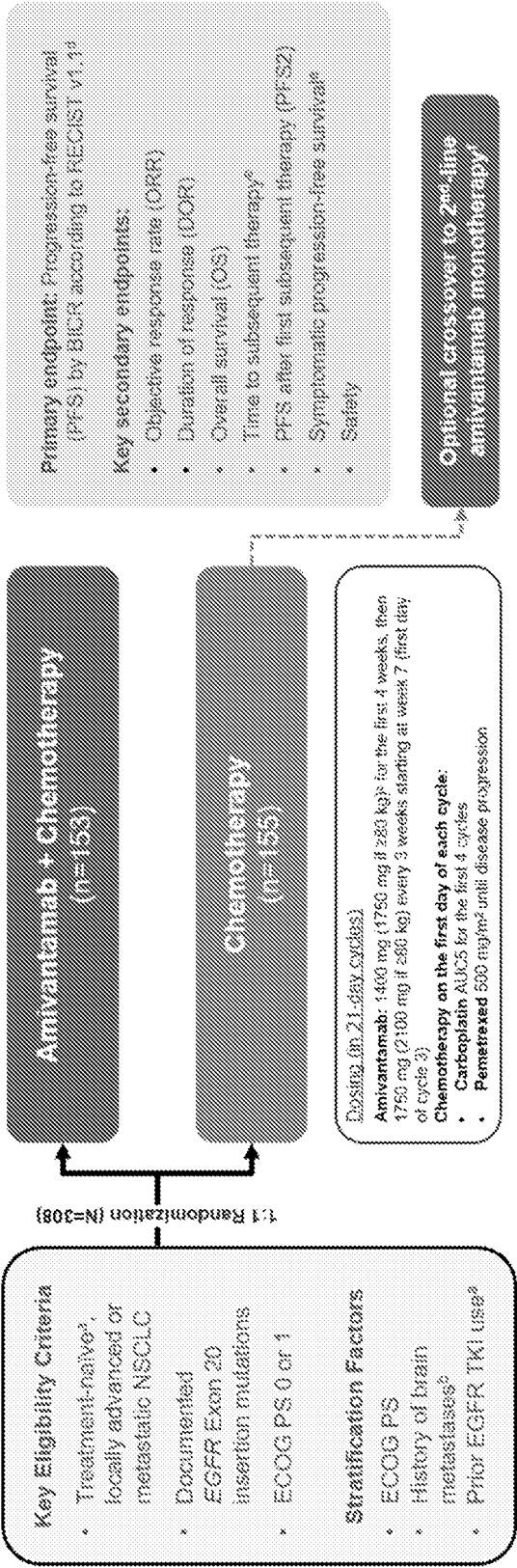


Figure 1



PAPILLON (ClinicalTrials.gov identifier: NCT04538664) enrollment period: December 2020 to November 2022; data cut-off: 3-May-2023.

^aRemoved as stratification factor since only 4 patients had prior EGFR TKI use (brief monotherapy with common EGFR TKIs was allowed if lack of response was documented).

^bPatients with brain metastases were eligible if they received definitive treatment and were asymptomatic, clinically stable, and off corticosteroid treatment for ≥2 weeks prior to randomization.

^cCycle 1: Day 1/2 (split dose; 350 mg/remaining dose, respectively), 8, 15; Cycle 2: Day 1.

