TPEx

<u>Critères d'inclusion</u>

- Carcinome épidermoïde VADS
- Récidive ou M+ non curable par traitement local
- PS 0-1
- 18-70 ans

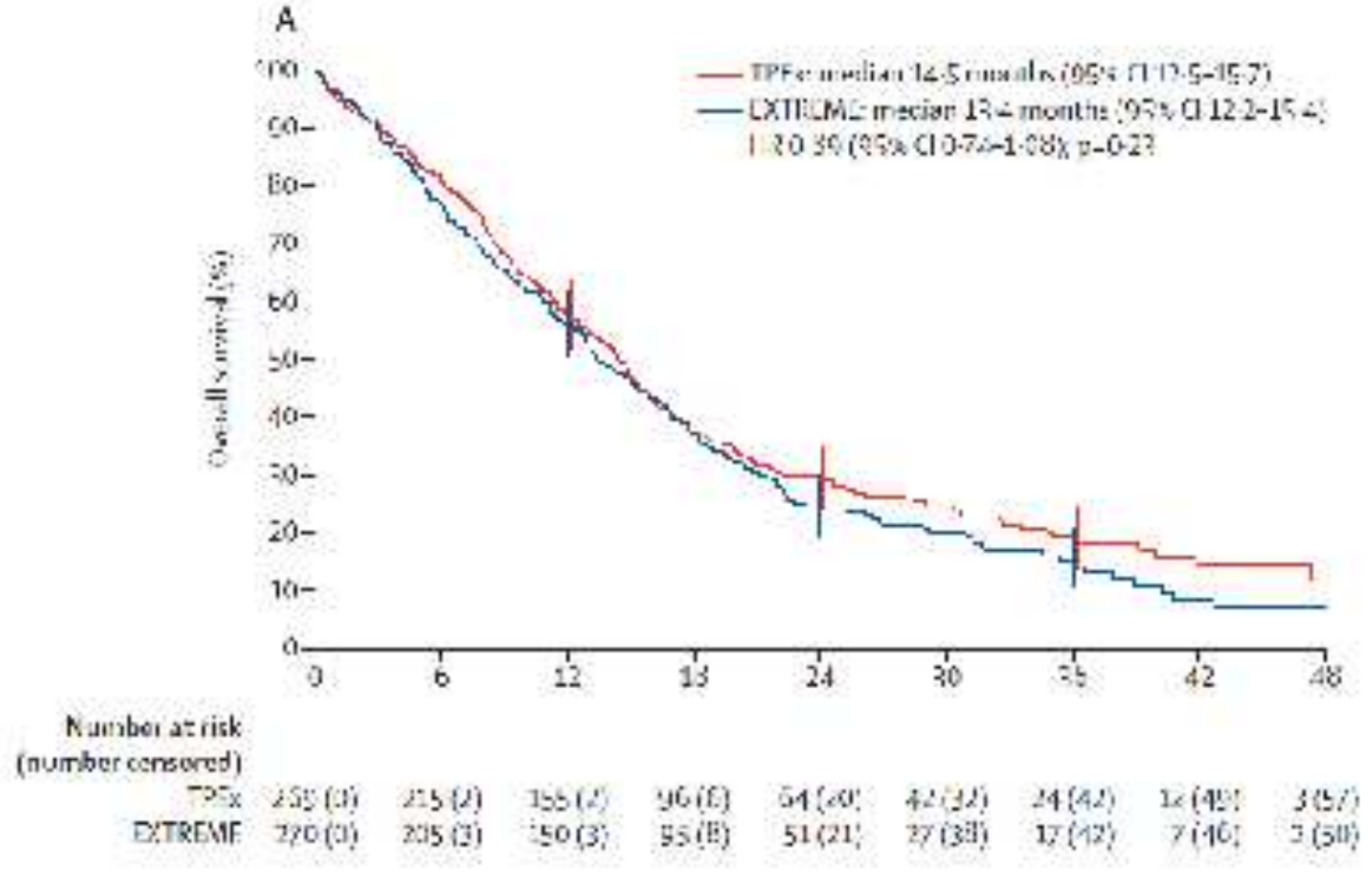
R 1:1

Docetaxel
cisplatine 75mg/m²
cetuximab
4 cycles

5FU
cisplatine 100mg/m²
cetuximab
6cycles

Obj principal : SG

TPEx



Lancet Oncol 2021; 22: 463-75

TPEx Conclusion

- Essai négatif : non supérieur
- Mais :
  - Moindre toxicité avec TPEx
  - 4 cycles de chimiothérapie vs 6
- Alternative acceptable pour patients fit pour cisplatine

Lancet Oncol 2021; 22: 463-75

Et la double immuno ?

