



EPICS

EPICS Global Perspectives in Lung Cancer – WCLC and ESMO 2021

24 September 2021

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EPICS

VIRTUAL CLOSED-DOOR ROUNDTABLE



DATE:
24 September 2021



**DISEASE STATE AND
DATA PRESENTATIONS**
by key experts



INSIGHTS REPORT
including postmeeting
analyses and actionable
recommendations



PANEL: Key experts in
lung cancer
> 6 from the US
> 3 from Europe



**LUNG CANCER-SPECIFIC
DISCUSSIONS** on
therapeutic advances and
their application into clinical
decision-making

Panel Consisting of 6 North American and 3 European Lung Cancer Experts

Marina Chiara Garassino, MD
University of Chicago



Natasha Leighl, BSc, MMSc, MD
University of Toronto



Lynette Sholl, MD
Brigham and Women's Hospital



Benjamin Besse, MD, PhD
Institute Gustave Roussy



Solange Peters, MD, PhD
University Hospital of Lausanne



Enriqueta Felip, MD, PhD
Vall d'Hebron University Hospital



David Jablons, MD
University of California San Francisco



Nasser Hanna, MD
Indiana University School of Medicine

CHAIR:
Corey Langer, MD, FACP
University of Pennsylvania



Meeting Agenda

Time (EST)	Topic	Speaker/Moderator
11.00 AM – 11.05 AM	Welcome, Introduction, and Meeting Objectives	Corey Langer, MD, FACP
11.05 AM – 11.15 AM	Perioperative Immunotherapy in Early Stage NSCLC	David Jablons, MD
11.15 AM – 11.30 AM	Discussion and Key Takeaways	
11.30 AM – 11.40 AM	Immunotherapy in Unresectable Stage III NSCLC	Nasser Hanna, MD
11.40 AM – 11.55 AM	Discussion and Key Takeaways	
11.55 AM – 12.10 PM	Immunotherapy in Metastatic NSCLC and Subsequent Therapy	Solange Peters, MD, PhD
12.10 PM – 12.35 PM	Discussion and Key Takeaways	
12.35 PM – 12.50 PM	<i>EGFR</i> (Common Mutations): Resectable and Metastatic	Enriqueta Felip, MD, PhD
12.50 PM – 1.10 PM	Discussion and Key Takeaways	
1.10 PM – 1.15 PM	BREAK	
1.15 PM – 1.20 PM	<i>EGFR</i> (Less Common Mutations, Including Exon 20 Insertions)	Natasha Leighl, BSc, MMSc, MD
1.20 PM – 1.35 PM	Discussion and Key Takeaways	
1.35 PM – 1.50 PM	Oncogenic Drivers: Mutations	Corey Langer, MD, FACP
1.50 PM – 2.05 PM	Discussion and Key Takeaways	
2.05 PM – 2.15 PM	Oncogenic Drivers: Fusions	Marina Garassino, MD
2.15 PM – 2.30 PM	Discussion and Key Takeaways	
2.30 PM – 2.40 PM	SCLC and Second-Line NSCLC: Old and New Data	Benjamin Besse, MD, PhD
2.40 PM – 3.00 PM	Discussion and Key Takeaways	
3.00 PM	Closing Remarks and Adjourn	Corey Langer, MD, FACP



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Congress Highlights

IMpower010: Adjuvant atezolizumab versus BSC: Outcomes by prior Therapy and PD-L1; Sites of Relapse

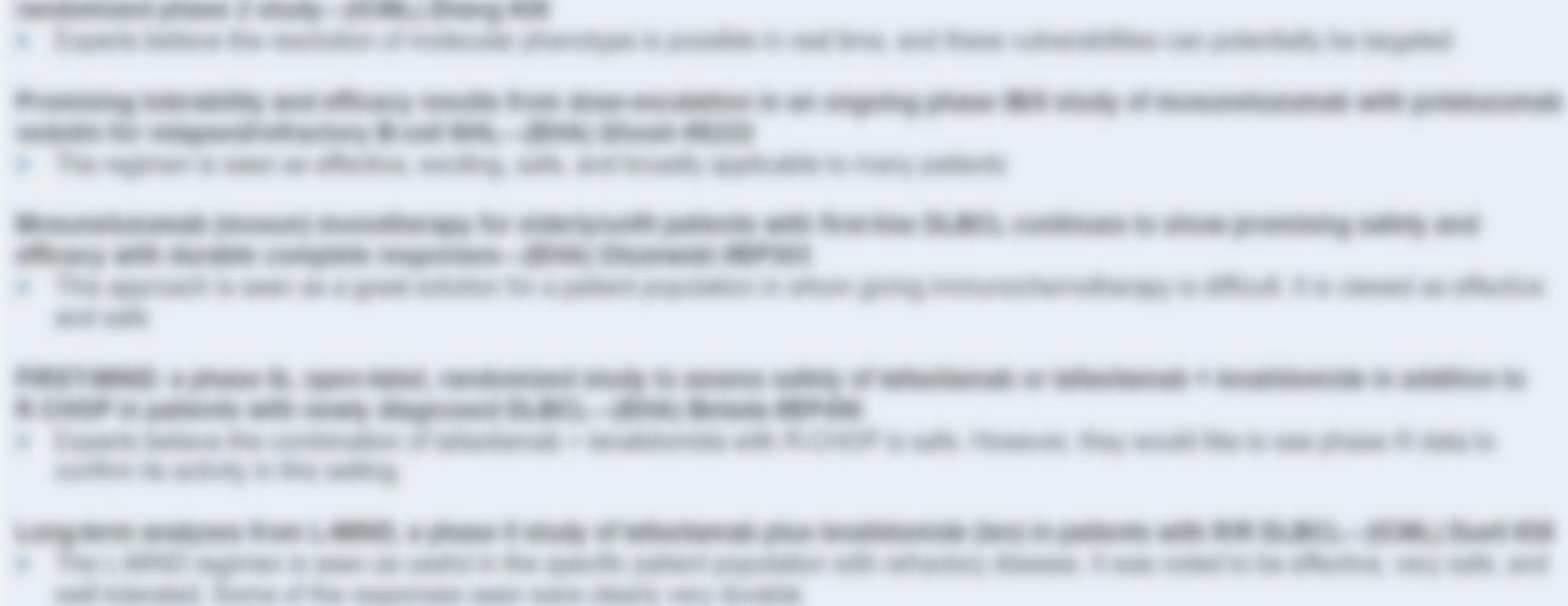
Altorki N, et al. 2021, WCLC PL02.05

Felip E, et al. 2021, ESMO LBA9

STUDY POPULATION

Forest Plot: DFS by Surgery/PD-L1 Expression Level

> Completely resected, stage IB–IIIA NSCLC per UICC/AJCC v7.



Long Term Survival in Operable Stage IIIA NSCLC Patients Treated With Neoadjuvant Nivolumab Plus Chemotherapy - NADIM Study

Provencio M, et al. 2021, WCLC OA20.01

STUDY POPULATION

3-Year OS

> Patients with resectable stage IIIA NSCLC treated with

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- 9. [Faded text]
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SAKK 16/14 - T-Cell Receptor Repertoire Metrics Predict Response to Neoadjuvant Durvalumab in Patients With Stage IIIA(N2) NSCLC

Rothschild S, et al. 2021, WCLC MA09.02

STUDY POPULATION

Correlation Between Baseline TCR Evenness and EFS

> Patients with stage IIIA-N2 NSCLC receiving neoadjuvant

[The following text is significantly blurred and illegible. It appears to contain several bullet points and paragraphs related to the study population and correlation analysis.]

COAST: an open-label, randomized, phase II platform study of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, Stage III NSCLC

Martinez-Marti A, et al. 2021, ESMO LBA42

STUDY POPULATION

COAST: Progression-Free Survival

> Patients with unresectable stage III NSCLC

DFS by investigator assessment

Background: Locally advanced, unresectable stage III NSCLC is a common cancer with a poor prognosis. Durvalumab, a PD-L1 inhibitor, has shown promising activity and safety in patients with stage III NSCLC. The COAST study is a phase II platform study designed to evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC.

Objective: The primary objective of the COAST study is to evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC. The secondary objectives are to evaluate the progression-free survival (PFS), overall survival (OS), and quality of life (QoL) in these patients.

Design: The COAST study is a phase II, open-label, randomized, controlled study. Patients will be randomized to receive durvalumab alone or in combination with one of the novel agents. The study will be conducted in a multicenter setting across several countries.

Setting: The COAST study will be conducted in several countries, including the United States, Europe, and Asia. The study will be conducted in a multicenter setting across several countries.

Participants: The study will include patients with locally advanced, unresectable, stage III NSCLC who are eligible for the study. The study will include patients with locally advanced, unresectable, stage III NSCLC who are eligible for the study.

Interventions: The study will evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC. The study will evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC.

Measurements and Main Results: The study will evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC. The study will evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC.

Conclusions: The COAST study is a phase II platform study designed to evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC. The study will evaluate the efficacy and safety of durvalumab alone or in combination with novel agents in patients with locally advanced, unresectable, stage III NSCLC.

PACIFIC-R Real-World Study: Treatment Duration and Interim Analysis of Progression-Free Survival in Unresectable Stage III NSCLC Patients Treated with Durvalumab After Chemoradiotherapy



Girard N, et al. 2021, ESMO 1171MO

STUDY POPULATION

PFS by Subgroup

> Patients with unresectable stage III NSCLC

Real-world PFS by Subgroup

(The content of this table is extremely blurry and illegible in the provided image. It appears to contain multiple rows of data with subgroups and corresponding PFS values.)



