

GEMSTONE-302: Randomized, Double-Blind, Phase 3 Study of Sugemalimab or Placebo Plus Platinum-Based Chemotherapy as First-Line Treatment for Metastatic NSCLC

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### **Prof. Caicun Zhou**

- Honoraria as a speaker: Amoy Diagnositics, Boehringer Ingelheim, CStone Pharmaceuticals, Eli Lily China, Hengrui Medicine, Innovent Biologics, Luye Pharma, MSD, Qilu Pharmaceutical, Roche, Sanofi, TopAlliance Biosciences
- Advisor: Hengrui Medicine, Innovent Biologics, Qilu Pharmaceutical, TopAlliance Biosciences



- Sugemalimab (CS1001) is a full-length, fully human programmed death ligand-1 (PD-L1) targeted immunoglobin G4 (IgG4, s228p) monoclonal antibody (mAb)
  - In vitro, sugemalimab specifically binds to PD-L1, competitively blocks the binding of human PD-L1 with PD-1 and CD80, which leads to CD4<sup>+</sup> T lymphocyte proliferation and enhances the production of interferon-γ<sup>(1)</sup>
  - Sugemalimab lacks antibody-dependent cellular mediated cytotoxicity (ADCC) or complementdependent cytotoxicity (CDC), but retains antibody-dependent cellular phagocytosis (ADCP), which may further enhance tumor antigen presentation for long-term anti-tumor immunity
- Phase Ib data of sugemalimab plus platinum-based chemotherapy demonstrated promising efficacy and tolerable safety in patients with squamous or non-squamous NSCLC <sup>(2)</sup>
- This is the first phase 3, randomized, double-blind trial of an anti-PD-L1 mAb combined with chemotherapy in patients with squamous or non-squamous NSCLC







- Sample size:
  - Planned to 480 patients (2:1 ratio) to achieve 360 PFS events
- Overall alpha for the study
  - 89% to detect a PFS HR of 0.7 at 2-sided alpha = 0.05.
  - An interim PFS analysis will be performed when 252 PFS events observed. O'Brien-Fleming method will be used to control type I error
- PFS interim analysis (reviewed by independent data monitoring committee [iDMC])
  - Data cutoff date: Jun 8, 2020
  - Median follow-up: 8.6 months
  - Observed PFS events: 268 with 2-sided alpha = 0.0188
- Overall survival will be sequentially tested
  - Number of events: 252 for OS interim analysis and 360 for final analysis





	Sugemalimab+Chemo	Placebo+Chemo
	N=320	N=159
Age, Median (range), Years	62.0 (29 - 75)	64.0 (36 - 75)
Sex, Male, n(%)	254 (79.4%)	129 (81.1%)
Baseline ECOG Performance Status, n(%)		
0	59 (18.4%)	25 (15.7%)
1	261 (81.6%)	134 ( 84.3%)
Histology Type, n(%)		
Squamous Cell Carcinoma	129 (40.3%)	63 (39.6%)
Non-Squamous Cell Carcinoma	191 (59.7%)	96 (60.4%)
PD-L1 Expression, n(%)		
<1%	124 (38.8%)	64 (40.3%)
≥1%	196 (61.3%)	95 (59.7%)
Tobacco Use, n(%)		
Never	88 (27.5%)	40 (25.2%)
Former	197 (61.6%)	103 (64.8%)
Current	35 (10.9%)	16 (10.1%)
Baseline Liver Metastasis, Yes, n(%)	39 (12.2%)	18 (11.3%)
Baseline Brain Metastasis, Yes, n(%)	50 (15.6%)	17 (10.7%)
Prior Adjuvant/Neo-adjuvant/Other, n(%)	16 (5.0%)/0/0	13 (8.2%)/1 (0.6%)/2 (1.3%)

