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LBA65

Neoadjuvant durvalumab (D) + chemotherapy (CT) followed by either surgery (Sx) and adjuvant D or CRT and consolidation D in patients (pts) with resectable or borderline resectable stage IIB–IIIB NSCLC: Interim analysis (IA) of the phase II MDT-BRIDGE study

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Background

Immunotherapy (IO) has broadened treatment (Tx) options for resectable and unresectable NSCLC; however further investigation is needed for borderline resectable cases, where multidisciplinary team (MDT)-guided decision making is essential. This study explores neoadjuvant IO + CT in pts with resectable/borderline resectable NSCLC and, additionally, evaluates consolidation IO after CRT for pts who become unresectable during neoadjuvant Tx.

Methods

MDT-BRIDGE (NCT05925530) is a non-randomized phase 2 study in pts with Tx-naïve stage IIB to select IIIB NSCLC (AJCC 8th ed). After pathological lymph node staging and baseline MDT assessment of resectable/borderline resectable status, all pts received 2 cycles of neoadjuvant D + CT Q3W IV, followed by MDT reassessment. Pts deemed resectable received 1–2 additional cycles of neoadjuvant D + CT followed by Sx; pts deemed unresectable received standard of care CRT for ⊠6 wks. After Sx/CRT, all pts received D Q4W IV for up to 1 yr. The primary endpoint was resection rate in all pts.

Results

At this IA (DCO 8 May 2025), 84 pts had opportunity for 6 mo follow up or to undergo definitive Sx; at baseline, 56 were deemed resectable and 28 borderline resectable (Table). Eighty pts (95.2%) had either Sx (n=72) or CRT (n=8) after neoadjuvant D + CT. The resection rate was 85.7% (95% CI 76.4–92.4), with 68/72 having R0 resections (94.4% [95% CI 86.4–98.5]). In those deemed resectable at reassessment (n=76), 60.5% had objective responses after completion of neoadjuvant Tx and the pCR rate was 27.6%. Safety was generally consistent with prior studies.Table: LBA65

	Resectable at baseline (n=56)		Borderline resectable at baseline (n=28)
Reassessment,* n Resectable Unresectable	53 3	23 5	
Resection rate % (95% CI)† n	92.9 (82.7–98.0) 52	71.4 (51.3–86.8) 20	
	Resectable at reassessment* n=76	Unresectable at reassessment* n=8	
pCR, % (95% CI)†	27.6 (18.0–39.1)	-	

	Resectable at baseline (n=56)		Borderline resectable at baseline (n=28)
Objective response rate pre-Sx/CRT, % (95% CI)†	60.5 (48.6–71.6)	12.5 (0.3–52.7)	
Did not have Sx, n	4	8	
Sx n=72	No Sx n=12		
Resection outcomes, % (95% CI)† R0 R1 R2 Not applicable	94.4 (86.4–98.5) 1.4 (0.0–7.5) 1.4 (0.0–7.5) 2.8 (0.3–9.7)	Had CRT, n Discontinued without Sx or CRT, n Pt decision Adverse event Other	8 4 2 1 1

CRT, chemoradiotherapy; pCR, pathologic complete response. *By MDT, after cycle 2. †Clopper Pearson.

Conclusions

Close MDT follow-up during neoadjuvant D + CT could allow more pts to receive local Tx (95.2% had Sx or CRT). Despite the broader population, including pts with borderline resectable disease, resection outcomes were consistent with AEGEAN (NCT03800134).

Clinical trial identification

NCT05925530, Release date June 29, 2023.

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Legal entity responsible for the study

AstraZeneca.

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Disclosure

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