

SKYSCRAPER-02: Primary results of a phase III, randomized, double-blind, placebo-controlled study of atezolizumab + carboplatin + etoposide with or without tiragolumab in patients with untreated extensive-stage small cell lung cancer

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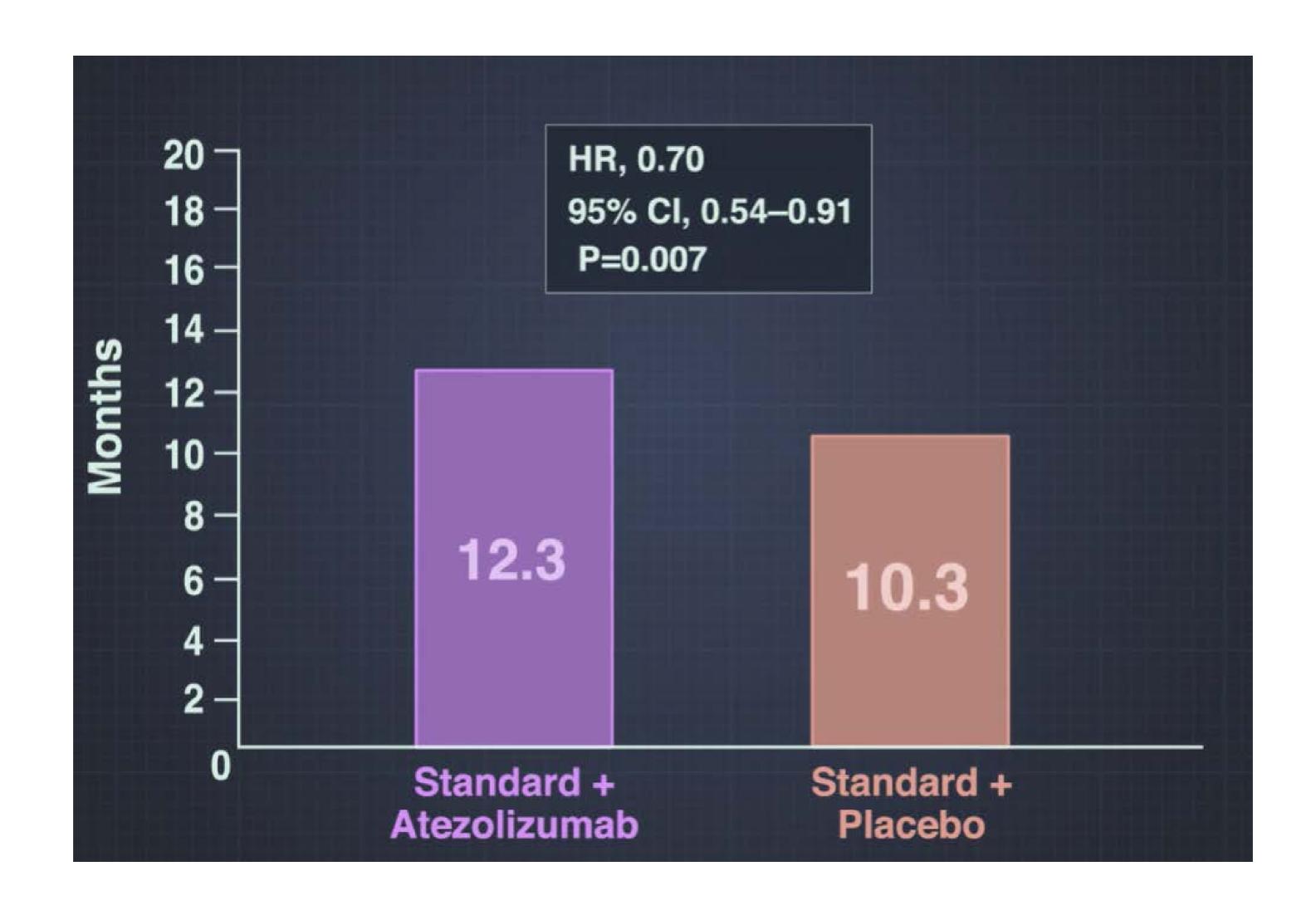




