Servicio Canario de la Salud
COMPLEJO HOSPITALARIO UNIVERSITARIO DE CANARIAS

Gobierno de Canarias

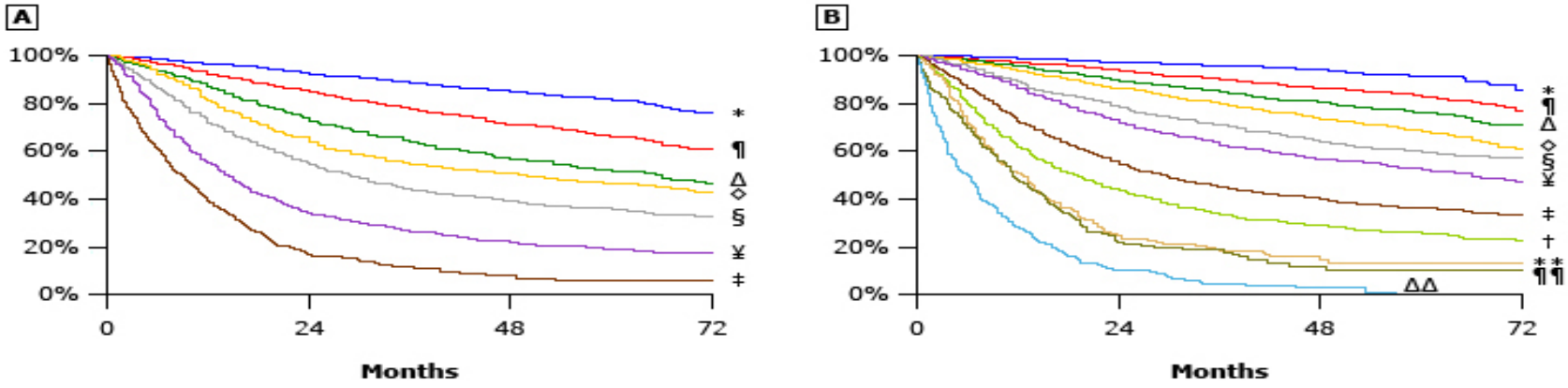
¿Tenemos un estándar para tratamiento de primera línea en cáncer de pulmón sin driver.?

Dra. Juana Oramas. OM HUC

XX REUNIÓN ANUAL
Grupo Gallego de Cáncer de Pulmón

A Coruña
15, 16 noviembre 2019

Overall survival by clinical stage according to the seventh edition (A) and the eighth edition (B) groupings using the entire database available for the eighth edition



7th edition	Events / N	MST	24 month	60 month
* IA	1119 / 6303	NR	93%	82%
¶ IB	768 / 2492	NR	85%	66%
Δ IIA	424 / 1008	66.0	74%	52%
◇ IIB	382 / 824	49.0	64%	47%
§ IIIA	2139 / 3344	29.0	55%	36%
¥ IIIB	2101 / 2624	14.1	34%	19%
‡ IV	664 / 882	8.8	17%	6%

8th edition	Events / N	MST	24 month	60 month
* IA1	68 / 781	NR	97%	92%
¶ IA2	505 / 3105	NR	94%	83%
Δ IA3	546 / 2417	NR	90%	77%
◇ IB	560 / 1928	NR	87%	68%
§ IIA	215 / 585	NR	79%	60%
¥ IIB	605 / 1453	66.0	72%	53%
‡ IIIA	2052 / 3200	29.3	55%	36%
† IIIB	1551 / 2140	19.0	44%	26%
** IIIC	831 / 986	12.6	24%	13%
¶¶ IVA	336 / 484	11.5	23%	10%
ΔΔ IVB	328 / 398	6.0	10%	0%

Overall survival by clinical stage according to the seventh edition (A) and the eighth edition (B) groupings using the entire database available for the eighth edition. Survival is weighted by type of database submission: registry versus other.

N: number of patients; MST: median survival time; NR: not reached.

Reproduced from: Goldstraw P, Chansky K, Crowley J, et al. The IASLC Lung Cancer Staging Project: Proposals for Revision of the TNM Stage Groupings in the Forthcoming (Eighth) Edition of the TNM Classification for Lung Cancer. J Thorac Oncol 2016; 11:39. Illustration used with the permission of Elsevier Inc. All rights reserved.

UpToDate®

Tabla 2. Estimación del número de nuevos casos de cáncer en España para el año 2019, según tipo tumoral (excluidos los tumores cutáneos no melanoma) (ambos sexos).

TIPO TUMORAL	N
Cavidad oral y faringe	8.486
Esófago	2.353
Estómago	7.865
Colon y recto	44.937
Hígado	6.499
Vesícula biliar	2.873
Páncreas	8.169
Laringe	3.305
Pulmón	29.503
Melanoma de piel	6.205
Mama	32.536
Cérvix uterino	1.987
Cuerpo uterino	6.682
Ovario	3.548
Próstata	34.394
Testículo	1.302
Riñón (sin pelvis)	7.331
Vejiga urinaria	23.819
Encéfalo y sistema nervioso	4.401
Tiroides	5.178
Linfoma de Hodgkin	1.486
Linfomas no Hodgkin	9.082
Mieloma	3.171
Leucemias	6.405
Otros	15.717
Todos excepto piel no melanoma	277.234

Fuente: Red Española de Registros de Cáncer (REDECAN).

Los cánceres más frecuentes diagnosticados en varones en España en 2019 serán los de próstata, colon y recto, pulmón y vejiga urinaria. A mucha distancia, los siguientes cánceres más frecuentes serán los de cavidad oral y faringe, riñón, hígado y estómago, los linfomas no hodgkinianos y el cáncer de páncreas, todos ellos con más de 4.000 casos al año.

INMUNOTERAPIA

The NEW ENGLAND JOURNAL of MEDICINE

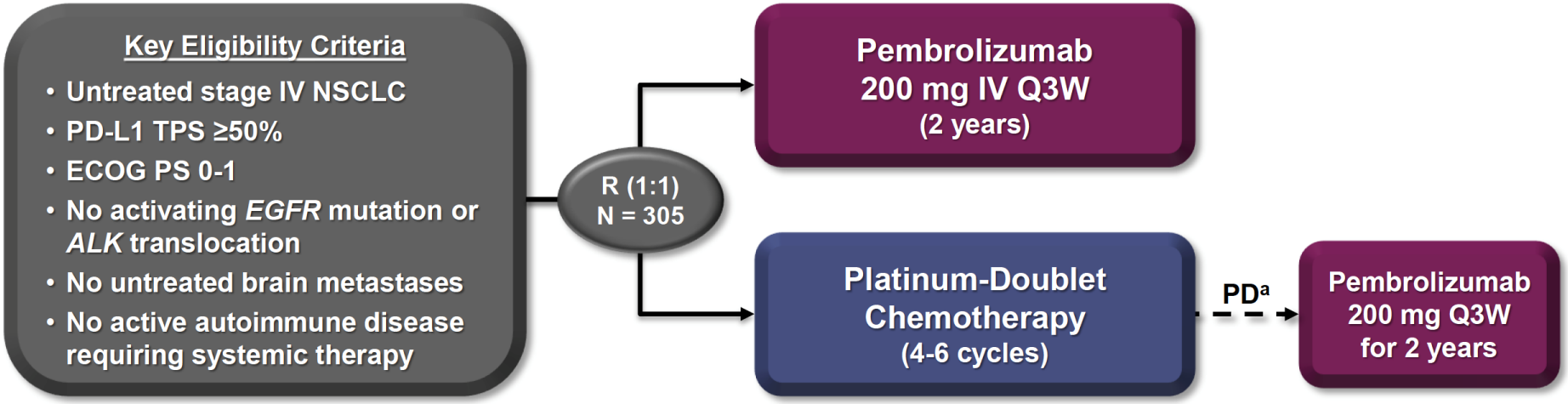
ORIGINAL ARTICLE

Pembrolizumab versus Chemotherapy for PD-L1–Positive Non–Small-Cell Lung Cancer

Martin Reck, M.D., Ph.D., Delvys Rodríguez-Abreu, M.D., Andrew G. Robinson, M.D., Rina Hui, M.B., B.S., Ph.D., Tibor Csőszi, M.D., Andrea Fülöp, M.D., Maya Gottfried, M.D., Nir Peled, M.D., Ph.D., Ali Tafreshi, M.D., Sinead Cuffe, M.D., Mary O'Brien, M.D., Suman Rao, M.D., Katsuyuki Hotta, M.D., Ph.D., Melanie A. Leiby, Ph.D., Gregory M. Lubiniecki, M.D., Yue Shentu, Ph.D., Reshma Rangwala, M.D., Ph.D., and Julie R. Brahmer, M.D., for the KEYNOTE-024 Investigators*

October 8, 2016.

KEYNOTE-024 Study Design (NCT02142738)



Key End Points

Primary: PFS (RECIST v1.1 per blinded, independent central review)

Secondary: OS, ORR, safety

Exploratory: DOR

[a]To be eligible for crossover, progressive disease (PD) had to be confirmed by blinded, independent central radiology review and all safety criteria had to be met.

COPENHAGEN 2016 ESMO congress

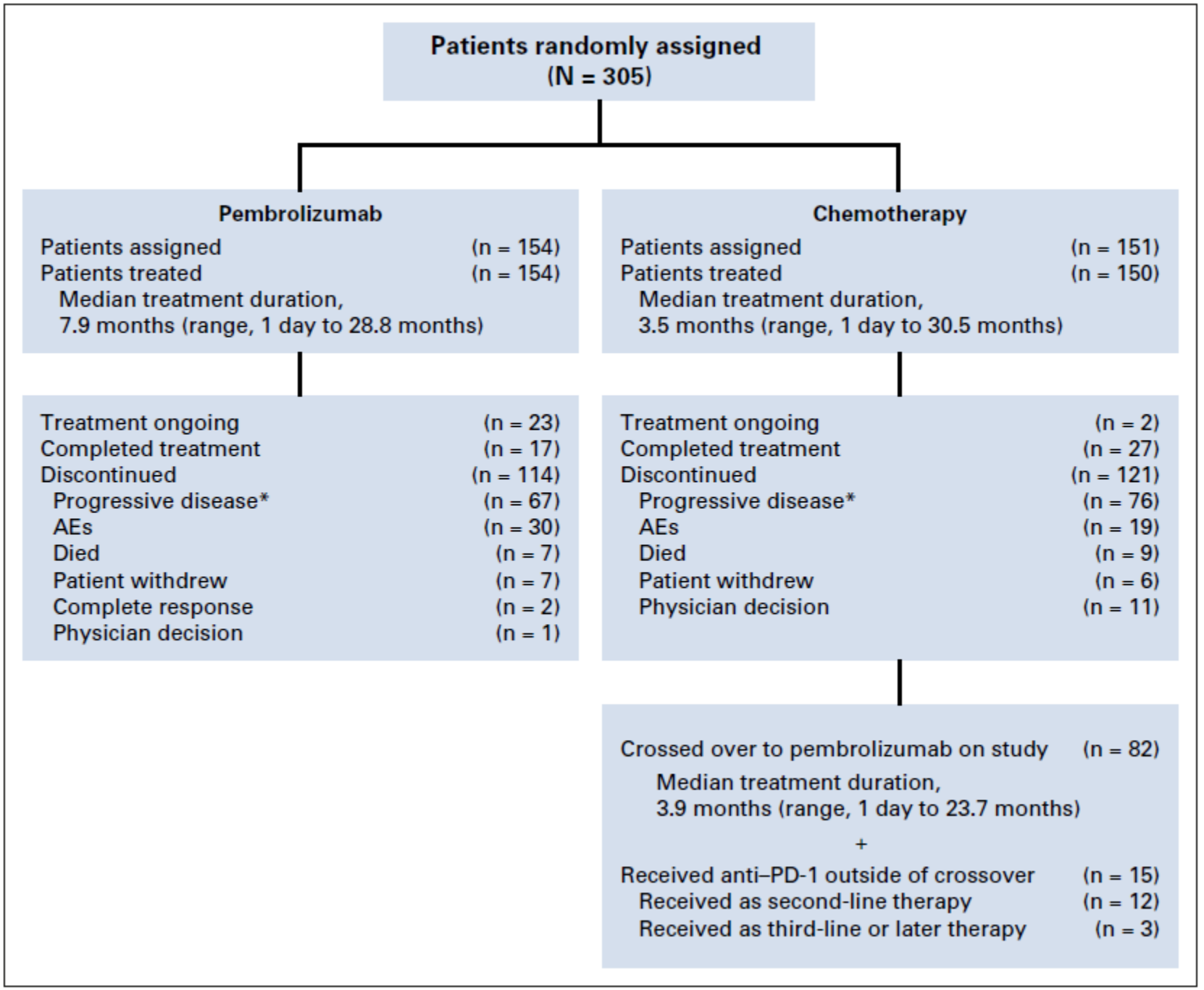
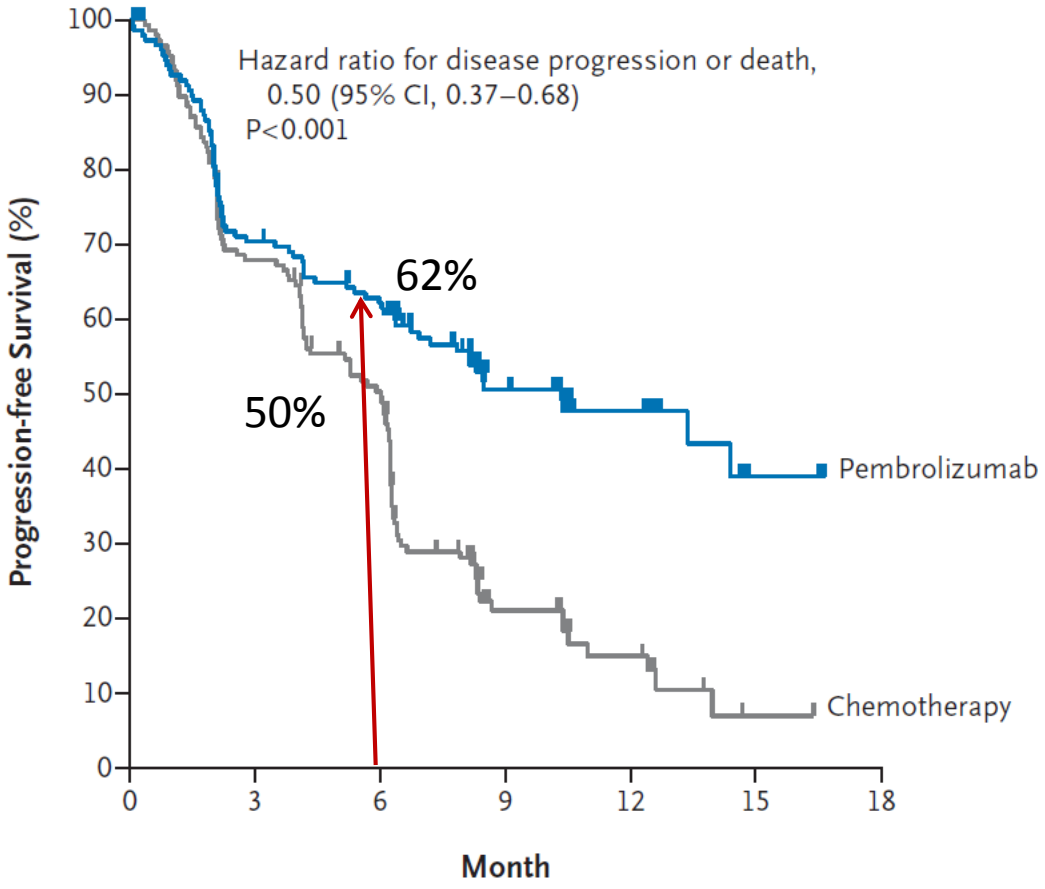

