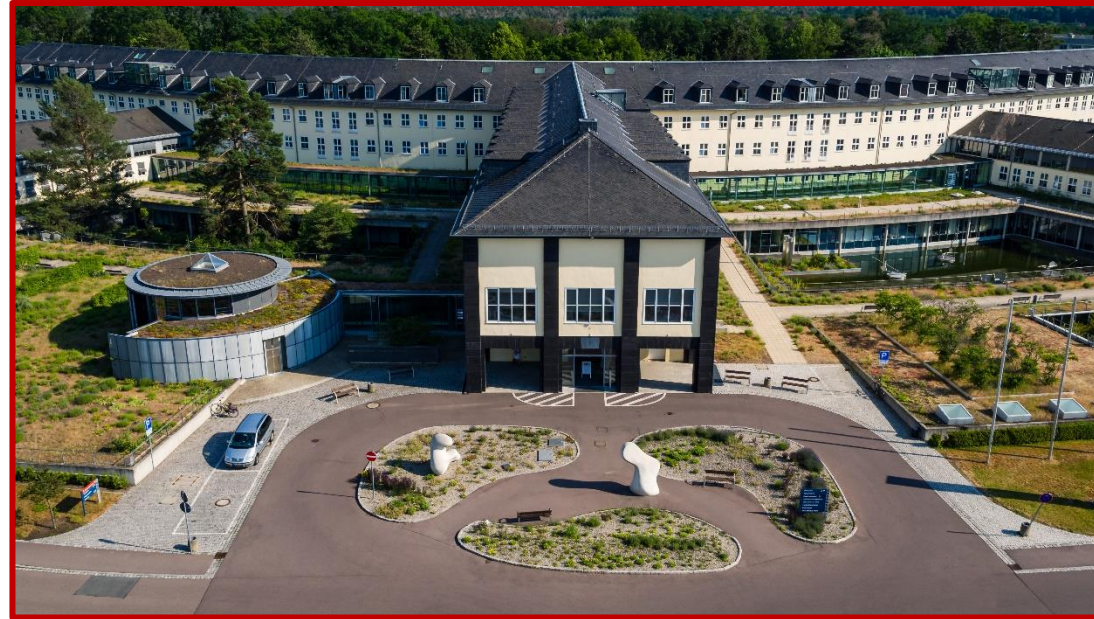




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“Alles unter einem Dach“
Die Kunst besondere Therapiesituationen zu managen



Das fortgeschrittene Plattenepithelkarzinom des NSCLC - Fokus auf PD-(L)1 Inhibition

Wolfgang Schütte

Krankenhaus Martha-Maria Halle-Dölau



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Conflict of interest statement

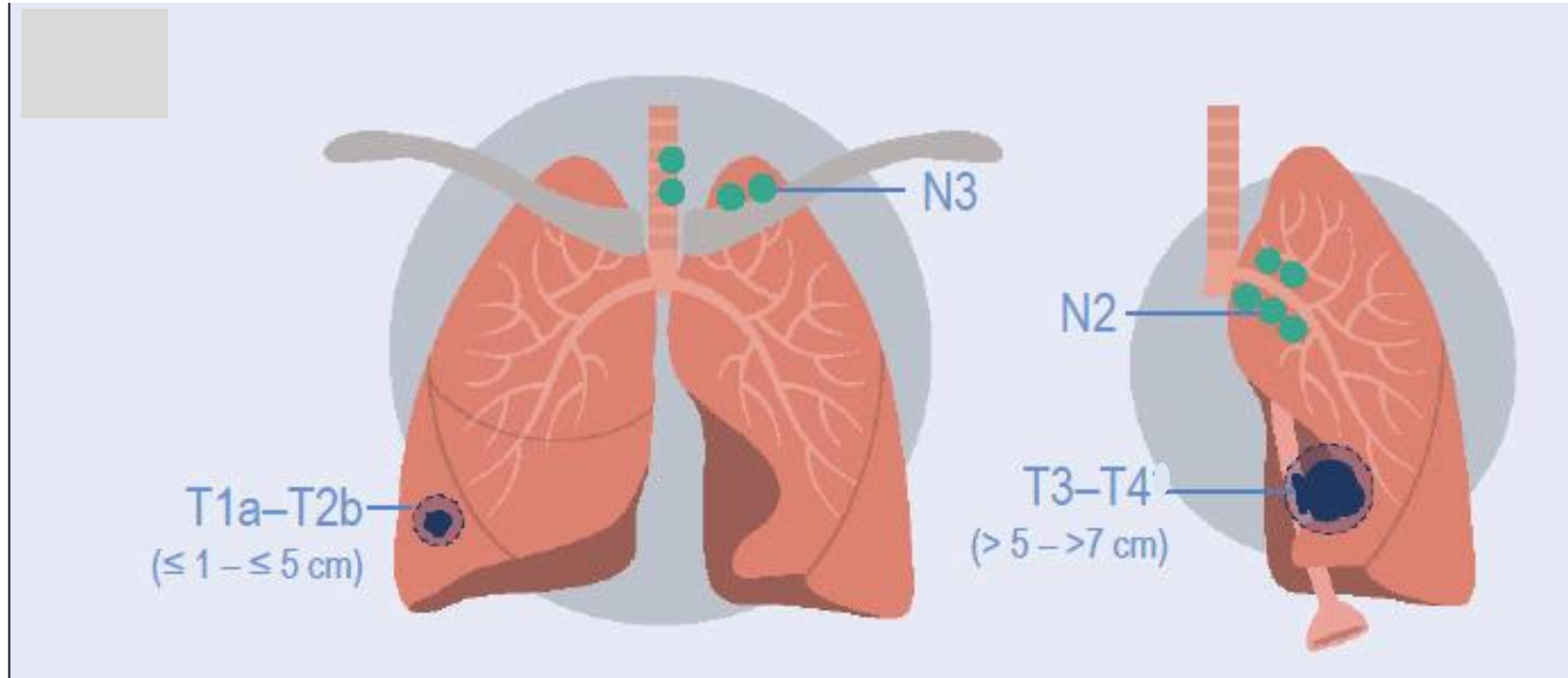
1. CEO function or direct job relationship - none
2. Advisory board function
Amgen; AstraZeneca; Boehringer; Glaxo; Lilly; MSD; Novartis; Roche; Sanofi
3. Stocks - none
4. Honoraria
Amgen; AstraZeneca; BeiGene; Boehringer; Glaxo; Lilly; MSD; Novartis; Roche; Sanofi
5. Research funding
Amgen; AstraZeneca; Lilly; Roche
6. Other financial relations - none

