Meet The Professor
Management of Lung Cancer

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Professor of Medicine
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Commercial Support

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Dr Love — Disclosures

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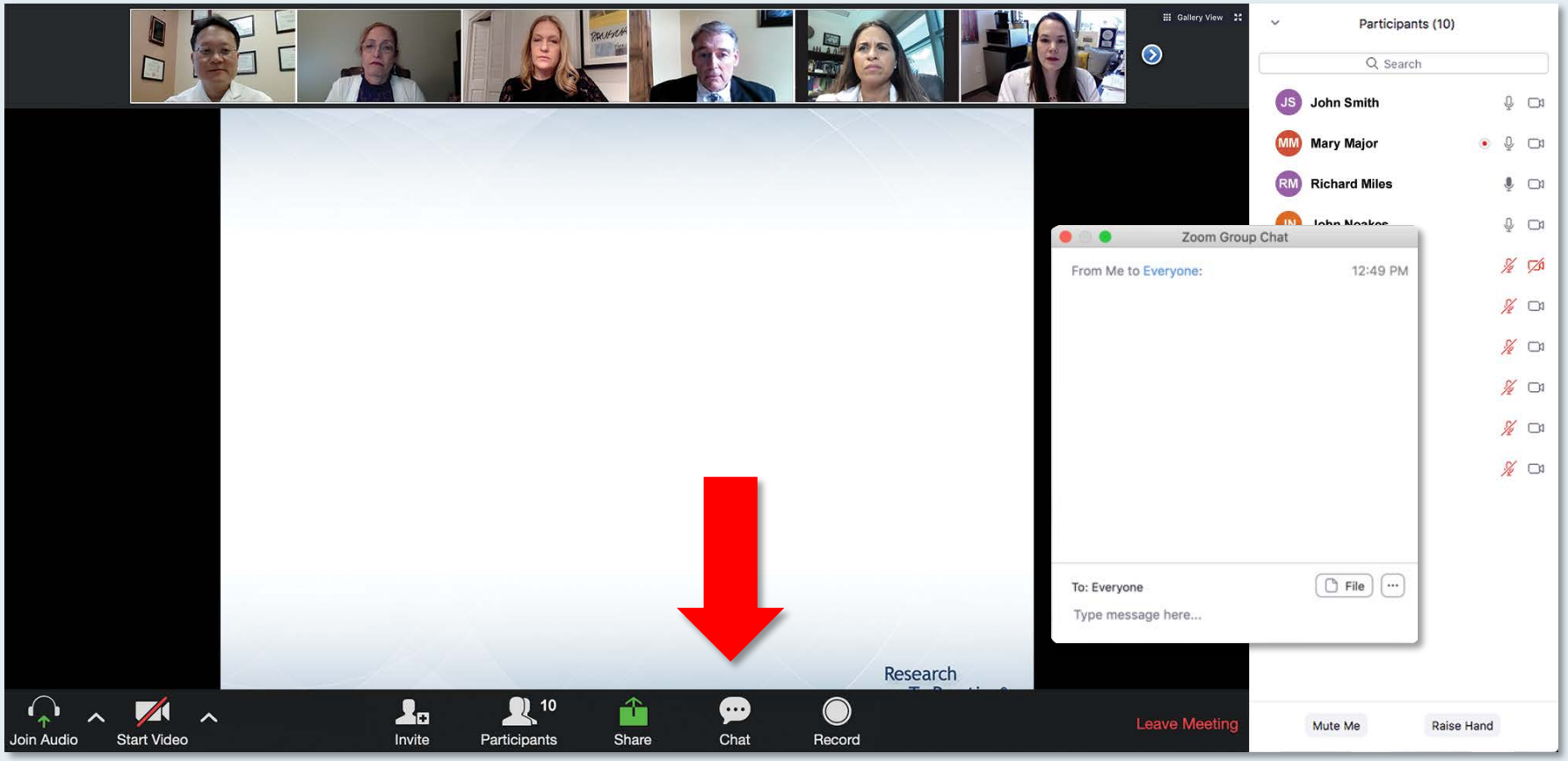
We Encourage Clinicians in Practice to Submit Questions



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Familiarizing Yourself with the Zoom Interface

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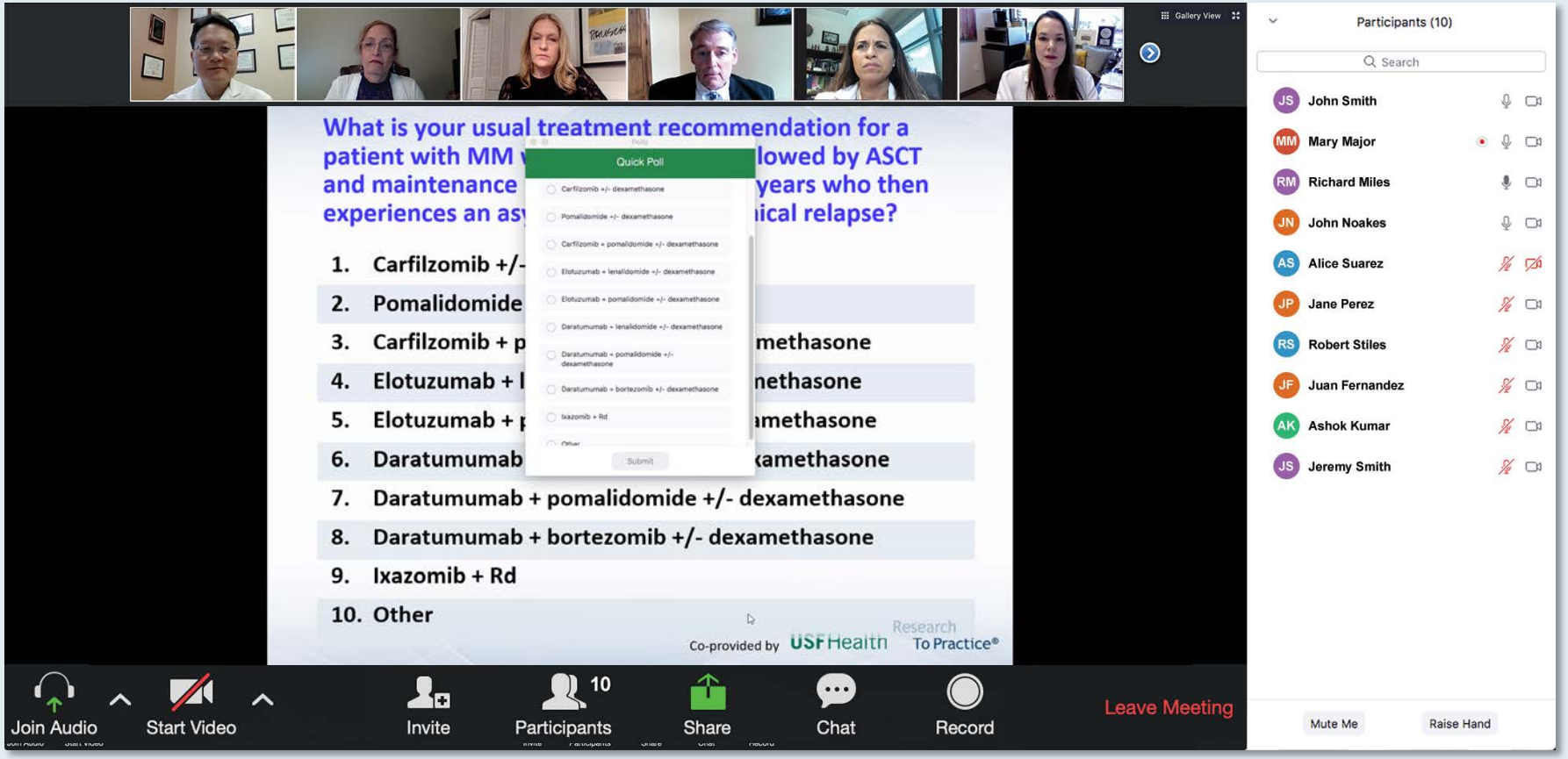

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Upcoming Webinars

Thursday, November 12, 2020
12:00 PM – 1:00 PM ET

Meet The Professor: Management of Multiple Myeloma

Faculty
Sergio Giralt, MD

Moderator
Neil Love, MD

Friday, November 13, 2020
12:00 PM – 1:00 PM ET

Meet The Professor: Immunotherapy and Novel Agents in Gynecologic Cancers

Faculty
Krishnansu S Tewari, MD

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Upcoming Webinars

Thursday, November 19, 2020
12:00 PM – 1:00 PM ET

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Kenneth C Anderson, MD

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Meet The Professor: Management of Chronic Lymphocytic Leukemia

Faculty
Prof John G Gribben, MD, DSc, FMedSci

Moderator
Neil Love, MD

Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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ONCOLOGY TODAY

SPECIAL EDITION: EGFR MUTATION-POSITIVE NON-SMALL CELL LUNG CANCER

WITH DR NEIL LOVE

DR PASI JÄNNE
DANA-FARBER CANCER INSTITUTE

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Meet The Professor Program Participating Faculty

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Hong Kong, China

Joel W Neal, MD, PhD
Associate Professor of Medicine
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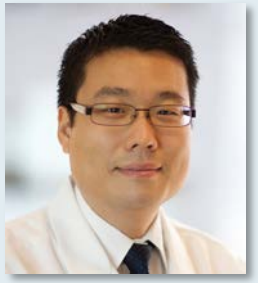

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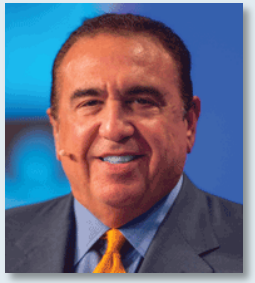

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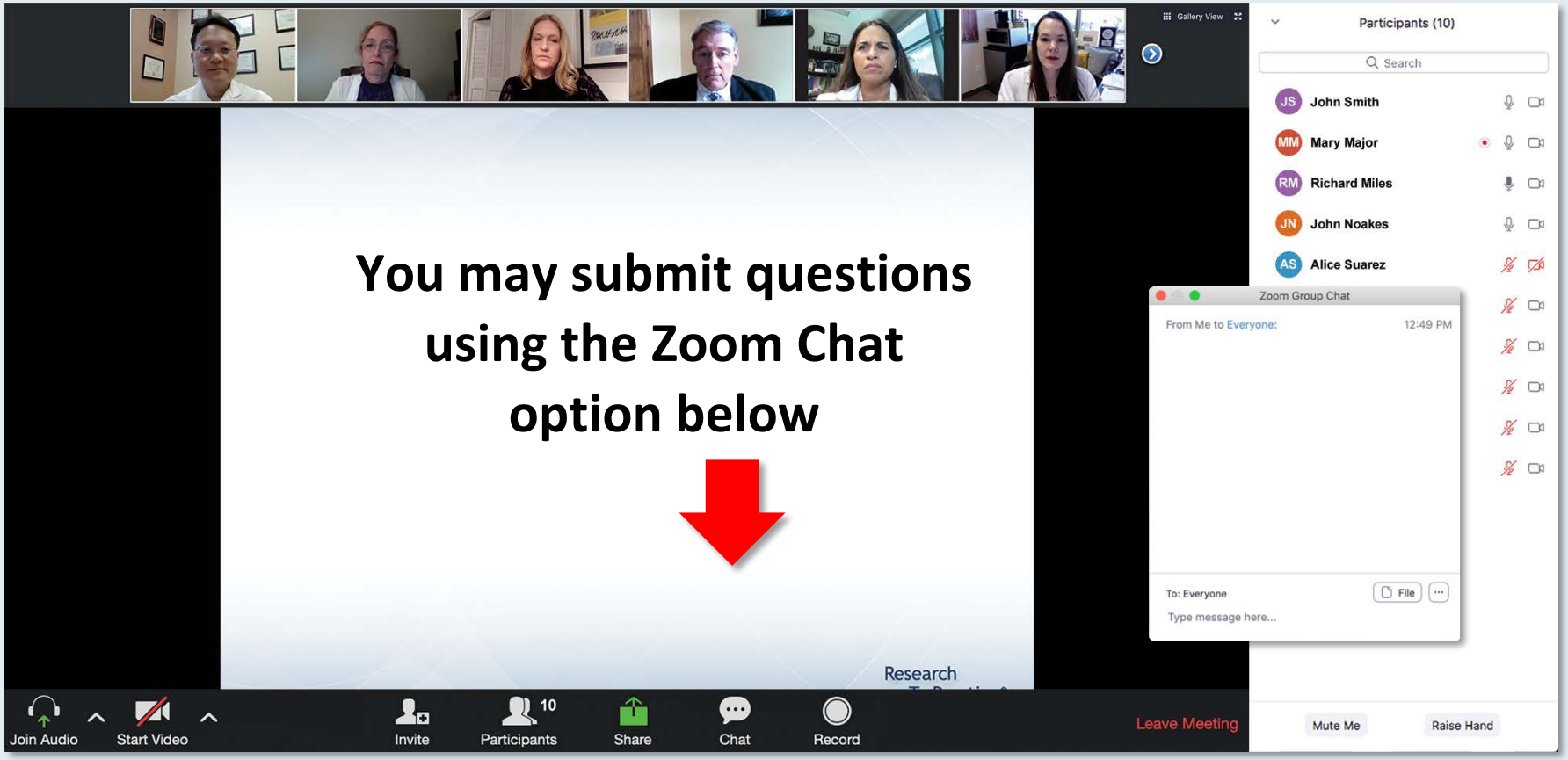

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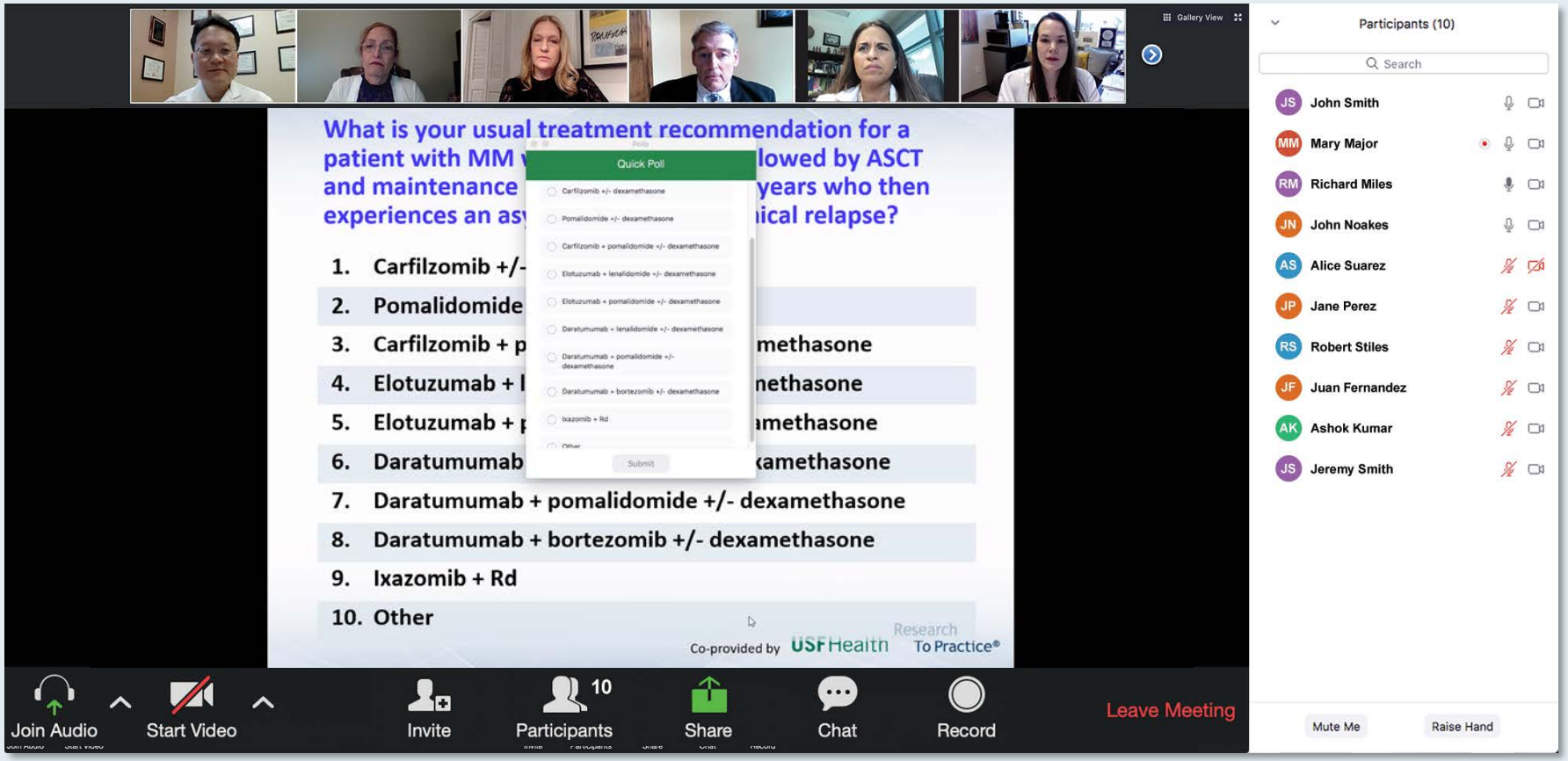

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Philadelphia, Pennsylvania

Joshua Bauml, MD
Assistant Professor of Medicine, Division of Hematology/Oncology
Perelman School of Medicine at the University of Pennsylvania
Philadelphia, Pennsylvania

Meet The Professor with Dr Langer

Module 1: Cases from Dr Bauml

- A 75-year-old woman with locally advanced squamous cell carcinoma of the lung
- A 65-year-old woman with metastatic adenocarcinoma of the lung – ALK translocation
- A 66-year-old woman with metastatic small cell lung cancer
- A 53-year-old woman with metastatic adenocarcinoma of the lung – EGFR exon 19 deletion
- Questions and Comments: MET alterations and amplification in NSCLC

Module 2: Lung Cancer Journal Club with Dr Langer

Module 3: Beyond the Guidelines – Clinical Investigator Approaches to Common Clinical Scenarios

Module 4: Key Papers and Recent Approvals

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Case Presentation – Dr Bauml: A 75-year-old woman with locally advanced squamous cell carcinoma of the lung

Dr Joshua Bauml

- Two prior lung cancer diagnoses s/p surgery not requiring adjuvant therapy > 5 years ago
- Surveillance imaging: Increasing size of subcarinal lymphadenopathy
- No evidence of distant metastases
- Biopsy: Squamous cell carcinoma, PD-L1: 0%
- Concurrent chemoradiation therapy, with carboplatin/paclitaxel
  - Radiation pneumonitis requiring oxygen and steroids 3 weeks after completion of therapy
  - Consolidation durvalumab not administered due to pneumonitis, declining PS
- Currently, remains NED

Question

- How do you manage a patient whose performance status declines significantly after chemoradiation therapy? How do you incorporate durvalumab, or do you?

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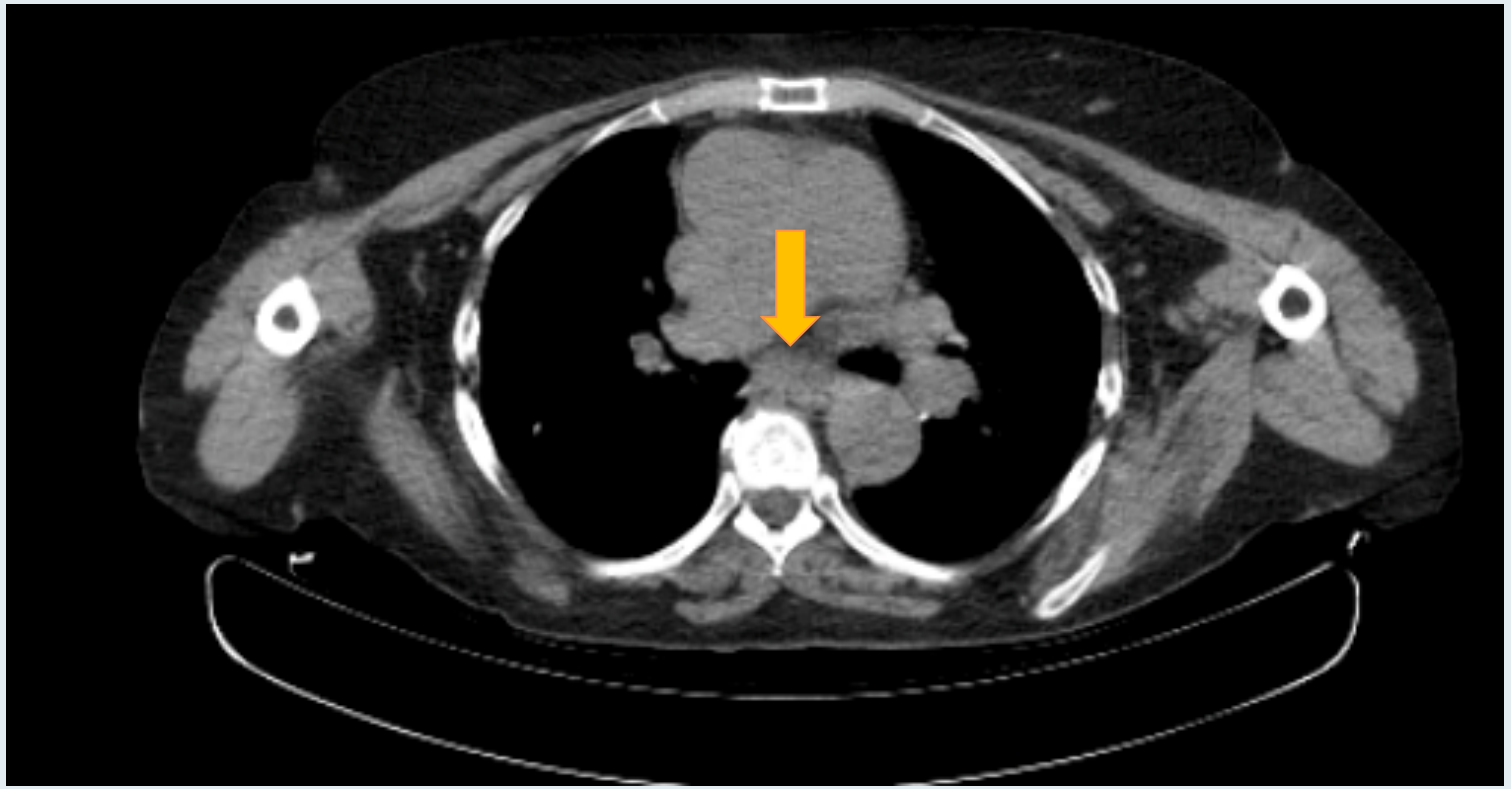
Case Presentation – Dr Bauml: A 75-year-old woman with locally advanced squamous cell carcinoma of the lung

Subcarinal adenopathy



Case Presentation – Dr Bauml: A 65-year-old woman with metastatic adenocarcinoma of the lung – ALK translocation

Dr Joshua Bauml

- Presents with abdominal bloating and mild SOB
- CT: Ascites, peritoneal carcinomatosis
- Biopsy: Adenocarcinoma, TTF1-positive
- IHC: ALK-positive; FISH confirms ALK translocation
- Alectinib, with rapid response

Questions

- What is your first-line approach for a patient with metastatic, ALK-translocated NSCLC?
- How do you manage patients who are progressing on alectinib? Do you do molecular testing at the time of progression? And if so, what do you do with that information?

