



LUNG CANCER **UPDATES**

ASCO HIGHLIGHTS

31 MAYO - 4 JUNIO 2019



Con la colaboración de:

 Bristol-Myers Squibb
 illumina®
 Lilly



Iniciativa científica de:
GECP
lung cancer
research

Carcinoma microcítico y mesotelioma

Dr. Javier Garde

Día 2

Con la colaboración de:

 Bristol-Myers Squibb
 illumina

 Lilly

CARCINOMA MICROCÍTICO DE PULMÓN

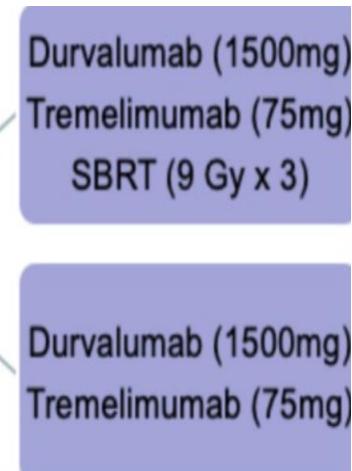
- ABSTRACT 8515: DURVALUMAB-TREMELIMUMAB +/- SBRT
- ABSTRACT 8516: Rova-T + NIVOLUMAB +/- IPILIMUMAB

MESOTELIOMA

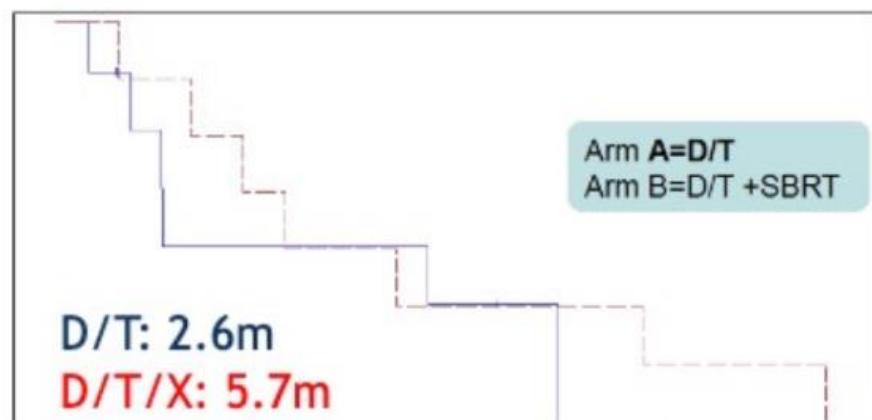
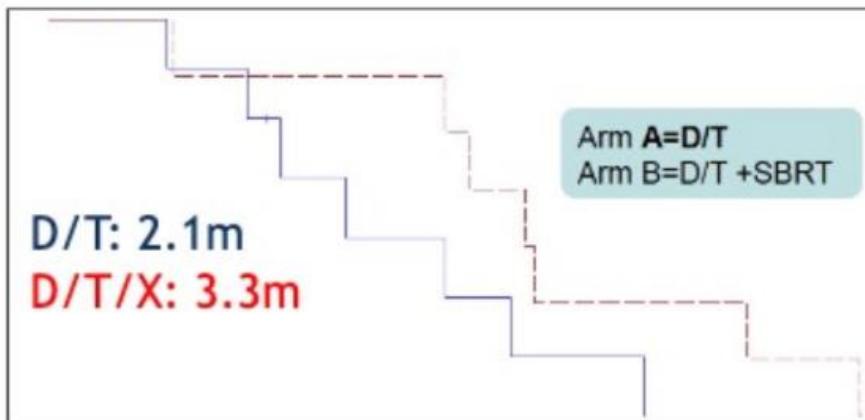
- ABSTRACT 8517: Pemetrexed de mantenimiento

Durvalumab + Tremelimumab +/- SBRT

Relapsed SCLC
(≤ 2 prior lines)

