



## Sample Information

**Patient Name:** 周海坤**Gender:** Male**ID No.:** D101455183**History No.:** 46318369**Age:** 61**Ordering Doctor:** DOC3064F 陳育民**Ordering REQ.:** D57KH5G**Signing in Date:** 2020/07/08**Path No.:** S109-99669**MP No.:** F20041**Assay:** Oncomine Focus Assay**Sample Type:** FFPE**Block No.:** S109-19775A**Percentage of tumor cells:** 20%**Note:**

## Sample Cancer Type: Non-Small Cell Lung Cancer

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### Report Highlights

1 Relevant Biomarkers  
10 Therapies Available  
135 Clinical Trials

## Relevant Non-Small Cell Lung Cancer Findings

| Gene  | Finding                            | Gene  | Finding      |
|-------|------------------------------------|-------|--------------|
| ALK   | Not detected                       | NTRK1 | Not detected |
| BRAF  | Not detected                       | NTRK2 | Not detected |
| EGFR  | <b>EGFR p.(L861Q) c.2582T&gt;A</b> | NTRK3 | Not detected |
| ERBB2 | Not detected                       | RET   | Not detected |
| KRAS  | Not detected                       | ROS1  | Not detected |
| MET   | Not detected                       |       |              |



## Relevant Biomarkers

■ Indicated ■ Contraindicated

| Genomic Alteration   | Relevant Therapies<br>(In this cancer type)   | Relevant Therapies<br>(In other cancer type) | Clinical Trials |
|--|---|--|-----------------|
| <b>EGFR p.(L861Q) c.2582T&gt;A</b><br>epidermal growth factor receptor<br>Tier: IA<br>Allele Frequency: 12.96% | <b>afatinib</b> <sup>1,2</sup><br>dacomitinib<br>erlotinib<br><b>gefitinib</b> <sup>2</sup><br>osimertinib<br>bevacizumab + erlotinib<br>erlotinib + ramucirumab<br>afatinib + cetuximab<br>gefitinib + chemotherapy<br>bevacizumab + gefitinib | None   | 135             |

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

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

## Variant Details

### DNA Sequence Variants

| Gene   | Amino Acid Change | Coding    | Variant ID | Locus          | Allele Frequency | Transcript  | Variant Effect | Coverage |
|--------|-------------------|-----------|------------|----------------|------------------|-------------|----------------|----------|
| EGFR   | p.(L861Q)         | c.2582T>A | COSM6213   | chr7:55259524  | 12.96%           | NM_005228.4 | missense       | 1999     |
| JAK1   | p.(=)             | c.2199A>G | .          | chr1:65310489  | 99.60%           | NM_002227.3 | synonymous     | 1985     |
| ALK    | p.(D1529E)        | c.4587C>G | .          | chr2:29416366  | 51.60%           | NM_004304.4 | missense       | 1998     |
| ALK    | p.(I1461V)        | c.4381A>G | .          | chr2:29416572  | 99.85%           | NM_004304.4 | missense       | 1999     |
| ALK    | p.(=)             | c.3375C>A | .          | chr2:29445458  | 50.90%           | NM_004304.4 | synonymous     | 1996     |
| FGFR3  | p.(=)             | c.1953G>A | .          | chr4:1807894   | 99.60%           | NM_000142.4 | synonymous     | 1997     |
| PDGFRA | p.(=)             | c.939T>G  | .          | chr4:55133726  | 99.55%           | NM_006206.5 | synonymous     | 1993     |
| PDGFRA | p.(=)             | c.1701A>G | .          | chr4:55141055  | 99.90%           | NM_006206.5 | synonymous     | 1998     |
| FGFR4  | p.(P136L)         | c.407C>T  | .          | chr5:176517797 | 99.25%           | NM_213647.2 | missense       | 2000     |
| RET    | p.(=)             | c.2307G>T | .          | chr10:43613843 | 100.00%          | NM_020975.4 | synonymous     | 1993     |

