2022 ASCO ANNUAL MEETING

Les « Scoops » en Oncologie Thoracique

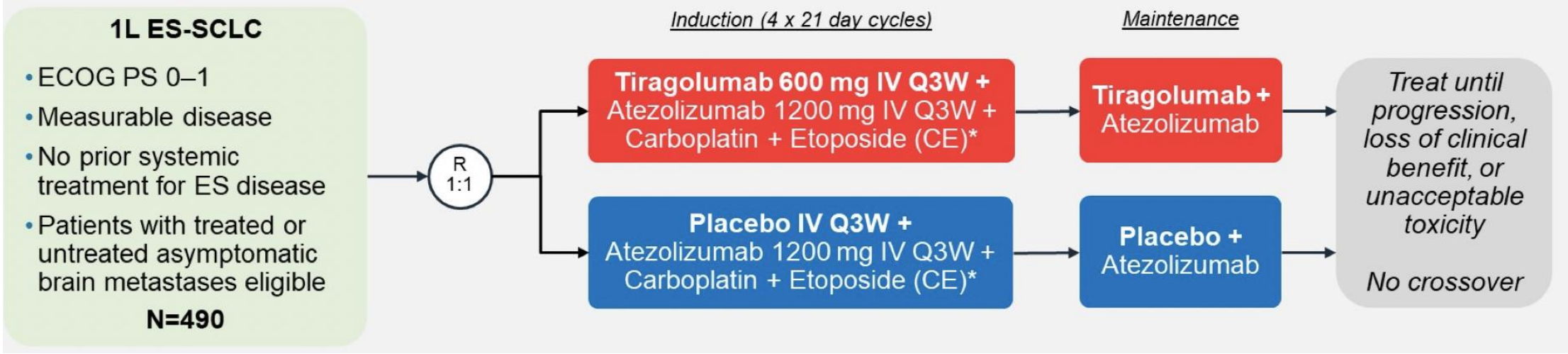
Dr Yannick SIMONNEAU

Pneumo-oncologie - CHU de Limoges

Liens d'intérêts

- Boards & Consulting:
  - Bristol-Meyer-Squib, MSD, VIFOR, Amgen, Sanofi

SKYSCRAPER-02: anti-TIGIT en 1eL dans le CPC étendu phase 3



Objectifs principaux:

- OS
- PFS

Populations comparables dans les 2 bras

- Métastases cérébrales (19,3% vs 18,6%)

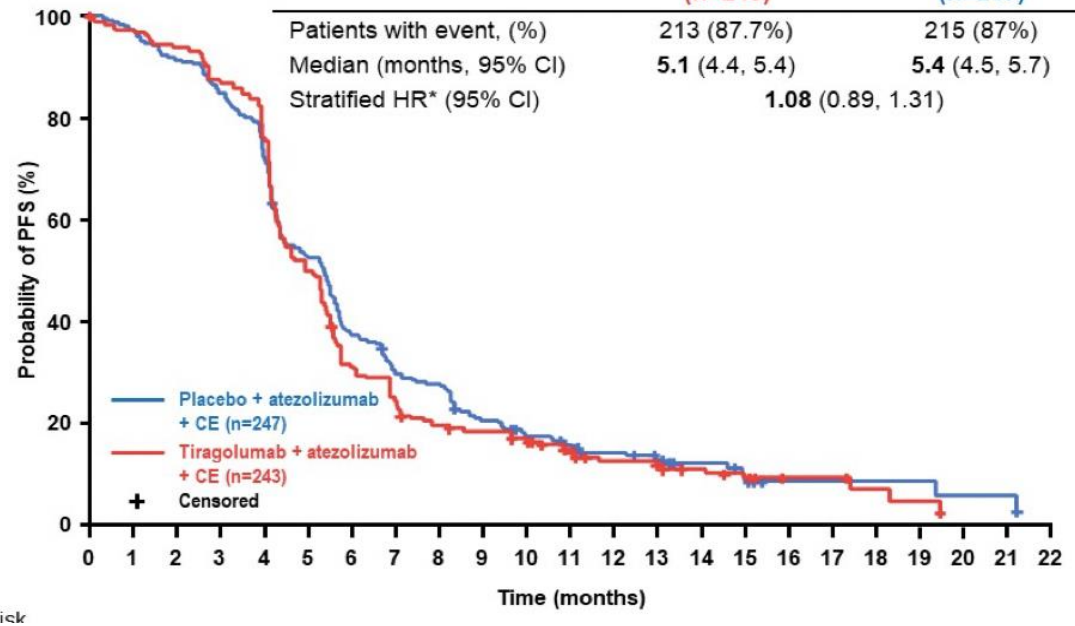
Rudin C. et al, ASCO 2022, Abstract #LBA8507

SKYSCRAPER-02: anti-TIGIT en 1eL dans le CPC étendu phase 3

Résultats

PFS in the Full Analysis Set

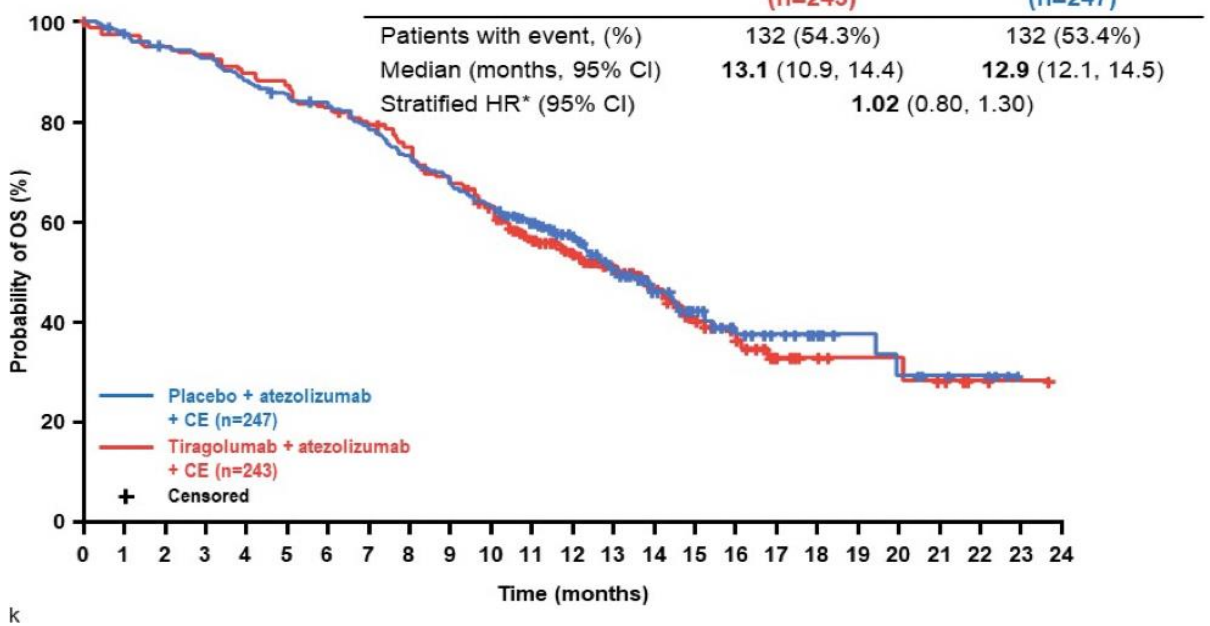
	Tiragolumab + atezolizumab + CE (n=243)	Placebo + atezolizumab + CE (n=247)
Patients with event, (%)	213 (87.7%)	215 (87%)
Median (months, 95% CI)	**5.1** (4.4, 5.4)	**5.4** (4.5, 5.7)
Stratified HR* (95% CI)	**1.08** (0.89, 1.31)	



