Novedades y Claves en Cáncer de Pulmón 2021

CÁNCER MICROCÍTICO Y OTROS TUMORES

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Organizado por:

GECP lung cancer research

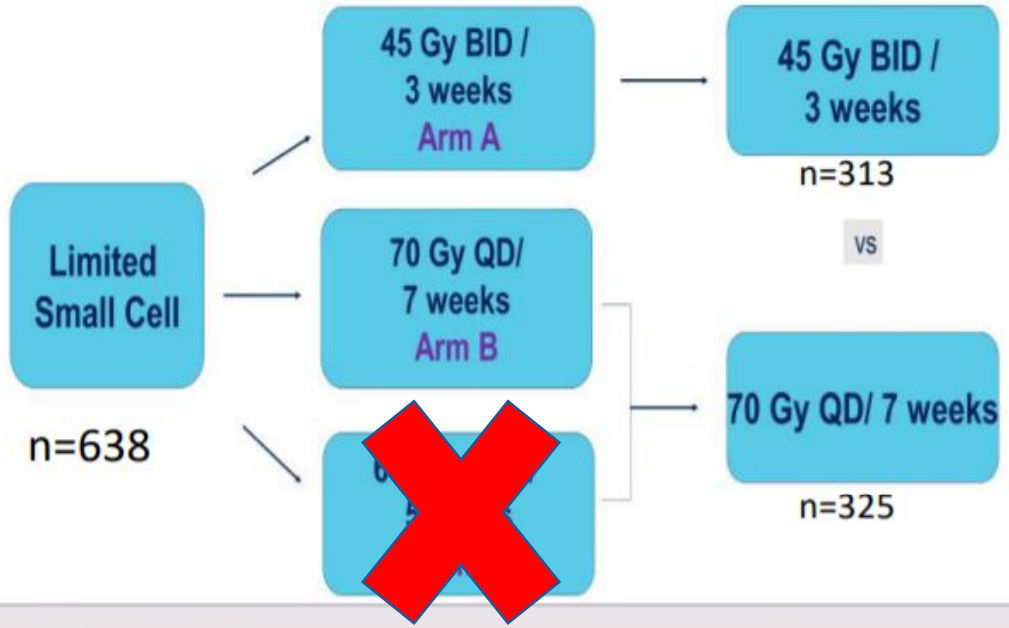
CÁNCER MICROCÍTICO ENFERMEDAD LOCALIZADA

CALGB 30610 (ALLIANCE)

Fase 3

Comparación de esquema estándar de RT 2 veces al día con esquemas de altas dosis de RT una vez al día

Initial Schema



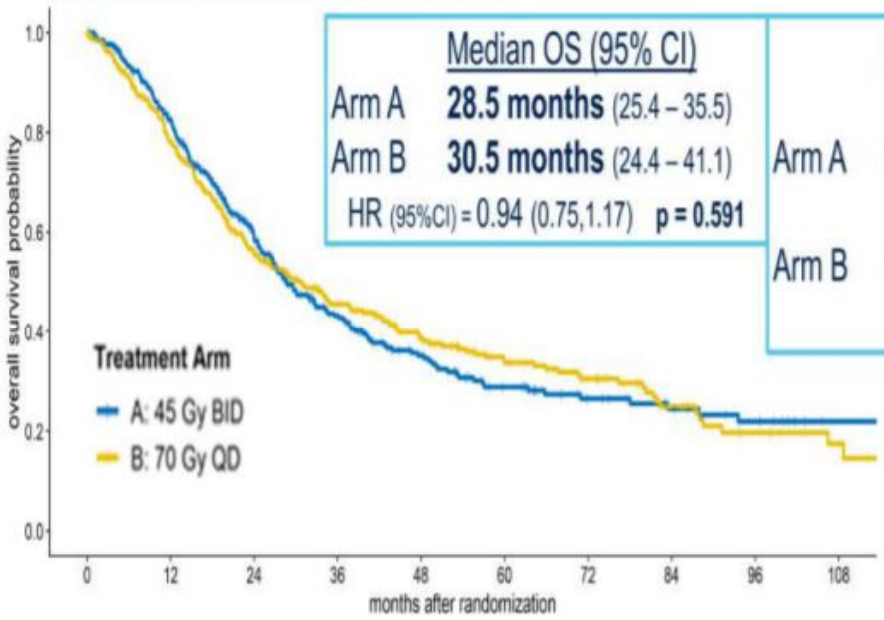
Primary Objective: To determine whether high dose thoracic radiotherapy will improve median and 2-year overall survival compared with standard BID TRT

- Main Eligibility
  - LSCLC and **regional lymph node involvement** excluding contralateral hilar or contralateral supraclavicular nodes
  - ECOG PS 0-2
- Stratification
  - Gender
  - Weight loss prior 6 months
  - ECOG Performance Status
  - TRT technique (3D vs IMRT)

Overall Survival

Median follow-up = 4 years

Figure 1. C30610 Kaplan-Meier Curve for Overall Survival



	Median OS (95% CI)	2-yr OS	5-yr OS
Arm A	**28.5 months** (25.4 – 35.5)	**58%** (53, 64)	**29%** (23, 35)
Arm B	**30.5 months** (24.4 – 41.1)	**56%** (51, 62)	**34%** (23, 35)

HR (95%CI) = 0.94 (0.75,1.17) **p = 0.591**

number at risk

Arm A	313	239	150	99	66	44	30	23	16	9
Arm B	325	238	158	111	82	58	45	24	13	6

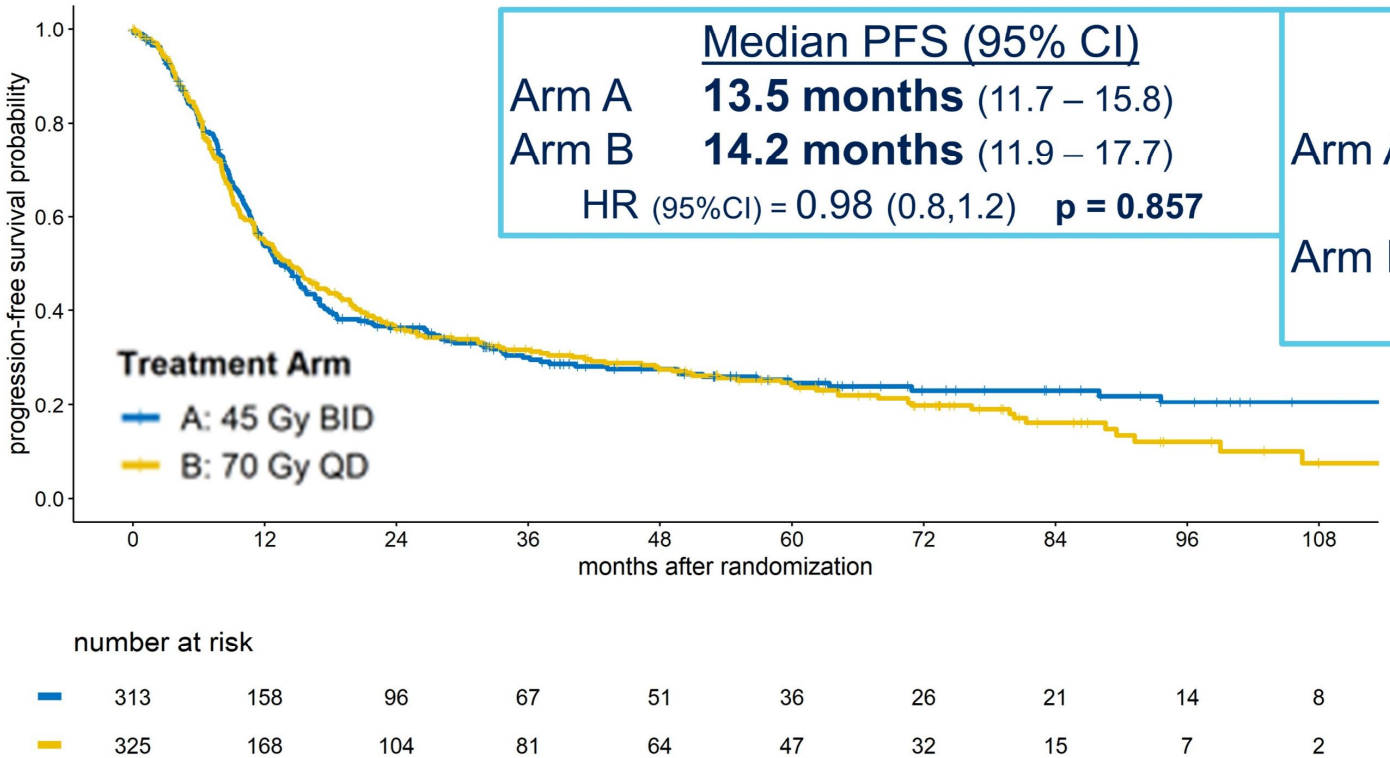
Arm A = 45 Gy BID

Arm B = 70 Gy QD

ASCO 2021 #8505. Bogart et al.

Progression-free Survival

Figure 2. C30610 Kaplan-Meier Curve for Progression-Free Survival



	Median PFS (95% CI)
Arm A	**13.5 months** (11.7 – 15.8)
Arm B	**14.2 months** (11.9 – 17.7)

HR (95%CI) = 0.98 (0.8,1.2) **p = 0.857**

	2-yr PFS	5-yr PFS
Arm A	**36%** (31, 42)	**25%** (20, 31)
Arm B	**36%** (31, 0.42)	**24%** (20, 30)

Arm A = 45 Gy BID

Arm B = 70 Gy QD

Adverse Events

Overall Maximum:	Arm	N(%)	
Grade 3	A	93 (31.5%)	
	B	78 (25.9%)	
Grade 4	A	149 (50.5%)	
	B	161 (53.5%)	
Grade 5	A	**4 (1.4%)**	
	B	**11 (3.7%)**	
Hematologic Adverse Events (no Grade 5 AEs)			
Grade 3	A	66 (22.4%)	
	B	70 (23.3%)	
Grade 4	A	140 (47.5%)	
	B	157 (52.2%)	

Non-hematologic Adverse Events			
	Arm	N(%)	
Grade 3	A	130 (44.1%)	
	B	128 (42.5%)	
Grade 4	A	36 (12.2%)	
	B	49 (16.3%)	
Grade 5	A	4 (1.4%)	
	B	11 (3.7%)	

Arm A = 45 Gy BID

Arm B = 70 Gy QD

Adverse Events

Commonly Occurring Grade 3+ AE (≥ 10%)

	Arm A BID	Arm B QD
Neutrophil count	186 (63.1%)	198 (65.8%)
Leukocyte count	148 (50.2%)	177 (58.8%)
Hemoglobin	60 (20.3%)	79 (26.2%)
Platelet count	43 (14.6%)	57 (18.9%)
Lymphocyte count	28 (9.5%)	49 (16.3%)
Dehydration	42 (14.2%)	39 (13.0%)
Febrile neutropenia	40 (13.6%)	38 (12.6%)
Esophageal pain	32 (11%)	36 (12.0%)
Dysphagia	28 (9.5%)	34 (11.3%)
Any esophageal (dysphagia, pain, dyspepsia, or mucositis)	49 (16.7 %)	56 (18.6 %)

Select Pulmonary Grade 3+ AE

	Arm A BID	Arm B QD	
Dyspnea	13 (4.3%)	21 (7 %)	
Pneumonitis	3 (1 %)	3 (1%)	

Arm A = 45 Gy BID

Arm B = 70 Gy QD

CALGB 30610: CONCLUSIONES

- La dosis de RT de 70 Gy una vez al día no aumenta OS comparado con el estándar de 45 Gy 2 veces al día con QT en SCLC.
- El estudio no está diseñado para evaluar la no inferioridad del esquema de 70 Gy c/24h comparado con 45 Gy c/12h.
- Aún así, se tratada de la mayor evidencia de dosis alta de RT con QT concurrente en SCLC.
- Queda pendiente evaluar en profundidad los efectos adversos de este esquema, la tasa de fallos y factores que puedan influir en los resultados como el esquema de QT, la técnica de RT y los tiempos de RT.