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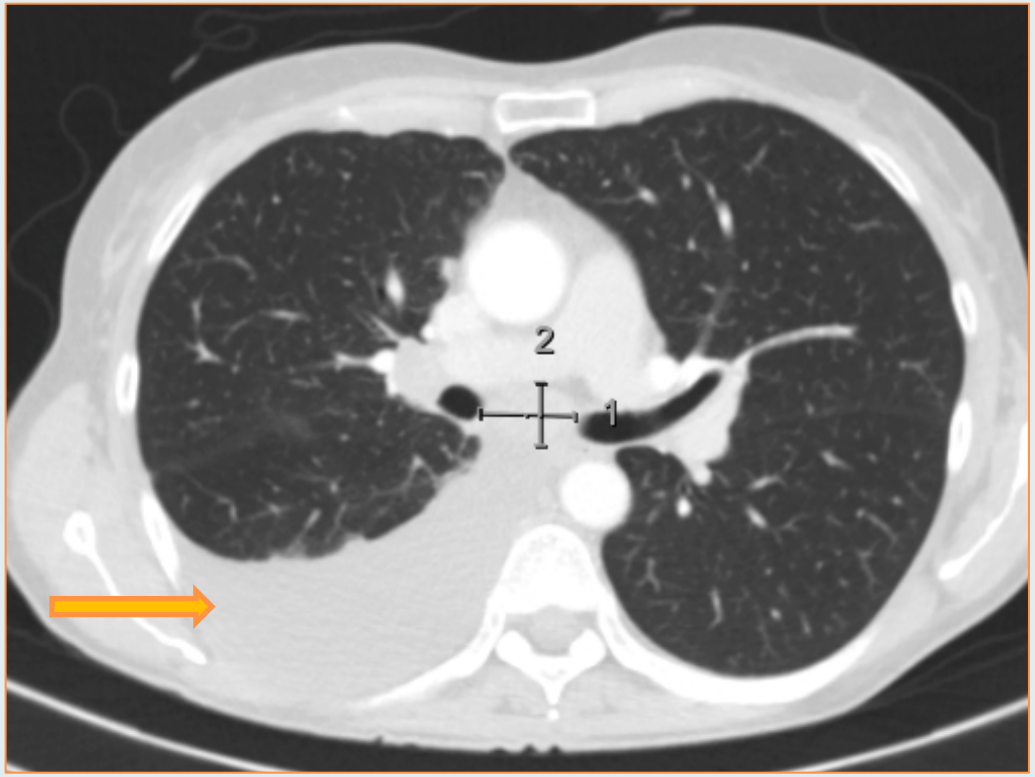
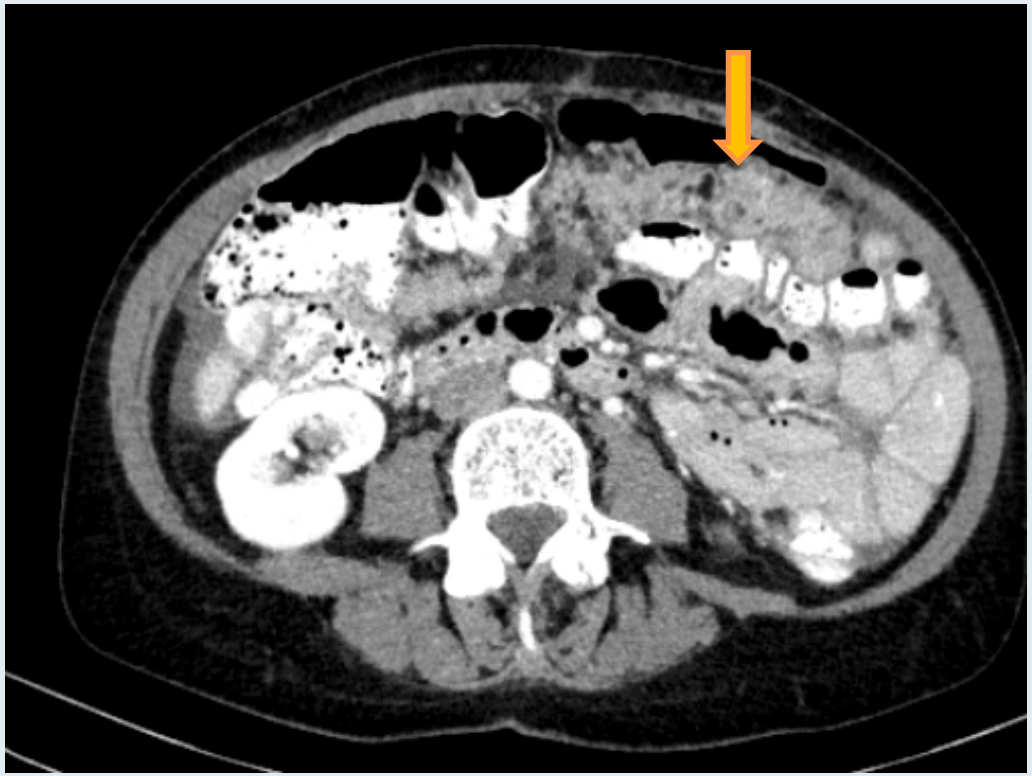
Case Presentation – Dr Bauml: A 65-year-old woman with metastatic adenocarcinoma of the lung – ALK translocation

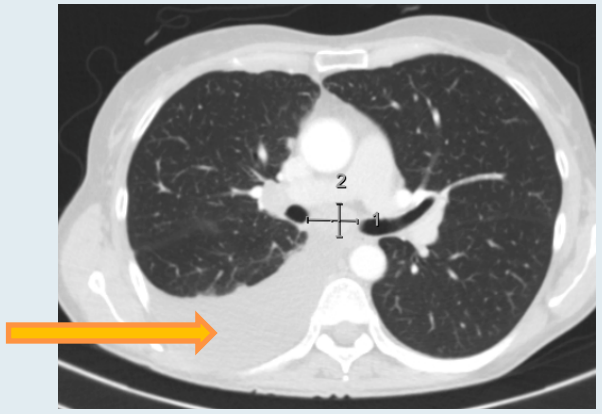
Pleural effusion

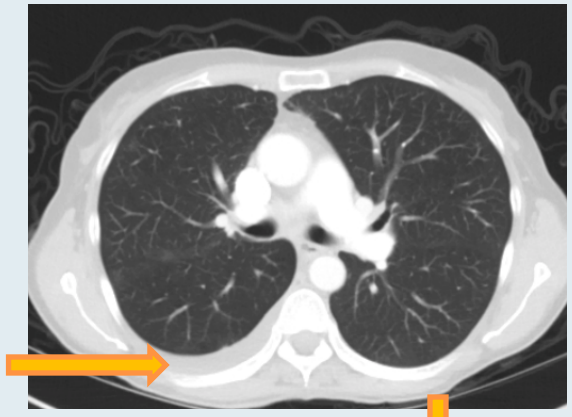


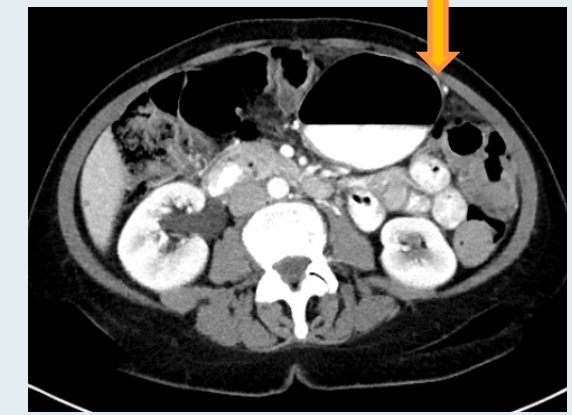
Peritoneal carcinomatosis and ascites



Case Presentation – Dr Bauml: A 65-year-old woman with metastatic adenocarcinoma of the lung – ALK translocation — Scans after initiation of alectinib







Case Presentation – Dr Bauml: A 66-year-old woman with metastatic small cell lung cancer

Dr Joshua Bauml

- Presents with PCP, cough and rapidly progressing SOB
- CT chest: Mediastinal mass
- Bronchoscopic biopsy: SCLC
- PET: Extensive hepatic metastases

Questions

- How do you choose between the different immunotherapies that are currently approved for the management of extensive-stage SCLC?
- When do you incorporate cisplatin versus carboplatin in the management of extensive-stage SCLC?
- If you have apalutamide with disseminated small cell lung cancer and concurrent brain metastases, how do you incorporate directed management of those brain metastases into your overall care plan?

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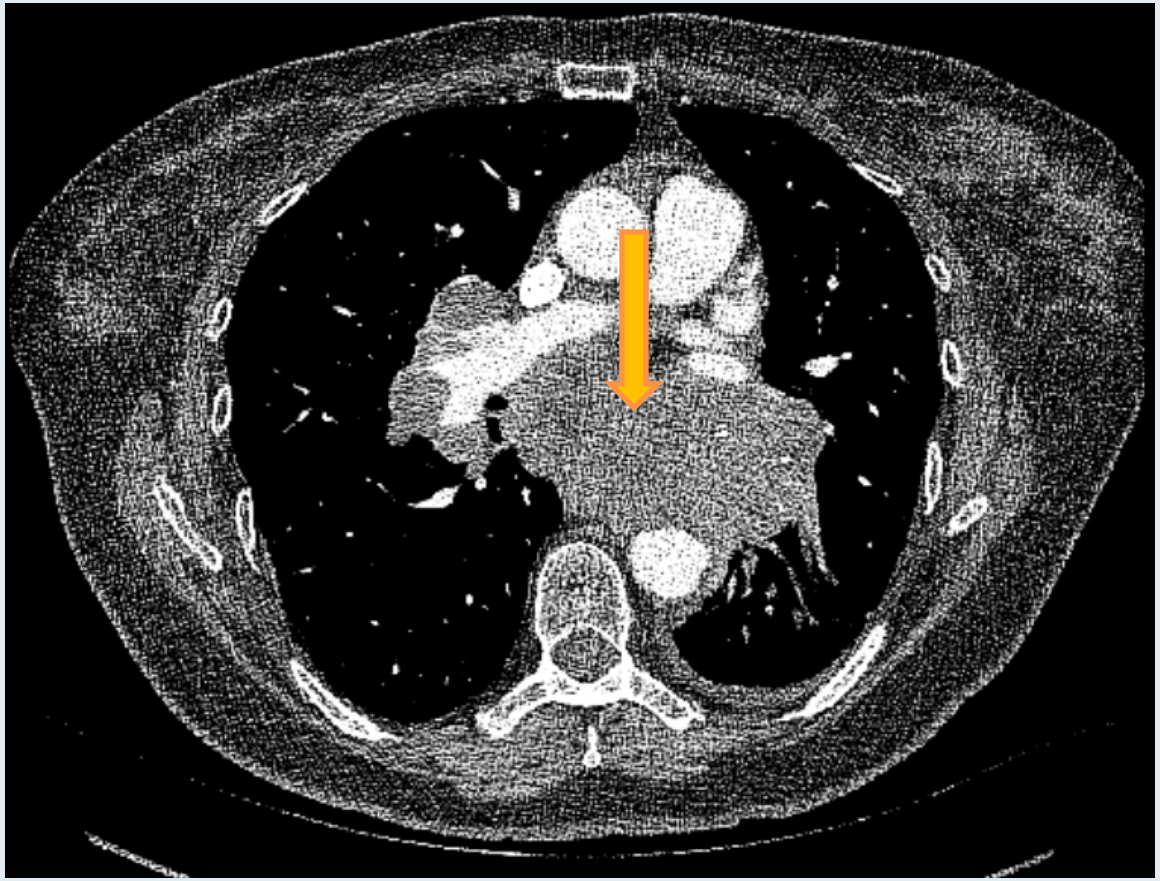
Case Presentation – Dr Bauml: A 66-year-old woman with metastatic SCLC – CT scans

Mediastinal mass, subcarinal lymph node compressing both main bronchi



Case Presentation – Dr Bauml: A 66-year-old woman with metastatic SCLC (continued)

Dr Joshua Bauml

- Presents with PCP, cough and rapidly progressing SOB
- CT chest: Mediastinal mass
- Bronchoscopic biopsy: SCLC
- PET: Extensive hepatic metastases
- ***Carboplatin / etoposide / atezolizumab***

Question

- Which biomarkers will be important, moving forward, to guide our use of immunotherapy in SCLC? Do you use TMB? PD-L1? And, if so, how?

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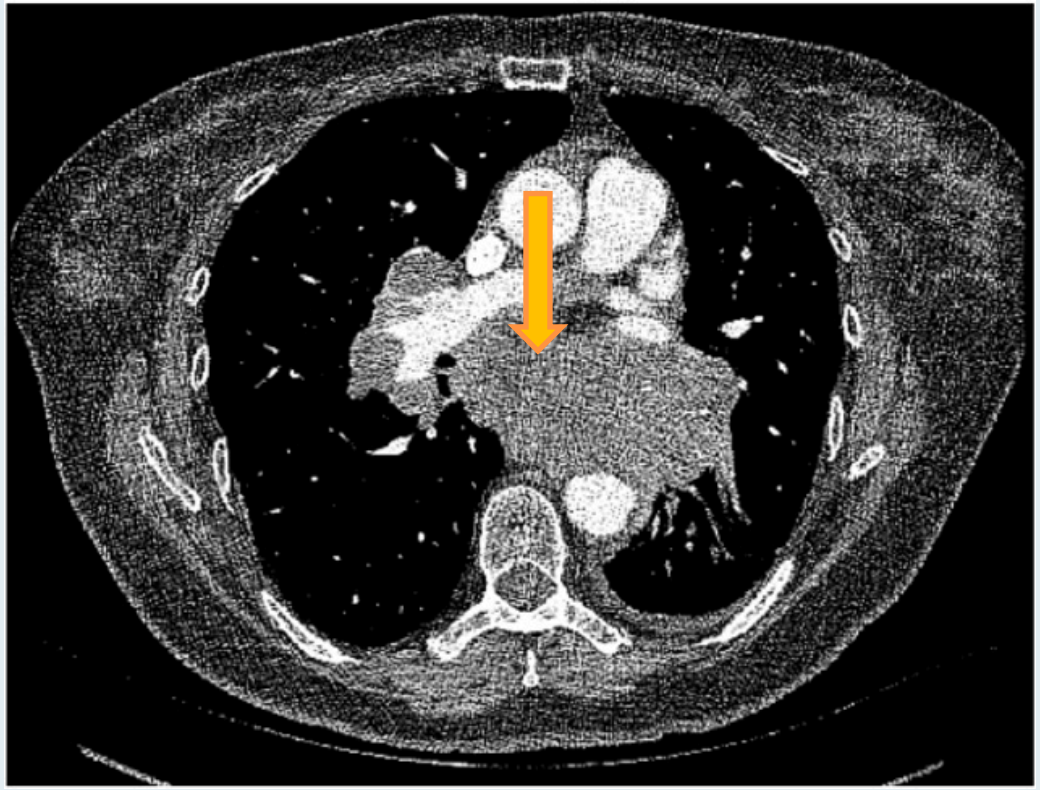
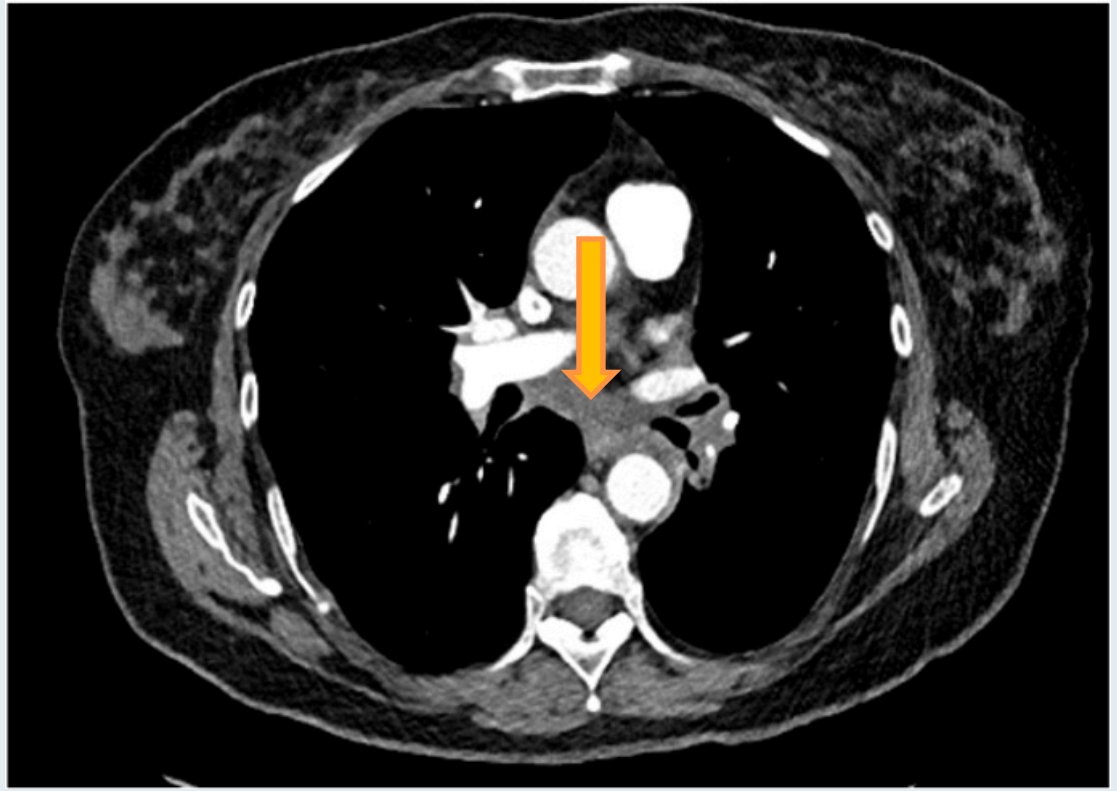
Case Presentation – Dr Bauml: A 66-year-old woman with metastatic SCLC – CT scans

After carboplatin / etoposide / atezolizumab





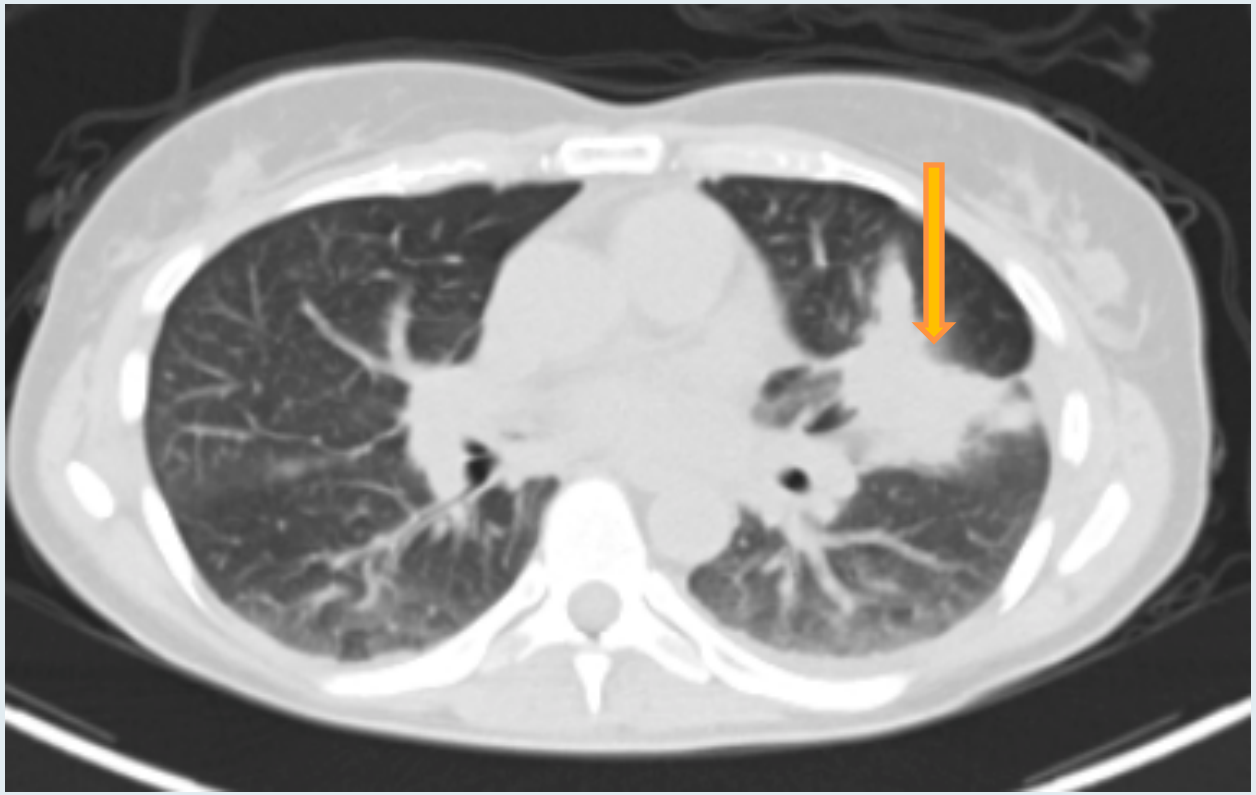
Case Presentation – Dr Bauml: A 53-year-old woman with metastatic adenocarcinoma of the lung – EGFR exon 19 deletion

Dr Joshua Bauml

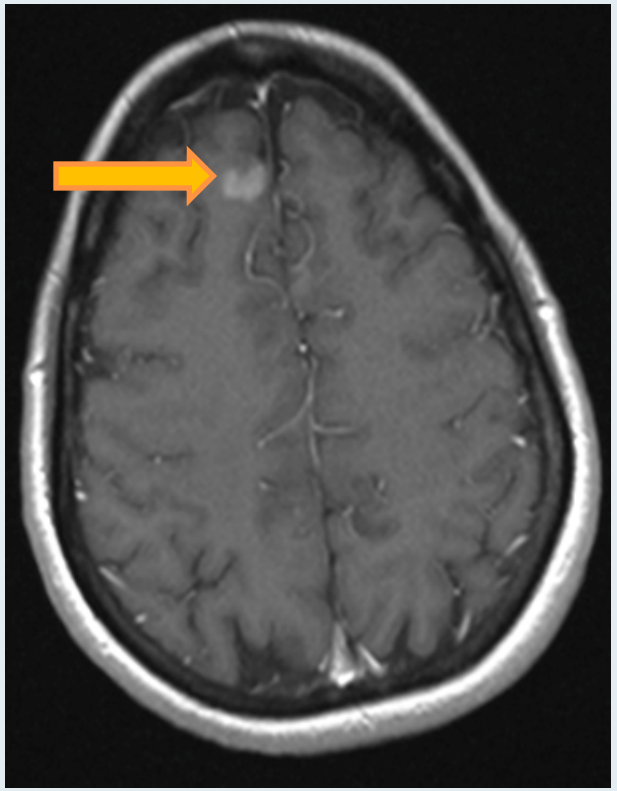
- Presents with back pain, worsening cough after MVA
- Imaging: Bilateral lung masses
- Biopsy: Adenocarcinoma of the lung, EGFR exon 19 deletion, PD-L1-negative
- Brain MRI: 2 separate brain metastases
- Osimertinib 80 mg daily
  - Radiation oncologist recommends SRS

