Updates in Thoracic Oncology

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NORTH CAROLINA Oncology Association

Disclosure of Conflicts of Interest

Tom Stinchcombe, MD, has the following financial relationships to disclose:

Activity	Company
Advisory board or data monitoring committee	EMD Serono, Novartis, Janssen Oncology, Turning Point Therapeutics, Sanofi/Aventis, GlaxoSmithKline, Genentech/Roche, Daiichi Sankyo/Astra Zeneca, Takeda
Research Funding	AstraZeneca, Takeda, Takeda, Seattle Genetics, Mirati Therapeutics, Genentech/Roche (Institution)

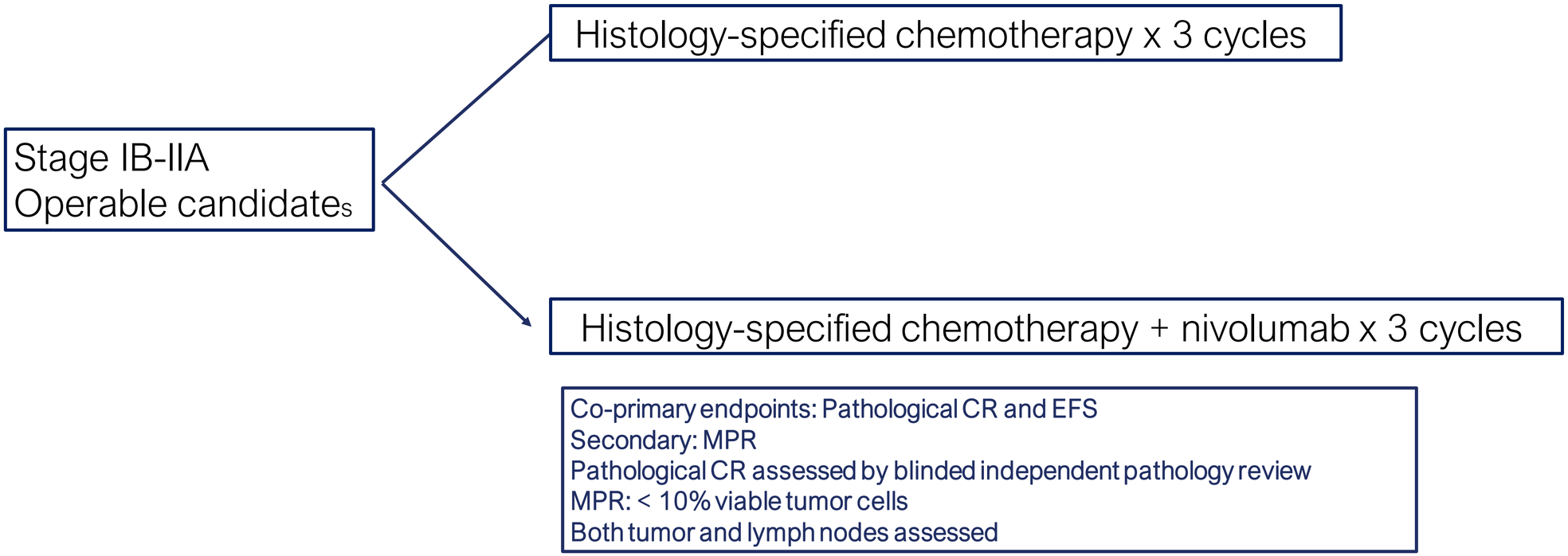
Learning Objectives

- Understand recent systemic therapy for surgically resectable non-small cell lung cancer
- Summarize the long-term benefit from chemoradiotherapy followed durvalumab
- Discuss recently approved targeted therapies for *KRAS* G12C and *EGFR* exon 20 insertions

Topics

- Integration of immunotherapy into resectable non-small cell lung cancer
  - Checkmate 0816: Phase 3 trial of pre-operative chemotherapy +/- nivolumab
  - Evaluation of prognostic markers
  - Follow-up on IMpower 010: Adjuvant atezolizumab
- Stage 3 NSCLC: Long-term follow-up of PACIFIC trial
- Targeted therapies:
  - *KRAS* G12C: novel agents and combination therapies
  - *EGFR* exon 20 insertions

Checkmate 816: Phase 3 trial of neoadjuvant chemotherapy +/- ICI



Co-primary endpoints: Pathological CR and EFS
Secondary: MPR
Pathological CR assessed by blinded independent pathology review
MPR: < 10% viable tumor cells
Both tumor and lymph nodes assessed

Forde et al NEJM 2022

Select patient characteristics and baseline demographics

Patient characteristics	Chemotherapy (n=179)	Chemotherapy + nivo (n=179)
Median age (range)	65 (34-84)	64 (41-82) years
Female sex	52 (29.1%)	51 (28.5%)
Histology Squamous Non-squamous	 95 (53%) 84 (46.9%	 87 (48.6%) 92 (51.4%)
ECOG 0/1	117 (65.4%)/62 (34.0%)	124 (69.3%)/55 (30.7%)
Smoking history Never Current or former	 20 (11.2%) 115 (88.3%	 19 (10.6%) 160 (89.4%)
Stage IB or II IIIA	 62 (34.6%) 115 (64.2%)	 65 (36.3%) 113 (63.1%)
Platinum therapy Cisplatin Carboplatin	 134 (74.9%) 33 (18.4%	 124 (69.3%) 39 (21.8%)

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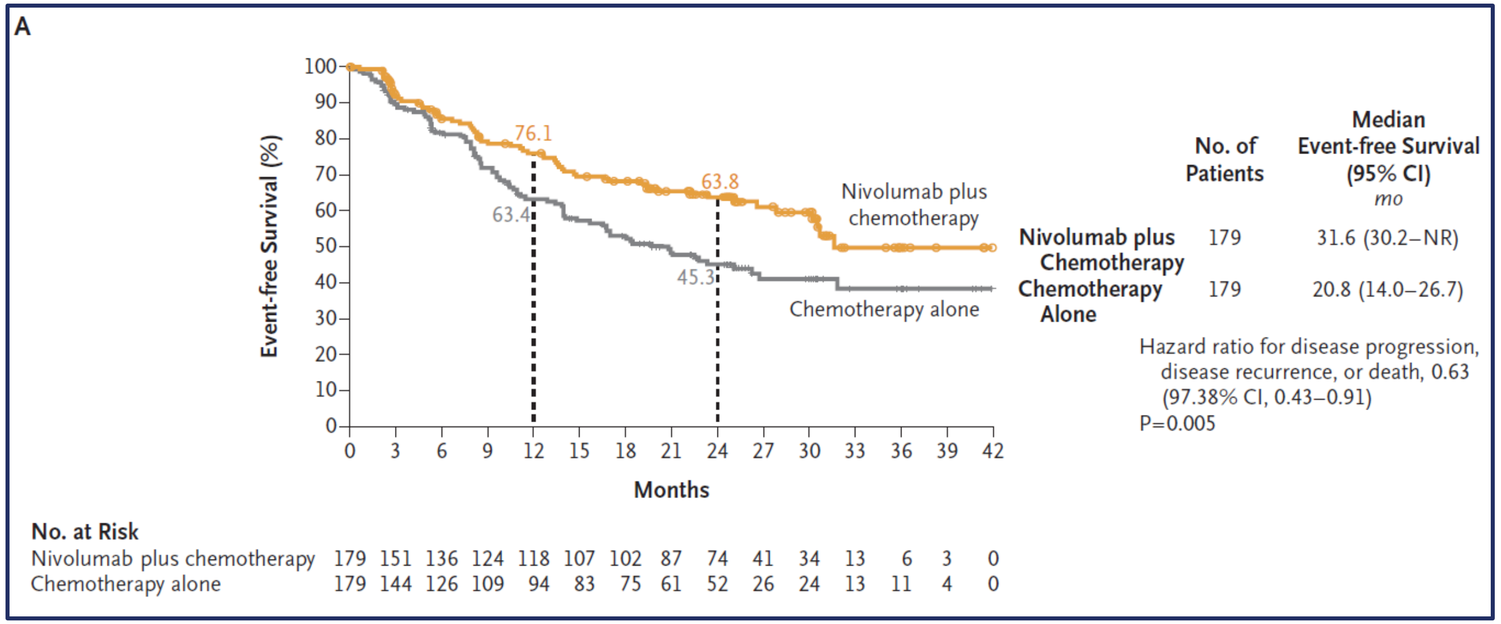
KM for event-free survival



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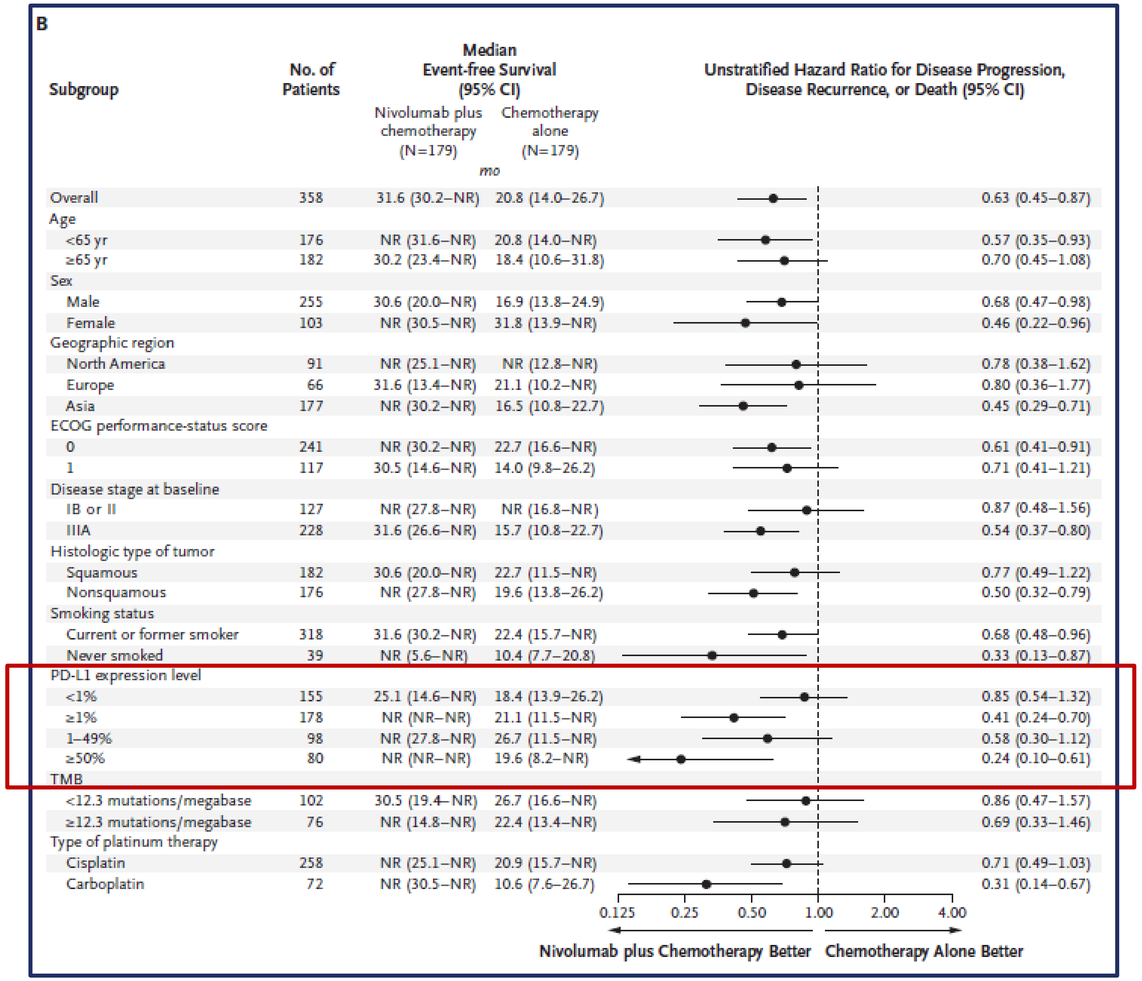
EFS subgroup analyses



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Subgroup	No. of Patients	Median Event-free Survival (95% CI)		Unstratified Hazard Ratio for Disease Progression, Disease Recurrence, or Death (95% CI)
		Nivolumab plus chemotherapy (N=179)	Chemotherapy alone (N=179)	
		mo		
Overall	358	31.6 (30.2–NR)	20.8 (14.0–26.7)	0.63 (0.45–0.87)
Age				
<65 yr	176	NR (31.6–NR)	20.8 (14.0–NR)	0.57 (0.35–0.93)
≥65 yr	182	30.2 (23.4–NR)	18.4 (10.6–31.8)	0.70 (0.45–1.08)
Sex				
Male	255	30.6 (20.0–NR)	16.9 (13.8–24.9)	0.68 (0.47–0.98)
Female	103	NR (30.5–NR)	31.8 (13.9–NR)	0.46 (0.22–0.96)
Geographic region				
North America	91	NR (25.1–NR)	NR (12.8–NR)	0.78 (0.38–1.62)
Europe	66	31.6 (13.4–NR)	21.1 (10.2–NR)	0.80 (0.36–1.77)
Asia	177	NR (30.2–NR)	16.5 (10.8–22.7)	0.45 (0.29–0.71)
ECOG performance-status score				
0	241	NR (30.2–NR)	22.7 (16.6–NR)	0.61 (0.41–0.91)
1	117	30.5 (14.6–NR)	14.0 (9.8–26.2)	0.71 (0.41–1.21)
Disease stage at baseline				
IB or II	127	NR (27.8–NR)	NR (16.8–NR)	0.87 (0.48–1.56)
IIIA	228	31.6 (26.6–NR)	15.7 (10.8–22.7)	0.54 (0.37–0.80)
Histologic type of tumor				
Squamous	182	30.6 (20.0–NR)	22.7 (11.5–NR)	0.77 (0.49–1.22)
Nonsquamous	176	NR (27.8–NR)	19.6 (13.8–26.2)	0.50 (0.32–0.79)
Smoking status				
Current or former smoker	318	31.6 (30.2–NR)	22.4 (15.7–NR)	0.68 (0.48–0.96)
Never smoked	39	NR (5.6–NR)	10.4 (7.7–20.8)	0.33 (0.13–0.87)
PD-L1 expression level				
<1%	155	25.1 (14.6–NR)	18.4 (13.9–26.2)	0.85 (0.54–1.32)
≥1%	178	NR (NR–NR)	21.1 (11.5–NR)	0.41 (0.24–0.70)
1–49%	98	NR (27.8–NR)	26.7 (11.5–NR)	0.58 (0.30–1.12)
≥50%	80	NR (NR–NR)	19.6 (8.2–NR)	0.24 (0.10–0.61)
TMB				
<12.3 mutations/megabase	102	30.5 (19.4–NR)	26.7 (16.6–NR)	0.86 (0.47–1.57)
≥12.3 mutations/megabase	76	NR (14.8–NR)	22.4 (13.4–NR)	0.69 (0.33–1.46)
Type of platinum therapy				
Cisplatin	258	NR (25.1–NR)	20.9 (15.7–NR)	0.71 (0.49–1.03)
Carboplatin	72	NR (30.5–NR)	10.6 (7.6–26.7)	0.31 (0.14–0.67)

