

P1.168: Real-World Outcomes of Adjuvant Osimertinib With or Without Chemotherapy in Resected Early-Stage EGFR-Mutated NSCLC

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INTRODUCTION

- Based on the ADAURA trial, adjuvant osimertinib (osi) is the standard of care in EGFR-mutated, stage IB-IIIA NSCLC post-resection.¹
- In ADAURA, 60% of patients in both arms received adjuvant chemo, given at physician discretion, prior to randomization
- FLAURA2² has shown an OS benefit for osi + chemo vs osi alone in the metastatic setting
- No trial has evaluated adjuvant chemo + osi compared to adjuvant osi alone in the resectable setting

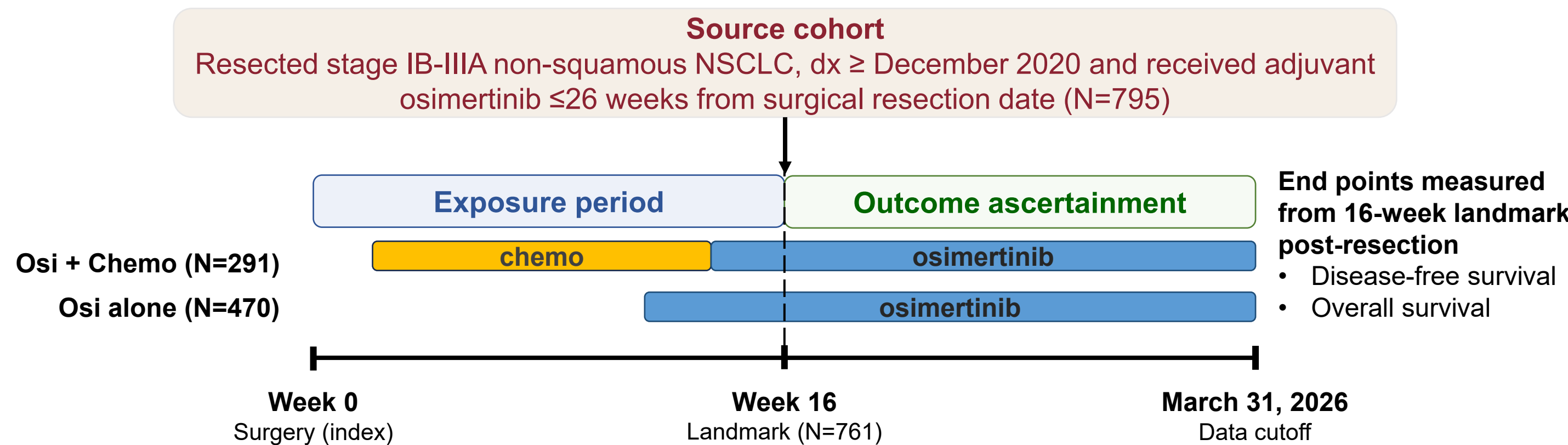
METHODS

Objective:

To compare survival outcomes between patients who received adjuvant osi alone versus adjuvant chemo + osi using real-world data

Study design:

Figure 1: Retrospective cohort study with landmark analysis

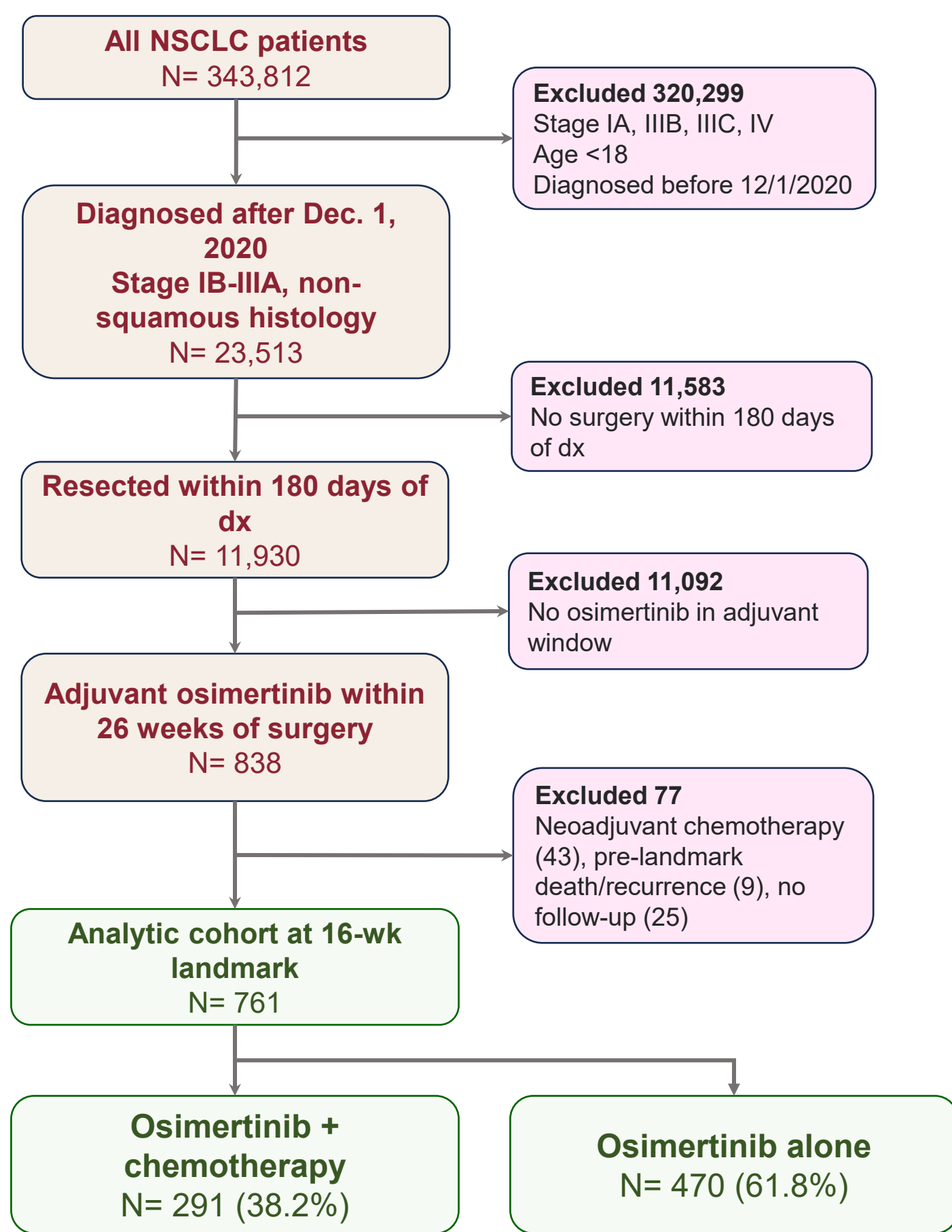


Dataset: Flatiron Health, EHR sources from >280 community and academic oncology practices

Analysis:

- Patients diagnosed from Dec. 1, 2020 onward (osi's FDA approval) and followed through Mar 31, 2026
- Treatment group (osi + chemo vs osi alone) was defined at a landmark 16 weeks after surgery
- Multivariable Cox regression adjusted for age, sex, clinical stage, smoking history, race. Baseline ECOG, renal function were imputed for ~15% missingness
- Sensitivity analyses included restriction to stage II/III disease, IPTW*, and time-varying Cox modeling chemotherapy initiation as a time-dependent covariate

Figure 2: Participant flow diagram



DISCUSSION AND CONCLUSION

Actionable Take Away Message

- In this retrospective analysis, adjuvant chemotherapy and osimertinib was associated with improved DFS and OS compared to adjuvant osimertinib alone

Limitations

- Low power to evaluate stage IB patient outcomes b/o limited number of events
- Lack of robust comorbidity data
- Higher stage pts: more likely to get chemo + osi (confounding by indication)

