

Clinical trials of immune checkpoint inhibition for lung cancer (metastatic) in all type of patients

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1 anti-CTLA-4

Trial	Treatments	Patients	Trials design and methods
ipilimumab + chemotherapy vs placebo + chemotherapy			
Reck , 2016 [NCT01450761] n=478/476 follow-up:	ipilimumab 10 mg/kg plus etoposide and platinum (cisplatin or carboplatin) versus placebo plus etoposide and platinum (cisplatin or carboplatin)	patients with newly diagnosed extensive-stage disease SCLC	Parallel groups double-blind
Govindan , 2017 [NCT01285609] n=388/361 follow-up:	ipilimumab 10 mg/kg + paclitaxel and carboplatin versus placebo + paclitaxel and carboplatin	Patients with stage IV or recurrent chemotherapy-naive squamous NSCLC	Parallel groups double-blind
phase 2 (phased ipilimumab) , 2012 n=204 follow-up:	concurrent ipilimumab (four doses of ipilimumab plus paclitaxel and carboplatin followed by two doses of placebo plus paclitaxel and carboplatin) or phased ipilimumab (two doses of placebo plus paclitaxel and carboplatin followed by four doses of ipilimumab) versus paclitaxel (175 mg/m ²) and carboplatin (area under the curve, 6)	Patients with chemotherapy-naive non-small-cell lung cancer	Parallel groups double-blind

References

Reck, 2016:

Reck M, Luft A, Szczesna A, Havel L, Kim SW, Akerley W, Pietanza MC, Wu YL, Zielinski C, Thomas M, Felip E, Gold K, Horn L, Aerts J, Nakagawa K, Lorigan P, Pieters A, Kong Sanchez T, Fairchild J, Spigel D Phase III Randomized Trial of Ipilimumab Plus Etoposide and Platinum Versus Placebo Plus Etoposide and Platinum in Extensive-Stage Small-Cell Lung Cancer. J Clin Oncol 2016 Jul 25;: [27458307] [10.1200/JCO.2016.67.6601](https://doi.org/10.1200/JCO.2016.67.6601)

Govindan, 2017:

Govindan R, Szczesna A, Ahn MJ, Schneider CP, Gonzalez Mella PF, Barlesi F, Han B, Ganea DE, Von Pawel J, Vladimirov V, Fadeeva N, Lee KH, Kurata T, Zhang L, Tamura T, Postmus PE, Jassem J, O'Byrne K, Kopit J, Li M, Tschaika M, Reck M Phase III Trial of Ipilimumab Combined With Paclitaxel and Carboplatin in Advanced Squamous Non-Small-Cell Lung Cancer. J Clin Oncol 2017;35:3449-3457 [28854067]

phase 2 (phased ipilimumab), 2012:

Lynch TJ, Bondarenko I, Luft A, Serwatowski P, Barlesi F, Chacko R, Sebastian M, Neal J, Lu H, Cuillerot JM, Reck M Ipilimumab in combination with paclitaxel and carboplatin as first-line treatment in stage IIIB/IV non-small-cell lung cancer: results from a randomized, double-blind, multicenter phase II study. J Clin Oncol 2012;30:2046-54 [22547592]

