COMPREHENSIVE CANCER CENTER VIENNA

PatientInnentag

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Lungenkrebs

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Inhalt

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1) Personalisierte Medizin

2) Immuntherapien

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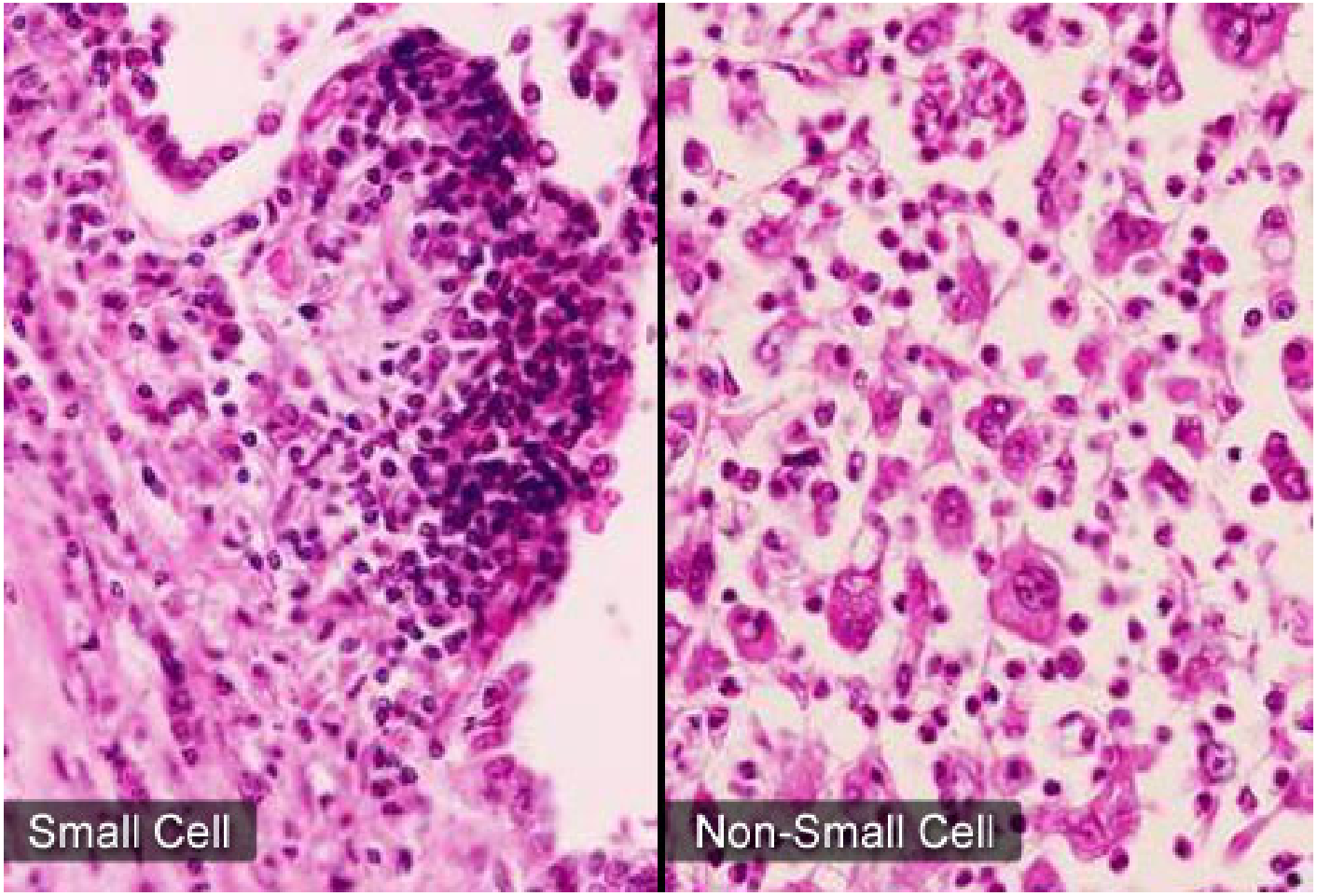

