

AIM-HIGH Trial (Adjuvant Intervention in Molecular HIGH-risk patients)

A Randomized Prospective Trial of Adjuvant Chemotherapy in Patients with Completely Resected Stage I and IIA Non-Squamous Non-Small Cell Lung Cancer Identified as High or Intermediate Risk by a 14-Gene Prognostic Assay

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Background

Very Large Unmet Need: Stage IA-IIA Non-Small-Cell Lung Cancer

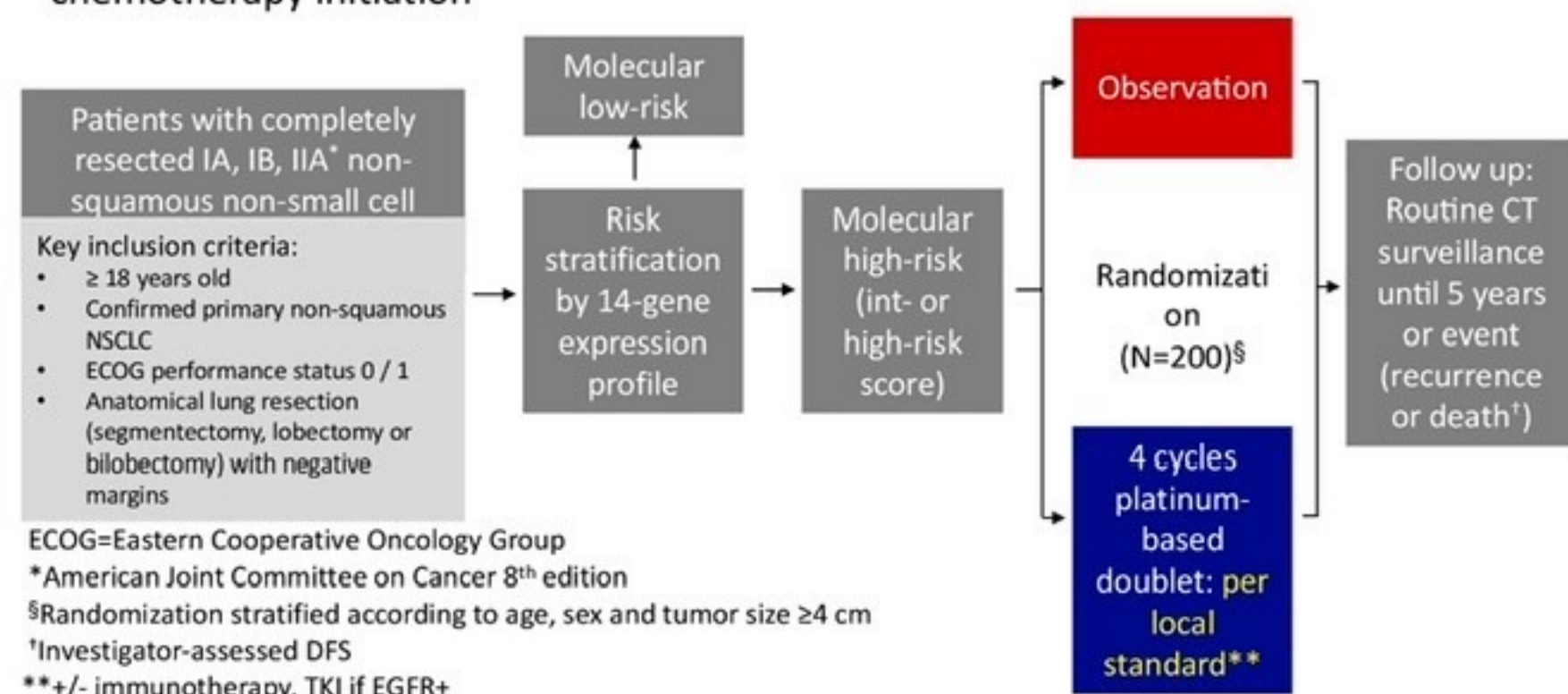
- 5-year disease-free survival (DFS) remains <65% for stage IA, lower in IB & IIA
- >10,000 Americans and >100,000 patients worldwide die each year despite this early diagnosis
- Many of them can be saved: Recurrences largely due to occult micrometastasis, known to respond to adjuvant therapy in stages IIB & III
- Adjuvant therapy never recommended for stage IA, often deferred in IB and IIA – because truly high-risk patients must first be differentiated from patients cured by surgery alone