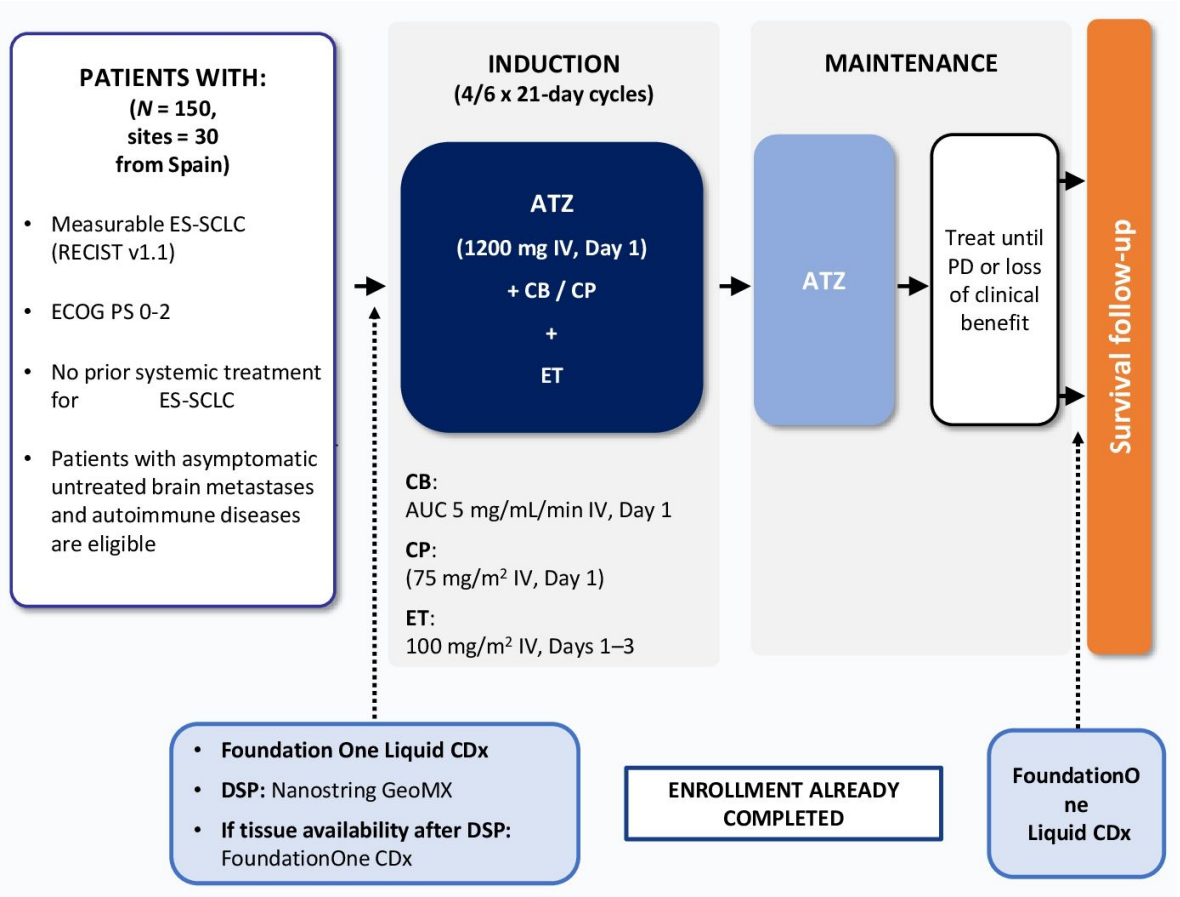
ASCO 2021 #8505. Bogart et al.

CÁNCER MICROCÍTICO ENFERMEDAD EXTENSA 1ª LÍNEA

IMfirst

Fase 3b

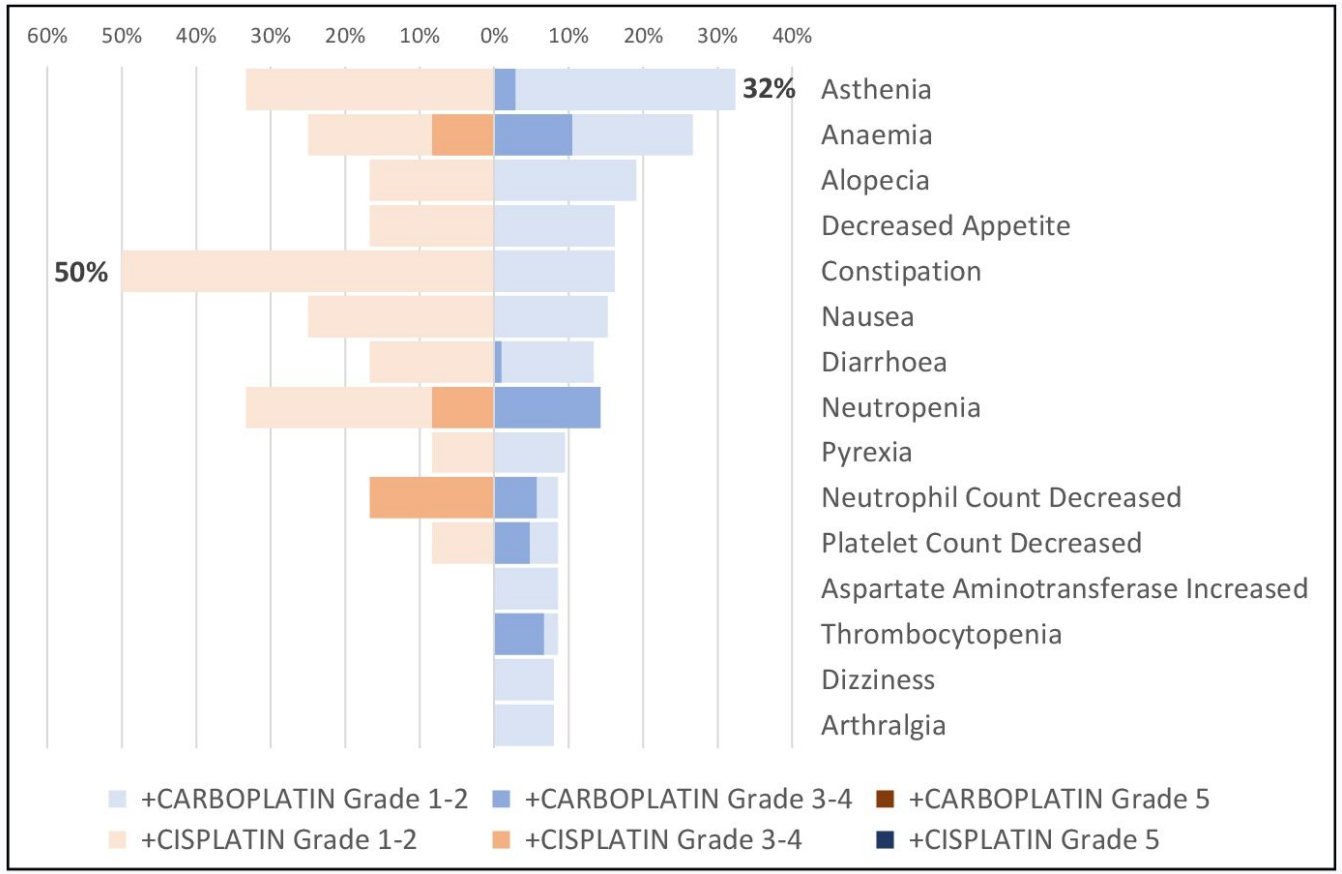
Cis/carboplatino + etopósido + atezolizumab en enfermedad extensa en España



	All (*N* = 117)	ATZ + CB + ET (*N* = 105)	ATZ +CP + ET (*N* = 12)
Age (years)			
Mean (SD)	64.7 (9.2)	65.0 (9.1)	62.7 (10.2)
Median	65.0	65.0	66.0
Age (years) [n(%)]			
≤ 60	36 (30.8%)	32 (30.5%)	4 (33.3%)
> 60	81 (69.2%)	73 (69.5%)	8 (66.7%)
Gender			
Male	84 (71.8%)	75 (71.4%)	9 (75.0%)
Female	33 (28.2%)	30 (28.6%)	3 (25.0%)
Tobacco use history			
Never	1 (0.9%)	1 (1.0%)	0 (0.0%)
Current	66 (56.4%)	58 (55.2%)	8 (66.7%)
Previous	50 (42.7%)	46 (43.8%)	4 (33.3%)
Presence of CNS metastases at baseline			
Yes	14 (12.0%)	10 (9.5%)	4 (33.3%)
No	103 (88.0%)	95 (90.5%)	8 (66.7%)
ECOG Performance status			
0	28 (23.9%)	26 (24.8%)	2 (16.7%)
1	75 (64.1%)	65 (61.9%)	10 (83.3%)
2	14 (12.0%)	14 (13.3%)	0 (0.0%)

ASCO 2021 #8567 García Campelo et al.

Imfirst: SEGURIDAD



AEs AND SAEs IN SUBGROUPS OF SPECIAL INTEREST	All (*N* = 117) AEs	SAEs
ECOG Performance status		
0	96.4%	28.6%
1	92.0%	28.0%
2	92.9%	50.0%
Presence of CNS metastases at baseline		
Yes	78.6%	35.7%
No	95.2%	30.1%
Concomitant steroid treatment ongoing at baseline		
Yes	92.0%	44.0%
No	93.9%	27.2%
Age		
≤ 60	94.4%	30.6%
> 60	92.6%	30.9%
Radiotherapy at baseline		
Yes	91.7%	33.3%
No	93.3%	30.5%
Patients with high tumour burden [1]		
Yes	91.5%	33.0%
No	100.0%	21.7%
Co-morbidities [2]		
Yes	93.7%	34.2%
No	92.1%	23.7%

IMMUNE-MEDIATED ADVERSE EVENTS	All (*N* = 117)
Grade 1-2	3 (2.6%)
Hyperthyroidism	2 (1.7%)
Alanine Aminotransferase Increased	1 (0.9%)
Grade 3-4	2 (1.7%)
Hepatotoxicity	1 (0.9%)
Pneumonitis	1 (0.9%)

ASCO 2021 #8567 García Campelo et al.

EVIDENCIA DEL MUNDO REAL DE LA COMBINACIÓN DE INMUNOTERAPIA EN SCLC CON ENFERMEDAD EXTENSA

	Real-World Study	IMpower 133 (Reference)
	Atezo + Chemo (n=267)	Atezo + Chemo (n=201)
Median Age (range) (years)	68 (32, 88)	64 (28, 90)
Gender (n,%)		
Female	146 (54.7)	72 (35.8)
Race (n,%)		
White	195 (73.0)	163 (81.1)
African American	8 (3.0)	1 (0.5)
Other	3 (1.1)	--
Not documented	61 (22.9)	--
ECOG PS Grouped (n,%)		
0	16 (6.0)	73 (36.3)
1	143 (53.6)	128 (63.7)
2+	65 (24.3)	--
Not Documented	43 (16.1)	--
Smoking Status (n,%)		
Current	54 (20.2)	74 (36.8)
Former	63 (23.6)	118 (58.7)
Never	3 (1.1)	9 (4.5)
Not documented	147 (55.1)	--
Brain mets at baseline (n,%)	61 (22.8)	17 (8.5)

Real-world Study: Atezo + Chemo (n=267)	IMpower 133*: Atezo + Chemo (Reference) (n=201)
Median follow-up (FU): 5.45mo (range 0.72, 14.36)	Median FU 13.9mo (Data cut-off April 24, 2018)
K-M median TTD†: 4.9mo (95% CI 4.2, 5.3)	Median duration of treatment: 4.7mo (range:0, 21) ††
% still on treatment at 6mo (K-M): 35.1% (95% CI 28.4, 41.9)	% still on treatment > 6mo: 31.3%†
K-M median TTNT: 6.9m0 (95% CI 6.4, 8.2)	K-M Median progression-free survival (PFS): 5.2mo (95%CI 4.4, 5.6)
% not initiated on 2L at 6mo: 64.5% (95% CI 56.7, 71.3)	PFS (RECIST criteria) at 6mo: 30.9% (95% CI 24.3, 37.5)

ASCO 2021 #8561 Nadler

CASPIAN: ACTUALIZACIÓN DE OS A 3 AÑOS

- Treatment-naïve ES-SCLC
- WHO PS 0 or 1
- Asymptomatic or treated and stable brain metastases permitted
- Life expectancy ≥12 weeks
- Measurable disease per RECIST v1.1

N=805 (randomized)

1:1:1 (R)

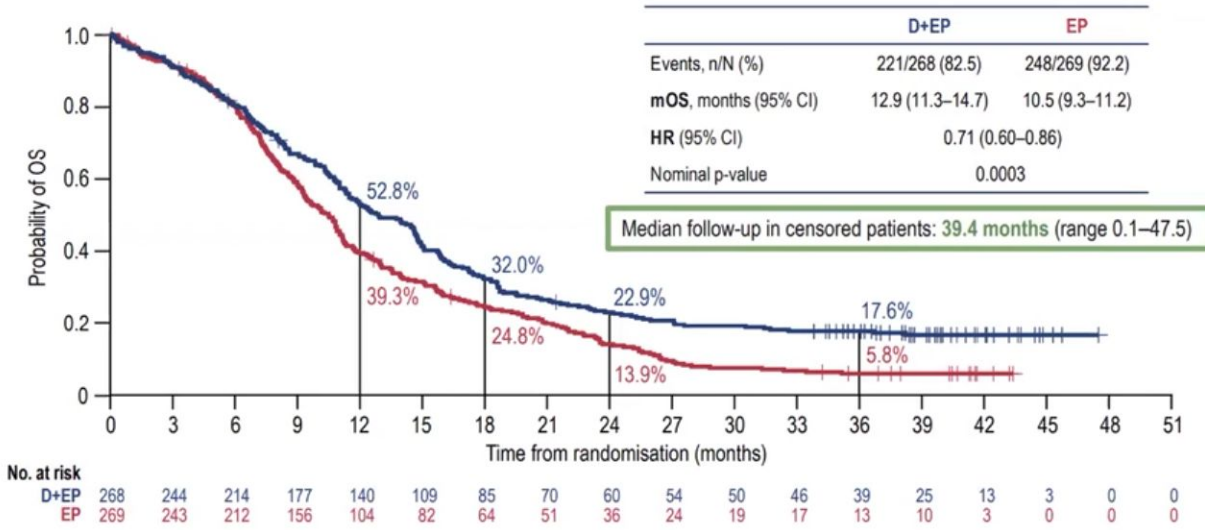
Stratified by planned platinum (carboplatin vs cisplatin)

