Effectiveness and safety of durvalumab in the treatment of unresectable locally advanced non small cell lung cancer (LANSCLC)

Rodríguez Fernández Z[1], Távara Silva B[2], Matilla Fernández B[1], Casás Fernández X[1], Vélez Blanco A[1], Saéz Hortelano JC[1], De Castro Avedillo C[1], Varela Fernández R[1], Martín Sanz A[1], Guindel Jiménez C[1], Arenós Monzó C[1]

[1] ***Complejo Asistencial Universitario de León. Pharmacy Service. León. Spain***

[2] ***Complejo Asistencial Universitario de León. Oncology Service. León. Spain***

Background

Unresectable LANSCLC long-term survival is poor. Durvalumab is approved as consolidation treatment in unresectable LANSCLC, without progression after chemoradiotherapy including platinum, with PDL-1>1%.

Aim and objectives

To analyse the efficacy and safety of durvalumab in the treatment of unresectable LANSCLC compared with the results of the pivotal study (PACIFIC). Secondary objective: influence of PD-L1 expression on efficacy.

Materials and methods

Retrospective observational study of patients with unresectable LANSCLC treated with durvalumab, in a tertiary hospital (August/2018-October/2021).

Variables studied (electronic medical history): sex, age, ECOG, smoking, PDL-1, histology, disease stage. Variable to evaluate **effectiveness**: progression-free survival (PFS) from the start of treatment. For **safety:** adverse events (AE) and toxicity grade according to the Common Terminology Criteria for Adverse Events (CTCAE) v5.0. Statistical analysis performed with SPSS v23 software.

Results

31 pacientes

Mean age 66.45(±9.45) years

Male 74,2%

ECOG 0	74,2%
ECOG 1	25,8%

Smokers	64,5%
Ex-smokers	35,5%

IIIA	25,8%
IIIB	48,4%
IIIC	25,8%

Adenocarcinoma	41,9%
Squamous	41,9%
Unspecified	16,1%

EFFECTIVENESS

Median PFS 14 (95%CI 7.59-20.4)

PFS rate at 12 months 70,6%

- PD-L1 <1%: 25%
- PD-L1 1-45%: 50%
- PD-L1 ≥50%: 73,33%

SAFETY

Adverse events 51,6%

- Grade 1-2: 68%
- Discontinuation: 12,9%

• Thyroid alteration	19,32%
• Cutaneous alteration	22,54%

Conclusions

Effectiveness compared with the PACIFIC study:

- Lower median PFS (14 vs 17 months)
- Higher PFS rate at 12 months (70.6% vs 55.7%)

Results that seem comparable

- Lower effectiveness in PDL<1%

Small sample size (n= 4) cannot be extrapolated

Safety

Results are similar to those of the PACIFIC study

Good safety profile in our patients

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Complejo Asistencial Universitario de León

zrodriguezf@saludcastillayleon.es