2021 ESMO congress

Nivolumab + ipilimumab vs EXTREME regimen as first-line treatment for recurrent/metastatic squamous cell carcinoma of the head and neck: final results of CheckMate 651

Athanassios Argiris,[1,2] Kevin Harrington,[3] Makoto Tahara,[4] Robert L. Ferris,[5] Maura Gillison,[6] Jerome Fayette,[7] Amaury Daste,[8] Piotr Koralewski,[9] Ricard Mesia,[10] Nabil F. Saba,[11] Milena Mak,[12] Miguel Angel Álvarez Avitia,[13] Alexander Guminski,[14] Urs Müller-Richter,[15] Naomi Kiyota,[16] Mustimbo Roberts,[17] Tariq Aziz Khan,[17] Karen Miller-Moslin,[17] Li Wei,[17] Robert Haddad[18]

Checkemate 651

Critères d'inclusion

- Carcinome épidermoïde VADS
- Récidive ou M+ non curable

par traitement local

≥ 6mois de la chimio pour maladie locale

- PS 0-1
- 18-70 ans

R 1:1

Nivolumab 3mg/kg/2 semaines

Ipilimumab

1mg/kg/6Semaines

2 ans

5FU

cisplatine 100mg/m²

cetuximab

6cycles

Puis Cetux en entretien

Stratification :

PDL1, p16,

chimio antérieur

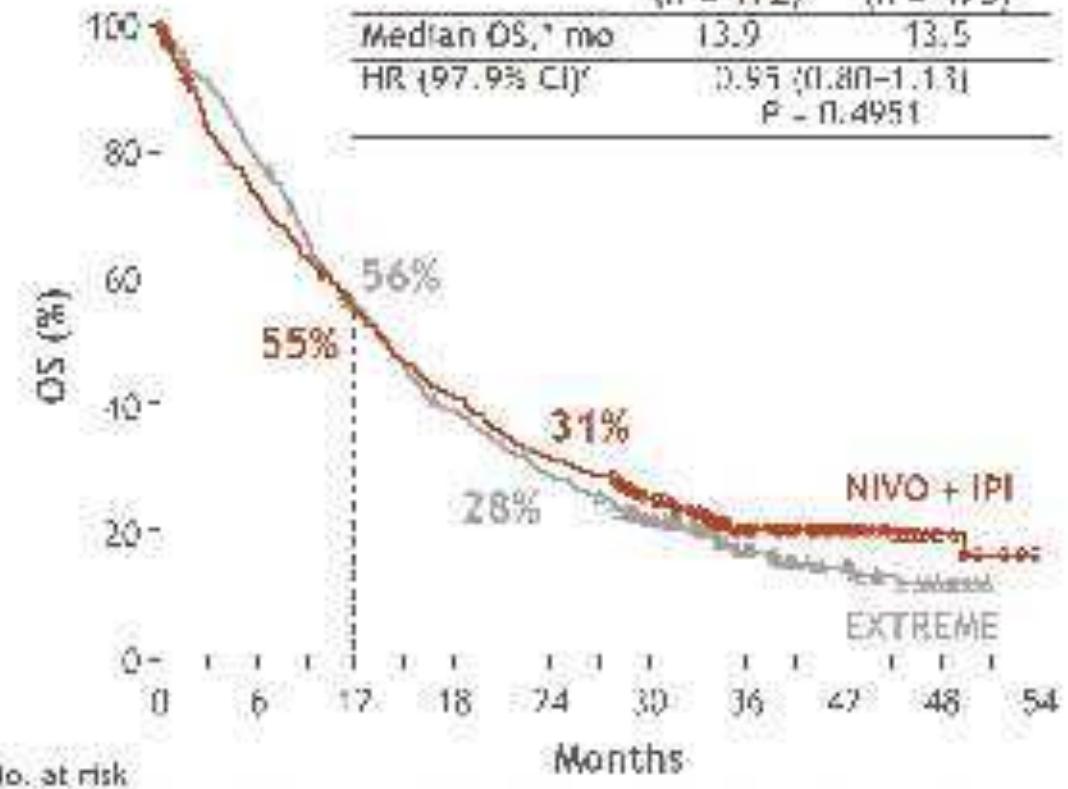
Obj principal :
OS dans la pop globale
OS chez CPS ≥ 20

