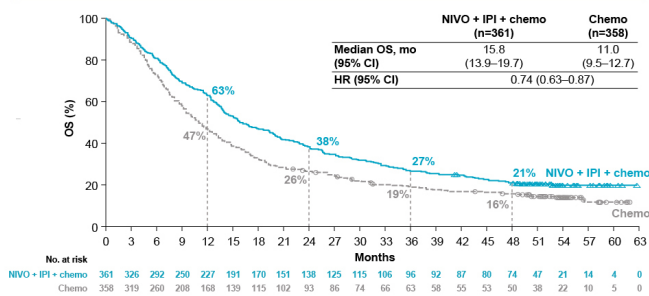


Four-year clinical update and treatment switching-adjusted outcomes with first-line nivolumab plus ipilimumab with chemotherapy for metastatic non-small cell lung cancer in the CheckMate 9LA randomized trial

Nivolumab plus ipilimumab with chemotherapy provides long-term OS benefit over chemotherapy alone in all randomized patients with metastatic NSCLC



Nivolumab plus ipilimumab with chemotherapy provides long-term OS benefit over chemotherapy alone regardless of tumor PD-L1 expression (<1% or ≥1%) or histology (squamous or nonsquamous)

| | PD-L1 <1% | | PD-L1 ≥1% | | Squamous | | Nonsquamous | |
|-------------------------|----------------------------|----------------|----------------------------|-----------------|----------------------------|----------------|----------------------------|-----------------|
| | NIVO + IPI + chemo (n=135) | Chemo (n=129) | NIVO + IPI + chemo (n=204) | Chemo (n=204) | NIVO + IPI + chemo (n=115) | Chemo (n=112) | NIVO + IPI + chemo (n=246) | Chemo (n=246) |
| Median OS, mo (95% CI) | 17.7 (13.7-20.3) | 9.8 (7.7-13.5) | 15.8 (13.8-22.2) | 10.9 (9.5-13.2) | 14.5 (13.1-19.3) | 9.1 (7.2-11.6) | 17.8 (14.1-20.7) | 12.0 (9.9-13.9) |
| HR (95% CI) | 0.66 (0.50-0.86) | | 0.74 (0.60-0.92) | | 0.64 (0.48-0.84) | | 0.80 (0.66-0.97) | |
| 4-y OS rate, % (95% CI) | 23 (16-30) | 13 (8-20) | 21 (16-27) | 16 (11-22) | 20 (13-28) | 10 (5-16) | 22 (17-27) | 19 (14-24) |

- In an exploratory efficacy analysis of patients who discontinued all components of nivolumab plus ipilimumab with chemotherapy due to treatment-related adverse events, the 4-year OS rate was 41%
- Safety was consistent with prior reports, and no new safety signals were observed

Overall, nivolumab plus ipilimumab with chemotherapy continued to demonstrate long-term, durable efficacy benefit versus chemotherapy alone as a first-line therapy in patients with metastatic or recurrent NSCLC regardless of tumor PD-L1 expression or histology and further support its use as an efficacious first-line treatment option particularly for patients with tumor PD-L1 <1% or squamous histology, populations with high unmet needs

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