Debate in Early Stage NSCLC: Adjuvant vs Neoadjuvant : Favoring the Adjuvant Concept

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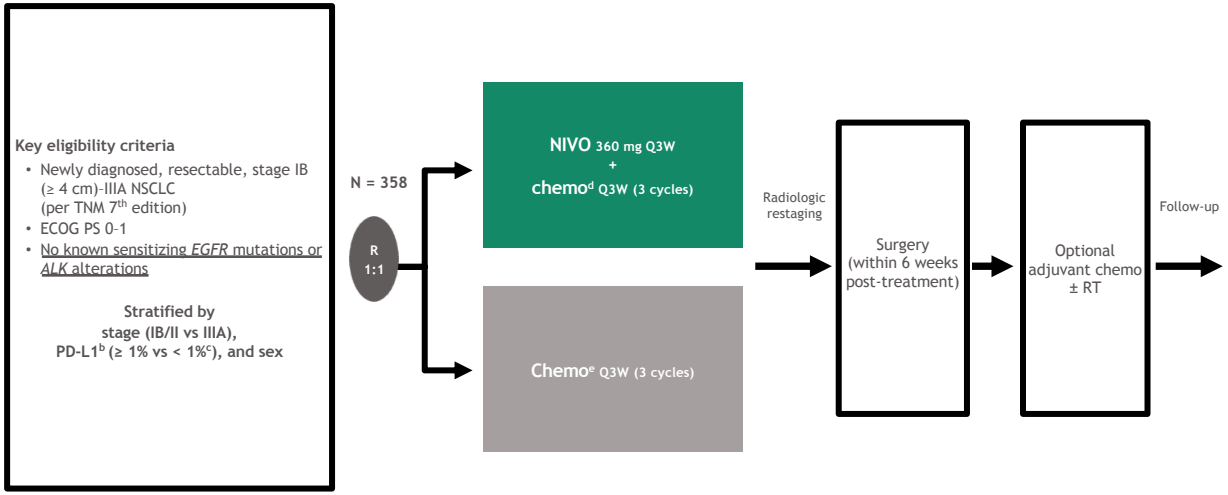
Background