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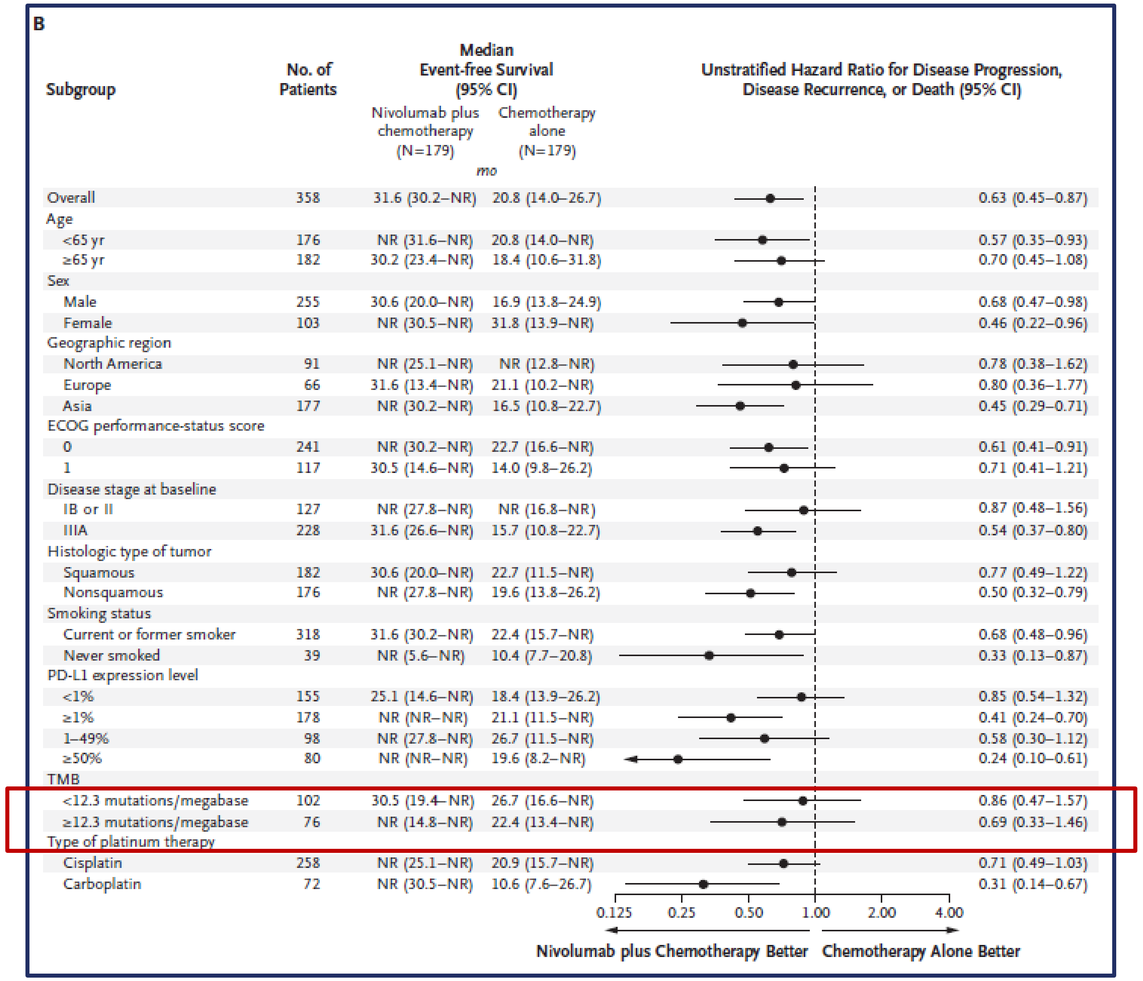
EFS subgroup analyses



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BMS 816: secondary outcomes

	Chemotherapy (n=179)	Chemotherapy + nivolumab (n=179)	
Path CR	**2.2%**	**24%**	**OR: 13.94 95% CI: 3.49-55.75, p<0.0001**
MPR	**8.9%**	**36.9%**	**OR: 5.79 95% CI: 3.16-10.26**
Grade 3 or 4 AE	**37%**	**34%**	
Surgical resection	**75%**	**83%**	
R0 resection	**78%**	**83%**	

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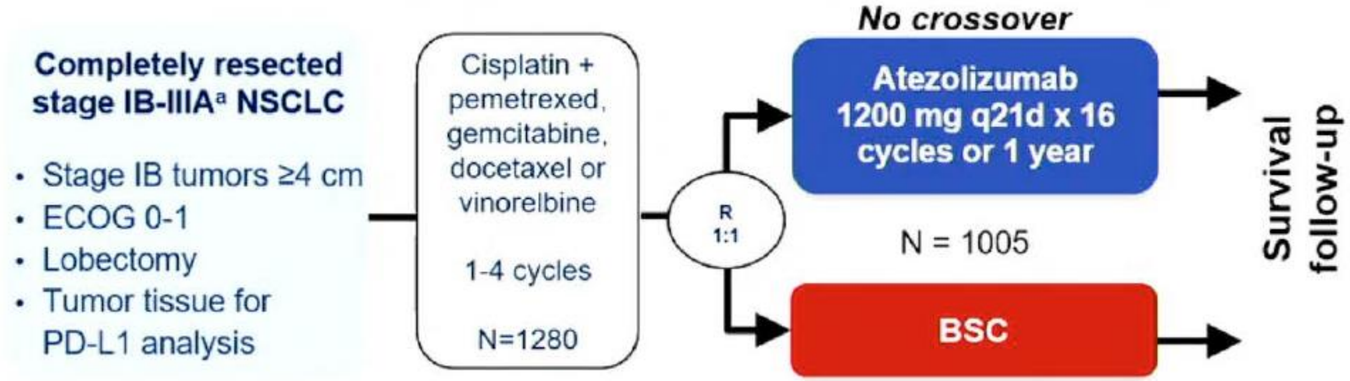
IMpowerO10: Phase Ⅲ: Randomised trial of atezolizumab vs BSC in early-stage NSCLC



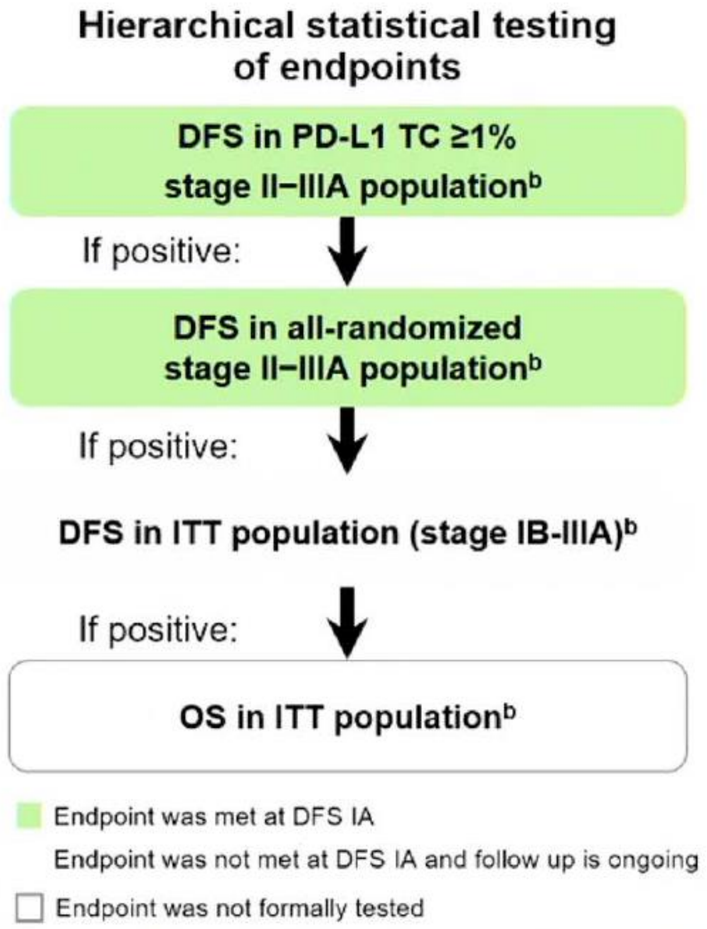
Stratification factors
- Sex | Stage | Histology | PD-L1 status

Primary endpoint
- Investigator-assessed DFS tested hierarchically

Key secondary endpoints
- OS in ITT | DFS in PD-L1 TC ≥50% | 3-yr and 5-year DFS

Key exploratory endpoints
- OS biomarker analyses

Clinical cutoff: 18 April 2022. Both arms included observation and regular scans for disease recurrence on the same schedule. ECOG, Eastern Cooperative Oncology Group, q21d, every 21 days.
[a] Per UICC/AJCC staging system, 7th edition. [b] Two-sided α=0.05.



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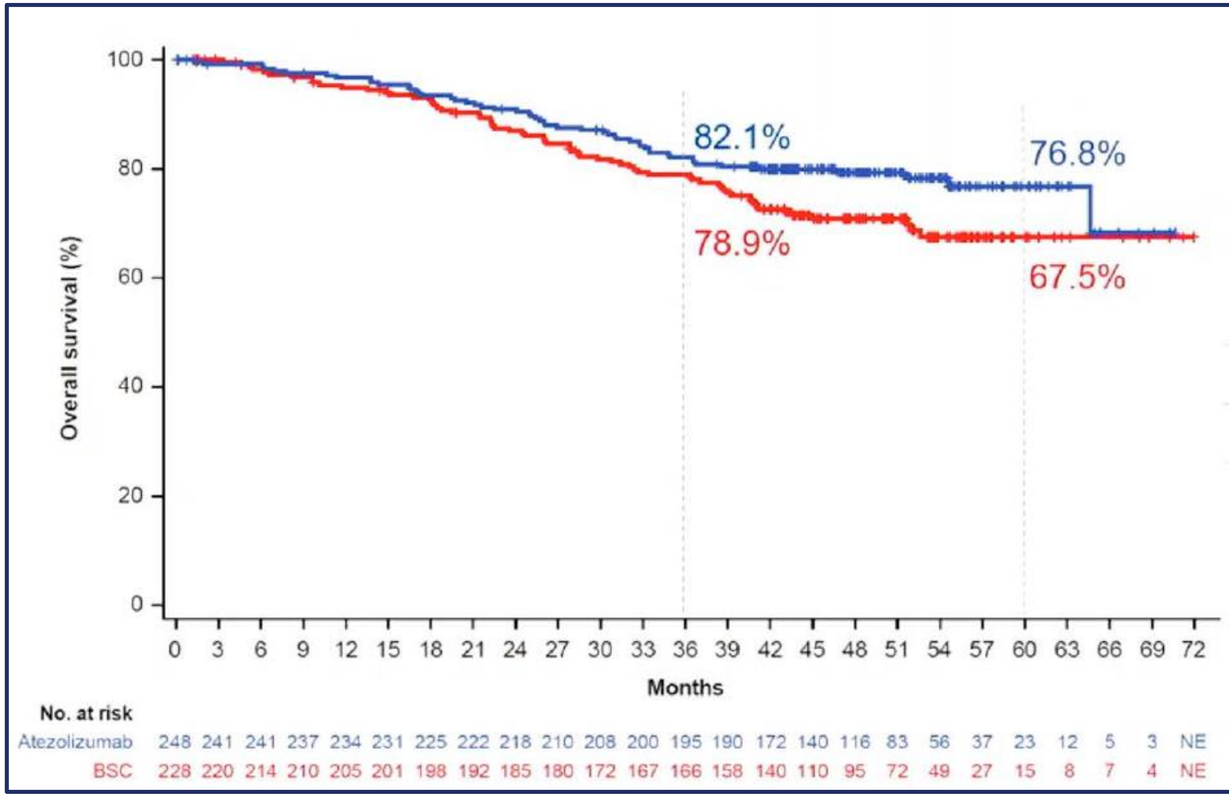
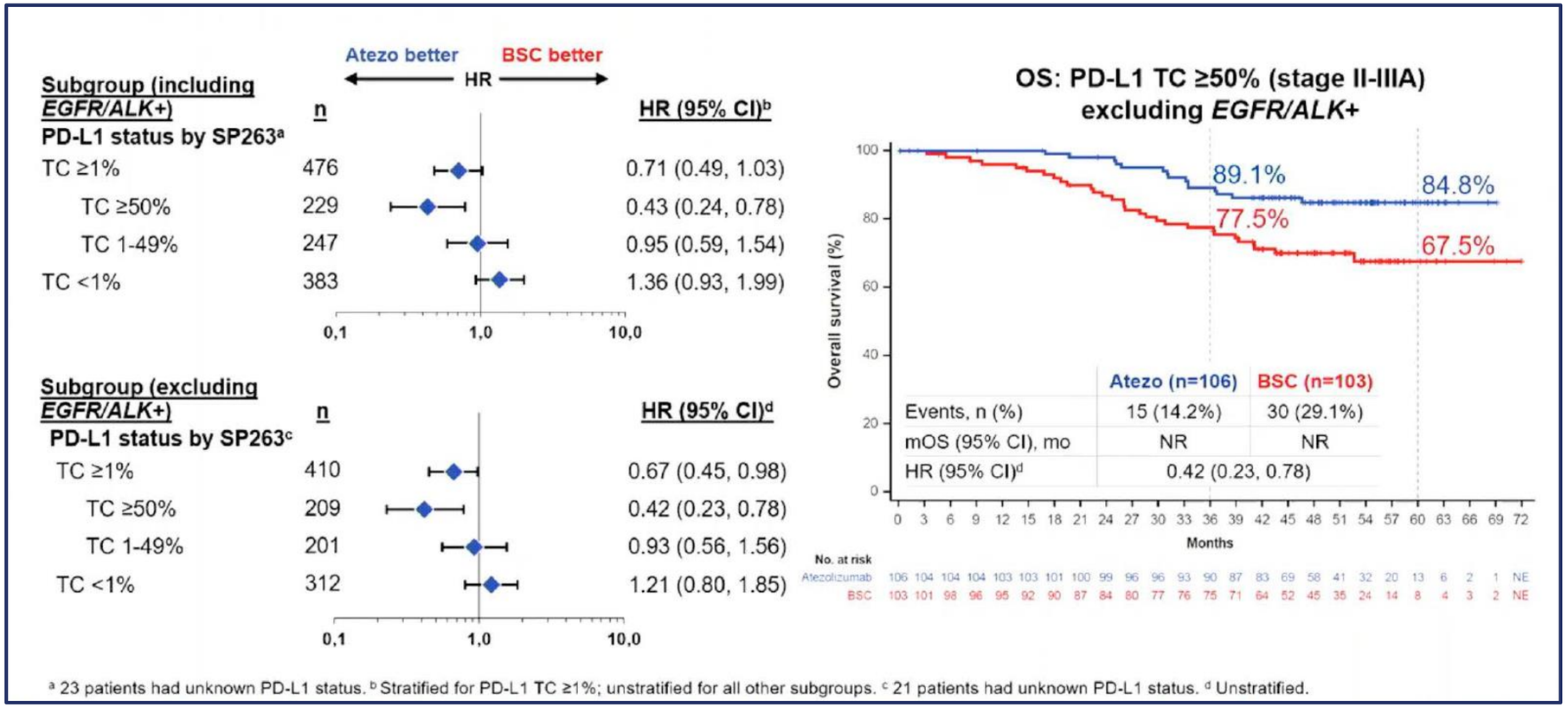
Results of OS IA: PD-L1 TC ≥ 1% (stage II-IIIA)
(data cutoff: 18Apr '22, median follow-up: 46 months)



