

APPLYING **ADAURA** IN PRACTICE

Implications for Early Stage *EGFRm* NSCLC

MEDICAL MOMENTS

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A MULTIDISCIPLINARY ROUNDTABLE OF EXPERTS FROM THORACIC SURGERY, MOLECULAR PATHOLOGY, AND MEDICAL ONCOLOGY

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c3 oncology

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Learning Objectives

- Evaluate practical strategies to ensure patients are being diagnosed and receiving biomarker testing at earlier stages of disease, allowing those with resectable *EGFRm* NSCLC to benefit from adjuvant therapy, if indicated.
- Examine the latest clinical data for the use of adjuvant osimertinib in early stage *EGFRm* NSCLC based on results from the ADAURA trial.
- Discuss important clinical questions regarding the ADAURA trial and implications of study results in stage IB-IIIa *EGFRm* NSCLC from various clinical specialty perspectives.

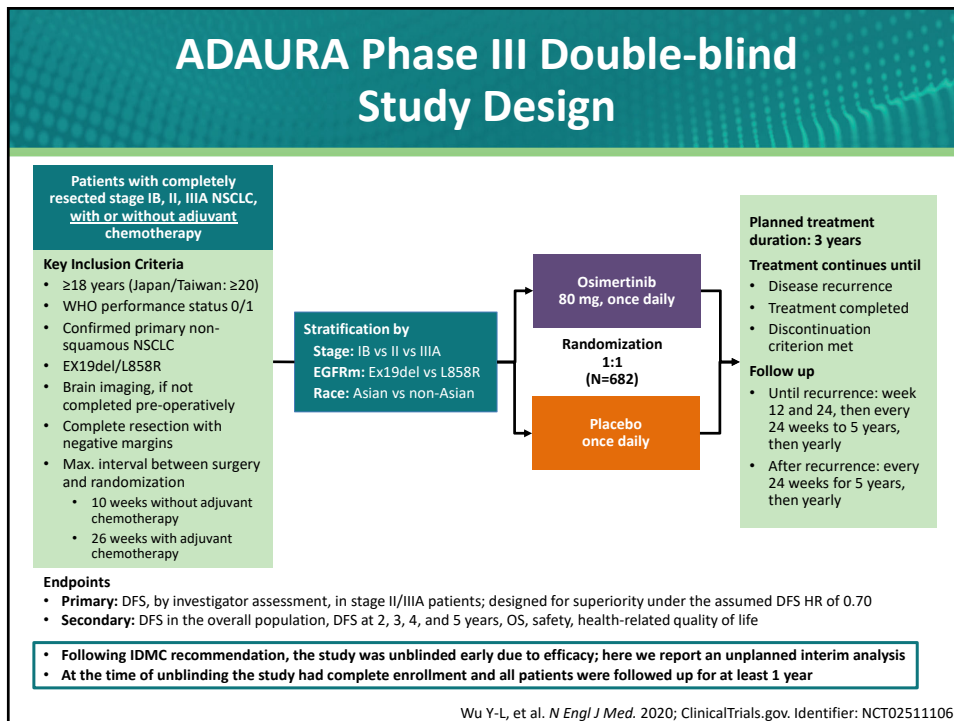
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Summary of SOC + EGFR Adjuvant Studies (pre-ADAURA)

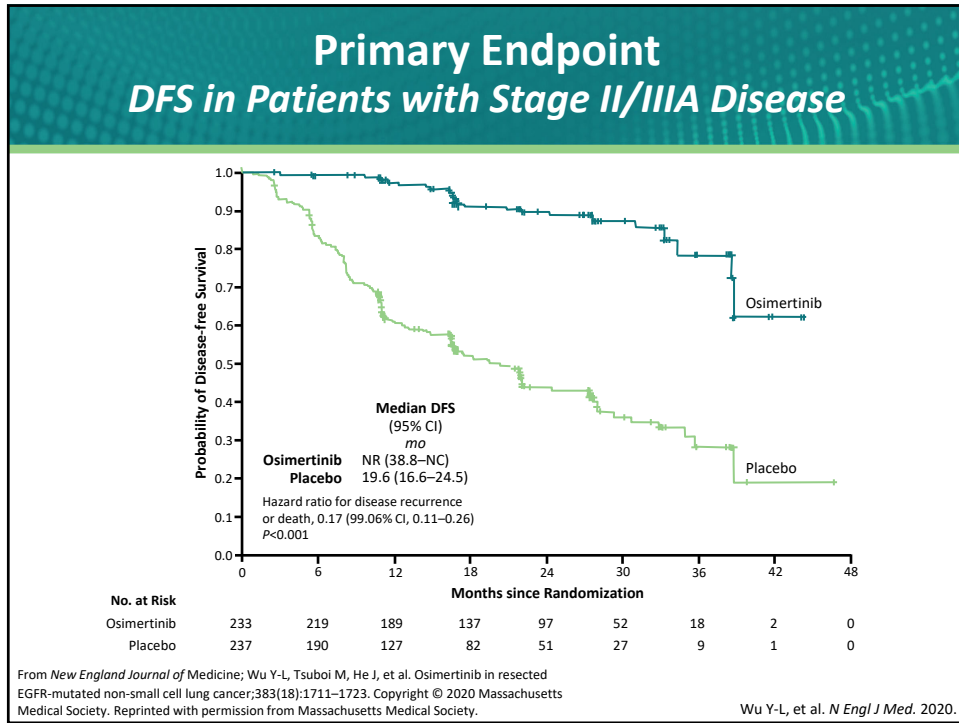
Study	N	Adj TKI, Comparator	% rec. chemo	% stage IIIA	DFS HR	OS HR	2y DFS	5y DFS	Design flaws
MSKCC 1 ^a	167	Gef/Erl (56) No therapy	28%	27%	0.53 (0.28–1.03)	0.62 (0.26–1.51)	89% 72%	—	Clinical rx assign, some neo-adj TKI
MSKCC 2 ^b	222	Gef/Erl (84) No therapy	45%	13%	0.43 (0.26–0.72)	0.50 (0.23–1.08)	—	87% (3y)	Clinical rx assign
RADIANT ^c (1 ^o DFS)	161	Erl 2y (102) Placebo	51%	22%	0.61 (0.38–0.98)	1.09 (0.54–2.16)	75% 54%	—	Not all EGFRm, med dur rx just 11.9 mo
SELECT ^d (1 ^o 2y DFS)	100	Erlotinib 2y	NR	28%	—	—	88%	56%	Not randomized
NCCN ^e (1 ^o 2y DFS)	46	Afat 3m (24) Afat 2y (22)	50%	30%	—	—	71% 85%	—	Closed early for slow accrual
ASCENT ^f	19	Afat, neo-adj and adj x 2y	100%	68% (the rest IIIB)	—	—	88% 2y OS	Med OS 5.7y	Very small study