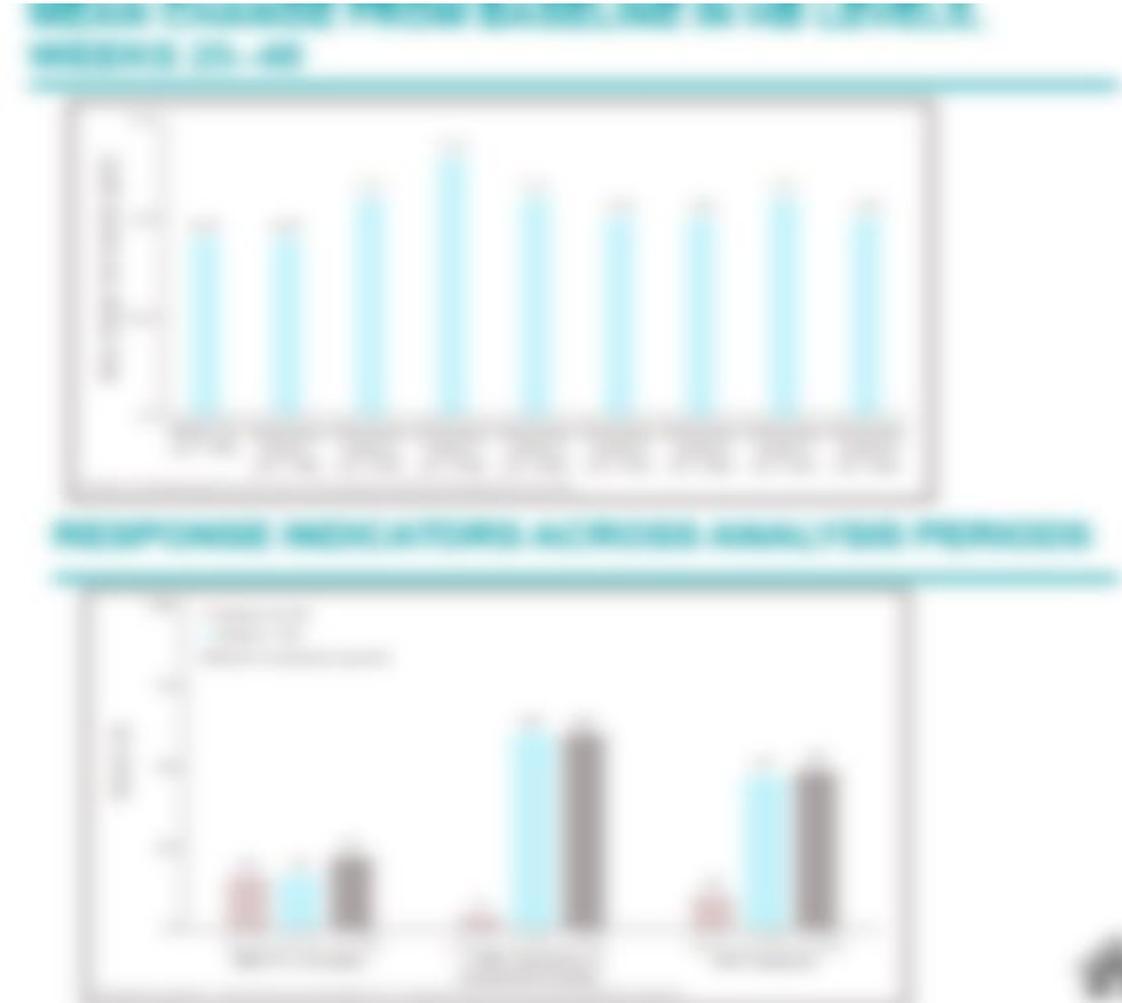
Durvalumab ± Tremelimumab + Chemotherapy as First-line Treatment for mNSCLC: Results from the Phase III POSEIDON Study

Johnson M, et al. 2021, WCLC PL02.01

STUDY POPULATION

> Patients with treatment-naive, metastatic NSCLC

Survival With Durvalumab-Tremelimumab + Chemotherapy vs Chemotherapy



EMPOWER-Lung 3: Cemiplimab in combination with platinum doublet chemotherapy for first-line (1L) treatment of advanced non-small-cell lung cancer (NSCLC)

Gogishvili M, et al. 2021, ESMO LBA51

STUDY POPULATION

> Patients with treatment-naive, metastatic NSCLC

Primary Endpoint: OS

STUDY POPULATION

1000 patients with advanced NSCLC, ECOG performance grade 0-1, no prior systemic anticancer therapy, histologically confirmed NSCLC, no prior treatment with platinum doublet chemotherapy, ECOG performance grade 0-1, no prior treatment with immunotherapy, ECOG performance grade 0-1, no prior treatment with anti-angiogenic therapy, ECOG performance grade 0-1, no prior treatment with anti-HER2 therapy, ECOG performance grade 0-1, no prior treatment with anti-EGFR therapy, ECOG performance grade 0-1, no prior treatment with anti-VEGFR therapy, ECOG performance grade 0-1, no prior treatment with anti-IGF1R therapy, ECOG performance grade 0-1, no prior treatment with anti-TK1/2/3 therapy, ECOG performance grade 0-1, no prior treatment with anti-TK4/5/6/7/8/9 therapy, ECOG performance grade 0-1, no prior treatment with anti-TK10/11/12/13/14/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50/51/52/53/54/55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100 therapy.

DESIGN

1. Randomized, controlled, open-label, phase 3 trial comparing cemiplimab plus platinum doublet chemotherapy with platinum doublet chemotherapy alone in patients with advanced NSCLC.

KEY RESULTS

Median OS was significantly longer in the cemiplimab plus platinum doublet chemotherapy group compared with the platinum doublet chemotherapy group (18.1 months vs 14.0 months, P < .001).



First-line Nivolumab + Ipilimumab + Chemo in Patients With Advanced NSCLC and Brain Metastases: Results From CheckMate 9LA

Carbone DP, et al. 2021, WCLC OA09.01

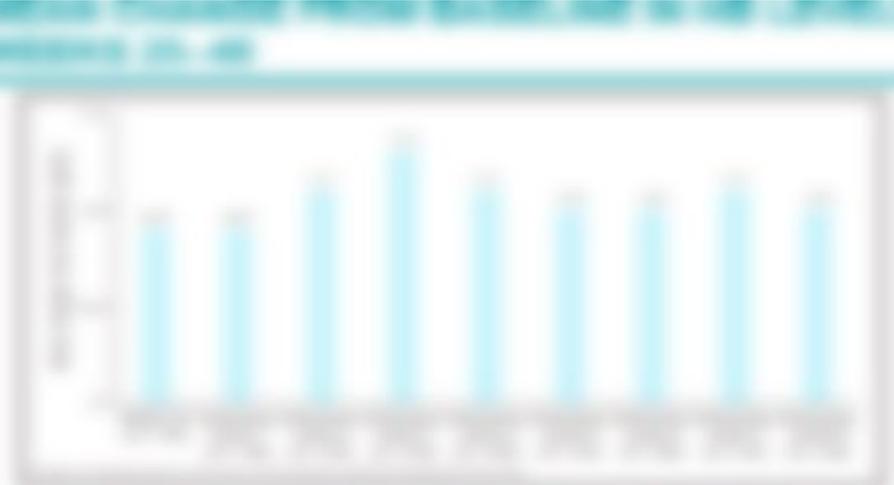
STUDY POPULATION

> Patients with treatment-naive, metastatic NSCLC

OS by Baseline Brain Metastases

With baseline brain metastases

Without baseline brain metastases



ATEZO-BRAIN: Single Arm Phase II Study of Atezolizumab Plus Chemotherapy in Stage IV NSCLC With Untreated Brain Metastases

Nadal E, et al. 2021, WCLC OA09.02

STUDY POPULATION

- > Treatment-naive patients with untreated brain metastases

Progression-Free Survival

Systemic PFS by RECIST v1.1 Intracranial PFS by RANO-BM



Primary results of a randomized phase II study of osimertinib plus bevacizumab versus osimertinib monotherapy for untreated patients with non-squamous non-small-cell lung cancer harboring EGFR mutations; WJOG9717L study

Kenmotsu H, et al. 2021, ESMO LBA44

STUDY POPULATION

> Patients with newly diagnosed, EGFR mutation-positive NSCLC

PFS by Independent Review



ORCHARD osimertinib + savolitinib interim analysis: A biomarker-directed phase II platform study in patients (pts) with advanced non-small cell lung cancer (NSCLC) whose disease has progressed on first line (1L)

Yu HA, et al. 2021, ESMO 1239P

Antitumor Activity of Osimertinib + Savolitinib in Patients With *MET* Alterations

STUDY POPULATION

> Patients with *EGFR* mutation-positive NSCLC and *MET*

100%



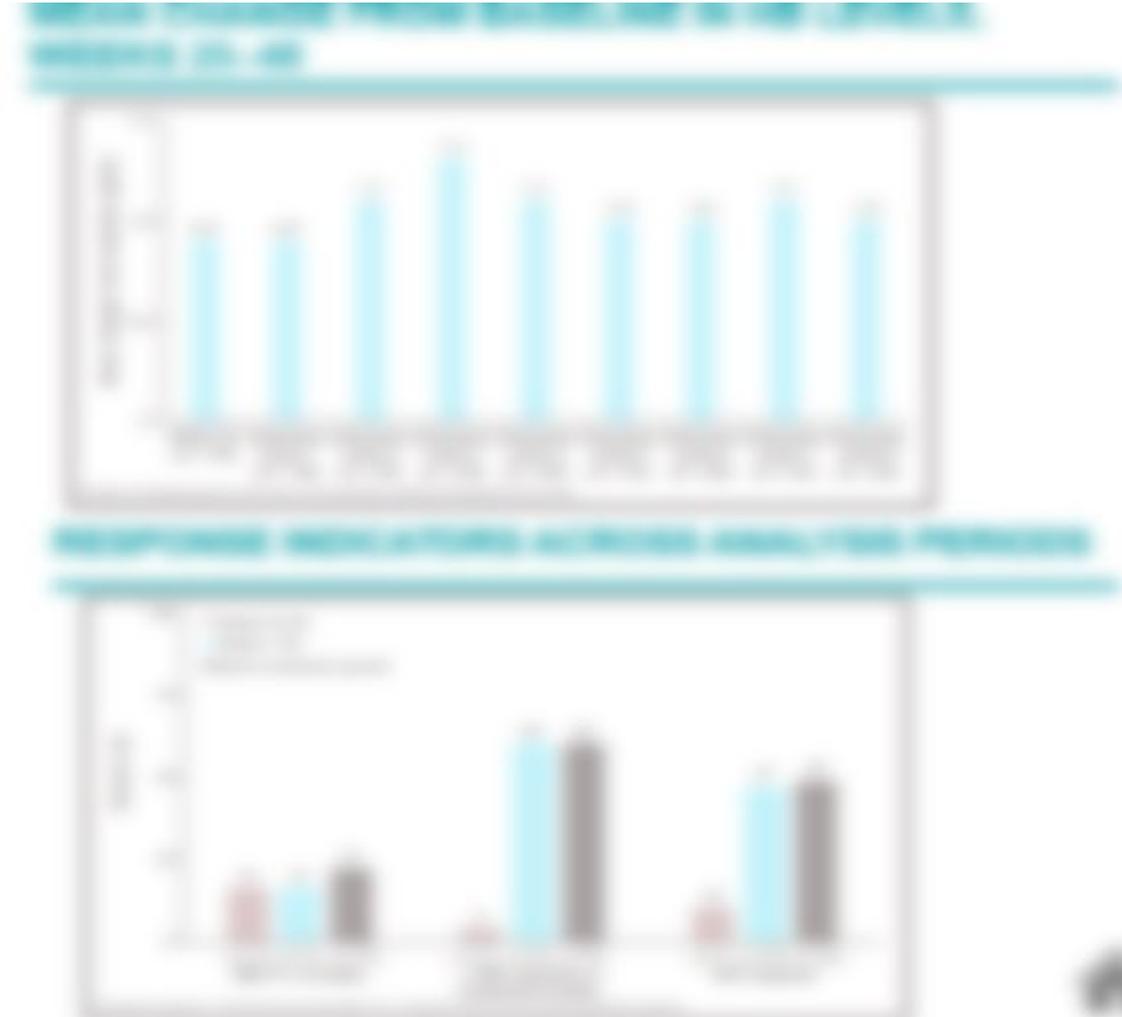
Tepotinib Plus an EGFR TKI in Patients with *EGFR*-mutant NSCLC and Resistance to EGFR TKIs Due to MET Amplification (METamp)