Durvalumab + tremelimumab + EP* q3w for 4 cycles	Durvalumab‡ q4w until PD
Durvalumab + EP* q3w for 4 cycles	Durvalumab q4w until PD
EP* q3w for up to 6 cycles†	Optional PCI†

Primary endpoint
- OS

Secondary endpoints
- PFS§
- ORR§
- Safety & tolerability
- PROs

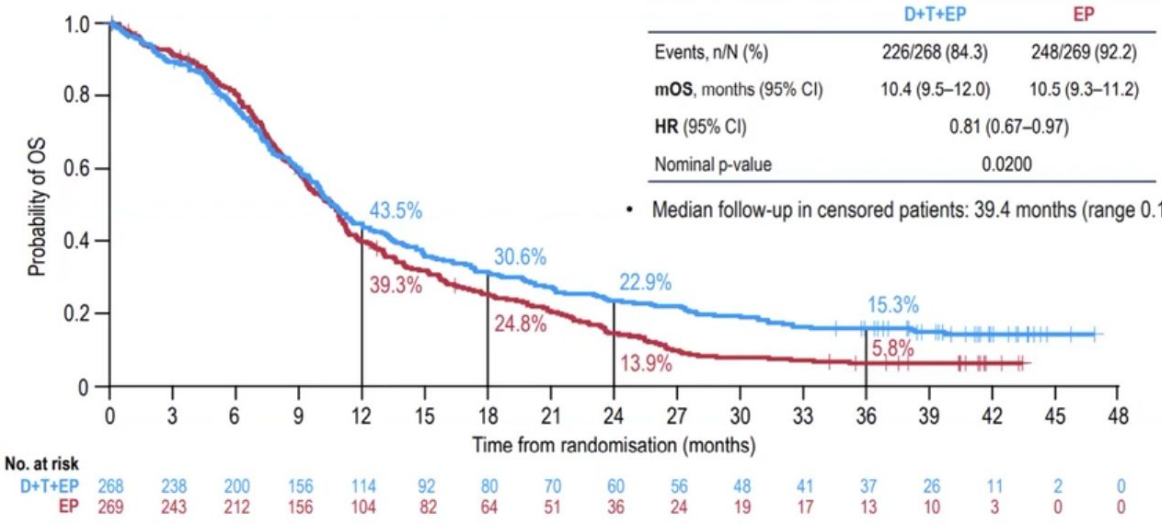
OS 3 AÑOS: 17’6 vs 5’8%



	D+EP	EP
Events, n/N (%)	221/268 (82.5)	248/269 (92.2)
mOS, months (95% CI)	12.9 (11.3–14.7)	10.5 (9.3–11.2)
HR (95% CI)	0.71 (0.60–0.86)	
Nominal p-value	0.0003	

Median follow-up in censored patients: 39.4 months (range 0.1–47.5)

OS 3 AÑOS: 15’3 vs 5’8%



	D+T+EP	EP
Events, n/N (%)	226/268 (84.3)	248/269 (92.2)
mOS, months (95% CI)	10.4 (9.5–12.0)	10.5 (9.3–11.2)
HR (95% CI)	0.81 (0.67–0.97)	
Nominal p-value	0.0200	

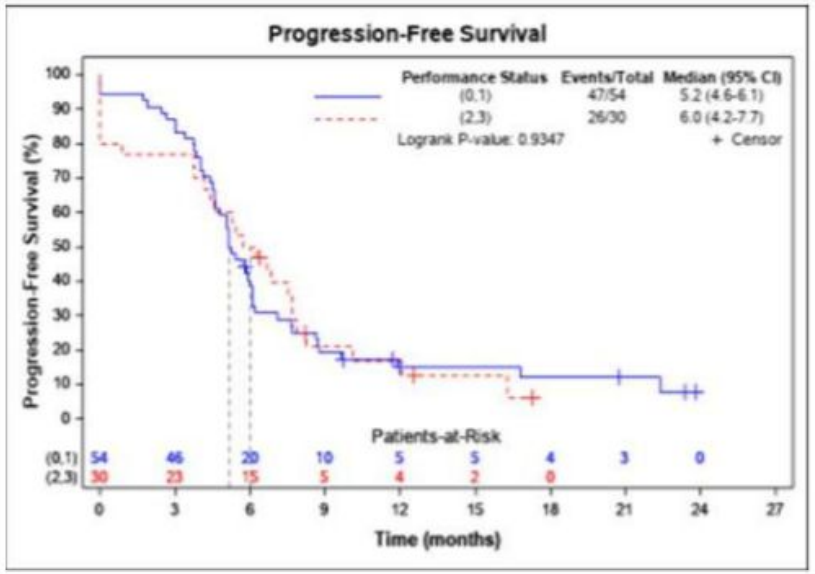
- Median follow-up in censored patients: 39.4 months (range 0.1–47.5)

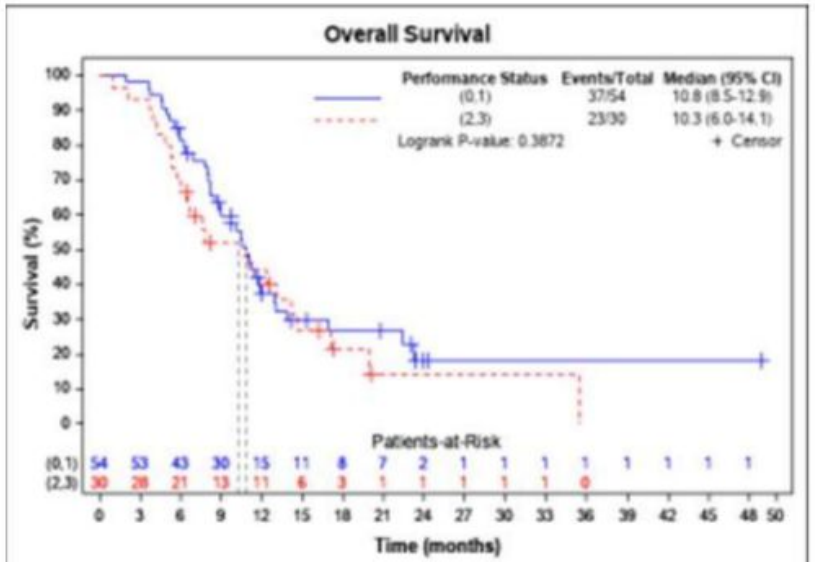
ESM0 2021. LBA61. Paz-Ares.

QUIMIOINMUNOTERAPIA EN ECOG ≥2

Overall Survival (OS) and progression free survival (PFS) for ECOG-PS 2-3 were compared to patients with an ECOG-PS 0-1. n=84

Characteristic	ECOG PS 0-1 (N=54)	ECOG PS 2-3 (N=30)	P value
Median age (range) — years	67 (48-86)	69 (52-88)	
Male sex — no. (%)	25 (46)	10 (33)	0.35
Female sex—no. (%)	29 (54)	20 (66)	
Smoking status			
Never smoker	0 (0)	2 (7)	0.12
Former smoker or current smoker	54 (100)	28 (93)	
Race — no. (%)			
White	52 (96)	28 (93)	0.61
Non-white	2 (4)	2 (7)	
Brain metastases — no. (%)	29 (53)	16 (53)	>0.99
Liver metastases — no. (%)	35 (65)	21 (70)	0.80
WBRT —no. (%)	10 (18)	5 (17)	>0.99
Chest consolidation — no. (%)	8 (15)	3 (10)	0.73
Second line treatment — no. (%)	21 (39)	5 (17)	**0.04**
Third line treatment — no. (%)	6 (11)	1 (3)	0.41



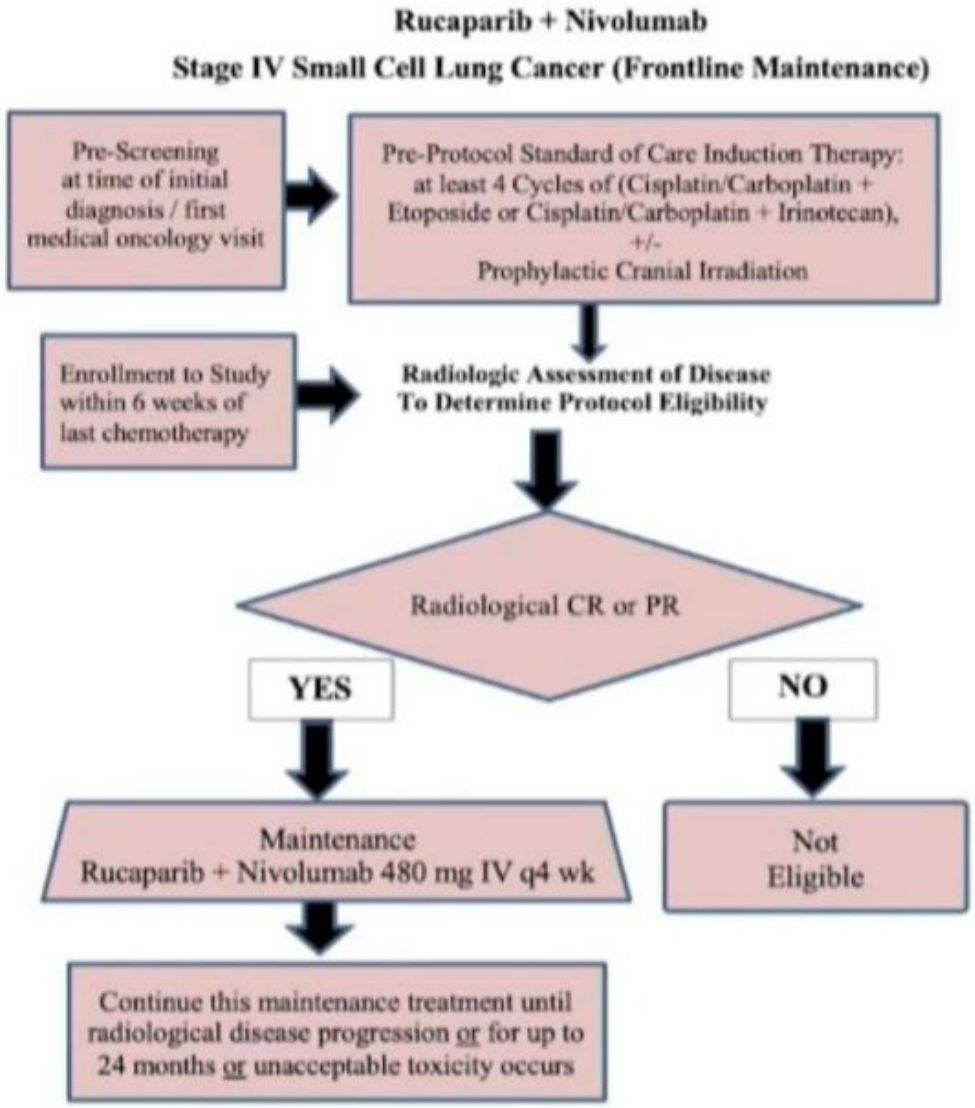


Conclusions:

- ***No significant difference*** in PFS, OS, and ability to achieve a least a PR in ECOG-PS 2-3 cohort when compared to ECOG-PS 0-1
- Chemoimmunotherapy ***should not be reserved*** for only an ECOG-PS of 0-1 but should be considered for all treatment eligible patients

ASCO 2021 #8569 Almquist et al.