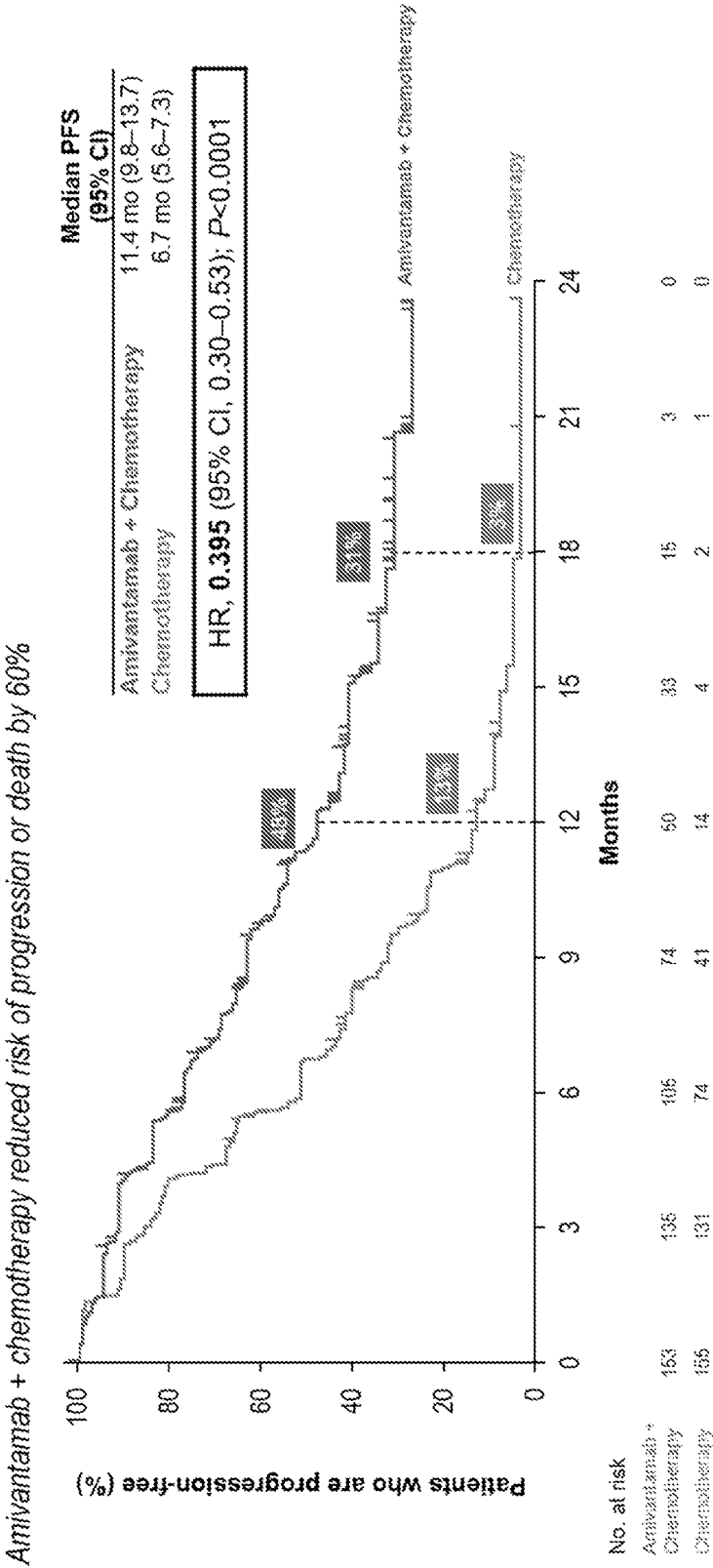
^dKey statistical assumption: 300 patients with 200 events needed for 90% power to detect an HR of 0.625 (estimated PFS of 8 vs 5 months).

^eThese secondary endpoints (time to subsequent therapy and symptomatic progression-free survival) will be presented at a later timepoint.

^fCrossover was only allowed after BICR confirmation of disease progression; amivantamab monotherapy on Q3W dosing per main study.