Liam CK, et al. 2021, WCLC P51.01

STUDY POPULATION

> Patients with resistance to 1G/2G EGFR TKI and with *MET*

PFS: Tepotinib-Gefitinib vs Chemotherapy in *METamp*



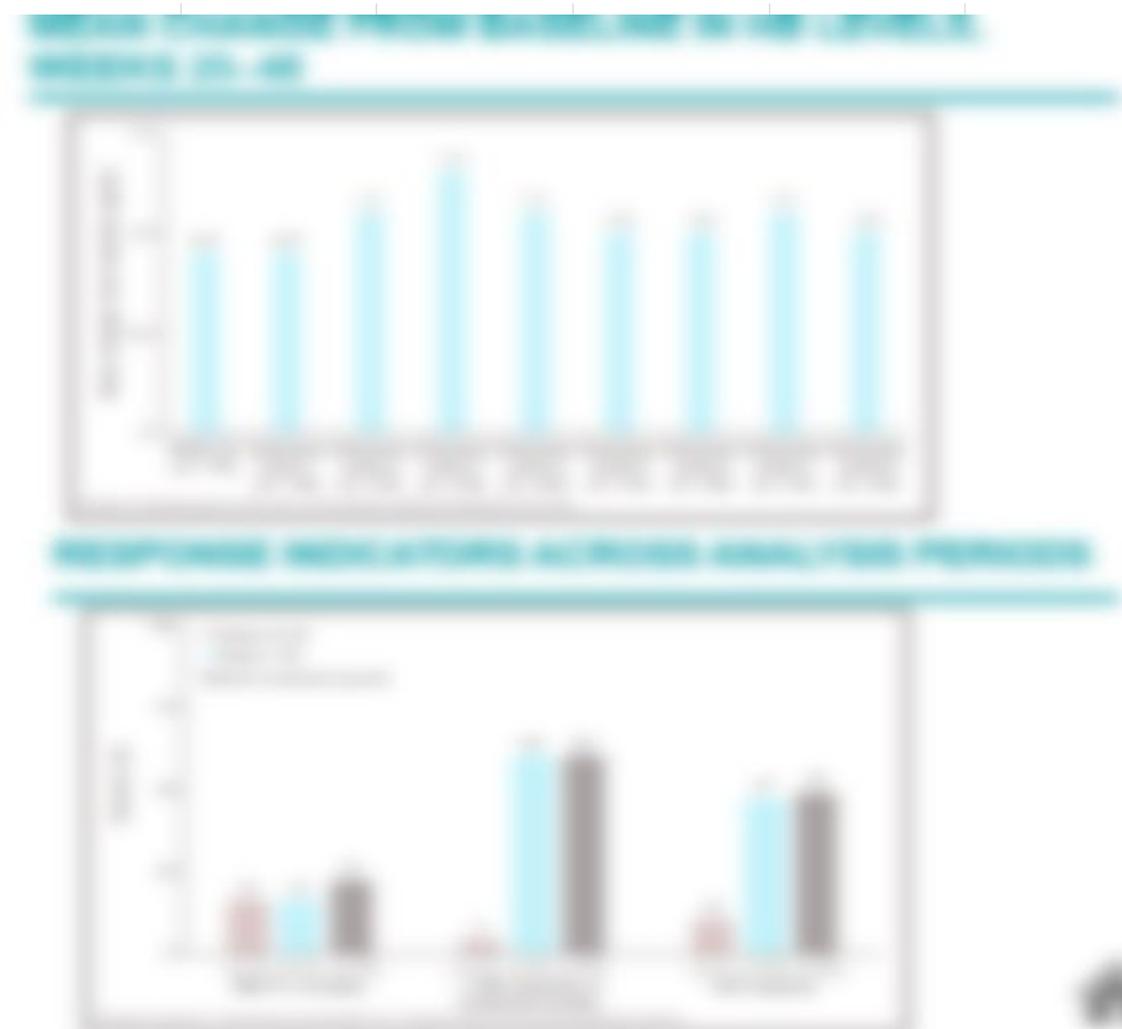
Amivantamab Monotherapy and in Combination with Lazertinib in Post-Osimertinib EGFR-mutant NSCLC: Analysis from the CHRYSALIS Study

Leighl NB, et al. 2021, ESMO 1192MO

STUDY POPULATION

> Patients with osimertinib-pretreated, EGFR mutation-positive

Overall Response Rate



Amivantamab plus lazertinib in post-osimertinib, post-platinum chemotherapy *EGFR*-mutant non-small cell lung cancer (NSCLC): Preliminary results from CHRYSALIS-2

Shu CA, et al. 2021, ESMO 1193MO

STUDY POPULATION

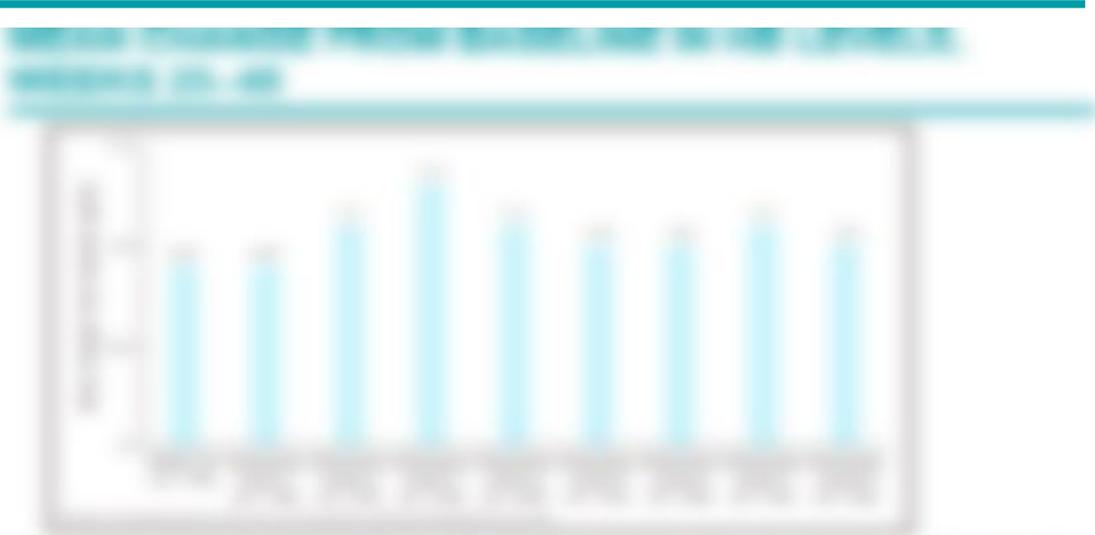
STUDY POPULATION

1. 100 patients with NSCLC, EGFR-mutant, post-osimertinib, post-platinum chemotherapy, ECOG performance grade 0-1, with measurable disease, were enrolled in the study. The median age was 68 years (range 50-85). 50% were male and 50% were female. The median time from last platinum chemotherapy to study entry was 12 months (range 0-36). The median time from last osimertinib to study entry was 12 months (range 0-36). The median time from last osimertinib to study entry was 12 months (range 0-36). The median time from last osimertinib to study entry was 12 months (range 0-36).

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Activity of Amivantamab + Lazertinib by Cohort



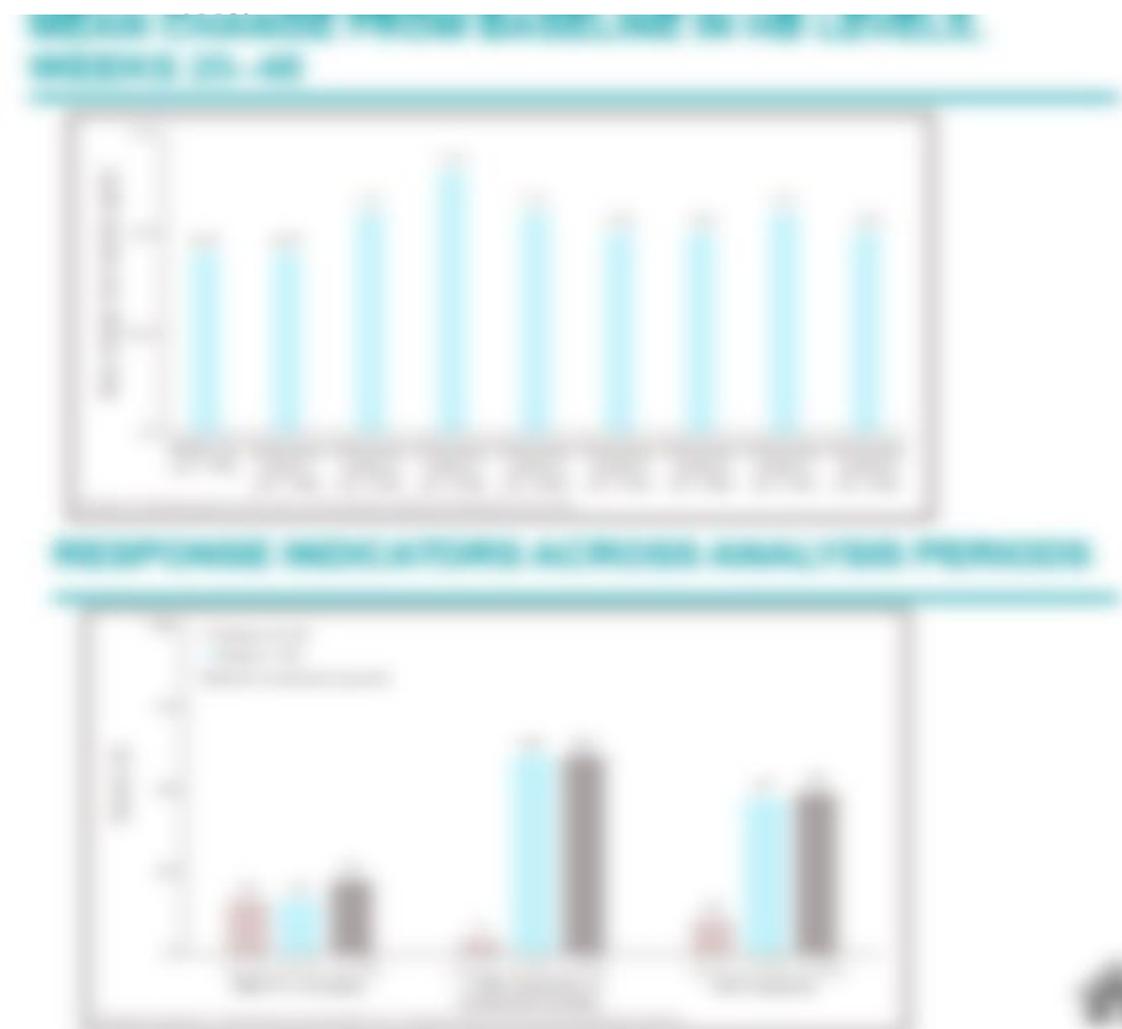
Pembrolizumab in Combination With Platinum-Based Chemotherapy in Recurrent EGFR/ALK-Positive Non-Small Cell Lung Cancer (NSCLC)

Gadgeel SM, et al. 2021, WCLC OA09.03

STUDY POPULATION

> Patients with *EGFR* or *ALK* molecular rearrangements

Overall Survival



Mobocertinib in *EGFR* Exon 20 Insertion–Positive Metastatic NSCLC Patients With Disease Control on Prior EGFR TKI Therapy

Spira AI, et al. 2021, WCLC OA15.01

STUDY POPULATION

> Patients with an *EGFR* exon 20 insertion and progressive disease

Antitumor Activity in Patients With Prior TKI



Mobocertinib in Platinum-Pretreated *EGFR* Exon 20 Insertion+ Metastatic NSCLC Patients With/Without Prior Anti-PD(L)-1 Therapy

