



LUNG CANCER UPDATES

IASLC HIGHLIGHTS

7-10 DE SEPTIEMBRE 2019



Con la colaboración de:

Iniciativa científica de:



BARCELONA

Cáncer de pulmón no microcítico localizado y localmente avanzado

Dra. Anna Estival González

Con la colaboración de:



Early and Locally advanced NSCLC

- Phase II, prospective single-arm study of adjuvant pembrolizumab in N2 positive non-small cell lung cancer treated with neoadjuvant concurrent chemoradiotherapy followed by curative resection: Preliminary results.
- Adjuvant Chemotherapy +/- Bevacizumab for early stage NSCLC: Updated chemotherapy subset analysis
- Durvalumab impact in the treatment strategy of stage III Non-Small Cell Lung Cancer (NSCLC): an EORTC Young Investigators Lung Cancer Group survey

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Phase II, prospective single-arm study of adjuvant pembrolizumab in N2 positive non-small cell lung cancer treated with neoadjuvant concurrent chemoradiotherapy followed by curative resection: Preliminary results.

Sehhoon Park (sehhoon.park@gmail.com), Hyun Ae Jung, Jong Ho Cho, Jong-Mu Sun, Se-Hoon Lee, Yong Soo Choi, Jin Seok Ahn, Jhingook Kim, Keunchil Park, Jae Ill Zo, Young Mog Shim, Kyung Hwan Kim, Eui-Cheol Shin, Hong Kwan Kim, Myung-Ju Ahn (Corresponding author)

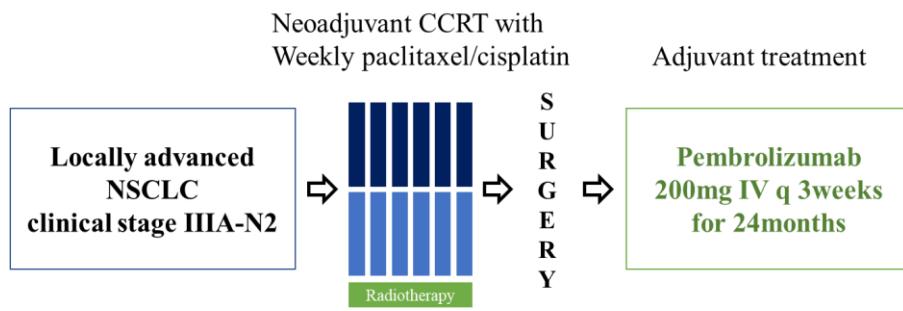
Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea; Division of Hematology-Oncology, Department of Medicine, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea; Samsung Medical Center, Seoul, South Korea; Department of Thoracic Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea; Department of Thoracic and Cardiovascular Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, South Korea; Graduate School of Medical Science and Engineering, Korea Advanced Institute of Science and Technology, Daejeon, South Korea

Con la colaboración de:



Phase II, prospective single-arm study of adjuvant pembrolizumab in N2 positive non-small cell lung cancer treated with neoadjuvant concurrent chemoradiotherapy followed by curative resection: Preliminary results.

Study design



- Cisplatin 25mg/m² once weekly
- Paclitaxel 50mg/m² once weekly
- Radiotherapy 44Gy/22Fx for 5 weeks

Total number of trial subjects: [37 patients](#)

Estimated enrollment period: [15 months](#)

The estimated average length of treatment per patient: [24 months](#)

The expected study periods: [51 months](#)

The final analyses: [When 22 patients experience event \(progression or death\)](#)

Study endpoints

- 1' Endpoint: Disease free survival (DFS)
- 2' Endpoints: OS, adverse events (AEs), the correlation between PD-L1 expression and the efficacy (DFS, OS)

Key inclusion criterias

- Be within 6 weeks after complete resection after neo-adjuvant CCRT
- Have performance status of 0 or 1 on the ECOG PS
- Patients who complete neoadjuvant CCRT regimen
- Be willing to provide tissue from a obtained before neoadjuvant CCRT and surgical specimen
- Patients with adequate organ function

