



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

As a first treatment, amivantamab plus lazertinib helped individuals with NSCLC who had atypical mutations in the epidermal growth factor receptor (EGFR) gene to live longer



## WHAT WAS THE PURPOSE OF THIS STUDY?

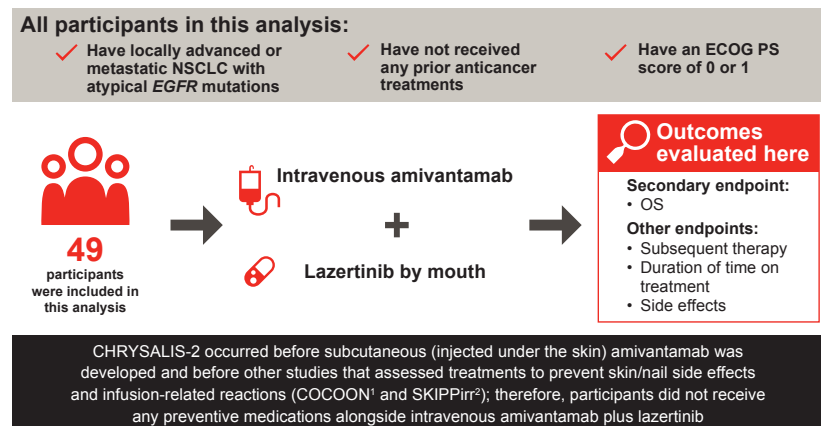
- In this study, researchers aimed to find out whether amivantamab given via intravenous infusion plus lazertinib could help participants with NSCLC who had atypical EGFR mutations and had not received any prior anticancer treatments to live longer
- Researchers also looked at how long participants remained on intravenous amivantamab plus lazertinib, how many participants went on to receive another treatment after discontinuing treatment, and the side effects participants experienced with intravenous amivantamab plus lazertinib



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

- CHRYSALIS-2 (NCT04077463) is an ongoing phase 1/1b study evaluating intravenous amivantamab plus lazertinib in participants who had advanced EGFR-mutated NSCLC
- Cohort C of the study included a subset of participants with advanced or metastatic NSCLC and atypical EGFR mutations who had not received any prior anticancer treatments
- The main goal of the current analysis was to assess how long participants lived when receiving intravenous amivantamab plus lazertinib

### Figure 1: Study design



60 years Median age | 45% were female | 57% were Asian | 35% had multiple atypical EGFR mutations

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

# Overall survival of first-line amivantamab plus lazertinib in atypical EGFR-mutated advanced NSCLC: Updated results from the CHRYSALIS-2 study

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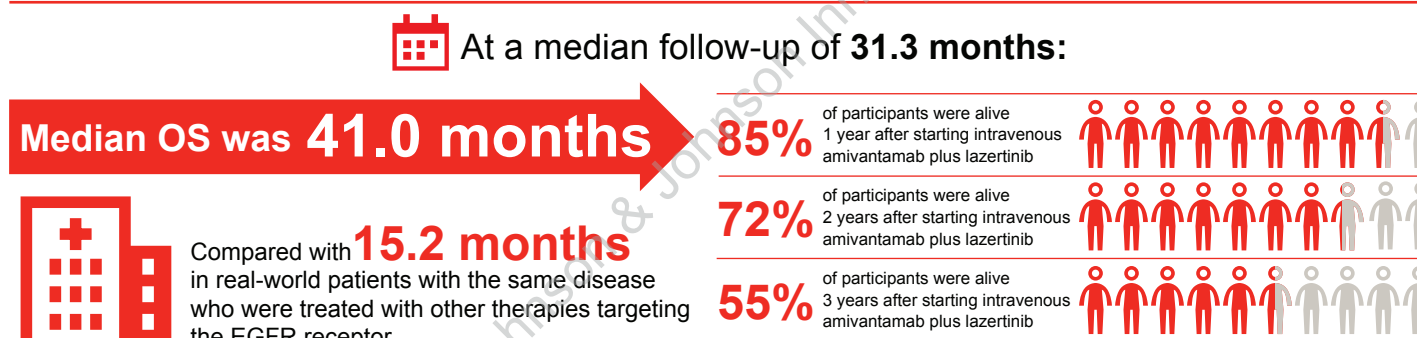
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## WHAT WERE THE RESULTS?

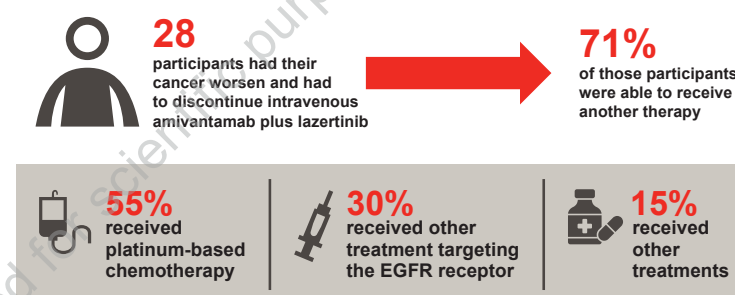
Participants with NSCLC and atypical EGFR mutations who had not received prior treatment lived a median of approximately 3.5 years with intravenous amivantamab plus lazertinib, responded to treatment for a long time regardless of certain characteristics or type of atypical EGFR mutation, and experienced mainly mild or moderate side effects

Figure 2: OS with intravenous amivantamab plus lazertinib



EGFR, epidermal growth factor receptor; OS, overall survival.

Figure 3: Therapies received after intravenous amivantamab plus lazertinib discontinuation



EGFR, epidermal growth factor receptor.

Figure 4: Duration of treatment



Responses lasted a long time regardless of:



EGFR, epidermal growth factor receptor.

Figure 5: Common side effects with intravenous amivantamab plus lazertinib

	Any severity	Severe
Nail infection/inflammation	78%	8%
Rash	65%	14%
Low albumin in the blood	61%	6%
Infusion-related reaction	61%	6%
Alanine aminotransferase (liver enzyme) increased	53%	4%

Most side effects were mild or moderate

Side effects were consistent with prior studies, and no new side effects were seen

## Glossary of terms

Albumin	A protein in the blood that helps maintain fluid balance and transport substances	ECOG PS	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	EGFR	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	Infusion-related reaction	Side effects that occur during or soon after receiving a medication
Intravenous	Injected into a vein	Locally advanced or metastatic	Cancer that has grown and progressed in one place or spread	Median follow-up	The middle amount of time a participant has been assessed after receiving treatment in a study	Median OS	The middle value of time participants live after starting treatment

REFERENCES: 1. Cho BC, et al. J Thorac Oncol. 2025;20(10):1517-1530. 2. Spira AI, et al. J Thorac Oncol. 2025;20(6):809-816.

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



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