Abstract 407: Cadonilimab plus chemotherapy versus PD-1 inhibitor plus chemotherapy as first-line(1L) treatment for advanced gastric (G) or gastroesophageal junction (GEJ) cancer with PD-L1 CPS <5: a propensity-matched, retrospective cohort study

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Background

- Although PD-1 inhibitors plus chemotherapy have been established as 1L treatment for advanced G/GEJ cancer, the survival benefit remains limited in those with PD-L1 CPS < 5.
- Cadonilimab, the first PD-1/CTLA-4 bispecific antibody, in combination with chemotherapy significantly improved efficacy versus chemotherapy in previously untreated patients (pts) with G/GEJ cancer, especially in those with PD-L1 CPS < 5 in the phase III COMPASSION-15 trial. However, there is no clinical study comparing cadonilimab and PD-1 inhibitors in this population.
- This study aimed to evaluate the efficacy and safety of cadonilimab plus chemotherapy versus PD-1 inhibitor plus chemotherapy as 1L treatment for advanced G/GEJ cancer with PD-L1 CPS < 5 in a real-world setting.

Methods

- Pts with PD-L1 CPS < 5 G/GEJ cancer who received 1L cadonilimab plus chemotherapy (cadonilimab group) or PD-1 inhibitor plus chemotherapy (PD-1 inhibitor group) were eligible from August 2022 to August 2024. Propensity score matching (PSM) was performed between the two groups to mitigate potential confounding variables (**Figure 1**).
- Demographic and clinical characteristics, treatment information, clinical outcomes, including objective response rate (ORR), disease control rate (DCR), progression-free survival (PFS) and overall survival (OS), and safety were analyzed.

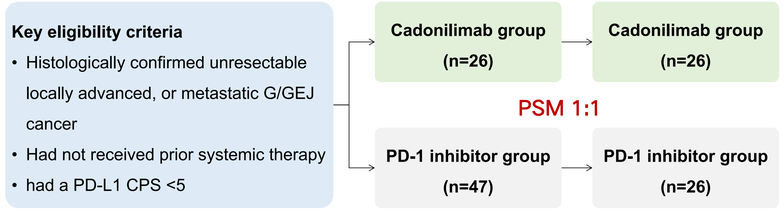

Figure 1. Study Design

Conclusions

Compared to PD-1 inhibitor plus chemotherapy, cadonilimab plus chemotherapy significantly improved PFS and OS with a manageable safety profile as 1L treatment of advanced G/GEJ cancer with PD-L1 CPS < 5, suggesting that cadonilimab plus chemotherapy could be considered a potential therapeutic option for this population

Results

Patients

- A total of 73 pts with PD-L1 CPS < 5 G/GEJ cancer were enrolled, with 26 in the cadonilimab group and 47 in the PD-1 inhibitor group. After PSM, 26 pts from each group were included for analysis (**Table 1**).
- At the data cutoff (February 28, 2025), the median follow-up was 11.0 months (mo, 95% CI: 8.3-15.3).

Table 1. Baseline demographic and clinical characteristics

Variable	After PSM		
	Cadonilimab group (n=26)	PD-1 inhibitor group (n=26)	*P*
Age	55.9 (10.4)	57.5 (12.0)	0.60
<65	20 (76.9)	20 (61.5)	1.00
≥65	6 (23.1)	6 (38.5)	1.00
Gender			0.57
Female	15 (57.7)	17 (65.4)	0.75
Male	11 (42.3)	9 (34.6)	0.75
ECOG PS			0.43
0	7 (26.9)	5 (19.2)	0.52
1-2	19 (73.1)	21 (80.8)	0.52
Liver metastases			0.53
Yes	8 (30.8)	6 (23.1)	0.56
No	18 (69.2)	20 (76.9)	0.56
Peritoneum metastases			1.00
Yes	10 (38.5)	10 (38.5)	1.00
No	16 (61.5)	16 (61.5)	1.00
PD-L1 expression			0.78
CPS<1	16 (61.5)	15 (57.7)	0.80
1≤CPS<5	10 (38.5)	11 (42.3)	0.80

Efficacy

- The median OS was significantly longer in the cadonilimab group (14.3 mo, 95% CI: 11.5–17.0) than in the PD-1 inhibitor group (10.3 mo, 95% CI: 8.7–11.8), with a hazard ratio (HR) of 0.49 (95% CI: 0.26-0.93; P = 0.025) (**Figure 2B**). The median PFS was 9.3 mo (95% CI: 7.9-10.6) in the cadonilimab group and 5.8 mo (95% CI: 5.0-6.7) in the PD-1 inhibitor group (HR = 0.43; 95% CI: 0.23-0.80; P = 0.006) (**Figure 2A**).
- Cadonilimab group also exhibited a numerically higher ORR (73.3% vs. 57.1%, P = 0.45). The DCR was 100% in both groups.

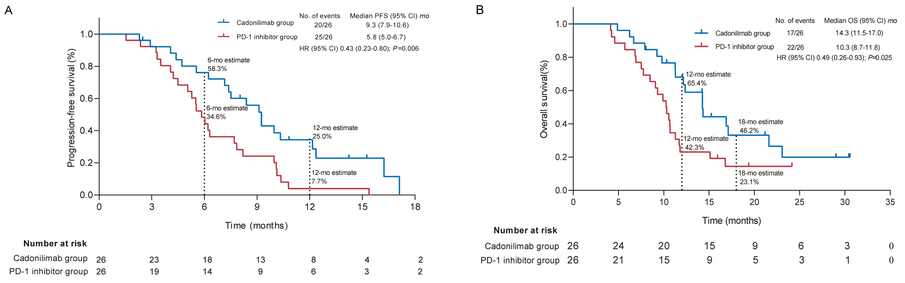

Figure 2. PFS and OS

Safety

- The incidence of adverse events (AEs) was comparable between the two groups with 92.3% in the cadonilimab group and 100% in the PD-1 inhibitor group.
- Grade 3-4 AEs were reported in 30.8% pts in the cadonilimab group and 15.4% pts in the PD-1 inhibitor group (P = 0.25), with platelet count decreased (11.5% vs. 3.8%; P = 0.47) being the most common.