

 #ESMOUPDATES

Iniciativa científica de:



**LUNG CANCER**  
**UPDATES**

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**ESMO HIGHLIGHTS**

**27 SEPTIEMBRE - 1 OCTUBRE 2019**



Con la colaboración de:



**illumina**

*Lilly*



# LUNG CANCER UPDATES

ESMO HIGHLIGHTS

27 SEPTIEMBRE - 1 OCTUBRE 2019



BARCELONA

Iniciativa científica de:



## SCLC (III)

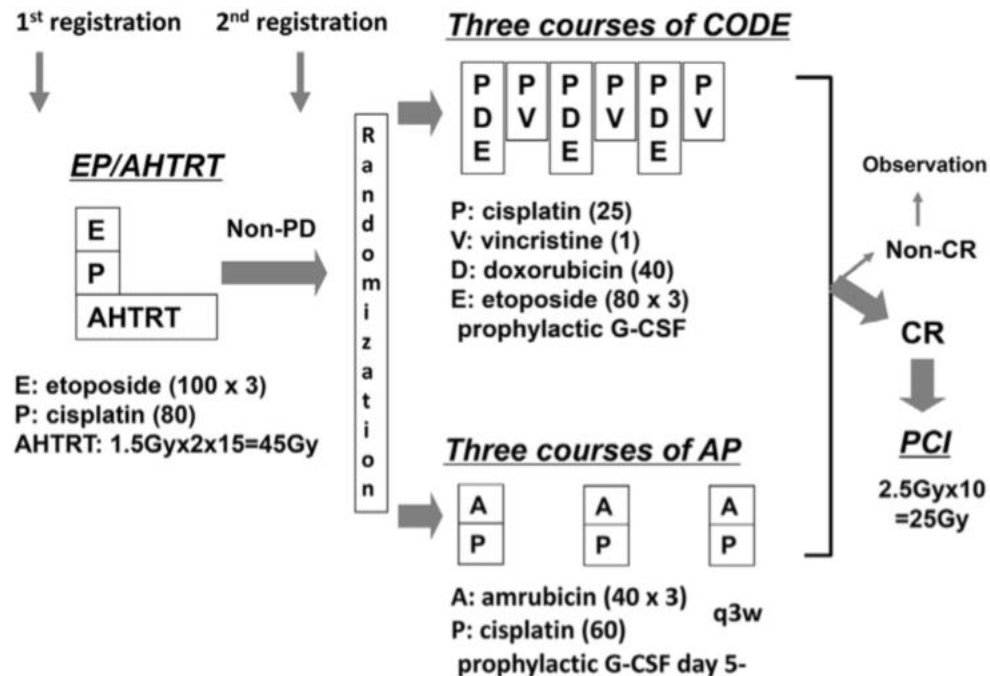
Dr. Manuel Dómine Gómez

Con la colaboración de:



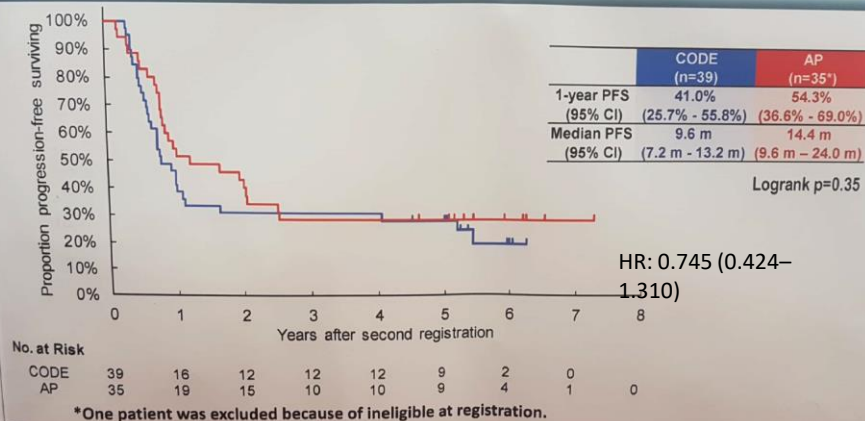
# 1741PD Randomized phase II trial of CODE or AP after chemoradiotherapy for LD- SCLC: Long term survival and toxicity analysis JCOG 1011. I Sekine