Key inclusion criterias

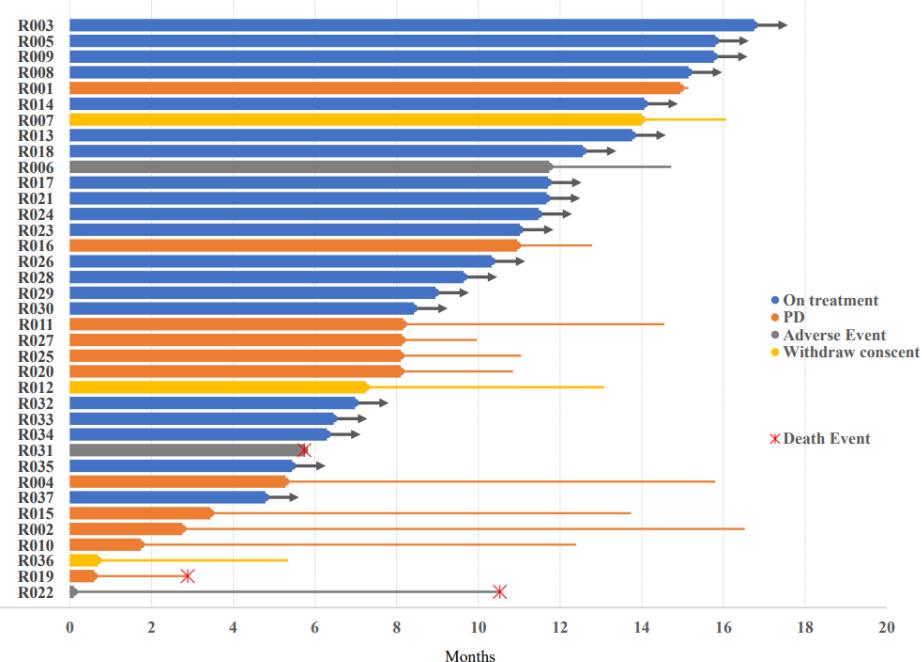
- Every 12 weeks for the 1st year, every 16 weeks for the 2nd year, every 6 months for the 3rd year, every year thereafter

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RESULTS

Current status and survival analyses of study population (n=37)



- Median duration of f/u (range): 11.7 months (2.9 – 16.8), 12 months DFS rate was 66.1%
- 54.1% of patients are still on treatment.
- Median disease-free survival: Not reached
- 11 cases of PD event (EGFR mutation [n=3], pN2 [n=9], pN0 [n=2], adenocarcinoma [n=8])
- Sites of PD: lung (n=2), brain (n=7), lymph node (n=2), liver (n=2), bone (n=1).

Expression profile of PD-L1 (22C3) immunohistochemistry (IHC)

	Pre-CCRT sample (n=21)	Surgical sample (n=27)
PD-L1 ≥ 50%	1 (4.8%)	5 (18.5%)
50 %> PD-L1 ≥ 1%	5 (23.8%)	9 (33.3%)
1% > PD-L1	15 (71.4%)	13 (48.2%)
Samples with paired result		
Increased after CCRT		N=14
Decreased after CCRT		7 (50.0%)
No change after CCRT		2 (14.3%)
		5 (35.7%)

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Adjuvant Chemotherapy +/- Bevacizumab for early stage NSCLC: Updated chemotherapy subset analysis