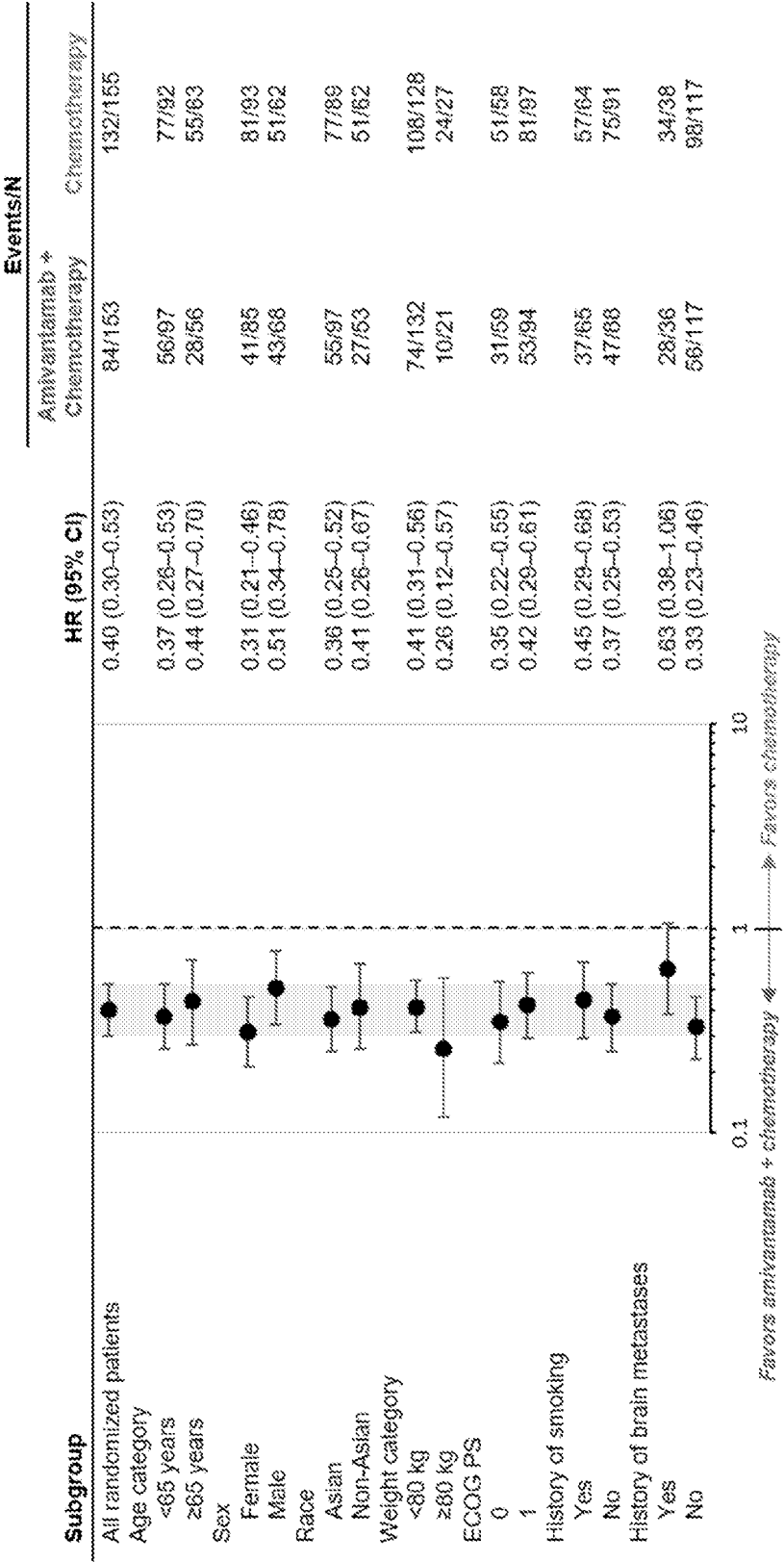
^gAUC, area under the curve; BICR, blinded independent central review; ECOG PS, Eastern Cooperative Oncology Group performance status; EGFR, epidermal growth factor receptor; HR, hazard ratio; NSCLC, non-small cell lung cancer; Q3W, every 3 weeks; RECIST, Response Evaluation Criteria in Solid Tumors; TKI, tyrosine kinase inhibitor.

Figure 2



CI, confidence interval; HR, hazard ratio; mo, months; PFS, progression-free survival.

