Lung Cancer UPDATES
ASCO HIGHLIGTHS
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Chicago, USA

Iniciativa científica de:
GECP
lung cancer research

Cáncer de pulmón de célula pequeña, mesotelioma pleural y otros tumores

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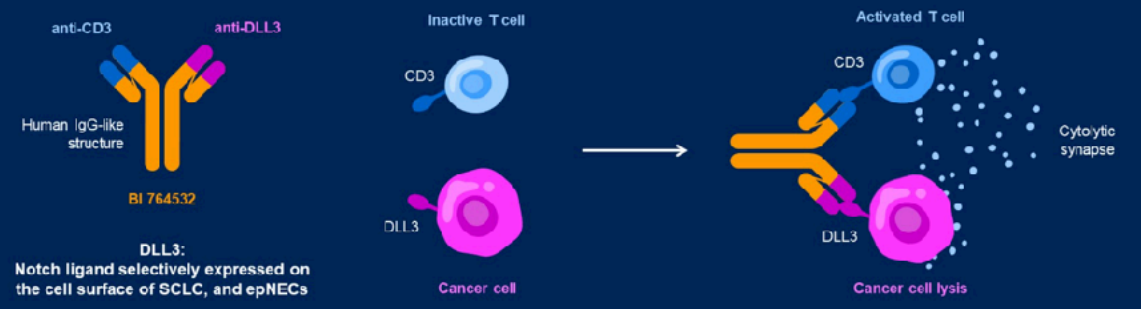
Iniciativa científica de: GECP lung cancer research

Cáncer de pulmón de célula pequeña

#8502: First-in-human dose-escalation trial of BI 764532, a delta-like ligand 3 (DLL3)/CD3 IgG-like T-cell engager in patients (pts) with DLL3-positive (DLL3+) small-cell lung cancer (SCLC) and neuroendocrine carcinoma (NEC)

Martin Wermke, Enriqueta Felip, Yasutoshi Kuboki, Daniel Morgensztern, Cyrus Sayehli, Miguel F. Sanmamed, Edurne Arriola, Zohra Oum'Hamed, Eric Song, Matus Studeny, Valentina Gambardella

BI 764532: a novel DLL3-targeting T cell engager



- BI 764532 redirects the patient's own T cells to lyse DLL3-expressing cancer cells

Key inclusion criteria

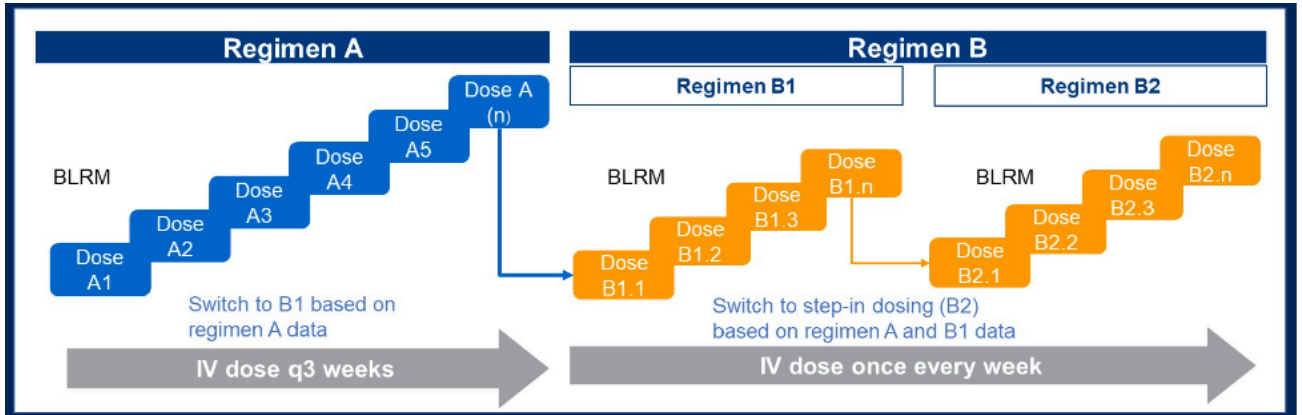
- Advanced SCLC, LCNEC, or epNEC
- DLL3 positive (archived tissue or in-study biopsy) according to central* review
- Failed/ineligible for available standard therapies (≥1 line of platinum-based chemotherapy)
- Adequate liver, bone marrow and renal function
- ECOG PS 0/1

*Ventana DLL3 (SP347) assay at the Roche CDx CAP/CLIA laboratory

As of March 2023†	N=107‡
Median age, years (range)	60.0 (32–79)
Male, n (%)	61 (57)
Prior lines of therapy, n (%)	
1–2	72 (67)
≥3	33 (31)
ECOG PS 0/1, n (%)	28 (26)/78 (73)
Prior PD-1/PD-L1, n (%)	52 (49)
Brain/liver metastases, n (%)	41 (38)/60 (56)

†Data snapshot: 26th March 2023

‡Safety population: ≥1 dose of BI 764532



Primary endpoints

- MTD
- DLTs in the MTD evaluation period

Secondary endpoints

- Objective response (RECIST 1.1)
- PK parameters

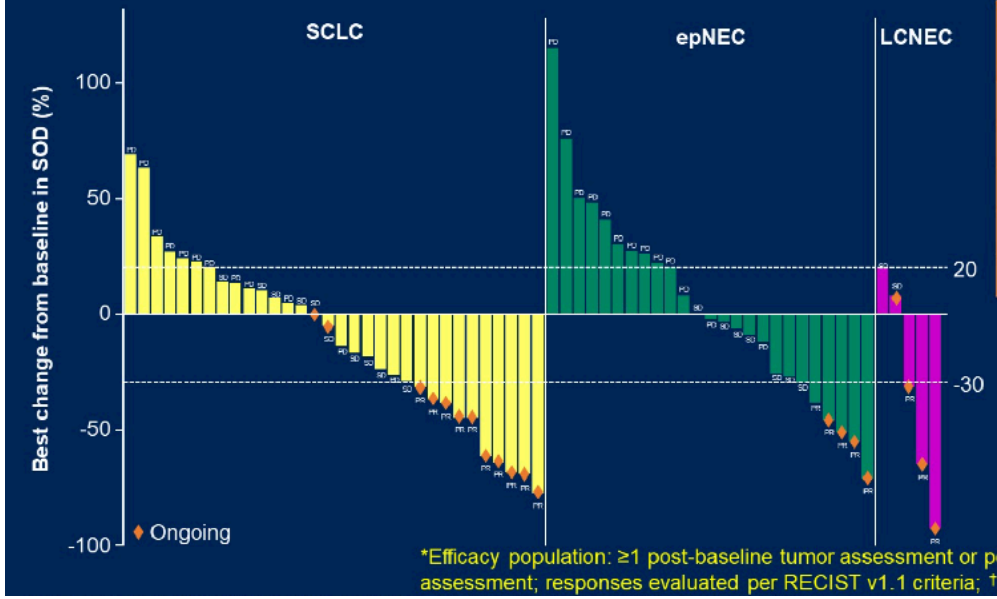
Most common treatment-related AEs (>10% patients)

	Total (N=107; 100%)*		
TRAE, n (%)	All grade	Grade 1–2	Grade 3–5
Number of pts with ≥1 TRAE	**92 (86)**	**63 (59)**	**29 (27)**
CRS	63 (59)	61 (57)	2 (2)
Lymphocyte count decreased	21 (20)	4 (4)	17 (16)
Dysgeusia	21 (20)	21 (20)	0
Asthenia	20 (19)	19 (18)	1 (<1)
Pyrexia	19 (18)	19 (18)	0
AST increased	15 (14)	13 (12)	2 (2)
Fatigue	15 (14)	14 (13)	1 (<1)
Nausea	13 (12)	13 (12)	0

- CRS managed with supportive care, corticosteroids, and/or anti-IL-6R antibodies
- Patients with AEs/TRAEs leading to discontinuation: 13%/4%

*Safety population: ≥1 dose of BI 764532

Efficacy by tumor type (doses ≥ 90 µg/kg)

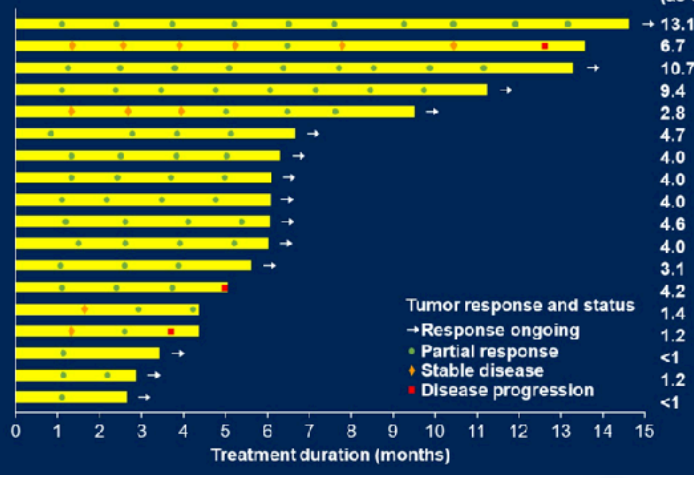


n, (%)	SCLC (n=39; 100%)*	epNEC (n=27; 100%)*	LCNEC (n=5; 100%)*
PR	10 (26)	5 (19)	3 (60)
SD	10 (26)	7 (26)	2 (40)
PD	12 (31)	13 (48)	0
DCR	20 (51)	12 (44)	5 (100)
NE†	7 (18)	2 (7)	0

- Efficacy i.e. tumor shrinkage was observed across all enrolled tumor types

*Efficacy population: ≥1 post-baseline tumor assessment or permanently discontinued prior to tumor assessment; responses evaluated per RECIST v1.1 criteria; †Discontinued prior to tumor assessment

Response duration (all indications)

