



Sample Information

Patient Name: 盧淑娟
Gender: Female
ID No.: G221006583
History No.: 49745371
Age: 59

Ordering Doctor: DOC3182F 陳均嘉
Ordering REQ.: 0CQJHKU
Signing in Date: 2023/09/06

Path No.: M112-00243
MP No.: F23068
Assay: Oncomine Focus Assay
Sample Type: FFPE
Block No.: S112-42679A
Percentage of tumor cells: 60%

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 p.(L858R) c.2573T>G, 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 p.(L858R) c.2573T>G epidermal growth factor receptor Allele Frequency: 80.35%	afatinib ^{1,2} bevacizumab* + erlotinib ² dacomitinib ^{1,2} erlotinib ^{1,2} erlotinib + ramucirumab ^{1,2} gefitinib ^{1,2} osimertinib ^{1,2} atezolizumab + bevacizumab + chemotherapy gefitinib + chemotherapy	None	14

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

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

* Includes biosimilars/generics

Prevalent cancer biomarkers without relevant evidence based on included data sources

EGFR amplification, MYC amplification

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

DNA Sequence Variants

Gene	Amino Acid Change	Coding	Variant ID	Locus	Allele Frequency	Transcript	Variant Effect	Coverage
EGFR	p.(L858R)	c.2573T>G	COSM6224	chr7:55259515	80.35%	NM_005228.5	missense	1995
ERBB2	p.(T793=)	c.2379G>A	.	chr17:37881050	45.50%	NM_004448.3	synonymous	1998

Copy Number Variations

Gene	Locus	Copy Number
EGFR	chr7:55198956	13.4
MYC	chr8:128748885	7.55

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

Biomarker Descriptions (continued)

bladder cancer, and 5% of lung squamous cell carcinoma^{5,6,7,14,15}. Deletion of exons 2-7, encoding the extracellular domain of EGFR (EGFRvIII), results in overexpression of a ligand-independent constitutively active protein and is observed in approximately 30% of glioblastoma^{16,17,18}.

Potential relevance: Approved first-generation EGFR tyrosine kinase inhibitors (TKIs) include erlotinib¹⁹ (2004) and gefitinib²⁰ (2015), which block the activation of downstream signaling by reversible interaction with the ATP-binding site. Although initially approved for advanced lung cancer, the discovery that drug sensitivity was associated with exon 19 and exon 21 activating mutations allowed first-generation TKIs to become subsequently approved for front-line therapy in lung cancer tumors containing exon 19 or exon 21 activating mutations. Second-generation TKIs afatinib²¹ (2013) and dacomitinib²² (2018) bind EGFR and other ERBB/HER gene family members irreversibly and were subsequently approved. First- and second-generation TKIs afatinib, dacomitinib, erlotinib, and gefitinib are recommended for the treatment NSCLC harboring EGFR exon 19 insertions, exon 19 deletions, point mutations L861Q, L858R, S768I, and codon 719 mutations, whereas most EGFR exon 20 insertions, except p.A763_Y764insFQEA, confer resistance to the same therapies^{23,24,25,26}. However, in 2021, the irreversible tyrosine kinase inhibitor, mobocertinib²⁷ was FDA approved for the treatment of NSCLC with EGFR exon 20 insertion mutations. Additionally, in 2022, the FDA granted breakthrough therapy designation to the irreversible EGFR inhibitors, CLN-081 (TPC-064)²⁸ and sunvozertinib²⁹, for locally advanced or metastatic non-small cell lung cancer harboring EGFR exon 20 insertion mutations. In lung cancer containing EGFR exon 19 or 21 activating mutations, treatment with TKIs is eventually associated with the emergence of drug resistance³⁰. The primary resistance mutation that emerges following treatment with first-generation TKI is T790M, accounting for 50-60% of resistant cases⁸. Third generation TKIs were developed to maintain sensitivity in the presence of T790M. Osimertinib³¹ (2015) is an irreversible inhibitor indicated for metastatic EGFR T790M positive lung cancer and for the first-line treatment of metastatic NSCLC containing EGFR exon 19 deletions or exon 21 L858R mutations. Like first-generation TKIs, treatment with osimertinib is associated with acquired resistance. In this case, resistance is associated with the C797S mutation and occurs in 22-44% of cases³⁰. The T790M and C797S mutations may be each selected following sequential treatment with a first-generation TKI followed by a third-generation TKI or vice versa³². T790M and C797S can occur in either cis or trans allelic orientation³². If C797S is observed following progression after treatment with a third-generation TKI in the first-line setting, sensitivity may be retained to first-generation TKIs³². If C797S co-occurs in trans with T790M following sequential treatment with first- and third-generation TKIs, patients may exhibit sensitivity to combination first- and third-generation TKIs, but resistance to third-generation TKIs alone^{32,33}. However, C797S occurring in cis conformation with T790M, confers resistance to first- and third-generation TKIs³². Fourth-generation TKIs are in development to overcome acquired C797S and T790M resistance mutations after osimertinib treatment. EGFR targeting antibodies including cetuximab (2004), panitumumab (2006), and necitumumab (2016) are under investigation in combination with EGFR-targeting TKIs for efficacy against EGFR mutations. The bispecific antibody, amivantamab³⁴, targeting EGFR and MET was approved (2021) for NSCLC tumors harboring EGFR exon 20 insertion mutations. CPO301³⁵ received a fast track designation (2023) from the FDA for EGFR mutations in patients with metastatic NSCLC who are relapsed/refractory or ineligible for EGFR targeting therapy such as 3rd-generation EGFR inhibitors including osimertinib. The Oncoprex immunogene therapy quaratusugene ozeplasmid³⁶ 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-189³⁷ was granted a fast track designation (2020) for the treatment of solid tumors harboring an EGFR exon 20 insertion mutation.

