



2026 World Conference on Lung Cancer

SEPTEMBER 12 – 15, 2026 | SEOUL, REPUBLIC OF KOREA

Real-World Treatment Patterns and Early Outcomes with **P3.235** Osimertinib ± Chemotherapy in EGFR-Mutated Metastatic NSCLC

Raja Mudad¹, Brian Mulherin², Edgardo Santos³, **Tara Patel**⁴, Rushir Choksi⁵, Fred Kudrik⁶, Mike Gart⁷, John Li⁷, Carol DeSantis⁷, Janet Donegan⁷, Anna Rui⁷, Suresh Ramalingam⁸

¹University of Miami Health System, Miami, FL; ²Hematology Oncology of Indiana, Indianapolis, IN; ³The Oncology Institute of Hope and Innovation, Ft. Lauderdale, FL; ⁴Zangmeister Cancer Center, Columbus, Ohio; ⁵University of Pittsburgh Medical Center, Pittsburgh, PA; ⁶South Carolina Oncology Associates, Columbia, SC; ⁷Integra Connect PrecisionQ, West Palm Beach, FL, USA; ⁸Emory Winship Cancer Institute, Atlanta, GA, USA.

Background and Objective

- Osimertinib (osi): standard first-line therapy for EGFR-mutated mNSCLC
- FLAURA2: osi + chemotherapy improved PFS and OS; FDA approved Feb 2024
- Real-world treatment selection and outcomes remain poorly characterized

Objective

To compare real-world patterns and early outcomes with first-line osi monotherapy versus osi+chemo in patients with EGFR-mutated mNSCLC

Methods

- **Data source:** Integra PrecisionQ US community oncology EHR database
- **Population:**
 - EGFR-mutated mNSCLC
 - First-line osimertinib-based therapy
 - Feb 2024-Aug 2025
- **Treatment groups:**
 - Osi monotherapy (n=384)
 - Osi + chemo (n=127)
- **Outcomes:**
 - Time to treatment discontinuation (TTD)
 - Time to next treatment (TTNT)
 - Cox models adjusted for age, race, payer, ECOG performance status, and prior radiation therapy

Patient Characteristics at Treatment Start

Osi monotherapy (n=384)

- Mean age 75.1 years
- ECOG 0: 28%; ECOG $\geq$ 2: 17%
- Medicare/Medicaid: 70%
- Prior radiation therapy: 17%
- Brain/CNS metastases: 11%

Osi + chemotherapy (n=127)

- Mean age 68.3 years
- ECOG 0: 40%; ECOG $\geq$ 2: 6%
- Medicare/Medicaid: 43%
- Prior radiation therapy: 25%
- Brain/CNS metastases: 16%

Combination therapy was preferentially used in younger, fitter patients.

Real-World Treatment Patterns

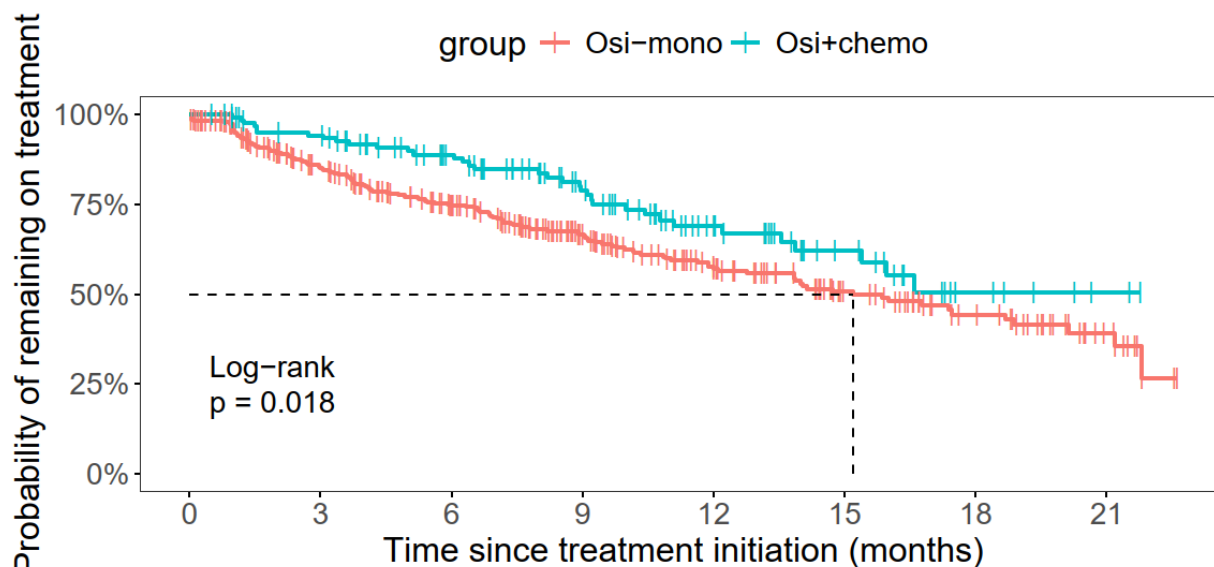
First-line regimen selection

- One-quarter of patients initiating first-line osi-based therapy received osi + chemo after FDA approval
- **Osi mono:** 384 patients (75%)
- **Osi + chemo:** 127 patients (25%)
- At data cutoff, 20% of osi + chemo and 19% of osi mono patients remained on osi

