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Neoadjuvant and adjuvant therapy for Early Stage NSCLC

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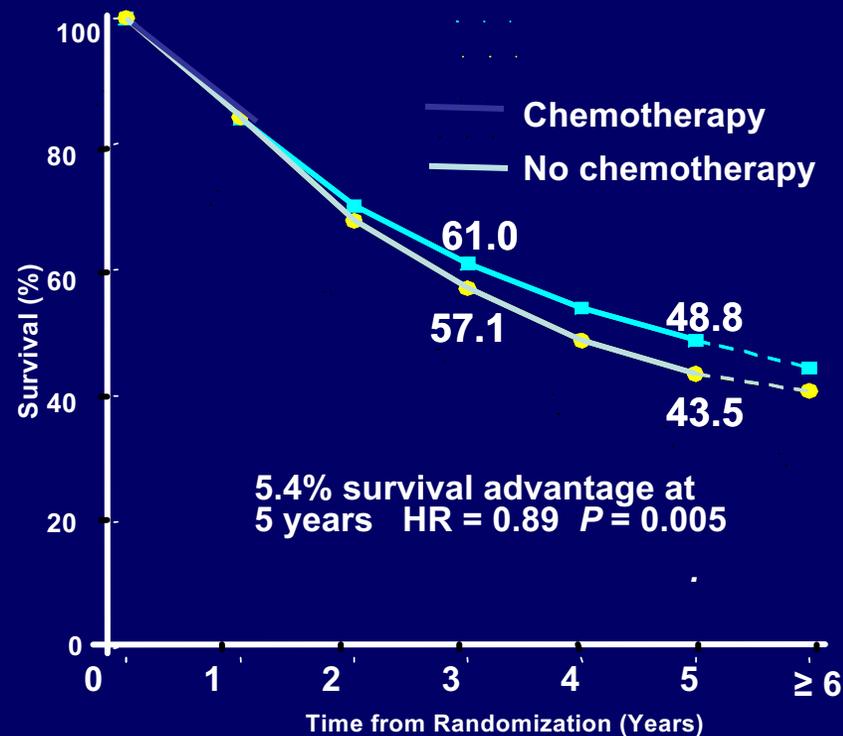


Disclosures: BOD: Verastem; DMC: BMS, Merck, Daiichi; Ad Board: Genentech, Lilly

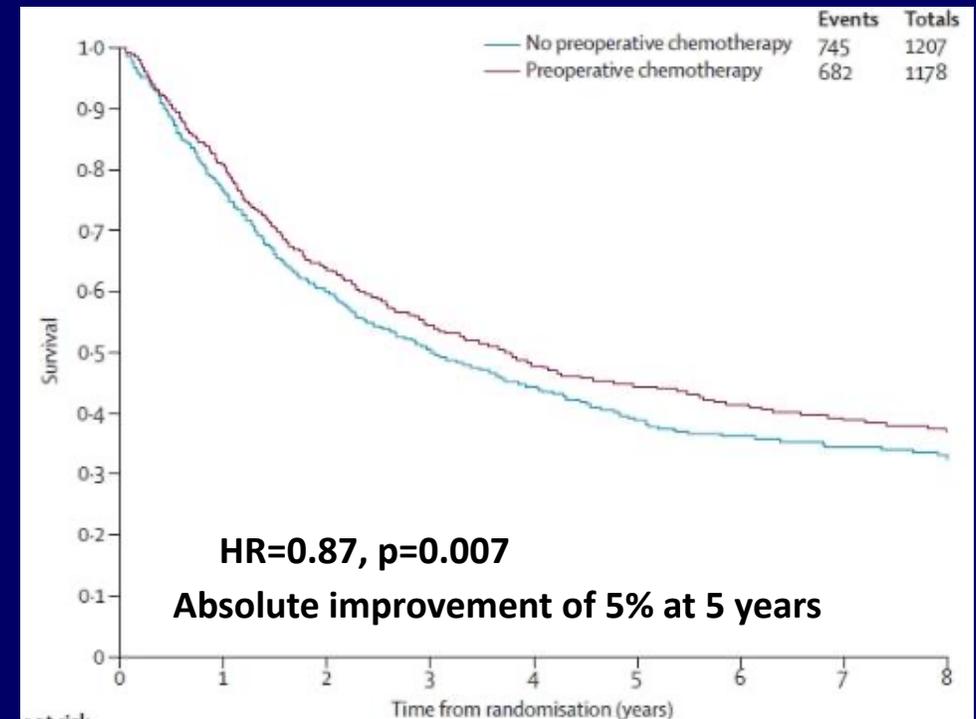
Meta-analyses of Adjuvant CT and Neoadjuvant CT

Path CR Rates <5%

LACE: Pooled Adjuvant Data Overall Survival



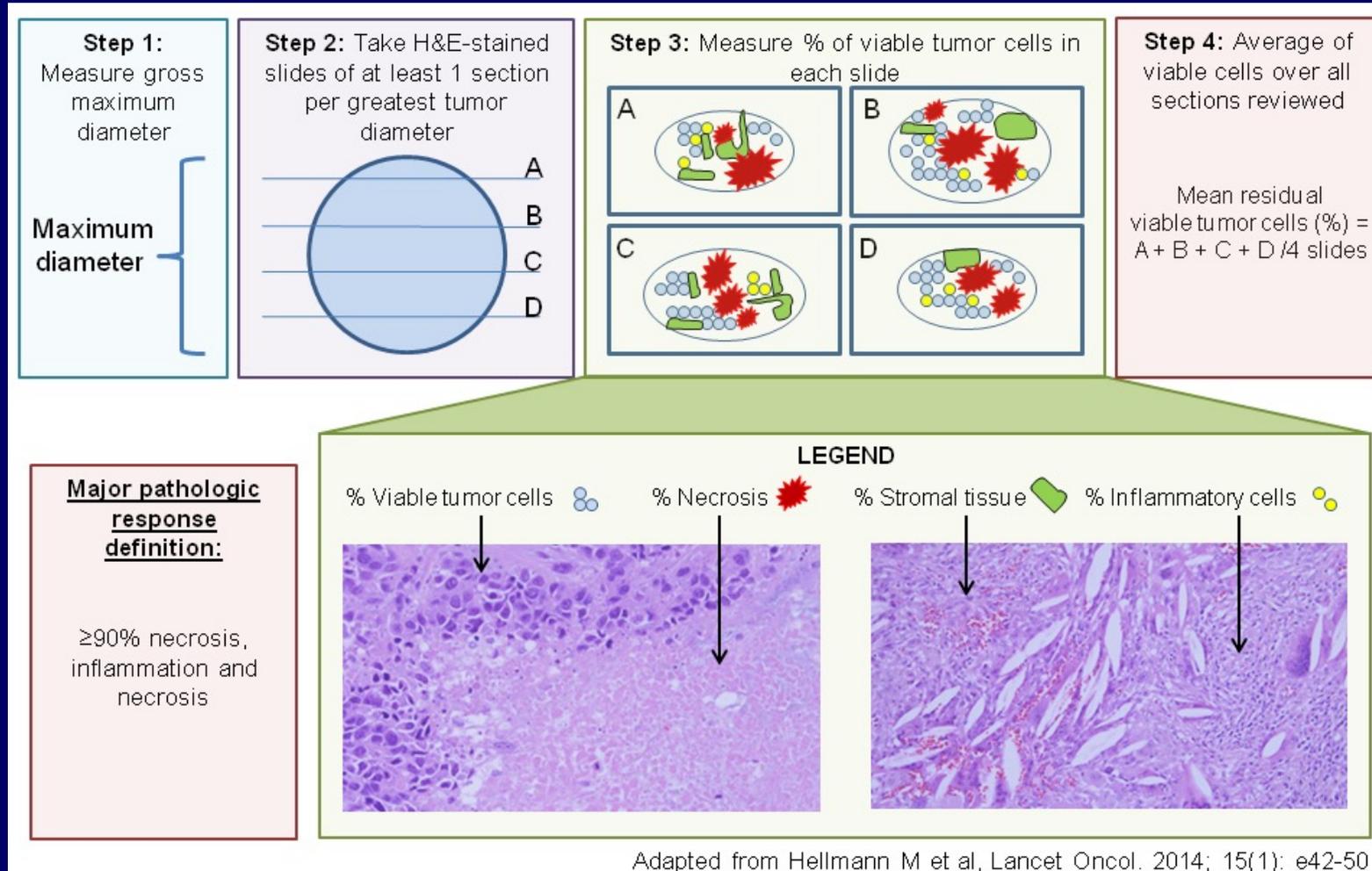
NSCLC Neoadjuvant Collaborative Group meta-analysis



Randomized neoadjuvant trials: CT+ IO vs CT

Study	PreopRX	PostopRX	Stages	#	1 Endpoint
CM 816	CT+Nivo X3	None	IB-III A	350	EFS,MPR
KN 617	CT+Pembrox4	Pembro x 13	IIB-III A	786	EFS,OS
Agean	CT+Durvax4	Durva x 12	IIA-IIIB	300	MPR
ImPower030	CT+Atezo x4	Atezo x 16	II-IIIB	374	MPR
NeoTorch	CT+toripalimab	CTx1,torix 13	II-III A	500	EFS,MPR
CM77T	CT+Nivox3	Nivo X13	II-III A	280	EFS,MPR