risk

Interim OS in the Full Analysis Set

	Tiragolumab + atezolizumab + CE (n=243)	Placebo + atezolizumab + CE (n=247)
Patients with event, (%)	132 (54.3%)	132 (53.4%)
Median (months, 95% CI)	**13.1** (10.9, 14.4)	**12.9** (12.1, 14.5)
Stratified HR* (95% CI)	**1.02** (0.80, 1.30)	



k

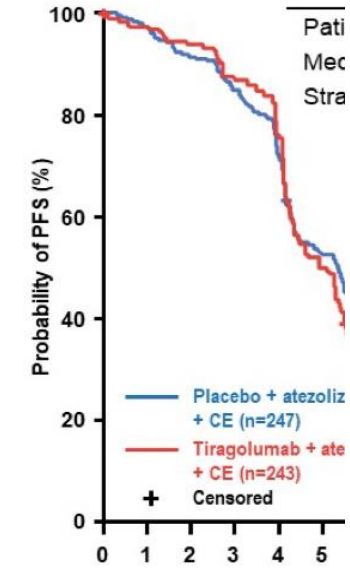
Rudin C. et al, ASCO 2022, Abstract #LBA8507

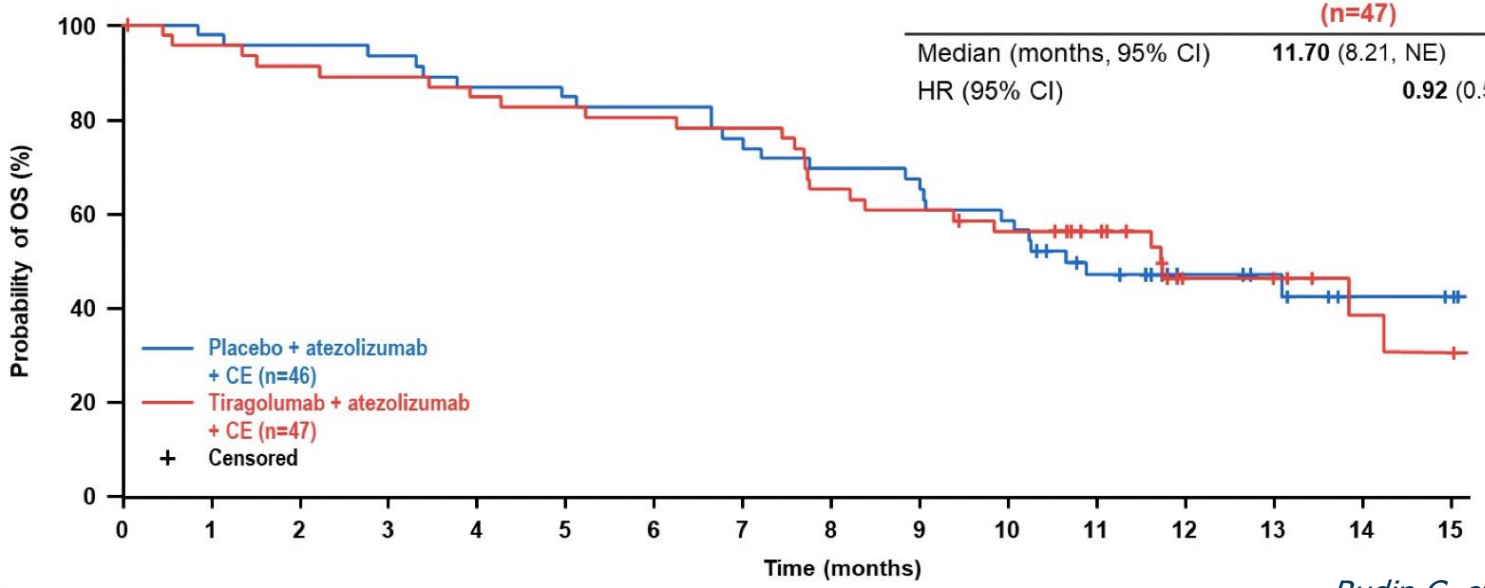
SKYSCRAPER-02: anti-TIGIT en 1eL dans le CPC étendu phase 3

Résultats

PFS i

Subgroup OS: patients with brain metastases





	Tiragolumab + atezolizumab + CE (n=47)	Placebo + atezolizumab + CE (n=46)
Median (months, 95% CI)	**11.70** (8.21, NE)	**10.64** (9.03, NE)
HR (95% CI)	**0.92** (0.53, 1.59)	

Placebo + atezolizumab + CE (n=247)
132 (53.4%)
12.9 (12.1, 14.5)
0, 1.30)

