

Real-World Performance of Blood-Based Proteomic Profiling in Immunotherapy Treatment in Advanced Stage NSCLC

Patricia Rich (Thompson), MD¹, Joanna Roder, PhD², John Dubay, MD, PhD³, David Oubre, MD⁴, Emily Pauli, PharmD⁵, James Orsini, MD⁶, Edgardo Santos, MD⁷, Morton Coleman, MD⁸, Waseemullah Khan, MD⁹, Wallace Akerley, MD¹⁰, Robert Siegel, MD¹¹, Linda Traylor, PhD¹², Paul Walker, MD¹³

1. Cancer Treatment Centers of America, Newnan, GA, 2. Biodesix Inc., Steamboat Springs, CO, 3. Lewis & Faye Manderson Cancer Center , Tuscaloosa, AL, 4. Pontchartrain Cancer Center, Covington, LA, 5. Clearview Cancer, Institute, Huntsville, AL, 6. Essex Oncology, Belleville, NJ, 7. Lynn Clinical Research Institute, Boca Raton, FL 8. Clinical Research Alliance, Lake Success, NY, 9. Cancer Care of North Florida, Lake City, FL 10. Huntsman Cancer Center, Salt Lake City, UT, 11. Bon Secours St. Francis Cancer Center, Greenville, SC 12. Biodesix, Boulder, CO 13. Leo W. Jenkins Cancer Center, ECU, Greenville, NC

INSIGHT Study Overview

- INSIGHT is an ongoing registry study (NCT03289780) including 33 US sites.
- All enrolled patients receive blood-based proteomic testing and are assigned a result of VeriStrat Poor (VSP) or VeriStrat Good (VSG) prior to therapy initiation.
- Patient characteristics, therapeutic decisions, staging, disease monitoring metrics and available biomarker data have been collected.
- Patient follow-up occurs for up to 18 months.
- First patient first visit for study initiation was May 16, 2016
- Last patient first visit for the first 1000 patient cohort was October 31, 2017
- Database lock was November 15, 2018

Statistical Methods

A pre-specified interim analysis was performed on the first 1000 patients enrolled in the study with at least 1 year follow up. Overall survival (OS) in months (mo) is summarized as median and 95% confidence interval (CI) and as Kaplan-Meier plots and compared between proteomic-defined subgroups or between therapies by log-rank p values and Cox Proportional hazard ratios and p values. Data from the frontline patient subgroup (N = 419) and the 2nd and higher lines (N = 297) are presented here.