OBJETIVO: Seleccionar el mejor esquema para un estudio fase III: CODE un esquema semanal intensivo o Amrubicina Platino en LD-SCLC

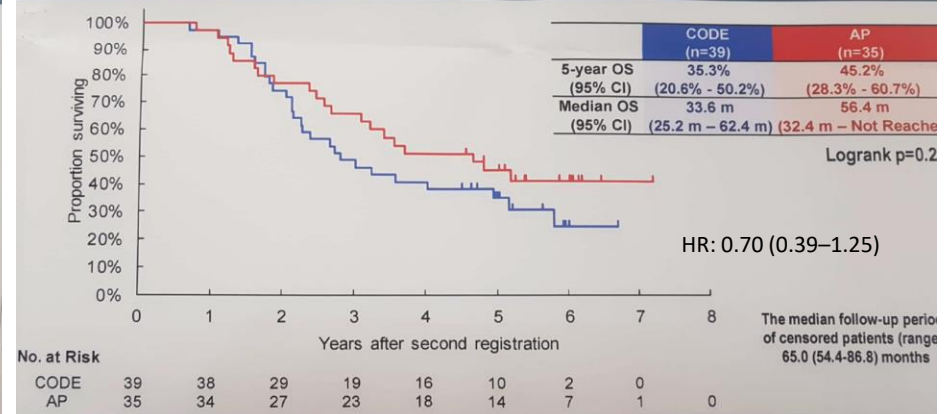


# 1741PD Randomized phase II trial of CODE or AP after chemoradiotherapy for LD- SCLC: Long term survival and toxicity analysis JCOG 1011. I Sekine

PFS from the 2nd registration



Overall survival from the 2nd registration



Toxicity	Toxicity grade							
	CODE (n = 38)				AP (n = 36)			
	2	3	4	3-4 (%)	2	3	4	3-4 (%)
Leukopenia	6	12	17	(76.3)	1	8	24	(88.9)
Neutropenia	4	9	18	(71.1)	1	4	28	(88.9)
Anemia	8	22	8	(78.9)	25	7	2	(25.0)
Thrombocytopenia	7	11	6	(44.7)	4	5	6	(30.6)
Febrile neutropenia	-	6	0	(15.8)	-	15	0	(41.7)
Any infection	2	1	0	(2.6)	1	1	0	(2.8)
Fatigue	5	2	-	(5.3)	5	3	-	(8.3)
Nausea	3	1	-	(2.6)	5	4	-	(11.1)
Vomiting	1	0	0	(0)	2	1	0	(2.8)
Anorexia	3	2	0	(5.3)	7	4	0	(11.1)
Diarrhea	3	1	0	(2.6)	1	0	0	(0)
Cough	0	1	-	(2.6)	0	0	-	(0)
Dyspnea	1	1	0	(2.6)	0	0	0	(0)
Hyponatremia	-	3	0	(7.9)	-	2	0	(5.6)
Hyperkalemia	4	0	0	(0)	0	0	0	(0)
Hypokalemia	-	2	0	(5.3)	-	2	1	(8.3)

AP: amrubicin and cisplatin; CODE: cisplatin, vincristine, doxorubicin and etoposide.

Aunque el perfil de supervivencia fue mejor para AP

No hubo diferencias significativas.