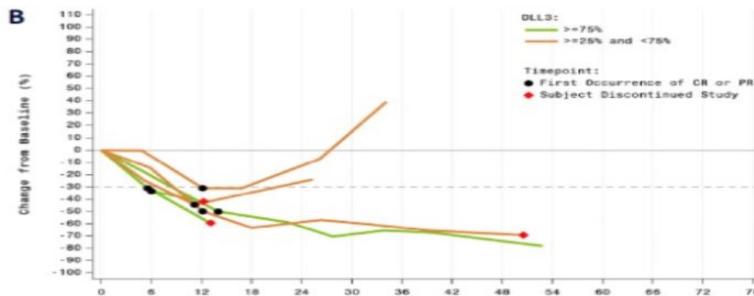
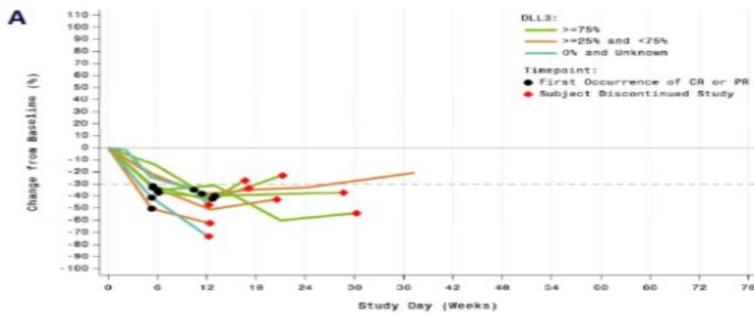


		D/T	D/T + SBRT
Gender	F	3 (37.5)	3 (42.9)
	M	5 (62.5)	4 (57.1)
Race	Black	0 (0)	3 (42.9)
	Unknown	1 (12.5)	0 (0)
	White	7 (87.5)	4 (57.1)
Mean Age (years)		70.5	66.9
Best Response N (%)	PR	0 (0)	2 (28.6)
	SD	2 (28.5)	1 (14.3)
	PD	5 (71.4)	4 (57.1)
	Indeterminate	1	0
	CBR (PR+SD)	2(28.5)	3(42.9))
Median PFS (95%CI) mo		2.1 (0.8-3.2)	3.3 (0.9-4.9)
Median OS (95%CI) mo		2.6 (0.8-12.4)	5.7 (1.6-14.5)



Rova-T + Nivolumab +/- Ipilimumab

Cohort*	Rova-T	Nivolumab	Ipilimumab
1	0.3 mg/kg q6wk x 2	360 mg q3wk beginning on Week 4 (Cycle 2) x 2 cycles, then 480 mg q4wk	-
2	0.3 mg/kg q6wk x 2	1 mg/kg q3wk x 4 cycles beginning on Week 4 (Cycle 2), then 480 mg q4wk	1 mg/kg q3wk x 4 beginning on Week 4 (Cycle 2)



AEs, n (%)	C1 N=30	C2 N=12	All N=42
Drug-related AEs (>20%)			
Pleural effusion	13 (43)	4 (33)	17 (41)
Fatigue	10 (33)	6 (50)	16 (38)
Thrombocytopenia	7 (23)	4 (33)	11 (26)
Pericardial effusion	9 (30)	2 (17)	11 (26)
Photosensitivity reaction	8 (27)	2 (17)	10 (24)
Peripheral oedema	7 (23)	3 (25)	10 (24)
Decreased appetite	7 (23)	2 (17)	9 (21)
Drug-related grade 3/4/5* AEs (>5%)			
Thrombocytopenia	2 (7)	3 (25)	5 (12)
Anaemia	3 (10)	1 (8)	4 (10)
Fatigue	2 (7)	2 (17)	4 (10)
Pneumonitis	3 (10)	1 (8)	4 (10)
Pericardial effusion	3 (10)	1 (8)	4 (10)
Pleural effusion	3 (10)	0 (0)	3 (7)
Dehydration	1 (3)	2 (17)	3 (7)

Abstract 8516, Malhotra et al, BOARD 272: Ph172 study of Rova-t in combination with Nivolumab (Nivo) +/- ipilimumab (Ipi) for patients with 2L+ extensive-stage (ED) SCLC.

Figure 2. Best Percentage Change Target Lesion Measurement from Baseline in Subjects Treated in A) C1 and B) C2

