

CBNPC M+ SANS addiction

Les autres recommandations académiques

Quelles différences et pourquoi ?

Virginie Westeel, CHRU Besançon

NOUS



Cancer bronchique non à petites cellules

LES AUTRES

2018-2019

Références :

- ESMO 2018, corrigendum 2019

- Planchard D *et al*, Ann Oncol 2018;29(suppl 4):iv192-237
- Planchard D *et al*, Ann Oncol 2019;00:1-3

- Pan-Asian 2019

- Wu YL *et al*, Ann Oncol 2019;30:171-210

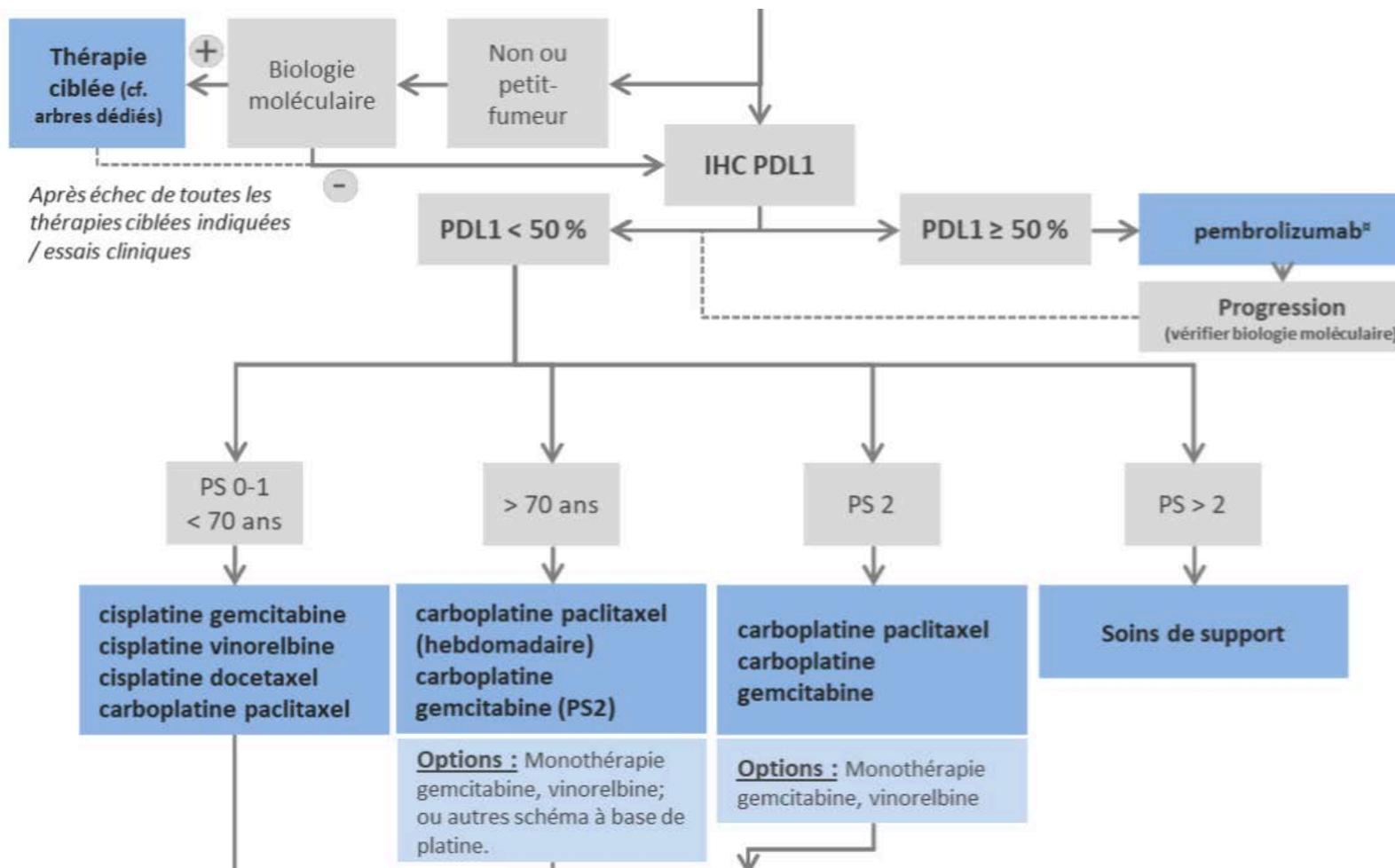
- NCCN 2019

- version3,2019 www.nccn.org

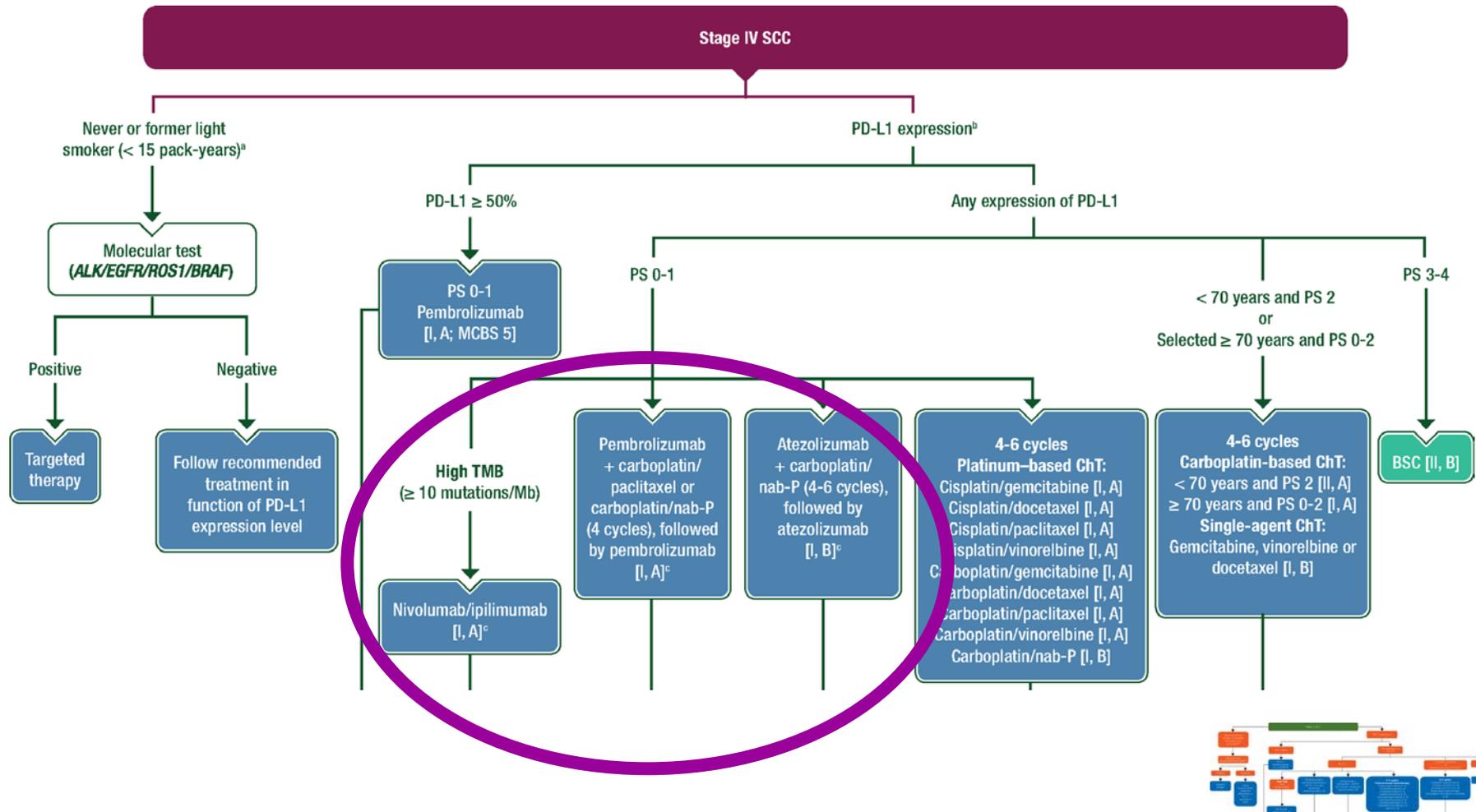


1^{ère} ligne

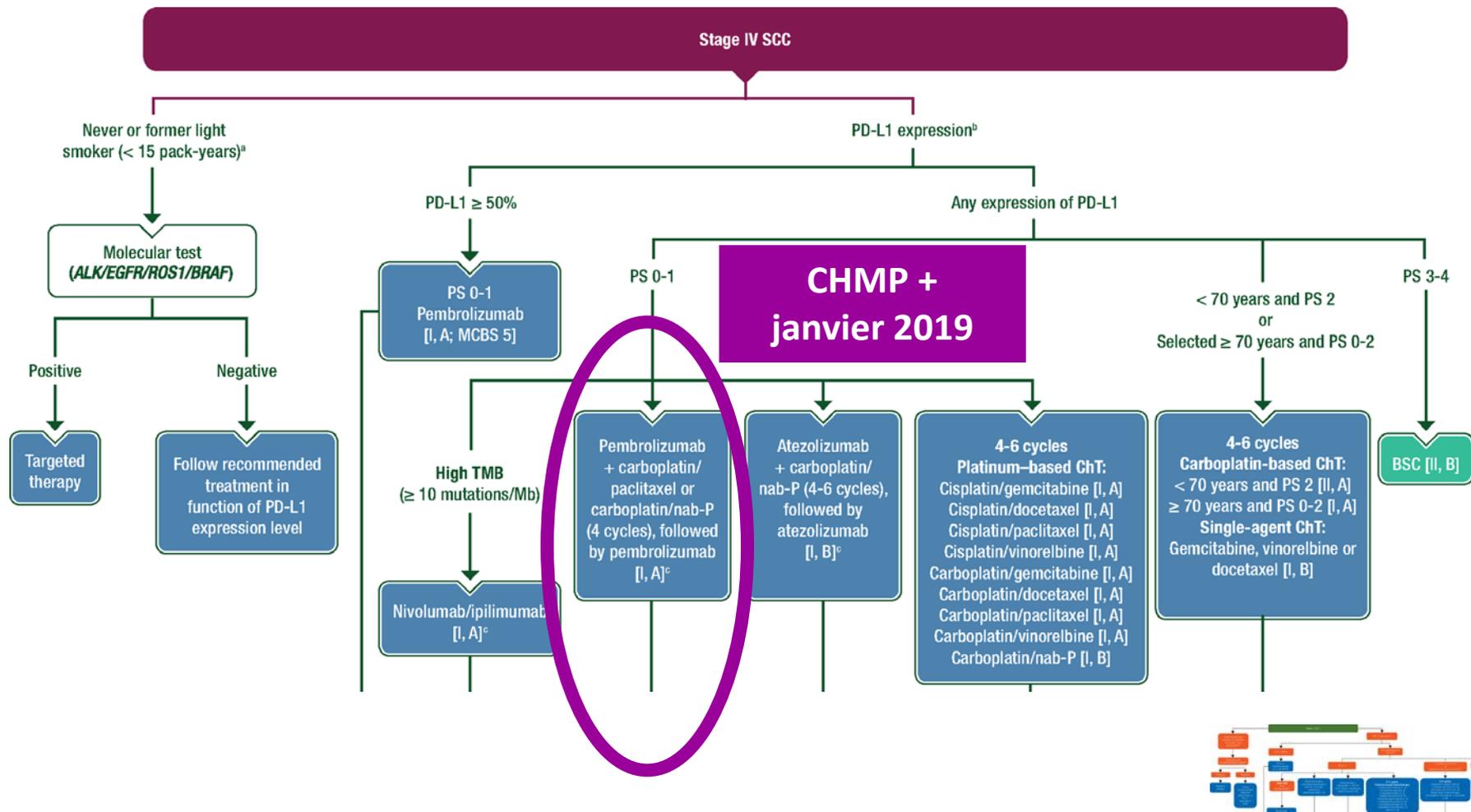
L1 épidermoïdes



L1 épidermoïdes

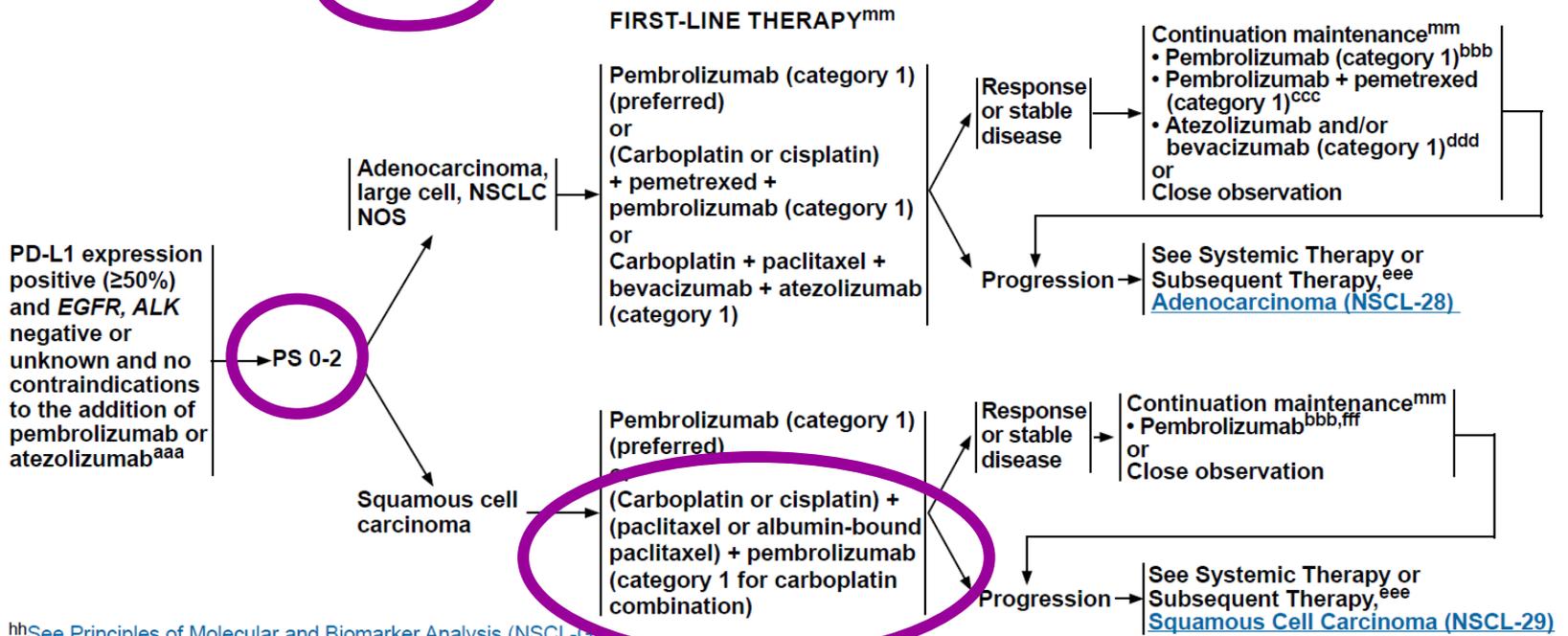


L1 épidermoïdes



L1 épidermoïdes

PD-L1 EXPRESSION POSITIVE (≥50%)^{hh}



^{hh}See Principles of Molecular and Biomarker Analysis (NSCL-0).

^{mm}See Targeted Therapy for Advanced or Metastatic Disease (NSCL-1).

^{aaa}Contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented autoimmune disease and/or current use of immunosuppressive agents or presence of an oncogene, which would predict lack of benefit. If there are contraindications, refer to [NSCL-28](#) (adenocarcinoma) or [NSCL-29](#) (squamous cell carcinoma).

^{bbb}If pembrolizumab monotherapy given.

^{ccc}If pembrolizumab/carboplatin/pemetrexed or pembrolizumab/cisplatin/pemetrexed given.

^{ddd}If atezolizumab/carboplatin/paclitaxel/bevacizumab given.

^{eee}If patient has not received platinum-doublet chemotherapy, refer to "systemic therapy." If patient received platinum chemotherapy and anti-PD-1/PD-L1, refer to "subsequent therapy."

