

# Novedades & Claves en CÁNCER de PULMÓN 2024

## Estadios iniciales y enfermedad localmente avanzada

Eider Azkona Uribe Larrea

*H<sup>a</sup> Universitario Cruces (Vizcaya)*

Organizado por:



Patrocinado por:



**Johnson & Johnson**

# ÍNDICE

- Tratamiento neoadyuvante.
- Tratamiento perioperatorio.
- Tratamiento adyuvante.
- Estadios irresecable.
- Conclusiones.

Organizado por:

# TRATAMIENTO NEOADYUVANTE

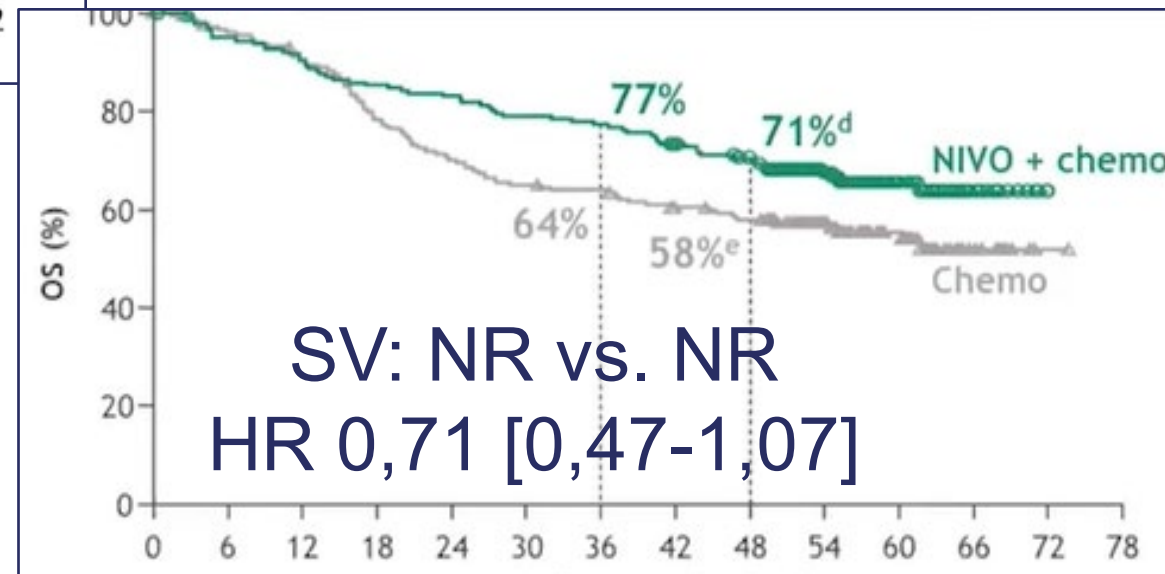
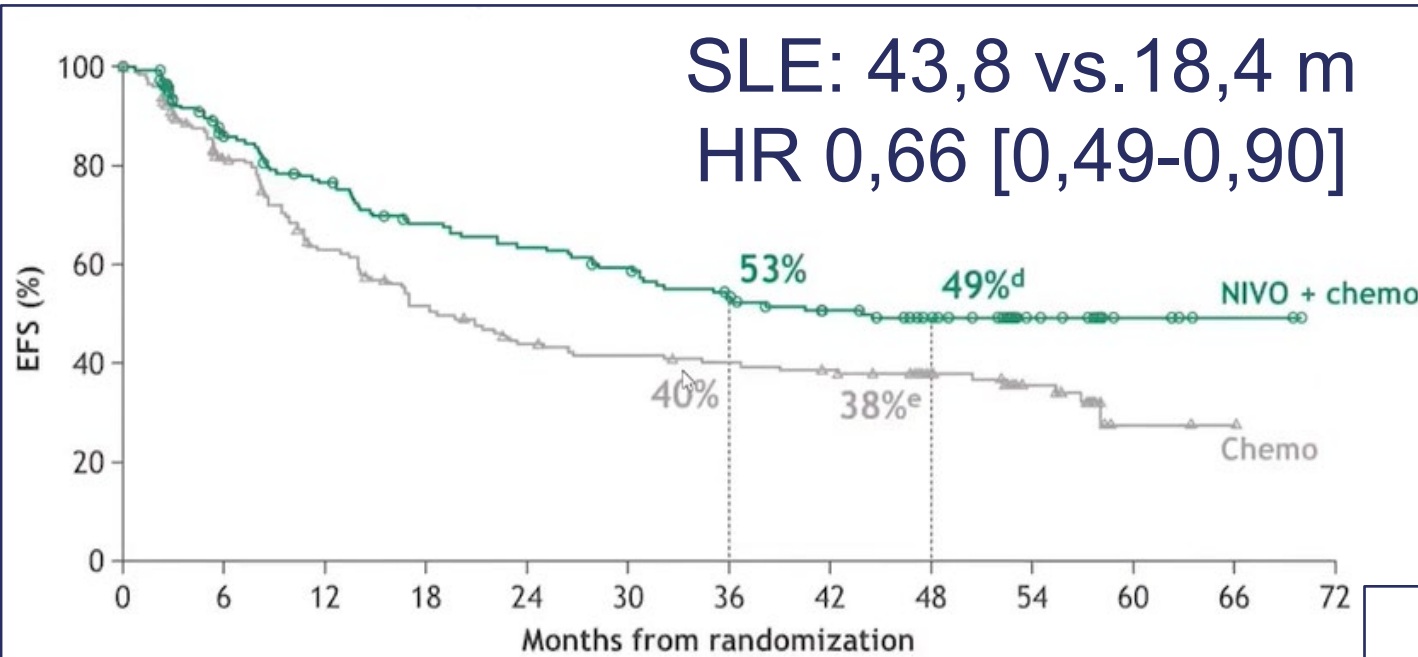
1. CheckMate 816.
2. Relatlimab.
3. POTENTIAL.
4. NEOSTAR y CA209-159.

Organizado por:

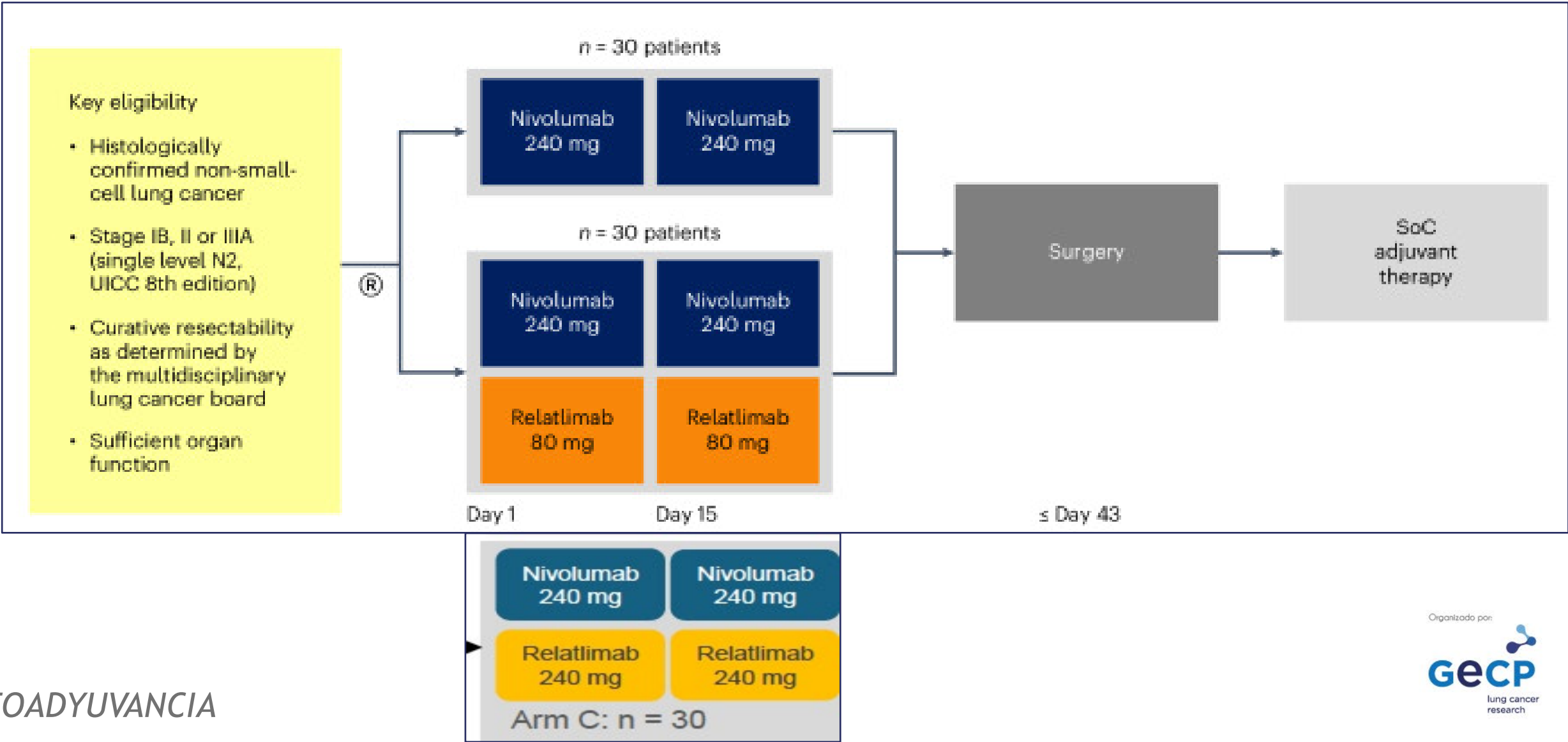
# Neoadjuvant nivolumab (NIVO) + chemotherapy (chemo) vs chemo in patients (pts) with resectable NSCLC: 4-year update from CheckMate 816. ASCO 2024. J.Spicer

SLE: 43,8 vs.18,4 m  
HR 0,66 [0,49-0,90]

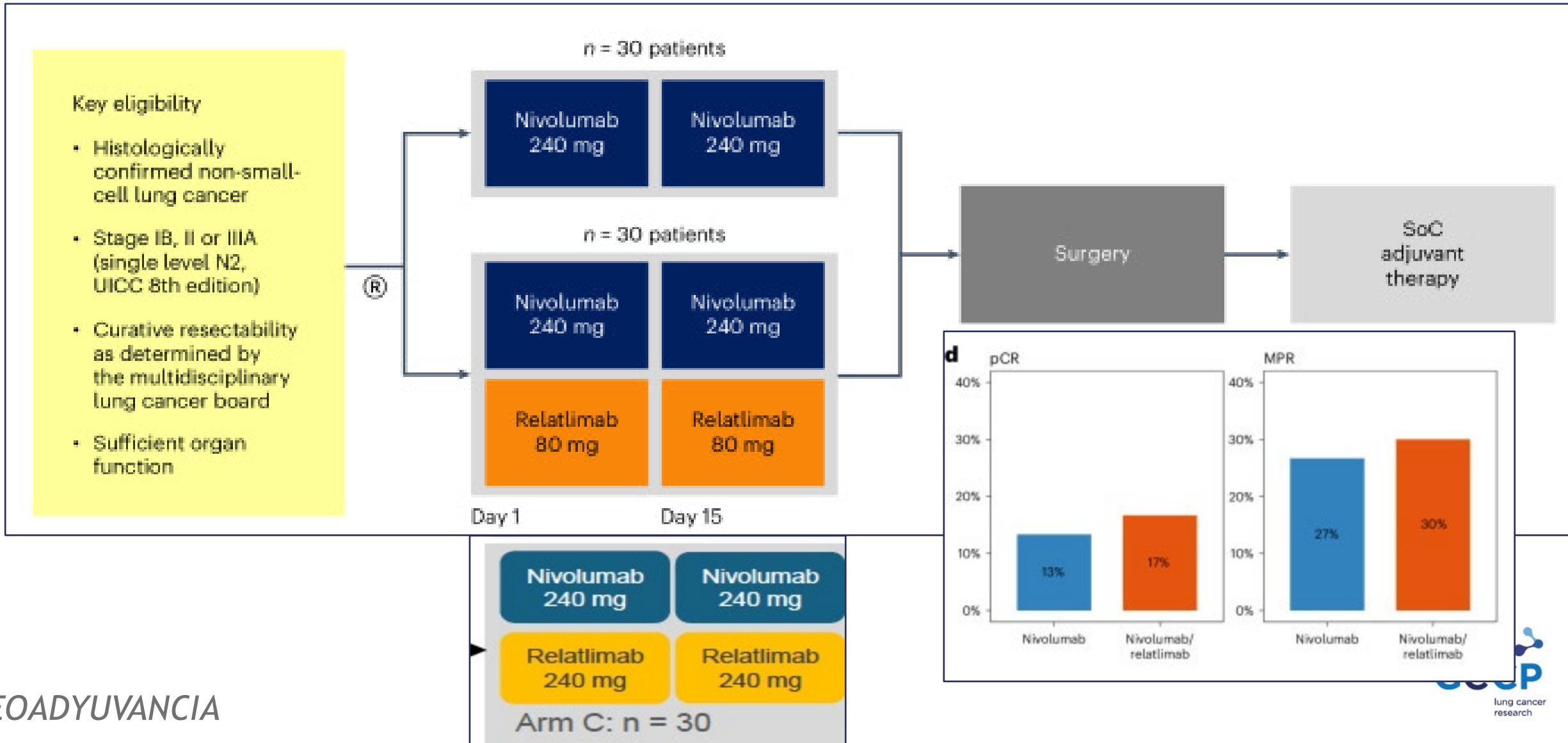
- EIB-IIIa resecable; EGFR y ALK – n=358
- Nivolumab + QT vs. QT → IQ



# OA01.05 - LBA1532: Neoadjuvant Nivolumab with or without Relatlimab in Resectable NSCLC: additional analysis and extended follow-up. WCLC 2024. Cuppens K, et al.



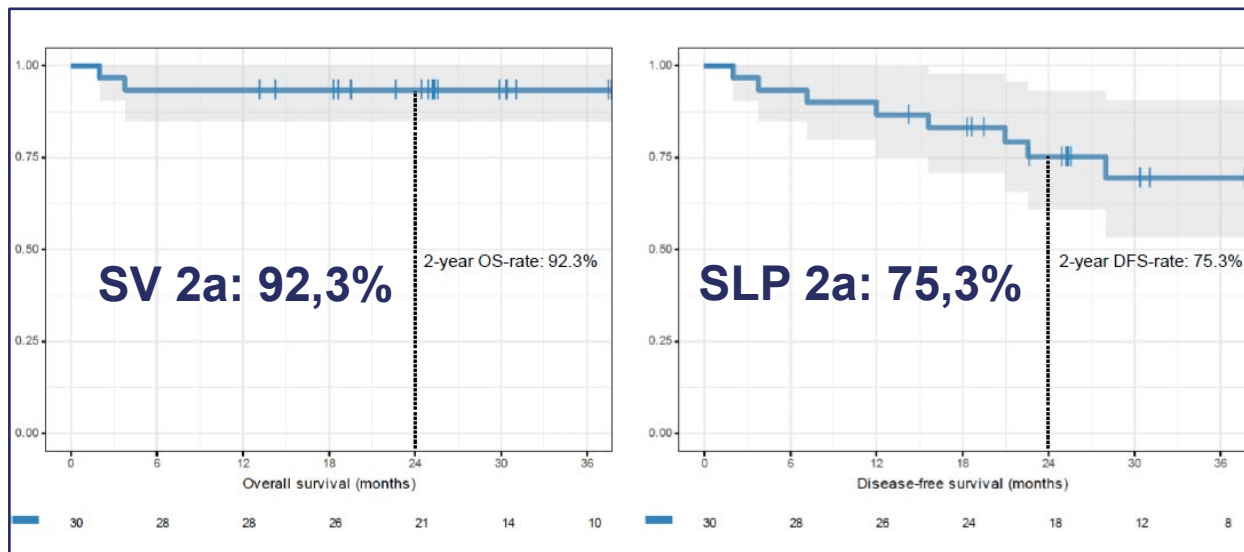
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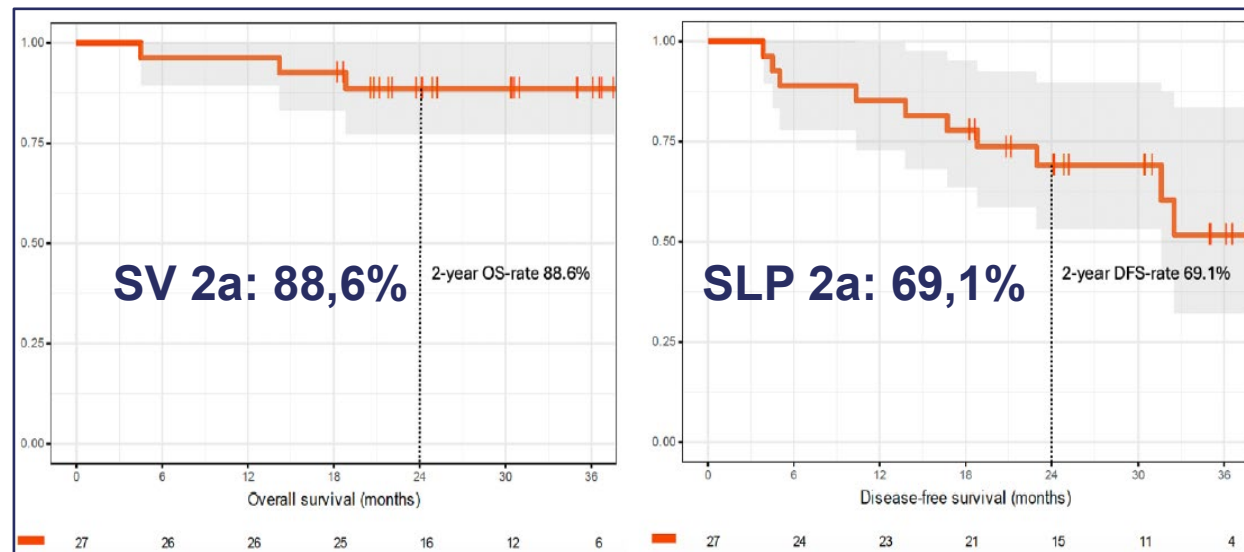
## Brazo A

- MPR: 26,7% (8/30)
- pCR: 13,3% (4/30)



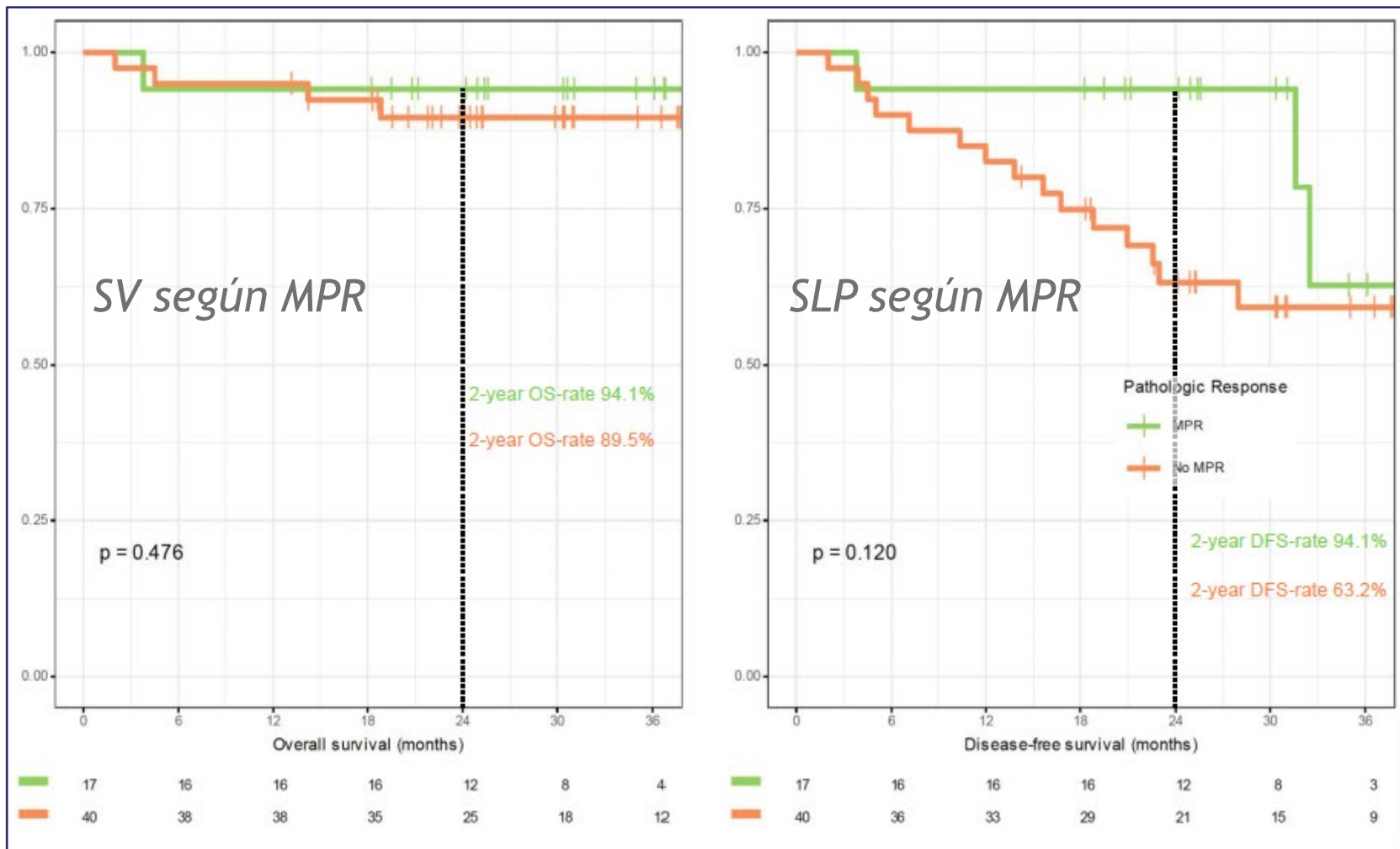
## Brazo B

- MPR: 33,3% (9/27)
- pCR: 18,5% (5/27)





# OA01.05 - LBA1532: Neoadjuvant Nivolumab with or without Relatlimab in Resectable NSCLC: additional analysis and extended follow-up. WCLC 2024. Cuppens K, et al.



## Brazo A

Nodal downstaging cN2 > ypN1/0 or cN1 > ypN0	2/7 (28.6%)
Nodal upstaging cN0 > ypN1/2 or cN1 > ypN2	5/28 (17.8%)
Post-operative TNM downstaging	16/30 (53.3%)
Post-operative TNM upstaging	8/30 (26.7%)

## Brazo B

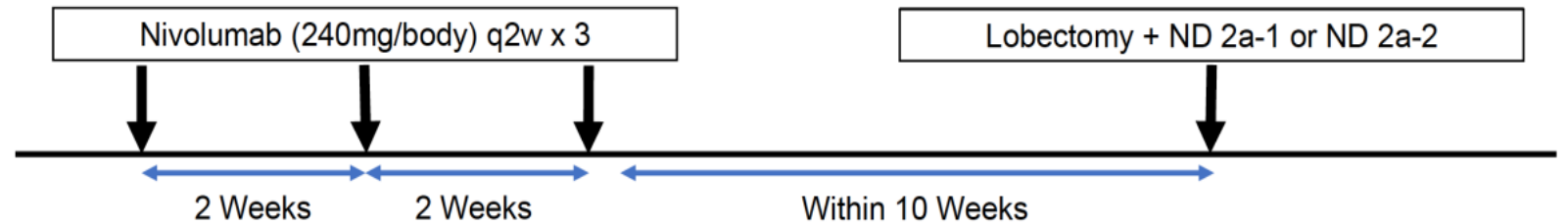
Nodal downstaging cN2 > ypN1/0 or cN1 > ypN0	6/9 (66.7%)
Nodal upstaging cN0 > ypN1/2 or cN1 > ypN2	2/26 (7.7%)
Post-operative TNM downstaging	18/27 (66.7%)
Post-operative TNM upstaging	6/27 (22.2%)

Recurrencia a distancia: 17,5%  
Recurrencia locoR 5,3%



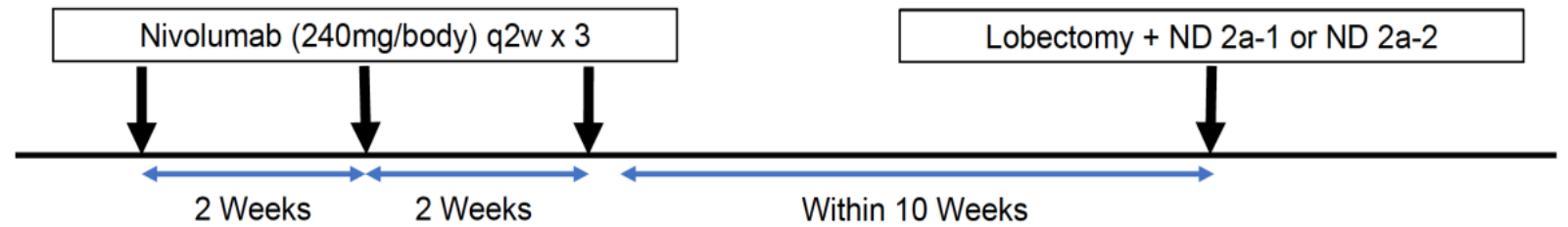
# 1207M0 -Neoadjuvant nivolumab monotherapy for high-risk clinical stage I non-small cell lung cancer: a phase 2 POTENTIAL study. ESMO 2024. TsutaniY.

- Criterios de inclusión: CNMP EI con alto R de recurrencia (sólido o componente sólido, 2-4 cm). EGFR, ALK y ROS-
- Obj 1: pCR
- Obj 2º: TR, MPR

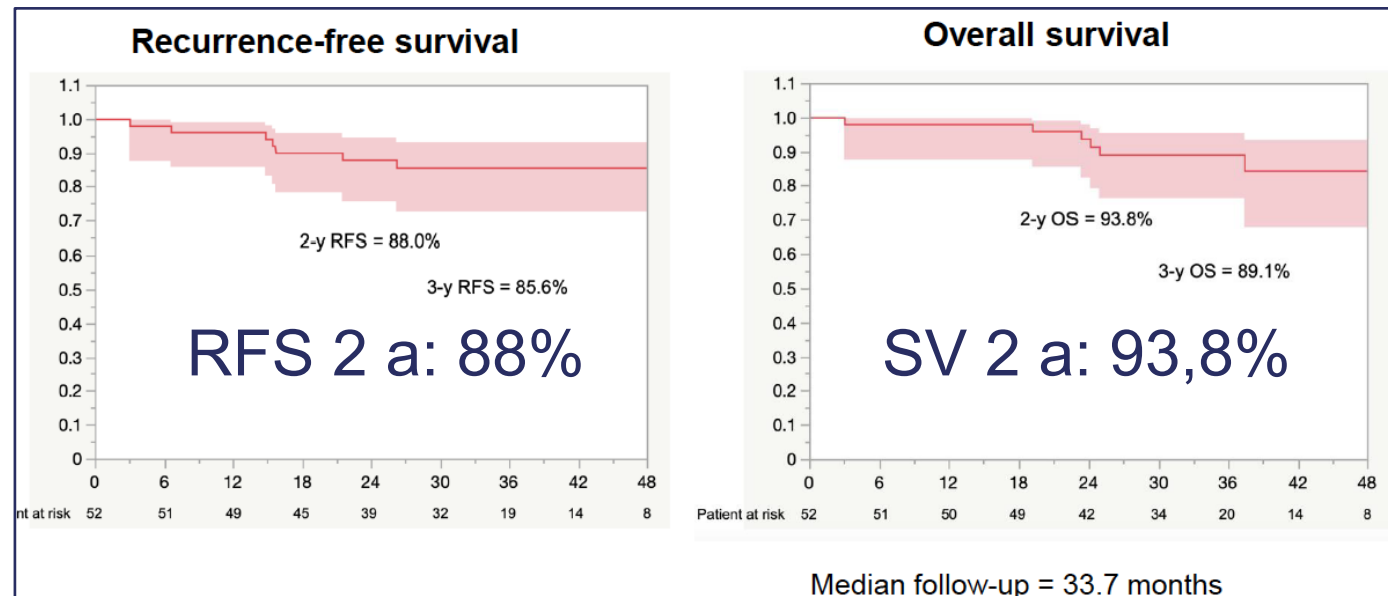


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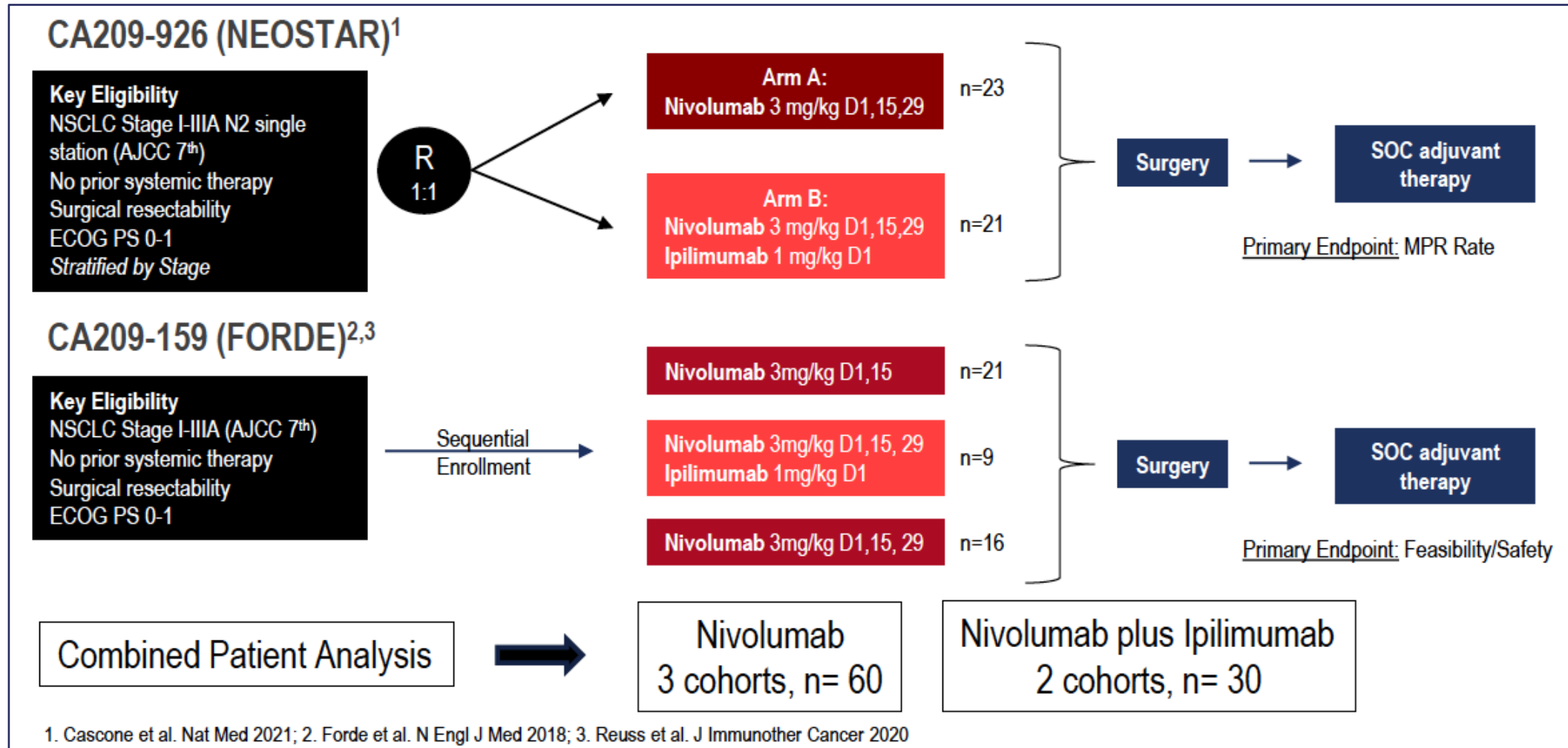
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- Obj 1: pCR
- Obj 2º: TR, MPR



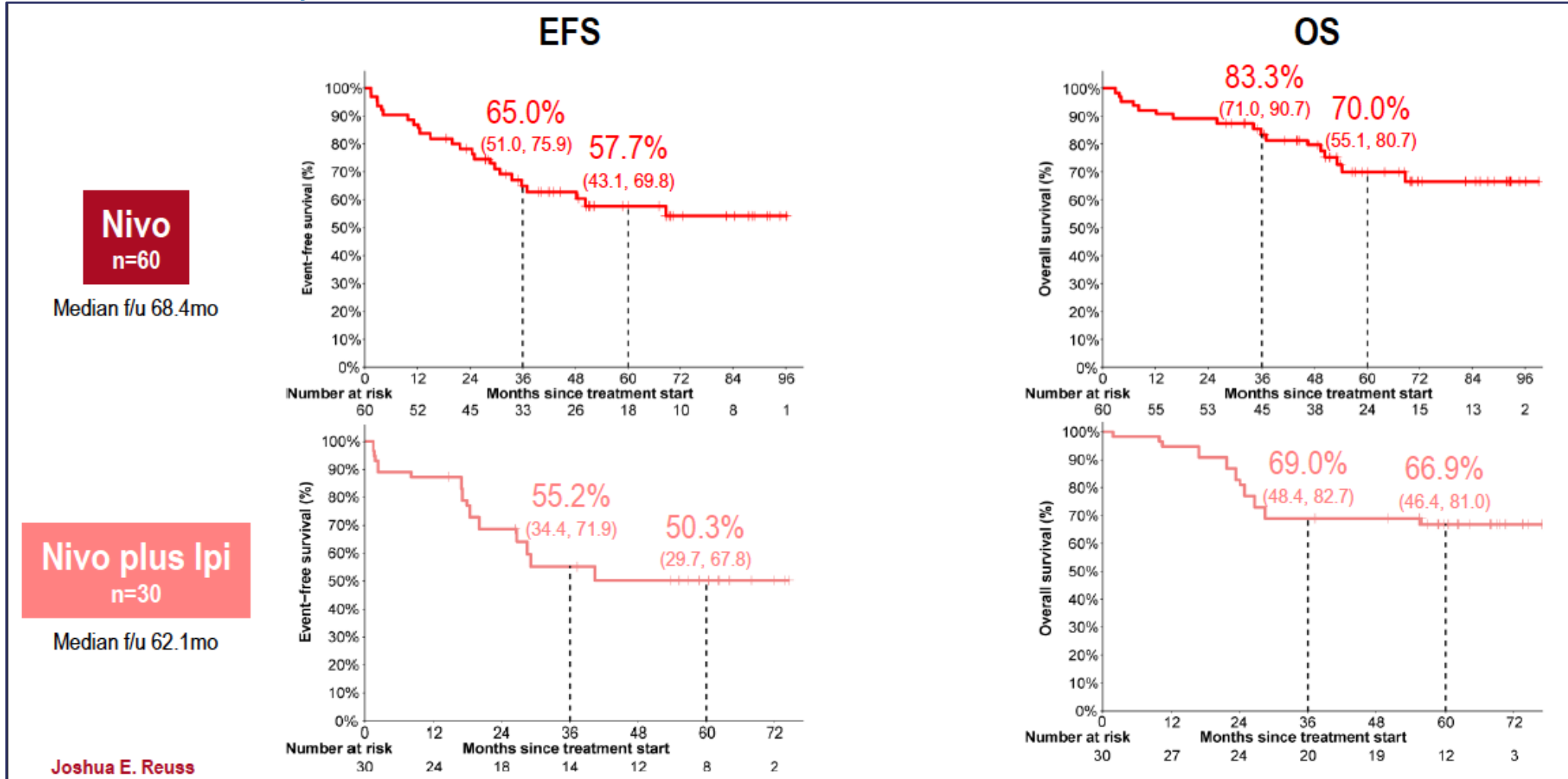
pCR	23,1%
MPR	23,1%



# 1209M0 -Neoadjuvant nivolumab and nivolumab plus ipilimumab in resectable non-small cell lung cancer: Combined analysis of 5-year outcomes from NEOSTAR and CA209-159. ESMO 2024. Reuss JE, et al.



