

Atezolizumab monotherapy vs docetaxel in 2L/3L non-small cell lung cancer: Primary analysis for efficacy, safety and predictive biomarkers from a randomized Phase II study (POPLAR)

Achim Rittmeyer,¹ Louis Fehrenbacher,² Alexander I. Spira,^{3,4} Julien Mazieres,⁵ Keunchil Park,⁶ David Smith,^{4,7} Angel Artal-Cortes,⁸ Conrad Lewanski,⁹ Fadi Braiteh,^{4,10} Jing Yi,¹¹ Pei He,¹¹ Marcin Kowanetz,¹¹ Daniel Waterkamp,¹¹ Marcus Ballinger,¹¹ Daniel S. Chen,¹¹ Alan Sandler,¹¹ Johan Vansteenkiste¹²

¹Lungenfachklinik Immenhausen, Immenhausen, Germany; ²Kaiser Permanente Medical Center, Vallejo, CA;

³Virginia Cancer Specialists Research Institute, Fairfax, VA; ⁴US Oncology Research, The Woodlands, TX;

⁵Toulouse University Hospital, Toulouse, France; ⁶Samsung Medical Centre; Division of Hematology/Oncology,

Seoul, South Korea; ⁷Compass Oncology, Vancouver, WA; ⁸Servicio de Oncologia Medica, Hospital

Universitario Miguel Servet, Zaragoza, Spain; ⁹Department of Oncology, Charing Cross Hospital, London, UK;

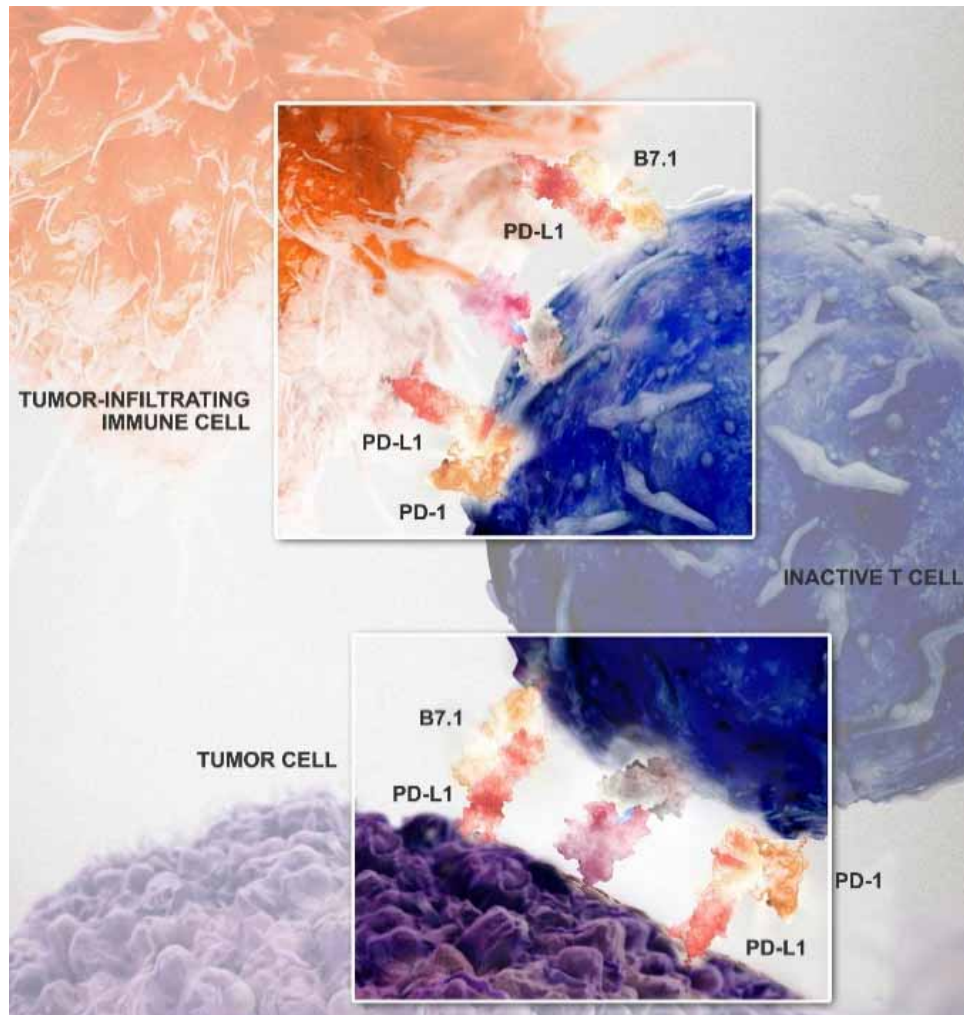
¹⁰Comprehensive Cancer Centers of Nevada, Las Vegas, NV; ¹¹Genentech, Inc., South San Francisco, CA;

¹²University Hospitals KU Leuven, Leuven, Belgium

Conflict of Interest Disclosure

- Achim Rittmeyer reports grants from
 - Roche
 - Eli Lilly
 - Bristol-Myers Squibb
 - AstraZeneca
 - MSD
 - Boehringer Ingelheim
 - Pfizer

Atezolizumab is a Humanized Anti-PDL1 Antibody That Inhibits the Binding of PD-L1 to PD-1 and B7.1



- Inhibiting PD-L1/PD-1 and PD-L1/B7.1 interactions can restore anti-tumor T-cell activity and enhance T-cell priming
- Targeting PD-L1 leaves the PD-L2/PD-1 interaction intact, thereby potentially preserving peripheral immune homeostasis
- Atezolizumab (anti-PDL1) has demonstrated promising response rates in NSCLC that correlated with PD-L1 expression on tumor cells (TC) and/or tumor-infiltrating immune cells (IC); (Horn et al., ASCO 2015; Fehrenbacher et al., *Lancet* 2016)

POPLAR: A Randomized All-comer Phase II Study (NCT01903993)

Metastatic or locally advanced NSCLC (2L/3L)
Disease progression on a prior platinum therapy
N = 287

Stratification Factors

- PD-L1 IC expression (0 vs 1 vs 2 vs 3)^a
- Histology (squamous vs non-squamous)
- Prior chemotherapy regimens (1 vs 2)

R
1:1



Atezolizumab
1200 mg IV q3w
until loss of clinical benefit

Docetaxel
75 mg/m² IV q3w
until disease progression

Primary study objective:

- **Estimate OS in ITT and PD-L1 expression subgroups**

Secondary study objectives:

- Estimate PFS, ORR and DOR in ITT and PD-L1 expression subgroups
- Evaluate safety

