

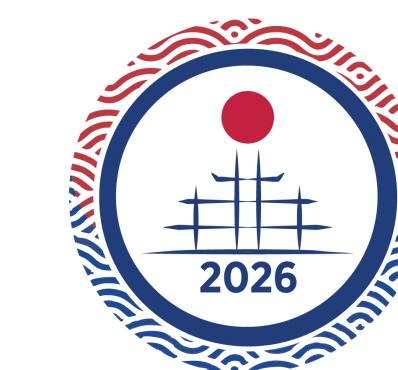
# A Multi-centre Chart Review study on the treatment patterns and outcomes of stage I-III Non-Small Cell Lung Cancer (LC MAP)

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## PLAIN LANGUAGE SUMMARY

**WHY IS THIS RESEARCH NEEDED?**  
China has a substantial lung cancer burden, with approximately 1,175,900 new cases and a crude incidence rate of 84 per 100,000 population<sup>1</sup>. NSCLC accounts for 80–85% of lung cancers, and around 60% of patients (pts) are diagnosed with non-metastatic disease<sup>2</sup>. Treatment for stage I–III NSCLC is rapidly changing with new immunotherapies and targeted therapies, creating more treatment options and increasingly complex care pathways<sup>3</sup>. However, real-world evidence is needed to understand how these treatments and biomarker testing are being used, whether care follows treatment guidelines, what happens after recurrence or progression, and patient outcomes in routine practice.

**WHO IS INCLUDED IN THIS STUDY?**  
LC MAP will include adults diagnosed with stage I–III NSCLC and treated in routine clinical practice across multiple centres in China. Up to 3,000 patients will be included overall, with approximately 1,000 newly diagnosed patients enrolled each year and previously enrolled patients followed over time.

**HOW WILL THE STUDY BE CONDUCTED?**  
This is a non-interventional retrospective dynamic cohort study based on patient medical chart review, with multiple rounds of data extraction (DE). DE is planned to be conducted annually from 2026 to 2029. At each DE, we will include new patients who are recently diagnosed with early-stage NSCLC and retrospectively extract data from medical charts. In addition, patients who have been enrolled previously will continue to be followed up in subsequent DEs.

**WHAT COULD THIS STUDY ADD?**  
LC MAP will provide a comprehensive, longitudinal view of real-world care for stage I–III NSCLC in China, from diagnosis through initial and subsequent treatment and outcomes. The study will show how treatment practice changes over time, how new treatments and guidelines are adopted, and where gaps in testing or treatment may remain, providing evidence to inform future clinical practice and research.



## INTRODUCTION

- 1 Lung cancer represents a substantial disease burden in China, with approximately 1,175,900 new cases and a crude incidence rate of 84 per 100,000 population<sup>1</sup>. NSCLC accounts for 80–85% of lung cancers, with approximately 60% of patients diagnosed with non-metastatic disease.<sup>2</sup>
- 2 The management of stage I–III NSCLC is increasingly complex and rapidly evolving, encompassing surgery and radiotherapy alongside systemic approaches such as chemotherapy, immunotherapy, and targeted therapy. In recent years, multiple regulatory approvals have further reshaped the treatment landscape, introducing new neoadjuvant, adjuvant, perioperative, and consolidation strategies for patients with NSCLC<sup>3</sup>.
- 3 As these therapeutic options are increasingly integrated into routine care, real-world evidence is needed to characterize evolving treatment patterns, assess the uptake of guideline-recommended therapies, and understand patient management and outcomes over time.



## STUDY DESIGN

### Non-Interventional dynamic cohort secondary study across Stage I–III lung cancer



#### Key inclusion

- Stage I–III at initial NSCLC diagnosis
- Age ≥18 years at first diagnosis



#### Key exclusion

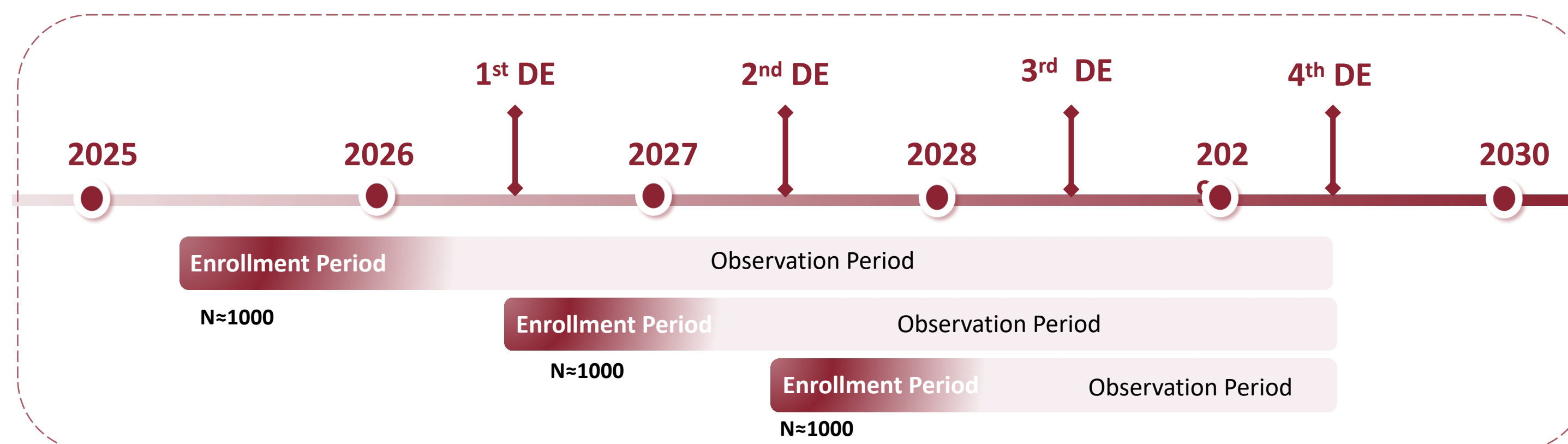
- NSCLC is not the primary cancer diagnosis
- Participating in other lung cancer-related interventional clinical trials
- With a history of other primary cancers

~20 sites in China

Sample Size:  
up to 3,000 patients

#### Annual Data Extractions (DE) from 2026–2029:

Newly diagnosed pts & Longitudinal follow-up data of previously enrolled pts



#### Primary Objective & Endpoints

- To understand the evolution of initial treatment patterns
  - Stage I–III NSCLC initial treatment regimen
  - Proportion of unresected patients in stage I/II/III
  - CRT rate in unresected stage III



#### Secondary Objectives & Endpoints

- To understand treatment duration
  - TKI treatment duration & discontinuation reason in EGFRm patients
- To describe patterns of recurrence
  - Type of recurrence following initial treatment regimen
- To assess the guideline adoption rate

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