Figure 1. Patient population summary

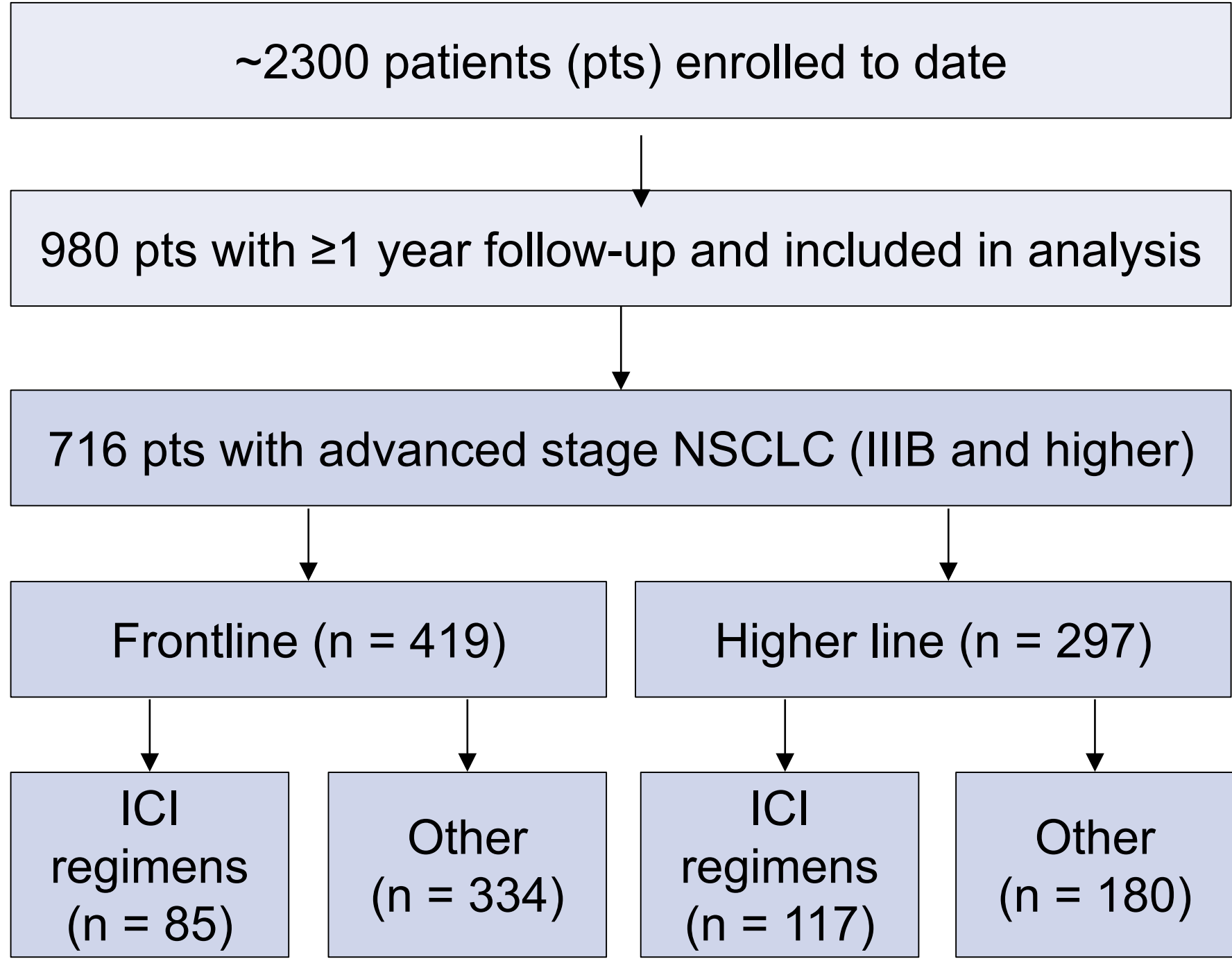


Table 1. PD-L1 Expression by VeriStrat in Frontline Subgroup

PD-L1 Expression, n (%)	VeriStrat Good	VeriStrat Poor	P Value
Frontline Subgroup			
≤1%	67 (23.0)	17 (13.3)	0.119
>1% and <50%	24 (8.3)	13 (10.2)	
≥50%	42 (14.4)	23 (18.0)	
NA	158 (54.3)	75 (58.6)	

Table 2. Multivariate Analysis of OS for subjects in frontline receiving an immunotherapy-containing regimen, including VS and therapy type

Covariate	Hazard Ratio (95% CI)	CPH p-value
VeriStrat (vs VSP)	VSG 0.27 (0.13-0.55)	<0.001
Therapy (vs Monotherapy)	With chemotherapy 0.32 (0.13-0.81)	0.015
Therapy (vs Monotherapy)	With other 1.67 (0.48-5.78)	0.422
Gender (vs Male)	Female 1.50 (0.76-2.95)	0.241
Disease Stage (vs IV)	IIIB 1.78 (0.58-5.39)	0.312
Smoking Status (vs Ever)	Never 2.83 (0.43-18.66)	0.281
ECOG PS (vs 0)	1 0.84 (0.37-1.89)	0.665
ECOG PS (vs 0)	2+ 1.46 (0.62-3.43)	0.392
Histology (vs Non-Squamous)	Squamous Cell 0.40 (0.11-1.44)	0.159
Histology (vs Non-Squamous)	Undetermined 0.63 (0.26-1.52)	0.298
Age (vs ≥ 65)	< 65 0.74 (0.37-1.47)	0.388
PD-L1 Status (vs<50%)	≥ 50% 0.50 (0.18-1.37)	0.177
PD-L1 Status (vs<50%)	NA 1.13 (0.41-3.11)	0.813

