



# EGFR: Common and Uncommon Mutations – What is Next for These Patient Populations?

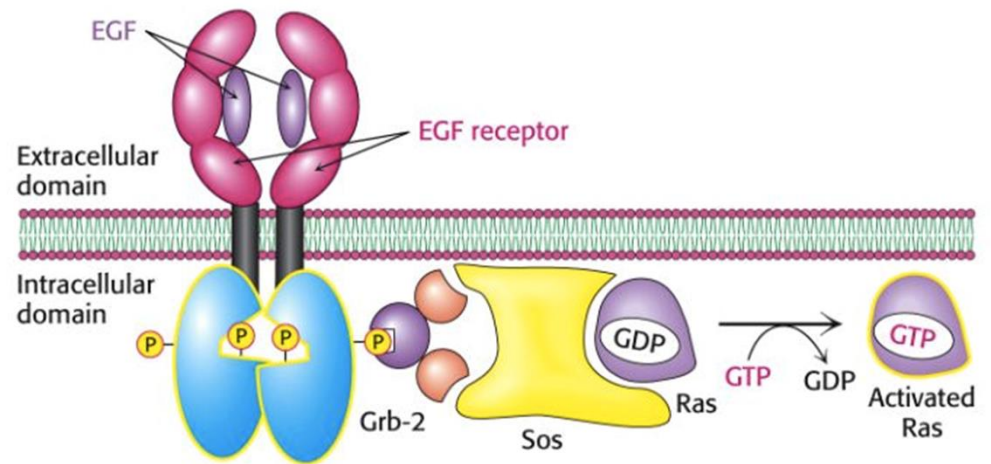
Joshua Bauml, MD  
Assistant Professor of Medicine  
Perelman School of Medicine  
University of Pennsylvania

# Financial Disclosures

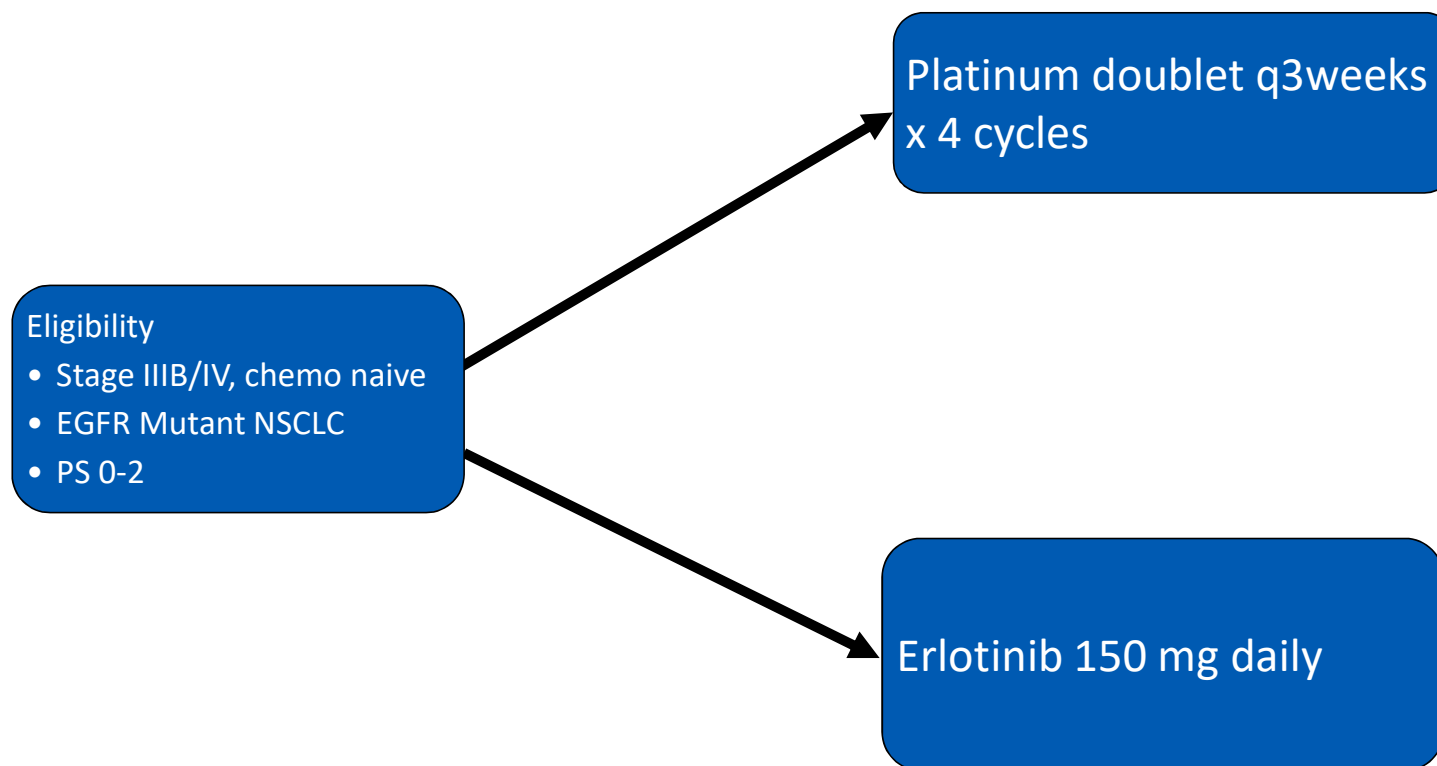
- ▶ Research/Grant Support: Merck, Clovis, Carevive Systems, Novartis, Bayer, Janssen, Astra Zeneca, Takeda
- ▶ Consultative Services: Clovis, BMS, Astra Zeneca, Celgene, Boehringer Ingleheim, Janssen, Merck, Guardant Health, Genentech, Takeda, Ayala, Regeneron, Inivata

# Epidermal Growth Factor Receptor

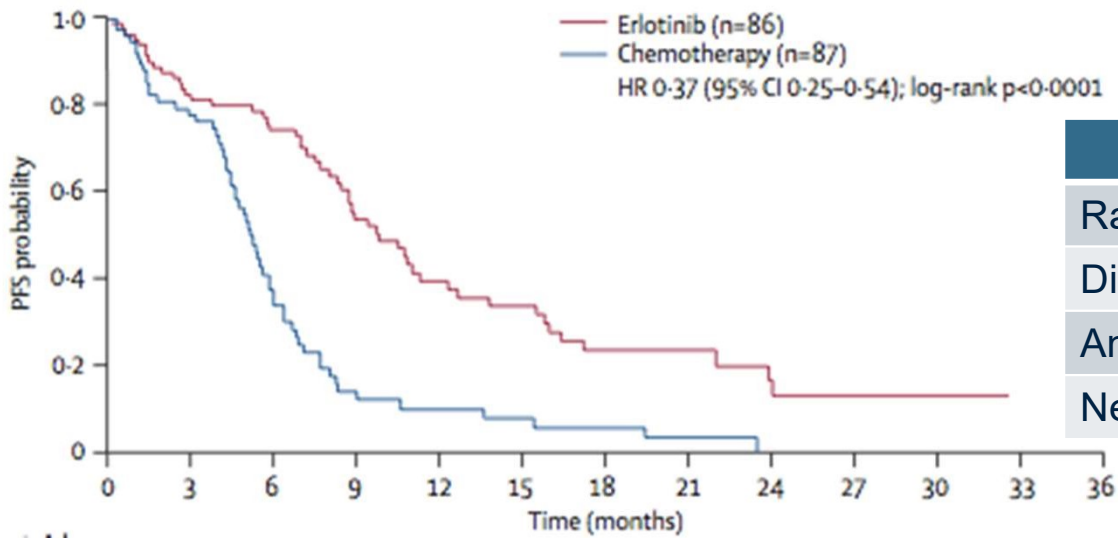
- ▶ Mutations seen 10-15% of Caucasians
  - 30-35% East Asians
- ▶ Strongly associated with epidemiology
  - Female
  - Never or light smokers (PY matters!)
- ▶ Exon 19 deletion and L8585R



