Stronger Together:
EGFR Resisters' Patient and Caregiver Summit

Understanding and Navigating the EGFRm Lung Cancer Treatment Landscape

Session 1 | Saturday, November 15 | 9:30 – 11:30 AM CDT

Recording Notice

Please be advised that this session and all general sessions of the *EGFR Resisters' Patient & Caregiver Summit* are being livestreamed and recorded.

Recordings will be made available on the EGFR Resisters website and accessible to the public.

By participating in this event, you consent to the recording and distribution of these sessions.

If you have any concerns, please speak with event staff.

By the end of this session, you will:

- ✓ Understand what EGFR-positive lung cancer is and why it matters in choosing the right treatment
- ✓ Understand the pros and cons of different treatment options
- ✓ Get an overview of key clinical trials and who these treatments are best suited for
- ✓ Feel more confident in asking questions to your physicians and making decisions about your treatment

Submit questions for the panelists!

Questions will be answered during Q&A.

Agenda

9:30 – 9:33am 3 mins	**Moderator welcome and panelist introductions**
9:33 – 9:41am 8 mins	**Overview of EGFR treatment basics and key terms**
9:41 – 10:31am 50 mins	**Panel discussion**: Overview of key clinical trials and treatment options
10:31 – 10:33am 2 mins	Panel recap and instructions for break
10:33 – 10:43am 10 mins	Break
10:43 – 11:28am 45 mins	**Fireside Chat:** Moderated Q&A with panelists
11:28 – 11:30am 2 mins	Closing remarks and key takeaways

Introductions

Mary Jo Filder, MD
Session Moderator
Medical Oncology Section Chief,
Rush University Medical Center

Christine M. Lovly, MD, PhD, FASCO
Panelist
Thoracic Medical Oncology,
Currently transitioning between positions
Vanderbilt University Medical Center to City of Hope Comprehensive Cancer Center

Joshua Reuss, MD
Panelist
Thoracic Medical Oncologist,
MedStar Georgetown University Hospital
Assistant Professor, Georgetown University Medical Center

David P. Carbone, MD, PhD
Panelist
Barbara J. Bonner Chair in Lung Cancer Research
Director, James Thoracic Center
Co-Leader, Translational Therapeutics Program

Susan Combs Scott, MD
Panelist
Assistant Professor of Oncology, Johns Hopkins University School of Medicine
Lung Cancer Specialist, Johns Hopkins Sidney Kimmel Comprehensive Cancer Center

Samuel Kim, MD, FACS
Panelist
Director, Robotic Thoracic Surgery,
Northwestern Medicine
Professor, Surgery,
Northwest Feinberg School of Medicine

Overview of EGFR Treatment Basics

What is EGFRm NSCLC cancer?

EGFR, which stands for epidermal growth factor receptor, is a **protein located on the surface of cells that helps them grow**.

EGFR gene mutations **encode for the EGFR protein.** These mutations can make the cells rapidly grow, which can cause cancer.

Common EGFR mutations

Exon 19 deletions

EGFR L858R point mutations

The exon location lets physicians know where the mutation is in the DNA, which can change the shape and function of the EGFR protein.

Uncommon EGFR mutations

Those outside of the Exon 19 deletions and L858R point mutations

Some mutations react to treatment differently compared to others.

Overview of EGFR Treatment Basics

What are the treatment options for someone with EGFRm NSCLC cancer?

EGFR Inhibitors

- Blocks the activity of the EGFR protein
- Can control the cancer for several months or multiple years – but will not cure the cancer
- The cancer ultimately learns a way around this treatment, called **acquired resistance**
- If acquired resistance occurs, repeat **biomarker testing** is recommended to see if you have a new mutation

Combination Therapy

- Combines **EGFR inhibitor + another type of therapy** as an initial treatment
- For individuals with **Exon 20 insertions**, combination therapy is generally used for initial treatment
- Second-line treatment for EGFR mutations may include some combination of other **targeted drugs**, **chemotherapy,** and **antibody-based therapies.**

Early vs. Late-Stage Therapy

- Early stage EGFRm lung cancer may be removed through **surgery**
- After surgery, some patients may receive the **EGFR inhibitor Tagrisso** or **chemotherapy**
- Patients diagnosed with lung cancer that has spread to lymph nodes in the chest **may be offered a radiation-based approach, followed by Tagrisso**, instead of surgery

Overview of EGFR Treatment Basics

New types of treatment we will discuss:

Tyrosine Kinase Inhibitors (TKI):

- Blocks the action of enzymes called *tyrosine kinases*.
- Tyrosine kinases are a part of many cell functions, including cell signaling, growth, and division.
- These enzymes may be too active or found at high levels in some types of cancer cells. **Blocking them may help keep cancer cells from growing.**

Antibody Drug Conjugate (ADC)

- A therapy combining an antibody that **finds cancer cells**, a chemotherapy drug that kills them, and a **linker that delivers the** drug into the cancer cell.

Bi-Specific Antibody

- A laboratory-made protein designed to act like a **"double-sided hook."**
- **One side attaches to the cancer cell, and the other side attaches to an immune system cell**, making it easier for the immune system to recognize and destroy the cancer.

