



Sample Information

Patient Name: 孫崙孟
Gender: Male
ID No.: U120034797
History No.: 37555343
Age: 63

Ordering Doctor: DOC3174E_廖映庭
Ordering REQ.: OCCBXZV
Signing in Date: 2022/11/10

Path No.: M111-00004
MP No.: F22124
Assay: Oncomine Focus Assay
Sample Type: FFPE
Block No.: S111-45580A
Percentage of tumor cells: 30%

Reporting Doctor: DOC5466K 葉奕成 (Phone: 8#5466)

Note:

Sample Cancer Type: Small Cell Lung Cancer

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Report Highlights

2 Relevant Biomarkers
17 Therapies Available
1 Clinical Trials

Relevant Biomarkers

| Tier | Genomic Alteration | Relevant Therapies (In this cancer type) | Relevant Therapies (In other cancer type) | Clinical Trials |
|------|--|---|--|-----------------|
| IIC | PIK3CA p.(H1047L) c.3140A>T phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha Allele Frequency: 40.80% | None | alpelisib + hormone therapy ^{1, 2} | 1 |

Public data sources included in relevant therapies: FDA¹, NCCN, EMA², ESMO

Tier Reference: Li et al. *Standards and Guidelines for the Interpretation and Reporting of Sequence Variants in Cancer: A Joint Consensus Recommendation of the Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists.* J Mol Diagn. 2017 Jan;19(1):4-23.

* Includes biosimilars

Relevant Biomarkers (continued)

| Tier | Genomic Alteration | Relevant Therapies (In this cancer type) | Relevant Therapies (In other cancer type) | Clinical Trials |
|------|--|---|---|-----------------|
| IIC | EGFR p.(L858R) c.2573T>G epidermal growth factor receptor Allele Frequency: 55.89% | None | afatinib ^{1, 2} bevacizumab* + erlotinib ² dacomitinib ^{1, 2} erlotinib ^{1, 2} erlotinib + ramucirumab ^{1, 2} gefitinib* ^{1, 2} osimertinib ^{1, 2} atezolizumab + bevacizumab + chemotherapy bevacizumab + gefitinib gefitinib + chemotherapy osimertinib + chemotherapy | 0 |

Public data sources included in relevant therapies: FDA¹, NCCN, EMA², ESMO

Tier Reference: Li et al. *Standards and Guidelines for the Interpretation and Reporting of Sequence Variants in Cancer: A Joint Consensus Recommendation of the Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists.* J Mol Diagn. 2017 Jan;19(1):4-23.

* Includes biosimilars

Prevalent cancer biomarkers without relevant evidence based on included data sources

PIK3CA amplification

Variants (Exclude variant in Taiwan BioBank with >1% allele frequency)

DNA Sequence Variants

| Gene | Amino Acid Change | Coding | Variant ID | Locus | Allele Frequency | Transcript | Variant Effect | Coverage |
|--------|-------------------|-----------|------------|----------------|------------------|-------------|----------------|----------|
| PIK3CA | p.(H1047L) | c.3140A>T | COSM776 | chr3:178952085 | 40.80% | NM_006218.4 | missense | 2000 |
| EGFR | p.(L858R) | c.2573T>G | COSM6224 | chr7:55259515 | 55.89% | NM_005228.5 | missense | 1995 |
| ALK | p.(L1195=) | c.3585G>T | . | chr2:29443632 | 9.81% | NM_004304.5 | synonymous | 1998 |
| IDH1 | p.(G105=) | c.315C>T | . | chr2:209113192 | 11.11% | NM_005896.3 | synonymous | 1998 |

Copy Number Variations

| Gene | Locus | Copy Number |
|--------|----------------|-------------|
| PIK3CA | chr3:178916683 | 6.6 |

Biomarker Descriptions

EGFR (epidermal growth factor receptor)

Background: The EGFR gene encodes the epidermal growth factor receptor (EGFR) tyrosine kinase, a member of the ERBB/human epidermal growth factor receptor (HER) family. In addition to EGFR/ERBB1/HER1, other members of the ERBB/HER family include ERBB2/HER2, ERBB3/HER3, and ERBB4/HER4¹. EGFR ligand induced dimerization results in kinase activation and leads to stimulation of oncogenic signaling pathways including the PI3K/AKT/MTOR and RAS/RAF/MEK/ERK pathways. Activation of these pathways promote cell proliferation, differentiation, and survival^{2,3}.