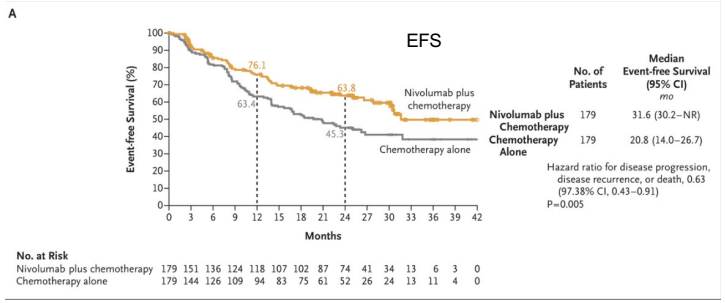
CM816

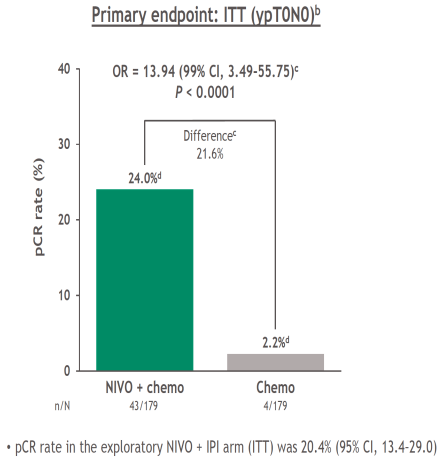


Spicer ASCO 2021 abstr: 8503, Forde NEJM

63% Stage IIIA
50% PD-L1 >1%
No EGFR/ALK
IO + Chemo

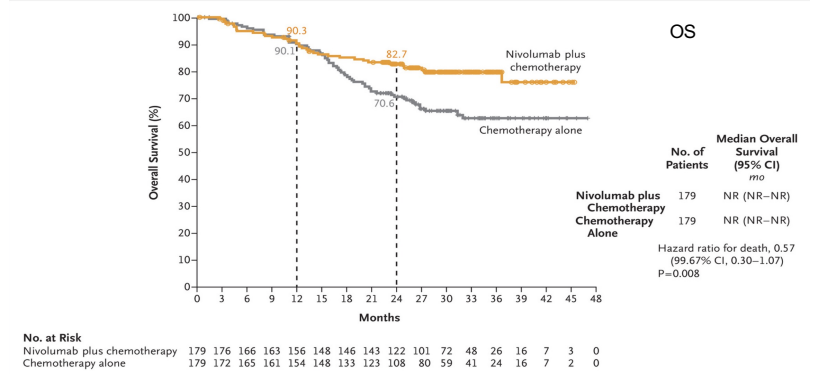
CM816 EFS + OS





EFS HR 0.63
97.38% CI (0.43-0.91), p.005

OS HR 0.57
(99.67% CI 0.30-1.07), p.008



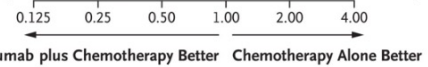
Forde NEJM

CM816 subsets

Best outcomes
Stage IIIA
PD-L1≥50%

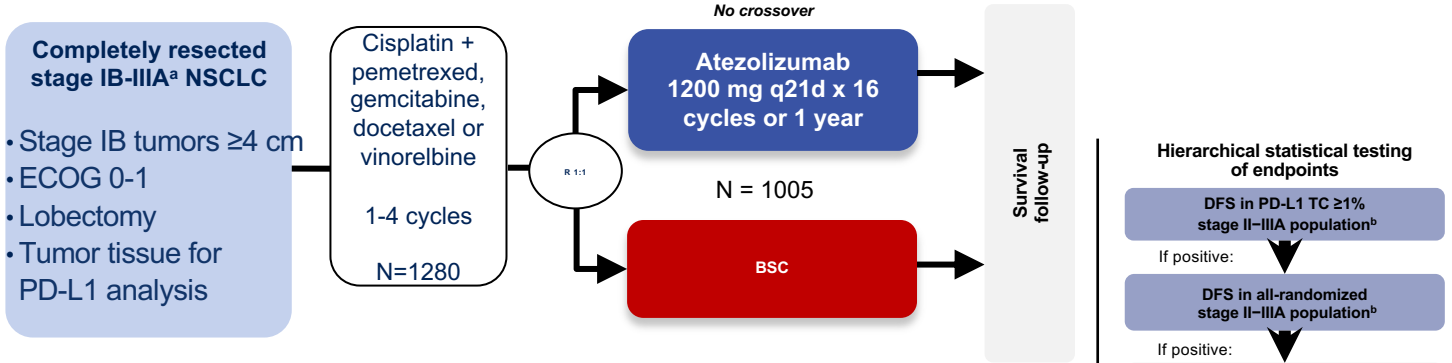
B

Subgroup	No. of Patients	Median Event-free Survival (95% CI)		Unstratified Hazard Ratio for Disease Progression, Disease Recurrence, or Death (95% CI)
		Nivolumab plus chemotherapy (N=179)	Chemotherapy alone (N=179)	
		mo		
Overall	358	31.6 (30.2–NR)	20.8 (14.0–26.7)	0.63 (0.45–0.87)
Age				
<65 yr	176	NR (31.6–NR)	20.8 (14.0–NR)	0.57 (0.35–0.93)
≥65 yr	182	30.2 (23.4–NR)	18.4 (10.6–31.8)	0.70 (0.45–1.08)
Sex				
Male	255	30.6 (20.0–NR)	16.9 (13.8–24.9)	0.68 (0.47–0.98)
Female	103	NR (30.5–NR)	31.8 (13.9–NR)	0.46 (0.22–0.96)
Geographic region				
North America	91	NR (25.1–NR)	NR (12.8–NR)	0.78 (0.38–1.62)
Europe	66	31.6 (13.4–NR)	21.1 (10.2–NR)	0.80 (0.36–1.77)
Asia	177	NR (30.2–NR)	16.5 (10.8–22.7)	0.45 (0.29–0.71)
ECOG performance-status score				
0	241	NR (30.2–NR)	22.7 (16.6–NR)	0.61 (0.41–0.91)
1	117	30.5 (14.6–NR)	14.0 (9.8–26.2)	0.71 (0.41–1.21)
Disease stage at baseline				
IB or II	127	NR (27.8–NR)	NR (16.8–NR)	0.87 (0.48–1.56)
IIIA	228	31.6 (26.6–NR)	15.7 (10.8–22.7)	0.54 (0.37–0.80)
Histologic type of tumor				
Squamous	182	30.6 (20.0–NR)	22.7 (11.5–NR)	0.77 (0.49–1.22)
Nonsquamous	176	NR (27.8–NR)	19.6 (13.8–26.2)	0.50 (0.32–0.79)
Smoking status				
Current or former smoker	318	31.6 (30.2–NR)	22.4 (15.7–NR)	0.68 (0.48–0.96)
Never smoked	39	NR (5.6–NR)	10.4 (7.7–20.8)	0.33 (0.13–0.87)
PD-L1 expression level				
<1%	155	25.1 (14.6–NR)	18.4 (13.9–26.2)	0.85 (0.54–1.32)
≥1%	178	NR (NR–NR)	21.1 (11.5–NR)	0.41 (0.24–0.70)
1–49%	98	NR (27.8–NR)	26.7 (11.5–NR)	0.58 (0.30–1.12)
≥50%	80	NR (NR–NR)	19.6 (8.2–NR)	0.24 (0.10–0.61)
TMB				
<12.3 mutations/megabase	102	30.5 (19.4–NR)	26.7 (16.6–NR)	0.86 (0.47–1.57)
≥12.3 mutations/megabase	76	NR (14.8–NR)	22.4 (13.4–NR)	0.69 (0.33–1.46)
Type of platinum therapy				
Cisplatin	258	NR (25.1–NR)	20.9 (15.7–NR)	0.71 (0.49–1.03)
Carboplatin	72	NR (30.5–NR)	10.6 (7.6–26.7)	0.31 (0.14–0.67)



Forde NEJM 2022

IMpower010



Stratification factors
- Sex | Stage | Histology | PD-L1 status

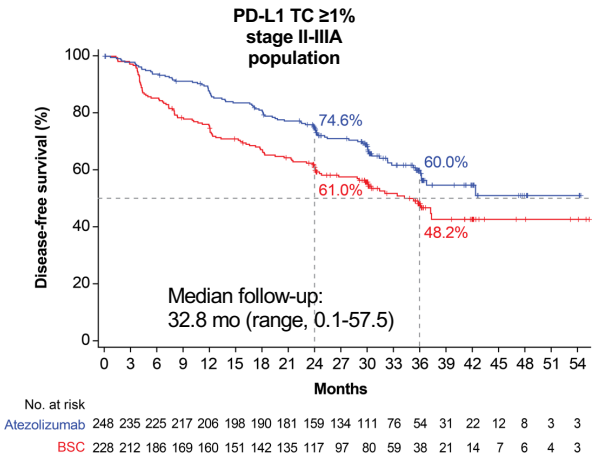
Key exploratory endpoints
- OS biomarker analyses

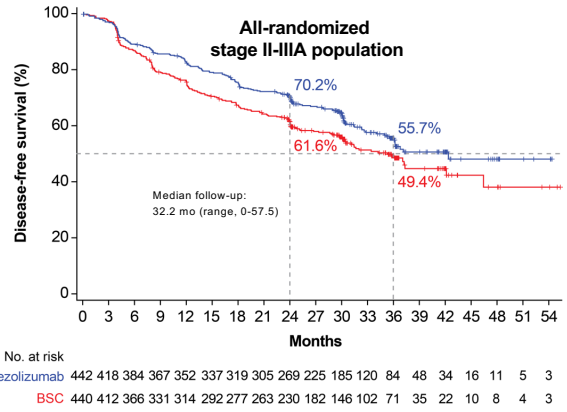
Key secondary endpoints
- OS in ITT | Safety | Exploratory OS biomarker analyses

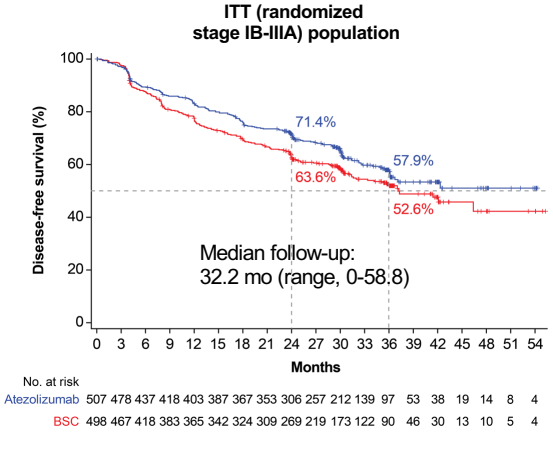
Clinical cutoff: 18 April 2022. Both arms included observation and regular scans for disease recurrence on the same schedule. ECOG, Eastern Cooperative Oncology Group, q21d, every 21 days.
[a] Per UICC/AJCC staging system, 7th edition. [b] Two-sided α=0.05.

. Wakelee ASCO 2021, abstr 8500:IMpower010 Interim Analysis; Felip Lancet 2021, Felip IASLC WCLC 2022

IMpower010: DFS in the PD-L1 TC ≥1%[a] stage II-IIIA, all-randomized stage II-IIIA and ITT pop (primary endpoint)







	Atezolizumab (n=248)	BSC (n=228)
Median DFS (95% CI), mo	NE (36.1, NE)	35.3 (29.0, NE)
Stratified HR (95% CI)	0.66 (0.50, 0.88)	
P value[b]	0.004[c]	

	Atezolizumab (n=442)	BSC (n=440)
Median DFS (95% CI), mo	42.3 (36.0, NE)	35.3 (30.4, 46.4)
Stratified HR (95% CI)	0.79 (0.64, 0.96)	
P value[b]	0.02[c]	

	Atezolizumab (n=507)	BSC (n=498)
Median DFS (95% CI), mo	NE (36.1, NE)	37.2 (31.6, NE)
Stratified HR (95% CI)	0.81 (0.67, 0.99)	
P value[b]	0.04[d]	

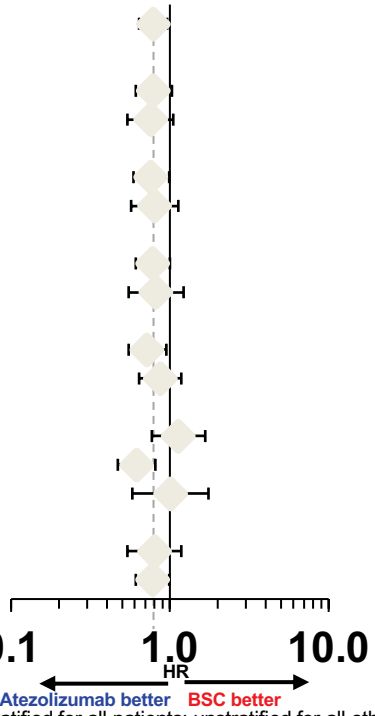
Clinical cutoff: January 21, 2021. [a] Per SP263 assay. [b] Stratified log-rank. [c] Crossed the significance boundary for DFS. [d] The statistical significance boundary for DFS was not crossed.

