

Check Mate-026

(PD1/PDL1-105)

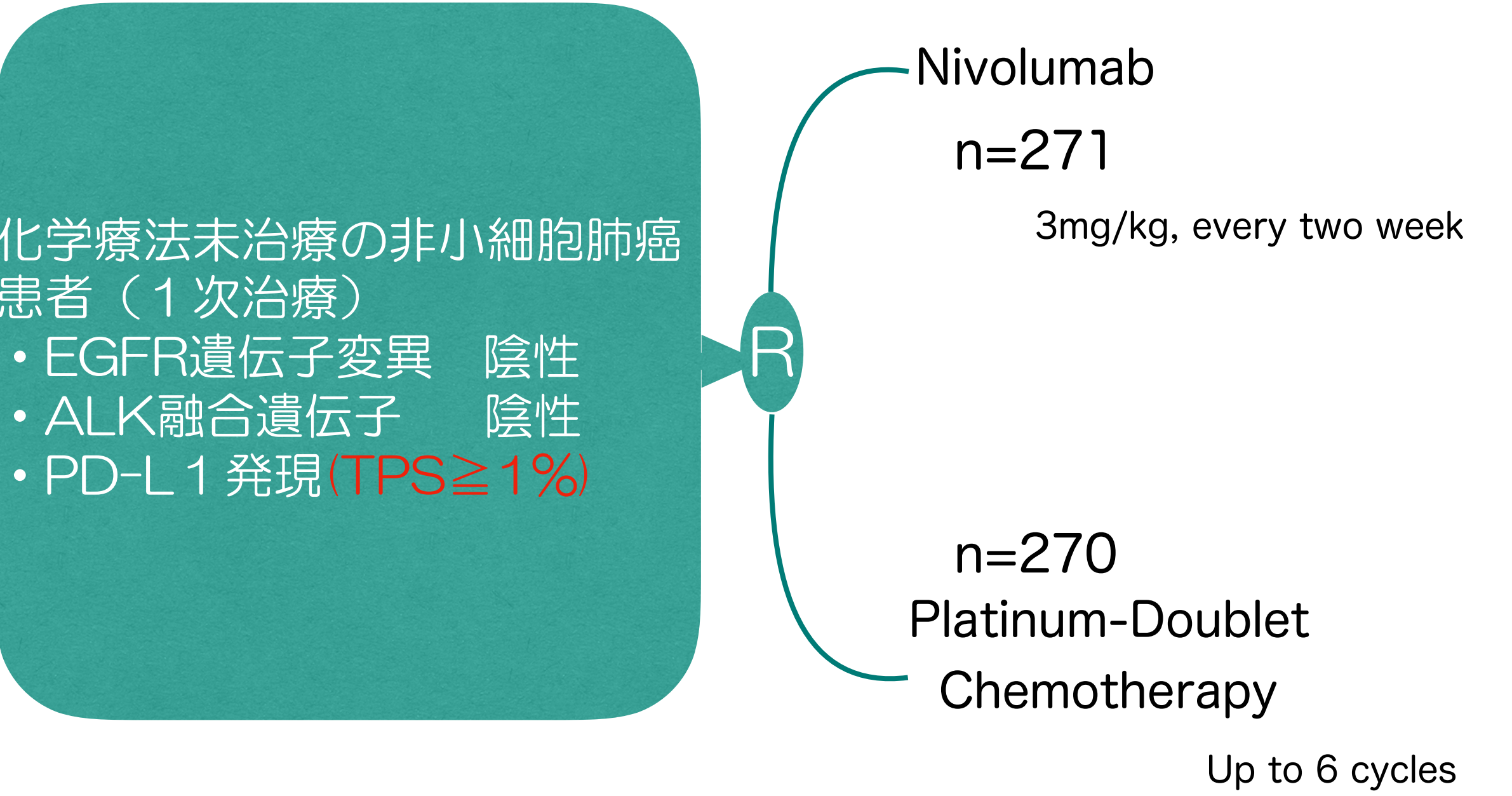
Check Mate-026

Primary Endpoint: PFS per BIRC (TPS≥5%)

Secondary Endpoint: PFS per BIRC (TPS≥1%), OS, ORR

非小細胞肺癌患者

All comer(腺癌、扁平上皮癌)



(PD後のNivolumab Cross Over許可)

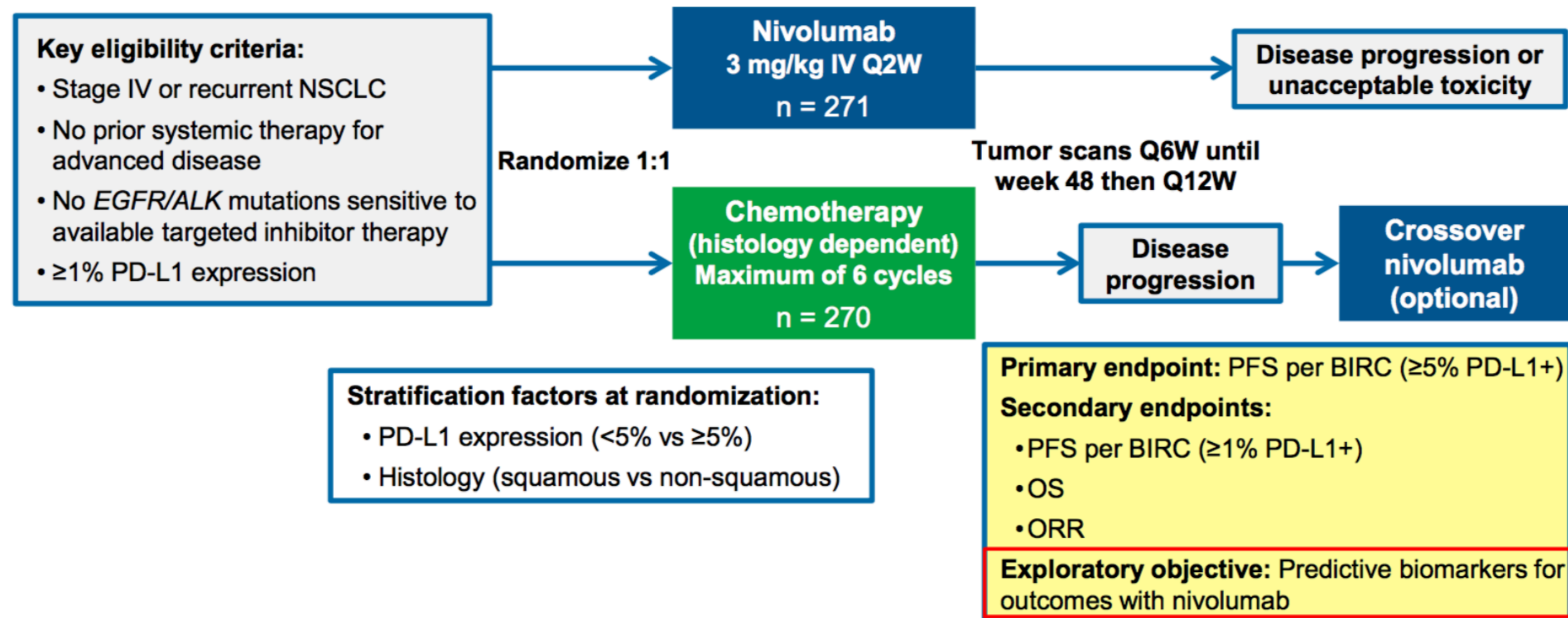
TPS≥5%			TMB	
			High	Low
ORR	mPFS	OS	OR	PFS
26%	4.2ヶ月	14.4ヶ月	47%	9.7ヶ月
HR=1,15 HR=1,02				
33%	5.9ヶ月	13.2ヶ月	28%	5.8ヶ月

Table S4. Chemotherapy Study Treatments (All Treated Patients).