Therapie des NSCLC - Stadium IIIB+C



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T2N3

T3N2

T4N1 (Metastase gleiche Lunge)

Standardtherapie: TUB!

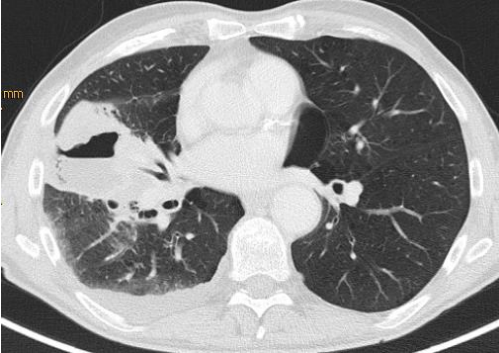
Therapie des NSCLC - Stadium III

Fiktiver Patientenfall: nur für Fortbildungs-und Trainingszwecke

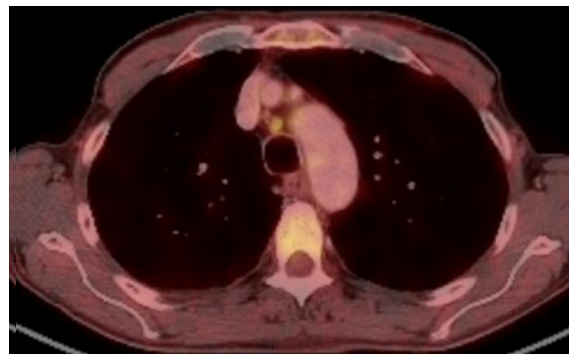
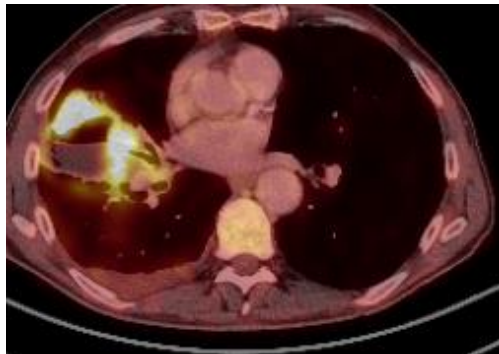
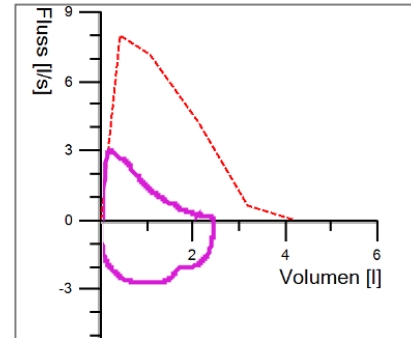


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Fiktiver Pt.m. 1962 NSCLC ED 6/2023 **T4NxM0?** Karnofsky 100%
Histologie: PlattenepithelCa PD-L1 95%

