

ImmunoDriver-2: CD8 T cell and PD-L1 levels associate with first-line (1L) overall survival (OS) in immune checkpoint inhibition (ICI)-treated non-small cell lung cancer (NSCLC)

Final Poster Number:
1920P

J. Lee¹, B. Rhead², E. Garon¹, J. Goldman¹, M. Velez¹, A. Gower¹, A. Lisberg¹, P. Boutros¹, S. Dubinett¹, E. Williams², U. Jariwala², C. Hegarty-Traverso², S. Fragkogianni², M. Thompson², J. Mercer², A. Cummings¹
¹UCLA, Los Angeles, CA; ²Tempus AI, Inc., Chicago, IL

Presenting author disclosure: Advisory Board/Consultant – AstraZeneca, AbbVie, Boehringer Ingelheim, Bristol Myers Squibb, Foundation Medicine Institute, Genentech, Lilly, Merck & Co./ Merck, Sharp, and Dohme (MSD), Natera, Novartis, Regeneron Pharmaceuticals, Roche; Research support – AstraZeneca, Bristol Myers Squibb, Genentech, Merck & Co./ Merck, Sharp, and Dohme (MSD), Novartis, Roche, Tempus; Steering Committee – Boehringer Ingelheim, Genentech, Lilly, Merck & Co./ Merck, Sharp, and Dohme (MSD), Novartis, Roche; Speaker’s Bureau – AstraZeneca, Bristol Myers Squibb, Genentech, Roche; Invited Speaker - DAVA Oncology, eCancer, IDEology, Medscape, Meetings Events & Conference Coordinators (MECC), OnLive, Roche, Targeted Oncology; Patents – UCLA

INTRODUCTION

- Immunogenome characterization in early (eNSCLC; stage I-III) and metastatic (mNSCLC; stage IV) NSCLC is needed to improve ICI efficacy.
- We evaluated how CD8 T cell (CD8T) and PD-L1 proportions associate with real-world OS (rwOS) and driver alterations (dAlts) in pts with NSCLC treated with first line (1L) ICI ± chemotherapy (CT).

