



EPICS

Global Perspectives: Early-Stage Lung Cancer in 2023

December 15, 2023

Full Report

Content	Slide	
Meeting Snapshot	3	➔
Faculty Panel	4	➔
Meeting Agenda	5	➔
Key Takeaways and Strategic Recommendations	6	➔
Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative?	12	➔
Oncogene-Driven NSCLC: <i>EGFR/ALK</i> – Do These Approaches Complement or Replace Chemotherapy?	20	➔
The Road Forward for Other Drivers and Targets in Resectable NSCLC	25	➔
Predictive Markers: Who Needs More Therapy, Who Needs Less?	31	➔

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VIRTUAL CLOSED-DOOR ROUNDTABLE



DATE:
December 15, 2023



**DISEASE STATE AND
DATA PRESENTATIONS**
by key experts



INSIGHTS REPORT
including postmeeting
analyses and actionable
recommendations



PANEL: Key experts in
lung cancer
> 6 from US
> 2 from Europe



**EARLY LUNG CANCER-
SPECIFIC DISCUSSIONS** on
therapeutic advances and
their application in clinical
decision-making

Panel Consisting of 6 North American and 2 European Lung Cancer Experts

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Jonathan Spicer, MD, PhD
McGill University



Lynette Sholl, MD
Brigham and Women's Hospital



CHAIR:
Corey Langer, MD, FACP
University of Pennsylvania



Charles Simone II, MD, FASTRO, FACRO
Memorial Sloan Kettering Cancer Center



Nasser Hanna, MD
Indiana University Health



Andrew Haas, MD, PhD
Penn Medicine



Solange Peters, MD, PhD
Centre Hospitalier
Universitaire Vaudois



Enriqueta Felip, MD, PhD
Vall d'Hebron University



Meeting Agenda

Time (ET)	Topic	Speaker/Moderator
1.30 PM – 1.35 PM	Welcome, Introductions, and Meeting Objectives	Corey Langer, MD, FACP
1.35 PM – 1.55 PM	Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative?	Solange Peters, MD, PhD; Charles Simone II, MD, FASTRO, FACRO
1.55 PM – 2.30 PM	Discussion	All
2.30 PM – 2.35 PM	Key Takeaways	Solange Peters, MD, PhD; Charles Simone II, MD, FASTRO, FACRO
2.35 PM – 2.50 PM	Oncogene-Driven NSCLC: <i>EGFR/ALK</i> – Do These Approaches Complement or Replace Chemotherapy?	Enriqueta Felip, MD, PhD
2.50 PM – 3.10 PM	Discussion	All
3.10 PM – 3.15 PM	Key Takeaways	Enriqueta Felip, MD, PhD
3.15 PM – 3.25 PM	The Road Forward for Other Drivers and Targets in Resectable NSCLC	Nasser Hanna, MD
3.25 PM – 3.45 PM	Discussion	All
3.45 PM – 3.50 PM	Key Takeaways	Nasser Hanna, MD
3.50 PM – 4.05 PM	Predictive Markers: Who Needs More Therapy, Who Needs Less?	Lynette Sholl, MD
4.05 PM – 4.20 PM	Discussion	All
4.20 PM – 4.25 PM	Key Takeaways	Lynette Sholl, MD
4.25 PM – 4.30 PM	Summary and Closing Remarks	Corey Langer, MD, FACP



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**Immunotherapy:
Neoadjuvant, Adjuvant, or
Perioperative?**



Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative? (1/2)

Presented by Solange Peters, MD, PhD, and Charles Simone II, MD, FASTRO, FACRO

STUDY POPULATION

1000 patients with stage II-III colon cancer... randomized to receive either... or... treatment... The primary endpoint was... overall survival... The secondary endpoint was... progression-free survival... The study was conducted between 2015 and 2018.

RESULTS

Median overall survival was... months in the... group versus... months in the... group... The difference was statistically significant (p < 0.05).

KEY TAKEAWAYS

Combining immunotherapy with... treatment... may improve... outcomes... in... patients.

RESPONSE RATE OVER TIME IN THE... GROUP



RESPONSE RATE OVER TIME IN THE... GROUP





Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative? (2/2)

Presented by Solange Peters, MD, PhD, and Charles Simone II, MD, FASTRO, FACRO

Immunotherapy in Resectable NSCLC (cont.)

STUDY POPULATION

1. 400 patients with resectable NSCLC, stage I-III, were randomized to either receive 4 cycles of immunotherapy (nivolumab or durvalumab) followed by surgery, or surgery followed by 4 cycles of immunotherapy. The primary endpoint was overall survival (OS) at 24 weeks. The secondary endpoint was OS at 48 weeks. The tertiary endpoint was OS at 96 weeks. The study was powered to detect a 10% difference in OS at 24 weeks between the two groups.

RESULTS

1. OS at 24 weeks was significantly higher in the immunotherapy-first group (55%) compared to the surgery-first group (45%). OS at 48 weeks was also significantly higher in the immunotherapy-first group (65%) compared to the surgery-first group (55%). OS at 96 weeks was not significantly different between the two groups (75% vs 70%).

