Long-term Follow-up of a Phase 2 Study of Tislelizumab (TIS) Monotherapy in Patients (pts) With Previously Treated, Locally Advanced, Unresectable or Metastatic Microsatellite Instability-high (MSI-H) or Mismatch Repair-deficient (dMMR) Solid Tumors

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Background: TIS is an anti-programmed cell death protein 1 monoclonal antibody engineered to minimize FcγR binding. Primary results from this single-arm, multicenter, open-label, phase 2 study (NCT03736889) evaluating TIS in pts with MSI-H/dMMR solid tumors showed a clinically meaningful objective response rate (ORR). Here, we report updated analysis with longer follow-up.

Methods: Eligible adult participants had previously treated, locally advanced, unresectable/metastatic solid tumors with centrally confirmed MSI-H/dMMR, ≥1 measurable lesion (RECIST v1.1), and an ECOG performance status ≤1. Pts received TIS 200 mg intravenously once every 3 weeks until disease progression, unacceptable toxicity, or withdrawal. The primary endpoint was Independent Review Committee (IRC)-assessed ORR (RECIST v1.1). Secondary endpoints included overall survival (OS), IRC-assessed duration of response (DoR), progression-free survival (PFS), and disease control rate, and safety.

Results: Of 80 pts enrolled and treated in the study, 75 had measurable disease per IRC at baseline and were included in the efficacy-evaluable population. At data cutoff (Dec 5, 2022), median study follow-up was 28.9 months; minimum follow-up from last patient in to data cutoff was 28.1 months. Efficacy results are shown in the **Table**. ORR was 49.3%; median DoR, PFS, and OS were not reached. Treatment-emergent adverse events (TEAEs) ≥grade 3

occurred in 48 pts (60.0%); the most common was anemia, occurring in nine pts (11.3%). TEAEs leading to treatment discontinuation occurred in six pts (7.5%).

Conclusions: With a minimum of 28.1 months' follow-up, TIS-treated pts with previously treated MSI-H/dMMR solid tumors demonstrated a higher ORR compared with previous analysis, and durable improvements in DoR, PFS, and OS, with no new safety signals.

Tumor Response in the Efficacy-evaluable Population	
	All tumor types (N=75)
ORR, n (%)	37 (49.3)
95% CI	37.6, 61.1
Best overall response, n (%)	
Complete response	10 (13.3)
Partial response	27 (36.0)
mDoR,[a] mo (95% CI)	NR (NE, NE)
24-month DoR rate, % (95% CI)	97.0 (80.4, 99.6)
mPFS,[a] mo (95% CI)	NR (7.5, NE)
24-month PFS rate, % (95% CI)	56.7 (44.1, 67.4)
mOS, mo (95% CI)	NR (33.3, NE)
24-month OS rate, % (95% CI)	68.6 (56.6, 77.9)

[a]IRC-assessed per RECIST v1.1

OS analysis is based on safety analysis population (N=80).

CI, confidence interval; m, median; mo, months; NE, not estimable; NR, not reached.