^{fff}If pembrolizumab/(cisplatin or carboplatin)/(paclitaxel or albumin-bound paclitaxel) given.

Note: All recommendations are category 2A unless otherwise indicated.
 Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

L1 épidermoïdes

SQUAMOUS CELL CARCINOMA

INITIAL SYSTEMIC THERAPY

PD-L1<50 %

SYSTEMIC THERAPY FOR ADVANCED OR METASTATIC DISEASE^{a,b,h}

Initial Systemic Therapy Options

Squamous Cell Carcinoma (PS 0-1)

No contraindications to the addition of pembrolizumab^c

- Pembrolizumab/carboplatin/paclitaxel^{31,d} (category 1) (preferred)
- Pembrolizumab/carboplatin/albumin-bound paclitaxel^{31,d} (category 1) (preferred)
- Pembrolizumab/cisplatin/paclitaxel^d
- Pembrolizumab/cisplatin/albumin-bound paclitaxel^d

Contraindications to the addition of pembrolizumab^c

- Carboplatin/albumin-bound paclitaxel (category 1)⁷
- Carboplatin/docetaxel (category 1)⁸
- Carboplatin/gemcitabine (category 1)¹¹
- Carboplatin/paclitaxel (category 1)¹²
- Cisplatin/docetaxel (category 1)⁸
- Cisplatin/etoposide (category 1)¹⁴
- Cisplatin/gemcitabine (category 1)^{12,15}
- Cisplatin/paclitaxel (category 1)¹⁶
- Gemcitabine/docetaxel (category 1)¹⁷
- Gemcitabine/vinorelbine (category 1)¹⁸

Squamous Cell Carcinoma (PS 2)

- Albumin-bound paclitaxel¹⁹
- Carboplatin/albumin-bound paclitaxel^{20,21}
- Carboplatin/docetaxel⁸
- Carboplatin/etoposide^{9,10}
- Carboplatin/gemcitabine¹¹
- Carboplatin/paclitaxel¹²
- Docetaxel^{22,23}
- Gemcitabine²⁴⁻²⁶
- Gemcitabine/docetaxel¹⁷
- Gemcitabine/vinorelbine¹⁸
- Paclitaxel²⁷⁻²⁹

