On behalf of Genentech, Inc., I respectfully request the NCCN NSCLC Guideline Panel to review the enclosed recently presented key data from the 2014 American Society of Clinical Oncology (ASCO) Annual Meeting for:

- **Tarceva® (erlotinib):** NSCLC


Please go to [www.asco.org](http://www.asco.org) to view the abstracts for the above conference proceedings.

**Specific Changes:**
There are no specific changes being requested. We are providing data on Tarceva in NSCLC for your review and consideration.

**FDA Clearance:** Tarceva is FDA-approved for first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test, maintenance treatment of patients with locally advanced or metastatic NSCLC whose disease has not progressed after four
cycles of platinum-based first-line chemotherapy, and treatment of locally advanced or metastatic NSCLC after failure of at least one prior chemotherapy regimen.

Please refer to the enclosed prescribing information for the full FDA-approved indications and safety information.

**Rationale:**
The RADIANT trial, a Phase III, randomized, double-blind trial, evaluated the safety and efficacy of Tarceva vs placebo in the adjuvant setting following surgical resection, showed that disease-free survival (DFS) was not significantly improved with Tarceva treatment in patients with EGFR expressing tumors as determined by FISH or IHC. There was also no benefit seen in overall survival in this overall study population. With respect to the pre-specified subgroup analysis of patients with EGFR activating mutations, DFS favored Tarceva treatment with a hazard ratio of HR=0.61 (95% CI 0.384-0.981) and nominal p-value of 0.0391, however, this observation was not statistically significant due to hierarchical testing outlined in the statistical methods. In the overall study population, there was a higher rate of Grade 3/4 rash in the Tarceva vs. placebo arms (22.3% vs 0.3%). Additional studies have evaluated Tarceva in the adjuvant NSCLC setting, including the SELECT trial which specifically enrolled patients with EGFR activating mutations.1-3 There are other ongoing trials of tyrosine kinase inhibitors in the adjuvant EGFR mutation-positive patient population listed on ClinicalTrials.gov.4-13

Respectfully submitted,

Ellen Yang

---

**Supplemental References**


