



P2.07A-1252: The Effect of EGFR Mutation on Adjuvant Tegafur/Uracil for Patients with Non-Lymph Node Metastatic NSCLC (> 2 cm)

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INTRODUCTION

<BACKGROUNDS>

- The ADAURA trial demonstrated the significant efficacy of osimertinib regarding DFS and OS in patients with stages IB-III A (TNM 7th) EGFR mutant NSCLC.¹⁻³
- Japanese patients with stage IB (> 3 cm), for whom oral UFT was the standard adjuvant treatment, were not enrolled in the ADAURA trial which used a placebo control.
- In the future, osimertinib may compete with oral UFT for non-lymph node metastatic NSCLC (> 2 cm) in Japan, but there are few reports on the therapeutic efficacy of UFT in lung cancer with EGFR mutations.

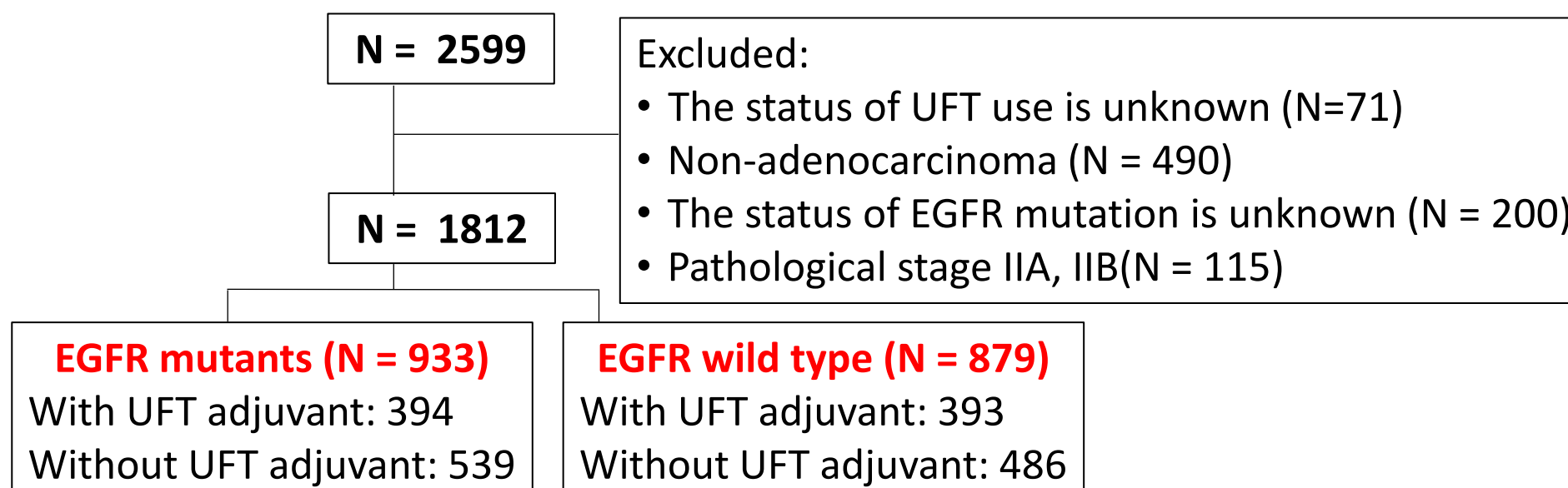
<PURPOSE>

- To elucidate the effect of EGFR mutations on adjuvant chemotherapy with UFT as an exploratory analysis of CSPOR-LC03 study.

PATIENTS & METHODS

CSPOR-LC03: a large-scale, retrospective, multicenter observational study conducted to understand Japanese real-world data on adjuvant chemotherapy between 2008 and 2013.⁴

<CRITERIA> 1. Pathological stage I (T1>2 cm, TNM 6th), 2. Lobectomy and R0 resection, 3. No prior treatment, 4. PS 0-1, 5. Adequate organ function, 6. No active multiple cancers, 7. Age 20-80



- The primary endpoint: 5-year disease-free survival (DFS) rate
- Survival comparison in the four groups (UFT+/EGFR+, UFT+/EGFR-, UFT-/EGFR+, and UFT-/EGFR-)
- Identifying prognostic factors using a Cox proportional hazards model

