

27 October 2025

Biological Treatments for Lung Cancer

Q1. How many non-small cell lung cancer (NSCLC) patients were treated in the past 3 months with:

- ALK Inhibitors (Alectinib, Brigatinib, Ceritinib, Crizotinib, Lorlatinib)
- Amivantamab Monotherapy <5
- Atezolizumab monotherapy (any formulation) OR Atezolizumab monotherapy (infusion only) <5
- Atezolizumab (any formulation) + Bevacizumab + Carboplatin + Paclitaxel <5
- Atezolizumab monotherapy (subcutaneous injection only) <5
- Dabrafenib + Trametinib <5
- Docetaxel monotherapy or in combination with Carboplatin/Cisplatin <5
- Durvalumab <5
- Gemcitabine <5
- Nintedanib + Docetaxel <5
- Nivolumab <5
- Osimertinib 8
- Other EGFR Inhibitors (Afatinib, Erlotinib, Gefitinib, Dacomitinib, Mobocertinib) <5
- Paclitaxel <5
- Pembrolizumab Monotherapy 16
- Pembrolizumab + Paclitaxel + Platinum (Carboplatin/Cisplatin) 5
- Pembrolizumab + Pemetrexed + Platinum (Carboplatin/Cisplatin) 7
- Pemetrexed + Platinum (Carboplatin/Cisplatin) <5
- RET Inhibitors (Pralsetinib, Selpercatinib) <5
- Sotorasib <5
- Tepotinib <5
- Vinorelbine monotherapy or in combination with Carboplatin/Cisplatin 12
- Other active systemic anti-cancer therapy

Gemcitabine + Carboplatin <5

Nivolumab + Paclitaxel + Carboplatin <5

Osimertinib +Pemetrexed + Carboplatin <5

Paclitaxel + Carboplatin 10

Pembrolizumab + Gemcitabine + Carboplatin <5

- Palliative care only not recorded
- Amivantamab with carboplatin and pemetrexed <5
- Cemiplimab with platinum-based chemotherapy <5
- Adagrasib <5
- Datopotamab deruxtecan <5
- Amivantamab with Lazertinib <5



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We are unable to provide an exact figure where numbers are very low, <5. To provide this level of information would reduce numbers to discoverable limits where the patients could be identifiable. This is because many of these drugs are high cost and prescribed on a named patient basis. Pharmaceutical companies, would be aware of this.

This is exempt from release under section 40(2) Personal Information relating to a third party, of the FOI Act.

Disclosure would constitute a breach of the principles of the Data Protection Act 2018.

Q2. Does your trust participate in any clinical trials for Non-Small Cell Lung Cancer? If so, please provide the name of each trial, and the number of patients taking part.

We have two actively recruiting studies and one study that remains open, but is closed to further recruitment.

CONCORDE

A platform study of DNA damage response inhibitors in combination with conventional radiotherapy in non small cell lung cancer <5 **patients recruited**

CV6-168

A First in Human Modular, Open-label, Phase I/IIa Study to Evaluate the Safety and Tolerability of the specific dUTPase inhibitor CV-168 Alone and in Combination with Anti-cancer Treatments in Patient.

<5 patients recruited

• PACIFIC-9

A Phase III, Double-Blind, Placebo-Controlled, Randomized, Multicenter, International Study to Determine the Efficacy of Durvalumab Plus Oleclumab and Durvalumab plus Monalizumab in Patients With Locally Advanced (Stage III), Unresectable Non-small Cell Lung Cancer (NSCLC) who Have Not Progressed Following Definitive, Platinum-Based Concurrent Chemoradiation Therapy

<5 patients recruited (now closed to recruitment)

Four further studies are in set-up

• PRINCE (Tourist Platform)

Prospective, randomised, multicentre trial of first line systemic treatment and radiotherapy in stage IV non-small cell lung cancer

Refine Lung

A randomised open-label phase III trial of Reduced Frequency pembrolizumab immuNothErapy for first-line treatment of patients with advanced non-small cell lung cancer (NSCLC) utilising a novel multi-arm frequency-response optimisation design





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Source Lung Stereotactic Ablative Radiation Therapy Of UltRaCEntral LUNG Tumours

• REsQ201A-NSCLC

Randomized, Open-Label, Phase 3, Clinical Trial of N-803 Plus Tislelizumab and Docetaxel Versus Docetaxel Monotherapy in Participants with Advanced or Metastatic Non-Small Cell Lung Cancer Who Have Acquired Resistance to Immune Checkpoint Inhibitor Therapy.

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