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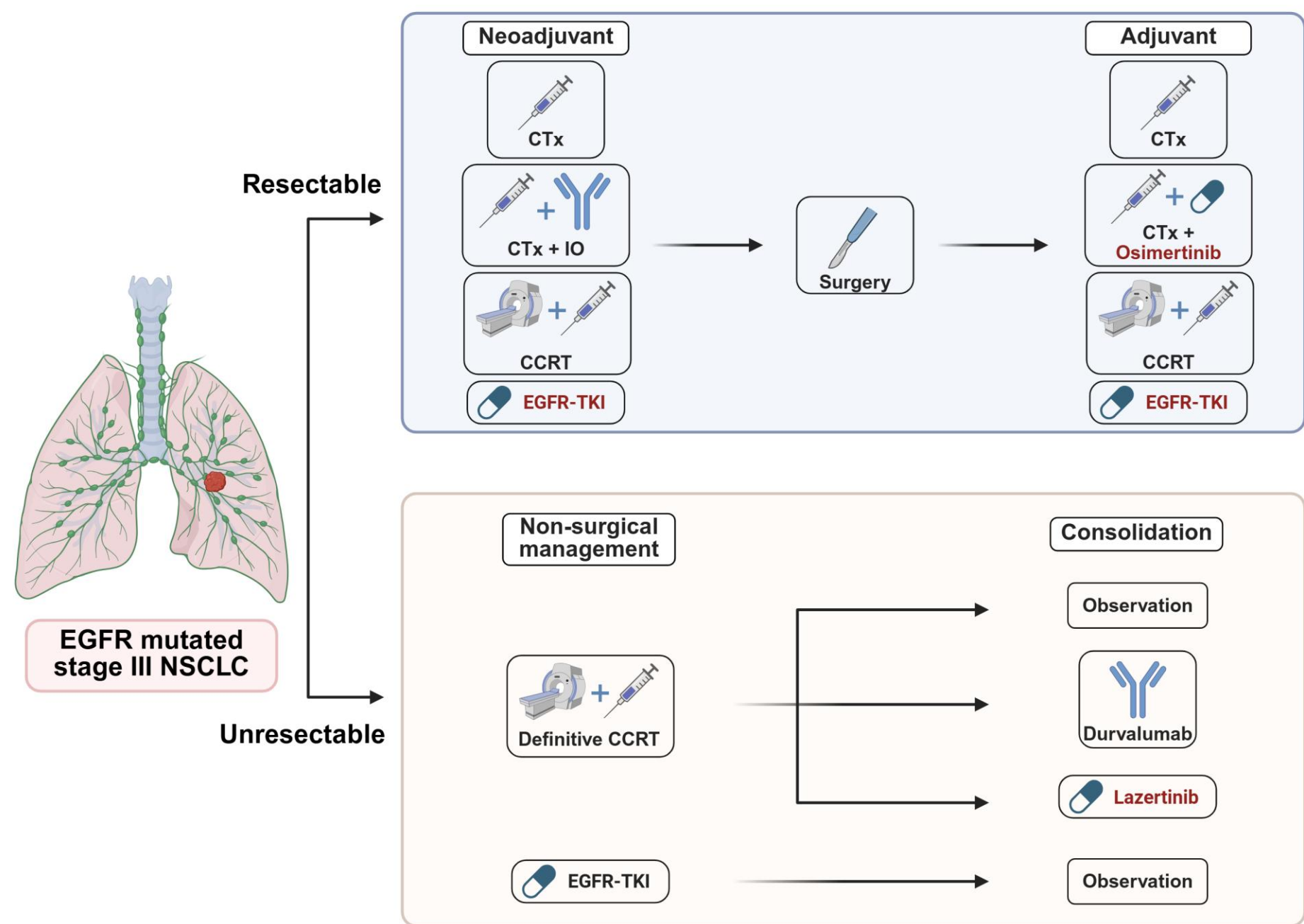
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Treatment Outcomes by Modality in *EGFR*-Mutant Stage III NSCLC : A Multicenter Korean Registry Study

INTRODUCTION

- Stage III non-small cell lung cancer (NSCLC) is clinically heterogeneous, requiring multimodal treatment across the resectable-unresectable spectrum¹.
- In epidermal growth factor receptor (*EGFR*)-mutant NSCLC, ADAURA, and LAURA demonstrated osimertinib's efficacy in both settings²⁻⁴. However, in real-world practice, the criteria for resectability remain poorly defined⁵, and comprehensive data across the diverse treatment modalities are lacking despite favorable outcomes with *EGFR*-TKI-based therapy^{6,7}.
- Therefore, this study evaluated real-world outcomes by treatment modality in stage III *EGFR*-mutant NSCLC using a multicenter Korean registry.



