15th MADRID CONGRESS on Lung CANCER

23&24 November 2023

#15CongressGECP

Fundación GECP lung cancer research

Targeted therapies in stage III

Francisco de Asis Aparisi Aparisi

IISLAFE. Hospital Universitari i Politècnic La Fe

La Fe Hospital Universitari i Politècnic

GIDO
GRUP D'INVESTIGACIÓ I DIVULGACIÓ EN ONCOLOGIA

Biomarkers and Precision Medicine Unit
MEDICAL RESEARCH INSTITUTE HOSPITAL LA FE

Conflicto de intereses:

- Employment: medical oncologist investigator IISLAFE , Universiddad CEU, Hospital Quiron Initia, -
- Consultant or advisory role: : Pzifer, Boheringher Inghelheim.
- Speaking: Astra Zeneca, Takeda, Sanofi
– Travel expenses: Janssen, Gallecto, Pzifer, Roche, MSD, takeda
- Other: GIDO.
- Stock holder: none

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¿Quién es el primero y el último de la fila en CPNCP?

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Ser el primero

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Ser el último

Este es mi destino, al cabo de la calle estoy
Me siento como aquel ladrón que busca su fortuna
En un callejón por donde nunca pasa nadie
Como un burro amarrado en la puerta del baile

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Estadio III

Como pensar en alteraciones moleculares sin tener el estándar claro

Contexto

QT de inducción

QT-RT neoadyuvante

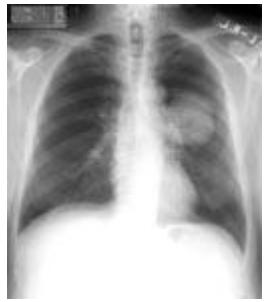
QT inducción
+ QT-RT
+ QT consolidación

QT de consolidación a QT-RT concomitante

QT de consolidación

QT –RT Hiperfraccionada concomitante

QT neoadyuante



	SG
RT	9 meses
QT-RT SECUENCIAL	13 meses
QT-RT CONCOMITANTE	16-17 meses

QT de inducción con RT-QT a dosis sensibilizantes

QT inducción
+ QT-RT a dosis sensibilizantes

QT-RT concomitante a dosis plenas

Dillam RO JNCI 1996, Sause wt JNCI 1995, Furuse JCO199
Vokes JCO2007

Pacific

Adición de la Inmunoterapia

- Unresectable, Stage III NSCLC without progression after definitive platinum-based cCRT (≥2 cycles)
- 18 years or older
- WHO PS score 0 or 1
- If available, archived pre-cCRT tumour tissue for PD-L1 testing*

All-comers population (i.e. irrespective of PD-L1 status)

1–42 days post-cCRT → R

Durvalumab
10 mg/kg q2w for up to 12 months
N=476

Placebo
q2w for up to 12 months
N=237

N=713 randomised

2:1 randomisation

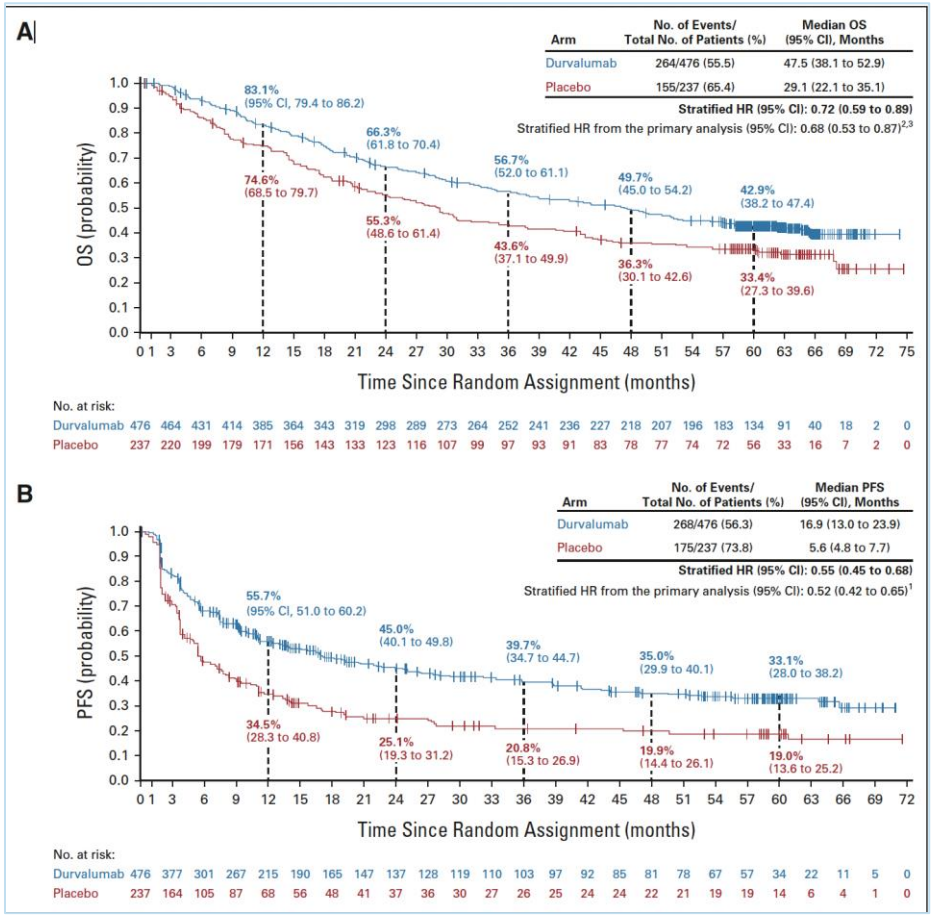
stratified by age, sex and smoking history

Primary endpoints
- PFS by BICR using RECIST v1.1†
- OS

Key secondary endpoints
- ORR, DoR and TTDM by BICR
- PFS2 by investigator
- Safety
- PROs

*Using the Ventana PD-L1 (SP263) assay; †defined as the time from randomisation until the date of objective disease progression or death by any cause in the absence of progression

Group	No. of Events / No. of Patients (%) Durvalumab	Placebo	Unstratified HR (95% CI)
NSCLC disease stage			
IIIA	136/252 (54.0)	91/125 (72.8)	0.61 (0.47 to 0.80)
IIIB	121/212 (57.1)	61/107 (57.0)	0.86 (0.63 to 1.17)
EGFR or *ALK* aberration status			
Positive[d]	17/29 (58.6)	8/14 (57.1)	0.85 (0.37 to 1.97)
Negative	166/317 (52.4)	109/165 (66.1)	0.66 (0.52 to 0.84)
Unknown	81/130 (62.3)	38/58 (65.5)	0.85 (0.57 to 1.24)



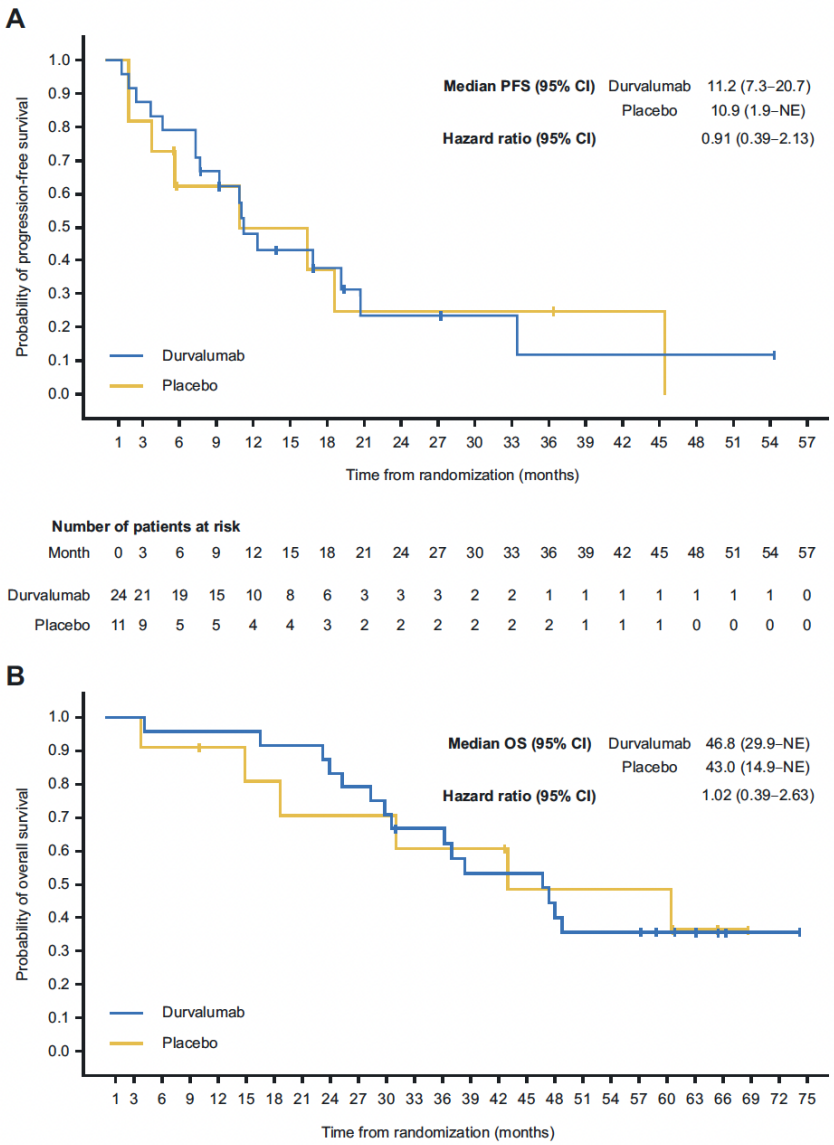
Antonia SJ, *et al*. N Engl J Med 2017;377:1919-29, Spiegel DR JCO 2022

