AdvanTIG-105: Phase 1b Dose-Expansion Study of Ociperlimab (OCI) + Tislelizumab (TIS) in Patients (pts) With Checkpoint Inhibitor (CPI)-Experienced Advanced Non-Small Cell Lung cancer (NSCLC)

Authors: Sophia Frentzas*[1,2], Tarek Meniawy[3], Steven Kao[4], Jim Coward[5], Timothy Clay[6], Nimit Singhal[7], Allison Black[8], Wen Xu[9], Rajiv Kumar[10], Young Joo Lee[11], Gyeong-Won Lee[12], Wangjun Liao[13], Diansheng Zhong[14], Her-Shyong Shiah[15], Yuh-Min Chen[16], Rang Gao[17], Ruihua Wang[18], Hao Zheng[19], Wei Tan[20], EunKyung Cho[21]

Affiliations:

1. *Department of Medical Oncology, Monash Health, Melbourne, VIC, Australia*
2. *Department of Medicine, Nursing and Health Sciences, Monash University, Melbourne, VIC, Australia*
3. *Department of Medical Oncology, Linear Clinical Research and School of Medicine, University of Western Australia, Nedlands, WA, Australia*
4. *Department of Medical Oncology, Chris O'Brien Lifehouse, Sydney, NSW, Australia*
5. *Clinical Trials Unit, Icon Cancer Centre, Brisbane, QLD, Australia*
6. *Department of Medical Oncology, St John of God Subiaco Hospital, Perth, WA, Australia*
7. *Department of Medical Oncology, Royal Adelaide Hospital and University of Adelaide, Adelaide, SA, Australia*
8. *Department of Medical Oncology, Royal Hobart Hospital, Hobart, TAS, Australia*
9. *Department of Medical Oncology, Princess Alexandra Hospital, Brisbane, QLD, Australia*
10. *Department of Oncology, New Zealand Clinical Research, Christchurch, New Zealand*
11. *Division of Hemato-Oncology, National Cancer Center, Gyeonggi-do, South Korea*
12. *Division of Hematology and Oncology, Department of Internal Medicine, Gyeongsang National University Hospital, Gyeongsang National University College of Medicine, Jinju, South Korea*
13. *Department of Oncology, Nanfang Hospital of Southern Medical University, Guangzhou, China*
14. *Department of Oncology, Tianjin Medical University General Hospital, Tianjin, China*
15. *Division of Hematology and Oncology, Department of Internal Medicine, Taipei Tzu Chi Hospital, Buddhist Tzu Chi Medical Foundation, Taipei, Taiwan*
16. *Department of Chest Medicine, Taipei Veterans General Hospital and National Yang Ming Chiao Tung University, Taipei, Taiwan*
17. *Medical Oncology, BeiGene (Shanghai) Co., Ltd., Shanghai, China*
18. *Clinical Development, BeiGene (Shanghai) Co., Ltd., Shanghai, China*
19. *Biostatistics, BeiGene (USA) Co., Ltd., San Mateo, CA, USA*
20. *Clinical Biomarkers, BeiGene (Shanghai) Co., Ltd., Shanghai, China*
21. *Division of Oncology, Department of Internal Medicine, Gil Medical Center, Gachon University, College of Medicine, Incheon, South Korea*

Background: T-cell immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibitory motif domains (TIGIT) inhibitor with an anti-programmed cell death protein 1 (PD-1) antibody is a promising combination showing antitumor activity in solid tumors. Phase 1/1b open-label study AdvanTIG-105 assessed safety and preliminary antitumor activity of anti-TIGIT monoclonal antibody (mAb) OCI + anti-PD-1 mAb TIS in pts with advanced solid tumors (NCT04047862). During dose-escalation, OCI + TIS was well tolerated showing antitumor activity, establishing the recommended phase 2 dose (RP2D) of OCI 900mg IV Q3W plus TIS 200mg IV Q3W. We report Cohort 5 dose-expansion results.

Methods: Eligible adults had histologically/cytologically confirmed locally advanced/metastatic CPI-experienced NSCLC for which they received ≤2 prior therapies, including anti-PD-(L)1 in the most recent line, and progressed after complete or partial response (CR or PR) or stable disease. Pts received RP2D OCI + TIS until disease progression, intolerable toxicity or withdrawal of consent. Primary endpoint was investigator-assessed objective response rate (ORR) per RECIST v1.1. Secondary endpoints included disease control rate (DCR), duration of response (DOR) and safety.

Results: As of June 20, 2022, 26 pts were enrolled; 25 were efficacy evaluable. Median study follow-up was 46.1 weeks (range 25.4-59.0). The confirmed ORR was 8.0% (95% confidence interval [CI]: 1.0, 26.0), with two pts experiencing PR, and the confirmed DCR was 56.0% (95% CI: 34.9, 75.6); median DOR was not reached. Overall, 23 pts (88.5%) experienced ≥1 treatment-emergent adverse event (TEAE); 11 pts (42.3%) experienced Grade ≥3 TEAEs and nine pts (34.6%) experienced serious TEAEs. The most common TEAEs were fatigue (30.8%) and cough (26.9%). TEAEs leading to treatment discontinuation occurred in four pts (15.4%), and were related to treatment in two patients, with no TEAEs leading to death.

Conclusions: OCI 900mg + TIS 200mg was generally well tolerated and showed preliminary antitumor activity in pts with locally advanced/metastatic CPI-experienced NSCLC.