

12º SIMPÓSIO  
INTERNACIONAL DE

CÂNCER DE  
PULMÃO

2ª JORNADA ONCONNECTION MULTICARE

2024

# Imunoterapia no tratamento adjuvante do câncer de pulmão

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Icesp e Rede D'Or (Hospital São Luiz e Oncostar)

Núcleo de Pesquisa do Icesp



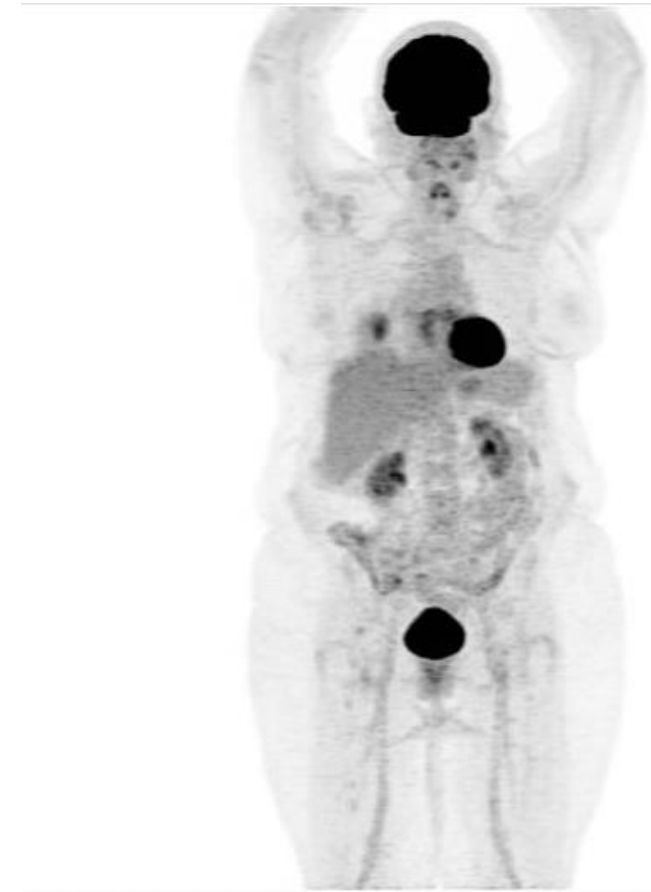
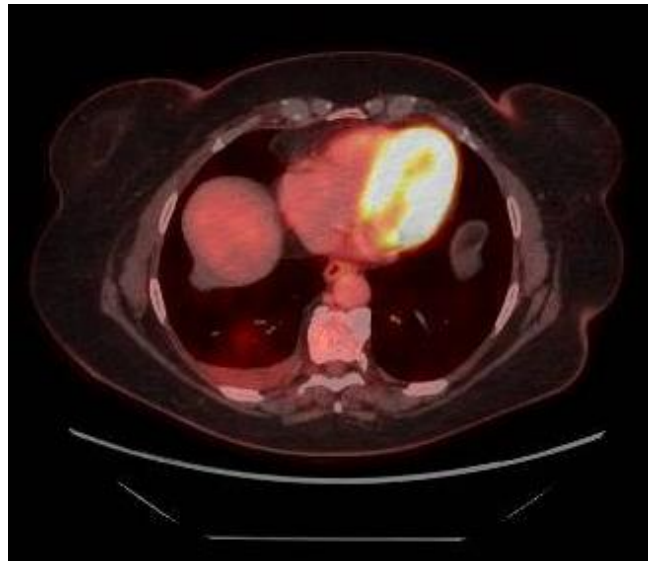
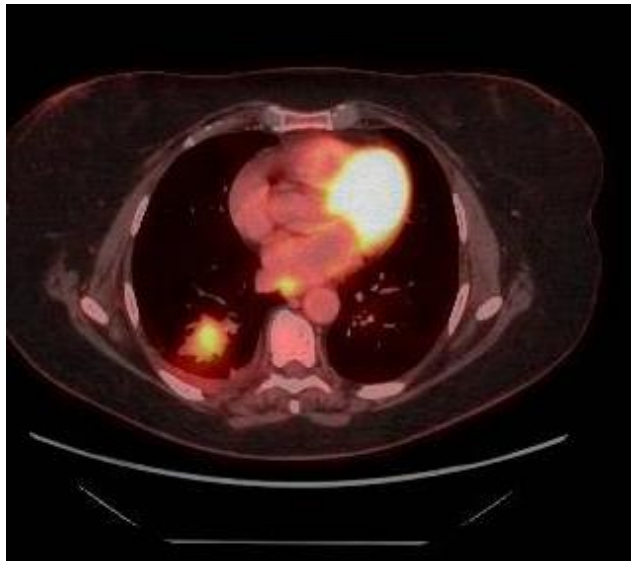
ONCOLOGIA *D'OR*

# Declaração de conflitos de interesse

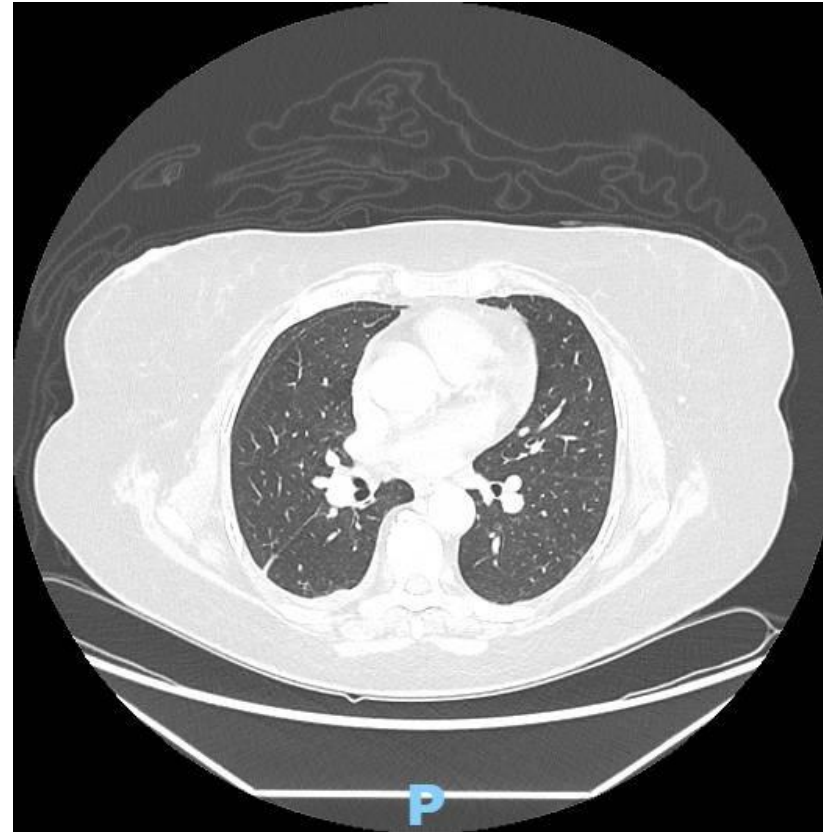
- De acordo com a Resolução 1595/2000 do Conselho Federal de Medicina (CFM) e com a RDC 96/2008 da Agência Nacional de Vigilância Sanitária (ANVISA), declaro que:
  - Pesquisa Clínica (Investigadora Principal): Roche, MSD, BMS, Jassen, Debiopharm, Eli Lilly, Amgen
  - Apresentações (speaker): Roche, AZ, MSD, Merck Serono, Bayer, Pfizer, Takeda, Amgen

# Feminino, 72 anos, ECOG 0

- Hipotireoidismo, ex-tabagista desde os há 41 anos, 9 anos-maço
- Tosse persistente e dispneia
- TC de tórax: Opacidade consolidativa em vidro fosco 48 x 29 x 34mm
- Biópsia> Adenocarcinoma moderadamente diferenciado, G2, TTF1+/Napsina +, EGFR neg, ALK neg, PD-L1 10%
- PFP VEF1 64%, distúrbio ventilatório moderado