MYC (MYC proto-oncogene, bHLH transcription factor)

Background: The MYC gene encodes the MYC proto-oncogene (c-MYC), a basic helix-loop-helix transcription factor that regulates the expression of numerous genes that control cell cycle progression, apoptosis, metabolic pathways, and cellular transformation^{38,39,40,41}. MYC is part of the MYC oncogene family that includes related transcription factors MYCN and MYCL that regulate transcription in 10-15% of promoter regions⁴². MYC functions as a heterodimer in complex with the transcription factor MAX^{39,43}.

Alterations and prevalence: Recurrent somatic alterations are observed in both solid and hematological cancers. Recurrent somatic mutations in MYC, including codon T58, are infrequent and hypothesized to increase the stability of the MYC protein^{44,45}. MYC gene amplification is particularly common in diverse solid tumors. MYC amplification is observed in 30% of serous ovarian cancer, 20% of uterine serous carcinoma, 15% of esophageal and breast cancers, and is common (1-10%) in numerous other cancer types^{7,46,47}. MYC is the target of the t(8;14)(q24;32) chromosomal translocation in Burkitt's lymphoma that places MYC coding sequences adjacent to immunoglobulin region regulatory sequences, which results in increased MYC expression^{48,49}.

Potential relevance: B-cell lymphoma with MYC translocations that co-occur with BCL2 or BCL6 are referred to as double hit lymphoma, while co-occurrence with BCL2 and BCL6 rearrangements is referred to as triple-hit lymphoma^{50,51}. MYC translocations are also indicative of high risk for multiple myeloma and is associated with poor risk in acute lymphoblastic leukemia^{52,53}. Currently, no therapies are approved for MYC aberrations. Due to the high frequency of somatic MYC alterations in cancer, many approaches are being investigated in clinical trials including strategies to disrupt complex formation with MAX, including inhibition of MYC expression and synthetic lethality associated with MYC overexpression^{38,54,55,56}.

