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# Second-line nintedanib + docetaxel for patients with lung adenocarcinoma after first-line chemo-immunotherapy treatment: Updated efficacy and safety results from VARGADO Cohort C

C. Grohé[1], T. Wehler[2], T. Dechow[3], S. Henschke[4], W. Schütte[5], I. Dittrich[6], S. Hammerschmidt[7], H. Müller-Huesmann[8], C. Schumann[9], S. Krüger[10], J. Atz[11], R. Kaiser[11]

[1] Department of Pneumology, Evangelical Lung Clinic, Berlin, Germany, [2] Evangelisches Krankenhaus Hamm gGmbH, Hamm, Germany, [3] Oncology Haematology Group Practice, Ravensburg, Germany, [4] Innere Medizin V, Medizinische Klinik, Saarland University Hospital, Homburg, Germany, [5] Krankenhaus Martha-Maria Halle-Dölau, Halle an der Saale, Germany, [6] Lungenklinik Lostau, Lostau, Germany, [7] Department of Internal Medicine, Klinikum Chemnitz, Chemnitz, Germany, [8] Klinik für Hämatologie und Onkologie, Brüderkrankenhaus St. Josef, Paderborn, Germany, [9] Clinic for Pneumology, Thoracic Oncology, Sleep and Respiratory Medicine, Klinikverbund Allgäu, Kempten, Germany, [10] Department of Pulmonology, Cardiology and Internal Intensive Care, Florence Nightingale Hospital, Düsseldorf, Germany[11] Medical Affairs, Boehringer Ingelheim Pharma GmbH & Co. KG, Ingelheim am Rhein, Germany

## Background

Treatment strategies for patients with advanced non-small cell lung cancer (NSCLC) without targetable driver mutations have changed significantly during the last decade. Immune checkpoint inhibitors (ICIs), with or without chemotherapy, have become the first-line (1L) standard of care. Limited clinical data is available to help guide treatment decisions for treatment post-progression. Nintedanib (Vargatef®) is an oral triple angiokinase inhibitor targeting the vascular endothelial growth factor receptor (VEGFR), platelet-derived growth factor receptor (PDGFR), and fibroblast growth factor receptor (FGFR) pathways. It is approved in the EU and other countries in combination with docetaxel for the treatment of advanced adenocarcinoma NSCLC after progression on 1L chemotherapy.

## Methods

This updated analysis is part of the ongoing, prospective, non-interventional VARGADO study (NCT02392455) of nintedanib plus docetaxel. The current analysis includes efficacy and safety results from 137 patients (pts) with adenocarcinoma NSCLC who received second-line (2L) nintedanib plus docetaxel after prior 1L chemo-ICI treatment (Cohort C).

## Results

In this cohort, the median age was 63 years (range: 37–84); 80 pts (58.4%) were men, and 98 pts (71.5%) had an ECOG PS 0/1. 127 pts (92.7%) had received prior 1L pembrolizumab-based combination therapy. Objective response rate with 2L nintedanib plus docetaxel was 37.5% (30/80 pts), disease control rate was 72.5% (58/80 pts), and median progression-free survival was 4.8 months (95% confidence interval: 3.7–6.6). Grade ≥3 treatment-emergent adverse events (TEAEs), serious TEAEs, and TEAEs leading to treatment discontinuation were observed in 62 pts (45.3%), 50 pts (36.5%) and 40 pts (29.2%), respectively.

## Conclusions

These results suggest that 2L nintedanib plus docetaxel represents an effective treatment option with a manageable safety profile in pts with advanced adenocarcinoma NSCLC following progression on 1L chemo-immunotherapy.

## Clinical trial identification

NCT02392455.