Alterations and prevalence: Recurrent somatic mutations in the tyrosine kinase domain (TKD) of EGFR are observed in approximately 10-20% of lung adenocarcinoma, and at higher frequencies in never-smoker, female, and Asian populations^{4,5,6,7}. The most common mutations occur near the ATP-binding pocket of the TKD and include short in-frame deletions in exon 19 (EGFR exon 19 deletion) and the L858R amino acid substitution in exon 21⁸. These mutations constitutively activate EGFR resulting in downstream signaling, and represent 80% of the EGFR mutations observed in lung cancer. A second group of less prevalent activating mutations include

Biomarker Descriptions (continued)

E709K, G719X, S768I, L861Q, and short in-frame insertion mutations in exon 20^{9,10,11,12}. EGFR activating mutations in lung cancer tend to be mutually exclusive to KRAS activating mutations¹³. In contrast, a different set of recurrent activating EGFR mutations in the extracellular domain include R108K, A289V and G598V and are primarily observed in glioblastoma^{8,14}. Amplification of EGFR is observed in several cancer types including 30% of glioblastoma, 12% of esophageal cancer, 10% of head and neck cancer, 5% of bladder cancer, and 5% of lung squamous cell carcinoma^{5,6,7,14,15}. Deletion of exons 2-7, encoding the extracellular domain of EGFR (EGFRvIII), results in overexpression of a ligand-independent constitutively active protein and is observed in approximately 30% of glioblastoma^{16,17,18}.

Potential relevance: Approved first-generation EGFR tyrosine kinase inhibitors (TKIs) include erlotinib¹⁹ (2004) and gefitinib²⁰ (2015), which block the activation of downstream signaling by reversible interaction with the ATP-binding site. Although initially approved for advanced lung cancer, the discovery that drug sensitivity was associated with exon 19 and exon 21 activating mutations allowed first-generation TKIs to become subsequently approved for front-line therapy in lung cancer tumors containing exon 19 or exon 21 activating mutations. Second-generation TKIs afatinib²¹ (2013) and dacomitinib²² (2018) bind EGFR and other ERBB/HER gene family members irreversibly and were subsequently approved. First- and second-generation TKIs afatinib, dacomitinib, erlotinib, and gefitinib are recommended for the treatment NSCLC harboring EGFR exon 19 insertions, exon 19 deletions, point mutations L861Q, L858R, S768I, and codon 719 mutations, whereas most EGFR exon 20 insertions, except p.A763_Y764insFQEA, confer resistance to the same therapies^{23,24,25,26}. However, in 2021, the irreversible tyrosine kinase inhibitor, mobocertinib²⁷ was FDA approved for the treatment of NSCLC with EGFR exon 20 insertion mutations. Additionally, in 2022, the FDA granted breakthrough therapy designation to the irreversible EGFR inhibitors, CLN-081 (TPC-064)²⁸ and sunvozertinib²⁹, for locally advanced or metastatic non-small cell lung cancer harboring EGFR exon 20 insertion mutations. In lung cancer containing EGFR exon 19 or 21 activating mutations, treatment with TKIs is eventually associated with the emergence of drug resistance³⁰. The primary resistance mutation that emerges following treatment with first-generation TKI is T790M, accounting for 50-60% of resistant cases⁸. Third generation TKIs were developed to maintain sensitivity in the presence of T790M. Osimertinib³¹ (2015) is an irreversible inhibitor indicated for metastatic EGFR T790M positive lung cancer and for the first-line treatment of metastatic NSCLC containing EGFR exon 19 deletions or exon 21 L858R mutations. Like first-generation TKIs, treatment with osimertinib is associated with acquired resistance. In this case, resistance is associated with the C797S mutation and occurs in 22-44% of cases³⁰. The T790M and C797S mutations may be each selected following sequential treatment with a first-generation TKI followed by a third-generation TKI or vice versa³². T790M and C797S can occur in either cis or trans allelic orientation³². If C797S is observed following progression after treatment with a third-generation TKI in the first-line setting, sensitivity may be retained to first-generation TKIs³². If C797S co-occurs in trans with T790M following sequential treatment with first- and third-generation TKIs, patients may exhibit sensitivity to combination first- and third-generation TKIs, but resistance to third-generation TKIs alone^{32,33}. However, C797S occurring in cis conformation with T790M, confers resistance to first- and third-generation TKIs³². Fourth-generation TKIs are in development to overcome acquired C797S and T790M resistance mutations after osimertinib treatment. EGFR targeting antibodies including cetuximab (2004), panitumumab (2006), and necitumumab (2016) are under investigation in combination with EGFR-targeting TKIs for efficacy against EGFR mutations. The bispecific antibody, amivantamab³⁴, targeting EGFR and MET was approved (2021) NSCLC tumors harboring EGFR exon 20 insertion mutations. The Oncoprex immunogene therapy quaratusugene ozeplasmid³⁵ in combination with osimertinib received a fast track designation from the FDA (2020) for NSCLC tumors harboring EGFR mutations that progressed on osimertinib alone. BDTX-189³⁶ was granted a fast track designation (2020) for the treatment of solid tumors harboring an EGFR exon 20 insertion mutation.

PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha)

Background: The PIK3CA gene encodes the phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha of the class I phosphatidylinositol 3-kinase (PI3K) enzyme³⁷. PI3K is a heterodimer that contains a p85 regulatory subunit, which couples one of four p110 catalytic subunits to activated tyrosine protein kinases^{38,39}. The p110 catalytic subunits include p110α, β, δ, γ and are encoded by genes PIK3CA, PIK3CB, PIK3CD, and PIK3CG, respectively³⁸. PI3K catalyzes the conversion of phosphatidylinositol (4,5)-bisphosphate (PI(4,5)P2) into phosphatidylinositol (3,4,5)-trisphosphate (PI(3,4,5)P3) while the phosphatase and tensin homolog (PTEN) catalyzes the reverse reaction^{40,41}. The reversible phosphorylation of inositol lipids regulates diverse aspects of cell growth and metabolism^{40,41,42,43}. Recurrent somatic alterations in PIK3CA are frequent in cancer and result in the activation of PI3K/AKT/MTOR pathway, which can influence several hallmarks of cancer including cell proliferation, apoptosis, cancer cell metabolism and invasion, and genetic instability^{44,45,46}.

Alterations and prevalence: Recurrent somatic activating mutations in PIK3CA are common in diverse cancers and are observed in 20-30% of breast, cervical, and uterine cancers and 10-20% of bladder, gastric, head and neck, and colorectal cancers^{6,7}. Activating mutations in PIK3CA commonly cluster in two regions corresponding to the exon 9 helical (codons E542/E545) and exon 20 kinase (codon H1047) domains, each having distinct mechanisms of activation^{47,48,49}. PIK3CA resides in the 3q26 cytoband, a region frequently amplified (10-30%) in diverse cancers including squamous carcinomas of the lung, cervix, head and neck, and esophagus, and in serous ovarian and uterine cancers^{6,7}.

Potential relevance: The PI3K inhibitor, alpelisib⁵⁰, is FDA approved (2019) in combination with fulvestrant for the treatment of patients with PIK3CA-mutated, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, advanced or metastatic breast cancer. Additionally, a phase Ib study of alpelisib with letrozole in patients with metastatic estrogen receptor (ER)-

Biomarker Descriptions (continued)

positive breast cancer, the clinical benefit rate, defined as lack of disease progression ≥ 6 months, was 44% (7/16) in PIK3CA-mutated tumors and 20% (2/20) in PIK3CA wild-type tumors⁵¹. Specifically, exon 20 H1047R mutations were associated with more durable clinical responses in comparison to exon 9 E545K mutations⁵¹. However, alpelisib did not improve response when administered with letrozole in patients with ER+ early breast cancer with PIK3CA mutations⁵². Case studies with MTOR inhibitors sirolimus and temsirolimus report isolated cases of clinical response in PIK3CA mutated refractory cancers^{53,54}.

Relevant Therapy Summary

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types
 ✕ No evidence

PIK3CA p.(H1047L) c.3140A>T

| Relevant Therapy | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|-------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------------------|
| alpelisib + fulvestrant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| inavolisib | ✕ | ✕ | ✕ | ✕ | <input checked="" type="radio"/> (II) |

