Ociperlimab and tislelizumab plus chemotherapy demonstrated antitumor activity in patients with metastatic squamous and nonsquamous NSCLC.

The recommended phase 2 dose of ociperlimab with tislelizumab and chemotherapy showed a manageable safety profile.

Ociperlimab in combination with tislelizumab is also being investigated in patients with NSCLC in a randomized phase 3 study (Advantig-302; NCT0474924).

**Background**

Inhibition of T-cell immunoreceptor with immunoglobin and immunoreceptor tyrosine-based inhibition motif domain (TIGIT) with anti-programmed death cell protein 1 (PD-1) is a combination which shows enhanced antitumor activity in preclinical models.1,2 Early studies have shown promising antitumor activity of TIGIT inhibitors in combination with PD-1-programmed cell death 1 (PD-L1) inhibitors in patients with non-small cell lung cancer (NSCLC).3,4

**Methods**

- We report results from Cohorts 1 and 2 in the dose-expansion part of the phase 1b Advantig-105 study (NCT04047862).

**Results**

**Baseline Characteristics**
- As of June 20, 2022, 84 patients were enrolled.
- Cohort 1: n=41, Cohort 2: n=43
- The median age was 66.0 years (range: 43-82) for Cohort 1, and 63.0 years (43-79) for Cohort 2. In Cohort 2, 85.4% of patients were male, and in Cohort 2, 72.1% of patients were male.
- The median study follow-up was 30.7 weeks (range: 11.1-56.0) in Cohort 1 and 30.0 weeks (3.6-64.6) in Cohort 2.

**Antitumor Activity**
- Of the 82 efficacy-evaluable patients, 40 patients were in Cohort 1 and 42 patients were in Cohort 2. The confirmed objective response rate in Cohort 1 was 57.5% (95% confidence interval [CI]: 40.3, 73.0) and 54.8% (95% CI: 38.7, 70.2) in Cohort 2 (Table 1).
- In Cohort 2, only 6.7% of patients in the PD-L1 evaluable population (n=30) were PD-L1+TIL. Patients with PD-L1 TC ≥25% had a higher unconfirmed ORR (N=6; 83.3%) than patients with PD-L1 TC <25% (N=24; 41.7%).
- The limited PD-L1 evaluable patient number and low PD-L1 prevalence may limit this analysis.
- The median DOR was not reached.
- The best change in target lesions is shown in Figure 2, and the duration of treatment and response are shown in Table 2.

**Safety**
- Treatment-emergent adverse events (AEs) occurred in all patients in Cohorts 1 and 2 (Table 2).
- In total, 77 patients (91.7%) experienced ≥1 treatment-related adverse event (TRAE), and 41 patients (48.8%) had ≥4 TRAEs. Serious TRAES occurred in 14 patients (16.7%). Immunemediated adverse events occurred in 45 patients (56.3%). The most common TRAEs of any grade were anemia (42.9%), neutrophil count decreased (39.3%), and white blood cell count decreased (36.9%). No TRAEs led to death.

**Conclusions**

Ociperlimab and tislelizumab plus chemotherapy demonstrated antitumor activity in patients with metastatic squamous and nonsquamous NSCLC. The recommended phase 2 dose of ociperlimab with tislelizumab and chemotherapy showed a manageable safety profile. Ociperlimab in combination with tislelizumab is also being investigated in patients with NSCLC in a randomized phase 3 study (Advantig-302; NCT0474924).

**References**


**Acknowledgments**

This study was sponsored by BeiGene, Ltd. Editorial writing support for the development of this manuscript was provided by an author, with funding from BeiGene, Ltd. Additional writing support was provided by raisio, Inc. and was funded by BeiGene, Ltd.

**Disclosures**

The presenting author is an employee of BeiGene. All other authors have no conflicts of interest.

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**Table 1. Antitumor Response**

<table>
<thead>
<tr>
<th>Cohort 1 (n=41)</th>
<th>Cohort 2 (n=43)</th>
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<tbody>
<tr>
<td>ORR, n (%)</td>
<td>23 (57.5)</td>
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<td>60% CI</td>
<td>15.0-73.9</td>
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**Table 2. Summary of TEAEs (Safety Analysis Set)**

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<th>Grade</th>
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<th>≥4 grade</th>
</tr>
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<tbody>
<tr>
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<td>45 (100.0)</td>
<td>24 (53.3)</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>43 (100.0)</td>
<td>14 (32.6)</td>
</tr>
</tbody>
</table>

**Table 3. Disease Response**

**Table 4. Summary of TEAEs (Safety Analysis Set)**

<table>
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</tbody>
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**Figure 1. Study Design (Cohorts 1 and 2)**

**Figure 3. Disease Response**

**Figure 2. Best change in Target lesion**

**Figure 4. Disease Response**

**Figure 5. Disease Response**

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