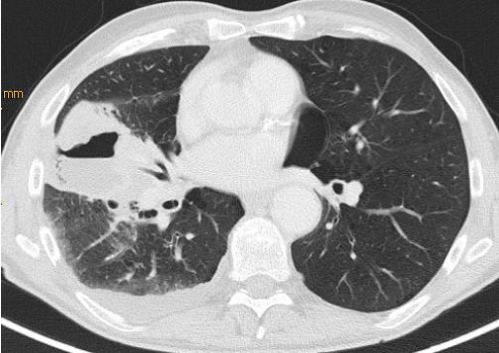


Therapie des NSCLC - Stadium III



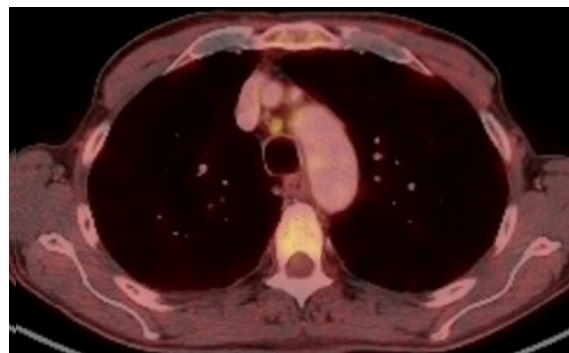
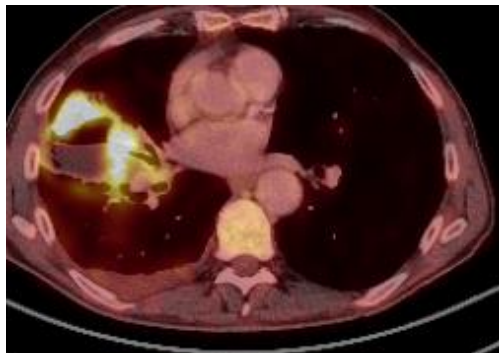
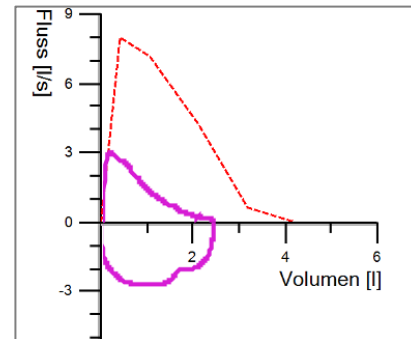
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Fiktiver Pt.m. 1962 NSCLC ED 6/2023 T4N2M0 Karnofsky 100%
Histologie: PlattenepithelCa PD-L1 95%
Erguß: keine Tumorzellen EBUS: N2positiv

Therapie: ?

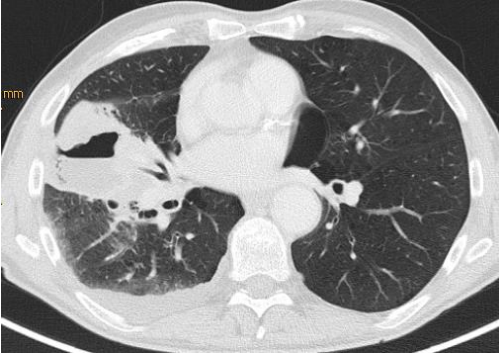


Therapie des NSCLC - Stadium III



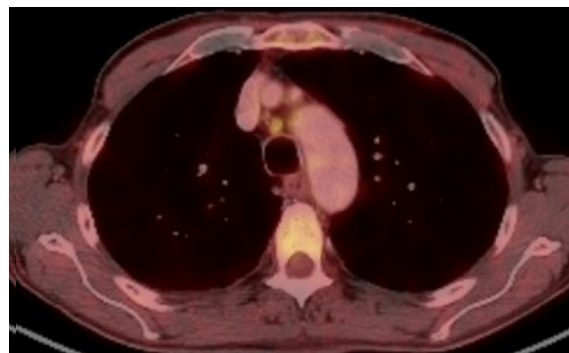
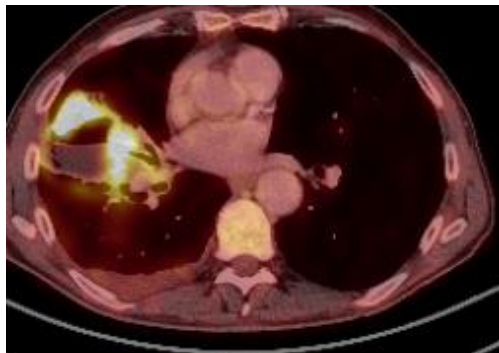
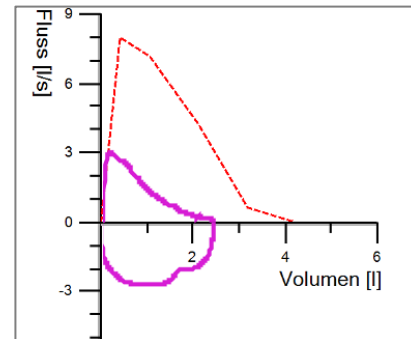
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Fiktiver Pt.m. 1962 NSCLC ED 6/2023 T4N2M0 Karnofsky 100%
Histologie: PlattenepithelCa PD-L1 95%
Erguß: keine Tumorzellen EBUS: N2positiv

