Abstract #1169TiP: Penpulimab-based combination neoadjuvant/adjuvant therapy for patients with resectable locally advanced non-small cell lung cancer: a phase II clinical study (ALTER-L043)

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Background

- Immunotherapy alone or combined with chemotherapy as neoadjuvant therapy has shown encouraging results.
- Penpulimab, a human IgG1 monoclonal antibody directed against human programmed cell death-1 (PD-1), was engineered to eliminate Fc-mediated effector function that compromises anti-tumor immune cell function, and to optimize receptor occupancy by improving duration of drug binding.
- As a promising multi-target tyrosine kinase inhibitor, Anlotinib significantly improved overall survival in advanced NSCLC patients in the phase 3 trial ALTER0303. Antiangiogenesis therapy combined with PD-1/PD-L1 inhibitors has shown excellent efficacy in advanced non-small cell lung cancer (NSCLC) patients.
- This is the trial evaluating Penpulimab combined with Anlotinib or chemotherapy or both of them as neoadjuvant/adjuvant therapy for patients with resectable locally advanced NSCLC.

Methods

- This is a multicenter, randomized, open-label, phase II study (NCT04846634).

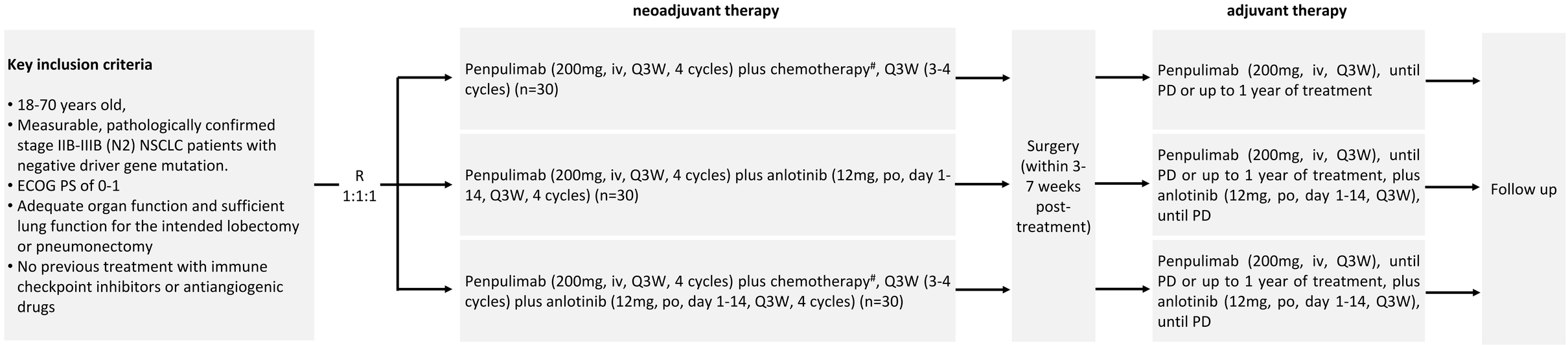

Figure 1. Study design

- Primary endpoint: major pathological response (MPR) rate
- Secondary endpoints: objective response rate (ORR), pathologic complete response (pCR) rate, event-free survival (EFS), 1 year EFS rate, overall survival (OS) and safety

The chemotherapy regimen was as follows: pemetrexed (500 mg/m^2) for adenocarcinoma or paclitaxel (175 mg/m^2) for squamous carcinoma on d1, combined with carboplatin (AUC = 5) or cisplatin (75 mg/m^2) every 3 weeks.

Disclosure

- No conflicts of interest to disclosure