

Enfermedad Localmente Avanzada

Dr. Ignacio Gil-Bazo

Iniciativa científica de:

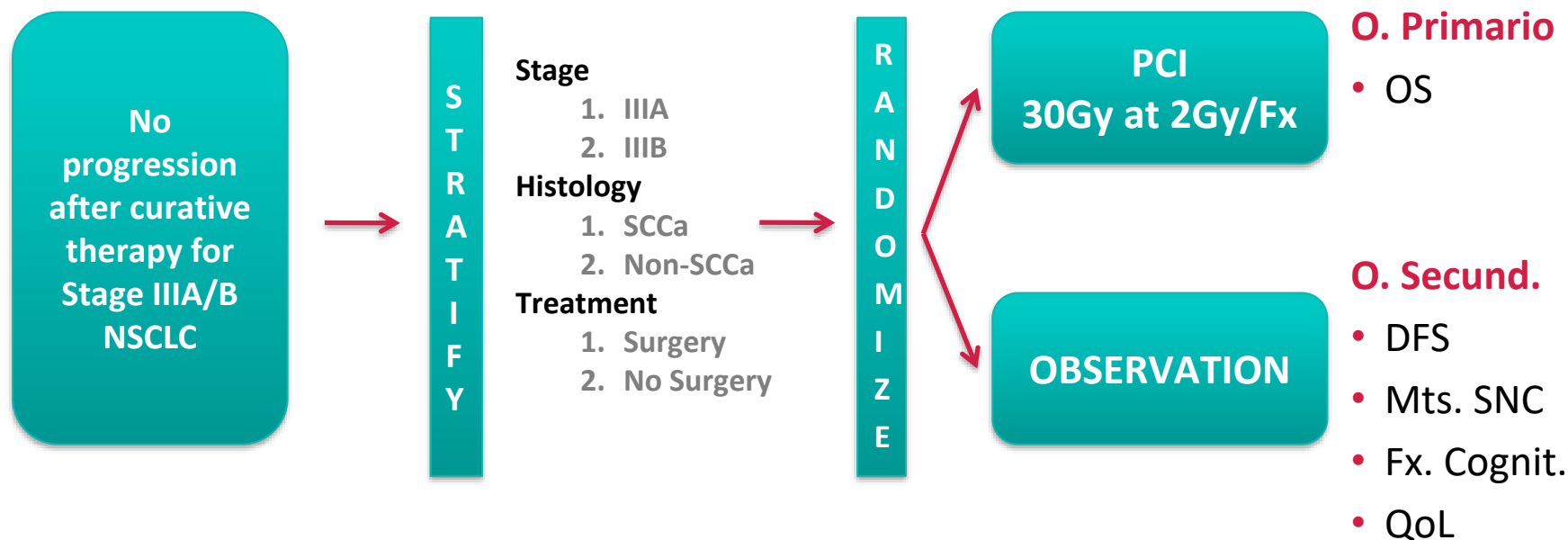


Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group

10-year Updated Analysis of NRG Oncology/RTOG 0214: A Phase III Comparison of Prophylactic Cranial Irradiation versus Observation in Patients with LA-NSCLC