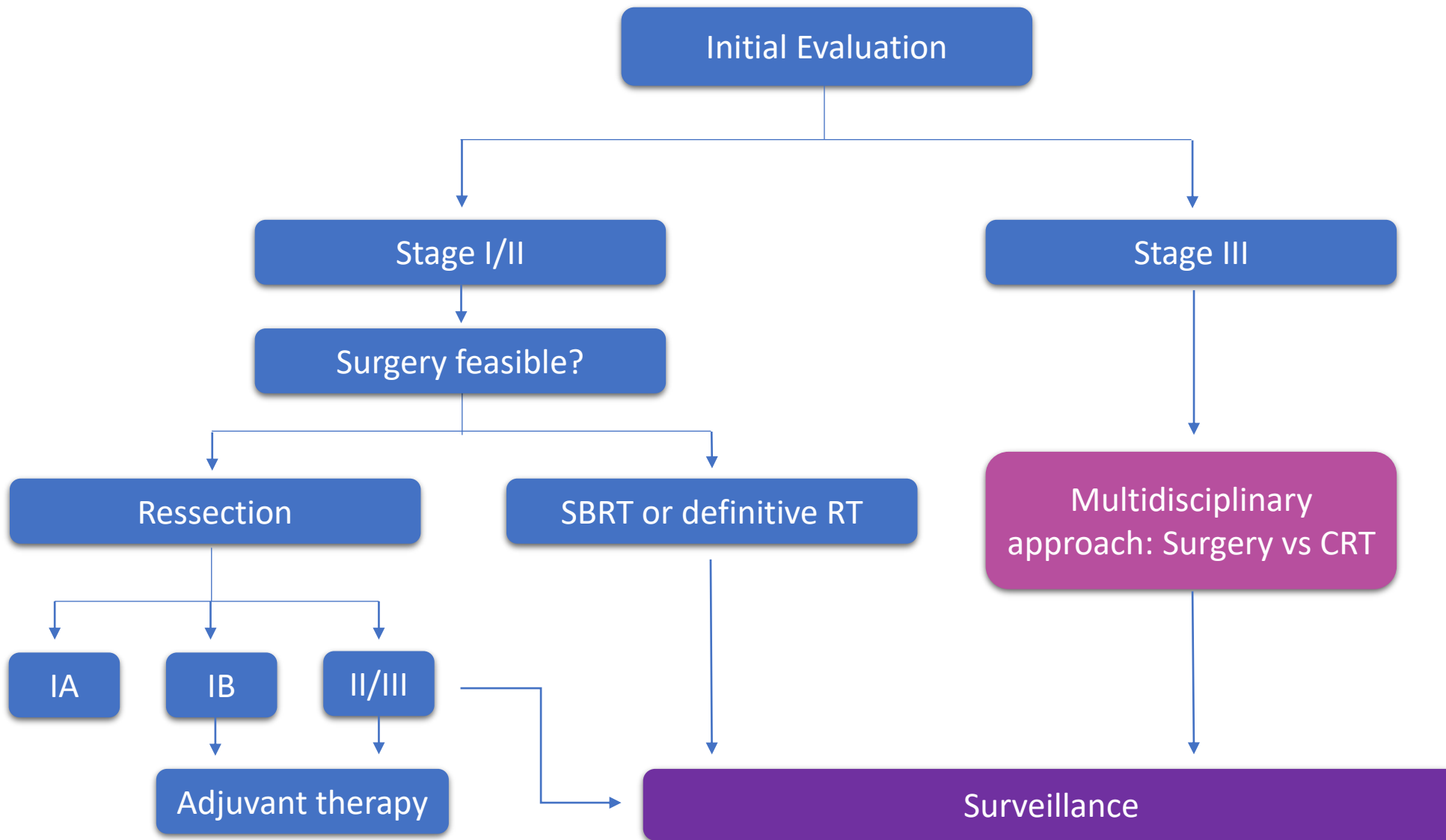
- Avaliação pré operatória



# Feminino, 72 anos, ECOG 0

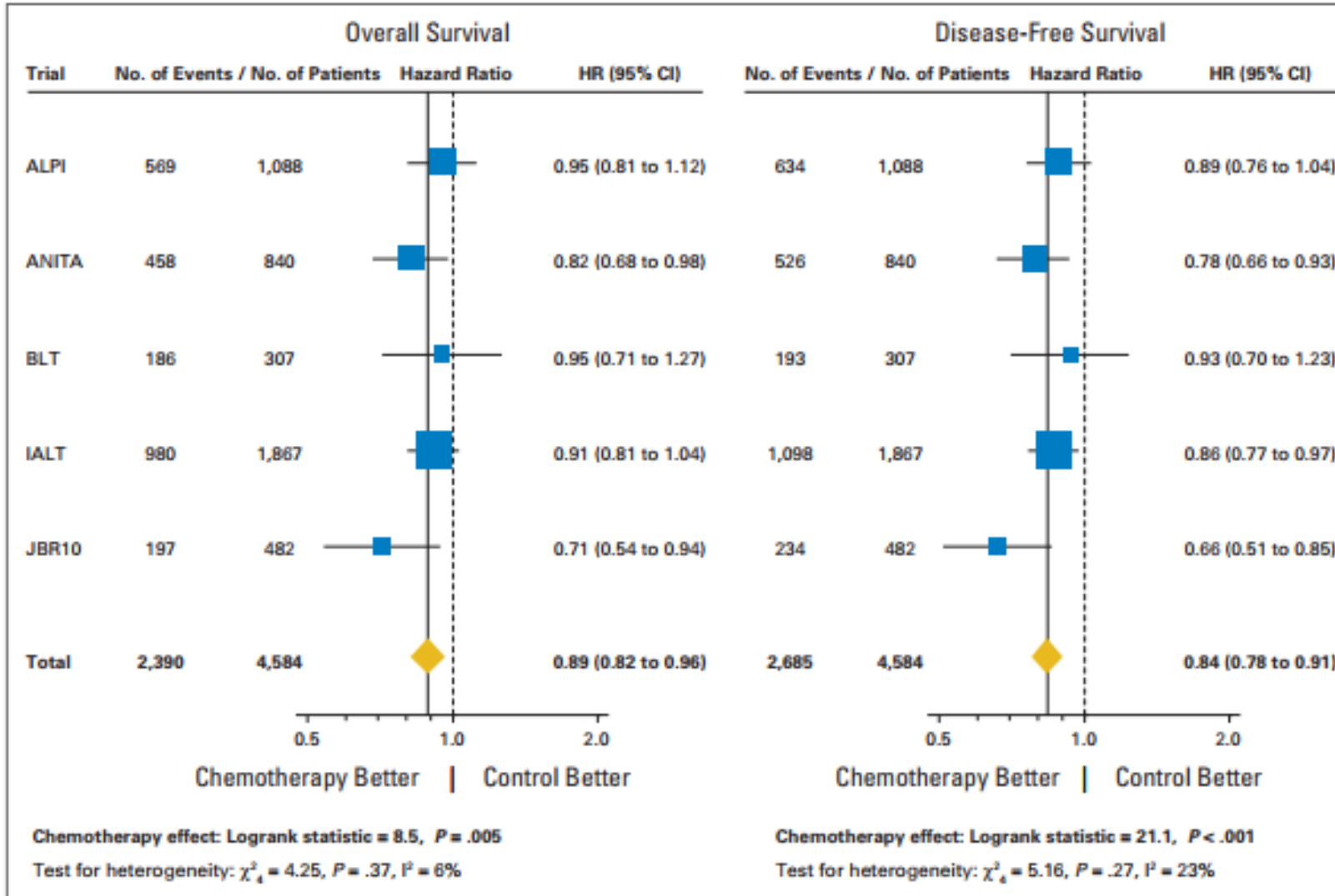
- Lobectomia inferior direita + linfadenectomia: Adenocarcinoma invasivo predominantemente micropapilífero; outros subtipos: papilífero (30%), acinar (20%), lepidico (5%)
- Tamanho 6,0 x 4,5 x 3,0cm
- Disseminação alveolar para espaços aéreos + IAL+, sem invasão de pleura
- LNs cadeias 2, 4, 7, 9 e 11 negativos
- pT3pN0

- Recomendação de adjuvância?
  - A. Cisplatina + Pemetrexede seguido de atezolizumabe adjuvante
  - B. Carboplatina + Paclitaxel seguido de atezolizumabe adjuvante
  - C. Cisplatina + Vinerolbina
  - D. Carboplatina + Pemetrexede
  - E. Pembrolizumabe isolado
  - **F. Depende**



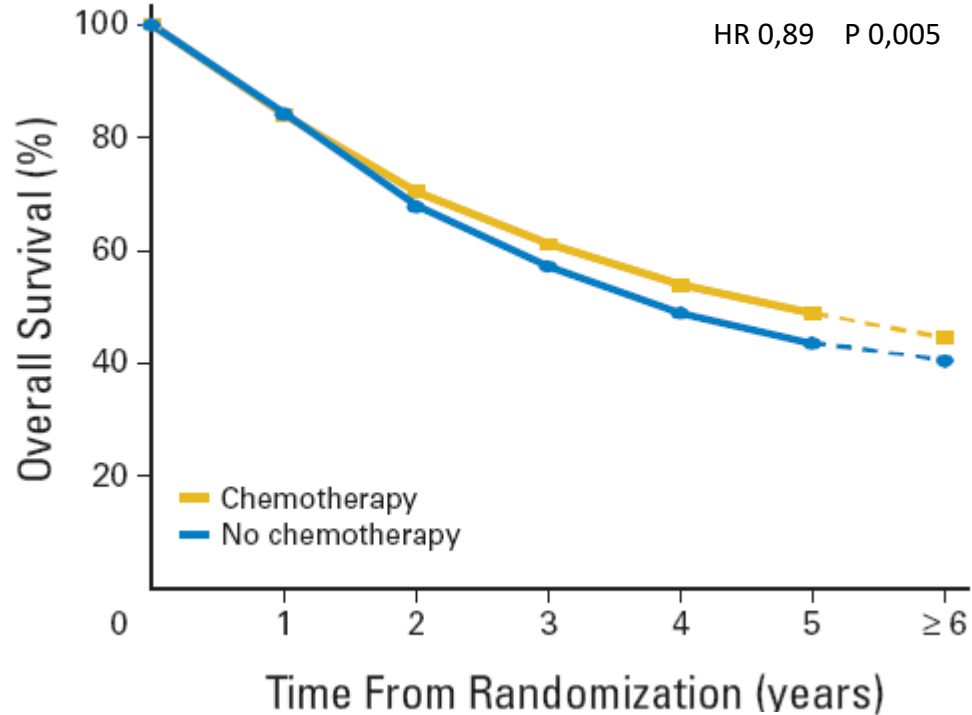


# LACE Meta-analysis



# LACE Meta-analysis

**A**



**First 6 months:**

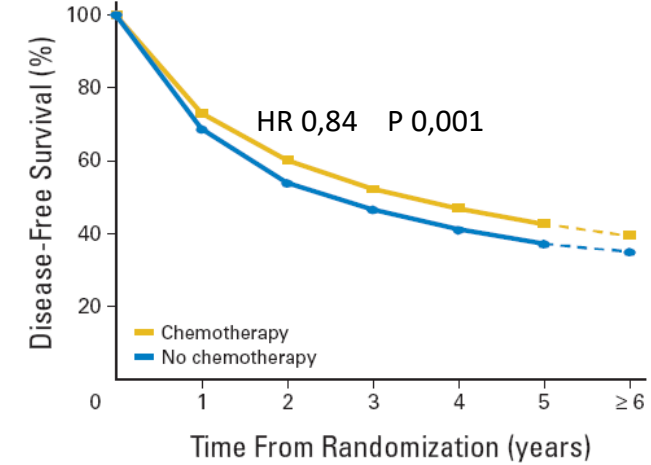
74 deaths CT vs 29 control

- 4584 pts

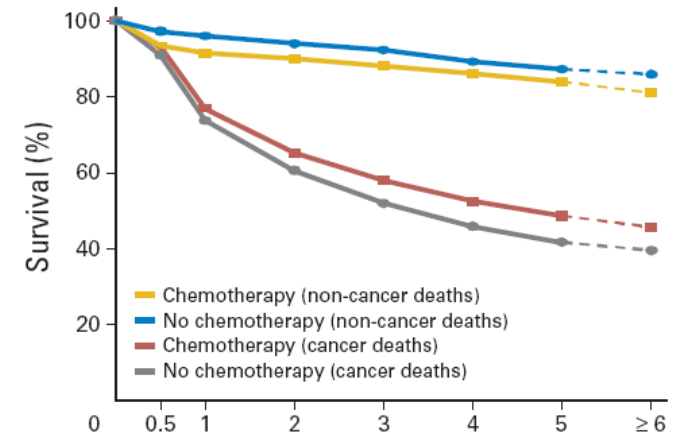
HR 0.89 (95% CI, 0.82 to 0.96; *P* .005)

