

DEGRO AG Stereotaxie Symposium, München, 2019

TOaSTT Update

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DEGRO AG Stereotaxie Project: TOaSST

Register Study of concomitant use of SRT and targeted drugs, retrospective & prospective cohort

Eligibility criteria:

- Treatment of **any metastatic tumor** with
- **Stereotactic radiotherapy**
- and any **targeted drug** (antibodies, small molecules, immunotherapy)
- within **+ / - 4 weeks** prior and after SBRT

Primary endpoint:

- High grade toxicity > grade II

Secondary endpoints:

- OS, LC, DFS

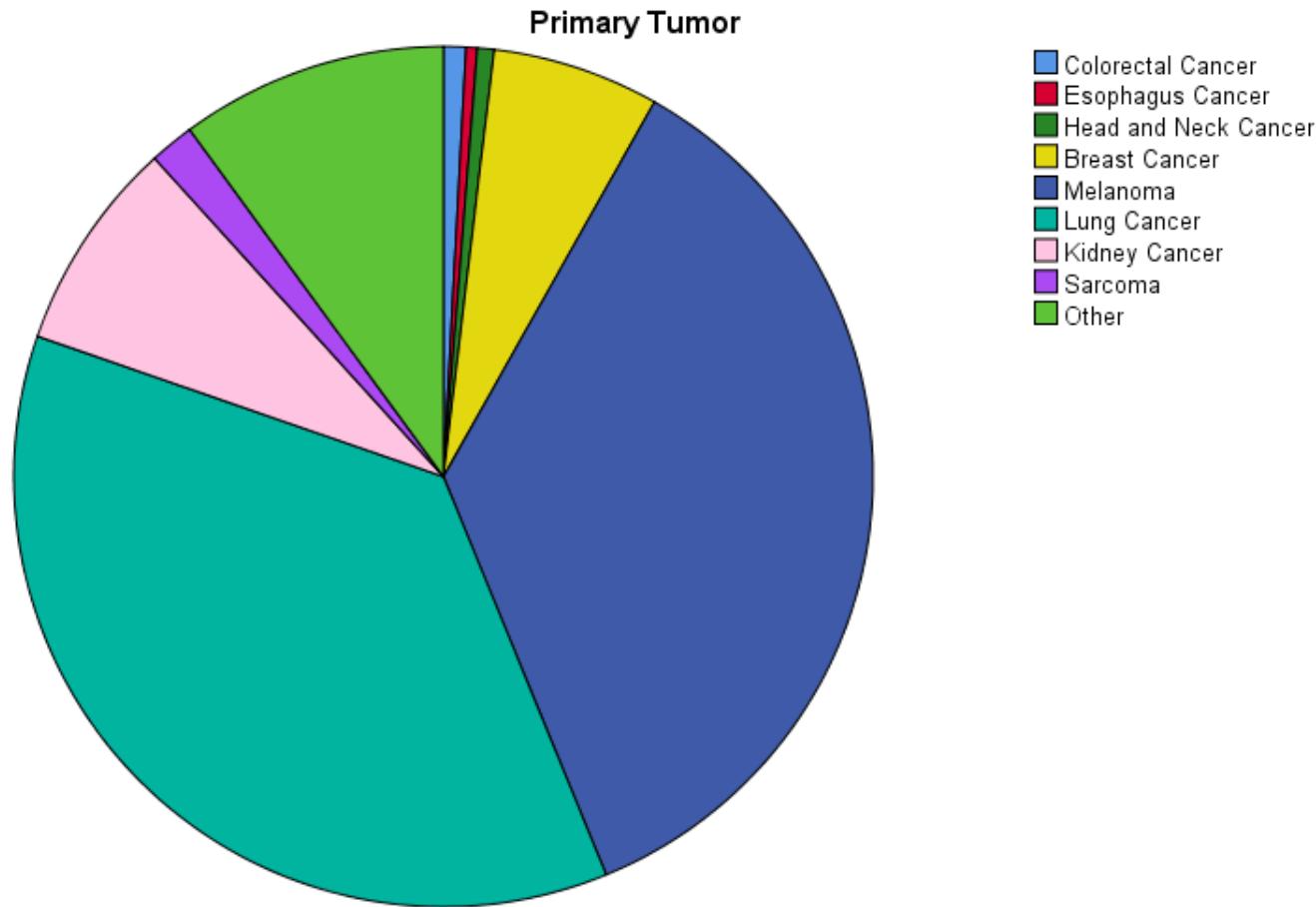
TOaSST prospective cohort

N=557, data entry of new patients closed since 01.09.2019

20 centers entered patients:

- Germany (14)
- Switzerland (2)
- Netherlands (1)
- Belgium (1)
- Australia (1)
- Austria (1)

TOaSST prospective cohort



- Most frequently melanoma & lung cancer

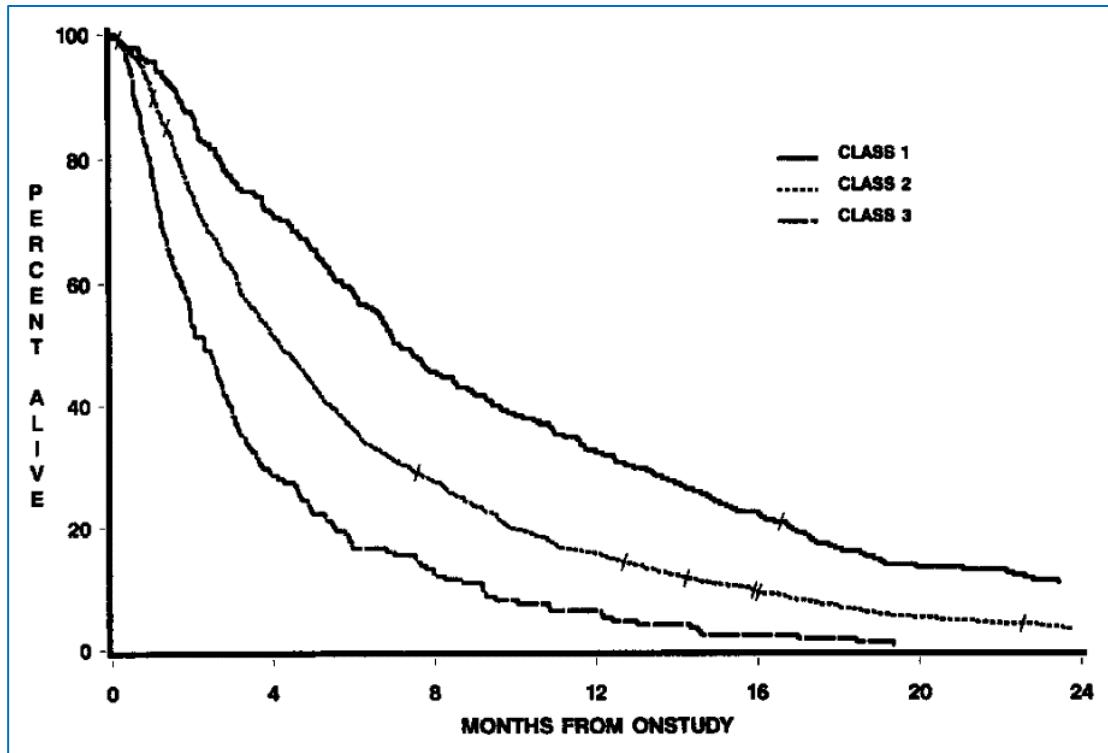
Toxicity

Sub-cohort	Patients	BM	TKI	ICI	Toxicity
NSCLC	N=108	68%	65%	33%	Grade 3&4: 4.4%
Melanome BM	N=145	100%	37%	61%	Grade 3&4: 7.7% Grade V: n=1
RCC	N=53	52%	68%	32%	Grade 3 N=1