Case Presentation – Dr Bauml: A 53-year-old woman with metastatic adenocarcinoma of the lung – EGFR exon 19 deletion

Bilateral Lung Masses



Brain Metastases



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- Imaging: Bilateral lung masses
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- Brain MRI: 2 separate brain metastases
- Osimertinib 80 mg daily
  - Radiation oncologist recommends SRS but patient refuses
  - ***Excellent response to osimertinib in the lung and brain***
  - ***Nine months later: Rapidly progressing bilateral pleural effusions***
- ***MET FISH: MET amplified x 7***
- ***Capmatinib / osimertinib, with remarkable response***

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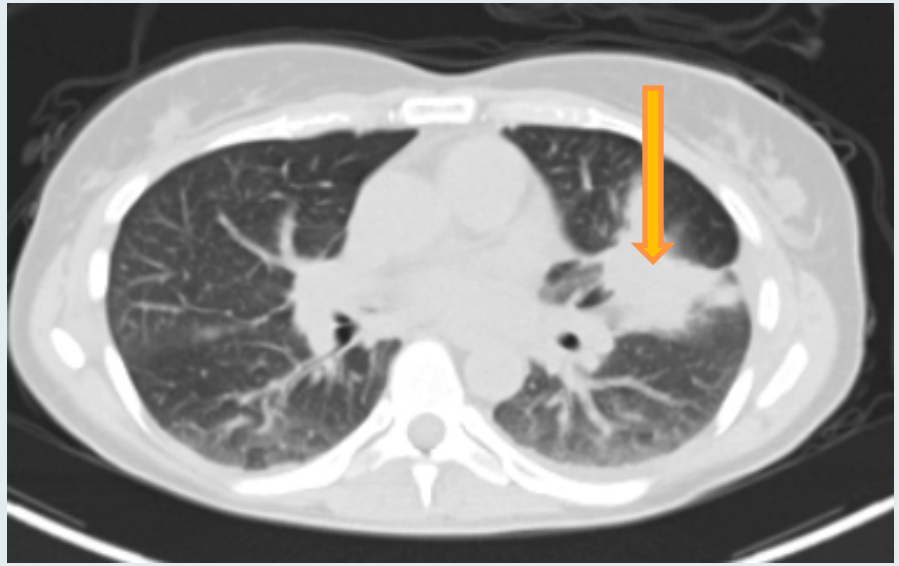
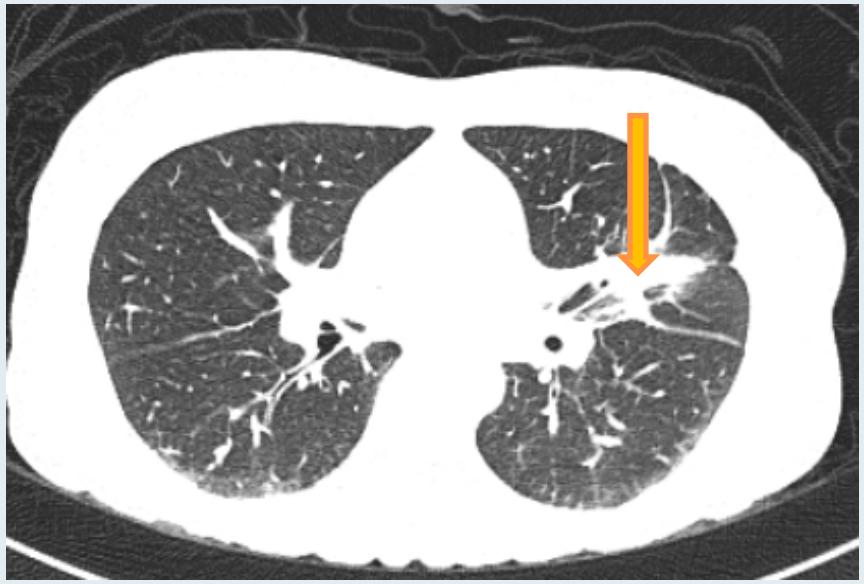
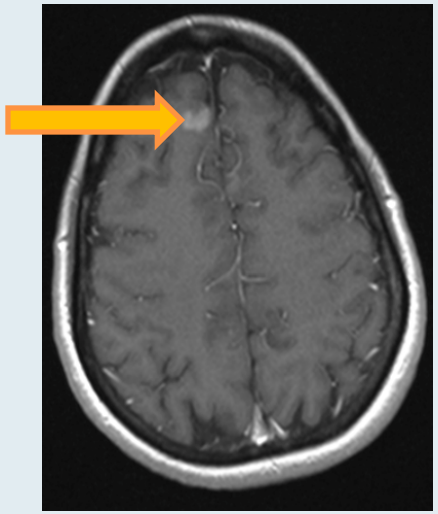
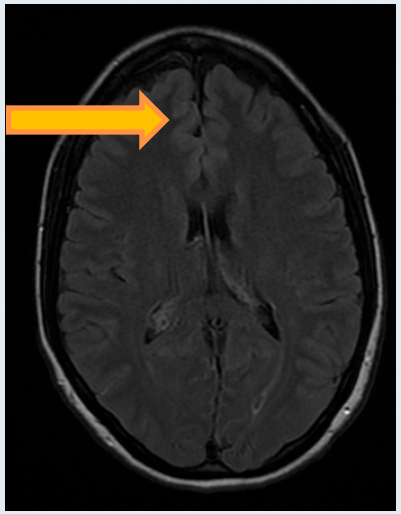
Case Presentation – Dr Bauml: A 53-year-old woman with metastatic adenocarcinoma of the lung – EGFR exon 19 deletion, osimertinib 80 mg daily, no brain RT









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  - Excellent response to osimertinib in the lung and brain
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- ***Capmatinib / osimertinib, with remarkable response***

Questions

- In patients with NSCLC and an EGFR tumor mutation, does the size of the brain metastases influence how you proceed with treatment?
- If a patient presents with leptomeningeal disease at diagnosis, what dose of osimertinib do you tend to utilize – 80 mg/day or 160 mg/day?
- In patients progressing on first-line osimertinib, what is your approach to assessment of molecular mechanisms of resistance? Tissue biopsy? Liquid biopsy? Both?
- If no mechanisms of resistance are identified, what is your approach – Osimertinib/chemo? Chemo/IO? IO alone?

Questions and Comments: MET alterations and amplification in NSCLC

Dr Joshua Bauml

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Meet The Professor with Dr Langer

Module 1: Cases from Dr Bauml

Module 2: Lung Cancer Journal Club with Dr Langer

- Pembrolizumab with chemotherapy versus chemotherapy alone for metastatic NSCLC (mNSCLC)
- Baseline plasma TMB as a marker to predict response to pembrolizumab-based therapy in mNSCLC
- Concurrent chemoradiation therapy and pembrolizumab for locally advanced NSCLC
- Pembrolizumab for the treatment of malignant pleural mesothelioma
- Managing locally advanced NSCLC in older patients
- Treatment for patients with NSCLC harboring rare oncogenic mutations
- Concurrent chemoradiation therapy and the HIV inhibitor nelfinavir for Stage IIIA/IIIB NSCLC
- Varenicline for tobacco use among patients with cancer
- Management of lung cancer during the COVID-19 pandemic
- Gene signatures predictive of response to immune checkpoint blockade in NSCLC

Module 3: Beyond the Guidelines – Clinical Investigator Approaches to Common Clinical Scenarios

Module 4: Key Papers and Recent Approvals

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Original Article

Pembrolizumab Plus Chemotherapy Versus Chemotherapy Alone in Patients With Advanced Non–Small Cell Lung Cancer Without Tumor PD-L1 Expression: A Pooled Analysis of 3 Randomized Controlled Trials

Hossein Borghaei, DO [1]; Corey J. Langer, MD[2]; Luis Paz-Ares, MD[3]; Delvys Rodríguez-Abreu, MD[4]; Balazs Halmos, MD[5]; Marina C. Garassino, MD[6]; Baerin Houghton, MD[7]; Takayasu Kurata, MD[8]; Ying Cheng, MD[9]; Jianxin Lin, MS[10]; M. Catherine Pietanza, MD[10]; Bilal Piperdi, MD[10]; and Shirish M. Gadgeel, MD[11]

Cancer 2020;126(22):4867-77.

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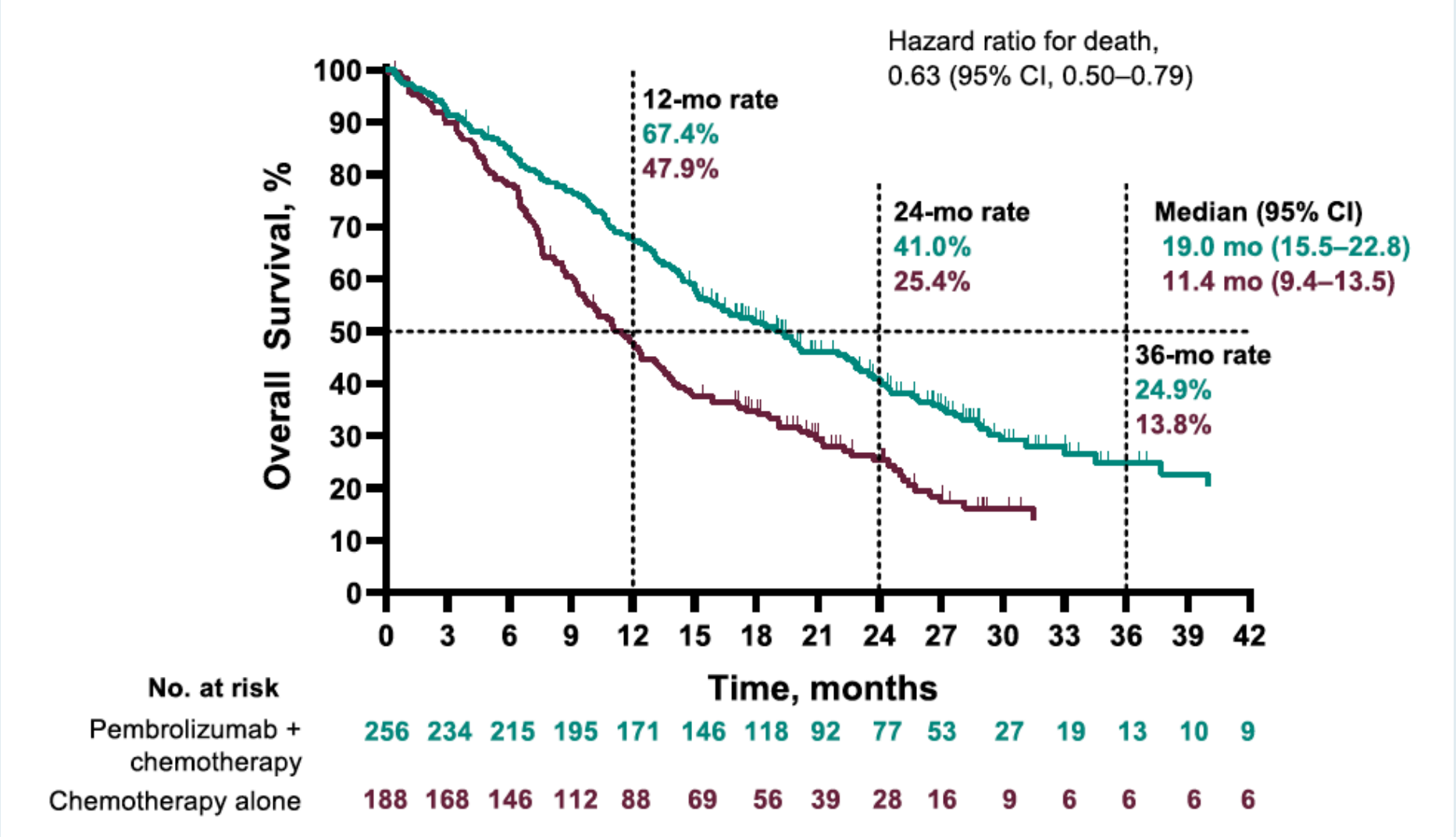
OS for Patients with No PD-L1 Expression (TPS <1%)



Borghaei B et al. *Cancer* 2020;126(22):4867-77.

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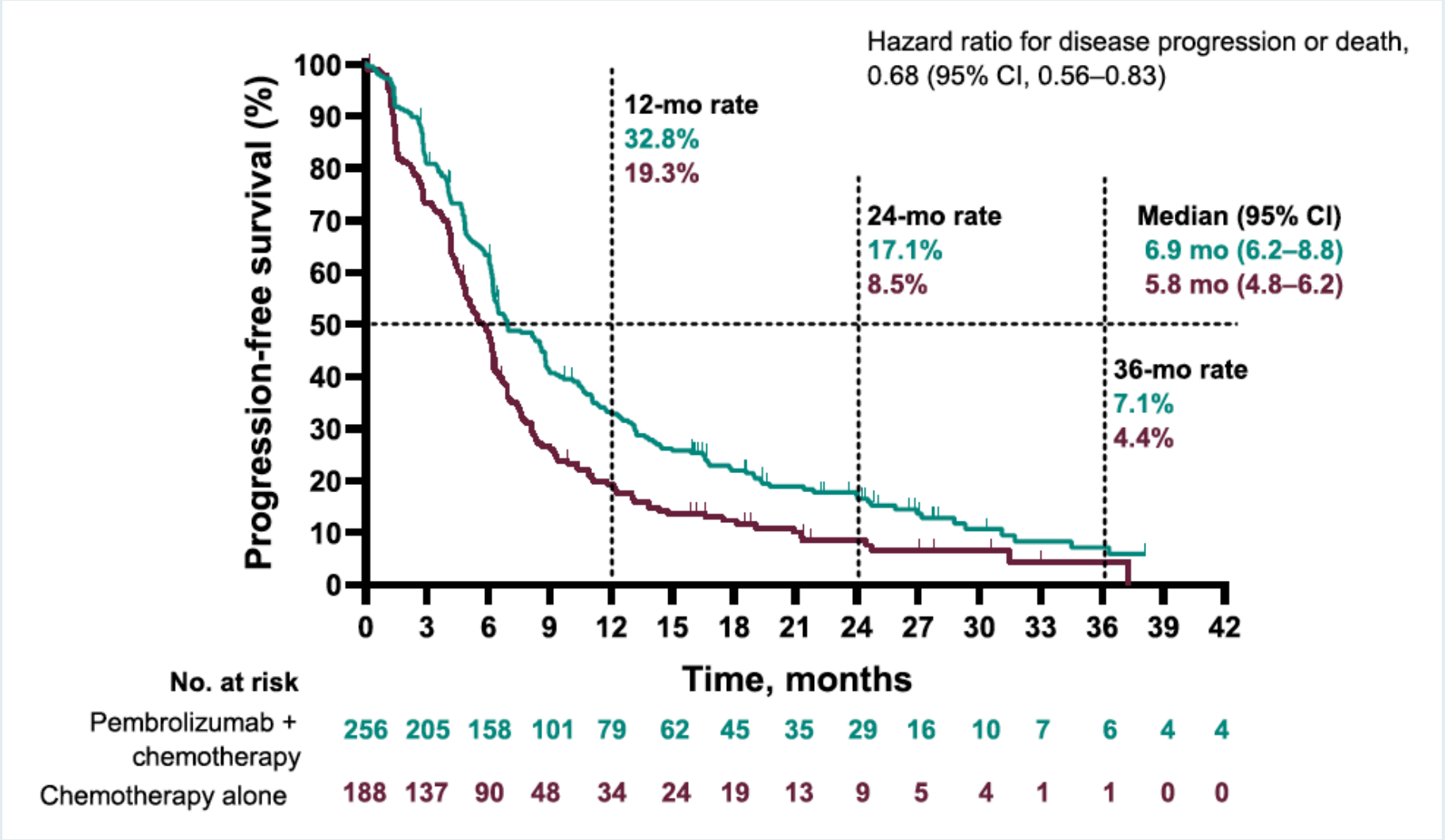
PFS for Patients with No PD-L1 Expression (TPS <1%)



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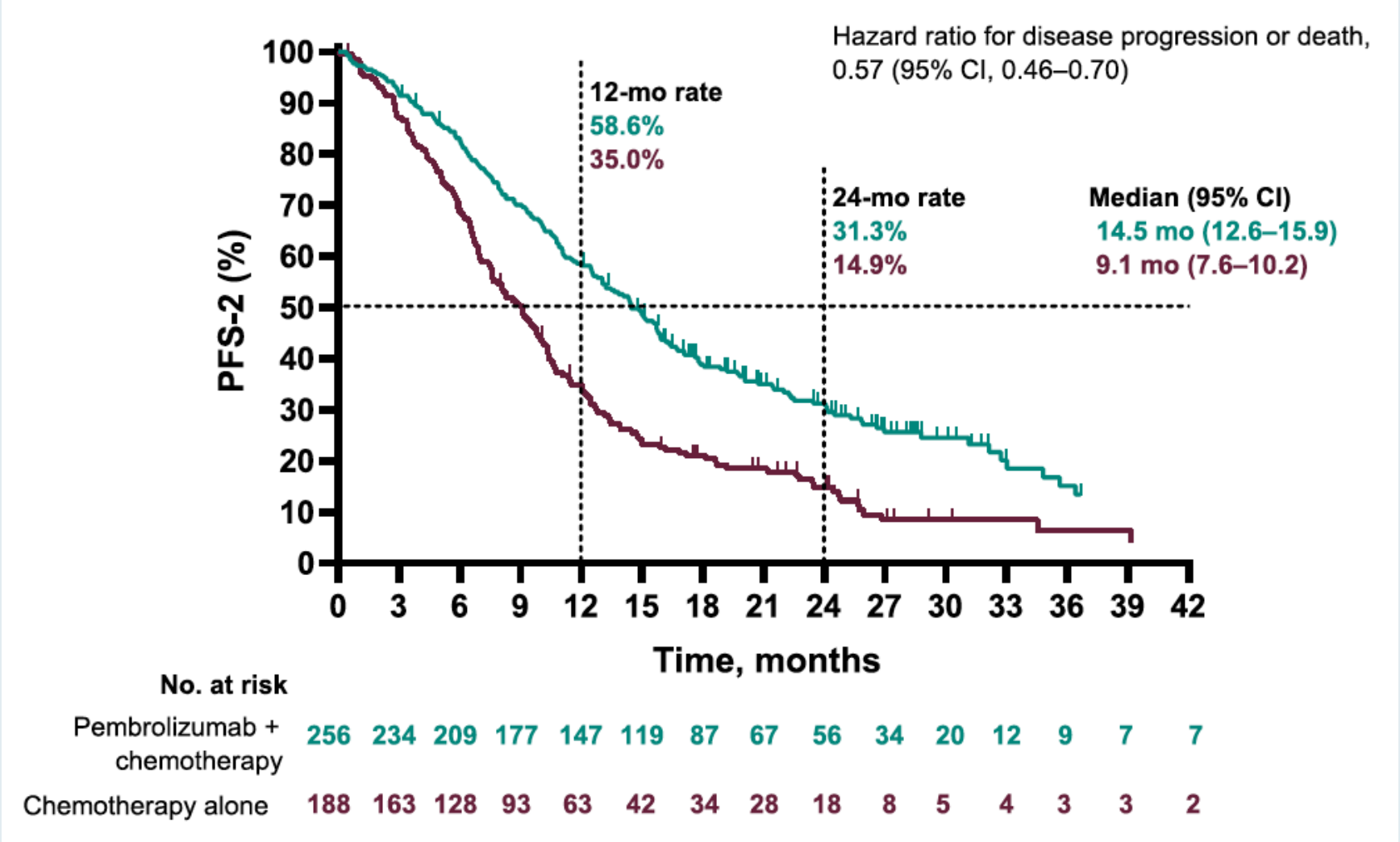
PFS-2 for Patients with No PD-L1 Expression (TPS <1%)



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BRIEF REPORT

Long-Term Overall Survival From KEYNOTE-021 Cohort G: Pemetrexed and Carboplatin With or Without Pembrolizumab as First-Line Therapy for Advanced Nonsquamous NSCLC

Mark M. Awad, MD, PhD,[a,*] Shirish M. Gadgeel, MD,[b] Hossein Borghaei, DO, MS,[c] Amita Patnaik, MD,[d] James Chih-Hsin Yang, MD, PhD,[e] Steven F. Powell, MD,[f] Ryan D. Gentzler, MD,[g] Renato G. Martins, MD, MPH,[h] James P. Stevenson, MD,[i] Mehmet Altan, MD,[j] Shadia I. Jalal, MD,[k] Amit Panwalkar, MD,[l] Matthew Gubens, MD, MS,[m] Lecia V. Sequist, MD,[n] Sanatan Saraf, PhD,[o] Bin Zhao, MD, PhD,[o] Bilal Piperdi, MD,[o] Corey J. Langer, MD[p]

J Thorac Oncol 2020;[Online ahead of print].

