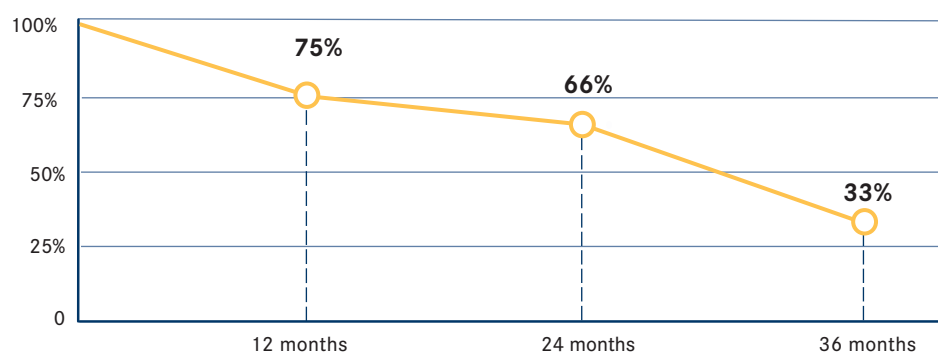


Early Discontinuation of Adjuvant Osimertinib Doubles Recurrence Risk in *EGFR*-Mutated NSCLC



Only 1 in 3 patients remained on adjuvant osimertinib at 36 months (recommended course is 3 years)

Top-Line Finding



75% still on treatment at 12 months

Median real-world duration
33.0 months
95% CI, 29.6–35.2

Recurrence risk with early discontinuation



2.34x

higher risk of recurrence or death when stopping before **12 months**

2.74x

higher risk of recurrence or death when stopping before **24 months**

Not significant at 34-month landmark — limited follow-up/events

Disease-free survival

95%

12 MONTHS

89%

24 MONTHS

78%

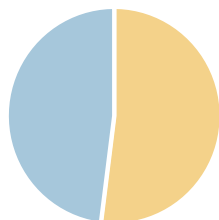
36 MONTHS

Outcomes closely comparable with ADAURA trial benchmarks
(90% at 24mo, 85% at 36mo)

Why patients stopped (among the 336 who discontinued)

12%

had a documented recurrence at discontinuation



52%

Documented adverse effect (AE)

48%

Neither AE nor recurrence recorded

Top Adverse Effects Near Discontinuation

Fatigue	76%
Loss of appetite	65%
Diarrhea	61%
Rash	61%
Nausea/vomiting	41%

Study Snapshot

Presented at IASLC 2026 World Conference on Lung Cancer; Seoul, South Korea, September 12–15, 2026

Cohorts

822 patients, Flatiron Health Research Database (real-world data)

Demographics

Median age 71; 73.5% female; 77.6% treated in community oncology settings

Population

Stage I–IIIA resected *EGFR*-mutated NSCLC