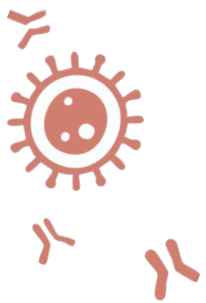




Wczesny rak płuca

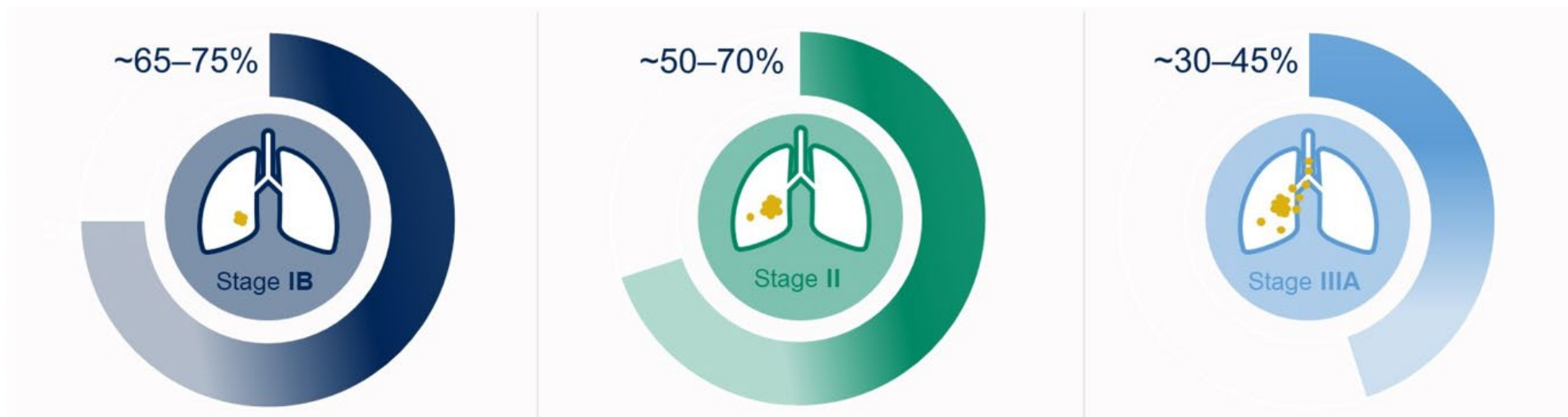
Magdalena Knetki- Wróblewska





Wczesny rak płuca

Odsetek chorych żyjących po 5 latach



2025 ASCO[®]
ANNUAL MEETING



SWOG/NRG S1914: Randomized phase III trial of induction/consolidation atezolizumab + SBRT versus SBRT alone in high risk, early-stage NSCLC

Charles B. Simone II, Megan Eileen Daly, Mary Weber Redman, Ming-Hui Hsieh, Jhanelle E. Gray, Paul Joseph Hesketh, Chen Hu, Arta Monir Monjazebe, Conor Ernst Steuer, Apar Kishor Ganti, Rojano Kashani, Jessica R. Bauman, Josephine Louella Feliciano, James Moon, Jieling Miao, Kimberly Ku, Adedayo A. Onitilo, Karen Kelly, Jeffrey D. Bradley

Megan E. Daly MD
UC Davis Comprehensive Cancer Center

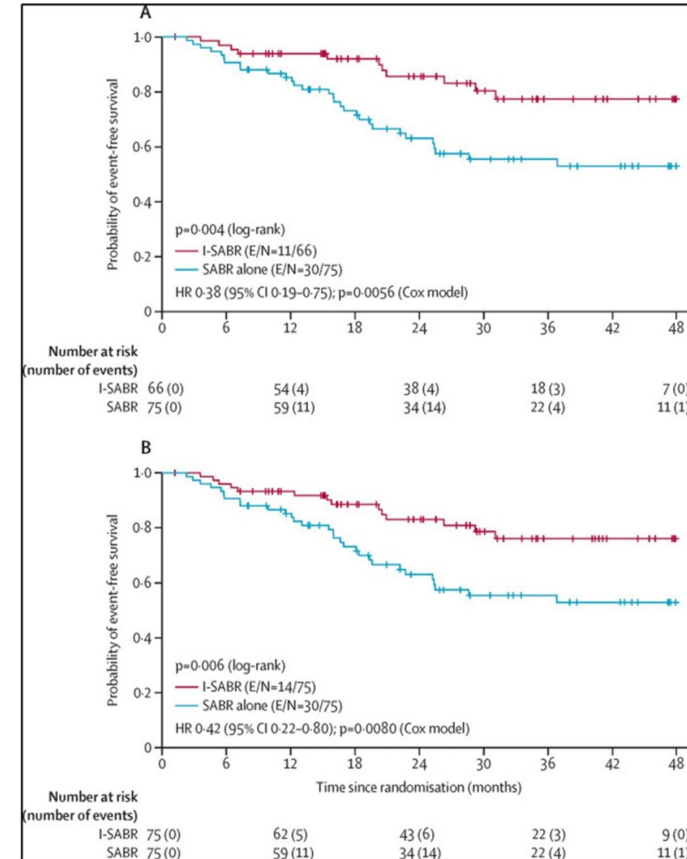




Articles

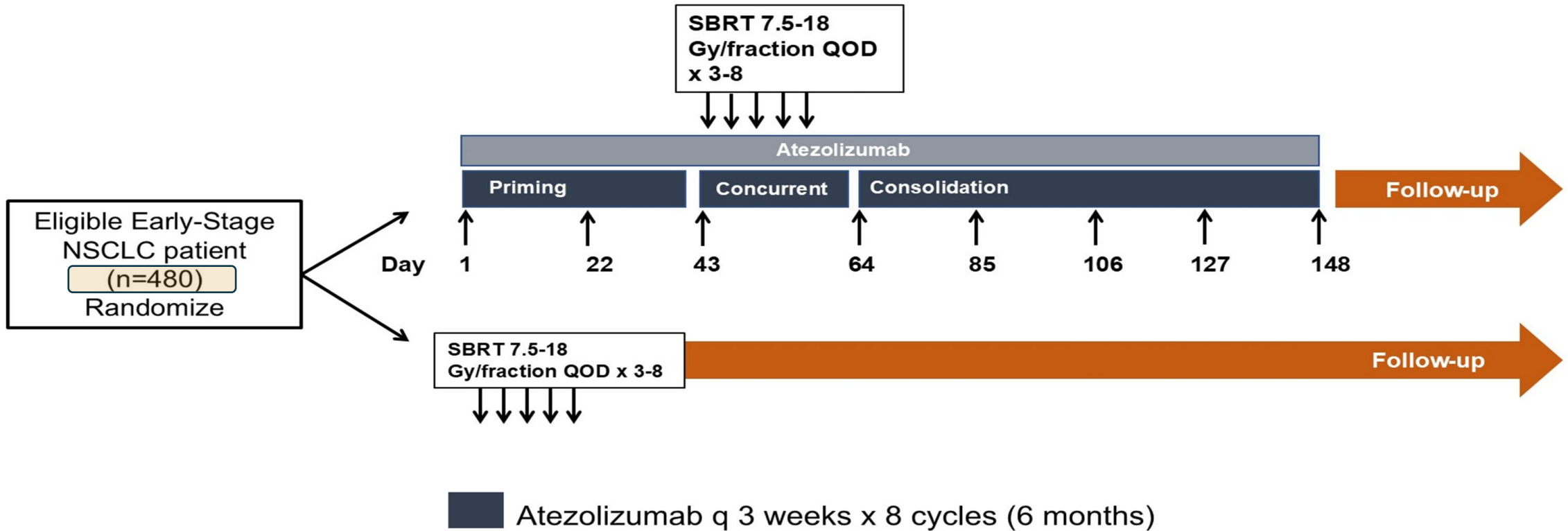
Stereotactic ablative radiotherapy with or without immunotherapy for early-stage or isolated lung parenchymal recurrent node-negative non-small-cell lung cancer: an open-label, randomised, phase 2 trial

Prof Joe Y Chang MD ^a, Steven H Lin MD ^a, Wenli Dong MS ^b, Prof Zhongxing Liao MD ^a, Saumil J Gandhi MD ^a, Carl M Gay MD ^c, Jianjun Zhang MD ^c, Stephen G Chun MD ^a, Yasir Y Elamin MD ^c, Frank V Fossella MD ^c, Prof George Blumenschein MD ^c, Tina Cascone MD ^c, Xiuning Le MD ^c, Jenny V Pozadzides MD ^c, Prof Anne Tsao MD ^c, Vivek Verma MD ^a, Prof James W Welsh MD ^a, Aileen B Chen MD ^a, Mehmet Altan MD ^c, Prof Reza J Mehran MD ^d... Prof John V Heymach MD ^c



SWOG/NRG S1914

SCHEMAT BADANIA



SWOG/NRG S1914

KRYTERIA WŁĄCZENIA

- ✓ CS I-IIA , WYBRANE PRZYPADKI T3N0
- ✓ ŚREDNICA GUZA NIE WIĘCEJ NIŻ 7 CM
- ✓ NIERESEKCYJNY/NIEOPERACYJNY
- ✓ OBECNOŚĆ CO NAJMNIJ JEDNEGO Z NIEKORZYSTNYCH ROKOWNICZO CZYNNIKÓW
 - ŚREDNICA ≥ 2 CM,
 - SUV $\geq 6,2$,
 - RAK NISKOZRÓŻNICOWANY



SWOG/NRG S1914

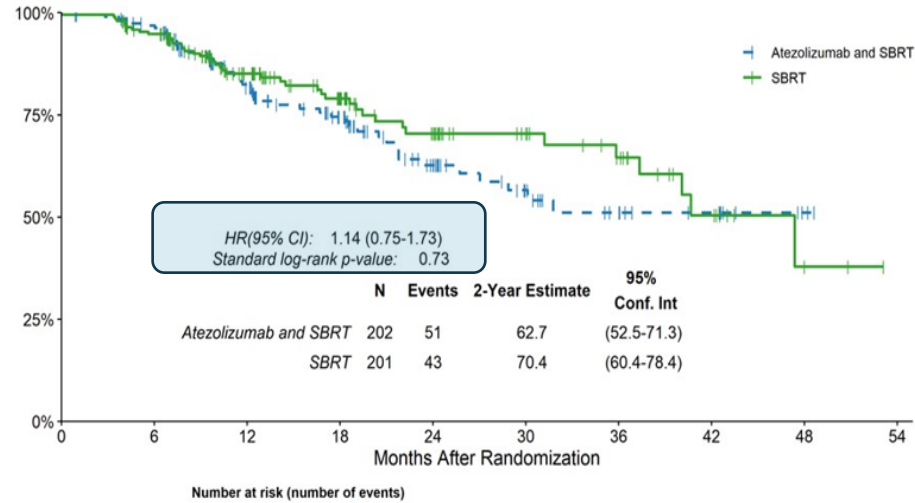
CHARAKTERYSTYKA POPULACJI

		Atezolizumab + SABR	SABR	Total
Age		72.3 (40.5-88.9)	73.5 (52-91.2)	72.8 (40.5-91.2)
Sex	Male	50%	41%	46%
	Female	50%	59%	54%
Zubrod PS	0-1	89%	90%	89%
	2	11%	10%	11%
Tumor Size (cm)		2.4 (0.6-6.9)	2.3 (0.8-6.3)	2.3 (0.6-6.9)
Tumor Location	Central	31%	32%	32%
	Peripheral	69%	68%	68%
Smoking Status	Current/Recent	44%	45%	44%
	Former	54%	52%	53%
	Never	2%	2%	2%
SUV_{max}		7.6 (1.0-50.0)	7.85 (0-32.3)	7.7 (0-50.0)
Tumor Grade	Well	5%	8%	7%
	Moderate	38%	36%	37%
	Poor/undifferentiated	18%	16%	17%



SWOG/NRG S1914

PFS



	0	6	12	18	24	30	36	42	48	54
Atezolizumab and SBRT	202 (0)	176 (6)	109 (29)	69 (37)	41 (46)	24 (49)	15 (51)	10 (51)	3 (51)	0 (51)
SBRT	201 (0)	176 (10)	110 (25)	72 (31)	47 (37)	28 (37)	20 (39)	10 (42)	3 (43)	0 (43)

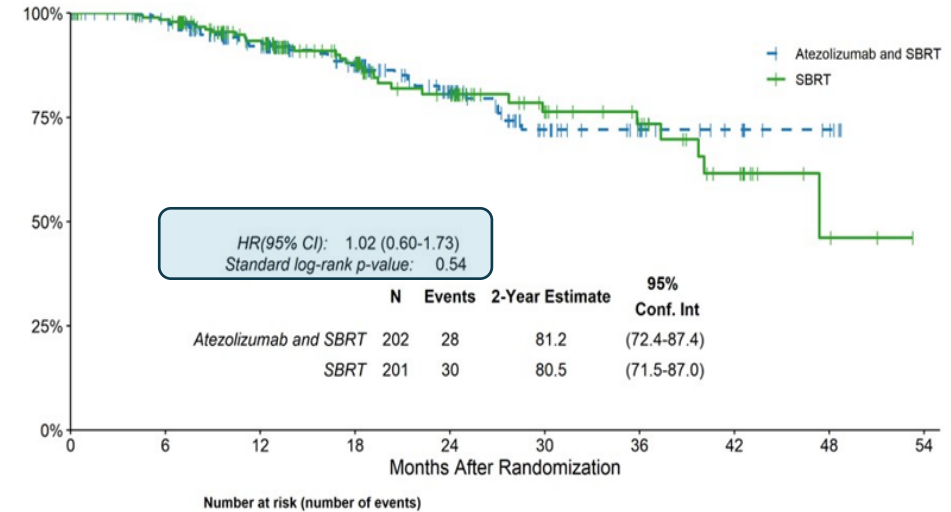
Analysis on 94 PFS events

* If continued to full information, primary analysis at 225 PFS events

FU (in months) 345 for alive pts:

Median: 13.8 months, IQR: 9.4-24.6, Range: 0.1-53.3

OS



	0	6	12	18	24	30	36	42	48	54
Atezolizumab and SBRT	202 (0)	183 (2)	127 (13)	92 (18)	57 (23)	30 (28)	20 (28)	11 (28)	6 (28)	0 (28)
SBRT	201 (0)	185 (3)	133 (11)	90 (17)	59 (23)	34 (25)	24 (26)	13 (29)	3 (30)	0 (30)

Analysis on 58 deaths

* If continued to full information, primary analysis at 245 deaths or 36 months of follow-up



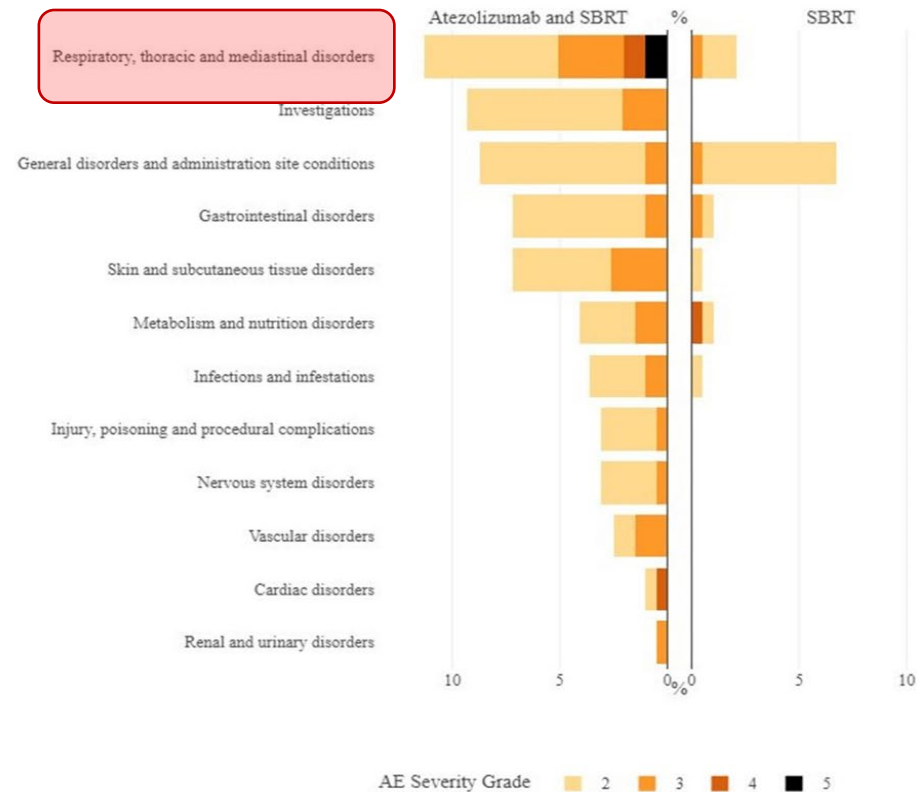
SWOG/NRG S1914

PROFIL BEZPIECZEŃSTWA

Treatment-Related Adverse Events

	A +SBRT N=194	SBRT N=191
Grade 2	61 (31%)	16 (8%)
Grade 3	21 (11%)	3 (2%)
Grade 4	1 (<1%)	1 (<1%)
Grade 5	1 (<1%)	0

- Grade 5 respiratory failure on atezolizumab arm
- Grade 4 hypoxia, MI, V tach/V fib on atezolizumab arm
- Grade 4 hyponatremia on SBRT arm



WNIOSKI

1

Kojarzenie atezolizumabu z SBRT nie wpływa na PFS i OS we wczesnych rakach płuca

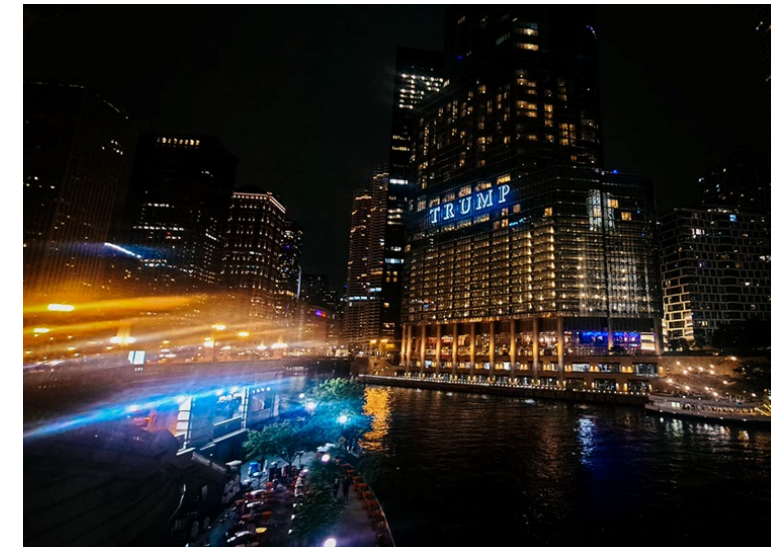
2

SBRT stosowane samodzielnie pozostaje standardem postępowania we wczesnych rakach płuca



