CLINICAL TRIAL RESULTS

BeiGene

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	**Ociperlimab (BGB-A1217)** **Tislelizumab (BGB-A317)**
Protocol Number	**BGB-A317-A1217-302 (AdvanTIG-302)**
Dates of Study	**May 2021 to May 2025**
Title of This Study	**A Study of Ociperlimab With Tislelizumab Compared to Pembrolizumab in Participants With Untreated Lung Cancer**
Date of This Report	**25 February 2026**

Thank You!

BeiGene, who managed this study, thanks the study patients for taking part in the clinical study for a new medical treatment called ociperlimab in combination with tislelizumab. In this study, researchers learned more about the safety and efficacy of ociperlimab (also called BGB-A1217) and tislelizumab (also called BGB-A317), and how they may work in patients with non-small cell lung cancer. Ociperlimab combined with tislelizumab was compared to pembrolizumab with placebo (a mixture of salt and water, used in place of a drug). Some patients also received tislelizumab with placebo.

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 non-small cell lung cancer. Lung cancer is one of the most common types of cancer. Smoking is the most common cause of lung cancer. Lung cancer can cause coughing, chest pain, and shortness of breath and can lead to death.

In this study, researchers wanted to learn more about how safe ociperlimab with tislelizumab is and how it works in patients with non-small cell lung cancer who have not received previous treatment and who have high levels of a marker called PD-L1. PD-L1, or programmed cell death ligand 1, helps cancer to hide from the immune system. Ociperlimab and tislelizumab are both antibodies. An antibody is a common type of protein found in your body. Antibodies help the immune system to find and destroy bacteria and viruses. Ociperlimab acts to prevent a protein called TIGIT from blocking immune cells that can detect cancer cells. Tislelizumab and pembrolizumab block the PD-1 protein, which protects cancer cells from being detected by the immune system. All three of these medicines may help the immune system to detect cancer cells.

Researchers also wanted to learn more about the safety of ociperlimab and tislelizumab in Japanese patients with advanced solid tumors in a Safety Substudy.

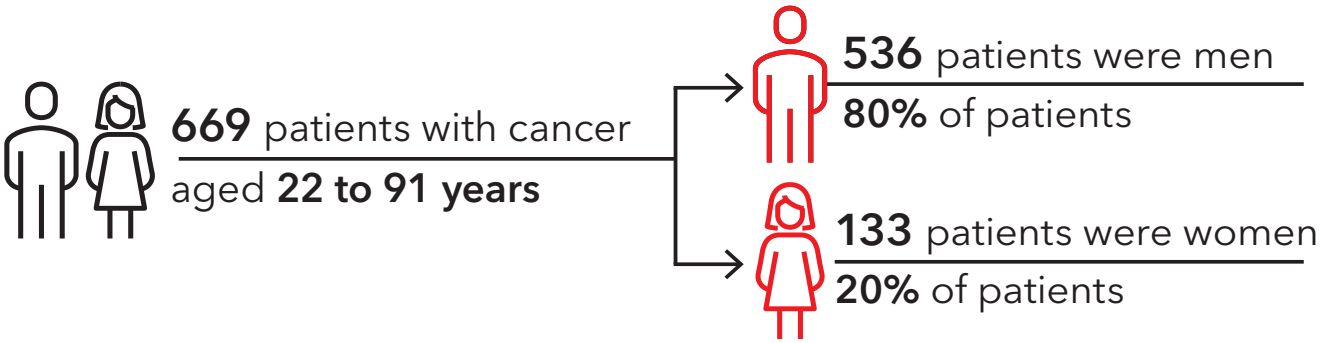
Before a new medical treatment can be approved for use in patients, researchers must conduct clinical studies to learn how safe the treatment is by looking at adverse events, or side effects, and how well the treatment works. Adverse events are unwanted medical problems that patients can experience, which 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 live when they received ociperlimab with tislelizumab, compared to patients who took pembrolizumab with placebo?
- How many adverse events did Japanese patients have in the Safety Substudy?

Who was in this study?

A total of 669 patients ranging in age from 22 to 91 years were in the study. There were 536 men (80%) and 133 women (20%):



When and where was this study done?

This study started in May 2021 and ended in May 2025. The study was conducted at 200 study centers in 20 countries, including:

European Union Countries:

- Spain with 60 patients
- France with 42 patients
- Germany with 10 patients
- Netherlands with 9 patients
- Poland with 8 patients
- Italy with 4 patients

Non-European Union Countries:

- China with 239 patients
- Georgia with 67 patients
- Turkey with 61 patients
- Japan with 58 patients
- South Korea with 27 patients
- United States with 23 patients
- Thailand with 18 patients
- Australia with 16 patients
- Taiwan with 9 patients
- Russia with 6 patients
- Brazil with 5 patients
- Ukraine with 5 patients
- Argentina with 1 patient
- Mexico with 1 patient

How was this study done?