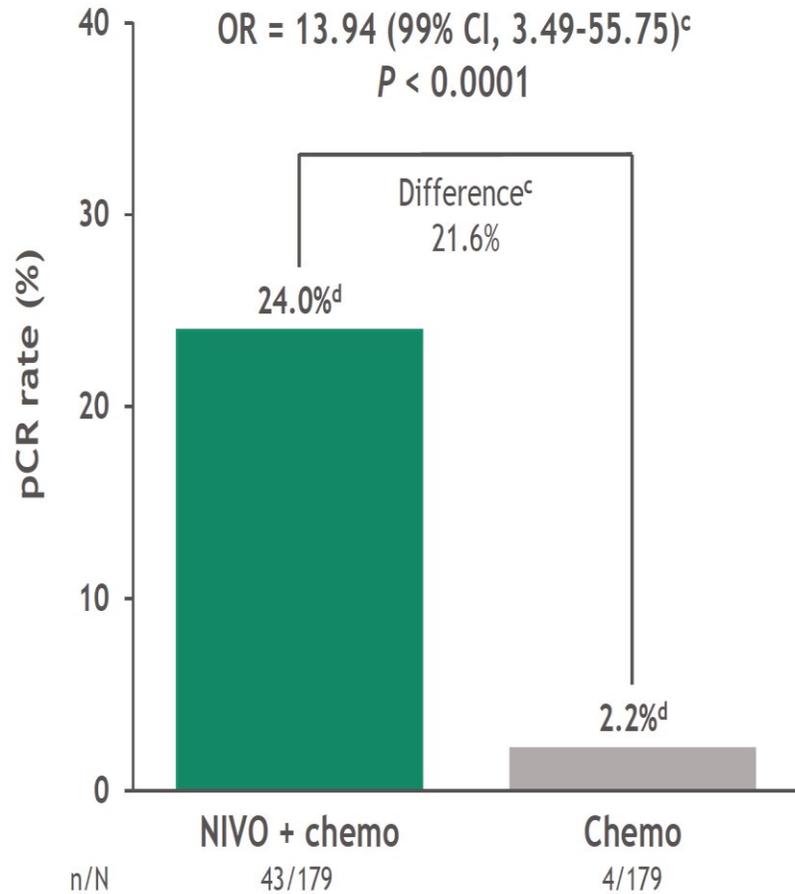
Pathologic response assessment



Adapted from Hellmann M et al, Lancet Oncol. 2014; 15(1): e42-50

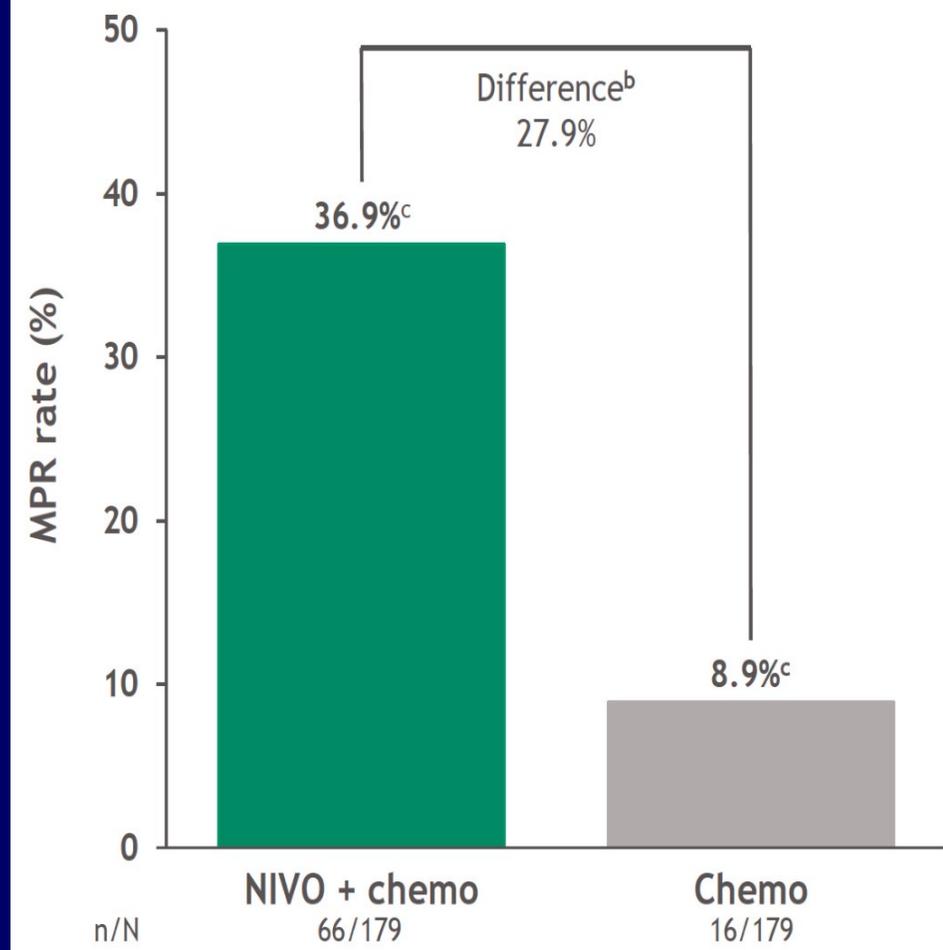
CM816 – pCR and MPR in ITT population

Primary endpoint: ITT (ypT0N0)^b



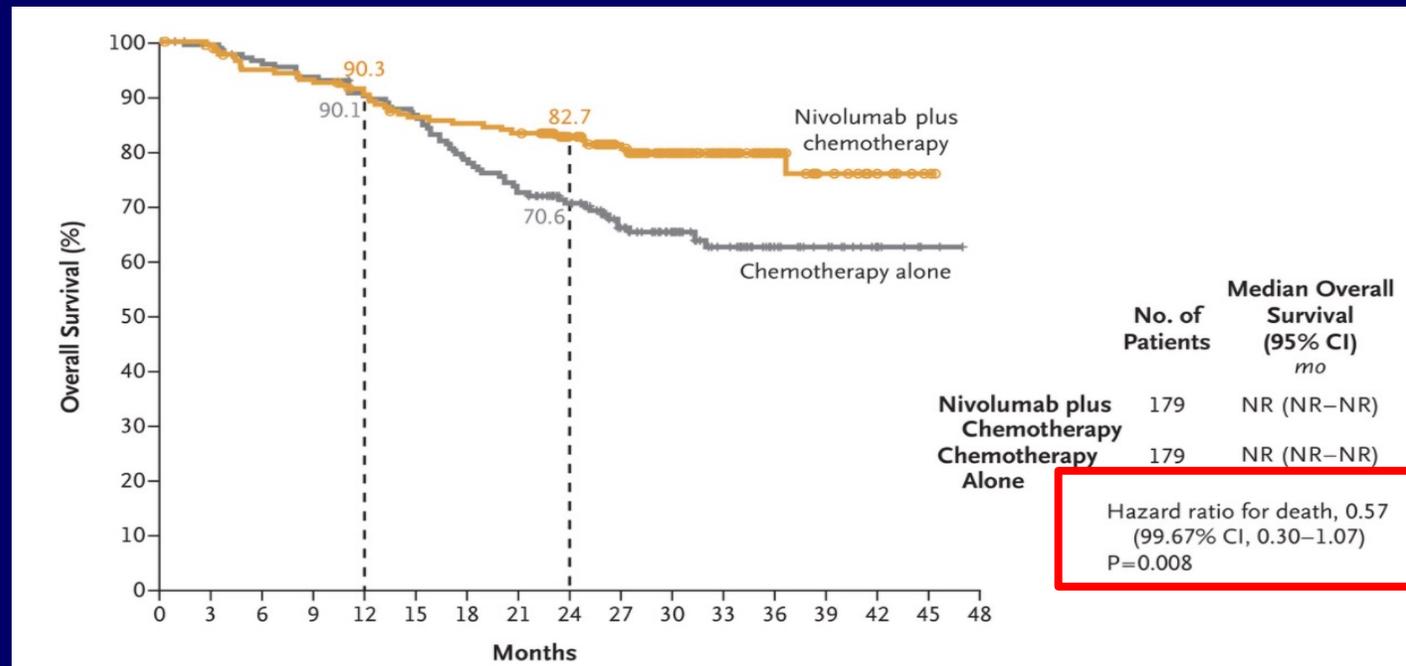
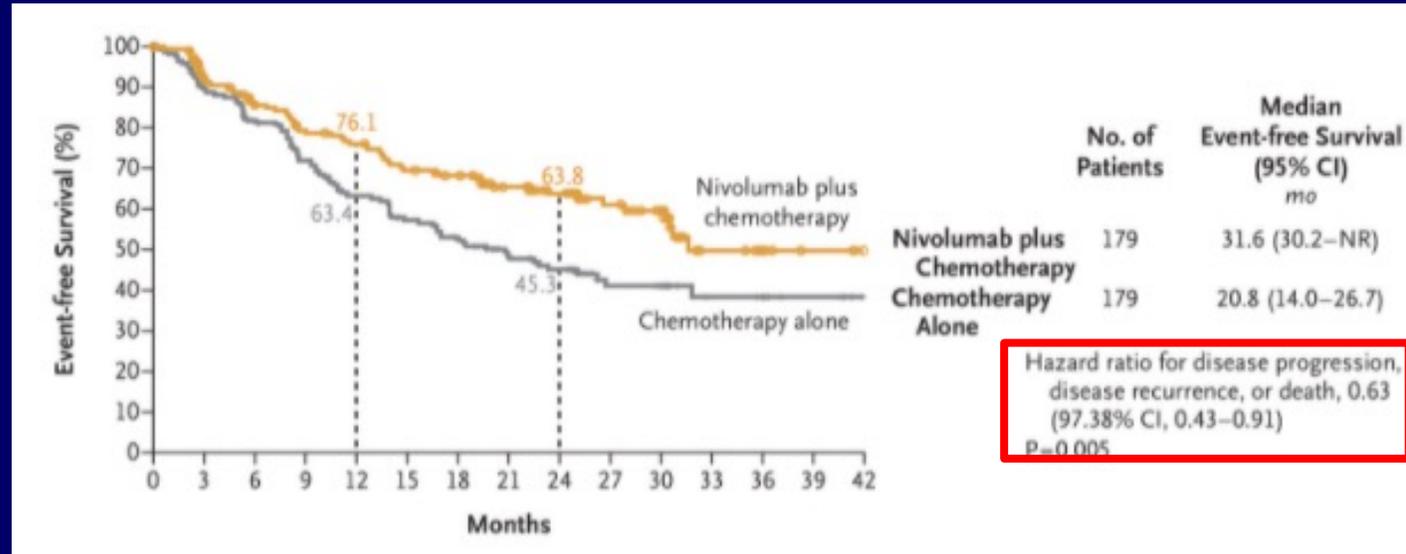
ITT