Future Directions for Research

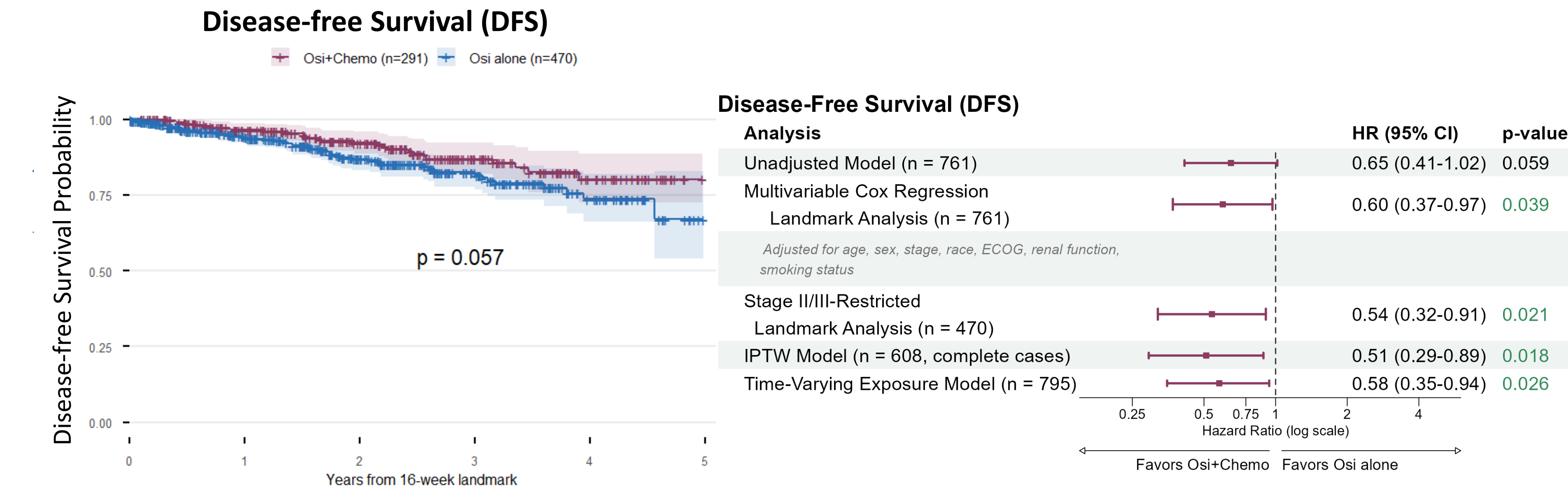
- Consideration of randomized phase III trial to formally test the role of adjuvant chemotherapy in this setting
- Use biomarkers such as ctDNA to identify patients who may derive the greatest benefit from chemotherapy

Table 1: Patient baseline characteristics			
Characteristic	Osi + Chemo (n=291)	Osi alone (n=470)	p-value
Age, median (IQR), years	68 (61-73)	72 (65-77)	<0.001
Sex, n (%)			0.96
Female	210 (72.2%)	340 (72.3%)	
Male	81 (27.8%)	130 (27.7%)	
Stage, n (%)			<0.0001
Stage IB	40 (13.7%)	251 (53.4%)	
Stage II	140 (48.1%)	144 (30.6%)	
Stage IIIA	111 (38.1%)	75 (16.0%)	
NGS available, n (%)	249 (85.6%)	390 (83.0%)	0.34
ECOG, n (%)			0.026
0-1	254 (87.3%)	375 (79.8%)	
≥2	6 (2.1%)	12 (2.6%)	
Missing	31 (10.7%)	83 (17.7%)	
Renal function (eGFR in ml/min), n (%)			<0.0001
>60	238 (81.8%)	299 (63.6%)	
30-60	47 (16.2%)	126 (25.1%)	
Missing	6 (2.1%)	45 (9.6%)	

