# Osimertinib Improves Patient-Reported Outcomes in Advanced NSCLC

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An analysis of patient-reported outcomes in the AURA3 trial showed that osimertinib yielded a longer time to deterioration compared with chemotherapy in patients with advanced non–small-cell lung cancer (NSCLC). Additionally, more patients showed improvement in global health status and quality of life with osimertinib.

Previously, results of AURA3 showed an improvement in progression-free survival (PFS) with osimertinib, a third-generation EGFR tyrosine kinase inhibitor (TKI), while another study showed better PFS with the agent compared with gefitinib or erlotinib.

"Despite this recent therapeutic advancement, metastatic *EGFR*-mutated NSCLC remains incurable in the majority of patients, and thus treatment is aimed at palliation," wrote study authors led by Chee Khoon Lee, MBBS, PhD, of St. George Hospital in Kogarah, Australia. "Furthermore, lung cancer is characterized by high symptom burden…. Knowledge of the effect of new therapeutics on patient experience is useful and, in combination with survival data, could provide vital information to help physicians and patients in making treatment decisions."

The AURA3 trial included 419 patients randomized to either osimertinib or chemotherapy; at baseline, between 82% and 88% of patients completed questionnaires including the European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire-Lung Cancer Module and the Core Quality of Life Questionnaire. At 1 year, completion rates of the

questionnaires were at least 60% for both treatment arms. The results of the analysis were published in the *Journal of Clinical Oncology*.

The time to deterioration with regard to several specific symptoms was longer with osimertinib than with chemotherapy. For cough, the hazard ratio (HR) for this measure was 0.74 (95% CI, 0.53–1.05); for chest pain, the HR was 0.52 (95% CI, 0.37–0.73); and for dyspnea, the HR was 0.42 (95% CI, 0.31–0.58).

More osimertinib patients saw an improvement in several key symptoms. These included dyspnea, with an odds ratio (OR) of 2.71 (95% CI, 1.60–4.38; $P < .001$); fatigue, with an OR of 1.96 (95% CI, 1.20–3.22; $P = .008$); and appetite loss, with an OR of 2.50 (95% CI, 1.31–4.84; $P = .006$). This measure did not reach significance for cough and chest pain.

More patients treated with osimertinib saw an improvement in global health status as well, at 37% compared with 22%, for an OR of 2.11 (95% CI, 1.24–3.67; $P = .007$).

"AURA3 demonstrated substantially improved patient-reported outcomes with osimertinib when compared with chemotherapy together with substantial improvement in PFS," the authors concluded. "These patient-reported outcome data further support the role of osimertinib as the new standard of care in the second-line setting for patients with advanced *EGFR* T790M–positive NSCLC who progressed after first-line EGFR-TKI therapy."