EGFRChannel | OncLive

EGFR-MUTATED NSCLC · FRONTLINE TREATMENT

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

OPTION 1
FDA Approved April 2018

Osimertinib monotherapy

Median PFS
18.9 months

Median OS
38.6 months

ORR
80%-86%

- Lowest toxicity burden of the 3 regimens
- Rarely produces grade 3+ adverse events
- Fewest clinic visits; greatest day-to-day patient freedom
- Continuing osimertinib + chemotherapy at progression outperforms chemotherapy alone

OPTION 2
FDA Approved February 2024

Osimertinib + chemotherapy

Median PFS
25.5 months

Median OS
15.9 months

ORR
73% (vs 69% in monotherapy arm)

- PFS benefit across all subgroups, including brain metastases
- CNS complete response rate: 59% vs. 43% with monotherapy
- Notable grade 3+ anemia, neutropenia, and fatigue
- More manageable adverse event profile than the amivantamab combination

OPTION 3
FDA Approved August 2024

Amivantamab + lazertinib

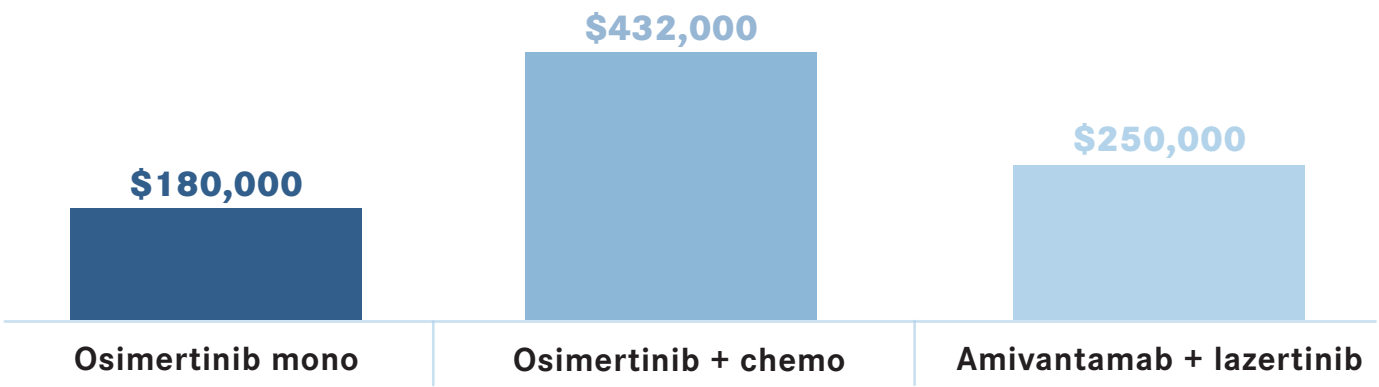
Median PFS
23.7 months

Median OS
Not reached

OS vs. osimertinib
(HR) → 0.75

- Dual EGFR + MET targeting addresses key resistance mechanisms
- PFS benefit across all major biomarker subgroups, including TP53
- VTE risk: 40% vs 11% with osimertinib – prophylactic anticoagulation recommended for first 4 months
- Rash, paronychia, and infusion reactions in approximately 60% of patients

Annual Cost at a Glance



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

FLAURA (NCT02296125) · FLAURA 2 (NCT04035486) · MARIPOSA (NCT04487080) ·23rd Annual Winter Lung Cancer Conference, January 2026