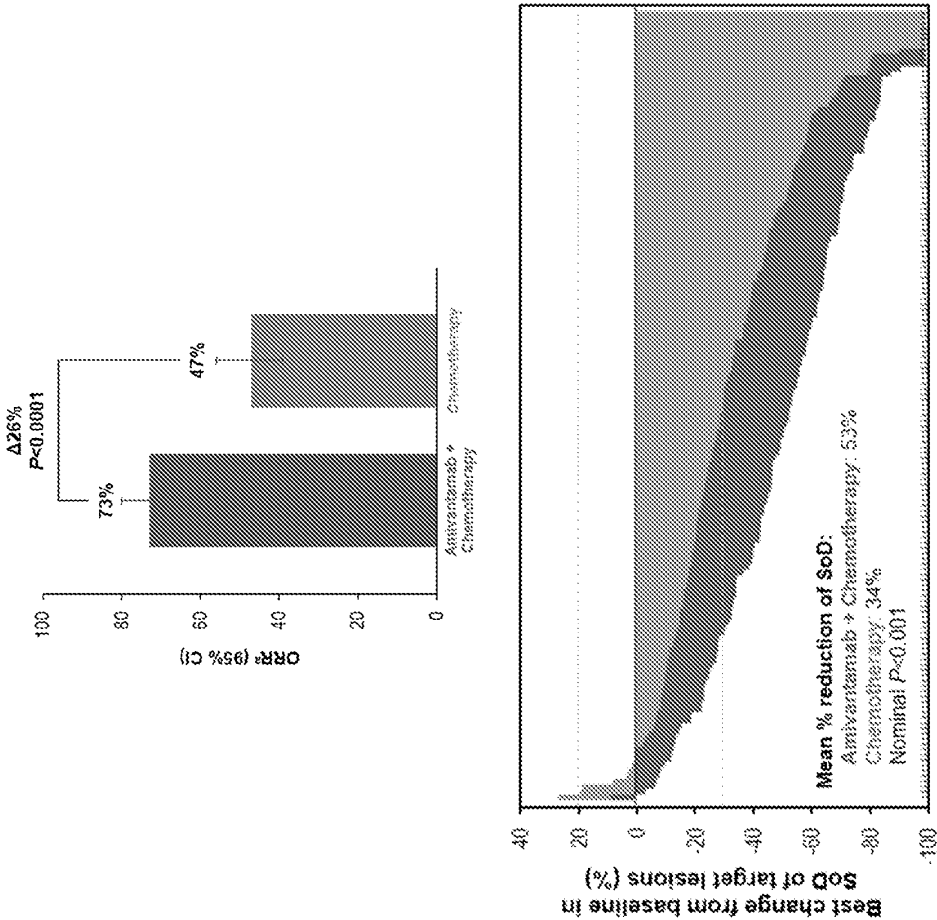
Figure 3



Note: Gray box indicates 95% CI of HR for all randomized patients.

BICR, blinded independent central review; CI, confidence interval; ECOG PS, Eastern Cooperative Oncology Group performance status; HR, hazard ratio.