Esmo 2021

Primary endpoints: OS with NIVO + IPI vs EXTREME

All randomized

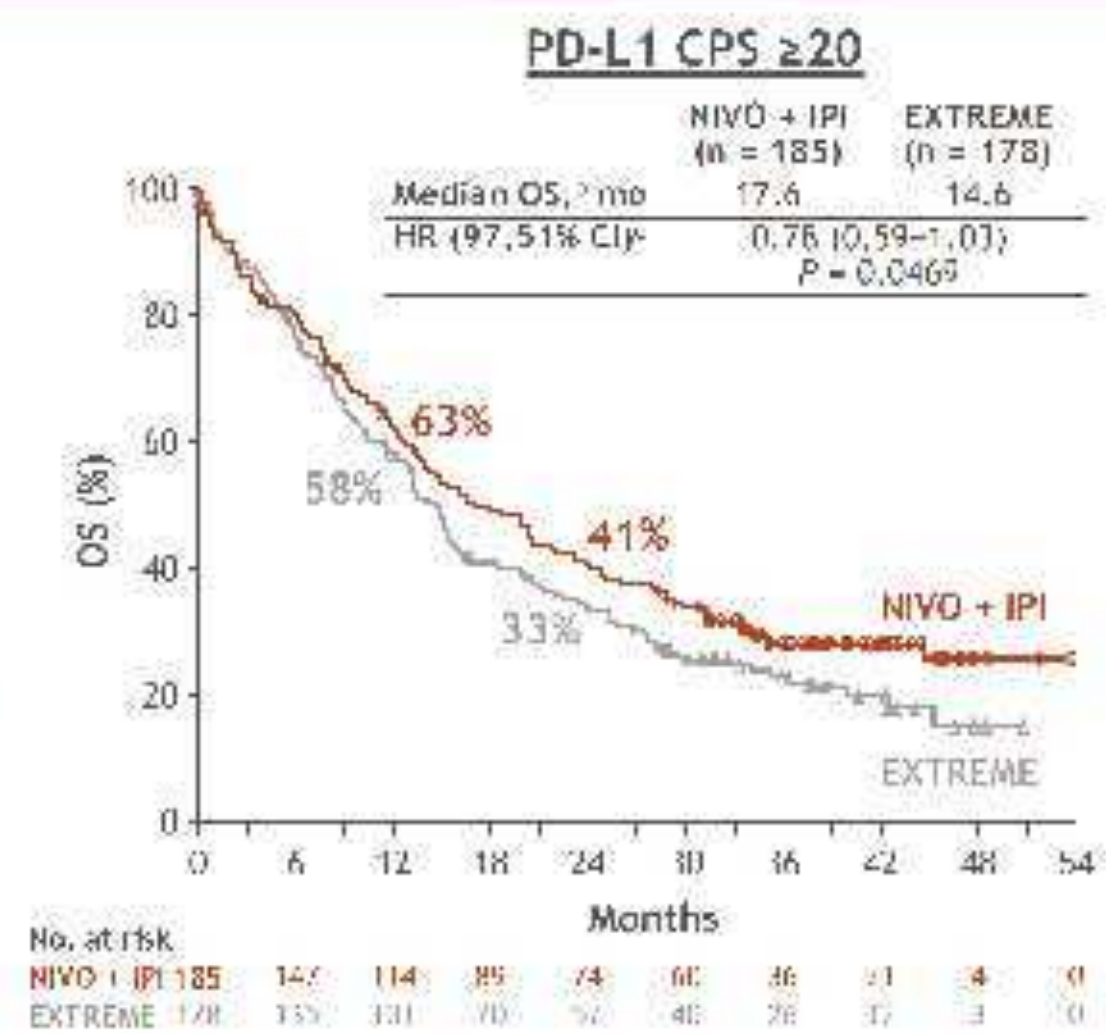
	NIVO + IPI (n = 472)	EXTREME (n = 475)
Median OS,* mo	13.9	11.5
HR (97.9% CI)*	0.95 (0.80–1.13) P = 0.4951	



Minimum follow-up: 27.3 months.

