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Time needed to complete: 56m

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Consolidative Immunotherapy Following sCRT vs RT Only in Stage III NSCLC

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Gray:
Hello, this is CME on ReachMD, and I'm Dr. Jhanelle Gray. In this brief lecture, I will take you through the data evaluating consolidated immunotherapy following not only sequential chemoradiation, but also in those studies that had radiation therapy only in stage III unresectable non-small cell lung cancer.

The PACIFIC real-world data, which included a subset of patients that received sequential chemoradiation therapy. The majority of patients did receive concurrent, but about 14.3% of patients received sequential chemotherapy and radiation therapy, and 17% to 18% of patients had a PD-L1 status of less than 1%.

When we look at the outcomes data of sequential therapy versus concurrent, there was a longer PFS in those patients that received concurrent, but still appears to have some benefit in those that received the chemotherapy and radiation therapy sequentially.

More specifically, there's the PACIFIC-6 study, which looked at consolidated durvalumab after sequential chemotherapy and radiation therapy in 2 cohorts. One had an ECOG performance status of 0 to 1, the other cohort had an ECOG performance status of 0 to 2. In the data that was presented, the median progression-free survival was 13.1 months across all patients, while the overall survival was 39 months for the median. This again compares well, I think, to the PACIFIC study, given that this was sequential therapy.

When we start looking at the PACIFIC-5 study, we hope to get some data in a randomized fashion for durvalumab versus placebo consolidation. The durvalumab was also flat-dosing in this study, and patients here were allowed to have sequential chemotherapy radiation or concurrent chemoradiation. We are awaiting the results of this study.

What about chemotherapy-sparing therapies? So here we have the DUART study, which looked at durvalumab after radiation, and patients could have received standard radiation in Cohort A or palliative radiation in Cohort B. When we look at the progression-free survival across the overall cohorts here, we have a median PFS of 8 months, and the median overall survival was 15.9 months. We also have the SPIRAL-RT study, which is mainly run in Japan. Again, a phase 2 study with durvalumab following treatment of radiation monotherapy. This study enrolled 33 patients and with a median progression-free survival of 8.9 months versus the median overall survival of 20.8 months. The radiation pneumonitis was the main toxicity, and this is comparable, I think, to the DUART study. We also have S1933, which is really a feasibility study looking at hypofractionated radiation followed by atezolizumab consolidation and includes a cohort of patients with stage III non-small cell lung cancer with a performance status of 2. This study is still ongoing, and I encourage you to enroll patients on this study.

So for our patients who we don't think can receive concurrent chemoradiation, there is data supporting sequential chemoradiation followed by consolidation durvalumab, and there's data also in a chemo-sparing way to give radiation only followed by consolidation therapy.

Well, my time is up, and I hope I've given you something to think about. Thank you so much for listening.

Announcer:
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