2024 World Conference on Lung Cancer

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Novel Immunotherapies

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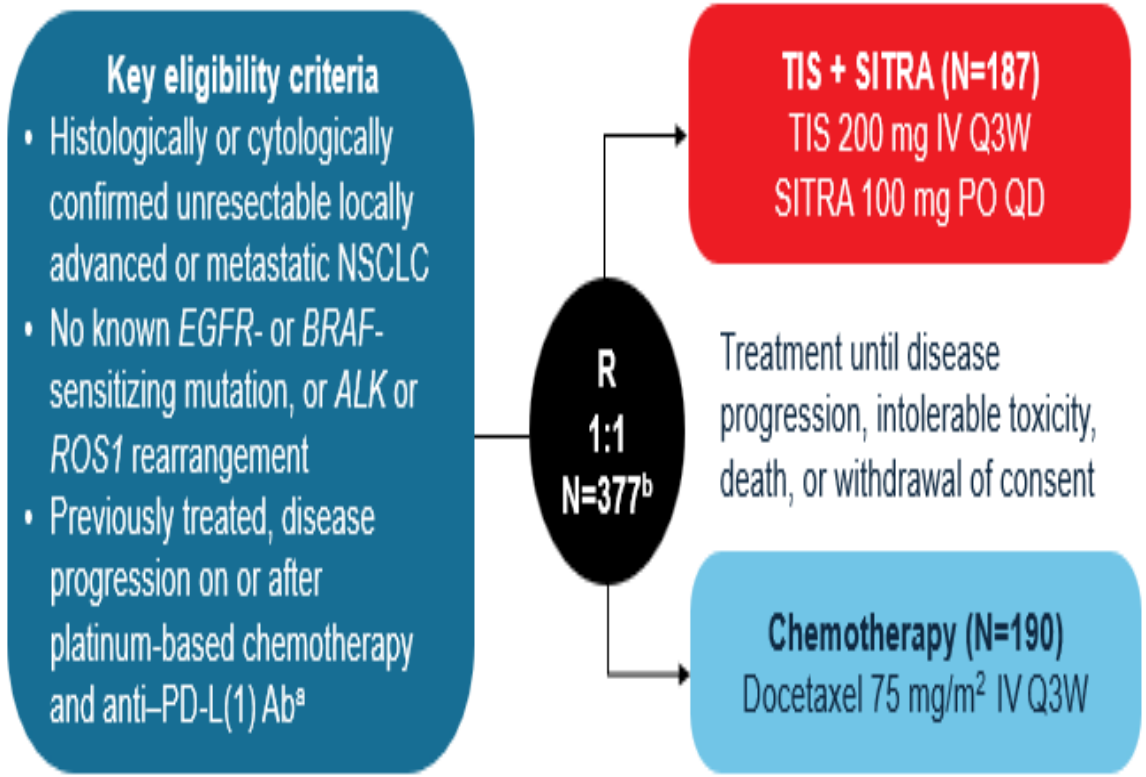
Author

Abstracts covered:

- OA06.03 Q. Zhou et al. SAFFRON-301: Tislelizumab Plus Sitravatinib in Advanced/Metastatic NSCLC Progressing on/after Chemotherapy and Anti–PD-(L)1
- OA06.04 M Marmarelis. Phase II Study of Pembrolizumab and Itacitinib for Patients with Metastatic NSCLC Expressing PD-L1
- OA06.05 J Wrangle. IL15 Superagonist N-803 + Checkpoint Inhibitor (CPI) Prolongs OS in 2nd Line or Greater NSCLC Patients Failing CPI
- OA11.03 J Hiltermann. Efficacy and Safety of Rilvegostomig, an Anti-PD-1/TIGIT Bispecific, for CPI-naïve Metastatic NSCLC with PD-L1 1–49% or ≥50%
- OA11.04: D. Spigel. Volrustomig + platinum doublet chemotherapy in first-line non-small-cell lung cancer (NSCLC): Phase 1b trial update

OA06.03 Q. Zhou et al. SAFFRON-301: Tislelizumab Plus Sitravatinib in Advanced/Metastatic NSCLC Progressing on/after Chemotherapy and Anti–PD-(L)1



Background

- Tiselizumab is anti-PD-1 immunotherapy
- Sitravatinib is multitargeted TKI against VEGF and TAM