Ambos esquemas presentaron una toxicidad hematológica severa

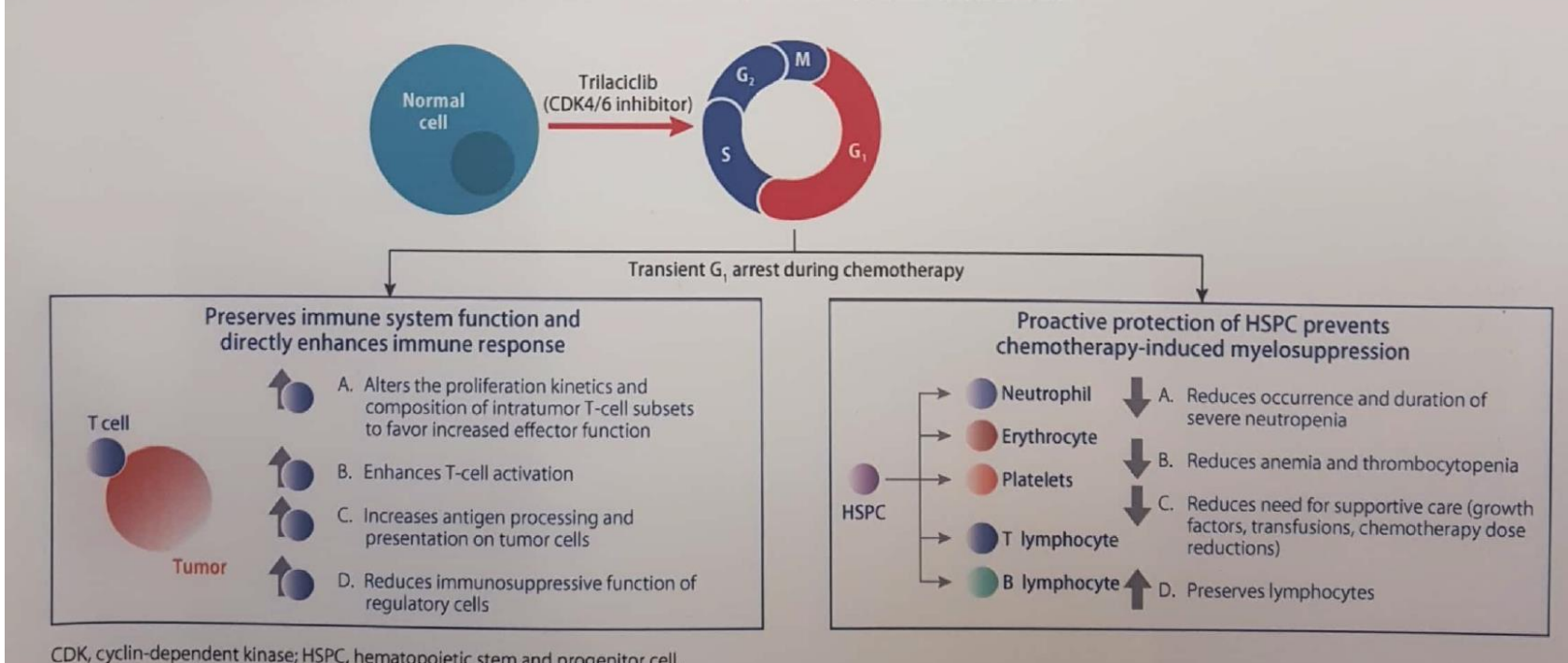
Ninguno es adecuado para un fase III

Iniciativa científica de:

# 1742 PD Trilaciclib decreases myelosuppression un ES-SCLC patients receiving first-line chemotherapy + atezolizumab. D Daniel

Trilaciclib es un potente y selectivo inhibidor de CDK4/CDK6 que inhibe de manera transitoria el ciclo celular que preserva las células hematopoyéticas progenitoras y aumenta la inmunidad antitumoral