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Evolution der Onkologie

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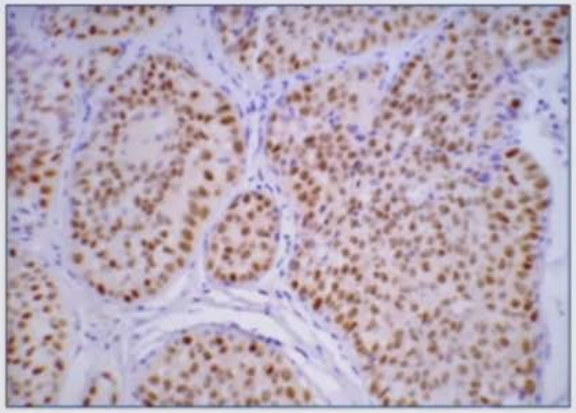
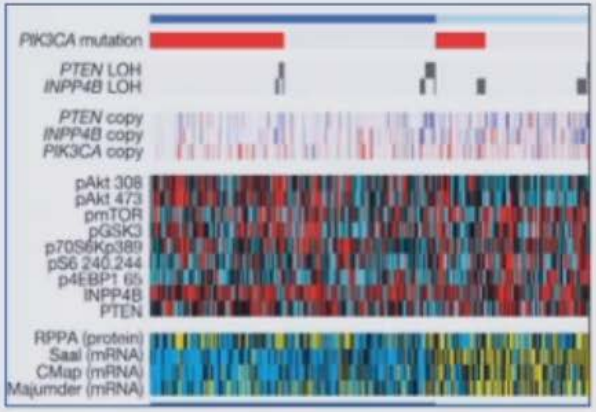
Clinical Oncology → Pathologic Oncology → Molecular Oncology → Personalized Medicine

Disease guided approach	Pathologic guided approach	Molecular approach





Few therapeutic options:
- Surgery
- Radiotherapy
- Chemotherapies

Increased therapeutic options allows specific treatments for different tumor types:

Targeted agents that work in specific molecular alterations:
- Broad knowledge of molecular tumor biology
- Development of molecular analysis

Enriqueta Phillip, ECC 2015

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Personalisierte Medizin

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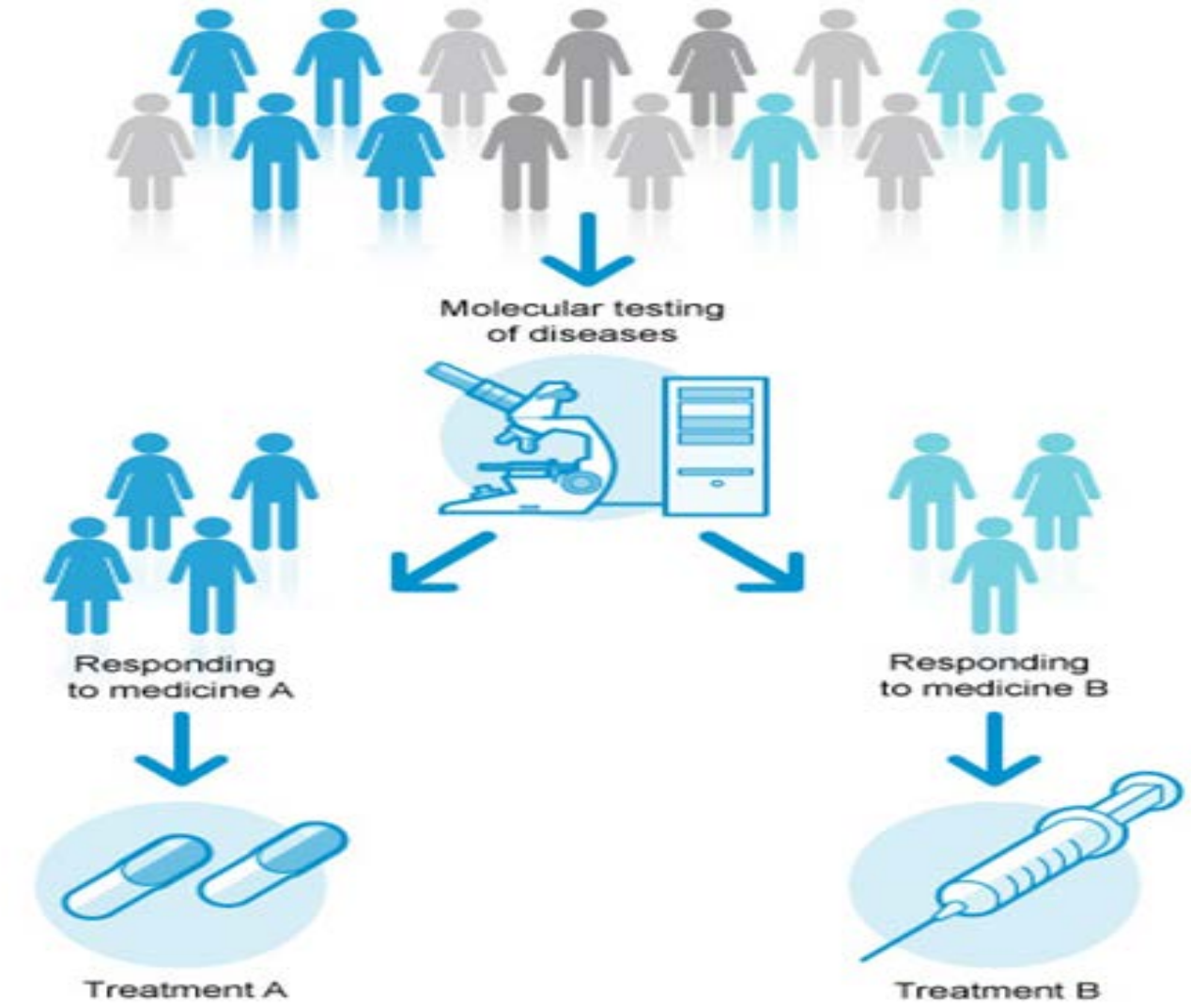