OR = 5.70 (95% CI, 3.16-10.26)^b



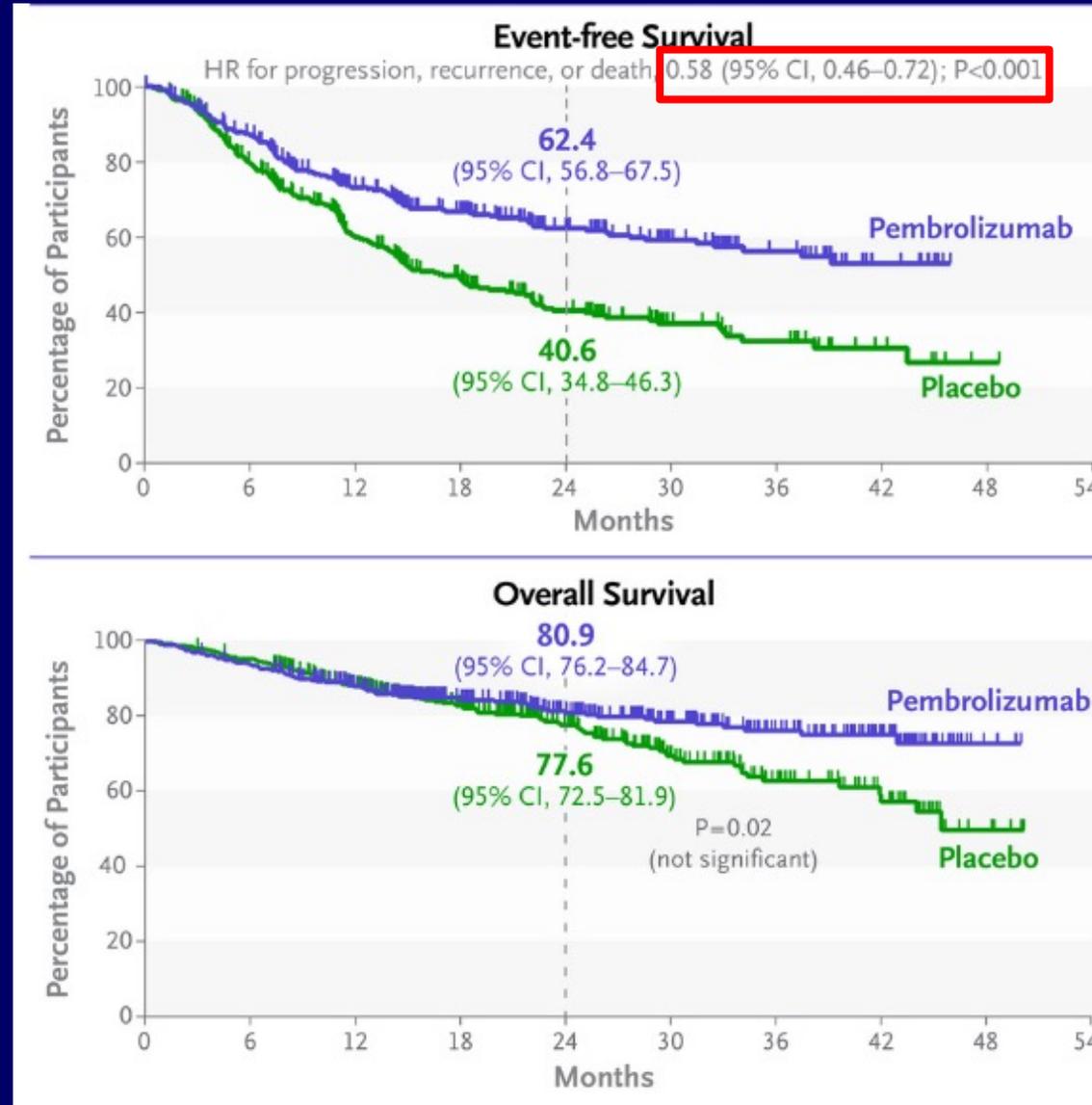
• pCR rate in the exploratory NIVO + IPI arm (ITT) was 20.4% (95% CI, 13.4-29.0)

CM816: Neoadjuvant Nivo +CT in Early Stage NSCLC



Forde PM et al: Neoadjuvant Nivolumab plus Chemotherapy in resectable lung cancer. NEJM2022

KN671 Perioperative Pembro/CT vs CT

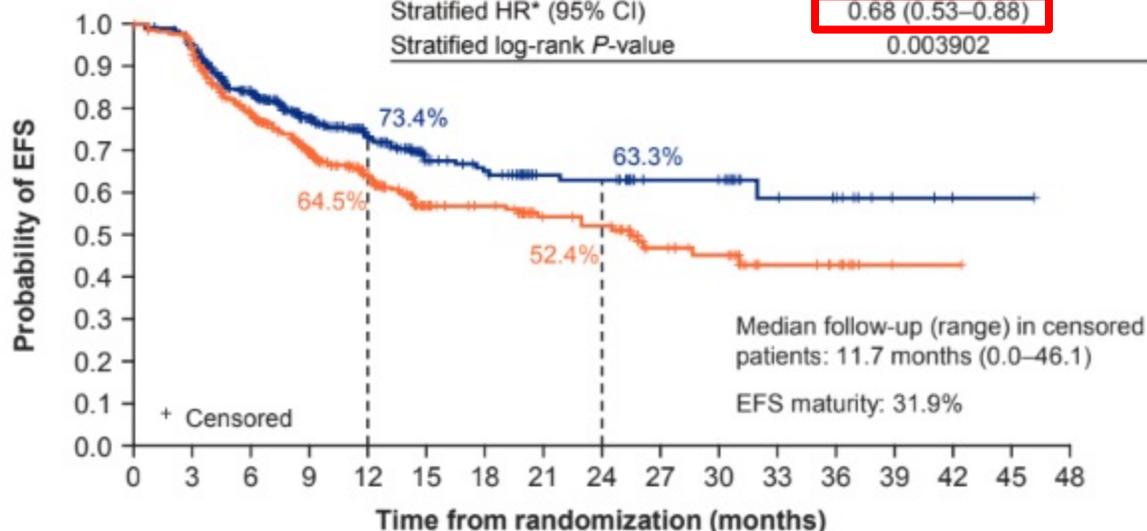


Aegean Trial

Primary endpoints: EFS and pCR (mITT)¹

First planned interim analysis

	D arm	PBO arm
No. events / no. patients (%)	98/366 (26.8)	138/374 (36.9)
mEFS, months (95% CI)	NR (31.9–NR)	25.9 (18.9–NR)
Stratified HR* (95% CI)	0.68 (0.53–0.88)	
Stratified log-rank P-value	0.003902	



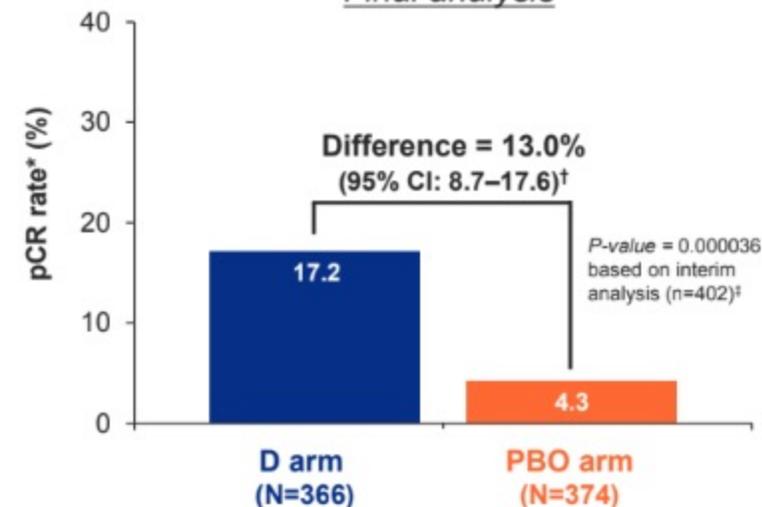
No. at risk:

	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48
D arm	366	336	271	194	140	90	78	50	49	31	30	14	11	3	1	1	0
PBO arm	374	339	257	184	136	82	74	53	50	30	25	16	13	1	1	0	0

EFS is defined as time from randomization to the earliest of: (A) PD that precludes surgery; (B) PD discovered and reported by the investigator upon attempting surgery that prevents completion of surgery; (C) local/distant recurrence using BICR per RECIST v1.1; or (D) death from any cause. *HR <1 favors the D arm versus the PBO arm. Median and landmark estimates calculated using the Kaplan–Meier method; HR calculated using a stratified Cox proportional hazards model; and P-value calculated using a stratified log rank test. Stratification factors: disease stage (II vs III) and PD-L1 expression status (<1% vs ≥1%). Significance boundary = 0.009899 (based on total 5% alpha), calculated using a Lan-DeMets alpha spending function with O'Brien Fleming boundary. mEFS, median EFS; NR, not reached; PD, progressive disease.

DCO = Nov 10, 2022. D, Durvalumab; PBO, placebo.

Final analysis



*Using IASLC recommendations for pathologic assessment of response to therapy, including gross assessment and processing of tumor bed (Travis WD, et al. *J Thorac Oncol* 2020;15:709–40). [†]CI calculated by stratified Miettinen and Nurminen method. [‡]No formal statistical testing was performed at the pCR final analysis (DCO: Nov 10, 2022; N=740 [data shown]). Statistical significance was achieved at the interim pCR analysis (DCO: Jan 14, 2022; n=402; P-value for pCR/MPR calculated using a stratified Cochran-Mantel-Haenszel test with a significance boundary = 0.000082 calculated using a Lan-DeMets alpha spending function with O'Brien Fleming boundary).

¹Heymach JV, et al. *Cancer Res* 2023; 83 (8_Supplement):CT005.

Event-Free Survival Analysis: Neo-TORCH

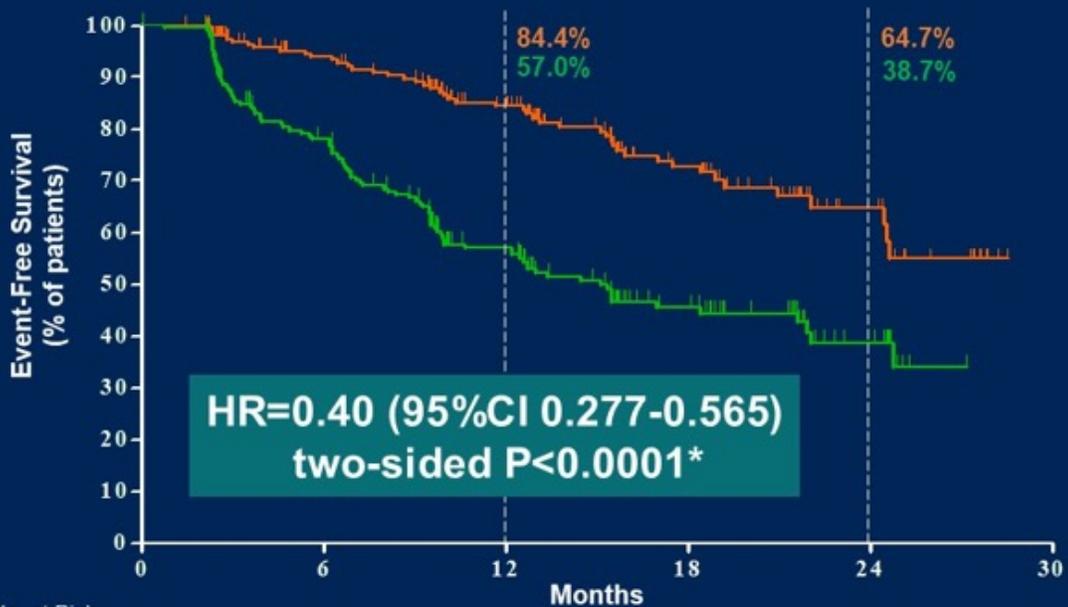
Intent-to-treat Stage III patients assessed by investigator per RECIST v1.1

EFS by investigator

No. of Events/No. of Patients Median EFS mos. (95% CI)

Toripalimab + chemo 47/202 NE (24.4, NE)
 Placebo + chemo 97/202 15.1 (10.6, 21.9)

Median follow-up: 18.25 months



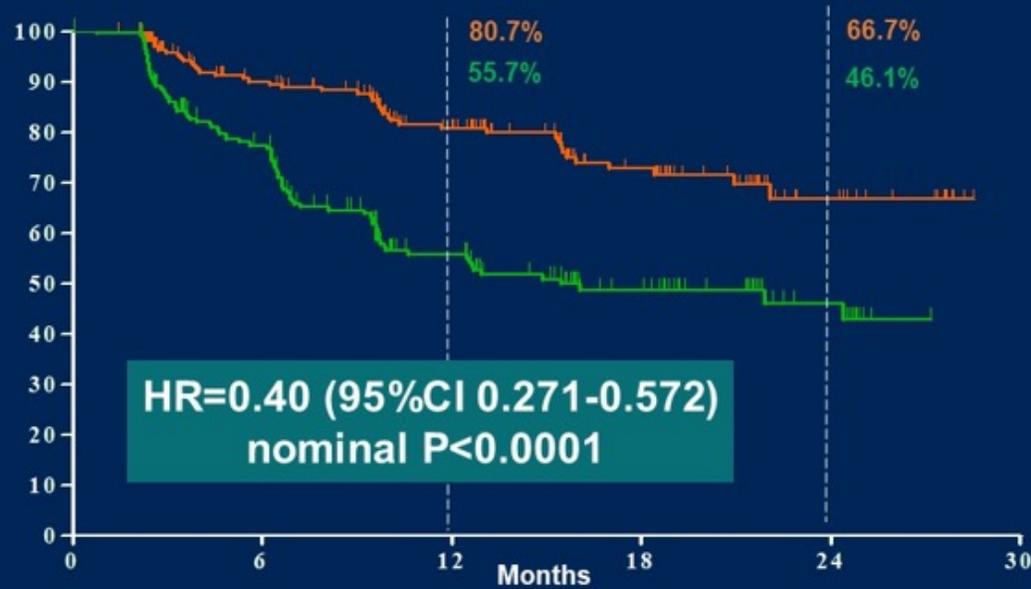
No. at Risk	0	6	12	18	24	30
Toripalimab + chemo	202	156	116	66	23	0
Placebo + chemo	202	139	86	43	15	0

EFS by IRC

No. of Events/No. of Patients Median EFS mos. (95% CI)

Toripalimab + chemo 43/202 NE (NE, NE)
 Placebo + chemo 87/202 15.5 (9.9, NE)

Median follow-up: 18.25 months



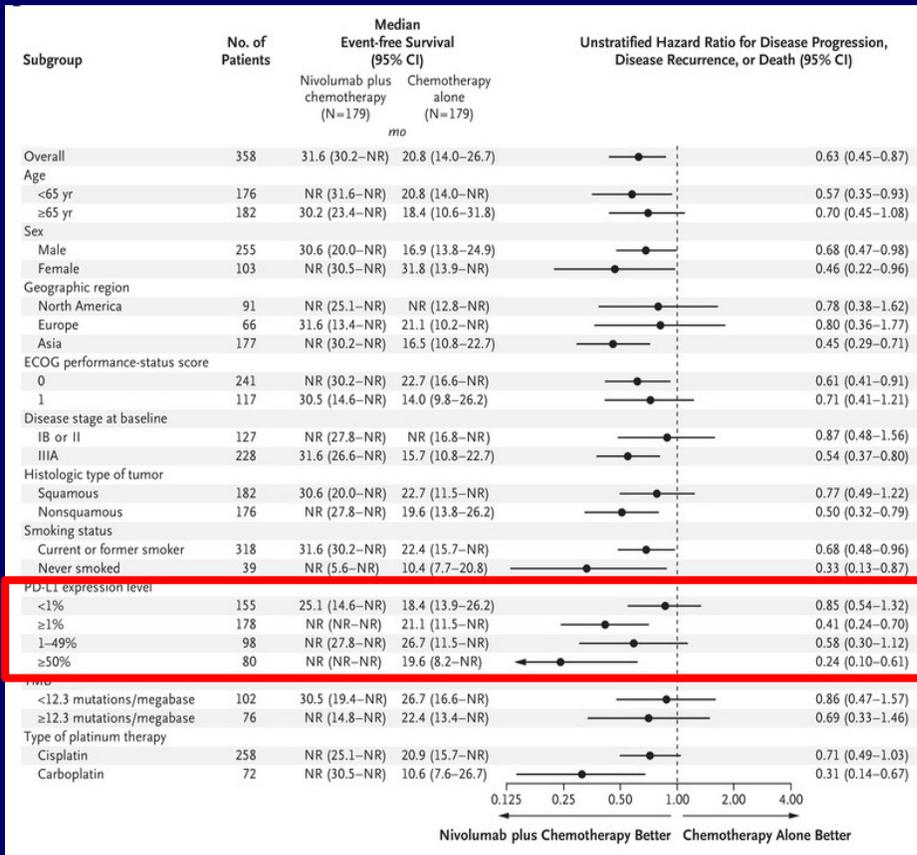
No. at Risk	0	6	12	18	24	30
Toripalimab + chemo	202	150	107	60	17	0
Placebo + chemo	202	134	74	38	14	0