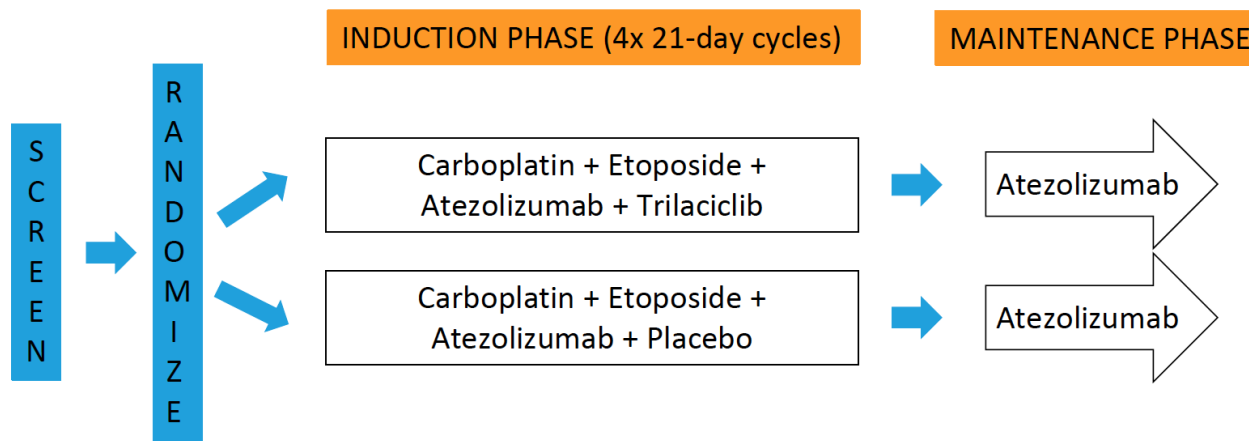
**FIGURE 1 TRILACICLIB: A FIRST-IN-CLASS TRANSIENT CELL CYCLE INHIBITOR**



Iniciativa científica de:

# Trilaciclib decreases myelosuppression in ES-SCLC patients receiving first-line chemotherapy + atezolizumab. D Daniel

## Trilaciclib/EP/atezolizumab in 1<sup>st</sup>-line SCLC



- Phase 2, randomized (1:1), global, double-blind, placebo-controlled
- Key objectives: PFS, OS, RR, safety in newly diagnosed ES SCLC patients
- Sample size: 100 patients
- NCT03041311

### Objetivos:

Primario: evaluar el potencial de Trilaciclib de reducir la mielosupresión por quimioterapia

Secundario: Eficacia de añadir trilaciclib a atezo-carboplatino-etoposido y seguridad

# Trilaciclib decreases myelosuppression in ES-SCLC patients receiving first-line chemotherapy + atezolizumab. D Daniel

TABLE 4 SUMMARY OF TEAEs OCCURRING IN ≥ 15% OF PATIENTS IN EITHER ARM (SAFETY ANALYSIS SET)

	E/P/A + Placebo (n = 53)		E/P/A + Trilaciclib 240 mg/m <sup>2</sup> (n = 52)	
	All Grades	Grade ≥ 3	All Grades	Grade ≥ 3
Any TEAE	52 (98.1)	46 (86.8)	49 (94.2)	33 (63.5)
<b>Hematologic<sup>a</sup></b>				
Anemia	33 (62.3)	16 (30.2)	19 (36.5)	9 (17.3)
Neutropenia	40 (75.5)	32 (60.4)	22 (42.3)	11 (21.2)
Thrombocytopenia	35 (66.0)	21 (39.6)	12 (23.1)	1 (1.9)
Leukopenia	20 (37.7)	11 (20.8)	10 (19.2)	3 (5.8)
<b>Nonhematologic<sup>a</sup></b>				
Nausea	18 (34.0)	1 (1.9)	20 (38.5)	0
Fatigue	20 (37.7)	2 (3.8)	16 (30.8)	1 (1.9)
Dyspnea	12 (22.6)	3 (5.7)	8 (15.4)	3 (5.8)
Dizziness	8 (15.1)	1 (1.9)	9 (17.3)	0
Constipation	12 (22.6)	1 (1.9)	5 (9.6)	0
Dehydration	11 (20.8)	3 (5.7)	5 (9.6)	0
Asthenia	8 (15.1)	2 (3.8)	8 (15.4)	4 (7.7)
Diarrhea	6 (11.3)	0	9 (17.3)	1 (1.9)
Cough	8 (15.1)	0	7 (13.5)	1 (1.9)
Pneumonia	8 (15.1)	8 (15.1)	7 (13.5)	4 (7.7)
Pyrexia	5 (9.4)	0	8 (15.4)	0
Decreased appetite	9 (17.0)	0	4 (7.7)	0

