Novedades & Claves en CÁNCER de PULMÓN 2023

Biomarcadores Pronósticos

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Hospital Regional Universitario de Málaga

Con la colaboración de:

Bristol Myers Squibb™

Janssen Oncology
PHARMACEUTICAL COMPANIES OF Johnson & Johnson

Organizado por:

GECP lung cancer research

NOVEDADES EN BIOMARCADORES PRONÓSTICOS

- ACTUALIZACIÓN TNM
- PD-L1 y TMB
- pCR, MPR y MRD.
- OTROS BIOMARCADORES
- CONCLUSIONES

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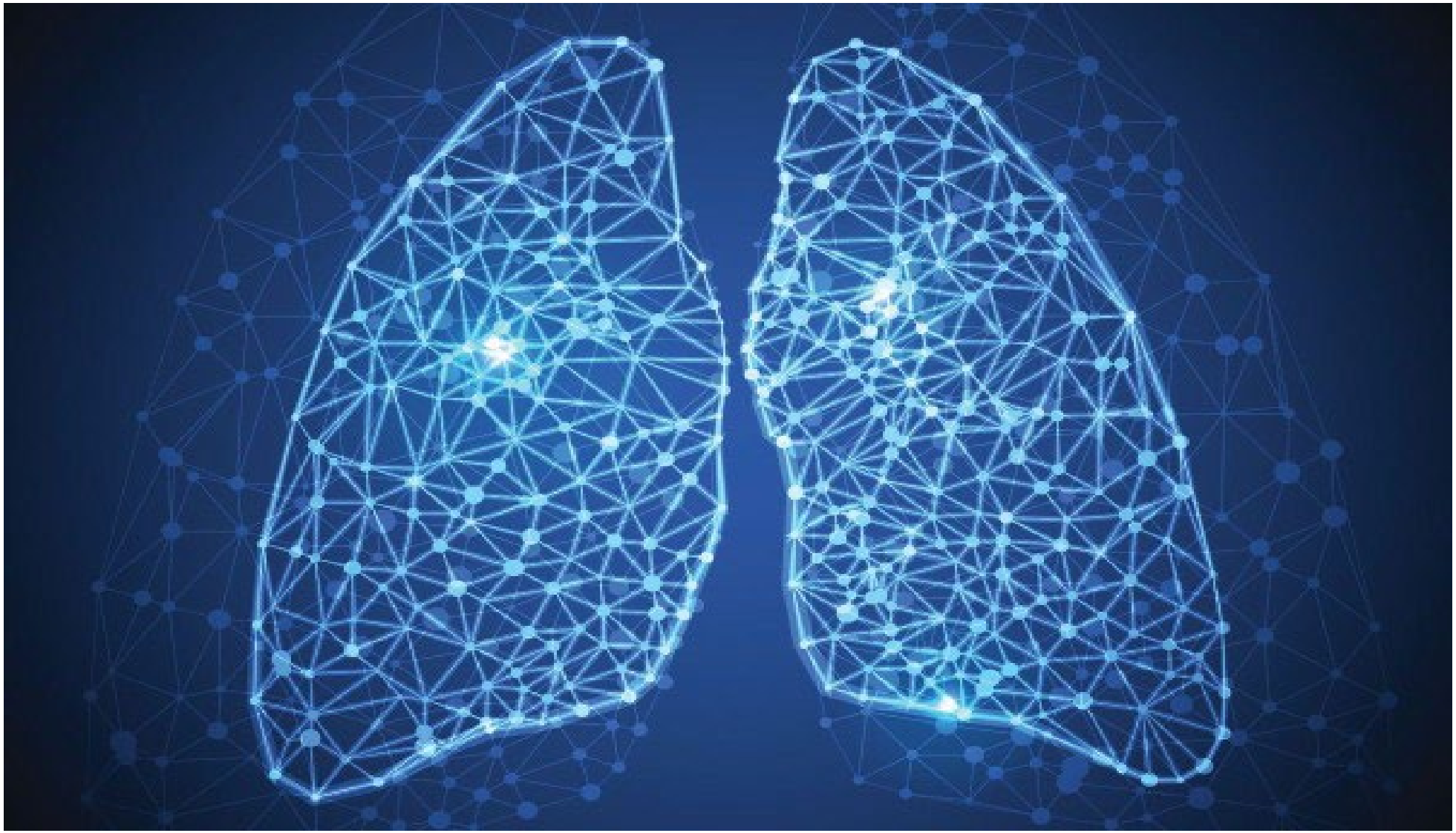
ACTUALIZACIÓN TNM 9ª EDICIÓN



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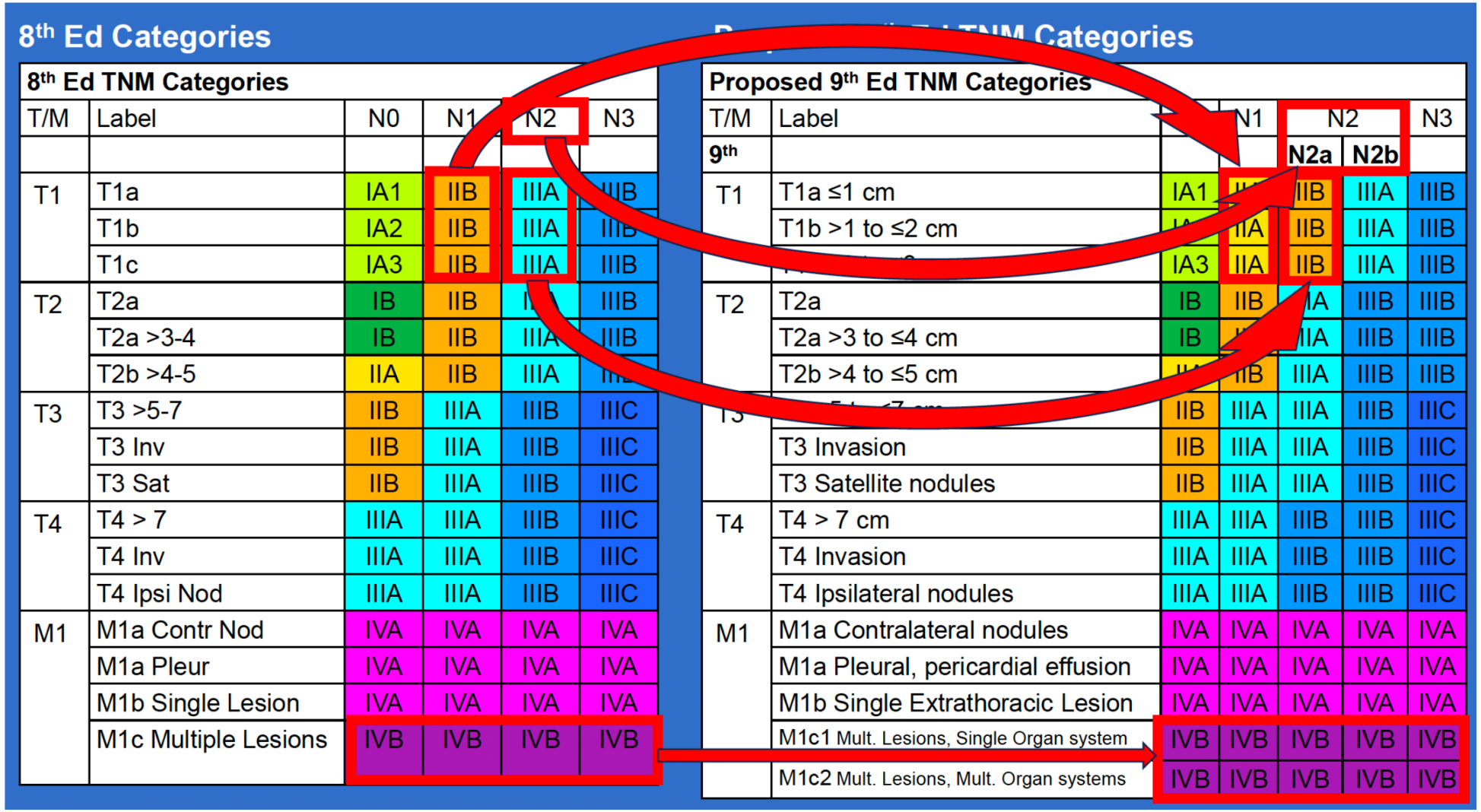
ACTUALIZACIÓN TNM 9ª EDICIÓN

Proposed 9th Edition N-categories			9th Edition
NX		Regional lymph nodes cannot be assessed	No changes
N0		No regional lymph node metastasis	No changes
N1		Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes and intrapulmonary nodes, including involvement by direct extension	No changes
N2		Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)	
	N2a	Single N2 station involvement	Subdivided
	N2b	Multiple N2 station involvement	Subdivided
N3		Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene, or supraclavicular lymph node(s)	No changes

Proposed 9th Edition M-categories			9th Edition
M0		No distant metastasis	No changes
M1		Distant metastasis	No changes
	M1a	Separate tumor nodule(s) in a contralateral lobe; tumor with pleural nodules or malignant pleural or pericardial effusion. Most pleural (pericardial) effusions with lung cancer are due to tumor. In a few patients, however, multiple microscopic examinations of pleural (pericardial) fluid are negative for tumor, and the fluid is non-bloody and is not an exudate. Where these elements and clinical judgment dictate that the effusion is not related to the tumor, the effusion should be excluded as a staging descriptor.	No changes
	M1b	**Single** extrathoracic metastasis in a **single** organ and involvement of a single distant (non-regional) node	No changes
	M1c1	**Multiple** extrathoracic metastases in a **single** organ system	Subdivided
	M1c2	**Multiple** extrathoracic metastases in **multiple** organ systems	Subdivided

ACTUALIZACIÓN TMN 9ª EDICIÓN



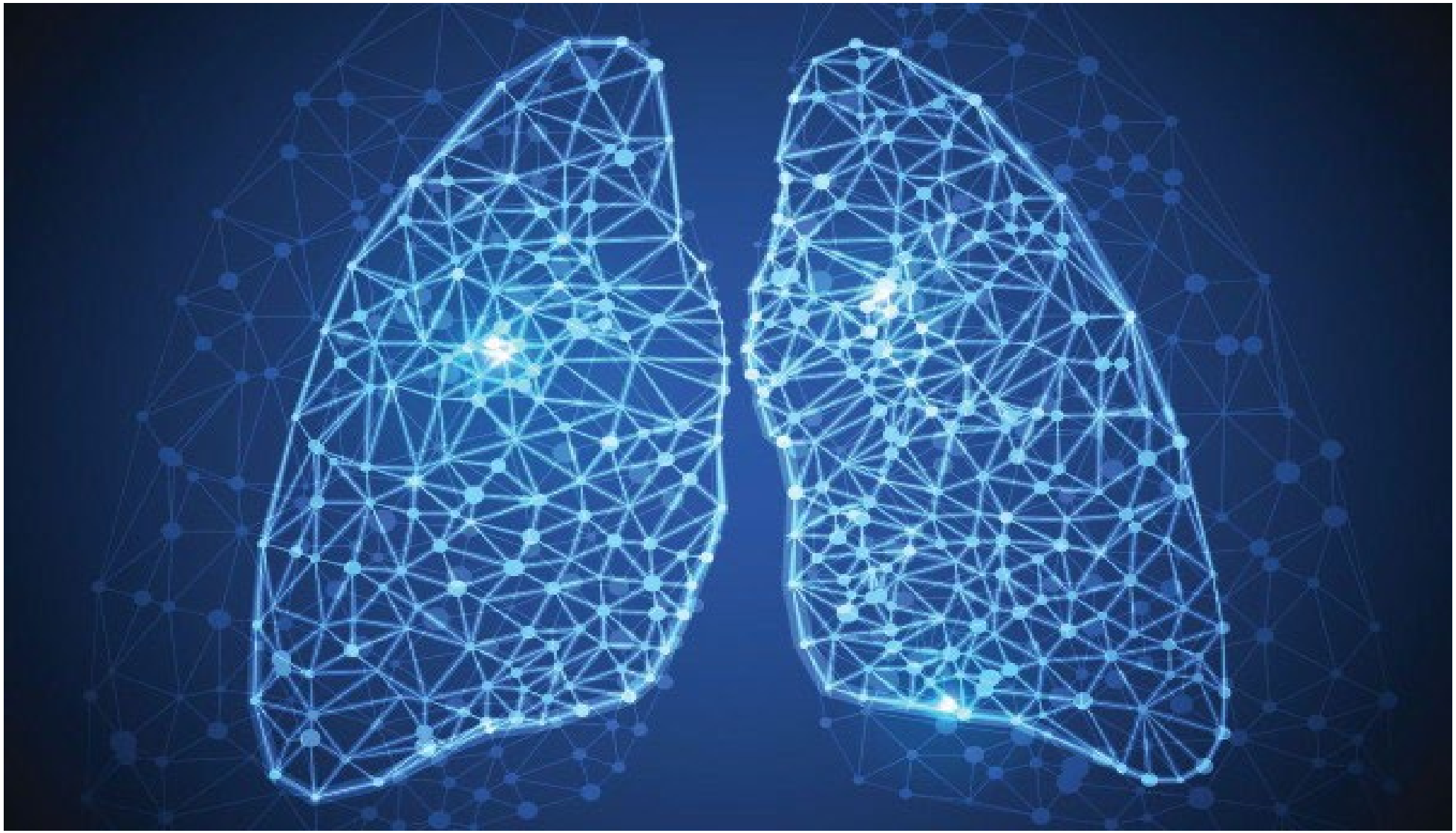
8th Ed TNM Categories

T/M	Label	N0	N1	N2	N3
T1	T1a	IA1	IIB	IIIA	IIIB
	T1b	IA2	IIB	IIIA	IIIB
	T1c	IA3	IIB	IIIA	IIIB
T2	T2a	IB	IIB	IIIA	IIIB
	T2a >3-4	IB	IIB	IIIA	IIIB
	T2b >4-5	IIA	IIB	IIIA	IIIB
T3	T3 >5-7	IIB	IIIA	IIIB	IIIC
	T3 Inv	IIB	IIIA	IIIB	IIIC
	T3 Sat	IIB	IIIA	IIIB	IIIC
T4	T4 > 7	IIIA	IIIA	IIIB	IIIC
	T4 Inv	IIIA	IIIA	IIIB	IIIC
	T4 Ipsi Nod	IIIA	IIIA	IIIB	IIIC
M1	M1a Contr Nod	IVA	IVA	IVA	IVA
	M1a Pleur	IVA	IVA	IVA	IVA
	M1b Single Lesion	IVA	IVA	IVA	IVA
	M1c Multiple Lesions	IVB	IVB	IVB	IVB

Proposed 9th Ed TNM Categories

T/M	Label	N0	N1	N2		N3
9th				N2a	N2b	
T1	T1a ≤1 cm	IA1	IIA	IIB	IIIA	IIIB
	T1b >1 to ≤2 cm	IA2	IIA	IIB	IIIA	IIIB
		IA3	IIA	IIB	IIIA	IIIB
T2	T2a	IB	IIB	IIIA	IIIB	IIIB
	T2a >3 to ≤4 cm	IB	IIB	IIIA	IIIB	IIIB
	T2b >4 to ≤5 cm	IIA	IIB	IIIA	IIIB	IIIB
T3		IIB	IIIA	IIIA	IIIB	IIIC
	T3 Invasion	IIB	IIIA	IIIA	IIIB	IIIC
	T3 Satellite nodules	IIB	IIIA	IIIA	IIIB	IIIC
T4	T4 > 7 cm	IIIA	IIIA	IIIB	IIIB	IIIC
	T4 Invasion	IIIA	IIIA	IIIB	IIIB	IIIC
	T4 Ipsilateral nodules	IIIA	IIIA	IIIB	IIIB	IIIC
M1	M1a Contralateral nodules	IVA	IVA	IVA	IVA	IVA
	M1a Pleural, pericardial effusion	IVA	IVA	IVA	IVA	IVA
	M1b Single Extrathoracic Lesion	IVA	IVA	IVA	IVA	IVA
	M1c1 Mult. Lesions, Single Organ system	IVB	IVB	IVB	IVB	IVB
	M1c2 Mult. Lesions, Mult. Organ systems	IVB	IVB	IVB	IVB	IVB

