Oncol Res Treat
43(suppl 1) VII–265 (2020)

43 | S1 | 20

print
ISSN 2296–5270

online
e-ISSN 2296–5262

www.karger.com/ort

e-ISBN 978-3-318-06686-9

Oncology Research and Treatment

Band 43,
Supplement 1,
Februar 2020
online only

34. Deutscher Krebskongress

informativ. innovativ. integrativ.

Optimale Versorgung für alle.

Berlin, 19.–22. Februar 2020

ABSTRACTS

Herausgeber
Andreas Hochhaus, Jena

S. Karger
Medical and Scientific Publishers
Basel · Freiburg · Hartford · Oxford
Bangkok · Dubai · Kuala Lumpur ·
Melbourne · Mexico City ·
Moscow · New Delhi · Paris ·
Shanghai · Tokyo

KARGER

novel targeted treatment approaches on the outcome of pts will be subject of future analyses.

Disclosure Statement: None of the authors has declared a conflict of interest regarding the subject of this work.

395

Patients with Metastatic Non-Small Cell Lung Cancer without Molecular Alterations or PD-L1 Expression in Germany. Treatment and First Outcome from The Prospective German Registry Platform Crisp (AIO-TRK-0315)

Frank Griesinger[1]; Wilfried E E Eberhardt[2]; Harald-Robert Bruch[3]; Jacqueline Rauh[4]; Eyck von der Heyde[5]; Norbert Marschner[6]; Martina Jänicke[7]; Annette Fleitz[7]; Lisa Spring[7]; Jörg Sahlmann[7]; Aysun Karatas[8]; Annette Hipper[8]; Wilko Weichert[9]; Parvis Sadjadian[10]; Martin Metzenmacher[11]; Wolfgang Gleiber[12]; Martin Sebastian[12]; Michael Thomas[13]

[1]Pius-Hospital Oldenburg, University of Oldenburg, Oldenburg, Deutschland
[2]Department of Medical Oncology, West German Cancer Center, University Hospital Essen, Ruhrlandklinik, University Duisburg-Essen, Essen, Deutschland
[3]Praxiskooperation Bonn-Euskirchen, Bonn, Deutschland
[4]GIM - Gemeinschaftspraxis Innere Medizin, Witten, Deutschland
[5]Onkologische Schwerpunktpraxis Hannover, Hannover, Deutschland
[6]Praxis für Interdisziplinäre Onkologie und Hämatologie, Freiburg, Deutschland
[7]iOMEDICO Freiburg, Freiburg, Deutschland
[8]AIO-Studien-gGmbH, Berlin, Deutschland
[9]Technical University of Munich, Institute of Pathology, München, Deutschland
[10]Johannes Wesling Klinikum Minden, Minden, Deutschland
[11]Universitätsklinikum Essen (AöR), Essen, Deutschland
[12]University Hospital Frankfurt, Frankfurt a.M., Deutschland
[13]Internistische Onkologie der Thoraxtumoren, Thoraxklinik im Universitätsklinikum Heidelberg, Translational Lung Research Center Heidelberg (TLRC-H), Member of the German Center for Lung Research (DZL), Heidelberg, Deutschland

Purpose: Guidelines for stage IV NSCLC recommend stratified treatment by biomarker test results. We used CRISP to evaluate treatment and outcome of patients (pts) in whom neither targetable molecular alterations nor any PD-L1 expression were detected.
Methods: Currently 163 sites in Germany have recruited >4255 pts at start of 1st-line who will be followed until death or end of project. Data from 2204 pts recruited by 133 sites from 12/2015 to 06/2018 was analyzed. These pts started treatment prior approval of immune checkpoint inhibitors (ICI) for this group of pts. Progression-free survival (PFS) was determined in pts ≥1 year under observation (recruited until 06/2017 (n=906), outcome sample (ous)).
Results: 6% of pts with non-squamous (nsq) and 35% with squamous (sq) tumors received no type of biomarker testing prior to start of 1st-line, and in 49% and 36% no targetable alterations or any PD-L1 expression were detected. Thus, 55% and 71% of pts (nsq/sq) were eligible for chemotherapy (ctx) but no type of targeted therapy at start of 1st-line.
In 1st-line, pts received carboplatin- (55%) or cisplatin-based ctx (24%), 13% targeted therapy (e.g. ICI in trial, switch to TKI but test result not yet documented).
At database cut, 33% of all pts had started 2nd-line, 24% had died prior to a 2nd-line and remaining pts were still in 1st-line. In the ous, median PFS was 5.0 months (66% events, 95%-CI 4.5-5.5 months, n=457) for nsq tumors and 4.5 months (66% events, 95%-CI 3.4-5.3 months, n=154) for sq tumors. In total 55% of pts with nsq and 53% of pts with sq tumors had died.
Conclusions: Despite break-throughs with targeted therapies and high test rates in routine care, the majority of pts do not qualify for targeted therapy. First outcome results indicate that prognosis is poor in these pts. Outcome will hopefully improve in the cohort now treated with ctx-ICI combination.

