

MARIPOSA
Ami + Laz in
1L EGFR+ NSCLC

Amivantamab Plus Lazertinib vs Osimertinib in First-line, *EGFR*-mutant Advanced NSCLC: Patient-relevant Outcomes From MARIPOSA

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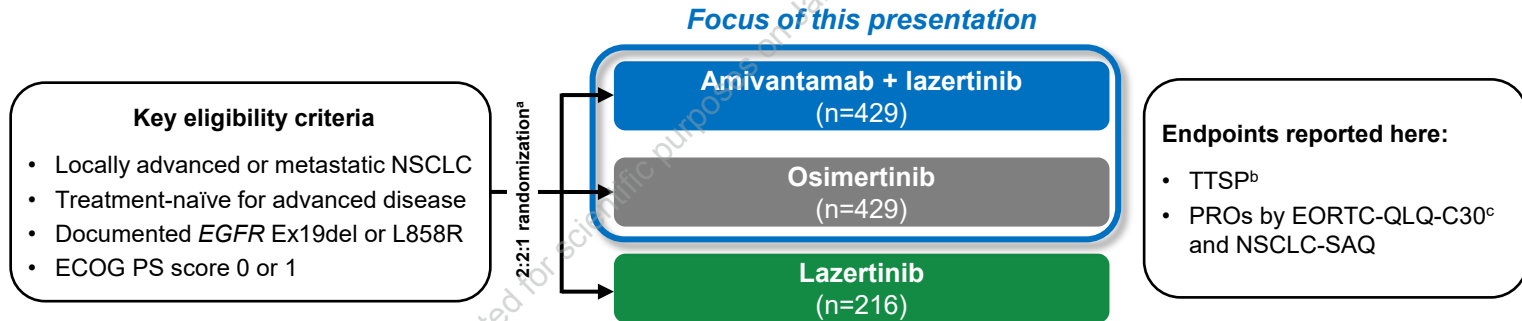
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Amivantamab + Lazertinib in Treatment-naïve EGFR-mutant Advanced NSCLC

- In the global, randomized, phase 3 MARIPOSA study, amivantamab + lazertinib significantly prolonged PFS vs osimertinib (HR, 0.70; $P < 0.001$), leading to its FDA approval for first-line EGFR-mutant advanced NSCLC¹⁻²
- The combination of amivantamab + lazertinib had higher rates of EGFR- and MET-related AEs, majority grades 1–2¹
- Understanding the impact on time to symptomatic progression (TTSP) and patient-reported outcomes (PROs) is important for treatment decision making



Note: MARIPOSA (ClinicalTrials.gov Identifier: NCT04487080) enrollment period: November 2020 to May 2022; clinical cut-off: 11-Aug-2023.

^aAnalyses were stratified based on *EGFR*-mutation type (Ex19del or L858R), race (Asian or non-Asian), and history of brain metastases (yes or no). ^bAlso included death. ^cThe threshold for a clinically meaningful change was a 10-point difference.

AE, adverse event; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; EORTC-QLQ-C30, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; Ex19del, exon 19 deletion; HR, hazard ratio; NSCLC, non-small cell lung cancer; NSCLC-SAQ, Non-Small Cell Lung Cancer Symptom Assessment Questionnaire; PFS, progression-free survival; PRO, patient-reported outcome; TTSP, time to symptomatic progression.

1. Cho BC, et al. *N Engl J Med*. 2024. Online ahead of print. doi:10.1056/NEJMoa2403614. 2. RYBREVANT® (amivantamab-vmjw) injection for intravenous use [package insert]. Horsham, PA: Janssen Biotech, Inc.; 2024.

