



First Line Combinations: Immunotherapy with Chemotherapy

Presented by Dr. Luis E. Raez, MD, FACP, FCCP

**Chief of Hematology/Oncology and Medical Director of Memorial Cancer Institute
(Miami, FL)**

**Clinical Associate Professor of Medicine, Herbert Wertheim College of Medicine,
Florida International University**

TRANSCRIPT

The FDA recently approved Pembrolizumab in combination with chemotherapy for new patients with stage IV or metastatic non-small cell lung cancer. This important breakthrough is based on a small study, a randomized phase II study, presented by Merck that basically shows that there is a benefit of adding the immunotherapy agent Pembrolizumab to the conventional chemotherapy carboplatin base. This is very important because, until three weeks ago, the only way a patient could get immunotherapy in the front line was if he was able to have the PD-L1 marker expression in the tumor more than 50%. So that was the only approval for immunotherapy as a single agent for new patients. Since the approval now, the patient not only can have Pembrolizumab but can also have chemotherapy at the same time with the idea to improve response rate and progression-free survival. So this is a very important landmark approval but it is not based on a phase III randomized study so this approval has to be verified as a condition to a phase III study that is ongoing that needs to be finished and the results presented to see if this combination of Pembrolizumab with chemotherapy is going to be our new standard of care. That is why it is not embraced by all the doctors yet. The other important thing to remember is that, in this approval given by the FDA, patients do not have to the 50% staining of their tumors with the marker PD-L1. If you will remember, I said at the beginning, if you want to have Pembrolizumab as a single agent as a new patient, you have to stain more than 50% of your tumor with the PD-L1. If you are going to use now Pembrolizumab with chemotherapy we don't need the stain. It is approved now for people that have a higher stain of more than 50% and for people who have less stain, less the 49 or 50%. That is a very important difference. The other thing is we already have six other immunotherapy agents in development, at least, and we have a lot of expectation waiting to know what is going to happen with the other immunotherapy agents and, hopefully, some of them will be able to be more in the front line.