# **VIRTUAL ESID** ASIA Investigator-Assessed PFS (RECIST v1.1, ITT)



Data cutoff date: Jun 8, 2020

^stratified log-rank test





^stratified log-rank test



#### PD-L1 TPS≥1%

#### PD-L1 TPS<1%





### Investigator-Assessed PFS by Histology

### Squamous NSCLC

#### Non-squamous NSCLC



# **VIRTUAL ESAD**<sup>ASIA</sup> Investigator-Assessed PFS in Subgroups (1/2)





### **Investigator-Assessed PFS in Subgroups (2/2)**







	Sugemalimab + Chemo (n=316)	Placebo + Chemo (n=158)
ORR, % (95% CI)	61.4% (55.8%, 66.8%)	39.2% (31.6%, 47.3%)
Best overall response, n (%)		
CR	0	0
PR	194 (61.4%)	62 (39.2%)
SD	85 (26.9%)	73 (46.2%)
PD	22 (7.0%)	15 (9.5%)
NE	2 (0.6%)	1 (0.6%)
NA	13 (4.1%)	7 (4.4%)
Median DoR (95% CI), months	9.69 (7.43, NR)	3.68 (3.48, 5.72)

Cl=confidence interval; CR=complete response; DoR=duration of response; NA=not applicable; NE=not evaluable; NR=not reached; PD=progressive disease; PR=partial response; SD=stable disease.

Note: 5 patients who were on treatment but didn't reach the first tumor assessment time at data cut off date were not included in the ORR analysis.

## **WETUAL SYNDASIA ORR by PD-L1 Expression and Histology**

#### Sugemalimab+Chemo Placebo+Chemo 80% 70.6% 66.7% 70% 60% 50.0% **JRR (95%CI)** 50% 43.5% 39.1% 40% 35.4% 30% 20% 10% 0% TPS<1% **TPS 1-49%** TPS≥50% N=188 N=138 N=148

**ORR by tumor PD-L1 expression** 

### ORR by histology



## **VIETUAL SURVIVAL ANALYSIS** Preliminary Overall Survival Analysis



Data cutoff date: Jun 8, 2020

The OS data were not yet mature; no formal analysis was performed.

\*stratified cox model; ^stratified log-rank test



	Sugemalimab+Chemo N=320	Placebo+Chemo N=159
Number of Patients with at Least One TEAE	318 (99.4%)	157 (98.7%)
Any Drug Related TEAE	315 (98.4%)	153 (96.2%)
Sugemalimab/Placebo Related TEAE	247 (77.2%)	101 (63.5%)
TEAE of Grade ≥3	198 (61.9%)	98 (61.6%)
Any Drug Related TEAE of Grade ≥3	176 (55.0%)	91 (57.2%)
Sugemalimab/Placebo Related TEAE of Grade ≥3	83 (25.9%)	36 (22.6%)
TEAE of Special Interest	58 (18.1%)	4 (2.5%)
TEAE of Special Interest of Grade ≥3	11 (3.4%)	0
TEAE Leading to Death	18 (5.6%)	9 (5.7%)
TEAE Leading to Sugemalimab/Placebo Permanently Discontinuation	33 (10.3%)	12 (7.5%)











- GEMSTONE-302 study is the first phase 3, randomized, double-blind trial of an anti-PD-L1 mAb combined with chemotherapy in patients with squamous or non-squamous NSCLC
- Sugemalimab plus chemotherapy demonstrated statistically significant and clinically meaningful benefit in PFS compared to placebo plus chemotherapy
  - Investigator-assessed PFS: 7.8 vs 4.9 months, HR=0.50
  - BICR-assessed PFS: 8.9 vs 4.9 months, HR=0.54
- ORR was higher (61.4% vs 39.2%) with durable response
- OS data was immature, but showed the clinical improvement in sugemalimab plus chemotherapy (HR=0.66)
- · The combination had a manageable safety profile and no new safety signals were identified
- · Sugemalimab plus chemotherapy provides a new treatment option for metastatic NSCLC patients



- Patients and their families
- · Investigators and site research staffs
- This study is sponsored by CStone Pharmaceuticals (Suzhou) Co., Ltd.