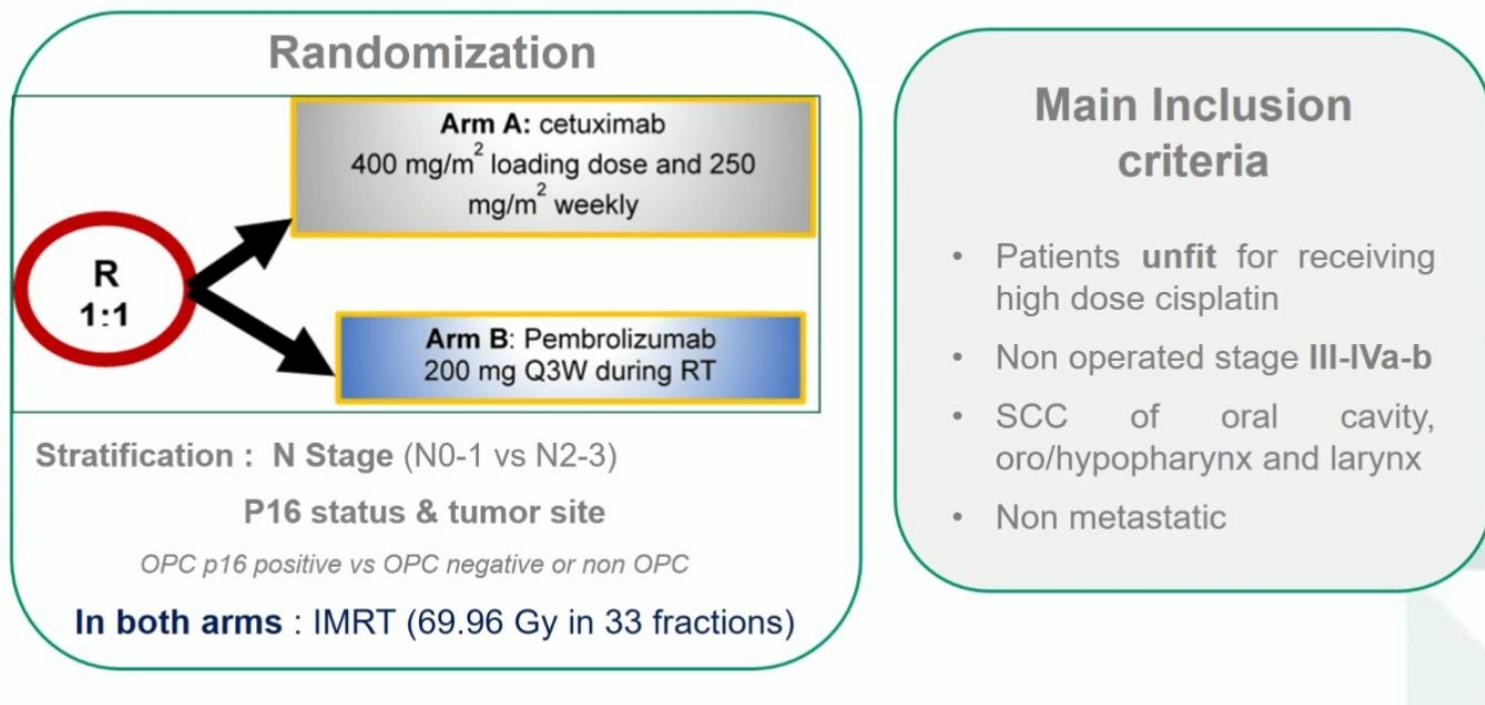


ORL

Dr Amaury Daste, oncologue médical
Hôpital Saint André, CHU Bordeaux

Pembrorad: rtt+ cetuximab vs rtt+ pembrolizumab patient unfit cisplatine



Pembrorad: rtt+ cetuximab vs rtt+ pembrolizumab patient unfit cisplatine

May 2016 - Oct. 2017:
133 pts randomized:
66 Cetux-RT, 67 Pembro-RT

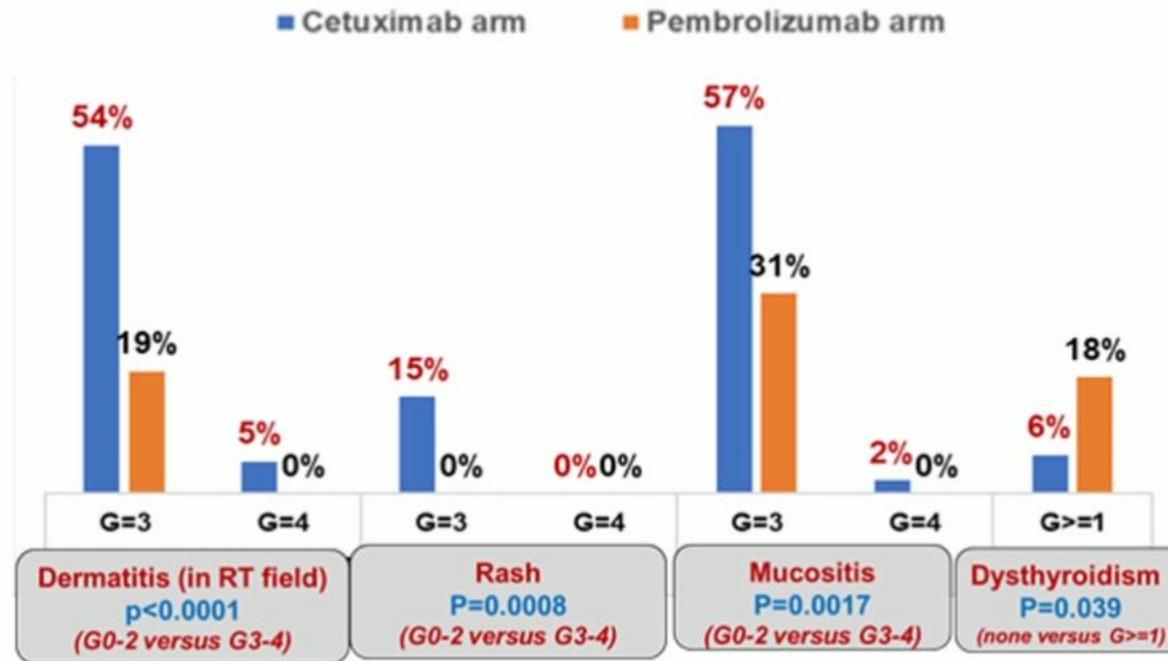
All characteristics
well balanced
between two arms

Patients Characteristics

	Cetux-RT N=65		Pembro-RT N=66	
	N	%	N	%
Age (years)	Median: 67 [47 – 81]		Median: 65 [48 – 79]	
PS (ECOG)				
0	24	37	27	41
1	41	63	39	59
Tobacco				
Never smoker	6	9	4	6
Former smoker	37	57	37	56
Current smoker	22	34	25	37
Tumor site				
Oropharynx	40	62	39	59
Oral cavity	5	8	4	6
Hypopharynx	11	17	18	27
Larynx	9	14	5	8
Stage				
III	17	26	16	24
IVa	40	62	33	50
IVb	8	12	17	26

- 75% ont reçu au moins 7 cycles de cetuximab
- 88% ont reçu au moins 3 cycles de pembrolizumab

Pembrorad: rtt+ cetuximab vs rtt+ pembrolizumab patient unfit cisplatine



- ❖ Significantly higher rate of AE $G\geq 3$: radio-dermatitis, rash and mucositis in Cetux-RT arm than in Pembro-RT
- ❖ $G\geq 1$ Dysthyroidism was more frequent in Pembro-RT arm than in Cetux-RT

