Novedades & Claves en CÁNCER de PULMÓN 2023

ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

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Con la colaboración de:

Bristol Myers Squibb™

Janssen Oncology
PHARMACEUTICAL COMPANIES OF Johnson&Johnson

Organizado por:

GECP lung cancer research

ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

AGENDA

- ESTADIOS INICIALES- NOVEDADES EN **TRATAMIENTO ADYUVANTE**
  - ADAURA (ASCO 2023), ALINA (ESMO 2023)
  - IMPOWER-010 TMB (WCLC 2023)

- ENFERMEDAD LOCALMENTE AVANZADA- NOVEDADES EN **TRATAMIENTO NEOADYUVANTE**
  - CHECKMATE 816- ESMO 2023

- ENFERMEDAD LOCALMENTE AVANZADA- NOVEDADES EN **TRATAMIENTO PERIOPERATORIO**
  - KEYNOTE 671- ASCO 2023
  - CHECKMATE 77-T – ESMO 2023
  - AEGEAN – ESMO 2023
  - RATIONALE 315-ESMO 2023

- ENFERMEDAD LOCALMENTE AVANZADA IRRESECABLE – NOVEDADES EN TRATAMIENTO CON **QT-RT**
  PACIFIC-6, DUART – ESMO 2023

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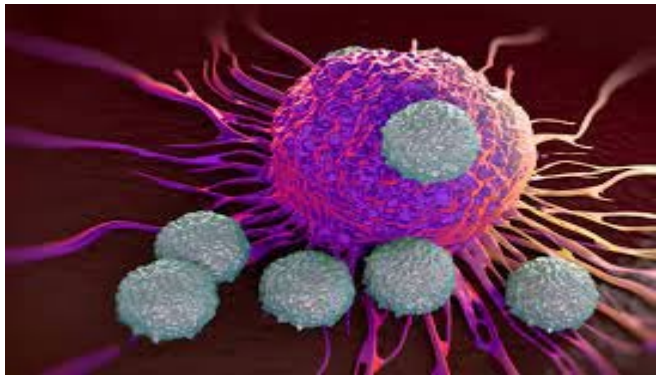
TRATAMIENTO ADYUVANTE



RESECABLES
ESTADIOS I-III

CIRUGÍA

ADYUVANCIA

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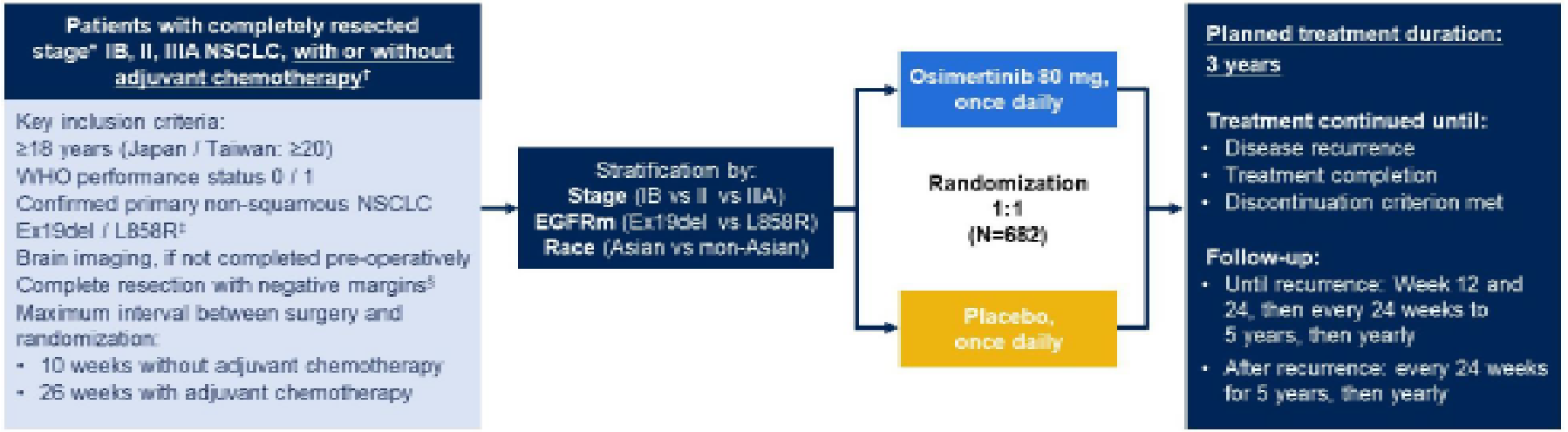
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO ADYUVANTE:ADAURA

2023 ASCO ANNUAL MEETING

Overall survival analysis from the ADAURA trial of adjuvant osimertinib in patients with resected EGFR-mutated (EGFRm) stage IB–IIIA non-small cell lung cancer (NSCLC)

Roy S. Herbst[1], Masahiro Tsuboi[2], Thomas John[3], Terufumi Kato[4], Margarita Majem[5], Christian Grohé[6], Jie Wang[7], Jonathan Goldman[8], Shun Lu[9], Wu-Chou Su[10], Filippo de Marinis[11], Frances A. Shepherd[12], Ki Hyeong Lee[13], Nhieu Thi Le[14], Arunee Dechaphunkul[15], Dariusz Kowalski[16], Lynne Poole[17], Marta Stachowiak[18], Yuri Rukazenkov[19], Yi-Long Wu[20]



Endpoints

- **Primary endpoint:** DFS by investigator assessment in stage II–IIIA patients
- **Key secondary endpoints:** DFS in the overall population (stage IB–IIIA), landmark DFS rates, OS, safety, health-related quality of life

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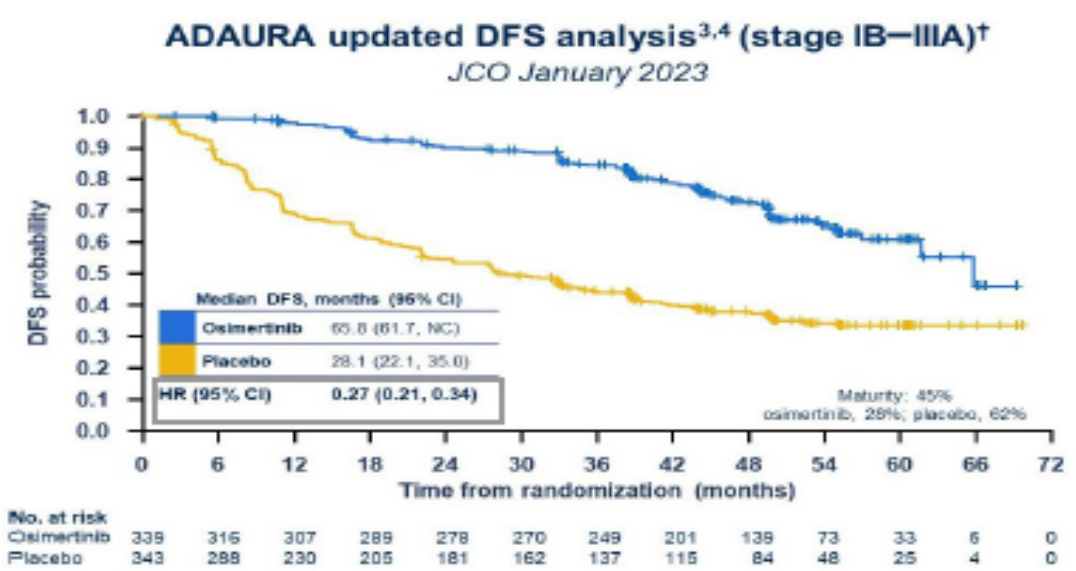
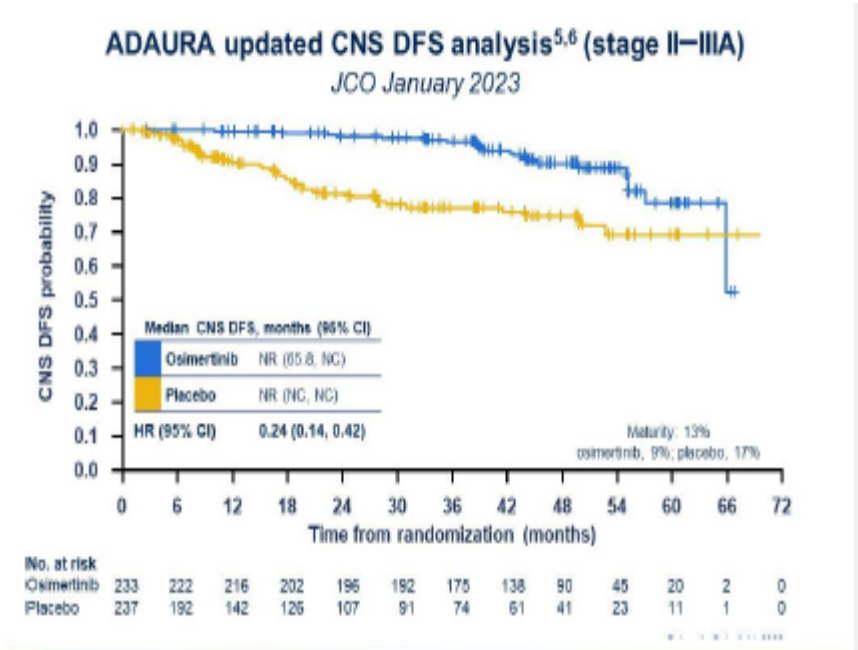
TRATAMIENTO ADYUVANTE: ADAURA





Journal of Clinical Oncology®
An American Society of Clinical Oncology Journal

J Clin Oncol. 2023 Apr 1; 41(10): 1830–1840.

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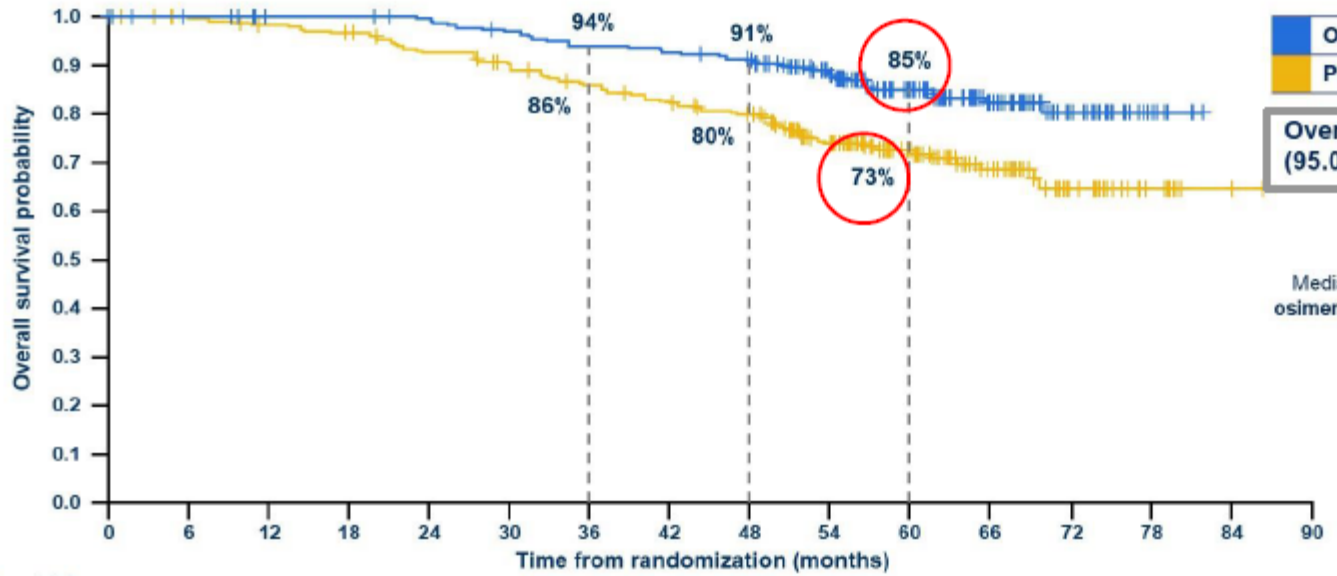
TRATAMIENTO ADYUVANTE: ADAURA

Overall survival: patients with stage II / IIIA disease

- Adjuvant osimertinib demonstrated a statistically and clinically significant improvement in OS vs placebo in the primary population of stage II–IIIA disease



5-year OS rate, % (95% CI)	
Osimertinib (n=233)	85 (79, 89)
Placebo (n=237)	73 (66, 78)

Overall OS HR (95.03% CI)	0.49 (0.33, 0.73); p=0.0004

Maturity: 21%
osimertinib 15%, placebo 27%

Median follow-up for OS* (censored patients):
osimertinib 61.7 months, placebo 60.4 months

Data cut-off: January 27, 2023.
Tick marks indicate censored data. Alpha allocation of 0.0497. *Median follow-up for OS (all patients): osimertinib 59.9 months; placebo 56.2 months.
CI, confidence interval; HR, hazard ratio; OS, overall survival

2023 ASCO ANNUAL MEETING #ASCO23

PRESENTED BY: Roy S. Herbst

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ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

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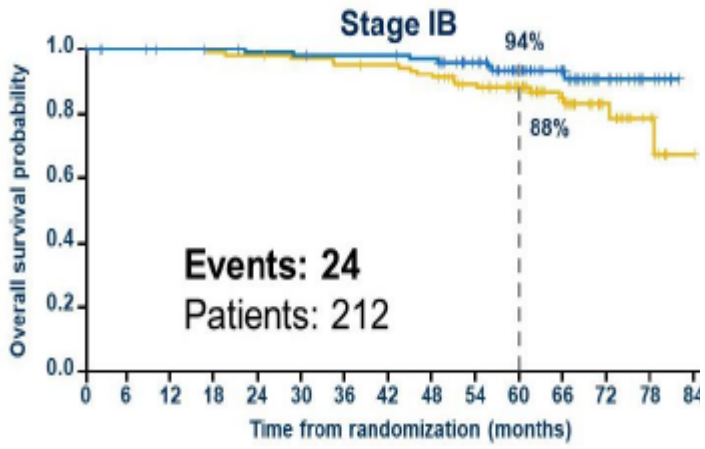
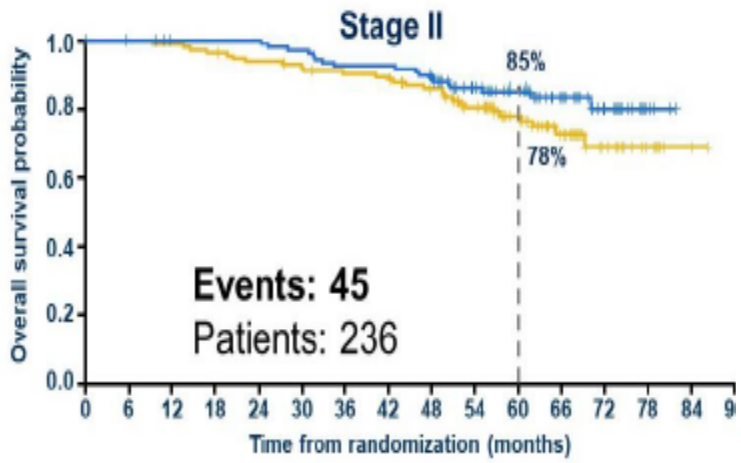
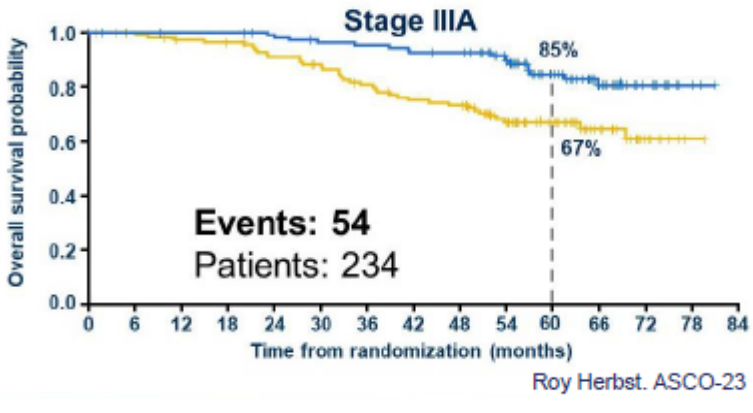
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO ADYUVANTE: ADAURA

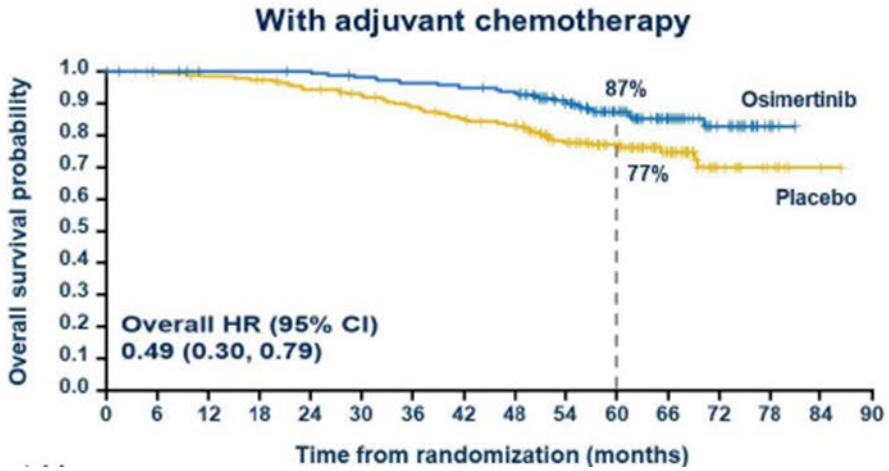
Beneficio en todos los estadios

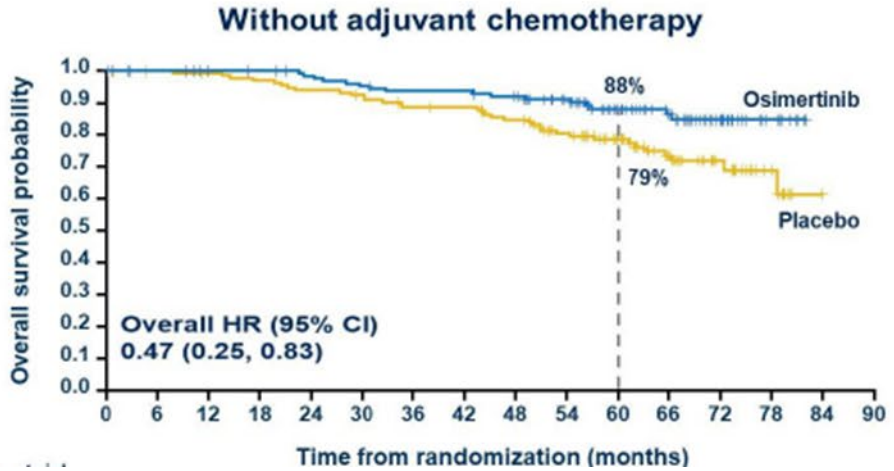






Roy Herbst. ASCO-23





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ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO ADYUVANTE: ALINA

Primary endpoint
- DFS per investigator,† tested hierarchically:
  - Stage II–IIIA → ITT (Stage IB–IIIA)

Other endpoints
- CNS disease-free survival
- OS
- Safety

Resected Stage IB (≥4cm)–IIIA *ALK*+ NSCLC
per UICC/AJCC 7th edition

Other key eligibility criteria:
- ECOG PS 0–1
- Eligible to receive platinum-based chemotherapy
- Adequate end-organ function
- No prior systemic cancer therapy

Stratification factors:
- Stage: IB (≥ 4cm) vs II vs IIIA
- Race: Asian vs non-Asian

