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INTRODUCTION

- Treatment paradigm continue to evolve in metastatic *EGFR*-mutated NSCLC.
- While combination therapies show improved progression-free survival (PFS) and overall survival (OS), tolerability and toxicity issues remain as hurdles.
- Our aim was to assess the clinical efficacy, safety and tolerability of lazertinib as monotherapy in treatment-naïve advanced *EGFR*-mutated NSCLC.

METHODS

- Patients over 18 years of age and older who were diagnosed with unresectable, metastatic NSCLC harboring classical *EGFR* mutation (exon 19 deletion [ex19del], L858R) via *EGFR* ddPCR identified in tissue biopsy, and received lazertinib as first-line treatment were eligible.
- Patients were given 240 mg of lazertinib per day, and lazertinib was reduced to 160 mg per upon toxicity.
- Data was retrospectively collected from the electronic medical record at Yonsei Cancer Center in Seoul, Korea.
- A total of 120 patients who started treatment with lazertinib from July 2023 to March 2025 were analyzed.

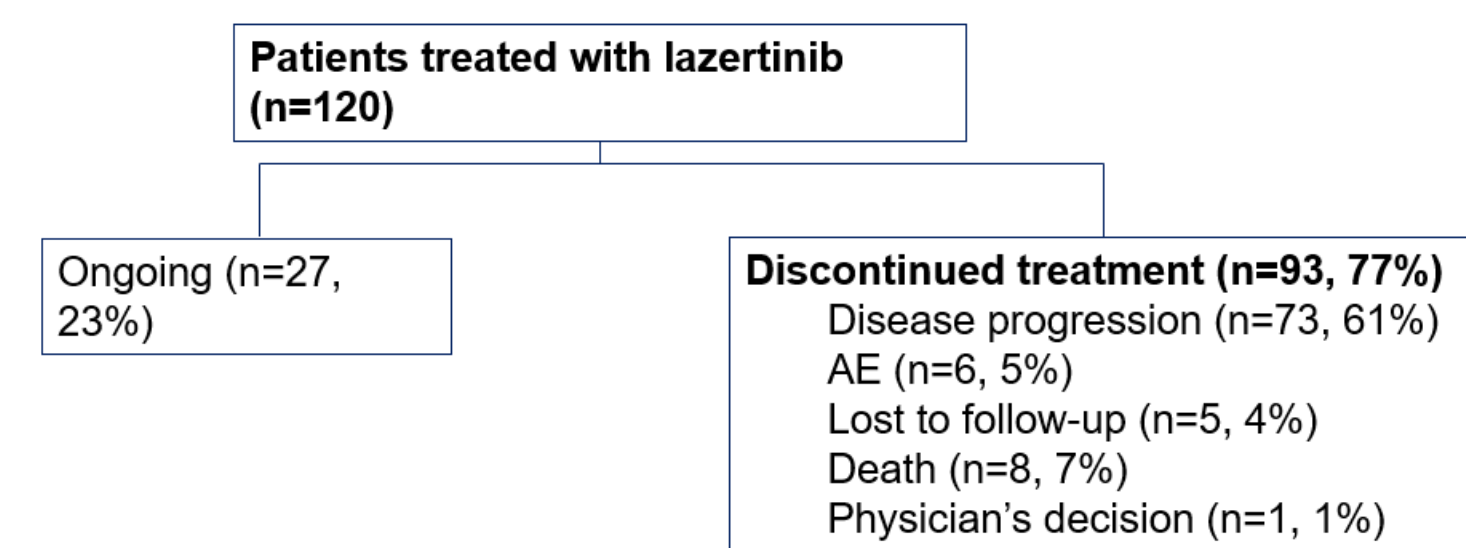
Table 1. Baseline Characteristics (N =120)

Baseline characteristics	Lazertinib (n=120)
Age	
Median (range)	66 (37-88)
Distribution, n (%)	
<65	52 (43)
≥65	68 (57)
Sex	
Female	77 (64)
Male	43 (36)
ECOG PS, n (%)	
0	54 (45)
1	66 (55)
Histology, n (%)	
Adenocarcinoma	120 (100)
EGFR mutation, n (%)	
Ex19del	59 (49)
L858R	60 (50)
L858R/T790M	1 (1)
Brain metastasis	
Yes	53 (44)
No	67 (56)
Smoking status, n (%)	
Current	5 (4)
Former	29 (24)
Never	86 (72)

Abbreviations: ECOG PS, Eastern Cooperative Oncology Group Performance Status; *EGFR*, epidermal growth factor receptor

RESULTS

Figure 1. Consort Diagram



- At the time of analysis (data cutoff March 20, 2026), 77% patients (n=93) discontinued treatment (**Figure 1, Figure 2**).