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)
afatinib	●	●	●	●	● (II)
dacomitinib	●	●	●	●	×
erlotinib	●	●	●	●	×
erlotinib + ramucirumab	●	●	●	●	×
gefitinib	●	●	●	●	×
bevacizumab + erlotinib	×	●	●	●	×
bevacizumab (Allergan) + erlotinib	×	×	●	×	×
bevacizumab (Celltrion) + erlotinib	×	×	●	×	×
bevacizumab (Mabxience) + erlotinib	×	×	●	×	×
bevacizumab (Pfizer) + erlotinib	×	×	●	×	×
bevacizumab (Samsung Bioepis) + erlotinib	×	×	●	×	×
bevacizumab (Stada) + erlotinib	×	×	●	×	×
atezolizumab + bevacizumab + carboplatin + paclitaxel	×	×	×	●	×
gefitinib + carboplatin + pemetrexed	×	×	×	●	×
amivantamab, lazertinib, chemotherapy	×	×	×	×	● (III)
osimertinib, chemotherapy	×	×	×	×	● (III)
patritumab deruxtecan	×	×	×	×	● (III)
savolitinib, osimertinib	×	×	×	×	● (III)
erlotinib, OBI-833	×	×	×	×	● (II)
osimertinib, savolitinib	×	×	×	×	● (II)
BLU-451, chemotherapy	×	×	×	×	● (I/II)
BLU-945, osimertinib	×	×	×	×	● (I/II)
sunvozertinib	×	×	×	×	● (I/II)
ABBV 400	×	×	×	×	● (I)
BAY-2927088	×	×	×	×	● (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

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

FDA information is current as of 2023-07-19. For the most up-to-date information, search www.fda.gov.

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

● afatinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-04-07

Variant class: EGFR L858R mutation

Indications and usage:

GILOTRIF® is a kinase inhibitor indicated for:

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

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

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

Reference:

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

● dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2020-12-18

Variant class: EGFR L858R mutation

Indications and usage:

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

Reference:

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

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

● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2016-10-18

Variant class: EGFR L858R mutation

Indications and usage:

TARCEVA® is a kinase inhibitor indicated for:

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

Limitations of Use:

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

Reference:

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

● erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-03-22

Variant class: EGFR L858R mutation

Indications and usage:

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

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

Reference:

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

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

● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-05-05

Variant class: EGFR L858R mutation

Indications and usage:

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

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

Reference:

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

● osimertinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-06-21

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/2023/208065Orig1s028lbl.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 2023-07-03. For the most up-to-date information, search www.nccn.org. For NCCN International Adaptations & Translations, search www.nccn.org/global/what-we-do/international-adaptations.

Some variant specific evidence in this report may be associated with a broader set of alterations from the NCCN Guidelines. Specific variants listed in this report were sourced from approved therapies or scientific literature. These therapeutic options are appropriate for certain population segments with cancer. Refer to the NCCN Guidelines® for full recommendation.

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

● afatinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 1

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

EGFR p.(L858R) c.2573T>G (continued)**● 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, Biomarker discovered prior to first line therapy (First-line therapy); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]**● afatinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** EGFR L858R mutation**NCCN Recommendation category:** 2A**Population segment (Line of therapy):**

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]**● afatinib****Cancer type:** Non-Small Cell Lung Cancer**Variant class:** EGFR L858R mutation**Other criteria:** EGFR T790M mutation negative**NCCN Recommendation category:** 2A**Population segment (Line of therapy):**

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]**● 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, Biomarker discovered prior to first line therapy (First-line therapy); Other recommended intervention
- Non-squamous Cell; Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

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

● bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

Other criteria: EGFR T790M mutation negative

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Non-squamous Cell; Advanced, Metastatic, Progression, Symptomatic, Asymptomatic (Subsequent therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

Other criteria: EGFR T790M mutation negative

NCCN Recommendation category: 2A

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

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

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

Other criteria: EGFR T790M mutation negative

NCCN Recommendation category: 2A

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● 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, Biomarker discovered prior to first line therapy (First-line therapy); Other recommended intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

Other criteria: EGFR T790M mutation negative

NCCN Recommendation category: 2A

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2A

Population segment (Line of therapy):

- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Biomarker discovered during first line therapy (First-line therapy)

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

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

● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

Other criteria: EGFR T790M mutation negative

NCCN Recommendation category: 2A

Population segment (Line of therapy):

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

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● 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 (Line of therapy not specified); Preferred intervention

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2023]

● 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, Biomarker discovered during first line therapy (First-line therapy); Preferred intervention
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Advanced, Metastatic, Progression, Asymptomatic, Symptomatic (Subsequent therapy)
- Adenocarcinoma, Large Cell, Squamous Cell, Not otherwise specified (NOS); Leptomeningeal Metastases, Progression (Subsequent therapy); Consider

Reference: NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]

● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

NCCN Recommendation category: 2B

Population segment (Line of therapy):

- Leptomeningeal Metastases (Line of therapy not specified); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2023]

EGFR p.(L858R) c.2573T>G (continued)**● 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); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2023]

● 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); Other recommended intervention

Reference: NCCN Guidelines® - NCCN-Central Nervous System Cancers [Version 1.2023]

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 2023-07-19. For the most up-to-date information, search www.ema.europa.eu/ema.

