TARGETING THE LYMPHOCYTE-ACTIVATION GENE-3 (LAG-3) IMMUNE CHECKPOINT IN PATIENTS WITH CANCER: AWARENESS AND CONFIDENCE AMONG ONCOLOGY HEALTHCARE PROFESSIONALS (HCP)

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Background Over the last decade, immune checkpoint inhibitors targeting CTLA-4 and PD-(L)1 have revolutionized the care of patients with melanoma and many other tumor types. Recently, the immunoregulatory pathway comprised of LAG-3 and its ligands became the third immune checkpoint pathway for which blockade demonstrated benefit in a phase III clinical trial (RELATIVITY-047).1 We explored oncology HCP familiarity with anti-LAG-3 mechanism of action, FDA-approved indications, and identification and management of associated adverse events.

Methods Between March and July 2022, we conducted an educational activity series for oncology HCPs. Each activity included 1) an interactive lecture led by a clinical investigator with expertise in the efficacy and safety of targeting LAG-3 in patients with melanoma and other cancers, and 2) polling questions designed to assess key aspects of HCP knowledge of LAG-3 and LAG-3-directed therapies.

Results 338 HCPs participated in 8 live and 1 online on-demand activities. Awareness of the role of LAG-3 and the rationale for combining a LAG-3 inhibitor with a PD-1 inhibitor was low at baseline with only 29% (37/126) of learners correctly identifying that the LAG-3 and PD-1 pathways are non-redundant, improving to 86% (115/134) after the lecture. A similarly low percentage of HCPs (21%, 28/132) could identify the FDA-approved indication for relatlimab (anti-LAG-3) plus nivolumab (anti-PD-1) (patients with advanced melanoma regardless of line of therapy or LAG-3 expression level) at baseline, improving to 85% (116/136) after the lecture. A majority of HCPs (83%, 99/119) reported low confidence to identify and appropriately manage adverse events associated with anti-LAG-3 combination therapy (baseline 2.42 on scale of 1-7, improving to 4.9 after the lecture). Participation in this educational activity improved HCP knowledge of the role of LAG-3 and of approved indications for anti-LAG-3 therapy. Self-reported confidence in managing adverse events associated with relatlimab plus nivolumab was also improved through education.

Conclusions HCP knowledge and confidence regarding the clinical utility of targeting LAG-3 with anti-LAG-3 therapies is low. Educational activities designed to address these deficiencies would be of clear benefit to HCPs treating patients with advanced melanoma and potentially other cancers. A detailed analysis of HCP trends will be presented.

REFERENCE