Pembrorad: rtt+ cetuximab vs rtt+ pembrolizumab patient unfit cisplatine

Primary endpoint

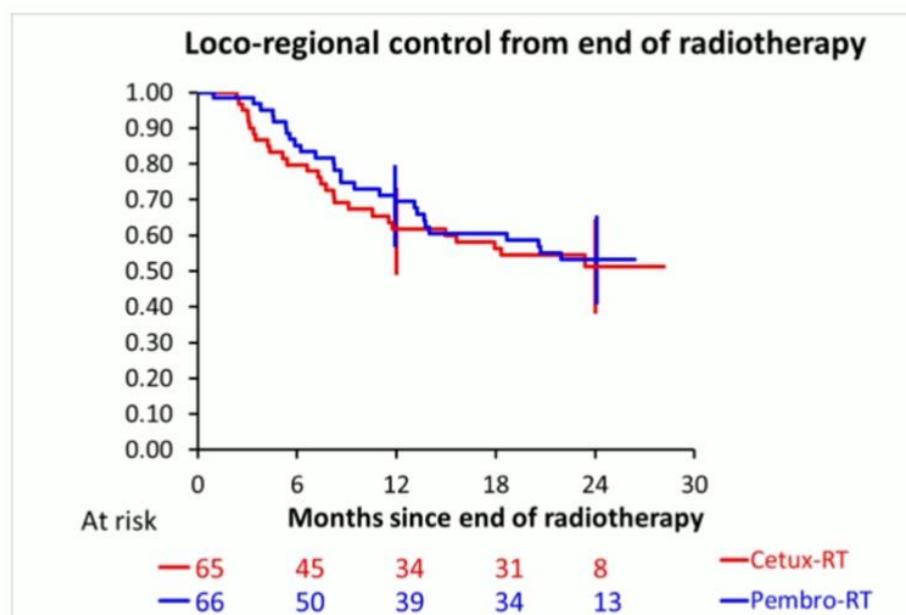
Loco-regional control at 15 months after radiotherapy

- Median Follow-up: 25.6 months (9.0-30.2 months)
- LRC at 15 months after RT:

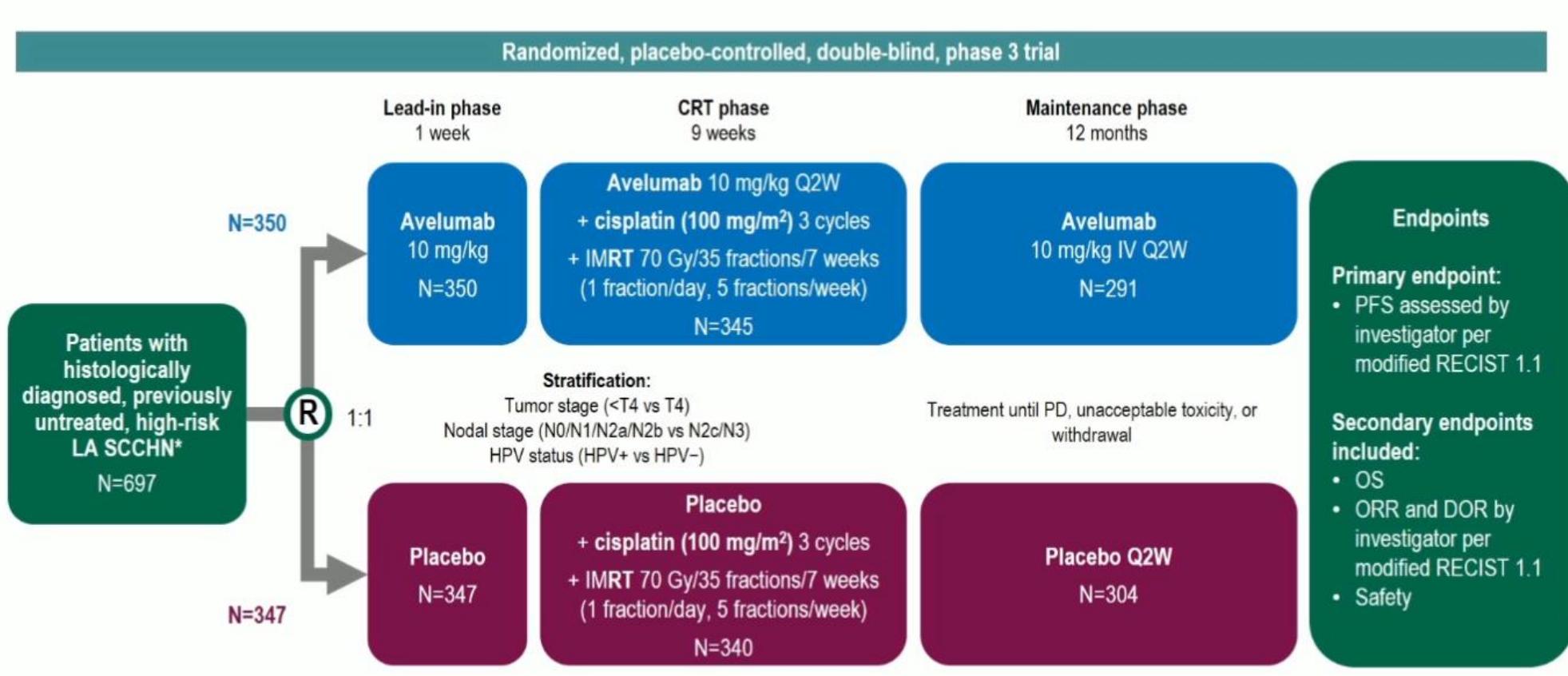
Cetux-RT : 59% (95%CI 45%-72%)

