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Sample Information

Patient Name: 陳信龍 Gender: Male ID No.: A125519798 History No.: 22582098

Age: 30

Ordering Doctor: DOC3064F 陳育民 Ordering REQ.: D6H6HML Signing in Date: 2021/12/09

Path No.: S110-94776 **MP No.:** F21101

Assay: Oncomine Focus Assay

Sample Type: FFPE Block No.: S110-35012A Percentage of tumor cells: 70%

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

Note:

Sample Cancer Type: Non-Small Cell Lung Cancer

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Relevant Non-Small Cell Lung Cancer Variants

Gene	Finding	Gene	Finding
ALK	None detected	NTRK1	None detected
BRAF	None detected	NTRK2	None detected
EGFR	EGFR exon 19 deletion, EGFR amplification	NTRK3	None detected
ERBB2	None detected	RET	None detected
KRAS	None detected	ROS1	None detected
MET	None detected		

Relevant Biomarkers

Tier	Genomic Alteration	Relevant Therapies (In this cancer type)	Relevant Therapies (In other cancer type)	Clinical Trials
IA	EGFR exon 19 deletion epidermal growth factor receptor Allele Frequency: 72.45%	afatinib 1,2 bevacizumab* + erlotinib 2 dacomitinib 1,2 erlotinib + ramucirumab 1,2 gefitinib 1,2 osimertinib 1,2 afatinib + cetuximab atezolizumab + bevacizumab + chemotherapy bevacizumab + gefitinib gefitinib + chemotherapy osimertinib + chemotherapy	None	15
	Prognostic significance: None Diagnostic significance: None			

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

Public data sources included in prognostic and diagnostic significance: NCCN, 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.

Prevalent cancer biomarkers without relevant evidence based on included data sources

EGFR amplification

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

DNA	A Sequence Varia	ants						
Gene	Amino Acid Change	Coding	Variant ID	Locus	Allele Frequency	Transcript	Variant Effect	Coverage
EGFR	p.(S752_I759del)	c.2254_2277delTCTC CGAAAGCCAACAAG GAAATC		chr7:55242483	72.45%	NM_005228.5	nonframeshift Deletion	1971
SMO	p.(A540T)	c.1618G>A		chr7:128850355	38.24%	NM_005631.5	missense	1998

Copy Number Variations		
Gene	Locus	Copy Number
EGFR	chr7:55198956	7.24
FGFR1	chr8:38271445	5.96

Biomarker Descriptions

EGFR (epidermal growth factor receptor)

<u>Background:</u> 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}.

^{*} Includes biosimilars

Biomarker Descriptions (continued)

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 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}. In lung cancer containing EGFR exon 19 or 21 activating mutations, treatment with TKIs is eventually associated with the emergence of drug resistance²⁷. 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. Osimertinib²⁸ (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 cases²⁷. 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 versa²⁹. T790M and C797S can occur in either cis or trans allelic orientation²⁹. 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 TKIs²⁹. 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^{29,30}. However, C797S occurring in cis conformation with T790M, confers resistance to first- and third-generation TKIs²⁹. 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, JNJ-6118637231, targeting EGFR and MET, and the TKI mobocertinib³², each received a breakthrough designation from the FDA (2020) for NSCLC tumors harboring EGFR exon 20 insertion mutations. The Oncoprex immunogene therapy CNVN-20233 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-18934 was granted a fast track designation (2020) for the treatment of solid tumors harboring an EGFR exon 20 insertion mutation.

FGFR1 (fibroblast growth factor receptor 1)

Background: The FGFR1 gene encodes fibroblast growth receptor 1, a member of the fibroblast growth factor receptor (FGFR) family that also includes FGFR2, 3, and 4. These proteins are single transmembrane receptors composed of three extracellular immunoglobulin (Ig)-type domains and an intracellular kinase domain. Upon FGF-mediated stimulation, FGFRs activate several oncogenic signaling pathways, including the RAS/RAF/MEK/ERK, PI3K/AKT/MTOR, PLC/PKC, and JAK/STAT pathways influencing cell proliferation, migration, and survival^{35,36,37}.

Alterations and prevalence: Recurrent somatic alterations common to the FGFR family include gene amplification, mutation, and chromosomal translocations leading to FGFR fusions³⁸. Amplification of FGFR1 is observed in 15-20% of squamous lung cancer, 10-15% of breast cancer, 8% of bladder cancer, and 2-5% of uterine cancer cases^{6,7,39,40,41}. The most common recurrent mutations, N546K and K656E, are relatively infrequent (<1%); they activate mutations in the kinase domain and are distributed in diverse cancer types⁴². FGFR1 translocations giving rise to expressed fusions are common in certain hematological cancers, but less common in solid tumors^{43,44,45}.