Heather A. Wakelee¹ on behalf of ECOG-ACRIN

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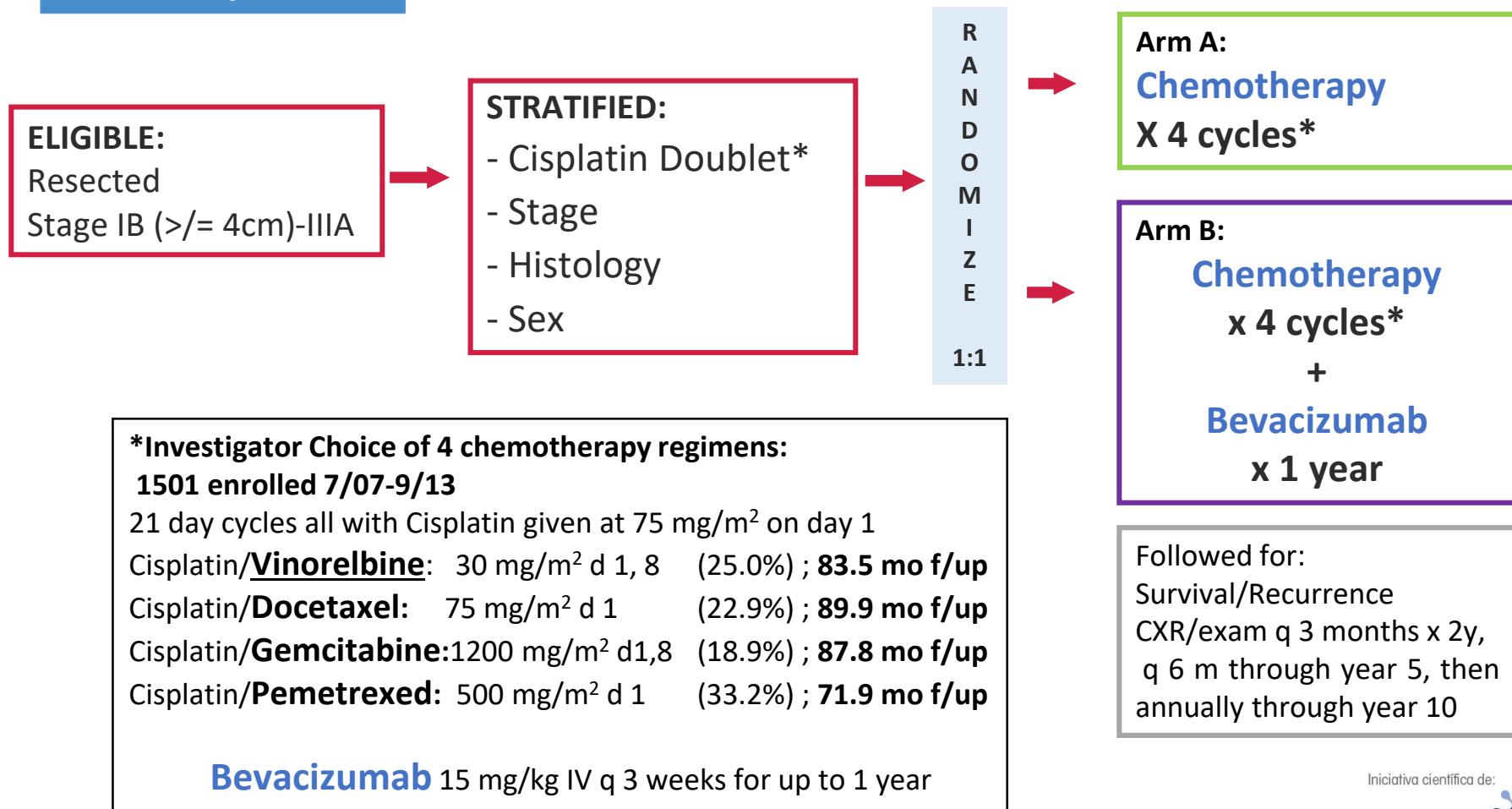
¹1Stanford University, Stanford, CA/USA, 3Dana Farber cancer institute, Boston/USA, 4Albert Einstein College of Medicine, Bronx, NY/USA, 5Thomas Jefferson University, Philadelphia/USA, 6Rutgers Cancer Institute of New Jersey, Newark/USA, 7University of Pittsburgh, Pittsburgh/USA, 8University of Chicago, Chicago, IL/USA 9MN Oncology, Maplewood/USA 10Ireland Cooperative Oncology Research Group, Dublin/Ireland, 11Heartland Cancer Research, Saint Louis/USA 12Albert Einstein College of Medicine/Montefiore Medical Center, Bronx, NY/USA, 13Southeast Clinical Oncology Research Consortium, Winston-Salem/USA, 14University of Wisconsin Carbone Cancer Center, Madison, WI/USA 15University of Pennsylvania, Philadelphia/USA, 16Vanderbilt-Ingram Cancer Center, Nashville, TN/USA 17State University of New York Upstate Medical University, Syracuse/USA 18UC Davis Comprehensive Cancer Center, Sacramento, CA/USA 19Mayo Clinic, Rochester, MN/USA, 20University of Alberta, Edmonton/Canada, 21Princess Margaret Cancer Centre, Toronto/Canada, 22Emory University School of Medicine, Atlanta, GA/USA 23University of Virginia health system, Charlottesville, VA USA

Con la colaboración de:



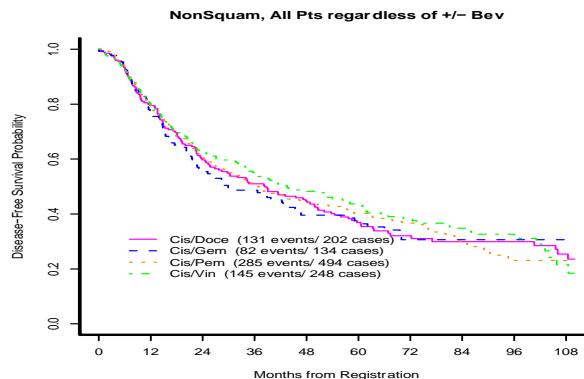
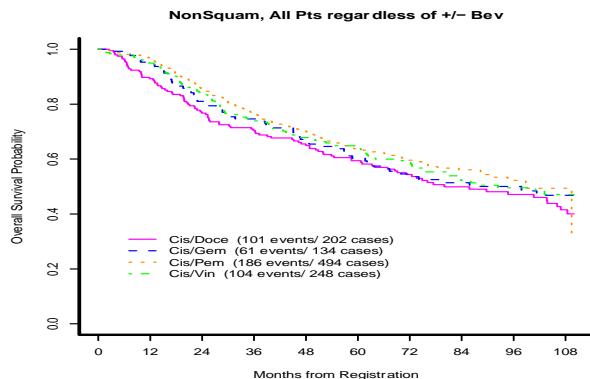
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Schema- phase III



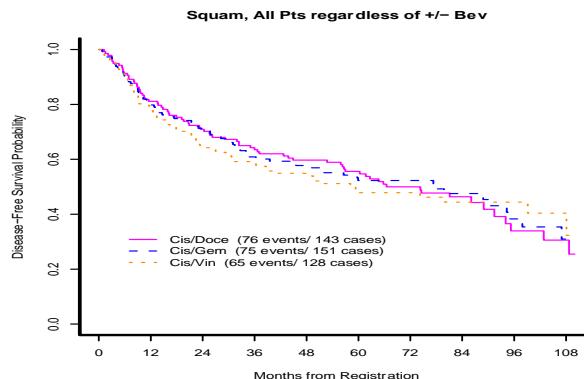
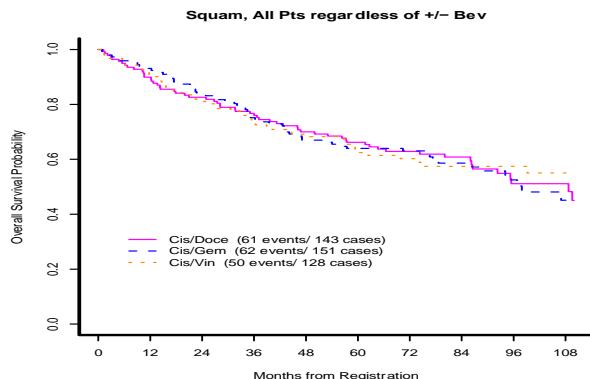
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DFS and OS by chemotherapy by histology (Pooled regardless of Bev arm)



OS by Chemo type, Non-Squamous Patients
(Pooled across arm A + B (regardless of Bev))

	N	events	Median (mos)	0.95 upper CI	Log-rank P
Cis/Doce	202	101	80	66.9 - 108	0.346
Cis/Gem	134	61	97.8	62.6 - NA	
Cis/Pem	494	186	98.8	89 - NA	
Cis/Vin	248	104	92.4	75 - NA	