Pacific

Análisis pacientes EGFR

	Durvalumab (N=476)	Placebo (N=237)
EGFR	24	11
Del 19	10	3
Exon 21	6	5
Otros	3	3

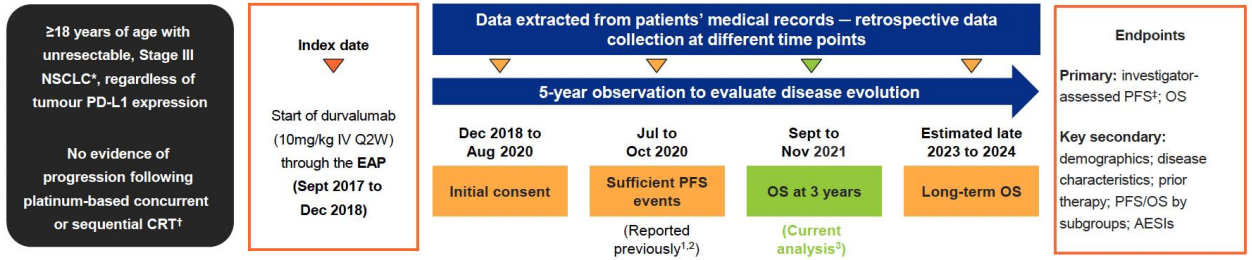
51% Fumadores
60% Varones
11% escamosos



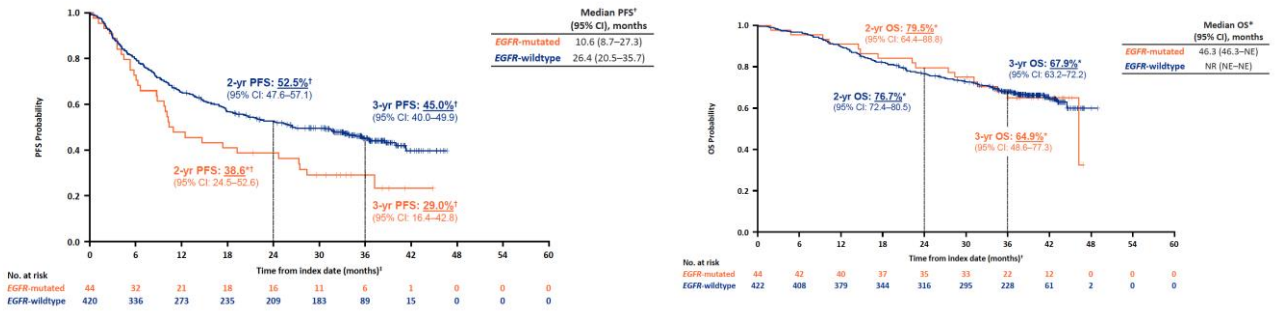
Naidoo J JTO 2022

Pacific Real

Análisis pacientes EGFR



- As of November 30, 2021 (end date of the 3rd chart extraction), the full analysis set comprised 1154 patients recruited across 10 countries, including 8 European countries plus Australia and Israel



Characteristics*, n (%)		*EGFR*-mutated (n=44)	*EGFR*-wildtype (n=422)
Age	<70 years	26 (**59.1**)	307 (**72.7**)
	≥70 years	18 (**40.9**)	115 (**27.3**)
Sex	Male	23 (**52.3**)	248 (**58.8**)
	Female	21 (**47.7**)	174 (**41.2**)
Smoking status	Never	9 (**20.5**)	46 (**10.9**)
	Current	11 (**25.0**)	98 (**23.2**)
	Former	24 (**54.5**)	278 (**65.9**)
ECOG/WHO PS	0	12 (**27.3**)	156 (**37.0**)
	1	21 (**47.7**)	114 (**27.0**)
	≥2	0	7 (**1.7**)
	Missing	11 (**25.0**)	145 (**34.4**)
Disease histology	Squamous	4 (**9.1**)	35 (**8.3**)
	Non-squamous	40 (**90.9**)	381 (**90.3**)
	Unknown	0	6 (**1.4**)
Stage III diagnosis	Initial diagnosis	39 (**88.6**)	393 (**93.1**)
	Relapse from early stage	5 (**11.4**)	29 (**6.9**)
PD-L1 expression level†	TC ≥1%	29 (**76.3**)	269 (**76.9**)
	TC <1%	8 (**21.1**)	55 (**15.7**)
	Unknown	1 (**2.6**)	26 (**7.4**)
CRT type‡	Concurrent	34 (**77.3**)	340 (**80.6**)
	Sequential	8 (**18.2**)	55 (**13.0**)
Time from end of RT to durvalumab initiation§	≤42 days	17 (**39.5**)	148 (**36.1**)
	>42 days	26 (**60.5**)	262 (**63.9**)

		EGFR-mutated	
Outcome*		PACIFIC-R study (n=44)	PACIFIC trial[1,2] (n=24†)
PFS‡	***Median, months (95% CI)***	**10.6 (8.7–27.3)**	**11.2 (7.3–20.7)**
	2-year rate, % (95% CI)	38.6 (24.5–52.6)	23.6 (7.2–45.1)
	3-year rate, % (95% CI)	29.0 (16.4–42.8)	11.8 (1.0–36.9)
OS	***Median, months (95% CI)***	**46.3 (46.3–NE)**	**46.8 (29.9–NE)**
	2-year rate, % (95% CI)	79.5 (64.4–88.8)	83.3 (61.5–93.4)
	3-year rate, % (95% CI)	64.9 (48.6–77.3)	66.7 (44.3–81.7)

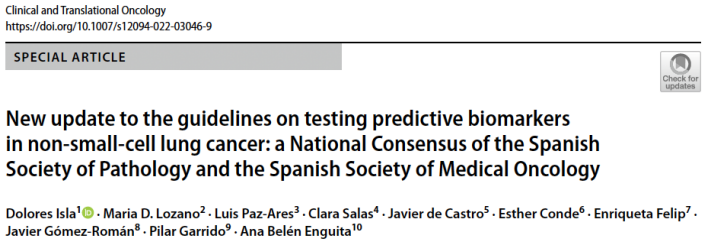
Solange Peters IASCL 2023

Guidelines

Esmo CPNCP Localmente avanzada

Table 1. Work-up for diagnosis and staging

	Mandatory	Optional
General	Medical history[a] Physical examination[a] Assessing comorbidity PS	
Imaging	CT thorax and upper abdomen[a] PET-CT[a] MRI brain[c]	X-ray thorax[b] Bone scintigraphy Contrast-enhanced CT brain
Laboratory	Blood cell counts Renal function Liver enzymes	 Bone parameters[d]
Cardiopulmonary function	FVC, FEV1, DLCO ECG If indicated: CPET	 Ejection fraction, CAG
Tissue procurement	Bronchoscopy[c,e] EBUS/EUS mediastinal nodes[a] CT-guided biopsy	 Mediastinoscopy
Genomic profiling	*EGFR* mutation status	*ALK* fusion status
Other biomarkers	PD-L1 expression (for unresectable NSCLC)	PD-L1 expression (for completely resected NSCLC)

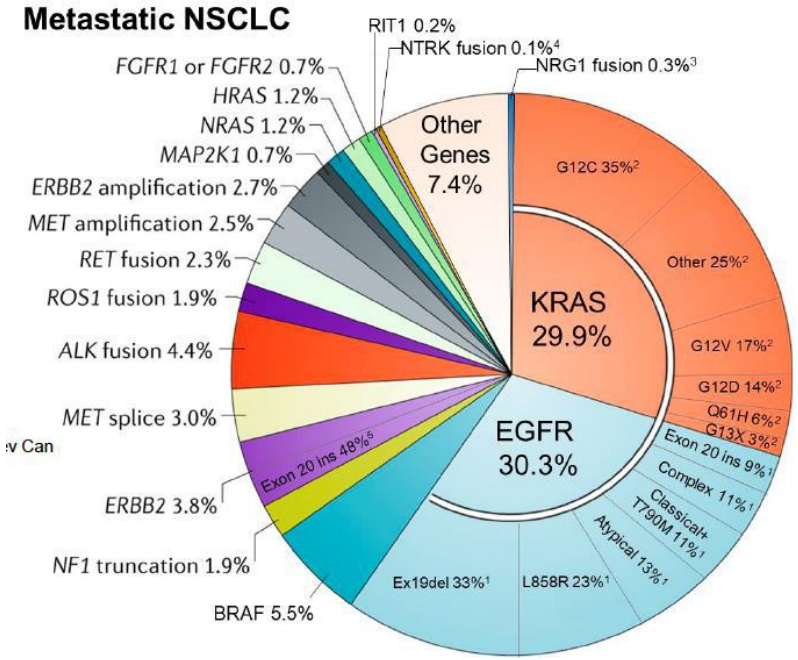


The European Society for Medical Oncology (ESMO) has established recommendations on whether multigenic tumour NGS can be used and how to profile metastatic cancers following the classification of the Scale for Clinical Actionability of Molecular Targets (ESCAT) [

