Tislelizumab monotherapy for patients with previously treated advanced hepatocellular carcinoma (HCC): RATIONALE-208 Chinese subpopulation

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Abstract text:

Background:

Tislelizumab, an anti-programmed cell death protein 1 monoclonal antibody, demonstrated clinical activity and was well tolerated in patients with previously treated advanced HCC in the Phase 2 RATIONALE-208 study (NCT03419897). Here, we report results for the Chinese subpopulation.

Methods:

Eligible patients who had received ≥ 1 prior line of systemic therapy for advanced HCC, excluding immune checkpoint inhibitors, received tislelizumab 200 mg intravenously once every three weeks. The primary endpoint was objective response rate by independent review committee (IRC) (ORR_{IRC}) per Response Evaluation Criteria in Solid Tumors version 1.1. Secondary endpoints included ORR by investigator (INV) (ORR_{INV}), duration of response by IRC (DoR_{IRC}), DoR by INV (DoR_{INV}), overall survival (OS), PFS by INV (PFS_{INV}), PFS by IRC (PFS_{IRC}), and safety.

Results:

As of June 2021, 249 patients were enrolled, and the Chinese subpopulation comprised 122 patients; baseline demographic and disease characteristics were balanced between the Chinese and overall (N=249) populations. Median follow-up duration was 12.9 months for the Chinese subgroup and 12.7 months for the overall population. Response rates were not impacted by region: ORR_{IRC} was 12.3% (95% CI: 7.1, 19.5) and ORR_{INV} was 13.9% [95% CI: 8.3, 21.4) in the Chinese subpopulation, and ORR_{IRC} was 12.9% (95% CI: 9.0, 17.7) and ORR_{INV} was 14.5% (95% CI: 10.3, 19.5) in the overall population. Median DoR_{IRC} in both populations was not reached. Median DoR_{INV} was consistent between the Chinese (21.4 months [95% CI: 7.6, NE]) and overall (21.4 months [95% CI: 11.1, NE) populations. Median PFS_{IRC} was 1.4 months (95% CI: 1.4, 2.6) and median PFS_{INV} was 1.5 months (95% CI: 1.4, 2.7) for the Chinese subpopulation, while median PFS_{IRC} was 2.7 months (95% CI: 1.4, 2.8) and median PFS_{INV} was 2.8 months (95% CI: 2.6, 4.0) for the overall population. Median OS was 13.7 months (95% CI: 9.9, 17.0) vs 13.2 months (95% CI: 10.8, 15.2) for the Chinese vs overall population, respectively.

Treatment-related adverse events (TRAEs) were similar between the Chinese and overall populations; 18.9% vs 15.5% of patients experienced ≥ Grade 3 TRAEs, and 4.9% vs 5.2% experienced TRAEs that led to treatment discontinuation in the Chinese vs overall population, respectively. The most common ≥ Grade 3 TRAEs were increased aspartate aminotransferase (4.1% vs 2.8%) and increased alanine aminotransferase (1.6% vs 1.2%) for the Chinese vs overall population, respectively.

Conclusions:

Tislelizumab is clinically active and well tolerated in Chinese patients with previously treated advanced HCC, and the results are consistent with the overall study population. An ongoing Phase 3 clinical trial will continue to investigate the impact of region on the efficacy and safety of tislelizumab monotherapy (NCT03412773).