In the main part of the study, patients with non-small cell lung cancer were given one of the following treatments: ociperlimab with tislelizumab, pembrolizumab with placebo, or tislelizumab with placebo. Patients in Arm A received 900 milligrams (mg) of ociperlimab and 200 mg of tislelizumab by intravenous (IV) infusion once every 3 weeks. Patients in Arm B received 200 mg of pembrolizumab and saline by IV infusion once every 3 weeks. Patients in Arm C received 200 mg of tislelizumab and saline by IV infusion once every 3 weeks. In Japan, a small Safety Substudy was conducted to see if the combination of ociperlimab and tislelizumab was safe in Japanese patients with advanced cancers, before enrollment into the main part of the study began.

287 patients
were assigned to
Arm A:
Ociperlimab + Tislelizumab
treatment group

286 patients
received treatment

287 patients
were assigned to
Arm B:
Pembrolizumab + Placebo
treatment group

287 patients
received treatment

88 patients
were assigned to
Arm C:
Tislelizumab + Placebo
treatment group

87 patients
received treatment

7 patients
were assigned to
Safety Run-in Substudy:
Ociperlimab + Tislelizumab
treatment group

7 patients
received treatment

The main goal of this study was to see the Overall Survival, or whether ociperlimab with tislelizumab compared to pembrolizumab with placebo helped patients with non-small cell lung cancer to live longer.

What adverse reactions did the study participants have?

Adverse reactions are unwanted medical problems that doctors think may be caused by the study treatment. An adverse reaction 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 669 patients were evaluated for adverse reactions.

The adverse reactions in this study that the doctors felt may have been caused by the study treatment are shown. It takes many studies for researchers to know if an adverse reaction is caused by the study treatment. The websites listed at the end of this summary may have more information about the adverse reactions that occurred in this study.

In this study:

- 81% of patients had at least 1 adverse reaction
- 20% of patients had serious adverse reactions
- 14% of patients had adverse reactions that caused them to stop treatment
- 11 patients (2%) had a serious adverse reaction that led to death.

What serious adverse reactions did study participants have?

Pneumonitis, which is swelling and irritation in the lungs, was the most common serious adverse reaction. The most common serious adverse reactions that occurred in at least 2% of the patients in any treatment group of this study are shown here:

Serious adverse reaction	Treatment Group A (Out of 288 patients)	Treatment Group B (Out of 287 patients)	Treatment Group C (Out of 87 patients)	Safety Substudy (Out of 7 patients)	Total (Out of 667 patients)
Pneumonitis (swelling and irritation in the lungs)	2% (7 patients)	1% (4 patients)	2% (2 patients)	14% (1 patient)	2% (14 patients)
Pemphigoid (a skin condition causing itching and blisters)	0.3% (1 patient)	0% (0 patients)	0% (0 patients)	14% (1 patient)	0.3% (2 patients)
Immune-mediated hepatitis (swelling of the liver)	2% (5 patients)	0.3% (1 patient)	2% (2 patients)	0% (0 patients)	1% (8 patients)
Pneumonia (a lung infection)	2% (5 patients)	1% (2 patients)	0% (0 patients)	0% (0 patients)	1% (7 patients)

What were the most common adverse reactions?

Pruritus (itching) was the most common adverse reaction. The most common adverse reactions that occurred in at least 15% of the patients in any treatment group in this study are shown here:

Serious adverse reaction	Treatment Group A (Out of 288 patients)	Treatment Group B (Out of 287 patients)	Treatment Group C (Out of 87 patients)	Safety Substudy (Out of 7 patients)	Total (Out of 667 patients)
Pruritus (itching)	25% (72 patients)	12% (33 patients)	21% (18 patients)	14% (1 patient)	19% (124 patients)
Drug eruption (a skin rash caused by a drug)	2% (6 patients)	0.3% (1 patient)	1% (1 patient)	29% (2 patients)	1% (10 patients)
Hypothyroidism (low amount of hormone made by the thyroid)	15% (43 patients)	15% (43 patients)	21% (18 patients)	14% (1 patients)	16% (105 patients)

What were the main results of the study?

The main results of the study are summarized here. The results for each individual patient 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 live when they received ociperlimab with tislelizumab, compared to pembrolizumab with placebo?

Overall survival measures how long a patient lives. The researchers looked at the time from the start of the study treatment until 30 May 2025 (up to approximately 45 months). Median overall survival time is the time point at which half of the participants in the study are still alive. Patients in Arm A who received ociperlimab with tislelizumab had a median overall survival of 31.9 months, compared to 29.4 months for patients who received pembrolizumab with placebo. Patients in both groups lived about the same amount of time, no matter what treatment they received.

How many adverse events did Japanese patients have in the Safety Substudy?

All 7 patients in the Safety Substudy had at least one adverse event. 57% (4 patients) had a serious adverse event.

How has this study helped patients and researchers?

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

More studies with ociperlimab and tislelizumab are not planned at this time.

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 Phase 3, Randomized, Double-Blind Study of Ociperlimab, an Anti-TIGIT Antibody, in Combination With Tislelizumab Compared to Pembrolizumab in Patients With Previously Untreated, PD-L1-Selected, and Locally Advanced, Unresectable, or Metastatic Non-Small Cell Lung Cancer

The protocol number is

BGB-A317-A1217-302 (AdvanTIG-302)

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!