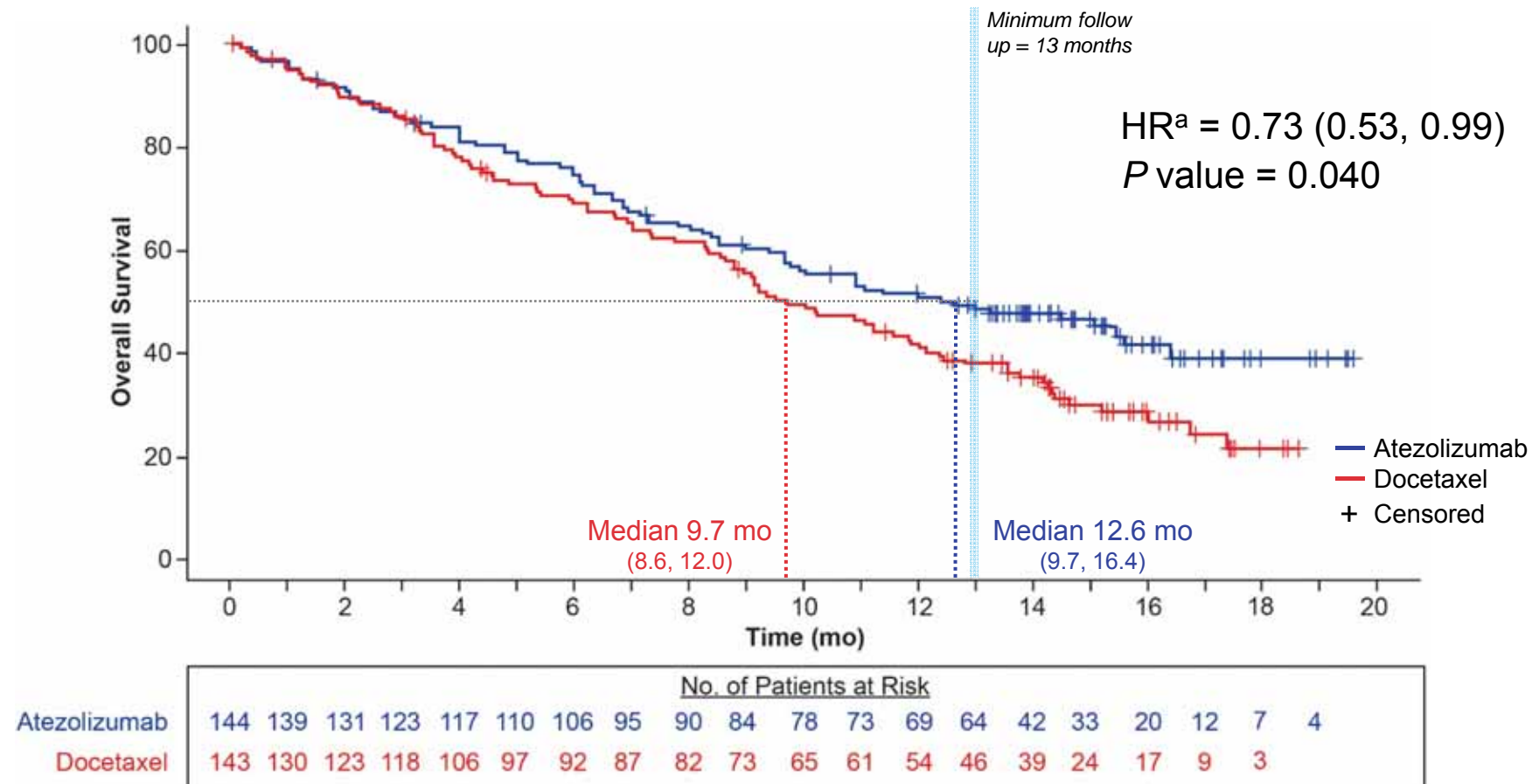
- Primary analysis conducted with 173 events, minimum follow-up 13 months
- Interim analysis with 153 events, minimum follow-up 10 months was presented at ASCO 2015 (Spira et al., Abstract 8010)

^aArchival or new tissue required for pre-dose testing.

POPLAR: Baseline Characteristics (ITT)

Characteristics of Patients with NSCLC	Atezolizumab (n = 144)	Docetaxel (n = 143)
Median age, y	62	62
≥ 65 y	40%	39%
Male	65%	53%
Histology		
Non-squamous	66%	66%
Squamous	34%	34%
ECOG score, 0 / 1	32% / 68%	32% / 68%
No. of prior therapies, 1 / 2	65% / 35%	67% / 33%
History of tobacco use		
Never	19%	20%
Current	17%	15%
Previous	64%	65%

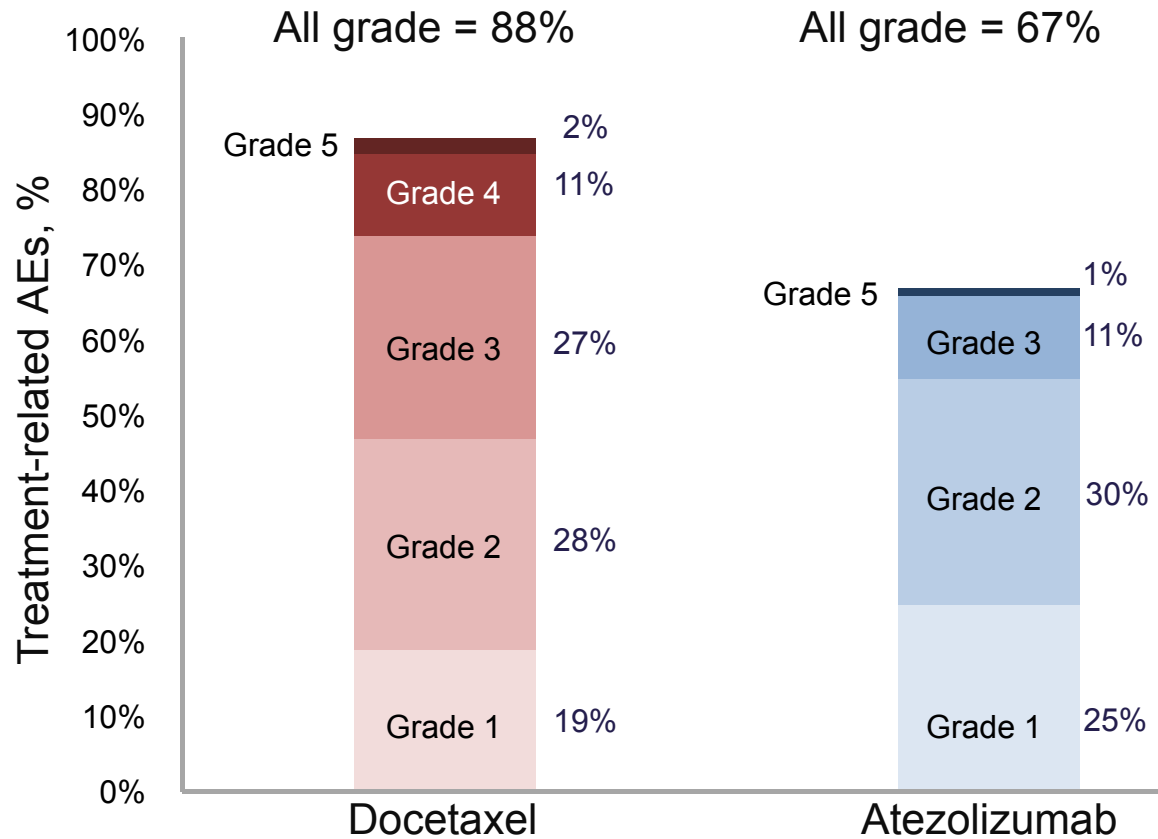
POPLAR: All Patient Efficacy ITT OS (N = 287)



- **Event/patient ratio:** 60% (54% for atezolizumab, 66% for docetaxel)

