Emerging role of immunotherapies in early stage solid tumors

Immunotherapies are expected to become part of the standard preoperative and adjuvant treatment settings in several solid tumors. In early-stage disease, the outcomes are favorable with surgery and adjuvant therapy, while a wider response to immunotherapies and new patients could be driven by less invasive or less toxic strategies. In particular, advanced solid tumors are considered a potential candidate for immunotherapy due to the low treatment burden, the high likelihood of achieving a complete response (CR), and the relatively low mortality rate. The role of neoadjuvant in achieving high-risk disease and to de-escalate treatments is becoming more evident.

- **Phase II Neoadjuvant**
  - NCT02923180
  - NCT03722875

**Highlights from ESMO 2021**

- **Figure: Recently initiated trials in early stage solid tumors**

**References**

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3. Y. Takahashi, T. Aoi, et al. Adjuvant atezolizumab (n=507) or best supportive care (BSC; n=498); 495 in each group. Interim results of IMpower010, a randomized Phase III study, showed significant DFS improvement with atezolizumab vs. BSC. [Abs#LBA9].
5. X. Kang, J. Xu, R. Zhang, et al. Adjuvant avelumab versus placebo after complete resection of high-risk Stage II melanoma: Efficacy and safety results from a Phase II clinical trial. [Abs#LBA3].
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7. L. Wang, J. Sun, et al. Carboplatin plus avelumab or avelumab alone (1:1). Whereas cisplatin-ineligible patients receive paclitaxel-gemcitabine (PG) regimen in platinum eligible and ineligible patients (A) as the basis of neoadjuvant chemotherapy (NAC) (Study design) without IPAT. [Abs#123MO].
9. X. Kang, J. Xu, R. Zhang, et al. Adjuvant avelumab versus placebo after complete resection of high-risk Stage II melanoma: Efficacy and safety results from a Phase II clinical trial. [Abs#LBA3].
10. C. Wang, M. Wang, B. Yu, et al. Penpulimab (PD1i)- plus avelumab or avelumab alone (1:1). Whereas cisplatin-ineligible patients receive paclitaxel-gemcitabine (PG) regimen in platinum eligible and ineligible patients (A) as the basis of neoadjuvant chemotherapy (NAC) (Study design) without IPAT. [Abs#123MO].

**Additional clinical questions**

- **Who are the appropriate patients for treatment in the adjuvant setting?**
- **Will monotherapy approaches succeed or will combinations be required?**
- **How will competing therapies establish significant clinical differentiation?**
- **What is the impact of early stage use on subsequent lines of treatment considering that benefit observed in the adjuvant setting may not be maintained in early stage disease?**
- **How are we learning the right combination of biologic differences?**

**Table: Results from the phases I/II trials**

<table>
<thead>
<tr>
<th>Tumor Type</th>
<th>Regimen</th>
<th>Study</th>
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<tbody>
<tr>
<td>Non-small cell lung cancer</td>
<td>Nivolumab + pembrolizumab</td>
<td>KEYNOTE-716. [Abs#LBA3].</td>
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<tr>
<td>Rectal cancer</td>
<td>Pembrolizumab plus avelumab</td>
<td>AURA. Abs#659MO.</td>
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