Pembro-RT : 60% (95%CI 46%-72%)

OR = 1.05, (95%CI 0.43-2.59); p = 0.91



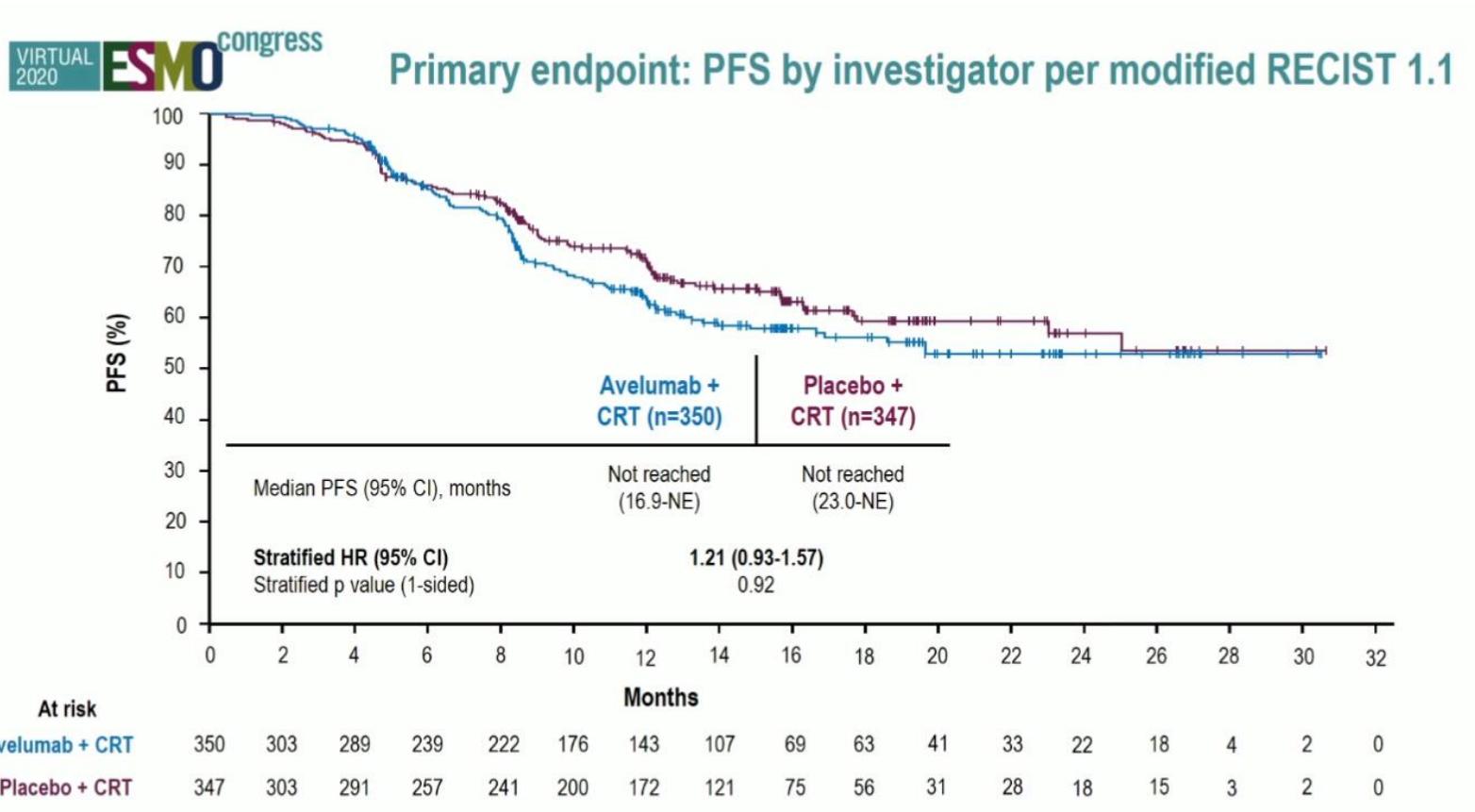
Javelin 100: rtt-chimio +/- avelumab: phase 3



