AdvanTIG-105: Phase 1b Dose-expansion Study of Ociperlimab Plus Tislelizumab With Chemotherapy in Patients With Stage IV Gastric/Gastroesophageal Adenocarcinoma

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Disclosures

- Disclosure information is available online with the abstract details
Background

- PD-(L)1 inhibitors have demonstrated improved outcomes for patients with advanced GC/GEJC; however, some patients do not respond and/or experience relapse\textsuperscript{1-3}

- TIGIT inhibition in combination with PD-(L)1 inhibition has demonstrated antitumor activity in patients with advanced solid tumors\textsuperscript{4-7}

- In the dose-escalation part of phase 1/1b study AdvanTIG-105 (NCT04047862), ociperlimab (anti-TIGIT mAb)\textsuperscript{4,5} plus tislelizumab (anti-PD-1 mAb)\textsuperscript{7,9} and chemotherapy showed preliminary antitumor activity and was well tolerated in patients with advanced solid tumors\textsuperscript{7,10,11}

- Data from the dose-expansion part of the study from patients with advanced GC/GEJC are presented

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Study Design: AdvanTIG-105 Cohort 9
Dose Expansion in Patients with Advanced GC/GEJC

Inclusion criteria:
- Histologically or cytologically confirmed stage IV HER2-negative GC/GEJC
- No prior therapy for metastatic disease
- ≥1 measurable lesion per RECIST v1.1
- ECOG PS 0-1

Primary endpoint:
- Investigator-assessed ORR per RECIST v1.1

Key secondary endpoints:
- Investigator-assessed PFS, DoR, and DCR per RECIST v1.1
- Safety

Key exploratory endpoint:
- OS

RP2D:
- OCI 900 mg IV Q3W
- TIS 200 mg IV Q3W
- chemotherapy

Continue until disease progression, intolerable toxicity, or withdrawal of consent

NCT04047862


*Patients received either RP2D of ociperlimab and tislelizumab (D1), alongside chemotherapy of oxaliplatin 130 mg/m2 (D1) plus capecitabine 1000 mg/m2 (D1-14) Q3W for 6 cycles (C), followed by maintenance therapy with RP2D of ociperlimab and tislelizumab, plus capecitabine Q3W, or the RP2D of ociperlimab and tislelizumab with cisplatin 75 mg/m2 (D1) plus 5-fluorouracil 750-800 mg/m2 (D1-5) Q3W for 6 C.

DCR, disease control rate; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; GC/GEJC, gastric/gastroesophageal adenocarcinoma; HER2, human epidermal growth factor receptor 2; IV, intravenous; OCI, ociperlimab; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; Q3W, every 3 weeks; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; RP2D, recommended phase 2 dose; TIS, tislelizumab.
Patient Baseline Characteristics

- Data cutoff: February 2, 2023
- Cohort 9 analysis sets
  - Safety analysis: 60 patients
  - Efficacy evaluable: 59 patients

Histologically or cytologically confirmed stage IV GC/GEJC

Median study follow-up time: 44.2 weeks (range, 1.4-79.6)

Median age: 61.5 years (range, 35-82)

Female patients: 26.7%

GC/GEJC, gastric/gastroesophageal adenocarcinoma.
### Results: Antitumor Activity

<table>
<thead>
<tr>
<th></th>
<th>PD-L1 ≥5% (n=27)</th>
<th>PD-L1 &lt;5% (n=28)</th>
<th>All Patients (N=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORR, n (%) (95% CI)</td>
<td>17 (63.0) (42.4, 80.6)</td>
<td>16 (57.1) (37.2, 75.5)</td>
<td>34 (57.6) (44.1, 70.4)</td>
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<tr>
<td>Best overall response, n (%)</td>
<td></td>
<td></td>
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<tr>
<td>CR</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>PR</td>
<td>17 (63.0)</td>
<td>16 (57.1)</td>
<td>34 (57.6)</td>
</tr>
<tr>
<td>SD</td>
<td>6 (22.2)</td>
<td>8 (28.6)</td>
<td>17 (28.8)</td>
</tr>
<tr>
<td>PD</td>
<td>4 (14.8)</td>
<td>2 (7.1)</td>
<td>6 (10.2)</td>
</tr>
<tr>
<td>NE/NA</td>
<td>0 (0.0)</td>
<td>2 (7.1)</td>
<td>2 (3.4)</td>
</tr>
<tr>
<td>DCR, n (%) (95% CI)</td>
<td>23 (85.2) (66.3, 95.8)</td>
<td>24 (85.7) (67.3, 96.0)</td>
<td>51 (86.4) (75.0, 94.0)</td>
</tr>
<tr>
<td>Median DoR, months (95% CI)</td>
<td>8.4 (7.0, NE)</td>
<td>4.7 (3.2, 10.0)</td>
<td>8.1 (4.7, 10.0)</td>
</tr>
</tbody>
</table>