## Biomarker Descriptions

### EGFR (epidermal growth factor receptor)

Background: The EGFR gene encodes the epidermal growth factor receptor (EGFR) tyrosine kinase, a member of the human epidermal growth factor receptor (HER) family. Along with EGFR/ERBB1/HER1, ERBB2/HER2, ERBB3/HER3, and ERBB4/HER4 make up the HER protein family<sup>1</sup>. EGFR ligand induced dimerization results in kinase activation and leads to stimulation of oncogenic signaling



## Biomarker Descriptions (continued)

pathways including the PI3K/AKT/MTOR and RAS/RAF/MEK/ERK pathways. Activation of these pathways promote cell proliferation, differentiation, and survival<sup>2,3</sup>.

**Alterations and prevalence:** Recurrent somatic mutations in the tyrosine kinase domain of EGFR are observed in approximately 10-20% of lung adenocarcinoma and at higher frequencies in never-smoker, female, and in Asian populations with lung cancer<sup>4,5,6,7</sup>. The most common mutations occur near the ATP-binding pocket of the kinase domain and include short in-frame deletions in exon 19 (EGFR exon 19 deletion) and the L858R amino acid substitution in exon 21<sup>8</sup>. These mutations constitutively activate the EGFR kinase resulting in downstream signaling and represent 80% of the EGFR mutations observed in lung cancer. A second group of recurrent activating mutations that are less common include E709K, G719X, S768I, L861Q, and short in-frame insertions in exon 20<sup>9,10,11,12</sup>. EGFR activating mutations in lung cancer tend to be mutually exclusive to KRAS activating mutations<sup>13</sup>. Although these variants are common in lung cancer, they are rare in other cancer types. In glioblastoma, recurrent activating EGFR mutations in the extracellular domain include R108K, A289V and G598V<sup>8,14</sup>. The recurrent focal amplification of the EGFR gene leads to an increase in expression in several cancer types. EGFR is amplified in up to 30% of glioblastoma, 12% of esophageal cancer, 10% of head and neck cancer, 5% of bladder cancer, and 5% of lung squamous cell carcinoma<sup>5,6,7,14,15</sup>. Deletion of exons 2-7 encoding the extracellular domain of EGFR (EGFRvIII) results in overexpression of a ligand-independent constitutively active protein which is frequently observed in glioblastoma and has been shown to lead to lung cancer development as well as sensitivity to TKIs<sup>16,17,18</sup>.

**Potential relevance:** Erlotinib<sup>19</sup> (2004), afatinib<sup>20</sup> (2013), gefitinib<sup>21</sup> (2015), osimertinib<sup>22</sup> (2015), and dacomitinib<sup>23</sup> (2018) are small molecule TKIs that are FDA approved for non-small cell lung cancer (NSCLC) patients with sensitizing exon 19 deletions and exon 21 L858R mutations. Acquired secondary mutations often confer resistance to first line TKI therapy with the T790M amino acid substitution accounting for 50-60% of cases<sup>8</sup>. Osimertinib is also indicated for NSCLC patients harboring EGFR T790M mutations whose disease has progressed on or after treatment with a first line TKI. EGFR targeting antibodies including cetuximab<sup>24</sup> (2004), panitumumab<sup>25</sup> (2006), and necitumumab<sup>26</sup> (2016) are also under investigation in combination with EGFR-targeting TKIs for efficacy against EGFR mutations. The use of cetuximab in combination with afatinib is currently recommended by the NCCN for patients who have progressed after receiving erlotinib, afatinib, dacomitinib, or gefitinib and chemotherapy<sup>27</sup>.