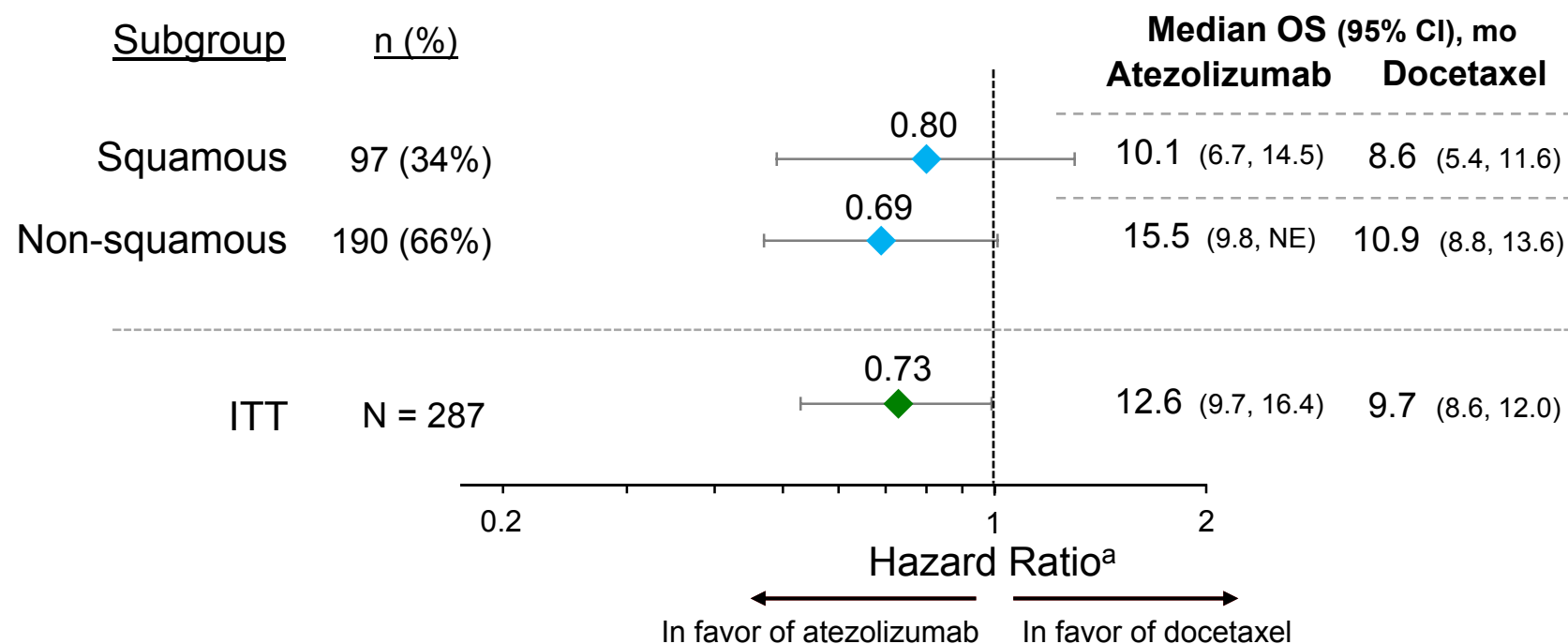
^aStratified HR.
Data cut-off May 8, 2015.

POPLAR: Treatment-related AEs



Safety population includes patients who received any amount of either study treatment.
Data cut-off May 8, 2015.

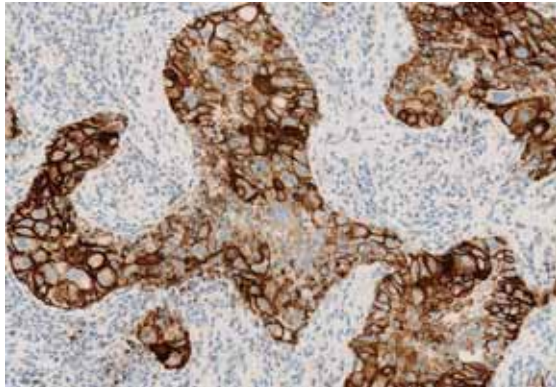
POPLAR: Overall Survival by Histology



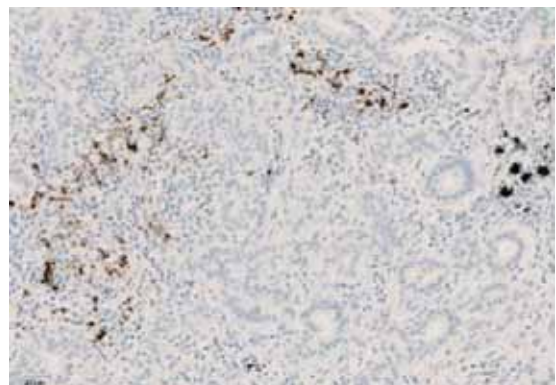
- **Event/patient ratio: Squamous 69%** (63% for atezolizumab, 75% for docetaxel)
Non-squamous 56% (49% for atezolizumab, 62% for docetaxel)

^aUnstratified HR for subgroups and stratified HR for ITT.
 Data cut-off May 8, 2015.

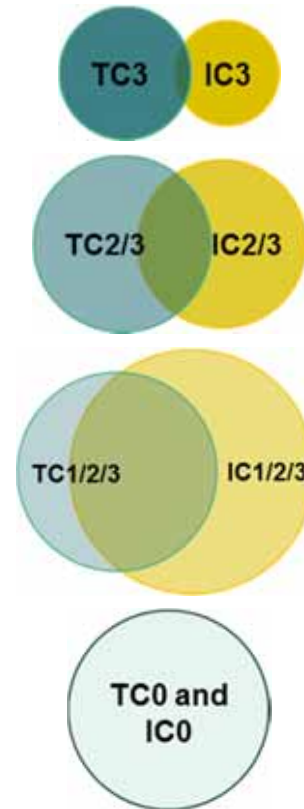
PD-L1 Expression on TC and IC is a Potential Predictive Biomarker for Atezolizumab in NSCLC



Intrinsic PD-L1 expression on tumor cells (TC)



Adaptive PD-L1 expression on tumor-infiltrating immune cells (IC)

