

P1.158: Firmonertinib as adjuvant treatment for completely resected stage IA-IIIB NSCLC patients with EGFR uncommon mutations

Biaofeng Fan¹, Yueying Wu², Qing Lei¹, Xirui Zhu¹, Yunfeng Duan², Xuancheng Li¹, Jianliang Shang¹, Zhongrui Ma¹, Siqi Xie¹, Zhanquan Liu², Weiwei Wang¹

Background

- Adjuvant epidermal growth factor receptor-tyrosine kinase inhibitors (EGFR-TKIs) treatment is the standard of care for completely resected early-stage NSCLC with EGFR sensitive mutations. However, Data on adjuvant EGFR-TKIs in NSCLC with uncommon EGFR mutations is insufficient.
- Firmonertinib (AST2818) is a novel, promising oral third-generation EGFR-TKI engineered for broad activity and selectivity across EGFR mutations including EGFR exon 20 insertions and other EGFR uncommon mutations. Several studies demonstrated encouraging efficacy and safety of adjuvant firmonertinib for stage I-III NSCLC patients with EGFR sensitive mutations.
- Here, we report the efficacy and safety of firmonertinib as adjuvant treatment for completely resected early-stage NSCLC with EGFR uncommon mutations.

Methods

- NSCLC patients with EGFR uncommon mutations and received firmonertinib as adjuvant treatment after completely resected were included.
- Patients with EGFR exon 19 deletion or L858R were excluded.
- The disease free survival (DFS) and safety were evaluated.

Results

- In this retrospective study, we enrolled 32 patients with stage IA–IIIB NSCLC harboring uncommon EGFR mutations who received adjuvant firmonertinib.
- The median age at baseline was 59.5 years (range, 40–83), with males comprising 40.6% of the cohort. According to the American Joint Committee on Cancer (AJCC 8th edition) staging system, disease distribution was predominantly early-stage: stage IA–IB accounted for 71.9%, stage IIA–IIB for 15.6%, and stage IIIA–IIIB for 12.5%. The most prevalent mutations included G719X (71.9%), S768I (53.1%), and other uncommon variants (21.9%), primarily comprising exon 20 insertions and L861Q. (Table-1).

Table 1. Baseline characteristics of patients

Characteristics Data were n(%) or median (range)		n=32
Age	Median	59.5 (40-83)
	Female	19 (59.4)
Sex	Male	13 (40.6)
Smoking history	Yes	12 (37.5)
	No	20 (62.5)
ECOG PS	0	14 (43.8)
	1	17 (53.1)
	2	1 (3.1)
	IA-IB	23 (71.9)
Disease stage	IIA-IIIB	5 (15.6)
	IIIA-IIIB	4 (12.5)
Histological type*	Adenocarcinoma	16 (100)
	G719X	23 (71.9)
Mutation subtype#	S768I	17 (53.1)
	Other rare mutations	7 (21.9)

* One case exhibited focal squamous differentiation; one case was concomitant with another primary lung malignancy.
G719X comprises G719A, G719C, G719R, and G719S—frequently co-occurring with S768I—while other rare alterations encompass 20ins, L861Q, T710delinsD, R831H, I706T, and the L833V+H835L complex.

Artificial Intelligence (AI) Use Disclaimer

During the preparation of this poster, the authors used Tencent Yuanbao (an AI-powered assistant) only for language polishing of the text. The authors have reviewed and edited the output and take full responsibility for the content of this publication.

- As of the data cutoff on June 8, 2026, after a median follow-up period of 19.13 months, the median DFS was not reached. The estimated 2-year DFS rate were 86.9% (95% CI: 74.0-100.0) and 2-year OS rate were 100.0%, respectively.

Figure 1. Progression-free survival (PFS)

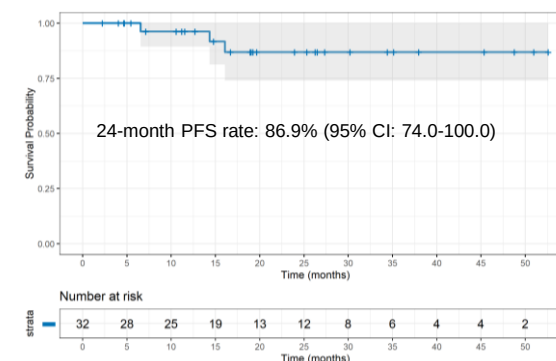
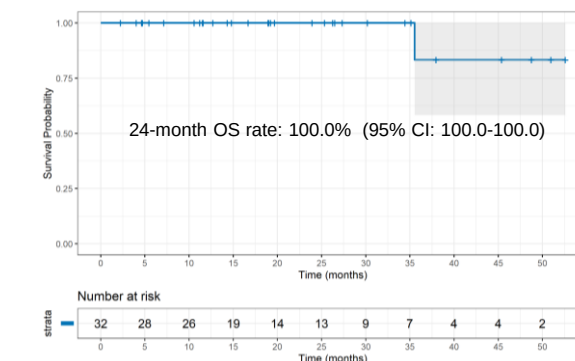


Figure 2. Overall survival (OS)

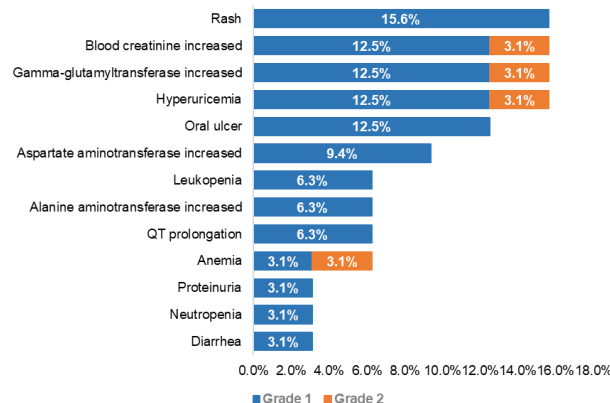


- Firmonertinib was well tolerated, and no new safety signals were observed compare with previous studies.

Table 2. Safety summary, n (%)

	n (%)
Any treatment related adverse event	13 (59.4)
Grade ≥3 treatment related adverse events	0 (0.0)
Dose interruption	0 (0.0)
Dose reduction	0 (0.0)
Dose discontinuation	1 (3.1)

Figure 3. Common TEAEs (≥2%)



Conclusions

This is the first study to show that adjuvant firmonertinib exhibits encouraging early efficacy and a favorable safety profile in patients with completely resected NSCLC harboring uncommon EGFR mutations. These results suggest that firmonertinib may serve as a novel therapeutic option for this patient group.