5 years absolute benefit: 5.4%

**B**



**C**

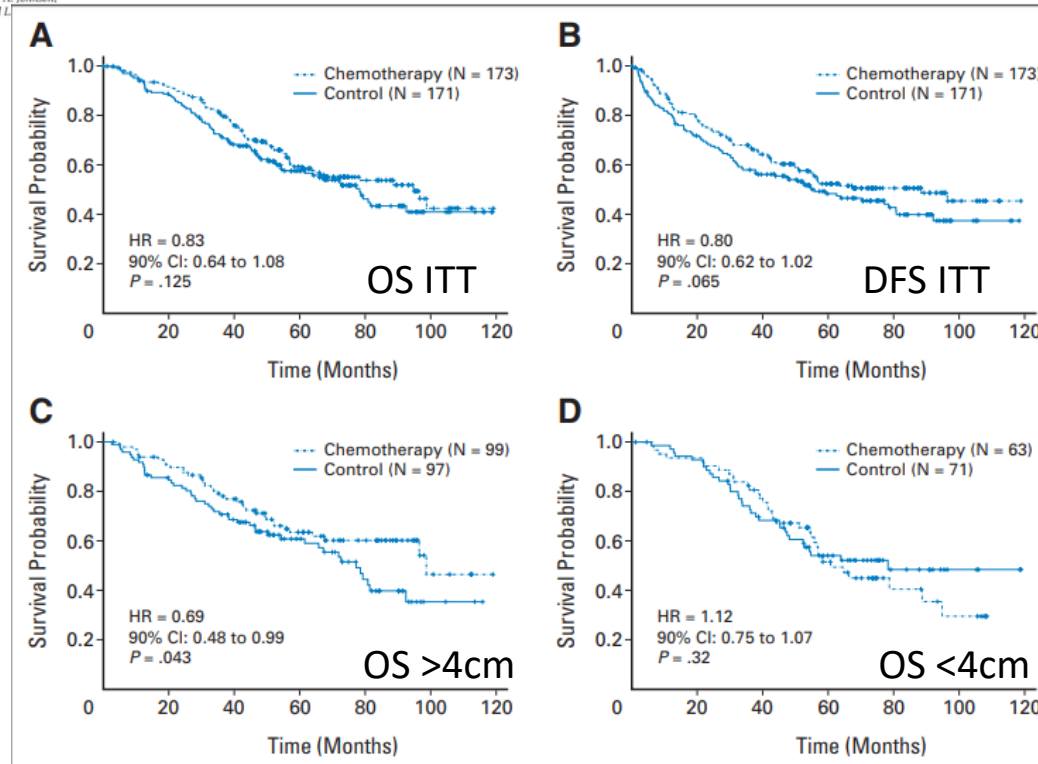


Adjuvant Paclitaxel Plus Carboplatin Compared With Observation in Stage IB Non–Small–Cell Lung Cancer: CALGB 9633 With the Cancer and Leukemia Group B, Radiation Therapy Oncology Group, and North Central Cancer Treatment Group Study Groups

Gary M. Strauss, James E. Herndon II, Michael A. Maddaus, David W. Johnstone, Elizabeth A. Johnson, David H. Harpole, Heidi H. Gillenwater, Dorothy M. Watson, David J. Sugarbaker, Richard L. Everett E. Vokes, Mark R. Green

From the Tufts Medical Center, Brigham and Women's Hospital.

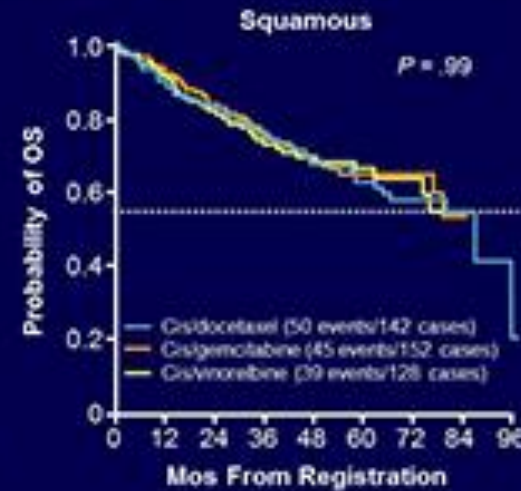
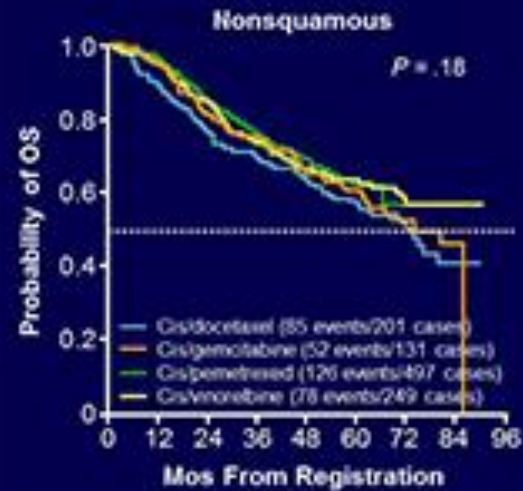
High risk IB:  
>4cm  
Others:  
ALI, SUV>10, poorly differentiated, PL2



# Outros esquemas de quimioterapia

## E1505 Chemotherapy Subset Analysis: OS by Histology

- OS not significantly different between chemotherapy groups



Wakelee HA, et al. ASCO 2016. Abstract 8507.  
Reproduced with permission.

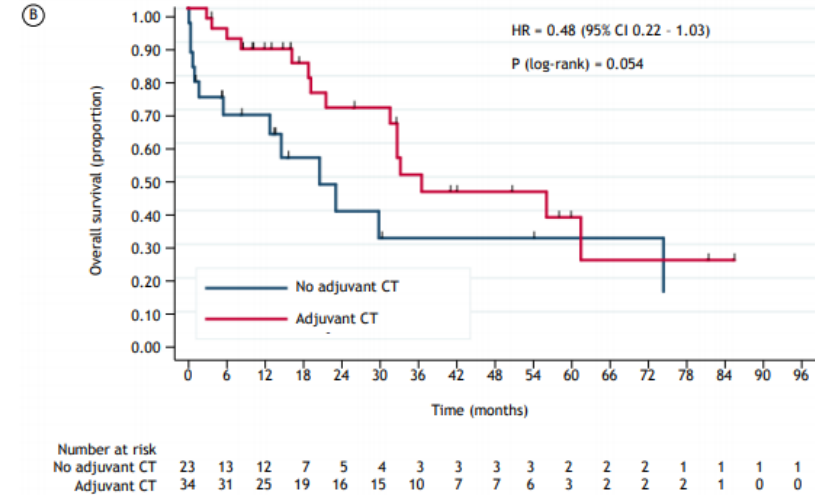
Slide credit: [clinicaloptions.com](http://clinicaloptions.com)

# Adjuvância na prática

**Table 1.** Characteristics of the patients included in the study (N = 231).<sup>a</sup>

Characteristic	Group		P
	Adjuvant chemotherapy (n = 80)	No adjuvant chemotherapy (n = 151)	
Age, years	63.0 [45.3-79.1]	68.3 [34.0-87.9]	< 0.001*
Sex			0.388†
Male	36 (45.0)	73 (48.3)	
Female	44 (55.0)	78 (51.7)	
Type of surgery			0.005†
Pneumonectomy	12 (15.0)	12 (7.9)	
Lobectomy	61 (76.2)	134 (88.7)	
Other	7 (8.7)	5 (3.3)	
Histology			0.747†
SCC	21 (26.2)	48 (31.8)	
Adenocarcinoma	53 (66.2)	92 (60.9)	
Other	6 (7.5)	10 (6.6)	
Not available	0 (0)	1 (0.7)	
Stage			< 0.001†
I	2 (2.5)	85 (56.3)	
II	44 (54.9)	41 (27.1)	
III	34 (42.5)	24 (15.9)	
Not available	0 (0)	1 (0.7)	
Lymph node status			< 0.001†
N0	25 (31.2)	102 (67.5)	
N1	27 (33.7)	17 (11.3)	
N2	27 (33.7)	14 (9.3)	
Not available	1 (1.2)	18 (11.9)	
ECOG-PS before chemotherapy			
0	22 (27.5)	-	
1	48 (60.0)	-	
2	1 (1.2)	-	
2	9 (11.2)	-	
Not available			
Radiation therapy			
Yes	13 (16.2)	5 (3.3)	

SCC: squamous cell carcinoma; and PS: performance status. <sup>a</sup>Values expressed as median [range] or n (%).  
\*Student's t-test. †Fisher's exact test.