Javelin 100: rtt-chimio +/- avelumab: phase 3

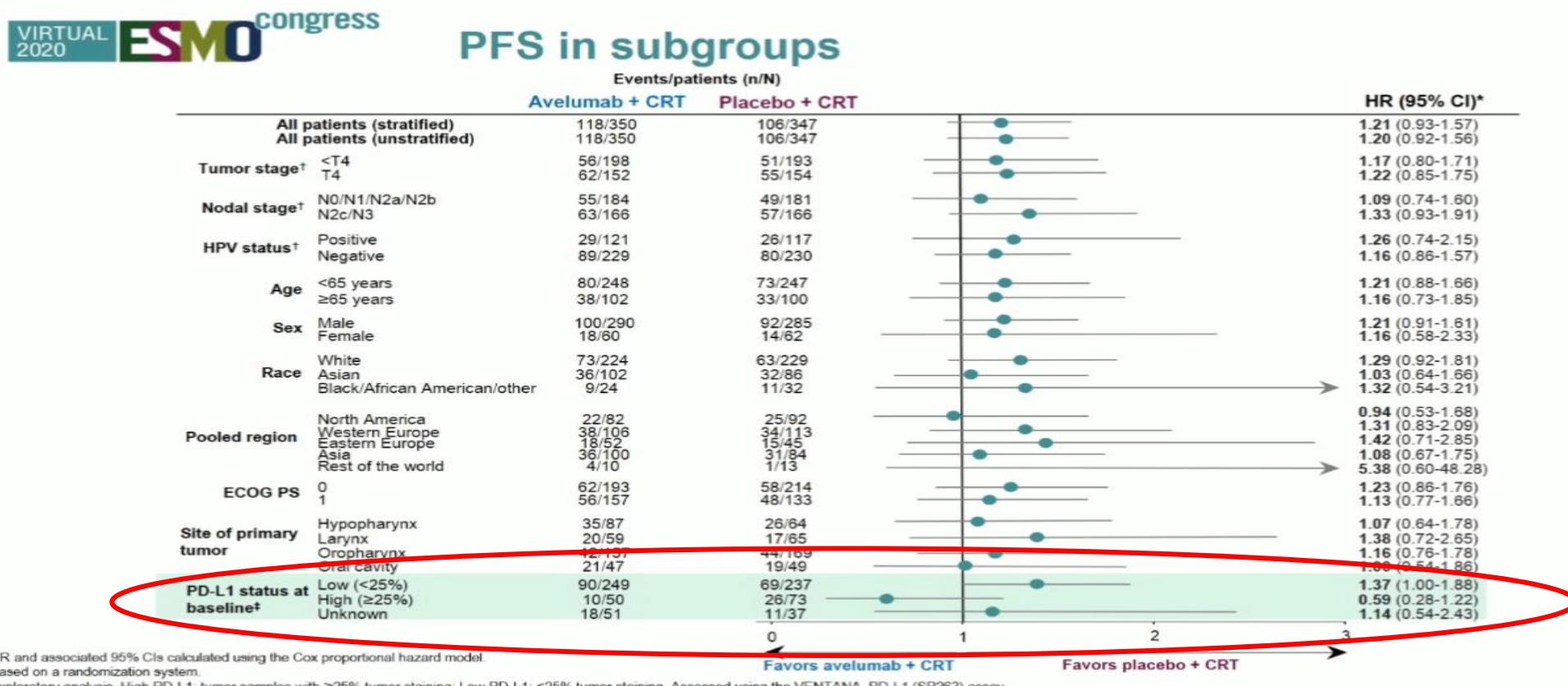
Baseline characteristics			
	Avelumab + CRT (n=350)	Placebo + CRT (n=347)	
Age, median, years	60	59	
Sex, %			
Male	83	82	
Female	17	18	
ECOG performance status, %			
0	55	62	
1	45	38	
Geographic region, %			
North America	23	27	
Western Europe	30	33	
Eastern Europe	15	13	
Asia	29	24	
Rest of the world	3	4	
Site of primary tumor, %			
Oral cavity	13	14	
Oropharynx	45	49	
Larynx	17	19	
Hypopharynx	25	18	
HPV status, %*			
Positive	35	34	
Negative	65	66	
Tumor stage at baseline, %†			
<T4	57	56	
T4	43	44	
Nodal stage at baseline, %†			
N0/N1/N2a/N2b	53	52	
N2c/N3	47	48	