PD-L1 y TMB



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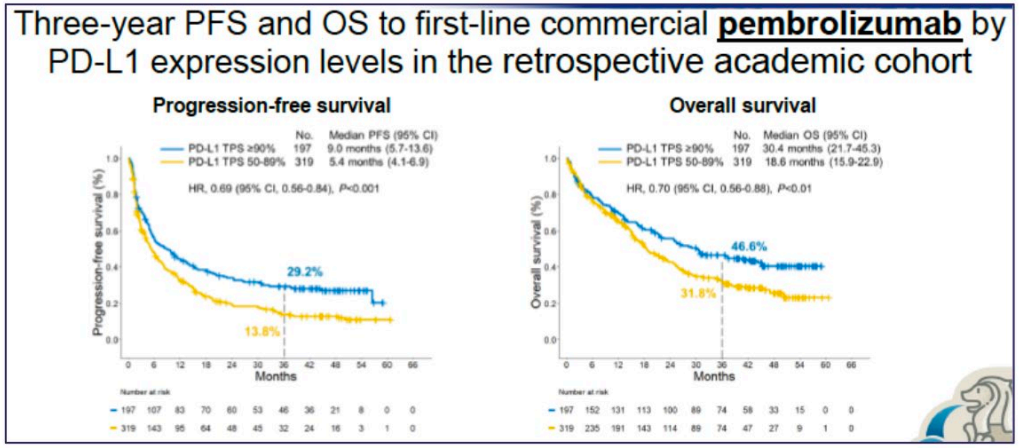
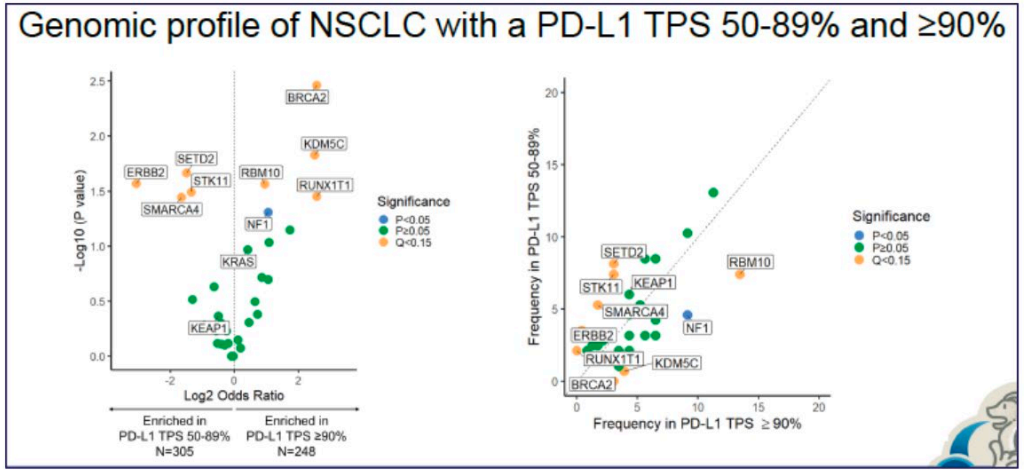
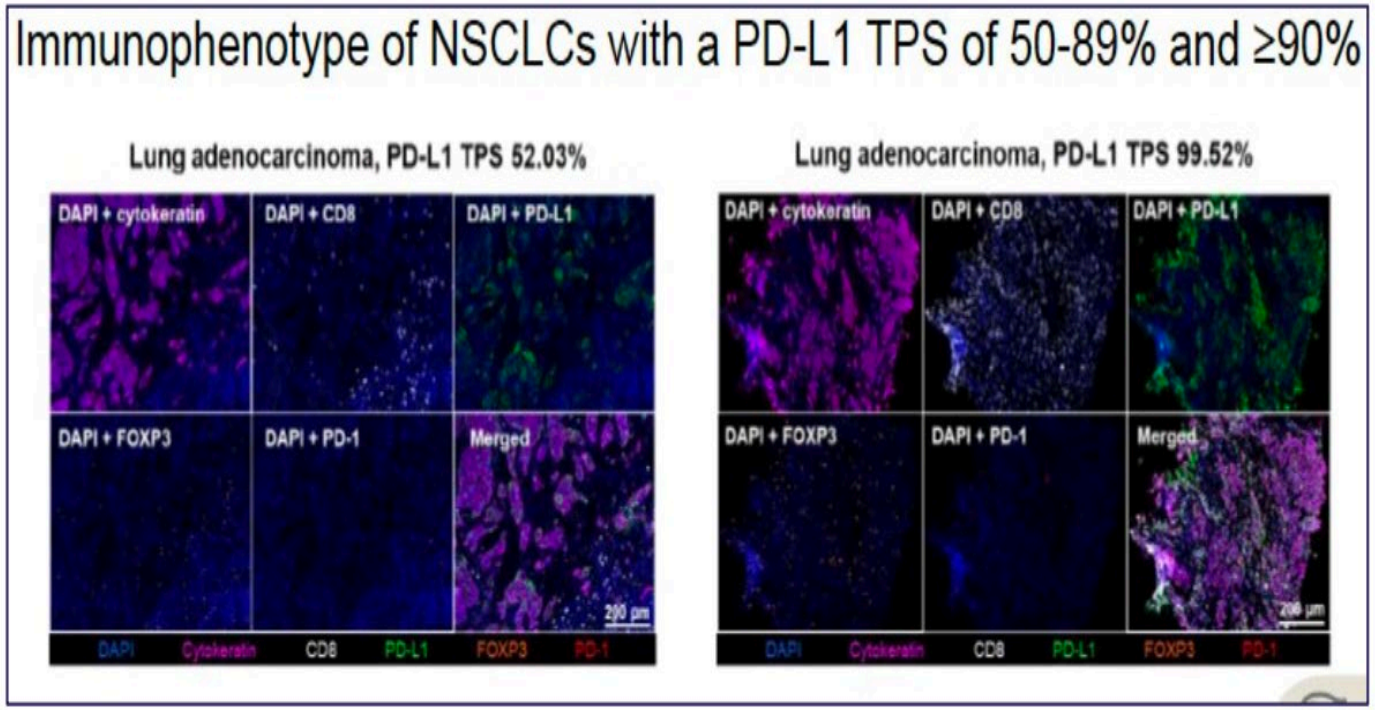
OA14.04: Three-year outcomes with first-line pembrolizumab, in patients with non-small cell lung cancer and a PD-L1 tumor proportion score > 90%







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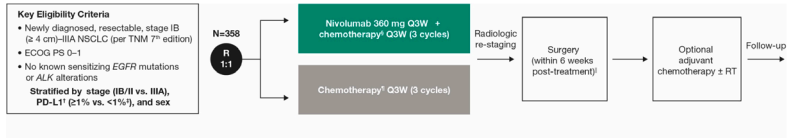
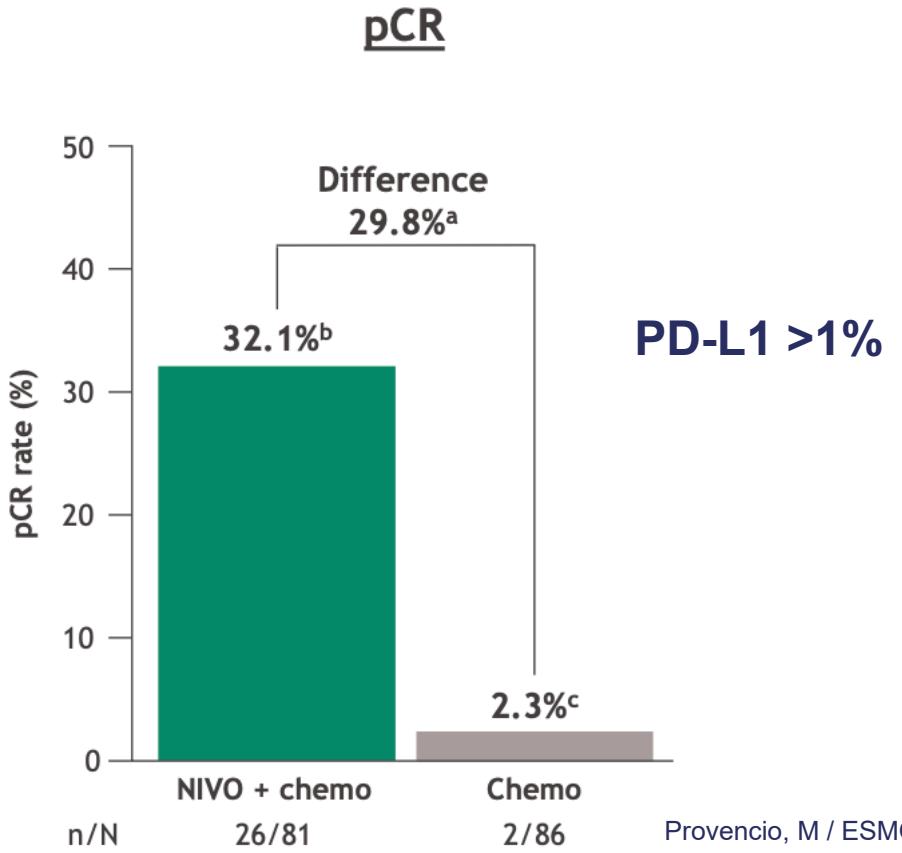
Biagio Ricciuti, et al. / WCLC23

Neoadjuvant nivolumab plus chemotherapy in the phase 3 CheckMate 816 study: 3-year results by tumor PD-L1 expression

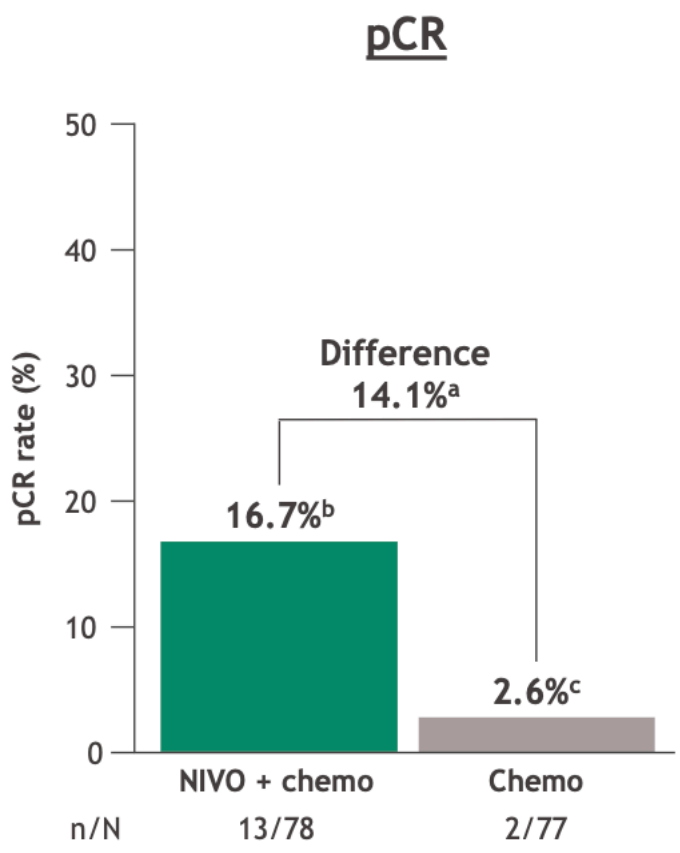
Mariano Provencio Pulla,[1] Patrick M. Forde,[2] Jonathan Spicer,[3] Changli Wang,[4] Shun Lu,[5] Tetsuya Mitsudomi,[6] Mark M. Awad,[7] Enriqueta Felip,[8] Stephen R. Broderick,[2] Scott J. Swanson,[7] Julie Brahmer,[2] Keith Kerr,[9] Gene B. Saylors,[10] Fumihiro Tanaka,[11] Ke-Neng Chen,[12] Phuong Tran,[13] Junliang Cai,[13] Javed Mahmood,[13] Stephanie Meadows-Shropshire,[13] Nicolas Girard[14]

Figure S1. Study Design.*





PD-L1 >1%



PD-L1 <1%

Provencio, M / ESMO23

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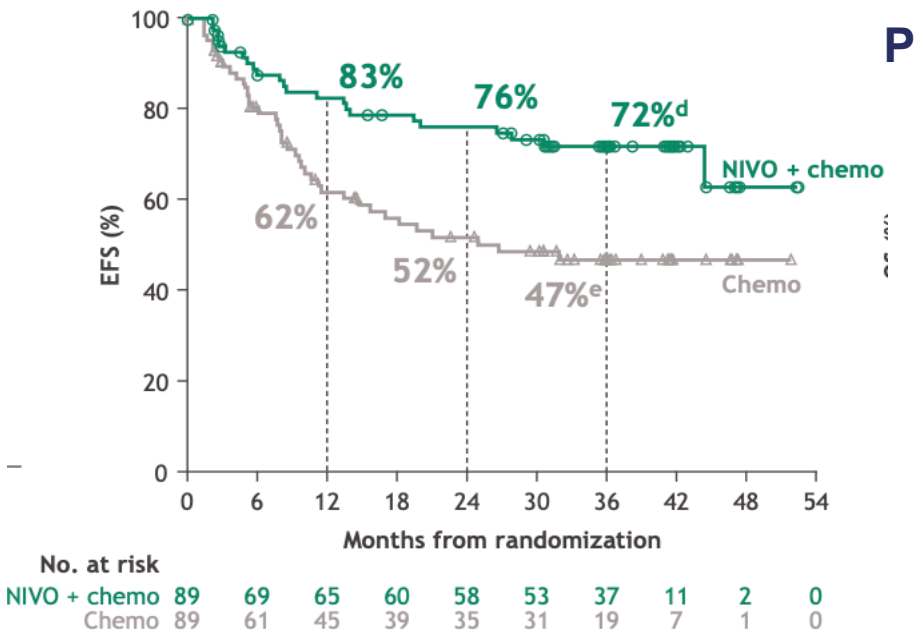
EFS

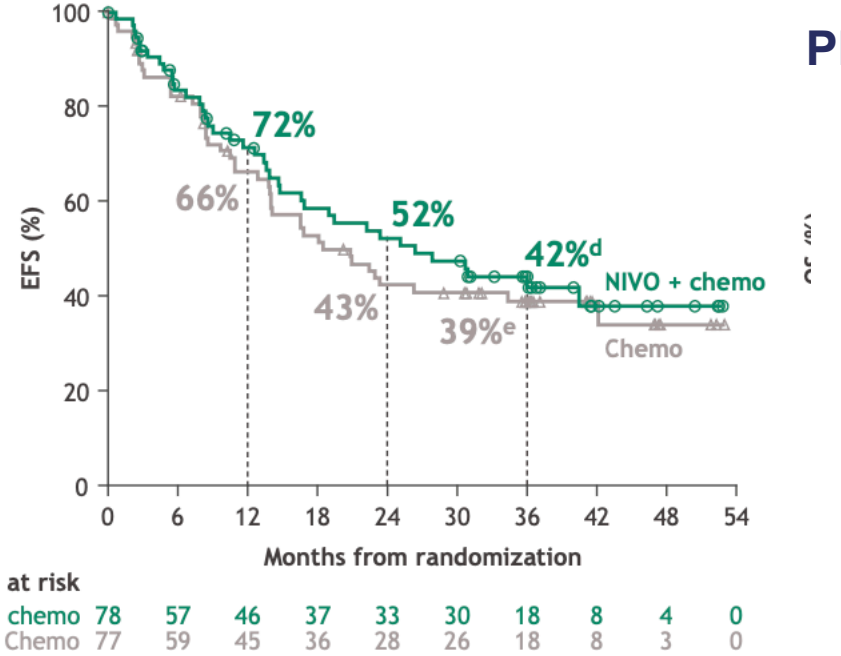
	NIVO + chemo (n = 89)	Chemo (n = 89)
Median EFS, mo (95% CI)	NR (44.4-NR)	26.7 (13.4-NR)
HR (95% CI)	0.46 (0.28-0.77)	



PD-L1 >1%

EFS

	NIVO + chemo (n = 78)	Chemo (n = 77)
Median EFS, mo (95% CI)	26.4 (14.8-NR)	20.8 (13.9-42.1)
HR (95% CI)	0.87 (0.57-1.35)	



PD-L1 <1%

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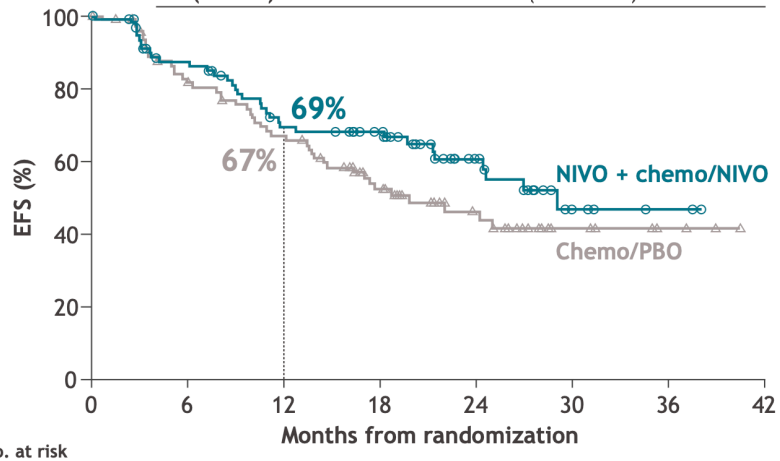
CheckMate 77T: Phase 3 study comparing neoadjuvant nivolumab plus chemotherapy with neoadjuvant placebo plus chemotherapy followed by surgery and adjuvant nivolumab or placebo for previously untreated, resectable stage II-IIIB NSCLC

