

# ANALYSIS OF REAL-LIFE DATA: OVERALL SURVIVAL AND PROGRESSION FREE SURVIVAL OF NIVOLUMAB AND ATEZOLIZUMAB IN NOT SMALL CELLS LUNG CANCER

M. E. Uda<sup>1</sup>, M. Rivano<sup>2</sup>, V. Scintu<sup>2</sup>, S. Cadelano<sup>1</sup>, S. Colombo<sup>1</sup>, S. G. Gheza<sup>1</sup>, V. Garau<sup>1</sup>, A. G. Carrucciu<sup>2</sup>, P. Serra<sup>2</sup>

1. Graduate School in Hospital Pharmacy, University of Sassari, Sassari, Italy  
2. Clinical Oncology Pharmacy Department, A. Businco Hospital, Cagliari, Italy  
Abstract number: 5PSQ-133 ATC code: L01 (Antineoplastic agents)

## Background and importance

Nivolumab and atezolizumab are indicated in the treatment of the not small cells lung cancer (NSCLC) in patients who have previously received a chemotherapy treatment.

## Aim and objectives

This analysis aims to report the clinical outcome in terms of Overall Survival (OS) and Progression Free Survival (PFS) in selected cohorts of patients.

## Materials and methods

- ✓ Analysis conducted between 17/05/2018 - 24/05/2021.
- ✓ 29 Patients treated with nivolumab (240 mg q2w fixed-dose).
- ✓ 41 Patients treated with atezolizumab (1200 mg q3w fixed-dose).
- ✓ Clinical data, as the expression of Programmed Death Ligand 1 (PDL-1) and the performance status (ECOG-PS), were evaluated.
- ✓ Adverse drug reactions (ADRs) were observed through the National Pharmacovigilance Network.
- ✓ The OS and PFS analysis were made with R Software version 4.0.3.

## Results

This investigation showed preliminary results in the 70 patients (of which 84% are male). The median OS was 14.4 months in nivolumab group. The median PFS was 5.1 months in atezolizumab group. ADRs occurred in the 24% of patients treated with nivolumab. Moreover, any ADRs occurred in the patients treated with atezolizumab.

Characteristics	Number of patients (n=41)
Sex, Male (%)	75 (75.6)
Sex, Female (%)	24 (24.3)
Età (SD)	67.6 (9.2)
Metastasis, n (%)	
Brain	9 (9.7)
Liver	4 (4.8)
Lymphnodes	53 (53.6)
Bone	12 (12.1)
Lung	63 (63.4)
Adrenal	4 (4.8)
Other	9 (9.7)
PDL1 status (%)	
YES	92 (92.6)
NO	7 (7.3)
ECOG (%)	
0	29 (29.2)
1	70 (70.7)
Observation period (median in months)	5.1
Number of cycles (median)	4
Overall survival (median in months)	7.1
Survivors (%)	39 (39.0)
Patients still in treatment (%)	31 (31.7)

