

# Immunotherapy in second-line treatment of non-small cell lung cancer

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## BACKGROUND AND IMPORTANCE

The introduction of immunotherapy in the treatment of patients with non-small cell lung cancer (NSCLC), whose disease progressed after first-line treatment, was considered an important advance. Real-life use data for these drugs are essential to measure their real added value in these patient's treatment.

## AIM AND OBJECTIVES

Our aim was to study the effectiveness of Atezolizumab (ATZ), Nivolumab (NVL) and Pembrolizumab (PMB), in the second-line treatment of NSCLC, in real clinical practice and analyze it considering the efficacy described in published clinical trials.

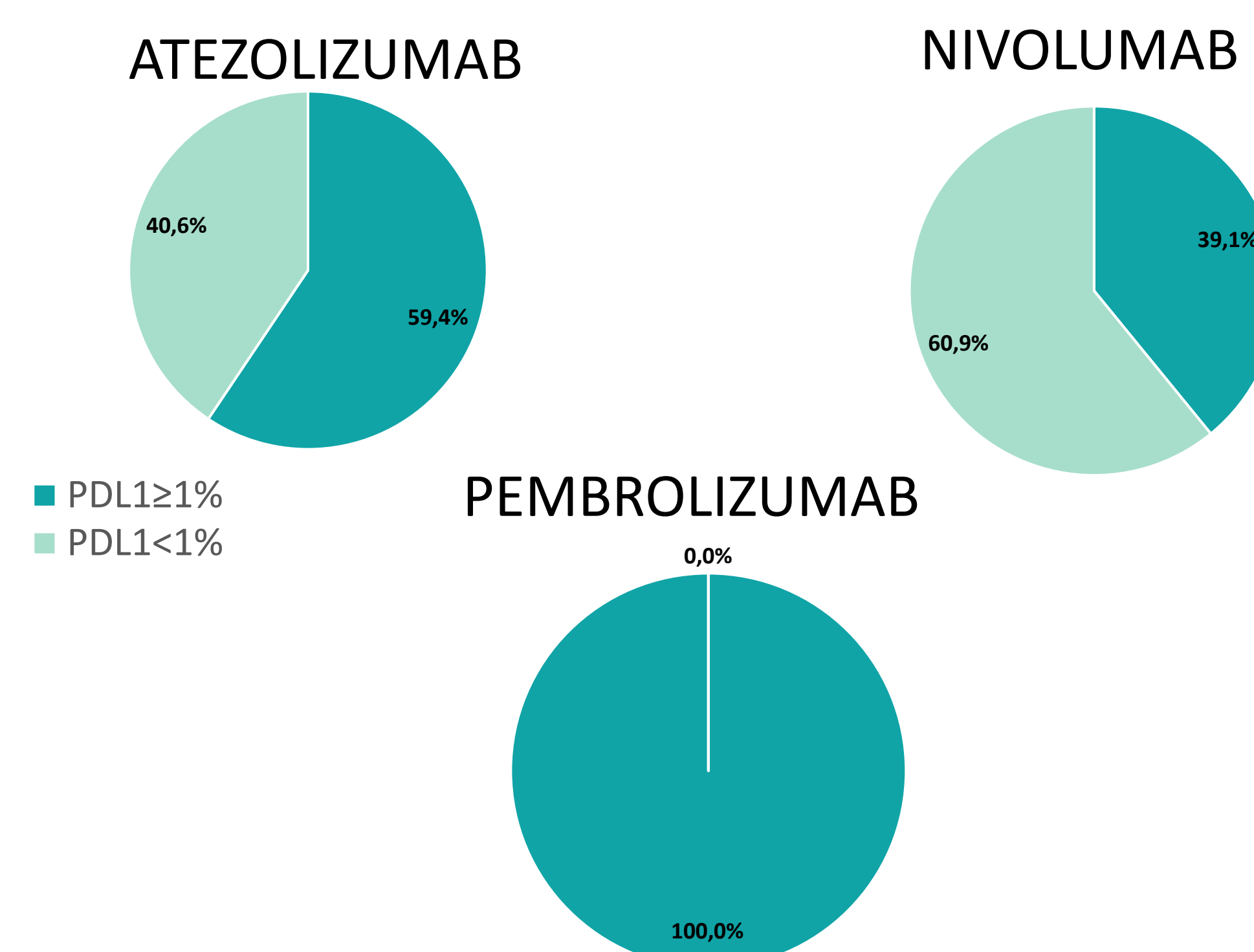
## MATERIALS AND METHODS

This is an observational retrospective study of patients diagnosed with locally advanced or metastatic NSCLC, treated in second-line or later until the end of August 2021, with one of the following drugs: ATZ; NVL or PMB. Effectiveness was evaluated in terms of Progression-Free Survival (PFS) and Global Survival (OS).