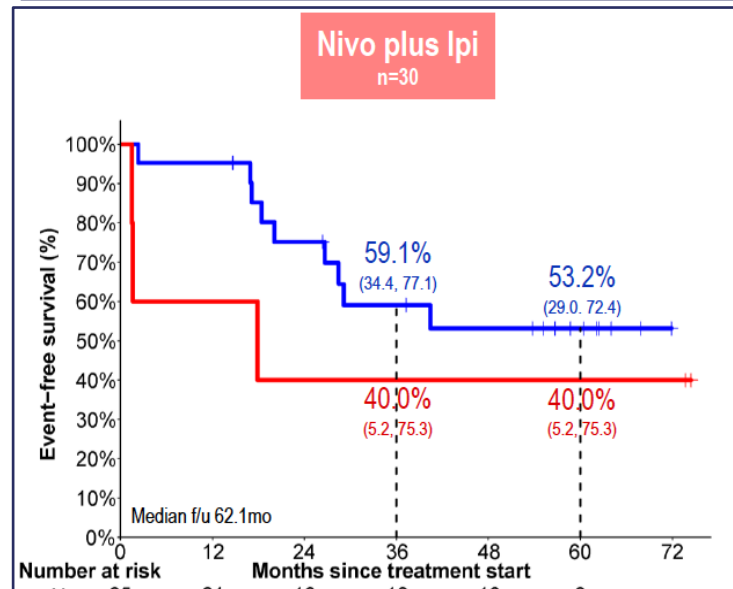
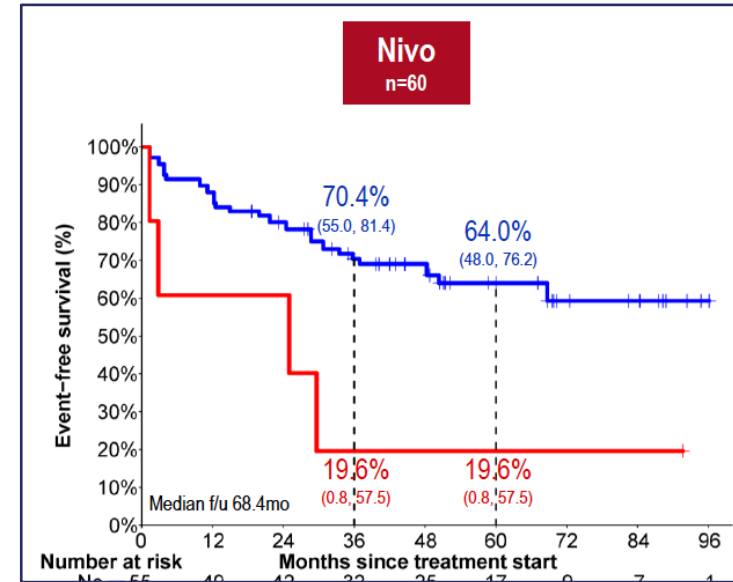
**1209M0 -Neoadjuvant nivolumab and nivolumab plus ipilimumab in resectable non-small cell lung cancer: Combined analysis of 5-year outcomes from NEOSTAR and CA209-159. ESMO 2024. Reuss JE, et al.**



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	MPR	pCR
<b>NIVOLUMAB</b>	28,1%	8,3%
<b>NIVO+ IPI</b>	33,3%	26,7%
<b>SLP 5 años</b>	74 vs. 54,4%	77,5 vs. 56,9%
<b>SV 5 años</b>	81,7 vs. 72,6%	85,5 vs. 73,1%

*EFS según co-mutación KRAS w/STK11, y/o SMARCA4 (No/Si)*



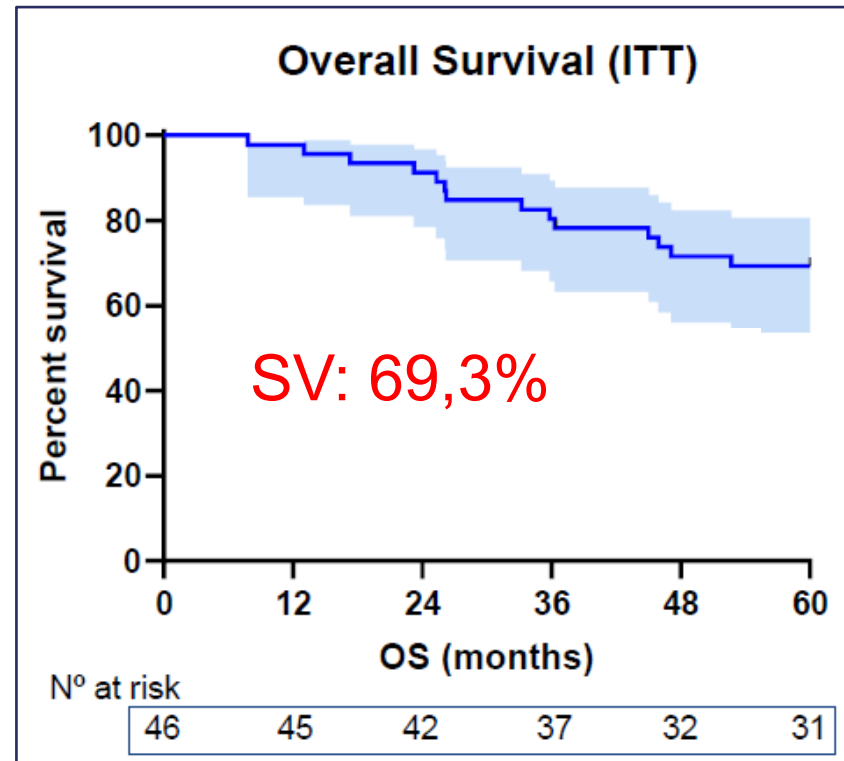
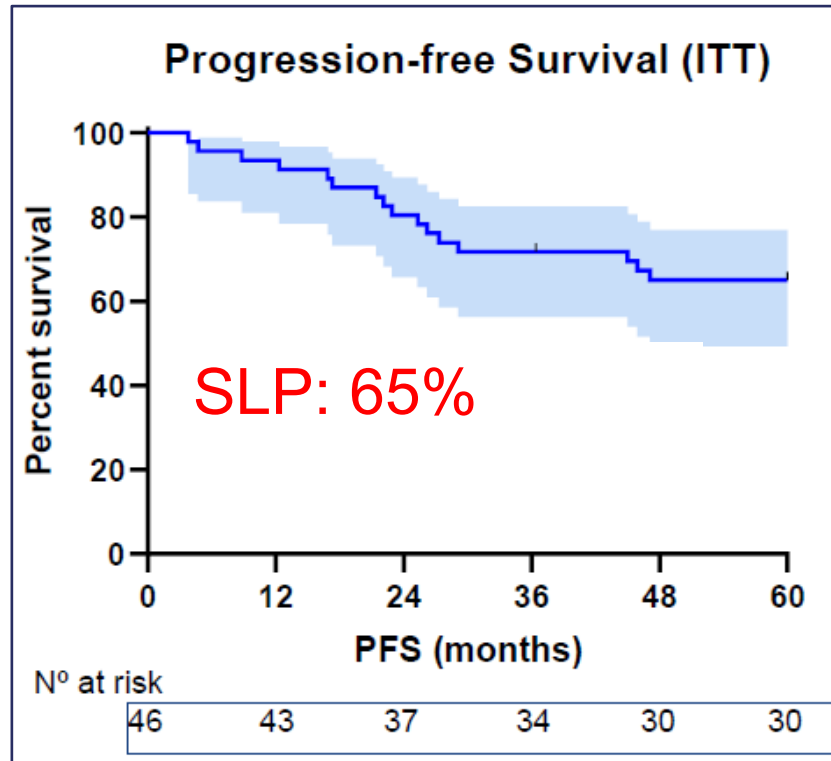
# TRATAMIENTO PERIOPERATORIO

1. NADIM.
2. AEGEAN.
3. NEOCOAST-2.
4. Ivonescimab.
5. KEYNOTE-671.
6. CheckMate 77T.
7. CheckMate 77T vs CheckMate 816.
8. ALNEO-GOIRC-01-2020
9. Survival outcomes and pathological response after chemoimmunotherapy in resectable NSCLC: an individual patient data meta-analysis.

Organizado por:

# 5-Year Clinical Outcomes of Perioperative Nivolumab and Chemotherapy in Stage III NSCLC (NADIM trial). WCLC 2024, M. Provencio.

- CNMP EIIIA resecable (AJCC 7ª Ed), EGFR y ALK -
- CBDCA-Taxol + Nivolumab x 3c → IQ → Nivolumab x1 año

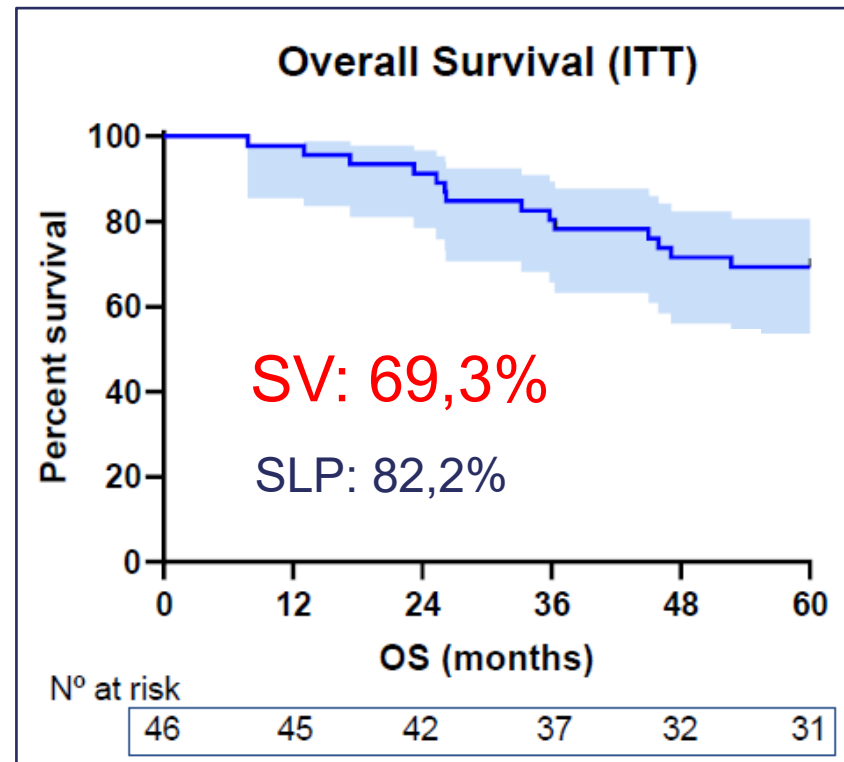
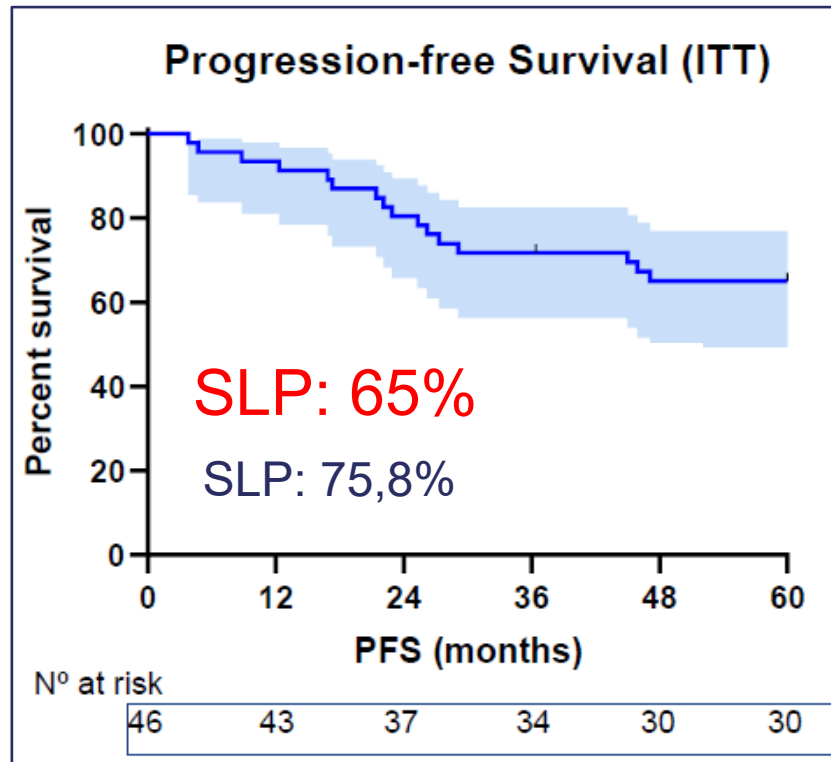


NADIM Patient baseline characteristics	N=46 (ITT)
Age (median, range)	63(41-77)
Co-morbidities, N (%)	43 (93,5)
<b>N2</b>	<b>33 (89.2)</b>
<b>Multiple station</b>	<b>25 (75.8)</b>



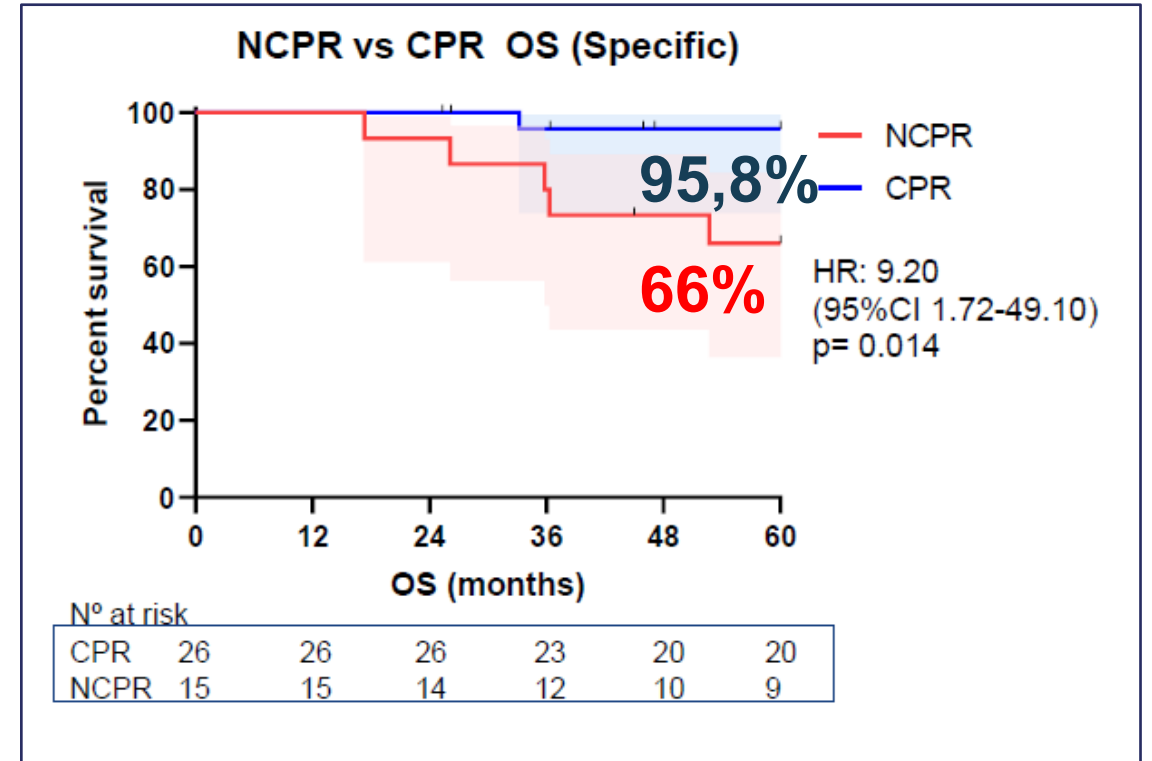
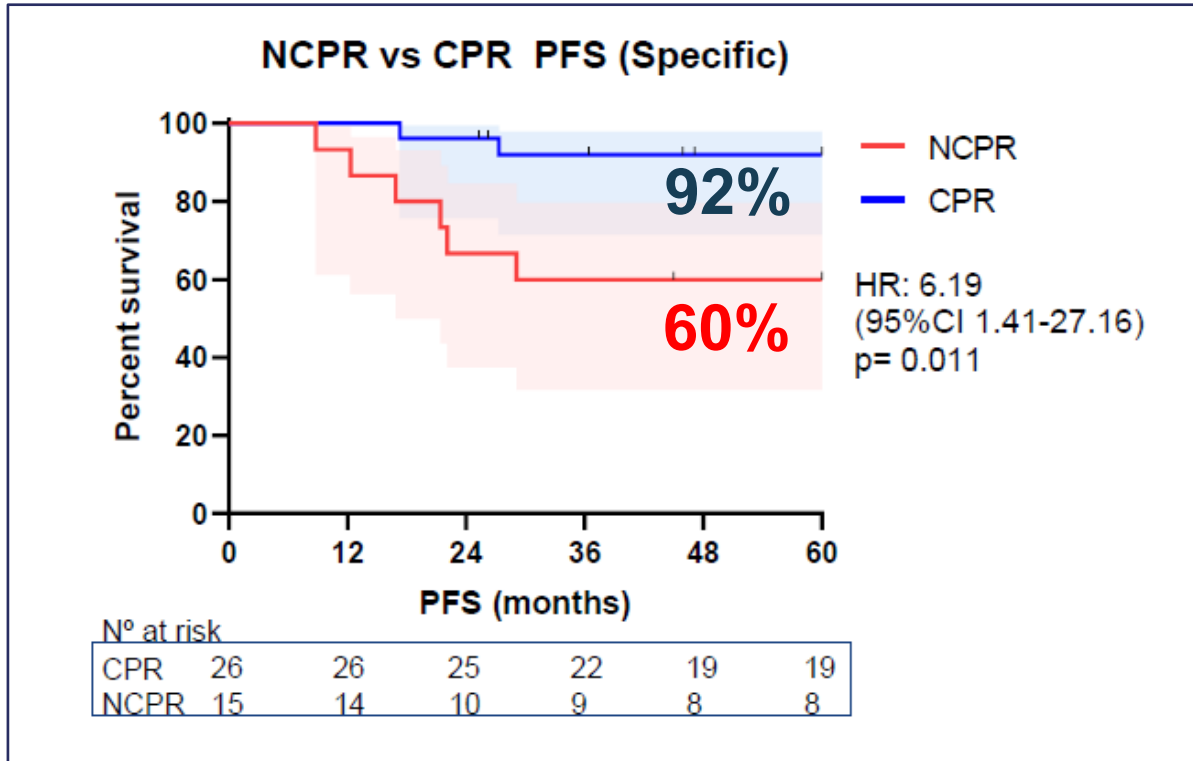
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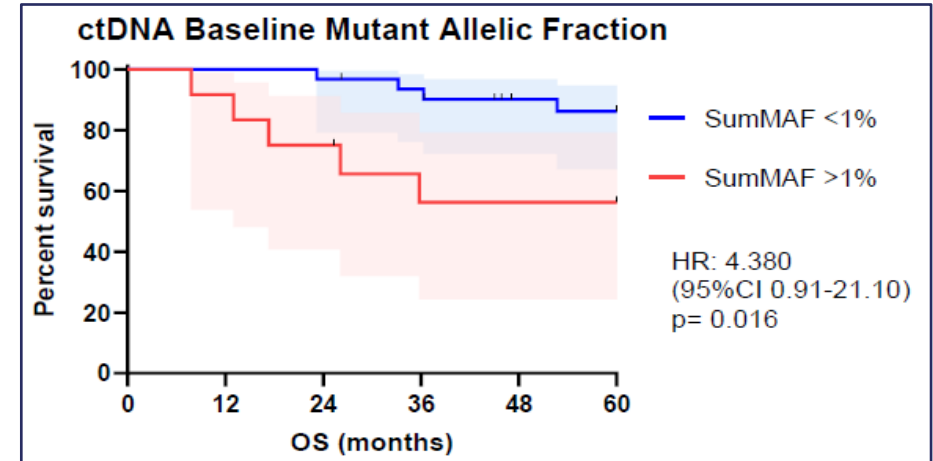
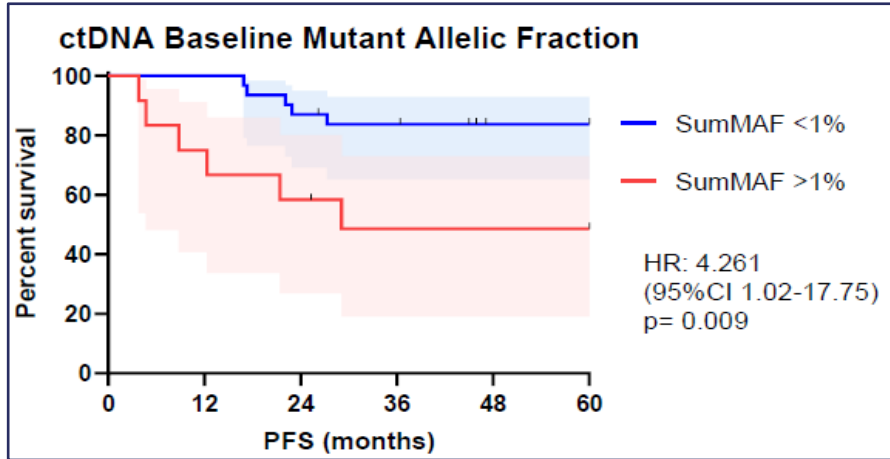


## BIOMARCADORES:

- No diferencias: PD-L1, TMB
- Predictivos: ctDNA basal, aclaramiento ctDNA

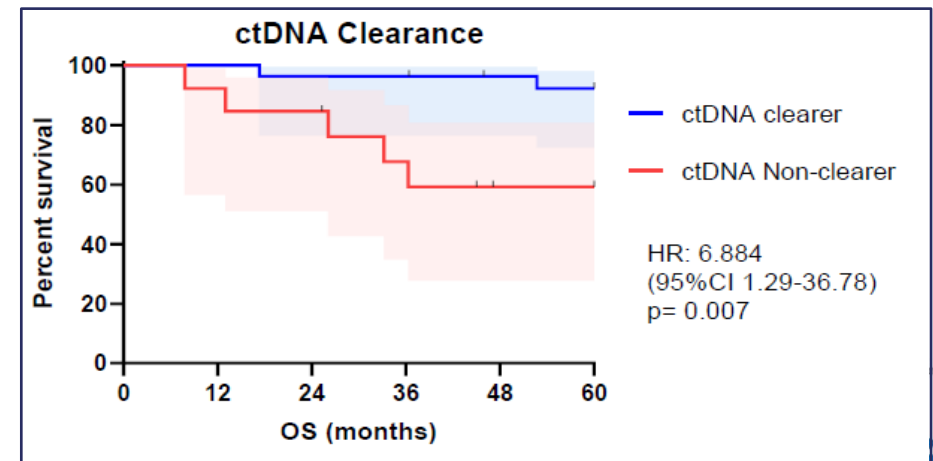
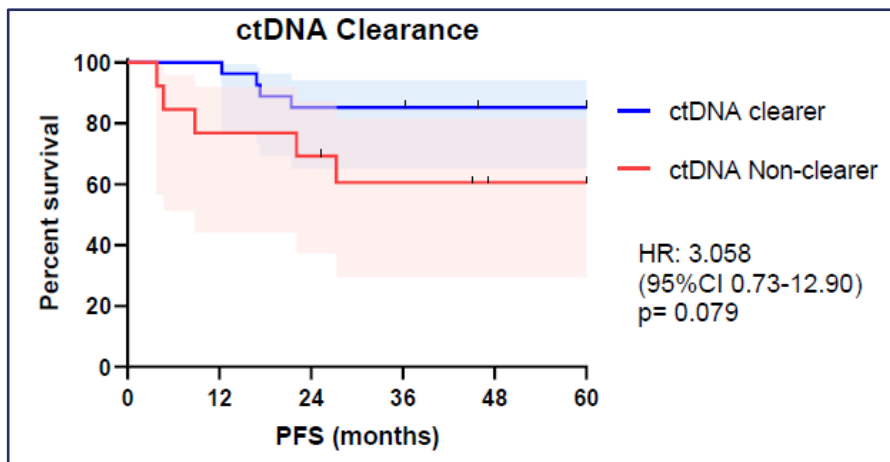
PERIOPERATORIO

# 5-Year Clinical Outcomes of Perioperative Nivolumab and Chemotherapy in Stage III NSCLC (NADIM trial). WCLC 2024, M. Provencio.



