In this updated analysis of the RATIONALE-307 trial, addition of tislelizumab to platinum-based chemotherapy as first-line treatment for advanced squamous NSCLC continued to demonstrate a clinically meaningful PFS benefit, higher ORR, and longer DoR versus platinum-based chemotherapy alone, and had a manageable safety profile, with no new safety signals identified.

**Methods**
- Adults with treatment-naive, stage IIIb (not amenable to curative surgery/radiation) or stage IV ns-NSCLC were enrolled
- Patients were randomized (1:1:1) to open-label
- Adults with treatment-naive, stage IIIB (not amenable to curative surgery/programmed cell death protein 1, was specifically engineered to minimize Tislelizumab, a monoclonal antibody with high affinity and binding specificity for binding on macrophages.1,2

**Efficacy**
- PFS
  - The study met its primary objective of prolonging PFS per IRC in Arms A and B versus Arm C at the interim analysis.3 The improvement in median PFS in Arms A and B versus Arm C remained consistent at the FA cutoff (Table 1)
  - OS
    - ORR (95% CI) was higher in Arms A (74.2% [68.4, 81.1]) and B (73.9% [68.1, 81.8]) than Arm C (47.9% [38.8, 57.2]); complete response rates were 5.8%, 6.7%, and 0.8%, respectively, accompanied by longer median DoR (95% CI): 6.4 months (5.0, 15.8) 8.6 months (7.1, 12.5), and 4.3 months (2.9, 5.4), respectively
  - Safety
    - Tislelizumab plus chemotherapy (Arms A and B) was tolerable; no new safety signals were identified at the FA compared with the interim analysis

**Results**
- In patients with advanced squamous (ns)-non small cell lung cancer (NSCLC), interim results from the phase 3 programmed cell death protein 1, was specifically engineered to minimize Tislelizumab, a monoclonal antibody with high affinity and binding specificity for binding on macrophages.1,2
- Among patients from Arm C who crossed over to tislelizumab, median time from last dose of chemotherapy to subsequent tislelizumab was 10.3 weeks (minimum time to crossover, 0.1 weeks)
- A supportive analysis was conducted to adjust for the potential impact of in-study crossover using a two-stage model

**Safety**
- Tislelizumab plus chemotherapy (Arms A and B) was tolerable; no new safety signals were identified at the FA compared with the interim analysis

**Disclosures**
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