CLINICAL CANCER RESEARCH | PRECISION MEDICINE AND IMAGING

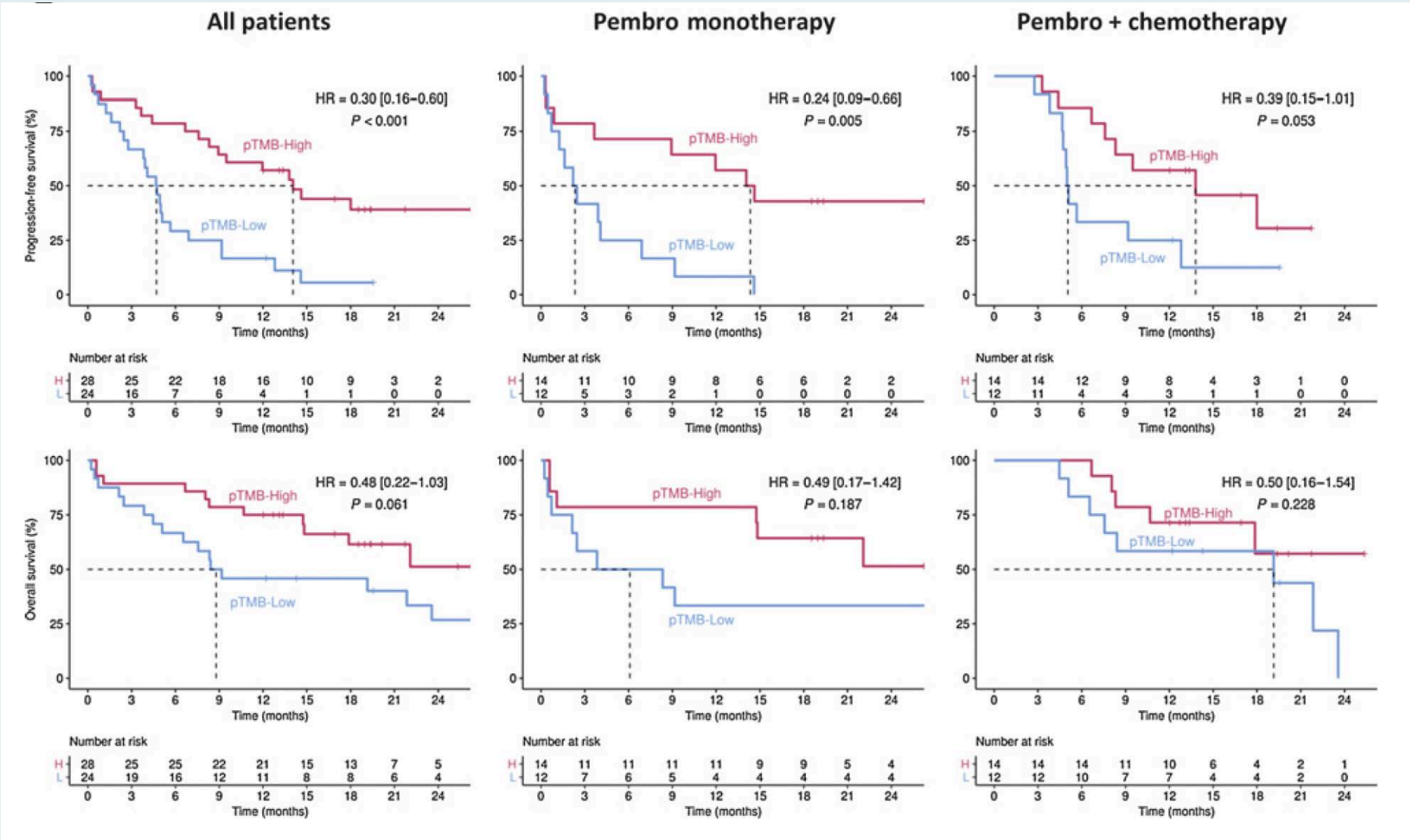
Baseline Plasma Tumor Mutation Burden Predicts Response to Pembrolizumab-based Therapy in Patients with Metastatic Non–Small Cell Lung Cancer

Charu Aggarwal[1], Jeffrey C. Thompson[2], Austin L. Chien[1], Katie J. Quinn[3], Wei-Ting Hwang[4], Taylor A. Black[1], Stephanie S. Yee[1], Theresa E. Christensen[1], Michael J. LaRiviere[5], Benjamin A. Silva[1], Kimberly C. Banks[3], Rebecca J. Nagy[3], Elena Helman[3], Abigail T. Berman[5], Christine A. Ciunci[1], Aditi P. Singh[1], Jeffrey S. Wasser[6], Joshua M. Bauml[1], Corey J. Langer[1], Roger B. Cohen[1], and Erica L. Carpenter[1]

Cancer Res 2020;26(10):2354-61.

Survival Curves Using Cutoff of 16 Mut/Mb in Evaluable Patients

N = 52 evaluable patients (26 pembrolizumab monotherapy and 26 platinum pemetrexed-based therapy)



Aggarwal C et al. *Cancer Res* 2020;26(10):2354-61.

RTP RESEARCH TO PRACTICE

Research

JAMA Oncology | Original Investigation

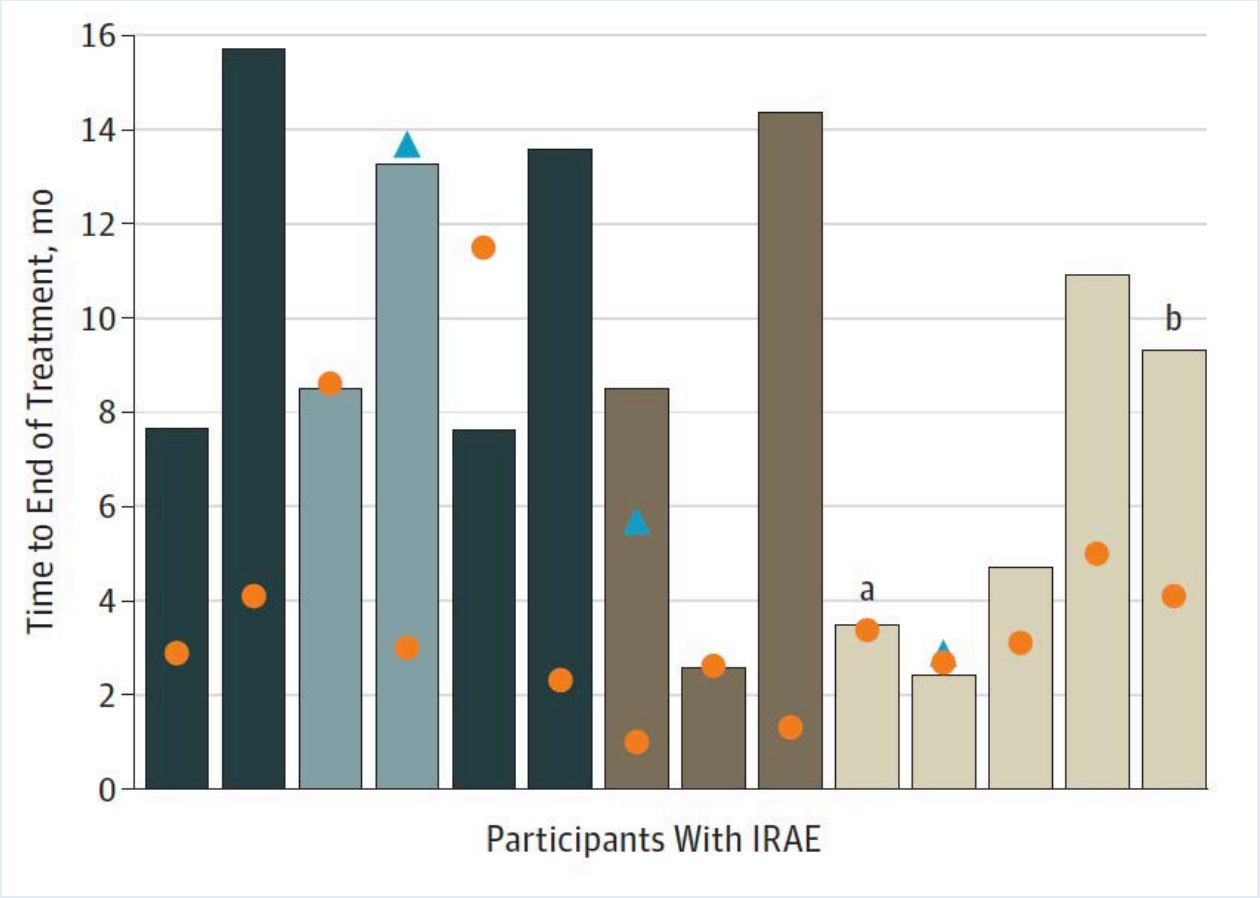
Phase 1 Trial of Pembrolizumab Administered Concurrently Wth Chemoradiotherapy for Locally Advanced Non–Small Cell Lung Cancer
A Nonrandomized Controlled Trial

Salma K. Jabbour, MD; Abigail T. Berman, MD, MSCE; Roy H. Decker, MD, PhD; Yong Lin, PhD; Steven J. Feigenberg, MD; Scott N. Gettinger, MD; Charu Aggarwal, MD, MPH; Corey J. Langer, MD; Charles B. Simone II, MD; Jeffrey D. Bradley, MD; Joseph Aisner, MD; Jyoti Malhotra, MD, MPH

JAMA Oncol 2020;6(6):848-55.

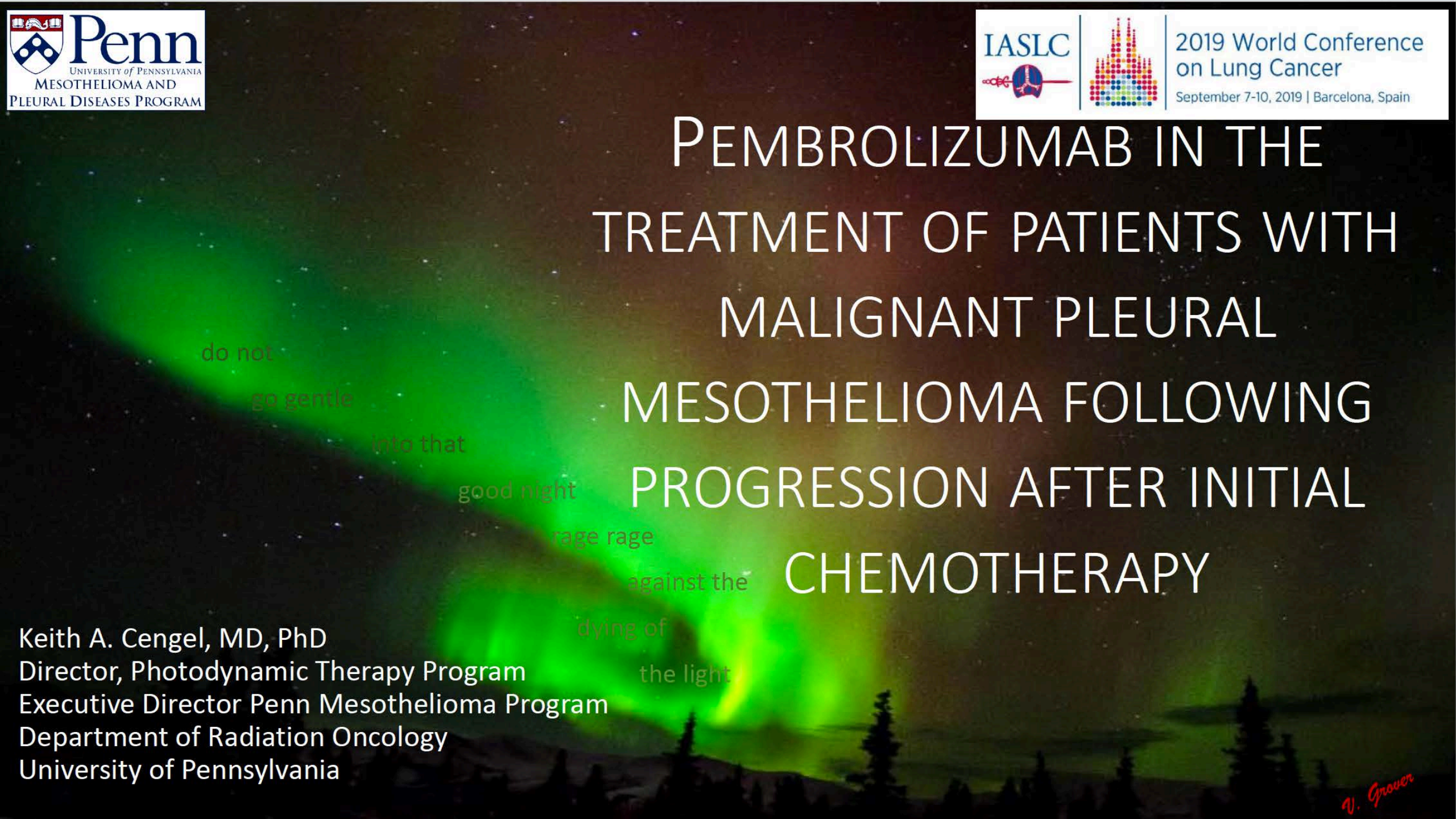
Time to Immune-Related Adverse Events

N = 14 patients who developed IRAEs of at least Grade 2



Jabbour SK et al. *JAMA Oncol* 2020;6(6):848-55.

RTP RESEARCH TO PRACTICE



Penn
University of Pennsylvania
Mesothelioma and Pleural Diseases Program

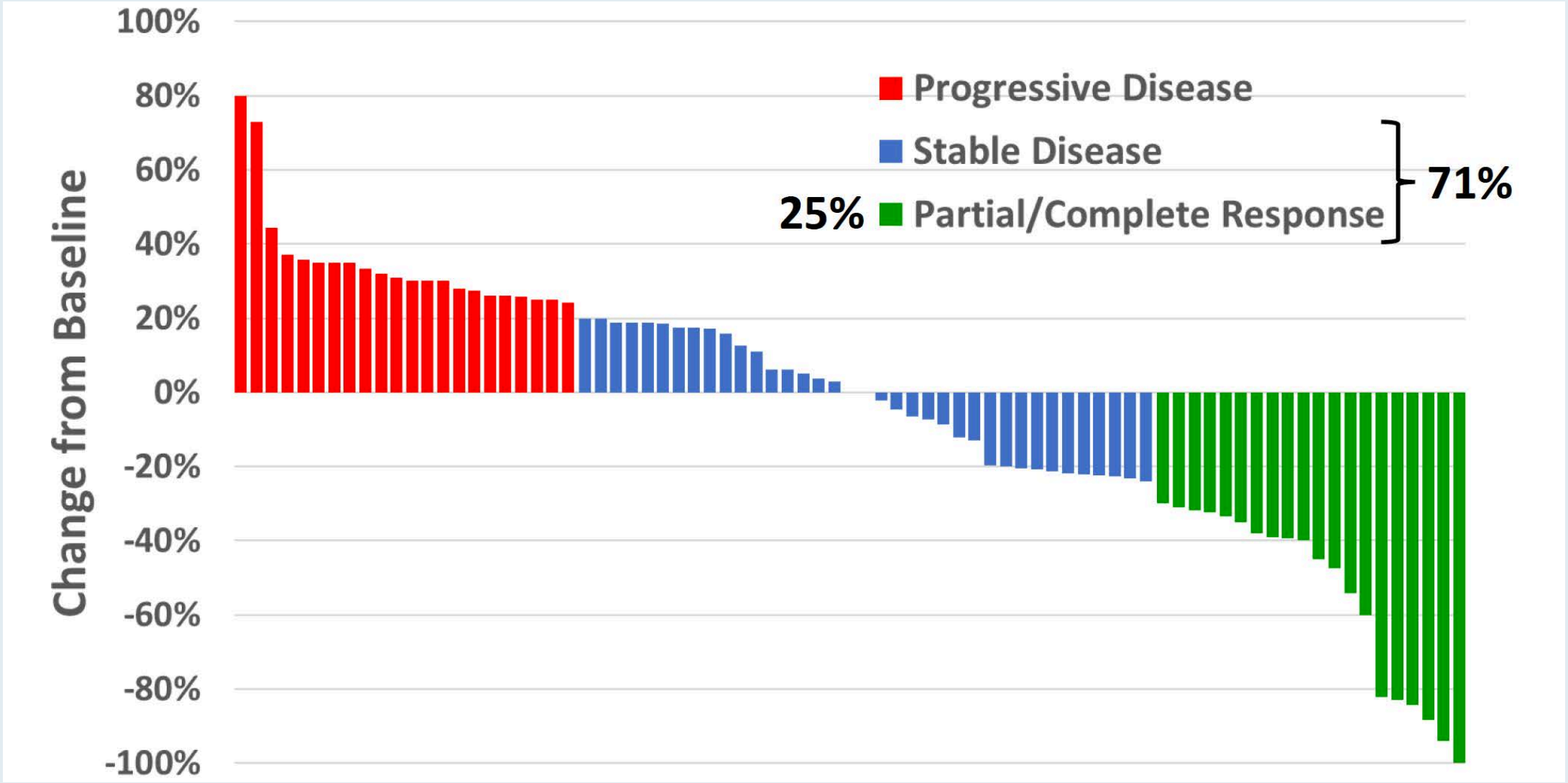
IASLC
2019 World Conference on Lung Cancer
September 7-10, 2019 | Barcelona, Spain

Pembrolizumab in the Treatment of Patients with Malignant Pleural Mesothelioma Following Progression After Initial Chemotherapy

Keith A. Cengel, MD, PhD
Director, Photodynamic Therapy Program
Executive Director Penn Mesothelioma Program
Department of Radiation Oncology
University of Pennsylvania

V. Grover

Overall Response to Pembrolizumab



Cengel K et al. IASLC 2019;Abstract MA05.10.

RTP RESEARCH TO PRACTICE

Impact of Prior Radiation Pneumonitis on Incidence of Immunotherapy Related Pneumonitis

Kier M et al.

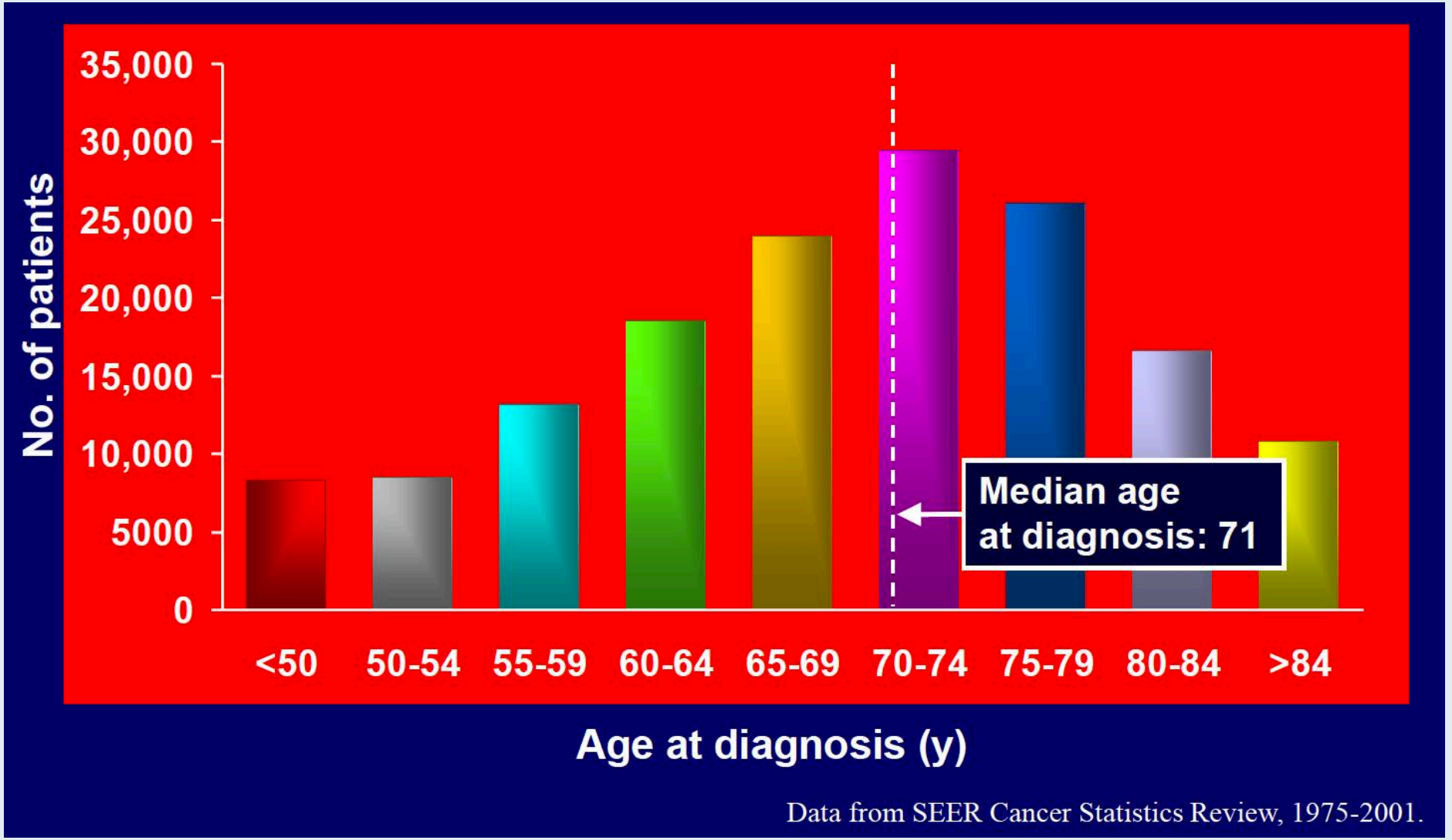
IASLC 2019;Abstract P1.01-63.

Managing Locally Advanced NSCLC in the Elderly in 2019

Langer CJ et al.

IASLC 2019;Abstract IBS03.01.

Incidence of NSCLC in the US by Age at Diagnosis



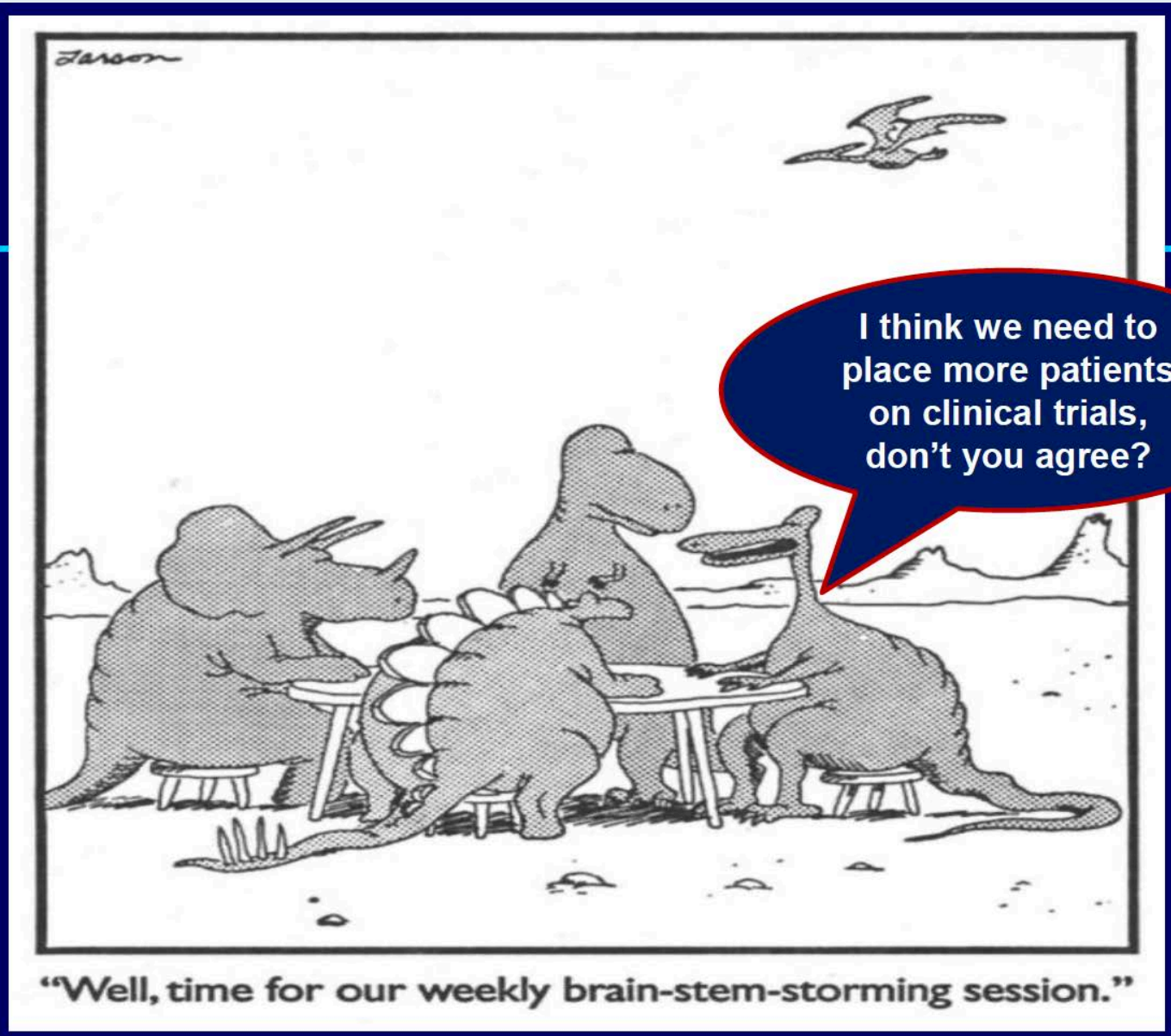
Langer C et al. IASLC 2019;Abstract IBS03.01.