PS 0-2

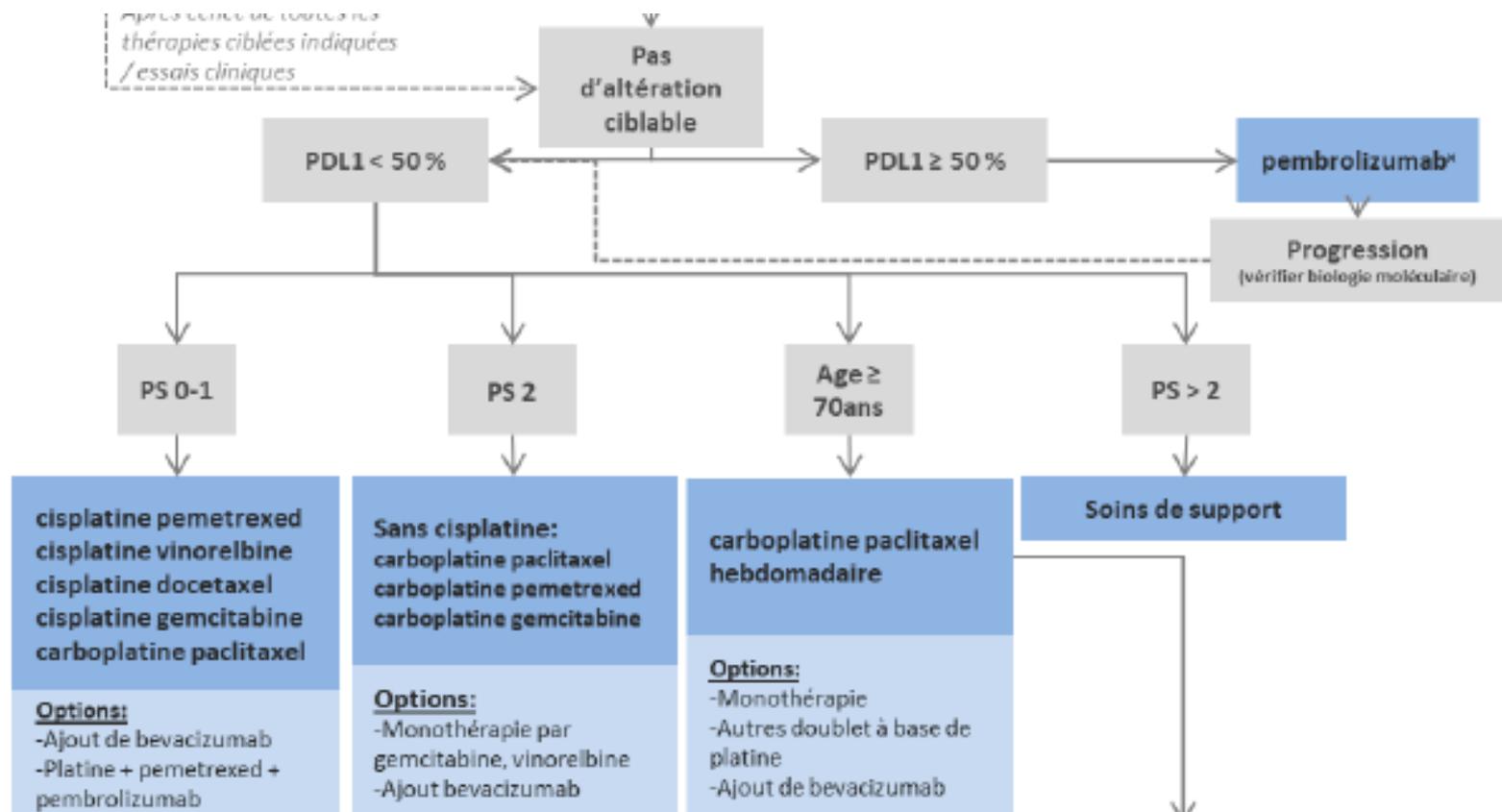
Systemic therapy^{ggg}

Tumor response evaluation^{ggg}

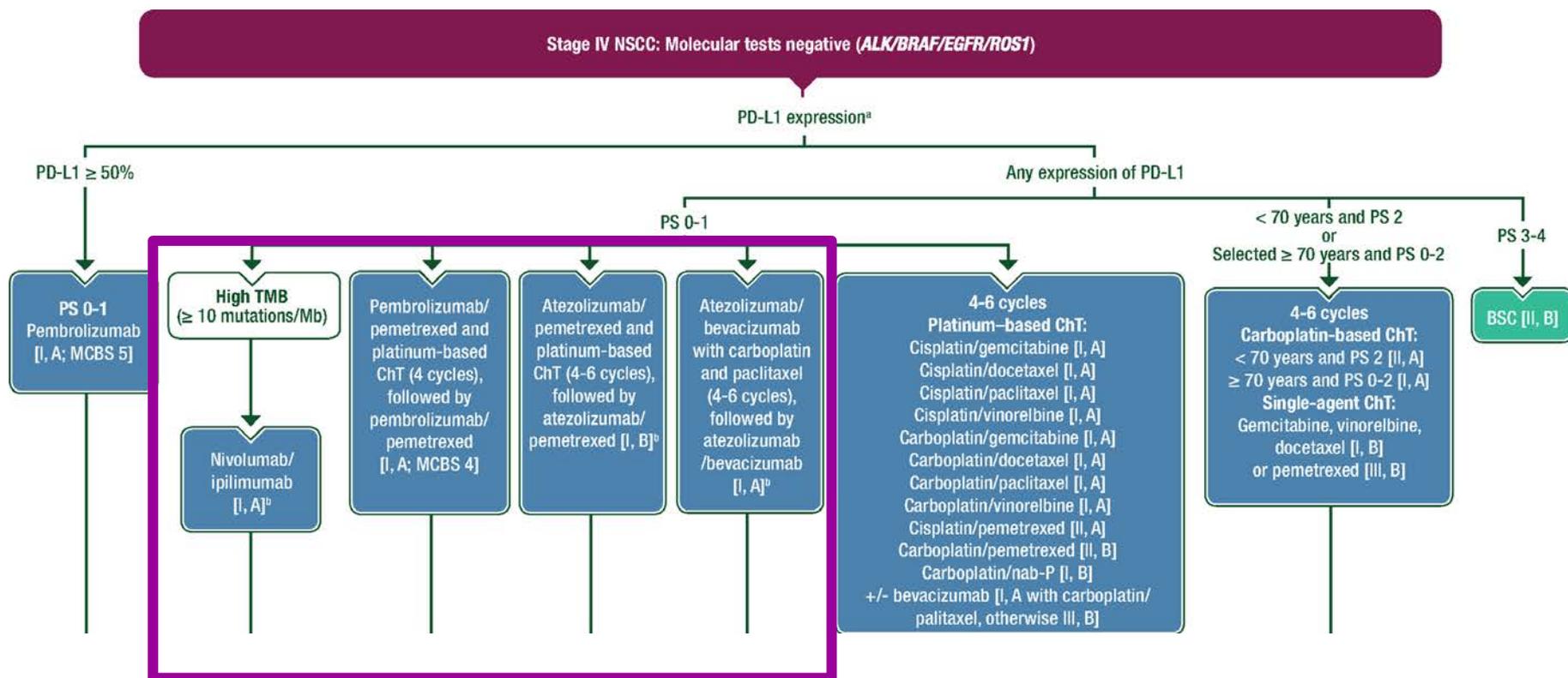
PS 3-4

Best supportive care
See [NCCN Guidelines for Palliative Care](#)

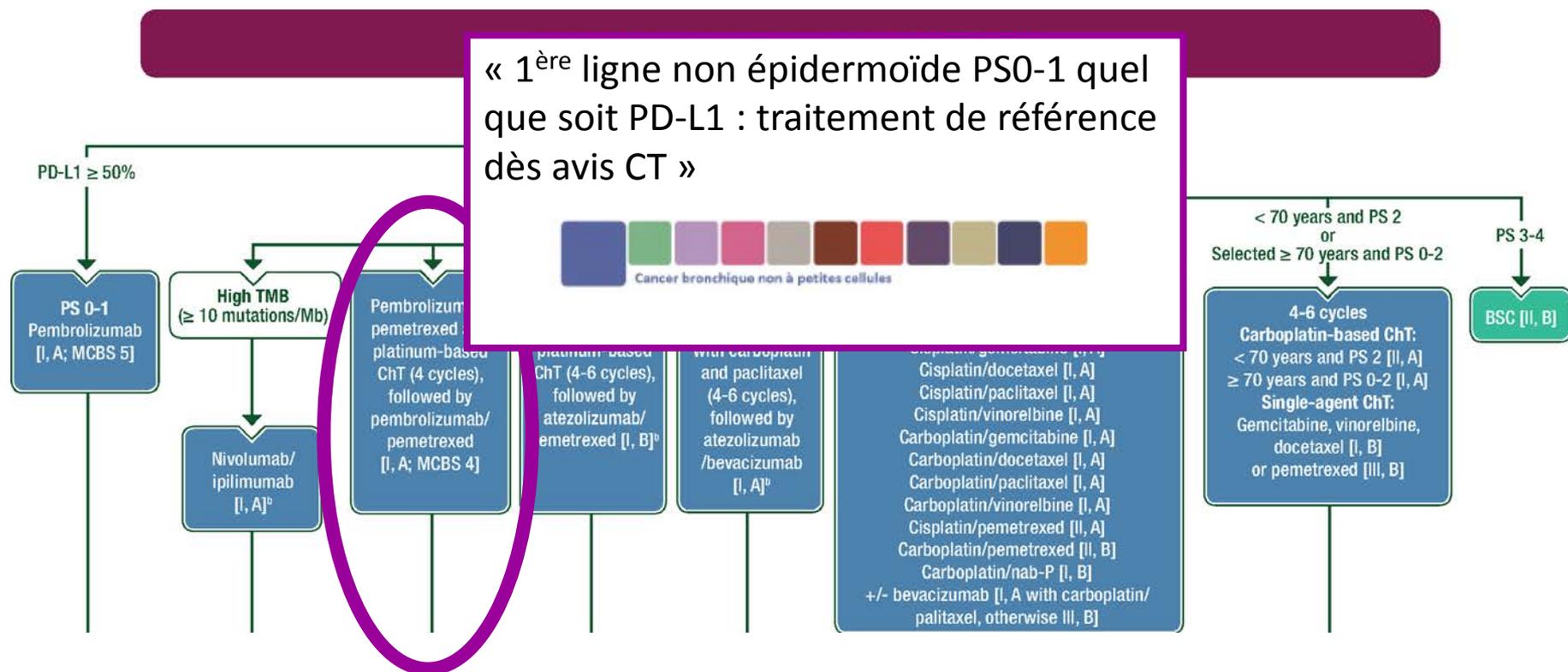
L1 non épidermoïdes



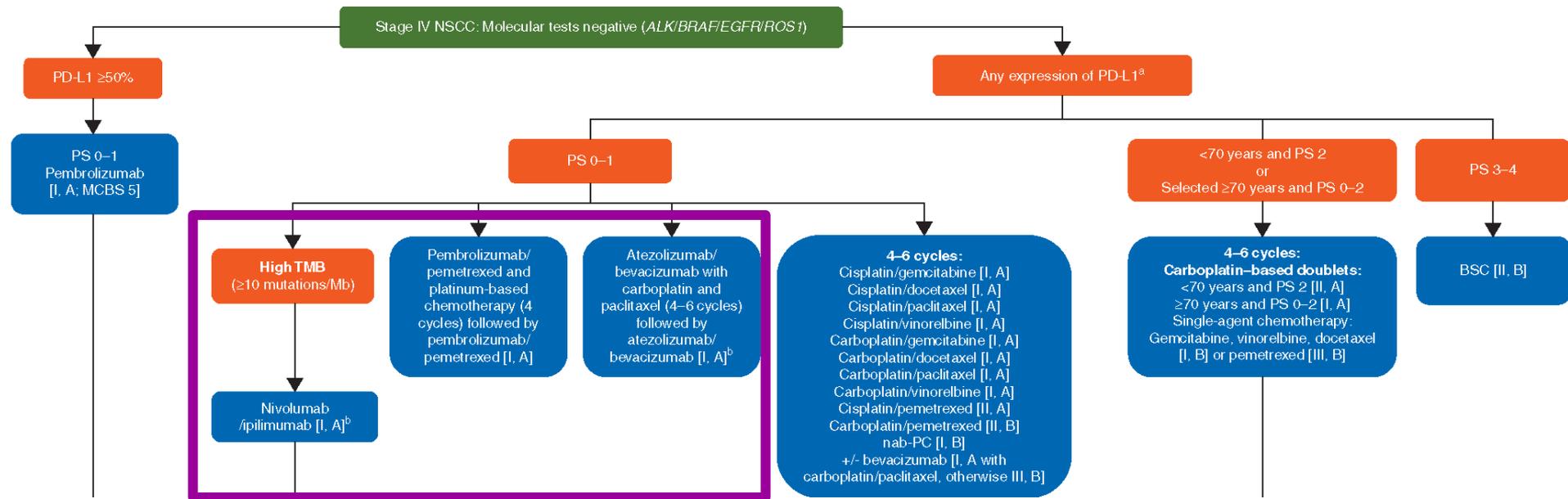
L1 non épidermoïdes



L1 non épidermoïdes

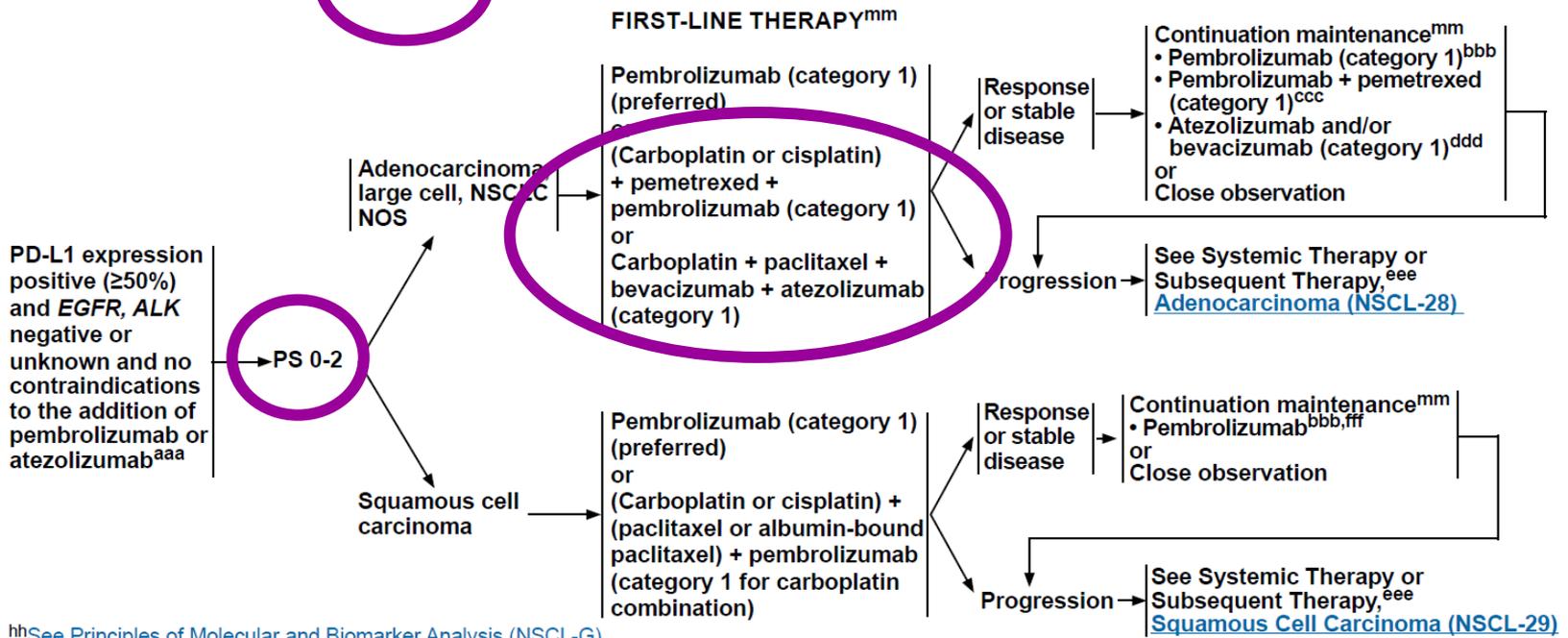


L1 non épidermoïdes



L1 non épidermoïdes

PD-L1 EXPRESSION POSITIVE (≥50%)^{hh}



^{hh}See Principles of Molecular and Biomarker Analysis (NSCL-G).

^{mm}See Targeted Therapy for Advanced or Metastatic Disease (NSCL-I).

^{aaa}Contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented autoimmune disease and/or current use of immunosuppressive agents or presence of an oncogene, which would predict lack of benefit. If there are contraindications, refer to [NSCL-28](#) (adenocarcinoma) or [NSCL-29](#) (squamous cell carcinoma).

^{bbb}If pembrolizumab monotherapy given.

^{ccc}If pembrolizumab/carboplatin/pemetrexed or pembrolizumab/cisplatin/pemetrexed given.

^{ddd}If atezolizumab/carboplatin/paclitaxel/bevacizumab given.