Table 1. Atezolizumab group

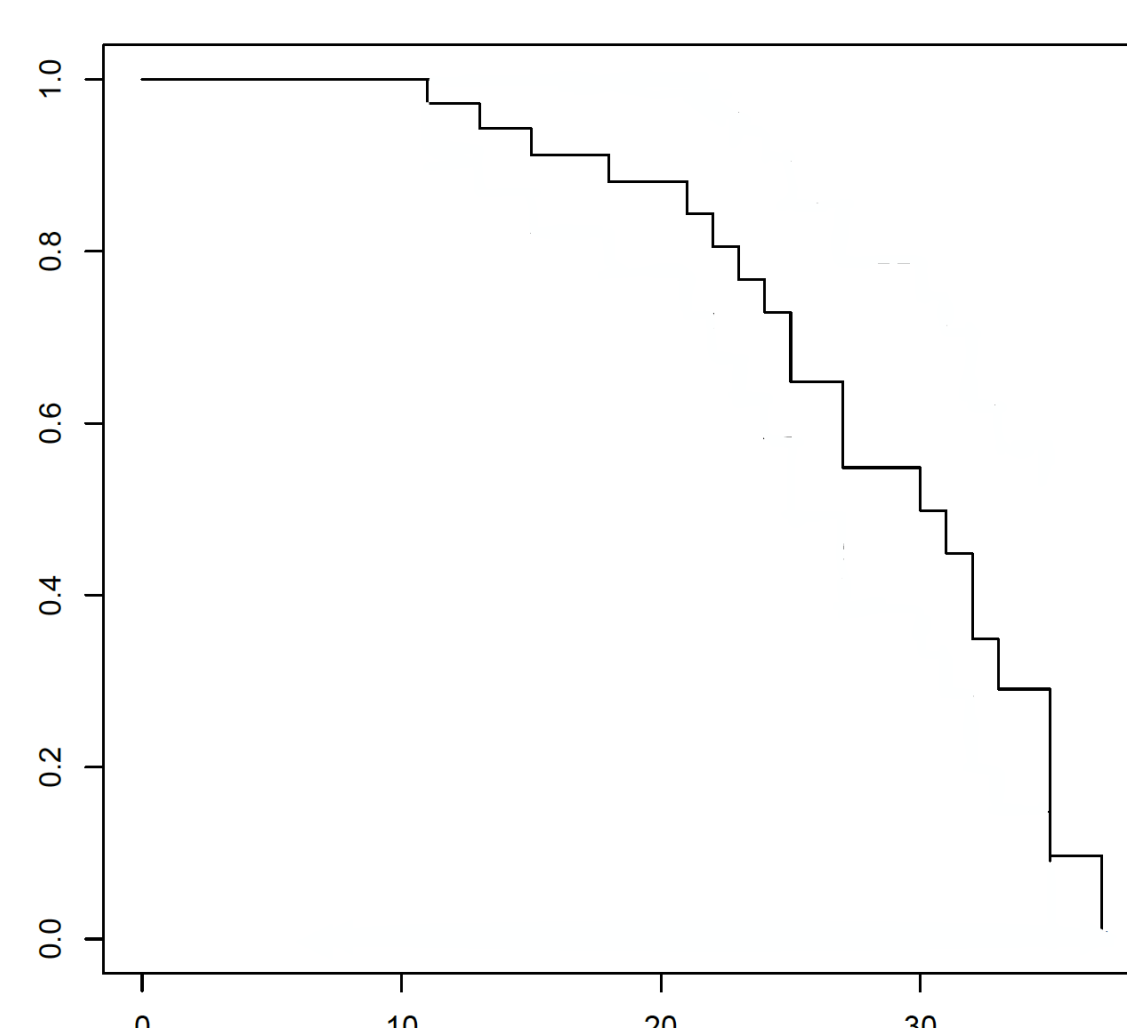


Fig 1. Atezolizumab OS

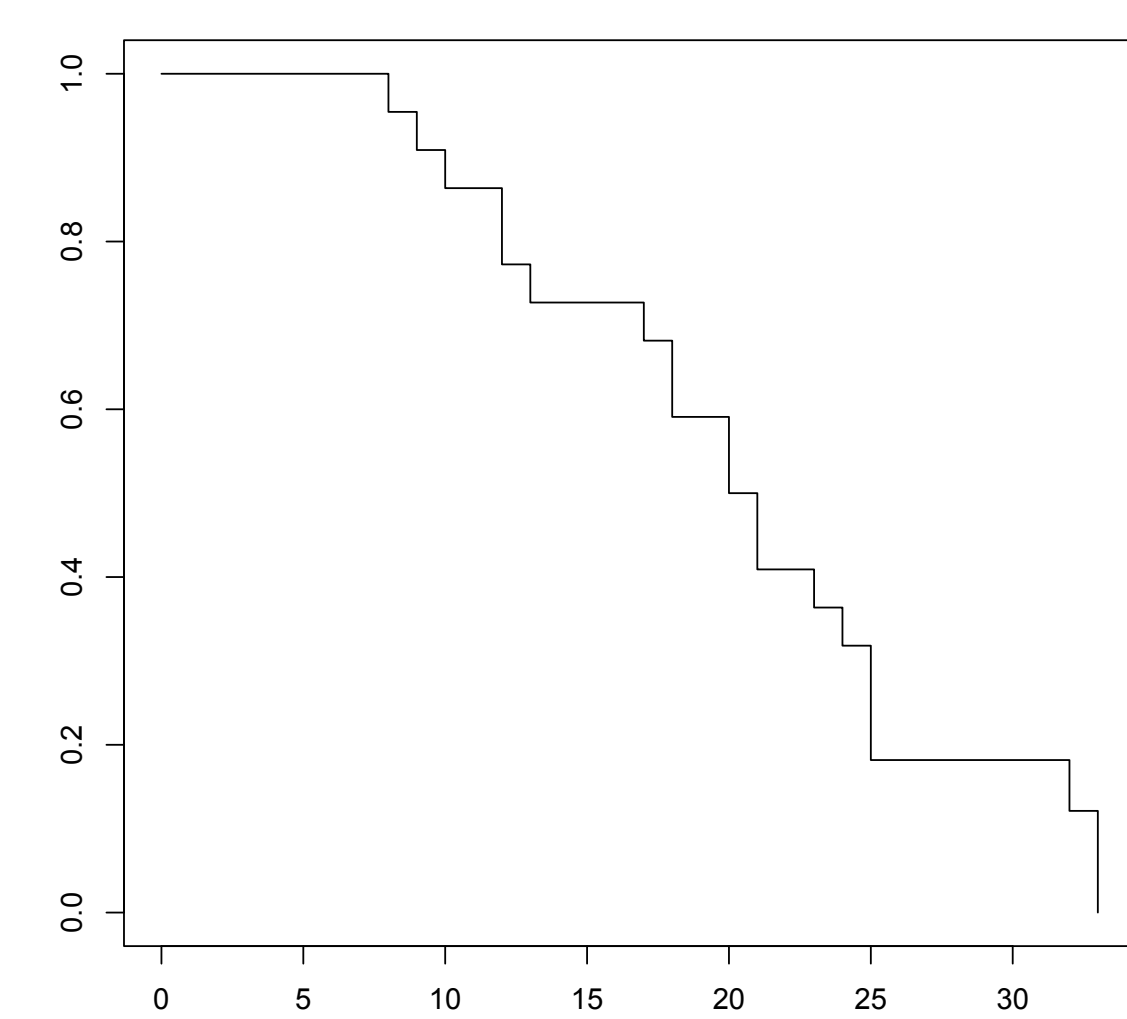


Fig 2. Atezolizumab PFS

Characteristics	Number of patients (n=29)
Sex, Male (%)	93 (93.1)
Sex, Female (%)	6 (6.8)
Age (SD)	73.2 (7.5)
Metastasis, n (%)	
Brain	13 (13.7)
Liver	10 (10.3)
Lymphnodes	51 (51.7)
Bone	24 (24.1)
Lung	65 (65.5)
Adrenal	13 (13.7)
Other	10 (10.3)
Weight (SD)	75.5 (11.5)
PDL1 status (%)	
< 1%	31 (31.0)
>= 1% e < 5%	13 (13.7)
>= 10%	6 (6.8)
Not determinable	10 (10.3)
NO	37 (37.9)
ECOG (%)	
0	13 (13.7)
1	86 (86.2)
Observation period (median in months)	3,84657
Number of cycles (median)	6
Overall toxicity (%)	24 (24.1)
Endocrinological toxicity (%)	28 (28.5)
Gastrointestinal toxicity (%)	28 (28.5)
Respiratory toxicity (%)	28 (28.5)
Other (%)	11 (11.1)
Overall survival (median in months)	14.4
Survivors (%)	24 (24.1)
Patients still in treatment (%)	17 (17.2)

