AdvanTIG-105: Phase 1b dose-expansion study of ociperlimab plus tislelizumab in patients with metastatic NSCLC

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Abstract:

Background: T-cell immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibitory motif domain (TIGIT) inhibitor plus an anti-programmed cell death protein 1 (PD-1) antibody is a promising combination and shows potent efficacy in non-small cell lung cancer (NSCLC). Ociperlimab (OCI) is a humanized IgG1 mAb designed to bind to Fc-intact TIGIT with high affinity and specificity. Tislelizumab (TIS) is an anti-PD-1 mAb approved for the treatment of NSCLC in China. AdvanTIG-105, a Phase 1/1b open-label study assessed the safety and

preliminary antitumor activity of OCI plus TIS in patients (pts) with advanced, metastatic unresectable solid tumors (NCT04047862). Here we report results from the dose-expansion part (Cohort 3) of the AdvanTIG-105 study.

Method: Treatment-naïve adult pts with confirmed metastatic squamous (sq) or nonsquamous (nsq) NSCLC that were PD-L1 positive (tumor cell [TC] ≥1% by VENTANA PD-L1 [SP263] Assay) and nsq pts with *EGFR/ALK/ROS-1* wild-type tumors were enrolled. Pts received the recommended Phase 2 dose of OCI 900 mg IV plus TIS 200 mg IV Q3W until disease progression, intolerable toxicity, or withdrawal of consent. The primary endpoint was investigator (INV)-assessed objective response rate (ORR) per RECIST v1.1. Secondary endpoints included INV-assessed duration of response (DoR), disease control rate (DCR) per RECIST v1.1, and safety. The association between PD-L1 expression and efficacy was analyzed.

Results: As of December 27, 2021, 36 pts (median age: 65.0 years [range 46–81]) were enrolled. The median study follow-up time was 15.9 weeks (range 6.1–47.6). All 36 pts were efficacy evaluable; the confirmed ORR was 22.2% (95% CI: 10.1, 39.2); unconfirmed ORR was 44.4% (95% CI: 27.9, 61.9). The DCR was 88.9% (95% CI: 73.9, 96.9). The confirmed ORR in PD-L1 TC ≥50% (n=13) and in PD-L1 TC 1–49% (n=23) was 23.1% and 21.7% respectively. In total, 33 pts (91.7%) experienced ≥1 treatment-emergent adverse event (TEAE), and 10 pts (27.8%) had ≥ Grade 3 TEAEs. Serious TEAEs occurred in 8 pts (22.2%). The most common TEAEs were pyrexia (30.6%), pruritus (22.2%), and nausea (19.4%). TEAEs leading to treatment discontinuation occurred in 2 pts (5.6%). TEAEs leading to death occurred in 1 pt (2.8%), but the event (cerebral infarction) was not related to study drugs.

Conclusion: The treatment combination of OCI 900 mg plus TIS 200 mg IV Q3W had an acceptable safety profile and showed antitumor activity in pts with treatment-naïve metastatic sq or nsq NSCLC with PD-L1 positive tumors (TC ≥1%).