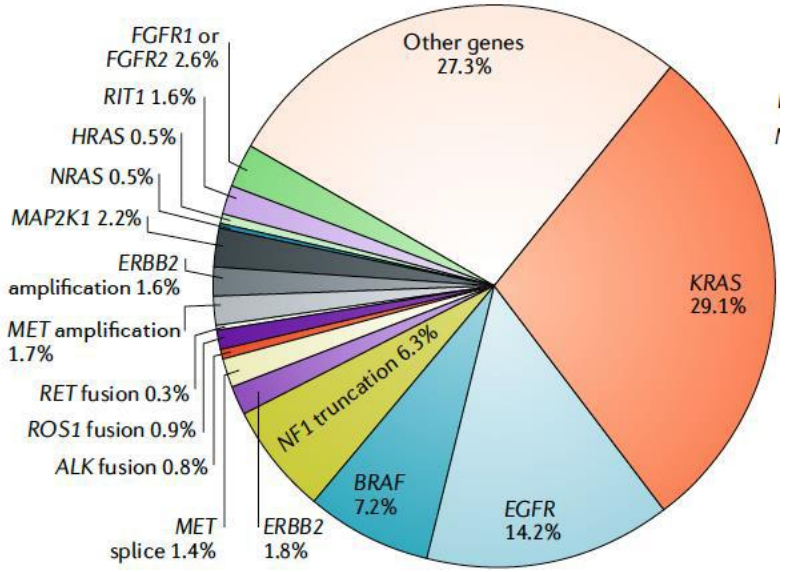
J. Remon Annals oncol 2021, Chiara Catania CRO 2023

Alteraciones moleculares en estadio avanzado vs estadios iniciales

Advance Stage

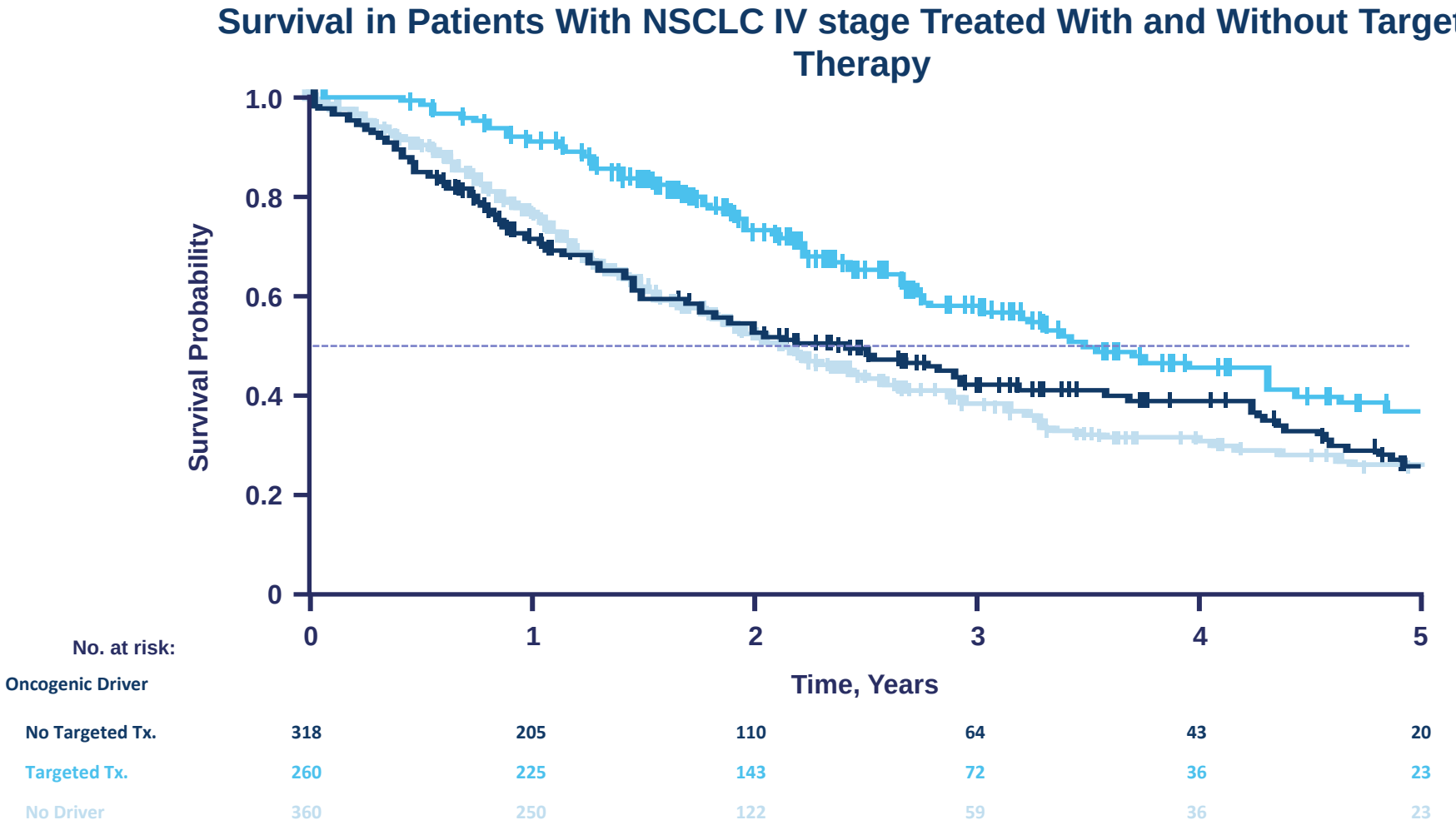


Early stage



Skoulidiset al. Nat Rev Cancer 2019

SG en pacientes con CPNCP tratados o no con tratamientos diana



JAMA. 2014;311(19):1998-2006.

Panorama actual de alteraciones moleculares en CPNCP

	Estadios resecables	E-III irresecables	E-IV
EGFR	Adaura	?	Flaura
ALK	Alina		Crown ALTA 1L ALEX
Otros	?	?	Capmatinib en 2º línea Met Tepotinib en 2º línea met Sotorasib en 2º línea KRASG12C Crizotinib en ROS 1 Selpercatinib RET Larotrectinib en NTRK

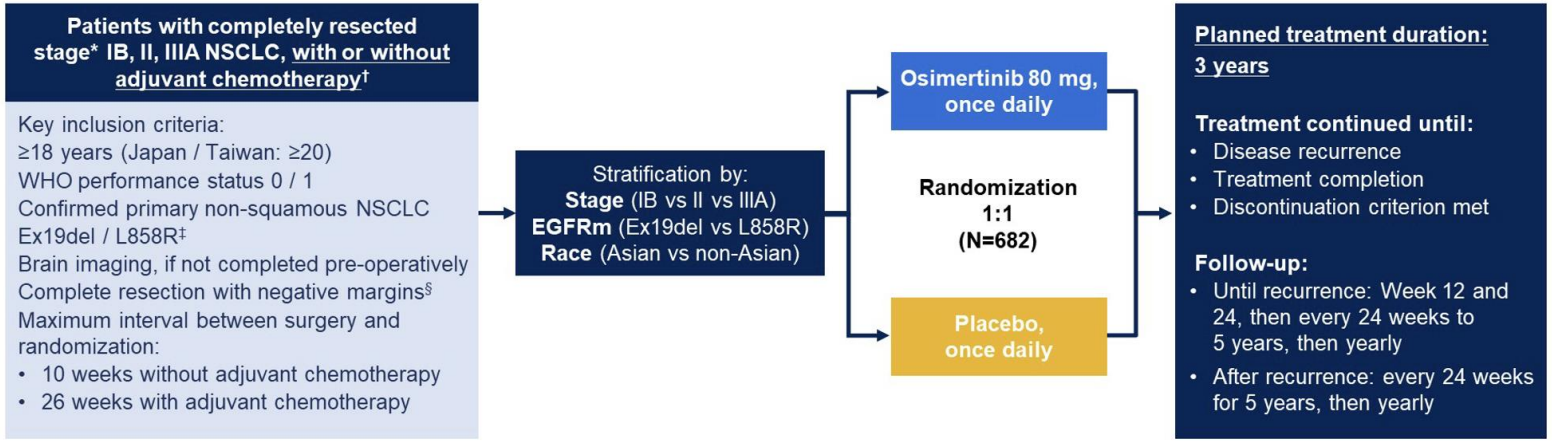
¿Pero qué encontramos en E-IIIA,IIIB,IIIC?

Índice

EGFR

Adaura

ADAURA Phase III study design



Endpoints

- **Primary endpoint:** DFS by investigator assessment in stage II–IIIA patients
- **Key secondary endpoints:** DFS in the overall population (stage IB–IIIA), landmark DFS rates, OS, safety, health-related quality of life

Baseline characteristics: overall population (stage IB / II / IIIA)[1]

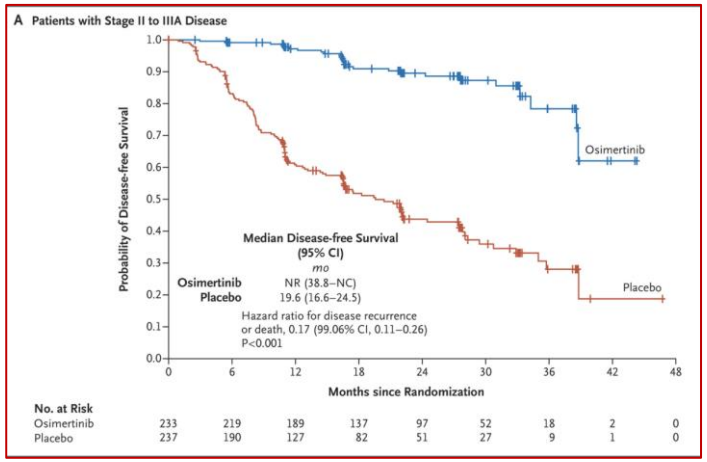
Characteristics, %	Osimertinib (n=339)	Placebo (n=343)
Sex: male / female	32 / 68	28 / 72
Age: median (range), years	64 (30–86)	62 (31–82)
Smoking history:* yes / no	32 / 68	25 / 75
Race: Asian / non-Asian	64 / 36	64 / 36
WHO PS: 0 / 1	64 / 36	64 / 36
AJCC / UICC staging at diagnosis (7th edition): IB / II / IIIA	32 / 34 / 35	32 / 34 / 34
Histology: adenocarcinoma / other	96 / 4	97 / 3
EGFR mutation at randomization:† Ex19del / L858R	55 / 45	55 / 45
Adjuvant chemotherapy: yes / no	60 / 40	60 / 40

