

Tislelizumab + Chemotherapy vs Placebo + Chemotherapy as First-Line Treatment in Gastric/Gastroesophageal Junction Adenocarcinoma Patients With/Without Peritoneal or Liver Metastases: A Post Hoc Analysis of RATIONALE-305 Study

Ana-Maria Bucalau,¹ Miao-Zhen Qiu,² Hui-Yan Luo,² Feng-Hua Wang,² Feng Wang,² Ming-Ming He,² Sheng Xu,³ Xiaoxi Pan,⁴ Rui-Hua Xu²

¹Cliniques Universitaires de Bruxelles – Hôpital Erasme, Brussels, Belgium; ²Department of Medical Oncology, Sun Yat-sen University Cancer Center State Key Laboratory of Oncology in South China, Guangzhou, China; ³BeOne Medicines, Ltd, Shanghai, China; ⁴BeOne Medicines, Ltd, Beijing, China

CONCLUSIONS

- This post hoc analysis demonstrated that peritoneal or liver metastases are poor prognostic factors. Notably, an OS improvement was observed with TIS+CT versus PBO+CT in GC/GEJC patients with/without peritoneal or liver metastases
- The pivotal global RATIONALE-305 study reported survival benefits with TIS+CT as 1L treatment for GC/GEJC, irrespective of peritoneal or liver metastases

INTRODUCTION

- Gastric cancer (GC) patients with peritoneal or liver metastases had poor prognosis, and the efficacy of immunotherapy in these patients remains unclear. The global phase 3 RATIONALE-305 study (NCT03777657) demonstrated that tislelizumab (TIS) combined with chemotherapy (CT) could bring survival benefits to first-line (1L) treatment of GC/gastroesophageal junction adenocarcinoma (GEJC) patients^{1,2}
- Here, we assessed the efficacy of TIS+CT versus placebo (PBO)+CT in patients with/without peritoneal or liver metastases in RATIONALE-305

METHODS

- In the RATIONALE-305 study, patients with systemic treatment-naïve GC/GEJC were randomly assigned (1:1) to receive either TIS+CT or PBO+CT. Peritoneal metastases was a stratification factor
- In this post hoc analysis, regression analyses were conducted to explore the associations between peritoneal or liver metastases and overall survival (OS). Relative treatment effect between TIS and PBO was assessed in each subgroup. The Kaplan-Meier method was used to estimate the median OS, and hazard ratios (HRs) for OS were estimated using Cox proportional hazards models

RESULTS

Patient Disposition and Regression Analysis

- In RATIONALE-305, among the 997 randomized patients (TIS+CT, n=501; PBO+CT, n=496), 434 (43.5%) had peritoneal metastases (220 in TIS arm; 214 in PBO arm) and 378 (37.9%) had liver metastases (190 in TIS arm; 188 in PBO arm) at baseline
- Regression analyses demonstrated that peritoneal metastasis (HR, 1.54 [95% CI 1.34-1.77]) or liver metastasis (HR, 1.18 [95% CI 1.02-1.36]) were significantly associated with shorter OS

Baseline Characteristics

- The baseline characteristics of the patients in the TIS+CT arm and the PBO+CT arm were balanced within each subgroup of patients with/without peritoneal metastasis and the patients with/without liver metastasis, including PD-L1 expression levels

Overall Survival

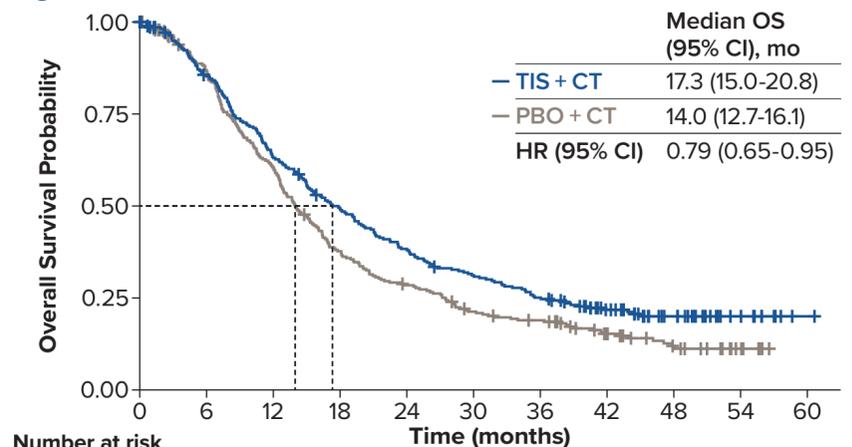
Patients With/Without Peritoneal Metastasis