Patients randomly assigned
(N = 305)
Pembrolizumab
Patients assigned (n = 154)
Patients treated (n = 154)
Median treatment duration,
7.9 months (range, 1 day to 28.8 months)
Treatment ongoing (n = 23)
Completed treatment (n = 17)
Discontinued (n = 114)
Progressive disease* (n = 67)
AEs (n = 30)
Died (n = 7)
Patient withdrew (n = 7)
Complete response (n = 2)
Physician decision (n = 1)
Chemotherapy
Patients assigned (n = 151)
Patients treated (n = 150)
Median treatment duration,
3.5 months (range, 1 day to 30.5 months)
Treatment ongoing (n = 2)
Completed treatment (n = 27)
Discontinued (n = 121)
Progressive disease* (n = 76)
AEs (n = 19)
Died (n = 9)
Patient withdrew (n = 6)
Physician decision (n = 11)
Crossed over to pembrolizumab on study (n = 82)
Median treatment duration,
3.9 months (range, 1 day to 23.7 months)
+
Received anti–PD-1 outside of crossover (n = 15)
Received as second-line therapy (n = 12)
Received as third-line or later therapy (n = 3)

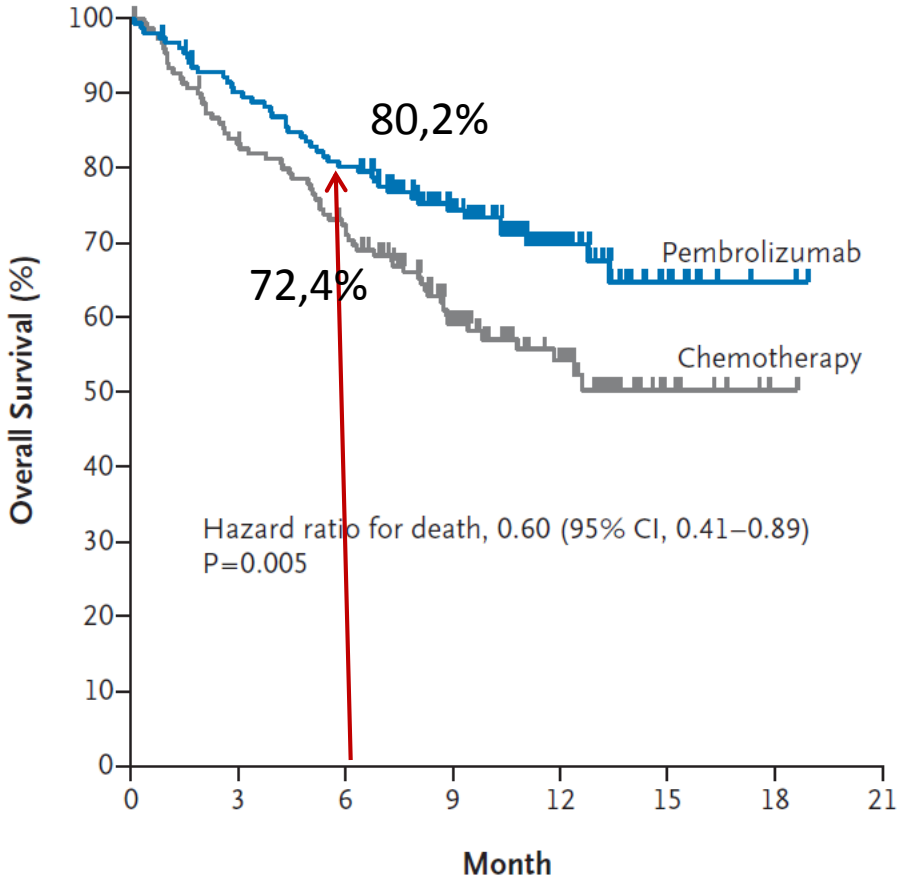
Table 1. Baseline Demographic and Disease Characteristics of Patients in the Intention-to-Treat Population.*

Characteristic	Pembrolizumab Group (N=154)	Chemotherapy Group (N=151)
Age — yr		
Median	64.5	66.0
Range	33–90	38–85
Male sex — no. (%)	92 (59.7)	95 (62.9)
Region of enrollment — no. (%)		
East Asia	21 (13.6)	19 (12.6)
Non–East Asia	133 (86.4)	132 (87.4)
ECOG performance-status score — no. (%)†		
0	54 (35.1)	53 (35.1)
1	99 (64.3)	98 (64.9)
Smoking status — no. (%)		
Current	34 (22.1)	31 (20.5)
Former	115 (74.7)	101 (66.9)
Never	5 (3.2)	19 (12.6)
Histology — no. (%)		
Squamous	29 (18.8)	27 (17.9)
Nonsquamous	125 (81.2)	124 (82.1)
Brain metastases — no. (%)	18 (11.7)	10 (6.6)
Previous systemic neoadjuvant therapy — no. (%)	3 (1.9)	1 (0.7)
Previous systemic adjuvant therapy — no. (%)	6 (3.9)	3 (2.0)



No. at Risk

Pembrolizumab	154	104	89	44	22	3	1
Chemotherapy	151	99	70	18	9	1	0



No. at Risk

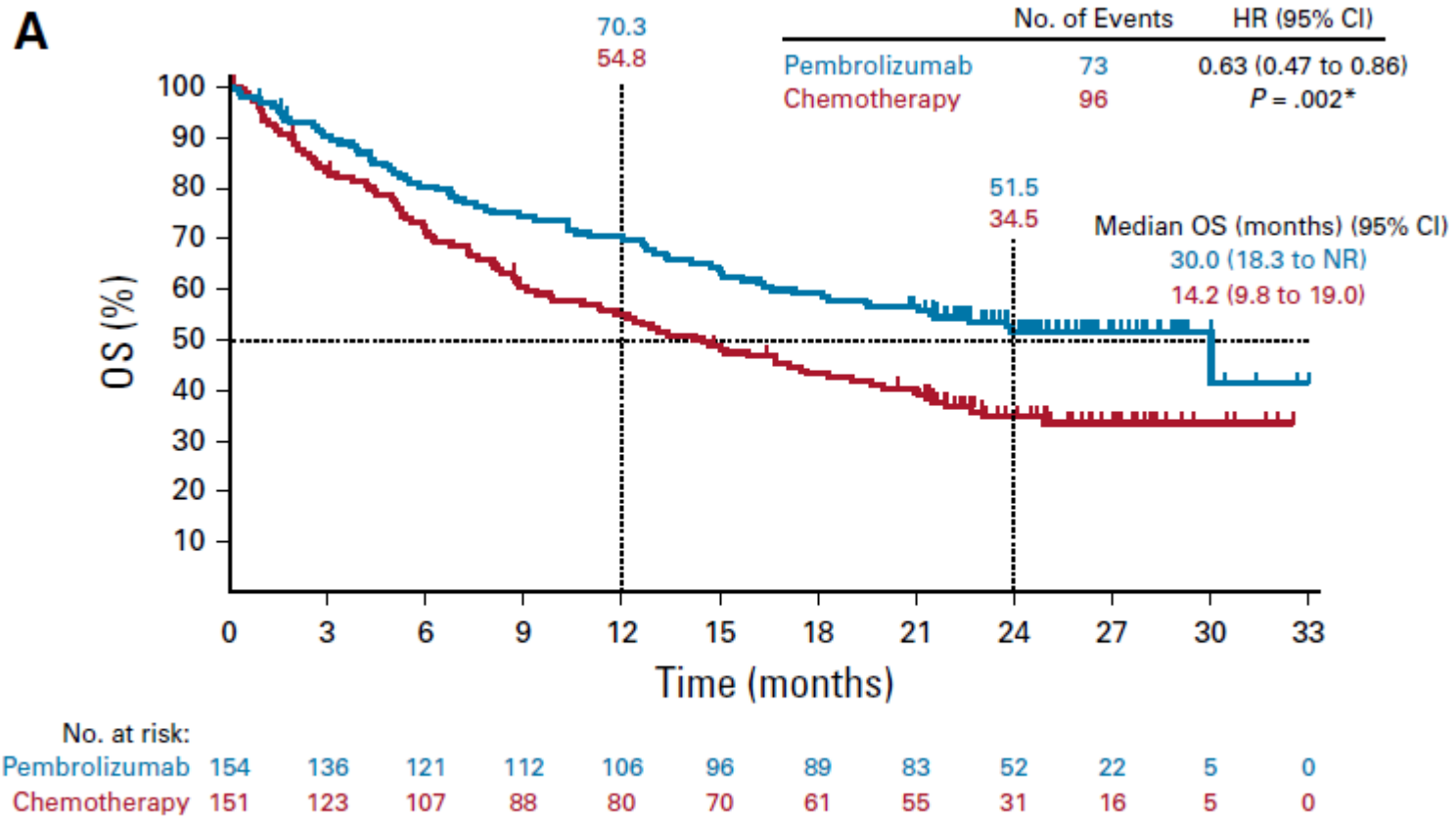
Pembrolizumab	154	136	121	82	39	11	2	0
Chemotherapy	151	123	106	64	34	7	1	0

Table 2. Summary of Response in the Intention-to-Treat Population.*

Variable	Pembrolizumab Group (N = 154)	Chemotherapy Group (N = 151)
Objective response†		
No. of patients	69	42
% (95% CI)	44.8 (36.8 to 53.0)	27.8 (20.8 to 35.7)
Time to response — mo‡		
Median	2.2	2.2
Range	1.4 to 8.2	1.8 to 12.2
Duration of response — mo‡§		
Median	NR	6.3
Range	1.9+ to 14.5+	2.1+ to 12.6+

Updated Analysis of KEYNOTE-024: Pembrolizumab Versus Platinum-Based Chemotherapy for Advanced Non–Small-Cell

A



B

The NEW ENGLAND JOURNAL of MEDICINE

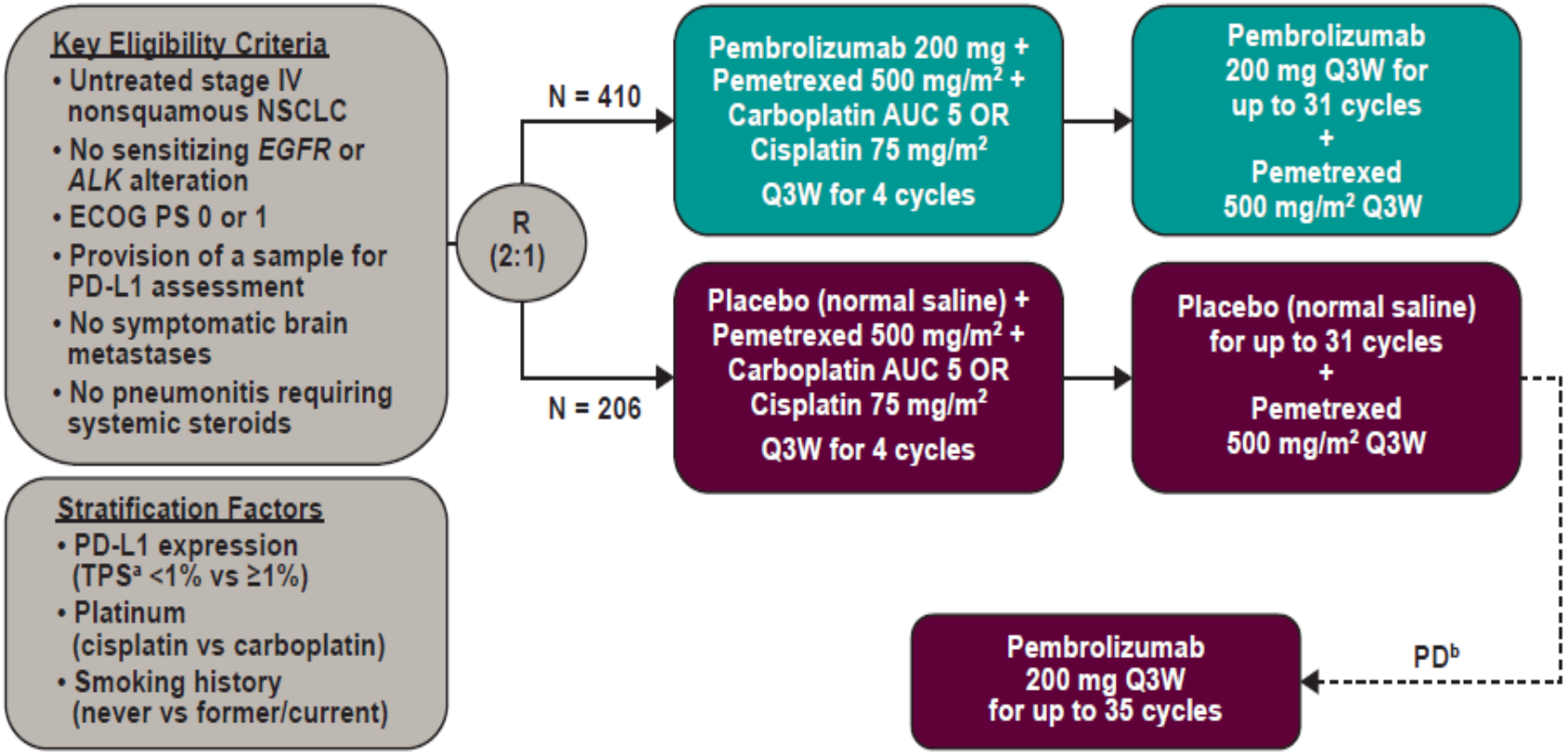
ORIGINAL ARTICLE

Pembrolizumab plus Chemotherapy in Metastatic Non–Small-Cell Lung Cancer

L. Gandhi, D. Rodríguez-Abreu, S. Gadgeel, E. Esteban, E. Felip, F. De Angelis, M. Domine, P. Clingan, M.J. Hochmair, S.F. Powell, S.Y.-S. Cheng, H.G. Bischoff, N. Peled, F. Grossi, R.R. Jennens, M. Reck, R. Hui, E.B. Garon, M. Boyer, B. Rubio-Viqueira, S. Novello, T. Kurata, J.E. Gray, J. Vida, Z. Wei, J. Yang, H. Raftopoulos, M.C. Pietanza, and M.C. Garassino, for the KEYNOTE-189 Investigators*

