

Long-term real-life outcomes of nivolumab-ipilimumab combination in untreated patients with unresectable pleural mesothelioma Update of MESOIMMUNE – GFPC 04-2021 study

Background: Since 2020 and the results of the CheckMate 743 study, the standard of care for unresectable pleural mesothelioma (PM) is the combination of nivolumab-ipilimumab (NIVO+IPI). In a context where other combinations such as chemoimmunotherapy (+/-) bevacizumab have shown positive results, understanding long-term survival and efficacy of 2nd-line treatment after NIVO+IPI may be essential for defining the best treatment sequence.

Methods: This multicenter, retrospective study assessed the outcomes of NIVO+IPI, via an early access program (EAP) in France, in patients (pts) with treatment-naïve PM. We report updated real world PFS (rw-PFS) and OS data, and 2nd-line data (type, real word PFS2 (rw-PFS2), objective response rate (ORR) post NIVO+IPI.

Results:

From April 1, 2021 to Feb 15, 2022 (last day of EAP) there were 204 pts included out of 350 pts treated by EAP for PM in 44 centers. Of the 204 pts, 151 (74%) had an epithelioid subtype and 53 (26%) other histological subtypes (including 20 sarcomatoid).

With a median follow-up of 30 months (ms), median rw-PFS was 6.3 ms (95%CI 5.3-7.9), with no difference according to histological subtypes: rw-PFS for epithelioid PM was 6.3 ms (95%CI 5.3-8.3) and 6.7 ms (95% CI 4.7-9.7) for other histological subtypes. The median OS was 20.2 ms (95% CI 17.6-23.0). Median OS was 22.4 and 14.3 ms in epithelioid and non-epithelioid PM, respectively. 31 pts (15.2%) received two years of treatment without tumor progression. 117 (66.8%) pts underwent a second line of treatment after tumor progression. 47, 47, 16, and 7 pts received platinum-pemetrexed-bevacizumab, platinum-pemetrexed, single-agent chemotherapy, or other combinations, respectively. Rw-PFS2 was 6.9 ms (95% CI 6.1-8.2), with a difference between epithelioid and non-epithelioid MPM (7.6 vs. 3.8 ms). ORR was 28.2 (95% CI 20% -37.6%) in 2nd-line.

Severe immune-related AE occurred in 23.5% of pts. nine deaths were associated with treatment-related AEs according to investigators judgment.

Conclusions:

These long-term results support the NIVO+IPI combination as the standard of care in first-line treatment. Subsequent treatments appears to be efficient, particularly in the epithelioid subtype.

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