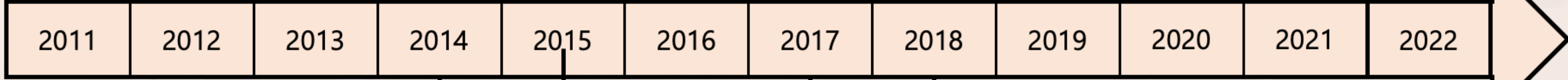
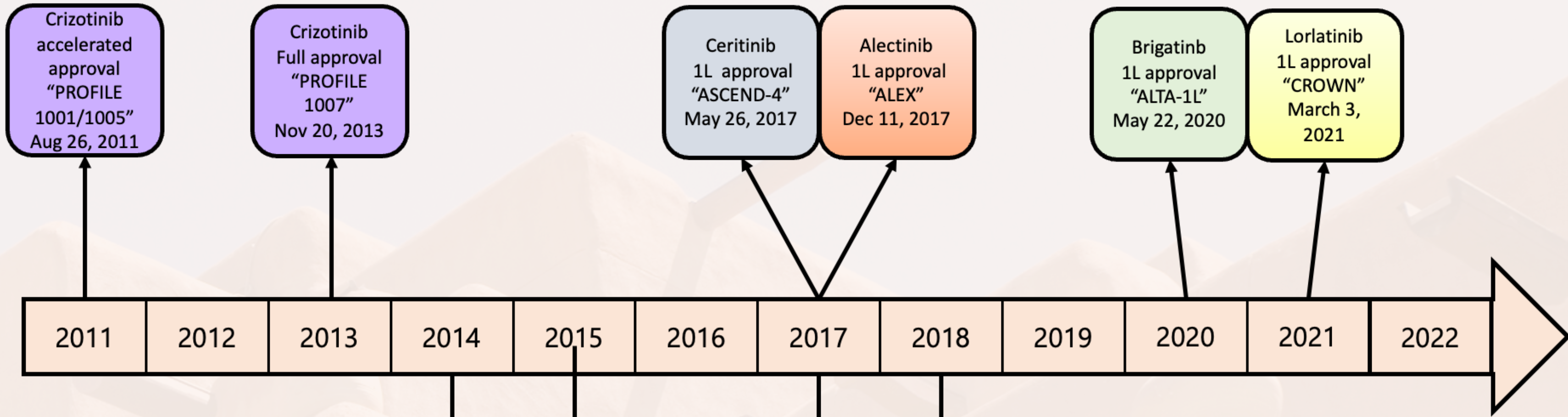


ALK in Front Line Therapy: Second or Third Generation TKI Inhibitors. What Can Help Us to Choose the Best Therapeutic Agent?

Sai-Hong Ignatius Ou, MD PhD
University of California Irvine School of Medicine
Orange, CA 92868

- Background
- Pre-clinical potency
- Clinical efficacy
- Tolerability
- Special situation (CNS)