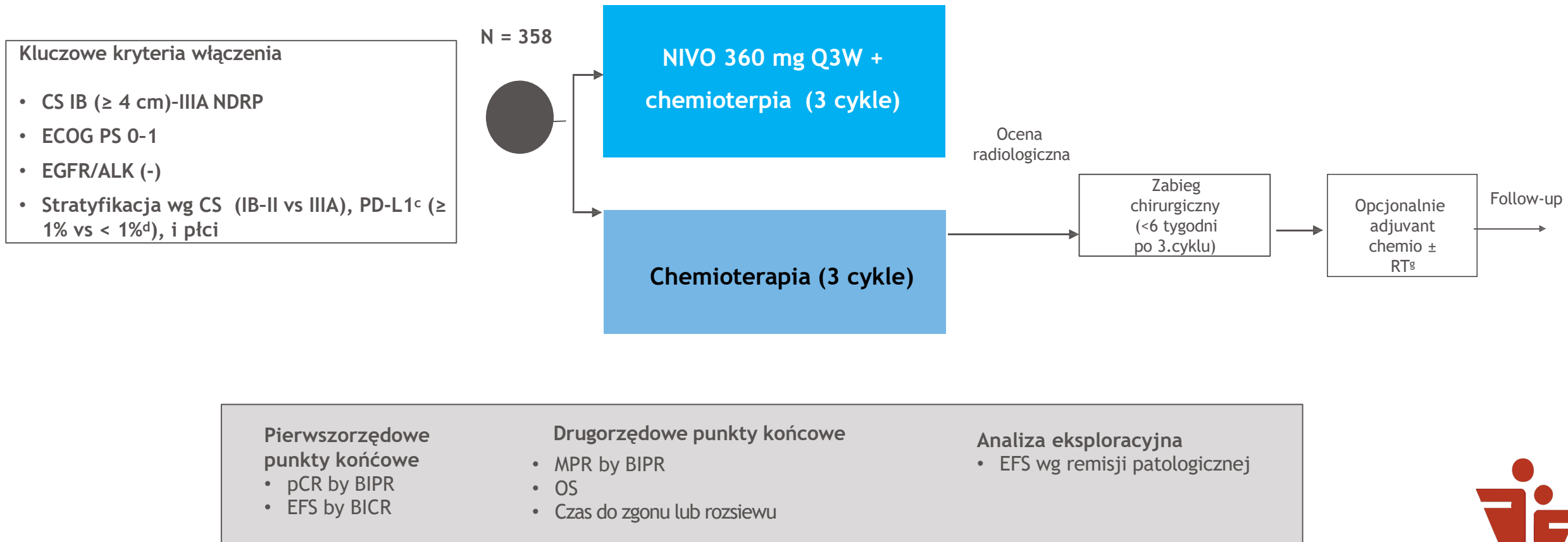
Overall survival with neoadjuvant nivolumab + chemotherapy in patients with resectable NSCLC in CheckMate 816

Patrick M. Forde,¹ Jonathan D. Spicer,² Mariano Provencio,³ Tetsuya Mitsudomi,⁴ Mark M. Awad,⁵ Changli Wang,⁶ Shun Lu,⁷ Enriqueta Felip,⁸ Stephen Broderick,⁹ Scott J. Swanson,¹⁰ Julie Brahmer,⁹ Keith Kerr,¹¹ Tudor-Eliade Ciuleanu,¹² Fumihiko Tanaka,¹³ Gene B. Saylor,¹⁴ Ke-Neng Chen,¹⁵ Lily Wang,¹⁶ Quyen Duong,¹⁶ Nicolas Girard¹⁷



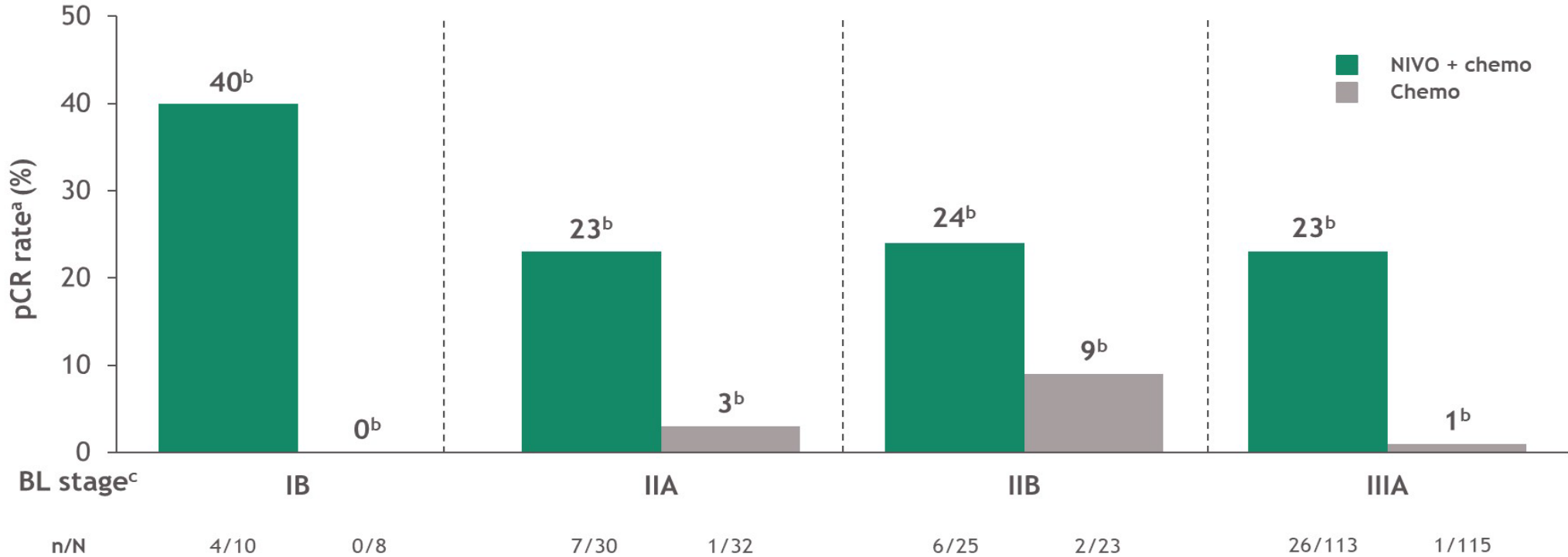
CheckMate 816

Niwolumab w połączeniu z chemioterapią w leczeniu przedoperacyjnym



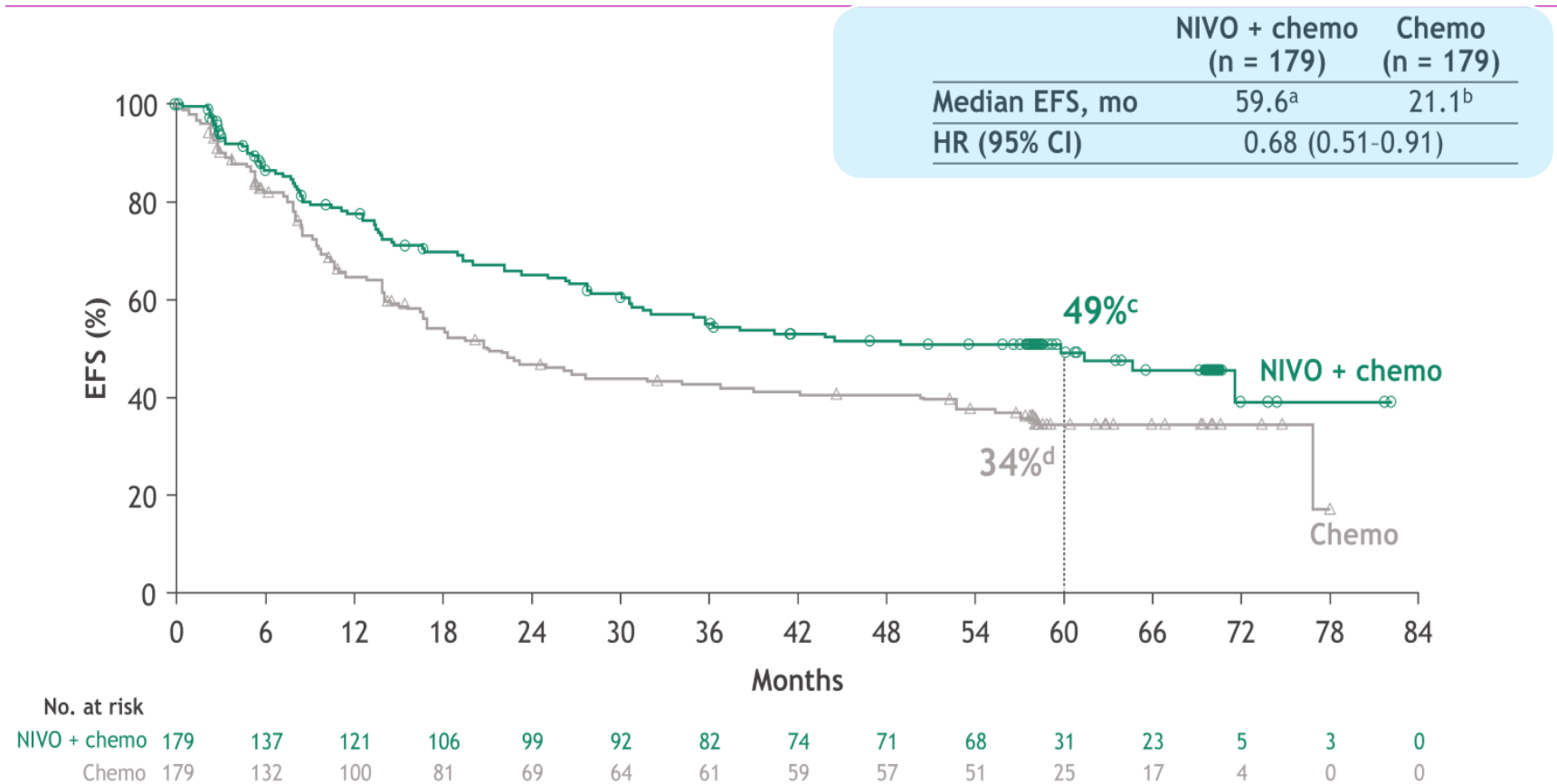
CheckMate 816

Niwolumab w połączeniu z chemioterapią w postępowaniu przedoperacyjnym



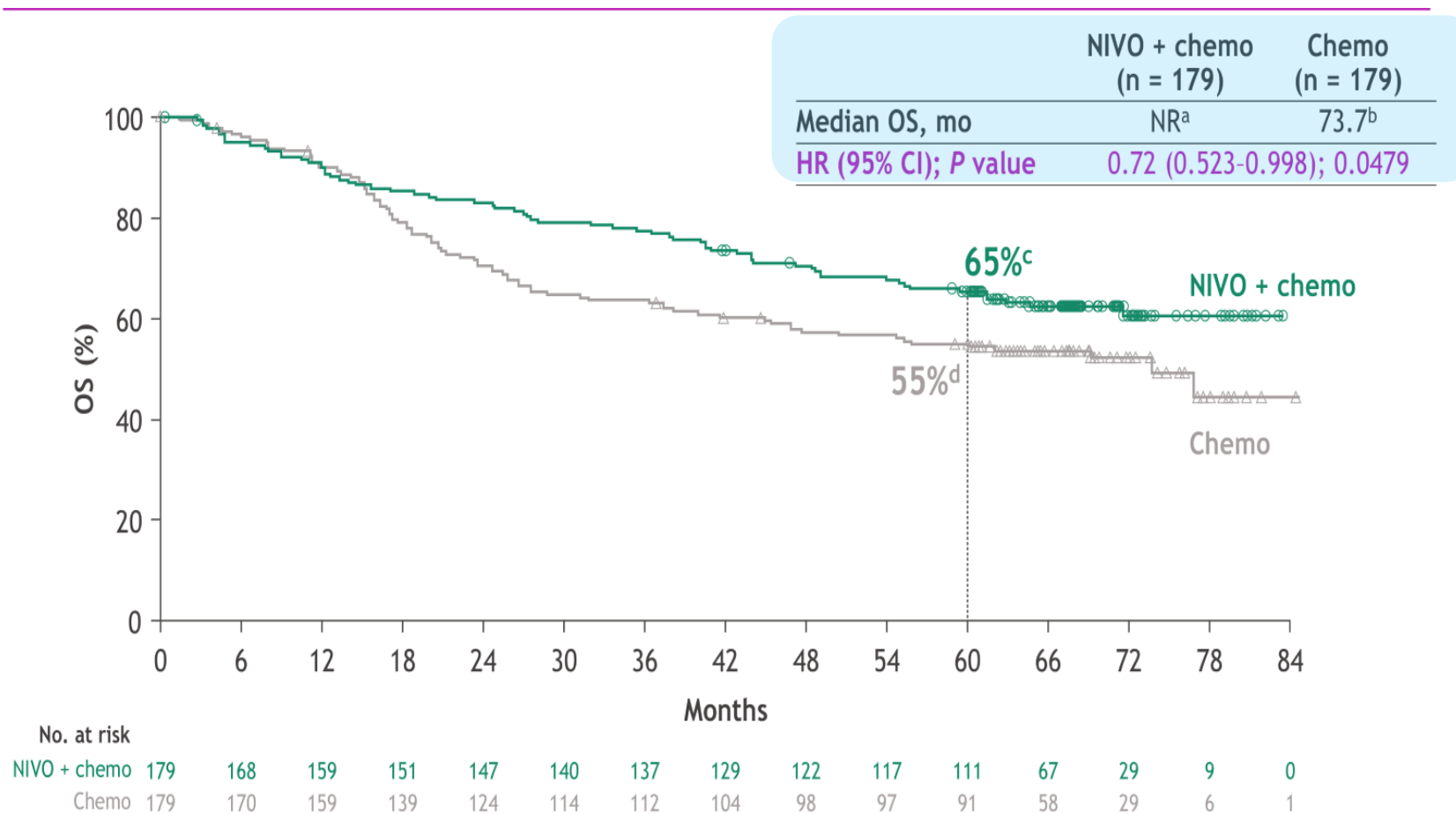
CheckMate 816

EFS – AKTUALIZACJA PO 5 LATACH



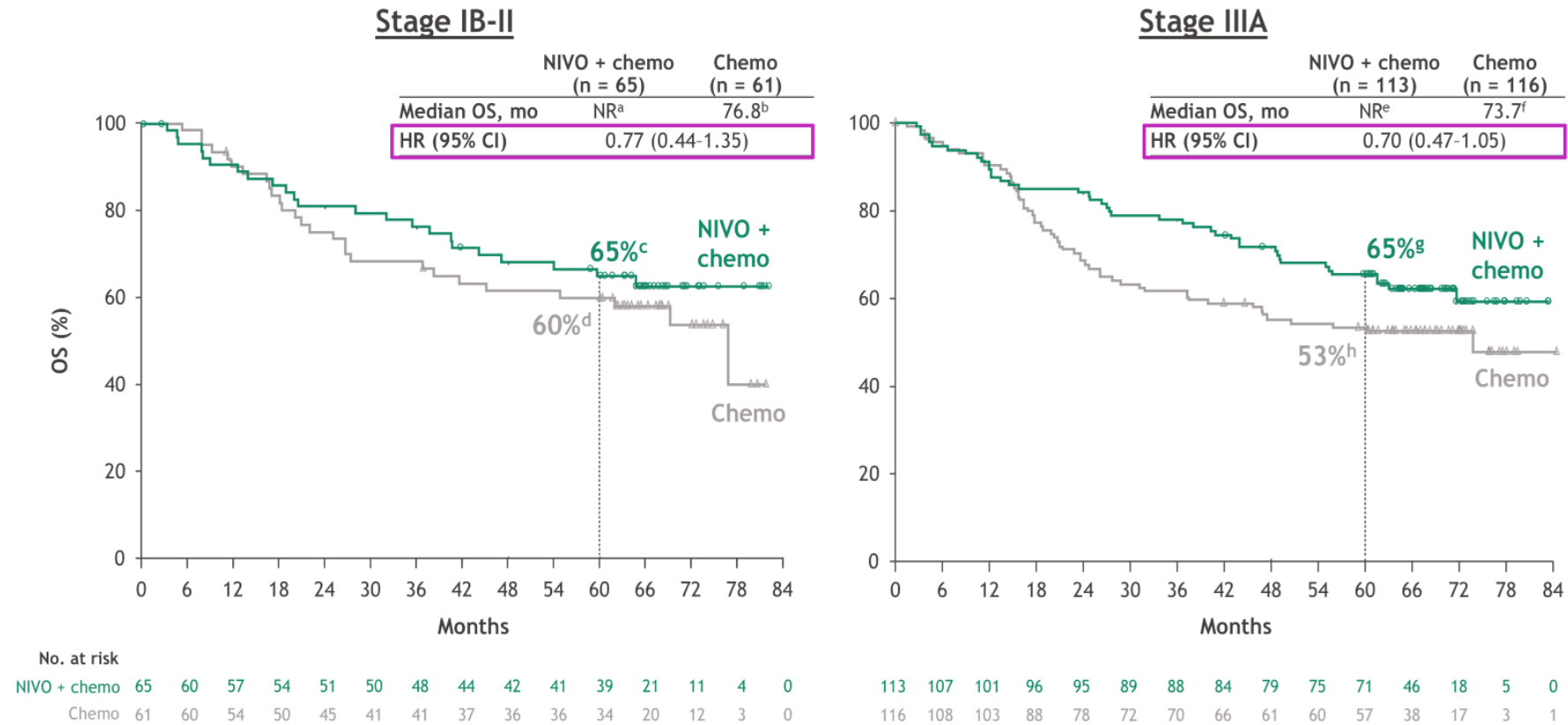
CheckMate 816

CZAS PRZEŻYCIA CAŁKOWITEGO



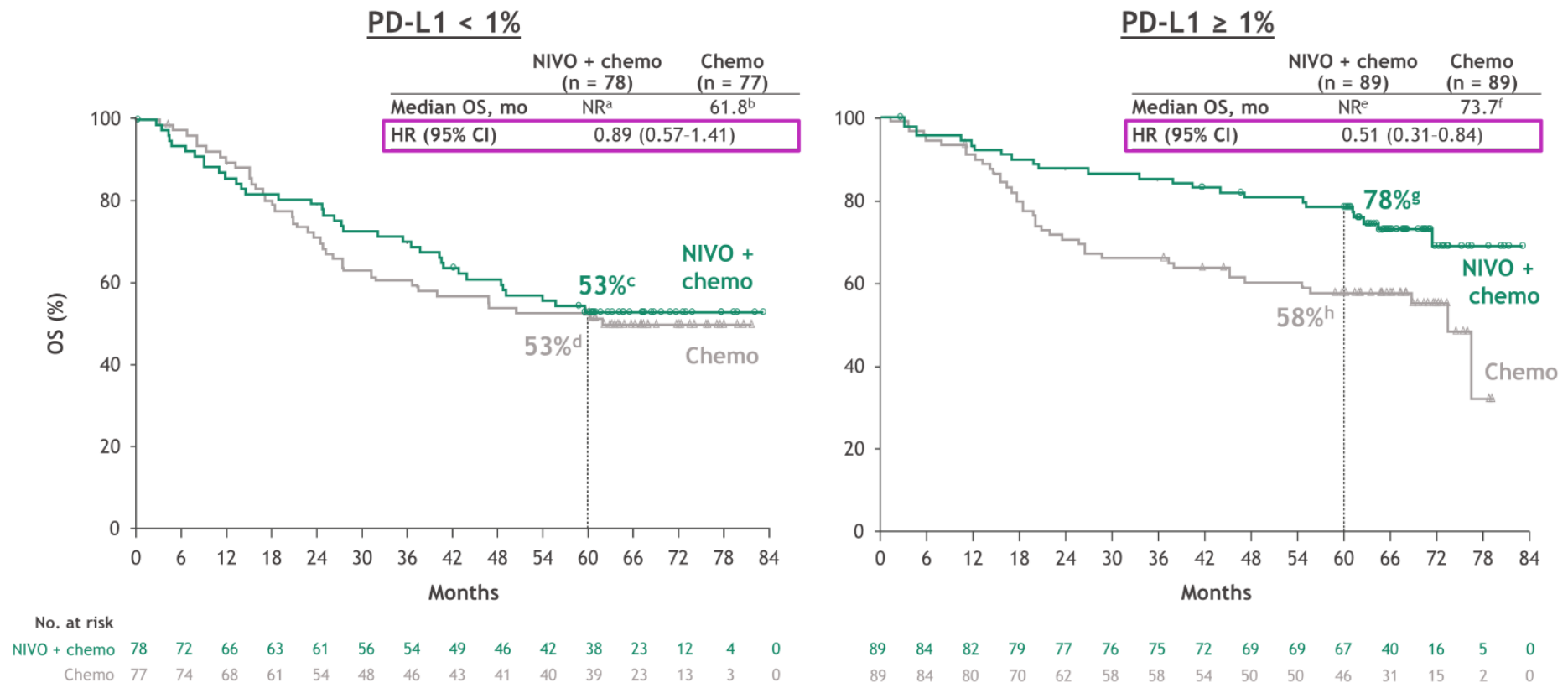
CheckMate 816

CZAS PRZEŻYCIA CAŁKOWITEGO WOBEC STOPNIA ZAAWANSOWANIA



CheckMate 816

CZAS PRZEŻYCIA CAŁKOWITEGO WOBEC PD-L1



CheckMate 816

LECZENIE PO NAWROCIE

Patients, n (%)	Concurrently randomized patients		Patients with disease progression or recurrence ^b	
	NIVO + chemo (n = 179)	Chemo (n = 179)	NIVO + chemo (n = 67)	Chemo (n = 94)
Any subsequent therapy	56 (31)	92 (51)	50 (75)	85 (90)
Radiotherapy	28 (16)	44 (25)	25 (37)	41 (44)
Surgery	6 (3)	9 (5)	6 (9)	8 (8)
Systemic therapy	45 (25)	77 (43)	39 (58)	73 (78)
Chemo	41 (23)	50 (28)	36 (54)	46 (49)
Immunotherapy	19 (11)	49 (27)	17 (25)	48 (51)
VEGFR inhibitors	13 (7)	17 (10)	13 (19)	16 (17)
EGFR/ALK TKIs	5 (3)	11 (6)	4 (6)	11 (12)
Other targeted therapy	0	4 (2) ^c	0	3 (3) ^d
Other systemic therapy	1 (1)	8 (4)	1 (2)	7 (7)





