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AdvanTIG-105: Phase 1b Dose-expansion Study of Ociperlimab Plus Tislelizumab With Chemotherapy in Patients With Stage IV Gastric/Gastroesophageal Adenocarcinoma

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Disclosures

- Disclosure information is available online with the abstract details

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Background

- PD-(L)1 inhibitors have demonstrated improved outcomes for patients with advanced GC/GEJC; however, some patients do not respond and/or experience relapse[1-3]
- TIGIT inhibition in combination with PD-(L)1 inhibition has demonstrated antitumor activity in patients with advanced solid tumors[4-7]
- In the dose-escalation part of phase 1/1b study AdvanTIG-105 (NCT04047862), ociperlimab (anti-TIGIT mAb)[4,5] plus tislelizumab (anti-PD-1 mAb)[7,9] and chemotherapy showed preliminary antitumor activity and was well tolerated in patients with advanced solid tumors[7,10,11]
- Data from the dose-expansion part of the study from patients with advanced GC/GEJC are presented

GC/GEJC, gastric/gastroesophageal adenocarcinoma; IgG, immunoglobulin gamma 1; mAb, monoclonal antibody; PD-(L)1, programmed cell death (ligand) protein 1; TIGIT, T-cell immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibitory motif domains.

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Study Design: AdvanTIG-105 Cohort 9
Dose Expansion in Patients with Advanced GC/GEJC

NCT04047862

Inclusion criteria
- Histologically or cytologically confirmed stage IV HER2-negative GC/GEJC
- No prior therapy for metastatic disease
- ≥1 measurable lesion per RECIST v1.1
- ECOG PS 0-1

→

RP2D[1]
OCI 900 mg IV Q3W
+
TIS 200 mg IV Q3W
+
chemotherapy[a]

→

Continue until disease progression, intolerable toxicity, or withdrawal of consent

Primary endpoint:
- Investigator-assessed ORR per RECIST v1.1

Key secondary endpoints:
- Investigator-assessed PFS, DoR, and DCR per RECIST v1.1
- Safety

Key exploratory endpoint:
- OS

[a]Patients received either RP2D of ociperlimab and tislelizumab (D1), alongside chemotherapy of oxaliplatin 130 mg/m2 (D1) plus capecitabine 1000 mg/m2 (D1-14) Q3W for 6 cycles (C), followed by maintenance therapy with RP2D of ociperlimab and tislelizumab, plus capecitabine Q3W, or the RP2D of ociperlimab and tislelizumab with cisplatin 75 mg/m2 (D1) plus 5-fluorouracil 750-800 mg/m2 (D1-5) Q3W for 6 C.

DCR, disease control rate; DoR, duration of response; ECOG PS, Eastern Cooperative Oncology Group performance status; GC/GEJC, gastric/gastroesophageal adenocarcinoma; HER2, human epidermal growth factor receptor 2; IV, intravenous; OCI, ociperlimab; ORR, overall response rate; OS, overall survival; PFS, progression-free survival; Q3W, every 3 weeks; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; RP2D, recommended phase 2 dose; TIS, tislelizumab.

1. Frentzas S, et al. *J Clin Oncol*. 2021 (Abs 2583) [presented at ASCO 2021]

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Patient Baseline Characteristics

- Data cutoff: February 2, 2023
- Cohort 9 analysis sets
  - Safety analysis: 60 patients
  - Efficacy evaluable: 59 patients

Histologically or cytologically confirmed **stage IV GC/GEJC**	Median study follow-up time: **44.2 weeks** (range, 1.4-79.6)	Median age: **61.5 years** (range, 35-82)	Female patients: **26.7%**

GC/GEJC, gastric/gastroesophageal adenocarcinoma.

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Results: Antitumor Activity[a]

	PD-L1 ≥5% (n=27)	PD-L1 <5% (n=28)	All Patients (N=59)
ORR, n (%) (95% CI)	17 (63.0) (42.4, 80.6)	16 (57.1) (37.2, 75.5)	34 (57.6) (44.1, 70.4)
Best overall response, n (%)			
CR	0 (0.0)	0 (0.0)	0 (0.0)
PR	17 (63.0)	16 (57.1)	34 (57.6)
SD	6 (22.2)	8 (28.6)	17 (28.8)
PD	4 (14.8)	2 (7.1)	6 (10.2)
NE/NA	0 (0.0)	2 (7.1)	2 (3.4)
DCR, n (%) (95% CI)	23 (85.2) (66.3, 95.8)	24 (85.7) (67.3, 96.0)	51 (86.4) (75.0, 94.0)
Median DoR, months (95% CI)	8.4 (7.0, NE)	4.7 (3.2, 10.0)	8.1 (4.7, 10.0)

[a]According to PD-L1 TAP score in the efficacy-evaluable analysis set, four patients had missing PD-L1 TAP score.

