



Sample Information

Patient Name: 邱淑霞
Gender: Female
ID No.: A202991016
History No.: 30682236
Age: 83

Ordering Doctor: DOC6630G 林晏瑜
Ordering REQ.: 0BUTALQ
Signing in Date: 2022/04/28

Path No.: S111-99183
MP No.: F22037
Assay: Oncomine Focus Assay
Sample Type: FFPE
Block No.:
Percentage of tumor cells: 60%

Reporting Doctor: DOC5452C 周德盈 (Phone: 8#5452)

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 p.(L858R) c.2573T>G, EGFR p.(T790M) c.2369C>T	NTRK3	None detected
ERBB2	None detected	RET	None detected
KRAS	KRAS amplification	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 p.(L858R) c.2573T>G epidermal growth factor receptor Allele Frequency: 55.88% Prognostic significance: None Diagnostic significance: None	bevacizumab* + erlotinib² erlotinib + ramucirumab¹ gefitinib*² osimertinib^{1, 2} atezolizumab + bevacizumab + chemotherapy bevacizumab + gefitinib gefitinib + chemotherapy osimertinib + chemotherapy	None	14
IA	EGFR p.(T790M) c.2369C>T epidermal growth factor receptor Allele Frequency: 12.85% Prognostic significance: None Diagnostic significance: None	osimertinib^{1, 2}	None	7
IIC	KRAS amplification KRAS proto-oncogene, GTPase Prognostic significance: None Diagnostic significance: None	None	None	1

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.

* Includes biosimilars

Alerts informed by public data sources:  Contraindicated,  Resistance

EGFR p.(T790M) c.2369C>T  **gefitinib*²**
 afatinib, dacomitinib, erlotinib, gefitinib

Public data sources included in alerts: FDA¹, NCCN, EMA², ESMO

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
EGFR	p.(T790M)	c.2369C>T	COSM6240	chr7:55249071	12.85%	NM_005228.5	missense	2000
EGFR	p.(L858R)	c.2573T>G	COSM6224	chr7:55259515	55.88%	NM_005228.5	missense	1990
BRAF	p.(S273=)	c.819T>C	.	chr7:140501253	4.65%	NM_004333.6	synonymous	2000

Copy Number Variations

Gene	Locus	Copy Number
KRAS	chr12:25364761	6.37

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 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 DZD-9008²⁹, 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.

KRAS (KRAS proto-oncogene, GTPase)

Background: The KRAS proto-oncogene encodes a GTPase that functions in signal transduction and is a member of the RAS superfamily which also includes NRAS and HRAS. RAS proteins mediate the transmission of growth signals from the cell surface to the nucleus via the PI3K/AKT/MTOR and RAS/RAF/MEK/ERK pathways, which regulate cell division, differentiation, and survival^{37,38,39}.

Alterations and prevalence: Recurrent mutations in RAS oncogenes cause constitutive activation and are found in 20-30% of cancers. KRAS mutations are observed in up to 10-20% of uterine cancer, 30-35% of lung adenocarcinoma and colorectal cancer, and about 60%

Biomarker Descriptions (continued)

of pancreatic cancer⁶. The majority of KRAS mutations consist of point mutations occurring at G12, G13, and Q61^{6,40,41}. Mutations at A59, K117, and A146 have also been observed but are less frequent^{7,42}.

Potential relevance: The KRAS inhibitor, sotorasib⁴³, is approved (2021) for the treatment of adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC). The FDA has granted breakthrough therapy designation (2021) to the small molecule inhibitor, adagrasib, for KRAS G12C positive in non-small cell lung cancer following prior systemic therapy⁴⁴. The small molecular inhibitor, RO-5126766, was also granted breakthrough designation (2021) alone for KRAS G12V mutant non-small cell lung cancer or in combination with defactinib, for KRAS mutant endometrial carcinoma and KRAS G12V mutant non-small cell lung cancer⁴⁵. Additionally, onvansertib⁴⁶ was granted fast track designation (2020) for second-line treatment of patients with KRAS-mutated metastatic colorectal cancer (mCRC). The EGFR antagonists, cetuximab⁴⁷ and panitumumab⁴⁸, are contraindicated for treatment of colorectal cancer patients with KRAS mutations in exon 2 (codons 12 and 13), exon 3 (codons 59 and 61), and exon 4 (codons 117 and 146)⁴². Additionally, KRAS mutations are associated with poor prognosis in NSCLC⁴⁹.

