ECOP 5
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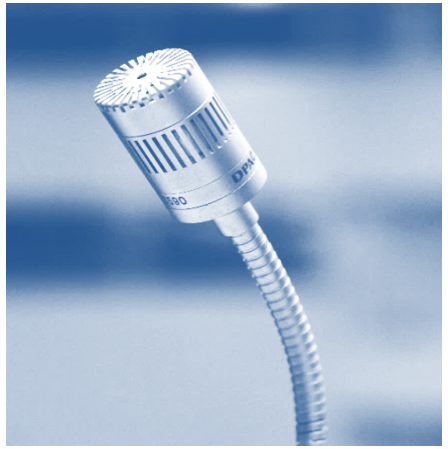

EFFECTIVENESS AND SAFETY OF DURVALUMAB FOR ADVANCED NON-SMALL CELL LUNG CANCER

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INTRODUCTION

- Durvalumab in monotherapy is authorised in the European Union for the treatment of locally advanced, unresectable non-small cell lung cancer (NSCLC) whose tumors express Programmed Death-Ligand 1 (PD-L1) ≥ 1% of tumour cells and whose disease has not progressed following platinum-based chemoradiation therapy (CRT).

- The aim of the study was to evaluate the effectiveness and safety of durvalumab in the treatment of locally advanced, unresectable NSCLC in clinical practice in a tertiary care hospital.

MATERIAL AND METHODS

✓ Observational and retrospective study (02/2019 – 06/2021).
✓Sample: Patients with advanced NSCLC treated with durvalumab.
✓Patient's demographics, clinical and treatment related data were analysed.

EFFECTIVENESS	SAFETY
• Progression free survival (PFS) at 18 months • Mortality rate at 18 months	• Adverse reactions (ARs) • Delayed treatment • Suspension

RESULTS AND DISCUSSION

- **Sample:** 14 patients (3 women, 11 men).
- **Expanded access (EA) programme:** 4 patients.
- **Mean age:** 65 years.
- **Histology:**
  - — Adenocarcinoma 11 (78, 6%)
  - — Squamous 2 (14,3%)
  - — Others 1 (7,1%)
- **Stage:**
  - — III-A 7 (50%)
  - — III-B 6 (42,9%)
  - — III-C 1 (7, 1%)

- **ECOG** 0-1.
- **PD-L1 expression:**
  - — PD-L1 1-5% = 28,6%
  - — PD-L1 > 5% = 14,3%
  - — PD-L1 ≥ 50% = 57,1%
- **Mean time from the end of CRT and the initiation of durvalumab**: 44 days.
- **Mean number of cycles received:** 22 cycles.

RESULTS AND DISCUSSION

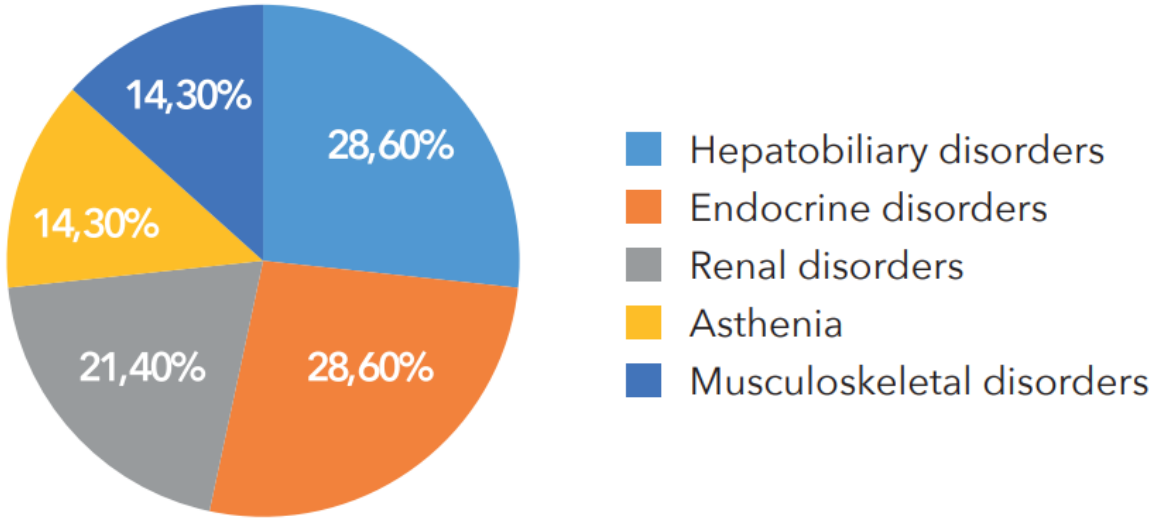
Effectiveness:

- PFS rate at 18 months: 85,7%
- None died at 18 months.

Safety:

- 10 patients (71,4%) presented ARs.
- 5 patients (35,7%) required cycle delays as a result of toxicity ≥ grade 2.

PERCENTAGE OF PATIENTS WHO SUFFERED ARS



- 10 patients (71, 4%) completed 12 months of therapy.
- 4 patients (28,6%) discontinued treatment:
  - — 2 due to disease progression
  - — 1 due to pneumonitis
  - — 1 due to deterioration of the general condition

CONCLUSION

✓ In our population PFS rate during the 18 months after initiation of durvalumab was higher in comparison with the pivotal trial (85,7 vs 49,5).

✓ Adverse events were consistent with those reported in the PACIFIC study.

✓ Nevertheless, a study with a larger sample would be necessary to verify the results.