Potential relevance: The FDA has granted fast-track designation (2018) to Debio 1347⁴⁶ for solid tumors harboring aberrations in FGFR1, FGFR2, or FGFR3. FDA has approved multi-kinase inhibitors, including regorafenib, ponatinib, lenvatinib, nintedanib, and pazopanib, that are known to inhibit FGFR family members. These inhibitors have demonstrated anti-tumor activity in select cancer types with FGFR alterations^{47,48,49,50,51,52,53}. In a phase II clinical trial, dovitinib, a multi-tyrosine kinase inhibitor (TKI), exhibited an overall response rate (ORR) of 11.5% and a disease control rate (DCR) of 50% in patients with advanced squamous cell lung cancer

Biomarker Descriptions (continued)

possessing FGFR1 amplification. The patients had a median overall survival (OS) of 5 months and progression-free survival (PFS) of 2.9 months⁵⁴. Likewise, in a phase Ib study testing the FGFR inhibitor AZD4547, median OS was 4.9 months in patients with FGFR1-amplified advanced squamous cell lung cancer. One of 13 (8%) patients achieved a partial response, 4 (31%) exhibited stable disease, and 2 (13.3%) demonstrated PFS at 12 weeks⁵⁵.

Relevant Therapy Summary

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials
osimertinib	•	•	•	•	(III)
afatinib	•	•	•	•	×
dacomitinib	•	•	•	•	×
erlotinib	•	•	•	•	×
erlotinib + ramucirumab	•	•	•	•	×
gefitinib	•	•	•	•	×
bevacizumab + erlotinib	×	•	•	•	×
afatinib + cetuximab	×	•	×	×	×
osimertinib + chemotherapy	×	•	×	×	×
osimertinib + chemotherapy + surgical intervention	×	•	×	×	×
bevacizumab (Allergan) + erlotinib	×	×	•	×	×
bevacizumab (Fujifilm Kyowa Kirin Biologics) + erlotinib	×	×	•	×	×
bevacizumab (Mabxience) + erlotinib	×	×	•	×	×
bevacizumab (Pfizer) + erlotinib	×	×	•	×	×
bevacizumab (Samsung Bioepis) + erlotinib	×	×	•	×	×
atezolizumab + bevacizumab + carboplatin + paclitaxel	×	×	×	•	×
bevacizumab + gefitinib	×	×	×	•	×
gefitinib + carboplatin + pemetrexed	×	×	×	•	×
amivantamab, lazertinib, osimertinib	×	×	×	×	(III)
osimertinib, chemotherapy	×	×	×	×	(III)
atezolizumab, bevacizumab, chemotherapy	×	×	×	×	(II)
bevacizumab, erlotinib	×	×	×	×	(II)

^{*} 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
O In other cancer type
O In this cancer type and other cancer types
X No evidence

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials
datopotamab deruxtecan	×	×	×	×	(II)
durvalumab, tremelimumab, chemotherapy	×	×	×	×	(II)
osimertinib, savolitinib	×	×	×	×	(II)
patritumab deruxtecan	×	×	×	×	(II)
DZD-9008	×	×	×	×	(I/II)
amivantamab, lazertinib	×	×	×	×	(I)
lazertinib, amivantamab	×	×	×	×	(I)
telisotuzumab vedotin, osimertinib	×	×	×	×	(I)
TNO-155, nazartinib	×	×	×	×	(I)

^{*} 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

FDA information is current as of 2021-08-18. For the most up-to-date information, search www.fda.gov.

EGFR exon 19 deletion

afatinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2019-10-11 Variant class: EGFR exon 19 deletion

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.

Limitation 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/2019/201292s015lbl.pdf

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EGFR exon 19 deletion (continued)

dacomitinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2020-12-18 Variant class: EGFR exon 19 deletion

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 exon 19 deletion

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: 2021-06-15 Variant class: EGFR exon 19 deletion

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/2021/125477s039lbl.pdf

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EGFR exon 19 deletion (continued)

gefitinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2021-05-05 Variant class: EGFR exon 19 deletion

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: 2021-07-26 Variant class: EGFR exon 19 deletion

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:

 $https://www.access data.fda.gov/drugsatfda_docs/label/2021/208065s022lbl.pdf$

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Current NCCN Information

In this cancer type

O In other cancer type

In this cancer type and other cancer types

NCCN information is current as of 2021-08-02. 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 exon 19 deletion

afatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 5.2021]

dacomitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 5.2021]

erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 5.2021]

gefitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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