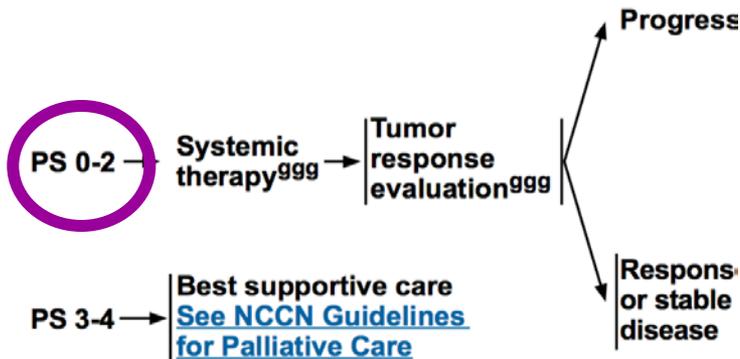
^{eee}If patient has not received platinum-doublet chemotherapy, refer to "systemic therapy." If patient received platinum chemotherapy and anti-PD-1/PD-L1, refer to "subsequent therapy."

^{fff}If pembrolizumab/(cisplatin or carboplatin)/(paclitaxel or albumin-bound paclitaxel) given.

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

L1 non épidermoïdes

ADENOCARCINOMA, LARGE CELL, NSCLC NOS
 INITIAL SYSTEMIC THERAPY
 PD-L1<50 %



Initial Systemic Therapy Options

Adenocarcinoma, Large Cell, NSCLC NOS (PS 0-1)

No contraindications to the addition of pembrolizumab or atezolizumab^c

- Pembrolizumab/carboplatin/pemetrexed (category 1)^{1,2,d} (preferred)
- Pembrolizumab/cisplatin/pemetrexed (category 1)^{2,d} (preferred)
- Atezolizumab/carboplatin/paclitaxel/bevacizumab (category 1)^{3,d,e,f,g}

Contraindications to the addition of pembrolizumab or atezolizumab^c

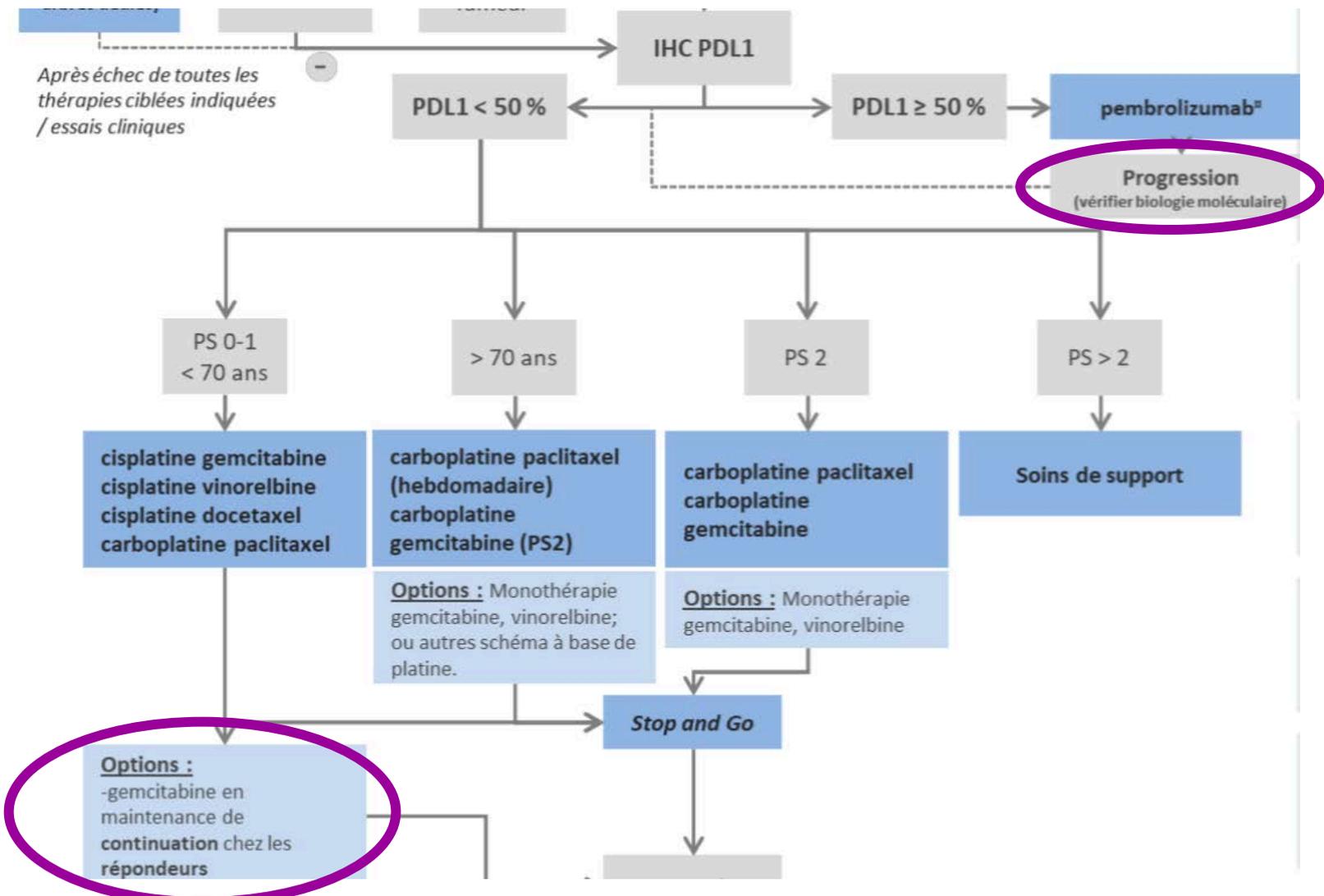
- Bevacizumab/carboplatin/paclitaxel (category 1)^{4,e,f,g}
- Bevacizumab/carboplatin/pemetrexed^{4,e,f,g}
- Bevacizumab/cisplatin/pemetrexed^{6,e,f,g}
- Carboplatin/albumin-bound paclitaxel (category 1)⁷
- Carboplatin/docetaxel (category 1)⁸
- Carboplatin/etoposide (category 1)^{9,10}
- Carboplatin/gemcitabine (category 1)¹¹
- Carboplatin/paclitaxel (category 1)¹²
- Carboplatin/pemetrexed (category 1)¹³
- Cisplatin/docetaxel (category 1)⁸
- Cisplatin/etoposide (category 1)¹⁴
- Cisplatin/gemcitabine (category 1)^{12,15}
- Cisplatin/paclitaxel (category 1)¹⁶
- Cisplatin/pemetrexed (category 1)¹⁵
- Gemcitabine/docetaxel (category 1)¹⁷
- Gemcitabine/vinorelbine (category 1)¹⁸

Adenocarcinoma, Large Cell, NSCLC NOS (PS 2)

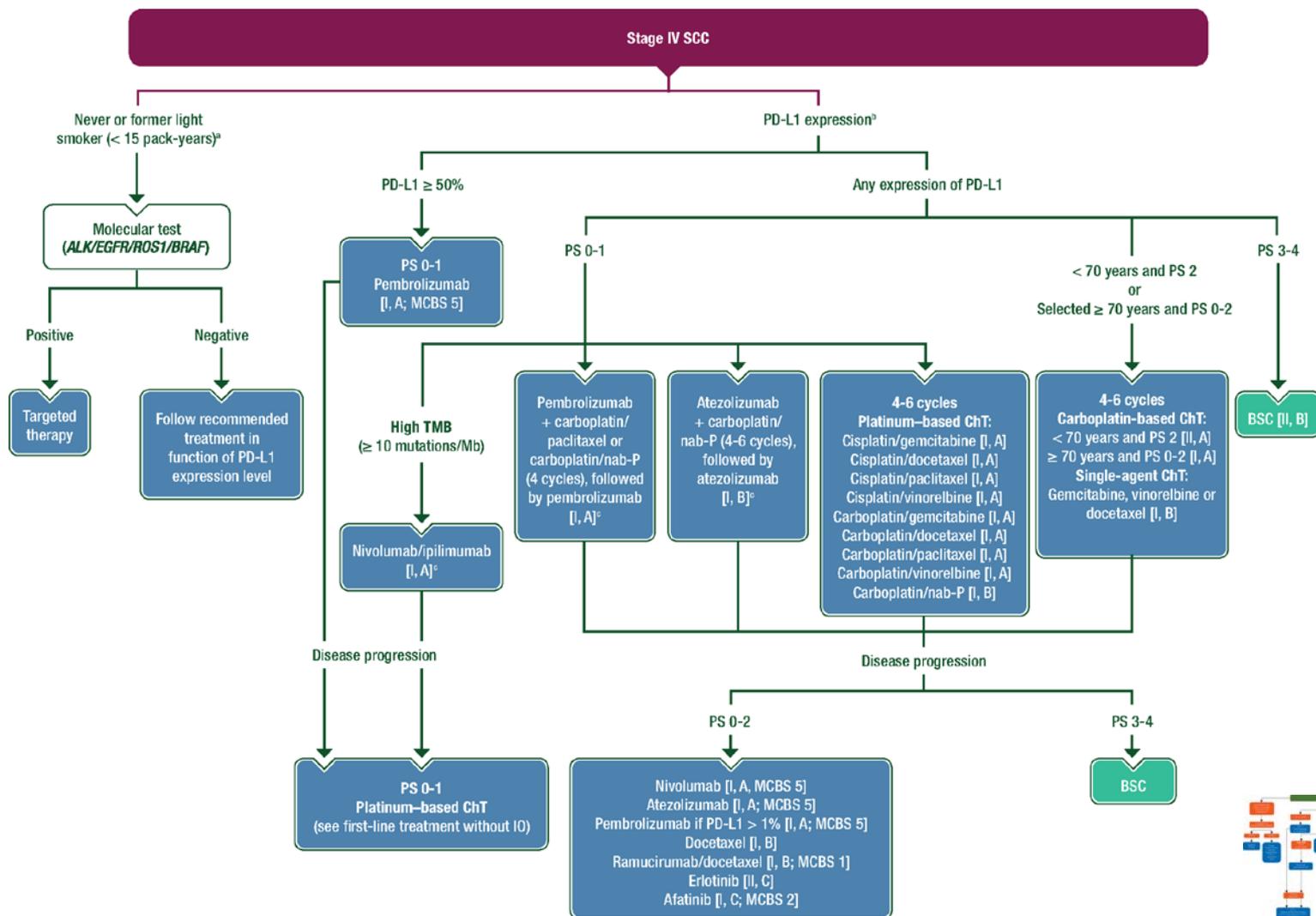
- Albumin-bound paclitaxel¹⁹
- Carboplatin/albumin-bound paclitaxel^{20,21}
- Carboplatin/docetaxel⁸
- Carboplatin/etoposide^{9,10}
- Carboplatin/gemcitabine¹¹
- Carboplatin/paclitaxel¹²
- Carboplatin/pemetrexed¹³
- Docetaxel^{22,23}
- Gemcitabine²⁴⁻²⁶
- Gemcitabine/docetaxel¹⁷
- Gemcitabine/vinorelbine¹⁸
- Paclitaxel²⁷⁻²⁹
- Pemetrexed³⁰