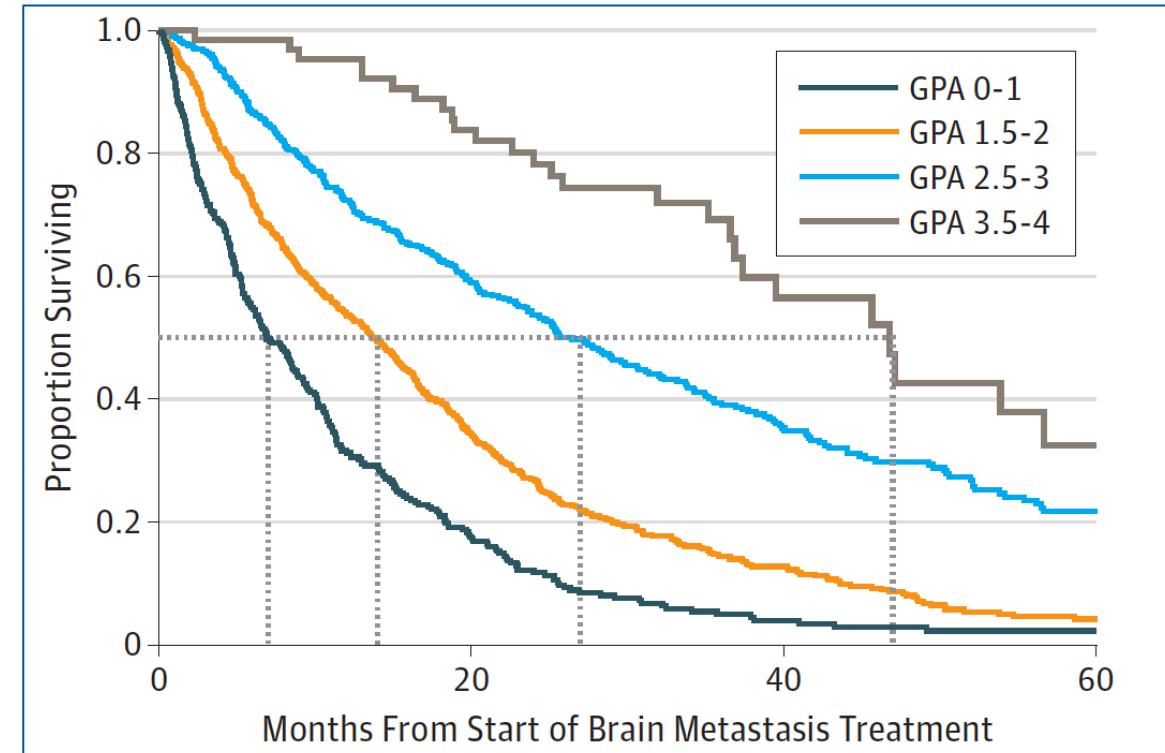
- Overall low rates of sever toxicity

Melanoma brain metastases

RPA



Lung molGPA

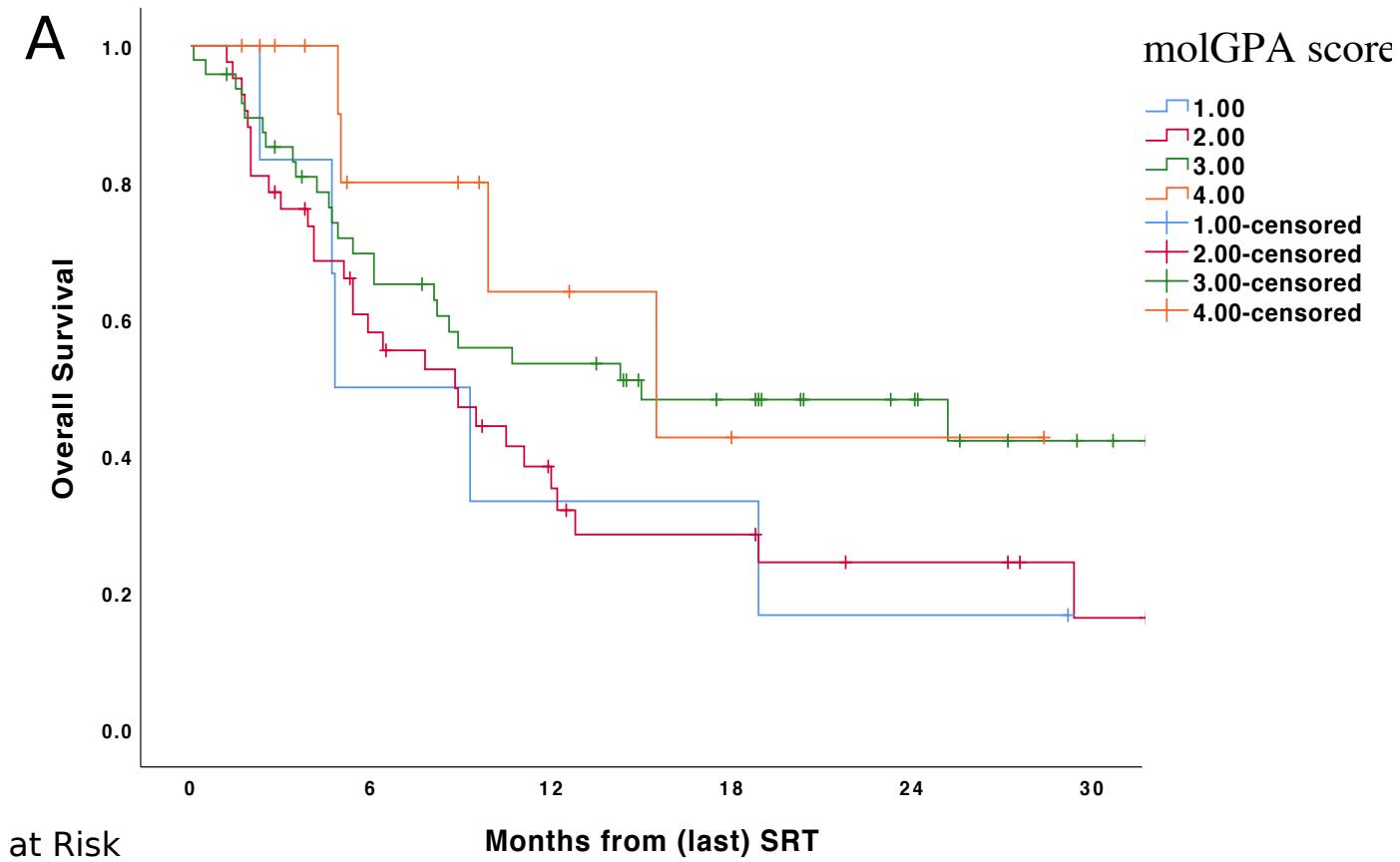


➤ Applicability to current patients treated with IO and SRS ?

Melanoma brain metastases

n = 110 patients	Median / n (% / range)
Age	59.4 (25-82)
ECOG 0	77 (70.0)
Number of brain metastases	median: 2 (1-30)
1	47 (42.7)
2-4	53 (48.1)
>4	10 (9.0)
BRAF status positive	57 (48.2)
extracranial metastases yes	83 (75.5)
volume of brain metastases	
≥ 1.5cc	55 (50.0) 1.5-24.54cc
<1.5cc	55 (50.0) 0.05-1.4cc
Concomitant systemic therapy	
IT	67 (60.9)
TT	34 (30.9)
combination	9 (8.2)