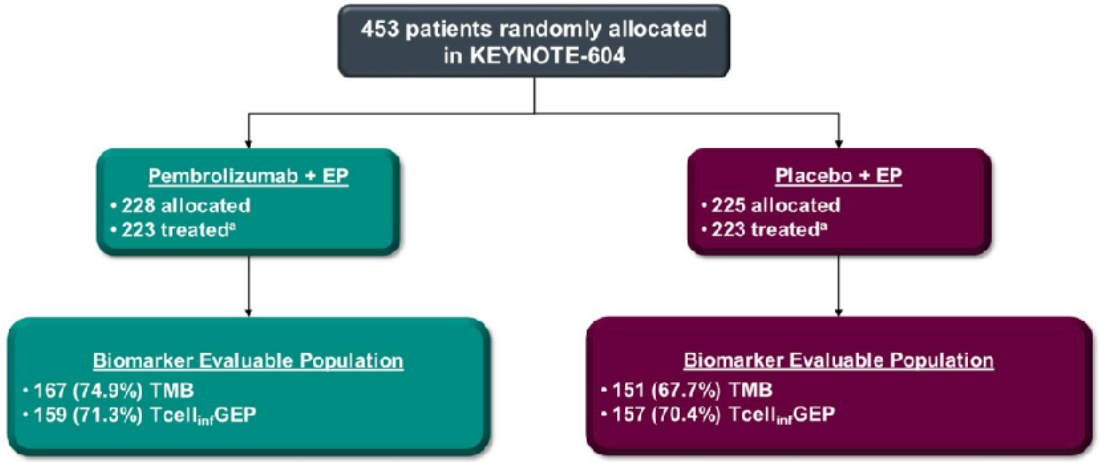


- Responses are ongoing in 14/18 responders
- Median duration of response has not been reached
- Responses appear to be durable

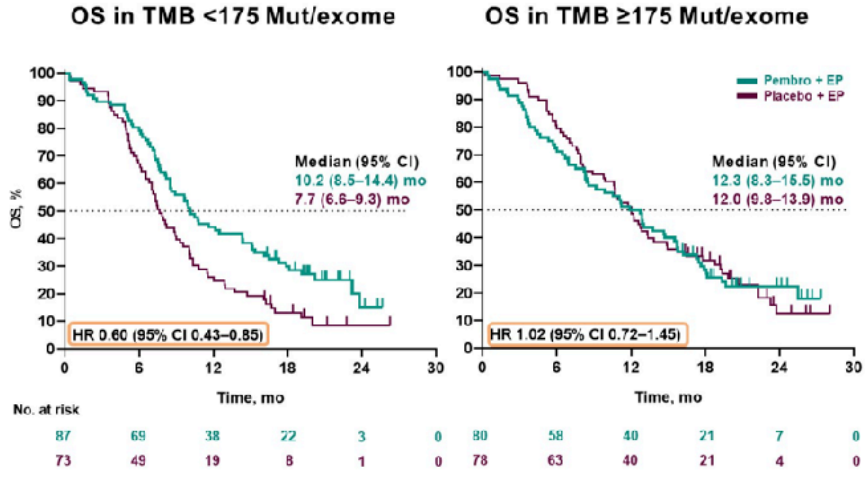
- **Promising efficacy (doses ≥90 µg/kg: ORR 25% (SCLC 26%, epNEC 19%, LCNEC 60%**
- **Responses appear to be durable**
- **CRS 59% patients, mostly Grade 1-2 and manageable**

#8503: Exploratory biomarker analysis of the phase 3 KEYNOTE-604 study of pembrolizumab plus etoposide for extensive-stage SCLC

Charles M. Rudin, Hye Ryun Kim, Alejandro Navarro, Maya Gottfried, Solange Peters, Tibor Csoszi, Parneet Kaur Cheema, Delvys Rodriguez-Abreu, Mira Wollner, James Chih-Hsin Yang, Julien Mazieres, Terufumi Kato, Gregory Peter Kalemkerian, Elisha Dettman, Mackenzie Edmondson, Amir Vajdi, Andrey Loboda, Hazem Edmond El-Osta, Bin Zhao, Mark M. Awad

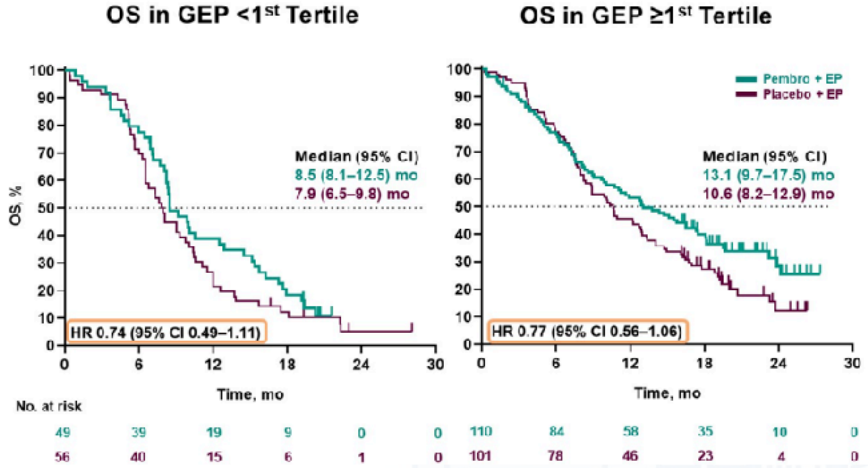


Biomarker	Pembrolizumab + EP			Placebo + EP		
	n	OS *P*-value	PFS *P*-value	n	OS *P*-value[a]	PFS *P*-value[a]
TMB (log_{10} transformed)[b]	167	0.450	0.362	151	**0.005**	0.141
$Tcell_{inf}GEP$[b]	159	**0.003**	**0.002**	157	**2.19×10^{-4}**	**0.001**



Association of PFS with TMB

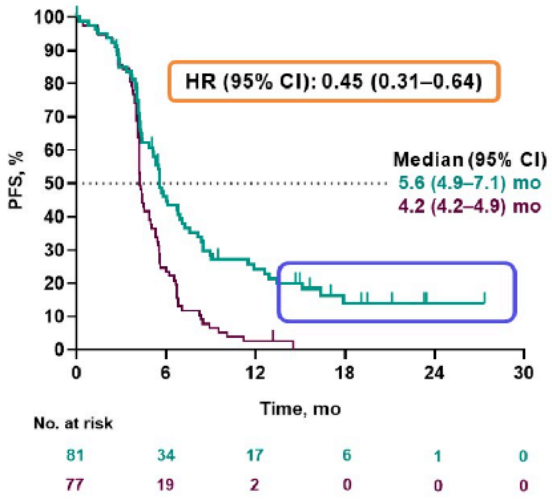
	Pembro + EP	Placebo + EP
TMB <175 Mut/exome		
Median PFS (95% CI), mo	4.9 (4.3–5.5)	4.1 (3.9–4.2)
HR (95% CI)	0.55 (0.39–0.76)	
TMB ≥175 Mut/exome		
Median PFS (95% CI), mo	4.4 (4.2–5.6)	4.5 (4.2–5.4)
HR (95% CI)	0.79 (0.57–1.10)	



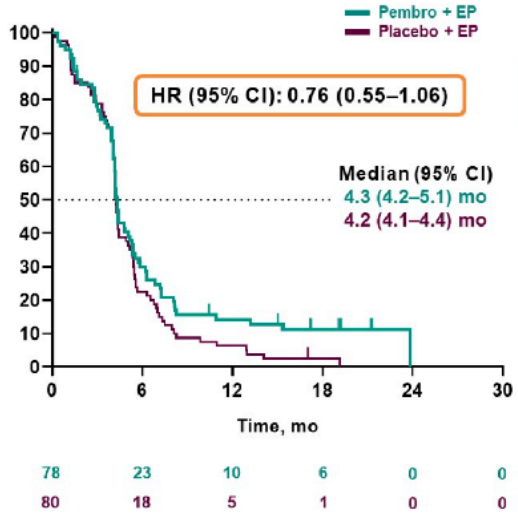
Association of PFS with $Tcell_{inf}GEP$

	Pembro + EP	Placebo + EP
GEP <1st Tertile		
Median PFS (95% CI), mo	4.4 (4.2–5.2)	4.2 (4.0–4.2)
HR (95% CI)	0.58 (0.38–0.88)	
GEP ≥1st tertile		
Median PFS (95% CI), mo	5.4 (4.3–6.3)	4.4 (4.2–5.1)
HR (95% CI)	0.62 (0.46–0.83)	

PFS in mMDSC <Median[a]



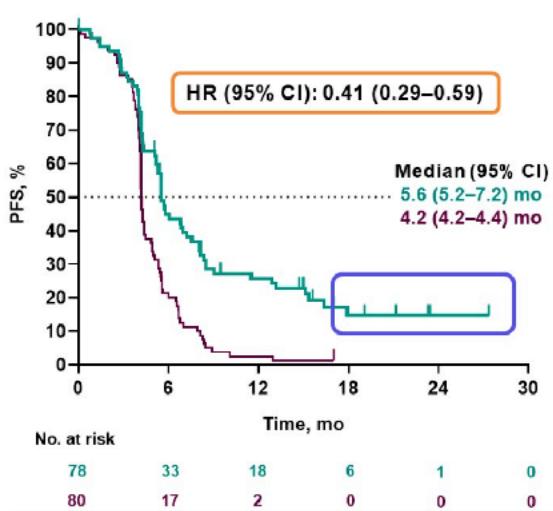
PFS in mMDSC ≥Median[a]



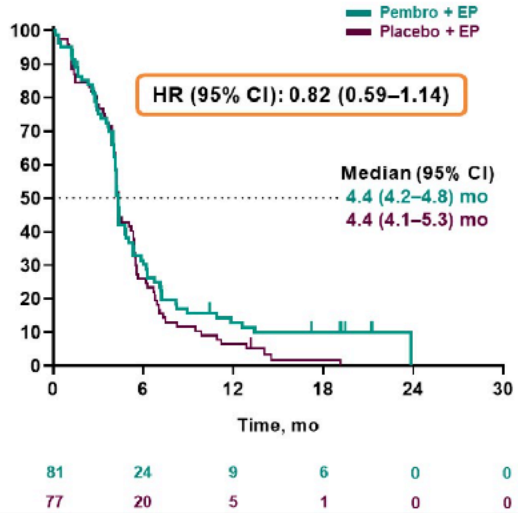
Association of OS with mMDSC

	Pembro + EP	Placebo + EP
mMDSC <Median		
Median OS (95% CI), mo	15.5 (11.2–19.4)	10.6 (8.2–12.9)
HR (95% CI)	0.64 (0.44–0.93)	
mMDSC ≥Median		
Median OS (95% CI), mo	8.3 (6.9–11.1)	8.0 (7.3–10.4)
HR (95% CI)	0.83 (0.59–1.17)	

