

SECOND-LINE TREATMENT OF METASTATIC NON-SMALL-CELL LUNG CANCER WITH IMMUNE CHECKPOINT INHIBITORS

New abstract number: 4CPS-097

ATC code: L01 - Cytostatics

FJ SALMERON-NAVAS, C MARTINEZ-DIAZ, EM BARREIRO-FERNANDEZ, M DOMINGUEZ CANTERO, S FENIX-CABALLERO

Hospital Universitario Puerto Real

OBJECTIVES

- Efficacy
- Safety
- Conditions of use established

Patients with metastatic non-small-cell lung cancer (mNSCLC) in second-line treatment with Immune Checkpoint Inhibitors (ICI)

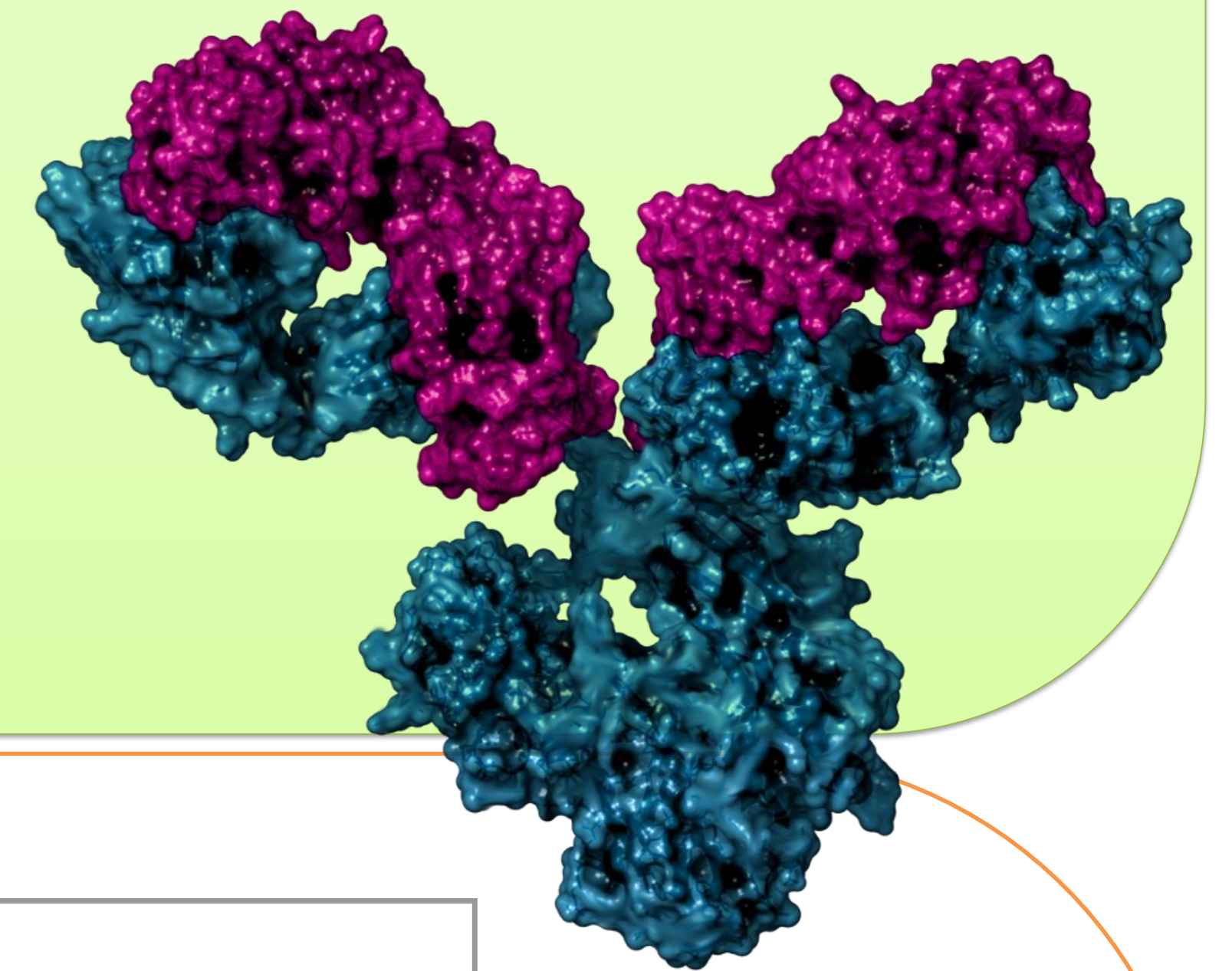
METHODS

- Retrospective descriptive study, from 01/12/2013 until 02/10/2019
- Patients with mNSCLC on treatment with Atezolizumab, Nivolumab or Pembrolizumab
- Variables recorded:
 - Sex
 - Age
 - Smoking status
 - Performance status (PS)
 - Histology
 - Actives brain metastases
 - EGFR/ALK/ROS-1 mutations
 - PDL-1 expresión
 - therapeutic scheme and number of cycles received

