Background: Tumor PD-L1 IHC relates moderately with treatment outcome following Nivolumab (Nivo) demonstrated the promising efficacy for patients. However, it has not clarified the correlation of radiation pneumonitis history to PD-L1 expression and with treatment outcome.

Methods: A total of 201 pts treated with Nivo from December 2015 to July 2016 were retrospectively analyzed. The RPH before Nivo not only gives onset risk of ILD but also contributes to the prolongation of PFS. We investigated the correlation of RPH before Nivo to the prolongation of PFS.

Results: The RPH before Nivo is significantly correlated with PFS (HR: 0.58, 95% CI: 0.35-0.93). There was a trend with PFS (hazard ratio (HR): 0.71, 95% CI: 0.44-1.10), however RT to chest field vs RT to chest field; 2.2 M vs 3.3 M, and in univariate analysis, RPH had a significantly correlated with PFS (HR: 0.58, 95% CI: 0.35-0.93).

Conclusions: The RPH before Nivo not only gives onset risk of ILD but also contributes to the prolongation of PFS of Nivo.

Disclosure: All authors have declared no conflicts of interest.

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Clinical trial identification: The study is a retrospective study and there is no clinical trial registration number.


Background: Using Tumor Growth Rate (TGR), we previously described HPD in 10% of 89 NSCLC pts treated with IO in a single institution. In this retrospective study, we explored HPD in a larger and multicenter cohort of advanced NSCLC pts treated with IO.

Methods: We performed a clinical and radiological retrospective analysis of consecutive NSCLC pts treated with IO, in 5 different institutions, between November 2012 and March 2017. Eligibility criteria required, for each patient, 3 CT scans performed before IO, at baseline and during IO respectively, centrally reviewed by a senior radiologist and assessed according to RECIST 1.1 criteria. We calculated TGR at baseline of IO (baseline CT scan (n) vs (n-1) CT scan), TGR during IO (n + 1 CT scan vs baseline) and the variation per month of TGR between both (delta TGR). Pts were defined HPD if the absolute delta TGR increased by at least 50%. Median overall survival (mOS) and median progression free survival (mPFS) were estimated using the Kaplan-Meier method and compared between HPD and not HPD using the log-rank test.

Results: 242 pts were eligible. 64% were male, 50% ≥65 years, 51% smokers, 10% PS ≥2, 63% adenocarcinoma. 19% of NSCLC had KRAS mutation, 2% EGFR mutation, 2% ALK rearrangement, 35% had unknown molecular status, PD-L1 expression was positive in 12% of pts, negative in 11% and unknown in 77%, more than 90% of pts received single agent PD1-inhibitor in ≥2 line. Response rate (RR) to IO, mPFS and mOS were respectively 13%, 3.9 months (m) [3; 5], 13.4m [9; 42], median follow up was 10m [8; 12]. Compared to baseline, TGR decreased during IO (delta TGR <0) in 64% of pts, increased (delta TGR >0) in 36% (not regressing tumors). 40 pts (16%) had HPD. Only 3 pts (1.2%) had confirmed pseudoprogression, 2 of them were initially...
Methods: We compared the CellSearch Assay™, the Thinprep cytologic test (TCT), imaging only, and leads to poor understanding of resistance mechanisms of LM.

Concordant with molecular mutations identified in the primary tumor (17/19, 89.5%).

which was a much lower ratio than CSFCTCs. Genetic profiles of CSFCTCs were highly.

Cytologically, CTCs were found only in 5 of 14 patients (median, 2 CTCs/7.5 mL; range, 2–4), TCT (12/21, 57.1%), MRI (10/21, 47.6%), and MRI plus TCT (19/21, 90.5%), respect-

CellSearch had a sensitivity of 95.2% for LM diagnosis, which was higher than that of

by CellSearch in 20 patients (median, 969 CSFCTCs/7.5 mL; range, 27–14,888).

Twenty-one patients were diagnosed with LM, and CSFCTCs were captured

performed on cerebrospinal fluid circulating tumor cells (CSFCTCs) of 19 patients.

LM. Next-Generation sequencing that included 416 cancer-associated genes was also

mutations. The diagnosis is difficult by traditional

understanding of resistance mechanisms of LM. Patients with extracranial metastases were included in the study.

and brain magnetic resonance imaging (MRI) in 21 NSCLC patients with suspected

Background:

Leptomeningeal metastases (LM) are more common in non-small cell

lung cancer (NSCLC) with

mutations. The diagnosis is difficult by traditional

understanding of resistance mechanisms of LM. Patients with extracranial metastases were included in the study.

Results:

in 21 NSCLC patients with suspected

and brain magnetic resonance imaging (MRI) in 21 NSCLC patients with suspected

mutations. The diagnosis is difficult by traditional

understanding of resistance mechanisms of LM. Patients with extracranial metastases were included in the study.

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