*95% CI: 12.1–15.0 (NIVO + IPI) and 12.0–13.2 (EXTREME). Kaplan-Meier estimates and 2-sided 97.8% CIs (NIVO + IPI) and 2-sided 97.8% CIs (EXTREME). Confidence intervals are adjusted based on the final analysis for each primary endpoint. CI, confidence interval.

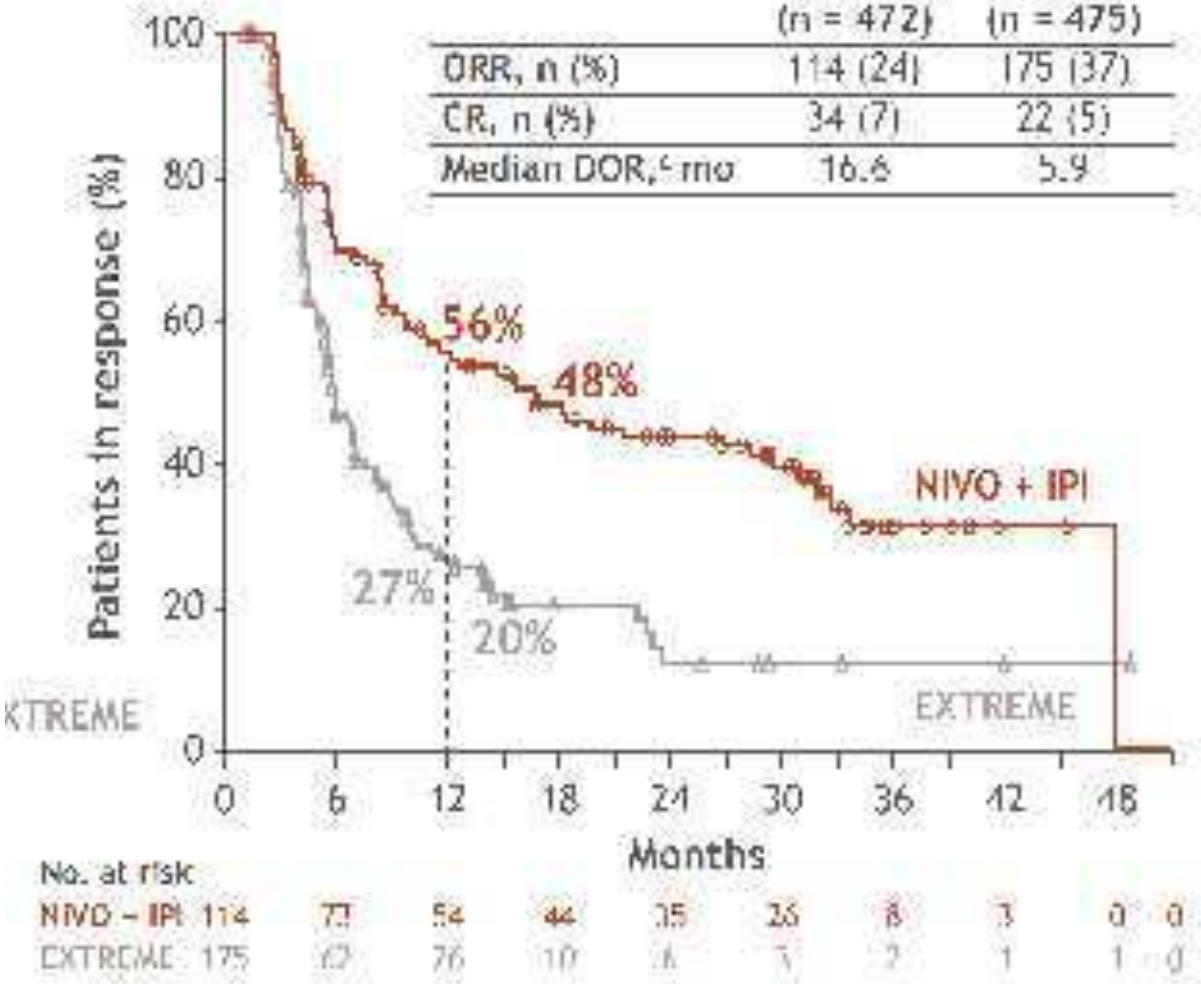
Primary endpoints: OS with NIVO + IPI vs EXTREME



Minimum follow-up: 27.3 months.