Wakelee ASCO 2021 abstr 8500; Felip Lancet 2021

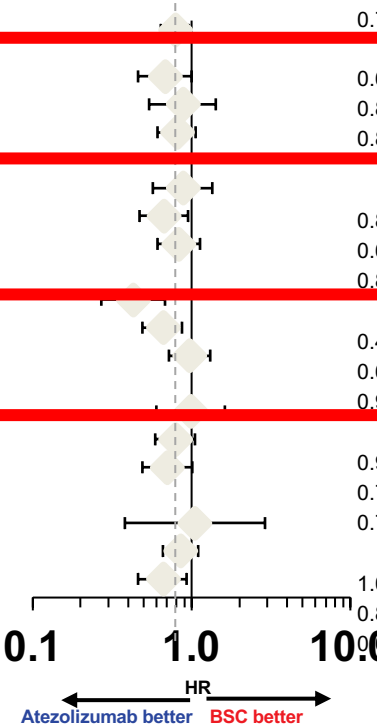
US FDA approval Oct 15, 2021

IMpower010: DFS in key subgroups of all-rand stage II-IIIA pop

Subgroup	N	HR (95% CI)[a]
All patients	882	0.79 (0.64, 0.96)
Age		
<65 y	544	0.79 (0.61, 1.03)
≥65 y	338	0.76 (0.54, 1.05)
Sex		
Male	589	0.76 (0.59, 0.99)
Female	293	0.80 (0.57, 1.13)
Race		
White	631	0.78 (0.61, 1.00)
Asian	227	0.82 (0.55, 1.22)
ECOG PS		
0	491	0.72 (0.55, 0.95)
1	388	0.87 (0.64, 1.18)
Tobacco use history		
Never	196	1.13 (0.77, 1.67)
Previous	547	0.62 (0.47, 0.81)
Current	139	1.01 (0.58, 1.75)
Histology		
Squamous	294	0.80 (0.54, 1.18)
Non-squamous	588	0.78 (0.61, 0.99)



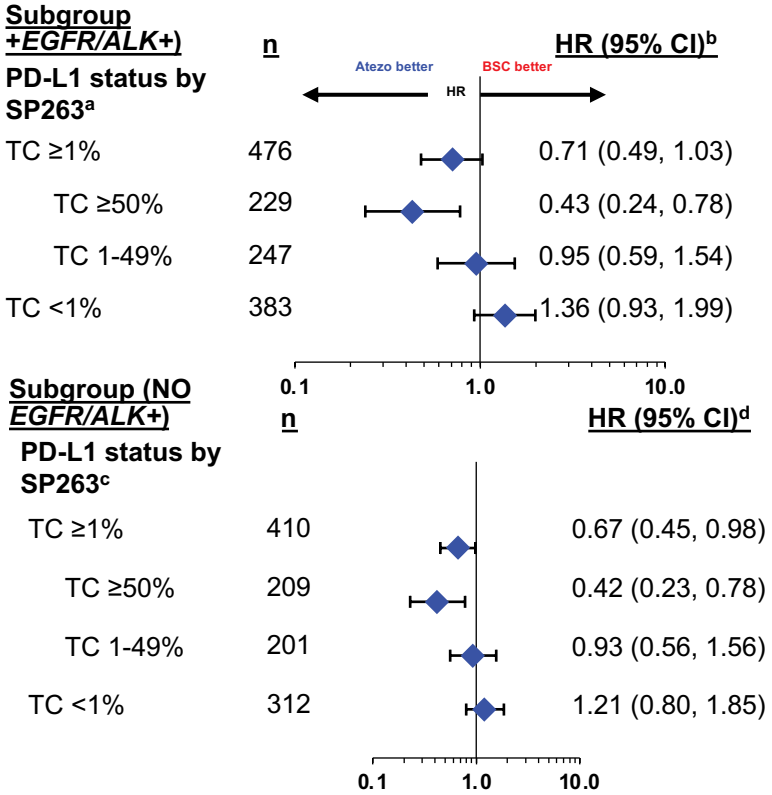
Subgroup	N	HR (95% CI)[a]
All patients	882	0.79 (0.64, 0.96)
Stage		
IIA	295	0.68 (0.46, 1.00)
IIB	174	0.88 (0.54, 1.42)
IIIA	413	0.81 (0.61, 1.06)
Regional lymph node stage (pN)		
N0	229	0.88 (0.57, 1.35)
N1	348	0.67 (0.47, 0.95)
N2	305	0.83 (0.61, 1.13)
SP263 PD-L1 status		
TC≥50%	229	0.43 (0.27, 0.68)
TC≥1%	476	0.66 (0.49, 0.87)
TC<1%	383	0.97 (0.72, 1.31)
***EGFR* mutation status**		
Yes	109	0.99 (0.60, 1.62)
No	463	0.79 (0.59, 1.05)
Unknown	310	0.70 (0.49, 1.01)
***ALK* rearrangement status**		
Yes	31	1.04 (0.38, 2.90)
No	507	0.85 (0.66, 1.10)
Unknown	344	0.66 (0.46, 0.93)

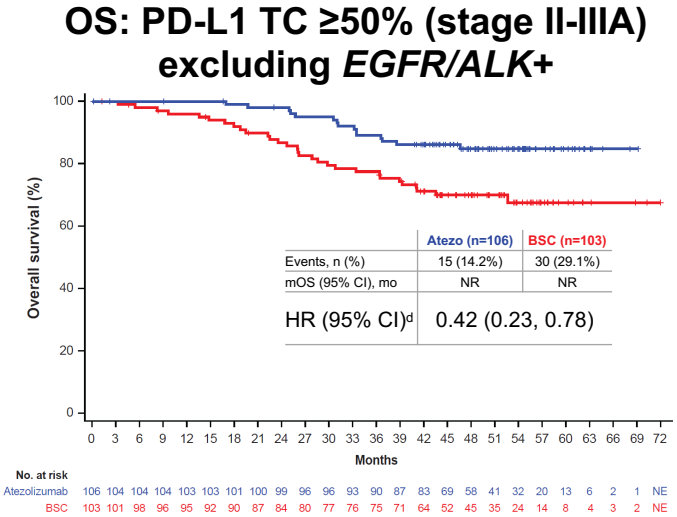


Clinical cutoff: January 21, 2021. [a] Stratified for all patients; unstratified for all other subgroups.

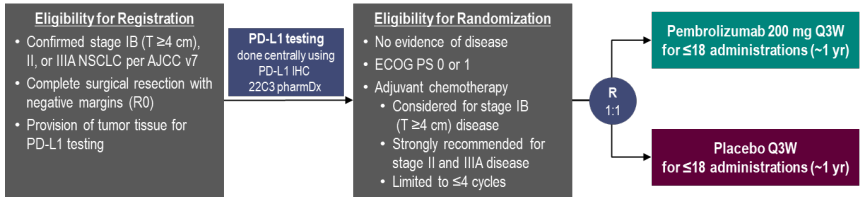
Impower010 OS by Biomarkers (stage II-IIIA)

(data cutoff: 18 Apr '22, 46 mo follow-up)





PEARLS/KEYNOTE-091 Study Design



Dual Primary End Points
- DFS in the overall population
- DFS in the PD-L1 TPS ≥50% population

Secondary End Points
- DFS in the PD-L1 TPS ≥1% population
- OS in the overall, PD-L1 TPS ≥50%, and PD-L1 TPS ≥1% populations
- Lung cancer-specific survival in the overall population
- Safety

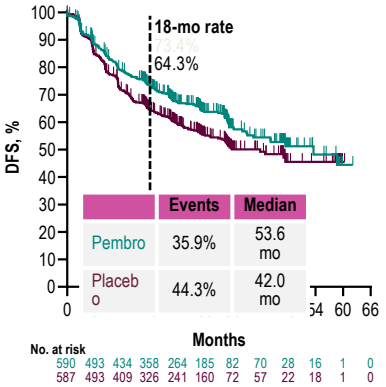
Characteristic	Overall		PD-L1 TPS ≥50%	
	Pembro (N = 590)	Placebo (N = 587)	Pembro (N = 168)	Placebo (N = 165)
Age, median (range), y	65.0 (31-87)	65.0 (37-85)	64.5 (38-82)	65.0 (37-85)
Male sex	68.0%	68.7%	72.0%	70.3%
Geographic region				
Asia	18.0%	17.9%	17.3%	17.6%
Eastern Europe	19.7%	19.3%	18.5%	18.2%
Western Europe	51.4%	51.3%	53.6%	53.9%
Rest of world	11.0%	11.6%	10.7%	10.3%
ECOG PS 1	35.6%	41.6%	31.0%	38.8%

Characteristic	Overall		PD-L1 TPS ≥50%	
	Pembro (N = 590)	Placebo (N = 587)	Pembro (N = 168)	Placebo (N = 165)
Current/former smoker	85.3%	88.8%	91.7%	92.1%
Nonsquamous histology	67.5%	61.8%	61.3%	63.6%
Received adjuvant chemotherapy	85.8%	85.9%	85.1%	85.5%
Pathologic stage[a]				
IB	14.2%	14.5%	12.5%	13.3%
II	55.8%	57.6%	56.5%	56.4%
IIIA	30.0%	27.6%	31.0%	30.3%
EGFR mutation[b]	6.6%	5.8%	3.6%	3.0%
ALK translocation[c]	1.2%	1.2%	1.8%	0.0%

