CLINICAL TRIAL RESULTS

Researchers look at the results of many studies to decide which treatments may offer patients improvements in terms of efficacy and safety. It takes people taking part in many studies around the world to help researchers decide this. This summary only shows the results from this study. Other studies might have different results.

Sponsor	**BeiGene, Ltd.**
Medicine(s) Studied	**Tislelizumab**
Protocol Number	**BGB-A317-306**
Dates of Study	**11 December 2018 to 22 August 2024**
Title of This Study	**A Randomized, Placebo-Controlled, Double-Blind Phase 3 Study to Evaluate the Efficacy and Safety of Tislelizumab (BGB-A317) in Combination With Chemotherapy as First-Line Treatment in Patients with Unresectable, Locally Advanced Recurrent or Metastatic Esophageal Squamous Cell Carcinoma**
Date of This Report	**May 2025**

Thank You!

BeiGene, who managed this study, thanks the study patients for taking part in the clinical study for a new medical treatment called tislelizumab. In this study, researchers learned more about the safety and efficacy of tislelizumab, also called BGB-A317 and how it may work in patients with esophageal cancer. The esophagus is a long, hollow tube that moves food from the throat to the stomach.

BeiGene thinks it is important to share the results of the study with the public. If you participated in the study and have questions about the results, please speak with the doctor or staff at your study center.

Why was this study done?

Researchers are looking for better ways to help people with advanced esophageal cancer. Esophageal cancer is cancer that starts in the esophagus. Mutations or changes to the DNA can cause cells to grow out of control and form a tumor. There are two types of esophageal cancer, adenocarcinoma, which starts in the gland cells at the bottom of the esophagus closer to the stomach, and squamous cell carcinoma, which starts from squamous cells mostly in the upper esophagus.

Most esophageal cancers do not cause symptoms until they have grown large or spread to an advanced stage. The symptoms and signs of esophageal cancer may include trouble swallowing, pain in your throat or chest, vomiting or coughing up blood, heartburn, hoarseness or chronic cough, and unintentional weight loss.

In this study, researchers wanted to learn more about how safe tislelizumab is when given with chemotherapy, and how it works in adult patients with locally advanced or metastatic esophageal squamous cell carcinoma (ESCC) who have not received previous therapy for their cancer. Locally advanced means the cancer has spread into nearby tissue and muscles. Metastatic means that the cancer has spread from the place where it started to other areas of the body. Tislelizumab is a protein that strongly binds to a protein called PD-1 which is found on the surface of a type of immune cells called T-cells. When tislelizumab binds to PD-1 it helps the T cells to recognize and attack cancer cells.

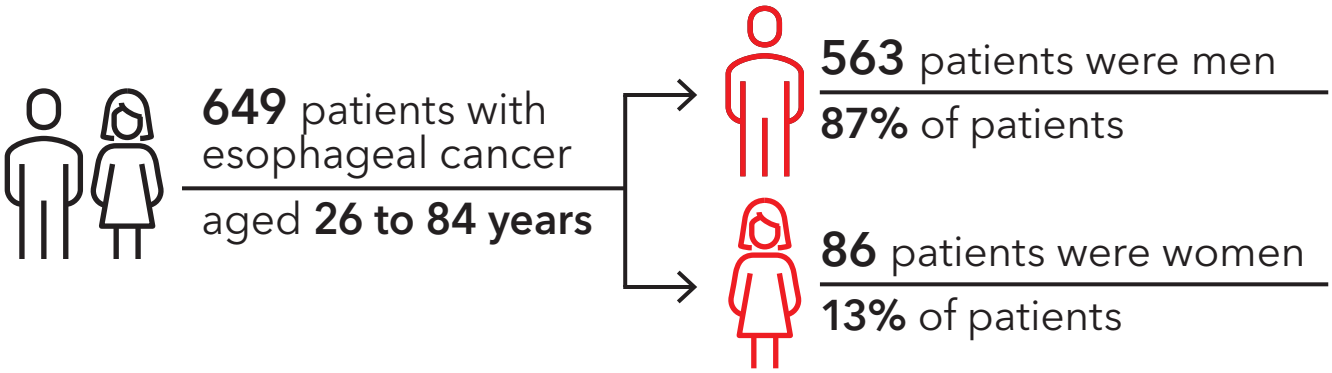
Before a new medical treatment can be approved for use in patients, researchers must conduct clinical studies to learn how safe the treatment is by looking at adverse events, or side effects, and how well the treatment works. Adverse events are unwanted medical problems patients can experience that may or may not be caused by the treatment.