Study treatments, n (%)	Chemotherapy n = 263
Pemetrexed/carboplatin	115 (43.7)
Pemetrexed/cisplatin	86 (32.7)
Gemcitabine/carboplatin	33 (12.5)
Gemcitabine/cisplatin	13 (4.9)
Paclitaxel/carboplatin	16 (6.1)
Maintenance pemetrexed, n (%)	100 (38.0)

(PD1/PDL1-105)

CHECKMATE 026: FIRST-LINE NIVOLUMAB VERSUS CHEMOTHERAPY



- An exploratory analysis was conducted in CheckMate 026 to test the hypothesis that patients with high TMB may derive enhanced benefit from nivolumab

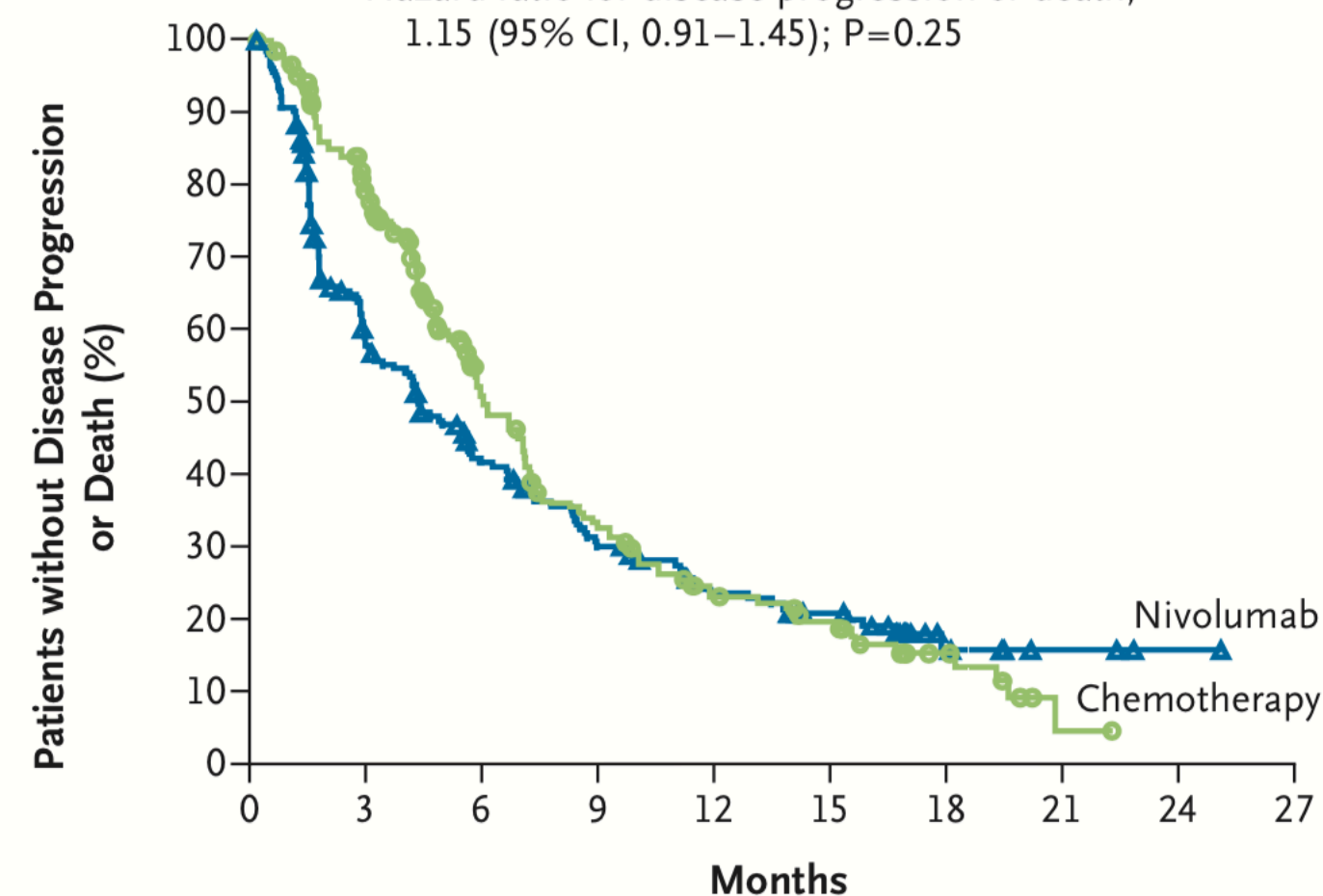
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PD1/PDL1-105

A Progression-free Survival

	Median Progression-free Survival (95% CI) <i>mo</i>	1-Yr Progression-free Survival Rate %
Nivolumab (N=211)	4.2 (3.0–5.6)	24
Chemotherapy (N=212)	5.9 (5.4–6.9)	23