Janne PA, et al. 2021, WCLC FP09.01

STUDY POPULATION

> Patients with platinum-pretreated NSCLC and an *EGFR* exon 20

Antitumor Activity in Patients With Prior Platinum ± Prior Immunotherapy

Figure 1: Overall Survival (OS) in Patients With Prior Platinum ± Prior Immunotherapy



Figure 2: Response Rate (RR) in Patients With Prior Platinum ± Prior Immunotherapy



Phase I Studies of DZD9008, an Oral Selective EGFR/HER2 Inhibitor in Advanced NSCLC with *EGFR* Exon20 Insertion Mutations

Janne P, et al. 2021, WCLC OA15.02

STUDY POPULATION

> Patients with previously treated NSCLC and an *EGFR* exon 20

Antitumor Activity of DZD9008 in Different *EGFR* Exon 20 Insertions

Figure 1: Antitumor Activity of DZD9008 in Different *EGFR* Exon 20 Insertions



Figure 2: Response Rate by EGFR Exon 20 Insertion Mutation



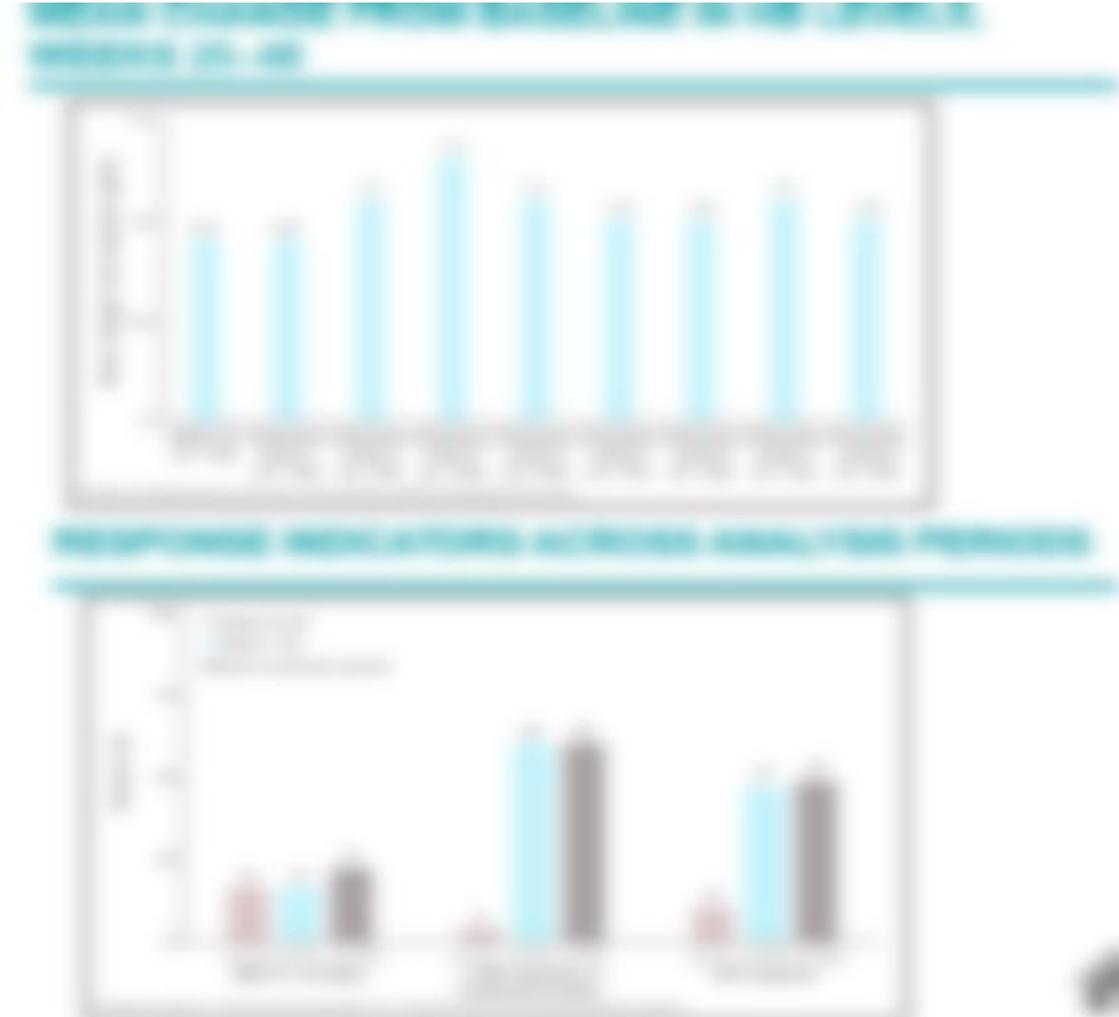
Genomic Profiles and Potential Determinants of Response and Resistance in *KRAS* p.G12C-mutated NSCLC Treated With Sotorasib

Skoulidis F, et al. 2021, WCLC MA14.03

STUDY POPULATION

> Patients with a *KRAS* G12C mutation treated with sotorasib

Grouping of Patients by Response Pattern and Co-mutation



Tepotinib in Patients with *MET* exon 14 (METex14) Skipping NSCLC as Identified by Liquid (LBx) or Tissue (TBx) biopsy

Felip E, et al. 2021, WCLC P45.03

STUDY POPULATION

> Patients with a *MET* exon 14 mutation detected by tissue- or liquid-

Outcome by Biopsy Type Across Treatment Lines

Overall Response Rate (ORR) by Biopsy Type and Treatment Line



Response Rate (RR) by Biopsy Type and Treatment Line



Efficacy and safety of tepotinib in patients (pts) with advanced age: VISION subgroup analysis of pts with *MET* exon 14 (*MET*ex14) skipping NSCLC

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Garassino M, et al. 2021, ESMO 1254P

STUDY POPULATION

> Patients with NSCLC and a *MET* exon 14 mutation

PFS by Age Group

Figure 4. PFS in patients ≥ 75 years and < 75 years



RESPONSE, TOXICITY, AND OTHER ANALYSES FROM VISION



Amivantamab in Non-small Cell Lung Cancer (NSCLC) with *MET* Exon 14 Skipping (*MET*Ex14) Mutation: Initial Results from CHRYSALIS

Spira AI, et al. 2021, WCLC OA15.03

STUDY POPULATION

> Patients with NSCLC and a *MET* exon 14 mutation

Antitumor Activity by Prior Therapies

STUDY POPULATION

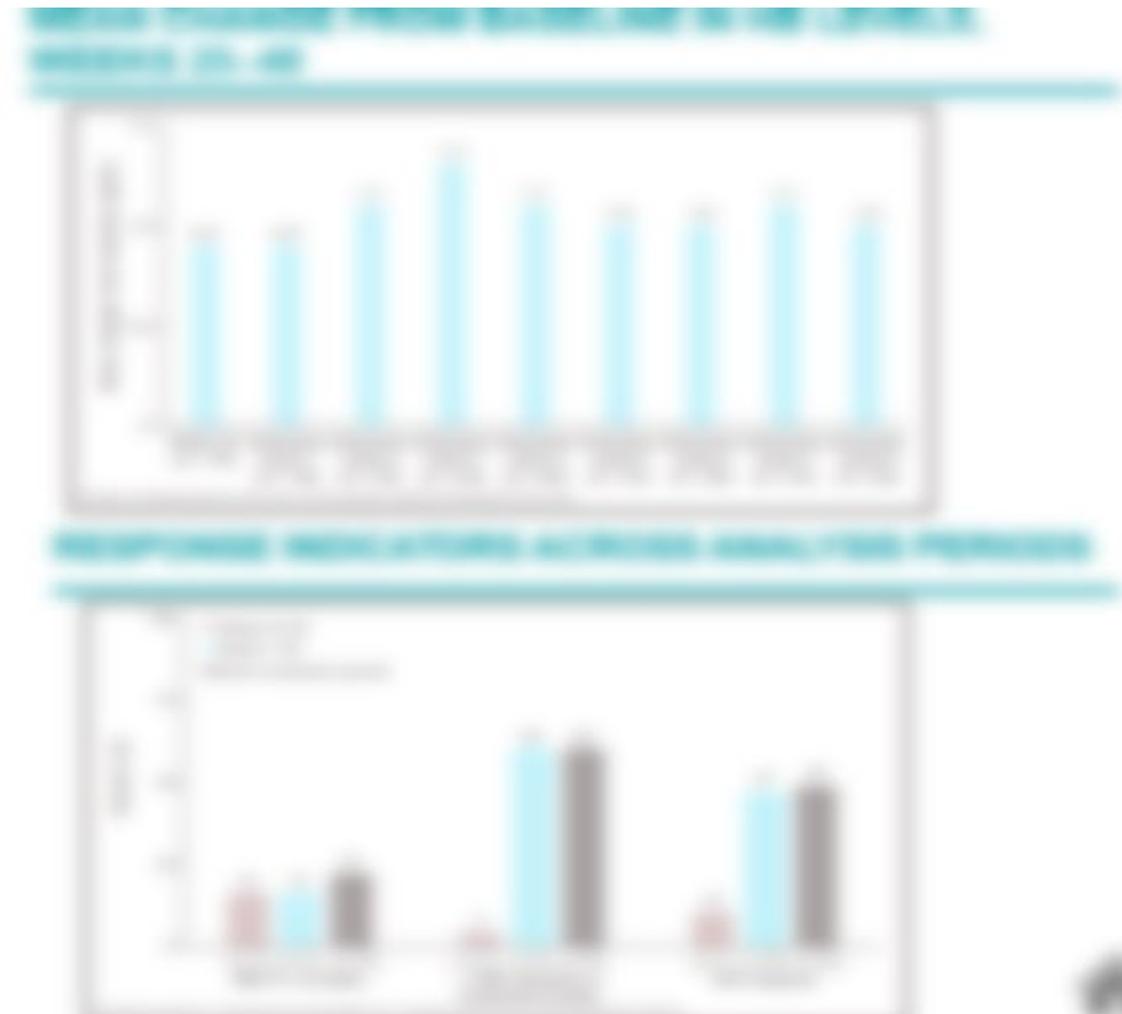
1. 100 patients with NSCLC and a *MET* exon 14 mutation were enrolled in the study. The patients were treated with amivantamab (AMV) or placebo (PBO) in a 1:1 ratio. The primary endpoint was overall survival (OS). The secondary endpoints were progression-free survival (PFS), objective response rate (ORR), and time to treatment discontinuation (TTD). The study is ongoing and will continue to enroll patients through week 48.

RESULTS

1. The median OS was 10.2 months (95% CI, 8.1-12.3) in the AMV group and 7.8 months (95% CI, 6.5-9.1) in the PBO group. The median PFS was 4.5 months (95% CI, 3.8-5.2) in the AMV group and 3.2 months (95% CI, 2.8-3.6) in the PBO group. The ORR was 32% (95% CI, 23-41) in the AMV group and 12% (95% CI, 6-18) in the PBO group. The TTD was 12.1 months (95% CI, 10.5-13.7) in the AMV group and 8.9 months (95% CI, 7.8-10.0) in the PBO group.

CONCLUSIONS

Amivantamab significantly improved OS, PFS, and ORR compared to placebo in patients with NSCLC and a *MET* exon 14 mutation. The study is ongoing and will continue to enroll patients.



