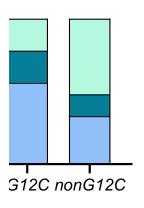


Second line treatment in advanced Non Squamous (NS) Non Small Cell Lung Cancer (NSCLC) patients in Spain, analyzed in the Thoracic Tumor Registry (RTT)

Gender

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S mutant tumors

Disclosures



 Advisory / Consultancy : AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb, MSD, Novartis, Roche, Takeda

Speaker Bureau / Expert testimony: AstraZeneca, Boehringer Ingelheim, Bristol-Myers Squibb, MSD,
 Novartis, Pfizer, Roche, Takeda, Amgen

• Travel / Accommodation / Expenses :Bristol-Myers Squibb, Pfizer, Roche, Takeda

Introduction



- Lung cancer has a 5-year survival of 12.7% in men and 17.6% in women.
- From a histological point of view, approximately 70% to 78% of NSCLC are considered Non-squamous.
- Our analysis aimed to describe the clinical, epidemiological characteristics and survival of Spanish patients suffering from advanced NS NSCLC, treated in second line included in the Thoracic Tumors Registry of the Spanish Group of Lung Cancer.
- The Spanish Thoracic Tumor Registry (TTR) is a National Registry of lung cancer cases managed and sponsored by the Spanish Lung Cancer Group (SLCG) (Grupo Español de Cáncer de Pulmón). The TTR was opened to all Spanish hospitals and the first patient was enrolled in August 2016. The recruitment is still ongoing with more than 75 hospitals taking part. The methodology group of the SLCG designed specifically an electronic questionnaire to be used by the TTR
- We included data from all Spanish patients with advanced NSCC diagnosed between January 2011 and January 2020. We excluded all patients who presented major driver alterations (EGFR mutations and ALK rearrangements)

Clinical characteristics



	N=145
Age, median (SD: range) Sex	63.4 (9.0: 44; 85)
Male	105 (72.4)
Female	40 (27.6)
Race	
Caucasian	144 (99.3)
Asian	1 (0.7)
Patient's Occupation	
Construction/Palette	12 (8.3)
Textile industry	4 (2.8)
Farmworker	7 (4.8)
Cleaning worker	5 (3.4)
Miner	1 (0.7)
Painter	1 (0.7)
Sheet metal worker	2 (1.4)
Mechanic	2 (1.4)
Professional driver	4 (2.8)
Others	70 (48.3)
Unknown	37 (25.4)
Active smoker	73 (50.3)
Cigarette packet /year, mean (SD: min; max)	49.2 (27.6: 8; 150)
Cigarettes per day, mean (SD: min; max)	24.9 (12.6: 5; 60)
Years the patient has smoked, mean (SD: min; max)	37.7 (9.6: 15; 57)
Living with smoker, yes	6 (8.2)
Unknown	50 (68.5)
Living with smoker in the last 20 years, yes	9 (12.5)
Unknown	49 (68.1)
Cigarette packet /year, mean (SD: min; max)	44.8 (25.1: 1; 114)

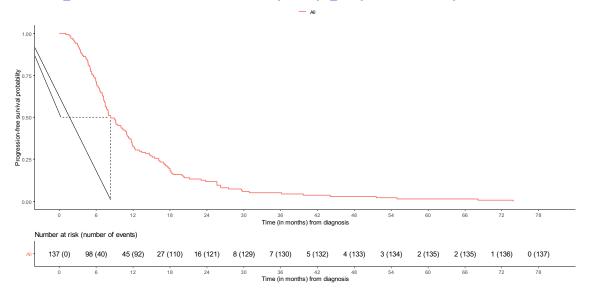
	N=145
ECOG at diagnosis	
0 1 2 3 Unknown	48 (33.1) 90 (62.1) 5 (3.4) 1 (0.7) 1 (0.7)
Histology	
Adenocarcinoma Desconocido Acinar Lepídico Sólido Mucinoso Otros Carcinoma de células grandes NOS/Indiferenciado Otros	139 (95.9) 114 (82.0) 7 (5.0) 1 (0.7) 8 (5.8) 4 (2.8) 5 (3.6) 4 (2.8) 1 (0.7) 1 (0.7)
Metastasis	
Extrathoracic adenopathies Pericardial effusion Bone Pancreas Central Nervous System Soft tissues Thoracic adenopathies Pleural effusion Linfangitis bilateral Peritoneal Subcutaneous Others Liver Nodules Lung Suprarenal	24 (16.6) 5 (3.5) 48 (33.1) 3 (2.1) 26 (17.9) 6 (4.1) 48 (33.1) 27 (18.6) 6 (4.1) 9 (6.2) 7 (4.8) 10 (6.9) 24 (16.6) 15 (10.3) 63 (43.5) 28 (19.3)
Pérdida de peso los 3 últimos meses	32 (22.2)



