Antibody Drug Conjugates and Bispecific Therapy in Non-small Cell Lung Cancer

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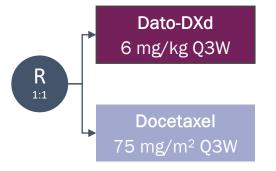
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Phase 3 TROPION-Lung01 Study of Dato-DXd vs Docetaxel in Pretreated mNSCLC ± Actionable Genomic Alterations (AGAs): Study Design and Patients

Key Eligibility Criteria

- NSCLC (stage IIIB/C or IV)
- ECOG PS 0 or 1
- No prior docetaxel
- Without AGAs:
 - 1-2 prior lines, including plt-chemo and anti-PD(L)1
- With AGAs:
 - EGFR, ALK, NTRK, BRAF, ROS1, MET or RET alterations
 - 1-2 prior approved targeted therapies + plt-chemo, and ≤1 anti-PD(L)1



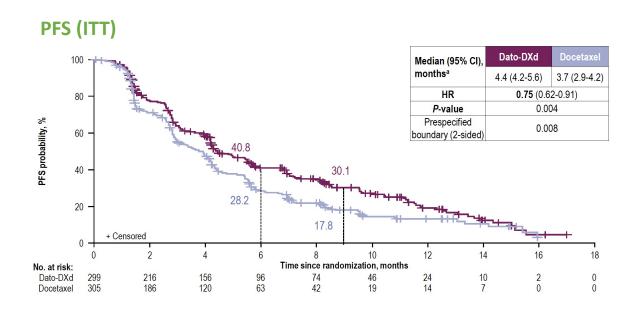
Primary endpoints: PFS (by BICR) and OS

Secondary endpoints: ORR (by BICR), DOR (by BICR), and safety

Patient Characteristics		Dato-DXd (n=299)	Docetaxel (n=305)
Median age (rang	ge), years	63 (26-84)	64 (24-88)
ECOG PS, n (%)	0	89 (30)	94 (31)
ECOG P3, II (%)	1	210 (70)	211 (69)
Histology p (9/)	Nonsquamous	234 (78)	234 (77)
Histology, n (%)	Squamous	65 (22)	71 (23)
Current or former smoker, n (%)		238 (80)	251 (82)
ACAc n (9/)	Present	50 (17)	51 (17)
AGAs, n (%)	EGFRmut	39 (13)	45 (15)
Brain mets at bas	seline, n (%)	50 (17)	47 (15)
Dui an linaa af	1	167 (56)	174 (57)
Prior lines of therapy, n (%)	2	108 (36)	102 (33)
(11e1apy, 11 (70)	≥3	22 (7)	28 (9)
Duitanasatanaia	Plt-containing	297 (99)	305 (100)
Prior systemic therapy, n (%)	Anti-PD-(L)1	263 (88)	268 (88)
(1161apy, 11 (70)	Targeted	46 (15)	50 (16)

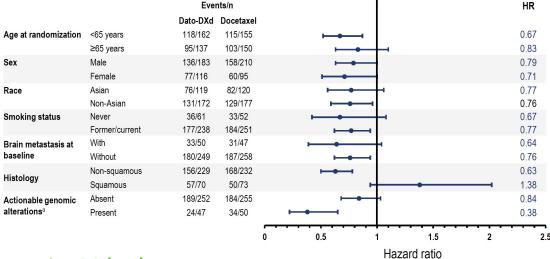
Lisberg AE, et al. ESMO 2023. Abstract LBA12.

Phase 3 TROPION-Lung01 Study of Dato-DXd vs Docetaxel in Pretreated mNSCLC ± AGAs: Efficacy Outcomes

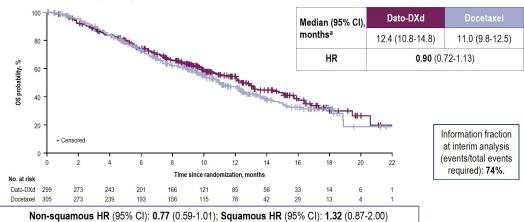


Response	Dato-DXd (n=299)	Docetaxel (n=305)
ORR, % (95% CI)	26.4 (21.5-31.8)	12.8 (9.3-17.1)
Median DOR, months (95% CI)	7.1 (5.6-10.9)	5.6 (5.4-8.1)
Median follow-up, months	13.1	13.0