Alex Sun

Princess Margaret Cancer Centre

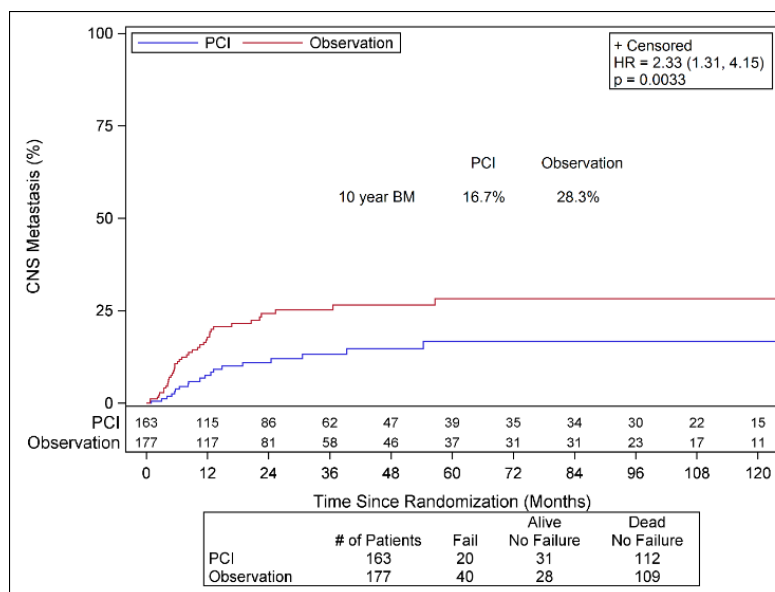
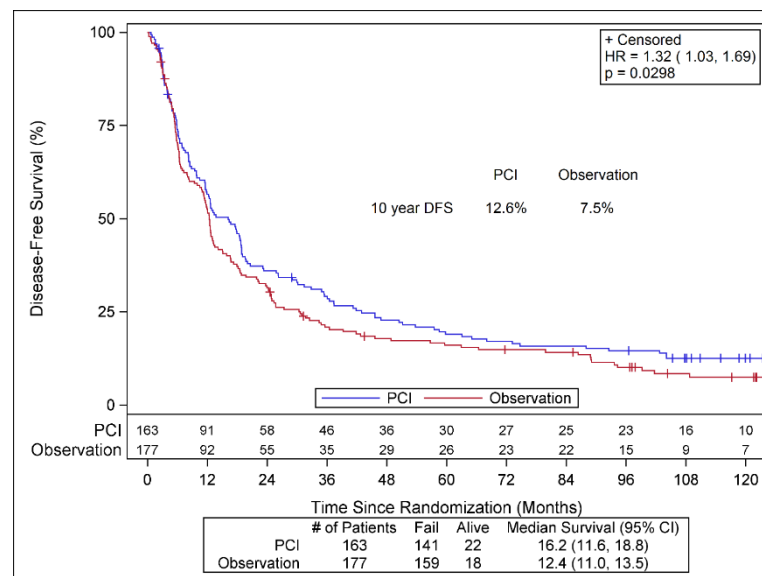
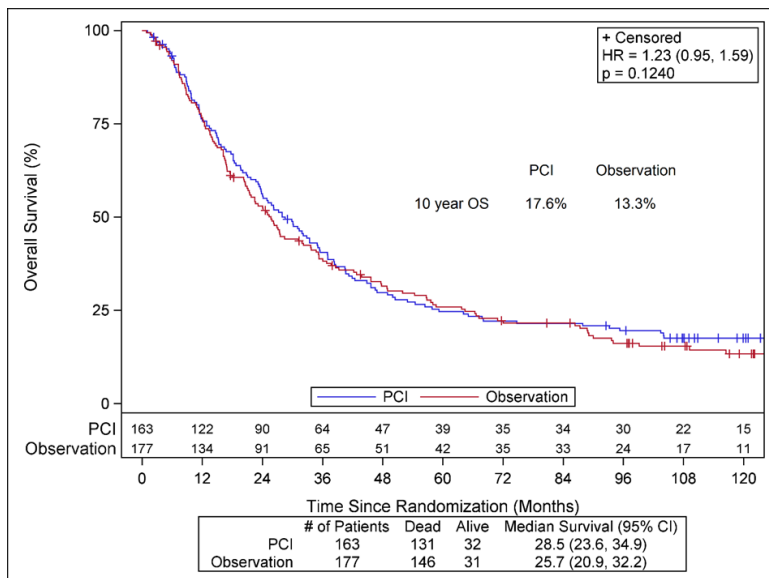


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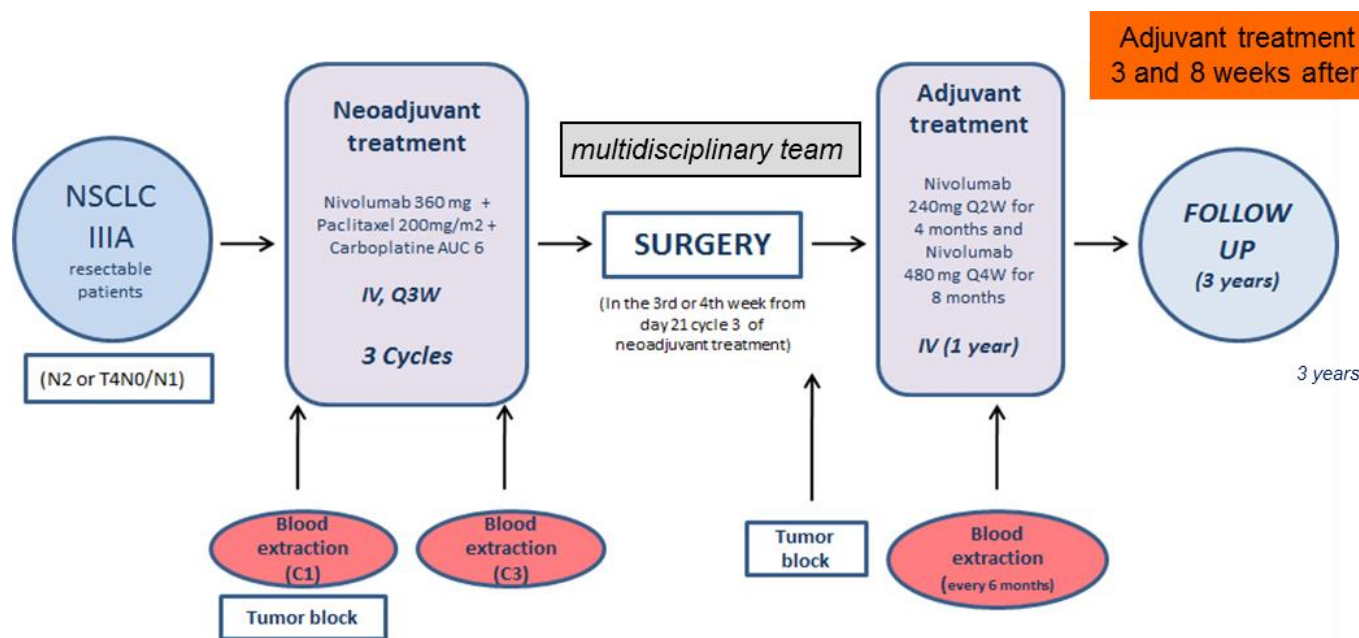
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Irradiación Profiláctica Holocraneal a 10 años