- 2342 patients with advanced NS NSCLC in second line were included.
- The median age was 67 years. 63.4 % were men. 97% of them were Caucasian. 41.7% were former smokers and 35.7% were active smokers. ECOG Performance status was 0 in 32.2% and 1 in 58.7%.
- Most common site of metastasis was lung in 41.7%, bone in 36% and adrenal glands in 15.6% of patients. There was a loss of 254 date (10.8%).



Progression-free survival (PFS) graph for all patients

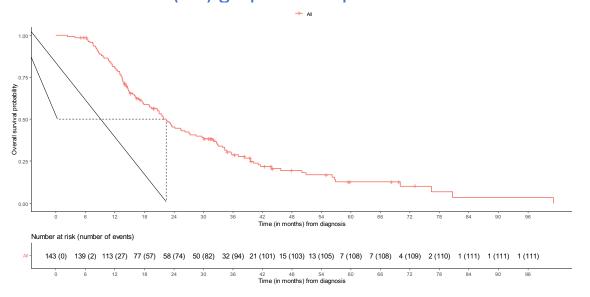


In overall population a median progression-free survival time of 8.1 months (4.7-13.5 months) was observed.

The estimated disease-free survival at 6, 12, and 24 months from diagnosis were 66.1% (95%CI 64.0% - 68.0%), 29.8% (95%CI 27.8% - 31.7%) and 8.2% (95%CI 7.1% - 9.4%), respectively.



Overall survival (OS) graph for all patients



We observed a median survival time of 22.1 months (11.6-45.8 months).

The estimated survival at 6, 12, and 24 months from diagnosis is 93.5% (95%CI 92.4% - 94.4%), 74.3% (95%CI 72.5% - 76.1%) and 47.0% (95%CI 44.8% - 49.1%), respectively.



A total of 145 (5.8%) patients had been treated with Nintedanib. The median progression-free survival time for patients with Nintedanib treatment was 8.3 months (5.6 - 16.2 months) and for patients without Nintedanib treatment was 8.1 months (4.7 - 13.5).

The probability of progression-free survival at 6, 12 and 24 months was 66.1% (64.0% - 68.0%), 29.8% (27.8% - 31.7%) and 8.2% (7.1% - 9.4%), respectively in patients without Nintedanib treatment and 70.8% (62.4% - 77.7%), 32.8% (25.1% - 40.7%) and 11.7% (8.0% - 17.7%) in patients with Nintedanib treatment.

The median survival time for patients with Nintedanib treatment was 22.4 months (13.5-39.5 months) and for patients without Nintedanib treatment was 22.1 months (11.6 - 45.8 months).

The survival probability at 6, 12 and 24 months was 98.6% (94.5% - 99.6%), 80.7% (73.2% - 86.4%) and 45.5% (36.9% - 53.7%), respectively in patients with Nintedanib treatment and 93.2% (92.0% - 94.1%), 73.9% (72.0% - 75.7%) and 47.1% (44.9% - 49.3%) in patients with metastases.

Conclusions



- The results of our analysis described the largest and most comprehensive series of NS NSCLC in the European population.
- Most patients included in the analysis were men and former or current smokers.
- The survival probability at 6, 12 and 24 months is slightly better in patients treated with Nintedanib versus overall population.