Ociperlimab plus tislelizumab with cisplatin or carboplatin plus etoposide demonstrated encouraging antitumor activity as first-line treatment for patients with ES-SCLC. Inhibition of T-cell immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibitory motif domains (TIGIT) in combination with programmed cell death protein 1 (PD-1)-PD-L1 inhibition has demonstrated antitumor activity in advanced solid tumors.1,2

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.3
- Here, we report data from the dose-expansion part of the phase 1b AdvanTIG-105 study in patients with ES-SCLC (Cohort 4; Figure 1).

Results

Patient Disposition and Baseline Characteristics

As of March 20, 2022, 42 patients were enrolled in Cohort 4 (safety analysis set); 40 patients were efficacy evaluable, defined as patients with ≥1 evaluable postbaseline tumor response assessment.

- Median study follow-up time was 24.9 weeks (range 3.0-67.9), median age was 65.5 years (range 40-77), and 23.8% of patients were female.
- Antitumor Activity
  - Confirmed objective response rate (ORR) was 65.0% (95% confidence interval [CI]: 45.5, 74.7). Antitumor activity is summarized in Table 1
  - The duration of treatment and response is shown in Figure 2.
  - Median progression-free survival (PFS) was 4.9 months (Figure 3).

Safety

- All 42 patients experienced ≥1 treatment-emergent adverse event (TEAE). 28 (66.7%) had grade 3 TEAEs, and 17 (40.5%) had serious TEAEs (Table 2).
- The most common (≥20%) TEAEs were anemia and neutrophil count decreased (both 48.8%), white blood cell count decreased (38.1%), platelet count decreased (26.2%), and constipation (23.8%).
- Of the grade 3 TEAEs, the most common (10%) was neutrophil count decreased (33.3%) and white blood cell count decreased (16.7%).
- Immune-mediated TEAEs were reported in 12 patients (28.6%), of which 18.2% were grade 3.
- Two patients (4.8%) died due to AEs (pneumonia and cardiac arrest; n=1 each).

Conclusions

The addition of anti-programmed death-ligand 1 (PD-L1) therapy to first-line chemotherapy for extensive-stage small cell lung cancer (ES-SCLC) has significantly improved prognosis versus chemotherapy alone1,2; however, unmet needs remain.3

Background

The combination of ociperlimab plus tislelizumab plus cisplatin or carboplatin plus etoposide was generally well tolerated in patients with advanced solid tumors.1,2,3

Figure 1. AdvanTIG-105 Study Design (Cohort 4)

Figure 2. Duration of Treatment and Response*

Figure 3. Progression-Free Survival

Table 1. Confirmed Antitumor Activitya

Table 2. Summary of TEAEsa

References

1. 2019 ASCO CCR; 2019 ASCO
2. 2018 ASCO
3. 2022 ASCO

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