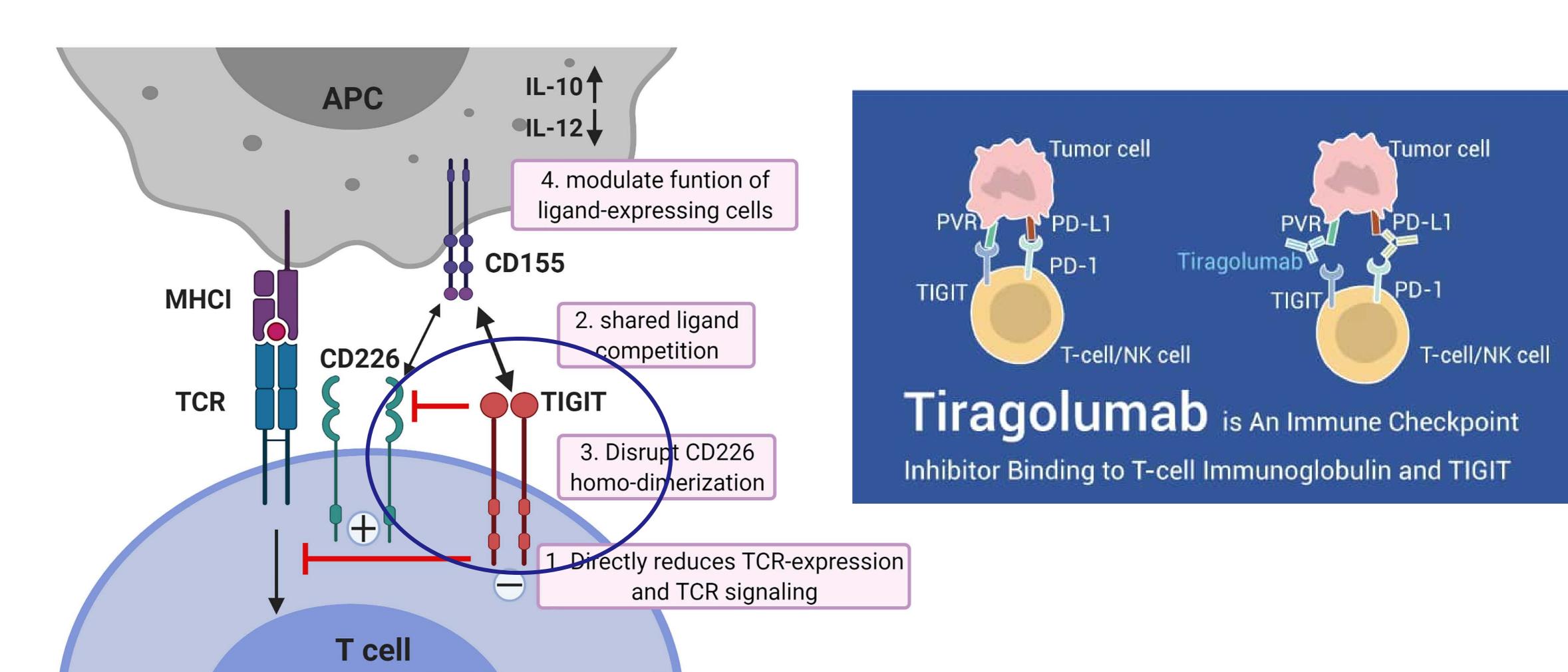


BACKGROUND

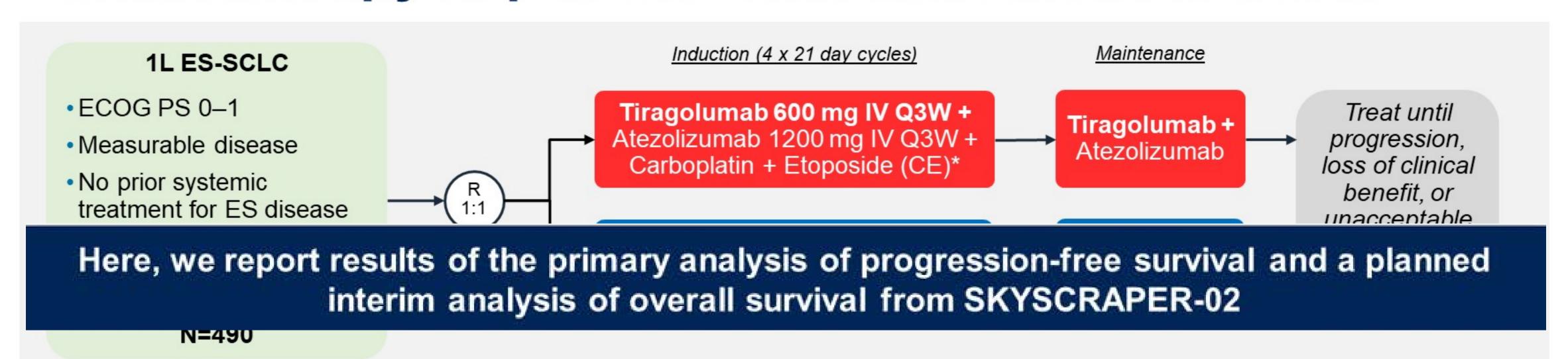
IMPOWER
133 in SCLC



TIGIT



SKYSCRAPER-02: randomized, double-blind, placebocontrolled study of tiragolumab + atezolizumab + chemotherapy in patients with untreated ES-SCLC



Stratification Factors:

- ECOG PS (0 vs. 1)
- Brain metastases (Yes vs. No)
- LDH (≤ ULN vs. > ULN)

Co-Primary Endpoints:

 OS and investigator-assessed PFS in **Primary Analysis Set** (all randomized patients without presence or history of brain metastases at baseline)

Secondary Endpoints:

- PFS and OS in Full Analysis Set (all randomized patients)
- Confirmed objective response rate
- Duration of response
- Safety
- Pharmacokinetics
- PROs

Primary analysis

- Cut-off date of 6 February 2022
- Median follow-up of 14.3 months (Primary Analysis Set)

NCT04256421

*Carboplatin IV AUC 5 mg/mL per min Q3W and etoposide IV 100mg/m² body surface area days 1-3 Q3W





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Baseline characteristics: Full Analysis Set

n (%)	Tiragolumab + atezolizumab + CE (n=243)	Placebo + atezolizumab + CE (n=247)
Age <65 years	117 (48.1)	116 (47.0)
Male	162 (66.7)	164 (66.4)
Race		
White	173 (71.2)	174 (70 4)
Asian	63 (25.9)	67 (27.1)
Other*	7 (2.9)	6 (2.4)
Tobacco Use		
Previous	153 (63.0)	161 (65.2)
Current	81 (33.3)	76 (30.8)
Never	9 (3.7)	10 (4)
Baseline ECOG PS‡		
0	86 (35.4)	82 (33.2)
1	156 (64.2)	165 (66.8)
LDH ≤ULN	99 (40.7)	101 (40.9)
Brain metastases	47 (19.3)	46 (18.6)
Treated®	14 (5.8)	19 (7.7)
Untreated	33 (13.6)	27 (10.9)
Liver metastases	89 (36.6)	94 (38.1)

Baseline characteristics in the Primary Analysis Set were similar to those in the Full Analysis Set

*Black or African American, Native Hawaiian or Pacific Islander, or Unknown; [‡]One patient in the tiragolumab + atezolizumab + CE arm had baseline ECOG PS 2

