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AIRO2022

Radioterapia di precisione per un'oncologia innovativa e sostenibile

BOLOGNA, 25-27 NOVEMBRE
PALAZZO DEI CONGRESSI

 Associazione Italiana
Radioterapia e Oncologia clinica

 Società Italiana di Radiobiologia

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NSCLC IN STADIO LOCALMENTE AVANZATO: IL PATTERN DI RECIDIVA IN ERA DURVALUMAB (LEOPARD TRIAL)

Dr. Alessio Bruni
Radiotherapy Unit
University Hospital of Modena

bruni.alessio@aou.mo.it



DICHIARAZIONE

Relatore: Alessio Bruni

Come da nuova regolamentazione della Commissione Nazionale per la Formazione Continua del Ministero della Salute, è richiesta la trasparenza delle fonti di finanziamento e dei rapporti con soggetti portatori di interessi commerciali in campo sanitario.

- Posizione di dipendente in aziende con interessi commerciali in campo sanitario (NIENTE DA DICHIARARE)
- Consulenza ad aziende con interessi commerciali in campo sanitario (NIENTE DA DICHIARARE)
- Fondi per la ricerca da aziende con interessi commerciali in campo sanitario (NIENTE DA DICHIARARE)
- Partecipazione ad Advisory Board (Astra Zeneca)
- Titolarità di brevetti in compartecipazione ad aziende con interessi commerciali in campo sanitario (NIENTE DA DICHIARARE)
- Partecipazioni azionarie in aziende con interessi commerciali in campo sanitario (NIENTE DA DICHIARARE)
- Altro



BACKGROUND

- Durvalumab reduced first progression versus placebo in all regions (45.4% vs. 64.6%, respectively)
- Overall, intrathoracic progression was the most common (80.6% vs. 74.5% of progressors)

	ITT Population		Subpopulation with Progression	
	Durvalumab (N=476)	Placebo (N=237)	Durvalumab (N=216, 45.4% of ITT)	Placebo (N=153, 64.6% of ITT)
Any RECIST progression, n(%)	216 (45.4)	153 (64.6)	216 (100)	153 (100)
Intrathoracic only	174 (36.6)	114 (48.1)	174 (80.6)	114 (74.5)
Extrathoracic only	33 (6.9)	31 (13.1)	33 (15.3)	31 (20.3)
Intrathoracic and extrathoracic simultaneously	9 (1.9)	8 (3.4)	9 (4.2)	8 (5.2)



BACKGROUND

2020

Real-world outcomes of chemoradiotherapy for unresectable Stage III non-small cell lung cancer: The SOLUTION study

306 pts
 no data of progression sites

24 pts no data of progression sites

Real-world prospective analysis of treatment patterns in durvalumab maintenance after chemoradiotherapy in unresectable, locally advanced NSCLC patients

2021

A Real-World, Multicenter, Observational Retrospective Study of Durvalumab After Concomitant or Sequential Chemoradiation for Unresectable Stage III Non-Small Cell Lung Cancer

2021

55 patients (35.5%) relapsed locally or systemically; 32 (20.6%) had locoregional progression [as the only site of disease progression in 9 (5.8%)], and 46 (29.7%) developed systemic metastases; 23 pts (14.8%) had both local and systemic relapse, and 23 (14.8%) had systemic relapses alone.

no data of progression sites in relation to RT volumes



AIM

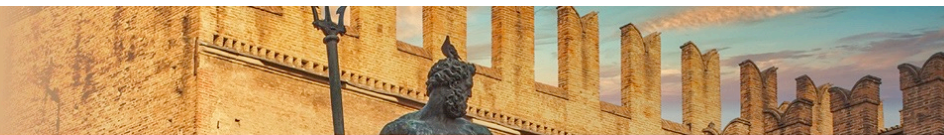
To evaluate pattern of recurrence in patients with locally advanced NSCLC treated with chemo-radiotherapy and Durvalumab

PRIMARY ENDPOINTS

- Oligogoprogession rate
- In-field progression rate

SECONDARY ENDPOINTS

- Progression free survival (PFS)
- Overall Survival (OS)
- Re-irradiation rate



PRELIMINARY RESULTS

87 pts

Gender	
Female	26 (30%)
Male	61 (70%)

Median Age (Range)	67 yrs (47-81)
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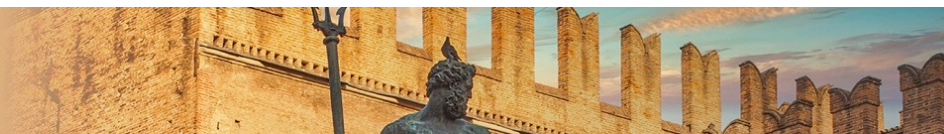
Stage n (%)	
IIB	10 (11%)
IIIA	59 (68%)
IIIB	18 (21%)