- The data cut-off date of this analysis was February 28, 2024
- In patients without peritoneal metastasis, OS was longer in the TIS arm compared with the PBO arm (median OS: 17.3 vs 14.0 months; HR, 0.79 [95% CI 0.65-0.95]) (**Figure 1**)
- In patients with peritoneal metastasis, OS was longer in the TIS arm compared with the PBO arm (median OS: 12.3 vs 11.8 months; HR, 0.78 [95% CI 0.64-0.96]) (**Figure 2**)

Patients With/Without Liver Metastasis

- In patients without liver metastasis, OS was longer in the TIS arm compared with the PBO arm (median OS: 16.0 vs 12.9 months; HR, 0.8 [95% CI 0.67-0.95]) (**Figure 3**)
- In patients with liver metastasis, OS was still longer in the TIS arm compared with the PBO arm (median OS: 13.9 vs 12.9 months; HR, 0.77 [95% CI 0.62-0.96]) (**Figure 4**)

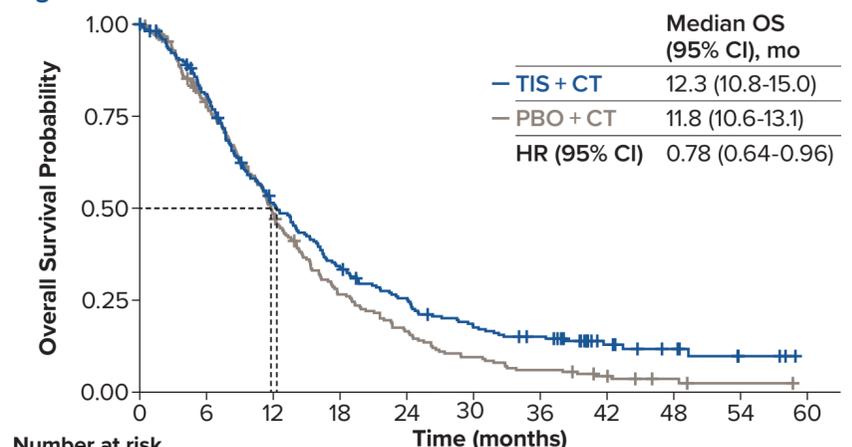
Figure 1. Overall Survival in Patients Without Peritoneal Metastasis



Number at risk	Time (months)										
	0	6	12	18	24	30	36	42	48	54	60
TIS + CT	281	230	170	131	102	82	66	43	25	10	1
PBO + CT	282	237	165	102	76	55	47	28	16	6	0

Abbreviations: CI, confidence interval; CT, chemotherapy; HR, hazard ratio; mo, months; OS, overall survival; PBO, placebo; TIS, tislelizumab.