2 anti-PD-1

Trial	Treatments	Patients	Trials design and methods
nivolumab vs docetaxel			
CheckMate 017 , 2015 <i>unpublished</i> [NCT01642004] n=135/137 follow-up:	Nivolumab 3 mg/kg solution intravenously every 2 weeks until documented disease progression versus Docetaxel 75 mg/m ² solution intravenously every 3 weeks until documented disease progression	patients with advanced SQ NSCLC who fail platinum-based doublet chemotherapy	open
CheckMate 057 , 2015 [NCT01673867] n=292/290 follow-up:	Nivolumab 3 mg/kg solution intravenously every 2 weeks until documented disease progression versus Docetaxel 75 mg/m concentrate for solution for intravenous infusion every 3 weeks until documented disease progression	patients with advanced nonsquamous non-small cell lung cancer (NSCLC) who had progressed on platinum-doublet chemotherapy	Parallel groups open
CheckMate 078 <i>ongoing</i> [NCT02613507] n=NA follow-up:	nivolumab versus Docetaxel	Efficacy Study of Nivolumab Compared to Docetaxel in Subjects Previously Treated With Advanced or Metastatic Non Small Cell Lung Cancer	No masking
pembrolizumab 10mg vs docetaxel			
Keynote 010 10mg , 2015 [NCT01905657] n=346/343 follow-up:	pembrolizumab 10 mg/kg versus docetaxel 75 mg/m every 3 weeks	patients with previously treated non-small-cell lung cancer with PD-L1 expression on at least 1% of tumour cells	open-label
pembrolizumab 2mg vs docetaxel			
Keynote 010 2mg , 2015 [NCT01905657] n=345/343 follow-up:	pembrolizumab 2 mg/kg versus docetaxel 75 mg/m every 3 weeks	patients with previously treated non-small-cell lung cancer with PD-L1 expression on at least 1% of tumour cells	Parallel groups open-label
nivolumab for 1 year vs nivolumab			
CheckMate 153 <i>ongoing</i> [NCT02066636] n=NA follow-up:	Nivolumab 3 mg/kg solution intravenous infusion over 60 minutes every two weeks until disease progression versus Nivolumab 3 mg/kg solution intravenous infusion over 60 minutes every two weeks until 1 year	patients With Advanced or Metastatic Non-Small Cell Lung Cancer Who Have Progressed During or After Receiving At Least One Prior Systemic Regimen	
durvalumab + osimertinib vs osimertinib			

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Trial	Treatments	Patients	Trials design and methods
CAURAL <i>ongoing</i> [NCT02454933] n=NA follow-up:	MEDI4736 & AZD9291 Combination versus AZD9291 Monotherapy (Once daily tablet 80 mg)	patients with Locally Advanced or Metastatic Epidermal Growth Factor Receptor T790M mutation-positive Non-Small Cell Lung Cancer who have received Prior Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitor Therapy	open label UK
nivolumab vs platinum-based CT			
CheckMate 026 , 2016 [NCT02041533] n=271/270 follow-up:	Nivolumab solution for Injection 3 mg/kg Intravenous every 2 weeks until disease progression versus platinum-based chemotherapy (administered once every 3 weeks for up to six cycles).	patients with previously untreated advanced non-small cell lung cancer (NSCLC) whose tumors expressed PD-L1 at >5% (>1% ???). Patients with EGFR activating mutations and ALK translocations, which are sensitive to targeted therapy, were excluded.	Parallel groups open design
CheckMate 227 (nivolumab alone) , 2018 <i>ongoing</i> [NCT02477826] n=NA follow-up:	-	Subjects With Chemotherapy-Nave Stage IV or Recurrent Non-Small Cell Lung Cancer	No masking
pembrolizumab vs platinum-based CT			
Keynote 024 , 2015 [NCT02142738] n=154/151 follow-up: 11.2 months (median)	Pembrolizumab (200 mg, administered as intravenous (IV) infusion on Day 1 of each 21-day cycle for up to 35 cycles or until documented PD versus standard of care (SOC) platinum-based chemotherapies	previously untreated advanced NSCLC with PD-L1 expression on at least 50% of tumor cells and no sensitizing mutation of the epidermal growth factor receptor gene or translocation of the anaplastic lymphoma kinase gene	Parallel groups open label
Keynote 042 (>=1%) , 2018 [NCT02220894] n=637/637 follow-up: 12.8-mo median	pembrolizumab 200 mg every 3 wk for 35 cycles or until disease progression, intolerable toxicity versus investigator's choice of carboplatin plus paclitaxel or carboplatin plus pemetrexed for a maximum of 6 cycles	Treatment Nave Subjects With PD-L1 Positive Advanced or Metastatic Non-Small Cell Lung Cancer	Parallel groups open label 28 countries in Asia, Canada, Europe, and South America
Keynote 042 (>=20%) , 2018 [NCT02220894] n=413/405 follow-up: 12.8-mo median	pembrolizumab versus SOC Treatment (Platinum-based Chemotherapy)	Treatment Nave Subjects With PD-L1 Positive Advanced or Metastatic Non-Small Cell Lung Cancer	Parallel groups open label china
Keynote 042 (>=50%) , 2018 [NCT02220894] n=299/300 follow-up: 12.8-mo median	pembrolizumab versus SOC Treatment (Platinum-based Chemotherapy)	Treatment Nave Subjects With PD-L1 Positive Advanced or Metastatic Non-Small Cell Lung Cancer	open label china