Melanoma brain metastases

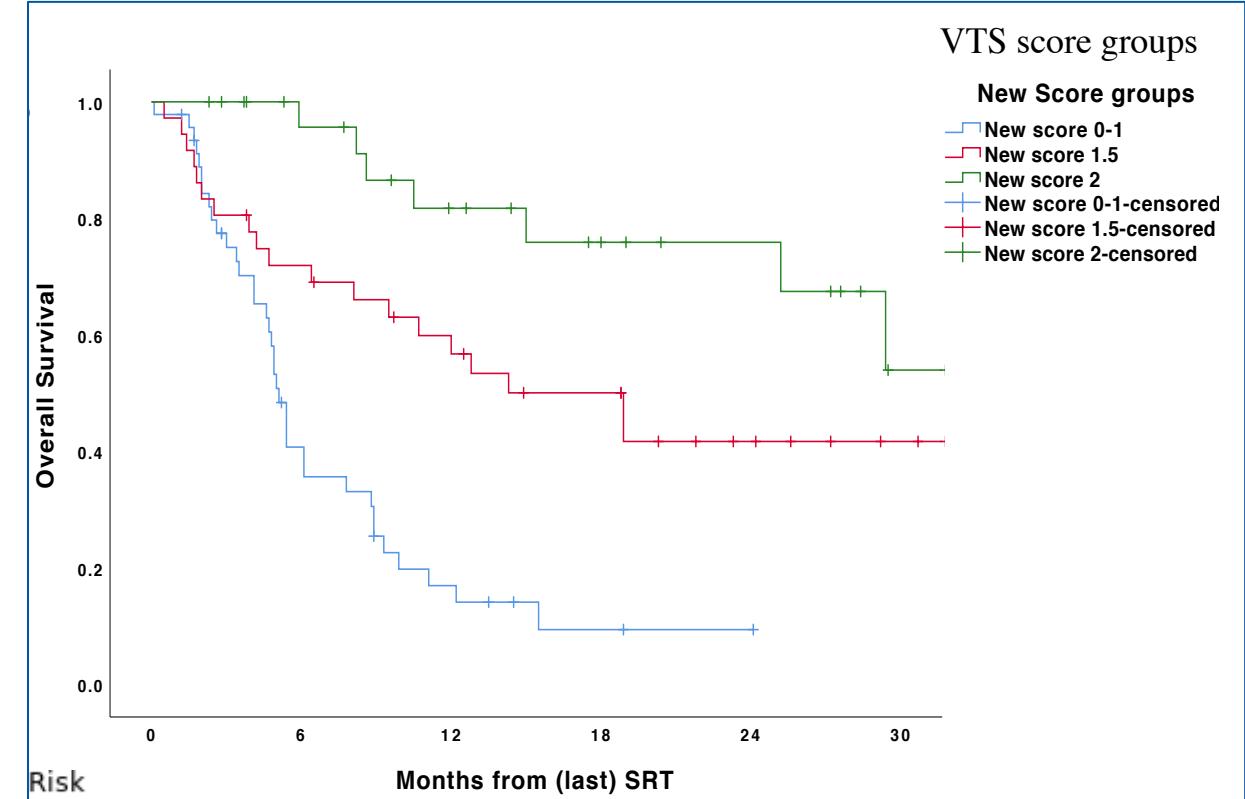


- molGPA – lack of prognostic significance

Melanoma brain metastases

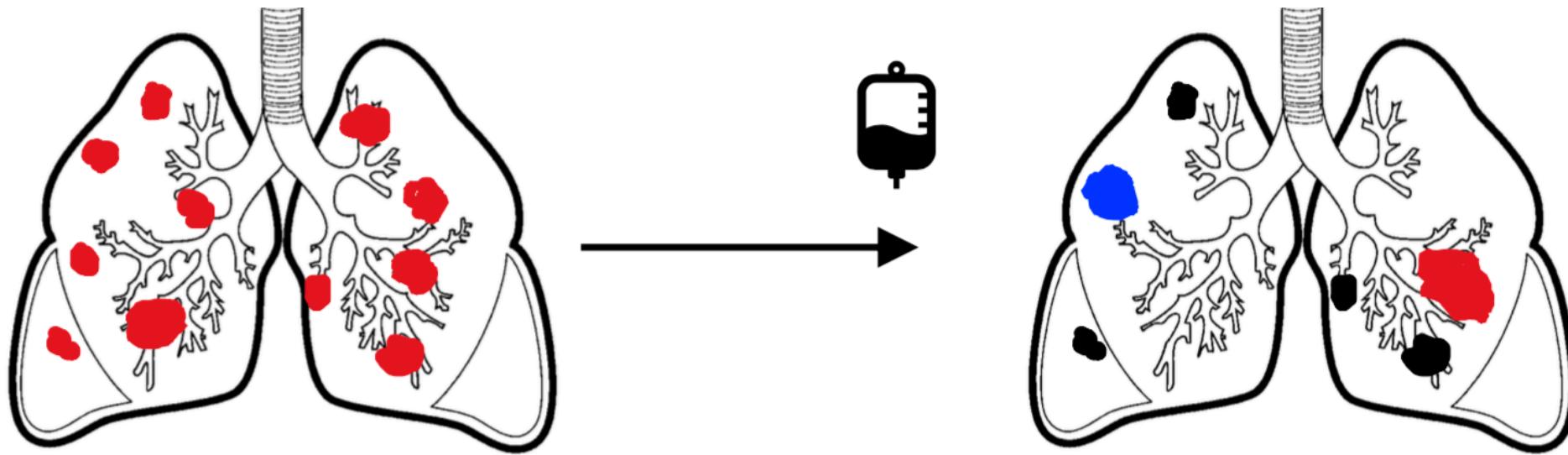
VTS: a prognostic score for OS in MBM treated with SRS and combined TKI or ICI

