

Lung Cancer

Multi-D Perspectives Medical Oncology

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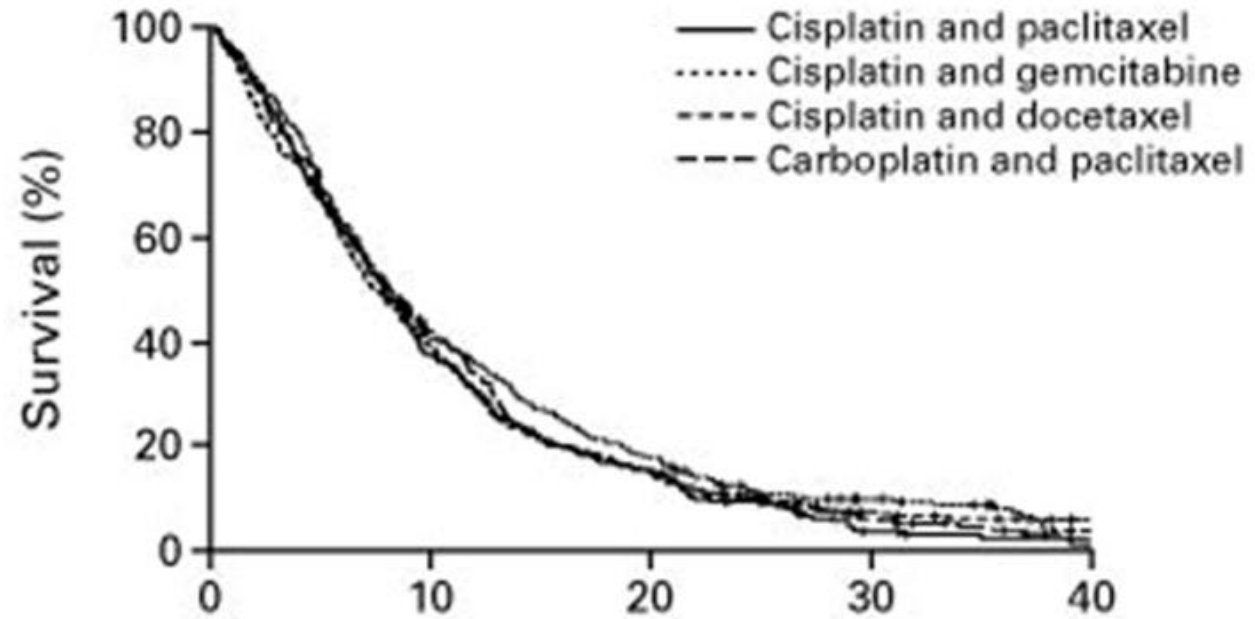
Washington University School of Medicine

St. Louis

Disclosures

- Conflicts- none

Metastatic non-small cell lung cancer- “best treatment”

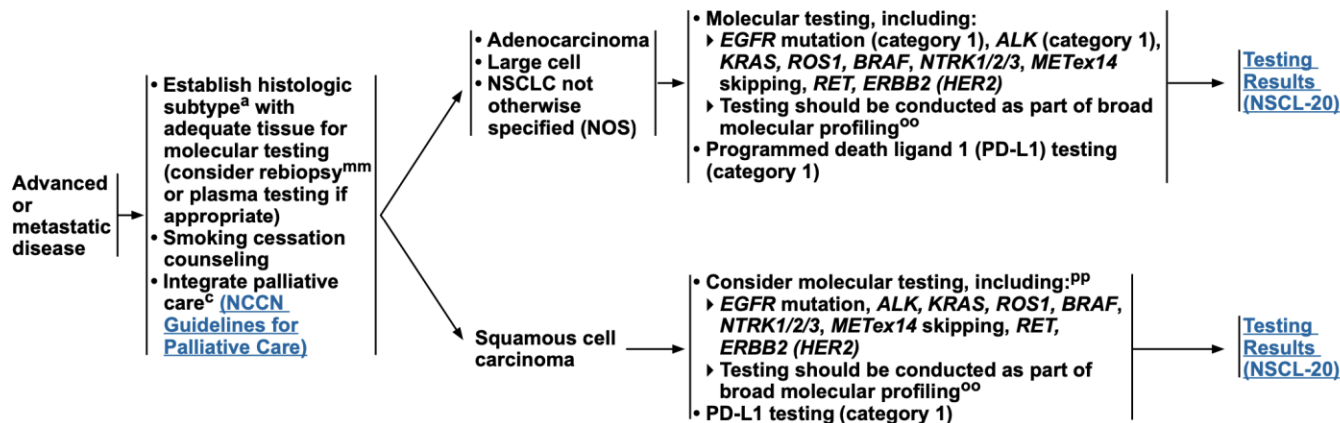


Schiller J et al NEJM; 346; 92-98, 2002

CLINICAL PRESENTATION

**HISTOLOGIC
SUBTYPE^a**

BIOMARKER TESTINGⁿⁿ



| |
|--|
| EGFR exon 19 deletion or exon 21 L858R mutation positive |
| EGFR S768I, L861Q, and/or G719X mutation positive |
| EGFR exon 20 insertion mutation positive |
| KRAS G12C mutation positive |
| ALK rearrangement positive |
| ROS1 rearrangement positive |
| BRAF V600E mutation positive |
| NTRK1/2/3 gene fusion positive |
| METex14 skipping mutation positive |
| RET rearrangement positive |
| ERBB2 (HER2) mutation positive |
| PD-L1 ≥1% and negative for actionable molecular biomarkers above |
| PD-L1 <1% and negative for actionable molecular biomarkers above |

Issues

- Neoadjuvant vs. Adjuvant therapy
- EGFR mutant NSCLC- single agent vs combination
- KRAS G12C- frontline? Combination?
- "Driver negative/AGA negative NSCLC"- definition/clinical practice
- Biomarkers for immune checkpoint blockade therapy
- Treatment past PDL1/PD1 inhibitor therapy
- Antibody Drug Conjugates- new therapy? Old wine in a new (and expensive) bottle???
- Oligo metastatic – how oligo is oligo and treatment options
- Tissue vs. plasma genotyping- also are we ready for MRD assays?