

# EFFECTIVENESS AND SAFETY OF FIRST LINE CHEMOIMMUNOTHERAPY WITH PEMBROLIZUMAB FOR METASTATIC NON-SQUAMOUS NON-SMALL-CELL LUNG CANCER



🔁 H Gavilan Gigosos<sup>1</sup>, S Corrales Krohnert<sup>1</sup>, I Heras Hidalgo<sup>1</sup>, P de Juan-Garcia Torres<sup>1</sup>, I Mendoza Acosta<sup>1</sup>, LE Chara Velarde<sup>2</sup>, AM Horta Hernández<sup>1</sup>, A Miranda Del Cerro<sup>1</sup>, A Domenech Millan<sup>1</sup>, A Baldominos Cordon<sup>1</sup>

<sup>1</sup>Hospital Pharmacy, <sup>2</sup>Medical Oncology Department. Hospital Universitario de Guadalajara. Spain

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## **BACKGROUND AND IMPORTANCE**

Lung carcinoma is the leading cause of cancer-related death in the world. Pembrolizumab is a human IgG4 monoclonal antibody that binds to the PD-1, enhancing the immune response of T-cells.

### **AIM AND OBJECTIVES**

To evaluate effectiveness and safety of chemoimmunotherapy with pembrolizumab for metastatic non-squamous non-small cell lung cancer (NSQ-NSCLC), without driver mutations EGFR/ALK. Secondary endpoint was to evaluate the impact of different variables on overall survival (OS).

#### **MATERIAL AND METHODS**



Pembrolizumab +

Retrospective observational study (January-2018 to July-2024) including all patients with metastatic NSQ-NSCLC who received platinum-based chemotherapy and pembrolizumab.

- Data collected: histology, smoking, ECOG, metastasis, PD-L1 expression, chemotherapy, frequency ٠ and severity of adverse events (AEs), and treatment discontinuation due to AEs.
- Effectiveness was evaluated by median OS, progression-free survival (PFS), objective response rate (ORR) and disease ٠ control rate (DCR), calculated with Kaplan-Meier estimator, STATA® v.16.0. Multivariate analysis was performed by coxregression, expressed as Hazard ratio (HR).

#### RESULTS

Kaplan-Meier Overall Survival (OS) pembrolizumab + chemotherapy

DATA COLLECTED	Chemotherapy		Pembrolizumab +		-1.					
	(n=88)	EFECTIVENESS VARIABLES	Chemotherapy			1				
6	n (%)		%		0.75	1				
Sex Women	27 (21)	ORR	56	1	te	5				
Men	61 (69)	Complete response	9		val ra					
Median age (RIC)	65 (56-70)	DCR	69	1	Surviv 0	T <sub>1</sub>				
Smoking		Median OS (months) (95%CI)	10.6 (7.7-13.8)	1	55					
Ex/smokers	80 (91)	Median PFS (months) (95%CI)	5 (4.3-7.7)	1	0.2	ľ		_		
Never	8 (9)	One-year OS rate	46	1						
Median Pack-Year-Index (RIC)	40 (25-50)	Five-year OS rate	13	-	0.00	,	1	т		_
ECOG			21	-	(	0	20	40	60	
0	17 (20)	One-year PFS	21	-			Anal	ysis time (month)		
1	40 (45)	Five-year PFS	12		8_K	aplan-Meier Progr	ession-free S	urvival (PFS) pemb	orolizumab+chemot	ne
2	29 (33)	99% experienced	AEs		÷					
5 Histology	± (±)				ю					
Adenocarcinoma	77 (89)	47% suffered grade 3-4 AEs, main	ly asthenia (22%).		0.7					
Undifferentiated	7 (8)	17% discontinued tratment	due to AEs.		ate					
Large cell carcinoma	2 (2)		Pembrolizumab +		ival r					
Mixed	1 (1)	ADVERSE EVENTS	Chemotherapy		Surv	N.				
Metastasis			%		25	1				
Bone	47 (53)	Asthenia	57		0.0	5				
Brain	26 (29)	Anemia	28				<b></b>			
Liver	16 (18)	Neutropenia	26		0.00					_
PD-L1 expression			20		(	0 2	20	40	60	
< 1%, negative or not-performed	44 (50)	Infection	24				Analy	ysis time (month)		
1-49%	29 (33)	Regarding multivar	iate analysis. statist	tical s	ignif	icant var	iables	were: ex/	smoker	
≥50%	15 (17)	5.0(95%Cl:1.5-17):p=0.0	01: bone metastasis	2.6(9	5%C	1:1.4-4.9)	:p=0.0	04: brain	metastas	S
Chemotherapy			3 6)·n=0 022 and EC	000 0	_1 0 3	R0/05%/CI	·0 21_0	) 72)·n_0 (	003	
Carboplatin	80 (91)	1.3(33 /801.1.00-	5.0/,p=0.055 and EC		-1 0.0	1001 25/001	.0.21-0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
Cisplatin	8 (9)									

- > More than half of the patients responded to treatment, however only a small part were alive or free from disease five years later.
  - $\succ$  Smoking, bone and brain metastasis were associated with less survival.
  - > Most patients experienced AEs that caused discontinuation of therapy, which emphasizes the need to adequately select patients.



ab+chemotheran