Rov S. Herbst ASCO 2023, Wu NEJM 2020

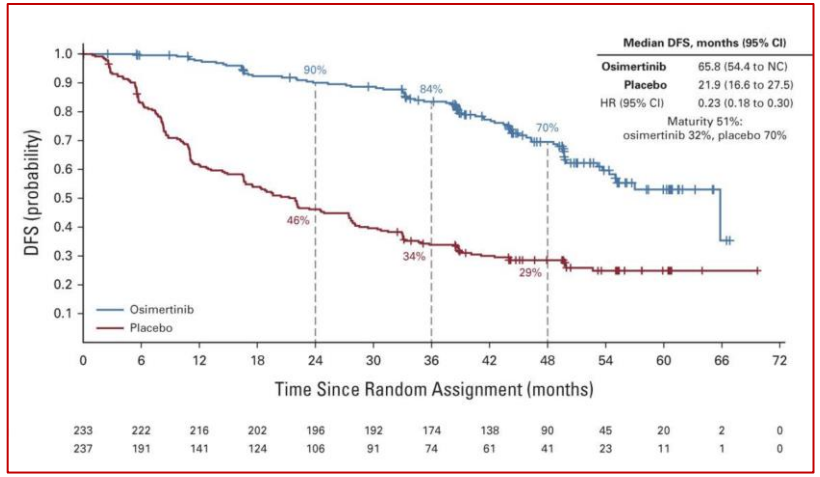
EGFR

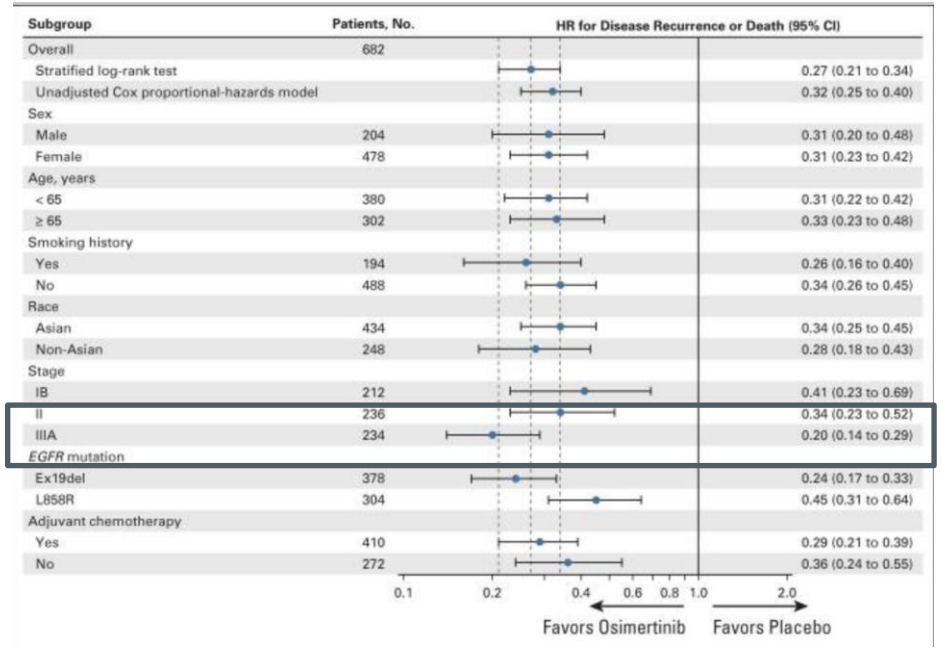
Adaura

DFS E-II-IIIA NEJM 2020



DFS E-II-IIIA JCO 2023

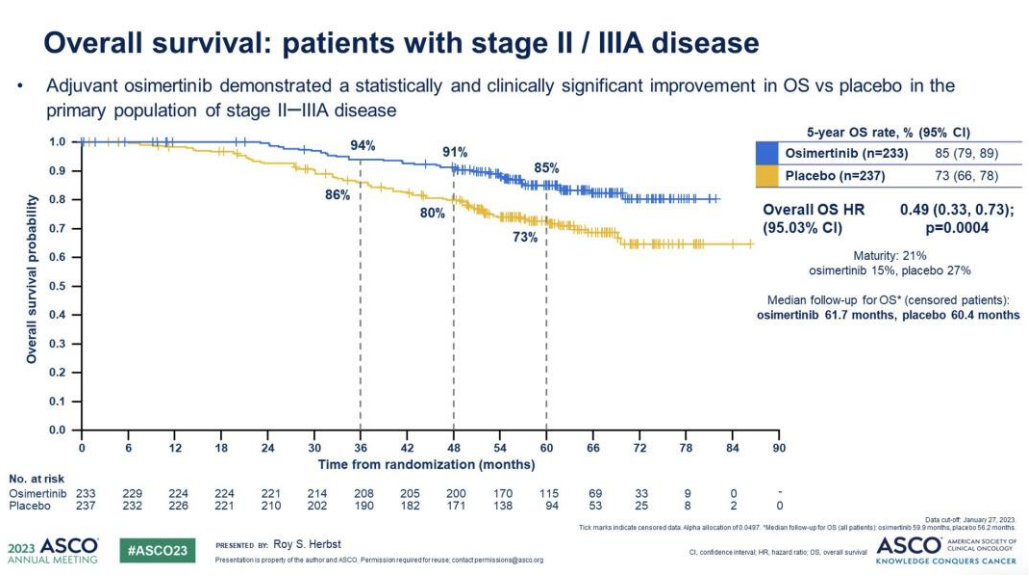


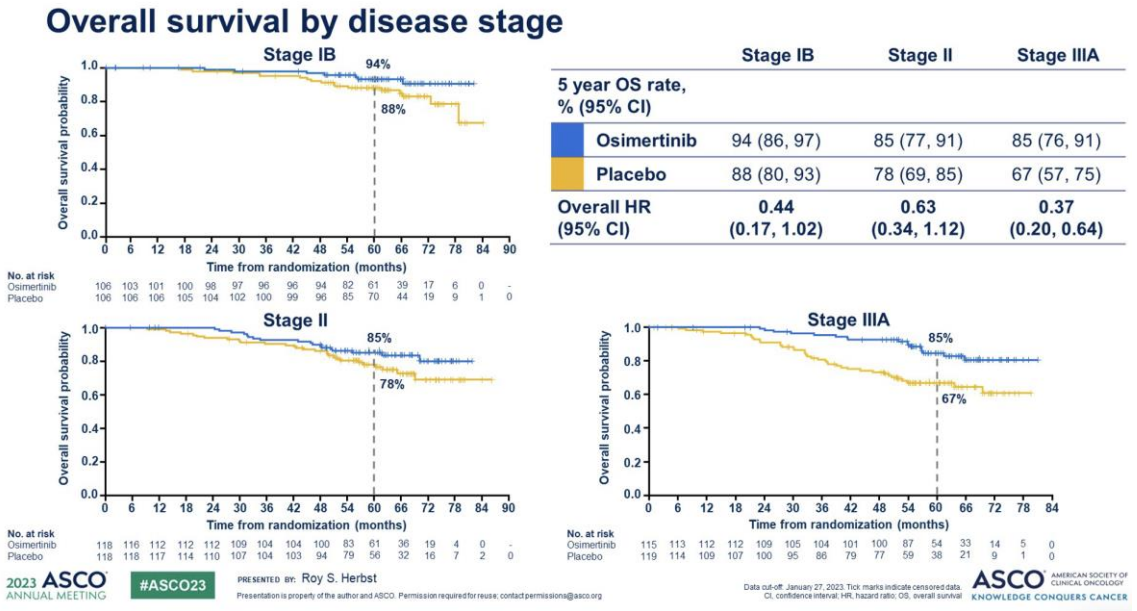


Rov S. Herbst ASCO 2023, Herbst JCO 2023, Wu NEJM 2020

EGFR

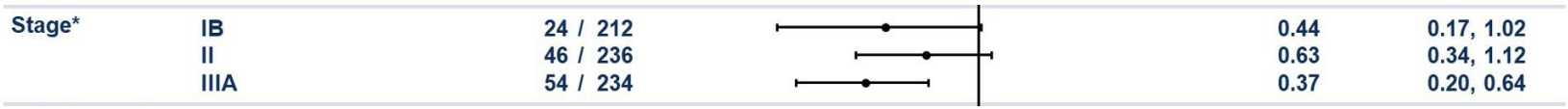
Adaura





	Stage IB	Stage II	Stage IIIA
5 year OS rate, % (95% CI)			
Osimertinib	94 (86, 97)	85 (77, 91)	85 (76, 91)
Placebo	88 (80, 93)	78 (69, 85)	67 (57, 75)
Overall HR (95% CI)	0.44 (0.17, 1.02)	0.63 (0.34, 1.12)	0.37 (0.20, 0.64)

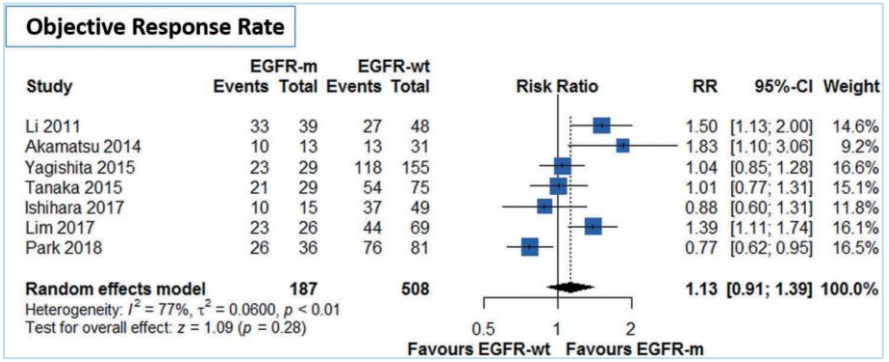
OS



Rov S. Herbst ASCO 2023, Herbst JCO 2023, Wu NEJM 2020

EGFR

Estadio III irresecable. Estrategias.