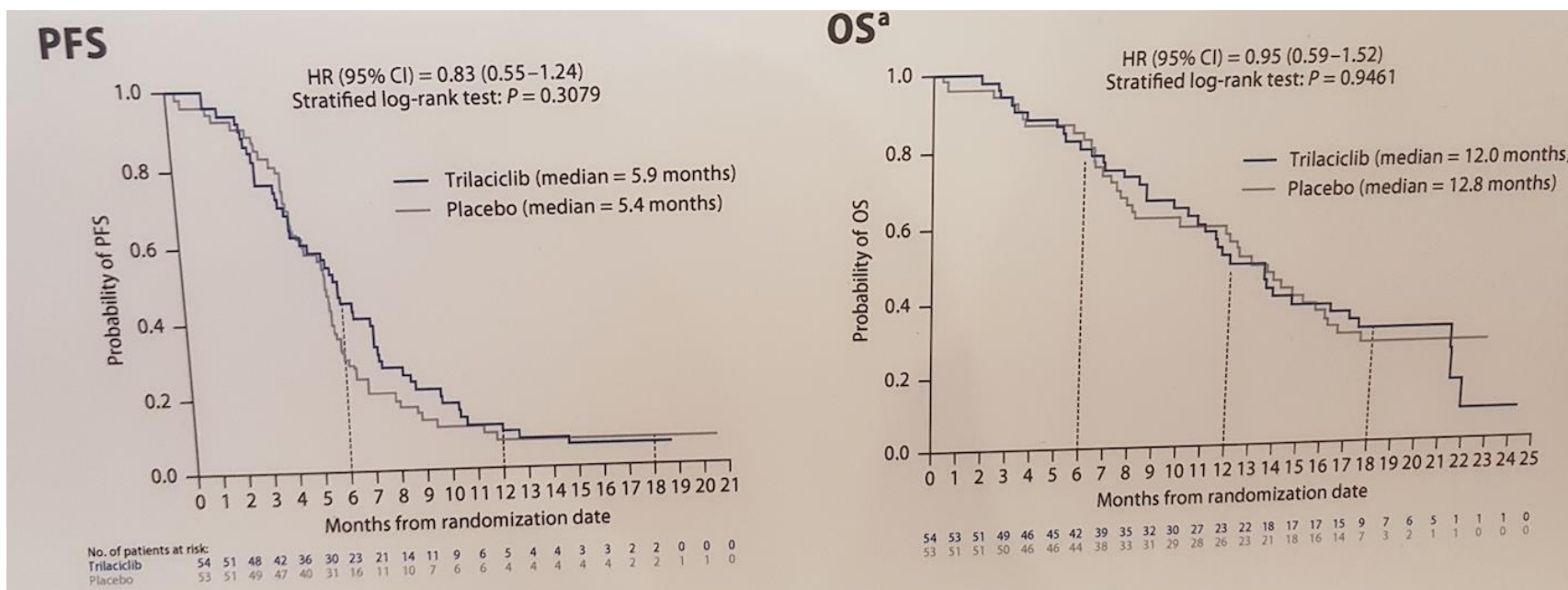
TABLE 3 SUMMARY OF DOSE EXPOSURE AND DOSE MODIFICATIONS (SAFETY ANALYSIS SET)