Telisotuzumab Vedotin (teliso-v) Monotherapy in Patients With Previously Treated c-Met+ Advanced Non-Small Cell Lung Cancer

Camidge DR, et al. 2021, WCLC OA15.04

STUDY POPULATION

> Patients with NSCLC, MET expression, and ≤2 prior lines of

Antitumor Activity in Nonsquamous, EGFR Wild-Type

Figure 1: Overall Survival in Nonsquamous, EGFR Wild-Type Patients (n=48)



Figure 2: Response Rate in Nonsquamous, EGFR Wild-Type Patients (n=48)



Primary Data from DESTINY-Lung01: A Phase II Trial of Trastuzumab Deruxtecan (T-DXd) in Patients (Pts) With *HER2*-Mutated (HER2m) Metastatic Non-Small Cell Lung Cancer (NSCLC)

Li BT, et al. 2021, ESMO LBA45

T-DXd: Updated Antitumor Activity in *HER2*-Mutated NSCLC

STUDY POPULATION

> Patients with NSCLC and a *HER2* mutation

40 Patients (N = 85)^a

HER2 mutation domain location
■ Kinase domain ■ Extracellular domain



Efficacy and Safety of Poziotinib in treatment-naïve NSCLC harboring *HER2* exon 20 mutations: A multinational Phase II study (ZENITH20-4)

Cornelissen R, et al. 2021, ESMO LBA46

STUDY POPULATION

> Treatment-naïve patients with NSCLC and a *HER2* exon 20

Antitumor Activity of Poziotinib in *HER2*-Mutated NSCLC



MET-Driven Acquired Resistance (AR) in Fusion-Positive Non-Small Cell Lung Cancer (NSCLC)

Lee JK, et al. 2021, WCLC MA02.03

STUDY POPULATION

> Patients with advanced NSCLC and oncogenic fusions

Rate of MET Alterations in Patients With an Oncogenic Fusion

4.8% of NSCLC samples (n=63) with fusion by next-generation sequencing (NGS)



RESPONSE, MET ALTERATIONS, AND MET INHIBITOR TREATMENT



Durvalumab ± tremelimumab + platinum-etoposide in first-line extensive-stage SCLC (ES-SCLC): 3-year overall survival update from the Phase III CASPIAN study

Paz-Ares L, et al. 2021, ESMO LBA61

STUDY POPULATION

> Patients with newly diagnosed ES-SCLC

CASPIAN: 3-Year OS

Figure 1: 3-Year Overall Survival (OS) by Treatment Group



Figure 2: 3-Year OS by Biomarker Status



Lurbinectedin/doxorubicin versus CAV or Topotecan in Relapsed SCLC Patients: Phase III Randomized ATLANTIS Trial

Paz-Ares L, et al. 2021, WCLC PL02.03

STUDY POPULATION

> Patients with SCLC and 1 prior line of chemotherapy

ATLANTIS: Overall Survival

Overall Survival (OS) in the ATLANTIS Trial



Response Rate (RR) in the ATLANTIS Trial



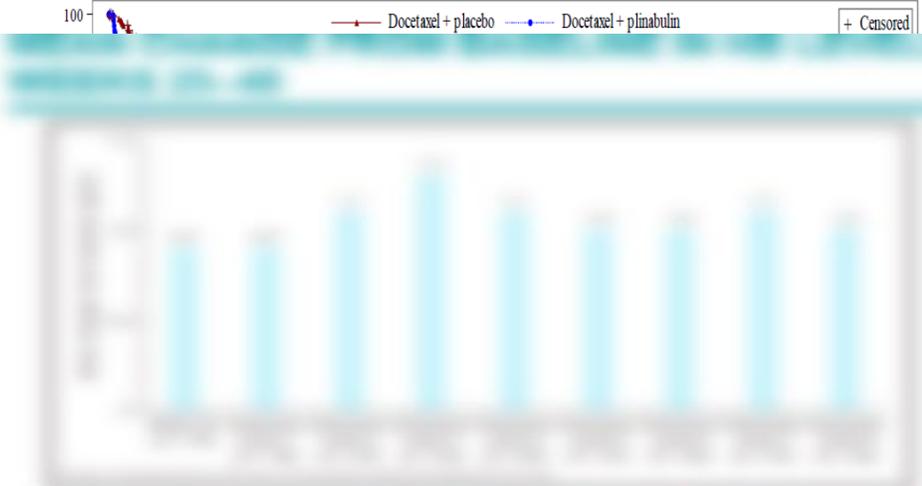
DUBLIN-3 (BPI-2358-103): A Global Phase (Ph) III Trial with the Plinabulin/Docetaxel (Plin/Doc) combination vs. Doc in Second/Third-Line NSCLC Patients (pts) with EGFR-wild type (wt) Progressing on a Prior Platinum-Based Regimen

Feinstein T, et al. 2021, ESMO LBA48

STUDY POPULATION

> Patients with metastatic NSCLC and 1–2 prior lines of therapy

DUBLIN-3: Overall Survival



MRTX-500: Phase II Trial of Sitravatinib (Sitra) + Nivolumab (Nivo) in Patients (Pts) With Nonsquamous (NSQ) Non-Small-Cell Lung Cancer (NSCLC) Progressing on or After Prior Checkpoint Inhibitor (CPI) Therapy

Leal TA, et al. 2021, ESMO 11910

STUDY POPULATION

> Patients with advanced NSCLC and response or stable disease to

PFS With Sitravatinib-Nivolumab in IO-Pretreated Patients



TROPION-PanTumor01: Updated Results From the NSCLC Cohort of the Phase I Study of Datopotamab Deruxtecan in Solid Tumors

Garon EB, et al. 2021, WCLC MA03.02

STUDY POPULATION

> Patients with solid tumors

Datopotamab Deruxtecan: Antitumor Activity



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Key Insights

Key Insights: Perioperative Immunotherapy in Early Stage NSCLC (1/2)

The experts discussed the DFS results from the IMpower010 trial of adjuvant atezolizumab, broken down by PD-L1 expression levels

The benefit of adjuvant atezolizumab is considered to be clear for PD-L1 ≥ 50%

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Key Insights: Perioperative Immunotherapy in Early Stage NSCLC (2/2)

In terms of endpoints for neoadjuvant immunotherapy, expert

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Key Insights: Immunotherapy in Unresectable Stage III NSCLC

For patients with unresectable stage III NSCLC that is *EGFR* mutation positive, the experts think there are insufficient data on which treatment approach (or combination of immunotherapy and chemotherapy) is optimal.

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Key Insights: Immunotherapy in Metastatic NSCLC and Subsequent Therapy (1/2)

The experts discussed which patients with PD-L1 expression $\geq 50\%$ would receive chemotherapy in addition to immunotherapy

Never-smoking patients and patients with a high tumor burden were mentioned by experts as those whom they would treat with

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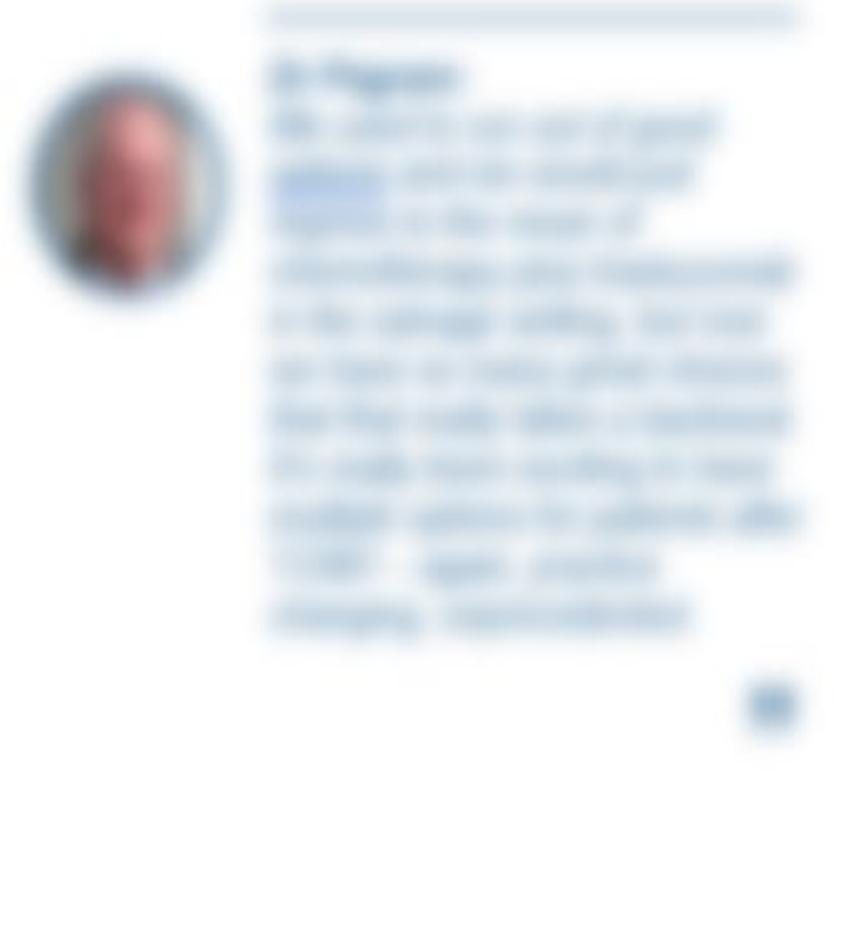
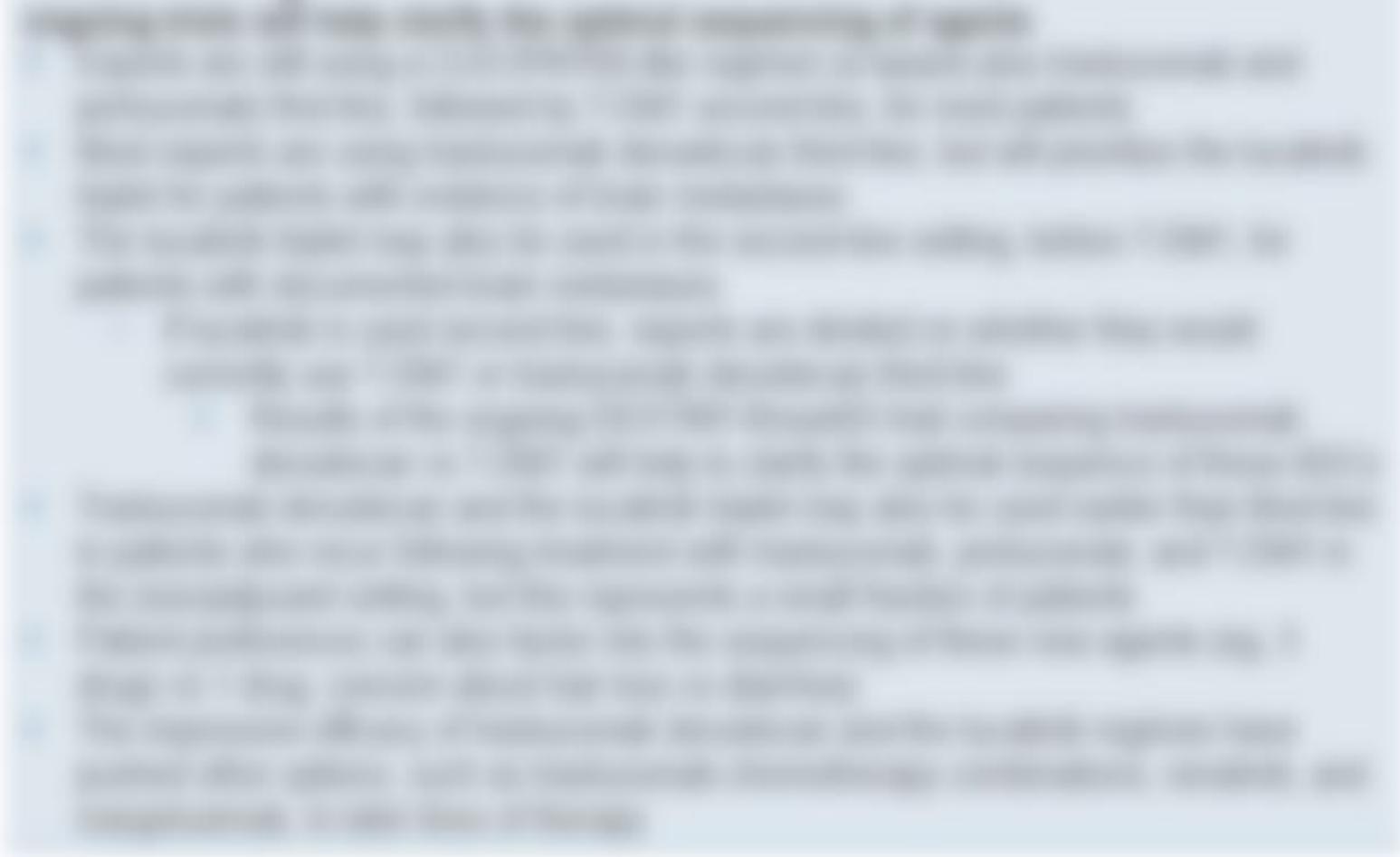