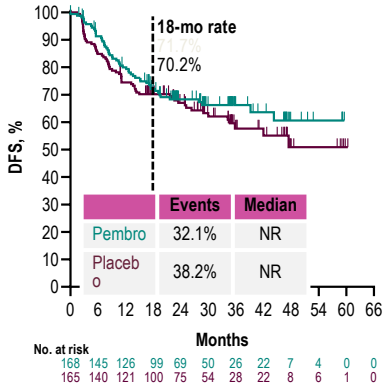
Paz-Ares ESMO plenary 2022, O'Brien ASCO 2022

PEARLS/KN-091:
Results Second Interim Analysis

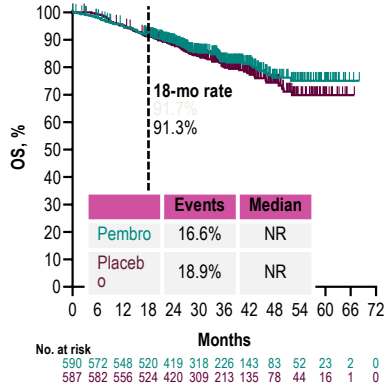
DFS, Overall Population
HR 0.76 (95% CI 0.63-0.91)
***P* = 0.0014**



DFS, PD-L1 TPS ≥50% Population
HR 0.82 (95% CI 0.57-1.18)
***P* = 0.14**



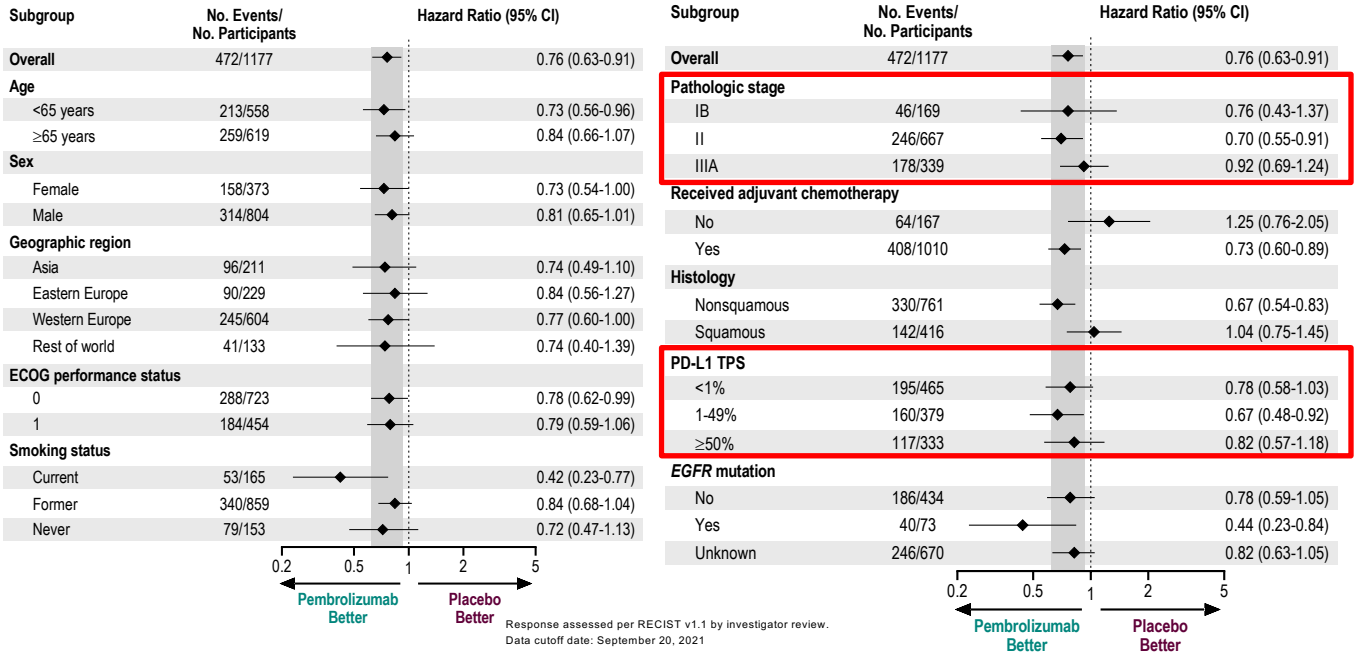
OS, Overall Population
HR 0.87 (95% CI 0.67-1.15)
***P* = 0.170**



US FDA approval Jan 26, 2023

Impower010 DFS HR: all comer 0.81, PD-L1 ≥50% 0.43

KN-091 Results: DFS in Subgroups



Paz Ares VirtualESMO2022, O'Brien ASCO 2022, Peters ESMO 2022

Debate in Early Stage NSCLC: Adjuvant vs Neoadjuvant : Favoring the Adjuvant Concept

