

# A Phase 2b Study of Subcutaneous Amivantamab With Lazertinib as First-Line Treatment, or With Chemotherapy as Second-Line Treatment, for EGFR-Mutated Non-Small Cell Lung Cancer (NSCLC): COPERNICUS



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## Background

- Intravenous (IV) amivantamab is approved in combination with lazertinib for first-line (1L) treatment of non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion (Ex19del) or exon 21 L858R substitution mutations, and in combination with platinum-based chemotherapy for second-line (2L) treatment of EGFR Ex19del/L858R NSCLC<sup>1,2</sup>
- Approval was based on 2 pivotal phase 3 studies:
  - MARIPOSA: 1L amivantamab + lazertinib showed significant improvement in progression-free survival (PFS; hazard ratio [HR], 0.70;  $P < 0.001$ ) and overall survival (OS; median, not reached vs 36.7 months; HR, 0.75;  $P < 0.005$ ) versus osimertinib<sup>3,4</sup>
  - MARIPOSA-2: 2L amivantamab + chemotherapy showed superior PFS (HR, 0.48;  $P < 0.001$ ) and an improved OS trend (HR, 0.73;  $P = 0.039$ ) versus chemotherapy alone<sup>5,6</sup>
- In the phase 2 COCOON study, an enhanced and effective regimen for managing dermatologic toxicities in participants treated with amivantamab + lazertinib reduced grade  $\geq 2$  dermatologic adverse events (AEs) and treatment discontinuations due to AEs versus standard-of-care dermatologic management<sup>7</sup>
- Subcutaneous (SC) amivantamab coformulated with hyaluronidase (rHuPH20) was developed to improve participant convenience and reduce administration time
  - Amivantamab SC showed a 5-fold reduction in the rate of administration-related reactions, and longer treatment duration, duration of response, PFS, and OS versus amivantamab IV in the phase 3 PALOMA-3 study, which was not powered to demonstrate statistical significance for these outcomes<sup>8</sup>
- No study to date has combined amivantamab SC with prophylactic anticoagulation and enhanced management of dermatologic AEs in a representative, diverse group of participants with advanced EGFR-mutated NSCLC in the United States

## Objective

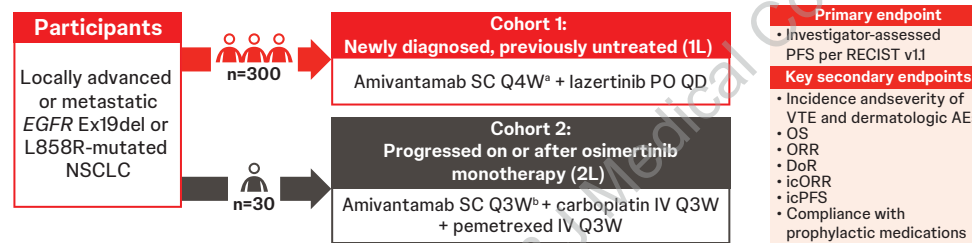
- The open-label, 2-cohort, phase 2b COPERNICUS study will evaluate the efficacy and safety of amivantamab SC + lazertinib (Cohort 1) or chemotherapy (Cohort 2) while preventing and proactively managing venous thromboembolism (Cohort 1 only) and dermatologic AEs

## Methods

- Both cohorts will prophylactically receive enhanced dermatologic AE management, and Cohort 1 will receive prophylactic anticoagulation for the first 4 months of treatment (Figure 2)
  - Participants also have the option to receive the enhanced administration-related reaction prophylactic regimen from the SKIPPIrr study<sup>9</sup>

- COPERNICUS implements a pragmatic study design, including less stringent inclusion/exclusion criteria and reduced imaging schedules, and allows participants to receive 1 cycle of 1L chemotherapy while waiting for biomarker testing results

Figure 1: Study design



**Real-world data strategy** Compare PFS between participants receiving amivantamab SC + lazertinib (Cohort 1) and patients in a real-world clinical setting treated with osimertinib monotherapy

