



P1.140: Adjuvant Icotinib Versus Osimertinib in EGFR-Mutated Resected Non-Small Cell Lung Cancer: A Chinese, Real-World Multicenter Cohort Study

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INTRODUCTION

- For resected EGFR-mutated(EGFRm) NSCLC, adjuvant osimertinib is standard based on ADAURA, while icotinib improved DFS vs chemotherapy in Chinese patients.
- This multicenter real-world cohort study(ChiCTR2500112843) aimed to compare the efficacy and safety of adjuvant icotinib versus osimertinib in Chinese patients with completely resected, EGFRm NSCLC.

METHODS

Design:

- This retrospective study included patients with completely resected (R0) stage I-IIIB (AJCC 8th) EGFRm (Ex19del/L858R) NSCLC from two Chinese centers (2020-2023).
- Eligible patients initiated icotinib (125 mg TID) or osimertinib (80 mg QD) within 4-12 weeks post-surgery for ≥6 months; prior adjuvant chemotherapy allowed.
- Inverse probability of treatment weighting (IPTW) minimized baseline imbalances.
- Primary endpoint: 2-year DFS rate; secondary endpoint: 3-year DFS rate, 2-/3-year OS rates, safety.

RESULTS

- Of 185 patients, 157 received icotinib, 28 osimertinib.
- After IPTW, baseline characteristics were balanced (standardized mean differences(SMD) <0.1 for prespecified covariates). At median follow-up 40.0 months, 2-year DFS: 89.7% (icotinib) vs 98.0% (osimertinib) (weighted HR 1.18, 95% CI 0.41-3.36, P=0.763); 3-year DFS: 83.7% vs 85.1%. Median DFS not reached. In Ex19del subgroup, 3-year DFS: 87.9% (icotinib) vs 76.7% (osimertinib).
- OS data immature; 2-year OS: 98.6% vs 100%; 3-year OS: 97.6% vs 100%. CNS recurrence: 9 (5.7%) with icotinib vs 0 with osimertinib.
- Grade ≥3 AEs: 0% (icotinib) vs 7.1% (osimertinib); no new safety signals.