*2-sided efficacy boundary: 0.01683

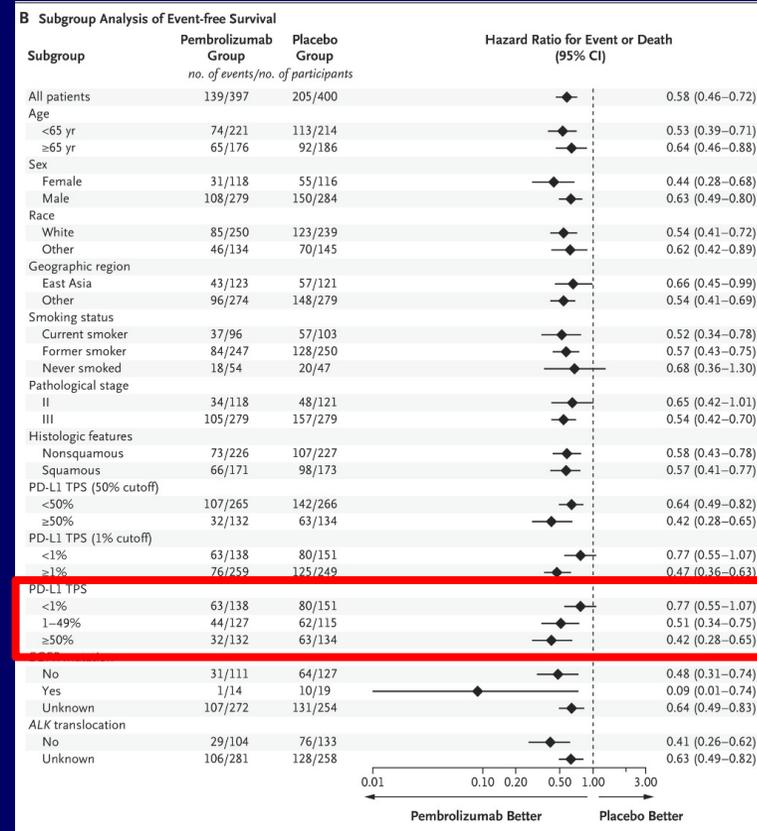
NE: not evaluable
 HR: Hazard ratio
 CI: confidence interval
 Data cutoff date: Nov. 30, 2022

