



# WHAT DO THESE RESULTS MEAN FOR INDIVIDUALS WITH NON-SMALL CELL LUNG CANCER (NSCLC)?

Subcutaneous (injected under the skin) amivantamab plus chemotherapy, given alongside preventive medications for skin side effects, showed promising activity against tumors in individuals with NSCLC and mutations in the *EGFR* gene, whose disease had worsened after prior anticancer treatment targeting the EGFR receptor; the treatment also showed fewer side effects than intravenous amivantamab plus chemotherapy



## WHAT WAS THE PURPOSE OF THIS STUDY?

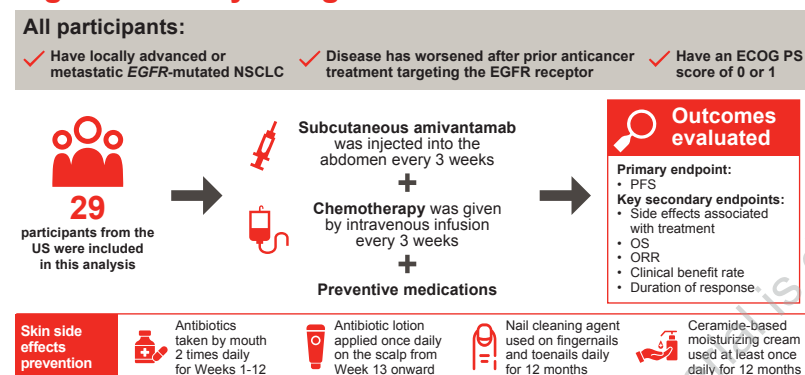
- In this study, researchers aimed to find out how safe and effective subcutaneous amivantamab given every 3 weeks plus chemotherapy was in participants with *EGFR*-mutated NSCLC in the United States whose disease had progressed after prior anticancer treatment targeting the EGFR receptor
- Researchers also assessed side effects in these participants when preventive medications for skin side effects were given alongside subcutaneous amivantamab plus chemotherapy



## WHO WAS IN THE STUDY AND HOW WAS IT CARRIED OUT?

- COPERNICUS (NCT06667076) is a phase 2b study evaluating subcutaneous amivantamab plus chemotherapy alongside preventive medications for skin side effects in participants with *EGFR*-mutated NSCLC whose disease has worsened after prior anticancer treatment targeting the EGFR receptor
- The study had a pragmatic design, meaning that researchers worked closely with hospitals and community practices and adjusted some of the study requirements to enroll participants who are more representative of patients in the real world
- The main goal was to assess the typical length of time participants lived without their disease getting worse after starting subcutaneous amivantamab plus chemotherapy given with preventive medications for skin effects; for context only, results are presented alongside results from the MARIPOSA-2 study (NCT0498825), where participants received intravenous amivantamab plus chemotherapy without the same preventive medications for skin side effects

### Figure 1: Study design



ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; NSCLC, non-small cell lung cancer; ORR, overall response rate; OS, overall survival; PFS, progression-free survival.

# COPERNICUS, a pragmatic phase 2b study of subcutaneous amivantamab plus chemotherapy with enhanced dermatologic adverse event prophylaxis in *EGFR*-mutated advanced NSCLC: Interim results

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## WHAT WERE THE RESULTS?

Subcutaneous amivantamab plus chemotherapy showed promising activity against tumors, and preventive medications for skin side effects led to fewer cases compared with MARIPOSA-2<sup>1</sup>; furthermore, no administration-related reactions were observed with subcutaneous amivantamab

Figure 2: Participant characteristics and responses to subcutaneous amivantamab plus chemotherapy

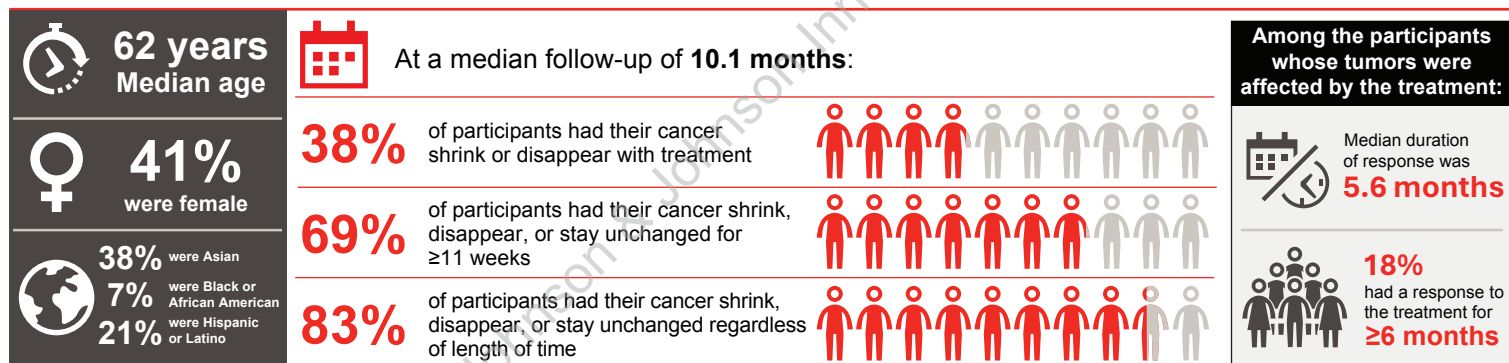


Figure 3: Response duration

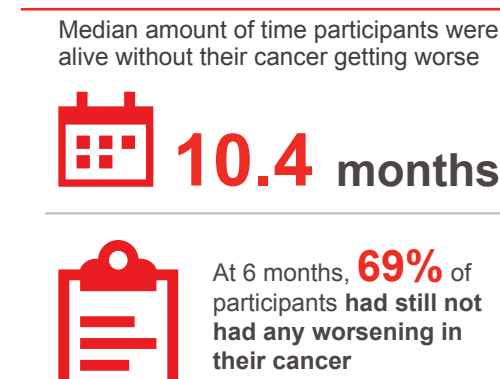


Figure 4: Selected common side effects in COPERNICUS

	Fatigue	Nausea	Constipation	Low number of neutrophils	Low number of white blood cells	Acne-like skin rash	Decreased appetite
Any severity	76%	55%	48%	41%	38%	38%	38%
Severe	3%	3%	0	17%	17%	7%	0%



### Glossary of terms

<b>Administration-related reaction</b>	Side effects that occur during or soon after receiving a medication	<b>ECOG PS</b>	A rating scale used to assess the effect a patient's disease has on daily activities; a score of 0 or 1 shows good daily functioning	<b>EGFR</b>	A protein that relays chemical signals that tell the cell to grow, divide, spread, and survive; mutations in the gene for this protein may lead to cancer	<b>Intravenous</b>	Injected into a vein
<b>Locally advanced or metastatic</b>	Cancer that has grown and progressed in one place or spread	<b>Median follow-up</b>	The middle amount of time a participant has been assessed after receiving treatment in a study	<b>Subcutaneous</b>	Injected under the skin	<b>Neutrophils</b>	The most common type of white blood cell, helping defend against infection

REFERENCE: 1. Passaro A, et al. *Ann Oncol*. 2024;35(1):77-90.

\*AI was used in the preparation of these summaries.



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