SLP SumMAF $\geq$ 1% vs. <1%: 48,6 vs. 83,7%

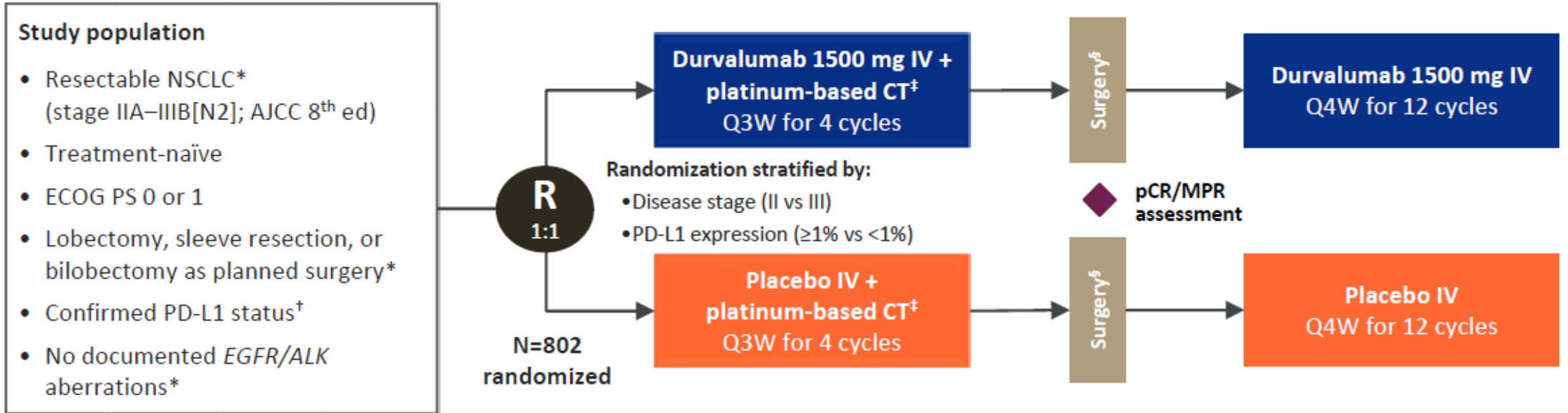
SV SumMAF $\geq$ 1% vs. <1%: 56,3 vs. 86,2%



SLP No-ctDNA clearer vs. Si: 60,6 vs. 85,2%

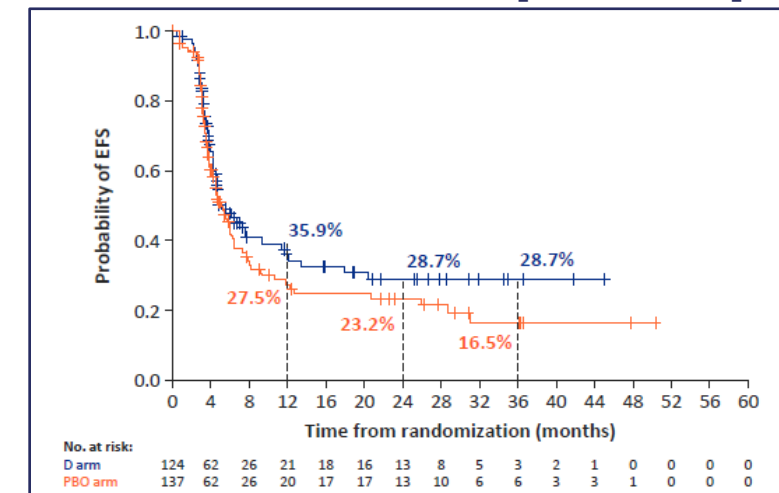
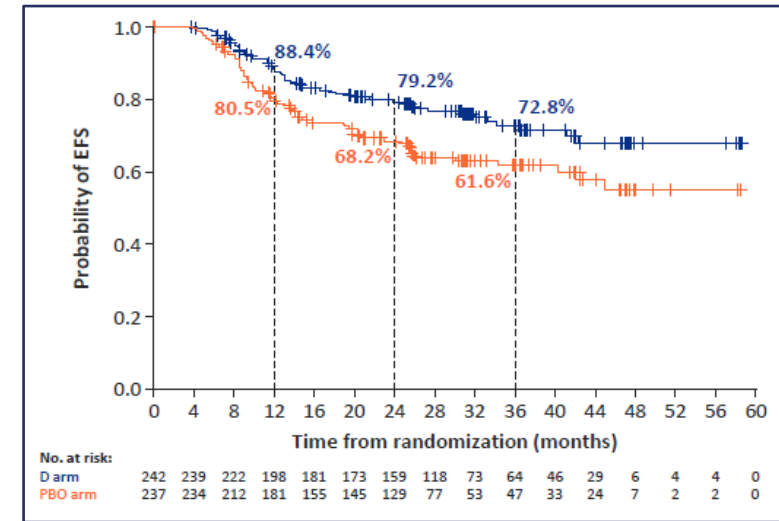
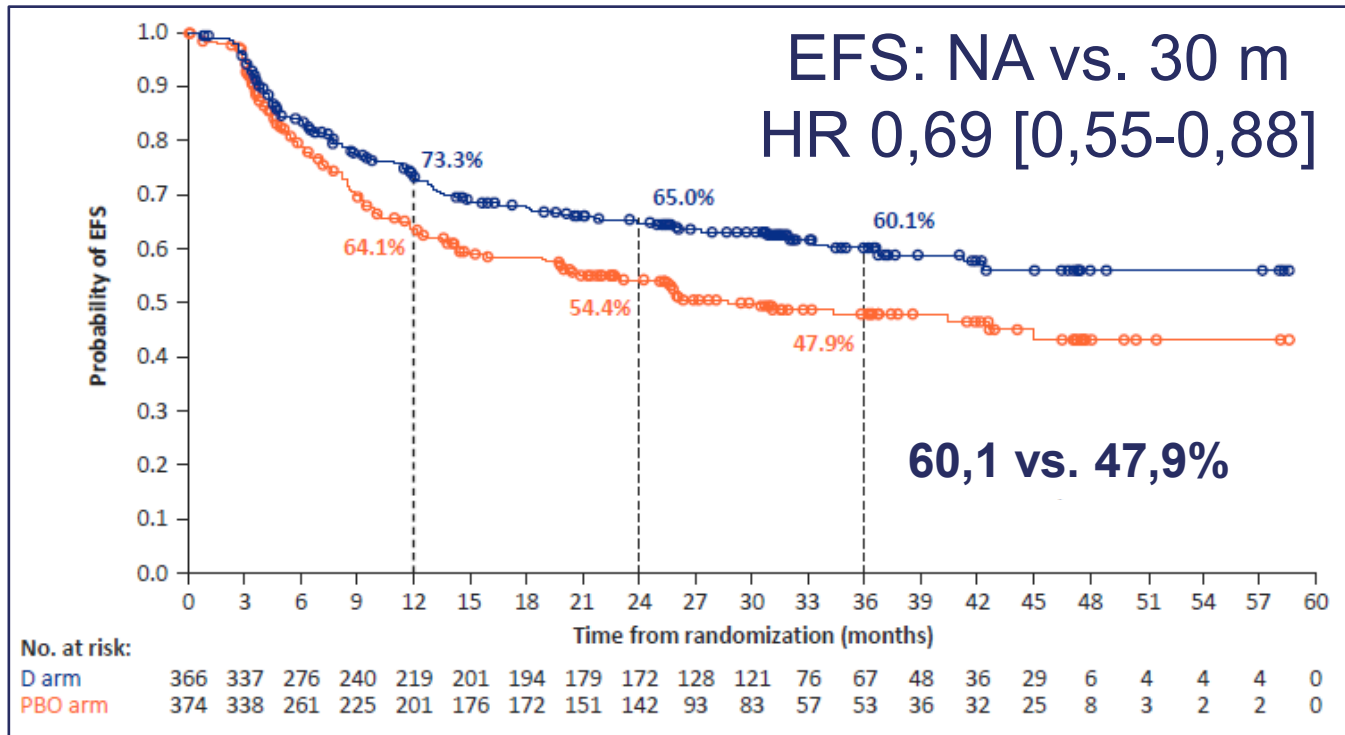
SV No-ctDNA clearer vs. Si: 59,2 vs. 92,3%

# Perioperative Durvalumab for Resectable NSCLC. Updated Outcomes from the Phase 3 AEGEAN Trial. WCLC 2024. JV. Heymach.

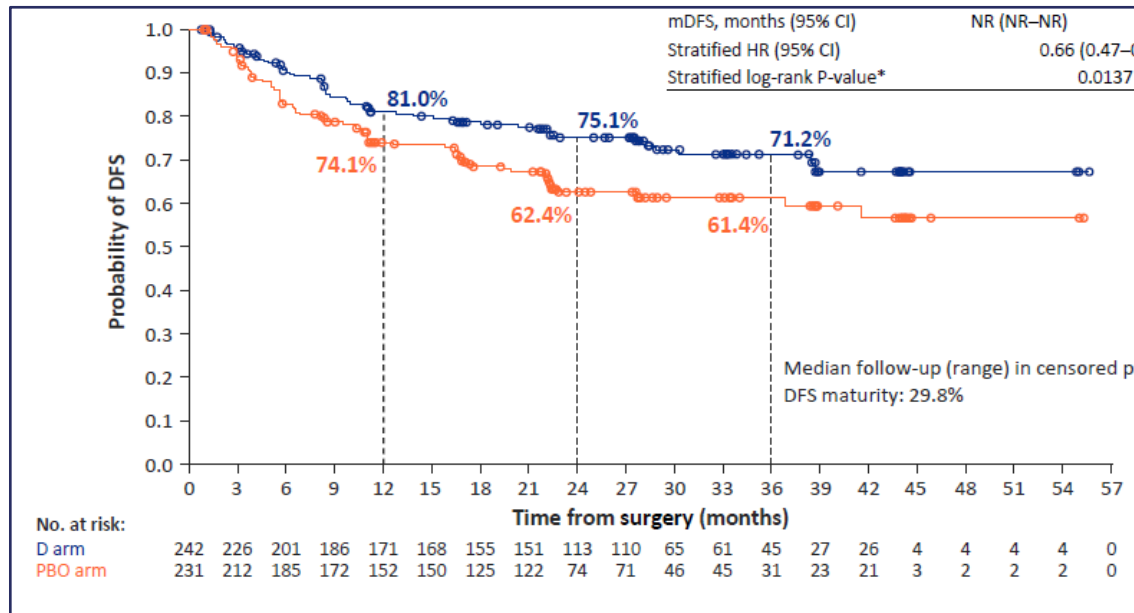


	DURVALUMAB	PLACEBO
<b>Completan 4c neoad</b>	86,9%	88,5%
<b>IQ</b>	77,6%	76,7%
<b>R0</b>	94,7%	91,3%
<b>Completan adyuv</b>	68,6%	63,7%

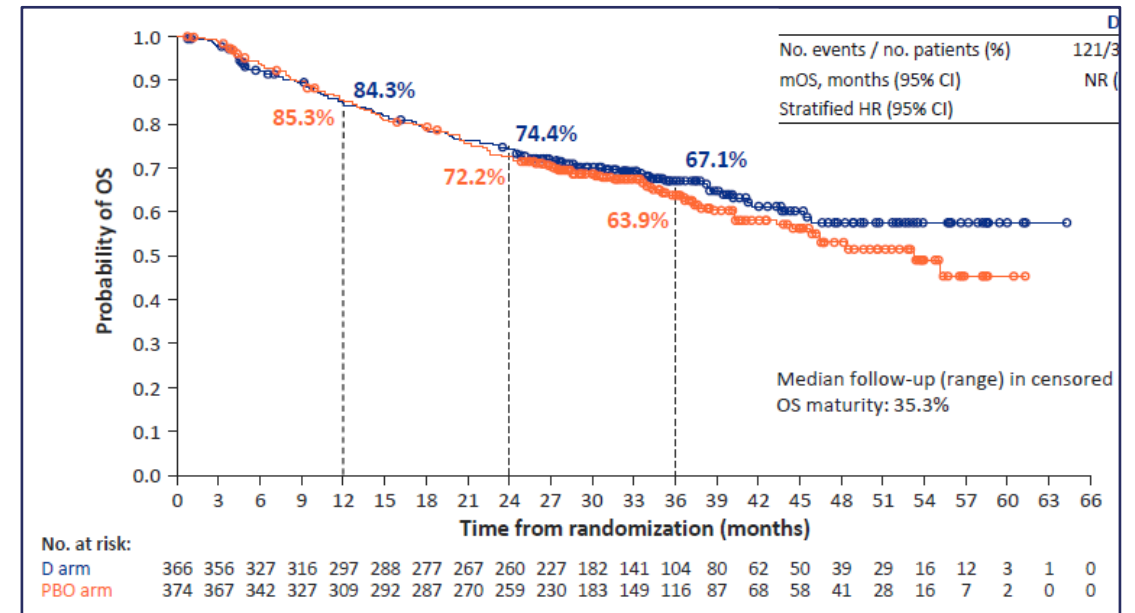
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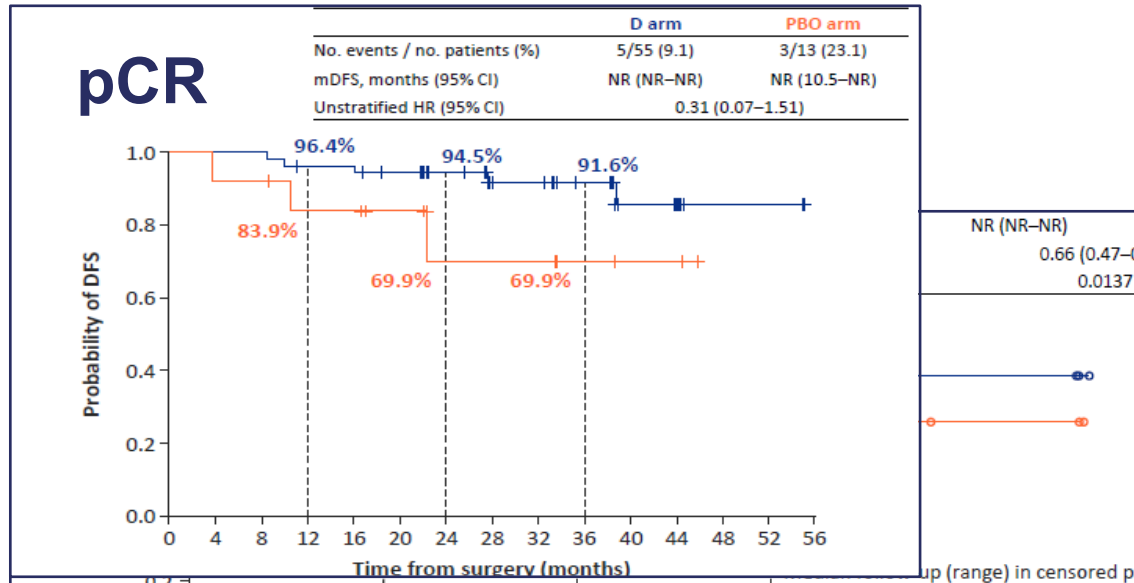
SLP: NA vs. NA, HR 0,66 [0,47-0,92]



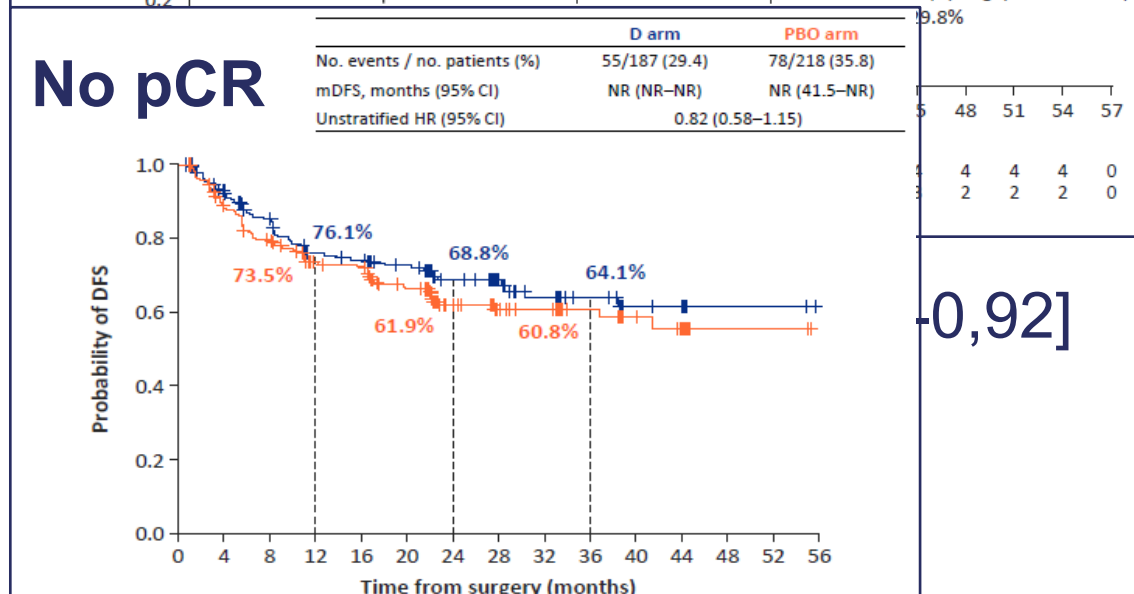
SV: NA vs. 53,2, HR 0,89 [0,70-1,14]

PERIOPERATORIO

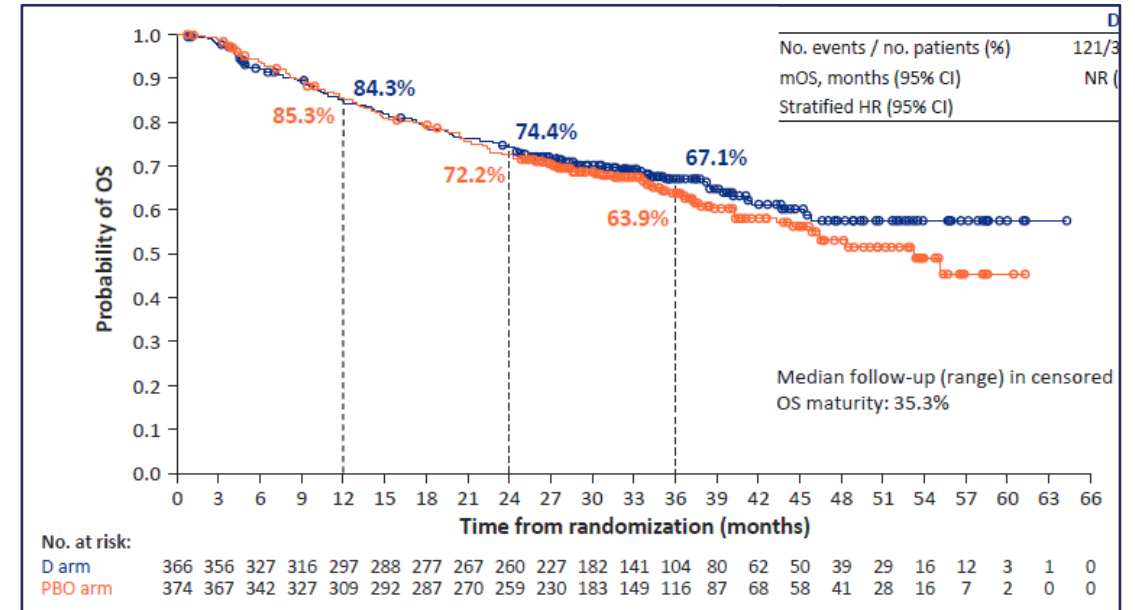
# Perioperative Durvalumab for Resectable NSCLC. Updated Outcomes from the Phase 3 AEGEAN Trial. WCLC 2024. JV. Heymach.



NR (NR-NR)  
0.66 (0.47-0.91)  
0.0137



0,92]



SV: NA vs. 53,2, HR 0,89 [0,70-1,14]

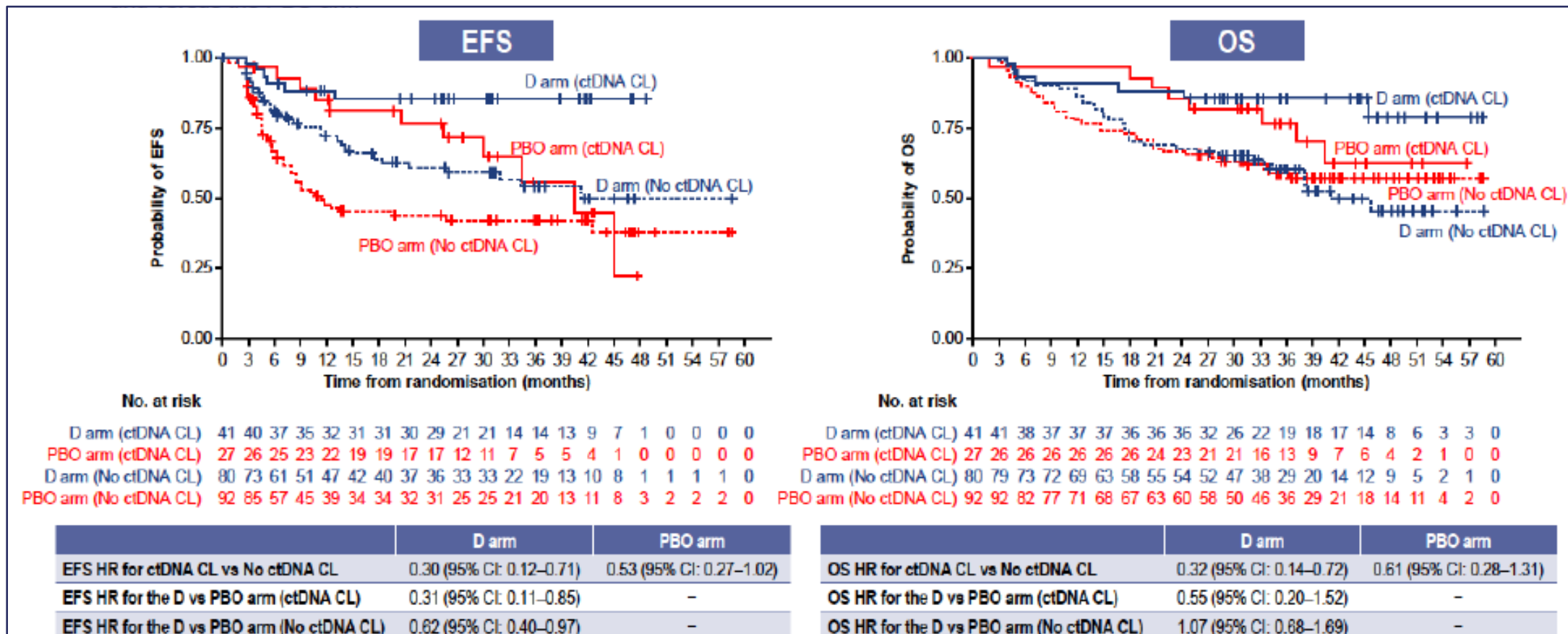
SV: NA vs. 53,2, HR 0,70 [0,52-0,93]

PERIOPERATORIO

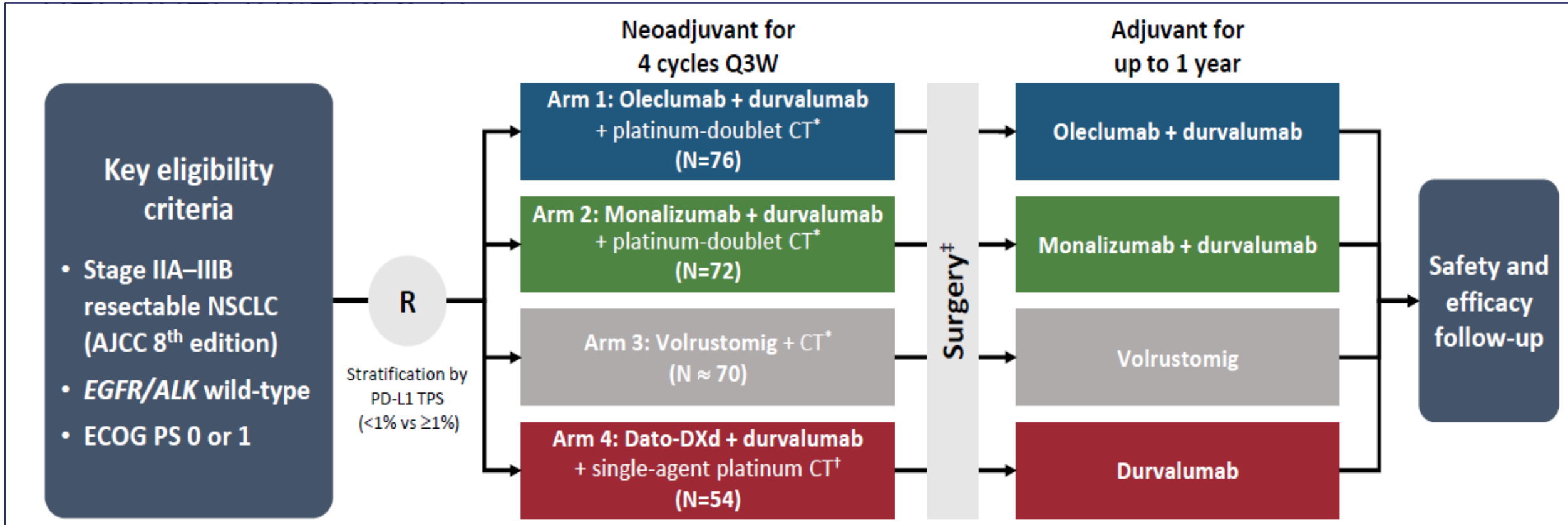


# LBA49 -Associations of ctDNA Clearance during Neoadjuvant Treatment with Pathological Response and Event-free Survival (EFS) in Patients with Resectable NSCLC: Expanded Analyses from AEGEAN. ESMO 2024. Reck M, et al.

- ctDNA+ basal (89,6%): 100% pCR y 93% con MPR aclaran ctDNA para el ciclo 4. n=283.
- El No aclarar ctDNA puede identificar aquellos con menor probabilidad de pCR.

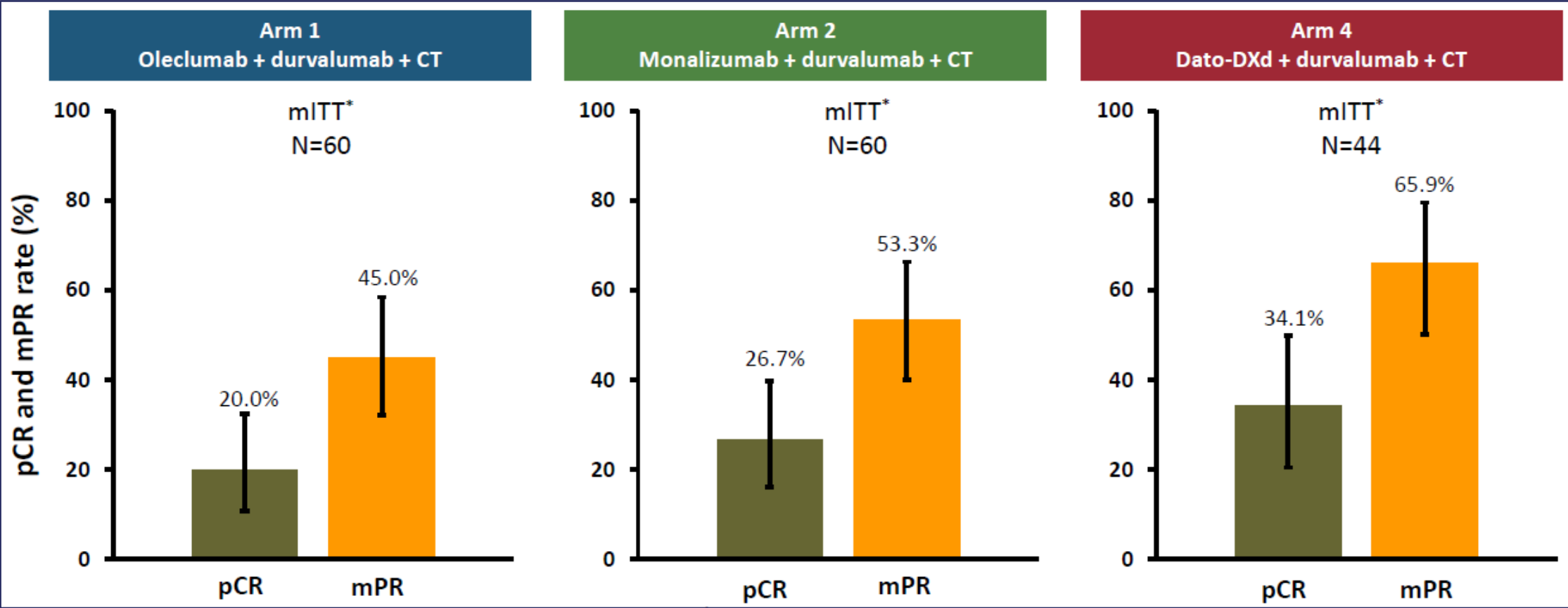


# NeoCOAST-2: Efficacy and Safety of Neoadjuvant Durvalumab (D) + Novel Anticancer Agents + CT and Adjuvant D ± Novel Agents in Resectable NSCLC. WLCLC 2024. T. Cascone.



- Obj 1<sup>o</sup>: pCR y seguridad

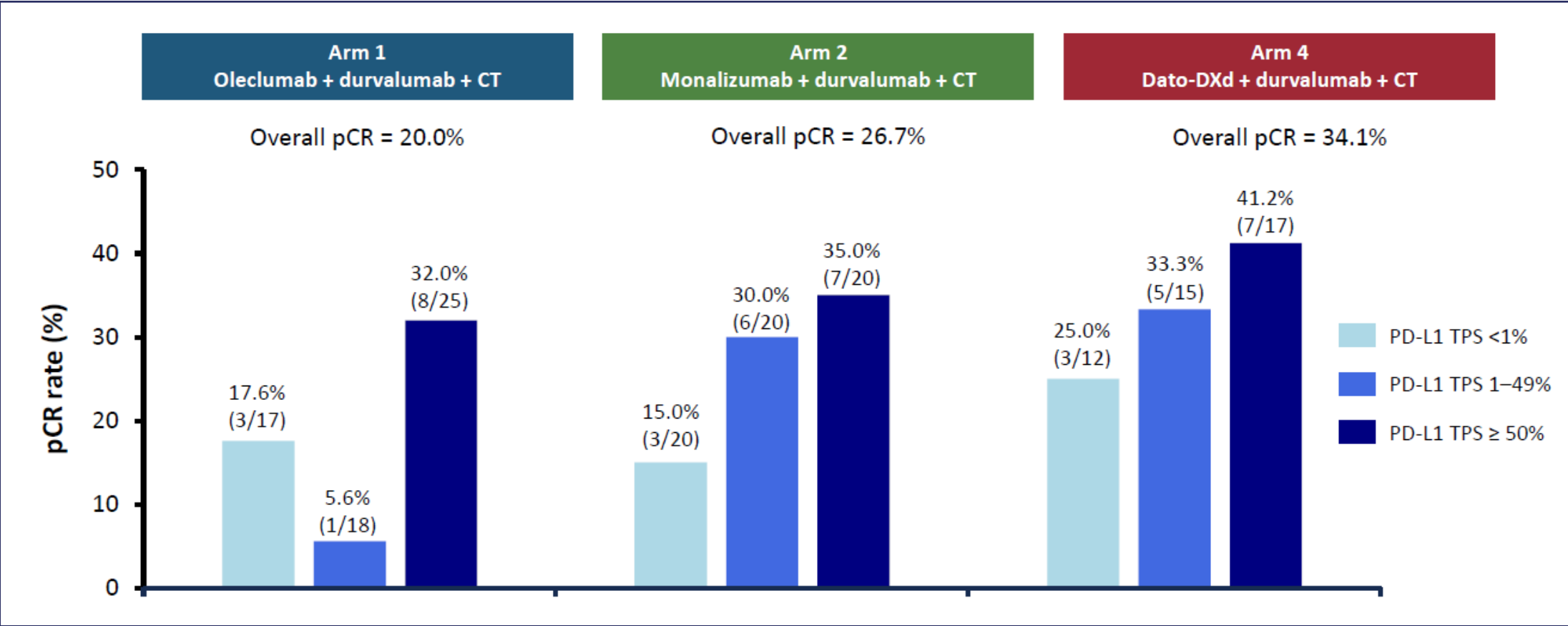
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Organizado por:



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# NeoCOAST-2: Efficacy and Safety of Neoadjuvant Durvalumab (D) + Novel Anticancer Agents + CT and Adjuvant D ± Novel Agents in Resectable NSCLC. WLCLC 2024. T. Cascone.

## SEGURIDAD

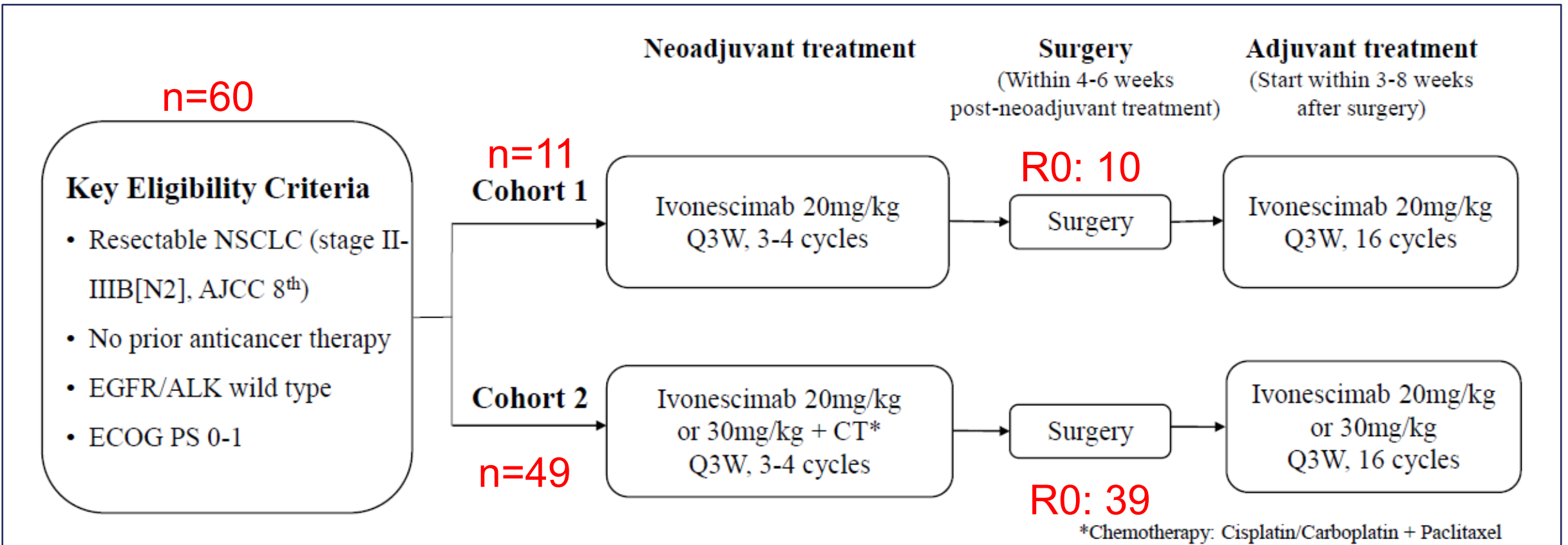
	Oleclumab + Durvalumab + CT	
	Neoady	Adyuvancia
EA ≥ G3	23 (31,1%)	2 (4,3%)
Stop x EAs	6 (8,1%)	3 (6,5%)
IQ	92,2% (RO 94,5%)	

	Monalizumab + Durvalumab + CT	
	Neoady	Adyuvancia
EA ≥ G3	21 (29,6%)	5 (12,5%)
Stop x EAs	9 (12,7%)	3 (7,5%)
IQ	92,1% (RO 96,2%)	

	Dato-DXd + Durvalumab + CT	
	Neoady	Adyuvancia
EA ≥ G3	10 (18,5%)	0
Stop x EAs	4 (7,4%)	0
IQ	95,8% (RO 89,7%)	

PERIOPERATORIO

# A Phase II Study of Perioperative Ivonescimab Alone or Combined with Chemotherapy in Resectable Non-Small Cell Lung Cancer. WCLC 2024. C.Wang



- Obj 1º: mPR y seguridad.
- Obj 2º: pCR, SLE, SV, TR y R0.

