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## Background and importance

Numerous randomized controlled trials (RCT) have been conducted over recent decades to identify the optimal therapeutic option for advanced non-small-cell lung cancer (NSCLC) patients. However, only modest clinical benefits have been achieved.

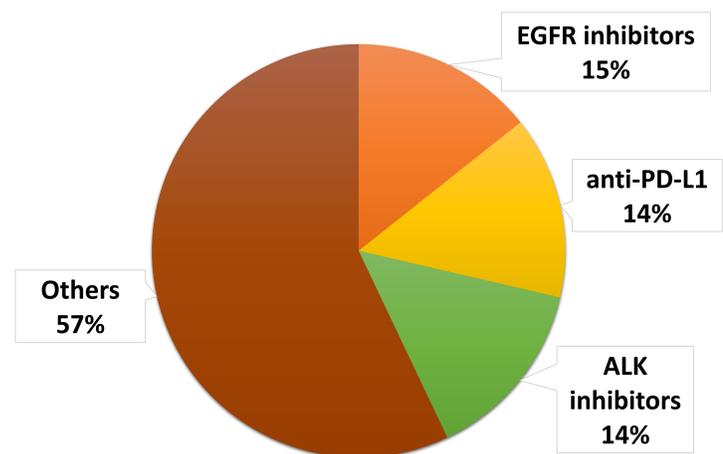
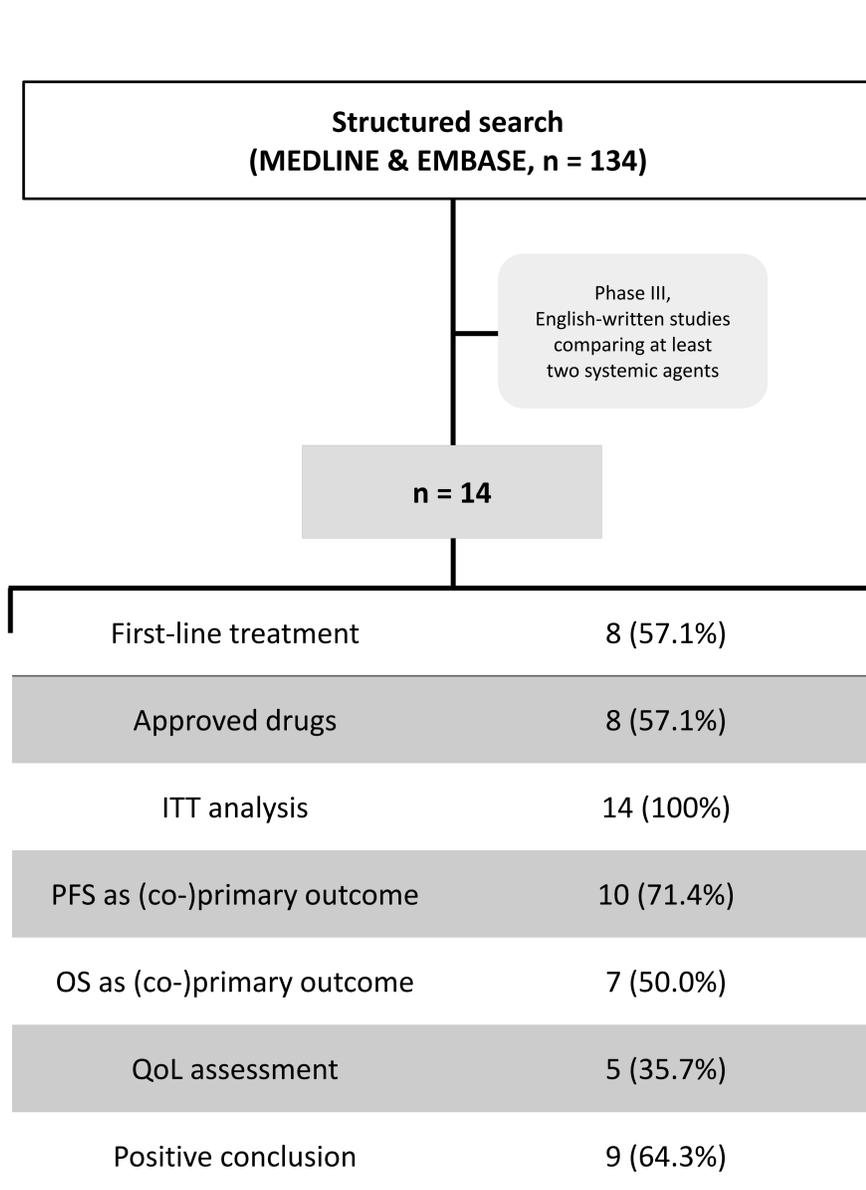
## Aim and objectives

To analyze primary efficacy outcomes reported and design of phase III randomized controlled trials (RCT) on advanced NSCLC published in 2018.

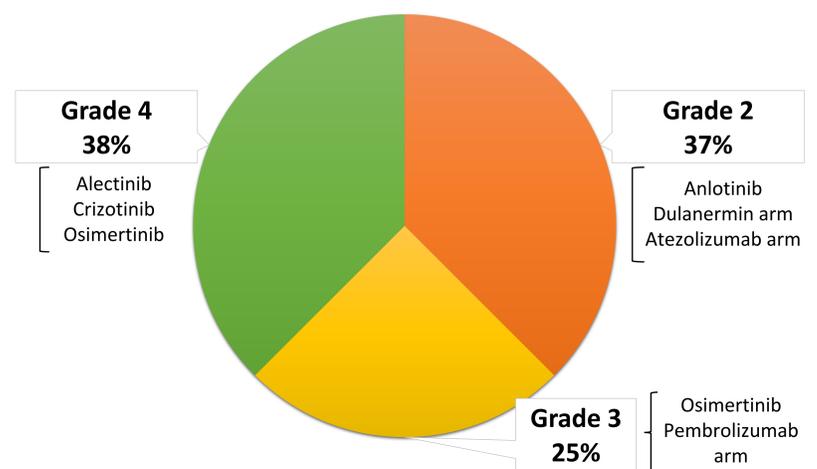
## Material and methods

A structured search using MEDLINE and EMBASE was conducted for phase III RCT reported within 2018 for treating advanced NSCLC. Any English-written study comparing at least two systemic agents was included. Selected trials were scrutinized to identify potential duplications. The following information was recorded: sample size, treatment line, pharmacological agents, intention to treat (ITT) analysis, ESMO Magnitude of Clinical Benefit Scale (MCBS) v1.1, assessment of: quality of life (QoL) and primary efficacy outcomes (overall survival; OS, or progression-free survival; PFS), and the investigators' conclusion on the experimental arm (positive or negative result).

## Results



Drug distribution by pharmacological group



ESMO MCBS scale (applicable to 8 out of 14 studies)

## Conclusion and relevance

QoL, which has been found to be a strong predictor of survival and toxicity outcomes, was evaluated in only 35.7% of the selected trials. It was also disturbing that only 50% of the trials considered OS as the primary/co-primary efficacy outcome. Despite of that, results seemed to be positive in 64.3% of the trials.