



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

Individuals with NSCLC who have mutations in the epidermal growth factor receptor (*EGFR*) gene and used a simplified version of the COCOON dermatologic management (DM) set of preventive treatments had a similar reduction in skin, scalp, and nail side effects as those using the full COCOON DM treatments while receiving subcutaneous (SC; injected under the skin) amivantamab plus lazertinib. This simplified preventative treatment may provide a less complicated experience and help patients remain on treatment for longer



WHAT WAS THE PURPOSE OF THIS STUDY?

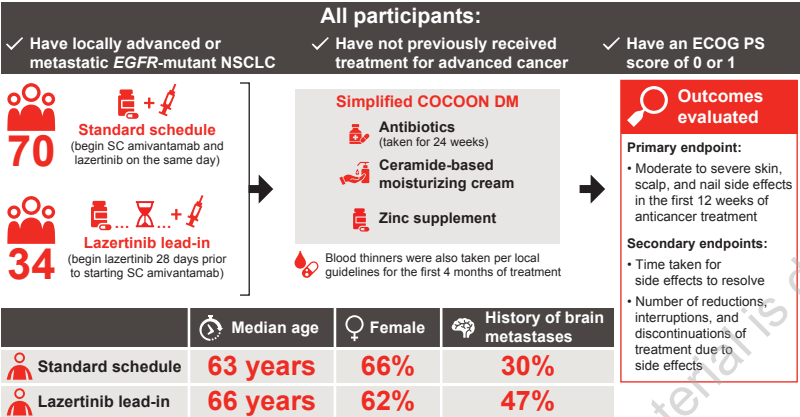
- This study aimed to find out if a simplified version of COCOON DM could also reduce moderate to severe skin, scalp, and nail side effects in participants with advanced *EGFR*-mutant NSCLC who were receiving SC amivantamab plus lazertinib
- Researchers also aimed to find out if starting lazertinib 1 month before SC amivantamab, instead of alongside it, could help to further reduce side effects



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

- In these additional cohorts of the phase 2 COCOON (NCT06120140) clinical trial, participants with advanced *EGFR*-mutant NSCLC were enrolled into 1 of 2 groups, as follows: 1 group received the standard SC amivantamab plus lazertinib dosing schedule, and the other group received a modified schedule (lazertinib lead-in) in which lazertinib was initiated 1 month before SC amivantamab. Both groups received a simplified version of COCOON DM
- The main goal of the study was to see if the simplified version of COCOON DM and/or the lazertinib lead-in schedule could reduce moderate to severe skin, scalp, and nail side effects in the first 12 weeks of treatment

Figure 1: Study design and participant characteristics



DM, dermatologic management; ECOG PS, Eastern Cooperative Oncology Group performance status; *EGFR*, epidermal growth factor receptor; NSCLC, non-small cell lung cancer; SC, subcutaneous.

Improving prevention of moderate to severe dermatologic adverse events in *EGFR*-mutant advanced NSCLC treated with first-line subcutaneous amivantamab + lazertinib: first results from new COCOON cohorts

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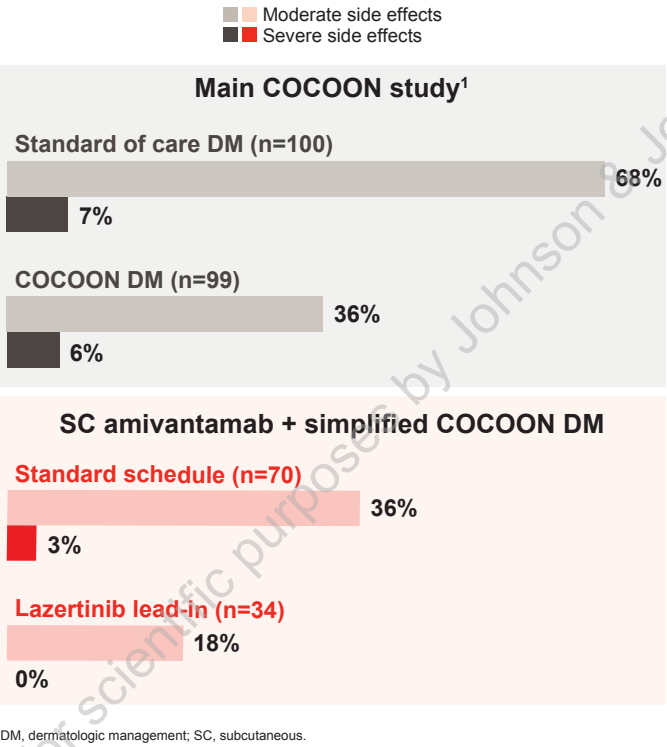
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WHAT WERE THE RESULTS?

The simplified preventative treatments, with oral antibiotic and ceramide-based moisturizer^a helped to reduce moderate to severe skin, scalp, and nail side effects to a similar degree as the full COCOON DM treatments.¹ Starting lazertinib 1 month before adding SC amivantamab helped to further reduce dermatologic side effects

Figure 2: Moderate to severe skin, scalp, and nail side effects in the first 12 weeks



^aOral zinc gluconate and extended antibiotic treatment were also evaluated in COCOON, but clinical benefit has not been established.

Figure 3: Side effects that occurred in the first 12 weeks

Moderate to severe skin, scalp, and nail side effects	Main COCOON study ¹		SC amivantamab + simplified COCOON DM	
	Standard of care DM (n=100)	Full COCOON DM (n=99)	Standard schedule (n=70)	Lazertinib lead-in (n=34)
Involving face	48%	15%	14%	9%
Involving scalp	26%	10%	6%	3%
Involving body	44%	20%	24%	9%
Nail infection/inflammation	23%	21%	20%	12%
Other side effects				
Administration-related reactions	56%	61%	1%	0
Blood clots	13%	13%	9%	15%
Swelling in arms or legs	30%	35%	37%	32%

DM, dermatologic management; SC, subcutaneous.

Figure 4: Amivantamab dose modifications due to skin, scalp, and nail side effects

	Main COCOON study ¹		SC amivantamab + simplified COCOON DM	
	Standard of care DM (n=100)	Full COCOON DM (n=99)	Standard schedule (n=70)	Lazertinib lead-in (n=34)
Dose interruptions	21%	8%	1%	0
Dose reductions	9%	2%	3%	3%
Treatment discontinuations	2%	2%	1%	0

Glossary of terms

Administration-related reactions	A reaction that happens when a drug is given to a patient	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 on the surface of cells that helps them grow and divide. Mutations in the <i>EGFR</i> gene can cause uncontrolled cell growth and may lead to cancer	Locally advanced or metastatic	Cancer that has grown and progressed in one place or spread

REFERENCE:
1. Cho BC, et al. *J Thorac Oncol.* 2025;20(10):1517–1530.



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