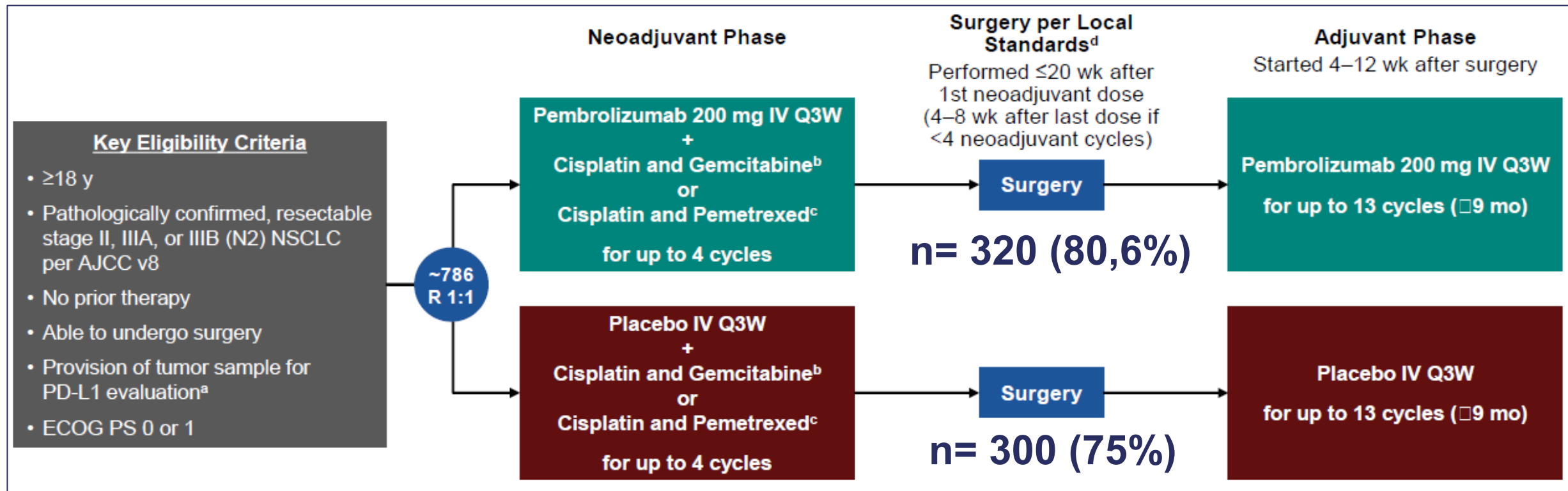
PERIOPERATORIO

# A Phase II Study of Perioperative Ivonescimab Alone or Combined with Chemotherapy in Resectable Non-Small Cell Lung Cancer. WCLC 2024. C.Wang

	<b>Cohorte 1</b>	<b>Cohorte 2</b>
<b>MPR</b>	60%	71,8%
<b>pCR</b>	30%	43,6%
<b>SLP</b>	NR	NR
<b>SLP 12m</b>	81,8%	80,3%
<b>TR</b>	81,8%	81,6%
<b>DCR</b>	90,9%	95,9%
<b>NO IQ x EAs</b>	0	0



# Association of Pathologic Regression With Event-Free Survival in the KEYNOTE-671 Study of Perioperative Pembrolizumab for Early-Stage NSCLC. WCLC24. DR. Jones

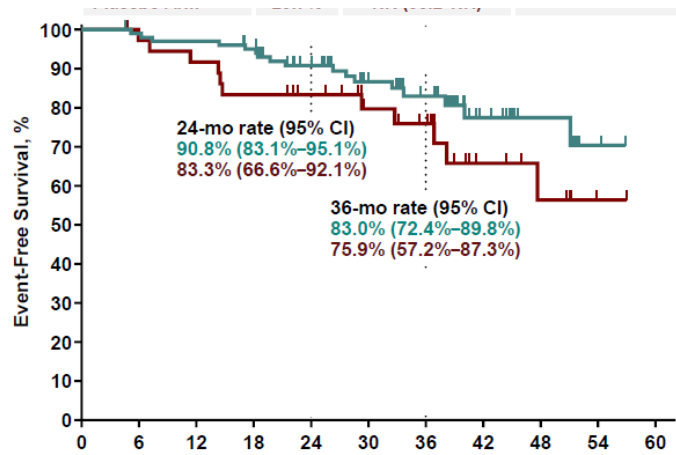


- Obj 1º: SV y SLP

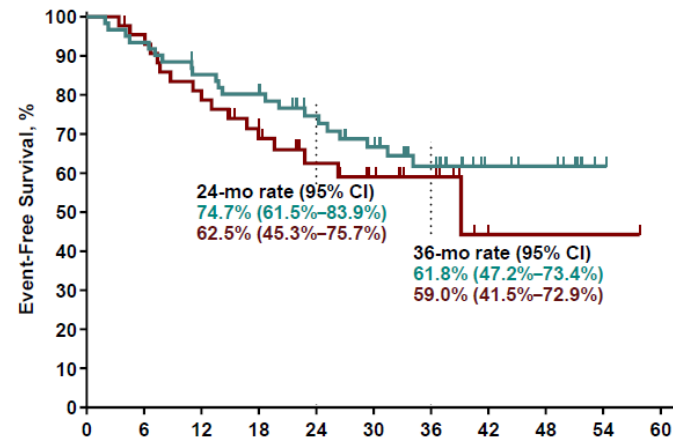
# Association of Pathologic Regression With Event-Free Survival in the KEYNOTE-671 Study of Perioperative Pembrolizumab for Early-Stage NSCLC. WCLC24. DR. Jones

## EFS

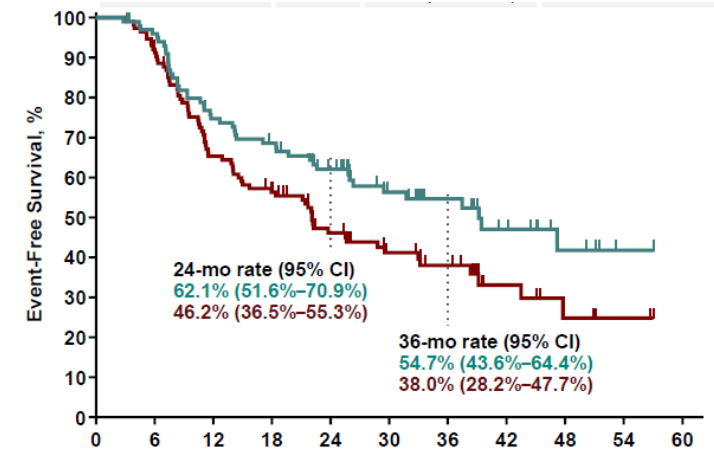
0-≤5%: HR 0,58 [0,27-1,23]



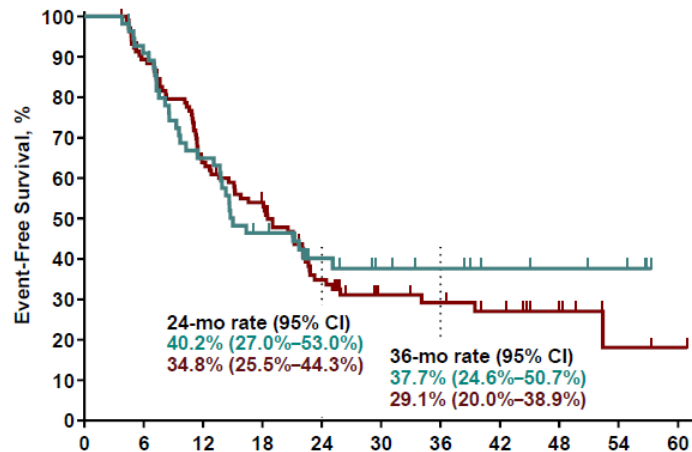
>5-≤30%: HR 0,73 [0,38-1,38]



>30-≤60%: HR 0,65 [0,45-0,94]



>60%: HR 0,90 [0,60-1,36]



**%RVT: Pembro vs. placebo: 29.5 vs. 52%**

PERIOPERATORIO

Organizado por:

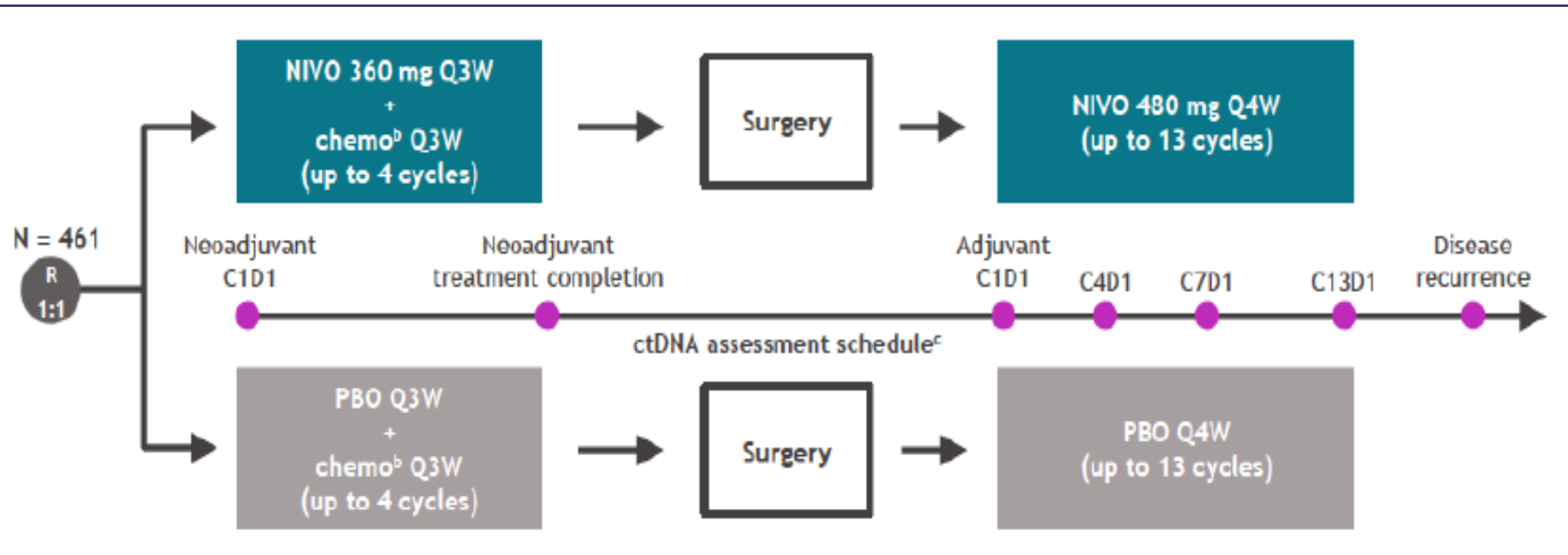


# LBA50 - Perioperative nivolumab (NIVO) vs placebo (PBO) in patients (pts) with resectable NSCLC: clinical update from the phase 3 CheckMate 77T study. ESMO 2024. M. Provencio. (Spicer JD)

**Key eligibility criteria**

- Resectable, stage IIA (> 4 cm)-IIIB (N2) NSCLC (per AJCC 8th edition)
- No prior systemic anti-cancer treatment
- ECOG PS 0-1
- No EGFR mutations/known ALK translocations

Stratified by histology (NSQ vs SQ), disease stage (II vs III), and tumor PD-L1 (≥ 1% vs < 1% vs not evaluable/indeterminate)

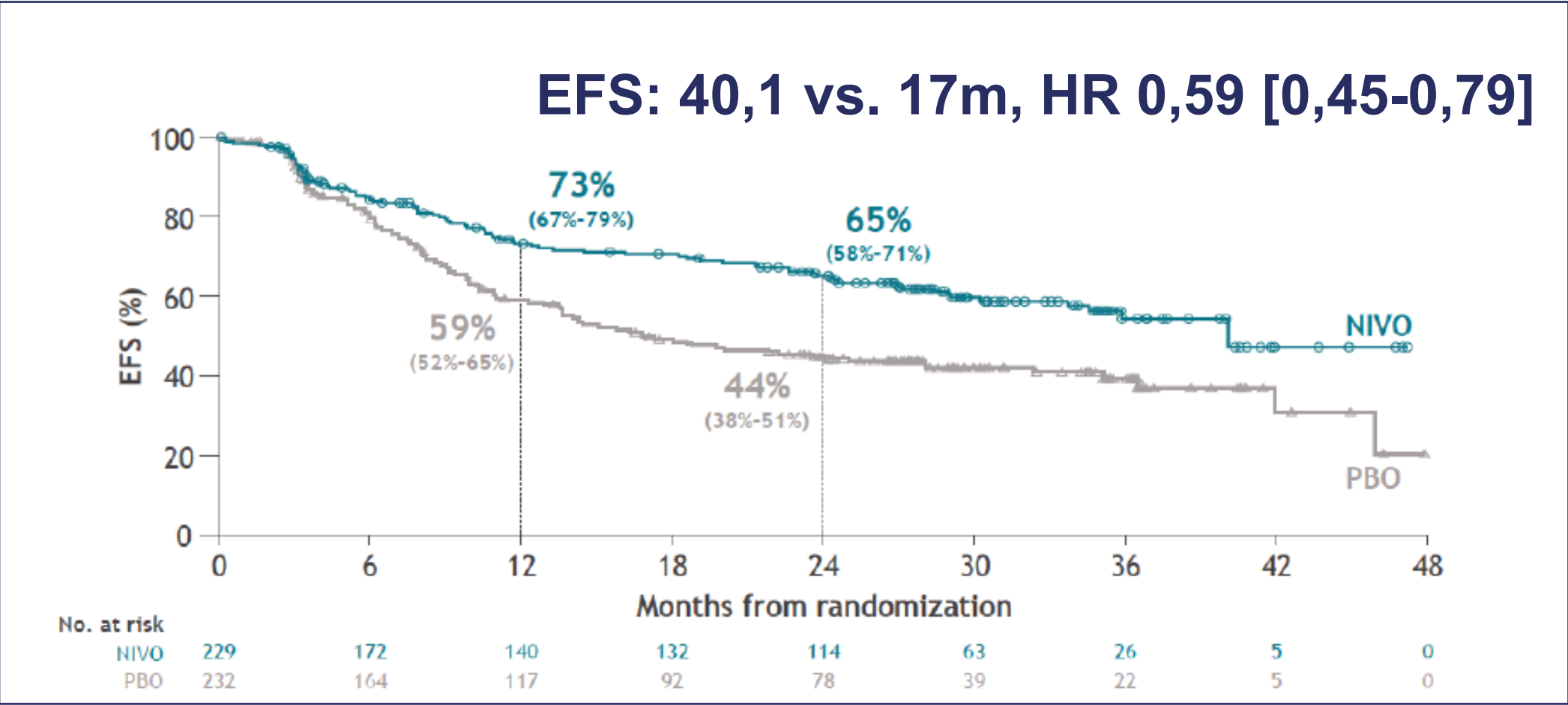


- Obj 1º: EFS

PERIOPERATORIO

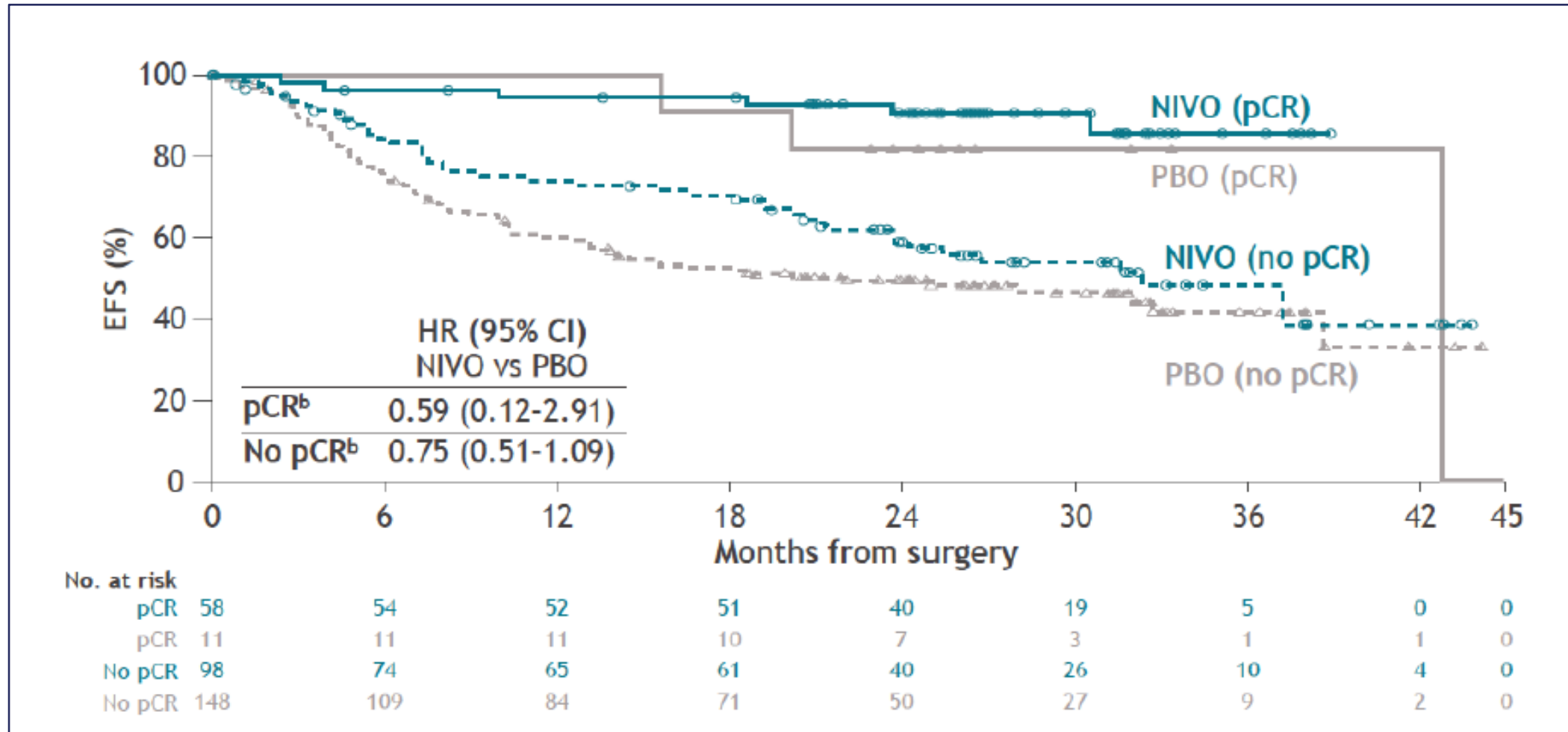
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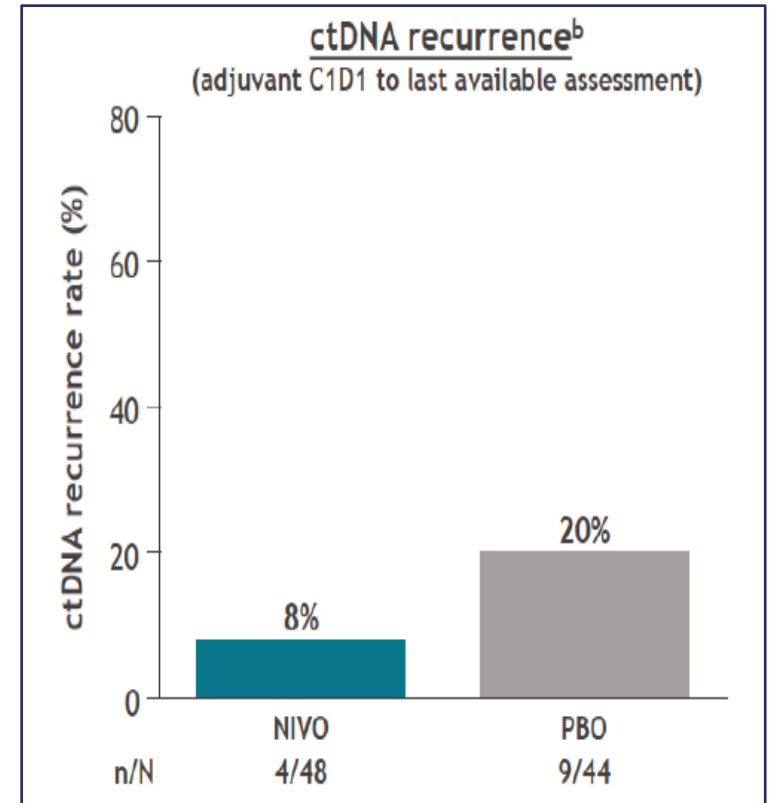
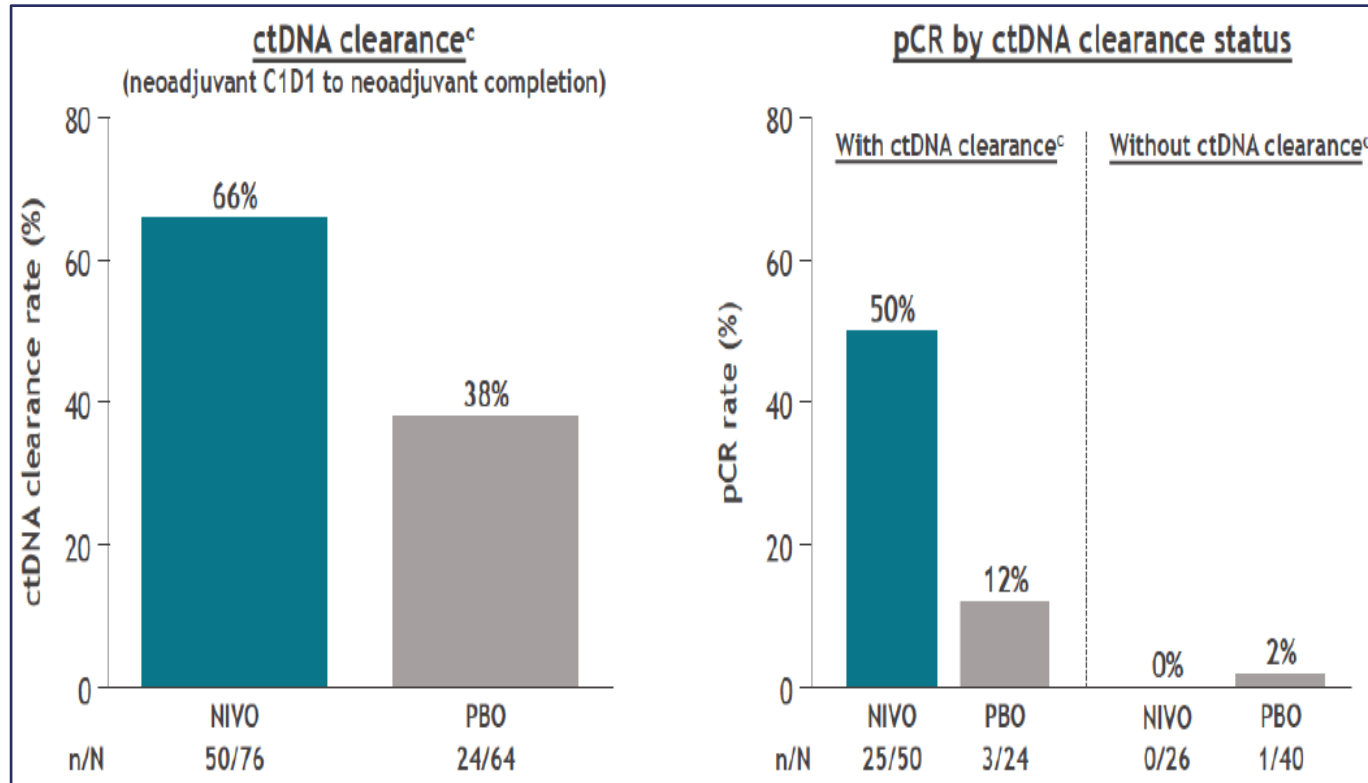


PERIOPERATORIO

# LBA50 - Perioperative nivolumab (NIVO) vs placebo (PBO) in patients (pts) with resectable NSCLC: clinical update from the phase 3 CheckMate 77T study. ESMO 2024. M. Provencio. (Spicer JD)



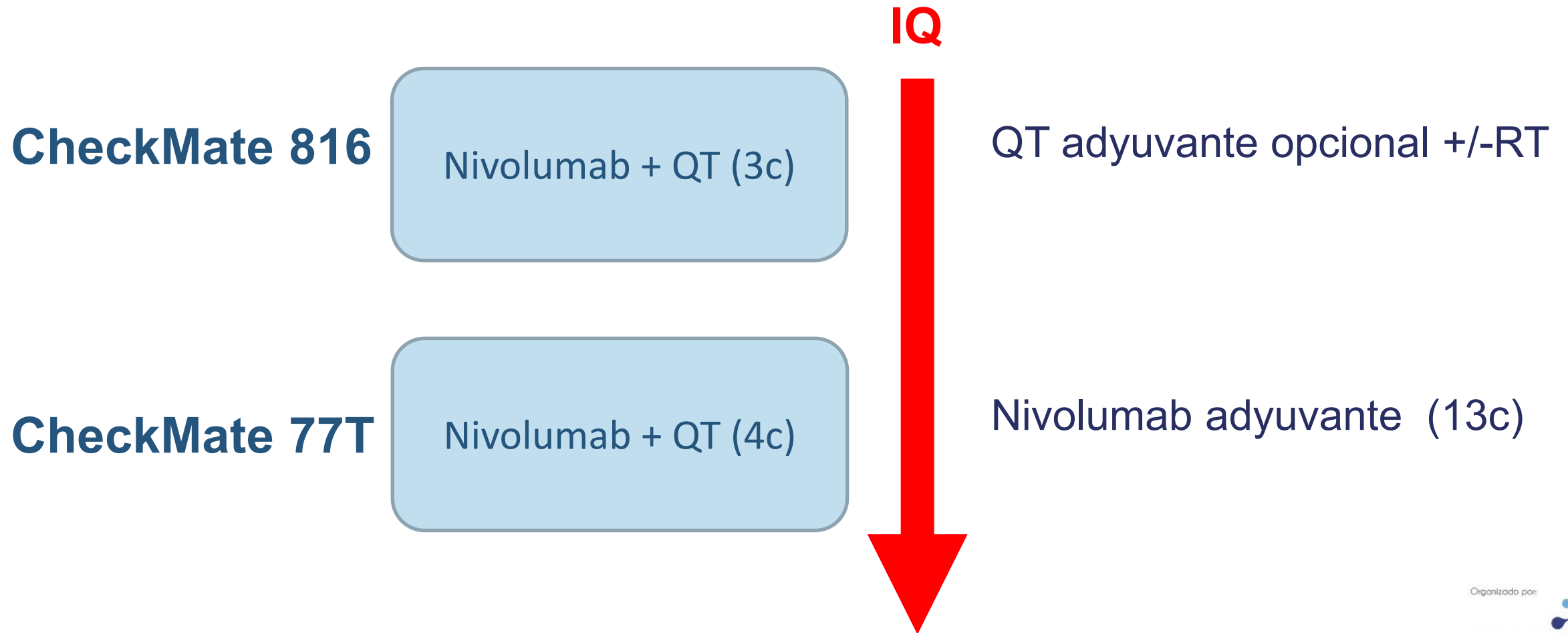
# LBA50 - Perioperative nivolumab (NIVO) vs placebo (PBO) in patients (pts) with resectable NSCLC: clinical update from the phase 3 CheckMate 77T study. ESMO 2024. M. Provencio. (Spicer JD)



## EFS:

- Aclaran ctDNA: 0,38 [0,16-0,88]
- No aclaran ctDNA: 0,74 [0,39-1,42]

# Perioperative vs neoadjuvant nivolumab for resectable NSCLC: patient-level data analysis of CheckMate 77T vs CheckMate 816. WCLC 2024. PM. Forde



Organizado por:



# Perioperative vs neoadjuvant nivolumab for resectable NSCLC: patient-level data analysis of CheckMate 77T vs CheckMate 816. WCLC 2024. PM. Forde

**CheckMate 816**

Nivolumab + QT (3c)

**CheckMate 77T**

Nivolumab + QT (4c)