Elderly Challenges

- Definition: ≥65 vs 70 vs 75 years
- Decreased drug clearance
- Decreased marrow reserve
- Higher degree of co-morbidities
- Immunologic vulnerabilities and immune scenescence

Langer C et al. IASLC 2019;Abstract IBS03.01.


You are never too old to sign up for this protocol !
Doc, Give me the pen....



Corey Langer preaching to the choir at the weekly Friday thoracic tumor board

RTP RESEARCH TO PRACTICE

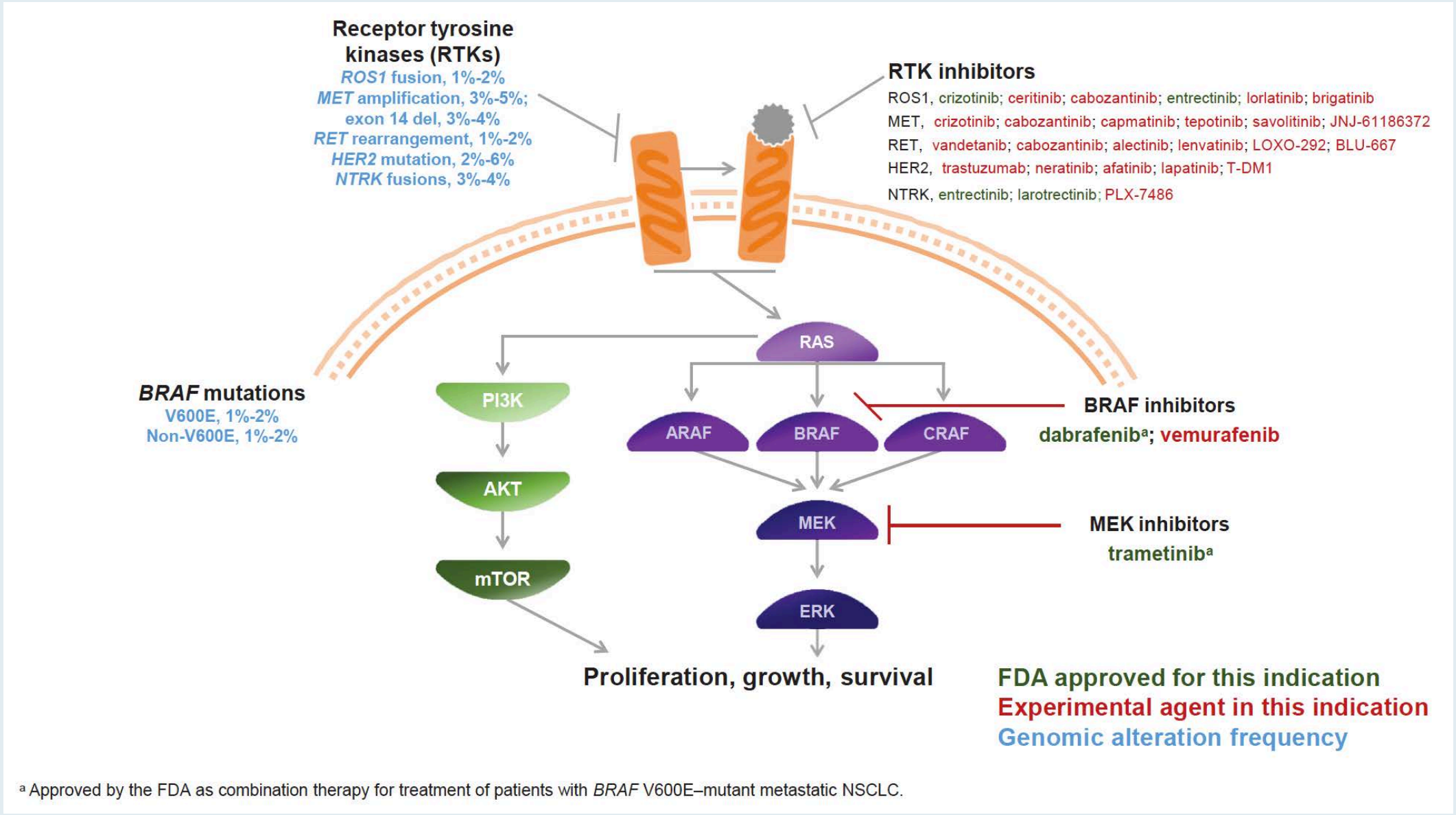
Review

Treatment of Patients With Non–Small-Cell Lung Cancer Harboring Rare Oncogenic Mutations

Melina E. Marmarelis, Corey J. Langer

Clin Lung Cancer 2020;21(5):395-406.

Targeting Rare Oncogenic Alterations in Non-Small Cell Lung Cancer



[a] Approved by the FDA as combination therapy for treatment of patients with *BRAF* V600E–mutant metastatic NSCLC.

Marmarelis ME, Langer CJ. *Clin Lung Cancer* 2020;21(5):395-406.

RTP RESEARCH TO PRACTICE

Research

JAMA Oncology | Original Investigation

Clinical Outcomes of the HIV Protease Inhibitor Nelfinavir With Concurrent Chemoradiotherapy for Unresectable Stage IIIA/IIIB Non–Small Cell Lung Cancer

A Phase 1/2 Trial

Ramesh Rengan, MD, PhD; Rosemarie Mick, MS; Daniel A. Pryma, MD; Lilie Leming Lin, MD; John Christodouleas, MD; John P. Plastaras, MD, PhD; Charles B. Simone II, MD; Anjali K. Gupta, MD; Tracey L. Evans, MD; James P. Stevenson, MD; Corey J. Langer, MD; John Kucharczuk, MD; Joseph Friedberg, MD; Sarah Lam, BS; Dana Patsch, BS; Stephen M. Hahn, MD; Amit Maity, MD, PhD

JAMA Oncol 2019;5(10):1464-72.

Psychooncology. 2019;28(3):561-9. doi:10.1002/pon.4978.

A Randomized Controlled Trial of 24-Weeks of Varenicline for Tobacco Use among Cancer Patients: Efficacy, Safety, and Adherence

Robert Schnoll[a,1], Frank Leone[b], Anna Veluz-Wilkins[c], Andrew Miele[a], Anita Hole[a], Nancy C. Jao[c], E. Paul Wileyto[d], Allison J. Carroll[c], Ravi Kalhan[c,e], Jyoti Patel[f], Corey Langer[g], Su Fen Lubitz[a], Brian Hitsman[c]

care delivery reviews

Management of Lung Cancer During the COVID-19 Pandemic

Aditi P. Singh, MD[1,2]; Abigail T. Berman, MD[2,3]; Melina E. Marmarelis, MD[1,2]; Andrew R. Haas, MD, PhD[4]; Steven J. Feigenberg, MD[2,3]; Jennifer Braun, RN, BSN, MHA[2]; Christine A. Ciunci, MD[1,2]; Joshua M. Bauml, MD[1,2]; Roger B. Cohen, MD[1,2]; John C. Kucharczuk, MD[5]; Lawrence N. Shulman, MD[1,2]; Corey J. Langer, MD[1,2]; and Charu Aggarwal, MD, MPH[1,2]

JCO Oncol Pract 2020;16(9):579-86.

Open access Original research

Journal for ImmunoTherapy of Cancer

Gene signature of antigen processing and presentation machinery predicts response to checkpoint blockade in non-small cell lung cancer (NSCLC) and melanoma

Jeffrey C Thompson ,[1] Christiana Davis,[2] Charuhas Deshpande,[3] Wei-Ting Hwang,[4] Seth Jeffries,[2] Alexander Huang,[2] Tara C Mitchell,[2] Corey J Langer,[2] Steven M Albelda[1]

J Immunother Cancer 2020;8(2):e000974.

Lung Cancer 139 (2020) 1–8

Contents lists available at ScienceDirect

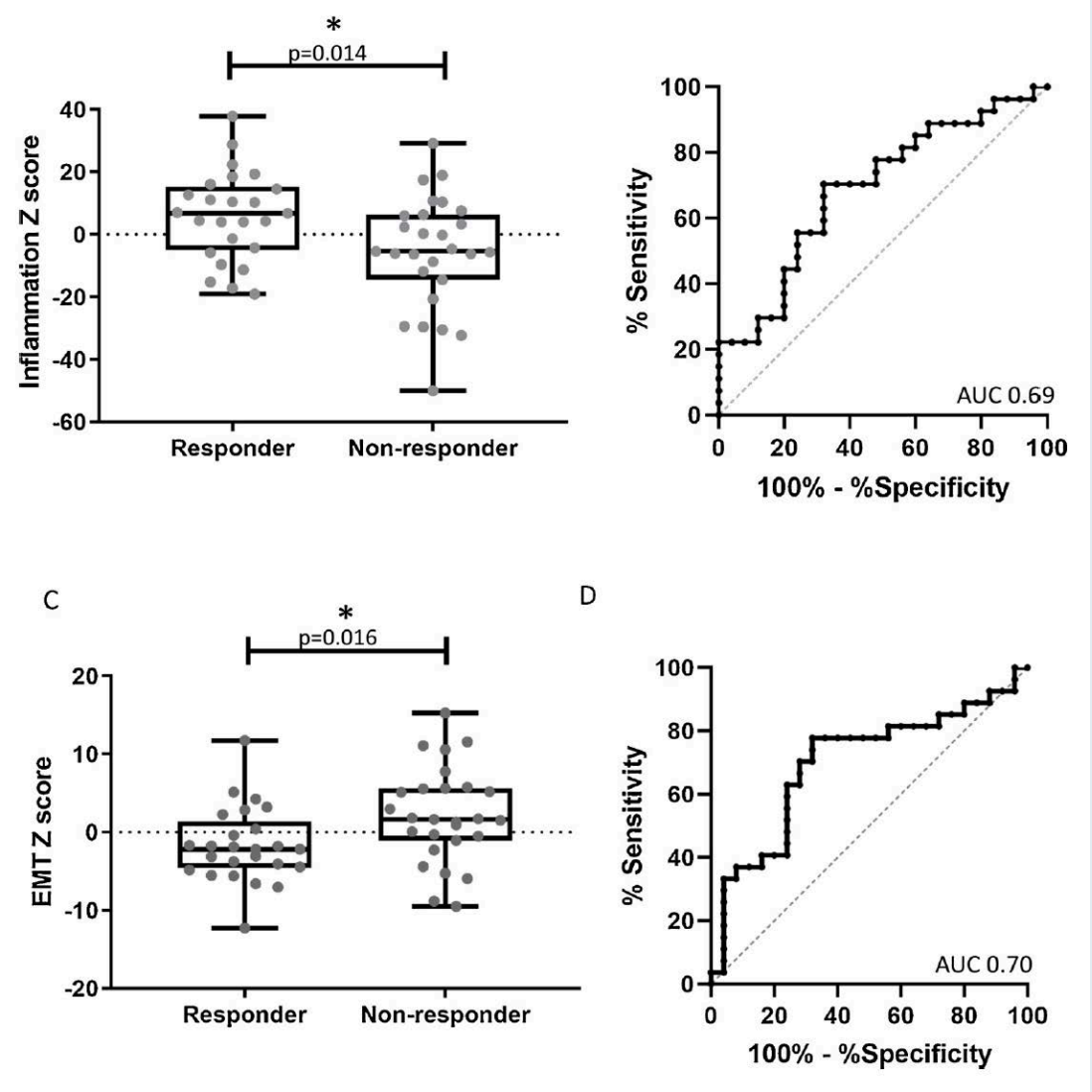
Lung Cancer

journal homepage: www.elsevier.com/locate/lungcan

Gene signatures of tumor inflammation and epithelial-to-mesenchymal transition (EMT) predict responses to immune checkpoint blockade in lung cancer with high accuracy

Jeffrey C. Thompson[a,*], Wei-Ting Hwang[b,e], Christiana Davis[c], Charuhas Deshpande[d,e], Seth Jeffries[c], Yashoda Rajpurohit[f], Vinod Krishna[f], Denis Smirnov[f], Raluca Verona[f], Matthew V. Lorenzi[f], Corey J. Langer[c,e], Steven M. Albelda[a,e]

Analysis of the Inflammatory and EMT Signatures and Response to Checkpoint Blockade



Thompson JC et al. *Lung Cancer* 2020;139:1-8.

RTP RESEARCH TO PRACTICE

Meet The Professor with Dr Langer

Module 1: Cases from Dr Bauml

Module 2: Lung Cancer Journal Club with Dr Langer

- Pembrolizumab with chemotherapy versus chemotherapy alone for metastatic NSCLC (mNSCLC)
- Baseline plasma TMB as a marker to predict response to pembrolizumab-based therapy in mNSCLC
- Concurrent chemoradiation therapy and pembrolizumab for locally advanced NSCLC
- Pembrolizumab for the treatment of malignant pleural mesothelioma
- Managing locally advanced NSCLC in older patients
- Treatment for patients with NSCLC harboring rare oncogenic mutations
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- Varenicline for tobacco use among patients with cancer
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- Gene signatures predictive of response to immune checkpoint blockade in NSCLC

Module 3: Beyond the Guidelines – Clinical Investigator Approaches to Common Clinical Scenarios

Module 4: Key Papers and Recent Approvals

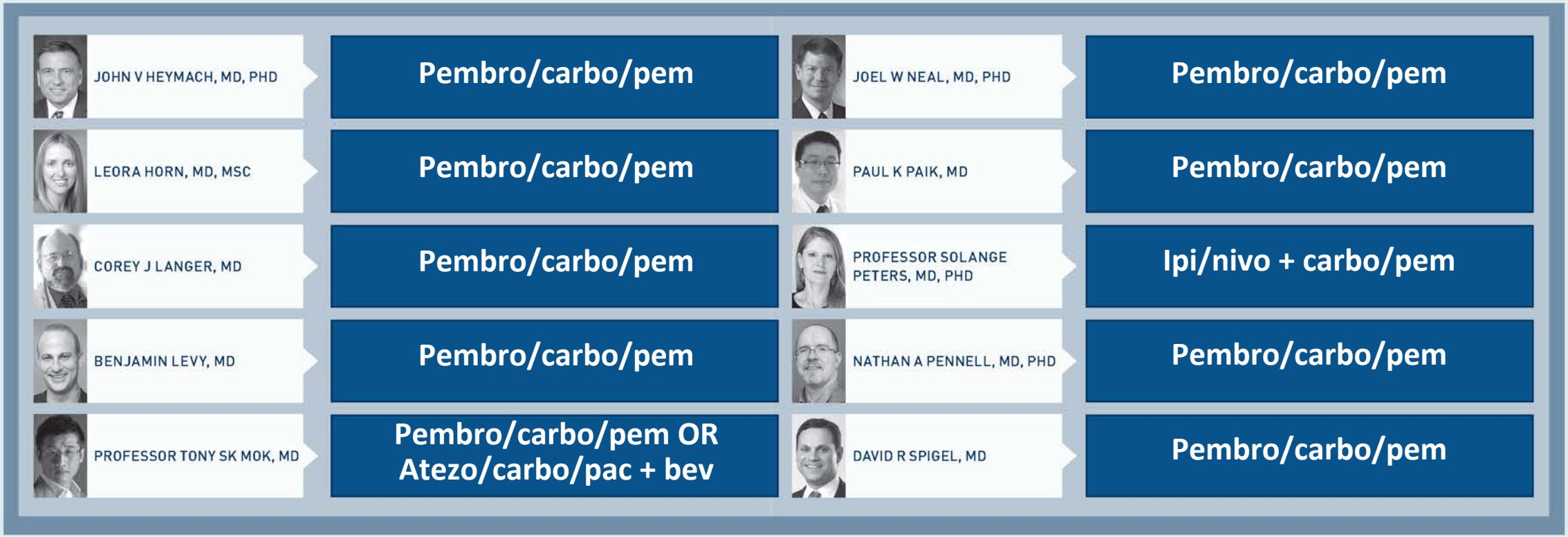
RTP
RESEARCH
TO PRACTICE

Regulatory and reimbursement issues aside, which adjuvant systemic therapy would you generally recommend for a patient with Stage IIB nonsquamous NSCLC and an EGFR exon 19 deletion?

1. Chemotherapy
2. Osimertinib
3. Chemotherapy followed by osimertinib
4. Other

RTP
RESEARCH
TO PRACTICE

Which first-line treatment regimen would you recommend for an 65-year-old patient with metastatic nonsquamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 10%?



Pembro = pembrolizumab; carbo = carboplatin; pem = pemetrexed; ipi = ipilimumab; nivo = nivolumab; atezo = atezolizumab; pac = paclitaxel; bev = bevacizumab

RTP RESEARCH TO PRACTICE

Which first-line treatment regimen would you recommend for an 80-year-old patient with metastatic nonsquamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 10%?

 JOHN V HEYMACH, MD, PHD	Pembro	 JOEL W NEAL, MD, PHD	Pembro
 LEORA HORN, MD, MSC	Pembro or Hospice	 PAUL K PAIK, MD	Pembro/carbo/pem
 COREY J LANGER, MD	Pembro	 PROFESSOR SOLANGE PETERS, MD, PHD	Pembro/carbo/pem
 BENJAMIN LEVY, MD	Pembro	 NATHAN A PENNELL, MD, PHD	Pembro/carbo/pem*
 PROFESSOR TONY SK MOK, MD	Pembro	 DAVID R SPIGEL, MD	Pembro/carbo/pem

* Likely dose-reduced chemotherapy

RTP RESEARCH TO PRACTICE

Which first-line treatment regimen would you recommend for a 65-year-old patient with metastatic nonsquamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 60%?

 JOHN V HEYMACH, MD, PHD	Pembro	 JOEL W NEAL, MD, PHD	Pembro +/- carbo/pem
 LEORA HORN, MD, MSC	Pembro	 PAUL K PAIK, MD	Pembro
 COREY J LANGER, MD	Pembro*	 PROFESSOR SOLANGE PETERS, MD, PHD	Pembro
 BENJAMIN LEVY, MD	Pembro	 NATHAN A PENNELL, MD, PHD	Pembro
 PROFESSOR TONY SK MOK, MD	Pembro	 DAVID R SPIGEL, MD	Pembro

* If very symptomatic, pembro/carbo/pem

RTP RESEARCH TO PRACTICE

Which first-line treatment regimen would you recommend for an 80-year-old patient with metastatic nonsquamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 60%?

 JOHN V HEYMACH, MD, PHD	Pembro	 JOEL W NEAL, MD, PHD	Pembro
 LEORA HORN, MD, MSC	Pembro	 PAUL K PAIK, MD	Pembro
 COREY J LANGER, MD	Pembro	 PROFESSOR SOLANGE PETERS, MD, PHD	Pembro
 BENJAMIN LEVY, MD	Pembro	 NATHAN A PENNELL, MD, PHD	Pembro
 PROFESSOR TONY SK MOK, MD	Pembro	 DAVID R SPIGEL, MD	Pembro

RTP RESEARCH TO PRACTICE

Which first-line treatment regimen would you recommend for a 65-year-old patient with metastatic squamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 10%?

 JOHN V HEYMACH, MD, PHD	Pembro/carbo/*nab*-P	 JOEL W NEAL, MD, PHD	Pembro/carbo/ *nab*-P or pac
 LEORA HORN, MD, MSC	Pembro/carbo/*nab*-P	 PAUL K PAIK, MD	Pembro/carbo/pac
 COREY J LANGER, MD	Pembro/carbo/*nab*-P	 PROFESSOR SOLANGE PETERS, MD, PHD	Ipi/nivo + carbo/pac
 BENJAMIN LEVY, MD	Pembro/carbo/*nab*-P	 NATHAN A PENNELL, MD, PHD	Pembro/carbo/*nab*-P
 PROFESSOR TONY SK MOK, MD	Pembro/carbo/*nab*-P or Pembro/carbo/pac	 DAVID R SPIGEL, MD	Pembro/carbo/*nab*-P

Nab-P = nanoparticle albumin-bound paclitaxel

RTP RESEARCH TO PRACTICE

Which first-line treatment regimen would you recommend for an 80-year-old patient with metastatic squamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 10%?

 JOHN V HEYMACH, MD, PHD	Pembro	 JOEL W NEAL, MD, PHD	Pembro/carbo/*nab*-P
 LEORA HORN, MD, MSC	Pembro/carbo/*nab*-P	 PAUL K PAIK, MD	Pembro/carbo/pac
 COREY J LANGER, MD	Pembro/carbo/*nab*-P	 PROFESSOR SOLANGE PETERS, MD, PHD	Pembro/carbo/pac
 BENJAMIN LEVY, MD	Pembro/carbo/pac	 NATHAN A PENNELL, MD, PHD	Pembro/carbo/pac
 PROFESSOR TONY SK MOK, MD	Pembro	 DAVID R SPIGEL, MD	Pembro/carbo/*nab*-P

RTP RESEARCH TO PRACTICE

Which first-line treatment regimen would you recommend for a 65-year-old patient with metastatic squamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 60%?

 JOHN V HEYMACH, MD, PHD	Pembro	 JOEL W NEAL, MD, PHD	Pembro +/- carbo/ *nab*-P or pac
 LEORA HORN, MD, MSC	Pembro	 PAUL K PAIK, MD	Pembro
 COREY J LANGER, MD	Pembro	 PROFESSOR SOLANGE PETERS, MD, PHD	Pembro
 BENJAMIN LEVY, MD	Pembro	 NATHAN A PENNELL, MD, PHD	Pembro
 PROFESSOR TONY SK MOK, MD	Pembro or Atezo	 DAVID R SPIGEL, MD	Pembro

RTP RESEARCH TO PRACTICE

Which first-line treatment regimen would you recommend for an 80-year-old patient with metastatic squamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 60%?

 JOHN V HEYMACH, MD, PHD	Pembro	 JOEL W NEAL, MD, PHD	Pembro +/- carbo/ *nab*-P
 LEORA HORN, MD, MSC	Pembro	 PAUL K PAIK, MD	Pembro
 COREY J LANGER, MD	Pembro	 PROFESSOR SOLANGE PETERS, MD, PHD	Pembro
 BENJAMIN LEVY, MD	Pembro	 NATHAN A PENNELL, MD, PHD	Pembro
 PROFESSOR TONY SK MOK, MD	Pembro or Atezo	 DAVID R SPIGEL, MD	Pembro

RTP RESEARCH TO PRACTICE

How long would you continue treatment for a patient with metastatic NSCLC who is receiving an anti-PD-1/PD-L1 antibody and at first evaluation is tolerating it well and has a complete clinical response?