http://www.pfizer.ie/personalized_med.cfm

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Genetische Veränderungen

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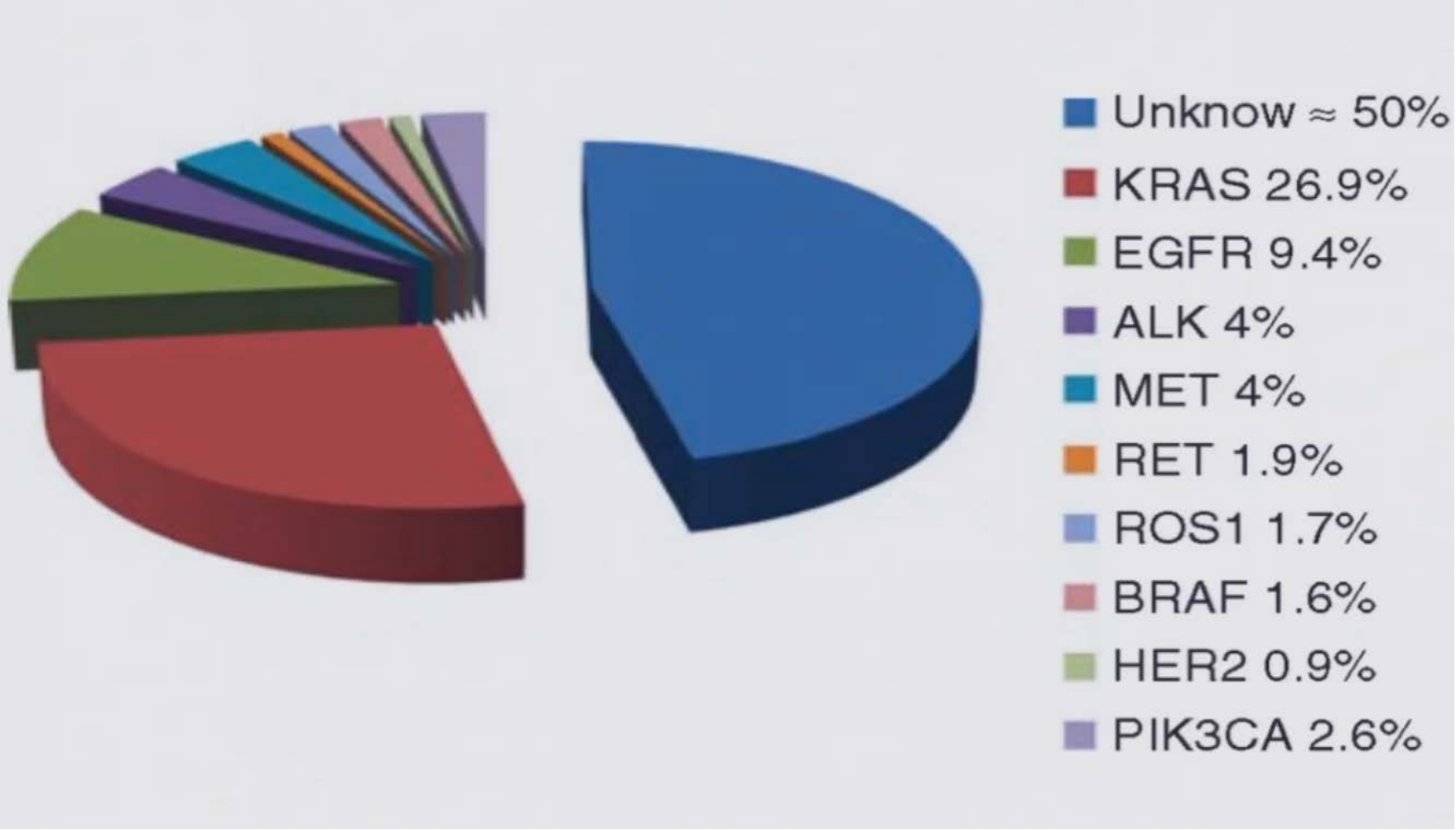