References

CheckMate 017, 2015:

Brahmer J, Reckamp KL, Baas P, Crin L, Eberhardt WE, Poddubskaya E, Antonia S, Pluzanski A, Vokes EE, Holgado E, Waterhouse D, Ready N, Gainor J, Arn Frontera O, Havel L, Steins M, Garassino MC, Aerts JG, Domine M, Paz-Ares L, Reck M, Baudelet C, Harbis Nivolumab versus Docetaxel in Advanced Squamous-Cell Non-Small-Cell Lung Cancer. N Engl J Med 2015 May 31;: [26028407] 10.1056/NEJMoa1504627

CheckMate 057, 2015:

Borghaei H, Paz-Ares L, Horn L, Spigel DR, Steins M, Ready NE, Chow LQ, Vokes EE, Felip E, Holgado E, Barlesi F, Kohlhuff M, Arrieta O, Burgio MA, Fayette J, Lena H, Poddubskaya E, Gerber DE, Gettinger SN, Rudin CM, Rizvi N, Crin L, Blumenschein GR Jr, Nivolumab versus Docetaxel in Advanced Nonsquamous Non-Small-Cell Lung Cancer. N Engl J Med 2015 Oct 22;373:1627-39 [26412456] 10.1056/NEJMoa1507643

CheckMate 078, :

Keynote 010 10mg, 2015:

Herbst RS, Baas P, Kim DW, Felip E, Prez-Gracia JL, Han JY, Molina J, Kim JH, Arvis CD, Ahn MJ, Majem M, Fidler MJ, de Castro G Jr, Garrido M, Lubiniecki GM, Shentu Y, Im E, Dolled-Filhart M, Garon EB Pembrolizumab versus docetaxel for previously treated, PD-L1-positive, advanced non-small-cell lung cancer (KEYNOTE-010): a randomised controlled trial. Lancet 2015 Dec 18;: [26712084] 10.1016/S0140-6736(15)01281-7

Keynote 010 2mg, 2015:

Herbst RS, Baas P, Kim DW, Felip E, Prez-Gracia JL, Han JY, Molina J, Kim JH, Arvis CD, Ahn MJ, Majem M, Fidler MJ, de Castro G Jr, Garrido M, Lubiniecki GM, Shentu Y, Im E, Dolled-Filhart M, Garon EB Pembrolizumab versus docetaxel for previously treated, PD-L1-positive, advanced non-small-cell lung cancer (KEYNOTE-010): a randomised controlled trial. Lancet 2015 Dec 18;: [26712084] 10.1016/S0140-6736(15)01281-7

CheckMate 153, :

CAURAL, 0:

CheckMate 026, 2016:

Carbone DP, Reck M, Paz-Ares L, Creelan B, Horn L, Steins M, Felip E, van den Heuvel MM, Ciuleanu TE, Badin F, Ready N, Hiltermann TJN, Nair S, Juergens R, Peters S, Minenza E, Wrangle JM, Rodriguez-Abreu D, Borghaei H, Blumenschein GR Jr, Villarruz LC, Ha First-Line Nivolumab in Stage IV or Recurrent Non-Small-Cell Lung Cancer. N Engl J Med 2017;376:2415-2426 [28636851]

