

# ADJUSTED INDIRECT COMPARISON OF CEMIPIMAB IN COMBINATION WITH CHEMOTHERAPY VS. IMMUNOTHERAPY ALONE IN THE FIRST-LINE TREATMENT OF METASTATIC NON-SMALL-CELL LUNG CANCER IN PATIENTS WITH PD-L1 $\geq$ 1%

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## BACKGROUND AND IMPORTANCE

Cemiplimab, pembrolizumab, atezolizumab  $\pm$  bevacizumab, nivolumab + ipilimumab and durvalumab + tremelimumab in combination with chemotherapy, and nivolumab + ipilimumab, are licensed for the treatment of **1L** adult patients with **metastatic Non-Small Cell Lung Cancer** expressing **PD-L1 $\geq$ 1%**.

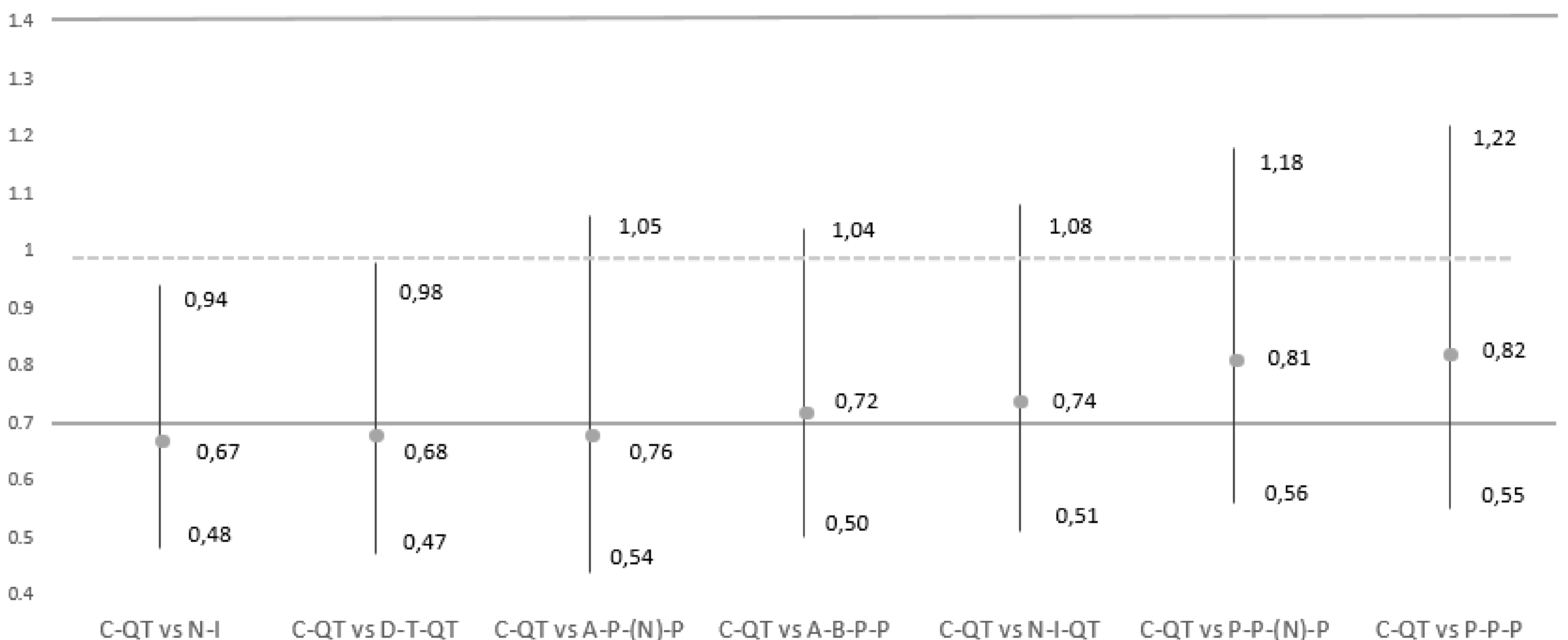
## AIM AND OBJECTIVES

To know if **the combinations of immunotherapy and chemotherapy (ct)** can be declared **equivalent therapeutic alternatives (ETA)**.

## MATERIALS AND METHODS

- ✓ Phase III randomized clinical trials (CT) with similar characteristics were searched in **MEDLINE-Pubmed**.
- ✓ **Adjusted indirect comparison (IC)** was performed using **Bucher's method** (ITC calculator).
- ✓ Primary endpoint: **overall survival** outcomes in patients with **PD-L1 $\geq$ 1%**.
- ✓ All the combinations were compared with cemiplimab-ct.
- ✓ **Delta value ( $\Delta$ )**, maximum clinically irrelevant difference, was taken as the value from the ESMO-MCBS Guidelines to consider substantial benefit, **HR=0.70 and its inverse 1.43**.
- ✓ The **GENESIS-GHEMA guidelines** were applied to declare them as **ETA**

## RESULTS



According to the ETA guidelines, combinations of **atezolizumab $\pm$ bevacizumab**, **nivolumab-ipilimumab** and **pembrolizumab in combination with chemotherapy** showed type C positioning “**probable clinical equivalence**”. **Nivolumab-ipilimumab** and **durvalumab-tremelimumab-chemotherapy** showed type F positioning “**probably relevant difference**”.

## CONCLUSION AND RELEVANCE

There are **no statistically significant differences between cemiplimab-chemotherapy and the other approved combinations with the exception of durvalumab-tremelimumab-chemotherapy and nivolumab-ipilimumab in favor of cemiplimab-chemotherapy**. **Combinations of immunotherapy and chemotherapy do not meet strict criteria for ETA** as there is uncertainty as to whether there may be clinically relevant differences.