AdvanTIG-302: phase 3 study of ociperlimab (OCI) + tislelizumab (TIS) versus pembrolizumab (PEM) in programmed death-ligand 1 (PD-L1) high, untreated, locally advanced, unresectable, or metastatic non-small cell lung cancer (NSCLC)

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ABSTRACT

Background: There is an unmet need in NSCLC for novel agents that improve outcomes. Co-inhibition of T-cell immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibitor motif domains (TIGIT) and programmed cell death protein-1 (PD-1) may enhance antitumor activity of anti-PD-1. AdvanTIG-302 is a phase 3, international trial that assessed OCI (anti-TIGIT) + TIS (anti-PD-1) (Arm A), PEM (Arm B) and TIS (Arm C) in PD-L1 high, first-line stage III/IV NSCLC (NCT04746924).

Methods: Eligible patients (pts) were randomized (5:5:2) to Arms A, B or C. Primary objective: overall survival (OS) in A vs B (sample size calculation driven for A vs B). Key secondary analyses included progression-free survival (PFS), objective response rate (ORR) and duration of response (DOR) per investigator by RECIST v1.1, and safety.

Results: As of the May 30, 2025 data cutoff date for the prespecified interim analysis, 662 pts were enrolled (287 in A; 287 in B; 88 in C). Baseline characteristics were generally balanced (histology: squamous [40.1% A, 40.1% B, 37.5% C] or non-squamous [59.9% A, 59.9% B, 62.5% C]).

Due to early study termination, efficacy analyses are descriptive only; no formal tests were conducted. The stratified hazard ratio of OS for A vs B was 0.97 (95% CI 0.76-1.23); median OS was comparable across the 3 arms (**Table**). PFS, ORR and DOR are shown in the

Table. In A, B and C, respectively, treatment-related adverse events (TRAEs) occurred in 84.3%, 79.4% and 79.3% and serious TRAEs in 26.6%, 15.0% and 16.1% of pts.

Conclusion: OCI + TIS showed no improvement in OS compared to PEM. OCI + TIS and TIS had numerical improvements in PFS and ORR compared with PEM. Data should be interpreted cautiously given the descriptive nature of this comparison. The safety profiles of all treatment arms were well tolerated with no new safety signals.

Table

	Arm A OCI + TIS (N=287)	**Arm B PEM (N=287)**	**Arm C TIS (N=88)**
Median OS, months (95% CI)	31.9 (25.7-NE)	29.4 (25.8-35.0)	27.7 (20.0-NE)
Stratified HR (95% CI) for A vs B	0.97 (0.76-1.23)	-	-
Median PFS, months (95% CI)	14.3 (11.5-16.0)	10.5 (8.4-12.6)	16.6 (8.9-26.3)
Stratified HR (95% CI) for A vs B	0.94 (0.77-1.15)	-	-
ORR, % (95% CI)	61.0 (55.1-66.7)	48.8 (42.9-54.7)	55.7 (44.7-66.3)
OR (95% CI) for A vs B	1.65 (1.18-2.30)	-	-
Median DOR, months (95% CI)	18.6 (16.5-24.2)	28.3 (16.3-NE)	NR (16.0-NE)

CI, confidence interval; HR, hazard ratio; NE, not estimable; NR, not reached; OR, odds ratio.