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Perioperative nivolumab (NIVO) v placebo (PBO) in patients (pts) with resectable NSCLC: Clinical update from the phase III CheckMate 77T study

M. Provencio Pulla[1], M. Awad[2], T. Cascone[3], J.D. Spicer[4], J. He[5], S. Lu[6], A. Alexandru[7], Y. Watanabe[8], R. Cornelissen[9], L.D.O. Koch[10], J. Kuzdzal[11], J-L. Pujol[12], P. Hoffknecht[13], J.E. Gray[14], C. Coronado Erdmann[15], J. Neely[16], V. Devas[17], S. Bhatia[18], F. Tanaka[19]

[1] Medical Oncology, Hospital Universitario Puerta de Hierro, Madrid, Spain, [2] Medical Oncology, Dana-Farber Cancer Institute, Boston, MA, USA, [3] Department of Thoracic/Head and Neck Medical Oncology, The University of Texas MD Anderson Cancer Center, Houston, TX, USA, [4] General Surgery, McGill University Health Centre, Montreal, QC, Canada, [5] Department of Thoracic Surgery, National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing, China, [6] Medical Oncology, Shanghai Lung Cancer Center, Shanghai Chest Hospital, Shanghai Jiao Tong University, Shanghai, China, [7] Department of Oncology, Institutul Oncologic Bucuresti Prof. Dr. Alexandru Trestioreanu, Bucharest, Romania, [8] Department of Thoracic Oncology, Saitama Cancer Center, Saitama, Japan, [9] Pulmonary Medicine, Erasmus MC Cancer Institute, Rotterdam, Netherlands, [10] Oncology and Hematology Department, Hospital Israelita Albert Einstein, Sao Paulo, Brazil, [11] Department of Thoracic Surgery, Jagiellonian University Collegium Medicum, John Paul II Hospital, Krakow, Poland, [12] Department of Thoracic Oncology, Montpellier Regional University Hospital, Montpellier, France, [13] Department of Thoracic Oncology, Franziskus-Hospital Harderberg, Niels-Stensen-Kliniken, Georgsmarienhutte, Germany, [14] Department of Thoracic Oncology, Moffitt Cancer Center, Tampa, FL, USA, [15] Oncology Clinical Development, Bristol Myers Squibb, Princeton, NJ, USA, [16] Translational Medicine, Bristol Myers Squibb, Princeton, NJ, USA, [17] Global Biometrics and Data Sciences, Bristol Myers Squibb, Princeton, NJ, USA, [18] Worldwide Medical Affairs, Bristol Myers Squibb, Princeton, NJ, USA[19] Second Department of Surgery (Chest Surgery), University of Occupational and Environmental Health, Kitakyushu, Japan

Background

In CheckMate 77T, NIVO showed clinically meaningful improvements in EFS and pCR *v* PBO in pts with resectable NSCLC. Here, we report updated clinical outcomes from the study, exploratory outcomes by pCR status, and ctDNA analyses.

Methods

Pts with resectable stage IIA–IIIB NSCLC were randomized 1:1 to neoadjuvant (neo) NIVO + chemo Q3W (4 cyc) followed by adjuvant (adj) NIVO Q4W (13 cyc) or neo PBO + chemo Q3W (4 cyc) followed by adj PBO Q4W (13 cyc). Primary endpoint: EFS per BICR. Exploratory analyses: efficacy/safety by pCR status, ctDNA clearance (CL; detectable ctDNA at neo tx start to no detectable ctDNA at neo tx end) and recurrence (no detectable ctDNA at adj tx start to detectable ctDNA at last available adj phase assessment).

Results

At data cutoff (26 Apr 2024; median f/u 33.3 mo), NIVO (n = 229) continued to provide EFS benefit *v* PBO (n = 232) in all randomized pts (2y EFS rates 65% *v* 44%; HR [95% CI] 0.59 [0.45–0.79]). BL characteristics, including TN stage, were similar between pts with pCR (NIVO 58; PBO 11) or w/o pCR (98; 148) and between tx arms, except a higher percent of pts with pCR had tumor PD-L1 ≥ 1% (NIVO). Landmark EFS from surgery continued to favor NIVO *v* PBO in pts with pCR (HR [95% CI] 0.59 [0.12–2.91]) or w/o (0.75 [0.51–1.09]). In ctDNA-evaluable pts (NIVO 76; PBO 64), ctDNA CL rates were higher at the end of neo tx in the NIVO *v* PBO arm (66% *v* 38%); pts with ctDNA CL had higher pCR rates (NIVO 50% *v* PBO 12%) than pts w/o (0% *v* 2%). In pts with undetectable ctDNA at adj tx start (48; 44), ctDNA recurrence rates were lower in the NIVO *v* PBO arm (8% *v* 20%); among pts with pCR (NIVO 26; PBO 5), ctDNA recurrence rates were 4% *v* 20%, and in pts w/o pCR (22; 39), the rates were 14% *v* 21%. Grade 3–4 TRAEs were consistent with the previous report (32% *v* 25%).

Conclusions

In this update, pts treated with NIVO continued to derive clinical benefit *v* PBO, regardless of pCR status. Exploratory analyses showed greater ctDNA CL in the NIVO *v* PBO arm, which was associated with pCR benefit. Inversely, ctDNA recurrence, a marker of disease progression, was lower during the adj phase in the NIVO *v* PBO arm, in pts with or w/o pCR. These data, including comprehensive ctDNA analyses, further support perioperative NIVO as an efficacious tx option in pts with resectable NSCLC.

Clinical trial identification

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Legal entity responsible for the study

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Disclosure

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Awad: Financial Interests, Institutional, Research Funding: Amgen, AstraZeneca, Bristol Myers Squibb, Genentech, Lilly; Financial Interests, Personal, Speaker, Consultant, Advisor: ArcherDX, Ariad, AstraZeneca, Blueprint Medicines, Bristol Myers Squibb, EMD Serono, Genentech, Maverick, Merck, Mirati, Nektar, NextCure, Novartis, Syndax. T. 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IASLC Targeted Therapies of Lung Cancer Meeting (TTLC) 2021, Santa Monica, CA, 2/2021Chair, IASLC 2022 World Conference on Lung Cancer, Neoadjuvant and Adjuvant Treatment of NSCLC Session, Vienna, Austria, 8/2022Chair, IASLC 2022 World Conference on Lung Cancer, Immune Landscape and Molecular Profiling of Lung Cancer Session, Vienna, Austria, 8/2022Chair, IASLC 2023 World Conference on Lung Cancer, Pushing the Boundaries: Adjuvant and Neoadjuvant Approaches in Early-Stage Non-small Cell Lung Cancer, Singapore 9/2023: IASLC; Non-Financial Interests, Member: ESMO, ASCO, AACR, SITC, IASLC; Other, Food/Beverage Expenses at Conferences: Genentech, Daiichi Sankyo. J.D. 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