PFS in Key Subgroups



Interim OS (ITT)



Phase 3 TROPION-Lung01 Study of Dato-DXd vs Docetaxel in Pretreated mNSCLC ± AGAs: Safety Outcomes

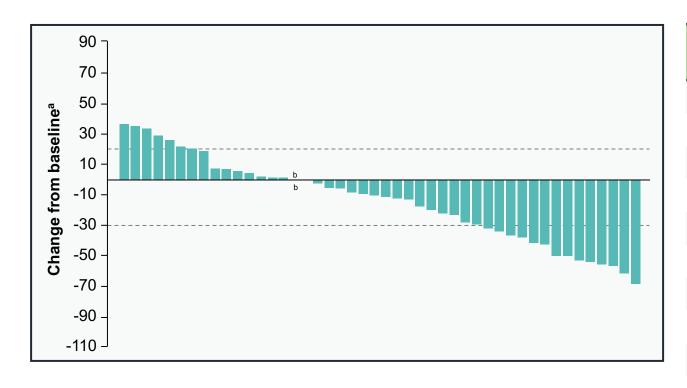
TRAE Summary, n (%)		Dato-DXd (n=297)	Docetaxel (n=290)	
All grades		257 (87)	252 (87)	
Grade ≥3	}		73 (25)	120 (41)
	Dose	ereduction	58 (20)	85 (29)
Associated	Dose	e delay	49 (17)	31 (11)
with	Disco	ontinuation	23 (8)	34 (12)
	Deat	:h ^a	3 (1)	2 (1)
Serious TRAEs		30 (10)	36 (12)	
Grade ≥3		25 (8)	33 (11)	
AESI, n (%)			Dato-DXd	Docetaxel
Stomatitis/c	ral	All grades	160 (54)	59 (20)
mucositis		Grade ≥3	19 (6)	4 (1)
Ocular ovon	+cb	All grades	57 (19)	27 (9)
Ocular events ^b		Grade ≥3	5 (2) ^c	0
Adjudicated drug-related ILD		All grades	25 (8)	12 (4)
		Grade ≥3	10 (3)	4 (1)
arag related		Grade 5	7 (2) ^d	1 (0.3)

TRAEs (in ≥10%),	Dato-DXd (n=297)		Docetaxe	l (n=290)
n (%)	Any Grade	Grade ≥3	Any Grade	Grade ≥3
Anemia	43 (15)	11 (4)	59 (20)	11 (4)
Neutropenia	12 (4)	2 (1)	76 (26)	68 (23)
Stomatitis	140 (47)	19 (6)	45 (16)	3 (1)
Nausea	100 (34)	7 (2)	48 (17)	3 (1)
Vomiting	38 (13)	3 (1)	22 (8)	1 (0.3)
Constipation	29 (10)	0	30 (10)	0
Diarrhea	28 (9)	1 (0.3)	55 (19)	4 (1)
Asthenia	55 (19)	8 (3)	55 (19)	5 (2)
Fatigue	34 (11)	2 (1)	40 (14)	6 (2)
↓ appetite	68 (23)	1 (0.3)	45 (16)	1 (0.3)
Alopecia	95 (32)	0	101 (35)	1 (0.3)
Rash	36 (12)	0	18 (6)	0
Pruritus	30 (10)	0	12 (4)	0

[•] IRRs were observed in 8% of patients in each arm, all were grade ≤2 except for 1 grade 3 event with Dato-DXd

Lisberg AE, et al. ESMO 2023. Abstract LBA12.

Ph1/2 IMMU-132-01 Sacituzumab Govitecan (SG) in Epithelial Cancers, NSCLC Cohort: Efficacy Outcomes



•	Among 14 pts receiving prior CPI (median: 3 [range: 1-5]
	prior lines): 2 pts had a PR; 7 pts had SD; 5 had PD

5 pts had durable disease control lasting >5 mos

	NSCLC ^{1,c} (N=54)
Response Outcomes	
ORR, % (n/N)	17% (9/54)
CR, n	0
PR, n	9%
SD, n	41%
DOR (mo), median (95% CI)	6.0 (2.5-21.0)
CBR (CR + PR + SD ≥6 mo), % (n/N)	24 (13/54)
Survival Outcomes	
PFS (mo), median (95% CI)	4.4 (2.5-5.4)
OS (mo), median (95% CI)	7.3 (5.6-14.6)