Researchers in this study wanted to know:

- What adverse events would patients who took part in this study have
- How long did patients in this study live after they started the study treatment?

Who was in this study?

A total of 649 patients ranging in age from 26 to 84 years old participated in the study. There were 563 men (87%) and 86 women (13%).



When and where was this study done?

This study started in December 2018 and ended in August 2024. The study was conducted at 162 study centers in 16 countries, including:

- Mainland China, with 355 patients
- Taiwan, with 15 patients
- Japan, with 66 patients
- South Korea, with 50 patients
- Australia, with 5 patients
- Belgium, with 24 patients
- Czech Republic, with 2 patients
- Germany, with 6 patients
- Spain, with 23 patients
- France, with 36 patients
- United Kingdom, with 5 patients
- Italy, with 11 patients
- Poland, with 15 patients
- Romania, with 7 patients
- Russia, with 27 patients
- United States, with 2 patients

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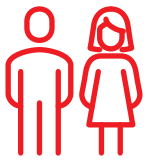
How was this study done?

In this study, patients with esophageal cancer were randomly assigned to one of two treatment groups: either tislelizumab with chemotherapy or placebo and chemotherapy. Patients in the tislelizumab group received 200 milligrams (mg) of tislelizumab through an infusion into a vein plus chemotherapy every 3 weeks. Patients in the placebo group received placebo (saline solution) through an infusion into a vein plus chemotherapy once every 3 weeks. Neither the patient nor the study researchers knew whether each person was taking tislelizumab or placebo (this is called a double-blind study).



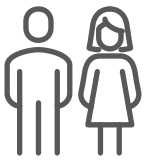
326 patients
were assigned to
tislelizumab + chemotherapy
treatment group

324 patients
received
tislelizumab once every three weeks
intravenously at

200 mg

EVERY 3 WEEKS

+ chemotherapy



323 patients
were assigned to
placebo + chemotherapy
treatment group

321 patients
received
placebo once every three weeks
intravenously

Placebo

EVERY 3 WEEKS

+ chemotherapy

Chemotherapy was chosen by the study doctor, and consisted of one of the following three options:

- Cisplatin 60-80 mg/m^2 or oxaliplatin 130 mg/m^2 administered intravenously once every 3 weeks and 5-fluorouracil intravenously 750-800 mg/m^2 on Days 1 to 5 of each 3-week treatment cycle, or
- Cisplatin 60-80 mg/m^2 or oxaliplatin 130 mg/m^2 administered intravenously every 3 weeks and capecitabine 1000 mg/m^2 taken orally twice a day on Days 1 to 14 of each 3-week cycle, or
- Cisplatin 60-80 mg/m^2 or oxaliplatin 130 mg/m^2 administered intravenously every 3 weeks and paclitaxel 175 mg/m^2 administered intravenously every 3 weeks.

Participants received this study treatment until their cancer worsened, they developed side effects that could not be tolerated, or they chose not to continue participating in the study. The trial doctors continued to keep in touch with participants after they finished treatment to follow their status until the end of the study.

During the study, the trial doctors:

- Did physical exams and checked the participants' vital signs
- Took computed tomography (CT) scans or MRI to check the participants' tumors
- Asked if the participants could do their usual daily activities and how bad their symptoms were
- Monitored patients closely for any side effects
- Took blood and urine samples
- Did other tests such as electrocardiogram (ECG) and eye exams

Researchers looked at how long participants in the study lived. They compared patients who took tislelizumab + chemotherapy to those who took placebo + chemotherapy to see who lived longer. This is called **Overall Survival.**

What adverse events did patients have?

Adverse events are medical problems that may or may not be caused by the study treatment. An adverse event is called "serious" if it causes long-lasting problems, puts the patient in the hospital, is life-threatening, is considered medically important by the study doctor, or leads to death. A total of 645 patients were evaluated for adverse events.

In this study:

- 99.7% of patients in the tislelizumab + chemotherapy group and 99.4% of patients in the placebo + chemotherapy group had at least 1 adverse event.
- 49.4% of patients in the tislelizumab + chemotherapy group and 39.9% of patients in the placebo + chemotherapy group had serious adverse events.
- 32.1% of patients in the tislelizumab + chemotherapy group and 22.1% of patients in the placebo + chemotherapy group of patients had adverse events that caused them to stop treatment.