14-Gene Lung Cancer Assay

- Gene expression profile for non-squamous NSCLC validated in >1,500 patients in independent, blinded international studies
 - identified patients at high risk of early death better than conventional criteria, including NCCN guidelines (Lancet 2012;379:823. JAMA 2012;308:1629)
- Prospectively validated for prognostic efficacy with preliminary evidence of predictive efficacy
 - cohort of 250 patients
 - Non-randomized data showed improvement in DFS with adjuvant chemotherapy for High-Risk Patients. (Clinical Lung Cancer 2021;22:587)

AIM-HIGH Trial – Study Design

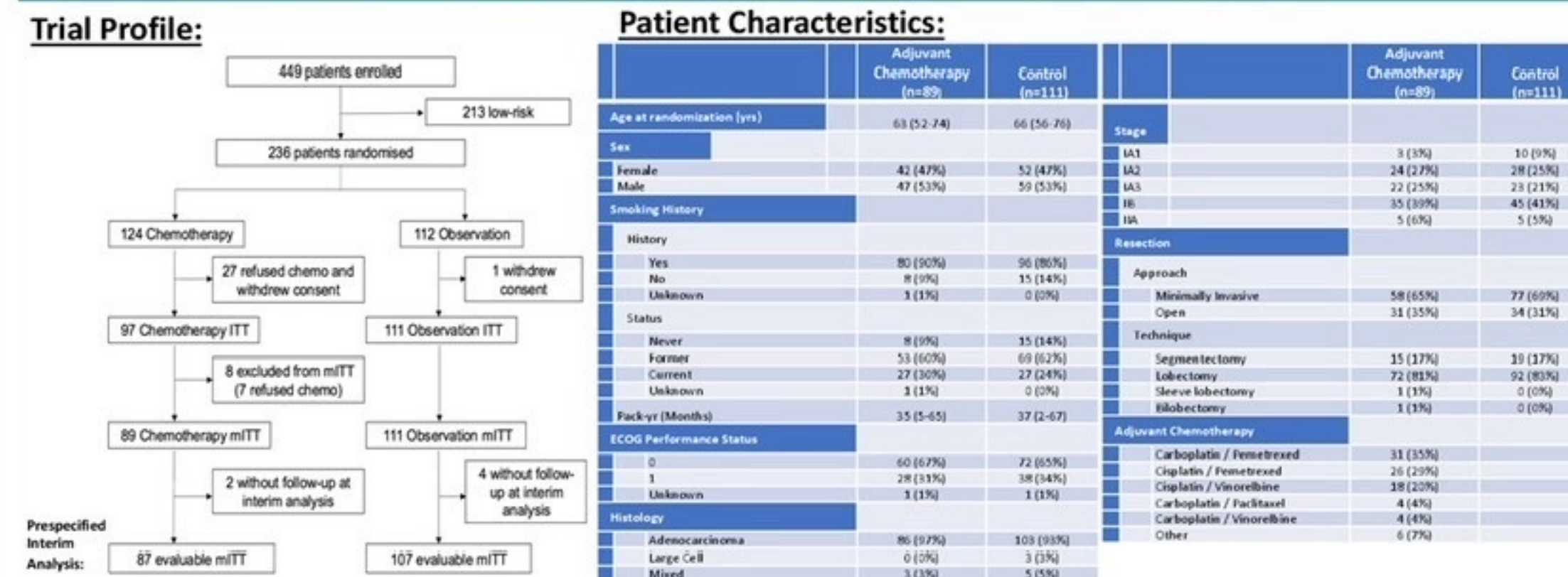
- Prospective, randomized, international trial (45 centers)
- Conservative assumption in sample size determination: assumed efficacy similar to seminal studies (detected benefit only in stages IIB and III with HR ~0.65)
- Prespecified Interim Analysis: Accounted for potential to see the much higher impact of adjuvant therapy on low-burden metastasis in stages IA – IIA, as reflected in preliminary, non-randomized study (DFS HR ~0.20)
- Modified Intent-to-Treat (mITT): Continued to meet eligibility criteria at the time of chemotherapy initiation