PFS in gMDSC <Median[a]



PFS in gMDSC ≥Median[a]



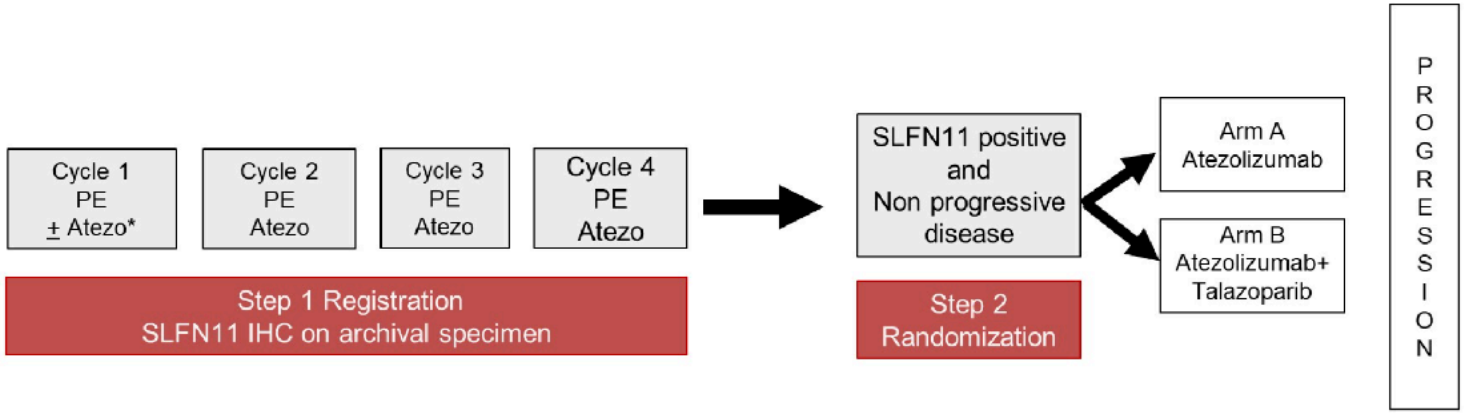
Association of OS with gMDSC

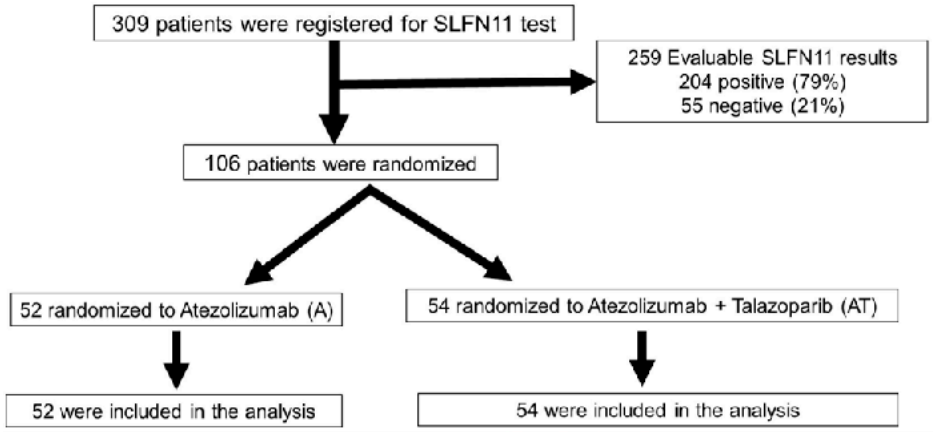
	Pembro + EP	Placebo + EP
gMDSC <Median		
Median OS (95% CI), mo	16.3 (10.5–18.2)	9.0 (7.7–11.1)
HR (95% CI)	0.59 (0.41–0.86)	
gMDSC ≥Median		
Median OS (95% CI), mo	8.3 (6.5–11.6)	9.8 (7.3–11.6)
HR (95% CI)	0.87 (0.62–1.23)	

- **TMB sin correlación positiva (baja TMB mayor beneficio con pembro)**
- **Tcell$_{inf}$GEP asociación positiva con OS y PFS en ambos grupos; bajo mMDSC y gMDSC potencial asociación con PFS con pembro**

#8504: SWOG S1929: Phase II randomized study of maintenance atezolizumab (A) versus atezolizumab + talazoparib (AT) in patients with SLFN11 positive extensive stage small cell lung cancer (ES-SCLC)

Nagla Fawzy Abdel Karim, Jieling Miao, Karen L. Reckamp, Carl Michael Gay, Lauren Averett Byers, Yingqi Zhao, Mary Weber Redman, Daniel R. Carrizosa, Wei-Lien Wang, William J. Petty, Kathan Mehta, Bryan A. Faller, Edem S. Agamah, Samer S. Kasbari, Rajini Katipamula Malisetti, Atul Kumar, John Schallenkamp, Krishna Chaitanya Alluri, Jhanelle Elaine Gray, Karen Kelly

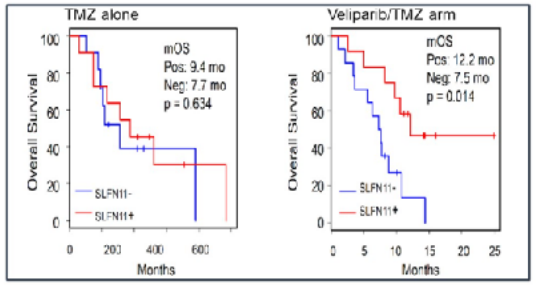




Hypothesis: The addition of talazoparib to maintenance atezolizumab will improve PFS in SLFN11+ SCLC.

Primary Endpoint: PFS
Secondary endpoints: OS, ORR, AE.
TM Objective: To bank specimens for future correlative studies.

**Atezolizumab was optional if the patient is hospitalized for cycle 1*
A maximum of 9 weeks after the end of cycle 4 was allowed prior to randomization

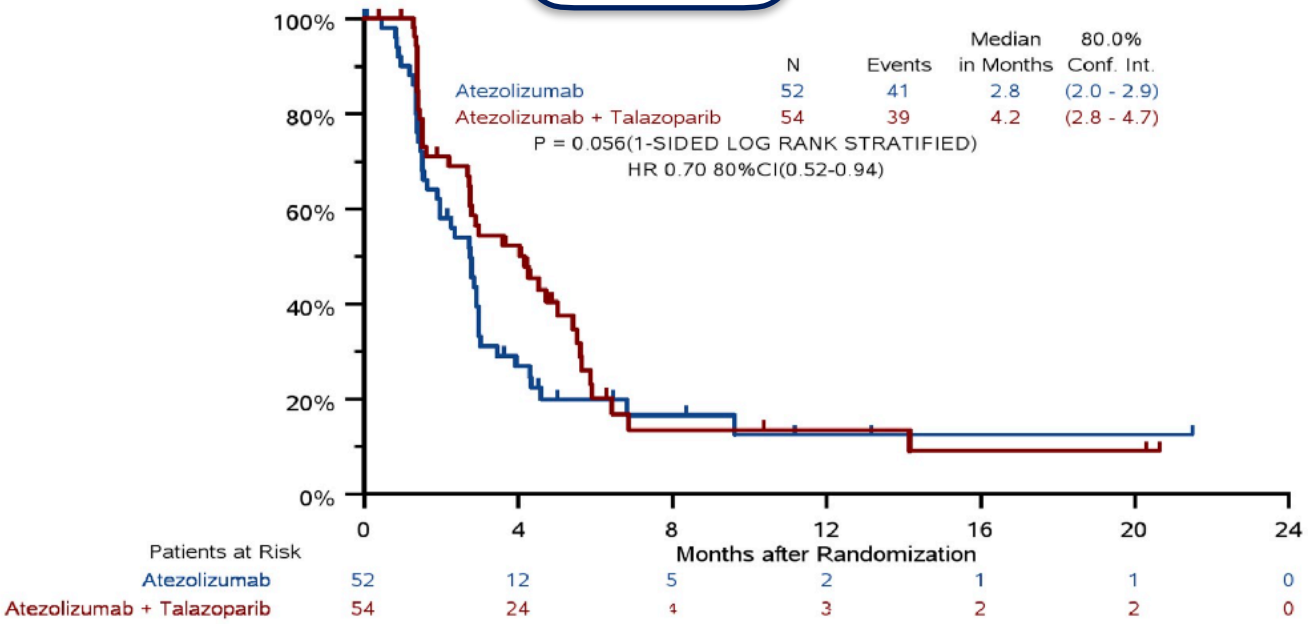


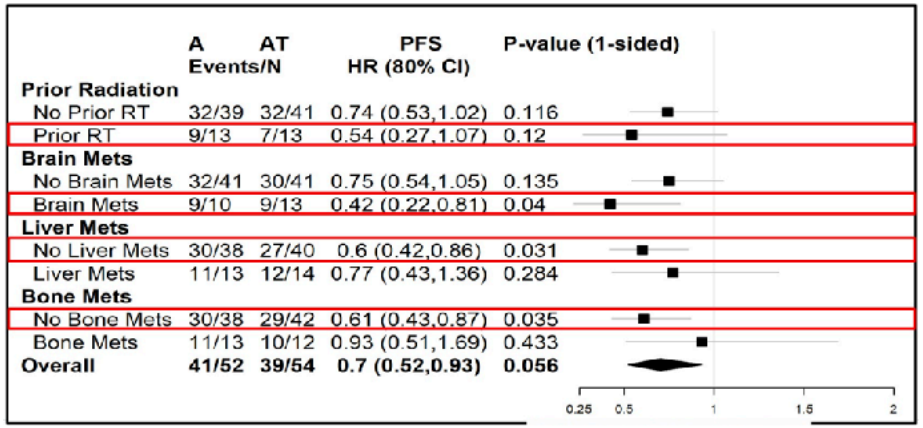
High SLFN11 predicts improved outcomes in the Veliparib/TMZ arm
(Interaction p-value 0.009)

