# First-line Osemitamab (TST001) plus Nivolumab and CAPOX for Advanced G/GEJ Cancer (TranStar102) – Updated Results of Cohort G from a Phase I/IIa Study

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**Abstract 4032**

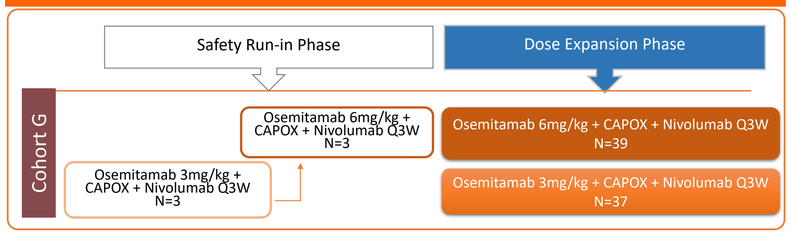
## BACKGROUND

- Osemitamab is a humanized monoclonal antibody with improved affinity to CLDN18.2, reduced fucosylation and enhanced antibody-dependent cell-mediated cytotoxicity activity and has been observed to upregulate PD-L1 expression on CLDN18.2-positive tumor cells.
- In vivo anti-tumor activity of combination of osemitamab plus an anti-PD-1/PD-L1 antibody and chemotherapies was significantly stronger than any of the doublet combinations, regardless of the PD-L1 CPS levels, making the triple combination of osemitamab, nivolumab and CAPOX an attractive combination to explore.
- Promising efficacy of osemitamab plus CAPOX and nivolumab as first-line treatment for G/GEJ cancer has been observed and reported previously at ESMO. Here we report the updated results including overall survival.

## METHODS

- Cohort G from Transtar102 study (NCT04495296) was designed to evaluate the safety and preliminary efficacy of osemitamab at two dose levels (3 mg/kg or 6 mg/kg Q3W) plus nivolumab and CAPOX as first-line treatment in patients with G/GEJ cancer (Figure 1). Key eligible criteria included HER2 negative or unknown, unresectable locally advanced or metastatic G/GEJ cancer, regardless of CLDN18.2 or PD-L1 expression and treatment naïve for advanced disease. CLDN18.2 and PD-L1 status were analyzed retrospectively using IHC 14G11 LDT assay and PD-L1 IHC 28-8 pharmDx at a central laboratory.
- The CLDN18.2 expression was divided into two subgroups for efficacy analysis: (≥40%, ≥2+) or <(40%, ≥2+) according to the tumor cells showing membranous CLDN18.2 staining per Claudin 18.2 IHC 14G11 LDT assay. Efficacy analyses focused on patients with known PD-L1 & CLDN18.2 expression to minimize the risk of possible bias due to unknown PD-L1 expression. Comparisons were made across the subsets by CLDN18.2 expression levels as an alternative approach (expected weak effect of osemitamab if low CLDN18.2 expression) to estimate the possible effect size due to lack of "real" control.

### Figure 1. Study Design




## RESULTS

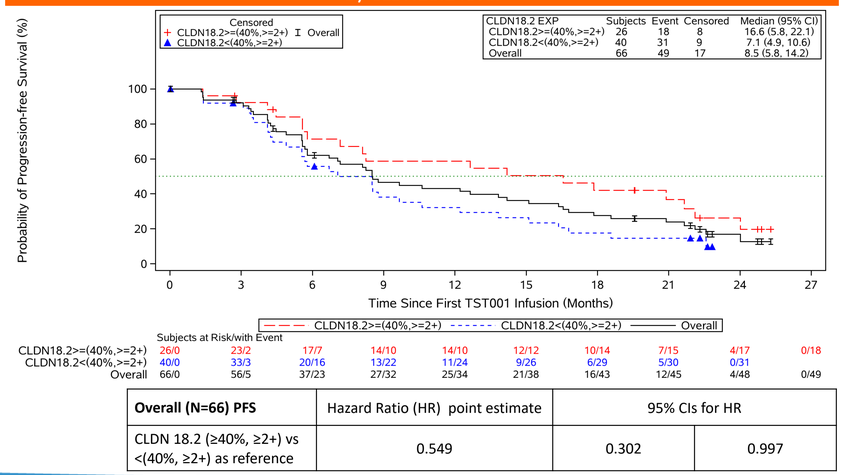
- As of April 14, 2025, 82 patients have been dosed with a median follow-up of 22.6 months, 40 patients at 3 mg/kg, 42 patients at 6 mg/kg. As of the cut-off date, there were 29 patients in survival follow-up including 7 patients still with ongoing treatment.
- 66 patients had PD-L1 test results, including 26 patients with CLDN18.2 (≥40%, ≥2+) expression and 40 patients with CLDN18.2 <(40%, ≥2+) expression. The baseline demographics of patients across CLDN18.2 expression are generally similar and were consistent with the n=82 patients overall. More than 60% of patients had CPS<1, less likely to benefit from nivolumab. (Table 1).
- The safety profile was similar with the previously presented data (2024 ESMO poster), which was mainly characterized by manageable on-target-off-tumor effects, including nausea, hypoalbuminaemia, and vomiting, most of them grade 1 or 2.

