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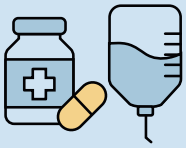
Adding Local Consolidative Therapy (LCT) to Osimertinib Significantly Improves PFS in *EGFR*-Mutated NSCLC

NORTHSTAR DATA

Key Predictors of Maximum LCT Benefit

Nodal Clearance
Patients with absent nodes after induction therapy achieved a **49.1-month median PFS**



Pleural Effusion Clearance
Patients with absent pleural effusion at random assignment achieved a **32.7-month median PFS**

Primary Efficacy Progression-Free Survival (PFS)

Osimertinib + LCT	25.3 Mos Median
Osimertinib Monotherapy	17.6 Mos Median

The Impact of Radiation Dose

Optimal Dose
Delivering a minimum radiation **BED of 75 Gy** is critical to extending survival.

≥75 Gy BED	<75 Gy BED
49.1 months median PFS	22.3 months median PFS

Local Control & Recurrence Patterns

>90%
Local Control
Radiation provided excellent local control over the disease.

Shift in Recurrence
When disease recurrence did occur, it predominantly happened outside of the previously radiated fields at new, distant metastatic sites

Safety Profile

Minimal Severe Toxicity
The addition of radiation therapy was well-tolerated, with only 2.3% of patients experiencing grade 3 pneumonitis. Other toxicities (like dyspnea and esophagitis) were predominantly mild (grade 1 or 2).

Source: Adding LCT to Osimertinib Improves PFS Outcomes, Local Control Rates in *EGFR*-Mutated NSCLC