*According to PD-L1 TAP score in the efficacy-evaluable analysis set, four patients had missing PD-L1 TAP score.

CI, confidence interval; CR, complete response; DCR, disease control rate; DoR, duration of response; NE/NA, not evaluable/not assessed; ORR, overall response rate; PD, progressive disease; PD-L1, programmed death-ligand 1; PR, partial response; SD, stable disease; TAP, tumor area positivity.
Results: Progression-Free Survival\textsuperscript{a}

Median PFS (95% CI): 7.3 months (5.2, 9.8)
6-month PFS rate (95% CI): 57.0% (42.9, 68.8)

Number at risk:
Cohort 9  60  54  50  41  33  30  23  20  15  8  5  1  0  0  0

\textsuperscript{a}Safety analysis set.

CI, confidence interval; PFS, progression-free survival
Safety

• Most common TEAEs (incidence ≥30%)
  - Anemia (46.7%)
  - Platelet count decreased (41.7%)
  - Nausea (38.3%)
  - Neutrophil count decreased (33.3%)
  - Peripheral sensory neuropathy (31.7%)
  - WBC count decreased (31.7%)

• TEAEs led to 2 deaths
  - Neutropenic sepsis related to chemotherapy
  - Pulmonary embolism not treatment-related

• Most common immune-mediated TEAEs (incidence ≥5%)
  - Hypothyroidism (18.3%)
  - Rash (15.0%)
  - Maculo-papular rash (6.7%)
  - Adrenal insufficiency (5.0%)
  - Immune-mediated hepatitis (5.0%)

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<table>
<thead>
<tr>
<th>Summary of TEAEs&lt;sup&gt;a&lt;/sup&gt;</th>
<th>All Patients (N=60)</th>
</tr>
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<tbody>
<tr>
<td>Patients with ≥1 TEAE, n (%)</td>
<td>60 (100)</td>
</tr>
<tr>
<td>≥Grade 3</td>
<td>46 (76.7)</td>
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<tr>
<td>Serious</td>
<td>30 (50.0)</td>
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<tr>
<td>TEAE leading to OCI discontinuation, n (%)</td>
<td>5 (8.3)</td>
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<tr>
<td>TEAE leading to TIS discontinuation, n (%)</td>
<td>5 (8.3)</td>
</tr>
<tr>
<td>TEAE leading to death, n (%)</td>
<td>2 (3.3)</td>
</tr>
<tr>
<td>Immune-mediated TEAE, n(%)</td>
<td>24 (40.0)</td>
</tr>
</tbody>
</table>

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<sup>a</sup>Safety analysis set

OCI, ociperlimab; TEAE, treatment-emergent adverse event; TIS, tislelizumab; WBC, white blood cell.

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OCI, ociperlimab; TEAE, treatment-emergent adverse event; TIS, tislelizumab; WBC, white blood cell.
Conclusions

- Ociperlimab plus tislelizumab and chemotherapy demonstrated encouraging antitumor activity in patients with stage IV GC/GEJC
  - ORR was similar for all patients, regardless of PD-L1 expression
  - Median DoR was longer for PD-L1(+) patients

- The combination was generally well tolerated with an acceptable safety profile

- The dose expansion part of the study in NSCLC, SCLC, EC, and HNSCC patients is currently ongoing
Acknowledgments

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