

Clinical trials of immune checkpoint inhibition for lung cancer (metastatic) in first line patients

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1 immunotherapy combination

Trial	Treatments	Patients	Trials design and methods
nivolumab + ipilimumab vs platinum doublet chemotherapy			
CheckMate 227 <i>ongoing</i> [NCT02477826] n=NA follow-up:	-	Subjects With Chemotherapy-Nave Stage IV or Recurrent Non-Small Cell Lung Cancer	No masking
durvalumab +tremelimumab vs Standard of Care			
MYSTIC <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 227, :

MYSTIC, 0:

2 PD-L1 inhibitors

Trial	Treatments	Patients	Trials design and methods
atezolizumab + Paclitaxel + Carboplatin vs Bevacizumab + Paclitaxel + Carboplatin			
IMpower 150 <i>ongoing</i> [NCT02366143] n=NA follow-up:	-	chemotherapy-naive patients with Stage IV non-squamous non-small cell lung cancer	open label
atezolizumab vs Gemcitabine + (Cisplatin or Carboplatin)			
GO29432 <i>ongoing</i> [NCT02409355] n=NA follow-up:	-	patients with chemotherapy-naive, Stage IV squamous non-small cell lung cancer	open label

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Trial	Treatments	Patients	Trials design and methods
atezolizumab vs Pemetrexed + (Carboplatin or Cisplatin)			
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 doublet			
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			
MYSTIC (monotherapy) <i>ongoing</i> [NCT02453282] n=NA follow-up:	MEDI4736 (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
durvalumab (MEDI4736) tremelimumab vs Standard of Care			
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	

References

IMpower 150, 0:
GO29432, 0:
IMpower 110, 0:
JAVELIN Lung 100, :
MYSTIC (monotherapy), 0:
NEPTUNE, :

3 PD1 inhibitors

Trial	Treatments	Patients	Trials design and methods
pembrolizumab + CT vs CT			
KEYNOTE-021 [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/m2 every three weeks)	patients with stage IIIB/IV, chemotherapy-naive, nonsquamous non-small-cell lung cancer	Parallel groups open design

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Trial	Treatments	Patients	Trials design and methods
nivolumab vs platinum doublet chemotherapy			
CheckMate 227 (nivolumab alone) <i>ongoing</i> n=NA follow-up:	versus	Subjects With Chemotherapy-Nave Stage IV or Recurrent Non-Small Cell Lung Cancer	No masking
nivolumab vs Standard of Care			
CheckMate 026 , 2016 [NCT02041533] n=271/270 follow-up:	Nivolumab solution for Injection 3 mg/kg Intravenous every 2 weeks until disease progression versus Investigator's Choice Chemotherapy administered in 3-week cycles up to a maximum of 6 cycles of Intravenous injection until disease progression	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
pembrolizumab vs Standard of Care			
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 <i>ongoing</i> [NCT02220894] n=NA follow-up:	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

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References

KEYNOTE-021, :

CheckMate 227 (nivolumab alone), 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]

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, Juerge First-Line Nivolumab in Stage IV or Recurrent Non-Small-Cell Lung Cancer. *N. Engl. J. Med.* 2017; 376:2415-2426 [28636851]

Keynote 024, 2015:

Reck M, Rodriguez-Abreu D, Robinson AG, Hui R, Csozsi 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, :

Entry terms: lambrolizumab, Keytruda, MK-3475,

4 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.