Ph1/2 IMMU-132-01 Sacituzumab Govitecan (SG) in Epithelial Cancers, NSCLC Cohort: Safety Outcomes

- Serious events (≥Gr3) that occurred in ≥5% of pts were: neutropenia (28%), leukopenia (9%), pneumonia (9%), diarrhea (7%), nausea (7%), fatigue (6%)
- 2 pts had febrile neutropenia
- Discontinuation due to treatment-related
 AEs occurred in 2 pts (4%)
- No treatment-related deaths
- 49% of pts experienced a 25% dose reduction

	All Grades, %	6 of Patients	Grade ≥3, %	of Patients
Adverse Event ^a	All patients (n=54)	10 mg/kg (n=46)	All patients (n=54)	10 mg/kg (n=46)
Nausea	80	78	7	9
Diarrhea	61	61	7	7
Fatigue	46	48	6	7
Alopecia	39	39	NA	NA
Neutropenia	37	39	28	30
Vomiting	35	33	4	2
Anemia	31	35	4	4
Constipation	28	28	2	2
Anorexia	28	28	2	2
Hypophosphatemia	22	24	2	2
Dehydration	19	22	0	0
Weight decrease	19	22	0	0
Leukopenia	19	17	9	9
Hypomagnesemia	17	20	0	0
Pneumonia	13	13	9	11

Heist RS, et al. *J Clin Oncol*. 2017;35:2790-2797.

HERTHENA-Lung01 Efficacy, Including in Patients With CNS Metastases

 HERTHENA-Lung01 is a phase 2 trial assessing patritumab deruxtecan (HER3-DXd) in patients with locally advanced or metastatic EGFR-mutated NSCLC who have previously received EGFR TKI and platinum-based chemotherapy

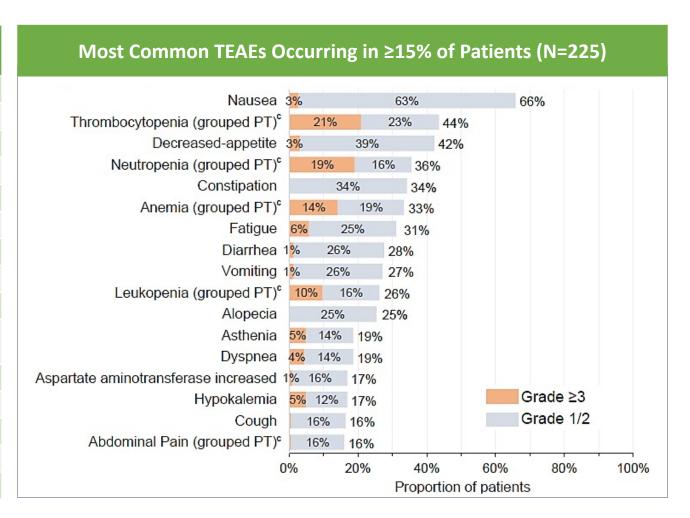
Confirmed Responses and Survival		Prior EGFR TKI (any) and PBC (N=225)	Subset With Prior 3rd- Gen EGFR TKI and PBC (n=209)
cORR (95% CI), %		29.8 (23.9-36.2)	29.2 (23.1-35.9)
	CR	1 (0.4)	1 (0.5)
BICR, n (%)	PR	66 (29.3)	60 (28.7)
	SDa	99 (44.0)	91 (43.5)
	PD	43 (19.1)	41 (19.6)
	NEb	16 (7.1)	16 (7.7)
DCR (95% CI), %		73.8 (67.5-79.4)	72.7 (66.2-78.6)
DOR, median (95% CI), mo		6.4 (4.9-7.8)	6.4 (5.2-7.8)
PFS, median (95% CI), mo		5.5 (5.1-5.9)	5.5 (5.1-6.4)
OS, median (95%	CI), mo	11.9 (11.2-13.1)	11.9 (10.9-13.1)

Responses by CNS BICR		All Patients With Baseline BM by CNS BICR (n=95)	Patients Whose Baseline BM Had Not Been Irradiated (n=30) ^c
CNS cORR (95% CI), %		20.0 (12.5, 29.5)	33.3 (17.3-52.8)
	CR	15 (15.8)	9 (30.0) ^d
	PR	4 (4.2)	1 (3.3)
BICR, n (%)	SD/non-CR /non-PD	57 (60.0)	13 (43.3)
	PD	13 (13.7)	4 (13.3)
	NE	6 (6.3)	3 (10.0)
CNS DCR (95% C	I), %	80.0 (70.5-87.5)	76.7 (57.7-90.1)
CNS DOR, media	n (95% CI), mo	9.2 (8.1-11.1)	8.4 (5.8-9.2)

^{1.} Yu HA, et al. WCLC 2023. Abstract OA05.03. 2. Johnson ML, et al. ESMO 2023. Abstract 1319MO.