la maintenance

Maintenance épidermoïdes

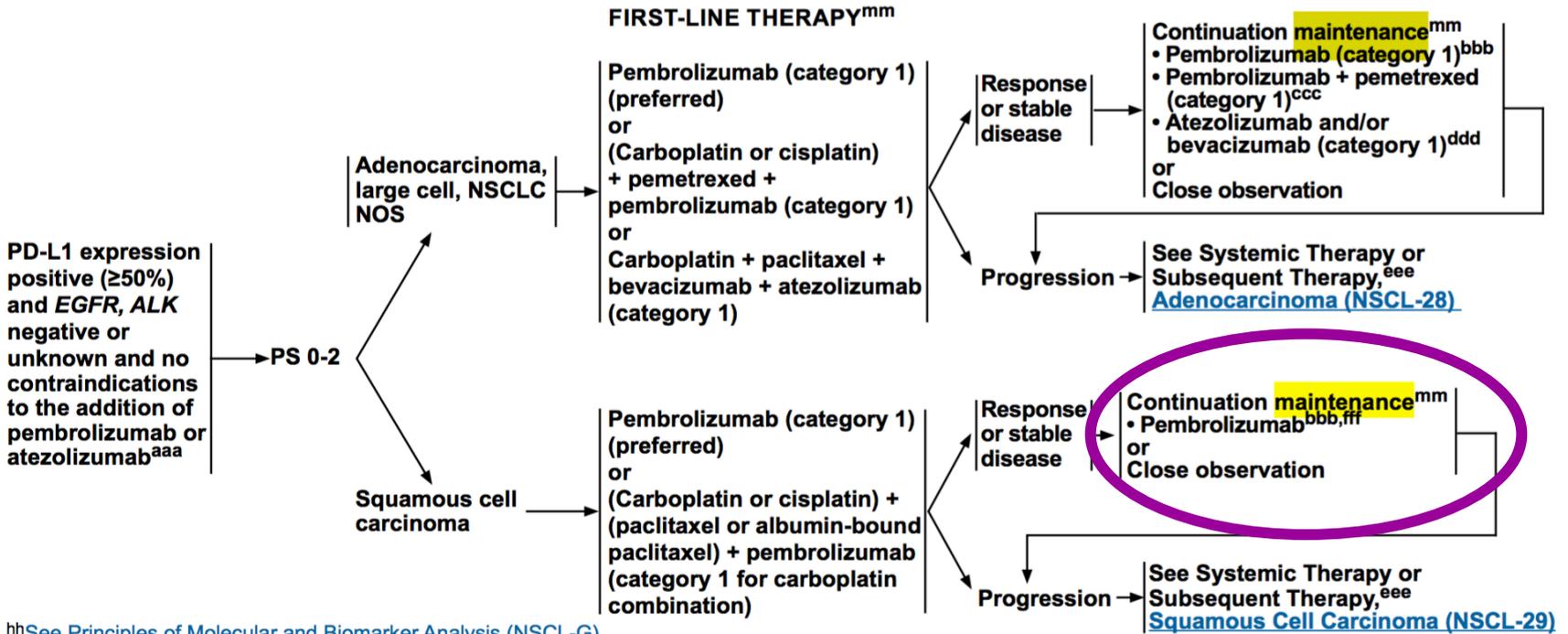


Maintenance épidermoïdes



Maintenance épidermoïdes

PD-L1 EXPRESSION POSITIVE (≥50%)^{hh}

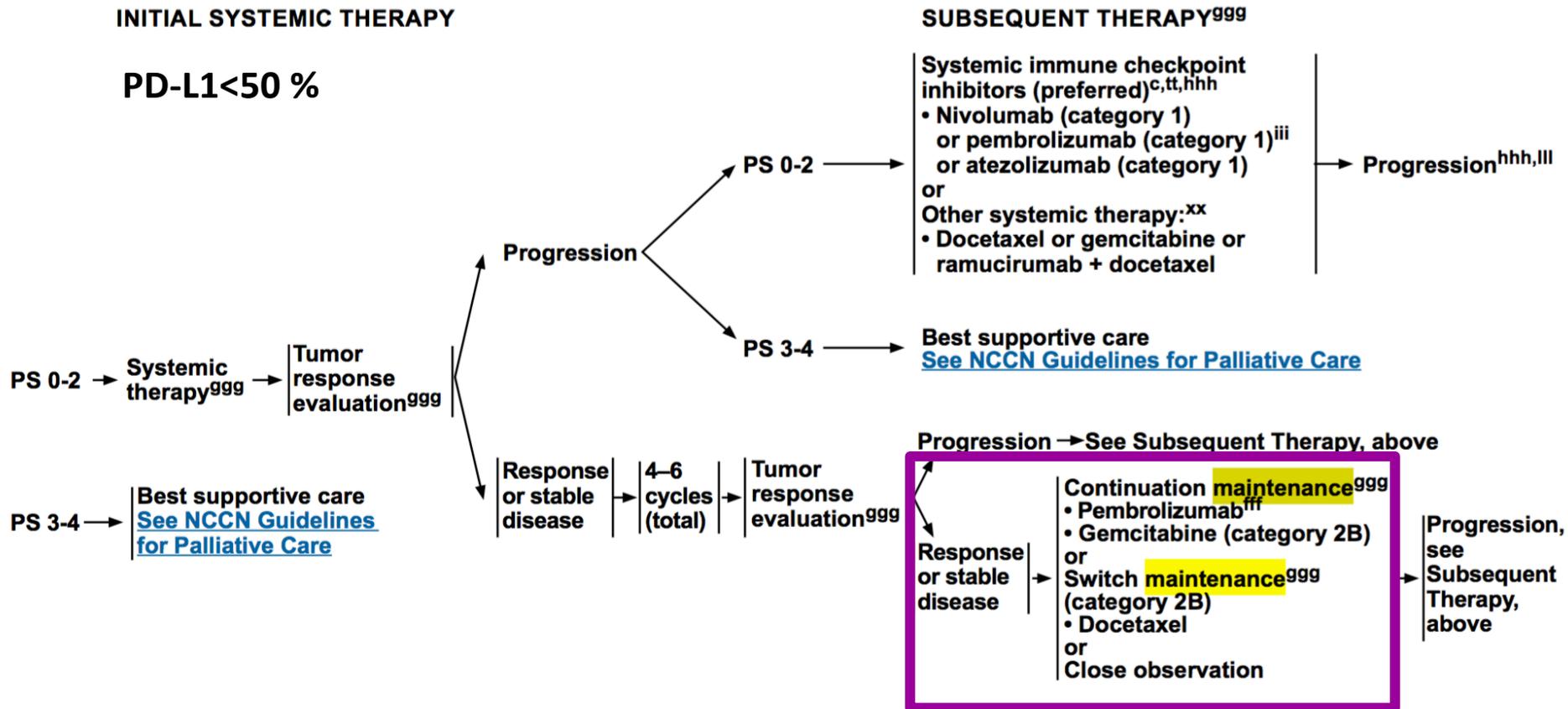


Maintenance épidermoïdes

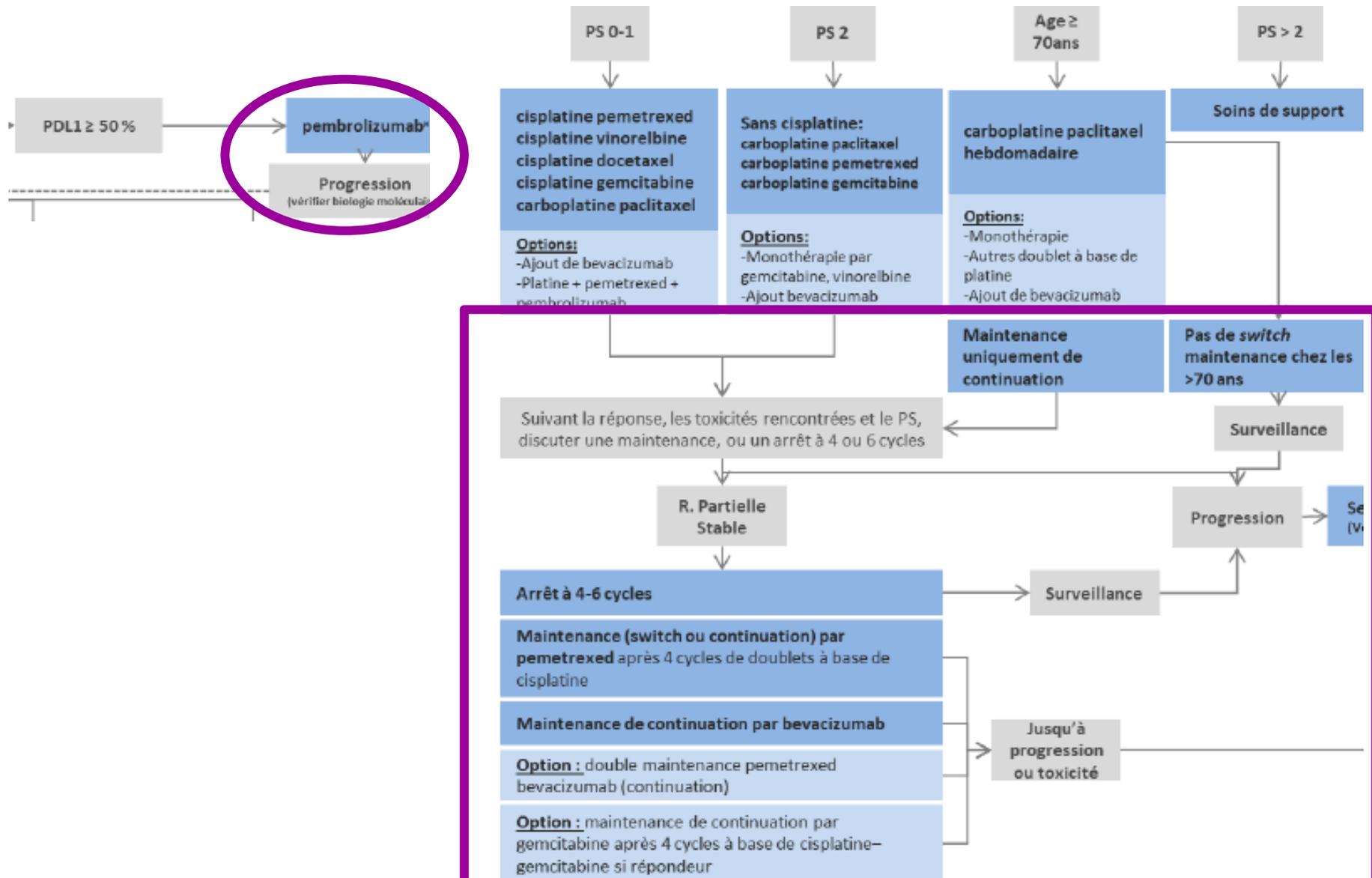
SQUAMOUS CELL CARCINOMA

INITIAL SYSTEMIC THERAPY

PD-L1 < 50 %

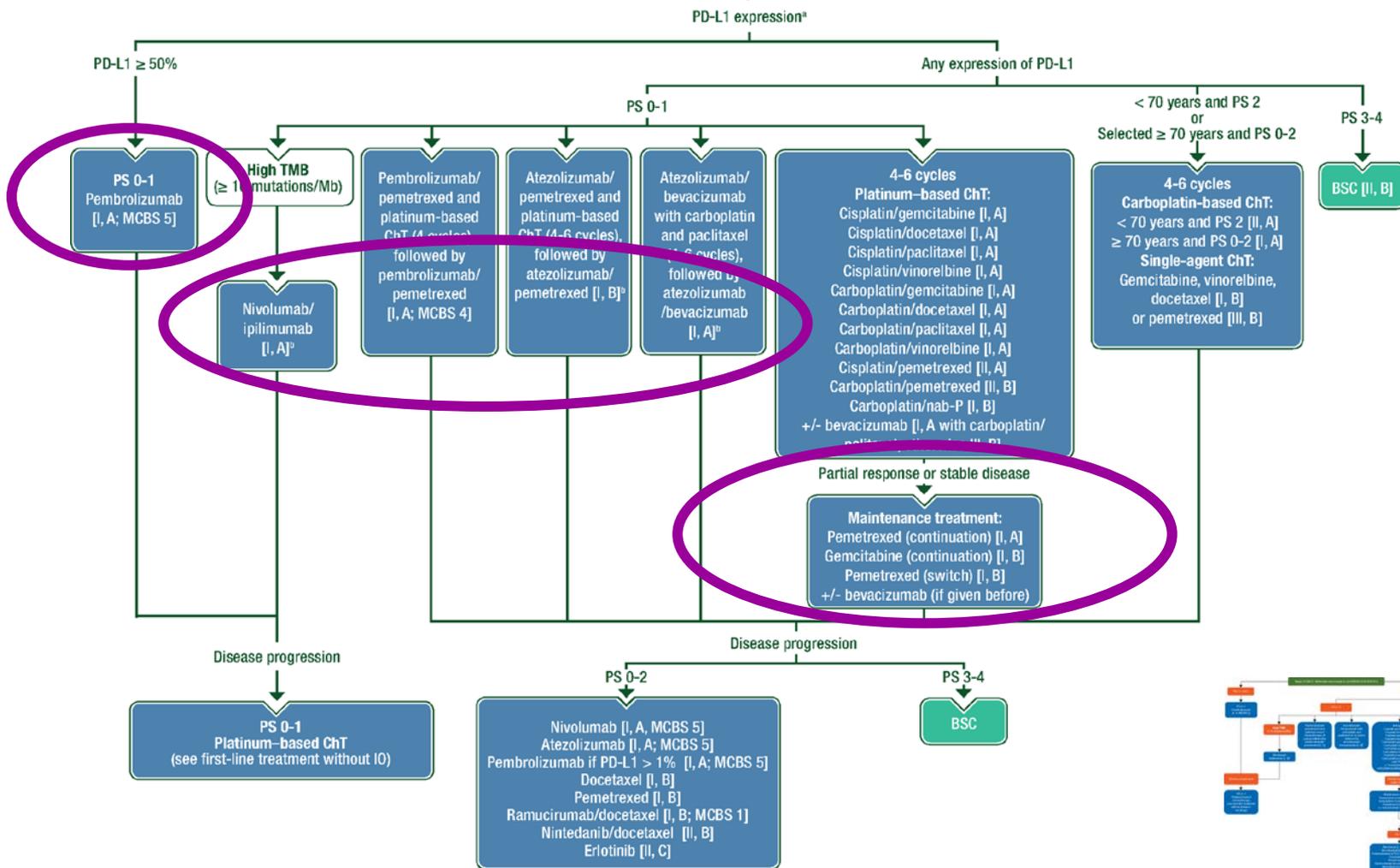


Maintenance non épidermoïdes



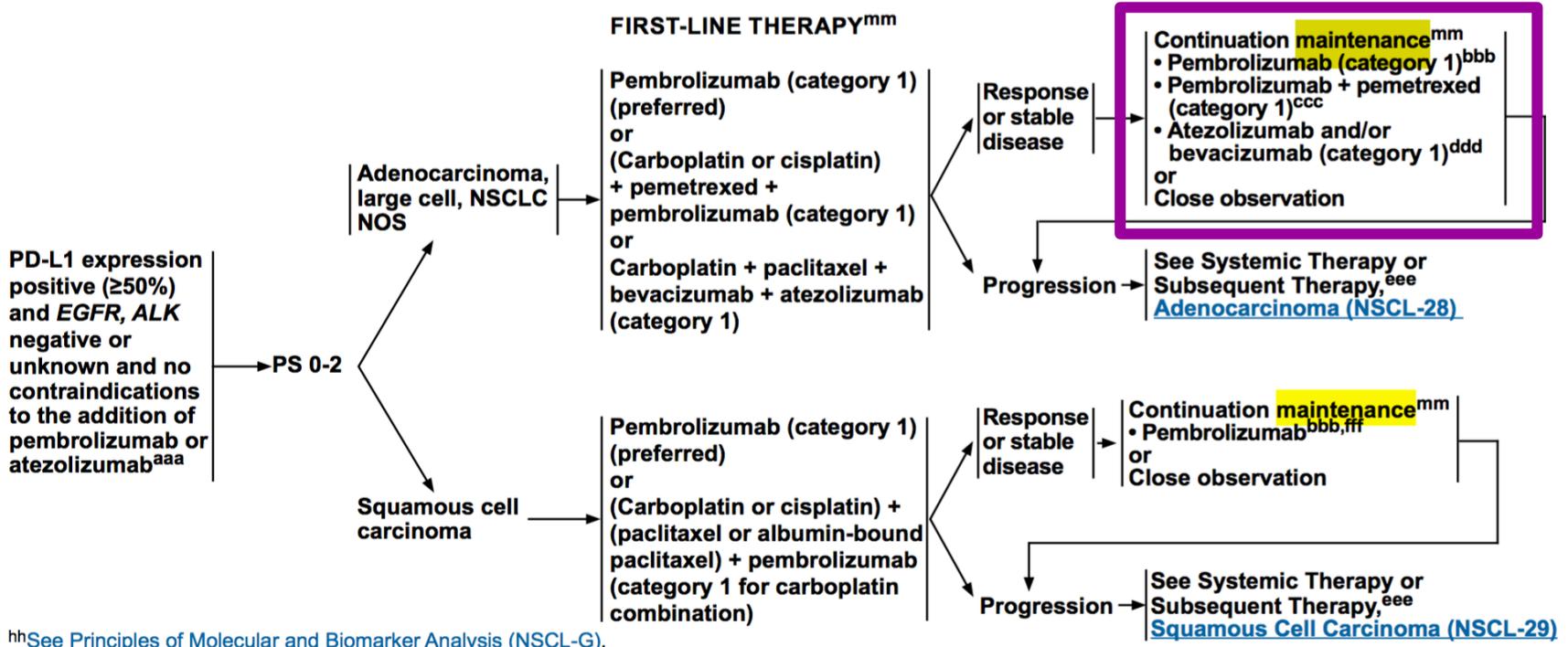
non épidermoïdes

Stage IV NSCC: Molecular tests negative (ALK/BRAF/EGFR/ROS1)



Maintenance non épidermoïdes

PD-L1 EXPRESSION POSITIVE ($\geq 50\%$)^{hh}