- Effectiveness →
 - Progression-free survival (PFS)
 - Overall survival (OS)
 Calculated by the Kaplan–Meier method

- Safety → Adverse reactions (AR) of Grade ≥3

- Conditions of use established
 - PS=0-1
 - Patients without active brain metastases
 - Patients without EGFR/ALK/ROS-1 mutations



RESULTS

Nº Patients	Variables recorded	Results
40 patients	Sex	85% men
	Age	70 (42-83) years old
	Smoking status	<ul style="list-style-type: none"> • Current smoker → 14 patients • Former smoker → 23 patients
	PS	PS ≤ 1 → 37 patients
	Histology	<ul style="list-style-type: none"> • Lung adenocarcinomas → 18 patients • Non-squamous histology → 22 patients
	Actives brain metastases	0% patients
	EGFR/ALK/ROS-1 mutations	0% patients
	PDL-1 expression	PDL-1 ≥ 1 → 17 patients
	Schemes, average numbers and range of cycles	<ul style="list-style-type: none"> • Atezolizumab 1.200 mg every 3 weeks, 5 (1-14) cycles • Nivolumab 3mg/kg every 2 weeks, 12 (1-44) cycles • Pembrolizumab 2mg/kg every 3 weeks, 6 (4-17) cycles

- Effectiveness →
 - PFS → 5 months (95%CI, 2.9-7.1)
 - OS → 14 months (95%CI, 8.3-19.7)

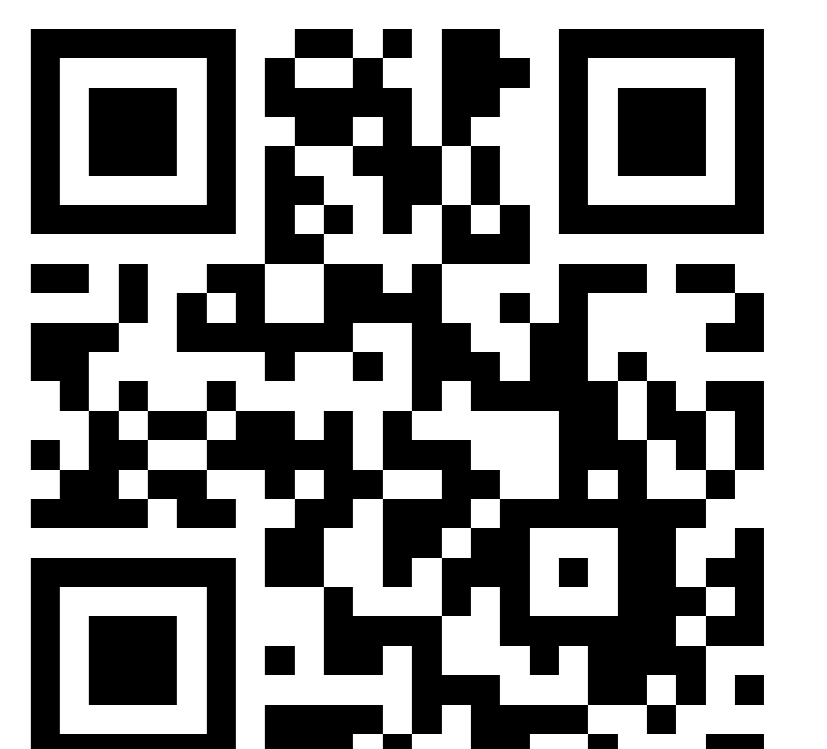
- Safety
 - Asthenia (29%)
 - Pneumonitis (29%)
 - Renal disorder (14%)
 - Hyperglycemia (14%)
 - Gastrointestinal symptoms (14%)

- Conditions of use established

7.5% of the patients did not comply → start of treatment with PS ≥ 2

CONCLUSIONS

1. ICIs demonstrate a clinical benefit in PFS and OS.
2. The most frequent Grade ≥3 AR was asthenia and pneumonitis.
3. Our studies suggest a high percentage of compliance with criteria established.



<https://www.eahp.eu/25-4CPS-097>