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Key Insights: Immunotherapy in Metastatic NSCLC and Subsequent Therapy (2/2)

The pathology expert mentioned approaches to improve the effectiveness of PD-1 and TMB as biomarkers

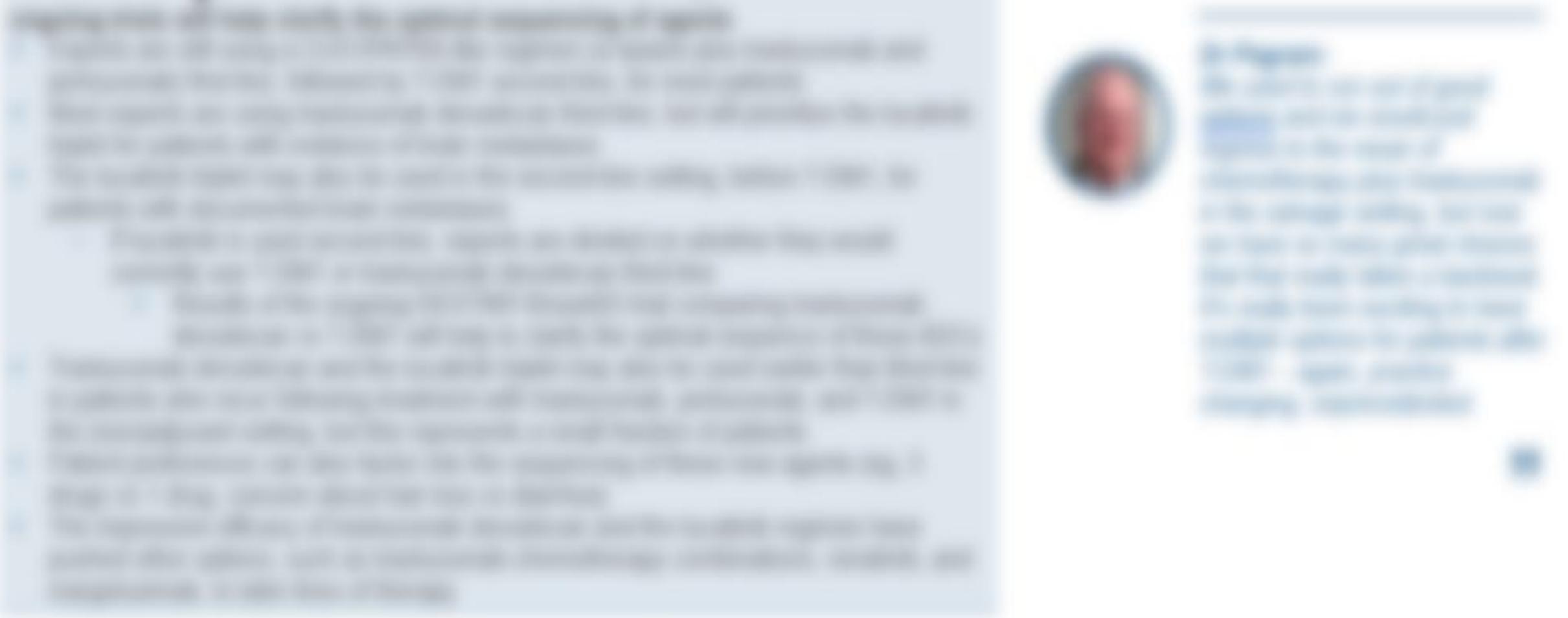
Expert opinion is that the adenosine pathway has viable therapeutic targets (CD73 and ADA). Since adenosine pathway



Key Insights: *EGFR* (Common Mutations) – Resectable and Metastatic

In general, there is wide variation in testing practices at the various institutions of the expert panel

In resectable disease, slightly more than half of the experts reported that their institution will carry out multiplex testing with the next only



Key Insights: *EGFR* (Less Common Mutations, Including Exon 20 Insertions)

For first-line treatment of patients with an *EGFR* exon 20 insertion, the majority of the experts would use chemotherapy + bevacizumab, with one of the experts choosing chemotherapy + immunotherapy.

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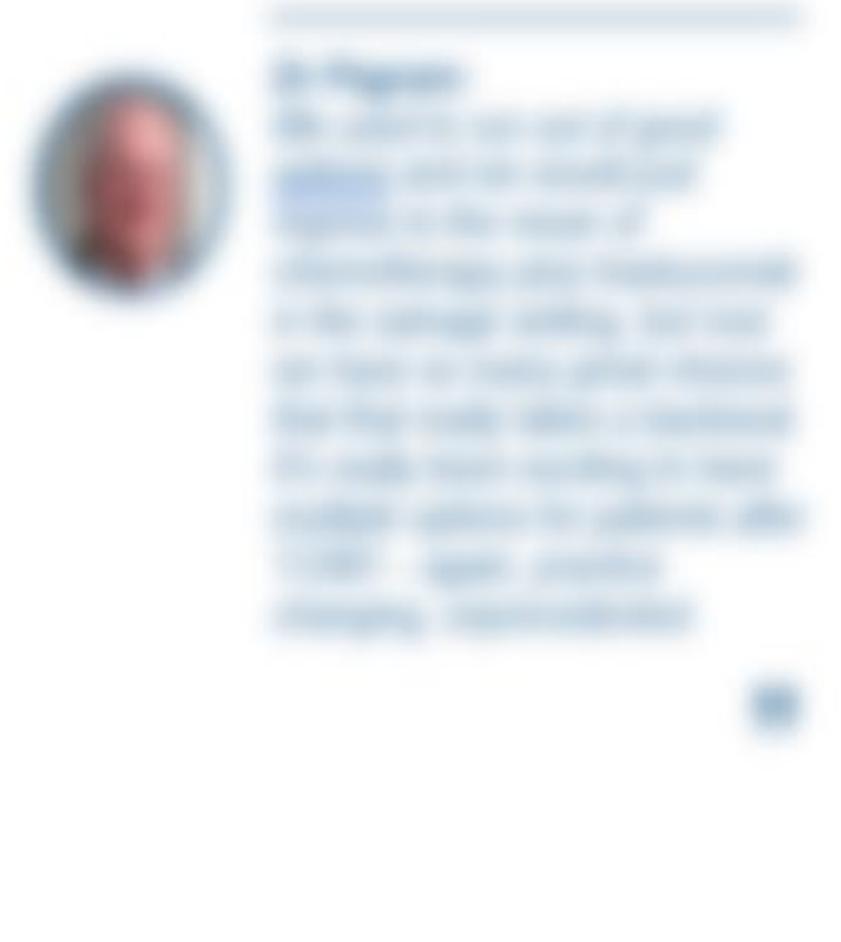
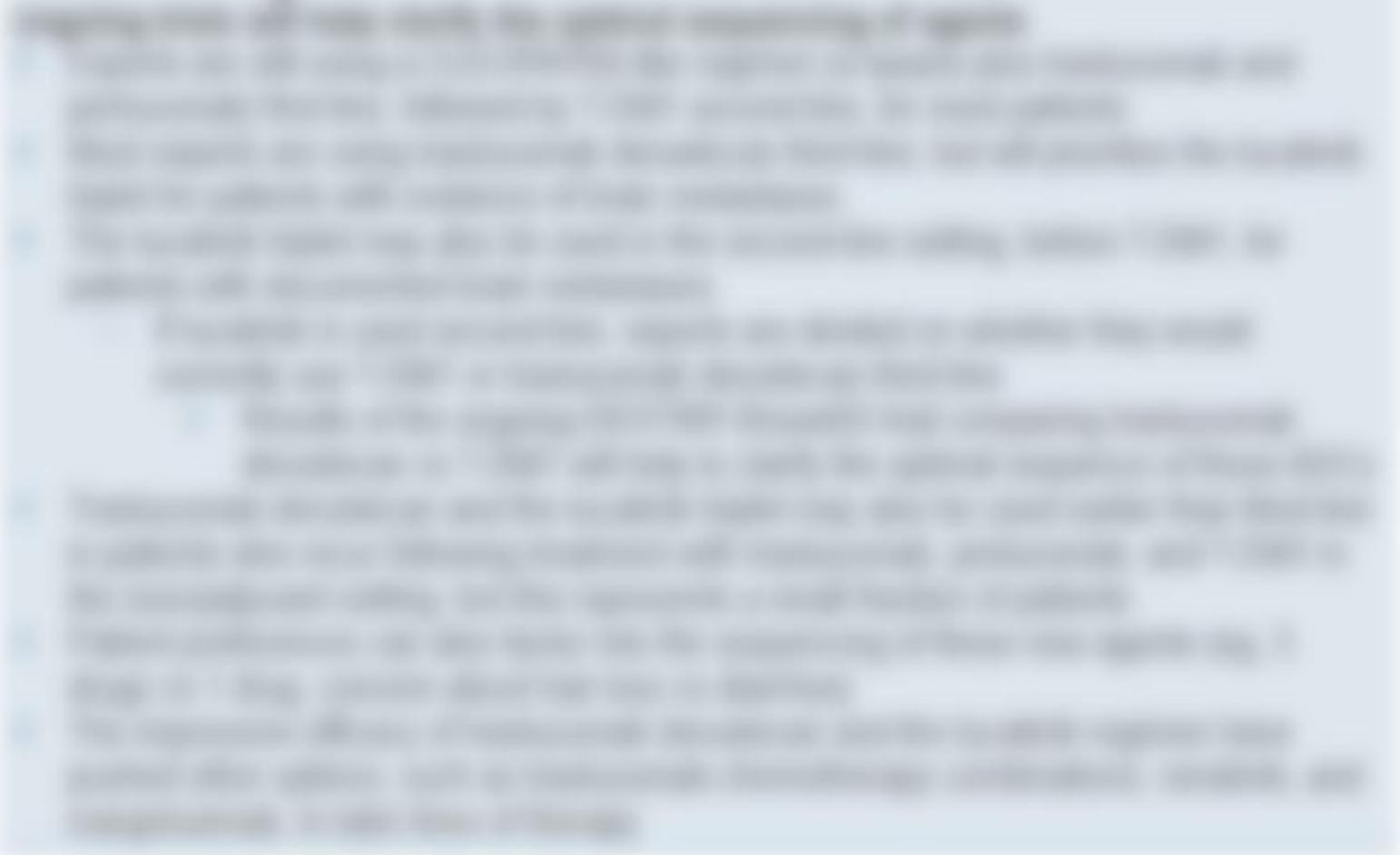


