Nintedanib plus docetaxel in lung adenocarcinoma patients following treatment with immune checkpoint inhibitors: preliminary efficacy and safety of the non-interventional study VARGADO

INTRODUCTION

- Nintedanib is an oral, triple angiogenesis inhibitor targeting vascular endothelial growth factor (VEGF) receptors 1–3, platelet-derived growth factor (PDGF) receptors 1–2, as well as FGFR.
- Nintedanib is approved in the EU and other countries in combination with docetaxel for the treatment of patients with locally advanced, metastatic or locally recurrent non-small-cell lung cancer (NSCLC) in adenocarcinoma technology trials.
- This approval was supported by the Phase III LUNGS-1 trial, in which nintedanib plus docetaxel significantly prolonged progression-free survival (PFS) versus placebo plus docetaxel in patients with NSCLC who had progressed on Treatmet chemotherapy. Overall survival (OS) was also significantly longer in the nintedanib plus docetaxel arm in patients with adenocarcinoma histology.

STUDY DESIGN AND PATIENT POPULATION

- VARGADO is a prospective, non-interventional study of nintedanib plus docetaxel after frontline chemotherapy in the routine clinical treatment of patients with locally advanced, metastatic or locally recurrent NSCLC patients with adenocarcinoma histology. No chemotherapy (TC) or immunotherapy (IC) had been administered before the enrolment.
- Patients received nintedanib plus docetaxel for up to 24 months after the start of treatment.

RESULTS

- The primary endpoint was investigator-assessed PFS for up to 24 months after the start of treatment with nintedanib plus docetaxel.
- Secondary endpoints included ORR, OS, objective response rate and safety and tolerability of the treatment sequence.
- The study was approved by the local ethics committees.
- All patients provided signed informed consent.
- Incidence and severity of adverse events (AEs) were reported according to National Cancer Institute (NCI) Common Terminology Criteria for Adverse Events, version 4.0.

Efficacy

- At the time of this interim analysis (data cut-off 4 December 2018), median duration of follow-up was 7.9 months for patients treated with nintedanib plus docetaxel (86% censored; interquartile range [IQR]: 3.5–12.0).
- Eleven PFS events had occurred (12 patients had disease progression and four patients died). Eight patients were evaluable and data were not yet available for one patient.
- Median PFS was 5.8 months (95% CI: 2.5–8.2). Figure 3 is the time-to-event when patients were treated with nintedanib plus docetaxel after failure of second-line IC therapy.

OS data was not yet mature and are not reported here.
- At the time of analysis, objective response rate and disease control rate data were available in 21 patients (30% documented disease control).
- The partial response rate was 93% (95%)
- The disease control rate was 160.

CONCLUSIONS

- These data provide clinical evidence that patients who progressed on previous IC therapy may benefit from treatment with nintedanib plus docetaxel.
- Results show consistent evidence of the clinical benefit of nintedanib plus docetaxel in the second-line setting after failure.
- We propose that the rational sequencing of anti-angiogenic therapy after ICs may be a promising approach in this patient population that warrants further investigation.

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REFERENCES


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