EGFR p.(L858R) c.2573T>G

| Relevant Therapy | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|--|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| afatinib | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| dacomitinib | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| erlotinib | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| erlotinib + ramucirumab | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| gefitinib | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| osimertinib | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| bevacizumab + erlotinib | ✕ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ✕ |
| osimertinib + chemotherapy | ✕ | <input type="radio"/> | ✕ | ✕ | ✕ |
| bevacizumab (Allergan) + erlotinib | ✕ | ✕ | <input type="radio"/> | ✕ | ✕ |
| bevacizumab (Fujifilm Kyowa Kirin Biologics) + erlotinib | ✕ | ✕ | <input type="radio"/> | ✕ | ✕ |
| bevacizumab (Mabxience) + erlotinib | ✕ | ✕ | <input type="radio"/> | ✕ | ✕ |
| bevacizumab (Pfizer) + erlotinib | ✕ | ✕ | <input type="radio"/> | ✕ | ✕ |
| bevacizumab (Samsung Bioepis) + erlotinib | ✕ | ✕ | <input type="radio"/> | ✕ | ✕ |
| bevacizumab (Stada) + erlotinib | ✕ | ✕ | <input type="radio"/> | ✕ | ✕ |
| gefitinib (Mylan) | ✕ | ✕ | <input type="radio"/> | ✕ | ✕ |
| atezolizumab + bevacizumab + carboplatin + paclitaxel | ✕ | ✕ | ✕ | <input type="radio"/> | ✕ |
| bevacizumab + gefitinib | ✕ | ✕ | ✕ | <input type="radio"/> | ✕ |

* Most advanced phase (IV, III, II/III, II, I/II, I) is shown and multiple clinical trials may be available.

Relevant Therapy Summary (continued)

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types
 ☒ No evidence

EGFR p.(L858R) c.2573T>G (continued)

| Relevant Therapy | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|--------------------------------------|-----|------|-----|------|------------------|
| gefitinib + carboplatin + pemetrexed | × | × | × | ○ | × |

* Most advanced phase (IV, III, II/III, II, I/II, I) is shown and multiple clinical trials may be available.

Relevant Therapy Details

Current FDA Information

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types

FDA information is current as of 2022-09-14. For the most up-to-date information, search www.fda.gov.

PIK3CA p.(H1047L) c.3140A>T

☐ alpelisib + fulvestrant

Cancer type: Breast Cancer

Label as of: 2022-05-04

Variant class: PIK3CA H1047L mutation

Other criteria: ERBB2 negative, Hormone receptor positive

Indications and usage:

PIQRAY® is a kinase inhibitor indicated in combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)- positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/212526s006lbl.pdf

EGFR p.(L858R) c.2573T>G

☐ afatinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-04-07

Variant class: EGFR L858R mutation

Indications and usage:

GILOTRIF® is a kinase inhibitor indicated for:

- First-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have non-resistant epidermal growth factor receptor (EGFR) mutations as detected by an FDA-approved test.

Limitations of Use: Safety and efficacy of GILOTRIF® were not established in patients whose tumors have resistant EGFR mutations

- Treatment of patients with metastatic, squamous NSCLC progressing after platinum-based chemotherapy

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/201292s017lbl.pdf

EGFR p.(L858R) c.2573T>G (continued)

○ dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2020-12-18

Variant class: EGFR L858R mutation

Indications and usage:

VIZIMPRO® is a kinase inhibitor indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletion or exon 21 L858R substitution mutations as detected by an FDA-approved test.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/211288s003lbl.pdf

○ erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2016-10-18

Variant class: EGFR L858R mutation

Indications and usage:

TARCEVA® is a kinase inhibitor indicated for:

- The treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test receiving first-line, maintenance, or second or greater line treatment after progression following at least one prior chemotherapy regimen.
- First-line treatment of patients with locally advanced, unresectable or metastatic pancreatic cancer, in combination with gemcitabine.

Limitations of Use:

- Safety and efficacy of TARCEVA® have not been established in patients with NSCLC whose tumors have other EGFR mutations.
- TARCEVA® is not recommended for use in combination with platinum-based chemotherapy.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021743s025lbl.pdf

○ erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-03-22

Variant class: EGFR L858R mutation

Indications and usage:

CYRAMZA® is a human vascular endothelial growth factor receptor 2 (VEGFR2) antagonist indicated:

- as a single agent or in combination with paclitaxel, for treatment of advanced or metastatic gastric or gastro-esophageal junction adenocarcinoma with disease progression on or after prior fluoropyrimidine- or platinum-containing chemotherapy.
- in combination with erlotinib, for first-line treatment of metastatic non-small cell lung cancer with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) mutations.
- in combination with docetaxel, for treatment of metastatic non-small cell lung cancer with disease progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving CYRAMZA®.
- in combination with FOLFIRI, for the treatment of metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine.
- as a single agent, for the treatment of hepatocellular carcinoma in patients who have an alpha fetoprotein of ≥ 400 ng/mL and have been treated with sorafenib.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/125477s042lbl.pdf

EGFR p.(L858R) c.2573T>G (continued)

○ gefitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-05-05

Variant class: EGFR L858R mutation

Indications and usage:

IRESSA® is a tyrosine kinase inhibitor indicated for the first-line treatment of patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations as detected by an FDA-approved test.