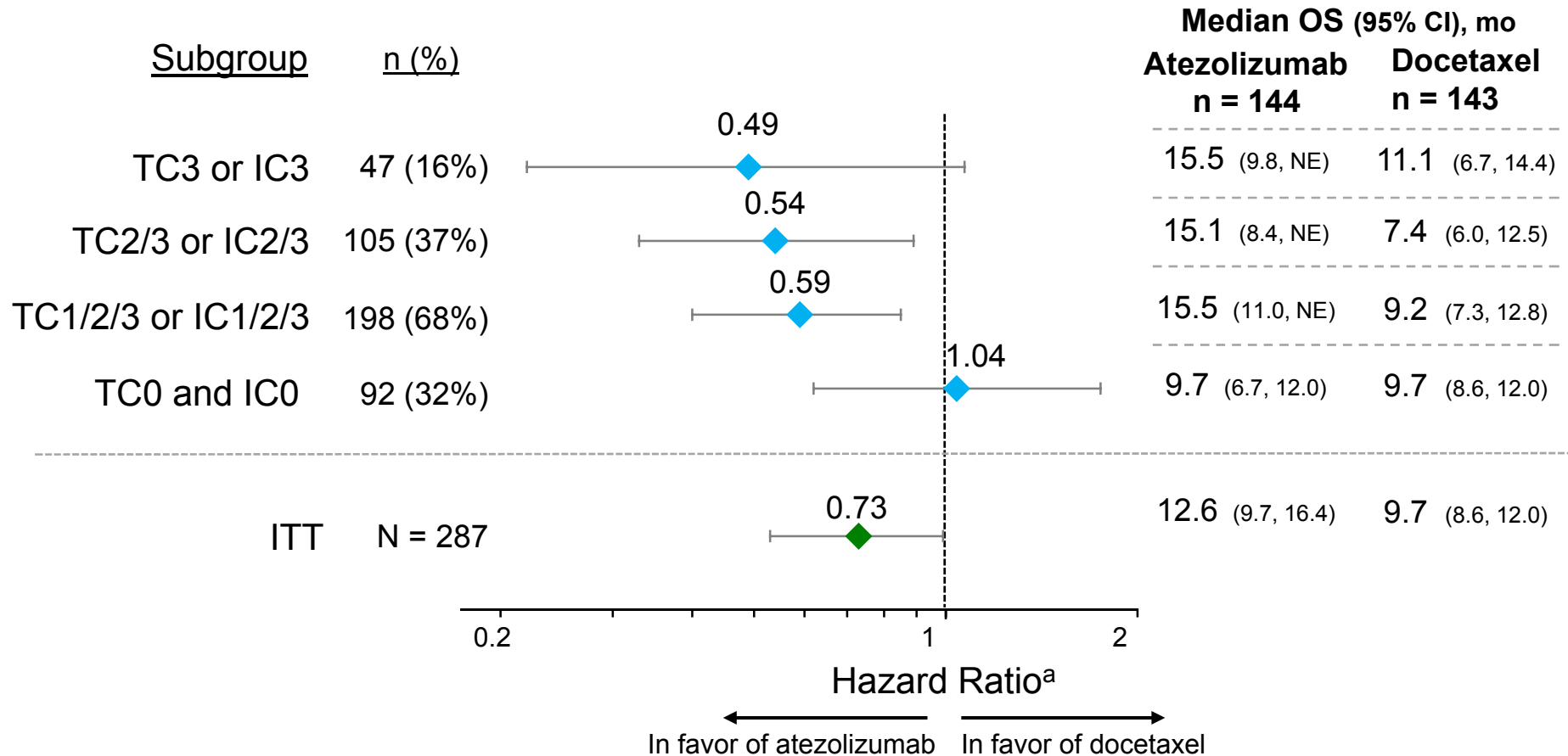


PD-L1 expression levels and TC/IC overlap in POPLAR

- SP142 IHC assay is sensitive and specific for PD-L1 expression on both TC and IC
- Distinct TC and IC sub-populations exist at each of four cutoff levels^a (Gettinger et al., ASCO 2015; Schmid et al., ECC 2015)
- PD-L1 expression on TC and IC was independently predictive of response (Horn et al., ASCO 2015)

^aTC3 or IC3 = TC \geq 50% or IC \geq 10% PD-L1 expressing cells;
TC2/3 or IC2/3 = TC or IC \geq 5% PD-L1 expressing cells;
TC1/2/3 or IC1/2/3 = TC or IC \geq 1% PD-L1 expressing cells;
TC0 and IC0 = TC and IC $<$ 1% PD-L1 expressing cells, respectively.

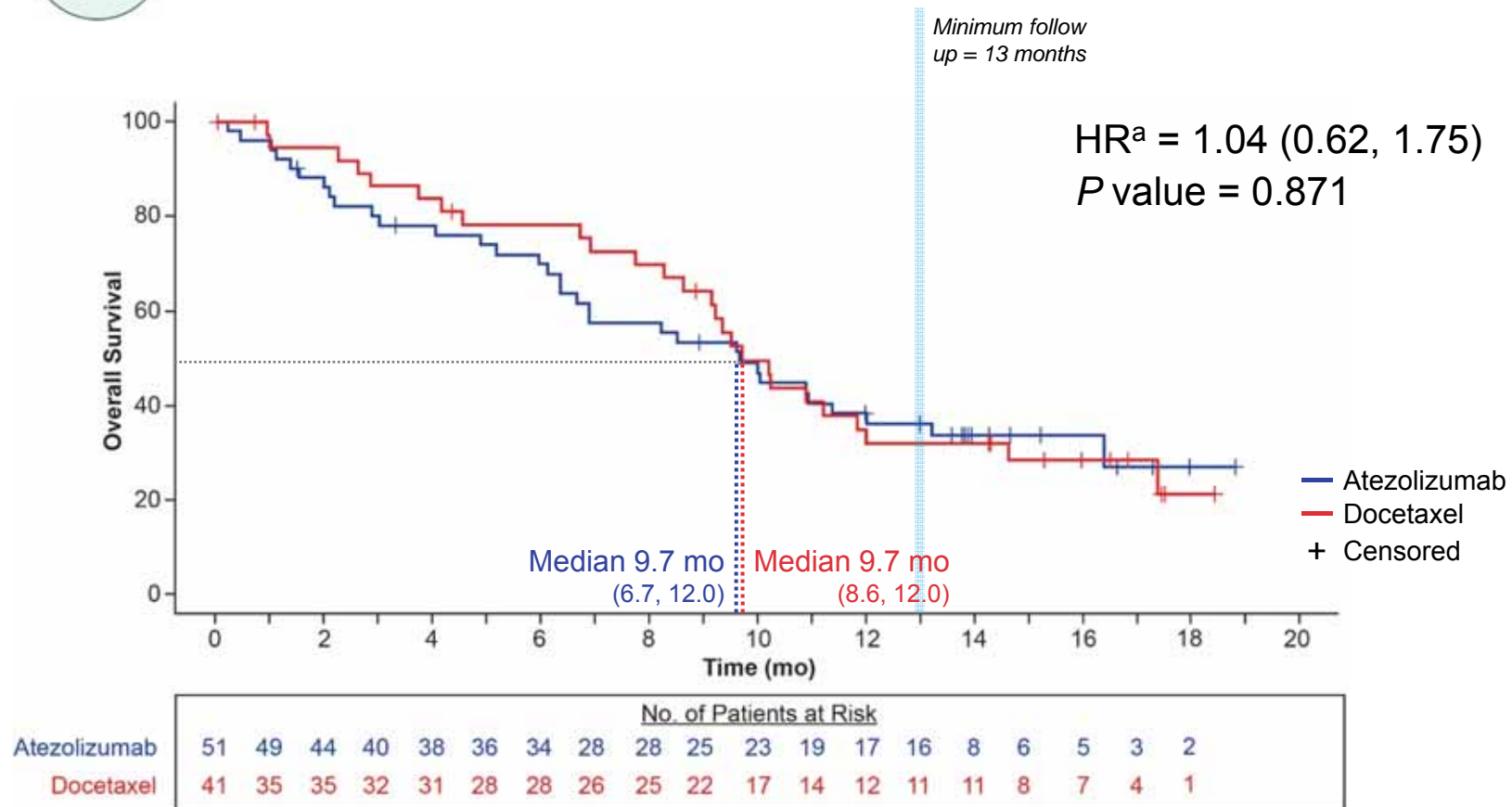
POPLAR: Overall Survival by PD-L1 Expression



^aUnstratified HR for subgroups and stratified HR for ITT.
Data cut-off May 8, 2015.