## Relevant Therapy Summary

● In this cancer type    ○ In other cancer type    ⓘ In this cancer type and other cancer types    ⛔ Contraindicated    ⚠ Both for use and contraindicated    ✕ No evidence

### EGFR p.(L861Q) c.2582T>A

| Relevant Therapy        | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|-------------------------|-----|------|-----|------|------------------|
| afatinib                | ●   | ●    | ●   | ●    | ● (IV)           |
| gefitinib               | ✕   | ●    | ●   | ●    | ● (III)          |
| bevacizumab + erlotinib | ✕   | ●    | ✕   | ●    | ● (II)           |
| erlotinib               | ✕   | ●    | ✕   | ●    | ● (II)           |
| osimertinib             | ✕   | ●    | ✕   | ●    | ● (II)           |
| dacomitinib             | ✕   | ●    | ✕   | ●    | ● (I)            |
| erlotinib + ramucirumab | ✕   | ●    | ✕   | ●    | ✕                |
| afatinib + cetuximab    | ✕   | ●    | ✕   | ✕    | ✕                |

\* 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    ⛔ Contraindicated    ⚠ Both for use and contraindicated    ✕ No evidence

### EGFR p.(L861Q) c.2582T>A (continued)

| Relevant Therapy   | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|--|-----|------|-----|------|------------------|
| bevacizumab + gefitinib  | ✕   | ✕    | ✕   | ●    | ✕                |
| gefitinib + carboplatin + pemetrexed   | ✕   | ✕    | ✕   | ●    | ✕                |
| anlotinib hydrochloride, toripalimab   | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| apatinib + EGFR tyrosine kinase inhibitor  | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| apatinib + gefitinib   | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| bevacizumab + osimertinib, osimertinib   | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| EGFR tyrosine kinase inhibitor   | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| erlotinib, gefitinib, icotinib hydrochloride, chemotherapy   | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| gefitinib, radiation therapy   | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| icotinib hydrochloride   | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| icotinib hydrochloride, radiation therapy  | ✕   | ✕    | ✕   | ✕    | ● (IV)           |
| bevacizumab (Shanghai Hengrui Pharmaceutical) + chemotherapy, bevacizumab + chemotherapy   | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| bevacizumab, atezolizumab, chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| bevacizumab, erlotinib   | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| BPI-7711, gefitinib  | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| durvalumab, chemotherapy   | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| erlotinib, erlotinib + chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| gefitinib, apatinib  | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| gefitinib, erlotinib   | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| gefitinib, erlotinib, gefitinib + radiation therapy, erlotinib + radiation therapy   | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| gefitinib, icotinib hydrochloride, erlotinib, gefitinib + radiation therapy, icotinib hydrochloride + radiation therapy, erlotinib + radiation therapy | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| HS-10296, gefitinib  | ✕   | ✕    | ✕   | ✕    | ● (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    ⛔ Contraindicated    ⚠ Both for use and contraindicated    ✕ No evidence

### EGFR p.(L861Q) c.2582T>A (continued)

| Relevant Therapy  | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|---|-----|------|-----|------|------------------|
| icotinib hydrochloride, chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| nivolumab, chemotherapy   | ✕   | ✕    | ✕   | ✕    | ● (III)          |
| AZD-3759, erlotinib, gefitinib  | ✕   | ✕    | ✕   | ✕    | ● (II/III)       |
| afatinib, bevacizumab   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| afatinib, chemotherapy, radiation therapy   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| bevacizumab + gefitinib + chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| bevacizumab, erlotinib, chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| bevacizumab, osimertinib  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| bintrafusp alfa, chemoradiation therapy, durvalumab   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| chemotherapy, atezolizumab, bevacizumab   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| chemotherapy, durvalumab  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| chemotherapy, ramucirumab   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| EGFR tyrosine kinase inhibitor + chemotherapy   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| EGFR tyrosine kinase inhibitor + chemotherapy, EGFR tyrosine kinase inhibitor   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| EGFR tyrosine kinase inhibitor, radiation therapy   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| erlotinib + chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| erlotinib, gefitinib  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| erlotinib, gefitinib, icotinib hydrochloride, erlotinib + chemotherapy, gefitinib + chemotherapy, icotinib hydrochloride + chemotherapy | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| erlotinib, radiation therapy  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| famitinib, HS-10296   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| gefitinib + chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| gefitinib + fulvestrant   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| gefitinib + nazartinib  | ✕   | ✕    | ✕   | ✕    | ● (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    ○ In other cancer type    ⓘ In this cancer type and other cancer types    ⛔ Contraindicated    ⚠ Both for use and contraindicated    ✕ No evidence