Efficacy in all randomized patients / in PD-L1 CPS ≥20 population

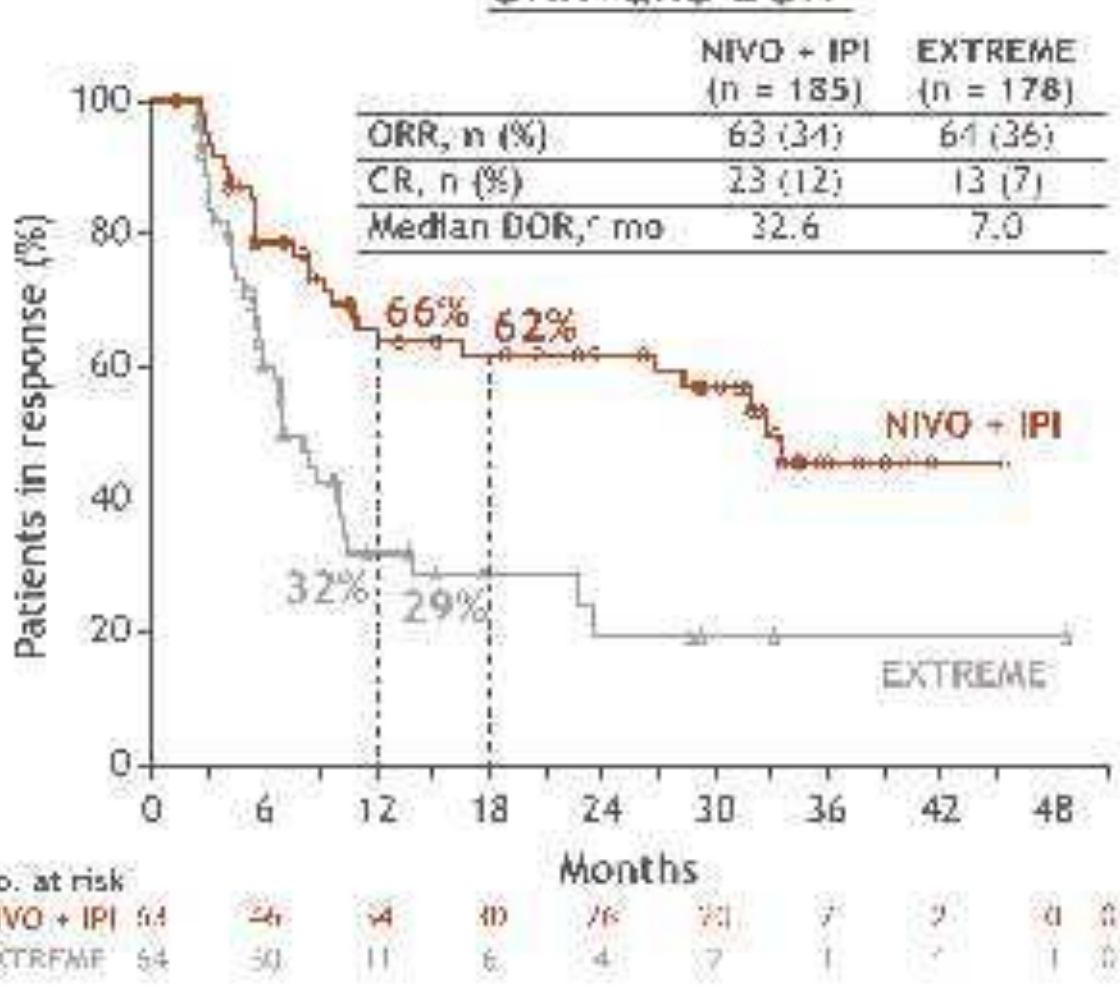
	NIVO + IPI (n = 472)	EXTREME (n = 475)
ORR, n (%)	114 (24)	175 (37)
CR, n (%)	34 (7)	22 (5)
Median DOR,[c] mo	16.6	5.9



[c] mo (EXTREME). BICR, blinded independent central review; CR, complete response;

ORR[a] and DOR[a]