## EURTAC: Erlotinib in EGFR Mutant NSCLC



# EURTAC Results

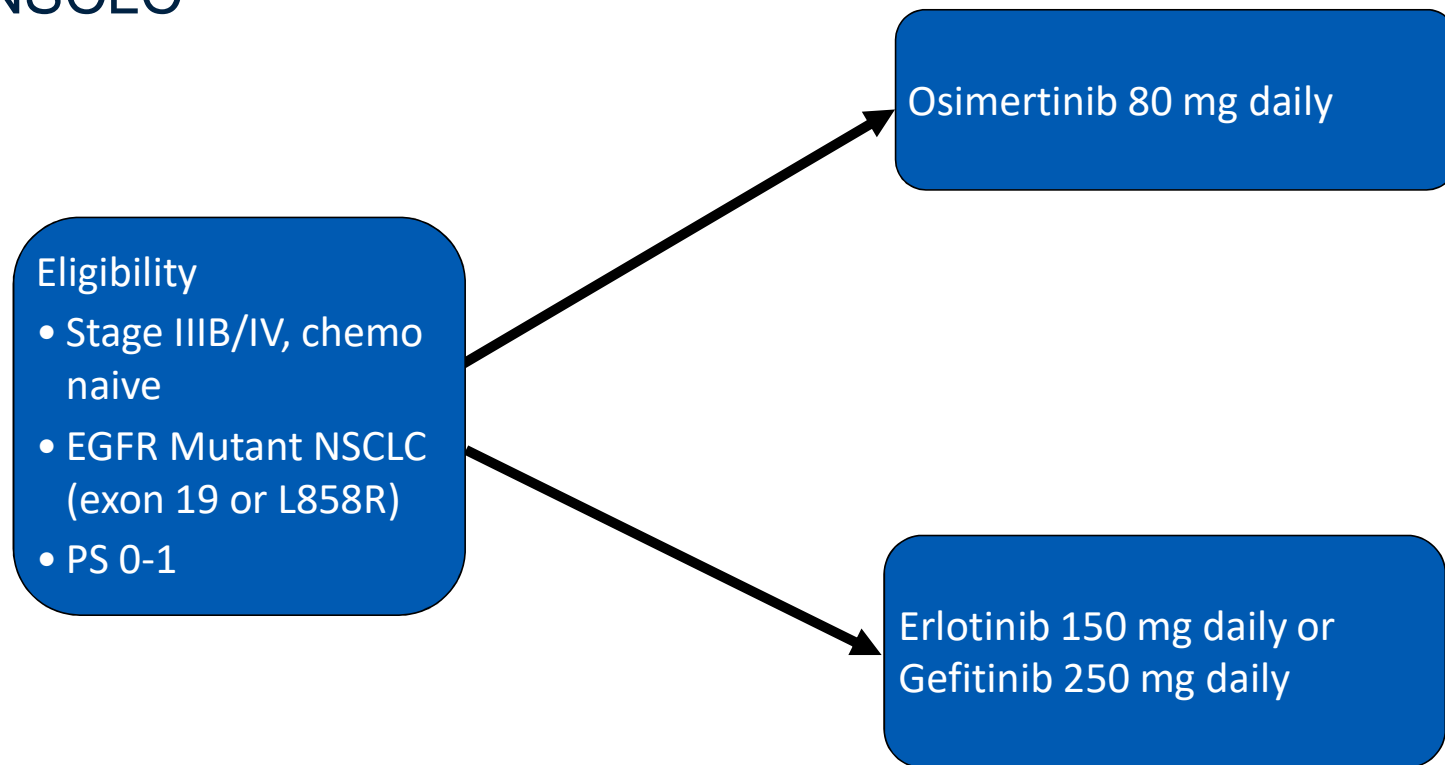


	Erlotinib	Chemotherapy
Rash	80%	5%
Diarrhea	57%	18%
Anemia	12%	49%
Neutropenia	0%	40%

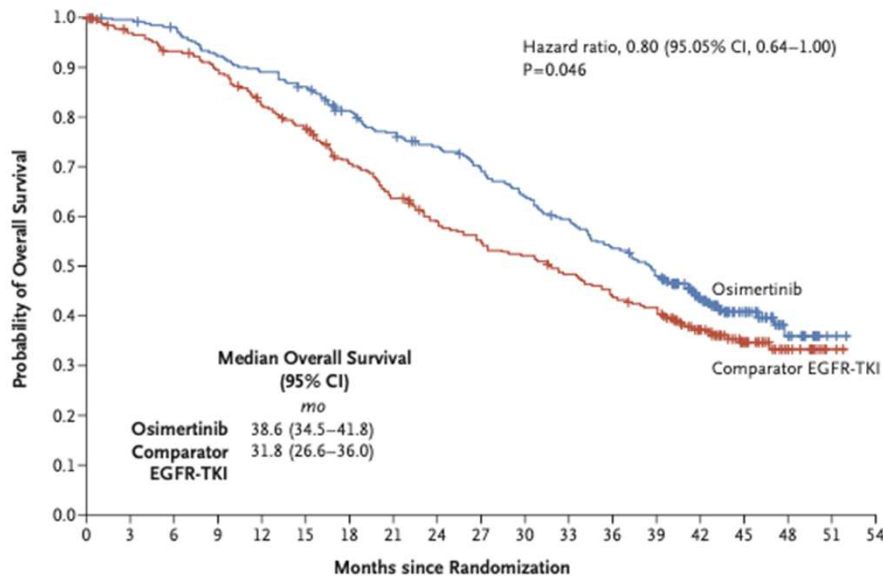
## Other RCT's Comparing TKI to Chemo

Author	Study	Agent	N (EGFR mut +)	RR	Median PFS (mos)	OS (mos)
Mok et al	IPASS	Gefitinib	261	<b>71.2% vs 47.3%</b>	<b>9.8 vs 6.4</b>	<b>21.6 vs 21.9</b>
Lee et al	First-SIGNAL	Gefitinib	42	<b>84.6% vs 37.5%</b>	<b>8.4 vs 6.7</b>	<b>27.2 vs 25.6</b>
Mitsudomi et al	WJTOG 3405	Gefitinib	177	<b>62.1% vs 32.2%</b>	<b>9.2 vs 6.3</b>	<b>35.5 vs 38.8</b>
Maemondo et al	NEJGSG002	Gefitinib	230	<b>73.7% vs 30.7%</b>	<b>10.8 vs 5.4</b>	<b>30.0 vs 23.6</b>
Zhou et al	OPTIMAL	Erlotinib	154	<b>83% vs 36%</b>	<b>13.1 vs 4.6</b>	<b>22.6 vs 28.8</b>
Rosell et al	EURTAC	Erlotinib	154	<b>54.5% vs 10.5%</b>	<b>9.2 vs 5.4</b>	<b>19.3 vs 19.5</b>
Yang et al	LUX-Lung 3	Afatinib	345	<b>56% vs 23%</b>	<b>13.6 vs 6.9</b>	<b>HR 1.12</b>
Wu et al	LUX-Lung 8	Afatinib	364	<b>67% vs 23%</b>	<b>11.0 vs 5.6</b>	<b>HR 0.95</b>
Mok et al	AURA3	Osimertinib	419	<b>71% vs 31%</b>	<b>10.1 vs 4.4</b>	<b>Unk</b>

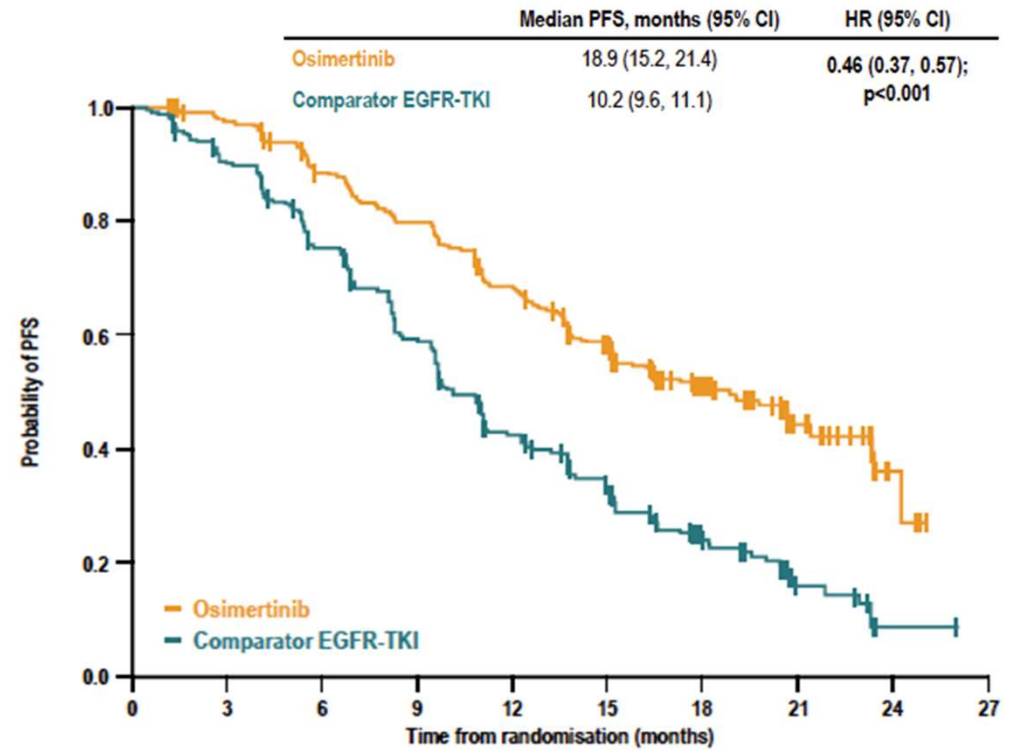
# FLAURA: Osimertinib vs SOC in 1<sup>st</sup> Line EGFR Mutant NSCLC