**IQ**

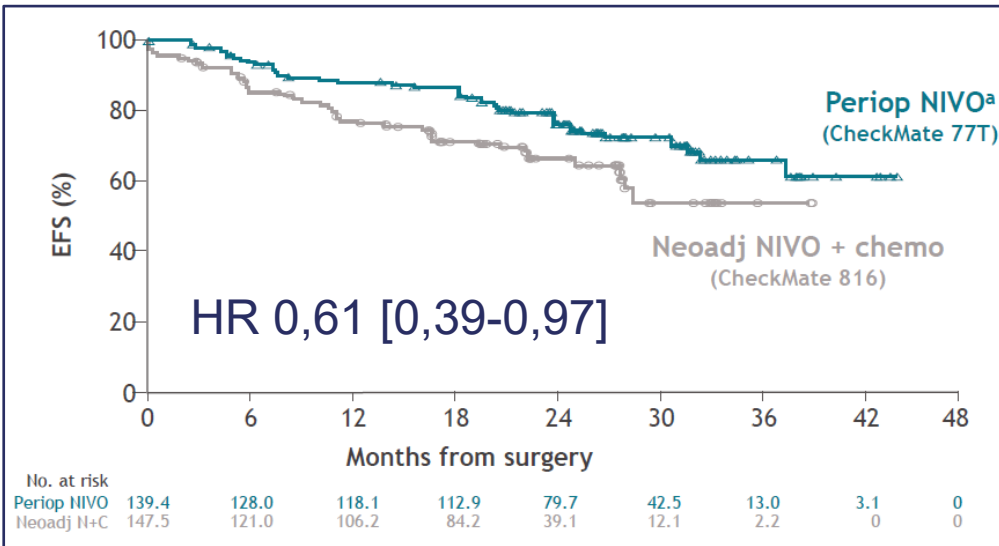
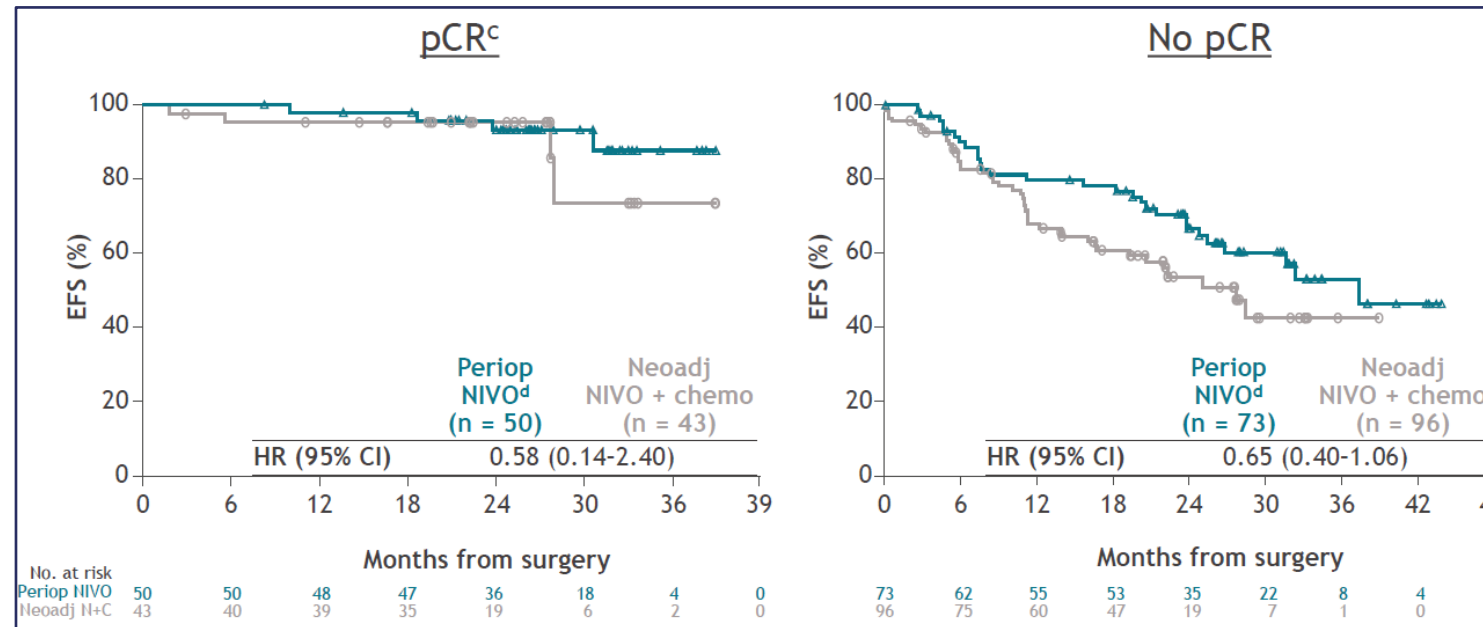
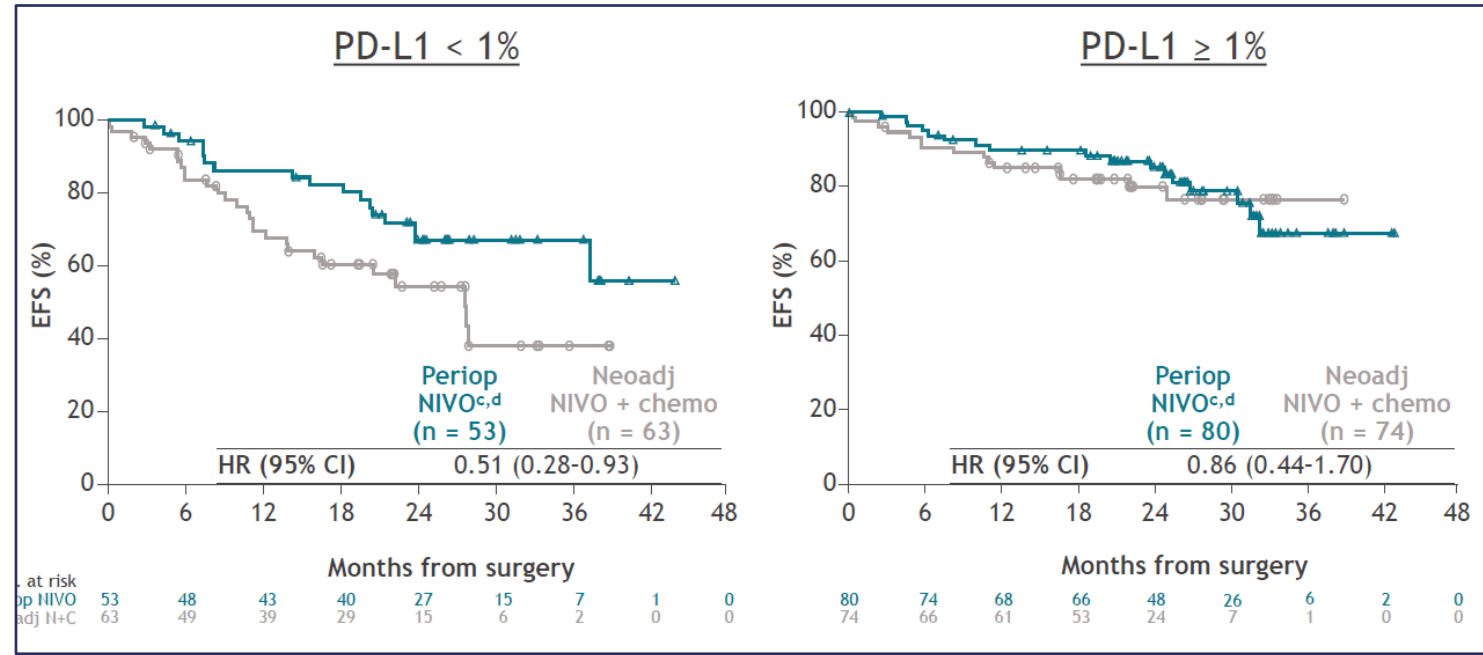


**¿Quien se beneficia?**

Organizado por:

# CheckMate 77T vs CheckMate 816.

## WCLC 2024. PM. Forde



# Neoadjuvant Alectinib in Potentially Resectable Stage III ALK-positive NSCLC: Interim Analysis of ALNEO-GOIRC-01-2020 Phase II Trial. WCLC 2024. A. Leonetti A.

- Resectable locally advanced stage III NSCLC
- Candidate for surgical resection after multidisciplinary discussion
- ALK positive (IHC/FISH/NGS)
- No Previous treatment
- ECOG PS 0-1

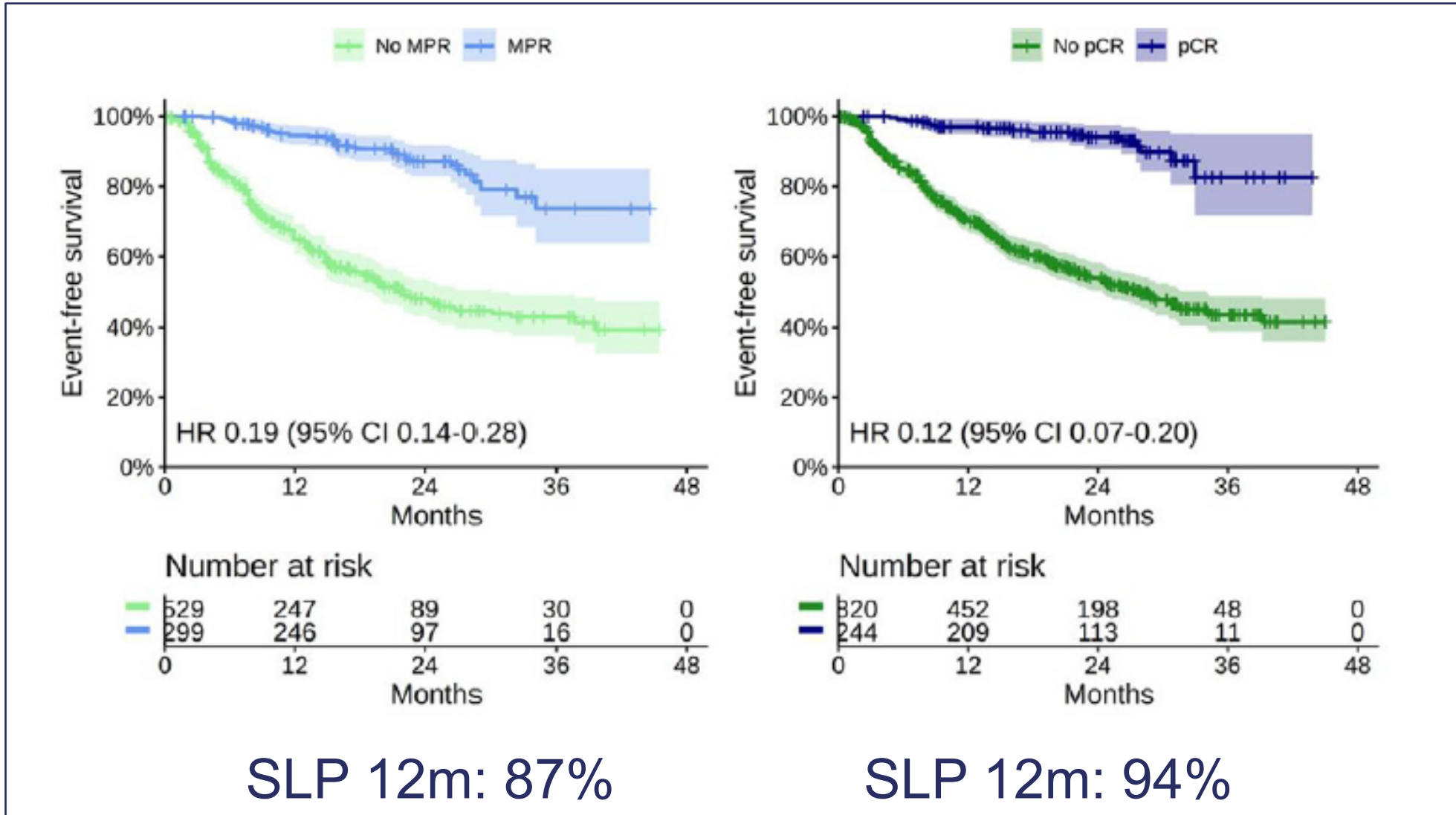


**Primary Endpoint:** MPR by BICR

**Secondary Endpoints:** pCR by BICR, OR, EFS, DFS, OS, AEs

	n= 18
<b>IQ</b>	84%
<b>MPR</b>	39%
<b>pCR</b>	17%

# MA01.12 -Survival outcomes and pathological response after chemoimmunotherapy in resectable NSCLC: an individual patient data meta-analysis. WCLC 2024.Marinelli D, et al.

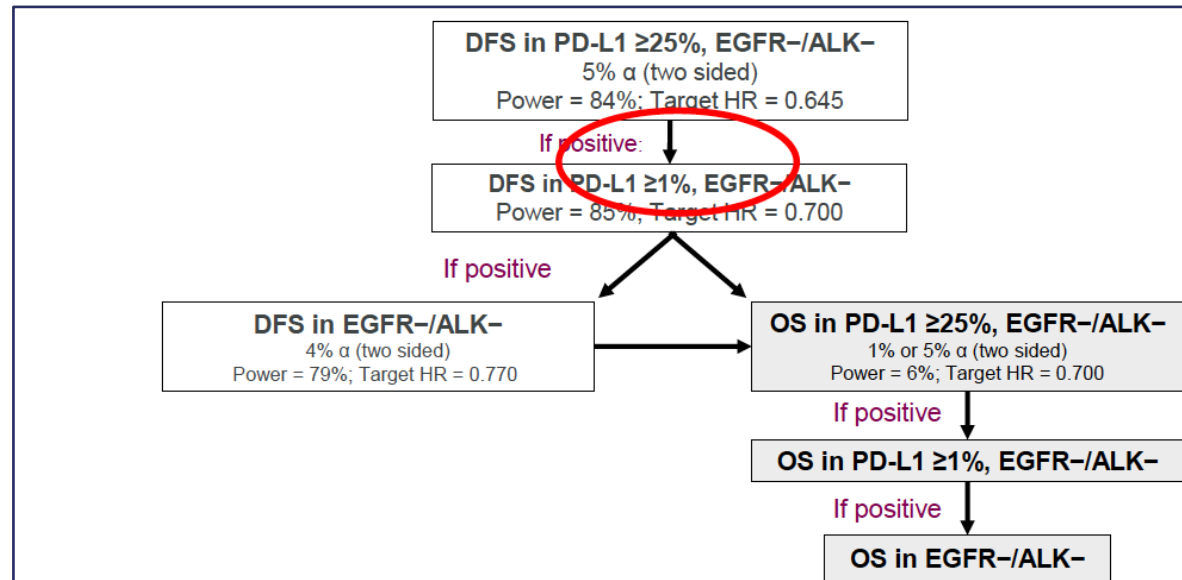
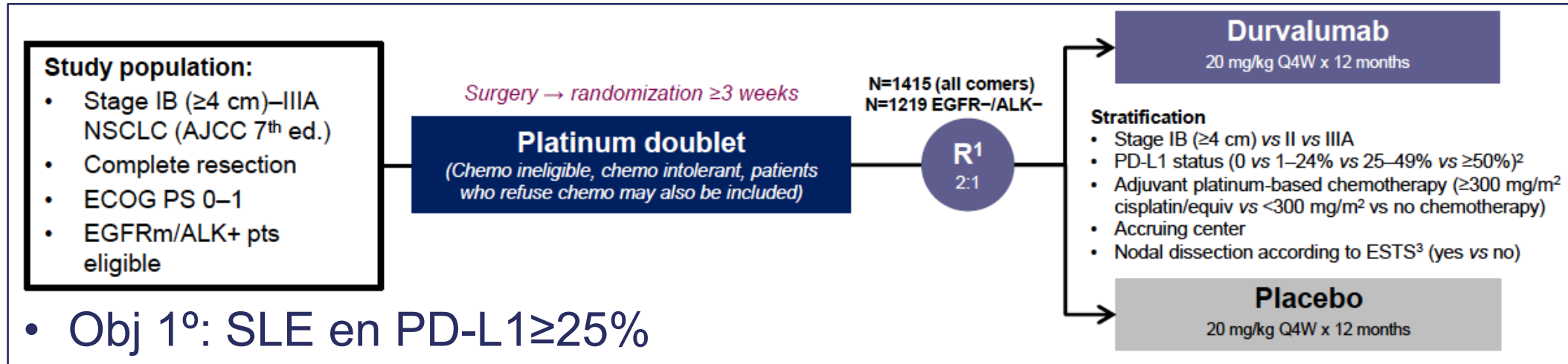


# ADYUVANCIA

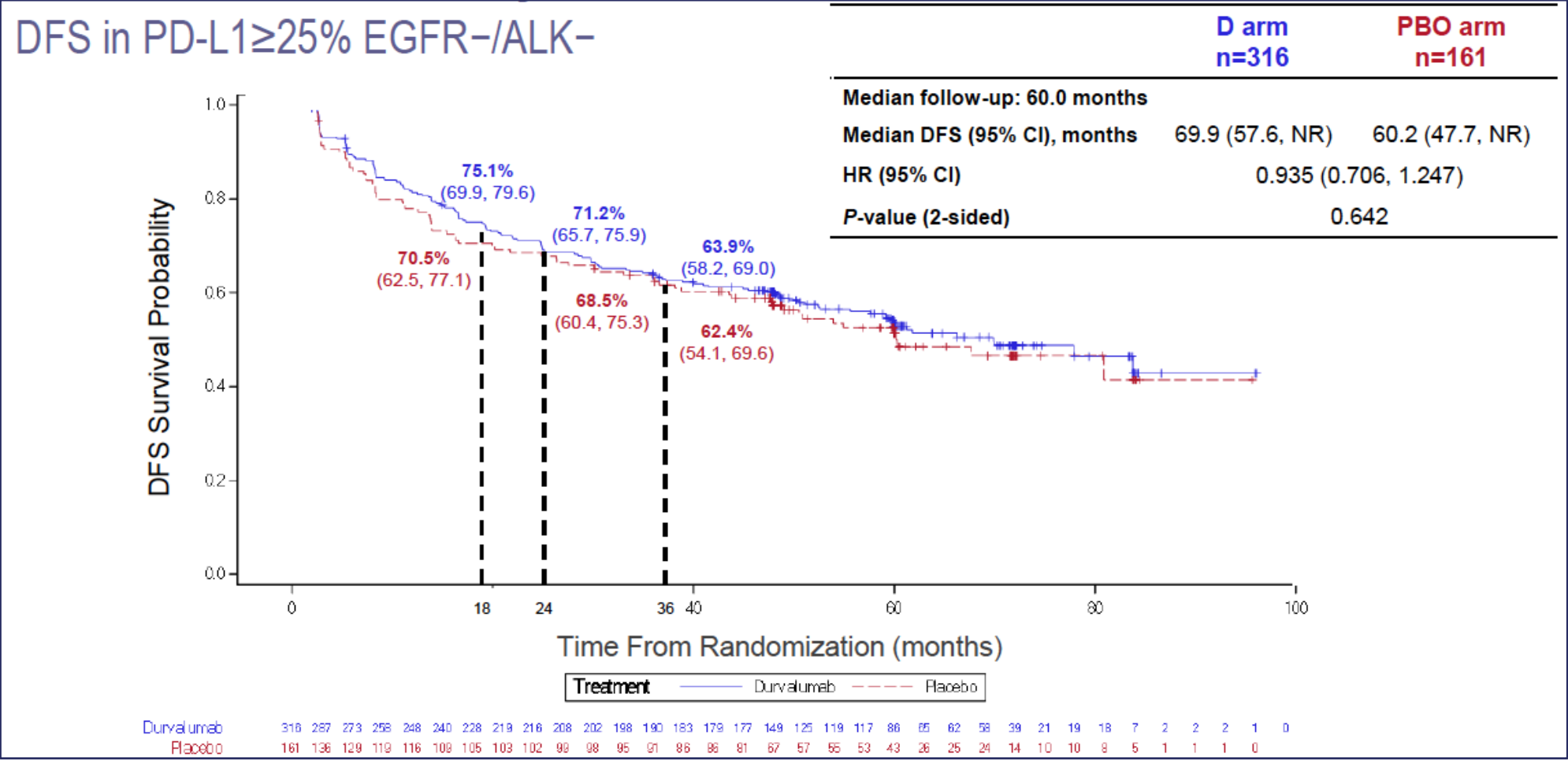
1. Durvalumab adyuvante.
2. IMPOWER 010.
3. ALINA.
4. ICOTINIB.
5. ADAURA.

Organizado por:

# LBA48 -CCTG BR.31: A double-blind placebo-controlled randomized phase 3 trial of adjuvant durvalumab in completely resected non-small cell lung cancer. ESMO 2024. Goss G, et al.

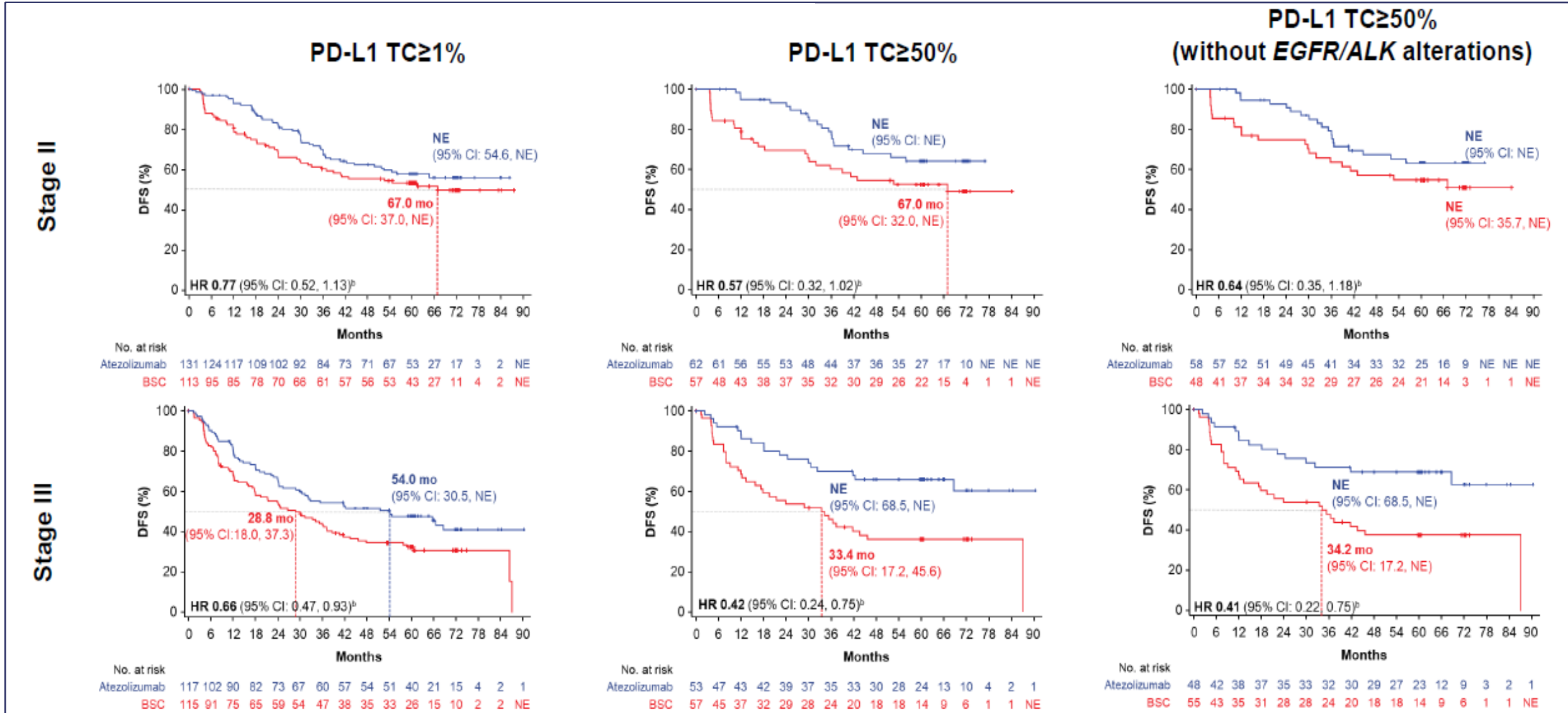


# LBA48 -CCTG BR.31: A double-blind placebo-controlled randomized phase 3 trial of adjuvant durvalumab in completely resected non-small cell lung cancer. ESMO 2024. Goss G, et al.





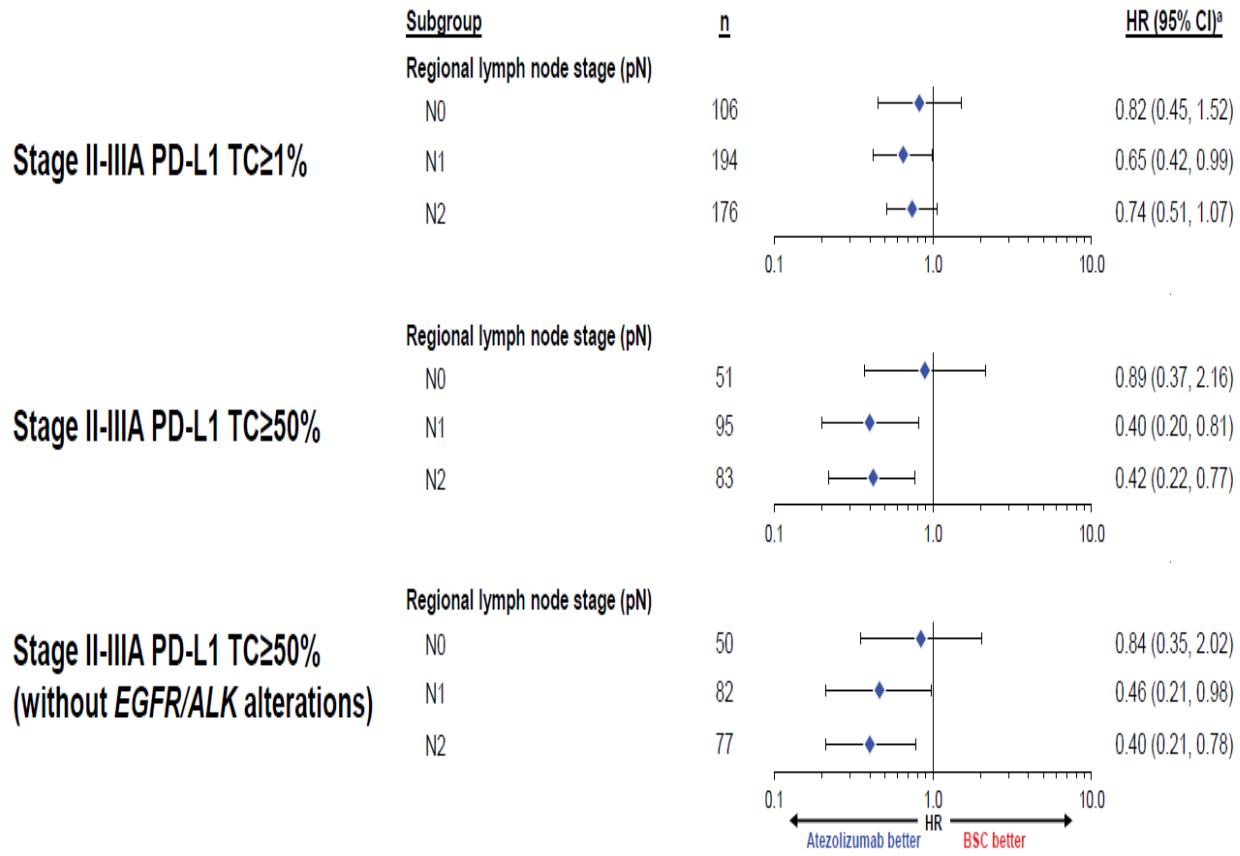
# IMpower010 5-y subgroup analysis and relapse patterns: Phase 3 study of atezolizumab vs BSC in stage II-IIIa NSCLC. WCLC 2024. E. Felip.



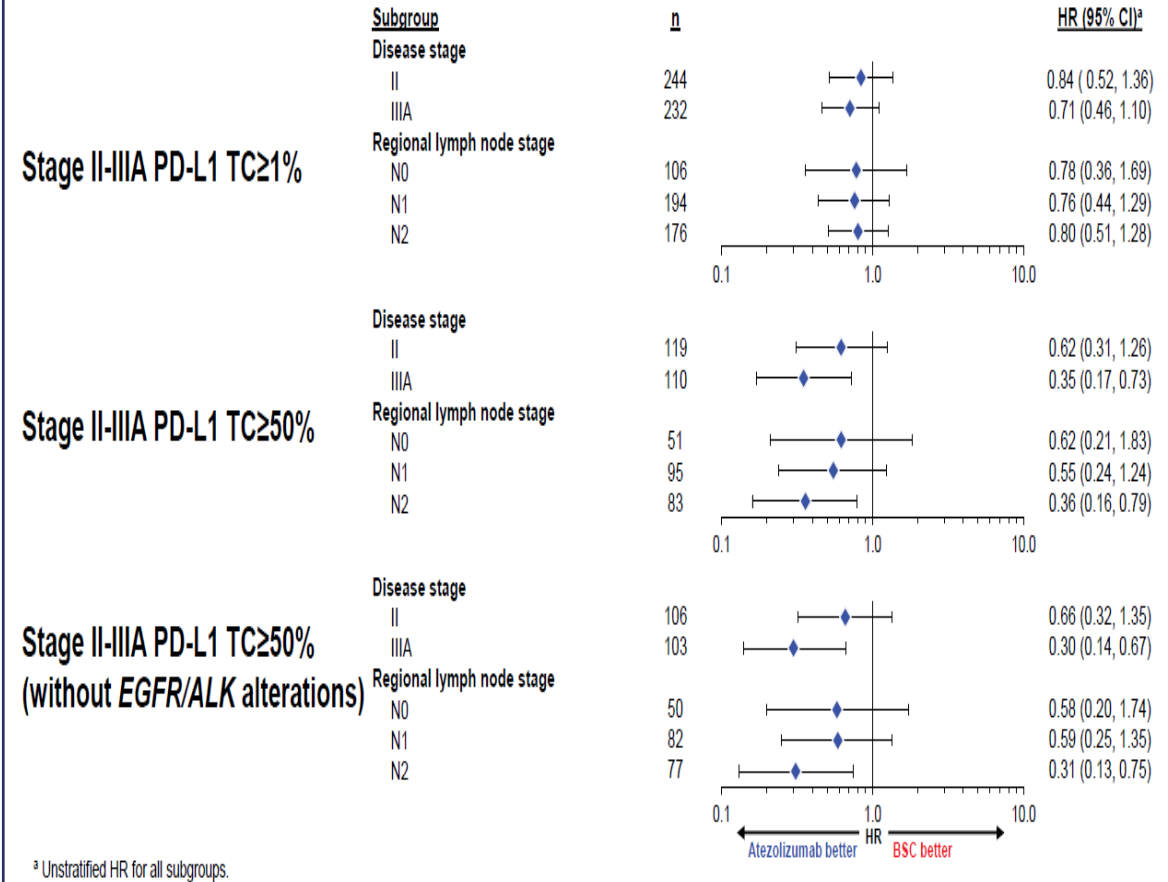


# IMpower010 5-y subgroup analysis and relapse patterns: Phase 3 study of atezolizumab vs BSC in stage II-IIIa NSCLC. WCLC 2024. E. Felip.

## DFS by regional lymph node stage and PD-L1 status

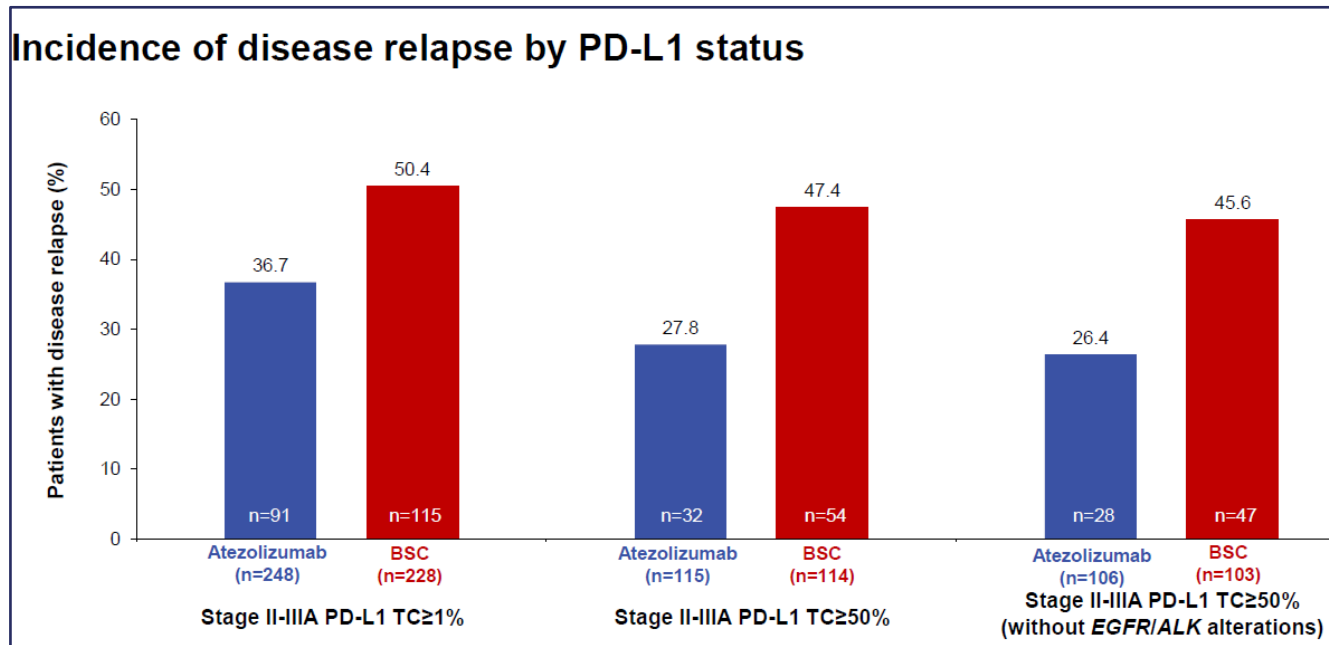


## OS by disease and regional lymph node stage and PD-L1 status



<sup>a</sup> Unstratified HR for all subgroups.

# IMpower010 5-y subgroup analysis and relapse patterns: Phase 3 study of atezolizumab vs BSC in stage II-IIIa NSCLC. WCLC 2024. E. Felip.