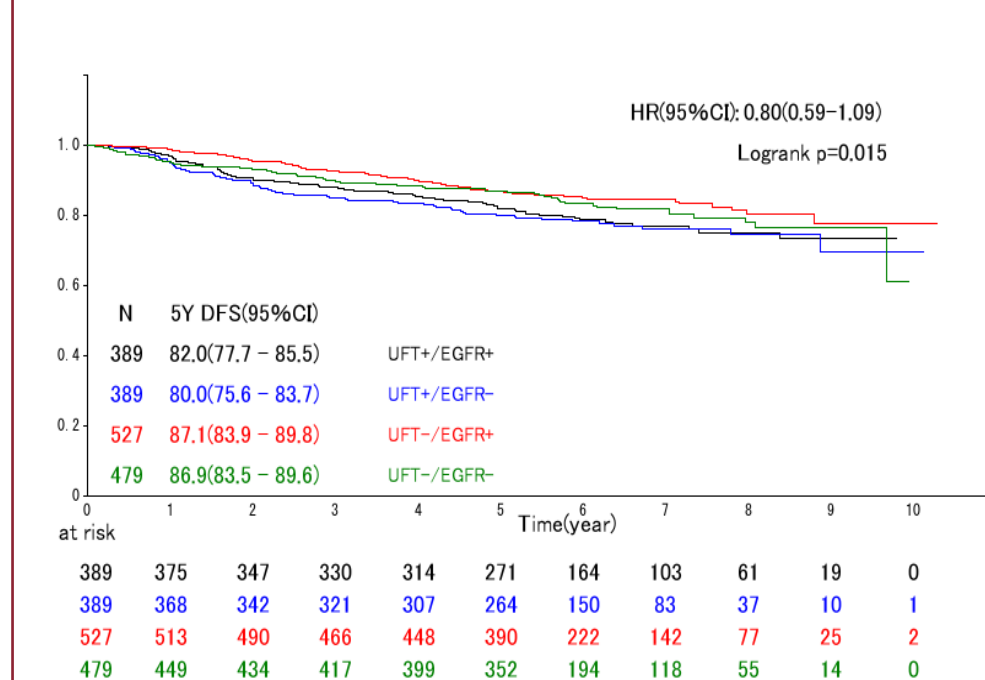
RESULTS

Survival

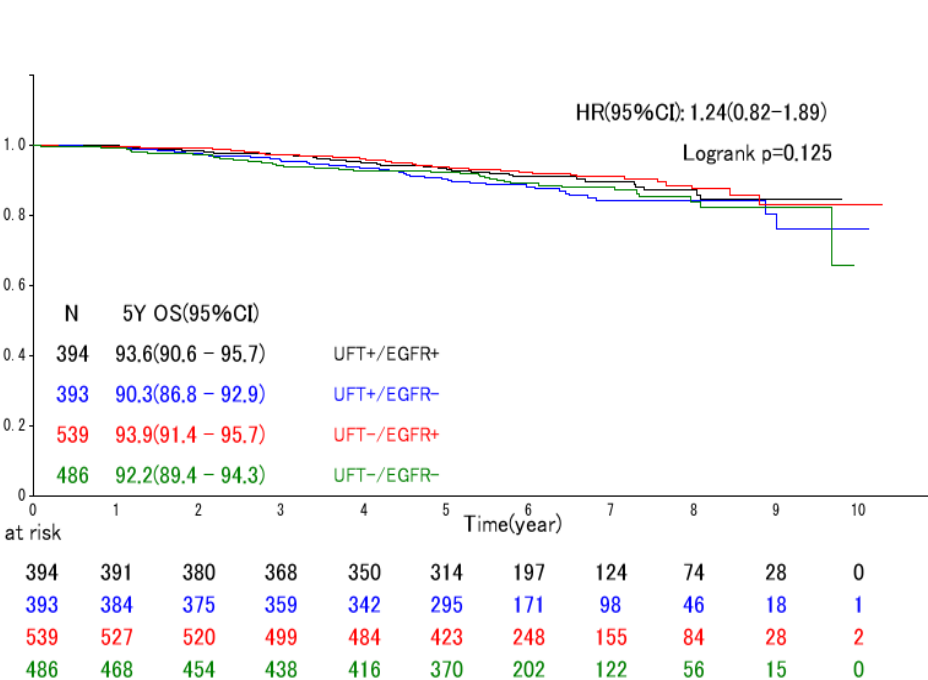
The median duration of follow-up: 5.8 years (interquartile range: 5.0-7.1 years)