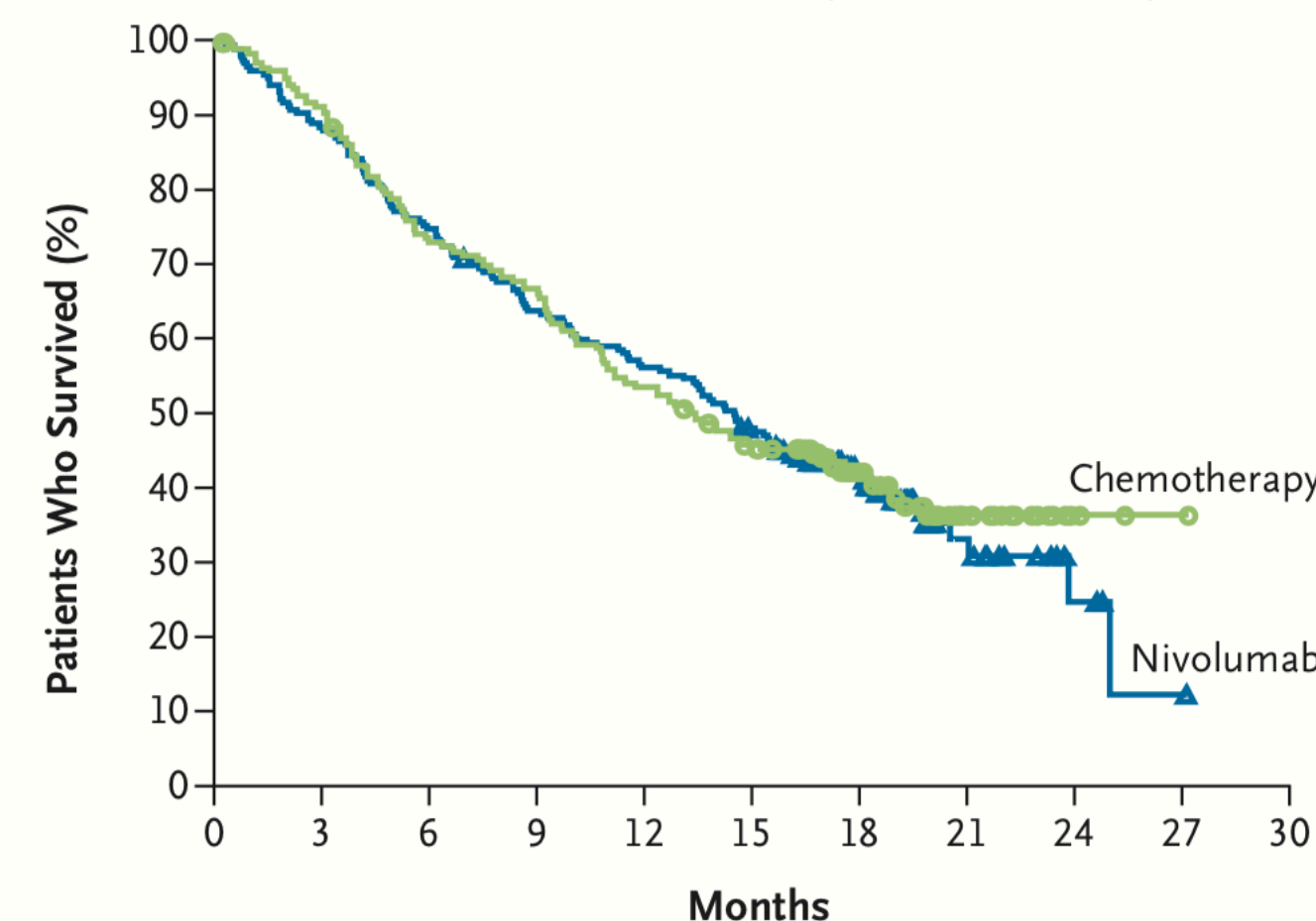
Hazard ratio for disease progression or death, 1.15 (95% CI, 0.91–1.45); P=0.25



B Overall Survival

	Median Overall Survival (95% CI) <i>mo</i>	1-Yr Overall Survival Rate %
Nivolumab (N=211)	14.4 (11.7–17.4)	56
Chemotherapy (N=212)	13.2 (10.7–17.1)	54

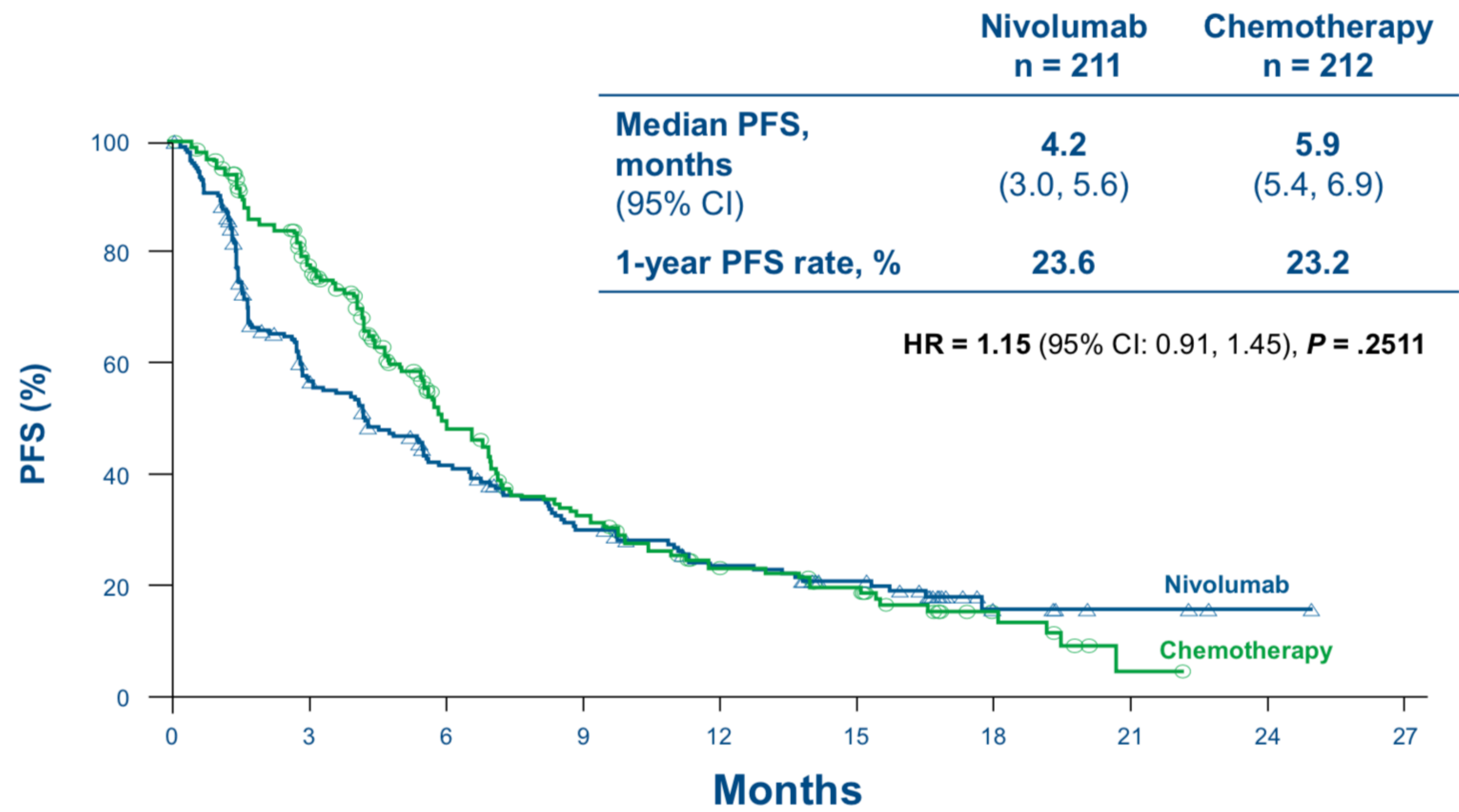
Hazard ratio for death, 1.02 (95% CI, 0.80–1.30)