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EGFR exon 19 deletion (continued)

osimertinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 5.2021]

afatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 5.2021]

afatinib + cetuximab

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

Progression (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

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

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EGFR exon 19 deletion (continued)

dacomitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 5.2021]

erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 5.2021]

erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); 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 5.2021]

gefitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

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

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EGFR exon 19 deletion (continued)

osimertinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 1.2021]

osimertinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

osimertinib + chemotherapy

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

■ Stage IIB, Stage IIIA, Stage IIIB (Adjuvant therapy)

■ Stage IIIA; Resectable (Adjuvant therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

osimertinib + chemotherapy + surgical intervention

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Stage IIB (Adjuvant therapy)
- Stage IIIA; Resectable (Adjuvant therapy)

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EGFR exon 19 deletion (continued)

erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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 1.2021]

erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFRi sensitizing mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

Brain Metastases (Line of therapy not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2021]

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 1.2021]

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 1.2021]

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Current EMA Information

In this cancer type

O In other cancer type

In this cancer type and other cancer types

EMA information is current as of 2021-08-18. For the most up-to-date information, search www.ema.europa.eu/ema.

EGFR exon 19 deletion

afatinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-04-21

Variant class: EGFR exon 19 deletion

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: 2021-05-21

Variant class: EGFR exon 19 deletion

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 exon 19 deletion

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: 2021-08-11

Variant class: EGFR exon 19 deletion

Reference:

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

bevacizumab (Pfizer) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-07-07

Variant class: FGFR exon 19 deletion

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: 2021-05-18

Variant class: EGFR exon 19 deletion

Reference:

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

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EGFR exon 19 deletion (continued)

bevacizumab (Samsung Bioepis) + erlotinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2021-06-21 Variant class: EGFR exon 19 deletion

Reference:

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

bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2021-01-28 Variant class: EGFR exon 19 deletion

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 exon 19 deletion

Reference:

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

erlotinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2019-04-24 Variant class: EGFR exon 19 deletion

Reference:

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

erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer Label as of: 2020-07-02 Variant class: EGFR exon 19 deletion

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: 2021-03-05 Variant class: EGFR exon 19 deletion

Reference:

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

osimertinib

Cancer type: Non-Small Cell Lung Cancer Label as of: 2021-07-01 Variant class: EGFR exon 19 deletion

Reference:

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

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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 2021-08-02. For the most up-to-date information, search www.esmo.org.

EGFR exon 19 deletion

atezolizumab + bevacizumab + carboplatin + paclitaxel

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR exon 19 deletion

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.]

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)

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.]

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)

afatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 activating 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 + gefitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 activating mutation

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

Population segment (Line of therapy):

■ Stage IV (First-line therapy)

erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 activating 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

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 activating mutation

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

Population segment (Line of therapy):

■ Stage IV (First-line therapy)

bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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.]

bevacizumab + gefitinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 activating 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 activating mutation

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

Population segment (Line of therapy):

Advanced (First-line therapy)

afatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 + erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 activating 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 activating mutation

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

Population segment (Line of therapy):

■ Stage IV (First-line therapy)

erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR activating 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 activating 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 activating 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 activating mutation

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

Population segment (Line of therapy):

■ Stage IV (First-line therapy)

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Clinical Trials in Taiwan region:

Clinical Trials Summary

EGFR exon 19 deletion

NCT ID	Title	Phase
NCT04487080	A Phase III, Randomized Study of Amivantamab and Lazertinib Combination Therapy Versus Osimertinib Versus Lazertinib as First-Line Treatment in Patients With EGFR-Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer.	III
NCT03521154	A Phase III, Randomized, Double-blind, Placebo-controlled, Multicenter, International Study of Osimertinib as Maintenance Therapy in Patients With Locally Advanced, Unresectable EGFR Mutation-positive Non-Small Cell Lung Cancer (Stage III) Whose Disease Has Not Progressed Following Definitive Platinum-based Chemoradiation Therapy (LAURA)	III
NCT04035486	A Phase III, Open-label, Randomized Study of Osimertinib With or Without Platinum Plus Pemetrexed Chemo, as First-line Treatment in Patients With Epidermal Growth Factor Receptor (EGFR) Mutation Positive, Locally Advanced or Metastatic Non-small Cell Lung Cancer (FLAURA2)	III
NCT04351555	A Phase III, Randomised, Controlled, Multi-center, 3-Arm Study of Neoadjuvant Osimertinib as Monotherapy or in Combination With Chemotherapy Versus Standard of Care Chemotherapy Alone for the Treatment of Patients With Epidermal Growth Factor Receptor Mutation Positive, Resectable Nonsmall Cell Lung Cancer	III
NCT04147351	A Phase II Study of Atezolizumab in Combination With Bevacizumab, Carboplatin or Cisplatin, and Pemetrexed for EGFR-mutant Metastatic Non-small Cell Lung Cancer Patients After Failure of EGFR Tyrosine Kinase Inhibitors.	II
NCT02655536	A Phase II, Open Label, Multicenter Study of Bevacizumab in Combination With Erlotinib Versus Erlotinib Alone in Patients With EGFR Mutant Non-small Cell Lung Cancer Who Have Brain Metastases	II
NCT03994393	A Phase II Trial of Durvalumab (MEDI4736) and Tremelimumab With Chemotherapy in Metastatic EGFR Mutant Non-squamous Non-small Cell Lung Cancer (NSCLC) Following Progression on EGFR Tyrosine Kinase Inhibitors (TKIs)	II
NCT03778229	A Phase II, Single Arm Study Assessing Efficacy of Osimertinib With Savolitinib in Patients With EGFRm + MET+, Locally Advanced or Metastatic Non Small Cell Lung Cancer Who Have Progressed Following Osimertinib Treatment (SAVANNAH Study)	II
NCT04619004	HERTHENA-Lung01: A Phase II Randomized Open-Label Study of Patritumab Deruxtecan (U3-1402) in Subjects With Previously Treated Metastatic or Locally Advanced EGFR-mutated Non-Small Cell Lung Cancer (NSCLC)	II
NCT02609776	A Phase I, First-in-Human, Open-Label, Dose Escalation Study of JNJ-61186372, a Human Bispecific EGFR and cMet Antibody, in Subjects With Advanced Non-Small Cell Lung Cancer.	I
NCT04077463	An Open-label Phase I/Ib Study to Evaluate the Safety and Pharmacokinetics of JNJ-73841937 (Lazertinib), a Third Generation EGFR-TKI, as Monotherapy or in Combinations With JNJ-61186372, a Human Bispecific EGFR and cMet Antibody in Participants With Advanced Non-Small Cell Lung Cancer	I
NCT02099058	A Multicenter, Phase I/Ib, Open-Label, Dose-Escalation Study of ABBV-399, an Antibody Drug Conjugate, in Subjects With Advanced Solid Tumors	I
NCT04484142	Phase II, Single-arm, Open-label Study of DS-1062a in Advanced or Metastatic Non-small Cell Lung Cancer With Actionable Genomic Alterations and Progressed on or After Kinase Inhibitor Therapy and Platinum Based Chemotherapy (TROPION-Lung05)	II
NCT03114319	An Open-label, Multi-center, Phase I, Dose Finding Study of Oral TNO155 in Adult Patients With Advanced Solid Tumors.	I

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Date: 09 Dec 2021

Clinical Trials Summary (continued)

EGFR exon 19 deletion (continued)

NCT ID	Title	Phase
NCT03974022	A Phase I/II, Open-Label, Multicenter Study to Assess the Safety, Tolerability, Pharmacokinetics and Anti-tumor Efficacy of DZD9008 in Patients With Advanced Non-Small Cell Lung Cancer (NSCLC) With EGFR or HER2 Mutation	1/11

Alerts Informed By Public Data Sources

Current FDA Information

Contraindicated

Not recommended

Resistance

Breakthrough

A Fast Track

Variant class: EGFR mutation

FDA information is current as of 2021-08-18. For the most up-to-date information, search www.fda.gov.

EGFR exon 19 deletion

osimertinib + quaratusugene ozeplasmid

Cancer type: Non-Small Cell Lung Cancer

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/

FGFR1 amplification

♣ Debio 1347

Cancer type: Solid Tumor Variant class: FGFR1 aberration

Supporting Statement:

The FDA has granted Fast Track Designation to the FGFR 1-3 inhibitor, debio 1347, for FGFR1/2/3 alterations in unresectable or metastatic solid tumors.

Reference

https://www.debiopharm.com/drug-development/press-releases/fda-grants-fast-track-designation-to-debiopharm-internationals-debio-1347-for-the-treatment-of-patients-with-unresectable-or-metastatic-tumors-with-a-specific-fgfr-gene-alteration/

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Current NCCN Information

Contraindicated

Not recommended

Resistance

Breakthrough

A Fast Track

NCCN information is current as of 2021-08-02. 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 exon 19 deletion

alectinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFRi sensitizing mutation

Summary:

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

"Crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended as subsequent therapy for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

brigatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFRi sensitizing mutation

Summary:

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

"Crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended as subsequent therapy for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

ceritinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFRi sensitizing mutation

Summary:

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

"Crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended as subsequent therapy for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

crizotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFRi sensitizing mutation

Summary:

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

"Crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended as subsequent therapy for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

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EGFR exon 19 deletion (continued)

lorlatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFRi sensitizing mutation

Summary:

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

"Crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended as subsequent therapy for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

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 fusions."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

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 fusions."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 5.2021]

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 fusions."

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Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

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