A Phase II, Open-Label, Single-Center Study of QL1706 plus Platinum Doublet Chemotherapy as First-Line Treatment in Patients with Advanced NSCLC: Data from EGFR Wild-Type Cohort

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Background

Immunotherapy plus platinum doublet chemotherapy at first-line therapy has shown survival benefit in patients (pts) with advanced NSCLC not harboring oncogenic driver alterations[1,2]. QL1706, a novel dual immune checkpoint blockade containing a mixture of anti-PD1 IgG4 and anti-CTLA4 IgG4 antibodies, showed promising antitumor efficacy in advanced solid tumors including NSCLC in a phase I trial. Here we report the efficacy and safety results from the EGFR wild-type cohort of an ongoing phase II study of QL1706 plus pts in advanced NSCLC (NCT05259295).

Study Population

Inclusion Criteria

Eligible pts had histologically or cytologically confirmed stage IIIB or IV NSCLC (AJCC 8th edition). EGFR ALK, or ROS1 wild-type Systemic treatment naïve (neoadjuvant, or adjunctive, or radical chemoradiotherapy was permitted if it had stopped ≥6 months before first dose of study treatment) ≥1 target lesion (RECIST v1.1) Stable/treated brain metastases were permitted.

Exclusion Criteria

Pts who previously received immunotherapy were excluded.

Methods

29 pts were enrolled (squamous NSCLC: 17; non-squamous NSCLC: 12). The median age was 58 years (range, 29 to 74). 96.6% of the EGOC PS 0 or 1 (Table 1).

No pts had previously received surgery, radiotherapy, or systemic therapy.

Study Design

Squamous NSCLC

- QL1706 (5 mg/kg)
- Paclitaxel+Carboplatin (Q2W, 3 cycles) Non-squamous NSCLC

- QL1706 (5 mg/kg)
- Platinum+Carboplatin (Q2W, 3 cycles)

Pts were to receive treatment until disease progression (as judged by the investigator according to RECIST v1.1). Pts received QL1706 for up to 2 years. Two cycles of chemotherapy were chosen based on previously reported study[3,4].

Endpoints

Primary endpoint

Safety

Secondary endpoints

Objective response rate (RECIST v1.1) Progression-free survival (RECIST v1.1) Duration of response (RECIST v1.1) Disease control rate (RECIST v1.1) Overall survival

Results

Table 1 Patient Demographics and Baseline Disease Characteristics (Full Analysis Set)

<table>
<thead>
<tr>
<th></th>
<th>Non-squamous NSCLC</th>
<th>Squamous NSCLC</th>
</tr>
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<tbody>
<tr>
<td>Age, median (range), years</td>
<td>60.9 (37.7 to 74)</td>
<td>58.4 (29 to 72)</td>
</tr>
<tr>
<td>Sex, n (%)</td>
<td>41 (61.7)</td>
<td>14 (92.4)</td>
</tr>
<tr>
<td>Race</td>
<td>9 (64.7)</td>
<td>12 (85.7)</td>
</tr>
<tr>
<td>EGOC PS, n (%)</td>
<td>0.49 (0.3)</td>
<td>21 (72.3)</td>
</tr>
<tr>
<td>Smoking status, n (%)</td>
<td>11 (69.7)</td>
<td>17 (100)</td>
</tr>
<tr>
<td>Current or former</td>
<td>9 (60.7)</td>
<td>14 (92.4)</td>
</tr>
<tr>
<td>Time from initial diagnosis to first dose, median (range), months</td>
<td>0.75 (0.1 to 2.2)</td>
<td>0.6 (0.2 to 1.3)</td>
</tr>
<tr>
<td>Stage, n (%)</td>
<td>9 (64.7)</td>
<td>8 (57.1)</td>
</tr>
<tr>
<td>IBSCC</td>
<td>1 (6.7)</td>
<td>3 (17.6)</td>
</tr>
<tr>
<td>IV</td>
<td>10 (66.7)</td>
<td>13 (76.5)</td>
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</tbody>
</table>

Figure 2 Spider Plot of Tumor Response (Full Analysis Set)

Table 2 Tumor Response (Full Analysis Set)

<table>
<thead>
<tr>
<th>Best Overall Response, n (%)</th>
<th>QL1706 (5 mg/kg)</th>
<th>Squamous NSCLC</th>
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<tbody>
<tr>
<td>ORR, n (%)</td>
<td>9 (64.7)</td>
<td>12 (85.7)</td>
</tr>
<tr>
<td>CI (95%)</td>
<td>(60.7, 72.3)</td>
<td>(72.3, 78.6)</td>
</tr>
<tr>
<td>DCR, n (%)</td>
<td>11 (72.3)</td>
<td>17 (72.3)</td>
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<tr>
<td>CI (95%)</td>
<td>(66.7, 77.8)</td>
<td>(64.7, 72.3)</td>
</tr>
</tbody>
</table>

Figure 3 Progression-Free Survival (Full Analysis Set)

Futility

As of data cutoff, ORR was 58.6% (squamous NSCLC cohort: 70.6%; non-squamous NSCLC cohort: 41.1%). DCR was 93.1% (72.9). The ORR and DCR per IRRECIST were 62.1% (18/29) and 96.6% (28/29) (Table 2, Figure 2).

The median PFS (mPFS) was 6.97 months (95% CI: 4.107) and mPFS per IRRECIST was 7.98 months (95% CI: 4.107) (Figure 3).

The median follow-up for OS was 9.17 months (95% CI: 6.87, 10.51). OS was not reached.

CONCLUSIONS

QL1706 plus platinum-based chemotherapy was well tolerated and showed promising antitumor activity as first-line treatment for pts with advanced EGFR wild-type NSCLC.

References


Acknowledgement

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