NEO-ADJUVANT CHEMO-IMMUNOTHERAPY FOR THE TREATMENT OF STAGE IIIA RESECTABLE NON-SMALL-CELL LUNG CANCER (NSCLC): A PHASE II MULTICENTER EXPLORATORY STUDY

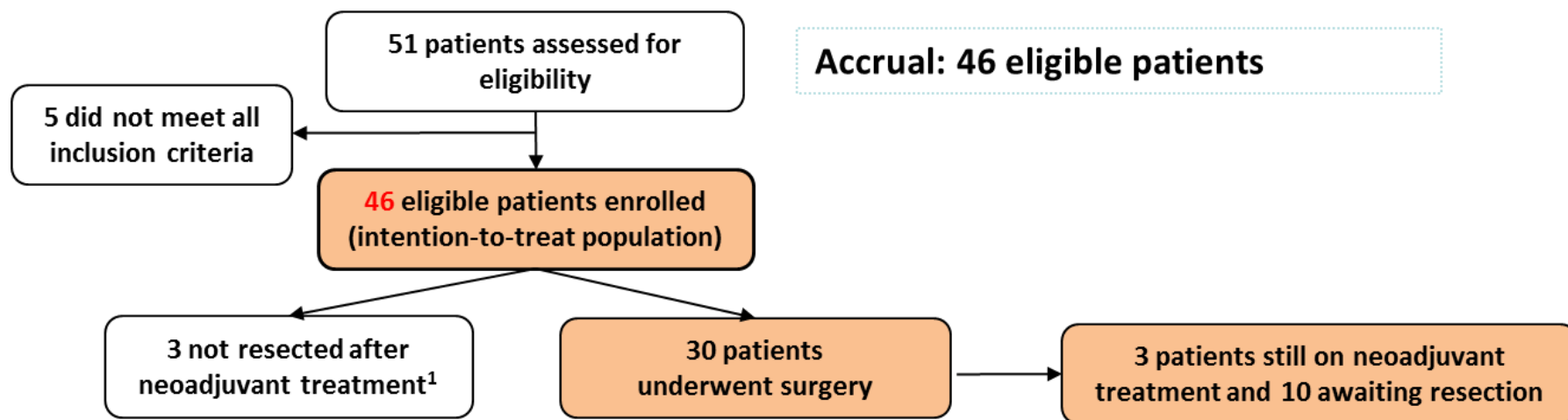
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- Phase II
- Single-arm
- Open-label
- Multicenter
- Resectable IIIA NSCLC
- 46 patients

STUDY OBJECTIVES

- **Progression-free survival (PFS) at 24 months (primary)**
- **Down-staging rate, complete resection rate and response rate (RR)**
- **Toxicity profile**
- **Time to progression and 3-year overall survival**
- **Surgical outcome and operative and post-operative complications**
- **To explore the expression of other biomarkers**
- **To determine whether PD-L1 expression is a predictive biomarker for ORR**
- **To determine PFS in PD-L1+ ($\geq 1\%$) population**



¹ 2 patients decided not to undergo resection, one patient did not fulfill surgical criteria for resectability

Clinical response

	N	%
Complete response (CR)	3	10.0
Partial response (PR)	18	60.0
Stable disease (SD)	9	30.0
Total	30	100.0

No progressive disease has been observed.

Pathological response

	N	%
Major response¹	24	80.0
Complete response	18	75.0
Less < 90%	6	20.0
Total	30	100.0

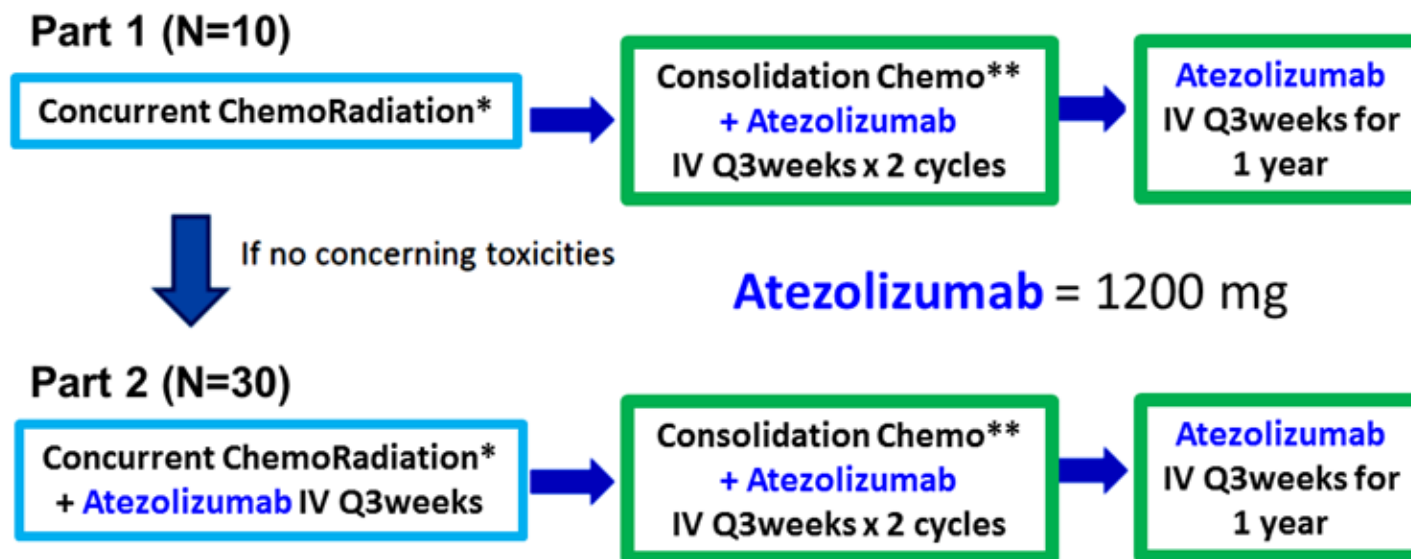
¹Major pathological response defined as <10% viable tumor cells in the resected specimen.