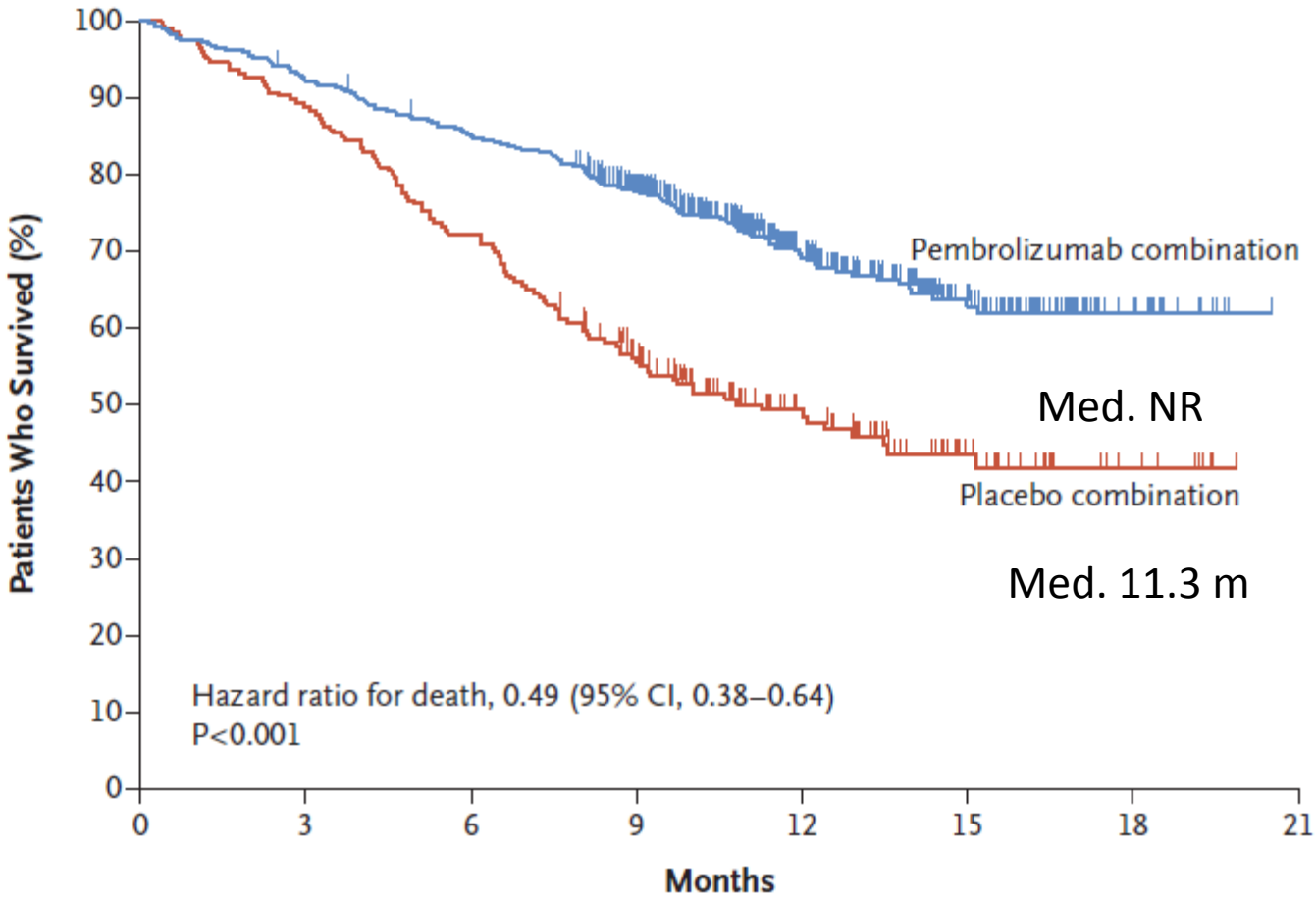
April 16, 2018,

KEYNOTE-189 Study Design



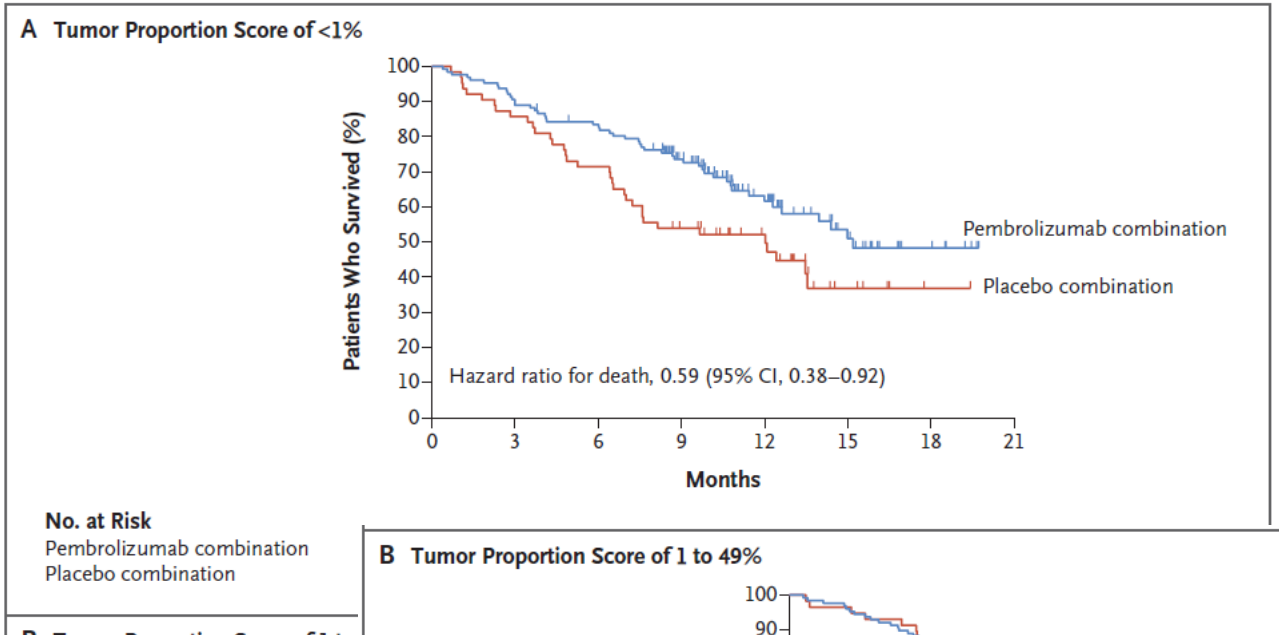
- End points
  - Primary: OS and PFS
  - Secondary: ORR, duration of response, and safety
  - Exploratory: PFS2

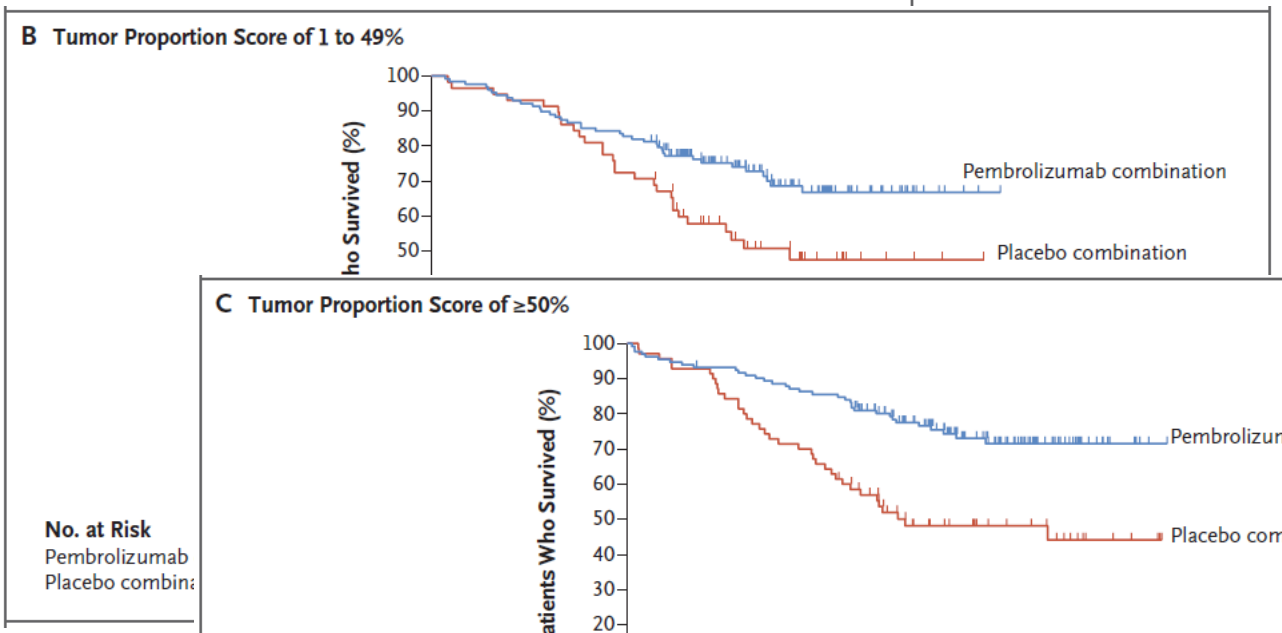
A **Overall Survival**

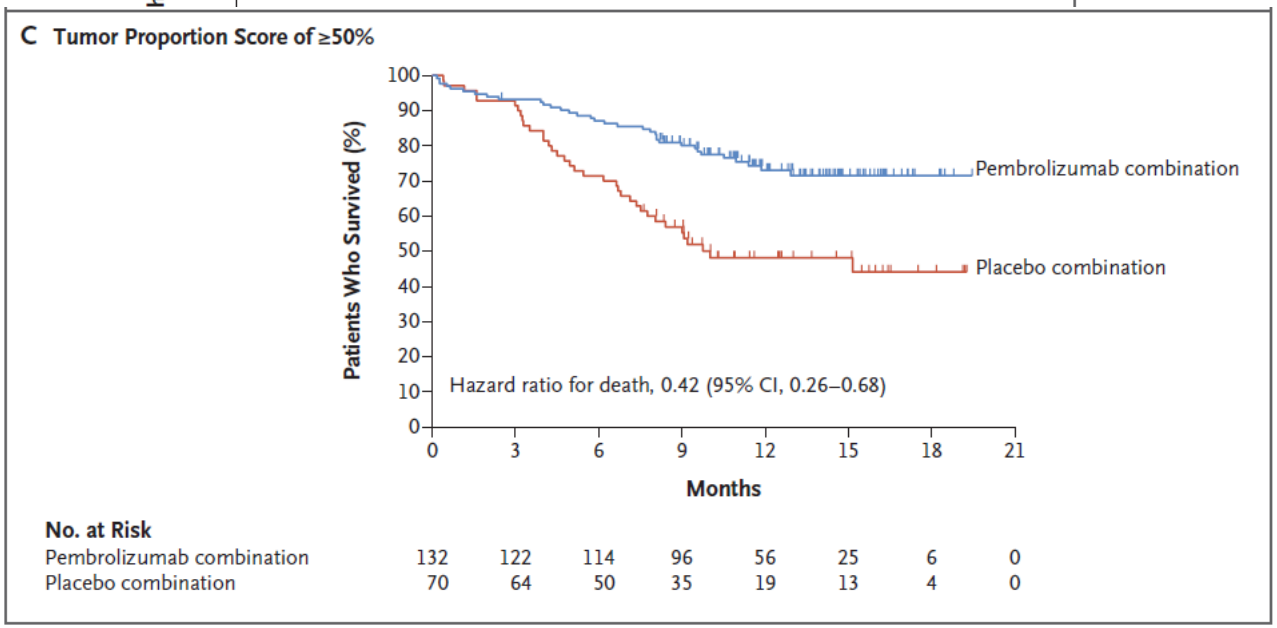


No. at Risk

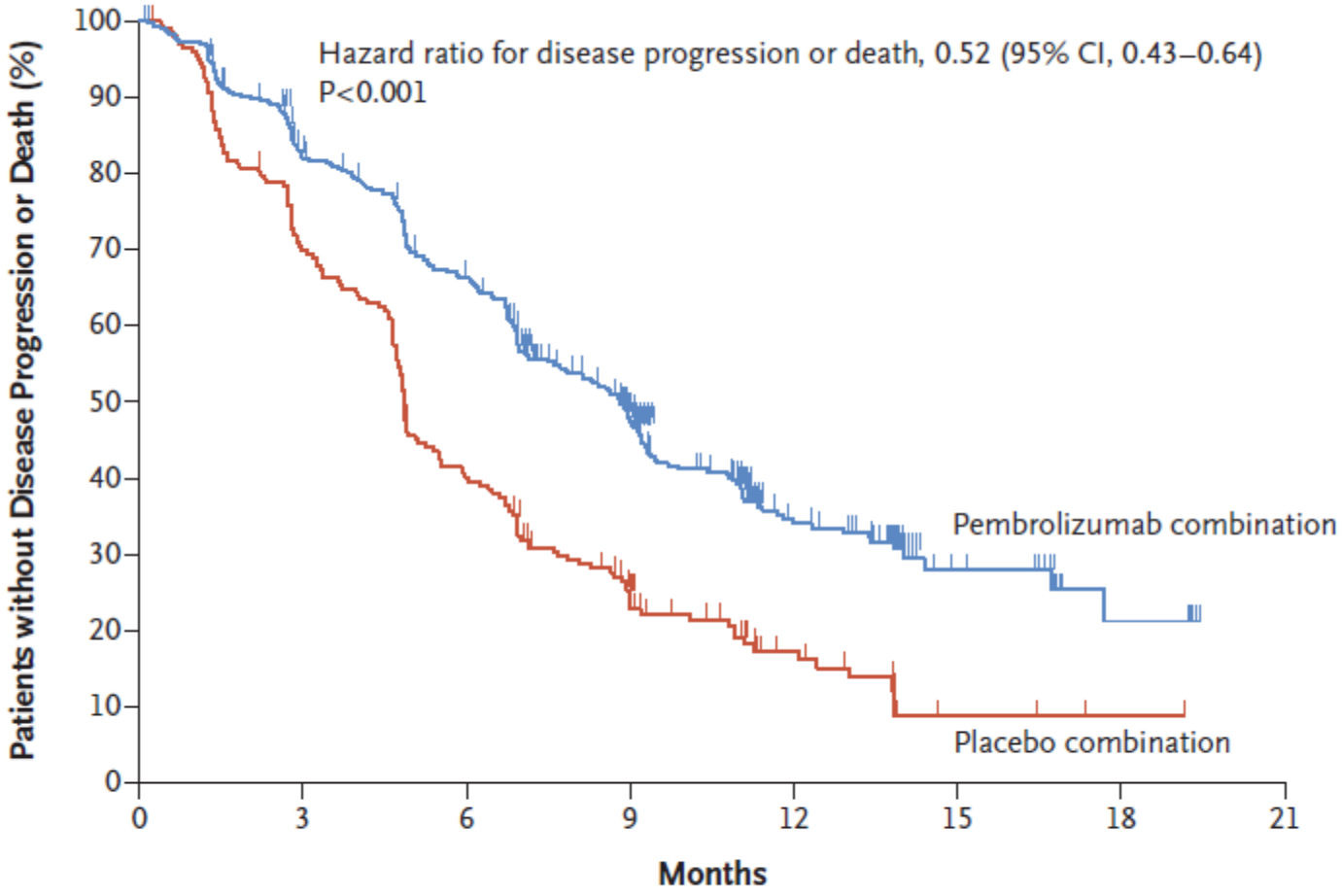
Pembrolizumab combination	410	377	347	278	163	71	18	0
Placebo combination	206	183	149	104	59	25	8	0


A Tumor Proportion Score of <1%
Patients Who Survived (%)
100
90
80
70
60
50
40
30
20
10
0
0
3
6
9
12
15
18
21
Months
Pembrolizumab combination
Placebo combination
Hazard ratio for death, 0.59 (95% CI, 0.38–0.92)
No. at Risk
Pembrolizumab combination
Placebo combination


B Tumor Proportion Score of 1 to 49%
100
90
80
70
60
50
Pembrolizumab combination
Placebo combination
No. at Risk
Pembrolizumab
Placebo combina


C Tumor Proportion Score of ≥50%
Patients Who Survived (%)
100
90
80
70
60
50
40
30
20
10
0
0
3
6
9
12
15
18
21
Months
Pembrolizumab combination
Placebo combination
Hazard ratio for death, 0.42 (95% CI, 0.26–0.68)
No. at Risk
Pembrolizumab combination 132 122 114 96 56 25 6 0
Placebo combination 70 64 50 35 19 13 4 0

A Progression-free Survival



No. at Risk

Pembrolizumab combination	410	322	256	149	60	17	5	0
Placebo combination	206	141	80	40	16	3	1	0

KEYNOTE-189: Updated Overall Survival and Progression After the Next Line of Therapy With Pembrolizumab plus Chemotherapy With Pemetrexed and Platinum vs Placebo plus Chemotherapy for Metastatic Nonsquamous Non–Small-Cell Lung Cancer

