PARIS 2022 ESMO congress

9720

Nivolumab (Nivo) plus ipilimumab (Ipi) 6-months treatment versus continuation in patients with advanced non-small cell lung cancer (aNSCLC): Results of the randomized IFCT-1701 phase III trial

G. Zalcman[1], A-C. Madroszyk Flandin[2], O. Molinier[3], C. Dayen[4], T. Egenod[5], D. Debieuvre[6], S. Beaucaire-Danel[7], A. Dixmier[8], E. Pichon[9], S. Galland Girodet[10], E. Giroux-Leprieur[11], N. Cloarec[12], J. Cadranel[13], J. Otto[14], P. Romand[15], A. Langlais[16], F. Morin[17], M. Antoine[18], V. Westeel[19], A.C. Toffart[20]

[1] Thoracic Oncology Department & CIC Inserm 1425, Université Paris Cité, Paris, France, [2] Oncology, IPC - Institut Paoli-Calmettes, Marseille, France, [3] Respiratory Disease Department, Centre Hospitalier du Mans, Le Mans, France, [4] Pneumology, Centre Hospitalier de Saint-Quentin, Saint-Quentin, France, [5] Thoracic Oncology Department, CHU Limoges - Hopital Dupuytren, Limoges, France, [6] Pneumology, GHRMSA, Mulhouse, France, [7] Oncology, Institut Curie, Paris, France, [8] Pneumology, C.H.R. Orleans - La Source, Orleans, France, [9] Pneumology, CHRU Hopitaux de Tours - Hopital Bretonneau, Tours, France, [10] Radiotherapy - Oncology, Polyclinique Bordeaux Nord Aquitaine, Bordeaux, France, [11] UVSQ, Service de Pneumologie et Oncologie Thoracique, Hopital Ambroise Pare AP-HP - Université Paris Saclay, Boulogne-Billancourt, France, [12] Service d'Oncologie Médicale et Hématologie Clinique, CH Henri Duffaut, Avignon, France, [13] Pneumology Department, Hopital Tenon AP-HP, Paris, France, [14] Oncology, Centre Antoine Lacassagne, Nice, France, [15] Pneumology, Centre Hospitalier Alpes Leman, Contamine-sur-Arve, France, [16] Clinical Research Unit, IFCT (Intergroupe Francophone de Cancérologie Thoracique), Paris, France, [17] Clinical Research Unit, French Cooperative Thoracic Intergroup, Paris, France, [18] Pathology, Hopital Tenon AP-HP, Paris, France, [19] Pneumology Department, CHRU Besancon - Hopital Jean Minjoz, Besancon, France[20] Pulmonology Unit, CHU Grenoble-Alpes, La Tronche, France

Background

1st-line immunotherapy (io) is a standard treatment for patients (pts) with aNSCLC and no targetable mutation. Classical 2-years io duration does not rely on solid evidence. We aimed to assess whether 6-months nivo/ipi duration was equivalent to continuation until progression in pts with disease control (DC).

Methods

In this multicenter non-inferiority randomized phase III trial, eligible pts treatment-naive, age>18, PS 0-1, had histologically proved stage IV NSCLC and measurable disease. They received Nivo 3 mg/kg q2w plus Ipi 1 mg/kg q6w, until progression or unacceptable toxicity. At 6 months, pts with DC and no severe TRAEs were randomized (1:1) into arm A, io continuation, and arm B, observation. At progression, arm A pts received an investigator's choice 2nd line platinum-based chemo, while arm B pts resumed double io. Primary endpoint was progression-free survival (PFS). 450 pts x 2 were to be randomized, to achieve 80% power, with 0.025 one-sided an error. Observing that European filing for the io combo was not submitted, the trial steering committee decided to stop the accrual on Jan. 15th 2021.

