Long-term epidemiological impact of adjuvant atezolizumab in preventing the recurrence of early PDL1 high non-small cell lung cancer in Europe

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OBJECTIVE

- Recurrences of non-small cell lung cancer (NSCLC) post-resection are common, with 45% of patients experiencing a recurrence within 5 years.
- NSCLC recurrences are associated with significant morbidity and mortality. The 5-year survival of patients with recurrence post resection and adjuvant chemotherapy is only 35.6%.
- NSCLC recurrences are also associated with a substantial economic burden, resulting in significant health care resource use.
- Tecentriq® (atezolizumab [ATZ]) was EMA approved in June 2022 for use as an adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage II to IIIA NSCLC whose tumors have PD-L1 expression ≥50% of tumor cells.
- ATZ demonstrated significant reduction compared to best supportive care (BSC) in the rate of recurrence and death among patients enrolled in the phase 3 clinical trial IMPower010 (NCT02486718).

RESULTS

- We projected that between 2022 and 2032, 16,255 patients treated only with BSC will experience recurrence (LR, or DM, or both) of PD-L1 high eNSCLC in the EU5.
- The number of eNSCLC patients estimated to avert disease recurrence over 10 years (2022-2032) ranged from 569 in Spain to 894 in Germany.

DISCUSSION

- Results are dependent on NSCLC incidence assumptions, DFS curves from clinical trials, and expected treatment utilization assumptions. Sensitivity analyses were performed to address uncertainty surrounding the uptake of ATZ post launch and the extrapolation of progression curves.
- Real-world recurrence rates may be different from those observed in clinical trials given potential differences in the real-world setting.
- Validation of this model using observational data sources is needed.

REFERENCES


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