### EGFR p.(L861Q) c.2582T>A (continued)

| Relevant Therapy   | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|--|-----|------|-----|------|------------------|
| gefitinib, chemotherapy  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| gefitinib, surgical intervention                                   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| icotinib hydrochloride + radiation therapy, icotinib hydrochloride | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| icotinib hydrochloride, icotinib hydrochloride + radiation therapy | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| nivolumab, ipilimumab  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| osimertinib + radiation therapy                                    | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| osimertinib, bevacizumab   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| osimertinib, savolitinib   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| pembrolizumab + chemotherapy                                       | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| poziotinib   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| sutetinib  | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| targeted therapy, chemotherapy                                     | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| tyrosine kinase inhibitors, radiation therapy                      | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| zoledronic acid, gefitinib   | ✕   | ✕    | ✕   | ✕    | ● (II)           |
| AZD-3759   | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| bevacizumab + erlotinib + chemotherapy                             | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| CBT-502, anlotinib hydrochloride                                   | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| DZD-9008   | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| EMB01  | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| erlotinib + trametinib   | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| icotinib hydrochloride + chemotherapy + radiation therapy          | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| KP-673   | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| lazertinib   | ✕   | ✕    | ✕   | ✕    | ● (I/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    ○ In other cancer type    ● In this cancer type and other cancer types    ⛔ Contraindicated    ⚠ Both for use and contraindicated    ✕ No evidence

### EGFR p.(L861Q) c.2582T>A (continued)

| Relevant Therapy   | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|--|-----|------|-----|------|------------------|
| ningetinib, gefitinib  | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| oleclumab + osimertinib  | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| S-49076, gefitinib   | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| U3-1402  | ✕   | ✕    | ✕   | ✕    | ● (I/II)         |
| afatinib, chemotherapy   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| afatinib, immunostimulant  | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| afatinib, osimertinib  | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| alisertib, osimertinib   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| dacomitinib, osimertinib   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| DS-1205c, gefitinib  | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| DS-1205c, osimertinib  | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| everolimus + neratinib, neratinib + palbociclib, neratinib + trametinib  | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| genolimzumab, fruquintinib   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| JNJ-61186372   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| lazertinib, JNJ-61186372   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| maiHuatinib  | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| nazartinib + trametinib, nazartinib + ribociclib, LXH254 + nazartinib, capmatinib + nazartinib, gefitinib + nazartinib | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| niraparib, osimertinib   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| nivolumab, ipilimumab, radiation therapy   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| osimertinib + radiation therapy, osimertinib   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| osimertinib, necitumumab   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| osimertinib, sapanisertib  | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| pirotinib  | ✕   | ✕    | ✕   | ✕    | ● (I)            |

\* 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    ⚡ Contraindicated    ⚠ Both for use and contraindicated    ✕ No evidence

### EGFR p.(L861Q) c.2582T>A (continued)

| Relevant Therapy  | FDA | NCCN | EMA | ESMO | Clinical Trials* |
|---|-----|------|-----|------|------------------|
| SH-1028   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| telisotuzumab vedotin, osimertinib                                    | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| TNO-155   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| TP-0903   | ✕   | ✕    | ✕   | ✕    | ● (I)            |
| tyrosine kinase inhibitors, tyrosine kinase inhibitors + chemotherapy | ✕   | ✕    | ✕   | ✕    | ● (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

● In this cancer type    ○ In other cancer type    ⓘ In this cancer type and other cancer types    ⚡ Contraindicated    🚫 Not recommended    🛡 Resistance

FDA information is current as of 2020-02-28. For the most up-to-date information, search [www.fda.gov](http://www.fda.gov).

