



WHAT DO THESE RESULTS MEAN FOR INDIVIDUALS WITH NON-SMALL CELL LUNG CANCER (NSCLC)?

Individuals with NSCLC and atypical mutations in the epidermal growth factor receptor (*EGFR*) gene lived and remained on treatment longer when their first treatment was amivantamab plus lazertinib versus when they received EGFR-TKI treatments



WHAT WAS THE PURPOSE OF THIS STUDY?

- This study assessed clinical outcomes with amivantamab plus lazertinib as a first treatment compared with real-world EGFR-TKI treatments for patients with atypical *EGFR* mutations



WHO WAS IN THE STUDY AND HOW WAS IT CARRIED OUT?

- Outcomes from Cohort C (NSCLC with atypical *EGFR* mutations) of the CHRYSALIS-2 (NCT04077463) study of amivantamab plus lazertinib were compared with real-world outcomes of patients who received physician-selected EGFR TKIs. Statistical methods were used to help make the 2 populations more similar and allow for more balanced comparisons

Figure 1: Study design and participant characteristics

All study participants/real-world patients:

- ✓ Had advanced or metastatic NSCLC with an atypical *EGFR* mutation
- ✓ Had an ECOG PS score of 0 or 1
- ✓ Received an EGFR TKI or amivantamab plus lazertinib as their first treatment for NSCLC

Outcomes evaluated: Overall survival, Time to treatment discontinuation

	Number of participants/real-world patients	Median age	Percentage with spread of tumor to the brain at study start
Real-world cohort: EGFR TKI (after statistical balancing)	46	60 years	35%
CHRYSALIS-2 Cohort C: amivantamab + lazertinib	49	60 years	27%

ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; NSCLC, non-small cell lung cancer; TKI, tyrosine kinase inhibitor.

Before statistical balancing, the real-world cohort had 69 patients that received an EGFR TKI, with osimertinib (49%) and afatinib (41%) being the most common

Evaluating the Effectiveness of Amivantamab Plus Lazertinib in CHRYSALIS-2 vs EGFR-TKI Monotherapy in a Matched Real-World Cohort of Patients With Atypical *EGFR*-Mutant Advanced NSCLC

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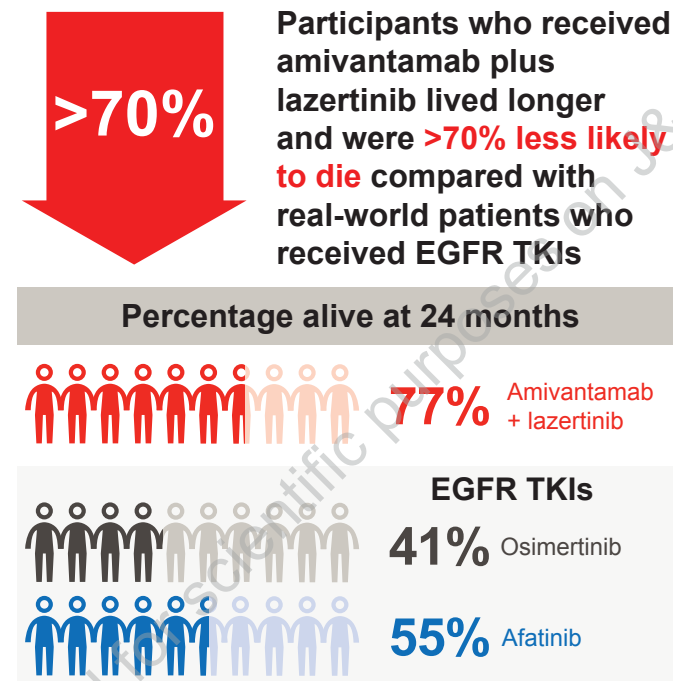
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WHAT WERE THE RESULTS?

