

# UpSwinG: real-world study of TKI activity in patients with *EGFR* mutation-positive NSCLC with uncommon mutations, and sequencing of afatinib followed by osimertinib

#420TiP

Satoru Miura,<sup>1</sup> Angela Märten,<sup>2</sup> Sanjay Popat<sup>3,4\*</sup>

<sup>1</sup>Division of Respiratory Medicine, Department of Homeostatic Regulation and Development, Niigata University, Niigata, Japan; <sup>2</sup>Boehringer Ingelheim International GmbH, Ingelheim am Rhein, Germany; <sup>3</sup>Lung Unit, Royal Marsden National Health Service Foundation Trust, London, United Kingdom; <sup>4</sup>The Institute of Cancer Research, London, United Kingdom

## Introduction

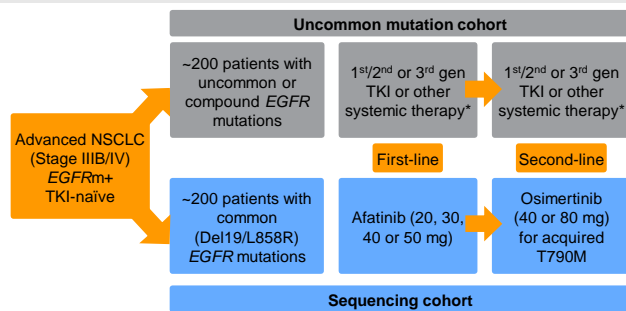
- EGFR TKIs are an effective treatment option for patients with *EGFR*m+ NSCLC harboring common *EGFR* mutations (Del19 or L858R)<sup>1</sup>
  - However, 7% to 23% of NSCLC tumors harbor uncommon *EGFR* mutations,<sup>2</sup> for which EGFR TKI efficacy is less established
  - Afatinib has shown broad inhibitory activity against uncommon *EGFR* mutations *in vitro*<sup>3</sup> and clinical activity against major uncommon mutations (G719X/L861Q/S768I)<sup>2</sup>
  - However, uncommon *EGFR* mutations are very heterogeneous,<sup>2</sup> and more information on the benefit of individual EGFR TKIs is needed
- Up to 75% of patients treated with afatinib develop T790M resistance<sup>4</sup>
  - Second-line osimertinib is highly effective in these patients<sup>4</sup>
- In the GioTag study, sequential afatinib and osimertinib was associated with encouraging outcomes (median TTF and OS: 27.7 and 37.6 months, respectively) in 203 patients who developed T790M mutations after first-line therapy in a real-world setting<sup>5</sup>
  - However, this study enrolled mainly Caucasian patients; study timelines and a lack of drug availability also led to limited enrollment of long-term responders, and maturity for time to treatment failure was 52% and for OS was 31%
  - More data from Asian patients and increased availability of both drugs will provide more robust data with increased maturity

*EGFR*m+, *EGFR* mutation-positive; OS, overall survival; TKI, tyrosine kinase inhibitor; TTF, time to treatment failure

## Study design and objectives

### Study design

- Real-world, non-interventional, global study across 59 study centers in nine countries (NCT04179890)
- Pre-existing data will be retrospectively collected from medical records
- Selection bias will be minimized where possible, including by selecting only consecutive patients meeting eligibility criteria



\*Patients must have been treated with an EGFR TKI in either first or second line; second-line treatment after first-line EGFR TKI is not mandatory. Gen, generation

## Key points

### Objectives

- Uncommon mutation cohort:** To determine the time on treatment with EGFR TKIs as first- or second-line therapy in NSCLC with uncommon *EGFR* mutations
- Sequencing cohort:** To determine the time on treatment with afatinib as first-line therapy in patients with *EGFR*m+ NSCLC followed by osimertinib for acquired T790M



<http://apo.ca/esmoa3>

### Study design

- Non-interventional, global, multicenter study based on existing data from medical records or electronic health records

### Endpoints

- Primary:** Time on treatment with EGFR TKI
- Secondary:** ORR, OS, TTF2 (uncommon mutation cohort), subsequent therapies used

### Current status

- As of September 2020, 400 patients have been recruited: 255 in uncommon mutation cohort, and 145 in sequencing cohort

Scan the QR code for an electronic copy of the e-poster, further information on the study, and references<sup>†</sup>

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\*Corresponding author email address: [Sanjay.Popat@rmh.nhs.uk](mailto:Sanjay.Popat@rmh.nhs.uk)

Dr Miura has received advisory/consultancy fees from Chugai Pharma, AstraZeneca, MSD, and Lilly; and speaker bureau/expert testimony fees from Chugai Pharma, AstraZeneca, Lilly, MSD, Boehringer Ingelheim, Taiho Pharma, Ono Pharma, Bristol-Myers Squibb, Novartis, Abbvie, and Kyowa Hakko Kirin. Dr Popat has received advisory/consultancy fees and honoraria from BMS, Roche, Takeda, AZ, Pfizer, MSD, EMD Serono, Guardant Health, AbbVie, Boehringer Ingelheim, Incyte, Paradox, and Lilly; research grant/funding (institution) from BMS, Roche, Takeda, AZ, Pfizer, MSD, Guardant Health, Boehringer Ingelheim, Ariad, and Lilly; and travel/accommodation expenses from BMS, Roche and MSD.

## Patients

### Key inclusion criteria

Adult patients

Diagnosis of EGFR TKI-naïve, advanced *EGFR*m+ NSCLC

Being treated for *EGFR*m+ NSCLC within regular clinical practice

Uncommon mutation cohort	Sequencing cohort
Patients with uncommon/compound <i>EGFR</i> mutations	Patients with common <i>EGFR</i> mutations (Del19, L858R)
Patients who started either afatinib, gefitinib, erlotinib, or osimertinib in the first- or second-line setting within regular clinical practice	Patients treated with afatinib in the first-line setting and, for acquired T790M mutation, with osimertinib in the second-line setting
Patients must have started EGFR TKI treatment ≥12 months prior to data entry	Patients must have started osimertinib treatment ≥10 months prior to data entry

### Key exclusion criteria

Patients treated for *EGFR*m+ NSCLC within a clinical trial or participated in GioTag study

Patients with active brain metastases at start of EGFR TKI therapy

For uncommon mutation cohort: patients treated with osimertinib with no further uncommon mutation other than acquired T790M

## Endpoints and assessments

Primary endpoint	Secondary endpoints
Time on treatment with EGFR TKI (from start until end of EGFR TKI treatment or death* in uncommon mutation cohort, and from start of first-line until end of second-line treatment or death* in sequencing cohort)	ORR
	OS
	TTF2 (uncommon mutation cohort only)
	Subsequent therapies used

\*By any cause. TTF2, time on treatment until failure of second-line therapy

## Study status

Number enrolled: 400 patients	Uncommon mutation cohort: 255 patients	Sequencing cohort: 145 patients
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Presented at the European Society for Medical Oncology (ESMO) Asia Congress Annual Meeting, Virtual Format, November 20–22, 2020

This study was funded by Boehringer Ingelheim. The authors were fully responsible for all content and editorial decisions, were involved at all stages of poster development and have approved the final version. Medical writing assistance, supported financially by Boehringer Ingelheim, was provided by Steven Kirkham, of GeoMed, an Ashfield company, part of UDG Healthcare plc, during the development of this poster.