CheckMate 227 (nivolumab alone), 2018:

Hellmann MD Nivolumab plus Ipilimumab in Lung Cancer with a High Tumor Mutational Burden. N Engl J Med 2018;378:2093-2104 [29658845] 10.1056/NEJMoa1801946

Keynote 024, 2015:

Reck M, Rodriguez-Abreu D, Robinson AG, Hui R, Csoszi T, Flp A, Gottfried M, Peled N, Tafreshi A, Cuffe S, O'Brien M, Rao S, Hotta K, Leiby MA, Lubiniecki GM, Shentu Y, Rangwala R, Brahmer JR Pembrolizumab versus Chemotherapy for PD-L1-Positive Non-Small-Cell Lung Cancer. N Engl J Med 2016 Oct 8;: [27718847] 10.1056/NEJMoa1606774

Keynote 042 (>=1%), 2018:

Keynote 042 (>=20%), 2018:

Keynote 042 (>=50%), 2018:

3 combination

Trial	Treatments	Patients	Trials design and methods
nivolumab + ipilimumab vs nivolumab			

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Trial	Treatments	Patients	Trials design and methods
Checkmate 032 <i>ongoing</i> [NCT01928394] n=NA follow-up:	nivolumab + ipilimumab combination (N1 + I3 or N3 + I1 Q3W for 4 cycles then N3 Q2W) versus nivolumab ([mg/kg] N3 Q2W)	AdvSCLC pts with progressive disease (PD) after 8805;1 platinum-based chemotherapy, regardless of platinum sensitivity or tumor PD-1 ligand 1 (PD-L1) expression	
durvalumab + tremelimumab vs platinum-based CT			
NEPTUNE <i>ongoing</i> [NCT02542293] n=NA follow-up:	MEDI4736 + tremelimumab versus platinum-based SoC chemotherapy	the first-line treatment of patients with epidermal growth factor receptor (EGFR) and anaplastic lymphoma kinase (ALK) wild-type advanced or metastatic NSCLC	
nivolumab + ipilimumab vs platinum-based CT			
CheckMate 227 (High Tumor Mutational Burden) , 2018 [NCT02477826] n=139/160 follow-up:	nivolumab plus ipilimumab versus chemotherapy	patients with stage IV or recurrent NSCLC that was not previously treated with chemotherapy and high tumor mutational burden (≥ 10 mutations per megabase), irrespective of PD-L1 expression level	Parallel groups No masking
durvalumab + tremelimumab vs Standard of Care			
ARCTIC PD-L1 negative , 2018 <i>unpublished</i> [NCT02352948] n=NA follow-up:	combination of MEDI4736 (durvalumab) plus tremelimumab versus Standard of Care	patients with PD-L1 negative Locally Advanced or Metastatic Non Small Cell Lung Cancer who have received at least 2 prior systemic treatment regimens including 1 platinum-based chemotherapy regimen for NSCLC	
durvalumab +tremelimumab vs Standard of Care			
MYSTIC (combination) <i>ongoing</i> [NCT02453282] n=NA follow-up:	MEDI4736 (Durvalumab)+Tremelimumab versus Standard of Care chemotherapy treatment	patients with advanced or metastatic NSCLC in the first-line treatment of patients with epidermal growth factor receptor (EGFR) and anaplastic lymphoma kinase (ALK) wild-type locally advanced or metastatic NSCLC	open label Germany

References

Checkmate 032, :

NEPTUNE, :

CheckMate 227 (High Tumor Mutational Burden), 2018:

Hellmann MD, Ciuleanu TE, Pluzanski A, Lee JS, Otterson GA, Audigier-Valette C, Minenza E, Linardou H, Burgers S, Salman P, Borghaei H, Ramalingam SS, Brahmer J, Reck M, O'Byrne KJ, Geese WJ, Green G, Chang H, Szustakowski J, Bhagavatheeswaran P, Healey D Nivolumab plus Ipilimumab in Lung Cancer with a High Tumor Mutational Burden. *N Engl J Med* 2018;: [29658845]

