Background

- The placebo-controlled Phase 3 PACIFIC trial established consolidation durvalumab as standard of care for patients with unresectable stage III NSCLC and no progression following CRT.

- Durvalumab significantly improved PFS and OS with a manageable safety profile, findings that were reinforced by updated survival analyses at 5-years follow-up.

- In the PACIFIC trial, the effectiveness of PACIFIC regimen (durvalumab after CRT) was recently demonstrated in an ongoing observational study of patients enrolled in an international EAP program (PACIFIC-E).

- Real-world data are critical to understanding whether use of consolidation durvalumab in routine clinical practice demonstrates comparable benefit to that reported in clinical trials and is essential for optimizing management of this patient population.

Methods

- Study design: SPOTLIGHT is a retrospective, observational cohort study using de-identified, patient-level data from a US oncology medical record database (Flatiron Health).

- Data were collected from a random sample of patients in the database who received durvalumab after CRT.

- Two prespecified cohorts were curated: patients treated (cohorts 1 and 2) and patients treated with durvalumab >12 months (cohort 3). Data from cohort 3 will be reported separately.

- Patients in cohort 1 must have been given durvalumab treatment after CRT between 1 February 2018 and 30 June 2019 (Figure 1).

Exclusion criteria

- Patients with a >10-day gap between initial diagnosis and their first clinical activity (e.g., medication administration, laboratory testing, etc.). had surgery before initiation of treatment, or were enrolled in a clinical trial prior to the end of CRT were excluded.

Endpoints and assessments

- The primary endpoints evaluating real-world effectiveness included TTF1 and TTM, defined as follows:

  - TTF1: time from durvalumab initiation until the start of subsequent anticancer therapy or death.

  - TTM: time from durvalumab initiation until the first date of metastases or death in the absence of metastases.

- Exploratory endpoints included nPFS and OS, defined as follows:

  - nPFS: time from durvalumab initiation until progression or death due to any cause.

  - OS: time from durvalumab initiation until death due to any cause.

- All endpoints were analyzed by Kaplan-Meier method.

Results and interpretation

- **Patients and treatment**

  - At total of 332 patients who received durvalumab were analyzed. Most patients were white, prior smokers, had ECOG PS 0–1, and had stage HAVS/unknown disease.

  - For further details, please refer to our ESMO 2021 poster available through the QR code.

  - Most patients treated with durvalumab received complete concurrent CRT (93.1%).

  - Approximately 50% of patients started durvalumab within the suggested time of 42 days after the end of CRT and 46.0% received durvalumab for 111 months (defined as months of treatment and pooled across multiple therapies).

  - Median follow-up was 17.5 months (range, 2.5–20.2).

- **Real-world effectiveness**

  - Median TTF1 (Figure 2) was not reached.

  - At 12- and 24-months, 70.0% and 52.9% of patients, respectively, were alive and had not yet initiated a subsequent therapy.

  - Likewise, median TTM (Figure 3) was not reached.

  - At 12- and 24-months, 67.4% and 59.5% of patients, respectively, remained alive and free of disease.

  - Median OS (Figure 4) was 30.4 months (95% CI, 26.3–34.2) and 24-month nPFS rates were 58.1% and 44.6%, respectively.

- **Inclusions**

  - Among patients who had nPFS events (n=108):

    - 91 (84.2%) had metastatic progression (with or without non-metastatic progression; Table 2).

    - 13 (11.9%) had non-metastatic progression only, and 12 progressed.

- **Exclusions**

  - OS: time from durvalumab initiation until death due to any cause.

  - All endpoints were analyzed by Kaplan-Meier method.

Post-discontinuation anticancer therapy

- A high proportion of patients continued to receive anticancer therapy after discontinuation of durvalumab (Table 2).

- The most frequent sites of metastases at first progression were brain (18.9%) followed by bone (16.9%) and lung (15.6%) (Table 1).

- Table 1: Incidences of metastases at first progression

- Table 2: First subsequent therapies after discontinuation of durvalumab by duration of durvalumab therapy

- Likewise, median OS (Figure 5) was not reached, and 12- and 24-month OS rates were 84.3% and 71.6%, respectively.

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- **Disclosures**

  - All authors have disclosed no financial relationships with commercial entities.

  - Conflicts of Interest: None.

- **Abbreviations**

  - OS: overall survival; PFS: progression-free survival; TTM: time to treatment failure; nPFS: non-progression-free survival; CRT: concurrent chemoradiotherapy; IQR: interquartile range; CI: confidence interval; EAP: exploratory access program; ESMO: European Society for Medical Oncology; NSCLC: non-small-cell lung cancer; QOL: quality of life; OS: overall survival; PFS: progression-free survival; CRT: concurrent chemoradiotherapy.

- **References**