§Previously treated with local CNS-directed therapy, with no ongoing requirement for anticonvulsants or corticosteroids

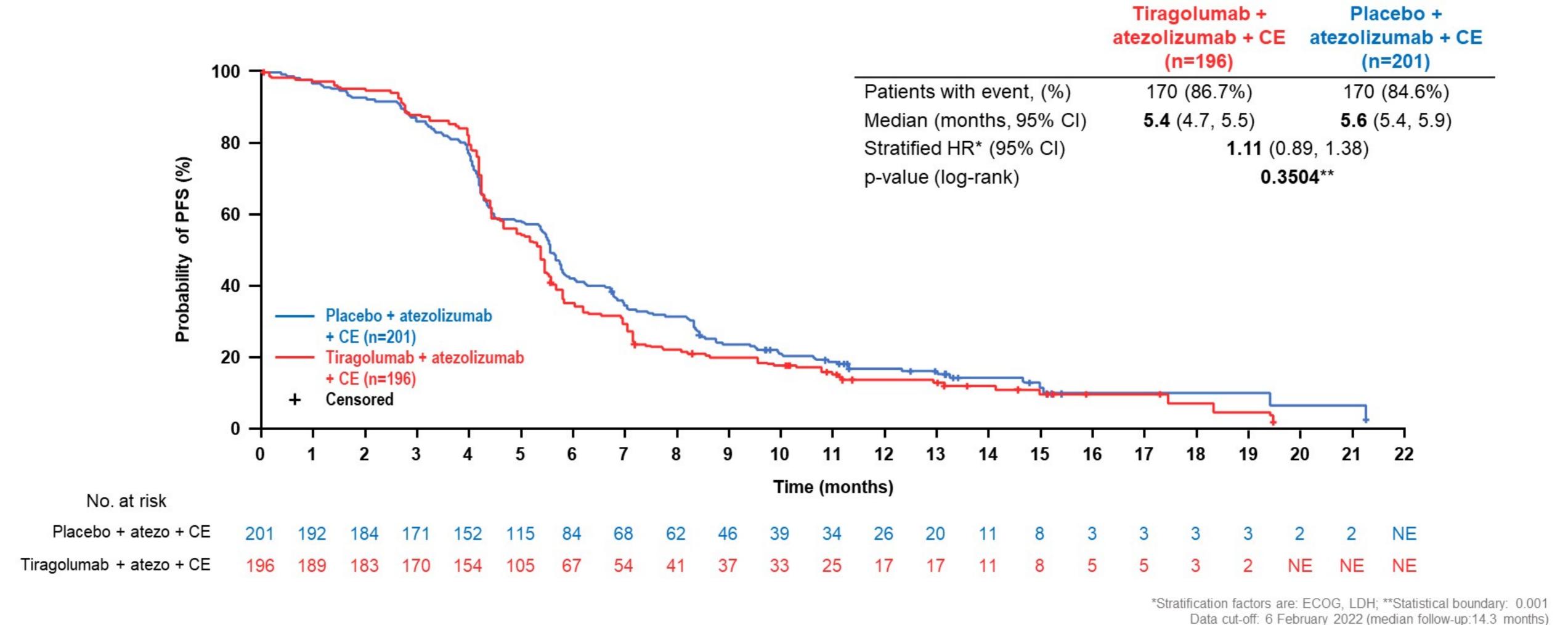




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PFS: Primary Analysis Set



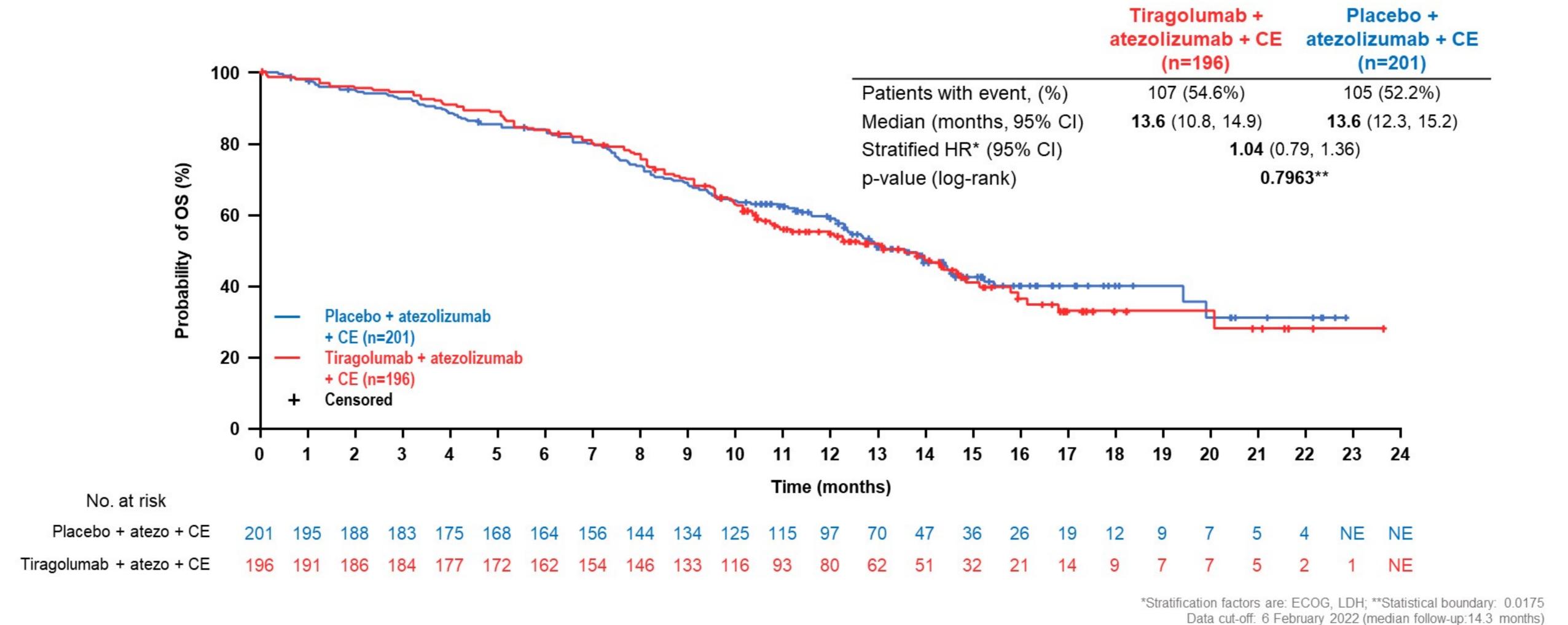




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Interim OS: Primary Analysis Set





