

INDIRECT COMPARISON OF FIRST-LINE TREATMENT WITH TISELIZUMAB, ATEZOLIZUMAB OR DURVALUMAB FOR PATIENTS WITH EXTENSIVE-STAGE SMALL-CELL LUNG CANCER

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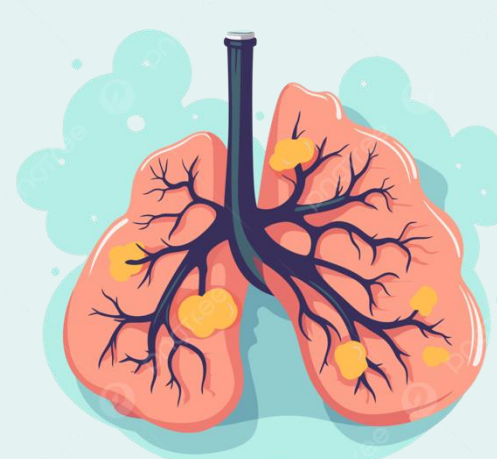
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Background and Importance



The need for Indirect Comparison

PDL-1 inhibitors provide modest survival in ES-SCLC, but a lack of head-to-head trials makes it difficult to select the optimal treatment

Aim and Objectives

To determine whether tislelizumab, atezolizumab and durvalumab can be considered clinically equivalent therapeutic alternatives (CETAs) in patients with ES-SCLC.

Materials and Methods

Literature research



Researchers used an adjusted indirect treatment comparison (ITC) via the Bucher method and de CADTH ITC calculator to analyze Phase III Trials

Hazard ratio (HR) < 0.65 (and its inverse, 1.54) is considered clinically meaningful for treatment differences in this setting

Results

Individual Clinical Trial Outcomes

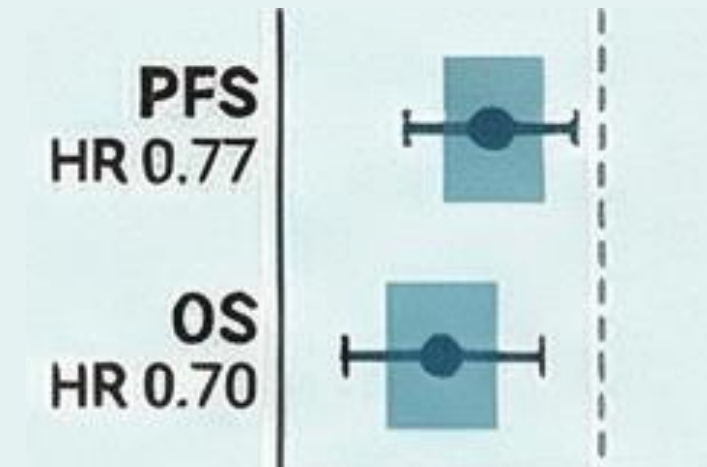
Tislelizumab (RATIONALE-312)

Demonstrate a Progression Free Survival HR of 0.64 and an Overall Survival HR of 0.75



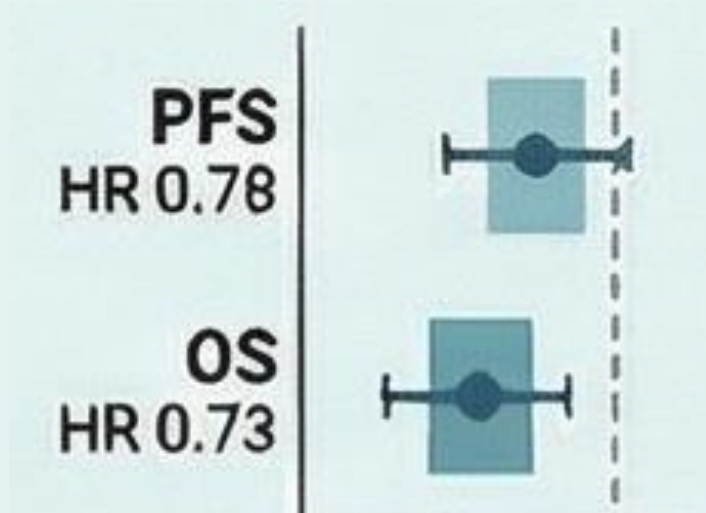
Atezolizumab (IMpower133)

Reported a Progression Free Survival HR of 0.77 and an Overall Survival HR of 0.70



Durvalumab (CASPIAN)

Showed a Progression Free Survival HR of 0.78 and an Overall Survival HR of 0.73



Indirect Treatment Comparison Results

Tislelizumab vs. Atezolizumab



Tislelizumab vs. Atezolizumab
PFS HR 0.83 (0.62–1.11) | OS HR 1.07 (0.77–1.50)

Tislelizumab vs. Durvalumab



Tislelizumab vs. Durvalumab
PFS HR 0.82 (0.62–1.08) | OS HR 1.03 (0.83–1.28)

Atezolizumab vs. Durvalumab



Atezolizumab vs. Durvalumab
PFS HR 0.99 (0.73–1.33) | OS HR 0.96 (0.68–1.35)

Conclusion and Relevance

No Statistically Significant Differences

No significant differences were observed for either PFS or OS across the three compared therapies



Clinically Equivalent Therapeutic Alternatives (CETAs)

Because they share similar mechanisms and outcomes, these treatments can be considered interchangeable CETAs for first-line ES-SCLC



Potential Bias in OS Results

A higher proportion of patients in RATIONALE-312 trial received subsequent systemic therapies, which may have influenced OS data

2SPD-021