Estrategias
EGFR TKI vs QT-RT
EGFR TKI+ RT vs sCT-RT
EGFR TKI + cCT/scCT-RT
EGFR TKI+ RT
EGFR TKI→ EGFR TKI+ cCT-RT
EGFR TKI→ cCT-RT
cCT-RT→ EGFR TKI

Problemas
Población no seleccionada
N escasa
TKIs de 1º generación
Mal diseño

Qin Q Anticancer Ther 2019

Remon J Mediastinum 2021

EGFR

Osimertinib en otros escenarios

TARGET

Phase II, open-label, single-arm, multinational, multicenter study

- Stage II-IIIB *EGFR*m (Ex19del/L858R alone or with other *EGFR* mutations) NSCLC
- Histologically confirmed diagnosis of primary NSCLC on predominantly non-squamous histology
- Complete (R0) surgical resection of the primary tumor with negative margins
- WHO PS 0/1
- MRI or CT scan of the brain

N≈180[a]

Single treatment arm, cohorts defined by *EGFR* mutation type

Common *EGFR* mutations (Ex19del or L858R) cohort: N≈150 patients

Adjuvant chemotherapy per investigator and patient choice → Osimertinib 80 mg orally QD for 5 years or until recurrence, discontinuation, or death → **Primary endpoint:** DFS[b] at 5 years; **Key secondary endpoints:** DFS[b] at 3 and 4 years; OS at 3, 4, and 5 years; safety and tolerability; sites of recurrence; CNS metastases

Uncommon *EGFR* mutations (G719X, L861Q and/or S768I) cohort: N≈30 patients

Adjuvant chemotherapy per investigator and patient choice → Osimertinib 80 mg orally QD for 5 years or until recurrence, discontinuation, or death → **Key secondary endpoints:** DFS[b] at 3, 4, and 5 years; safety and tolerability; sites of recurrence; CNS metastases

Study Start (Actual)
2023-03-06

Primary Completion (Estimated)
2029-02-26

Study Completion (Estimated)
2029-04-05

Enrollment (Estimated)
180

Study Type
Interventional

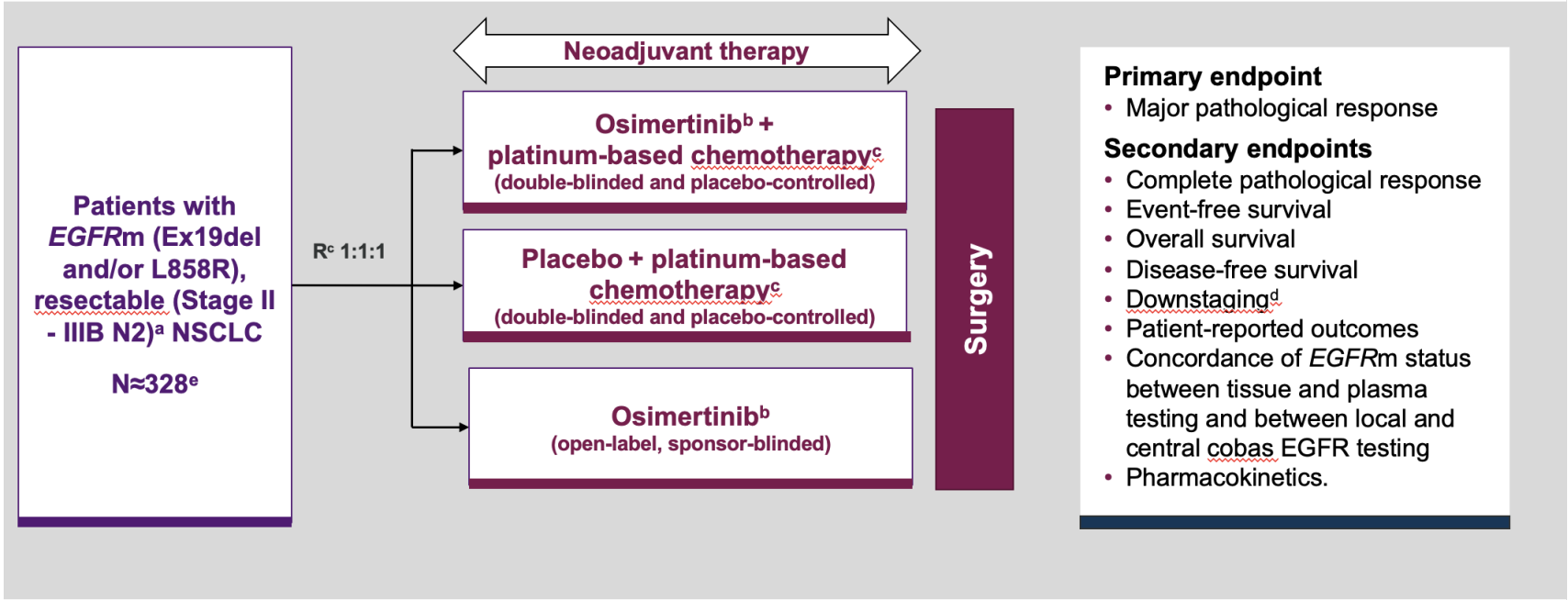
Phase
Phase 2

EGFR

Osimertinib en otros escenarios

NeoADAURA

Phase III, randomized, double-blind, controlled



Study Start (Actual)
2020-12-16

Primary Completion (Estimated)
2024-06-27

Study Completion (Estimated)
2029-07-02

Enrollment (Estimated)
328

Study Type
Interventional

Phase
Phase 3

EGFR

Osimertinib en el escenario que resuelve la pregunta

LAURA

Phase III, double-blind, randomized, placebo-controlled trial

Patients with locally advanced, unresectable (Stage III) *EGFR*m[a] NSCLC whose disease has not progressed during or following definitive platinum-based CRT

N=216[b]

Concurrent chemoradiation or sequential chemoradiation

R[c] 2:1

- **Osimertinib[d]**
- **Placebo**

Open-label osimertinib Optional:[e] Patients from either arm may receive open-label osimertinib post-progression

Primary endpoint

- PFS

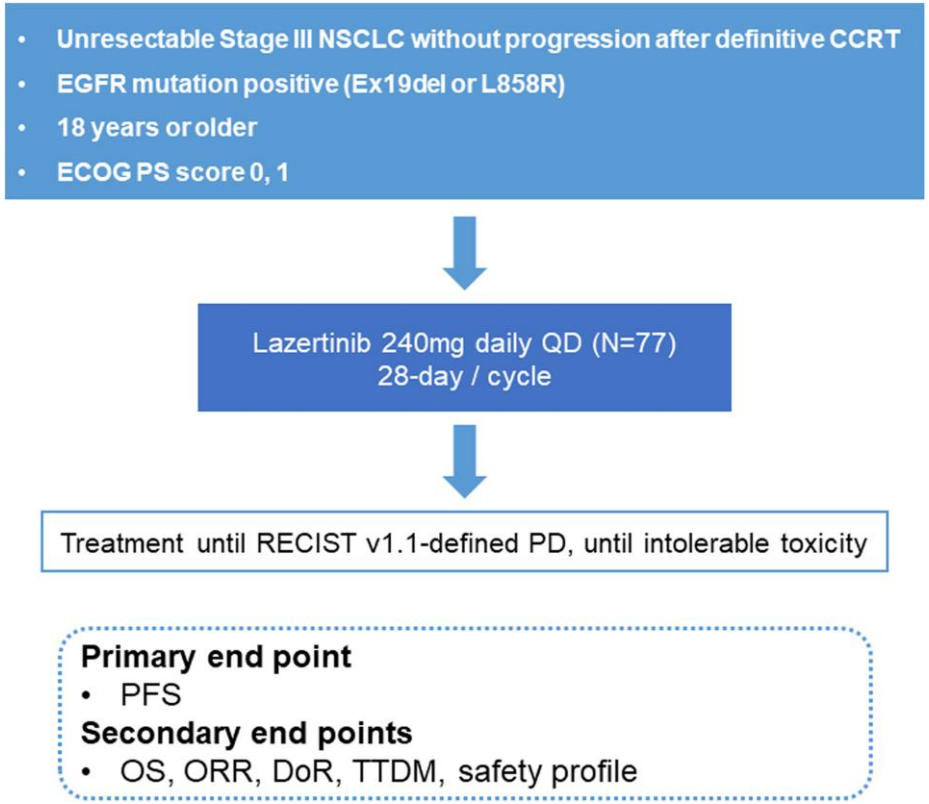
Secondary endpoints

- PFS in patients with EGFR Ex19del or L858R mutation
- PFS in patients with EGFR mutations Ex19del or L858R detectable in plasma-derived ctDNA
- Time to CNS PFS
- OS, ORR, DoR, DCR, tumor shrinkage, TTDM, TTD, PFS2, TFST, TSST
- Patients reported disease-related symptoms and HRQoL
- Incidence of adverse events
- PK