● All patients

DFS

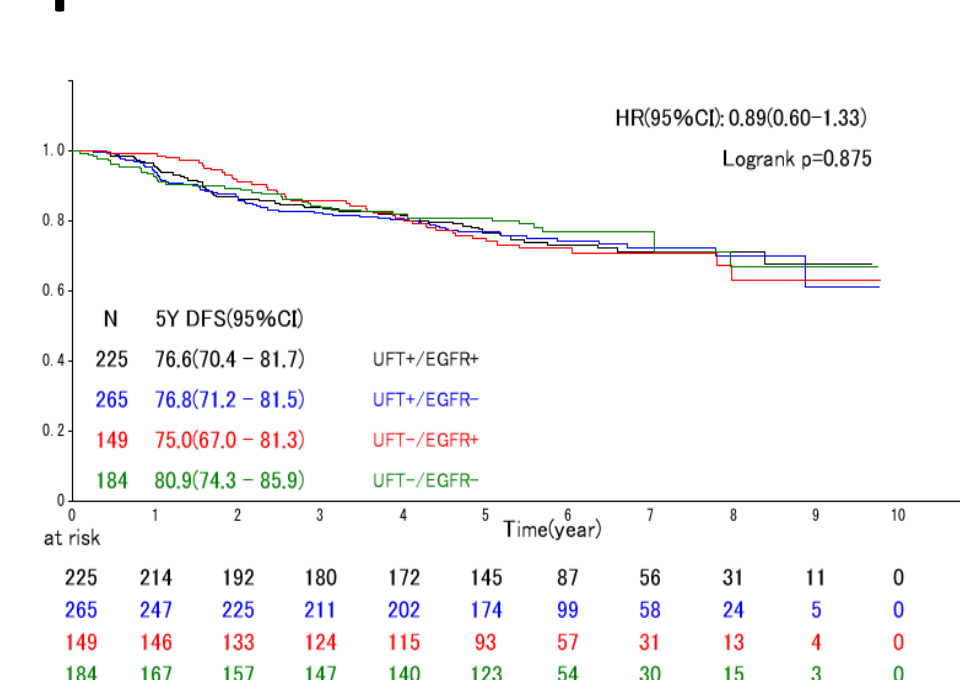


OS

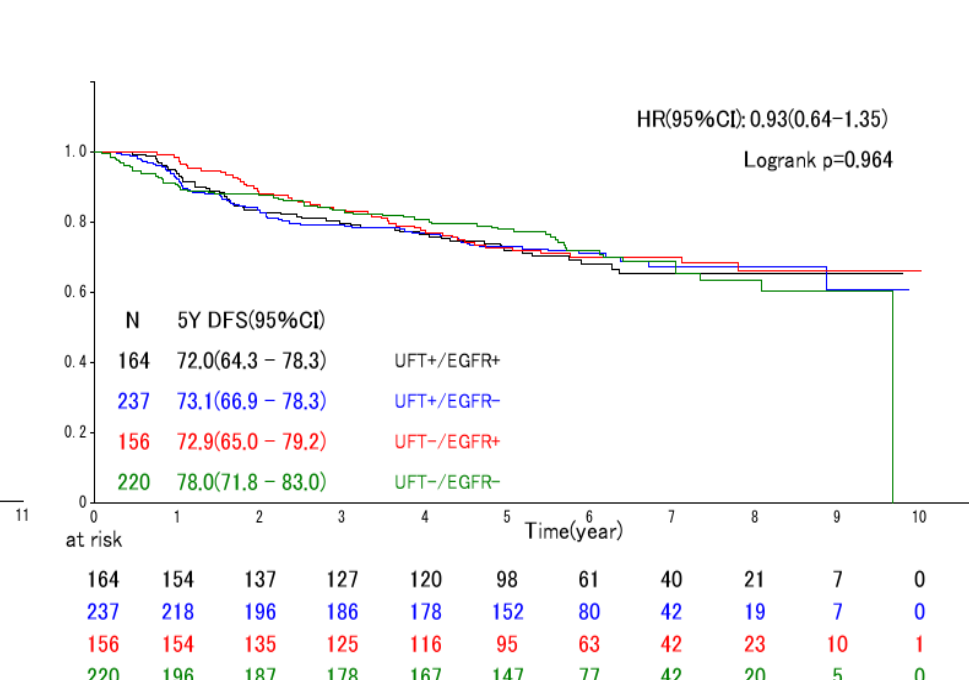


● DFS of high-risk subgroups

pIB

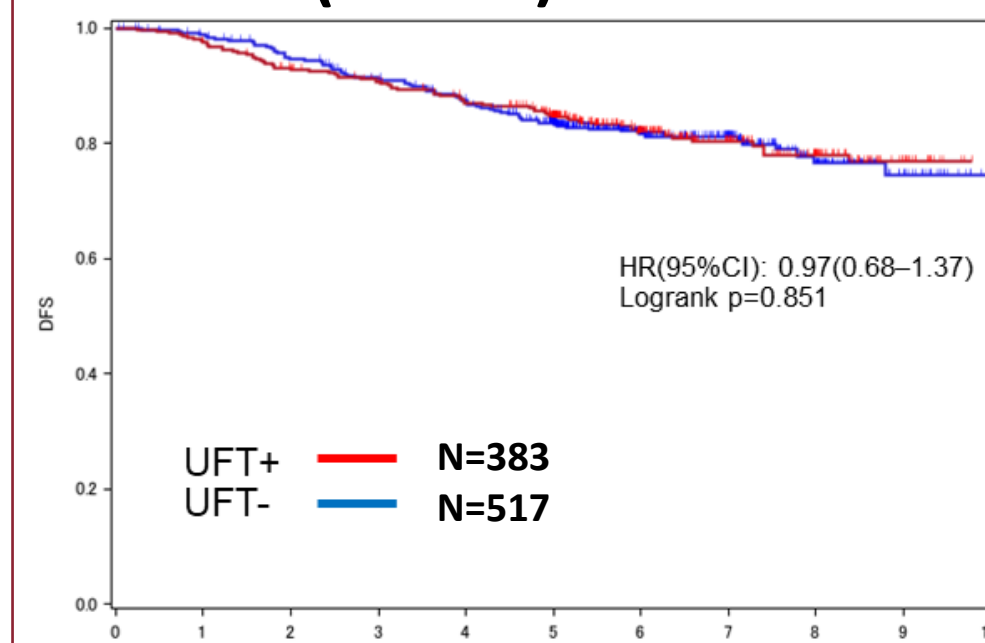