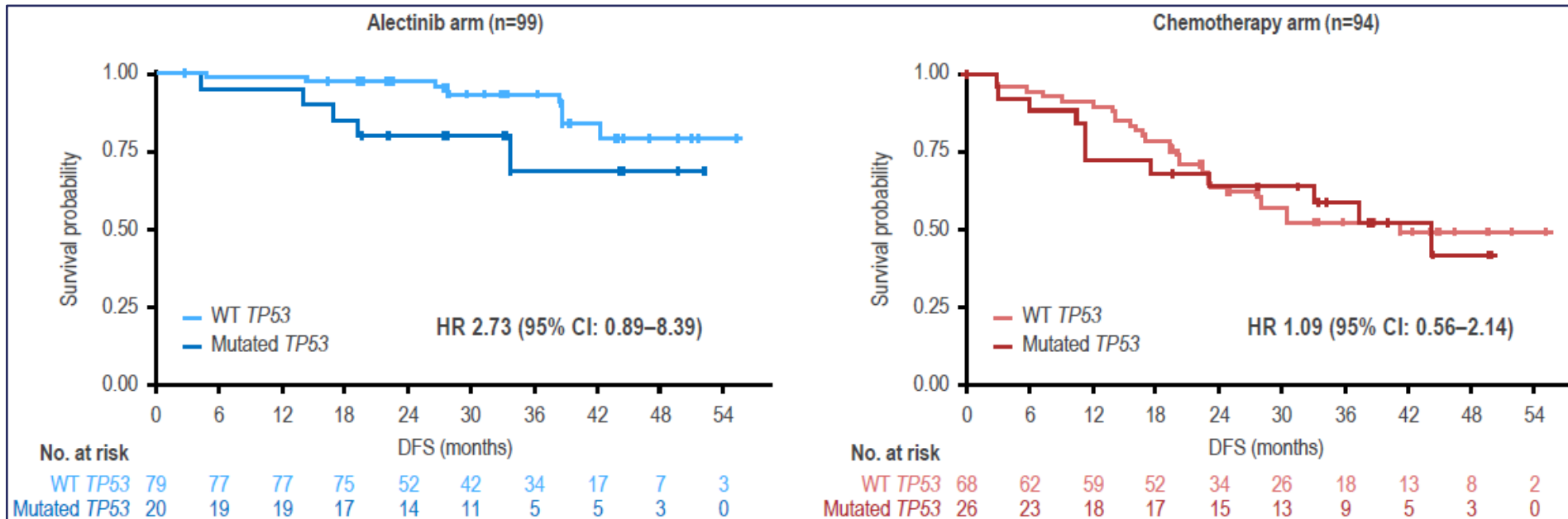
T a la recaída

- **PD-L1 TC ≥ 1% stage II-IIIa**
  - 22,5 vs. 12 m
- **PD-L1 TC ≥ 50% stage II-IIIa**
  - 26,1 vs. 11,5 m
- **PD-L1 TC ≥ 50% (without EGFR/ALK alterations) stage II-IIIa**
  - 24,2 vs. 10,2 m

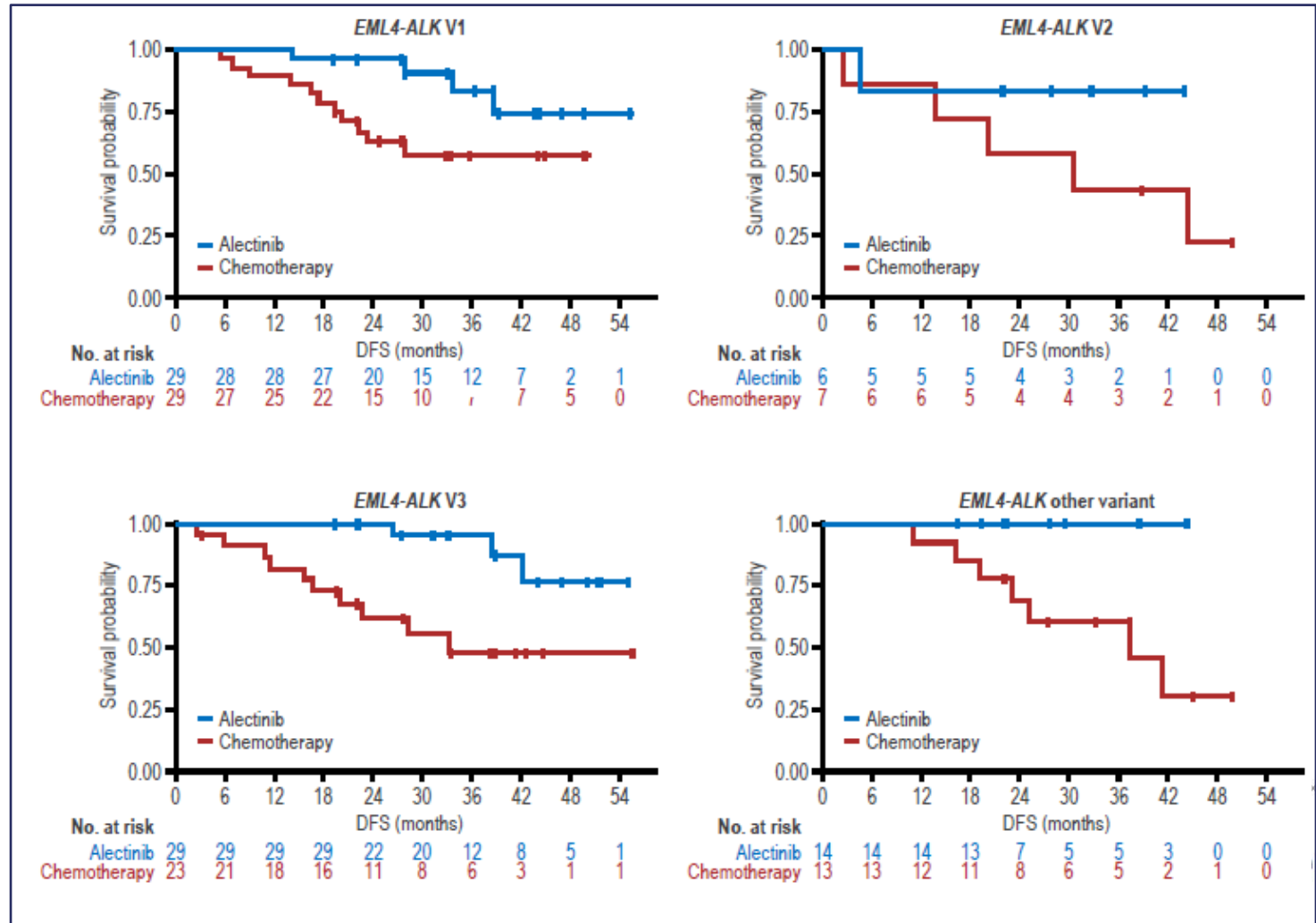
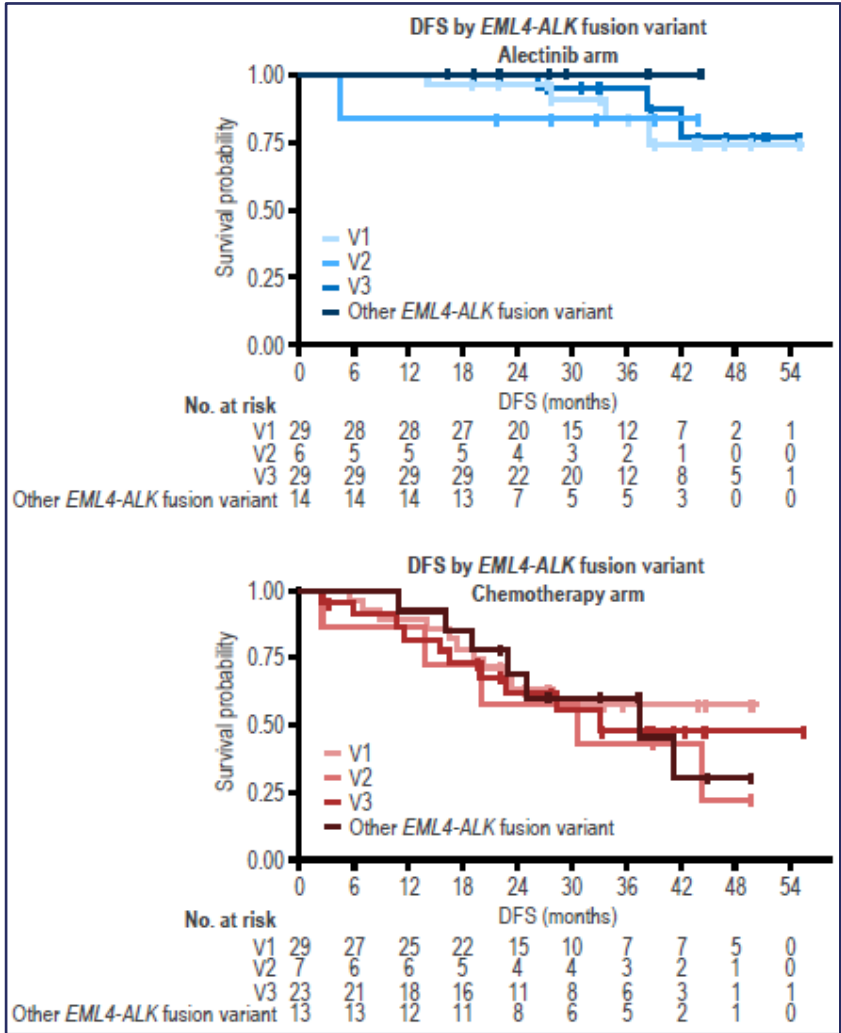
# ALINA: exploratory biomarker analyses in patients with resected *ALK*+ non-small cell lung cancer (NSCLC) treated with adjuvant alectinib vs chemotherapy. ESMO 2024. BJ. Salomon

Population	Alectinib	Chemotherapy	Overall
ITT	130	127	257
BEP*	99	94	193

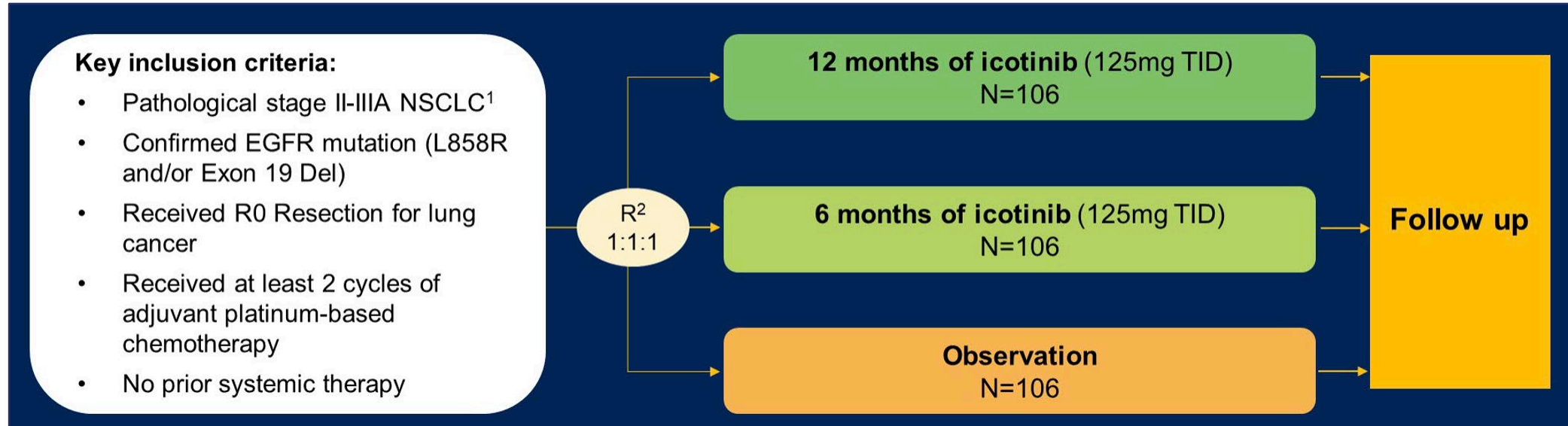
- Variantes EML4-ALK: V1 (37%) y V3 (33%)
- Genes más frec alterados: CDKN2A, CDKN2B, TP53 y MTAP.
- TP53m, menos frec que en EIV (ALEX trial)



# ALINA: exploratory biomarker analyses in patients with resected *ALK*+ non-small cell lung cancer (NSCLC) treated with adjuvant alectinib vs chemotherapy. ESMO24. BJ. Salomon



# Adjuvant icotinib of 12 months or 6 months vs. Observation following adjuvant chemotherapy for resected EGFR-mutated stage II-IIIa non-small-cell lung cancer (ICTAN, GASTO1002): a randomized phase 3 trial. ASCO 2024. SY. Wang

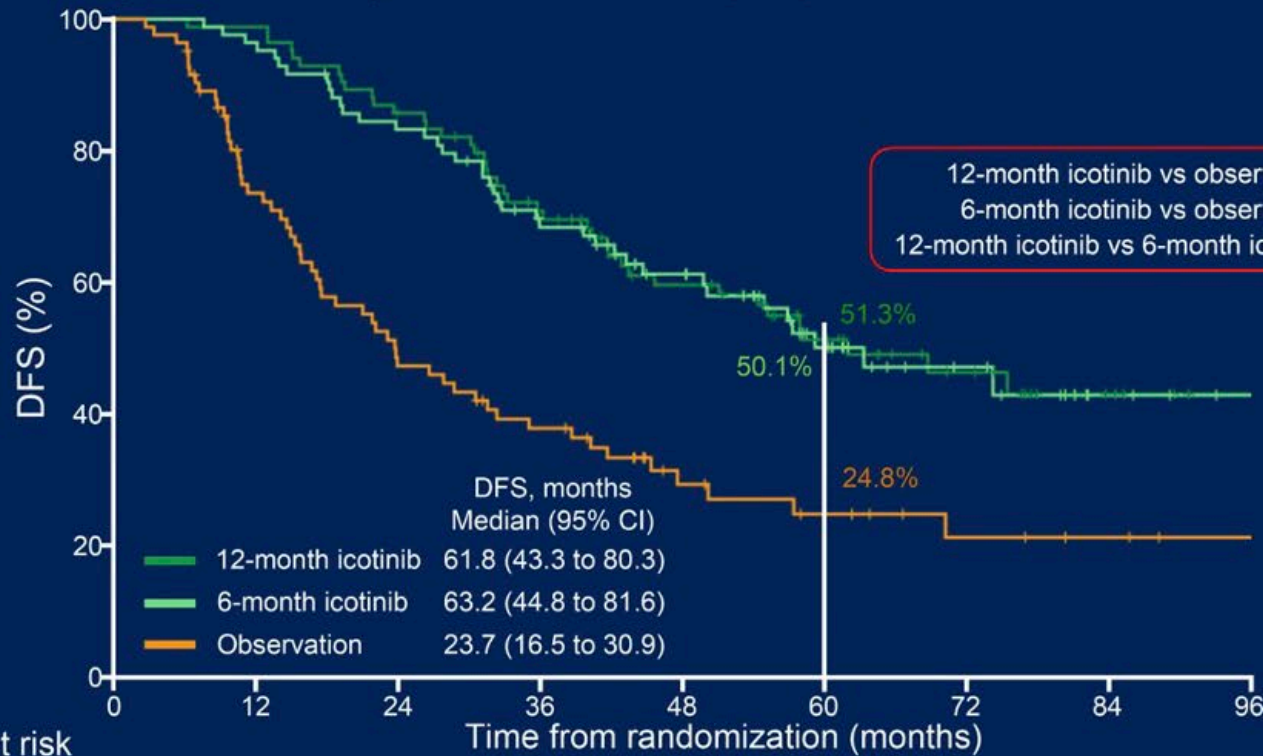


- Obj 1º: SLP
- Obj 2º: SV y seguridad



# Adjuvant icotinib of 12 months or 6 months vs. Observation following adjuvant chemotherapy for resected EGFR-mutated stage II-IIIa non-small-cell lung cancer (ICTAN, GASTO1002): a randomized phase 3 trial. ASCO 2024. SY. Wang

## DFS by investigator for ITT population

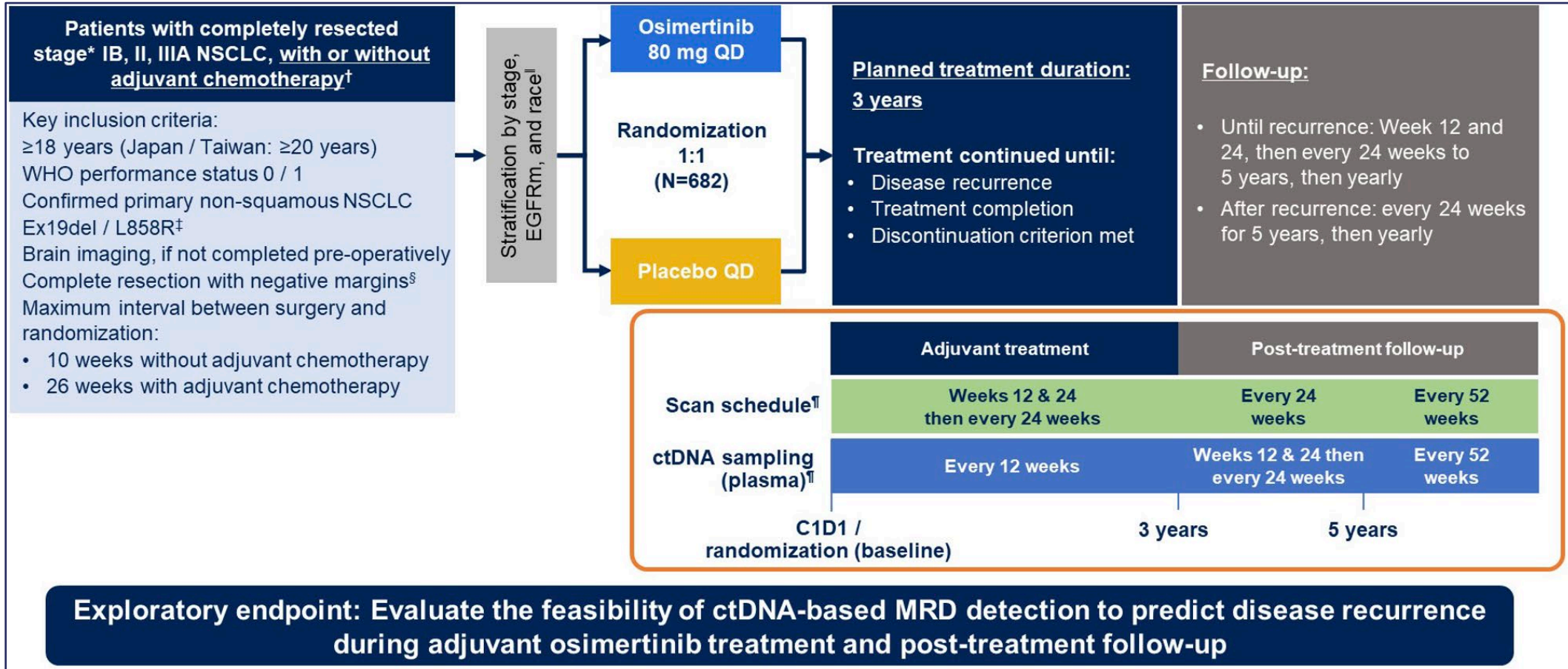


### DFS comparison summary

12-month icotinib vs. observation	Longer
6-month icotinib vs. observation	Longer
12-month icotinib vs. 6-month icotinib	No difference

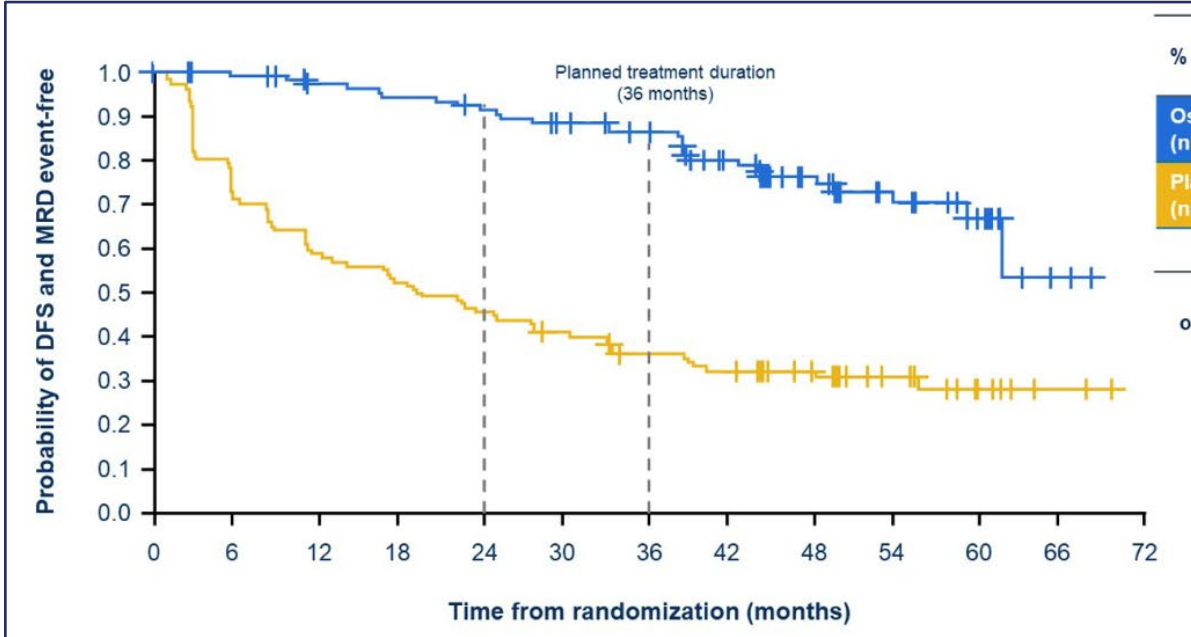
Adjuvant icotinib for 12 months or 6 months provide a significant DFS benefit compared with observation. 12 months of icotinib had no DFS benefit compared with 6 months.

# Molecular residual disease analysis from the ADAURA trial of adjuvant osimertinib in patients with resected EGFR-mutated stage IB-IIIa non-small cell lung cancer. ASCO 2024. T. John



Organizado por:

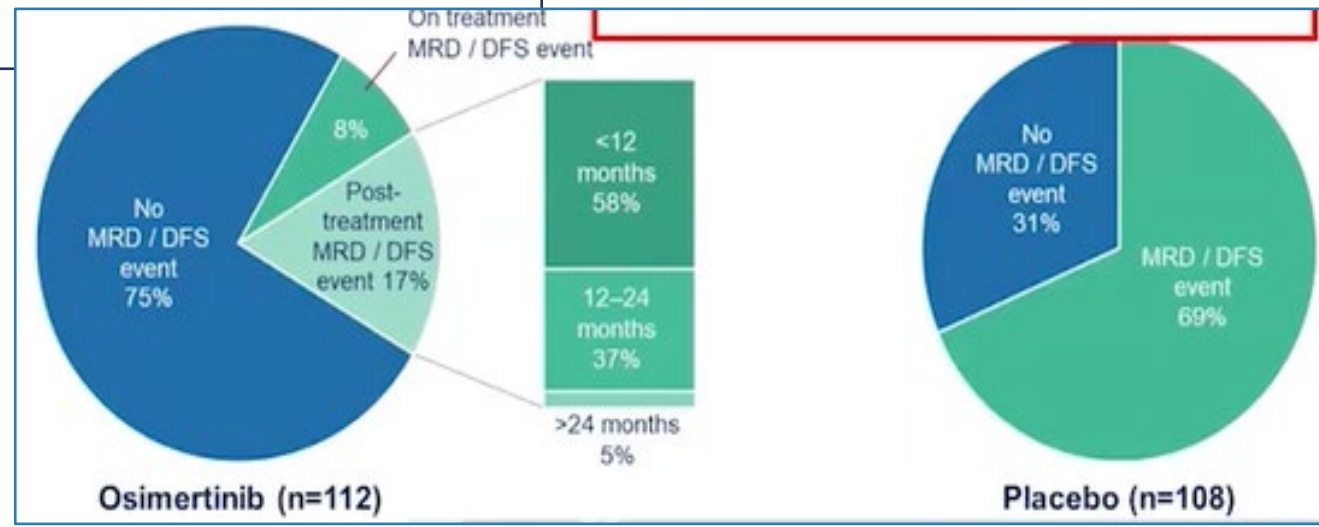
# Molecular residual disease analysis from the ADAURA trial of adjuvant osimertinib in patients with resected EGFR-mutated stage IB-IIIa non-small cell lung cancer. ASCO 2024. T. John



% (95% CI)	DFS and MRD event-free rate	
	24 months	36 months
Osimertinib (n=112)	91 (84, 95)	86 (78, 92)
Placebo (n=108)	46 (36, 55)	36 (27, 45)

HR (95% CI) 0.23 (0.15, 0.36)<sup>†</sup>

Median follow-up time, months (95% CI):  
osimertinib 44.2 (42.4, 49.1), placebo 19.1 (11.1, 28.3)



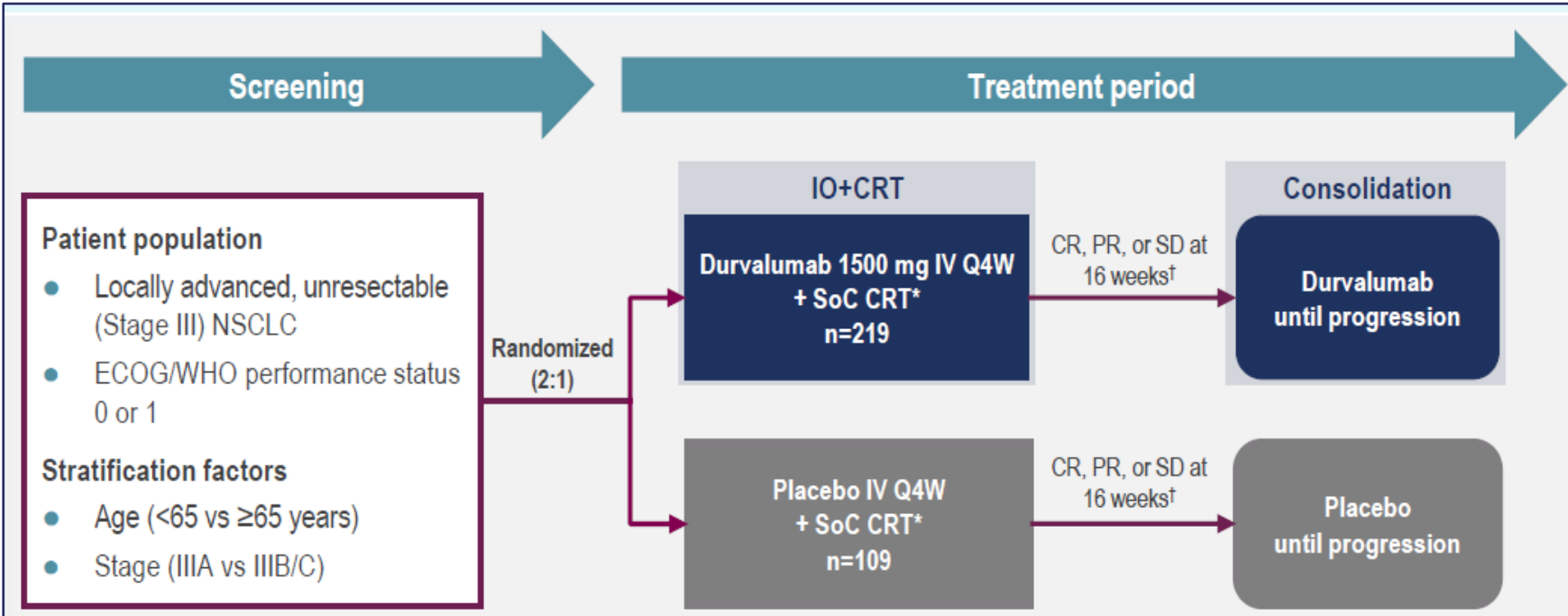


# ESTADIOS IRRESECABLES

1. PACIFIC 2.
  - Tratamiento de inducción:
    2. APOLO.
    3. PAZIFIC-BRAZIL.
  - Tratamiento dirigido:
    4. POLESTAR.
    5. LAURA.

