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## Anticipated Advancements in Lung Cancer Treatment: The Latest Data from ASCO 2021

### Announcer:

You're listening to *Project Oncology* on ReachMD, sponsored by Lilly. On this episode, we're going to hear from Dr. Rami Manochakian, who's a Thoracic Medical Oncologist at the Mayo Clinic. Dr. Manochakian joins us to share key data from the upcoming American Society of Clinical Oncology Annual Meeting. Here's Dr. Manochakian now.

### Dr. Manochakian:

Yes, when it comes to interesting data as far as lung cancer that came out at ASCO American Society of Clinical Oncology annual meeting and what impact it will have on patients and management of lung cancer, there is a lot that I can talk about for hours. But in a summary and nutshell, we all know it's an exciting time and, you know, a hopeful era for patients with lung cancer. A lot is happening when it comes to the management of lung cancer and new drugs. I'll probably mention three out of many abstracts or many projects and trials that were presented in ASCO.

The first one is clinical trials IMpower010 which were presented for the first time in this ASCO annual meeting. And it's basically a trial that is assessing the role of adjuvant immunotherapy, in particular a drug called atezolizumab inpatient with early-stage lung cancer, stage Ib to III who underwent surgical resections and then received adjuvant chemotherapy. This was a large, randomized trial that basically showed that there was a significant benefit of giving adjuvant immunotherapy atezolizumab, in particular for those patients. The primary endpoint was disease-free survival and definitely, we've seen significant improvement. This comes in an area of unmet needs where we know the adjuvant chemotherapy for these patients has not historically made a significant impact on survival. And even though here it's primary reporting DFS, disease-free survival, we believe, and we hope that's eventually going to reflect in overall survival, as well. So, this is again adjuvant immunotherapy.

The second data or trial I would mention is you know testing something, you know, similar, around the same line but is actually it's the immunotherapy prior to surgery in the neoadjuvant setting. And this was CheckMate816 clinical trial, which was actually initially reported in AACR but the study investigator reported some, more of an updated surgical outcome data in ASCO. And this is a trial that looked at immunotherapy nivolumab plus chemotherapy versus chemotherapy alone given in the neoadjuvant setting, prior to surgery. And as reported in AACR it showed significant improvement in the complete pathological response rate and a major pathological response rate. In ASCO it was reported that the surgical outcomes were actually very good where we expect them to be and this neoadjuvant treatment did not lead to delay surgery or any worse surgical outcome visibility and other things. Again, those two trials together are going to be talked about already talked about a lot in the communities, in hospitals, in conferences, in cancer centers, on social media, because they are the future of management of early-stage non-small cell lung cancer. You know, having neoadjuvant treatment that includes immunotherapy or adjuvant treatment that includes immunotherapy you know more trials are underway, more data expected to tell us best ways to go. But then potentially, you know, these are practice-changing data.

I'll bring up the third dataset, it wasn't a clinical trial, it was actually a database review, of a very important, you know, the topic at this day and age, which is how good are we doing in the community, in stage IV lung cancer patients when it comes to testing for actionable mutation or alteration. And it was an alarming study or database set that showed less than half, you know, of patients in a period from 2018 to 2020 with stage IV lung cancer, in particular, adenocarcinoma where the testing is recommended have actually had the major four or five mutations that have a targeted therapy approved were tested for that. We know that this is essentially unacceptable, we know we need to do a better job checking for these mutations. Our recommendation always is to send a full NGS as opposed to individual testing when it comes to patients with stage IV non-small cell lung cancer, in particular adenocarcinoma, because these are life-changing for these patients. There are approved, FDA-approved treatments with robust data of clinical benefit that we could be

depriving these patients, you know, from these treatments if we're not testing. So, we need to do a better job when it comes to education. We think we're on the right way, but we definitely, there is significant room for improvement when it comes to genomic testing in stage IV non-small cell lung cancer.

Announcer:

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