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

● afatinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-06-21

Variant class: EGFR L858R mutation

Reference:

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

● bevacizumab (Allergan) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-01-05

Variant class: EGFR L858R mutation

Reference:

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

● bevacizumab (Celltrion) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-05-10

Variant class: EGFR L858R mutation

Reference:

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

● bevacizumab (Mabxience) + erlotinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-04-18

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: 2023-01-05

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: 2023-04-11

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 (Samsung Bioepis) + erlotinib**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-04-11

Variant class: EGFR L858R mutation

Reference:

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

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-07-14

Variant class: EGFR L858R mutation

Reference:

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

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-12-15

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: 2023-03-17

Variant class: EGFR L858R mutation

Reference:

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

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2021-07-21

Variant class: EGFR L858R mutation

Reference:

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

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-05-16

Variant class: EGFR L858R mutation

Reference:

https://www.ema.europa.eu/en/documents/product-information/tarceva-epar-product-information_en.pdf**● erlotinib + ramucirumab**

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-12-13

Variant class: EGFR L858R mutation

Other criteria: EGFR T790M mutation negative

Reference:

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

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

● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2022-06-16

Variant class: EGFR L858R mutation

Reference:

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

● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Label as of: 2023-07-17

Variant class: EGFR L858R mutation

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: 2022-11-29

Variant class: EGFR L858R mutation

Reference:

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

Current ESMO Information

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

ESMO information is current as of 2023-07-03. 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)]

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

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● afatinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

- Stage IV; Advanced, Metastatic (First-line therapy); ESMO-MCBS v1.1 score: 5

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● bevacizumab + erlotinib

Cancer type: Non-Small Cell Lung Cancer Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

- Stage IV; Advanced, Metastatic (First-line therapy); ESMO-MCBS v1.1 score: 2

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

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

● dacomitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

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

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● erlotinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

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

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● erlotinib + ramucirumab

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

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

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● gefitinib

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

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

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

EGFR p.(L858R) c.2573T>G (continued)**● gefitinib + carboplatin + pemetrexed**

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

- Stage IV; Advanced, Metastatic (First-line therapy)

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

● atezolizumab + bevacizumab + carboplatin + paclitaxel

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR L858R mutation

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

Population segment (Line of therapy):

- Stage IV; Advanced, Metastatic, Progression (Subsequent therapy); ESMO-MCBS v1.1 score: 3

Reference: ESMO Clinical Practice Guidelines - ESMO-Oncogene-addicted Metastatic Non-Small-Cell Lung Cancer [Annals of Oncology (2023), doi: <https://doi.org/10.1016/j.annonc.2022.12.009> (Published)]

Clinical Trials in Taiwan region:

Clinical Trials Summary

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
NCT05120349	A Phase III, Double-blind, Randomised, Placebo-Controlled, International Study to Assess the Efficacy and Safety of Adjuvant Osimertinib Versus Placebo in Participants With EGFR Mutation-positive Stage IA2-IA3 Non-small Cell Lung Cancer, Following Complete Tumour Resection	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 Non-small Cell Lung Cancer	III
NCT05338970	HERTHENA–Lung02: Phase III, Randomized, Open-label Study of Patritumab Deruxtecan Versus Platinum-Based Chemotherapy in Metastatic or Locally Advanced Non-Small Cell Lung Cancer (NSCLC) With Epidermal Growth Factor Receptor (EGFRm) Mutation After Failure treatment with epidermal growth factor (EGFR) tyrosine kinase inhibitors (TKIs)	III
NCT05261399	A Phase III, Randomised, Open-Label Study of Savolitinib in Combination With Osimertinib Versus Platinum-Based Doublet Chemotherapy in Participants With EGFR Mutated, MET-Overexpressed and/or Amplified, Locally Advanced or Metastatic Non-Small Cell Lung Cancer Who Have Progressed on Treatment With Osimertinib (SAFFRON).	III
NCT05215548	A Phase II Study of Primary Tumor Resection for Stage IV Non-small-cell Lung Cancer Without Progression After First-line Epidermal Growth Factor Receptor-tyrosine Kinase Inhibitor	II
NCT05442060	A Randomized, Open-Label, Phase 2 Study to Evaluate OBI-833/OBI-821 in Combination With First-Line Erlotinib in Patients With EGFR-Mutated, Globo H-Positive, Locally Advanced or Metastatic Non-Small Cell Lung Cancer	II
NCT03778229	A Phase II Study Assessing the Efficacy of Osimertinib in Combination With Savolitinib in Patients With EGFRm+ and MET+, Locally Advanced or Metastatic Non Small Cell Lung Cancer Who Have Progressed Following Treatment With Osimertinib.	II
NCT04862780	A Phase I/II Study Targeting Acquired Resistance Mechanisms in Patients With EGFR Mutant Non-Small Cell Lung Cancer.	I/II
NCT05099172	An Open Label, First-in-human Study of BAY 2927088 in Participants With Advanced Non-small Cell Lung Cancer (NSCLC) Harboring an EGFR and/or HER2 Mutation	I
NCT03114319	An Open-label, Multi-center, Phase I, Dose Finding Study of Oral TNO155 in Adult Patients With Advanced Solid Tumors.	I
NCT05241873	Phase I/II Study of BLU-451 in Advanced Cancers With EGFR Exon 20 Insertion Mutations	I/II
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
NCT05029882	A Phase I First in Human Study Evaluating Safety, Pharmacokinetics and Efficacy of ABBV-400 in Adult Subjects With Advanced Solid Tumors	I

Alerts Informed By Public Data Sources

Current FDA Information

 Contraindicated  Not recommended  Resistance  Breakthrough  Fast Track

FDA information is current as of 2023-07-19. 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 or EGFRi sensitizing 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-nscl>

CPO-301

Cancer type: Non-Small Cell Lung Cancer

Variant class: EGFR mutation

Supporting Statement:

The FDA has granted Fast Track Designation to a first-in-class antibody drug conjugate, CPO301, for EGFR mutations in patients with metastatic non-small cell lung cancer (NSCLC) who are relapsed/refractory to or ineligible for EGFR targeting therapy such as 3rd-generation EGFR inhibitors including Osimertinib.

Reference:

<http://iis.aastocks.com/20230612/10770455-0.PDF>

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 EGFR mutations in non-small cell lung cancer (NSCLC) patients 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/>

