Medical Xpress

Perioperative nivolumab may bolster survival over only neoadjuvant nivolumab plus chemotherapy for resectable NSCLC

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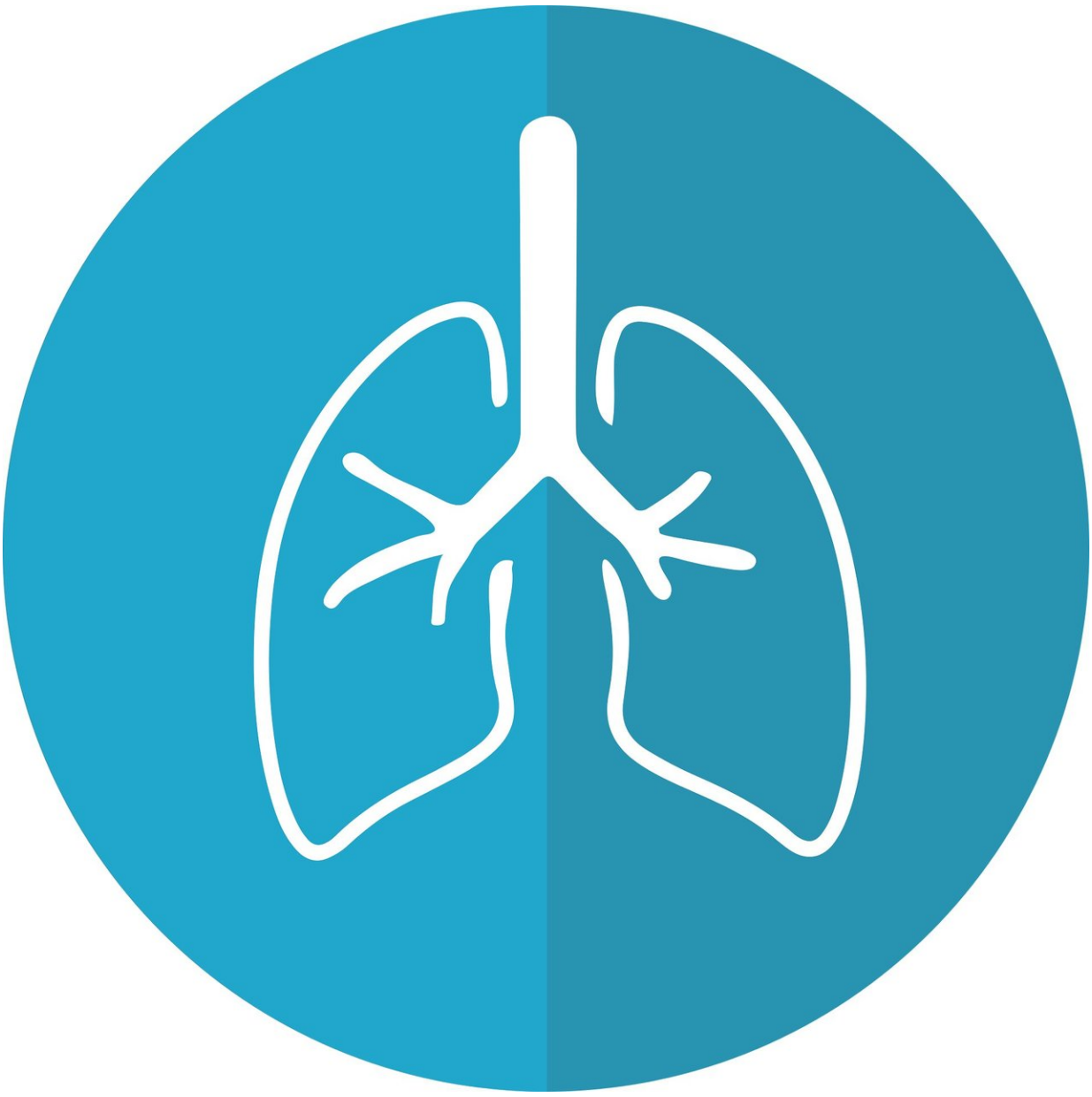

New data from landmark analysis presented today reports a decreased risk of disease recurrence or death in patients with resectable NSCLC who received adjuvant nivolumab following neoadjuvant nivolumab plus chemotherapy and surgery compared to those who received only neoadjuvant nivolumab plus chemotherapy.

The data was reported at the International Association for the Study of Lung Cancer 2024 World Conference on Lung Cancer.

This is the first analysis of individual patient-level data from two phase 3 trials, CheckMate 77T and CheckMate 816, to examine which patients may derive benefit from adjuvant nivolumab following neoadjuvant nivolumab plus chemotherapy and surgery for stage I-III NSCLC.

CheckMate 816, which was led by Dr. Patrick Forde of The Bloomberg-Kimmel Institute for Cancer Immunotherapy, The Sidney Kimmel Comprehensive Cancer, in Baltimore, MD. evaluated neoadjuvant nivolumab plus chemotherapy. The study demonstrated statistically significant and clinically meaningful improvements in event-free survival and pathological complete response and is the sole approved, neoadjuvant only immunotherapy-based treatment for resectable NSCLC.

Building on this foundation, Dr. Tina Cascone of the MD Anderson Cancer Center, in Houston, and her collaborators developed CheckMate 77T, which assessed perioperative nivolumab, revealing statistically significant and clinically meaningful improvement in event-free survival

and a meaningful increase in pathological complete response rate compared to control.

This analysis compared event-free survival from the time of surgery among patients from CheckMate 77T, who received neoadjuvant nivolumab plus chemotherapy followed by definitive surgery and at least one dose of adjuvant nivolumab, with patients from CheckMate 816, who also received neoadjuvant nivolumab plus chemotherapy followed by definitive surgery but without adjuvant nivolumab.

After applying propensity score weights to account for differences in baseline characteristics, perioperative nivolumab (N=139) showed improved event-free survival compared to neoadjuvant nivolumab plus chemotherapy only (N=147). Specifically, the hazard ratios for EFS were 0.61 (weighted ATE) and 0.56 (weighted ATT).

Of note, EFS benefit was observed regardless of pCR status although the benefit was clearer in patients without pCR who received additional adjuvant nivolumab treatment after surgery. Benefit was seen regardless of baseline disease stage, with a greater magnitude of benefit in patients with tumor PD-L1

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