HERTHENA-Lung01 Safety

Safety Summary	HER3-DXd 5.6 mg/kg (N=225)
Any TEAE, n (%)	224 (99.6)
Associated with treatment discontinuation ^a	16 (7.1)
Associated with treatment dose reduction	48 (21.3)
Associated with treatment dose interruption	91 (40.4)
Grade ≥3 TEAE, n (%)	146 (64.9)
Treatment-related TEAE, n (%)	215 (95.6)
Associated with death ^b	4 (1.8)
Grade ≥3	102 (45.3)
Serious TEAE	34 (15.1)
Adjudicated interstitial lung disease, n (%) [All were adjudicated as treatment-related]	12 (5.3)
Grade 1	1 (0.4)
Grade 2	8 (3.6)
Grade 3	2 (0.9)
Grade 4	0
Grade 5	1 (0.4)



Yu HA, et al. WCLC 2023. Abstract OA05.03.

TROPION-Lung05 Efficacy and Safety in Patients With Actionable Genomic Alterations

• TROPION-Lung05 is a phase 2 trial assessing datopotamab deruxtecan (Dato-DXd) in patients with advanced or metastatic NSCLC with actionable gene alterations that progressed on or after targeted therapy and platinum-based chemotherapy

Response per BICR	All Treated Patients (N=137)	Pts With EGFR Mutations (N=78)	Pts With ALK Rearrangement (N=34)
ORR confirmed, n (%) [95% CI]	49 (35.8)	34 (43.6)	8 (23.5)
	[27.8-44.4]	[32.4-55.3]	[10.7-41.2]
Median DOR (95% CI), mo	7.0	7.0	7.0
	(4.2-9.8)	(4.2-10.2)	(2.8-8.4)
DCR confirmed, n (%) [95% CI]	108 (78.8)	64 (82.1)	25 (73.5)
	[71.0-85.3]	[71.7-89.8]	[55.6-87.1]
Median PFS , (95% CI), mo	5.4	5.8	4.3
	(4.7-7.0)	(5.4-8.3)	(2.6-6.9)

- **BOR**: In the overall population (N=137), 4 patients (3%) achieved a CR and 45 (33%) achieved a PR
- **EGFR subset**: Among patients with sensitizing or T790M mutations (N=68), the ORR was 49.1% in those previously treated with osimertinib

AESI, n (%) ^a	Total	Grade 1	Grade 2	Grade ≥3
Oral mucositis/stomatitis	90 (66)	45 (33)	30 (22)	15 (11)
Ocular surface toxicity ^b	36 (26)	26 (19)	7 (5)	3 (2) ^c
IRR	22 (16)	15 (11)	7 (5)	0
Adjudicated drug-related ILD	5 (4)	1 (1)	3 (2)	1 (1) ^d

- 137 pts (100%) experienced TEAEs (grade ≥3, 47%)
 - 129 (94%) experienced TRAEs (grade ≥3, 29%)
 - 34 (25%) experienced serious AEs (grade ≥3, 5%)
- Most common TEAEs^e that occurred in ≥15% of pts were nausea (grade 1-2, 58%; grade ≥3, 2%), stomatitis (grade 1-2, 49%; grade ≥3, 10%), alopecia^f (grade 1-2, 52%; grade ≥3, 0%), constipation (grade 1-2, 32%, grade ≥3, 0%)

Paz-Ares L, et al. ESMO 2023. Abstract 1314MO.

MARIPOSA 2 – Amivantamab+chemotherapy post progression on osimertinib

Annals of Oncology A. Passaro et al.