R 1:1

N=257

Alectinib 600 mg BID 2 years → Recurrence

Platinum-based chemotherapy† Q3W; 4 cycles → Recurrence

Further treatments at investigator's choice and survival follow-up

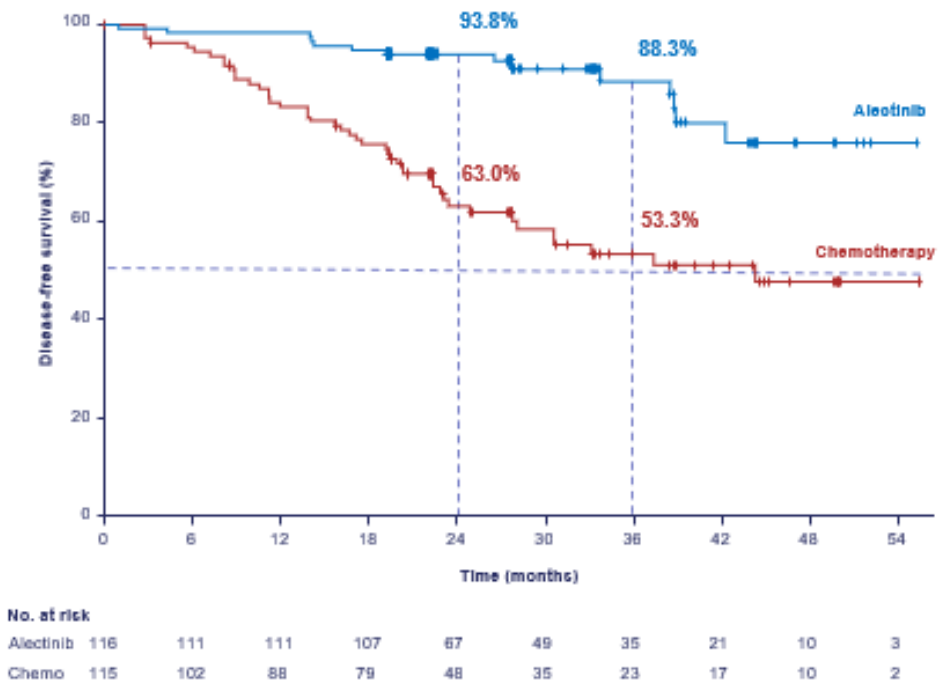
Characteristic	Alectinib (n=130)	Chemotherapy (n=127)
Median age <65 / ≥65 years, %	54 years 79 / 21	57 years 73 / 27
Sex: female / male, %	58 / 42	46 / 54
Smoking status: never / former / current, %	65 / 32 / 4	55 / 43 / 2
Race: Asian / non-Asian, %	55 / 45	56 / 44
ECOG PS: 0 / 1, %	55 / 45	51 / 49
Stage at diagnosis*: IB / II / IIA, %	11 / 36 / 53	9 / 35 / 55
Nodal status: N0 / N1 / N2, %	16 / 35 / 49	14 / 34 / 52
Histology: squamous / non-squamous, %	5 / 95	2 / 98
Surgical procedure: Lobectomy / Other‡, %	97 / 3	92 / 8

Benjamin J. Solomon[1], Jin Seok Ahn[2], Rafal Dziadziuszko[3], Fabrice Barlesi[4], Makoto Nishio[5], Dae Ho Lee[6], Jong-Seok Lee[7], Wenzhao Zhong[8], Hidehito Horinouchi[9], Weimin Mao[10], Maximilian Hochmair[11], Filippo de Marinis[12], Maria Rita Migliorino[13], Igor Bondarenko[14], Tania Ochi Lohmann[15], Tingting Xu[16], Andres Cardona[17], Walter Bordogna[18], Thorsten Ruf[18], Yi-Long Wu[8]

ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO ADYUVANTE: ALINA

Disease-free survival: stage II–IIIA*



	Alectinib (N=116)	Chemotherapy (N=115)
Patients with event Death Recurrence	14 (12%) 0 14	45 (39%) 1 44
Median DFS, months (95% CI)	Not reached	44.4 (27.8, NE)
DFS HR (95% CI)	**0.24** (0.13, 0.45) p*<0.0001	

Median survival follow up: alectinib, 27.9 months; chemotherapy, 27.8 months

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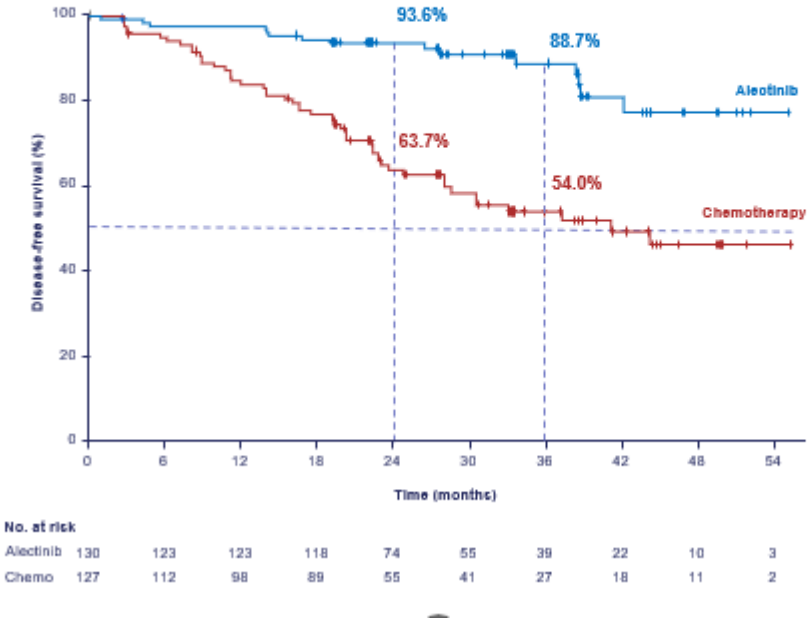
TRATAMIENTO ADYUVANTE: ALINA

Disease-free survival: ITT (stage IB–IIIA)*



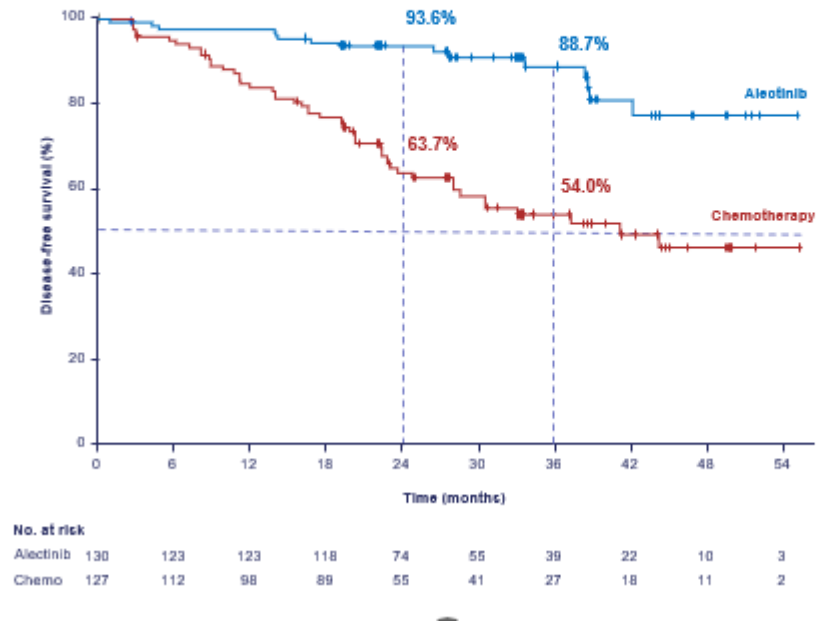
At the data cutoff date, **OS data were immature** with only 6 (2.3%) OS events reported[9]

	Alectinib (N=130)	Chemotherapy (N=127)
Patients with event Death Recurrence	15 (12%) 0 15	50 (39%) 1 49
Median DFS, months (95% CI)	Not reached	41.3 (28.5, NE)
DFS HR (95% CI)	**0.24** (0.13, 0.43) p*<0.0001	

ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

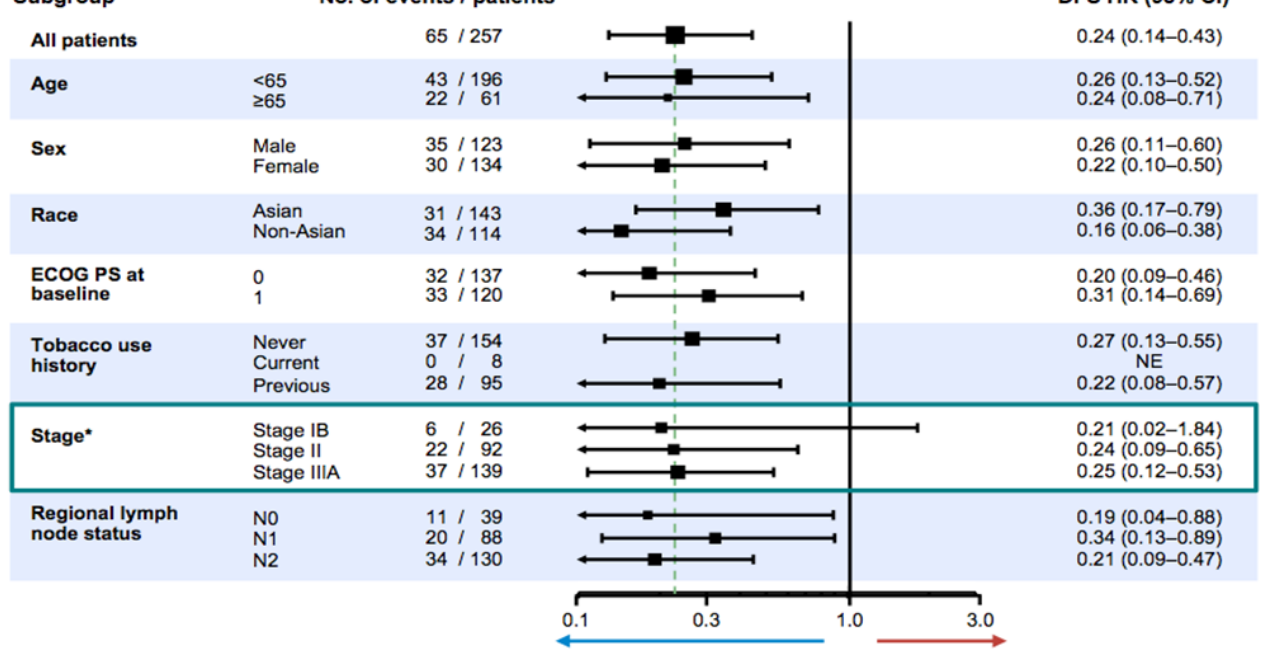
TRATAMIENTO ADYUVANTE: ALINA

Disease-free survival: ITT (stage IB–IIIA)*



At the data cutoff date, **OS data were immature** with only 6 (2.3%) OS events reported[9]

	Alectinib (N=130)	Chemotherapy (N=127)
Patients with event	15 (12%)	50 (39%)
Death	0	1
Recurrence	15	49
Median DFS, months (95% CI)	Not reached	41.3 (28.5, NE)
DFS HR (95% CI)		



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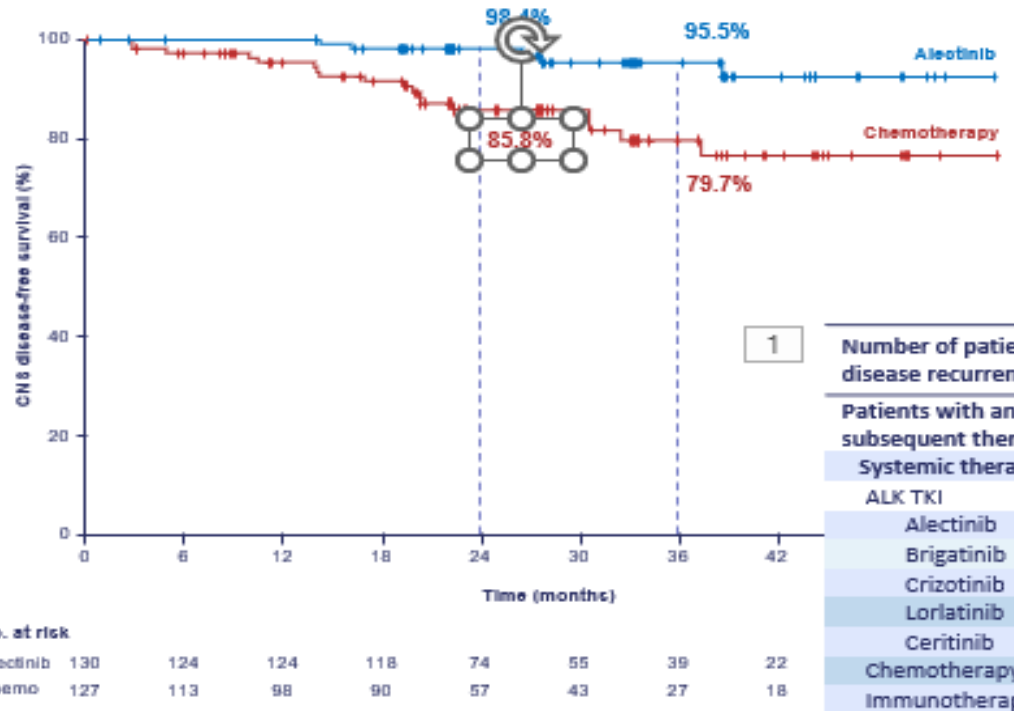
TRATAMIENTO ADYUVANTE: ALINA

CNS disease-free survival in the ITT population



	Alectinib (N=130)	Chemotherapy (N=127)
Patients with event	5	18
Death	1	4
Brain recurrence	4	14
CNS-DFS HR* (95% CI)	0.22 (0.08, 0.58)	

1

Number of patients with disease recurrence, n (%)	Alectinib (n=15)	Chemotherapy (n=49)
Patients with any subsequent therapy	13 (87)	43 (88)
Systemic therapy	13 (87)	38 (78)
ALK TKI	7 (47)	37 (76)
Alectinib	4 (27)	29 (59)
Brigatinib	4 (27)	4 (8)
Crizotinib	0	4 (8)
Lorlatinib	0	2 (4)
Ceritinib	0	1 (2)
Chemotherapy	6 (40)	2 (4)
Immunotherapy	1 (7)	1 (2)
Other anti-cancer therapy	1 (7)	1 (2)
Radiotherapy	5 (33)	9 (18)
Surgery	1 (7)	3 (6)

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TRATAMIENTO ADYUVANTE: ALINA

SAFETY SUMMARY

	Alectinib (n=128)	Chemotherapy (n=120)
Median treatment duration	**23.9 months**	**2.1 months**
Patients with any AEs, %	**98**	**93**
Grade 3/4 AEs	30	31
Grade 5 AEs	0	0
Serious AEs	13	8
Treatment-related serious AEs	2	7
AEs leading to dose reduction	26	10
AEs leading to dose interruption	27	18
AEs leading to treatment withdrawal	5	13

At data cut off, **20.3%** of patients in the alectinib arm were ongoing treatment

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TRATAMIENTO ADYUVANTE: ALINA

- ALINA es el primer y único estudio positivo fase III de un inhibidor de ALK en pacientes resecados, estadios IB-IIIA.
- El tratamiento con Alectinib adyuvante demostró mejoría en DFS estadísticamente significativo y clínicamente relevante sobre la quimioterapia (HR 0.24; 95% CI 0.13, 0.43; p<0.0001)
    - El beneficio fue consistente en todos los subgrupos
- Se observó beneficio en SLP a nivel cerebral (HR 0.22; 95% CI 0.08, 0.58)
- Fue un tratamiento bien tolerado, con toxicidad similar a la ya reportada

NUEVA ESTRATEGIA ADYUVANTE PARA PACIENTES RESECADOS ESTADIOS IB-IIIA ALK +

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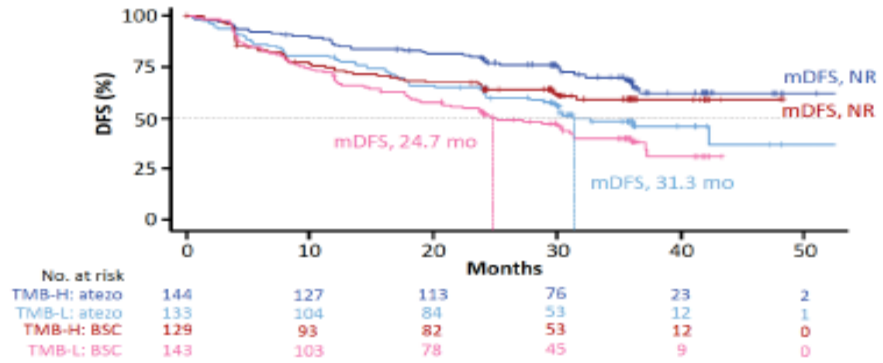
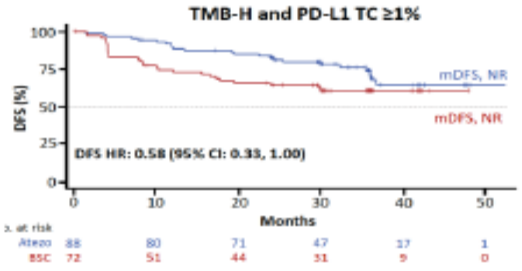
TRATAMIENTO ADYUVANTE: IMPOWER 010

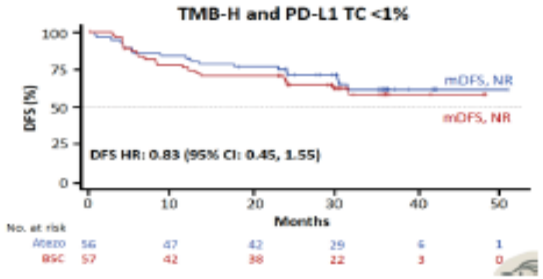
Tratamiento adyuvante: TMB en IMPower 010

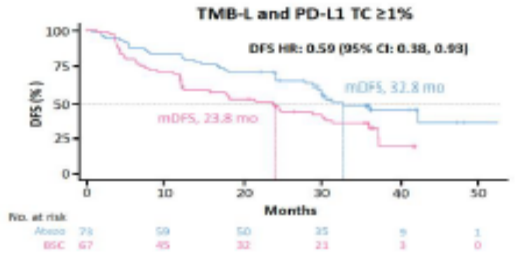


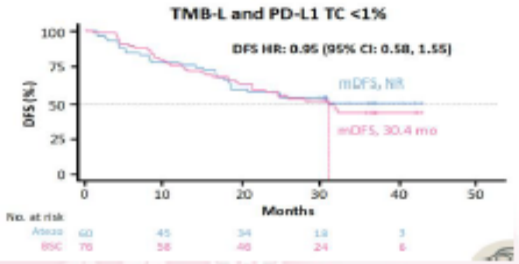
TMB-H vs TMB-L	DFS HR (95% CI)
TMB-H: atezo vs TMB-L: atezo	0.52 (0.36, 0.78)
TMB-H: BSC vs TMB-L: BSC	0.62 (0.44, 0.89)

Atezolizumab vs BSC	DFS HR (95% CI)
TMB-H: atezo vs TMB-H: BSC	0.67 (0.44, 1.01)
TMB-L: atezo vs TMB-L: BSC	0.76 (0.54, 1.05)









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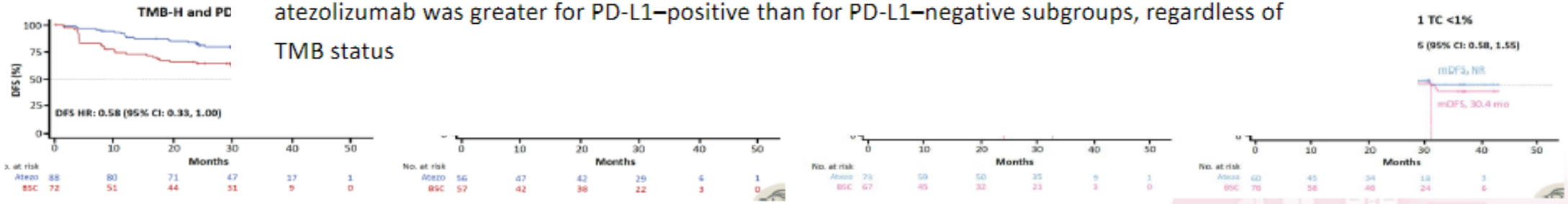
TRATAMIENTO ADYUVANTE: IMPOWER 010