Resection type	N	%
R0	29	96.5

- Median patient follow-up = 4.1 months, range 0.2-14.6 months.
- None of the patients have suffered recurrence.

DETERRED: Phase II trial combining atezolizumab concurrently with chemoradiation therapy in locally advanced non-small cell lung cancer

DETERRED Schema



O. Primario

- Seguridad

O. Secund.

- PFS (1 año)
- Neumonitis (G3)
- Biomarcadores

*weekly carboplatin AUC 2.0 and paclitaxel 50 mg/m² concurrent with radiation (60-66 Gy/30-33 fx)

**carboplatin AUC 6.0 and paclitaxel 200 mg/m² IV Q3 weeks for 2 cycles

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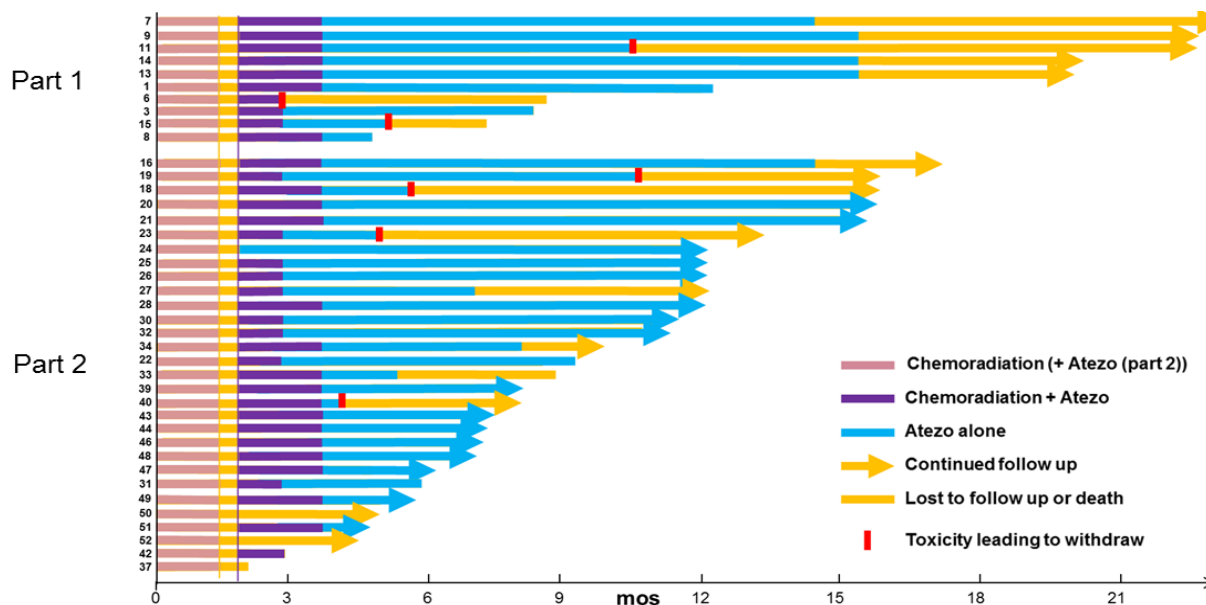


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DETERRED: Quimio-RT + Atezolizumab en II-III A

N=10	Part 1
ALL AEs	697
All Grade 3+	54
% pts developed Grade 3+	6 of 10 (60%)
AEs leading to withdraw from Tx	3 of 10 (30%)
% pts with Atezo Grade 3+ AEs	3 of 10 (30%)
Types of Atezo Grade 3+ AEs	
Dyspnea (grade 3)	1 of 10
Arthralgia (grade 3)	1 of 10
TE Fistula (grade 5)	1 of 10