Stronger Together:
EGFR Resisters' Patient and Caregiver Summit

Panel presentation

Overview of key clinical trials and treatment options

Overview of treatments

Today, we will discuss:

- **First-Line Treatment Options**
  - FLAURA Phase III Trial: Osimertinib
  - FLAURA 2 Phase III Trial: Osimertinib + Chemotherapy
  - MARIPOSA Phase III Trial: Amivantamab + Lazertinib
- **Uncommon EGFR Mutations**
- **Second-Line Treatment Options**
- **Surgery for Early-Stage EGFR-mutated NSCLC**
- **ADAURA Phase III Trial: Osimertinib in Resected EGFR-Mutated NSCLC**
- **LAURA Phase III Trial: Osimertinib after Chemoradiotherapy in Unresectable EGFR-Mutated NSCLC**

FLAURA Phase III Trial: Osimertinib

Status: FDA Approved

Osimertinib
(EGFR tyrosine kinase inhibitor)

First-line therapy prolonging survival in patients with advanced EGFR-mutated NSCLC

TRIAL GOAL
To see if Osimertinib can slow growth, prolong survival, and improve quality of life compared to chemotherapy

FOR WHO
Adults with locally advanced or metastatic EGFR-mutated NSCLC (exon 19 deletion or L858R substitution), *who had not received prior systemic therapy for advanced disease*

WHAT TO EXPECT

Osimertinib 80 mg orally once daily at home until disease progression or toxicity

Regular imaging, labs, and clinic visits to monitor tumor response and side effects

OUTCOMES

People taking this treatment went an average of **18.9 months before the cancer started growing** *(compared to 10.2 months for those on older EGFR inhibitors)*

Average overall survival *(how long people lived after starting treatment)* was about **38.6 months** *(compared to 31.8 months with older therapies)*

KEY CONSIDERATIONS

Osimertinib improved progression-free and overall survival, establishing it as the standard first-line therapy for EGFR-mutated advanced NSCLC

Quality of life and physical functioning were maintained during treatment

Common side effects: Rash, diarrhea, dry skin, and paronychia; rare events such as interstitial lung disease and QTc prolongation require monitoring

FLAURA 2 Phase III Trial: Osimertinib + Chemotherapy

Status: FDA Approved

Osimertinib + platinum-pemetrexed chemotherapy

First line therapy to enhance tumor control and delay disease progression in advanced EGFR-mutated NSCLC

TRIAL GOAL

To see if combining osimertinib with chemotherapy can delay cancer growth, extend survival, and maintain quality of life compared to osimertinib alone

FOR WHO

Adults with locally advanced or metastatic EGFR-mutated NSCLC (exon 19 deletion or L858R substitution), *who had not received prior systemic therapy + eligible for platinum-based chemotherapy*

WHAT TO EXPECT

Osimertinib 80 mg orally once daily at home

+ **chemotherapy** every 3 weeks for 4 cycles, followed by maintenance

Clinic visits approx. every 3 weeks for infusion therapy

OUTCOMES

People taking this treatment went an average of **25.5 months before the cancer started growing** *(compared to 16.7 months on Osimertinib alone)*

Average overall survival was **nearly 4 years (47.5 months)** *(compared to approximately 3 years (37.6) months on Osimertinib alone)*
Note: Patient follow-up still ongoing.

KEY CONSIDERATIONS

Demonstrated a meaningful improvement in PFS and OS – this regimen represents an important first-line treatment option

Quality of life assessments showed **maintenance of overall well-being and physical functioning**

Expected side effects:

Chemotherapy: Anemia, neutropenia, nausea, fatigue

Osimertinib: Diarrhea, rash with rare events including interstitial lung disease and QTc prolongation require monitoring

MARIPOSA Phase III Trial: Amivantamab + Lazertinib

Status: FDA Approved

Amivantamab
(bispecific antibody targeting EGFR and MET)

+ Lazertinib
(oral EGFR tyrosine kinase inhibitor)

First-line therapy to improve tumor control and extend survival in EGFR-mutated NSCLC

TRIAL GOAL
To see if amivantamab and lazertinib can slow cancer growth, extend survival compared to standard treatment

FOR WHO
Adults with EGFR-mutated advanced NSCLC *who had not received prior systemic therapy for advanced disease and are eligible for first-line treatment*

WHAT TO EXPECT

Amivantamab infusion every two weeks at the clinic

+ daily oral doses of lazertinib until disease progression or toxicity

Regular imaging and blood tests to monitor tumor response and side effects

OUTCOMES

People taking this treatment **went an average of 23.7 months before the cancer started growing** *(compared to 16.6 months on Osimertinib alone)*

The time before symptoms worsened was **extended by about 14 months** *(43.6 months compared to 29.3 months on Osimertinib alone)*

Average overall survival was longer for those on the combination *(47.5 months compared to 37.6 months on Osimertinib alone)*

KEY CONSIDERATIONS

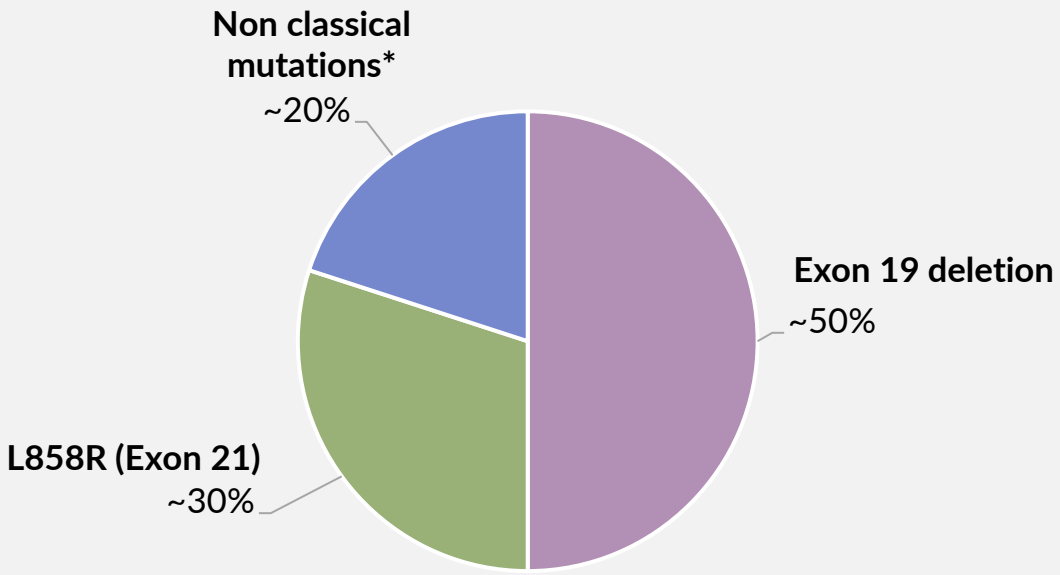
May extend survival by several months and delay cancer-related symptoms, helping patients maintain better daily functioning