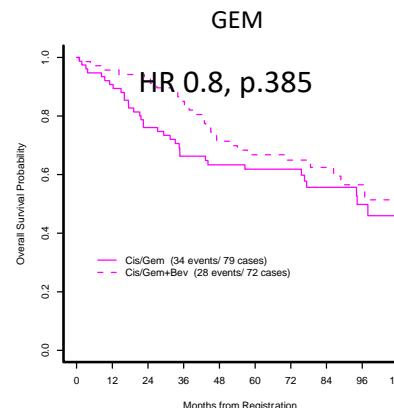
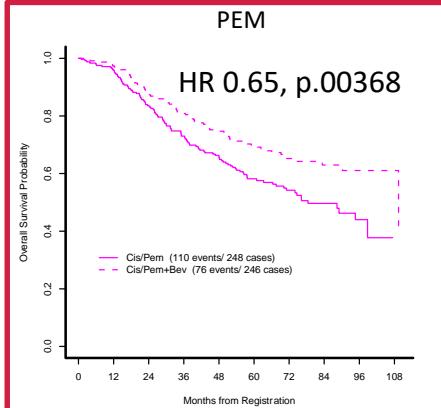
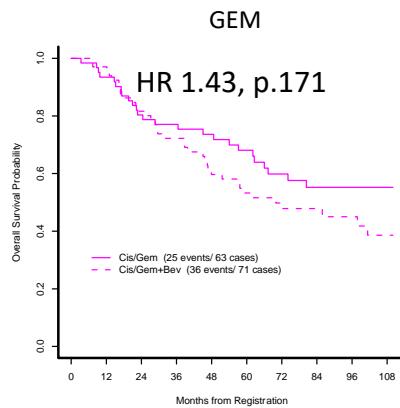
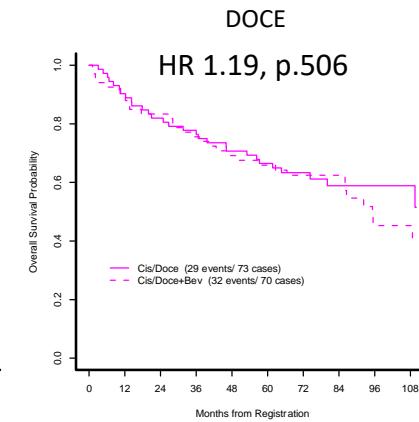
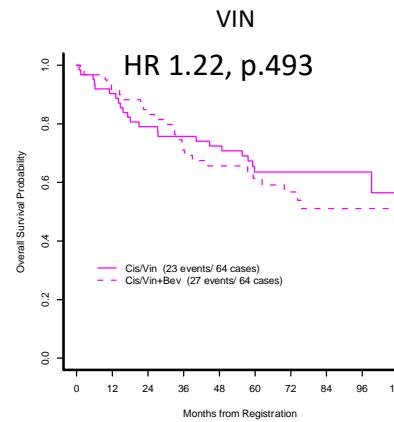
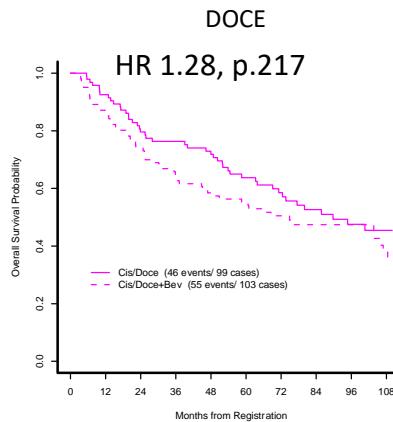
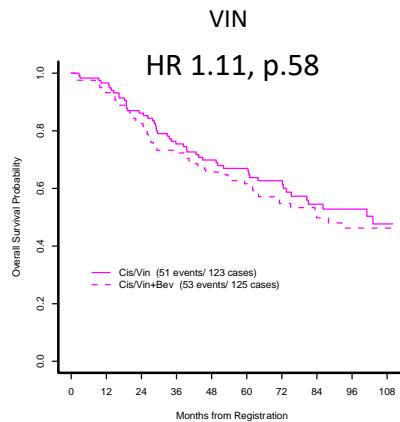
OS by Chemo type, Squamous Patients Only
(Pooled across arm A + B (+/- Bev))

	N	events	Median (mos)	0.95 upper CI	Log-rank P
Cis/Doce	143	61	109	86.2 - NA	0.95
Cis/Gem	151	62	98	86.4 - NA	
Cis/Vin	128	50	119	75.4 - NA	

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Adjuvant Chemotherapy +/- Bevacizumab for early stage NSCLC: Updated chemotherapy subset analysis

OS by chemotherapy regimen +/- BEV, by histology



Negative study

Significant positive improvement in DFS + OS with bev added to pemetrexed
Trends of worse outcomes with bev added to docetaxel or vinorelbine

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Durvalumab impact in the treatment strategy of stage III Non-Small Cell Lung Cancer (NSCLC): an EORTC Young Investigators Lung Cancer Group survey

M. Giaj Levra,¹ J. Benet,¹ B. Hasan,² T. Berghmans,³ A. Bruni,⁴ A.M. Dingemans,⁵ N. Giaj Levra,⁶ J. Edwards,⁷ C. Faivre-Finn,⁸ N. Girard,⁹ E. Gobbini,^{1,10} L. Greillier,¹¹ L. Hendriks,⁵ S. Lantuejoul,¹⁰ A. Levy,¹² S. Novello,¹³ M. O'Brien,¹⁴ M. Reck,¹⁵ A. Pochesci,² J Menis,¹⁶ B. Besse¹²