Relevant Therapy Summary

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

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

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
osimertinib	●	●	●	●	● (III)
erlotinib + ramucirumab	●	●	×	●	×
bevacizumab + erlotinib	×	●	●	●	×
osimertinib + chemotherapy	×	●	×	×	×
bevacizumab (Allergan) + erlotinib	×	×	●	×	×
bevacizumab (Fujifilm Kyowa Kirin Biologics) + erlotinib	×	×	●	×	×
bevacizumab (Mabxience) + erlotinib	×	×	●	×	×
bevacizumab (Pfizer) + erlotinib	×	×	●	×	×
bevacizumab (Samsung Bioepis) + erlotinib	×	×	●	×	×
bevacizumab (Stada) + erlotinib	×	×	●	×	×
gefitinib (Mylan)	×	×	●	×	×
atezolizumab + bevacizumab + carboplatin + paclitaxel	×	×	×	●	×
bevacizumab + gefitinib	×	×	×	●	×
gefitinib + carboplatin + pemetrexed	×	×	×	●	×
amivantamab, lazertinib, chemotherapy	×	×	×	×	● (III)
amivantamab, lazertinib, osimertinib	×	×	×	×	● (III)
durvalumab, chemotherapy	×	×	×	×	● (III)
osimertinib, chemotherapy	×	×	×	×	● (III)

* 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*
datopotamab deruxtecan	×	×	×	×	● (II)
durvalumab, tremelimumab, chemotherapy	×	×	×	×	● (II)
osimertinib, savolitinib	×	×	×	×	● (II)
patritumab deruxtecan	×	×	×	×	● (II)
sunvozertinib	×	×	×	×	● (I/II)
amivantamab, lazertinib	×	×	×	×	● (I)
lazertinib, amivantamab	×	×	×	×	● (I)
telisotuzumab vedotin, osimertinib	×	×	×	×	● (I)
TNO-155, nazartinib	×	×	×	×	● (I)

EGFR p.(T790M) c.2369C>T

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
osimertinib	●	●	●	●	×
durvalumab, chemotherapy	×	×	×	×	● (III)
osimertinib, chemotherapy	×	×	×	×	● (III)
durvalumab, tremelimumab, chemotherapy	×	×	×	×	● (II)
sunvozertinib	×	×	×	×	● (I/II)
amivantamab	×	×	×	×	● (I)
lazertinib, amivantamab, chemotherapy	×	×	×	×	● (I)
telisotuzumab vedotin, osimertinib	×	×	×	×	● (I)

KRAS amplification

Relevant Therapy	FDA	NCCN	EMA	ESMO	Clinical Trials*
RMC-4630, pembrolizumab	×	×	×	×	● (I/II)

* 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 2022-02-16. For the most up-to-date information, search www.fda.gov.

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

● erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-06-15

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/2021/125477s039lbl.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

EGFR p.(T790M) c.2369C>T

● osimertinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-01-19

Variant class: EGFR T790M 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 2022-02-01. 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

● 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 1.2022]

● 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 1.2022]

● erlotinib + ramucirumab

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 (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 1.2022]

● 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 2.2021]

EGFR p.(L858R) c.2573T>G (continued)**● 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 1.2022]

● 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 1.2022]

EGFR p.(T790M) c.2369C>T**● osimertinib**

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR T790M mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

● osimertinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR T790M 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 2.2021]

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 2022-02-16. For the most up-to-date information, search www.ema.europa.eu/ema.

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

● bevacizumab (Allergan) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-09-06

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: 2021-12-21

Variant class: EGFR L858R mutation

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: 2021-10-27

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: 2021-05-18

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: 2021-06-21

Variant class: EGFR L858R mutation

Reference:

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

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

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-01-28

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: 2021-12-14

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: 2021-09-07

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/avastin-epar-product-information_en.pdf**● gefitinib (Mylan)**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-12-15

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: 2021-07-01

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/tagrisso-epar-product-information_en.pdf**EGFR p.(T790M) c.2369C>T****● osimertinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-07-01

Variant class: EGFR T790M 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 2022-02-01. For the most up-to-date information, search www.esmo.org.