MANTENIMIENTO CON RUCAPARIB + NIVOLUMAB



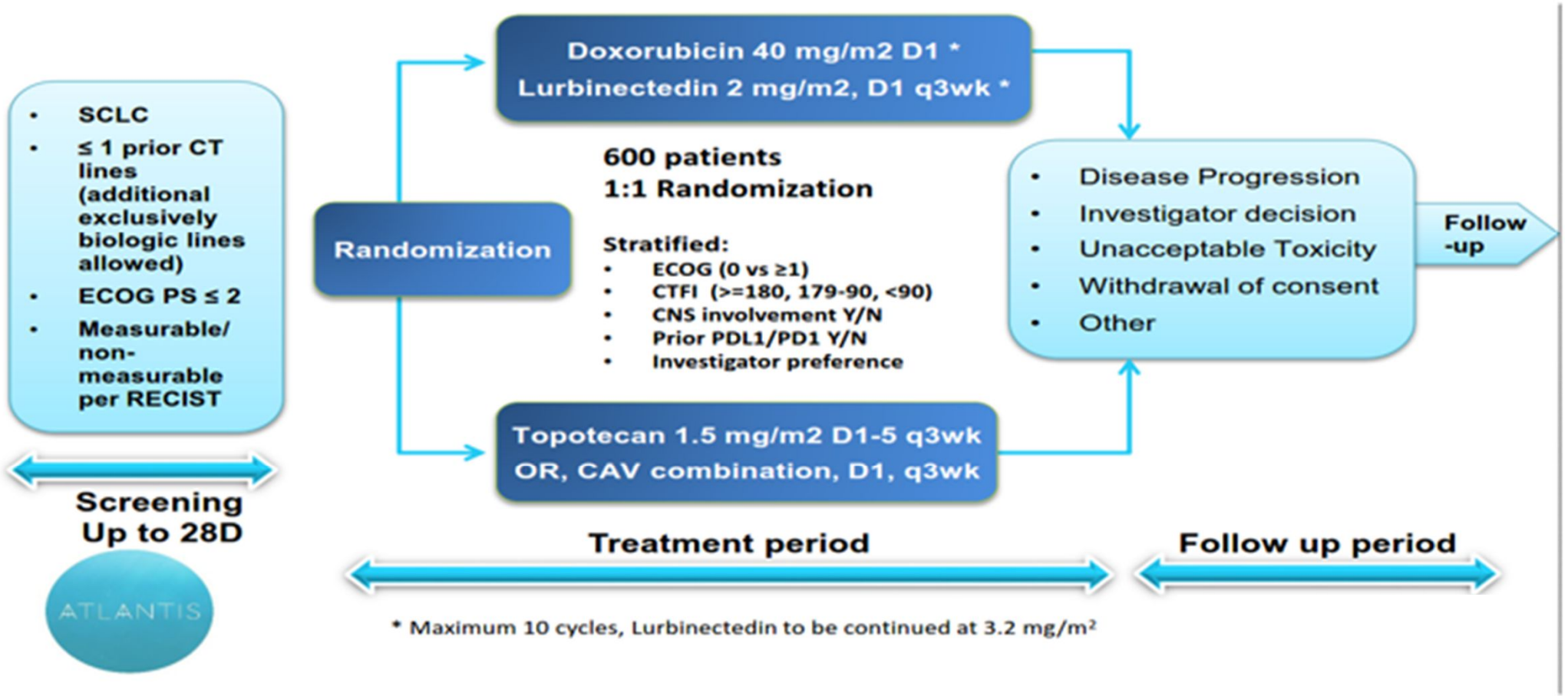
Interim Analysis:

- **mPFS 2.67 mo** post frontline platinum doublet
- **mPFS 7.27 mo** on frontline therapy
- Anticipated trial completion Dec 2021
- Longest responder >20 mo on maintenance trial therapy (>23 mo since start of Platinum)
- Currently evaluating immune predictors of durable response
- Combination seems to be well tolerated at the time of interim analysis

IASLC 2021. Chauhan

CÁNCER MICROCÍTICO ENFERMEDAD EXTENSA 2ª LÍNEA Y POSTERIORES

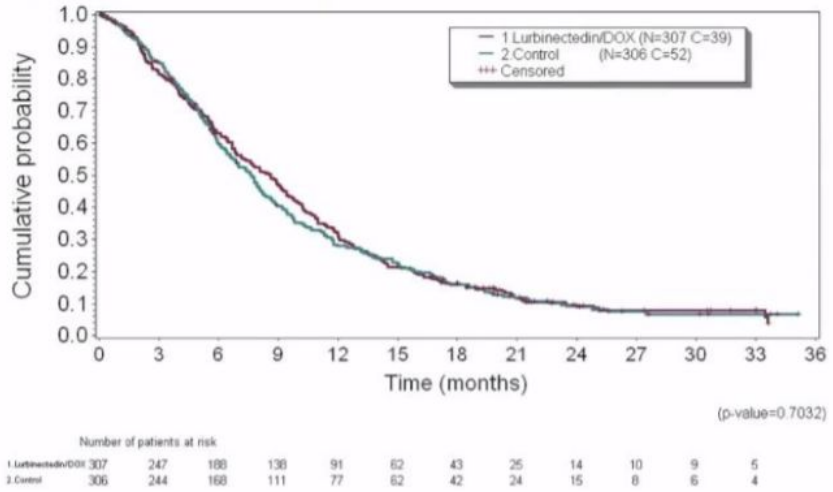
ATLANTIS:
LURBINECTEDINA + DOXORRUBICINA VS TOPOTECÁN O CAV



IASLC 2021. Paz-Ares et al.

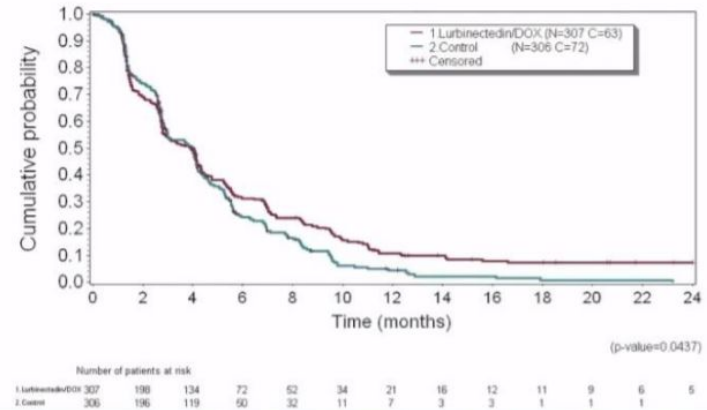
ATLANTIS

Overall Survival (ITT population)



	Lurbinectedin+DOX (N=307)	Control (N=306)	Parameter	p-value
Events, n (%)	268 (87.3)	254 (83.0)		
Censored, n (%)	39 (12.7)	52 (17.0)		
Median OS (95% CI), months	**8.6 (7.1, 9.4)**	**7.6 (6.6, 8.2)**	**HR : 0.967 (0.815, 1.148)**	**0.7032**
Mean OS, months	10.6	9.9		

PFS by Independent Review Committee: Lurbinectedin/Doxo vs Control



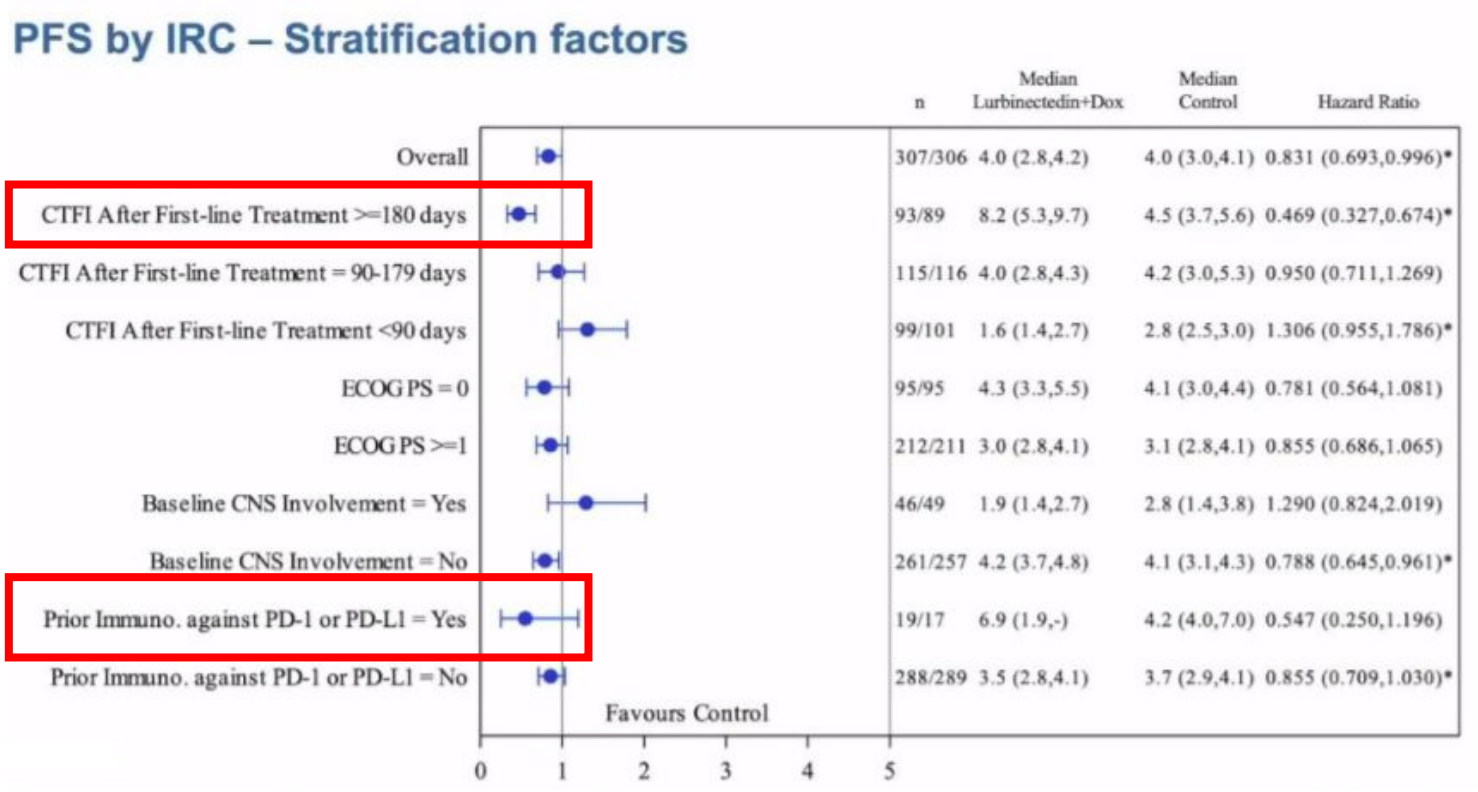
	Lurbinectedin+DOX (N=307)	Control (N=306)	Parameter	p-value
Events, n (%)	244 (79.5)	234 (76.5)		
Censored, n (%)	63 (20.5)	72 (23.5)		
Median PFS (95% CI), months	**4.0 (2.8, 4.2)**	**4.0 (3.0, 4.1)**	**HR: 0.831 (0.693, 0.996)**	**0.0437**
Mean PFS, months	5.9	4.6		
PFS (%) at 6 months (95% CI)	31.3 (25.8, 36.9)	24.4 (19.1, 30.1)		0.0851
PFS (%) at 12 months (95% CI)	10.8 (7.1, 15.3)	4.4 (2.1, 8.1)		0.0129

Lurbinectedina a 2 mg/m2

*Como agente único 3’2 mg/m2

IASLC 2021. Paz-Ares et al.

ATLANTIS



*CTFI: Chemotherapy free interval

EFECTOS ADVERSOS

Hematological	Lurbinectedin+DOX (n=303)	Control (n=289)	
	Grade ≥3	Grade ≥3	p-value
Anaemia	44 (14.5)	90 (31.1)	<0.0001
Neutropenia	112 (37.0)	200 (69.2)	<0.0001
Febrile neutropenia	12 (4.0)	24 (8.3)	0.0377
Thrombocytopenia	42 (13.9)	90 (31.1)	<0.0001

Non hematological	Lurbinectedin+DOX (n=303)	Control (n=289)	
	Grade ≥3	Grade ≥3	p-value
ALT increased	6 (2.0)	3 (1.0)	0.5057
AP increased	2 (0.7)	3 (1.0)	0.6783
AST increased	7 (2.3)	4 (1.4)	0.5463
Fatigue	26 (8.6)	31 (10.7)	0.4051
Nausea	6 (2.0)	4 (1.4)	0.7525
Vomiting	4 (1.3)	0	0.1242

IASLC 2021. Paz-Ares et al.

DATOS ACTUALIZADOS DEL ESTUDIO FASE I DE AMG 757 (TARLATAMAB), DIRIGIDO CONTRA DLL3 EN SCLC

Key Inclusion Criteria

- Histologically/cytologically confirmed SCLC
  - Received ≥ 1 line systemic therapy
  - Progressed/recurred following ≥ 1 platinum-based chemotherapy
- ECOG performance status: 0–2
- ≥ 1 measurable lesion(s)
- Adequate organ function

Key Exclusion Criteria

- Untreated or symptomatic brain metastases
- Prior anti-cancer therapy within 28 days
- Immunodeficiency or systemic steroid use
- Interstitial lung disease

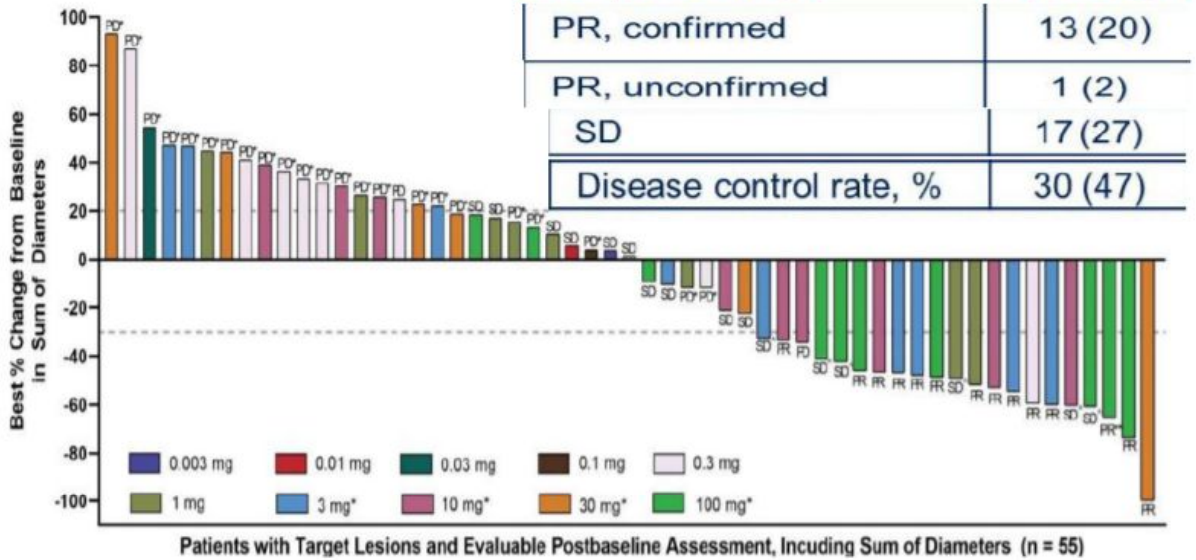
For patients with confirmed PR (n = 13)

