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Regorafenib plus nivolumab vs investigator's choice of chemotherapy in previously treated gastric or gastroesophageal cancer: INTEGRATE IIb, a randomized phase 3 AGITG Intergroup [NHMRC-CTC/IKF/AIO, ACCRU, TCOG/NHRI] study

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Background

The combination of regorafenib, an oral multi-kinase inhibitor, and nivolumab (RegoNivo) demonstrated promising antitumour activity and manageable safety in an early-phase trial involving participants (pts) with refractory advanced gastric cancer. We present the international phase 3 INTEGRATE IIb trial, comparing RegoNivo with chemotherapy (CT) in pts with refractory advanced gastric or gastro-oesophageal junction cancer.

Methods

Eligible pts who had received ≥2 prior lines of CT, including a platinum agent and fluoropyrimidine, were randomised 2:1 to RegoNivo (Rego 90 mg PO on days 1–21 of a 28-day cycle plus Nivo 240 mg IV on day 1 of a 14-day cycle) or investigator's choice CT (taxane, irinotecan, or trifluridine/tipiracil). The primary endpoint was overall survival (OS); secondary endpoints included progression-free survival (PFS), objective response rate (ORR), quality of life (QoL), and safety.

Results

Of 462 pts randomised, 309 were assigned to RegoNivo and 153 to CT. Median time to treatment discontinuation was 1.6 months (mo; RegoNivo) and 1.4 mo (CT). OS was not significantly improved with RegoNivo compared to CT (median 5.9 v 6.3 mo, hazard ratio [HR] 0.88, 95% CI 0.71–1.09, P = 0.23), and PFS was similar (1.9 v 1.9 mo). ORR was higher in RegoNivo (7.4%) compared to CT (2.6%), as was median duration of response (9.5 v 5.6 mo). Disease control rate (DCR) was higher in RegoNivo overall (39% v 26%) and at 12-mo (14% v 0%), and global QoL or death was prolonged with RegoNivo (HR 0.74, 95% CI 0.60–0.91). Serious adverse events (SAEs) were reported in both arms, except for disease progression; relatedness was only required for RegoNivo, partially explaining the observed difference (41% RegoNivo v 25% CT).

Conclusions

RegoNivo was not superior to investigator's choice of CT for pts with refractory advanced gastric cancer. The numerically greater response rate and observed longer duration of benefit encourage the search for more effective non-chemotherapy combinations with Regorafenib.

Clinical trial identification

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Legal entity responsible for the study

Australasian Gastrointestinal Trials Group.

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