Forest plot of EFS in CM816, KN671 & Aegean

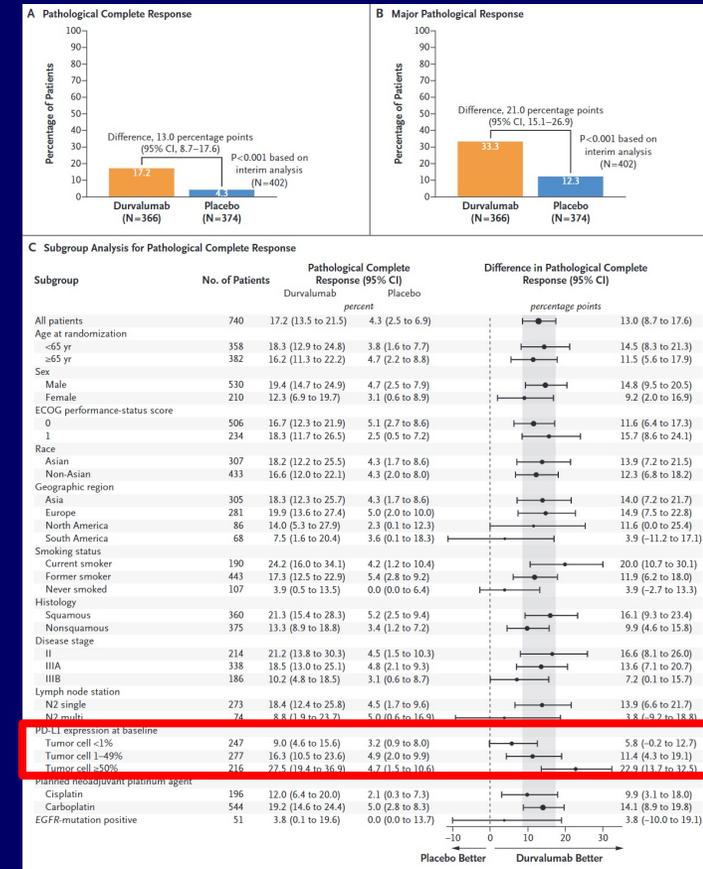
CM 816



KN 671



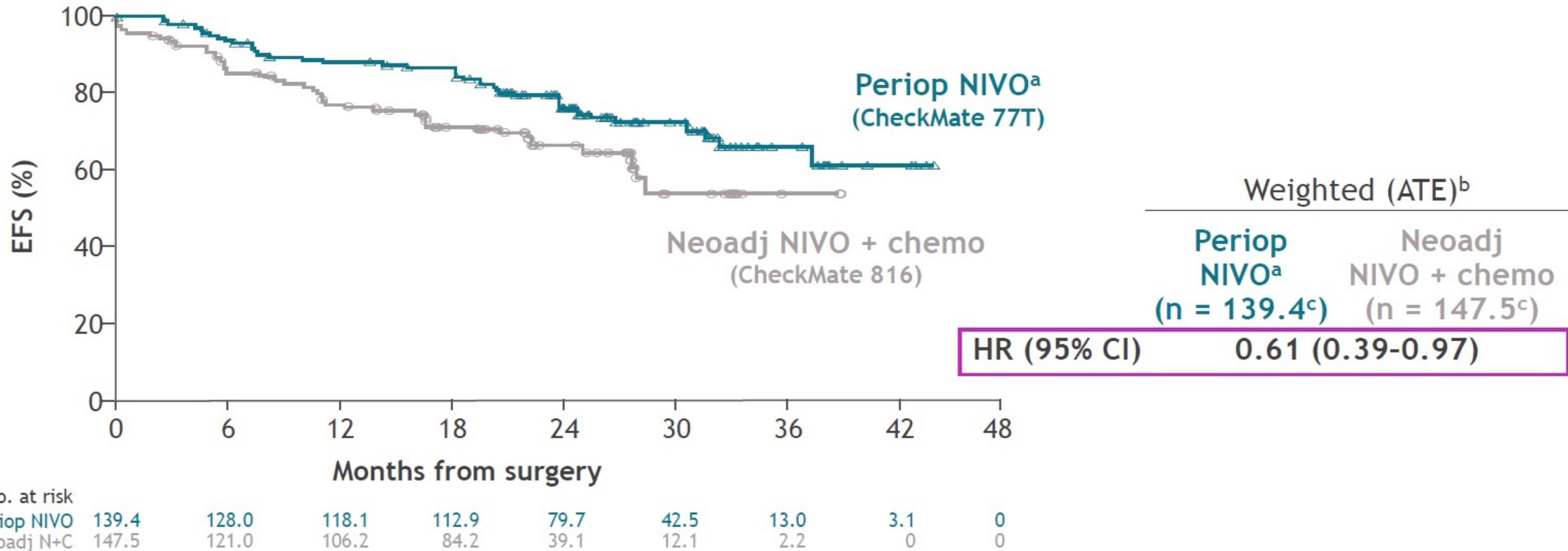
AEGEAN



Role of adjuvant Nivo: Comparison of 816 and 77T

Perioperative vs neoadjuvant NIVO: Patient-level analysis

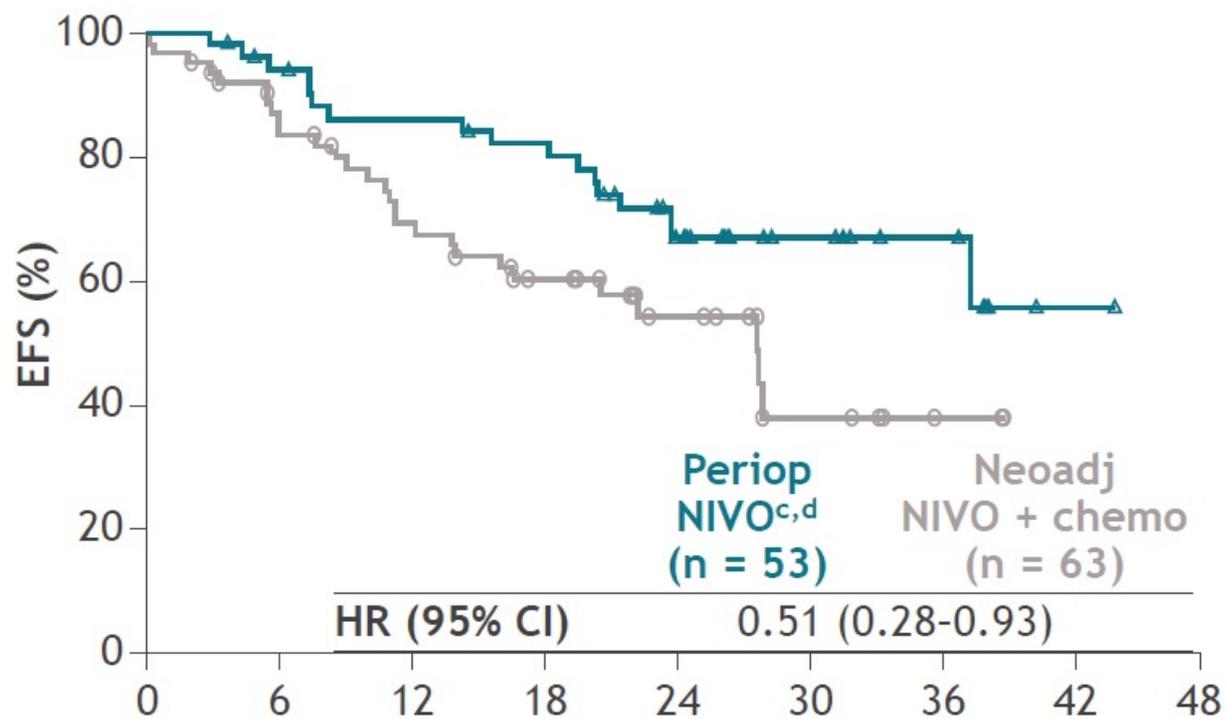
Landmark EFS (BICR) from definitive surgery



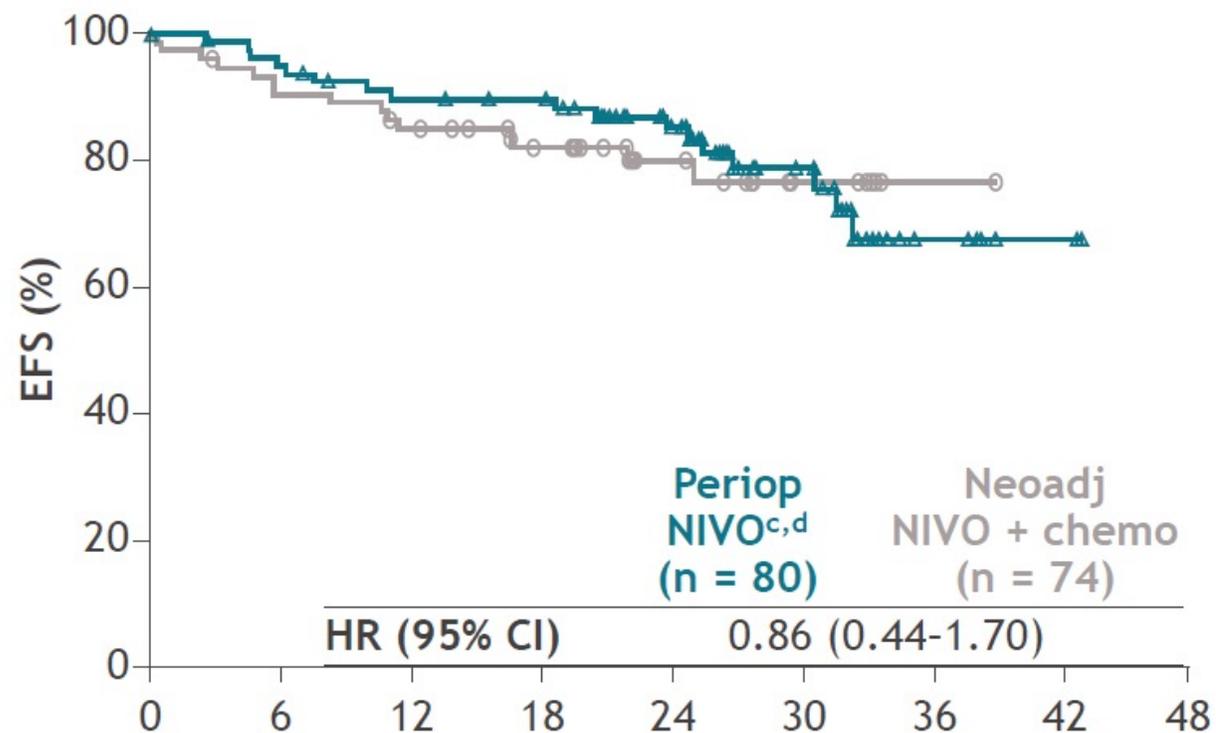
- HR (95% CI): ATT^d weighted analysis, 0.56 (0.35-0.90); unweighted analysis, 0.59 (0.38-0.92)

Landmark EFS (analysis population) by tumor PD-L1 expression^{a,b}

PD-L1 < 1%



PD-L1 ≥ 1%



No. at risk

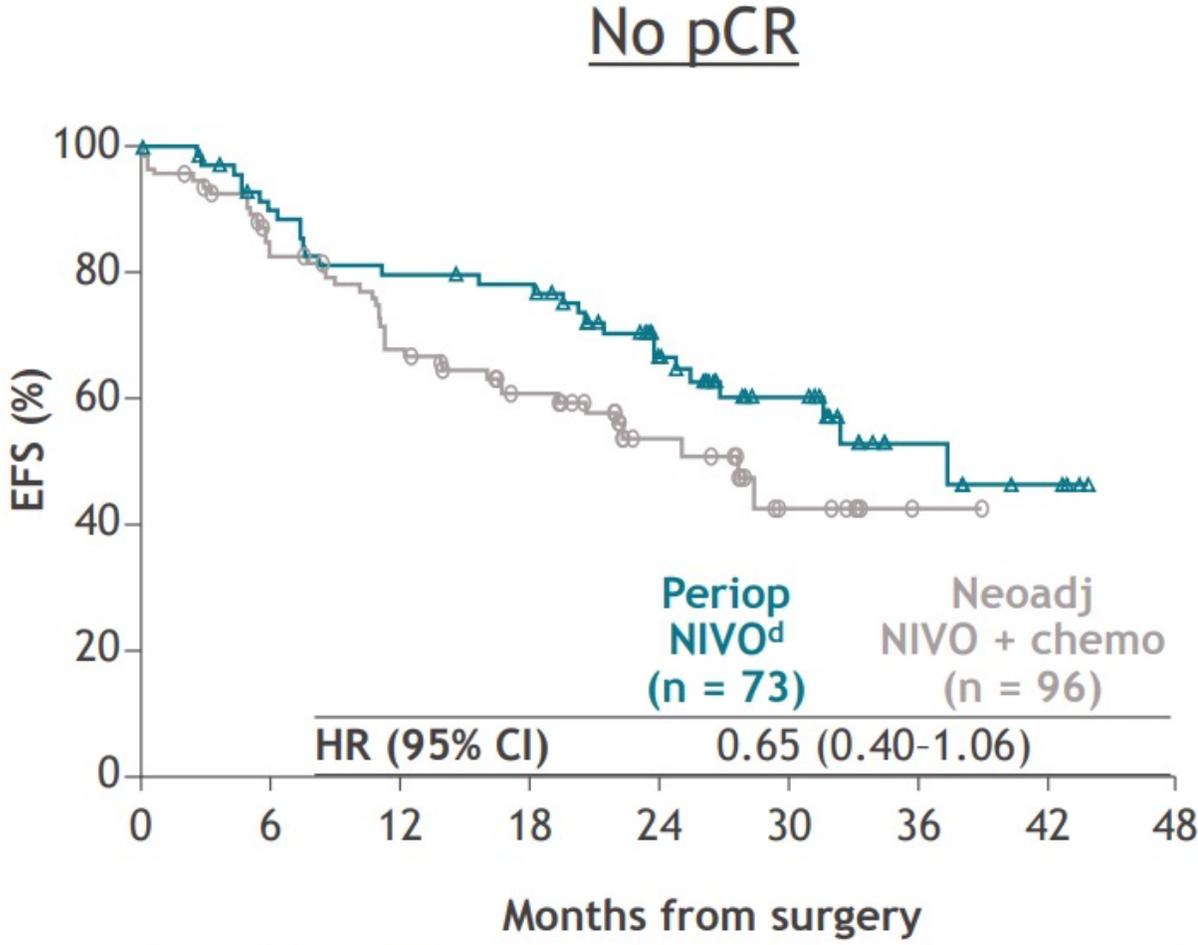
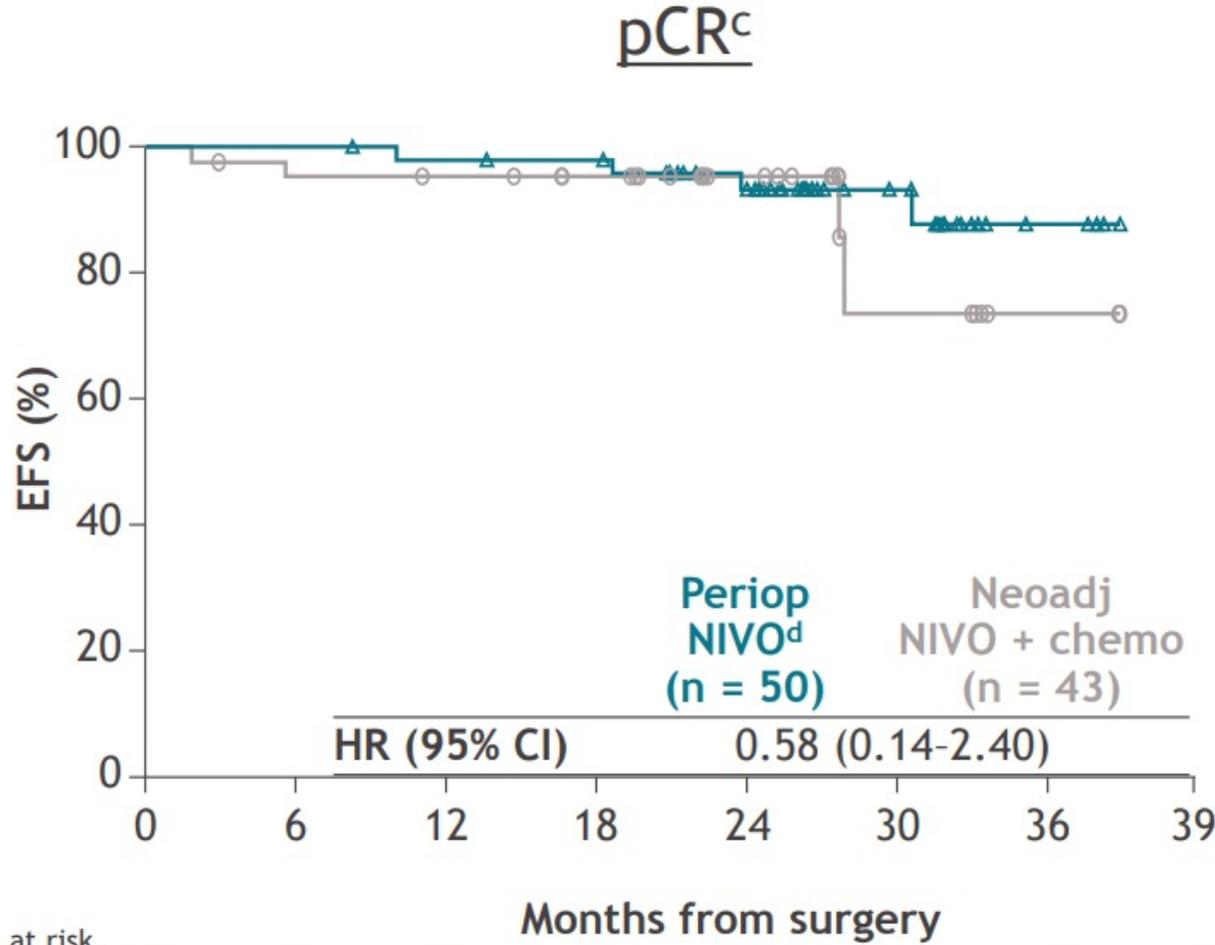
Months from surgery	0	6	12	18	24	30	36	42	48
Periop NIVO	53	48	43	40	27	15	7	1	0
Neoadj N+C	63	49	39	29	15	6	2	0	0