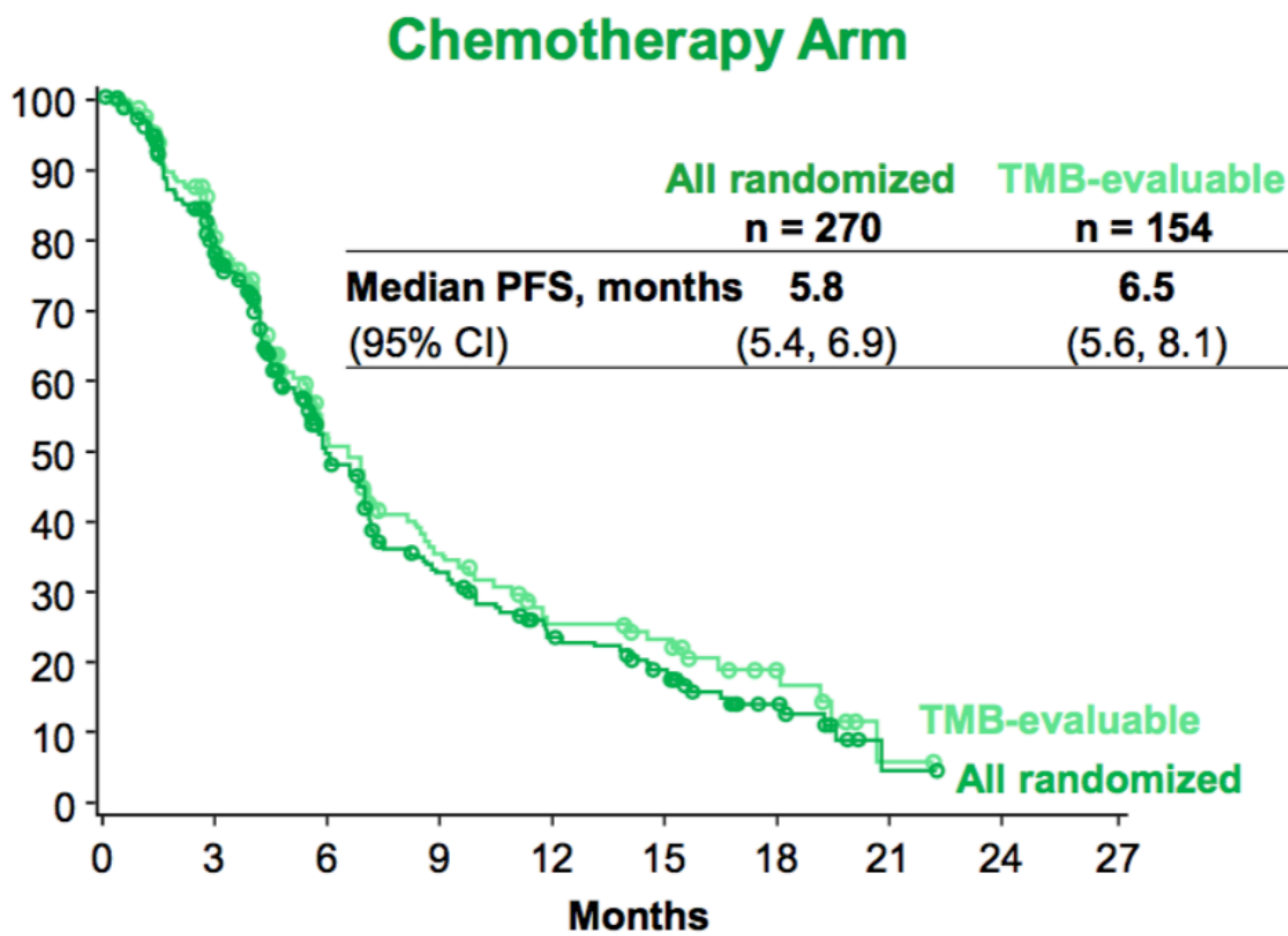
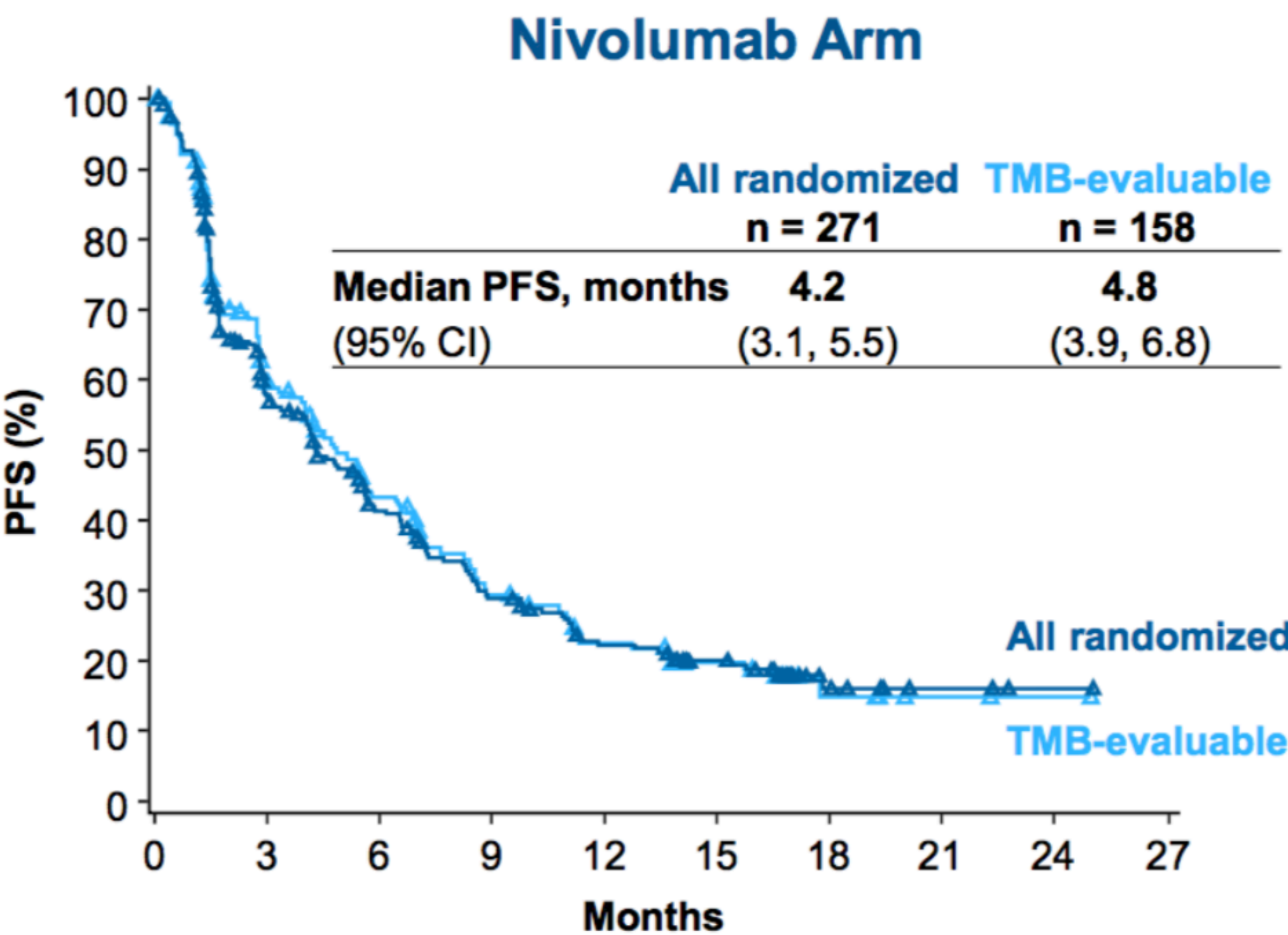
CONCLUSIONS