Therapie: IO mono



Therapie des NSCLC - Stadium IIIB+C



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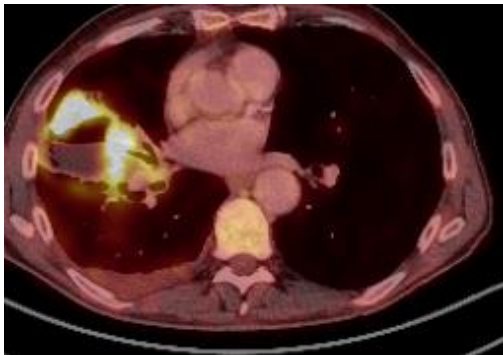
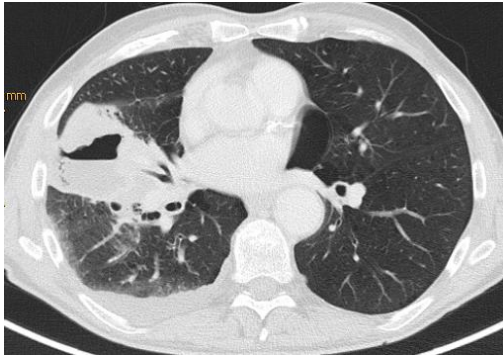
Fiktiver Pt.m. 1962 NSCLC ED 6/2023 T4N2M0 Karnofsky 100%

Histologie: PlattenepithelCa PD-L1 95%

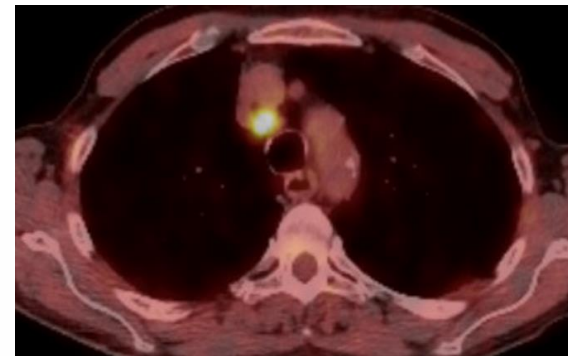
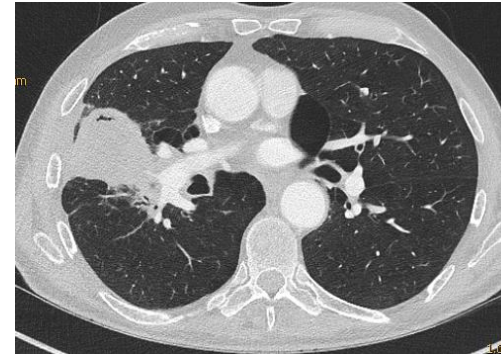
Erguß: keine Tumorzellen EBUS: N2positiv

Therapie: IO mono Was jetzt?

6/2023



11/2023



Therapie des NSCLC - Stadium IIIB+C



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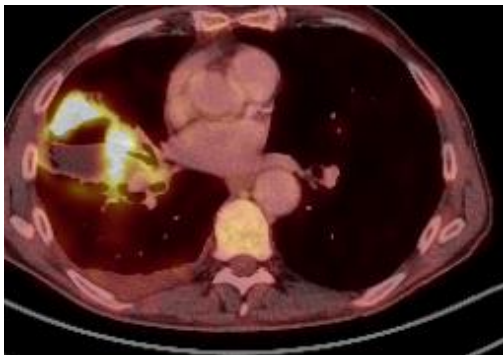
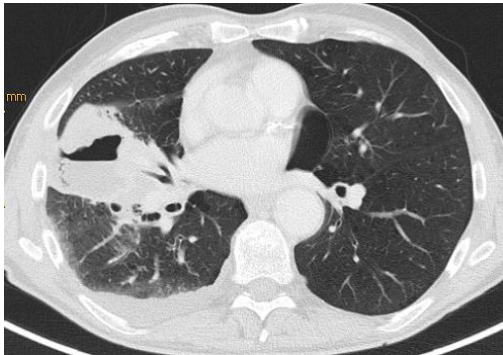
Fiktiver Pt.m. 1962 NSCLC ED 6/2023 T4N2M0 Karnofsky 100%