22 23 24

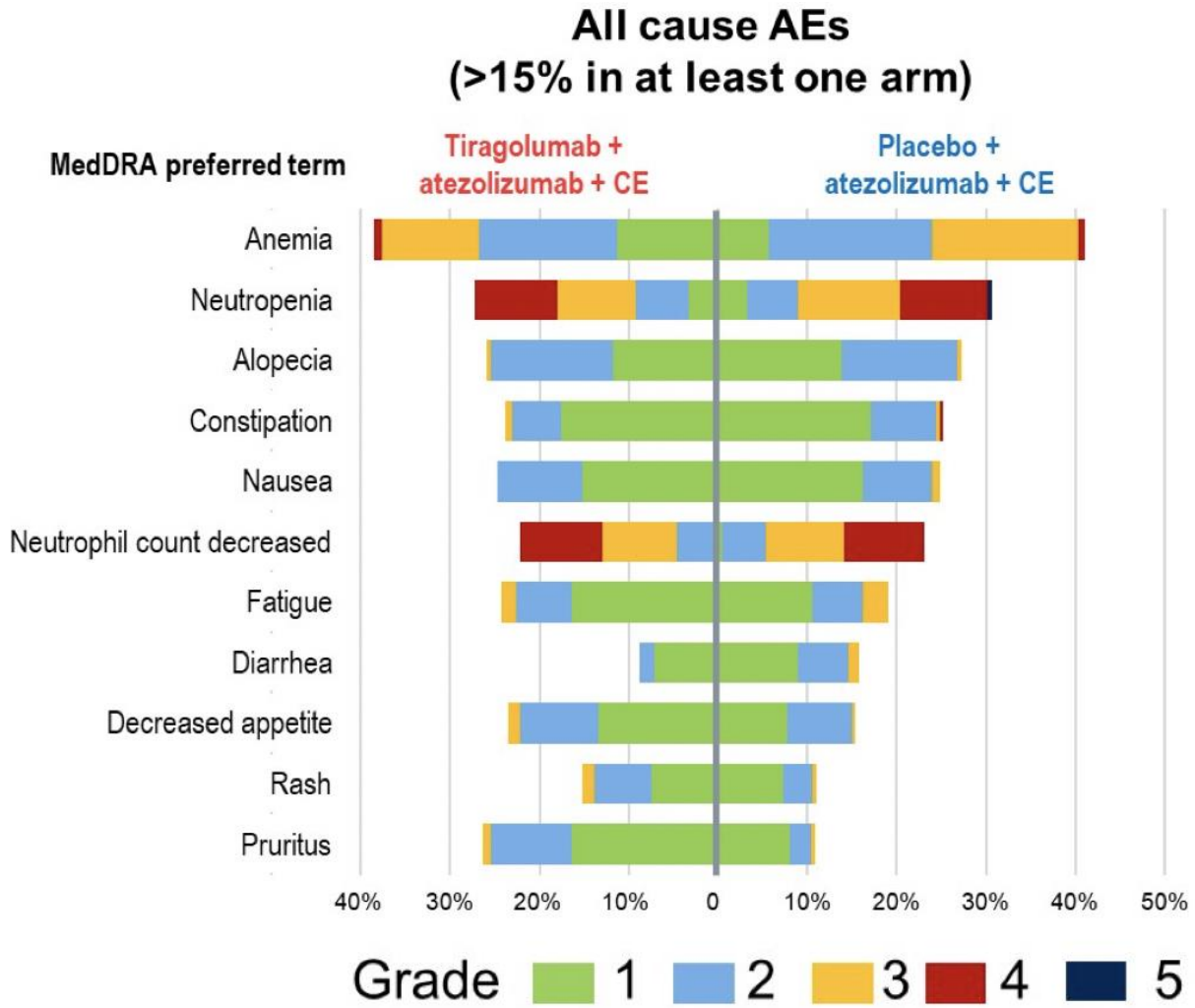
risk

Rudin C. et al, ASCO 2022, Abstract #LBA8507

SKYSCRAPER-02: anti-TIGIT en 1eL dans le CPC étendu phase 3

Tolérance

Profil de tolérance similaire dans les 2 bras



Rudin C. et al, ASCO 2022, Abstract #LBA8507

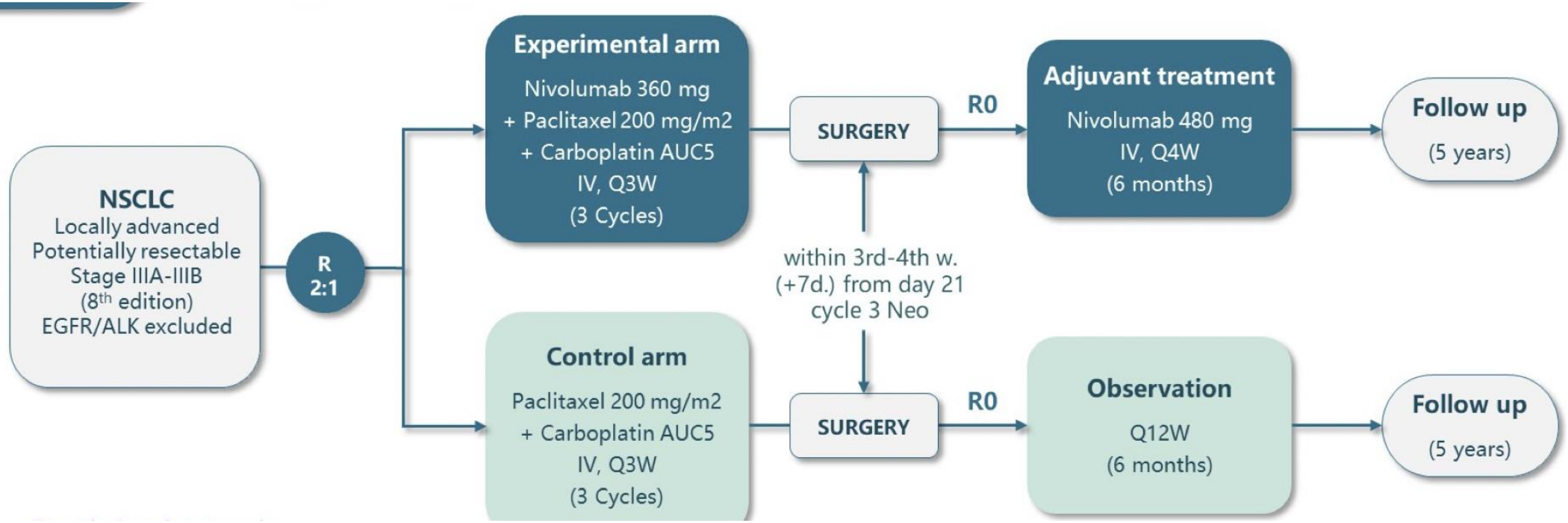
SKYSCRAPER-02: anti-TIGIT en 1eL dans le CPC étendu phase 3

- **Conclusion:**
  - Addition du tiragolumab (anti-TIGIT) à chimiothérapie + atezolizumab n'apporte aucun bénéfice sur la PFS et l'OS
  - Bras contrôle similaire à IMPOWER-133
  - Tiragolumab: pas d'augmentation des AE

- Anti-TIGIT et CBPC: clap de fin?

