

# 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

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## Introduction

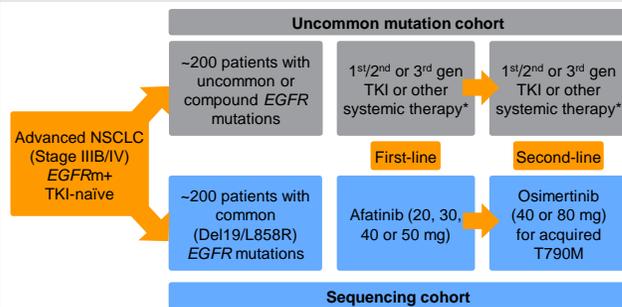
- EGFR TKIs are an effective treatment option for patients with *EGFR*m+ NSCLC harboring common *EGFR* mutations (Del19 or L858R)<sup>1</sup>
  - However, 7% to 23% of NSCLC tumors harbor uncommon *EGFR* mutations,<sup>2</sup> for which EGFR TKI efficacy is less established
  - Afatinib has shown broad 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://ago.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>1</sup>

<sup>1</sup>Copies of this e-poster obtained through QR, AR and/or text key codes are for personal use only and may not be reproduced without written permission of the authors

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## Patients

### Key inclusion criteria

Adult patients	
Diagnosis of EGFR TKI-naïve, advanced <i>EGFR</i> m+ NSCLC	
Being treated for <i>EGFR</i> 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 <i>EGFR</i> 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

<b>Number enrolled:</b> 400 patients	<b>Uncommon mutation cohort:</b> 255 patients	<b>Sequencing cohort:</b> 145 patients
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