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SAKK 16/14

Anti-PD-L1 Antibody Durvalumab in Addition to Neoadjuvant Chemotherapy in Patients with Stage IIIA(N2) Non-Small Cell Lung Cancer (NSCLC) — A Multicenter Single-arm Phase II Trial

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DISCLOSURE INFORMATION

Consulting or advisory role
Astra-Zeneca, BMS, Boehringer-Ingelheim, Eisai, Eli Lilly, Merck, MSD, Novartis, Pfizer, Roche, Takeda (payment to the institution)

Stock or other ownership
none

Patents, royalties, other intellectual property
none

Honoraria
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Travel, accommodations, expenses
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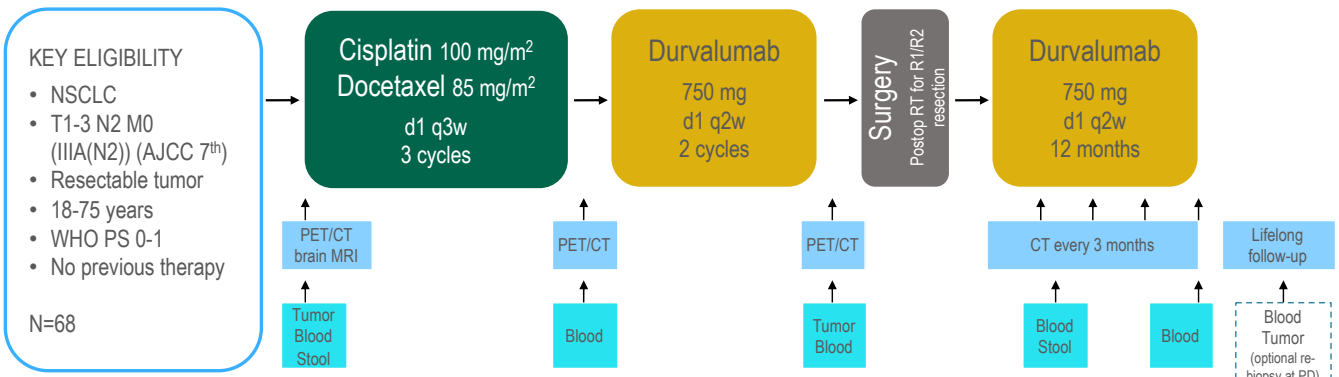
Other relationships
Member Federal Drug Commission, Federal Office of Public Health

SAKK 16/14 – Study Design



1° endpoint: Event-free survival (EFS) at 12 months

2° endpoints: EFS, OS, ORR, pCR, MPR, nodal downstaging, complete resection, AEs

Statistical hypothesis: improve EFS at 12 months from ≤ 48% (SAKK 16/00[1]) to ≥ 65%

[1]Pless M, et al. Lancet 2015;386:1049-56

SAKK 16/14 – Patient Demographics and Treatment

	N=67	%
Age, median (range)	61 (41-74)	
Gender		
- Male	35	52.2%
- Female	32	47.8%
WHO PS		
- 0	52	77.6%
- 1	15	22.4%
Histology		
- Adenocarcinoma	37	55.2%
- Squamous cell carcinoma	22	32.8%
- Large cell carcinoma	1	1.5%
- NOS	7	10.4%
T stage		
- T1	15	22.4%
- T2	33	49.3%
- T3	19	28.4%

	N	%
Neoadjuvant Chemotherapy	67	
- Completed	60	89.6%
- Not completed	7	10.4%
Neoadjuvant Immunotherapy	62	
- Completed	58	86.6%
- Not completed	4	13.4%
Surgery	55	
- Pneumonectomy	5	9.1%
- Bilobectomy	7	12.7%
- Lobectomy	43	78.2%
- R0/R1/R2	50/3/2	90.9%/5.5%/3.6%
Postoperative Radiotherapy	6	10.9%
Adjuvant Immunotherapy	50	
- Completed	25	50.0%
- Still on treatment	5	10.0%
- Not completed	20	40.0%

SAKK 16/14 – Radiographic and Pathologic Response

Radiographic response

Response	Total (N=62) N (%)
CR	4 (6.5%)
PR	32 (51.6%)
SD	16 (25.8%)
PD	4 (6.5%)
NE	4 (6.5%)
Missing[1]	2 (3.2%)

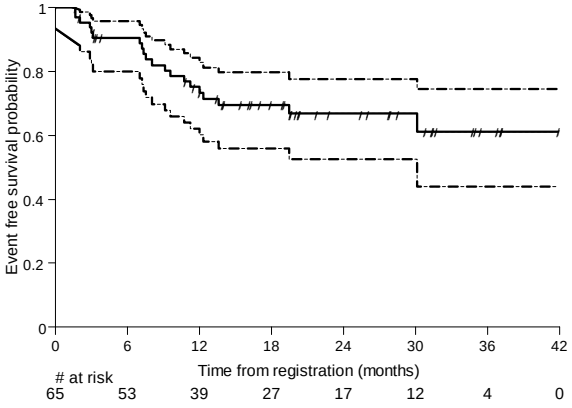
[1] Tumor assessment not done (N=2)

Pathologic response

Response	Total (N=55) N (%)
Pathological complete response (pCR)	10 (18.2%)
Major pathological response (MPR)[1]	33 (60.0%)
Nodal downstaging - ypN0 - ypN1	37 (67.3%) 26 (47.3%) 11 (20.0%)

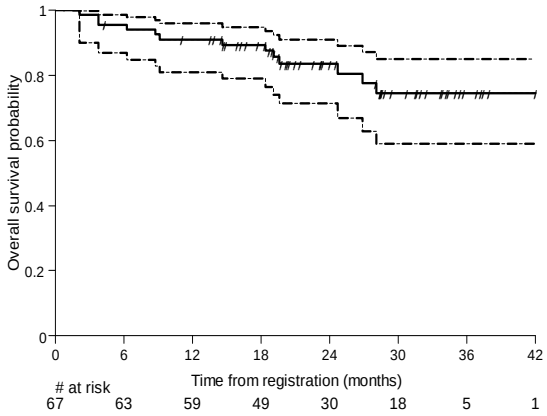
[1] Defined as ≤10% viable tumor cells
MPR significantly associated with PD-L1 positivity (> 1%), p=0.038

SAKK 16/14 – EFS and OS



EFS at 12 months: 73.4% (90% CI: 62.7 – 81.5)

Median EFS: not reached (95% CI: 27.6 – NR)



Median OS: not reached (NR) (95% CI: NR – NR)

Median follow-up: 28.6 months. Time point of analysis: July 10, 2020

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SAKK 16/14 – Conclusion

- This is to our knowledge the largest cohort of patients with resectable stage IIIA(N2) NSCLC receiving perioperative immune checkpoint inhibitor therapy
- The addition of perioperative durvalumab to standard of care cisplatin/docetaxel
  - is safe
  - results in a very encouraging 1-year EFS rate that exceeds historical data of chemotherapy alone
  - leads to high major pathological response rate and rate of nodal downstaging
- Exploratory analyses of tissue and blood biomarkers are ongoing
- Perioperative PD-L1 inhibition in addition to standard neoadjuvant chemotherapy forms the backbone of our next study investigating the additional benefit of neoadjuvant immune-modulatory radiotherapy (SAKK 16/18; NCT04245514)

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- Rising Tide Foundation
- Gateway for Cancer Research
- Cancer League Basel

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