Histology	
ADK	54 (62%)
SCC	31 (36%)
Other	2 (2%)

PDL1	
NV	6 (7%)
1-50%	57 (66%)
>50%	24 (27%)

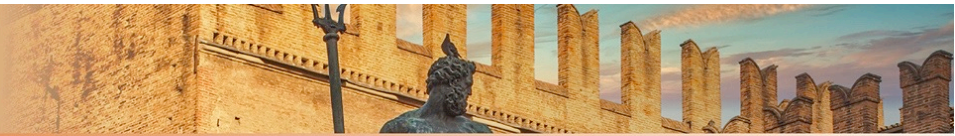
Treatment:	
Concurrent	55 (63%)
Sequential	32 (37%)

Chemotherapy scheme:	
CDDP-ETO	32 (37%)
CBDCA-ETO	5 (6%)
CBDCA-paclitaxel	23 (26%)
CBDCA-GEM	9 (10%)
Carbo-PEM	16 (18%)
Other	2 (3%)

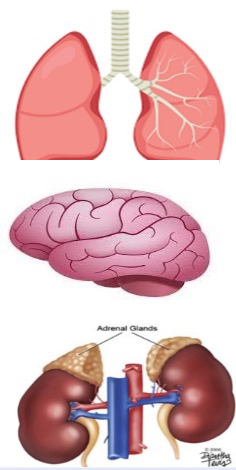
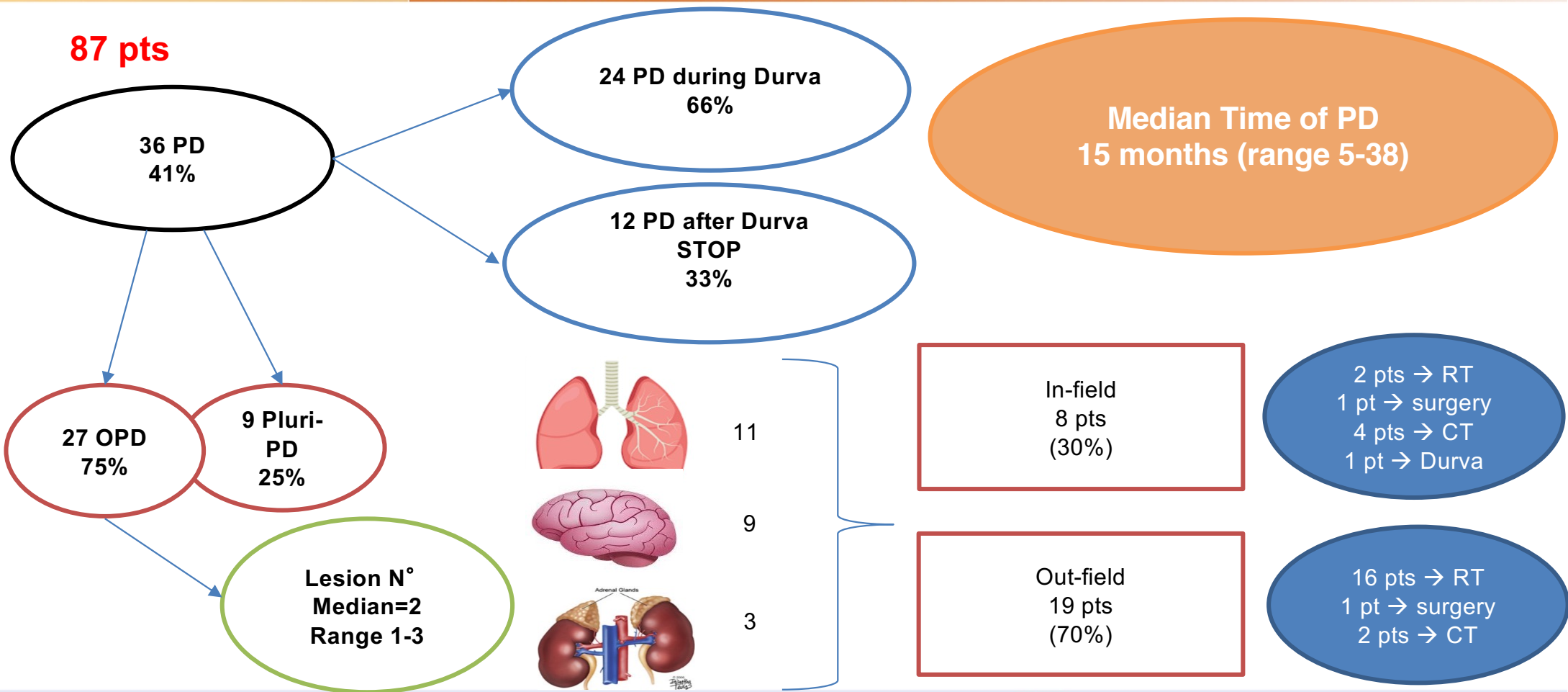


