Amivantamab vs Real World (RW) Therapy in Japanese Patients with Advanced Non-small Cell Lung Cancer (aNSCLC) Epidermal Growth Factor Receptor (EGFR) Exon-20 Insertion Mutation (E20i)

Amivantamab vs Real World (RW) Therapy in Japanese Patients with Advanced Non-small Cell Lung Cancer (aNSCLC) Epidermal Growth Factor Receptor (EGFR) Exon-20 Insertion Mutation (E20i) in Japan: A Real World Analysis comparing Real World Data from the Japan Lung Cancer Screening Project (LC-SCRUM-Asia) to CHRYSALIS Data

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Amivantamab vs Real World (RW) Therapy in Japanese Patients

BACKGROUND

Amivantamab is a novel, first-in-class, humanized anti-EGFR (EGFR) monoclonal antibody (mAb) that is being investigated in combination with osimertinib (anti-EGFR TKI) for the treatment of advanced NSCLC patients harboring EGFR exon 20 insertion mutations (E20i). This protocol-driven analysis compares the efficacy and safety of amivantamab in a real-world setting in Japan to that observed in the phase III CHRYSALIS trial. The LC-SCRUM-Asia registry was used as an external comparator (EC) to assess clinical outcomes for amivantamab-treated patients in Japan. This analysis included all patients with E20i from the CHRYSALIS trial treated with osimertinib and at least one prior platinum-based chemotherapy regimen, and all patients with E20i who received osimertinib as first-line treatment (EC patients).

METHODS

Setting, Data Sources & Study Population

LC-SCRUM-Asia is an ongoing, real-world registry of patients with advanced NSCLC treated with osimertinib in Japan. CHRYSALIS is an open-label, single-arm phase III trial comparing amivantamab plus osimertinib to osimertinib alone in patients with advanced NSCLC who have EGFR exon 20 insertion mutations.

RESULTS

Patient characteristics

115 CHRYSALIS patients and 94 EC patients from LC-SCRUM-Asia were included for analysis. The amivantamab-treated patients had significantly higher overall response rate (ORR) than EC patients for all (41.7% vs 14.1%; odds ratio [OR] 99.6:1; 4.38 [2.60, 7.37]) and Asian (44.3% vs 13.9%; OR 99.6:1; 5.16 [2.78, 5.56]) cohorts.

CONCLUSIONS

This protocol-driven analysis demonstrates that amivantamab-treated patients had significantly higher ORR than EC patients for all (41.7% vs 14.1%) and Asian (44.3% vs 13.9%) cohorts.

REFERENCES:


KEY TAKEAWAY

In the absence of clinical evidence from randomized controlled trials, this study reports the benefit of amivantamab after platinum-based chemotherapy for aNSCLC EGFR E20i patients, compared to current RW therapies, and highlights the needs for more targeted therapies in this population.

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DISCLOSURES

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