Tina Cascone,[1] Mark M. Awad,[2] Jonathan Spicer,[3] Jie He,[4] Shun Lu,[5] Boris Sepesi,[1] Fumihiro Tanaka,[6] Janis M. Taube,[7] Robin Cornelissen,[8] Libor Havel,[9] Jaroslaw Kuzdzal,[10] Lubos B. Petruzelka,[11] Lin Wu,[12] Jean-Louis Pujol,[13] Hiroyuki Ito,[14] Cinthya Coronado Erdmann,[15] Padma Sathyanarayana,[15] Stephanie Meadows-Shropshire,[15] Mariano Provencio Pulla[16]

Tumor PD-L1 < 1%

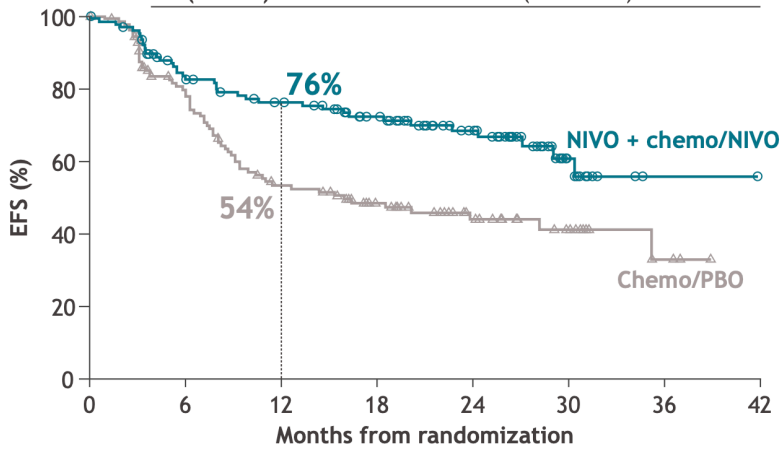
	NIVO + chemo/NIVO (n = 93)	Chemo/PBO (n = 93)
Median EFS, mo (95% CI)	29.0 (21.4-NR)	19.8 (13.9-NR)
HR (95% CI)	0.73 (0.47-1.15)	



No. at risk								
NIVO + chemo/NIVO	93	71	53	45	23	6	2	0
Chemo/PBO	93	69	55	34	19	7	3	0

Tumor PD-L1 ≥ 1%

	NIVO + chemo/NIVO (n = 128)	Chemo/PBO (n = 128)
Median EFS, mo (95% CI)	NR (28.9-NR)	15.8 (9.3-35.1)
HR (95% CI)	0.52 (0.35-0.78)	



NIVO + chemo/NIVO	128	95	82	66	43	12	1	0
Chemo/PBO	128	87	57	41	24	12	3	0

Cascone, T / ESMO23

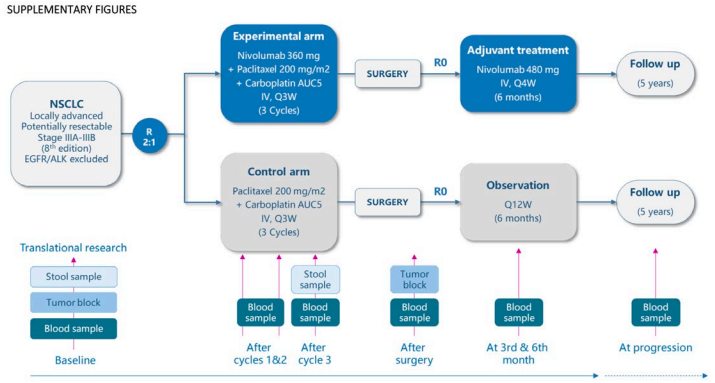
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Perioperative Nivolumab and Chemotherapy in Stage III Non–Small-Cell Lung Cancer

M. Provencio, E. Nadal, J.L. González-Larriba, A. Martínez-Martí, R. Bernabé, J. Bosch-Barrera, J. Casal-Rubio, V. Calvo, A. Insa, S. Ponce, N. Reguart, J. de Castro, J. Mosquera, M. Cobo, A. Aguilar, G. López Vivanco, C. Camps, R. López-Castro, T. Morán, I. Barneto, D. Rodríguez-Abreu, R. Serna-Blasco, R. Benítez, C. Aguado de la Rosa, R. Palmero, F. Hernando-Trancho, J. Martín-López, A. Cruz-Bermúdez, B. Massuti, and A. Romero

- TMB y PFS y OS



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NADIM 2

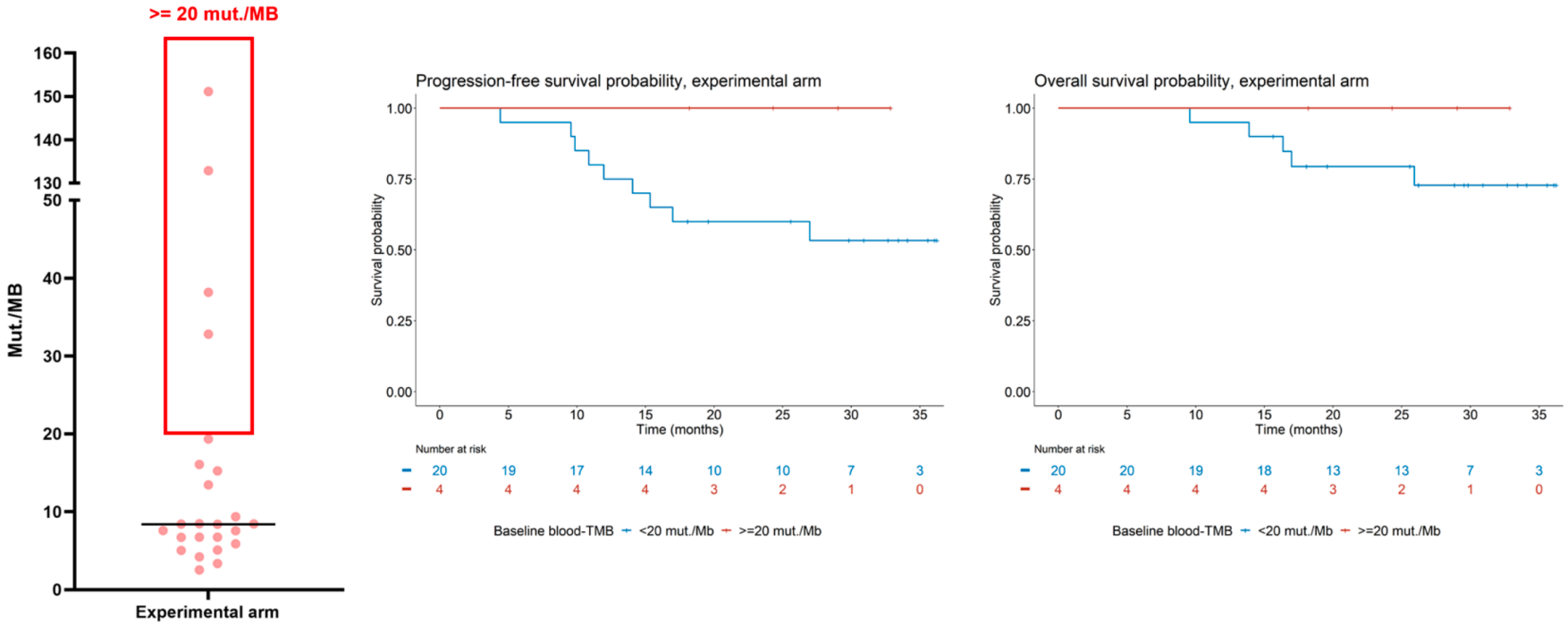

Figure S8. Blood TMB in patients in the experimental arm. Patients with very high blood TMB (≥20 mut/MB) appear to have excellent prognosis. None of the patients with blood TMB ≥20 had been diagnosed as having progressive disease or had died at the time of data cutoff.

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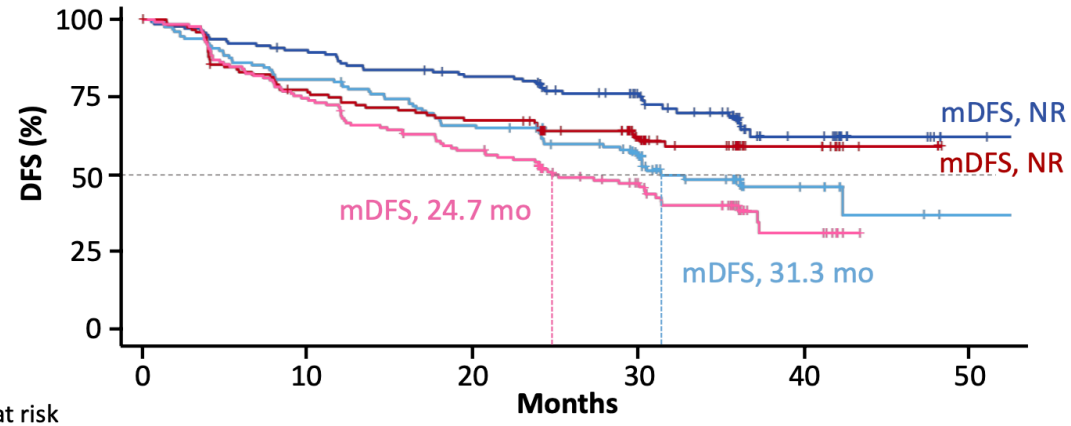
Provencio et al / N Engl J Med 2023; 389:504-513

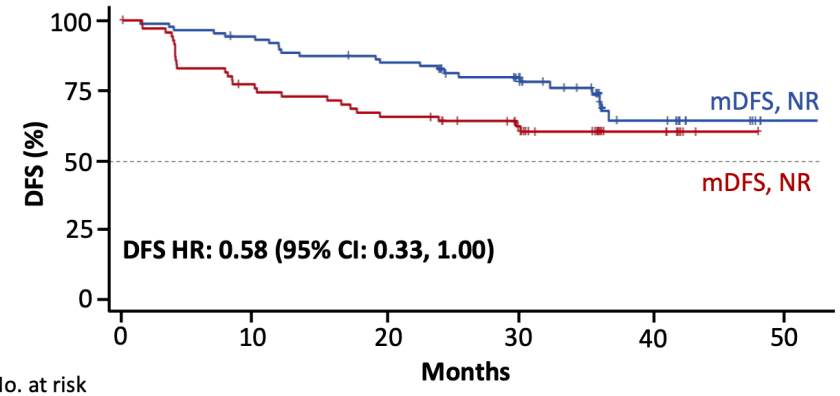
IMpower010: exploratory analysis of tumour mutational burden and disease-free survival with adjuvant atezolizumab in NSCLC

Enriqueta Felip[1], Minu K. Srivastava[2], Martin Reck[3], Heather Wakelee[4], Nasser Altorki[5], Eric Vallieres[6], Rüdiger Liersch[7], Satoshi Oizumi[8], Hiroshi Tanaka[9], John T. Hamm[10] Silvia Novello[11], Steven McCune[12], Luciana Molinero[2], Virginia McNally[13], Stefanie Morris[14], Marcus Ballinger[2], Haocheng Li[15], Wei Zou[2], Barzin Y. Nabet[2], Elizabeth Bennett[2], Barbara J. Gitlitz[2], Caicun Zhou[16]



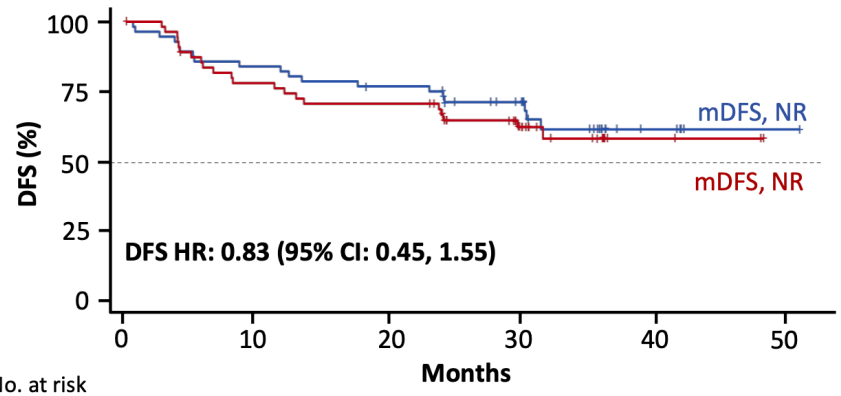
No. at risk						
TMB-H: atezo	144	127	113	76	23	2
TMB-L: atezo	133	104	84	53	12	1
TMB-H: BSC	129	93	82	53	12	0
TMB-L: BSC	143	103	78	45	9	0

TMB-H and PD-L1 TC ≥1%



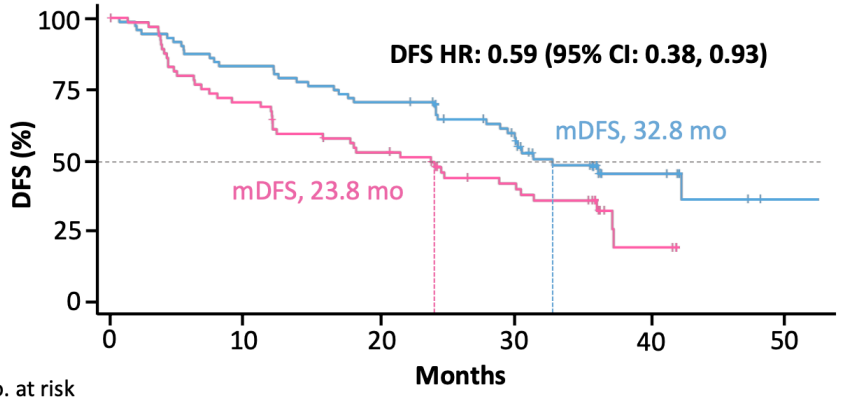
No. at risk						
Atezo	88	80	71	47	17	1
BSC	72	51	44	31	9	0

TMB-H and PD-L1 TC <1%



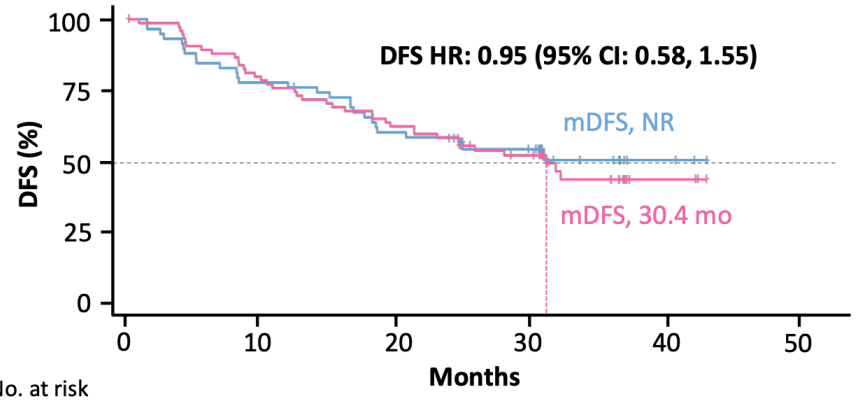
No. at risk						
Atezo	56	47	42	29	6	1
BSC	57	42	38	22	3	0

TMB-L and PD-L1 TC ≥1%



No. at risk						
Atezo	73	59	50	35	9	1
BSC	67	45	32	21	3	0

TMB-L and PD-L1 TC <1%



No. at risk						
Atezo	60	45	34	18	3	
BSC	76	58	46	24	6	

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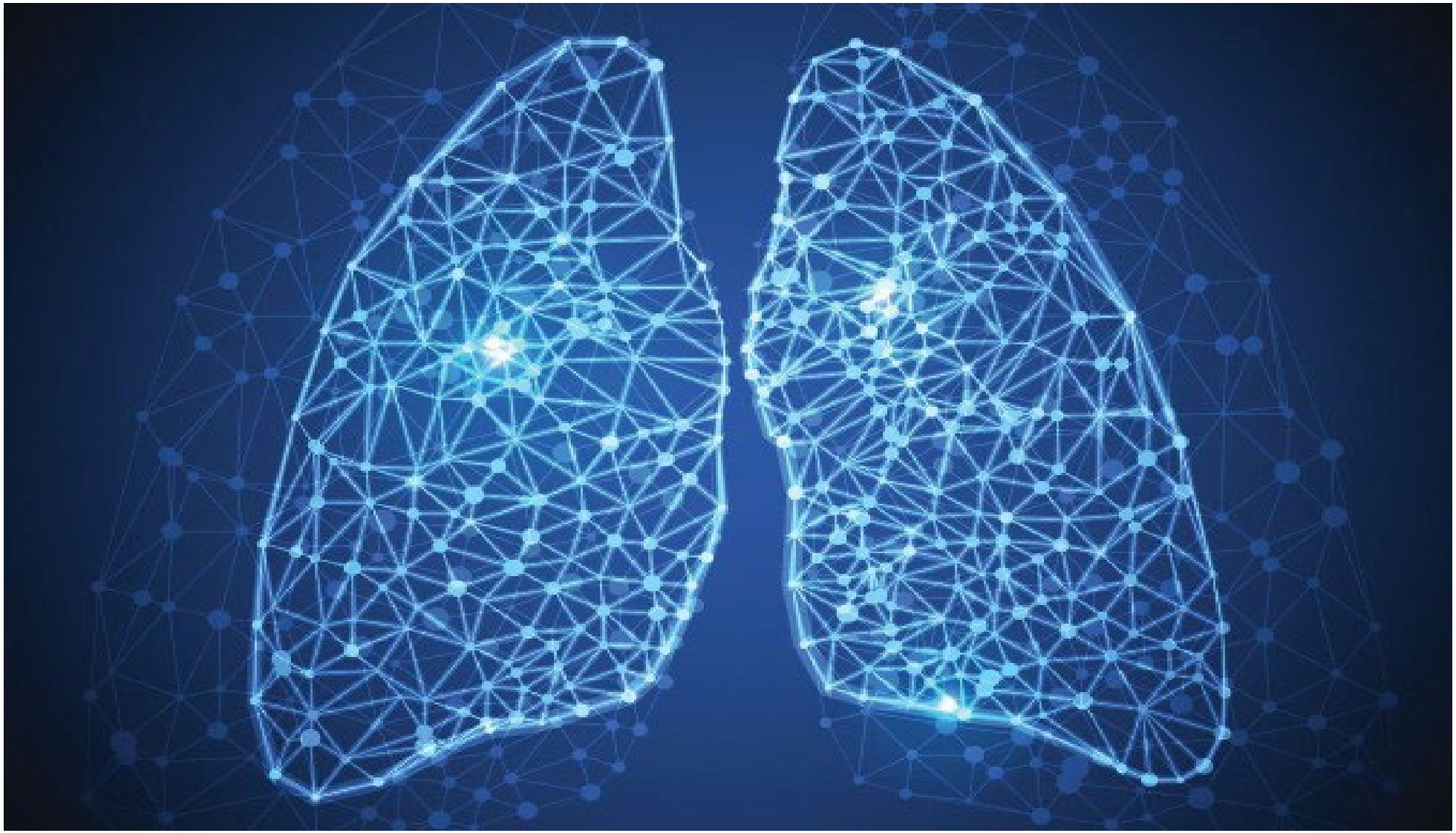
pCR, MPR, MRD