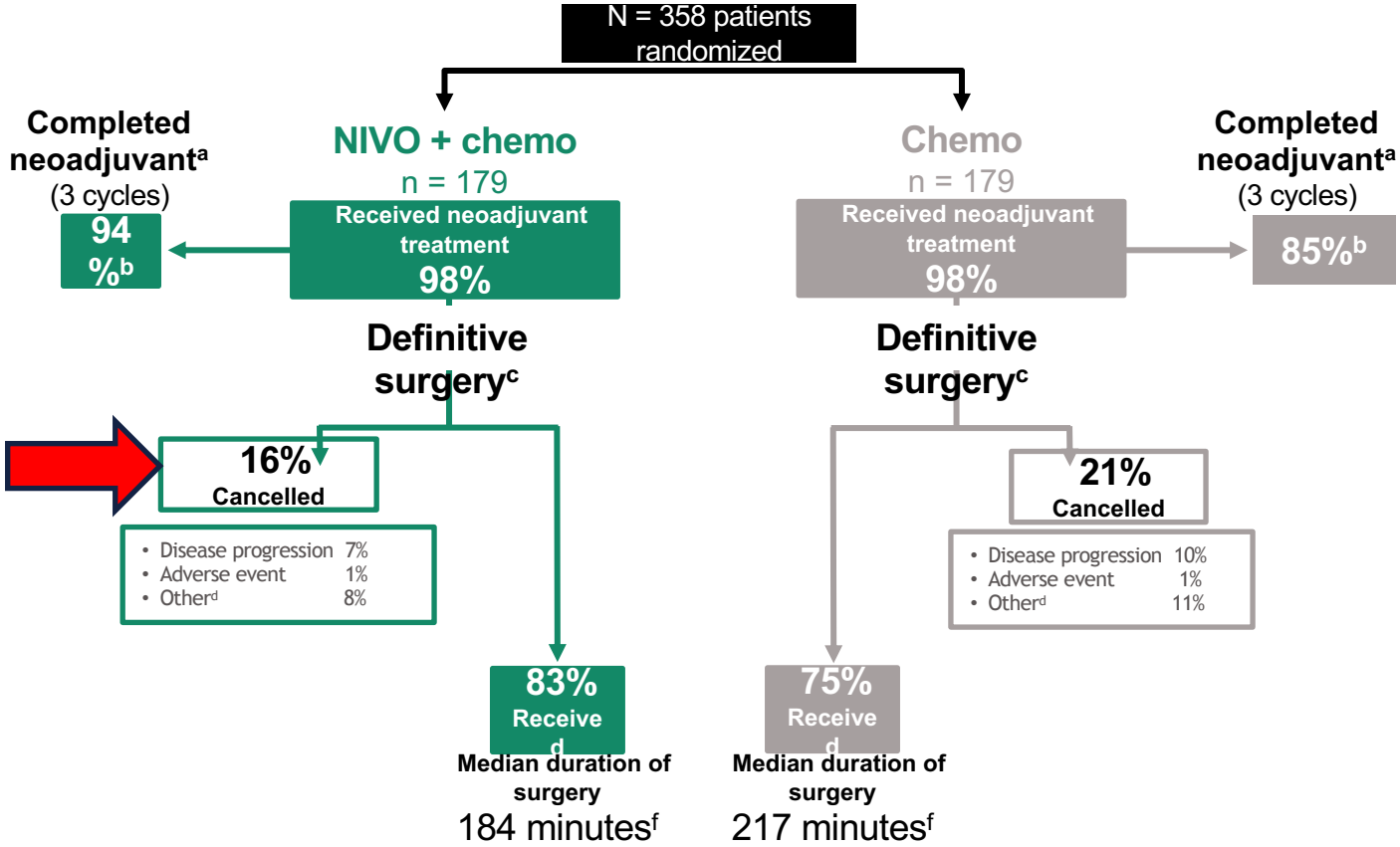
Risk of Lost Opportunity for Surgery

Expose All Patients to Toxicity, Regardless of Benefit

Over-Treatment

CM816: Treatment and surgery summary: all randomized patients

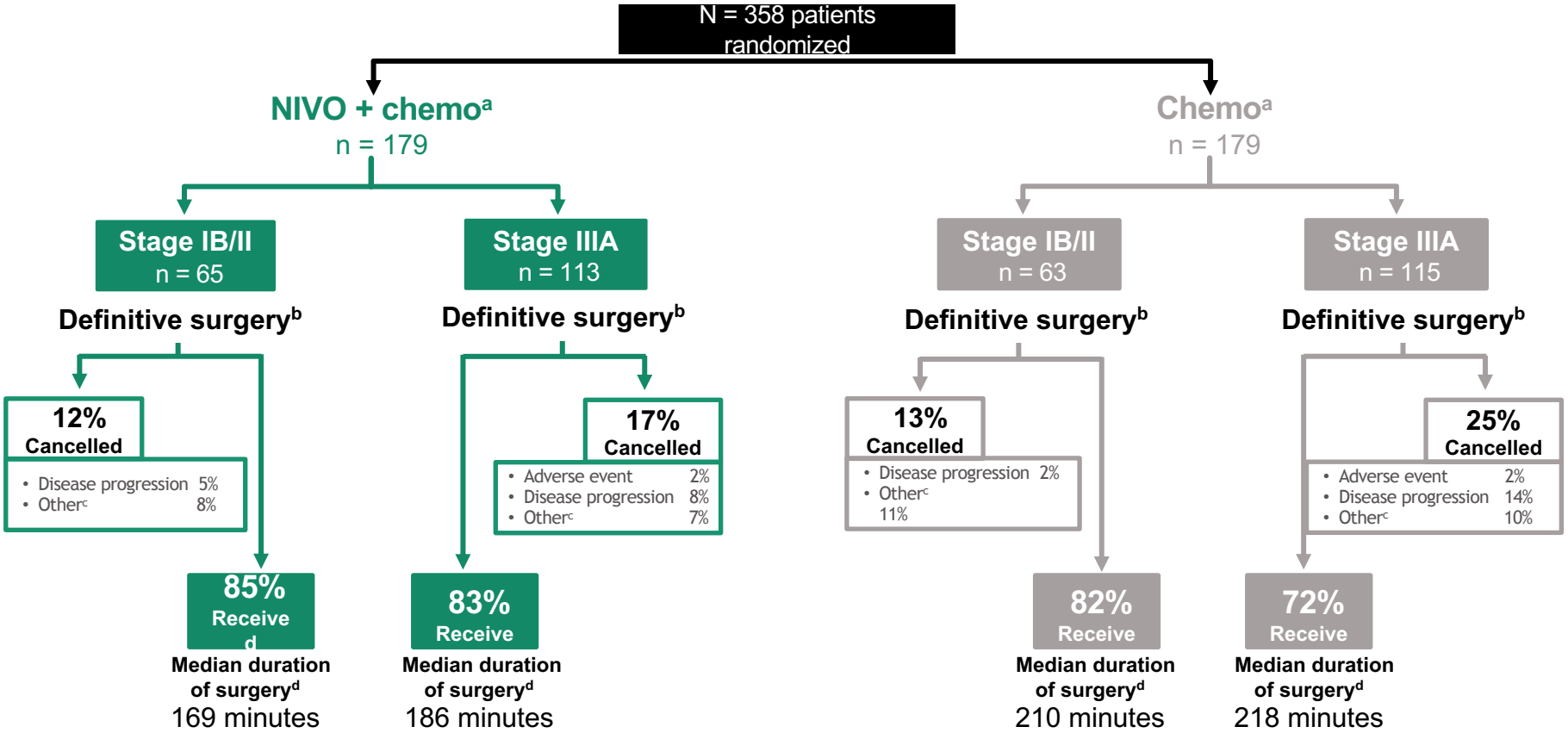
Spicer ASCO 2021



[a]Reasons for patients not completing neoadjuvant treatment: study drug toxicity (6% in the NIVO + chemo and 7% in the chemo arm), disease progression (1% in each arm), and other reasons (7% in the chemo arm only; this included AEs unrelated to study drug, patient request to discontinue treatment, patient withdrew consent, and patient no longer meeting study criteria); [b]Denominator based on patients with neoadjuvant treatment; [c]Definitive surgery not reported: NIVO + chemo, 1%; chemo, 3%; [d]Other reasons included patient refusal, unresectability, and poor lung function; [e]Median (IQR) time from last dose to definitive surgery; [f]Patients (n) with reported duration of surgery: NIVO + chemo, 122; chemo, 121; IQR for median duration of surgery: NIVO + chemo, 130.0-252.0 minutes; chemo, 150.0–283.0 minutes.

CM816: Surgery summary: by baseline stage of disease

Spicer ASCO 2021



[a]1 patient with stage IV in each arm; [b]Patients with definitive surgery not reported: NIVO + chemo, 3% (stage IB/II), 0 (stage IIIA); chemo, 5% (stage IB/II), 3% (stage IIIA); [c]Other reasons included patient refusal, unresectability, and poor lung function; [d]Patients (n) with reported duration of surgery: NIVO + chemo, 46 (stage IB/II), 76 (stage IIIA); chemo, 47 (stage IB/II), 74 (stage IIIA); IQR for median duration of surgery: NIVO + chemo, 126.0–275.0 (stage IB/II) and 134.5-245.5 (stage IIIA); chemo, 150.0-267.0 (stage IB/II) and 147.0-290.0 (stage IIIA).

CM816 Surgery Outcomes summary

Patients, n (%)	NIVO + chemo (n = 179)	Chemo (n = 179)
Patients who received neoadjuvant treatment	176 (98)	176 (98)
Reason off neoadjuvant treatment[a]		
Completed (3 cycles)	165 (94)	149 (85)
Study drug toxicity	10 (6)	12 (7)
Disease progression	1 (1)	2 (1)
Other[b]	0	13 (7)
Patients with definitive surgery[c]	149 (83)	135 (75)
Type of surgery[d,e]		
Lobectomy	115 (77)	82 (61)
Pneumonectomy	25 (17)	34 (25)
Other[f]	29 (19)	35 (26)
R0 resection (negative margins)[d]	124 (83)	105 (78)
Patients with cancelled definitive surgery	28 (16)	38 (21)
Disease progression	12 (7)	17 (9)
Adverse event	2 (1)	2 (1)
Other[g]	14 (8)	19 (11)
Patients with delayed surgery[d,h]	31 (21)	24 (18)
Administrative reason[d]	17 (11)	8 (6)
Adverse event[d]	6 (4)	9 (7)
Other[d]	8 (5)	7 (5)

	All stages		Stage IB/II		Stage IIIA	
	NIVO + chemo (n = 149)	Chemo (n = 135)	NIVO + chemo (n = 55)	Chemo (n = 52)	NIVO + chemo (n = 94)	Chemo (n = 83)
Patients with delayed surgery,[b,c] n (%)	31 (21)	24 (18)	9 (16)	13 (25)	22 (23)	11 (13)
AE	6 (4)	9 (7)	2 (4)	7 (13)	4 (4)	2 (2)
Length of delay in surgery, weeks						
Median (IQR)	2.0 (0.6–3.0)	2.4 (1.0–3.7)	2.1 (0.9–2.9)	2.1 (1.3–3.6)	1.9 (0.6–3.0)	2.6 (0.6–4.9)
Of patients with delayed surgery, proportion n (%) with delay of[d]						
≤ 2 weeks	17 (55)	11 (46)	4 (44)	6 (46)	13 (59)	5 (46)
> 2 and ≤ 4 weeks	8 (26)	8 (33)	4 (44)	5 (38)	4 (18)	3 (27)
> 4 and ≤ 6 weeks	3 (10)	2 (8)	0	0	3 (14)	2 (18)
> 6 weeks	3 (10)	3 (12)	1 (11)	2 (15)	2 (9)	1 (9)

- Median (IQR) time from last neoadjuvant dose to definitive surgery was 5.3 (4.6–6.0) weeks with NIVO + chemo and 5.0 (4.6–5.9) weeks with chemo for all patients with definitive surgery

[a]Definitive surgery not reported: NIVO + chemo, 1%; chemo, 3%; [b]Denominator based on patients with definitive surgery; surgery was also delayed due to administration reasons (NIVO + chemo, 11% [all stages], 7% [stage IB/II], 14% [stage IIIA]; chemo, 6% [all stages], 8% [stage IB/II], 5% [stage IIIA]) and other reasons (NIVO + chemo, 5% [all stages], 5% [stage IB/II], 5% [stage IIIA]; chemo, 5% [all stages], 4% [stage IB/II], 6% [stage IIIA]); other reasons included surgeon requested additional pre-operative workup, patient request, impact of COVID-19; [c]Time from last dose of neoadjuvant treatment to surgery > 6 weeks; [d]Denominator based on patients with delayed surgery.

