

How to Rescue Patients from Osimertinib Resistance

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Putting the Data in Context

The clinic perspective



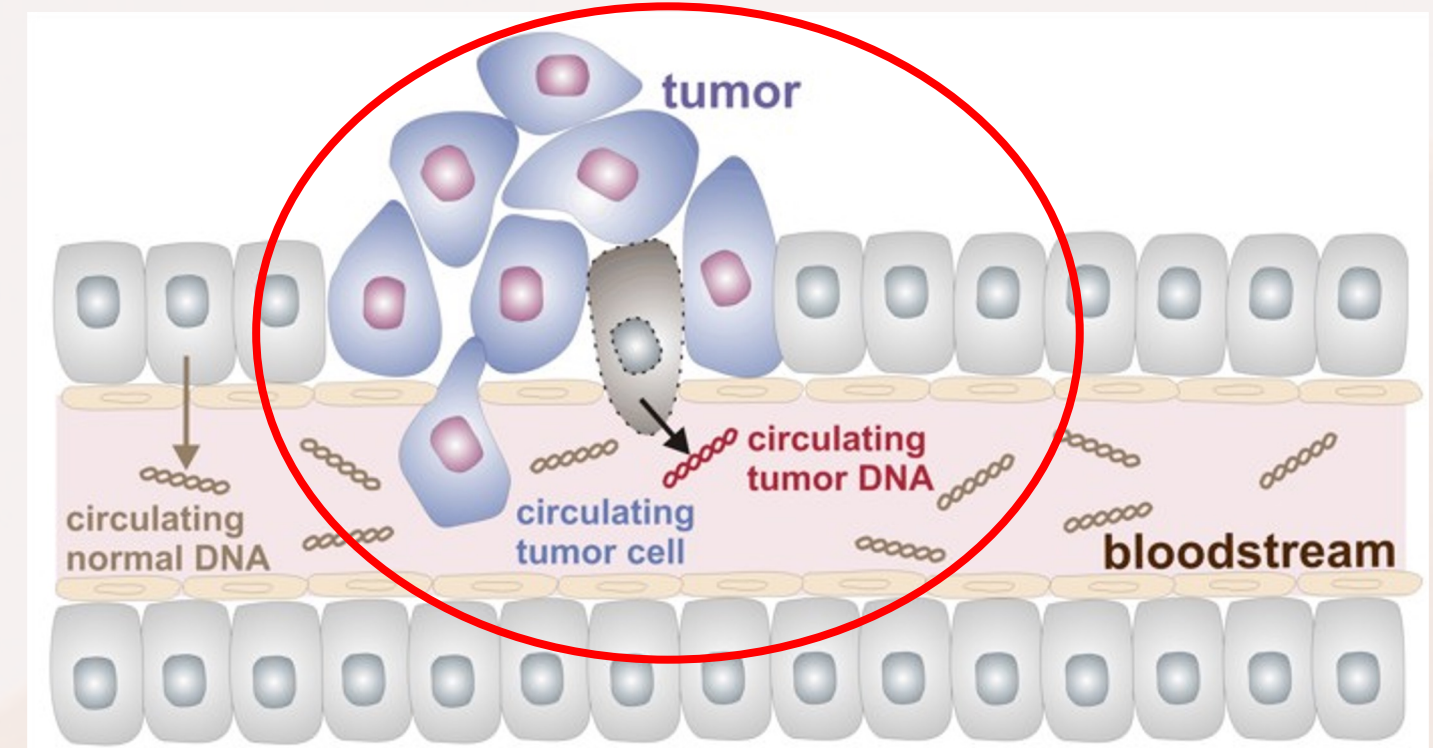
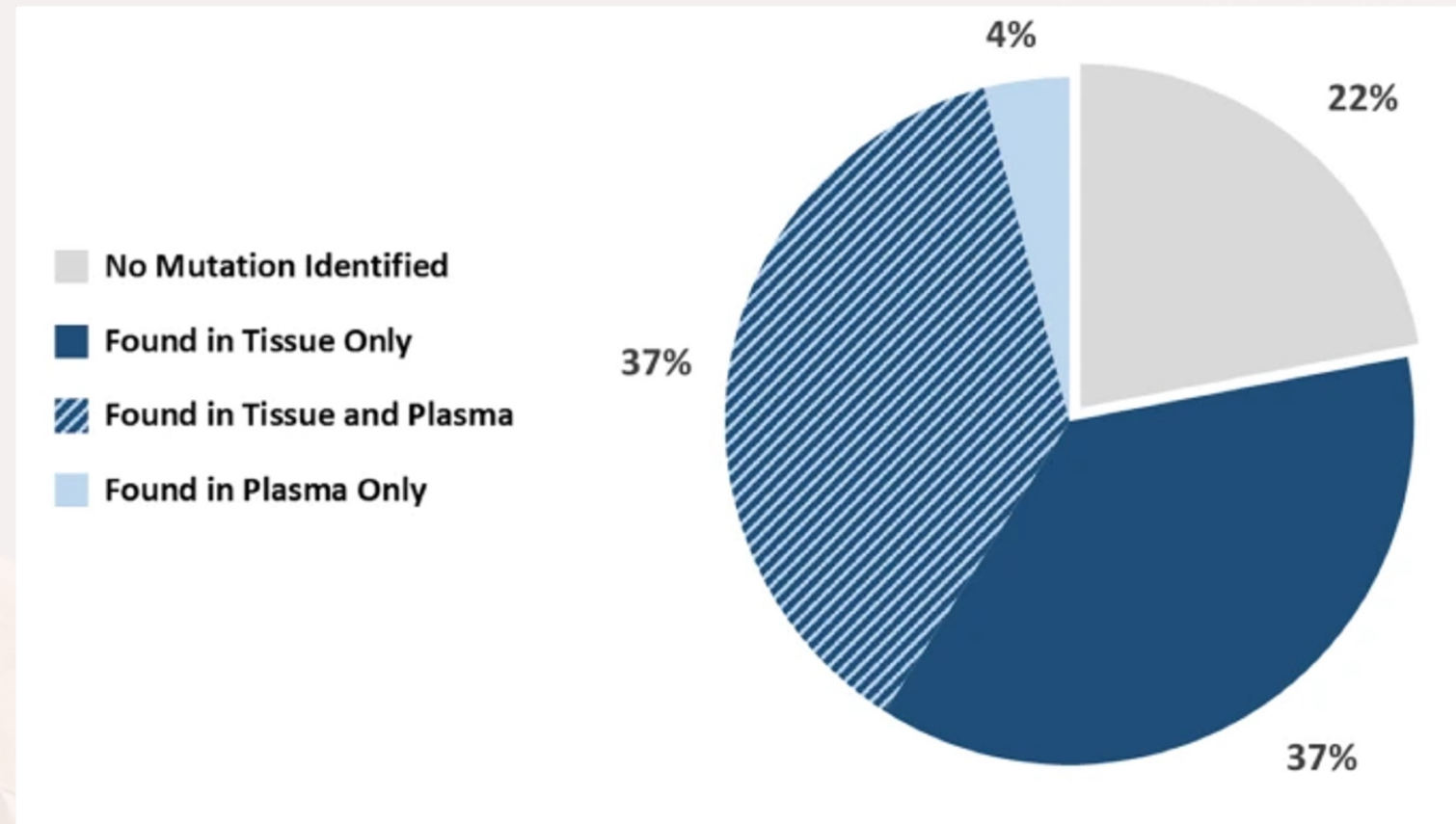
Carboplatin, pemetrexed +/-
osimertinib

