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NCCN Guidelines® Panel: Non-Small Cell Lung Cancer Panel

Dear Panel Members,

On behalf of Bristol Myers Squibb, we respectfully request the Non-Small Cell Lung Cancer Panel to review the enclosed data recently presented at the American Society of Clinical Oncology (ASCO) 2021 Annual Meeting from CheckMate 816 on the use of OPDIVO® (nivolumab) with platinum-doublet chemotherapy in the neoadjuvant treatment of patients with resectable (IB-IIIA) non-small cell lung cancer (NSCLC).[1]

Specific Changes: We respectfully request that nivolumab in combination with platinum-doublet chemotherapy be included in the NCCN Guidelines as a systemic therapy option for neoadjuvant therapy in patients with resectable (IB-IIIA) non-small cell lung cancer and verbiage in the respective algorithms updated.

FDA Clearance in Non-Small Cell Lung Cancer:

OPDIVO® in combination with YERVOY® is indicated for the first-line treatment of adult patients with metastatic NSCLC whose tumors express PD-L1 (≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.[2]

OPDIVO® in combination with YERVOY® and 2 cycles of platinum-doublet chemotherapy is indicated for the first-line treatment of adult patients with metastatic or recurrent NSCLC, with no EGFR or ALK genomic tumor aberrations.[2]

OPDIVO® monotherapy is indicated for the treatment of patients with metastatic NSCLC with progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving OPDIVO®.[2]

The use of nivolumab with platinum-doublet chemotherapy for the neoadjuvant treatment of patients with resectable (IB-IIIA) non-small cell lung cancer is considered investigational.[2]

Rationale: These data are being submitted in response to a standing request from the NCCN® for new data.

Please note there was a previous submission to NCCN regarding data from CheckMate 816 on the use of nivolumab with platinum-doublet chemotherapy in the neoadjuvant treatment of patients with resectable (IB-IIIA) non-small cell lung cancer on April 10, 2021. This current submission provides additional efficacy and surgical outcome data in follow up to the previous submission.

CheckMate 816 is a phase 3, randomized, open-label study which evaluated nivolumab in combination with platinum-doublet chemotherapy (n = 179) vs chemotherapy (n = 179) as neoadjuvant treatment for newly diagnosed, resectable, stage IB-IIIA NSCLC. The primary endpoints were pathologic complete response (pCR) and event free survival (EFS). The study continues to mature to assess EFS. Pathological assessment was performed by blinded independent pathological review (BIPR), with pCR defined as 0% residual tumor cells in both primary lung tumor and sampled lymph nodes. At a pre-planned analysis, the

primary endpoint of pCR was met with a pCR rate of 24.0% with nivolumab plus chemotherapy vs 2.2% with chemotherapy (OR = 13.94 [99% CI, 3.49-55.75] P < 0.0001). Higher pCR rates were observed across disease stages IB, IIA, IIB, IIIA. Numerically, a greater percentage of patients treated with neoadjuvant nivolumab plus chemotherapy had definitive surgery, achieved complete resection, and fewer patients underwent pneumonectomy vs chemotherapy alone. Grade 3-4 surgery-related AEs were reported within 90 days post definitive surgery in 11% and 15% of patients receiving nivolumab plus chemotherapy (n=149) and chemotherapy (n=135), respectively.[1]

As part of this submission, the following resources are enclosed for your review:

1. Spicer J, Wang C, Tanaka F, et al. Surgical outcomes from the phase 3 CheckMate 816 trial: nivolumab + platinum-doublet chemotherapy vs chemotherapy alone as neoadjuvant treatment for patients with resectable non-small cell lung cancer. Oral presentation at: the American Society of Clinical Oncology (ASCO) Annual Meeting; June 4-8, 2021; Virtual Meeting.
2. Product Information, OPDIVO® (nivolumab) injection for intravenous infusion. Bristol Myers Squibb, Princeton, NJ. May 2021.

Thank you for your consideration of this request.

Sincerely,

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Samantha Gothelf, PharmD
Vice President, US Medical Oncology