The NEW ENGLAND
JOURNAL of MEDICINE

ORIGINAL ARTICLE

Survival with Neoadjuvant Nivolumab plus Chemotherapy in Lung Cancer

Patrick M. Forde, M.B., B.Ch., Ph.D.,¹ Jonathan D. Spicer, M.D., Ph.D.,²
Mariano Provencio, M.D., Ph.D.,³ Tetsuya Mitsudomi, M.D., Ph.D.,⁴
Mark M. Awad, M.D., Ph.D.,⁵ Changli Wang, M.D.,⁶ Shun Lu, M.D., Ph.D.,⁷
Enriqueta Felip, M.D., Ph.D.,⁸ Julie R. Brahmer, M.D.,⁹ Scott J. Swanson, M.D.,¹⁰
Keith Kerr, M.B., Ch.B.,¹¹ Janis M. Taube, M.D.,¹²
Tudor-Eliade Ciuleanu, M.D., Ph.D.,¹³ Fumihiko Tanaka, M.D., Ph.D.,¹⁴
Gene B. Saylor, M.D.,¹⁵ Ke-Neng Chen, M.D., Ph.D.,¹⁶ Hiroyuki Ito, M.D., Ph.D.,¹⁷
Moishe Liberman, M.D., Ph.D.,¹⁸ Claudio Martin, M.D.,¹⁹
Stephen Broderick, M.D.,^{9,20} Lily Wang, M.D.,²⁰ Junliang Cai, M.D.,²⁰
Quyen Duong, Ph.D.,²⁰ Stephanie Meadows-Shropshire, Ph.D.,²⁰
Joseph Fiore, Pharm.D.,²⁰ Sumeena Bhatia, Ph.D.,²⁰ and
Nicolas Girard, M.D., Ph.D.,²¹ for the CheckMate 816 Investigators*



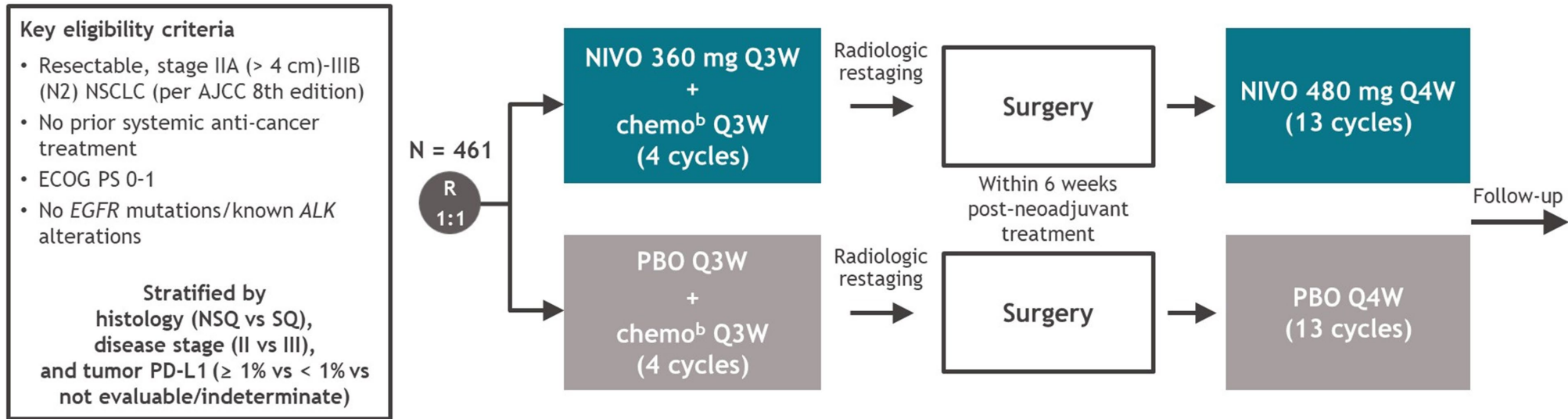
Perioperative nivolumab vs placebo in patients with resectable NSCLC: updated survival and biomarker analyses from CheckMate 77T

Tina Cascone,¹ Mark M. Awad,² Jonathan D. Spicer,³ Jie He,⁴ Shun Lu,⁵ Fumihiko Tanaka,⁶ Robin Cornelissen,⁷ Lubos B. Petruzela,⁸ Hiroyuki Ito,⁹ Ludmila de Oliveira Muniz Koch,¹⁰ Lin Wu,¹¹ Sabine Bohnet,¹² Cinthya Coronado Erdmann,¹³ Stephanie Meadows-Shropshire,¹⁴ Jaclyn Neely,¹⁴ Yu-Han Hung,¹⁴ Padma Sathyanarayana,¹⁴ Sumeena Bhatia,¹⁴ Mariano Provencio¹⁵



CheckMate 77T

Niwolumab w połączeniu z chemioterapią w leczeniu okołoperacyjnym



Primary endpoint

- EFS by BICR

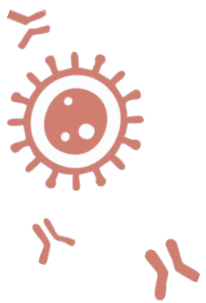
Secondary endpoints

- pCR by BIPR
- MPR by BIPR
- OS
- Safety

Exploratory analyses

- Clinical outcomes by clinical stage III N2 or non-N2 status

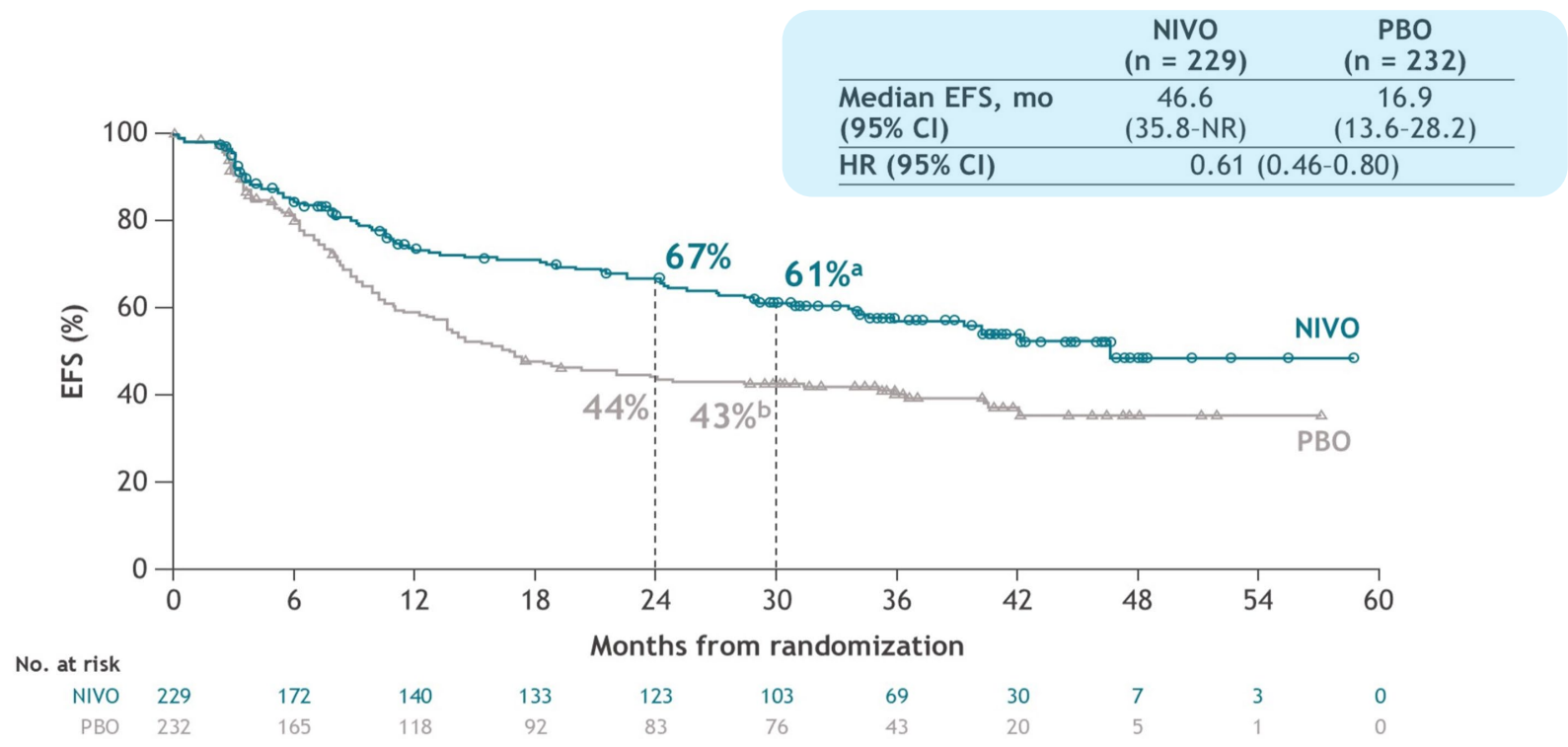




CheckMate 77T

Niwolumab w połączeniu z chemioterapią w leczeniu okołooperacyjnym

EFS CSII-IIIIB



Database lock date: December 16, 2024; median follow-up (range): 41.0 months (31.3-59.8).
^a:^b95% CI: ^a54-68; ^b36-50.

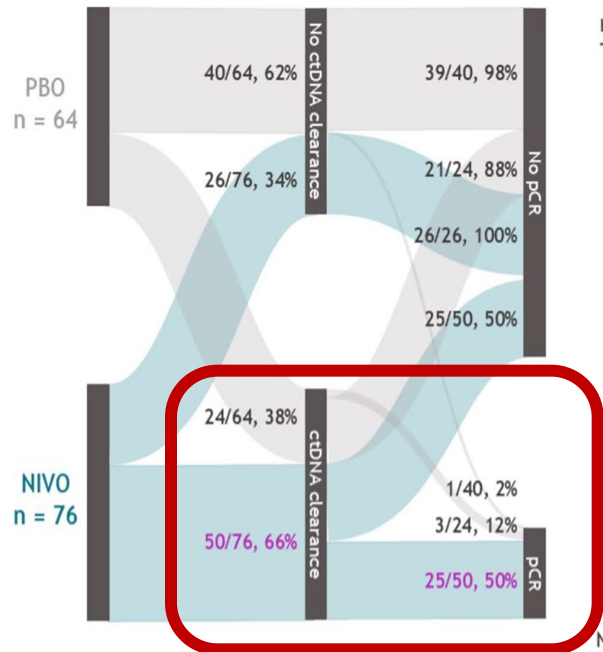


CheckMate 77T

Niwolumab w połączeniu z chemioterapią w leczeniu okołooperacyjnym

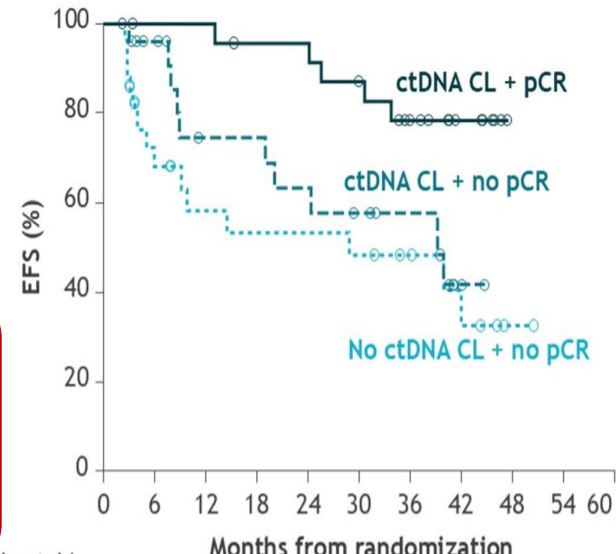
KLIRENS ctDNA

Association between ctDNA clearance and pCR



NIVO

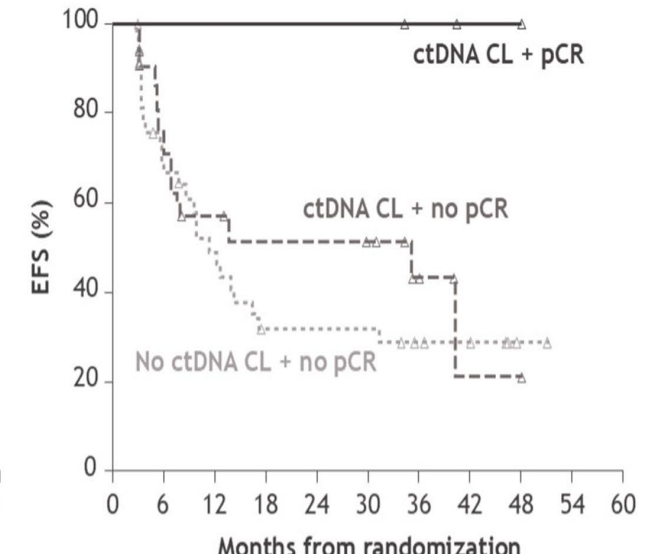
	ctDNA CL + pCR vs	ctDNA CL + no pCR vs	
	ctDNA CL + no pCR	No ctDNA CL + no pCR	No ctDNA CL + no pCR
HR (95% CI)	0.29 (0.10-0.85)	0.23 (0.08-0.65)	0.70 (0.31-1.59)



No. at risk	0	6	12	18	24	30	36	42	48	54	60
ctDNA CL + pCR	25	24	24	22	22	20	14	7	0	0	0
ctDNA CL + no pCR	25	20	13	13	11	9	7	2	0	0	0
No ctDNA CL + no pCR	26	17	12	11	11	10	8	5	1	0	0

PBO

	ctDNA CL + pCR vs	ctDNA CL + no pCR vs	
	ctDNA CL + no pCR	No ctDNA CL + no pCR	No ctDNA CL + no pCR
HR (95% CI)	NC	NC	0.77 (0.39-1.54)



No. at risk	0	6	12	18	24	30	36	42	48	54	60
ctDNA CL + pCR	3	3	3	3	3	3	2	1	1	0	0
ctDNA CL + no pCR	21	16	11	9	9	8	4	1	1	0	0
No ctDNA CL + no pCR	39	23	17	10	10	10	7	5	1	0	0

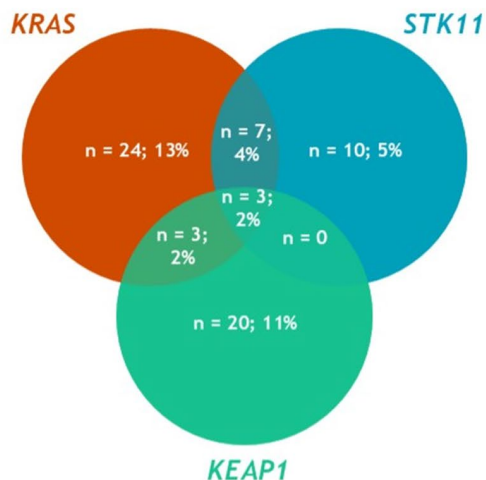


CheckMate 77T

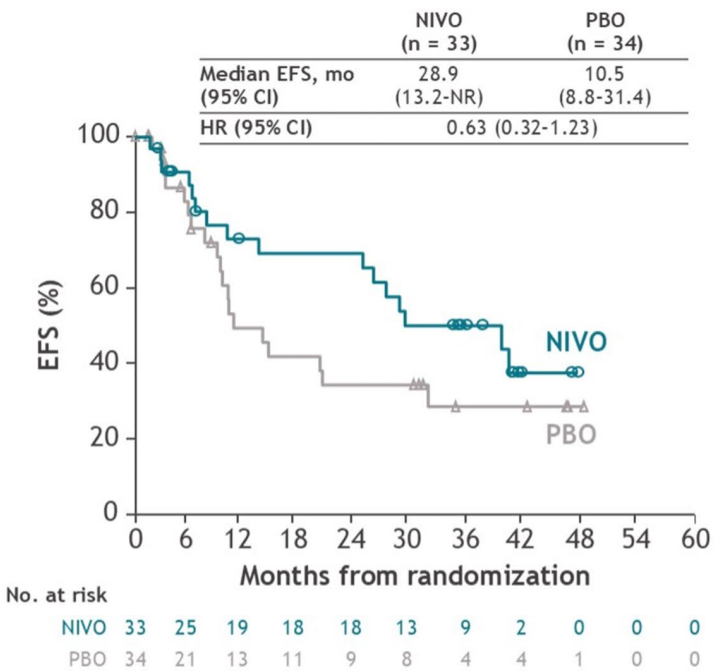
Niwolumab w połączeniu z chemioterapią w leczeniu okołooperacyjnym

PROFIL MOLEKULARNY

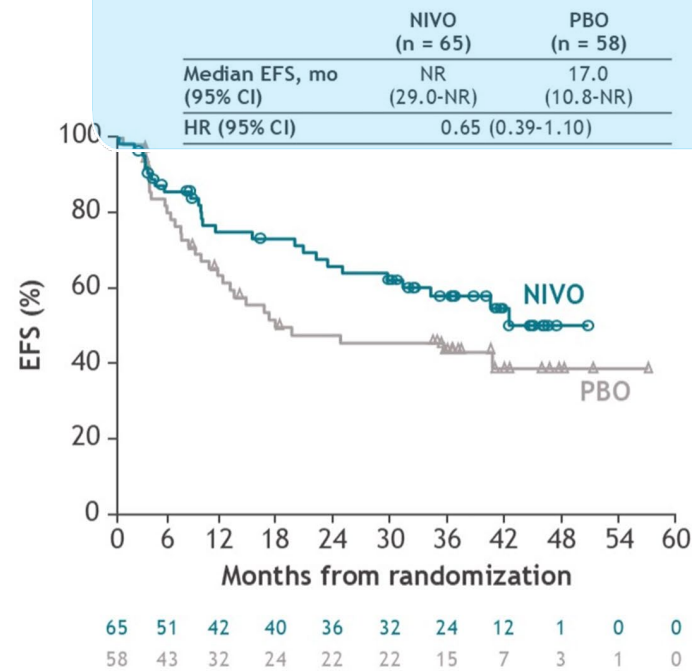
KRAS, KEAP1, and STK11^b



KRAS ± KEAP1 ± STK11 tumor mutations



KRAS + KEAP1 + STK11 wild-type



Median follow-up (range): 41.0 months (31.3-59.8).

^aTumor mutation status was assessed by whole exome sequencing of pretreatment tumor samples. ^bPercentages are out of all patients with biomarker-evaluable samples across both treatment arms (n = 190). The prevalence of tumor mutations in the NIVO (n = 33) and PBO (n = 34) arms, respectively, was as follows: KRAS only, 11 (11%) and 13 (14%); KRAS + KEAP1, 1 (1%) and 2 (2%); KRAS + STK11, 1 (1%) and 6 (7%); KRAS + KEAP1 + STK11, 2 (2%) and 1 (1%); KEAP1 only, 11 (11%) and 9 (10%); STK11 only, 7 (7%) and 3 (3%).



