

Lung Cancer

Multi-D Perspectives Medical Oncology

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Disclosures

- Conflicts- none

What should other specialists know

Metastatic NSCLC

- Metastatic NSCLC
 - Molecular testing drives treatment decision: cfDNA- false negative results
 - Frontline therapy- EGFR mutation (exon 19 del/L858R), ALK, ROS, RET positive- most recently HER2 mutant NSCLC
 - Genotype matters- EGFR/KRAS for example
 - Combination therapy EGFR mutant NSCLC (exon 19 del/L858R)
 - Small brain lesions in certain subgroups- targeted therapies
 - Biopsy on progression
 - Oligo progression- radiation/surgery

What should other specialists know

non-metastatic NSCLC

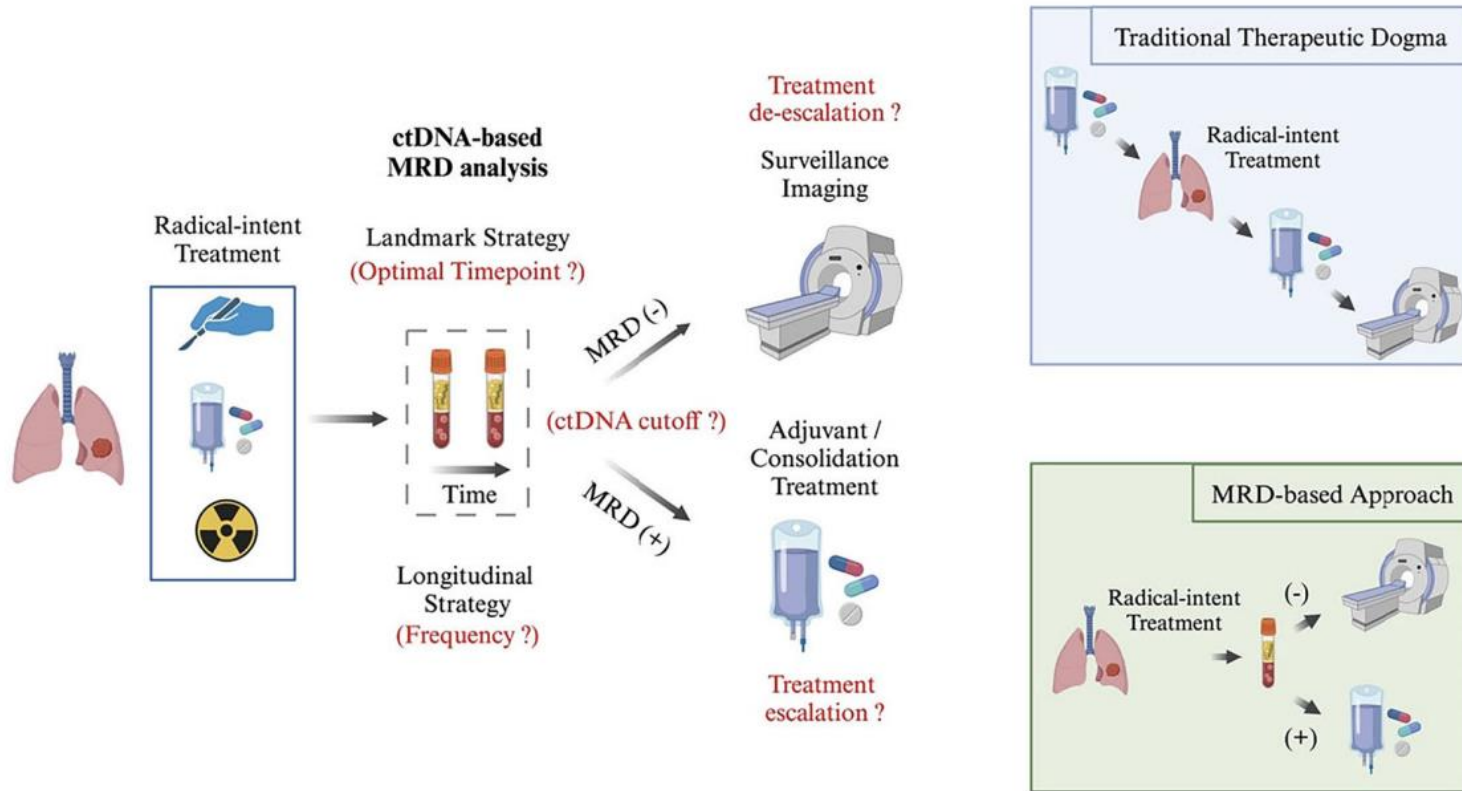
- Locally advanced (un)resectable NSCLC
 - Upfront decisions- chemoimmunotherapy surgery vs PACIFIC
- Early-stage resectable NSCLC
 - Preoperative chemo immunotherapy –surgery – w/without post operative immune checkpoint inhibitor (targeting PD1/PDL1)
 - EGFR/ALK – surgery followed by post operative therapy with targeted agents

