

H120-CNIO LUNG CANCER CLINICAL RESEARCH UNIT

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Students in Practice
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OVERVIEW

Lung cancer continues to be the most frequent cause of cancer-related deaths worldwide. Our Unit focuses on the study of lung cancer, from fundamental research proposals to other more clinically oriented ones that are closer to solving the problems of lung cancer patients. The two main research areas of our Unit involve: the identification of new molecular biomarkers that can be used in the clinic for diagnostic, prognostic and predictive purposes; and the development of novel treatment strategies that include targeted therapies and immunotherapeutics. For example, we have contributed to elucidating the molecular determinants of EGFR or FGFR oncogenicity and have discovered biomarkers that may guide the efficacy of inhibitors of those receptors in lung cancer. On the other hand, we have developed a patient-derived xenograft (PDX) platform of non-small-cell lung cancers to test new therapeutic strategies. Finally, our Unit has extensive experience in taking new drugs to the clinic (phase I trials), as well as in conducting practice-changing phase II/III trials in the fields of precision oncology and immuno-oncology.

“Our Unit has significantly contributed to the development of novel biomarkers that have impacted the currently available selection of targeted therapies (e.g. EGFR mutation in the clinic) and novel immunotherapeutics (e.g. tumour mutational burden). We have led randomised clinical trials with novel agents (e.g. erlotinib, afatinib, Nivolumab, M7824) as well as combinations of checkpoint inhibitors (e.g. Ipilimumab plus Nivolumab, chemotherapy plus Pembrolizumab, Durvalumab following chemoradiation) in lung cancer that have impacted clinical practice worldwide.”

RESEARCH HIGHLIGHTS

Biomarker discovery and implementation

The Group has deciphered the biological role of FGFR1 and FGFR4 in non-small cell lung cancer (NSCLC) and has developed new biomarkers with a predictive role for anti-FGFR therapy in NSCLC. Currently, we are validating the results on a series of well characterised PDX models, generating a diagnostic kit and carrying out the technical validation of the biomarker, as well as planning a phase II trial proposal with an FGFR inhibitor in NSCLC patients with high expression of the novel biomarker.

The Group has also validated an NGS-based algorithm for the determination of genomic aberrations (in tumour tissue but also in cfDNA) that may guide treatment for clinical practice. More recently, we have led the first clinical validation of tumour mutational burden as a predictive biomarker for checkpoint inhibitors in lung cancer, and particularly, for Ipilimumab plus Nivolumab.

Early clinical trials

Our Group has significantly expanded its activities regarding the testing of new molecules and combinations in solid tumours, particularly in the field of immune-based approaches; in 2018, we participated in more than 35 projects in this research area. Recently, our Group provided feasibility and encouraging initial data on the anti-tumour activity of M7824, a bifunctional fusion protein targeting PD-L1 and TGF-beta in pretreated NSCLC (response rate in PD-L1 expressing tumours in more than 50% of the cells: 71%). Encouraging tumour-agnostic data of Entrectinib in tumours driven by activated NTRK fusion proteins were presented at the ESMO 2018 Congress (response rate 57.4%; median progression-free survival of 11.4 months).

Changing standard-of-care treatments in clinical practice

The Lung Cancer Clinical Research Unit has led phase III trials whose results have significantly impacted the clinical practice in the context of stage IV lung cancer with combinations of chemotherapy plus Pembrolizumab or Ipilimumab plus Nivolumab (Hellmann MD *et al.*, *NEJM* 2018; Paz-Ares L *et al.*, *NEJM* 2018). In addition, the Group has actively contributed to the results of a Phase III trial showing a significant improvement in survival for stage III NSCLC patients treated with the anti PD-L1 agent *Durvalumab* following chemoradiation (Antonia S *et al.*, *NEJM* 2018). ■

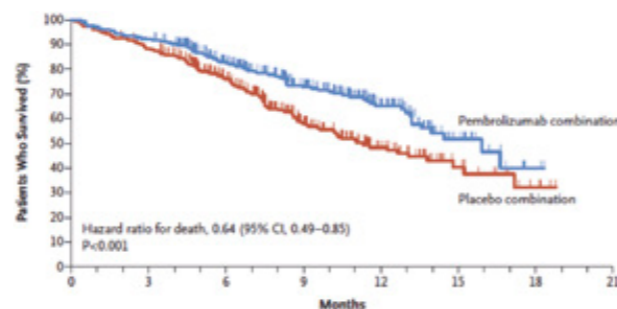


Figure 1 Results of the KeyNote 407 randomised clinical trial, showing an improvement in overall survival (OS) of chemotherapy plus Pembrolizumab, as compared to chemotherapy alone (HR 0.64; p<0.001) in stage IV Non-Small-Cell Lung Cancer (NSCLC) patients.

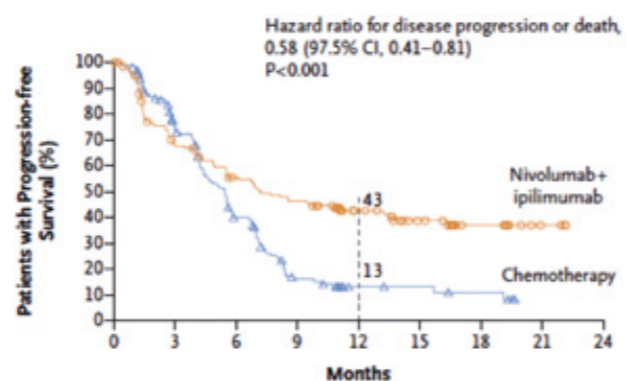


Figure 2 Results of the Checkmate 227 randomised clinical trial, showing the superiority in progression-free survival (PFS) for the Ipilimumab plus Nivolumab combination, as compared to platinum chemotherapy (HR 0.58; p<0.001) in stage IV NSCLC with high mutational burden (>10 mutations per MB).

PUBLICATIONS

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Selected publications at other institutions

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AWARDS AND RECOGNITION

- Premio 'Best in Class (BIC)' 2018 en *Investigación en Oncología*, Spain.