 JOHN V HEYMACH, MD, PHD	2 years
 LEORA HORN, MD, MSC	2 years
 COREY J LANGER, MD	2 years (min)
 BENJAMIN LEVY, MD	Indefinitely or until PD/toxicity
 PROFESSOR TONY SK MOK, MD	2 years
 JOEL W NEAL, MD, PHD	2 years
 PAUL K PAIK, MD	Indefinitely or until PD/toxicity
 PROFESSOR SOLANGE PETERS, MD, PHD	2 years (discuss unknowns)
 NATHAN A PENNELL, MD, PHD	2 years
 DAVID R SPIGEL, MD	Likely 2 years but CR duration dependent

RTP RESEARCH TO PRACTICE

How long would you continue treatment for a patient with metastatic NSCLC who is receiving an anti-PD-1/PD-L1 antibody and at first evaluation is tolerating it well and has a partial clinical response?

 JOHN V HEYMACH, MD, PHD	Indefinitely or until PD/toxicity	 JOEL W NEAL, MD, PHD	2 years
 LEORA HORN, MD, MSC	2 years	 PAUL K PAIK, MD	Indefinitely or until PD/toxicity
 COREY J LANGER, MD	2 years (min)	 PROFESSOR SOLANGE PETERS, MD, PHD	Indefinitely or until PD/toxicity
 BENJAMIN LEVY, MD	Indefinitely or until PD/toxicity	 NATHAN A PENNELL, MD, PHD	2 years
 PROFESSOR TONY SK MOK, MD	2 years	 DAVID R SPIGEL, MD	Indefinitely or until PD/toxicity

RTP RESEARCH TO PRACTICE

What is your preferred second-line treatment for a patient with extensive-stage small cell cancer of the lung with metastases and disease progression on chemotherapy/atezolizumab?

1. Topotecan or irinotecan
2. Lurbinectedin
3. Nivolumab/ipilimumab
4. Pembrolizumab
5. Nivolumab
6. Other

Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage SCLC?

 JOHN V HEYMACH, MD, PHD	Carbo/etoposide + atezolizumab
 LEORA HORN, MD, MSC	Carbo/etoposide + atezolizumab
 COREY J LANGER, MD	Carbo/etoposide + atezolizumab or durvalumab
 BENJAMIN LEVY, MD	Carbo/etoposide + atezolizumab
 PROFESSOR TONY SK MOK, MD	Carbo/etoposide + atezolizumab
 JOEL W NEAL, MD, PHD	Carbo/etoposide + atezolizumab
 PAUL K PAIK, MD	Carbo/etoposide + atezolizumab
 PROFESSOR SOLANGE PETERS, MD, PHD	Carbo/etoposide + atezolizumab or durvalumab
 NATHAN A PENNELL, MD, PHD	Carbo/etoposide + atezolizumab
 DAVID R SPIGEL, MD	Carbo/etoposide + durvalumab

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for an 80-year-old patient with extensive-stage SCLC?

 JOHN V HEYMACH, MD, PHD	Carbo/etoposide + atezolizumab
 LEORA HORN, MD, MSC	Carbo/etoposide + atezolizumab
 COREY J LANGER, MD	Carbo/etoposide + durvalumab
 BENJAMIN LEVY, MD	Carbo/etoposide + atezolizumab
 PROFESSOR TONY SK MOK, MD	Carbo/etoposide OR Carbo/etoposide + atezolizumab or durvalumab
 JOEL W NEAL, MD, PHD	Carbo/etoposide + atezolizumab or durvalumab
 PAUL K PAIK, MD	Carbo/etoposide + atezolizumab
 PROFESSOR SOLANGE PETERS, MD, PHD	Carbo/etoposide + atezolizumab or durvalumab
 NATHAN A PENNELL, MD, PHD	Carbo/etoposide + atezolizumab
 DAVID R SPIGEL, MD	Carbo/etoposide + durvalumab

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage SCLC and neurologic paraneoplastic syndrome causing moderate to severe proximal myopathy?

 JOHN V HEYMACH, MD, PHD	Carboplatin/etoposide	 JOEL W NEAL, MD, PHD	Carboplatin/etoposide + atezolizumab or durvalumab
 LEORA HORN, MD, MSC	Carboplatin/etoposide	 PAUL K PAIK, MD	Carboplatin/etoposide
 COREY J LANGER, MD	Carboplatin/etoposide + atezolizumab or durvalumab	 PROFESSOR SOLANGE PETERS, MD, PHD	Carboplatin/etoposide + atezolizumab or durvalumab
 BENJAMIN LEVY, MD	Carboplatin/etoposide	 NATHAN A PENNELL, MD, PHD	Carboplatin/etoposide
 PROFESSOR TONY SK MOK, MD	Carboplatin/etoposide	 DAVID R SPIGEL, MD	Carboplatin/etoposide + durvalumab

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line treatment for a 65-year-old patient with extensive-stage SCLC and symptomatic SIADH, in addition to standard treatment for SIADH?

 JOHN V HEYMACH, MD, PHD	Carboplatin/etoposide + atezolizumab or durvalumab	 JOEL W NEAL, MD, PHD	Carboplatin/etoposide + atezolizumab or durvalumab
 LEORA HORN, MD, MSC	Carboplatin/etoposide + atezolizumab	 PAUL K PAIK, MD	Carboplatin/etoposide + atezolizumab
 COREY J LANGER, MD	Carboplatin/etoposide + atezolizumab or durvalumab	 PROFESSOR SOLANGE PETERS, MD, PHD	Carboplatin/etoposide + atezolizumab or durvalumab
 BENJAMIN LEVY, MD	Carboplatin/etoposide + atezolizumab	 NATHAN A PENNELL, MD, PHD	Carboplatin/etoposide + atezolizumab
 PROFESSOR TONY SK MOK, MD	Carbo/etoposide OR Carbo/etoposide + atezolizumab or durvalumab	 DAVID R SPIGEL, MD	Carboplatin/etoposide + atezolizumab

SIADH = syndrome of inappropriate antidiuretic hormone secretion

RTP RESEARCH TO PRACTICE

Meet The Professor with Dr Langer

Module 1: Cases from Dr Bauml

Module 2: Lung Cancer Journal Club with Dr Langer

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- Baseline plasma TMB as a marker to predict response to pembrolizumab-based therapy in mNSCLC
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- Pembrolizumab for the treatment of malignant pleural mesothelioma
- Managing locally advanced NSCLC in older patients
- Treatment for patients with NSCLC harboring rare oncogenic mutations
- Concurrent chemoradiation therapy and the HIV inhibitor nelfinavir for Stage IIIA/IIIB NSCLC
- Varenicline for tobacco use among patients with cancer
- Management of lung cancer during the COVID-19 pandemic
- Gene signatures predictive of response to immune checkpoint blockade in NSCLC

Module 3: Beyond the Guidelines – Clinical Investigator Approaches to Common Clinical Scenarios

Module 4: Key Papers and Recent Approvals

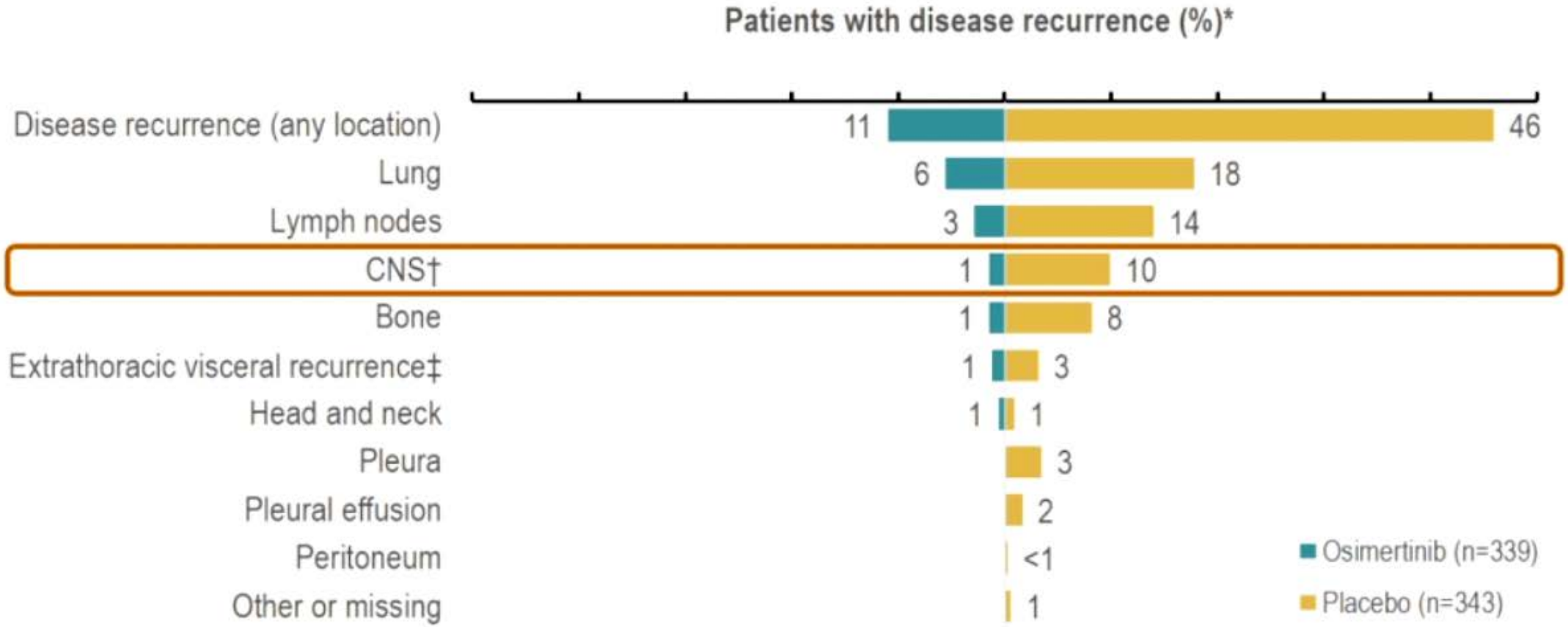
RTP
RESEARCH
TO PRACTICE

Osimertinib Adjuvant Therapy in Patients (pts) with Resected EGFR Mutated (EGFRm) NSCLC (ADAURA): Central Nervous System (CNS) Disease Recurrence

Tsuboi M et al.

ESMO 2020;Abstract LBA1.

ADAURA: Sites of Disease Recurrence



Tsuboi M et al. ESMO 2020;Abstract LBA1.

RTP RESEARCH TO PRACTICE

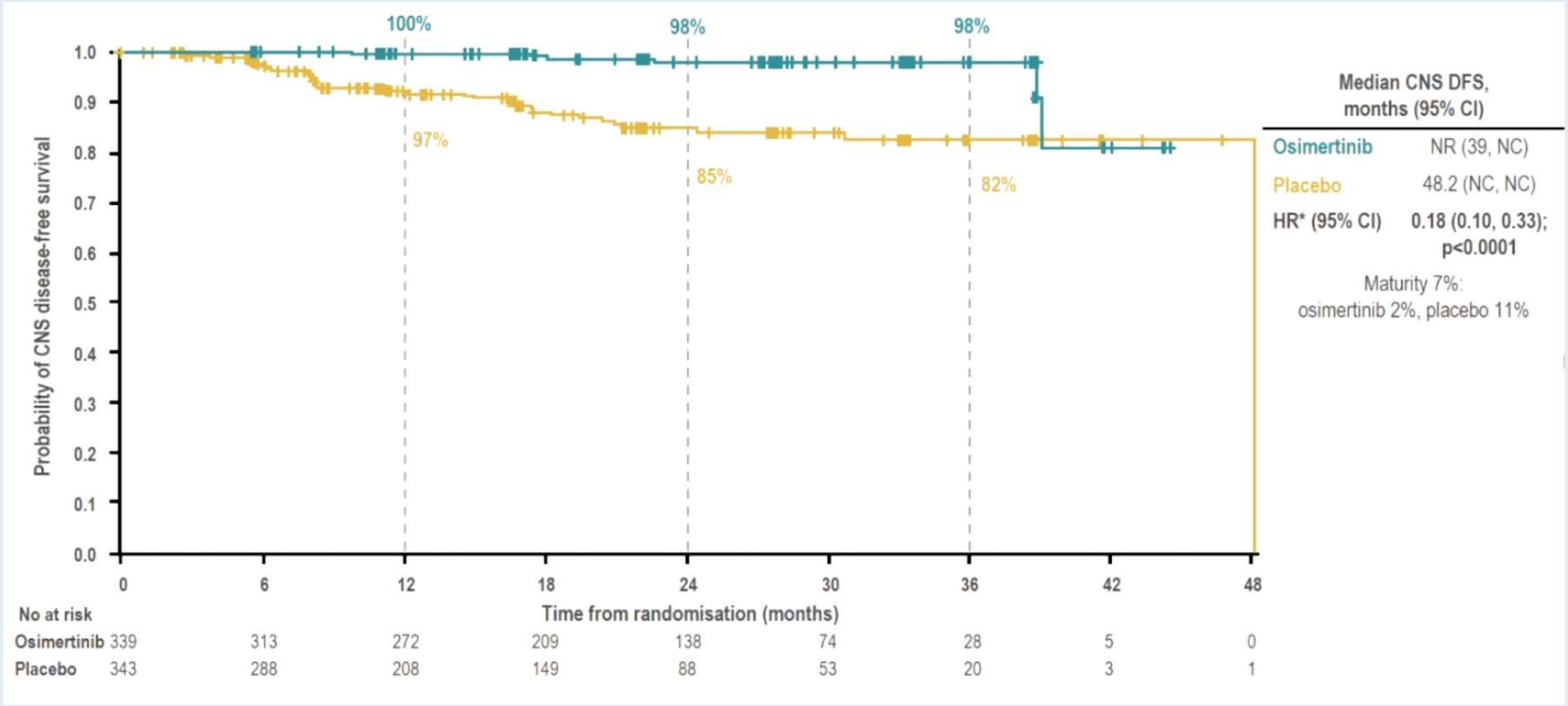
ADAURA: CNS DFS Events

- Overall, 45 patients (osimertinib n=6, placebo n=39) had CNS DFS events

	Overall population	
Patients, n (%)	**Osimertinib n=339**	**Placebo n=343**
CNS DFS events:	6 (2%)	39 (11%)
CNS recurrence	4 (1%)	33 (10%)
Death	2 (1%)	6 (2%)

Tsuboi M et al. ESMO 2020;Abstract LBA1.

ADAURA: CNS DFS in Overall Population



Tsuboi M et al. ESMO 2020;Abstract LBA1.

RTP RESEARCH TO PRACTICE

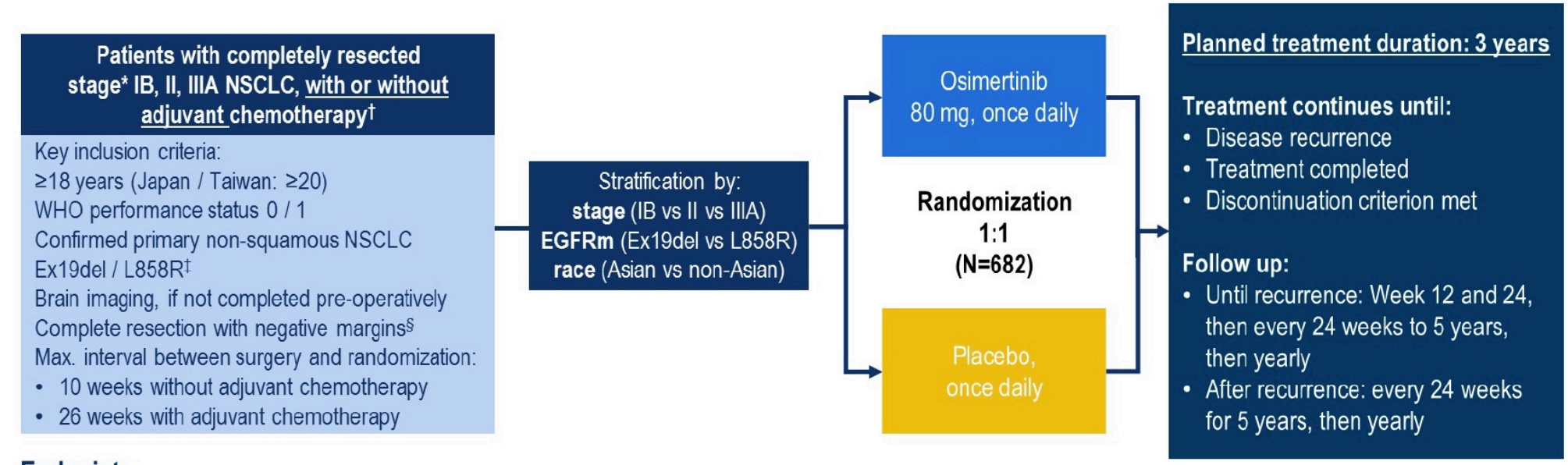
Osimertinib as Adjuvant Therapy in Patients (pts) with Stage IB–IIIA EGFR Mutation Positive (EGFRm) NSCLC After Complete Tumor Resection: ADAURA

Herbst RS et al.
ASCO 2020;Abstract LBA5.

Discussion of LBA5

Discussant: David R Spigel, MD, FASCO | Sarah Cannon Research Institute

ADAURA Phase III Trial Schema



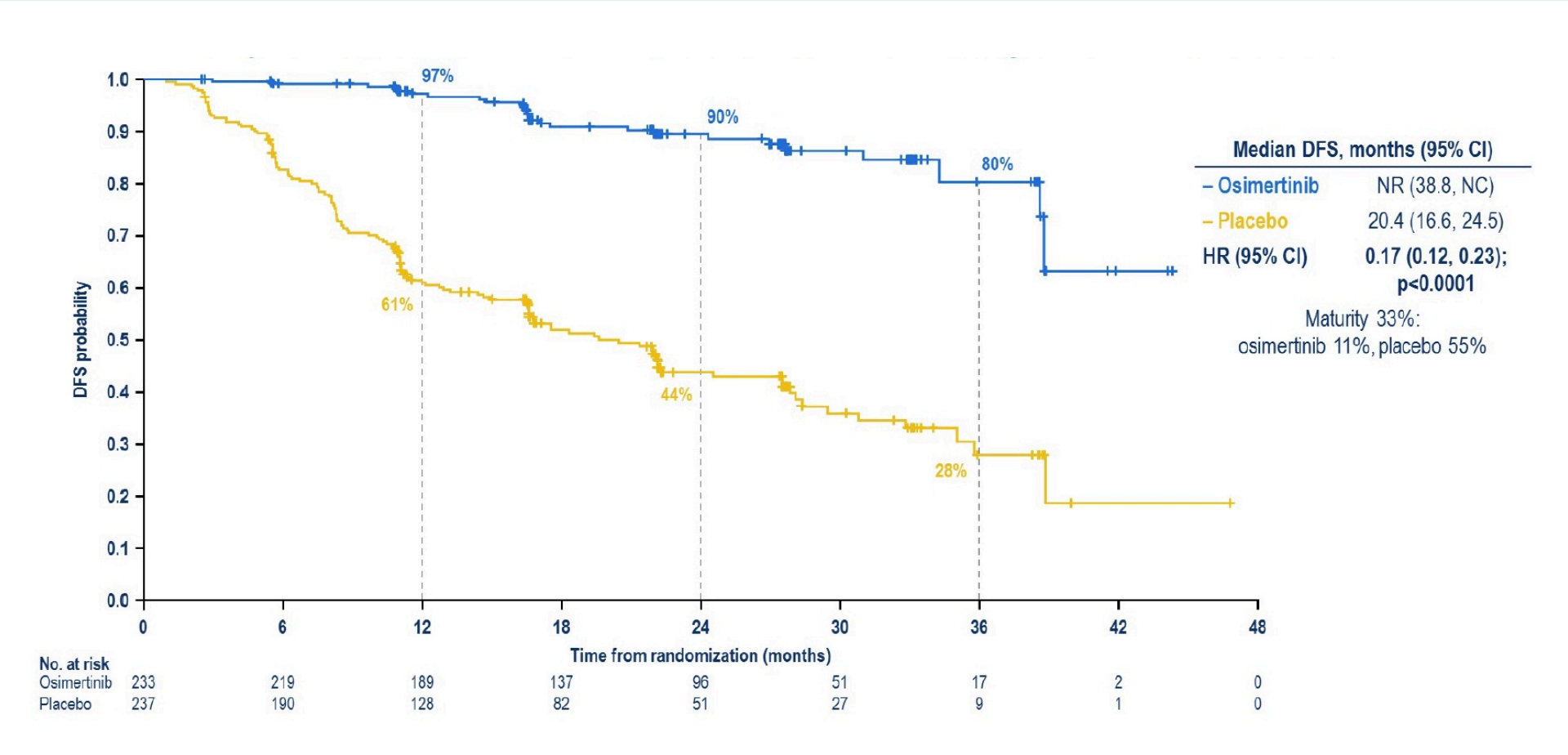
Endpoints

- **Primary**: DFS, by investigator assessment, in stage II/IIIA patients; designed for superiority under the assumed DFS HR of 0.70
- **Secondary**: DFS in the overall population¶, DFS at 2, 3, 4, and 5 years, OS, safety, health-related quality of life

- **Following IDMC recommendation, the study was unblinded early due to efficacy; here we report an unplanned interim analysis**
- **At the time of unblinding the study had completed enrollment and all patients were followed up for at least 1 year**

Herbst RS et al. ASCO 2020;Abstract LBA5.