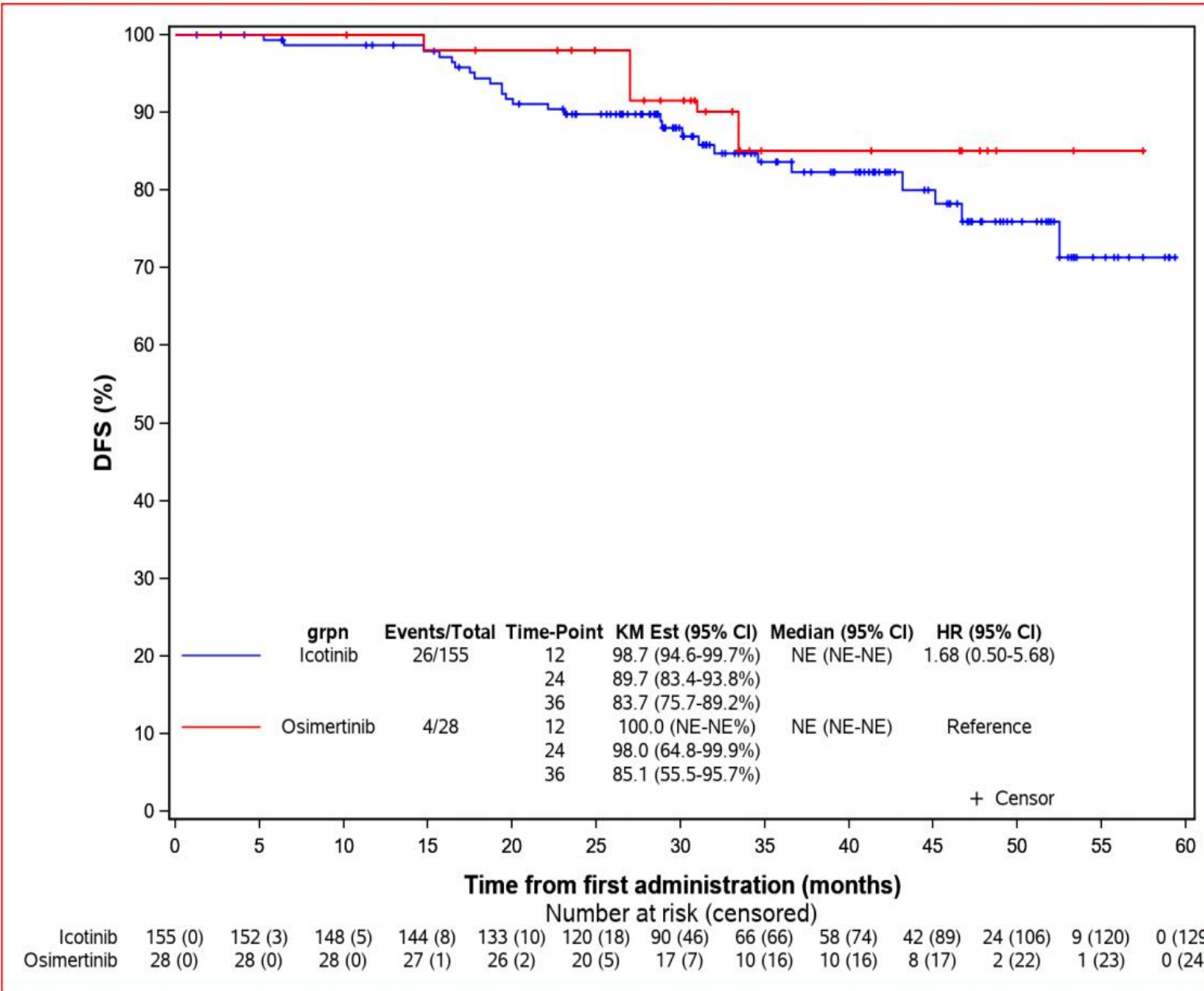
DISCUSSION AND CONCLUSION

Conclusions:

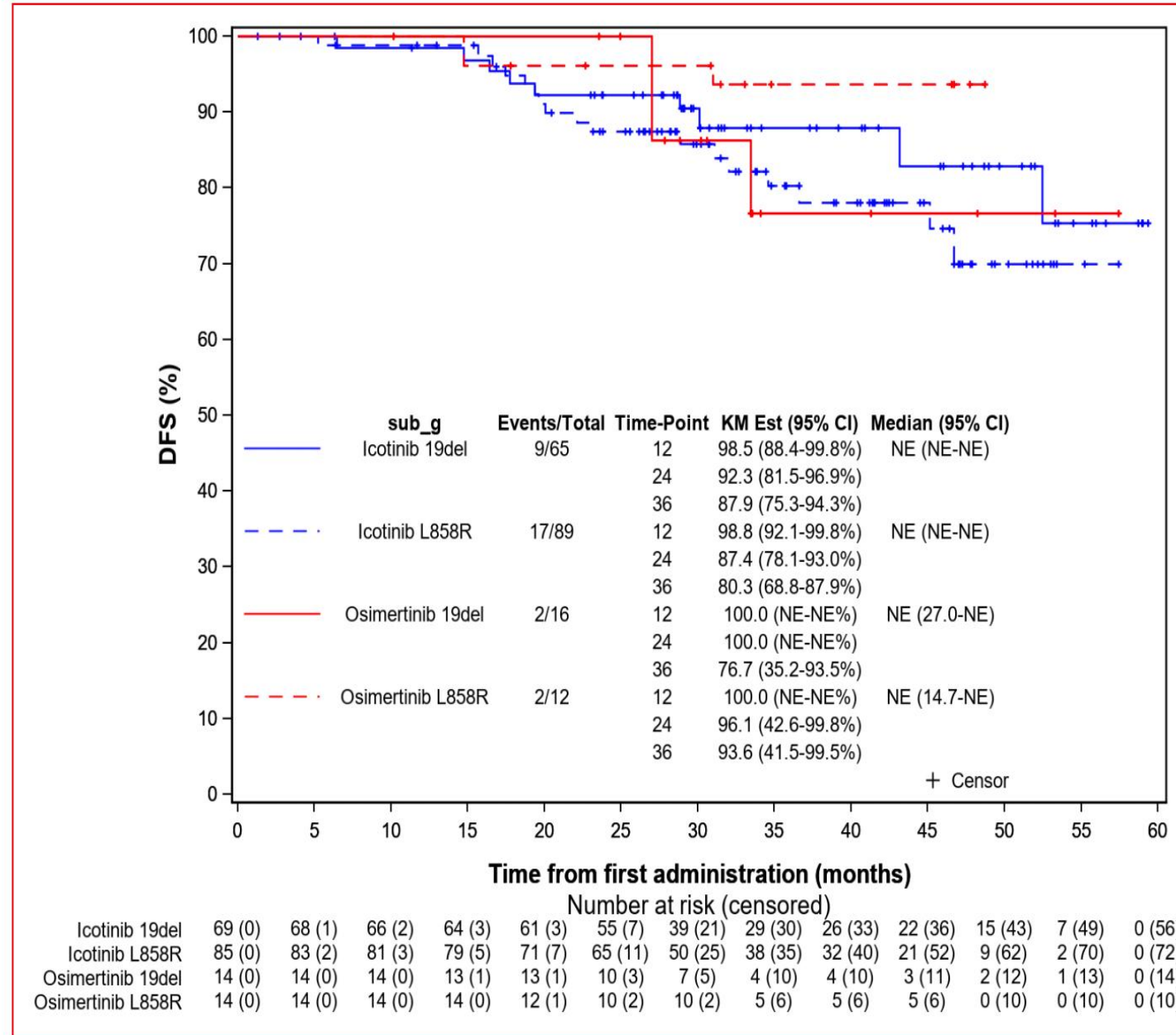
- In this first head-to-head real-world comparison, adjuvant icotinib and osimertinib showed comparable DFS in resected stage I-IIIB EGFRm NSCLC. Icotinib demonstrated higher 3-year DFS in Ex19del subgroup, while osimertinib was associated with lower CNS recurrence and slightly higher grade ≥3 AEs. Both are effective selection may be guided by mutation subtype and CNS risk.

