Adding ipilimumab to nivolumab no better in pretreated squamous non-small cell lung cancer

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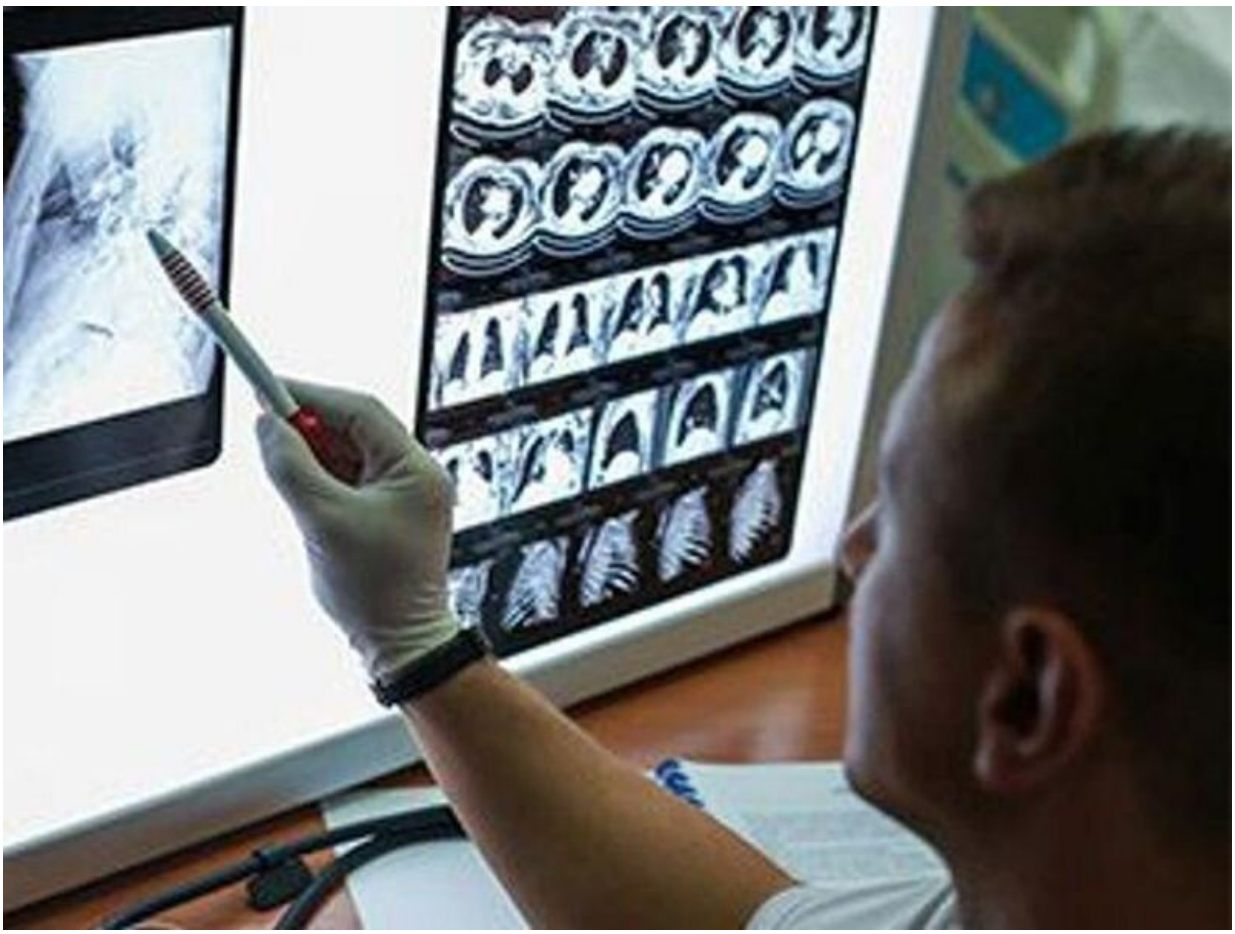

(HealthDay)—For patients with advanced, chemotherapy-pretreated, immune checkpoint inhibitor-naive squamous (Sq) non-small cell lung cancer (NSCLC), ipilimumab added to nivolumab does not improve outcomes versus nivolumab alone, according to a study published online July 15 in *JAMA Oncology*.

Scott N. Gettinger, M.D., from the Yale Cancer Center in New Haven, Connecticut, and colleagues enrolled 252 patients with advanced, pretreated, immunotherapy-naive SqNSCLC and a Zubrod score of 0 (asymptomatic) to 1 (symptomatic but completely ambulatory) with disease progression after standard platinum-based chemotherapy in a phase 3, open-label trial. Participants were randomly assigned to either nivolumab/ipilimumab or nivolumab alone (125 and 127, respectively).

At a planned interim analysis, the study was closed for futility. The researchers observed no significant difference between the groups in overall survival (hazard ratio, 0.87; 95 percent confidence interval, 0.66 to 1.16; P = 0.34). Median survival was 10 and 11 months in the nivolumab/ipilimumab and nivolumab groups, respectively. The investigator-assessed progression-free survival (IA-PFS) hazard ratio was 0.80 (95 percent confidence interval, 0.61 to 1.03; P = 0.09); median IA-PFS was 3.8 and 2.9 months, respectively, for nivolumab/ipilimumab and nivolumab. Grade 3 or higher treatment-related adverse events occurred in 39.5 and 33.3 percent of those receiving nivolumab/ipilimumab and nivolumab, respectively.

"At present, there is no immunotherapy option for patients who experience disease progression on programmed death 1 axis inhibitor therapy," the authors write.

Several authors disclosed financial ties to biopharmaceutical companies, including Bristol Myers Squibb, the manufacturer of ipilimumab.

More information: Abstract/Full Text