CI, confidence interval; CR, complete response; DCR, disease control rate; DoR, duration of response; NE/NA, not evaluable/not assessed; ORR, overall response rate; PD, progressive disease; PD-L1, programmed death-ligand 1; PR, partial response; SD, stable disease; TAP, tumor area positivity

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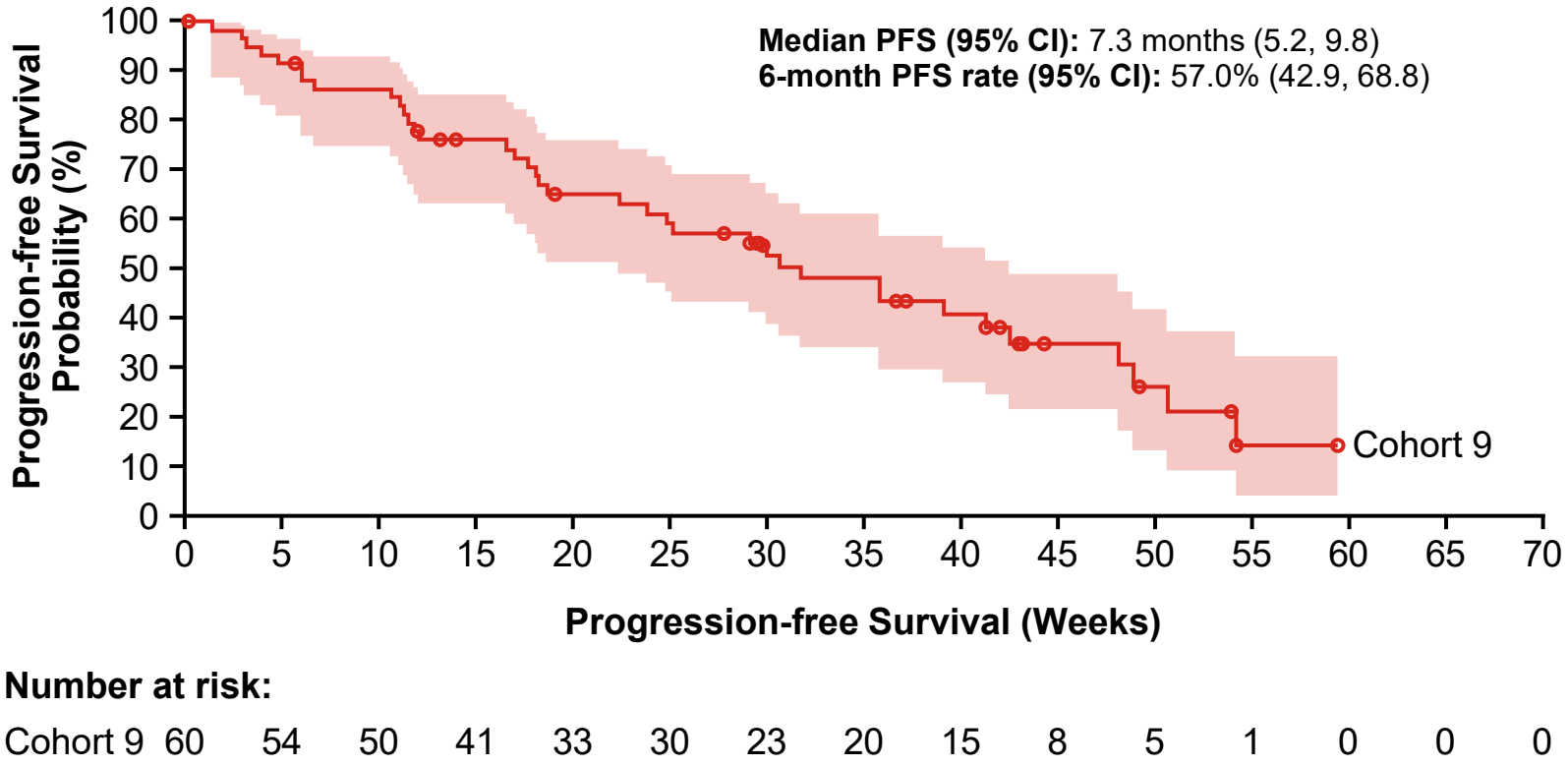
Results: Progression-Free Survival[a]



[a]Safety analysis set.

CI, confidence interval; PFS, progression-free survival

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Safety

- Most common TEAEs (incidence ≥30%)
  - Anemia (46.7%)
  - Platelet count decreased (41.7%)
  - Nausea (38.3%)
  - Neutrophil count decreased (33.3%)
  - Peripheral sensory neuropathy (31.7%)
  - WBC count decreased (31.7%)
- TEAEs led to 2 deaths
  - Neutropenic sepsis related to chemotherapy
  - Pulmonary embolism not treatment-related
- Most common immune-mediated TEAEs (incidence ≥5%)
  - Hypothyroidism (18.3%)
  - Rash (15.0%)
  - Maculo-papular rash (6.7%)
  - Adrenal insufficiency (5.0%)
  - Immune-mediated hepatitis (5.0%)

Summary of TEAEs[a]	
	All Patients (N=60)
Patients with ≥1 TEAE, n (%) ≥Grade 3 Serious	60 (100) 46 (76.7) 30 (50.0)
TEAE leading to OCI discontinuation, n (%)	5 (8.3)
TEAE leading to TIS discontinuation, n (%)	5 (8.3)
TEAE leading to death, n (%)	2 (3.3)
Immune-mediated TEAE, n(%)	24 (40.0)

[a]Safety analysis set

OCI, ociperlimab; TEAE, treatment-emergent adverse event; TIS, tislelizumab; WBC, white blood cell.

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Conclusions

- Ociperlimab plus tislelizumab and chemotherapy demonstrated encouraging antitumor activity in patients with stage IV GC/GEJC
  - ORR was similar for all patients, regardless of PD-L1 expression
  - Median DoR was longer for PD-L1(+) patients
- The combination was generally well tolerated with an acceptable safety profile
- The dose expansion part of the study in NSCLC, SCLC, EC, and HNSCC patients is currently ongoing

DoR, duration of response; EC, esophageal cancer; GC/GEJC, gastric/gastroesophageal adenocarcinomal; HNSCC, head and neck squamous cell carcinoma; NSCLC, non-small cell lung cancer; ORR, overall response rate; PD-L1, programmed death-ligand 1; SCLC, small cell lung cancer.

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