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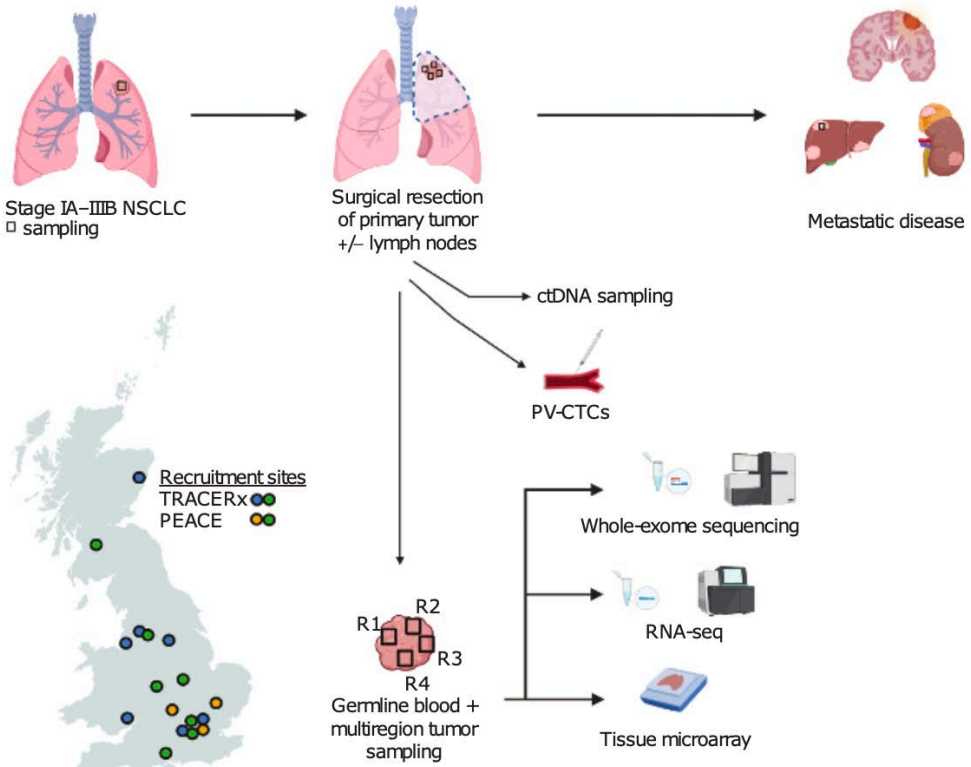
ctDNA in TRACERx lung



How much clinical performance is lost due to assay sensitivity?

First generation tumour-informed ctDNA assays

Phylogenetic ctDNA analysis depicts early-stage lung cancer evolution

Christopher Abbosh, Nicolai J. Birkbak, Gareth A. Wilson, Mariam Jamal-Hanjani, Tudor Constantin, Raheleh Salari, John Le Quesne, David A. Moore, Selvaraju Veeriah, Rachel Rosenthal, Teresa Marafioti, Eser Kirkizlar, Thomas B. K. Watkins, Nicholas McGranahan, Sophia Ward, Luke Martinson, Joan Riley, Francesco Fraioli, Maise Al Bakir, Eva Grönroos, Francisco Zambrana, Raymondo Endozo, Wenya Linda Bi, Fiona M. Fennessy, The TRACERx consortium, The PEACE consortium & ... Charles Swanton

+ Show authors

Nature **545**, 446–451 (2017) | Cite this article

16 variant personalised panel: LOD95*
~0.01% VAF (100 PPM)

Tracking early lung cancer metastatic dissemination in TRACERx using ctDNA

Christopher Abbosh, Alexander M. Frankell, Thomas Harrison, Judit Kisistok, Aaron Garnett, Laura Johnson, Selvaraju Veeriah, Mike Moreau, Adrian Chesh, Tafadzwa L. Chaunzwa, Jakob Weiss, Morgan R. Schroeder, Sophia Ward, Kristiana Grigoriadis, Aamir Shahpurwalla, Kevin Litchfield, Clare Puttick, Dhruva Biswas, Takahiro Karasaki, James R. M. Black, Carlos Martínez-Ruiz, Maise Al Bakir, Oriol Pich, Thomas B. K. Watkins, TRACERx Consortium, ... Charles Swanton

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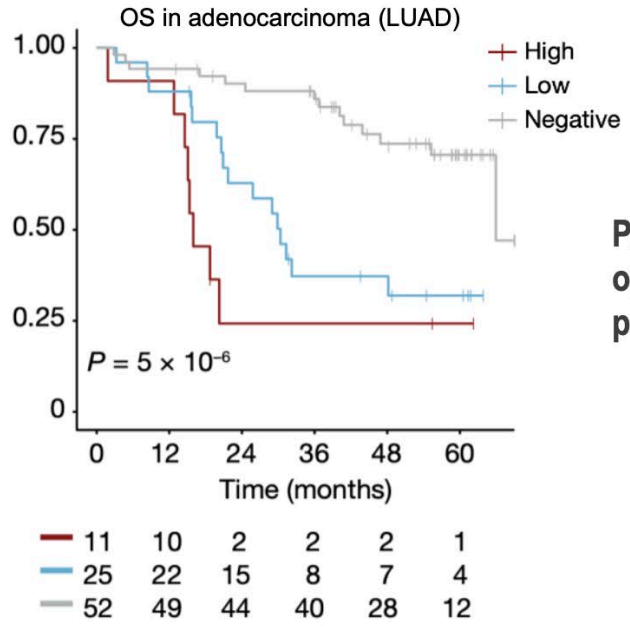
Nature **616**, 553–562 (2023) | Cite this article

50 variant personalised panel: LOD95*
~0.008% VAF (~80 PPM)



Presence of ctDNA within pre-operative plasma sample predicts poor OS in adenocarcinomas

Abbosh et al., 2017, *Nature*
Sethi et al., 2018, *AACR*
Bailey, Black et al., 2021, *Cancer Discov.*
Zhou et al., 2023, *Mol Diagn Ther.*
Abbosh et al., 2023, *Nature*

*LOD95: estimated ctDNA fraction which would be detected in 95% of replicates

MADRID 2023 ESMO congress

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Future plans in TRACERx

- Planned analysis of ~450 TRACERx patients ongoing
- Approximately 4200 plasma samples being analysed
- 350 tumour-specific subclonal mutations tracked in each patient
- Future expanded analyses will focus on clinical performance, clonal evolution through treatment, acquisition of treatment resistance and factors governing ctDNA shedding

	Lead time (days)
All tumours	173
LUAD	145
Non-LUAD	213
Landmark positive	331
Positive detection pre-recurrence*	225

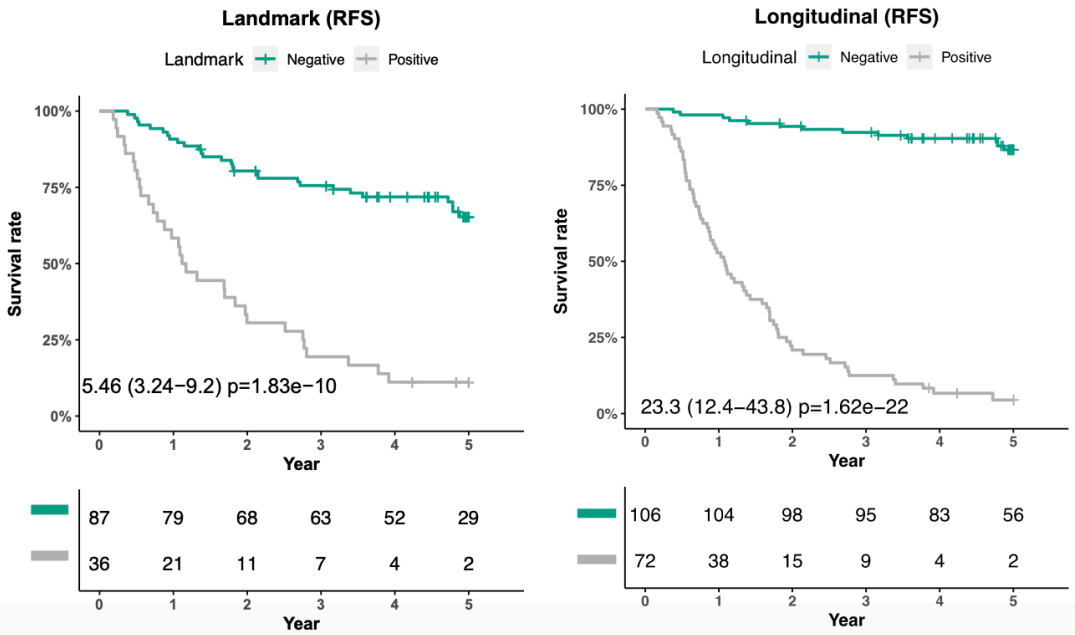
PPM: parts per million ctDNA. Landmark positive: ctDNA detection within first 120 days of follow up. After adj. treatment: following completion of final treatment with curative intent. Minimum follow-up to be considered relapse-free: 3 years. Median follow-up: 5 years (range 89-2927 days). Landmark lead times were calculated for landmark positive patients, longitudinal lead time includes all patients. Median time to relapse LUAD: 391 days (range 82-1782); Non-LUAD: 443 days (range 59-1747). *Positive detection pre-recurrence: lead times calculated as in Gale et al., 2022.

MADRID 2023 ESMO congress

Gale et al., 2022, *Ann. Oncol.*

Preliminary data from post-operative timepoints

	PPV	NPV	Sensitivity	Specificity	ctDNA PPM (IQR)
Landmark (n=123)	89%	69%	54%	94%	239 (21-1547)
Landmark (n=74, LUAD only)	90%	58%	46%	94%	159 (21-1166)
Landmark (n=49, Non-LUAD only)	87%	85%	72%	94%	358 (25-1830)
Landmark (from end of curative treatment, n=110)	94%	73%	58%	97%	152 (14-1332)
Longitudinal (n=178)	94%	89%	85%	96%	



James R. M. Black M.D. PhD / ESMO23

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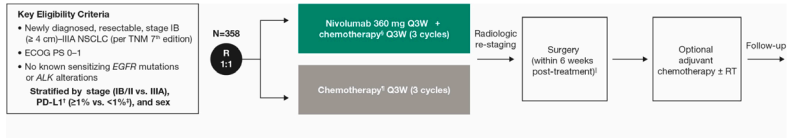
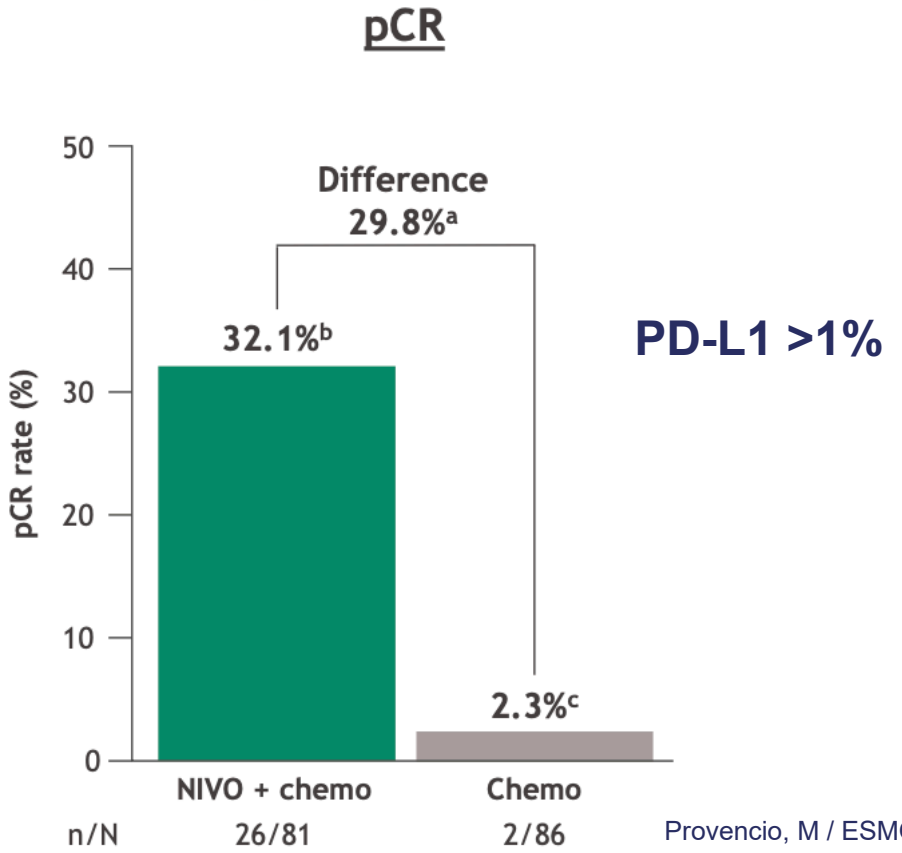
Neoadjuvant nivolumab plus chemotherapy in the phase 3 CheckMate 816 study: 3-year results by tumor PD-L1 expression

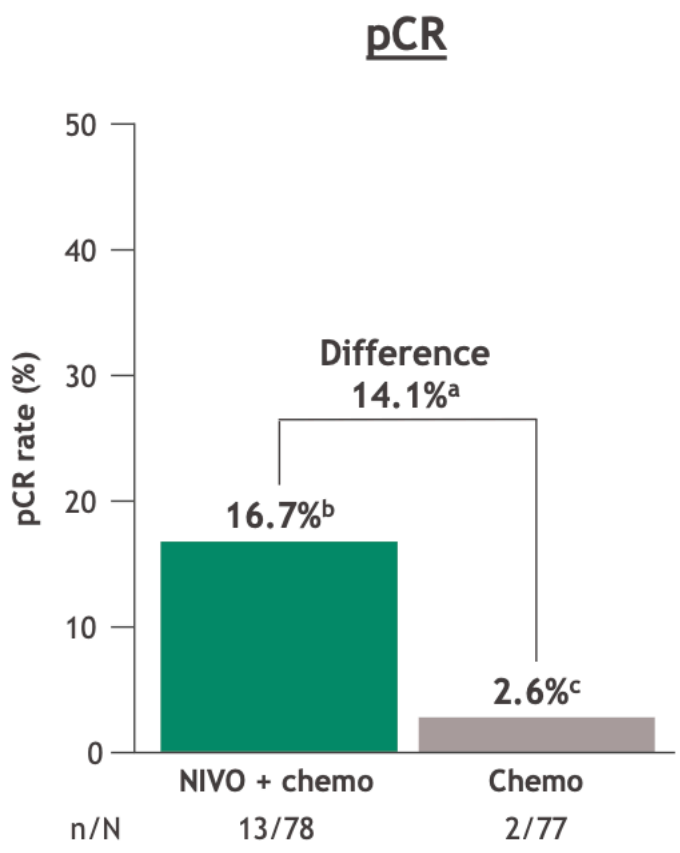
Mariano Provencio Pulla,[1] Patrick M. Forde,[2] Jonathan Spicer,[3] Changli Wang,[4] Shun Lu,[5] Tetsuya Mitsudomi,[6] Mark M. Awad,[7] Enriqueta Felip,[8] Stephen R. Broderick,[2] Scott J. Swanson,[7] Julie Brahmer,[2] Keith Kerr,[9] Gene B. Saylors,[10] Fumihiro Tanaka,[11] Ke-Neng Chen,[12] Phuong Tran,[13] Junliang Cai,[13] Javed Mahmood,[13] Stephanie Meadows-Shropshire,[13] Nicolas Girard[14]