RESULTS

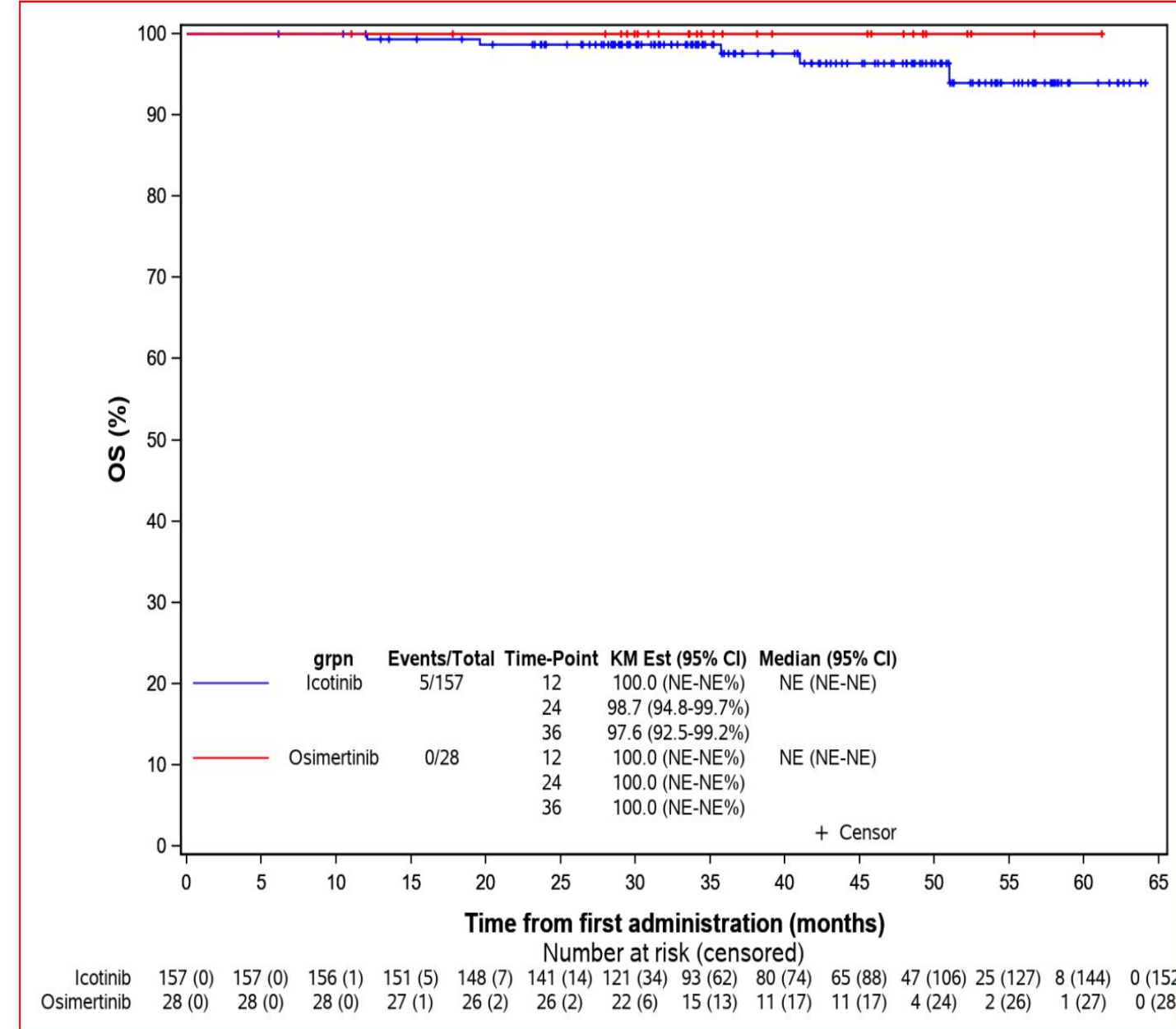
DFS: Icotinib vs Osimertinib
2-year DFS:89.7% vs 98.0%
3-year DFS: 83.7% vs 85.1%



