 [-5.37 to 0.58]), and the STO22 index score (-1.56 [-3.26 to 0.14]), as well as maintaining upper gastrointestinal (GI) symptoms (-1.59 [-3.57 to 0.39]) and pain (-1.94 [-4.38 to 0.50]). Pts receiving TIS + chemo also had a lower risk for deterioration of physical fx (HR: 0.75 [95% CI: 0.57 to 0.98]), STO22 index score (0.65 [0.43 to 0.98]), and upper GI symptoms (0.72 [0.53 to 0.97]).

Conclusion: Asian pts in RATIONALE-305 treated with TIS + chemo had better PRO outcomes versus pts treated with PBO + chemo. These results corroborating the PRO findings in the intention-to-treat population, along with prolonging of OS, support the benefit of TIS + chemo as a potential 1L treatment option for GC/GEJC.

Table 1. Summary LS Mean (95% CI) of PROs in the Asian Subgroup

	Cycle 4		Cycle 6	
	TIS + Chemo	PBO + chemo	TIS + chemo	PBO + chemo
C30				
GHS/QoL	2.40 (0.66, 4.14)	0.48 (-1.27, 2.23)	2.51 (0.74, 4.28)	-0.25 (-2.05, 1.55)
Physical fx	-1.39 (-2.72, -0.06)	-2.92 (-4.26, -1.58)	-1.49 (-3.02, 0.04)	-3.59 (-5.14, -2.04)
Fatigue	0.26 (-1.65, 2.17)	2.03 (0.11, 3.95)	-0.31 (-2.40, 1.78)	2.08 (-0.05, 4.20)
STO22				
Index	-1.84 (-3.01, -0.68)	-0.94 (-2.11, 0.22)	-2.25 (-3.45, -1.06)	-0.70 (-1.91, 0.51)
Dysphagia	-2.72 (-3.96, -1.49)	-1.10 (-2.34, 0.14)	-2.93 (-4.07, -1.78)	-2.17 (-3.34, -1.01)
Pain	-7.37 (-8.98, -5.76)	-5.77 (-7.38, -4.16)	-6.69 (-8.40, -4.97)	-4.74 (-6.49, -3.00)
GI symptoms	-3.28 (-4.62, -1.95)	-2.09 (-3.43, -0.75)	-3.69 (-5.07, -2.30)	-2.10 (-3.51, -0.68)