METHODS

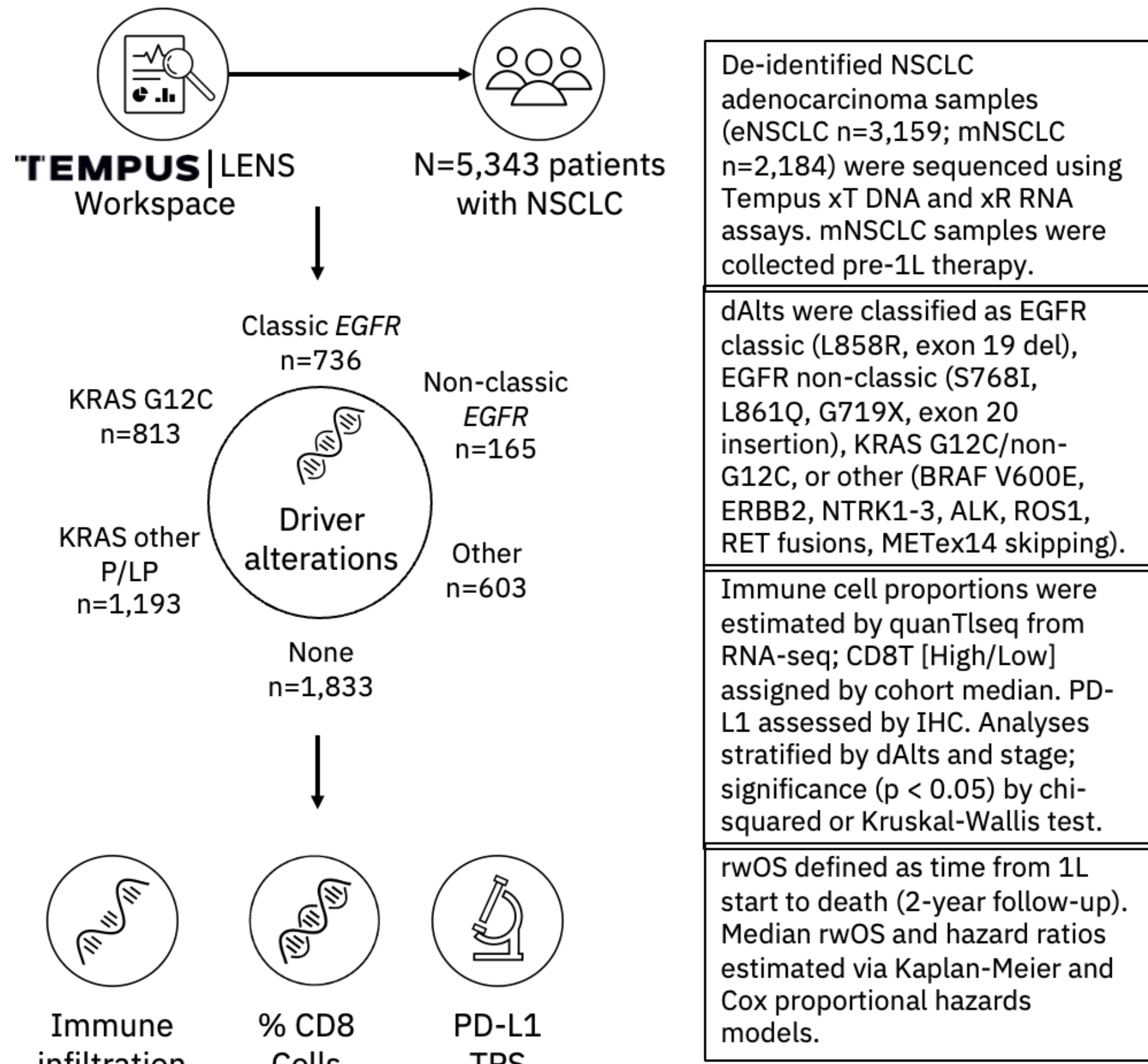


Table 1. OS cohort characteristics

Characteristic	Overall N = 1,325 ¹	Low, <1 N = 266	Low, 1-49 N = 209	Low, 50-100 N = 163	High, <1 N = 197	High, 1-49 N = 239	High, 50-100 N = 251	p-value ²
Age at treatment start								0.001
Median (Q1, Q3)	67 (61, 74)	65 (59, 72)	68 (62, 75)	65 (61, 71)	66 (60, 74)	68 (62, 75)	68 (62, 76)	
Min, Max	27, 88	27, 86	35, 86	27, 88	29, 87	36, 86	38, 88	
Sex, n (%)								0.058
Male	696 (53%)	145 (55%)	127 (61%)	89 (55%)	93 (47%)	116 (49%)	126 (50%)	
Female	629 (47%)	121 (45%)	82 (39%)	74 (45%)	104 (53%)	123 (51%)	125 (50%)	
Histology within 30 days of sample collection, n (%)								0.037
Adenocarcinoma	1,274 (96%)	251 (94%)	202 (97%)	162 (99%)	187 (95%)	226 (95%)	246 (98%)	
Other adenocarcinoma subtype ³	51 (3.8%)	15 (5.6%)	7 (3.3%)	1 (0.6%)	10 (5.1%)	13 (5.4%)	5 (2.0%)	
TMB category, n (%)								0.075
Low (<10 mut/Mb)	913 (69%)	183 (69%)	154 (74%)	106 (65%)	147 (75%)	164 (69%)	159 (63%)	
High (>10 mut/Mb)	412 (31%)	83 (31%)	55 (26%)	57 (35%)	50 (25%)	75 (31%)	92 (37%)	
Treatment category, n (%)								<0.001
Chemo+IO	1,011 (76%)	252 (95%)	177 (85%)	98 (60%)	182 (92%)	201 (84%)	101 (40%)	
IO	314 (24%)	14 (5.3%)	32 (15%)	65 (40%)	15 (7.6%)	38 (16%)	150 (60%)	
Driver mutation status, n (%)								<0.001
Oncogene addicted	742 (56%)	143 (54%)	124 (59%)	112 (69%)	87 (44%)	123 (51%)	153 (61%)	
No driver mutation	583 (44%)	123 (46%)	85 (41%)	51 (31%)	110 (56%)	116 (49%)	98 (39%)	
Smoking status, n (%)								0.6
Ex-smoker	491 (37%)	98 (37%)	76 (36%)	63 (39%)	74 (38%)	77 (32%)	104 (41%)	
Current-smoker	405 (31%)	82 (31%)	60 (29%)	44 (27%)	62 (31%)	83 (35%)	74 (29%)	
Unknown	321 (24%)	62 (23%)	56 (27%)	39 (24%)	41 (21%)	62 (26%)	61 (24%)	
Never-smoker	108 (8.2%)	24 (9.0%)	18 (8.6%)	17 (10%)	20 (10%)	17 (7.3%)	12 (4.8%)	