ASCO 2019

Representation of PFS, OS, and PFS2

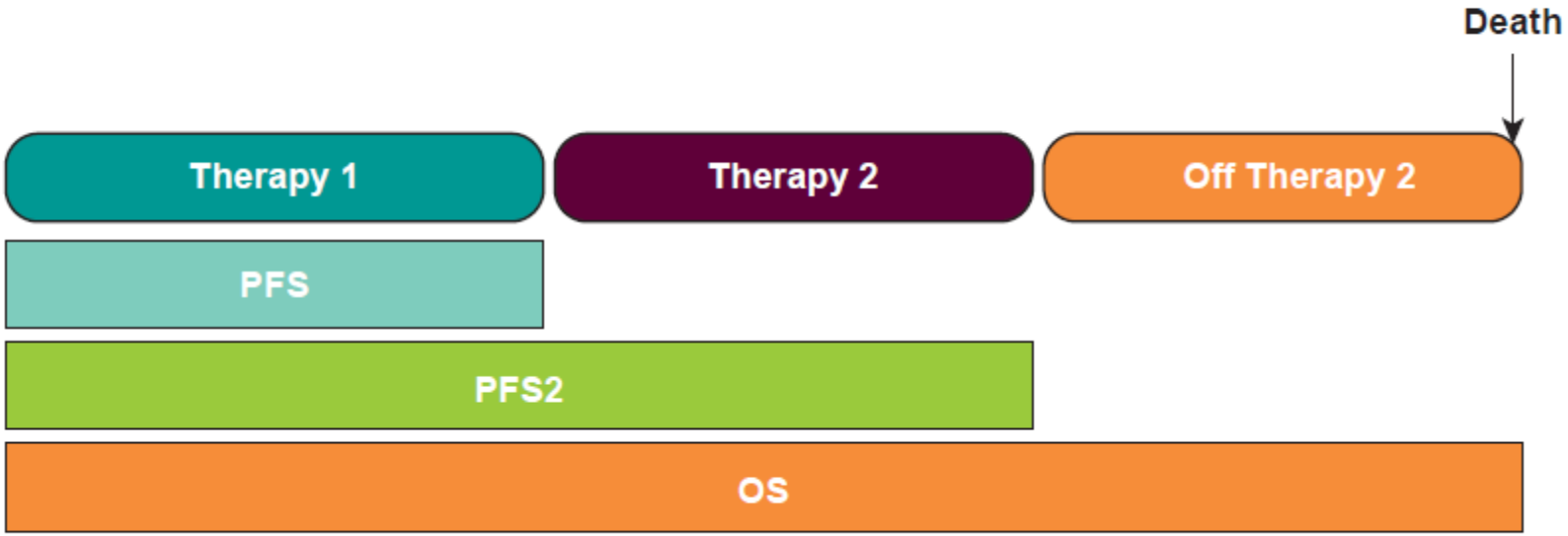


Figure 4. Kaplan-Meier Estimates of PFS in the Total Population (ITT)

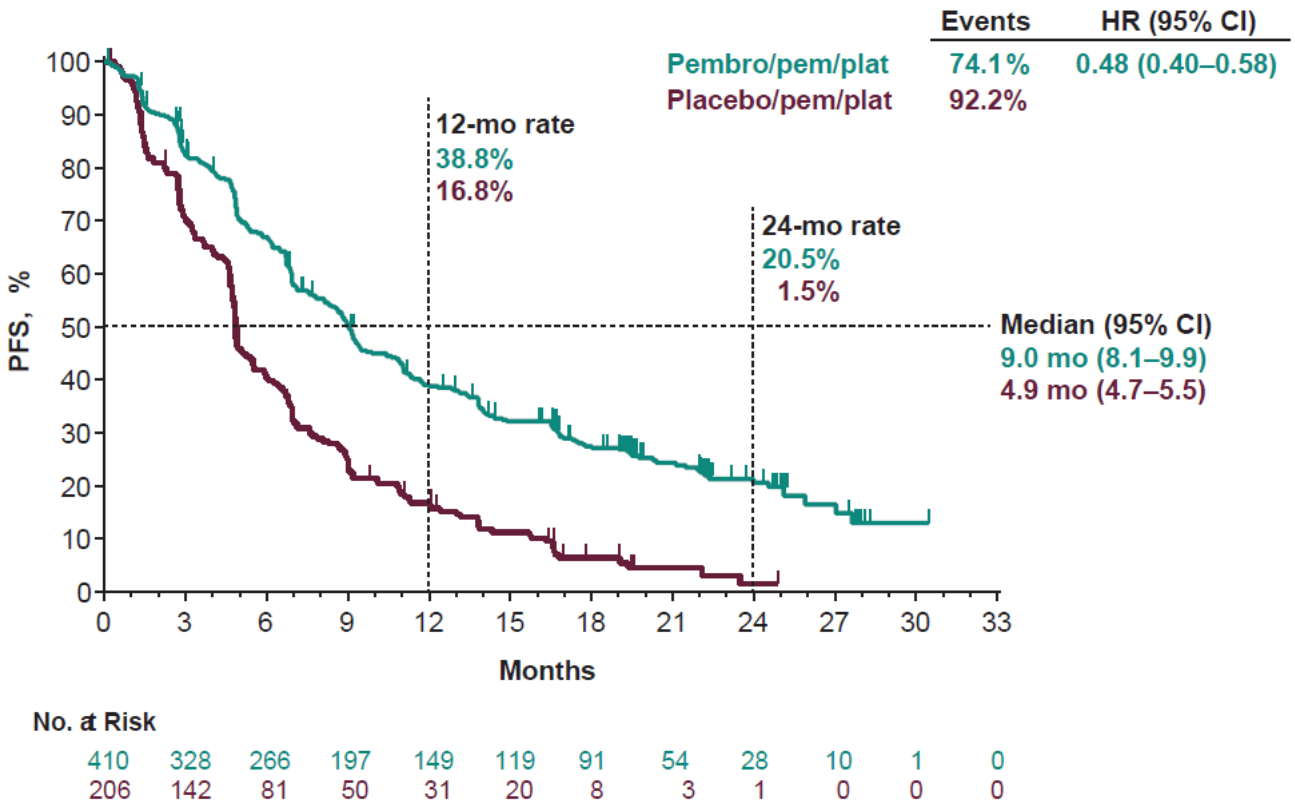
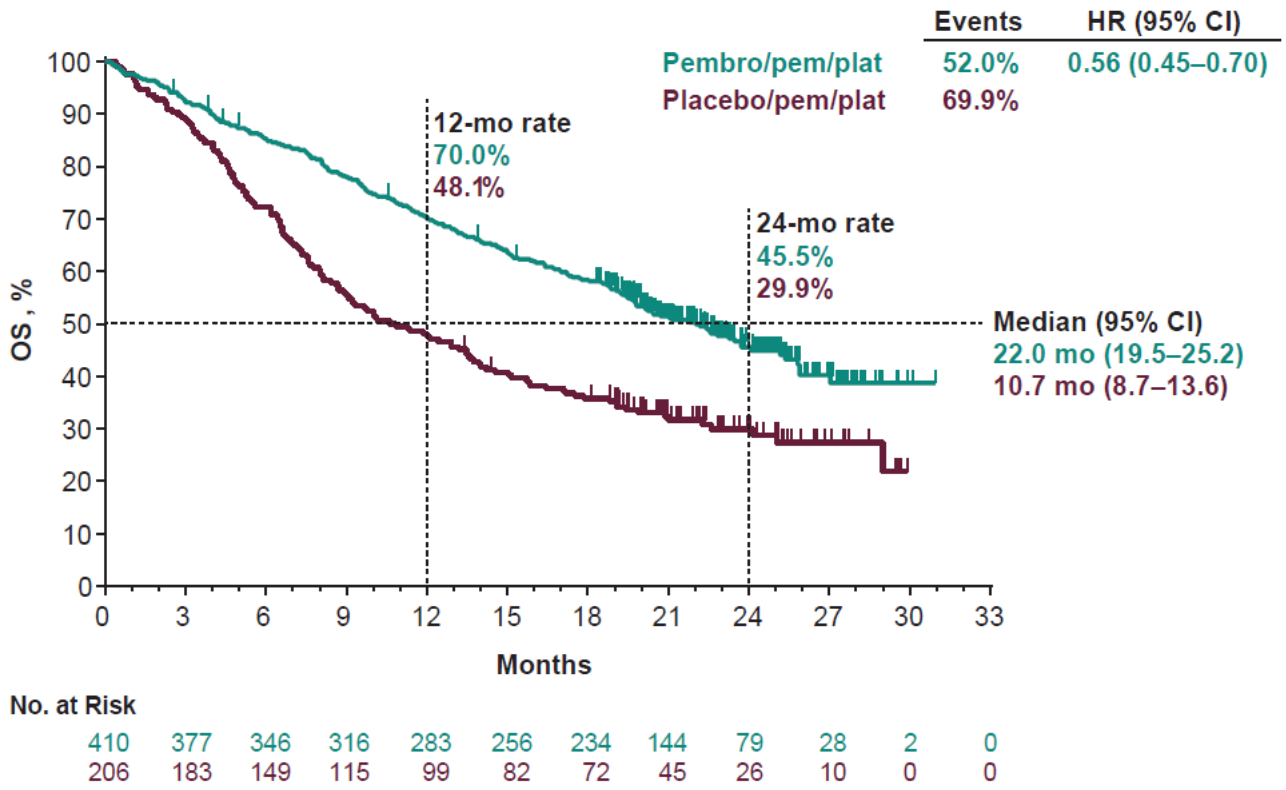
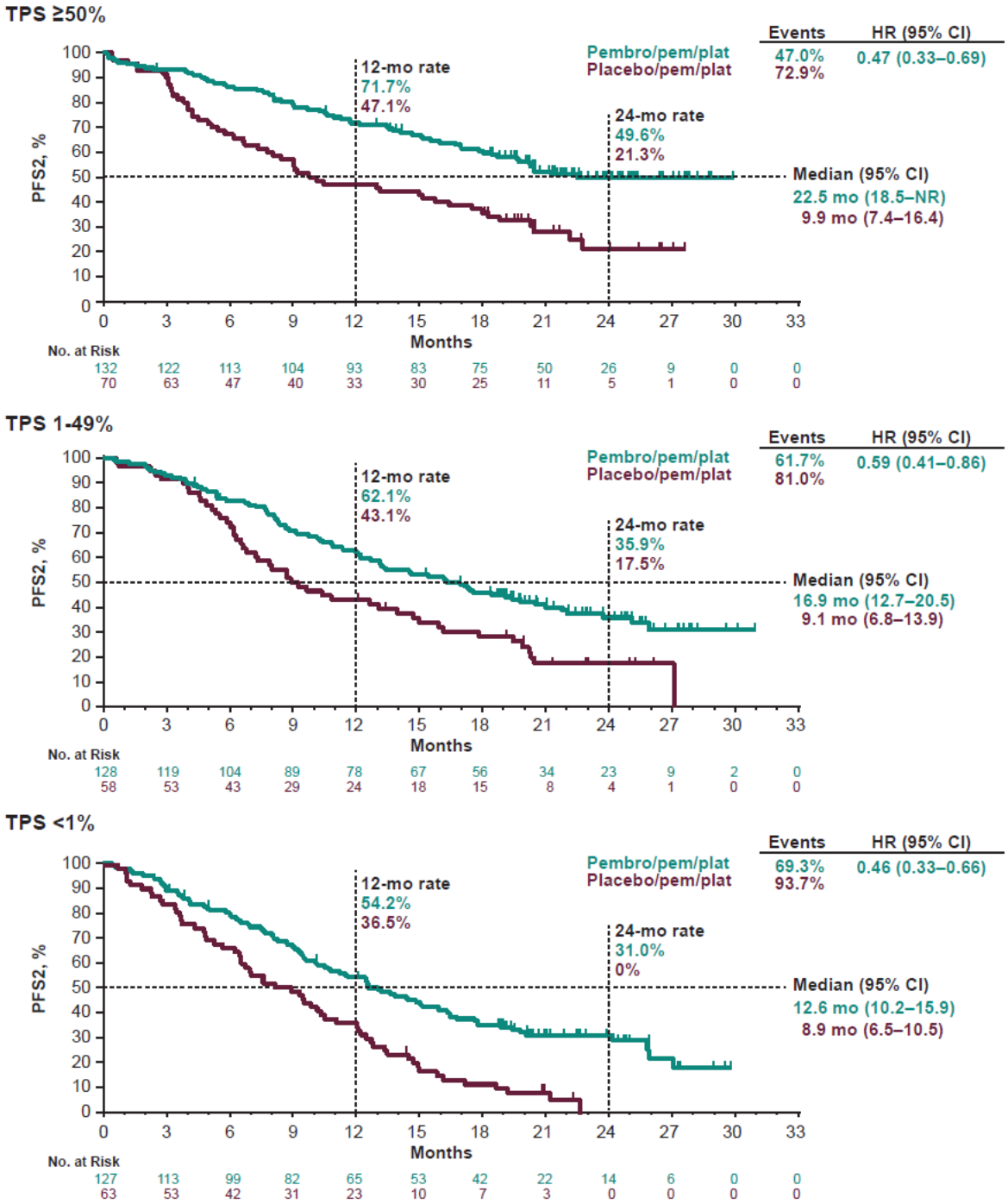


Figure 3. Kaplan-Meier Estimates of OS in the Total Population (ITT)




TPS ≥50%
Events
HR (95% CI)
Pembro/pem/plat
Placebo/pem/plat
47.0%
72.9%
0.47 (0.33–0.69)
12-mo rate
71.7%
47.1%
24-mo rate
49.6%
21.3%
Median (95% CI)
22.5 mo (18.5–NR)
9.9 mo (7.4–16.4)
PFS2, %
Months
No. at Risk
132 122 113 104 93 83 75 50 26 9 0 0
70 63 47 40 33 30 25 11 5 1 0 0
TPS 1-49%
Events
HR (95% CI)
Pembro/pem/plat
Placebo/pem/plat
61.7%
81.0%
0.59 (0.41–0.86)
12-mo rate
62.1%
43.1%
24-mo rate
35.9%
17.5%
Median (95% CI)
16.9 mo (12.7–20.5)
9.1 mo (6.8–13.9)
PFS2, %
Months
No. at Risk
128 119 104 89 78 67 56 34 23 9 2 0
58 53 43 29 24 18 15 8 4 1 0 0
TPS <1%
Events
HR (95% CI)
Pembro/pem/plat
Placebo/pem/plat
69.3%
93.7%
0.46 (0.33–0.66)
12-mo rate
54.2%
36.5%
24-mo rate
31.0%
0%
Median (95% CI)
12.6 mo (10.2–15.9)
8.9 mo (6.5–10.5)
PFS2, %
Months
No. at Risk
127 113 99 82 65 53 42 22 14 6 0 0
63 53 42 31 23 10 7 3 0 0 0 0

SUMMARY AND CONCLUSIONS

- Pembrolizumab plus pemetrexed and a platinum continued to show a substantial survival benefit versus placebo plus pemetrexed and a platinum
- PFS2 was substantially improved for participants treated with pembrolizumab plus pemetrexed and platinum
- Median OS, PFS, and PFS2 were approximately doubled in the pembrolizumab plus pemetrexed and platinum arm
- Benefit for pembrolizumab plus pemetrexed and a platinum was observed
  - In both PD-L1–expressing and PD-L1–non-expressing disease
  - Despite 54% of participants in the placebo plus pemetrexed and platinum arm receiving a subsequent PD-1 or PD-L1 inhibitor, including 41% who crossed over in-study to receive pembrolizumab monotherapy
- Safety and tolerability remained manageable
- Data confirm that pembrolizumab should be given as part of first-line therapy to maximize outcomes in both PD-L1–expressing and PD-L1–non-expressing, metastatic nonsquamous NSCLC

