

INTRODUCTION

- **Stage III NSCLC** shows poor outcomes with CRT alone.

- The **PACIFIC** trial was practice - changing, establishing **CRT + durvalumab** as the standard of care by significantly improving survival.

- Our study evaluates **survival and toxicity** with this regimen in **our centre**.

METHODS

Population:
24 pts, unresectable stage III NSCLC
ECOG 0–2, any PD-L1

Treatment:
Concurrent or Sequential CRT

Consolidation:
Durvalumab 10 mg/kg q2w

Endpoints:
Response (RECIST), Toxicity,
Progression, Dosimetry (V20, MLD)

Analysis:
STATA v18

RESULTS

Patient population (n=24):

- 67% received concurrent CRT (cCRT), 33% sequential CRT (sCRT)
- Median of 7.5 cycles of durvalumab (range: 1–26)

Efficacy:

- Objective response rate (ORR): **54.2%**.
- Median overall survival (OS): **31.3 months (range: 3.1–66.5)**.
- Median progression-free survival (PFS): **29.3 months (range: 2.2–66.5)**.
- Disease progression (PD): **11%**
- **5-year OS: 45%; 5-year PFS: 29%**
- Concurrent CRT achieved significantly better PFS than sequential CRT (**HR=5.1; p=0.026**). No OS difference was observed.

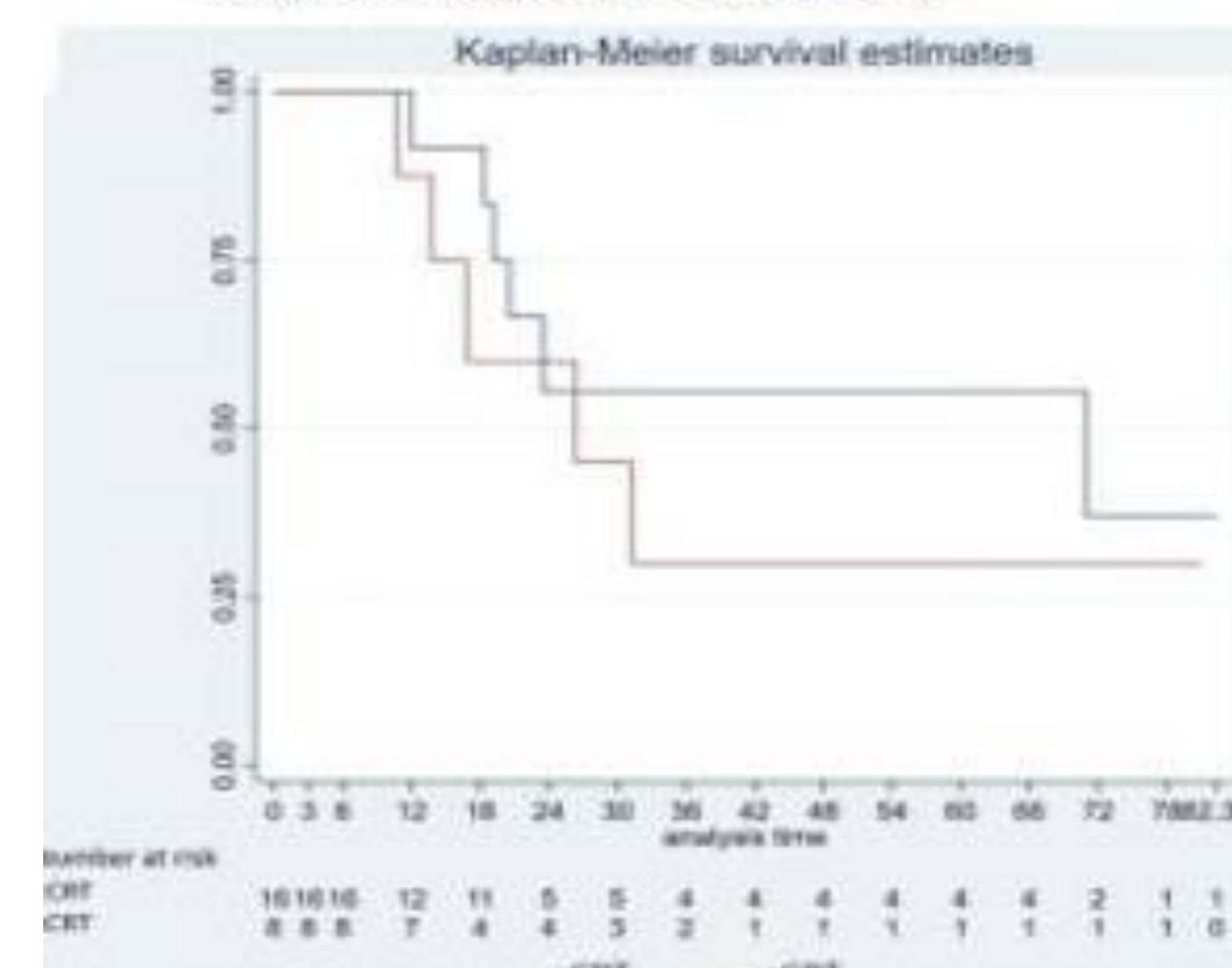
Toxicity & dosimetry:

- **Pneumonitis in 25%** of patients; 66% of these were grade 3.
- No correlation with lung dosimetric parameters.
- All patients: mean lung dose <20 Gy and V20 <35%.

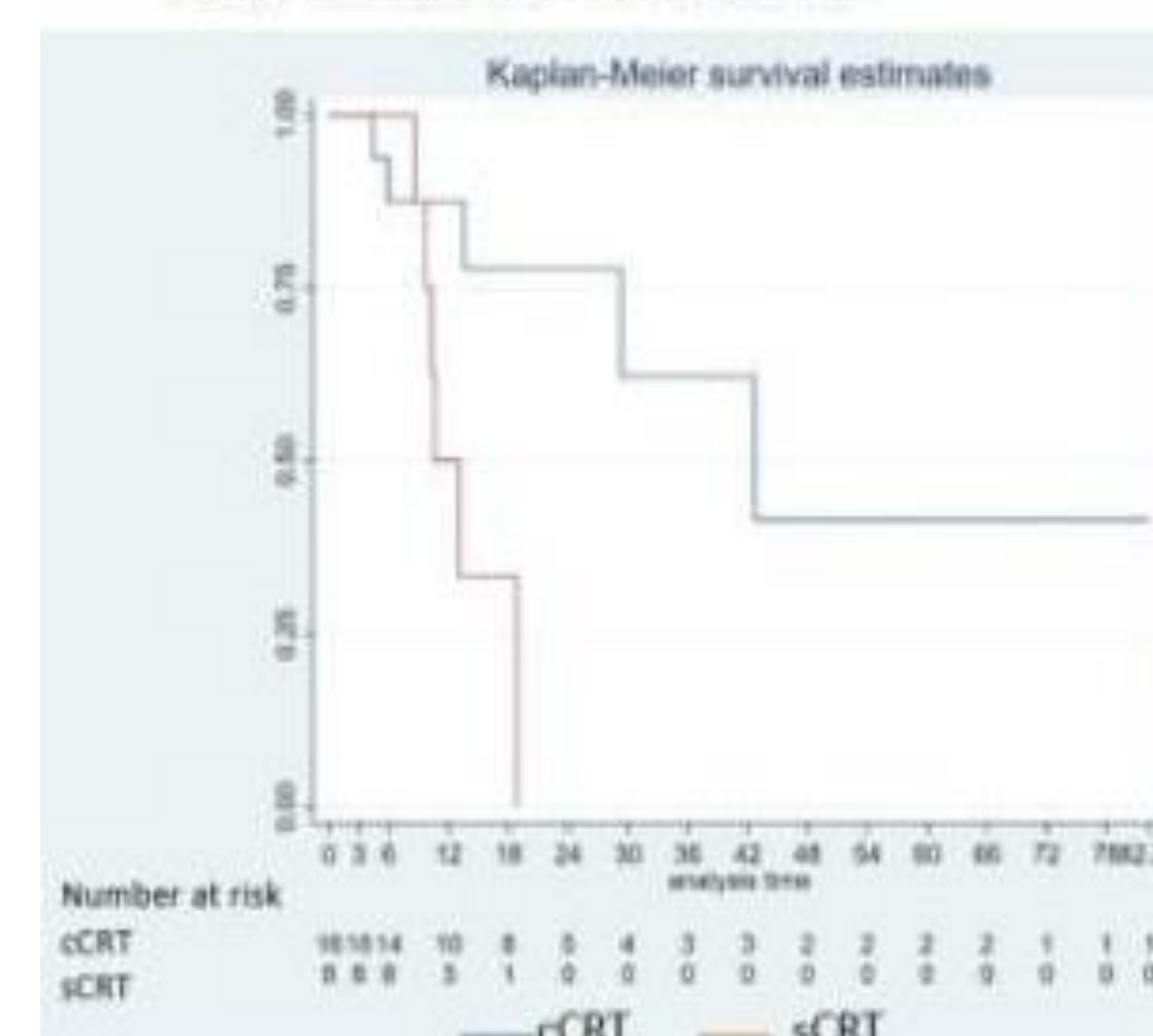
Table 1 : Clinical and Treatment Characteristics

