

CheckMate 743 shows that dual immunotherapy, nivolumab + ipilimumab

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The combination of first-line nivolumab and ipilimumab demonstrated an improvement of overall survival for patients with unresectable malignant pleural mesothelioma compared to platinum-based chemotherapy, according to research presented today at the International Association for the Study of Lung Cancer Virtual Presidential Symposium.

The study is presented by Paul Baas, M.D., from The Netherlands Cancer Institute and The University of Leiden, in Amsterdam.

Nivolumab is an immunotherapy that works as a checkpoint inhibitor, blocking a signal that prevents activation of T cells from attacking the cancer. Ipilimumab is a monoclonal antibody that works to activate the immune system by targeting CTLA-4, a protein receptor that downregulates the immune system. When administered in combination, this dual immunotherapy has shown clinical benefit in 6 different tumor types, including mesothelioma.

Malignant pleural mesothelioma is a highly aggressive cancer with a five-year survival rate of less than 10 percent. Current standard of care treatment is chemotherapy with few treatment advances in the last 15 years.

In this large phase III study, Dr. Baas and the global study investigators randomly assigned more than 600 [patients](#): 303 to the nivolumab + [ipilimumab](#) arm and 302 to the chemotherapy arm. The study had a

minimal follow up of close to two years. Two-year overall survival rates were 40.8% for the patients in the experimental treatment arm vs 27.0% in chemotherapy arm. Of the 30.3% of patients in the study-combination group who experienced grade 3-4 adverse events, 15% discontinued therapy compared with 7.4% of the 32.0% of patients in chemotherapy group.

"CheckMate 743 met its primary endpoint of statistically improved OS with [nivolumab](#) + ipilimumab vs standard of care [chemotherapy](#) in first-line treatment of patients with mesothelioma," said Dr. Baas. "These clinically meaningful data represent the first positive phase 3 trial of immunotherapy in first-line MPM and should be considered as a new standard of care."

Provided by International Association for the Study of Lung Cancer

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