



86P Aumolertinib as adjuvant therapy in postoperative EGFR-mutated non-small cell lung cancer

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- Aumolertinib (HS-10296) is a novel, promising oral third-generation EGFR TKI
- It has demonstrated efficacy in tumours harboring sensitive EGFR mutations and T790M resistance mutation.
- Aumolertinib has also been shown to have efficacy in CNS metastasis.
- However, the efficacy and safety of aumolertinib as adjuvant therapy in postoperative patients remains unknown.

Methods

- Patients who underwent radical lung cancer surgery with EGFR-sensitizing mutations were enrolled
- Received aumolertinib 110 mg daily, the medication time (6months-36months) depended on pathology stage and physical conditions.
- The disease-free survival (DFS), safety and tolerability were evaluated.
- Patients were evaluated by chest CT, PET-CT, abdominal ultrasound, cranial MRI and other auxiliary examination.

- The study retrospectively analyzed 66 patients with pathologically confirmed adenocarcinoma, EGFR mutation-positive (exon 19 deletion or L858R), stage I–III NSCLC.
- At the data cutoff, all patients have no symptoms of tumor recurrence, 25(37.9%) patients have been followed up for over 1 year.
- At 12 months, 100% patients were alive and disease-free, patients' conditions
- None of these patients have central nervous system disease.

- 34.8% of patients had adverse treatment-related adverse events of any grade
- There was no grade ≥ 3 adverse events

Common AE	N(%)
Rash	15 (22.7%)
Mouth ulcer	7 (10.6%)
Diarrhea	5(7.6%)

- No patients withdrew from therapy because of adverse drug reactions.
- Interestingly aumolertinib was also effective in multiple primary lung cancer, among patients (5/66, 7.6%) who have multiple malignant lesions (ground - glass opacity, and < 3 cm), with aumolertinib treatment, 2 patients had reduction in size of lesions, and the other patients had no change in size.

- This is the first study to demonstrate that aumolertinib has preliminary efficacy and a tolerable safety profile in patients with completely resected stage I - III NSCLC harboring EGFR mutations.
- This study is still in progress and further analyses are undergoing to determine longer-term outcomes.

CONCLUSIONS

- Me too Second third generation TKI by Jiangsu Hansoh
- APOLLO trial- Approval in T790M mutation
- AENEAS –Better PFS compared to Gefitinib
- Promising alternative to Osimertinib and a cost disruptor in the treatment of lung cancer
- Clinical trials as adjuvant ongoing