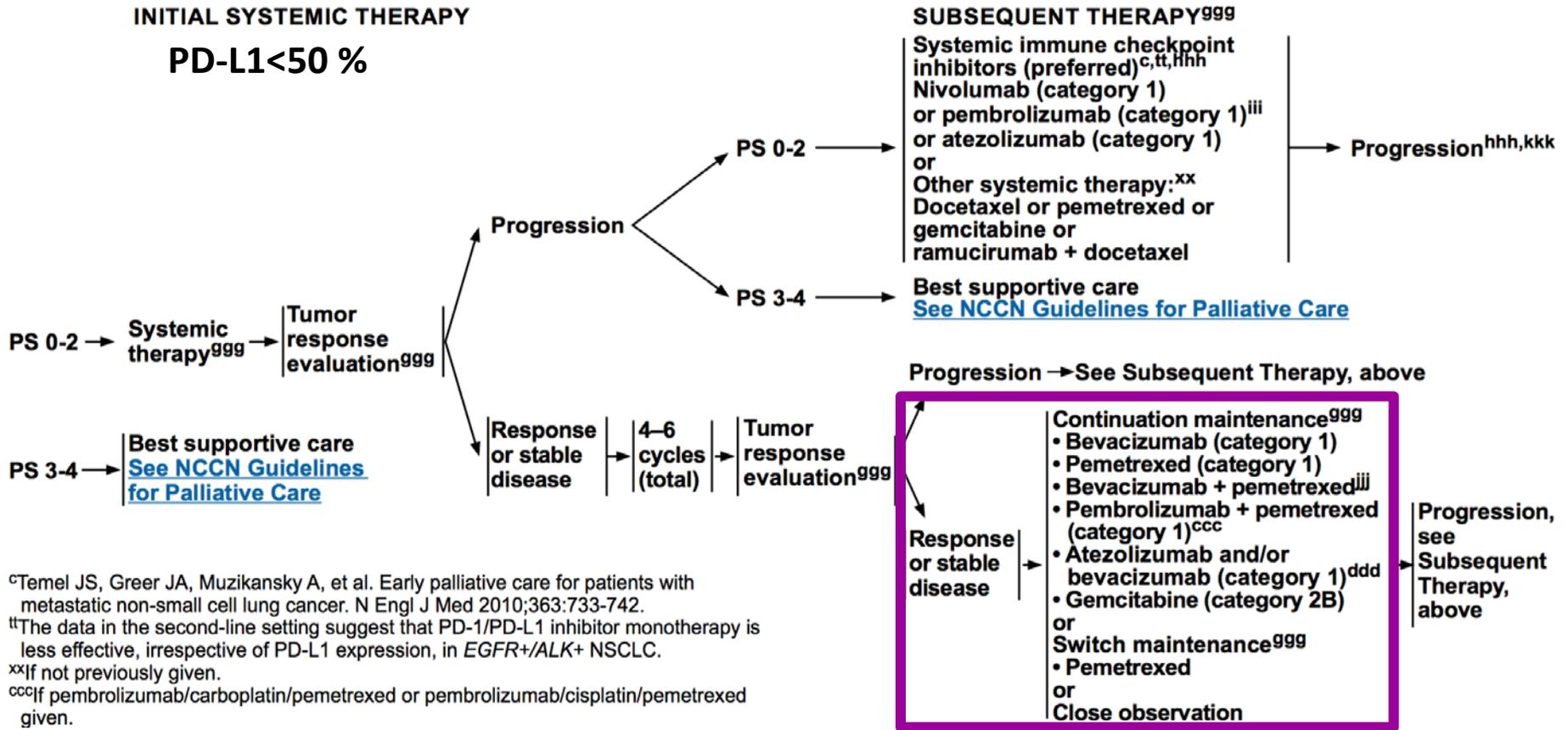


Maintenance non épidermoïdes

ADENOCARCINOMA, LARGE CELL, NSCLC NOS

INITIAL SYSTEMIC THERAPY

PD-L1 < 50 %

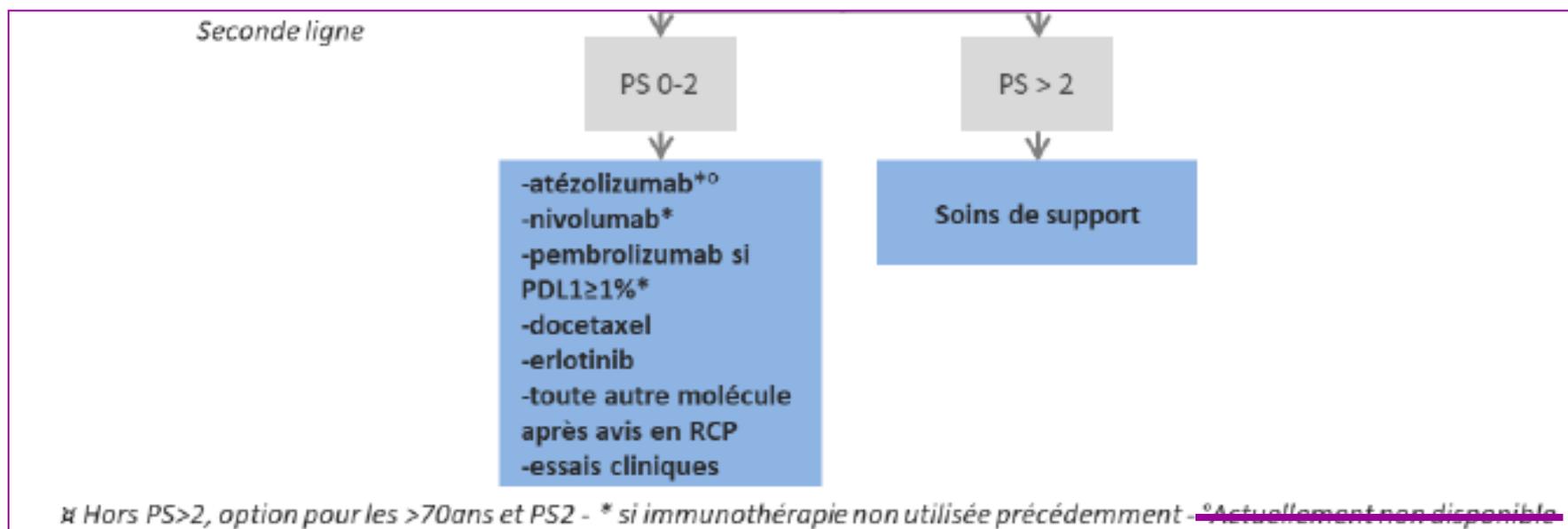


^cTemel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small cell lung cancer. N Engl J Med 2010;363:733-742.
^{tt}The data in the second-line setting suggest that PD-1/PD-L1 inhibitor monotherapy is less effective, irrespective of PD-L1 expression, in EGFR+/ALK+ NSCLC.
^{xx}If not previously given.
^{ccc}If pembrolizumab/carboplatin/pemetrexed or pembrolizumab/cisplatin/pemetrexed given.