- **Median duration of response was 8.7 months**

10/66 (15%) patients completed ≥ 6 months of treatment

Grade ≥3 TRAEs 18(27%)
Only 3(5%) discontinuation

Modified RECIST 1.1 Response, n (%)	Patients† (N = 64)
PR, confirmed	13 (20)
PR, unconfirmed	1 (2)
SD	17 (27)
Disease control rate, %	30 (47)

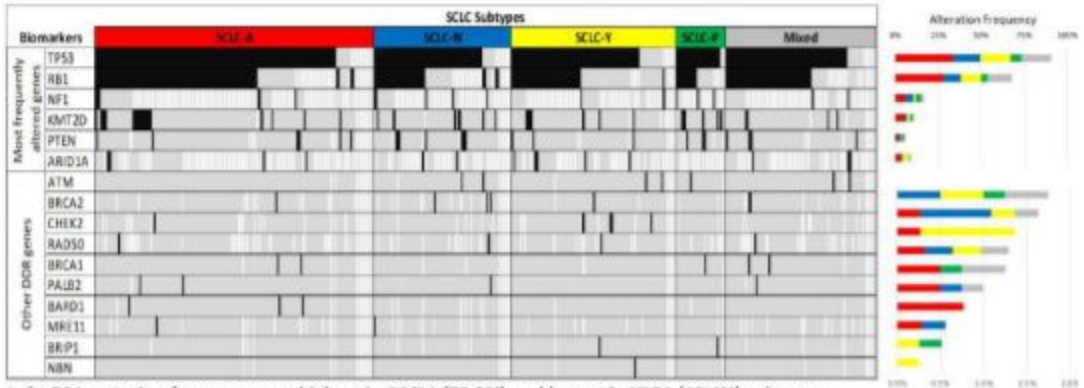


Patients with Target Lesions and Evaluable Postbaseline Assessment, Incuding Sum of Diameters (n = 55)

Treatment-related AEs	Patients (N = 66)	
	All Grades, n (%)	Grade ≥ 3, n (%)*
Any treatment-related AE	56 (85)	18 (27)
Treatment-related AEs in ≥ 10% of patients		
CRS	29† (44)	1 (2)
Pyrexia	17 (26)	2 (3)
Fatigue	11 (17)	0 (0)
Asthenia	7 (11)	1 (2)
Dysgeusia	7 (11)	0 (0)
Nausea	7 (11)	0 (0)

ASCO 2021 #8510. Owonikoko et al.

Real-world multiomic characterization of small cell lung cancer subtypes to reveal differential expression of clinically relevant biomarkers.(S. Puri et al) n=437

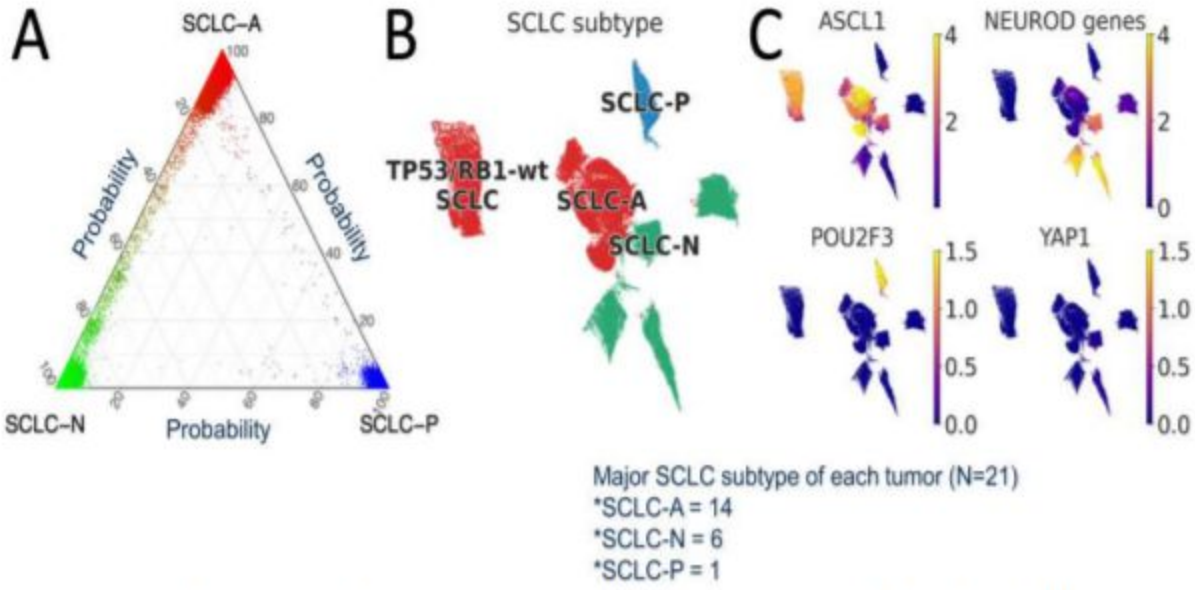


Left: ***RB1* mutation frequency was highest in ASCL1 (79.2%) and lowest in YAP1 (49.4%) subgroup**
Right: *EGFR*-sensitizing mutations (L858R and Exon 19 deletions) were recurrent (5.2%, n = 4) in the SCLC-N tumor subtype
DDR: DNA damage Repair

- **SCLC-Y** associated with the highest expression of **T-cell inflamed**, NK cell and SITING pathway signatures
- MYC and NOTCH strongly correlated with YAP1 expression
- **EGFR-sensitizing mutations (L858R and EXON 19 del) werer recurrent (5.2% n=4) in SCLC-N**

ASCO 2021 #8508. Puri et al.

Signatures of plasticity and immunosuppression in a single-cell atlas of human small cell lung cancer. (J.Minhow Chan et al.) n=21



- SCLC-A, N and P subtypes have **distinct therapeutic vulnerabilities**
- scRNA-seq can **characterize intratumoral heterogeneity** and the **tumor microenviroment**
- **PLCG2** may be a prognostic marker→worse OS
- PLCG-2 high sub-clone associates with **exhausted CD8+ T-cells→promote metástasis**

ASCO 2021 #8509. Chan et al.

MESOTELIOMA PLEURAL

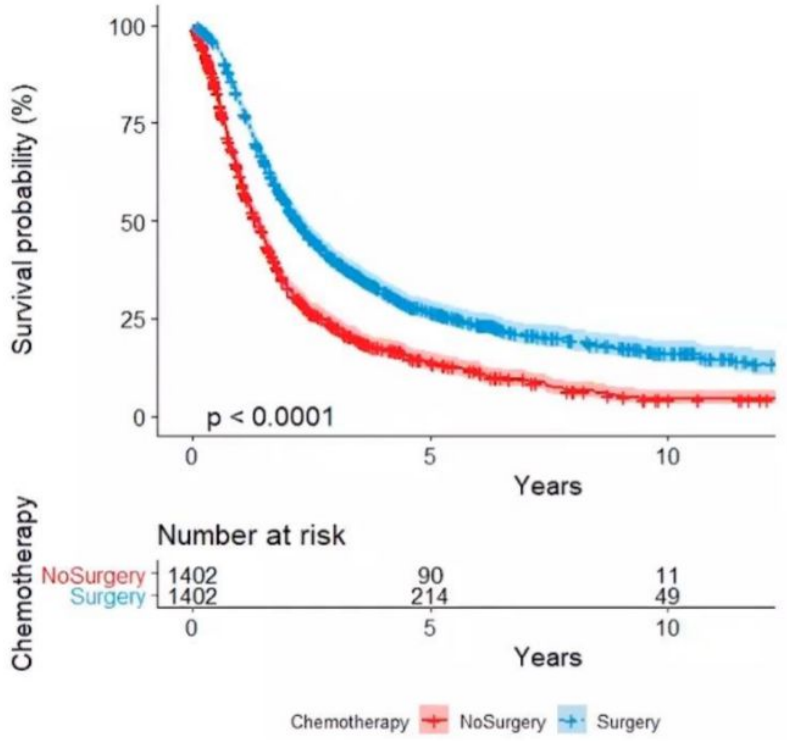
BENEFICIO EN SUPERVIVENCIA DE LA QUIMIOTERAPIA MULTIAGENTE CON O SIN CIRUGÍA EN MESOTELIOMA PLEURAL MALIGNO

- Revisión de 4036 pacientes del National Cancer Database (EEUU).
- Mesotelioma pleural maligno estadios I-IIIA.
- Cirugías: pleurectomía, decorticación, neumonectomía extrapleural.

- Tasa de supervivencia a 5 años: 23’9 vs 11’2%.
- Tasa de supervivencia a 10 años: 14’2 vs 3’6%.

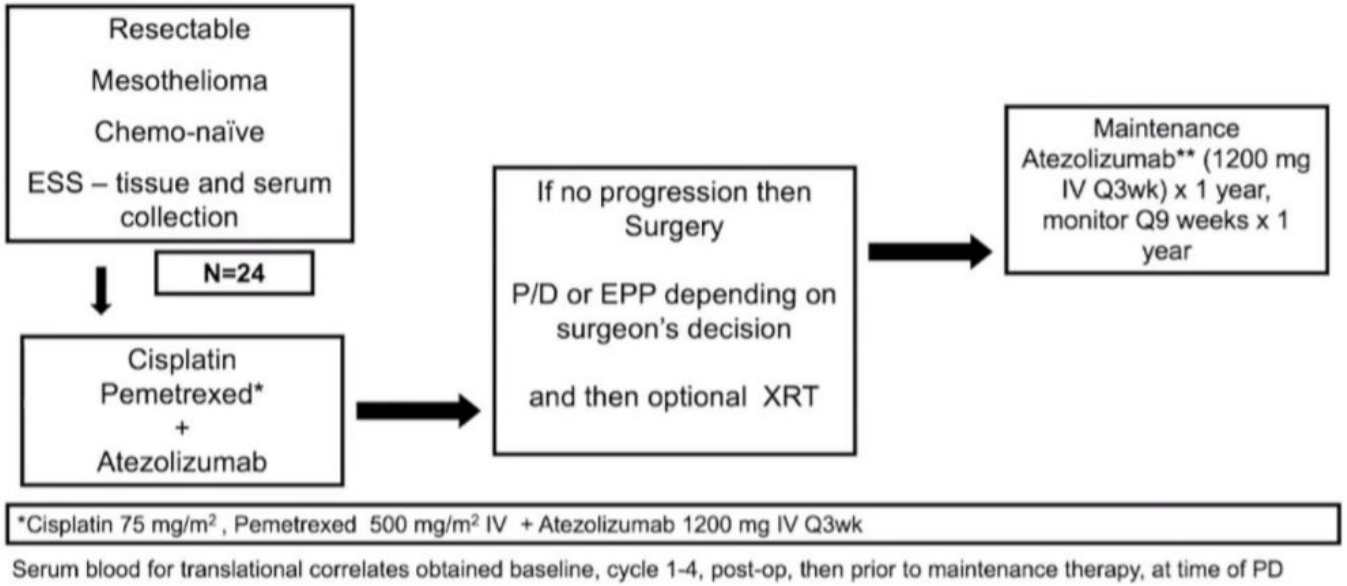
- Supervivencia media: 22 vs 16 meses.

- La QT reduce la mortalidad en un 39’4%.



IASLC 2021. Alnajar.

S1619: CISPLATINO + PEMETREXED NEOADYUVANTES EN COMBINACIÓN Y MANTENIMEINTO CON ATEZOLIZUMAB EN MESOTELIOMA RESECABLE



- 4 cycles of neoadjuvant cisplatin-pemetrexed-atezolizumab successfully delivered in 21 eligible and evaluable patients.
  - 18 patients with radiographic SD or PR proceeded to surgical resection
  - 16 patients were able to proceed to maintenance atezolizumab
  - One patient ongoing with maintenance atezolizumab therapy.
  - Median f/u time 10.3 months, median PFS 18.6 months and median OS has not been reached.
- To date, no delayed treatment related adverse events > grade 3 reported.
- No new safety signals from the CPA regimen nor atezolizumab maintenance therapy.
- This trial highlights the challenging nature of neoadjuvant therapy trials in this patient population.
- Translational studies are pending.

IASLC 2021. Tsao et al.