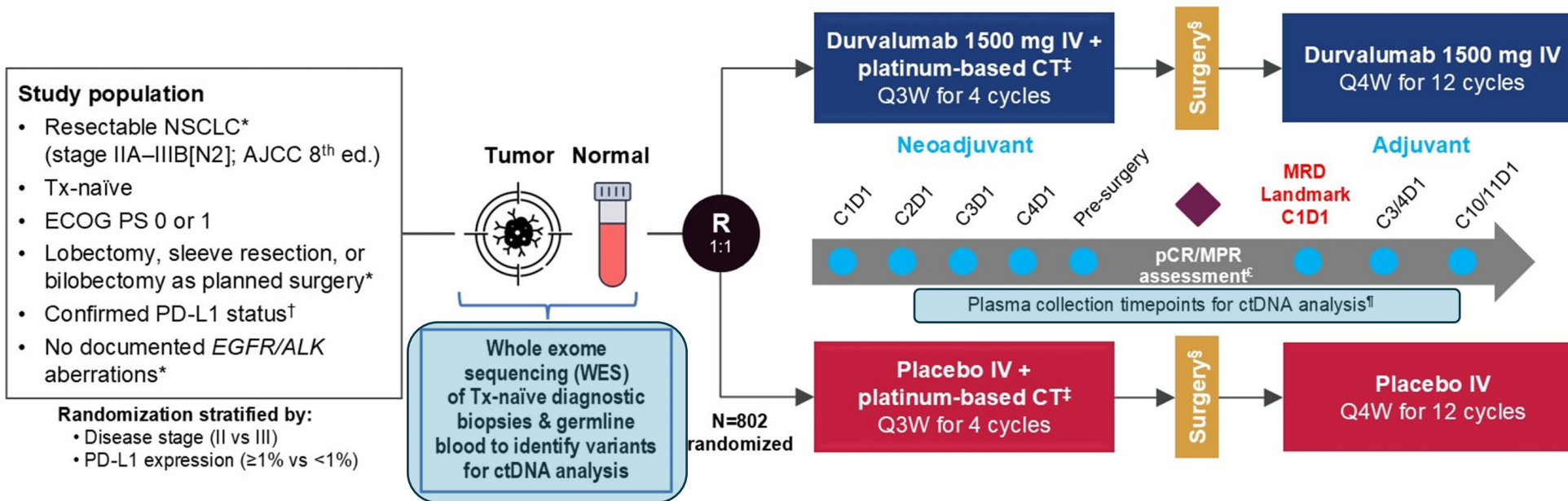
Associations of Post-Surgical MRD Status with Neoadjuvant ctDNA Dynamics, Genomic Mutations, and Clinical Outcomes in Patients with Resectable NSCLC (R-NSCLC) from the Phase 3 AEGEAN Trial

Martin Reck,¹ Davina Gale,² Zhou Zhu,³ David Harpole,⁴ Janis M. Taube,⁵ Tetsuya Mitsudomi,⁶ Dinh Van Luong,⁷ Maximilian Hochmair,⁸ Kang-Yun Lee,⁹ Yoshitsugu Horio,¹⁰ Laszlo Urban,¹¹ Hiroaki Akamatsu,¹² Bivas Biswas,¹³ Lorenzo Antonuzzo,¹⁴ Zsuzsanna Szalai,¹⁵ Ross Stewart,² Zhongwu Lai,¹⁶ Darren Hodgson,² Tamer M. Fouad,¹⁷ John V. Heymach¹⁸



AEGEAN

Durwalumab w leczeniu okołoperacyjnym



ctDNA oceniono u 283 chorych

MRD (molecular residual disease) oceniono u 168 chorych przed 1. cyklem leczenia pooperacyjnego

MRD + stwierdzono u 10,1% chorych po resekcji



AEGEAN

Durwalumab w leczeniu okołooperacyjnym

PROFIL KLINICZNY PODGRUP

Characteristic, n (%)		MRD+ (n=17)	MRD- (n=151)
Age	<65 years	10 (58.8)	75 (49.7)
	≥65 years	7 (41.2)	76 (50.3)
Sex	Female	4 (23.5)	50 (33.1)
	Male	13 (76.5)	101 (66.9)
Race	Asian	5 (29.4)	54 (35.8)
	White	12 (70.6)	89 (58.9)
	Other	0	8 (5.3)
Disease stage (AJCC 8th ed.)	II	2 (11.8)	53 (35.1)
	IIIA	9 (52.9)	66 (43.7)
	IIIB	6 (35.3)	32 (21.2)
TNM, regional lymph nodes	N0	3 (17.6)	46 (30.5)
	N1	2 (11.8)	38 (25.2)
	N2	12 (70.6)	67 (44.4)



AEGEAN

Durwalumab w leczeniu okołooperacyjnym

ODPOWIEDŹ PATOLOGICZNA wobec statusu MRD

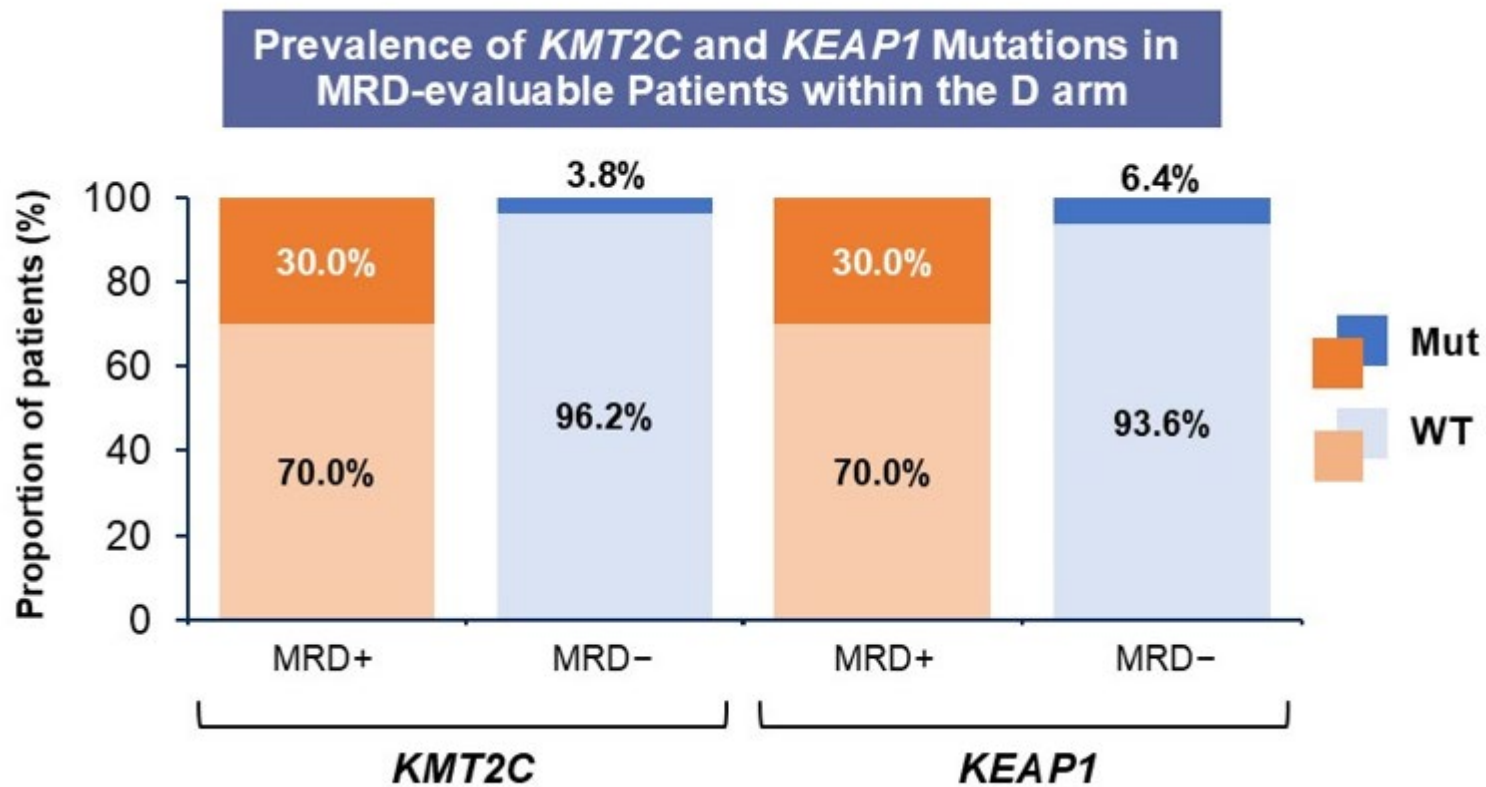
Response, n (%)		D arm		PBO arm	
		MRD+ (n=10)	MRD- (n=78)	MRD+ (n=7)	MRD- (n=73)
pCR	pCR	0	25 (32.1)	1 (14.3)	3 (4.1)
	Non-pCR	10 (100)	53 (67.9)	6 (85.7)	70 (95.9)
MPR	MPR	0	42 (53.8)	2 (28.6)	14 (19.2)
	Non-MPR	10 (100)	36 (46.2)	5 (71.4)	59 (80.8)



AEGEAN

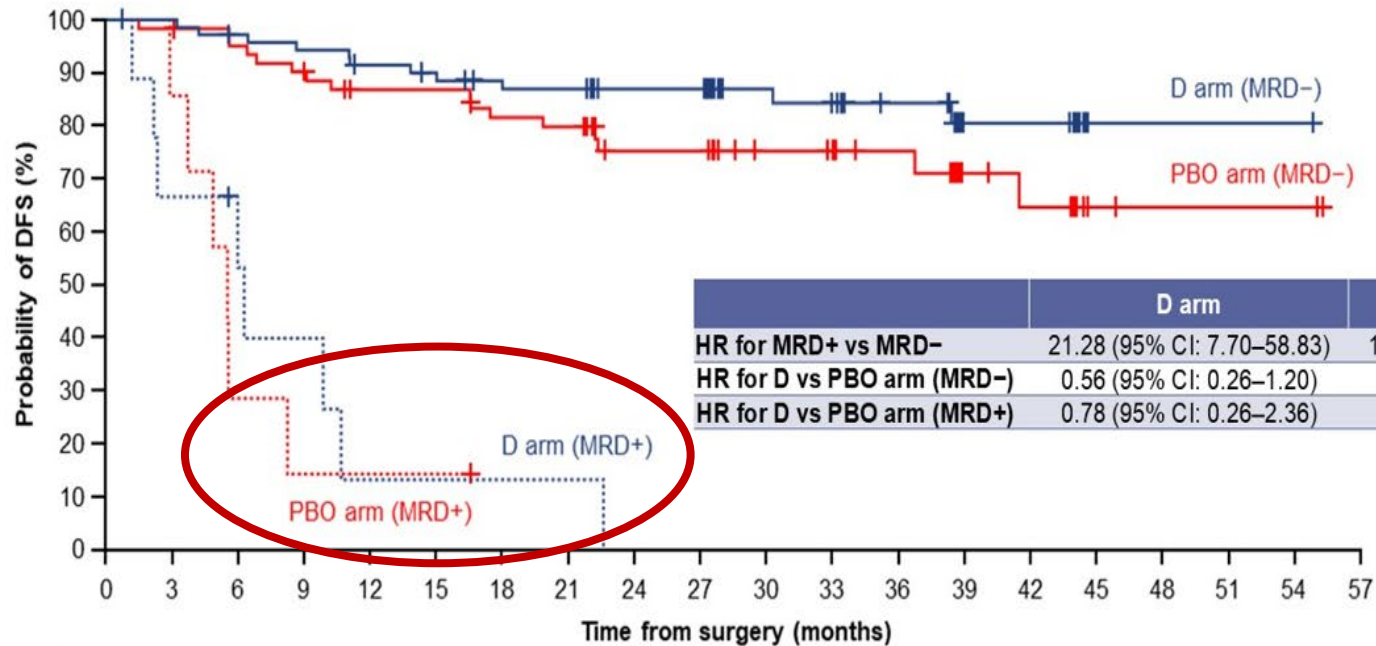
Durwalumab w leczeniu okołooperacyjnym

OBYCNOŚĆ WARIANTÓW PATOGENNYCH wobec statusu MRD



AEGEAN

Durwalumab w leczeniu okołooperacyjnym DFS wobec statusu MRD

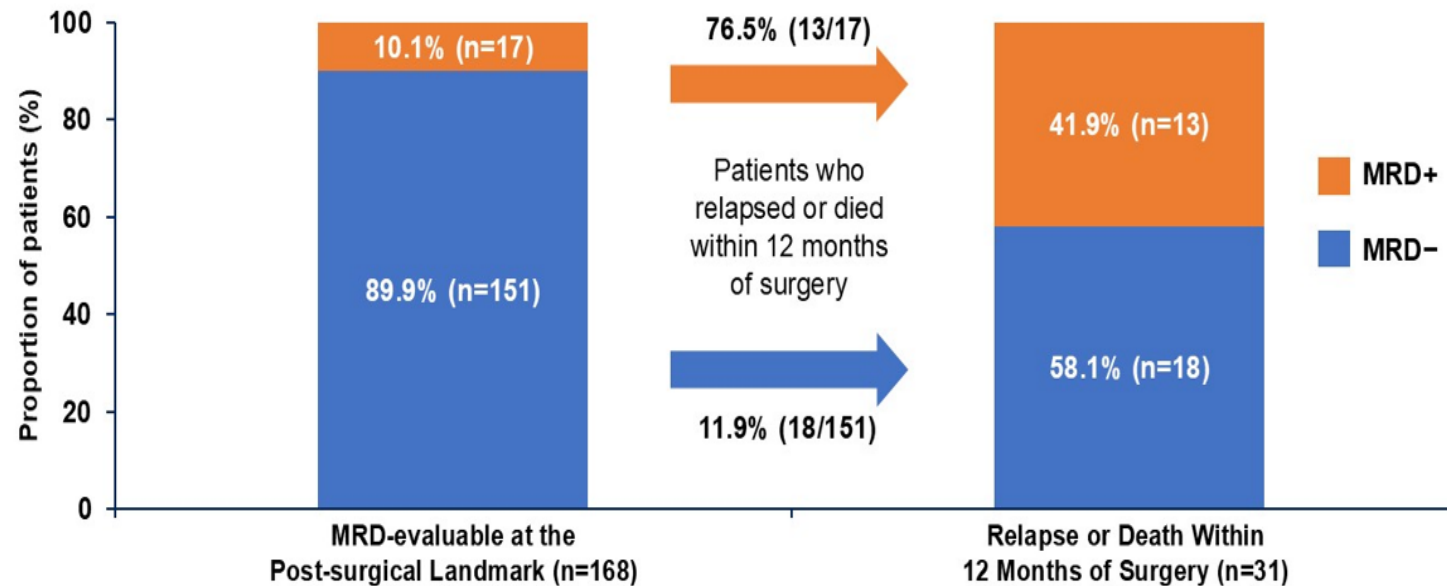


No. at risk	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54	57
D arm (MRD-)	72	71	68	66	63	61	58	56	48	48	32	30	24	14	14	1	1	1	1	0
D arm (MRD+)	9	6	5	3	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
PBO arm (MRD-)	62	61	58	55	50	50	46	45	32	32	25	24	18	12	10	3	2	2	2	0
PBO arm (MRD+)	7	6	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0



AEGEAN

Durwalumab w leczeniu okołooperacyjnym DFS I ZGONY PO 12 MIESIĄCACH wobec statusu MRD



WNIOSKI

- **Chorzy MRD byli wyjściowo w wyższym stopniu zaawansowania, częściej stwierdzano zaburzenia w genach KMT2C i KEAP1**
- **Chorzy MRD + rzadziej uzyskiwali pCR**
- **Chorzy MRD+ mieli krótszy czas przeżycia wolnego od choroby**
- **Analiza opiera się na stosunkowo niewielkiej populacji**



Real world characteristics of stages II-III NSCLC patients receiving neoadjuvant chemotherapy and failing to undergo surgical resection

Jair Bar¹, Giuseppe Domenico Maiocco², Kaushal Parikh², Talia Shentzer Kutiel³, Walid Shalata⁴, Sivan Shamai⁵, Mor Moskovitz⁶, Chul Kim⁷, Muskan Agarwal⁸, Alfredo Addeo⁹, Arianna Marinello¹⁰, Damien Urban¹, Stanislav Bahlai¹¹, Dina Laznik¹, Idan Tsadok¹, Hadas Gantz Sorotsky¹;



DANE Z RZECZYWISTEJ PRAKTYKI

- **392 CHORYCH**
- **10 OŚRODKÓW**
- **USA, Izrael, Szwajcaria, Francja**
- **01.2022-09.2024**