DISCUSSIONS AND CONCLUSIONS

➤ Discussion

- Resectability was associated with younger age and lower nodal (N) stage.
- Across treatment settings, *EGFR*-TKI-based strategies tended to show more favorable EFS/DFS/PFS, without a significant difference in OS.
- After definitive CCRT, consolidation lazertinib was associated with **significantly longer PFS (HR 0.21, 95% CI 0.06–0.75 vs CCRT alone)**, whereas durvalumab conferred limited benefit, consistent with PACIFIC post hoc result⁸.

➤ Conclusion

- These findings suggest a potential role for *EGFR*-TKI-based treatment across *EGFR*-mutant stage III NSCLC, from neoadjuvant/adjuvant therapy in resectable disease to consolidation in unresectable disease. However, given the small, unmatched subgroups, these findings are hypothesis-generating and warrant prospective validation.

METHODS

- ✓ **Retrospective**, multicenter study included patients with treatment-naïve *EGFR*-mutant stage III NSCLC from a Korean *EGFR* cohort registry

All enrolled *EGFR*-mutant NSCLC (N = 1954)

Excluded (n=25)
• Unable to define initial treatment group (n=23)
• Unable to define final TNM stage (n=3)*
*One patient met both criteria.

Efficacy Evaluable Set (N = 1929)

Excluded (n=1707)
• Stage 0 (n=3)
• Stage I (n= 491)
• Stage II (n = 102)
• Stage IV (n = 1111)

Stage III (N = 222)

Excluded (n = 44)
• Incomplete records (n=44)

Analysis cohort (N=178)

- ✓ Resectable (n=85)
- ✓ Non-resectable (n=93)

- ✓ **Primary Endpoint:** Time-to-event outcomes, defined as event-free survival (EFS), disease-free survival (DFS), or progression-free survival (PFS), according to the treatment setting.
- ✓ **Secondary Endpoint:** Overall survival (OS)

REFERENCES & ACKNOWLEDGEMENTS

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➤ Acknowledgements

- The schematic (illustration) was created with BioRender.com

Artificial Intelligence (AI) Use Disclaimer

ChatGPT was used to review the English language and grammar of the poster text. No AI-generated content was used for the scientific content or medical interpretation.

RESULTS

Baseline characteristics

Characteristics	Overall (N=178)	Resectable (N=85)	Non-resectable (N=93)	P-value
Age, median [IQR]	68 [62, 74]	64 [58, 71]	70 [65, 78]	<0.001
Sex (%)				
Male	84 (47.2%)	39 (45.9%)	45 (48.4%)	0.85
Female	94 (52.8%)	46 (54.1%)	48 (51.6%)	
Age (%)				
>=75	42 (23.6%)	8 (9.4%)	34 (36.6%)	<0.001
<75	136 (76.4%)	77 (90.6%)	59 (63.4%)	
Smoking status (%)				
Current	56 (31.5%)	28 (32.9%)	28 (30.1%)	0.89
Former	21 (11.8%)	10 (11.8%)	11 (11.8%)	
Never	100 (56.2%)	46 (54.1%)	54 (58.1%)	
ECOG PS (%)				
0-1	152 (85.4%)	73 (85.9%)	79 (84.9%)	1
>=2	13 (7.3%)	6 (7.1%)	7 (7.5%)	
Histology (%)				
Adenocarcinoma	168 (94.4%)	82 (96.5%)	86 (92.5%)	0.24
Squamous cell carcinoma	3 (1.7%)	0 (0.0%)	3 (3.2%)	
Other	7 (3.9%)	3 (3.5%)	4 (4.3%)	
EGFR mutation type (%)				
Exon 19 - E19del	73 (41.0%)	36 (42.4%)	37 (39.8%)	0.12
Exon 21 - L858R	84 (47.2%)	35 (41.2%)	49 (52.7%)	
Other/compound	21 (11.8%)	14 (16.5%)	7 (7.5%)	
AJCC staging (%)				
- IIIA	101 (56.7%)	69 (81.2%)	32 (34.4%)	<0.001
- IIIB	63 (35.4%)	14 (16.5%)	49 (52.7%)	
- IIIC	14 (7.9%)	2 (2.4%)	12 (12.9%)	
Regional lymph nodes (%)				
N0	15 (8.4%)	9 (10.6%)	6 (6.5%)	<0.001
N1	17 (9.6%)	11 (12.9%)	6 (6.5%)	
N2	95 (53.4%)	59 (69.4%)	36 (38.7%)	
N3	49 (27.5%)	5 (5.9%)	44 (47.3%)	
NX	2 (1.1%)	1 (1.2%)	1 (1.1%)	

