AdvanTIG-205: Phase 2 Trial of Ociperlimab Plus Tislelizumab Plus Chemotherapy in First-Line Treatment of Patients With Locally Advanced, Unresectable, or Metastatic Non-Small Cell Lung Cancer

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Conclusions

AdvanTIG-205 is a phase 2 study designed to investigate the efficacy and safety of ociperlimab in combination with tislelizumab and chemotherapy vs tislelizumab and chemotherapy, as first-line treatment in patients with unresectable, or metastatic NSCLC.

Background

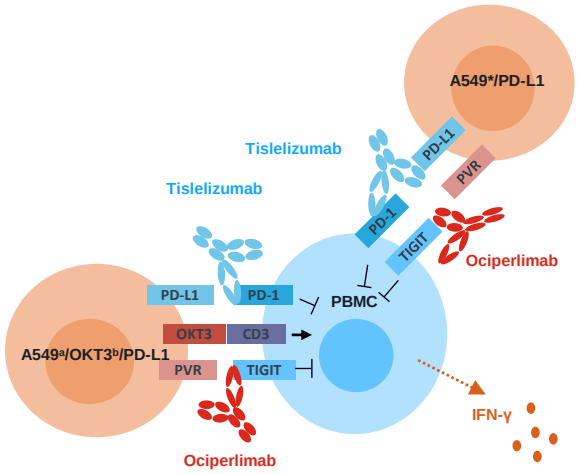
Lung cancer is one of the leading causes of cancer-related deaths worldwide, with an estimated 2 million new cases and 1.79 million deaths reported in 2020.[1] Immune checkpoint inhibitors targeting programmed cell death protein 1 (PD-1) or programmed death-ligand 1 (PD-L1) in combination with standard therapy have shown clinical benefit as first-line treatment for non-small cell lung cancer (NSCLC), however, unmet needs remain.[2-6]

Ociperlimab is a humanized Fc-intact IgG1 monoclonal antibody (mAb) designed to bind to T-cell immunoreceptor with immunoglobulin and immunoreceptor tyrosine-based inhibitory motif domains (TIGIT) with high affinity and specificity.[7] Tislelizumab is an anti-PD-1 mAb approved in China for the treatment of first-line NSCLC in combination with chemotherapy.[8]

Despite improvements in clinical outcomes with PD-1/PD-L1 therapies, new treatment options are needed to further improve overall survival and quality of life for patients with locally advanced, unresectable, or metastatic NSCLC.[9]

Dual targeting of tumors with anti-TIGIT and anti-PD-1 mAbs (**Figure 1**) has shown both immune response and potent antitumor activity preclinically.[7] In the phase 1 AdvanTIG-105 trial, ociperlimab plus tislelizumab was well tolerated in patients with advanced solid tumors and preliminary antitumor activity was observed.[10]

Figure 1. Dual Targeting With Anti-TIGIT and Anti-PD-1 Antibodies



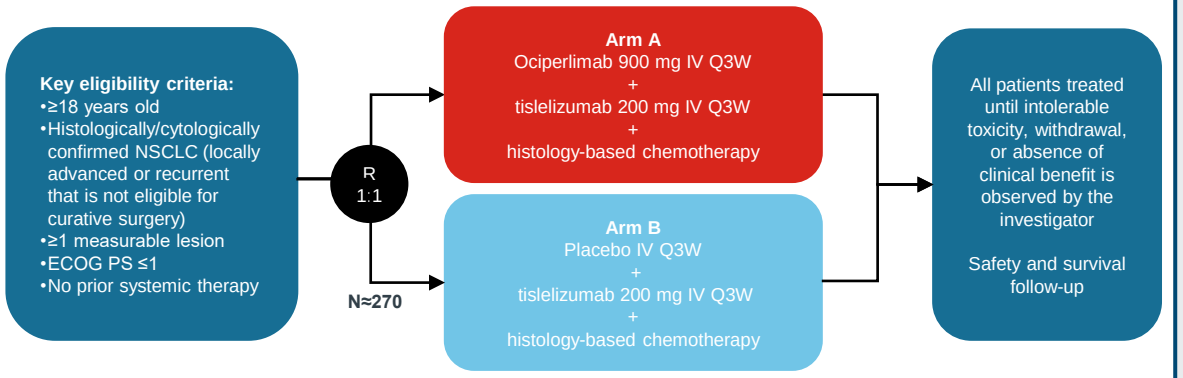
Chen X, et al. *Cancer Res*. 2021;81(13) (Abs 1854).[7]
ªPVR positive A549 cells; ᵇanti-CD3 antibody clone. Abbreviations: IFN, interferon; PBMC, human peripheral blood mononuclear cells; PD-1, programmed cell death protein 1; PD-L1, programmed death-ligand 1; PVR, poliovirus receptor; TIGIT, T cell immunoreceptor with immunoglobulin and ITIM domain.

Methods

AdvanTIG-205 is a randomized, multicenter, phase 2 study (NCT05014815).

Approximately 270 patients aged ≥18 years with histologically or cytologically confirmed squamous or nonsquamous NSCLC will be enrolled (**Figure 2**).

Figure 2. AdvanTIG-205 Study Design



Stratification
- ªPD-L1 expression (three levels: <1% TC versus 1%-49% TC vs ≥50% TC)
- Histology (squamous vs nonsquamous)

Tumor response evaluation (RECIST v1.1):
- Q9W for first 52 weeks
- Q12W thereafter

Histology-based chemotherapy:
- **Squamous:** Carboplatin AUC 5 or 6 (D1) + paclitaxel 175 or 200 mg/m² (D1) or *nab*-paclitaxel 100 mg/m² (D1, D8, D15) Q3W
- **Nonsquamous:** Cisplatin 75mg/m² or carboplatin AUC 5 (D1) + pemetrexed 500 mg/m² (D1) Q3W

ªUsing a central lab validated PD-L1 (SP263) assay.
Abbreviations: D, day; ECOG PS, Eastern Cooperative Oncology Group performance status; IV, intravenous; NSCLC, non-small cell lung cancer; PD-L1, programmed death-ligand 1; Q3W, every 3 weeks; Q9W, every 9 weeks; Q12W, every 12 weeks; R, randomized; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; TC, tumor cell.

Endpoints and Assessments

The study endpoints are presented in **Table 1.**

Table 1. AdvanTIG-205 Endpoints

Primary endpoint	•INV-assessed PFS per RECIST v1.1
Secondary endpoints	•INV-assessed ORR and DoR per RECIST v1.1 •OS •Safety and tolerability •Serum concentrations of ociperlimab and tislelizumab at specified timepoints •Immunogenic responses to ociperlimab and tislelizumab, evaluated through detection of ADAs
Exploratory endpoints	•INV-assessed DCR, CBR, and TTR per RECIST v1.1 •Potential biomarkers associated with clinical efficacy, disease status, and resistance • HRQoL using EORTC QLQ-C30 and QLQ-LC13

Abbreviations: ADA, antidrug antibody; CBR, clinical benefit rate; DCR, disease control rate; DoR, duration of response; EORTC QLQ-C, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Core; HRQoL, health-related quality of life; INV, investigator; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; QLQ-LC, Quality of Life Questionnaire-Lung Cancer; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1; TTR, time to response.

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Disclosures

The presenting author **Bo Zhu** has no conflicts to declare.

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