Rudin C. et al, ASCO 2022, Abstract #LBA8507

NADIM II: Nivolumab + chimio vs chimio seule en néo adjuvant



Objectif principal:

- Réponse Pathologique complète (pCR) dans la population ITT

Objectifs secondaires:

- Réponse Pathologique Majeure (MPR)
- Incidence sur la chirurgie
- Tolérance
- Biomarqueurs (ctDNA)

Provencio M et al, ASCO 2022, Abstract #8501

NADIM II: Nivolumab + chimio vs chimio seule en néo adjuvant

Caractéristiques des populations

Baseline characteristics - ITT population		
Characteristic	**NIVO + Chemo (n = 57)**	**Chemo (n = 29)**
Age – median (range), years	63 (58-70)	62 (57-66)
Female – No. (%)	21 (36.8)	13 (44.8)
History of tobacco use – No. (%)		
Never smoker	5 (8.7)	0 (0.0)
Former smoker	23 (40.4)	10 (34.5)
Current smoker	29 (50.9)	19 (65.5)
ECOG PS – No. (%)		
0	31 (54.4)	16 (55.2)
1	26 (45.6)	13 (44.8)
Histology – No. (%)		
Adenocarcinoma	25 (43.9)	11 (37.9)
Adenosquamous	1 (1.8)	0 (0.0)
Squamous	21 (36.8)	14 (48.3)
Large Cell Carcinoma	2 (3.5)	1 (3.5)
NOS / Undifferentiated	7 (12.3)	2 (6.9)
Other	1 (1.8)	1 (3.5)

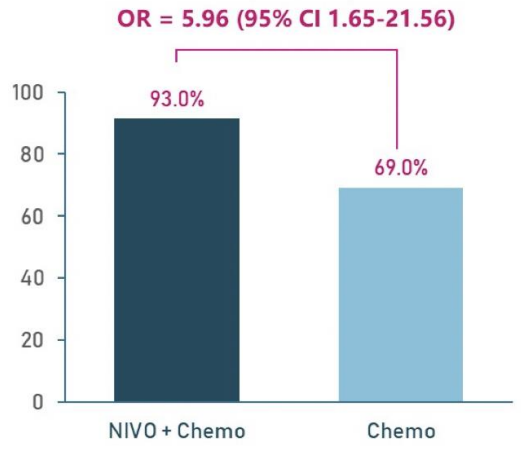
Baseline characteristics - ITT population		
Characteristic	**NIVO + Chemo (n = 57)**	**Chemo (n = 29)**
TNM classification (AJCC 8th edition)		
T1N2M0	12 (21.1)	4 (13.8)
T2N2M0	16 (28.1)	7 (24.1)
T3N1M0	2 (3.5)	1 (3.5)
T3N2M0	13(22.8)	5 (19.3)
T4N0M0	6 (10.5)	9 (31.0)
T4N1M0	8 (14.0)	3 (10.3)
Tumor size – Median (range), mm	43 (29-54)	52 (39-75)
Nodal stage – No. (%)		
N0	6 (10.5)	9 (31.0)
N1	10 (17.5)	4 (13.8)
N2	41 (71.9)	16 (55.2)
N2 multiple station	21(36.8)	10 (34.5)

Provencio M et al, ASCO 2022, Abstract #8501

NADIM II: Nivolumab + chimio vs chimio seule en néo adjuvant

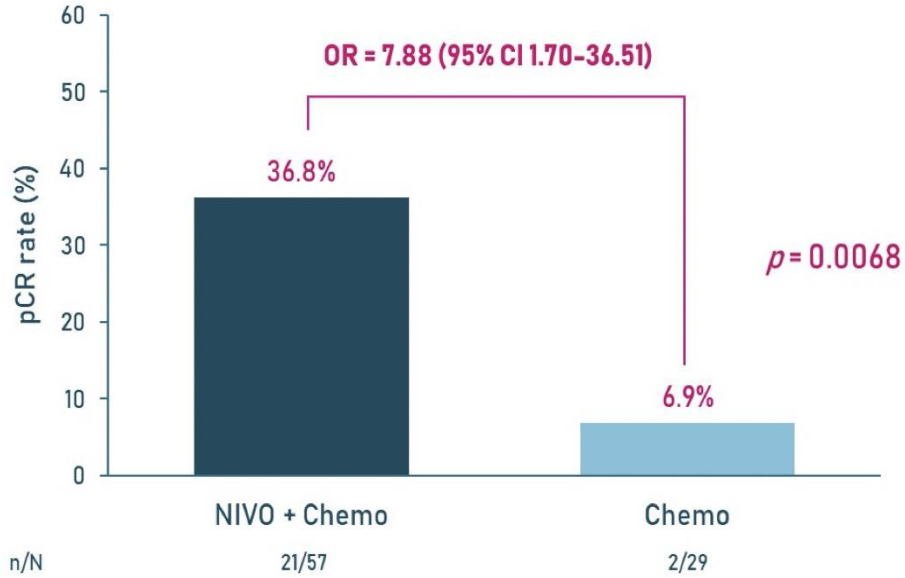
Résultats

Surgery summary			
Patients, No. (%)	**NIVO + chemo (n = 57)**	**Chemo (n = 29)**	**Total**
Patients with definitive surgery	53 (93.0)	20 (69.0)	73
Patients with cancelled definitive surgery	4 (7.0)	9 (31.0)	13
Due to adverse events	1 (1.7)	0 (0.0)	1
Due to disease progression	0 (0.0)	4 (13.7)	4
Not suitable for surgery	3 (5.2)	5 (17.2)	8



$p = 0.00807$

pCR[a] rate with neoadjuvant NIVO + CT vs CT in the ITT population[b]



Percentage of patients with a complete response

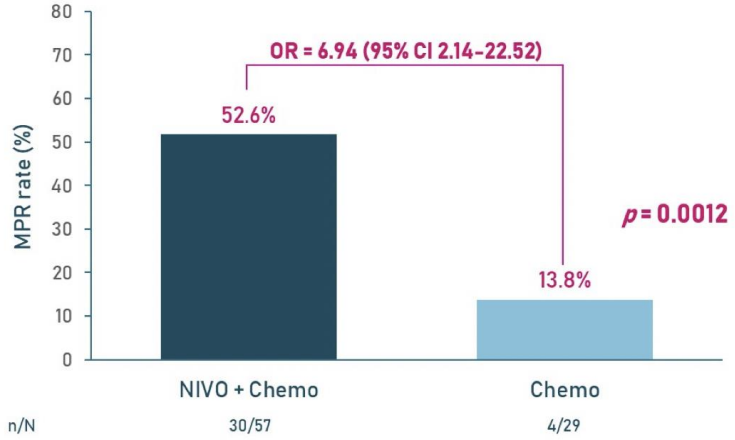
NNT: 3.34 (2.2—6.95)