What should other specialists know

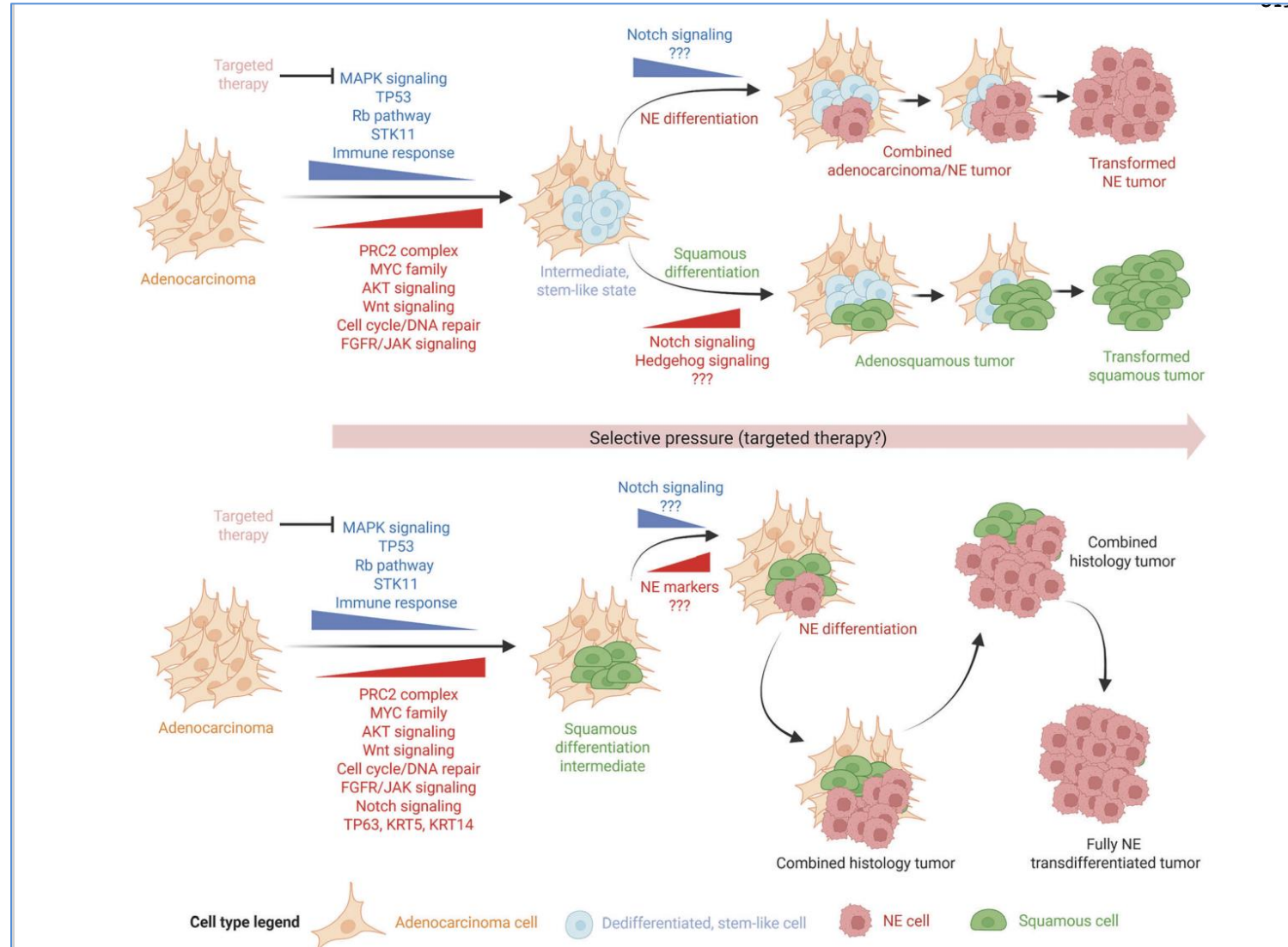
Small cell Lung Cancer

- Limited stage SCLC
 - Chemoradiation followed by Durvalumab
- Extensive stage SCLC
 - Platinum Etoposide- PDL1 inhibitor-
 - Tarlatamab II line- (perhaps even earlier)

