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SKYSCRAPER-09: Phase II, randomised study of tiragolumab (tira) + atezolizumab (atezo) and atezo + placebo (pbo) as first-line (1L) treatment in patients (pts) with recurrent/metastatic PD-L1+ squamous cell carcinoma of the head and neck (R/M SCCHN)

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Background

The current standard of care for R/M PD-L1+ SCCHN is pembrolizumab. SKYSCRAPER-09 (NCT04665843) assessed the efficacy and safety of tira + atezo and atezo + pbo in pts with 1L R/M PD-L1+ SCCHN.

Methods

Eligible pts were ≥18 yrs with PD-L1+ (tumour area positivity [TAP] ≥5% [SP263 assay; central testing]) R/M SCCHN (oropharynx [HPV status known], oral cavity, larynx or hypopharynx) not amenable to local curative therapies and had no prior systemic therapy for R/M disease. Pts were randomised 2:1 to receive tira 600mg IV + atezo 1200mg IV Q3W or atezo 1200mg IV Q3W + pbo until disease progression, loss of clinical benefit or unacceptable toxicity. Primary endpoint: overall response rate (ORR). Secondary endpoints: progression-free survival (PFS), overall survival (OS) and safety.

Results

At primary analysis (data cut-off 20 Sep 2023; median survival follow-up 23.2 months [m]), 80 pts (51.3% PD-L1-high [TAP ≥20%]) had received tira + atezo and 39 pts (56.4% PD-L1-high) atezo + pbo. Confirmed ORR was 21.3% with tira + atezo and 15.4% with atezo + pbo (Table). Median PFS was 4.1m with tira + atezo and 3.0m with atezo + pbo; median OS (mOS) was 16.2m and 13.6m, respectively. Of note, in the PD-L1-high subgroup, mOS was 22.7m with tira + atezo and 10.0m with atezo + pbo (Table). Safety was consistent with prior data for each regimen. Grade 5 adverse events occurred in 10.0% of pts with tira + atezo and 2.6% of pts with atezo + pbo; no fatal events were assessed as treatment related.

Conclusions

ORR across both tira + atezo and atezo + pbo arms was similar to pembrolizumab in PD-L1+ SCCHN (Burtness Lancet 2019). There was no clear PFS benefit with the addition of tira to atezo vs atezo + pbo in pts with PD-L1+ SCCHN. A numerical improvement in OS was observed with tira + atezo vs atezo + pbo; this was driven by the PD-L1-high subgroup and may be clinically meaningful.Table: 1348MO

	PD-L1+ (TAP ≥5%)*		PD-L1-high (TAP ≥20%)	
	Tira + atezo (n=80)	Atezo + pbo (n=39)	Tira + atezo (n=41)	Atezo + pbo (n=22)
ORR,† n (%) [95% CI]	17 (21.3) [13.2, 32.1]	6 (15.4) [6.4, 31.2]	12 (29.3) [16.7, 45.7]	3 (13.6) [3.6, 36.0]
Median PFS, m (95% CI)	4.1 (2.9, 7.0)	3.0 (1.5, 7.1)	5.8 (2.8, 9.6)	4.0 (2.7, 9.0)

	PD-L1+ (TAP ≥5%)*		PD-L1-high (TAP ≥20%)	
	Tira + atezo (n=80)	Atezo + pbo (n=39)	Tira + atezo (n=41)	Atezo + pbo (n=22)
Median OS, m (95% CI)	16.2 (12.7, 19.9)	13.6 (8.8, 18.9)	22.7 (16.9, NE)	10.0 (6.8, 18.7)

*Intent-to-treat population †Investigator-assessed CI, confidence interval; NE, not estimable

Clinical trial identification

NCT04665843.

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Legal entity responsible for the study

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