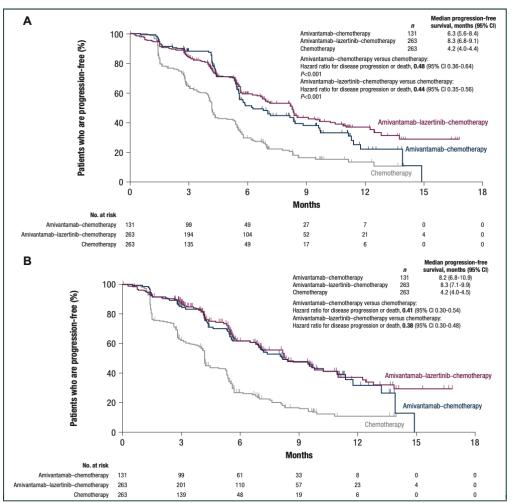


Figure 1. Progression-free survival by blinded independent central review and by investigator. Shown are Kaplan-Meier estimates of progression-free survival assessed by blinded independent central review (A) and investigator assessment (B). The efficacy analysis set included all randomized patients. Tick marks indicate censoring of data. Cl, confidence interval.

Passaro et al Ann Onc 2023

A. Passaro et al.

Endpoint	Chemotherapy ($n = 263$)	Amiyantamab—	Amiyantamab—lazertinib—	
Епаропіс	Chemotherapy (n = 203)	chemotherapy ($n = 131$)	chemotherapy ($n = 263$)	
Progression-free survival				
No. of months, median (95% CI)	4.2 (4.0-4.4)	6.3 (5.6-8.4)	8.3 (6.8-9.1)	
% of patients progression-free at 6 months (95% CI)	30 (23-36)	51 (41-60)	59 (52-65)	
% of patients progression-free at 12 months (95% CI)	13 (8-20)	22 (12-34)	37 (29-45)	
Objective response rate, % (95% CI)	36 (30-42)	64 (55-72)	63 (57-69)	
Duration of response ^a				
No. of months, median (95% CI) ^b	5.6 (4.2-9.6)	6.9 (5.5-NE)	9.4 (6.9-NE)	
Intracranial progression-free survival				
No. of months, median (95% CI)	8.3 (7.3-11.3)	12.5 (10.8-NE)	12.8 (11.1-14.3)	
% of patients progression-free at 6 months (95% CI)	66 (59-72)	78 (69-85)	79 (74-84)	
% of patients progression-free at 12 months (95% CI)	34 (23-45)	50 (35-64)	54 (45-63)	

CI, confidence interval; NE, not estimable

*No. of patients with measurable disease at baseline by blinded independent central review was 260 for chemotherapy, 130 for amivantamab—chemotherapy, and 259 for

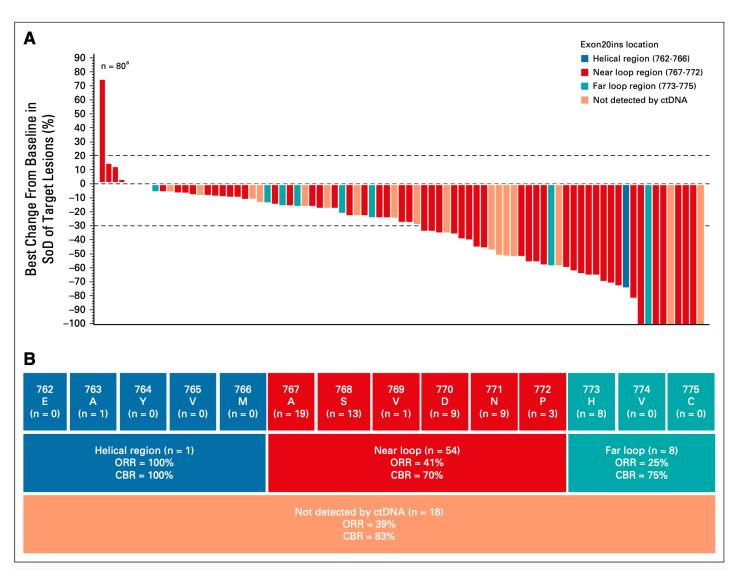
^bDuration of response among confirmed responders