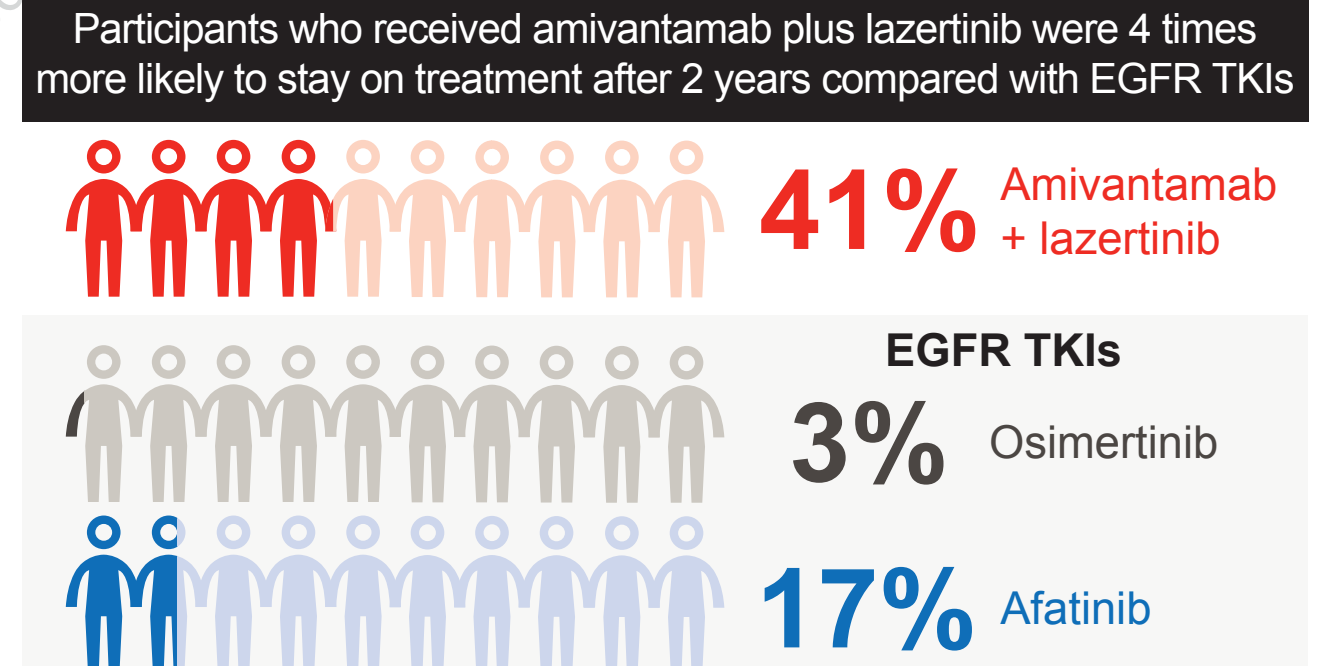
Participants who received amivantamab plus lazertinib as their first treatment lived longer and stayed on their treatment longer before switching compared with real-world patients who received EGFR-TKIs 41% of participants treated with an EGFR TKI in the real-world setting died before receiving a second treatment, indicating a need for improved initial treatments

Figure 2: Longer overall survival



EGFR, epidermal growth factor receptor; NSCLC, non-small cell lung cancer; TKI, tyrosine kinase inhibitor.

Figure 3: Longer time to treatment discontinuation



EGFR, epidermal growth factor receptor; TKI, tyrosine kinase inhibitor.

Glossary of terms

Atypical *EGFR* mutations

Changes in the *EGFR* gene that occur in only 5% to 10% of cases; mutations in the *EGFR* gene are common in NSCLC and can affect how the cancer responds to treatment

Eastern Cooperative Oncology Group performance status (ECOG PS)

A rating scale used to assess the extent of a patient's disease

EGFR TKI

A targeted treatment used to treat NSCLC by inhibiting the EGFR protein, which is involved in the growth and spread of cancer cells



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