6ER-046
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DURVALUMAB AS CONSOLIDATION THERAPY FOLLOWING CHEMORADIOTHERAPY IN UNRESECTABLE STAGE III NON-SMALL-CELL LUNG CANCER: REAL-WORLD SURVIVAL OUTCOMES

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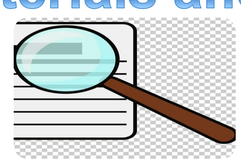
Background and importance

Consolidation durvalumab following platinum-based chemoradiotherapy (CRT) is the global standard of care for patients with **unresectable, stage III non-small-cell lung cancer** (NSCLC). Observational studies providing real-world evidence are essential to confirm these benefits.

Aim and objectives

This study aims to evaluate the **effectiveness and safety of durvalumab** as **consolidation therapy** after concurrent CRT in the treatment of unresectable stage III non-small-cell lung cancer (NSCLC) at a tertiary care hospital.

Materials and methods



Characteristics of the study

- Observational, descriptive and retrospective
- Real world evidence

Inclusion criteria

- Patients with NSCLC who received durvalumab after concurrent CRT
- From January 2018 to December 2023

Data collection

- Electronic medical record (HCIS®) and the pharmacy database Oncofarm®
- Statistical analysis: Jamovi®

Effectiveness variables

- Progression-free survival (PFS)
- Overall survival (OS)

Results

N=52

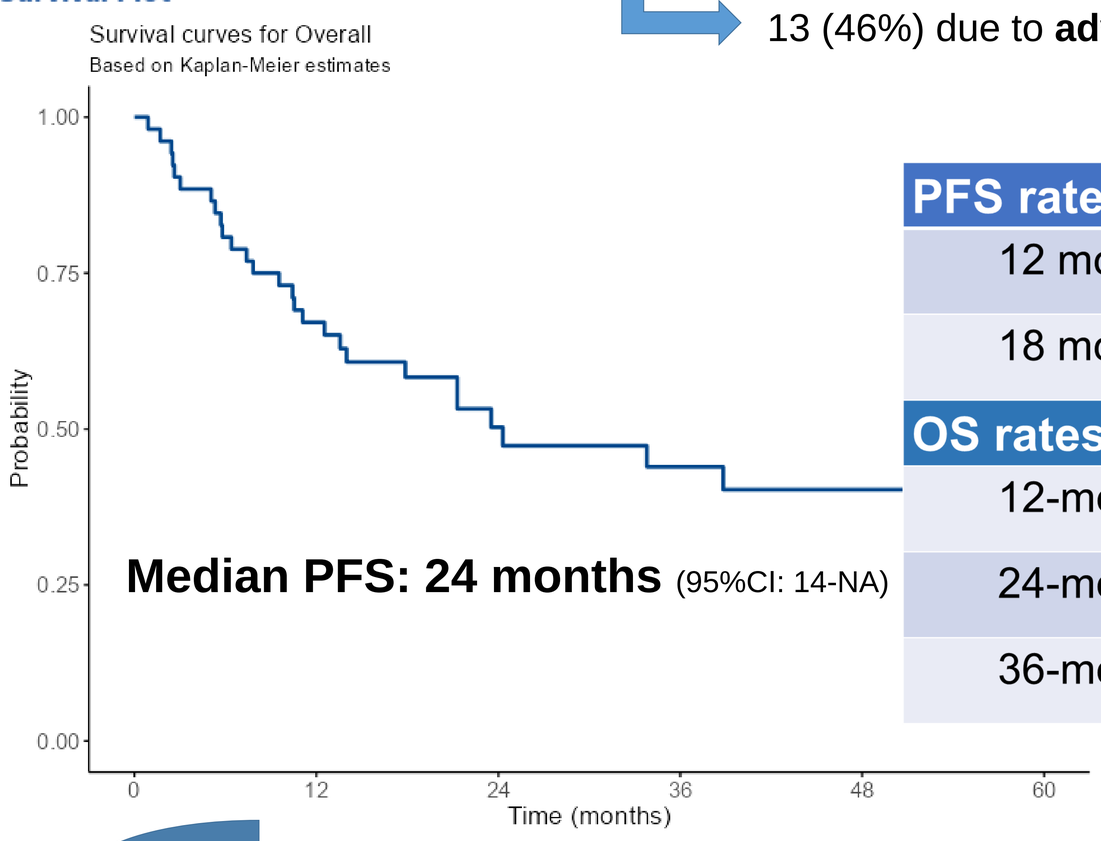
Baseline characteristics (N=52)	
Age --- years	
Median	72
Range	54-84
Sex --- No (%)	
Male	33 (63)
Female	19 (37)
Tumor histologic --- No (%)	
Adenocarcinoma	32 (62)
Squamous cell carcinoma	18(35)
Other	2 (3)
Best response to prior CRT --- No (%)	
Partial response	37 (71)
Stable disease	15 (29)
PD-L1 status --- No (%)	
High expression (≥25%)	26 (52)
Low expression (1-24%)	24 (48)

Median follow-up: 24 months

More than half of the patients (N=28, 54%) did not complete the full year of consolidation therapy. Disease progression was the most common reason of discontinuation

- 15 (54%) due to **disease progression**
- 13 (46%) due to **adverse events**

Survival Plot



Median PFS: 24 months (95%CI: 14-NA)

PFS rates	
12 months	67,1% (95%CI:55-81)
18 months	43,9% (95%CI:31-62)

OS rates	
12-months	86,5 % (95% CI: 77-96)
24-months	71 % (95% CI: 55-83)
36-months	52% (95% CI: 39-71)

PFS subgroup analysis according to PD-L1 status:

- PD-L1 ≥ 25%: 33,8 months
- PD-L1 1-24%: 22,5 months

Conclusions and relevance

Our results demonstrate **favorable outcomes** with durvalumab consolidation therapy in real-world clinical practice, achieving **higher PFS and OS rates compared to the PACIFIC trial**. These superior outcomes may be attributed to the fact that **our study exclusively included patients with PD-L1 expression ≥1%**, whereas the PACIFIC trial included 20% of patients with no PD-L1 expression.