### Table 1. Demographic and Baseline Characteristics

| PD-L1 CPS & CLDN18.2 Status Known N=66 | | CLDN18.2 (≥40%, ≥2+) (N=26) | CLDN18.2 <(40%, ≥2+) (N=40) | Overall (N=66) |
|---|---|---|---|---|
| Age at Consent (years) | Median | 55 | 61 | 58 |
| | Min, Max | 27, 72 | 41, 76 | 27, 76 |
| Sex, n (%) | Male | 16 (61.5) | 33 (82.5) | 49 (74.2) |
| ECOG Status, n (%) | 0 | 2 (7.7) | 12 (30.0) | 14 (21.2) |
| | 1 | 24 (92.3) | 28 (70.0) | 52 (78.8) |
| Cancer Type, n (%) | Gastric Cancer | 25 (96.2) | 34 (85.0) | 59 (89.4) |
| | GEJ Cancer | 1 (3.8) | 6 (15.0) | 7 (10.6) |
| Gastrectomy, n (%) | None | 23 (88.5) | 26 (65.0) | 49 (74.2) |
| | Yes (Partial or total) | 3 (11.5) | 14 (35.0) | 17 (25.8) |
| PD-L1 CPS-Central Result, n (%) | < 1 | 16 (61.5) | 24 (60.0) | 40 (60.6) |
| | 1- < 5 | 6 (23.1) | 10 (25.0) | 16 (24.2) |
| | ≥5 | 4 (15.4) | 6 (15.0) | 10 (15.2) |
| Metastasis status at study entry, n (%) | M1 | 26 ( 100) | 39 (97.5) | 65 (98.5) |
| No. of Metastasis sites, n (%) | 0-2 | 18 (69.2) | 29 (72.5) | 47 (71.2) |
| | ≥3 | 8 (30.8) | 11 (27.5) | 19 (28.8) |
| Sites of Metastasis, n (%) | Hepatic | 7 ( 26.9) | 22 ( 55.0) | 29 ( 43.9) |
| | Peritoneum | 8 ( 30.8) | 4 ( 10.0) | 12 ( 18.2) |
| | Pulmonary | 2 ( 7.7) | 9 ( 22.5) | 11 ( 16.7) |

- As of the cut-off date, 49 out of 66 patients had progressive disease or death with median progression-free survival (PFS) 8.5 months. There was a clear trend between anti-tumor efficacy and CLDN18.2 expression, with a median PFS of 16.6 months for the patients with CLDN18.2 (≥40%, ≥2+) expression (Figure 2).

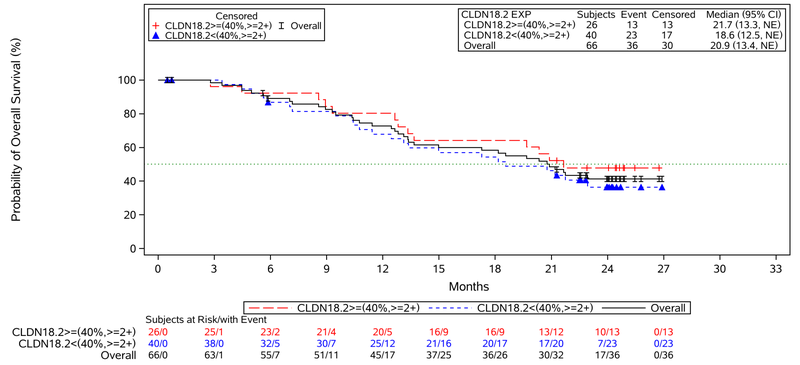
### Figure 2. Progression-Free Survival for the patients with CPS&CLDN18.2 known by CLDN18.2 level




| Overall (N=66) PFS | Hazard Ratio (HR) point estimate | 95% CIs for HR | |
|---|---|---|---|
| CLDN 18.2 (≥40%, ≥2+) vs <(40%, ≥2+) as reference | 0.549 | 0.302 | 0.997 |

- As of the cut-off date, 36 out of 66 patients had died with median overall survival (OS) of 20.9 months. There was a trend between survival benefit and CLDN18.2 expression, with a median OS of 21.7 months for the patients with CLDN18.2 (≥40%, ≥2+) expression (Figure 3).
- Other anti-tumor activities, including confirmed objective response rate (ORR), duration of response (DoR) were shown in Table 2.

### Figure 3. Overall Survival for the patients with CPS&CLDN18.2 known by CLDN18.2 level




### Table 2. Tumor Response and Durable Anti-tumor Effect

| PD-L1 CPS & CLDN18.2 Status Known N=66 | CLDN18.2 (≥40%, ≥2+) N=26 | CLDN18.2 <(40%, ≥2+) N=40 |
|---|---|---|
| ORR *(confirmed) | 68.0% | 55.3% |
| mDoR | 16.5m (95% CI: 6.9, NE) | 8.2m (95% CI: 4.1, 13.7) |
| mPFS | 16.6m (95% CI: 5.8, 22.1) | 7.1m (95% CI: 4.9, 10.6) |
| mOS | 21.7m (95% CI: 13.3, NE) | 18.6m (95% CI: 12.5, NE) |

Note:*in patients with measurable disease at baseline, regardless of whether or not they got a tumor assessment

## CONCLUSION

- The updated data indicate that the combination of TST001 plus nivolumab and CAPOX for first-line treatment of patients with G/GEJ cancer is safe and well tolerated.
- Preliminary efficacy data indicate that the combination of osemitamab plus CAPOX and nivolumab as first-line treatment for patients with G/GEJ cancer had very encouraging durable PFS and overall survival regardless of PD-L1 expression, especially for the patients with CLDN18.2 (≥40%, ≥2+) expression compared with the historical data of existing or emerging therapies.