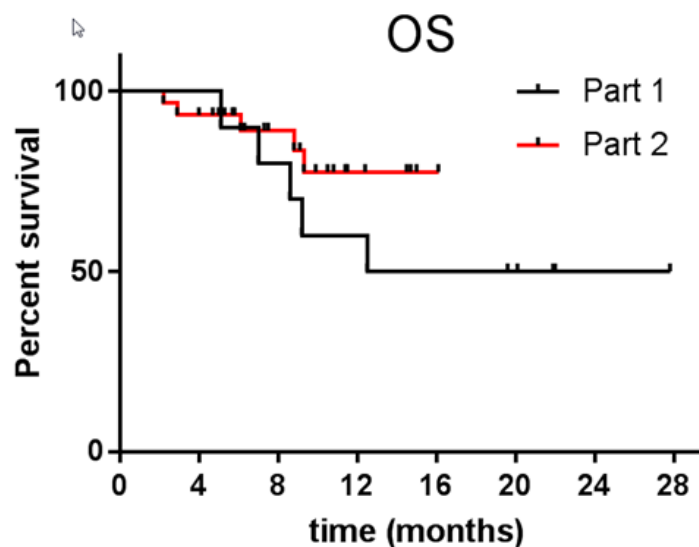
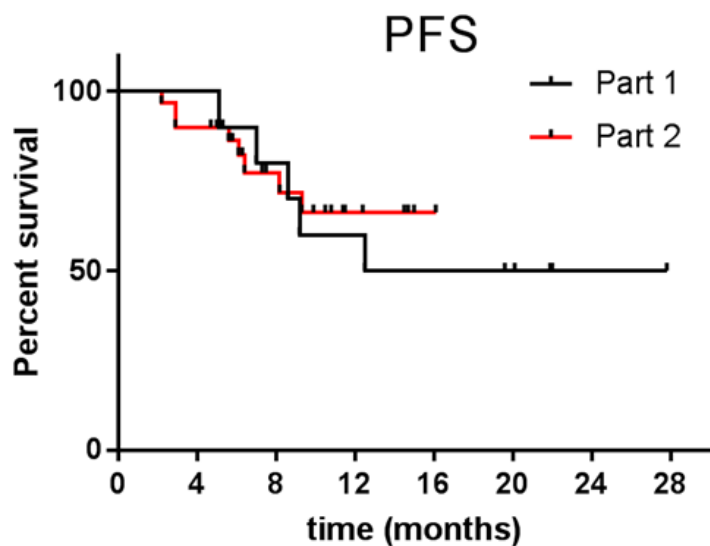
N=30	Part 2
ALL AEs	574
All Grade 3+	48
% pts developed any grade 3+ Aes	17 of 30 (57%)
AEs leading to withdraw from Tx	3 of 30 (10%)
% patients with Atezo Grade 3+ AEs	7 of 30 (23%)
Types of Atezo Grade 3+ AEs	
Diarrhea (grade 3), Pneumonitis (grade 3)	1 of 30
Nephritis (grade 3), Fatigue (grade 3)	1 of 30
Fatigue (grade 3)	3 of 30
Respiratory failure NOS (grade 4)	1 of 30
Heart failure (grade 3)	1 of 30



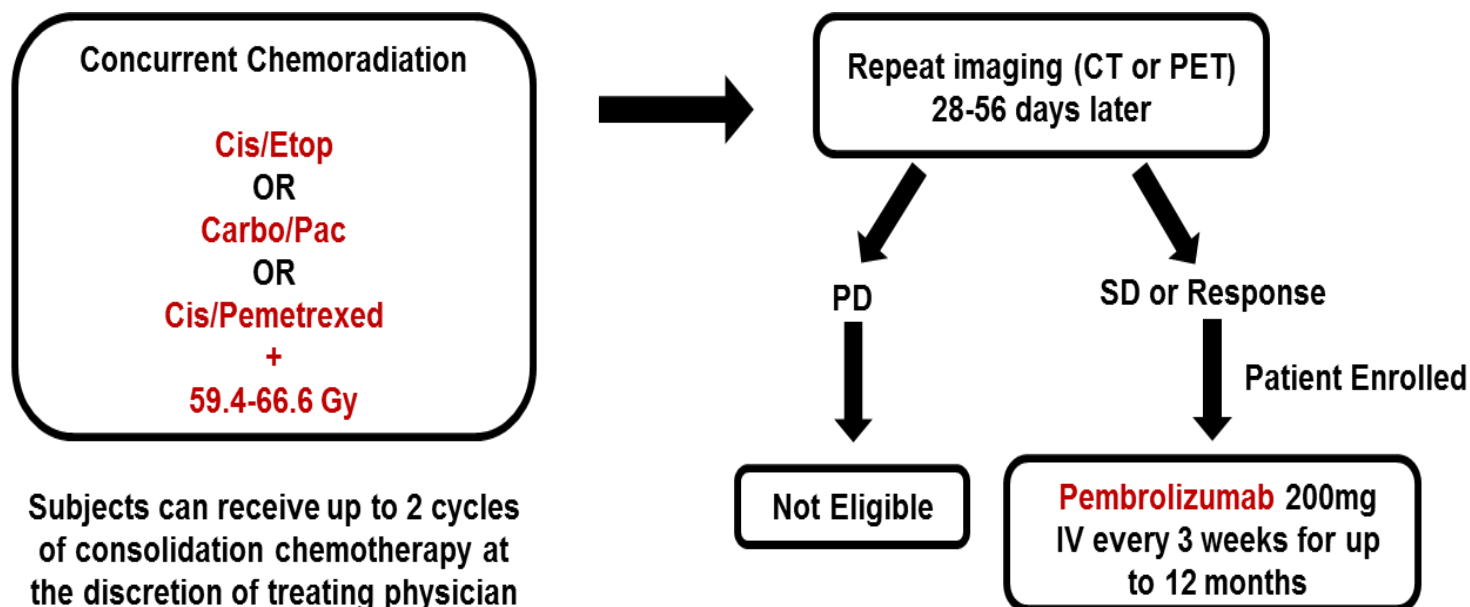
DETERRED: Quimio-RT + Atezolizumab en II-IIIa

