The Relationship Between Overall Survival (OS), Progression-Free Survival (PFS), and Objective Response Rate (ORR) in Immune Checkpoint Inhibitor Clinical Trials of Head and Neck Squamous Cell Carcinoma (HNSCC): A Systematic Review and Meta-analysis

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**Alms**

Intratumoral therapies for recurrent/metastatic (RM) HNSCC have improved OS; however, many patients (80%) with metastatic HNSCC do not respond to, or do not benefit from, programmed cell death protein 1 (PD-1) blockade. Therefore, there remains an unmet need for new treatment approaches in this population.

**Methods**

The work for this study is shown in Figure 1. An SLR was performed to identify relevant Phase II and II trials that investigated I-O treatments and I-O combination therapies for RM-HNSCC.

**Results**

This model was found to be relevant for I-O alone, the change in PFS and ORR for chemotherapy had a much smaller effect on OS. As such, these data were not pooled into an I-O data set.

**Discussion**

Trials in the first-line and second-line RM HNSCC treatment settings were pooled together to estimate the regression coefficients as the interaction terms for LT mOS versus ORR or LT mPFS were not statistically significant.

**Conclusions**

The meta-analysis demonstrated strong positive correlation between ORR and LT mOS and between LT mPFS and LT mOS. The regression coefficients in the West were used for the prediction of the endpoint OS to predict therapeutic benefit based on endpoint ORR or PFS.

**References**