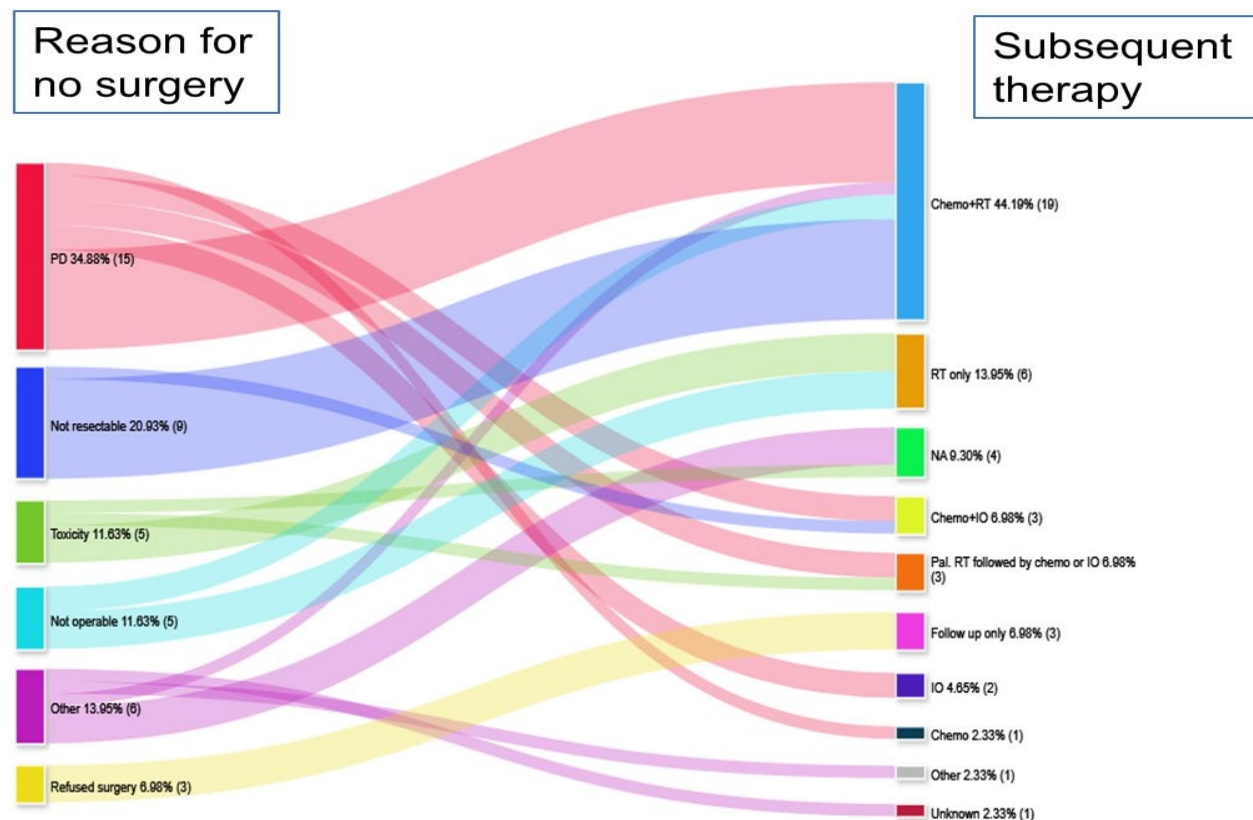


DANE Z RZECZYWISTEJ PRAKTYKI

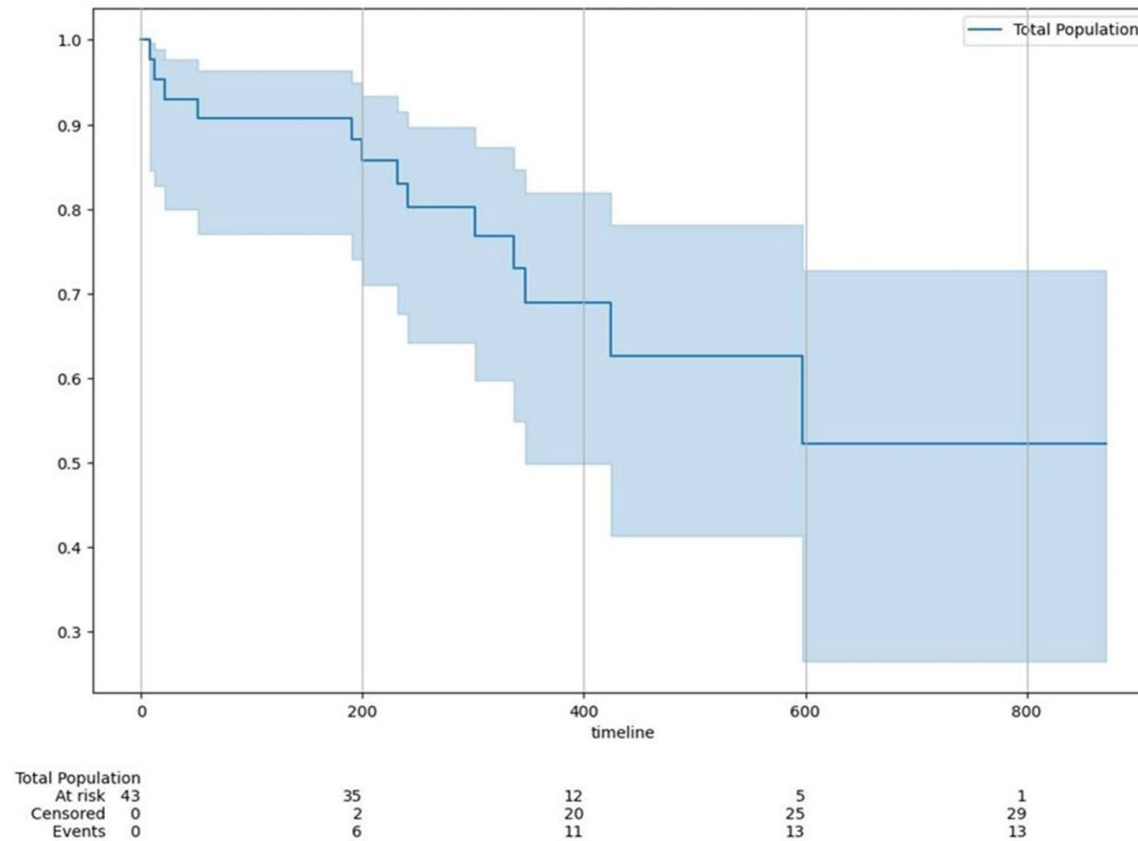
	N (% out of 43)	Male (%)	Age (median)	PET prior to any therapy (%)	Brain MRI staging (%)	Documented MDT decision of NACT-I (%)	Documented surgeon evaluation prior to NACT-I decision (%)	T3-4 (%)	N2a/b (9th V TNM; %)	Survival rate at 12 month (95% CI)
All	43 (100.0)	69.8	71	95.3	95.2*	90.2*	81.0*	69.8	40.5	72.1% (53.8%, 84.2%)
PD	15 (34.9)	80.0	67	93.3	100.0*	100.0	93.3*	80.0	40.0	64.3% (29.1%-85.4%)
Not resectable	9 (20.9)	55.6	69	100.0	100.0	87.5*	50.0*	77.8	33.3	66.7% (28.2%-87.8%)
Not operable	5 (11.6)	80.0	71	100.0	60.0	80.0	60.0	40.0	20.0	100.0% (100.0%-100.0%)
Toxicity	5 (11.6)	80.0	72	100.0	100.0	80.0	100.0	80.0	80.0	80.0% (20.4%-96.9%)
Patient refusal	3 (7.0)	0.0	72	100.0	100.0	100.0	100.0	66.7	33.3	0.0% (NA-NA)
Other **	6 (14.0)	83.3	75	83.3	100.0	80.0*	100.0*	50.0	50.0	50.0% (11.1%-80.4%)



METODY LECZENIA



CZAS PRZEŻYCIA CAŁKOWITEGO U CHORYCH NIEPODDANYCH RESEKCJI



At a median follow-up of 369 days:

OS probability (95% C.I.)

6 mo: 90.5% (75.5%, 95.8%)

12 mo: 72.1% (52.4%, 83.4%)

24 mo: 52.0% (26.6%, 72.4%)



WNIOSKI

1

- 11% CHORYCH
NIE ZOSTAŁO
ZAKWALIFIKOWANYCH
DO RESEKCJI

2

- PROGRESJA CHOROBY I
PIERWOTNA
NIERESEKCYJNOŚĆ –
NAJCZĘSTSZE
PRZYCZYNY

3

- 44% ZOSTAŁO
ZAKWALIFIKOWANYCH
DO CHT/RT, ZAŚ
14 % DO
SAMODZIELNEJ RT



Real-World Surgical Patterns Following Immuno-Oncology Exposure in US Patients with Stage II and III Non-Small Cell Lung Cancer (REASON Study)

Jay Lee MD¹, Daniel Simmons PharmD MS², Tiernan Mulrooney PhD², Jeremy Snider MPH PhD³, Lana Natalija Kovacevic PhD³, Karen Schwed MS^{3,4}, Aditya Juloori MD⁵

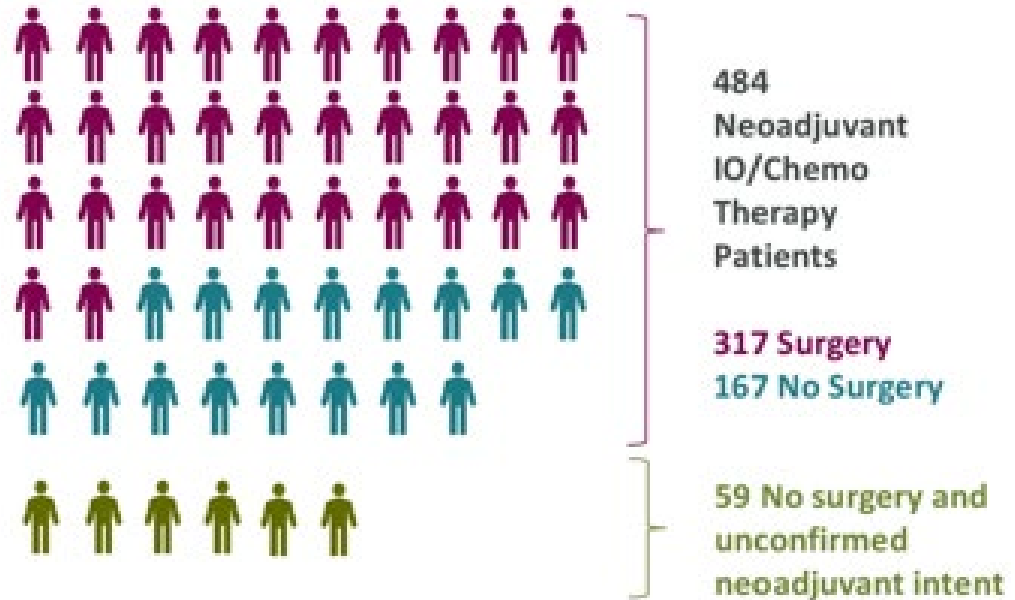


DANE Z RZECZYWISTEJ PRAKTYKI

CS II-III

25% - ECOG2

N=543



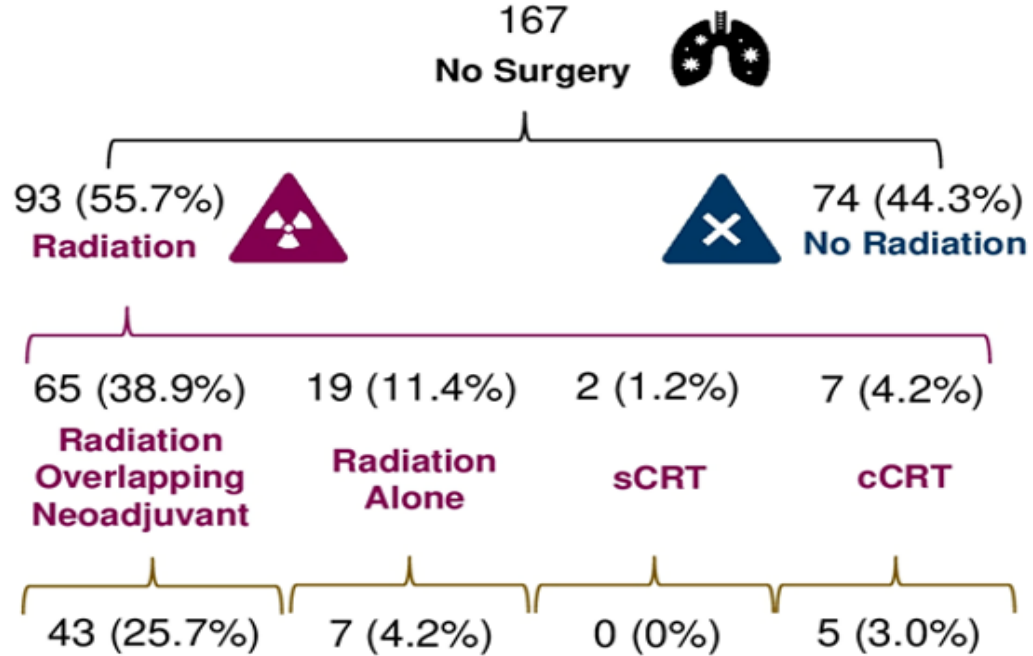
PRZYCZYNY ODSTĄPIENIA OD RESEKCJI

Reason	Number of Patients	% of Total Patients	% of Patients with No Surgery
Medically unfit for surgery	45	45/484 (9.3%)	45/167 (26.9%)
Primary tumor unresectable	30	30/484 (6.2%)	30/167 (18.0%)
Patient progressed	28	28/484 (5.8%)	28/167 (16.8%)
Patent refused surgery	19	19/484 (3.9%)	19/167 (11.4%)
Not Documented	16	16/484 (3.3%)	16/167 (9.6%)
Surgery was initiated but aborted for any reason	10	10/484 (2.1%)	10/167 (6.0%)
Other	11	11/484 (2.3%)	11/167 (6.6%)
Surgery planned but has not occurred	8	8/484 (1.7%)	8/167 (4.8%)
	167	167/484 (34.5%)	167/167 (100%)

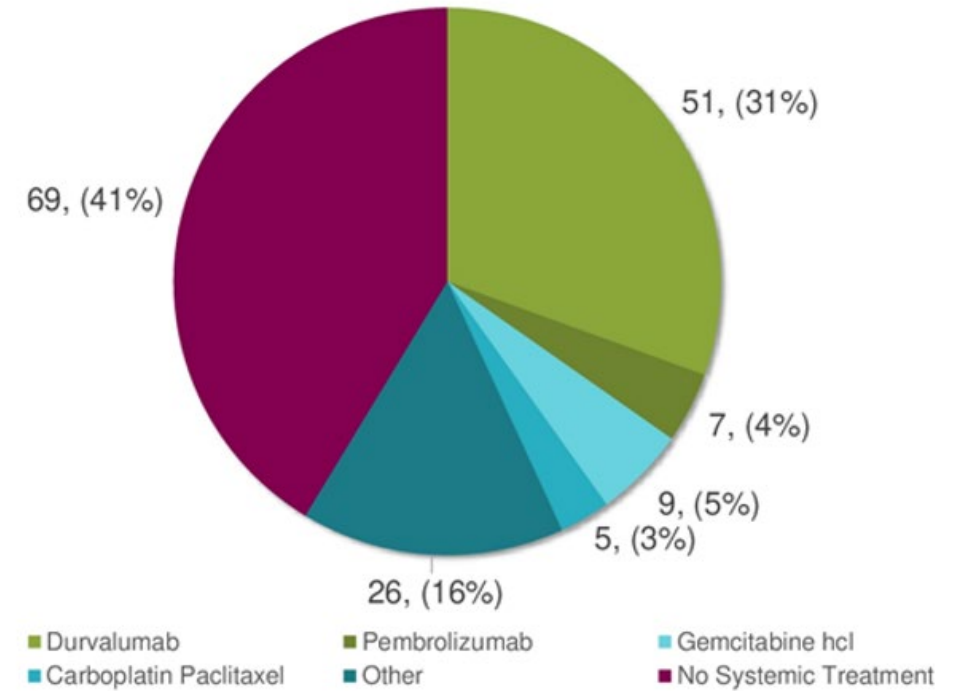


LECZENIE CHORYCH NIEPODDANYCH RESEKCJI

PIERWOTNE



PO NAWROCIE



WNIOSKI

1

- WIELODYSZYPLINARNE
KONSYLIMUM

PRZED

ROZPOCZĘCIEM
LECZENIA...



R-ALPS Study: A randomized, double-blind, multicenter, phase III trial of Benmelstobart with or without Anlotinib as consolidation therapy following chemoradiotherapy for patients with unresectable stage III non-small cell lung cancer

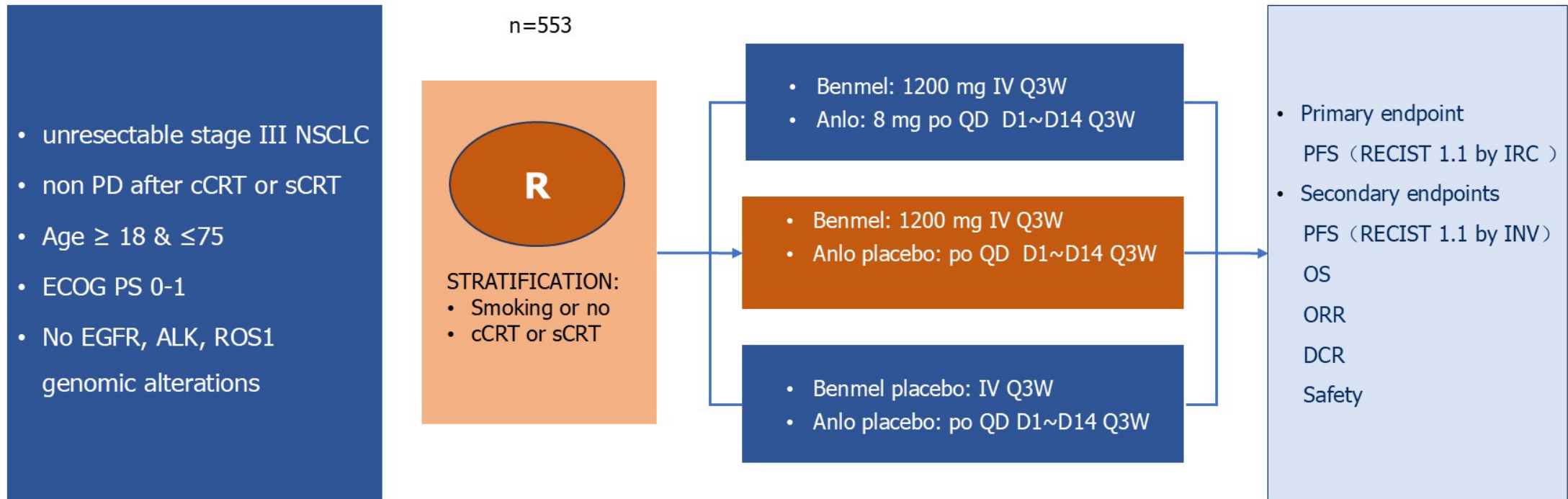
Authors: Ming Chen, Yongling Ji, Long Chen, Qingsong Pang, Qiwen Li, Ou Jiang, Hong Ge, Yufeng Cheng, Rongrong Zhou, Xiangjiao Meng, Xuhong Min, Hui Wang, Haihuang Yang, Yue Xie, Anping Zheng, Jie Li, Bing Xia, Desheng Hu, Xi Zhang, Fang Peng, Wenhui Li



R-ALPS

Benmelstobart w połączeniu z anlotynibem w leczeniu konsolidującym

SCHEMAT BADANIA



Benmelstobart – anty PD-L1

Anlotynib – inhibitor wielkinazowy, VEGFR 1/2/3, c-KIT, PDGFR α/β , FGFR1 1/2/3



R-ALPS

Benmelstobart w połączeniu z anlotynibem w leczeniu konsolidującym

CHARAKTERYSTYKA POPULACJI

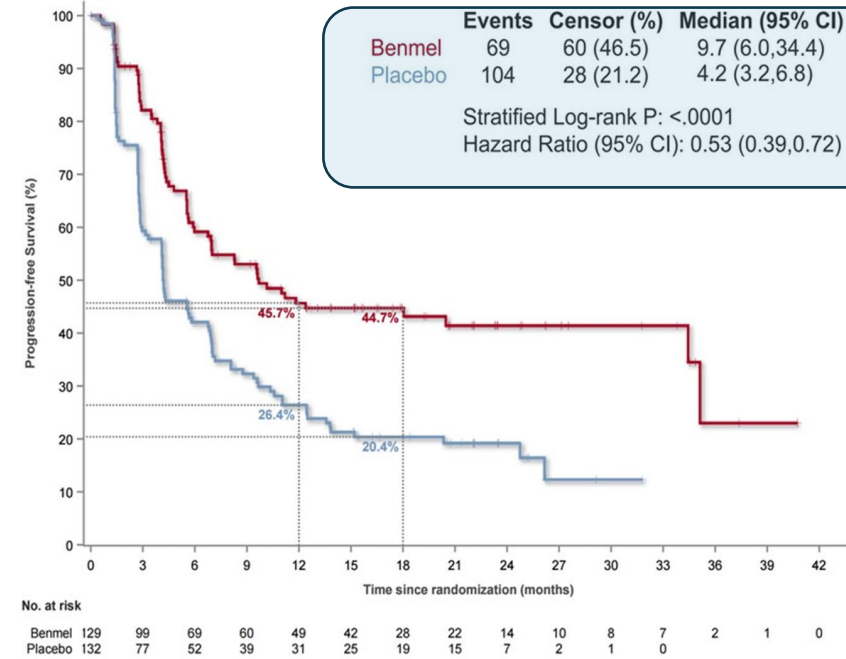
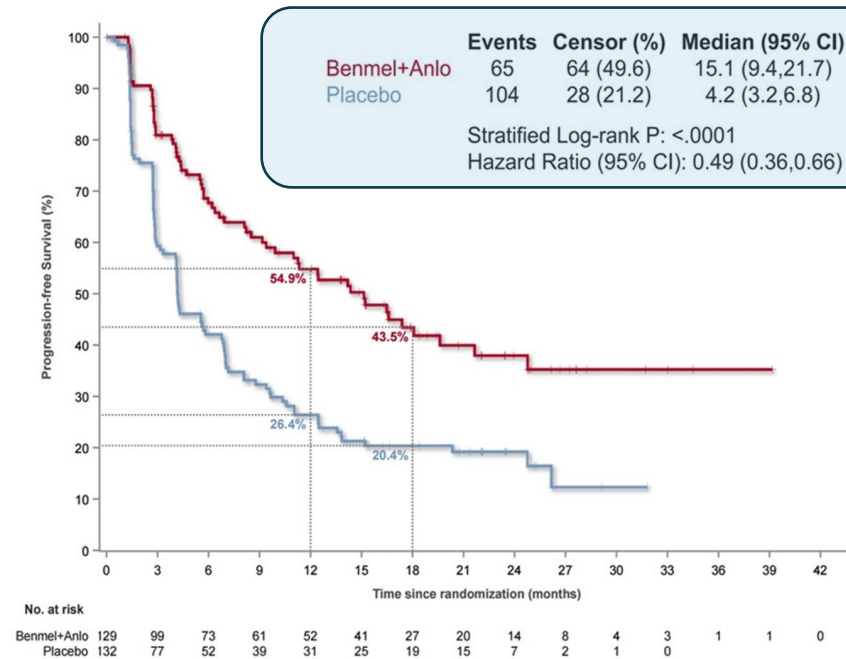
Characteristics		Benmel + Anlo n=209 (%)	Benmel n=212 (%)	Placebo n=132 (%)
Age	<65 / ≥65	63.2 / 36.8	62.7 / 37.3	54.6 / 45.5
Sex	Male / Female	90.0 / 10.0	88.7 / 11.3	90.2 / 9.8
ECOG status	0 / 1	39.7 / 59.8	34.9 / 64.6	36.4 / 62.9
Pathologic type	Ad / Sq / Other	24.9 / 73.2 / 1.9	25.5 / 70.3 / 4.3	31.1 / 67.4 / 1/5
Disease stage	IIIA / IIIB / IIIC	28.2 / 46.9 / 24.4	27.8 / 50.9 / 21.2	22.7 / 58.3 / 18.2
CRT type	Concurrent / Sequential	82.3 / 17.7	82.6 / 17.5	79.6 / 20.5
Radiation dose	<60 Gy / ≥60 Gy	13.9 / 86.1	14.6 / 85.4	12.9 / 87.1
Smoking history	Never / Former / Current	13.9 / 73.7 / 12.4	14.6 / 72.2 / 13.2	12.9 / 74.2 / 12.9