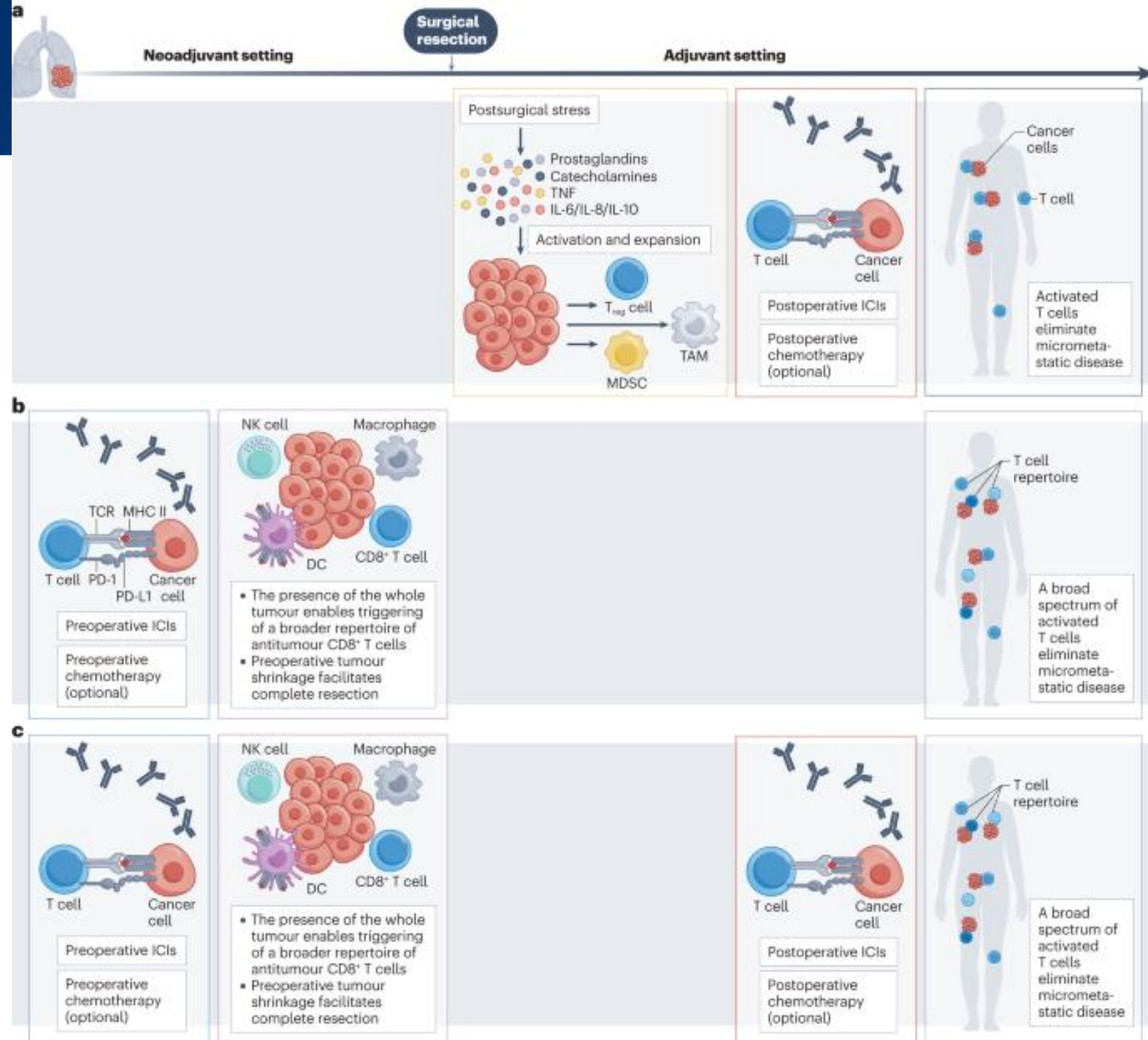


**Table 4.** Safety profile of adjuvant chemotherapy with cisplatin and vinorelbine in patients with non-small cell lung cancer after surgery.

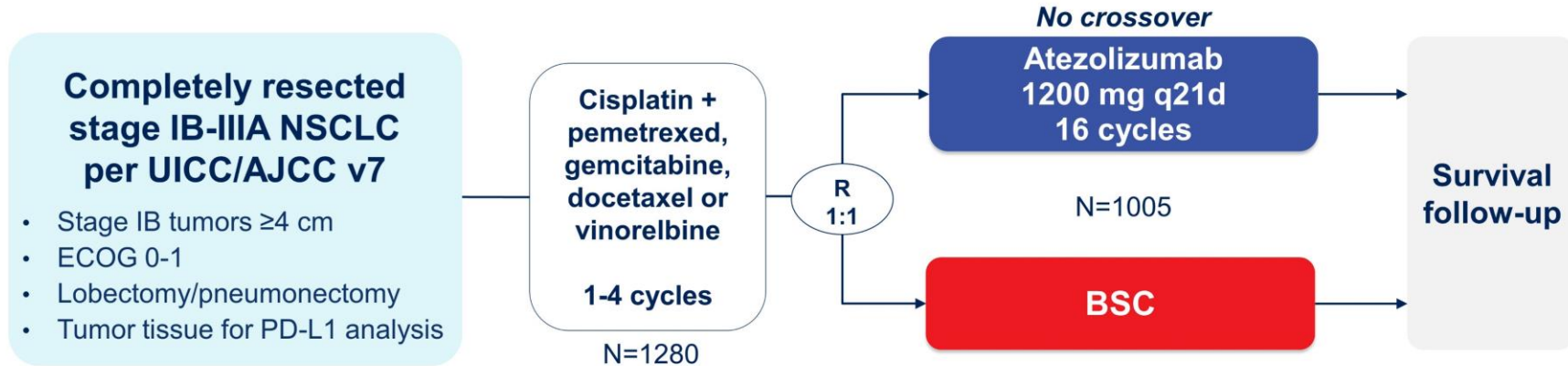
Profile	Present study	ANITA trial <sup>a</sup>
Grade 3-4 toxicity	89%	N/A
Grade 5 toxicity	9%	2%
Grade 3-4 febrile neutropenia	29%	9%
Toxicity as reason for chemotherapy discontinuation	68%	34%
Hospitalization due to toxicity	49%	N/A

<sup>a</sup>Results based on Douillard et al.<sup>(4)</sup> ANITA: Adjuvant Navelbine International Trialist Association.

# Como melhorar?



## IMpower010: study design



### Stratification factors

- Male/female
- Stage (IB vs II vs IIIA)
- Histology
- PD-L1 tumor expression status<sup>a</sup>: TC2/3 and any IC vs TC0/1 and IC2/3 vs TC0/1 and IC0/1

### Primary endpoints

- Investigator-assessed DFS tested hierarchically:
  - PD-L1 TC ≥1% (per SP263) stage II-IIIa population
  - All-randomized stage II-IIIa population
  - ITT population (stage IB-IIIa)

### Key secondary endpoints

- OS in ITT population
- DFS in PD-L1 TC ≥50% (per SP263) stage II-IIIa population
- 3-y and 5-y DFS in all 3 populations

Both arms included observation and regular scans for disease recurrence on the same schedule.  
ECOG, Eastern Cooperative Oncology Group; IC, tumor-infiltrating immune cells; ITT, intent to treat; TC, tumor cells. <sup>a</sup> Per SP142 assay.

# Características dos pacientes

	PD-L1 TC ≥1% stage II-IIIa group (SP263)		All stage II-IIIa group		Intention-to-treat group (stage IB-IIIa)	
	Atezolizumab (n=248)	Best supportive care (n=228)	Atezolizumab (n=442)	Best supportive care (n=440)	Atezolizumab (n=507)	Best supportive care (n=498)
Age, years	61 (56-67)	62 (56-68)	62 (56-67)	62 (55-68)	62 (57-67)	62 (56-68)
Age group						
<65 years	156 (63%)	131 (57%)	281 (64%)	263 (60%)	323 (64%)	300 (60%)
≥65 years	92 (37%)	97 (43%)	161 (36%)	177 (40%)	184 (36%)	198 (40%)
Sex						
Male	171 (69%)	147 (64%)	295 (67%)	294 (67%)	337 (66%)	335 (67%)
Female	77 (31%)	81 (36%)	147 (33%)	146 (33%)	170 (34%)	164 (33%)
Race						
White	162 (65%)	166 (73%)	307 (69%)	324 (74%)	362 (71%)	376 (76%)
Asian	78 (31%)	56 (25%)	121 (27%)	106 (24%)	130 (26%)	112 (23%)
Black or African American	2 (<1%)	0	4 (1%)	1 (<1%)	5 (1%)	1 (<1%)
Native Hawaiian or other Pacific Islander	1 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)
Multiple	0	1 (<1%)	0	1 (<1%)	0	1 (<1%)
Unknown	5 (2%)	4 (2%)	9 (2%)	7 (2%)	9 (2%)	7 (1%)
ECOG performance status*						
0	140 (56%)	125 (55%)	239 (54%)	252 (57%)	273 (54%)	283 (57%)
1	107 (43%)	102 (45%)	201 (45%)	187 (43%)	232 (46%)	214 (43%)
2	1 (<1%)	1 (<1%)	2 (<1%)	1 (<1%)	2 (<1%)	1 (<1%)
Histology						
Squamous	96 (39%)	85 (37%)	150 (34%)	144 (33%)	179 (35%)	167 (34%)
Non-squamous	152 (61%)	143 (63%)	292 (66%)	296 (67%)	328 (65%)	331 (67%)
Tobacco use history						
Never	51 (21%)	41 (18%)	100 (23%)	96 (22%)	114 (23%)	108 (22%)
Previous	163 (66%)	146 (64%)	277 (63%)	270 (61%)	317 (63%)	304 (61%)
Current	34 (14%)	41 (18%)	65 (15%)	74 (17%)	76 (15%)	86 (17%)
Stage						
IB	..	..	..	..	65 (13%)	58 (12%)
IIA	85 (34%)	76 (33%)	147 (33%)	148 (34%)	147 (29%)	148 (30%)
IIB	46 (19%)	37 (16%)	90 (20%)	84 (19%)	90 (18%)	84 (17%)
IIIA	117 (47%)	115 (50%)	205 (46%)	208 (47%)	205 (40%)	208 (42%)
Type of surgery						
Lobectomy	186 (75%)	173 (76%)	335 (76%)	340 (77%)	394 (78%)	391 (79%)
Sleeve lobectomy	3 (1%)	3 (1%)	4 (1%)	4 (<1%)	4 (<1%)	4 (<1%)
Bilobectomy	15 (6%)	9 (4%)	30 (7%)	17 (4%)	31 (6%)	19 (4%)
Pneumonectomy	43 (17%)	42 (18%)	72 (16%)	78 (18%)	77 (15%)	83 (17%)
Other	1 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)	1 (<1%)

(Table 1 continues on next page)