	0 points	0.5 points	1 point
Cumulative metastases volume	>1.5cc	<1.5cc	
Timing	synchrono US	metachrono US	
Systemic treatment	TT		ICI



- Prognostic scoring system adapted to local and systemic Tx

NSCLC - Induced Oligoprogression



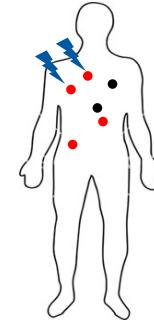
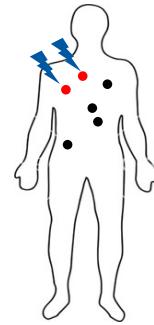
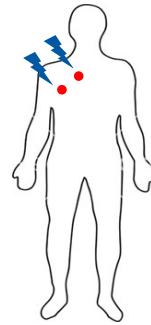
► Goal: Restore sensitivity to current line of systemic therapy

NSCLC - Induced Oligoprogression

Patient characteristics	N (%), median (range)	
	All patients (n=108)	
Age (y)		63 (33-80)
Synchronous metastatic disease:		
	Yes	81 (75)
	No	27 (25)
Driver mutation:		
	EGFR	49 (45)
	ALK	16 (15)
	ROS1	2 (2)
	PD-L1	5 (5)
	No	30 (28)
	Unknown	5 (5)
Lines of previous systemic treatment		1 (1-5)
Presence of metastases at time of SRT:		
	≤5	53 (49)
	>5	55 (51)
SRT treated lesions per patient:		
	Cranial	1 (1-5)
	Extracranial	1 (1-3)
	Extracranial	8.37 (0.54-86.10)

