

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/how-immune-checkpoint-inhibitors-changed-the-therapeutic-landscape-for-nsclc/11156/>

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How Immune Checkpoint Inhibitors Changed the Therapeutic Landscape for NSCLC

Announcer:

Welcome to *Closing the Gaps in Non-Small Cell Lung Cancer* on ReachMD, sponsored by Lilly.

On today's program, we'll hear from Dr. Stephen Liu, a thoracic medical oncologist and Associate Professor of Medicine at the Lombardi Comprehensive Cancer Center of Georgetown University. Here's Dr. Liu now talking about how immune checkpoint inhibitors have changed the therapeutic landscape for non-small cell lung cancer.

Dr. Liu:

Immune checkpoint inhibitors have drastically changed the therapeutic landscape. They are now standard of care for almost all of our patients with advanced lung cancer. For non-small cell lung cancer that does not harbor an actionable alteration—for example, an EGFR mutation, an ALK fusion—immunotherapy really is part of our front-line standard of care. It was first approved in the form of monotherapy as second-line treatment after platinum doublet chemotherapy. Multiple randomized phase III trials that showed immunotherapy—either pembrolizumab, nivolumab or atezolizumab—were superior to docetaxel, improved overall survival and a better safety profile. They quickly became our standard second-line agent, but it wasn't long before we had these in the front-line setting.

I think taking a step back, immune checkpoint inhibitors have done a bit more. I think some of their biggest impact is really changing our perception of the disease, sort of resetting our goals and what we can accomplish for some patients with stage IV lung cancer. We have longer follow-up from KEYNOTE-024, and when we look at the study, we see a median survival of 30 months, which is a far cry from prior studies. But I think more important than that is landmark survival.

We now have multiple patients in all of our practices that have been alive for years, years longer than we would expect with chemotherapy alone, thanks to the incorporation of these immune checkpoint inhibitors, and by introducing these earlier and in the right patients, and keep getting better. They are now standard of care in the front-line setting. If for whatever reason patients don't receive in the front-line, then absolutely in the second-line setting, but what they really are achieving and how they are changing it, long-term durable survival, more of our patients are alive at 5 years, at 10 years.

Announcer:

That was Dr. Stephen Liu talking about the therapeutic options for non-small cell lung cancer that are currently available, and even those that we may see in the future. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/NSCLC, where you can Be Part of the Knowledge.