CHECKMATE 743: ACTUALIZACIÓN A 3 AÑOS

Key eligibility criteria
- Unresectable MPM
- No prior systemic therapy
- ECOG PS 0-1

Stratified by
Histology (epithelioid vs non-epithelioid) and gender

N = 605 → R 1:1

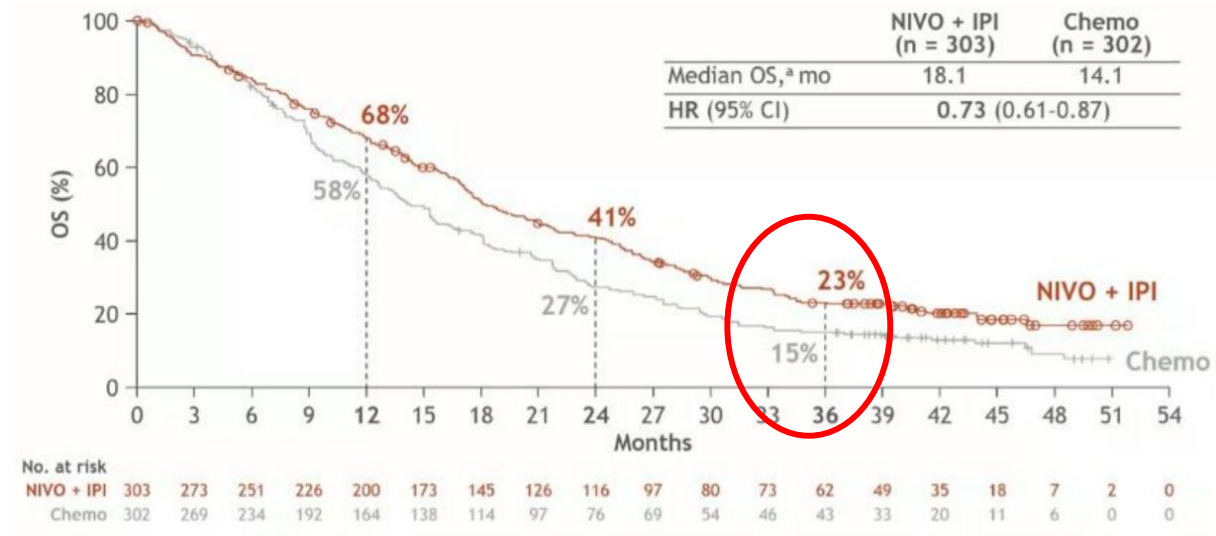
- n = 303: **NIVO** 3 mg/kg Q2W + **IPI** 1 mg/kg Q6W (for up to 2 years)
- n = 302: **Cisplatin** or **carboplatin** + **pemetrexed** Q3W[b] (6 cycles)

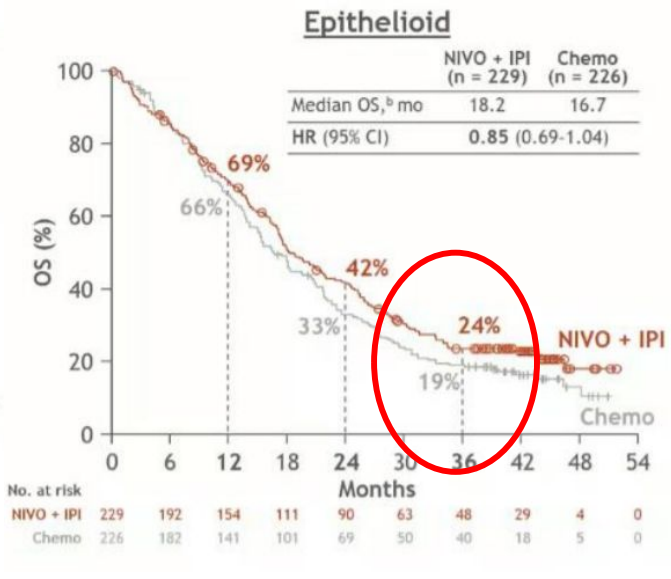
Until disease progression, unacceptable toxicity, *or* for 2 years for immunotherapy

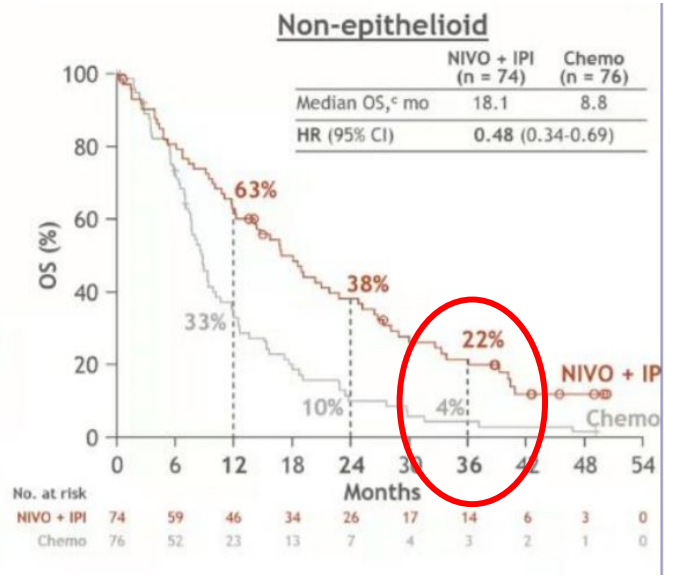
Primary endpoint
- OS

Secondary endpoints
- ORR, DCR, and PFS by BICR
- Efficacy by PD-L1[c] expression

Exploratory endpoints
- Safety and tolerability
- Biomarkers

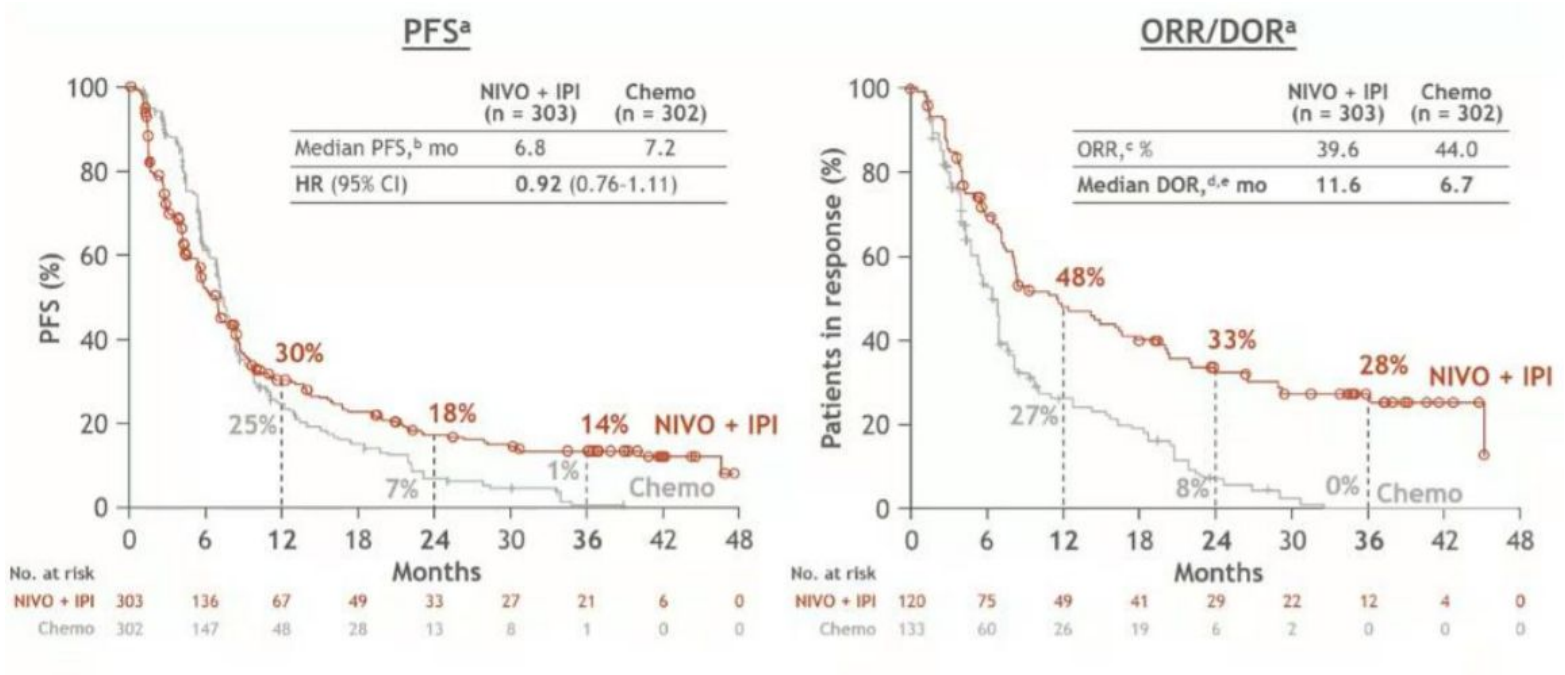






ESMO 2021. LBA65. Peters.

CHECKMATE 743: ACTUALIZACIÓN A 3 AÑOS



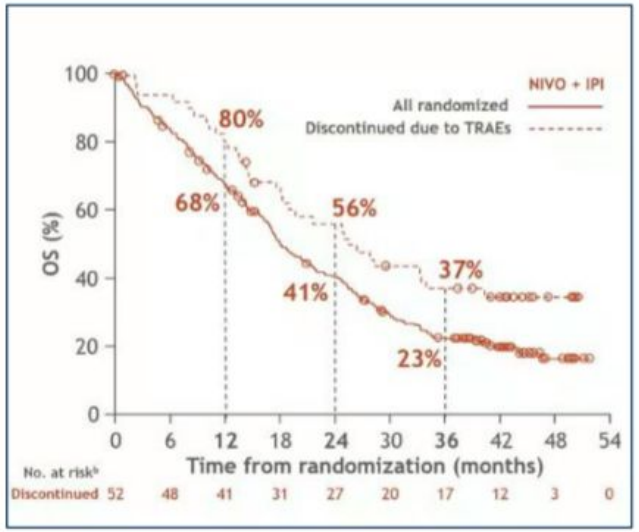
ESMO 2021. LBA65. Peters.

PACIENTES QUE DISCONTINUARON EL TRATAMIENTO NIVO + IPI

	NIVO + IPI (n = 52)
From randomization	
Median OS,c mo	25.4
3-year OS rate, %	37
ORR,d n (%)	35 (67)
After treatment discontinuation	
Median DOR,e mo	20.0
Ongoing response for ≥ 3 years,f %	34e

Among patients who discontinued all components of NIVO + IPI due to TRAEs:

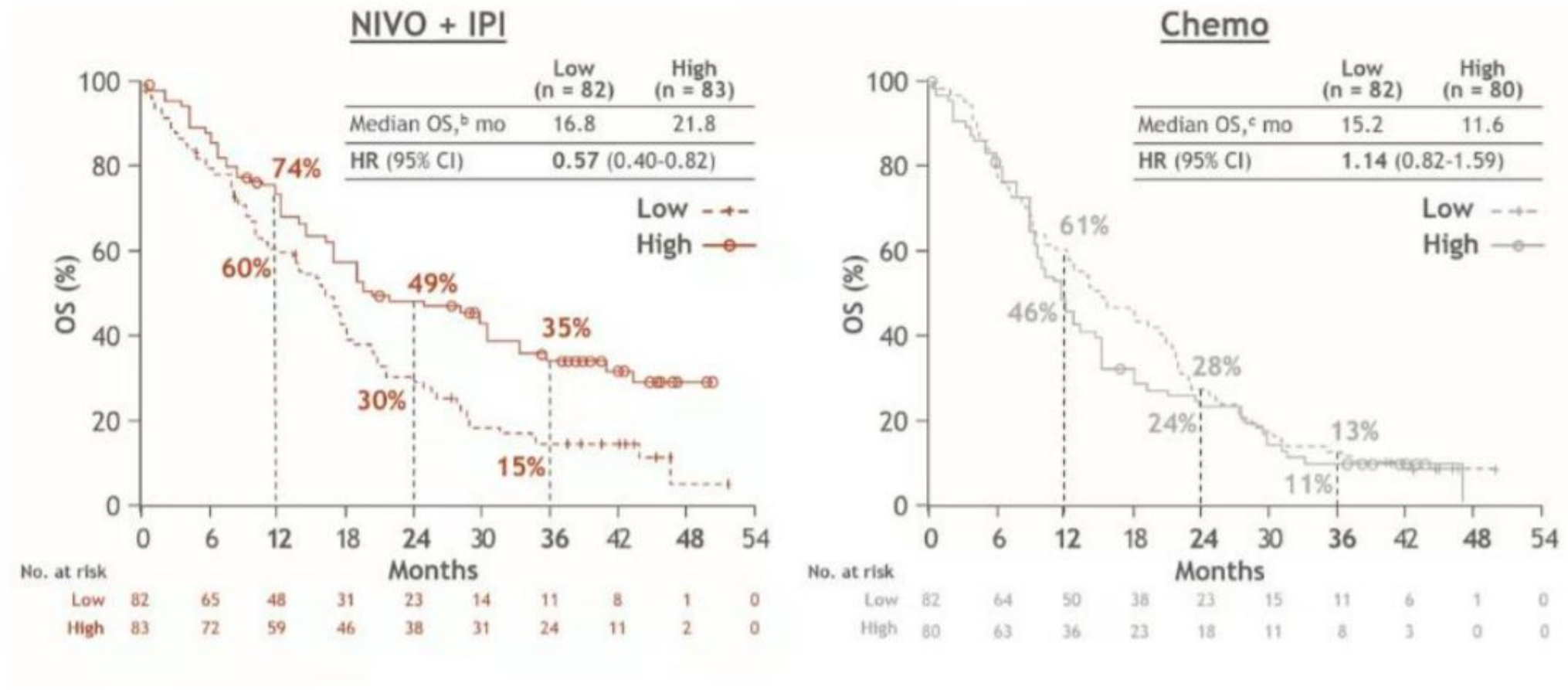
- Median (range) number of doses was 9 (1-47) for NIVO and 3 (1-16) for IPI
- Median (range) duration of treatment was 4.3 (0.0-22.5) months



CHECKMATE 743: ACTUALIZACIÓN A 3 AÑOS

Exploratory biomarker analyses: OS by 4-gene inflammatory signature score

- 4-gene inflammatory signature score includes CD8A, STAT1, LAG3 and CD274 (PD-L1) genes
- Performed via RNA sequencing on baseline formalin-fixed, paraffin-embedded tumor samples



ESMO 2021. LBA65. Peters.