ARCTIC PD-L1 negative, 2018:

MYSTIC (combination), 0:

4 IO + CT

Trial	Treatments	Patients	Trials design and methods
atezolizumab + bevacizumab vs bevacizumab (on top platinum-based CT)			
IMpower150 (Teff) , 2018 [NCT02366143] n=155/129 follow-up:	atezo + bev + C + P versus bev + C + P	chemotherapy-naive patients with Stage IV non-squamous non-small cell lung cancer and expression of a tumour T-effector gene signature (Teff) and EGFR et ALK negative (wild type)	Parallel groups open label
IMpower150 (WT) , 2018 [NCT02366143] n=356/336 follow-up:	atezo + bev + C + P; versus bev + C + P	wild type chemotherapy-naive patients with Stage IV non-squamous non-small cell lung cancer (EGFR et ALK negative)	Parallel groups open label
atezolizumab + platinum-based CT vs platinum-based CT			
IMpower 131 ongoing [NCT02367794] n=NA follow-up:	Atezolizumab + Nab-paclitaxel + Carboplatin Atezolizumab + Paclitaxel + Carboplatin versus Nab-paclitaxel + Carboplatin	chemotherapy-naive participants with Stage IV squamous NSCLC	No masking
nivolumab + CT vs platinum-based CT			
CheckMate 227 (nivolumab + CT) , 2018 [NCT02477826] n=177/186 follow-up:	Nivolumab + chemotherapy versus chemotherapy	Subjects With Chemotherapy-Nave Stage IV or Recurrent Non-Small Cell Lung Cancer <1% tumor PD-L1 expression	No masking
pembrolizumab + platinum-based CT vs platinum-based CT			
Keynote 189 , 2018 [NCT02578680] n=410/206 follow-up: 10.5 mo median	pemetrexed and a platinum-based drug plus 200 mg of pembrolizumab, followed by pembrolizumab for up to a total of 35 cycles plus pemetrexed maintenance therapy versus pemetrexed and a platinum-based drug plus placebo every 3 weeks for 4 cycles, followed by placebo	participants with advanced or metastatic nonsquamous non-small cell lung cancer (NSCLC) who have not previously received systemic therapy for advanced disease and without sensitizing EGFR or ALK mutations	Parallel groups double-blind
KEYNOTE-021 phase 2 , 2016 [NCT02039674] n=60/63 follow-up:	24 months treatment with pembrolizumab (200mg every three weeks)+ CT versus four cycles of carboplatin and pemetrexed (500 mg/m ² every three weeks)	patients with stage IIIB/IV, chemotherapy-naive, nonsquamous non-small-cell lung cancer	Parallel groups open design
pembrolizumab + CT vs platinum-based CT			
Keynote 407 , 2018 [NCT02775435] n=278/281 follow-up: 7.7 mo (median)	pembrolizumab + carboplatin and paclitaxel or nano particle albumin-bound paclitaxel (nab-paclitaxel) versus carboplatin and paclitaxel or nano particle albumin-bound paclitaxel (nab-paclitaxel)	adults with first line metastatic squamous non-small cell lung cancer	Parallel groups open-label

References

IMpower150 (Teff), 2018:

[10.1093/annonc/mdx760.002](https://doi.org/10.1093/annonc/mdx760.002)

Socinski MA, Jotte RM, Cappuzzo F, Orlandi F, Stroyakovskiy D, Nogami N, Rodriguez-Abreu D, Moro-Sibilot D, Thomas CA, Barlesi F, Finley G, Kelsch C, Lee A, Coleman S, Deng Y, Shen Y, Kowanetz M, Lopez-Chavez A, Sandler A, Reck M Atezolizumab for First-Line Treatment of Metastatic Nonsquamous NSCLC. *N Engl J Med* 2018;378:2288-2301 [29863955]