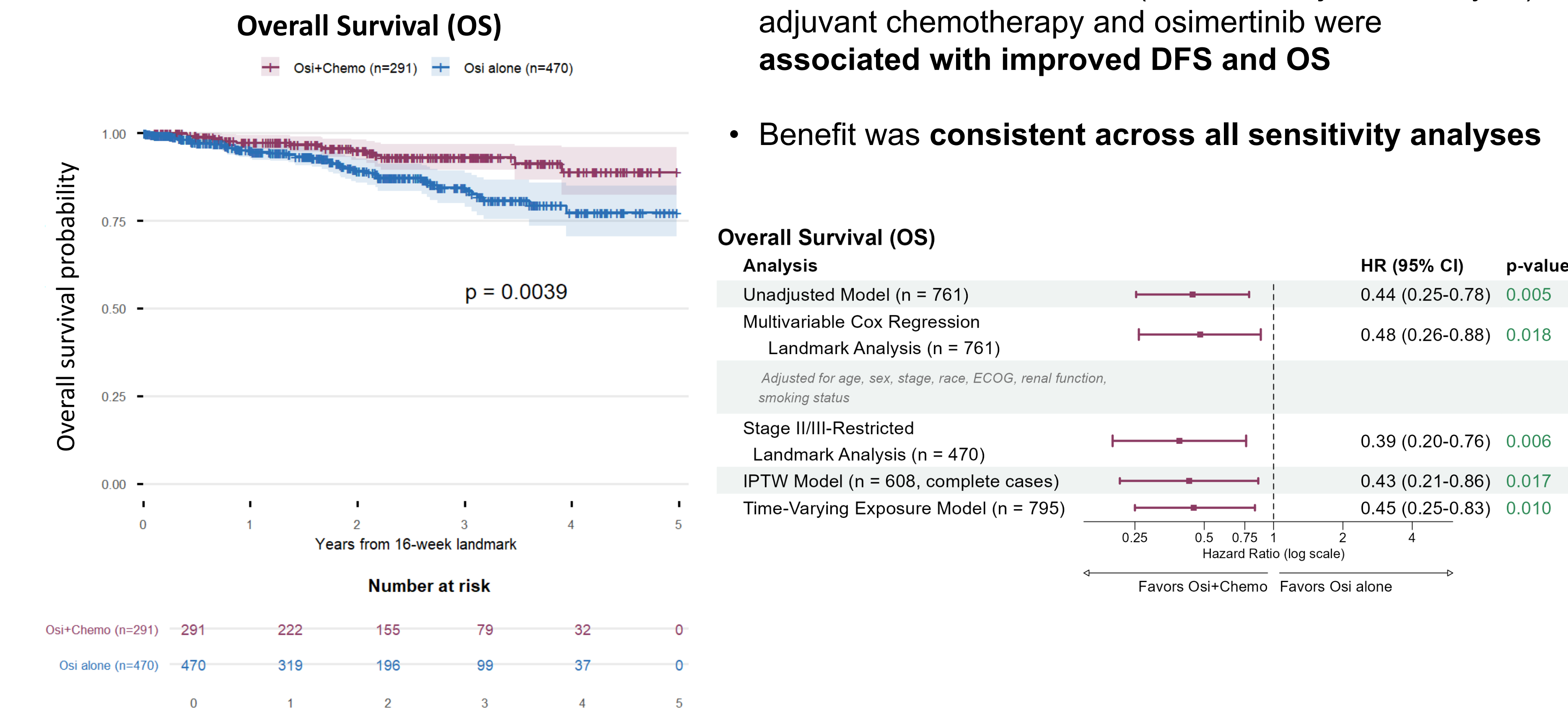
Table 2: DFS and OS survival at landmark times			
Outcome	Osi + Chemo (n=291)	Osi alone (n=470)	p-value
Disease-free survival			
1-year DFS, % (95% CI)	96.5 (93.3, 98.1)	94.2 (91.4, 96.1)	0.058
2-year DFS, % (95% CI)	92.3 (87.8, 95.1)	86.9 (82.7, 90.2)	
3-year DFS, % (95% CI)	86.9 (80.8, 91.2)	82.4 (77.1, 86.6)	
Overall survival			
1-year OS, % (95% CI)	97.2 (94.3, 98.7)	94.9 (92.1, 96.7)	0.004
2-year OS, % (95% CI)	95.1 (91.2, 97.3)	89.1 (85.0, 92.2)	
3-year OS, % (95% CI)	93.1 (88.4, 95.9)	84.5 (79.2, 88.5)	
Median OS from landmark, days	Not reached	Not reached	

RESULTS

- Of 761 patients, only 38.2% received adjuvant chemo + osi and 61.8% received osi alone.
- Chemo + osi recipients had more advanced disease at baseline (86% were stage II/III)



- From the 16-week landmark in unadjusted analysis, **chemo + osi was associated with better OS**; DFS showed a similar but non-significant trend
- In multivariable Cox model (landmark adjusted analysis), adjuvant chemotherapy and osimertinib were **associated with improved DFS and OS**
- Benefit was **consistent across all sensitivity analyses**



REFERENCES & ACKNOWLEDGEMENTS

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Disclosures: The presenting author has no conflicts to disclose

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