No. at risk

Months from surgery	0	6	12	18	24	30	36	42	48
Periop NIVO	80	74	68	66	48	26	6	2	0
Neoadj N+C	74	66	61	53	24	7	1	0	0

Median follow-up: CheckMate 816, 29.5 months; CheckMate 77T, 33.3 months. ^aPatients with non-evaluable PD-L1 expression were excluded. ^bUnweighted analyses. ^cIncludes only patients who received ≥ 1 dose of adjuvant NIVO. ^dCompleted adjuvant treatment: < 1%, 33 patients (62%) and ≥ 1%, 51 patients (64%). Median number of doses (range): < 1%, 13 (1-13) and ≥ 1%, 13 (1-13).

Landmark EFS^a (analysis population) by pCR status^{a,b}



No. at risk
 Periop NIVO
 Neoadj N+C

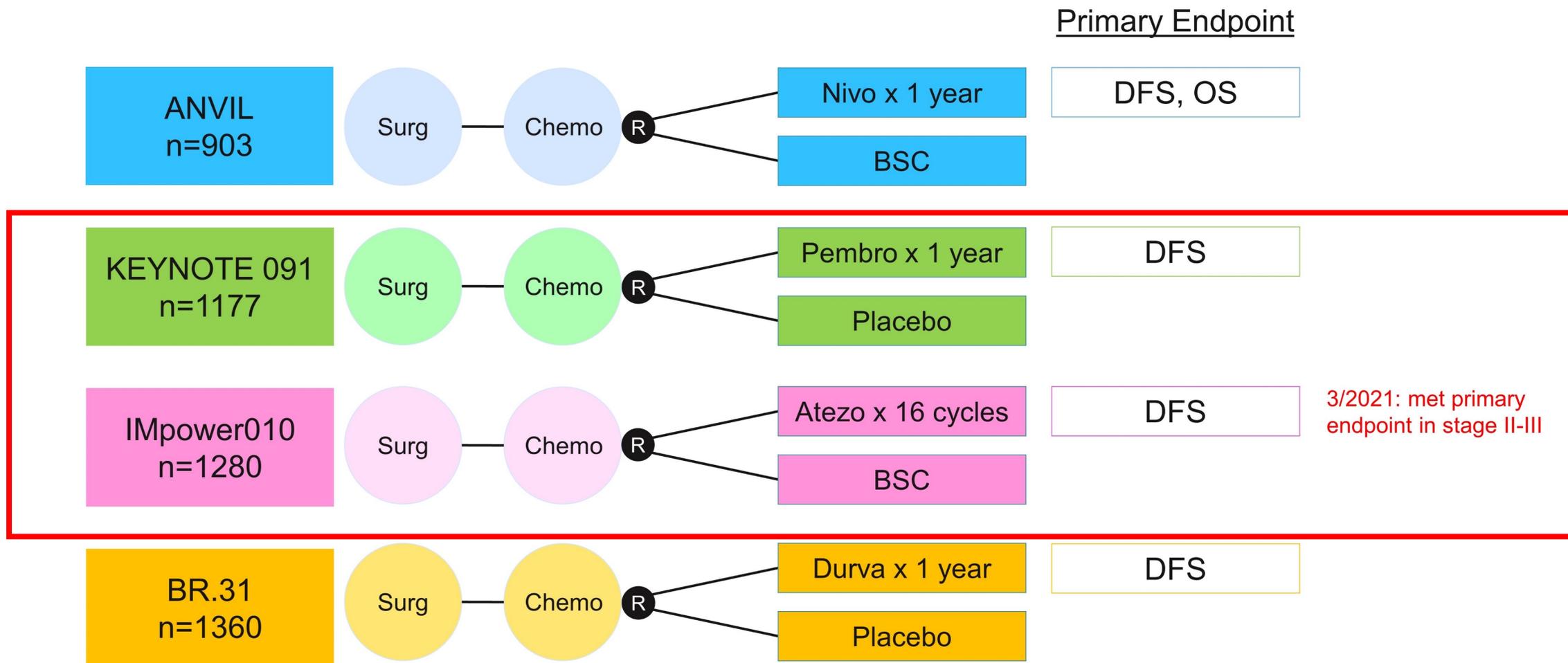
Summary

- In the absence of a randomized-controlled trial, this analysis represents the only comparison of perioperative vs neoadjuvant-only immunotherapy treatments for patients with resectable NSCLC, using individual patient-level data from 2 randomized phase 3 trials
- Approximately 40% reduction in risk of disease recurrence or death after surgery was observed in patients who received ≥ 1 dose of adjuvant NIVO following neoadjuvant NIVO + chemo treatment and surgery compared with those who did not receive adjuvant NIVO
 - Similar benefit was seen regardless of baseline stage, with a greater magnitude of benefit in patients with tumor PD-L1 expression $< 1\%$
 - Perioperative NIVO improved EFS benefit vs neoadjuvant NIVO + chemo for patients without a pCR
- Perioperative NIVO had a generally manageable safety profile
- These results help inform the potential benefit of adjuvant NIVO following neoadjuvant NIVO + chemo treatment and surgery and further support perioperative NIVO as a treatment option for eligible patients with resectable NSCLC

Major Remaining Questions: Neoadjuvant IO+CT & TKI Rx

- How many pre-op cycles? 2 vs 3
- Need for post-op adjuvant IO?
 - Does pCR matter?
 - Does ctDNA matter?
- Stage 1B included?
- Does PD-L1 status matter?
- Should patients with genetic alterations receive neoadjuvant TKI or CT/IO?

