# Case 5: Stage III NSCLC after progression on maintenance durvalumab

- 65-year-old man
- Undergoing treatment for stage III unresectable squamous NSCLC (T4N2M0)
- The tumoral PD-L1 score is 50%
- There are no actionable genomic alterations
- He commences consolidation durvalumab
- Within 6 months of therapy, he develops progressive disease in the bones on his first restaging CT

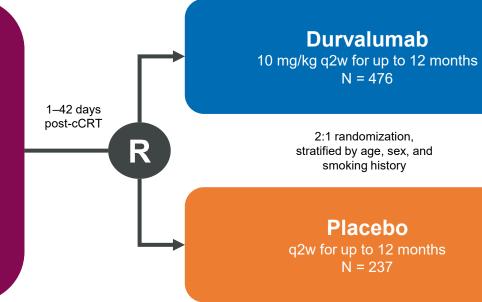
What is the most appropriate next treatment?

# PACIFIC: Durvalumab Post cCRT in Stage III Unresectable NSCLC: Study Design

- 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 tumor tissue for PD-L1 testing<sup>†</sup>

Patients enrolled irrespective of PD-L1 status

N = 713 randomized



#### **Primary endpoints**

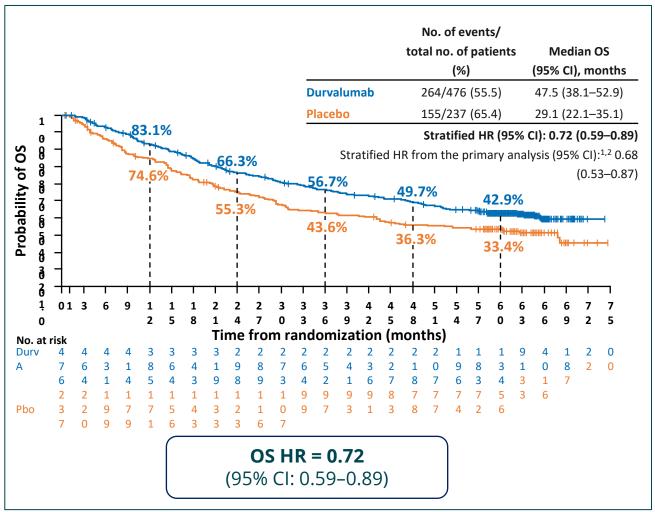
- PFS (BICR) using RECIST v1.1<sup>‡</sup>
- OS

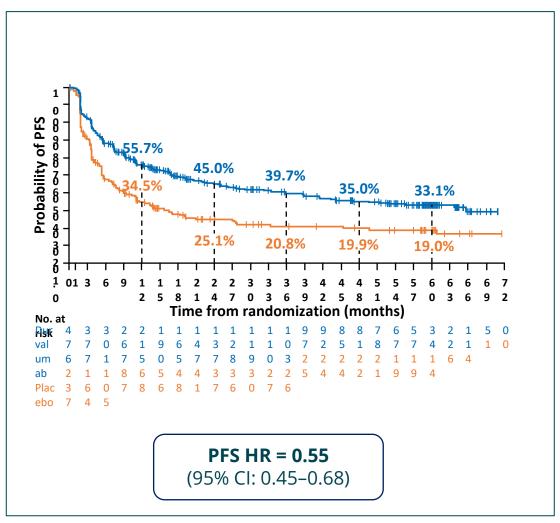
#### **Key secondary endpoints**

- ORR, DoR, and TTDM (BICR) using RECIST v1.1
- Safety
- Patient-reported outcomes

Co-Primary Endpoints:
OS, PFS

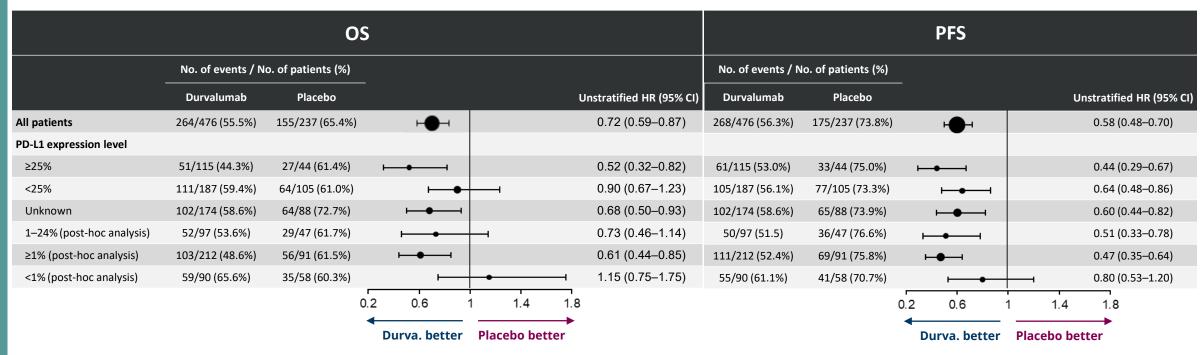
## **PACIFIC: OS and PFS Benefit**





Spigel DR, et al. J Clin Oncol. 2022;40(12):1301-1311.

