

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

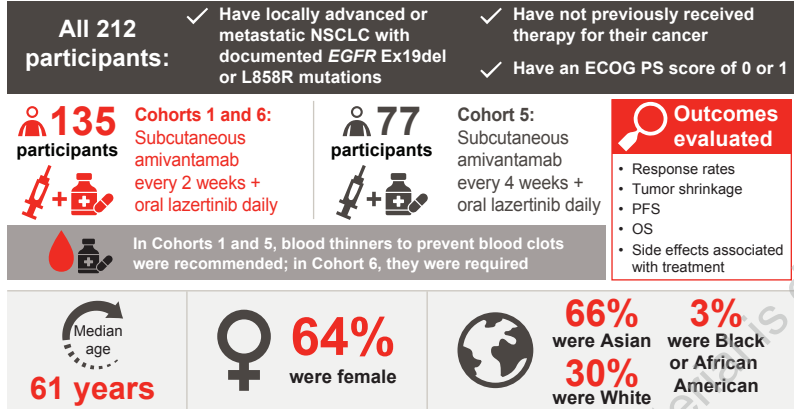
WHAT WAS THE PURPOSE OF THIS STUDY?

- 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



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.

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

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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

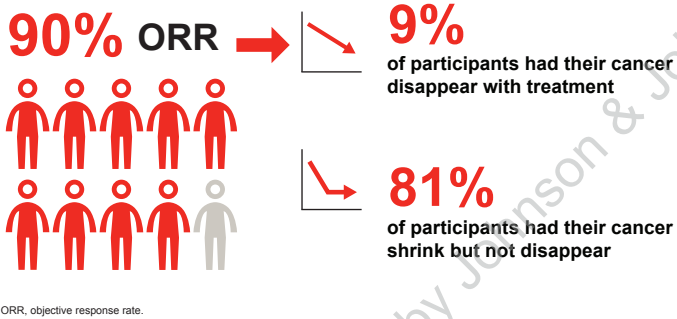


Figure 3: Survival outcomes

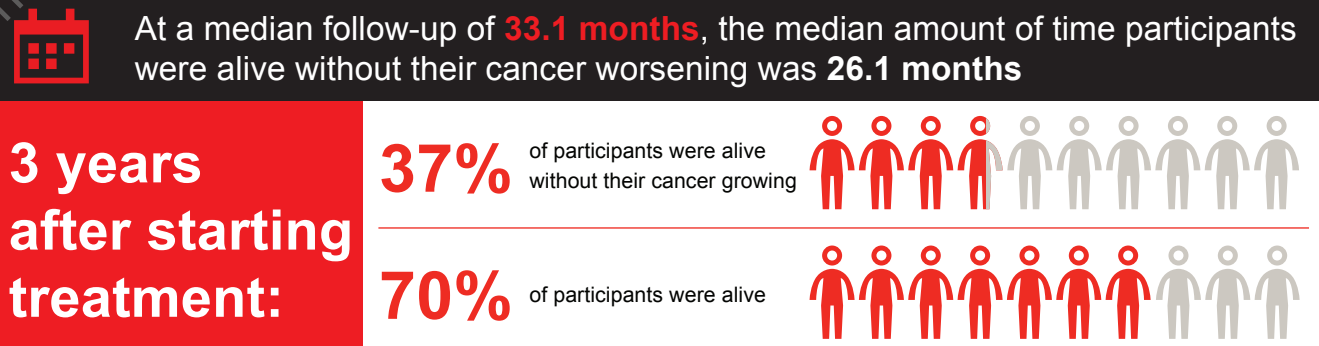
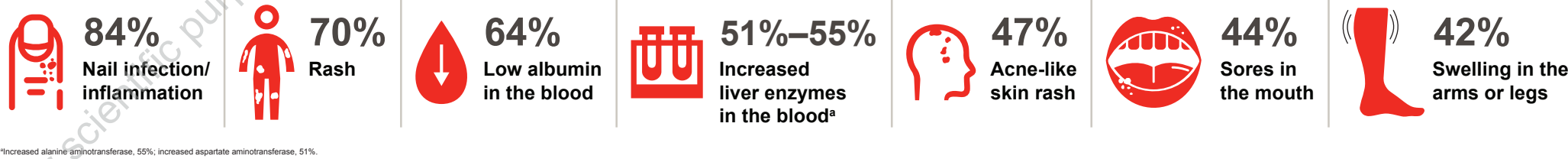


Figure 4: Common side effects with subcutaneous amivantamab + lazertinib (without preventive medications to reduce side effects)



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

REFERENCES:

1. Scott SC, et al. Presented at: World Conference on Lung Cancer (WCLC); September 6–9, 2025; Barcelona, Spain. 2. Girard N, et al. Presented at: European Lung Cancer Congress (ELCC); March 25–28, 2026; Copenhagen, Denmark. 3. Lim SM, et al. Presented at: American Society of Clinical Oncology (ASCO) Annual Meeting; May 31–June 4, 2024; Chicago, IL, USA. 4. Leighi NB, et al. J Clin Oncol. 2024;42(30):3593–3605.