Tratamiento adyuvante: TMB en IMPower 010

- This exploratory analysis of DFS by TMB status in patients with stage II-IIIA NSCLC from IMpower010 showed improved mDFS for the TMB-H vs TMB-L subgroups in both the atezolizumab and BSC arms
- DFS improvement with atezolizumab vs BSC was similar for both the TMB-H and TMB-L stage II-IIIA populations, suggesting that TMB may not be predictive of a DFS treatment effect
- Although subgroup analyses were limited by small sample sizes, DFS improvement with adjuvant atezolizumab was greater for PD-L1–positive than for PD-L1–negative subgroups, regardless of TMB status



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TRATAMIENTO ADYUVANTE: IMPOWER 010

Tratamiento adyuvante: TMB en IMPower 010

- This exploratory analysis of DFS by TMB status in patients with stage II-IIIA NSCLC from IMpower010 showed improved mDFS for the TMB-H vs TMB-L subgroups in both the atezolizumab and BSC arms
- DFS improvement with atezolizumab vs BSC was similar for both the TMB-H and TMB-L stage II-IIIA populations, suggesting that TMB may not be predictive of a DFS treatment effect
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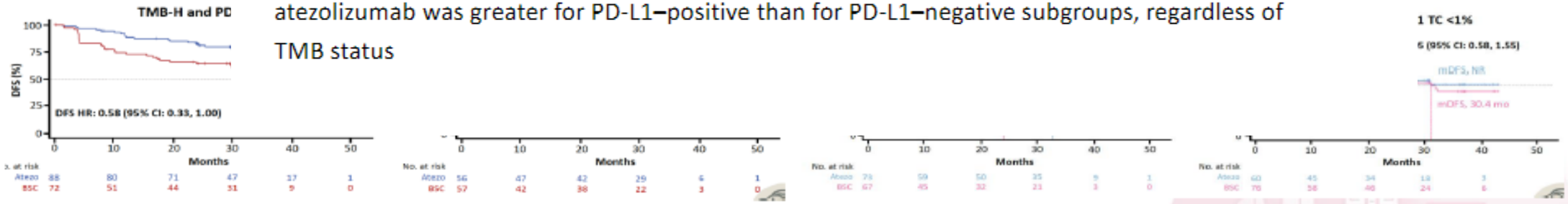

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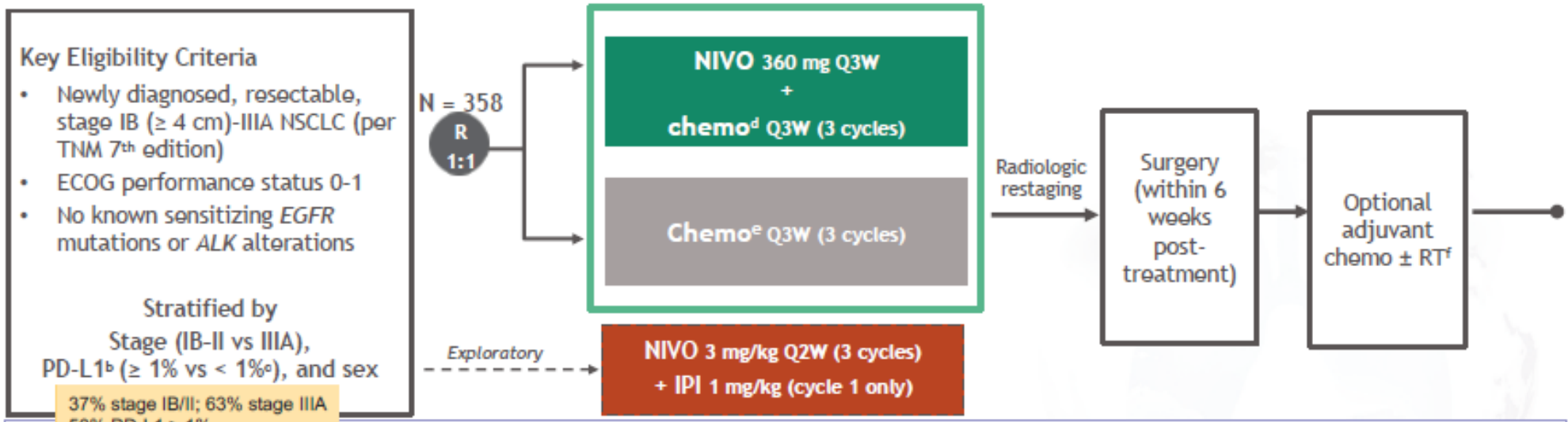
TRATAMIENTO NEOADYUVANTE: CHECKMATE 816

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



Primary endpoints
- pCR by BIPR
- EFS by BICR

Key secondary endpoints
- MPR by BIPR
- OS
- Time to death or distant metastases

Key exploratory endpoints included
- ORR by BICR
- Feasibility of surgery; peri- and post-operative surgery-related AEs

Provencio M, et al. LBA57. ESMO 2023

Organizado por: GECP lung cancer research

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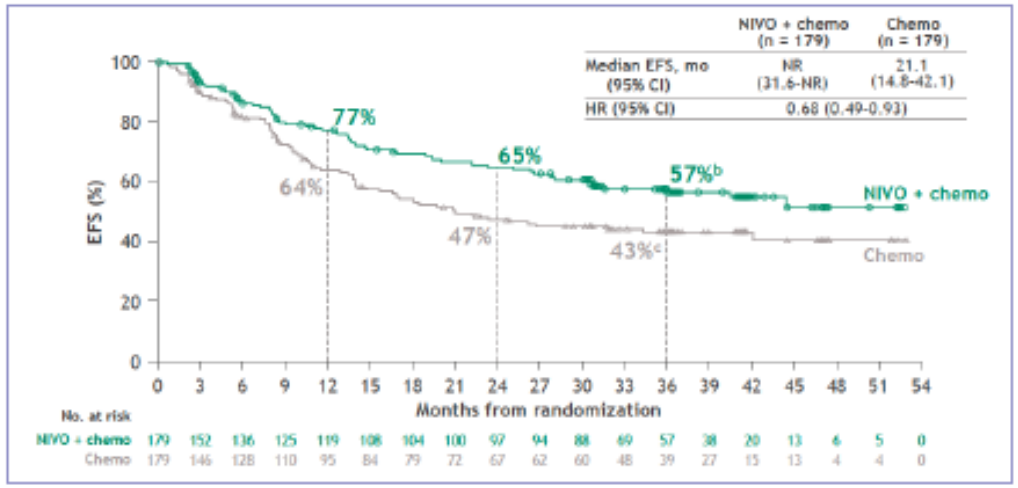
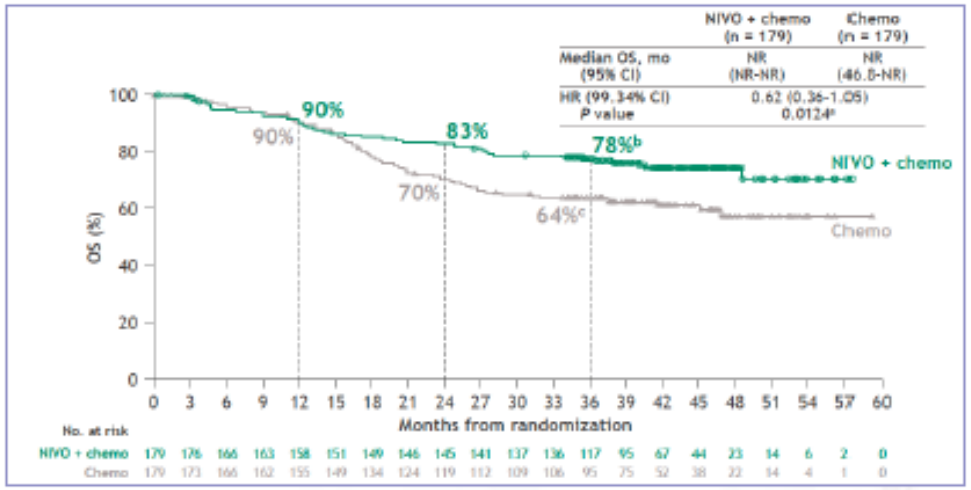
TRATAMIENTO NEOADYUVANTE: CHECKMATE 816

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





- 3-year: NIVO + chemo continues to demonstrate long-term EFS benefit and favorable OS trend vs chemo
- pCR: 24%; MPR: 37%

Forde PM, et al. LBA57. ELCC 2023

Organizado por:
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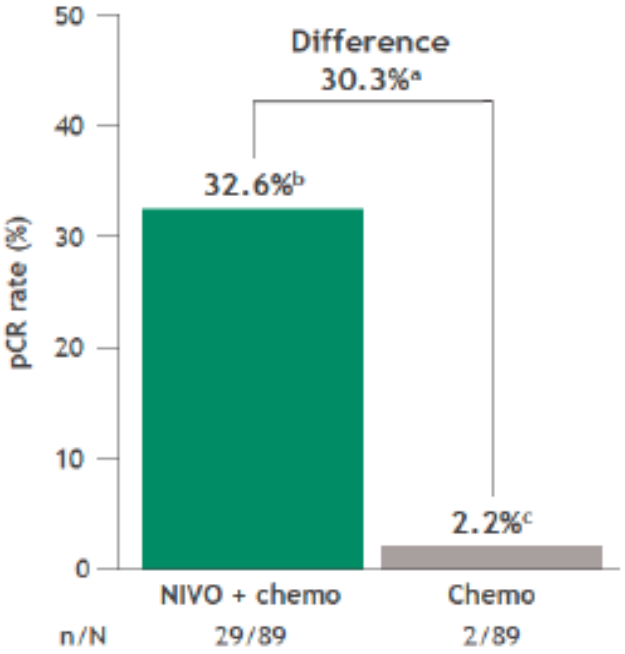
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

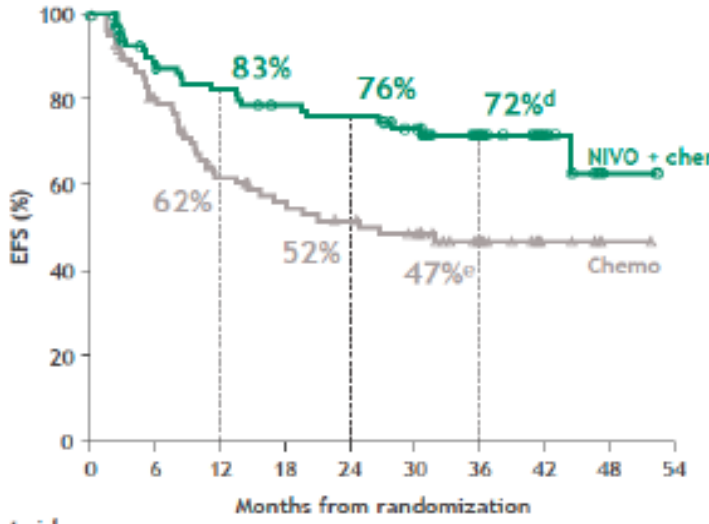
TRATAMIENTO NEOADYUVANTE: CHECKMATE 816

PD-L1 ≧ 1% pCR



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)	

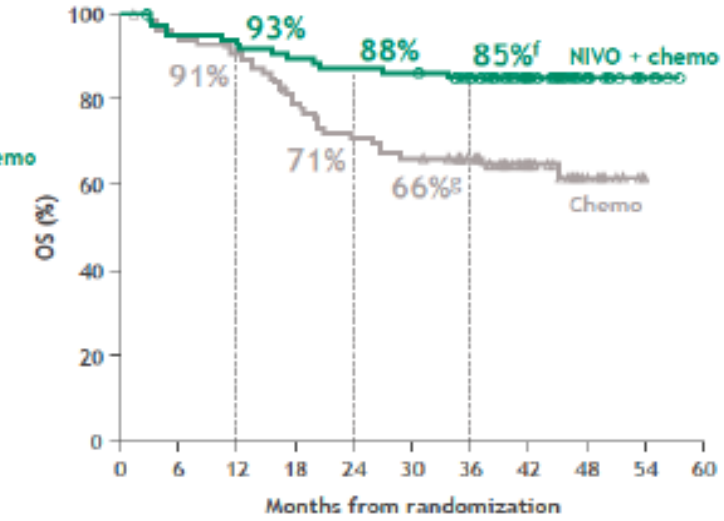


No. at risk

NIVO + chemo	89	69	65	60	58	53	37	11	2	0
Chemo	89	61	45	39	35	31	19	7	1	0

OS

	NIVO + chemo (n = 89)	Chemo (n = 89)
Median OS, mo (95% CI)	NR (NR-NR)	NR (45.1-NR)
HR (95% CI)	0.37 (0.20-0.71)	



	89	84	82	79	77	76	66	37	13	4	0
	89	83	79	68	61	57	51	27	10	0	0

Provencio M, et al. LBA57. ESMO 2023

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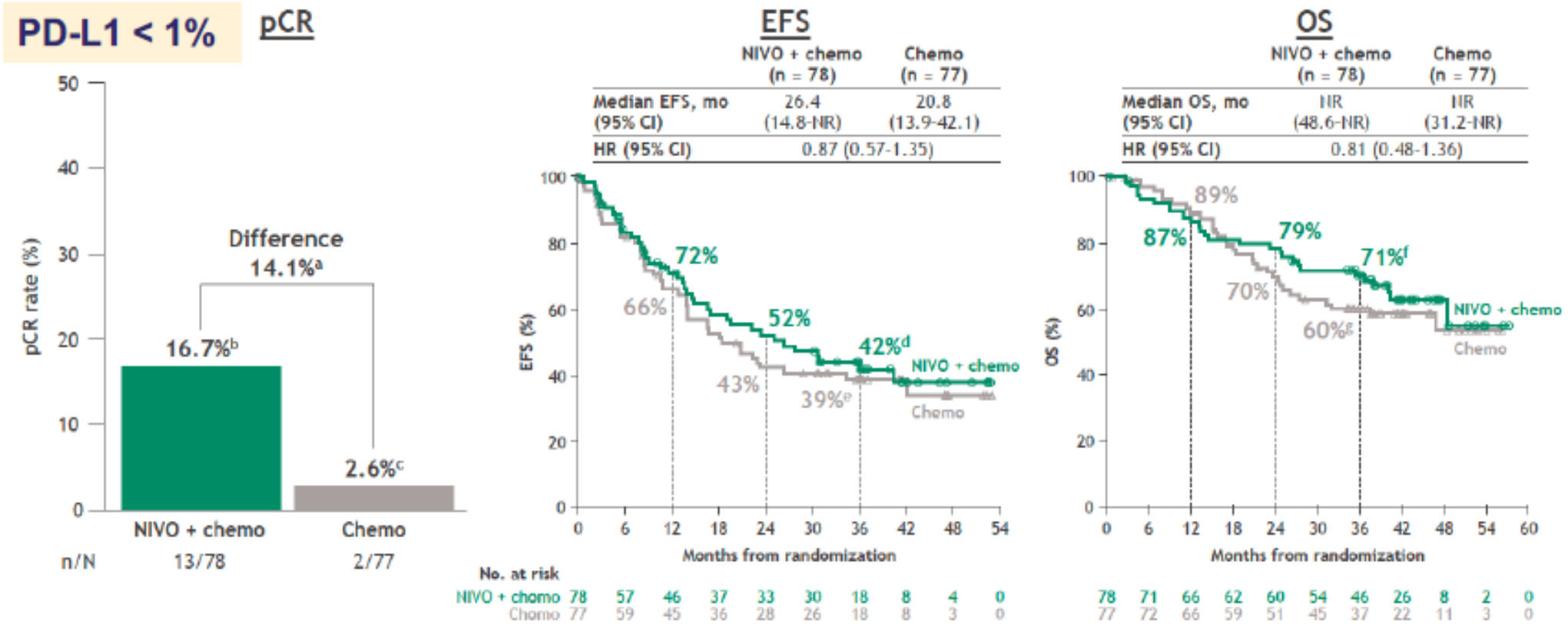
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816



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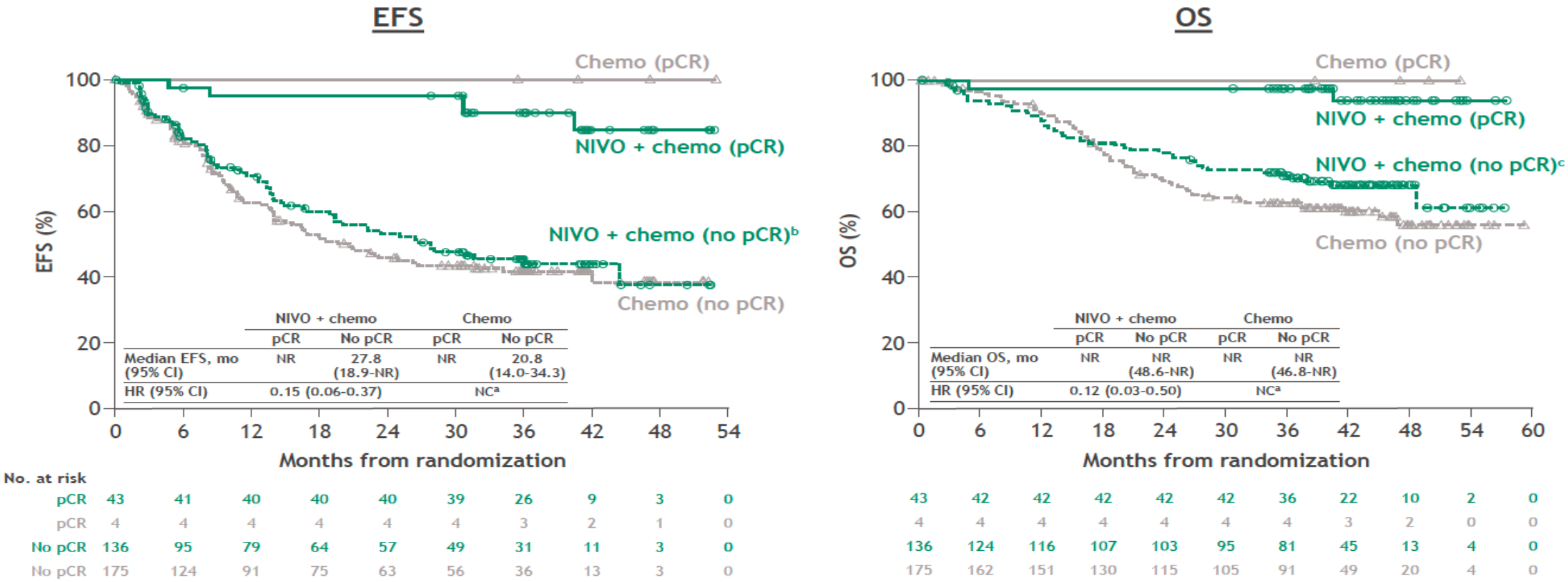
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816

Efficacy outcomes by pCR status in concurrently randomized patients



ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816

- En este análisis exploratorio del CheckMate 816, el tratamiento neoadjuvante con NIVO + QT demostró beneficio clínico frente a QT independientemente de la expression de PD-L1.

- Una mayor magnitud de beneficio en pCR, 3-year EFS y 3-year OS en NIVO+ QT frente a QT se vio en los pacientes con expression de PD-L1 ≧ 1% comparado con aquellos con expresión de PD-L1 < 1%

- Los pacientes con pCR tuvieron mejor EFS y OS que aquellos sin pCR en los dos grupos de tratamiento.

