

# EGFR-MUTATED NSCLC · FRONTLINE TREATMENT

Three regimens, 1 decision. Key efficacy and safety data from the **FLAURA**, **FLAURA 2**, and **MARIPOSA** trials

<b>OPTION 1</b> FDA Approved April 2018	<b>OPTION 2</b> FDA Approved February 2024	<b>OPTION 3</b> FDA Approved August 2024
<p><b>Osimertinib monotherapy</b></p> <p> <b>Median PFS</b> 18.9 months</p> <p> <b>Median OS</b> 38.6 months</p> <p> <b>ORR</b> 80%-86%</p> <ul style="list-style-type: none"> <li>• Lowest toxicity burden of the 3 regimens</li> <li>• Rarely produces grade 3+ adverse events</li> <li>• Fewest clinic visits; greatest day-to-day patient freedom</li> <li>• Continuing osimertinib + chemotherapy at progression outperforms chemotherapy alone</li> </ul>	<p><b>Osimertinib + chemotherapy</b></p> <p> <b>Median PFS</b> 25.5 months</p> <p> <b>OS vs Monotherapy (HR)</b> 0.77</p> <p> <b>ORR</b> 73% (vs 69% in monotherapy arm)</p> <ul style="list-style-type: none"> <li>• PFS benefit across all subgroups, including brain metastases</li> <li>• CNS complete response rate: 59% vs. 43% with monotherapy</li> <li>• Notable grade 3+ anemia, neutropenia, and fatigue</li> <li>• More manageable adverse event profile than the amivantamab combination</li> </ul>	<p><b>Amivantamab + lazertinib</b></p> <p> <b>Median PFS</b> 23.7 months</p> <p> <b>Median OS</b> Not reached</p> <p> <b>OS vs. osimertinib (HR)</b> → 0.75</p> <ul style="list-style-type: none"> <li>• Dual EGFR + MET targeting addresses key resistance mechanisms</li> <li>• PFS benefit across all major biomarker subgroups, including TP53</li> <li>• VTE risk: 40% vs 11% with osimertinib – prophylactic anticoagulation recommended for first 4 months</li> <li>• Rash, paronychia, and infusion reactions in approximately 60% of patients</li> </ul>

**Why Resistance Mechanisms Matter**

- MET amplification is a primary resistance pathway after third-generation EGFR TKIs
- EGFR secondary mutations are an additional escape mechanism
- 25%–40% of patients on monotherapy never reach second-line therapy
- Amivantamab binds EGFR and MET extracellularly, triggering receptor degradation

**Annual Cost at a Glance**

<b>\$180,000</b>	<b>\$432,000</b>	<b>\$250,000</b>
Osimertinib mono	Osimertinib + chemo	Amivantamab + lazertinib

Clinical visits in year 1: ~7 · ~19 · ~30 respectively