	Atezo (n=248)	BSC (n=228)
Events, n (%)	52 (21.0%)	64 (28.1%)
mOS (95% CI), mo	NR	NR
HR (95% CI)[b]	0.71 (0.49, 1.03)	

Felip et al WCLC 2022

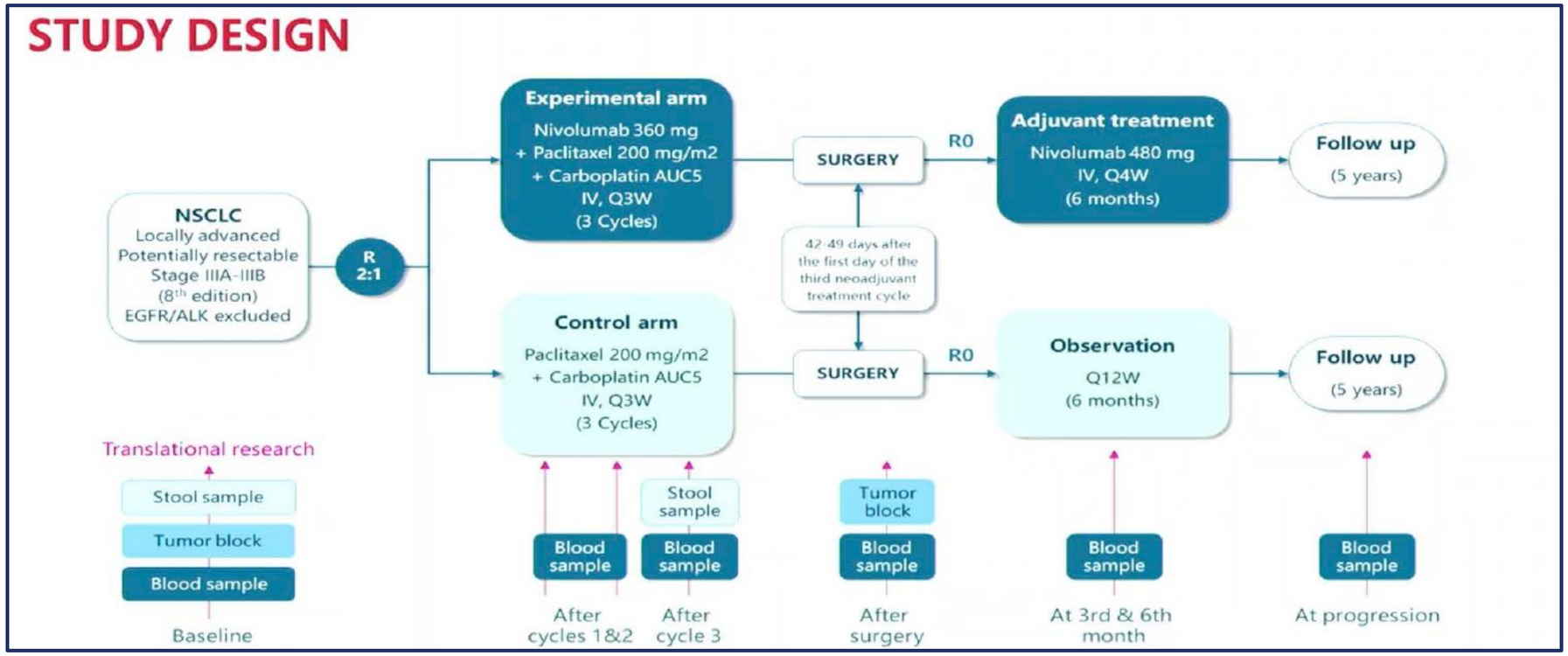
OS by biomarker status (stage II-IIIA): (data cutoff: 18 Apr '22)



[a] 23 patients had unknown PD-L1 status. [b] Stratified for PD-L1 TC ≥1%; unstratified for all other subgroups. [c] 21 patients had unknown PD-L1 status. [d] Unstratified.

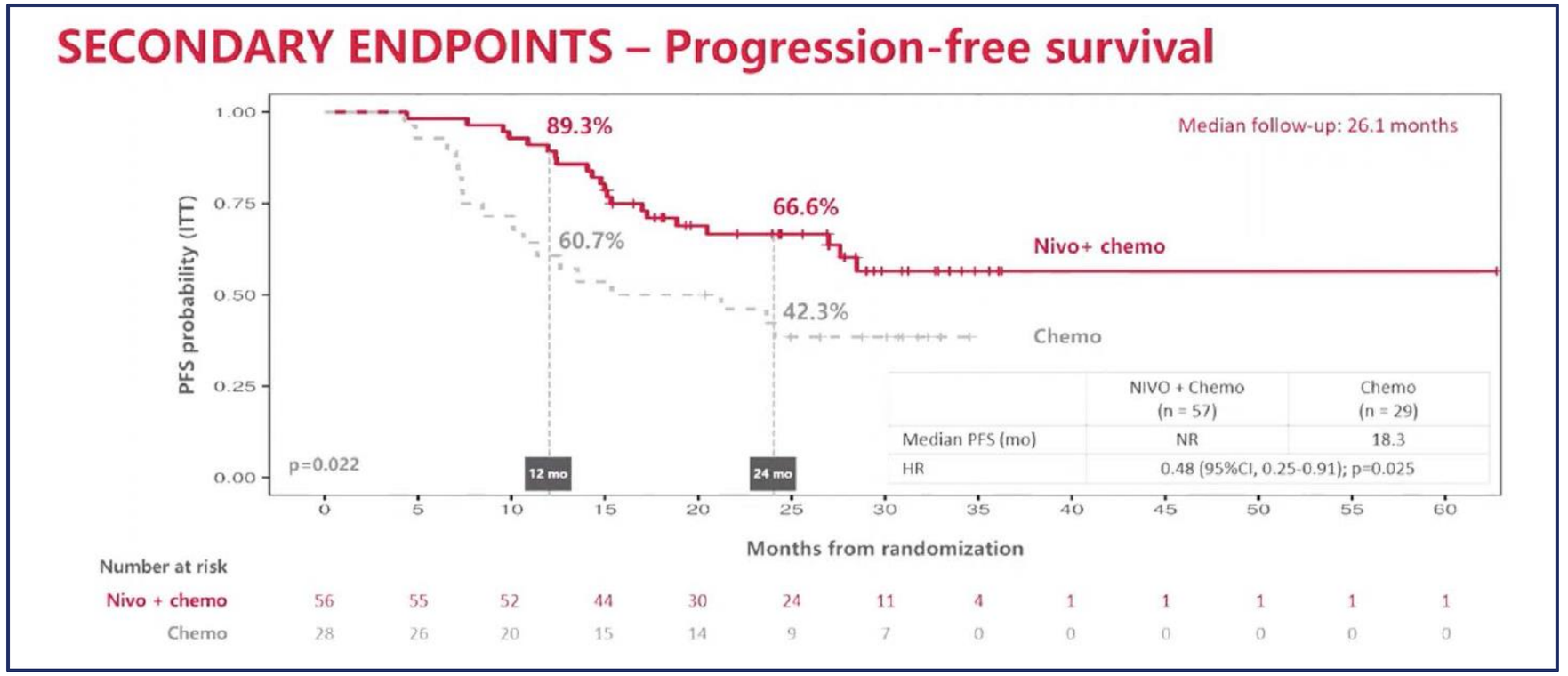
Felip et al WCLC 2022

Progression-free survival and overall survival results from the phase 2: NADIM II trial



Provencio et al WCLC 2022

Progression-free survival and overall survival results from the phase 2: NADIM II trial



Provencio et al WCLC 2022

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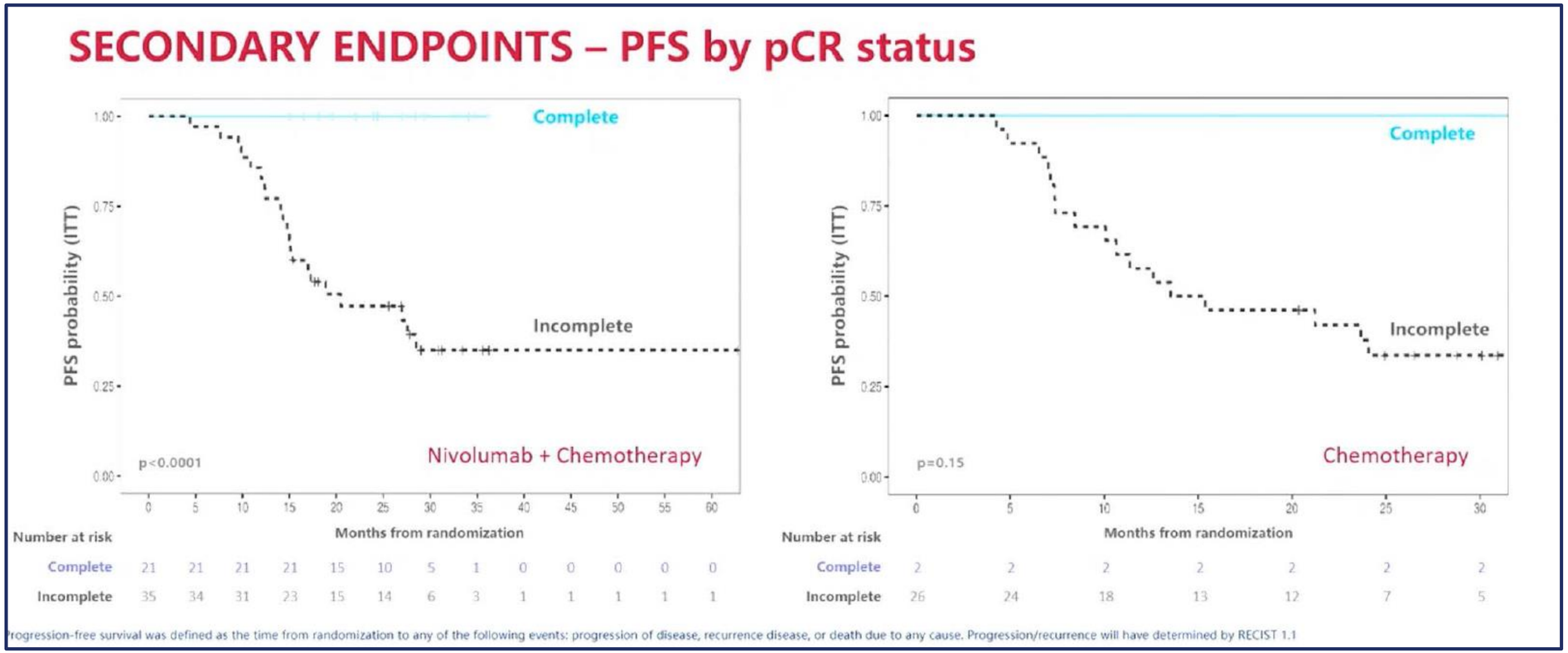
Progression-free survival and overall survival results from the phase 2: NADIM II trial