## PACIFIC: 5-year OS and PFS by PD-L1 Subgroups



### **FDA** approval:



- Feb 16 2018
- 42 days after cCRT
- PDL1 all-comers

### **EMA** approval:



- September 21 2018
- 42 days after cCRT
- PDL1 ≥1% only

Spigel DR, et al. J Clin Oncol. 2022;40(12):1301-1311.

## **Treatment Beyond Progression: Definitions**



Defining tumor resistance to PD-1 pathway blockade: recommendations from the first meeting of the SITC Immunotherapy Resistance Taskforce





#### ORIGINAL ARTICLE

Clinical definition of acquired resistance to immunotherapy in patients with metastatic non-small-cell lung cancer

Table 1 Definitions of primary and secondary resistance in advanced disease setting						
Resistance phenotype	Drug exposure requirement	Best response	Confirmatory scan for PD requirement	Confirmatory scan timeframe		
Primary resistance	≥6 weeks	PD; SD for <6 months*	Yes†	At least 4 weeks after initial disease progression‡		
Secondary resistance	≥6 months	CR, PR, SD for >6 months*	Yes†	At least 4 weeks after disease progression‡		

Table 4         Definitions of resistance after discontinuing treatment for metastatic disease					
Stopped therapy (CR/PR/end of study/other social rationale)	Duration of time after last dose of PD-(L)1 inhibitor	Confirmatory scan requirement			
Primary resistance	No CR/PR prior to discontinuation	No			
Secondary resistance	Prior CR/PR and ≤12 weeks from last dose	Yes			
Late progression	Prior CR/PR and >12 weeks from last dose	Yes			

## **Modification of Acquired Resistance Definition for NSCLC:**

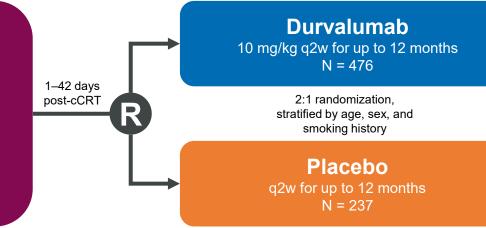
- PD-(L)1 mono or IO/IO combinations can be grouped
- Objective response (CR/PR), SD is excluded
- No need for confirmation scans.
- AR if there is progression within 6 months of last IO (Receptor occupancy of PD-1)

# **Treatment Beyond Progression Early-Stage NSCLC: Post PACIFIC**

- 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 tumor tissue for PD-L1 testing<sup>†</sup>

Patients enrolled irrespective of PD-L1 status

N = 713 randomized



#### **Primary endpoints**

- PFS (BICR) using RECIST v1.1<sup>‡</sup>
- OS

#### **Key secondary endpoints**

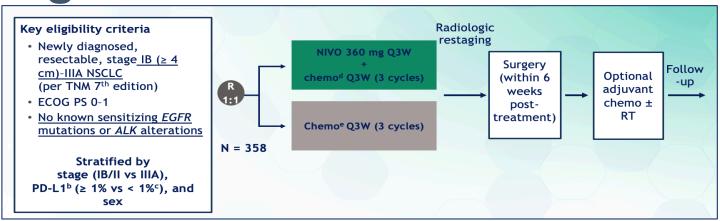
- ORR, DoR, and TTDM (BICR) using RECIST v1.1
- Safety
- Patient-reported outcomes

Type of Therapy	Durvalumab (n = $476$ )	Placebo ( $n = 237$ )
Any therapy, No. (%)	231 (48.5)	139 (58.6)
Radiotherapy	97 (20.4)	61 (25.7)
Immunotherapy <sup>a</sup>	60 (12.6)	69 (29.1)
Cytotoxic chemotherapy	157 (33.0)	85 (35.9)
Other systemic therapies <sup>b</sup>	53 (11.1)	35 (14.8)
Other	2 (0.4) <sup>c</sup>	0

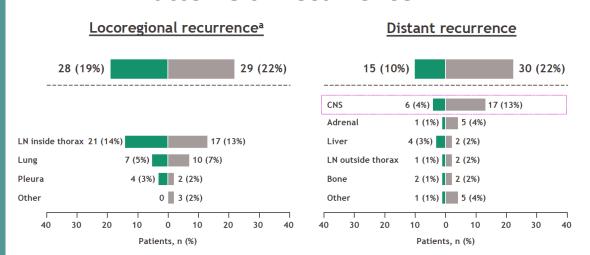
- 34 pts completed 12-months of initial consolidation durvalumab (7%)
- Of these patients, 4 (12%) completed 12 months of re treatment

Spigel DR, et al. *J Clin Oncol*. 2022;40(12):1301-1311.

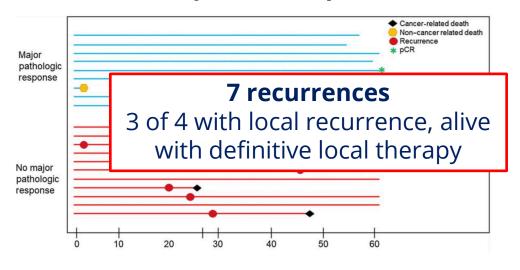
# **Treatment Beyond Progression Early-Stage NSCLC: Lessons From CM816**



### **Patterns of Recurrence**



### 5-yr Follow-up



Girard N, et al, ELCC 2023. Abstract 840. Rosner S, et al. Clin Cancer Res. 2023;29:1-6.