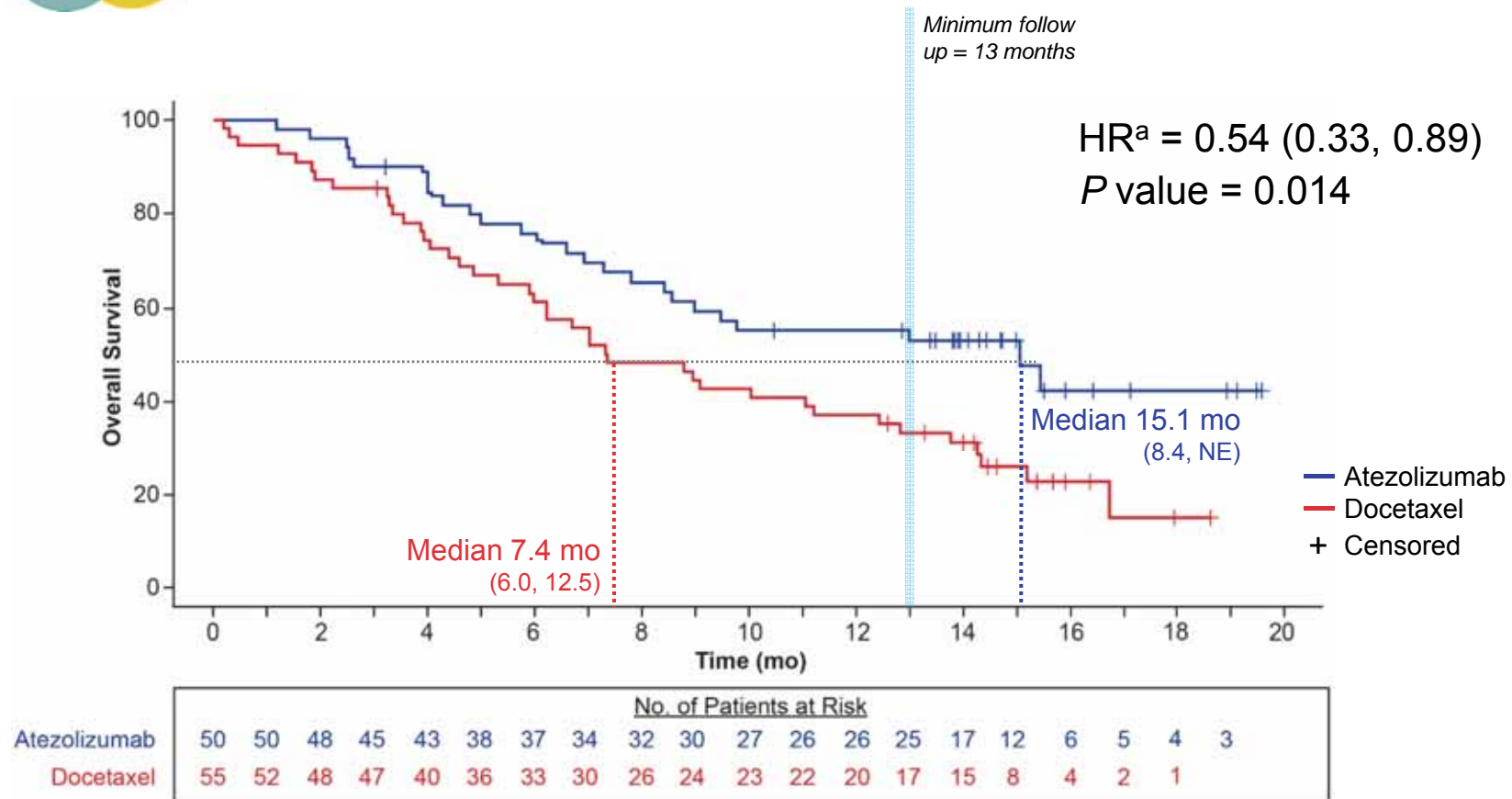
POPLAR: Overall Survival by PD-L1 Expression TC0 and IC0 Subgroup (n = 92)

TC0 and IC0



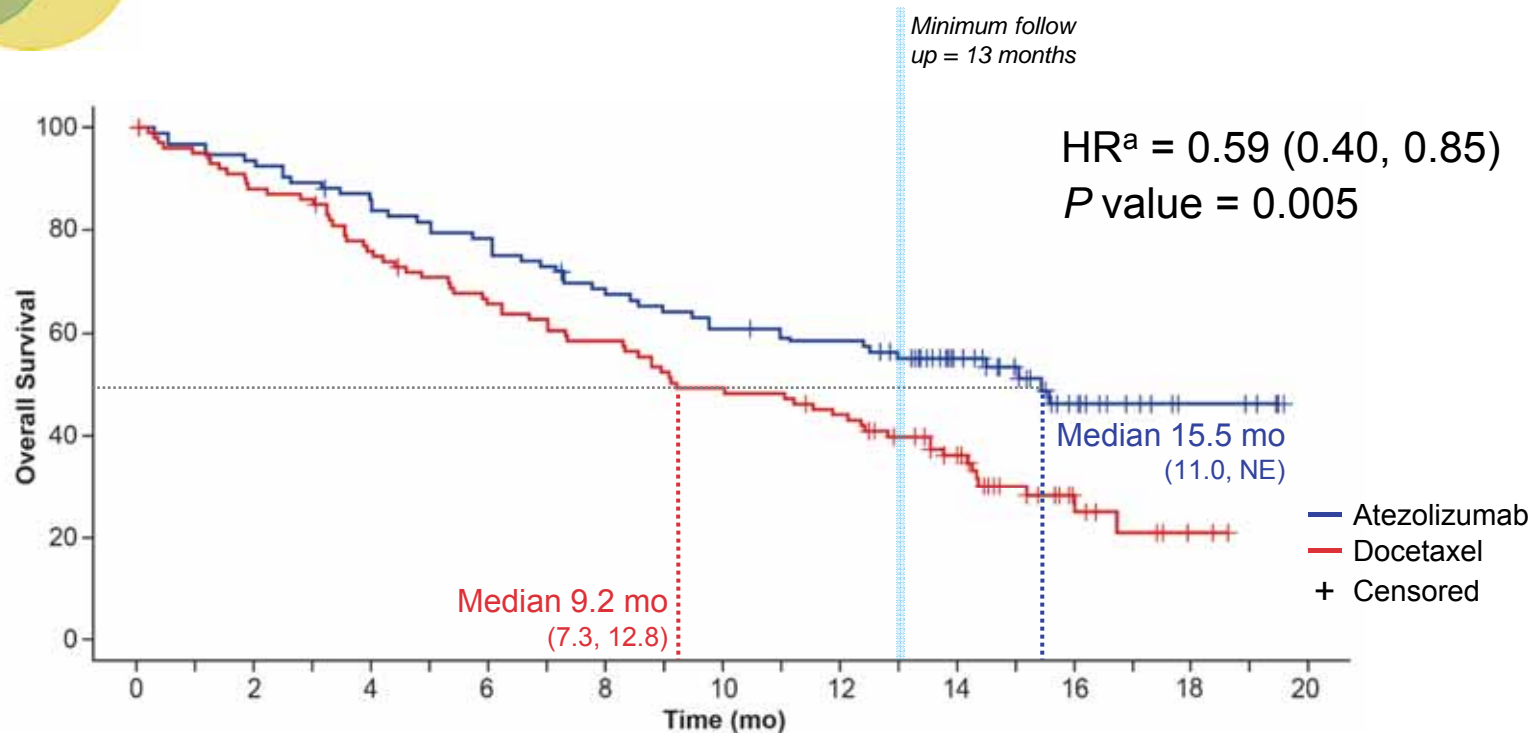
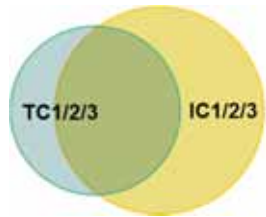
^aUnstratified HR.
Data cut-off May 8, 2015.