Clinical implications

- No PFS or OS benefit to this combination in the 2L setting
- These data are consistent with other trials showing no benefit of TKI and continuation immunotherapy

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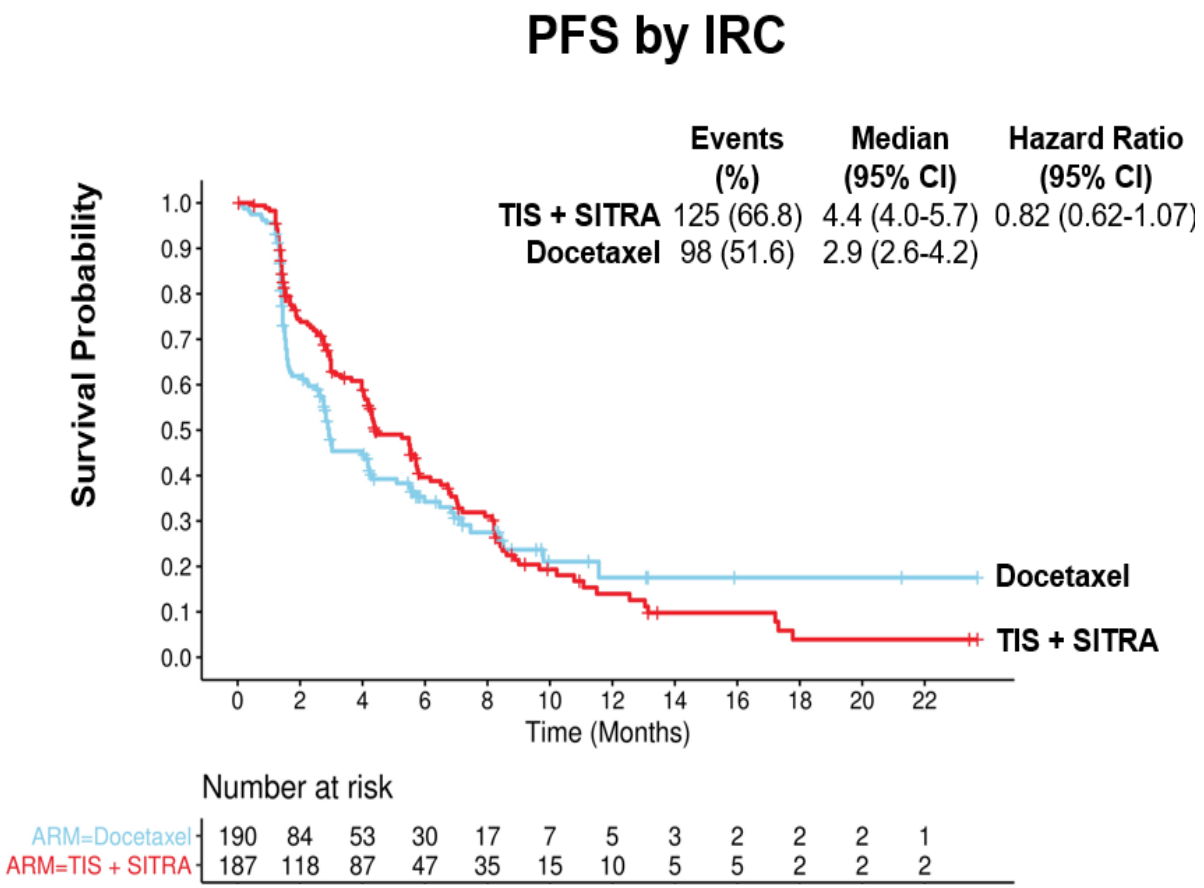