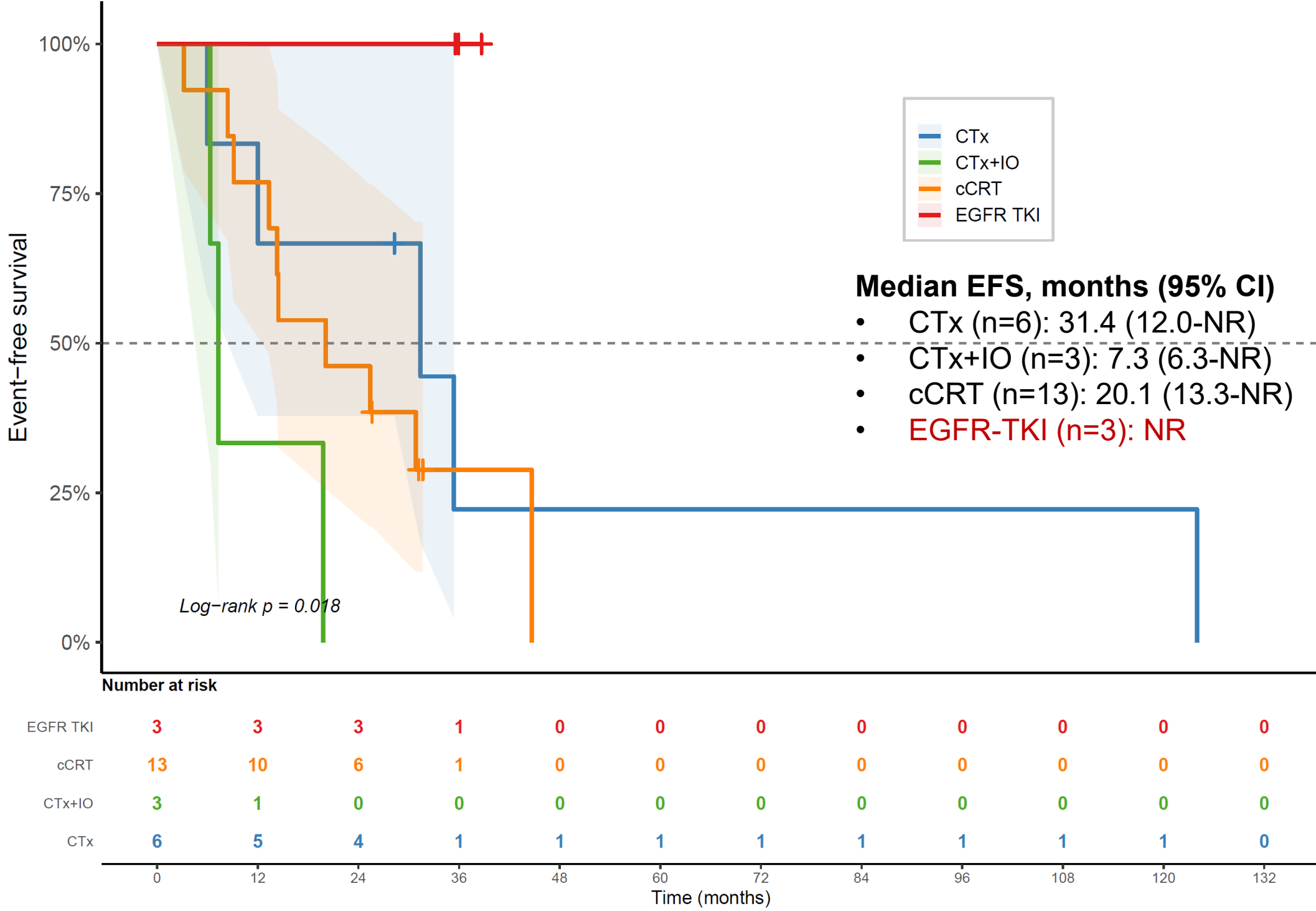
12, 24, 36 months and median OS by treatment modality

Setting / Group	N	12-mo OS (%)	24-mo OS (%)	36-mo OS (%)	Median OS (mon)
Neoadjuvant					
cCRT	13	92.3	80.8	80.8	—
CTx	6	100	100	100	—
CTx + IO	3	100	100	100	—
EGFR-TKI	3	100	100	100	—
Adjuvant					
cCRT/chemo + PORT	5	100	100	80.0	—
chemo + osimertinib	7	100	100	100	—
chemo	30	96.7	93.2	74.5	74.5
osimertinib	4	100	100	100	—
Consolidation					
CCRT only	18	88.9	68.4	54.7	46.9
CCRT + Durvalumab	7	100	100	85.7	44.4
CCRT + Lazertinib	8	100	62.5	62.5	40.8