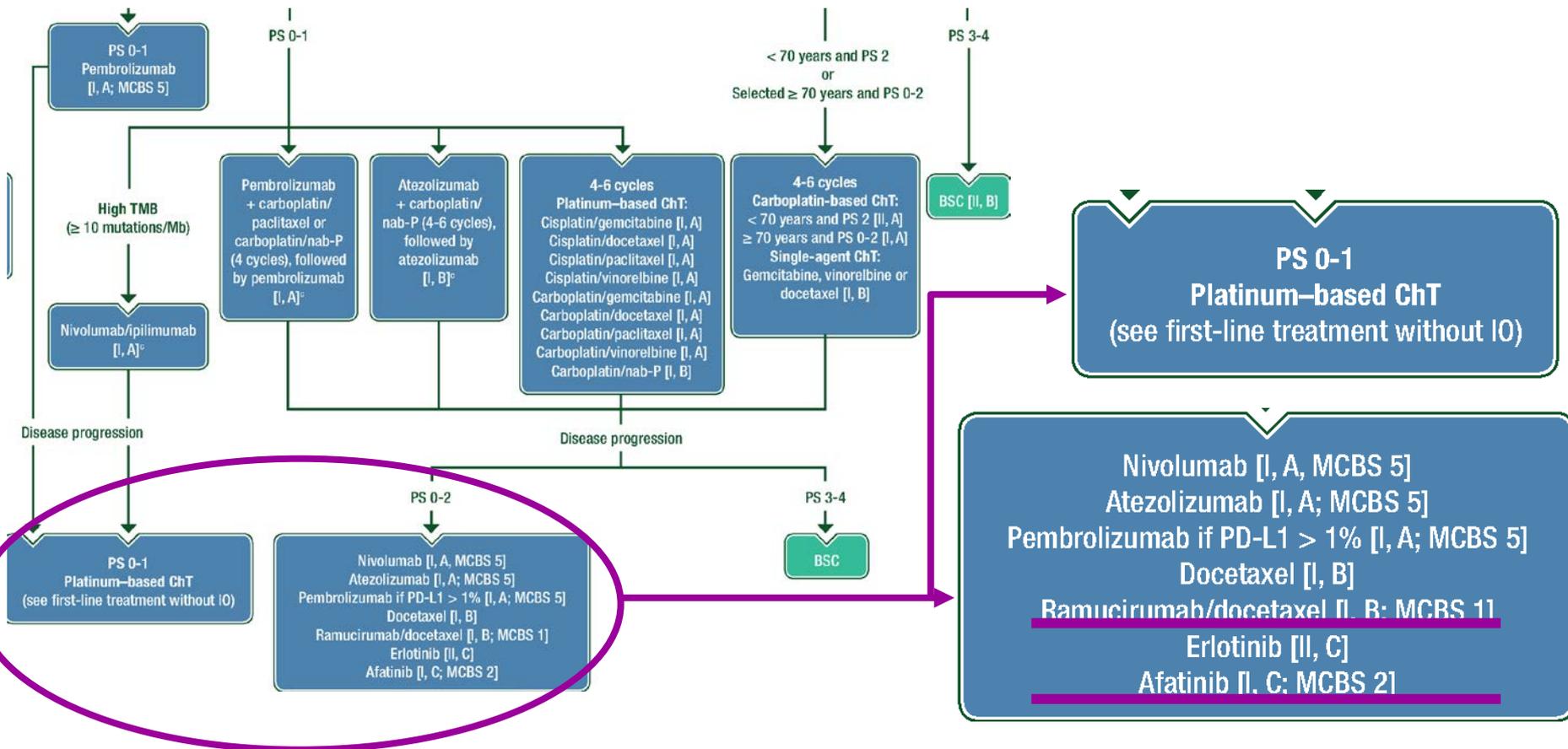
2^{ème} ligne

L2 épidermoïdes

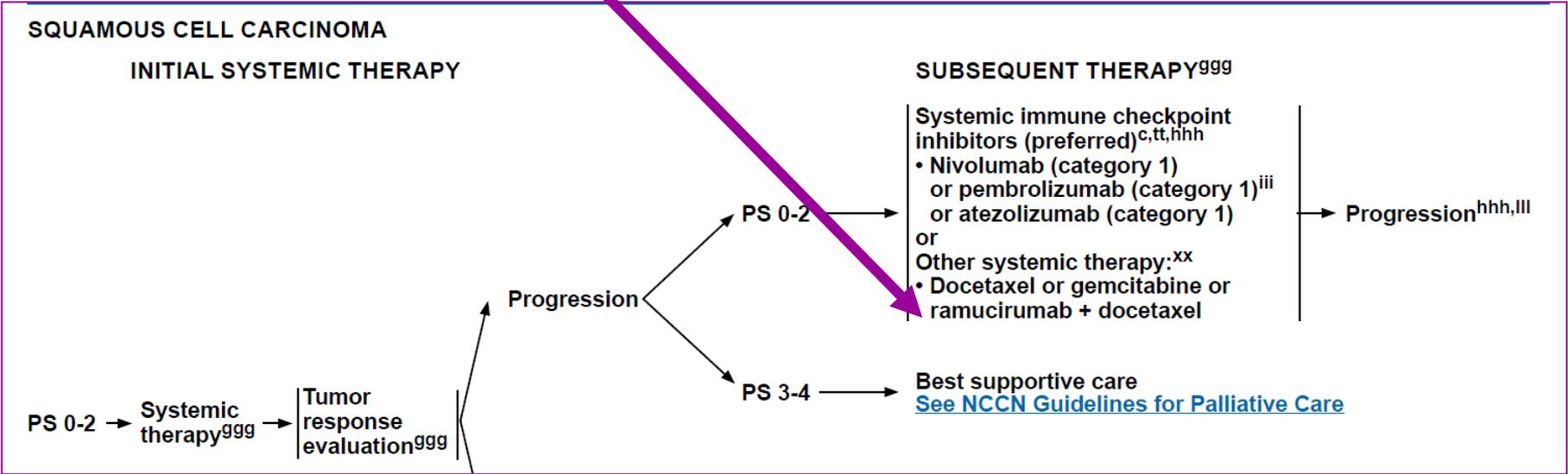
Si pembrolizumab en 1^{ère} ligne : chimiothérapie (cf L1)