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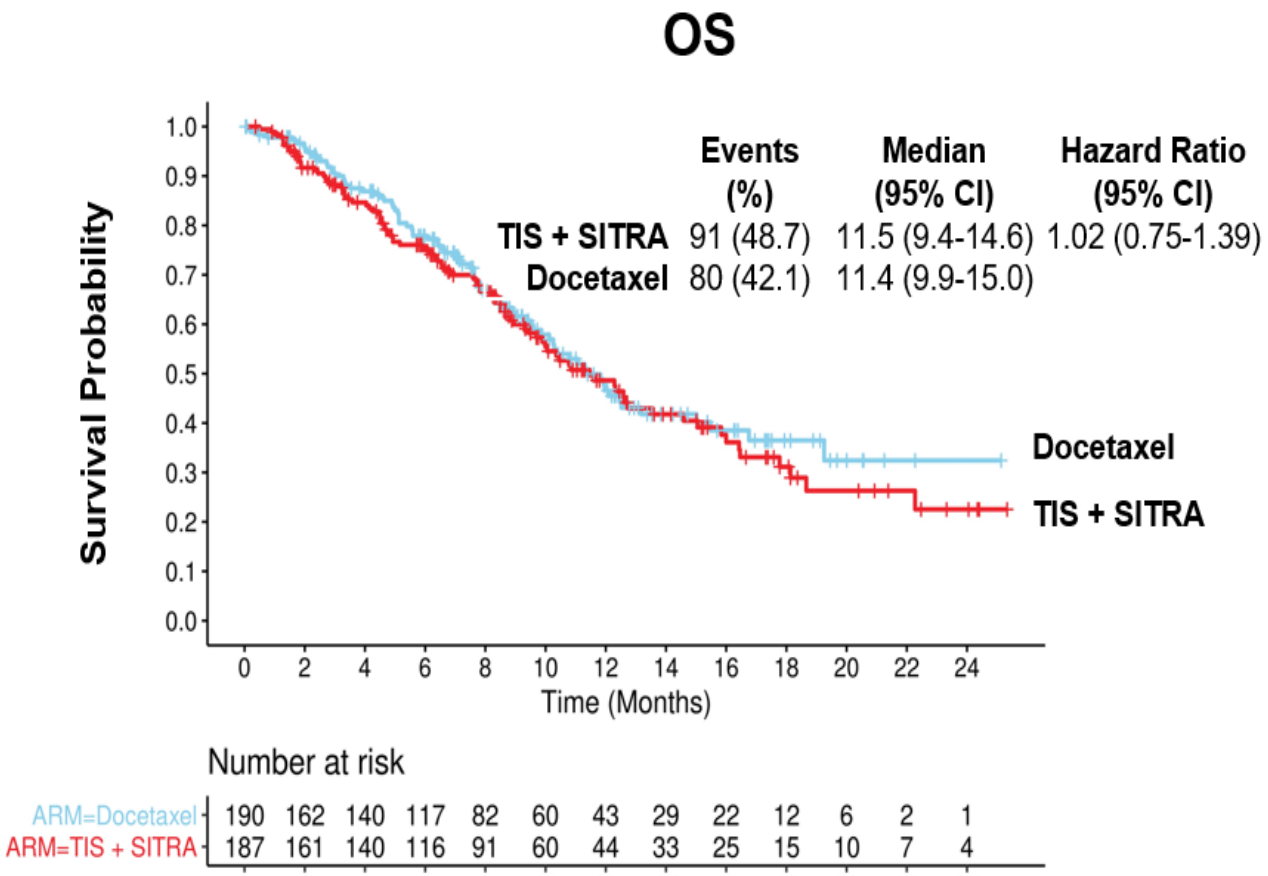