Javelin 100: rtt-chimio +/- avelumab: phase 3



Cohen et al. ESMO 2020

Javelin 100: rtt-chimio +/- avelumab: phase 3



Cohen et al. ESMO 2020

Javelin 100: rtt-chimio +/- avelumab: phase 3

	Avelumab + CRT (n=348)		Placebo + CRT (n=344)	
	All grades	Grade 3/4	All grades	Grade 3/4
Any TRAE, %*	98	66/14	99	63/11
Nausea	55	6	55	5
Anemia	53	12	50	13
Dry mouth	42	1	43	1
Mucosal inflammation	41	14	37	13
Radiation skin injury	39	5	40	5
Dysphagia	38	14	40	14
Weight decreased	35	4	43	6
Decreased appetite	33	7	33	5
Dysgeusia	30	0	34	1
Neutropenia	30	16	28	15
Fatigue	29	4	34	3
Vomiting	28	5	31	6
Stomatitis	27	7	28	8
Blood creatine increased	22	2	20	1
Hypomagnesemia	22	1	18	1
Neutrophil count decreased	18	11	17	9
Oropharyngeal pain	18	3	23	2
Infusion-related reaction, %	22	2	3	<1

TRAE, treatment-related adverse event.

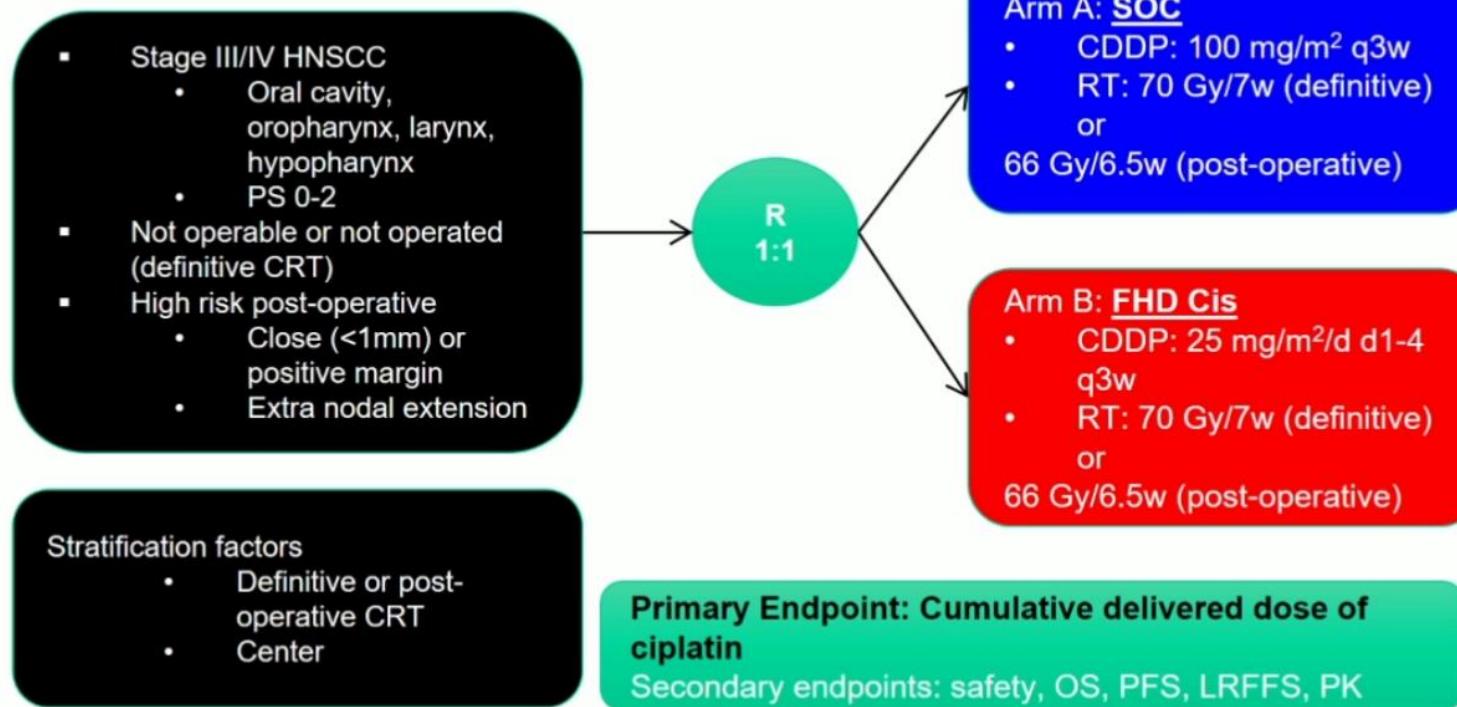
* TRAEs of any grade occurring in ≥20% of patients or grade 3/4 in ≥10% patients. Two patients died in the avelumab arm (death and vascular rupture; n=1 each) and 1 patient in the placebo arm (acute respiratory failure).