PEMBROLIZUMAB + NINTEDANIB EN MESOTELIOMA RECURRENTE O REFRACTARIO

	Total (n=30)
Male	20 (67%)
Mean age, years [SD]	69 [11]
Body mass index, kg/m², mean [SD]	25 [4.9]
ECOG performans status	
0	9 (30%)
1	20 (67%)
Histology subtypes	
Epithelioid	25 (83%)
Biphasic	4 (13%)
Sarcomatoid	1 (3.3%)
TNM UICC (v.8)	
III	20 (67%)
IV	10 (33%)
Previous systemic anticancer treatment	
1	23 (77%)
2	5 (17%)
≥3	2 (6.7%)

DCR a 12 semanas: 68’4%

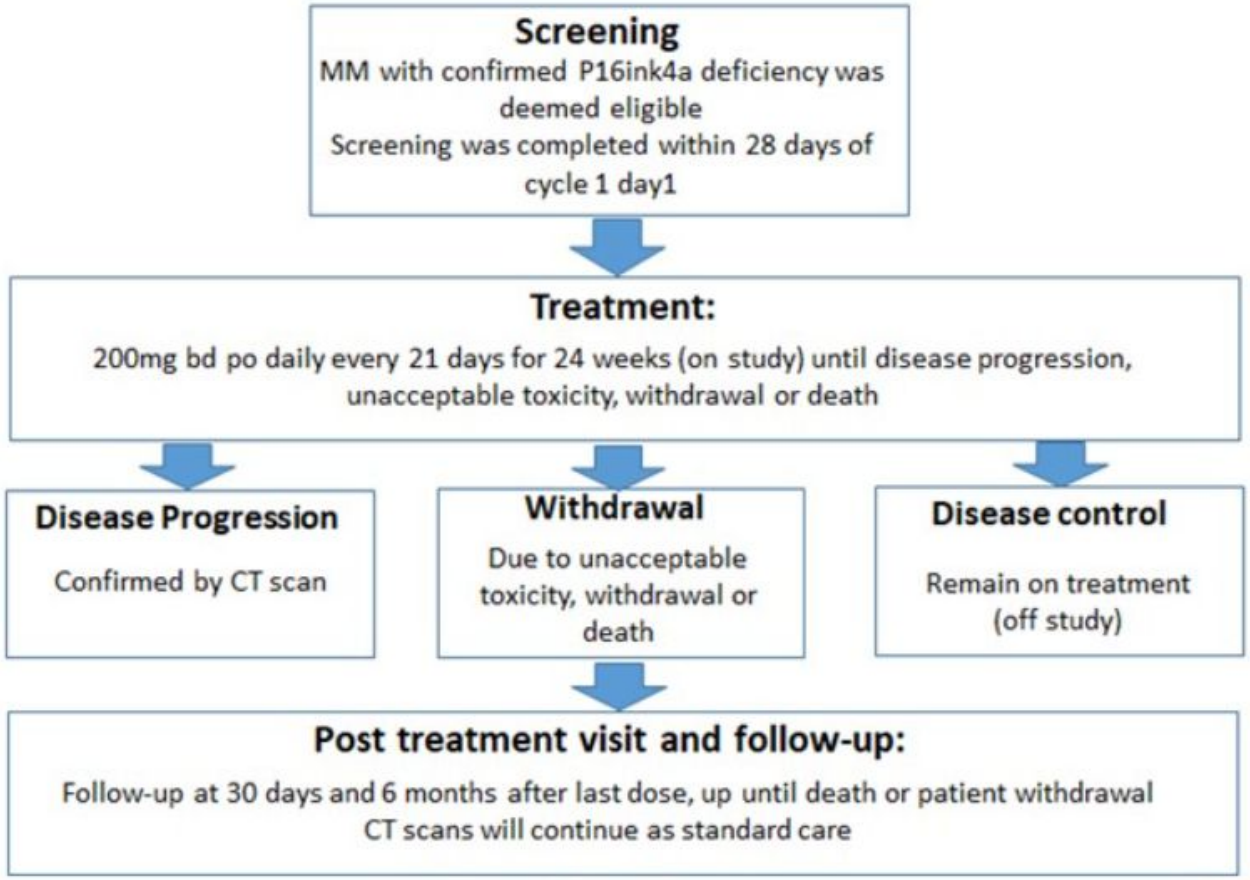
PD-L1+ en células tumorales y linfocitos infiltrados CD8+ fueron mayores en los pacientes que se beneficiaron del tratamiento.

Acumulación de mutaciones condiciona resistencia al tratamiento.

	Grade 1-2	Grade 3	Grade 4	Grade 5
Myocarditis & cardiac disorder	1 (3.3%)	1 (3.3%)	0	1 (3.3%)
Diarrhea	18 (60%)	1 (3.3%)	0	0
Fatigue	14 (46.7%)	2 (6.7%)	0	0
Dyspnea	11 (36.7%)	2 (6.7%)	0	0
Skin disorder (including rash & pruritis)	6 (20%)	2 (6.7%)	0	0
Nausea	7 (23.3%)	1 (3.3%)	0	0
Vomiting	10 (30%)	0	0	0
Arthralgia	6 (20%)	0	0	0
Fever	6 (20%)	0	0	0
Hypomagnesemia	5 (16.7%)	0	0	0
Central nervous system disorder	5 (16.7%)	0	0	0
Anemia	4 (13.3%)	0	0	0
Hypothyroidism	4 (13.3%)	0	0	0
Lipase increased	1 (3.3%)	2 (6.7%)	1 (3.3%)	0
Transaminases increased	3 (10%)	0	0	0
Pneumonitis	3 (10%)	0	0	0
Colitis	0	1 (3.3%)	0	0

ESMO 2021. 1732MO. Danlos et al.

FASE 2a DE ABEMACICLIB EN PACIENTES CON DÉFICIT DE P16ink4a EN MESOTELIOMA



Primary Endpoint
Disease control rate (DCR) at 12 weeks assessed by modified RECIST 1.1 criteria
Secondary Endpoints
Safety and toxicity evaluated using NCI CTCAE (v4.03)
Objective response rate (ORR) assessed by modified RECIST 1.1 criteria
Disease control rate at 24 weeks assessed by modified RECIST 1.1

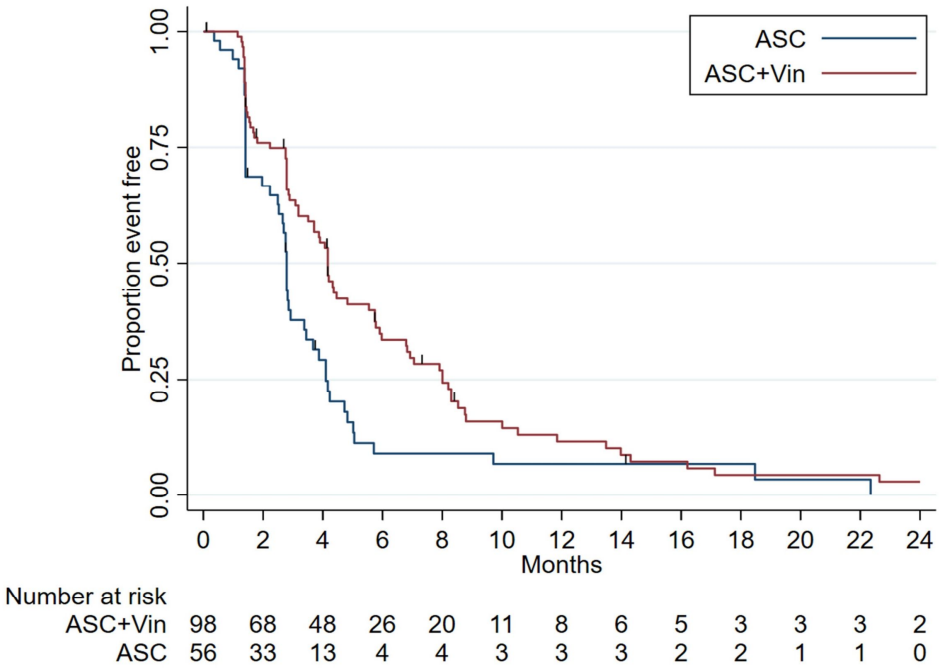
Disease Control Rate (DCR) 12 semanas: 54%

DCR 24 semanas: 23’1%

ORR 24 semanas: 15’4%

ASCO 2021 #8558. Fennell et al.

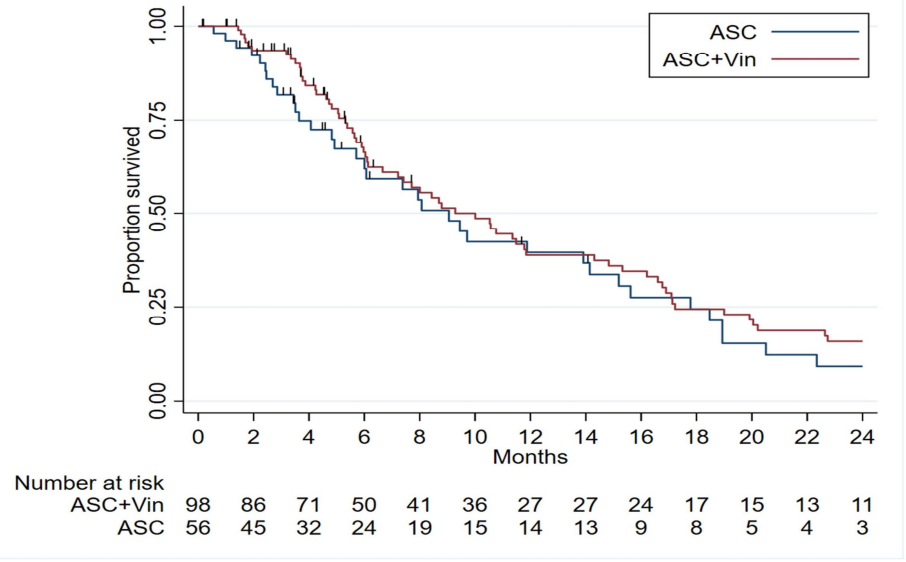
VINORELBINA COMO TRATAMIENTO DE 2ª LÍNEA EN MESOTELIOMA



	ASC+VIN (N=98)	ASC (N=56)
Median PFS (90%CI) (months)	4.2 (3.5-4.8)	2.8 (2.5-2.9)
HR (95% CI)	0.60 (0.41-0.86)	
Log rank test one-sided p-value	0.002	

	ASC+VIN (N=98)	ASC (N=56)
PR rate	3.1%	1.8%
SD rate	62.2%	46.4%
Median duration of response (95%CI) (months)	7.2 (3.1-8.5)	4.2 (4.2-4.2)
Median duration of PR/SD	4.2 (2.8-6.9)	3.7 (2.8-4.2)
PD rate	19.4%	28.6%

- Median (IQR) duration of vinorelbine treatment was 2.8 months (1.2-5.1)
- Number of patients receiving vinorelbine as further treatment on the control arm was 2 (3.6%).
- 22 patients (**39.3%**) in control arm proceeded to another clinical trial -15 (26.8%) went into the CONFIRM trial - Nivolumab vs placebo



	ASC+VIN (N=98)	ASC (N=56)
Median OS (95%CI) (months)	9.3 (6.7-11.8)	9.1 (5.7-14.1)
HR (95% CI)	0.79 (0.53-1.17)	
Two-sided log-rank test p-value	0.24	

ASCO 2021 #8507. Fennell et al.