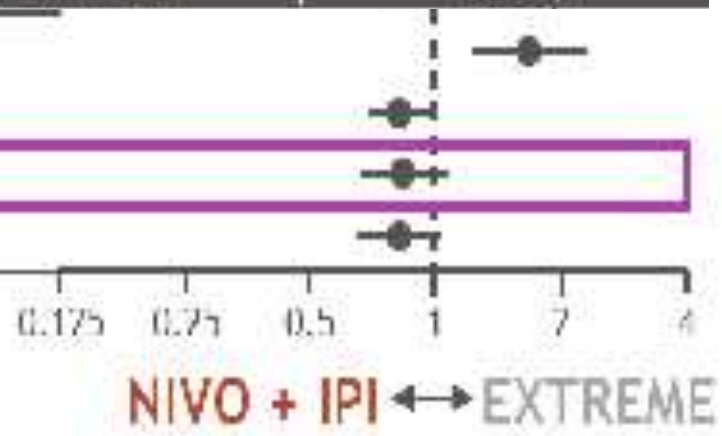
	NIVO + IPI (n = 185)	EXTREME (n = 178)
ORR, n (%)	63 (34)	64 (36)
CR, n (%)	23 (12)	13 (7)
Median DOR,[c] mo	32.6	7.0



[a] 5.6–10.1 (EXTREME). BICR, blinded independent central review; CR, complete response;

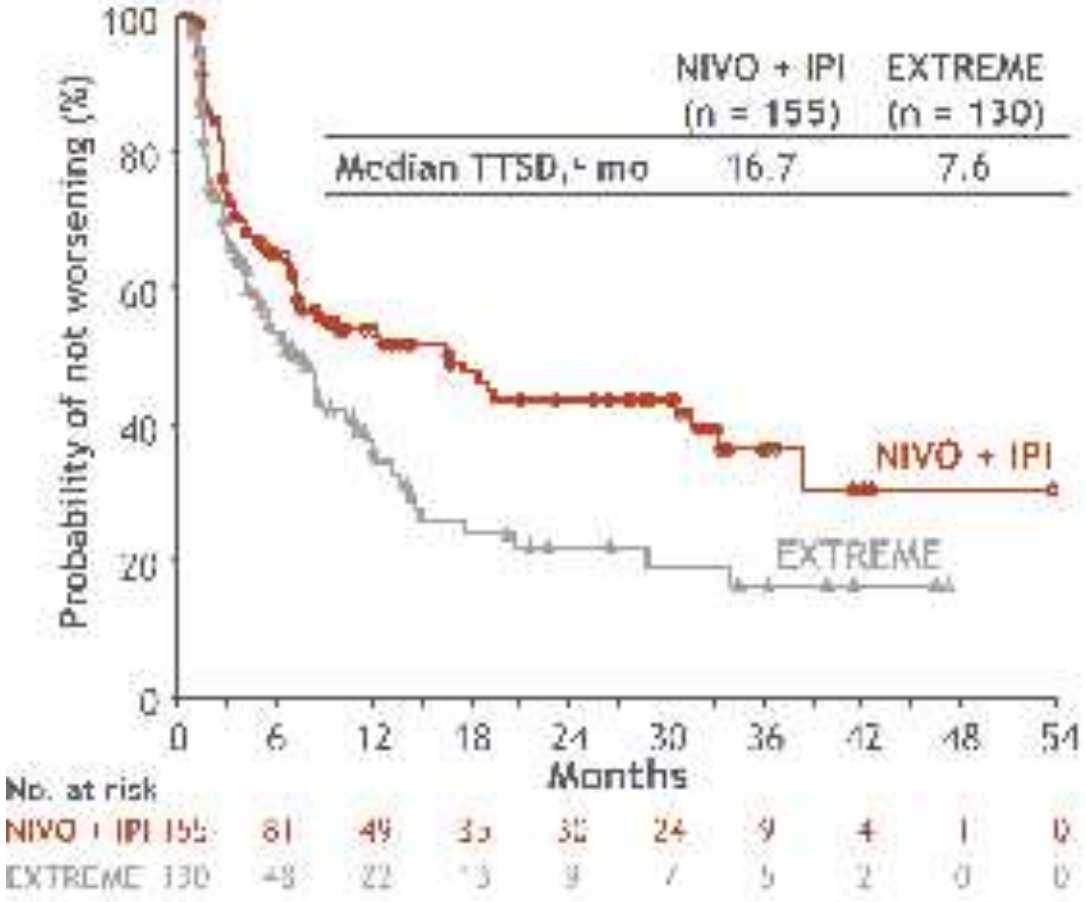
OS subgroup analysis: all randomized patients

Subgroup	Median OS, mo		Unstratified hazard ratio	Unstratified hazard ratio (95% CI)
	NIVO + IPI (n = 479)	EXTREME (n = 475)		
PD-L1 CPS <1 (n = 178)	17.9	17.1	1.66	
PD-L1 CPS ≥1 (n = 727)	15.7	13.2	0.81	
PD-L1 CPS 1–19 (n = 364)	14.5	11.2	0.83	
PD-L1 CPS ≥20 (n = 363)	17.6	14.6	0.81	