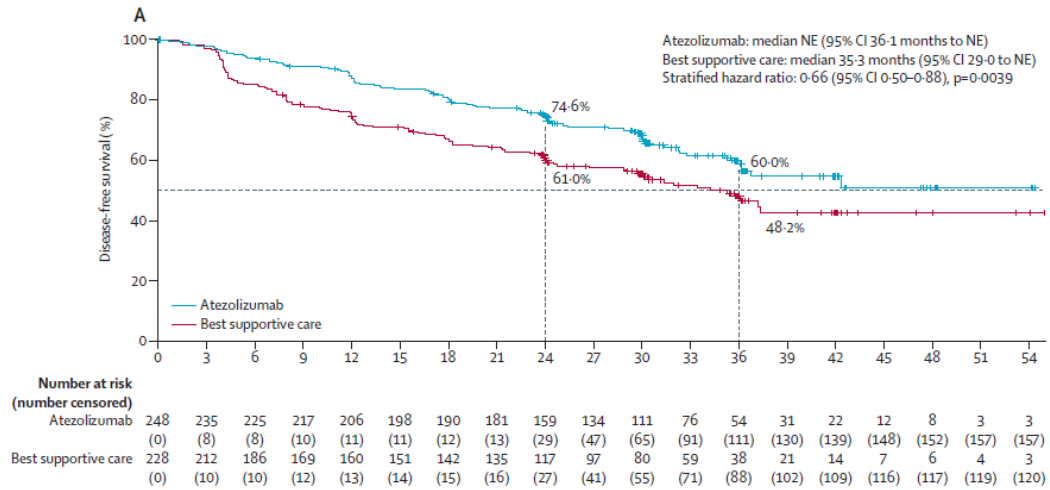
	PD-L1 TC ≥1% stage II-IIIa group (SP263)		All stage II-IIIa group		Intention-to-treat group (stage IB-IIIa)	
	Atezolizumab (n=248)	Best supportive care (n=228)	Atezolizumab (n=442)	Best supportive care (n=440)	Atezolizumab (n=507)	Best supportive care (n=498)
(Continued from previous page)						
EGFR mutation status†						
Yes	23 (9%)	20 (9%)	49 (11%)	60 (14%)	53 (10%)	64 (13%)
No	123 (50%)	125 (55%)	229 (52%)	234 (53%)	261 (52%)	266 (53%)
Unknown	102 (41%)	83 (36%)	164 (37%)	146 (33%)	193 (38%)	168 (34%)
ALK rearrangement status†						
Yes	12 (5%)	11 (5%)	14 (3%)	17 (4%)	15 (3%)	18 (4%)
No	133 (54%)	121 (53%)	251 (57%)	256 (58%)	280 (55%)	294 (59%)
Unknown	103 (42%)	96 (42%)	177 (40%)	167 (38%)	212 (42%)	186 (37%)
PD-L1 status by SP263‡						
<1%	..	..	181 (41%)	202 (46%)	210 (41%)	234 (47%)
≥1%	248 (100%)	228 (100%)	248 (56%)	228 (52%)	283 (56%)	252 (51%)
PD-L1 status by SP142§						
TC0/1 and IC0/1	77 (31%)	66 (29%)	198 (45%)	198 (45%)	231 (46%)	231 (46%)
TC0/1 and IC2/3	66 (27%)	61 (27%)	127 (29%)	132 (30%)	146 (29%)	145 (29%)
TC2/3 and any IC	105 (42%)	101 (44%)	117 (26%)	110 (25%)	130 (26%)	122 (25%)

Data are median (IQR) or n (%) unless otherwise specified. ECOG=Eastern Cooperative Oncology Group. IC=tumour-infiltrating immune cells. NSCLC=non-small-cell lung cancer. TC=tumour cells. \*At randomisation; patients with ECOG performance status 2 had protocol deviations. †Assessed locally or centrally for patients with non-squamous NSCLC. 89% of patients with unknown EGFR status and 81% of patients with unknown ALK status in the intention-to-treat population had squamous NSCLC and were not required to undergo local or central testing. ‡26 patients in the intention-to-treat population (14 in the atezolizumab group and 12 in the best supportive care group) had unknown PD-L1 status as assessed by SP263. Of these, 23 patients (13 in the atezolizumab group and ten in the best supportive care group) had stage II-IIIa disease and were included in the stage II-IIIa population. §PD-L1 expression on TC or IC was scored as: TC0/1 and IC0/1 was <5% TC and IC; TC0/1 and IC2/3 was <5% TC and ≥5% IC; TC2/3 and any IC was ≥5% TC and any IC status.

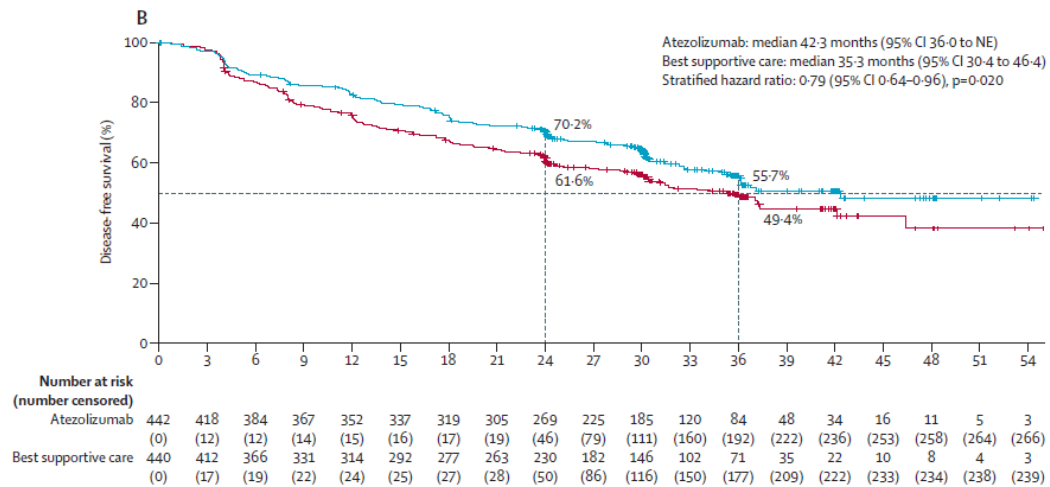
**Table 1: Baseline characteristics**



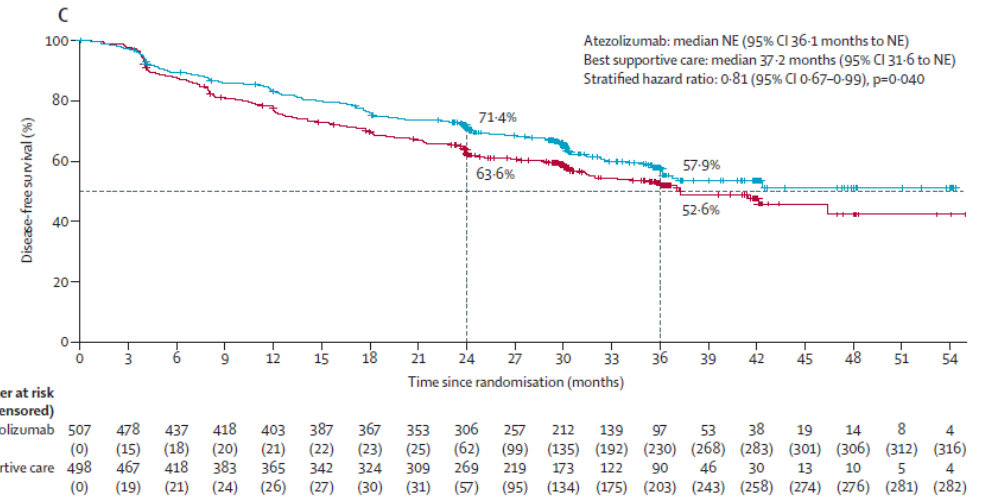
# Estratificação de pacientes



II-IIIa PD-L1 > 1%



II-IIIa qq PD-L1



População geral

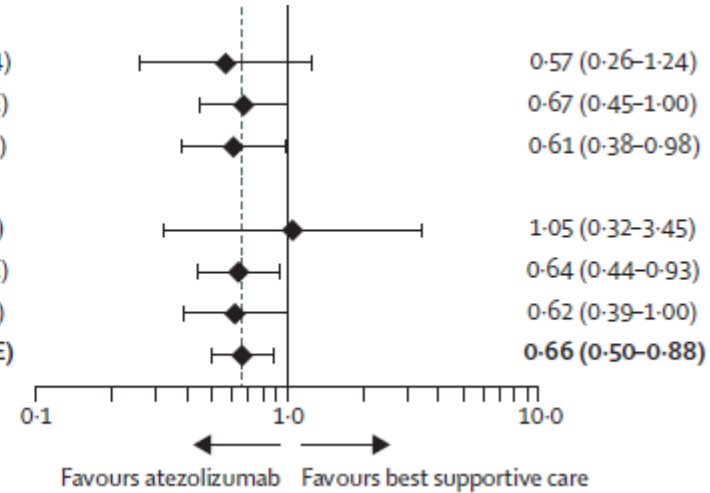
# Análise de subgrupos

## EGFR mutation status

Yes	23/43	29.7 (18.0-NE)	20/43	16.6 (6.7-31.4)
No	123/248	NE (35.5-NE)	125/248	36.0 (26.7-NE)
Unknown	102/185	NE (36.1-NE)	83/185	35.3 (23.9-NE)

## ALK rearrangement status

Yes	12/23	30.5 (17.1-NE)	11/23	37.2 (21.3-NE)
No	133/254	42.3 (35.5-NE)	121/254	30.4 (23.9-NE)
Unknown	103/199	NE (36.7-NE)	96/199	37.3 (30.1-NE)
<b>All patients</b>	<b>248/476</b>	<b>NE (36.1-NE)</b>	<b>228/476</b>	<b>35.3 (29.0-NE)</b>

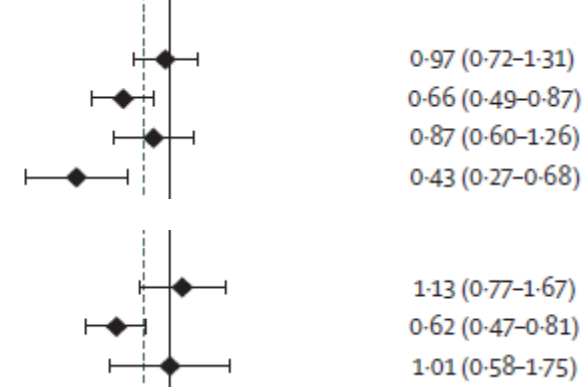


## PD-L1 status by SP263

TC <1%	181/383	36.1 (30.2-NE)	202/383	37.0 (28.6-NE)
TC ≥1%	248/476	NE (36.1-NE)	228/476	35.3 (29.0-NE)
TC 1-49%	133/247	32.8 (29.4-NE)	114/247	31.4 (24.0-NE)
TC ≥50%	115/229	NE (42.3-NE)	114/229	35.7 (29.7-NE)

