

Many patients with epidermal growth factor receptor (EGFR)-mutant NSCLC who received amivantamab had immunotherapy as their previous treatment, despite not being an effective option for this population. Thus, patients with EGFR-mutant NSCLC who are treated with immunotherapy are exposed to unnecessary side effects



### WHAT WAS THE PURPOSE OF THIS STUDY?

· This study describes the characteristics and treatment journey of patients receiving amivantamab as a second or later treatment in regular clinical practice



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

- Who: Patients who initiated amivantamab after receiving a prior treatment
- When: Data time window was 1/1/2016–10/31/2023, during which time amivantamab was approved for EGFR exon 20 insertionmutated NSCLC after chemotherapy (approval date, 5/21/2021)
- How: Retrospective cohort study of insurance claims

#### Figure 1: Study design and patient characteristics

### All patients:

✓ ≥18 years

Had diagnosis of NSCLC

Received amivantamab after ≥1 prior treatment for NSCLC

Number of NSCLC treatments before amivantamab

1 51.6% 2 32.5%

≥3 15.9%





were female

spread to the brain before amivantamab

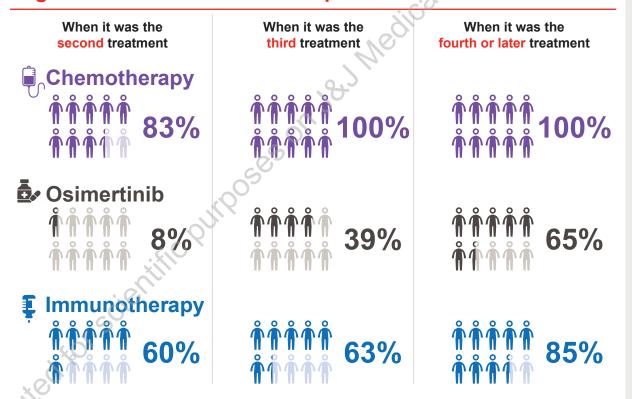
# Real-World Treatment Patterns Among Patients With Advanced NSCLC Treated With Amivantamab

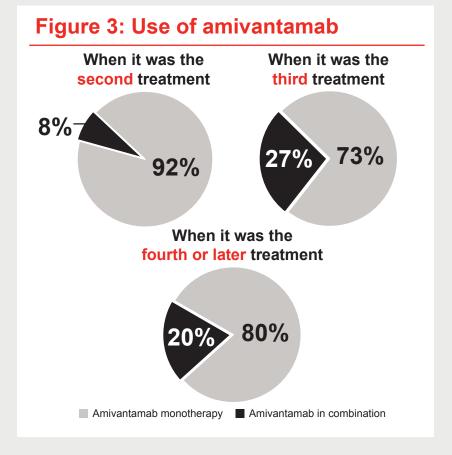
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# WHAT WERE THE RESULTS?

More than half of the patients had previously received immunotherapy, which is a suboptimal treatment for this population. Most patients started amivantamab as monotherapy

# Figure 2: Treatments received prior to amivantamab





# Glossary of terms

**EGFR** mutation

EGFR is a protein that relays chemical signals that tell the cell to grow, divide, or survive. Mutations in the *EGFR* gene are common in NSCLC and can affect how the cancer responds to treatment

**Immunotherapy** 

A type of treatment that helps the immune

**Monotherapy** A treatment given on its own (vs in combination)



NSCLC, non-small cell lung cancer

Median age

60.2

years