- El tratamiento neoadyuvante con QT-Nivolumab demostó un perfil de toxicidad manejable sin impactar en la posibilidad de cirugía frente a QT sola independientemente de la expresión de PD-L1.

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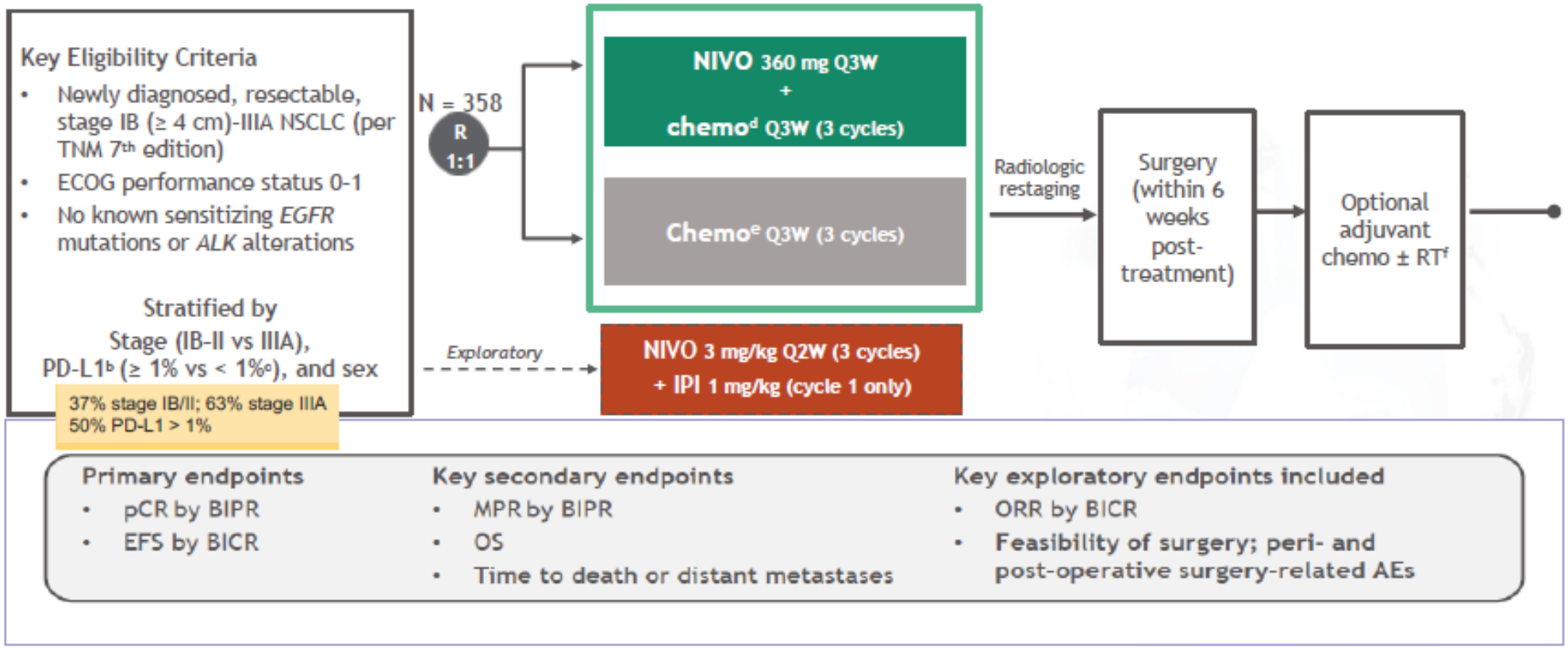
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816 NIVO+ IPI

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



Provencio M, et al. LBA57. ESMO 2023

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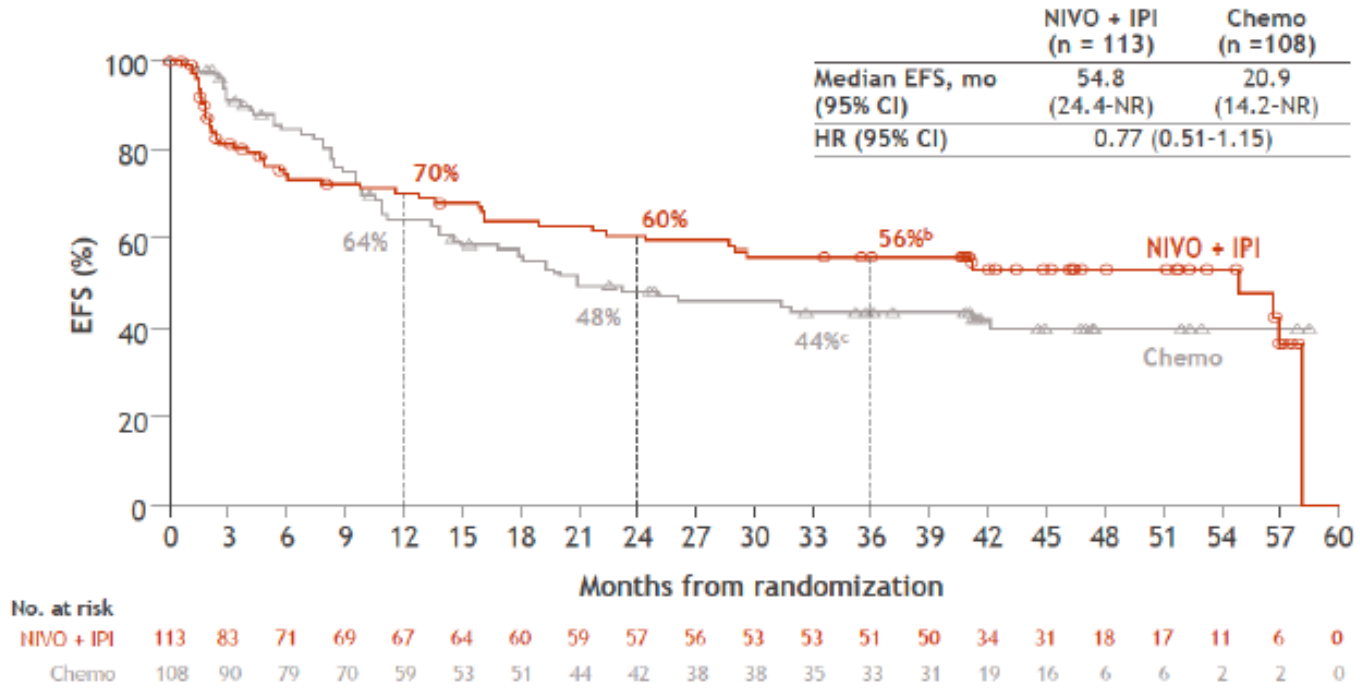
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816 NIVO+ IPI

Neoadjuvant nivolumab plus ipilimumab vs chemotherapy in the phase 3 CheckMate 816 trial



Awad MM, et al. 12610. ESMO 2023

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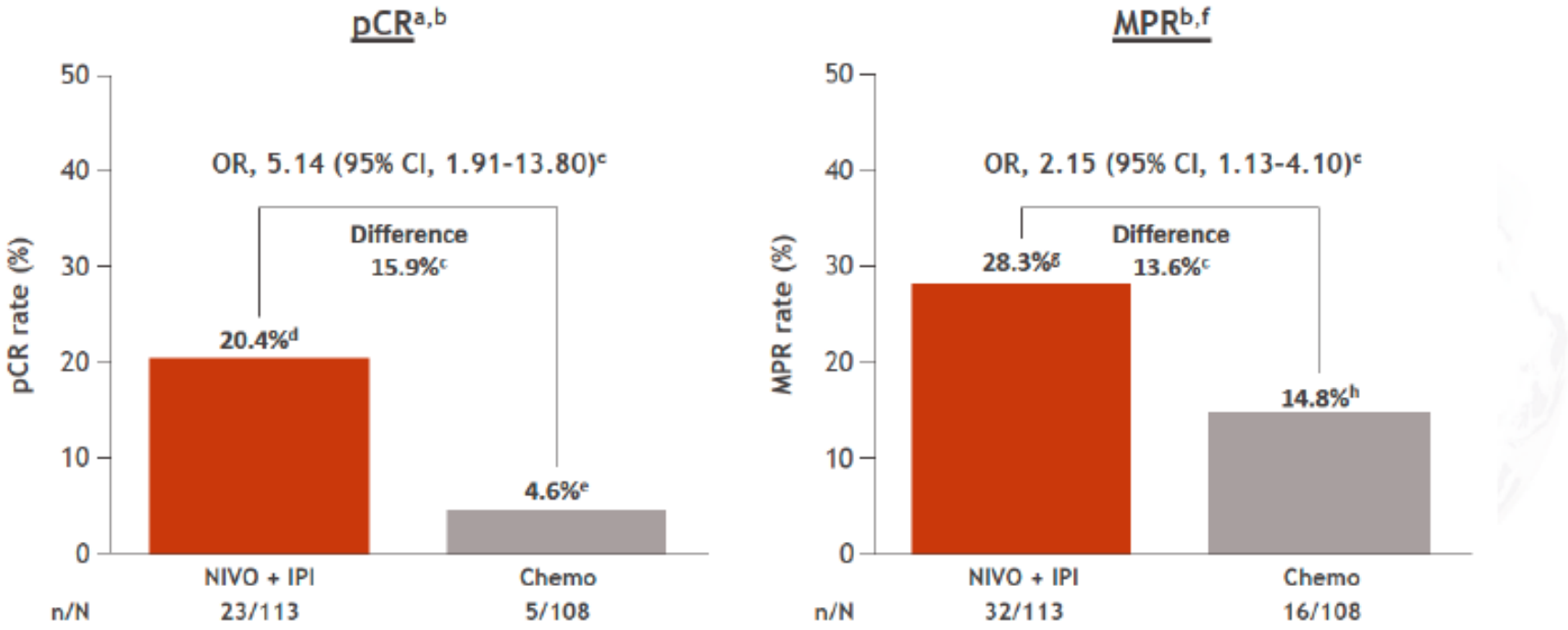
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816 NIVO + IPI

Neoadjuvant nivolumab plus ipilimumab vs chemotherapy in the phase 3 CheckMate 816 trial



Awad MM, et al. 12610. ESMO 2023

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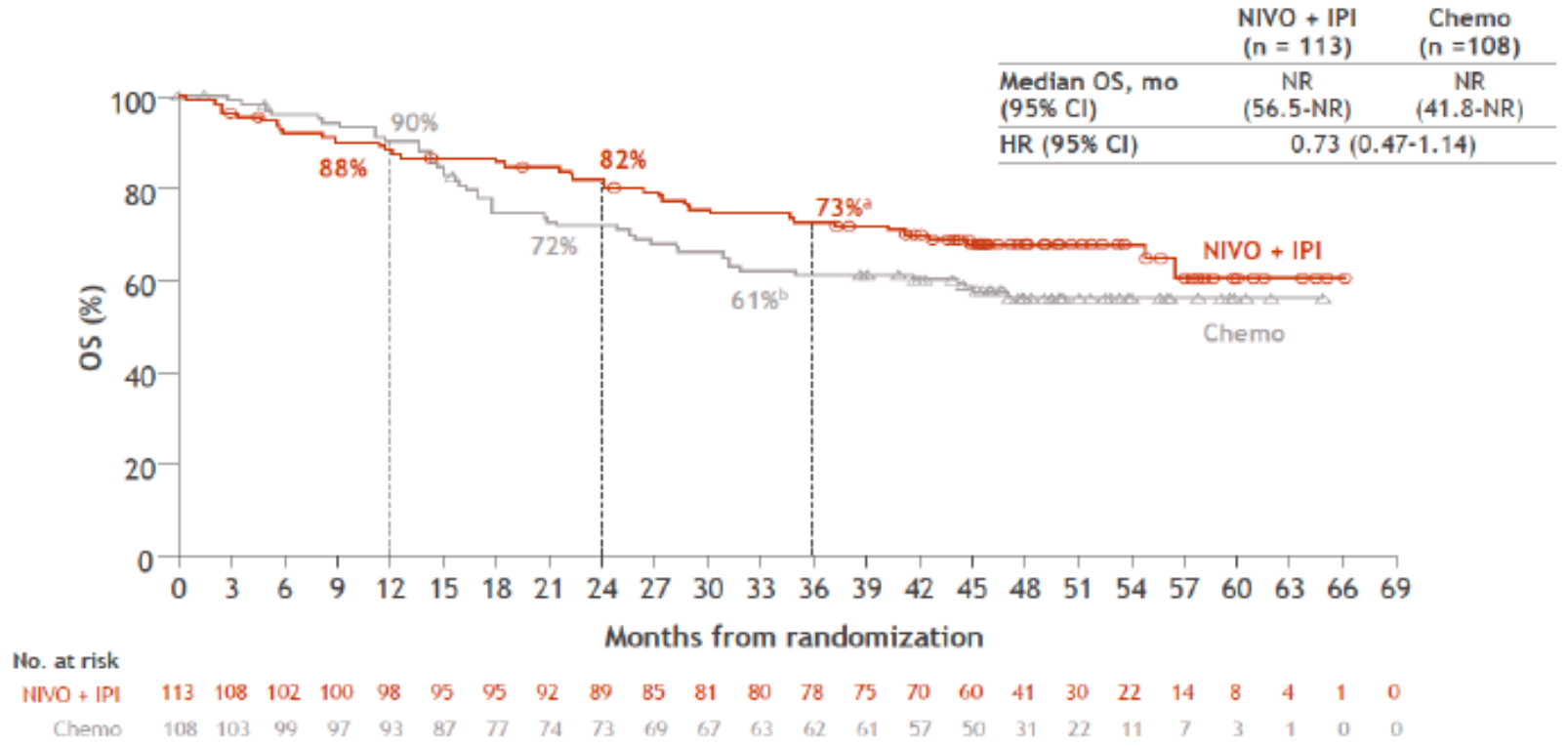
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816 NIVO + IPI

Neoadjuvant nivolumab plus ipilimumab vs chemotherapy in the phase 3 CheckMate 816 trial



Awad MM, et al. 12610. ESMO 2023

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ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO NEOADYUVANTE: CHECKMATE 816 NIVO + IPI

- En este estudio exploratorio del Checkmate 816, la neoadyuvancia con Nivo+ Ipi mostró potencial beneficio clínico frente a QT en pacientes con NSCLC resecable
  - Las tasas de MPR y pCR fueron más altas con Nivo+ Ipi
  - EFS y OS tras 1 año favorecieron al grupo de Nivo+ Ipi frente a QT

- Nivo-Ipi tuvo un perfil de toxicidad favorable y una tasa de cirugía similar a la de la QT

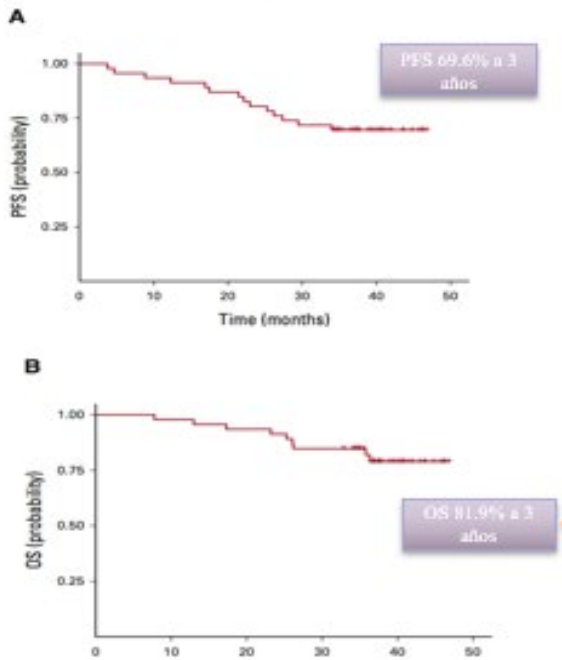
- Nivo+ QT sigue siendo el tratamiento standard en CPNCP potencialmente resecable.

ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- NADIM

Overall Survival and Biomarker Analysis of Neoadjuvant Nivolumab Plus Chemotherapy in Operable Stage IIIA Non–Small-Cell Lung Cancer (NADIM phase II trial)

Mariano Provencio, MD, PhD[1]; Roberto Serna-Blasco, MSc[1]; Ernest Nadal, MD[2]; Amelia Insa, MD[3]; M. Rosario García-Campelo, MD[4]; Joaquín Casal Rubio, MD[5]; Manuel Dómine, MD[6]; Margarita Majem, MD[7]; Delvys Rodríguez-Abreu, MD[8]; Alex Martínez-Martí, MD[9]; Javier De Castro Carpeño, MD[10]; Manuel Cobo, MD[11]; Guillermo López Vivanco, MD[12]; Edel Del Barco, MD[13]; Reyes Bernabé Caro, MD[14]; Nuria Viñolas, MD[15]; Isidoro Barneto Aranda, MD[16]; Santiago Viteri, MD[17]; Eva Pereira, MSc[18]; Ana Royuela, PhD[1]; Virginia Calvo, MD[1]; Javier Martín-López, MD[1]; Francisco García-García, PhD[19]; Marta Casarrubios, MSc[1]; Fernando Franco, MD[1]; Estela Sánchez-Herrero, MSc[1,20]; Bartomeu Massutí, MD[21]; Alberto Cruz-Bermúdez, PhD[1]; and Atocha Romero, PhD[1]

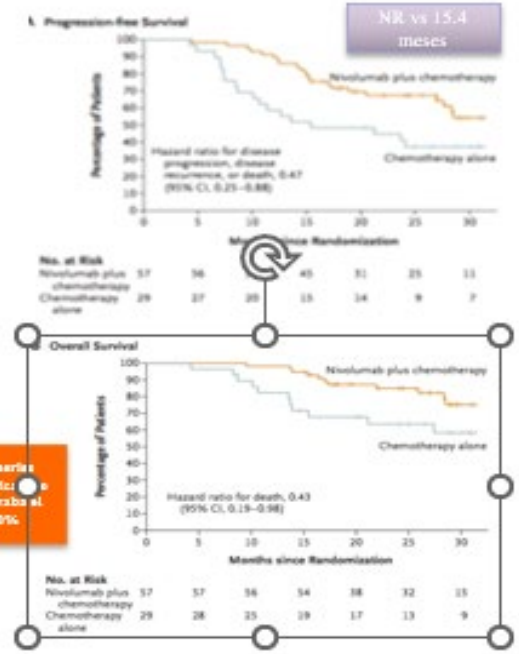


THE NEW ENGLAND JOURNAL of MEDICINE

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. Massutí, and A. Romero



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TRATAMIENTO PERIOPERATORIO- KEYNOTE 671

Overall Survival in the KEYNOTE-671 Study of Perioperative Pembrolizumab for Early-Stage NSCLC

Jonathan D Spicer,[1] Shugeng Gao,[2] Moishe Liberman,[3] Terufumi Kato,[4] Masahiro Tsuboi,[5] Se-Hoon Lee,[6] Ke-Neng Chen,[7] Christophe Dooms,[8] Margarita Majem,[9] Ekkehard Eigendorff,[10] Gastón L Martinengo,[11] Olivier Bylicki,[12] Marina C Garassino,[13] Delvys Rodríguez-Abreu,[14] Jamie Chaft,[15] Silvia Novello,[16] Jing Yang,[17] Steven M Keller,[17] Ayman Samkari,[17] Heather Wakelee,[18] on behalf the KEYNOTE-671 Investigators

