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REAL WORLD DATA (RWD) ANALYSIS ON USE OF IMMUNECHECKPOINT INHIBITORS (ICI) FOR NONSMALL-CELL LUNG CANCER (NSCLC)

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Background

Nivolumab (N) and Pembrolizumab (P), or on the PD-L1 ligand, atezolizumab or durvalumab, are authorised for the treatment of NSCLC. Registration RCTs may not always give definitive answers regarding the optimal ICI's duration of treatment (DOT). There is evidence that treatment may be interrupted before progression, or before scheduled cycles are completed for different reasons and that potentially affecting efficacy. **There are reasons for patient discontinuation in RCTs and in the real world comparable?**

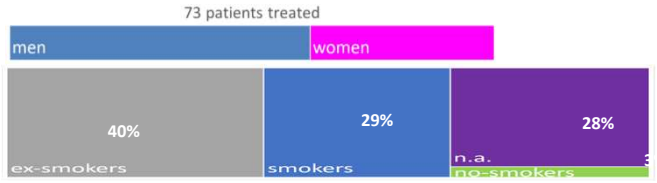
Aim

Evaluate the appropriateness of treatment choices by analyzing DOT with ICI in a cohort of patients with NSCLC.

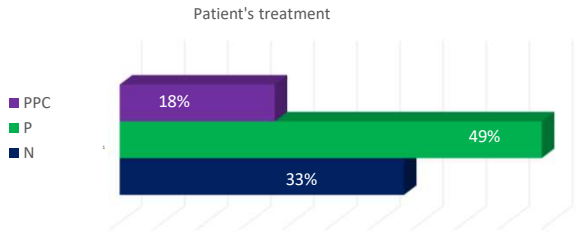
Methods

For 27 months data were recorded on patients treated in I-line with P or combinations of P+Pemetrexed+platinum chemotherapy (PPC), or in II-line with N. The percentage of **PD-L1 expression (PD-L1el) was observed**; the median DOT was measured, and the data were stratified according to **treatment discontinuation causes**.

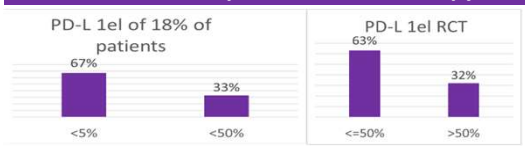
Results



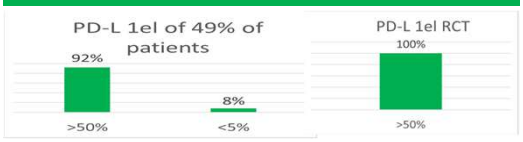
5% of patients are udergoinng treatment and 4% have completed it.



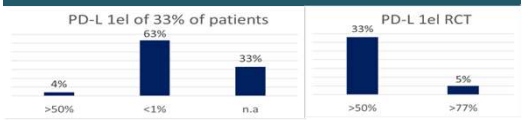
P+Pemetrexed+platinum chemotherapy

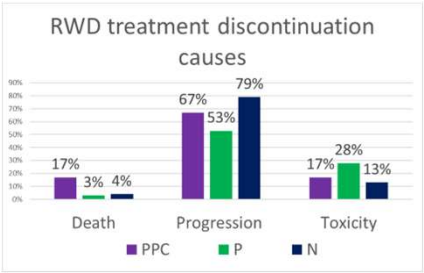


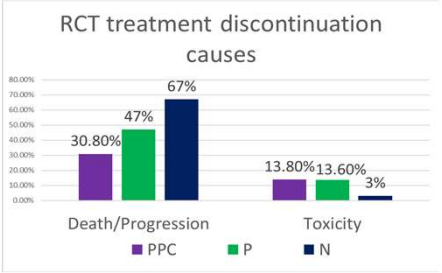
Pembrolizumab

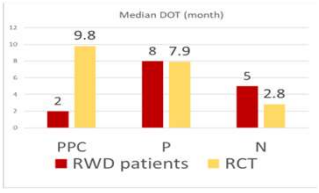


Nivolumab









Conclusions

RCT and RWD data are conflicting. The median of DOT is superimposable for P and the death/progression rate for N. The treatment choices made were appropriate, maximizing treatment efficacy, while respecting the risk/benefit profile in a population different of the RCTs

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