Table 2. Nivolumab group

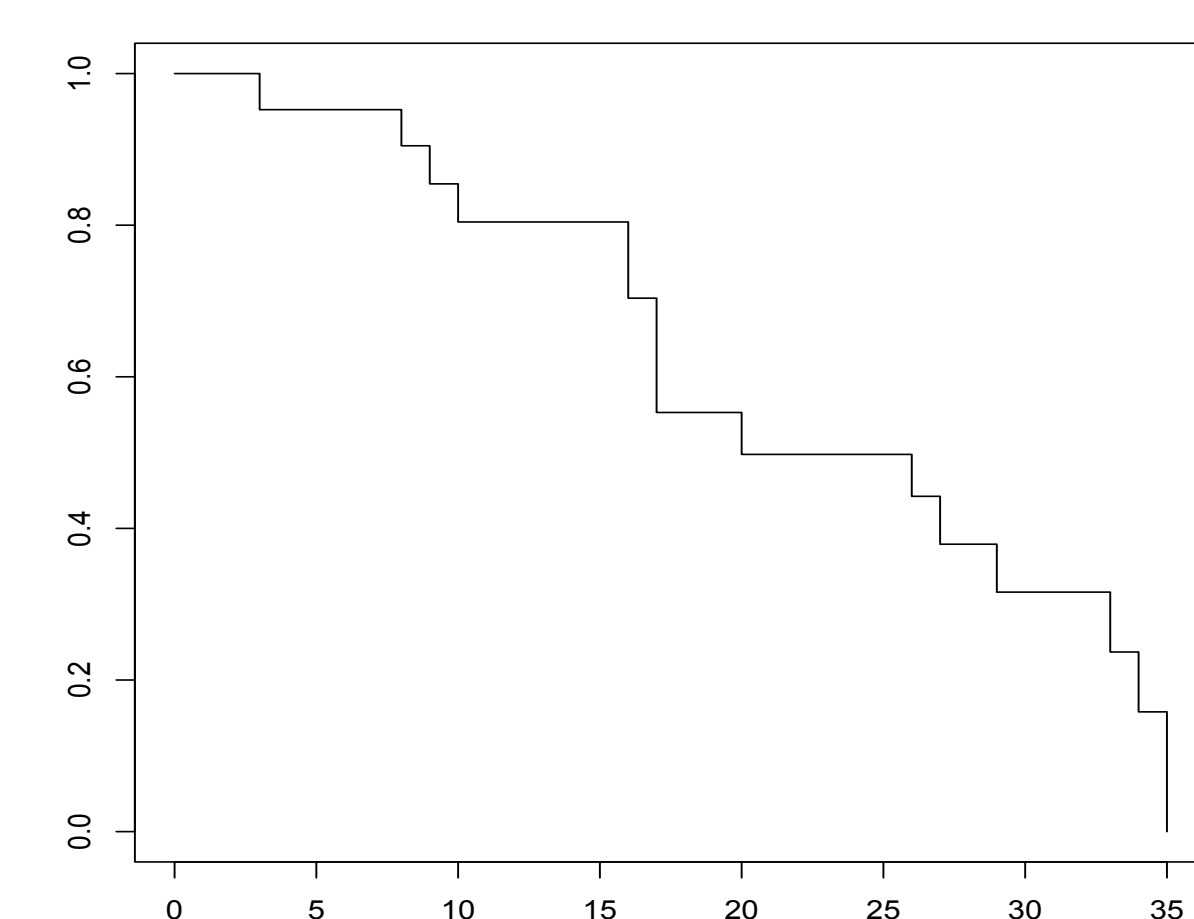


Fig 3. Nivolumab OS

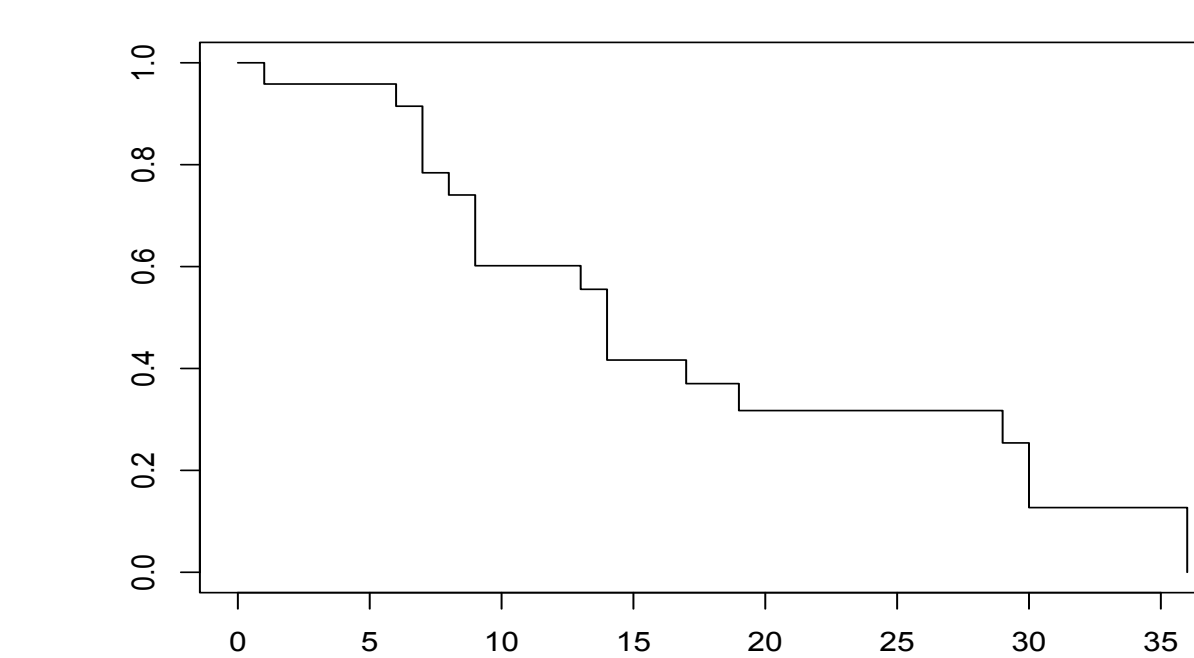


Fig 4. Nivolumab PFS

## Conclusions and relevance

This analysis shows, through real-life data, the effectiveness of nivolumab and atezolizumab. Concerning nivolumab, the results of median OS (14.4 months) and PFS (3.8 months) were similarly estimated as the Phase III *CheckMate057* clinical trial (OS 12.2 months, PFS 2.3 months) [1]. Regarding atezolizumab, the results of median OS (7.2 months) and PFS (5.1 months) were similarly estimated as the Phase III *OAK* clinical trial (OS 13-8 months, PFS 2-8 months) [2].

### References

1. Borghaei, H., et al., *Nivolumab versus Docetaxel in Advanced Nonsquamous Non-Small-Cell Lung Cancer*. N Engl J Med, 2015. 373(17): p. 1627-39.
2. Rittmeyer, A., et al., *Atezolizumab versus docetaxel in patients with previously treated non-small-cell lung cancer (OAK): a phase 3, open-label, multicentre randomised controlled trial*. Lancet, 2017. 389(10066): p. 255-265.