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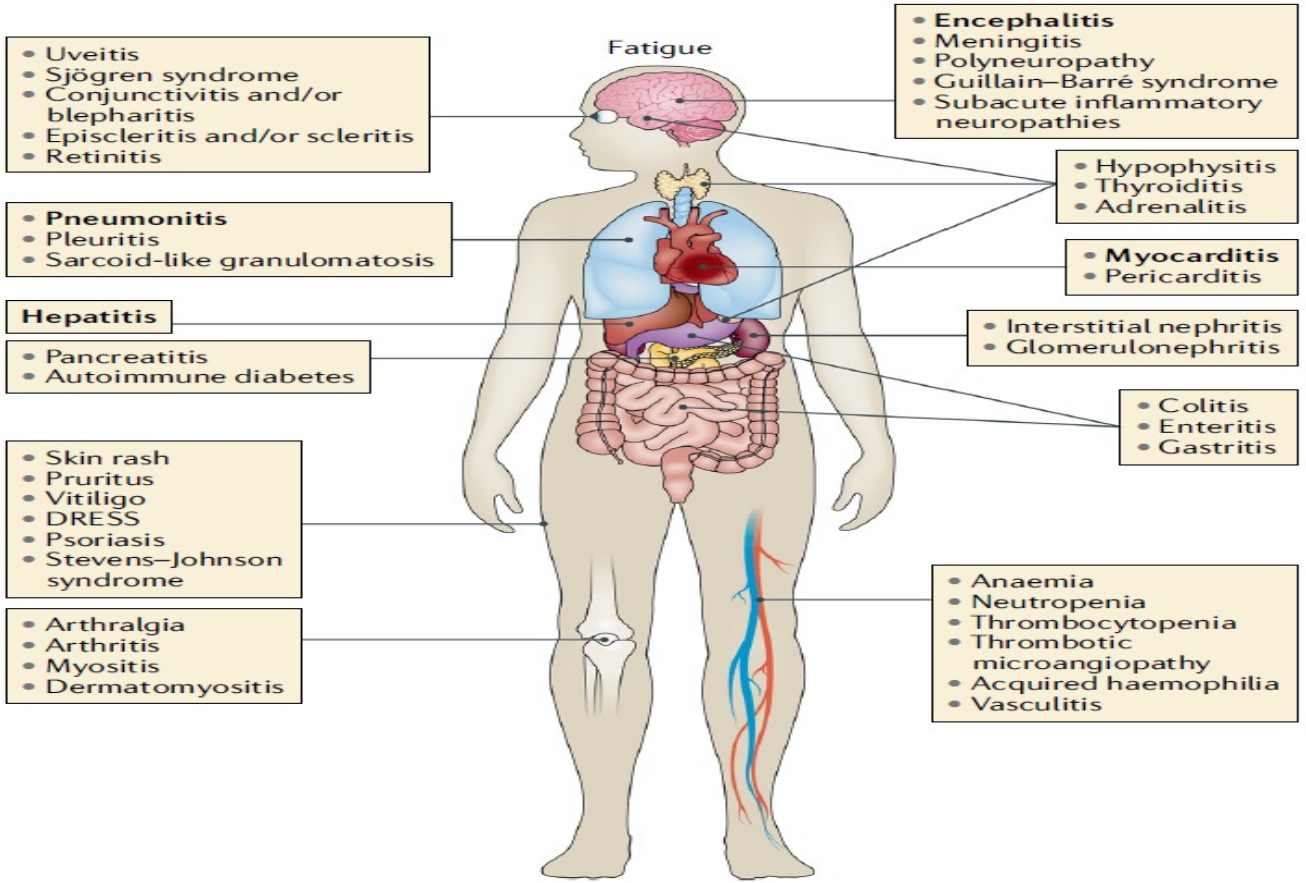
Risk of Lost Opportunity for Surgery

Expose All Patients to Toxicity, Regardless of Benefit

Over-Treatment

Immune-related adverse events by site



Martins F, et al. Nat Rev Clin Oncol. 2019 Sep;16(9):563-580. PMID 31092901

CM816 Adverse events

Adverse events[a] summary

Patients (%)	NIVO + chemo (n = 176)		Chemo (n = 176)	
	Any grade	Grade 3-4	Any grade	Grade 3-4
All AEs	92	41	97	44
TRAEs	82	34	89	37
All AEs leading to discontinuation	10	6	11	4
TRAEs leading to discontinuation	10	6	10	3
All SAEs	16	11	14	10
Treatment-related SAEs	12	8	10	8
Surgery-related AEs[b]	41	11	47	15
Treatment-related deaths	0		3[c]	

- Grade 5 surgery-related AEs[d] were reported in 2 patients in the NIVO + chemo arm and were deemed unrelated to study drug per investigator (1 each due to pulmonary embolism and aortic rupture)
- NIVO + IPI (n = 111): Any grade and grade 3-4 TRAEs were reported in 65% and 14% of patients, respectively
  - Grade 5 surgery-related AEs[d] occurred in 1 patient (due to septic shock [unrelated to study drug per investigator])

Forde CM816 AACR, NEJM

IMpower010: safety summary[a]

n (%)	Atezolizumab (n=495)	BSC (n=495)
Any-cause AE	459 (92.7)	350 (70.7)
Treatment-related AE	335 (67.7)	–
Grade 3-4 AE	108 (21.8)	57 (11.5)
Treatment-related grade 3-4 AE	53 (10.7)	–
Serious AE	87 (17.6)	42 (8.5)
Treatment-related serious AE	37 (7.5)	–
Grade 5 AE	8 (1.6)[b]	3 (0.6)[c]
Treatment-related grade 5 AE	4 (0.8)	–
AE leading to dose interruption of atezolizumab	142 (28.7)	–
AE leading to atezolizumab discontinuation	90 (18.2)	–
Immune-mediated AEs	256 (51.7)	47 (9.5)
Grade 3-4 immune-mediated AEs	39 (7.9)	3 (0.6)
Immune-mediated AEs requiring the use of systemic corticosteroids	60 (12.1)	4 (0.8)

Clinical cutoff: January 21, 2021. AE, adverse event; [a] Data are from the safety population (all randomized patients who received ≥1 atezolizumab dose or for BSC, had ≥1 post-baseline assessment). [b] Interstitial lung disease*; pneumothorax; multiple organ dysfunction syndrome*; cerebrovascular accident; arrhythmia; myocarditis*; acute myeloid leukemia*; acute cardiac failure. [c] Pneumonia; pulmonary embolism; cardiac tamponade and septic shock in the same patient. *, Treatment related per investigator.