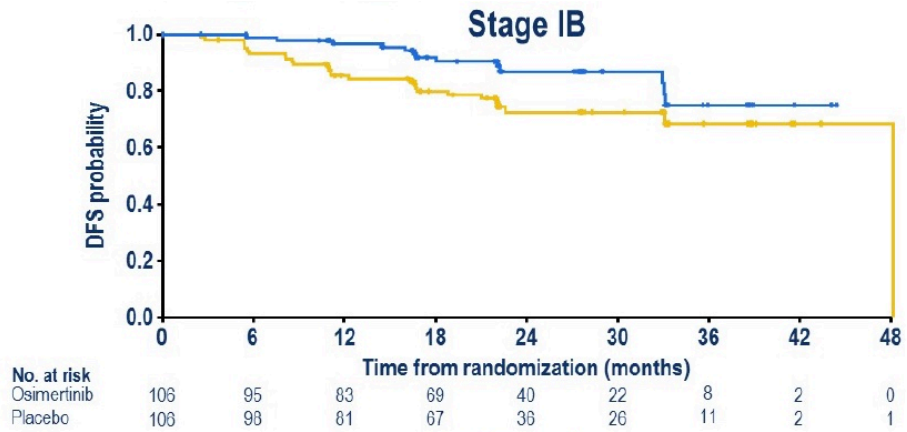
ADAURA Primary Endpoint: Inv-Assessed DFS (Stage II/IIIA)



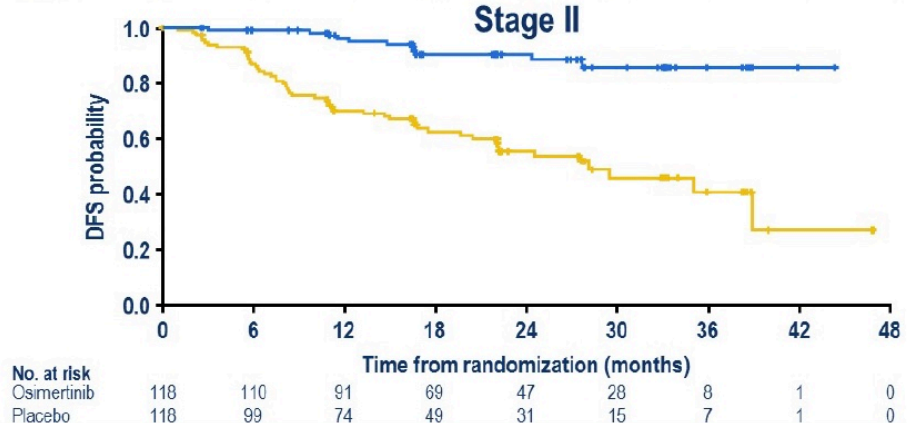
Herbst RS et al. ASCO 2020;Abstract LBA5.

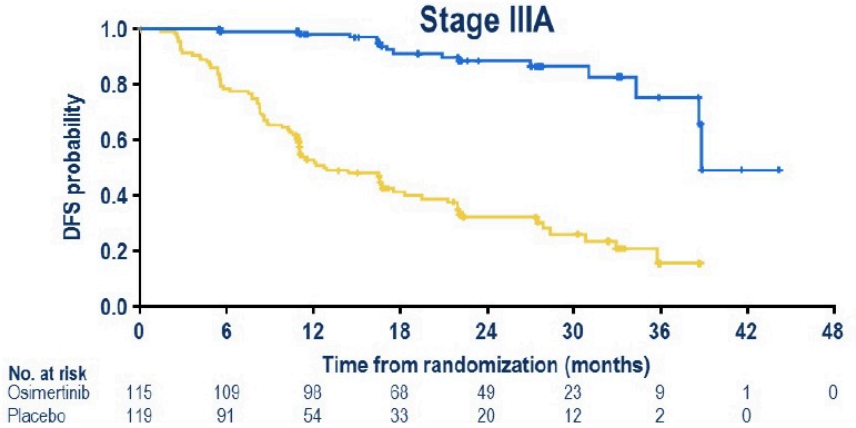
RTP RESEARCH TO PRACTICE

ADAURA: DFS by Stage



	Stage IB	Stage II	Stage IIIA
2 year DFS rate, % (95% CI)			
– Osimertinib	87 (77, 93)	91 (82, 95)	88 (79, 94)
– Placebo	73 (62, 81)	56 (45, 65)	32 (23, 42)
Overall HR (95% CI)	0.50 (0.25, 0.96)	0.17 (0.08, 0.31)	0.12 (0.07, 0.20)

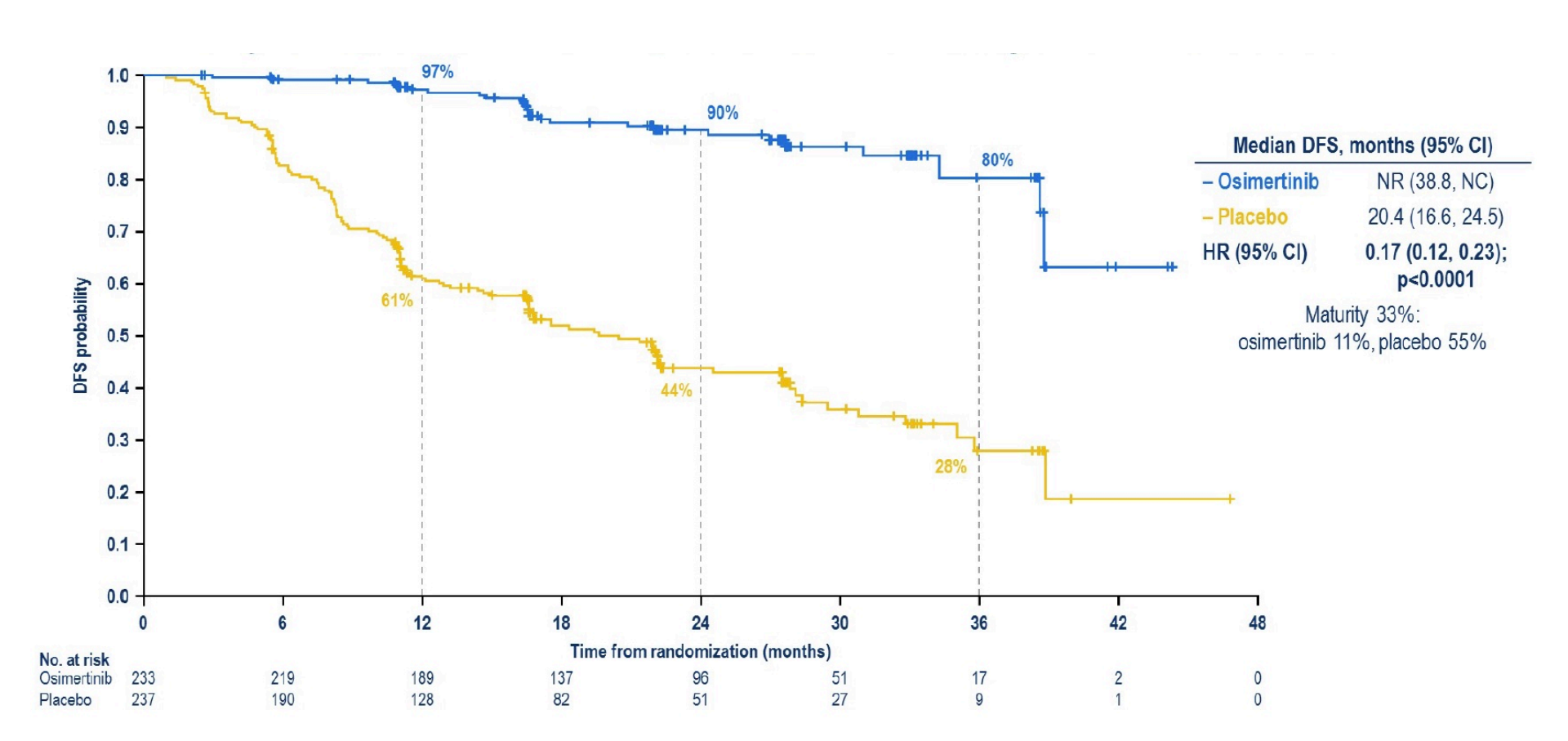




Herbst RS et al. ASCO 2020;Abstract LBA5.

RTP RESEARCH TO PRACTICE

ADAURA Secondary Endpoint: Inv-Assessed DFS in the Overall Population (Stage IB/II/IIIA)



Herbst RS et al. ASCO 2020;Abstract LBA5.

FDA Approves Nivolumab with Ipilimumab for First-Line Metastatic NSCLC (PD-L1 Tumor Expression ≥1%)

Press Release — May 15, 2020

"The Food and Drug Administration approved the combination of nivolumab plus ipilimumab as first-line treatment for patients with metastatic non-small cell lung cancer whose tumors express PD-L1(≥1%), as determined by an FDA-approved test, with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.

Efficacy was investigated in CHECKMATE-227 (NCT02477826), a randomized, open-label, multi-part trial in patients with metastatic or recurrent NSCLC and no prior anticancer therapy. In Part 1a of the trial, 793 patients with PD-L1 tumor expression ≥1% were randomized to receive either the combination of nivolumab plus with ipilimumab (n=396) or platinum-doublet chemotherapy (n=397)."

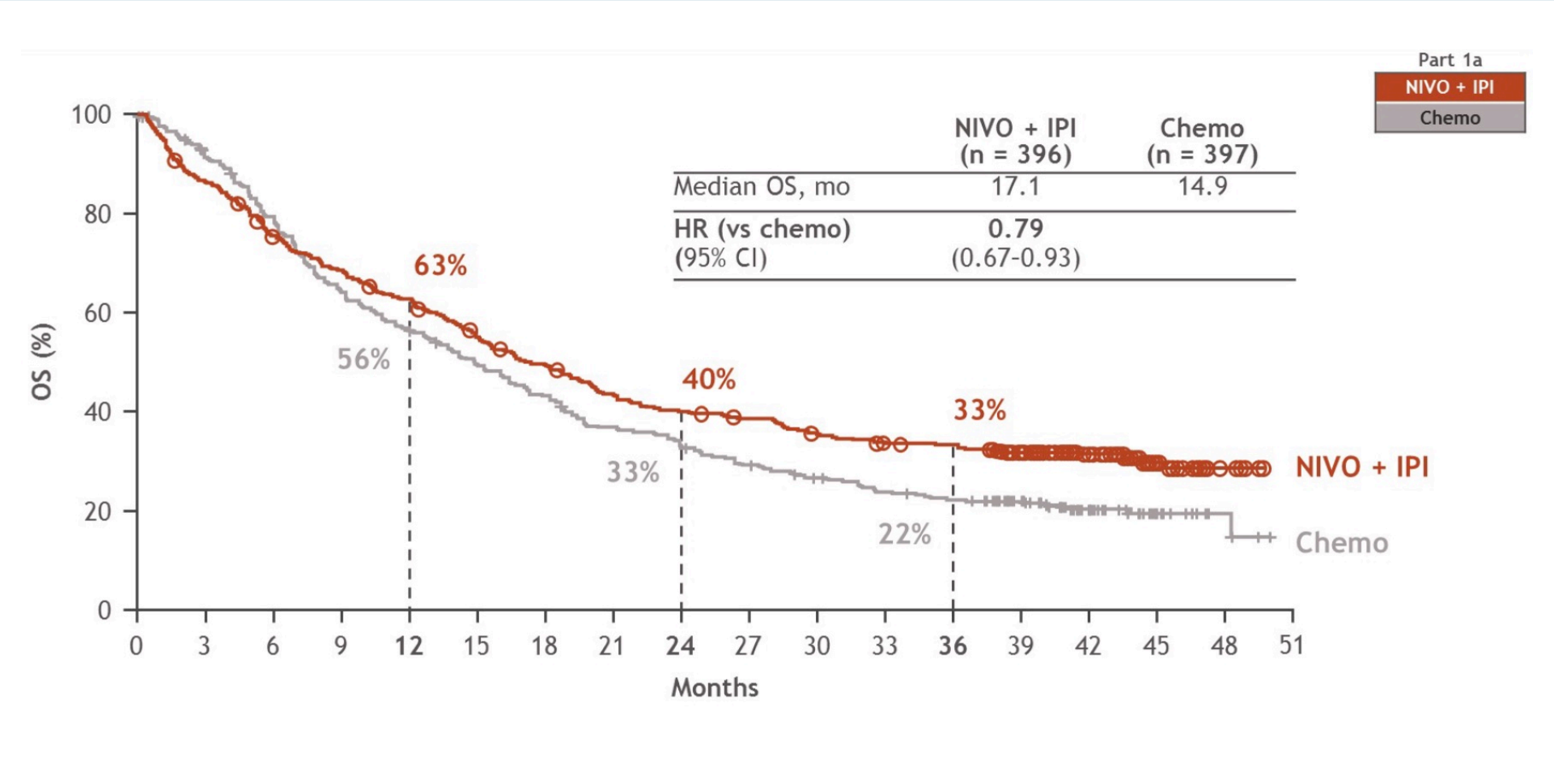
https://www.fda.gov/drugs/drug-approvals-and-databases/fda-approves-nivolumab-plus-ipilimumab-first-line-mnsclc-pd-l1-tumor-expression-1

Nivolumab + Ipilimumab versus Platinum-Doublet Chemotherapy as First-Line Treatment for Advanced Non-Small Cell Lung Cancer: Three-Year Update from CheckMate 227 Part 1

Ramalingam SS et al.

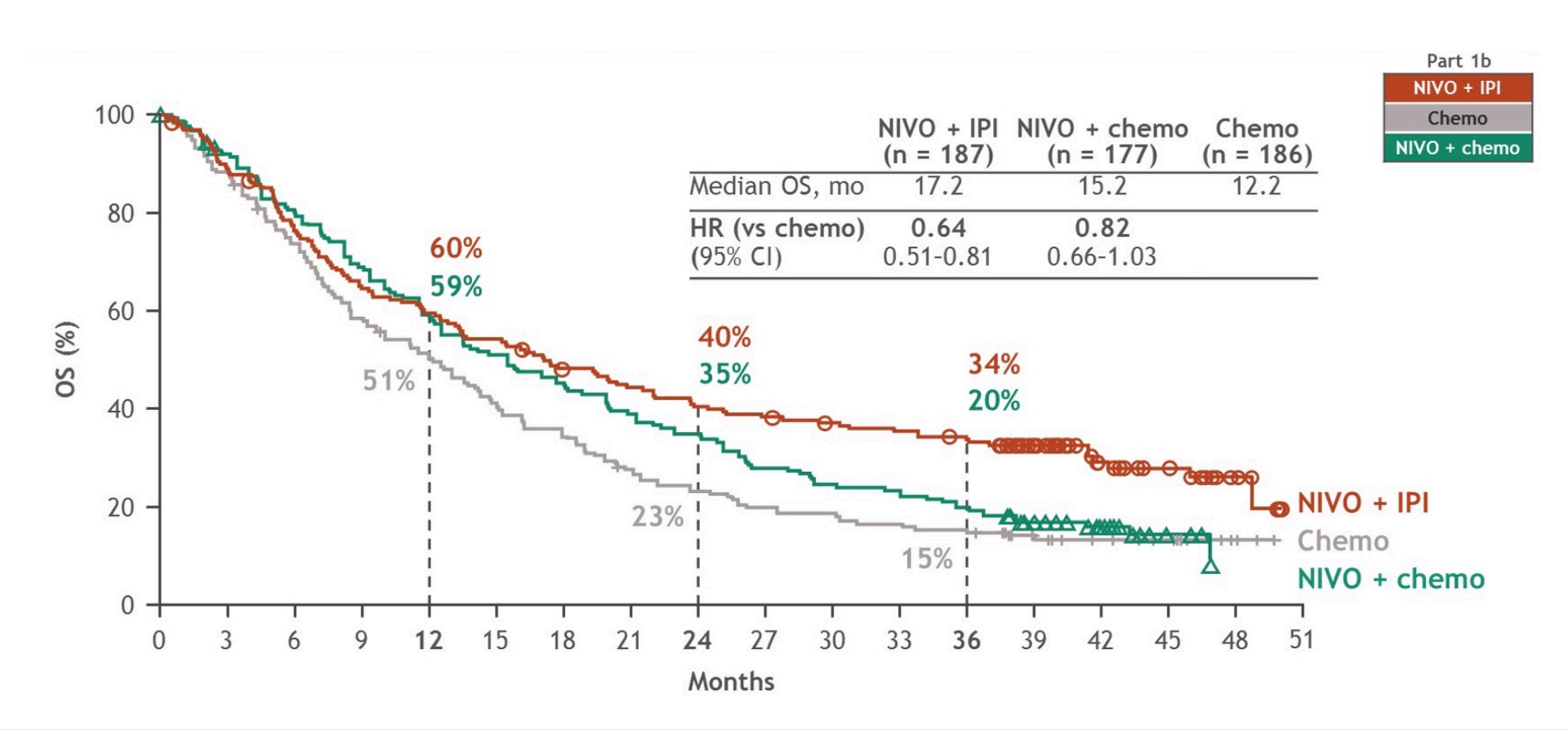
ASCO 2020;Abstract 9500.

3-Year Update: OS with IPI + Nivo vs Chemo (PD-L1 ≥ 1%)



Ramalingam SS et al. ASCO 2020;Abstract 9500.

3-Year Update: OS with IPI + Nivo vs Chemo vs Nivo + Chemo (PD-L1 < 1%)



Ramalingam SS et al. ASCO 2020;Abstract 9500.

FDA Approves Nivolumab with Ipilimumab and Chemotherapy for First-Line Treatment of Metastatic NSCLC

Press Release — May 26, 2020

"The Food and Drug Administration approved the combination of nivolumab plus ipilimumab and 2 cycles of platinum-doublet chemotherapy as first-line treatment for patients with metastatic or recurrent non-small cell lung cancer (NSCLC), with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.

Efficacy was investigated in CHECKMATE-9LA (NCT03215706), a randomized, open-label trial in patients with metastatic or recurrent NSCLC. Patients were randomized to receive either the combination of nivolumab plus ipilimumab and 2 cycles of platinum-doublet chemotherapy (n=361) or platinum-doublet chemotherapy for 4 cycles (n=358)."

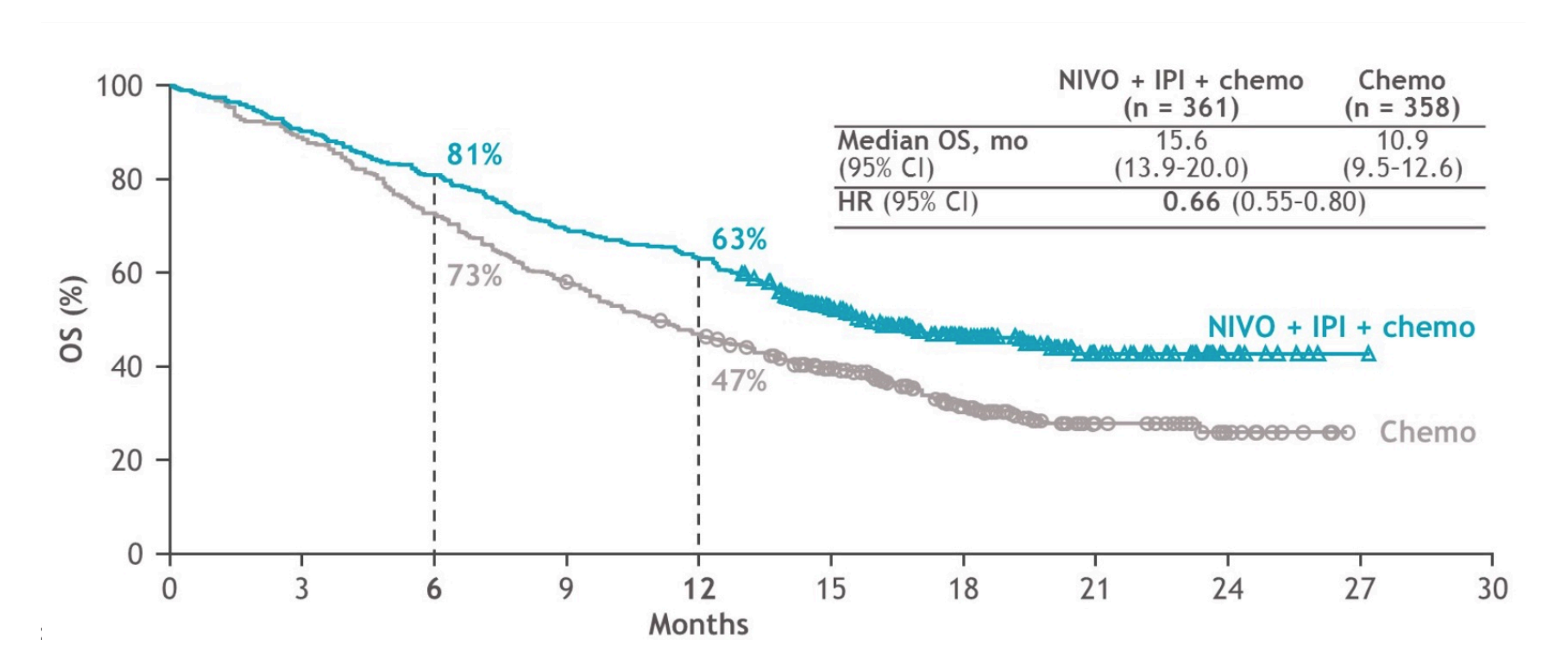
https://www.fda.gov/drugs/drug-approvals-and-databases/fda-approves-nivolumab-plus-ipilimumab-and-chemotherapy-first-line-treatment-metastatic-nsclc

Nivolumab (NIVO) + Ipilimumab (IPI) + 2 Cycles of Platinum-Doublet Chemotherapy (Chemo) vs 4 Cycles Chemo as First-Line (1L) Treatment (tx) for Stage IV/Recurrent Non-Small Cell Lung Cancer (NSCLC): CheckMate 9LA

Reck M et al.

ASCO 2020;Abstract 9501.

CheckMate 9LA: Updated OS



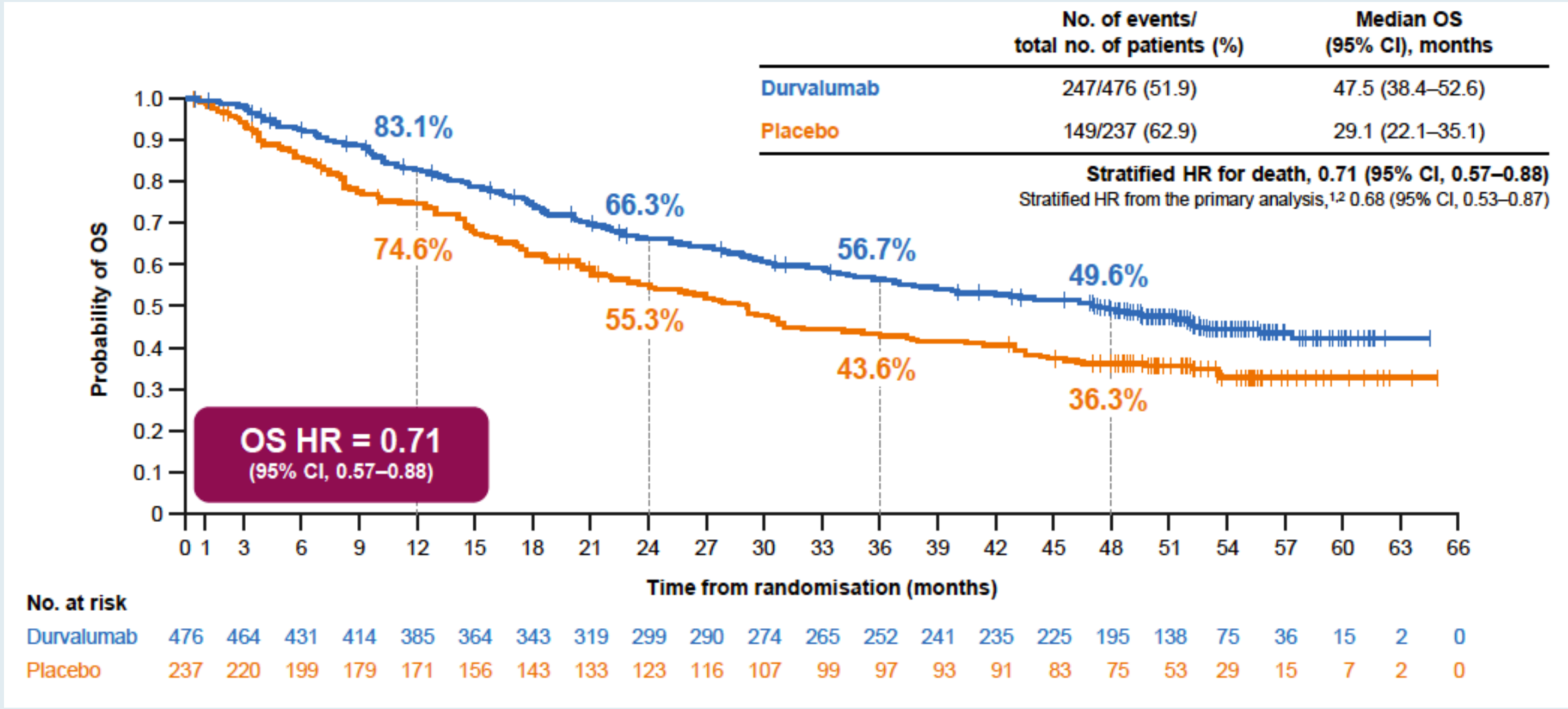
Reck M et al. ASCO 2020;Abstract 9501.