Enriqueta Phillip, ECC 2015

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Immuntherapie

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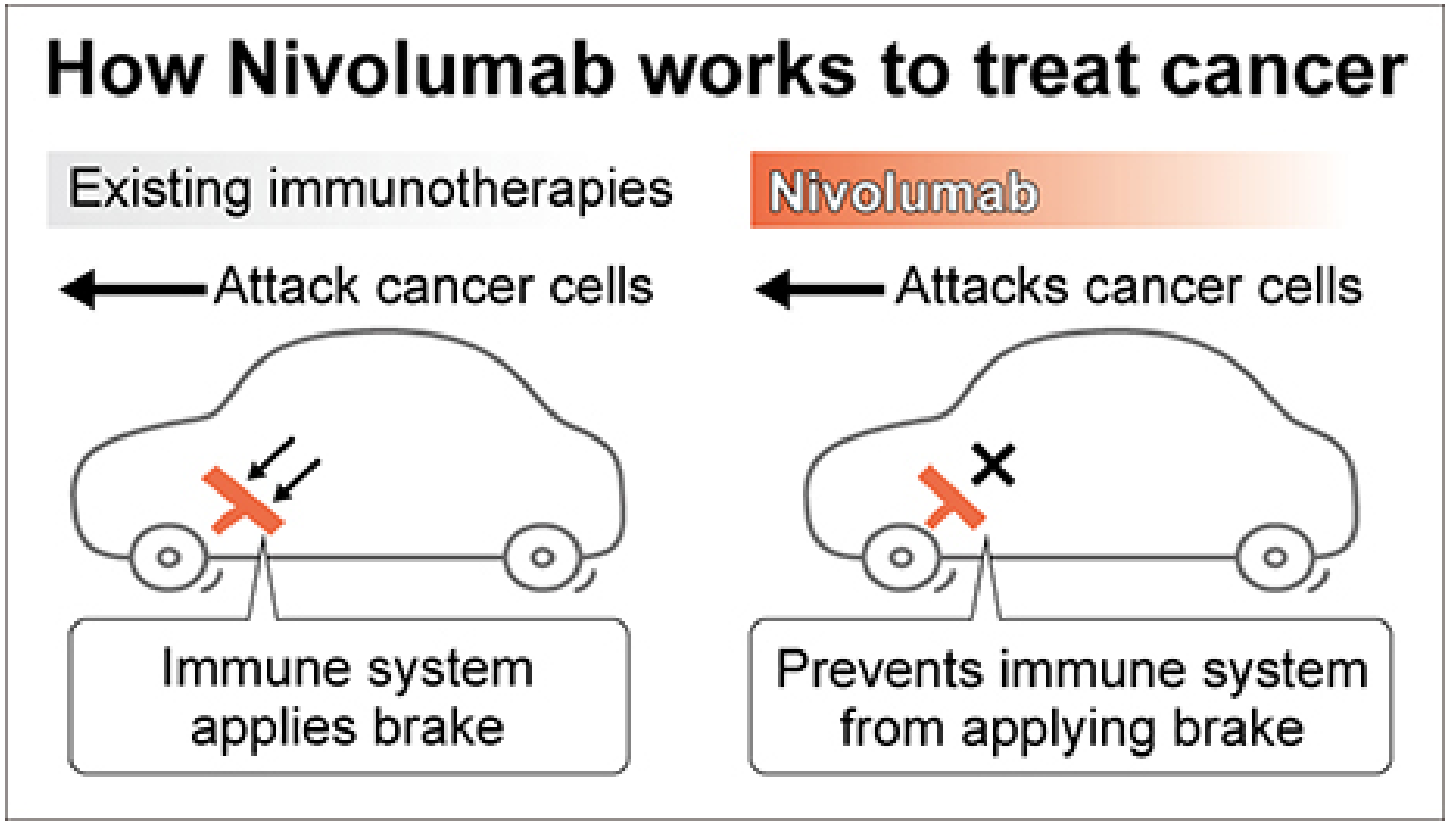