Figure 2. Swimmer plot

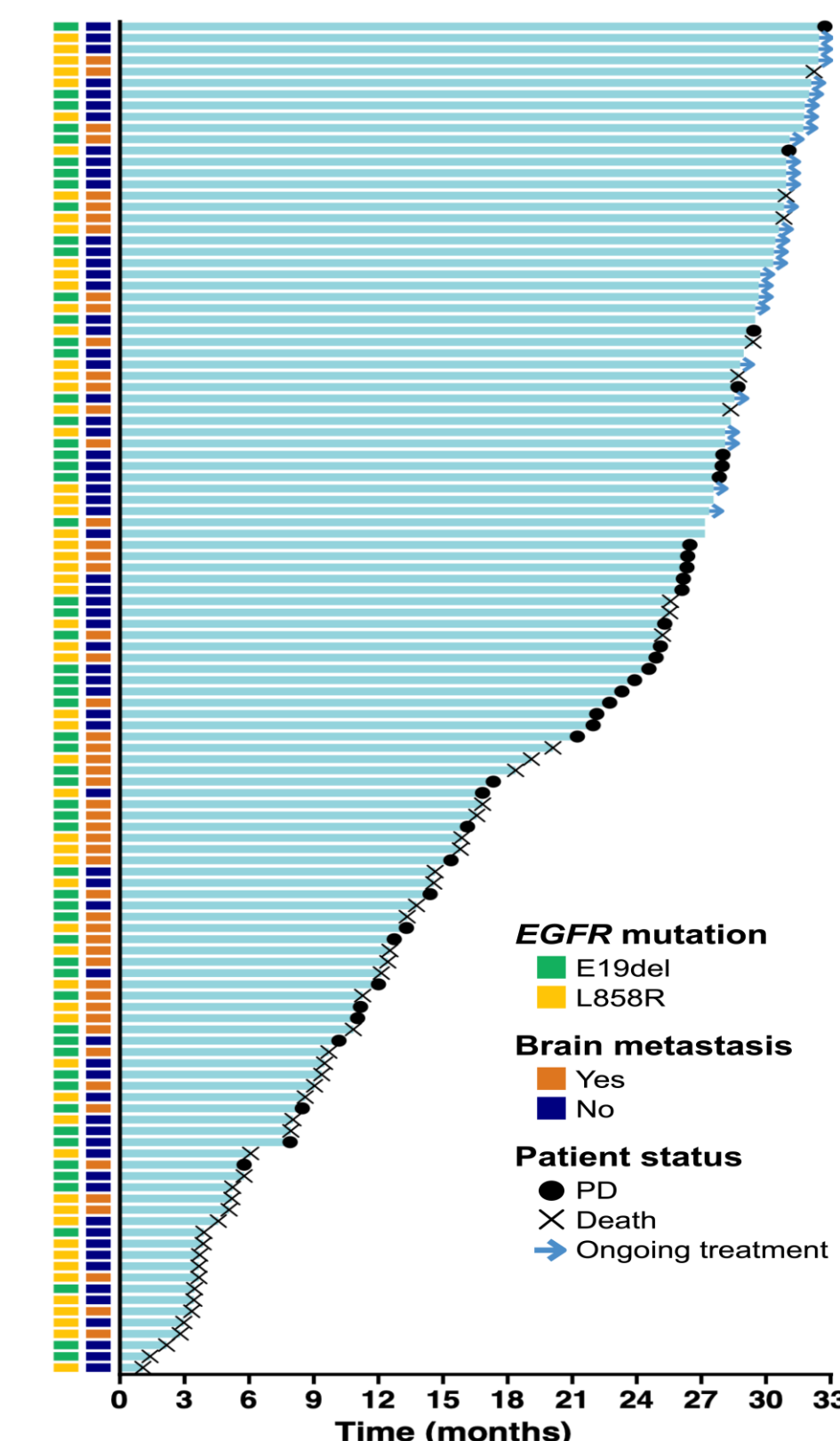


Figure 3. rwPFS

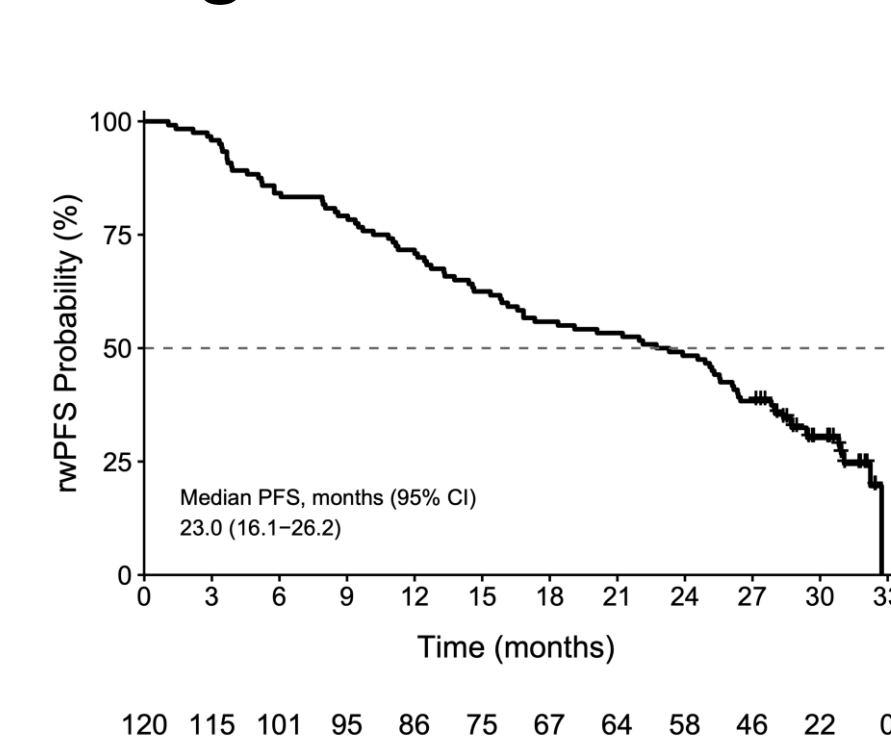
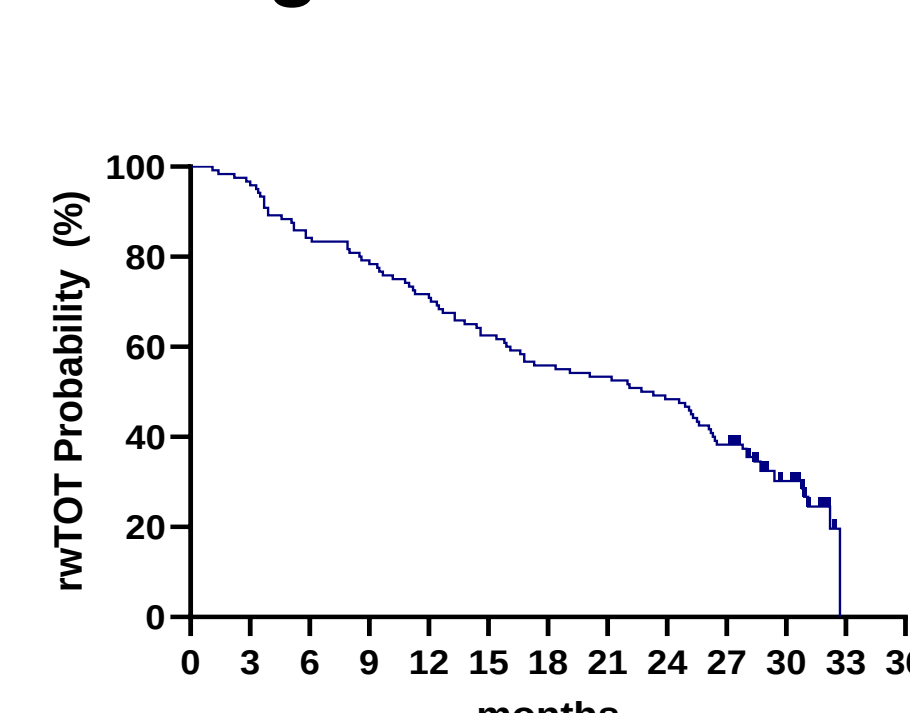


Figure 4. rwTOT



- At a median follow-up was 28.1 months (range, 0.6 –32.7 months), real-world progression-free survival (rwPFS) was 23.0 months (95% CI, 16.1–26.2) (**Figure 3**) and rwTOT was 25.1 months (95% CI, 16.8–28.4) (**Figure 4**).
- At the time of analysis, 51 patients experienced death and rwOS was immature.
- ORR was 73% with complete response of 2% (n=2) and partial response of 71% (n=82) and DCR was 97% (**Table 2**).