Table 3. Patient demographics by line of therapy

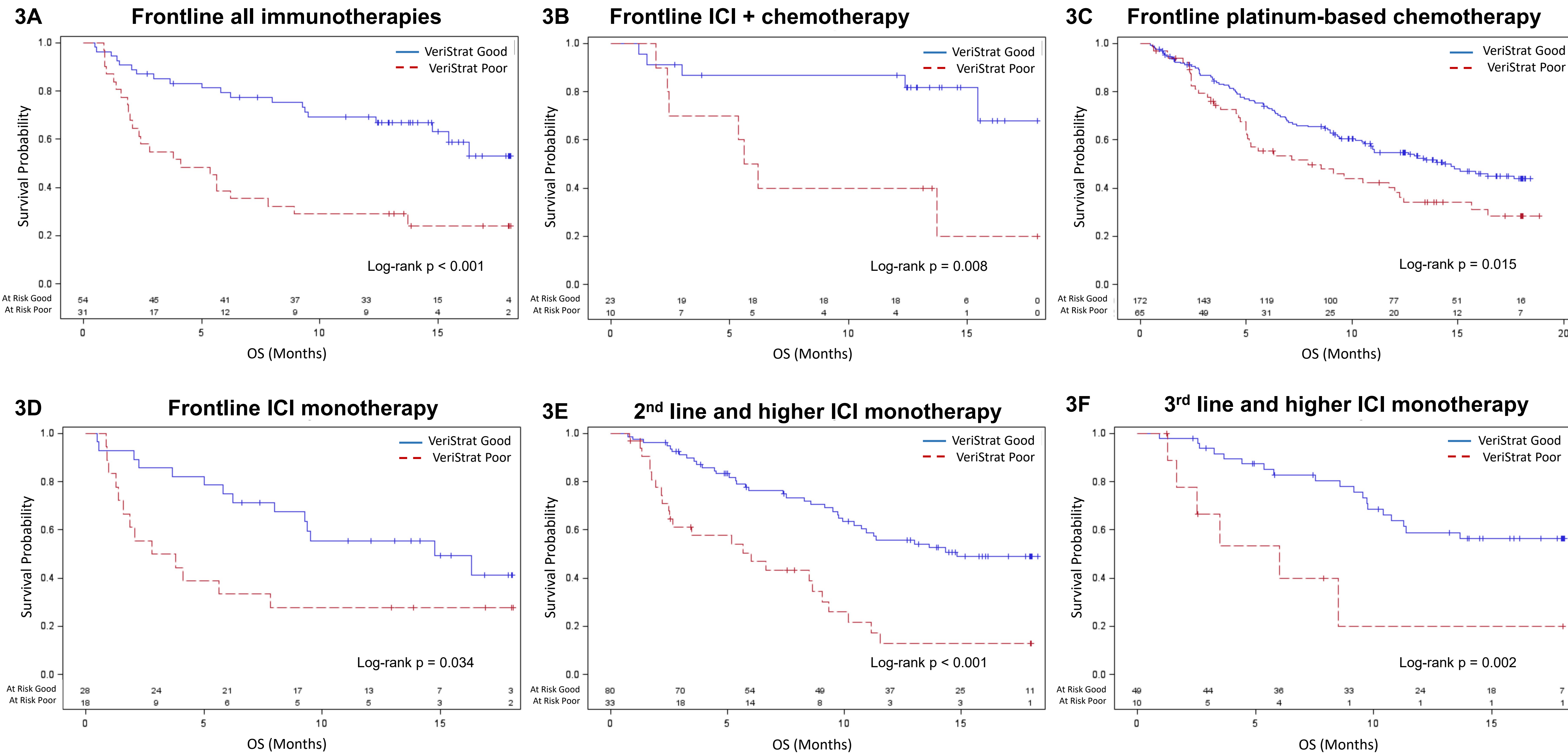
Advanced Stage NSCLC (IIIB and IV)	Frontline N = 419	Second and Higher Lines N = 297
Age		
Mean (SD)	67.4 (10.7)	65.6 (10.7)
Median (Range)	67 (35-95)	66 (27-95)
VeriStrat Classification, n (%)		
Good	291 (69.5)	223 (75.1)
Poor	128 (30.6)	74 (24.9)
Gender, n (%)		
Female	200 (47.7)	153 (51.5)
Male	219 (52.3)	144 (48.5)
Line of Therapy, n (%)		
2 nd	NA	133 (44.8)
3 rd	NA	98 (33.0)
4 th	NA	39 (13.1)
5 th	NA	27 (9.1)
Disease Stage at Study Entry, n (%)		
IIIB	52 (12.4)	31 (10.4)
IV	367 (87.6)	266 (89.6)
Histology, n (%)		
Adenocarcinoma	256 (61.1)	160 (53.9)
Bronchioalveolar Carcinoma NOS	1 (0.2)	NA
Large Cell	4 (1.0)	3 (1.0)
Neoplasm	5 (1.2)	4 (1.4)
NSCLC	55 (13.1)	51 (17.2)
Squamous	86 (20.5)	78 (26.3)
Smoking Status, n (%)		
Current Smoker	149 (35.6)	70 (23.6)
Ex Smoker	225 (53.7)	192 (64.7)
Never Smoker	45 (10.7)	35 (11.8)
ECOG PS at Study Entry, n (%)		
0	101 (24.1)	77 (25.9)
1	201 (48.0)	146 (49.2)
2	93 (22.2)	61 (20.5)
3	21 (5.0)	12 (4.0)
4	3 (0.7)	1 (0.3)
KRAS Mutation Status, n (%)		
Wild-Type	52 (12.4)	22 (7.4)
NA	316 (75.4)	219 (73.7)
PD-L1 Expression, n (%)		
≤1%	84 (20.1)	39 (13.1)
>1% and <50%	37 (8.8)	11 (3.7)
≥50%	65 (15.5)	24 (8.1)
NA	233 (55.6)	223 (75.1)
Treatment Regimen, n (%)		
Carboplatin-based chemotherapy	222 (53.0)	50 (16.8)
Cisplatin-based chemotherapy	14 (3.3)	2 (0.7)
Immunotherapy combination	39 (9.3)	4 (1.4)
Immunotherapy (monotherapy)	46 (11.0)	113 (38.1)
None/Hospice/BS	34 (8.1)	44 (14.8)
C/Observation	11 (2.6)	32 (10.8)
Non-platinum-based chemotherapy		
Radiation	22 (5.3)	10 (3.4)
Surgery	1 (0.2)	0 (0.0)
TKI	17 (4.1)	35 (11.8)
Other	13 (3.1)	7 (2.4)

