SCLC

LBA61 Durvalumab ± tremelimumab + platinum-etoposide in first-line extensive-stage SCLC (ES-SCLC): 3-year overall survival update from the phase III CASPIAN study

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Background: In CASPIAN, the Phase 3 study of etoposide + cisplatin/carboplatin (EP) ± durvalumab (D) ± tremelimumab (T) as first-line treatment of ES-SCLC, D + EP demonstrated a statistically significant improvement in OS vs EP alone (data cut-off [DCO]: 11 Mar 2019; HR 0.73 [95% CI 0.59–0.91; p=0.0047]). In a subsequent analysis after a median follow-up of 25.1 mo (DCO 27 Jan 2020), OS benefit with D + EP vs EP was sustained (HR 0.75 [95% CI 0.62–0.91; nominal p=0.0032]), and D + T + EP numerically improved OS vs EP (HR 0.82 [95% CI 0.68–1.00; p=0.0451]), but did not reach statistical significance (p≤0.0418). Here we report updated OS after a median follow-up of >3 years, the longest reported to date for a phase 3 trial of EP + PD(L)1 in this disease setting.

Methods: Pts with treatment-naïve ES-SCLC were randomised 1:1:1 to D 1500 mg + EP q3w, D 1500 mg + T 75 mg + EP q3w, or EP q3w. Pts in the IO arms received 4 cycles of EP + D ± T, followed by maintenance D 1500 mg q4w. Pts in the EP arm received up to 6 cycles of EP. The two primary endpoints were OS for D + EP vs EP and for D + T + EP vs EP. Serious AEs (SAEs) were assessed during long-term follow up.

Results: 268, 268 and 269 pts were randomized to D + EP, D + T + EP and EP, respectively. At a DCO of 27 Mar 2021, median follow-up was 39.4 mo, 86% maturity. D + EP continued to demonstrate improved OS vs EP: HR 0.71 (95% CI 0.60–0.86; nominal p=0.0003). Median OS was 12.9 vs 10.5 mo; 22.9% vs 13.9% of pts were alive at 24 mo; and 17.6% vs 5.8% of pts were alive at 36 mo with D + EP vs EP, respectively. D + T + EP continued to numerically improve OS vs EP: HR 0.81 (95% CI 0.67–0.97; nominal p=0.02); median OS was 10.4 mo, and 15.3% of pts were alive at 36 mo. 46 pts remained on treatment with D at DCO (27 in the D + EP arm and 19 in the D + T + EP arm). In D + EP, D + T + EP and EP arms, respectively, incidences of SAEs (all cause) were 32.5%, 47.4% and 36.5%; and AEs leading to death (all cause) were 5.3%, 10.9% and 6.0%.

Conclusions: D + EP demonstrated sustained OS benefit over EP with a well-tolerated safety profile after >3 years of median follow-up, consistent with previous analyses. 3 times more pts were estimated to be alive at 3 years when treated with D + EP vs EP alone, further establishing D + EP as standard of care for first-line treatment of ES-SCLC.

Clinical trial identification: NCT03043872 (release date: February 6, 2017).

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