A. Passaro et al.

Α		Hazard ratio for	No. of events/No. of patients		
	Subgroup		disease progression or death (95% CI)	Amivantamab- chemotherapy	Chemotherapy
	All randomized patients		0.48 (0.36-0.64)	74/131	171/263
	Age category <65 years ≥65 years	-	0.44 (0.31-0.64) 0.61 (0.40-0.94)	40/79 34/52	106/166 65/97
	Sex				
	Female Male Race		0.48 (0.33-0.68) 0.54 (0.35-0.84)	45/81 29/50	103/157 68/106
	Asian Non-Asian		0.58 (0.39-0.85) 0.47 (0.32-0.71)	39/63 34/64	82/127 84/129
	Weight category <80 kg		0.51 (0.38-0.68)	64/113	148/226
	≥80 kg ECOG PS	•	0.51 (0.23-1.11)	10/18	23/37
	0		0.44 (0.28-0.69) 0.56 (0.39-0.79)	30/55 44/76	65/101 106/162
	History of smoking Yes		0.45 (0.27-0.76)	19/41	61/95
	No History of brain metastases		0.53 (0.38-0.74)	55/90	110/168
	Yes No	-	0.52 (0.35-0.78) 0.48 (0.33-0.70)	34/58 40/73	79/120 92/143
	Osimertinib line of therapy First line Second line	-	0.47 (0.34-0.66) 0.55 (0.32-0.93)	54/97 20/34	117/181 54/82
	EGFR mutation Ex19del		0.60 (0.44-0.83)	58/89	118/183
	L858R	•	0.30 (0.17-0.54)	16/42	53/79
R	0.1 Favors amivantamab-chemoth	nerapy ◆ Fa	10 vors chemotherapy	No. of events/	No. of patients
В		nerapy ← Fa	vors chemotherapy Hazard ratio for	Amivantamab-	No. of patients
В		Tarerapy ← Far	vors chemotherapy		No. of patients Chemotherapy
В	Favors amivantamabchemoth Subgroup All randomized patients	herapy ← → Fai	Pors chemotherapy Hazard ratio for disease progression	Amivantamab- lazertinib-	
В	Favors amivantamab-chemoth Subgroup All randomized patients Age category -65 years -65 years		Hazard ratio for disease progression or death (95% CI)	Amivantamab- lazertinib- chemotherapy	Chemotherapy
В	Fevors amivantamab-chemoti Subgroup All randomized patients Age category -65 years -865 years -865 years		Hazard ratio for disease progression or death (95% Cf) 0.44 (0.35-0.56) 0.47 (0.35-0.64) 0.41 (0.28-0.80) 0.43 (0.32-0.58)	Amivantamab- lazertinib- chemotherapy 126/263 80/163 46/100 78/168	171/263 106/166 65/97 103/157
В	Favors antivantamab-chemotil Subgroup All randomized patients Age category - 455 years - 265 years - 802 - Farmale - Maile - Race		Hazard ratio for disease progression or death (95% Cf) 0.44 (0.35-0.56) 0.47 (0.35-0.64) 0.41 (0.28-0.60) 0.43 (0.32-0.58) 0.49 (0.33-0.71)	Amivantamab- lazertinib- chemotherapy 126/263 80/163 46/100 78/168 48/95	171/263 106/166 65/97 103/157 68/106
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В	Favors amivantamab-chemoff Subgroup All randomized patients Age category Sec 1985 years Sex Fernale Fernale Fernale Race Asian Non-Asian Non-Asian Non-Salan Sec 280 years Sec 900 years		Hazard ratio for disease progression or death (95% Cb) 0.44 (0.35-0.56) 0.47 (0.35-0.66) 0.43 (0.32-0.59) 0.49 (0.32-0.71) 0.39 (0.28-0.59) 0.40 (0.32-0.71) 0.39 (0.28-0.59) 0.41 (0.27-0.71) 0.39 (0.28-0.59) 0.41 (0.27-0.71) 0.40 (0.36-0.60) 0.45 (0.37-0.61) 0.47 (0.38-0.63)	Amivantamab- lazertinib- chemotherapy 126/263 80/163 46/100 78/168 48/95 65/125 58/133 110/226 16/37 40/92 86/171	171/263 106/166 65/97 103/157 68/106 82/127 84/129 148/226 23/37 65/101 106/162