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NSCLC met.

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Nivolumab versus Docetaxel in Advanced Nonsquamous Non–Small-Cell Lung Cancer

H. Borghaei, L. Paz-Ares, L. Horn, D.R. Spigel, M. Steins, N.E. Ready, L.Q. Chow, E.E. Vokes, E. Felip, E. Holgado, F. Barlesi, M. Kohlhäufl, O. Arrieta, M.A. Burgio, J. Fayette, H. Lena, E. Poddubskaya, D.E. Gerber, S.N. Gettinger, C.M. Rudin, N. Rizvi, L. Crinò, G.R. Blumenschein, Jr., S.J. Antonia, C. Dorange, C.T. Harbison, F. Graf Finckenstein, and J.R. Brahmer

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	Nivolumab (n = 292)	Docetaxel (n = 290)
ORR, % (95% CI)	**19** (15, 24)	**12** (9, 17)
Odds ratio (95% CI) *P*-value[a]	1.7 (1.1, 2.6) 0.0246	
Median time to response,[b] mos (range)	2.1 (1.2–8.6)	2.6 (1.4–6.3)
Median DOR,[b] mos (range)	**17.2** (1.8–22.6+)	**5.6** (1.2+–15.2+)
Ongoing response,[c] %	52	14
Median PFS, mos (95% CI)	2.3 (2.2, 3.3)	4.2 (3.5, 4.9)
1-yr PFS rate, % (95% CI)	19 (14, 23)	8 (5, 12)
HR (95% CI) *P*-value	0.92 (0.77, 1.11) 0.3932	

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Subgruppenanalyse

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		Nivolumab		Docetaxel	
		n	ORR,[a] %	n	ORR,[a] %
Overall		292	19	290	12
Age Categorization (yrs)	<65	184	17	155	13
	≥65	108	22	135	12
Gender	Male	151	21	168	12
	Female				
Baseline ECOG PS[b]	0				
	1				
CNS metastases	Yes				
	No				
Prior use of maintenance therapy	Yes				
	No				
Time from completion of most recent regimen to randomization	<3 mos	181	18	183	11
	≥3 mos	111	21	107	15
Smoking Status	Current/Former smoker	231	22	227	11
	Never smoked	58	9	60	15
***EGFR* Mutation Status**	Positive	44	11	38	16
	Not detected	168	18	172	9
	Not reported	80	25	80	18

