

# Thoracic Oncology Translational Research

*At UCLA and TRIO-US*

## Trial for Second-Line, Immunotherapy-Naïve Patients Open at Select Satellite and TRIO Sites

We are happy to announce that the BMS CA209-817 Trial is now open for second-line NSCLC patients who have not previously had immunotherapy, and do not have EGFR or ALK mutations. Please note that this second-line cohort may be full by mid-October 2017. Also open are special first-line cohorts for patients with performance status 2, asymptomatic brain metastases, liver and kidney dysfunction, or HIV-positive status. Patients will receive nivolumab every 2 weeks in combination with ipilimumab every 6 weeks. The study is enrolling at the following sites:

### Satellite

Alhambra, Irvine, Pasadena, Valencia, Westlake Village

### TRIO

Redondo Beach, SCORA, San Luis Obispo, Santa Maria, Wichita, KS

## New England Journal of Medicine Editorial

A recent editorial published in the *New England Journal of Medicine* by Dr. Edward Garon discusses the importance of proper patient population enrichment and effective biomarker testing to studies investigating immunotherapeutic drugs. In order to ensure that treatments are most effective for a group of patients, it is useful to “enrich” that group by selecting patients that will be likely to respond to the treatment. One characteristic used to select patients for some immunotherapies is their PD-L1 biomarker expression level. This editorial centers around a study which Garon argues did not successfully use these strategies for population enrichment. The study found that chemotherapy was at least as effective as a first-line treatment for NSCLC as the immunotherapeutic drug nivolumab in patients selected by their PD-L1 expression level. Garon notes that the similar drug pembrolizumab has been shown to produce longer progression-free survival than chemotherapy in an independent study. Furthermore, nivolumab and pembrolizumab have produced similar results in studies of patient populations that were not selected by PD-L1 expression level. So what is behind nivolumab’s inferiority relative to chemotherapy in this study?

Garon writes that the study’s unexpected finding is likely due to imperfect patient population enrichment, as well as the use of an indiscriminate test for PD-L1 expression. He asserts that the nivolumab study’s use of an inexact cutoff for this PD-L1 marker may be ineffective because it seeks to include a broader population of patients, who are not as likely to benefit from drugs like nivolumab. Dr. Garon concludes that tests and strategies for patient selection must follow proven practice if patients are to receive the benefits of cancer immunotherapies that clinical trials have shown.

Garon, EB. Cancer immunotherapy trials not immune from imprecise selection of patients. *N Engl J Med* 22 June 2017. Doi 10.1056/NEJMe1705692.

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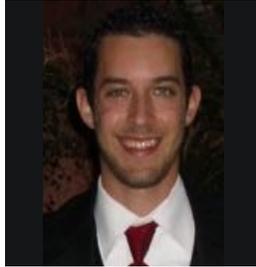
## Congratulations to a New Faculty Member!

Congratulations to Dr. Aaron Lisberg, who recently joined the faculty of the School of Medicine in the Division of Hematology/Oncology! As a faculty member, Dr. Lisberg will focus on lung and head and neck cancer. During his time as a fellow, Dr. Lisberg worked under the guidance of Dr. Edward Garon to further clinical and translational research on lung cancer immunotherapy. Through this work, he led multiple NSCLC immunotherapy correlative research projects, and co-authored numerous abstracts and articles on immunotherapy and NSCLC. Most recently, he co-authored an article on these topics in *Lancet Oncology*, which was featured in the May issue of this newsletter.

When asked what he looks forward to as a new faculty member, Dr. Lisberg said, "I am

excited to build on the momentum generated during fellowship and continue to lead exciting clinical and translational lung cancer research projects at UCLA."

In his free time, Dr. Lisberg enjoys spending time with his wife and children. Together, they like to explore LA's parks, playgrounds, and diverse restaurant scene.



## Phase 3 NSCLC Immunotherapy Study Open to Enrollment

We are excited to announce the opening of a phase 3 post-surgery immunotherapy study for patients with completely resected NSCLC.

The Roche GNE GO29527 trial is now open to enrollment at UCLA main campus and TRIO sites. This is a phase III, open-label, randomized study meant to investigate the efficacy and safety of an anti-PD-L1 antibody, atezolizumab, compared with best supportive care following post-surgery cisplatin-based chemotherapy in patients with completely resected, stage IB-IIIa non-small cell lung cancer. Patients who have undergone full resection of their NSCLC may enter this study, in which they will first receive post-surgery cisplatin-based chemotherapy. Following the completion of their chemotherapy regimen, they will be randomized to receive either atezolizumab or best supportive care.

**Please contact Dr. Jonathan Goldman for more information.**

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