Histologie: PlattenepithelCa PD-L1 95%

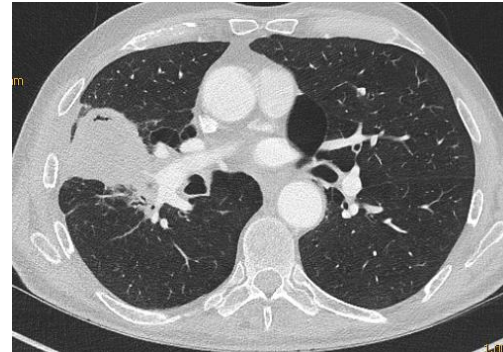
Erguß: keine Tumorzellen EBUS: N2positiv

Therapie: IO mono Was jetzt: Nerven behalten!

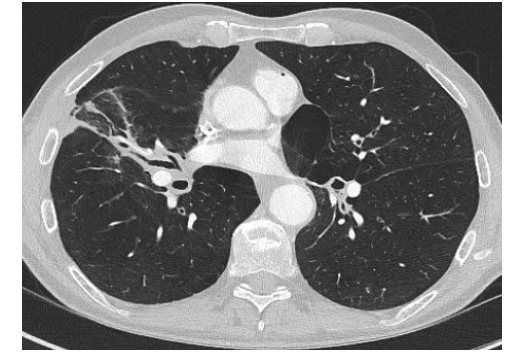
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11/2023



7/2024



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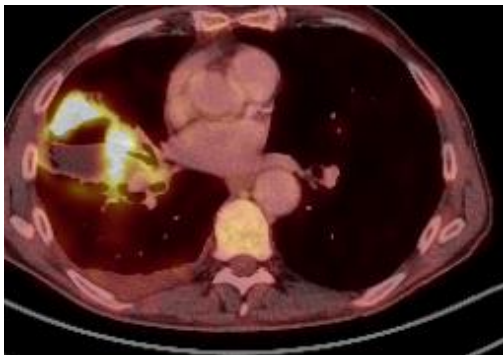
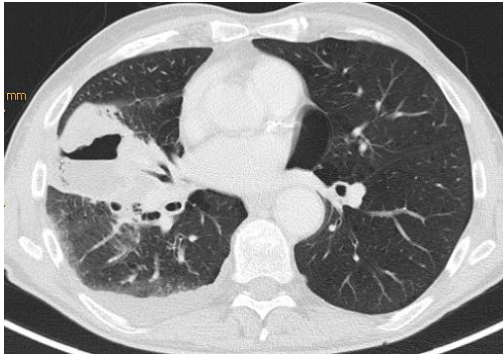
Fiktiver Pt.m. 1962 NSCLC ED 6/2023 T4N2M0 Karnofsky 100%

Histologie: PlattenepithelCa PD-L1 95%

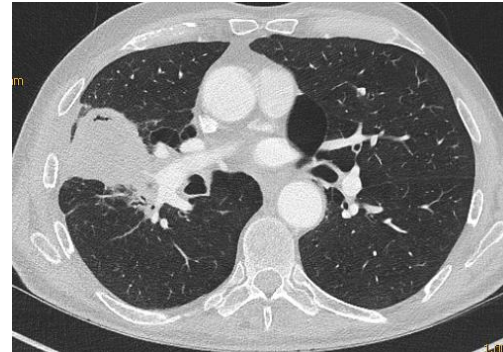
Erguß: keine Tumorzellen EBUS: N2positiv

Therapie: IO mono Was jetzt: Nerven behalten! Welche Kontrollen, wie lange?

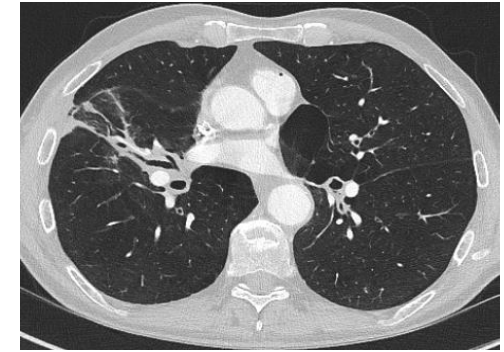
Kontrollen?
6/2023



11/2023



7/2024



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Fragen?