Later onset of symptom worsening compared to Osimertinib alone

Common side effects: Rashes, infusion-related reactions, peripheral edema, fatigue, diarrhea, and increased risk of venous thromboembolism

Uncommon EGFR Mutations

EGFR Mutation Distribution in NSCLC



**Non classical mutations include:*

- ***Exon 20 insertions***
- ***G719X, S768I, L861Q***
- ***Compound EGFR mutations and others***

PAPILLON

IV infusion of **amivantamab** and **chemotherapy** every 3 weeks in the clinic

FOR WHO

Adults with **Exon 20 insertion–positive advanced or metastatic NSCLC** who had not received prior systemic therapy for advanced disease

OUTCOMES

- People taking this treatment **went an average of 11.4 months before the cancer started growing** *(compared to 6.7 months with chemotherapy alone)*;
- **73% people responded to treatment** *(compared to 47% on chemotherapy)*
- **FDA-approved as the first-line therapy** for EGFR exon 20 insertion–mutated NSCLC.

SIDE EFFECTS

Skin/nail toxicity, edema, infusion related reactions, low blood counts, fatigue

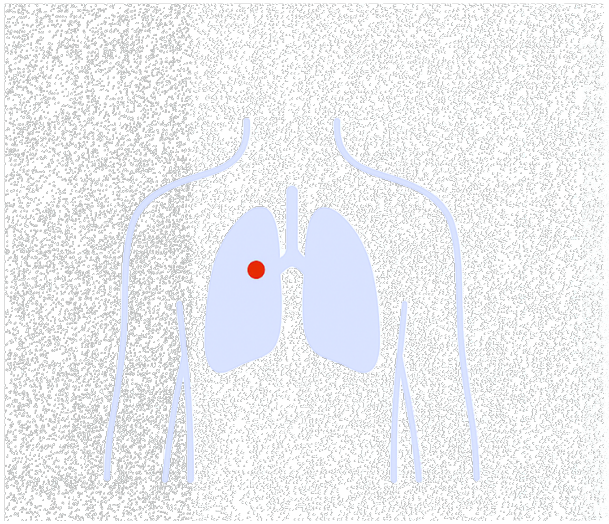
Second-Line Treatment

Why might second-line treatment be needed?

Over time, some cancer cells may develop new genetic changes or alterations that make them less responsive to initial treatment. This is **called** ***acquired resistance***.

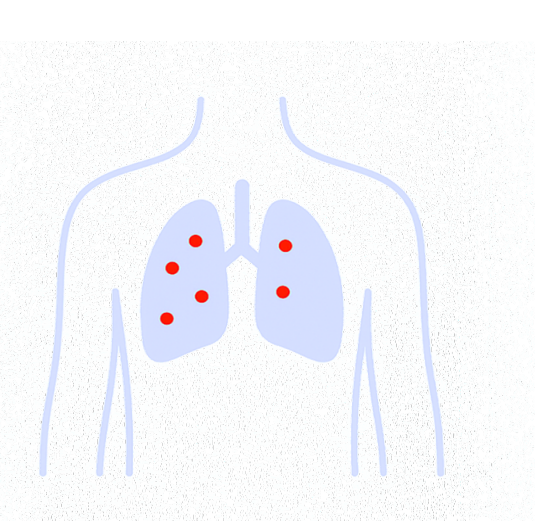
Repeat Biopsy: A new biopsy (tissue or liquid) may be needed to help identify resistance mechanisms and help determine the best treatment.

Patterns of disease



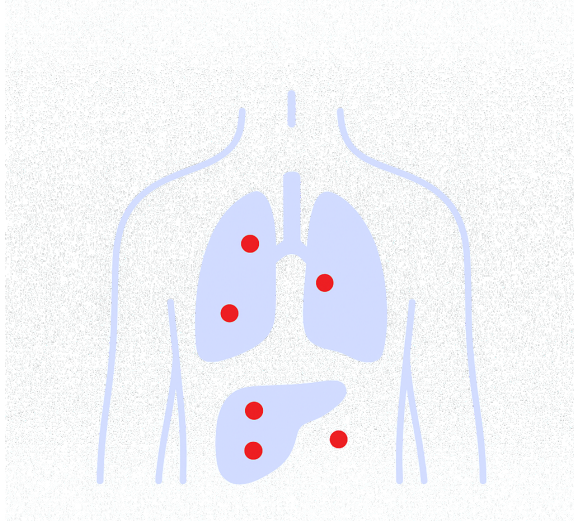
Oligo-residual disease

After initial treatment, only a few small spots or areas of cancer remain in the body.