Limitation of Use: Safety and efficacy of IRESSA® have not been established in patients whose tumors have EGFR mutations other than exon 19 deletions or exon 21 (L858R) substitution mutations.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/206995s004lbl.pdf

○ osimertinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-01-19

Variant class: EGFR L858R mutation

Indications and usage:

TAGRISSO® is a kinase inhibitor indicated for:

- as adjuvant therapy after tumor resection in adult patients with non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test.
- the first-line treatment of adult patients with metastatic NSCLC whose tumors have EGFR exon 19 deletions or exon 21 L858R mutations, as detected by an FDA-approved test.
- the treatment of adult patients with metastatic EGFR T790M mutation positive NSCLC, as detected by an FDA-approved test, whose disease has progressed on or after EGFR TKI therapy.

Reference:

https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/208065s025lbl.pdf

Current NCCN Information

☒ In this cancer type ☐ In other cancer type ☒ In this cancer type and other cancer types

NCCN information is current as of 2022-09-01. For the most up-to-date information, search www.nccn.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

PIK3CA p.(H1047L) c.3140A>T

☐ alpelisib + fulvestrant

Cancer type: Breast Cancer

Variant class: PIK3CA activating mutation

Other criteria: ERBB2 negative, Hormone receptor positive

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Stage IV; Invasive, Recurrent, Unresectable, Local, Regional (Second-line therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Breast Cancer [Version 4.2022]

EGFR p.(L858R) c.2573T>G

☐ afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (First-line therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

☐ dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (First-line therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

EGFR p.(L858R) c.2573T>G (continued)**○ erlotinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** EGFR L858R mutation**NCCN Recommendation category:** 1**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (First-line therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]**○ gefitinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** EGFR L858R mutation**NCCN Recommendation category:** 1**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (First-line therapy); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]**○ osimertinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** EGFR L858R mutation**NCCN Recommendation category:** 1**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (First-line therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]**○ afatinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** EGFR L858R mutation**NCCN Recommendation category:** 2A**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

EGFR p.(L858R) c.2573T>G (continued)

○ bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Non-squamous Cell; Advanced, Metastatic (First-line therapy); Other recommended intervention
- Non-squamous Cell; Advanced, Metastatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

○ dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

○ erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

○ erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Squamous Cell, Not otherwise specified (NOS), Adenocarcinoma, Large Cell; Advanced, Metastatic (First-line therapy); Other recommended intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

EGFR p.(L858R) c.2573T>G (continued)

○ gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

○ osimertinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Brain Metastases, Leptomeningeal Metastases, Spine Metastases (Line of therapy not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2022]

○ osimertinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Stage IB , Stage IIA, Stage IIB, Stage IIIA, Stage IIIB; Resected (Adjuvant therapy)
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic (Subsequent therapy); Preferred intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Leptomeningeal Metastases, Progression (Subsequent therapy); Consider

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

○ osimertinib + chemotherapy

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Stage IB , Stage IIA, Stage IIB, Stage IIIA; Resected (Adjuvant therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

EGFR p.(L858R) c.2573T>G (continued)

☐ erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

- Leptomeningeal Metastases, Spine Metastases (Line of therapy not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2022]

☐ afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

- Brain Metastases (Line of therapy not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2022]

☐ gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

- Brain Metastases (Line of therapy not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2022]

Current EMA Information

- ☒ In this cancer type ☐ In other cancer type ☐ In this cancer type and other cancer types

EMA information is current as of 2022-09-14. For the most up-to-date information, search www.ema.europa.eu/ema.

