AdvanTIG-105: Phase 1b Dose-Expansion Study of Ociperlimab (OCI) + Tislelizumab (TIS) With Chemotherapy in Patients (pts) With Extensive-Stage Small Cell Lung Cancer (ES-SCLC)

Authors: Jun Zhang[*1], Maen Hussein[2], Steven Kao[3], Timothy Clay[4], Nimit Singhal[5], Hye Ryun Kim[6], EunKyung Cho[7], Byoung-Yong Shim[8], Young Joo Lee[9], Gyeong-Won Lee[10], Jun Zhao[11], Yan Yu[12], Meili Sun[13], Chih-Bin Lin[14], Tsung-Ying Yang[15], Gee-Chen Chang[16], Hao Zheng[17], Wei Tan[18], David Spigel[19]

Affiliations:

1. *Division of Medical Oncology, Department of Internal Medicine, and the Department of Cancer Biology, University of Kansas Medical Center, Kansas City, Kansas, USA*
2. *Department of Oncology, SCRI Florida Cancer Specialists, Leesburg, Florida, USA*
3. *Department of Medical Oncology, Chris O'Brien Lifehouse, Sydney, NSW, Australia*
4. *Department of Medical Oncology, St John of God Subiaco Hospital, Perth, WA, Australia*
5. *Department of Medical Oncology, Royal Adelaide Hospital and University of Adelaide, Adelaide, SA, Australia*
6. *Division of Medical Oncology, Department of Internal Medicine, Severance Hospital, Yonsei University College of Medicine, Seoul, Republic of Korea*
7. *Division of Oncology, Department of Internal Medicine, Gil Medical Center, Gachon University, College of Medicine, Incheon, Republic of Korea*
8. *Division of Medical Oncology, Department of Internal Medicine, St. Vincent's Hospital, The Catholic University of Korea, Suwon, Republic of Korea*
9. *Division of Hemato-Oncology, National Cancer Center, Gyeonggi-do, Republic of Korea*
10. *Division of Hematology and Oncology, Department of Internal Medicine, Gyeongsang National University Hospital, Gyeongsang National University of Medicine, Jinju, Republic of Korea*
11. *Key Laboratory of Carcinogenesis and Translational Research (Ministry of Education, Beijing), Department of Thoracic Medical Oncology, Peking University Cancer Hospital & Institute, Beijing, China*
12. *Department of Medical Oncology, Affiliated Tumor Hospital of Harbin Medical University, Harbin, China*
13. *Department of Oncology Internal Medicine, Jinan Central Hospital, Jinan, China*
14. *Department of Internal Medicine, Hualien Tzuchi Hospital, Buddhist Tzuchi Medical Foundation, Hualien City, Taiwan*
15. *Department of Internal Medicine, Taichung Veterans General Hospital, Taiwan, China*
16. *Department of Internal Medicine, Chung Shan Medical University Hospital, Taichung, Taiwan*
17. *Biostatistics, BeiGene (USA) Co., Ltd., San Mateo, California, USA*
18. *Clinical Biomarkers, BeiGene (Shanghai) Co., Ltd., Shanghai, China*
19. *Department of Medical Oncology, Sarah Cannon Research Institute, Tennessee Oncology, Nashville, Tennessee, USA*

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 unresectable solid tumors (NCT04047862). In dose-escalation, OCI + TIS was well tolerated showing preliminary antitumor activity, establishing the recommended phase 2 dose (RP2D) of OCI 900mg IV every 3 weeks (Q3W) plus TIS 200mg IV Q3W. We report dose-expansion results in pts with ES-SCLC.

Methods: Eligible adults had histologically/cytologically confirmed ES-SCLC and had received no prior systemic therapies. Pts received RP2D of OCI + TIS with cisplatin or carboplatin + etoposide Q3W for 4 cycles, followed by RP2D OCI + TIS Q3W 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 progression-free survival (PFS), duration of response (DoR), and safety.

Results: As of June 20, 2022, 42 pts were enrolled, of which 40 were efficacy evaluable; median study follow-up time was 24.9 weeks (range 3.0-67.9). Confirmed ORR was 65.0% (95% confidence interval [CI]: 48.3, 79.4) and median DoR was 4.3 months (95% CI: 3.2, 5.6). Median PFS was 4.9 months (95% CI: 4.2, 5.7) with a 6-month PFS rate of 27.3%. All 42 pts experienced at least 1 treatment-emergent adverse event (TEAE); 25 (59.5%) had Grade ≥ 3 TEAEs and 17 (40.5%) had serious TEAEs. Most common TEAEs were neutrophil count decreased and anemia (54.8% each). Immune-mediated TEAEs were reported in 12 pts (28.6%) and TEAEs led to treatment discontinuation in two pts. Pneumonia (unrelated to treatment) and disease progression led to death in two pts.

Conclusions: OCI 900mg + TIS 200mg with cisplatin/carboplatin plus etoposide was generally well tolerated and showed antitumor activity in pts with ES-SCLC.