^aJanjigian YY, et al. *J Thorac Oncol.* 2011; ^bD'Angelo SP, et al. *J Thorac Oncol.* 2012; ^cKelly K, et al. *J Clin Oncol.* 2015; ^dPennell NA, et al. *J Clin Oncol.* 2019; ^eNeal JW, et al. *JCO Precision Oncol.* 2021; ^fPiper-Vallillo AJ. IASLC WCLC 2020. Abstract FP01.05.



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Disease-free Survival (DFS) by Stage

	Stage IB	Stage II	Stage IIIA
2-year DFS rate, % (95% CI)			
Osimertinib	88 (78–94)	91 (82–95)	88 (79–94)
Placebo	71 (60–80)	56 (45–65)	32 (23–41)
Overall HR (95% CI)	0.39 (0.18–0.76)	0.17 (0.08–0.31)	0.12 (0.07–0.2)

- In the osimertinib arm, 2-year DFS rates were consistent across stages IB, II, and IIIA disease
- Maturity (overall population: stage IB/II/IIIA) 29%: osimertinib events 12%, placebo events 46%

Wu Y-L, et al. *N Engl J Med*. 2020.

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Adjuvant Chemo Not Mandatory in ADAURA

- Overall, 410/682 (60%) patients received adjuvant chemotherapy, for a median duration of 4.0 (Q1: 4.0; Q3: 4.0) cycles, consistent across treatment arms
- The majority of patients (409/410)[†] received platinum-based[†] chemotherapy, most with stage II/IIIA disease (76%), and fewer with stage IB disease (26%)
- Adjuvant chemotherapy use was more frequent in patients aged <70 years and in patients enrolled in Asia, and was not influenced by WHO PS (0 or 1)

Characteristic	Patients, n	Received adjuvant chemotherapy
Stage IB	216	26% [‡]
Stage II	231	71% [‡]
Stage IIIA	235	80% [‡]
Aged <70 years	509	66%
Aged ≥70 years	173	42%
WHO PS 0	434	60%
WHO PS 1	248	60%
Enrolled in Asia [§]	414	65%
Enrolled outside of Asia [#]	268	53%

ADAURA data cut-off: January 17, 2020.

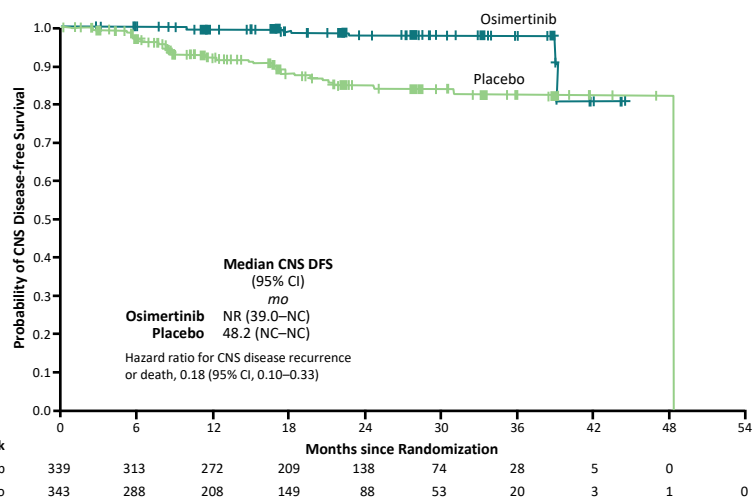
[†]One patient received only single-agent non-platinum chemotherapy (pemetrexed) as adjuvant treatment with an adjunct traditional Chinese medicine (protocol deviation);

[‡]Predominantly cisplatin- or carboplatin-based (cisplatin: n=275; carboplatin: n=139); [§]Includes only patients who received platinum-based chemotherapy (n=409);

^{||}No Japan patients with stage IB disease; [#]Japan: n=71; China: n=106; Asia non-Japan, non-China: n=91; [§]Enrolled in Europe, Australia, United States, Canada, or Brazil.

Wu Y-L. IASLC WCLC 2020. Abstract OA06.04.

CNS Disease-free Survival



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Wu Y-L, et al. *N Engl J Med.* 2020.

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