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Immuntherapie

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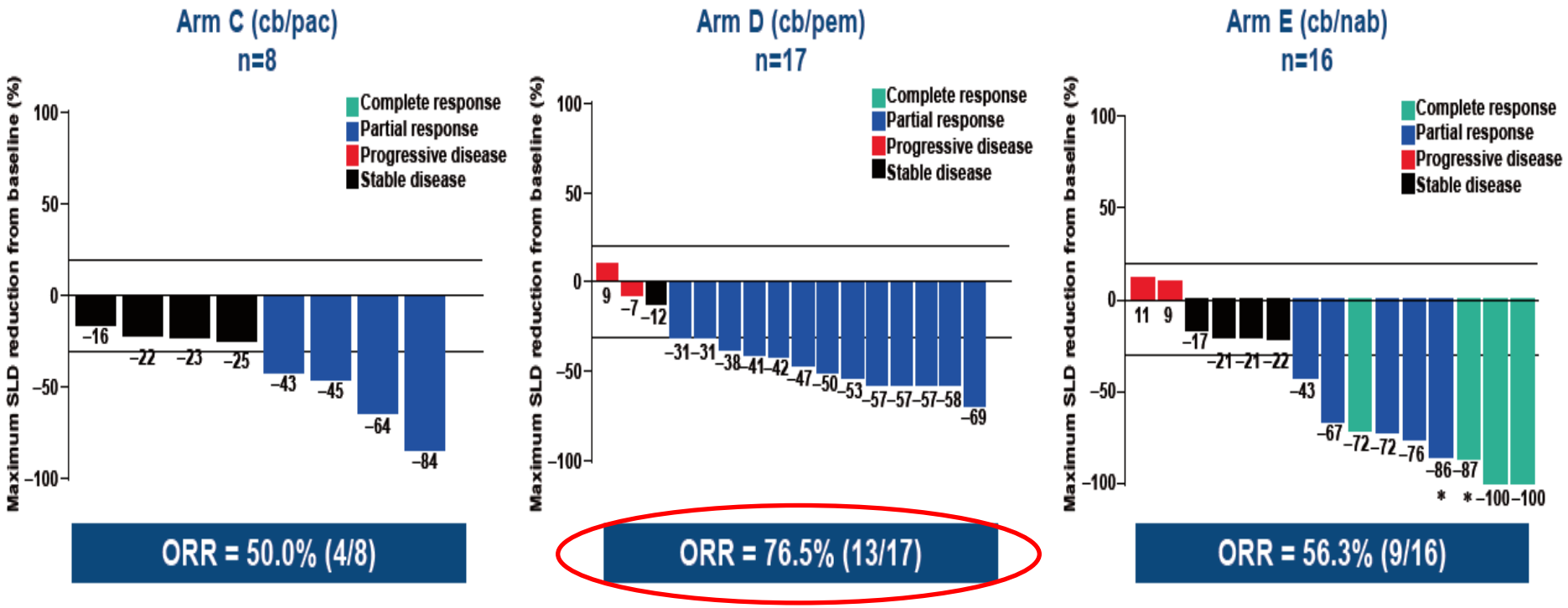
PD-L1 Antikörper: Atezolizumab und Durvalumab

Atezolizumab plus Chemotherapie im NSCLC



Giuseppe Giaccone,[1] D. Ross Camidge,[2] Stephen V. Liu,[1] John Powderly,[3] F. Stephen Hodi,[4] Scott N. Gettinger,[5] Rebecca S. Heist,[6] Bo Liu,[7] Jeffrey Wallin,[7] Roel Funke,[7] Daniel Waterkamp,[7] Neal E. Ready[8]

[1]Lombardi Comprehensive Cancer Center, Georgetown University, Washington, DC; [2]University of Colorado, Aurora, CO; [3]Carolina BioOncology Institute, Huntersville, NC; [4]Dana-Farber Cancer Institute, Boston, MA; [5]Yale Cancer Center, New Haven, CT; [6]Massachusetts General Hospital, Boston, MA; [7]Genentech, Inc., South San Francisco, CA; [8]Duke University Medical Center, Durham, NC; USA

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Wer spricht an?

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Wer spricht an?