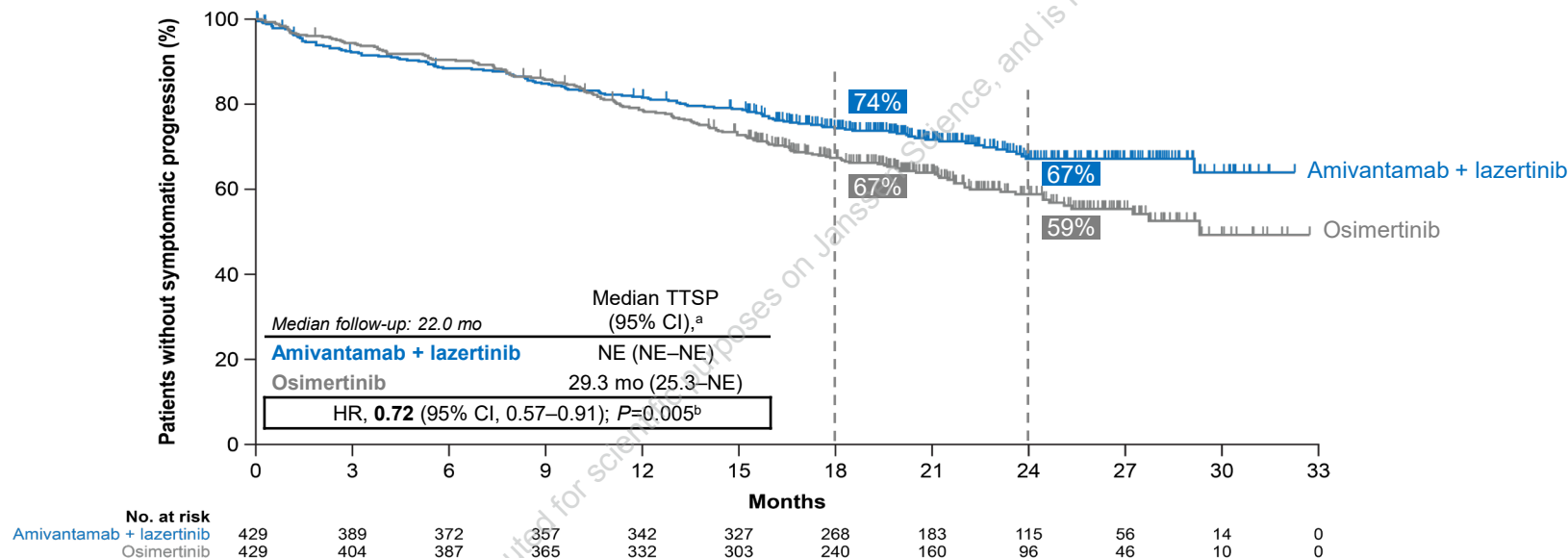




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Time to Symptomatic Progression

Pre-planned analyses show that amivantamab + lazertinib significantly reduced the risk of symptomatic progression



Symptomatic progression is a patient-relevant endpoint that measures time from randomization to the onset of new/worsening lung cancer symptoms requiring a change in therapy, clinical intervention, or death

^aMedian TTSP of the ITT population with 95% CI calculated using the Kaplan-Meier method. ^bHR with 95% CI calculated using a stratified Cox regression model; nominal P value calculated using a stratified log-rank test.

CI, confidence interval; HR, hazard ratio; ITT, intention-to-treat; NE, not estimable; TTSP, time to symptomatic progression.