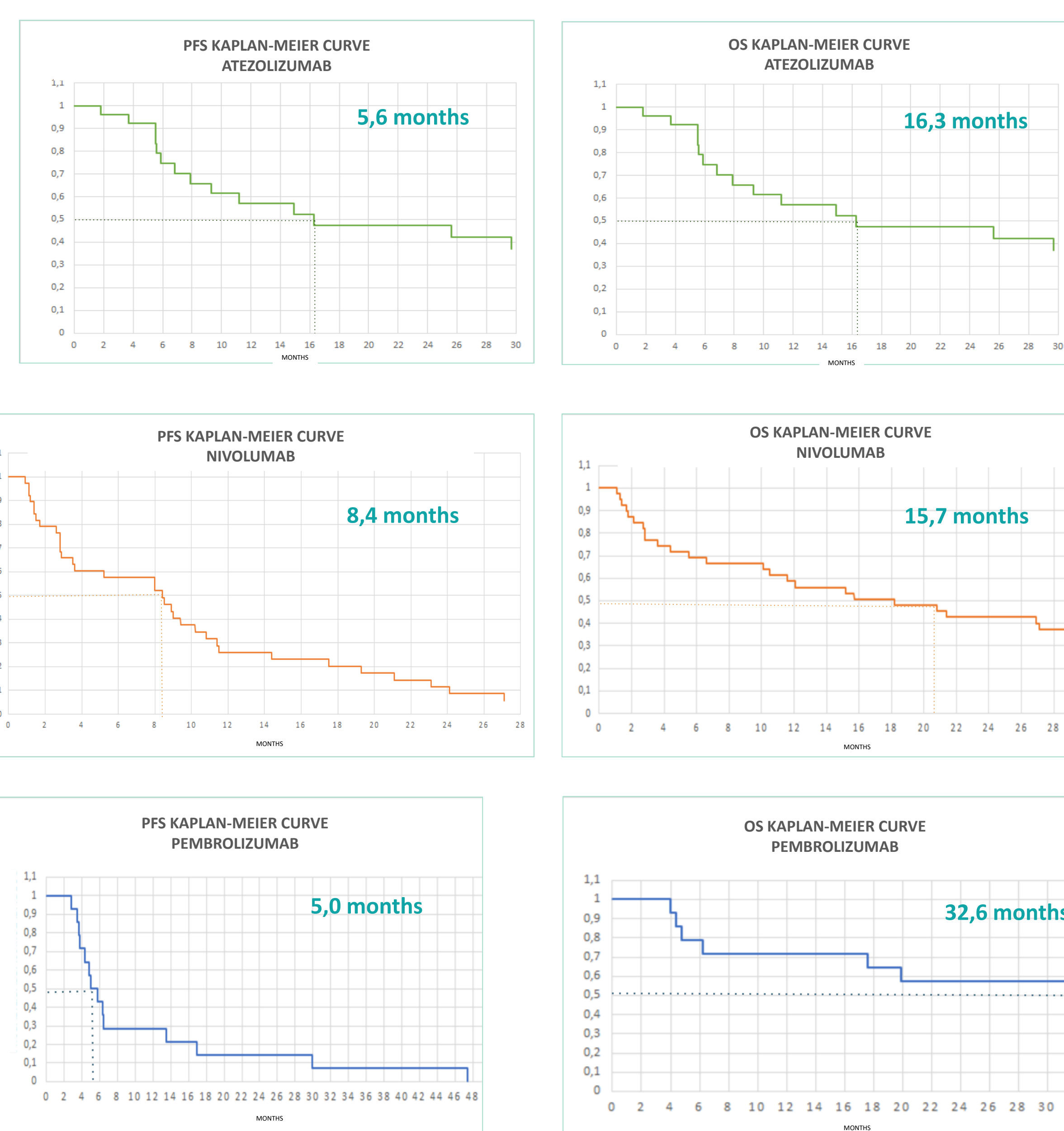
## RESULTS

Thirty-two patients treated with ATZ, 46 with NVL and 17 with PMB were included. Most patients are male (71,9% of patients treated with ATZ; 91,3% of NVL treaties and 88,2% of treated with PMB). The mean age of patients included was 67,9 years [42-88 years], with the mean age in patients treated with the different drugs beeing: 67,1 years [42-84 years] in the group treated with ATZ, 68,4 years [42-88 years] in the group treated with NVL and 68,1 years [50-87years] in the group treated with PMB.

Of the treated patients, 59,4% for ATZ, 39,1% for NVL and 100% for PMB had positive PDL1 expression (PDL1>1%).



The median progression-free survival (PFS) calculated was 5,6 months for ATZ; 8,4 months for NVL and 5,0 months for PMB. The median overall survival (OS) calculated was 16,3 months for ATZ, 15,7 months for NVL and 32,6 months for PMB.



## CONCLUSIONS AND RELEVANCE

The obtained progression-free survival and overall survival demonstrate that, when used in clinical practice, the drugs studied are effective, with results not lower than those demonstrated in clinical trials. Immunotherapy proves to be a relevant therapy in the second-line treatment of NSCLC.

## REFERENCES

Lancet 2016 387(10027):1540-1550; Lancet 2017 389(10066):255-265; NEJM 2015;373(2):12335; NEJM 2015; 373:1627-39;



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