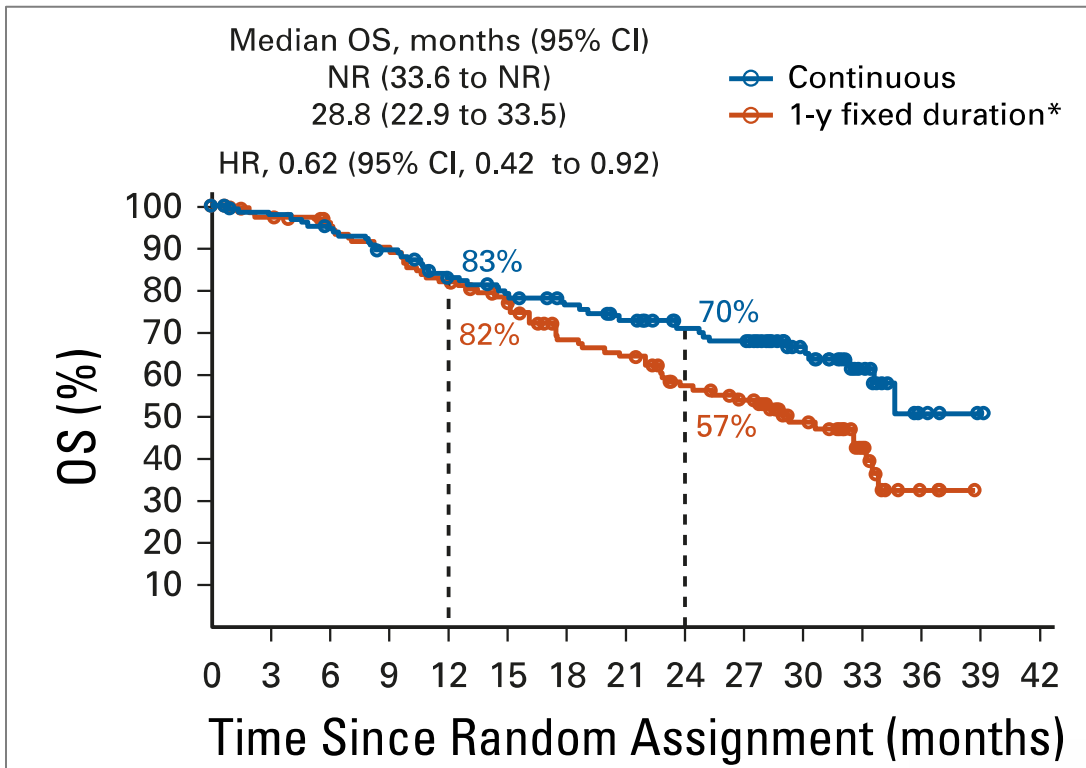
Therapie - wie lange?

Lokale Kontrolle – Radiatio, Op, Abwarten?

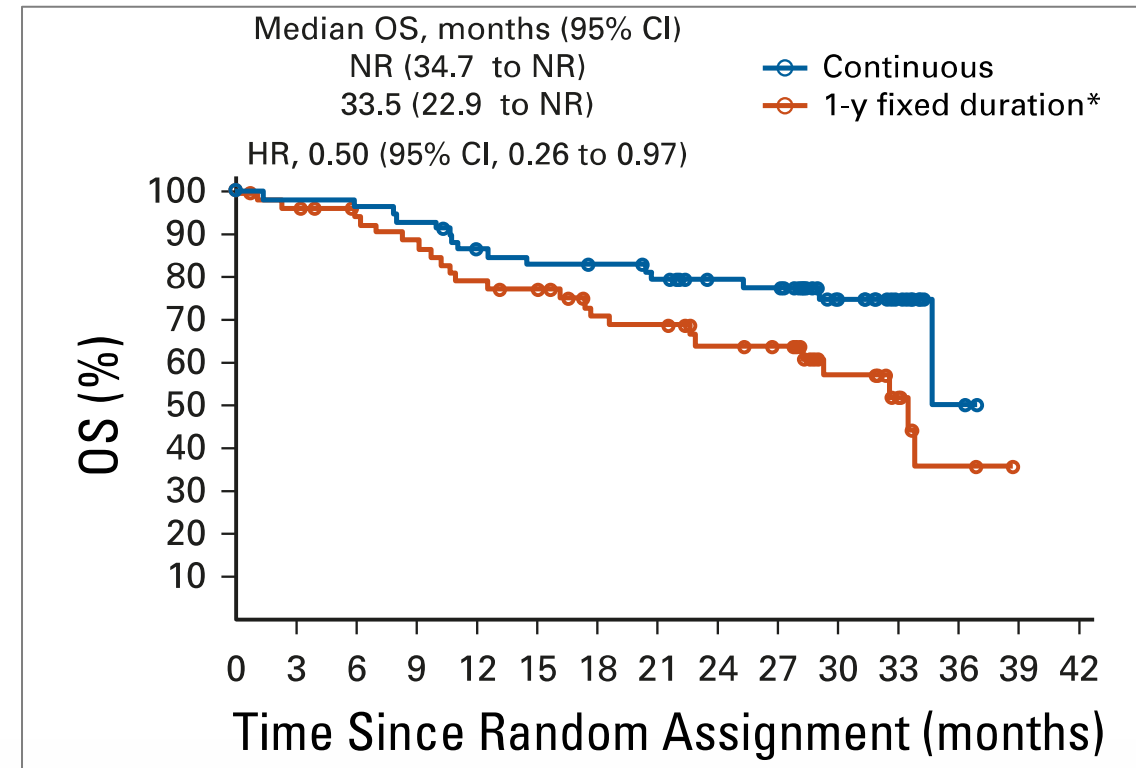
Kontrollen - Klinisch, Röntgen, CT-Thorax?