3-year DFS :
Ex19del : 87.9% vs 76.7%
L858R: 80.3% vs 93.6%



OS:
2-year OS:98.6% vs 100%
3-year OS: 97.6% vs 100%



Characteristics	Before IPTW				After IPTW			
	Icotinib (N = 155)	Osimertinib (N=28)	P-value	SMD	Icotinib (N = 155)	Osimertinib (N=28)	P-value	SMD
Age(years)	61.27 ±9.47	61.14 ± 9.5	0.948	0.01	61.39±9.37	61.86±8.16	0.802	0.05
Pathological stage			0.323	0.30			0.885	0.10
I	90 (58.1)	13 (46.4)			87 (56.1)	16 (57.1)		
II	0	5(17.9)			31 (20.0)	6(21.4)		
III	35(22.6)	10 (35.7)			37(23.9)	6(21.4)		
EGFRm subtype			0.223	0.29			0.815	0.09
19del	66(42.6)	16 (57.1)			70 (45.2)	14 (50.0)		
L858R	89(57.4)	12 (42.9)			85(54.8)	14 (50.0)		
Adjuvant chemotherapy			0.615	0.16			0.937	0.08
Yes	19 (12.3)	5(17.9)			20(12.9)	4(14.3)		
No	136 (87.7)	23(82.1)			135(87.1)	24 (85.7)		
Pathological risk factors number	1.43 ±1.19	1.82 ± 1.12	0.104	0.34	1.48 ±1.19	1.46 ±1.03	0.927	0.02
Smoking status			0.509	0.19			0.996	0.05
Yes	40(25.8)	5(17.9)			38(24.5)	7(25.0)		
No	115(74.2)	23(82.1)			117(75.5)	21(75.0)		
Histological type			0.012	0.45			0.488	<0.001
Adenocarcinoma	154(99.4)	25 (89.3)			152 (98.1)	27 (96.4)		
Adenosquamous carcinoma	1 (0.6)	3 (10.7)			3 (1.9)	1(3.6)		
Surgical procedure			0.664	0.20			0.981	0.04
Lobectomy	115(74.2)	23 (82.1)			117 (75.5)	22(78.6)		
Sub-Lobectomy	31 (20.0)	4(14.3)			30(19.4)	5 (17.9)		
Other(pneumonectomy/bilobect omy)	9(5.8)	1 (3.6)			8 (5.2)	1(3.6)		