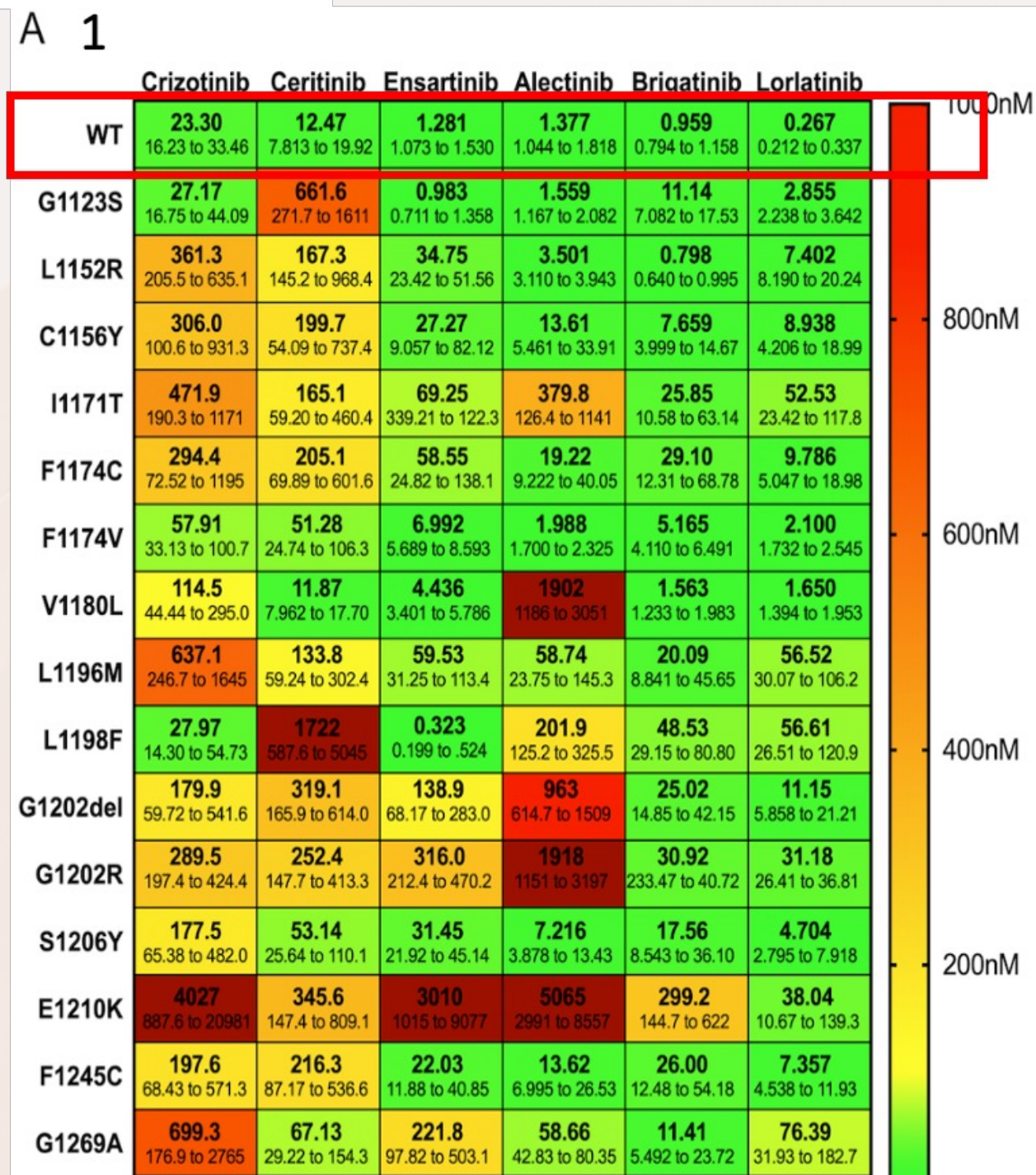
1st Line (1L)