Shun Lu CLC 2021

EGFR

PLATINUM trial: Fase II lazertinib



Choi J Thorac Cancer 2022

EGFR

PLATINUM trial: Fase II lazertinib

- Unresectable Stage III NSCLC without progression after definitive CCRT
- EGFR mutation positive (Ex19del or L858R)
- 18 years or older
- ECOG PS score 0, 1

↓

Lazertinib 240mg daily QD (N=77)
28-day / cycle

↓

Treatment until RECIST v1.1-defined PD, until intolerable toxicity

Primary end point
- PFS

Secondary end points
- OS, ORR, DoR, TTDM, safety profile

Choi J Thorac Cancer 2022

Índice

ALK

ALINA TRIAL

Resected Stage IB (≥4cm)–IIIA *ALK*+ NSCLC
per UICC/AJCC 7th edition

Other key eligibility criteria:
- ECOG PS 0–1
- Eligible to receive platinum-based chemotherapy
- Adequate end-organ function
- No prior systemic cancer therapy

Stratification factors:
- Stage: IB (≥ 4cm) vs II vs IIIA
- Race: Asian vs non-Asian

R 1:1

N=257

- **Alectinib** 600 mg BID, 2 years → Recurrence
- **Platinum-based chemotherapy**† Q3W; 4 cycles → Recurrence

→ **Further treatments at investigator's choice and survival follow-up**

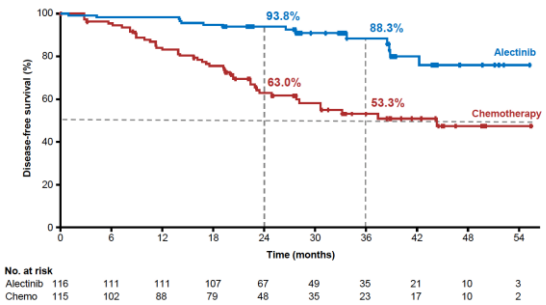
Primary endpoint
- DFS per investigator,‡ tested hierarchically:
  - Stage II–IIIA → ITT (Stage IB–IIIA)

Other endpoints
- CNS disease-free survival
- OS
- Safety

Disease assessments (including brain MRI)§ were conducted: at baseline, every 12 weeks for year 1–2, every 24 weeks for year 3–5, then annually

Characteristic	Alectinib (n=130)	Chemotherapy (n=127)
Median age <65 / ≥65 years, %	54 years 79 / 21	57 years 73 / 27
Sex: female / male, %	58 / 42	46 / 54
Smoking status: never / former / current, %	65 / 32 / 4	55 / 43 / 2
Race: Asian / non-Asian, %	55 / 45	56 / 44
ECOG PS: 0 / 1, %	55 / 45	51 / 49
Stage at diagnosis*: IB / II / IIIA, %	11 / 36 / 53	9 / 35 / 55
Nodal status: N0 / N1 / N2, %	16 / 35 / 49	14 / 34 / 52
Histology: squamous / non-squamous, %	5 / 95	2 / 98
Surgical procedure: Lobectomy / Other‡, %	97 / 3	92 / 8

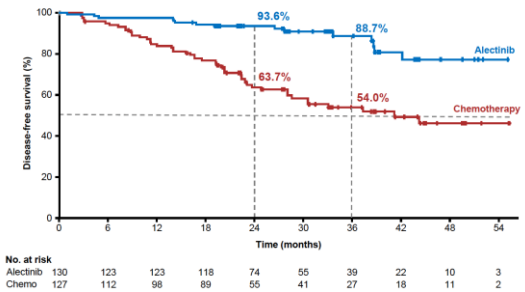
Disease-free survival: stage II–IIIA*



	Alectinib (N=116)	Chemotherapy (N=115)
Patients with event Death Recurrence	14 (12%) 0 14	45 (39%) 1 44
Median DFS, months (95% CI)	Not reached	44.4 (27.8, NE)
DFS HR (95% CI)	0.24 (0.13, 0.45) p†<0.0001	

Median survival follow up: alectinib, 27.9 months; chemotherapy, 27.8 months

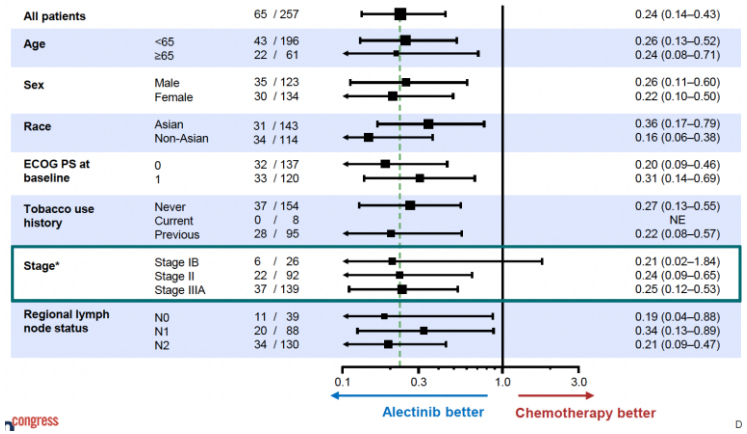
Disease-free survival: ITT (stage IB–IIIA)*



	Alectinib (N=130)	Chemotherapy (N=127)
Patients with event Death Recurrence	15 (12%) 0 15	50 (39%) 1 49
Median DFS, months (95% CI)	Not reached	41.3 (28.5, NE)
DFS HR (95% CI)	0.24 (0.13, 0.43) p†<0.0001	

At the data cutoff date, **OS data were immature** with only 6 (2.3%) OS events reported‡

Median survival follow up: alectinib, 27.8 months; chemotherapy, 28.4 months



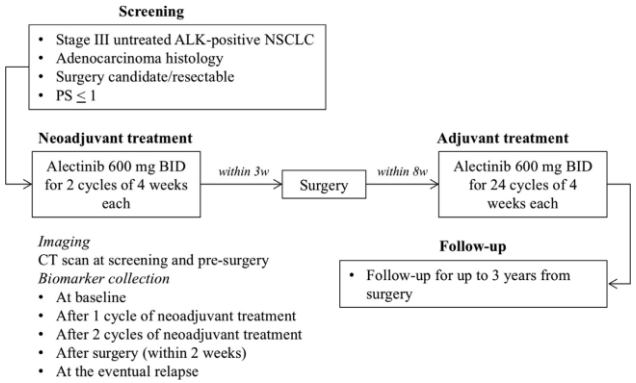
Benjamin J. Solomon ESMO 2023

ALK

Otros estudios en marcha con alectinib

ALNEO — Italy — NCT05015010

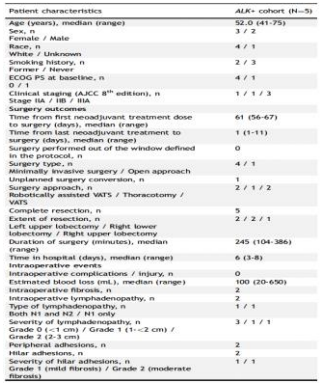
Phase II study of **perioperative alectinib** in patients with **resectable stage III, *ALK*+ NSCLC**[2]



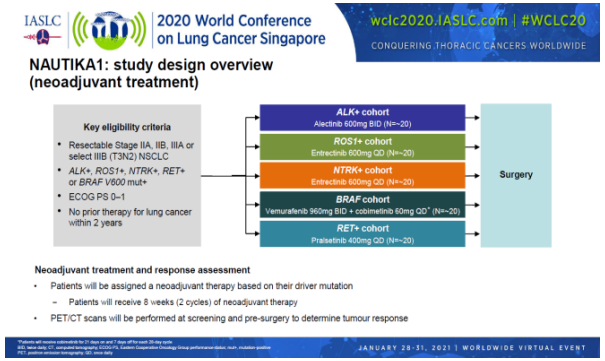
2022: 10 pac
EP: RMP

NAUTIKA1 — USA — NCT04302025

Phase II study in in **resectable stage IB–IIIA NSCLC,** which includes a cohort of patients receiving **perioperative alectinib** (neoadjuvant and adjuvant) + adjuvant chemotherapy[1]



Patient characteristics	*ALK*+ cohort (N=5)
Age (years), median (range)	52.0 (41-75)
Sex, n Female / Male	3 / 2
Race, n White / Unknown	4 / 1
Smoking history, n Former / Never	2 / 3
ECOG PS at baseline, n 0 / 1	4 / 1
Clinical staging (AJCC 8th edition), n Stage IIA / IIB / IIIA	1 / 1 / 3
Surgery outcomes	
Time from first neoadjuvant treatment dose to surgery (days), median (range)	61 (56-67)
Time from last neoadjuvant treatment to surgery (days), median (range)	1 (1-11)
Surgery performed out of the window defined in the protocol, n	0
Surgery type, n Minimally invasive surgery / Open approach	4 / 1
Unplanned surgery conversion, n	1
Surgery approach, n Robotically assisted VATS / Thoracotomy / VATS	2 / 1 / 2
Complete resection, n	5
Extent of resection, n Left upper lobectomy / Right lower lobectomy / Right upper lobectomy	2 / 2 / 1
Duration of surgery (minutes), median (range)	245 (104-386)
Time in hospital (days), median (range)	6 (3-8)
Intraoperative events	
Intraoperative complications / injury, n	0
Estimated blood loss (mL), median (range)	100 (20-650)
Intraoperative fibrosis, n	2
Intraoperative lymphadenopathy, n	2
Type of lymphadenopathy, n Both N1 and N2 / N1 only	1 / 1
Severity of lymphadenopathy, n Grade 0 (<1 cm) / Grade 1 (1-<2 cm) / Grade 2 (2-3 cm)	3 / 1 / 1
Peripheral adhesions, n	2
Hilar adhesions, n	2
Severity of hilar adhesions, n Grade 1 (mild fibrosis) / Grade 2 (moderate fibrosis)	1 / 1