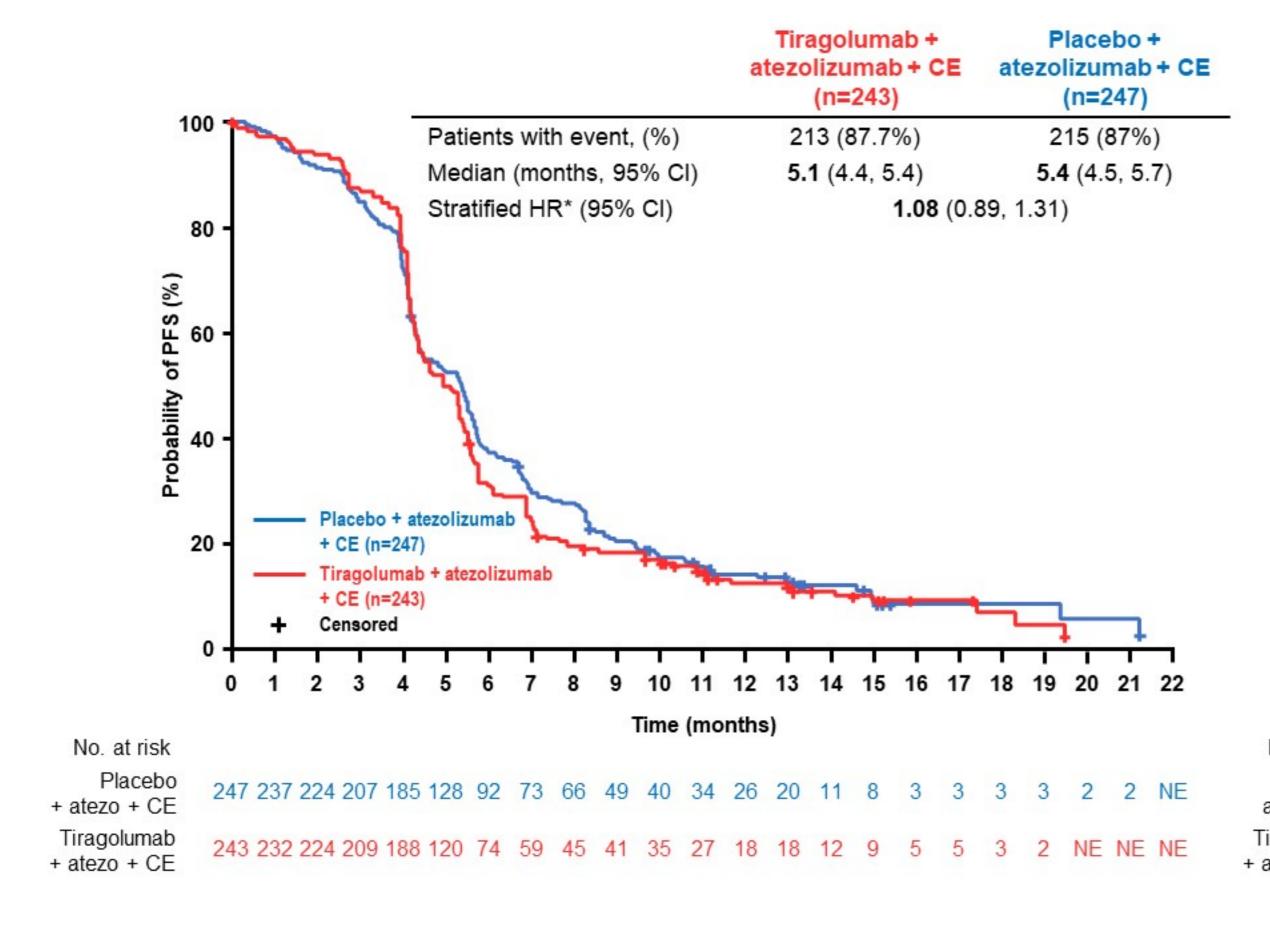


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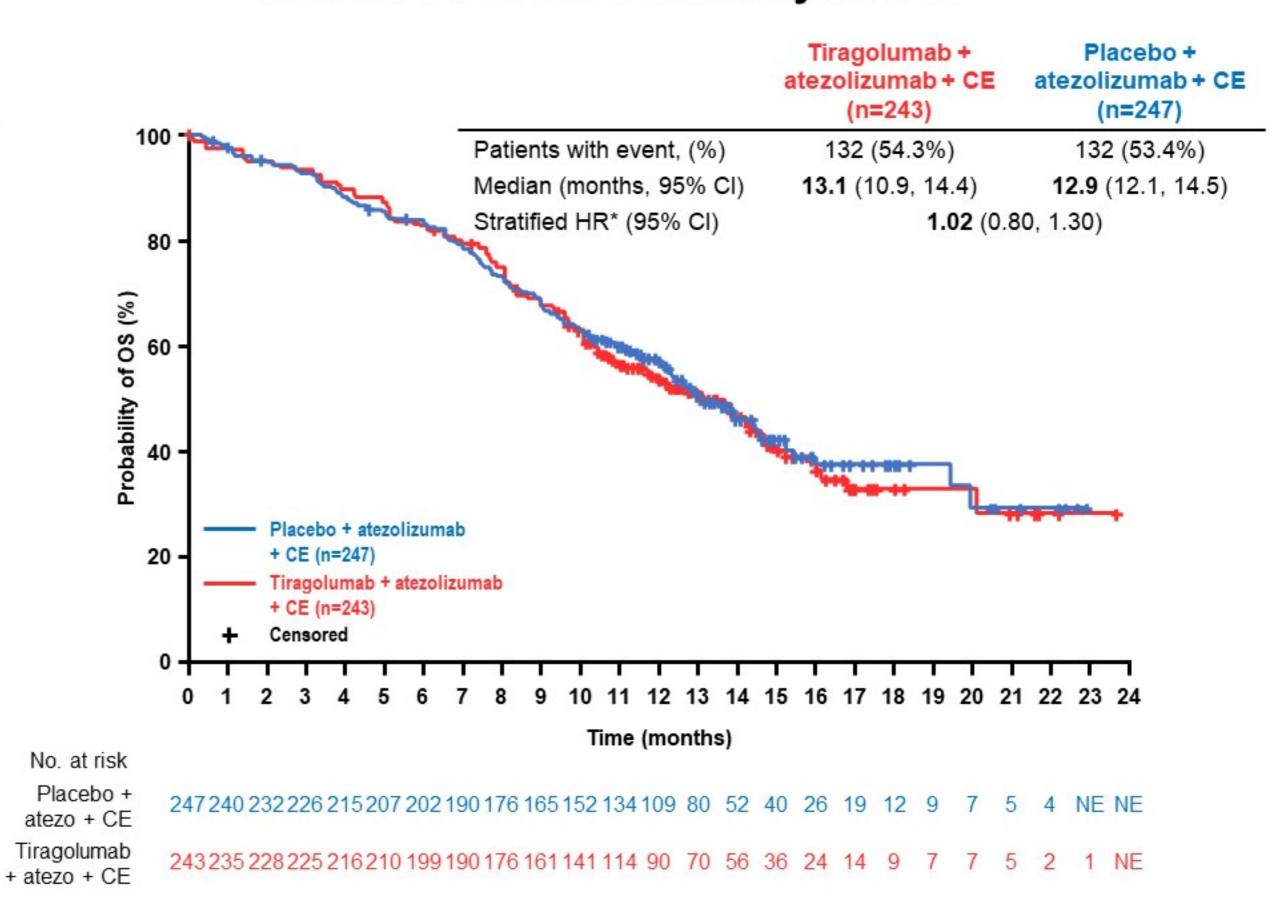


PFS and OS: Full Analysis Set

PFS in the Full Analysis Set



Interim OS in the Full Analysis Set



*Stratification factors are: ECOG, LDH Data cut-off: 6 February 2022 (median follow-up:13.9 months)

