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Updated results from the phase III ALINA study of adjuvant alectinib vs chemotherapy (chemo) in patients (pts) with early-stage ALK+ non-small cell lung cancer (NSCLC)

R. Dziadziuszko¹, B.J. Solomon², Y-L. Wu³, J.S. Ahn⁴, M. Nishio⁵, D.H. Lee⁶, J-S. Lee⁷, W-Z. Zhong³, H. Horinouchi⁸, W. Mao⁹, M.J. Hochmair¹⁰, F. de Marinis¹¹, M.R. Migliorino¹², I. Bondarenko¹³, T. Xu¹⁴, A. Cardona Gavaldon¹⁵, A. Scalori¹⁶, V.A. McNally¹⁶, A.A. Higgerson¹⁷, F. Barlesi¹⁸

¹ Department of Oncology and Radiotherapy, Medical University of Gdańsk, Gdańsk, Poland, ² Department of Medical Oncology, Peter MacCallum Cancer Center, Melbourne, Australia, ³ Guangdong Lung Cancer Institute, Guangdong Provincial People's Hospital (Guangdong Academy of Medical Sciences), Southern Medical University, Guangzhou, China, ⁴ Department of Hematology & Oncology, Samsung Medical Center, Seoul, Republic of Korea, ⁵ Department of Thoracic Medical Oncology, Cancer Institute Hospital, Japanese Foundation for Cancer Research, Tokyo, Japan, ⁶ Department of Oncology, Asan Medical Center, Seoul, Republic of Korea, ⁷ Division of Hematology and Medical Oncology, Seoul National University Bundang Hospital, Seongnam-Si, Republic of Korea, ⁸ Department of Thoracic Oncology, National Cancer Center Hospital, Tokyo, Japan, ⁹ Department of Thoracic Surgery, Institute of Basic Medicine and Cancer, Chinese Academy of Sciences, Hangzhou, China, ¹⁰ Department of Respiratory & Critical Care Medicine, Klinik Floridsdorf, Karl-Landsteiner-Institute for Lung Research and Pulmonary Oncology, Vienna, Austria, ¹¹ Department of Thoracic Oncology, European Institute of Oncology (IRCSS), Milan, Italy, ¹² Department of Oncology, San Camillo Forlanini Hospital, Rome, Italy, ¹³ Oncology And Medical Radiology Department, Dnipropetrovsk Medical Academy, Dnipro, Ukraine, ¹⁴ Department of Clinical Science, Roche (China) Holding Ltd, Shanghai, China, ¹⁵ Data and Statistical Sciences, F. Hoffmann-La Roche Ltd, Basel, Switzerland, ¹⁶ PD Oncology, Roche Products Ltd, Welwyn Garden City, United Kingdom, ¹⁷ PD Safety, F. Hoffmann-La Roche Ltd, Basel, Switzerland, ¹⁸ Department of Medical Oncology, International Center for Thoracic Cancers (CICT), Villejuif, France

Background

Alectinib, a potent oral *ALK* tyrosine kinase inhibitor with efficacy in the central nervous system (CNS), is standard of care for pts with resected, stage IB–IIIA, *ALK*+ NSCLC. At the primary analysis of the phase III, randomised, open-label ALINA (NCT03456076) study, significant disease-free survival (DFS) benefit was seen with alectinib vs chemo (hazard ratio [HR]: 0.24; 95% CI 0.13–0.43; p<0.001). We present updated data for ALINA with 20 months of additional follow-up.

Methods

Eligible pts were aged ≥18 years with completely resected, stage IB–IIIA, *ALK*+ NSCLC (per UICC/AJCC 7th edition). Pts were randomised 1:1 to receive oral alectinib (600 mg) twice daily for up to 24 months or platinum-based chemo for four 21-day cycles, and stratified by stage (IB vs II vs IIIA) and race (Asian vs non-Asian). Primary endpoint: investigator-assessed DFS in the stage II–IIIA and intent-to-treat (ITT; stage IB–IIIA) populations. Secondary/exploratory endpoints: overall survival (OS), time to CNS-DFS, and safety.

Results

At the efficacy data cutoff (8 Dec 2024), median follow-up in the ITT population was 47 and 48 months with alectinib and chemo, respectively. A sustained, clinically meaningful DFS benefit was seen with alectinib vs chemo in both the stage II-IIIA (HR 0.36; 95% CI: 0.23-0.56) and ITT (HR 0.35; 95% CI: 0.23-0.54) populations (Table). A clinically meaningful CNS-DFS benefit was maintained in the ITT population (HR 0.37; 95% CI 0.19-0.74); OS data remain immature. All pts had completed treatment at the safety cutoff (19 Oct 2023); safety data were highly consistent with the primary analysis (Table) with no new safety signals.Table: 1787MO

DFS	Stage II–IIIA	ITT (stage IB-IIIA))	
	Alectinib (n=116) Chemo (n=115)		Alectinib (n=130) Chemo (n=127)	
Events, %	25.0	50.4	23.8	49.6
Median, months (95% CI)	NE (59.6-NE)	41.4 (30.6-67.2)	NE (NE-NE)	41.4 (30.6-NE)
Stratified HR(95% CI)	0.36 (0.23-0.56)	0.35 (0.23-0.54)		
48-month rate, %	74.5	46.3	75.5	47.0
60-month rate, %	62.7	41.2	64.8	42.1
Safety	Alectinib(n=128)	Chemo(n=120)		
Median treatment duration, months 24.0		2.1		

DFS	Stage II-IIIA	ITT (stage IB-IIIA)
	Alectinib (n=116	6) Chemo (n=115)	Alectinib (n=130) Chemo (n=127)
Pts with ≥1 AE, %	98.4	93.3	
Grade 3–4*	30.5	30.8	
Serious	14.1	8.3	
Serious related	1.6	6.7	
Leading to dose reduction	25.0	10.0	
Leading to dose interruption	28.1	18.3	
Leading to treatment withdrawal	5.5	12.5	_

^{*}No Grade 5 AEs in either treatment arm. AE, adverse event; NE, not evaluable.

Conclusions

After \geq 3 years of follow-up, alectinib continued to show a clinically meaningful DFS benefit and safety data remain consistent with the well-established, manageable profile, reinforcing adjuvant alectinib as standard of care for pts with resected ALK+ NSCLC.

Clinical trial identification

NCT03456076.

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Legal entity responsible for the study

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Disclosure

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