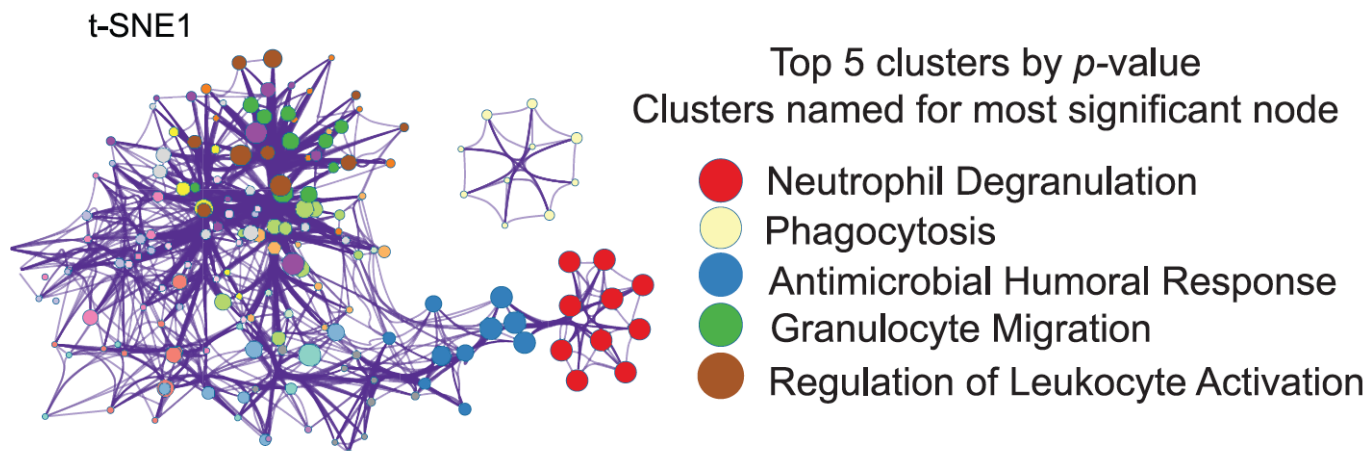
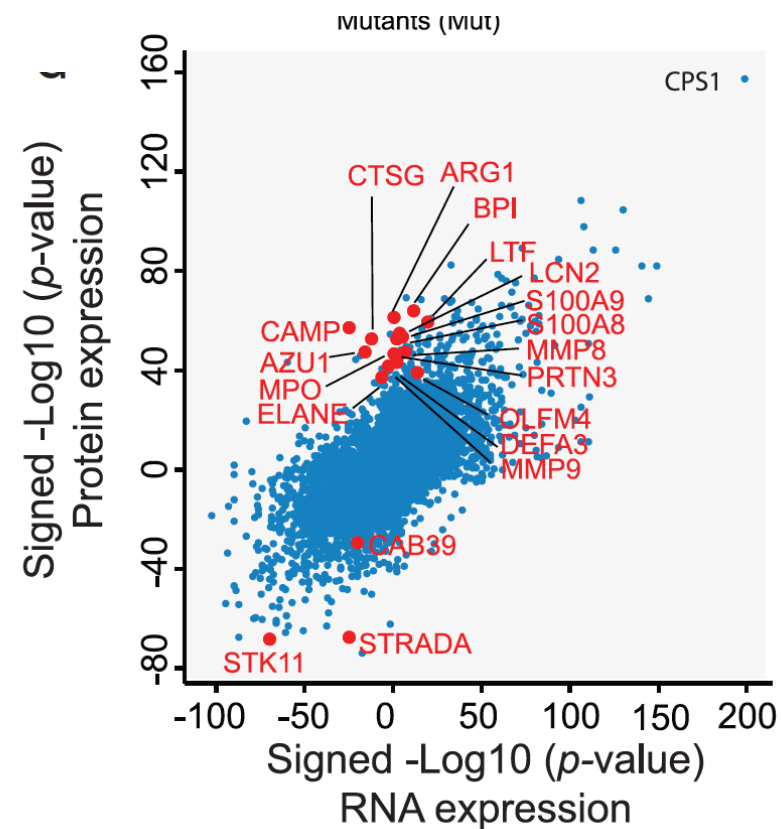