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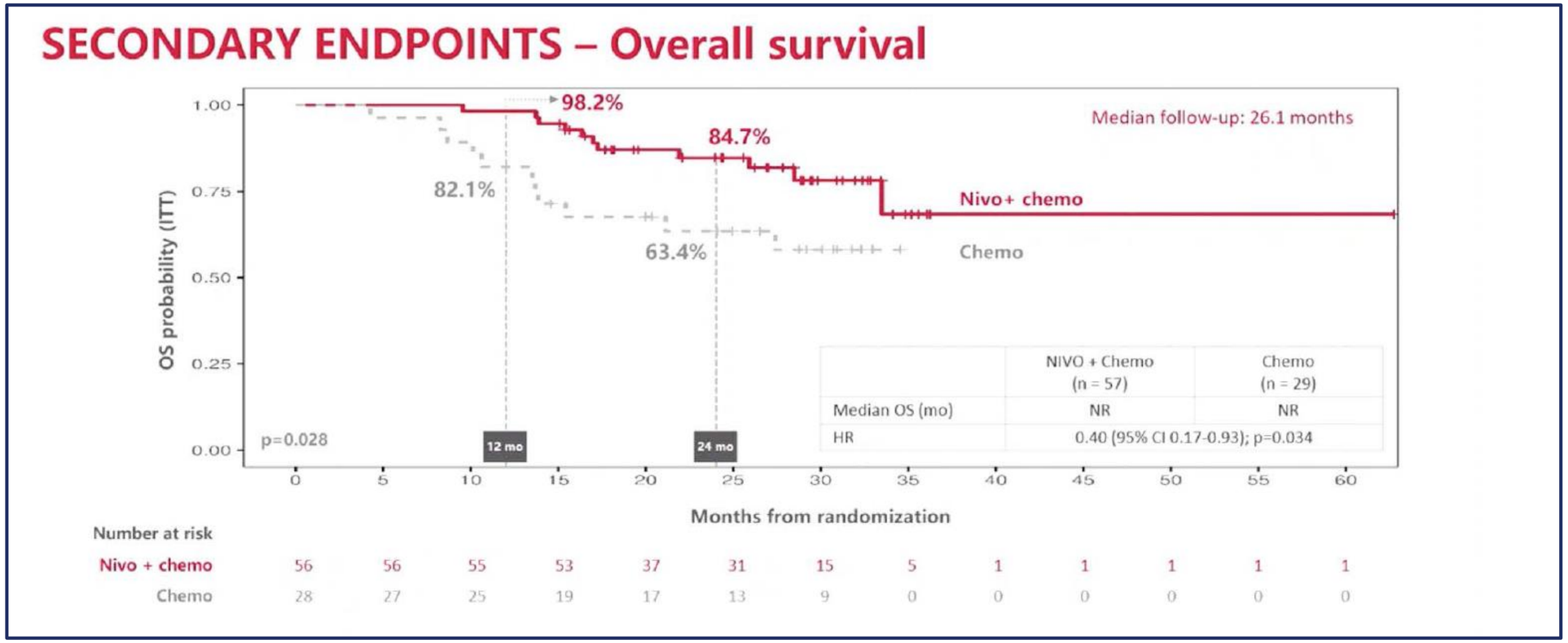

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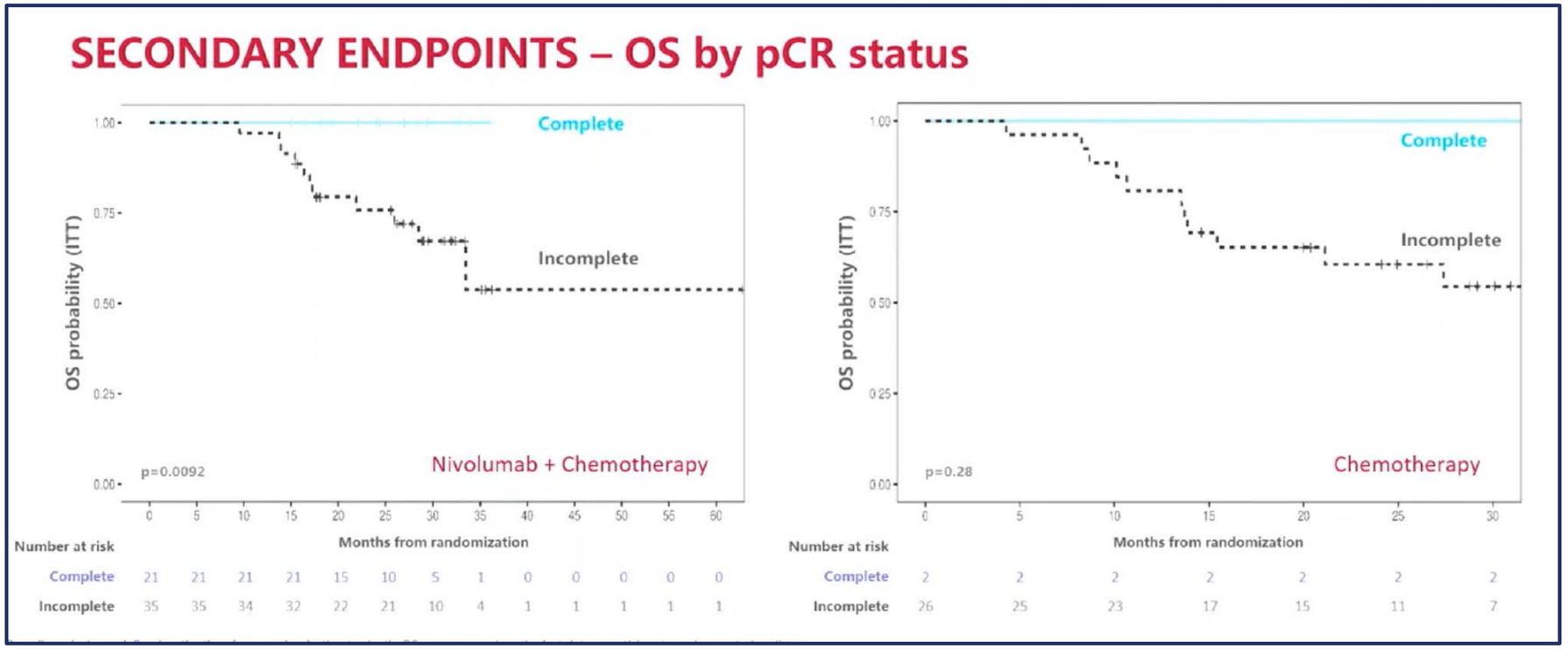

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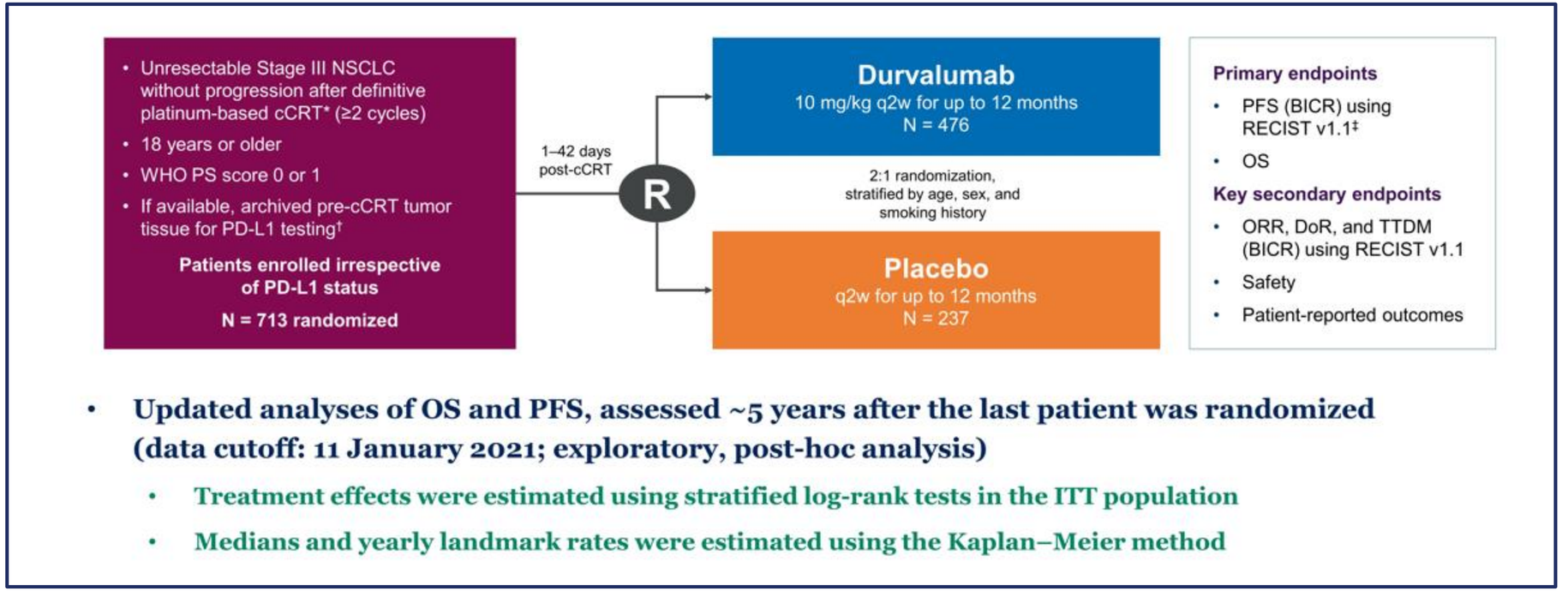
PACIFIC: Study schema



- **Updated analyses of OS and PFS, assessed ~5 years after the last patient was randomized (data cutoff: 11 January 2021; exploratory, post-hoc analysis)**
  - **Treatment effects were estimated using stratified log-rank tests in the ITT population**
  - **Medians and yearly landmark rates were estimated using the Kaplan–Meier method**

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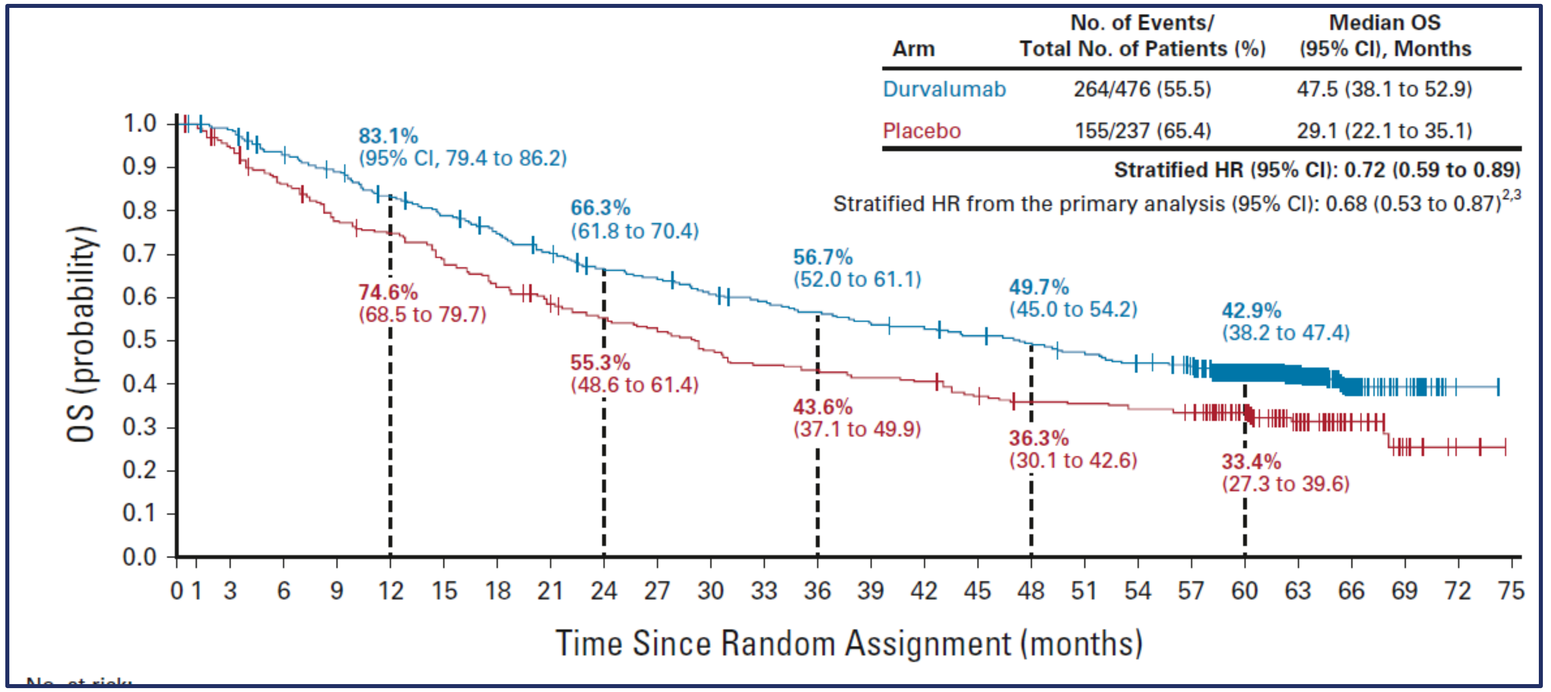
PACIFIC trial: 5-year follow-up: PFS



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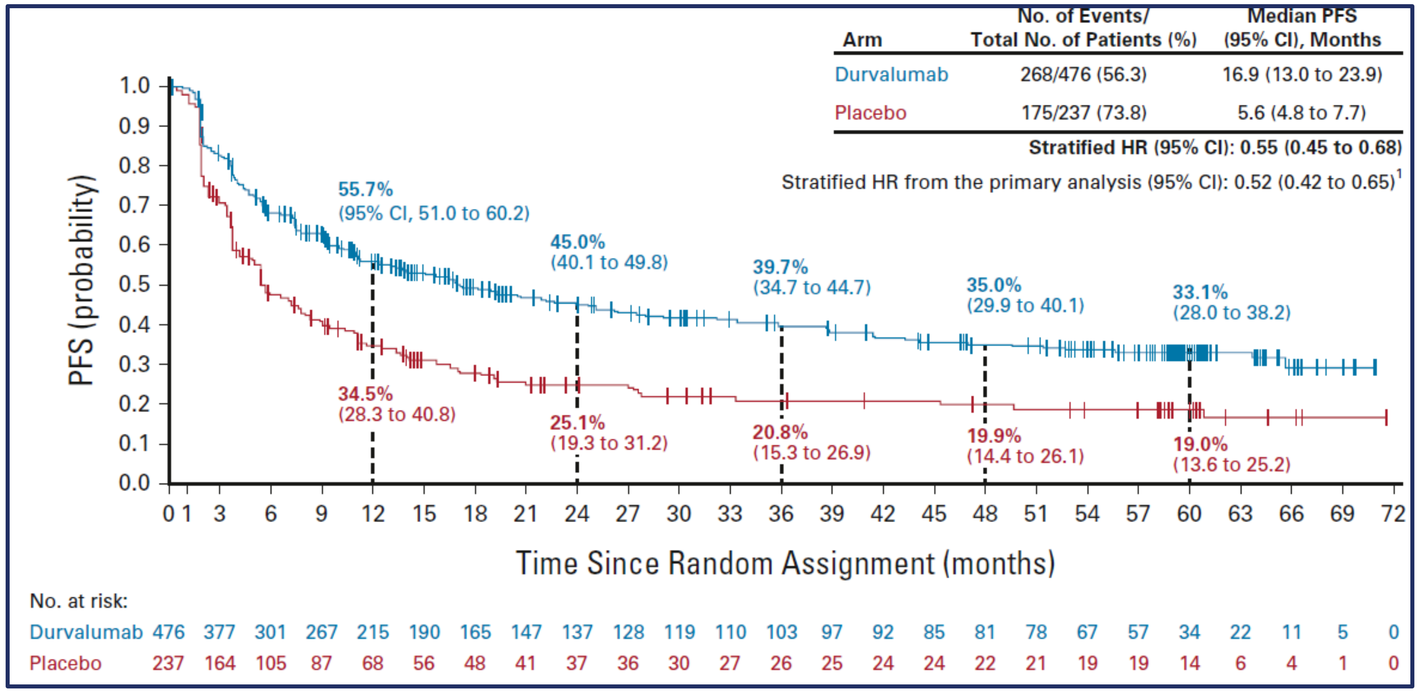
PACIFIC trial: 5-year follow-up: PFS



