Efficacy and safety of nintedanib plus docetaxel in lung adenocarcinoma patients after failure of previous immune checkpoint inhibitor therapy: results from the ongoing non-interventional VARGADO (NCT02392455)

INTRODUCTION

Nineteen Italian oncology centers randomly assigned metastatic lung adenocarcinoma patients (LDGEC) to nintedanib plus docetaxel after failure of pembrolizumab and pembrolizumab plus chemotherapy. Limitations of this study include the low number of patients included, the lack of randomization, and the potential for selection bias.

STUDY DESIGN AND PATIENT POPULATION

Three patient cohorts in VARGADO are being evaluated (Table 1. Characteristics of patients in Cohort B and Cohort C). The primary endpoint is the proportion of patients achieving a clinically documented partial response (PR). Secondary endpoints include progression-free survival (PFS), overall survival (OS), and quality of life.

RESULTS

Table 2. Previous treatments for patients in Cohort B and Cohort C.

Table 3. PFS and OS for third-line nintedanib plus docetaxel after failure of IC therapy (N=12).

Table 4. Best response to nintedanib plus docetaxel after failure of IC therapy (N=12).

Figure 3. PFS from the start of third-line nintedanib plus docetaxel after failure of IC therapy (N=12).

Figure 4. OS from the start of third-line nintedanib plus docetaxel after failure of IC therapy (N=12).

CONCLUSIONS

Nineteen Italian oncology centers randomly assigned metastatic lung adenocarcinoma patients (LDGEC) to nintedanib plus docetaxel after failure of pembrolizumab and pembrolizumab plus chemotherapy. Limitations of this study include the low number of patients included, the lack of randomization, and the potential for selection bias.

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REFERENCES