	Median PFS	1 yr PFS	Median OS	1 yr OS
Part 1	20.1 mos	60%	20.1 mos	60%
Part 2	NR	66%	NR	77%

Median F/U 1.3 years for part 1
0.75 years for part 2



Phase II Trial of Concurrent Chemoradiation with Consolidation Pembrolizumab in Patients with Unresectable Stage III NSCLC



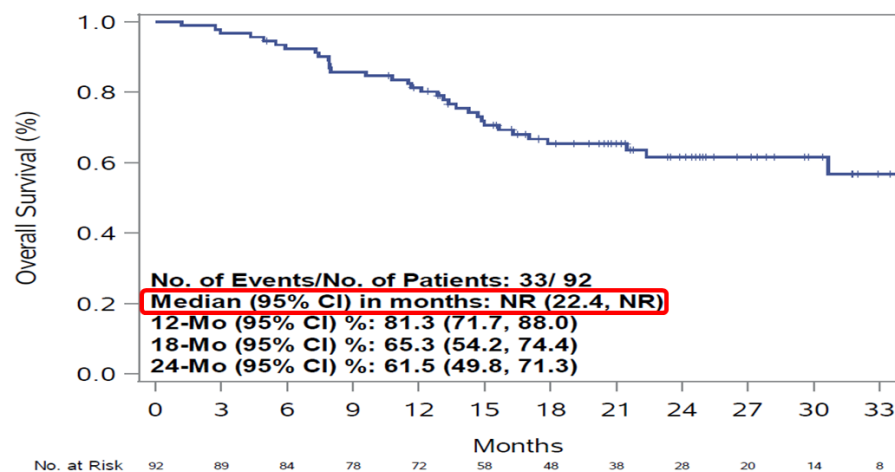
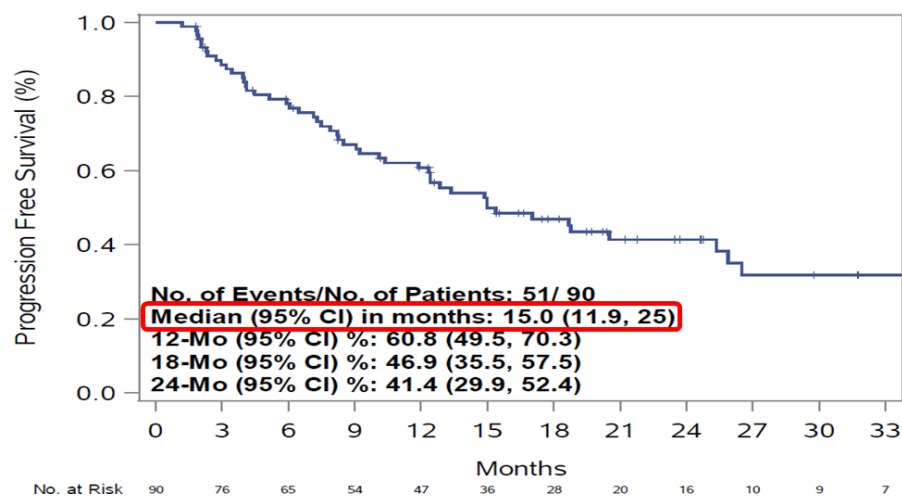
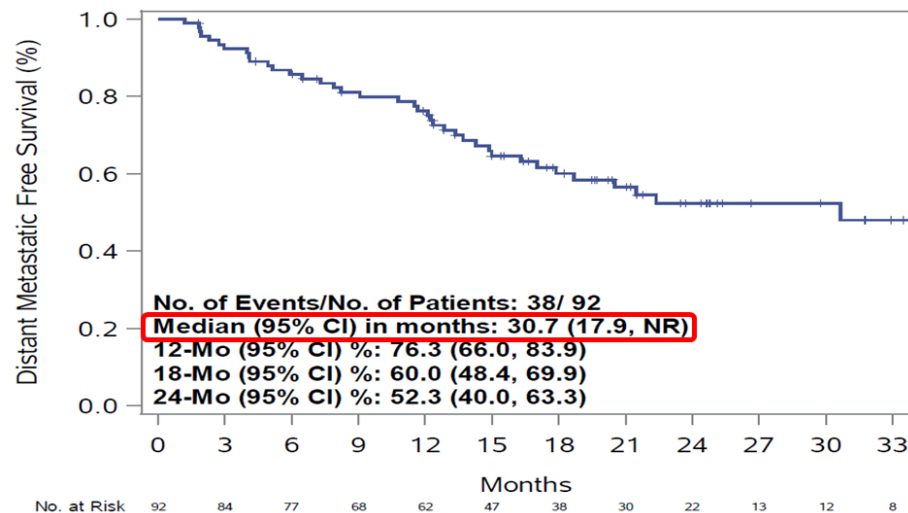
O. Primario