Results

From May. 2018 to Jan. 2021, 265 pts (70.6% male, 62.7y median age, 60% stage IVB, 22.3% SCC, 9.9% PDL1≥50%, 12.2% PDL1<1%) were accrued. 137 (72.1%) pts showed disease progression before 6 months, 11 died (5.8%), 29 (15.3%) experienced TRAEs contra-indicating continuation, 13 (6.8%) were deemed ineligible for randomization. 71 pts with DC were randomized. With a median 21.0 months follow-up from randomization, median PFS was 20.8 (8.3-NR) months in arm A, not reached (17.7-NR) in arm B pts. 12-months PFS was 57.1% (39.3-71.5) and 77.6% (58.7-88.7) in arm A and B respectively (p=0.09). Adj.HR (arm B *vs*. arm A) was 0.65, 95%CI (0.29-1.49), p=0.31. OS yet immature data did not show significant difference between both arms (adj. HR arm B *vs*. A: 0.52 95%CI (0.13-2.12), p=0.36). No significant difference in G3-5 iTRAEs rate was observed.

Conclusions

The non-significant PFS difference between the 6-months and the continuation arms is hypothesis generating since data are underpowered due to trial premature halt.

Clinical trial identification

EudraCT: 2017-002540-33; NCT03469960.

Legal entity responsible for the study

IFCT.

Funding

IFCT BMS.

Disclosure

G. Zalcman: Non-Financial Interests, Personal, Other, Invitations, travel and housing for international meetings: Roche, MSD, BMS, AstraZeneca, Lilly, Pfizer, AbbVie; Financial Interests, Personal, Advisory Board: Lilly, AstraZeneca, BMS, Pfizer, Roche, MSD, Boehringer Ingelheim, Inventiva, Paredox Therapeutics; Financial Interests, Institutional, Principal Investigator: Lilly, GSK, Roche, MSD, Merck-Serono, Pfizer, AstraZeneca, Sanofi-Aventis, Pierre Fabre, Boehringer Ingelheim, BMS, Novartis, Ariad, Takeda. A. Madroszyk Flandin: Financial Interests, Personal, Advisory Board: AstraZeneca, Roche; Financial Interests, Institutional, Advisory Board: BMS; Non-Financial Interests, Personal, Other: MSD. D. Debieuvre: Financial Interests, Personal, Advisory Board: AstraZeneca, BMS, MSD, Janssen, Pfizer, Ose Immunotherapeutics, Novartis, Sanofi-Aventis, Amgen, Roche; Financial Interests, Personal, Invited Speaker: Pfizer; Financial Interests, Institutional, Funding: Roche, AstraZeneca, Janssen, MSD, Pfizer, BMS, Lilly, Boehringer Ingelheim, GSK, Chugai, Chiesi, Novartis, Takeda, Bayer, Sanofi-Aventis. E. Pichon: Financial Interests, Personal, Advisory Board: AstraZeneca, Takeda; Financial Interests, Personal and Institutional, Research Grant: Bristol Myers Squibb; Financial Interests, Personal, Invited Speaker: Roche. E. Giroux-Leprieur: Financial Interests, Personal, Advisory Board: BMS. N. Cloarec: Financial Interests, Personal, Advisory Board: Takeda. V. Westeel: Financial Interests, Personal, Other, Scientific committee and invited speaker: Bristol Myers Squibb; Financial Interests, Personal, Other, advisory board, scientific committee and invited speaker: MSD; Financial Interests, Personal, Advisory Board: Takeda, Amgen; Financial Interests, Personal, Invited Speaker: AstraZeneca, Roche; Financial Interests, Institutional, Other, local PI and steering committee member: Bristol Myers Squib; Financial Interests, Institutional, Invited Speaker: MSD, Roche; Other, support for meeting attendance: AstraZeneca, Bristol Myers Squib, Sanofi. A.C. Toffart: Financial Interests, Personal, Invited Speaker: BMS, MSD, AstraZeneca; Financial Interests, Personal, Advisory Board: BMS, MSD, AstraZeneca; Non-Financial Interests, Personal, Other, Invitation to congress: AstraZeneca, Roche. All other authors have declared no conflicts of interest.