Pietanza et al. J Clin Oncol. 2018 Aug 10; 36(23): 2386–2394

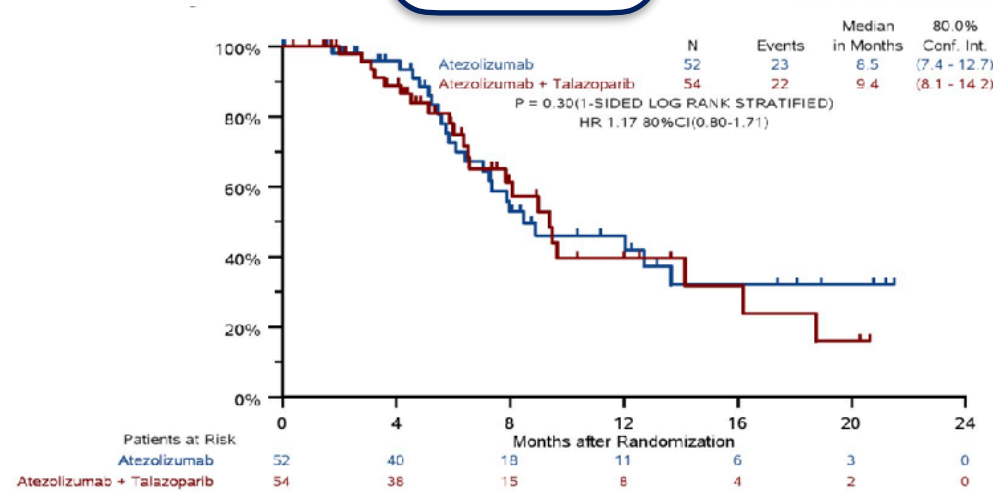
	Atezolizumab (N = 52)	Atezolizumab Talazoparib (N = 54)	Total (N = 106)
Age: Median (Range)	66.9 (44.6, 84.0)	66.7 (46.1, 82.9)	66.8 (44.6, 84.0)
Female	27 (52%)	24 (44%)	51 (48%)
Male	25 (48%)	30 (56%)	55(52%)
White	47 (90%)	47 (87%)	94 (89%)
Black	3(6%)	3(6%)	6 (6%)
Hispanic	4 (8%)	2 (4%)	6 (6%)
PS (0-1)	50 (96%)	52 (96%)	102 (96%)
Prior Thoracic Radiation Therapy	13 (25%)	13 (26%)	26 (25%)

PFS





OS



Hematologic toxicities

No. (%)	Atezolizumab (n=47)				Atezolizumab + Talazoparib (n=52)			
Adverse Events (Grade)	**1-2**	**3**	**4**	**5**	**1-2**	**3**	**4**	**5**
Anemia	9 (19)	1 (2)	0	0	8 (15)	19 (37)	0	0
CD4 lymphocytes decreased	0	0	0	0	1 (2)	0	0	0
Lymphocyte count decreased	4 (9)	1 (2)	0	0	11 (21)	3 (6)	0	0
Neutrophil count decreased	0	0	0	0	10 (19)	0	1 (2)	0
Platelet count decreased	2 (4)	0	0	0	19 (37)	9 (17)	4 (8)	0
White blood cell decreased	1 (2)	0	0	0	17 (33)	2 (4)	1 (2)	0
Max. Grade All Hem Toxicities	12 (26)	2 (4)	0	0	14 (27)	22 (42)	4 (8)	0

S1929 met its primary endpoint demonstrating that maintenance AL improved PFS in SLF11-positive patients with ES-SCLC

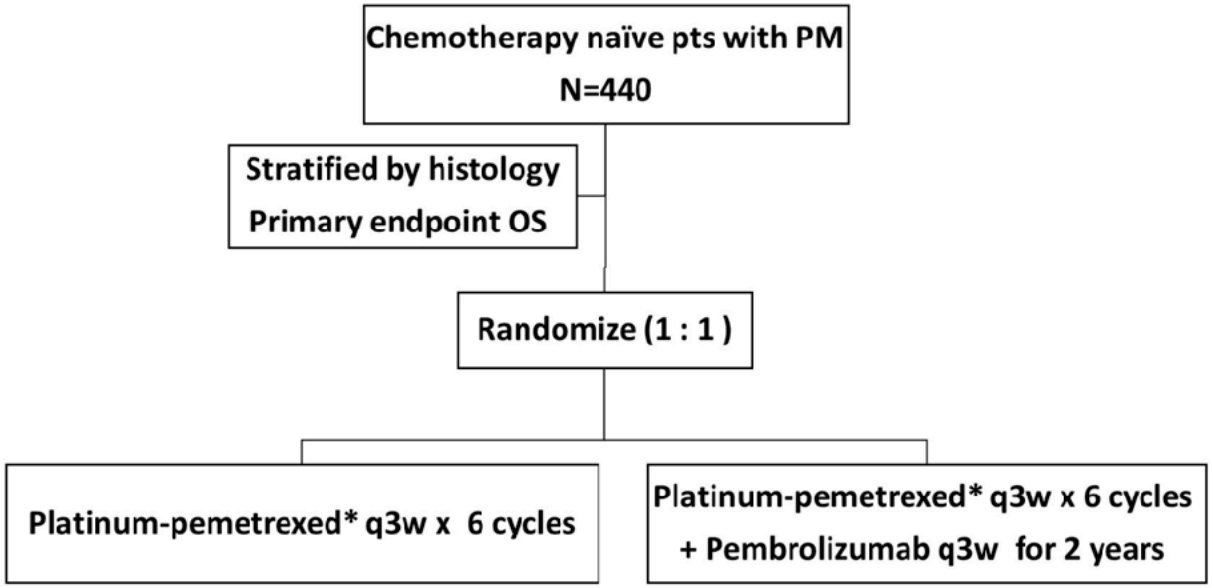
Mesotelioma pleural maligno

#LBA8505: IND227 phase III (P3) study of cisplatin/pemetrexed (CP) with or without pembrolizumab (pembro) in patients (pts) with malignant pleural mesothelioma (PM): A CCTG, NCIN, and IFCT trial

Quincy S. Chu, Maria Carmela Piccirillo, Laurent Greillier, Federica Grosso, Giuseppe Lo Russo, Marie Florescu, Manlio Mencoboni, Penelope Ann Bradbury, Alessandro Morabito, Fabiana Letizia Cecere, Sara Delfanti, Arnaud Scherpereel, Myriam Locatelli-Sanchez, Gerard Zalcman, David E Dawe, Joana Sederias, Scott A. Laurie, Christopher W. Lee, Wei Tu, Lesley Seymour

Iniciativa científica de: GECP lung cancer research

Phase III, open label



Objectives

PRIMARY:

- Overall Survival

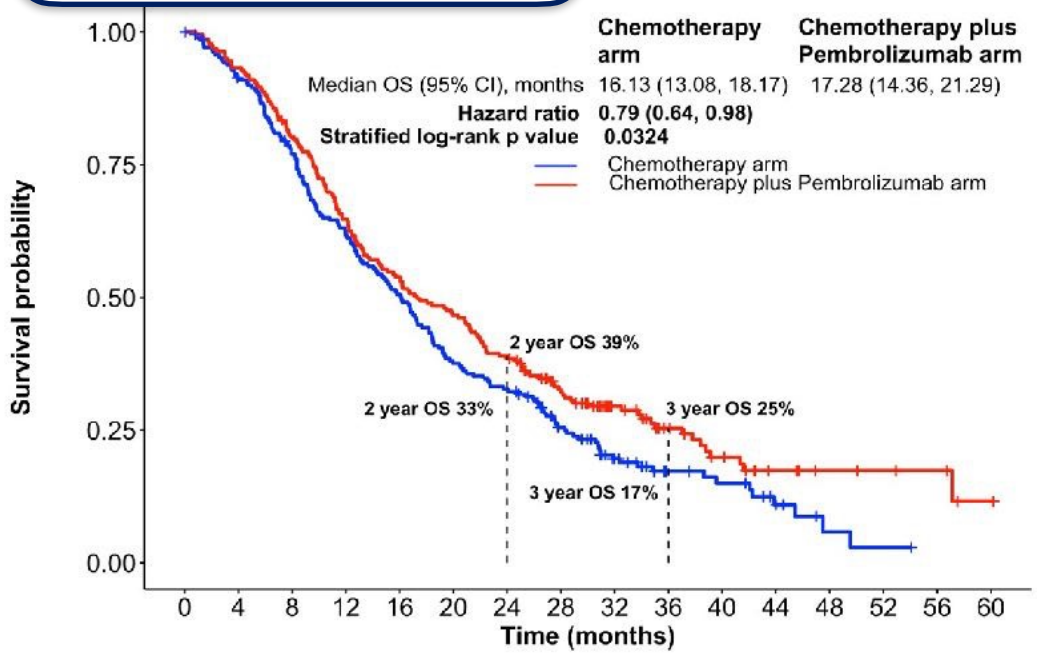
SECONDARY:

- Tolerability
- Response (mRECIST, central review, imaging - 6, 12, 18 wks then every 12 wks)
- PFS
- QoL
- Health economics

EXPLORATORY:

- Predictive and prognostic value of PD-L1 (Dako 22C3 platform; combined positive score (CPS))
- iRECIST
- Other Correlatives

