Methods (Continued)

Background

Lung cancer is the most commonly diagnosed cancer globally, yet outcomes are poor in advanced disease, representing a major unmet need. The PD-1/PD-L1 signaling axis has emerged as a therapeutic target in patients with NSCLC.

PD-L1 is a PD-1 ligand expressed on tumor and immune cells that mediates immune suppression. PD-1 inhibitors (PD-1i) block the interaction between PD-1 and PD-L1/PD-L2, thereby restoring T-cell function and antitumor immunity.

Safety

38

SD

Safety

The benefit of PD-(L)1 therapies is limited to a subset of patients with NSCLC and pembrolizumab in patients with PD-L1 TPS ≥50% (\textit{Cohort 1})

• No known EGFR-activating
• Chemotherapy-naïve
• PD-(L)1 inhibitor-naïve

2 patients with NSCLC in a Phase 1 trial\textsuperscript{12}

• And did not withdraw consent prior to having

OS data were immature at the time of analysis

Methods

Results

Baseline demographics, disease characteristics

The study was conducted in the USA beginning September 2017 and is ongoing

Number of patients

72 (Cohort 1)

6 (Cohort 2)

EcoG/PS

29.4% (Cohort 1)

11.8% (Cohort 2)

28.6% (Cohort 1)

71.4% (Cohort 2)

History of diagnosis

5.9% Stage III (Cohort 1)

66.7% (Cohort 2)

5.9% Stage III (Cohort 1)

23.8% (Cohort 2)

5.9% Stage IV (Cohort 1)

9.5% (Cohort 2)

5.9% Stage IIIB (Cohort 1)

94.1% Stage IV (Cohort 2)

Cycle 1

2 CIs were reported

Cohort 1 (PD-L1 TPS ≥50%)

38 patients received niraparib and pembrolizumab

Cohort 2 (PD-L1 TPS: 1–49%)

29.4% (n=16 patients)

80% (n=7 patients)

100% Stage IV†

60.0% Stage IV†

Median duration of treatment

9.5–78% reduction in target lesion size

Clinical responses were reported in both cohorts

Efficacy

Inhibitor (PD-1i) in Patients With Advanced Non–Small Cell Lung Cancer (NSCLC)

ROS1

RECIST, response evaluation criteria in solid tumours; c-ros oncogene 1; pembrolizumab in patients with PD-L1 TPS ≥50% (\textit{Cohort 1})

Pembrolizumab is a PD-1i approved as 1L single-agent therapy for patients with advanced NSCLC.

†Median DoR assessed in mITT population among patients with CR/PR; • End of Study