NSCLC - Induced Oligoprogression

D E G R →
ARBEITSGRUPPE RADIOCHIRURGIE/
STEREOTAXIE



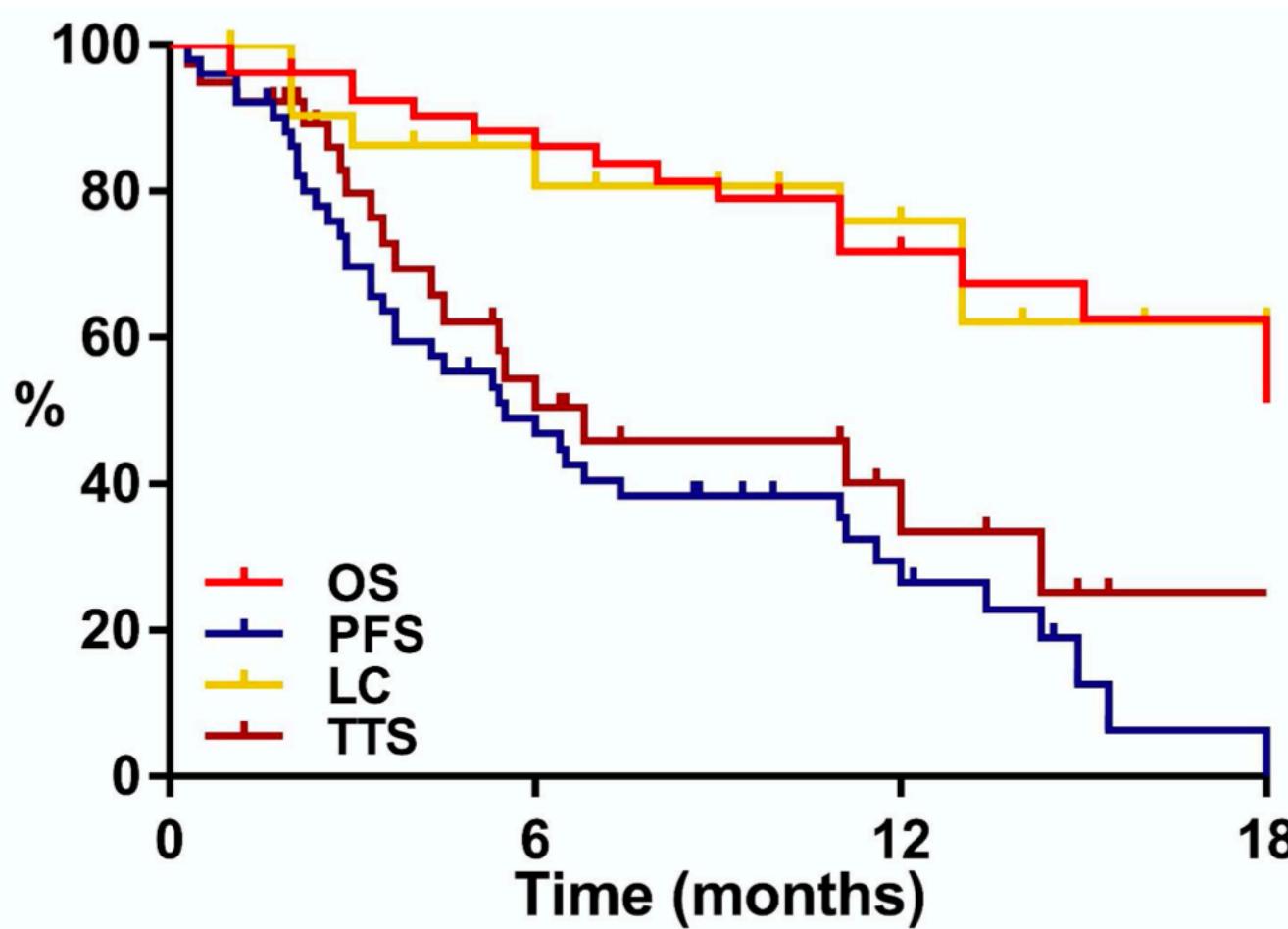
SBRT of all visible and progressive lesions	... all progressive lesions, not stable ones	... clinically selected progressive lesions
Median PFS	20 months	7 months	4.4 months
On TKI @ 1a	81%	47%	39%
OS @ 2a	64%	44%	25%