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В	Faoris amivantamab-chemoti Subgroup All randomized patients Age category - 639 years - 649 years - 6		Hazard ratio for disease progression or death (9% CO) 0.44 (0.35-0.56) 0.47 (0.35-0.64) 0.43 (0.32-0.56) 0.43 (0.32-0.56) 0.49 (0.33-0.71) 0.51 (0.37-0.71) 0.51 (0.37-0.71) 0.40 (0.36-0.60) 0.45 (0.37-0.71) 0.47 (0.35-0.60) 0.45 (0.37-0.61) 0.47 (0.35-0.60) 0.45 (0.34-0.60) 0.45 (0.34-0.60)	Amivantamab- lazertinib- chemotherapy 126/263 80/163 46/100 78/168 48/95 65/125 58/133 110/226 16/37 40/92 86/171 44/87 81/175 58/120	171/263 106/166 65/97 103/157 68/106 82/127 84/129 148/226 23/37 65/101 106/162 61/95 110/168
В	Faorra amivantamab-chemoff Subgroup All amdamized patients (active property) (acti		Hazard ratio for disease progression or death (9% CO) 0.44 (0.35-0.56) 0.47 (0.35-0.64) 0.43 (0.32-0.58) 0.49 (0.33-0.71) 0.51 (0.37-0.71) 0.51 (0.37-0.71) 0.51 (0.37-0.71) 0.40 (0.36-0.60) 0.40 (0.36-0.60) 0.40 (0.36-0.60) 0.41 (0.27-0.61) 0.47 (0.35-0.63) 0.48 (0.34-0.60) 0.48 (0.34-0.60) 0.49 (0.34-0.60)	Amivantamab- lazertinib- chemotherapy 126/263 80/163 46/100 78/168 48/95 65/125 58/133 110/226 16/37 40/92 86/171 44/87 81/175 58/133	Chemotherapy 171/263 106/166 65/97 102/157 68/106 82/127 84/129 148/226 23/37 65/101 106/162 61/95 110/168 79/120 92/143
В	Favors amivantamab-chemoth Subgroup All randomized patients Age calogory Sex Favors Sex Favors Sex Favors Middle Race Adata Hon-Aslain Hon-Aslain Hon-Aslain Hon-Stain Hon-Sta		Hazard ratio for disease progression or death (9% CO) 0.44 (0.35-0.56) 0.47 (0.35-0.64) 0.43 (0.32-0.56) 0.43 (0.32-0.56) 0.49 (0.33-0.71) 0.51 (0.37-0.71) 0.51 (0.37-0.71) 0.40 (0.36-0.60) 0.45 (0.37-0.71) 0.47 (0.35-0.60) 0.45 (0.37-0.61) 0.47 (0.35-0.60) 0.45 (0.34-0.60) 0.45 (0.34-0.60)	Amivantamab- lazertinib- chemotherapy 126/263 80/163 46/100 78/168 48/95 65/125 58/133 110/226 16/37 40/92 86/171 44/87 81/175 58/120	171/263 106/166 65/97 103/157 68/106 82/127 84/129 148/226 23/37 65/101 106/162 61/95 110/168
В	Faoris amivantamab-chemoti Subgroup All randomized patients Age category - 405 years - 505 years - 5		Hazard ralio for disease progression or death (95% CO) 0.44 (0.35-0.56) 0.47 (0.35-0.64) 0.41 (0.25-0.69) 0.43 (0.32-0.58) 0.49 (0.33-0.71) 0.51 (0.37-0.71) 0.51 (0.37-0.71) 0.47 (0.35-0.69) 0.44 (0.35-0.69) 0.45 (0.37-0.69) 0.45 (0.37-0.69) 0.46 (0.35-0.69) 0.47 (0.35-0.69) 0.48 (0.34-0.69) 0.49 (0.34-0.67) 0.42 (0.31-0.59)	Amivantamab- lazertinib- chemother apy 126/263 80/163 46/100 78/168 48/95 65/125 58/133 110/226 16/37 40/92 86/171 44/87 81/175 58/120 68/143 91/185	Chemotherapy 171/263 106/166 65/97 103/157 68/106 82/127 84/129 148/226 23/37 65/101 106/162 61/95 110/168 79/120 92/143