# FLAURA Results



No. at Risk	0	3	6	9	12	15	18	21	24	27	30	33	36	39	42	45	48	51	54
Osimertinib	279	276	270	254	245	236	217	204	193	180	166	153	138	123	86	50	17	2	0
Comparator EGFR-TKI	277	263	252	239	219	205	182	165	148	138	131	121	110	101	72	40	17	2	0



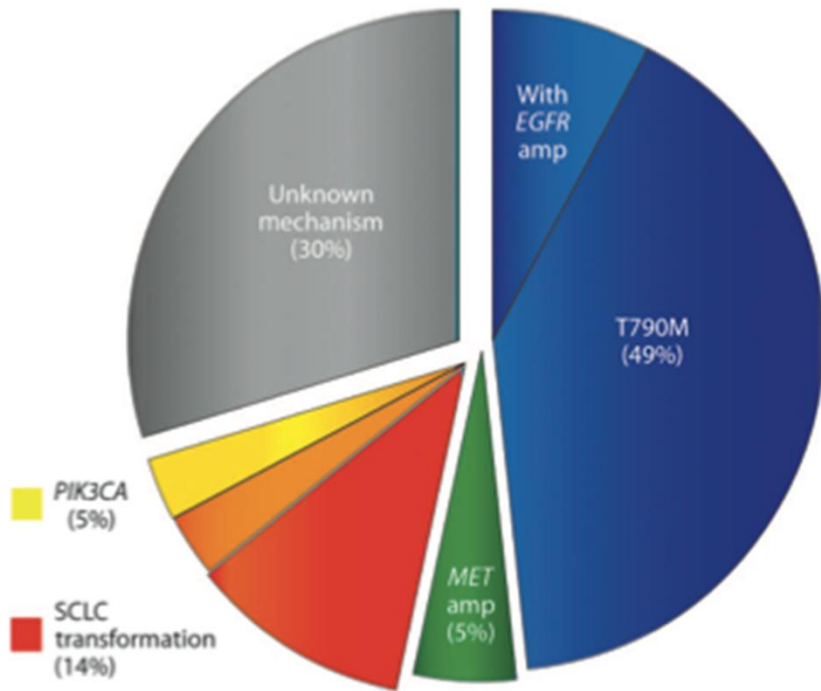
	Osimertinib	SOC
Rash	25%	48%
Diarrhea	58%	57%
Stomatitis	29%	20%