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

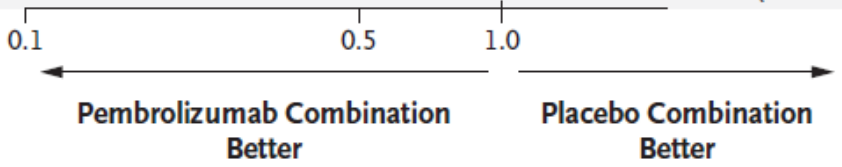
Pembrolizumab plus Chemotherapy for Squamous Non–Small-Cell Lung Cancer

L. Paz-Ares, A. Luft, D. Vicente, A. Tafreshi, M. Gümüş, J. Mazières, B. Hermes, F. Çay Şenler, T. Csőszi, A. Fülöp, J. Rodríguez-Cid, J. Wilson, S. Sugawara, T. Kato, K.H. Lee, Y. Cheng, S. Novello, B. Halmos, X. Li, G.M. Lubiniecki, B. Piperdi, and D.M. Kowalski, for the KEYNOTE-407 Investigators*

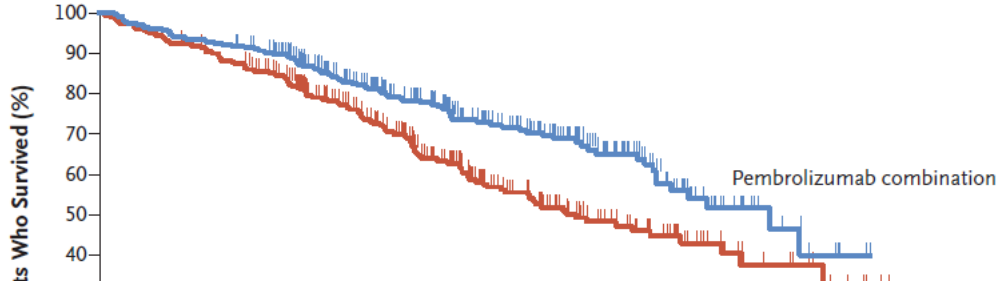
September 25, 2018,

B **Subgroup Analysis of Progression-free Survival**

Subgroup	No. of Events/ No. of Patients	Hazard Ratio for Disease Progression or Death (95% CI)
Overall	349/559	0.56 (0.45–0.70)
Age		
<65 yr	162/254	0.50 (0.37–0.69)
≥65 yr	187/305	0.63 (0.47–0.84)
Sex		
Male	284/455	0.58 (0.46–0.73)
Female	65/104	0.49 (0.30–0.81)
ECOG performance-status score		
0	96/163	0.45 (0.29–0.68)
1	253/396	0.61 (0.48–0.78)
Region of enrollment		
East Asia	61/106	0.49 (0.30–0.82)
Rest of the world	288/453	0.58 (0.46–0.73)
PD-L1 tumor proportion score		
<1%	122/194	0.68 (0.47–0.98)
≥1%	221/353	0.49 (0.38–0.65)
1–49%	127/207	0.56 (0.39–0.80)
≥50%	94/146	0.37 (0.24–0.58)
Taxane-based drug		
Paclitaxel	231/336	0.52 (0.40–0.68)
Nab-paclitaxel	118/223	0.65 (0.45–0.94)



A Overall Survival

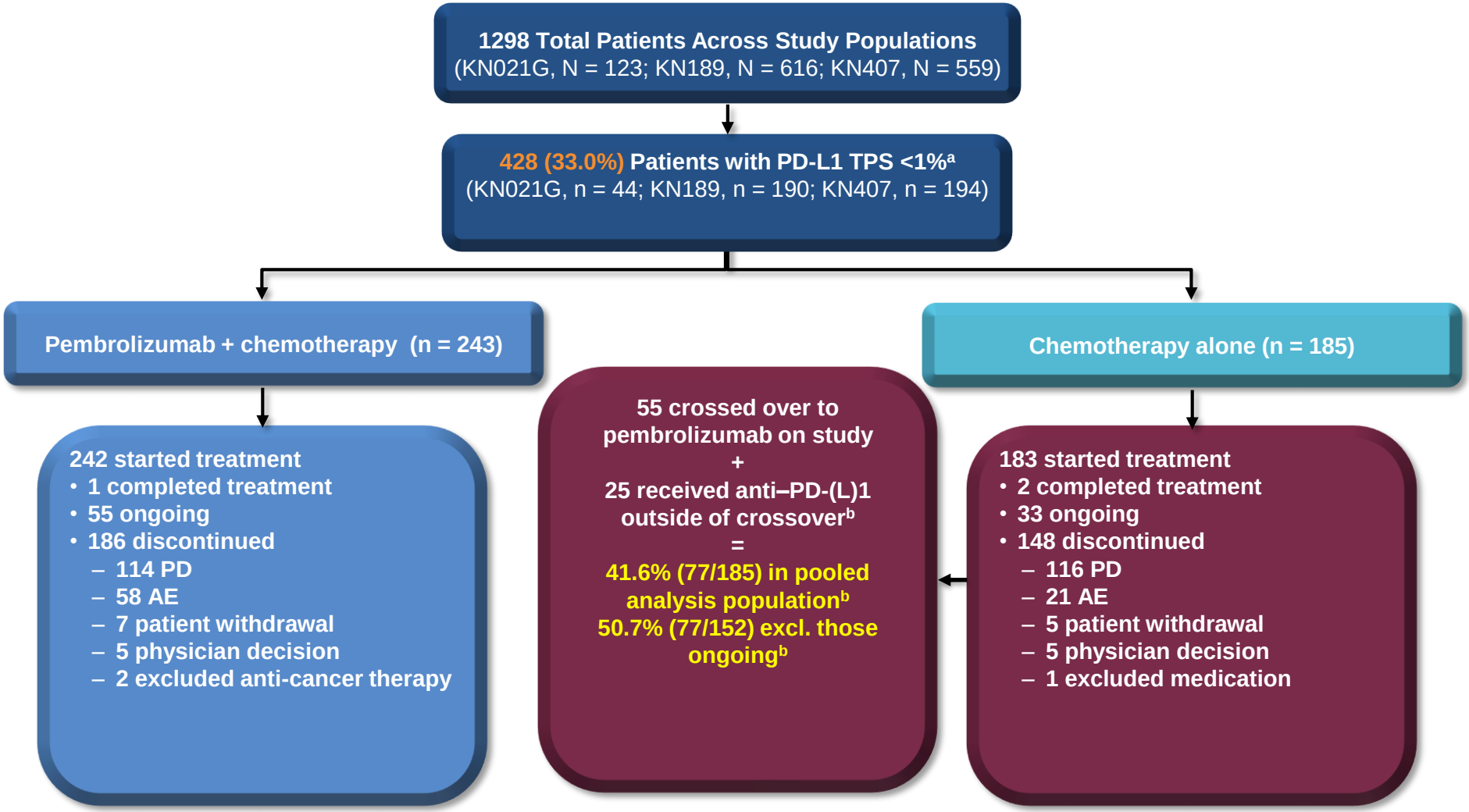


No. at Risk
Pembrolizumab c
Placebo combina

B Subgroup Analysis of Overall Survival

Subgroup	No. of Events/ No. of Patients	Hazard Ratio for Death (95% CI)
Overall	205/559	0.64 (0.49–0.85)
Age		
<65 yr	88/254	0.52 (0.34–0.80)
≥65 yr	117/305	0.74 (0.51–1.07)
Sex		
Male	167/455	0.69 (0.51–0.94)
Female	38/104	0.42 (0.22–0.81)
ECOG performance-status score		
0	48/163	0.54 (0.29–0.98)
1	157/396	0.66 (0.48–0.90)
Region of enrollment		
East Asia	34/106	0.44 (0.22–0.89)
Rest of the world	171/453	0.69 (0.51–0.93)
PD-L1 tumor proportion score		
<1%	73/194	0.61 (0.38–0.98)
≥1%	129/353	0.65 (0.45–0.92)
1–49%	76/207	0.57 (0.36–0.90)
≥50%	53/146	0.64 (0.37–1.10)
Taxane-based drug		
Paclitaxel	140/336	0.67 (0.48–0.93)
Nab-paclitaxel	65/223	0.59 (0.36–0.98)

Disposition of Pooled Analysis Population [1/3]



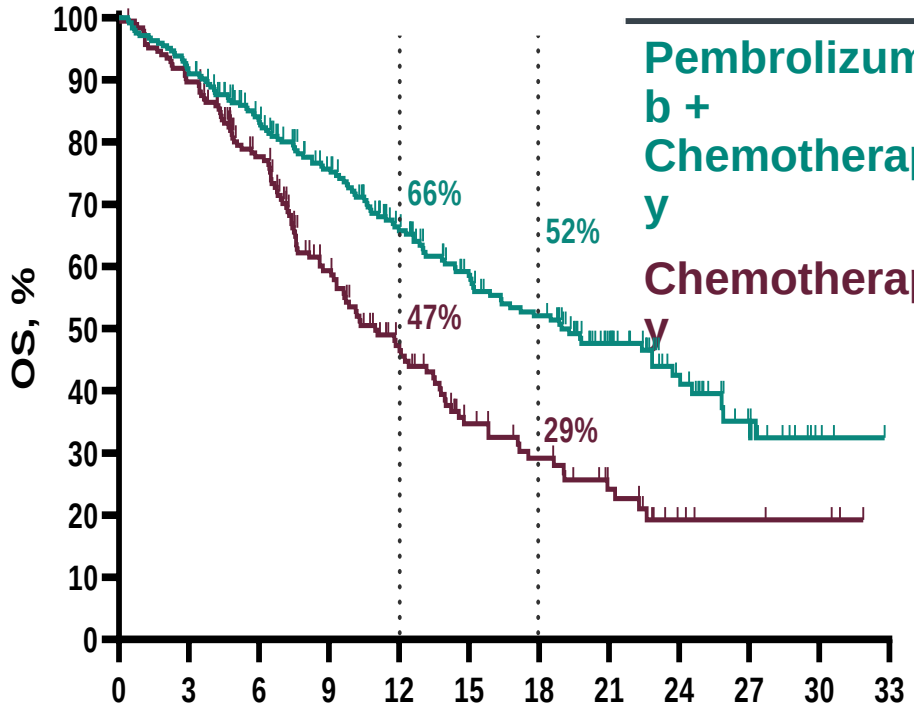
[a]Patients with tumor samples that were nonevaluable for PD-L1 expression were excluded from this analysis. [b]Three patients received on-study crossover and subsequent anti-PD-(L)1 therapy.
Data cutoff dates: KN021G, December 1, 2017; KN189, September 21, 2018; KN407, April 3, 2018.

Reactive Use Only

ESF Material for Medical Personnel Use Only

Overall Survival

Patients Without Tumor PD-L1 Expression (TPS <1%)



No. at risk												
Pembrolizumab + chemotherapy	243	221	186	153	117	92	79	49	29	13	2	0
Chemotherapy alone	185	165	127	83	56	34	26	16	7	5	4	1

	Events, n	HR (95% CI)
Pembrolizumab + Chemotherapy	112	0.56 (0.43–0.73)
Chemotherapy	110	

Median (95% CI) OS

19.0 (15.2–24.0) mo

11.0 (9.2–13.5) mo

Data cutoff dates: KN021G, December 1, 2017; KN189, September 21, 2018; KN407, April 3, 2018.

Reactive Use Only

ESF Material for Medical Personnel Use Only

The NEW ENGLAND JOURNAL of MEDICINE

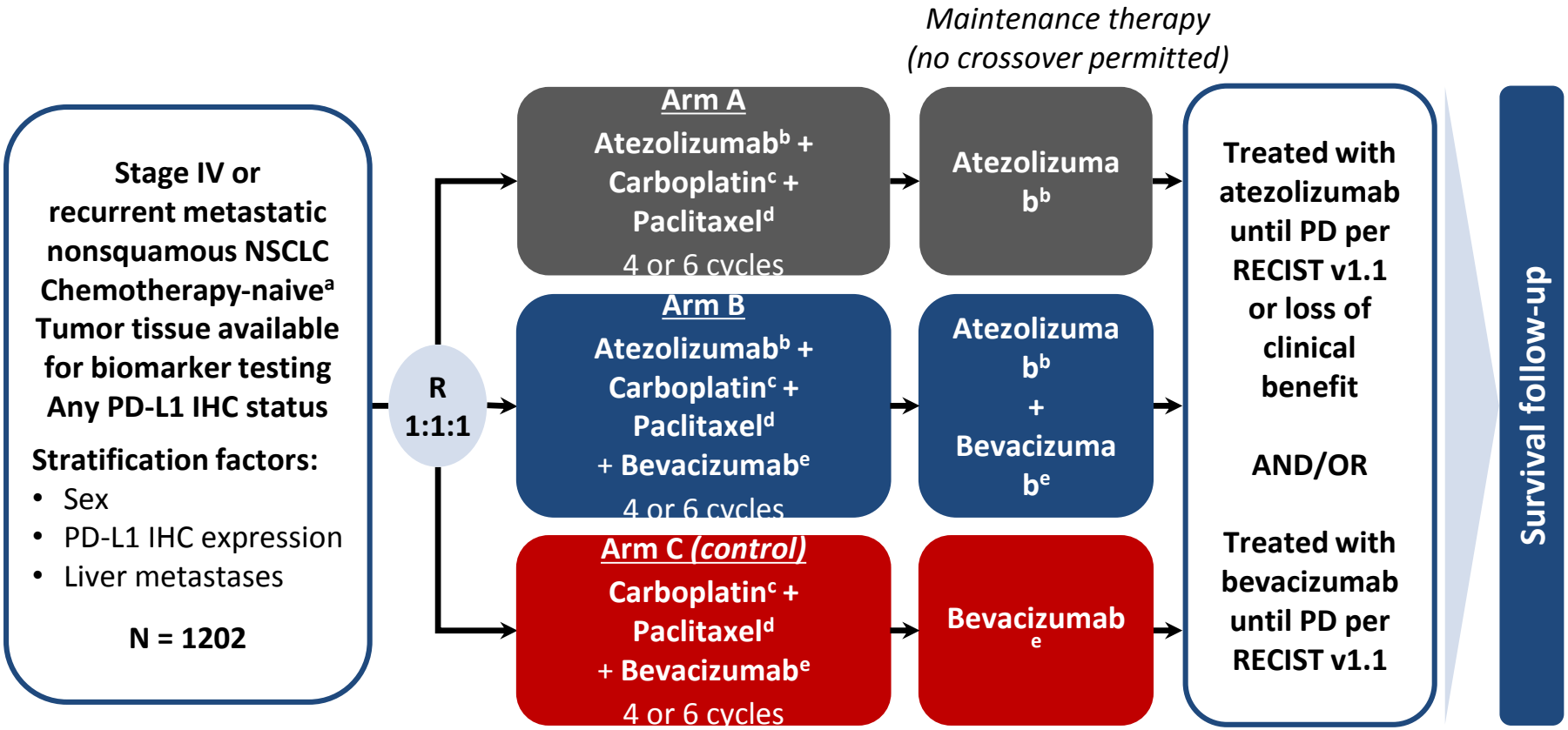
ORIGINAL ARTICLE

Atezolizumab for First-Line Treatment of Metastatic Nonsquamous NSCLC

M.A. Socinski, R.M. Jotte, F. Cappuzzo, F. Orlandi, D. Stroyakovskiy, N. Nogami, D. Rodríguez-Abreu, D. Moro-Sibilot, C.A. Thomas, F. Barlesi, G. Finley, C. Kelsch, A. Lee, S. Coleman, Y. Deng, Y. Shen, M. Kowanetz, A. Lopez-Chavez, A. Sandler, and M. Reck, for the IMpower150 Study Group*