## Tobacco use history

Never	100/196	30.1 (24.0-32.8)	96/196	30.4 (24.0-42.1)
Previous	277/547	NE (42.3-NE)	270/547	32.0 (29.7-NE)
Current	65/139	NE (30.1-NE)	74/139	NE (34.2-NE)



# Toxicidades do tratamento

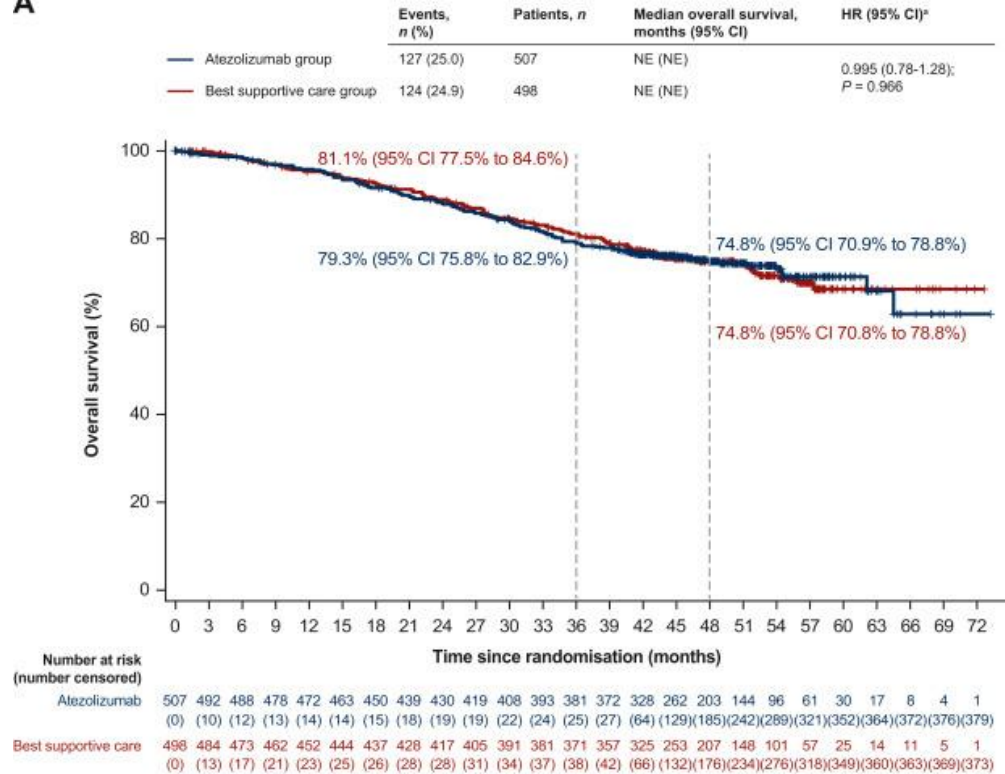


	Atezolizumab group (n=495)			Best supportive care group (n=495)		
	All grades	Grade 3-4	Grade 5	All grades	Grade 3-4	Grade 5
Any cause	459 (93%)	108 (22%)	8 (2%) <sup>†</sup>	350 (71%)	57 (12%)	3 (1%) <sup>‡</sup>
Cough	66 (13%)	0	0	46 (9%)	0	0
Pyrexia	65 (13%)	4 (1%)	0	11 (2%)	1 (<1%)	0
Hypothyroidism	55 (11%)	0	0	3 (1%)	0	0
Alanine aminotransferase increased	53 (11%)	8 (2%)	0	16 (3%)	1 (<1%)	0
Aspartate aminotransferase increased	53 (11%)	7 (1%)	0	16 (3%)	0	0
Arthralgia	52 (11%)	2 (<1%)	0	26 (5%)	0	0
Pruritus	51 (10%)	0	0	3 (1%)	0	0
Nasopharyngitis	33 (7%)	0	0	50 (10%)	0	0

Data are n (%). \* Includes all-grade adverse events occurring in 10% or more of patients in either group, along with corresponding frequencies for grade 3-4 and grade 5 events.  
<sup>†</sup> Interstitial lung disease, multiple organ dysfunction syndrome, myocarditis, and acute myeloid leukaemia (all four events related to atezolizumab), and pneumothorax, cerebrovascular accident, arrhythmia, and acute cardiac failure. <sup>‡</sup> Pneumonia; pulmonary embolism; and cardiac tamponade and septic shock in the same patient.

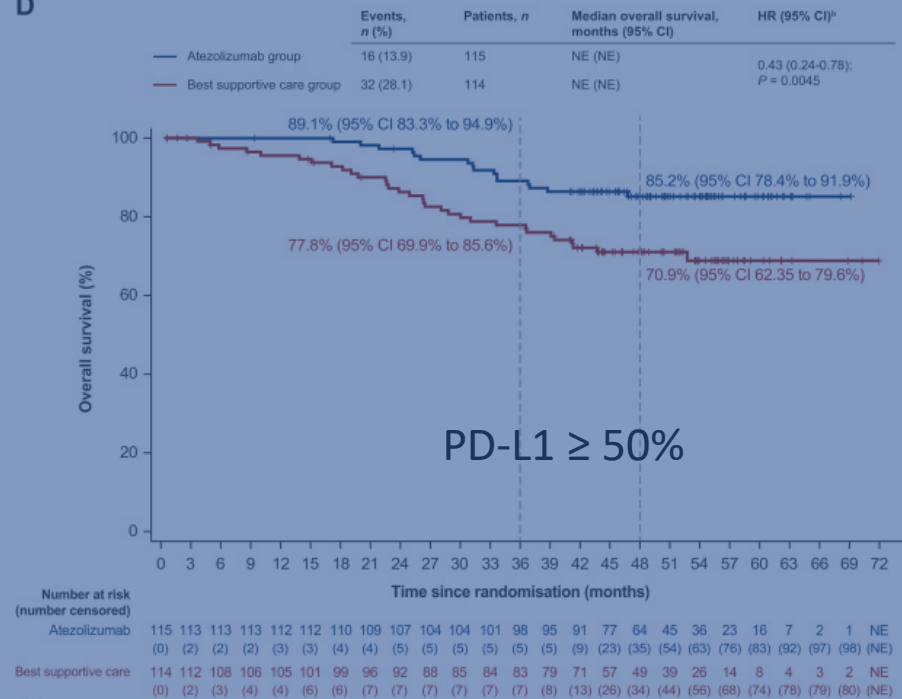
**Table 3: Most commonly reported adverse events in the atezolizumab or best supportive care groups\***

A



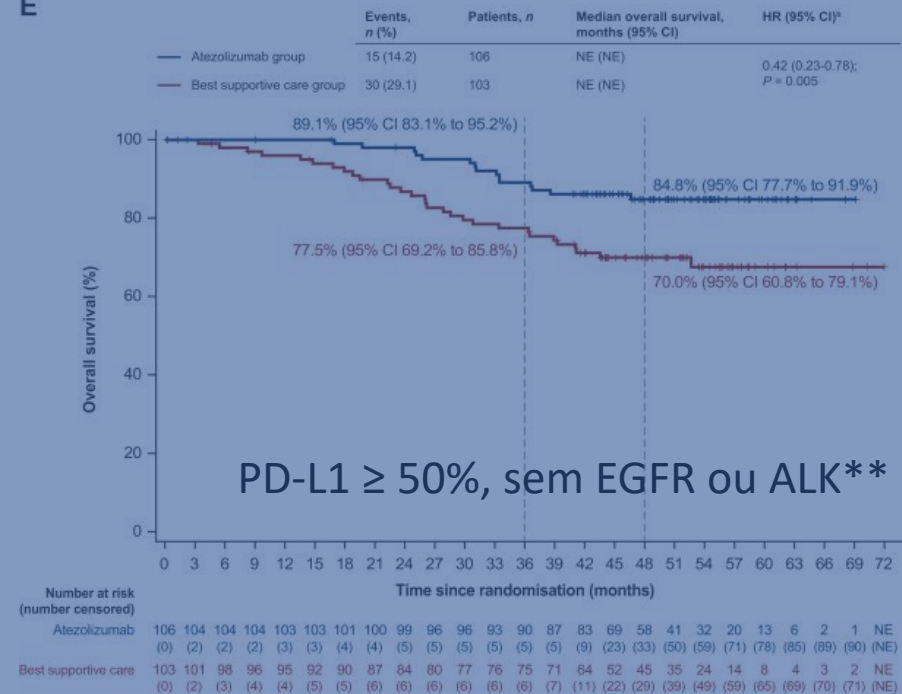
1ª análise interina população ITT

D



PD-L1 ≥ 50%

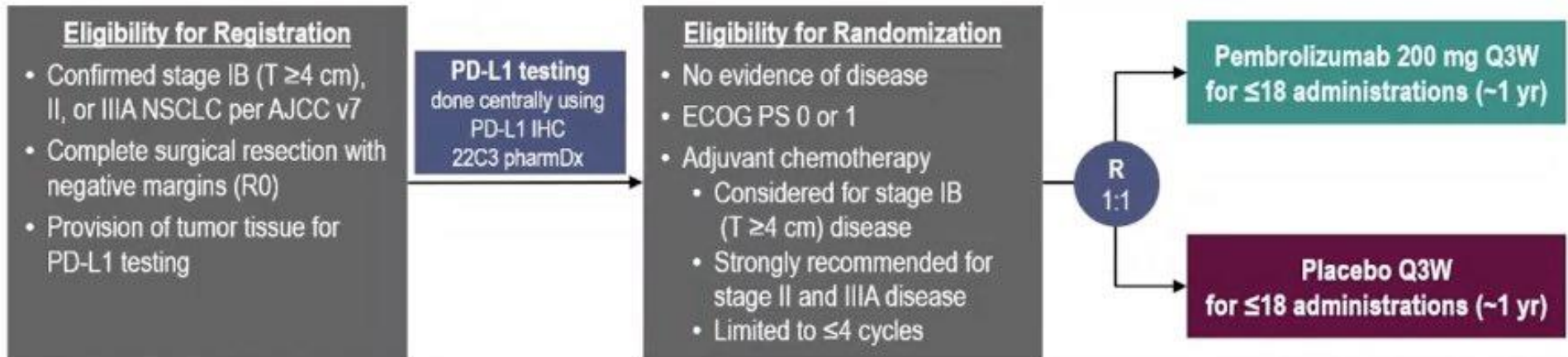
E



PD-L1 ≥ 50%, sem EGFR ou ALK\*\*

## PEARLS/KEYNOTE-091 Study Design

Randomized, Triple-Blind, Phase 3 Trial



### Stratification Factors

- Disease stage (IB vs II vs IIIA)
- PD-L1 TPS (<1% vs 1-49% vs ≥50%)
- Receipt of adjuvant chemotherapy (yes vs no)
- Geographic region (Asia vs Eastern Europe vs Western Europe vs rest of world)

