Clinical Study Report Synopsis

Drug Substance	NA
Study Code	D5161R00028
Edition Number	1.0
Date	14 July 2023
EudraCT	
NCT Number	*04742192*

A Multicountry, Multicentre, Non-interventional, Prospective Study to Determine the Prevalence of EGFR Mutations in Patients With Early-stage, Surgically Resected, Non-squamous, Non-small Cell Lung Cancer

Study dates:	First subject enrolled: 04 Mar 2021 Last subject last visit: 30 Nov 2022
Phase of development:	Non Interventional
International Co-ordinating Investigator:	*NA*
Sponsor's Responsible Medical Officer:	**Reto Huggenberger, PhD** International Medical Director AstraZeneca

This study was performed in compliance with Good Clinical Practice, including the archiving of essential documents.

Study centre(s)

Country&Region	Site	Site Name
ARGENTINA	ARG-02	Sanatorio de la Mujer
CHILE	CHI-02	Clínica Santa Maria
COLOMBIA	COL-01	Fundacion Santa Fe de Bogotá
COLOMBIA	COL-02	Imat-Oncomedica
COSTA RICA	CRI-01	Centro de Investigación y Manejo del Cáncer CIMCA
EGYPT	EGY-09	National Cancer Institute
EGYPT	EGY-10	National Cancer Institute
INDIA	IND-01	Tata Memorial Center (TMC)
INDIA	IND-02	ACI-Cumballa Hill Hospital
INDIA	IND-03	Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute (KDAH)
INDIA	IND-04	Dept. of Medical Oncology Room No. 245, AIIMS,
INDIA	IND-05	Rajiv Gandhi Cancer Institute and Research Centre (RGCI&RC)
INDIA	IND-06	Sher-i-Kashmir Institute of Medical Sciences (SKIMS)
INDIA	IND-07	Dr. B L Kapur Memorial Hospital
INDIA	IND-08	Narayana Superspeciality Hospital
MEXICO	MEX-02	Consultorio Medico Privado
MEXICO	MEX-03	MEDIADVANCE CLINICAL SAPI DE CV
PERU	PER-01	Delgado
PERU	PER-02	Oncocare
PHILIPPINES	PHL-01.1	Lung Center of the Philippines
PHILIPPINES	PHL-02	St Lukes Medical Center – Quezon City
PHILIPPINES	PHL-05	Chong Hua Hospital
PHILIPPINES	PHL-07	Makati Medical Center
DOMINICAN REPUBLIC	RDO-01	Instituto Nacional del Cáncer Rosa Emilia Sánchez Pérez de Tavares (INCART)
SINGAPORE	SGP-01	NUH
SINGAPORE	SGP-02	TTSH
THAILAND	THA-01	Ramathibodi
THAILAND	THA-02	Chiang Mai
THAILAND	THA-03	Siriraj
TURKEY	TUR-04	Liv Hospital
VIETNAM	VNM-01	National Lung Hospital
VIETNAM	VNM-02	K hospital
VIETNAM	VNM-03	Pham Ngoc Thach Hospital

Publications

A poster was presented at ASCO 2023 and Asian and LatAm abstracts will be presented on WCLC and ESMO congresses.

Objectives and criteria for evaluation

Table S1 Objectives and Endpoints

Objectives	**Objectives**
Primary	Secondary
To determine the prevalence of EGFRm in patients with surgically resected early-stage (IA to IIIB on the basis of pathologic criteria) non-squamous NSCLC.	- To determine the prevalence of EGFRm types. - To describe the surgical management and associated surgical outcome of early-stage (IA to IIIB) non-squamous NSCLC. - To describe the treatment patterns for surgically resected early-stage (IA to IIIB) non-squamous NSCLC. - To describe the use of systemic anticancer therapy (SACT) in neoadjuvant and/or adjuvant settings for early-stage (IA to IIIB) non-squamous NSCLC.
Exploratory	
- To determine the frequency of PD-L1 testing and expression levels in patients with surgically resected early-stage (IA to IIIB) non-squamous NSCLC. - To determine the additional diagnostic and molecular testing performed on histological tumour sample and associated results in patients with surgically resected early-stage (IA to IIIB) non-squamous NSCLC.	

Study design

This prospective, multicountry, multicentre, non-interventional study aimed to include patients who had undergone surgery for early-stage (IA to IIIB on the basis of pathologic criteria) non-squamous NSCLC up to 12 weeks prior to enrolment into the study. Eligible patients needed to have availability of formalin-fixed paraffin-embedded (FFPE) specimen(s) primarily tested for EGFRm at validated local laboratories or a central laboratory. Informed consent was obtained from the patients during their routine clinical care visit before data were collected from medical records.

Target subject population and sample size

The primary objective of the study was to determine the prevalence of EGFRm in surgically resected early-stage (IA to IIIB) non-squamous NSCLC. EGFRm testing in early-stage NSCLC was not common, and as a result, the prevalence remained unclear. Hence, the sample size was focused on the precision of the estimations, measured as the range of their 95% confidence intervals (CIs) (based on the Clopper-Pearson exact method). The precision estimates for observed prevalence ranged from 0% to 50%. During a recruitment period of approximately 12 months, eligible patients were recruited in this study in order to estimate the prevalence of EGFRm with adequate precision.

Investigational product and comparator(s): dosage, mode of administration and batch numbers

NA

Duration of treatment

NA

Statistical methods

A comprehensive Statistical Analysis Plan (SAP) was prepared before the database lock. The SAP detailed the most appropriate statistical methodology and analyses to be performed following the study design and objectives. Data management and statistical analyses were conducted using SAS version 9.4 software (SAS Institute, Inc.) in accordance with SAP. All enrolled patients were included in the full analysis set (FAS), and the patients who were not eligible were excluded. The analysis was performed at the full, regional level and country level.

All the demographic data and medical history were summarized using descriptive statistics. Data were expressed as mean, standard deviation, median, minimum, maxima, the 25th and 75th percentile for continuous variables, and number (percentage) for categorical variables. In addition, the numbers of missing values (percentage) were reported for categorical variables. No missing values were being imputed in the analysis.

Study population

The study population included patients who had stage IA to IIIB NSCLC with non-squamous histology and who had undergone surgical resection of the tumour up to 12 weeks prior to enrolment. Patients were enrolled globally.

Conclusion(s)

Our study underscores the high prevalence of EGFR mutations in early-stage, surgically resected, non-squamous NSCLC patients, especially among elders, females, non-smokers, stage I, and those in Asia. It emphasizes the need for comprehensive genomic profiling in this population to guide personalized treatment strategies. Our results also highlight a potential underutilization of adjuvant therapy, despite evidence supporting its benefit in disease-free and overall survival. Further research is needed to understand the barriers to using EGFR TKIs in this setting and to evaluate the potential benefits of immunotherapy as adjuvant therapy in patients with or without PD-L1 expression.