Tislelizumab in Combination With Chemotherapy for Chinese Patients (Pts) With Gastric/Gastroesophageal Junction Cancer (GC/GEJC) or Esophageal Squamous Cell Carcinoma (ESCC)

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Background Tislelizumab, an investigational monoclonal antibody with high affinity and specificity for PD-1, was engineered to minimize binding to FcγR on macrophages in order to abrogate antibody-dependent phagocytosis, a mechanism of T-cell clearance and potential resistance to anti-PD-1 therapy. In prior reports, tislelizumab, as a single agent and in combination with various chemotherapies, was generally well tolerated and had antitumor activity in pts with advanced solid tumors. This phase 2 study (NCT03469557) assessed tislelizumab plus chemotherapy as first-line therapy in pts with inoperable, locally advanced, or metastatic GC/GEJC or ESCC.

Methods Patients with GC/GEJC received tislelizumab (200 mg IV Q3W) + oxaliplatin (130 mg/m^2 IV Q3W for ≤6 cycles) and capecitabine (1000 mg/m^2, Days 1-15 orally BID Q3W); pts with ESCC received tislelizumab + cisplatin (80 mg/m^2 IV Q3W for ≤6 cycles) and 5-FU (800 mg/m^2/d, Days 1-5 IV Q3W for ≤6 cycles). Response was assessed using RECIST v1.1, Kaplan-Meier analysis estimated survival, and adverse event (AE) monitoring examined safety/tolerability.

Results As of 31 Mar 2019, 30 pts with GC/GEJC and ESCC (n=15 each) were enrolled. Median age was 61 yr; most pts were male (n=25). Clinical responses were observed during treatment (**Table**). In pts with ESCC, treatment-emergent AEs (TEAEs) of grade ≥3 occurring in ≥2 pts were vomiting and dysphagia (n=4 each), hyponatremia (n=3), and anemia, leukopenia, fatigue, lung infection, and decreased weight (n=2 each). No grade ≥3 TEAEs occurred in ≥2 pts with GC/GEJC. One pt with ESCC had a fatal AE (hepatic dysfunction) attributed to treatment by the investigator, but which may have been confounded by progressive disease and underlying hepatitis.

	GC/GEJC (n=15)	ESCC (n=15)
PR, n (%)	7 (46.7)	7 (46.7)
SD, n (%)	3 (20.0)	5 (33.3)
PD, n (%)	1 (6.7)	0 (0.0)
Non-CR/non-PD, n (%)*	2 (13.3)	0 (0.0)
NE, n (%)	2 (13.3)	3 (20.0)
ORR, % (95% CI)	46.7 (21.3, 73.4)	46.7 (21.3, 73.4)
Median DoR, (95% CI)	NR (3.0, NR)	12.8 (3.5, 12.8)
Median PFS, mo (95% CI)	6.1 (3.8, NR)	10.4 (5.6, 15.1)
Median OS, mo (95% CI)	NR (7.0, NR)	NR (5.6, NR)
Median follow-up, mo (95% CI)	15.4 (14.7, 17.2)	13.0 (12.3, 14.0)

*Patients who have non-target lesions at baseline.

Abbreviations: CI, confidence interval; CR, complete response; DoR, duration of response; ESCC, esophageal squamous cell carcinoma; GC/GEJC, gastric/gastroesophageal junction cancer; mo, month; NE, not evaluable; NR, not reached; ORR, objective response rate; OS, overall survival; PD, progressive disease; PFS, progression-free survival; PR, partial response; SD, stable disease.

Conclusion Tislelizumab plus chemotherapy was generally well tolerated and antitumor activity was observed in pts with advanced GC/GEJC or ESCC.