

# Real-World Overall Survival (OS) in Recurrent/Metastatic Nasopharyngeal Carcinoma (R/M NPC) in Asia: A Literature Review

Darren WT Lim,<sup>1</sup> Melvin LK Chua,<sup>1</sup> Brigette BY Ma,<sup>2</sup> Jennifer S Evans,<sup>3</sup> Yan Ran Wee,<sup>3</sup> Min Hee Choi,<sup>3</sup> Natsumi Fujita,<sup>3</sup> Shikha Dhawan,<sup>4</sup> Junice Ng<sup>4</sup>

<sup>1</sup>National Cancer Centre Singapore;

<sup>2</sup>Department of Clinical Oncology, Charlie Lee Precision Immuno-Oncology, Phase 1 Clinical Trial Center, The Chinese University of Hong Kong, Hong Kong SAR;

<sup>3</sup>Costello Medical Singapore;

<sup>4</sup>BeiGene Singapore.

## **Background:**

Platinum-based chemotherapy (CT)±radiotherapy (RT) was the standard of care (SoC) for R/M NPC until the recent introduction of immuno-oncology (IO) therapy, but meta-analyses (MAs) of randomised clinical trials (RCTs) report mixed results for IOs. This targeted literature review (LR) aimed to summarise real-world (RW) treatments (tx) and OS for patients (pts) with R/M NPC in Asia.

## **Methods:**

MEDLINE and Embase (2020–25 April 2023), recent oncology congresses (2021–2023) and systematic LRs/MAs were searched. Observational studies were eligible if they reported tx patterns (CT±RT or IO) and OS of pts with R/M NPC in Asia.

## **Results:**

Of 5,210 abstracts retrieved and 486 full-texts reviewed, 20 unique studies were extracted from 24 eligible articles. Most (18/20) were from mainland China and patient characteristics (eg, performance status, Epstein-Barr viral status, age, sex) were similar between studies, where reported. CT-based modalities were most common, and only mainland China reported studies with IO (n=3). The Table reports OS by line of tx (LOT). In LOT1, OS decreased sharply in CT only pts after 1 year compared with CT followed by RT (CT+RT). IO studies showed higher 1-year OS than CT only studies, both in LOT2+ and where LOT was unspecified.

Median OS for LOT1 pts was similar between IO+CT, CT only, and the lower range of CT+RT, but CT+RT pts had the longest median OS at the higher range. For unspecified LOTs, median OS was shorter in CT only, compared with CT+RT.

### Conclusions:

While this LR found limited RW IO use in R/M NPC, likely reflecting access to recently introduced/approved IO compounds, the results complement RCT data to support a potential place for IO in R/M NPC tx. However, the heterogeneous evidence base (eg, differences in study design) made overarching conclusions challenging. This highlights a need for more long-term RW research for R/M NPC pts, particularly in parts of Asia outside mainland China, to better understand the role and benefits of novel tx such as IO.

<b>Table. Real-World OS in R/M NPC</b>					
<b>Treatment</b>	<b>1-year OS, %</b>	<b>2-year OS, %</b>	<b>3-year OS, %</b>	<b>5-year OS, %</b>	<b>Median OS, Months</b>
<b>LOT1 (n=11 studies)</b>					
IO+CT	NR	NR	NR	NR	19.9 (n=1)
CT followed by RT (CT+RT)	75.0–89.8 (n=3)	63.9–69.8 (n=3)	25.9–61.8 (n=6)	36.2–43.7 (n=2)	16.2–69.5 (n=7)
CT only	71.1–77.5 (n=2)	32.6–49.4 (n=3)	11.7–31.8 (n=3)	3.4 (n=1)	17.8–23.0 (n=3)
<b>LOT2+ (n=3 studies)</b>					
IO only	65.4 (n=1)	NR	NR	NR	NR
CT+RT	NR	NR	NR	NR	NR
CT only	60.0 (n=1)	30.0 (n=1)	28.0 (n=1)	NR	16.0–29.4 (n=2)
<b>Unspecified LOT (n=7 studies)</b>					
IO± targeted/local therapy	85.6–91.7 (n=1)	NR	47.8–61.2 (n=1)	31.6–46.2 (n=1)	NR
CT+RT	NR	NR	50.0 (n=1)	NR	35.1–37.0 (n=2)
CT only	70.4–75.0 (n=2)	28.7–32.1 (n=2)	0.0–36.7 (n=4)	24.5 (n=1)	13.2–25.6 (n=7)