Transcript Details
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IMpower010 Study: Targeted Therapy & Highlights from ESMO 2021 on NSCLC

Announcer:
Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by AstraZeneca and Daiichi-Sankyo, we're joined by Dr. Edward Garon, who's a Thoracic Medical Oncologist at UCLA Health. Dr. Garon is here to share key takeaways on non-small cell lung cancer from the 2021 ESMO Congress. Let's hear from Dr. Garon now.

Dr. Garon:
At the 2021 ESMO Congress, I think that the key data piece was sort of a continuation of data from ASCO earlier this year. As really the major additional piece of data that we've had recently that has informed the field really is the data for the IMpower010 study. This, of course, is a study of adjuvant atezolizumab. I think that one of the things that was that was interesting about the presentation at ESMO is it was the first time that we've really seen the data on patients who had PD-L1 expression of 1 to 49 percent. That was a population that didn't do as well as certainly as the patients who had 50 percent or greater. The hazard ratio was somewhat unimpressive in that group of patients. And I think we'll make that group a continuin group of patients that we will follow over time to sort of see how they do. A follow-up perhaps for survival to see whether that's a population who we want to be giving adjuvant PD-L1 inhibition.

In terms of the more targeted data sets, when I'm saying targeted, I mean, targeted therapy. In many respects, the highlight was trastuzumab deruxtecan, which is an antibody drug conjugate that is targeting HER2. This is an approved agent in HER2 amplified breast cancer. And we saw in a heavily pretreated population of patients that more than half of the patients had a response in this HER2 mutated population, which has been really a particularly difficult-to-treat population. That presentation was in conjunction with an article in the *New England Journal of Medicine*.

So, one other question that was addressed was whether or not osimertinib can be combined with antiangiogenic therapy. There is data supporting frontline osimertinib. There's also data supporting the combination of erlotinib either with bevacizumab or ramucirumab, and the question here was whether or not antiangiogenic therapy could be similarly added to osimertinib in a frontline setting. This was a study out of Japan, it follows on some fairly unimpressive data looking at osimertinib plus antiangiogenic therapy in a salvage setting. And this data also was somewhat unimpressive, questioning whether or not osimertinib plus antiangiogenic therapy will become a new option in the frontline setting.

And I think the last abstract I would highlight that because I think it'll be interesting to see what happens with it is there was a data set from a new agent that has being called an immunotherapy, although it looks like it has more of an effect on microtubules, and may not be what we traditionally would have called an immunotherapy that was added to docetaxel in patients who were previously treated. This study was a positive study. Although the median improvement in progression-free survival was fairly small. This is a setting in which we already have a docetaxel plus ramucirumab as an available option. And in Europe docetaxel plus nintedanib. So, I think that it will be interesting to see how that data is received over time.

I don't believe that there was any data that will change the diagnostic landscape. In terms of treatment landscape, I think that the data showing that, the benefit was extremely limited if at all, in patients who had low PD-L1 expression may give a practitioner some caution about using adjuvant atezolizumab in that setting, even at a time at which it is approved I think that in many respects, the data set that is the most convincing to change practice, really is that data set on trastuzumab deruxtecan in this HER2 mutated population, which is about one to two percent of patients with lung cancer. I think that the data has really made a strong case for the idea that this should be the standard second-line regimen for patients with HER2 mutated non-small cell lung cancer at the time of regulatory approval.

Announcer:

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