¹ n (%)
² Kruskal-Wallis rank-sum test; Pearson's Chi-squared test; Fisher's Exact Test for Count Data with simulated p-value (based on 2000 replicates)
³ Mucinous adenocarcinoma, Acinar cell carcinoma, Papillary adenocarcinoma, Solid carcinoma, Micropapillary adenocarcinoma, Signet ring cell carcinoma, Adenocarcinoma with neuroendocrine differentiation, Bronchiole-alveolar adenocarcinoma, Hepatoid adenocarcinoma, Lipidic Predominant Adenocarcinoma

SUMMARY

- OS following ICI + CT or ICI alone in mNSCLC was greatest when both CD8T and PD-L1 were high.
- CD8T/PD-L1 immunophenotype analysis indicates these findings may apply across stage and dAlt status.

RESULTS

Figure 1A & B. rwOS in patients treated with 1L ICI ± CT by PDL1 and CD8 alone

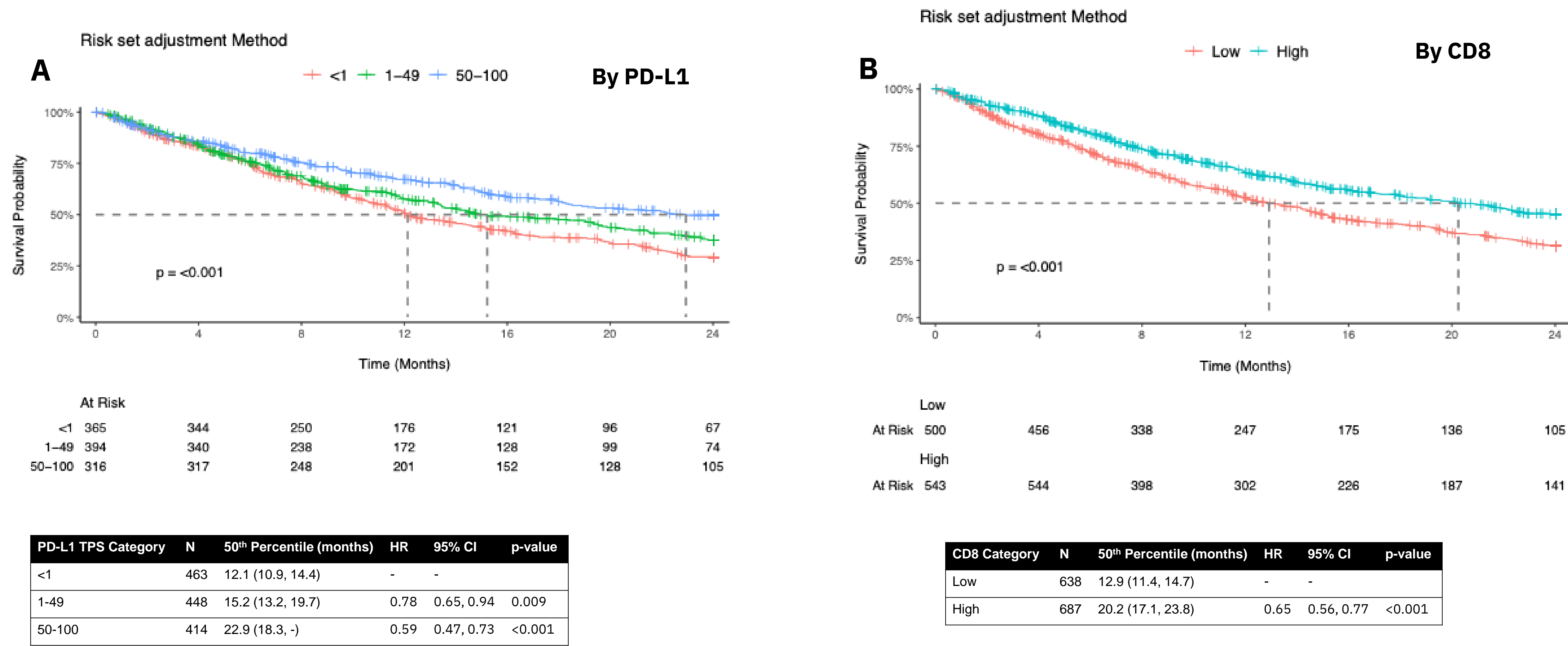


Figure 1. After 1L ICI ± CT, PD-L1 and CD8T were associated with significantly improved mOS in mNSCLC. HRs were adjusted for age at treatment start, sex, driver mutation status, treatment category, TMB category, and smoking status.