PRELIMINARY RESULTS

N° CT Cycles Median (range)	3,7 (2- 8)
RT dose Median (range)	60 Gy (50-66 Gy)
RT fractions Median (range)	29 (15-33)
Median Time of revaluation post-CT-RT Median (Range)	33 days (0-115 days)
Durvalumab Cycles Median (range)	12 (0-28)



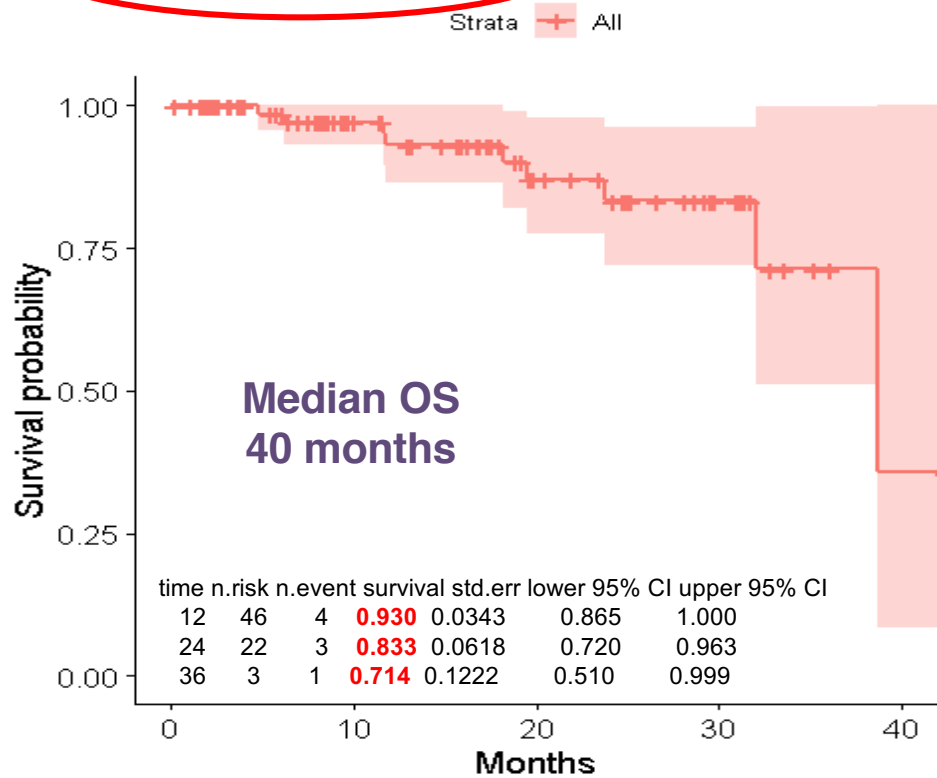
87 pts