IMpower010: immune-mediated AEs[a]

imAEs occuring in ≥1% of patients

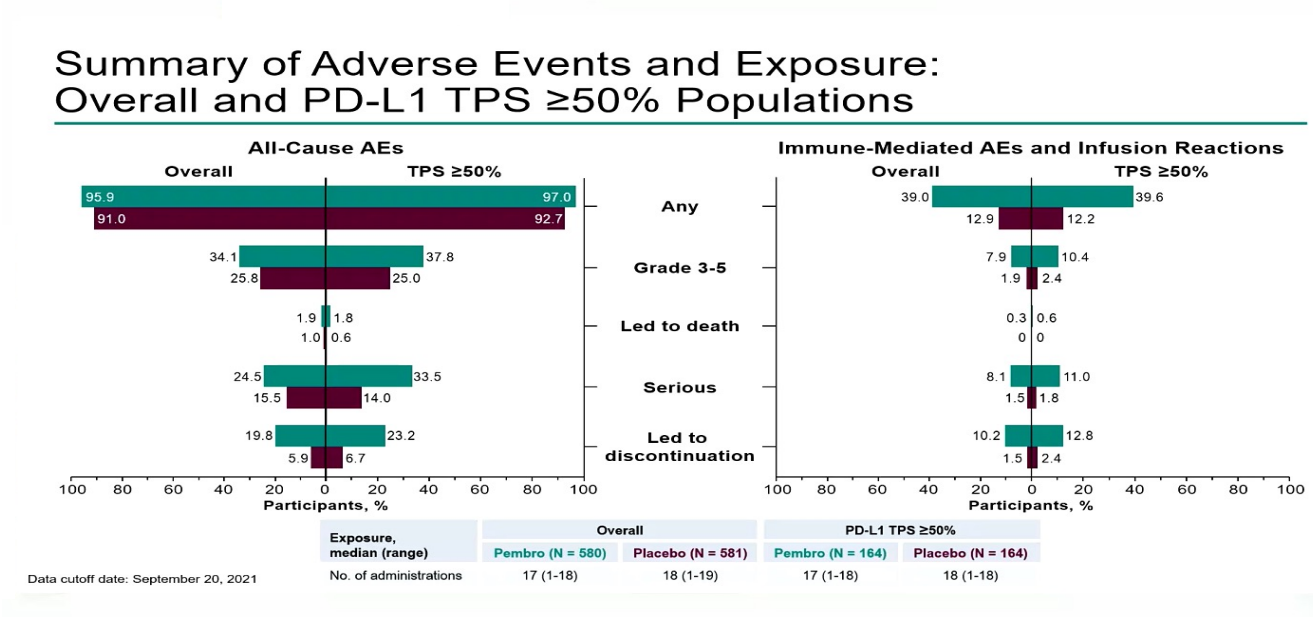
	Atezolizumab (n=495)		BSC (n=495)	
n (%)	**Any grade**	**Grade 3-4**	**Any grade**	**Grade 3-4**
Any immune-mediated AEs	256 (51.7)[b]	39 (7.9%)	47 (9.5)	5 (0.6)
Rash	91 (18.4)	7 (1.4)	11 (2.2)	0
Hepatitis (diagnosis and laboratory abnormalities)	86 (17.4)	20 (4.0)	22 (4.4)	1 (0.2)
Hepatitis (laboratory abnormalities)	81 (16.4)	16 (3.2)	21 (4.2)	1 (0.2)
Hepatitis (diagnosis)	7 (1.4)	4 (0.8)	1 (0.2)	0
Hypothyroidism	86 (17.4)	0	3 (0.6)	0
Hyperthyroidism	32 (6.5)	2 (0.4)	4 (0.8)	0
Pneumonitis	19 (3.8)[c]	4 (0.8)	3 (0.6)	0
Infusion-related reaction	7 (1.4)	1 (0.2)	0	0
Adrenal insufficiency	6 (1.2)	2 (0.4)	0	0

Clinical cutoff: January 21, 2021. [a] Data are from the safety population (all randomized patients who received ≥1 atezolizumab dose or for BSC, had ≥1 post-baseline assessment). [b] Includes 2 (0.4%) Grade 5 events. [c] Includes 1 (0.2%) Grade 5 event.

imAEs occuring in <1% of patients

	Atezolizumab (n=495)		BSC (n=495)	
n (%)	**Any Grade**	**Grade 3-4**	**Any grade**	**Grade 3-4**
Meningoencephalitis	4 (0.8)	3 (0.6)	0	0
Colitis	4 (0.8)	2 (0.4)	1 (0.2)	0
Diabetes mellitus	4 (0.8)	0	1 (0.2)	0
Myositis (myositis and rhabdomyolysis)	4 (0.8)	0	1 (0.2)	0
Pancreatitis	2 (0.4)	1 (0.2)	1 (0.2)	1 (0.2)
Encephalitis	2 (0.4)	2 (0.4)	0	0
Severe cutaneous adverse reaction	2 (0.4)	0	0	0
Autoimmune hemolytic anemia	2 (0.4)	0	0	0
Myocarditis	2 (0.4)[c]	0	0	0
Meningitis	2 (0.4)	1 (0.2)	0	0
Guillain-Barre syndrome	1 (0.2)	1 (0.2)	0	0
Ocular inflammatory toxicity	1 (0.2)	0	1 (0.2)	1 (0.2)
Hypophysitis	1 (0.2)	0	0	0
Nephritis	1 (0.2)	0	0	0
Vasculitis	0	0	1 (0.2)	1 (0.2)

KN-091 Toxicity



Paz Ares VirtualESMO2022, O'Brien ASCO 2022, Peters ESMO 2022

Debate in Early Stage NSCLC: Adjuvant vs Neoadjuvant : Favoring the Adjuvant Concept

Risk of Lost Opportunity for Surgery

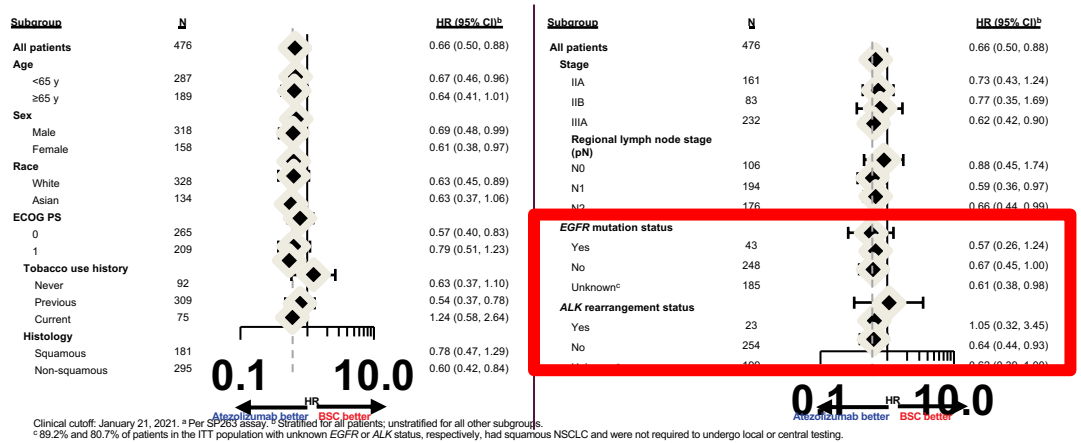
Expose All Patients to Toxicity, Regardless of Benefit

Over-Treatment

Surrogates:
Driver Mutations

With Neo-Adjuvant you will NOT likely know full tumor details before you start

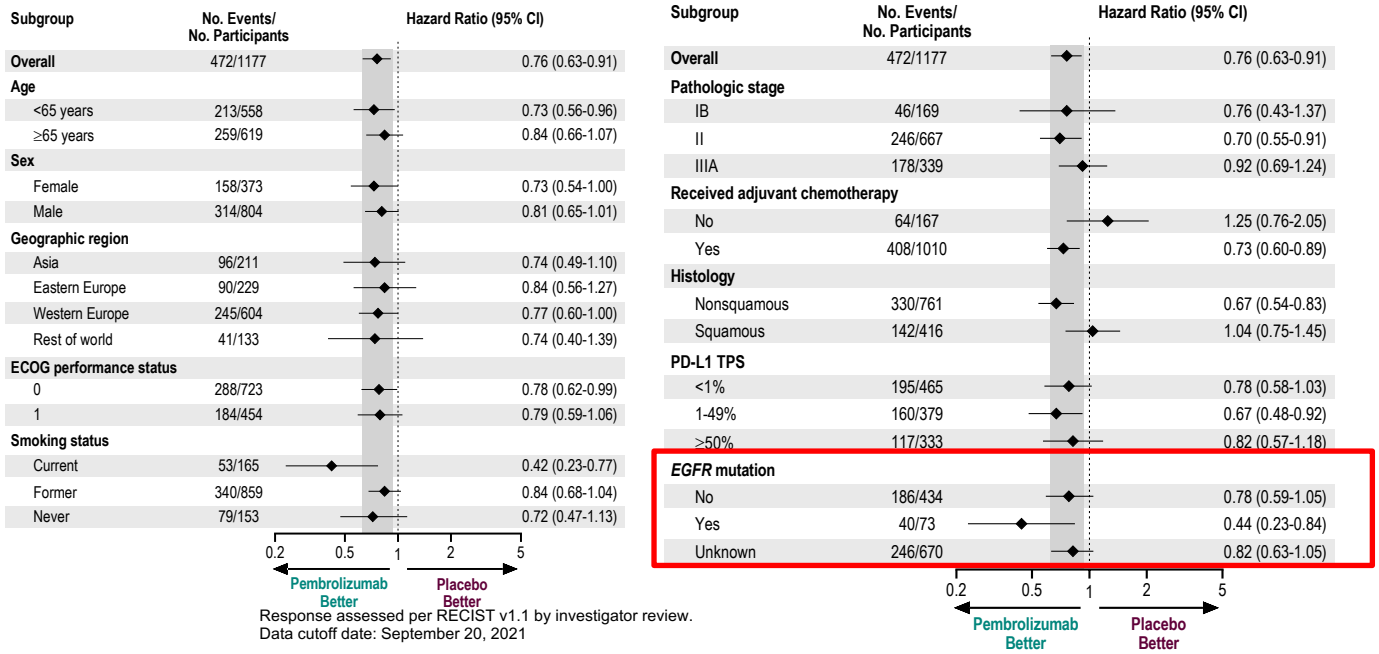
IMpower010: DFS in key subgroups of the PD-L1 TC ≥1%[a] stage II-IIIA population