- T. a MTS o muerte

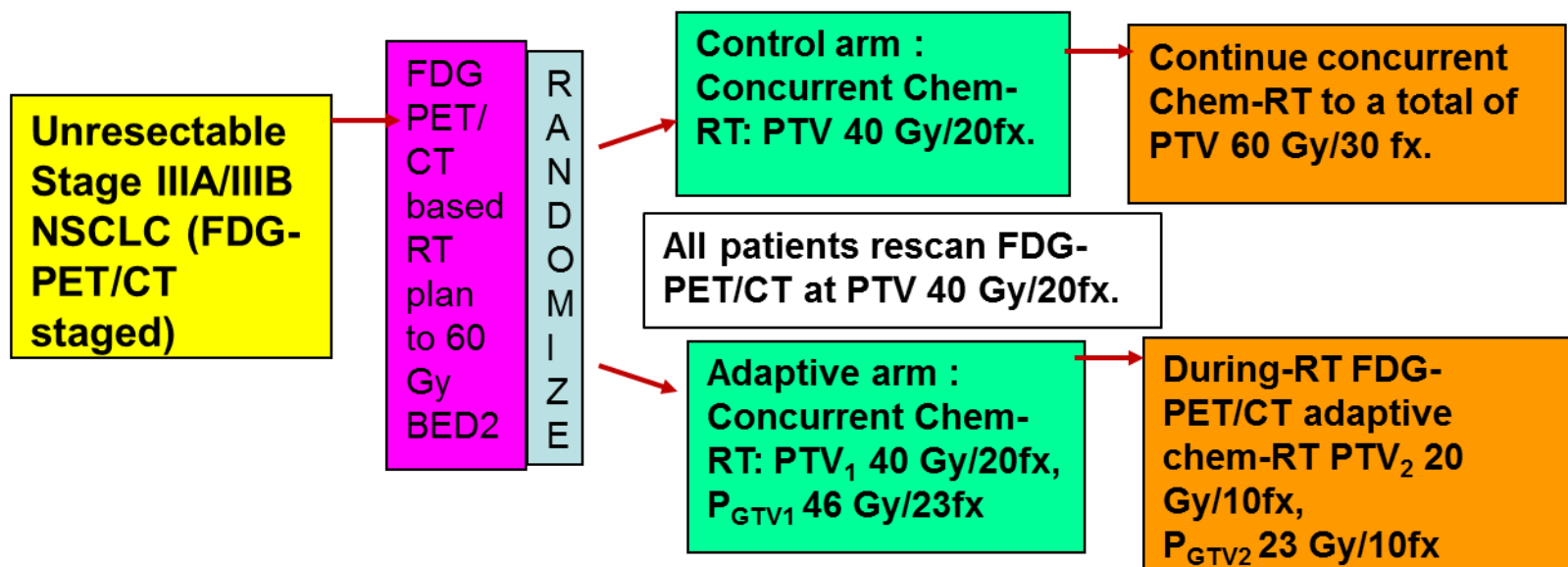
O. Secund.