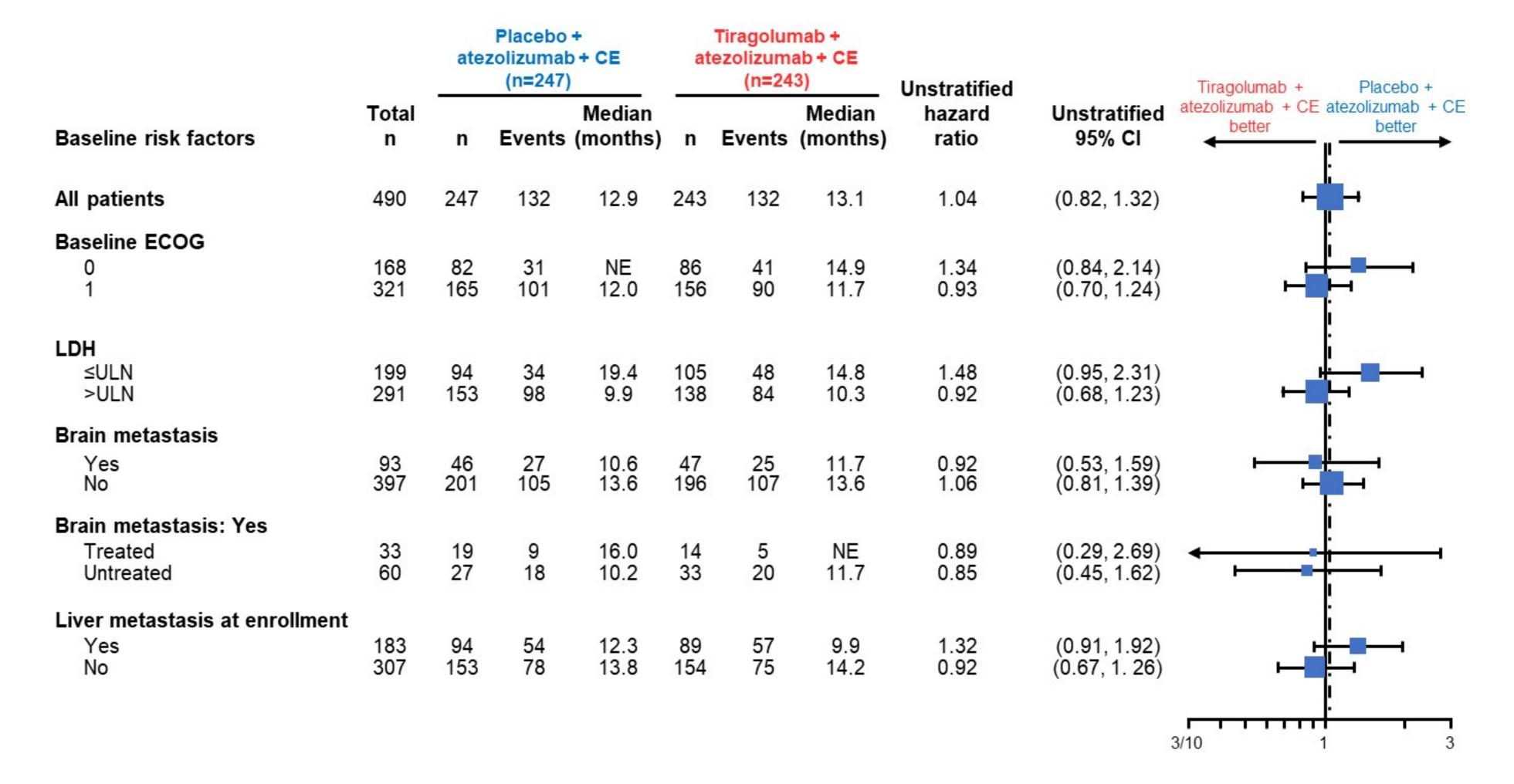




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Subgroup analysis of OS: Full Analysis Set





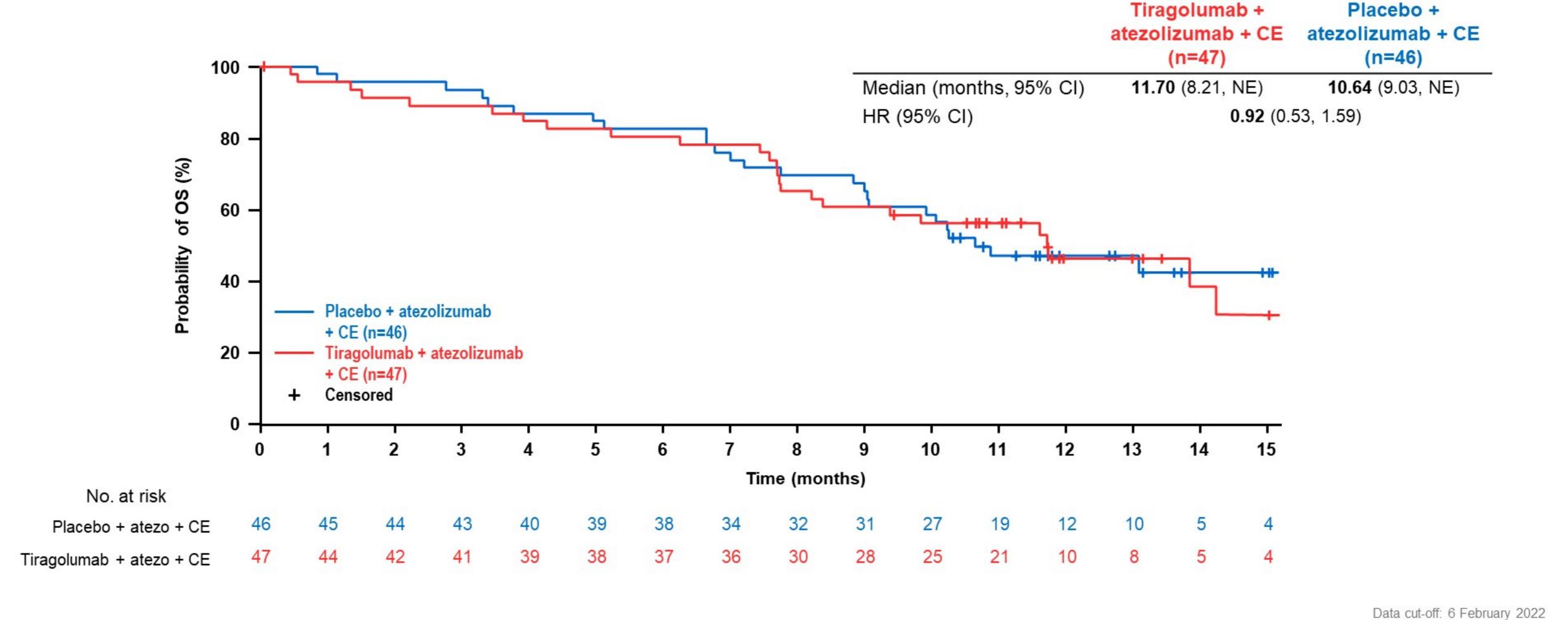


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Data cut-off: 6 February 2022