[1]McGill University Health Centre, Montréal, QC, Canada; [2]National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China; [3]Centre Hospitalier de Universite to Montréal (CHUM), Montréal, QC, Canada; [4]Kanagawa Cancer Center, Yokohama, Japan; [5]National Cancer Center Hospital East, Kashiwa, Japan; [6]Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea; [7]Beijing Cancer Hospital, Peking University, Beijing, China; [8]University Hospitals Leuven, Leuven, Belgium; [9]Hospital de la Santa Creu i Sant Pau, Barcelona, Spain; [10]Zentralklinik Bad Berka, Bad Berka, Germany; [11]Sanatorio Parque, Rosario, Sante Fe, Argentina; [12]HIA Sainte-Anne, Toulon, France; [13]Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy (currently at University of Chicago Medicine and Biological Sciences, Chicago, IL, USA); [14]Hospital Universitario Insular de Gran Canaria, Universidad de Las Palmas de Gran Canaria, Las Palmas de Gran Canaria, Spain; [15]Memorial Sloan Kettering Cancer Center, Weill Cornell Medical College, New York, NY, USA; [16]Department of Oncology, University of Turin, A.O.U. San Luigi Gonzaga di Orbassano, Turin, Italy; [17]Merck & Co. Inc., Rahway, NJ, USA; [18]Stanford University School of Medicine/Stanford Cancer Institute, Stanford, CA, USA

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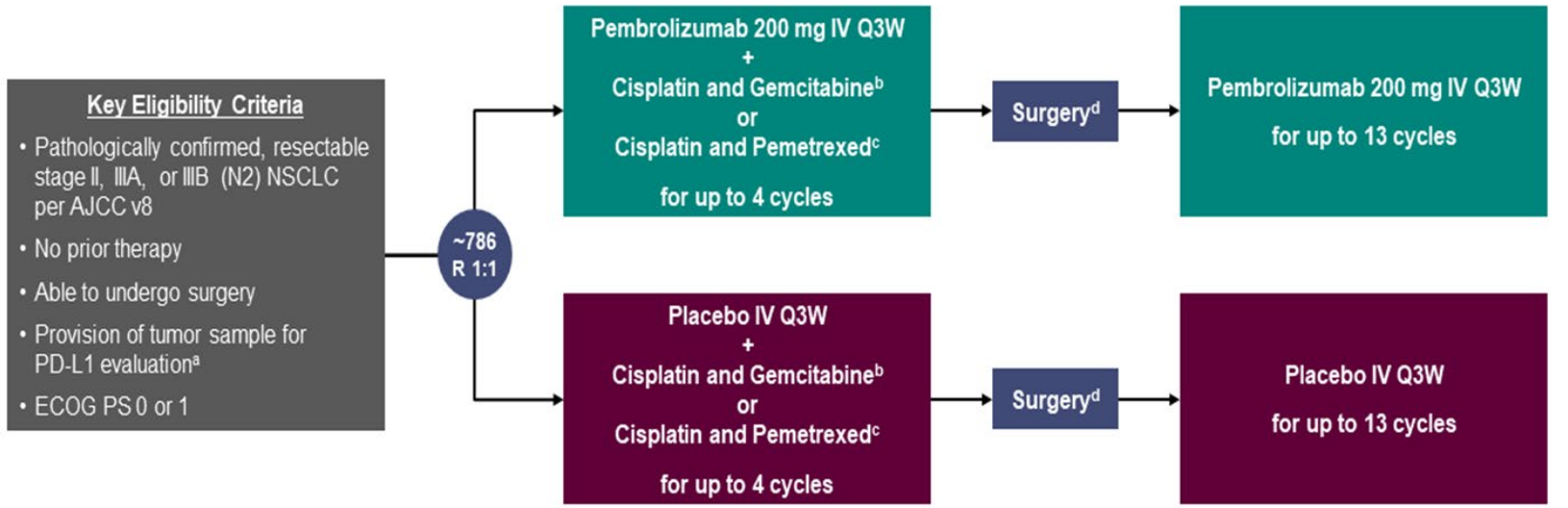
TRATAMIENTO PERIOPERATORIO- KEYNOTE 671

Spicer KN671 IA2 ESMO 2023

KEYNOTE-671 Study Design

Randomized, Double-Blind, Phase 3 Trial



Stratification Factors

- Disease stage (II vs III)
- PD-L1 TPS[a] (<50% vs ≥50%)
- Histology (squamous vs nonsquamous)
- Geographic region (east Asia vs not east Asia)

Dual primary end points: EFS per investigator review and OS

Key secondary end points: mPR and pCR per blinded, independent pathology review and safety

[a] Assessed at a central laboratory using PD-L1 IHC 22C3 pharmDx. [b] Cisplatin 75 mg/m^2 IV Q3W + gemcitabine 1000 mg/m^2 IV on days 1 and 8 Q3W was permitted for squamous histology only. [c] Cisplatin 75 mg/m^2 IV Q3W + pemetrexed 500 mg/m^2 IV Q3W was permitted for nonsquamous histology only. [d] Radiotherapy was to be administered to participants with microscopic positive margins, gross residual disease, or extracapsular nodal extension following surgery and to participants who did not undergo planned surgery for any reason other than local progression or metastatic disease. ClinicalTrials.gov identifier: NCT03425643.

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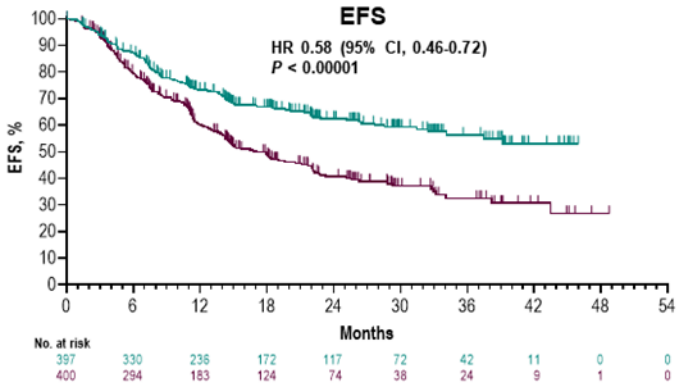
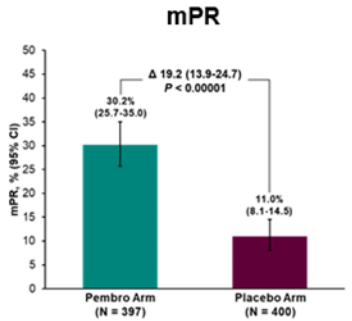
TRATAMIENTO PERIOPERATORIO- KEYNOTE 671

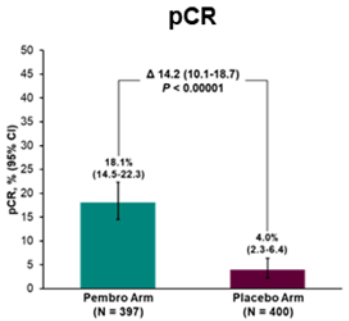
KEYNOTE-671 Results: Interim Analysis 1

Median Follow-Up[a]: 25.2 months (range, 7.5-50.6)

- Neoadjuvant pembrolizumab + chemotherapy followed by surgery and adjuvant pembrolizumab significantly improved EFS, mPR, and pCR compared with neoadjuvant chemotherapy and surgery alone
- AE profile was as expected based on the known profiles of the individual treatment components







	Pembro Arm (N = 397)	Placebo Arm (N = 400)
Median age (range), years	63 (26-83)	64 (35-81)
Male	279 (70.3%)	284 (71.0%)
Race		
American Indian or Alaska Native	1 (0.3%)	0
Asian	124 (31.2%)	125 (31.3%)
Black or African American	6 (1.5%)	10 (2.5%)
Multiple	3 (0.8%)	10 (2.5%)
White	250 (63.0%)	239 (59.8%)
Missing data	13 (3.3%)	16 (4.0%)
Geographic region		
East Asia	123 (31.0%)	121 (30.3%)
Not east Asia	274 (69.0%)	279 (69.8%)
ECOG PS		
0	253 (63.7%)	246 (61.5%)
1	144 (36.3%)	154 (38.5%)
Histology		
Nonsquamous	226 (59.6%)	227 (56.8%)
Squamous	171 (43.1%)	173 (43.3%)

	Pembro Arm (N = 397)	Placebo Arm (N = 400)
Smoking status		
Current	96 (24.2%)	103 (25.8%)
Former	247 (62.2%)	250 (62.5%)
Never	54 (13.6%)	47 (11.8%)
Clinical stage[a]		
II	118 (29.7%)	121 (30.3%)
IIIA	217 (54.7%)	224 (56.0%)
IIIB	62 (15.6%)	55 (13.8%)
N status[a]		
cN0	148 (37.3%)	142 (35.5%)
cN1	81 (20.4%)	71 (17.8%)
cN2	168 (42.3%)	187 (46.8%)
PD-L1 TPS		
≥50%	132 (33.2%)	134 (33.5%)
1-49%	127 (32.0%)	115 (28.8%)
<1%	138 (34.8%)	151 (37.8%)
Known *EGFR* mutation[b]	14 (3.5%)	19 (4.8%)
Known *ALK* translocation[b]	12 (3.0%)	9 (2.3%)

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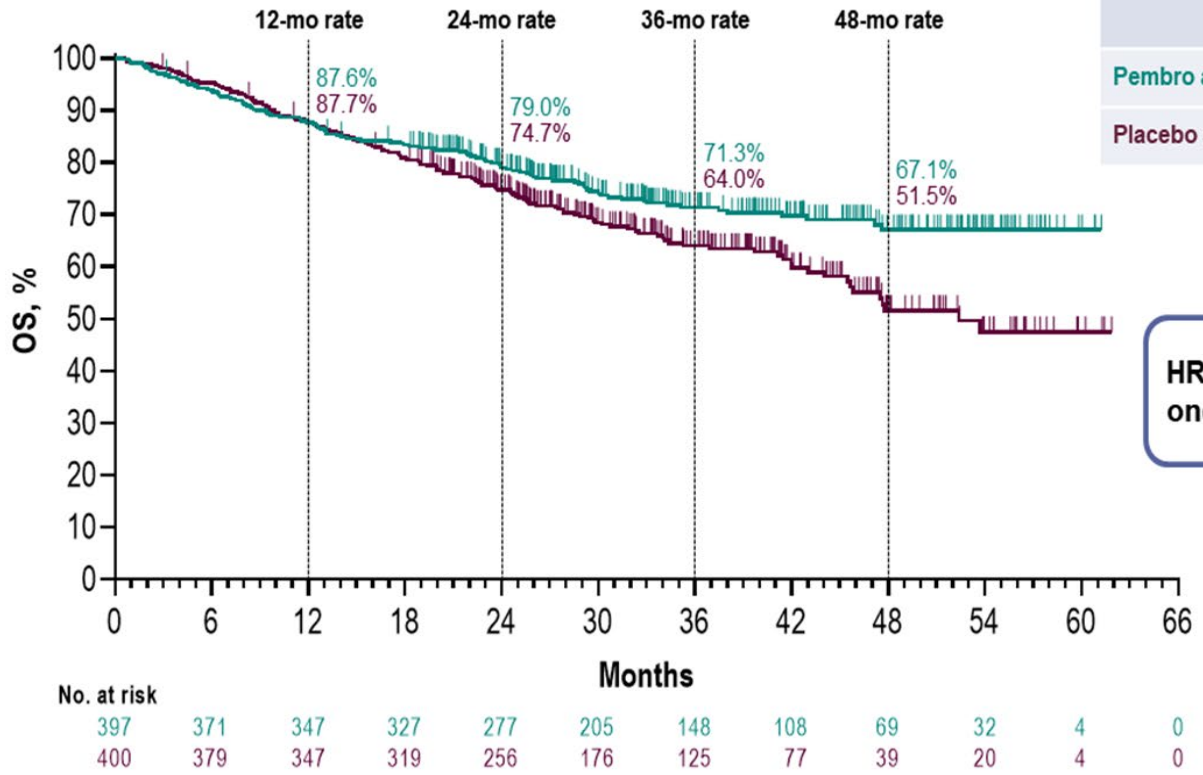
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- KEYNOTE 671

Spicer KN671 IA2 ESMO 2023

Overall Survival, IA2

Median Follow-Up: 36.6 months (range, 18.8-62.0)



	Pts w/ Event	Median (95% CI), mo
Pembro arm	27.7%	NR (NR-NR)
Placebo arm	36.0%	52.4 (45.7-NR)

HR 0.72 (95% CI, 0.56-0.93)
one-sided *P* = 0.00517[a]

OS defined as time from randomization to death from any cause. [a] Significance boundary at IA2, one-sided *P* = 0.00543.
Data cutoff date for IA2: July 10, 2023.

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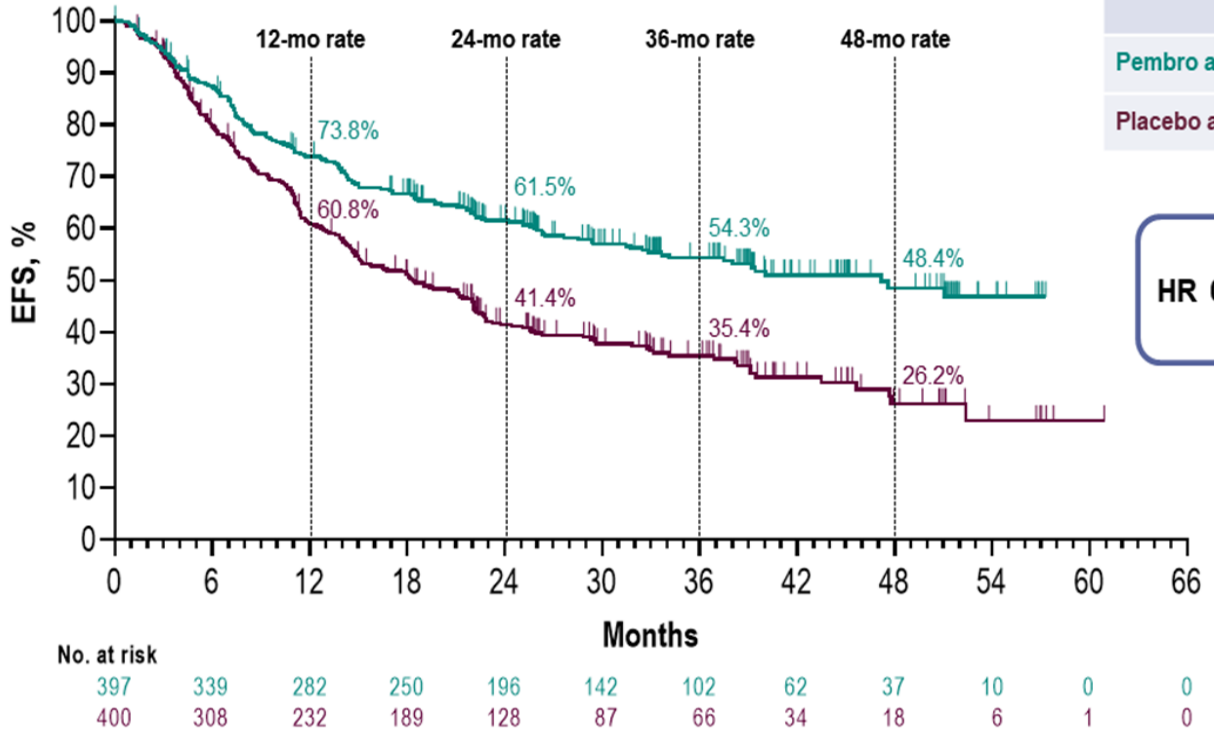
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- KEYNOTE 671

Spicer KN671 IA2 ESMO 2023

Event-Free Survival, IA2

Median Follow-Up: 36.6 months (range, 18.8-62.0)



	Pts w/ Event	Median (95% CI), mo
Pembro arm	43.8%	47.2 (32.9-NR)
Placebo arm	62.0%	18.3 (14.8-22.1)

HR 0.59 (95% CI, 0.48-0.72)

EFS defined as time from randomization to first occurrence of local progression precluding planned surgery, unresectable tumor, progression or recurrence per RECIST v1.1 by investigator assessment, or death from any cause. Data cutoff date for IA2: July 10, 2023.

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TRATAMIENTO PERIOPERATORIO- KEYNOTE 671

- Un aumento estadísticamente significativo y clínicamente relevante fue visto en tratamiento con Pembrolizumab + QT seguido de cirugía y Pembrolizumab adyuvante frente a QT y cirugía sola
    - Con una mediana de seguimiento de 3 años, la HR fue de 0,72 (95% IC 0,56-0,93)
    - La mediana de OS fue no alcanzada en el brazo de Pembrolizumab versus 52,4 meses
    - OS fue consistente en todos los subgrupos
- El beneficio de EFS se mantuvo en el tiempo
    - At IA2, median EFS fue 2,5 años más largo en la rama de Pembrolizumab
- No hubo nuevas señales de seguridad ni nuevas muertes relacionadas con el tratamiento
- La mayoría de eventos adverso fueron grados 1,2 y la mayoría secundarios a hipotiroidismo
- PEMBROLIZUMAB perioperatorio es un nuevo standard of care para pacientes con estadios II, IIIA, IIIB (N2) NSCLC

QT+ Pembro aprobado por la FDA en Octubre 2023 para pacientes resecables >4 cm o ganglios + seguido de Pembro adyuvante

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ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

MADRID 2023 ESMO congress

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]

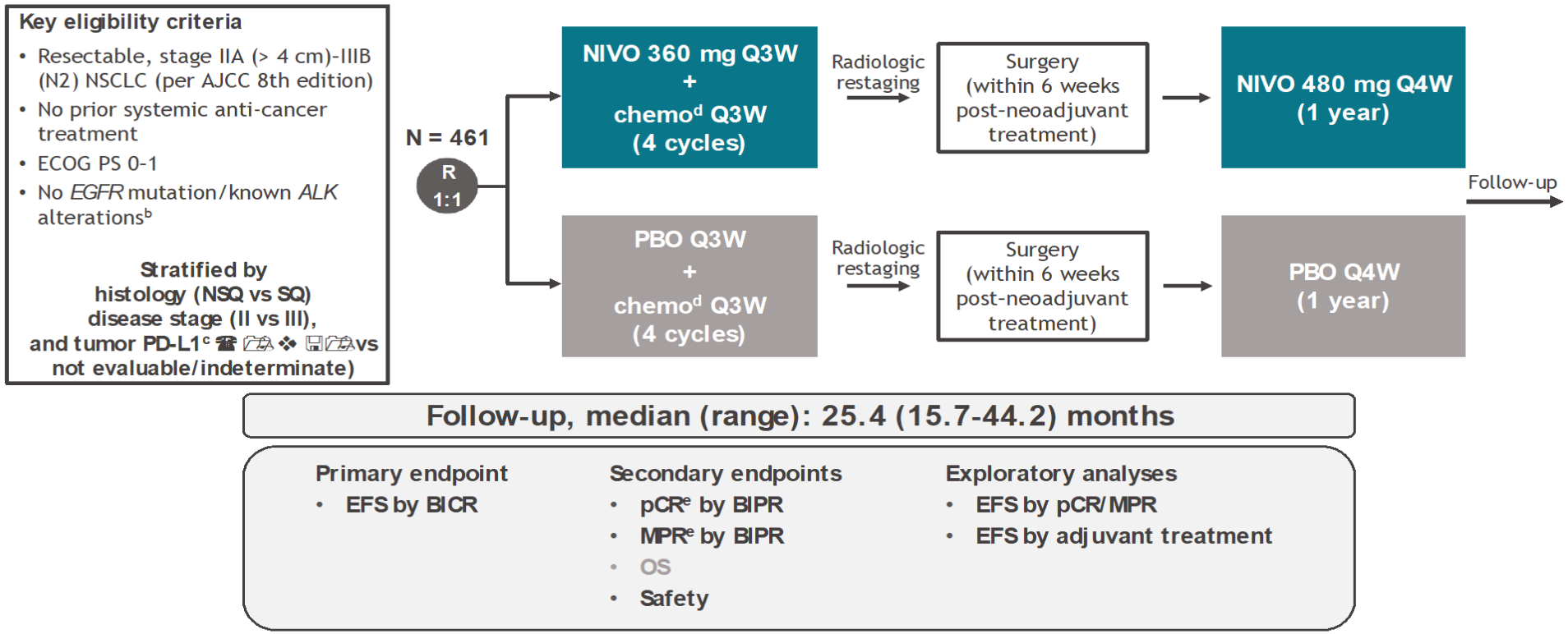
[1]The University of Texas MD Anderson Cancer Center, Houston, TX, USA; [2]Dana-Farber Cancer Institute, Boston, MA, USA; [3]McGill University Health Centre, Montreal, Québec, Canada; [4]National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China; [5]Shanghai Lung Cancer Center, Shanghai Chest Hospital, Shanghai Jiao Tong University, Shanghai, China; [6]University of Occupational and Environmental Health, Kitakyushu, Japan; [7]The Bloomberg-Kimmel Institute for Cancer Immunotherapy, Johns Hopkins University School of Medicine, Baltimore, MD, USA; [8]Erasmus MC Cancer Institute, Rotterdam, Netherlands; [9]Thomayer Hospital, Prague, Czech Republic; [10]John Paul II Hospital, Krakow, Poland; [11]Charles University, Prague, Czech Republic; [12]Hunan Cancer Hospital, Changsha, China; [13]Montpellier Regional University Hospital, Montpellier, France; [14]Kanagawa Cancer Center, Yokohama, Japan; [15]Bristol Myers Squibb, Princeton, NJ, USA; [16]Hospital Universitario Puerta de Hierro, Madrid, Spain

ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

CheckMate 77T: perioperative NIVO in resectable NSCLC

CheckMate 77T[a] study design



Database lock date: September 6, 2023.