- PFS
- OS
- Toxicidad

Quimio-RT seguido de Pembro en E-III irresecable

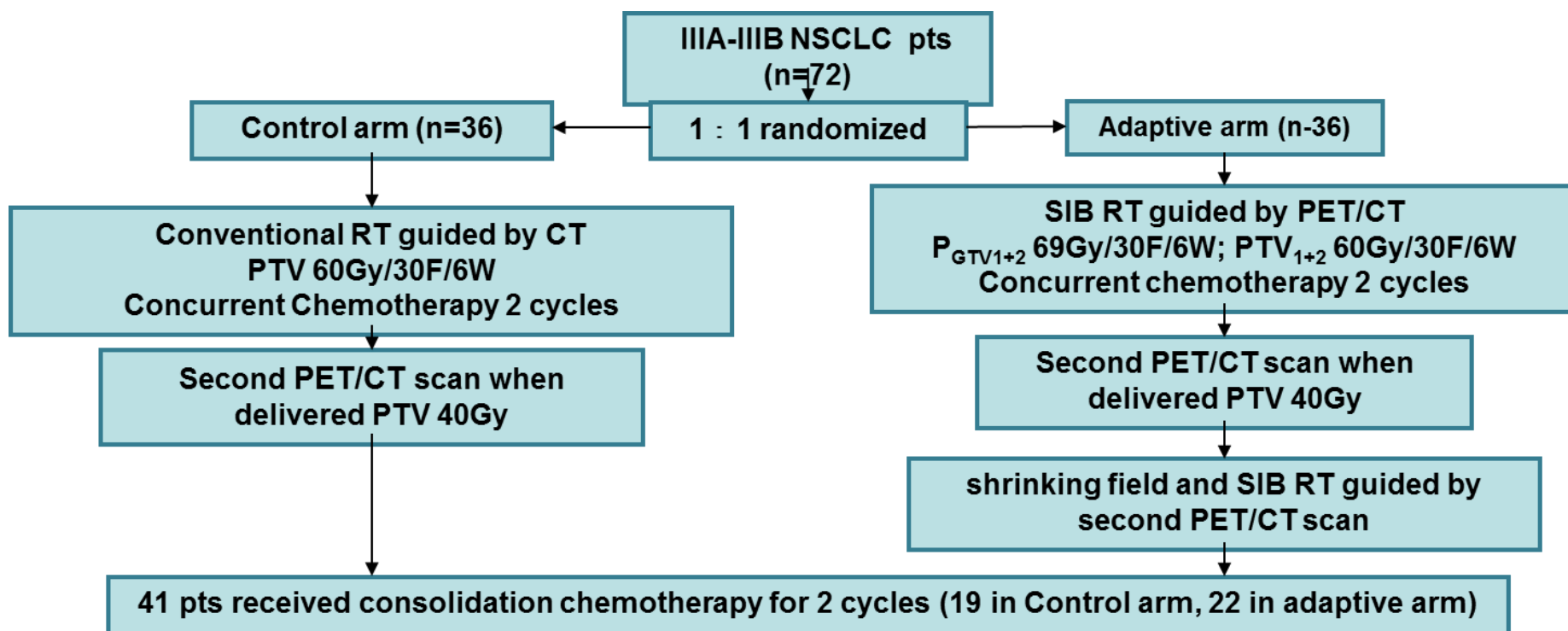


The Estimate of Shrinking Field and SIB Radiotherapy Guided by 18F-FDG PET/CT in Locally Advanced NSCLC : a Phase II Randomized Trial

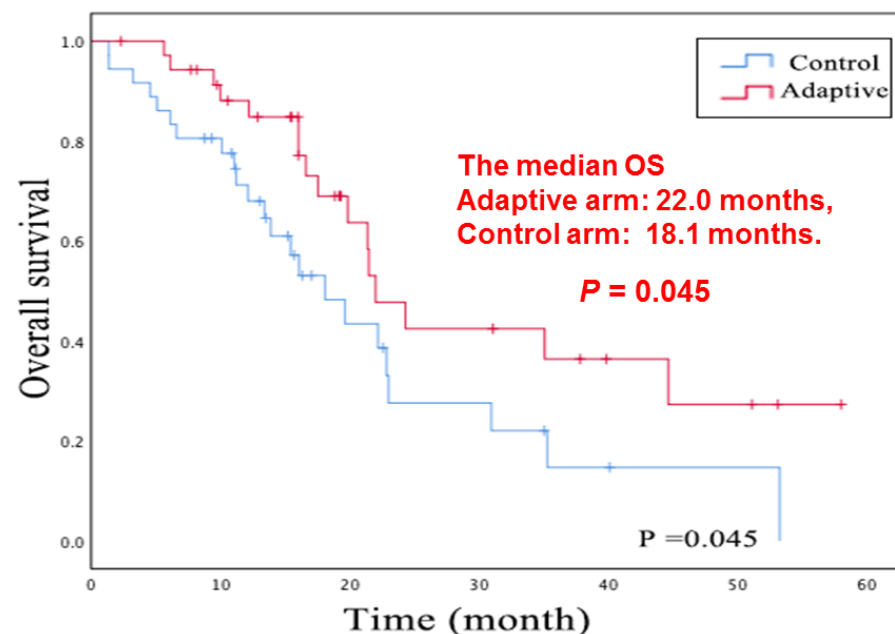
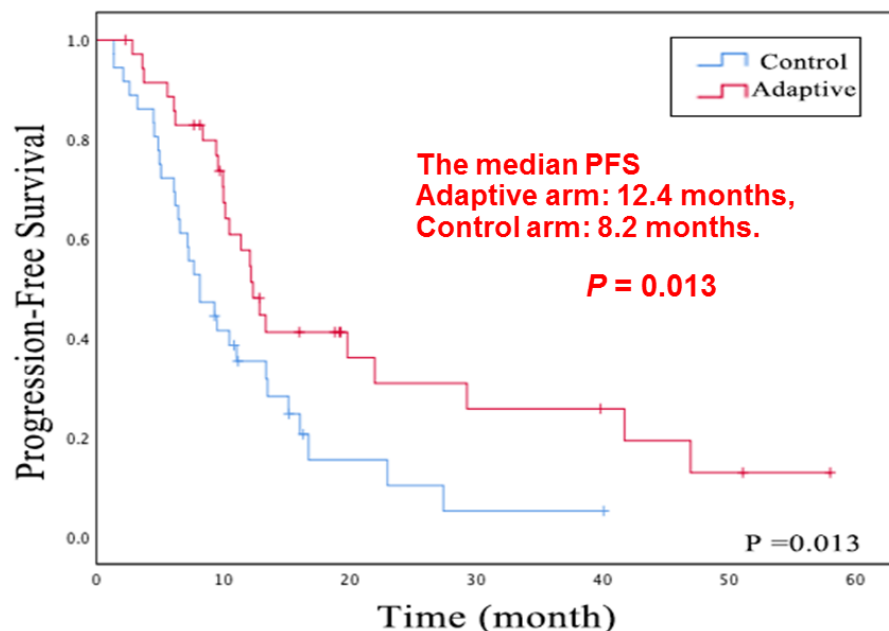


Primary endpoints: ORR; Second endpoints: PFS, OS

Reducción del campo de RT guiada por PET-CT en CNMP Localmente avanzado



Reducción del campo de RT guiada por PET-CT en CNMP Localmente avanzado



	Adaptive arm	Control arm	χ^2	P
ORR (CR+PR)	77.8%	52.8%	4.963	0.026

This result met the primary expectation of a 15% difference in objective response rate between two arms.