References

1. King et al. Amplification of a novel v-erbB-related gene in a human mammary carcinoma. *Science*. 1985 Sep 6;229(4717):974-6. PMID: 2992089
2. Zhixiang. ErbB Receptors and Cancer. *Methods Mol. Biol.* 2017;1652:3-35. PMID: 28791631
3. Gutierrez et al. HER2: biology, detection, and clinical implications. *Arch. Pathol. Lab. Med.* 2011 Jan;135(1):55-62. PMID: 21204711
4. Pines et al. Oncogenic mutant forms of EGFR: lessons in signal transduction and targets for cancer therapy. *FEBS Lett.* 2010 Jun 18;584(12):2699-706. PMID: 20388509
5. Cancer Genome Atlas Research Network. Comprehensive molecular profiling of lung adenocarcinoma. *Nature*. 2014 Jul 31;511(7511):543-50. doi: 10.1038/nature13385. Epub 2014 Jul 9. PMID: 25079552
6. Weinstein et al. The Cancer Genome Atlas Pan-Cancer analysis project. *Nat. Genet.* 2013 Oct;45(10):1113-20. PMID: 24071849
7. Cerami et al. The cBio cancer genomics portal: an open platform for exploring multidimensional cancer genomics data. *Cancer Discov.* 2012 May;2(5):401-4. PMID: 22588877
8. da et al. EGFR mutations and lung cancer. *Annu Rev Pathol.* 2011;6:49-69. doi: 10.1146/annurev-pathol-011110-130206. PMID: 20887192
9. Arcila et al. EGFR exon 20 insertion mutations in lung adenocarcinomas: prevalence, molecular heterogeneity, and clinicopathologic characteristics. *Mol. Cancer Ther.* 2013 Feb;12(2):220-9. PMID: 23371856
10. Kobayashi et al. EGFR Exon 18 Mutations in Lung Cancer: Molecular Predictors of Augmented Sensitivity to Afatinib or Neratinib as Compared with First- or Third-Generation TKIs. *Clin Cancer Res.* 2015 Dec 1;21(23):5305-13. doi: 10.1158/1078-0432.CCR-15-1046. Epub 2015 Jul 23. PMID: 26206867
11. Yasuda et al. Structural, biochemical, and clinical characterization of epidermal growth factor receptor (EGFR) exon 20 insertion mutations in lung cancer. *Sci Transl Med.* 2013 Dec 18;5(216):216ra177. PMID: 24353160
12. Chiu et al. Epidermal Growth Factor Receptor Tyrosine Kinase Inhibitor Treatment Response in Advanced Lung Adenocarcinomas with G719X/L861Q/S768I Mutations. *J Thorac Oncol.* 2015 May;10(5):793-9. PMID: 25668120
13. Karachaliou et al. KRAS mutations in lung cancer. *Clin Lung Cancer.* 2013 May;14(3):205-14. PMID: 23122493
14. Brennan et al. The somatic genomic landscape of glioblastoma. *Cell.* 2013 Oct 10;155(2):462-77. PMID: 24120142
15. Cancer Genome Atlas Network. Comprehensive genomic characterization of head and neck squamous cell carcinomas. *Nature*. 2015 Jan 29;517(7536):576-82. PMID: 25631445
16. Mitsudomi et al. Epidermal growth factor receptor in relation to tumor development: EGFR gene and cancer. *FEBS J.* 2010 Jan;277(2):301-8. PMID: 19922469
17. Gazdar. Activating and resistance mutations of EGFR in non-small-cell lung cancer: role in clinical response to EGFR tyrosine kinase inhibitors. *Oncogene.* 2009 Aug;28 Suppl 1:S24-31. PMID: 19680293
18. Gan et al. The EGFRvIII variant in glioblastoma multiforme. *J Clin Neurosci.* 2009 Jun;16(6):748-54. PMID: 19324552
19. https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/021743s025lbl.pdf
20. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/206995s004lbl.pdf
21. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/201292s017lbl.pdf
22. https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/211288s003lbl.pdf
23. NCCN Guidelines® - NCCN-Non-Small Cell Lung Cancer [Version 3.2023]
24. Naidoo et al. Epidermal growth factor receptor exon 20 insertions in advanced lung adenocarcinomas: Clinical outcomes and response to erlotinib. *Cancer.* 2015 Sep 15;121(18):3212-3220. PMID: 26096453
25. Vyse et al. Targeting EGFR exon 20 insertion mutations in non-small cell lung cancer. *Signal Transduct Target Ther.* 2019;4:5. PMID: 30854234
26. Yi et al. A comparison of epidermal growth factor receptor mutation testing methods in different tissue types in non-small cell lung cancer. *Int J Mol Med.* 2014 Aug;34(2):464-74. PMID: 24891042
27. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/215310s002lbl.pdf
28. <https://investors.cullinanoncology.com/news-releases/news-release-details/fda-grants-breakthrough-therapy-designation-cullinan-oncology>
29. <https://www.prnewswire.com/news-releases/fda-grants-breakthrough-therapy-designation-for-dizal-pharmaceuticals-dzd9008-in-patients-with-locally-advanced-or-metastatic-non-small-cell-lung-cancer-harboring-egfr-exon20-insertion-301469692.html>
30. Madic et al. EGFR C797S, EGFR T790M and EGFR sensitizing mutations in non-small cell lung cancer revealed by six-color crystal digital PCR. *Oncotarget.* 2018 Dec 21;9(100):37393-37406. PMID: 30647840

References (continued)