GGO-

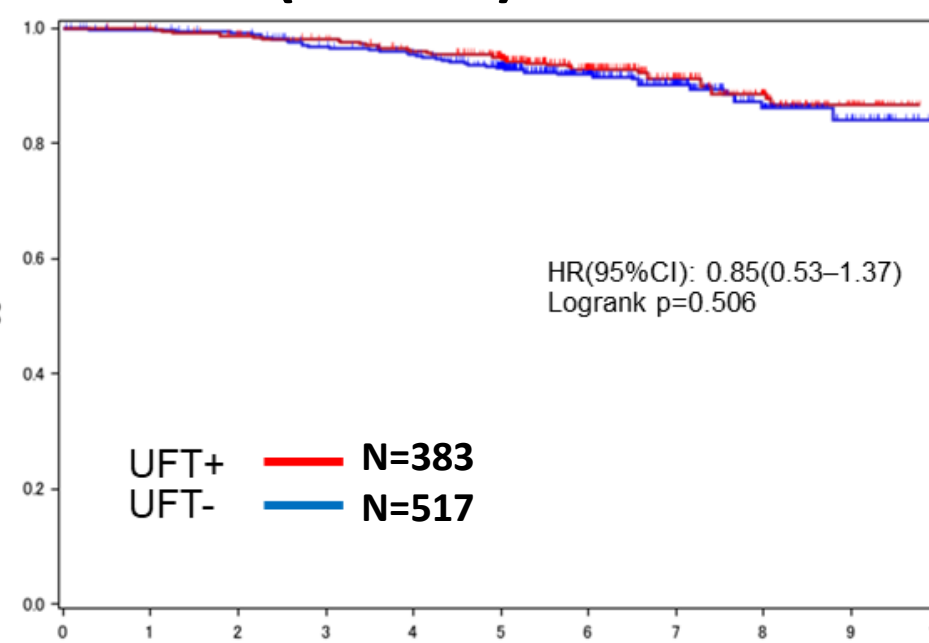


● Adjusted by age, sex, lymph node dissection, tumor size, GGO component, pStage, pl, v, and ly (inverse probability of treatment weighting).