June 4, 2018,

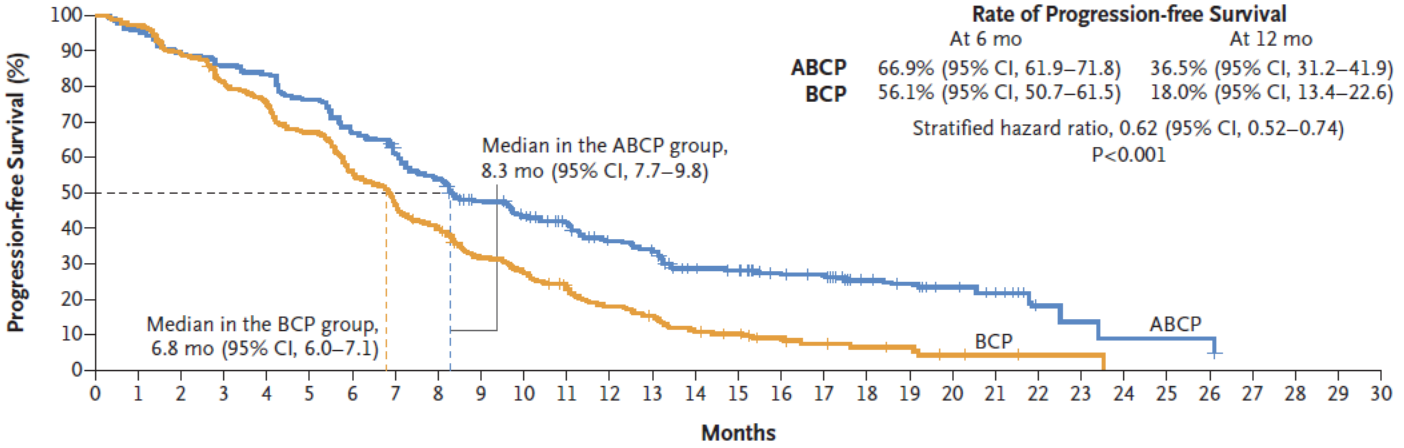
IMpower150 Study Design



[a] Patients with a sensitizing *EGFR* mutation or *ALK* translocation must have disease progression or intolerance of treatment with one or more approved targeted therapies.

[b] Atezolizumab: 1200 mg IV q3w. [c] Carboplatin: AUC 6 IV q3w. [d] Paclitaxel: 200 mg/m^2 IV q3w. [e] Bevacizumab: 15 mg/kg IV q3w.

A Kaplan–Meier Estimates of Progression-free Survival



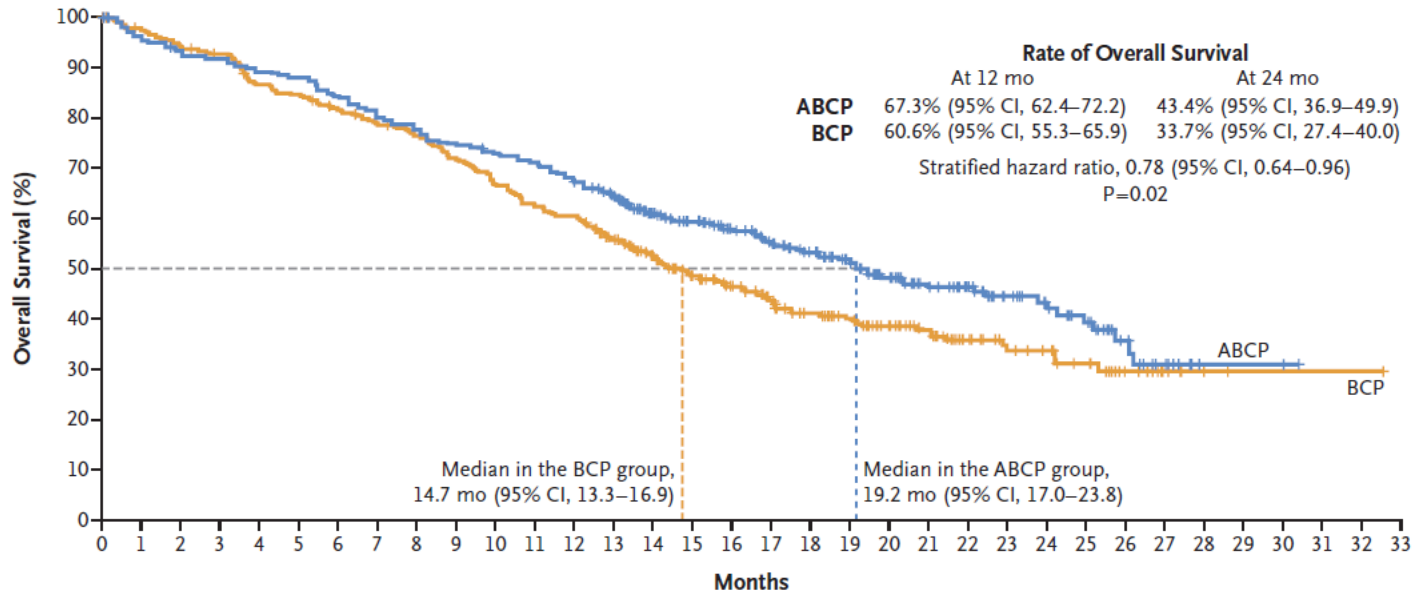
Rate of Progression-free Survival

	At 6 mo	At 12 mo
ABCP	66.9% (95% CI, 61.9–71.8)	36.5% (95% CI, 31.2–41.9)
BCP	56.1% (95% CI, 50.7–61.5)	18.0% (95% CI, 13.4–22.6)

Stratified hazard ratio, 0.62 (95% CI, 0.52–0.74)
P<0.001

No. at Risk

ABCP	356	332	311	298	290	265	232	210	186	151	124	111	87	77	58	55	42	39	27	24	16	12	4	3	2	2	2
BCP	336	321	292	261	243	215	179	147	125	91	69	55	39	32	21	18	12	9	7	6	3	2	1	1			



Rate of Overall Survival

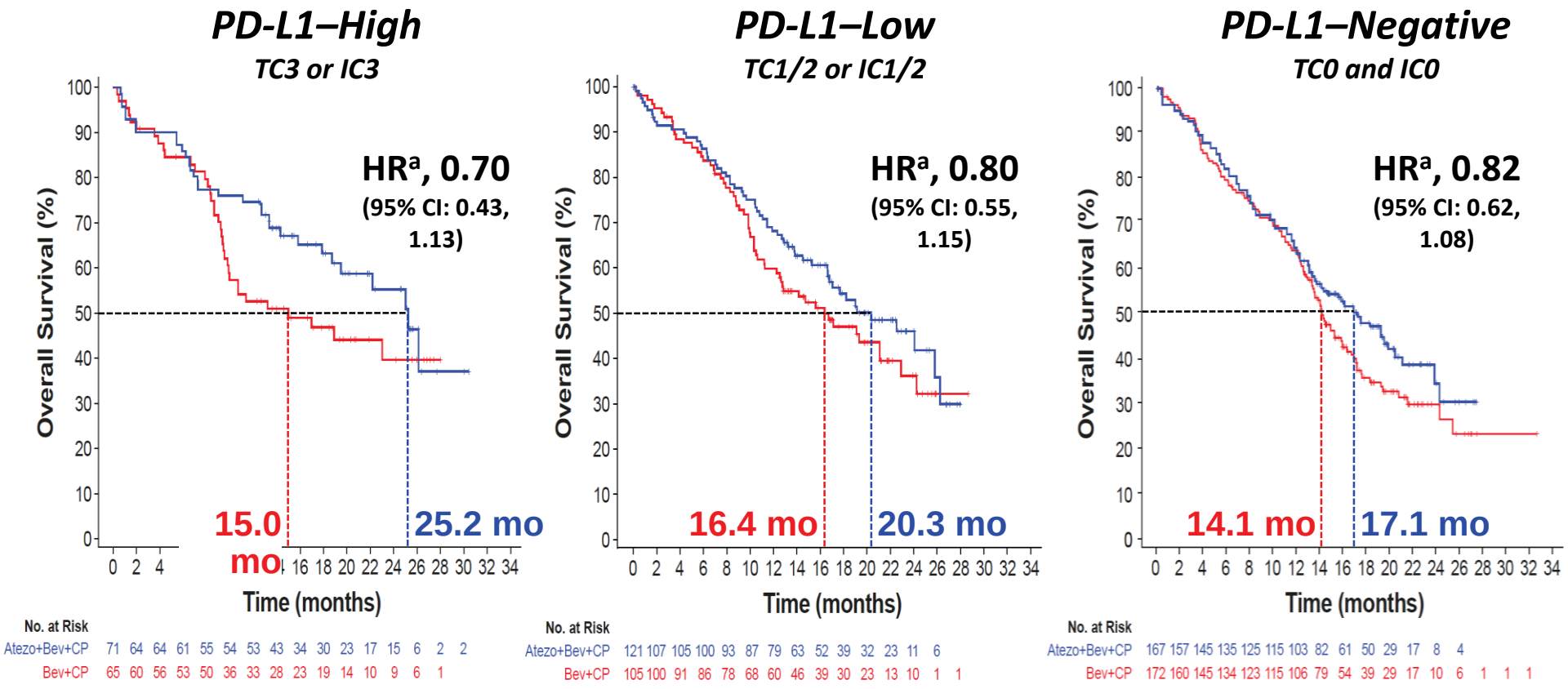
	At 12 mo	At 24 mo
ABCP	67.3% (95% CI, 62.4–72.2)	43.4% (95% CI, 36.9–49.9)
BCP	60.6% (95% CI, 55.3–65.9)	33.7% (95% CI, 27.4–40.0)

Stratified hazard ratio, 0.78 (95% CI, 0.64–0.96)
P=0.02

No. at Risk

ABCP	359	339	328	323	314	310	296	284	273	264	256	250	235	218	188	167	147	133	119	103	84	66	57	41	34	28	16	9	2	2	2		
BCP	337	326	315	308	287	280	268	255	247	233	216	203	196	174	152	129	115	101	87	77	66	56	40	32	29	22	13	6	3	1	1	1	1

Survival Benefit Was Observed Across All PD-L1 Subgroups in the ITT-WT (Arm B vs Arm C)



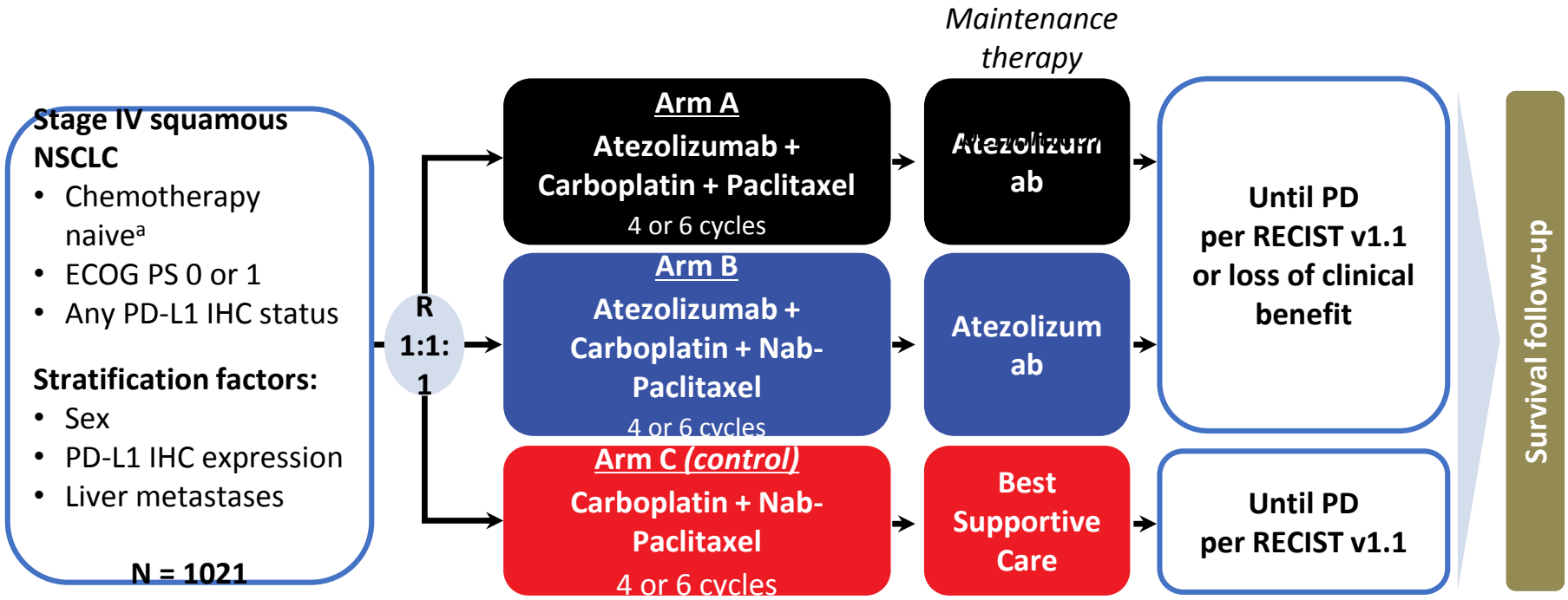
[a] Unstratified HR.
Data cutoff: January 22, 2018

IMpower131: Primary PFS and Safety Analysis of a Randomized Phase III Study of Atezolizumab + Carboplatin + Paclitaxel or Nab-Paclitaxel vs Carboplatin + Nab-Paclitaxel as 1L Therapy in Advanced Squamous NSCLC

Robert Jotte,[1,2] Federico Cappuzzo,[3] Ihor Vynnychenko,[4] Daniil Stroyakovskiy,[5] Delvys Rodriguez Abreu,[6]
Maen Hussein,[7] Ross Soo,[8] Henry J. Conter,[9] Toshiyuki Kozuki,[10] Carlos da Silva,[11] Vilma Graupner,[12]
Shawn W. Sun,[13] Ray Lin,[13] Helen Jessop,[12] Marcin Kowanetz,[13] Tien Hoang,[13] Alan Sandler,[13] Mark A. Socinski[14]

[1]Rocky Mountain Cancer Centers, Denver, CO; [2]US Oncology, Houston, TX; [3]Azienda Unità Sanitaria Locale della Romagna, Ravenna, Italy; [4]Sumy State University, Sumy, Ukraine; [5]Moscow City Oncology Hospital, Moscow Healthcare Department, Moscow Oblast, Russia; [6]Complejo Hospitalario Universitario Insular-Materno Infantil de Gran Canaria, Universidad de Las Palmas de Gran Canaria, Spain; [7]Sarah Cannon Research Institute/Florida Cancer Specialists, Lady Lake, FL; [8]Department of Haematology-Oncology, National University Hospital, Singapore; [9]William Osler Health System, Brampton, ON, Canada; [10]Department of Thoracic Oncology and Medicine, National Hospital Organization Shikoku Cancer Center, Matsuyama, Japan; [11]Fundação Pio XII Institution – Cancer Hospital of Barretos, Barretos, São Paulo, Brazil; [12]F. Hoffmann-La Roche, Ltd, Basel, Switzerland; [13]Genentech, Inc., South San Francisco, CA; [14]Florida Hospital Cancer Institute, Orlando, FL