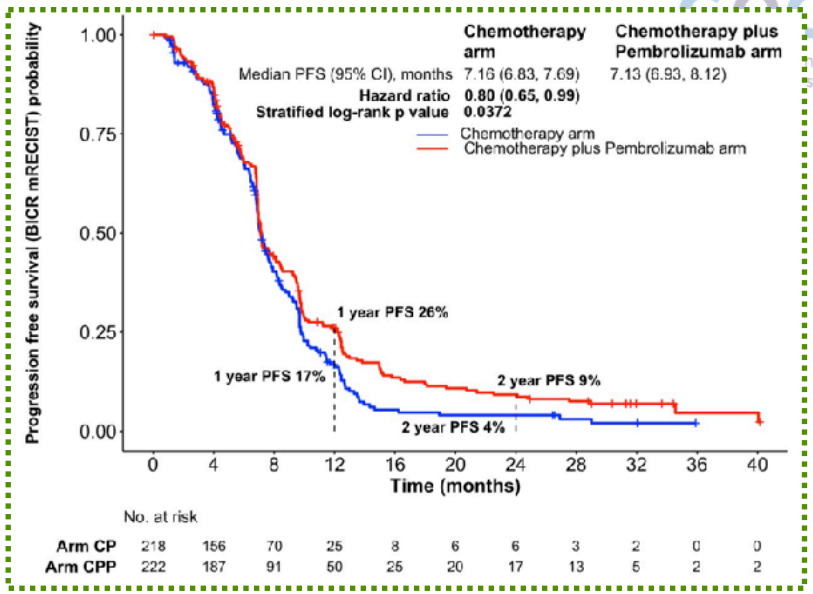
Overall survival

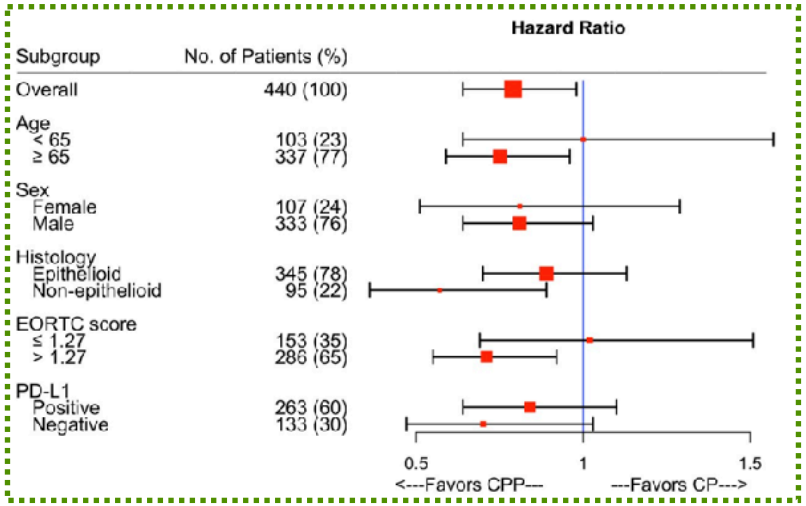


Patients enrolled Jan 2017-Sept 2020
Median follow up 16.16 months
All pts discontinued all study drugs

No. at risk

Arm CP	218	190	160	128	105	78	68	46	29	16	13	7	2	1	0	0
Arm CPP	222	207	177	143	119	103	86	62	39	25	17	10	6	5	4	1





Best Overall Response (mRECIST, Central Review)

Response		CP (N=218)	CPP (N=222)	P-value
Complete Response		**0**	**2 (1%)**	**P< 0.0001**
Partial Response		**83 (38%)**	**136 (61%)**	
Stable disease/non-CR/PD		103 (47%)	70 (32%)	
Disease Progression		11 (5%)	9 (4%)	
Response could not be assigned	Total	21 (10%)	5 (2%)	
	Never treated/WOC[1]	7 (3%)	0	
	Other reasons[2]	9 (4%)	3 (1%)	
	No baseline images uploaded	5 (2%)	2 (1%)	
Duration of CR/PR (mths)	Median (95% CI)	5.5m (4.2-6)	5.8m (5.5-7)	P=0.185
	Range	0.03, 25.1	0.03, 38.9	

Pooled AE term	CP N=211 : All Causality		CPP N = 222			
	All (%)	≥ grade 3 (%)	All (%)		≥ grade 3 (%)	
			All Causality	**Related to Pembro**	All Causality	**Related to Pembro**
Skin toxicity	18%	<1%	36%	**26%**	1%	**1%**
Diarrhea/colitis	14%	1%	32%	**22%**	3%	**3%**
Chills/fever	12%	<1%	31%	**8%**	-	**-**
Sensory neuropathy	15%	-	24%	**8%**	-	**-**
Abdominal Pain	9%	<1%	18%	**6%**	3%	**1%**
Joint Pain/Inflammation	2%	-	13%	**8%**	1%	**1%**
Ototoxicity	11%	<1%	13%	**2%**	<1%	**0%**
Myositis, muscle	5%	-	10%	**4%**	1%	**<1%**
Hypothyroidism	2%	-	9%	**7%**	-	**-**
Cognitive	7%	<1%	7%	**1%**	<1%	**0%**
Infusion reactions	1%	-	5%	**3%**	-	**-**
Pneumonitis	-	-	5%	**5%**	2%	**2%**
Nephritis/AKI	1%	-	4%	**3%**	2%	**1%**
Hepatitis	-	-	2%	**2%**	2%	**2%**
Thrombocytopenia	<1%	<1%	2%	**0%**	2%	**0%**
Motor neuropathy	<1%	-	2%	**1%**	<1%	**<1%**

Platinum/pemetrexed and pembrolizumab is a new therapeutic option in this patient population

#8506: Efficacy, cellular and molecular determinants of PD-1 checkpoint inhibition in relapsed mesothelioma

Dean Anthony Fennell, Sean Ewings, Kayleigh Hill, Charlotte Poile, Essa Baitei, Zisen Zhou, James Harber, Tamihiro Kamata, Hongji Yang, Joanna Dzialo, Daniel Faulkner, Christian H.H Ottensmeier, Sarah Danson, Nicola Steele, Kim Mallard, Peter Wells-Jordan, Catherine Jane Richards, Min Zhang, Jason Lester, Gareth Owen Griffiths

Key eligibility criteria:
Mesothelioma
> 1 prior line of therapy
ECOG status 0 or 1

Randomised 2:1
Stratified by histology (epithelioid or non-epithelioid)

Recruited
April 2017 – March 2020

Administered until progression, unacceptable toxicity, withdrawal or 12m

Nivolumab (n=221)
240mg in 30-min IV infusion on day 1 of 14-day cycle

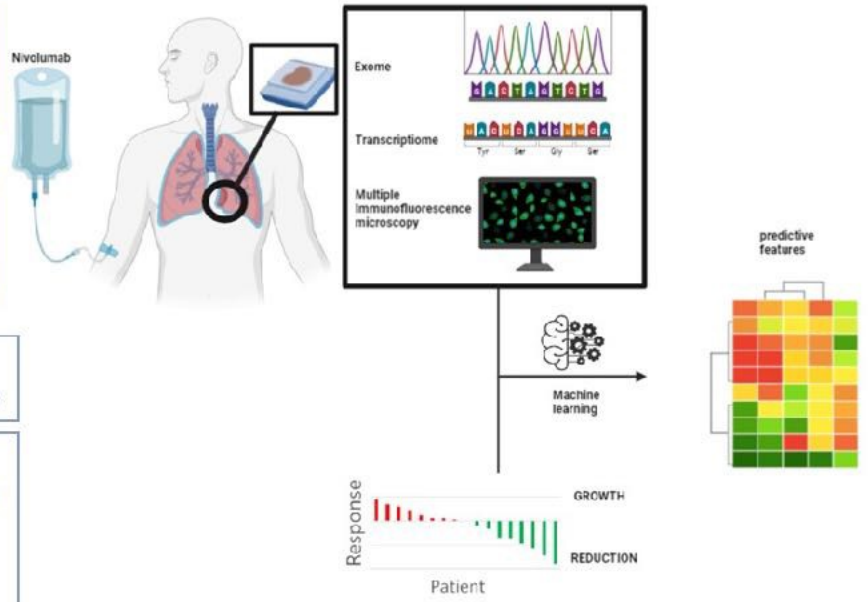
Placebo (n=111)
240mg sterile solution in 30-min IV infusion on day 1 of 14-day cycle

Target sample size: 336
Study halted recruitment at n=332 due to the COVID-19 pandemic, however with sufficient events/follow up

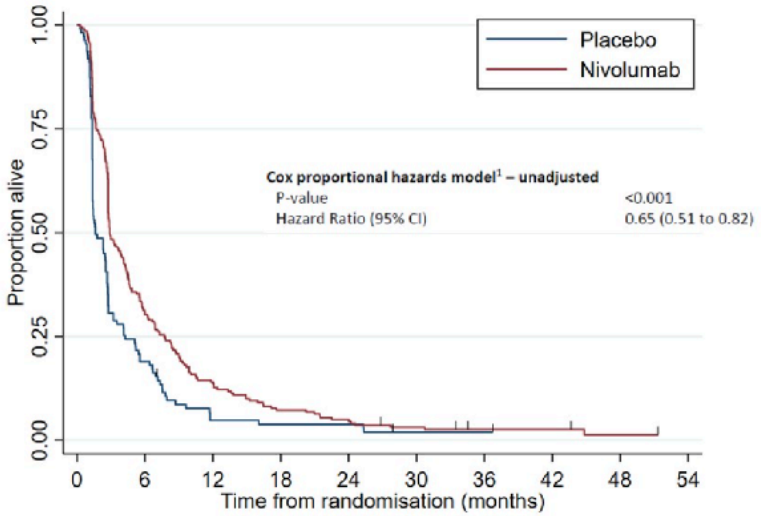
Co-primary outcomes:
- Investigator-reported progression-free survival
- Overall survival

Secondary outcomes:
- RECIST-determined progression-free survival
- Response rate
- EQ-5D
- Safety

- **Blinded** multi-omic analysis
- Evaluation of exome, transcriptome and tumour microenvironmental correlates in *extreme* responders versus treatment refractory mesotheliomas