Primary Mission: Maximize Quantity and Quality of Life

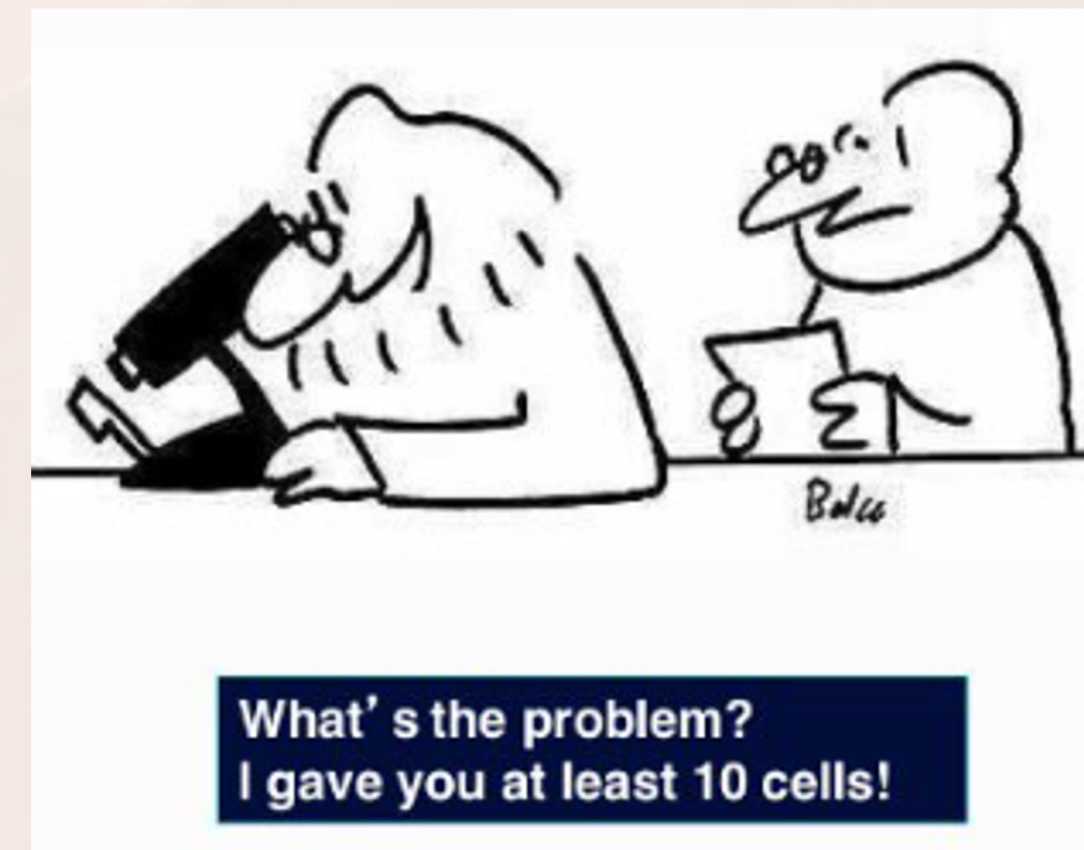
Organization

- Tissue and liquid biopsy
- Mechanisms of resistance to 1L osimertinib
- Targeting mechanisms of resistance to 1L osimertinib
- Future post osimertinib landscape

Obtain Both Tissue and Liquid Biopsy



***Tumor tissue, not NGS only liquid biopsy, is capable of identifying SCLC transformation**



Mechanisms of Resistance on FLAURA

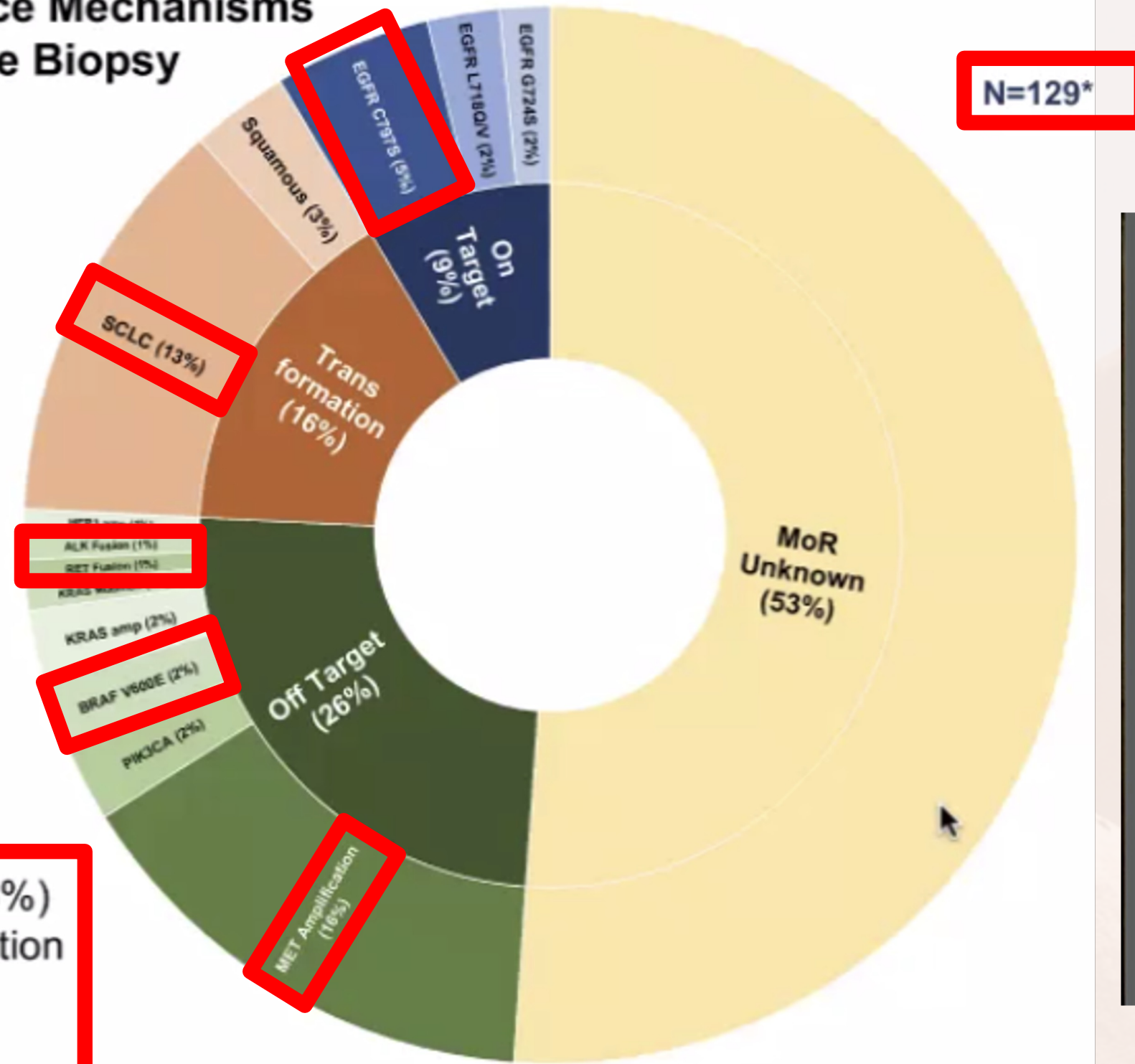
- FLAURA ctDNA analyzed at baseline and at the time of progression
- Why was SCLC transformation not observed?