Ramalingam et al NEJM 2019  
Ramalingam et al ESMO 2019

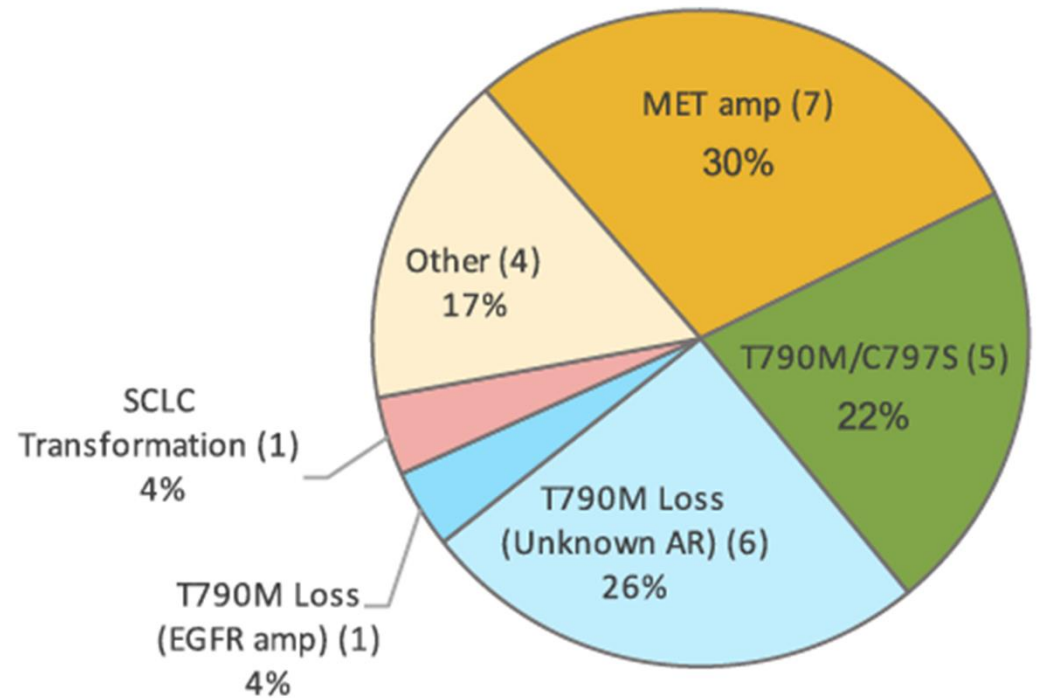


# What happens after osimertinib?

First Generation Resistance

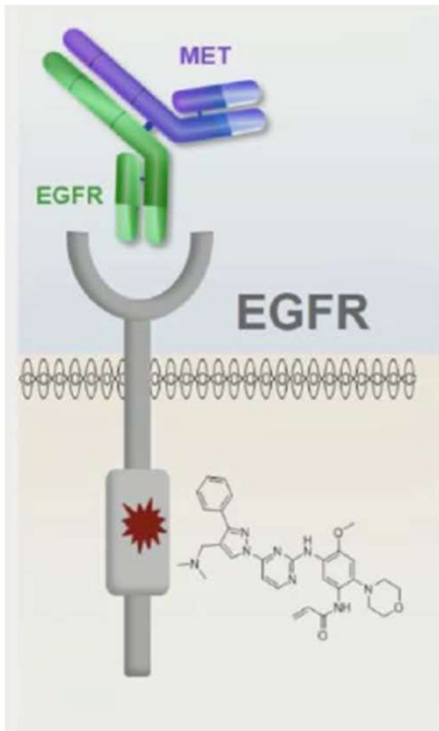


Osimertinib Resistance

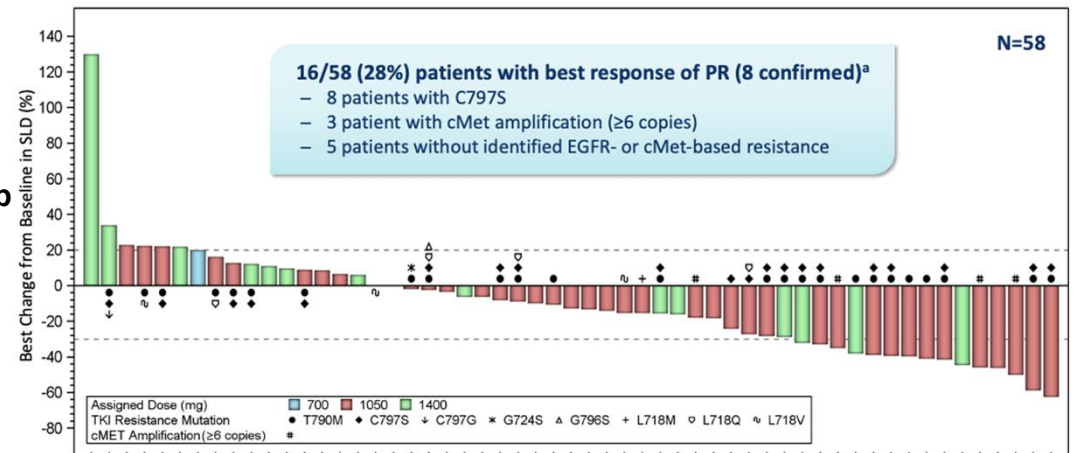


Sequist et al Sci Transl Med 2011  
Piotrowska et al ASCO 2017

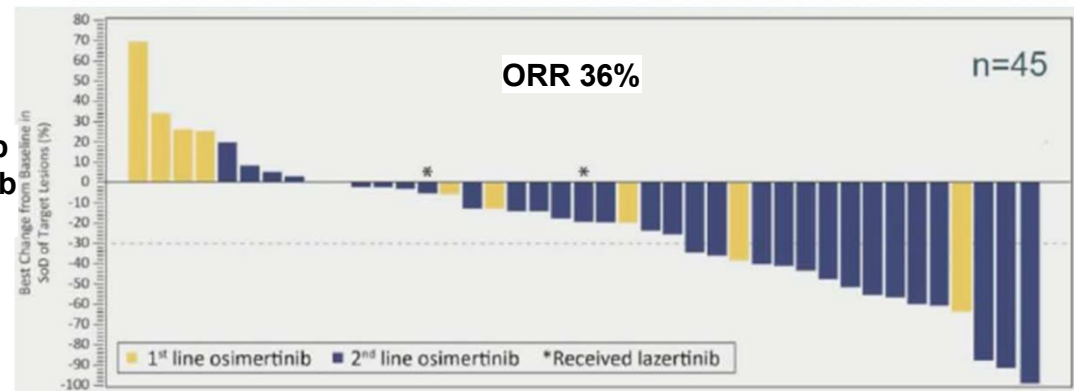
# Amivantamab +/- Lazertinib efficacy



**Amivantamab  
After 3G TKI**

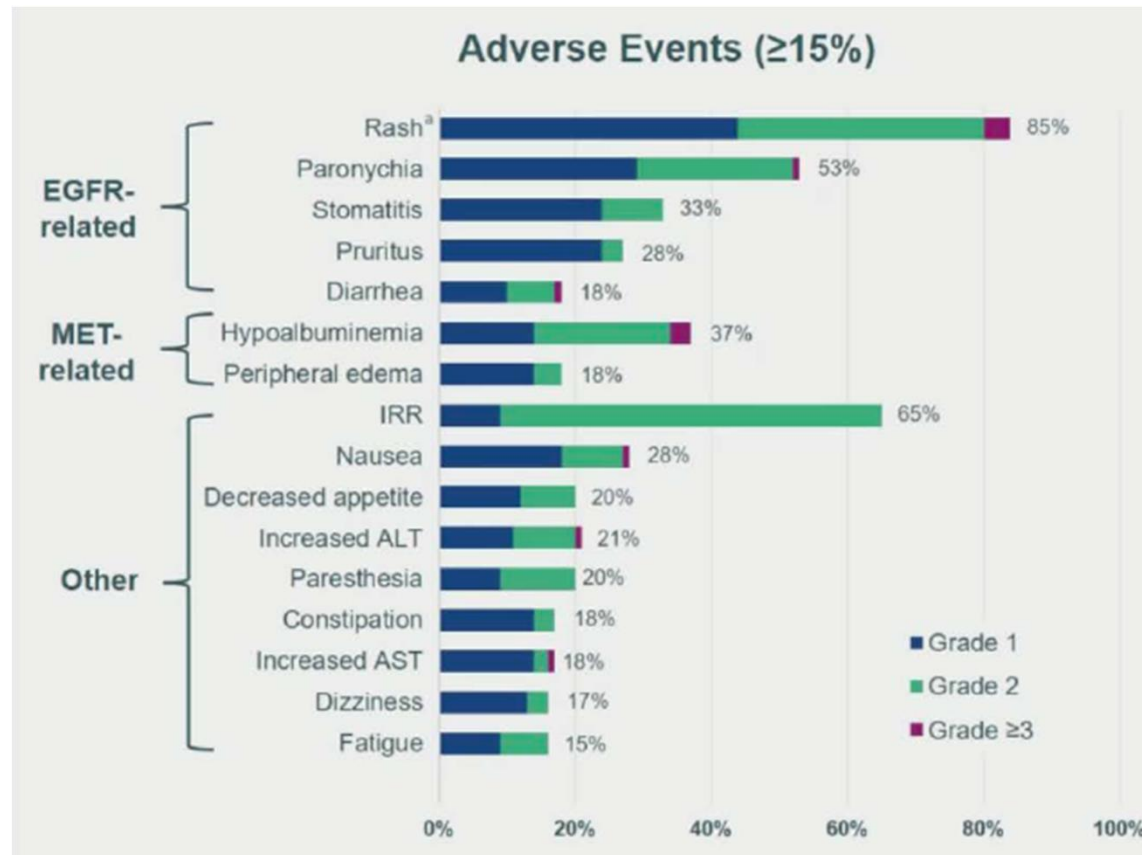


**Amivantamab  
and Lazertinib  
After 3G TKI**

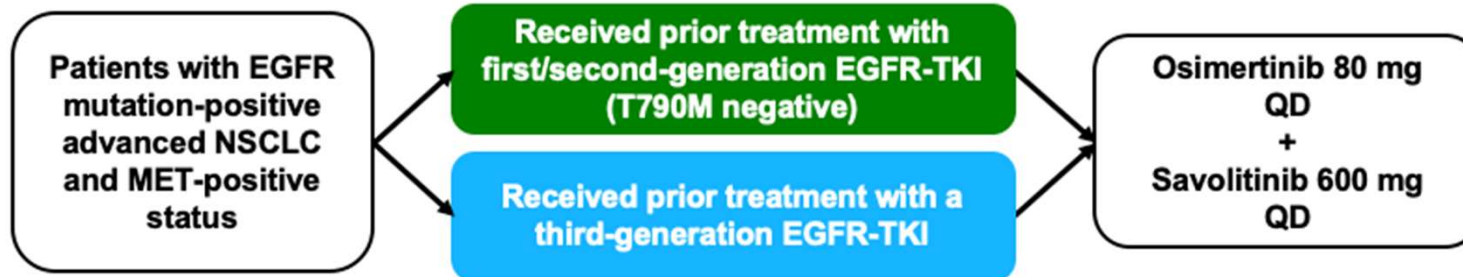


Haura et al ASCO 2019  
Cho et al ESMO 2020

# Amivantamab/Lazertinib Toxicity



# Osimertinib/savolitinib



## Primary endpoint:

- Safety and tolerability

## Secondary endpoint:

- Preliminary assessment of anti-tumor activity (RECIST v1.1): ORR, DoR, time to response

**MET Amplification could be defined by**

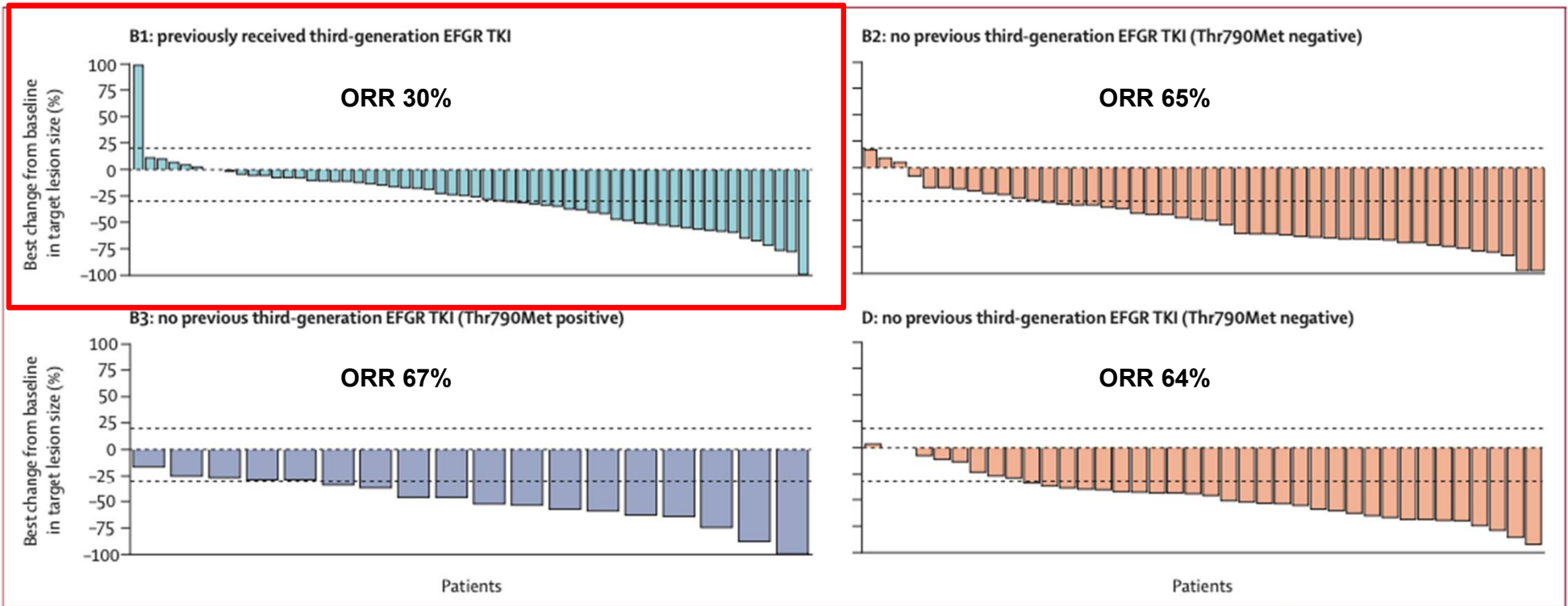
**FISH: GCN $\geq$ 5 or MET:CEP7  $\geq$ 2**