IMpower131: Study Design



Co-primary endpoints

- Investigator-assessed PFS per RECIST v1.1 (ITT)
- OS (ITT)

Secondary endpoints

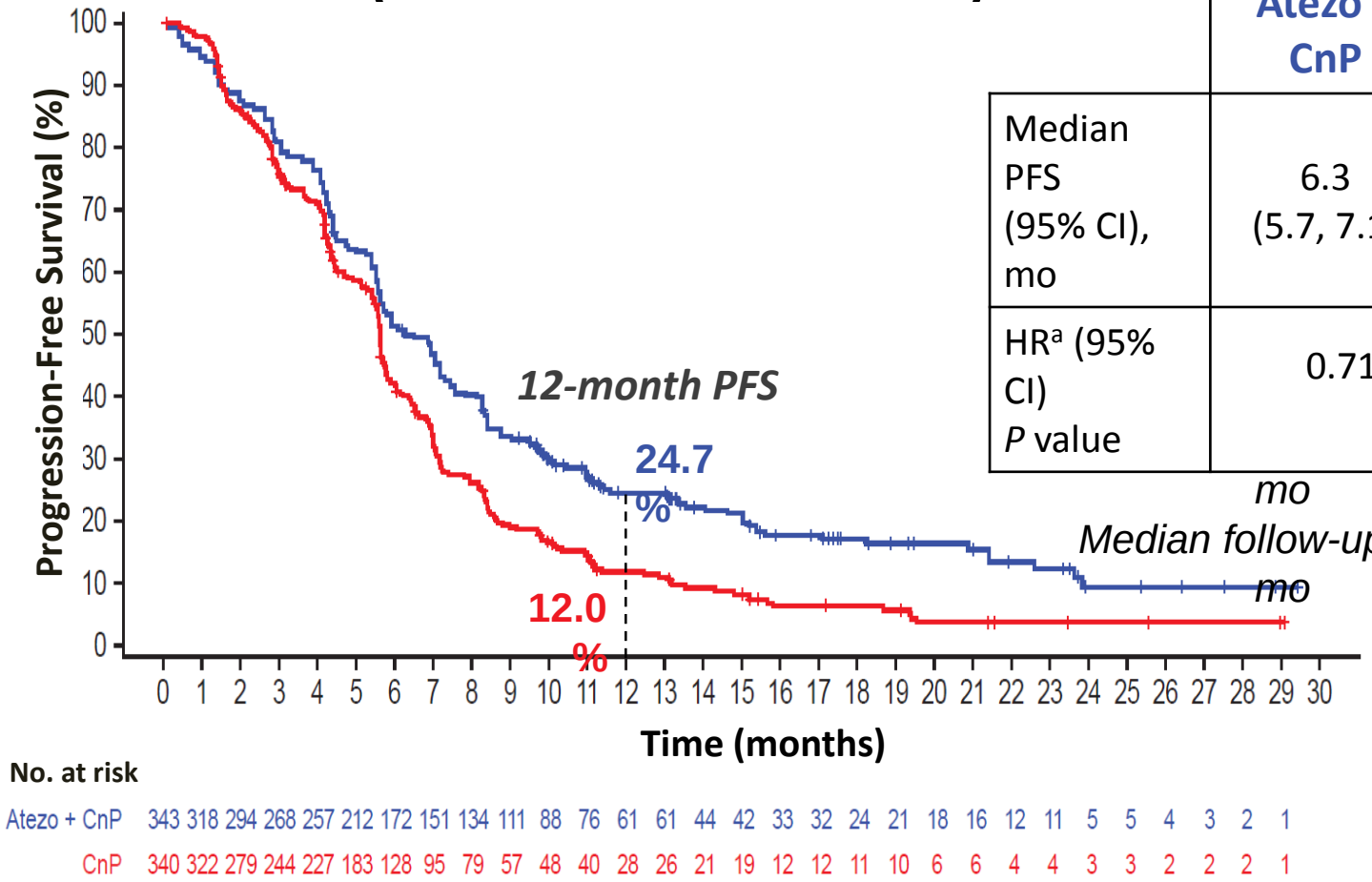
- PFS and OS in PD-L1 subgroups
- ORR, DOR; safety

Atezolizumab 1200 mg IV q3w; carboplatin AUC 6 IV q3w; nab-paclitaxel 100 mg/m^2 IV qw; paclitaxel 200 mg/m^2 IV q3w.

[a] Patients with a sensitising *EGFR* mutation or *ALK* translocation must have disease progression or intolerance to treatment with ≥ 1 approved targeted therapies. Testing for *EGFR* mutation or *ALK* translocation was not mandatory.

[b] PD-L1 expression was evaluated using the VENTANA SP142 IHC assay.

INV-Assessed PFS in the ITT Population (Arm B vs Arm C)

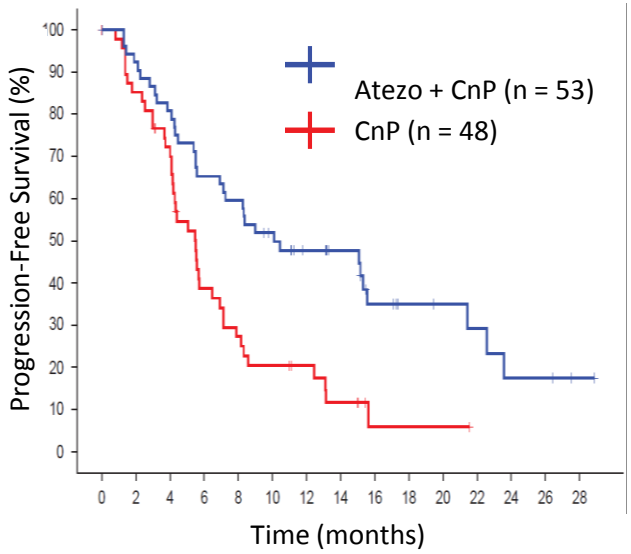


	Arm B: Atezo + CnP	Arm C: CnP
Median PFS (95% CI), mo	6.3 (5.7, 7.1)	5.6 (5.5, 5.7)
HR[a] (95% CI) *P* value	0.71 (0.60, 0.85) 0.0001	

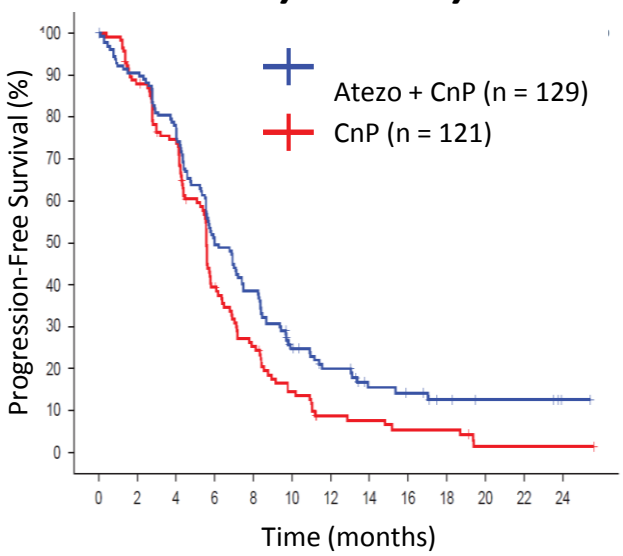
Data cutoff: January 22, 2018.
INV, investigator. [a] Stratified HR.

INV-Assessed PFS in PD-L1 Subgroups (Arm B vs Arm C)

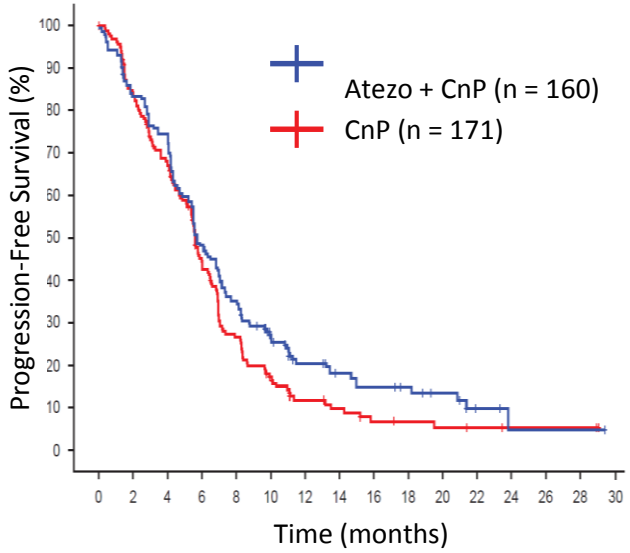
PD-L1 High
TC3 or IC3



PD-L1 Low
TC1/2 or IC1/2



PD-L1 Negative
TC0 and IC0

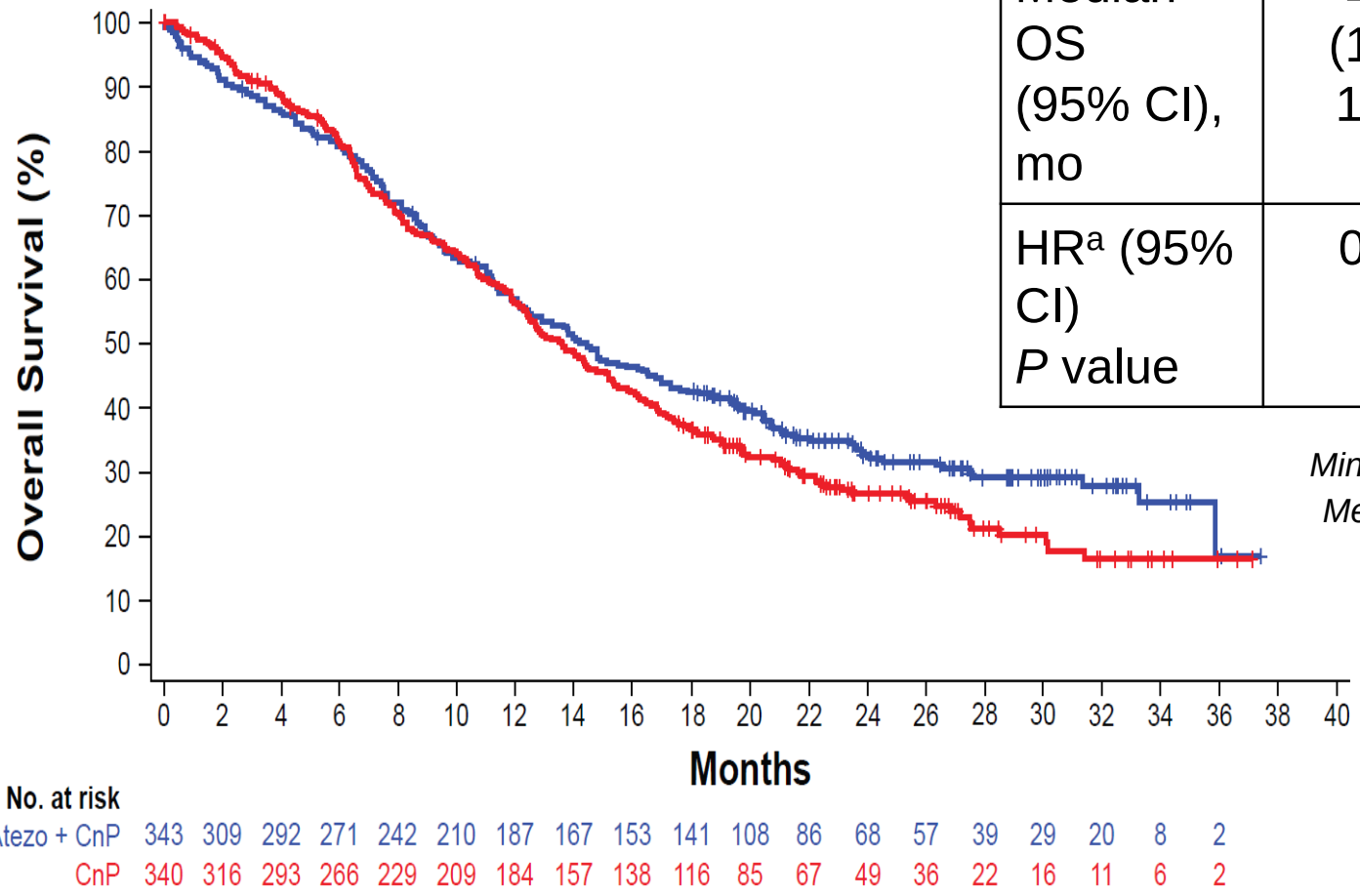


	Atezo + CnP	CnP	Atezo + CnP	CnP	Atezo + CnP	CnP
12-month PFS	48%	20%	20%	9%	20%	12%
Median PFS, mo	10.1	5.5	6.0	5.6	5.7	5.6
HR[a] (95% CI)	0.44 (0.27, 0.71)		0.70 (0.53, 0.92)		0.81 (0.64, 1.03)	

[a] Unstratified HR.

	Arm B: Atezo + CnP	Arm C: CnP
Median OS (95% CI), mo	14.2 (12.3, 16.8)	13.5 (12.2, 15.1)
HR[a] (95% CI) *P* value	0.88 (0.73, 1.05) 0.1581	

Minimum follow-up, 18.7 mo
Median follow-up, 25.5 mo



[a] Stratified HR.
Data cutoff: 3 October 2018.

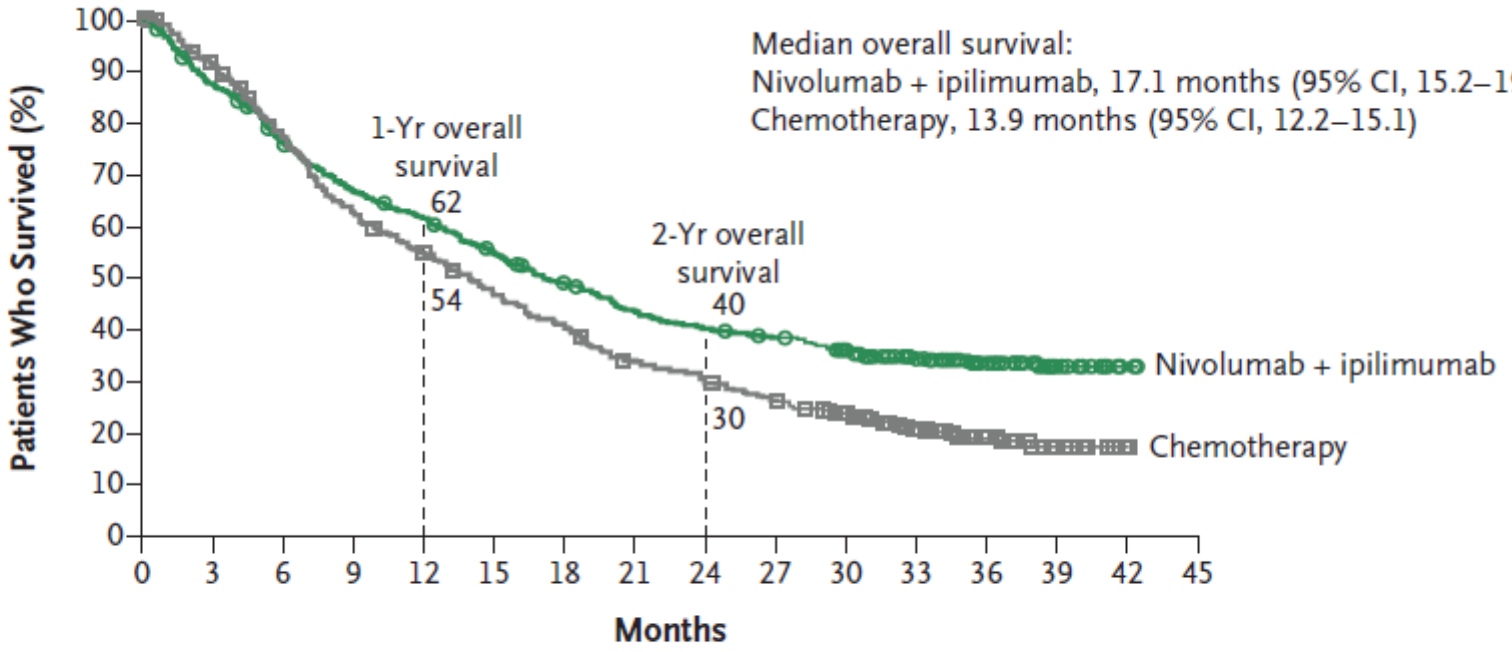
ORIGINAL ARTICLE

Nivolumab plus Ipilimumab in Advanced Non–Small-Cell Lung Cancer

M.D. Hellmann, L. Paz-Ares, R. Bernabe Caro, B. Zurawski, S.-W. Kim, E. Carcereny Costa, K. Park, A. Alexandru, L. Lupinacci, E. de la Mora Jimenez, H. Sakai, I. Albert, A. Vergnenegre, S. Peters, K. Syrigos, F. Barlesi, M. Reck, H. Borghaei, J.R. Brahmer, K.J. O'Byrne, W.J. Geese, P. Bhagavatheeswaran, S.K. Rabindran, R.S. Kasinathan, F.E. Nathan, and S.S. Ramalingam

