

EP07.49: Real-World Outcomes of Perioperative Durvalumab Plus Chemotherapy in Resectable NSCLC: A Multicenter Experience From Poland

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INTRODUCTION

Surgery remains the primary curative-intent treatment for patients with resectable non-small-cell lung cancer (NSCLC). Perioperative immunotherapy has recently emerged as a promising strategy to improve outcomes. Durvalumab, a selective anti-PD-L1 antibody, has demonstrated encouraging activity in neoadjuvant settings in phase II and III trials. However, real-world data on the use of perioperative durvalumab, particularly in Central and Eastern Europe, remain limited.

The aim of this study was to describe patient characteristics, treatment patterns, and pathological response in a real-world cohort of patients with resectable NSCLC receiving perioperative durvalumab in Poland.

METHODS

Design:

Patients with newly diagnosed, previously untreated, resectable stage IIA–IIIB NSCLC without *EGFR* mutations or *ALK* rearrangements were enrolled in an Early Access Program based on the phase III AEGEAN trial.

The treatment regimen consisted of neoadjuvant durvalumab (1500 mg every 3 weeks) combined with histology-based platinum chemotherapy for up to four cycles, followed by surgical resection and durvalumab for 12 months or unacceptable toxicity.

Patients receiving prior immunotherapy for any reason or not medically fit to undergo lobectomy were excluded.

Data was retrospectively collected from 5 centers participating in EAP.

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Perioperative durvalumab combined with platinum-based chemotherapy is feasible and well tolerated in a real-world setting, with a meaningful pCR rate.
- Despite a heterogeneous population (eg, high proportion of PD-L1–negative tumors) treatment was associated with encouraging outcomes and manageable toxicity.

Future Direction for Research

- These findings support the use of perioperative immunotherapy in routine clinical practice and highlight the need for further real-world studies to better define predictors of response.

RESULTS

Patient population:

A total of 30 patients were included. Baseline characteristics are summarized in Table 1 below:

Table 1. Baseline and clinical characteristics of patients.

Characteristics	Overall (N=30)
Age, years, median (IQR)	68 (62, 72)
Sex, n (%)	
Male	20 (66.7%)
Female	10 (33.3%)
Histology, n (%) (n=29)	
Squamous-cell carcinoma	18 (62.1%)
Adenocarcinoma	7 (24.1%)
NOS	4 (13.8%)
Clinical stage, 8th TNM version, n (%)	
IIB	6 (20.0%)
IIIA	18 (60.0%)
IIIB	6 (20.0%)
PD-L1 expression, n (%)	
Tumor cell <1%	13 (43.3%)
Tumor cell 1 to 49%	9 (30.0%)
Tumor cell ≥50%	8 (26.7%)
Neoadjuvant chemotherapy cycles, median (IQR)	4 (4, 4)
Neoadjuvant durvalumab cycles, median (IQR)	4 (4, 4)
Number pts who underwent surgery (n, %)	25/30 (83.3%)
Number of patients with delayed surgery (>12 weeks from initiation of neoadjuvant treatment to surgery), n/N (%)	15/25 (60.0%)

IQR, interquartile range; NOS, not otherwise specified; PD-L1, programmed death-ligand 1; TNM, tumor–node–metastasis.

The median age was 68 years; most patients were male (66.7%) and had stage IIIA disease (60.0%). Squamous-cell carcinoma was the predominant histology (62.1%). PD-L1 expression was heterogeneous, with 43.3% of patients showing <1% expression and 26.7% ≥50%.

Surgical outcomes:

A total of 25/30 (83.3%) patients underwent surgical resection, while 5 (16.7%) did not proceed due to disease progression (n=2), clinical deterioration (n=2), or withdrawal of consent (n=1); the median time from completion of neoadjuvant therapy to surgery was 48 days (IQR 35–64).

Lobectomy was the most common procedure (70.8%), and **VATS was used in 52.0% of cases.** R0 resection was achieved in 92.0% of patients.

Pathological response:

pCR and MPR were observed in 16.0% and 24.0% of patients, respectively.

Treatment continuation and AE:

Postoperative immunotherapy was administered in 76.0% of patients, while postoperative radiotherapy was used in 8.0%. Immune-related adverse events were infrequent and mainly grade 1–2, including five cases of thyroid dysfunction and one case of pneumonitis, transaminase elevation, and joint pain.

REFERENCES & ACKNOWLEDGEMENTS

This research was not funded.
Patients were treated in Early Access Program funded by AstraZeneca.
Data was collected and analyzed by Investigators.
Final version of the abstract was accepted by AstraZeneca.
Ethics Committee approval was obtained for this research.

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