Subgroup OS: patients with brain metastases



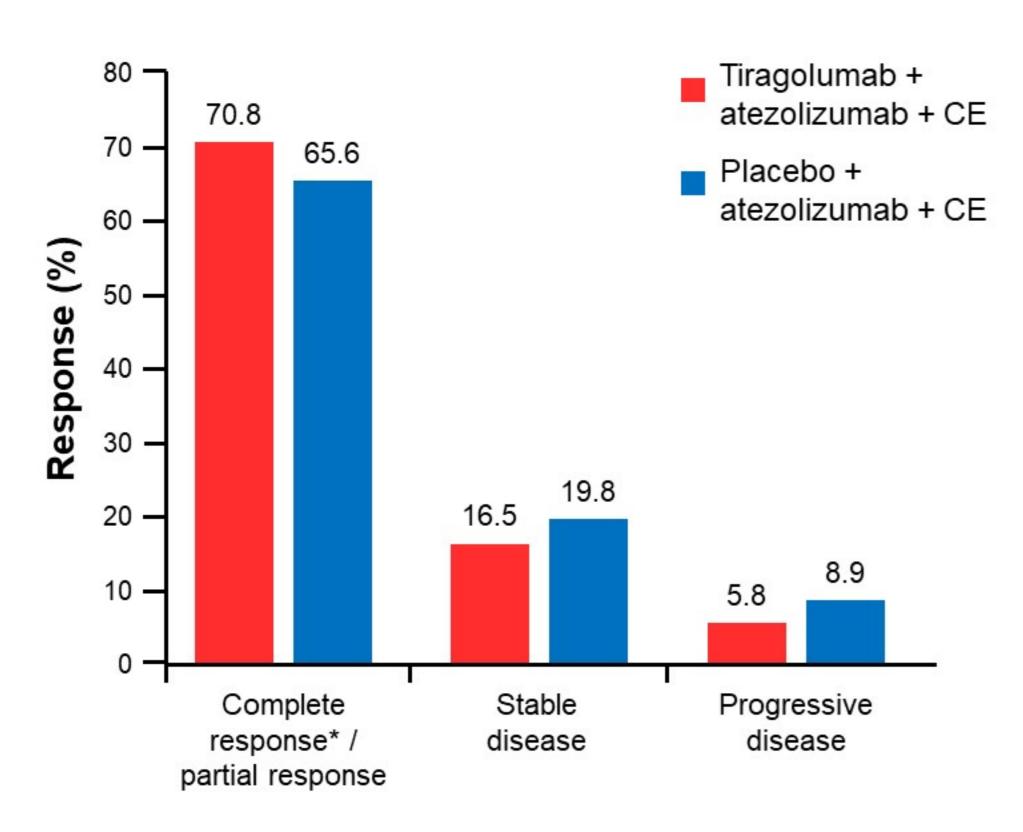




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Objective response rate and duration of response: Full Analysis Set



	Tiragolumab + atezolizumab + CE (n=243)	Placebo + atezolizumab + CE (n=247)
Objective response	70.8	65.6
rate, % (95% CI)	(64.6, 76.3)	(59.3, 71.4)
Duration of response		
Responders, n	172	162
With subsequent	147	135
event, n (%)	(85.5)	(83.3)
Median, months	4.2	5.1
(95% CI)	(4.1, 4.4)	(4.4, 5.8)

*1 patient (0.4%) in the tiragolumab + atezolizumab + CE arm and 2 patients (0.8%) in the placebo + atezolizumab + CE arm had complete response Data cut-off: 6 February 2022





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Safety overview: Safety Evaluable Set

n (%)	Tiragolumab + atezolizumab + CE (n=239)	Placebo + atezolizumab + CE (n=246)
All grade AEs, any cause	238 (99.6)	245 (99.6)
Grade 3–4 AEs	154 (64.4)	158 (64.2)
Grade 5 AEs	12 (5.0)	15 (6.1)
Treatment-related AEs	221 (92.5)	227 (92.3)
Grade 3-4 TRAEs	125 (52.3)	137 (55.7)
Grade 5 TRAEs	1 (0.4)	5 (2.0)
AEs of special interest*	128 (53.6)	118 (48.0)
Grade 3–4	19 (7.9)	17 (6.9)
Grade 5 [‡]	1 (0.4)	2 (0.8)
Required systemic corticosteroids	30 (12.6)	26 (10.6)
Serious AEs	105 (43.9)	97 (39.4)
AEs leading to any treatment withdrawal	17 (7.1)	23 (9.3)
TRAEs leading to any treatment withdrawal	12 (5.0)	13 (5.3)

*Immune-mediated AEs; ‡Grade 5 AEs of special interest were 2 cases of interstitial lung disease (placebo + atezolizumab + CE arm) and 1 case of hepatorenal syndrome (tiragolumab + atezolizumab + CE arm); Safety Evaluable Set included all randomized patients who received at least one dose of any study drug; Data cut-off: 6 February 2022