**IHC: MET 3+ in  $\geq$ 50% tumor**

**NGS:  $\geq$ 5 copies of MET**

**Dose changed to 300 mg daily for expansion**

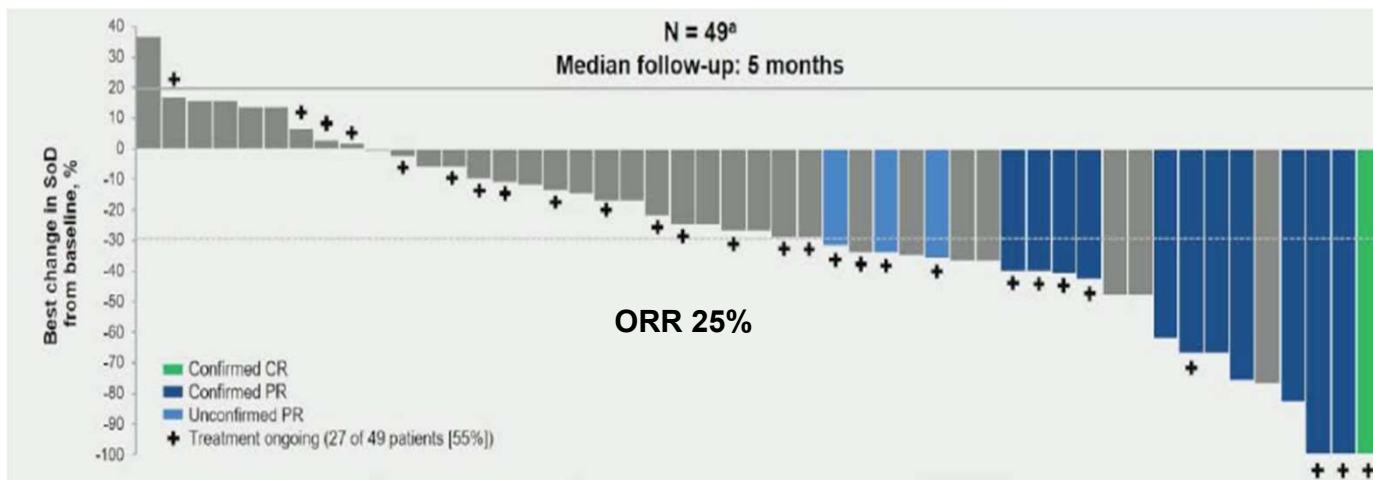
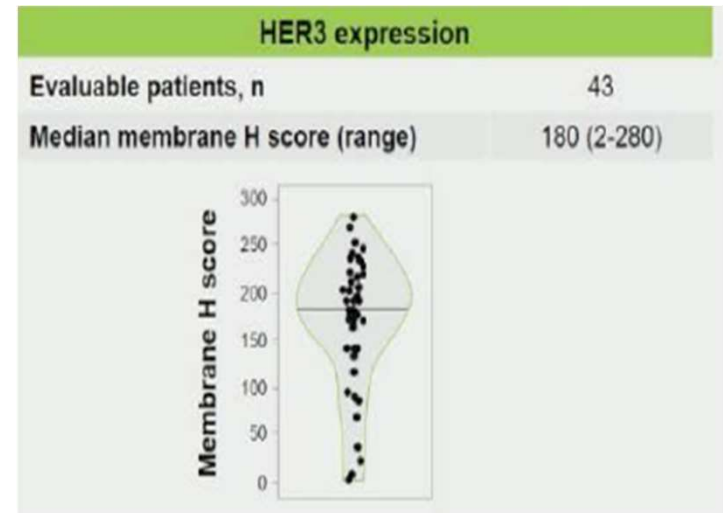
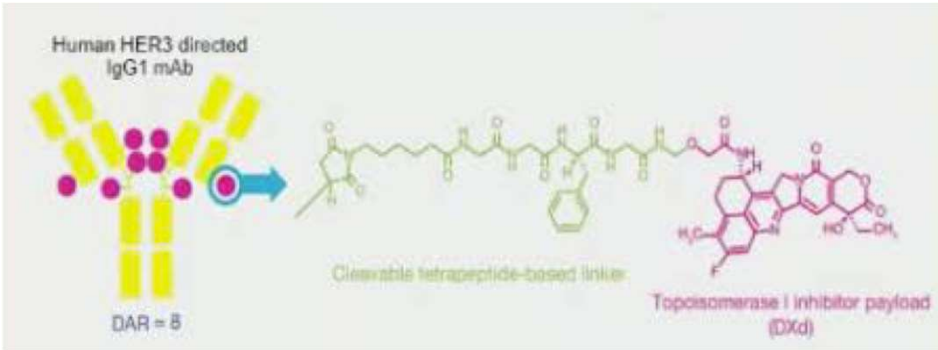
# Osimertinib/savolitinib efficacy



# Osimertinib/savolitinib toxicity

	Part B: osimertinib 80 mg plus savolitinib 600 mg or 300 mg (n=138)*					Part D: osimertinib 80 mg plus savolitinib 300 mg (n=42)				
	All part B patients†	Grade 1-2	Grade 3	Grade 4	Grade 5	All part D patients	Grade 1-2	Grade 3	Grade 4	Grade 5
Nausea	67 (49%)	63 (46%)	4 (3%)	0	0	13 (31%)	13 (31%)	0	0	0
Decreased appetite	47 (34%)	39 (28%)	5 (4%)	0	0	6 (14%)	5 (12%)	1 (2%)	0	0
Fatigue	48 (35%)	40 (29%)	6 (4%)	0	0	4 (10%)	4 (10%)	0	0	0
Peripheral oedema	44 (32%)	40 (29%)	3 (2%)	0	0	8 (19%)	8 (19%)	0	0	0
Vomiting	46 (33%)	40 (29%)	6 (4%)	0	0	5 (12%)	5 (12%)	0	0	0
Diarrhoea	39 (28%)	35 (25%)	4 (3%)	0	0	8 (19%)	6 (14%)	2 (5%)	0	0
Paronychia	30 (22%)	27 (20%)	3 (2%)	0	0	7 (17%)	7 (17%)	0	0	0
Pyrexia	29 (21%)	28 (20%)	1 (1%)	0	0	6 (14%)	6 (14%)	0	0	0
Rash	26 (19%)	23 (17%)	3 (2%)	0	0	8 (19%)	8 (19%)	0	0	0
Stomatitis	26 (19%)	26 (19%)	0	0	0	4 (10%)	4 (10%)	0	0	0
Constipation	26 (19%)	24 (17%)	0	0	0	3 (7%)	3 (7%)	0	0	0
Pruritus	24 (17%)	23 (17%)	1 (1%)	0	0	5 (12%)	5 (12%)	0	0	0
Myalgia	22 (16%)	17 (12%)	3 (2%)	0	0	6 (14%)	5 (12%)	1 (2%)	0	0
Cough	22 (16%)	21 (15%)	0	0	0	4 (10%)	3 (7%)	1 (2%)	0	0
Headache	23 (17%)	23 (17%)	0	0	0	3 (7%)	3 (7%)	0	0	0
Dizziness	20 (14%)	20 (14%)	0	0	0	5 (12%)	5 (12%)	0	0	0
White blood cell count decreased	20 (14%)	16 (12%)	4 (3%)	0	0	4 (10%)	4 (10%)	0	0	0
Alanine aminotransferase increased	20 (14%)	13 (9%)	7 (5%)	0	0	3 (7%)	3 (7%)	0	0	0
Aspartate aminotransferase increased	21 (15%)	12 (9%)	8 (6%)	1 (1%)	0	2 (5%)	2 (5%)	0	0	0