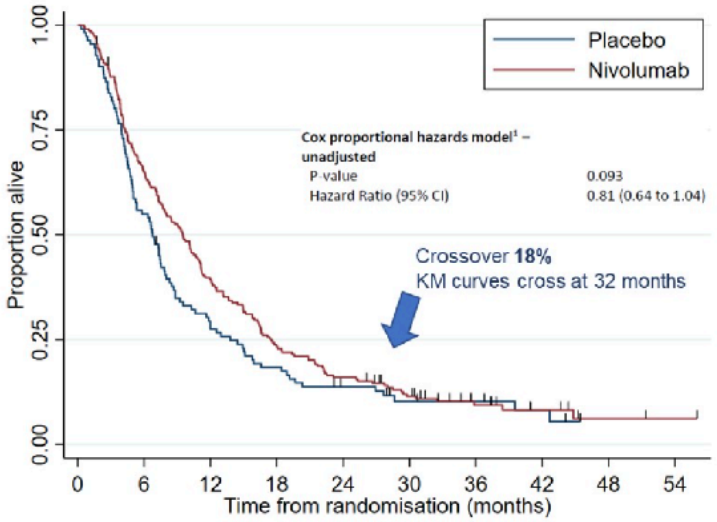
Investigator Assessed Progression-free survival



Number at risk

Placebo	111	21	5	4	4	1	1	0	0	0
Nivolumab	221	67	31	16	11	6	3	3	1	0

Overall survival

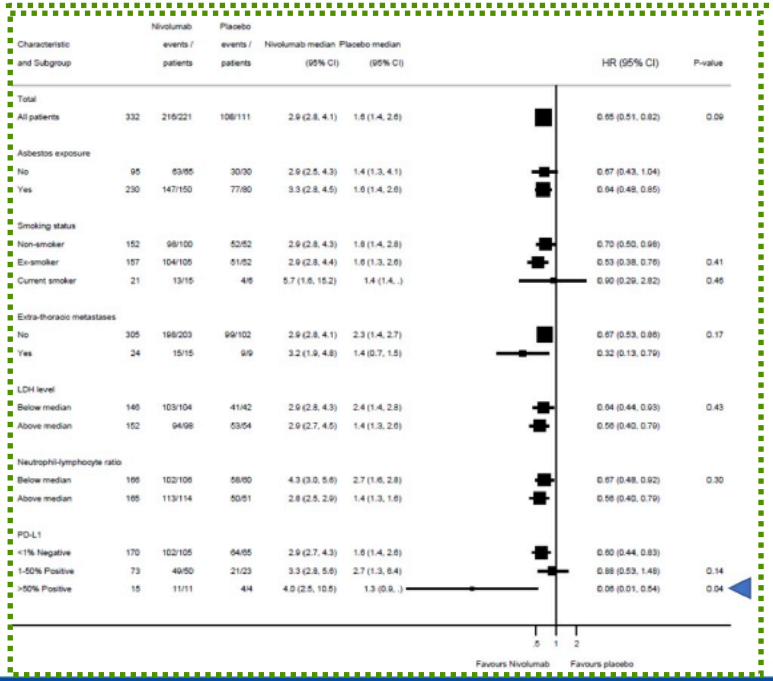


Number at risk

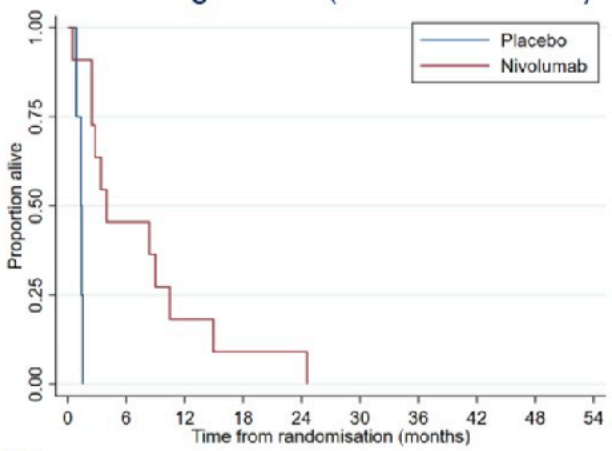
Placebo	111	61	30	20	13	7	6	3	0	0
Nivolumab	221	142	86	52	35	22	11	6	2	1

Iniciativa científica de:

Characteristic	Nivolumab (n=221)	Placebo (n=111)
Age - years (median, IQR)	70 (65-74)	71 (65-76)
Sex – male	167 (76%)	86 (77%)
ECOG Status 0	44 (20%)	22 (20%)
PD-L1 TPS ≥ 1%*	56 (37%)	24 (29%)
Epithelioid	195 (88%)	98 (88%)
Pleural site	213 (96%)	105 (95%)
Asbestos exposure	150 (68%)	80 (72%)
Ever smoker	120 (54%)	58 (52%)
Time since diagnosis – months (median, IQR)	17.8 (11.7 to 27.4)	17.1 (10.4 to 25.7)
Line of treatment – 2nd	63 (29%)	37 (33%)
Line of treatment – 3rd	124 (56%)	66 (59%)
T3/4 stage	150 (68%)	84 (76%)
N1/2/3 stage	115 (52%)	67 (60%)
M1 stage	47 (21%)	24 (22%)



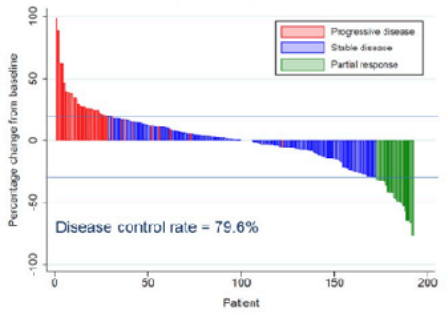
PFS in high PDL1 (>50% TPS 22C3)



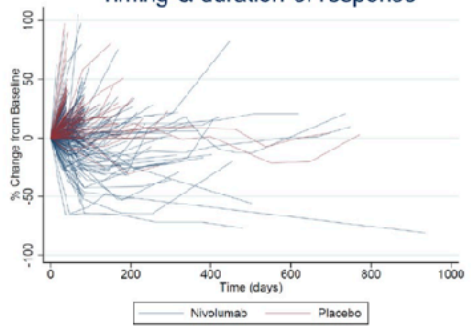
Number at risk

Placebo	4	0	0	0	0	0	0	0	0	0
Nivolumab	11	5	2	1	1	0	0	0	0	0

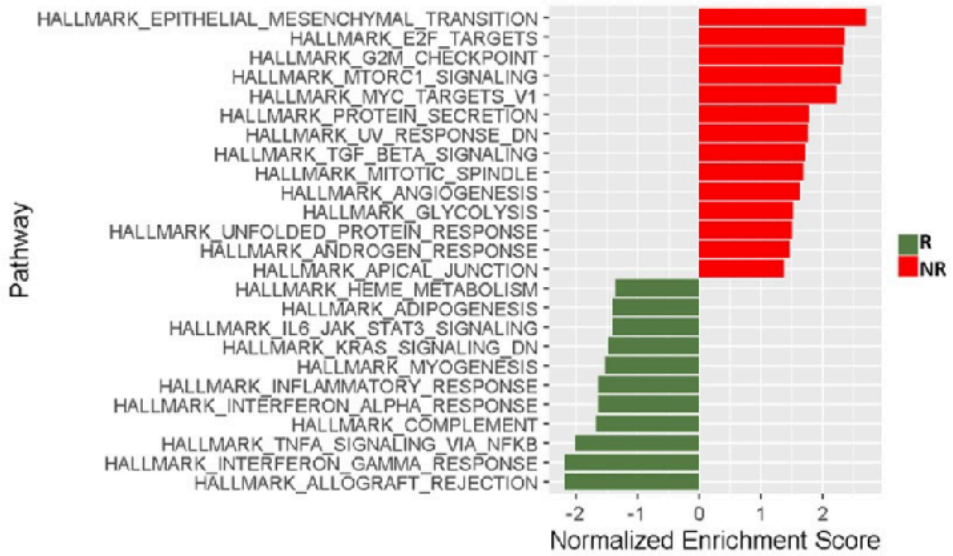
mRECIST response (Nivolumab arm)

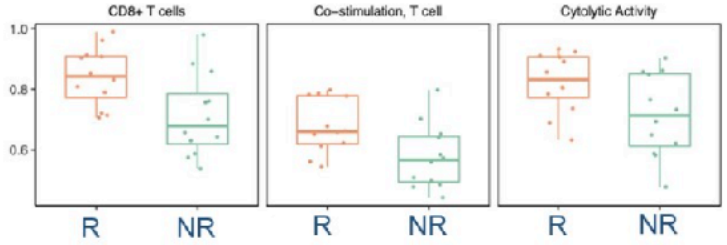


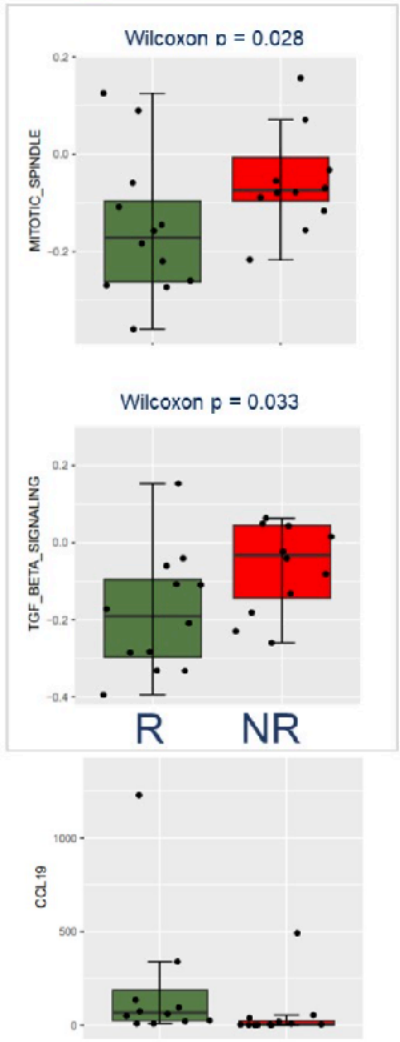
Timing & duration of response



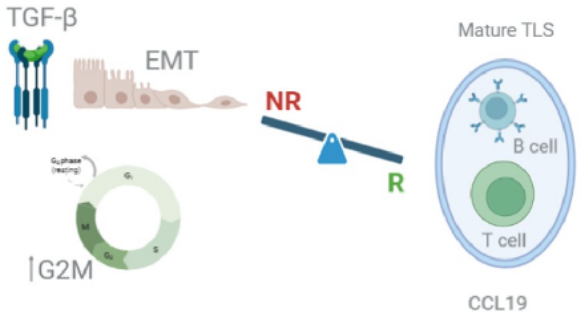
Responders exhibit Inflammatory response signalling







R , partial responder; **NR** , progression as best response



Responders

- CD8+ T-cell infiltration (deconvolution of RNAseq)
- inflammatory pathway upregulation
- T cell co-stimulation and cytolytic activity.