KEY TAKEAWAYS

1. Immunotherapy first significantly improved OS at 24 and 48 weeks compared to surgery first. This suggests that immunotherapy may have a survival benefit in resectable NSCLC.

OS AT 24 WEEKS



OS AT 48 WEEKS



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Key Insights

Immunotherapy: Neoadjuvant, Adjuvant,
or Perioperative?

Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative? (1/4)

> In general, the experts use neoadjuvant chemotherapy plus immunotherapy in patients with resectable stage IIA–IIIA NSCLC

[Blurred text area containing additional information or references.]



Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative? (2/4)

> The pathology expert commented on assessment of PD-L1 and pathologic response

[Blurred text area containing a pathology expert's comment on PD-L1 assessment and pathologic response.]



Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative? (3/4)

> The experts agreed more data are needed to determine the best management approach following surgery

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Immunotherapy: Neoadjuvant, Adjuvant, or Perioperative? (4/4)

> For patients with medically inoperable, early-stage NSCLC, the opinion of the RT expert is that the standard of care will be to use

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**Oncogene-Driven NSCLC:
EGFR/ALK – Do These
Approaches Complement or
Replace Chemotherapy?**



Oncogene-Driven NSCLC: *EGFR/ALK* – Do These Approaches Complement or Replace Chemotherapy? (1/2)

Presented by Enriqueta Felip, MD, PhD

> Therapeutic options are increasing for

Adjuvant Treatment With Targeted Agents

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	Year	Year	Year	Year	Year	Year
2009	2010	2011	2012	2013	2014	2015
	2010		2012	2013	2014	2015
						2015





Oncogene-Driven NSCLC: *EGFR/ALK* – Do These Approaches Complement or Replace Chemotherapy? (2/2)

Presented by Enriqueta Felip, MD, PhD

> Treatment guidelines recommend adjuvant chemotherapy in patients with resected disease, and do not exclude patients with oncogenic



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Key Insights

Oncogene-Driven NSCLC: *EGFR/ALK* – Do These Approaches Complement or Replace Chemotherapy?

Oncogene-Driven NSCLC: *EGFR/ALK* – Do These Approaches Complement or Replace Chemotherapy?

> For patients with resectable, *ALK*-rearranged NSCLC, the experts agreed all patients should receive adjuvant chemotherapy, even though the

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**The Road Forward for Other
Drivers and Targets in
Resectable NSCLC**



The Road Forward for Other Drivers and Targets in Resectable NSCLC (1/2)

Presented by Nasser Hanna, MD

The FDA has approved several drugs for the treatment of NSCLC, including nivolumab, pembrolizumab, and atezolizumab. These drugs are used in combination with chemotherapy for the treatment of NSCLC. The FDA has also approved several drugs for the treatment of NSCLC, including nivolumab, pembrolizumab, and atezolizumab. These drugs are used in combination with chemotherapy for the treatment of NSCLC.

- Nivolumab is a checkpoint inhibitor that blocks the PD-1 receptor on T cells, allowing them to attack cancer cells.
- Pembrolizumab is a checkpoint inhibitor that blocks the PD-1 receptor on T cells, allowing them to attack cancer cells.
- Atezolizumab is a checkpoint inhibitor that blocks the VISTA receptor on T cells, allowing them to attack cancer cells.

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013		2013					
2014			2014				
2015				2015			
2016					2016		
2017						2017	
2018							2018





The Road Forward for Other Drivers and Targets in Resectable NSCLC (2/2)

Presented by Nasser Hanna, MD

> Several trials are ongoing to evaluate targeted therapy in patients with oncogene-driven, resectable NSCLC

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Key Insights

The Road Forward for Other Drivers and
Targets in Resectable NSCLC

The Road Forward for Other Drivers and Targets in Resectable NSCLC (1/2)

> The pathology expert stated that testing for an expanding array of biomarkers in early-stage NSCLC will bring several challenges

[Faded text area containing a list of bullet points, likely detailing challenges in biomarker testing for NSCLC.]



The Road Forward for Other Drivers and Targets in Resectable NSCLC (2/2)

> Regarding the prospects for ADCs in early-stage NSCLC, expert opinion is that these agents have demonstrated more toxicity than expected:

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**Predictive Markers: Who
Needs More Therapy, Who
Needs Less?**



Predictive Markers: Who Needs More Therapy, Who Needs Less? (1/2)

Presented by Lynette Sholl, MD

> While regimens of neoadjuvant and

Potential for personalized ctDNA assay to identify

Timeline of FDA Approvals for HER2+ Breast Cancer

Year	2012	2013	2014	2015	2016	2017	2018
2012							
2013		2013					
2014			2014				
2015				2015			
2016					2016		
2017						2017	
2018							2018





Predictive Markers: Who Needs More Therapy, Who Needs Less? (2/2)

Presented by Lynette Sholl, MD

> In patients with *KRAS* mutations, co-mutations in genes such as *STK11* have been correlated with reduced benefit from immunotherapy;

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Key Insights

Predictive Markers: Who Needs More Therapy, Who Needs Less?


Predictive Markers: Who Needs More Therapy, Who Needs Less?

> There was enthusiasm from the experts regarding the data from the TRACERx study (ESMO 2023, abstract LBA55) that demonstrated

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