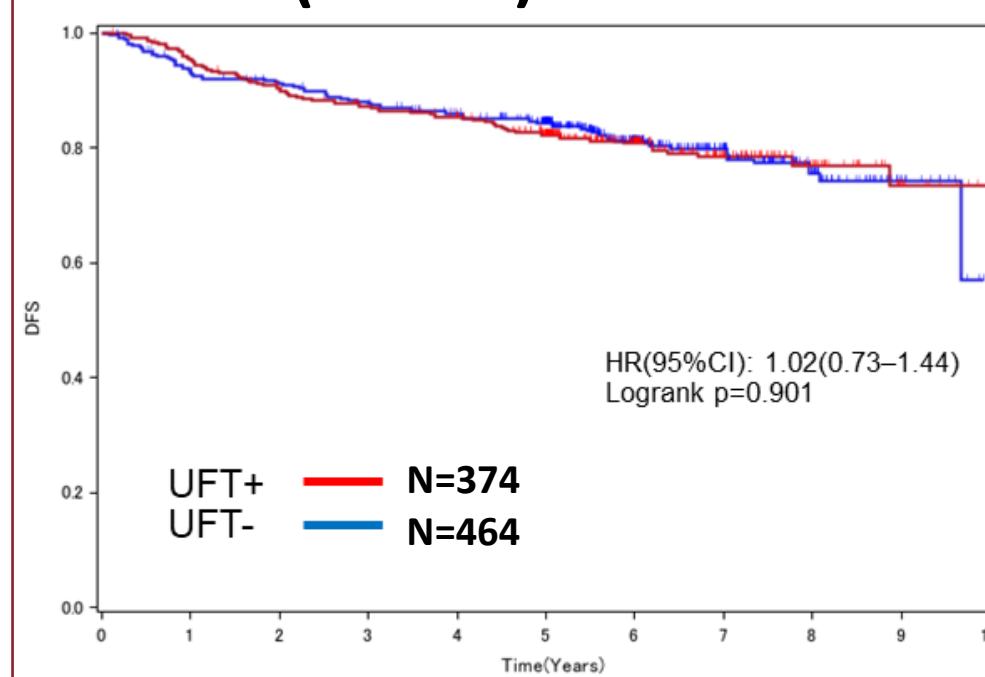
DFS EGFR+ (N=900)



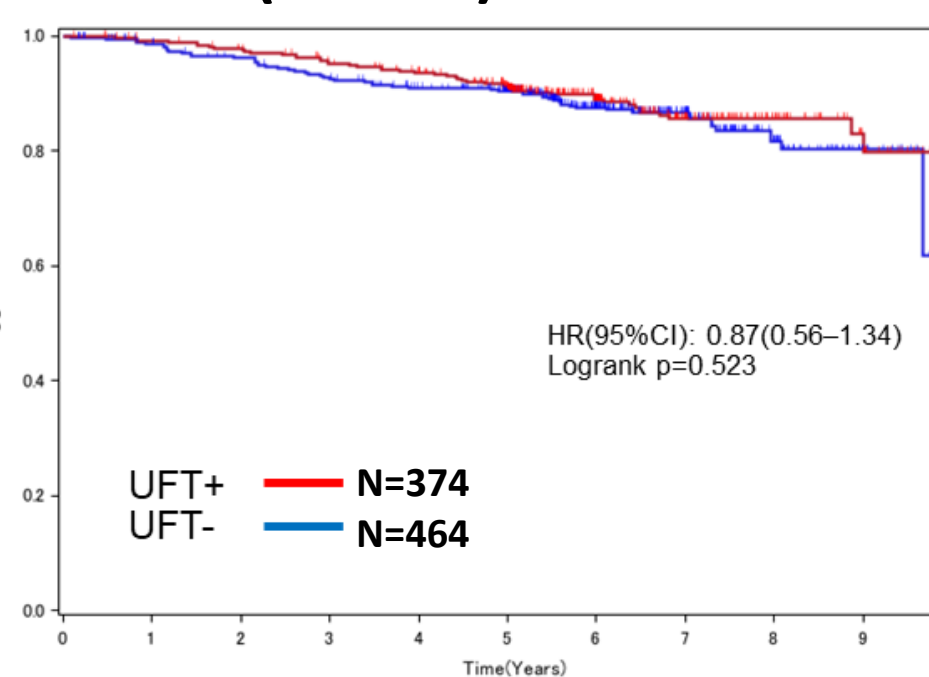
OS EGFR+ (N=900)