Nivolumab was not associated with significantly longer progression-free survival than chemotherapy among patients with previously untreated stage IV or recurrent NSCLC with a PD-L1 expression level of 5% or more. Overall survival was similar between groups. Nivolumab had a favorable safety profile, as compared with chemotherapy, with no new or unexpected safety signals. (Funded by Bristol-Myers Squibb and others; CheckMate 026 ClinicalTrials.gov number, NCT02041533.)

PFS ($\geq 5\%$ PD-L1+)

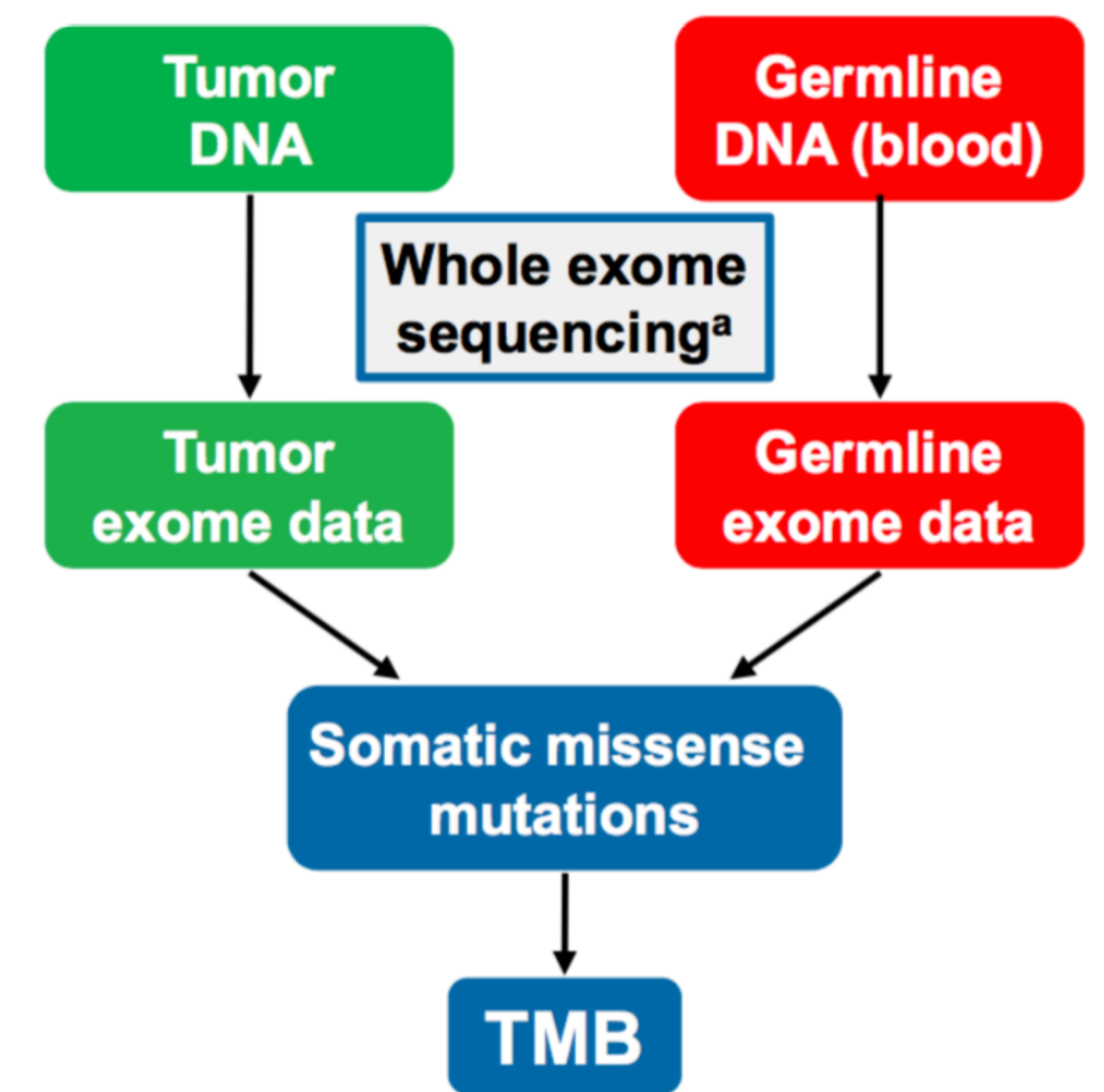


CHECKMATE 026: PFS



- OS in each treatment arm was also similar in patients with evaluable TMB data and all randomized patients

CHECKMATE 026: FIRST-LINE NIVOLUMAB VERSUS CHEMOTHERAPY



^aDNA was sequenced on the Illumina HiSeq 2500 using 2 × 100-bp paired-end reads; an average of 84 and 89 million reads were sequenced per tumor and germline sample, respectively (average 84.6 × and 93 × the mean target coverage, respectively)

Sample size throughout TMB determination		
Patients, n (%)	Tumor DNA	Germline DNA
Randomized	541 (100)	541 (100)
Samples available for DNA extraction ^a	485 (90)	452 (84)
DNA available for sequencing	408 (75)	452 (84)
Successful preparation of next-generation sequencing library	402 (74)	452 (84)
Passed internal quality control ^b	320 (59)	432 (80)
Matched tumor-germline exome sequences for TMB analysis ^c	312 (58)	

^aSamples were not available for various reasons, including but not limited to lack of patient pharmacogenetic consent, samples exhausted for PD-L1 testing, or poor tissue sampling

^bInternal quality control failure included factors such as discordance between tumor and germline DNA, too few sequence reads, and low or uneven target region coverage

^c8 patients with available tumor DNA sequences did not have matched germline DNA sequences

