Introduction

- Tumour angiogenesis has been implicated in resistance to ICIs by promoting an immunosuppressive TME.  
- Acquired resistance to ICI therapy could be influenced and reversed by anti-angiogenic agents, which may improve access of immune cells into the tumour by normalising blood vessels, supporting development of a pro-immunogenic TME in a hypothesised angiogenic switch.

A hypothesised angiogenic-immunogenic switch

Methods

- Patients received docetaxel (75 mg/m² on Day 1 plus nintedanib (300 mg, PO, bid) on Days 2-29).  
- Outcomes were assessed according to the best response to 1L therapy.  
- The primary endpoint is the OS rate at 12 months after the start of treatment with nintedanib plus docetaxel.

Key findings and conclusions

- Our results support 2L nintedanib + docetaxel as an effective treatment option in patients with advanced adenocarcinoma NSCLC following 1L ICI combination therapy

- Best response to 1L treatment and ECOG PS may be valuable surrogate markers associated with clinical benefit of 2L nintedanib + docetaxel

- These findings warrant further evaluation of the effect of these parameters on 2L treatment outcomes after 1L ICI combination therapy

Results

- We present data from 176 patients treated in VARGADO Cohort C (interim data cut-off, April 2021).

Patient characteristics (N=176)

- Median age was 70 years (range: 39–88), 77% were male, and the Eastern Cooperative Oncology Group PS was 1 in 98%.

- Drug-resistance mutations were present in 63% (EML4-ALK 2, KRAS G12C 12, MET 2, BRAF V600E 4).

- Previous 1L therapy included chemotherapy (77%), nintedanib (7%), docetaxel (9%), and atezolizumab (7%).

- No unexpected safety signals were observed.

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Study design

- VARGADO (NCT02392405) is a prospective, non-interventional study of nintedanib + docetaxel in routine clinical practice after 1L CT ongoing across centres in Germany.

- Patient data were collected during routine clinic visits (follow-up up to 26 months).

- Patients with treatment-naive NSCLC were included.

- All patients received nintedanib 100 mg, PO, bid, plus docetaxel 75 mg/m², IV, CT, on Days 1, 8, 15, and 22.

- Patients with progressive disease at 1L were eligible for 2L intervention.

- Overall, median PFS was 4.8 months (95% CI: 3.5–6.7 months).  
- No clear differences were seen for PFS with respect to best response to 1L therapy.

- There was a possibility that OS benefit with 2L therapy and PR were best responses to 1L therapy (median OS 6.1 months (CI: 5.6–5.8) vs 3.3 months (CI: 2.8–3.1) respectively).

- In a subgroup analysis of patients with initial biopsy and additional biopsy, OS was 6.7 months (95% CI: 5.6–9.1) compared to 4.9 months (95% CI: 3.6–6.8) in patients with no biopsy.

- Median OS, per study treatment (n=176), was 16.9 months (95% CI: 13.6–27.1 months).

Efficacy

- OS in patients who achieved PR as best response to 1L therapy (all patients [n=176]; patients with ECOG PS 0/1 [n=41])

Safety

- 47% treated patients.

- All grade and any grade TEAEs were reported in 94% and 44% of patients, respectively.

- Drug-related TEAEs leading to death were reported in 1% of patients, respectively.

- No unexpected safety signals were observed.

References and acknowledgments