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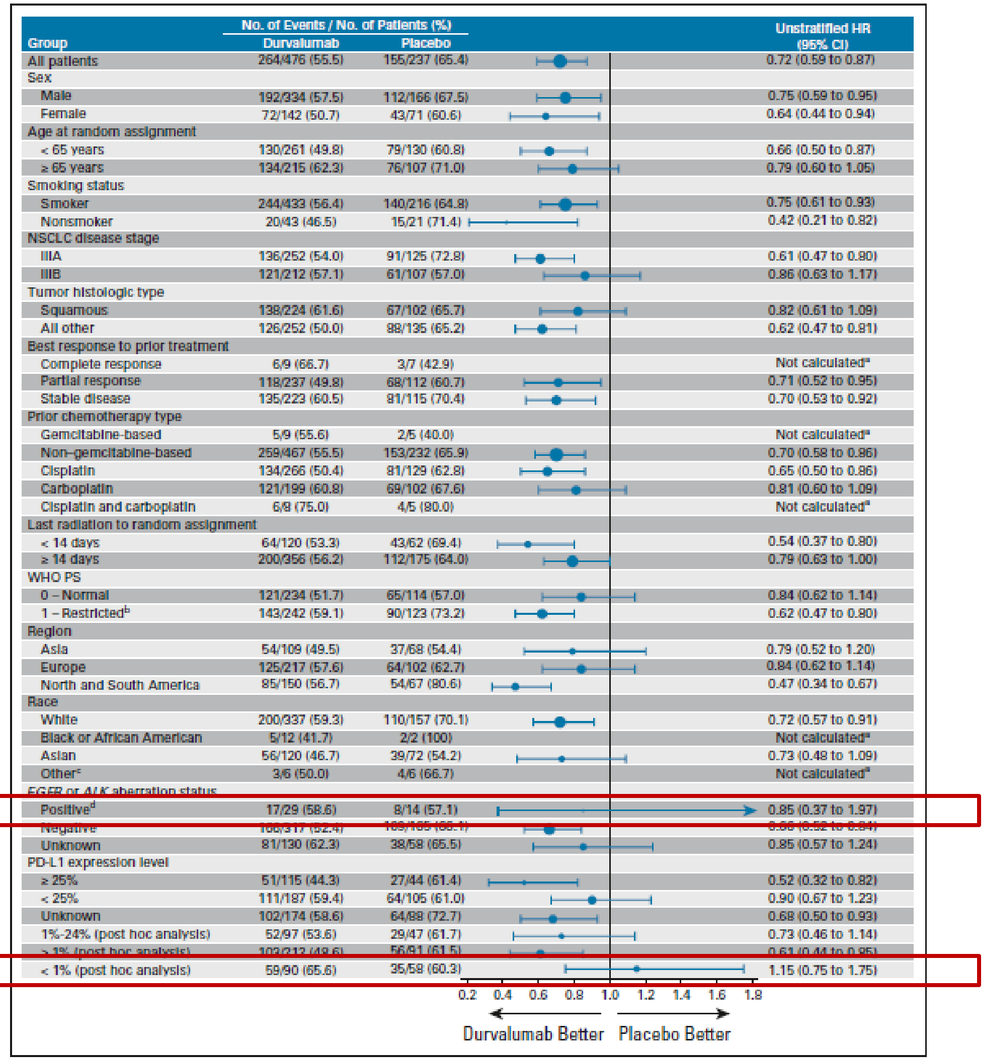
Overall survival analysis: subgroups



Group	No. of Events / No. of Patients (%) Durvalumab	Placebo	Unstratified HR (95% CI)
All patients	264/476 (55.5)	155/237 (65.4)	0.72 (0.59 to 0.87)
Sex			
Male	192/334 (57.5)	112/166 (67.5)	0.75 (0.59 to 0.95)
Female	72/142 (50.7)	43/71 (60.6)	0.64 (0.44 to 0.94)
Age at random assignment			
< 65 years	130/261 (49.8)	79/130 (60.8)	0.66 (0.50 to 0.87)
≥ 65 years	134/215 (62.3)	76/107 (71.0)	0.79 (0.60 to 1.05)
Smoking status			
Smoker	244/433 (56.4)	140/216 (64.8)	0.75 (0.61 to 0.93)
Nonsmoker	20/43 (46.5)	15/21 (71.4)	0.42 (0.21 to 0.82)
NSCLC disease stage			
IIIA	136/252 (54.0)	91/125 (72.8)	0.61 (0.47 to 0.80)
IIIB	121/212 (57.1)	61/107 (57.0)	0.86 (0.63 to 1.17)
Tumor histologic type			
Squamous	138/224 (61.6)	67/102 (65.7)	0.82 (0.61 to 1.09)
All other	126/252 (50.0)	88/135 (65.2)	0.62 (0.47 to 0.81)
Best response to prior treatment			
Complete response	6/9 (66.7)	3/7 (42.9)	Not calculated[a]
Partial response	118/237 (49.8)	68/112 (60.7)	0.71 (0.52 to 0.95)
Stable disease	135/223 (60.5)	81/115 (70.4)	0.70 (0.53 to 0.92)
Prior chemotherapy type			
Gemcitabine-based	5/9 (55.6)	2/5 (40.0)	Not calculated[a]
Non–gemcitabine-based	259/467 (55.5)	153/232 (65.9)	0.70 (0.58 to 0.86)
Cisplatin	134/266 (50.4)	81/129 (62.8)	0.65 (0.50 to 0.86)
Carboplatin	121/199 (60.8)	69/102 (67.6)	0.81 (0.60 to 1.09)
Cisplatin and carboplatin	6/8 (75.0)	4/5 (80.0)	Not calculated[a]
Last radiation to random assignment			
< 14 days	64/120 (53.3)	43/62 (69.4)	0.54 (0.37 to 0.80)
≥ 14 days	200/356 (56.2)	112/175 (64.0)	0.79 (0.63 to 1.00)
WHO PS			
0 – Normal	121/234 (51.7)	65/114 (57.0)	0.84 (0.62 to 1.14)
1 – Restricted[b]	143/242 (59.1)	90/123 (73.2)	0.62 (0.47 to 0.80)
Region			
Asia	54/109 (49.5)	37/68 (54.4)	0.79 (0.52 to 1.20)
Europe	125/217 (57.6)	64/102 (62.7)	0.84 (0.62 to 1.14)
North and South America	85/150 (56.7)	54/67 (80.6)	0.47 (0.34 to 0.67)
Race			
White	200/337 (59.3)	110/157 (70.1)	0.72 (0.57 to 0.91)
Black or African American	5/12 (41.7)	2/2 (100)	Not calculated[a]
Asian	56/120 (46.7)	39/72 (54.2)	0.73 (0.48 to 1.09)
Other[c]	3/6 (50.0)	4/6 (66.7)	Not calculated[a]
EGFR or *ALK* aberration status			
Positive[d]	17/29 (58.6)	8/14 (57.1)	0.85 (0.37 to 1.97)
Negative	168/317 (52.4)	105/165 (63.1)	0.66 (0.52 to 0.84)
Unknown	81/130 (62.3)	38/58 (65.5)	0.85 (0.57 to 1.24)
PD-L1 expression level			
≥ 25%	51/115 (44.3)	27/44 (61.4)	0.52 (0.32 to 0.82)
< 25%	111/187 (59.4)	64/105 (61.0)	0.90 (0.67 to 1.23)
Unknown	102/174 (58.6)	64/88 (72.7)	0.68 (0.50 to 0.93)
1%-24% (post hoc analysis)	52/97 (53.6)	29/47 (61.7)	0.73 (0.46 to 1.14)
≥ 1% (post hoc analysis)	103/212 (48.6)	56/81 (61.5)	0.61 (0.44 to 0.85)
< 1% (post hoc analysis)	59/90 (65.6)	35/58 (60.3)	1.15 (0.75 to 1.75)

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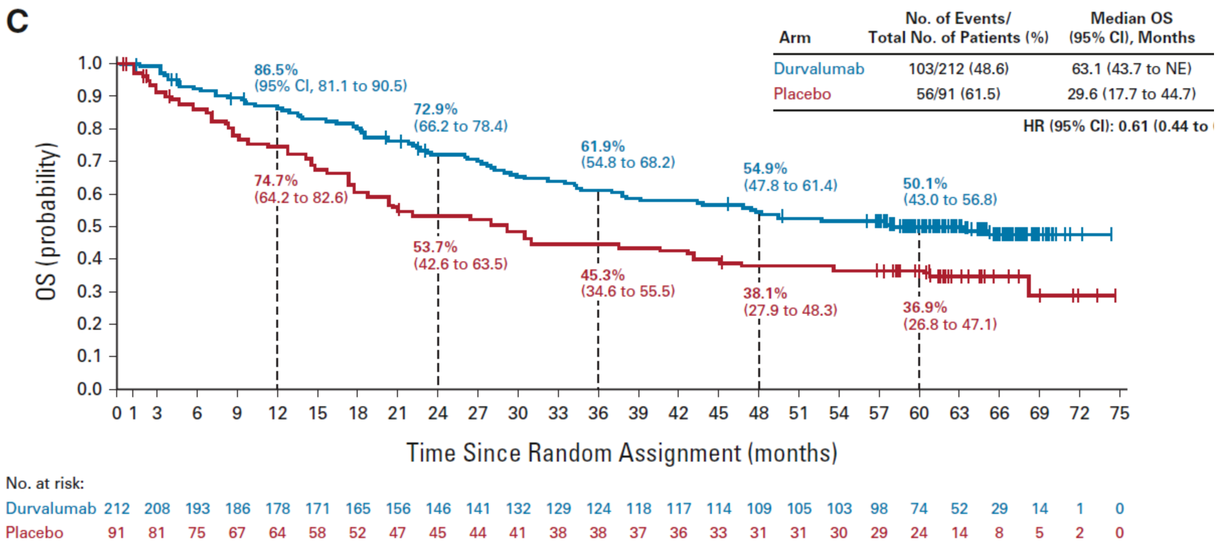
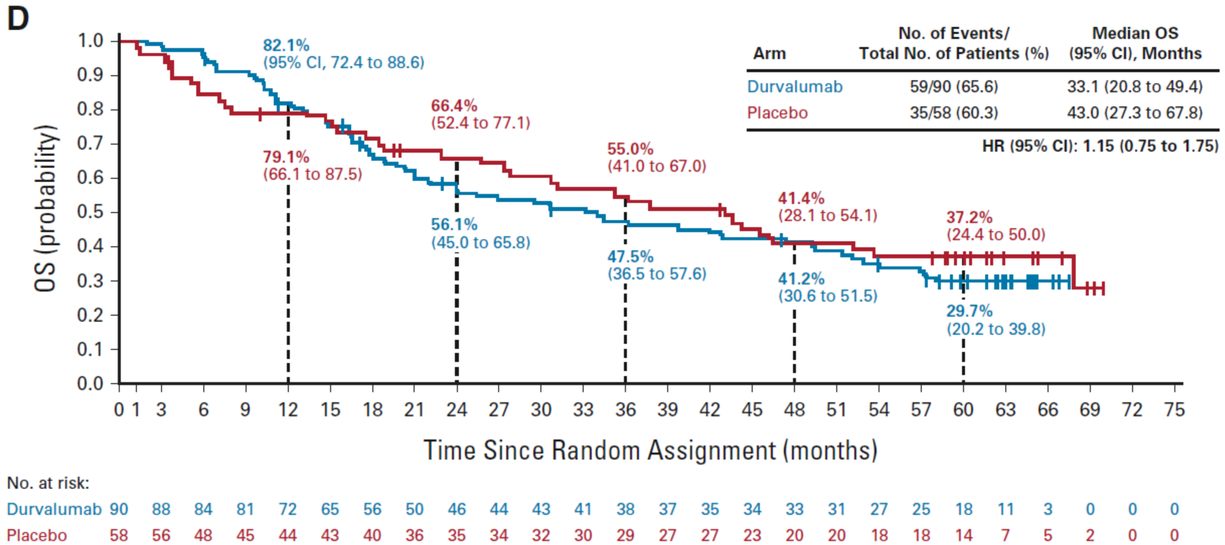
KM for PD-L1 <1% and ≥ 1%