R-ALPS

Benmelstobart w połączeniu z anlotynibem w leczeniu konsolidującym

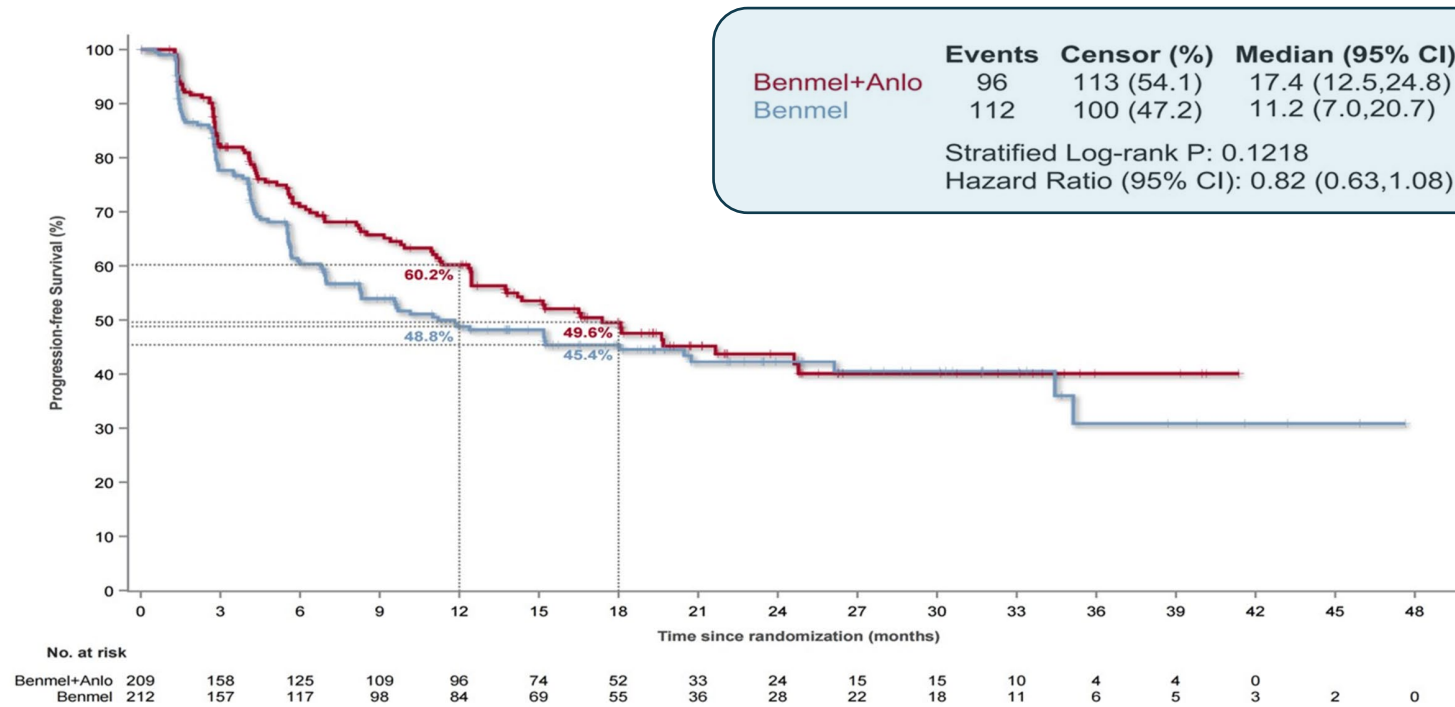
PFS



R-ALPS

Benmelstobart w połączeniu z anlotynibem w leczeniu konsolidującym

PFS

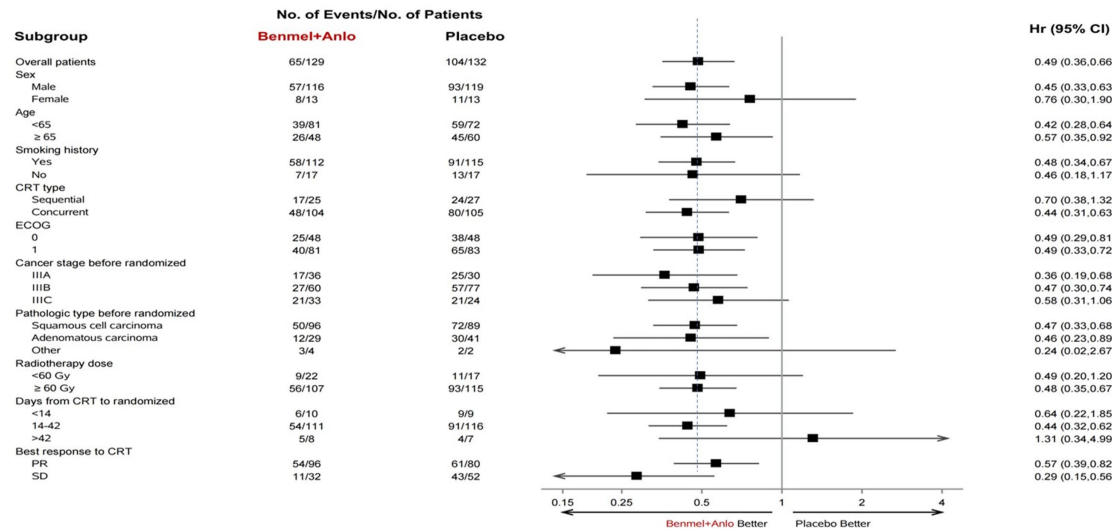


R-ALPS

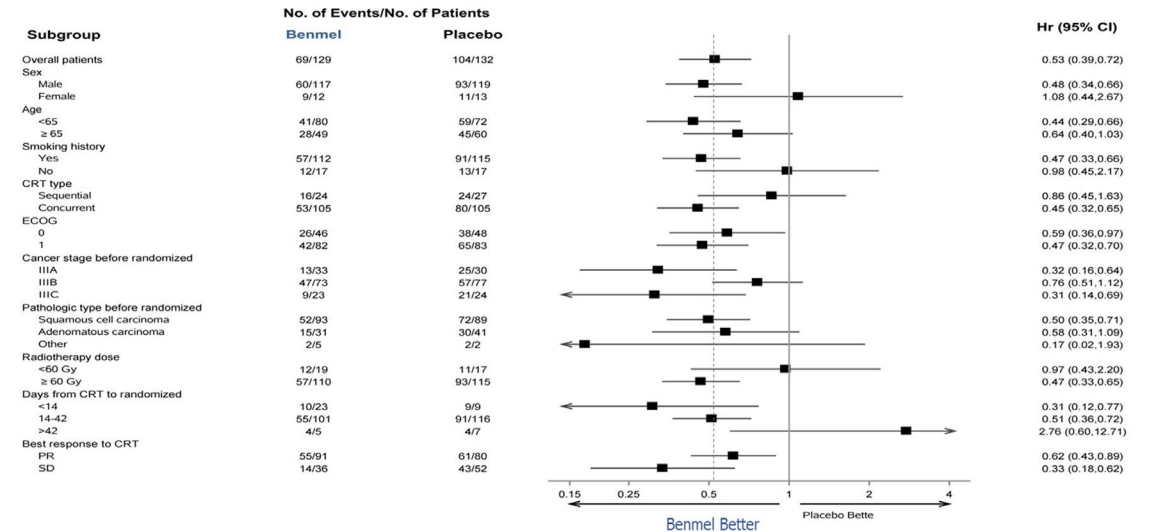
Benmelstobart w połączeniu z anlotynibem w leczeniu konsolidującym

PFS – ANALIZA PODGRUP

BENMEL plus ANLO



BENMEL



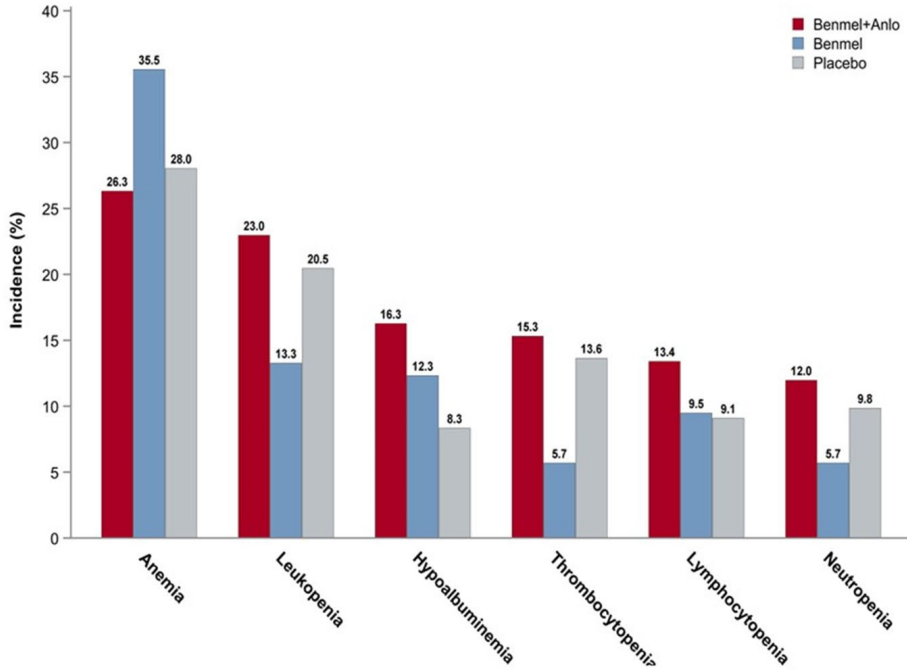
DYSKUSYJNA KORZYŚĆ

- KOBIETY
- NIEPALĄCY
- SEKWENCYJNA CRTT
- ROZPOCZĘCIE LECZENIA PO UPŁYWIE 42 DNI

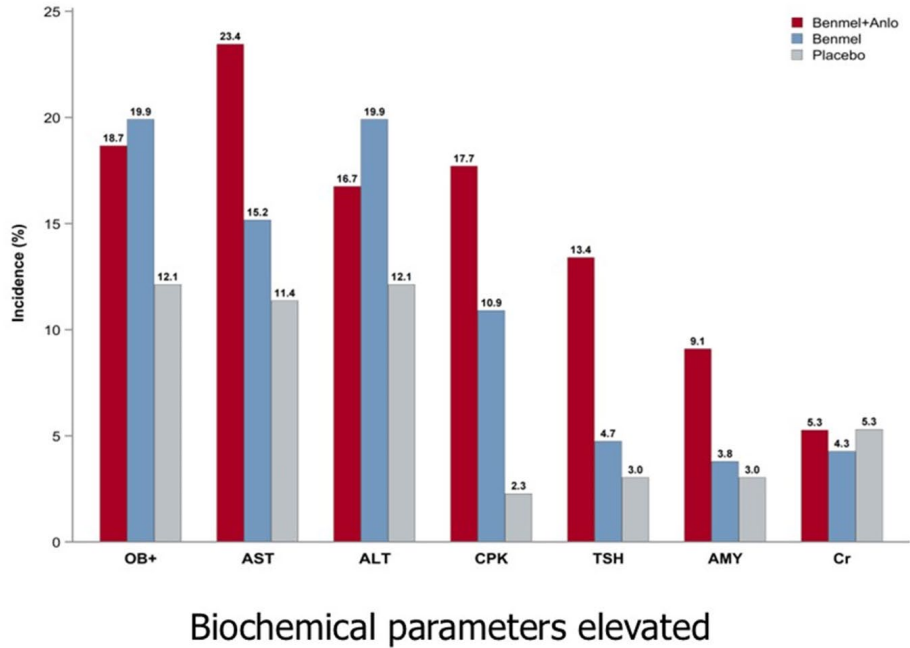


PROFIL BEZPIECZEŃSTWA

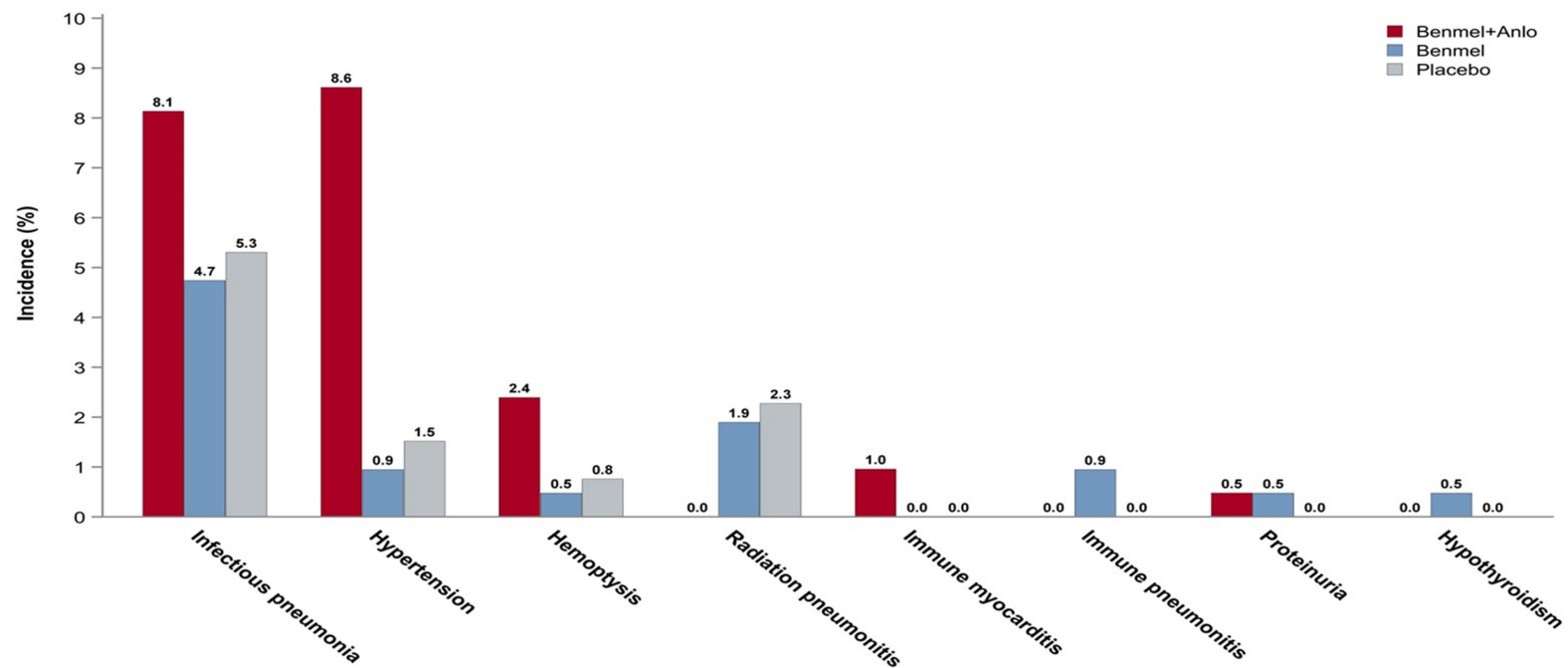
Hematologic TRAE



Biochemical TRAE



PROFIL BEZPIECZEŃSTWA

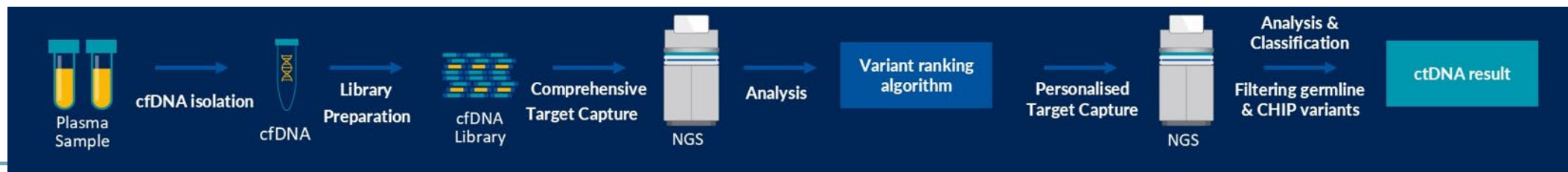
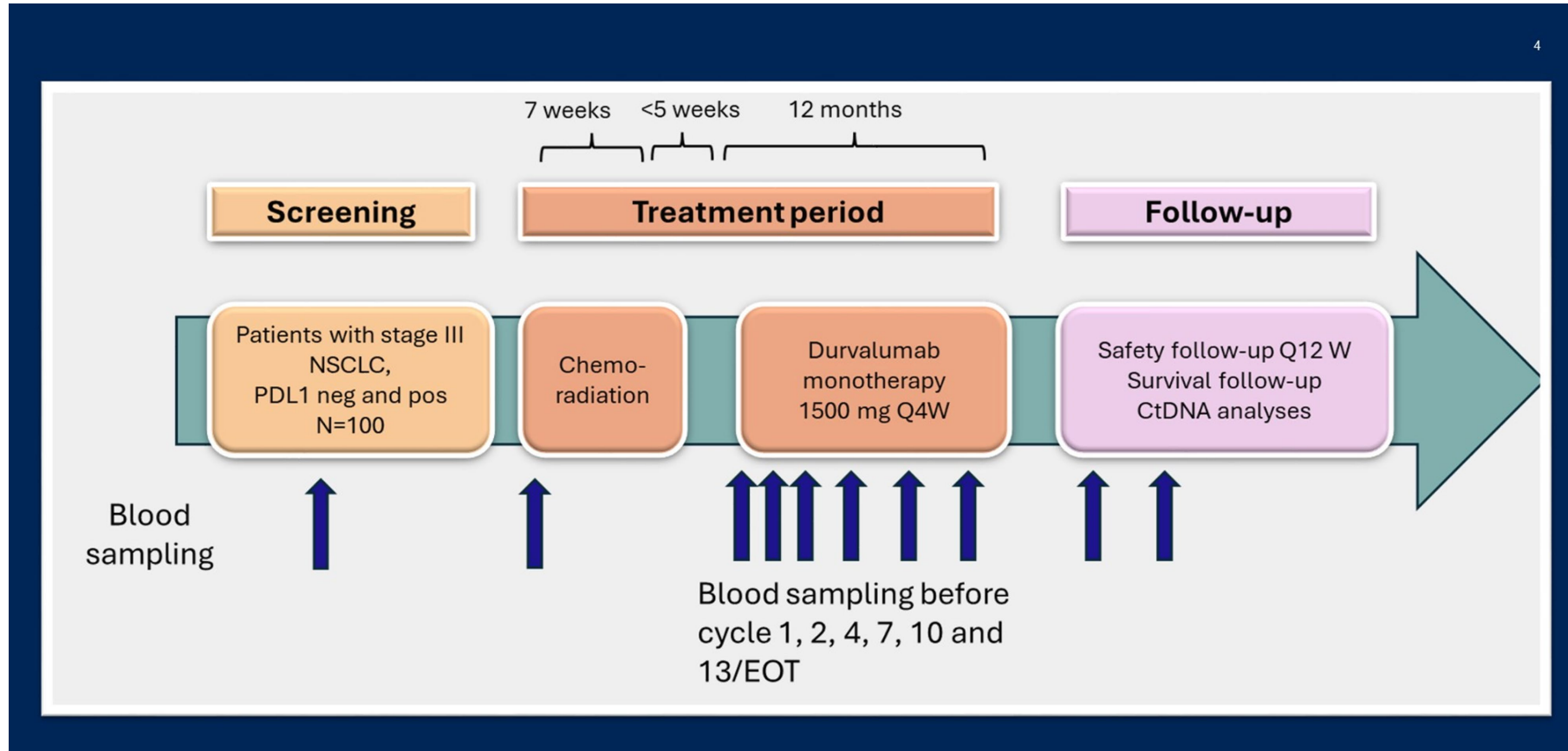


ctDNA-based MRD detection in unresectable NSCLC treated with curatively intended chemoradiotherapy and durvalumab