Clinical cutoff: January 21, 2021. [a] Per SP263 assay. [b] Stratified for all patients; unstratified for all other subgroups.
[c] 89.2% and 80.7% of patients in the ITT population with unknown *EGFR* or *ALK* status, respectively, had squamous NSCLC and were not required to undergo local or central testing.

Dr. Heather A. Wakelee ASCO 2021, abstr 8500:IMpower010 Interim Analysis; https://bit.ly/33t6JJ; Felip Lancet 2021

KN-091 Driver Mutation and other Subsets

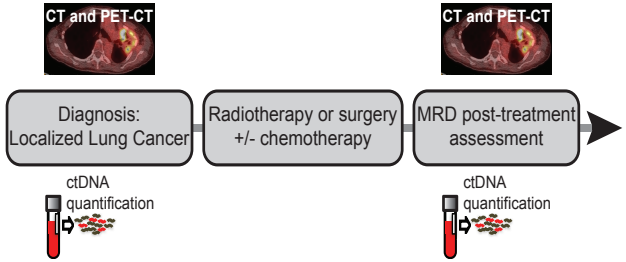


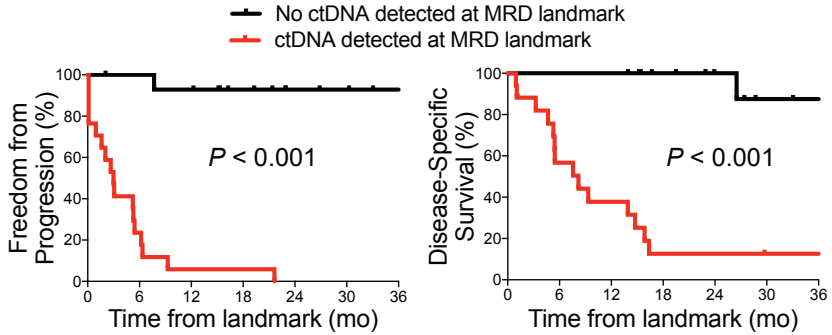
Response assessed per RECIST v1.1 by investigator review.
Data cutoff date: September 20, 2021

Surrogates: ctDNA

How do we avoid overtreatment

The Promise of MRD





M. Diehn / Stanford

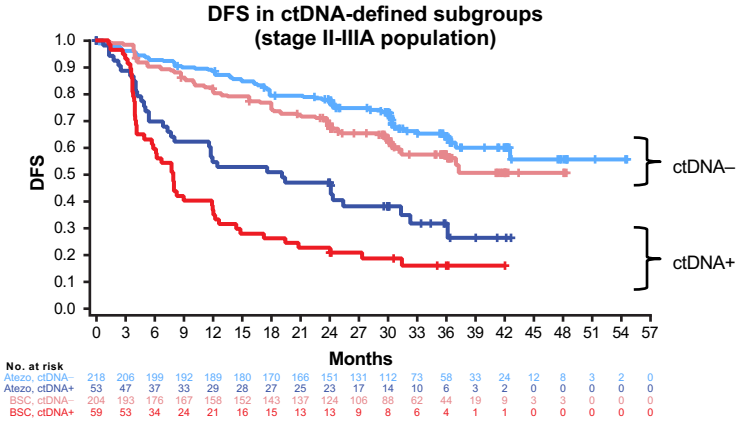
Chaudhuri et al *Cancer Discovery* 2017

IMpower010 ctDNA data

In all ctDNA-evaluable stage II-IIIA patients, mDFS was NR (atezo) vs 31.4 months (BSC), with an HR of 0.69 (95% CI: 0.53, 0.89)

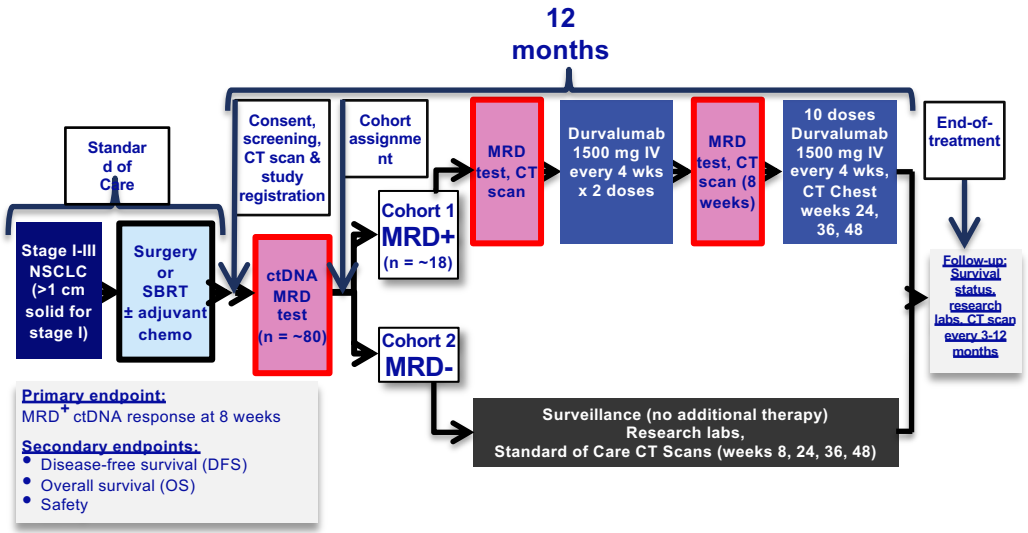
ctDNA–	Atezo (n=218)	BSC (n=204)
mDFS, mo	NR	NR
HR (95% CI)	0.72 (0.52, 1.00)	

ctDNA+	Atezo (n=53)	BSC (n=59)
mDFS, mo	19.1	7.9
HR (95% CI)	0.61 (0.39, 0.94)	



Zhou C et al, ESMO IO 2021

Adjuvant Durvalumab for Early Stage NSCLC with ctDNA MRD after surgery – ongoing trial



PIs: Neal and Diehn

Debate in Early Stage NSCLC: Adjuvant vs Neoadjuvant : Favoring the Adjuvant Concept

Risk of Lost Opportunity for Surgery – the definitive therapy

Expose All Patients to Toxicity, Regardless of Benefit – Long-term risk is real

Over-Treatment - Less opportunity to select who will actually benefit (ctDNA, driver mutation analysis, etc.)

Debate in Early Stage NSCLC: Adjuvant vs Neoadjuvant :

Favoring the Adjuvant Concept

Or maybe this debate is less relevant:
The PERI-OPERATIVE TRIALS ARE HERE!!!

AEGEAN + EFS	(AACR)
Neotorch + EFS	(April 20 ASCO virtual Plenary)
KN-671 + EFS	(ASCO)

Debate in Early Stage NSCLC: Adjuvant vs Neoadjuvant : Favoring the Adjuvant Concept

Use the right treatment to achieve the best possible outcome for every patient

Do not give any more treatment than is necessary to achieve cure