### Results

#### Base Case Analysis

- In the base case, there was an estimated 4,361 patients, 2,396 of which had a recurrence in 5 years when treated with BSC (Figure 1).

#### Recurrences Prevented

- Treatment with ATZ led to a mean reduction in the number of recurrences by 1,027 (Figure 2), of which 418 were distant and 229 were both local and regional distant recurrences.

#### Deaths

- In addition, the use of ATZ resulted in avoidance of 373 deaths over 5 years (Figure 3).

#### Reduction in Inpatient Costs

- Reduced mortality events resulted in a total of approximately $250 million savings in inpatient costs over 5 years among the base case cohort of patients (Table 2).

### Scenario Analysis

- Increasing the patient population who received adjuvant chemotherapy by 10% yielded greater reductions in recurrence and mortality. With ATZ treatment (1.135 recurrences and 0.479 deaths avoided) driven by the larger number of patients.

- ATZ also showed significant cost savings.

### Limitations

- Cost of care in eNSCLC is not well-established in the literature and assumed model cost inputs were compiled from various sources.

- Real-world recurrence rates may be different from those observed in clinical trials due to potential differences in the real-world setting.

- The overall survival data from the IMpower010 are not mature; therefore results regarding reduction of deaths and potential life-years saved should be interpreted with caution.

### Conclusion

- This analysis estimated the health and economic benefits associated with ATZ in eNSCLC.

- In the base case, ATZ was estimated to prevent 1,027 recurrences and 373 deaths over 5 years, yielding a total of 630 life-years saved.

- In economic terms, ATZ would be associated with approximately $781 million savings in direct, indirect, and terminal care costs over 5 years.

### Acknowledgments

- Study funded by Genentech, Inc.

### Disclosure

- All authors have no relevant financial or non-financial interests.