

SA59: Evaluating the Optimal TKI for Patients With ALK Positive Advanced Non-Small-Cell Lung Cancer (aNSCLC) in the First Line (1L) Setting: An Updated Systematic Literature Review (SLR) and Network Meta-Analysis (NMA)

Supplementary material

Table 1: Key updated NMA results and review of 10 other independently published NMAs – subgroups of patients with and without baseline brain/CNS metastases

NMA	Ou 2024 ¹	Ando 2021	Chuang 2021	Zhao 2021	Ma 2021	Peng 2021	Wang 2021	Wen 2022	Wu 2021	Peng 2023	Zhao 2023
PFS in subgroup of patients with baseline brain/CNS metastases HR (95% CrI)											
Lorlatinib versus alectinib 600 mg	0.28 (0.11 to 0.7)	0.542 (0.229, 1.285)	0.75 (0.34, 1.66)	0.185 (0.021, 2.50)	NR ⁴	NR	0.67 (0.29, 1.56)	0.71 (0.31, 1.63)	NR	NR ⁵	0.57 (0.25, 1.33)
Lorlatinib versus brigatinib	0.33 (0.11 to 0.97)	1.003 (0.333, 2.979)	0.79 (0.33, 1.94)	0.151 (NA, 2.44)	NR ⁴	NR	0.80 (0.31, 2.06)	0.80 (0.30, 2.13)	NR	NR ⁵	0.80 (0.32, 2.00)
Lorlatinib versus ensartinib	NR	NR	NR	NR	NR ⁴	NR	NR	0.36 (0.14, 0.94)	NR	NR	0.36 (0.14, 0.92)
Lorlatinib versus envonalkib	NR	NR	NR	NR	NR ⁴	NR	NR	NR	NR	NR	NR
Lorlatinib versus iruplinalkib	NR	NR	NR	NR	NR ⁴	NR	NR	NR	NR	NR	NR
PFS in subgroup of patients without baseline brain/CNS metastases HR (95% CrI)											
Lorlatinib versus alectinib 600 mg	0.53 (0.32 to 0.86)	0.705 (0.402, 1.234)	0.74 (0.42, 1.30)	NR	0.15 (0.02, 1.25)	NR	0.72 (0.4, 1.28)	0.76 (0.43, 1.32)	NR	NR ⁵	0.68 (0.37, 1.24)
Lorlatinib versus brigatinib	0.42 (0.24 to 0.74)	0.445 (0.227, 0.864)	0.49 (0.27, 0.91)	NR	0.1 (0.01, 1.04)	NR	0.49 (0.27, 0.9)	0.52 (0.29, 0.92)	NR	NR ⁵	0.52 (0.28, 0.93)
Lorlatinib versus ensartinib	NR	NR	NR	NR	0.17 (0.02, 1.77)	NR	NR	0.80 (0.39, 1.64)	NR	NR	0.80 (0.39, 1.65)
Lorlatinib versus envonalkib	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Lorlatinib versus iruplinalkib	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<p>Key: CNS, central nervous system; CrI, credible interval; HR, hazard ratio; NMA, network meta, analysis; NR, not reported; PFS, progression, free survival.</p> <p>Notes: 1. Fixed effects models are presented as these provided the best, fitting models. 2. PFS NMA reported uses INV, assessed PFS. 3. Wu 2021 only included subgroup of Asian patients in all analyses. 4. Ma 2021 included CROWN data from Shaw et al. 2020 and did not include PFS data for subgroup with CNS metastases at baseline. 5. Peng 2023 included CROWN data from Shaw et al. 2020 and indicated that PFS data for subgroups with and without CNS were not reported. Bold data in the table indicates the results with significant differences.</p>											