# Patritumab Deruxtecan

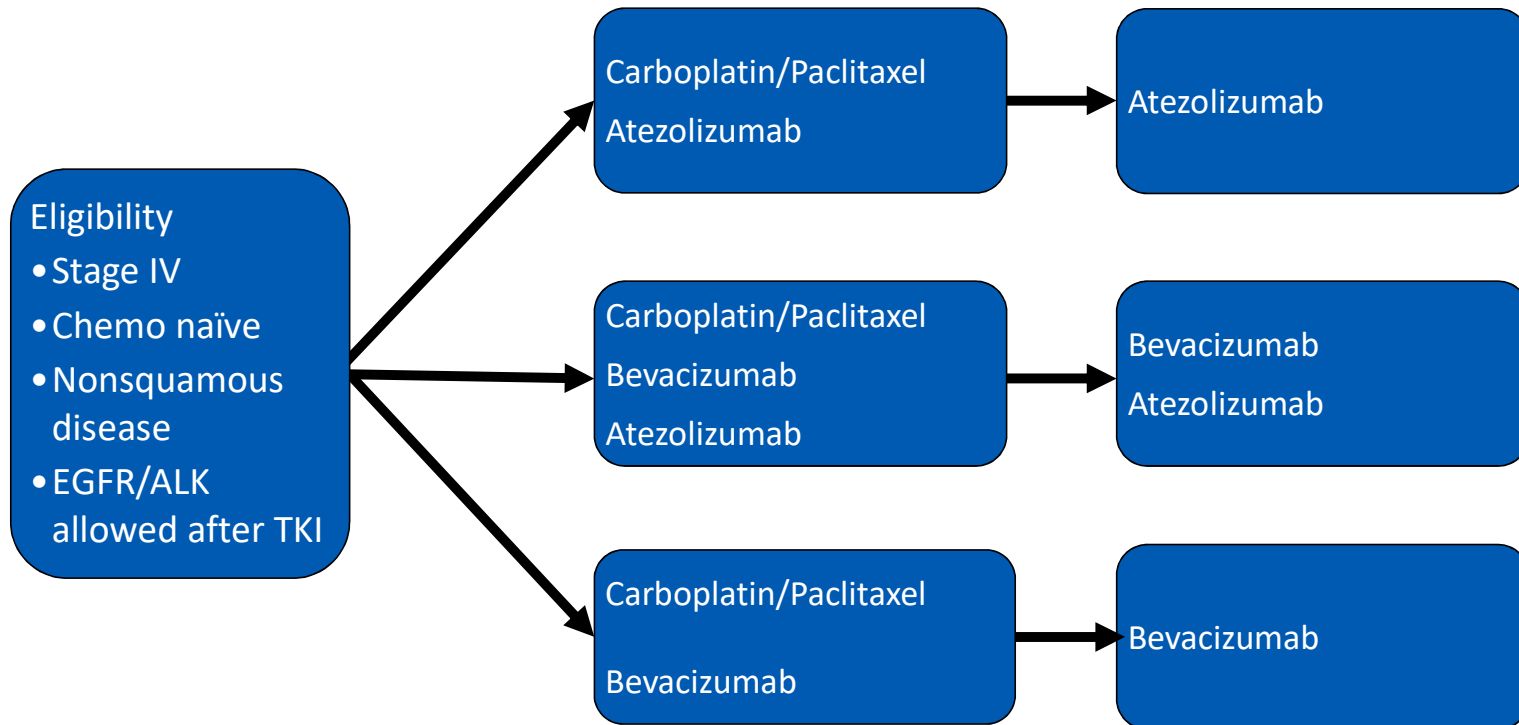


# Patritumab deruxtecan Toxicity

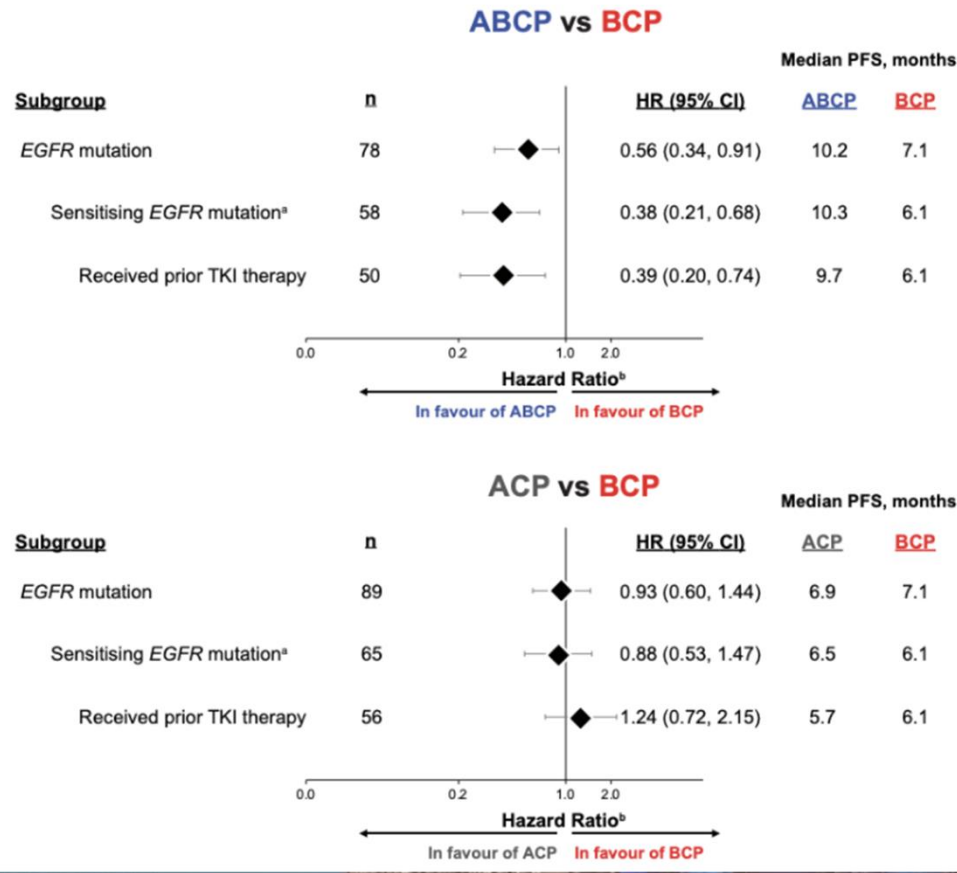
TEAEs (regardless of causality), n (%)	N = 57	TEAEs in ≥20% of patients, n (%)	N = 57	
			All grades	Grade ≥3
<b>TEAEs</b>	57 (100)	<b>Fatigue</b>	33 (58)	5 (9)
Grade ≥3	38 (67)	<b>Nausea</b>	31 (54)	2 (4)
Associated with discontinuation	5 (9)	<b>Thrombocytopenia<sup>a</sup></b>	30 (53)	16 (28)
Associated with dose reduction	10 (18)	<b>Decreased appetite</b>	20 (35)	1 (2)
Associated with dose interruption	17 (30)	<b>Neutropenia<sup>b</sup></b>	19 (33)	11 (19)
Associated with death	3 (5)	<b>Vomiting</b>	17 (30)	1 (2)
<b>Treatment-emergent SAEs</b>	21 (37)	<b>Alopecia</b>	17 (30)	NA
Grade ≥3	18 (32)	<b>Anemia<sup>c</sup></b>	15 (26)	5 (9)
Treatment related	11 (19)	<b>Constipation</b>	14 (25)	0