Oligo-progressive disease

Most of the cancer is well controlled by treatment, but a small number of spots have started to grow or progress.



Oligo-metastatic disease

The cancer has spread, but only to a few places (usually fewer than five) in the body, but not throughout the body.

Local vs. Systemic Therapy

What is Local Therapy?

Used when there is **limited disease** *(oligo-progressive or oligo-residual)*, with progression or residual activity in only a few lesions.

Focuses on controlling specific tumor sites while the patient continues current targeted therapy (e.g., Osimertinib)

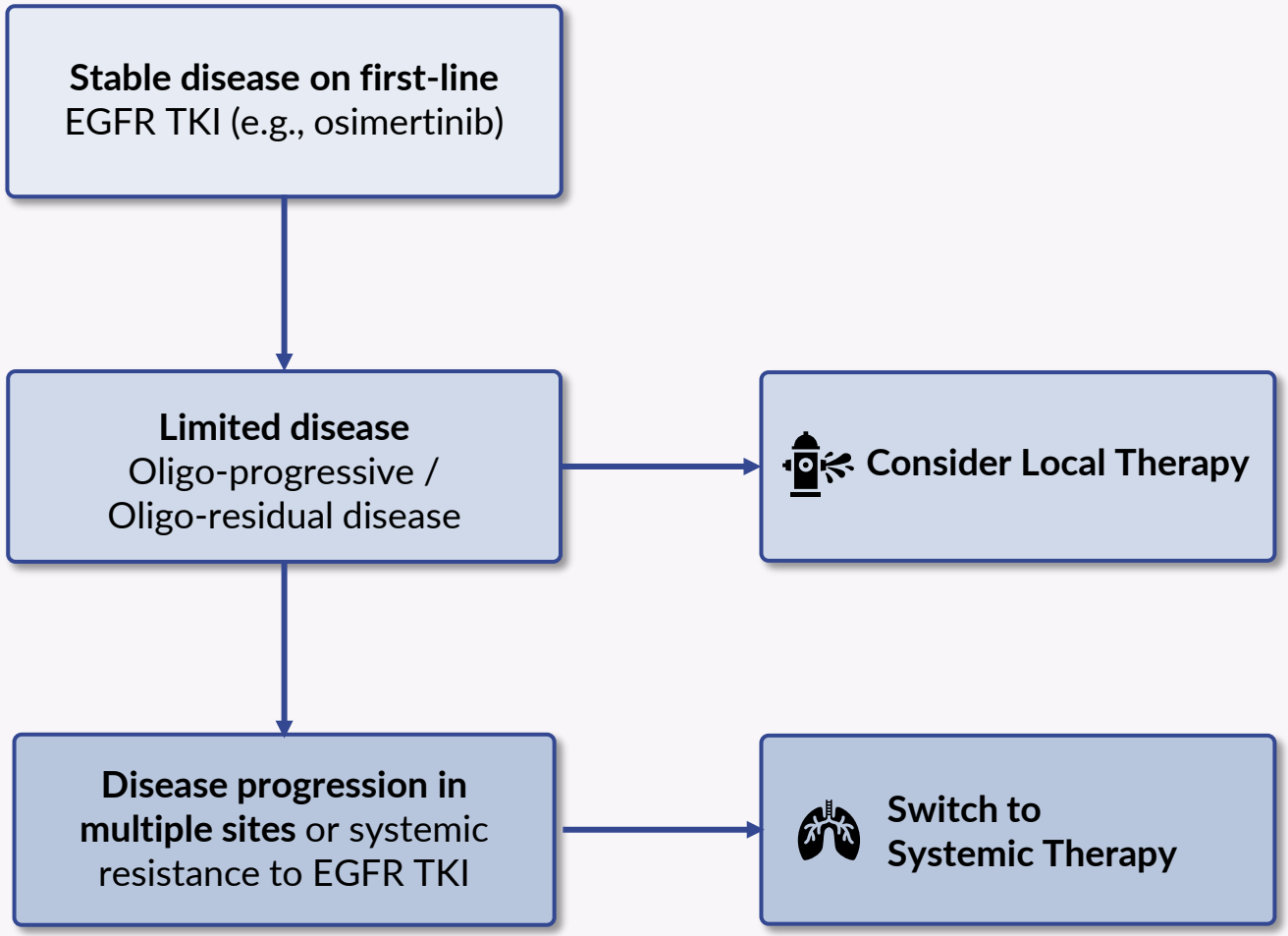
Common approaches include ***stereotactic body radiotherapy (SBRT), surgery, or tumor ablation***.

What is Systemic Therapy?

Used when there is **widespread disease progression** that cannot be managed locally.

Transition to systemic therapy occurs when disease becomes resistant to targeted therapy (e.g. Osimertinib)

Involves treatments that act throughout the body, including **next-line targeted therapies, chemotherapy, or antibody-based drugs.**



Types of Second-Line Treatments

Currently Available Subsequent-Line Therapies

WHAT IS IT

Approved or late-stage treatment options used after progression on first-line Osimertinib, **including targeted combinations and ADCs** designed to overcome resistance and extend disease control

MARIPOSA-2

Amivantamab infusion, weekly for the first 4 weeks

Then, **every 3 weeks in combination with platinum–pemetrexed chemotherapy** in the clinic

FOR WHO

Adults with EGFR exon 19 deletion or L858R-mutated NSCLC *whose disease progressed after first-line Osimertinib*

OUTCOMES

People taking the combination **lived on average 8.3 months before their cancer started to grow again** *(compared to 4.2 months with chemotherapy alone)*