Figure 2. rwOS in patients treated with 1L ICI ± CT in PDL1 subgroups stratified by CD8 status

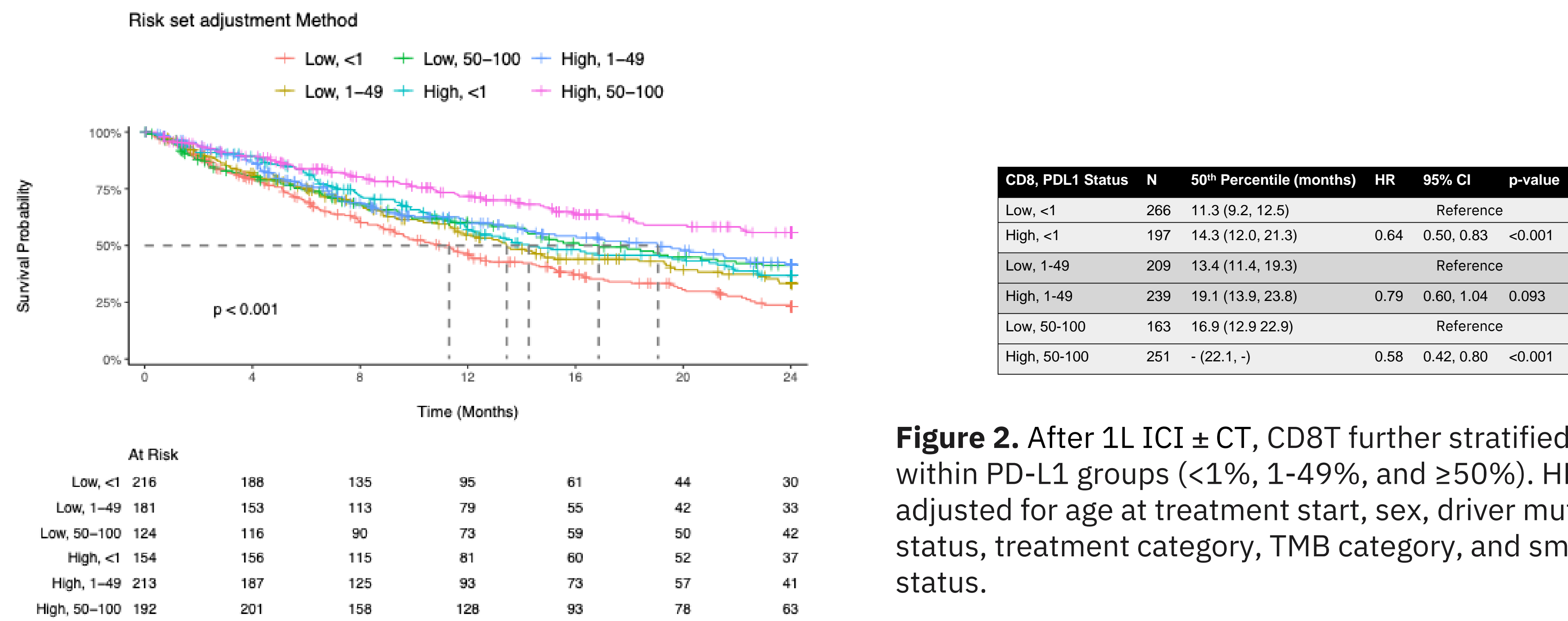


Figure 2. After 1L ICI ± CT, CD8T further stratified OS within PD-L1 groups (<1%, 1-49%, and ≥50%). HRs were adjusted for age at treatment start, sex, driver mutation status, treatment category, TMB category, and smoking status.