### Dual Primary End Points

- DFS in the overall population
- DFS in the PD-L1 TPS ≥50% population

### Secondary End Points

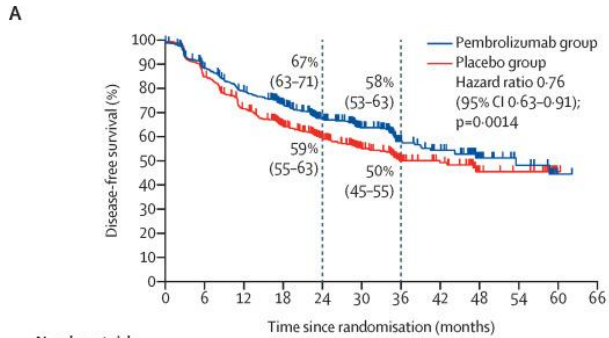
- DFS in the PD-L1 TPS ≥1% population
- OS in the overall, PD-L1 TPS ≥50%, and PD-L1 TPS ≥1% populations
- Lung cancer-specific survival in the overall population
- Safety

# Pembrolizumabe na adjuvância

	ITT		PD-L1≥50%	
	Pembro	Placebo	Pembro	Placebo
<b>Smoking status</b>				
Current	75 (13%)	90 (15%)	24 (14%)	29 (18%)
Former	428 (73%)	431 (73%)	130 (77%)	123 (75%)
Never	87 (15%)	66 (11%)	14 (8%)	13 (8%)
<b>Histology</b>				
Non-squamous	398 (67%)	363 (62%)	103 (61%)	105 (64%)
Squamous	192 (33%)	224 (38%)	65 (39%)	60 (36%)
<b>Disease stage</b>				
IB	84 (14%)	85 (14%)	21 (13%)	22 (13%)
II	329 (56%)	338 (58%)	95 (57%)	93 (56%)
IIIA	177 (30%)	162 (28%)	52 (31%)	50 (30%)
IV	0	2 (<1%)*	0	0
<b>Regional lymph node stage (pN)</b>				
N0	233 (39%)	257 (44%)	47 (28%)	59 (36%)
N1	233 (39%)	223 (38%)	84 (50%)	72 (44%)
N2	124 (21%)	107 (18%)	37 (22%)	34 (21%)
<b>Received adjuvant chemotherapy</b>				
No	84 (14%)	83 (14%)	25 (15%)	24 (15%)
Yes <sup>‡</sup>	506 (86%)	504 (86%)	143 (85%)	141 (85%)
1–2 cycles	35 (6%)	32 (5%)	8 (5%)	8 (5%)
3–4 cycles	471 (80%)	472 (80%)	135 (80%)	133 (81%)

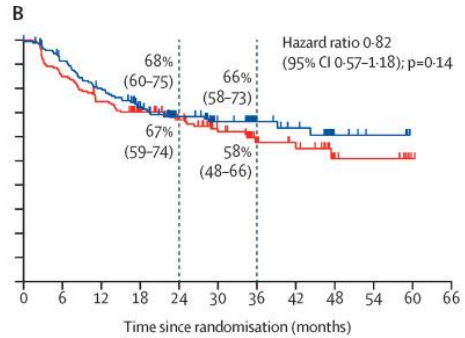
	ITT		PD-L1≥50%	
	Pembro	Placebo	Pembro	Placebo
<b>PD-L1 TPS</b>				
<1%	233 (39%)	232 (40%)	0	0
1–49%	189 (32%)	190 (32%)	0	0
≥50%	168 (28%)	165 (28%)	168 (100%)	165 (100%)
<b>EGFR mutation<sup>‡</sup></b>				
No	218 (37%)	216 (37%)	57 (34%)	67 (41%)
Yes	39 (7%)	34 (6%)	6 (4%)	5 (3%)
Unknown	333 (56%)	337 (57%)	105 (63%)	93 (56%)
<b>ALK translocation<sup>‡</sup></b>				
No	226 (38%)	190 (32%)	55 (33%)	58 (35%)
Yes	7 (1%)	7 (1%)	3 (2%)	0
Unknown	357 (61%)	390 (66%)	110 (65%)	107 (65%)

# PD-L1 importa nesse cenário?



Number at risk  
(number censored)

	0	6	12	18	24	30	36	42	48	54	60	66
Pembrolizumab	590 (0)	493 (30)	434 (36)	358 (84)	264 (150)	185 (216)	82 (306)	70 (313)	28 (352)	16 (363)	1 (377)	0 (378)
Placebo	587 (0)	493 (5)	409 (13)	326 (56)	241 (118)	160 (183)	72 (259)	57 (273)	22 (305)	18 (309)	1 (326)	0 (327)



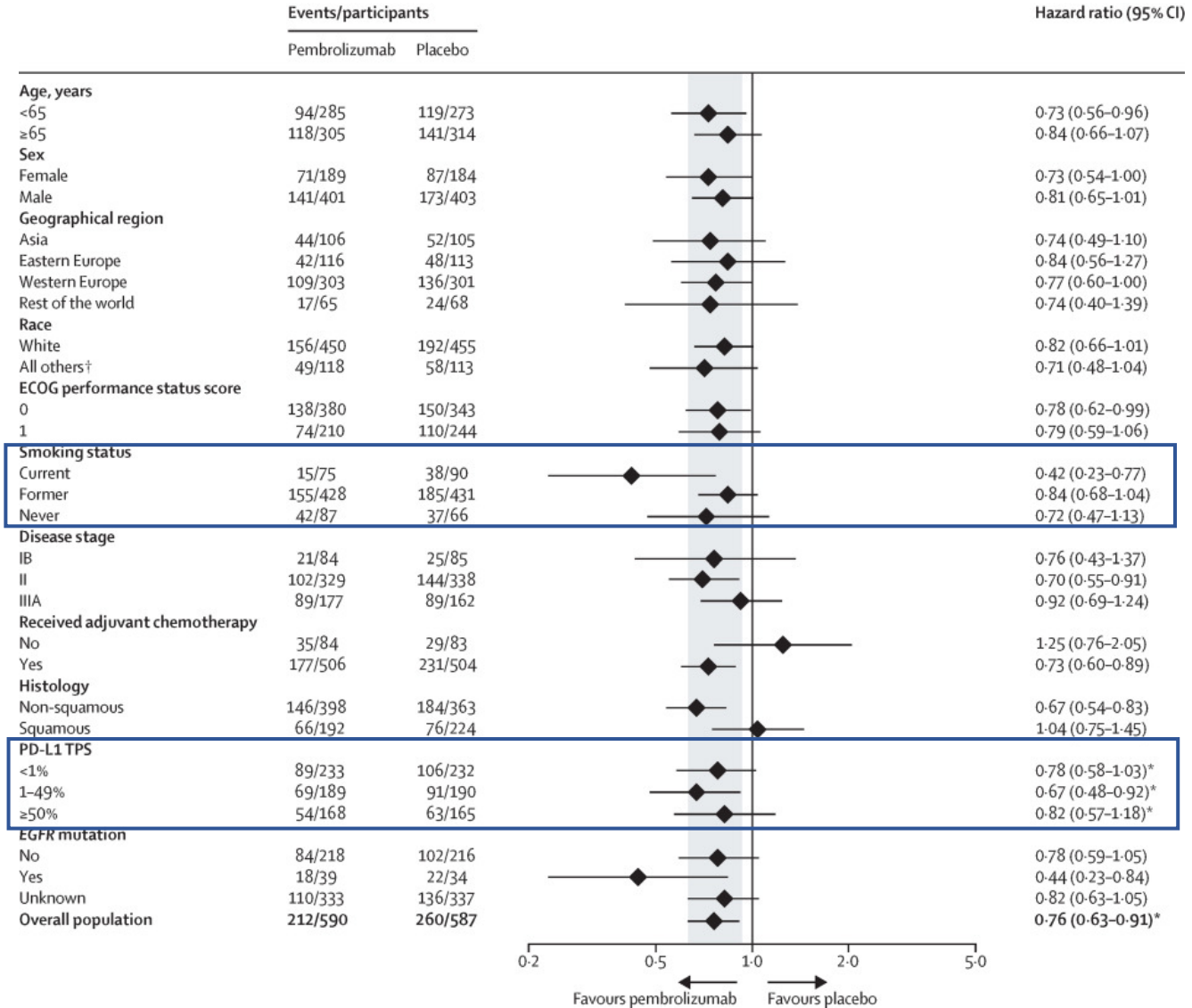
	0	6	12	18	24	30	36	42	48	54	60	66
Pembrolizumab	168 (0)	145 (8)	126 (9)	99 (24)	69 (49)	50 (66)	26 (90)	22 (93)	7 (107)	4 (110)	0 (114)	0 (114)
Placebo	165 (0)	140 (0)	121 (2)	100 (16)	75 (37)	54 (53)	28 (76)	22 (81)	8 (94)	6 (96)	1 (101)	0 (102)