PIK3CA p.(H1047L) c.3140A>T

☐ alpelisib + fulvestrant

Cancer type: Breast Cancer

Label as of: 2022-08-31

Variant class: PIK3CA H1047L mutation

Other criteria: ERBB2 negative, Hormone receptor positive

Reference:

https://www.ema.europa.eu/en/documents/product-information/piqray-epar-product-information_en.pdf

EGFR p.(L858R) c.2573T>G

☐ afatinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-04-21

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/giotrif-epar-product-information_en.pdf

☐ bevacizumab (Allergan) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-14

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/mvasi-epar-product-information_en.pdf

☐ bevacizumab (Fujifilm Kyowa Kirin Biologics) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-06-23

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/equidacent-epar-product-information_en.pdf

☐ bevacizumab (Mabxience) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-06

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/alymsys-epar-product-information_en.pdf

EGFR p.(L858R) c.2573T>G (continued)☐ **bevacizumab (Pfizer) + erlotinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-26

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/zirabev-epar-product-information_en.pdf☐ **bevacizumab (Samsung Bioepis) + erlotinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-21

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/onbevzi-epar-product-information_en.pdf☐ **bevacizumab (Samsung Bioepis) + erlotinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-21

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/aybintio-epar-product-information_en.pdf☐ **bevacizumab (Stada) + erlotinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-05

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/oyavas-epar-product-information_en.pdf☐ **bevacizumab + erlotinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-08-25

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/abevmy-epar-product-information_en.pdf☐ **bevacizumab + erlotinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-07-01

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/avastin-epar-product-information_en.pdf☐ **dacomitinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-07-21

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/vizimpro-epar-product-information_en.pdf

EGFR p.(L858R) c.2573T>G (continued)**○ erlotinib****Cancer type:** Non-Small Cell Lung Cancer**Label as of:** 2021-08-18**Variant class:** EGFR L858R mutation**Reference:**https://www.ema.europa.eu/en/documents/product-information/tarceva-epar-product-information_en.pdf**○ erlotinib + ramucirumab****Cancer type:** Non-Small Cell Lung Cancer**Label as of:** 2022-08-04**Variant class:** EGFR L858R mutation**Other criteria:** EGFR T790M mutation negative**Reference:**https://www.ema.europa.eu/en/documents/product-information/cyramza-epar-product-information_en.pdf**○ gefitinib****Cancer type:** Non-Small Cell Lung Cancer**Label as of:** 2022-07-05**Variant class:** EGFR L858R mutation**Reference:**https://www.ema.europa.eu/en/documents/product-information/iressa-epar-product-information_en.pdf**○ gefitinib (Mylan)****Cancer type:** Non-Small Cell Lung Cancer**Label as of:** 2022-06-16**Variant class:** EGFR L858R mutation**Reference:**https://www.ema.europa.eu/en/documents/product-information/gefitinib-mylan-epar-product-information_en.pdf**○ osimertinib****Cancer type:** Non-Small Cell Lung Cancer**Label as of:** 2022-04-07**Variant class:** EGFR L858R mutation**Reference:**https://www.ema.europa.eu/en/documents/product-information/tagrisso-epar-product-information_en.pdf

Current ESMO Information

☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types

ESMO information is current as of 2022-09-01. For the most up-to-date information, search www.esmo.org.

PIK3CA p.(H1047L) c.3140A>T

☐ alpelisib + fulvestrant

Cancer type: Breast Cancer

Variant class: PIK3CA exon 20 mutation

Other criteria: ERBB2 negative, ER positive

ESMO Level of Evidence/Grade of Recommendation: I / B

Population segment (Line of therapy):

- Luminal A; Advanced, Metastatic (Second-line therapy); ESMO-MCBS v1.1 score: 2

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Breast Cancer [Ann Oncol (2021) VOLUME 32, ISSUE 12, P1475-1495, DECEMBER 01, 2021; DOI:<https://doi.org/10.1016/j.annonc.2021.09.019>]

EGFR p.(L858R) c.2573T>G

☐ afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

☐ bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

EGFR p.(L858R) c.2573T>G (continued)

○ bevacizumab + gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

EGFR p.(L858R) c.2573T>G (continued)

○ gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ gefitinib + carboplatin + pemetrexed

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ osimertinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Stage IB , Stage IIA, Stage IIB, Stage IIIA; Resected (Adjuvant therapy); ESMO-MCBS v1.1 score: A

Reference: ESMO Clinical Practice Guidelines - ESMO-Early-Stage and Locally Advanced (non-metastatic) Non-Small-Cell Lung Cancer [Ann Oncol (2017) 28 (suppl 4): iv1–iv21. (eUpdate: 01 September 2021, 04 May 2020)]

○ bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / B

Population segment (Line of therapy):

- Stage IV (First-line therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

EGFR p.(L858R) c.2573T>G (continued)

