Effect of Amivantamab Dose Interruptions on Efficacy and Safety of First-line Amivantamab Plus Lazertinib in EGFR-mutant Advanced NSCLC: Exploratory Analyses from the MARIPOSA study

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Conclusions

Among pts receiving ami+laz, early dose interruptions of ami per protocol guidance did not adversely impact the efficacy of the combination. Ami+laz is a new first-line standard of care for pts with EGFR-mutant advanced NSCLC.

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Poster

https://www.congresshub.com/oncology/DGHO2024#product-amivantamab

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Disclosures

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Background

- Amivantamab (ami) is an EGFR-MET bispecific antibody with immune cell-directing activity. Lazertinib (laz) is a CNS-penetrant 3rd-generation EGFR TKI. As first-line treatment, ami+laz demonstrated superior progression-free survival (PFS) vs osimertinib in patients (pts) with EGFR-mutant advanced non-small cell lung cancer (NSCLC; Cho Ann Oncol 2023). Protocol guidance in the MARIPOSA study (NCT04487080) recommended consideration of ami dose interruption in the case of related grade ≥2 toxicity. For pts treated with first-line ami+laz, the majority of key adverse events occurred in the first 4 months (mo; Spira JTO 2023). We studied the efficacy and safety in ami+laz pts that had ami dose interruptions in the first 4 months.

Methods

- This analysis included all pts who were randomized to the ami+laz arm in MARIPOSA (efficacy set: n=429, safety set: n=421). Study protocol dictated ami to be dose modified before laz. Dose interruptions were defined as any interruptions of ami due to any cause.

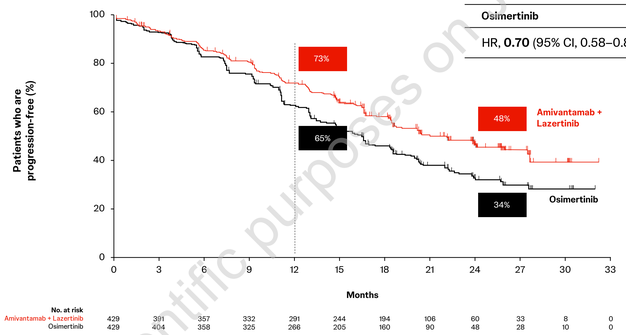
Results

- Among the 429 pts who were randomized to the ami+laz arm, 421 received at least one dose. At a median follow-up of 22.0 months, 49% (206/421) had ami dose interruptions in the first 4 months of treatment.
- Among pts that required ami dose interruptions in the first 4 months, median PFS was 23.9 mo (95% CI, 18.5–NE). Objective response rate (ORR) and median duration of response (DoR) for pts with dose interruptions of ami in the first 4 months and all pts randomized to the ami+laz arm are shown in the Table.

Primary Endpoint: Progression-free Survival by BICR

Median follow-up: 22.0 months	**Median PFS (95% CI)**
Amivantamab + Lazertinib	23.7 mo (19.1–27.7)
Osimertinib	16.6 mo (14.8–18.5)

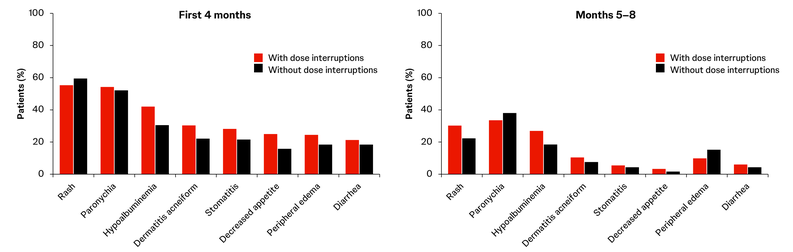
HR, **0.70** (95% CI, 0.58–0.85); *P*<0.001



Demographic and baseline characteristics

Characteristic, n (%)	Dose interruptions in the first 4 months (n=188)	No interruptions in the first 4 months (n=190)
Median age (range), years	63 (35–86)	62 (24–88)
Female	120 (64)	120 (63)
Race		
Asian	108 (57)	114 (60)
Non-Asian	78 (41)	76 (40)
Unknown	2 (1)	0
ECOG PS 1	122 (65)	127 (67)
History of smoking	61 (32)	54 (28)
History of brain metastases	80 (43)	71 (37)
EGFR mutation type		
Ex19del	101 (54)	124 (65)
L858R	87 (46)	66 (35)

Prevalence of key AEs over time

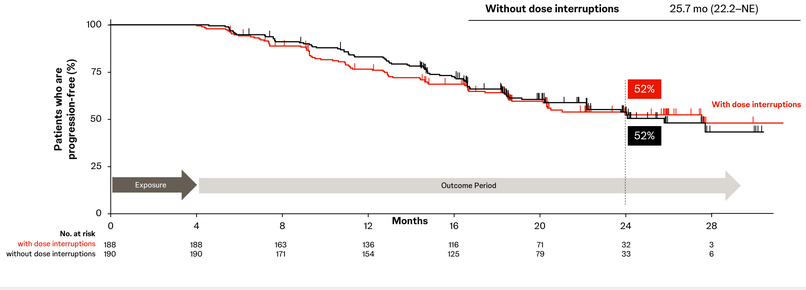


Results: Descriptive analysis of amivantamab dose interruptions

Endpoint, median (95% CI)	Dose interruptions in the first 4 months (n=206)	No interruptions in the first 4 months (n=215)	All randomized patients (n=429)
PFS	23.9 mo (18.5–NE)	23.7 mo (18.4–NE)	23.7 mo (19.1–27.7)
ORR	87% (81–91)	89% (84–93)	86% (83–89)
DoR among confirmed responders	25.8 mo (16.7–NE)	26.1 mo (20.1–NE)	25.8 mo (20.1–NE)

Association of dose interruptions with progression-free survival

Median follow-up[b]: 22.0 months	**Median PFS (95% CI)**
With dose interruptions	27.5 mo (20.3–NE)
Without dose interruptions	25.7 mo (22.2–NE)



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