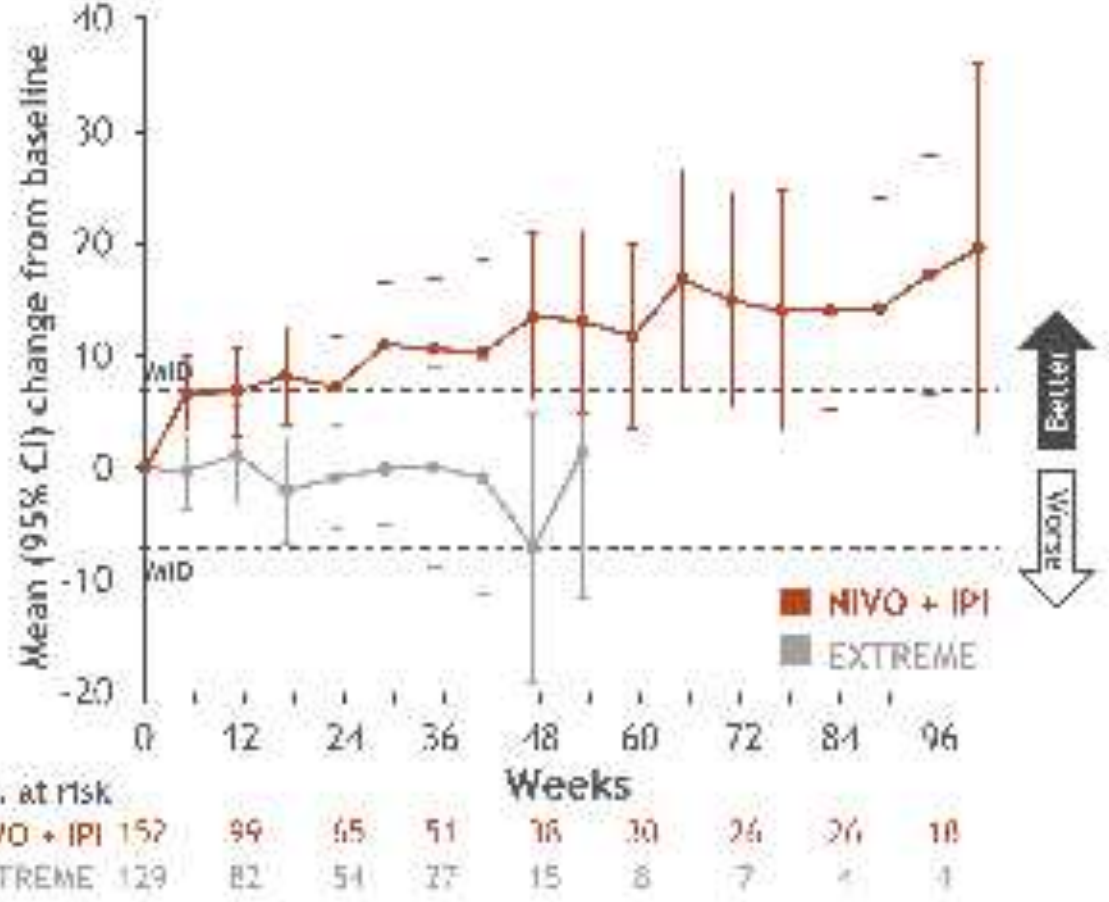


Patient-reported outcomes: PD-L1 CPS ≥20 population

Time to symptom deterioration[a] (FHNSI-10)[b,1]



Overall self-rated health status (EQ-5D-3L VAS)[d,2]