Characteristic	Value
Sex, n (%)	
Female	7 (38.9%)
Male	11 (61.1%)
Age, median [IQR]	68 [60.0–74.0]
Age at diagnosis, median [IQR]	67.00 [61.0–72.0]
ECOG at diagnosis, n (%)	
0	3 (16.7%)
1	8 (44.4%)
2	7 (38.9%)
Initial T stage, n (%)	
T1	1 (5.6%)
T2	4 (22.2%)
T3	3 (16.7%)
T4	10 (55.6%)
Initial N stage, n (%)	
N1	1 (5.6%)
N2	13 (72.2%)
N3	4 (22.2%)
Type of therapy, n (%)	
Sequential	3 (16.7%)
Concurrent	15 (83.3%)
Lung doses, median [IQR]	
V20 Lungs (%)	23.4 [18.2–31.1]
MLD (Gy)	7.04 [5.02–10.52]
Number of durvalumab cycles, median [IQR]	7 [1–12]
RECIST 1.1 response at reassessment, n (%)	
CR (Complete Response)	1 (5.6%)
PR (Partial Response)	8 (44.4%)
SD (Stable Disease)	4 (22.2%)
PD (Progressive Disease)	5 (27.8%)
Progression, n (%)	10 (55.6%)
Systemic	8 (80%)
Local (tumor bed)	2 (20%)
Death (Exitus), n (%)	11 (61.1%)
Immune-related adverse events (irAEs), n (%)	9 (50%)
Most severe irAE grade, n (%)	
Grade 1	4 (22.2%)
Grade 2	3 (16.7%)
Grade 3	2 (11.1%)
Pneumonitis, n (%)	
Yes	3 (16.7%)
No	15 (83.3%)

OS (Concurrent vs sequential)



PFS (Concurrent vs sequential)



DISCUSSION AND CONCLUSION

CRT followed by durvalumab improves outcomes in unresectable stage III NSCLC.

Results are **consistent with PACIFIC** trial data.

Pneumonitis was **frequent**, requiring close monitoring.

No **association** between lung dosimetry and pneumonitis was observed.

Concurrent CRT achieved **better PFS** than sequential CRT. No OS difference was observed, supporting **cCRT** as the **preferred approach** whenever feasible.

REFERENCES