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## Disclosure

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Wehler: Financial Interests, Personal, Advisory Role: AstraZeneca; Financial Interests, Personal, Advisory Role: Roche/Genentech; Financial Interests, Personal, Advisory Role: Pfizer; Financial Interests, Personal, Advisory Role: Merck Sharp & Dohme; Financial Interests, Personal, Advisory Role: Bristol Myers Squibb; Financial Interests, Personal, Advisory Role: AbbVie; Financial Interests, Personal, Advisory Role: Merck Serono; Financial Interests, Personal, Advisory Role: Boehringer Ingelheim; Financial Interests, Personal, Other, Travel, accommodation, expenses: Pfizer; Financial Interests, Personal, Other, Travel, accommodation, expenses: Celgene; Financial Interests, Personal, Other, Travel, accommodation, expenses: Roche/Genentech; Financial Interests, Personal, Other, Travel, accommodation, expenses: Boehringer Ingelheim; Financial Interests, Personal, Other, Travel, accommodation, expenses: AstraZeneca; Financial Interests, Personal, Other, Honoraria: Roche/Genentech; Financial Interests, Personal, Other, Honoraria: Boehringer Ingelheim; Financial Interests, Personal, Other, Honoraria: Merck Sharp & Dohme; Financial Interests, Personal, Other, Honoraria: Bristol Myers Squibb; Financial Interests, Personal, Funding, Research funding: AstraZeneca; Financial Interests, Personal, Funding, Research funding: Roche/Genentech; Financial Interests, Personal, Funding, Research funding: Boehringer Ingelheim. S. Henschke: Financial Interests, Personal, Advisory Role: Boehringer Ingelheim; Financial Interests, Personal, Advisory Role: Chugai Pharma; Financial Interests, Personal, Funding, Research funding: Amgen; Financial Interests, Personal, Funding, Research funding: AstraZeneca; Financial Interests, Personal, Funding, Research funding: Bristol Myers Squibb; Financial Interests, Personal, Funding, Research funding: Boehringer Ingelheim; Financial Interests, Personal, Funding, Research funding: Chugai Pharma; Financial Interests, Personal, Funding, Research funding: MSD; Financial Interests, Personal, Funding, Research funding: Novartis; Financial Interests, Personal, Funding, Research funding: Roche; Financial Interests, Personal, Other, Travel, accommodation, expenses: Amgen; Financial Interests, Personal, Other, Travel, accommodation, expenses: Boehringer Ingelheim. W. Schütte: Financial Interests, Personal, Advisory Role: AstraZeneca; Financial Interests, Personal, Advisory Role: Roche; Financial Interests, Personal, Advisory Role: Boehringer Ingelheim; Financial Interests, Personal, Advisory Role: Bristol Myers Squibb; Financial Interests, Personal, Funding, Research funding: AstraZeneca; Financial Interests, Personal, Funding, Research funding: Roche; Financial Interests, Personal, Funding, Research funding: Boehringer Ingelheim; Financial Interests, Personal, Funding, Research funding: Bristol Myers Squibb; Financial Interests, Personal, Funding, Research funding: Lilly; Financial Interests, Personal, Funding, Research funding: AbbVie; Financial Interests, Personal, Funding, Research funding: Merck; Financial Interests, Personal, Funding, Research funding: GlaxoSmithKline; Financial Interests, Personal, Funding, Research funding: OSE Pharma; Financial Interests, Personal, Funding, Research funding: Novartis; Other, Personal, Other: AstraZeneca; Other, Personal, Other: Roche; Other, Personal, Other: Boehringer Ingelheim; Other, Personal, Other: Bristol Myers Squibb; Other, Personal, Other: MSD. S. Hammerschmidt: Financial Interests, Personal, Other, Honoraria: AstraZeneca; Financial Interests, Personal, Other, Honoraria: Boehringer Ingelheim; Financial Interests, Personal, Other, Honoraria: Bristol Myers Squibb; Financial Interests, Personal, Other, Honoraria: MSD; Financial Interests, Personal, Other, Honoraria: Roche; Financial Interests, Personal, Advisory Role: AstraZeneca; Financial Interests, Personal, Advisory Role: Boehringer Ingelheim; Financial Interests, Personal, Advisory Role: Bristol Myers Squibb; Financial Interests, Personal, Advisory Role: MSD; Financial Interests, Personal, Advisory Role: Roche; Financial Interests, Personal, Other, Travel, accommodation, expenses: AstraZeneca; Financial Interests, Personal, Other, Travel, accommodation, expenses: Boehringer Ingelheim; Financial Interests, Personal, Other, Travel, accommodation, expenses: Bristol Myers Squibb; Financial Interests, Personal, Other, Travel, accommodation, expenses: MSD; Financial Interests, Personal, Other, Travel, accommodation, expenses: Roche. H. Müller-Huesmann: Financial Interests, Personal, Other, Honoraria: Roche; Financial Interests, Personal, Other, Honoraria: Bristol Myers Squibb; Financial Interests, Personal, Other, Honoraria: MSD; Financial Interests, Personal, Other, Honoraria: Merck; Financial Interests, Personal, Other, Honoraria: Janssen; Financial Interests, Personal, Other, Honoraria: Boehringer Ingelheim; Financial Interests, Personal, Advisory Role: Roche; Financial Interests, Personal, Advisory Role: Bristol Myers Squibb; Financial Interests, Personal, Advisory Role: MSD; Financial Interests, Personal, Advisory Role: Janssen; Financial Interests, Personal, Advisory Role: Boehringer Ingelheim; Financial Interests, Personal, Speaker's Bureau: Roche; Financial Interests, Personal, Speaker's Bureau: Bristol Myers Squibb; Financial Interests, Personal, Speaker's Bureau: MSD; Financial Interests, Personal, Speaker's Bureau: Merck; Financial Interests, Personal, Speaker's Bureau: Janssen; Financial Interests, Personal, Speaker's Bureau: Boehringer Ingelheim; Financial Interests, Personal, Expert Testimony: Roche; Financial Interests, Personal, Other, Travel, accommodations, expenses: Roche; Financial Interests, Personal, Other, Travel, accommodations, expenses: Bristol Myers Squibb; Financial Interests, Personal, Other, Travel, accommodations, expenses: MSD; Financial Interests, Personal, Other, Travel, accommodations, expenses: Merck; Financial Interests, Personal, Other, Travel, accommodations, expenses: Janssen; Financial Interests, Personal, Other, Travel, accommodations, expenses: Boehringer Ingelheim. C. Schumann: Financial Interests, Personal and Institutional, Other, Honoraria: AstraZeneca; Financial Interests, Personal and Institutional, Other, Honoraria: Bristol Myers Squibb; Financial Interests, Personal, Other, Honoraria: MSD Oncology; Financial Interests, Personal, Other, Honoraria: Pfizer. S. Krüger: Financial Interests, Personal and Institutional, Other, Honoraria: Boehringer Ingelheim. J. Atz: Financial Interests, Personal, Full or part-time Employment: Boehringer Ingelheim. R. Kaiser: Financial Interests, Personal, Full or part-time Employment: Boehringer Ingelheim. All other authors have declared no conflicts of interest.