[a]NCT04025879. [b]*EGFR* testing was mandatory in all patients with NSQ histology. *ALK* testing was done in patients with a history of *ALK* alterations. *EGFR*/*ALK* testing done using US FDA/local health authority-approved assays. [c]Determined by the PD-L1 IHC 28-8 pharmDx assay (Dako). [d]NSQ: cisplatin + pemetrexed, carboplatin + pemetrexed, or carboplatin + paclitaxel; SQ: cisplatin + docetaxel or carboplatin + paclitaxel. [e]Assessed per immune-related pathologic response criteria.[1] BICR, blinded independent central review; BIPR, blinded independent pathological review. 1. Cottrell TR, et al. *Ann Oncol* 2018:29:1853-1860.

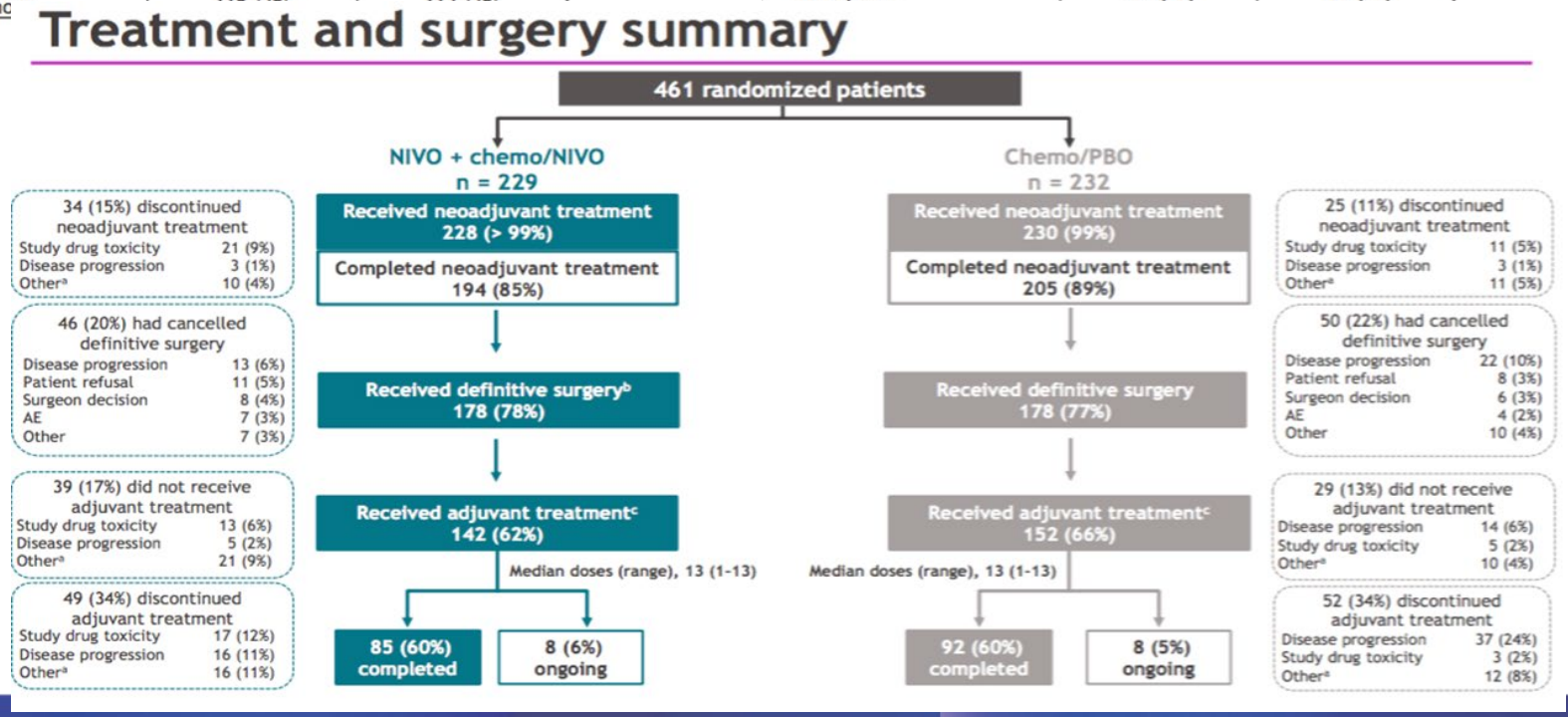
Organizado por: GECP lung cancer research

ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

	NIVO + chemo/NIVO (n = 229)	Chemo/PBO (n = 232)[a]
Median age, years (range)	66 (37-83)	66 (35-86)
Male, n (%)	167 (73)	160 (69)
Geographic region, n (%)		
North America	23 (10)	21 (9)
Europe	123 (54)	127 (55)
Asia	65 (28)	50 (22)
Rest of the world[b]	18 (8)	34 (15)
ECOG PS, n (%)		
0	147 (64)	141 (61)
1	82 (36)	91 (39)
Disease stage,[c] n (%)		
IIA-B[d]	81 (35)	81 (35)
IIIA-B[e]	146 (64)	149 (64)
Histology, n (%)		
Squamous	116 (51)	118 (51)
Non-squamo		

	NIVO + chemo/NIVO (n = 229)	Chemo/PBO (n = 232)[a]
Smoking status, n (%)		
Current/former	212 (93)	205 (88)
Never	17 (7)	27 (12)
Tumor PD-L1 expression,[f] n (%)		
Not evaluable	8 (4)	11 (5)
< 1%	93 (41)	93 (40)
≥ 1%	128 (56)	128 (55)
1-49%	83 (36)	76 (33)
≥ 50%	45 (20)	52 (22)
Platinum therapy type, n (%)		
Cisplatin	55 (24)	42 (18)
Carboplatin	167 (73)	180 (78)



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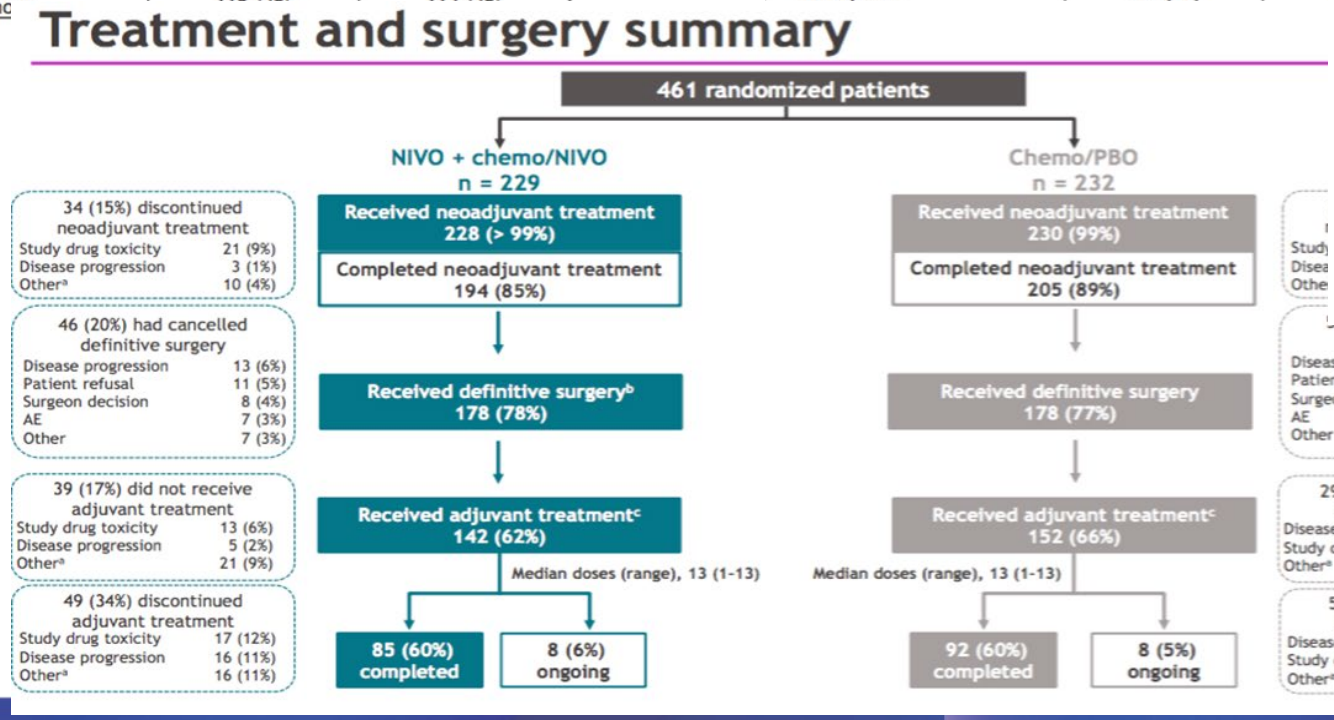
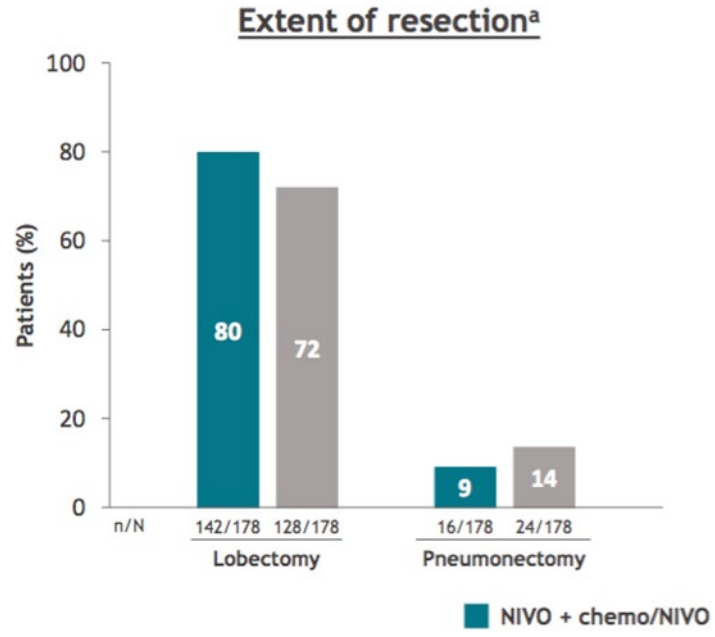
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

	NIVO + chemo/NIVO (n = 229)	Chemo/PBO (n = 232)[a]
Median age, years (range)	66 (37-83)	66 (35-86)
Male, n (%)	167 (73)	160 (69)
Geographic region, n (%)		
North America	23 (10)	21 (9)
Europe	123 (54)	127 (55)
Asia	65 (28)	50 (22)
Rest of the world[b]	18 (8)	34 (15)
ECOG PS, n (%)		
0	147 (64)	141 (61)
1	82 (36)	91 (39)
Disease stage,[c] n (%)		
IIA-B[d]	81 (35)	81 (35)
IIIA-B[e]	146 (64)	149 (64)
Histology, n (%)		
Squamous	116 (51)	118 (51)
Non-squamo		

	NIVO + chemo/NIVO (n = 229)	Chemo/PBO (n = 232)[a]
Smoking status, n (%)		
Current/former	212 (93)	205 (88)
Never	17 (7)	
Tumor PD-L1 expression,[f] n (%)		
Not evaluable	8 (4)	
< 1%	93 (41)	
≥ 1%	128 (56)	
1-49%	83 (36)	
≥ 50%	45 (20)	
Platinum therapy type, n (%)		
Cisplatin	55 (24)	
Carboplatin	167 (73)	





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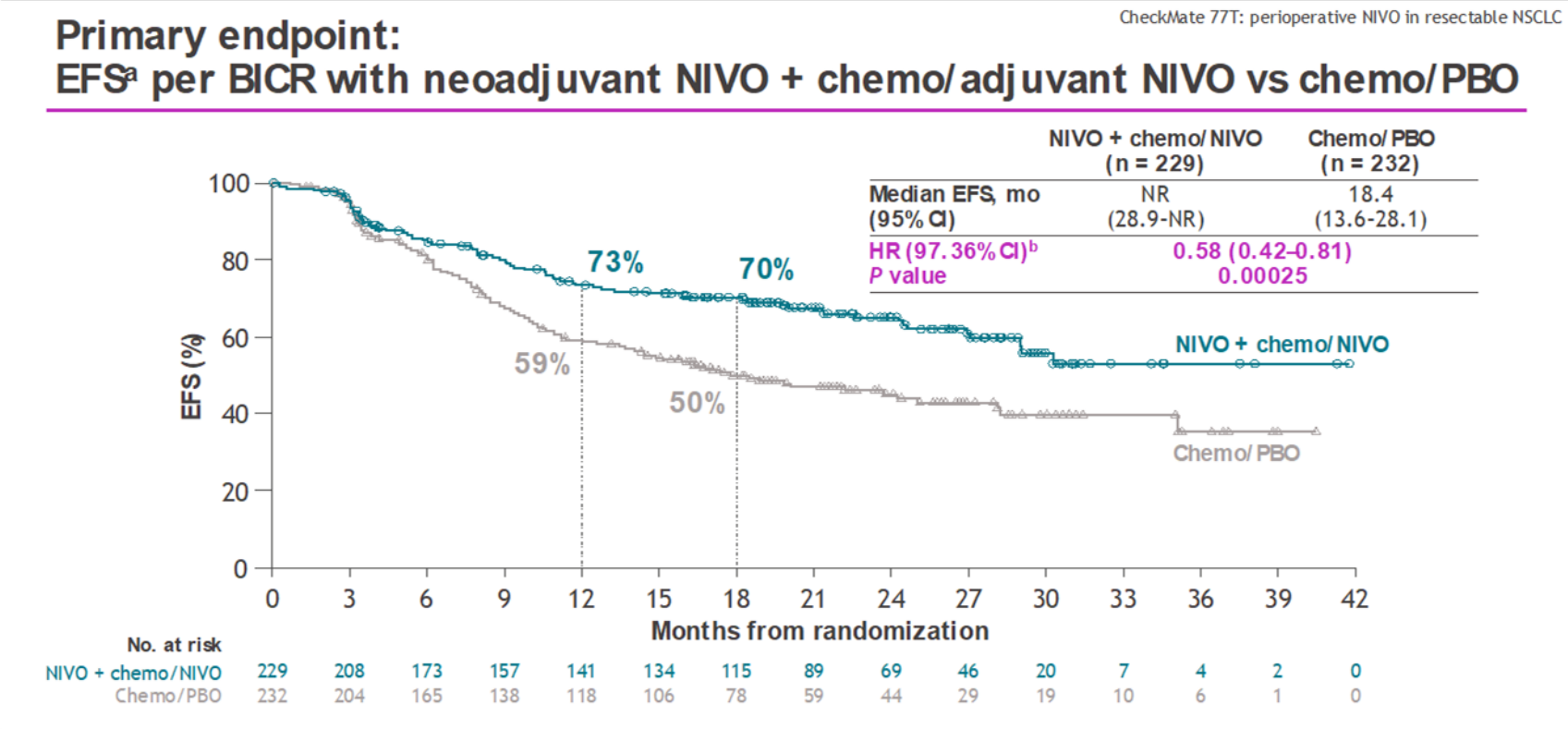
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- CHECKMATE 77T



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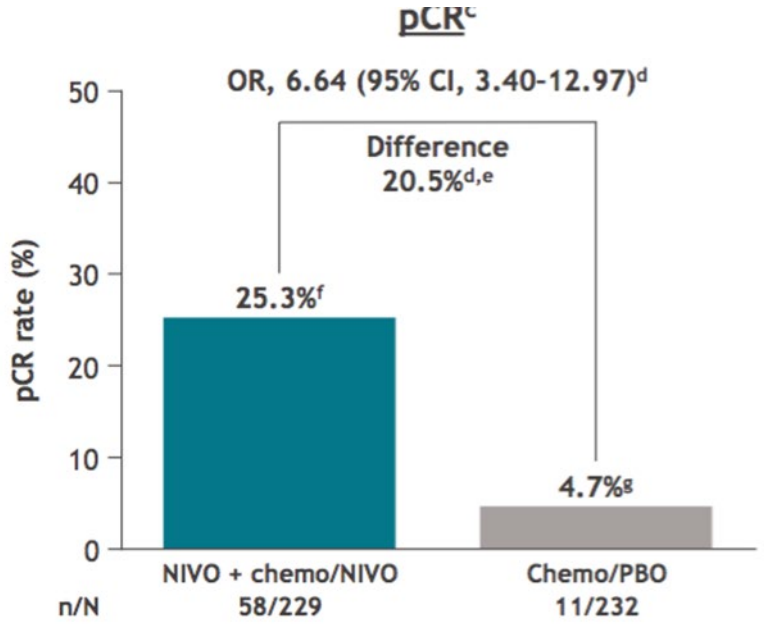
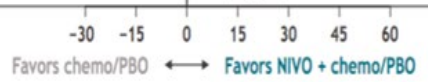
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- CHECKMATE 77T



pCR analysis by key subgroups

	pCR rate,[a] %		Unweighted difference, % (95% CI)
	NIVO + chemo/NIVO (n = 229)	Chemo/PBO (n = 232)	
Overall (N = 461)	25.3	4.7	20.6 (14.3-26.9)
< 65 years (n = 202)	25.5	4.0	21.5 (12.0-31.0)
≥ 65 years (n = 259)	25.2	5.3	19.9 (11.4-28.5)
Male (n = 327)	26.9	5.0	21.9 (14.3-29.5)
Female (n = 134)	21.0	4.2	16.8 (5.7-28.8)
North America (n = 44)	13.0	0	13.0 (-4.6 to 32.1)
Europe (n = 250)	22.0	5.5	16.4 (8.0-25.0)
Asia (n = 115)	36.9	2.0	34.9 (21.3-47.2)
ECOG PS 0 (n = 288)	25.9	5.0	20.9 (12.8-28.9)
ECOG PS 1 (n = 173)	24.4	4.4	20.0 (9.8-30.6)
Stage II (n = 162)	29.6	3.7	25.9 (14.9-36.9)
Stage III (n = 299)[b]	23.0	5.3	17.7 (10.0-25.5)
Squamous (n = 234)	28.4	5.9	22.5 (13.1-31.8)
Non-squamous (n = 227)	22.1	3.5	18.6 (10.2-27.4)
Current/former smoker (n = 417)	25.9	4.9	21.1 (14.4-27.7)
Never smoker (n = 44)	17.6	3.7	13.9 (-4.6 to 37.5)
PD-L1 < 1% (n = 186)[c]	12.9	4.3	8.6 (0.4-17.3)
PD-L1 ≥ 1% (n = 256)[c]	35.2	4.7	30.5 (21.2-39.4)
PD-L1 1-49% (n = 159)	26.5	3.9	22.6 (11.7-33.3)
PD-L1 ≥ 50% (n = 97)	51.1	5.8	45.3 (28.1-59.8)
Cisplatin (n = 97)	29.1	4.8	24.3 (9.2-37.8)
Carboplatin (n = 347)	24.6	5.0	19.6 (12.3-27.0)