TROPION-Lung05/01

IV Datopotamab Deruxtecan every 3 weeks in the clinic

FOR WHO

Adults with locally advanced or metastatic EGFRm NSCLC *who have progressed on osimertinib or another EGFR TKI and are fit for IV therapy*

OUTCOMES

Tumors shrank in about 43% of people treated with the combination; people lived on average **6 months before their cancer started to grow again and about 16 months overall;** *Phase III confirmatory trials ongoing*

Types of Second-Line Treatments

Currently Available Subsequent-Line Therapies

WHAT IS IT

Approved or late-stage treatment options used after progression on first-line Osimertinib, **including targeted combinations and ADCs** designed to overcome resistance and extend disease control

COMPEL

Oral Osimertinib taken daily at home

+ platinum–pemetrexed chemotherapy every 3 weeks after disease progression

FOR WHO

Adults with EGFRm NSCLC showing systemic progression on osimertinib *without a targetable resistance mutation and adequate performance status*

OUTCOMES

People who continued Osimertinib with chemotherapy **lived longer without their cancer worsening, both in the body and the brain** *(compared with chemotherapy alone);* follow-up continues

SAVANNAH/ INSIGHT 2

Oral Osimertinib taken daily at home

+ IV MET inhibitor (savolitinib or tepotinib) every 2–3 weeks in the clinic

FOR WHO

Adults with EGFR-mutated advanced NSCLC *and confirmed MET amplification or overexpression after progression on Osimertinib*

OUTCOMES

(Across studies) **Tumors shrank in about 40–50 % of people** treated with Osimertinib + a MET inhibitor; **people lived about 5 to 7 months before their cancer started to grow**

Types of Second-Line Treatments

Emerging Therapies

WHAT IS IT

Investigational options exploring **novel immune or antibody-based mechanisms** to overcome resistance and improve post-TKI outcomes

Ivonescimab

IV infusion of Ivonescimab (PD-1 × VEGF bispecific antibody) given together with **platinum-based chemotherapy, every 3 weeks in the clinic**

FOR WHO

Adults with **EGFRm advanced NSCLC who have progressed after Osimertinib** *and are eligible for immunotherapy-based regimens*

OUTCOMES

People taking Ivonescimab + chemotherapy **lived longer before their cancer grew** *(compared with chemotherapy alone)*; a trend toward improved overall survival was seen; *Phase III studies ongoing*

OptiTROP-Lung04

IV infusion of Sacituzumab Tirumotecan (TROP2-directed antibody–drug conjugate), every 3 weeks in the clinic

FOR WHO

Adults with advanced or metastatic EGFRm NSCLC *who have progressed after EGFR TKI therapy and are eligible for IV ADC treatment*

OUTCOMES

People receiving Sacituzumab Tirumotecan **lived an average of 8.3 months before their cancer grew** *(compared with 4.3 months for those on chemotherapy)*; results show a statistically significant improvement in PFS and OS

Surgery for Early-Stage EGFRm NSCLC

When is surgery considered?

Most commonly used in early-stage NSCLC, *before the cancer has spread* beyond the lungs.

In advanced EGFRm NSCLC, surgery is less common but *may be considered in special circumstances* such as:

- After significant response to systemic therapy
- For *oligo-metastatic* or *oligo-progressive* disease, where cancer is limited to just a few sites.
- To relieve symptoms

WHO IS IT FOR
Best suited for patients with good overall health and lung function.

HOW IT WORKS

Pre-surgery tests	
Pulmonary function tests	Breathing tests to measure how well the lungs are functioning
EKG	Recording of electrical activity to check function of your heart
Lab work	To check other organs are healthy enough for surgery
Types of surgery	
Pneumonectomy	Removes the entire lung
Lobectomy	Removes entire lobe containing tumor
Segmentectomy or wedge resection	Part of lobe is removed
Sleeve resection	Removes a section of the lung airway
Options	
Open lung surgery	Thoracotomy
Minimally invasive surgery	Video-assisted thoracic surgery Robotic-assisted thoracic surgery Intraoperative imaging

KEY CONSIDERATIONS

Recovery:

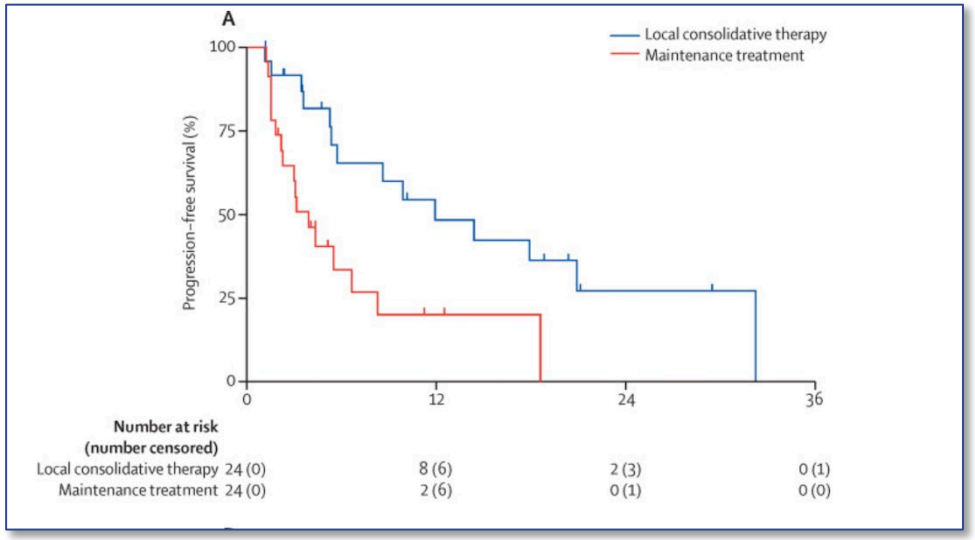
- Recovering from lung cancer surgery typically takes **weeks to months**
- If the surgery is done through a thoracotomy, your **activity might be limited for 1-2 months**.
- People who have video-assisted thoracic surgery instead of a thoracotomy **tend to have less pain after surgery and a quicker recovery**.