Durvalumab After Chemoradiotherapy in Stage III NSCLC: 4-Year Survival Update from the Phase III PACIFIC Trial

Faivre-Finn C et al.

ESMO 2020;Abstract LBA49.

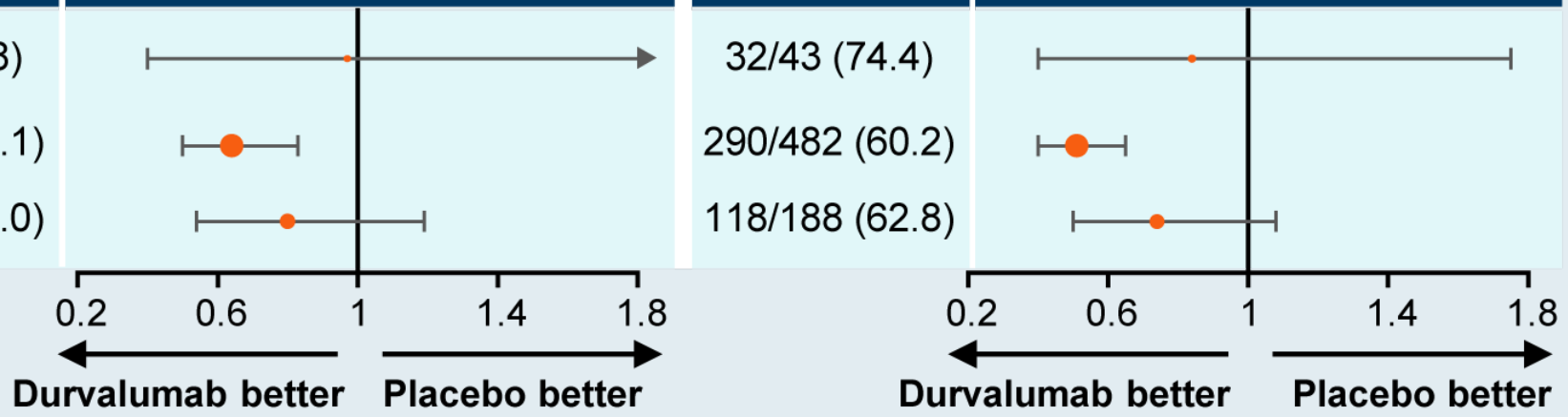
PACIFIC: 4-Year Overall Survival – Intent-To-Treat Population



Faivre-Finn C et al. ESMO 2020;Abstract LBA49.

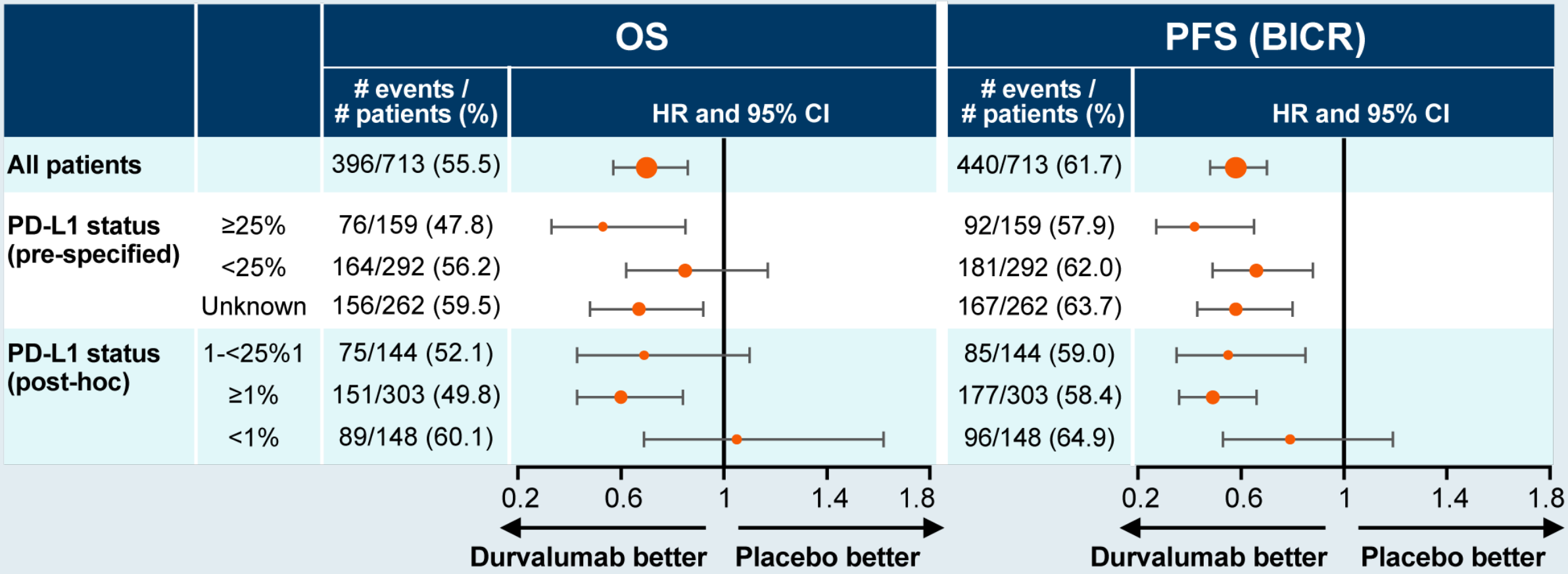
PACIFIC: Updated Outcomes by EGFR Status

		OS		PFS (BICR)	
		# events / # patients (%)	HR and 95% CI	# events / # patients (%)	HR and 95% CI
***EGFR* mutation**	Positive	24/43 (55.8)		32/43 (74.4)	
	Negative	261/482 (54.1)		290/482 (60.2)	
	Unknown	111/188 (59.0)		118/188 (62.8)	



Faivre-Finn C et al. ESMO 2020;Abstract LBA49.

PACIFIC: Updated Outcomes by PD-L1 Status



- Important facts regarding PD-L1 status:
  - PD-L1 testing was not required and 37% of all randomised patients had unknown PD-L1 status
  - PD-L1 status was determined from tumour tissue obtained pre-CRT (getting a sample post-CRT medically not feasible)
  - PDL1 expression-level cutoff of 1% was part of an unplanned post-hoc analysis requested by the EMA

Faivre-Finn C et al. ESMO 2020;Abstract LBA49.

Characteristics of the First 615 Patients Enrolled in Pacific R: A Study of the First Real-World Data on Unresectable Stage III NSCLC Patients Treated with Durvalumab After Chemoradiotherapy

Girard N et al.

ESMO 2020;Abstract 1242P.

Pacific R: Biomarker Status

Biomarker evaluated	Tested, n (%)	Positive, n (%)	Inconclusive, n (%)
PD-L1 expression	442 (71.9)	324 (73.3)	27 (6.1)
EGFR mutation	262 (42.8)	19 (7.3)	7 (2.7)
ALK translocation	256 (41.9)	6 (2.3)	12 (4.7)
BRAF mutation	164 (26.8)	14 (8.5)	5 (3.0)
KRAS mutation	180 (29.5)	44 (24.4)	6 (3.3)

Girard N et al. ESMO 2020;Abstract 1242P.

Accelerated Approval of Lurbinectedin for Metastatic SCLC

Press Release – June 15, 2020

"On June 15, 2020, the Food and Drug Administration granted accelerated approval to lurbinectedin for adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.

Efficacy was demonstrated in the PM1183-B-005-14 trial (Study B-005; NCT02454972), a multicenter open-label, multi-cohort study enrolling 105 patients with metastatic SCLC who had disease progression on or after platinum-based chemotherapy. Patients received lurbinectedin 3.2 mg/m^2 by intravenous infusion every 21 days until disease progression or unacceptable toxicity.

The recommended lurbinectedin dose is 3.2 mg/m^2 every 21 days."

https://www.fda.gov/drugs/drug-approvals-and-databases/fda-grants-accelerated-approval-lurbinectedin-metastatic-small-cell-lung-cancer.

RTP RESEARCH TO PRACTICE

FDA Grants Approval of Pralsetinib for the Treatment of Metastatic NSCLC with RET Fusion

Press Release – September 7, 2020

"The Food and Drug Administration has approved pralsetinib for the treatment of adults with metastatic rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) as detected by an FDA approved test. This indication was approved under the FDA's Accelerated Approval programme, based on data from the phase I/II ARROW study. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial. Pralsetinib is a once-daily, oral precision therapy designed to selectively target RET alterations, including fusions and mutations.

The approval is based on the results from the phase I/II ARROW study, in which pralsetinib produced durable clinical responses in people with RET fusion-positive NSCLC with or without prior therapy, and regardless of RET fusion partner or central nervous system involvement. Pralsetinib demonstrated an overall response rate (ORR) of 57% ... and complete response (CR) rate of 5.7% in the 87 people with NSCLC previously treated with platinum-based chemotherapy. In the 27 people with treatment-naïve NSCLC, the ORR was 70%, with an 11% CR rate."

https://www.globenewswire.com/news-release/2020/09/07/2089388/0/en/Roche-announces-FDA-approval-of-Gavreto-pralsetinib-for-the-treatment-of-adults-with-metastatic-RET-fusion-positive-non-small-cell-lung-cancer.html

RTP RESEARCH TO PRACTICE

FDA Approves Selpercatinib for Lung and Thyroid Cancer with RET Gene Mutations or Fusions

Press Release — May 8, 2020

"On May 8, 2020, the Food and Drug Administration granted accelerated approval to selpercatinib for the following indications:

- Adult patients with metastatic RET fusion-positive non-small cell lung cancer (NSCLC);
- Adult and pediatric patients ≥12 years of age with advanced or metastatic RET-mutant medullary thyroid cancer (MTC) who require systemic therapy;
- Adult and pediatric patients ≥12 years of age with advanced or metastatic RET fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate).

Efficacy was investigated in a multicenter, open-label, multi-cohort clinical trial (LIBRETTO-001) in patients whose tumors had RET alterations."

https://www.fda.gov/drugs/drug-approvals-and-databases/fda-approves-selpercatinib-lung-and-thyroid-cancers-ret-gene-mutations-or-fusions

FDA Grants Accelerated Approval to Capmatinib for Metastatic Non-Small Cell Lung Cancer

Press Release — May 6, 2020

"On May 6, 2020, the Food and Drug Administration granted accelerated approval to capmatinib for adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping as detected by an FDA-approved test.

The FDA also approved the FoundationOne CDx assay as a companion diagnostic for capmatinib.

Efficacy was demonstrated in the GEOMETRY mono-1 trial (NCT02414139), a multicenter, non-randomized, open-label, multicohort study enrolling 97 patients with metastatic NSCLC with confirmed MET exon 14 skipping.

The recommended capmatinib dose is 400 mg orally twice daily with or without food."

https://www.fda.gov/drugs/drug-approvals-and-databases/fda-grants-accelerated-approval-capmatinib-metastatic-non-small-cell-lung-cancer

Trastuzumab Deruxtecan (T-DXd; DS-8201) in Patients with HER2-Mutated Metastatic Non-Small Cell Lung Cancer (NSCLC): Interim Results of DESTINY-Lung01

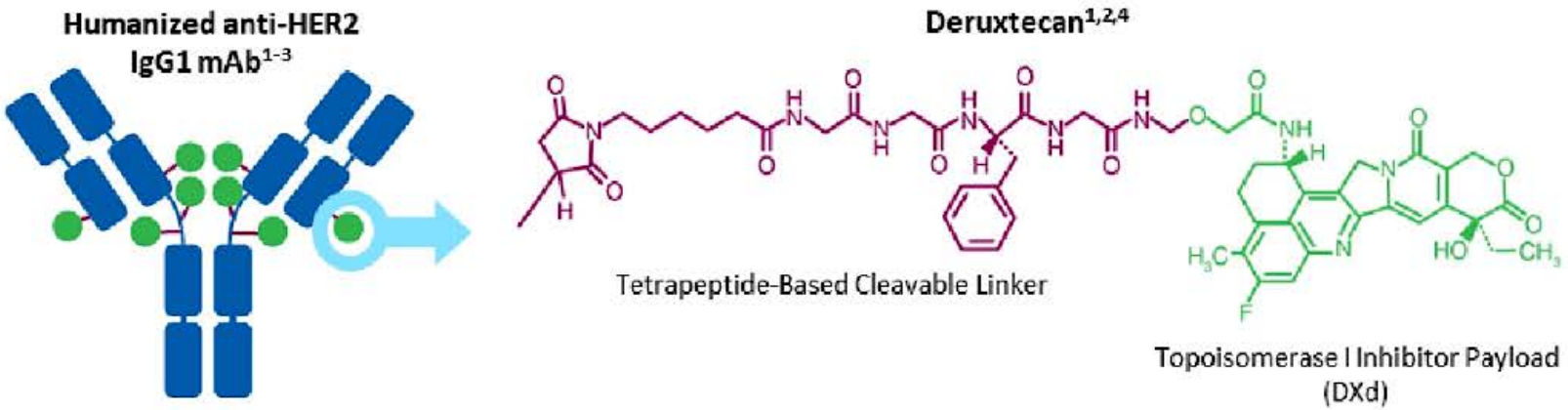
Smit EF et al.

ASCO 2020;Abstract 9504.

Antibody-Drug Conjugate
Trastuzumab Deruxtecan

T-DXd is an ADC with 3 components:

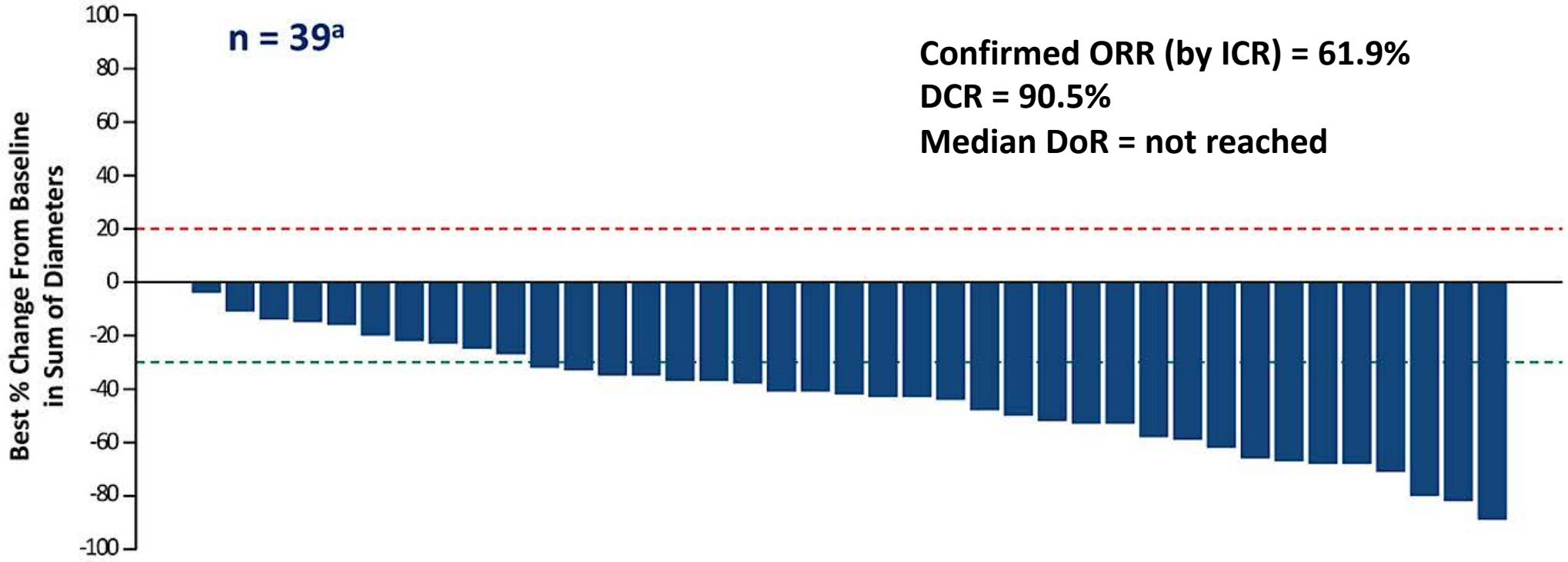
- A humanized anti-HER2 IgG1 mAb with the same amino acid sequence as trastuzumab
- A topoisomerase I inhibitor payload, an exatecan derivative
- A tetrapeptide-based cleavable linker



Payload mechanism of action: topoisomerase I inhibitor
High potency of payload
High drug to antibody ratio ≈ 8
Payload with short systemic half-life
Stable linker-payload
Tumor-selective cleavable linker
Membrane-permeable payload

Smit EF et al. ASCO 2020;Abstract 9504.

DESTINY-Lung01: Efficacy



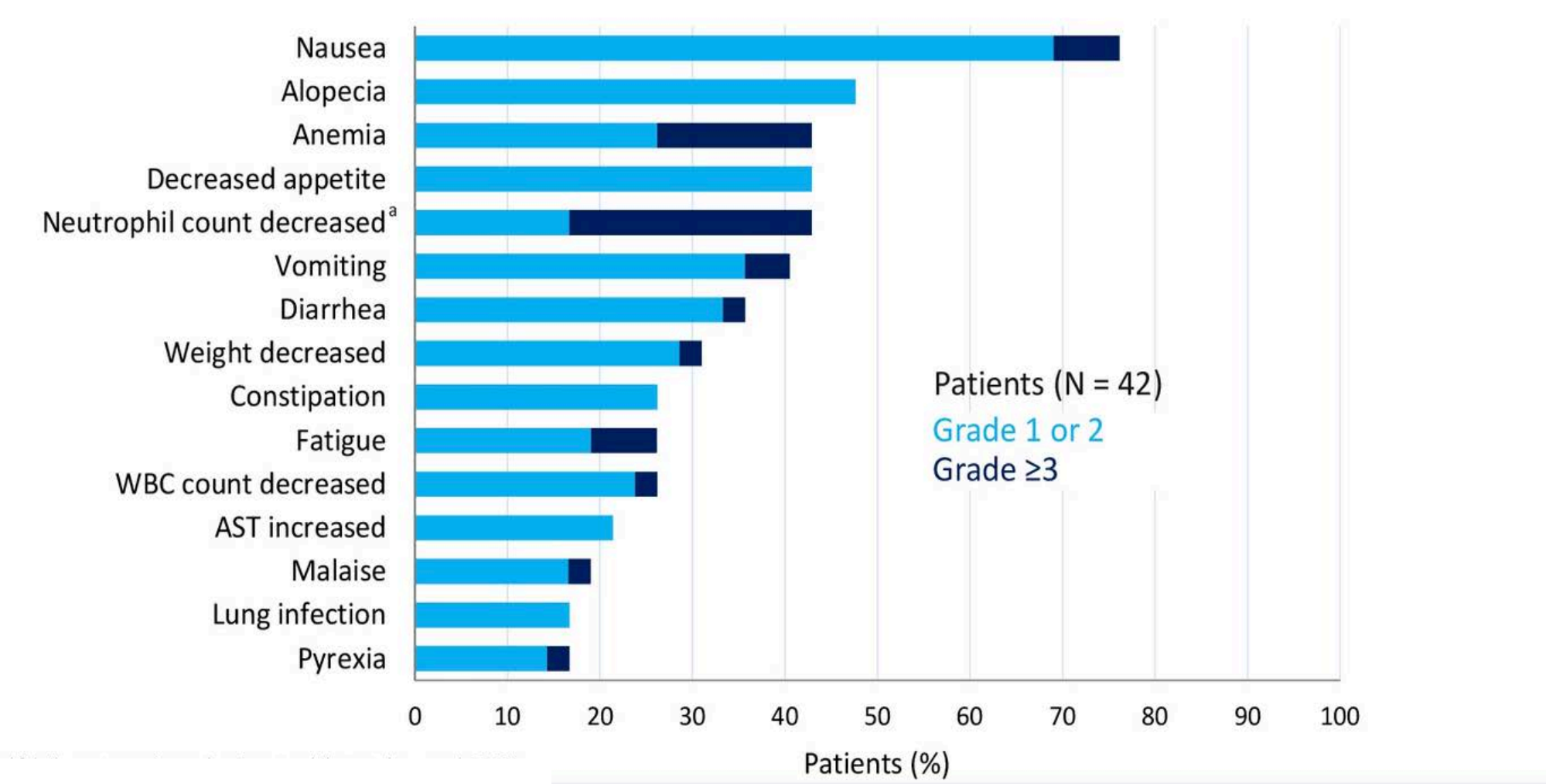
Based on independent central review. Baseline is last measurement taken before enrollment. Shown is best (minimum) percent change from baseline in the sum of diameters for all target lesions.

[a] One patient was missing a baseline assessment and 2 additional patients were missing post-baseline assessments.

- Median PFS = 14.0 months

Smit EF et al. ASCO 2020;Abstract 9504.

DESTINY-Lung01: Treatment-Emergent AEs



Smit EF et al. ASCO 2020;Abstract 9504.

RTP RESEARCH TO PRACTICE

DESTINY-Lung01: AEs of Special Interest – Interstitial Lung Disease

	All Patients (N = 42)					
n (%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Any Grade/ Total
Interstitial lung disease	0[a]	5 (11.9)	0	0	0	5 (11.9)

- Median time to onset of investigator-reported ILD was at 86 days (range, 41-255 days)
- 4 patients had drug withdrawn and 1 had drug interrupted
- All patients received steroid treatment
- 2 patients recovered, 1 recovered with sequelae, 1 was recovering, and 1 had not recovered by data-cutoff
- No grade 5 ILD was observed in this cohort

Smit EF et al. ASCO 2020;Abstract 9504.

Meet The Professor
Management of Multiple Myeloma

Thursday, November 12, 2020
12:00 PM – 1:00 PM ET

Faculty

Sergio Giralt, MD

Moderator

Neil Love, MD

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Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

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