CHECKMATE 026: BASELINE CHARACTERISTICS

Characteristic	All randomized patients (n = 541)	TMB-evaluable patients (n = 312)
Median age, years (range)	64 (29, 89)	65 (32, 89)
Female, %	38.6	40.1
ECOG PS, %		
0	32.9	32.1
1/2	66.0/0.9	66.7/1.0
Smoking status, %		
Current/former smoker	19.8/68.0	17.9/71.5
Never smoker	10.9	9.3
Disease stage, %		
Stage IV	92.2	93.3
Recurrent	7.6	6.4
Tumor histology, %		
Squamous	24.0	22.8
Non-squamous	76.0	77.2
PD-L1 expression level, %		
≥5%	77.3	80.8
≥50%	39.6	41.7

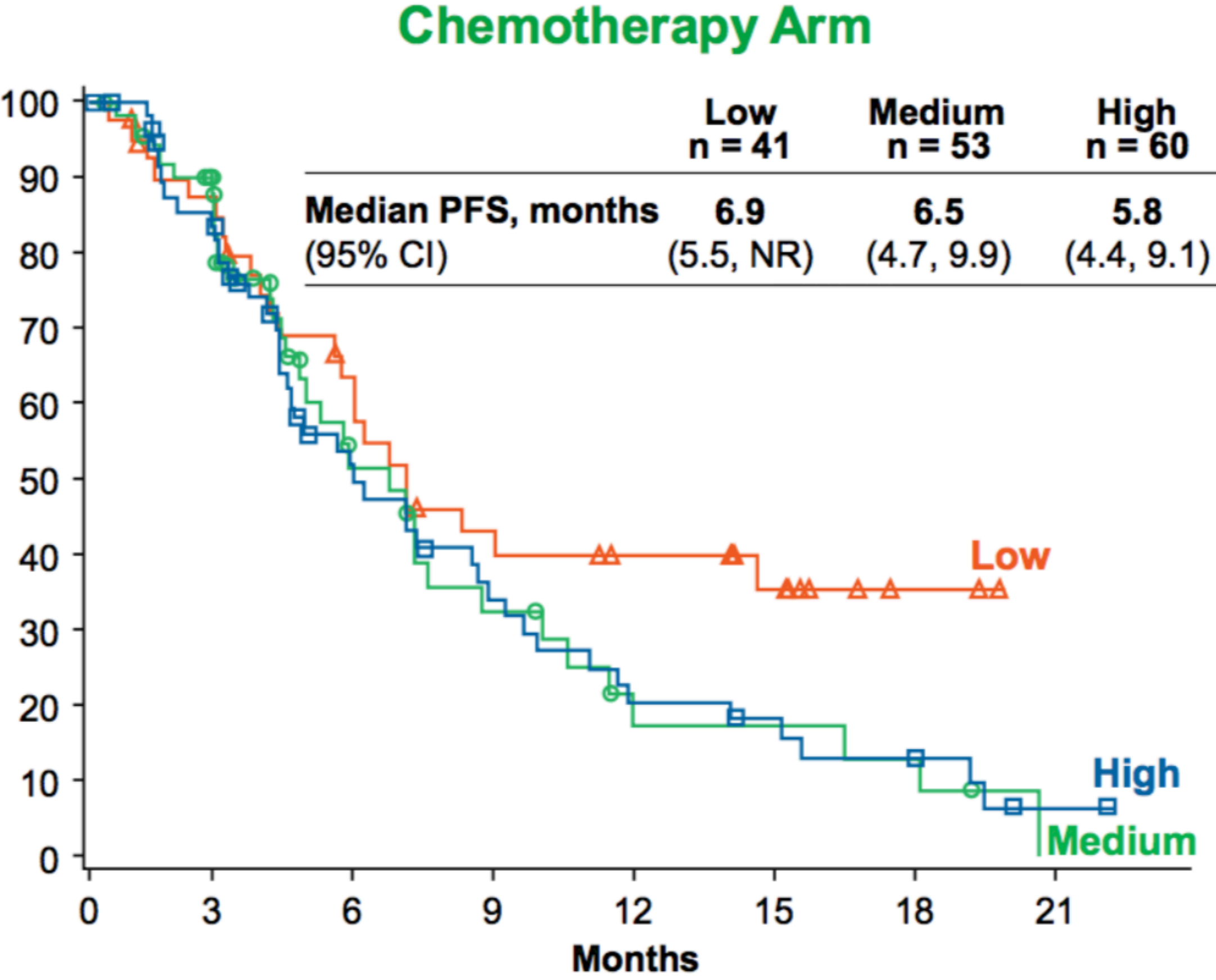
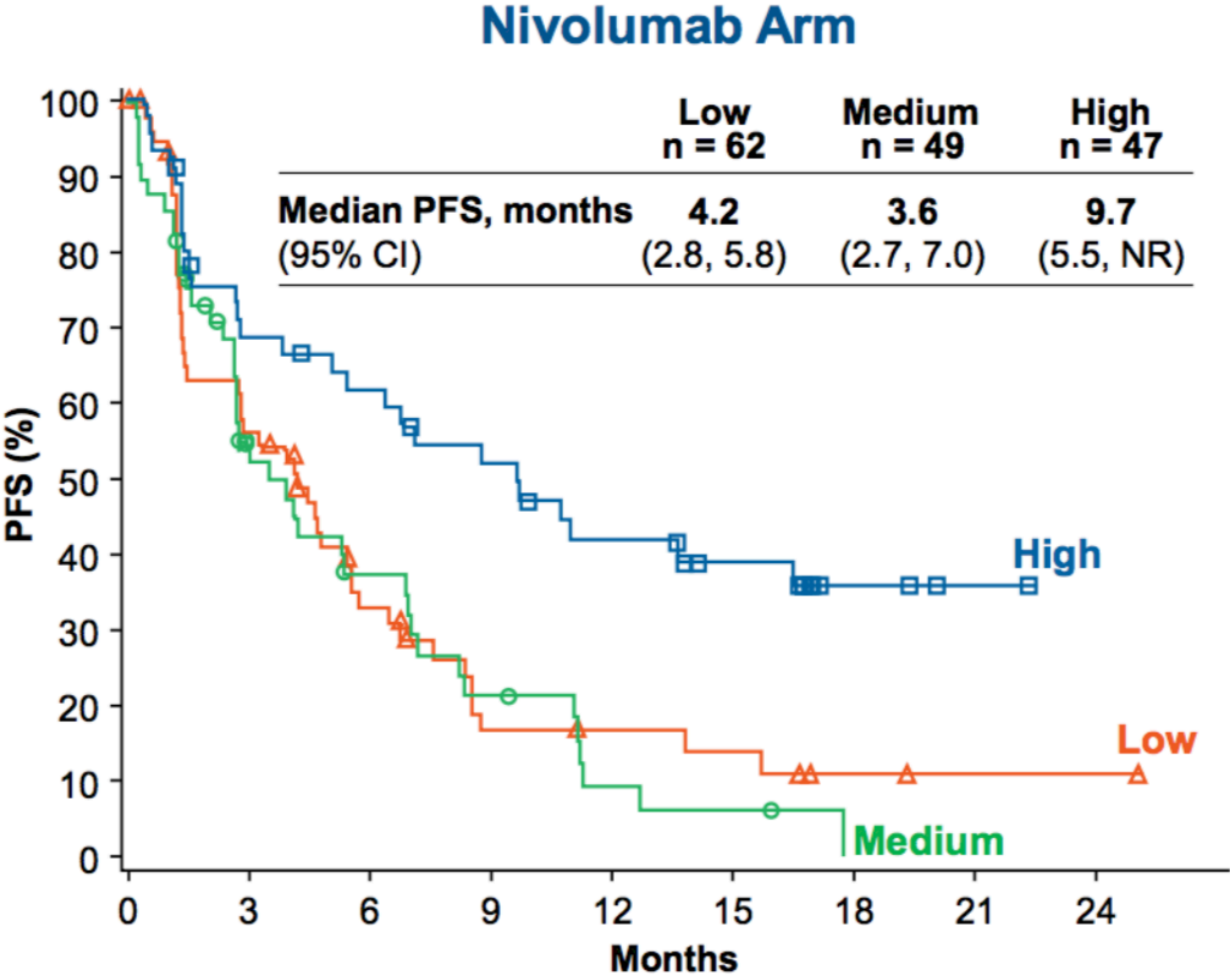
CHECKMATE 026: EXPLORATORY ANALYSIS