Figure 3 A & B. CD8/PDL1 Landscape in early & late-stage NSCLC according to dAlt status and respective cohort characteristics

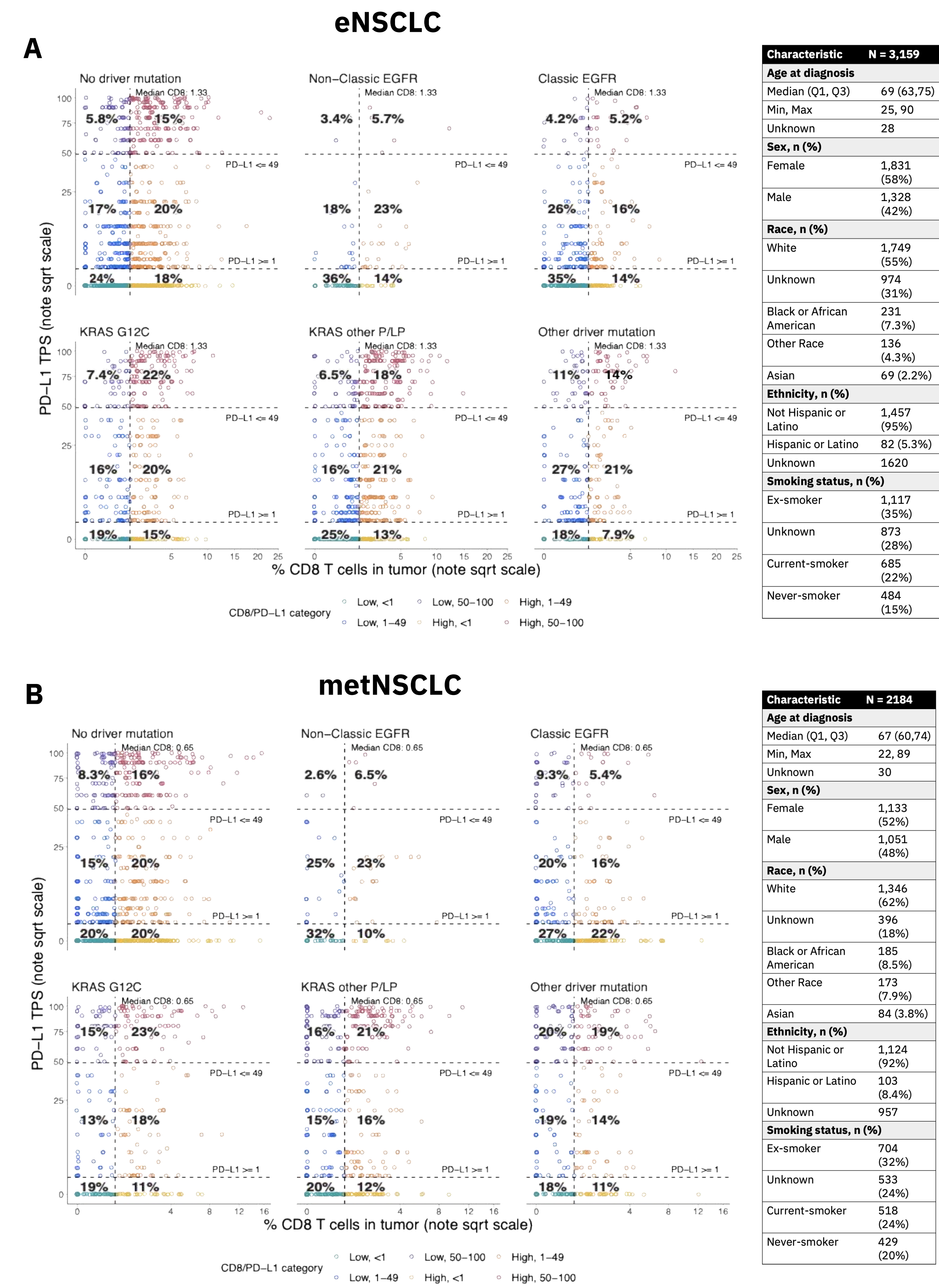


Figure 3. In eNSCLC and mNSCLC, CD8T and PD-L1 were highest in cases with no dAlts and KRAS dAlts, and lowest in the c/ncEGFR dAlt cohorts ($p < 0.001$). CD8T-H/PD-L1≥1 and CD8T-H/PD-L1≥50 were most frequent in the non-dAlt and KRAS groups ($p < 0.001$), while CD8T-H/PD-L1≥50 was least common and CD8T-L/PD-L1<1 was most frequent in the c/ncEGFR dAlt cohort ($p < 0.001$).

ACKNOWLEDGMENTS

We thank the Tempus Science Communications team for poster development.

Correspondence: JaymoonLee@mednet.ucla.edu