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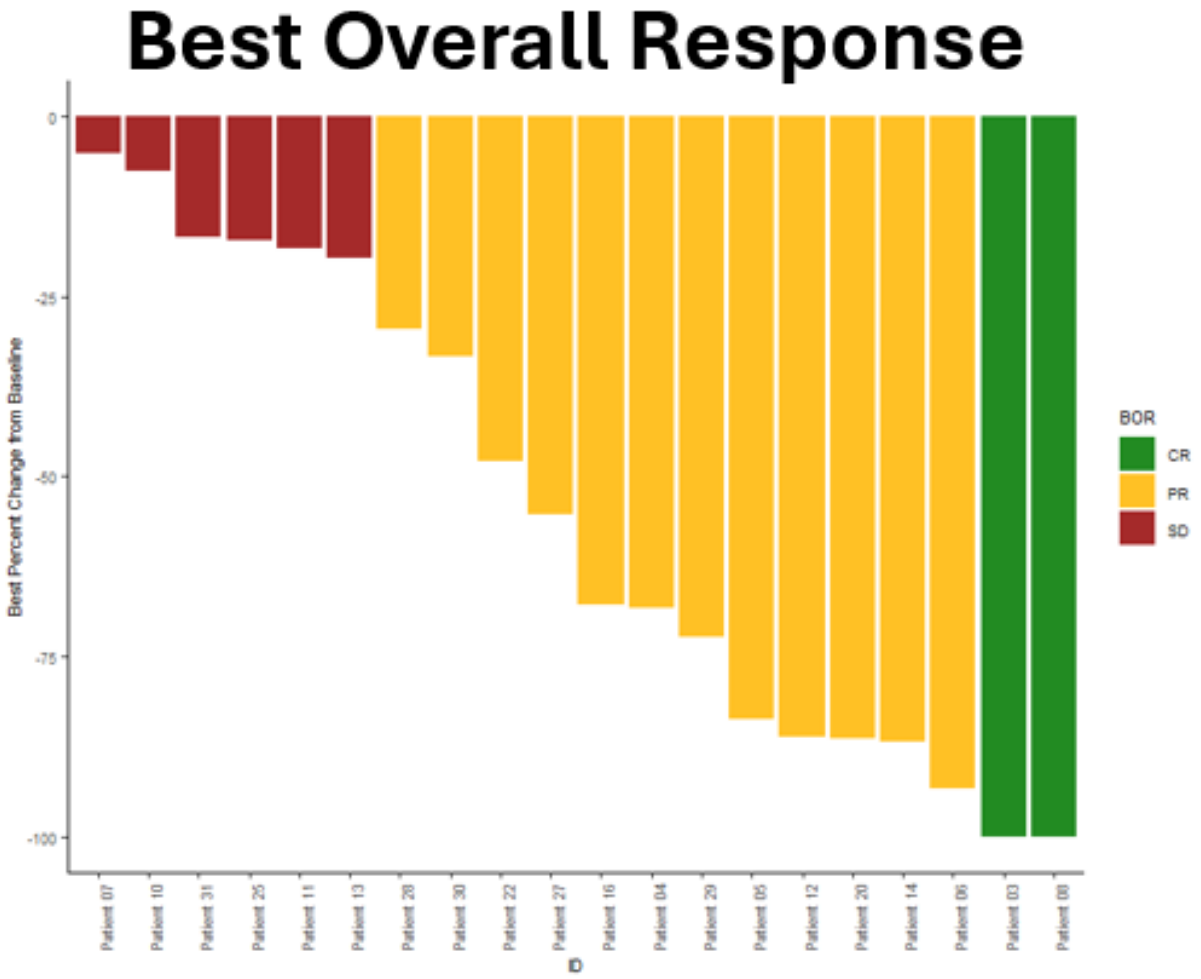
OA06.04 M Marmarelis. Phase II Study of Pembrolizumab and Itacitinib for Patients with Metastatic NSCLC Expressing PD-L1



Background

- Pembrolizumab is anti-PD-1 immunotherapy
- Itacitinib is JAK inhibitor
- This is 1L trial for PD-L1 50%

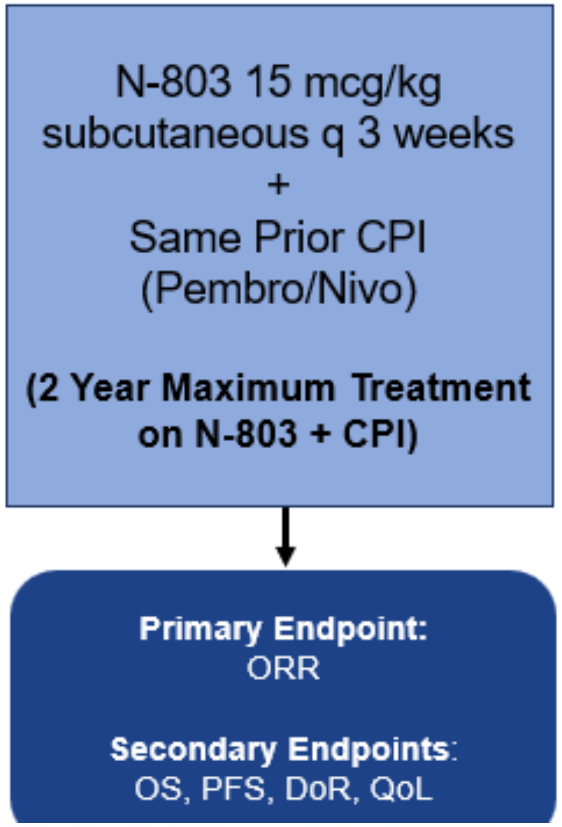
Clinical implications

- ORR 66%; mPFS 15.6mo; mOS 53.4mo
- Delayed JAK inhibitors are feasible

Joel Neal, Stanford Cancer Institute California, USA

OA06.05 J Wrangle. IL15 Superagonist N-803 + Checkpoint Inhibitor (CPI) Prolongs OS in 2nd Line or Greater NSCLC Patients Failing CPI