Non-responders

- epithelial mesenchymal transition (EMT)[1,2]
- TGF-β signalling
- Mitotic spindle, G2M and E2F transcription.

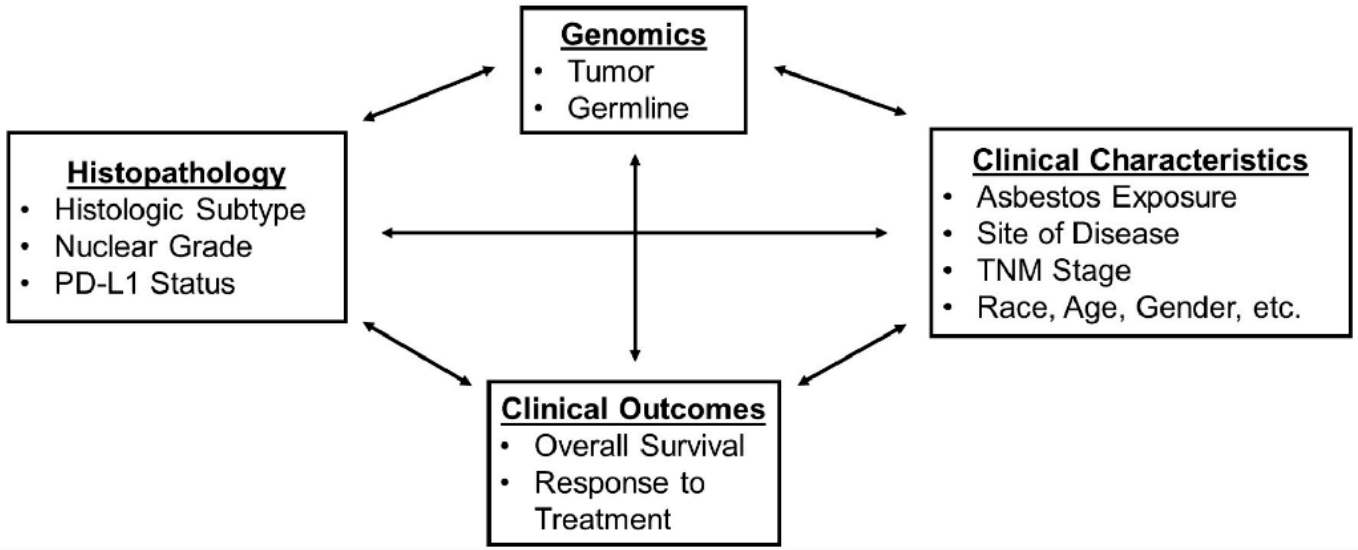
- **Nivolumab-*responsive* mesotheliomas harbour an inflamed tumour microenvironment, enriched with mature tertiary lymphoid structures and CCL19 expression**
- **Epithelial mesenchymal transition, TGF-beta signalling, and mitotic spindle transcription are associated with *resistance* to nivolumab**

#8507: Association of somatic mutations and histologic subtype/grade on prognosis and PD-L1 expression in mesothelioma

Allen Zhu, Aliya N. Husain, Andrew Hermina, Owen Mitchell, Jeffrey S. Mueller, Michael William Drazer, Hedy L. Kindler, Jung Woo Kwon

Iniciativa científica de: GECP lung cancer research

Objectives: Identify how features in histopathology and genetics correlate with one another and with clinical outcomes

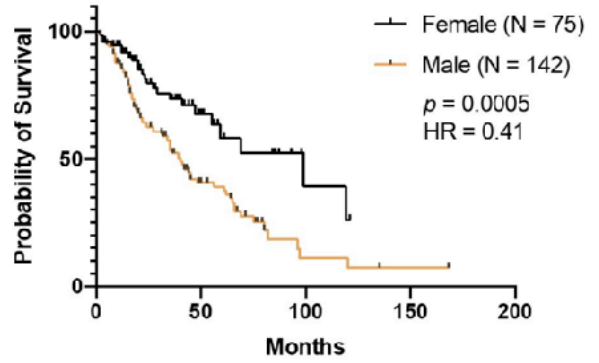


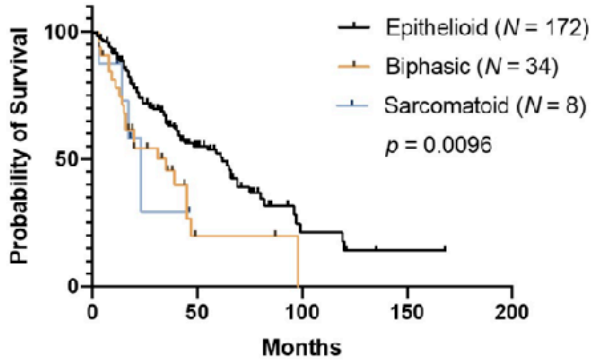
Characteristic		N (%)
Age at Diagnosis (years)	**Median (range)**	**66 (16-89)**
Gender	**Male**	**142 (65)**
	Female	75 (35)
Race	**White, non-Hispanic**	**205 (95)**
	White, Hispanic	5 (2)
	Black	**4** (2)
	Asian	3 (1)
Self-reported asbestos exposure	**Definite**	**83 (39)**
	Probable	**56 (26)**
	Possible	64 (30)
	No known exposure	13 (6)
Personal cancer history	Present	54 (25)
Family cancer history	**Present**	**151 (70)**

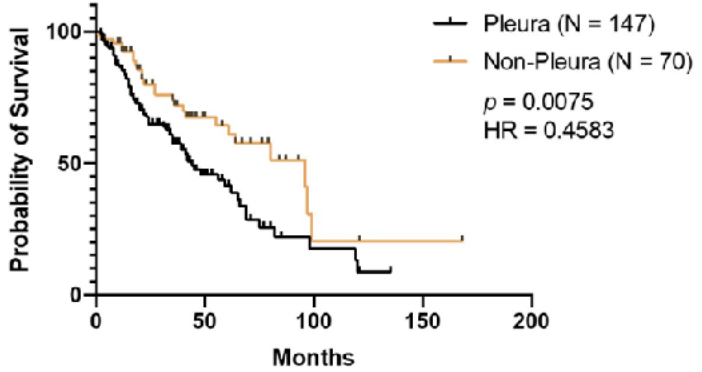
Characteristic	Categories	N = 217 (%)
Site of Disease	**Pleural**	**147 (68)**
	Peritoneal	63 (29)
	Bicavitary	4 (2)
	Tunica vaginalis testis	3 (1)
Germline Mutation	**Present**	**34 (16)**
Status at Follow-up	**Alive**	**111 (51)**
	Deceased	106 (49)

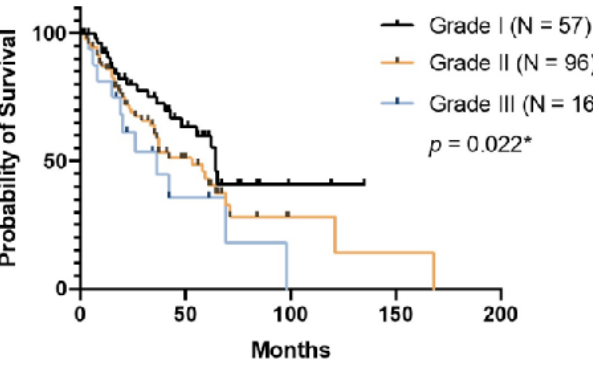
Characteristic	Categories	N (%)
Histologic Subtype N = 217	**Epithelioid**	**172 (79)**
	Sarcomatoid	8 (4)
	Biphasic	33 (15)
	Other	4 (2)
Nuclear Grade N = 166	I	55 (33)
	II	**96 (58)**
	III	15 (9)
Tumor Stage* N = 50	pT1	12 (24)
	pT2	12 (24)
	pT3	**18 (36)**
	pT4	8 (16)
Lymph Node Stage* N = 50	**pN0**	**32 (64)**
	pN1	18 (36)

