NSCLC, metastatic

AFINIB (A) FOLLOWED BY A + PACLITAXEL (P) OR INVESTIGATOR’S CHOICE OF SINGLE-AGENT CHEMOTHERAPY (IC) IN PATIENTS (PTS) WITH ADVANCED SQUAMOUS CELL CARCINOMA (SCC) OF THE LUNG: SUBGROUP ANALYSIS OF LUX-LUNG 5 (LL5)


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Aim: While treatment options for SCC are limited, some pts derive modest benefit with erlotinib (E) or gefitinib (G). We previously reported interim data suggesting that A + P in pts with SCC had activity (Part A). Upon progression on A (after >12 wks benefit), pts were randomized to receive A or P (40 mg/day, 80 mg/m²/wk). Medians: PFS (8.8 vs 1.9 months; p = 0.003) and OS (14.9 vs 6.6 months; p = 0.043) were observed to be longer with A + P vs IC. ORR (45.5% vs 0.0%) and DCR (72.7% vs 16.7%) were both higher with A + P than IC. In Part A, diarrhea (83.3%; grade 3, 13.3%) and rash (60.0%; grade 3, 10.0%) were the most frequently reported adverse events (AEs) in pts with SCC. In Part B, 8 (72.7%) and 2 (40.0%) SCC pts experienced grade 3 AEs with A + P and IC, respectively. The most common IC AEs were asthma (27.3%) and diarrhea (18.2%). 22.2% of pts discontinued A due to AEs (Part A); 27.3% of pts discontinued A + P due to AEs (Part B).

Methods: Pts with advanced NSCLC who failed ≥1 line of chemotherapy and E/G (after ≥12 wks benefit) were treated with A (50 mg/day; n = 1154; Part A). Upon progression on A (after >12 wks benefit), pts were randomized to receive A + P (40 mg/day, 80 mg/m²/wk; n = 134) or IC (n = 68; Part B). The primary endpoint was PFS in Part B (RECIST 1.1).

Results: 90 pts with SCC received A in Part A (median age: 63 years; male: 71%; East Asian: 31%; never smoked: 24%). Median PFS was 3.7 months, ORR was 6%, DCR was 60.0%. Seventeen pts met eligibility criteria for Part B randomization and were treated with A + P (n = 11) or IC (n = 6). Median PFS (8.8 vs 1.9 months; p = 0.003) and OS (14.9 vs 6.6 months; p = 0.043) were observed to be longer with A + P vs IC. ORR (45.5% vs 0.0%) and DCR (72.7% vs 16.7%) were both higher with A + P than IC. In Part A, diarrhea (83.3%; grade 3, 13.3%) and rash (60.0%; grade 3, 10.0%) were the most frequently reported adverse events (AEs) in pts with SCC. In Part B, 8 (72.7%) and 2 (40.0%) SCC pts experienced grade 3 AEs with A + P and IC, respectively. The most common IC AEs were asthma (27.3%) and diarrhea (18.2%). 22.2% of pts discontinued A due to AEs (Part A); 27.3% of pts discontinued A + P due to AEs (Part B).

Conclusions: In this small group of pts with SCC we observed prolonged PFS, higher OR and trend towards longer OS in patients treated with A + P vs IC following A. Such signs of activity with both A and A + P in this difficult-to-treat population are encouraging and warrant further investigation. AEs were similar to those observed in the whole trial.

Disclosure: K. Park: Advisory Boards for: Astellas, AstraZeneca, Boehringer Ingelheim, Clovis, Eli Lilly, Roche, Novartis, Kyowa Hakko Kirin; J. Kim: Sponsor initiated trial from Pfizer, Boeringer Ingelheim, Lilly, Roche, M. Schuler: Advisory board: AstraZeneca, Boehringer Ingelheim, Novartis, Pfizer Corporate sponsored research: Boehringer Ingelheim, Novartis Other substantive relationships: University Duisburg-Essen (Patents); D. Planchard: Advisory board: AstraZeneca, Boehringer Ingelheim, Lilly, Novartis, Pfizer; F. De Marinis: Advisory board: Pfizer, Boeringer Ingelheim, Roche, Y. Chen: Advisory board: Roche, Astra-Zeneca, C. Zhou: Advisory board: BI, Roche, Lily; J. Benouaicha: Advisory board: Boehringer Ingelheim, Roche, Novartis, J. Feng: Corporate sponsored research: Boehringer Ingelheim; C. Chouaid: Advisory board: Lilly, Boeringer Ingelheim, Amgen, Roche; L. Ho: Advisory board: Boehringer Ingelheim Corporate sponsored research: Taiwan Lung Cancer Clinical Trial Consortium (TALCC); V. Chand: Corporate sponsored research: Employee of Boehringer Ingelheim Pharm. Inc. Other substantive relationships: Employee of Boehringer Ingelheim Pharm. Inc.; J. Yang: Advisory board: AstraZeneca, Boehringer Ingelheim, Roche/Genetech, Merck Serono, Pfizer, Clovis Oncology, Novartis, Eli Lilly, Takeda, InnoPharma, Bayer Corporate sponsored research: Boehringer Ingelheim. All other authors have declared no conflicts of interest.