Phase 2 study of tislelizumab monotherapy in previously treated, locally advanced, unresectable or metastatic microsatellite instability-high/mismatch repair-deficient solid tumors: gynecological cancer subgroup

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Abstract Body:

Objectives
Primary results from this Phase 2 study (NCT03736889) showed that tislelizumab (TIS), an anti-PD-1 antibody, was generally well tolerated and demonstrated a clinically meaningful improvement in the objective response rate (ORR) in patients (pts) with previously treated, locally advanced, unresectable or metastatic microsatellite instability-high (MSI-H)/mismatch repair deficient (dMMR) solid tumors compared with the historical control rate (45.9% vs 10%, respectively).[1] Here, we report results from the updated analysis for pts with gynecological MSI-H/dMMR tumors.

Methods
Eligible pts received TIS 200 mg intravenously once every three weeks until disease progression, unacceptable toxicity, or withdrawal. ORR, duration of response (DoR), time to response (TTR), disease control rate (DCR), progression-free survival (PFS) (all assessed by independent committee review per RECIST v1.1), overall survival (OS), and safety were evaluated in pts with gynecological tumors.

Results
At the time of the latest data cut-off (8 July 2021), 80 pts were enrolled and 75 pts were included in the efficacy analysis set, of whom 15 had gynecological tumors (median age 55 years; range 41–67 years): 13 had endometrial cancer, 1 had cervical cancer, and 1 had ovarian cancer. ORR in pts with gynecological tumors was 53.3% (95% CI: 26.6, 78.7). Three pts had complete responses (all had endometrial cancer), 5 pts had partial response (3 pts with endometrial cancer, 1 pt with cervical cancer, and 1 pt with ovarian cancer), 1 pt had stable disease (endometrial cancer), and 4 pts had progressive disease (endometrial cancer). At a median follow-up duration of 17.5 months, median OS was not reached; median PFS and median DoR were also not reached. Median TTR was 9.1 weeks and DCR was 60.0% (95% CI: 32.3, 83.7). TIS was generally well tolerated in pts with gynecological tumors (**Table 1**); the most common treatment-emergent adverse events were increased alanine aminotransferase (86.7%), increased aspartate aminotransferase (46.7%), decreased white blood cell count (46.7%) and anemia (46.7%).

Conclusions
This subgroup analysis demonstrates that TIS was clinically active in pts with gynecological MSI-H/dMMR tumors and was generally well tolerated with no new safety signals. These data support TIS as a potential new treatment option for pts with gynecological MSI-H/dMMR tumors and further investigation with a larger population is warranted to further confirm the clinical benefit of TIS in these pts.

1. J Li, et al. J Clin Oncol 2021;39:(15_suppl)2569

Table 1. Summary of adverse events

	Gynecological tumors (n=15)
TEAE, n (%)	**15 (100.0)**
≥ Grade 3	9 (60.0)
Serious	5 (33.3)
Led to death*	1 (6.7)
Led to treatment discontinuation	1 (6.7)
Led to treatment modification	3 (20.0)
Immune-mediated	6 (40.0)
TRAE, n (%)	**15 (100.0)**
≥ Grade 3	8 (53.3)
Serious	3 (20.0)
Led to death	0 (0.0)
Led to treatment discontinuation	1 (6.7)
Led to treatment modification	2 (13.3)

**TEAE leading to death was due to multiple organ dysfunction syndrome*
TEAE, treatment-emergent adverse events; TRAE, treatment-related treatment-emergent adverse events