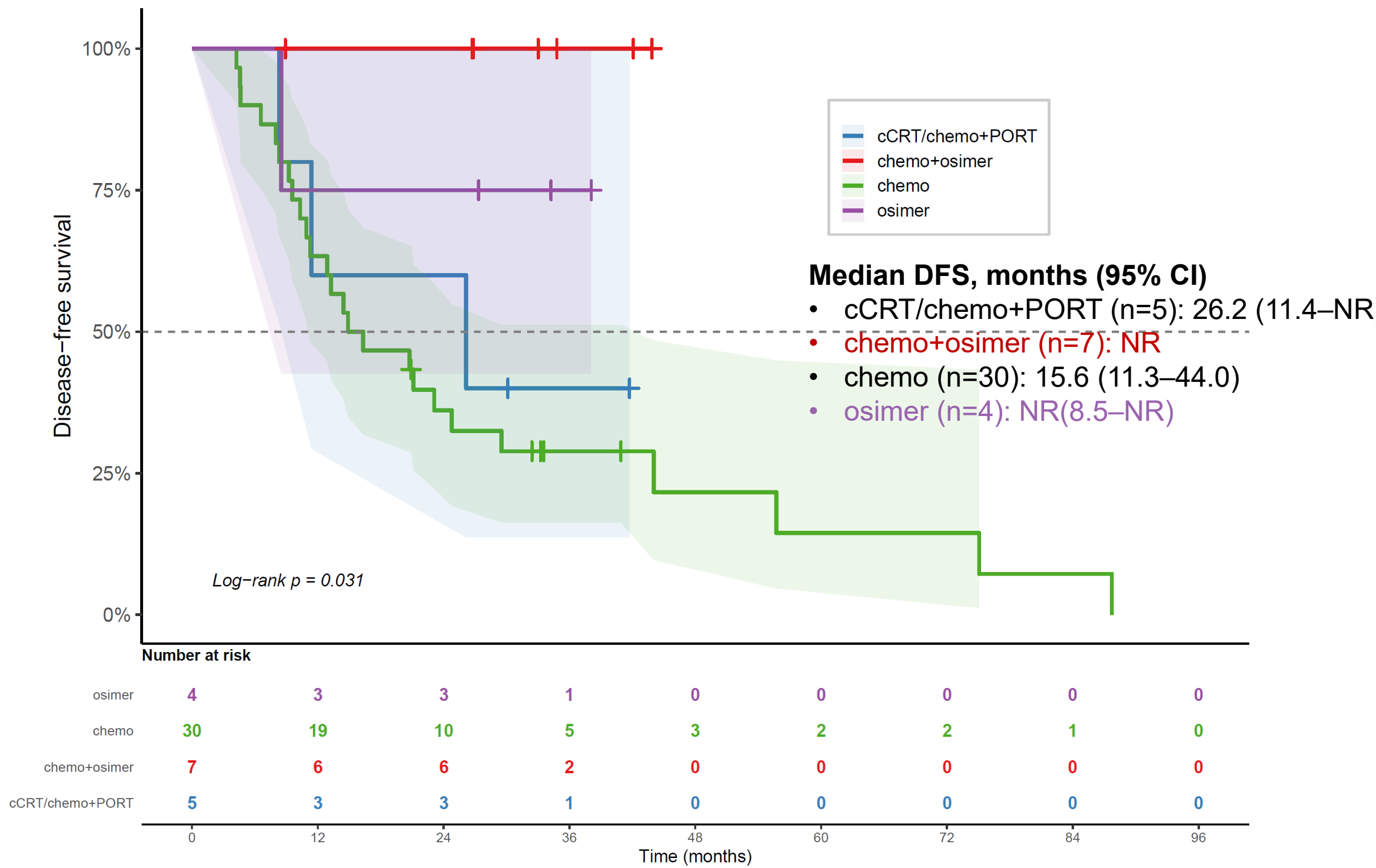
- ✓ Owing to small subgroup sizes, survival estimates are descriptive and hypothesis-generating.

Abbreviations: EFS, event-free survival; DFS, disease-free survival; PFS, progression-free survival; OS, overall survival; NR, not reached; cCRT, concurrent chemoradiotherapy; CTx, chemotherapy; IO, immunotherapy; *EGFR*-TKI, epidermal growth factor receptor tyrosine kinase inhibitor; PORT, postoperative radiotherapy; chemo, chemotherapy; osimer, osimertinib.

Analysis of EFS among neoadjuvant treatment



Analysis of DFS in adjuvant treatment



Analysis of PFS among definitive CCRT

