**Introduction**

Lung cancer is the leading cause of cancer-related death worldwide, with NSCLC accounting for 80–85% of cases.1

The 5-year survival rate for patients with locally advanced NSCLC has improved over time.2

**Eligibility criteria**

- Patients with stage III unresectable stage III NSCLC were included.
- Patients were randomized (2:1, double-blind) to receive tecemotide or placebo.
- The phase II part of the study was a multicenter, randomized, placebo-controlled clinical trial.

**Secondary objectives**

- Objective response
- Time to progression (TTP)
- Progression-free survival (PFS)

**Objectives**

- To compare OS with tecemotide vs placebo.
- To compare PFS with tecemotide vs placebo.
- To compare TTP with tecemotide vs placebo.

**Methods**

Eligibility criteria

- Japanese patients with histologically or cytologically confirmed unresectable stage III NSCLC were included.

**Phase III/II study of tecemotide cancer immunotherapy for Japanese patients with unresectable stage III NSCLC (NSCLC)**

**Results**

- **Patient populations**

  - **OS**: 114 patients to the tecemotide arm and 58 to the placebo arm.

- **Primary endpoint**: OS

  - **OS** was 32.4 months (HR 0.71; 95% CI 0.55–0.92) in the investigational arm versus 32.2 months in the control arm (Table 4).

- **Secondary endpoints**: PFS, TTP, and TTF

  - **PFS**: 30.5 vs 28.3 months (HR 0.99; 95% CI 0.78–1.29) (Table 3).

- **TTP**: 26.6 vs 27.7 months (HR 0.99; 95% CI 0.78–1.29) (Table 3).

**Disclosures**

- This research was supported by Merck KGaA, Darmstadt, Germany.

**Conclusion**

- Maintenance therapy with tecemotide did not improve OS compared with placebo in Japanese patients with unresectable stage III NSCLC.

**References**