### EGFR p.(L861Q) c.2582T>A

#### ● afatinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2019-10-11

Variant class: EGFR L861Q mutation

#### Indications and usage:

GILOTRIF® is a kinase inhibitor indicated for:

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

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](https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/201292s015lbl.pdf)





## Current NCCN Information

- ☒ In this cancer type  
 ☐ In other cancer type  
 ☒ In this cancer type and other cancer types  
 ☒ Contraindicated  
 ☒ Not recommended  
 ☒ Resistance

NCCN information is current as of 2019-11-01. For the most up-to-date information, search [www.nccn.org](http://www.nccn.org).  
For NCCN International Adaptations & Translations, search [www.nccn.org/global/international\\_adaptations.aspx](http://www.nccn.org/global/international_adaptations.aspx).

### EGFR p.(L861Q) c.2582T>A

#### ● afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered prior to first-line systemic therapy (First-line therapy) (Other Recommended)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

#### ● dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered prior to first-line systemic therapy (First-line therapy) (Other Recommended)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

#### ● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered prior to first-line systemic therapy (First-line therapy) (Other Recommended)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered prior to first-line systemic therapy (First-line therapy) (Other Recommended)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● osimertinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered prior to first-line systemic therapy (First-line therapy) (Preferred)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered during first-line systemic therapy; Interrupt or complete planned systemic therapy, including maintenance therapy (First-line therapy)
- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Progression after first-line therapy (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Non-Squamous Non-Small Cell Lung Cancer; Progression after first-line therapy (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 2A

#### Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered during first-line systemic therapy; Interrupt or complete planned systemic therapy, including maintenance therapy (First-line therapy)
- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Progression after first-line therapy (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 2A

#### Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered during first-line systemic therapy; Interrupt or complete planned systemic therapy, including maintenance therapy (First-line therapy)
- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Progression after first-line therapy (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L861Q mutation

NCCN Recommendation category: 2A

#### Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered prior to first-line systemic therapy (First-line therapy) (Other Recommended)
- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered during first-line systemic therapy (First-line therapy)
- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Progression after first-line therapy (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● gefitinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFR L861Q mutation

**NCCN Recommendation category:** 2A

**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered during first-line systemic therapy; Interrupt or complete planned systemic therapy, including maintenance therapy (First-line therapy)
- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Progression after first-line therapy (Subsequent therapy)

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● osimertinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFR L861Q mutation

**NCCN Recommendation category:** 2A

**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Non-Small Cell Lung Cancer (NOS), Squamous Cell Carcinoma; Sensitizing EGFR mutation discovered during first-line systemic therapy; Interrupt or complete planned systemic therapy, including maintenance therapy (First-line therapy) (Preferred)
- Progression on osimertinib (Subsequent therapy)

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● bevacizumab + erlotinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFR L861Q mutation

**NCCN Recommendation category:** 2B

**Population segment (Line of therapy):**

- Non-Squamous Non-Small Cell Lung Cancer; Sensitizing EGFR mutation discovered prior to first-line systemic therapy (First-line therapy) (Useful in Certain Circumstances)
- Non-Squamous Non-Small Cell Lung Cancer; Sensitizing EGFR mutation discovered during first-line systemic therapy (First-line therapy)

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Non-Small Cell Lung Cancer; Brain metastases; Recurrent disease; Use agents active against primary tumor (Not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 3.2019]

### ● afatinib + cetuximab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

Other criteria: EGFR T790M negative

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Non-Small Cell Lung Cancer; Progression after receiving erlotinib, afatinib, dacomitinib, or gefitinib and systemic therapy (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### ● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Non-Small Cell Lung Cancer; Brain metastases; Recurrent disease; Use agents active against primary tumor (Not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 3.2019]

### ● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFRi sensitizing mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Non-Small Cell Lung Cancer; Brain metastases; Recurrent disease; Use agents active against primary tumor (Not specified)

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 3.2019]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● osimertinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFR mutation

**NCCN Recommendation category:** 2A

**Population segment (Line of therapy):**

- Non-Small Cell Lung Cancer; Brain metastases; Newly diagnosed (Not specified)
- Non-Small Cell Lung Cancer; Leptomeningeal and Spine metastases (Not specified)