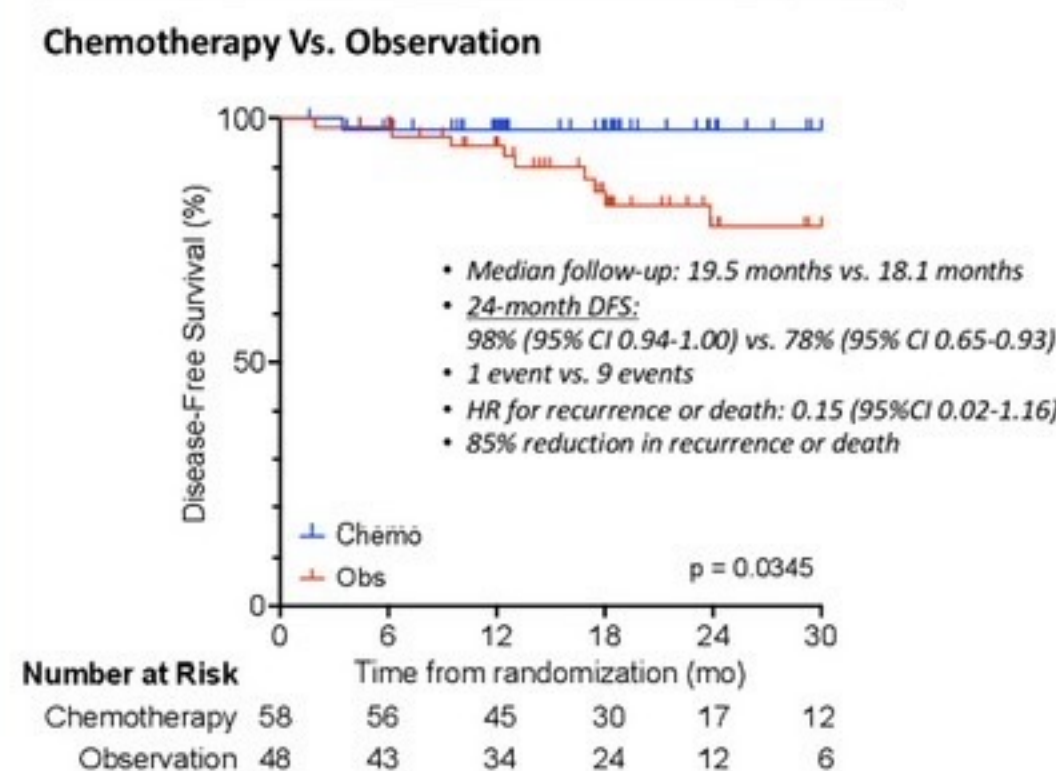
Summary

- First prospective, randomized, international evidence of improved survival with use of a molecular risk discriminator in stage IA-IIA non-squamous NSCLC
- Interim analysis designed to detect a large discrepancy in outcomes between treated and untreated
- This substantial reduction in recurrence will continue to be followed
- Utilization of this 14-gene assay to direct the precision application of systemic adjuvant therapy in stage IA-IIA non-squamous NSCLC may substantially reduce otherwise unacceptable rates of early recurrence