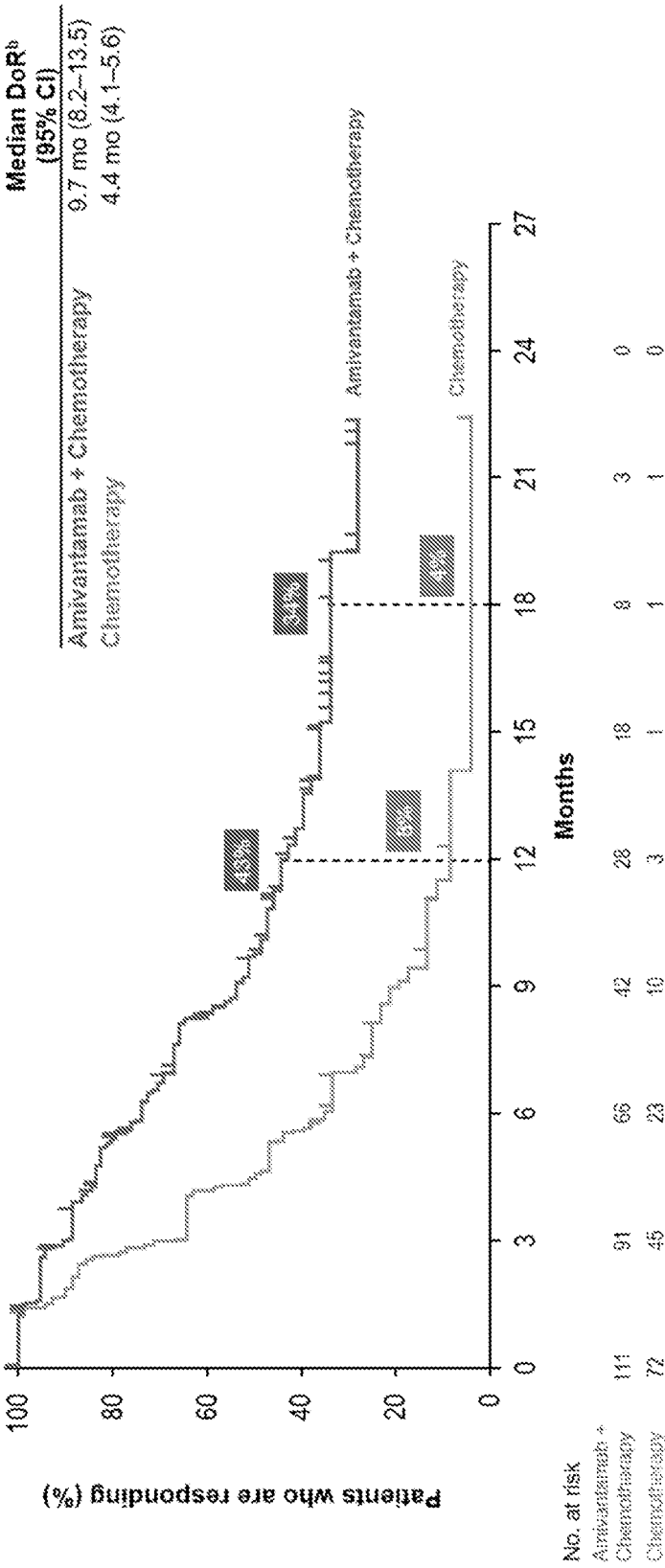
Figure 4



^aConsistent results were seen with investigator assessment: 66% vs 43% (OR, 2.6; 95% CI, 1.6–4.1; P<0.0001).
BICR, blinded independent central review; CI, confidence interval; OR, odds ratio; ORR, objective response rate; SoD, sum of diameters.

Figure 5

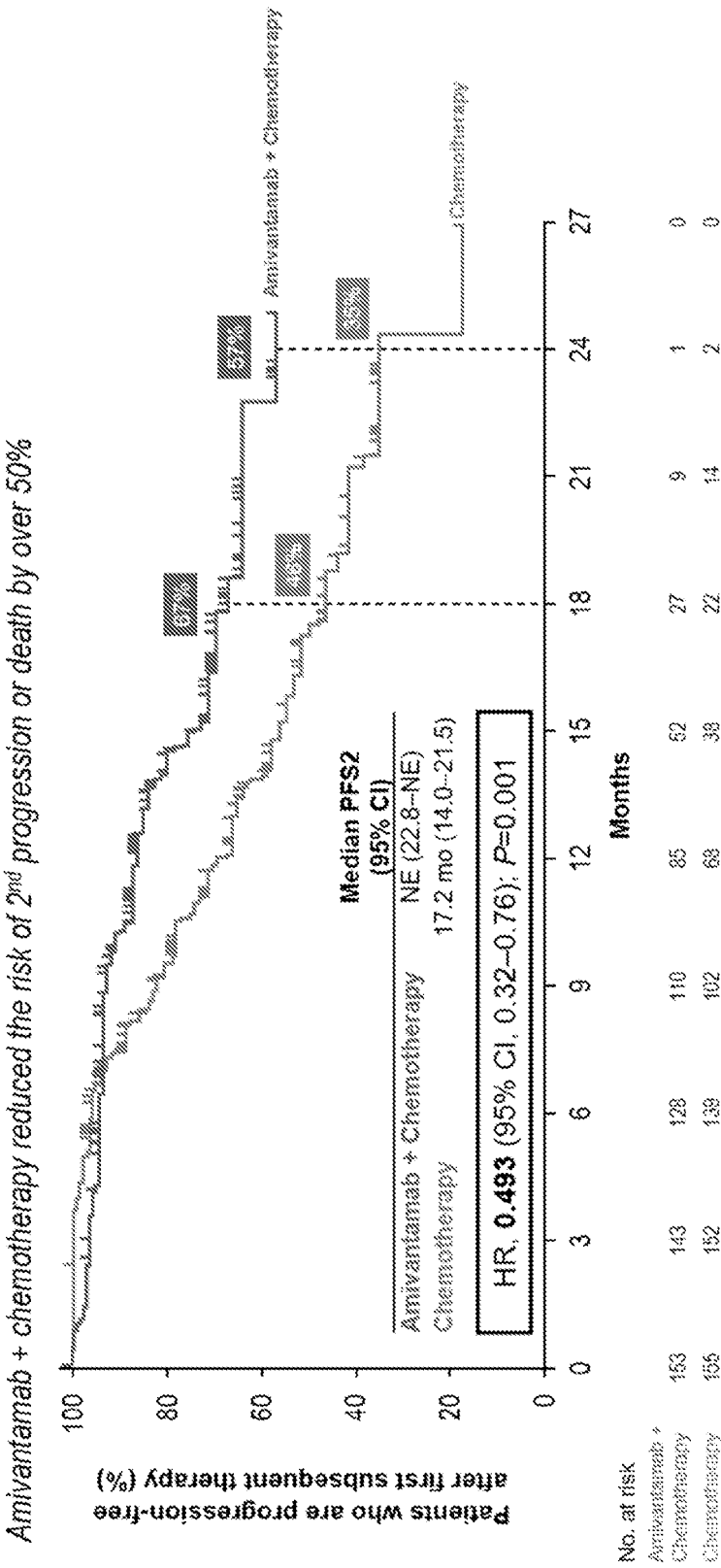
49% of responders were ongoing for amivantamab + chemotherapy vs 17% for chemotherapy^a



^aAs of data cutoff. ^bConsistent DoR results were seen with investigator assessment: 13.5 vs 6.8 months.