QUILT-3.055 Study Design 2nd and 3rd Line NSCLC Progressing on CPI



Background

- N-803 is IL15 agonist
- - Activates and proliferates CD8+ killer cells and NK cells

Clinical implications

- 2L and 3L NSCLC with prior CPI and chemo
- Approved in localized bladder cancer, being developed in NSCLC

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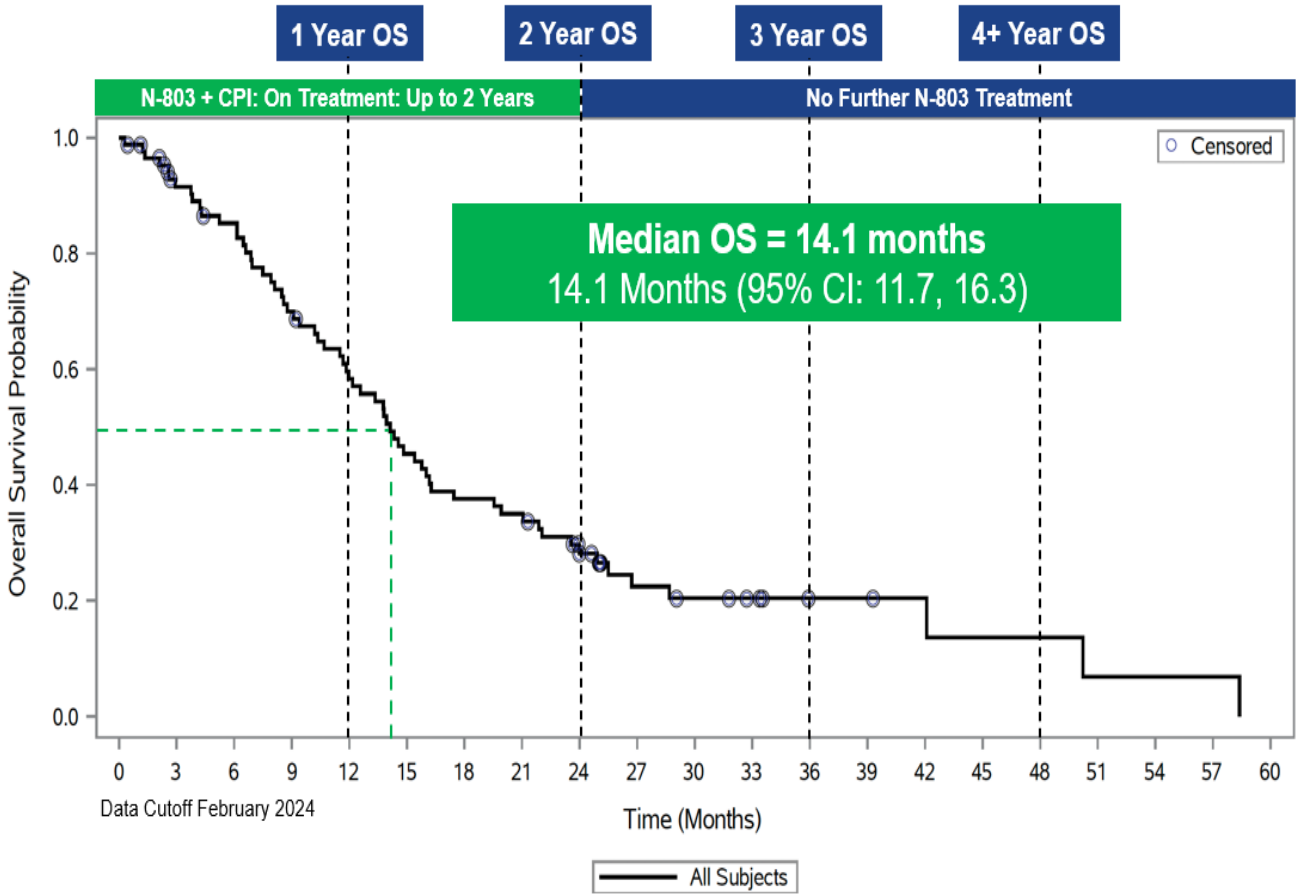

