



4. Stades pIB à pIIIA réséqués avec mutation EGFR

L'essai ADAURA, publié en 2020, a testé un traitement par osimertinib pendant 3 ans (contre placebo), après chirurgie et chimiothérapie adjuvante (autorisée mais non obligatoire⁵, décision prise en RCP) dans les CBNPC non-épidermoïdes de stades IB, II et IIIA réséqués. Les patients inclus dans l'étude étaient PS0-1 lors de la randomisation (après chirurgie et chimiothérapie), et atteint d'un CBNPC avec une mutation EGFR L858R ou Del19 (seules ou associées à une autre mutation EGFR). L'objectif principal était la survie sans maladie (*disease free survival*) chez les patients de stades II et IIIA. Au total 682 patients ont été inclus dont 470 de stades II et IIIA. On notera que la classification utilisée lors de l'inclusion était la 7^{ème} édition⁶. Lors de la publication des résultats, les données étaient matures à 33%. A 2 ans, 90% [IC95% 84%-93%] des patients du bras osimertinib et 44% [37%-51%] du bras placebo étaient en vie et sans maladie. Ainsi, la médiane de survie sans maladie n'était pas atteinte dans le groupe osimertinib (38.8-NC) et de 19,6 mois (16,6-24,5) dans le bras placebo (HR 0,17 [IC99.06% 0,11-0,26]). Le bénéfice dans les stades IB (objectif secondaire) semble moins important mais reste significatif (HR=0.39 [IC95% 0.18-0.76]). Il existe en outre un bénéfice sur les progression au niveau du système nerveux central (médiane de survie-sans maladie au SNC HR 0.18 [0.10-0.33]) (22). Le suivi de la population de l'étude reste insuffisant pour disposer d'une comparaison de survie globale et s'assurer qu'un bénéfice y est observé. Toutefois, l'intensité du bénéfice observé rend peu probable l'absence de bénéfice sur ce point. A la date de la rédaction de ce document, l'Osimertinib n'a pas d'AMM dans cette indication.

OPTION : Osimertinib pendant 3 ans, en cas de mutation EGFR L858R ou Del19, chez les patients de stades II et IIIA (TNM 7) réséqués, après chimiothérapie adjuvante, et restant PS 0-1.

OPTION : Osimertinib pendant 3 ans, en cas de mutation EGFR L858R ou Del19, chez les patients de stades IB réséqués (TNM 7), et restant PS 0-1.

⁵ Dans cet essai 32% des patients de chaque bras étaient de stade IB, 31% dans le bras osimertinib étaient de stade N2 (30% dans le bras placebo) ; et 40% dans chaque bras n'ont pas reçus de chimiothérapie adjuvante.

⁶ Les différences sont minimales toutefois pour la sélection des patients. Les patients atteints de tumeur ex-T3 (de moins de 7cm mais envahissant la paroi, ou le diaphragme, ou le nerf phrénique, ou la plèvre, ou la bronche souche (<2cm de la carène), ou associé à une atéléctasie ou une pneumopathie obstructive de tout le poumon ou avec des nodules tumoraux dans le même lobe) et N2 étaient classés IIIA dans la précédente classification TNM et sont désormais catégorisés IIIB.



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