Phase III Studies Exploring Adjuvant Checkpoint Inhibitors

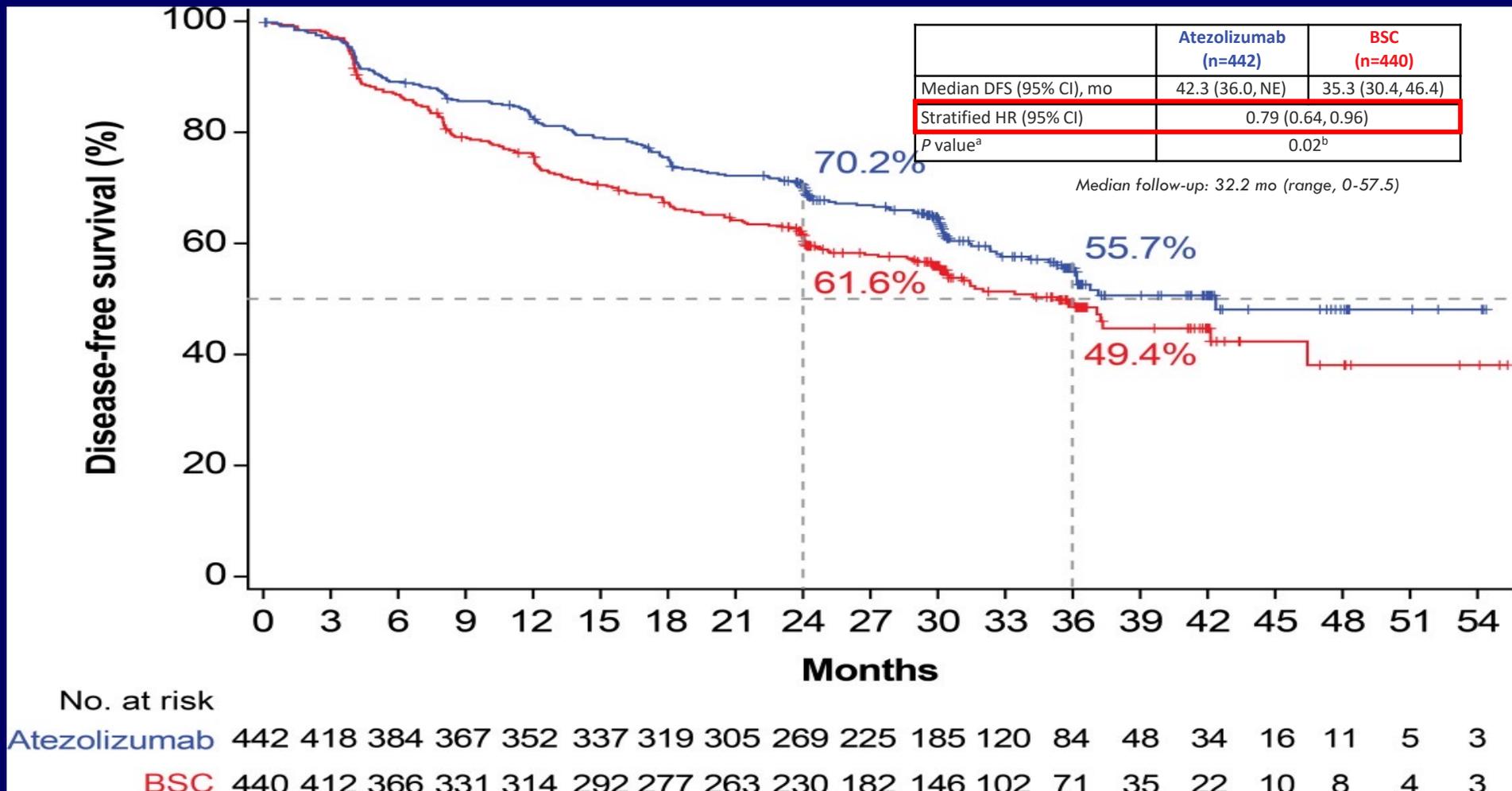


Presented By: **Ibiayi Dagogo-Jack MD**

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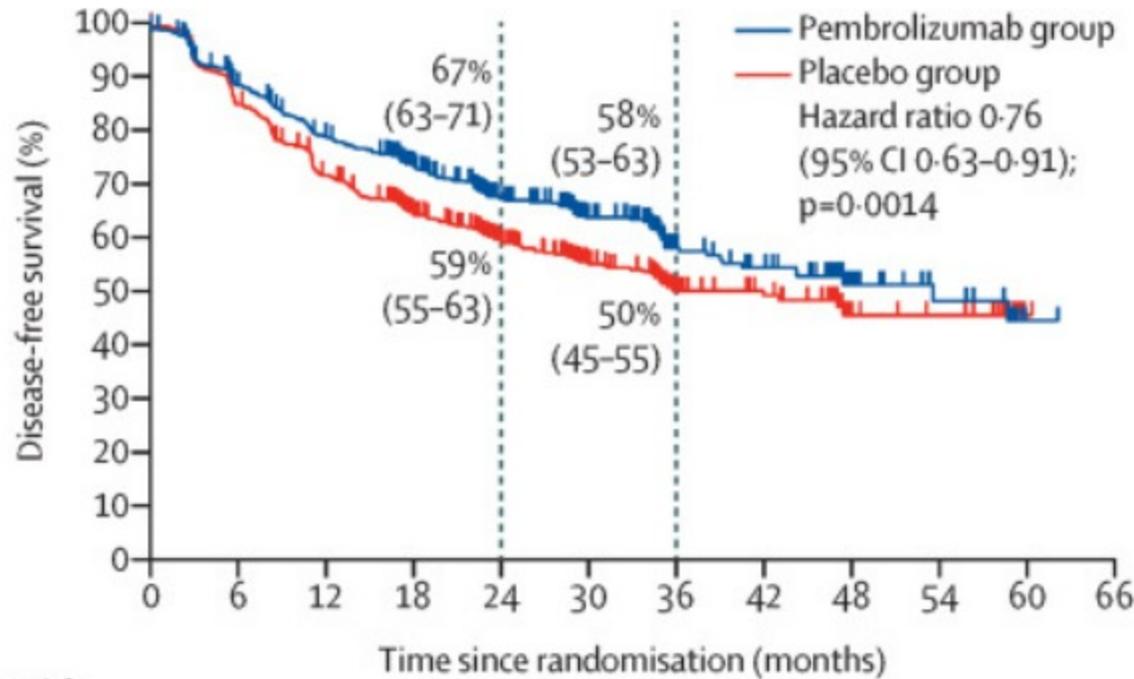
IMpower010: DFS in the all-randomized stage II-IIIa population (primary endpoint)



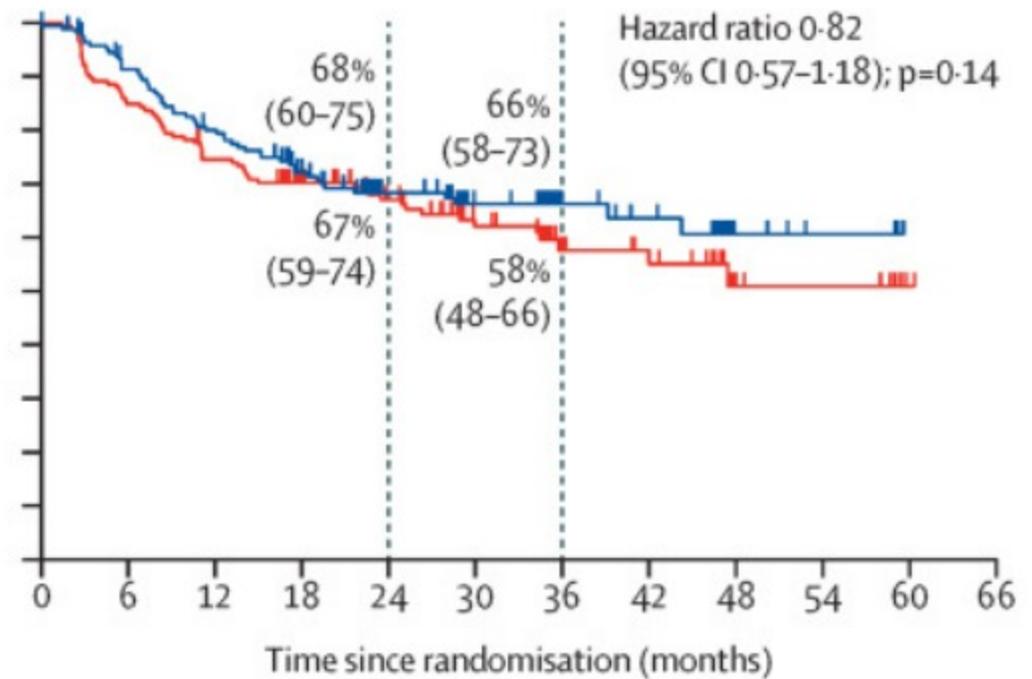
Dr. Heather A. Wakelee ASCO 2021, abstr 8500 IMpower010 Interim Analysis <https://bit.ly/33t6JJP>

PEARLS 091: Adjuvant pembro vs placebo

A



B



Number at risk
(number censored)

Pembrolizumab	590	493	434	358	264	185	82	70	28	16	1	0
	(0)	(30)	(36)	(84)	(150)	(216)	(306)	(313)	(352)	(363)	(377)	(378)
Placebo	587	493	409	326	241	160	72	57	22	18	1	0
	(0)	(5)	(13)	(56)	(118)	(183)	(259)	(273)	(305)	(309)	(326)	(327)

Overall Survival

	168	145	126	99	69	50	26	22	7	4	0	0
	(0)	(8)	(9)	(24)	(49)	(66)	(90)	(93)	(107)	(110)	(114)	(114)
	165	140	121	100	75	54	28	22	8	6	1	0
	(0)	(0)	(2)	(16)	(37)	(53)	(76)	(81)	(94)	(96)	(101)	(102)