Background

- N-803 is IL15 agonist
- - Activates and proliferates CD8+ killer cells and NK cells

Clinical implications

- 2L and 3L NSCLC with prior CPI and chemo – response rate 5-16%
- Approved in noninvasive bladder cancer, being developed in NSCLC

Joel Neal, Stanford Cancer Institute California, USA

OA11.03 J Hiltermann. Efficacy and Safety of Rilvegostomig, an Anti-PD-1/TIGIT Bispecific, for CPI-naïve Metastatic NSCLC with PD-L1 1–49% or ≥50%

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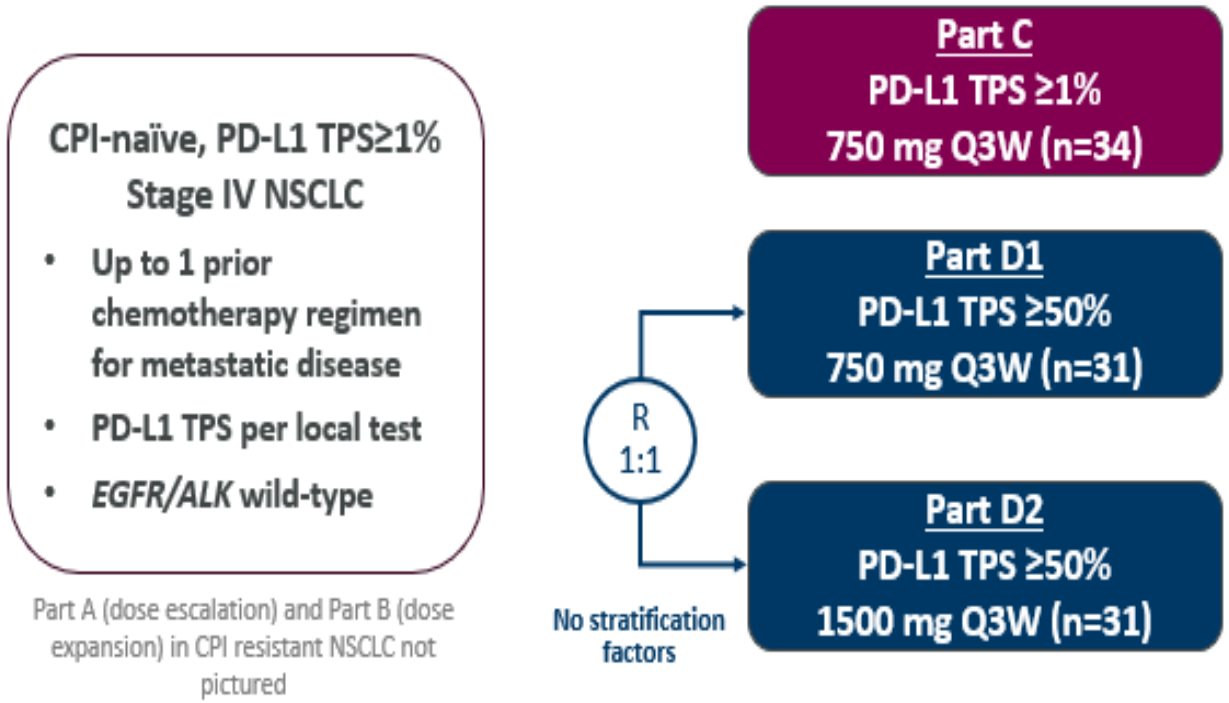

Background

- Rilvegostomig is anti-PD-1/TIGIT bispecific antibody

Clinical implications

- 1LNSCLC – response rate 29-62%
- Unclear whether this is “better” than pembrolizumab alone in this selected population