Is There a Role for Surgery in Oligo-metastatic Lung Cancer?

The Lancet Oncology
Volume 17, Issue 12, December 2016, Pages 1672-1682

Articles

Local consolidative therapy versus maintenance therapy or observation for patients with oligometastatic non-small-cell lung cancer without progression after first-line systemic therapy: a multicentre, randomised, controlled, phase 2 study

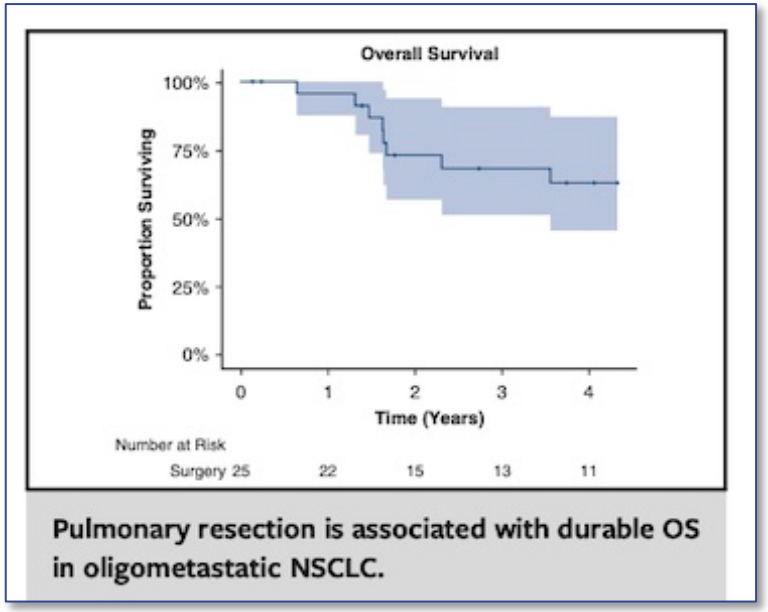


Patients who received **local surgery or radiation (blue line) lived longer without their cancer worsening** *(compared to those who received maintenance treatment or observation).*

THORACIC: METASTATIC LUNG CANCER

Pulmonary resection is associated with long-term survival and should remain a therapeutic option in oligometastatic lung cancer

Check for updates



Pulmonary resection is associated with durable OS in oligometastatic NSCLC.

The average overall survival was approximately **4 years**, with **more than half of patients alive at 3 years following surgery (pulmonary resection)**.

Clinical Lung Cancer
Volume 21, Issue 1, January 2020, Pages 37-46.e7

Original Study

Improved Overall Survival With Comprehensive Local Consolidative Therapy in Synchronous Oligometastatic Non–Small-Cell Lung Cancer

Patients with **oligometastatic** NSCLC (≤3 metastases) whose disease did not worsen after first-line therapy lived significantly longer when treated with **local consolidative therapy** (surgery and/or radiation), with an **average overall survival of about 41 months** *(compared to 17 months for those who received maintenance treatment or observation).*

CLINICAL PRACTICE GUIDELINE

The Society of Thoracic Surgeons (STS) Clinical Practice Guideline on Surgical Management of Oligometastatic Non–small Cell Lung Cancer

Mara B. Antonoff, MD,[1] Kyle G. Mitchell, MD, MSc,[1] Samuel S. Kim, MD,[2] Hai V. Salfity, MD, MPH,[3] Svetlana Kotova, MD,[4,5] Robert Taylor Ripley, MD,[6] Alfonso L. Neri, BSN, RN,[7] Pallavi Sood, PT, PhD,[7] Saumil G. Gandhi, MD, PhD,[8] Yasir Y. Elamin, MD,[9] Jessica S. Donington, MD,[10] David R. Jones, MD,[11] Elizabeth A. David, MD, MAS,[12] Stephen G. Swisher, MD,[1] Isabelle Opitz, MD,[13] J. W. Awori Hayanga, MD, MPH,[14] and Gaetano Rocco, MD[11]

Check for updates

TABLE The Society of Thoracic Surgeons Clinical Practice Guideline on Surgical Management of Oligometastatic Non-small Cell Lung Cancer

Recommendation	COR	LOE
Among patients with oligometastatic NSCLC, pulmonary resection used as local consolidative therapy offers a therapeutic benefit as demonstrated by prolonged OS and PFS compared with best supportive care or maintenance systemic therapy. As such, pulmonary resection should be considered as a local consolidative therapeutic modality in patients with oligometastatic NSCLC.	I	B-R
There is currently insufficient evidence to support routine systematic lymphadenectomy at the time of pulmonary resection for oligometastatic lung cancer; however, there may be prognostic utility and individual benefits must be weighed with risks.	IIb	B-NR
Currently, there is insufficient evidence to recommend lobectomy over parenchymal-sparing sublobar resection for oligometastatic lung cancer.	IIb	B-NR
The benefit of local consolidative therapy likely extends beyond 3 metastases, and surgery should be considered in appropriately selected patients.	IIa	B-R
Among patients with oligoprogressive disease, surgery may be considered provided that all sites of disease are either addressable with local consolidative therapy or responsive to systemic therapy.	IIb	B-R
There is insufficient evidence to support any surgical approach over another for pulmonary resection as local consolidative therapy in oligometastatic lung cancer.	IIb	C-LD
Patients with oligometastatic NSCLC and disease stability should receive multidisciplinary evaluation including surgical consultation.	I	B-NR

COR, class of recommendation; LOE, level of evidence; NSCLC, non-small cell lung cancer; OS, overall survival; PFS, progression-free survival.