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Con la colaboración de:



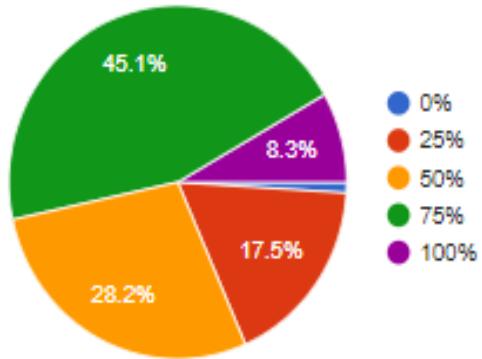
The future of cancer therapy



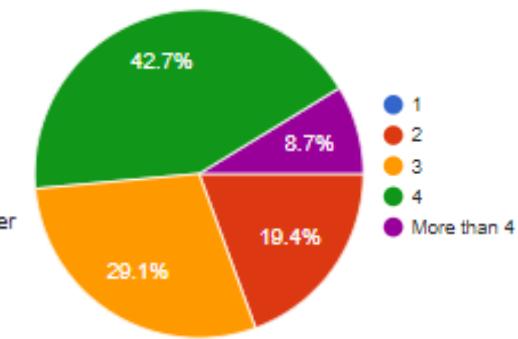
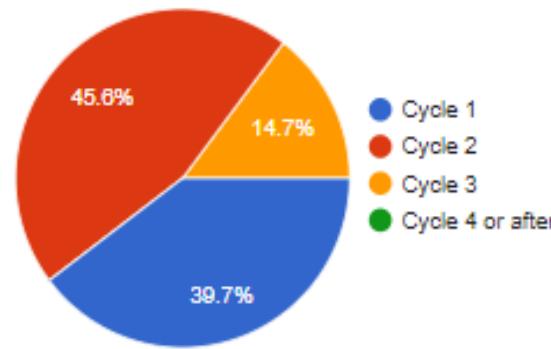
Durvalumab impact in the treatment strategy of stage III Non-Small Cell Lung Cancer (NSCLC): an EORTC Young Investigators Lung Cancer Group survey

- 96% of cases consider concurrent CHT-RT the best strategy for stage III unresectable fit patients

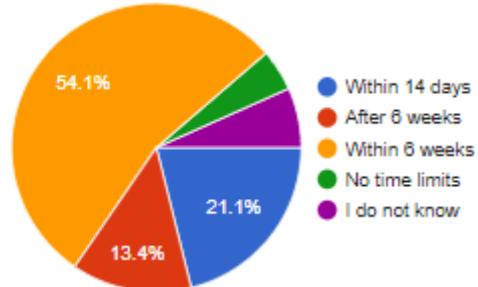
Percentage of concomitant treatment for centre



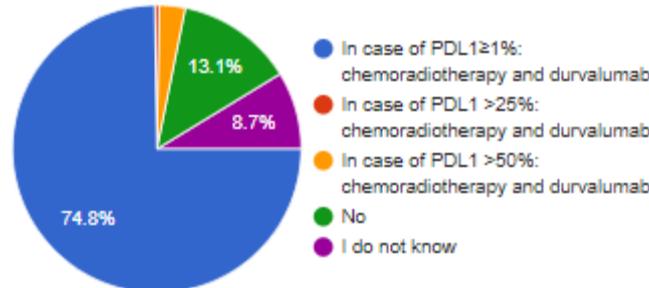
Chemotherapeutic strategy associated with concomitant radiotherapy



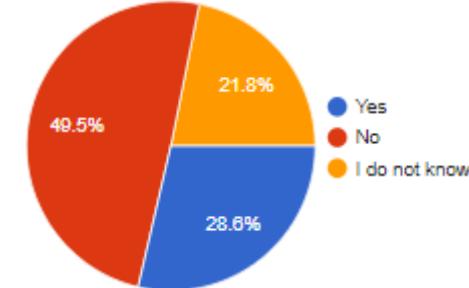
Beginning of durva after CHT-RT



PDL1 expression and treatment strategy



Rebiopsy after CHT-RT in case of PD-L1<1%





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