Provencio M et al, ASCO 2022, Abstract #8501

NADIM II: Nivolumab + chimio vs chimio seule en néo adjuvant

Résultats

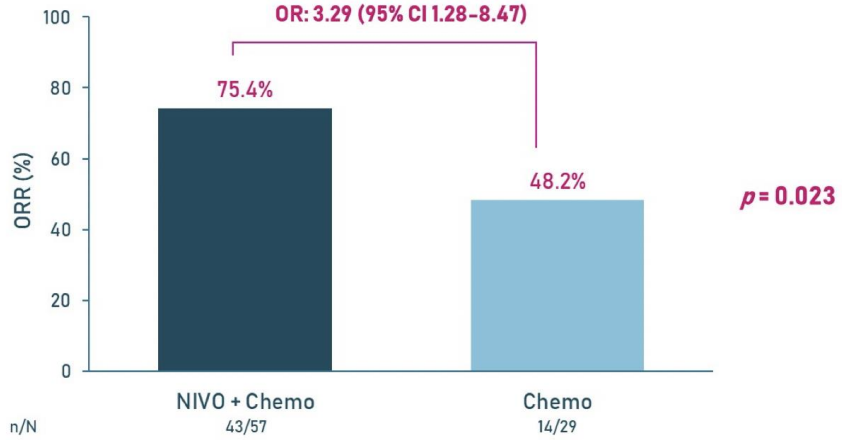
MPR[a] rate with neoadjuvant NIVO + CT vs CT in the ITT population [b]



Percentage of patients with a complete response or a major response

NNT: 2.57 (1.76-4.81)

ORR[a] with neoadjuvant NIVO + Chemo vs Chemo in the ITT population [b]



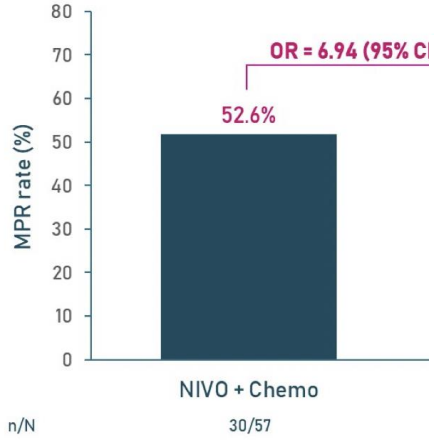
Percentage of patients with a complete response or a partial response

Provencio M et al, ASCO 2022, Abstract #8501

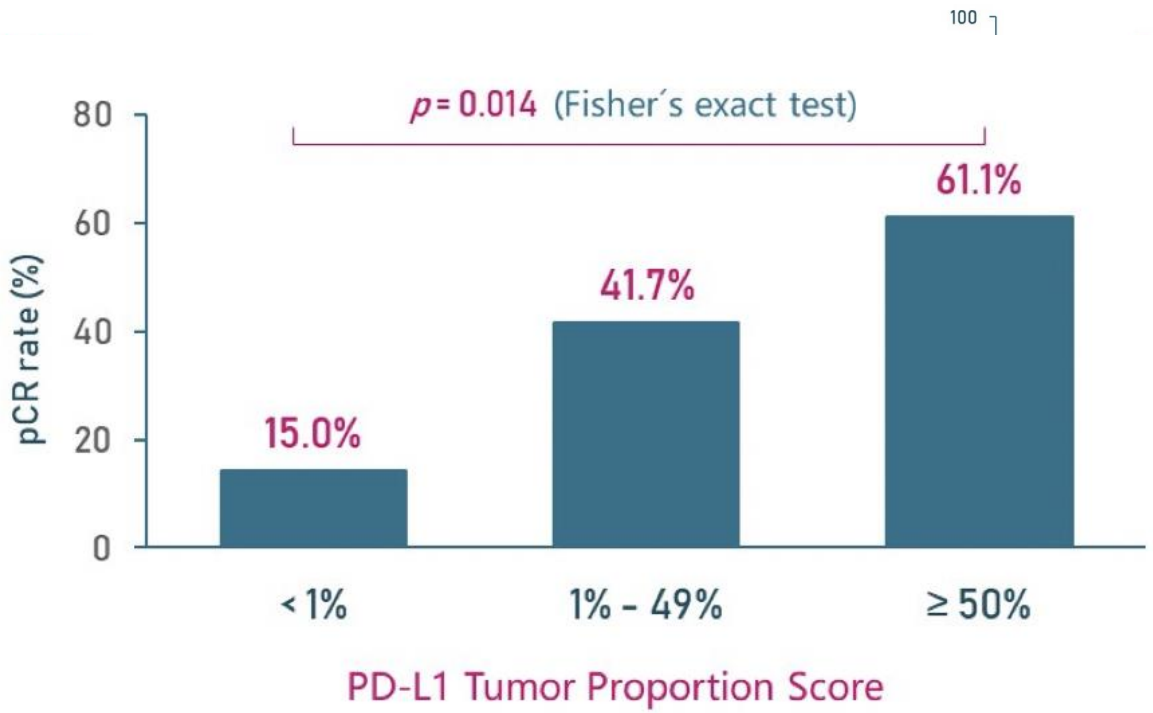
NADIM II: Nivolumab + chimio vs chimio seule en néo adjuvant

Résultats

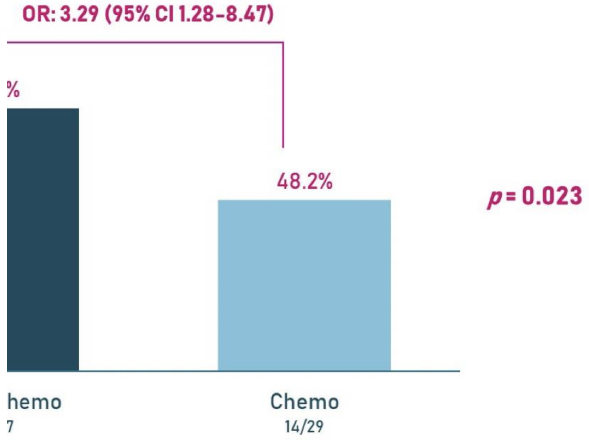
MPR[a] rate with neoadjuvant NIVO + CT vs CT in the ITT population [b]



Percentage of patients with a comple



ORR[a] with neoadjuvant NIVO + Chemo vs Chemo in the ITT population [b]