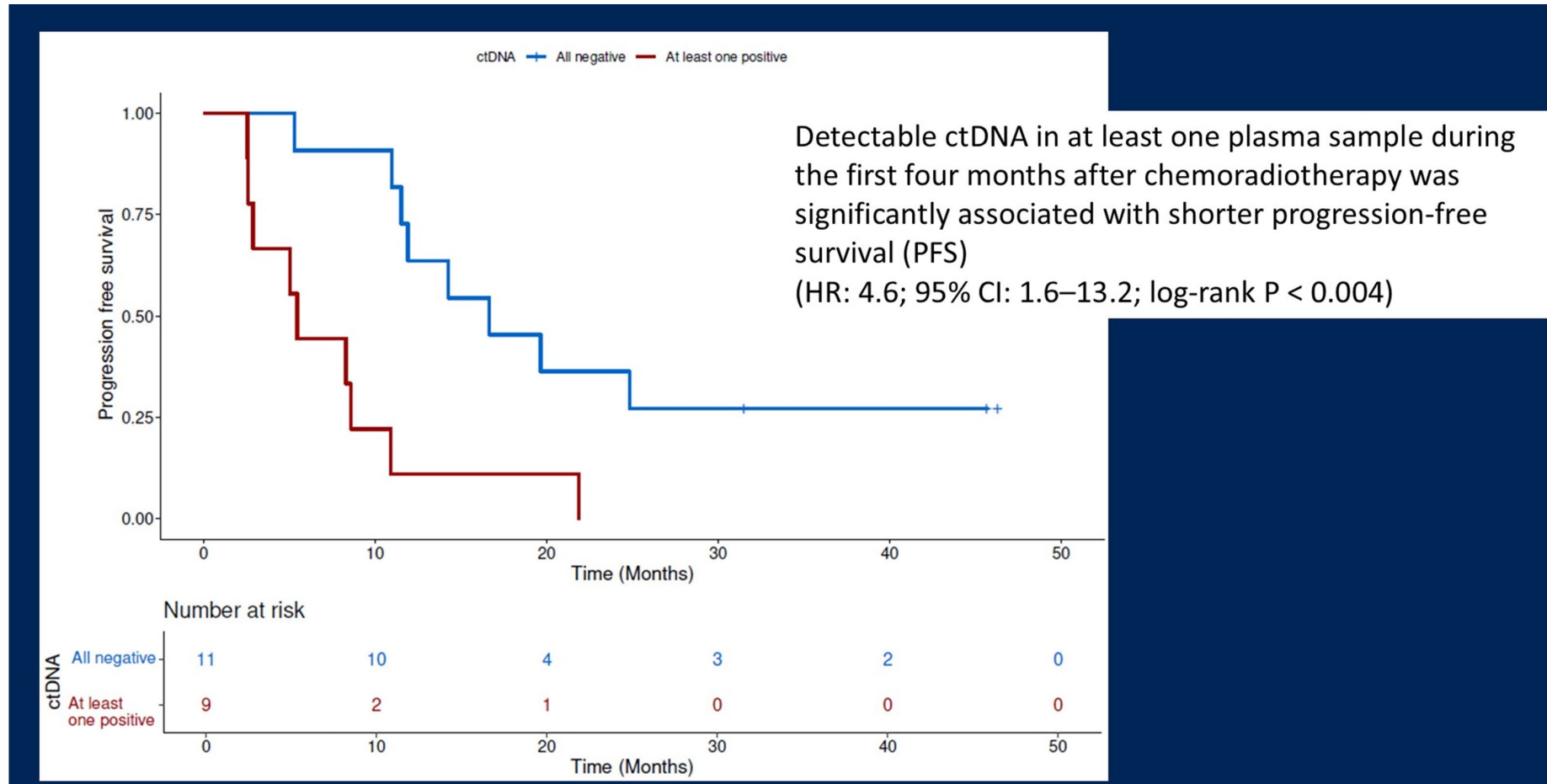
Henrik Horndalsveen; Vilde Haakensen; Tesfaye Madebo; Bjorn Gronberg; Tarje Halvorsen; Jussi Koivunen; Kersti Oselin; Saulius Cicenas; Nina Helbekkmo; Marianne Åanerud; Jarkko Ahvonen; Maria Silvoniemi; Maria Bjaanæs; Britina Danielsen; Mari Børve; Tonje Sofie Dalen; Åsa Kristina Öjlert; Aslaug Helland



OCENA MRD W TRAKCIE LECZENIA KONSOLIDUJĄCEGO DURWALUMABEM

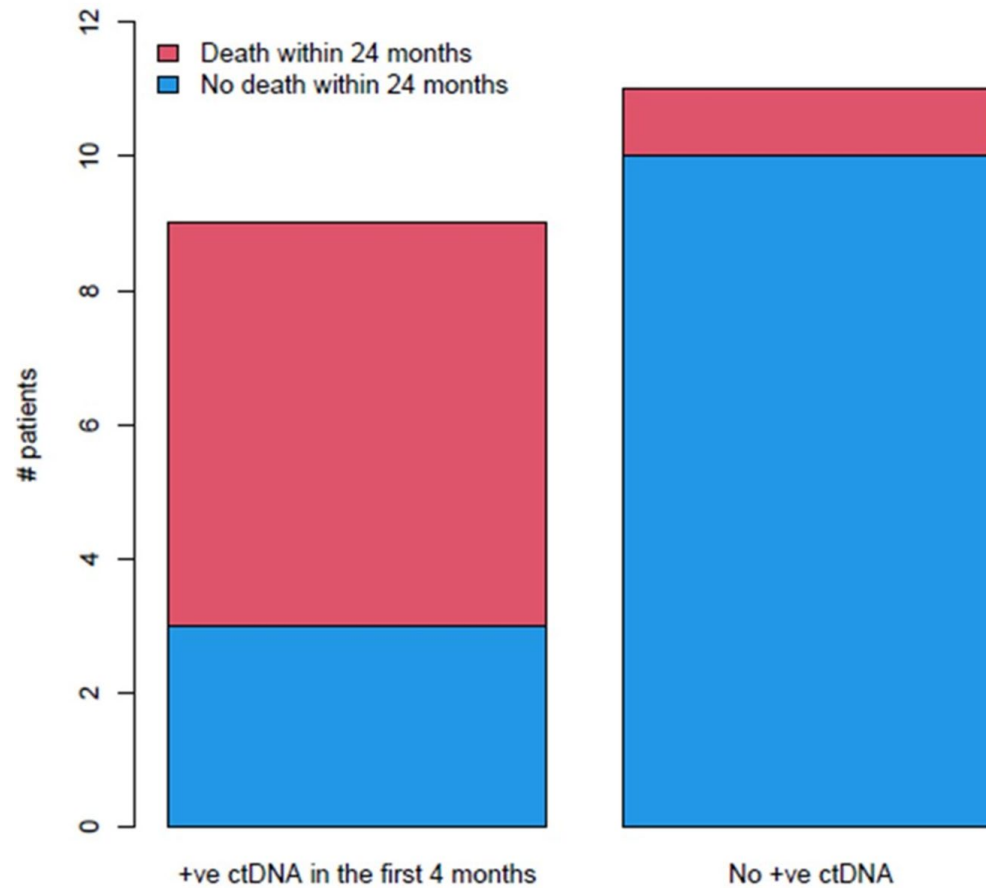


OCENA MRD W TRAKCIE LECZENIA KONSOLIDUJĄCEGO DURWALUMABEM



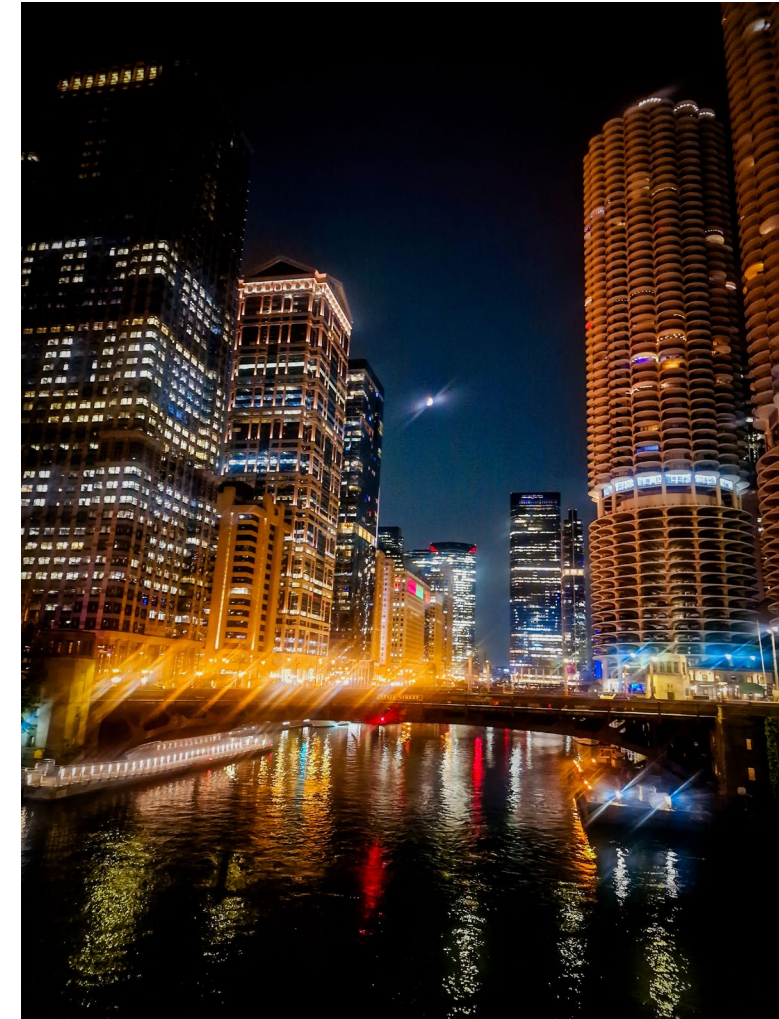
OCENA MRD W TRAKCIE LECZENIA KONSOLIDUJĄCEGO DURWALUMABEM

**RYZYZKO ZGONU
OR 16.4**



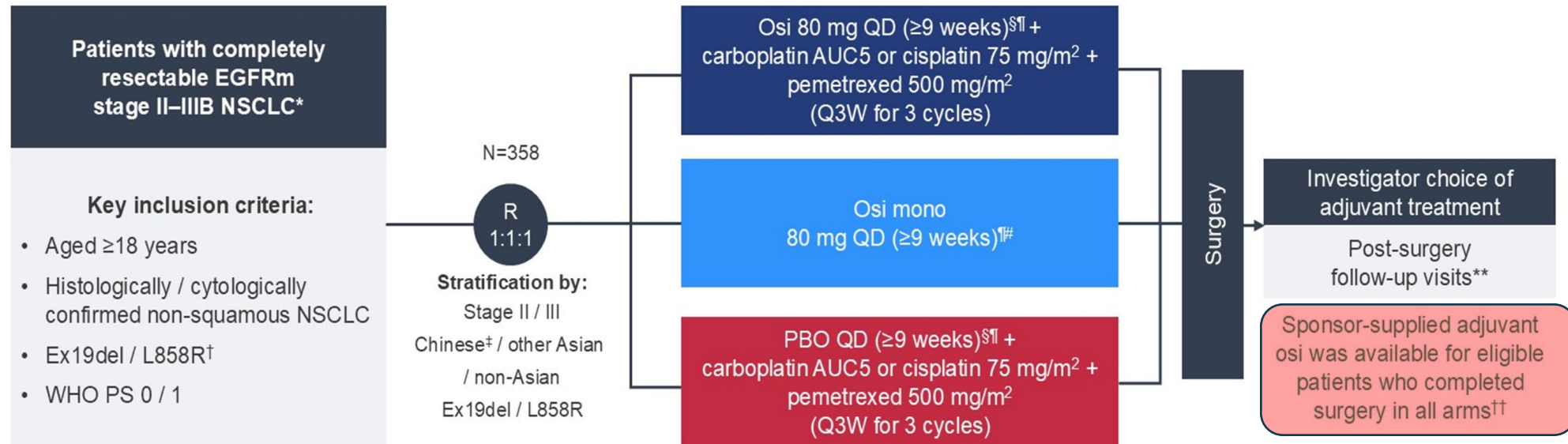
Neoadjuvant osimertinib ± chemotherapy vs chemotherapy alone in resectable epidermal growth factor receptor-mutated (EGFRm) NSCLC: NeoADAURA

Jamie E. Chaft¹, Walter Weder, Jianxing He, Ke-Neng Chen, Maximilian J. Hochmair, Jin-Yuan Shih, Sung Yong Lee, Kang-Yun Lee, Nguyen Viet Nhung, Somcharoen Saeteng, Carlos H.A. Teixeira, Carles Escriu, Alex Martinez-Marti, Collin M. Blakely, Yasushi Yatabe, Sanja Dacic, Xiangning Huang, Yuri Rukazenzov, Anupriya Dayal, Masahiro Tsuboi



NEOADAURA

OZYMERTYNIB W LECZENIU PRZEDOPERACYJNYM



Endpoints:

- **Primary: major pathological response (MPR; by blinded central pathology review)**
- Secondary: event-free survival, pathological complete response, nodal downstaging and safety



NEOADAURA

OZYMERTYNIB W LECZENIU PRZEDOPERACYJNYM

Characteristic, %	Osi + CTx (n=121)	Osi mono (n=117)	PBO + CTx (n=120)
Sex: male / female	40 / 60	35 / 65	25 / 75
Age: median (range), years	63 (31–82)	66 (42–83)	65 (36–86)
Smoking history: former or current / never	32 / 68	34 / 66	22 / 78
Race: * Chinese [†] / other Asian / non-Asian	24 / 49 / 27	23 / 50 / 26	26 / 49 / 25
WHO PS: 0 / 1	80 / 20	79 / 21	83 / 17
Histology: adenocarcinoma / other	98 / 2	100 / 0	100 / 0
EGFR mutation at randomization: * Ex19del / L858R	50 / 50	51 / 49	51 / 49
AJCC staging (8th edition) at diagnosis: * II / III	49 / 51	50 / 50	51 / 49
Regional lymph nodes: N0 / N1 / N2	26 / 35 / 39	26 / 38 / 35	29 / 37 / 34
Baseline tumor size, mean (SD), cm	4.2 (1.4)	4.0 (1.5)	4.3 (1.6)

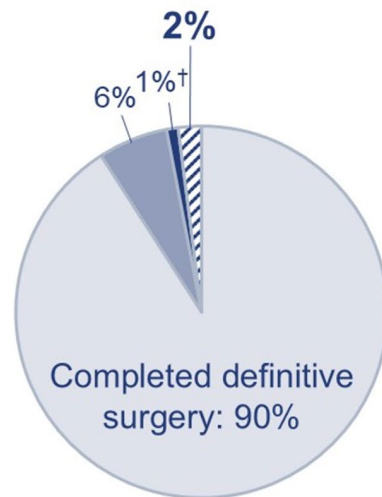


NEOADAURA

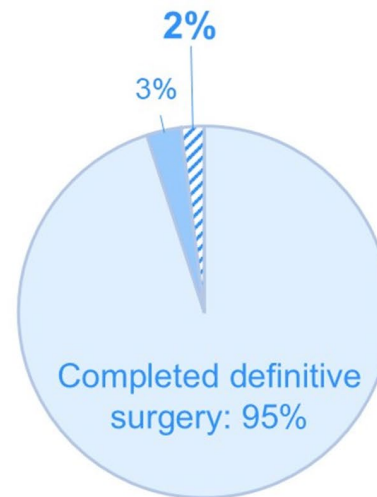
OZYMERTYNIB W LECZENIU PRZEDOPERACYJNYM

LECZENIE CHIRURGICZNE

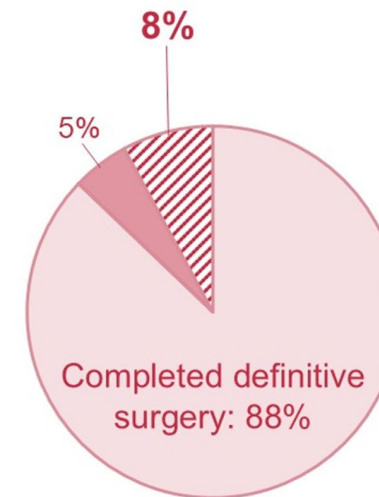
Reasons for not completing definitive surgery:
■ Other* ■ AE ■ Progressive disease



Osi + CTx
(n=121)



Osi mono
(n=117)



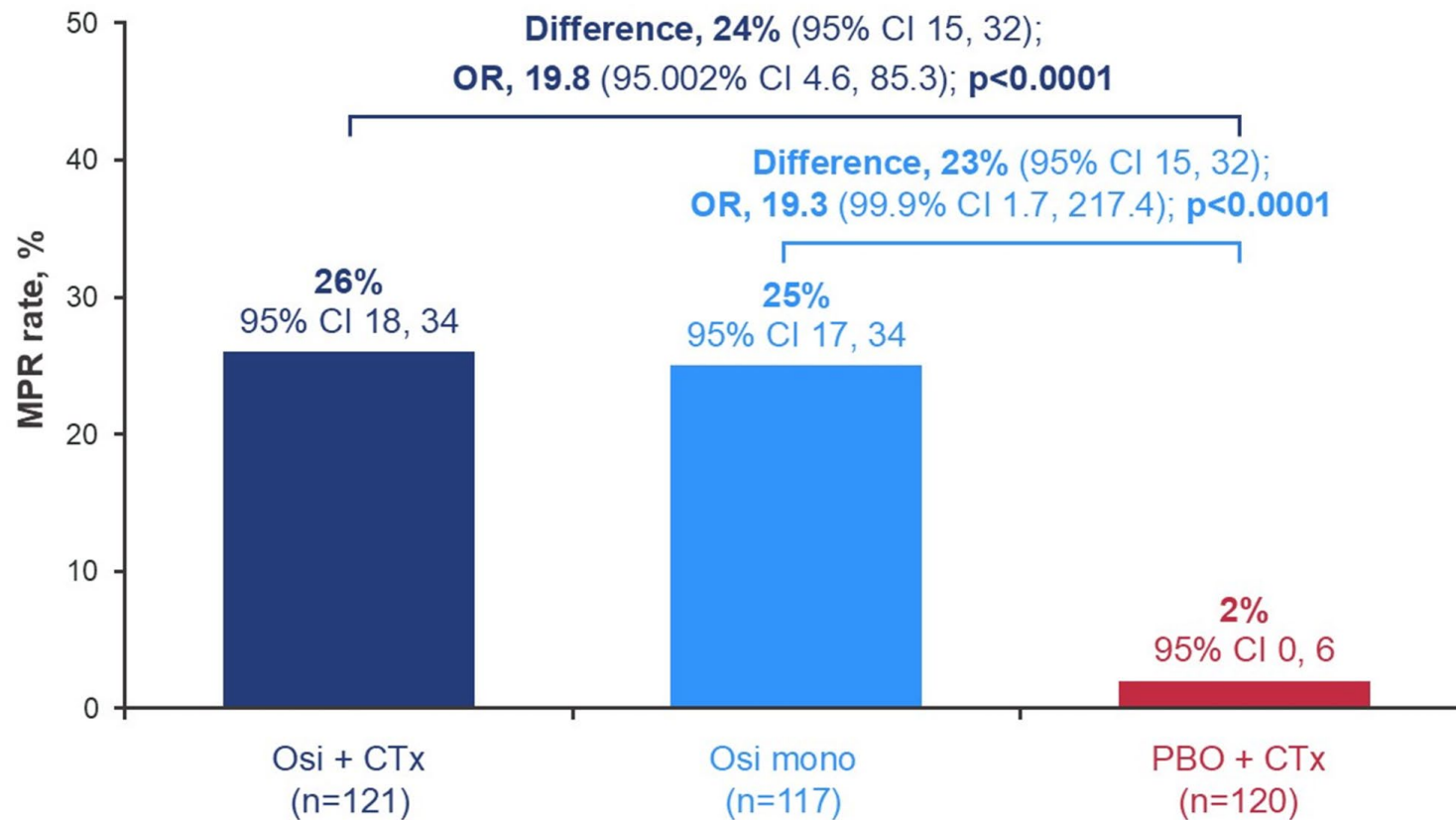
PBO + CTx
(n=120)