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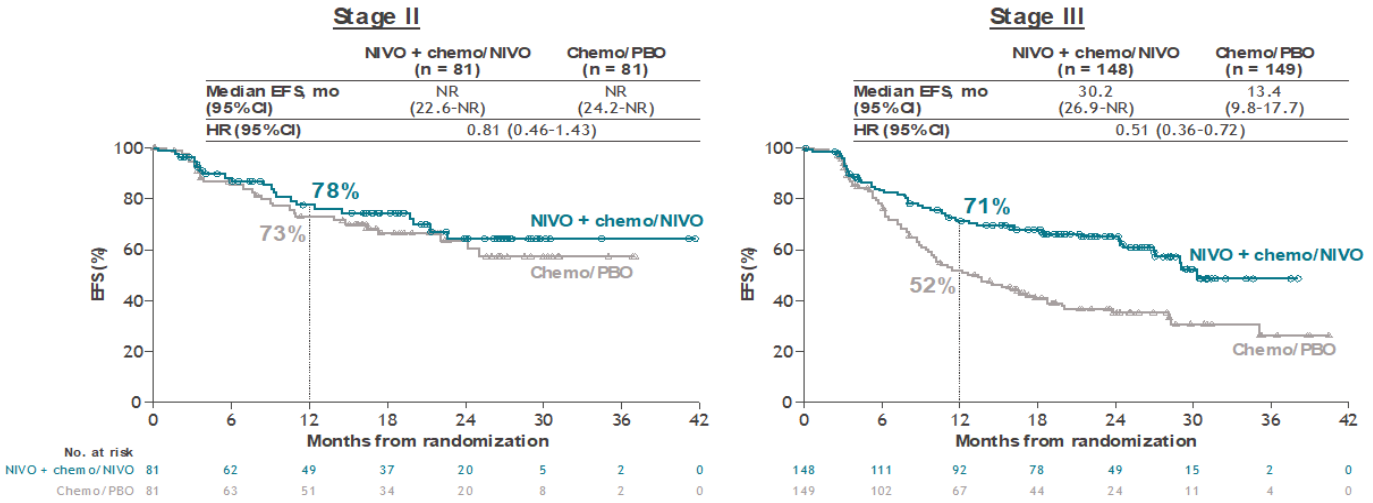
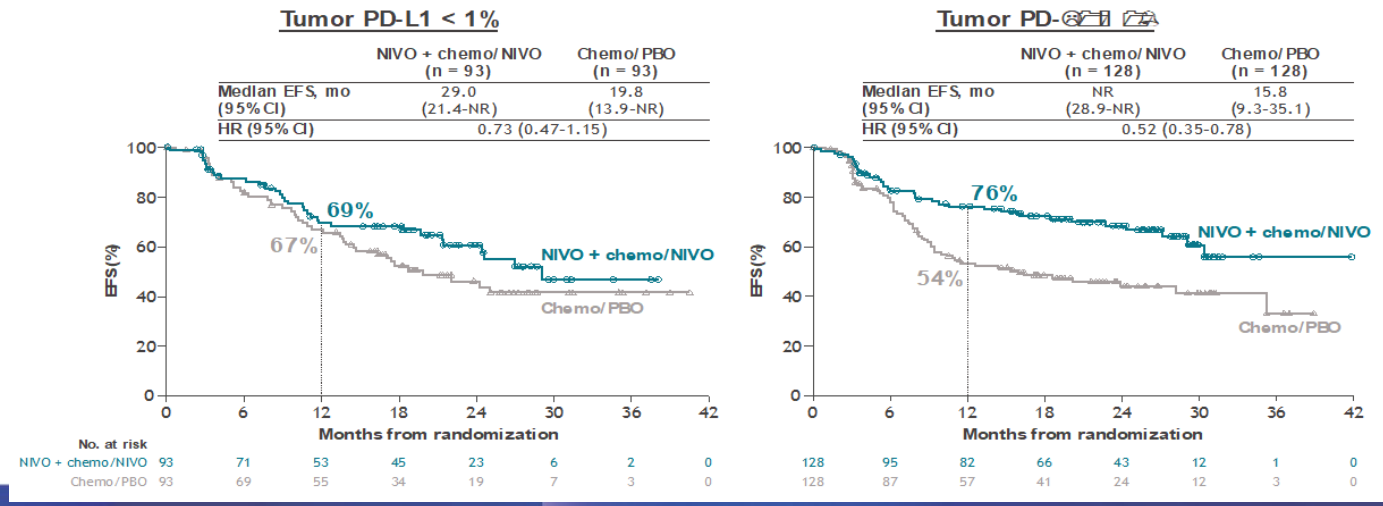
TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

EFS by baseline disease stage



EFS by tumor PD-L1 expression



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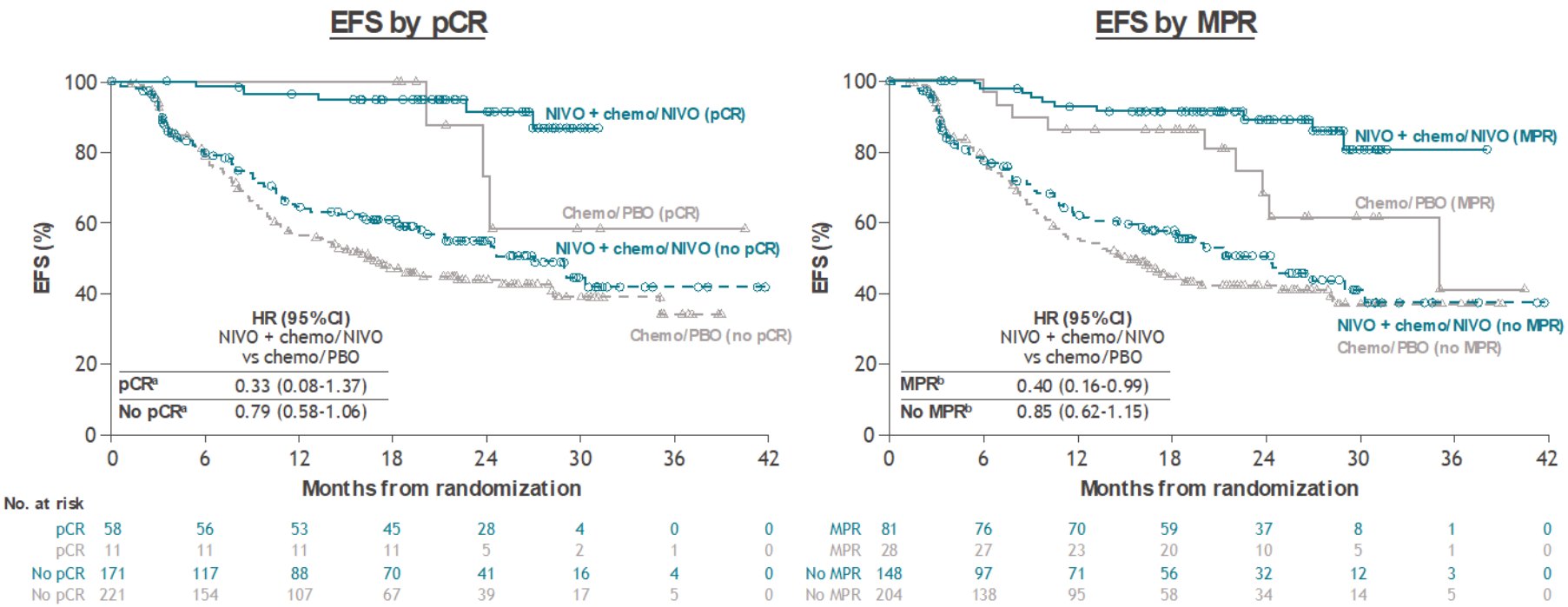
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

Exploratory analysis: EFS by pCR and MPR status



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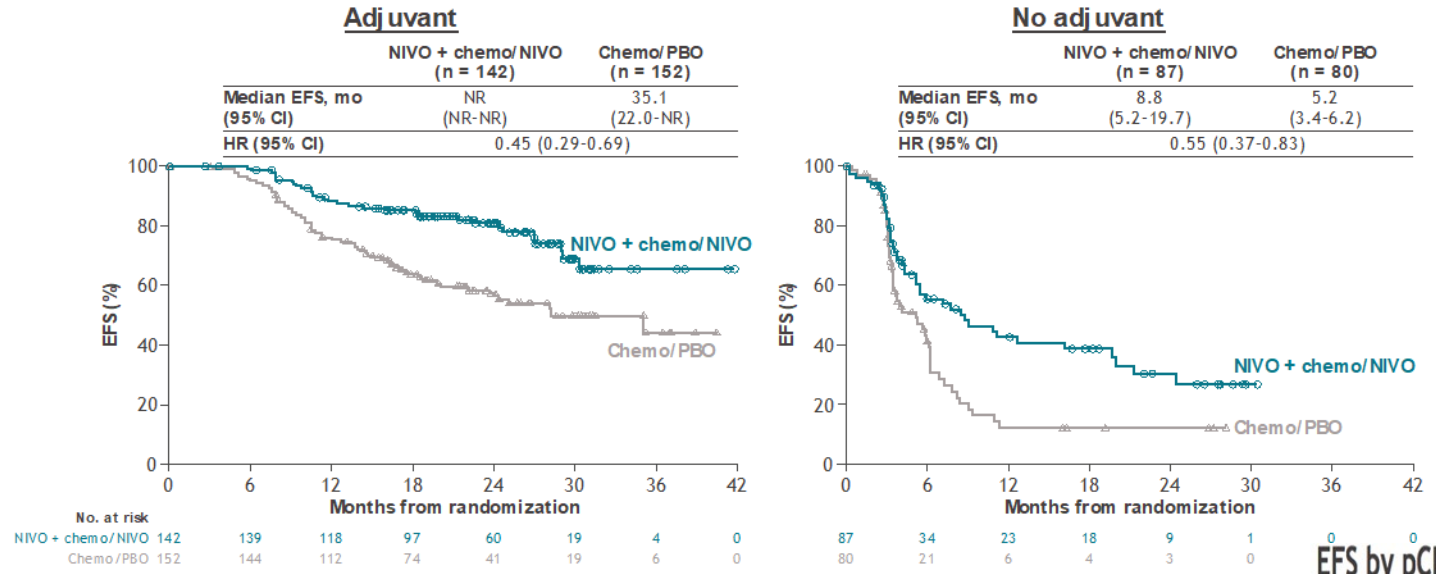
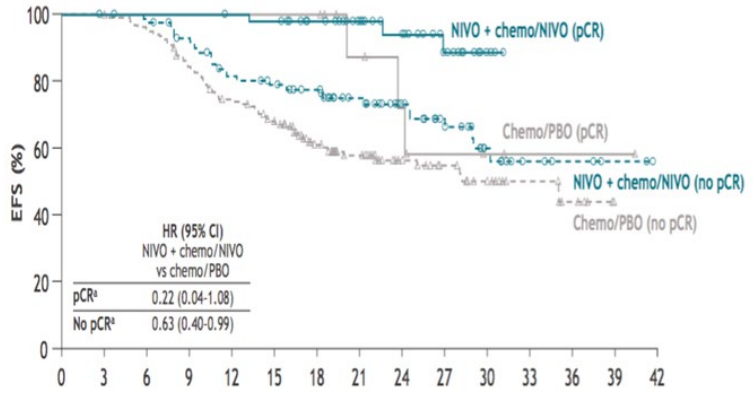
TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

Exploratory analysis: EFS by adjuvant treatment status



- NIVO + chemo/NIVO improved EFS vs chemo/PBO with numerically higher benefit in patients who received adjuvant treat
  (HR [95% CI], 0.45 [0.29-0.69]) vs those who did not (HR [95% CI], 0.55 [0.37-0.83])[a]

EFS by pCR status in patients who received adjuvant treatment



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TRATAMIENTO PERIOPERATORIO- CHECK MATE 77T

- El tratamiento neoadyuvante con Nivo + QT seguido de cirugía y Nivolumab adyuvante demostró aumento de EFS clínica y estadísticamente significativo en pacientes con NSCLC resecable (HR 0,58; p: 0.00025)
    - El beneficio se vio en todos los subgrupos
- Las tasas de pCR y MPR también mejoraron 25,3% versus 4,7% y 35,4% versus 12,1% respectivamente
- En un análisis exploratorio, Nivolumab perioperatorio favoreció EFS en pacientes con pCR, con una tendencia positiva en pacientes sin pCR
- Entre los pacientes elegibles para tratamiento adyuvante, Nivolumab perioperatorio mejoró la EFS frente a quimio/placebo independientemente del estado de pCR
    - Nivo+QT continuó produciendo beneficio frente a QT en los pacientes que no pudieron recibir la adyuva*n*cia
- Nivolumab perioperatorio no presentó nuevas señales de seguridad. La posibilidad de realizar cirugía fue similar en ambos brazos
- Checkmate 77T es el primer estudio fase 3 perioperatorio para avanzar en el tratamiento standard del tratamiento neoadyuvante del cáncer de pulmón y apoya el uso de Nivolumab perioperatorio como una nueva opción de tratamiento para pacientes con CPNCP resecable.

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TRATAMIENTO PERIOPERATORIO:RATIONALE 315

MADRID 2023 ESMO congress

Pathological Response to Neoadjuvant Tislelizumab Plus Platinum-Doublet Chemotherapy in Resectable Stage II-IIIA NSCLC Patients in the Phase 3 RATIONALE-315 Trial

Dongsheng Yue,[1] Wenxiang Wang,[2] Hongxu Liu,[3] Qixun Chen,[4] Chun Chen,[5] Jun Zhang,[6] Fan Bai,[7] Changli Wang[1]

[1]Tianjin Medical University Cancer Institute and Hospital, Tianjin, China; [2]Hunan Cancer Hospital, Hunan, China; [3]Liaoning Cancer Hospital and Institute, Shenyang, China; [4]Zhejiang Cancer Hospital, Hangzhou, China; [5]Fujian Medical University Union Hospital, Fuzhou, China; [6]BeiGene USA, Inc., San Mateo, CA, USA; [7]BeiGene (Shanghai) Co., Ltd, Shanghai, China

Presenter: Dongsheng Yue

Madrid, Spain; 23 October 2023

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TRATAMIENTO PERIOPERATORIO:RATIONALE 315

Study Design

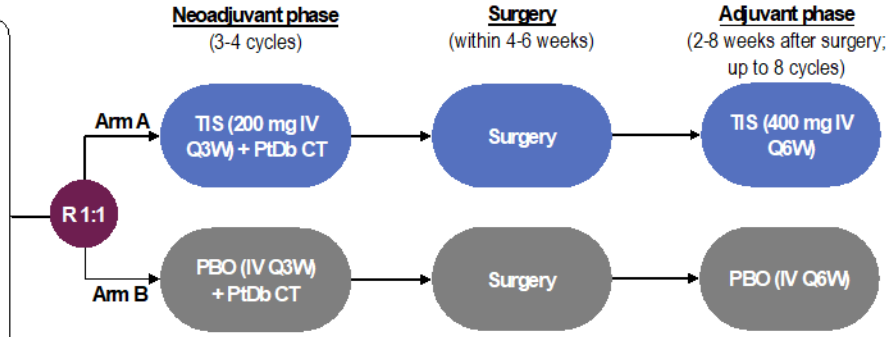
RATIONALE-315: randomized, double-blind, placebo-controlled, phase 3 study

Key eligibility criteria

- Resectable stage II-IIIA NSCLC (eligible for R0 resection)
- ECOG PS 0 or 1
- *EGFR/ALK* WT

Stratification

- Histology (sq vs nsq)
- Disease stage (II vs IIIA)
- PD-L1 expression (≥1% vs <1%/not evaluable/indeterminate)



Platinum-based doublet CT
- Squamous: cisplatin/carboplatin + paclitaxel
- Non-squamous: cisplatin/carboplatin + pemetrexed

Primary endpoints:

- MPR rate by BIPR & EFS by BICR

Key secondary endpoint:

- pCR

Other secondary endpoints:

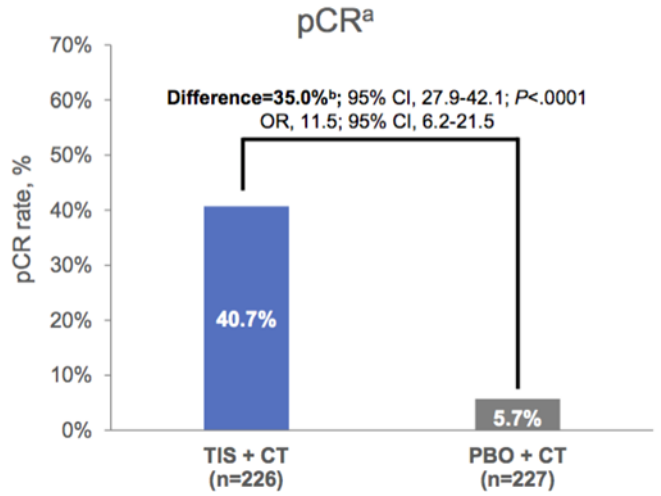
- OS, ORR, EFS by investigator, safety, HRQoL

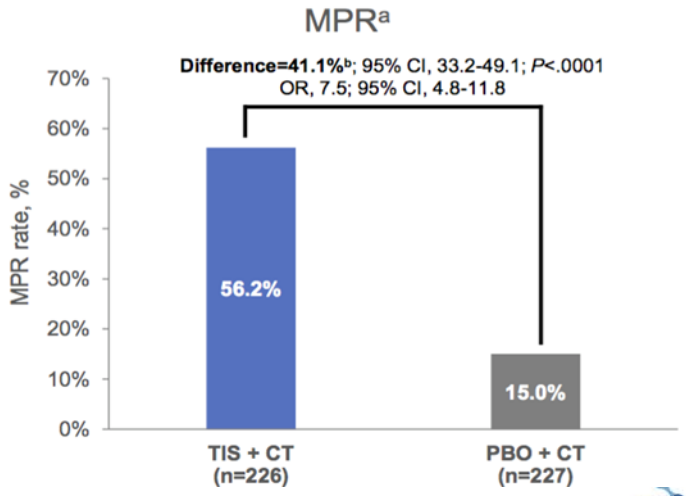
Planned interim analysis:

- Final analysis of MPR and pCR per blinded IRC
- EFS at 75% of the target number of events

Statistical Considerations

- The ITT analysis set (TIS + CT, n=226; PBO + CT, n=227) included all randomized patients
- The safety analysis set (TIS + CT, n=226; PBO + CT, n=226) included all randomized patients who received ≥1 dose of any study drug
- 1-sided α at 0.005 is allocated for the MPR test; if MPR is statistically significant, 0.005 will pass to the pCR test