CkeckMate 227

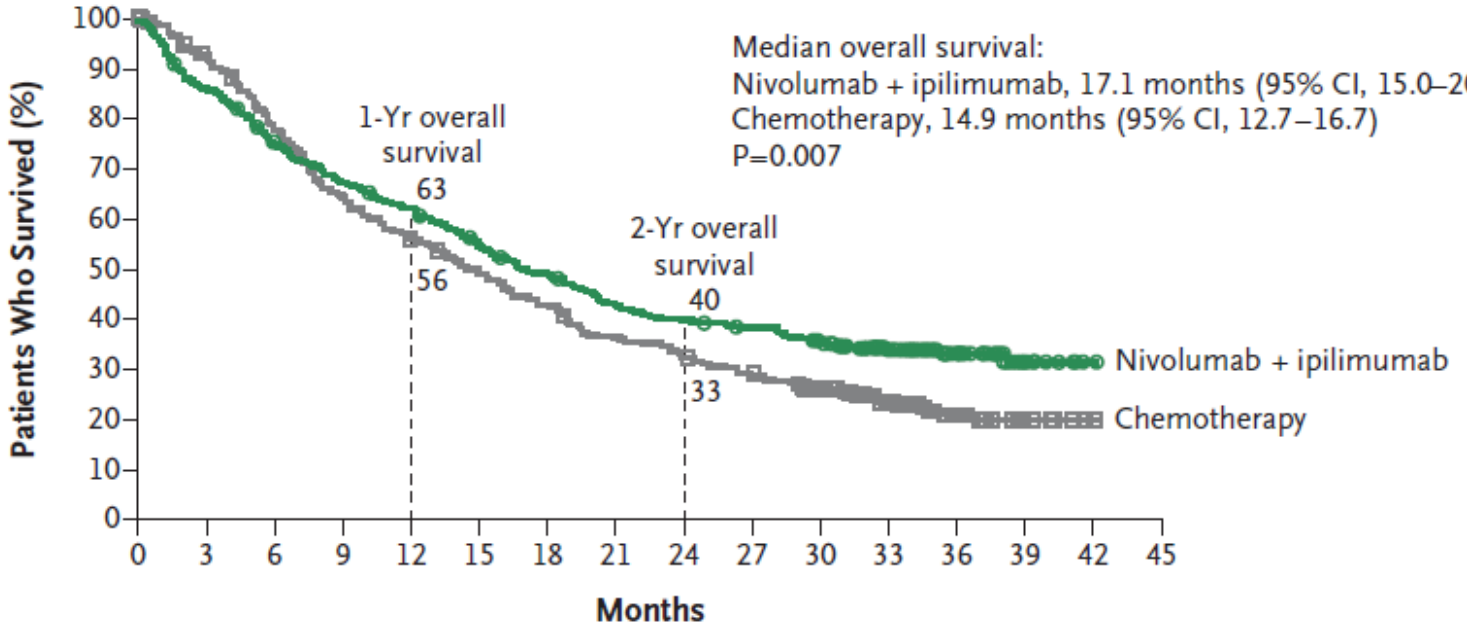
B Overall Survival in All the Patients



No. at Risk

Nivolumab + ipilimumab	583	506	437	384	354	312	277	245	226	214	188	125	60	17	3	0
Chemotherapy	583	522	441	357	310	264	228	190	167	147	122	76	34	11	1	0

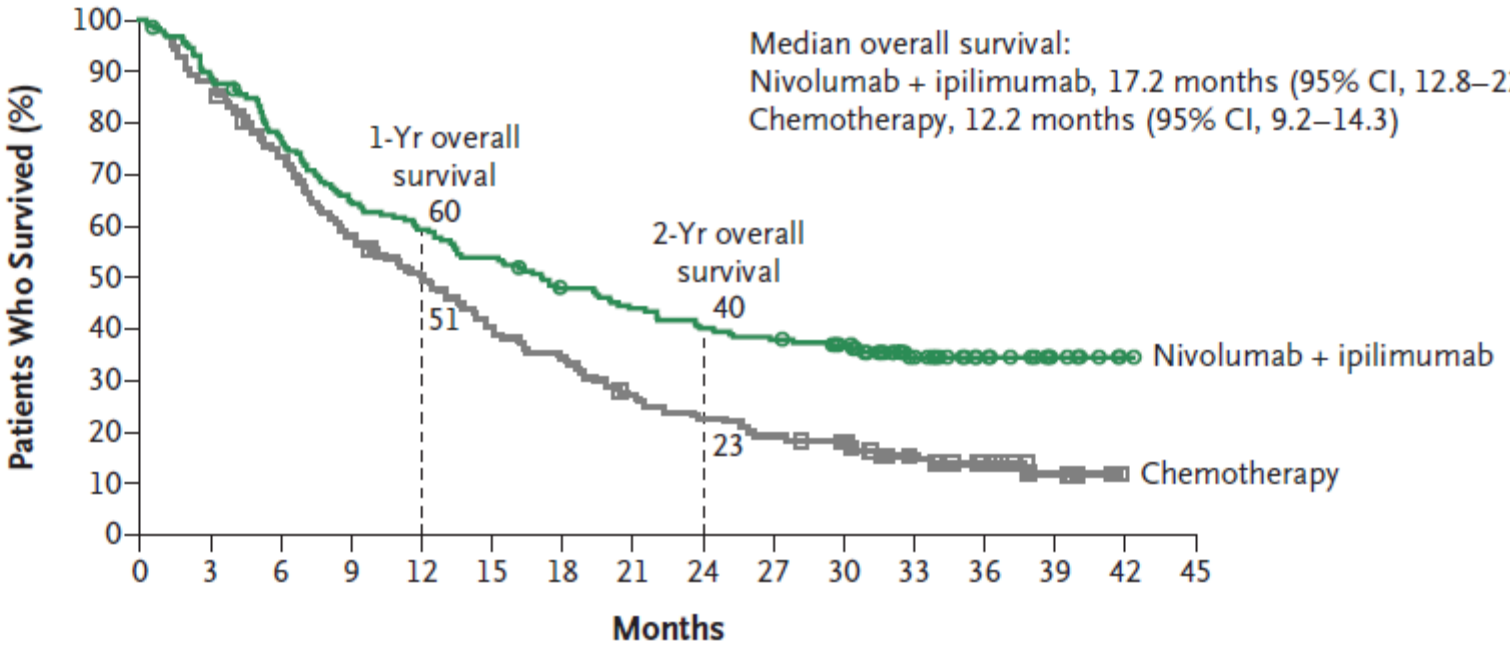
A Overall Survival in Patients with a PD-L1 Expression Level of 1% or More



No. at Risk

Nivolumab + ipilimumab	396	341	295	264	244	212	190	165	153	145	129	91	41	9	1	0
Chemotherapy	397	358	306	250	218	190	166	141	126	112	93	57	22	6	1	0

A Overall Survival in Patients with a PD-L1 Expression Level of <1%



No. at Risk

Nivolumab + ipilimumab	187	165	142	120	110	100	87	80	73	69	59	34	19	8	2	0
Chemotherapy	186	164	135	107	92	74	62	49	41	35	29	19	12	5	0	0

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JUNE 22, 2017 VOL. 376 NO. 25

First-Line Nivolumab in Stage IV or Recurrent Non–Small-Cell Lung Cancer

D.P. Carbone, M. Reck, L. Paz-Ares, B. Creelan, L. Horn, M. Steins, E. Felip, M.M. van den Heuvel, T.-E. Ciuleanu, F. Badin, N. Ready, T.J.N. Hiltermann, S. Nair, R. Juergens, S. Peters, E. Minenza, J.M. Wrangle, D. Rodriguez-Abreu, H. Borghaei, G.R. Blumenschein, Jr., L.C. Villaruz, L. Havel, J. Krejci, J. Corral Jaime, H. Chang, W.J. Geese, P. Bhagavatheeswaran, A.C. Chen, and M.A. Socinski, for the CheckMate 026 Investigators*

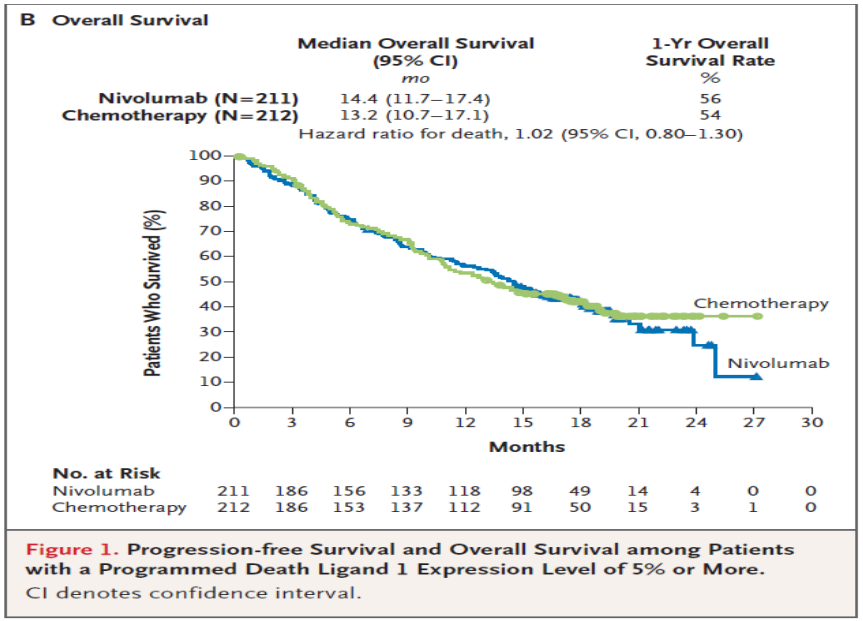


Figure 1. Progression-free Survival and Overall Survival among Patients with a Programmed Death Ligand 1 Expression Level of 5% or More.
CI denotes confidence interval.

- MISTIC

Fase III

Durvalumab

Durvalumab- Tremelimumab

Quimioterapia

(TMB)

CONCLUSIONES

- **PDL-1 > 50%**

monoterapia con pembrolizumab (Keynote-024)

- **PDL-1 < 50%** **(PDL-1 <1%)**

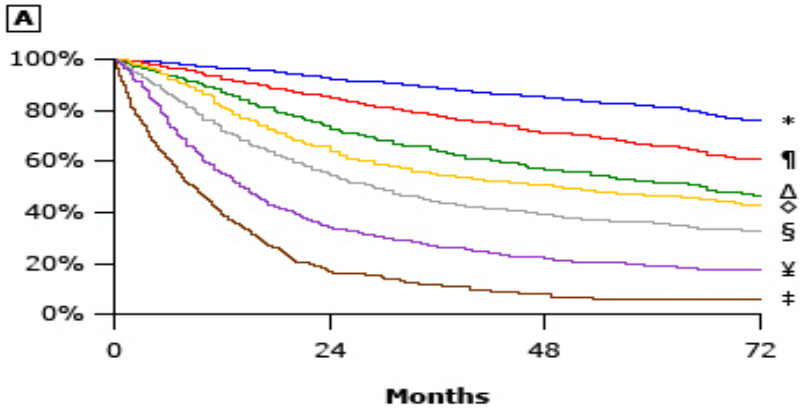
Combinaciones qt- inmuno

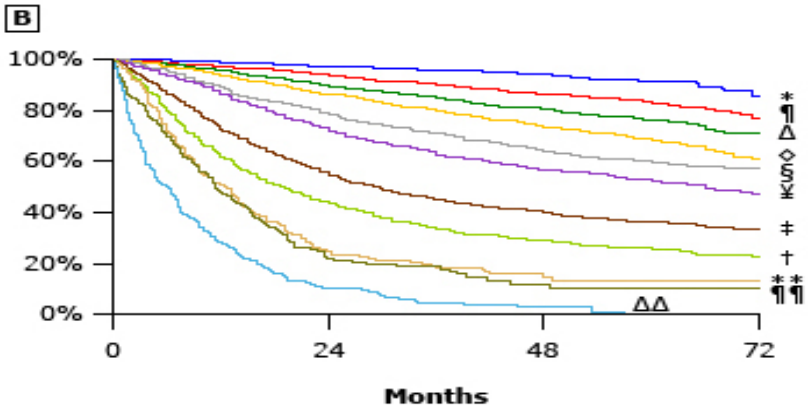
(Keynote -189, Keynote – 407, IMP 150)

- Combinaciones I-I

CkeckMate 227

Overall survival by clinical stage according to the seventh edition (A) and the eighth edition (B) groupings using the entire database available for the eighth edition





7th edition	Events / N	MST	24 month	60 month
* IA	1119 / 6303	NR	93%	82%
¶ IB	768 / 2492	NR	85%	66%
Δ IIA	424 / 1008	66.0	74%	52%
◇ IIB	382 / 824	49.0	64%	47%
§ IIIA	2139 / 3344	29.0	55%	36%
¥ IIIB	2101 / 2624	14.1	34%	19%
‡ IV	664 / 882	8.8	17%	6%

8th edition	Events / N	MST	24 month	60 month
* IA1	68 / 781	NR	97%	92%
¶ IA2	505 / 3105	NR	94%	83%
Δ IA3	546 / 2417	NR	90%	77%
◇ IB	560 / 1928	NR	87%	68%
§ IIA	215 / 585	NR	79%	60%
¥ IIB	605 / 1453	66.0	72%	53%
‡ IIIA	2052 / 3200	29.3	55%	36%
† IIIB	1551 / 2140	19.0	44%	26%
** IIIC	831 / 986	12.6	24%	13%
¶¶ IVA	336 / 484	11.5	23%	10%
ΔΔ IVB	328 / 398	6.0	10%	0%

Overall survival by clinical stage according to the seventh edition (A) and the eighth edition (B) groupings using the entire database available for the eighth edition. Survival is weighted by type of database submission: registry versus other.

N: number of patients; MST: median survival time; NR: not reached.

Reproduced from: Goldstraw P, Chansky K, Crowley J, et al. The IASLC Lung Cancer Staging Project: Proposals for Revision of the TNM Stage Groupings in the Forthcoming (Eighth) Edition of the TNM Classification for Lung Cancer. J Thorac Oncol 2016; 11:39. Illustration used with the permission of Elsevier Inc. All rights reserved.

UpToDate®

Muchas gracias