Comparative Efficacy of ALK-inhibitors in ALK Inhibitor-Naive ALK+ Lung Cancer Brain Metastases: A Network Meta-Analysis





Background

Lung cancer has been the leading cause of cancer death for both men and women worldwide. Non-small-cell lung cancer (NSCLC) displays an array of molecular abnormalities most commonly involving ALK and EGFR pathways. NSCLC with ALK rearrangements comprises around 5% of cases. Over the years, several ALK inhibitors (ALKI) have been approved with notable activity in brain metastases. However, there have been limited comparative studies exploring their relative efficacies. This analysis was conducted to compare the relative efficacy of ALKIs against ALKI-naïve ALK+ lung cancer brain metastases.

Methods

A review of the medical literature was conducted using online databases. Inclusion criteria consisted of English language; diagnosis of ALKI-naïve ALK+ lung cancer trials with brain metastases; treatment with Crizotinib (CRZ), Alectinib (ALC), Brigatinib (BRG), and Ceritinib (CER); and comparative studies reporting brain metastases specific responses/events. A Bayesian and a frequentists network meta-analysis were conducted using netmeta package and the random-effects model.

Results

Eight studies comprising a total of 665 participants with ALKI-naive ALK+ lung cancer brain metastases were included (Fig.1). When compared pairwise to CRZ, ALC (RR=0.49;95%CI:0.36-0.66), BRG (RR=0.39;95%CI:0.24-0.64), and CER (RR=0.36;95%CI:0.19-0.68) demonstrated significantly superior response rates in patients with untreated or previously treated lung cancer brain metastases (Fig.2). When the efficacy of each ALKI was compared to each other, BRG and CER were ranked the highest followed by ALC and CRZ in decreasing order (Fig.3&4).

Conclusions

This network meta-analysis is the first to compare and rank approved ALKIs used in treating metastatic ALK+ lung cancer. It indicates that BRG, CER, and ALC are better therapeutic options for patients with ALK-naive ALK+ lung cancer brain metastases when compared to CRZ.

Figure 3- Relative treatment effects in ranked order for all studies. Treatments are ranked from best to worst along the leading diagonal. Above the leading diagonal are estimates from pairwise meta-analyses, below the leading diagonal are estimates from network meta-analyses

Haddad P¹, Gallagher K¹, Hammoud D¹ ¹ LSUHSC-S/Overton Brooks VAMC, Shreveport Louisiana, United States

