Safety and Efficacy of Long-term Exposure (LTE) to Tislelizumab in Chinese Patients With Advanced Solid Tumors

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Background Tislelizumab, a clinical-stage anti-PD-1 antibody, was engineered to minimize binding to FcγR on macrophages to abrogate antibody-dependent phagocytosis, a mechanism of T-cell clearance and potential resistance to anti-PD-1 therapy. Initial reports from this phase 1/2 study (NCT04068519) showed single-agent tislelizumab was generally well tolerated and had antitumor activity in patients (pts) with advanced solid tumors; clinical effects and safety of long-term exposure (LTE; >12 mo) to tislelizumab are presented.

Methods Eligible pts had histologically or cytologically confirmed advanced solid tumors and progressed on, or were intolerant to, their last standard antitumor treatment; pts receiving prior anti-PD-(L)1 therapy were ineligible. Treatment beyond progression was allowed. PD-L1 expression was assessed by the VENTANA PD-L1 (SP263) assay. Key endpoints included antitumor response, overall survival (OS), and safety/tolerability.

Results As of 01 Dec 2019**,** of 300 enrolled pts, 70 had received tislelizumab for >12 mo (median age, 54 yr; ≥2 lines of prior systemic therapy, 49%). Median duration of treatment was 20.9 mo with 29 pts treated beyond progression. The most common tumor types of pts with LTE were NSCLC (n=16) and NPC (n=8). For all pts with LTE, ORR was 55.7%, with responses observed in both PD-L1 ≥10% and <10% pts (**Table**). With a median study follow-up of 24.7 mo, median duration of response and median OS were not reached. Commonly reported treatment-related adverse events (TRAEs) included increased ALT (n=24, 34.3%) and AST (n=22, 31.4%); TRAEs across the entire study were mostly of grade ≤2 severity. Three pts (4.3%) had TRAEs leading to treatment discontinuation; no pt reported a TRAE leading to death.

Conclusion Tislelizumab remained generally well tolerated with no new safety signals when administered for >12 mo and elicited durable responses in pts with a variety of tumor types, regardless of PD-L1 status.

Best Overall Response in Patients With Long-term Exposure (>12 Months) to Tislelizumab by PD-L1 Status				
	PD-L1 ≥10% (n=18)	**PD-L1 <10% (n=45)**	**PD-L1 Missing (n=7)**	**Total (N=70)**
CR, n (%)	0 (0)	1 (2.2)	0 (0)	1 (1.4)
PR, n (%)	10 (55.6)	23 (51.1)	5 (71.4)	38 (54.3)
SD, n (%)	6 (33.3)	19 (42.2)	1 (14.3)	26 (37.1)
PD, n (%)	2 (11.1)	2 (4.4)	1 (14.3)	5 (7.1)
ORR, % (95% CI)	55.6 (30.8, 78.5)	53.3 (37.9, 68.3)	71.4 (29.0, 96.3)	55.7 (43.3, 67.6)
Abbreviations: CI, Confidence interval; CR, complete response; ORR, objective response rate; PD, progressive disease; PR, partial response; SD stable disease.				