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

● 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)]

● 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.]

● 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)

● 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.]

● 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 + 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)

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 + 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)

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 + 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.]

● 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 + 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)

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.(T790M) c.2369C>T**● osimertinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** EGFR T790M mutation**ESMO Level of Evidence/Grade of Recommendation:** I / A**Population segment (Line of therapy):**

- Stage IV (Second-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.]

Clinical Trials in Taiwan region:

Clinical Trials Summary

EGFR p.(L858R) c.2573T>G + EGFR p.(T790M) c.2369C>T

NCT ID	Title	Phase
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 Non-small Cell Lung Cancer	III
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
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

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

NCT ID	Title	Phase
NCT04988295	A Phase III, Open-Label, Randomized Study of Amivantamab and Lazertinib in Combination With Platinum-Based Chemotherapy Compared With Platinum-Based Chemotherapy in Patients With EGFR-Mutated Locally Advanced or Metastatic Non-Small Cell Lung Cancer After Osimertinib Failure	III
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
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
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 Applicable Targeted 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
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	I/II

Clinical Trials Summary (continued)

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

NCT ID	Title	Phase
NCT03800134	A Phase III, Double-blind, Placebo-controlled, Multi-center International Study of Neoadjuvant/Adjuvant Durvalumab for the Treatment of Patients With Resectable Stages II and III Non-small Cell Lung Cancer (AEGEAN).	III

EGFR p.(T790M) c.2369C>T

NCT ID	Title	Phase
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
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	I/II
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
NCT03800134	A Phase III, Double-blind, Placebo-controlled, Multi-center International Study of Neoadjuvant/Adjuvant Durvalumab for the Treatment of Patients With Resectable Stages II and III Non-small Cell Lung Cancer (AEGEAN).	III

KRAS amplification

NCT ID	Title	Phase
NCT04418661	A Phase 1/2, Open-label, Multicenter, Dose Escalation and Dose Expansion Study of SAR442720 in Combination With Pembrolizumab in Patients With Advanced Malignancies	I/II

Alerts Informed By Public Data Sources

Current FDA Information

 Contraindicated  Not recommended  Resistance  Breakthrough  Fast Track

FDA information is current as of 2022-02-16. 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/>

EGFR p.(T790M) c.2369C>T

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 2022-02-01. 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

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 1.2022]

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 1.2022]

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 1.2022]

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."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

EGFR p.(L858R) c.2573T>G (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 1.2022]

– 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 1.2022]

– 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 fusions."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

– 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 fusions."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

EGFR p.(T790M) c.2369C>T

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 1.2022]

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 fusions."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

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 fusions."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR T790M mutation

Summary:

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

- "The most common known mechanism is the acquisition of T790M (which is a secondary mutation in EGFR), which renders the kinase resistant to erlotinib, gefitinib, dacomitinib, or afatinib."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR T790M mutation

Summary:

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

- "The most common known mechanism is the acquisition of T790M (which is a secondary mutation in EGFR), which renders the kinase resistant to erlotinib, gefitinib, dacomitinib, or afatinib."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

EGFR p.(T790M) c.2369C>T (continued)

erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR T790M mutation

Summary:

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

- "The most common known mechanism is the acquisition of T790M (which is a secondary mutation in EGFR), which renders the kinase resistant to erlotinib, gefitinib, dacomitinib, or afatinib."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR T790M mutation

Summary:

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

- "The most common known mechanism is the acquisition of T790M (which is a secondary mutation in EGFR), which renders the kinase resistant to erlotinib, gefitinib, dacomitinib, or afatinib."

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 1.2022]

Current EMA Information

 Contraindicated

 Not recommended

 Resistance

 Breakthrough

 Fast Track

EMA information is current as of 2022-02-16. For the most up-to-date information, search www.ema.europa.eu/ema.

EGFR p.(T790M) c.2369C>T

gefitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-03-05

Variant class: EGFR T790M 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: 2021-12-15

Variant class: EGFR T790M mutation

Reference:

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

Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:

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