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Key Insights: Oncogenic Drivers – Mutations (1/2)

KRAS

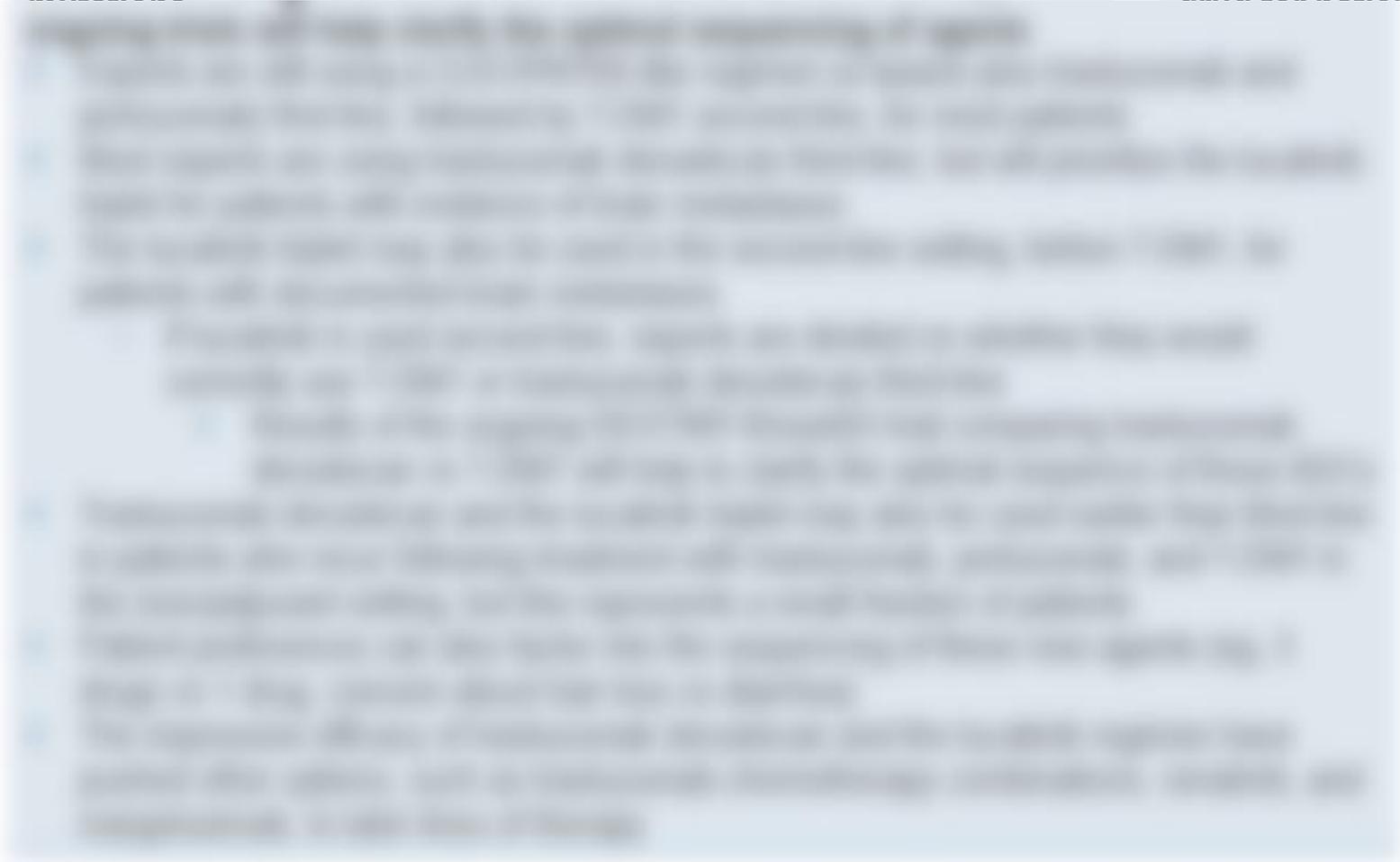
The experts generally consider sotorasib and adagrasib to be similar agents, although more data are still needed, including results in subgroups and data with combinations



Key Insights: Oncogenic Drivers – Mutations (2/2)

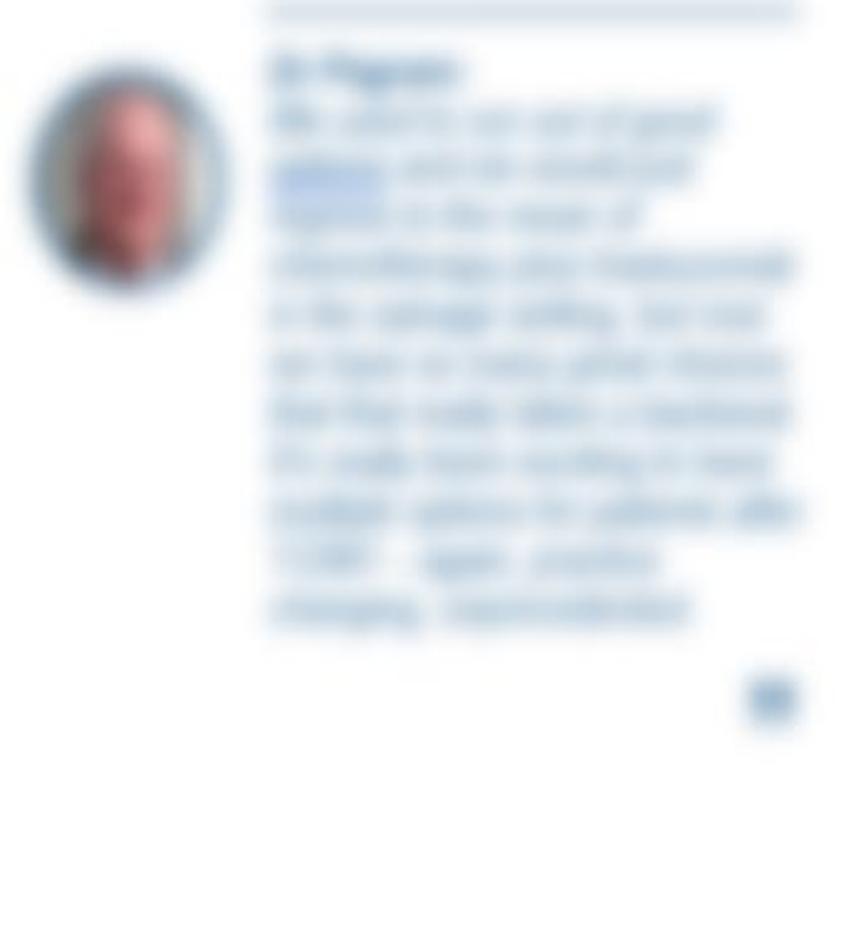
MET

The experts discussed agents for patients with *MET* exon 14 mutations



HER2

Trastuzumab deruxtecan (T-DXd) is considered a promising drug for patients with *HER2* mutations



Key Insights: Oncogenic Drivers – Fusions (1/2)

ALK

Most of the experts use alectinib in the first-line setting for patients with ALK rearrangements; however, approximately half occasionally use brigatinib in this setting.

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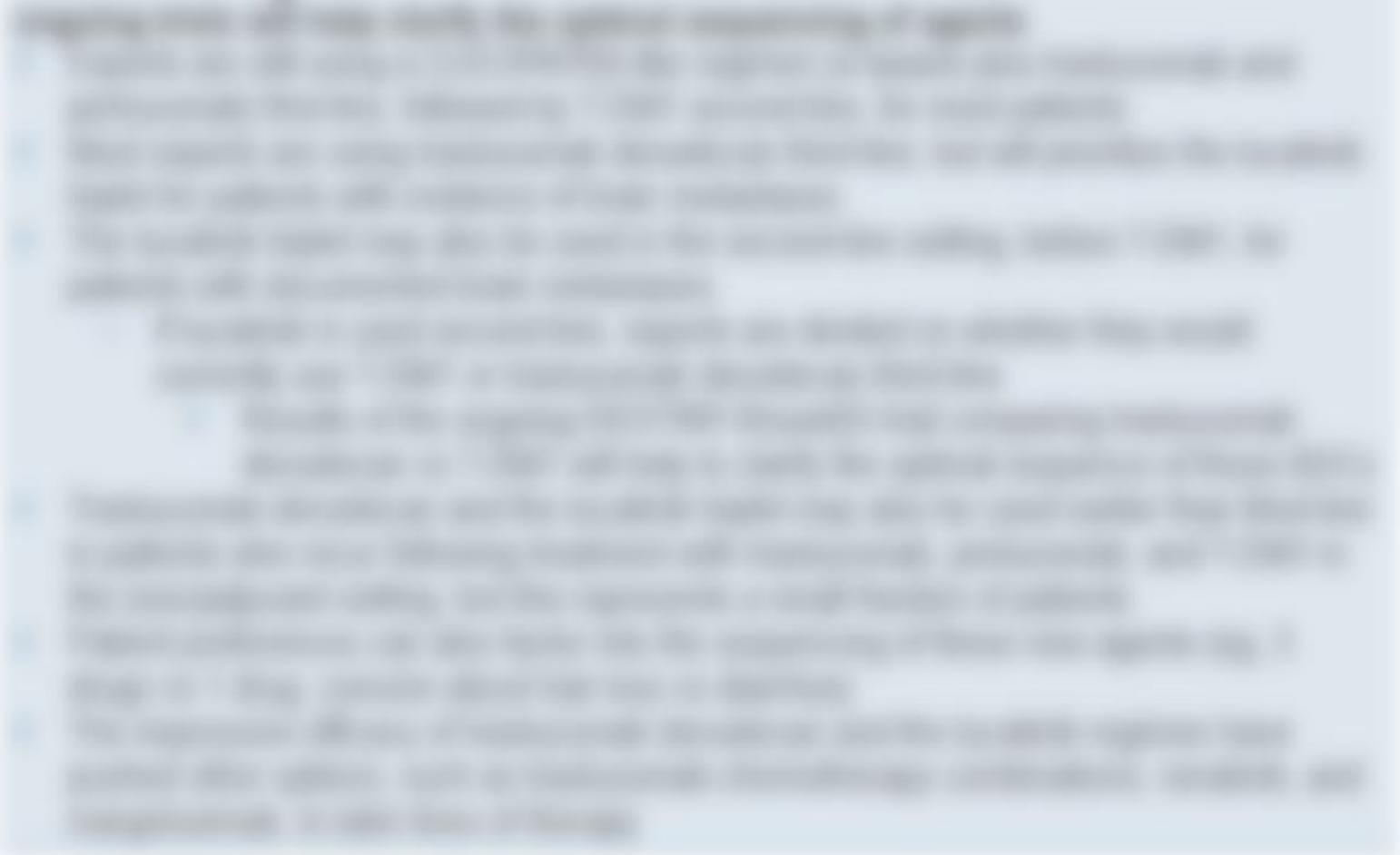