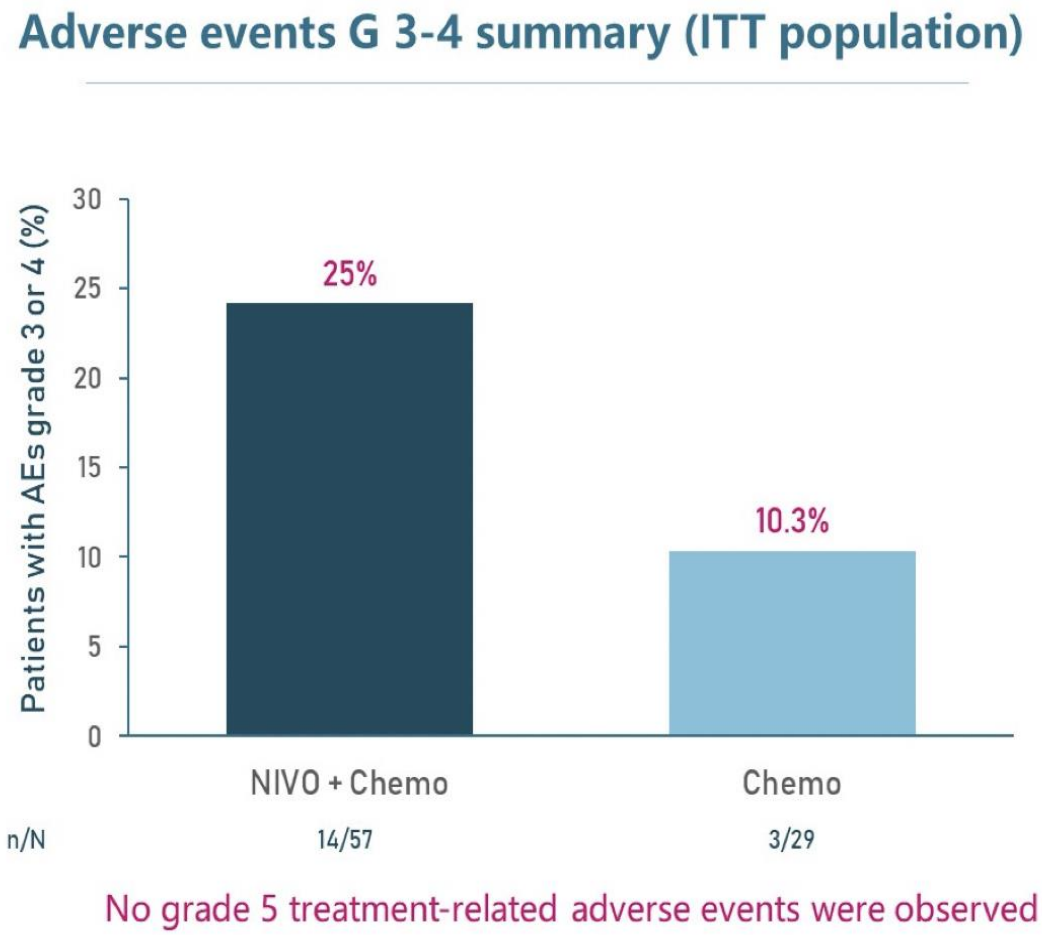


nts with a complete response or a partial response

Provencio M et al, ASCO 2022, Abstract #8501

NADIM II: Nivolumab + chimio vs chimio seule en néo adjuvant

Tolérance



Risque d'AE ≥grade 3 dans le bras nivo+chimio:

- Neutropénie fébrile (7,1%)
- Diarrhées (3,5%)
- Cytolyse ALAT (1,8%)

Provencio M et al, ASCO 2022, Abstract #8501

NADIM II: Nivolumab + chimio vs chimio seule en néo adjuvant

Conclusion

Confirme (CM816) la supériorité de Nivo + chimio en néo adjuvant

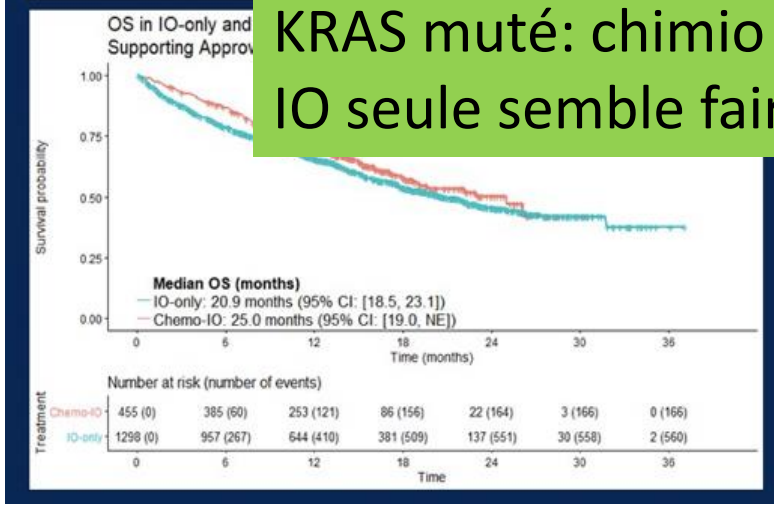
- Améliore la réponse complète pathologique (pCR)
- Avec un profil de tolérance acceptable
- Sans impacter la chirurgie (délai, complications, faisabilité)
- Plus efficace chez PDL-1 +

Provencio M et al, ASCO 2022, Abstract #8501

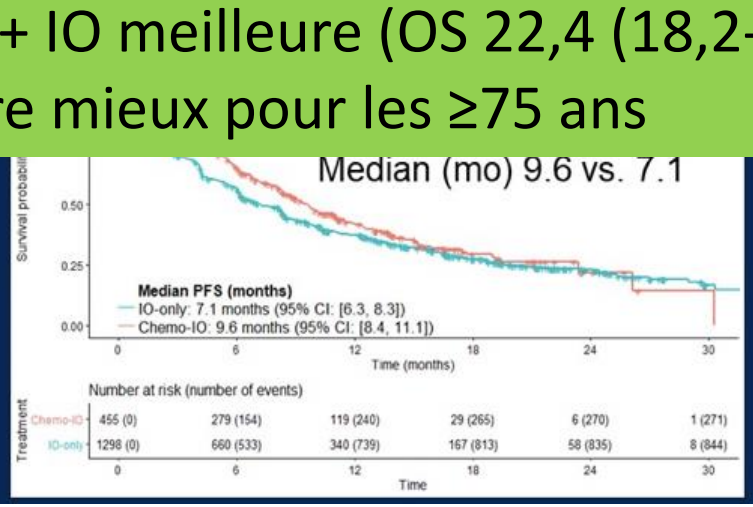
NSCLC avancé avec PDL-1≥50% en 1eL: IO + chimio ou chimio seule?