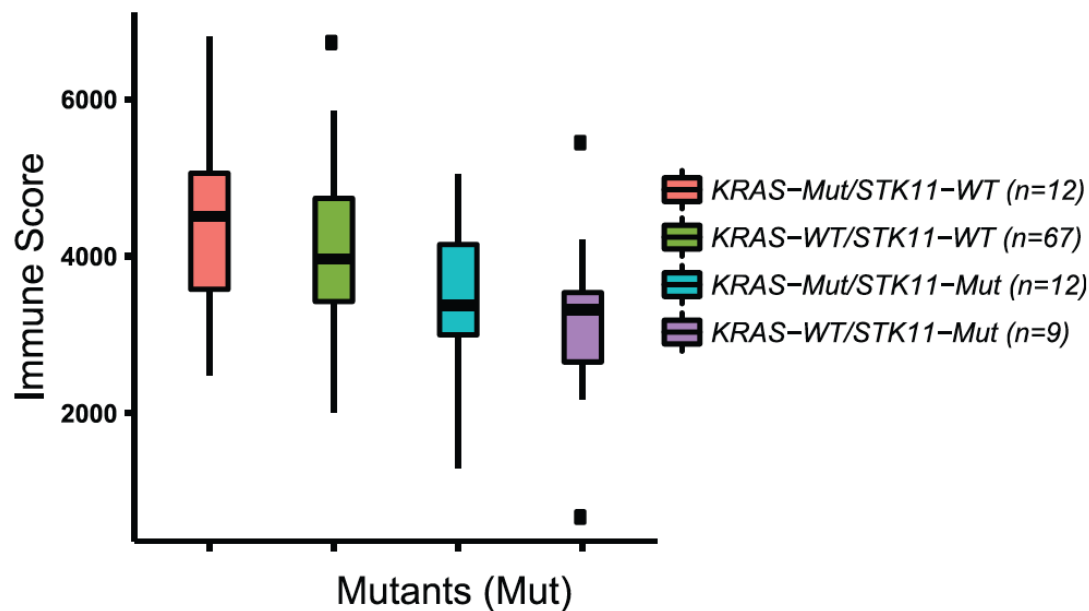
Risk Stratified Therapies