Figure S1. Study Design.*





PD-L1 >1%



PD-L1 <1%

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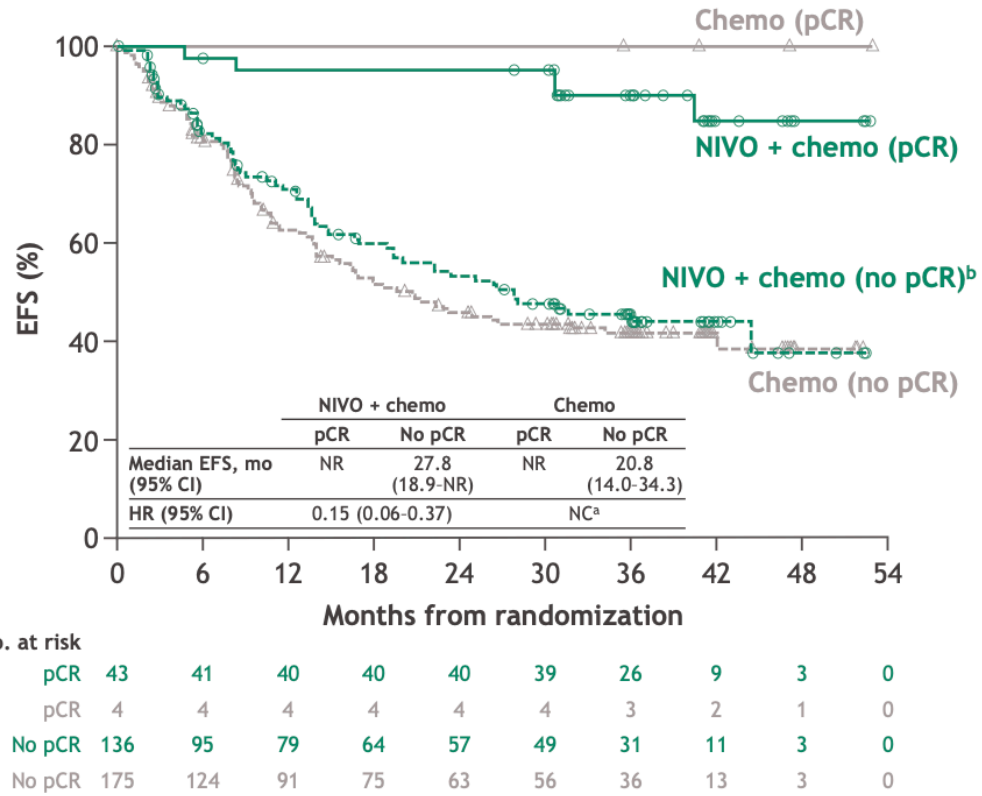
EFS

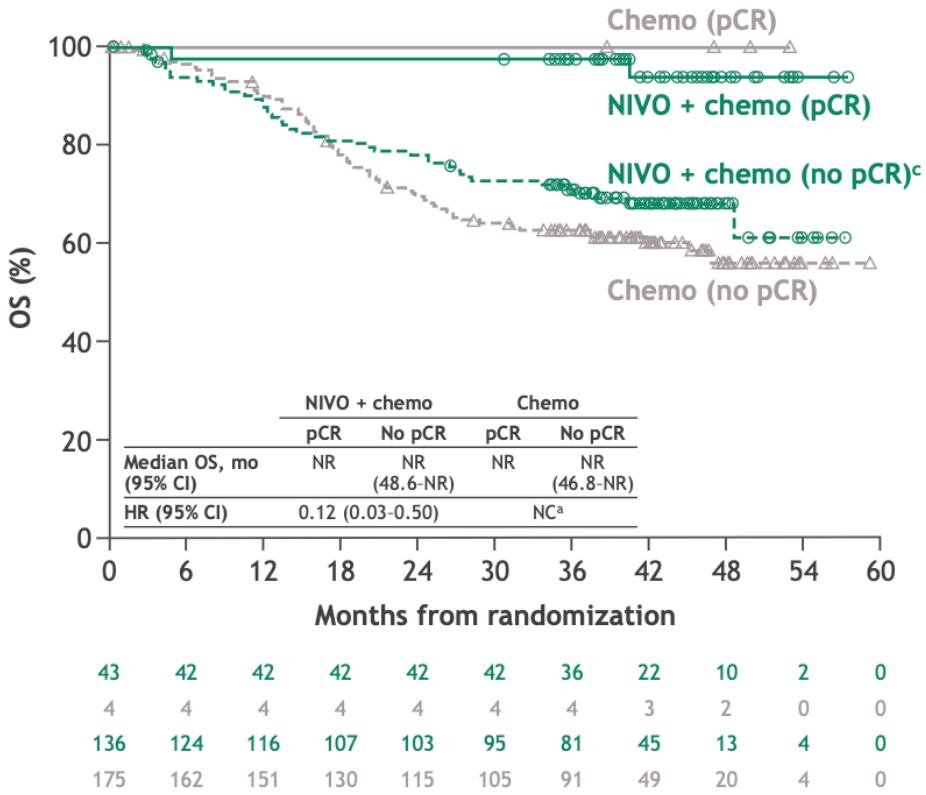


	NIVO + chemo		Chemo	
	pCR	No pCR	pCR	No pCR
Median EFS, mo (95% CI)	NR	27.8 (18.9-NR)	NR	20.8 (14.0-34.3)
HR (95% CI)	0.15 (0.06-0.37)		NC[a]	

No. at risk

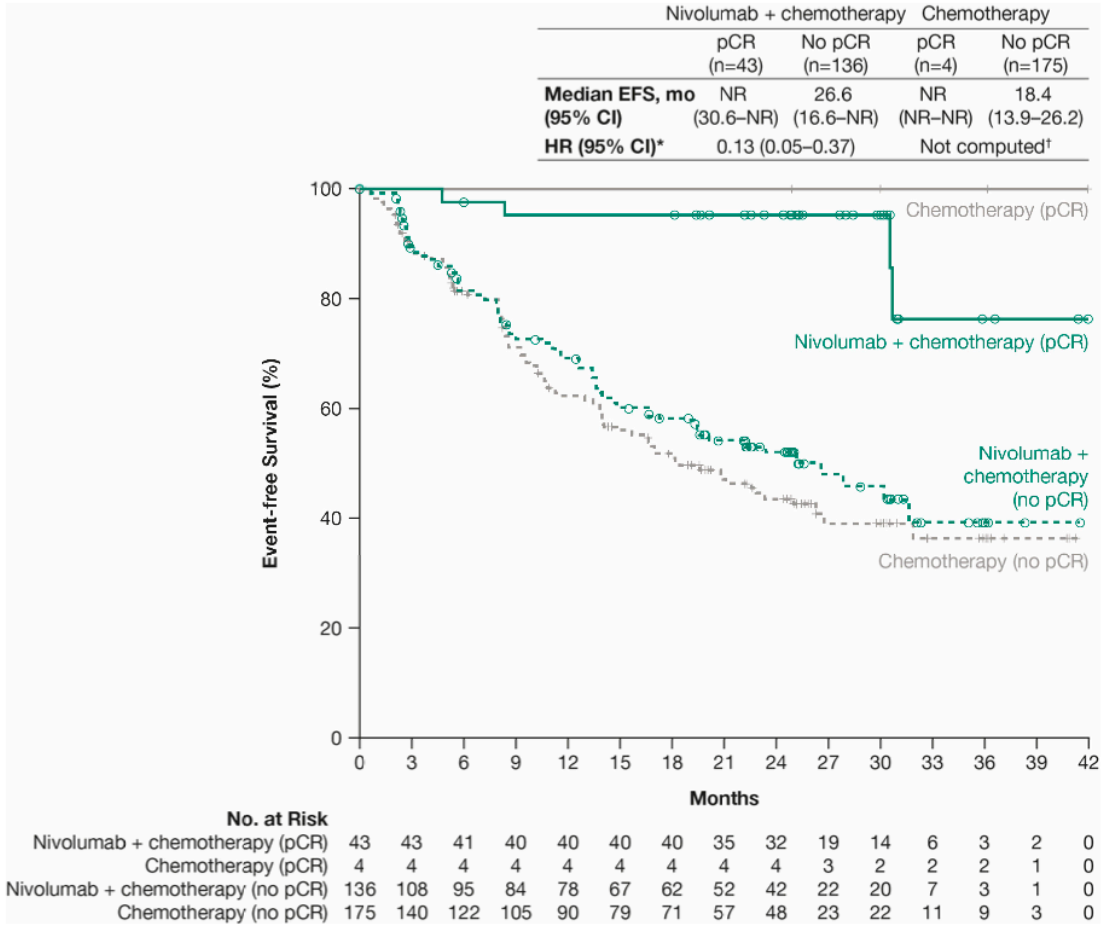
pCR	43	41	40	40	40	39	26	9	3	0
pCR	4	4	4	4	4	4	3	2	1	0
No pCR	136	95	79	64	57	49	31	11	3	0
No pCR	175	124	91	75	63	56	36	13	3	0

OS

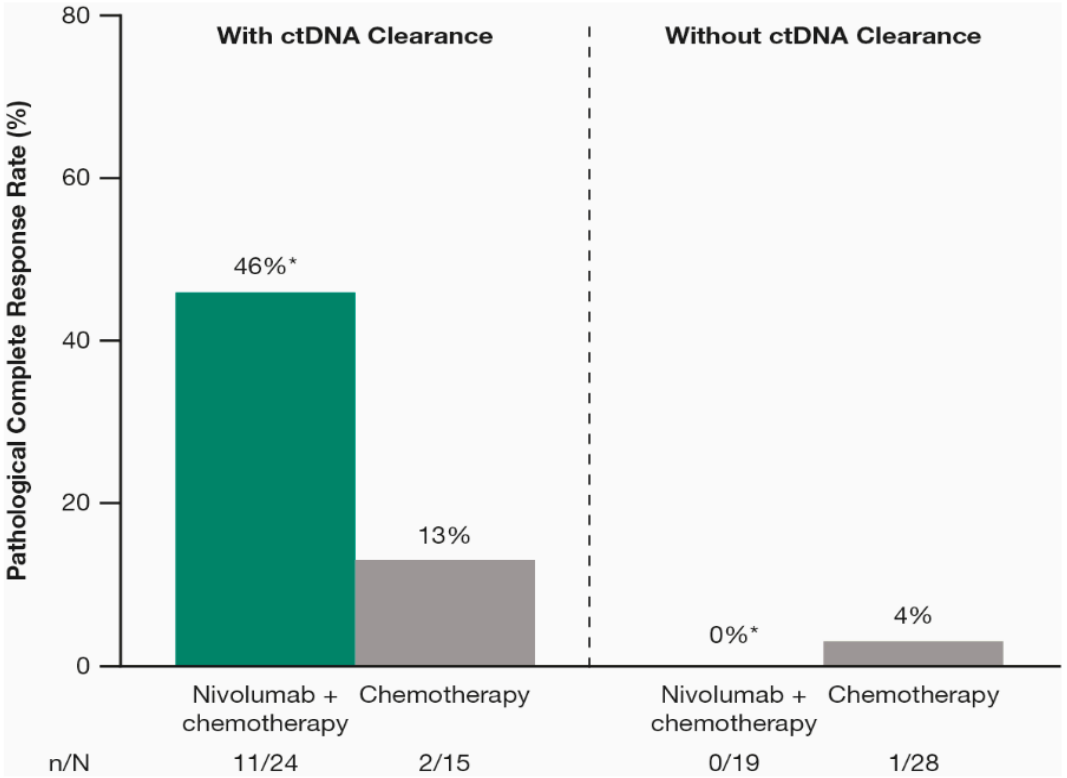


	NIVO + chemo		Chemo	
	pCR	No pCR	pCR	No pCR
Median OS, mo (95% CI)	NR	NR (48.6-NR)	NR	NR (46.8-NR)
HR (95% CI)	0.12 (0.03-0.50)		NC[a]	

43	42	42	42	42	42	36	22	10	2	0
4	4	4	4	4	4	4	3	2	0	0
136	124	116	107	103	95	81	45	13	4	0
175	162	151	130	115	105	91	49	20	4	0



B



ctDNA analyses were performed on plasma samples collected on day 1 before each of the three treatment cycles.
* 95% CI for pCR rate with nivolumab plus chemotherapy: with ctDNA CL, 26–67; without ctDNA CL, 0–18.
CI denotes confidence interval, HR hazard ratio, and NR not reached.

Patrick M. Forde, N Engl J Med 2022; 386:1973-1985

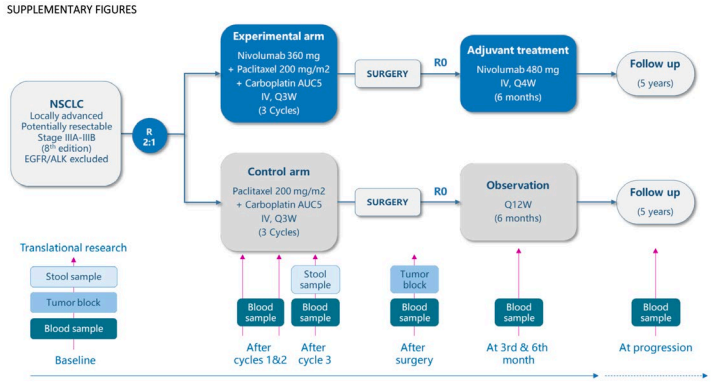
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Perioperative Nivolumab and Chemotherapy in Stage III Non–Small-Cell Lung Cancer

M. Provencio, E. Nadal, J.L. González-Larriba, A. Martínez-Martí, R. Bernabé, J. Bosch-Barrera, J. Casal-Rubio, V. Calvo, A. Insa, S. Ponce, N. Reguart, J. de Castro, J. Mosquera, M. Cobo, A. Aguilar, G. López Vivanco, C. Camps, R. López-Castro, T. Morán, I. Barneto, D. Rodríguez-Abreu, R. Serna-Blasco, R. Benítez, C. Aguado de la Rosa, R. Palmero, F. Hernando-Trancho, J. Martín-López, A. Cruz-Bermúdez, B. Massuti, and A. Romero

- ctDNA y Estadio y PFS y OS



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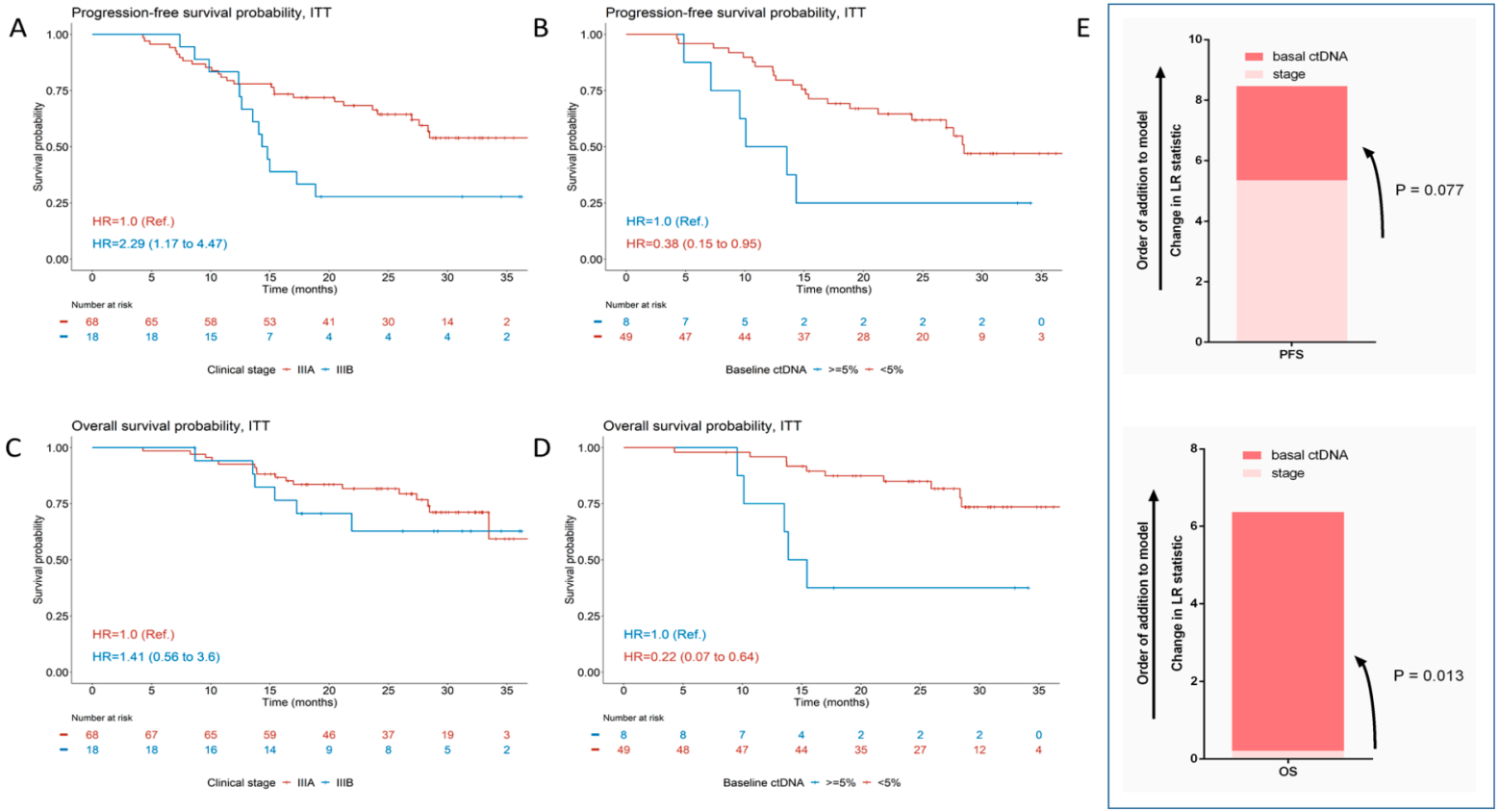
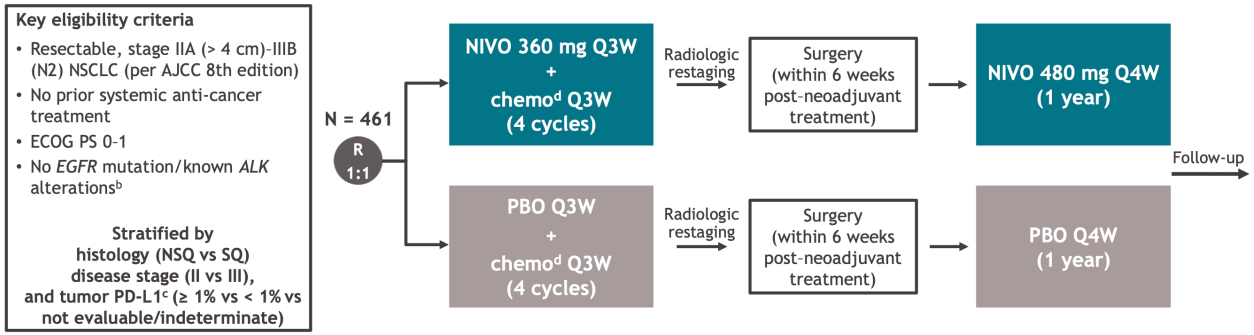


