Dear Sir or Madam:

On behalf of AstraZeneca, this letter is a formal request to the National Comprehensive Cancer Network (NCCN) Panel for Non-Small Cell Lung Cancer (NSCLC) to review the enclosed New England Journal of Medicine (NEJM) publication in support of updating the listing of TAGRISSO® (osimertinib) in the NSCLC guidelines to a category 1 recommendation for the first-line treatment of metastatic epidermal growth factor receptor (EGFR) mutation-positive NSCLC.¹ ²

Specific change: We respectfully request that osimertinib be updated to a category 1 recommendation for the first-line treatment of metastatic EGFR mutation-positive NSCLC based on the attached NEJM publication of the FLAURA phase III trial results.¹ ²

FDA Status: Osimertinib is not currently FDA-approved for the first-line treatment of metastatic EGFR mutation-positive NSCLC.

Rationale: This request is based on additional clinical evidence from the phase III FLAURA trial evaluating the efficacy and safety of osimertinib versus a standard of care (SoC) EGFR-tyrosine kinase inhibitor (TKI) in treatment-naïve patients with locally advanced or metastatic EGFR mutation-positive NSCLC.

The FLAURA trial randomized 556 patients (279 to osimertinib, 277 to SoC EGFR-TKI). Patients received osimertinib (80 mg orally, once daily) or SoC, EGFR-TKI (either gefitinib [250 mg orally, once daily] or erlotinib [150 mg orally, once daily]).

Additional clinical trial results included in this publication and not previously reported/submitted are:
  - The cross-over rate from the SoC control arm to osimertinib
  - Treatment beyond progression rate for both study arms
  - Time to first subsequent therapy and progression-free survival 2 (PFS2) for both study arms
  - Type of therapy received on progression to osimertinib and SoC TKI

We also provide additional clinical evidence for the central nervous system (CNS) efficacy in the FLAURA trial from 200 patients with known or suspected CNS metastases who had baseline brain scans. CNS progression free survival (PFS) and objective response rate (ORR) were higher in the osimertinib group compared to the SoC group.³

Reference(s):


Sincerely,

Nabil Chehab

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