	E/P/A + Placebo (n = 53)	E/P/A + Trilaciclib 240 mg/m <sup>2</sup> (n = 52)
<b>Duration of exposure (induction + maintenance)</b>		
Median (range) days	182 (21–705)	205 (42–660)
Median (range) cycles	8 (1–28)	8 (2–31)
<b>Median relative dose intensity, %</b>		
Etoposide	92.3	98.1
Carboplatin	93.3	98.8
Atezolizumab (induction + maintenance)	95.0	96.3
<b>Dose reductions, n (%)<sup>a</sup></b>		
Etoposide	14 (26.4)	3 (5.8)
Carboplatin	13 (24.5)	1 (1.9)
<b>Cycle delays, n (%)</b>	31 (58.5)	18 (34.6)
<b>All-cause dose reductions<sup>b</sup></b>		
Event rate (per 100 cycles)	8.5	2.1

- Trilaciclib produjo menos mielosupresión en todas las líneas. Menor duración de neutropenia severa
- La toxicidad más frecuente relacionada con trilaciclib fueron náuseas, fatiga y reacción en lugar de inyección. La mayoría leve, grado 3 < 6%
- El uso de trilaciclib obtuvo una mayor intensidad de dosis y menor reducción de dosis

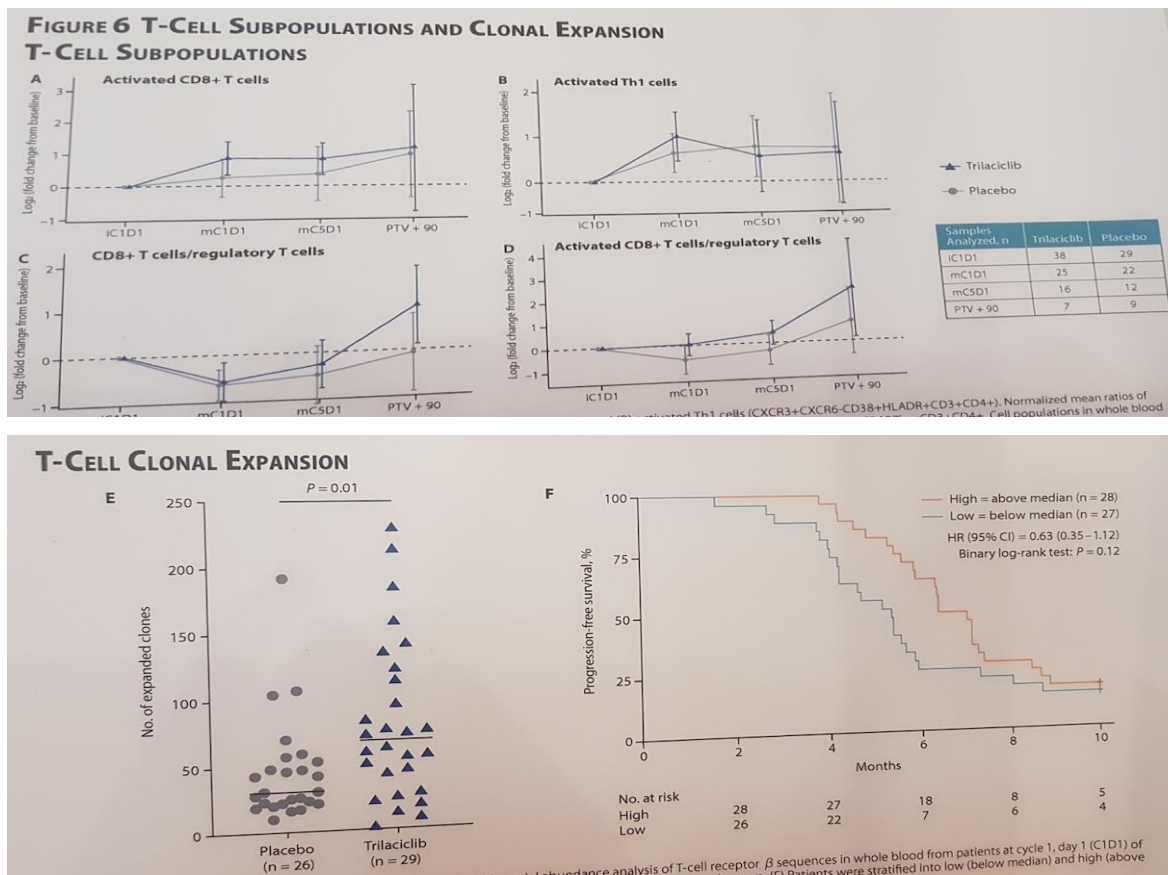
# Trilaciclib decreases myelosuppression un ES-SCLC patients receiving first-line chemotherapy + atezolizumab. D Daniel