PD-L1 ≥ 1%

PD-L1 < 1%

Samples unavailable on 37% of patients

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Targeted therapies

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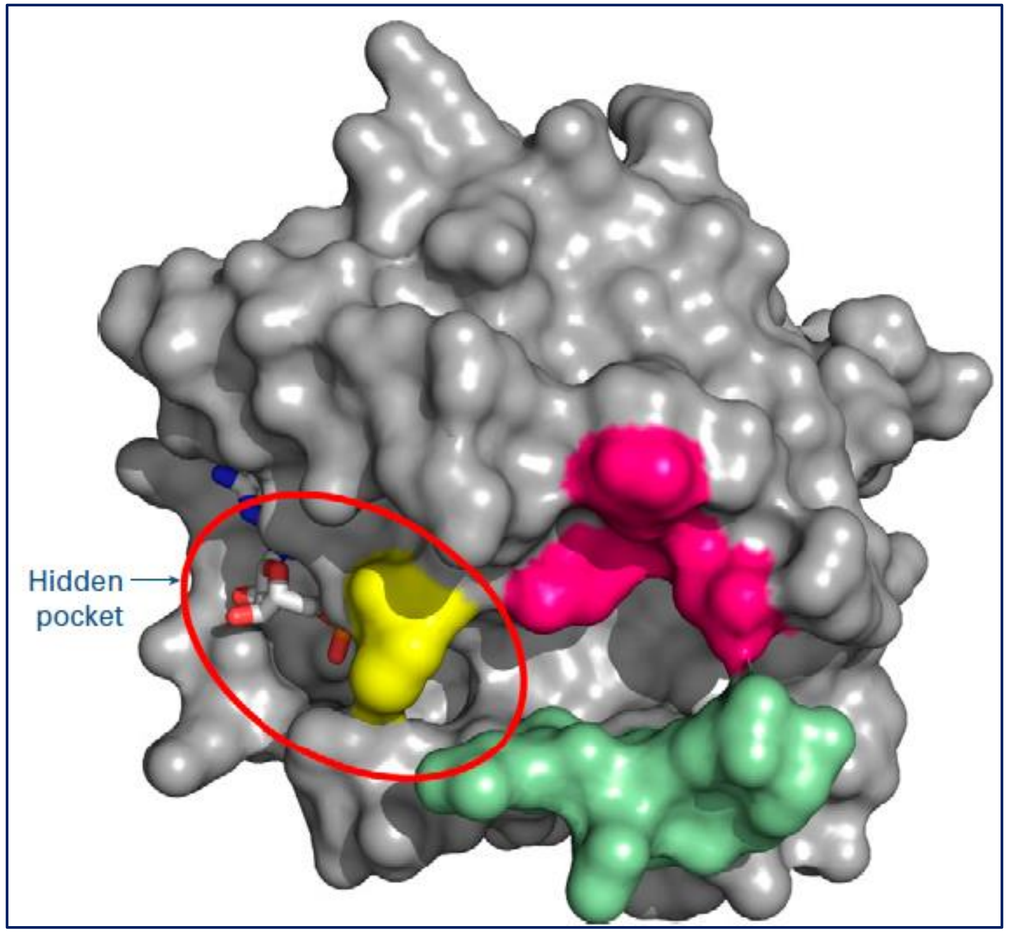
KRAS G12C mutations

- *KRAS* mutations 30% of mutations in NSCLC adenocarcinoma
- *KRAS* G12C 40-50% of KRAS mutations
- Covalent binding to cysteine residue in hidden pocket only present in inactive state
- Maintains KRAS protein in GDP bound inactive state
- Multiple agents in development



Burns et al JCO 2020

Krystal-1: Phase 2 Non-Small Cell Lung Cancer

- Stage 4 NSCLC
- KRAS G12C mutation
- Previous treatment PD-1/L-1

→

Adagrasib 600 mg BID
(capsule, fasted)

Primary objective: ORR by BICR
Secondary: DoR, PFS, safety and OS

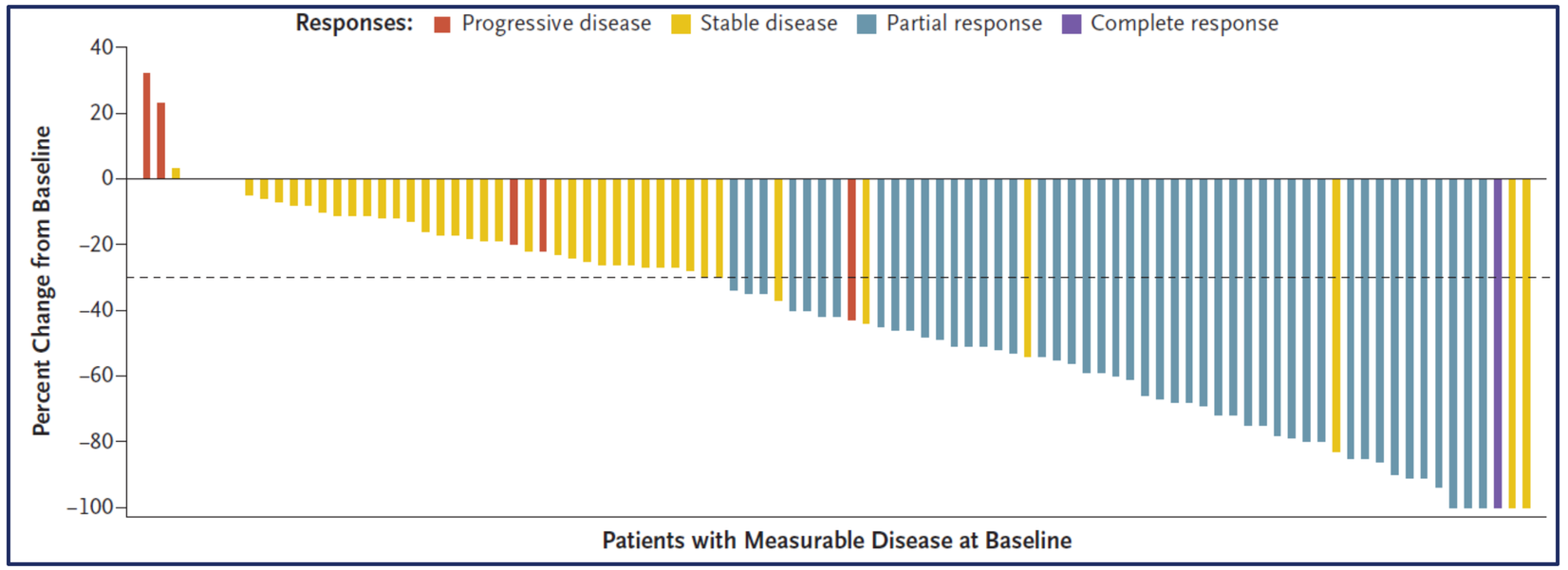
Janne et al NEJM 2022

Select patient characteristics and baseline demographics

Patient characteristics	Total =116
Median age (range)	64 (25-89) years
Female sex	65 (56%)
Race White Black or African American Asian o other	 97(84% 9 (8%) 5 (4%)/5 (4%)
ECOG 0/1	18 (16%)/ 97 (84%)
Smoking history Never Current or former	 5(4%) 11(10%)/97 (84%)
Prior lines of therapy 1 2 3	 50 (43%) 40 (35%) 26 (22%)
Prior platinum therapy and ICI Prior platinum alone Both	 2(2%) 114 (98%)

Janne et al NEJM 2022

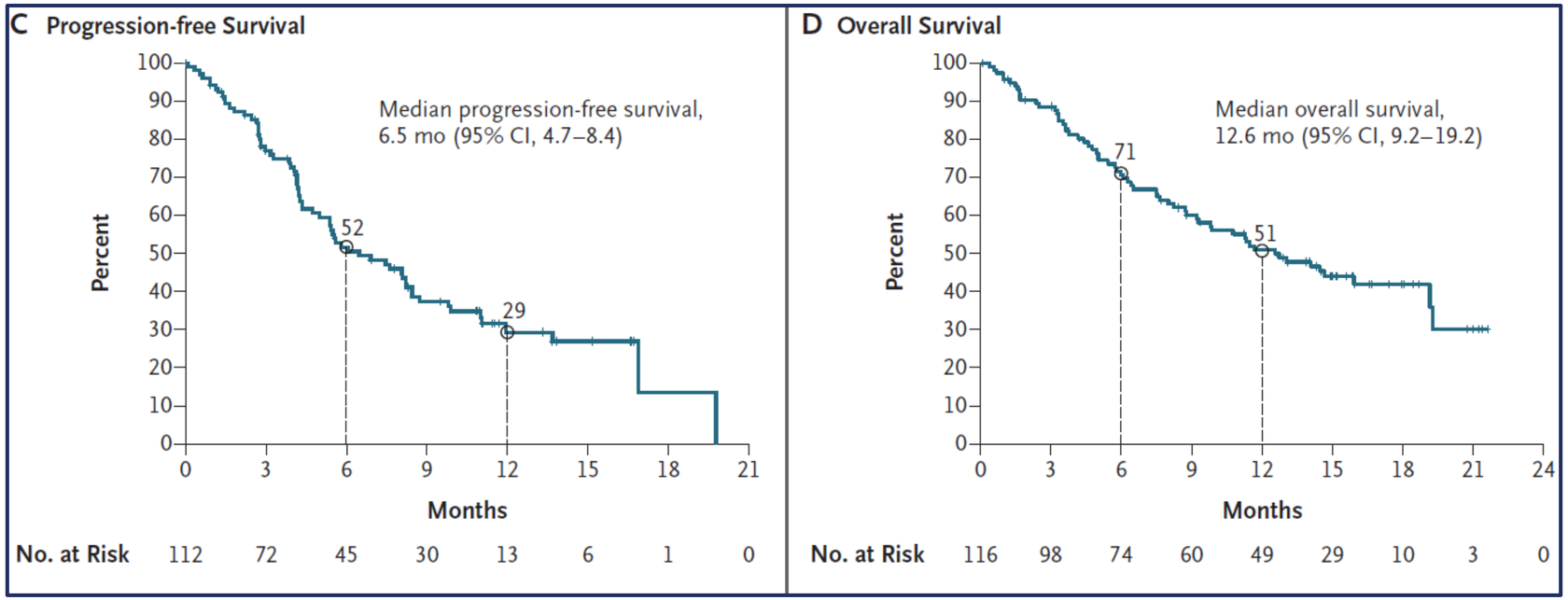
Objective response rate



ORR: 42.9% (95% CI: 33.5-52.6)
DoR: 8.5 months (95% CI: 6.2-13.8)

Janne et al NEJM 2022

KM curves for PFS and OS



Janne et al NEJM 2022

Sotorasib and adagrasib efficacy

Efficacy parameter	Sotorasib	Adagrasib
ORR	37.1% (95% CI: 28.6-46.1)	43% (95% CI: 33.5-52.6)
DoR	11.1 (6.9-NE) (n=46)	8.5 (95% CI: 6.2-13.8) (n=48)
PFS (median)	6.8 (95% CI: 5.1-8.2)	6.5 (95% CI: 4.7-8.4)

Janne et al NEJM 2022, Skoulidis et al NEJM 2021

Select Adverse Events for adagrasib and sotorasib

	Adagrasib		Sotorasib	
Adverse event	**Any grade**	**Grade ≥ 3**	**Any grade**	**Grade ≥ 3**
Any adverse event	116 (100)	95 (81.9%)	125 (99.2%)	See below
Treatment dose reduction or interruption	96 (82.8%)	----	28 (22.2%)	20 (15.9%)
Treatment discontinuation	18 (15.5%)	-----	9 (7.1%)	5 (4%)
Diarrhea	82 (70.7%)	1 (0.9%)	40 (31.7%)	5 (4%)
Nausea	81 (69.8%)	5 (4.3%)	24 (19.0%)	0
ALT increase	33 (28.4%)	6 (5.2%)	19 (15.1%)	8 (6.3%)
AST increase	31 (26.7%)	6 (5.2%)	19 (15.1%)	7 (5.6%)
Fatigue	14 (11.1%)	0	14 (11.1%)	0
QT prolongation	23 (19.8%)	7 (6.0%)	3 (2.4%)	

The worst grade of adverse event was grade 3 in 53 patients (42.1%), grade 4 in 4 patients (3.2%), and grade 5 in 20 patients (15.9%).

Janne et al NEJM 2022, Skoulidis et al NEJM 2021

Sotorasib pharmacokinetics and dose study

Dose (mg)	N	T_{max} (hr)	C_{max}	AUC_{0-24hr}	$T_{1/2}$
180	6	0.73	6.44	31.7	5.13
360	24	1.0	6.31	38.9	5.53
720	11	1.1	5.45	42.1	4.75
960	24	1.1	5.39	32.4	5.07

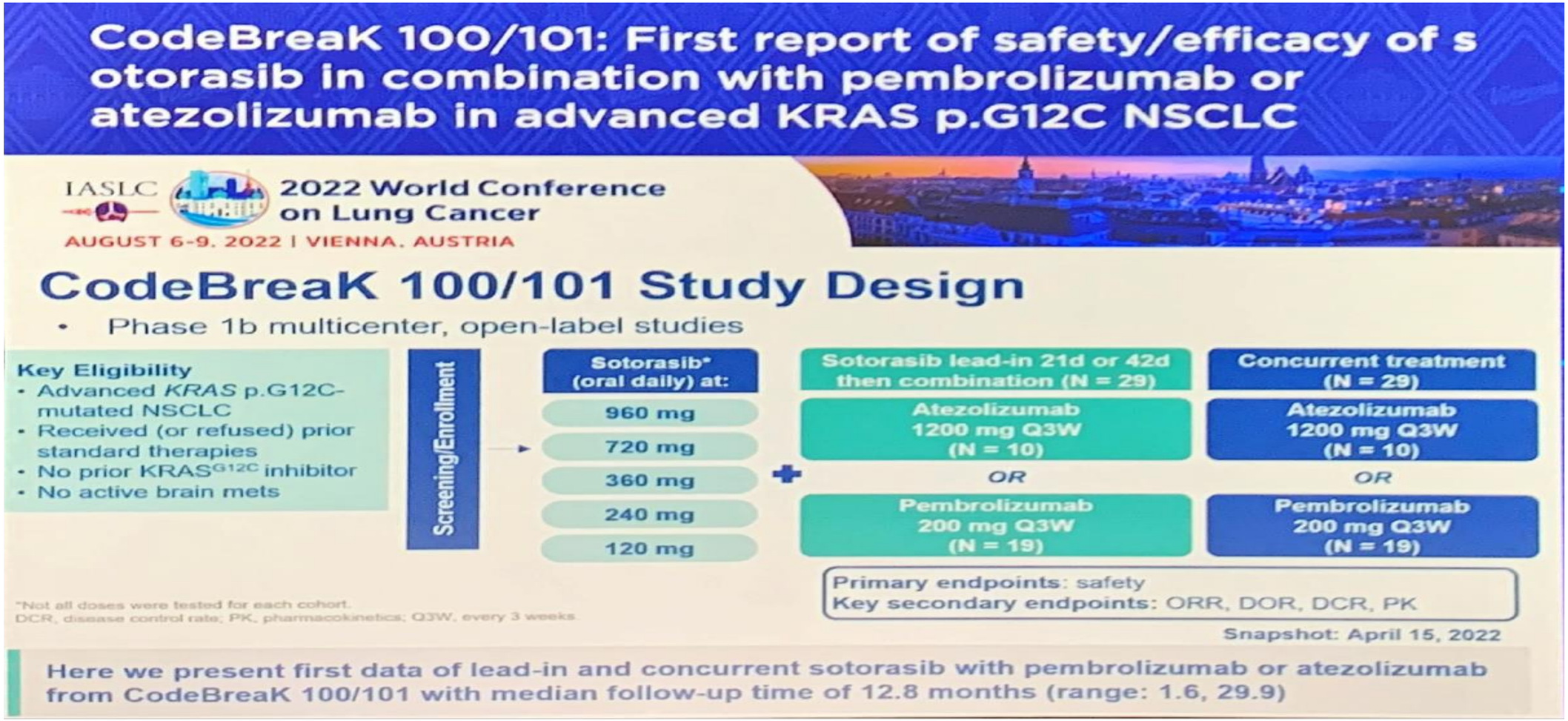
KRAS G12C
Stage 4
PD-L1 <1% and/or STK11 mutation