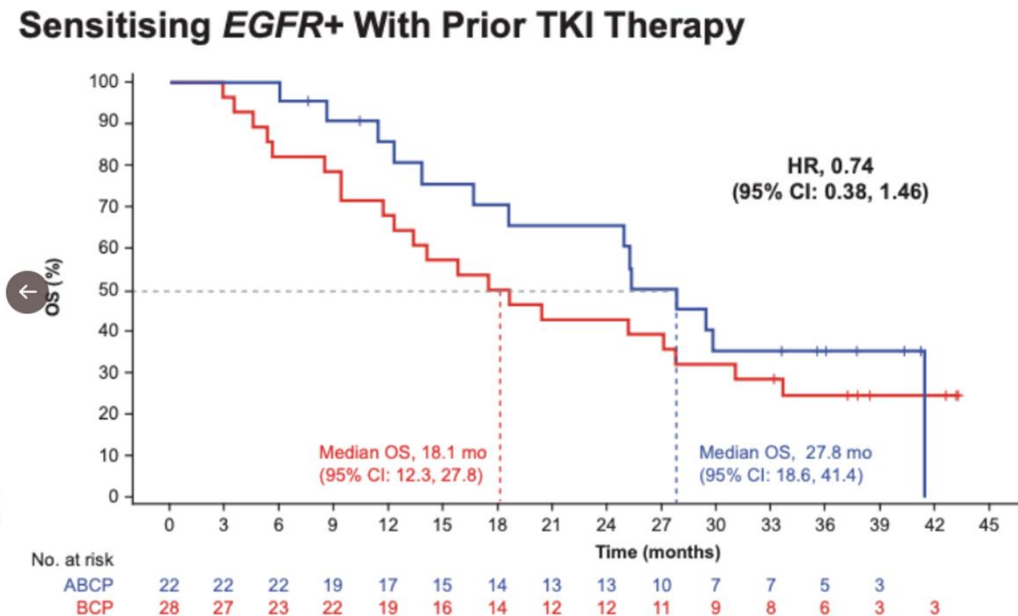
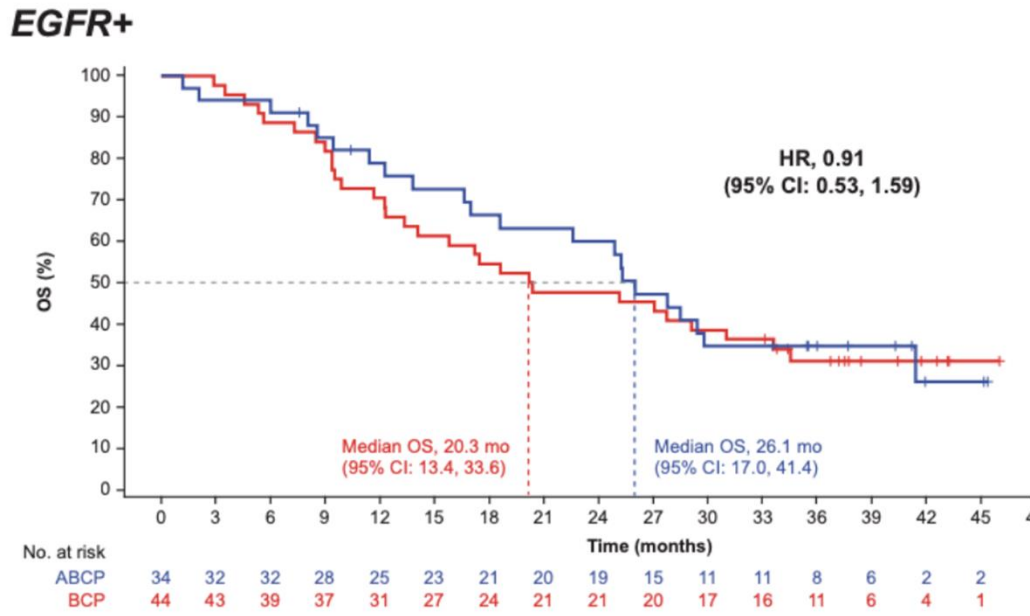
# What about IMPOWER 150



# IMPOWER 150 Updated EGFR Results



# IMPOWER 150 Updated EGFR Results

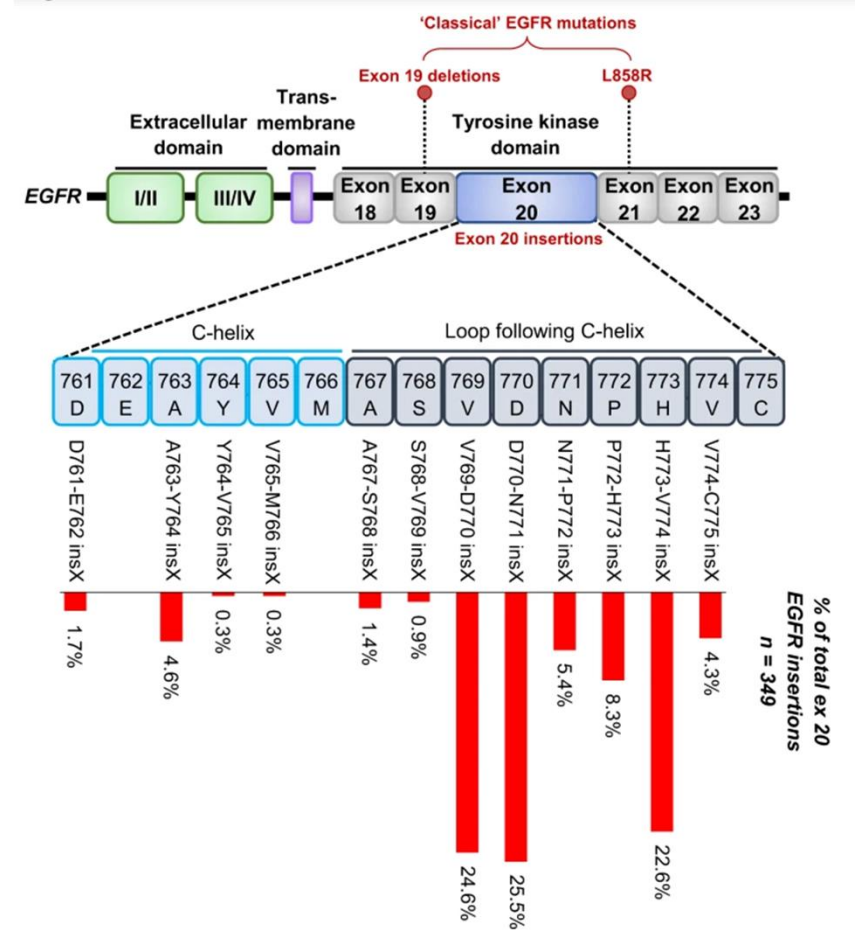


## What do I do now?

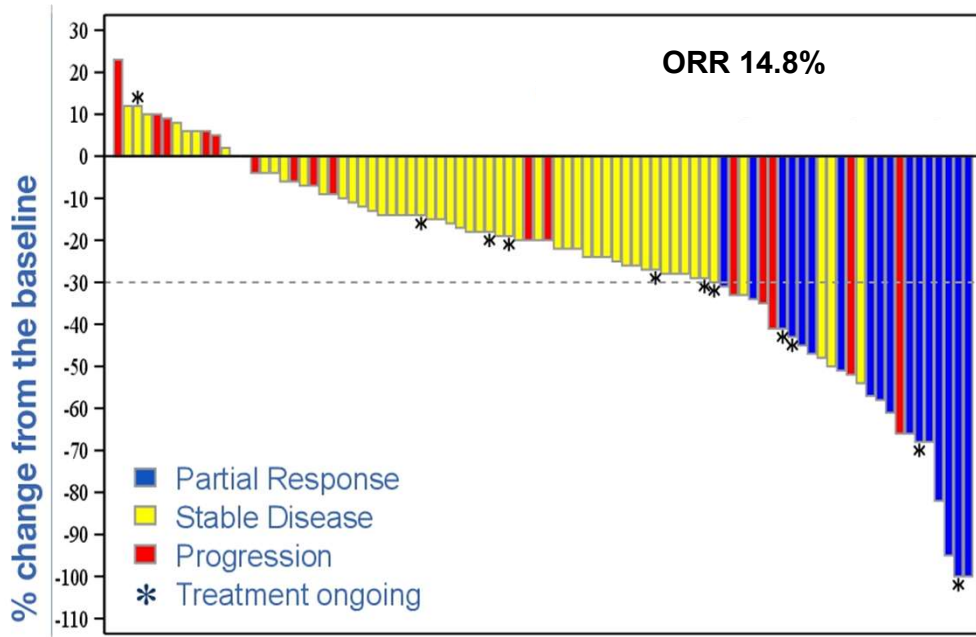
- ▶ Repeat molecular interrogation
  - Including MET FISH!
- ▶ If MET+ trial or adding on MET inhibitor
- ▶ If MET- and no trial, I generally do osi+chemo

# EGFR Exon 20 Insertions

- ▶ 4-10% of all EGFR mutant NSCLC
  - This could be limited by testing type
- ▶ Traditional TKI's have limited activity
- ▶ Worse prognosis than other EGFR+ NSCLC