Organizado por:

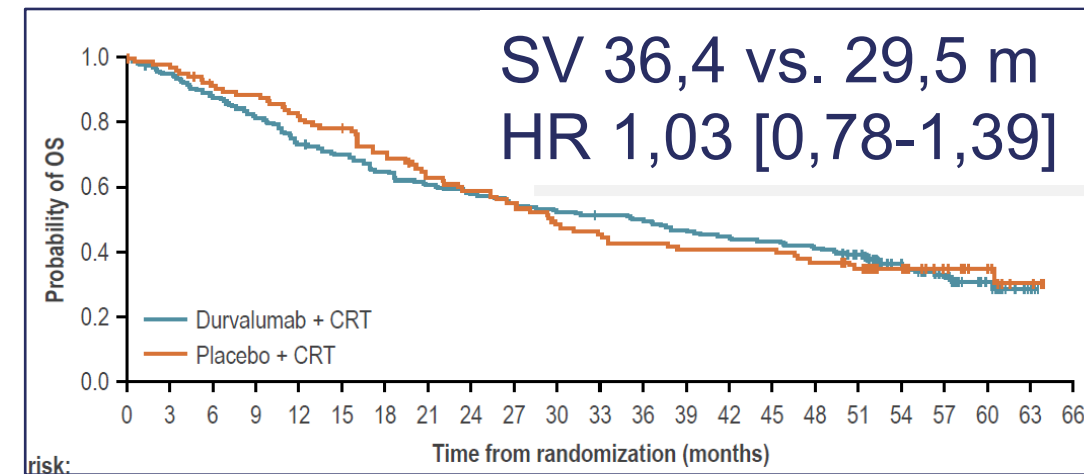
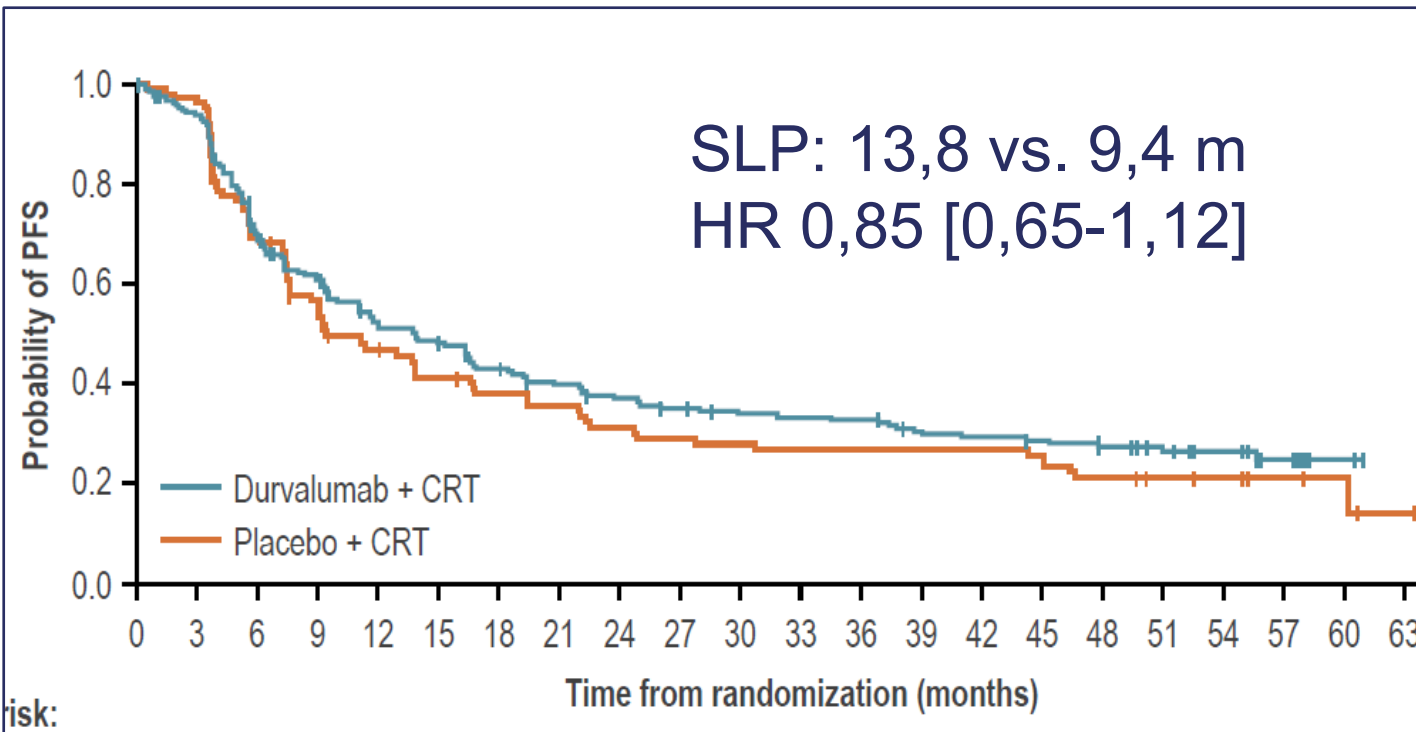
# LBA1 –Durvalumab in Combination with Chemoradiotherapy for Patients with Unresectable, Stage III NSCLC: Final Results from PACIFIC-2. ELCC 2024. JD.Bradley



TR: 60,7 vs. 60,6%  
EAs≥G3: 53,4 vs. 59,3%  
STOP por EAs: 25,6 vs. 12%

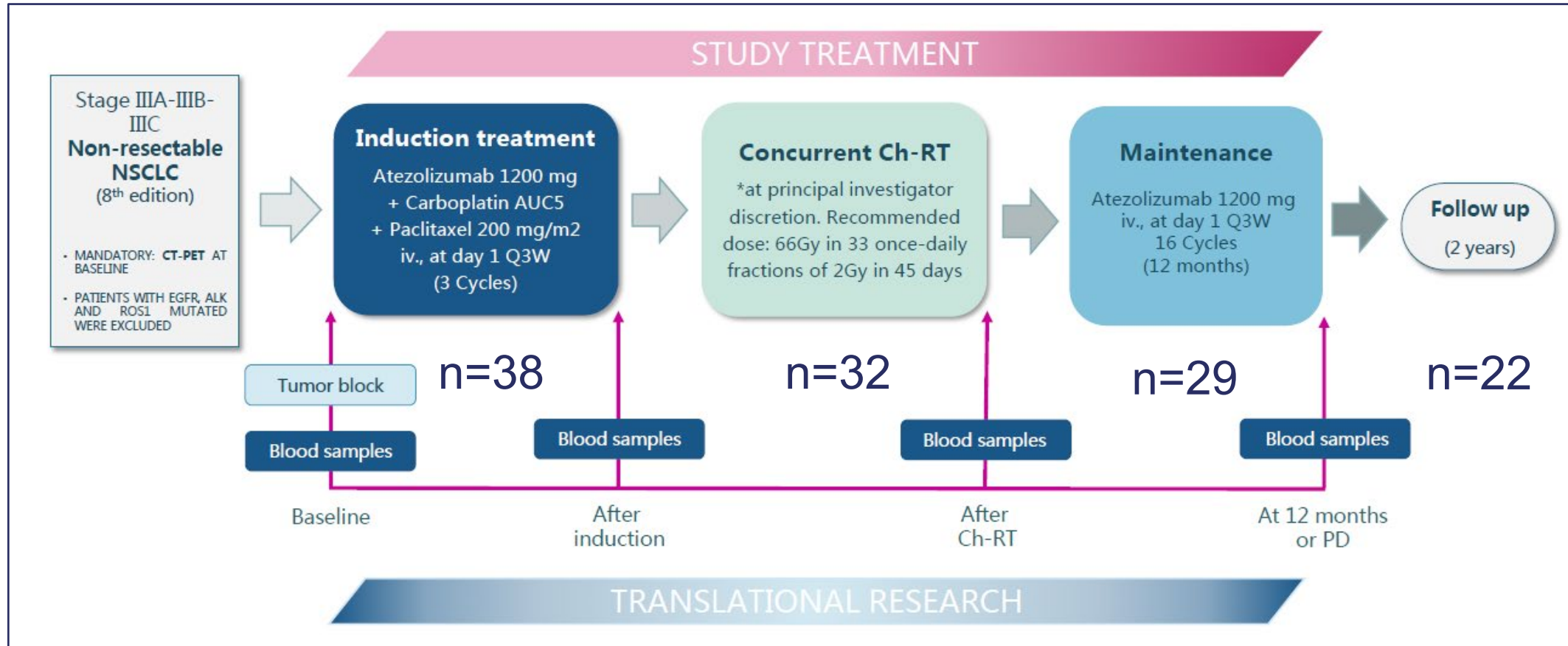
- Obj 1º: SLP

# LBA1 –Durvalumab in Combination with Chemoradiotherapy for Patients with Unresectable, Stage III NSCLC: Final Results from PACIFIC-2. ELCC 2024. JD.Bradley



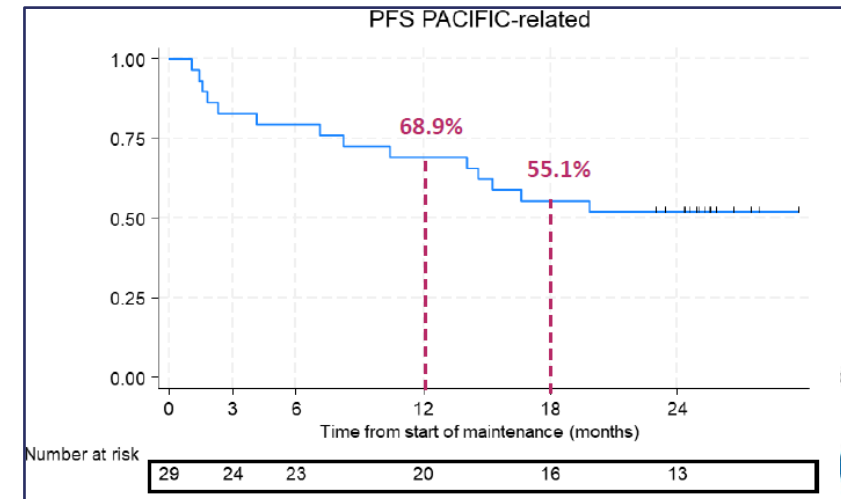
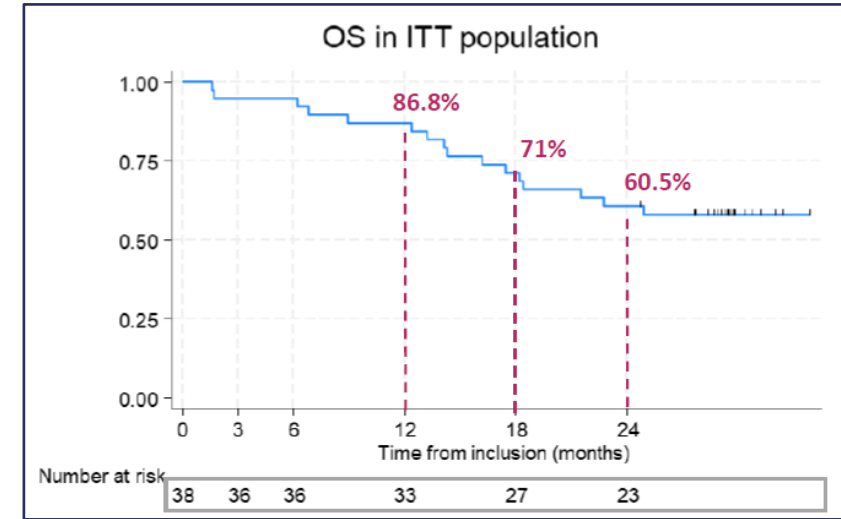
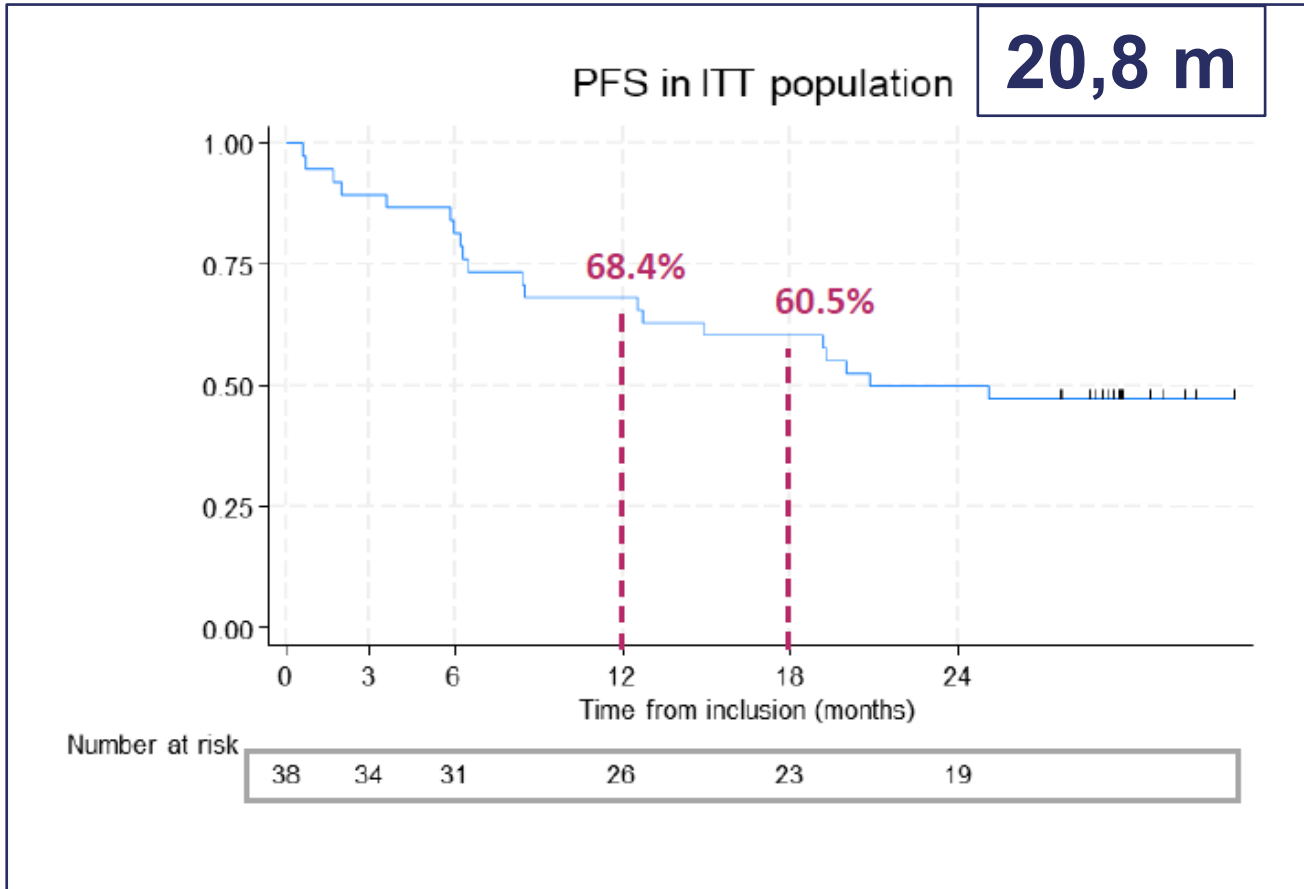
IRRESECTABLE

# Atezolizumab + induction chemotherapy (Ch) + chemo-radiotherapy (Ch-RT) and atezolizumab maintenance in non-resectable stage IIIA-IIIB-IIIC non-small cell lung cancer (NSCLC): APOLO trial. WCLC 2024. M.Provencio



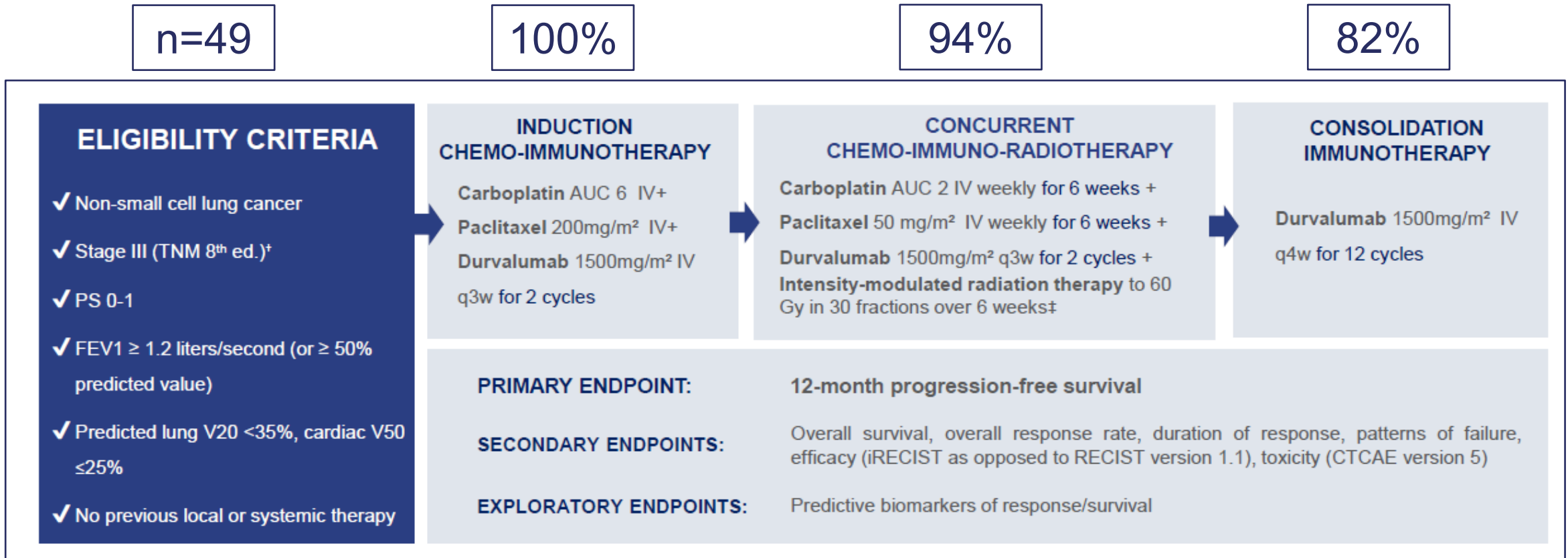
- Obj 1º: SLP 12m

# Atezolizumab + induction chemotherapy (Ch) + chemo-radiotherapy (Ch-RT) and atezolizumab maintenance in non-resectable stage IIIA-IIIB-IIIC non-small cell lung cancer (NSCLC): APOLO trial. WCLC 2024. M.Provencio



IRRESECTABLE

# Intensified chemo-immuno-radiotherapy with durvalumab for stage III NSCLCs: a single arm phase II study –PACIFIC-BRAZIL (LACOG 2218). ECLCC 2024. WN.William Jr

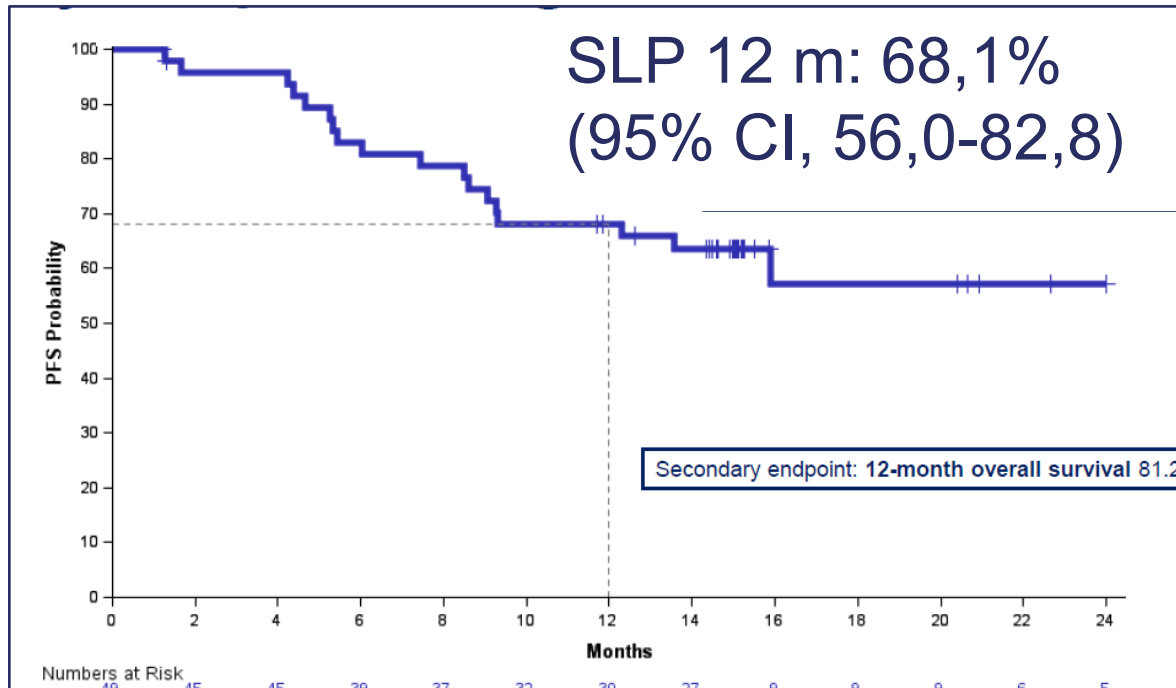


- Obj 1º: SLP 12m

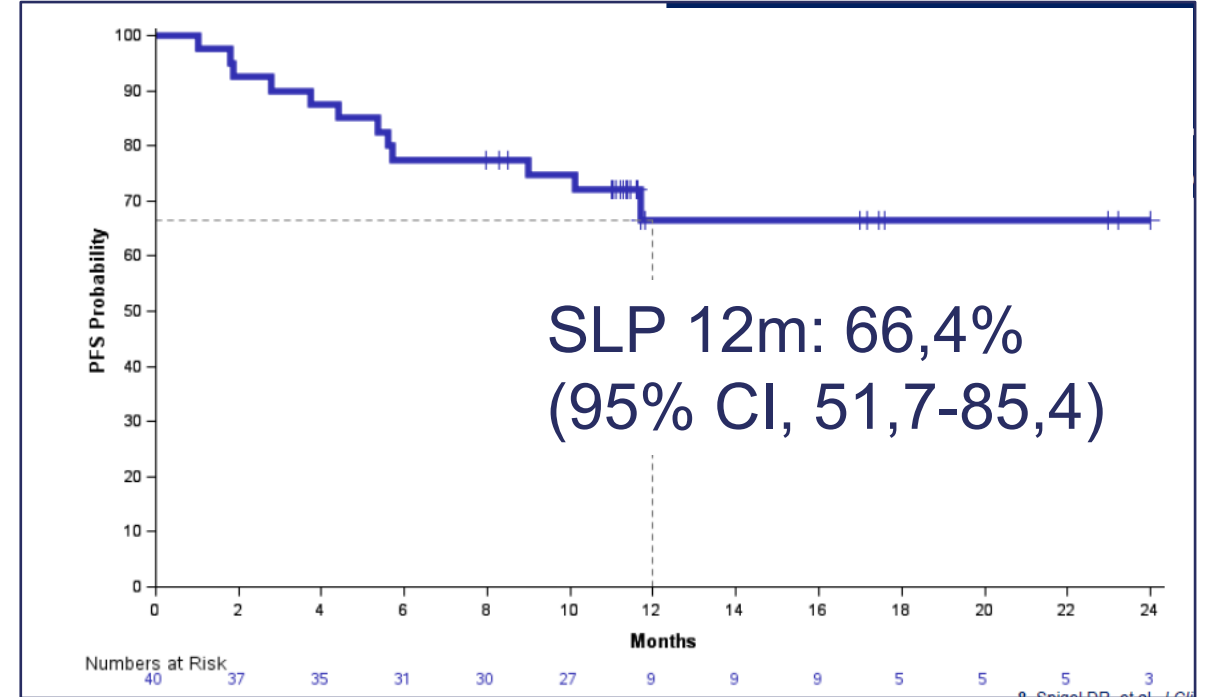
IRRESECABLE

# Intensified chemo-immuno-radiotherapy with durvalumab for stage III NSCLCs: a single arm phase II study –PACIFIC-BRAZIL (LACOG 2218). ECLCC 2024. WN.William Jr

## SLP



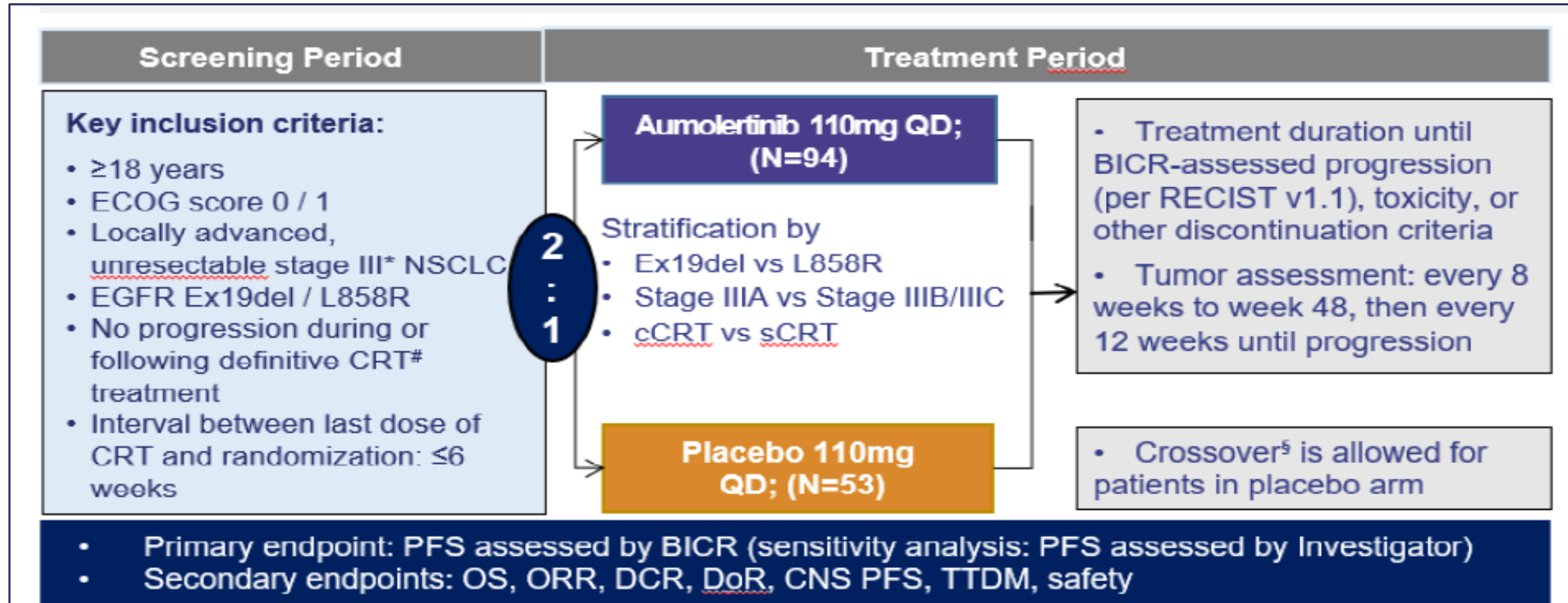
## SLP desde la consolidación



SV 12m: 81,2% (95% CI, 70,8-93,1)

# Aumolertinib after Chemoradiotherapy in Unresectable Stage III Non-Small-Cell Lung Cancer with EGFR Mutation: Interim Analysis of the Phase III Study (POLESTAR). WCLC 2024.

X.Meng



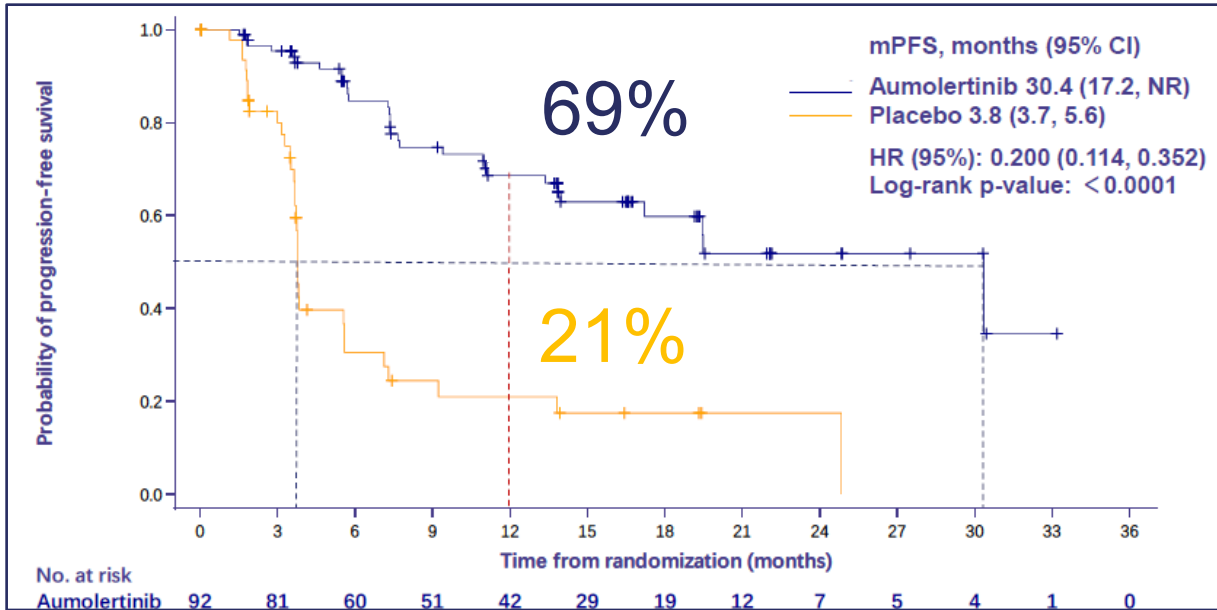
- Obj 1º: SLP

IRRESECCABLE



# Aumolertinib after Chemoradiotherapy in Unresectable Stage III Non-Small-Cell Lung Cancer with EGFR Mutation: Interim Analysis of the Phase III Study (POLESTAR). WCLC 2024.

## X.Meng



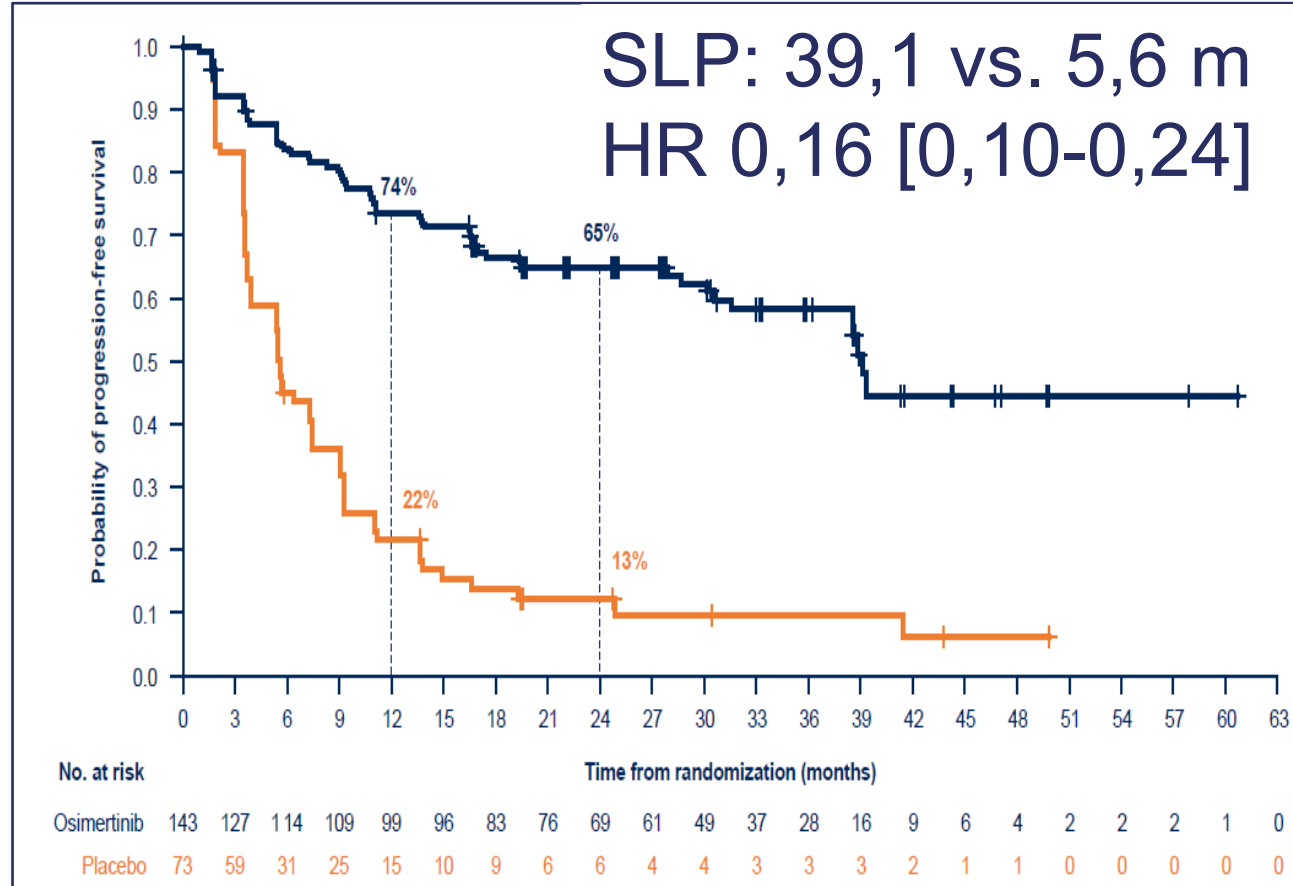
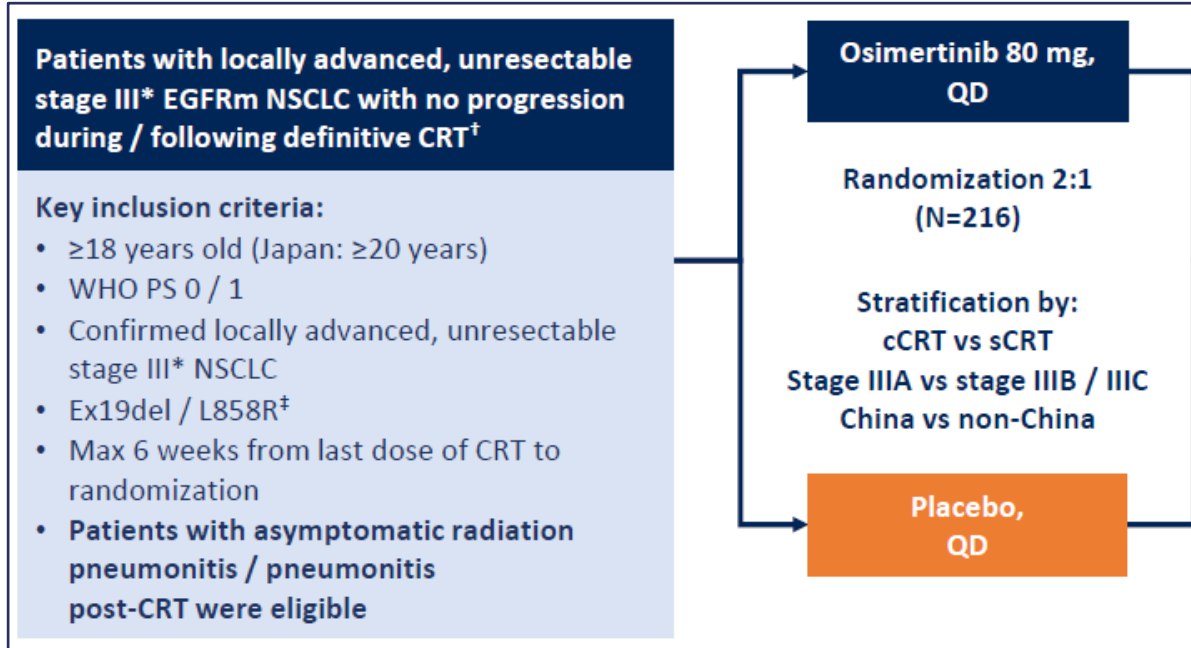
SLP: 30,4 vs. 3,8m, HR 0,200 [0,114-0,352]

	Aumolertinib	Placebo
<b>TR</b>	57%	22%
<b>TCE</b>	96%	74%
<b>DOR</b>	16,59m	7,10m
<b>SLP SNC</b> HR 0,33 [0,12-0,22]	NA	NA
<b>T a muerte o M1</b> HR 0,21 [0,04-0,49]	NA	NA
<b>EA≥G3</b>	9,6%	1,9%

IRRESECABLE

Organizado por:

# Osimertinib after definitive CRT in patients with unresectable stage III EGFRm NSCLC: Primary results of the phase 3 LAURA study. WCLC 2024. Ramalingan SS.



