First-Line Subcutaneous Amivantamab Plus Lazertinib in *EGFR*-Mutated Advanced NSCLC: Updated Results From the PALOMA-2 Study

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

Subcutaneous (injected under the skin) amivantamab plus lazertinib showed long-lasting tumor control as a first treatment for advanced NSCLC with specific epidermal growth factor receptor (*EGFR*) mutations. This treatment combination led to many patients living longer and experiencing fewer side effects compared with other treatments

WHAT WAS THE PURPOSE OF THIS STUDY?

- The purpose of this study was to explore the combination of subcutaneous amivantamab plus lazertinib as a first treatment for a specific type of lung cancer called *EGFR*-mutated advanced NSCLC
- Researchers aimed to see if this treatment combination was effective and safe and if it provided long-lasting benefits. They also wanted to understand if subcutaneous administration improved the treatment experience for patients

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

- PALOMA-2 (NCT05498428) is a phase 2 clinical study designed to evaluate the effectiveness and safety of subcutaneous amivantamab in combination with other drugs for *EGFR*-mutated advanced NSCLC
- Participants were divided into different groups (called cohorts). In Cohorts 1, 5, and 6 (the focus of this poster),[1–3] participants received a combination of 2 drugs, subcutaneous amivantamab plus lazertinib, as a first treatment for their cancer
- In this analysis, results were combined for the participants in these cohorts

Figure 1: Study design and participant characteristics

All 212 participants:
- ✓ Have locally advanced or metastatic NSCLC with documented *EGFR* Ex19del or L858R mutations
- ✓ Have not previously received therapy for their cancer
- ✓ Have an ECOG PS score of 0 or 1

135 participants — **Cohorts 1 and 6:** Subcutaneous amivantamab every 2 weeks + oral lazertinib daily

77 participants — **Cohort 5:** Subcutaneous amivantamab every 4 weeks + oral lazertinib daily

Outcomes evaluated
- Response rates
- Tumor shrinkage
- PFS
- OS
- Side effects associated with treatment

In Cohorts 1 and 5, blood thinners to prevent blood clots were recommended; in Cohort 6, they were required

Median age: **61 years**

64% were female

66% were Asian; **30%** were White

3% were Black or African American

ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; Ex19del, exon 19 deletion; L858R, exon 21 L858R substitution; NSCLC, non-small cell lung cancer; OS, overall survival; PFS, progression-free survival.

WHAT WERE THE RESULTS?

Subcutaneous amivantamab plus lazertinib showed long-lasting activity against tumors as a first treatment for participants with *EGFR*-mutated NSCLC. Side effects were generally consistent with prior reports before preventive medications that reduce side effects were introduced,[1,2,4] and no new side effects were identified. This study showed that subcutaneous administration can further improve the overall treatment experience and may allow patients to remain on treatment longer

Figure 2: Response to subcutaneous amivantamab + lazertinib

90% ORR

9% of participants had their cancer disappear with treatment

81% of participants had their cancer shrink but not disappear

ORR, objective response rate.

Figure 3: Survival outcomes

At a median follow-up of **33.1 months**, the median amount of time participants were alive without their cancer worsening was **26.1 months**

3 years after starting treatment:

37% of participants were alive without their cancer growing

70% of participants were alive

Figure 4: Common side effects with subcutaneous amivantamab + lazertinib (without preventive medications to reduce side effects)

- **84%** Nail infection/inflammation
- **70%** Rash
- **64%** Low albumin in the blood
- **51%–55%** Increased liver enzymes in the blood[a]
- **47%** Acne-like skin rash
- **44%** Sores in the mouth
- **42%** Swelling in the arms or legs

[a]Increased alanine aminotransferase, 55%; increased aspartate aminotransferase, 51%.

Glossary of terms

Albumin	A protein made by the liver that helps transport substances through the blood	**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 can cause uncontrolled cell growth and may lead to cancer	**Exon 19 deletion**	An alteration to the DNA sequence of *EGFR* that changes the function of the protein. In the case of exon 19 deletion mutations, DNA was deleted in the part of the *EGFR* gene called exon 19	**Exon 21 L858R substitution**	An alteration to the DNA sequence of *EGFR* that changes the function of the protein. In the case of exon 21 L858R substitution mutations, a small part of DNA is replaced with a different one within the *EGFR* gene	**Follow-up**	The amount of time a participant has been assessed after receiving treatment in a study
Locally advanced or metastatic	Cancer that has grown and progressed in one place or spread	**Median**	The middle value in a set of numbers	**ORR**	The percentage of participants whose cancer shrank or disappeared with treatment	**OS**	The length of time after starting treatment that a participant is alive	**PFS**	The length of time after starting treatment that a participant lives without the cancer getting worse	**Subcutaneous**	Injected under the skin

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