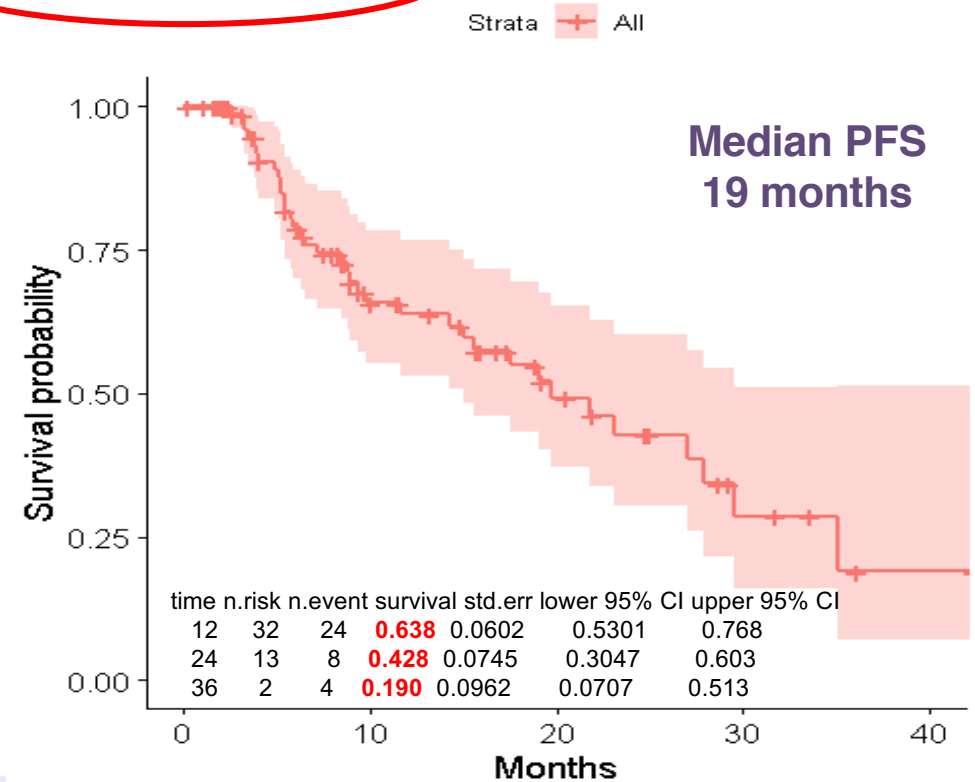


PRELIMINARY RESULTS

Overall Survival



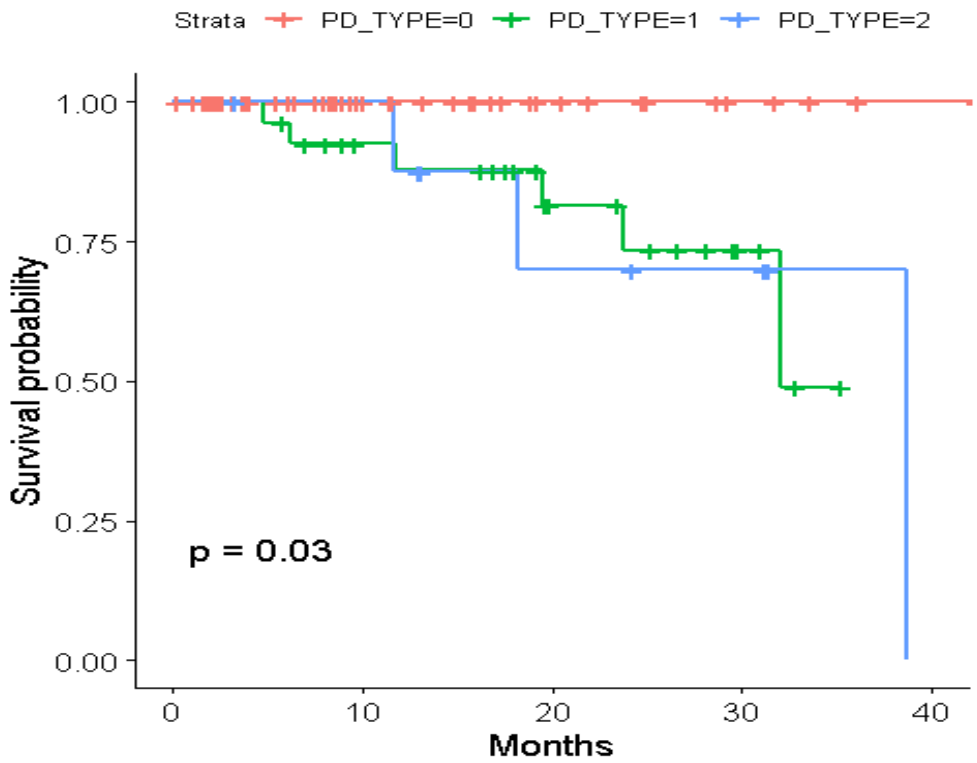
PFS





PRELIMINARY RESULTS

Overall Survival



PD_TYPE=0 NO RECURRENCE

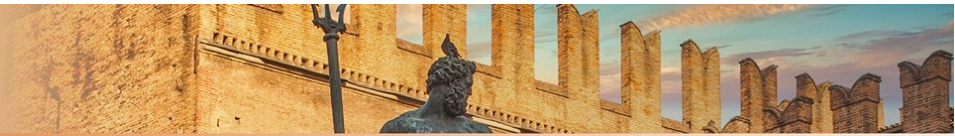
time	n.risk	n.event	survival	std.err	lower 95% CI	upper 95% CI
12	20	0	1	0	1	1
24	9	0	1	0	1	1
36	2	0	1	0	1	1