NEOADAURA

OZYMERTYNIB W LECZENIU PRZEDOPERACYJNYM

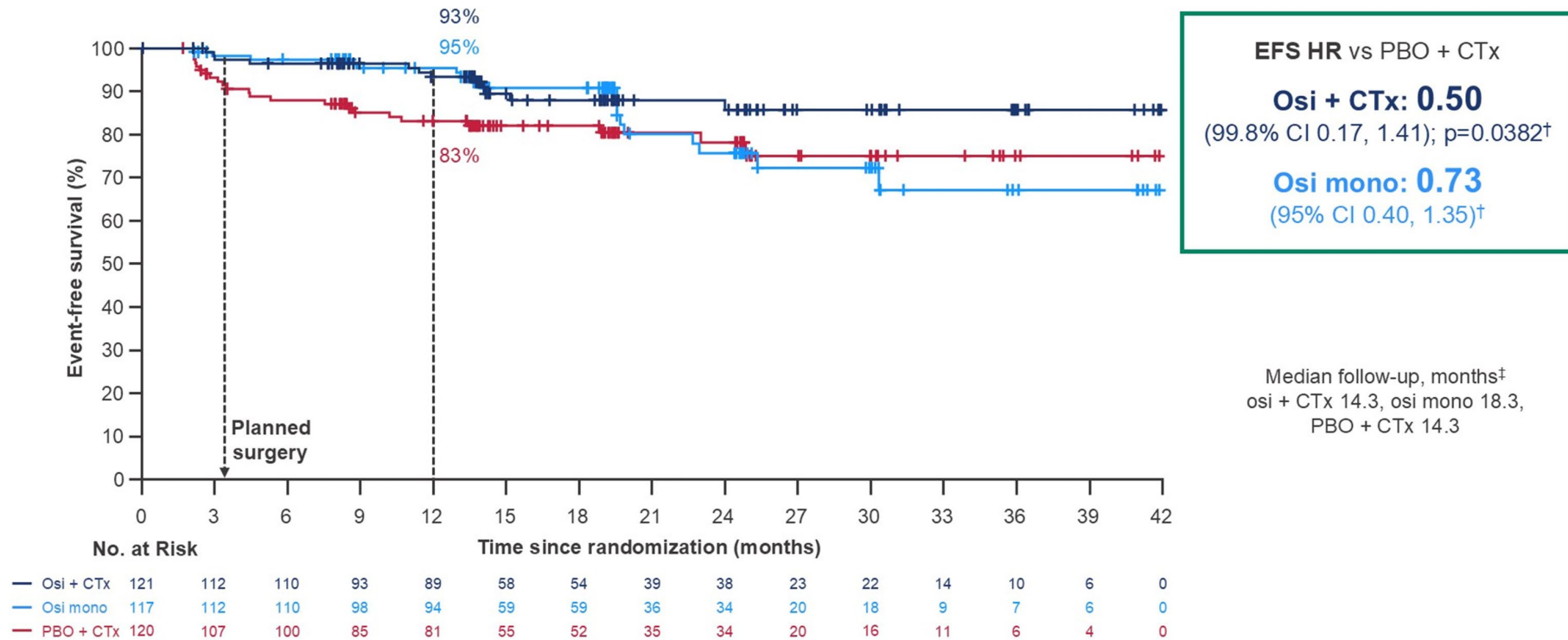
MPR



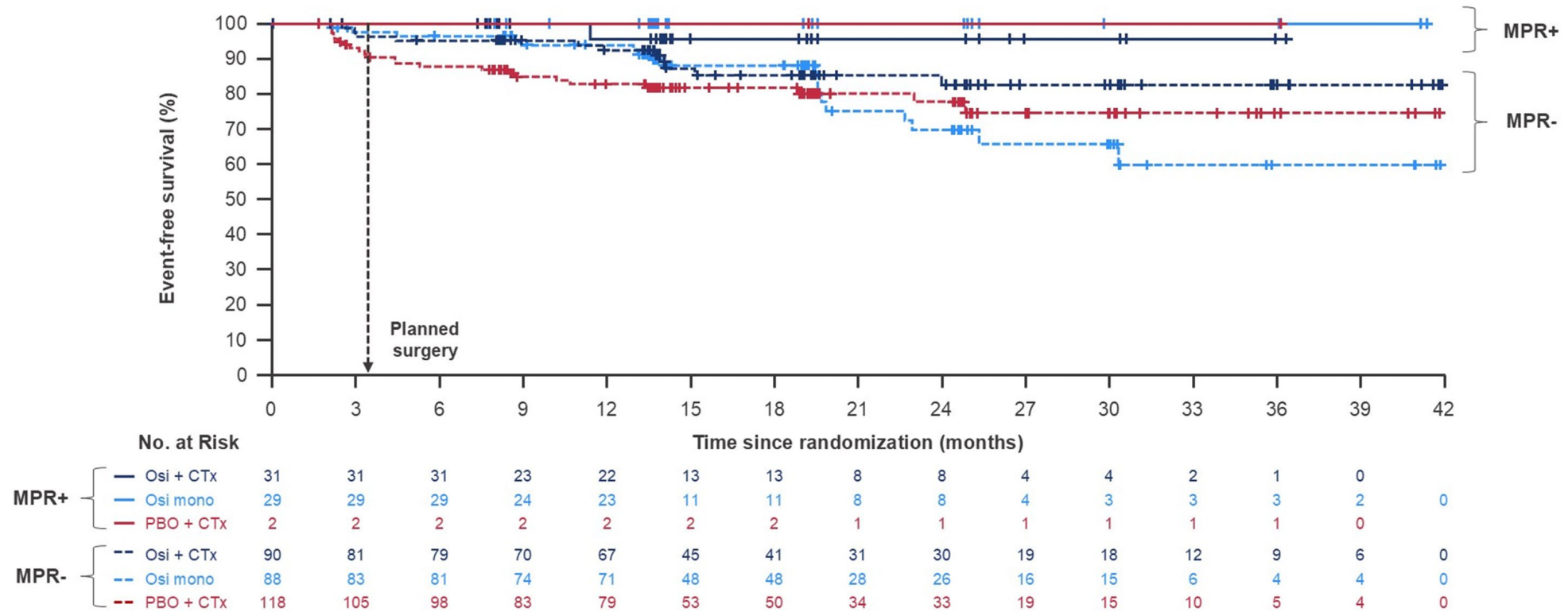
NEOADAURA

OZYMERTYNIB W LECZENIU PRZEDOPERACYJNYM

EFS



EFS WOBEK MPR



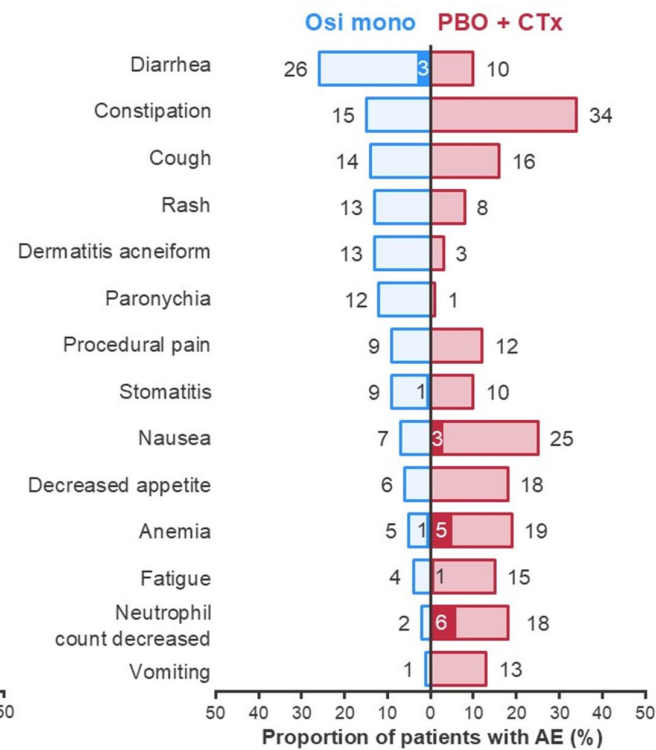
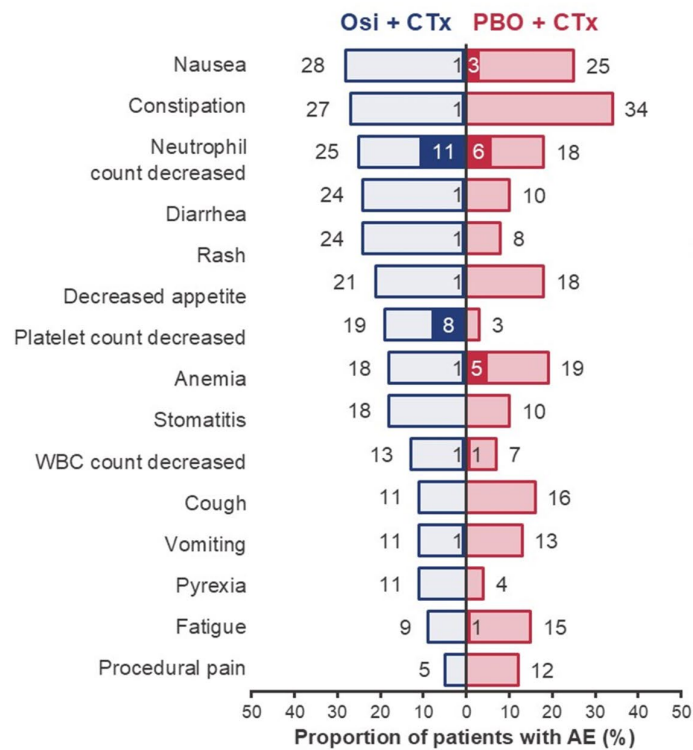
EFS events were reported in 2% (1/62) of patients with an MPR vs 18% (52/296) of patients without an MPR



NEOADAURA

OZYMERTYNIB W LECZENIU PRZEDOPERACYJNYM

PROFIL BEZPIECZEŃSTWA



AESI, n (%)	Osi + CTx (n=119)	PBO + CTx (n=120)	Osi mono (n=117)
Wound complications	2 (2)	0	1 (1)
Cardiac effects	1 (1)	2 (2)	3 (3)
ILD / pneumonitis	0	0	2 (2)

- Osi + CTx, any grade
- Osi + CTx, max. grade ≥3
- PBO + CTx, any grade
- PBO + CTx, max. grade ≥3
- Osi mono, any grade
- Osi mono, max. grade ≥3

Data cut-off: October 15, 2024.



WNIOSKI

1

Ozymertynib w postępowaniu przedoperacyjnym zwiększa odsetek chorych uzyskujących MPR – w porównaniu z chth

2

Obserwuje się trend do poprawy w zakresie EFS u chorych leczonych ozymertynibem przed resekcją



Alectinib as Neoadjuvant Treatment in Potentially Resectable Stage III ALK-positive NSCLC: Final Analysis of ALNEO Phase II Trial (GOIRC-01-2020-ML42316)

Alessandro Leonetti¹, Luca Boni², Letizia Gnetti³, Diego Luigi Cortinovis⁴, Giulia Pasello⁵, Francesca Mazzoni⁶, Alessandra Bearz⁷, Francesco Gelsomino⁸, Francesco Passiglia⁹, Sara Pilotto¹⁰, Giulio Metro¹¹, Angelo Delmonte¹², Fabiana Letizia Cecere¹³, Federica Bertolini¹⁴, Luca Toschi¹⁵, Hector Soto Parra¹⁶, Serena Ricciardi¹⁷, Emilio Bria¹⁸, Michele Tognetto¹⁹, Marcello Tiseo²⁰



ALNEO

ALEKTYNIB W LECZENIU PRZEDOPERACYJNYM

- Resectable locally advanced stage III NSCLC
- Candidate for surgical resection after multidisciplinary discussion
- ALK-positive (IHC/FISH/NGS)
- No Previous treatment
- ECOG PS 0-1



Primary Endpoint: MPR ($\leq 10\%$ viable tumor) by BICR

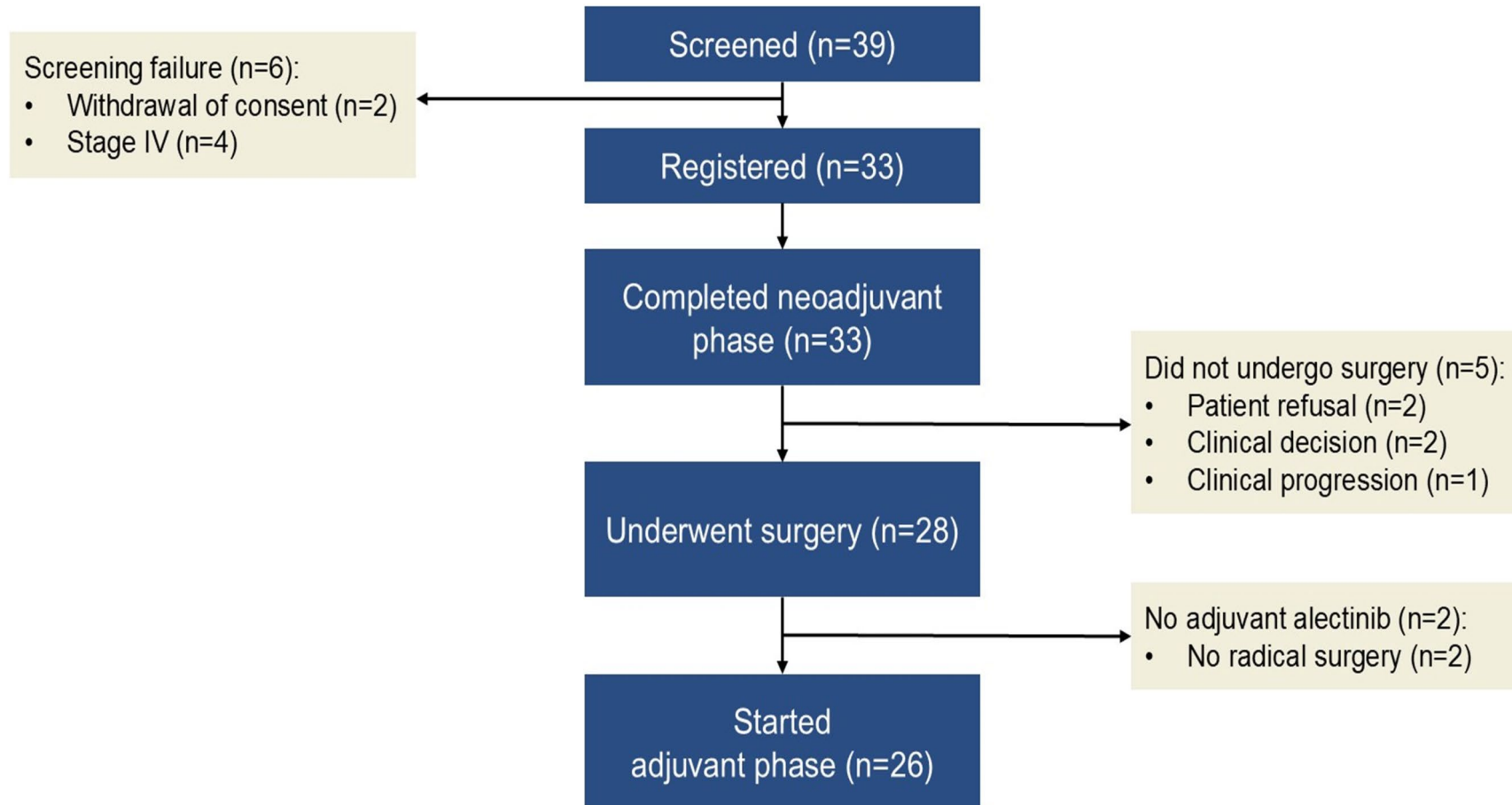
Secondary Endpoints: pCR by BICR, ORR, EFS, DFS, OS, AEs

Ancillary biological study^a: correlation of tissue and cell-free biomarkers with MPR and DFS



ALNEO

ALEKTYNIB W LECZENIU PRZEDOPERACYJNYM

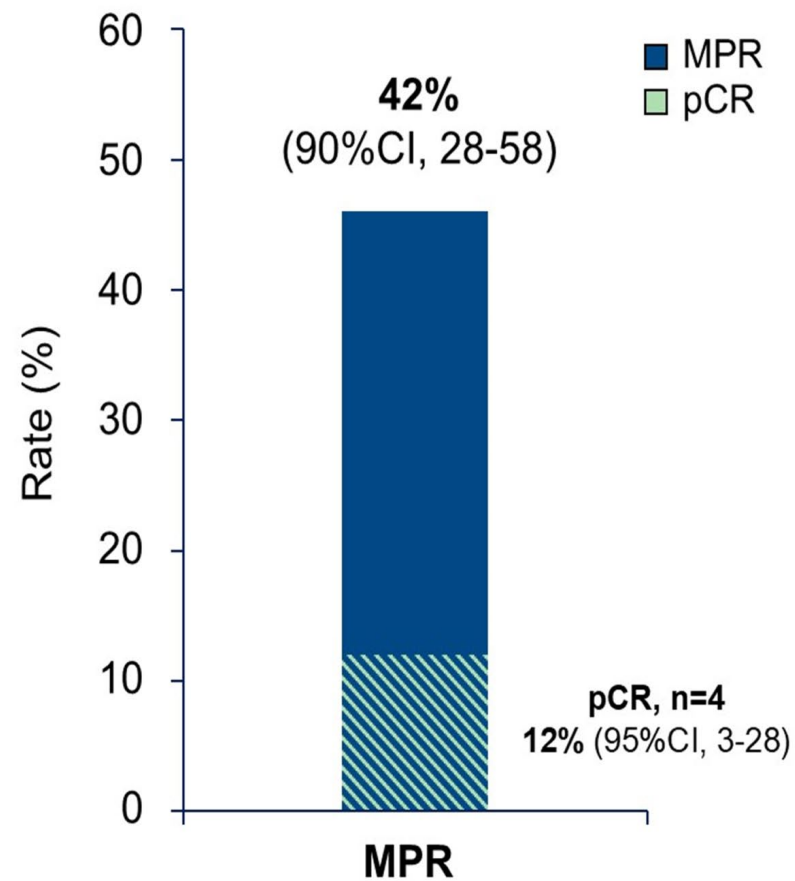


ALNEO

ALEKTYNIB W LECZENIU PRZEDOPERACYJNYM

Pathologic Response	N=33
MPR ($\leq 10\%$ viable tumor), n (%)	14 (42)
Non-MPR ($> 10\%$ viable tumor), n (%)	13 (40)
Not assessed, n (%)	6 (18) ^a

^a5 patients did not undergo surgery, 1 patient underwent explorative thoracotomy



WNIOSKI

1

Alektynib w postępowaniu przedoperacyjnym pozwala na uzyskanie MPR u 42% chorych

2

MIEJSCE LECZENIA PRZEDOPERACYJNEGO U CHORYCH Z ALK+NDRP wymaga dalszych analiz



PODSUMOWANIE

- **SBRT JAKO SAMODZIELNA METODA WE WCZESNYCH NDRP**
- **PRZEDOPERACYJNA IMMUNOCHEMIOTERAPIA Z NIWOLUMABEM – WPŁYW NA DFS I OS**
- **OCENA MRD KORELUJE Z WYNIKAMI LECZENIA OKOŁOPERACYJNEGO I CHT/RT –
DYSKUSJA O ESKALACJI I DEESKALACJI TERAPII**
- **PRZEDOPERACYJNE LECZENIE TKI – WSTĘPNE DANE I DYSKUSYJNE WSKAZANIE WOBEC
ISTNIEJĄCEGO STANDARDU**





Dziękuję za uwagę