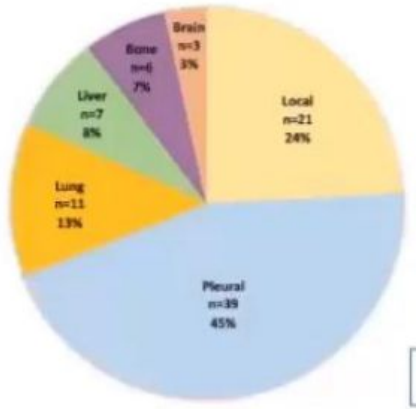
TIMOMA Y CARCINOMA TÍMICO

ANÁLISIS RETROSPECTIVO DEL GRUPO FRANCÉS RYTHMIC DEL TRATAMIENTO MULTIMODAL DE LOS TUMORES EPITELIALES TÍMICOS ESTADIO III

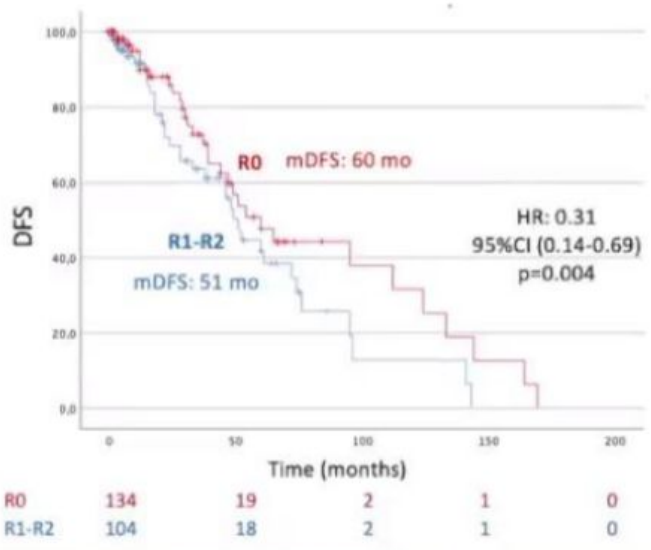
Resection status

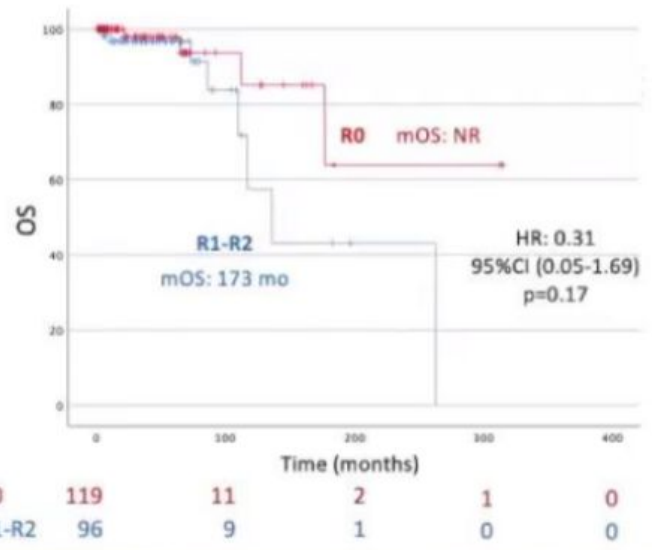
		N	%
Resected Patient		**254**	**69,4**
Induction		55	15
Resection	**R0**	**135**	**54**
	R1	85	33
	R2	19	7
	NR	15	6
	Adjuvant RT	169	66
Tumor Size	Median/mean (Range)	70/72 (0-200)	

Relapse



N=87 (26%)





IASLC 2021. Benítez et al.

ANÁLISIS RETROSPECTIVO DEL GRUPO FRANCÉS RYTHMIC DEL TRATAMIENTO MULTIMODAL DE LOS TUMORES EPITELIALES TÍMICOS ESTADIO III

Peri-operative treatments

DFS	HR	95% C.I.	p-value
Sex (female)	4,95	2,09-11,70	<0,0001
Age	0,97	0,95-1,00	0,05
AIDs	0,79	0,29-2,12	0,64
T2	NA	NA	0,04
T3	1,46	0,51-4,14	0,47
T4	10,42	1,60-67,61	0,01
Type A	7,14	0,43-118,42	0,17
Type AB	NA	NA	0,98
Type B1	0,23	0,02-2,28	0,21
Type B2	2,33	0,60-8,99	0,21
Type B3	0,77	0,16-3,63	0,74
TC	43,18	7,60-245,21	<0,0001
R0	**0,31**	**0,14-0,69**	**0,004**
Induction CT	**0,37**	**0,14-0,96**	**0,04**
Adjuvant RT	**0,77**	**0,23-2,51**	**0,66**

Adjuvant RT subgroup

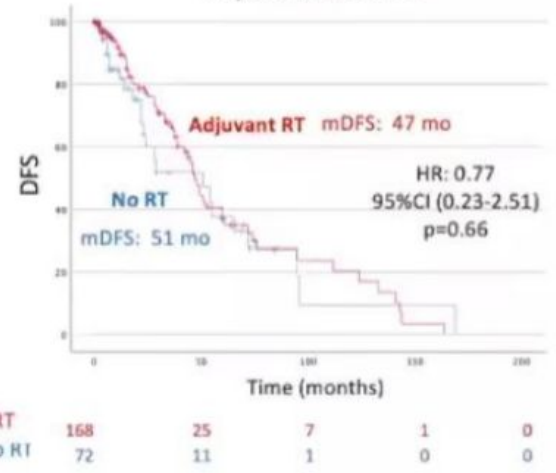
	R0 (n=83)		R1-R2 (n=78)	
	N	%	N	%
T2	26	31	11	14
T3	41	49	37	47
T4	2	2	5	6
Type A	1	1	3	4
Type AB	5	6	4	5
Type B1	2	2	5	6
Type B2	29	35	23	29
Type B3	16	19	11	14
TC	20	24	14	18
Induction CT	18	22	13	17

70% fueron intervenidos.

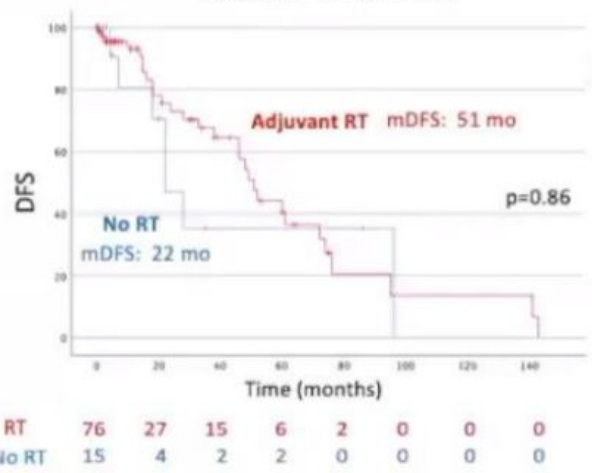
Beneficio clínico en los que recibieron QT de inducción.

Sin beneficio clínico en los que recibieron RT adyuvante.

Adjuvant RT overall



Adjuvant RT for R1-R2



IASLC 2021. Benítez et al.

KCSG LU17-12

FASE 2 DE PALBOCICLIB EN TUMOR EPITELIAL TÍMICO RECURRENTE O REFRACTARIO

Primary endpoint: Progression-free survival (PFS)

Secondary endpoints: Overall response rate (ORR), Duration of response (DR) and Overall survival (OS), per RECIST v1.1, as assessed by investigator. Sefety (Type, incidence, severity (as graded by National Cancer Institute Common Terminology Criteria for Adverse Events [NCI CTCAE] version 4.03)

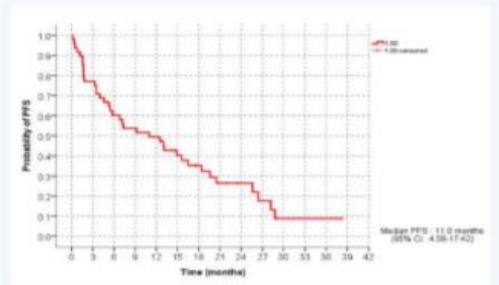
- Palbociclib monotherapy is well tolerated with encouraging efficacy in patients with TETs after platinum-based chemotherapy
- **PFS 11.0m [4.6-17.4]** (median follow-up 14.5m)

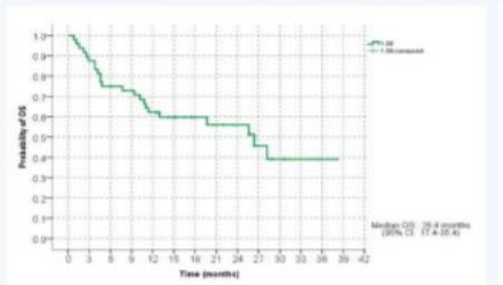
Table 1. Baseline characteristics

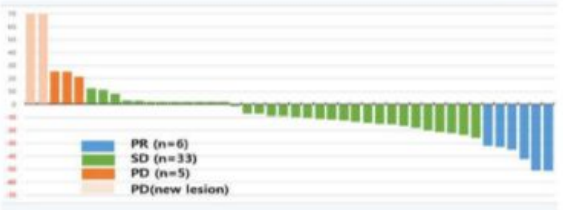
Patient Characteristics	No of patients	%
Age (median: 54 years,32-92)		
<60 years	33	68.8%
≥60 years	15	31.2%
Sex		
Male	26	54.2%
Female	22	45.8%
ECOG PS		
0	2	4.2%
1	46	95.8%
Histology		
A	1	2.1%
B1	2	4.2%
B2	8	16.7%
B3	13	27.1%
C	23	47.9%
Unknown	1	2.1%
Masaoka stage		
IV-A	13	27.1%
IV-B	33	68.8%
Unknown	2	4.2%
History of thymectomy		
Yes	21	43.8%
No	27	56.2%
Line of previous chemotherapy		
1	31	64.6%
2	11	22.9%
3	5	10.4%
4	1	2.1%

Table 2. Summary of adverse events

Adverse Event	Any grade	Grade=>3
Neutropenia	30 (62.5%)	20 (41.7%)
Anemia	18 (37.5%)	7 (14.6%)
Thrombocytopenia	13(27.1%)	5 (10.4%)
Fever	9(18.8%)	0 (0%)
Fatigue	8 (16.7%)	0 (0%)
Anorexia	5 (10.4%)	0 (0%)
Diarrhea	5 (10.4%)	0 (0%)
Nausea	4 (8.4%)	0 (0%)
Constipation	4 (8.4%)	0 (0%)
Alopecia	4 (8.4%)	0 (0%)
Pneumonitis	4 (8.4%)	2 (4.2%)
Herpes zoster	3 (6.25%)	0 (0%)
Increased blood creatinine	2 (4.2%)	0 (0%)
Increased AST	1 (2.1%)	0 (0%)
Increased ALT	1(2.1%)	1(2.1%)
Increased bilirubin	1(2.1%)	0 (0%)







- **SG 26.4 m [17.4-35.4]**
- **ORR 13.6%**

ASCO 2021 #8576 Ahn et al.
IASLC 2021. Jung et al.

NIVOTHYM: FASE 2 DE NIVOLUMAB ± IPILIMUMAB EN TIMOMA O CARCINOMA TÍMICO RECURRENTE O REFRACTARIO

Cohort 1:
Nivolumab (240 mg IV Q2 weeks)

Final results reported

n = 55

Cohort 2:
Nivolumab (240 mg IV Q2 weeks)
+ ipilimumab (1 mg/kg IV Q6 weeks)

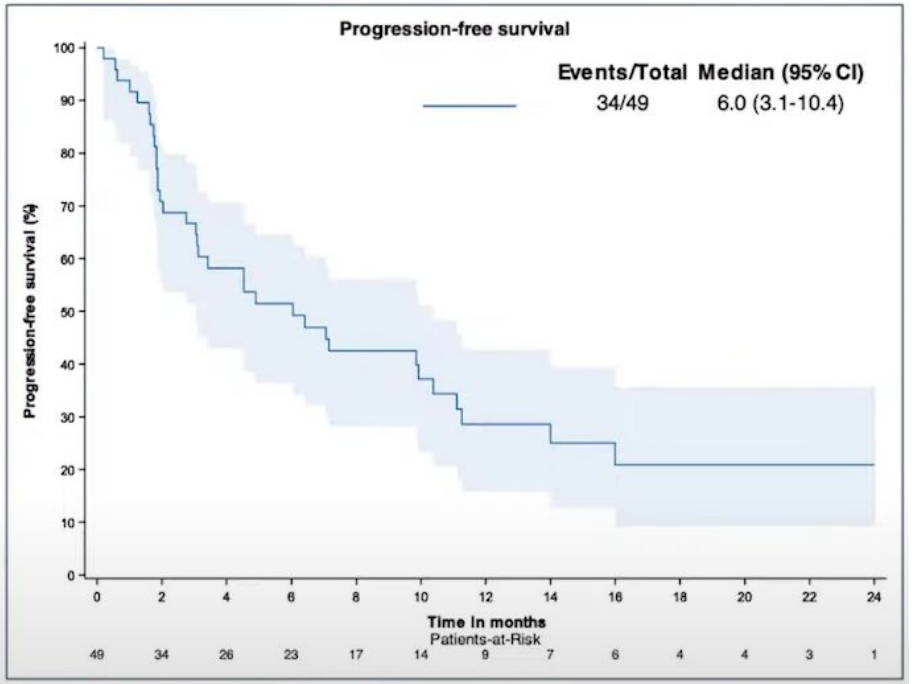
Currently recruiting

	Nivolumab (n=49) n (%)
PFSR-6	
Success	17 (35)
Failure	32 (65)
95% CI	22-50%
80% CI	26-45%
Reason for failure	
PD	24
Death without PD before 6 months	3
Start of new treatment before PD*	1
Unknown disease status	4

ESTUDIO NEGATIVO:
PFSR-6 ≥40%.

	Nivolumab (n=49) n (%)
PFS status	
No event	15 (31)
Event	34 (69)

Survival rates % (95% CI)	
6 months	**52% (37-65)**
12 months	29% (16-43)
18 months	21% (9-36)



ESMO 2021. LBA66. Girard.

APRIL 6, 1946