Kontrollen cerebral – Klinisch, MRT?

Continuous Versus 1-Year Fixed-Duration Nivolumab in Previously Treated Advanced Non-Small-Cell Lung Cancer: CheckMate 153



ITT



CR/PR

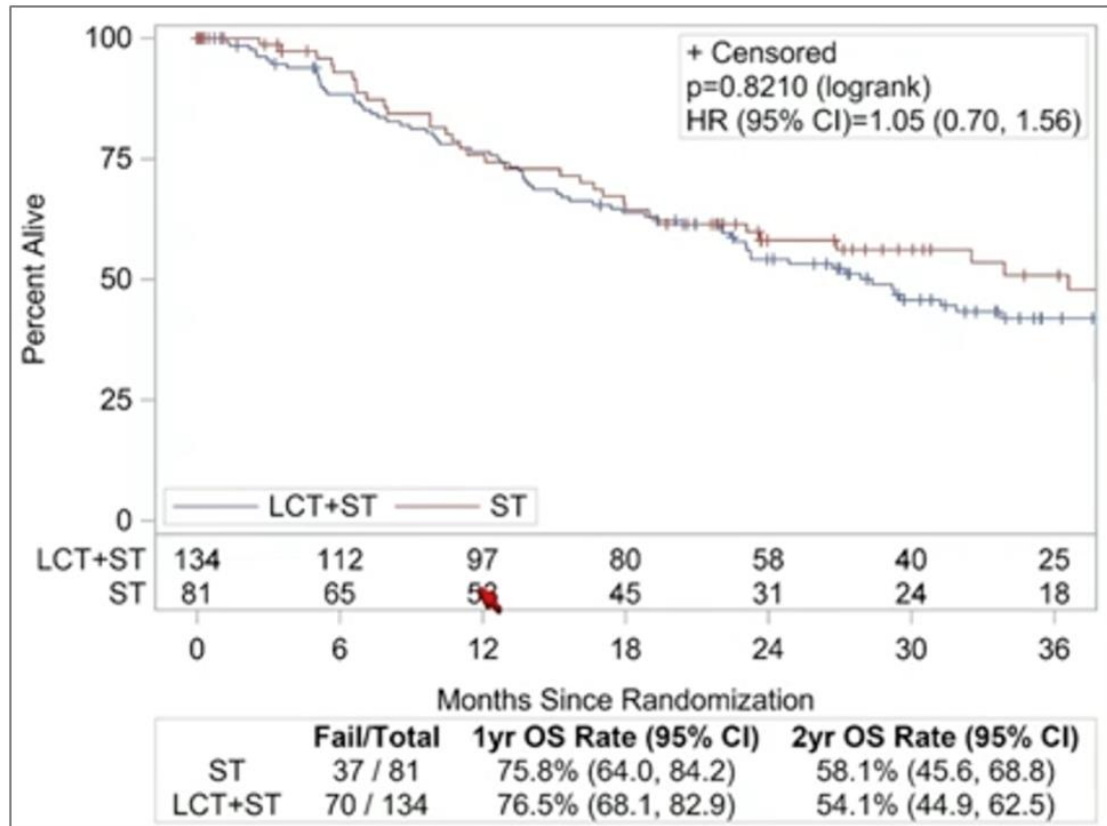
NSCLC - Therapie im Stadium IV - Oligometastasiert



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NRG-LU002: Randomized Phase II/III Trial Of Maintenance Systemic Therapy Versus Local Consolidative Therapy (LCT) Plus Maintenance Systemic Therapy For Limited Metastatic Non-Small Cell Lung Cancer (NSCLC)



Results – Toxicity

Serious Adverse Events

- In the systemic maintenance therapy arm, 11 patients (15%) had grade 4 and 4 patients (6%) had grade 5 adverse events (AEs). In the LCT + systemic maintenance therapy arm, 20 patients (15%) had grade 4 and 10 patients (8%) had grade 5 AEs.

