**Background**

- Most patients with advanced NSCLC who have EGFR driver mutations benefit from EGFR-targeted therapies.

**Methods**

- A retrospective, observational study was conducted at three Canadian cancer centres. Each centre had routine reflex testing during study time period. Reflex testing is a policy that does not require physicians to order the test individually for each patient, the pathologists order and provides longitudinal follow-up for molecular testing.

- Included patients were adults diagnosed with stage IB to IIIA (AJCC 7th ed.) NSCLC between January 2016 and December 2019 (study time period) who had undergone resection; patients who had received neo-adjuvant treatment were excluded.

- Data were collected on EGFR status, treatment, and outcomes. The clinical outcomes included DFS and OS (stratified by age at diagnosis) and site of relapse categorized as local regional or distant metastatic disease.

- Data were derived from the pan-Canadian Lung Cancer Observational Study (PALOES) registry.

- Ethics approval was obtained from each of the three participating cancer centres.

**Results**

**Baseline Characteristics of EGFRm patients**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Patients</th>
<th>OS (100%)</th>
<th>DFS (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IB</td>
<td>48 (51.6)</td>
<td>95 (99.8)</td>
<td>84.6 (99.9)</td>
</tr>
<tr>
<td>II</td>
<td>36 (38.7)</td>
<td>95 (99.8)</td>
<td>53.9 (99.8)</td>
</tr>
<tr>
<td>IIIA</td>
<td>36 (38.7)</td>
<td>57 (93.9)</td>
<td>35.0 (84.6)</td>
</tr>
</tbody>
</table>

**Clinical Outcomes**

- Median follow-up was 29 months.

- The number of DFS events at 2 years, median DFS, and the probability of being alive at 2 years are summarized in Table 2.

**Methods**

- From the study, retrospective, longitudinal, observational study conducted at three Canadian cancer centres. Each centre had routine reflex testing during study time period. Reflex testing is a policy that does not require physicians to order the test individually for each patient, the pathologists order and provides longitudinal follow-up for molecular testing.

- Included patients were adults diagnosed with stage IB to IIIA (AJCC 7th ed.) NSCLC between January 2016 and December 2019 (study time period) who had undergone resection; patients who had received neo-adjuvant treatment were excluded.

- Data were collected on EGFR status, treatment, and outcomes. The clinical outcomes included DFS and OS (stratified by age at diagnosis) and site of relapse categorized as local regional or distant metastatic disease.

- Data were derived from the pan-Canadian Lung Cancer Observational Study (PALOES) registry.

- Ethics approval was obtained from each of the three participating cancer centres.

**Results**

**Baseline Characteristics of EGFRm patients**

<table>
<thead>
<tr>
<th>Stage</th>
<th>N (%)</th>
<th>OS (95% CI)</th>
<th>DFS (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IB</td>
<td>48 (51.6)</td>
<td>0.95 (0.88-1.00)</td>
<td>0.95 (0.88-1.00)</td>
</tr>
<tr>
<td>II</td>
<td>36 (38.7)</td>
<td>0.65 (0.57-0.73)</td>
<td>0.53 (0.46-0.60)</td>
</tr>
<tr>
<td>IIIA</td>
<td>36 (38.7)</td>
<td>0.57 (0.49-0.65)</td>
<td>0.35 (0.28-0.42)</td>
</tr>
</tbody>
</table>

**Clinical Outcomes**

- Median follow-up was 29 months.

- The number of DFS events at 2 years, median DFS, and the probability of being alive at 2 years are summarized in Table 2.

**Methods**

- A retrospective, longitudinal, observational study was conducted at three Canadian cancer centres. Each centre had routine reflex testing during study time period. Reflex testing is a policy that does not require physicians to order the test individually for each patient, the pathologists order and provides longitudinal follow-up for molecular testing.

- Included patients were adults diagnosed with stage IB to IIIA (AJCC 7th ed.) NSCLC between January 2016 and December 2019 (study time period) who had undergone resection; patients who had received neo-adjuvant treatment were excluded.

- Data were collected on EGFR status, treatment, and outcomes. The clinical outcomes included DFS and OS (stratified by age at diagnosis) and site of relapse categorized as local regional or distant metastatic disease.

- Data were derived from the pan-Canadian Lung Cancer Observational Study (PALOES) registry.

- Ethics approval was obtained from each of the three participating cancer centres.