ADEQUACY OF NIVOLUMAB AND PEMBROLIZUMAB IN NON-SMALL-CELL LUNG CANCER

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Background

Between 2016 and 2017 the National Agency of Medicines and Medical Devices regulated the use of Nivolumab and Pembrolizumab for the treatment of non-small cell lung cancer (NSCLC).

In clinical trials conducted, patients with ECOG 0-1 and a life expectancy of at least 3 months were included since the benefit of immunotherapy can be delayed and even present a response after progression (pseudo-progression).

Objetives

To analyze characteristics of patients with NSCLC treated with nivolumab and pembrolizumab for less than 3 months at our center.

Material y Methods

Observational descriptive study was conducted.

- **Which patients were included?** Patients diagnosed with NSCL treated for ≤ 3 months (≤6 cycles of nivolumab and ≤4 cycles of pembrolizumab)
- **Between what period of time?** From the approval date of these drugs until October 2018.
- **What data was collected?** Age, sex, ECOG, histology, brain metastases, PDL-1 expression, number of previous lines, time elapsed since previous treatment if any, and reason for discontinuation.

Overall survival (OS) and progression-free survival (PFS) medians were calculated with SPSS 22.0 using Kaplan-Meier method.

Results

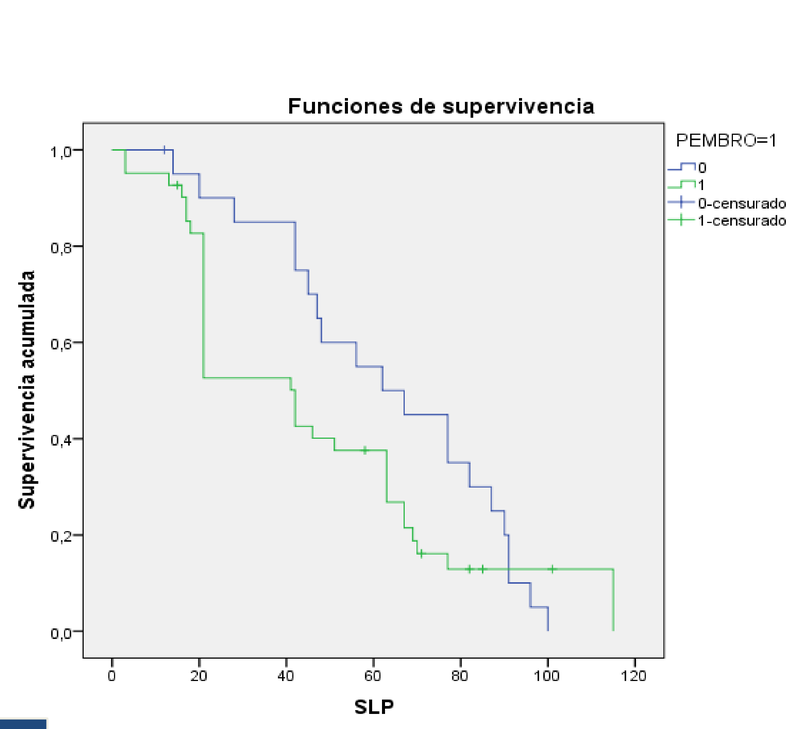
62 patients

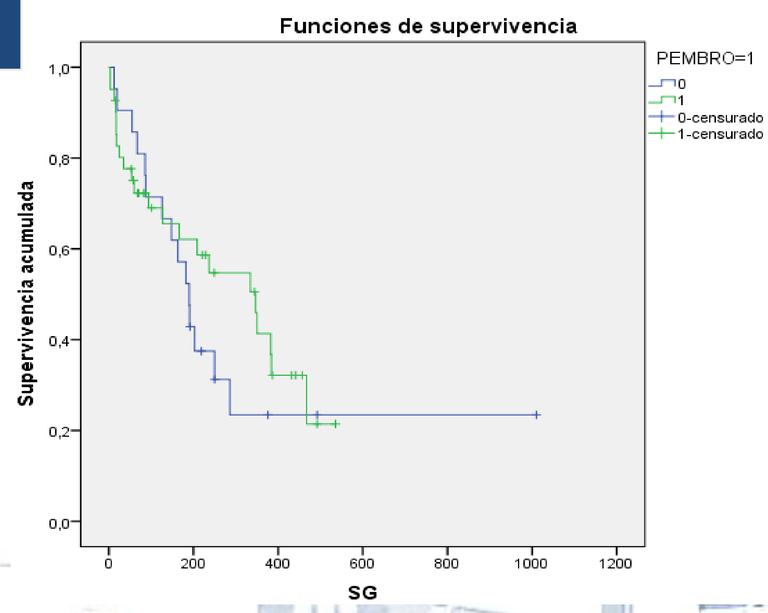
41 Pembrolizumab (PDL-1 100% positive)

21 Nivolumab

(PDL-1: 4,8% possitive, 57,1% without determination)

- 65,5% M; 35,5% F
- Medium age: 68 ± 9.7
- 85,2% ECOG 0-1
- 75.4% non-squamous lung cancer
- 14.5% brain metastases
- Previously treated: 75,8% (61.7% in less tan 3 months and 97,2% with < 3 previous lines)
- Median treatment duration: 42 days (3-115)
- 7 patients discontinued due to drug toxicity





The global median OS and PFS were 209 and 47 days, with no statistically significant differences between both treatments (p=0,440 and p=0,221 respectively).

Conclusiones

With the aim of improving the rational use of medicines and optimising results, this findings encourage us to carry out studies with a larger sample of patients in order to select the patients who would benefit most of these therapies.

The possible presence of pseudoprogression in those who did not reach at least 3 months of treatment constitutes a limitation to observe the possible clinical benefit.

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