Table 4. Summary statistics for front-line therapy and second line+

Therapy	N	mOS	N: VSG/VSP	mOS: VSG	mOS: VSP	HR	CPH p
Frontline Therapies	419	10.5 (8.9-13.0)	291/128				
All Immunotherapy (ICI)	85	14.8 (7.8-und)	54/31	Not reached (14.8-und)	4.1 (2.0-7.8)	0.33 (0.18-0.61)	<0.001
ICI Monotherapy	46	9.3 (4.1-und)	28/18	14.8 (8.0-und)	3.3 (1.4-7.8)	0.45 (0.21-0.96)	0.039
ICI + Chemotherapy (CT)	33	Not reached (12.4-und)	23/10	Not Reached (15.4-und)	5.9 (1.9-und)	0.23 (0.07-0.74)	0.014
All Platinum-based CT	237	12.2 (9.5-15.6)	172/65	14.3 (10.9-und)	7.9 (5.0-12.2)	0.63 (0.43-0.92)	0.016
Carboplatin-based Therapy	222	12.2 (9.5-15.8)	160/62	14.3 (10.6-und)	8.5 (5.0-12.2)	0.65 (0.44-0.96)	0.031
Carboplatin + Paclitaxel	119	14.0 (10.2-16.4)	81/38	14.8 (10.5-und)	10.5 (5.2-16.4)	0.73 (0.43-1.22)	0.230
Carboplatin + Pemetrexed	92	12.7 (8.7-und)	76/16	17.6 (9.2-und)	5.0 (3.3-und)	0.50 (0.25-0.98)	0.044
Platinum-based CT + Bevacizumab	46	8.8 (6.3-10.6)	40/6	8.8 (6.3-13.1)	7.3 (2.0-und)	1.05 (0.37-3.00)	0.929
No Active Therapy	55	3.6 (2.1-6.9)	35/20	4.8 (2.4-11.6)	2.1 (0.6-4.9)	0.51 (0.26-1.01)	0.052
Higher Line Therapies	297	11.5 (9.7-14.6)	223/74				
ICI Monotherapy (2 nd Line+)	113	10.7 (9.1-14.9)	80/33	14.9 (10.4-und)	6.0 (2.5-9.1)	0.32 (0.19-0.55)	<0.001
ICI Monotherapy (3 rd Line+)	59	Not reached (9.7-undefined)	49/10	Not reached (10.7-undefined)	6.0 (1.3-und)	0.25 (0.10-0.65)	0.005
All CT (2 nd line+)	84	12.4 (8.8-15.5)	59/25	15.6 (12.0-19.4)	5.2 (3.1-8.2)	0.26 (0.14-0.46)	<0.001
Non-platinum CT (2 nd line+)	32	14.9 (10.1-und)	24/8	15.5 (12.0-und)	9.7 (2.9-12.9)	0.32 (0.12-0.85)	0.022

Figure 3. Kaplan-Meier plot of OS by VeriStrat classification for advanced stage NSCLC patients receiving: 3A) frontline immunotherapy (all) using ICI monotherapy or ICI combination therapies; 3B) frontline immunotherapy combinations with chemotherapy; 3C) frontline platinum-based chemotherapy (all); 3D) frontline ICI monotherapy; 3E) second-line+ ICI monotherapy; 3F) third-line+ ICI monotherapy.

VeriStrat classification was not significantly associated with PD-L1 status (p=0.119, Table 1) and was predictive of outcomes for ICI treatment when adjusted for PD-L1 (p<0.001, Table 2).



RESULTS

Figure 2. Kaplan-Meier plot of OS by treatment regimen (ICI vs. chemotherapy) without VeriStrat stratification for advanced stage patients: 2A) frontline platinum-containing regimens vs immunotherapy-containing regimens 2B) second or higher line chemotherapy vs immunotherapy 2C) second or higher line non-platinum chemotherapy vs immunotherapy.