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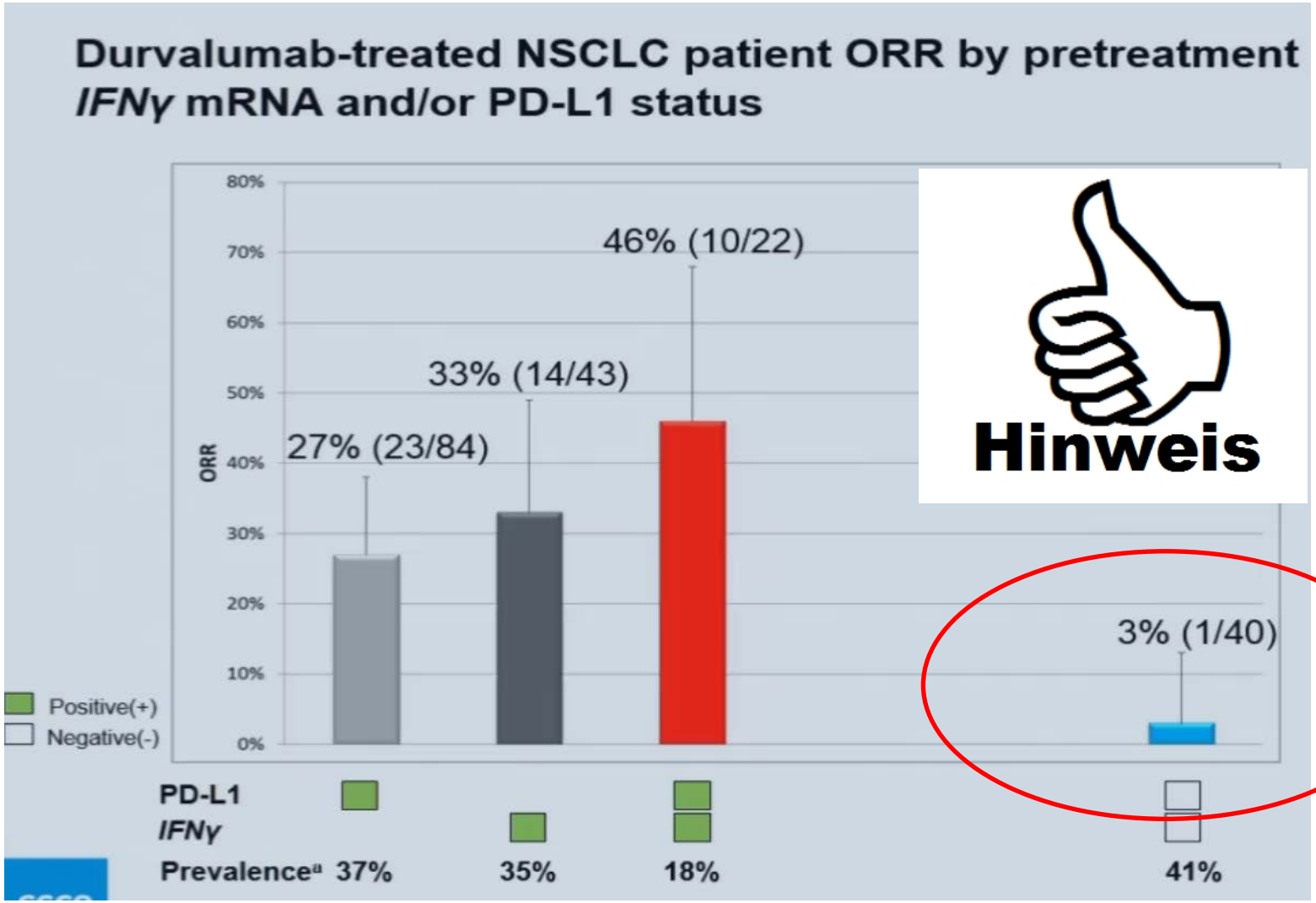

Higgs, ECC 2015

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Zusammenfassung

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- **Personalisierte Therapien im Lungenkrebs von zunehmender Bedeutung**
- **Immuntherapien (plus Kombinationen) zeigen hohe Wirksamkeit**
- **Biomarker müssen identifiziert werden**

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Vielen Dank!