

Host immune classifier HIC assays may predict treatment response

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Using a host immune classifier (HIC) test for patients with non-small cell lung cancer (NSCLC) may provide better predictors of treatment response and improve outcomes, according to research presented today at the International Association for the Study of Lung Cancer's 2020 World Conference on Lung Cancer Singapore.

Immune checkpoint inhibitors have revolutionized [cancer care](#) in patients with advanced stage aNSCLC, but better predictors of treatment response are still needed to guide treatment decisions for patients diagnosed with NSCLC, according to Dr. Wallace Akerley, of Huntsman Cancer Institute in Salt Lake City, Utah. HIC (Host Immune Classifier) is a serum proteomic measure of inflammation. It implies that the tumor is inflamed.

Researchers from 33 sites enrolled 3,500 patients with NSCLC in a prospective, observational study that assessed the ability of clinical factors and a clinically validated, blood-based, HIC to predict immune checkpoint inhibitor (ICI) therapy outcomes.

Results in a real-world clinical setting, overall survival (OS) of subjects with newly diagnosed aNSCLC did not differ significantly between ICI and ICI+ chemotherapy (median OS (mOS): 9.4 vs. 12.5 months; hazard ratio, 0.80 [95% CI: 0.54-1.19], $p = 0.28$).

Results demonstrated that subjects receiving ICI indicated that HIC (HIC defined in title, better performance status (PS) and younger age,

but not high PD-L1 expression (either 50% or 90% cutoff) were significantly associated with longer OS. When adjusted for covariates in a multi-variate analysis, HIC and age remained significant predictors of OS ($p = 0.0006$ and $p = 0.005$), while PS did not ($p = 0.40$).

"The HIC test provides clinically [meaningful information](#) in addition to currently used clinical factors to potentially help guide immunotherapy treatment decisions for patients with newly diagnosed NSCLC," said Dr. Block.

Provided by International Association for the Study of Lung Cancer

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