○ bevacizumab + gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / B

Population segment (Line of therapy):

- Stage IV (First-line therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / B

Population segment (Line of therapy):

- Stage IV (First-line therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ gefitinib + carboplatin + pemetrexed

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: I / B

Population segment (Line of therapy):

- Advanced (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

EGFR p.(L858R) c.2573T>G (continued)**○ atezolizumab + bevacizumab + carboplatin + paclitaxel**

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Non-squamous Cell; Metastatic (First-line therapy); ESMO-MCBS v1.1 score: 3
- Metastatic (Second-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ bevacizumab + gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

EGFR p.(L858R) c.2573T>G (continued)

○ erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ gefitinib + carboplatin + pemetrexed

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

ESMO Level of Evidence/Grade of Recommendation: III / A

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

EGFR p.(L858R) c.2573T>G (continued)

○ afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Advanced (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Advanced (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Advanced (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ osimertinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

ESMO Level of Evidence/Grade of Recommendation: I / A

Population segment (Line of therapy):

- Advanced (First-line therapy); ESMO-MCBS v1.1 score: 4

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

EGFR p.(L858R) c.2573T>G (continued)

○ dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

ESMO Level of Evidence/Grade of Recommendation: I / B

Population segment (Line of therapy):

- Advanced (First-line therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

○ erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

ESMO Level of Evidence/Grade of Recommendation: III / B

Population segment (Line of therapy):

- Non-squamous Cell (Maintenance therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Online Guideline (15SEP2020 - <https://www.esmo.org/guidelines/lung-and-chest-tumours/clinical-practice-living-guidelines-metastatic-non-small-cell-lung-cancer>); Ann Oncol (2018) 29 (suppl 4): iv192–iv237.]

Clinical Trials in Taiwan region:

Clinical Trials Summary

PIK3CA p.(H1047L) c.3140A>T

| NCT ID | Title | Phase |
|-------------|---|-------|
| NCT04589845 | Tumor-Agnostic Precision Immunooncology and Somatic Targeting Rational for You (TAPISTRY) Phase II Platform Trial | II |

Alerts Informed By Public Data Sources

Current FDA Information

 Contraindicated  Not recommended  Resistance  Breakthrough  Fast Track

FDA information is current as of 2022-09-14. For the most up-to-date information, search www.fda.gov.

EGFR p.(L858R) c.2573T>G

patritumab deruxtecan

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

Supporting Statement:

The FDA has granted Breakthrough Therapy Designation to a potential first-in-class HER3 directed antibody-drug conjugate, patritumab deruxtecan, for metastatic or locally advanced, EGFR-mutant non-small cell lung cancer.

Reference:

<https://www.cancernetwork.com/view/fda-grants-breakthrough-therapy-status-to-patritumab-deruxtecan-for-egfr-metastatic-nslc>

osimertinib + quaratusugene ozeplasmid

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR mutation

Supporting Statement:

The FDA has granted Fast Track Designation to the immunogene therapy, quaratusugene ozeplasmid, in combination with EGFR inhibitor osimertinib for the treatment of non-small cell lung cancer (NSCLC) with EFGR mutations that progressed after treatment with osimertinib alone.

Reference:

<https://www.genprex.com/news/genprex-receives-u-s-fda-fast-track-designation-for-gene-therapy-that-targets-lung-cancer/>

Current NCCN Information

 Contraindicated  Not recommended  Resistance  Breakthrough  Fast Track

NCCN information is current as of 2022-09-01. For the most up-to-date information, search www.nccn.org.
For NCCN International Adaptations & Translations, search www.nccn.org/global/international_adaptations.aspx.

EGFR p.(L858R) c.2573T>G

atezolizumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR mutation

Summary:

NCCN Guidelines® include the following supporting statement(s):

- "subsequent therapy with pembrolizumab, nivolumab, or atezolizumab is not recommended in patients with EGFR mutations or ALK rearrangements."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

nivolumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR mutation

Summary:

NCCN Guidelines® include the following supporting statement(s):

- "subsequent therapy with pembrolizumab, nivolumab, or atezolizumab is not recommended in patients with EGFR mutations or ALK rearrangements."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

pembrolizumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR mutation

Summary:

NCCN Guidelines® include the following supporting statement(s):

- "subsequent therapy with pembrolizumab, nivolumab, or atezolizumab is not recommended in patients with EGFR mutations or ALK rearrangements."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2022]

Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

References

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