

Recommandations

Dans le cas des tumeurs de l'apex, il est recommandé de réaliser d'emblée une association concomitante de chimiothérapie et de radiothérapie jusqu'à 46 Gy, avec une réévaluation en vue d'une chirurgie (hors N2) et/ou poursuite de la radiothérapie jusqu'à une dose de 66 Gy. Les protocoles de chimiothérapie à utiliser sont ceux des stades IIIB/C.

OPTION : Association radiothérapie préopératoire, chirurgie puis chimiothérapie post-opératoire.

4. Stades pIB à pIIIA réséqués avec mutation *EGFR*

L'essai ADAURA, publié en 2020, a testé un traitement par osimertinib pendant 3 ans (contre placebo), après chirurgie et chimiothérapie adjuvante (autorisée mais non obligatoire⁶, décision prise en RCP) dans les CBNPC non-épidermoïdes de stades IB, II et IIIA réséqués. Le délai d'initiation de l'osimertinib était de 10 semaines après la chirurgie en l'absence de chimiothérapie adjuvante, 26 semaines alternativement. Les patients inclus dans l'étude étaient PS0-1 lors de la randomisation (après chirurgie et chimiothérapie), et atteint d'un CBNPC avec une mutation *EGFR* L858R ou Del19 (seules ou associées à une autre mutation *EGFR*). L'objectif principal était la survie sans maladie (*disease free survival*) chez les patients de stades II et IIIA. Au total 682 patients ont été inclus dont 470 de stades II et IIIA. On notera que la classification utilisée lors de l'inclusion était la 7^{ème} édition⁷. Lors de la publication des résultats, les données étaient matures à 33%. A 2 ans, 90% [IC95% 84%-93%] des patients du bras osimertinib et 44% [37%-51%] du bras placebo étaient en vie et sans maladie. Ainsi, la médiane de survie sans maladie n'était pas atteinte dans le groupe osimertinib (38.8-NC) et de 19,6 mois (16,6-24,5) dans le bras placebo (HR 0,17 [IC 99.06% 0,11-0,26]). Le bénéfice dans les stades IB (objectif secondaire) semble moins important numériquement mais reste significatif (HR=0.39 [IC95% 0.18-0.76]). Il existe en outre un bénéfice sur les progression au niveau du système nerveux central (médiane de survie-sans maladie au SNC HR 0.18 [0.10-0.33]) (29). Le suivi de la population de l'étude reste insuffisant pour disposer d'une comparaison de survie globale et s'assurer qu'un bénéfice y est observé. Toutefois, l'intensité du bénéfice observé rend peu probable l'absence de bénéfice sur ce point. A la date de la rédaction de ce document, l'osimertinib est en Autorisation d'Acces Precoce en rétrocession hospitalière uniquement dans cette indication, et les données de survie globale ne sont pas disponibles.

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L'osimertinib est recommandé pendant 3 ans, en cas de mutation *EGFR* L858R ou Del19, chez les patients de stades IB, II et IIIA (TNM 7) réséqués, après chimiothérapie adjuvante lorsqu'elle est indiquée ou réalisable, et restant PS 0-1. A la date de la rédaction de ce document, les données de survie globale ne sont pas disponibles.

⁶ Dans cet essai 32% des patients de chaque bras étaient de stade IB, 31% dans le bras osimertinib étaient de stade N2 (30% dans le bras placebo) ; et 40% dans chaque bras n'ont pas reçus de chimiothérapie adjuvante.

⁷ Les différences sont minimes toutefois pour la sélection des patients. Les patients atteints de tumeur ex-T3 (de moins de 7cm mais envahissant la paroi, ou le diaphragme, ou le nerf phrénique, ou la plèvre, ou la bronche souche (<2cm de la carène), ou associé à une atélectasie ou une pneumopathie obstructive de tout le poumon ou avec des nodules tumoraux dans le même lobe) et N2 étaient classés IIIA dans la précédente classification TNM et sont désormais catégorisés IIIB.



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