# Poziotinib

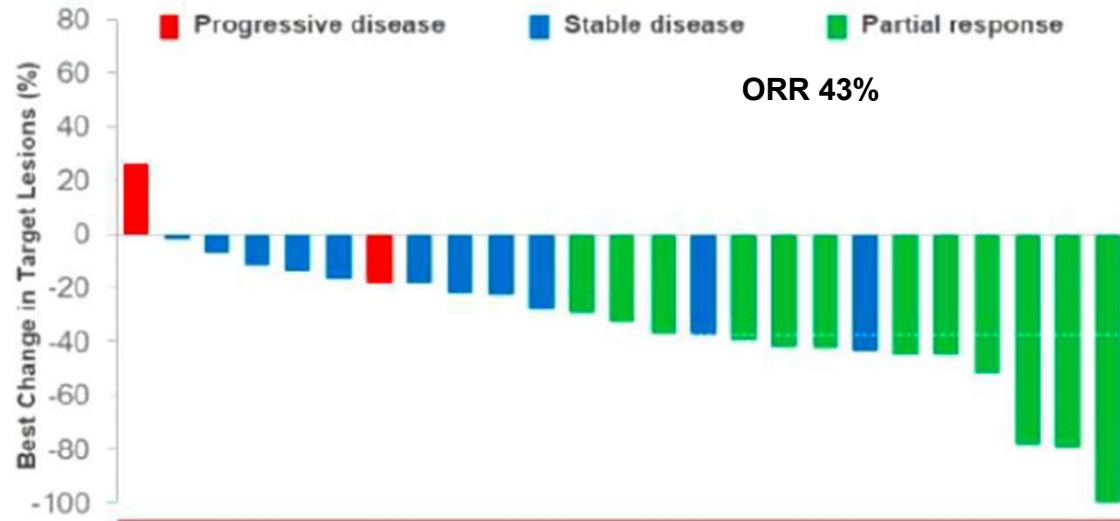


	N=90, n (%)
Treatment-related AE	88 (98)
Treatment-related Serious AE	13 (14)
Dose interruptions	78 (87)
Dose reductions	70 (78)
AE related permanent discontinuation	11 (12)

Preferred Term (PT)	N=90, n (%)		
	Any Grade	Grade 3	Grade 4
Diarrhea	74 (82)	23 (26)	0
Rash	61 (68)	27 (30)	0
Stomatitis / Mucosal Inflammation	59 (66)	20 (22)	1 (1)
Paronychia	34 (38)	1 (1)	0
Pneumonitis	1 (1)	0	0

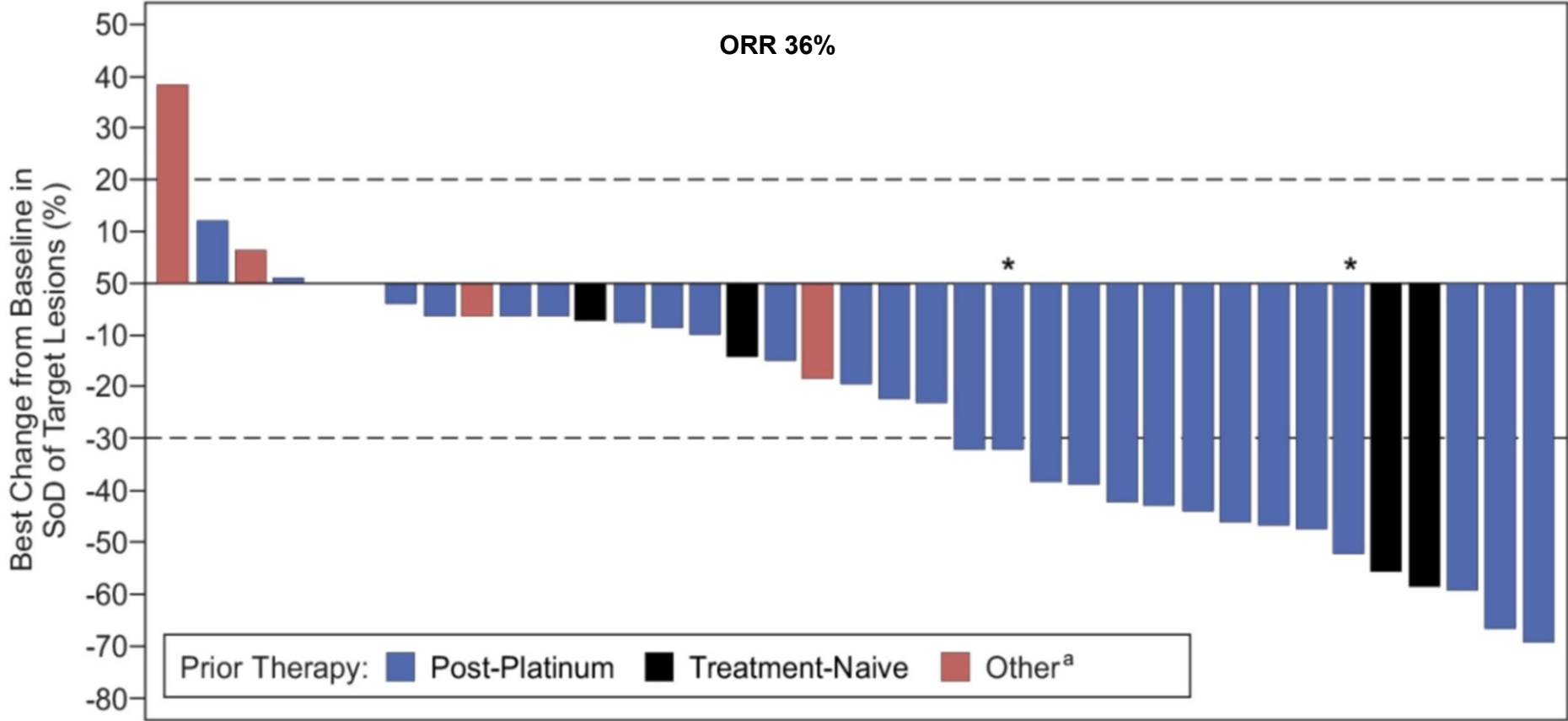
Le et al ASCO 2020  
Socinski et al ESMO 2020

# Mobocertinib



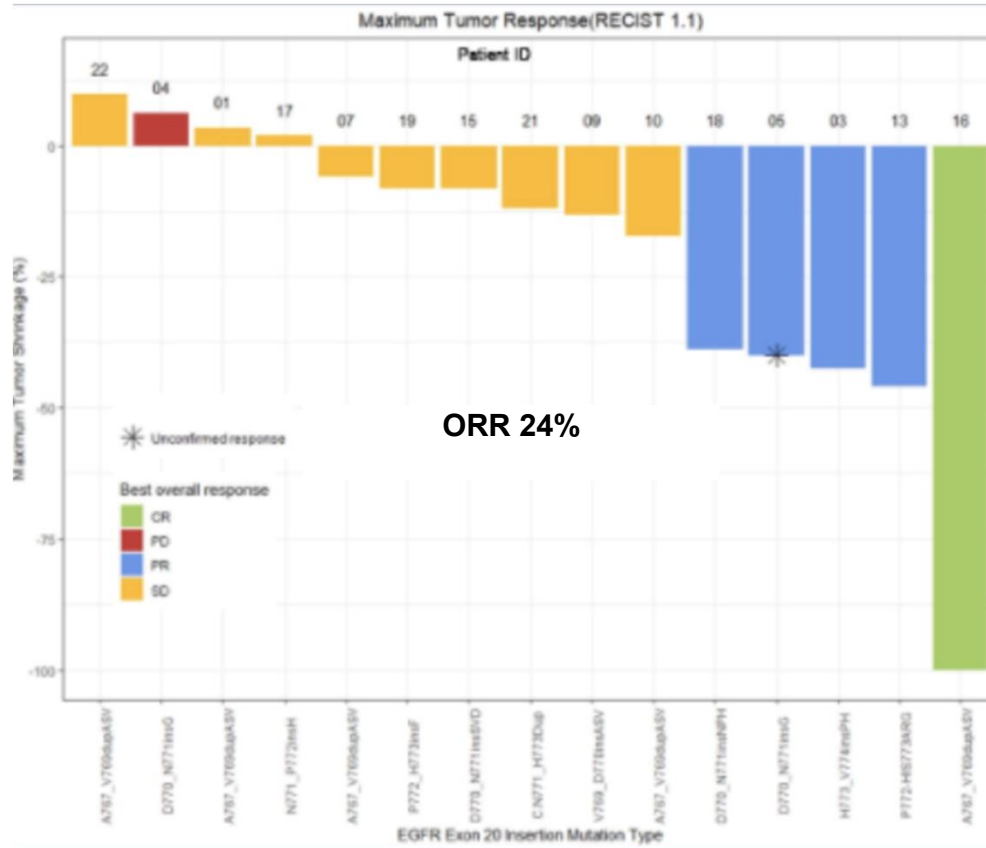
Any grade: ≥20% of all patients Grade ≥3: ≥5% of all patients	Patients With EGFR Exon 20 Insertions Treated at 160 mg qd (n=28)		All Patients Treated at 160 mg qd <sup>a</sup> (n=136)	
	Any Grade, %	Grade ≥3, %	Any Grade, %	Grade ≥3, %
Diarrhea	82	32	83	21
Nausea	39	11	43	4
Rash	46	0	33	1
Vomiting	36	7	26	4
Decreased appetite	39	0	26	1
Dry skin	18	0	21	0
Fatigue	14	4	22	1

# Amivantamab





# High dose osimertinib



## What do I do now?

- ▶ Trials are critical!
- ▶ Osimertinib is accessible off label