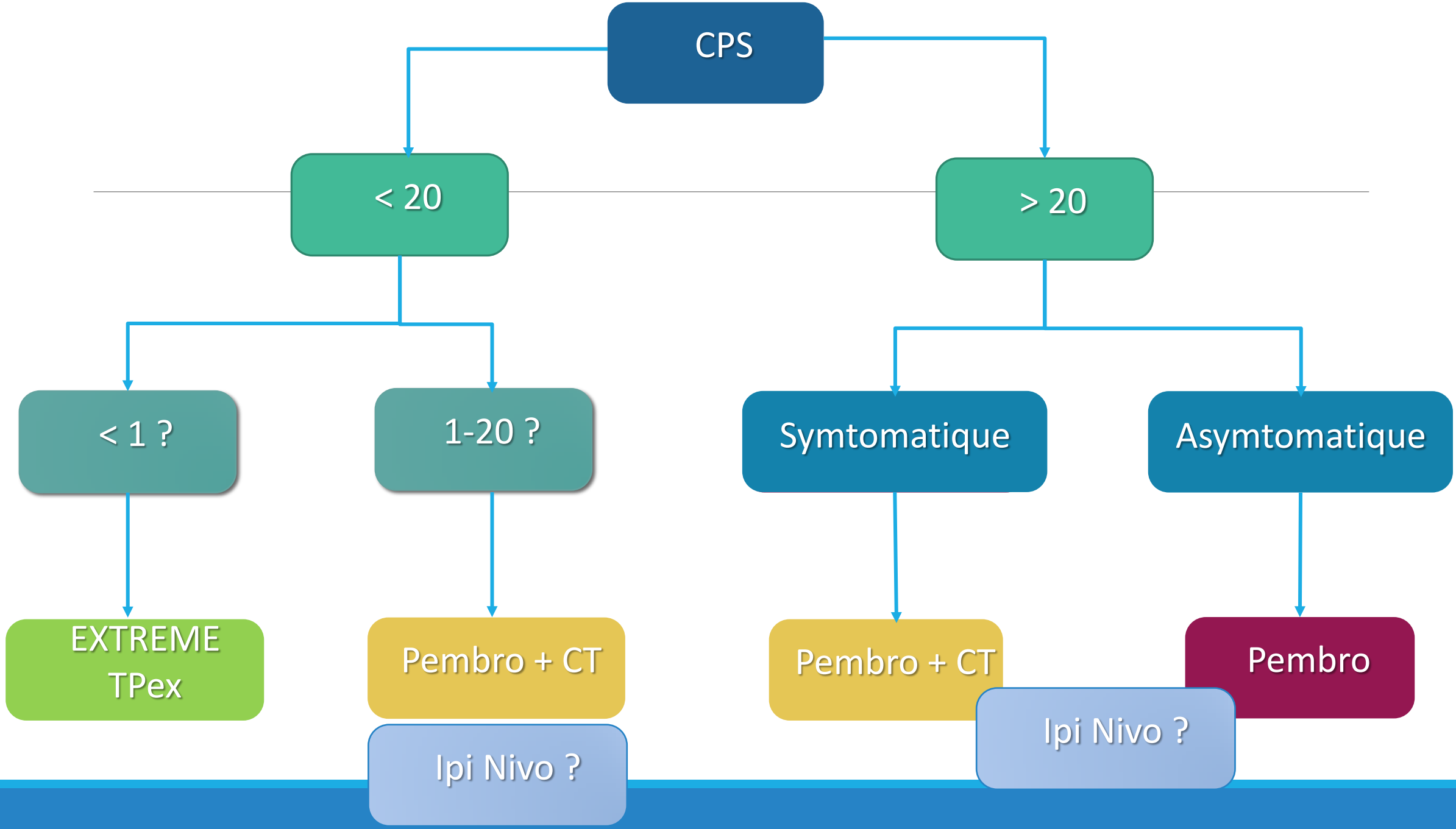


Checkemate 651 : Conclusion

Étude négative sur critère de jugement principal

- Bras contrôle performant : OS 13,5 mois dans le groupe Extreme vs < 11 mois dans KN 048

- Tendance pour bénéfice double immuno si CPS ≥ 1 (20) avec longs répondeurs
- Meilleure tolérance


CPS
< 20
> 20
< 1 ?
1-20 ?
Symtomatique
Asymtomatique
EXTREME
TPex
Pembro + CT
Ipi Nivo ?
Pembro + CT
Ipi Nivo ?
Pembro


OMS 2 ?
> 70 ans ?
< 20
Pembro
Pembro + CT
Pembro
Ipi Nivo ?
Ipi Nivo ?

CETEC localement avancé

Chimio
Néoadj ?

Radiothérapie
+/- cisplatine/
cetuximab

Chirurgie

Radiochimiothérapie

CETEC localement avancé

Immuno ?

Radiothérapie
+/- cisplatine/

Immuno ?

Immuno ?

Immuno ?

Chirurgie

Radiochim

Immuno ?

CETEC localement avancé