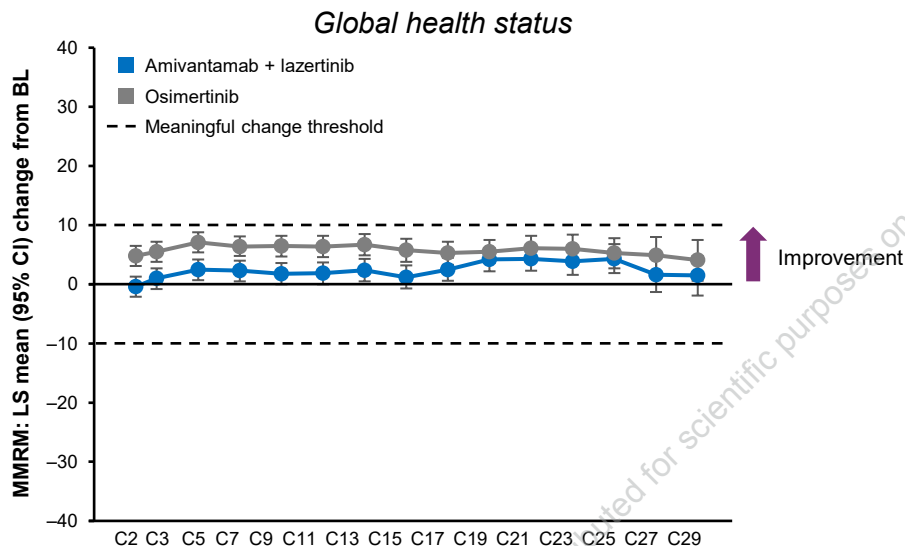




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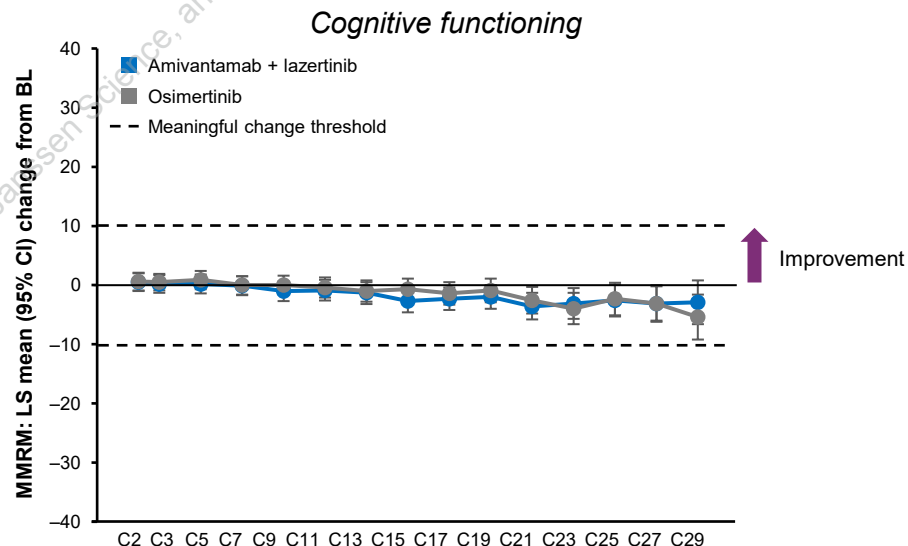
Patient-reported Functioning by EORTC-QLQ-C30

- For amivantamab + lazertinib and osimertinib, most patients reported stable functioning compared to baseline
 - Neither group showed meaningful change from baseline on any of the functioning subscales



No. of patients

	C2	C3	C5	C7	C9	C11	C13	C15	C17	C19	C21	C23	C25	C27	C29
Ami + laz	369	348	329	324	305	298	286	262	255	230	199	163	117	94	61
Osi	399	393	377	354	337	318	296	278	258	213	184	143	105	78	56



No. of patients

	C2	C3	C5	C7	C9	C11	C13	C15	C17	C19	C21	C23	C25	C27	C29
Ami + laz	369	348	329	324	305	298	286	262	255	230	199	163	117	94	61
Osi	399	394	377	354	337	318	296	278	258	213	184	143	105	78	56

Note: Dashed lines indicate thresholds for meaningful change (10 points).¹

Ami, amivantamab; BL, baseline; C, Cycle; CI, confidence interval; EORTC-QLQ-C30, European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire; laz, lazertinib; LS, least squares; MMRM, mixed model for repeated measures; Osi, osimertinib.

1. Osoba D, et al. *J Clin Oncol*. 1998;16(1):139-144.



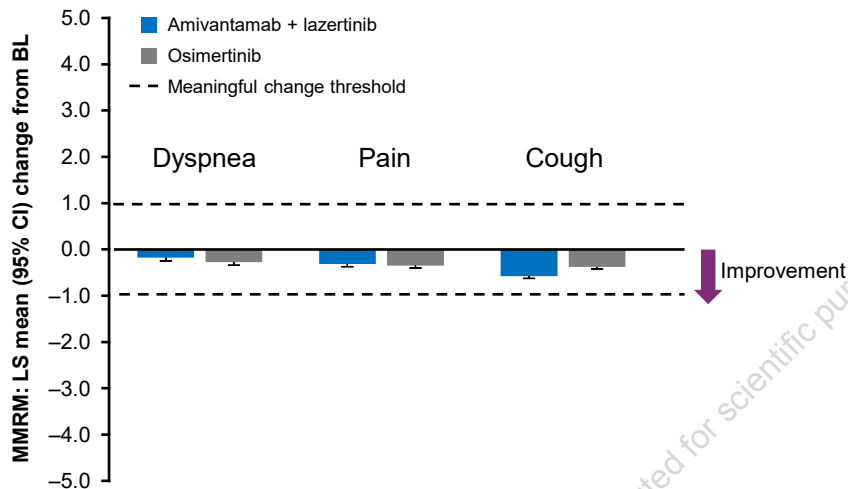


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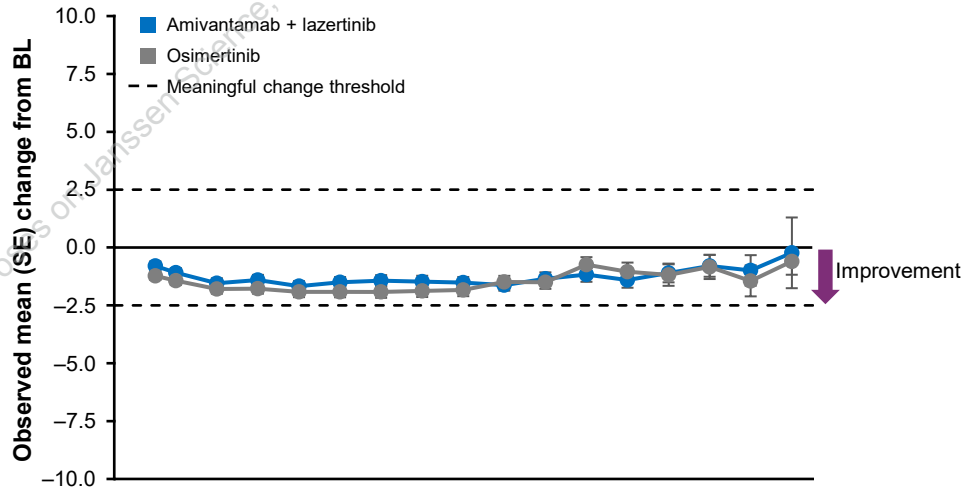
Patient-reported Symptom Scores by NSCLC-SAQ