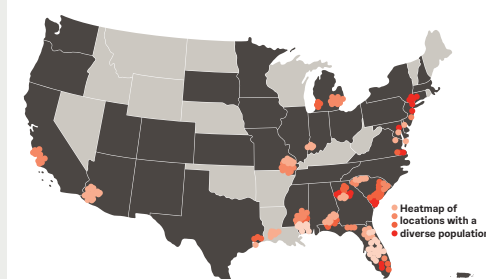
<sup>1</sup>In 28-day cycles until disease progression, withdrawal of consent, or the investigator decides to discontinue treatment, whichever comes first.  
<sup>2</sup>In 21-day cycles until disease progression, withdrawal of consent, or the investigator decides to discontinue treatment, whichever comes first.  
<sup>3</sup>1L, first-line; 2L, second-line; AE, adverse event; Doh, duration of response; EGFR, epidermal growth factor receptor; Ex19del, exon 19 deletion; IV, intravenous; NSCLC, non-small cell lung cancer; ORR, objective response rate; OS, overall survival; PFS, progression-free survival; PO, oral; QD, daily; Q3W, every 3 weeks; Q4W, every 4 weeks; RECIST, Response Evaluation Criteria in Solid Tumors; SC, subcutaneous; VTE, venous thromboembolism.

Table 1: Key inclusion and exclusion criteria

Inclusion	Exclusion
$\geq 18$ years of age	Active, untreated brain metastases (For protocol, active participants with brain metastases are excluded; participants with previously treated, stable, asymptomatic brain metastases are permitted in Cohort 1 and prophylactic therapy is permitted in Cohort 2)
$\geq 1$ measurable lesion per RECIST v1.1	Major surgery or significant traumatic injury within 4 weeks of first dose
ECOG PS score of 0 or 1	Uncontrolled medical conditions (eg, hypertension, diabetes, infection, impaired oxygenation, cardiovascular disease, etc)
Hemoglobin $\geq 9.0$ g/dL; ANC $\geq 1 \times 10^9/L$ ; platelet count $\geq 75 \times 10^9/L$ (without transfusion)	Medical history of active ILD, including drug-induced ILD
Cohort 1 only: able to receive oral anticoagulation therapy	Cohort 1 only: targeted therapy for early-stage (resectable) disease
Cohort 1: eGFR $\geq 30$ mL/min	Cohort 2 only: $>2$ lines of prior therapy
Cohort 2: eGFR $\geq 45$ mL/min	

ANC, absolute neutrophil count; ECOG PS, Eastern Cooperative Oncology Group performance status; eGFR, estimated glomerular filtration rate; ILD, interstitial lung disease; RECIST, Response Evaluation Criteria in Solid Tumors.

Figure 3: Site distribution and enrollment maximization



## References:

- RYBREVANT<sup>®</sup> (amivantamab-vjvv) injection, for intravenous use [package insert]. Janssen Biotech, Inc.; 2025. 2. European Commission approves LAZLUZE<sup>®</sup> (lazertinib) in combination with RYBREVANT<sup>®</sup> (amivantamab) for the first-line treatment of patients with EGFR-mutated advanced non-small cell lung cancer. News release. Johnson & Johnson; January 21, 2025. Accessed March 17, 2025. <https://www.jnj.com/media-center/press-releases/european-commission-approves-lazertinib-in-combination-with-rybrevant-amivantamab-for-the-first-line-treatment-of-patients-with-egfr-mutated-advanced-non-small-cell-lung-cancer>. 3. Cho BC, et al. *N Engl J Med*. 2024;391(6):5498-5498. 4. Yang J, et al. Presented at: European Lung Cancer Congress (ELCC); March 28-29, 2025; Paris, France. Abstract 40. 5. Passaro A, et al. *Ann Oncol*. 2024;35(1):77-90. 6. Popat S, et al. Presented at: European Society for Medical Oncology (ESMO) Congress; September 13-17, 2024; Barcelona, Spain. Abstract LBA54. 7. Girard N, et al. Presented at: European Lung Cancer Congress (ELCC); March 28-29, 2025; Paris, France. Abstract 10M0. 8. Leigh NB, et al. *J Clin Oncol*. 2024;42(30):3593-3605. 9. Spira AI, et al. *J Thorac Oncol*. Published online January 24, 2025. doi:10.1016/j.jtho.2025.01.018. 10. Scott SG, et al. Presented at: American Society for Clinical Oncology (ASCO) Annual Meeting; May 31-June 4, 2024; Chicago, IL, USA. Abstract LBA8162.

## Summary



COPERNICUS is an open-label, phase 2b study evaluating the efficacy and safety of amivantamab SC regimens in 1L and 2L advanced EGFR-mutated NSCLC

This study will use a pragmatic design to enroll a diverse group of participants and combine innovative approaches in supportive care to prevent and proactively manage AEs

## Current Status



COPERNICUS is currently enrolling, with a goal of 300 participants in Cohort 1 (amivantamab SC + lazertinib) and 30 participants in Cohort 2 (amivantamab SC + chemotherapy)

## Registration Information



This study is registered with ClinicalTrials.gov (Identifier: NCT06667076)

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## Disclosures

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