POPLAR: Overall Survival by PD-L1 Expression TC2/3 or IC2/3 Subgroup (n = 105)



^aUnstratified HR.
Data cut-off May 8, 2015.

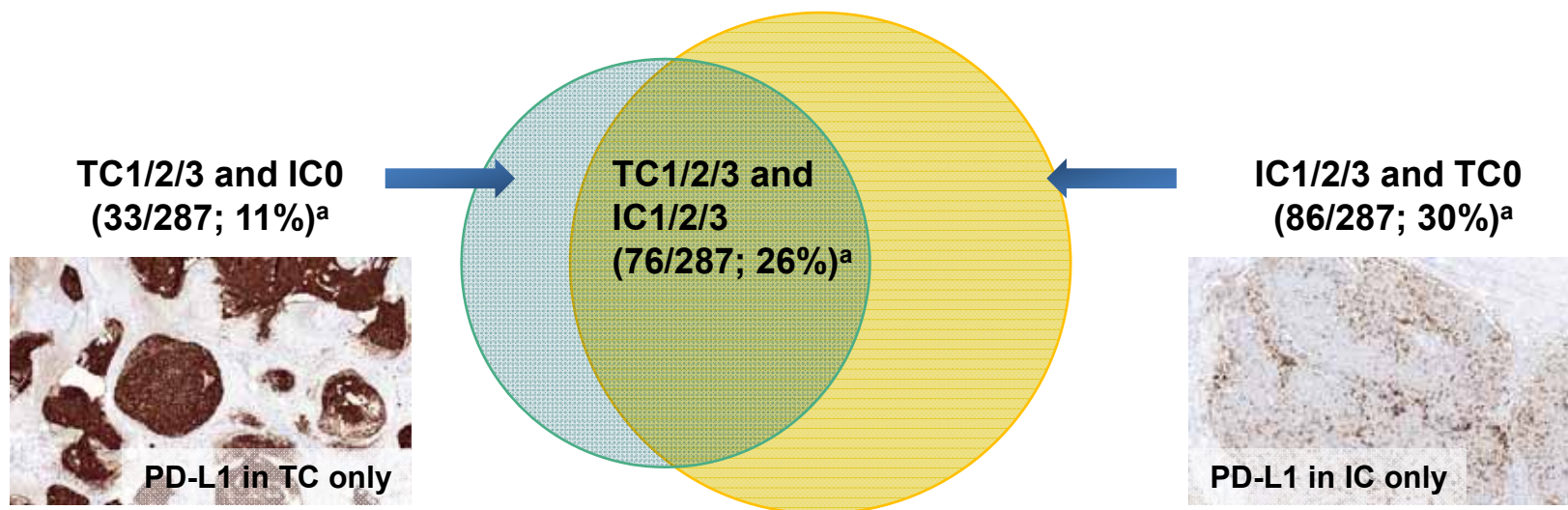
POPLAR: Overall Survival by PD-L1 Expression TC1/2/3 or IC1/2/3 Subgroup (n = 195)



	No. of Patients at Risk																			
Atezolizumab	93	90	87	83	79	74	72	67	62	59	55	54	52	48	34	27	15	9	5	4
Docetaxel	102	95	88	86	75	69	64	61	57	51	48	47	42	35	28	16	10	5	2	

^aUnstratified HR.
Data cut-off May 8, 2015.

POPLAR: Both TC and IC are Independent Predictors of Survival Improvement



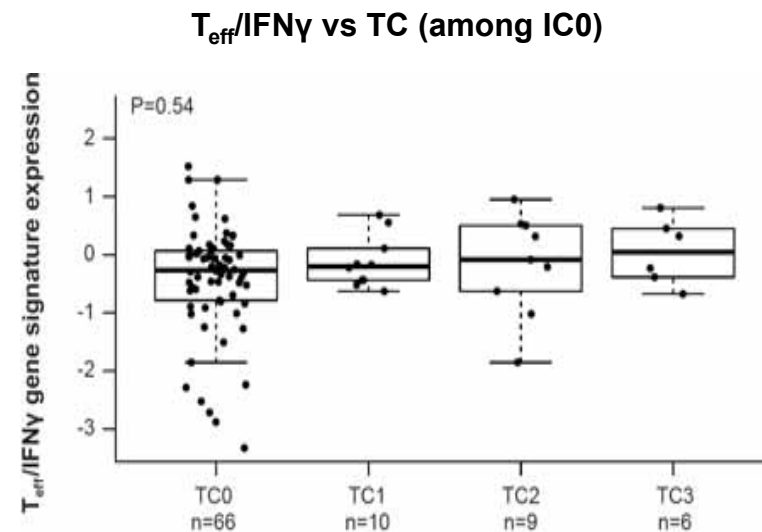
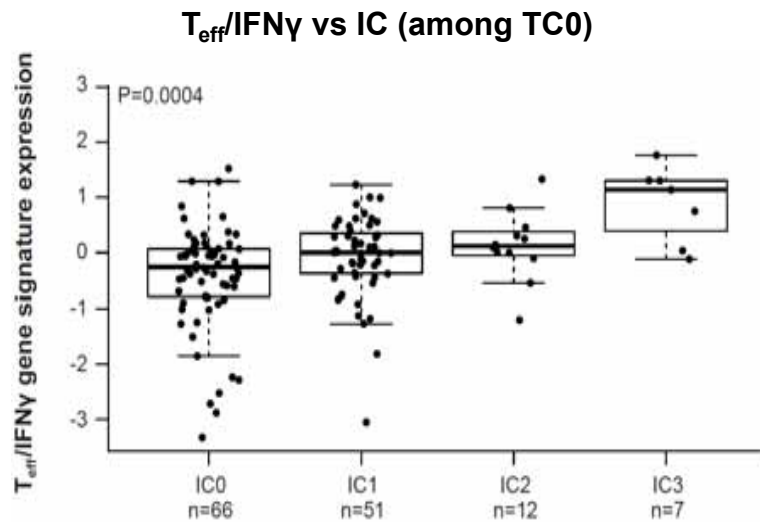
PD-L1 status	OS HR ^b (95% CI)
TC1/2/3 and IC0	0.37 (0.12, 1.13)
IC1/2/3 and TC0	0.63 (0.36, 1.12)
TC1/2/3 and IC1/2/3	0.60 (0.34, 1.08)
TC1/2/3 or IC1/2/3	0.59 (0.40, 0.85)

^aNumber of patients within subgroup/total study population; Percentage of total study population.

^bUnstratified HR.

