

Intercalated Gefitinib Plus Chemotherapy Improves DFS in Resected EGFR-Mutant NSCLC

Phase 3 trial results presented at IASLC WCLC 2026

Top-Line Finding

Median disease-free survival

Intercalated gefitinib + platinum chemo

58.8 Months

Chemotherapy alone

(control arm control arm)

41.9 Months

$P = .0359$

Trial Snapshot: Phase 3, multicenter, South Korea



Population

Completely resected stage II–IIIB
EGFR-mutant NSCLC
(*exon 19 deletion or L858R*)



1:1

adjuvant intercalated
gefitinib + platinum chemo



platinum chemo alone



Primary endpoint

Investigator-assessed DFS
Median follow-up: 41.8 months

Who Benefits

Mutation type

Exon 19 Deletion

Gef + chemo

Not reached

Chemo alone

21.2

$P = .0096$

L858R

Gef + chemo

42.0

Chemo alone

42.7

$P = .0036$

Mutation Stage

STAGE I

Gef + chemo

42.0

Chemo alone

21.2

$P = .0211$

STAGE II

Gef + chemo

Not reached

Chemo alone

Not reached

$P = .4547$

Benefit concentrated in exon 19 deletion and stage III disease. No advantage seen with L858R or stage II disease.



Safety

Manageable in both arms. EGFR-related toxicities – dermatitis acneiform, GI and hepatic adverse effects – occurred more often with intercalated gefitinib.

Why it matters

Findings arrive as adjuvant osimertinib (Tagrisso) is already a recommended option for resected stage IB–IIIA EGFR-mutant NSCLC (exon 19 deletion or L858R), with or without chemotherapy. Longer follow-up and MRD dynamics are needed to clarify how T KI- and chemotherapy-based adjuvant strategies fit together.