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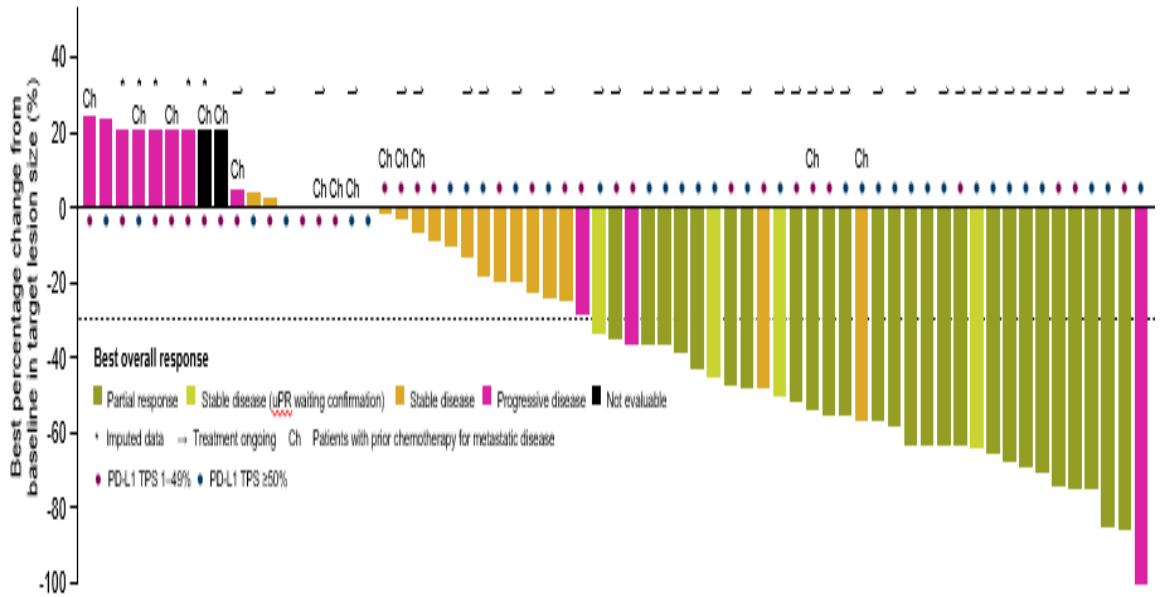

n (%)	PD-L1 1–49% TPS (n=31)	PD-L1 ≥50% TPS (n=34)
ORR, confirmed + pending [95%CI]	9 (29%) [14.2, 48.0]	21 (61.8%) [43.6, 77.8]
Continuing treatment	12 (38.7%)	24 (70.6%)

4 patients with PD-L1 ≥50% pending confirmation

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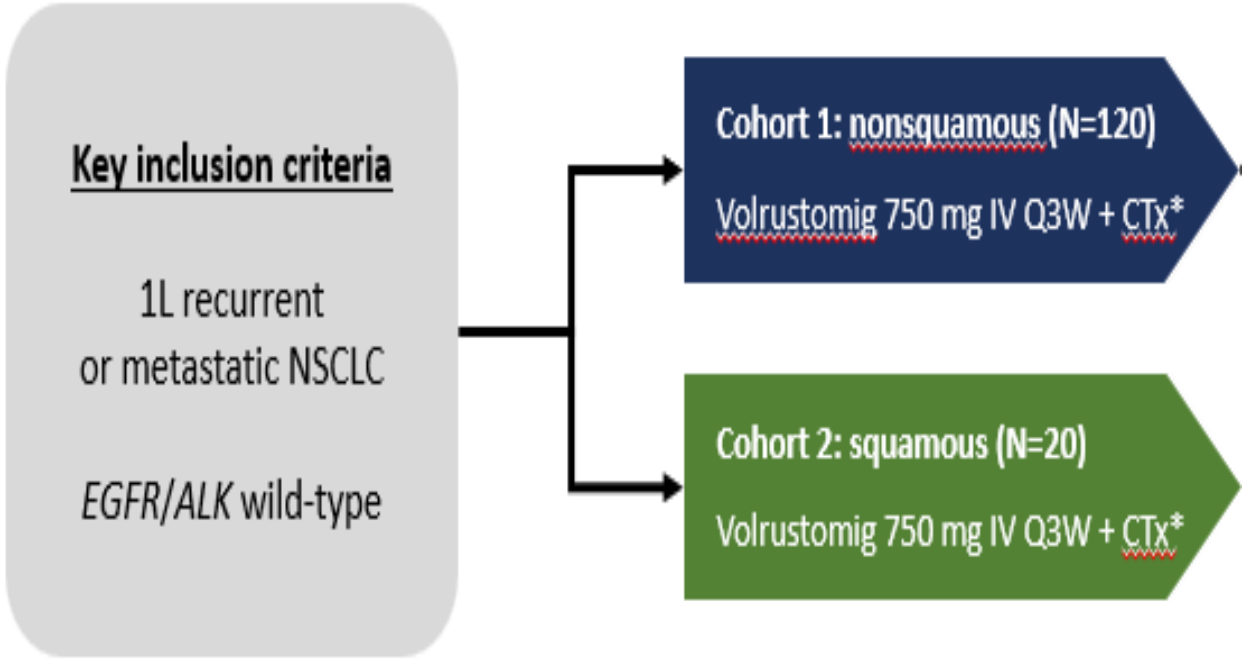