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Key Insights: Oncogenic Drivers – Fusions (2/2)

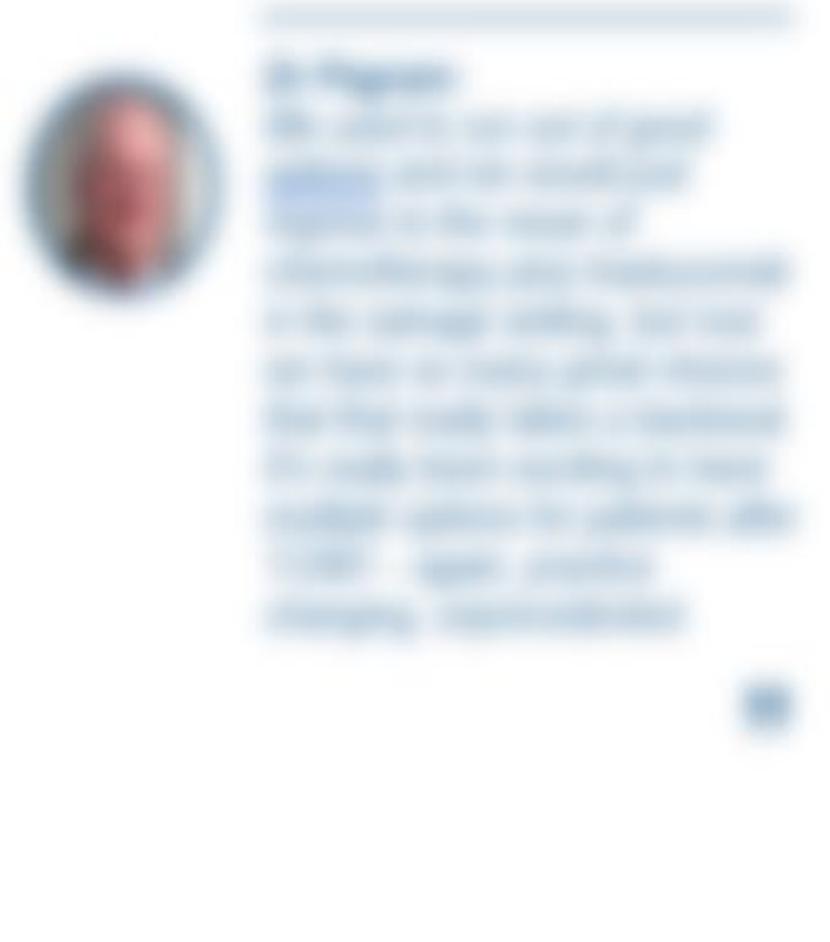
Post-TKI Therapy

For patients with oncogenic fusions who progress on available TKIs, the experts use chemotherapy as the standard subsequent treatment.



Testing for Fusions

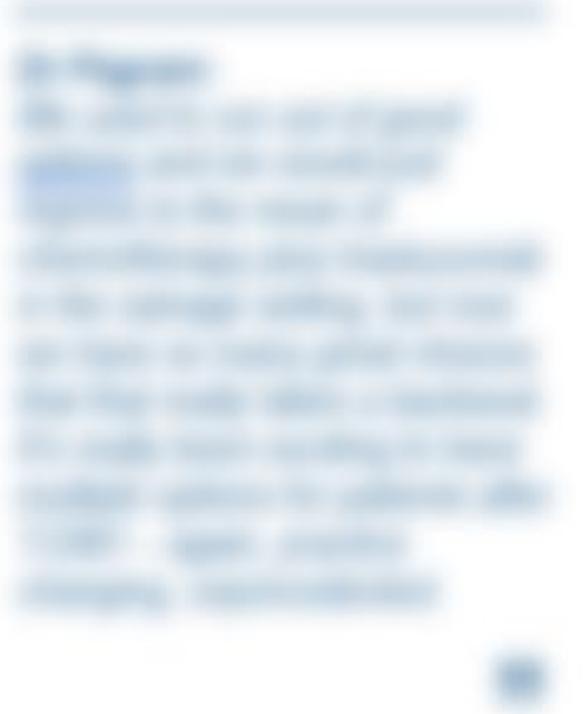
The pathology expert described the importance of RNA-based testing to detect certain fusions.



Key Insights: SCLC and Second-Line NSCLC – Old and New Data (1/2)

SCLC

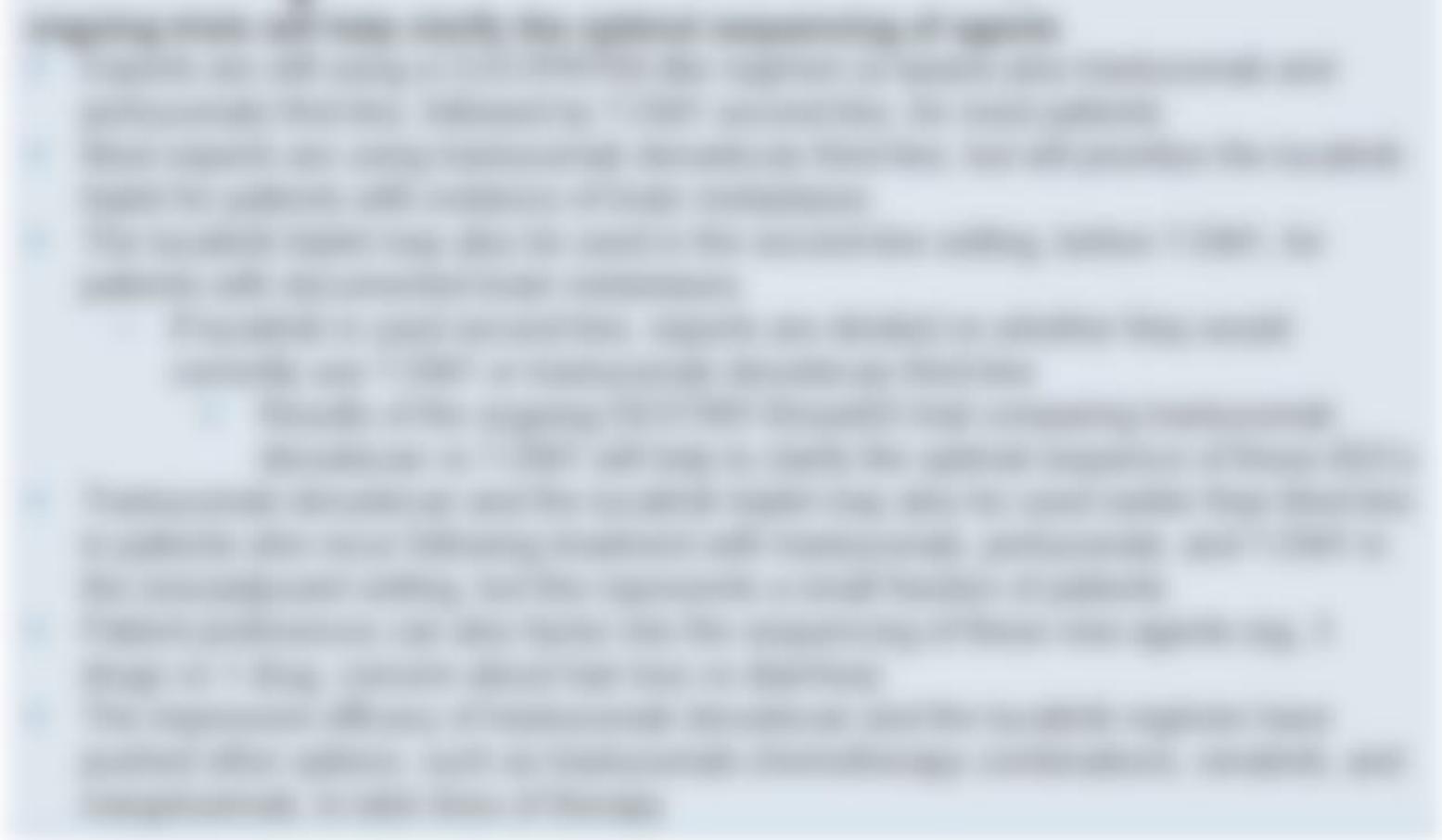
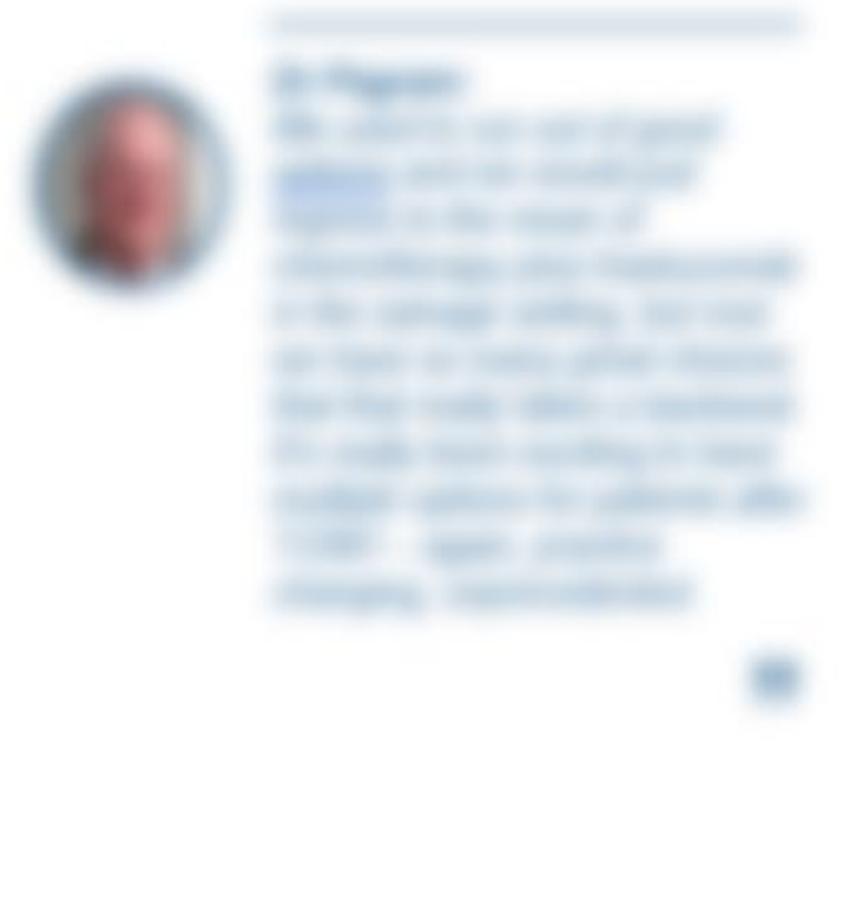
Expert opinion is that selecting the best second-line option in patients with SCLC is difficult



Key Insights: SCLC and Second-Line NSCLC – Old and New Data (2/2)

NSCLC

> Data with sitravatinib + nivolumab generated mixed reactions from the experts

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