Lung cancer-associated symptoms were comparable across groups based on the NSCLC-SAQ

Individual symptom scores



Total score



No. of patients	C2	C3	C5	C7	C9	C11	C13	C15	C17	C19	C21	C23	C25	C27	C29	C31	C33
Ami + laz	371	347	328	323	304	297	286	262	255	230	198	164	117	94	61	37	11
Osi	397	392	377	354	336	317	295	277	257	213	184	143	105	78	56	27	10

Note: PROs were measured on Day 1 of the cycle. Dashed lines indicate thresholds for meaningful change (1 point for individual symptoms; 2.5 points for total score).¹

Ami, amivantamab; BL, baseline; C, Cycle; laz, lazertinib; LS, least squares; MMRM, mixed model for repeated measures; NSCLC-SAQ, Non-Small Cell Lung Cancer Symptom Assessment Questionnaire; Osi, osimertinib; PRO, patient-reported outcome; SE, standard error.

1. Houts CR, et al. Presented at: ISPOR Annual Meeting; May 5-8, 2024; Atlanta, GA, USA.





Conclusions

- For patients with treatment-naïve *EGFR*-mutant advanced NSCLC, amivantamab + lazertinib combination therapy significantly delayed symptomatic progression compared to osimertinib (HR, **0.72**; $P=0.005$)
- The known increase in *EGFR*/*MET*-related adverse events from amivantamab + lazertinib did not meaningfully impact patients' functioning or health-related quality of life over time
- For both amivantamab + lazertinib and osimertinib:
 - Patient-reported functioning was stable throughout treatment compared to baseline
 - Based on the NSCLC-SAQ, total symptom scores were comparable throughout treatment
 - Individual lung cancer-associated symptoms were comparable throughout treatment
- Amivantamab + lazertinib is now approved by the FDA for patients with treatment-naïve, *EGFR*-mutant advanced NSCLC¹



For patients with treatment-naïve *EGFR*-mutant advanced NSCLC, amivantamab + lazertinib significantly delayed symptomatic progression vs osimertinib, while maintaining health-related quality of life



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Other Amivantamab Presentations at WCLC 2024



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Longer follow-up of amivantamab + lazertinib vs osimertinib in first-line *EGFR*-mutant advanced NSCLC

Sunday, Sep 8 10:47-10:57am
(OA02.03; Gadgeel)



PALOMA-3

Subcutaneous vs intravenous amivantamab: patient satisfaction and resource utilization results

Monday, Sep 9 11:07-11:17am
(OA09.05; Alexander)



MARIPOSA

Lazertinib vs osimertinib in first-line *EGFR*-mutant advanced NSCLC

Sunday, Sep 8 11:07-11:17am
(OA02.05; Lee)



PAPILLON

High-risk biomarker subpopulations from patients with *EGFR* Ex20ins in PAPILLON

Tuesday, Sep 10 1:50-1:55pm
(MA12.06; Goldman)



SKIPPirr

Preventing infusion-related reactions with intravenous amivantamab: primary results

Tuesday, Sep 10 2:00-2:05pm
(MA12.08; Lopes)



Development of a **patient-friendly lung cancer lexicon:**

Sunday, Sep 8 6:15-7:45pm
(P2.16F.03; Feldman)

Poster tour: Monday, Sep 9 6:45-6:53pm

Additional posters:

- **COCOON TiP:** Enhanced vs standard dermatologic management with amivantamab + lazertinib in advanced NSCLC: Monday, Sep 9 12:00-2:00pm (P3.12D.04; Cho)
- **PolyDamas TiP:** Amivantamab + cetrelimab in advanced NSCLC: Virtual ePoster (EP.12H.02; Voon)
- 5-year survival estimates with 1L osimertinib for *EGFR*-mutant advanced NSCLC in the US: Virtual ePoster (EP.12A.03; Sabari)





Acknowledgments

- Patients who participated in the study and their families and caregivers
- Physicians and nurses who cared for patients, and the staff members who supported this clinical trial
- Staff members at the study sites and involved in data collection/analyses
- Medical writing assistance was provided by Lumanity Communications Inc. and funded by Janssen Global Services, LLC

A total of 1074 patients from 27 countries were randomized in the MARIPOSA study

