Two-year follow-up of bintrafusp alpha, a bifunctional fusion protein targeting TGF-β and PD-L1, for second-line (2L) treatment of non-small cell lung cancer (NSCLC)


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INTRODUCTION

PD-L1 expression is the most common cause of cancer death worldwide.†* NSCLC accounts for 40% of all cases of lung cancer and has a poor survival rate.†** In advanced, stage IV NSCLC, approximately 75% of patients have NSCLC with advanced or metastatic disease and advanced NSCLC has dominated the disease landscape.†***

Methods

In the 2L setting, median OS was 11.9 months (95% CI: 9.0 - NR) and 39.7% at 24 months (95% CI: 29.7 - 47.6) in the 500-mg cohort, respectively (Figure 2). In the 1200-mg cohort, median OS was 17.1 months; the OS rate was 49.7% at 18 months (95% CI: 36.3 - 61.6) and 39.4% at 24 months (95% CI: 27.5 - 50.5; Table 1). Patients who were PD-L1 positive (≥1%) had significantly longer median OS than those who were PD-L1 negative (<1%); median OS was 17.1 months (95% CI: 12.0 - 26.7) and 11.9 months (95% CI: 7.8 - 19.3) in the PD-L1 positive and PD-L1 negative group, respectively (Table 2).

The overall safety profile remained consistent with results from the prior analysis. No new safety signals or deaths were reported, with a total of 237 deaths (80% recurrence, 10% treatment-related mortality). For questions, please contact permissions@asco.org.

CONCLUSIONS

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METHODS

In the 1200-mg cohort, there were 8 patients with responses lasting ≥12 months and 16 patients with responses lasting ≥15 months (Figure 3). For PD-L1 positive patients, median OS was 21.3 months (95% CI: 17.2 - 27.3) and 16.9 months (95% CI: 12.8 - 20.9) in the PD-L1 positive and PD-L1 negative group, respectively (Table 2).

When patients with responses lasting ≥12 months were considered, the percentage of patients achieving a ≥12-month OS rate was 41.6% in the 500-mg cohort compared with 63.6% in the 1200-mg cohort (Table 1). This analysis suggests that patients with longer OS have a propensity for PD-L1 expression, which can be noted in the OS rate; e.g., in the 1200-mg cohort, the OS rate was 63.6% at 12 months and 50.0% at 18 months in the PD-L1 positive group, respectively (Table 2).

RESULTS

Overall, patients who received bintrafusp alfa 1200 mg had significantly longer median OS than those who received bintrafusp alfa 500 mg (17.1 months vs 11.9 months; HRR 1.27, 95% CI 1.10 - 1.45; Figure 2). In the 500-mg cohort, median OS was 11.9 months (95% CI: 9.0 - NR) and 39.7% at 24 months (95% CI: 29.7 - 47.6). The OS rate was 49.7% at 18 months (95% CI: 36.3 - 61.6) and 39.4% at 24 months (95% CI: 27.5 - 50.5; Table 1). Patients who were PD-L1 positive (≥1%) had significantly longer median OS than those who were PD-L1 negative (<1%); median OS was 17.1 months (95% CI: 12.0 - 26.7) and 11.9 months (95% CI: 7.8 - 19.3) in the PD-L1 positive and PD-L1 negative group, respectively (Table 2).

In the 1200-mg cohort, there were 8 patients with responses lasting ≥12 months and 16 patients with responses lasting ≥15 months (Figure 3). For PD-L1 positive patients, median OS was 21.3 months (95% CI: 17.2 - 27.3) and 16.9 months (95% CI: 12.8 - 20.9) in the PD-L1 positive and PD-L1 negative group, respectively (Table 2).