AdvanTIG-302: Anti-TIGIT monoclonal antibody ociperlimab+tislelizumab in non-small cell lung

cancer

Xavier Quantin, ¹ Mark A. Socinski, ² Alex I. Spira, ³ Luis G. Paz-Ares, ⁴ Martin Reck, ⁵ Shun Lu, ⁶ Tao

Sheng, ⁷ Sandra Chica-Duque, ⁷ Xinmin Yu⁸

¹L'Institut du Cancer de Montpellier, ²AdventHealth Cancer Institute, Orlando, FL, USA; ³Virginia Cancer Specialists, US Oncology Research.

The US Oncology Network, New York University, Fairfax, VA, USA; ⁴Department of Medical Oncology, Hospital Universitario 12 De Octubre,

Madrid, Spain; ⁵Lung Clinic Grosshansdorf, Airway Research Center North, German Center of Lung Research, Grosshansdorf, Germany;

⁶Shanghai Chest Hospital, Shanghai, China; ⁷BeiGene (US) Co., Ltd., NJ, USA; ⁸Department of Medical Oncology, Cancer Hospital of

University of Chinese Academy of Sciences & Zhejiang Cancer Hospital, Hangzhou, China.

Background: Ociperlimab (OCI, BGB-A1217), a humanized monoclonal antibody, binds T-cell

immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibition motif domain

(TIGIT) with high affinity/specificity, inducing cytotoxicity. Here, we report design of a trial

investigating synergistic antitumor activity of dual anti-TIGIT and anti-PD-1 antibody targeting.

Methods: AdvanTIG-302 is a Phase 3, international, randomized, double-blind study (NCT04746924)

investigating OCI+tislelizumab (TIS) vs pembrolizumab (PEM) in adults with PD-L1 selected,

previously untreated, locally advanced, unresectable or metastatic non-small cell lung cancer

without oncogenic EGFR or ALK mutation. About 660 pts will be randomized 5:5:2 to IV OCI

900mg+TIS 200mg Q3W, PEM 200mg+placebo Q3W, or TIS 200mg+placebo Q3W. Pts will be treated

until disease progression, loss of clinical benefit, or intolerable toxicity. Stratification factors include

histology and region. Cross-over is not permitted. Key eligibility criteria include histologically

confirmed disease, PD-L1 expression ≥50%, and no prior checkpoint inhibitor therapy.

Results: Dual primary endpoints are progression-free survival by investigator (PFS; RECIST v1.1) and

overall survival. Secondary endpoints include PFS (Blinded Independent Review Committee), overall

response rate and duration of response, safety and tolerability, and health-related quality of life.

Exploratory endpoints include disease control rate, clinical benefit rate and time to response.

Biomarkers will be evaluated.

Conclusions: Study recruitment is ongoing.

CPLF 2024