- For initial exploratory analyses, patients were divided into 3 subgroups based on TMB tertile distribution

TMB tertile	Total missense mutations, no.
Low	0 to <100
Medium	100 to 242
High	≥243

- ROC curves were generated and suggested TMB has predictive power
 - Additional analyses to help further refine potential optimal cutpoints are ongoing

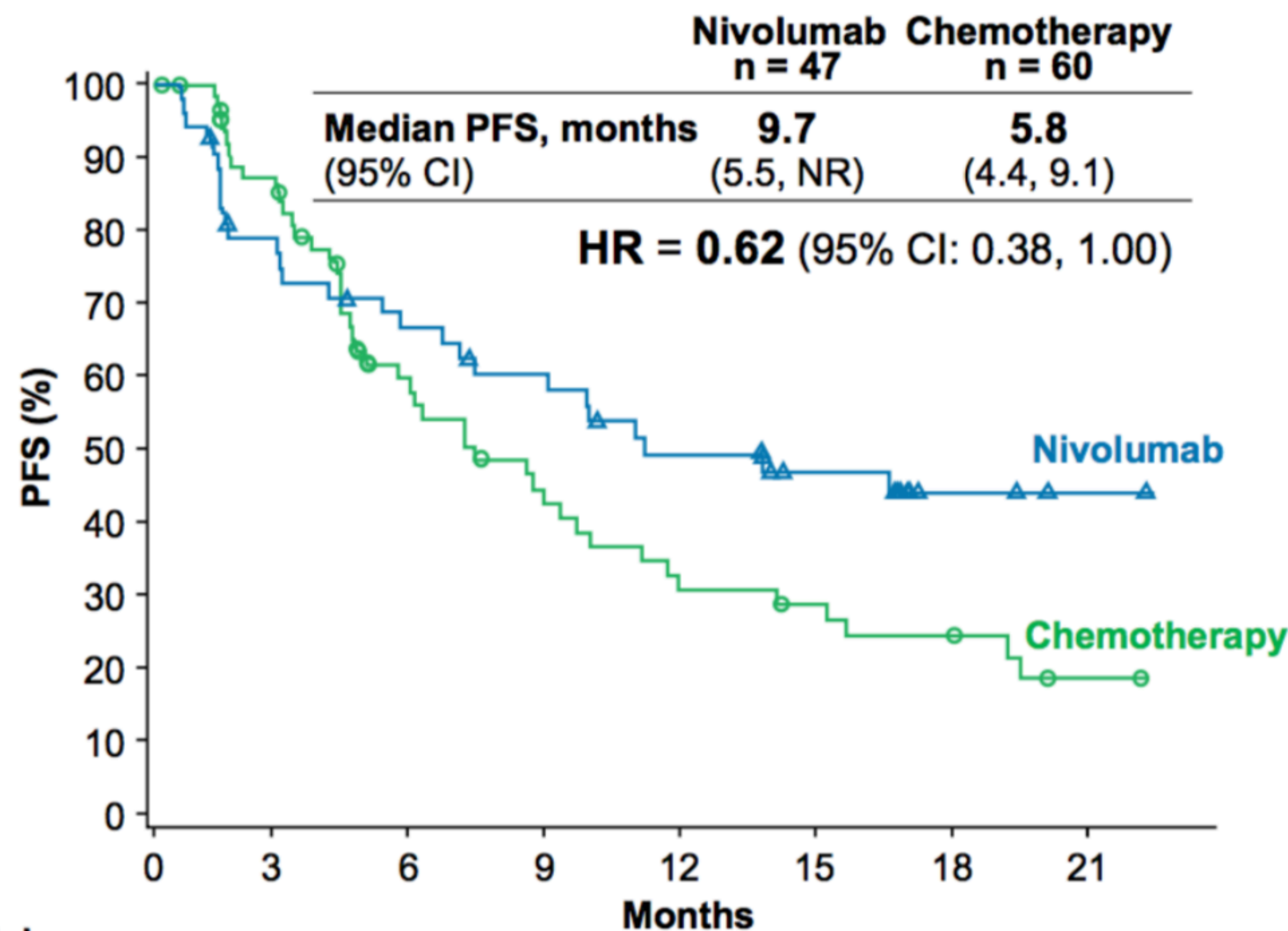
CHECKMATE 026: PFS



