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Abstracts

How will immunotherapy combination regimens impact the NSCLC treatment landscape?

The pace of change in NSCLC shows no sign of abating. Developments in immunotherapy continue to take centre stage, particularly in first-line treatment. Merck & Co. have a head start in this setting with recent approvals for Keytruda; however, BMS, AstraZeneca, Roche and Merck Group/Pfizer still have much to play for. As first-line treatment options expand, how will patients be selected for specific therapies, what role will combinations play, and how will these impact second-line treatment decisions? Targeted therapies also continue to generate much interest. KOLs weigh in on how data from the ALEX trial of Alecensa, and new product approvals, could shake up the treatment algorithm for ALK-positive NSCLC, as well as developments in EGFR-, BRAF- and ROS1-positive disease. In this report seven US and five EU KOLs offer candid insights on 12 marketed therapies and seven pipeline drugs.

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Find out who the 7 US and 5 European KOLs are >

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Top Takeaways

Immunotherapy has transformed front-line treatment options for NSCLC. How is first-line treatment anticipated to evolve, and what will inform treatment decisions, in the non-driver mutation space?

How do KOLs interpret the 21G data and the FDA approval of Merck & Co.'s Keytruda in combination with chemotherapy?

Biomarker testing and patient selection are set to become more sophisticated. How will they continue to develop and impact the NSCLC treatment algorithm?

How do KOLs rate the potential for AstraZeneca's durvalumab, and other PD1/L1 inhibitors, to be used in the treatment of stage III NSCLC?

How are the CheckMate-012 data and the potential for BMS' Opdivo plus ipilimumab to succeed as a first-line treatment viewed?

How do KOLs interpret the findings from the ALEX trial and how do they view the future for Roche's Alecensa as a potential first-line therapy for ALK-positive NSCLC?

What are the overall prospects for Takeda's Alunbrig and Pfizer's lorlatinib as treatments for ALK-positive NSCLC?

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Quotes

"I think you are going to see the biggest change in first-line metastatic NSCLC. In the last few months it has changed many times and it will continue to change because first line is where it is easiest to show a difference. Combination IOs will take over; IOs with

chemotherapy will be there.”EU Key Opinion Leader

“Patients will be getting NGS testing the vast majority of the time. We will get far more sophisticated about predicting which patients will benefit the most and least with immunotherapy and we’ll see how we are using immunotherapy now as the dark ages compared to [in five years’ time], like 1975 with chemotherapy.” US Key Opinion Leader

Sample of therapies covered

Marketed Therapies

Keytruda (pembrolizumab; Merck & Co.)

Opdivo (nivolumab; Bristol-Myers Squibb)

Tecentriq (atezolizumab; Roche)

Tagrisso (osimertinib; AstraZeneca)

Xalkori (crizotinib; Pfizer/Merck Group)

Zykadia (ceritinib; Novartis)

Alecensa (alectinib; Roche)

Alunbrig (brigatinib; Takeda)

Vargatef (nintedanib; Boehringer Ingelheim)

Portrazza (necitumumab; Eli Lilly)

Cyramza (ramucirumab; Eli Lilly)

Tafinlar/Mekinist (dabrafenib/trametinib; Novartis)

Pipeline Therapies

Avelumab (Bavencio; Merck Group/Pfizer)

Durvalumab (Imfinzi; AstraZeneca)

Ipilimumab (Yervoy; Bristol-Myers Squibb)

Dacomitinib (PF-00299804; Pfizer)

Lorlatinib (PF-06463922; Pfizer)

Ensartinib (X-396; Xcovery)

OSE-2101 (Tedopi; OSE Immunotherapeutics)

KOLs Interviewed

KOLs from North America

Laura Q.M. Chow, Associate Professor, Medical Oncology, University of Washington School of Medicine, Seattle Cancer Care Alliance, Seattle, WA

Leora Horn, Associate Professor of Medicine and Clinical Director, Thoracic Oncology Program, Vanderbilt-Ingram Cancer Center, Vanderbilt University Medical Center, Nashville, TN

Saad Khan, Assistant Professor, Medical Oncologist, Southwestern Medical Center, University of Texas, Dallas, TX

Jose I. Mayordomo, Professor, Medical Oncologist, Division of Medical Oncology, University of Colorado Hospital (UCH), Aurora, CO

Jared Weiss, Associate Professor, University of North Carolina at Chapel Hill, Clinical Research, Thoracic Oncology Program, Chapel Hill, NC

Howard West, Medical Oncologist and Medical Director of the Thoracic Oncology Program, Swedish Cancer Institute, Seattle, WA

KOLs from Europe

Siow Ming Lee, Professor of Medical Oncology, University College London, London, UK

Antonio Passaro, Medical Oncologist, Division of Thoracic Oncology, European Institute of Oncology, Milan, Italy

Maurice Perol, Professor, Head of Thoracic Oncology, Medical Oncology Department, Léon Bérard Cancer Center, Lyon, France

David Planchard, Associate Professor, Department of Medical Oncology (Thoracic Oncology Group), Gustave-Roussy, Villejuif, France

Anonymous German KOL, Medical Oncologist at a specialist pulmonary hospital, Germany

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