PD_TYPE=1 OLIGOPROGRESSION

time	n.risk	n.event	survival	std.err	lower 95% CI	upper 95% CI
12	19	3	0.878	0.0664	0.757	1.000
24	9	2	0.734	0.1097	0.548	0.984

PD_TYPE=2 POLIPROGRESSION

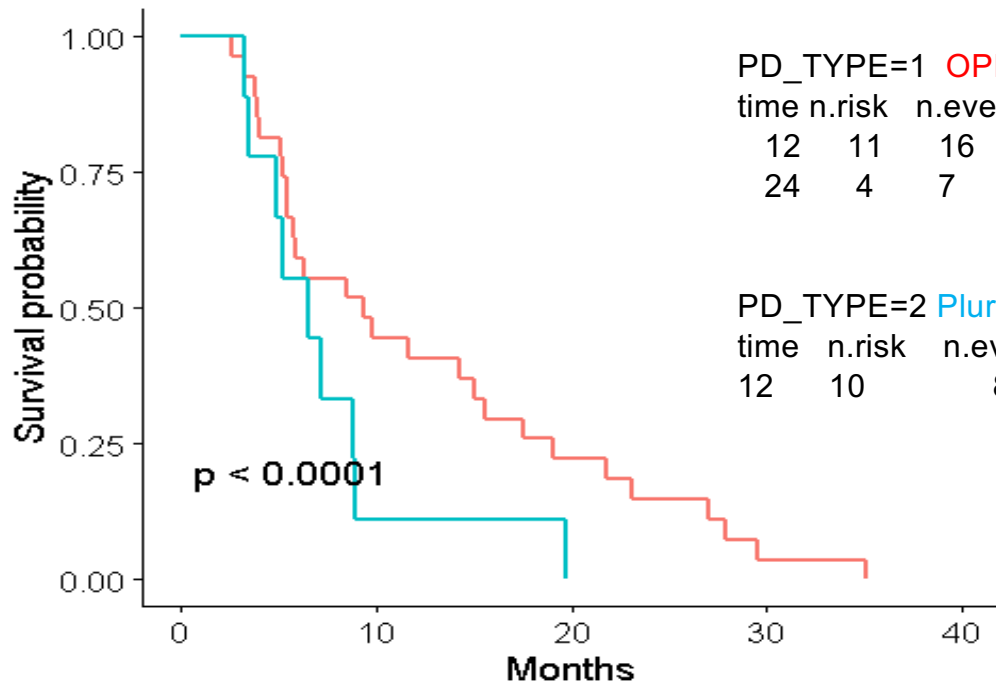
time	n.risk	n.event	survival	std.err	lower 95% CI	upper 95% CI
12	7	1	0.875	0.117	0.673	1
24	4	1	0.700	0.182	0.420	1
36	1	0	0.700	0.182	0.420	1



PRELIMINARY RESULTS

PFS

Strata — PD_TYPE=1 — PD_TYPE=2



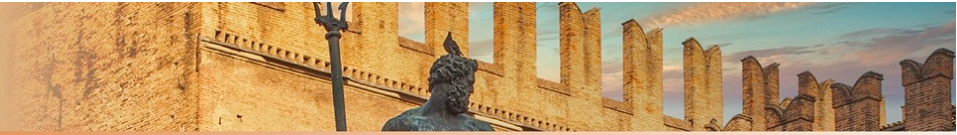
PD_TYPE=1 **OPD**

time	n.risk	n.event	survival	std.err	lower 95% CI	upper 95% CI
12	11	16	0.407	0.0946	0.259	0.642
24	4	7	0.148	0.0684	0.060	0.366

PD_TYPE=2 **Pluri-PD**

time	n.risk	n.event	survival	std.err	lower 95% CI	upper 95% CI
12	10	8	0.1111	0.1048	0.0175	0.7051

p < 0.0001



TAKE HOME MESSAGES

Relevant data to date

- OPD occurs in 75% of patients who progress / relapse
- In-field recurrences account for 30% of all relapses / progressions

HIGH RT IMPACT.....

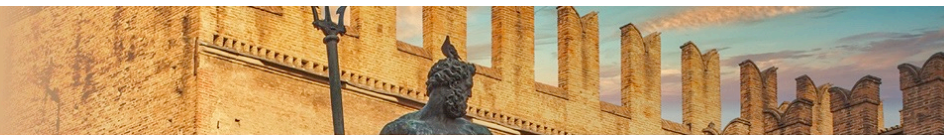
RT was performed in 66% of pts with OPD:

- In 25% of «in-field» OPD
- In 84% of «out-field» OPD

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Thank you!