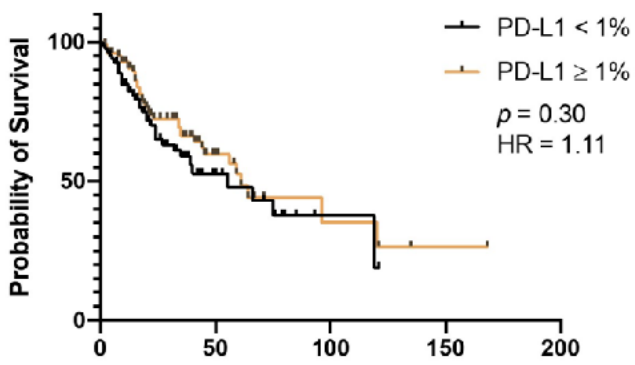
*staged only in resected tumors

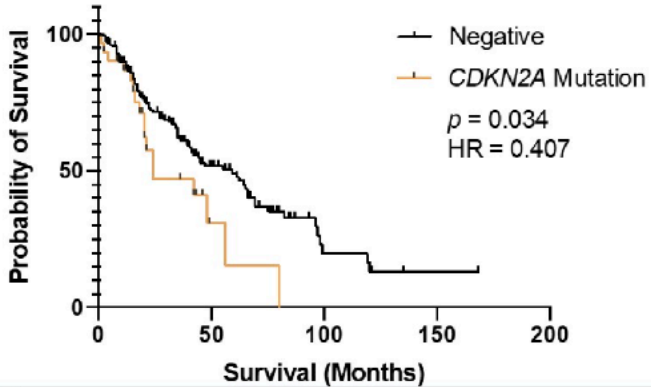


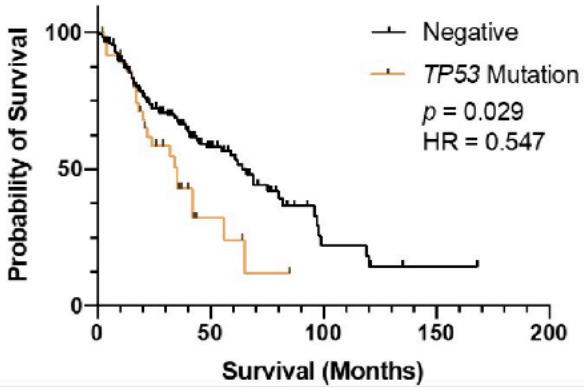




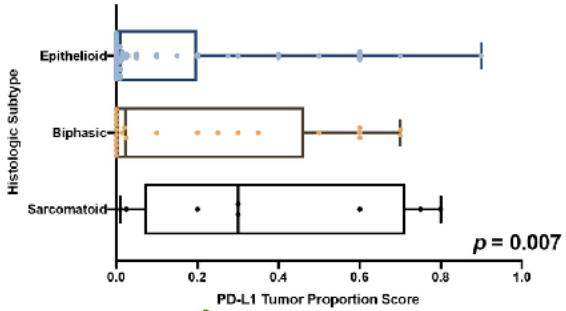








Epithelioid histology has lower PD-L1 expression than biphasic or sarcomatoid histology



In epithelioid mesothelioma, PD-L1 expression is not associated with nuclear grade

	Nuclear Grade – N (%) I	II	III	p-value
PD-L1 < 1%	24 (47)	43 (50)	4 (36)	0.69
PD-L1 ≥ 1%	27 (53)	43 (50)	7 (64)	

PD-L1 expression is not associated with common somatic mutations

	N (%) PD-L1 (+)	PD-L1 (-)	p-value
BAP1	40 (48.8)	38 (37.3)	0.13
TP53	15 (18.3)	15 (14.7)	0.51
NF2	14 (17.1)	26 (25.5)	0.17
CDKN2A	14 (17.1)	12 (11.8)	0.31
TERT	6 (7.3)	11 (10.8)	0.42

- **Epithelioid histology, TP53 somatic mutation and gender are the strongest predictors of survival**
- **Nuclear grade is useful for prognosis but somatic mutations should be taken into consideration**

#8511: Bemcentinib and pembrolizumab in patients with relapsed mesothelioma: MIST3, a phase IIa trial with cellular and molecular correlates of efficacy

Matthew G Krebs, Amy Branson, Shaun Barber, Charlotte Poile, Amy King, Alastair Greystoke, Sam Moody, Luke Nolan, Molly Scotland, Liz Darlison, Amrita Bajaj, Bruno Morgan, Cassandra Brookes, Peter Wells-Jordan, Catherine Jane Richards, Anne L. Thomas, Dean Anthony Fennell

Iniciativa científica de: GECP lung cancer research

Key inclusion criteria

- Histologicallly confirmed pleural mesothelioma
- ECOG PS 0-1
- Prior platinum-based systemic therapy (max 2 lines)
- Measurable disease by mRECIST1.1
- Adequate hematological and biochemical status
- Willingness to undergo a fresh biopsy (optional)

Pre-treatment biopsy

Treatment

Bemcentinib 400mg po for 3 days then 200mg OD every 3 weeks

Pembrolizumab 200mg IV every 3 weeks

Treatment until disease progression

Re-biopsy on progression

Correlative Research

- Baseline and relapsed DNA and RNA sequencing
- Gut 16s RNA sequencing
- Tissue microarray & ultradeep multiplex immunofluorescence
- AXL IHC and sAXL

Primary endpoint:

Disease control rate at 12 weeks (DCR12w).*

Secondary endpoints:

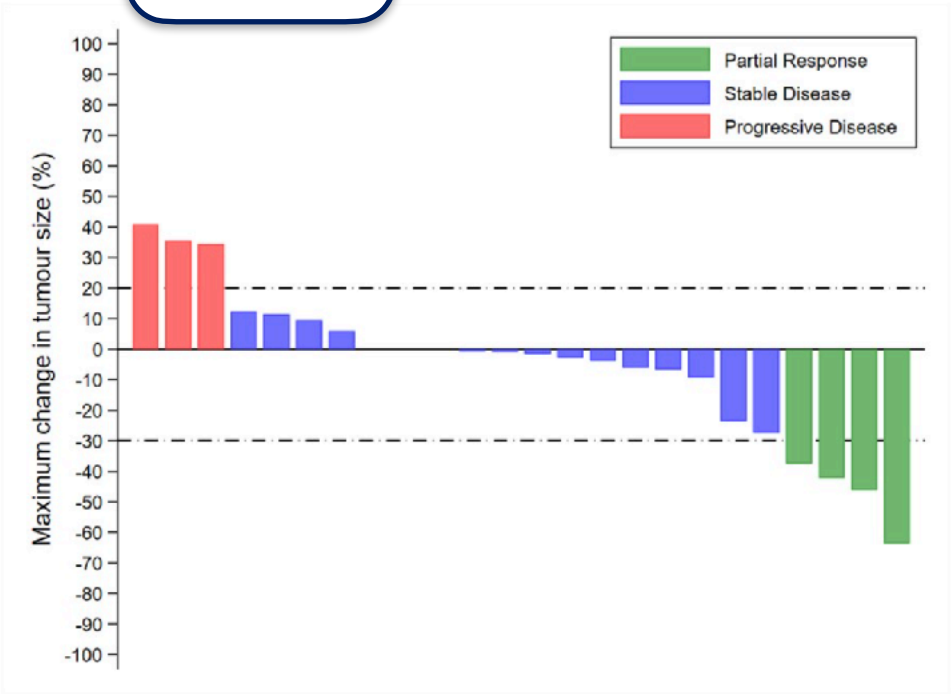
DCR at 24 weeks (DCR24w),

Best objective response rate (ORR) and toxicity (NCI CTCAE 4.03).

*minimum 11/26 patients with DCR needed to meet threshold for further evaluation

Characteristic (n=26)		N (%)
Age (years)	Median (range)	73 (55-85)
Gender	Male	23 (88.5)
	Female	3 (11.5)
Mesothelioma subtype	Epithelioid	23 (88.5)
	Biphasic	2 (7.7)
	Sarcomatoid	1 (3.8)
History of asbestos	Yes	20 (76.9)
	Unknown	6 (23.1)
ECOG status	0	6 (23.1)
	1	20 (76.9)
Metastases	No	19 (73.1)
	Yes	7 (26.9)
Primary tumour site	Thoracic	25 (96.2)
	Missing	1 (3.8)

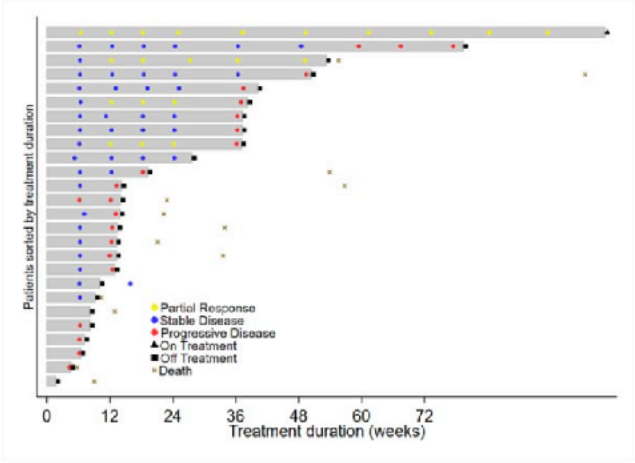
Efficacy



Waterfall plot of best responses of patient within 24 weeks (N = 24^)

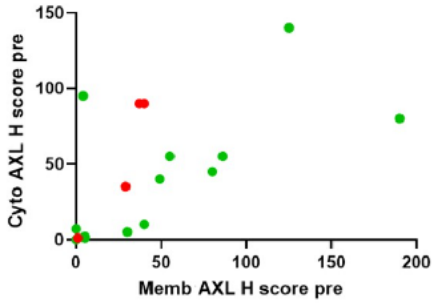
Tumour assessment was not available for two patients

Outcome	n (%)
DCR12weeks	12/26 (46.2%)
DCR24weeks	10/26 (38.5%)
ORR	15.4%
PR	4/26 (15.4%)
CR	0/26 (0%)
SD	15/26 (57.7%)
PD	7/26 (27%)

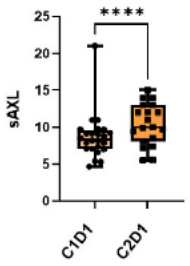


Safety

ADVERSE EVENT	Total N (%)	G1/2 N(%)	G3 N (%)
Fatigue	12 (46)	11 (42)	1 (4)
Nausea	11 (42)	11 (42)	0 (0)
Diarrhoea	7 (27)	6 (23)	1 (4)
Weight loss	7 (27)	6 (23)	1 (4)
Constipation	6 (23)	6 (23)	0 (0)
Raised creatinine	6 (23)	6 (23)	0 (0)
Anaemia	5 (19)	5 (19)	0 (0)
Increased ALT	5 (19)	5 (19)	0 (0)
Increased AST	5 (19)	5 (19)	0 (0)
Fever	5 (19)	5 (19)	0 (0)
Peripheral oedema	5 (19)	5 (19)	0 (0)



Tumour reduction (Green) vs Growth (Red) as best response



PD biomarker – increase in sAXL on treatment

MiST3 met its primary endpoint por DCR and warrants further evaluation in patients who are refractory or who have relapsed following prior standard chemotherapy

Conclusiones

Iniciativa científica de:
GECP
lung cancer research