**C**

1ª análise interina  
população ITT

1ª análise interina  
população PD-L1 ≥ 50%

**C**



	Pembrolizumab group (n=580)				Placebo group (n=581)			
	Grade 1-2	Grade 3	Grade 4	Grade 5	Grade 1-2	Grade 3	Grade 4	Grade 5
Any event	358 (62%)	166 (29%)	21 (4%)	11 (2%)	379 (65%)	130 (22%)	14 (2%)	6 (1%)





# Outras estratégias

Adults  
Completely  
resected, stages  
IIA-IIIA and IIIB<sup>a</sup>  
(T >5 cm, N2)  
NSCLC  
Received  
cisplatin-based  
chemotherapy<sup>b</sup>  
and/or radiation  
therapy<sup>c</sup>

R 1:1<sup>d</sup>

Canakinumab  
200 mg  
Q3W SC for  
18 cycles

Placebo  
Q3W SC for  
18 cycles

Radiologic evaluation  
Q12W for the first year  
Q26W for years 2 and 3  
Annually for years 4 and 5

Survival  
follow-up  
Q12W

Primary end point

DFS

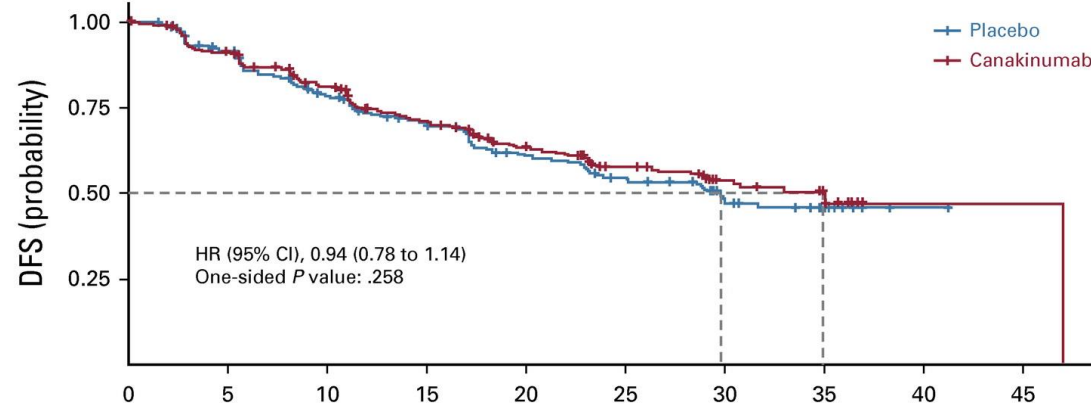
Key secondary end point

OS

Other secondary end points

DFS and OS by biomarker  
subgroups, LCSS, safety,  
PK, immunogenicity, PROs

A



No. at risk  
(No. of events):

	0	5	10	15	20	25	30	35	40	45
Placebo	689 (0)	565 (55)	405 (128)	263 (163)	176 (192)	95 (208)	40 (217)	17 (218)	1 (208)	0 (218)
Canakinumab	693 (0)	566 (59)	414 (115)	270 (157)	189 (182)	102 (197)	45 (203)	15 (206)	1 (207)	0 (207)

# Outras estratégias

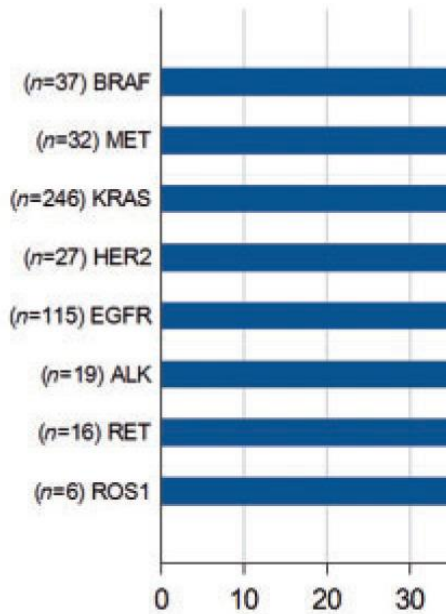
Trial	Population	Adjuvant study arm	Control arm	Primary endpoint	Target accrual
[NCT02273375]	Stage IB–IIIA resected NSCLC	Durvalumab x 1 year	Placebo x 1 year	DFS in PD-L1 TC $\geq$ 25%, EGFR and ALK negative	1415
CANOPY-A [NCT03447769]	Stage IIA–IIIB (T>5cm N2) resected NSCLC	Canakinumab x 1 year	Placebo x 1 year	DFS	1382
ALCHEMIST Chemo-IO (ACCIO) [NCT04267848]	Stage IIA–IIIB (T3-4N2) resected NSCLC, excluding EGFR and ALK mutations	Arm B: Platinum doublet chemotherapy x 4 cycles > Pembrolizumab x 1 year  Arm C: Pembrolizumab + platinum doublet chemotherapy x 4 cycles > Pembrolizumab x 9 months	Platinum doublet chemotherapy x 4 cycles	DFS	1210
ANVIL [NCT02595944]	Stage IB–IIIA resected NSCLC, excluding EGFR and ALK mutations	Nivolumab x 1 year	Observation	DFS and OS	903
LungMate-008 [NCT04772287]	Stage II–IIIB(N2) resected NSCLC, excluding EGFR and ALK mutations	Toripalimab + platinum doublet chemotherapy x 4 cycles	Placebo + platinum doublet x 4 cycles	DFS	341
MERMAID-1 [NCT04385368]	Stage II–III resected NSCLC, excluding EGFR and ALK mutations	Durvalumab + platinum doublet chemotherapy x 4 cycles > Durvalumab x 9 months	Placebo + platinum doublet chemotherapy x 4 cycles > placebo x 9 months	DFS in MRD+	332
MERMAID-2 [NCT04642469]	Stage II–III resected NSCLC with MRD+, excluding EGFR and ALK mutations	Durvalumab x 2 years	Placebo x 2 years	DFS in PD-L1 TC $\geq$ 1%	284
NADIM-ADJUVANT [NCT04564157]	Stage IB–IIIA resected NSCLC, excluding EGFR, ALK, STK11 and KEAP1 mutations	Paclitaxel + Carboplatin + Nivolumab x 4 cycles > Nivolumab x 6 months	Paclitaxel + Carboplatin x 4 cycles	DFS	210

1. Trial information obtained from [clinicaltrials.gov](https://clinicaltrials.gov) on 17 Aug 2022

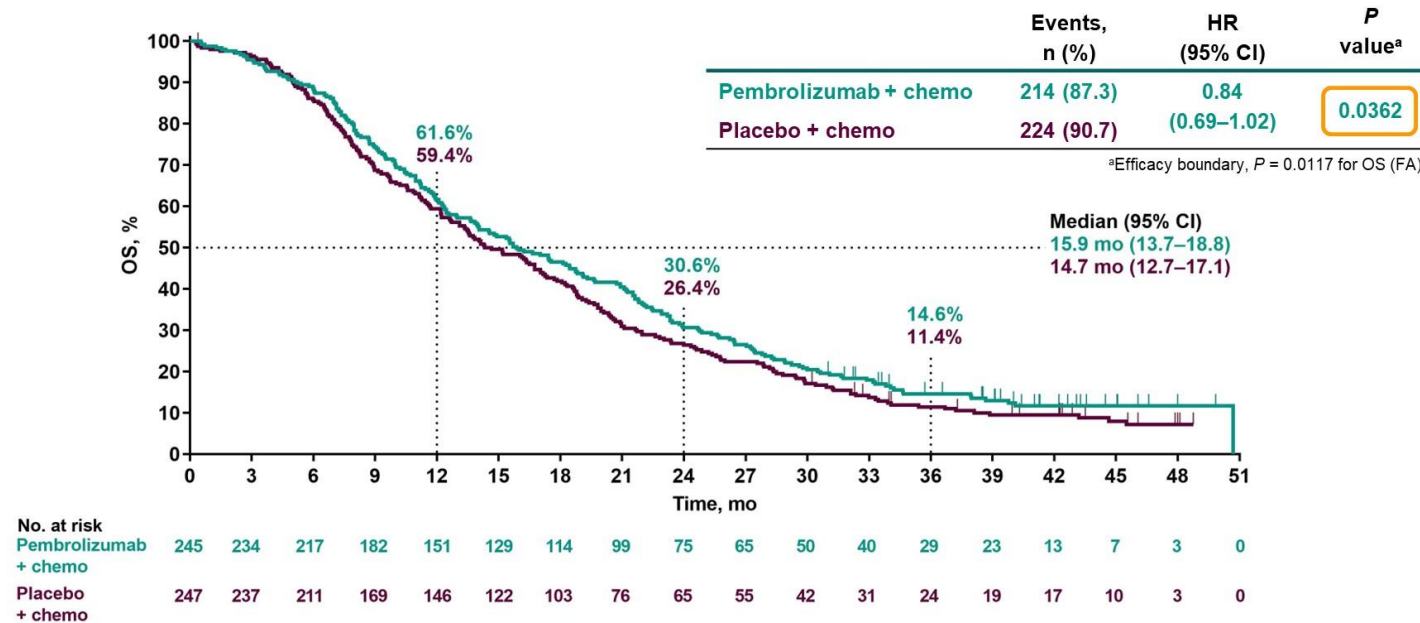
2. Abbreviations: DFS, disease-free survival; EGFR, epidermal growth factor receptor; ALK, anaplastic lymphoma kinase; STK11, serine/threonine kinase 11; KEAP1, Kelch-like ECH-associated protein 1; MRD, minimal residual disease

# Considerar:

Dados de 'mundo' EGF



## Overall Survival at FA



Median (range) time from randomization to data cutoff: 42.0 (29.5–53.9) months.  
Data cutoff date: January 17, 2023.

95% CI]	12-month PFS [95% CI]
	25.6 [20.2; 31.3]
	6.4 [2.7; 12.1]
	18.0 [7.2; 32.7]
	13.6 [3.6; 30.1]
	23.4 [10.6; 39.0]
	5.9 [0.4; 23.0]
	–
	7.0 [0.4; 27.1]

- Impacto da imunoterapia na adjuvância
  - Depende da seleção de pacientes
  - Pensar em biomarcadores → alvos de não tabagistas → estratégia alvo
  - Possibilidade de tratamento neoadjuvante
- Acompanhar atualizações de dados e novas estratégias



Obrigada!  
@dramilenamak