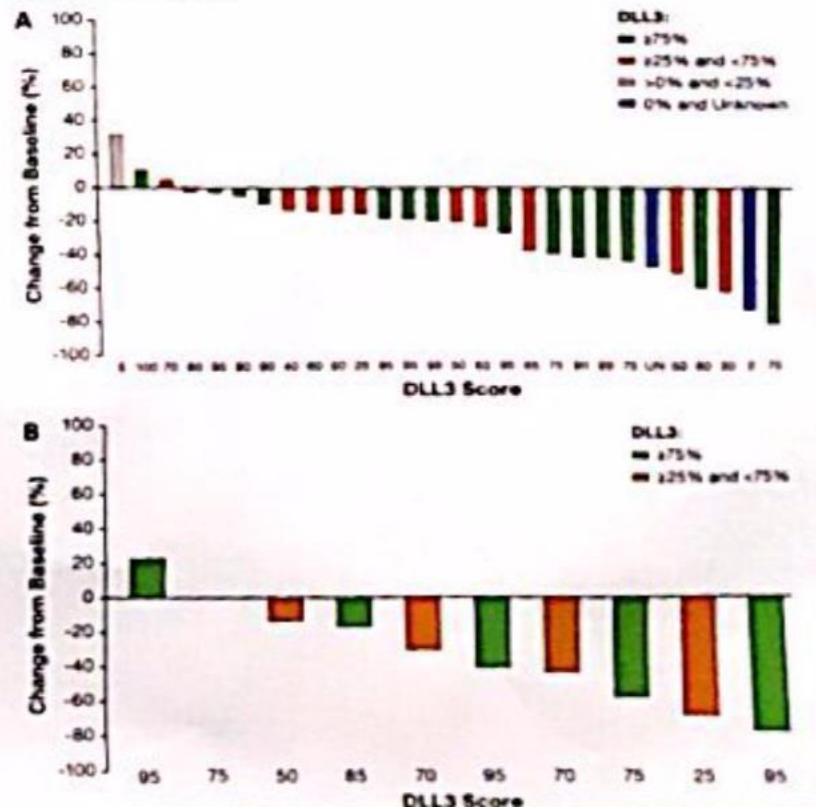
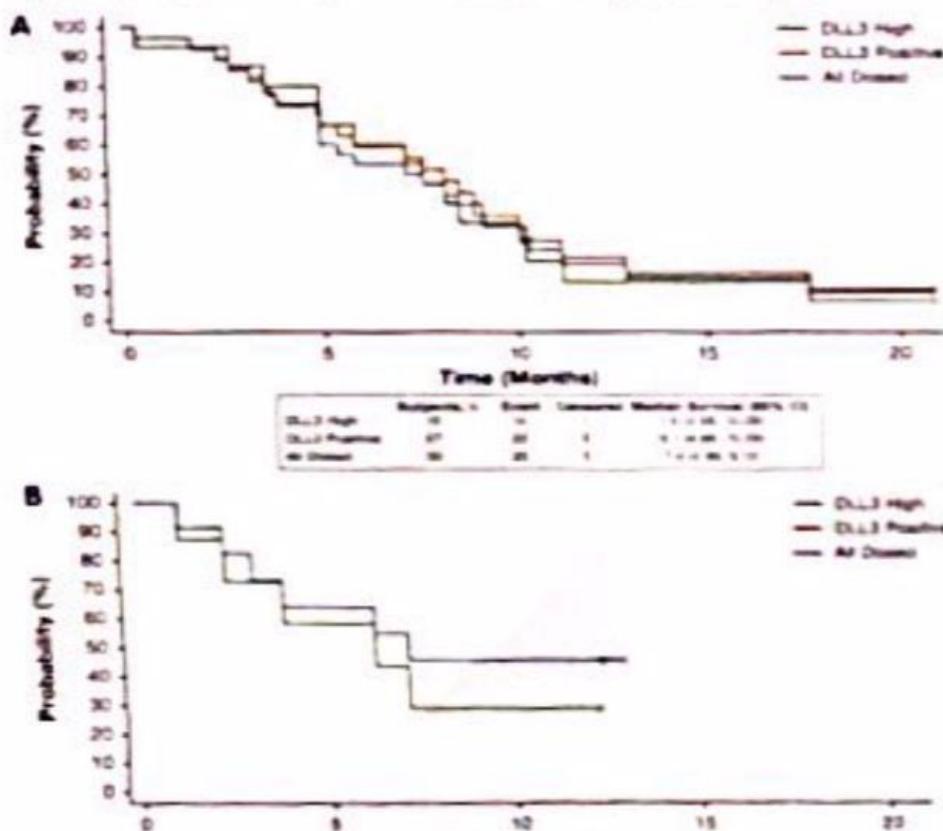