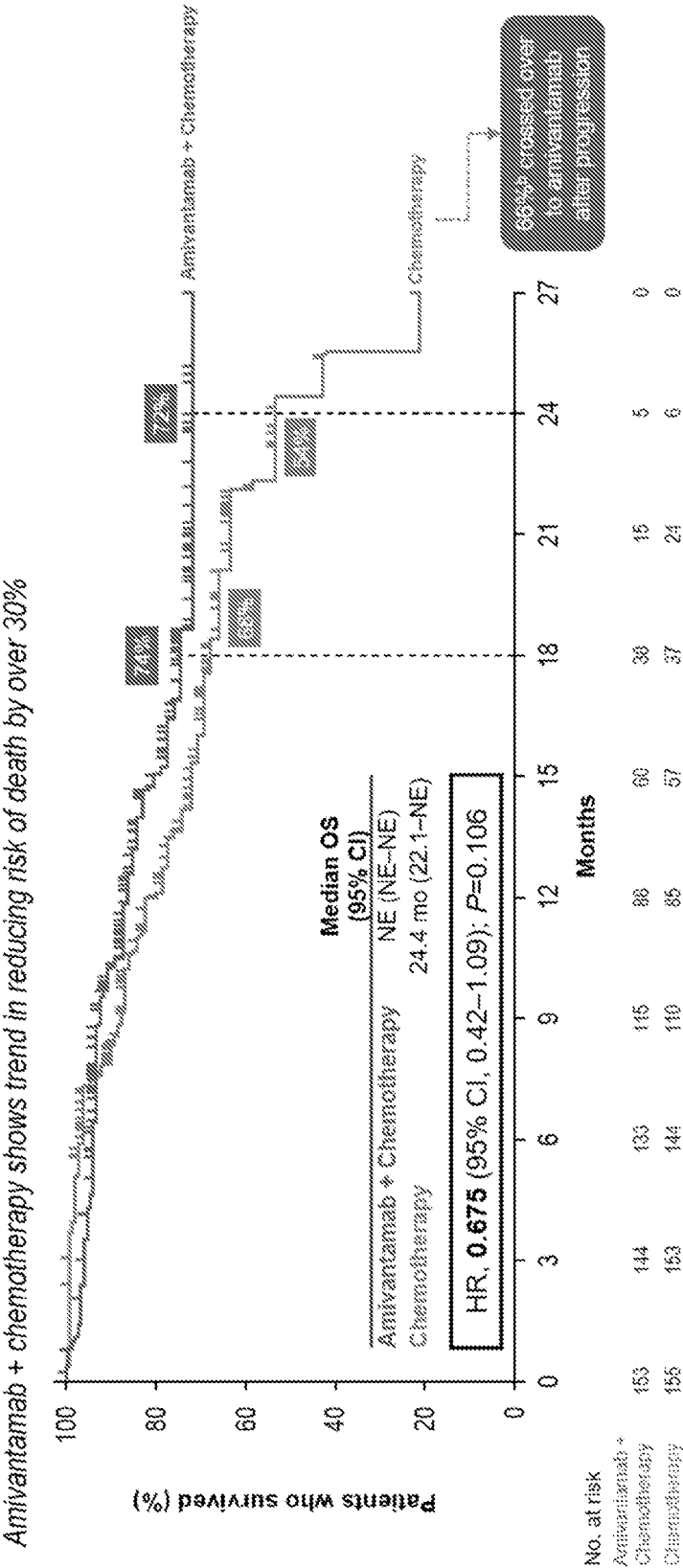
CI, confidence interval; mo, months; NE, not estimable.

Figure 6



CI, confidence interval; HR, hazard ratio; mo, months; NE, not estimable; PFS2, progression-free survival (PFS) after first subsequent therapy.

Figure 7



^aA total of 71 patients (65 patients as part of the crossover arm plus an additional 6 patients off-protocol) received second-line amivantamab monotherapy out of 107 chemotherapy-randomized patients with disease progression.

CI, confidence interval; HR, hazard ratio; mo, months; NE, not estimable; OS, overall survival.

Figure 8