EGFR- (N=838)



OS EGFR- (N=838)



Patient characteristics

	EGFR mutant		P value	EGFR wild type		P value
	UFT+ n = 394 (%)	UFT- n = 539 (%)		UFT+ n = 393 (%)	UFT- n = 486 (%)	
Age						
< 70	273 (63)	322 (60)	0.003	275 (70)	272 (56)	< 0.0001
≥ 70	121 (37)	217 (40)		118 (30)	214 (44)	
Sex						
Male	147 (37)	176 (33)	0.14	235 (60)	273 (56)	0.28
Female	247 (63)	363 (67)		158 (40)	213 (44)	
Size (cm)						
≤ 3 cm	190 (48)	383 (71)	< 0.0001	163 (42)	313 (64)	< 0.0001
> 3 cm	204 (52)	156 (29)		230 (59)	173 (36)	
GGO						
Present	228 (58)	378 (70)	0.0001	155 (39)	261 (54)	0.0001
Absent	166 (42)	161 (30)		238 (61)	173 (46)	
pStage						
IA	167 (42)	388 (72)	< 0.0001	127 (32)	299 (62)	< 0.0001
IB	227 (58)	151 (28)		266 (68)	187 (39)	
pl						
Present	96 (25)	67 (13)	< 0.0001	114 (31)	72 (16)	< 0.0001
Absent	298 (75)	472 (87)		279 (69)	414 (84)	
v						
Present	114 (30)	91 (18)	< 0.0001	142 (38)	127 (27)	0.001
Absent	280 (70)	448 (82)		251 (62)	359 (63)	
ly						
Present	84 (22)	78 (15)	0.008	65 (17)	84 (18)	0.79
Absent	310 (78)	461 (85)		328 (83)	402 (82)	

Risk factors for DFS

Variable	Ref	Univariable		Multivariable	
		HR (95% CI)	P value	HR (95% CI)	P value
EGFR mutation, Positive	Negative	0.889 (0.716-1.105)	0.29	1.171 (0.926-1.481)	0.19
With UFT	Without UFT	1.404 (1.130-1.744)	0.002	0.987 (0.778-1.252)	0.91
Age, ≥ 70	< 70	1.183 (0.952-1.469)	0.13	1.021 (0.810-1.288)	0.86
Sex, Male	Female	1.400 (1.125-1.743)	0.003	1.333 (1.060-1.677)	0.014
ND, ND2a-2	ND2a-1	1.216 (0.978-1.511)	0.078	1.100 (0.877-1.380)	0.41
Size, cm	1 cm increase	1.460 (1.262-1.689)	< 0.0001	1.145 (0.960-1.365)	0.13
pStage, IB	IA	2.379 (1.899-2.981)	< 0.0001	1.287 (0.917-1.805)	0.14
GGO, Present	Absent	0.284 (0.224-0.360)	< 0.0001	0.436 (0.334-0.568)	< 0.0001
pl, Present	Absent	3.295 (2.625-4.135)	< 0.0001	1.538 (1.151-2.053)	0.004
v, Present	Absent	4.002 (3.199-5.007)	< 0.0001	2.173 (1.665-2.836)	< 0.0001
ly, Present	Absent	2.592 (2.039-3.295)	< 0.0001	1.371 (1.057-1.779)	0.017

DISCUSSION & CONCLUSION

- The benefit of adjuvant UFT on DFS and OS may be limited, regardless of the EGFR mutation.
 - Univariable analysis of DFS revealed a worse prognosis in the UFT+ group than in the UFT- group. This was ascribed to a selection bias that UFT was preferentially administered to patients with an elevated risk of recurrence.
- <CONCLUSION>
- In pathologic stage I (>2 cm) lung adenocarcinomas with EGFR mutation, the survival benefit of adjuvant UFT was not observed.

REFERENCES & ACKNOWLEDGEMENTS

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 - Tsuboi M, et al. NEJM. 2023, 4. Shukuya T, et al. JTOCRR. 2022
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