Background

- Rilvegostomig is anti-PD-1/TIGIT bispecific antibody
- Chemo is chemo

Clinical implications

- RR 43% for non-squam, 65% for squam

- Unclear if better than otherwise expected

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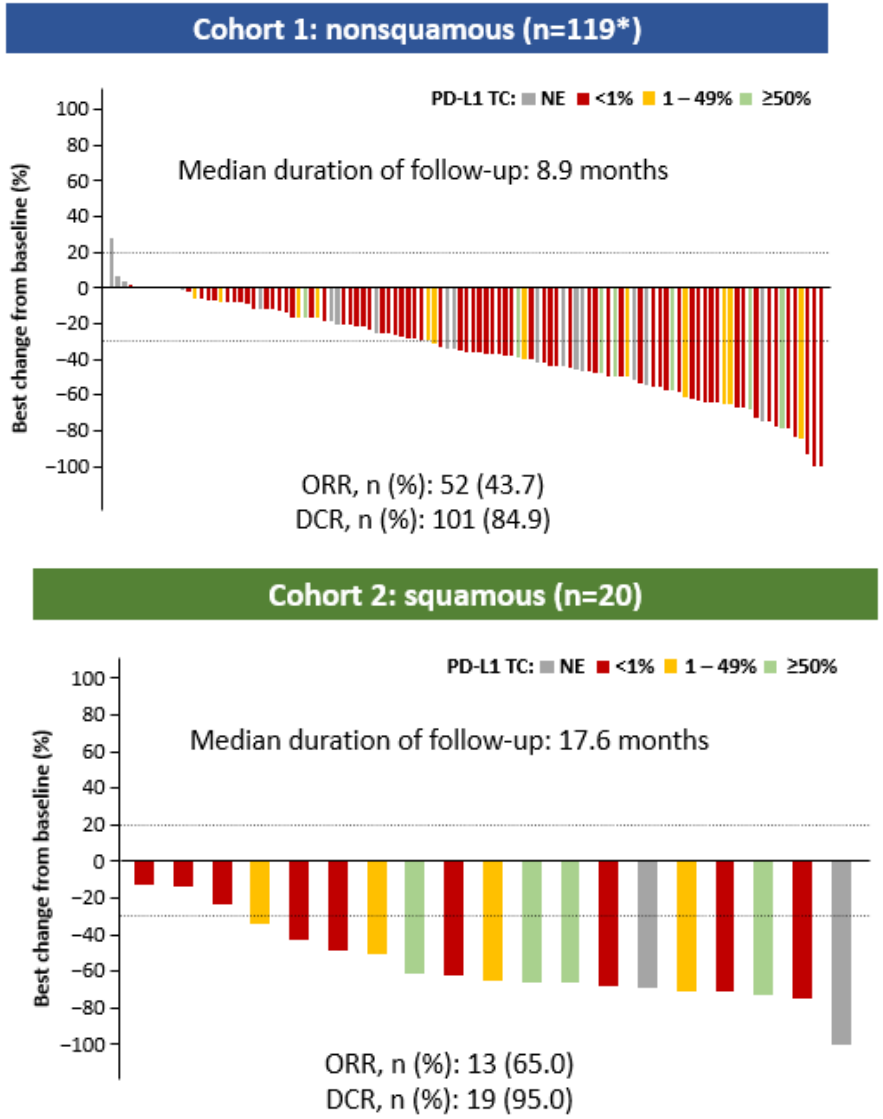

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Conclusions

- Second line continuation immunotherapy together with VEGF/TAM TKIs does not beat docetaxel (cabozantinib, lenvatinib, and sitravatinib have negative trials). JAK inhibitors are TBD.
- IL-15 agonists are interesting addition to immunotherapy refractory setting – trials are ongoing
- Unclear if PD-1/TIGIT bispecific approach better than first line immunotherapy alone – trials are ongoing

THANK YOU!