Effectiveness and safety of durvalumab in the treatment of unresectable locally advanced non small cell lung cancer (LANSCLC)

Rodríguez Fernández Z1, Távara Silva B2, Matilla Fernández B1, Casás Fernández X1, Vélez Blanco A1, Saéz Hortelano JC1, De Castro Avedillo C1, Varela Fernández R1, Martín Sanz A1, Guindel Jiménez C1, Arenós Monzó C1

1Complejo Asistencial Universitario de León. Pharmacy Service. León. Spain
2Complejo Asistencial Universitario de León. Oncology Service. León. Spain

Unresectable LANSCLC long-term survival is poor. Durvalumab is approved as consolidation treatment in unresectable LANSCLC, without progression after chemoradiotherapy including platinum, with PDL-1>1%.

To analyse the efficacy and safety of durvalumab in the treatment of unresectable LANSCLC compared with the results of the pivotal study (PACIFIC). Secondary objective: influence of PD-L1 expression on efficacy.

Retrospective observational study of patients with unresectable LANSCLC treated with durvalumab, in a tertiary hospital (August/2018-October/2021).

Variables studied (electronic medical history): sex, age, ECOG, smoking, PDL-1, histology, disease stage. Variable to evaluate effectiveness: progression-free survival (PFS) from the start of treatment. For safety: adverse events (AE) and toxicity grade according to the Common Terminology Criteria for Adverse Events (CTCAE) v5.0. Statistical analysis performed with SPSS v23 software.

31 pacientes

- Mean age: 66.45(±9.45) years
- Male: 74.2%

Median PFS: 14 (95%CI 7.59-20.4)

PFS rate at 12 months: 70.6%

PD-L1 <1%: 25%
PD-L1 1-45%: 50%
PD-L1 ≥50%: 73.33%

Adverse events: 51.6%

- Thyroid alteration: 19.32%
- Cutaneous alteration: 22.54%

Grade 1-2: 68%
Discontinuation: 12.9%

Effectiveness compared with the PACIFIC study:

- Lower median PFS (14 vs 17 months)
- Higher PFS rate at 12 months (70.6% vs 55.7%)

Results that seem comparable:

- Lower effectiveness in PDL<1%

Small sample size (n= 4) cannot be extrapolated

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Effectiveness

Safety

Results are similar to those of the PACIFIC study

Good safety profile in our patients