Figure S11. Kaplan-Meier curves for progression-free survival (PFS) according to clinical stage (A) and baseline ctDNA levels using a cutoff of 5% mutant allele fraction (MAF) (B). Kaplan-Meier curves for overall survival (OS) according to clinical stage (C) and baseline ctDNA levels using a cutoff of 5% MAF (D). Using a cutoff of <5% MAF, patients with low ctDNA levels at baseline had significantly improved PFS and OS than patients with high ctDNA levels (hazard ratio [HR]: 0.38; 95% CI 0.15–0.95 and HR: 0.22; 95% CI 0.07–0.64, for PFS and OS, respectively). (E) PFS (upper) and OS (lower) likelihood ratio statistic of tumor response assessed by clinical stage. The model was first conditioned for clinical stage, and then the significance of the ctDNA was added.

CheckMate 77T: Phase 3 study comparing neoadjuvant nivolumab plus chemotherapy with neoadjuvant placebo plus chemotherapy followed by surgery and adjuvant nivolumab or placebo for previously untreated, resectable stage II-IIIB NSCLC

Tina Cascone,[1] Mark M. Awad,[2] Jonathan Spicer,[3] Jie He,[4] Shun Lu,[5] Boris Sepesi,[1] Fumihiro Tanaka,[6] Janis M. Taube,[7] Robin Cornelissen,[8] Libor Havel,[9] Jaroslaw Kuzdzal,[10] Lubos B. Petruzelka,[11] Lin Wu,[12] Jean-Louis Pujol,[13] Hiroyuki Ito,[14] Cinthya Coronado Erdmann,[15] Padma Sathyanarayana,[15] Stephanie Meadows-Shropshire,[15] Mariano Provencio Pulla[16]

- EFS y pCR/MPR
- EFS y pCR según adyuvancia



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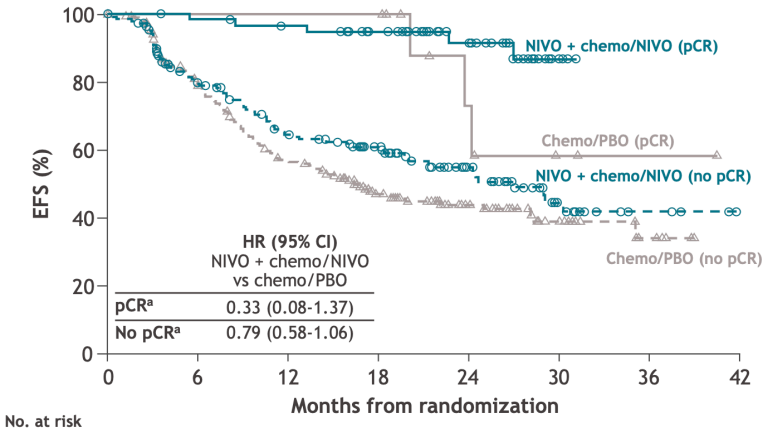
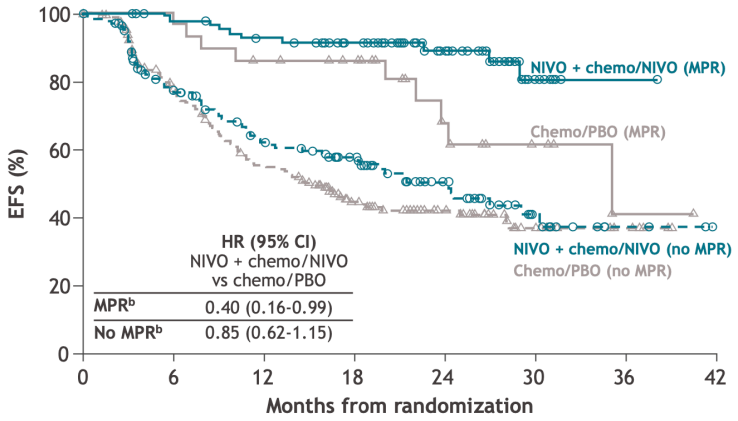
EFS by pCR



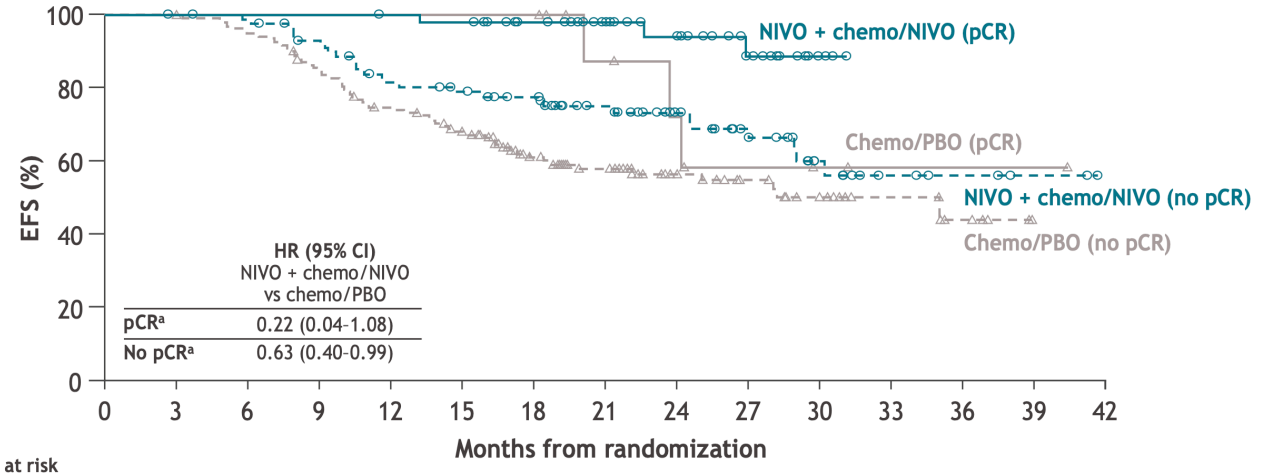
No. at risk

pCR	58	56	53	45	28	4	0	0
pCR	11	11	11	11	5	2	1	0
No pCR	171	117	88	70	41	16	4	0
No pCR	221	154	107	67	39	17	5	0

EFS by MPR



MPR	81	76	70	59	37	8	1	0
MPR	28	27	23	20	10	5	1	0
No MPR	148	97	71	56	32	12	3	0
No MPR	204	138	95	58	34	14	5	0



No. at risk

pCR	50	50	50	50	49	48	41	32	25	14	4	0	0	0	0
pCR	11	11	11	11	11	11	11	7	5	3	2	1	1	1	0
No pCR	92	91	89	81	69	65	56	45	35	26	15	7	4	2	0
No pCR	141	140	133	117	101	89	63	49	36	24	17	9	5	0	0

Cascone, T / ESMO23

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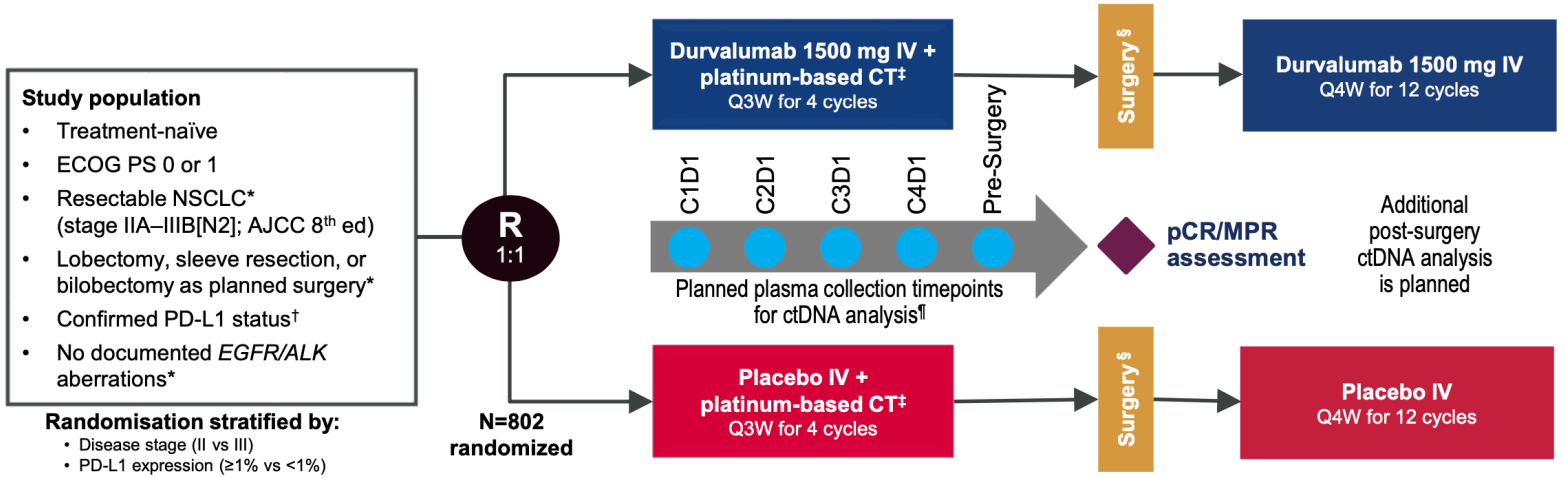
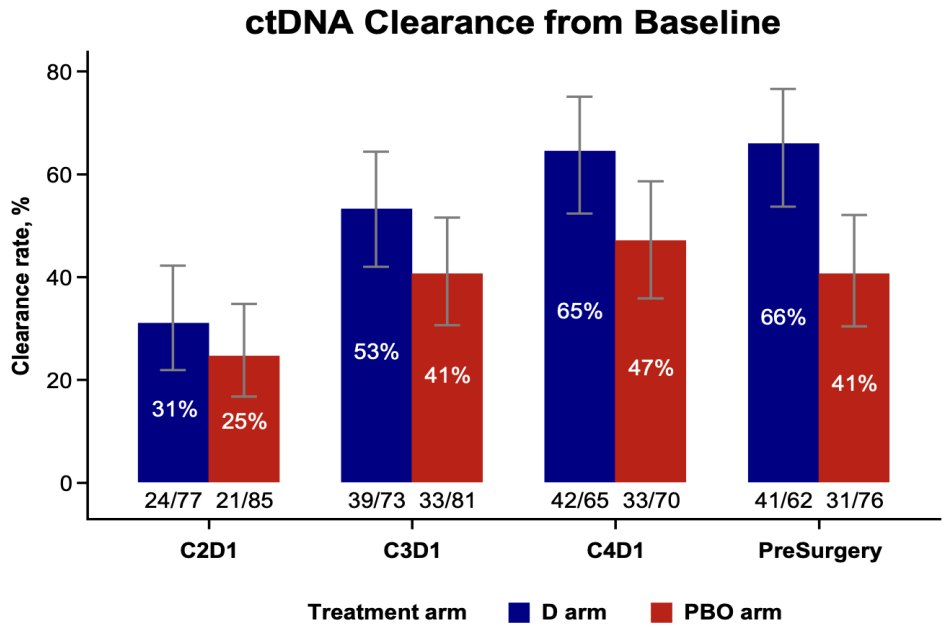
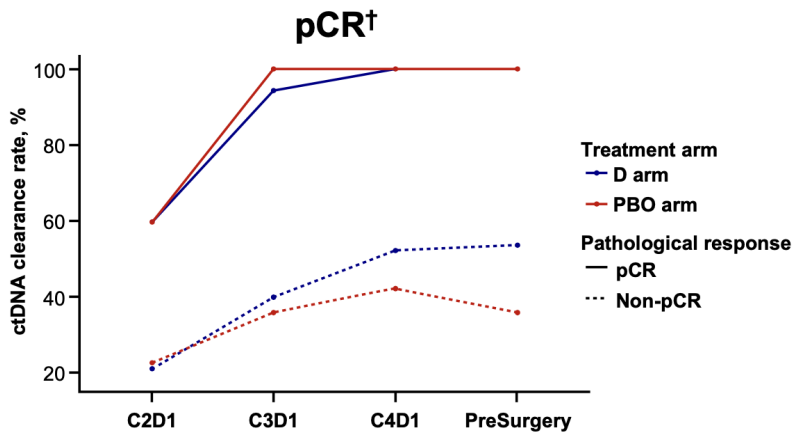
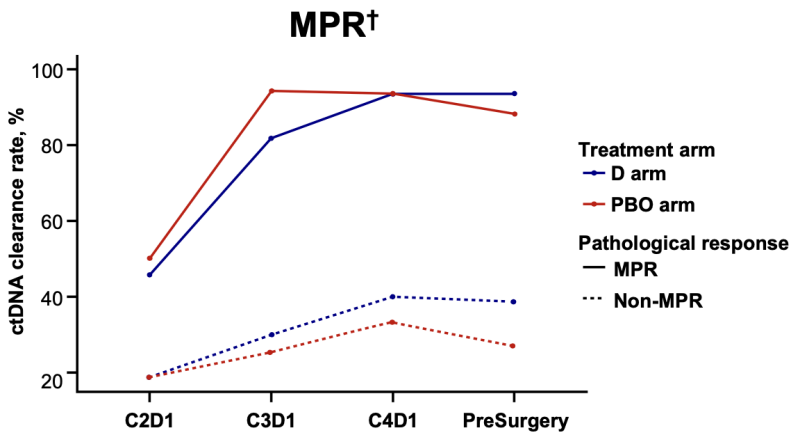
Associations of ctDNA Clearance and Pathological Response with Neoadjuvant Treatment in Patients with Resectable NSCLC from the Phase 3 AEGEAN Trial

Martin Reck,[1] Davina Gale,[2] David Harpole,[3] Janis M. Taube,[4] Tetsuya Mitsudomi,[5] Maximilian Hochmair,[6] Thomas Winder,[7] Zhou Zhu,[8] Zhongwu Lai,[9] Ross Stewart,[2] Darren Hodgson,[2] Gary J. Doherty,[2] John V. Heymach[10]