Data cut-off May 8, 2015.

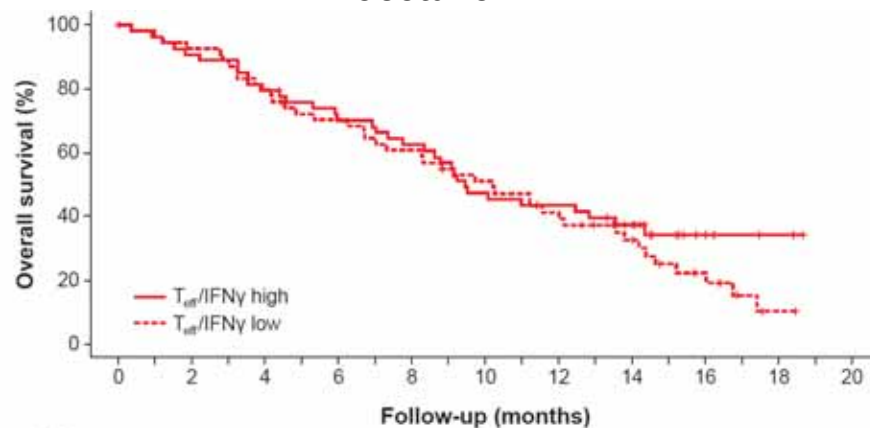
POPLAR: T_{eff}/IFN γ Gene Signature Is Associated With PD-L1 Expression on IC



- T_{eff}/IFN γ signature is defined by expression of *CD8A*, *GZMA*, *GZMB*, *IFN γ* , *EOMES*, *CXCL9*, *CXCL10* and *TBX21* genes

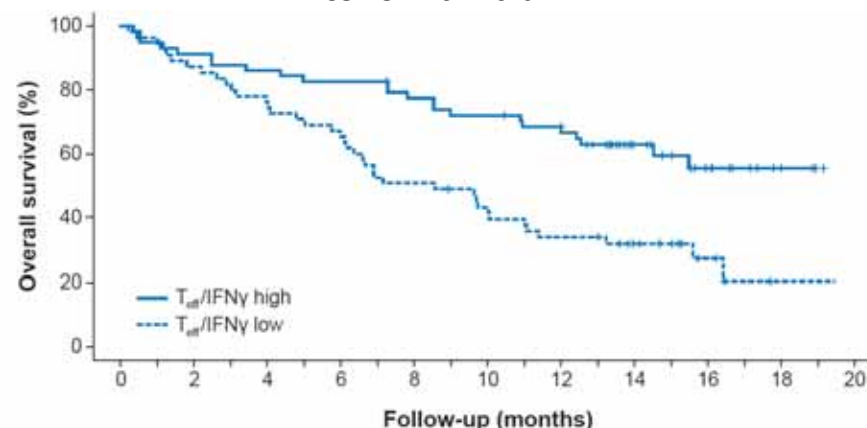
POPLAR: Overall Survival In T_{eff}/IFN γ Gene Signature Subgroups

Docetaxel



Number at risk:		0	2	4	6	8	10	12	14	16	18	20
T _{eff} /IFN γ high		54	49	43	37	33	25	22	16	4	2	0
T _{eff} /IFN γ low		57	50	43	37	32	26	21	14	7	1	0

Atezolizumab



Number at risk:		0	2	4	6	8	10	12	14	16	18	20
T _{eff} /IFN γ high		58	53	50	48	44	41	37	20	11	4	0
T _{eff} /IFN γ low		55	48	42	37	28	23	18	12	5	1	0

T _{eff} /IFN γ signature subgroup ^a	HR ^b (95% CI)
High	0.43 (0.24, 0.77)
Low	1.10 (0.68, 1.76)

T_{eff}/IFN γ signature defined by expression of *CD8A*, *GZMA*, *GZMB*, *IFN γ* , *EOMES*, *CXCL9*, *CXCL10* and *TBX21* genes.

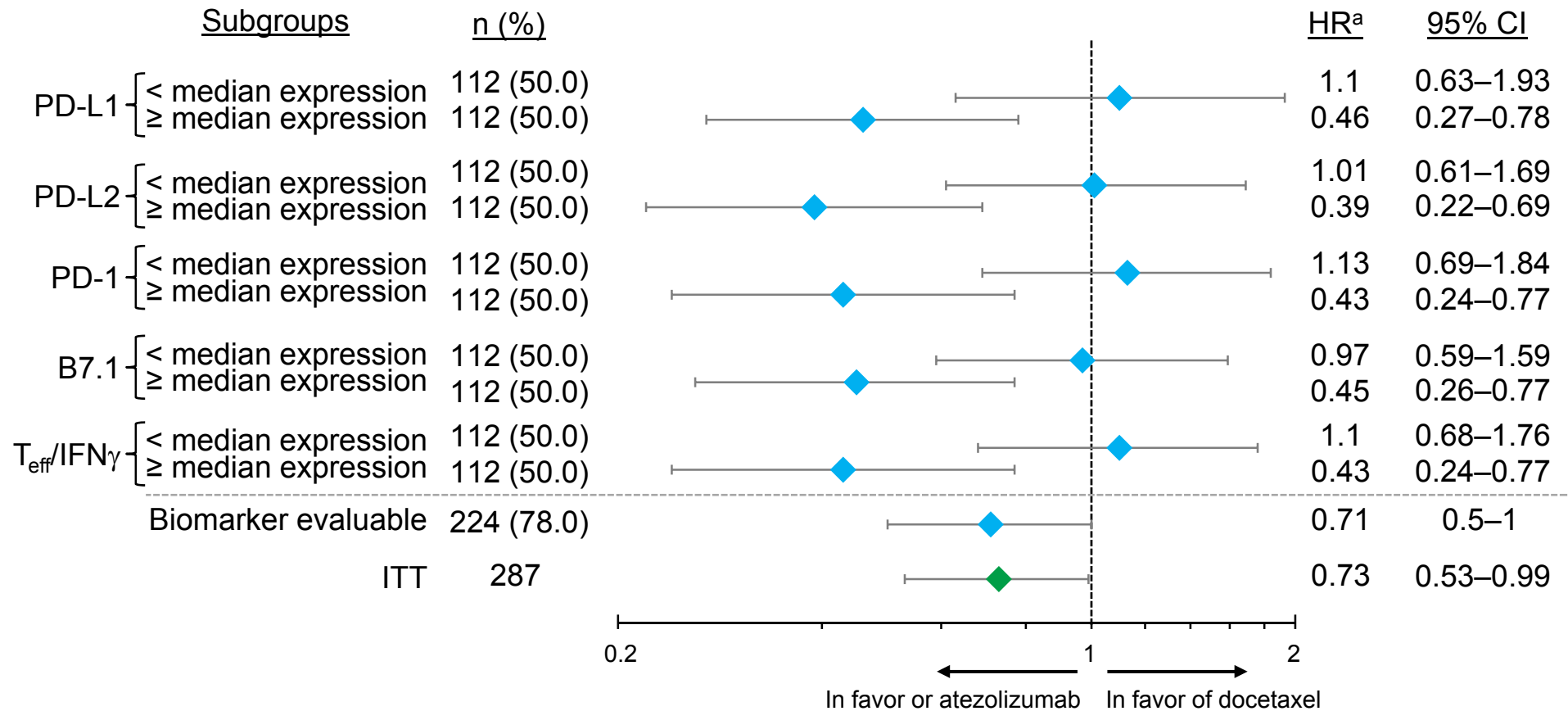
^aHigh biomarker group defined as gene expression at or above the median level;

low biomarker group defined as gene expression below the median level.