Chemotherapy exposure

- **63% (80/127) received 4 cycles of platinum-based chemo**
- Median platinum exposure: 4 cycles (range 1–13)
- Median pemetrexed exposure: 5 cycles (range 1–28)
- 17% were still receiving pemetrexed at data cutoff

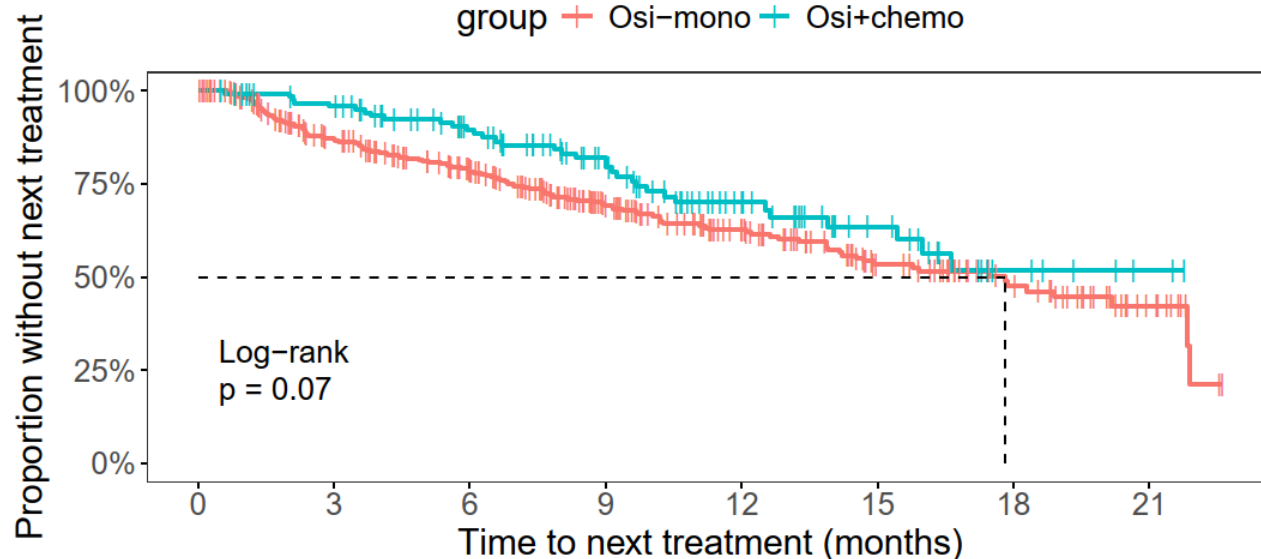
Time to Treatment Discontinuation



Outcome	Osi mono	Osi+chemo
Median TTD (95% CI)	15.2 (12.8-20.1)	NE (15.4, NE)
Unadjusted HR (95% CI)	Ref.	0.64 (0.44-0.93) p value: 0.019
Adjusted HR (95% CI)	Ref.	0.72 (0.49-1.07) p-value: 0.106

NE = not estimable

Time to Next Treatment

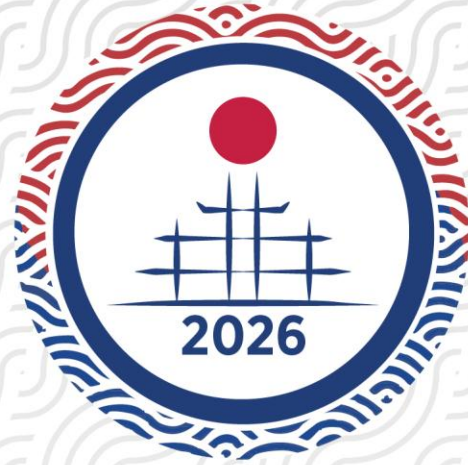


Outcome	Osi mono	Osi+chemo
Median TTNT (95% CI)	17.8 (14.2-NE)	NE (15.4-NE)
Unadjusted HR (95% CI)	Ref.	0.71 (0.48-1.03) p-value: 0.071
Adjusted HR (95% CI)	Ref.	0.80 (0.54-1.20) p-value: 0.282

NE = not estimable

Discussion and Conclusions

- Osi + chemotherapy was preferentially used in younger patients with better performance status.
- Most osi + chemo patients (63%) completed 4 cycles of platinum-based chemotherapy
- Persistence appeared longer with osi + chemo, but adjusted TTD and TTNT differences were not significant
- Early post-approval benchmark; median follow-up 9.4 vs 8.2 months — longer follow-up needed



Thank You.