IMpower150 (WT), 2018:

Socinski MA Atezolizumab for First-Line Treatment of Metastatic Nonsquamous NSCLC. *N Engl J Med* 2018;: [29863955] [10.1056/NEJMoa1716948](https://doi.org/10.1056/NEJMoa1716948)

IMpower 131, :

CheckMate 227 (nivolumab + CT), 2018:

Keynote 189, 2018:

Gandhi L, Rodriguez-Abreu D, Gadgeel S, Esteban E, Felip E, De Angelis F, Domine M, Clingan P, Hochmair MJ, Powell SF, Cheng SY, Bischoff HG, Peled N, Grossi F, Jennens RR, Reck M, Hui R, Garon EB, Boyer M, Rubio-Viqueira B, Novello S, Kurata T, Gray JE, Pembrolizumab plus Chemotherapy in Metastatic Non-Small-Cell Lung Cancer. *N Engl J Med* 2018;: [29658856]

KEYNOTE-021 phase 2, 2016:

Langer CJ, Gadgeel SM, Borghaei H, Papadimitrakopoulou VA, Patnaik A, Powell SF, Gentzler RD, Martins RG, Stevenson JP, Jalal SI, Panwalkar A, Yang JC, Gubens M, Sequist LV, Awad MM, Fiore J, Ge Y, Raftopoulos H, Gandhi L Carboplatin and pemetrexed with or without pembrolizumab for advanced, non-squamous non-small-cell lung cancer: a randomised, phase 2 cohort of the open-label KEYNOTE-021 study. *Lancet Oncol* 2016;17:1497-1508 [27745820]

Keynote 407, 2018:

5 PD-L1 inhibitors

Trial	Treatments	Patients	Trials design and methods
atezolizumab vs docetaxel			
OAK , 2016 [NCT02008227] n=425/425 follow-up: minimum 19 months	atezolizumab versus docetaxel	Patients With Locally Advanced or Metastatic Non-Small Cell Lung Cancer Who Have Failed Platinum Therapy	Parallel groups open label
POPLAR Phase 2 atezolizumab , 2016 [NCT01903993] n=144/143 follow-up:	Atezolizumab versus docetaxel 75 mg/m(2) once every 3 weeks	patients with locally Advanced or Metastatic Non-Small Cell Lung Cancer Who Have Failed Platinum Th	Parallel groups open label 13 countries in Europe and North America
avelumab vs docetaxel			
JAVELIN Lung 200 ongoing [NCT02395172] n=NA follow-up:	avelumab versus docetaxel	subjects with programmed death ligand 1 (PD-L1) positive, non-small cell lung cancer (NSCLC) after failure of a platinum-based doublet	
durvalumab vs placebo			

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Trial	Treatments	Patients	Trials design and methods
PACIFIC , 2017 [NCT02125461] n=473/236 follow-up:	Durvalumab (at a dose of 10 mg per kilogram of body weight intravenously) every 2 weeks for up to 12 months, administered 1 to 42 days after the patients had received chemoradiotherapy versus placebo	patients with stage III NSCLC who did not have disease progression after two or more cycles of platinum-based chemoradiotherapy	Parallel groups double-blind
NCT02273375 <i>ongoing</i> [NCT02273375] n=NA follow-up:	durvalumab (MEDI4736) versus placebo	Adjuvant treatment In Completely Resected Non-Small Cell Lung Cancer Completely Resected NSCLC	double-blind
atezolizumab vs platinum-based CT			
GO29432 <i>ongoing</i> [NCT02409355] n=NA follow-up:	-	patients with chemotherapy-naive, Stage IV squamous non-small cell lung cancer	open label
IMpower 110 <i>ongoing</i> [NCT02409342] n=NA follow-up:	Atezolizumab (MPDL3280A) versus dual regimen of carboplatin or cisplatin plus pemetrexed	chemotherapy-naive patients with Stage IV NSCLC	open label
avelumab vs platinum-based CT			
JAVELIN Lung 100 <i>ongoing</i> [NCT02576574] n=NA follow-up:	avelumab versus platinum-based doublet	a First-line Treatment of Recurrent or Stage IV non-small cell lung cancer with Programmed death ligand 1+ tumors	
durvalumab vs Standard of Care			
ARCTIC PD-L1 positive <i>ongoing</i> [NCT02352948] n=NA follow-up:	durvalumab versus Standard of Care	patients with PD-L1 positive Locally Advanced or Metastatic Non Small Cell Lung Cancer who have received at least 2 prior systemic treatment regimens including 1 platinum-based chemotherapy regimen for NSCLC	
MYSTIC (monotherapy) <i>ongoing</i> [NCT02453282] n=NA follow-up:	durvalumab versus Standard of Care chemotherapy treatment	patients with advanced or metastatic NSCLC in the first-line treatment of patients with epidermal growth factor receptor (EGFR) and anaplastic lymphoma kinase (ALK) wild-type locally advanced or metastatic NSCLC	open label Germany

