

膀胱がん免疫療法による生存に関する有益性が認められた (Abstract LBA4500)

進行膀胱がん患者は抗PD-L1免疫療法の恩恵を受ける

Patients with advanced bladder cancer benefit from Anti-PDL-L1 immunotherapy

2016年American Society of Clinical Oncology年次集会で発表された非ランダム化第II相臨床試験の結果、抗PD-L1免疫療法薬atezolizumabは、新規に進行膀胱がんを診断され、シスプラチンベースの化学療法に不適な患者において有効であることが示された。Atezolizumabは約4分の1の患者の腫瘍を縮小し、14.8か月の生存期間中央値をもたらした。一般的に、カルボプラチンベースの化学療法を行った場合、この状況における患者の生存期間は9〜10か月である。現在この状況における患者の治療選択肢は限られており、多くの患者が選択するのは支持療法だけである。

Full Text

Anti-PD-L1 immunotherapy atezolizumab is effective in patients with previously untreated advanced bladder cancer and not eligible for the standard treatment with cisplatin. According to a non-randomized phase II trial, atezolizumab shrank tumors in about a quarter of patients and yielded a median survival of 14.8 months. Typically, patients in this setting have a survival of nine to 10 months with carboplatin-based regimens.

The study was presented at the 2016 American Society of Clinical Oncology (ASCO) Annual Meeting.

"Up to half of patients with advanced bladder cancer are too frail to receive the only known survival-prolonging treatment, cisplatin. There is really no standard treatment for such patients," said lead study author Arjun Vasant Balar, MD, an assistant professor of medicine at the New York University Langone Medical Center and Director of Genitourinary Medical Oncology at the NYU Perlmutter Cancer Center in New York, NY. "We are encouraged to see that atezolizumab immunotherapy may help address this major unmet need."

The trial, called IMvigor210, is a single-arm phase II study of atezolizumab in patients with locally advanced or metastatic bladder cancer. All patients had urothelial cancer.

The study included two groups of patients: those receiving atezolizumab as a second-line therapy and those receiving atezolizumab as an upfront treatment. The researchers have previously reported results from the second-line therapy group. Based on those results, the FDA granted accelerated approval for atezolizumab after treatment with a platinum-based regimen.

With a median follow-up of 14.4 months, 28 out of 119 (24%) patients responded to the treatment. The longest duration of response thus far is greater than 18 months, and 21 of 28 (75%) responses were ongoing at the time of data analysis. The median overall survival was 14.8 months.

Overall, atezolizumab was well-tolerated, with only 10-15% of patients experiencing severe adverse effects. The most common toxicities were hypothyroidism, liver function abnormalities, rash, and diarrhea. "The majority of our patients had few or no side effects from atezolizumab and only 6% of patients discontinued treatment because of toxicity. This is in stark contrast to the approximate 20% rate of treatment discontinuation from toxicity observed with carboplatin-based chemotherapy regimens. Immunotherapy appears to be much easier to tolerate than chemotherapy, and this is especially important for elderly patients," said Dr. Balar.

Atezolizumab is an antibody targeting PD-L1, a component of the PD-1/PD-L1 immune checkpoint. When atezolizumab attaches to PD-L1 on the surface of tumor cells, it prevents it from interacting with PD-1 receptors on immune cells and thus unleashes the immune system to attack the tumor.

IMvigor210 is the first trial to test the efficacy of atezolizumab as the initial treatment in patients with advanced bladder cancer. These data are encouraging, and the researchers are planning a randomized phase III trial of atezolizumab as an upfront treatment for advanced bladder cancer.

A randomized clinical trial of atezolizumab as an adjuvant treatment for early-stage bladder cancer is also underway. Meanwhile, there are several ongoing clinical trials exploring other immune checkpoint inhibitors, including nivolumab, durvalumab, and pembrolizumab, in localized and advanced bladder cancer.

Bladder cancer is the fifth most common cancer in adults. Approximately 450,000 patients were diagnosed worldwide in 2012. Bladder cancer is largely a disease of the elderly; the average age at diagnosis is 70 years. This cancer is also closely linked to smoking, with 80% of patients being former smokers.

The standard upfront treatment for advanced bladder cancer is cisplatin-based chemotherapy. Patients receiving this therapy have a median survival of 12-15 months. However, for 30-50% of patients with advanced bladder cancer, cisplatin chemotherapy is not considered a safe option due to their advanced age, kidney function, and/or ongoing

medical conditions. Such patients may receive carboplatin-based chemotherapy, which provides a median survival of 9-10 months.

"This and other immunotherapies have brought new momentum to bladder cancer treatment, which until recently had seen practically no treatment advances in more than a decade," said Charles Ryan, MD, ASCO Expert in bladder cancer. "The fact that this treatment appears safe for elderly patients, who too often have few good options, is all the more encouraging."

This study received funding from Genentech, a member of the Roche Group.

ASCO2016特集

[News 01]

切除不能進行・再発大腸がんにおいて原発巣部位が予後を予測する

[News 02]

進行期メラノーマにおいてPD-1阻害薬は生存期間を改善する

[News 03]

多発性骨髄腫に対する幹細胞移植は依然として望ましい治療法である

[News 04]

早期臨床試験であっても個別化治療は治療成績を改善する

[News 05]

新規レジメンは多発性骨髄腫の進行を緩徐にする

[News 06]

卵巣がん進行の緩徐化

[News 07]

化学放射線療法は高齢の神経膠芽腫患者の生存期間を延長する

[News 08]

新たな抗体は小細胞肺がんにおける有効性を示した

[News 09]

膀胱がん免疫療法による生存に関する有益性が認められた

[News 10]

血液検査は組織生検に対する非侵襲的な代替法である

[News 11]

小児神経芽腫の有望な治療法

[News 12]

乳がんに対するホルモン療法の延長は良好な結果をもたらす

[News 13]

脾がんに対する術後補助化学療法

[News 14]

希少脳腫瘍治療を変化させる可能性

[News 15]

Claudin 18.2 - 胃がんの新たな標的

[News 16]

モバイルフレンドリーなウェブアプリケーションが肺がんの生存期間を延長する

[News 17]

個別化医療によりがんの治療選択肢が広がる可能性がある

[News 18]

膠芽腫においては切除範囲が生存率に関連する