Tissue Resistance to 1L Osimertinib

Figure 1. Resistance Mechanisms Identified on Tissue Biopsy

Median Time, osi start to Tissue Biopsy:
14.5 mo (range, 1-52)



MET Amplification (16%) and SCLC transformation (13%) were the most common resistance mechanisms identified on tissue biopsy.



Targeting Mechanisms of Resistance

- *MET* amplification (15 - 25%)
 - Add MET inhibitor vs platinum doublet +/- IO (Phase III SAFFRON)
- SCLC transformation (15%)
 - Platinum etoposide plus osimertinib or immunotherapy (ECOG)
- *EGFR* C797S (5 – 10%)
 - Add earlier gen EGFR TKI (i.e. gefitinib) vs platinum doublet +/- IO
- Acquired targetable oncogenic mutations (< 5%)
 - Add relevant targeted therapy (*BRAF* V600E, *RET* fusion, etc.)

No Targetable Mechanism of Resistance

- Carboplatin, pemetrexed
 - With or without continuation of osimertinib (CNS disease?)

No Targetable Mechanism of Resistance

- Carboplatin, pemetrexed +/- immunotherapy
 - With or without continuation of osimertinib (CNS disease?)
- Patritumab deruxtecan (HER3 DXd)
- Amivantamab +/- chemotherapy +/- Lazertinib
- Datopotamab deruxtecan (Dato-DXd)

Regimen Efficacy Results



Current Regimen Efficacy Results

Regimen / Trial	Patients	ORR	Median DOR	Median PFS	Median OS
Osimertinib + Tepotinib - INSIGHT 2	98	50%	8.5 months	5.6 months	17.8 months
Carboplatin + pemetrexed - ATTLAS / MARIPOSA2	74 (92% <i>EGFR</i>) / 263	42% / 36%	7 months / NA	5.6 months / 4.2 months	NA
Carboplatin + pemetrexed + atezolizumab + bevacizumab - ATTLAS	151 (95% <i>EGFR</i>)	70%	7 months	8.5 months	NA

Future Regimen Efficacy Results

Regimen / Trial	Patients	ORR	Median DOR	Median PFS	Median OS
Carboplatin + pemetrexed - ATTLAS / MARIPOSA2	74 / 263	42% / 36%	7 months / NA	5.6 months / 4.2 months	NA
Platinum + pemetrexed + amivantamab + Lazertinib - MARIPOSA2	263	64%	NA	8.3 months	HR 0.96 (0.67-1.35)
Paritumab deruxtecan - HERTHENA-Lung01	225	30%	6.4 months	5.5 months	12 months
Platinum + pemetrexed + amivantamab - MARIPOSA2	131	63%	NA	6.3 months	HR 0.77 (0.49-1.21)
Amivantamab + Lazertinib - CHRYSALIS	101	30% (MET+ 61%)	10.8 months	5.7 months	NA
Datopotumab deruxtecan - TROPION-Lung05	78	44%	7 months	5.8 months	NA

Ahn M-J, et al. ATTLAS. ESMO 2023

Yu H, et al. HERTHENA-Lung01, a phase II trial of patritumab deruxtecan (HER3-DXd) in EGFR mutant NSCLC after EGFR TKI and Platinum-Based Chemotherapy. JCO 2023

Passaro A, et al. MARIPOSA 2. ESMO 2023; Paz Ares L, et al. Datopotumab deruxtecan with actionable alterations. ESMO 2023

Conclusions

- Tissue and liquid biopsy
 - Obtain both at progression on osimertinib
- Mechanisms of resistance to 1L osimertinib
 - *MET* amplification, SCLC >> *EGFR* C797S > targetable fusions or MAPK/cell cycle alterations
- Targeting mechanisms of resistance to 1L osimertinib
 - Resistance mechanism directed therapy
 - Carboplatin, pemetrexed +/- immunotherapy
 - Multiple new options, awaiting mature survival results

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Thank you for your attention