- **Randomized Clinical Trials supporting FDA approved IO-based regimens**
  - **Chemo-IO (6 trials, n=455):** Platinum-Chemo + Pembrolizumab, Atezolizumab (+/- bevacizumab), or Nivolumab/Ipilimumab
  - **IO (6 trials, n=1298):** Nivolumab, Pembrolizumab, Atezolizumab, Cemiplimab, Nivolumab/Ipilimumab
- **Biomarkers[1]: PD-L1 ≥ 50% TPS and *EGFR/ALK* WT**

OS – no difference



PFS – favor chemo-IO



ORR – favor chemo-IO

(95% CI)	(56, 66)	(41, 46)
Odds ratio (95% CI)	**1.2** (1.1, 1.3)	

KRAS muté: chimio + IO meilleure (OS 22,4 (18,2-NE) vs 16,2 (11,1-NE)
IO seule semble faire mieux pour les ≥75 ans

Akinboro O. et al, ASCO 2022, Abstract #9000

eNerGy: phase III: nivo+ipi vs chimio en 1eL pour patient PS>2 ou âgés ≥70ans pour NSCLC avancé

Key Eligibility Criteria

- Stage IV or recurrent
- Squamous or Non-Squamous
- No prior systemic therapy for advanced disease
- No known EGFR mutations or ALK or ROS1 alteration
- Age ≥ 70 ECOG PS 0-1 or PS 2

Stratified by :
· Age ≥ versus < 70 years
· PS 0/1 versus 2
· Histology : squamous/non-squamous

R 1:1

n = 109 → **NIVO** 240 mg Q2W + **IPI** 1 mg/kg Q6W

n = 107 → **Chemo** Q3W (**4 cycles**)
Platinum doublet with optional pemetrexed maintenance (NSQ)

Until disease progression, unacceptable toxicity, *or* for 2 years for immunotherapy

Primary endpoint
- OS

Secondary endpoints
- PFS
- ORR
- Efficacy by tumor PD-L1 expression
- QOL, geriatric mini dataset

Léna H. et al, ASCO 2022, Abstract #9011

eNerGy: phase III: nivo+ipi vs chimio en 1eL pour patient PS>2 ou âgés ≥70ans pour NSCLC avancé

Caractéristiques des populations

	NIVO + IPI (n = 109)	Chemo (n = 107)
Age, median (range), years ≥ 70	74 (52-89) 78%	74 (51-88) 79.4%
Female, %	32.1	25.2
ECOG PS, % 0 1 2	 26.6 37.6 35.8	 25.2 37.4 37.4
Smoking status, % Never smoker Current / former smoker	 11.9 88.1	 8.4 91.6
Histology, % Squamous Non-squamous	 32.1 67.9	 30.8 69.2
Metastases, % Bone Liver CNS	 37.6 14.7 8.3	 43.9 16.8 7.5
Tumor PD-L1 expression,% <1% 1–49% ≥ 50% ND	 58.7 38.5 2.9 4.5	 54.1 37.8 8.2 8.4

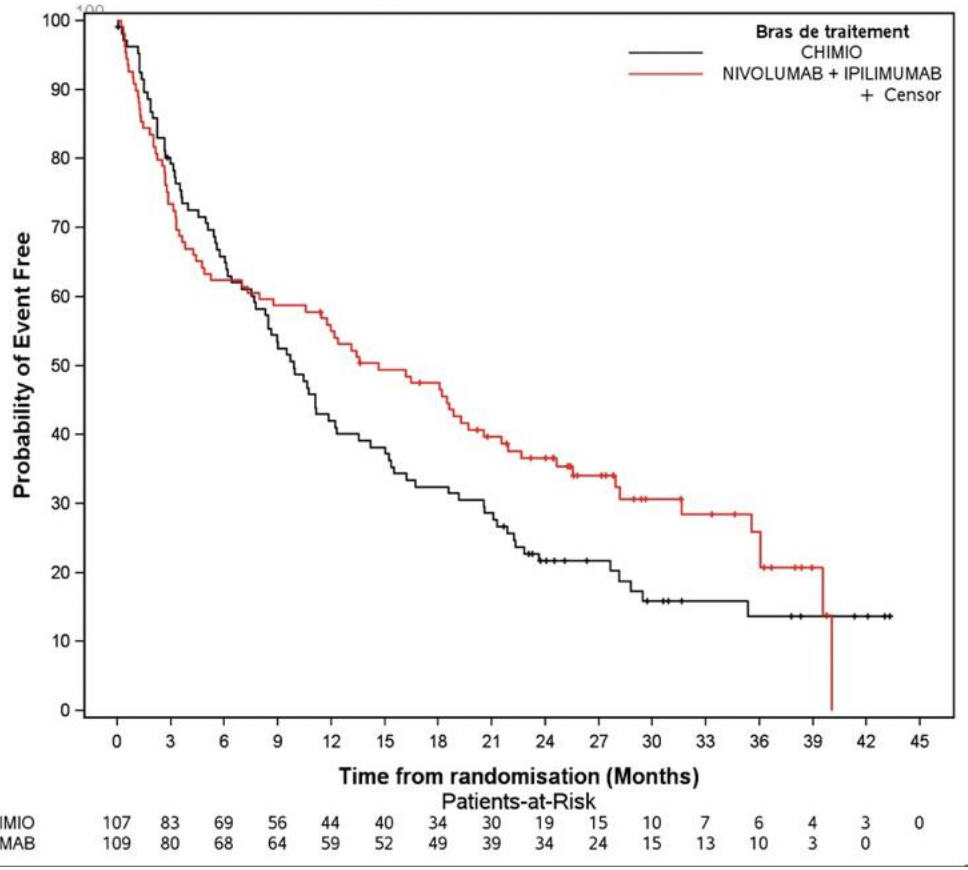
PS 0-1	NIVO + IPI (n = 70)	Chemo (n = 67)
Age, median	76.3	76.2
Age range	70-89	70-88

PS 2	NIVO + IPI (n = 39)	Chemo (n = 40)
Age, median	69	68.5
Age range	52-85	51-83

Léna H. et al, ASCO 2022, Abstract #9011

eNerGy: phase III: nivo+ipi vs chimio en 1eL pour patient PS>2 ou âgés ≥70ans pour NSCLC avancé

