

Transcript Details

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Perspectives on How KEYNOTE-189 Is Changing NSCLC Care Paradigms

Announcer:

This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

Dr. Birnholz:

Coming to you from the ReachMD studios, I'm Dr. Matt Birnholz. On this episode, we spoke with Dr. Edward Kim, Chair of Solid Tumor Oncology and Investigational Therapeutics at Levine Cancer Institute. Dr. Kim provided his insights on the changes we're seeing in NSCLC care due to the clinical trial KEYNOTE-189. Here's what he shared with us from his office in Charlotte, North Carolina.

Dr. Kim:

For patients with metastatic non-small cell lung cancer, doublet chemotherapy being platinum-based has really been the standard for as long as I can remember, since I've been in oncology. In the early 2000s, a trial called ECOG 1594 established that you could really give any one of these patients a doublet with platinum and they would all do very similarly as far as outcome regarding survival. We had some changes with the addition of VEGF drugs, such as bevacizumab, but there were some side effects, and only a portion of the patients diagnosed with metastatic non-small cell could qualify to receive this drug.

We've recently had some real groundbreaking efforts, especially in the field of immunotherapy, and specifically checkpoint inhibitors. Pembrolizumab has gained approval in second line and also in first line based on certain biomarkers, such as PD-L1 expression, but recently, we've had the report of KEYNOTE 189. This is a combination of chemotherapy, specifically platinum and pemetrexed, with the addition of pembrolizumab for patients regardless of whether they have PD-L1 expression. This was compared in the study to chemotherapy plus placebo and showed that overall survival as well as progression-free survival were both significantly improved. This has really changed the paradigm of how we treat patients now who don't have any driver mutations or PD-L1 expression. They can receive combination chemotherapy with pembrolizumab, and this is the new paradigm. No longer should we be using doublet-based chemotherapy in the front-line setting. We should always consider triplets now with immunotherapy unless patients have underlying conditions that would preclude their ability to receive immunotherapy, such as autoimmune diseases. It's important for all clinicians to understand the side effects of immunotherapy, how to manage them, but importantly, to really think about treating all patients who come in with non-small cell lung cancer with the combination of chemotherapy plus pembrolizumab as first-line treatment in those patients who don't have any driver mutations or PD-L1 expression.

Dr. Birnholz:

That was Dr. Edward Kim sharing his perspectives on how KEYNOTE-189 is transforming NSCLC care paradigms. For ReachMD, I'm Dr. Matt Birnholz. Thank you for listening.

Announcer:

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