The websites listed at the end of this summary may have more information about the adverse events that occurred in this study.

What serious adverse events did patients have?

Pneumonia and dysphagia were the most common serious adverse events. Pneumonia is an infection of the lungs. Dysphagia is a medical term for difficulty swallowing.

The most common serious adverse events that occurred in at least 2% of the patients in either of the groups are shown below.

Serious adverse event	Tislelizumab + Chemotherapy (Out of 324 patients)	Placebo + Chemotherapy (Out of 321 patients)
Pneumonia	5.9% (19 patients)	7.2% (23 patients)
Dysphagia (difficulty swallowing)	5.2% (17 patients)	2.5% (8 patients)

Serious adverse event	Tislelizumab + Chemotherapy (Out of 324 patients)	Placebo + Chemotherapy (Out of 321 patients)
Diarrhoea	2.2% (7 patients)	0.9% (3 patients)
Oesophageal stenosis (narrowing of the esophagus)	2.2% (7 patients)	0.6% (2 patients)
Vomiting	2.2% (7 patients)	1.6% (5 patients)

16 patients (4.9%) in the tislelizumab + chemotherapy group and 17 patients (5.3%) in the placebo + chemotherapy group had adverse events that led to death. Six of these deaths in the tislelizumab + chemotherapy group and 4 deaths in the placebo + chemotherapy group were thought to be related to the study treatment.

What were the most common adverse events?

Anemia (low levels of red blood cells), low levels of a type of white blood cell called neutrophils, decreased appetite, and low white blood cells were the most common adverse events. The most common adverse events that occurred in at least 30% of the patients in either group of this study are shown below.

Adverse event	Tislelizumab + Chemotherapy (Out of 324 patients)	Placebo + Chemotherapy (Out of 321 patients)
Anaemia	60.8% (197 patients)	56.7% (182 patients)
Neutrophil count decreased	47.5% (154 patients)	48.6% (156 patients)
Decreased appetite	45.4% (147 patients)	38.9% (125 patients)
White blood cell count decreased	44.1% (143 patients)	48.9% (157 patients)
Nausea	38.0% (123 patients)	42.7% (137 patients)
Constipation	31.5% (102 patients)	31.5% (101 patients)
Weight decreased	30.2% (98 patients)	28.3% (91 patients)

What were the main results of the study?

The main results of the study are summarized here. The results for each participant in the study are not shown here and may be different from the overall results.

You can find a full list of the questions for this study on the websites listed on the last page of this summary. If there are results already available, they will also be found on these websites.

How long did patients in this study live after they started the study treatment?

To answer this question, the researchers looked at overall survival during the study. Overall survival measures how long a patient lives. The researchers looked at the time from the start of the study treatment until February 2022 (up to approximately 3 years and 2 months). Median overall survival time is the time point at which half of the participants in the study are still alive.

Median overall survival was 17.2 months for patients who took tislelizumab + chemotherapy and 10.6 months for patients who took placebo + chemotherapy. This shows an improvement in median overall survival of 6.6 months for the participants who took tislelizumab + chemotherapy compared to chemotherapy alone.

Median Overall Survival

How has this study helped patients and researchers?

The results from this summary will help researchers and patients understand more about how tislelizumab works in patients with esophageal cancer and may provide additional treatment options for patients in the future.

The results in this summary come from this one study. Other studies may show different results. If you participated in this study and have questions about the results, please speak to the doctor or staff at your study center. You should not make changes to your treatments based on the results of this study.

Where can I found out more about this study?

More information about this study, including any available results, is found below:

The full title of this study is

A Randomized, Placebo-Controlled, Double-Blind Phase 3 Study to Evaluate the Efficacy and Safety of Tislelizumab (BGB-A317) in Combination With Chemotherapy as First-Line Treatment in Patients with Unresectable, Locally Advanced Recurrent or Metastatic Esophageal Squamous Cell Carcinoma

The protocol number is

BGB-A317-306

For information about this study in the United States

Click here

For information about this study in the European Union

Click here

For information about this study in China

Click here

For information about this study from BeiGene

Click here

Clinical study participants help researchers make important discoveries that may lead to new medical treatments worldwide. BeiGene sponsored this study and is thankful for the help of the patients in this study.

For more information about BeiGene:

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BeiGene thanks all the participants for their time and effort that went into making this study possible. Clinical study patients help advance science!