Reck, M / ESMO23

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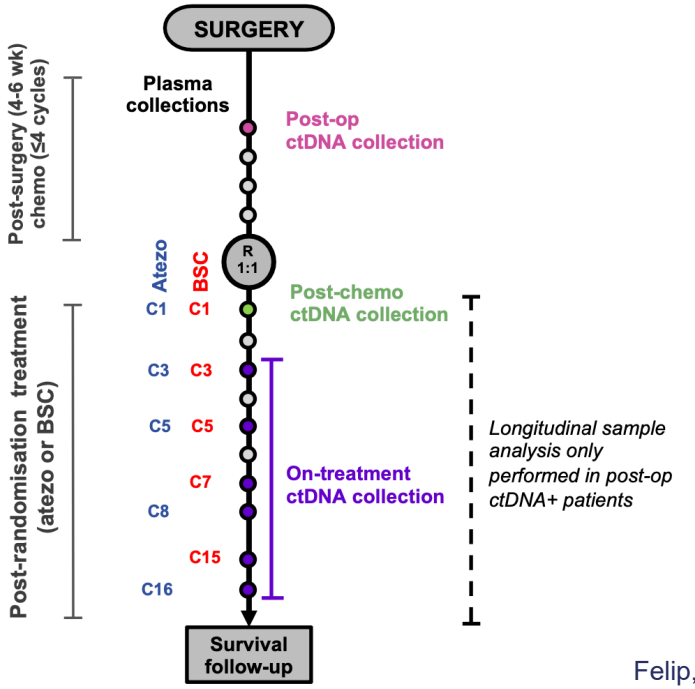
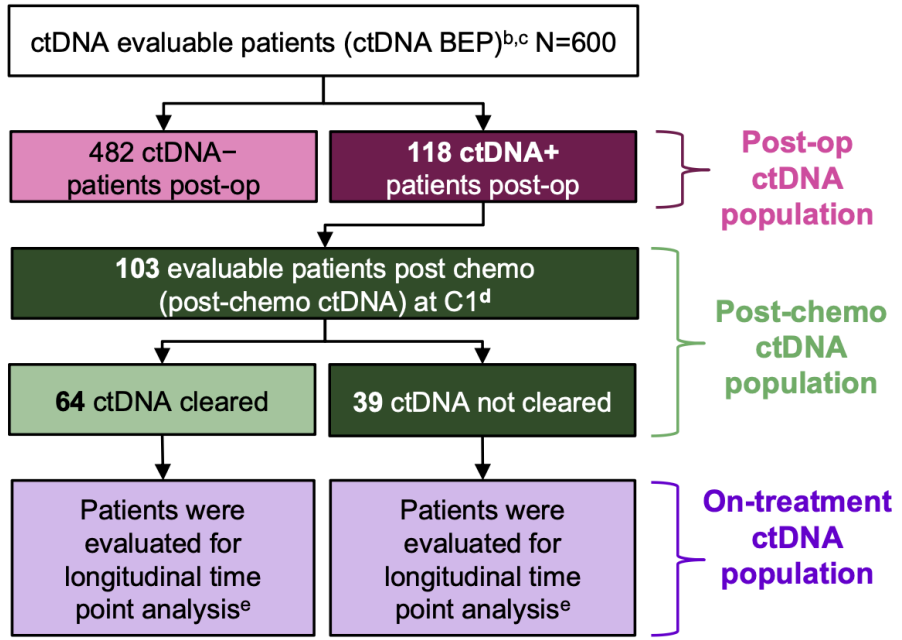
lung cancer research

IMpower010: ctDNA Status in Patients With Resected NSCLC Who Received Adjuvant Chemotherapy Followed by Atezolizumab or Best Supportive Care

Enriqueta Felip[1], Minu K. Srivastava[2], Martin Reck[3], Heather Wakelee[4], Nasser Altorki[5], Eric Vallieres[6], Rüdiger Liersch[7], Hiroshi Tanaka[8], John T. Hamm[9], Steven McCune[10], Elizabeth Bennett[2], Barbara J. Gitlitz[2], Virginia McNally[11], Silvia Novello[12], Marcus Ballinger[13], Wei Zou[2], Barzin Y. Nabet[2], Meghna Das Thakur[2], Caicun Zhou[14]





Felip, E / ESMO Inmuno Oncology 23

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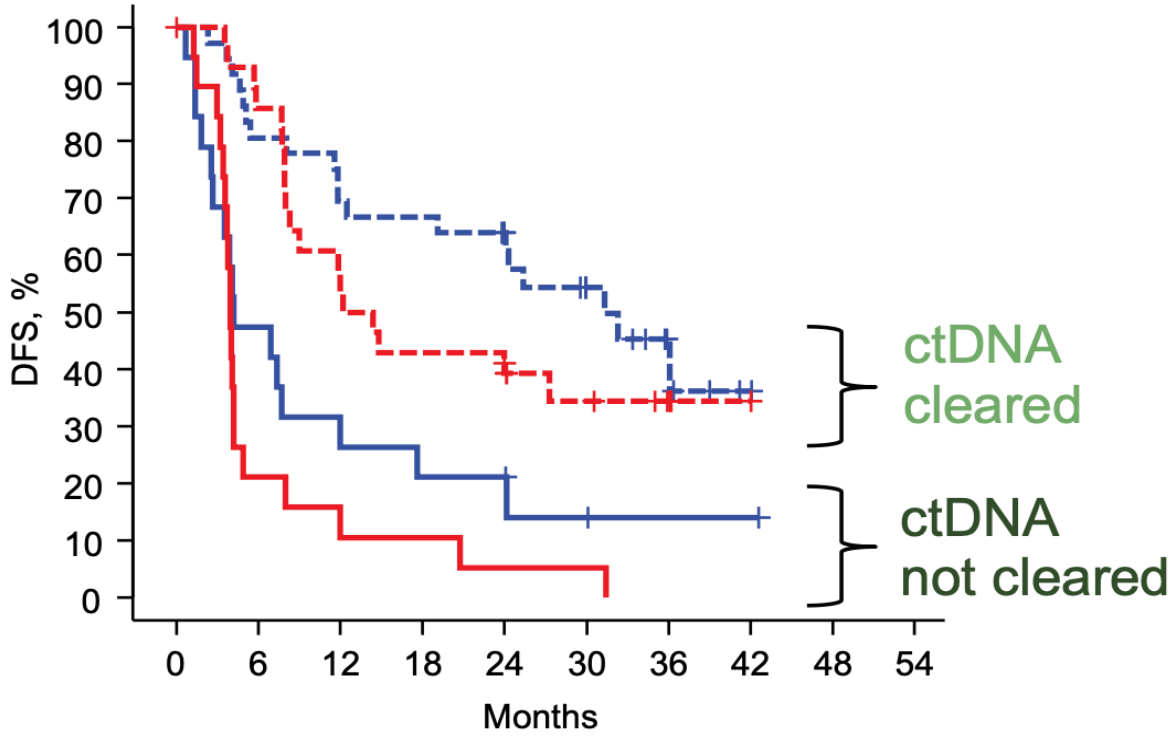


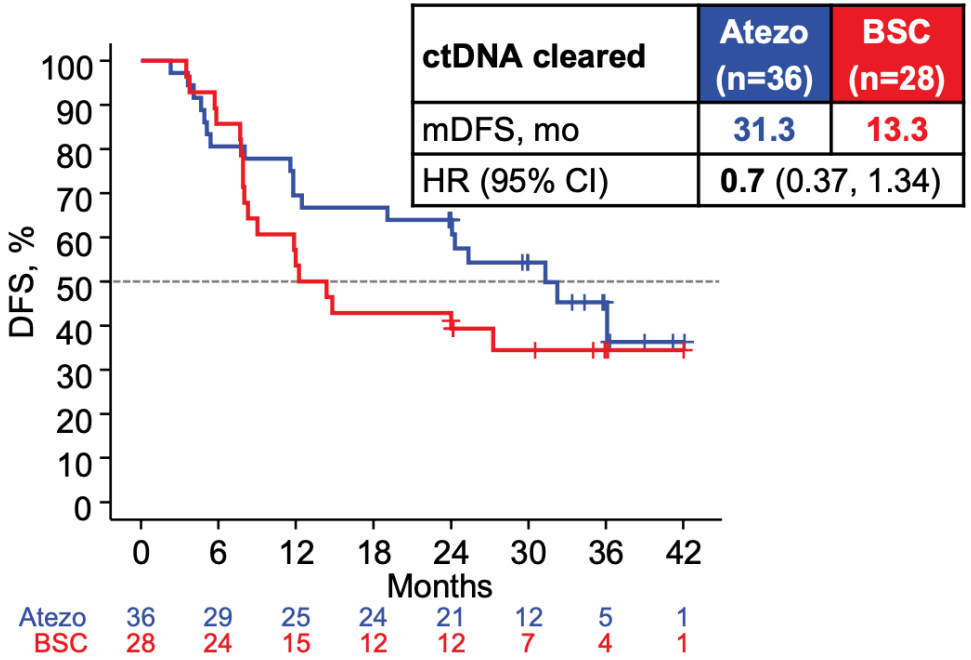
Atezo, ctDNA cleared	36	35	29	28	25	24	24	23	21	17	12	10	5	2	1	0	0	0	0
Atezo, ctDNA not cleared	19	13	9	6	5	5	4	4	4	2	2	1	1	1	1	0	0	0	0
BSC, ctDNA cleared	28	28	24	18	15	12	12	12	12	8	7	6	4	1	1	0	0	0	0
BSC, ctDNA not cleared	20	16	4	3	2	2	2	1	1	1	1	0	0	0	0	0	0	0	0

ctDNA cleared	Atezo (n=36)	BSC (n=28)
mDFS, mo	31.3	13.3
HR (95% CI)	**0.7** (0.37, 1.34)	

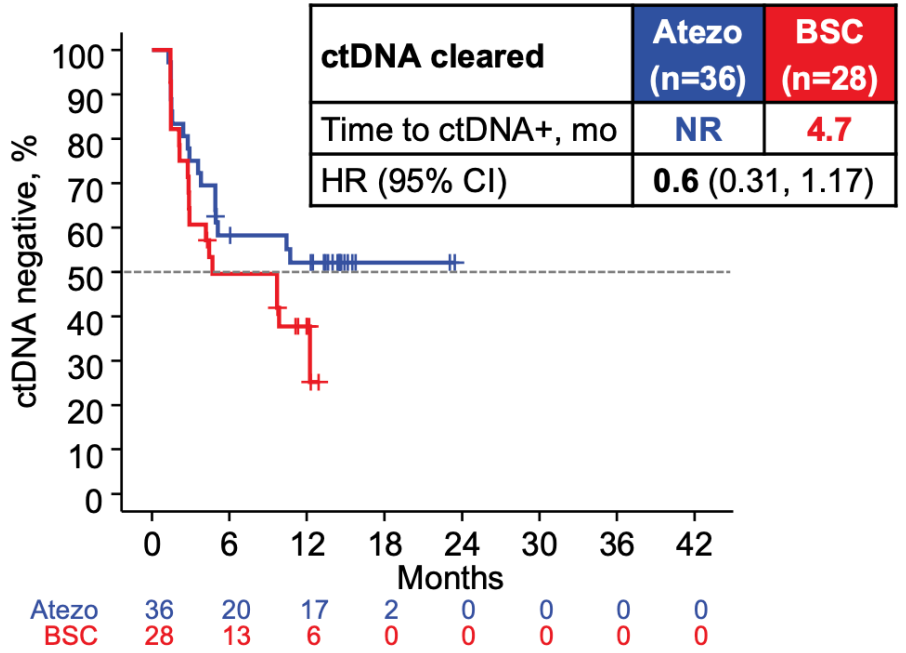
ctDNA not cleared	Atezo (n=19)	BSC (n=20)
mDFS, mo	4.2	3.9
HR (95% CI)	**0.67** (0.34, 1.32)	

Felip, E / ESMO Inmuno Oncology 23

DFS by treatment arm



Time to ctDNA+ by treatment arm



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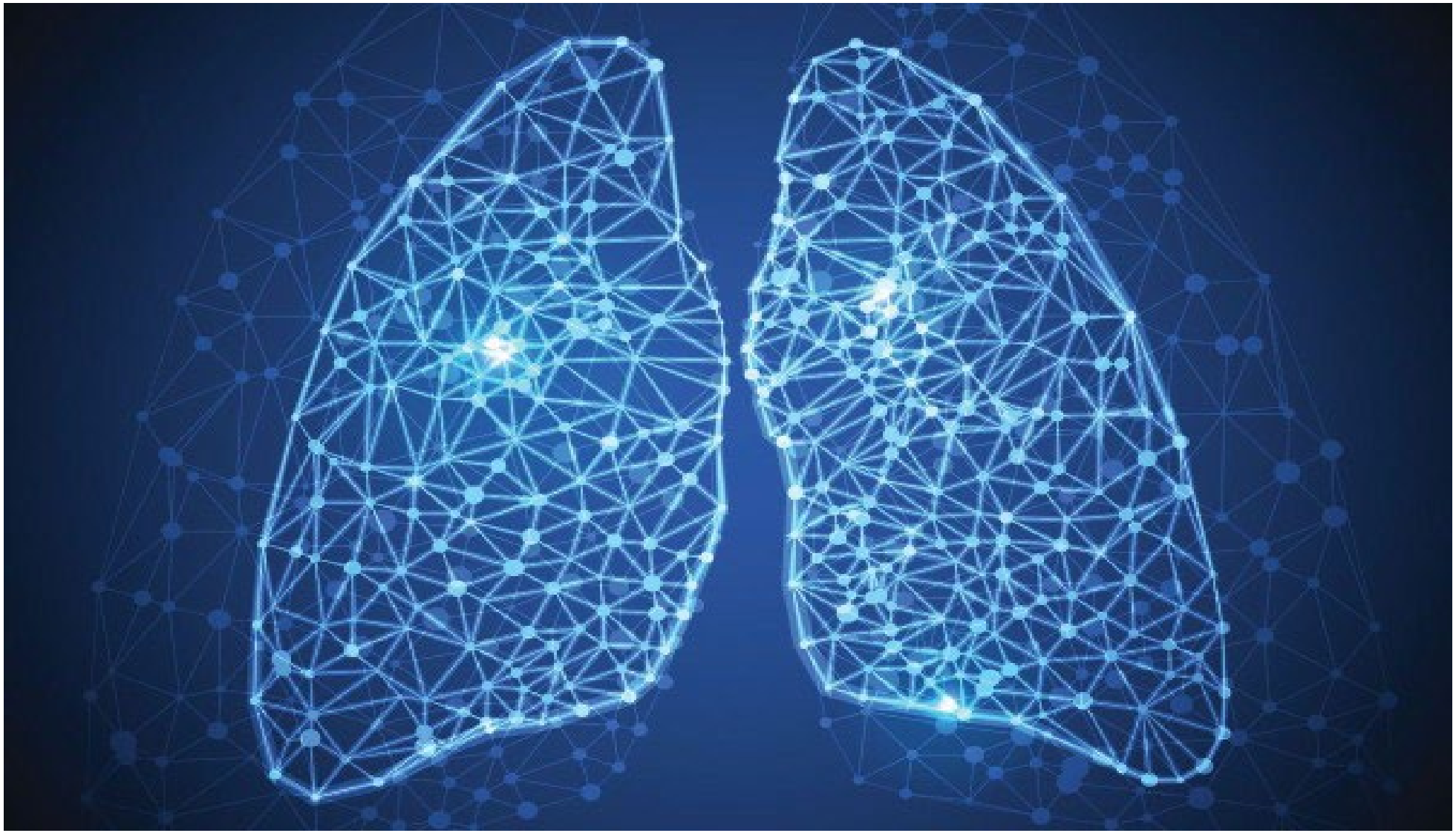
OTROS BIOMARCADORES



Organizado por:
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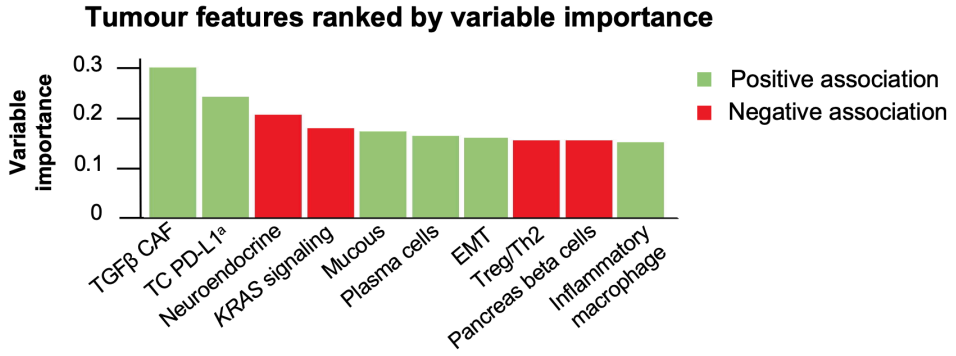
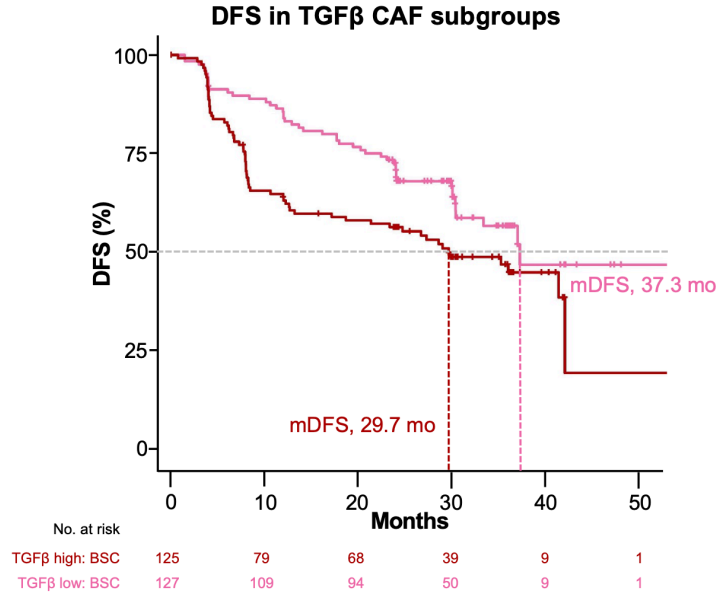
lung cancer research