	Osimertinib	Placebo
<b>E IIIA/ B/ C</b>	<b>36/ 47/ 17</b>	<b>33 /52/ 15</b>

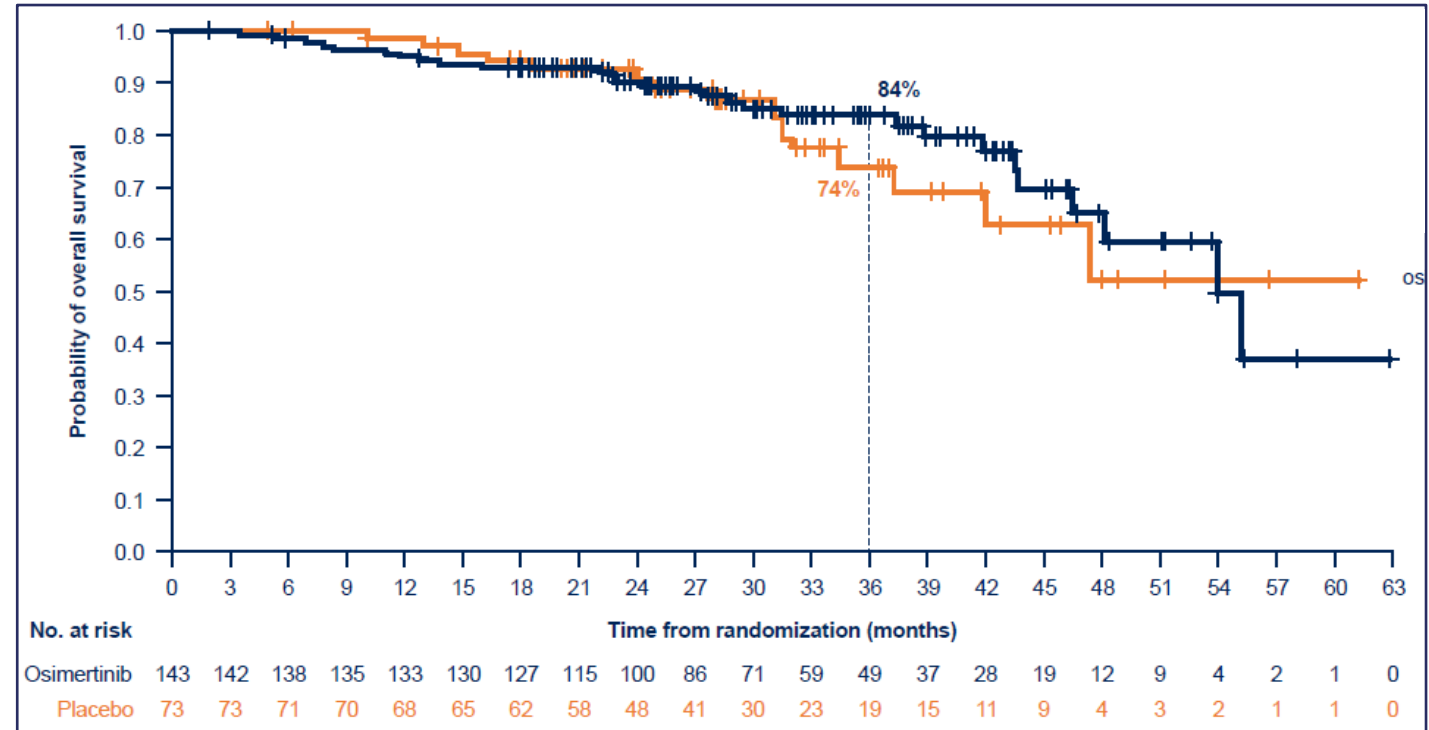
- Obj 1º: SLP

IRRESECABLE



# Osimertinib after definitive CRT in patients with unresectable stage III EGFRm NSCLC: Primary results of the phase 3 LAURA study. WCLC 2024. Ramalingan SS.

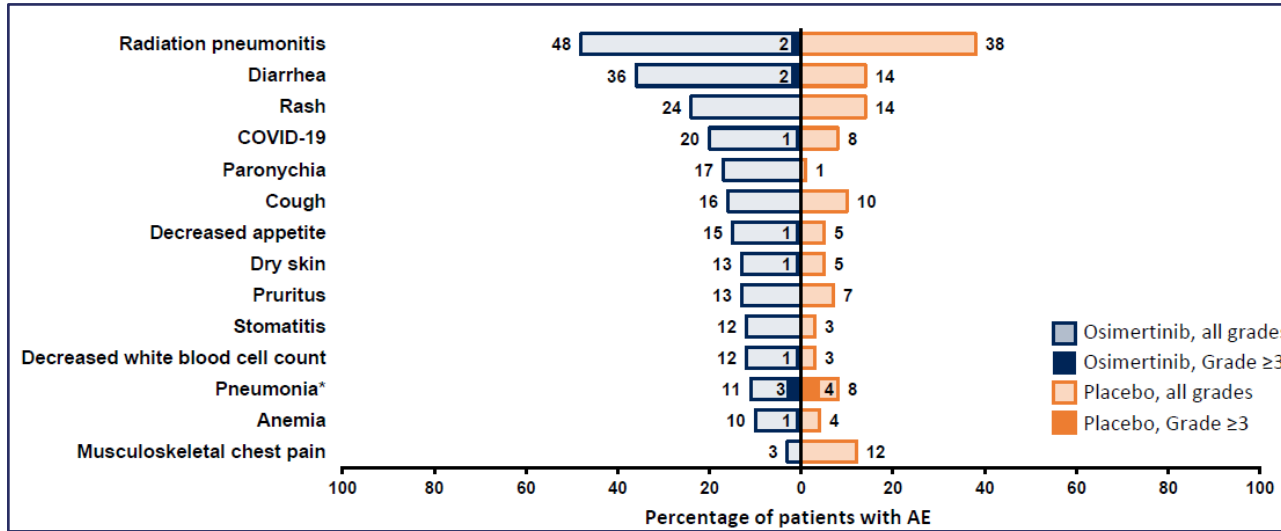
	Osimertinib (n=143)	Placebo (n=73)
TR	57%	33%
TCE	89%	79%
DOR	36,9 m	6,5 m



SV: 54 m vs. NA, HR 0,81 [0,42-1,56]

IRRESECABLE

# Osimertinib after definitive CRT in unresectable stage III EGFRm NSCLC: Safety outcomes from the Phase 3 LAURA study. WCLC 2024. T.Kato



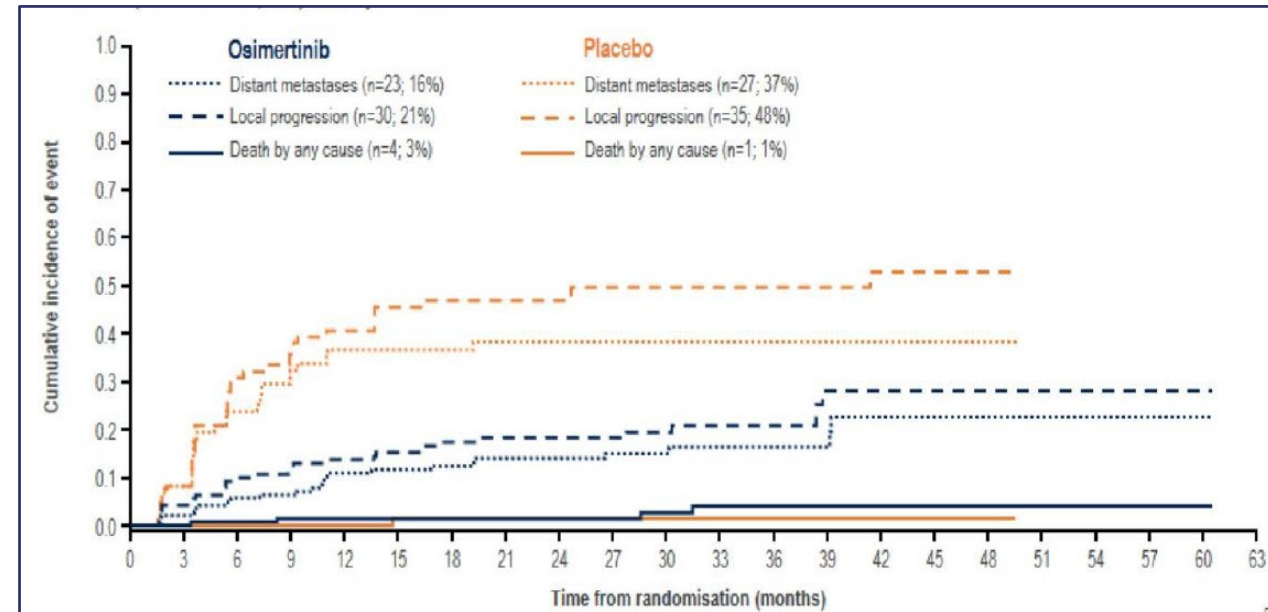
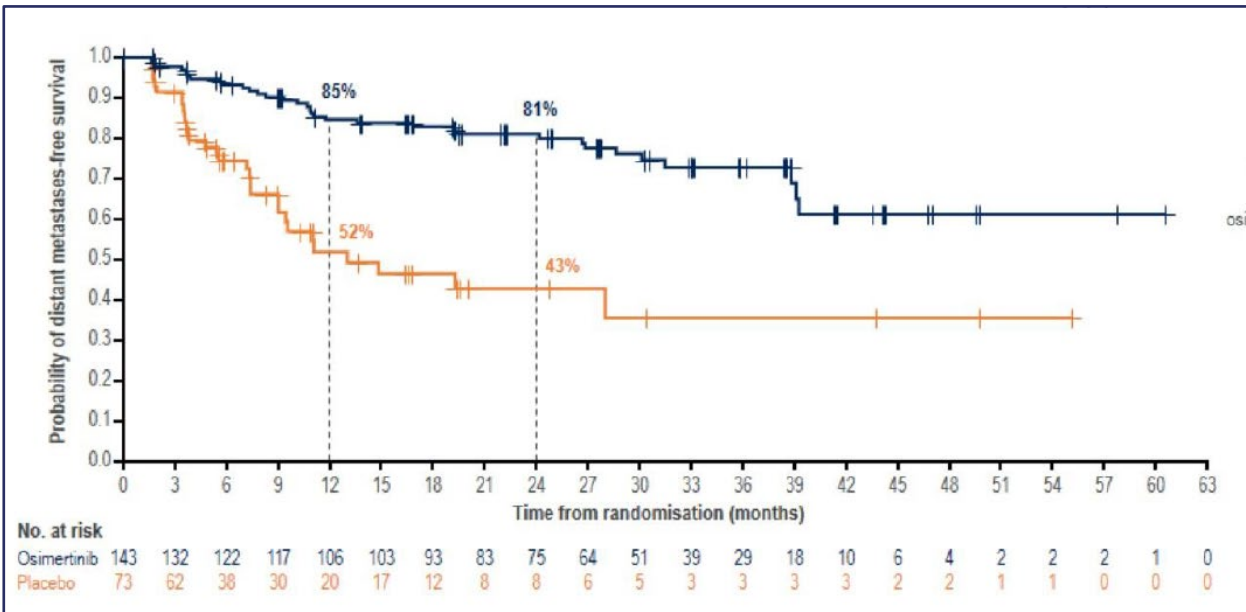
Radiation pneumonitis, n (%)	Osimertinib (n=143)	Placebo (n=73)
<b>Total</b>	<b>69 (48)</b>	<b>28 (38)</b>
Grade 1	22 (15)	14 (19)
Grade 2	44 (31)	14 (19)
Grade 3	3 (2)	0
<b>CTCAE Grade ≥3</b>	<b>3 (2)</b>	<b>0</b>
<b>SAE</b>	<b>15 (10)</b>	<b>2 (3)</b>
<b>Discontinuations</b>	<b>7 (5)</b>	<b>2 (3)</b>

ILD, n (%)	Osimertinib (n=143)	Placebo (n=73)
<b>Total</b>	<b>11 (8)</b>	<b>1 (1)</b>
Grade 1	4 (3)	1 (1)
Grade 2	4 (3)	0
Grade 3	2 (1)	0
Grade 5	1 (1)	0
<b>CTCAE Grade ≥3</b>	<b>3 (2)</b>	<b>0</b>
<b>SAE</b>	<b>3 (2)</b>	<b>0</b>
<b>Discontinuations</b>	<b>3 (2)</b>	<b>0</b>

Continuaron tto: 87 vs. 93%

IRRESECABLE

# Osimertinib after definitive CRT in unresectable stage III EGFRm NSCLC: Analyses of CNS and distant progresión from the Phase 3 LAURA study. ESMO 2024. S.Lu

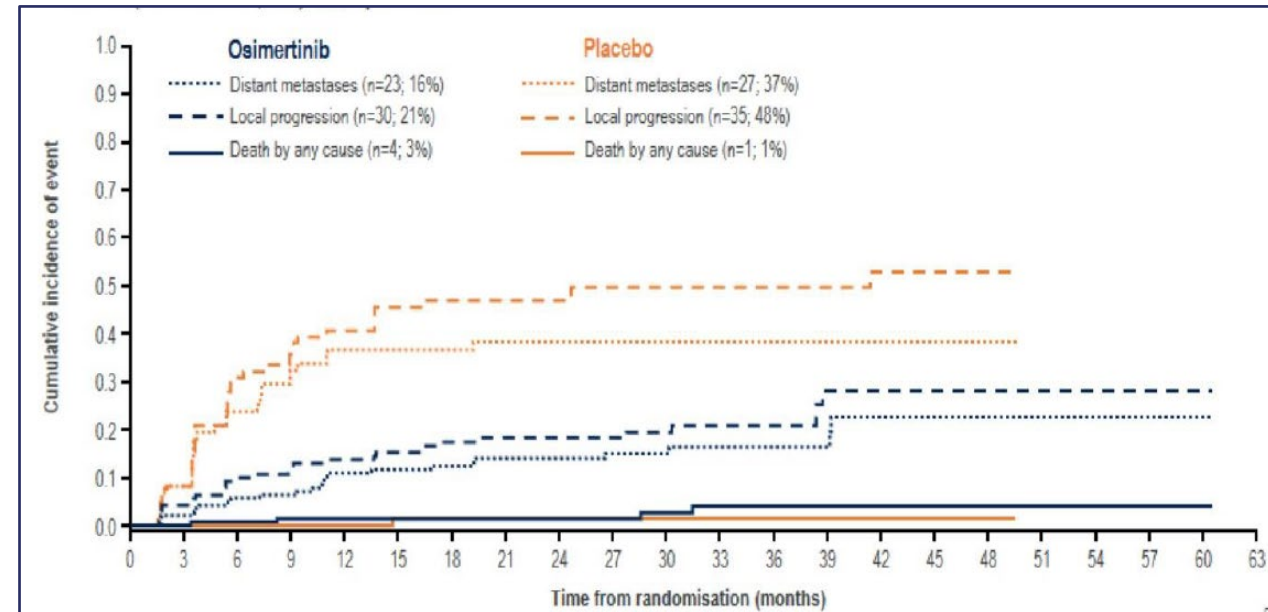
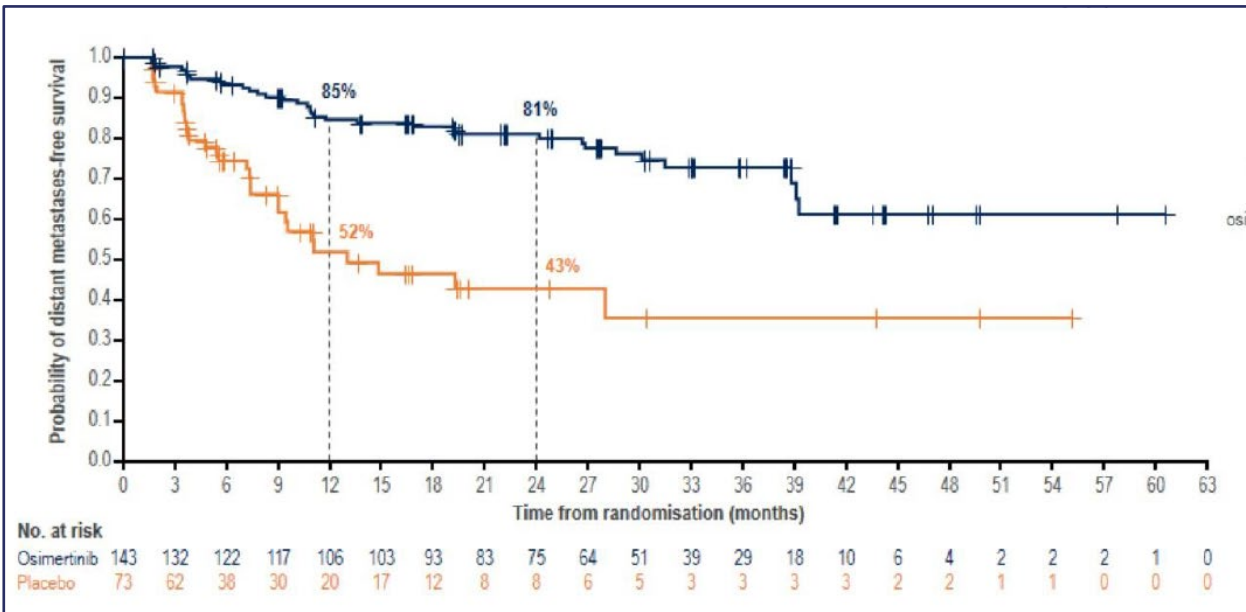


NR vs. 13 m, HR 0,21 [0,11-0,38]

M1 a distancia 12 m: 11 vs. 37%

IRRESECABLE

# Osimertinib after definitive CRT in unresectable stage III EGFRm NSCLC: Analyses of CNS and distant progresión from the Phase 3 LAURA study. ESMO 2024. S.Lu



NR vs. 13 m, HR 0,21 [0,11-0,38]

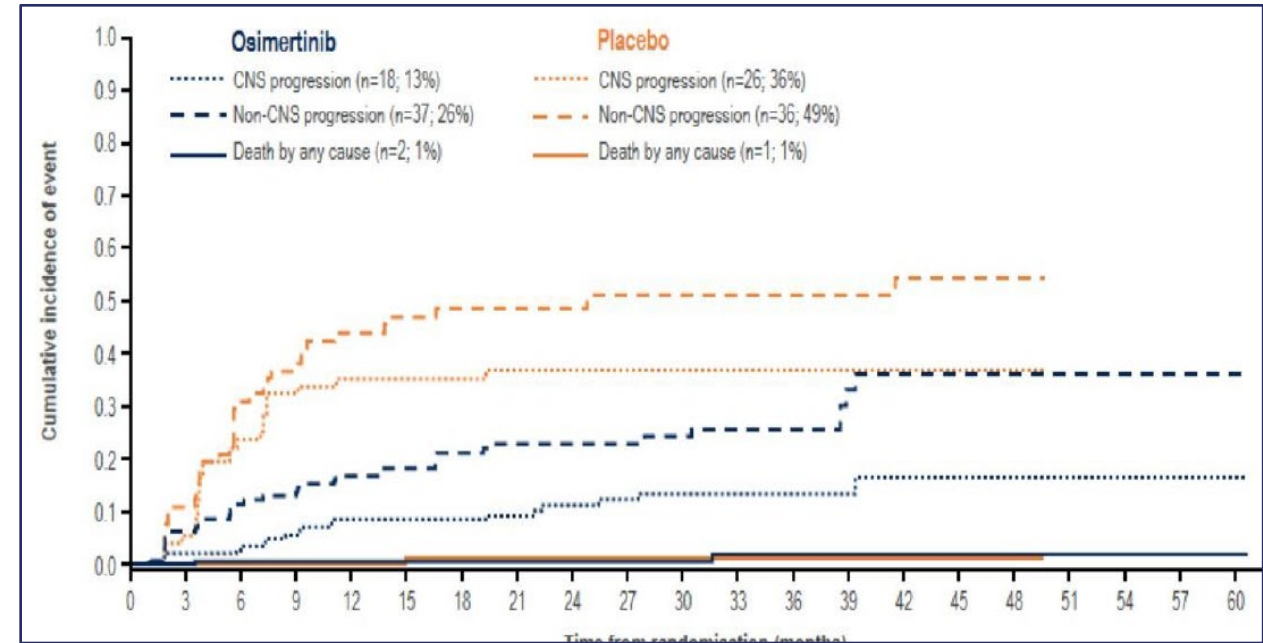
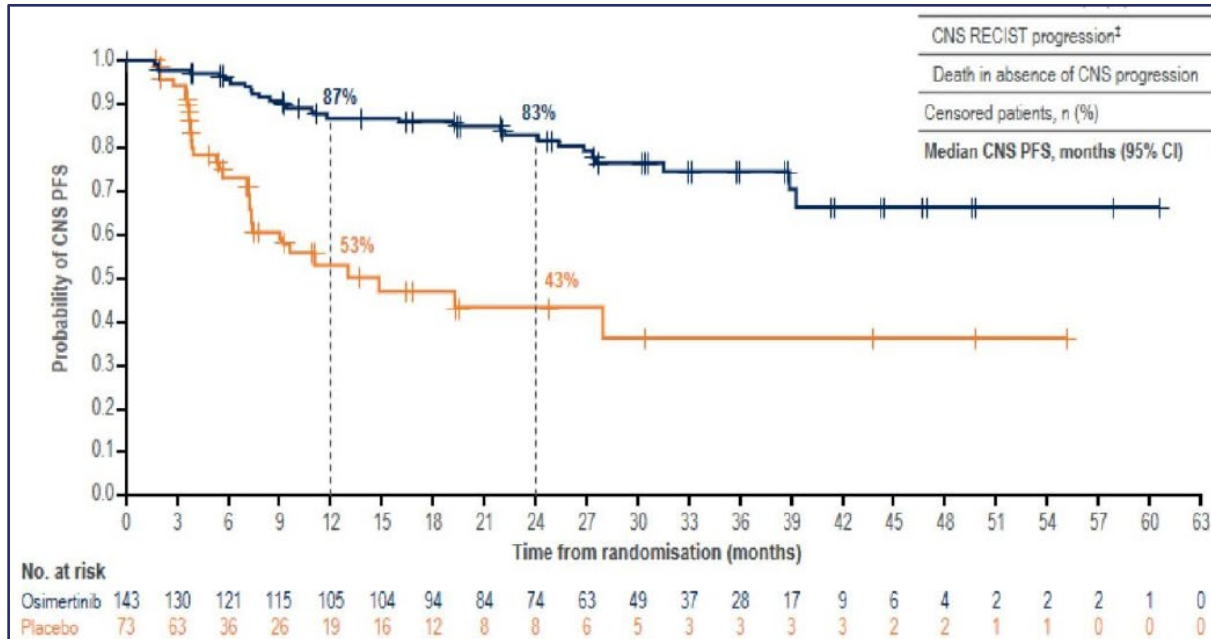
M1 a distancia 12 m: 11 vs. 37%

*Disminuye 79% el riesgo de PD a distancia o muerte*

IRRESECABLE



# Osimertinib after definitive CRT in unresectable stage III EGFRm NSCLC: Analyses of CNS and distant progression from the Phase 3 LAURA study. ESMO 2024. S.Lu

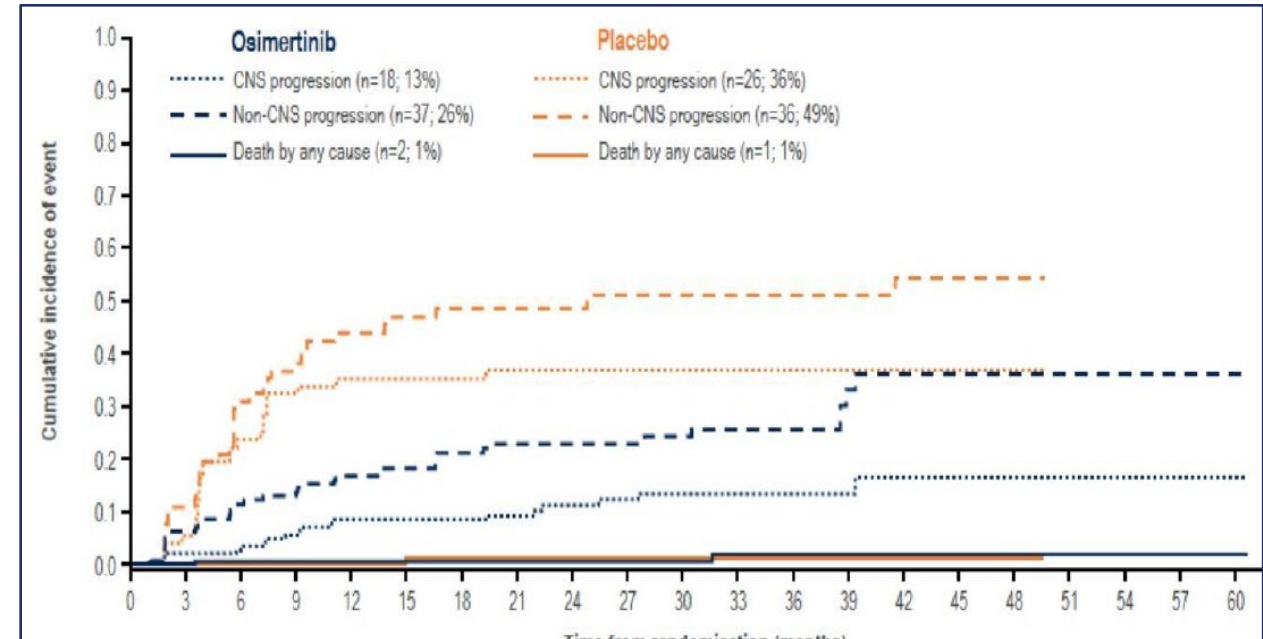
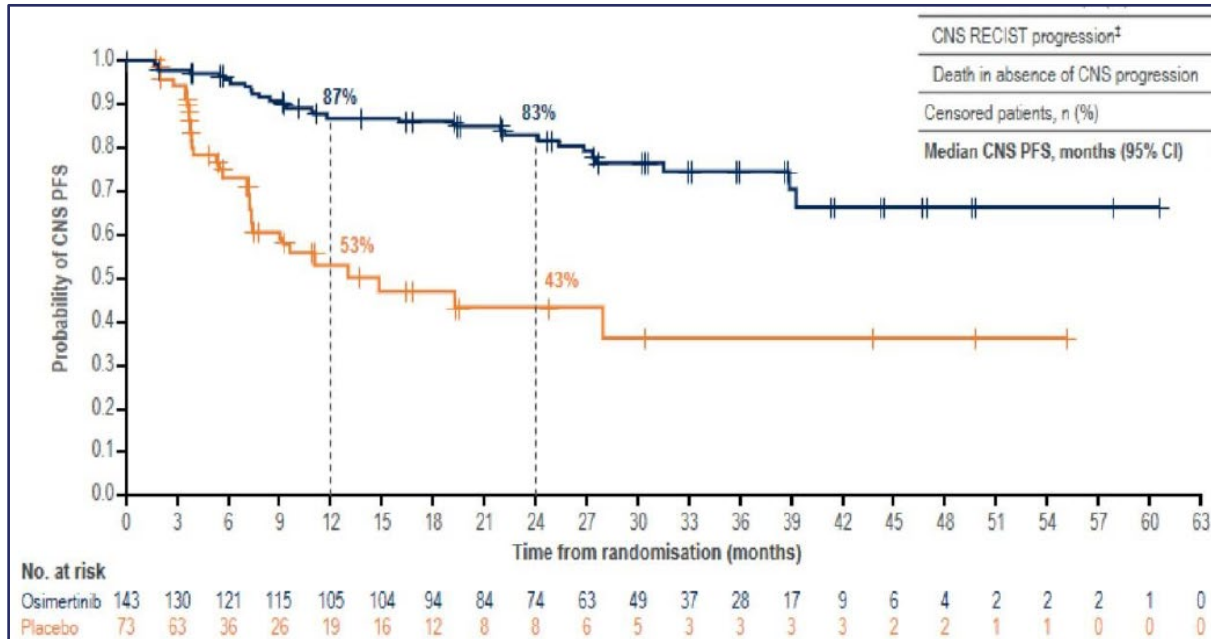


SLP SNC: NR vs. 14,9m,  
 HR 0,17 [0,09-0,32]

EP SNC 12m: 9 vs. 36%

IRRESECABLE

# Osimertinib after definitive CRT in unresectable stage III EGFRm NSCLC: Analyses of CNS and distant progresión from the Phase 3 LAURA study. ESMO 2024. S.Lu



SLP SNC: NR vs. 14,9m,  
HR 0,17 [0,09-0,32]

EP SNC 12m: 9 vs. 36%

*Disminuye 83% el riesgo de PD SNC o muerte*

IRRESECABLE



# CONCLUSIONES

Presurgical staging

Low risk of recurrence

High risk of recurrence

Surgery

Post-surgical upstaging

Surgery

Adjuvant

Neoadjuvant

Surgery

Neoadjuvant

Surgery

Adjuvant

## Treatment decision factors:

- Patient profile
- Patient preference
- Tumor biology (PD-L1/AGA)
- Local centre experience
- Drug accessibility
- On-treatment toxicity
- Pathological response (pCR/MPR)

## Early stage NSCLC with high risk of recurrence:

- Stage IIB - III
- Stage IIA - T2bN0 > 4cm



# CONCLUSIONES

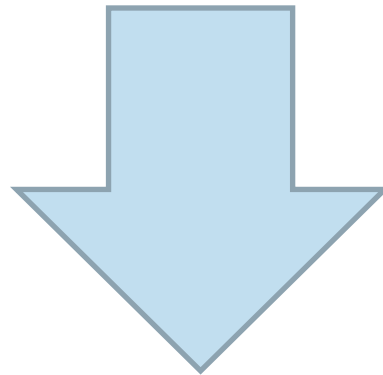


# CONCLUSIONES

- NEOADYUVANCIA y ADYUVANCIA:

*Preoperative chemotherapy for non-small-cell lung cancer: a systematic review and meta-analysis of individual participant data. Lancet 2014; 383: 1561–71*

→ Beneficio a 5 años del 5%.



→ Neoadyuvancia: SV a 4 años del 71 vs. 58%.

→ Adyuvancia: SLP NA a 5 años.



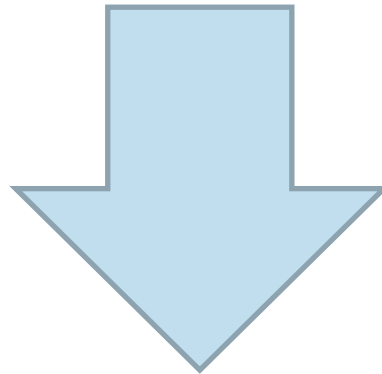


# CONCLUSIONES

- IRRESECABLES:

*Therapeutic management options for stage III non-small cell lung cancer. World J Clin Oncol 2017;8:1-20*

→ SLP tras QT-RT: +/- 8m; 15% vivos a 5 años.



→ SLP 12m: +/-70%.

→ Tto dirigido: SLP +/- 40m.



Organizado por:

LA CONSTANCIA ES EL  
CAMINO DEL ÉXITO.

*Charles Chaplin*



*Muchas gracias*

Organizado por:

