

Prevalence and clinical outcomes for patients with ALK positive adenocarcinoma in Europe : preliminary results from the European Thoracic Oncology Platform Lungscape Project

F.H. Blackhall*, S. Peters*, K.M. Kerr, K.J. O'Byrne, H. Hager, A. Sejda, A. Soltermann, C. Dooms, E. Felip, A. Marchetti, E.J. Speel, N. Price, S. Savic, J. De Jong, M. Martorell, E. Thunnissen, L. Bubendorf, U. Dafni, R. Rosell, R.A. Stahel, on behalf of ETOP

2 Disclosures

F.H. Blackhall / ETOP declare no conflict of interest

F. H. Blackhall has received honoraria from Pfizer for speaker and advisory board roles

Belgium

Leuven:

J. Vansteenkiste.

E. Verbeken, C. Dooms

Denmark

· Aarhus:

P. Meldgaard, H. Hager

Greece

 Frontier Science Foundation - Hellas: U. Dafni

Ireland

• Dublin:

K. O'Byrne, S. Finn,

S. Gray

Italy

Chieti:

A. Marchetti, S. Malatesta

Poland

Gdansk:

R. Dziadziuszko,

W. Biernat, A. Sejda,

A. Wrona



Aberdeen: K.M. Kerr, N. Price, M. Nicolson

Manchester: F. Blackhall, D. Nonaka, R. Peck

Spain

Barcelona: E. Felip, J. Hernandez-Losa, M. T. Salcedo, M. Canela

Badalona: R. Rosell, M. Taron

Valencia: C. Camps, M. Martorell, E. Jantus-Lewintre

Switzerland

 ETOP Coordinating Center:

A. Hiltbrunner, S. Peters, R. Kammler, R. King,

R. Stahel

Basel:

L. Bubendorf, S. Savic

Zurich:

W. Weder, A. Soltermann

The Netherlands

 Amsterdam VU (E. Thunnissen, E. Smit

Amsterdam NKI: P. Baas, J. de Jong

Maastricht: A.-M. Dingemans, E-J.M. Speel

4 Lungscape project reponsibilities

Project design and guidance:

Lungscape steering committee

Project execution:

- ETOP office
- Frontier Science Foundation Hellas (FSF-H)

Lungscape financial support:

Consortium approach

Contributions for this specific project:

Pfizer

51 Background and rationale

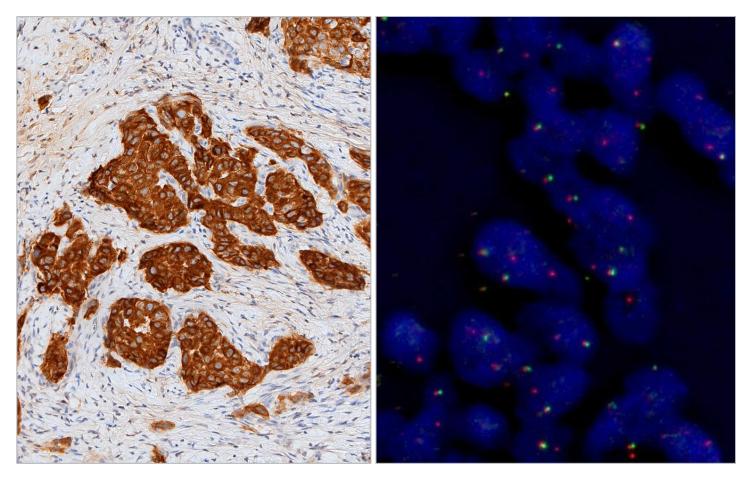
- ALK gene fusion (ALK+) is a validated therapeutic target for non-small cell lung cancer (NSCLC)¹
- The prevalence of ALK+ NSCLC is low, varies by population examined and detection method used ² – predominantly found in adenocarcinoma & more frequent in never-smokers
- Prevalence in early stage NSCLC is not well understood
- The ETOP Lungscape iBiobank is a decentralised resource of 2400 NSCLC cases from 11 countries ³ – and created as a platform to evaluate prevalence & clinical significance of NSCLC biomarkers including ALK in a European population

¹ Kwak et al NEJM 2010

² Scagliotti et al. EJC 2012

³ Peters et al. #11790 ESMO 2012

Immunohistochemistry (IHC) and Fluorescent In Situ Hybridisation (FISH) for detection of ALK gene fusion



ALK IHC 3+

ALK FISH+ (single red signals)

7 | Aims

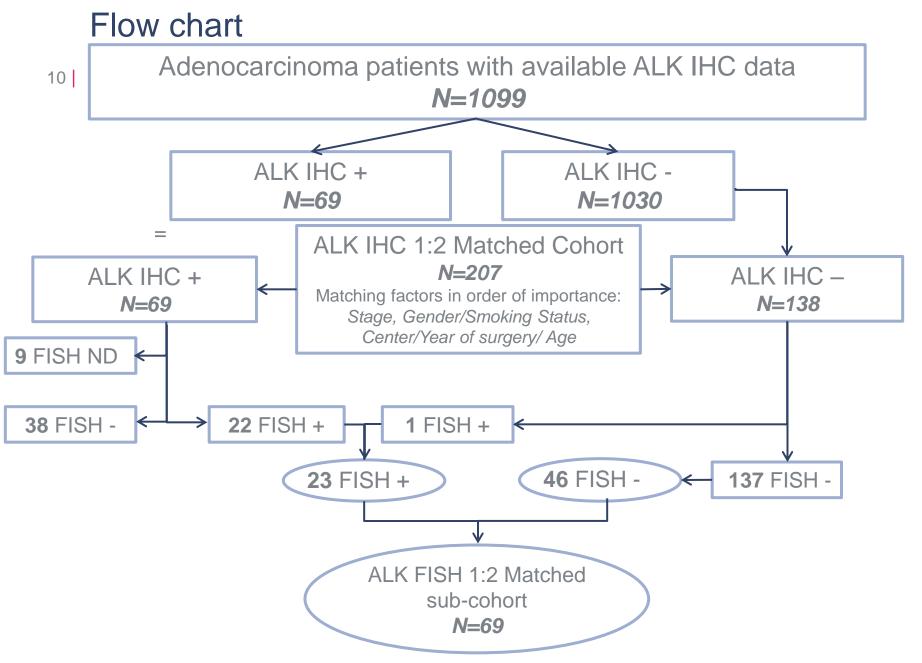
- Determine prevalence of ALK positivity in resected stage I-III lung adenocarcinomas in Europe using immunohistochemistry (IHC) then fluorescent in situ hybridisation (FISH) for confirmation
- Explore correlation of ALK positivity with outcome
- Compare IHC to FISH for ALK + detection

81 Methods: case selection and immunohistochemistry

- Ibiobank central electronic database built for annotated comprehensive clinical data collection
- Sites: selection of eligible patients for Lungscape (tissue tracking, clinical data review and capture) (Peters et al: abstract 11790)
- Immunohistochemistry (IHC): clone 5A4 antibody (Novocastra), establishment of protocol, internal and external quality assessment followed by local IHC on whole sections (Thunnissen et al: abstract 193P)

91 Methods: case matching and FISH confirmation

- IHC ALK+ cases matched 1:2 with IHC ALK negative cases using a predefined algorithm with the following priority: stage, gender, smoking status, center, year of surgery, age at surgery
 IHC 2+ & 3+ cases matched first
- Fluorescent in situ hybridisation (FISH) performed on the IHC
 ALK+ cases and the matched IHC ALK negative controls
- FISH: Vysis break apart FISH probe (Abbott, per manual) internal and external quality assessment followed by local FISH on whole sections.



ETOP | Lungscape | ESMO Vienna, September 29, 2012

11 | Statistical analysis

- Full data set: Fisher's exact test or Chi-square test to explore differences in patient & tumor characteristics by ALK status.
 Log-rank test and Cox proportional hazards models (univariate & multivariate) to explore differences in hazard for ALK positive vs negative patients (OS, RFS)
- <u>Case-matched data sets</u>: Stratified Cox proportional hazards regression & Conditional logistic regression (OS, RFS)

DEFINITIONS:

- Overall survival (OS): date of surgery to death from any cause
- Relapse free survival (RFS): date of surgery to first relapse or death from any cause

Results: patient characteristics

CHARACTERISTIC (%)	Total N=1099
Male : Female	55.5 : 44.5
Caucasian	99.2
Current smoker	32.9
Former smoker	48.6
Never smoker	14.6
Smoking unknown	3.9
Stage la / lb	27.5 / 26.4
Stage IIa / IIb	14.1 / 9.5
Stage IIIa / IIIb	20.9 / 1.6
Adjuvant CT	21.3

13 | Results: ALK IHC

69 were positive among 1099 cases (6.3%; 95% CI [4.9%, 7.9%])

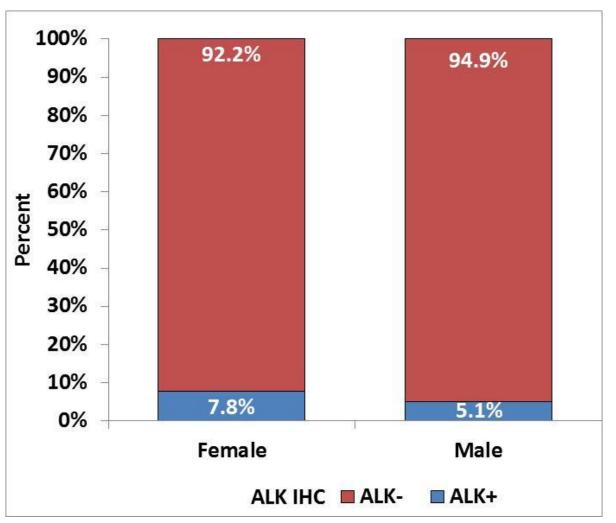
- IHC 1+ = 38 (55.1%)
- IHC 2+ = 8 (11.6%)
- IHC 3+ = 23 (33.3%)

Mean H-score ¹:

- IHC 1+: 30.8
- IHC 2+: 86.1
- IHC 3+: 239.5
- ➤ Homogeneous staining (100% cells stained) : 23% cases

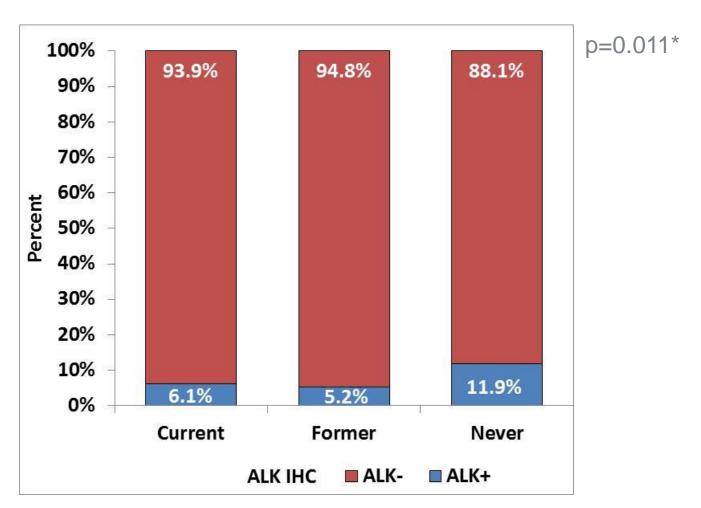
¹ modified from Rüschoff J, et al. Virchows Arch. 2010; 457: 299-307

14 ALK IHC according to gender, N=1099



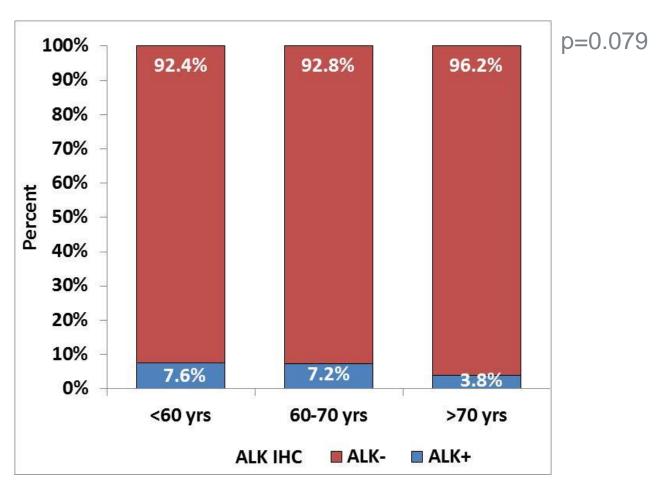
p=0.08

15 ALK IHC according to smoking status, N=1099



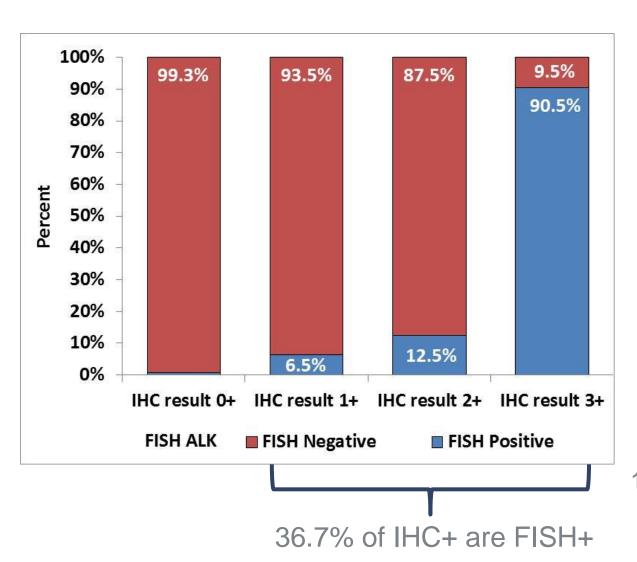
*Excluding category "Unknown"

16 ALK IHC according to age groups, N=1099



Median age lower for ALK + (p=0.042)

17 | Association of ALK IHC and FISH, N=198



For ALK IHC + vs – (IHC 1+/2+/3+ vs IHC 0+)

FISH Sensitivity=36.7% 22 FISH + / 60 IHC +

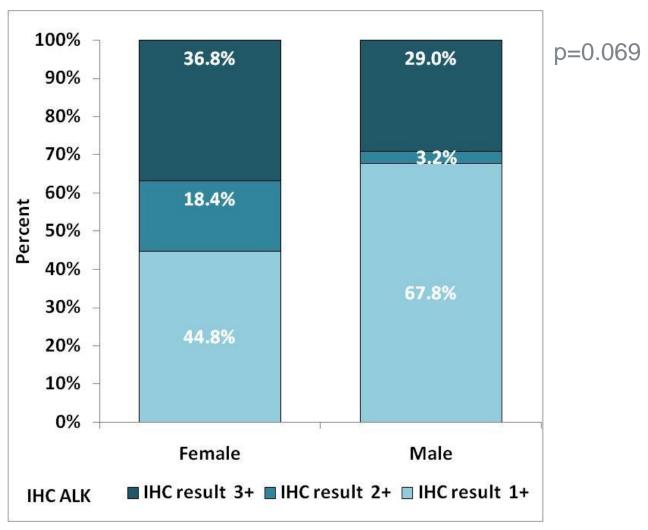
FISH Specificity=99.3% 137 FISH - / 138 IHC - p<0.001

For ALK IHC 3+ vs 0/1+/2+

FISH Sensitivity = 90.5% 19 FISH + / 21 IHC 3 +

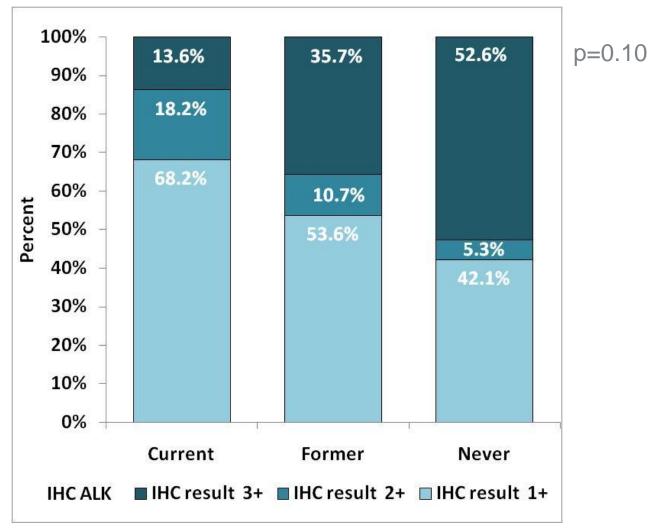
FISH Specificity = 97.7% 173 FISH - / 177 IHC 0+/1+/2+ p<0.001

18 ALK IHC+ cases according to gender, N=69



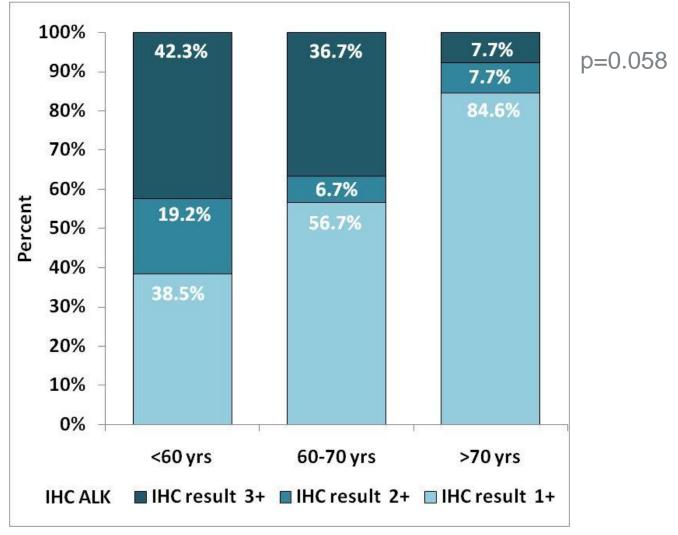
"IHC 1+ & 2+" vs "IHC 3+", p=NS

¹⁹ ALK IHC+ cases according to smoking status, N=69



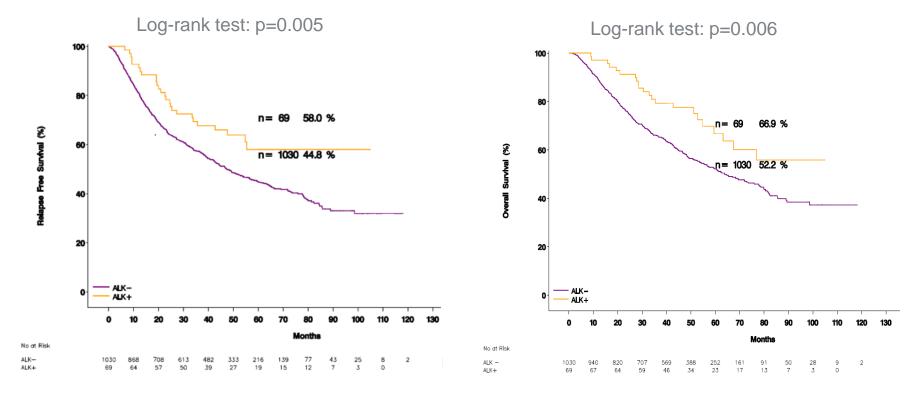
"IHC 1+ & 2+" vs "IHC 3+", p=0.026

20 ALK IHC+ cases according to age groups, N=69



"IHC 1+ & 2+" vs "IHC 3+", p=0.08

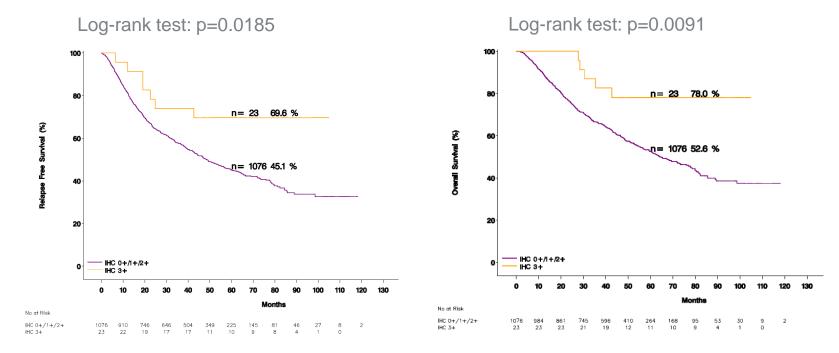
21 RFS and OS by ALK IHC status, N=1099



Note: Number of patients and 5-year RFS / OS, depicted in the pictures

RFS Multivariate Cox Model: N=1099; RFS events= 591 HR ALK + vs - = 0.52, 95% CI (0.35, 0.78), p=0.0014 Adjusted for Stage, Gender & PS OS Multivariate Cox Model: N=1099; Deaths=513 HR ALK + vs - = 0.51, 95% CI (0.33, 0.79), p=0.0025 Adjusted for Stage, Gender, PS & Age

22 RFS and OS for IHC 3+ vs IHC 0/1+/2+, N=1099

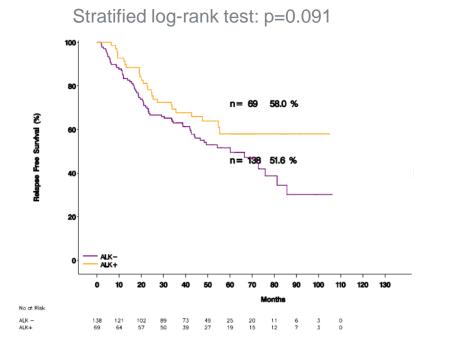


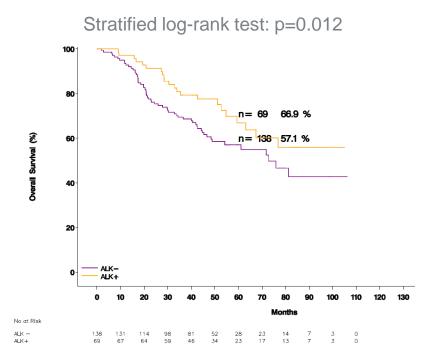
Note: Number of patients and 5-year RFS / OS, depicted in the pictures

RFS Multivariate Cox Model: N=1099; RFS events=591 HR IHC 3+ vs IHC 0+/1+/2+ =0.41 95% CI (0.19, 0.86), p=0.0189 Adjusted for Stage, Gender & PS OS Multivariate Cox Model: N=1099; Deaths=513 HR IHC 3+ vs IHC0+/1+/2+= 0..32 95% CI (0.13, 0.79), p=0.0127 Adjusted for Stage, Gender, PS & Age

23 RFS and OS by ALK IHC status, matched cohort, N=207

Matching Factors: Stage, Gender/Smoking Status, Center/Year of surgery/ Age





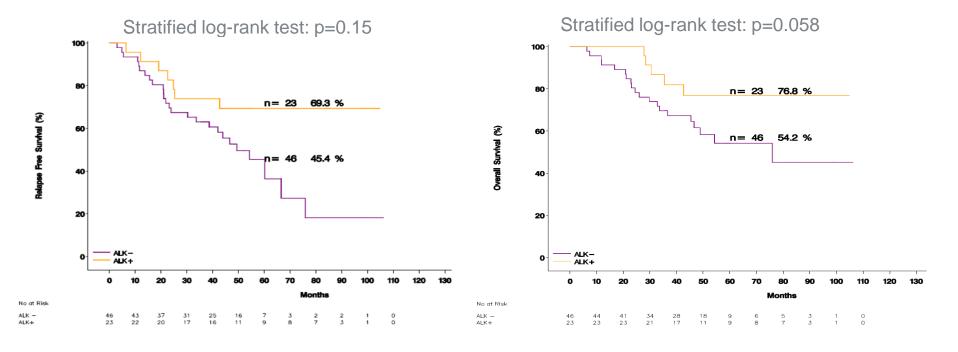
Note: Number of patients and 5-year RFS / OS, depicted in the pictures

Conditional Logistic Regression – RFS event at 3 years N=207; RFS events at 3 years=96 OR Yes vs No=0.52, 95% CI (0.26, 1.01), p=0.06

Conditional Logistic Regression – OS event at 3 years N=207; Deaths at 3 years=82 OR Yes vs No=0.53, 95% CI (0.26, 1.07), p=0.077

24 RFS and OS by ALK FISH status, matched cohort, N=69

Matching Factors: Stage, Gender/Smoking Status, Center/Year of surgery/ Age

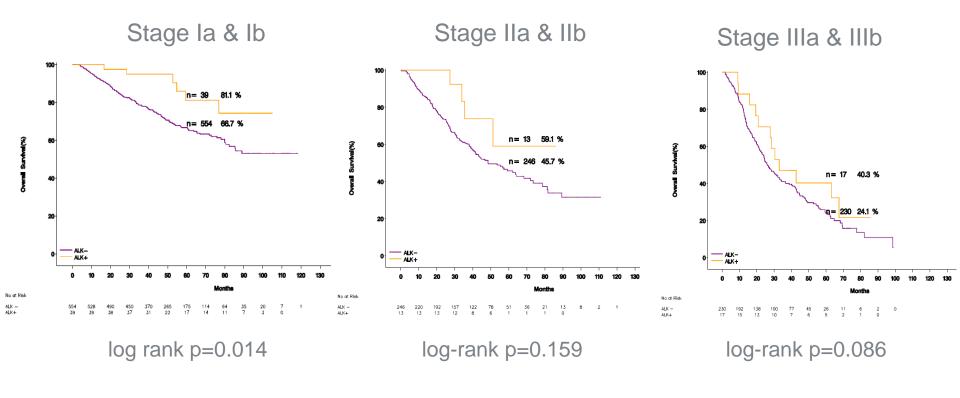


Note: Number of patients and 5-year RFS / OS, depicted in the pictures

Conditional Logistic Regression – RFS event at 3 years N=69; RFS events at 3 years=33 OR Yes VS No=0.19, 95% CI (0.04, 0.91), p=0.037

Conditional Logistic Regression – OS event at 3 years N=69; Deaths at 3 years=25 OR Yes VS No=0.22, 95% CI (0.05, 1.10), p=0.057

OS by ALK IHC status & stage, N=1099



interaction p=NS

Overall survival (OS) by ALK IHC status for Stage "Ia & Ib", "Ila & Ilb" and "Illa & Illb" Note: Number of patients and 5-year OS, depicted in the pictures

26 | Conclusions

- We report on the first large European dataset evaluating prevalence and outcome of ALK positive stage I-III resected lung adenocarcinoma patients, using IHC and FISH confirmation.
- Tumour tissue and annotated clinical data were available for 1099 patients treated in 15 different institutions.
- Case matching according to main prognostic clinical parameters was performed for ALK IHC and FISH positive cases in a 1:2 ratio with IHC negative and FISH negative cases respectively.

27 | Conclusions (2)

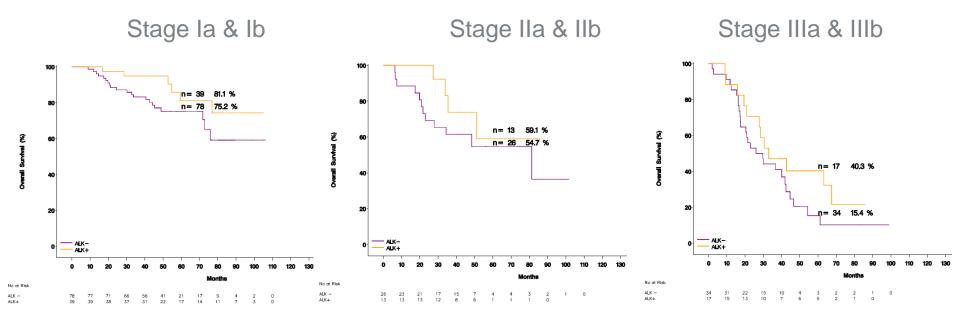
In early stage completely resected adenocarcinoma:

- Prevalence of ALK IHC is 6.3%
- Prevalence of ALK FISH is at least 2.1%
- ALK IHC + is an independent prognostic factor for OS & RFS
- ALK FISH + is associated with a trend to better survival (p=0.058)
- High concordance between ALK IHC (0 and 3+) with FISH (-ve and +ve, respectively) is demonstrated

28 | Acknowledgements

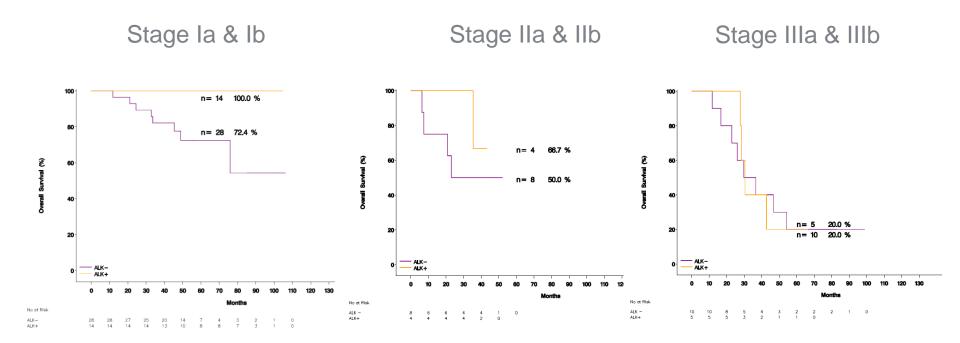
- The ETOP steering committee, ETOP staff and all participating ETOP members
- S Peters Lungscape database coordination and quality assessment (Peters et al. #11790 ESMO 2012)
- E Thunnissen, K Kerr, L Bubendorf, D Nonaka for pathology protocol, internal and external quality assessment (Thunnissen et al: abstract 193P)
- Urania Dafni and Frontier Science Foundation Hellas for statistical design and analysis
- Pfizer for support of this study
- Abbott Molecular for supporting ongoing Lungscape research

30 | OS by ALK IHC status & stage, matched cohort, N=207



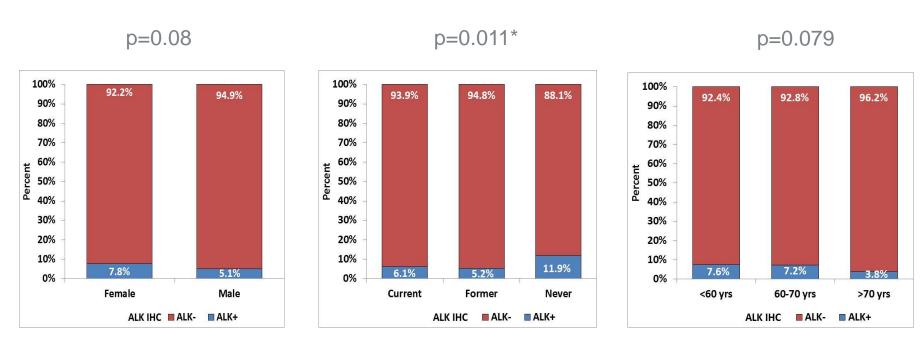
Overall survival (OS) by ALK IHC status for Stage "la & lb", "Ila & Ilb" and "Illa & IIlb" Note: Number of patients and 5-year OS, depicted in the pictures

OS by ALK FISH status & stage, matched cohort, N=69



Overall survival (OS) by ALK FISH status for Stage "la & lb", "Ila & Ilb" and "Illa & Illb" Note: Number of patients and 5-year OS, depicted in the pictures

32 ALK IHC according to gender, smoking status & age groups; N=1099

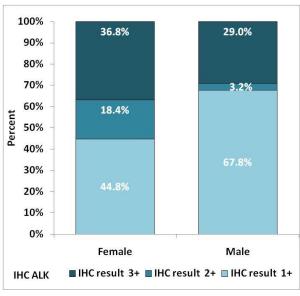


*Excluding category "Unknown"

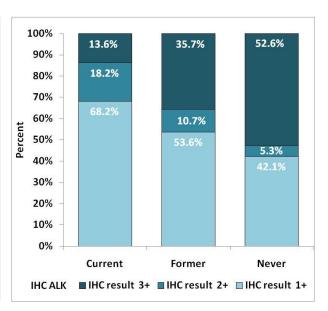
Median age lower for ALK IHC +: p=0.042

33 ALK IHC 1+, 2+ & 3+ according to gender, smoking status & age groups; N=69 IHC ALK positive cases

p=0.068p=0.10p=0.059



"IHC 1+ & 2+" vs "IHC 3+", p=NS



"IHC 1+ & 2+" vs "IHC 3+", p=0.026 "IHC 1+ & 2+" vs "IHC 3+", p=0.08