→ 240 mg daily
→ 960 mg daily

Primary endpoint: ORR
Secondary: safety, tolerability
Sample size: 170

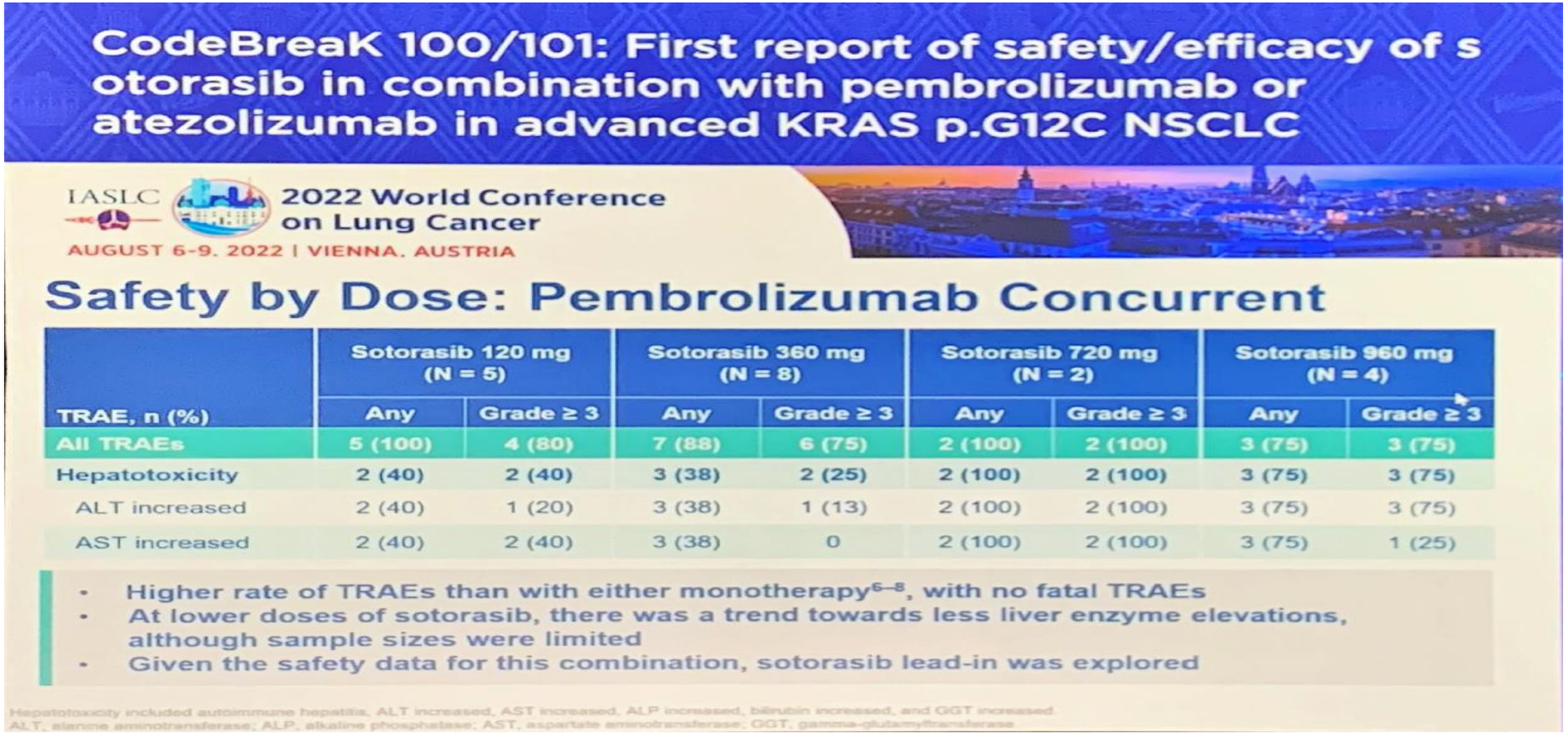
https://www.accessdata.fda.gov/drugsatfda_docs/nda/2021/214665Orig1s000TOC.cfm
https://clinicaltrials.gov/ct2/show/NCT04933695

Sotorasib and ICI (pembrolizumab or atezolizumab)



Li et al WCLC 2022

Sotorasib and ICI (pembrolizumab or atezolizumab)



CodeBreaK 100/101: First report of safety/efficacy of s otorasib in combination with pembrolizumab or atezolizumab in advanced KRAS p.G12C NSCLC

IASLC 2022 World Conference on Lung Cancer

AUGUST 6-9, 2022 | VIENNA, AUSTRIA

Safety by Dose: Pembrolizumab Concurrent

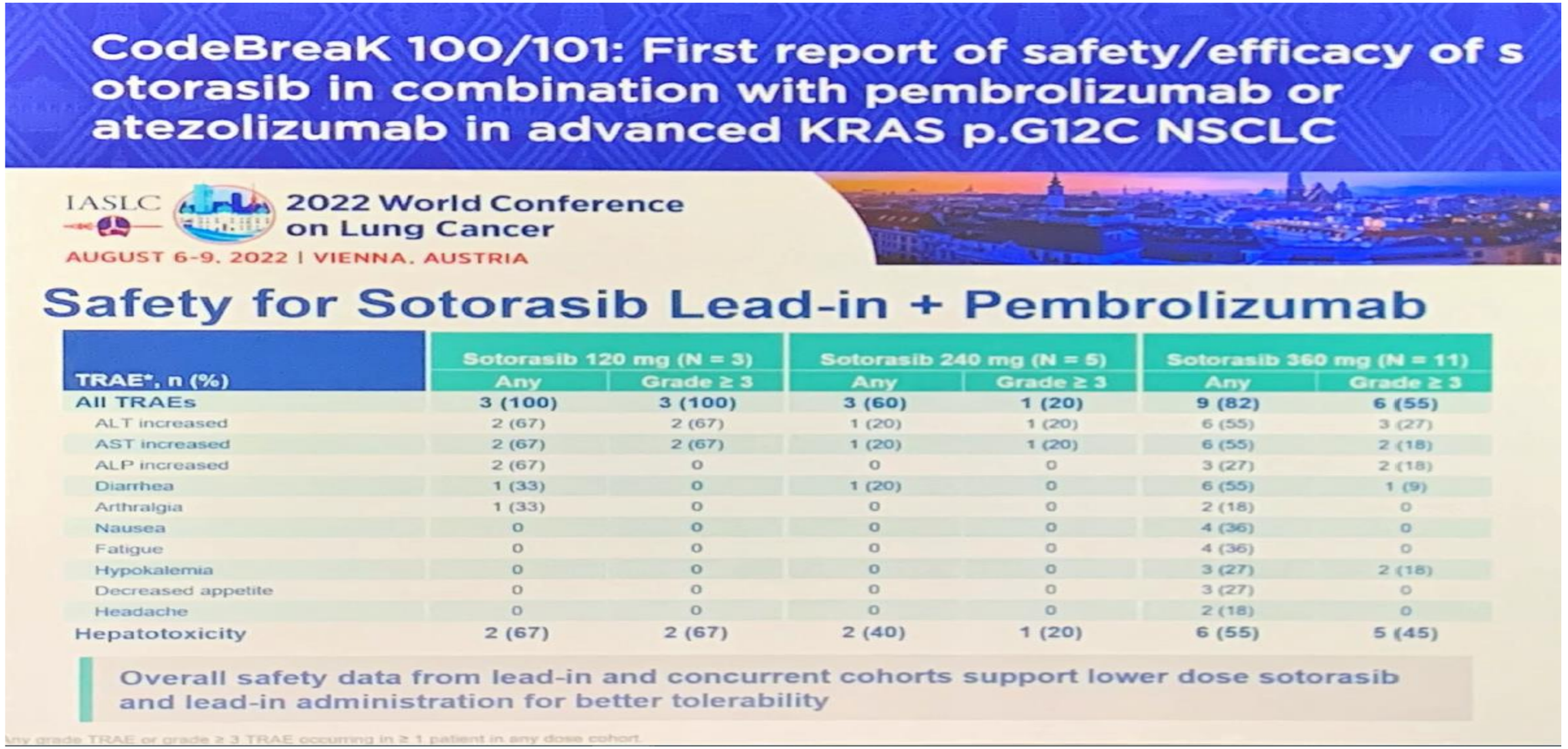
TRAE, n (%)	Sotorasib 120 mg (N = 5)		Sotorasib 360 mg (N = 8)		Sotorasib 720 mg (N = 2)		Sotorasib 960 mg (N = 4)	
	Any	Grade ≥ 3	Any	Grade ≥ 3	Any	Grade ≥ 3	Any	Grade ≥ 3
All TRAEs	5 (100)	4 (80)	7 (88)	6 (75)	2 (100)	2 (100)	3 (75)	3 (75)
Hepatotoxicity	2 (40)	2 (40)	3 (38)	2 (25)	2 (100)	2 (100)	3 (75)	3 (75)
ALT increased	2 (40)	1 (20)	3 (38)	1 (13)	2 (100)	2 (100)	3 (75)	3 (75)
AST increased	2 (40)	2 (40)	3 (38)	0	2 (100)	2 (100)	3 (75)	1 (25)

- Higher rate of TRAEs than with either monotherapy[6–8], with no fatal TRAEs
- At lower doses of sotorasib, there was a trend towards less liver enzyme elevations, although sample sizes were limited
- Given the safety data for this combination, sotorasib lead-in was explored

Hepatotoxicity included autoimmune hepatitis, ALT increased, AST increased, ALP increased, bilirubin increased, and GGT increased
ALT, alanine aminotransferase; ALP, alkaline phosphatase; AST, aspartate aminotransferase; GGT, gamma-glutamyltransferase

Li et al WCLC 2022

Sotorasib and ICI (pembrolizumab or atezolizumab)



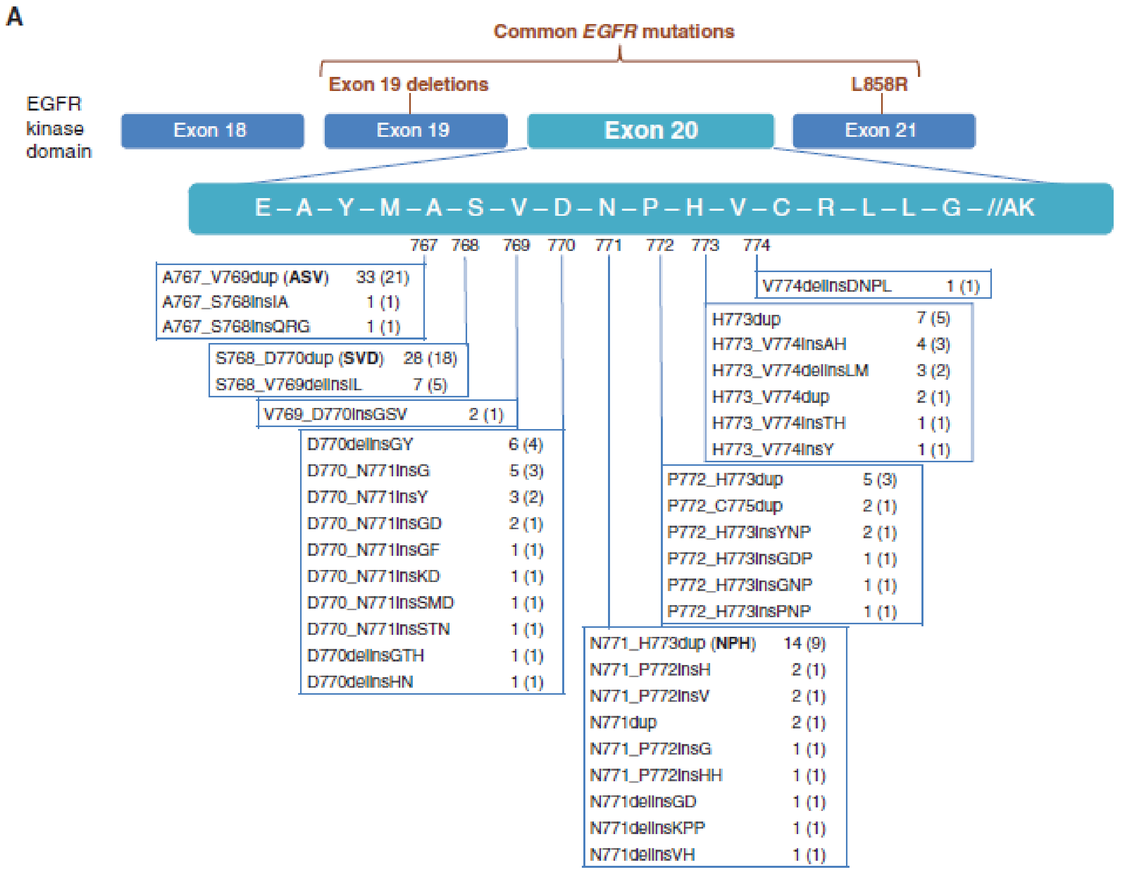
TRAE*, n (%)	Sotorasib 120 mg (N = 3)		Sotorasib 240 mg (N = 5)		Sotorasib 360 mg (N = 11)	
	Any	Grade ≥ 3	Any	Grade ≥ 3	Any	Grade ≥ 3
All TRAEs	3 (100)	3 (100)	3 (60)	1 (20)	9 (82)	6 (55)
ALT increased	2 (67)	2 (67)	1 (20)	1 (20)	6 (55)	3 (27)
AST increased	2 (67)	2 (67)	1 (20)	1 (20)	6 (55)	2 (18)
ALP increased	2 (67)	0	0	0	3 (27)	2 (18)
Diarrhea	1 (33)	0	1 (20)	0	6 (55)	1 (9)
Arthralgia	1 (33)	0	0	0	2 (18)	0
Nausea	0	0	0	0	4 (36)	0
Fatigue	0	0	0	0	4 (36)	0
Hypokalemia	0	0	0	0	3 (27)	2 (18)
Decreased appetite	0	0	0	0	3 (27)	0
Headache	0	0	0	0	2 (18)	0
Hepatotoxicity	2 (67)	2 (67)	2 (40)	1 (20)	6 (55)	5 (45)

