Figure 1. HANNA study design

Results

Patient and clinical characteristics

Table 1. Baseline patient characteristics

Table 2. Baseline clinical characteristics

Figure 2. OS (n = 477)

Figure 3. OS in 1L subset (n = 222)

Figure 4. OS in 1L subset by response to platinum

Figure 5. Changes from baseline in QoL at month 12 by EQ-5D VAS and FACT H&N

Conclusions

References

Disclosures

The HANNA study evaluated the efficacy, safety, and patient-reported quality of life of nivolumab versus chemotherapy as first-line therapy in patients with platinum-sensitive disease, as per European approval in 2020.2

Methods

HANA HANNA is a German, prospective, observational, multicenter (n = 5) real-world study in patients with advanced or metastatic HNSCC treated with nivolumab as first-line chemotherapy (or as platinum-based therapy per the primary physician’s judgment). An interim analysis was conducted in Germany describing the effectiveness, safety, and QoL in patients with Nivolumab-containing induction, including the 1L population.

Primary endpoint:

Overall survival

- The primary objective of OS was estimated and plotted using the Kaplan-Meier method.
- Subanalyses were conducted in the patient population who received nivolumab as 1L.
- The pivotal CheckMate 141 (NCT02105636) trial evaluated the efficacy, safety, and QoL of nivolumab versus chemotherapy as first-line therapy in patients with platinum-sensitive disease, as per European approval in 2020.
- The overall median DOT was 5.4 months (95% CI, 4.1–5.8).
- At the time of the interim analysis, the median OS was 16.8 months (95% CI, 15.8–22.0) for a survival probability of 95% (90% CI, 85.8–98.2) at 12 months, 74% (90% CI, 67.0–80.8) at 24 months, and 68% (90% CI, 60.8–75.1) at 36 months (Figure 2).
- In the 1L subset, the median OS was 11.7 months (95% CI, 8.5–12.7) with a survival probability of 91% (90% CI, 85.6–95.3) at 12 months, 70% (90% CI, 62.0–77.4) at 24 months, and 54% (90% CI, 45.2–62.7) at 36 months (Figure 3).
- For the 1L population, similar OS benefit was observed in platinum-sensitive patients (ie, progression ≤ 6 months after platinum-based therapy, respectively) (Figure 4).
- Of the 222 patients, 100 (45%) received subsequent therapies, among which osimertinib was the most common (n = 33, 54%).

For the 1L population, similar OS benefit was observed in platinum-sensitive patients (ie, progression ≤ 6 months after platinum-based therapy, respectively). 

DOT and time to next treatment:

- The median time to next treatment was 4.8 months (95% CI, 4.1–5.8 months) for patients in the overall patient population, the 1L subset, and patients with ≥2 lines of prior platinum-based therapy.
- Median DOT was similar between the overall population and 1L subset (5.4 and 5.7 months, respectively).
- For the 1L population, similar OS benefit was observed in platinum-sensitive patients.

- The overall median DOT was 4.8 months (95% CI, 4.1–5.8 months)
- The median time to next treatment was 4.8 months (95% CI, 4.1–5.8 months)

- In this interim analysis of the real-world study HANNA, the median OS was similar between the overall population and 1L subset (16.8 and 11.7 months, respectively) in patients with platinum-sensitive disease and platinum-resistant patients (≥2 lines of prior platinum-based therapy).
- In patients with platinum-sensitive disease (Figures 5 and 6), the median OS was 16.8 months (95% CI, 15.8–22.0) for a survival probability of 95% (90% CI, 85.8–98.2) at 12 months, 74% (90% CI, 67.0–80.8) at 24 months, and 68% (90% CI, 60.8–75.1) at 36 months (Figure 2).
- In the 1L subset (n = 222), baseline patient and clinical characteristics were similar to the overall population (Table 1).
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