HORIZON-01 — International — NCT05170204

Phase III, open-label, randomised cohort of patients with **unresectable stage III, *ALK*+ NSCLC** receiving **alectinib** vs durvalumab following chemoradiotherapy[3]

End Point primario: PFS
N: 320
02/2023: 5 pac

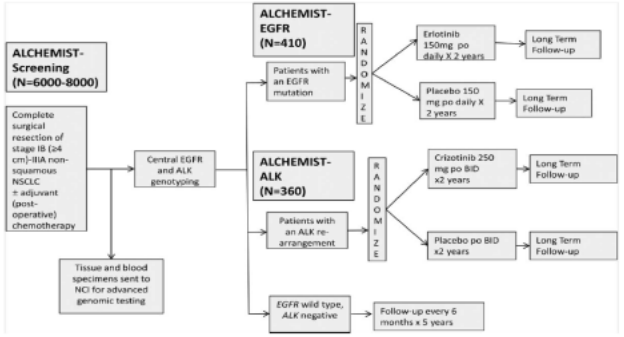
Alectinib 8 weeks neo
Qx
4 ciclos QT ady
EP RPM

A. Leonetti ASCO 2022, Lee ASCO 2022, Paz Ares ASCO 2023

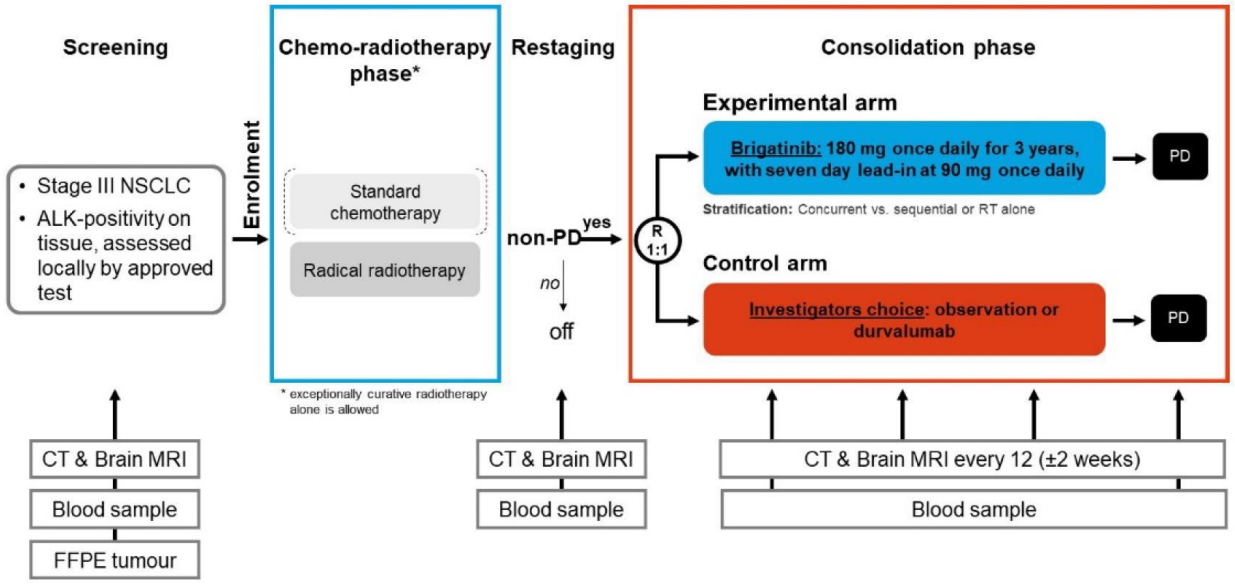
ALK

Otras terapias

ALCHEMIST



BOUNCE (ETOP)

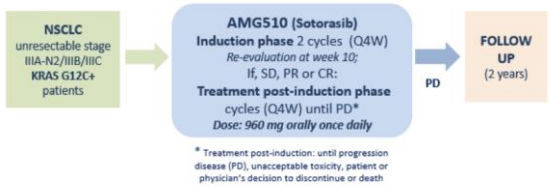


PrimaryEndPoint:
PFS (ITT) (**34**vs 10m)

SecondaryEndPoints:
OS, CNS-relapsefree survival, patternsof DP, toxicity.

KRAS

MERIT-LUNG



Primary EP : PFS

Secondary EP:
ORR, OS, Site of 1st failure, safety and tolerability, patients become
Resectable after inducction

Neo-KAN

ISR (849-ISR-005): Neoadjuvant KRAS^{G12C}-Directed Therapy With Adagrasib (MRTX849) With or Without Nivolumab (Neo-Kan)

Key Eligibility Criteria (N=42, estimated)

- Histologically confirmed diagnosis of NSCLC with KRAS^{G12C} mutation
- Stage Ib–IIIa
- Candidate for resection with curative intent
- ECOG performance status 0–1

Arm A
Adagrasib 600 mg BID
6 weeks

Arm B
Adagrasib 400 mg BID + nivolumab 240 mg IV Q2W
6 weeks

Surgery → Chemotherapy ± RT

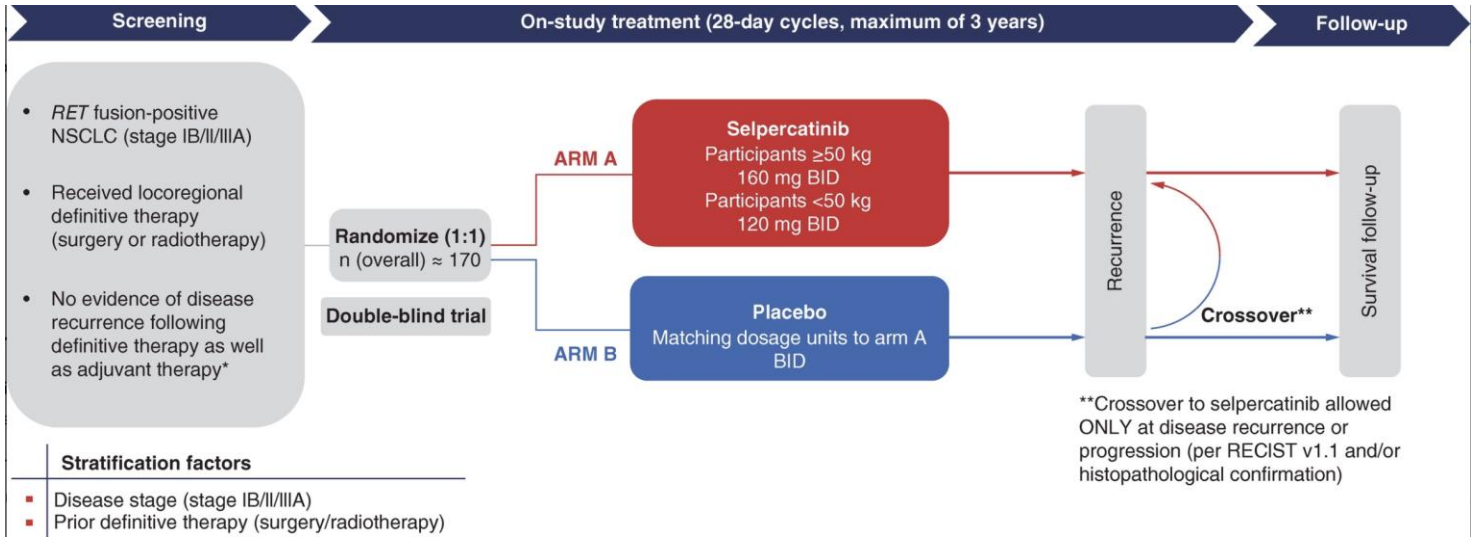
Actual Start Date: March 21, 2023
Estimated Primary Completion Date: November 01, 2025
Estimated Study Completion Date: February 01, 2029
Status: Enrolling

Outcome Measures
Primary: Pathological complete response rate

RET

Selpercartinib

Libretto 432



Tsuboi M Future Oncol 2022

Índice

Dudas por resolver

QT adyuvante en alteraciones moleculares tras resección E-IIIA

Modelo añadir QT a Tki

Estudio	Ramas	DFS	OS	Pegas
BR19	Gefitinib vss placebo		-	Poblacion no selecionada
Radiant	Erlotinib vs placebo	-		EGFR IHQ
Alchemist	Diana vs placebo			No resultados disponibles
Adaura	Osimertinib vs placebo	+	+	No diseñado para resolver papel QT

Modelo QT vs Tki

Estudio	Ramas	DFS	OS
CTONG1104	QT vs Gefi 2 años	+	-
IMPACT	QT vs Gefi 2 años	-	
EVIDENCE	QT vs Icotinib 2 años	+	Pte
ALINA	QT vs Alectinib 2 años	+	Pte

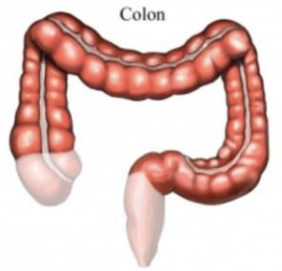
No haya evidencia actual para eliminar la QT adyuvante

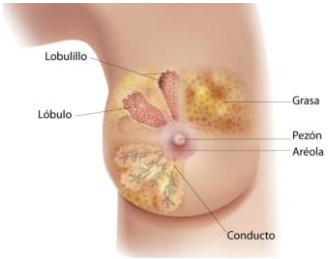
Zhong Lancet 2018, Zhong JCO 2021, He LR 2021, Goss JCO 2013, Kelly JCO 2015, Govindan CCR 2015, Tada JCO 2022, Herbst NEJM 2023

Dudas por resolver

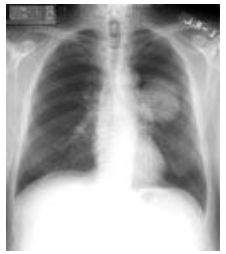
¿Qué End Point es el adecuado?

