AdvanTIG-206: Phase 2 Randomized Open-Label Study of Ociperlimab (OCI) + Tislelizumab (TIS) + BAT1706 (Bevacizumab Biosimilar) Versus TIS + BAT1706 in Patients (pts) With Advanced Hepatocellular Carcinoma (HCC)

Authors: Zhenggang Ren MD,[1] Yao Huang MD,[2] Yabing Guo MD,[3] Ming-Mo Hou MD,[4] Wei Wang MD,[5] Ming Kuang MD,[6] Chunyi Hao MD,[7] Wentao Wang MD,[8] Yanqiao Zhang MD,[9] Tianqiang Song MD,[10] Chaoliu Dai MD,[11] Hsing-Tao Kuo MD,[12] Vincent Li MD,[13] Ramil Abdrashitov MD PhD,[14] Lei Wang PhD,[15] Jia Fan MD[16]

Affiliations:

1. *Department of Hepatic Oncology, Zhongshan Hospital, Fudan University, Shanghai, China*
2. *Department of Hepatic Surgery, Mengchao Hepatobiliary Hospital of Fujian Medical University, Fuzhou, China*
3. *Liver Tumor center, Nanfang Hospital Southern Medical University, Guangzhou, China*
4. *Pediatric Hematology &Oncology, Chang Gung Medical Foundation, Taoyuan City, Taiwan*
5. *Department of Gastroenterology and Urology, Hunan Cancer Hospital, Changsha, China*
6. *Department of Hepatic Surgery, The First Affiliated Hospital, Sun Yat-sen University, Guangzhou, China*
7. *Department of Hepato-Pancreato-Biliary Surgery, Beijing Cancer Hospital, Beijing, China*
8. *Department of Liver Surgery, West China Hospital Sichuan University, Sichuan, China*
9. *Gastroenterology department, Harbin Medical University Cancer Hospital, Harbin, China*
10. *Department of Hepatobiliary, HCC Research Center for Prevention and Therapy, Tianjin Medical University Cancer Institute & Hospital, Tianjin, China*
11. *Department of Hepatobiliary and Splenic Surgery Shengjing Hospital of China Medical University, Shenyang, China*
12. *Department of Gastroenterology, Chi Mei Medical Center, Tainan City, Taiwan*
13. *Clinical Development, Solid Tumors, BeiGene (Beijing) Co., Ltd., Beijing, China*
14. *Clinical Development, BeiGene USA, Inc., Fulton, MD, USA*
15. *Statistics, BeiGene (Beijing) Co., Ltd., Beijing, China*
16. *Department of Liver Surgery & Transplantation, Liver Cancer Institute, Zhongshan Hospital, Fudan University, Shanghai, China*

Background: Pts with advanced HCC have poor prognosis, with 5-year survival of 18%. Coinhibition of programmed death ligand-1 (PD-L1) and VEGF provides survival benefit in 1st line (1L) HCC. In preclinical studies of HCC and clinical studies of other tumors, coinhibition of T-cell immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibitory motif domain (TIGIT) and PD-1 enhances antitumor activity of anti-PD-1. AdvanTIG-206 (NCT04948697

ESMO 2023

) is investigating the efficacy/safety of adding OCI (anti-TIGIT) to TIS (anti-PD-1) + BAT1706 backbone as 1L therapy in advanced HCC pts.

Methods: Eligible adults had histologically confirmed HCC that is BCLC Stage B or C, not amenable to or progressed after loco-regional therapy, and with no prior systemic therapy. Pts were randomized 2:1 to OCI 900 mg + TIS 200 mg + BAT1706 15 mg/kg (O+T+B) or T+B every 3 weeks until loss of clinical benefit at investigator (INV) discretion. Primary endpoint was INV-assessed objective response rate (ORR). Secondary endpoints included duration of response (DOR), progression-free survival (PFS), and overall survival (OS).

Results: As of 27 Feb 2023, 94 pts (median age 58.5 years) were randomized to O+T+B (n=62) and T+B (n=32). INV-assessed ORR was 35.5% with O+T+B vs. 37.5% with T+B (**Table**). For O+T+B and T+B, respectively, Grade ≥3 treatment-related adverse events (TRAEs) were 50.0% and 25.8%, most common (≥5% incidence) TRAEs were hypertension (14.5% and 6.5%) and proteinuria (both 6.5%); TRAEs that led to any treatment discontinuation were 16.1% and 6.5%. Three (4.8%) treatment-related deaths occurred with O+T+B vs. none with T+B.

Conclusions: In pts with advanced HCC, TIS + BAT1706 demonstrated promising ORR, while adding OCI to the doublet was not associated with improved anticancer activity. No new safety signals were identified in either arm. The OS data are premature and need further follow-up.

Table: Efficacy

	O+T+B (n=62)	**T+B (n=32)**
Best overall response[a], n (%)		
Complete response	0	0
Partial response	22 (35.5)	12 (37.5)
Stable disease	26 (41.9)	11 (34.4)
Progressive disease	10 (16.1)	7 (21.9)
Not evaluable	4 (6.5)	2 (6.3)
ORR[a], % (95% CI)	35.5 (23.7, 48.7)	37.5 (21.1, 56.3)
	2-sided P=0.8350	
DOR[b](months), median (95% CI)	12.6 (7.0, NE)	10.6 (4.2, NE)
PFS (months), median (95% CI)	8.3 (5.5, 10.0)	6.9 (4.1, NE)
	Hazard ratio = 1.08 (0.59, 1.96)	
	1-sided P=0.4056	

Median follow-up was 9.2 months.
P-value is for descriptive purpose only.
NE, not estimable

[a]INV-confirmed per RECIST v1.1
[b]Only includes pts with confirmed complete/partial response