Any grade TRAE or grade ≥ 3 TRAE occurring in ≥ 1 patient in any dose cohort

Li et al WCLC 2022

EGFR exon 20 insertions

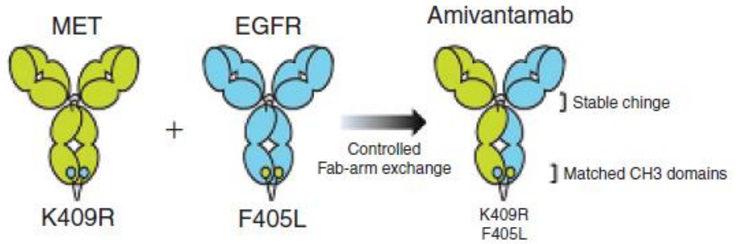
EGFR exon 20 insertion mutations

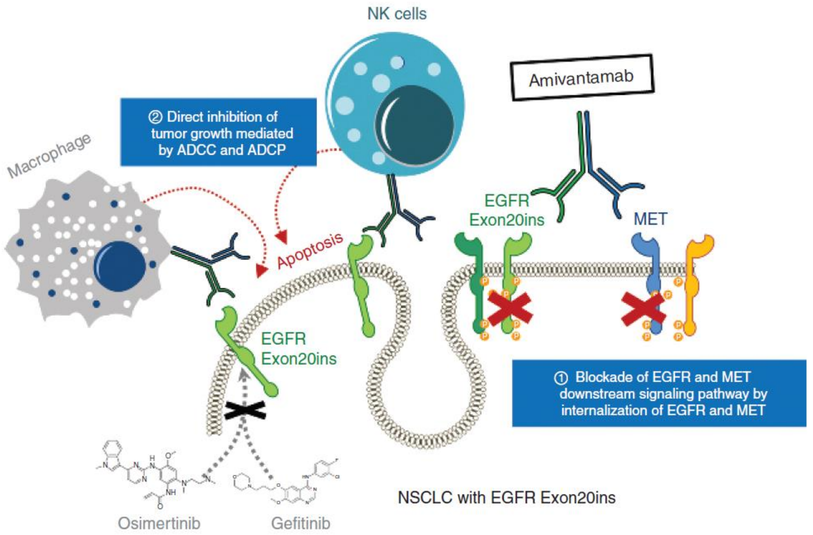


Gonzalvez et al Cancer Discovery 2021

Amivantamab

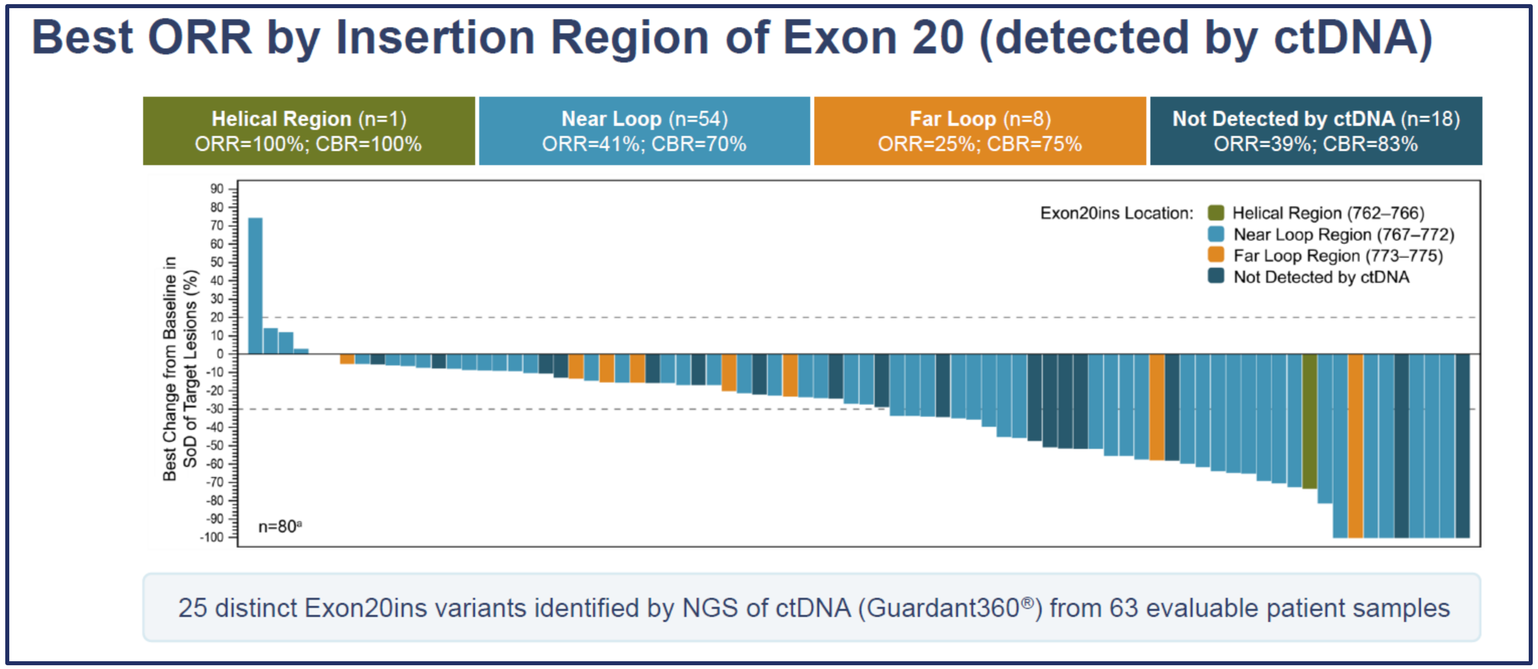
- Bi-specific antibody targeting EGFR-MET
- Preclinical models demonstrated activity in EGFR exon 20 insertions
- MOA: inhibition of signal pathways, ADCC, and anti-body cellular phagocytosis





Yun et al Cancer Discovery 2020

Amivantamab Efficacy



ORR: 40% (95% CI: 29-51)
DoR: 11.1 months (95% CI: 6.9-NR)
Median PFS: 8.3 (95% CI: 6.5-10.9)

Park et al JCO 2021

Amivantamab: Treatment-related AE

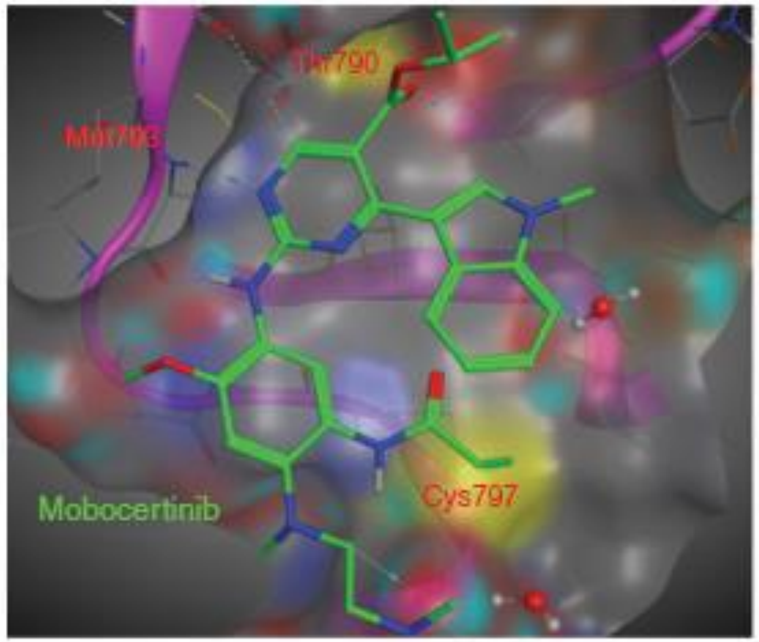
Safety	Total	Grade ≥ 3
Rash	98 (86%)	4(4%)
Paronychia	48 (42%)	1 (1%)
Stomatitis	21 (18%)	0
Pruritus	19 (17%)	0
Hypoalbuminemia	17 (15%)	2 (2%)
Peripheral edema	11 (10%)	0
IRR*	75 (66%)	3 (3%)
Nausea	13 (11%)	0
Fatigue	14 (12%)	1 (1%)
Increased ALT	14 (12%)	1 (1%)

IRR: Cycle 1 day split over 2 days, with premedication (dexamethasone, benadryl, tylenol), and slow infusion

Park et al JCO 2021

Mobocertinib

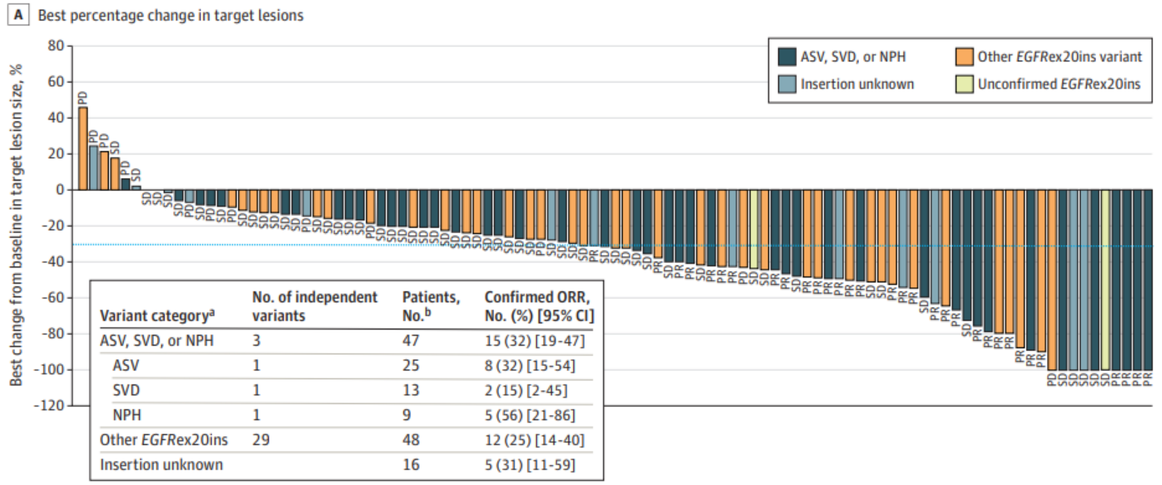
- EGFR TKI: levels high enough to inhibit EGFR exon 20 insertion mutations had significant side effects on EGFR wildtype
- Difficult to maintain therapeutically effective doses
- Moborcertinib specifically designed to potently inhibit oncogenic variants containing activating *EGFR* exon 20 insertion mutations with selectivity over wild-type EGFR
- Phase 2 study prior platinum pretreatment cohort (n = 114)



Zhou et al JAMA Oncology 2021

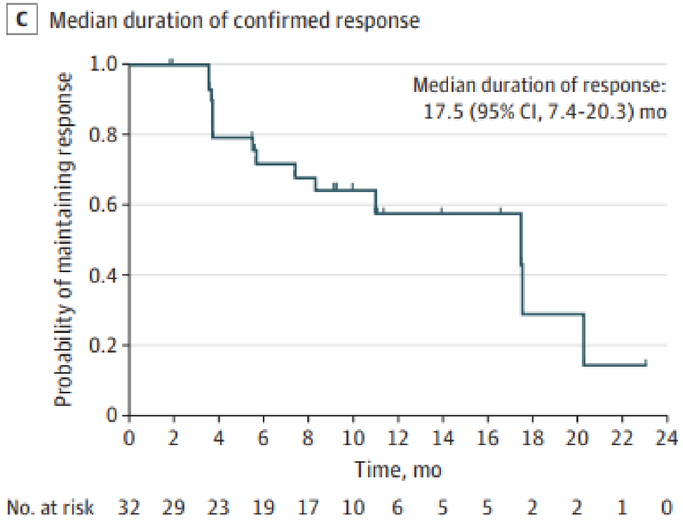
Mobocertinib efficacy

Figure 2. Mobocertinib Activity in Platinum-Pretreated Patients With *EGFR*ex20ins Mutation–Positive Metastatic NSCLC (PPP Cohort)



Variant category[a]	No. of independent variants	Patients, No.[b]	Confirmed ORR, No. (%) [95% CI]
ASV, SVD, or NPH	3	47	15 (32) [19-47]
ASV	1	25	8 (32) [15-54]
SVD	1	13	2 (15) [2-45]
NPH	1	9	5 (56) [21-86]
Other *EGFR*ex20ins	29	48	12 (25) [14-40]
Insertion unknown		16	5 (31) [11-59]

ORR: 32% (95% CI: 20-37)



Median PFS 7.3 (95% CI: 5.5-9.2)

Zhou et al JAMA Oncology 2021

NORTH CAROLINA Oncology Association

Moborcertinib : Treatment-related AE

Safety	All grade	Grade ≥ 3
Diarrhea	91%	21%
Rash	45%	0%
Paronychia	38%	<1%
Stomatitis	24%	4%
Pruritus	21%	<1%
QT prolonged	11%	3%
Nausea	34%	4%
Fatigue	14%	3%
Increased AST	8%	<1%

Zhou et al JAMA Oncology 2021

Final thoughts

- Immunotherapy a standard of care for resectable patients
  - Debate will be about pre-operative chemotherapy and ICI vs adjuvant ICI
  - Optimal duration not defined
  - Identification of biomarkers critical
- PACIFIC: long term benefit for consolidation durvalumab
- Debate about pre-operative chemotherapy and ICI vs PACIFIC
- *KRAS* G12C and *EGFR* exon 20 insertions now “actionable mutations”
  - Combination therapy trials ongoing

Men's Basketball Championship - Final Four

8 North Carolina 29-9		81	Final	77		2 Duke 32-7

NORTH CAROLINA Oncology Association