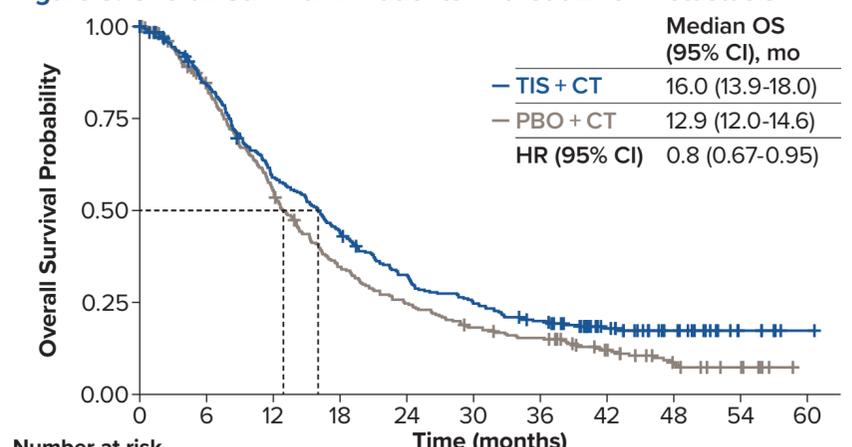
Figure 2. Overall Survival in Patients With Peritoneal Metastasis



Number at risk	Time (months)										
	0	6	12	18	24	30	36	42	48	54	60
TIS + CT	220	174	108	71	52	35	28	13	8	3	0
PBO + CT	214	161	99	53	33	19	12	7	3	1	0

Abbreviations: CI, confidence interval; CT, chemotherapy; HR, hazard ratio; mo, months; OS, overall survival; PBO, placebo; TIS, tislelizumab.

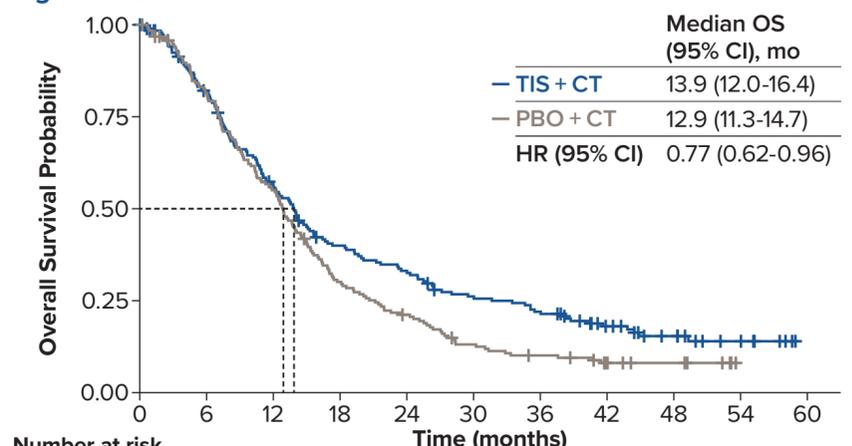
Figure 3. Overall Survival in Patients Without Liver Metastasis



Number at risk	Time (months)										
	0	6	12	18	24	30	36	42	48	54	60
TIS + CT	311	254	177	132	96	73	57	33	19	6	1
PBO + CT	308	250	164	101	72	52	43	26	13	7	0

Abbreviations: CI, confidence interval; CT, chemotherapy; HR, hazard ratio; mo, months; OS, overall survival; PBO, placebo; TIS, tislelizumab.

Figure 4. Overall Survival in Patients With Liver Metastasis



Number at risk	Time (months)										
	0	6	12	18	24	30	36	42	48	54	60
TIS + CT	190	150	101	70	58	44	37	23	14	7	0
PBO + CT	188	148	100	54	37	22	16	9	6	0	0

Abbreviations: CI, confidence interval; CT, chemotherapy; HR, hazard ratio; mo, months; OS, overall survival; PBO, placebo; TIS, tislelizumab.

REFERENCES

1. Qiu MZ, Oh DY, Kato K, et al. *BMJ*. 2024;385:e078876. doi:10.1136/bmj-2023-078876.
2. Cruz-Correa M, Oh DY, Kato K, et al. *Ann Oncol*. 2024;35(suppl 2):S893-S894. doi:10.1016/j.annonc.2024.08.1503.

DISCLOSURES

A-MB: No conflicts declared. **M-ZQ:** Received institutional research funds from BeOne Medicines.

ACKNOWLEDGMENTS

BeOne Medicines, Ltd, provided the medical writing support under the direction of authors.