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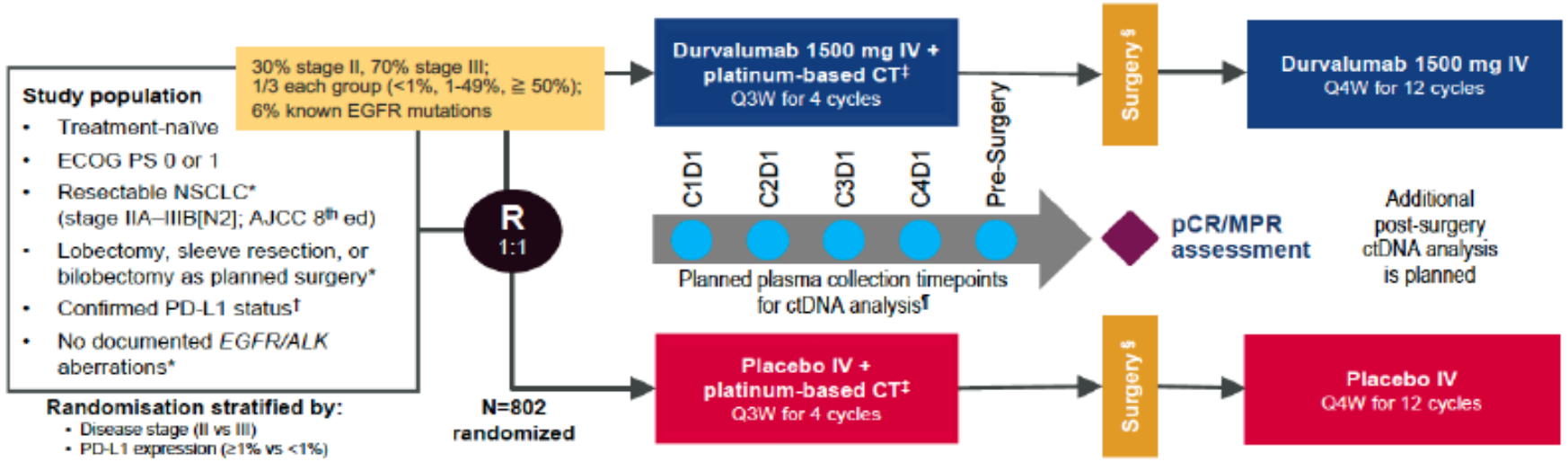
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO: AEGEAN

Asociación del aclaramiento de ctDNA y la respuesta patológica con el tratamiento neoadyuvante en pacientes con CPNCP resecable del estudio AEGEAN



- Plasma samples were collected at protocol-specified timepoints, including prior to each neoadjuvant treatment cycle and before surgery
- Analysis was performed using Invitae Personalized Cancer Monitoring™, a tumour-informed MRD assay[1]
  - Patient-specific tumour-informed panels were designed to include 16-50 variants, identified by whole exome sequencing of treatment-naïve diagnostic biopsies only (rather than on-study surgical resections) to avoid selection bias

Reck M, et al. LBA59. ESMO 2023

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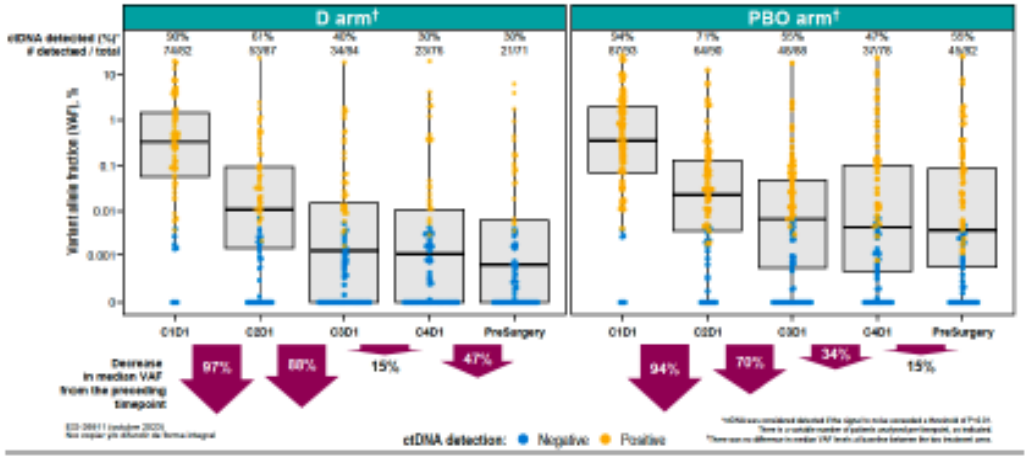
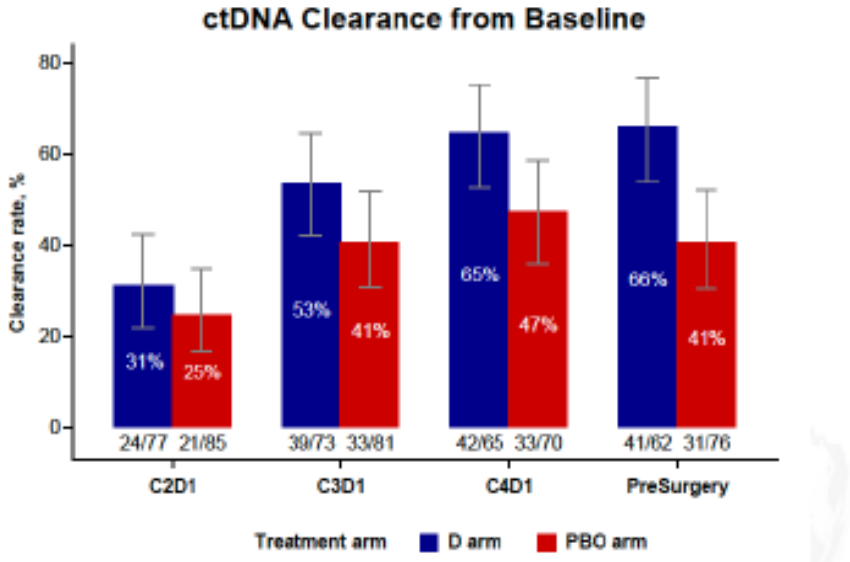
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO: AEGEAN

Niveles de VAF (variant allele fraction) durante tratamiento neoadyuvante



Aclaramiento de ctDNA durante el tratamiento neoadyuvante



- Reducción más profunda en el brazo de tratamiento
- Sobre todo después del primer ciclo

- En los pacientes con ctDNA + , mayores tasas de aclaramiento en el grupo de tratamiento que en el grupo de placebo

Reck M, et al. LBA59. ESMO 2023

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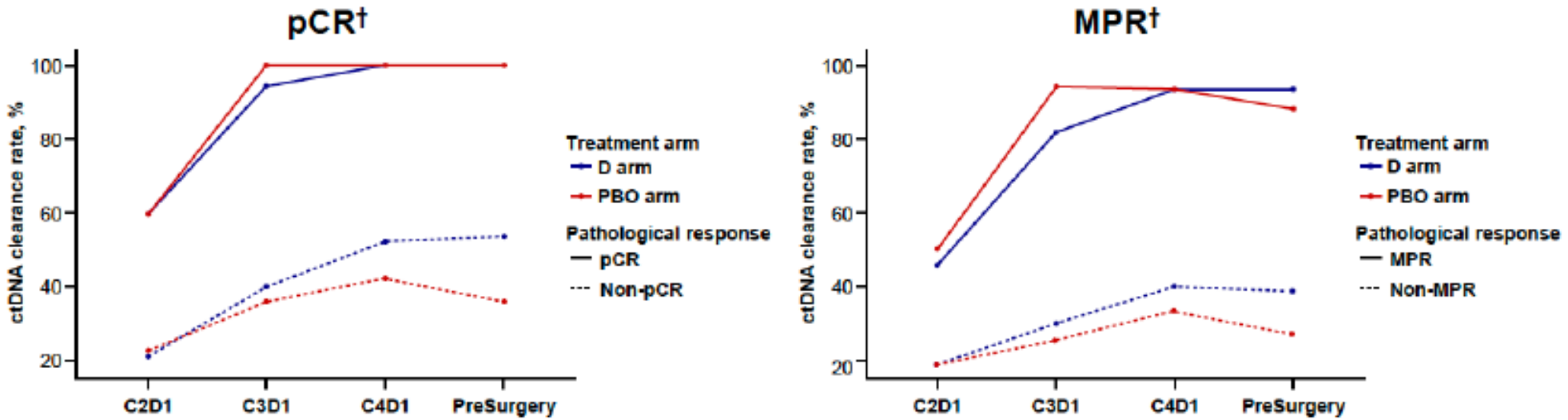
ESTADIOS INICIALES Y ENFERMEDAD LOCALMENTE AVANZADA

TRATAMIENTO PERIOPERATORIO: AEGEAN

Asociación del aclaramiento de ctDNA con la respuesta y su utilidad predictiva



. En pacientes que eran ctDNA + en Ciclo 1 D1 todos los que alcanzaron pCR y > 90% de los que tuvieron MPR tuvieron aclaramiento de ctDNA en Ciclo 4

Reck M, et al. LBA59. ESMO 2023

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TRATAMIENTO PERIOPERATORIO: AEGEAN

- Durante el tratamiento neoadyuvante se observó una mayor reducción de la mediana de VAF en el grupo de tratamiento frente al grupo placebo, con el mayor descenso observado después del primer ciclo de tratamiento
- El tratamiento neoadyuvante con quimio-inmunoterapia resultó en un mayor aclaramiento del ctDNA, comparado con QT sola
- Entre pacientes que eran ctDNA positivos en C1D1 , todos los que alcanzaron pCR y > 90% de los que alcanzaron MPR tuvieron aclaramiento de ctDNA en C4 D1

El aclaramiento de ctDNA(ctDNA clearance) con QT- inmunoterapia tiene potencial como un biomarcador de respuesta precoz para identificar pacientes que se benefician del tratamiento antes de la resección tumoral

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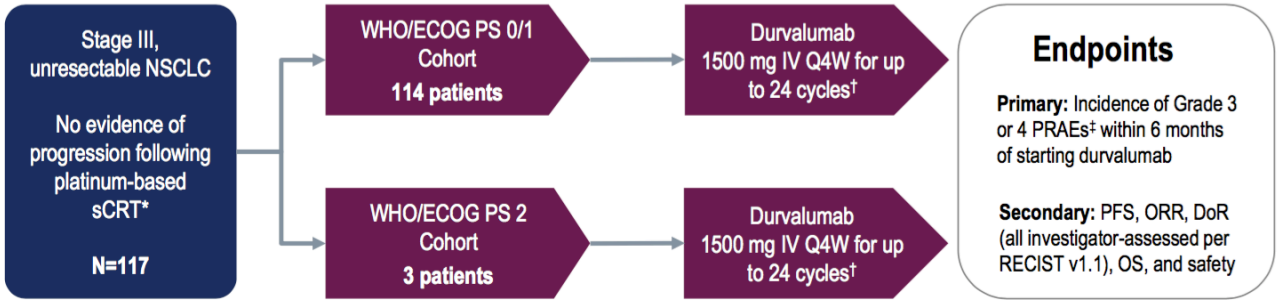
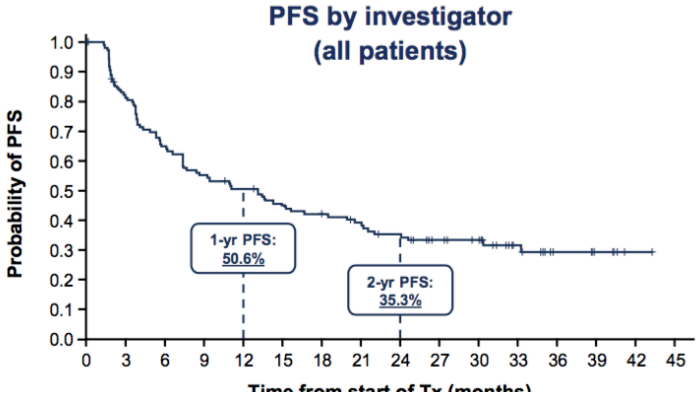
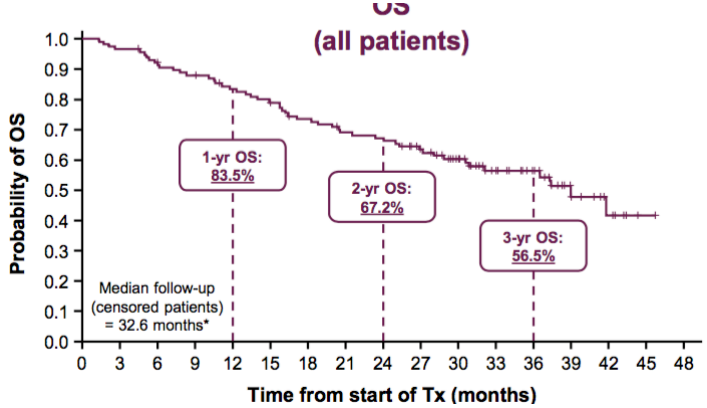
TRATAMIENTO QT-RT: PACIFIC-6

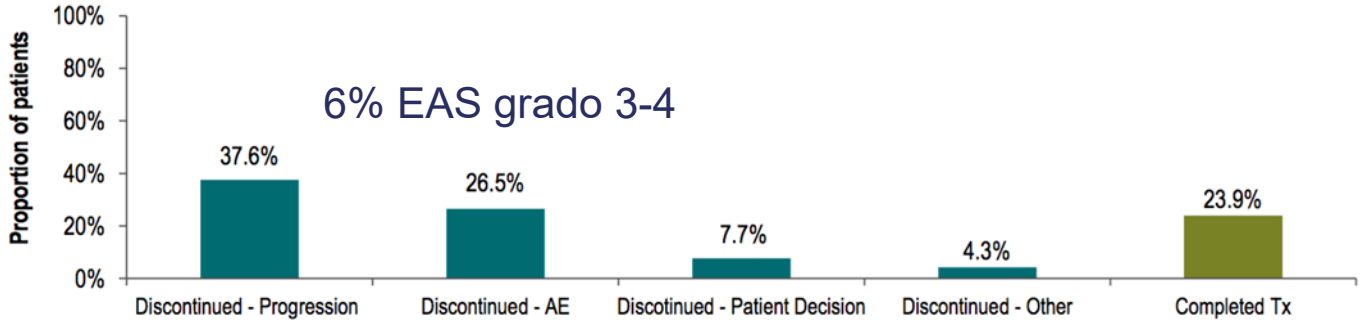


14% no reciben tratamiento Concomitante





6% EAS grado 3-4



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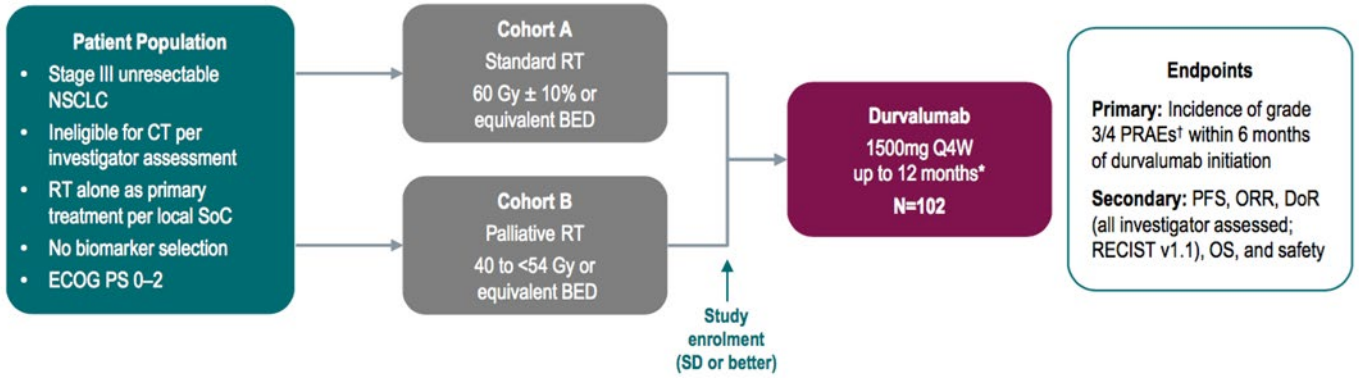
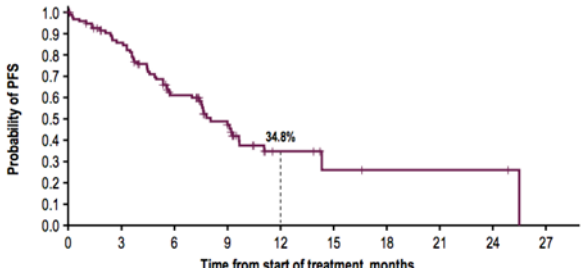
TRATAMIENTO QT-RT: DUART



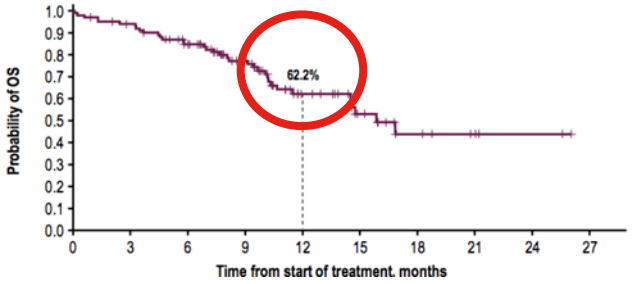
PFS

	Cohort A (standard RT)	Cohort B (palliative RT)	Total
No. events / no. patients (%)	26/59 (44.1)	25/43 (58.1)	51/102 (50.0)
Median PFS (95% CI)*, months	9.0 (5.6–NC)	7.6 (5.3–11.0)	8.0 (7.0–9.7)
12-month PFS rate (95% CI)†, %	40.2 (23.6–56.3)	29.3 (13.8–46.7)	34.8 (23.0–46.9)



OS

	Cohort A (standard RT)	Cohort B (palliative RT)	Total
No. events / no. patients (%)	16/59 (27.1)	19/43 (44.2)	35/102 (34.3)
Median OS (95% CI)*, months	NC (14.5–NC)	14.8 (10.1–NC)	15.9 (11.5–NC)
12-month OS rate (95% CI)†, %	67.0 (50.1–79.2)	56.3 (37.3–71.6)	62.2 (49.8–72.4)



9,8% toxicidad grado 3-4 a los 6 meses

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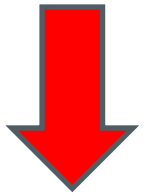
CONCLUSIONES- ADYUVANCIA

- Nuevos standards de tratamiento en escenario de adyuvancia:
  - Osimertinib adyuvante demostró aumento de OS frente a placebo en pacientes resecados estadios II-IIIA independientemente de haber recibido o no QT en pacientes con mutación de EGFR(estadíos II-IIIA) **ESTUDIO ADAURA**
  - El tratamiento con Alectinib adyuvante demostró mejoría en DFS estadísticamente significativo y clínicamente relevante sobre la quimioterapia (HR 0.24; 95% CI 0.13, 0.43; p<0.0001) y representa un nuevo standard de tratamiento adyuvante en estadios IB- IIIA ALK +. **ESTUDIO ALINA**



Imprescindible realizar estudio molecular en estadios iniciales y localmente avanzados

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CONCLUSIONES- NEOADYUVANCIA Y TRATAMIENTO PERIOPERATORIO

- Los resultados a 3 años del **CHECKMATE 816** confirman el beneficio en DFS y OS de Nivolumab + QT frente a QT sola independientemente de la expresión de PD-L1

- PEMBROLIZUMAB perioperatorio es un nuevo standard of care para pacientes con estadios II, IIIA, IIIB (N2) NSCLC y ya aprobado por la FDA en Octubre 2023 (resultados **KEYNOTE-671**)

- El tratamiento neoadyuvante con Nivo+ QT seguido de cirugía y Nivolumab adyuvante demostró aumento de DFS clínica y estadísticamente significativo en pacientes con CPNCP resecable. HR 0,58 (p=0,00025). **CHECKMATE 77T**

- El aclaramiento de ctDNA(ctDNA clearance) con QT- inmunoterapia tiene potencial como un biomarcador de respuesta precoz para identificar pacientes que se benefician del tratamiento antes de la resección tumoral. **AEGEAN**

MUCHAS GRACIAS

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