BERLIN 2025 ESMO congress

658O

Nivolumab, ipilimumab and bevacizumab together with 2 cycles of induction chemotherapy in patients with non-squamous NSCLC and untreated brain metastases (CA209-7WF/Break B5-BM-NSCLC/AIO-TRK-0220/ass)

D. Heudobler[1], C. Schulz[2], F. Griesinger[3], J. Hoffmann[3], G. Illerhaus[4], M. Knott[4], M. Janning[5], B. Hackanson[6], A. Tufman[7], T.C. Wehler[8], A. Bleckmann[9], W. Herr[1], F. Lüke[1], T. Pukrop[1]

[1] Department of Internal Medicine III, University Hospital Regensburg, Regensburg, Germany, [2] Department of Internal Medicine II, University Hospital Regensburg, Regensburg, Germany, [3] Department of Hematology and Oncology, Pius Hospital, Oldenburg, Germany, [4] Clinic for Hematology and Oncology, Klinikum Stuttgart - Katharinenhospital (KH), Stuttgart, Germany, [5] Department of Personalized Oncology, University Hospital Mannheim, Mannheim, Germany, [6] Department of Hematology/Oncology, University Medical Center Augsburg, Augsburg, Germany, [7] Department of Medicine V, University Hospital, LMU Munich, Munich, Germany, [8] Internal Medicine IV, University Hospital of Giessen and Marburg - Standort Giessen, Giessen, Germany[9] Hematology, Oncology and CCCM Department, University Hospital Muenster, Muenster, Germany

Background

Patients (pts) with active brain metastases (BMs) have usually been excluded from clinical trials. To address this gap, the Break-B5 trial was specifically developed for pts with NSCLC and untreated BMs with an innovative regimen of nivolumab, ipilimumab and chemotherapy combined with steroid-sparing, anti-edematous therapy using bevacizumab.

Methods

The prospective phase II, open-label, multi-center trial enrolled pts with metastatic non-squamous NSCLC and untreated BMs (asymptomatic + symptomatic with no urgent need for local therapy). Pts had to be treatment-naïve for metastatic disease with an ECOG of 0-2. Actionable genomic alterations were excluded. Pts received nivolumab (360 mg, q3w), ipilimumab (1 mg/kg, q6w) and bevacizumab (400 mg, q3w) concomitantly with 2 cycles of chemotherapy [carboplatin (AUC 5, q3w) plus nab-paclitaxel (100 mg/m^2, q1w)]. Corticosteroids of any dose were allowed for the first six weeks. Primary endpoints were safety as well as confirmed central nervous system clinical benefit rate (CNS-CBR; complete + partial response + stable disease ≥ 6 months) assessed by response assessment in neuro-oncology in BM (RANO-BM) criteria.

Results

We present an interim analysis [median follow-up time 26.2 months (95% CI = 16.3, 36.1)]. 35 pts were included and treated in the trial. Median age was 63 years (min. 44, max. 77), 54% male. Confirmed CNS-CBR was 42.9% (one-sided 95% CI = 0.286, -). Confirmed/unconfirmed objective response rate was 54% intracranially, 43% extracranially. The median intracranial and extracranial progression-free survival times were 6.0 months (95% CI = 4.7, 7.3) and 8.5 months (95% CI = 4.3, 12.6). Median overall survival (OS) time was 15.6 months (95% CI = 6.3, 24.8). 2-year-OS-rate was 40.3%. Toxicity profile was manageable. Most common adverse events grade ≥ 3 were pneumonia (6 pts), neutropenia (5 pts), alanine aminotransferase increased (4 pts), acute kidney injury (3 pts), sepsis (3 pts) and infection (3 pts).

Conclusions

The Break-B5 trial demonstrated promising intracranial activity in active (asymptomatic + symptomatic) BMs of NSCLC along with a manageable safety profile.

Clinical trial identification

EudraCT 2020-000693-18.

Legal entity responsible for the study

University Hospital Regensburg.

Funding

Bristol Myers Squibb.

Disclosure

D. Heudobler: Financial Interests, Personal, Advisory Board: Boehringer Ingelheim, Bristol Myers Squibb, Janssen-Cilag, MSD, Bristol Myers Squibb, GSK, Immatics; Financial Interests, Personal, Invited Speaker: Bristol Myers Squibb, MSD, Roche, AbbVie; Financial Interests, Personal, Other, Travel, Accommodations, Expenses: Sanofi, AbbVie, Bristol Myers Squibb, Janssen-Cilag; Financial Interests, Institutional, Funding: Janssen-Cilag, Bristol Myers Squibb. F. Griesinger: Financial Interests, Personal, Invited Speaker: AstraZeneca, Boehringer Ingelheim, BMS, Celgene, Lilly, MSD, Novartis, Pfizer, Roche, Takeda, Ariad, AbbVie, Siemens; Financial Interests, Personal, Advisory Board: AstraZeneca, Boehringer Ingelheim, BMS, Celgene, Lilly, MSD, Novartis, Pfizer, Roche, Takeda, Ariad, AbbVie, Siemens; Financial Interests, Personal and Institutional, Funding: AstraZeneca, Boehringer Ingelheim, BMS, Celgene, Lilly, MSD, Novartis, Pfizer, Roche, Takeda, Siemens. W. Herr: Financial Interests, Personal, Other, Travel support: Janssen-Cilag, Servier, Amgen; Financial Interests, Institutional, Funding, Endowing professorship: Janssen-Cilag. T. Pukrop: Financial Interests, Personal, Advisory Board: Amgen, AstraZeneca, BMS, Daiichi, Eli Lilly, GSK, Johnson&Johnson, MSD, Novartis, Roche; Financial Interests, Institutional, Research Funding: BMS. All other authors have declared no conflicts of interest.