Adverse Events Related to Treatment

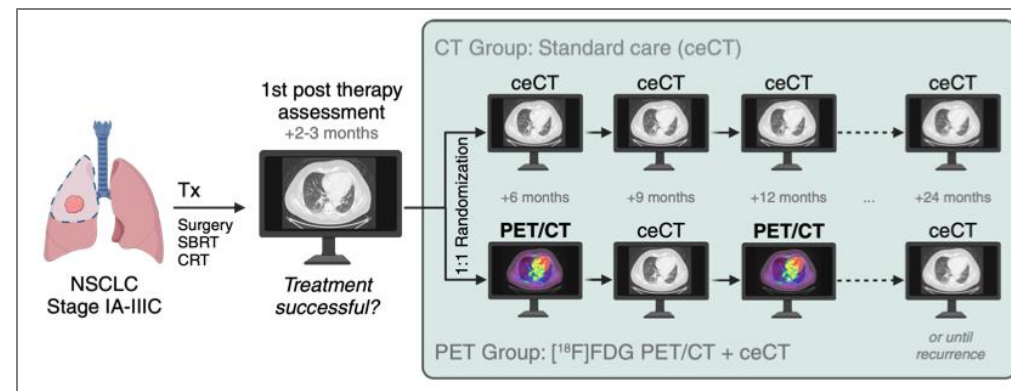
- For AEs reported as definitely, probably or possibly related to treatment, there were more LCT + systemic maintenance therapy patients with overall grade 2 or higher toxicities (73% vs 84%) and grade 3 or higher pneumonitis (1% vs 10%).

Iyengar et al. ASCO 2024

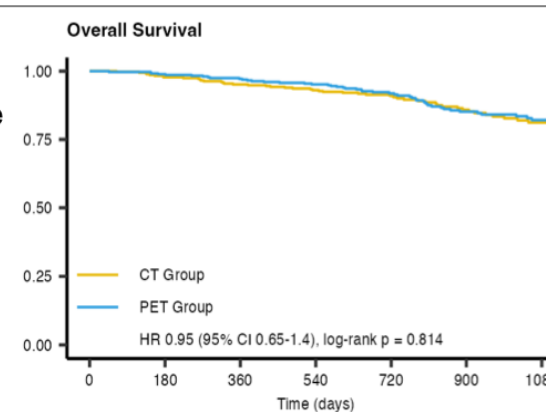
Surveillance with [^{18}F]FDG PET/CT of Lung Cancer after Curative Therapy; First Results of a Randomized Trial (SUPE_R)

Table 1. Recurrence Characteristics

	PET Group	CT Group	P-value
Suspected recurrence	166/373 (45)	132/377 (35)	<0.01
Confirmed recurrence	87/373 (23)	77/377 (20)	0.34
Surveillance detected	78/87 (90)	59/77 (77)	0.02
Recurrence extent			
Local only	48/87 (55)	47/77 (61)	0.45
Distant only	19/87 (22)	14/77 (18)	0.56
Both	18/87 (21)	13/77 (17)	0.53
Recurrence treatment			
Curative intent	42/86 (49)	37/75 (49)	0.95
Palliative	41/86 (48)	34/75 (45)	0.77



- No difference in overall survival
 - HR 0.95, 95% CI 0.65-1.40, $p = 0.81$
- No difference in time to recurrence
 - HR 1.12, 95% CI 0.83-1.53, $p = 0.46$
- More invasive diagnostic procedures in PET group
 - 147 vs 88, $p < 0.01$
- Increased costs and radiation exposure
 - +8-16 mSv per year



Therapie des NSCLC - Stadium IIIB+C



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16.9	Konsensbasierte Empfehlung	modifiziert 2024
EK	Unter einer Systemtherapie im Stadium IVA/B sollten Ansprechen, Nebenwirkungen und Beschwerdebild einen Monat nach Abschluss der Behandlung durch das den Patienten betreuende Team evaluiert werden. Als Basis sind dabei Anamnese, körperliche Untersuchung, CT-Thorax/Abdomen/Becken und je nach Beschwerdebild geeignete bildgebende Verfahren (MRT Schädel bei Verdacht auf Hirnmetastasen) durchzuführen. Danach sollten festgelegte Wiedervorstellungen bei laufender Erhaltungstherapie (NSCLC, SCLC) mindestens alle 3-6 Wochen erfolgen. Bei Patienten unter laufender Systemtherapie sind CT Kontrollen im Verlaufsintervall von 6 bis 9 Wochen sinnvoll. Hier sollten dann geeignete Untersuchungsverfahren zur rechtzeitigen Erfassung eines Progresses der Erkrankung und zur Änderung der Systemtherapie durchgeführt werden.	
	Starker Konsens	