Disclosure Statement: None of the authors has declared a conflict of interest regarding the subject of this work.

399

Caspian: Os Results from a Randomised Phase 3 Study of First-Line Durvalumab ± Tremelimumab + Chemotherapy in ES-SCLC

Niels Reinmuth[1]; Luis Paz-Ares[2]; Yuanbin Chen[3]; Katsuyuki Hotta[4]; Dmytro Trukhin[5]; Galina Statsenko[6]; Maximilian J Hochmair[7]; Mustafa Özgüroğlu[8]; Jun Ho LI[9]; Oleksandr Voitko[10]; Artem Poltoratskiy[11]; Santiago Ponce[12]; Francesco Verderame[13]; Libor Havel[14]; Igor Bondarenko[15]; Andrzej Kazarnowicz[16]; György Losonczy[17]; Nicolay V Conev[18]; Jon Armstrong[19]; Natalie Byrne[19]; Norah Shire[19]; Haiyi Jiang[19]; Jonathan Goldman[20]; Jürgen Alt[21]

[1]Asklepios Fachkliniken München-Gauting, Gauting, Deutschland
[2]Hospital Doce de Octubre, Medical Oncology Department , Madrid, Spanien
[3]Cancer and hematology centers of western Michigan - Muskegon, Norton Shores, United States
[4]Okayama University Hospital, Center for Innovative Clinical Medicine, Okayama, Japan
[5]Municipal Institution Odessa Regional Oncology Dispensary, unit of dispensary-polyclinic department, Odesa, Odes'ka oblast, Ukraine
[6]1st Hospital City Clinical, Novosibirsk, Russland
[7]Otto-Wagner-Spital, Wien, Österreich
[8]University-Cerrahpaşa, Cerrahpaşa School of Medicine, Fatih/Istanbul, Turkey
[9]Changwon Samsung Medical Center, Division of Hemato-Oncology, Department of Internal Medicine, Changwon, Südkorea
[10]Kyiv City Oncology Hospital, Kyiv, Ukraine
[11]N. N. Petrov Institute of Oncology, St Petersburg, Russland
[12]Hospital Universitario 12 de Octubre, Medical Oncology, Madrid, Spanien
[13]Humanitas Catanese Center of Oncology, Catania, Italien
[14]Thomayer's Hospital, 1st Faculty of Medicine of Charles University, Prague, Tschechien
[15]Dnepropetrovsk State Medical Academy, Dnepropetrovsk, Ukraine
[16]Tuberculosis and Lung Disease Hospital, Olsztyn, Poland
[17]Complejo Hospitalario Universitario A Coruña, Coruno, Spanien
[18]Medical University of Varna, Varna, Bulgaria
[19]AstraZeneca, Gaithersburg, United States
[20]University of California, Los Angeles, United States
[21]Universitätsklinikum Mainz, III. Medizinische Klinik und Poliklinik, Mainz, Deutschland

Purpose: Immune checkpoint blockade targeting the PD-1/PD-L1 pathway in combination with platinum-based chemotherapy (CT) has demonstrated improved clinical outcomes in patients (pts) with extensive-stage small-cell lung cancer (ES-SCLC). Treatment with durvalumab (D), a selective, high-affinity, human IgG1 mAb that blocks PD-L1 binding to PD-1 and CD80, and tremelimumab (T), a selective human IgG2 mAb against CTLA-4, may provide possible additive or synergistic effects. Durvalumab demonstrated durable clinical activity and had a manageable safety profile both as monotherapy and in combination with tremelimumab in pts with pretreated ES-SCLC (NCT01693562; NCT02261220; NCT02937818). CASPIAN (NCT03043872) is a randomised, multicentre, open-label, sponsor-blind, Phase 3 study of Durvalumab ± Tremelimumab in combination with etoposide and platinum-based CT (EP) as first-line treatment for pts with ES-SCLC.
Methods: In total, 804 pts were randomised 1:1:1 to receive D 1500 mg + T 75 mg + EP q3w for 4 cycles, followed by D 1500 mg q4w until disease progression (PD), with one additional dose of T given post EP (Arm 1); D 1500 mg + EP q3w for 4 cycles, followed by D 1500 mg q4w until PD (Arm 2); or EP q3w for 4–6 cycles with prophylactic cranial irradiation if indicated (Arm 3). Randomisation was stratified by platinum-based CT in cycle 1 (carboplatin vs cisplatin). Pts had histologically or cytologically documented ES-SCLC, WHO/ECOG PS 0 or 1 and were suitable to receive first-line platinum-based CT. The primary endpoint was overall survival (OS) for D ± T + EP versus EP. Secondary endpoints included progression-free survival (PFS); objective response rate; landmark OS and PFS rates; safety and tolerability; pharmacokinetics; immunogenicity; quality of life.
Results: Results will be presented at WCLC 2019 including OS, key secondary endpoints, safety and tolerability.
Conclusions: Not applicable.

Reference:
1. Paz-Ares, L. et al., WCLC 2019, Barcelona, #2265

Disclosure Statement: Funding by AstraZeneca