DFS subrogado de OS





DFS puede ser subrogado de OS en Quimioterapia pero es dudoso en terapias diana



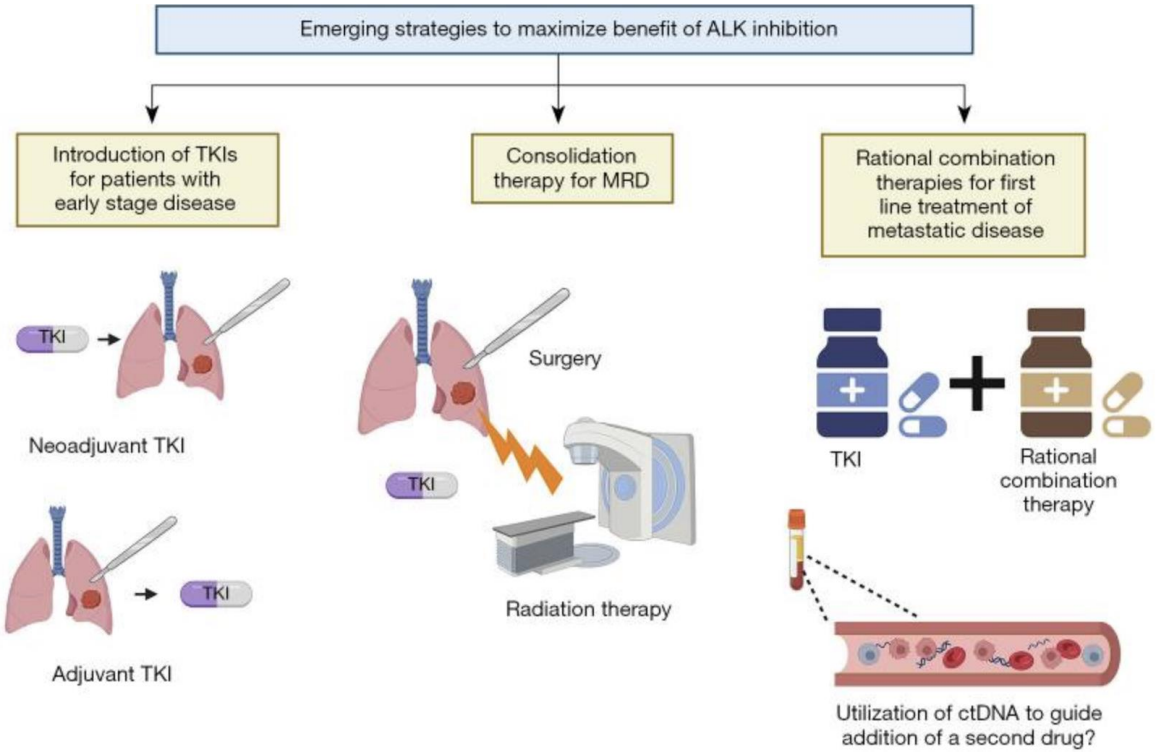
MPR y pCR requieren menor tiempo de seguimiento que
- pCR es un evento infrecuente en CPNCP en la era de QT
- MPR es más probable

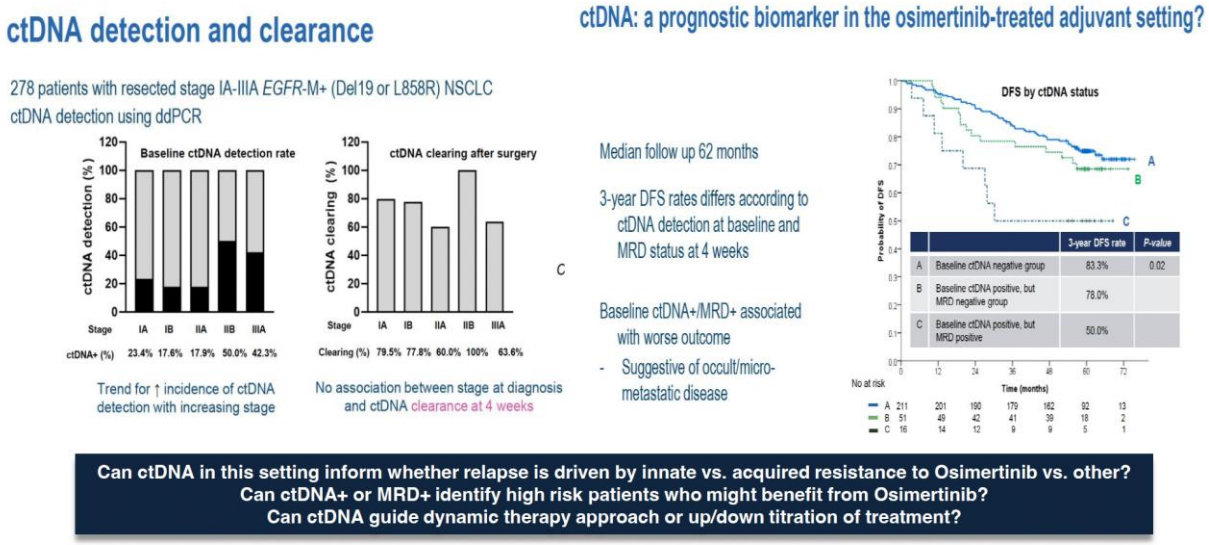
Trial	Time from first patient recruited until publication
IALT[2] (Adjuvant)	9 years
JBR.10[3] (Adjuvant)	11 years
ANITA[4] (Adjuvant)	12 years
NATCH[5] (Adjuvant vs neoadjuvant)	10 years
LU22[6] (Neoadjuvant)	10 years
SWOG9900[7] (Neoadjuvant)	11 years
CALGB 9633[8] (Neoadjuvant)	12 years

Mauguen Lancet Oncol 2013, Tutt NEJM 2021, Betticher DC BJC 2006,

Dudas por resolver

Como tratar las progresiones

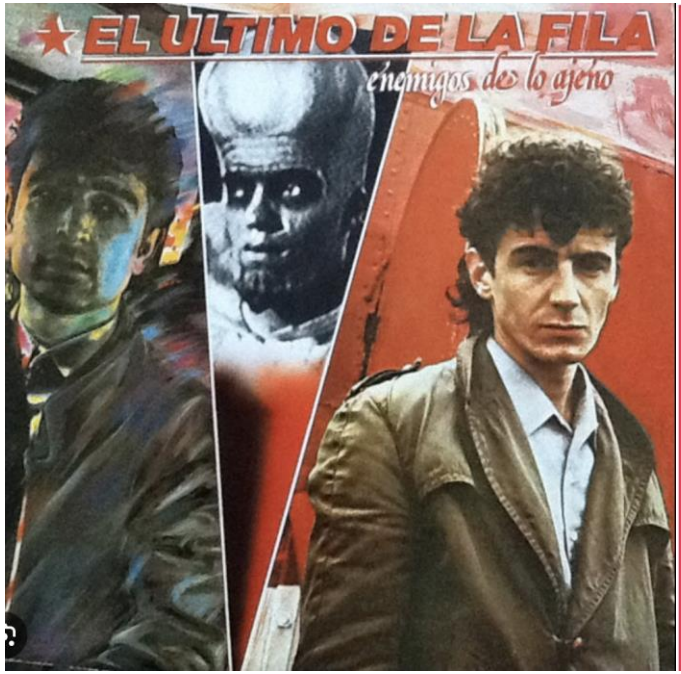




Desai A TLCR 2023, Ahn et al. ESMO 2022

Targeted therapies in stage III

La decepción como motivo de superación futura



¿Dónde estabas entonces
Cuando tanto te necesité?
Nadie es mejor que nadie
Pero tú creíste vencer
Si lloré ante tu puerta de nada sirvió
Barras de bar
Vertederos de amor
Os enseñé
Mi trocito peor

Conclusiones

Decepcionantes pero con perspectivas de cambiar en el futuro

- El panorama del estadio III resecado:
  - EGFR: Permite tratamiento adyuvante con osimertinib por 3 años. Es el estadio más beneficiado
    - DFS HR 0.20
    - OS HR 0.37 a los 5 años 85% vs 67%
  - ALK: datos preliminares del ALINA
    - DFS HR 0.25
  - Otras dianas: se tratan como población wt o valorar ensayos
- El panorama del estadio III irresecable:
  - Los datos con alteraciones diana no apoyan uso de Pacific
  - EGFR: habrá que esperar a los datos del LAURA. Ultimo escenario sin tratamiento dirigido
  - Otras dianas: ausencia de datos.

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Lung CANCER
23&24
November 2023

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lung cancer research

Muchas Gracias