

Notes on EGFR and ALK

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October 4, 2016

1 Epidermal Growth Factor Receptor (EGFR)

Overview:

Epidermal Growth Factor Receptor (EGFR) is a cell surface receptor that is activated when it binds its ligand causing homodimerization [1]. This dimerization causes activation if the inner-cellular C-terminal kinase activity causing autophosphorylation of C-terminal tyrosines Y992, Y1045, Y1068, Y1148 and Y1173 [2]. This phosphorylation acts as a signal to many pathways involved in cell migration, adhesion, and proliferation [3].

Implications in NSCLC:

Mutations in EGFR have been linked to squamous-cell carcinoma [4]. The drug gefitinib has been shown to be a strong inhibitor of L858R mutant of EGFR [5]. Bradley needs to do more research!

Questions Pending

- Read this [6].
- Are there published guidelines for using gefitinib or erlotinib?
- What mutations are (and are not) sensitive to gefitinib and erlotinib?
- Paez et al. showed that mutations in EGFR to be more common in Japanese (Asians?) compared to European descendants and women compared to men [5]. Can we show frequency of mutation vs. race/sex?

- Is targeted treatment being misused, i.e. is gefitinib being used on patients lacking the EGFR L858R mutant? If so, are survival rates as expected – lower than the group having the L858R mutant?

2 Anaplastic Lymphoma Kinase (ALK)

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References

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