References

OAK, 2016:

Rittmeyer A, Barlesi F, Waterkamp D, Park K, Ciardiello F, von Pawel J, Gadgeel SM, Hida T, Kowalski DM, Dols MC, Cortinovis DL, Leach J, Polikoff J, Barrios C, Kabbinar F, Frontera OA, De Marinis F, Turna H, Lee JS, Ballinger M, Kowanetz M, He P, Chen Atezolizumab versus docetaxel in patients with previously treated non-small-cell lung cancer (OAK): a phase 3, open-label, multicentre randomised controlled trial. *Lancet* 2017;389:255-265 [27979383]

POPLAR Phase 2 atezolizumab, 2016:

Vansteenkiste J Atezolizumab monotherapy vs docetaxel in 2L/3L non-small cell lung cancer: Primary analyses for efficacy, safety and predictive biomarkers from a randomized phase II study (POPLAR) ESMO 2015

Fehrenbacher L, Spira A, Ballinger M, Kowanzetz M, Vansteenkiste J, Mazieres J, Park K, Smith D, Artal-Cortes A, Lewanski C, Braiteh F, Waterkamp D, He P, Zou W, Chen DS, Yi J, Sandler A, Rittmeyer A Atezolizumab versus docetaxel for patients with previously treated non-small-cell lung cancer (POPLAR): a multicentre, open-label, phase 2 randomised controlled trial. *Lancet* 2016 Mar 9; [26970723]

Fehrenbacher L, Spira A, Ballinger M, Kowanzetz M, Vansteenkiste J, Mazieres J, Park K, Smith D, Artal-Cortes A, Lewanski C, Braiteh F, Waterkamp D, He P, Zou W, Chen DS, Yi J, Sandler A, Rittmeyer A Atezolizumab versus docetaxel for patients with previously treated non-small-cell lung cancer (POPLAR): a multicentre, open-label, phase 2 randomised controlled trial. *Lancet* 2016 Apr 30;387:1837-46 [26970723]

JAVELIN Lung 200, :

PACIFIC, 2017:

Antonia SJ, Villegas A, Daniel D, Vicente D, Murakami S, Hui R, Yokoi T, Chiappori A, Lee KH, de Wit M, Cho BC, Bourhaba M, Quantin X, Tokito T, Mekhail T, Planchard D, Kim YC, Karapetis CS, Hirt S, Ostoros G, Kubota K, Gray JE, Paz-Ares L, de Castro Car Durvalumab after Chemoradiotherapy in Stage III Non-Small-Cell Lung Cancer. *N Engl J Med* 2017;: [28885881]

NCT02273375, 0:

GO29432, 0:

IMpower 110, 0:

JAVELIN Lung 100, :

ARCTIC PD-L1 positive, 0:

MYSTIC (monotherapy), 0:

6

6 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

TrialResults-center is non-profit and self-funded.