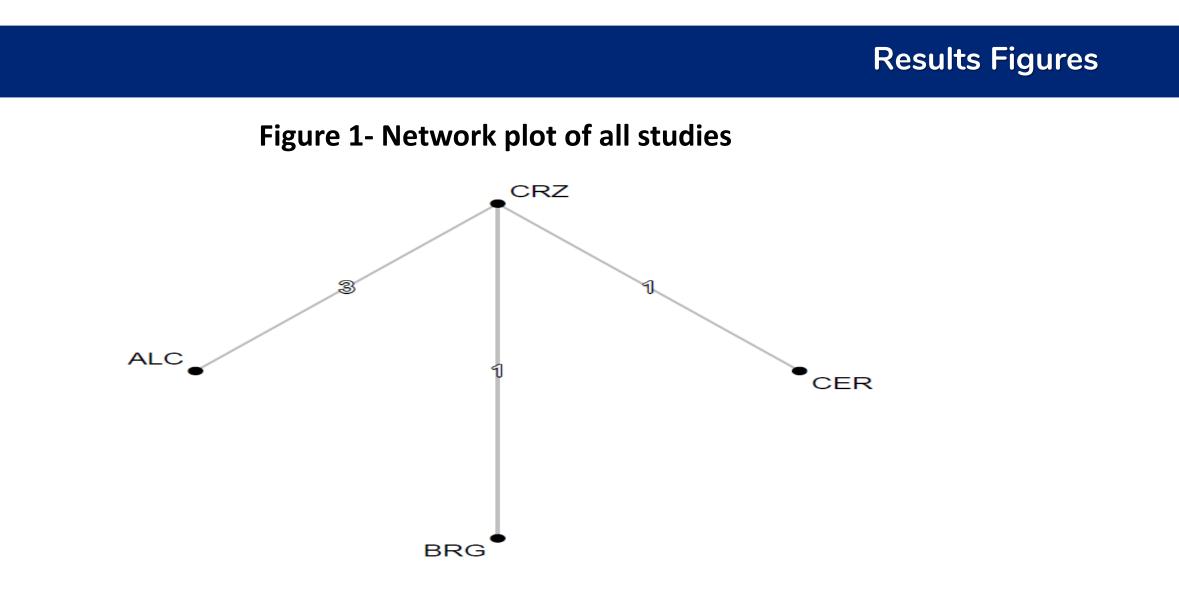
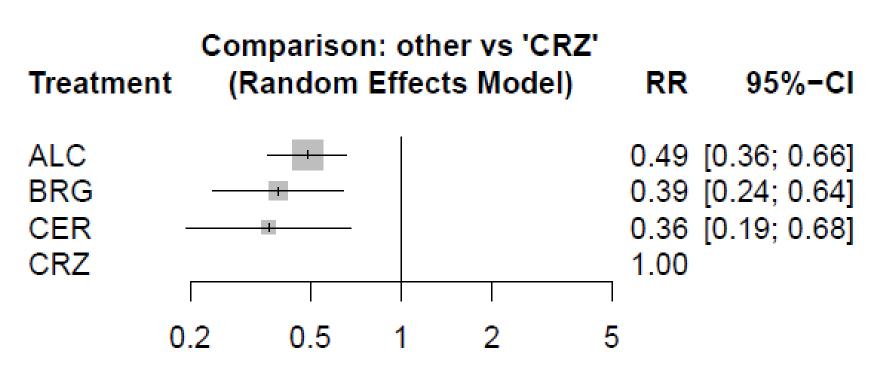
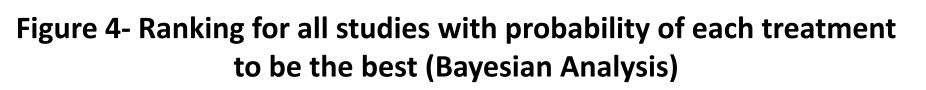


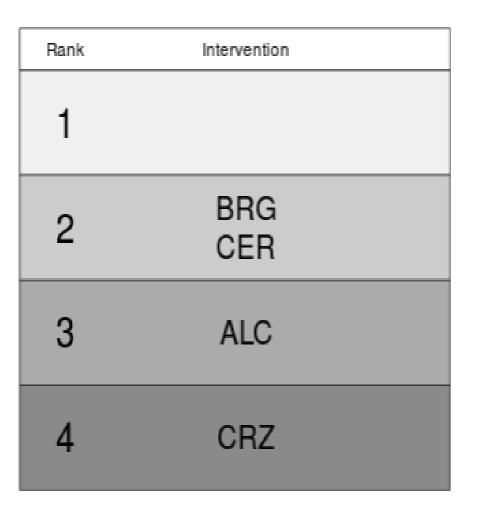
Figure 2- Pairwise comparison of RR of no response



CER		•	0.36 [0.19; 0.68]
0.93 [0.42; 2.07]	BRG		0.39 [0.24; 0.64]
0.74 [0.37; 1.49]	0.80 [0.45; 1.43]	ALC	0.49 [0.36; 0.66]
0.36 [0.19; 0.68]	0.39 [0.24; 0.64]	0.49 [0.36; 0.66]	CRZ



	Rank 1	Rank 2	Rank 3	Rank 4
ALC	0.12450	0.34296	0.51648	0.01606
BRG	0.39300	0.35383	0.21806	0.03511
CER	0.48224	0.29506	0.18996	0.03274
CRZ	0.00026	0.00815	0.07550	0.91609



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Disclosures

The above authors have no conflicts of interest or relevant financial relationships to disclose.