- Data for patients with low and medium TMB were pooled in subsequent analyses

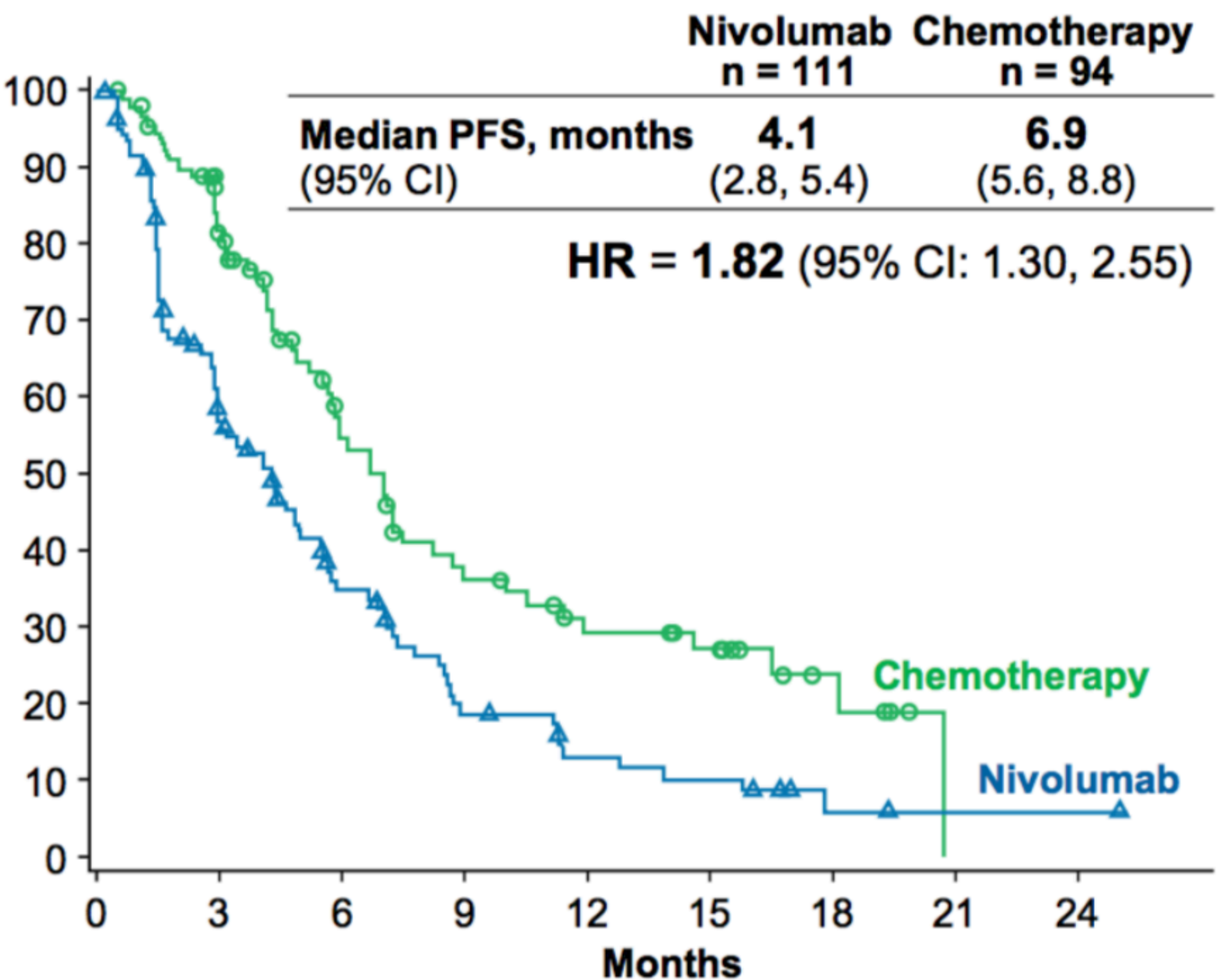
CHECKMATE 026: PFS

High TMB



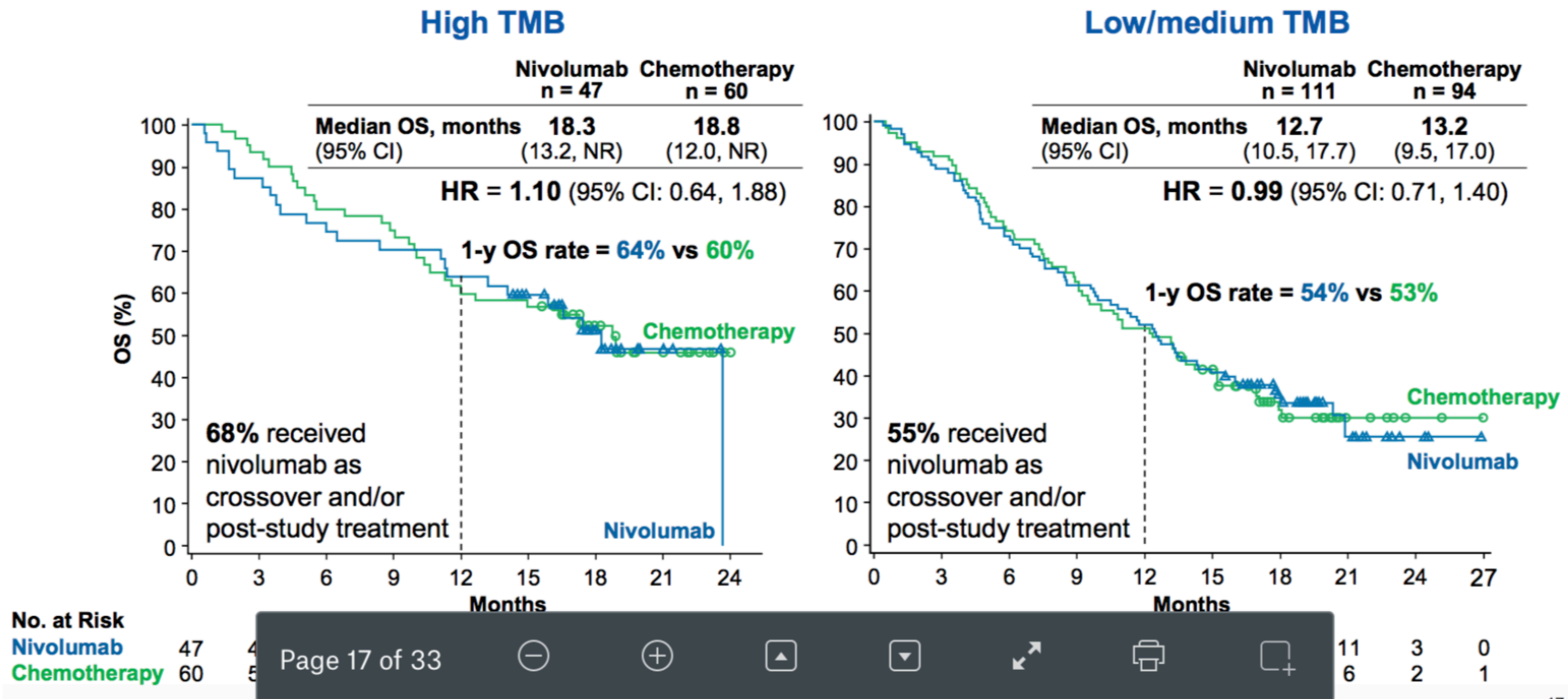
No. at Risk									
Nivolumab	47	30	26	21	16	12	4	1	
Chemotherapy	60	42	22	15	9	7	4	1	

Low/medium TMB



	111	54	30	15	9	7	2	1	1
	94	65	37	23	15	12	5	0	0

CHECKMATE 026: OS



CHECKMATE 026: ORR

