1042P: Efficacy and safety of Immune checkpoint inhibitors combined with recombinant human endostatin and chemotherapy as first-line therapy for advanced non-small-cell lung cancer

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Background

- Clinical evidence of Immune checkpoint inhibitors (ICIs) plus antiangiogenic drugs for advanced non–small-cell lung cancer (NSCLC) was still insufficient, which greatly limited the application of evidence-based medicine.
- This study aimed to investigate the efficacy and safety of PD-1 inhibitors combined with recombinant human endostatin (Rh-endostatin) and chemotherapy as the first-line treatment for advanced NSCLC.

Study Design

- This is a retrospective study.

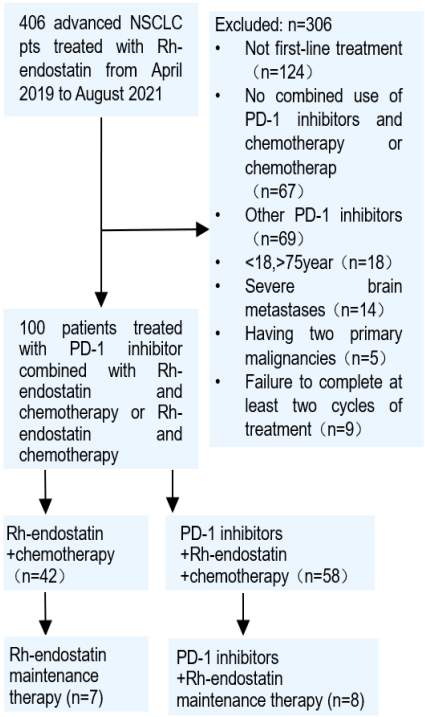
Key inclusion criteria
- 18-75 years
- Stage ⅢB/C and IV NSCLC
- ECOG-PS 0-2
- Asymptomatic or stable intracranial lesions if brain metastases

IEC group
PD-1 inhibitors +Rh-endostatin +chemotherapy

EC group
Rh-endostatin +chemotherapy

- The primary endpoint was PFS.
- The secondary endpoints included OS, ORR, and DCR.

Figure 1 Flowchart of the patient queue



Results

Efficacy

- The IEC group showed significantly prolonged PFS (10.2 months vs 6.5 months, P < 0.001)
- The IEC group improved ORR (67.2% vs 42.9%, P = 0.015).
- The DCR and 1-year OS in the IEC group was higher than that in the EC group, while the difference was not statistically significant (DCR: 98.3% vs 90.5%, P = 0.193; 1-year OS: 79.3% vs 76.2%, P = 0.710).

Safety

There were no significant differences in adverse events between the two groups.

Figure 2 KM survival curve of mPFS

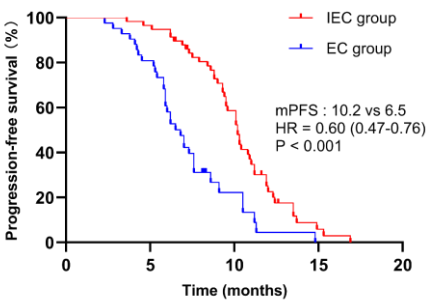


Table 1 Efficacy evaluation

	IEC group (N=58)	EC group (N=42)
CR, n (%)	0 (0.0)	0 (0.0)
PR, n (%)	39 (67.2)	18 (42.9)
SD, n (%)	18 (31.0)	20 (47.6)
ORR, % (95% CI)	67.2 (54.8-79.7)	42.9 (27.2-58.5)
DCR, % (95% CI)	98.3 (94.8-101.7)	90.5 (81.2-99.7)

Conclusion

- Our study showed the superiority of combination therapy of PD-1 inhibitors combined with Rh-endostatin as first-line treatment for advanced NSCLC in terms of ORR and PFS, which represented a promising treatment modality for this population.