Ociperlimab plus tislelizumab and chemotherapy demonstrated encouraging antitumor activity in patients with stage IV gastric/gastroesophageal adenocarcinoma (GC/GEJC).

Clinical activity of this combination was shown by an overall response rate (ORR) of 57.6%; this response was maintained regardless of programmed death-ligand 1 (PD-L1) tumor area positivity (TAP) status.

The combination of ociperlimab plus tislelizumab and chemotherapy was generally well tolerated with an acceptable safety profile.

In the ongoing phase 1/1b, open-label AdvanTIG-105 dose-escalation/expansion study (NCT04047862), ociperlimab plus tislelizumab and chemotherapy showed preliminary antitumor activity and was well tolerated in patients with advanced solid tumors.10,11

Methods

In dose-escalation, the established recommended phase 2 dose was ociperlimab 900 mg intravenously (IV) every 3 weeks (Q3W) plus tislelizumab 200 mg IV Q3W. Here, we report data from the dose-escalation part of the phase 1b AdvanTIG-105 study in patients with stage IV GC/GEJC (Cohort 9; Figure 1).

Results

Patient Disposition and Baseline Characteristics

As of February 2, 2023, 60 patients were enrolled in Cohort 9 (safety analysis set): 59 patients were efficacy evaluable, defined as patients with ≥1 evaluable postbaseline tumor response assessment unless any clinical disease progression or death occurred before the first postbaseline tumor assessment. Median study follow-up time was 44.2 weeks (range 1.4-79.6), median age was 61.5 years (range 38-85), and 26.7% of patients were female.

Antitumor Activity

ORR was 57.6% (95% confidence interval [CI]: 44.1, 71.0) (Table 1).

• The duration of treatment and response is shown in Figure 2.
• Median progression-free survival (PFS) was 7.3 months (95% CI: 3.7, 9.9) (Figure 3).
• In a subgroup analysis, the ORR in PD-L1 TAP score ≥5% subgroups was 63.0% (95% CI: 42.4, 81.6; n=27) and 57.1% (95% CI: 37.2, 75.5; n=28), respectively.

Safety

In total, five patients (8.3%) experienced TEAEs leading to discontinuation of ociperlimab plus tislelizumab, two of which were treatment related.

Ociperlimab is a humanized Fc-intact immunoglobulin gamma 1 (IgG) monoclonal antibody (mAb) designed to bind to TIGIT with high specificity and affinity. Tislelizumab is a humanized IgG anti-PD-1 mAb specifically designed to minimize Fcγ receptor binding on macrophages.12

Background

Programmed cell death protein 1 (PD-1) inhibitors have demonstrated improved outcomes for patients with advanced GC/GEJC; however, some patients do not respond and/or experience relapse.1-3

Ociperlimab plus tislelizumab and chemotherapy demonstrated encouraging antitumor activity in patients with stage IV gastric/gastroesophageal adenocarcinoma (GC/GEJC).

Inhibition of T-cell immunoreceptor with immunoglobulin and mucin domains-containing-TIGIT (TIGIT) in combination with PD-1/PD-L1 inhibition has demonstrated antitumor activity in advanced solid tumors.6-9

Table 2. Summary of TEAEs

<table>
<thead>
<tr>
<th>TEAE</th>
<th>Patients (n, %)</th>
<th>Total (n=40)</th>
<th>Absorb (Table 1)</th>
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| TEAE leading to ociperlimab discontinuation | 5 (8.3) | 5 (8.3) |%
| TEAE leading to tislelizumab discontinuation | 5 (8.3) | 5 (8.3) |%
| Immune-mediated TEAE | 2 (3.3) | 2 (3.3) |%

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