L2 épidermoïdes

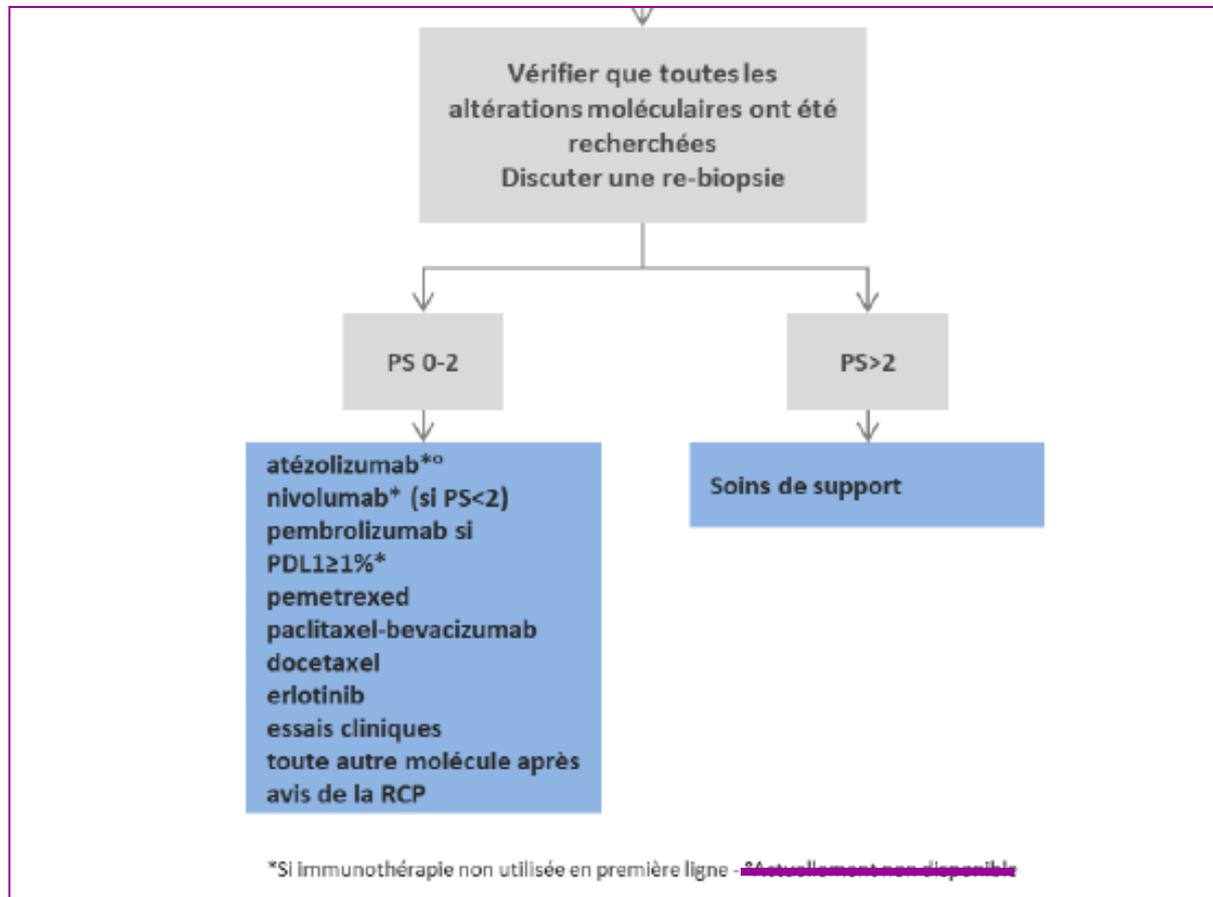


L2 épidermoïdes

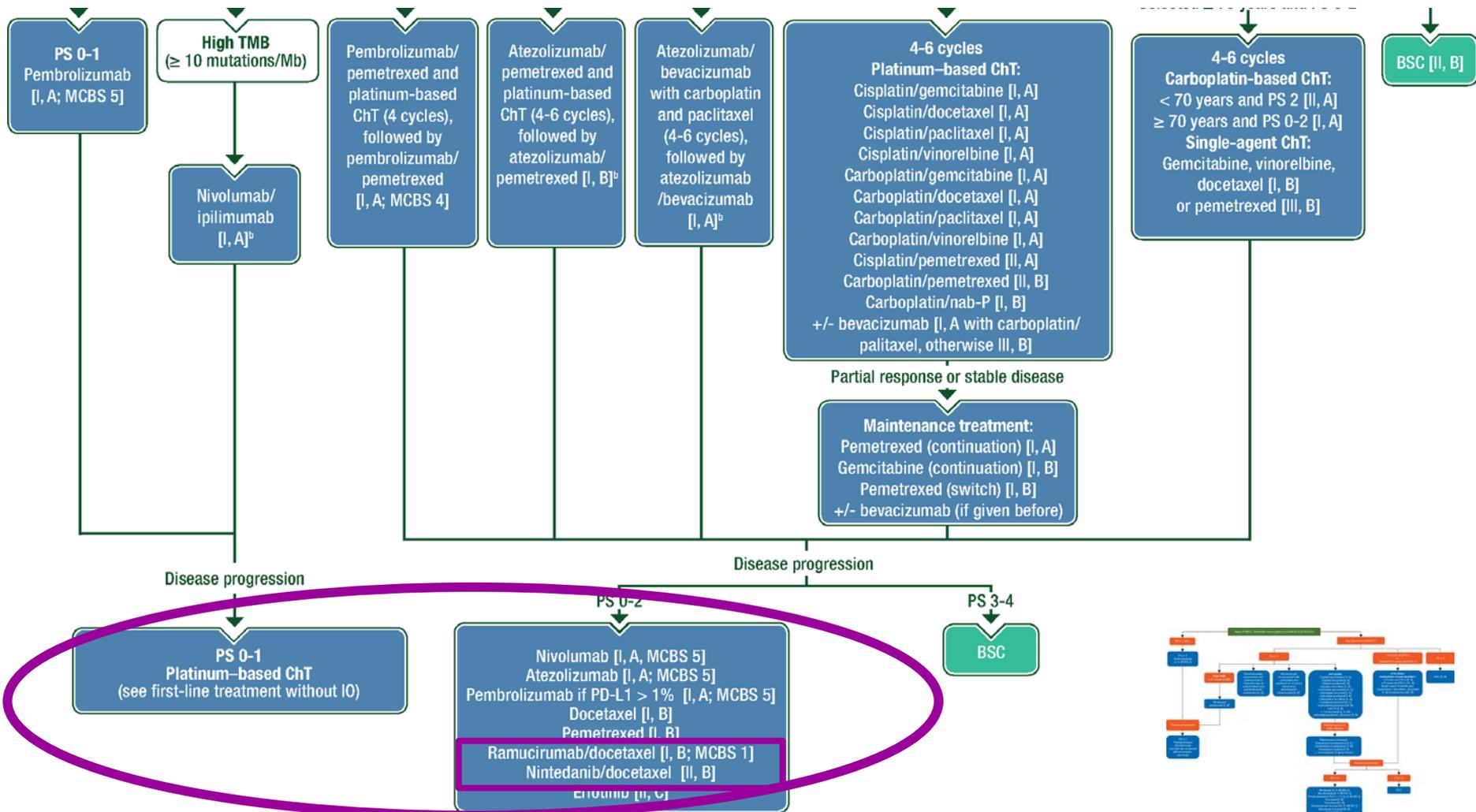


L2 non épidermoïdes

Si pembrolizumab en 1^{ère} ligne : chimiothérapie (cf L1)

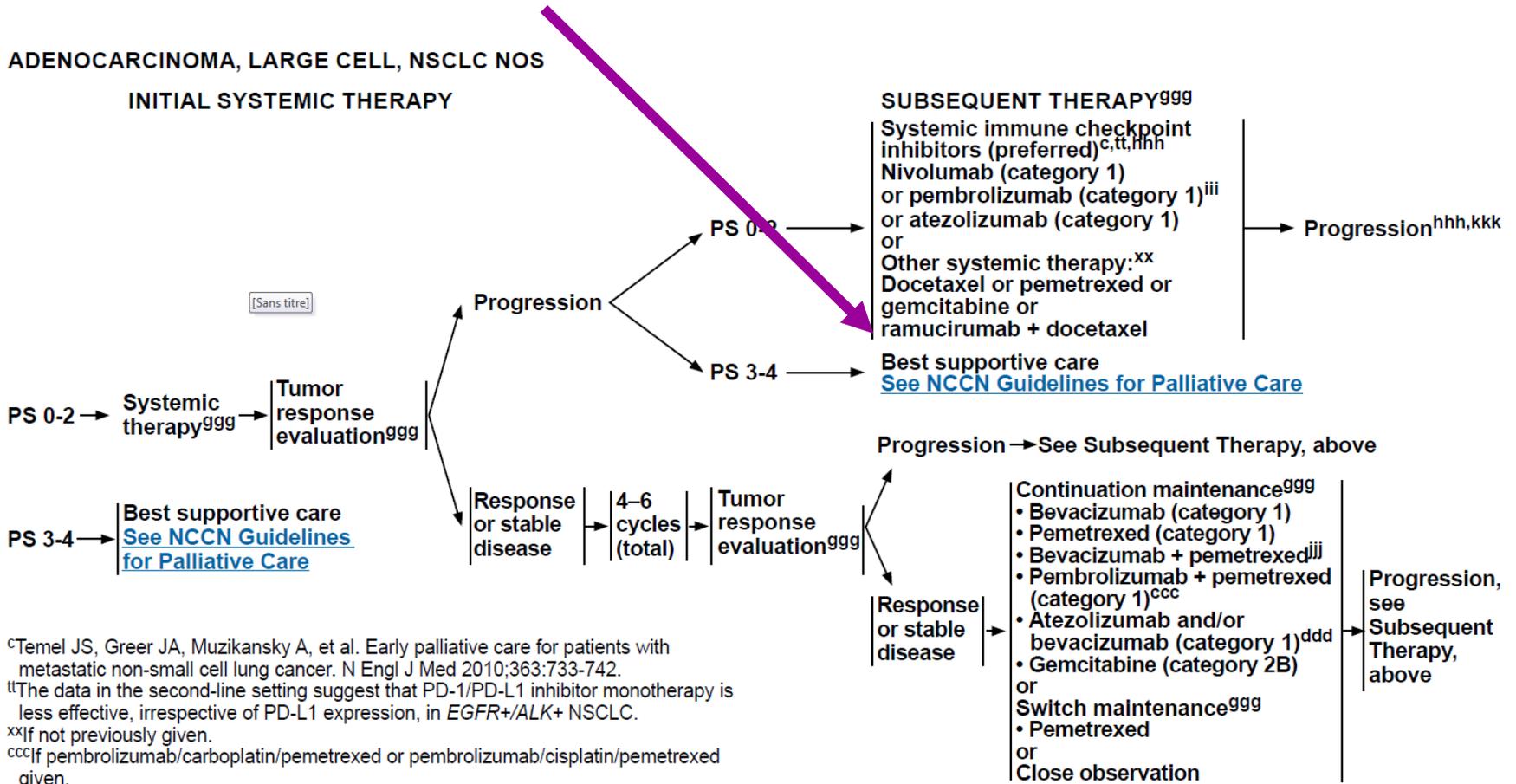


non épidermoïdes



L2 non épidermoïdes

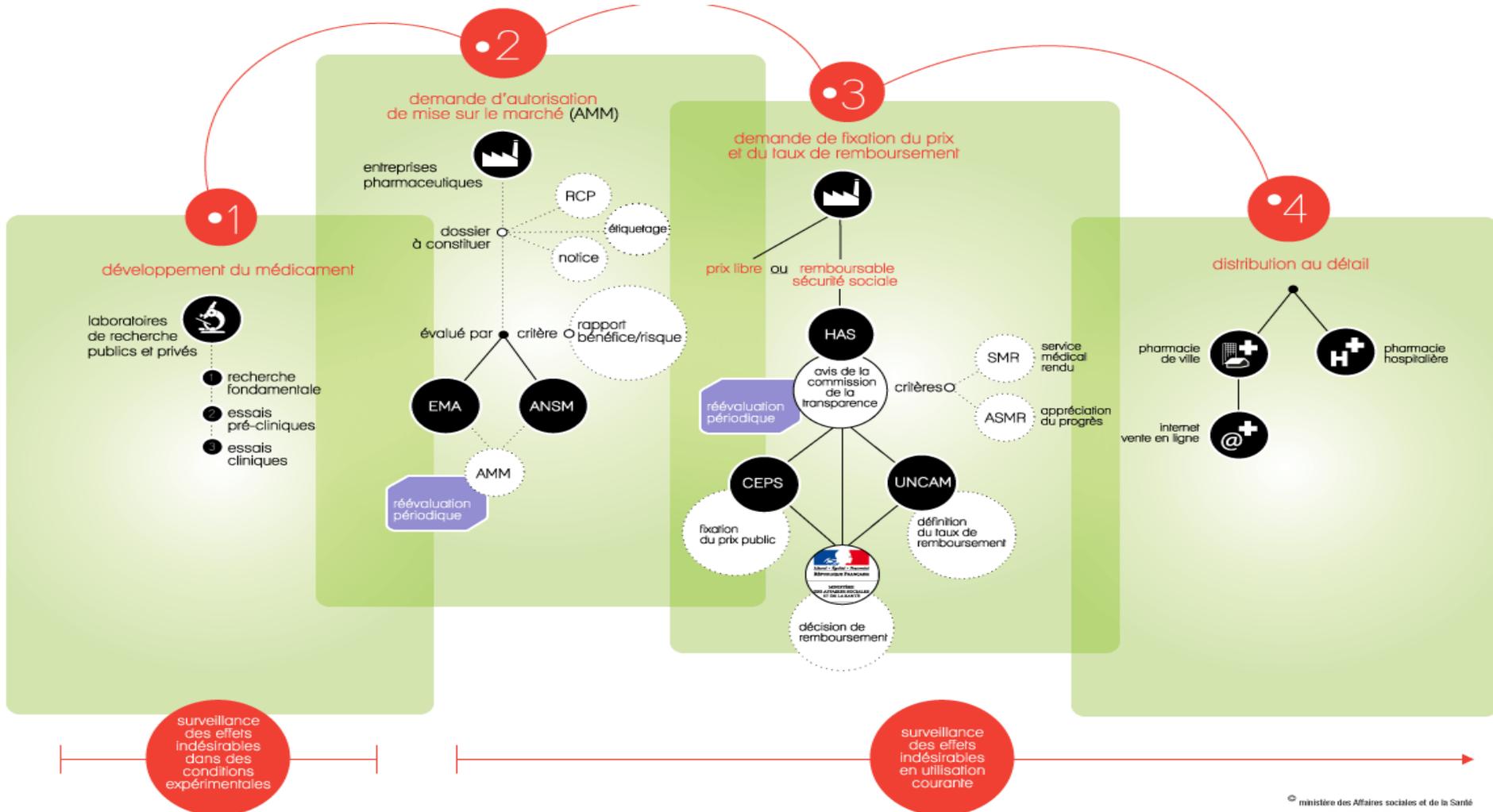
ADENOCARCINOMA, LARGE CELL, NSCLC NOS INITIAL SYSTEMIC THERAPY



^cTemel JS, Greer JA, Muzikansky A, et al. Early palliative care for patients with metastatic non-small cell lung cancer. *N Engl J Med* 2010;363:733-742.
^{tt}The data in the second-line setting suggest that PD-1/PD-L1 inhibitor monotherapy is less effective, irrespective of PD-L1 expression, in *EGFR+/ALK+* NSCLC.
^{xx}If not previously given.
^{ccc}If pembrolizumab/carboplatin/pemetrexed or pembrolizumab/cisplatin/pemetrexed given.

pourquoi ?

Les différences qui changeront...



...Et celles qui ne changeront pas

molécules	
Pembrolizumab + carbo-(nab)paclitaxel L1 épi	
Pembrolizumab + plat + pem L1 non épi	
Atézolizumab + bévacizumab + carbo-paclitaxel L1 non épi	
Nivolumab + ipilimumab L1 TMB+	
Atézolizumab + carbo-(nab)paclitaxel L1 épi	
Atézolizumab + plat-pem L1 non épi	
Ramucirumab (+ docétaxel) L2	
Nintedanib (+ docetaxel) L2	
Afatinib épidermoïdes L2	
AMM+/pas de remboursement	
AMM- mais ça peut venir...	
AMM+/CT-CEPS (comité économique des produits de santé) en attente	

conclusions

- Une différence mineure, L1 non-épi (PS/PD-L1 ?):
 - Traitement de référence : platine-pem-pembro dès CT/CEPS
- Des différences qui devraient se gommer (PS/PD-L1 ?):
 - L1 épi : carbo-paclitaxel-pembro
 - L1 non épi : Carbo-paclitaxel-atézolizumab-bévacizumab
- Les vraies différences qui disparaîtront peut être à + long terme :
 - L1 TMB+ : nivolumab-ipilimumab
 - L1 épidermoïdes : carbo-(nab)paclitaxel-atézolizumab
 - L1 non épi : platine-pemetrexed-atézolizumab
- Les vraies différences qui ne disparaîtront pas :
 - L2 épidermoïdes : afatinib
 - L2 non-épidermoïdes : ramucirumab-docetaxel
 - L2 : Nintedanib-docétaxel