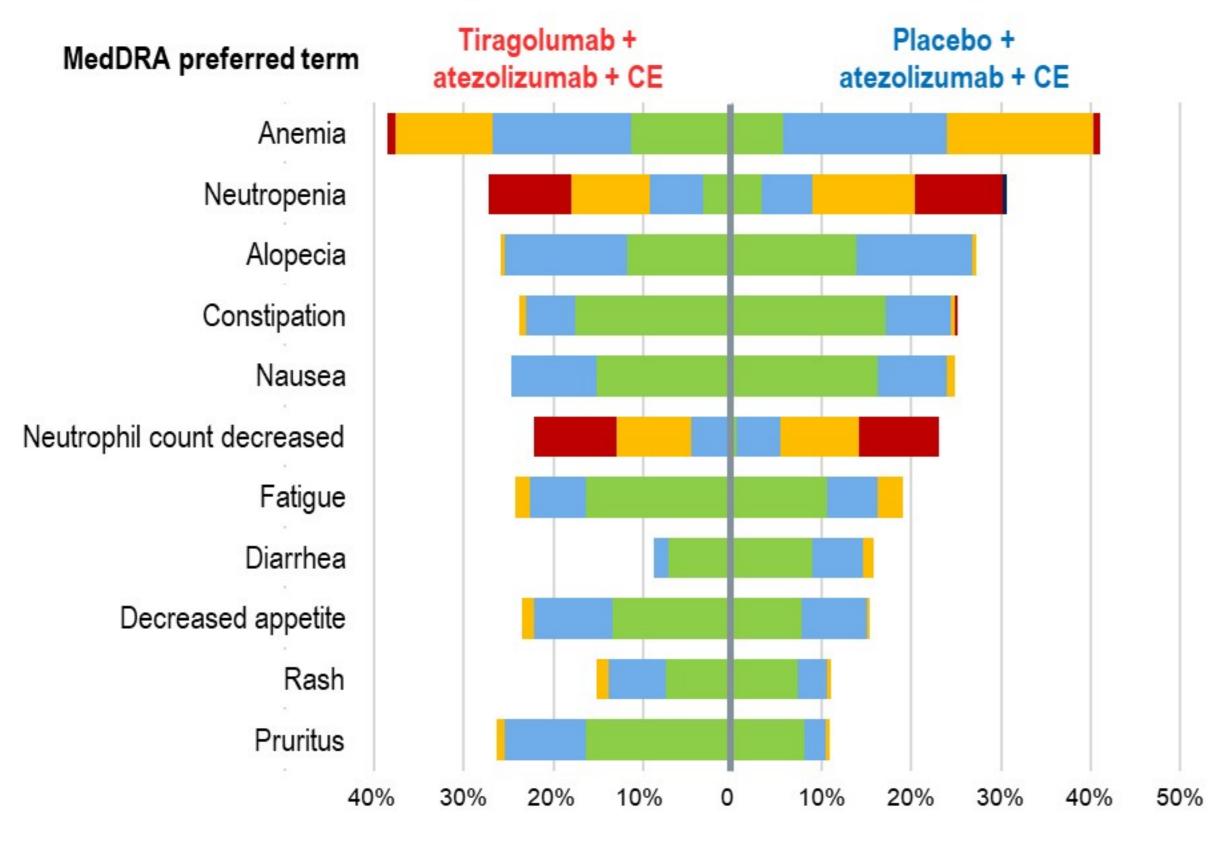


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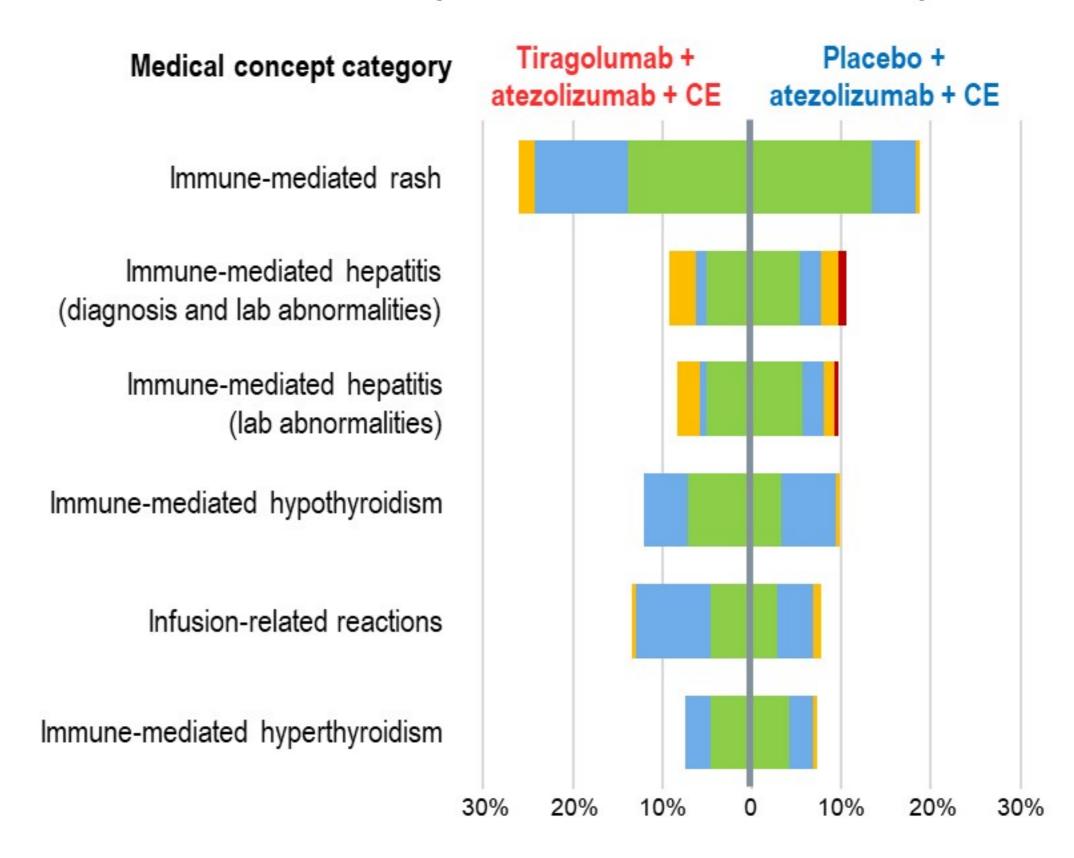


Incidence of adverse events: Safety Evaluable Set





AEs of special interest (>5% in at least one arm)



Grade 1 2 3 4 5

Safety Evaluable Set included all randomized patients who received at least one dose of any study drug; Data cut-off: 6 February 2022





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Conclusions

- The addition of tiragolumab to atezolizumab and chemotherapy did not provide further benefit over atezolizumab + chemotherapy in patients with untreated ES-SCLC
 - No difference in PFS or OS was observed between treatment arms in the Primary Analysis Set (patients without history or presence of brain metastases) or the Full Analysis Set (all patients)
- Tiragolumab + atezolizumab + chemotherapy was well tolerated
 - The safety profile was similar to that of atezolizumab + chemotherapy and was consistent with previous observations for the combination
 - No new safety signals were identified
- PFS and OS observed in the control arm (placebo + atezolizumab + chemotherapy) support the results observed in the IMpower133 trial and further confirms this combination as a standard-of-care for 1L treatment of patients with ES-SCLC
- The SKYSCRAPER-02 study will continue to the planned primary OS analysis and biomarker analyses are ongoing
- Based on these data, targeting TIGIT in ES-SCLC does not appear to be therapeutically relevant
- Investigation of tiragolumab is ongoing in NSCLC and other tumor types, including esophageal cancer