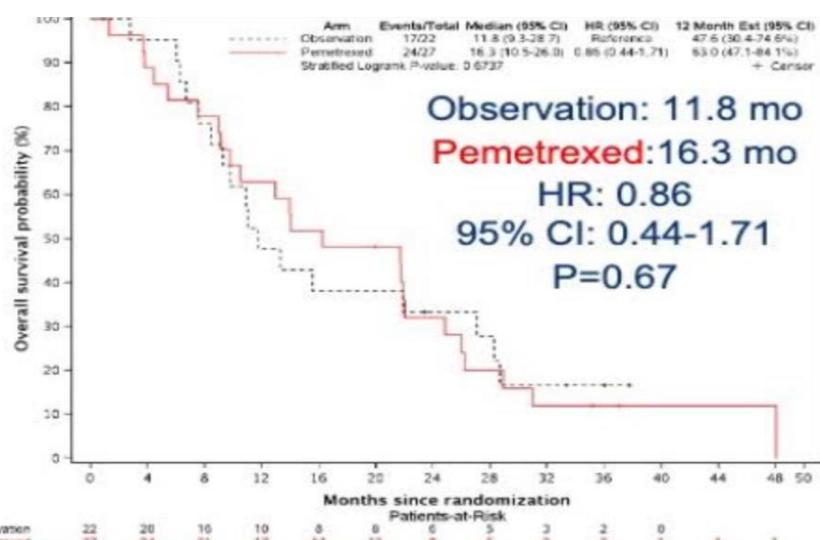
Figure 5. OS in Subjects Treated in A) C1 and B) C2



Mesotelioma: Mantenimiento con Pemetrexed?

Abstract 8517 - Dudek et al

- 72 patients from 30 sites enrolled 12/2010 to 6/2016
- The study closed early due to slow accrual after 53 patients were randomized (initial goal was 63 patients).
- 49 eligible patients are included in the efficacy analysis
 - (27 pemetrexed, 22 observation)
- With 47 events observed at the time of final analysis, the trial has approximately **86% power** to detect a 100% improvement in PFS (3 mo v 6 mo), corresponding to **HR=0.5** as used in the original study design, at a 1-sided significance level of 0.01.

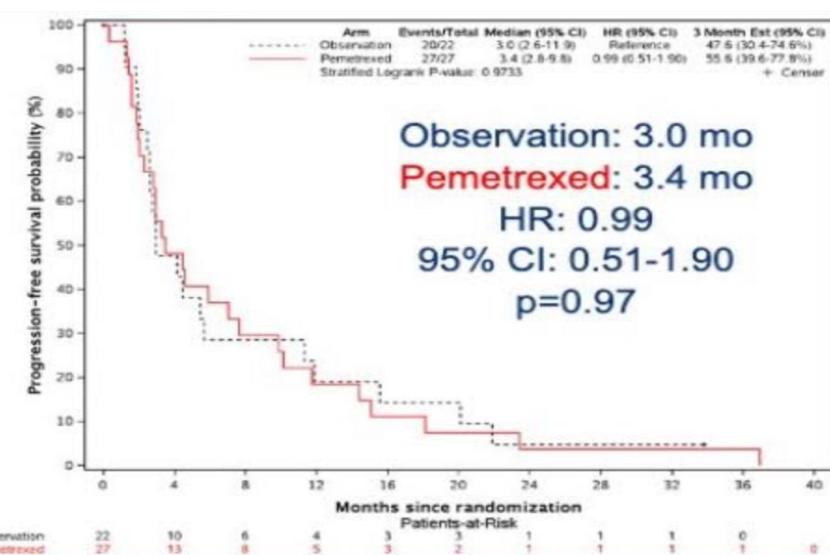


Best response to maintenance/observation

	<u>Observation (N=21)</u>	<u>Pemetrexed (N=27)</u>
Complete	0 (0%)	1 (3.7%)
Partial	0 (0%)	2 (7.4%)
Stable	14 (66.6%)	12 (44.4%)
Progression	6 (28.6%)	12 (44.4%)
Non CR/Non PD	1 (4.8%)	0 (0.0%)
Response rate (95% CI)	0 (0,0)	11.1 (2.4, 29.2)

† One patient's tumor response is unavailable due to withdrawal consent to all follow-up

* Fisher's exact test on response rate between two arms, two-sided: p =0.2423



Abstract 8517. Arkadiusz Z, et al, Randomized phase 2 study of maintenance pemetrexed versus observation for patients with malignant pleural mesothelioma without progression after first-line chemotherapy: Cancer and Leukemia Group (CALGB) 30901 (Alliance)