Surgical resection as part of consolidative therapy can offer therapeutic benefit in oligometastatic NSCLC.

Patients with oligometastatic NSCLC and disease stability should be discussed at multidisciplinary evaluation including surgical consultation.

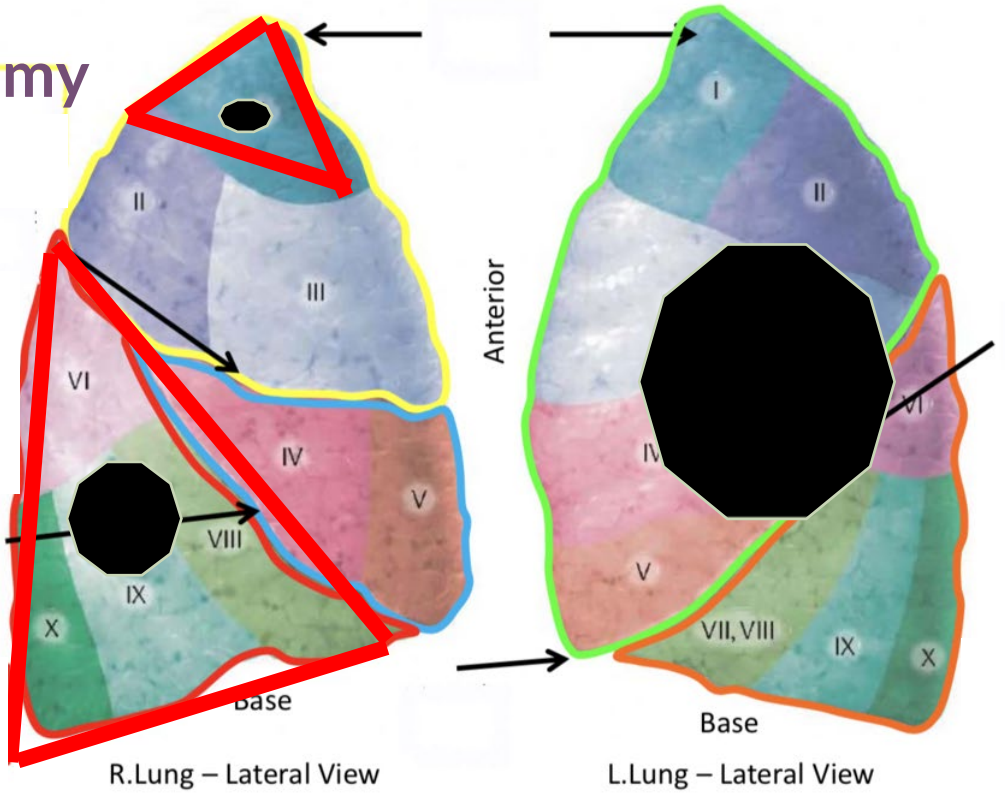
Type of Operation

Lungs & Bronchopulmonary Segments

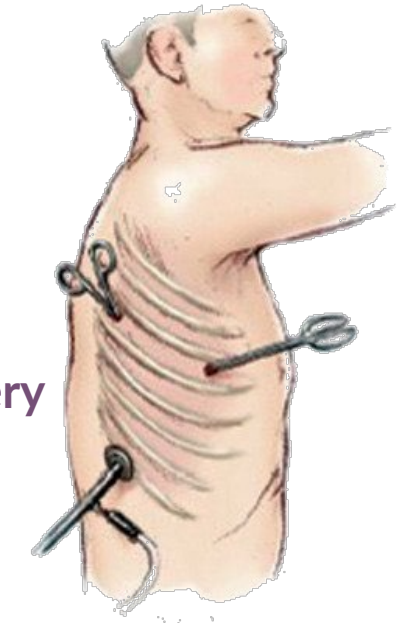
Segmentectomy

Lobectomy

Pneumonectomy

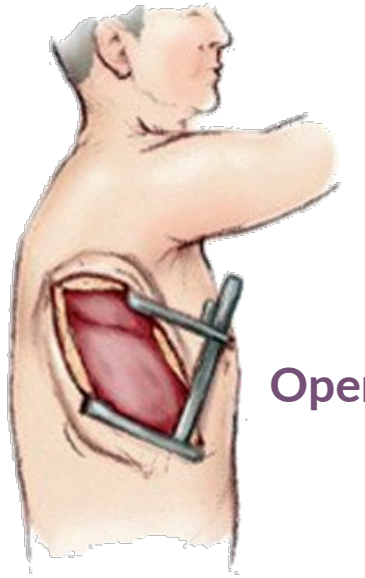


VATS Surgery



VATS

Open Surgery



Open thoracotomy

Robotic Surgery

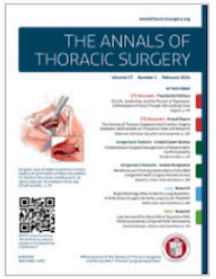
Northwestern Experience 2019-2022
Anatomic Resection "Experienced Surgeons"

LUNG | RESEARCH · Volume 117, Issue 2, P297-303, February 2024

Download Full Issue

Rapid Discharge After Anatomic Lung Resection: Is Ambulatory Surgery for Early Lung Cancer Possible?