## EFICACIA





# Trilaciclib decreases myelosuppression un ES-SCLC patients receiving first-line chemotherapy + atezolizumab. D Daniel

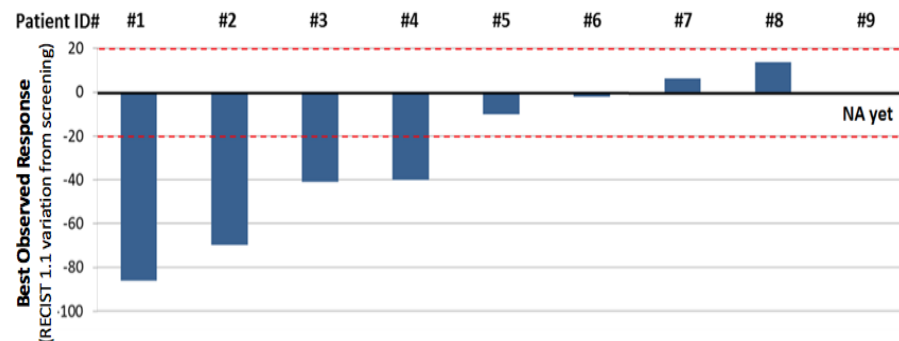


El uso de trilaciclib + carboplatino-etoposido-atezolizumab aumentó el número linfocito T CD 8 + activados y células Th1 y aumentó el ratio T CD 8 +/ Treg cells, produciendo una expansión clonal de células T

# 1751-TiP: CLEPSIDRA: a pilot, biomarker-guided study to assess safety, tolerability, dose finding and efficacy of iadademstat in combination with platinum-etoposide in patients with relapsed, extensive-stage small cell lung cancer

- LSD1 is overexpressed in primary SCLC (1).
- Notch-1 is a tumor suppressor repressed in SCLC. Iadademstat, a selective Lysine Specific Demethylase-1 (LSD1) inhibitor, has been shown to re-activate the NOTCH pathway in SCLC, resulting in the repression of ASCL1, a well-known non-druggable SCLC tumor driver, and to produce robust, and in some cases complete and durable, tumor regression in chemo-resistant SCLC PDX models
- 4-6 cycles of platinum etoposide + iadademstat seguido de iadademstat

	<b>CbEt+iada</b>	<b>iadademstat Monotherapy</b>
<b>Completed cycles</b>	<b>29</b>	<b>9</b>
<b>Hematological toxicity*</b>	<b>40</b>	<b>0</b>
Thrombocytopenia (≥ Grade III)	19 (65.5%)	0
Neutropenia (≥ Grade III)	11 (37.9%)	0
Anemia (≥ Grade III)	10 (34.5%)	0



8 patients: 4 PR and 3 SD (2 of the SD lasting more than 4 months)

- Iadademstat is a potential personalized therapeutic epigenetic drug for relapsed ED-SCLC patients.
- Preliminary activity of iadademstat in combination with CbEt is promising considering that standard of care topotecan in second line has shown limited activity (ORR range between 15-24%)