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**LBA81**

# Final overall survival (OS) and the association of pathological outcomes with event-free survival (EFS) in MATTERHORN: A randomised, phase III study of durvalumab (D) plus 5-fluorouracil, leucovorin, oxaliplatin and docetaxel (FLOT) in resectable gastric / gastroesophageal junction (G / GEJ) adenocarcinoma

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## Background

In MATTERHORN (NCT04592913), D + FLOT improved EFS (primary endpoint), pathological complete response (pCR) rate and major pathological response (MPR) rate vs placebo (P) + FLOT in participants (pts) with resectable G / GEJ adenocarcinoma. We report final OS, OS by PD-L1 status and the association of pCR, MPR and nodal staging (ypN) with EFS.

## Methods

In this global, double-blind, Phase 3 study, pts with resectable G / GEJ adenocarcinoma were randomised 1:1 to D 1500 mg or P every 4 weeks (Q4W) on Day 1 plus FLOT every 2 weeks on Days 1 and 15 for 4 cycles (2 cycles neoadjuvant / 2 cycles adjuvant), followed by D 1500 mg or P on Day 1 Q4W for 10 additional cycles. OS (time from randomisation to death) is reported in all randomised pts and by PD-L1 status (Tumour Area Positivity [TAP] <1% and ≥1%). EFS (time from randomisation to progression, local or distant recurrence, or death) according to RECIST v1.1 per BICR and / or locally by pathology testing, is reported by pathological responses (pRs) and ypN status.

## Results

D + FLOT showed a statistically significant improvement in OS vs P + FLOT (hazard ratio [HR], 0.78; 95% confidence interval [CI], 0.63–0.96; p=0.021). OS improved with D + FLOT vs P + FLOT in pts with PD-L1 TAP <1% (HR, 0.79; 95% CI, 0.41–1.50) and TAP ≥1% (HR, 0.79; 95% CI, 0.63–0.99). For D + FLOT vs P + FLOT in pts with evaluable surgical samples, higher rates of ypN- (58.2% vs 44.8%; odds ratio, 1.72; 95% CI, 1.30–2.27) were observed. EFS was improved in the D + FLOT vs P + FLOT arm for pts with a pR, including pCR, MPR and regardless of ypN status (Table).Table: LBA81

| | D + FLOT vs P + FLOT EFS; HR (95% CI) |
|---|---|
| pCR* | 0.29 (0.08–0.96) |
| MPR*,† | 0.32 (0.15–0.68) |
| Any pR*,‡ | 0.60 (0.46–0.79) |
| ypN-§,‖ | 0.74 (0.46–1.18) |

| | D + FLOT vs P + FLOT EFS; HR (95% CI) |
|---|---|
| ypN+[§,¶] | 0.77 (0.58–1.02) |

*Central pathology set (pts with surgery and evaluable samples for Modified Ryan score**; central assessment): D + FLOT, n=385; P + FLOT, n=372.[†]Modified Ryan score: 0 and 1.[‡]Modified Ryan score: 0, 1 and 2.[§]yp evaluable set (pts with surgery and evaluable samples for nodal involvement; local assessment): D + FLOT, n=411; P + FLOT, n=400.[‖]No nodal involvement.[¶]Nodal involvement.**Descriptively assesses tumour regression based on residual tumour: 0 = complete response; 1 = near complete response; 2 = partial response; 3 = poor or no response.

## Conclusions

A statistically significant and clinically meaningful improvement in OS was seen with D + FLOT vs P + FLOT, and OS also improved irrespective of PD-L1 status. EFS was improved with D + FLOT vs P + FLOT in pts with any degree of pR and regardless of ypN status.

## Clinical trial identification

NCT04592913.


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