Conclusion: Concurrent STK11 loss and e-MYC amplification in NSCLC is uncommon, but had no impact on survival in a limited patient set. This study underscores the importance of large-scale, clinically annotated genomic data sharing initiatives in systematically exploring the clinical relevance of rare genomic alterations.

B09
The CANOPY Program: Three Phase 3 Studies Evaluating Canakinumab in Patients with Non-Small Cell Lung Cancer (NSCLC)

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Background: Canakinumab (CANA) is a selective IL-1β inhibitor that aims to target tumor-promoting inflammation to reduce immune suppression. In the CANTOS study, CANA treatment was associated with reduced lung cancer incidence and mortality in patients (pts) with stable post-myocardial infarction who had elevated high-sensitivity C-reactive protein levels, thus providing a rationale to investigate its possible therapeutic role in lung cancer. Methods: CANOPY-A, CANOPY-1, and CANOPY-2 are phase III, multicenter, randomized, double-blind, placebo-controlled studies. In CANOPY-A, pts (~1,500) with stages IIA–IIIA and IIB (T>5 cm N2), any histology, completely resected (R0) NSCLC, who received cisplatin-based chemotherapy (CTx), will be enrolled and randomized 1:1 to receive either CANA (200 mg Q3W SC) or placebo + docetaxel. As of Oct 23, there are as of Oct 23, there are 85 study locations per clinicaltrials.gov. In part 1 (both studies), the primary endpoint is the incidence of dose limiting toxicities in the first 42 days of treatment. In part 2, the primary endpoints are progression-free survival (PFS) and OS in CANOPY-1, and OS in CANOPY-2. Common secondary endpoints (both studies) include overall response rate, disease control rate, time to response, duration of response, PFS (CANOPY-2), pharmacokinetics, safety, patient-reported outcomes, and immunogenicity. All three studies (CANA-A, CANOPY-1, and CANOPY-2) are currently recruiting.

B10
Prevalence of EGFR Mutation Among Vietnamese Non-Small Cell Lung Cancer: A Preliminary Study

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Aims: To investigate the distribution of epidermal growth factor receptor (EGFR) mutations, and explore any relationships with characteristics of non-small cell lung cancer (NSCLC) patients. Materials and Methods: EGFR mutations were assessed by Scorpions and ARMS technologies (therascreen® EGFR RGQ PCR Kit - Qiagen) in randomized sample block of 200 NSCLC patients from Vietnam National Cancer Hospital. Relationships between EGFR mutation and patient characteristics were analyzed by R statistical software. Results: The EGFR mutation rate was 41% (83/200); 19-del and L858R mutations occurred predominantly, accounting for 55.4% and 27.2%, respectively, in mutated cases. Moreover, 3.5% patients were found to carry double mutations. EGFR mutations occurred more frequently in women (75%) than in men (27.1%) (P<0.001). Mean ages of patient with mutation and without mutation were 56.51 (±8.86) and 58.83 years (±9.05), respectively (P=0.073). Gender distribution was significantly different between the 2 groups of mutation and no mutation (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their differences between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001). In EGFR mutation group, 98.8% of them possessed the Vietnamese health insurance and 9.6% of them which their different between the 2 groups of mutation and no mutation were significant (p<0.001).

B11
Accurate Detection of METex14 Mutations in Non-Small Cell Lung Cancer (NSCLC) with Comprehensive Genomic Sequencing: Results from the GEOMETRY Mono-1 Study

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Background: MET exon 14 skipping mutations (METex14) occur in 3–4% of patients (pts) with NSCLC. Accurate detection of the genomic variants that result in METex14 in MET-driven tumors could facilitate timely intervention with selective MET inhibitors (METI) and improve