➤ Relevant proportion of pts remained on IO/TKI

Renal cell cancer

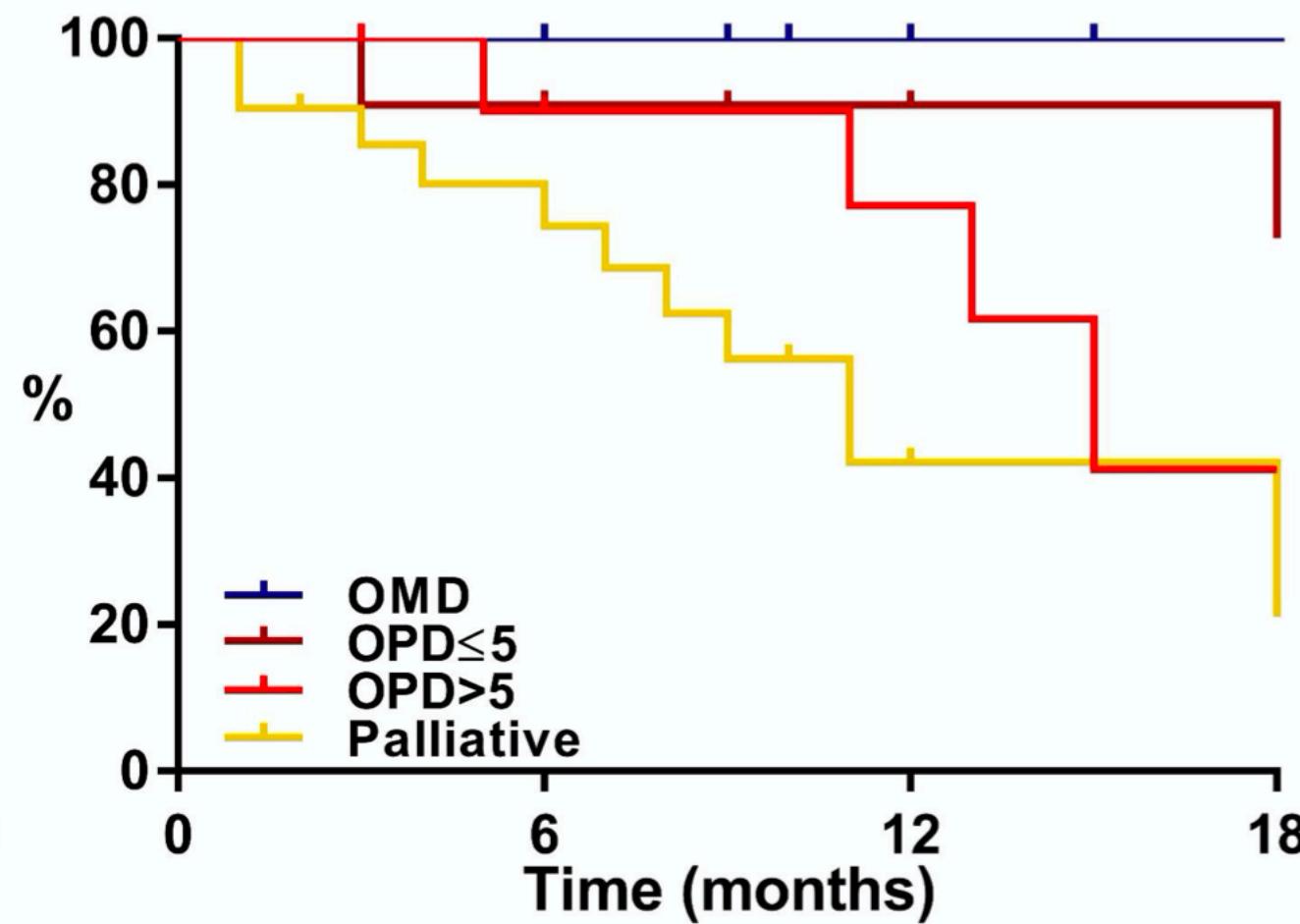
Patient characteristics	N (%), median (range) (n=53)	
Age (y)	61 (range 38-84)	
ECOG-PS		
0	26 (49)	
1	20 (38)	
Goal of SRT		
Synchronous Oligometastases	10 (19)	
Oligoprogression (≤ 5)	10 (19)	
Oligoprogression (> 5)	11 (21)	
Palliative	22 (42)	
SRT treated lesions per patient		
Cranial	2 (1-11)	
Extracranial	1 (1-4)	
Type of systemic therapy		
TKI	32 (60)	
mTORi	4 (8)	
PD-(L)1i	17 (32)	

Renal cell cancer



➤Favorable LC and OS

Renal cell cancer



- Best OS when all metastases are treated

TOaSST prospective cohort

N=483, data entry of new patients closed since 01.09.2019

27 centers entered patients:

- Germany (15)
- Switzerland (4)
- Netherlands (4)
- Belgium (1)
- Spain (1)
- Australia (1)
- Austria (1)

- Follow-up to be continued