Daniel P. Dolan, MD, MPH [1,2,3] · Maxime Visa, BA [1,2,3] · Dan Lee, BS [1,2,3] · ... ·
David D. Odell, MD, MMSc [1,2,3] · Ankit Bharat, MD [1,2,3,*] · Samuel Kim, MD [1,2,3,*] ... Show more



- **37% of patients were discharged home in less than 18 hours**
- **The average length of hospitalization was 1 day**
- **There was 0% 30-day mortality**

ADAURA Phase III Trial: Osimertinib in Resected EGFR-Mutated NSCLC

Status: FDA approved

Adjuvant osimertinib
(EGFR tyrosine kinase inhibitor)

Targeted therapy given after surgery to reduce the risk of cancer returning and improve long-term survival in EGFR-mutated (Ex19del/L858R) NSCLC

TRIAL GOAL
To see if taking Osimertinib after surgery can lower the risk of recurrence and help people live longer compared to placebo

FOR WHO
Adults *with completely resected, non-squamous stage IB–IIIA EGFR-mutated NSCLC*, after recovery from surgery and optional adjuvant chemotherapy, eligible for adjuvant therapy

WHAT TO EXPECT

Osimertinib 80 mg orally once daily at home, for up to 3 years or until recurrence / toxicity

Regular clinic visits with exams, CT/MRI imaging, and labs to monitor for recurrence and side effects

OUTCOMES

At the time of analysis, **most people taking Osimertinib after surgery had not seen their cancer return** *(compared to recurrence at a median of 28.1 months for placebo)*

Five-year overall survival *(the percentage of people still alive five years)* **was 88%** *(compared to 78% with placebo)*

Fewer people had their cancer spread to the brain; **risk was reduced by about 76%.**

KEY CONSIDERATIONS

Reduced risk of recurrence and improved long-term survival after surgery in EGFRm NSCLC

Quality of life and physical functioning were maintained during treatment

Common side effects: Rash, diarrhea, paronychia, and dry skin; rare events such as interstitial lung disease and QTc prolongation were monitored

LAURA Phase III Trial: Osimertinib after Chemoradiotherapy in Unresectable EGFR-Mutated NSCLC

Status: FDA Approved

Osimertinib
(EGFR tyrosine kinase inhibitor)

Targeted therapy given after chemoradiotherapy to delay disease progression and distant metastases in unresectable stage III EGFR-mutated NSCLC

TRIAL GOAL
To see if taking Osimertinib after chemoradiotherapy can delay cancer growth and improve survival compared to placebo

FOR WHO
Adults with *unresectable stage III EGFR-mutated NSCLC with exon 19 deletion or L858R substitution mutations*, whose disease has not progressed following definitive concurrent chemoradiotherapy

WHAT TO EXPECT

Osimertinib 80 mg orally once daily at home after completing combined chemotherapy and radiation, when the cancer is controlled and has not progressed

Outpatient follow-up with exams, CT/MRI imaging, and labs to monitor for recurrence and side effects

OUTCOMES

People taking Osimertinib lived much longer before their cancer started growing, with a **median progression-free survival of 39.1 months** *(compared to 5.6 months for placebo)*

A **favorable overall survival trend was observed**, *with follow-up still ongoing*

KEY CONSIDERATIONS

Significantly prolonged disease control after chemoradiotherapy for unresectable stage III EGFRm NSCLC

Quality of life and physical functioning were maintained during treatment

Common side effects: Rash, diarrhea, fatigue, and paronychia; rare events such as interstitial lung disease and QTc prolongation require monitoring

10-minute break

Submit questions for the panelists!

Questions will be answered during Q&A.

Stronger Together:
EGFR Resisters' Patient and Caregiver Summit

Fireside chat

Moderated Q&A with panelists

Panelists

Mary Jo Filder, MD
Session Moderator
Medical Oncology Section Chief,
Rush University Medical Center

Christine M. Lovly, MD, PhD, FASCO
Panelist
Thoracic Medical Oncology,
Currently transitioning between positions
Vanderbilt University Medical Center to City of Hope Comprehensive Cancer Center

Joshua Reuss, MD
Panelist
Thoracic Medical Oncologist,
MedStar Georgetown University Hospital
Assistant Professor, Georgetown University Medical Center

David P. Carbone, MD, PhD
Panelist
Barbara J. Bonner Chair in Lung Cancer Research
Director, James Thoracic Center
Co-Leader, Translational Therapeutics Program

Susan Combs Scott, MD
Panelist
Assistant Professor of Oncology, Johns Hopkins University School of Medicine
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Thank You!

Appendix

Glossary of Key Terms

Common abbreviations:

AE: Adverse Event

CI: Confidence Interval

CRT: Chemoradiotherapy

CNS: Central Nervous System

DFS: Disease-Free Survival

EGFR: Epidermal Growth Factor Receptor

ILD: Interstitial Lung Disease

MET: Mesenchymal–Epithelial Transition Factor

NSCLC: Non–Small Cell Lung Cancer

OS: Overall Survival

PFS: Progression-Free Survival

QTc: Corrected QT Interval

HRQoL / QoL: Health-Related Quality of Life / Quality of Life

Resource Hub

- *FLAURA*
- *FLAURA 2*
- *MARIPOSA*
- *PAPILLON*
- *MARIPOSA 2*
- *TROPION-Lung05/01*
- *COMPEL*
- *SAVANNAH/INSIGHT 2*
- *OptiTROP-Lung04*
- *ADAURA*
- *LAURA*