Figure 2. Progression-free survival by blinded independent central review of patient subgroups. Shown are forest plots of progression-free survival in patient subgroups assessed by blinded independent central review for amivantamab—chemotherapy versus chemotherapy (A) and for amivantamab—lazertinib—chemotherapy versus chemotherapy (B). The efficacy analysis set included all randomized patients. The shaded areas indicate the 95% CI for the overall hazard ratio (all patients). CI, confidence interval; ECOG PS, Eastern Cooperative Oncology Group performance status.

CHRYSALIS: Amivantamab in EGFR Exon20 Insertion-Mutated NSCLC



PAPILLON – First Line Amivantamab+chemotherapy for EGFR Ex20 insertions

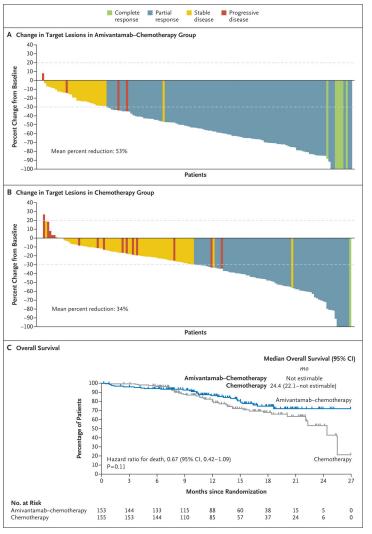


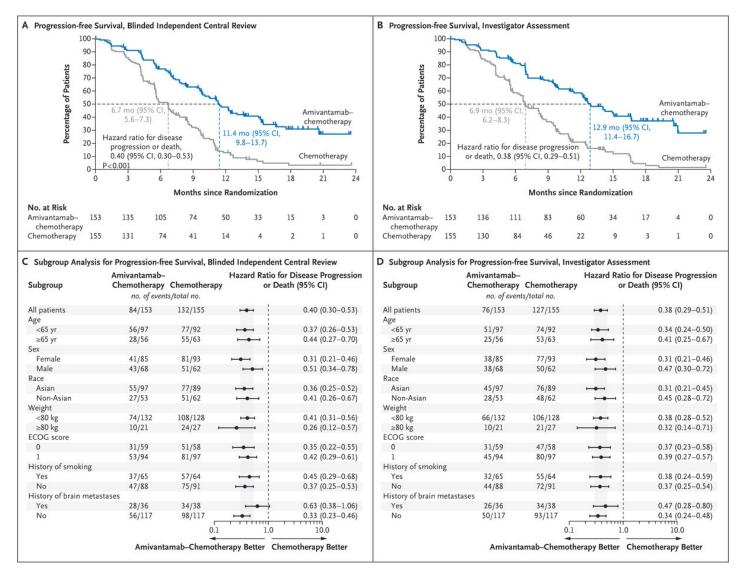
Table 2. Key Efficacy Outcomes.*									
Outcome	Amivantamab–Chemotherapy (N=153)	Chemotherapy (N=155)	Treatment Effect (95% CI)	P Value					
Progression-free survival†									
Median (95% CI) — mo	11.4 (9.8–13.7)	6.7 (5.6–7.3)	Hazard ratio, 0.40 (0.30–0.53)	<0.001					
Patients (95% CI) — %									
At 6 mo	77 (69–83)	51 (43–59)							
At 12 mo	48 (39–56)	13 (8–19)							
At 18 mo	31 (22–40)	3 (1–9)							
Objective response									
Patients (95% CI) — %	73 (65–80)	47 (39–56)	Rate ratio, 1.50 (1.32–1.68)	<0.001					
Overall survival									
Median (95% CI) — mo	NE	24.4 (22.1–NE)	Hazard ratio, 0.67 (0.42–1.09)	0.11					
Patients (95% CI) — %									
At 12 mo	86 (79–91)	82 (74–87)							
At 18 mo	74 (64–82)	68 (58–76)							
At 24 mo	72 (61–81)	54 (37–68)							

^{*} The efficacy population included all the patients who had undergone randomization. NE denotes not estimable.

[†] Progression-free survival (the primary outcome) was assessed by blinded independent central review.

[†] The objective response (complete or partial response) was assessed by blinded independent central review. Included in the analysis were 152 patients with measurable disease at baseline in each group.

PAPILLON – First Line Amivantamab+chemotherapy for EGFR Ex20 insertions



Conclusions

- Current approval for anti-Her2 antibody drug conjugates
- ADCs have advanced with additional approvals expected soon around anti-TROP2 and anti-Her3
- Currently being tested in the first and subsequent line space
- Combinations with anti-PD1/L1 antibodies ongoing and certain TKI therapies are being tested
- Amivantamab bispecifics approved in EGFR ex20 ins NSCLC patients
- Ongoing investigations of amivantamab in the EGFR Ex19del and L858R pts