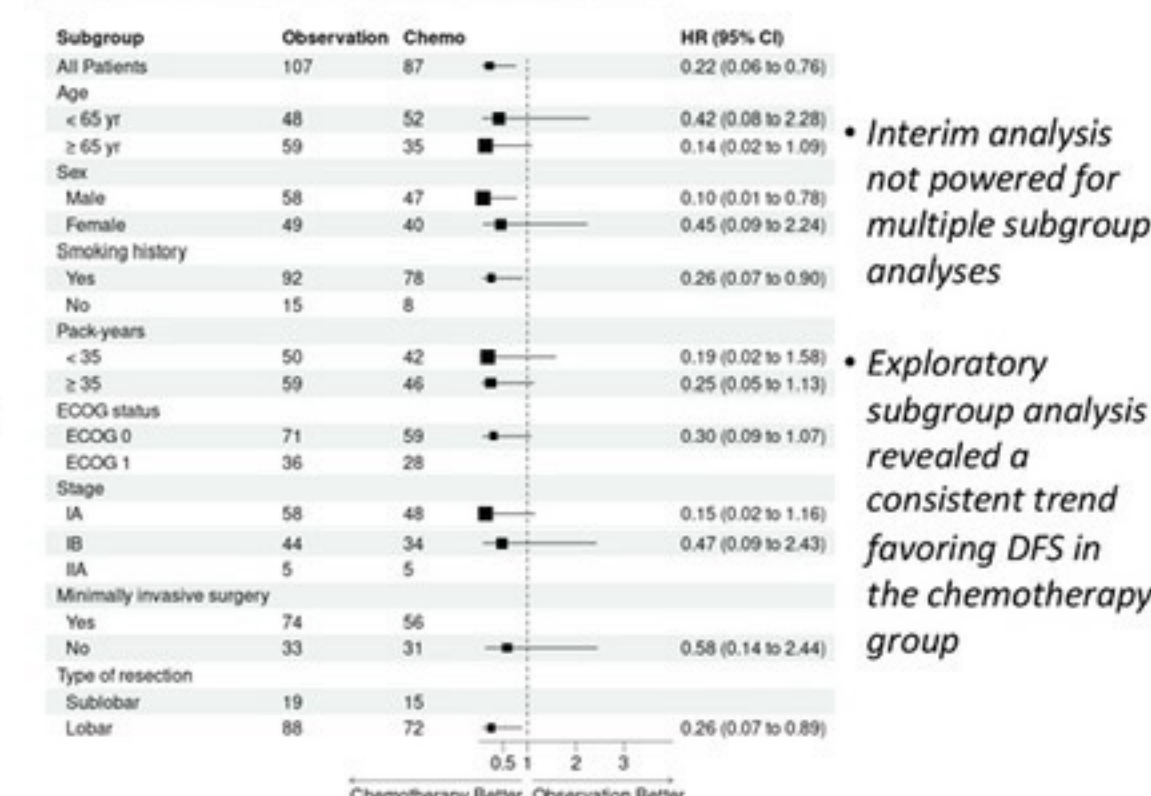
AIM-HIGH Trial Results – Prespecified Interim Analysis