IMpower010: exploratory analysis of disease-free survival by TGFβ cancer-associated fibroblast gene signature expression in patients with resected NSCLC treated with atezolizumab or best supportive care

Nasser Altorki,[1] Martin Reck,[2] Heather Wakelee,[3] Enriqueta Felip,[4] Eric Vallieres,[5] Rüdiger Liersch,[6] Satoshi Oizumi,[7] Hiroshi Tanaka,[8] Silvia Novello,[9] Steven McCune,[10] Haocheng Li,[11] Luciana Molinero,[12] Sören Müller,[12] Elizabeth Bennett,[12] Barbara J. Gitlitz,[12] Virginia McNally,[13] Marcus Ballinger,[13] Barzin Nabet,[13] Minu K. Srivastava,[13] Caicun Zhou[14]





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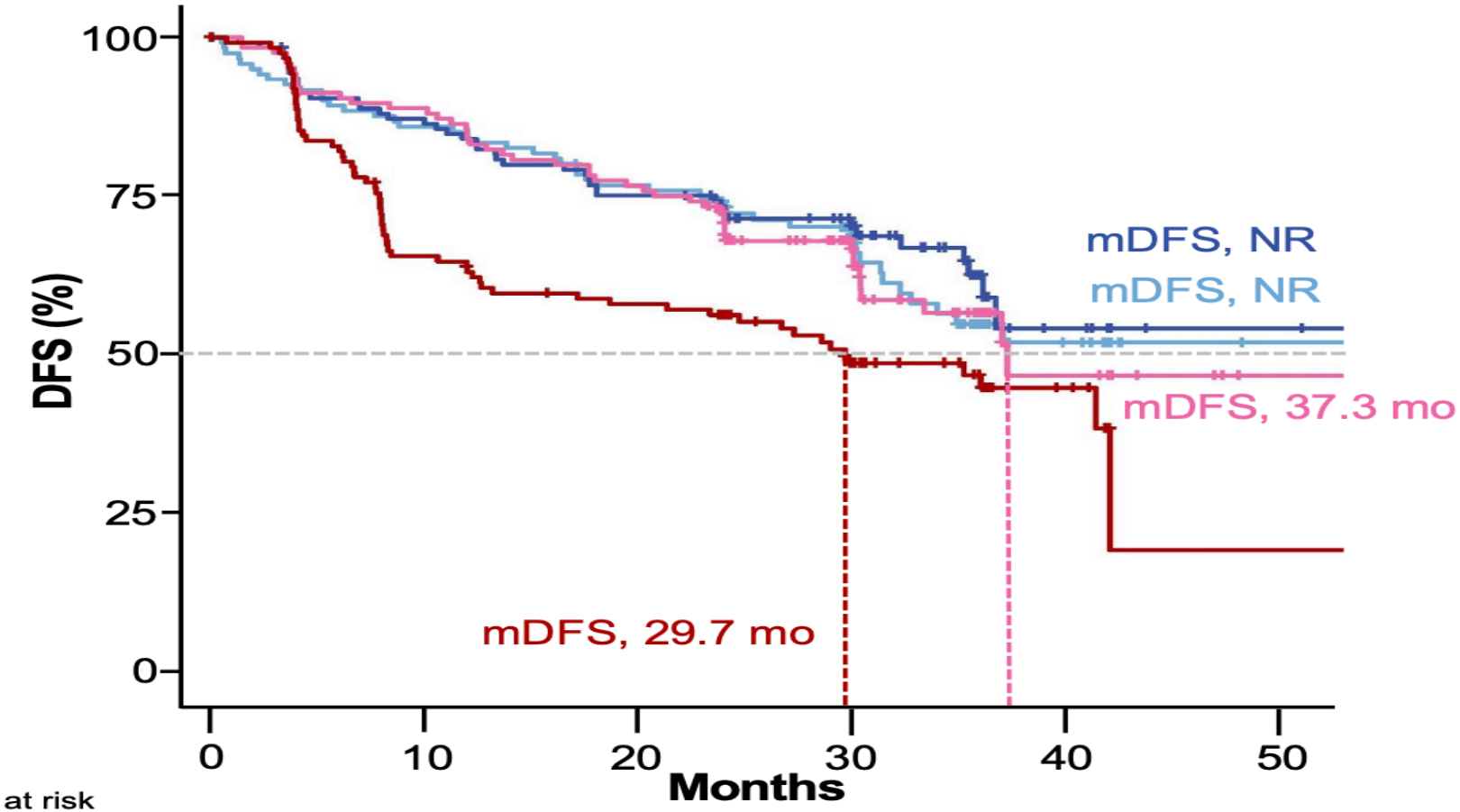
DFS in TGFβ CAF subgroups



No. at risk						
TGFβ high: BSC	125	79	68	39	9	1
TGFβ low: BSC	127	109	94	50	9	1
TGFβ high: atezo	125	108	93	54	9	3
TGFβ low: atezo	123	103	90	58	15	3

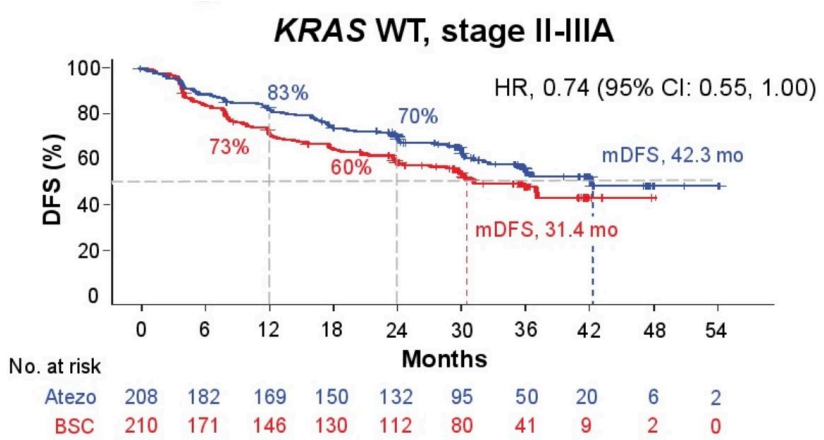
Altorki N / ESMO 23

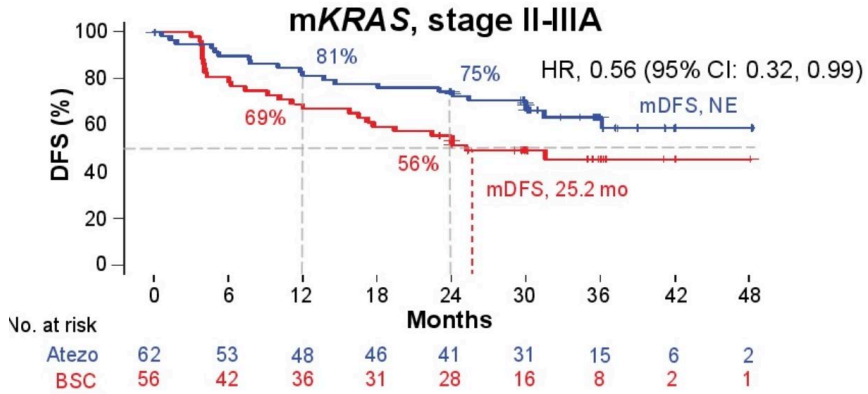
Organizado por: GECP lung cancer research

IMpower010: exploratory analysis of disease-free survival by *KRAS* status in patients with stage II-IIIA NSCLC treated with adjuvant atezolizumab vs best supportive care

Martin Reck[1], Minu K. Srivastava[2], Heather A. Wakelee[3], Enriqueta Felip[4], Nasser Altorki[5], Tibor Csőszi[6], Vladimir Moiseyenko[7], Andrey Akopov[8], Alexey Smolin[9], Antonio Chella[10], Eric Vallieres[11], Alex Martinez-Marti[4], Wei Zou[2], Virginia McNally[12], Elizabeth Bennett[2], Hen Prizant[2], Barzin Nabet[2], Marcus Ballinger[2], Barbara J. Gitlitz[2], Caicun Zhou[13]

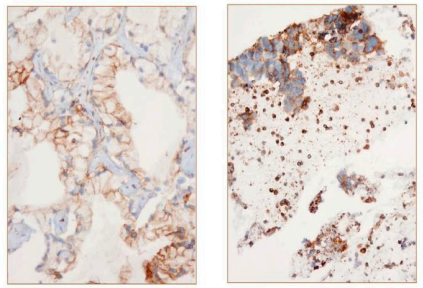
Baseline Characteristics	ITT (n=1005)	WES-BEP (n=603)	*KRAS* WT (n=475)	m*KRAS* (n=128)
Median age, y (range)	62 (26-84)	62 (26-82)	62 (26-82)	63 (40-81)
Male, n (%)	672 (67)	414 (69)	328 (69)	86 (67)
Asian, n (%)	242 (24)	144 (24)	125 (26)	19 (15)
White, n (%)	738 (73)	446 (74)	339 (71)	107 (84)
ECOG PS 0, n (%)	601 (60)	382 (63)	299 (63)	83 (65)
Non-squamous, n (%)	659 (66)	399 (66)	278 (59)	121 (95)
Squamous, n (%)	346 (34)	204 (34)	197 (41)	7 (5)
Current/previous smoker, n (%)	783 (78)	480 (80)	364 (77)	116 (91)
Never smoked, n (%)	222 (22)	123 (20)	111 (23)	12 (9)
MRD (ctDNA) positivity, n (%)	118 (20)	117 (20)	91 (19)	26 (20)
Median CRP, mg/L (range)	2.69 (0.2-166)	2.32 (0.2-166)	2.51 (0.2-166)	1.75 (0.2-48.9)



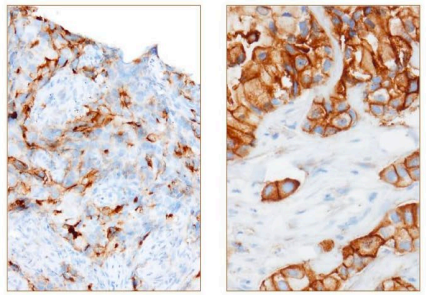


Profile of immunorecognition related markers including HLA-I to predict response to immunotherapy in non-small cell lung cancer

Maria Saigí Morguí, MD, PhD



HLA-I



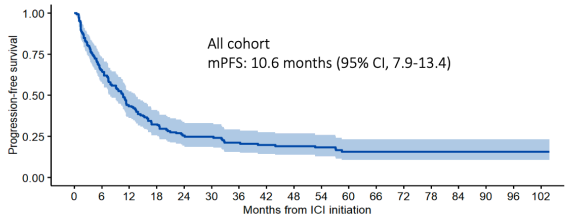
CD73

IHC	Clone	Tested	Excluded*	Total
PD-L1	Ventana SP 263	113	32	145
HLA-I	Abcam EMR 8-5	88	57	145
CD73	Cell Signaling D7F9A	84	61	145

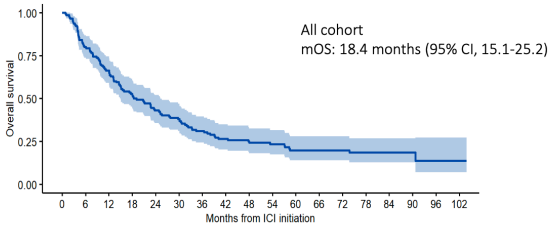
*No more (or enough) tumoral material left/ no further tested

Results

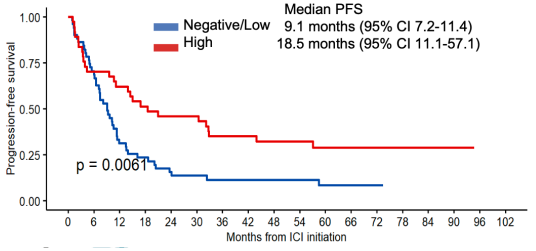
Progression free survival -IT



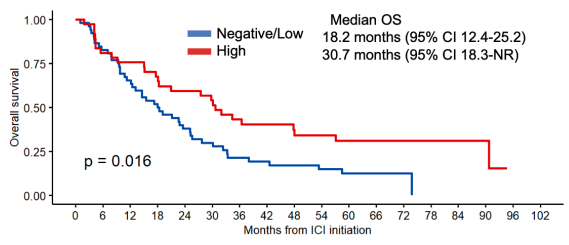
Overall survival



HLA-I



HLA-I



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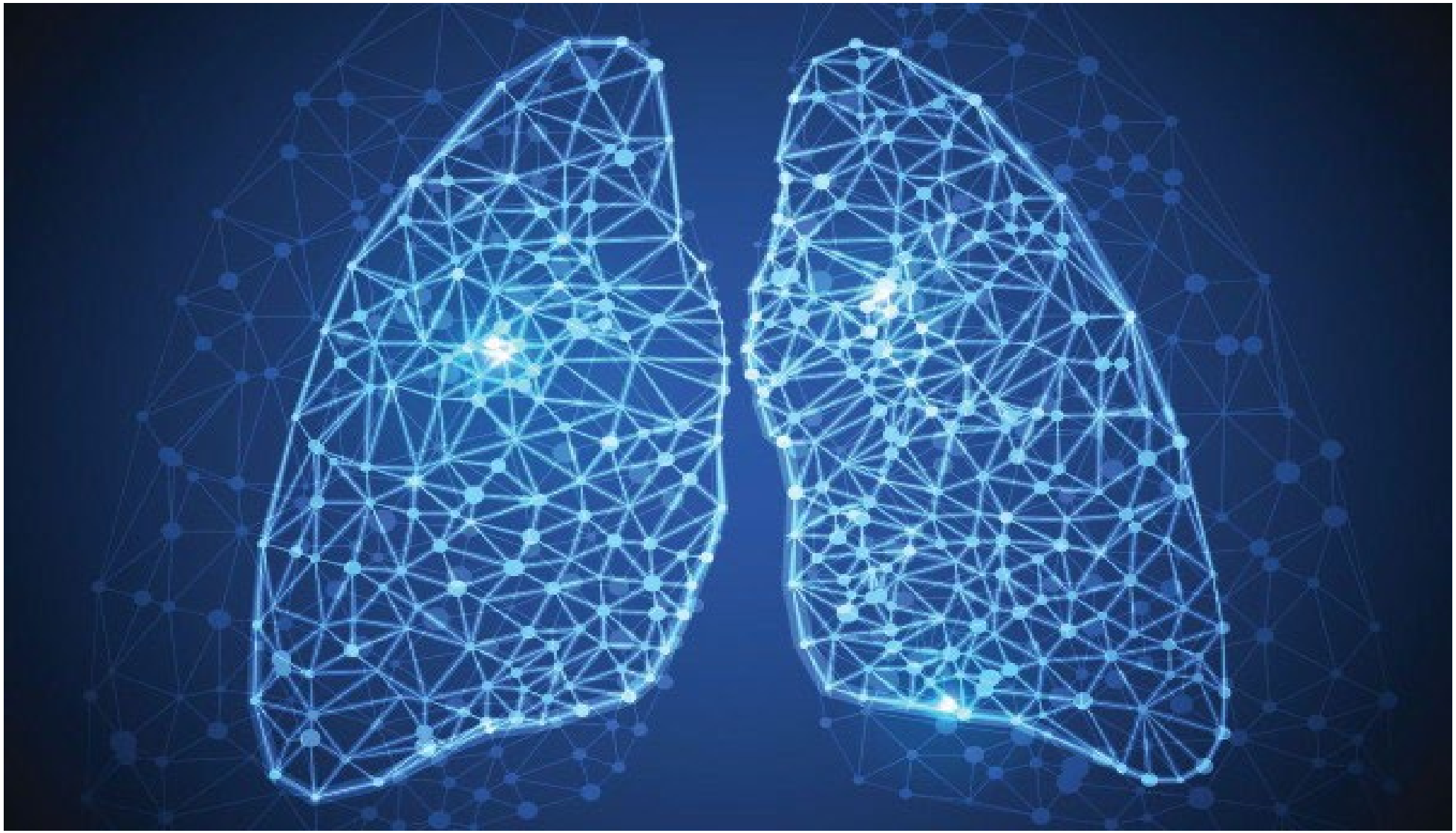
CONCLUSIONES



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CONCLUSIONES

- pCR, MPR y MRD parecen fundamentales en el tratamiento de la enfermedad localizada.
- PD-L1 y TMB siguen sin ser perfectos, pero sí útiles.
- MICROAMBIENTE TUMORAL. TGFß-CAF puede jugar un papel interesante.