^bStratified and adjusted HR for survival with atezolizumab vs docetaxel.

Data cut-off May 8, 2015.

POPLAR: Overall Survival In PD-L1/PD-1 Pathway Gene Expression Subgroups



T_{eff}/IFN_γ signature defined by expression of *CD8A*, *GZMA*, *GZMB*, *IFN_γ*, *EOMES*, *CXCL9*, *CXCL10* and *TBX21* genes.

^aStratified and adjusted HR for survival with atezolizumab vs docetaxel.

Data cut-off May 8, 2015.

Summary

- The POPLAR Phase II randomized study demonstrated significant OS improvements for PD-L1–unselected NSCLC patients receiving atezolizumab vs docetaxel ITT: OS HR = 0.73 (P = 0.040)
- Activity was seen in both squamous and non-squamous patients treated with atezolizumab
- PD-L1 expression on TC and IC was independently predictive of survival improvement with atezolizumab
- Higher PD-L1 expression was associated with improved OS with atezolizumab (HR range, 0.49-0.59)
- TC0 and IC0: no difference in OS (HR = 1.04), but overall safety data shows significantly less toxicity with atezolizumab vs docetaxel
- High gene expression of PD-L2, PD-1, B7.1 and the T_{eff} /IFN γ gene signature was associated with improved OS for atezolizumab treatment (HR range, 0.39-0.45)

Future Atezolizumab Development in NSCLC

- Ongoing randomized trials
 - Phase III study of atezolizumab monotherapy in 2L/3L patients (OAK; NCT01846416)
 - Phase III study of atezolizumab monotherapy in PD-L1-selected 1L patients (IMpower110)
- Phase 1b trial of atezolizumab with chemotherapy showed 67% preliminary ORR and tolerable safety in unselected patients with NSCLC (NCT01633970). (Camidge et al., WCLC 2015; Giaccone et al., ECC 2015)
- Multiple Phase III 1L NSCLC studies are underway
 - IMpower130, IMpower131, IMpower132 and IMpower150 studies of chemotherapy + atezolizumab (NCT02367781; NCT02367794; NCT02657434 and NCT02366143)
- IMpower010 study of atezolizumab vs best supportive care in adjuvant setting (NCT02409342)

Acknowledgements

- The patients and their families
- Global PIs and staff

Belgium

- Johan Vansteenkiste, Uz Leuven

Canada

- Victor Cohen, McGill University, Sir Mortimer B Davis Jewish General Hospital
- Reginald Comeau, Cite De La Sante De Laval

France

- Henri Janicot, Hopital Gabriel Montpied
- Gwenaelle Le Garff, Centre Hospitalier De Saint Brieuc – Hôpital Yves Le Foll
- Julien Mazieres, Hopital Larrey
- Denis Moro-Sibilot, Chu Grenoble - Hopital Albert Michallon and Hôpital Nord Michallon
- Philippe Scheid, Centre D'Oncologie De Gentilly

Germany

- Achim Rittmeyer, Fachklinik Für Lungenerkrankungen
- Christian Schulz, Universitätsklinikum Regensburg; Klinik Und Poliklinik Für Innere Medizin Ii
- Wolfgang Schütte, Krankenhaus Martha-Maria Halle-Doelau Ggmbh; Klinik Fuer Innere Medizin Ii
- Joachim Von Pawel, Asklepios-Fachkliniken Muenchen-Gauting

Italy

- Luca Gianni, Irccs Ospedale San Raffaele
- Cesare Gridelli, Azienda Ospedaliera San Giuseppe Moscati and Citta Ospedaliera

Korea

- Byoung Chul Cho, Severance Hospital, Yonsei University Health System
- Ji-Youn Han, National Cancer Center
- Keunchil Park, Samsung Medical Center

Poland

- Rafal Dziadziuszko, Uniwersyteckie Centrum Kliniczne, Klinika Onkologii and Medical University Of Gdansk
- Ewa Kalinka-Warzocho, Wojewodzki Szpital Specjalistyczny Im. M. Kopernika
- Dariusz Kowalski, Centrum Onkologii – Instytut Im. Marii Skłodowskiej-Curie Klinika Nowotworów Piersi I Chirurgii Reko
- Aleksandra Szczesna, Mazowieckie Centrum Leczenia Chorob Pluc I Gruzlicy

Spain

- Angel Artal Cortes, Hospital Universitario Miguel Servet
- Javier De Castro Carpeno, Hospital La Paz
- Pilar Garrido Lopez, Hospital Ramon Y Cajal
- Santiago Ponce Aix, Hospital Universitario 12 De Octubre

Sweden

- Anders Vikström, Universitetssjukhuset Linköping; Lungmedicinkliniken

Thailand

- Charuwan Akewanlop, Faculty Of Med. Siriraj Hosp.
- Sudsawat Laohavinij, Rajavithi Hospital
- Virote Sriuranpong, Chulalongkorn Hospital

Turkey

- Coskun Hasan Senol, Akdeniz University Medical Faculty
- Hande Turna, Istanbul Uni Cerrahpasa Medical Faculty Hospital

United Kingdom

- Ekaterini Boleti, Royal Free Hospital
- Conrad Lewanski, Charing Cross Hospital
- James Spicer, Guys And St Thomas NHS Foundation Trust, Guys Hospital
- Yvonne Summers, Christie Hospital NHS Trust

United States

- Rodolfo Bordoni, Georgia Cancer Specialists
- Fadi Braitheh, Comprehensive Cancer Centers Of Nevada
- Paul R. Conkling, Virginia Oncology Associates
- James R. Cunningham, Providence St. Mary Regional Cancer Center
- Russell Devore, III, Center For Biomedical Research Llc
- Louis Fehrenbacher, K. Permanente
- Joseph Fiorillo, Willamette Valley Cancer Ctr
- Shirish Gadgeel, Karmanos Cancer Institute
- Jerome Goldschmidt-Jr, Blue Ridge Cancer Care and Onc & Hem Assoc Sw Virginia
- Ronald Harris, Broome Oncology - Binghamton
- Robert Jotte, Rocky Mountain Cancer Centers, Colorado Springs
- Humera Khurshid, Rhode Island Hospital
- Eli Kirshner, The Valley Hospital
- Mark Kozloff, Ingalls Memorial Hospital
- Gary Macvicar, Illinois Cancer Care
- Raul Mena, East Valley Hematology; Oncology Medical Group and Innovative Clinical Research Institute
- Jonathan Polikoff, Kaiser Permanente
- Craig Reynolds, Ocala Oncology Center
- Stephen Richey, Texas Oncology, P.A. - Fort Worth
- Richard Rosenberg, Arizona Oncology Associates, PC – Hope
- David A. Smith, Northwest Cancer Specialists - Vancouver
- Pamela Smith, Billings Clinic Research Center
- Alexander I. Spira, Virginia Cancer Specialists, PC
- Christian Thomas, New England Cancer Specialists
- James Uyeki, Texas Oncology, South Austin
- Charles Weissman, New York Oncology Hematology