Table 2. Efficacy Endpoints (N=120)

Best overall response, No (%)	
CR	2 (2)
PR	82 (71)
SD	28 (24)
PD	3 (3)
Not evaluable	5 (4)
ORR (%)	73 (95% CI, 64.3-80.3)
DCR (%)	97 (95% CI, 92.6-99.3)

Abbreviations: CI, confidence interval; CR, complete response; DCR, disease control rate; ORR, objective response rate; OS, overall survival; PD, progressive disease

Table 3. Treatment-related adverse events

TRAE (no, %)	Any Grade	Grade 1	Grade 2	Grade 3
Paresthesia	85 (71)	54 (45)	30 (25)	1 (1)
Skin rash	44 (37)	29 (24)	13 (11)	2 (2)
Mucositis	17 (14)	14 (12)	3 (3)	0
Urticaria	13 (11)	9 (8)	3 (3)	1 (1)
Xerosis	9 (8)	9 (8)	0	0
Paronychia	10(8)	7 (6)	3 (3)	0
Diarrhea	5 (4)	3 (3)	2 (2)	0
Dizziness	3 (3)	2 (2)	1 (1)	0
Poor oral intake	3 (3)	1 (1)	2 (2)	0
Constipation	1 (1)	1 (1)	0	0
Alopecia	1 (1)	1 (1)	0	0
Fatigue	1 (1)	1 (1)	0	0
Dyspepsia	2 (2)	0	2 (2)	0
Nausea	1 (1)	0	1 (1)	0

- The most common treatment-related adverse events of lazertinib were paresthesia (71%, n=85) and skin rash (24%, n=29) (**Table 3**).
- There were no Grade 4 or 5 events.
- Patients discontinued lazertinib due to AEs accounted for 5% (n=6), including grade 2 of skin rash (n=1) and paresthesia (n=1), and grade 3 of skin rash (n=2), paresthesia (n=1), and urticaria (n=1).

Table 4. Summary of TRAEs

TRAE, No. (%)	Lazertinib (N=120)
Grade ≥3	4 (3)
TRAE resulting in death, No. (%)	0 (0)
TRAE, No. (%) resulting in	
Interruption of treatment	27 (23)
Dose reduction	48 (40)
Withdrawal of treatment	6 (5)

Abbreviations: TRAE, treatment-related adverse events

- Dose interruption, reduction and withdrawal from lazertinib accounted for 23% (n=27), 45% (n=54) and 5% (n=6), respectively (**Table 4**).

Table 5. Summary of first subsequent therapy received

Summary of first subsequent therapy received (N=56)	
Lazertinib plus platinum-based chemotherapy	24 (43)
Platinum-based chemotherapy	11 (20)
Other EGFR TKI	8 (14)
ABCP regimen	2 (4)
Amivantamab plus platinum-based chemotherapy	4 (7)
Lazertinib plus amivantamab	3 (5)
Investigational drug	3 (5)
MET-directed therapy	1 (2)

Abbreviation: ABCP, Atezolizumab Bevacizumab Paclitaxel Carboplatin; EGFR, epidermal growth factor receptor; TKI, tyrosine kinase inhibitors

- Among the patients who discontinued treatment, 60% (n=56) of patients subsequently received second-line treatment (**Table 5**).
- The most common treatment was platinum-based chemotherapy such as maintaining lazertinib with the addition of platinum-based chemotherapy (43%, n=24) and switching to platinum-based chemotherapy (20%, n=11).

CONCLUSION

- Lazertinib demonstrated robust, anti-tumor efficacy with tolerable safety profile that were comparable to the previously reported LASER301 study.

REFERENCES & ACKNOWLEDGEMENTS

- We thank Yuhan for providing lazertinib before the drug was reimbursed.
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