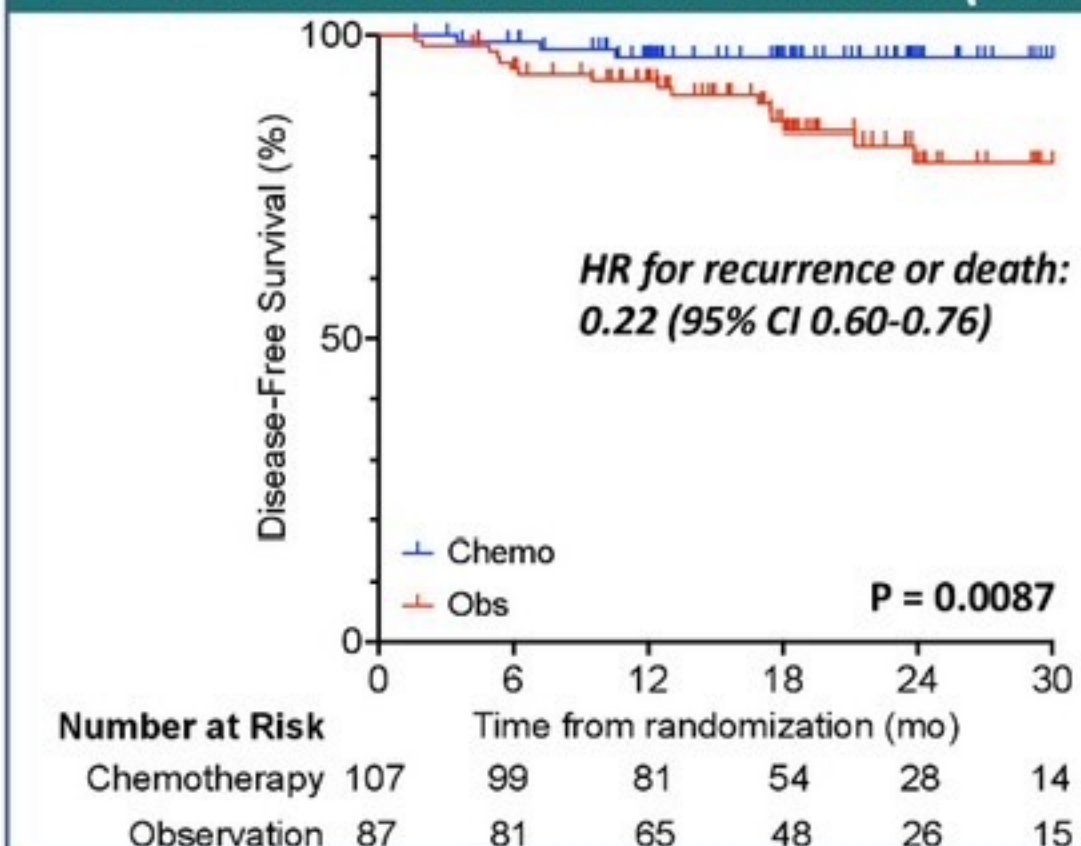
24-month Disease-Free Survival - Stage IA:



Exploratory Subgroup Analysis:



24-Month Disease-Free Survival (Overall):



Chemotherapy vs. Observation

- Median follow-up - 19.5 months vs. 19.0 months
- 24-month DFS: 96% (95% CI 0.92-1.00) vs. 79% (95% CI 0.70-0.90)
- 3 events vs. 16 events
- 78% reduction in recurrence or death

Adverse events:

- Similar profile to those reported in previous studies of adjuvant chemotherapy
- One chemotherapy-related death (1.1%) – at or below reported rates

Adverse Event - n (%)	Chemo (n=89)				
	Any Grade	Grade 1	Grade 2	Grade 3	Grade 4
Nausea	51 (57%)	33 (37%)	16 (18%)	2 (2%)	0 (0%)
Fatigue	32 (36%)	22 (24%)	8 (9%)	2 (2%)	0 (0%)
Anemia	23 (26%)	13 (14%)	7 (8%)	3 (3%)	0 (0%)
Asthenia	23 (26%)	14 (16%)	8 (9%)	1 (1%)	0 (0%)
Constipation	23 (26%)	19 (21%)	3 (3%)	1 (1%)	0 (0%)
Diarrhea	18 (20%)	13 (14%)	5 (6%)	0 (0%)	0 (0%)
Neutropenia	15 (17%)	4 (4%)	4 (4%)	6 (7%)	1 (1%)
Dyspnea	12 (14%)	8 (9%)	4 (4%)	0 (0%)	0 (0%)
Headache	10 (11%)	8 (9%)	2 (2%)	0 (0%)	0 (0%)
Decreased Appetite	10 (11%)	5 (6%)	3 (3%)	2 (2%)	0 (0%)
Vomiting	9 (10%)	4 (4%)	4 (4%)	1 (1%)	0 (0%)
Cough	9 (10%)	7 (8%)	2 (2%)	0 (0%)	0 (0%)

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