Conclusion

- Pas d'efficacité des immunothérapies en association avec la radiothérapie
- Bon profil de toxicité
- Place de l'adjuvant?? (pembrolizumab)
- PD-1 vs PDL-1??
- Sélection des patients (PDL-1)

Results of the GORTEC 2015-02 CisFRad randomized trial

Multi-center randomized phase II study: 10 centers from GORTEC



Cisplatin mg/m ²	SOC (100)	FHD Cis (25X4)	p
Nb of Patients	65	59	
Median	280	291	
Q1	199	256	0.03*
Q3	295	298	

* Wilcoxon non parametric test

3 cycles: 84% FHD Cis vs 67% SOC

Borel et al. ESMO 2020

Cis-Frad: Toxicité

Any grade: n(%)	SOC	FHD Cis	p
Renal imp.	20 (35)	14 (26)	0.30
Hearing imp.	12 (23)	6 (12)	0.14

SAEs: 32 with SOC vs 19 with FHD CIS
P = 0.07

Grade III-IV toxicities	SOC	FHD Cis	p
CDDP related	Neutropenia	14	5
	Anemia	8	0
	Thrombocyt.	2	0
	Renal imp.	2	1
	Na	2	0
	K	2	0
	Mg	1	0
	Albumine	1	0
	Transaminase	1	0
	Hearing imp.	2	0
CRT related	Nausea	3	3
	Mucositis	14	12
	Dysphagia	19	17
	Cutaneous	11	4
TOTAL	Sepsis	9	8
	TOTAL	91	50
			<0.001

Conclusions

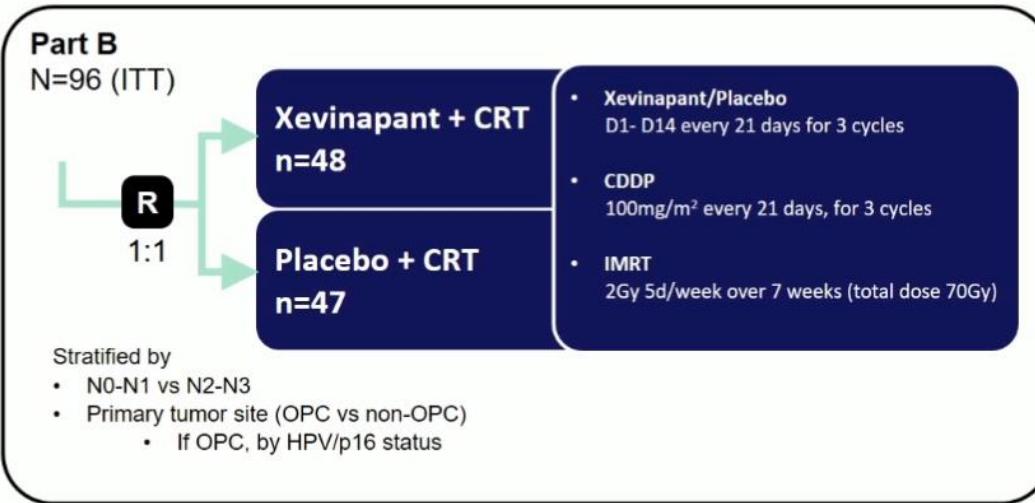
- Dose cumulée supérieure avec le fractionné
- Moins de toxicité
- Pas de différence sur l'efficacité
- Option possible

Debio-1143 (Xevinapant) plus radio-chimiothérapie: résultat à 3 ans

Double-blind, placebo-controlled, Randomized Phase II

Part A
N=14
Dose escalation
Phase I*
Primary endpoint
Definition of
MTD/RP2D

RP2D
200mg QD



Main inclusion criteria:

- Previously untreated, unresectable stage III, IVA & IVB LA-SCCHN
- Oral cavity
- Hypopharynx
- Larynx
- Oropharynx-HPV/p16 both negative or positive

ClinicalTrials.gov Identifier: NCT02022098.
* Tao et al. ESTRO 2016

Primary endpoint

- Locoregional control rate at 18 months after CRT ($\Delta > 20\%$ between arms with 0.8 power at 0.2 significance level)

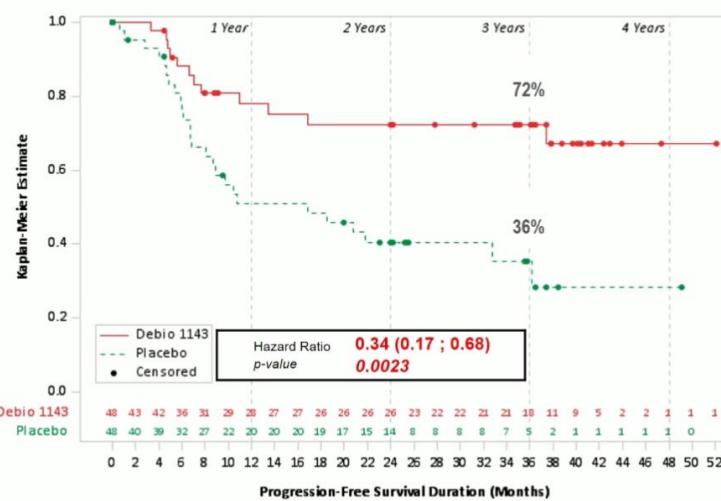
Main secondary endpoints

- PFS
- Duration of LRC
- Overall survival

Debio-1143 (Xevinapant) plus radio-chimiothérapie: résultat à 3 ans

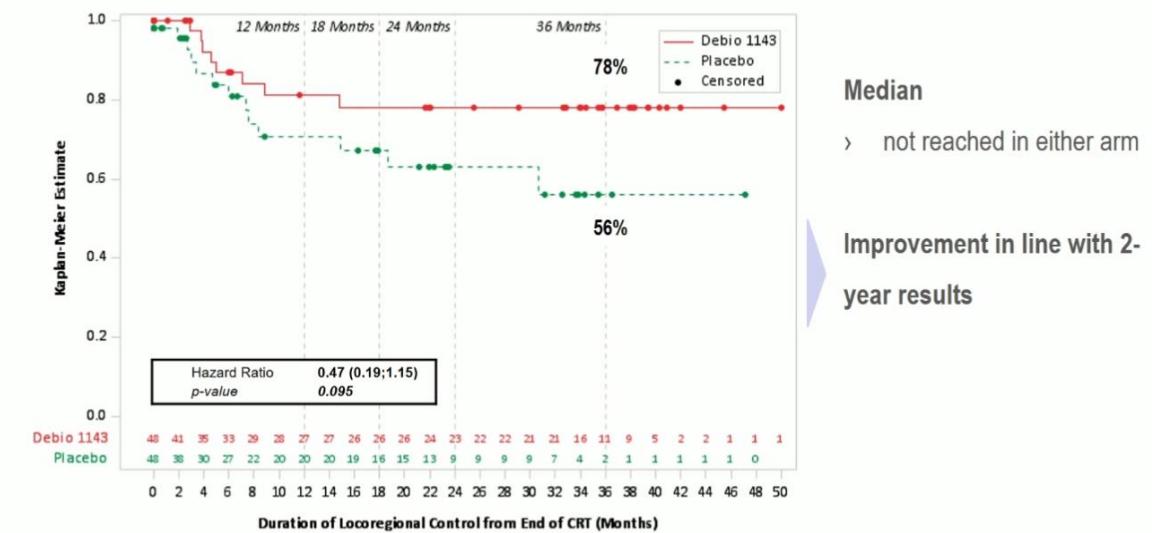
Duration of PFS - 3-year follow up

As per investigator, with censoring for late events* – ITT



Duration of LRC - 3-year follow up

As per investigator - ITT



- Update de l'ASCO
- Résultat encourageant +++, à confirmer par phase 3

Bourhis et al. ESMO 2020