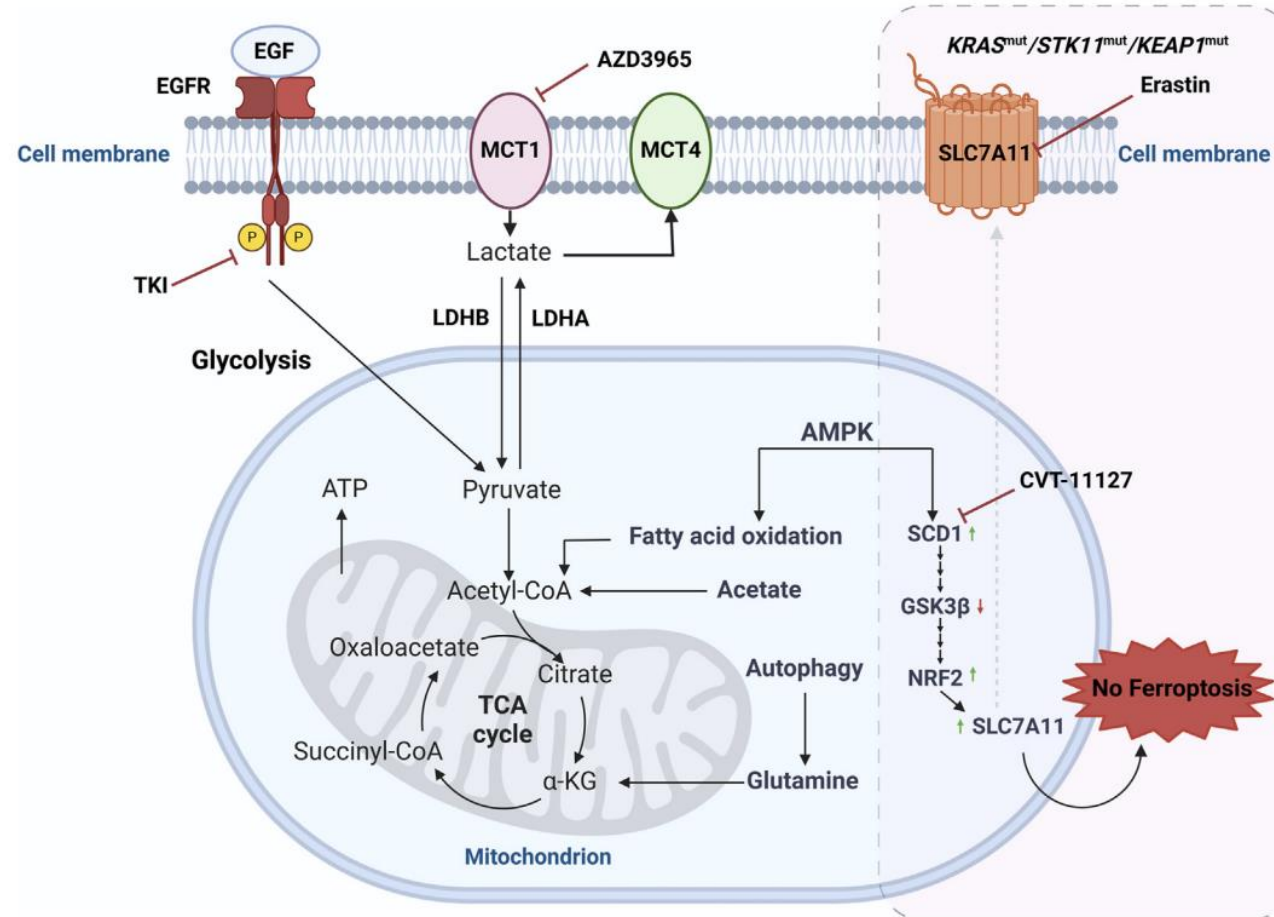
Lineage Plasticity



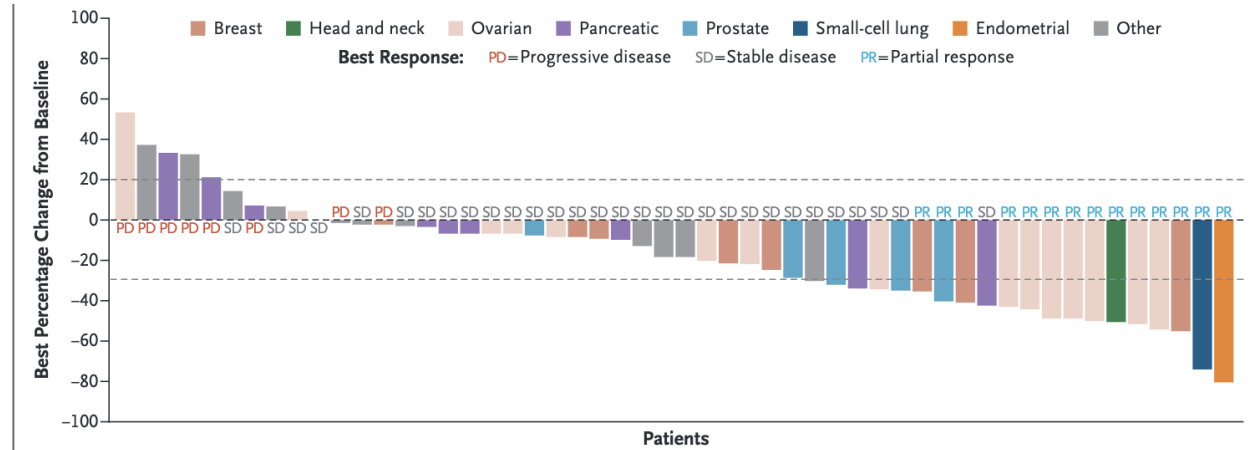
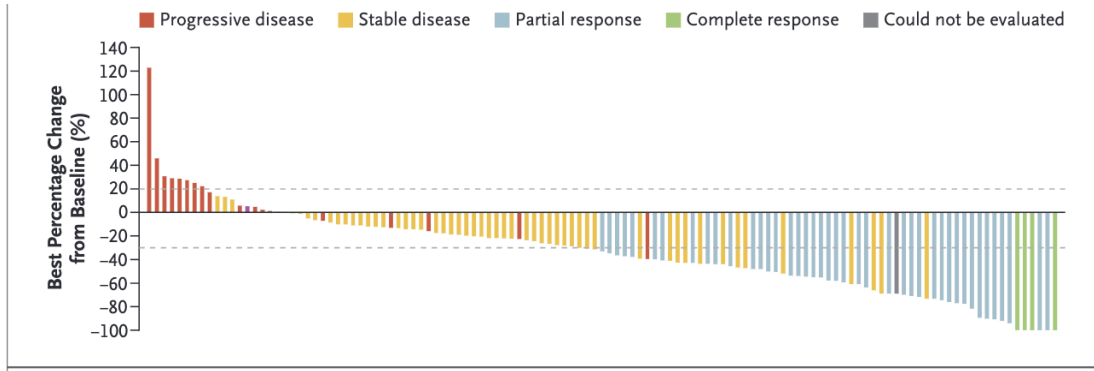
STK 11 mutations and immune landscape



Metabolic adaptations as targets



Targeting the “undruggable”



Sotorasib for Lung Cancers with *KRAS* p.G12C Mutation

This article was published on June 4, 2021, at NEJM.org.

Phase 1 Study of Rezatapopt, a p53 Reactivator, in *TP53* Y220C–Mutated Tumors

N Engl J Med 2026;394:872-83.

One target- multiple approaches

