

# A prospective, randomized study comparing chemotherapy versus chemotherapy plus immunotherapy in patients with advanced non-small cell lung cancer with low cTML and oncogenic driver, STK11 or KEAP1 mutation and a PD-L1 TPS < 50%.

Published: 17-01-2024

Last updated: 30-01-2025

To compare the objective response rate between patients with metastatic non-small cell lung cancer characterized by PDL-1 TPS

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Respiratory and mediastinal neoplasms malignant and unspecified
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON56597

### Source

ToetsingOnline

### Brief title

OMIT IO

### Condition

- Respiratory and mediastinal neoplasms malignant and unspecified

### Synonym

non-small cell lung cancer

## Research involving

Human

## Sponsors and support

**Primary sponsor:** Leids Universitair Medisch Centrum

**Source(s) of monetary or material Support:** NFU

## Intervention

**Keyword:** Immunotherapy, NSCLC, Predictive biomarker

## Outcome measures

### Primary outcome

Objective response rate

### Secondary outcome

Clinical benefit rate (defined as the proportion of patients with CR/PR + SD),

progression free survival (PFS), overall survival (OS)

## Study description

### Background summary

Biomarkers beyond PD-L1 to identify patients with metastatic non-small cell lung cancer that will not derive benefit from treatment with immune checkpoint inhibition are currently lacking. In a retrospective study we uncovered a complex biomarker consisting of low cTML and either STK11, KEAP1 or oncogenic driver mutation that independent of PD-L1 predicted for non response following treatment with single agent immune checkpoint inhibition. Here we propose to validate this biomarker prospectively.

### Study objective

To compare the objective response rate between patients with metastatic non-small cell lung cancer characterized by PDL-1 TPS<50% and low cTML (<300 nonsynonymous mutations) and either actionable mutation, inactivating STK11 or KEAP1 mutations, treated by either chemo-immunotherapy or chemotherapy alone.

## Study design

Randomized controlled phase II clinical study

## Intervention

Patients will receive carboplatin-pemetrexed-pembrolizumab according to the KN189 regimen or the same dose and schedule of carboplatin-pemetrexed

## Study burden and risks

The determination of the biomarker to be validated requires an extension of a standard molecular diagnostic laboratory procedure, i.e. is not associated with any risk for the patient. Both carboplatin-pemetrexed-pembrolizumab and carboplatin-pembrolizumab are standard of care regimen whose risk-benefit ratio is well characterized and established. No additional procedures compared to routine management of patients with advanced non small cell lung cancer undergoing systemic treatment will be implemented

## Contacts

### Public

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### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

1. Age >18 years 2. Advanced, metastatic non-small cell lung cancer UICC stage IV 3. ECOG PS 0-2 4. PDL-1 TPS <50% (Dako 22C3) 5. Low cTMB (<300 nonsynonymous mutations) and either actionable mutation, inactivating STK11 or KEAP1 mutations as detected by NGS using OCA+ or TSO500 gene panel. 6. No prior systemic therapy except for patients with activating mutations. 7. Fit for treatment with chemo-immunotherapy deemed by the treating physician. 8. Measurable disease (RECIST 1.1). 9. In case of activating mutation, pretreatment with appropriate (i.e. guideline recommended) targeted therapy is required with demonstrated disease progression.

### Exclusion criteria

1. Symptomatic CNS metastasis requiring immediate radiotherapy or neurosurgical intervention.  
2. Any contra-indication (as per label) for treatment with immune checkpoint inhibitors.

## Study design

### Design

**Study type:** Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

### Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-01-2024

Enrollment: 162  
Type: Anticipated

## Medical products/devices used

Generic name: Oncomine<sup>®</sup> Comprehensive Assay Plus  
Registration: Yes - CE intended use

## Ethics review

Approved WMO  
Date: 17-01-2024  
Application type: First submission  
Review commission: METC Leiden-Den Haag-Delft (Leiden)  
metc-ldd@lumc.nl

Approved WMO  
Date: 24-01-2025  
Application type: Amendment  
Review commission: METC Leiden-Den Haag-Delft (Leiden)  
metc-ldd@lumc.nl

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

### Register

CCMO

### ID

NL82961.000.23