**Reference:** NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 3.2019]

### 🗨 alectinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFRi sensitizing mutation

**Summary:**

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

- "Likewise, crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### 🗨 brigatinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFRi sensitizing mutation

**Summary:**

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

- "Likewise, crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### 🗨 ceritinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFRi sensitizing mutation

**Summary:**

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

- "Likewise, crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]



## EGFR p.(L861Q) c.2582T>A (continued)

### crizotinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFRi sensitizing mutation

**Summary:**

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

- "Likewise, crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### lorlatinib

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFRi sensitizing mutation

**Summary:**

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

- "Likewise, crizotinib, ceritinib, alectinib, brigatinib, or lorlatinib are not recommended for patients with sensitizing EGFR mutations who relapse on EGFR TKI therapy."

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]

### pembrolizumab

**Cancer type:** Non-Small Cell Lung Cancer

**Variant class:** EGFR mutation

**Other criteria:** CD274 overexpression

**Summary:**

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

- "A small study suggests that single-agent pembrolizumab is not effective as first-line therapy in patients with metastatic NSCLC and EGFR mutations, even those with PD-L1 levels more than 50%."

**Reference:** NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 2.2020]



## Current EMA Information

☒ In this cancer type
 ☐ In other cancer type
 ☐ In this cancer type and other cancer types
 ☒ Contraindicated
 ☐ Not recommended
 ☐ Resistance

EMA information is current as of 2020-02-28. For the most up-to-date information, search [www.ema.europa.eu/ema](http://www.ema.europa.eu/ema).

### EGFR p.(L861Q) c.2582T>A

#### ● afatinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2020-02-13

Variant class: EGFR L861Q mutation

Reference:

[https://www.ema.europa.eu/en/documents/product-information/giotrif-epar-product-information\\_en.pdf](https://www.ema.europa.eu/en/documents/product-information/giotrif-epar-product-information_en.pdf)

#### ● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2019-05-28

Variant class: EGFR L861Q mutation

Reference:

[https://www.ema.europa.eu/en/documents/product-information/iressa-epar-product-information\\_en.pdf](https://www.ema.europa.eu/en/documents/product-information/iressa-epar-product-information_en.pdf)





## Current ESMO Information

- ☒ In this cancer type
 ☐ In other cancer type
 ☒ In this cancer type and other cancer types
 ☒ Contraindicated
 ☒ Not recommended
 ☒ Resistance

ESMO information is current as of 2019-11-01. For the most up-to-date information, search [www.esmo.org](http://www.esmo.org).

### EGFR p.(L861Q) c.2582T>A

#### ● 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 stage (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

#### ● 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 stage (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

#### ● 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 stage (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● 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 stage; ESMO-Magnitude of Clinical Benefit Scale Version 1.1 Score: 4 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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):

- Stage IV; Magnitude of Clinical Benefit Scale Version v1.1 Score: 3 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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 (Maintenance therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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; PS 0-2 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● 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; PS 0-2 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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; PS 0-2 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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 stage (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR activating mutation

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

Population segment (Line of therapy):

- Stage IV; ESMO-Magnitude of Clinical Benefit Scale Version 1.1 Score: 3 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● bevacizumab + gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR activating mutation

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

Population segment (Line of therapy):

- Stage IV; ESMO-Magnitude of Clinical Benefit Scale Version 1.1 Score: 3 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR activating mutation

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

Population segment (Line of therapy):

- Stage IV (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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; PS 3-4 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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; PS 3-4 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]



## EGFR p.(L861Q) c.2582T>A (continued)

### ● 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; PS 3-4 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

### ● 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; PS 3-4 (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Metastatic Non-Small-Cell Lung Cancer [Ann Oncol (2018) 29 (suppl 4): iv192–iv237; <https://www.esmo.org/Guidelines/Lung-and-Chest-Tumours/Metastatic-Non-Small-Cell-Lung-Cancer>]

## Signatures

Testing Personnel:

Laboratory Supervisor:

Pathologist:



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