

Sneak peek into ESMO 2023

What's in store?

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Final curtain for single agent TKIs in 1L EGFR mutant advanced NSCLC?

2

CheckMate-7TT's glimmer of guidance in murky realms of resectable NSCLC?

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Shifting sands in 1L mUC management: will a new horizon emerge?

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Final curtain for single agent TKIs in 1L EGFR mutant advanced NSCLC?

With early data from FLAURA-2, presented at WCLC, and now MARIPOSA appearing on the ESMO programme (LBA14), it feels as though we are on the verge of a shake-up of frontline care. Both studies have reported 'statistically significant and clinically meaningful' improvements in PFS_{1,2} when used in the frontline EGFR+ setting, over osimertinib alone.

However, it doesn't appear to be a simple equation of more equals better (i.e. an improvement in PFS doesn't necessarily make these regimens a better choice for patients). With notable toxicity and a step up in dosing, there is a patient cost to consider. And, in the absence of OS data (still immature for both studies), is there enough justification to intensify upfront treatment rather than distribute treatment options sequentially?

We eagerly await the data from MARIPOSA (particularly the OS curves) but for now, at least, our prediction is that 'the show will go on' for single agent TKIs.

1

CheckMate-77T's glimmer of guidance in murky realms of resectable NSCLC?

In recent years, there have been rapid advances in the use of PD-(L)1 inhibitors in early-stage NSCLC. But, with data supporting use of PD-(L)1 inhibitors in the neoadjuvant, adjuvant and perioperative setting, the oncology community seeks a beacon to illuminate the best path forward.

In the absence of a SWOG S1801 style trial, definitive answers are unlikely to be achieved. Therefore, eyes are on CheckMate-77T (LBA1) in the hope it may offer a glimmer of guidance. CheckMate-77T itself is unlikely to hold the answers, but when reviewed in the context of CheckMate-816, will it be possible to delineate the contribution of the adjuvant portion of treatment?

Warnings about comparing the two trials will undoubtedly be raised within the subsequent discussion, not least because the two trials involved different sets of patients. However, will oncologists be willing to overlook these flaws in comparison to gain clarity in this murky realm?

2

Shifting sands in 1L mUC management: will a new horizon emerge?

Advances in 1L muC treatment have already begun to emerge (JAVELIN Bladder 100 and EV-103). However, ESMO 2023 is to bring a further avalanche of new data from EV-302 (LBA6) and CheckMate-901 (LBA7) – set to disrupt the current landscape.

There are significant expectations around the combination of enfortumab vedotin + pembrolizumab in 1L, offering a true alternative to chemotherapy. But, will it be a clear landslide moment; and which regimens, if any, will be buried in the quicksand of new choices?

Right now, the magnitude of benefit achieved by each regimen is under wraps, making it difficult to speculate. Even when presented next week, there may be complexities in the interpretation, as neither trial included avelumab maintenance in their control arm. However, despite the uncertainty right now, one thing is clear – ESMO 2023 will be an important conference for establishing how these regimens will settle on, and shape, the future horizon.

3

References

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2. Johnson & Johnson. (28 September 2023). Landmark Phase 3 MARIPOSA Study Meets Primary Endpoint Resulting in Statistically Significant and Clinically Meaningful Improvement in PFS for RYBREVANT® (amivantamab-vmjw) plus Lazertinib Versus Osimertinib in Patients with EGFR-Mutated NSCLC [Press release]. Available: <https://www.janssen.com/landmark-phase-3-mariposa-study-meets-primary-endpoint-resulting-statistically-significant> [Accessed 09 October 2023].

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