31. https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/208065Orig1s028lbl.pdf
32. Niederst et al. The Allelic Context of the C797S Mutation Acquired upon Treatment with Third-Generation EGFR Inhibitors Impacts Sensitivity to Subsequent Treatment Strategies. *Clin. Cancer Res.* 2015 Sep 1;21(17):3924-33. PMID: 25964297
33. Wang et al. Lung Adenocarcinoma Harboring EGFR T790M and In Trans C797S Responds to Combination Therapy of First- and Third-Generation EGFR TKIs and Shifts Allelic Configuration at Resistance. *J Thorac Oncol.* 2017 Nov;12(11):1723-1727. PMID: 28662863
34. https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761210s002lbl.pdf
35. <http://iis.aastocks.com/20230612/10770455-0.PDF>
36. <https://www.genprex.com/news/genprex-receives-u-s-fda-fast-track-designation-for-gene-therapy-that-targets-lung-cancer/>
37. <https://investors.blackdiamondtherapeutics.com/news-releases/news-release-details/black-diamond-therapeutics-granted-fast-track-designation-fda>
38. Chen et al. Targeting oncogenic Myc as a strategy for cancer treatment. *Signal Transduct Target Ther.* 2018 Feb 23;3:5. doi: 10.1038/s41392-018-0008-7. eCollection 2018. PMID: 29527331
39. Dang. MYC on the path to cancer. *Cell.* 2012 Mar 30;149(1):22-35. PMID: 22464321
40. Dominguez-Sola et al. Non-transcriptional control of DNA replication by c-Myc. *Nature.* 2007 Jul 26;448(7152):445-51. PMID: 17597761
41. Wahlström et al. Impact of MYC in regulation of tumor cell metabolism. *Biochim. Biophys. Acta.* 2015 May;1849(5):563-9. PMID: 25038584
42. Dang et al. The c-Myc target gene network. *Semin. Cancer Biol.* 2006 Aug;16(4):253-64. PMID: 16904903
43. Blackwood et al. Myc and Max function as a nucleoprotein complex. *Curr. Opin. Genet. Dev.* 1992 Apr;2(2):227-35. PMID: 1638116
44. Chakraborty et al. A common functional consequence of tumor-derived mutations within c-MYC. *Oncogene.* 2015 Apr 30;34(18):2406-9. PMID: 24998853
45. Xu-Monette et al. Clinical and Biologic Significance of MYC Genetic Mutations in De Novo Diffuse Large B-cell Lymphoma. *Clin. Cancer Res.* 2016 Jul 15;22(14):3593-605. PMID: 26927665
46. Kalkat et al. MYC Deregulation in Primary Human Cancers. *Genes (Basel).* 2017 May 25;8(6). PMID: 28587062
47. Beroukhi et al. The landscape of somatic copy-number alteration across human cancers. *Nature.* 2010 Feb 18;463(7283):899-905. doi: 10.1038/nature08822. PMID: 20164920
48. Taub et al. Translocation of the c-myc gene into the immunoglobulin heavy chain locus in human Burkitt lymphoma and murine plasmacytoma cells. *Proc Natl Acad Sci U S A.* 1982 Dec;79(24):7837-41. PMID: 6818551
49. Ott et al. Understanding MYC-driven aggressive B-cell lymphomas: pathogenesis and classification. *Hematology Am Soc Hematol Educ Program.* 2013;2013:575-83. PMID: 24319234
50. NCCN Guidelines® - NCCN-B-Cell Lymphomas [Version 4.2023]
51. Beham-Schmid. Aggressive lymphoma 2016: revision of the WHO classification. *Memo.* 2017;10(4):248-254. PMID: 29250206
52. NCCN Guidelines® - NCCN-Multiple Myeloma [Version 3.2023]
53. NCCN Guidelines® - NCCN-Acute Lymphoblastic Leukemia [Version 1.2023]
54. Posternak et al. Strategically targeting MYC in cancer. *F1000Res.* 2016;5. PMID: 27081479
55. Carabet et al. Therapeutic Inhibition of Myc in Cancer. *Structural Bases and Computer-Aided Drug Discovery Approaches. Int J Mol Sci.* 2018 Dec 29;20(1). PMID: 30597997
56. Shahbazi et al. The Bromodomain Inhibitor JQ1 and the Histone Deacetylase Inhibitor Panobinostat Synergistically Reduce N-Myc Expression and Induce Anticancer Effects. *Clin. Cancer Res.* 2016 May 15;22(10):2534-44. PMID: 26733615