Overall survival whole population



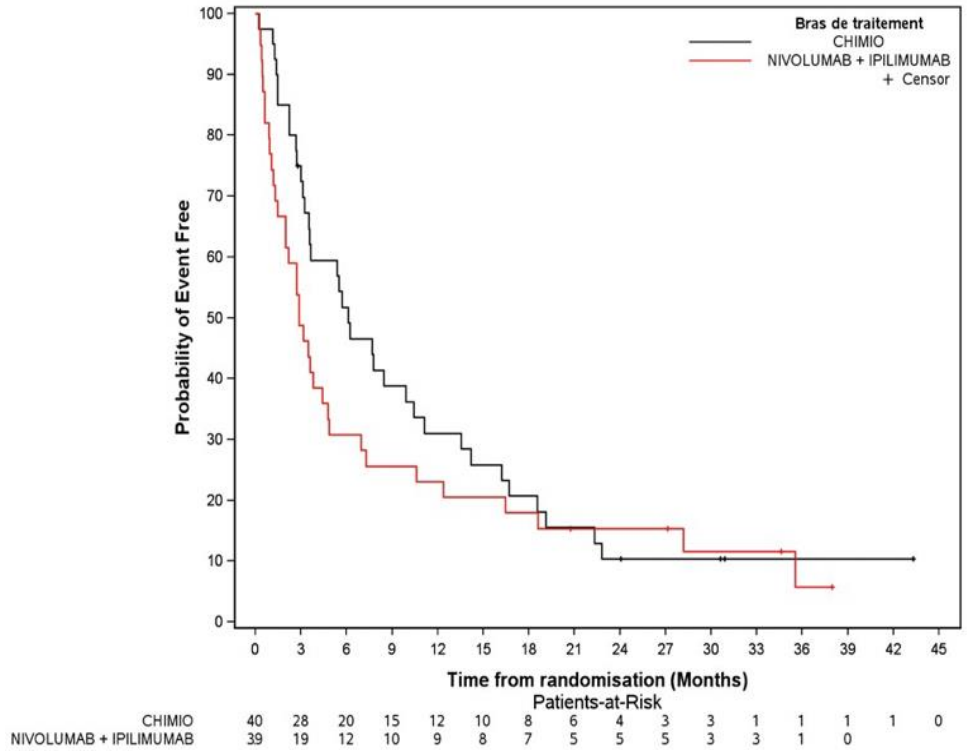
	NIVO IPI n = 109	Chemo n =107
Median OS, mo (95% CI)	14.7 (8-19.7)	9.9 (7.7-12.3)
HR (95% CI)	0.85 (0.62–1.16) *P* = 0.2978	
Survival 1 year	55% 45.2%-63.8%	42% 32.5%-51.2%
Survival 2 years	36.6% 27.5%-45.7%	21% 14.3%-30.0%

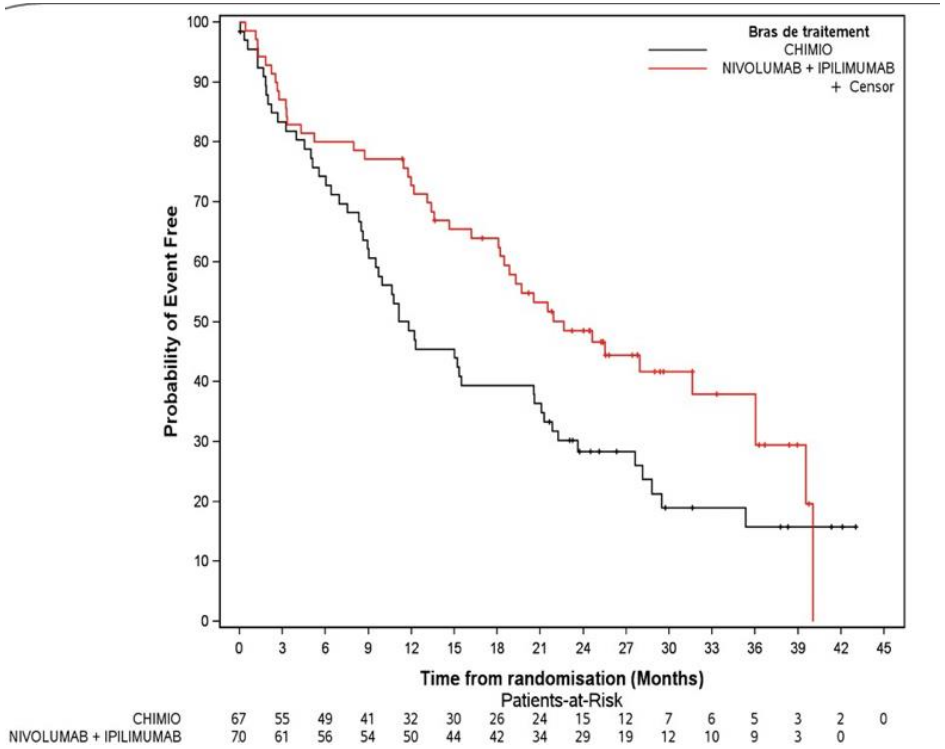
Léna H. et al, ASCO 2022, Abstract #9011

2022 ASCO ANNUAL MEETING

eNerGy: phase III: nivo+ipi vs chimio en 1eL pour patient PS>2 ou âgés ≥70ans pour NSCLC avancé

Overall survival (ITT population) – PS 2





	NIVO IPI n = 40	Chemo n = 39
Median OS (95% CI)	2.9 (1.4-4.8)	6.1 (3.5-10.4)

	NIVO IPI n = 70	Chemo n = 67
Median OS, mo (95% CI)	22.6 (18.1-36)	11.8 (8.9-20.5)
HR (95% CI)	**0.63** (0.42–0.95)	

Léna H. et al, ASCO 2022, Abstract #9011

eNerGy: phase III: nivo+ipi vs chimio en 1eL pour patient PS>2 ou âgés ≥70ans pour NSCLC avancé

Tolérance

NIVO + IPI semble mieux toléré

	NIVO IPI %	Chemo %
TRAEs all grades	74.3	89.3
TRAEs grade ≥3	31.4	49.5
TRAEs leading to discontinuation of any component of the regimen	54.3	34.0
TRSAEs	39.0	25.2
Treatment-related deaths	3.8*	1.9**

Léna H. et al, ASCO 2022, Abstract #9011

eNerGy: phase III: nivo+ipi vs chimio en 1eL pour patient PS>2 ou âgés ≥70ans pour NSCLC avancé

Conclusion

- **Pas d'avantage à Nivo+IPI sur la population PS2 ou âgée ≥ 70 ans**
- **Délétère pour patients PS2**
- **Patients ≥ 70 ans / PS0-1: NIVO+IPI= amélioration OS** (22,6mois (18,1;36) vs 11,8 (8,9;20,5))
- Toxicité NIVO+IPI acceptable dans cette population

Léna H. et al, ASCO 2022, Abstract #9011

2022 ASCO ANNUAL MEETING

ONCO NOUVELLE-AQUITAINE Réseau Régional de Cancérologie

BRIO BORDEAUX | Recherche Intégrée Oncologie

Merci de votre attention !