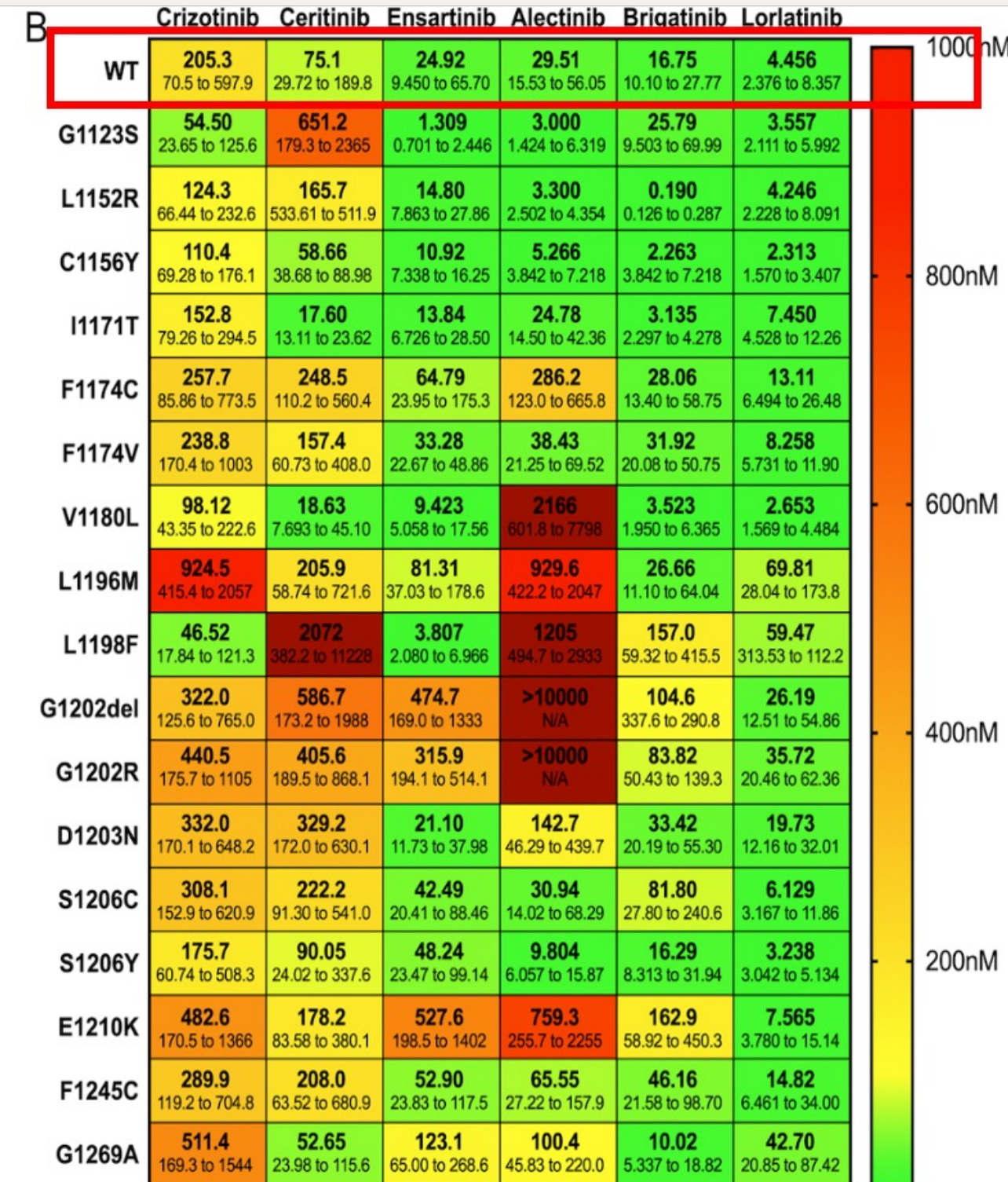
≥ 2nd Line

All 6 approved ALK TKIs heatmaps

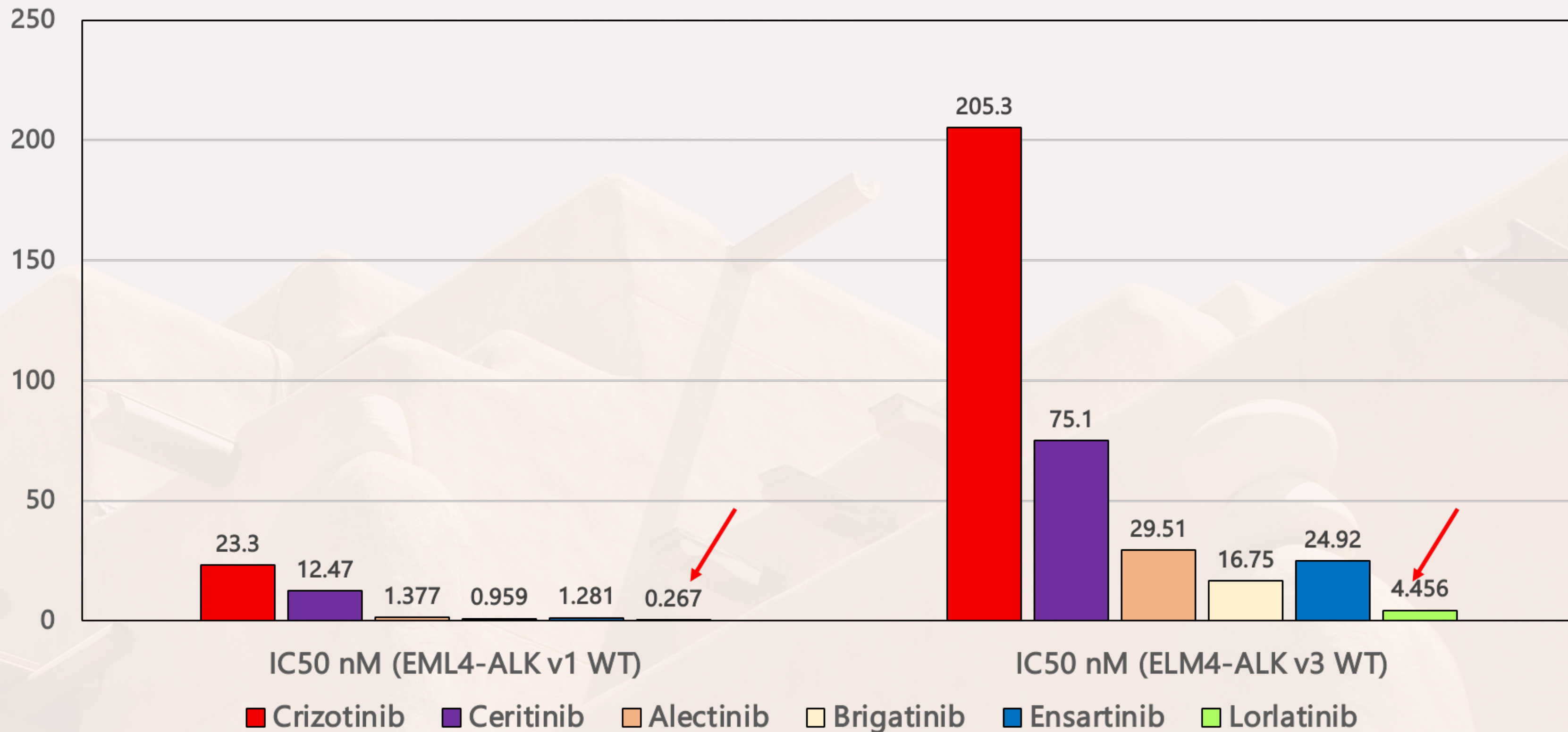
EML4-ALK Variant



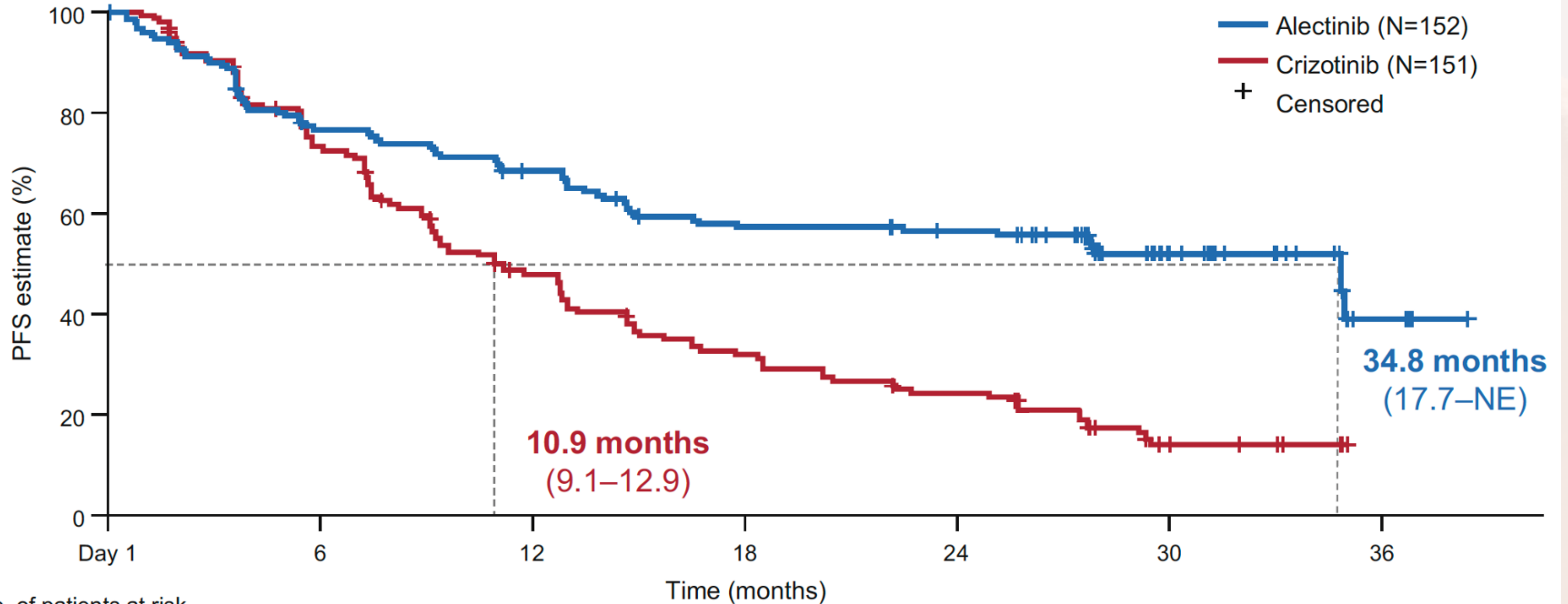
EML4-ALK Variant 3



Comparison of IC₅₀ among ALK TKIs in the back ground of EML4-ALK variant 1 and variant 3



ALEX most recent update (2019)



No. of patients at risk

	Day 1	6	12	18	24	30	36
Alectinib 152	152	135	113	109	99	84	81
Crizotinib 151	151	132	104	83	64	47	42

Alectinib vs crizotinib in Asian patients with treatment-naïve advanced *ALK*+ non-small cell lung cancer: 5-year update from the Phase 3 ALESIA study

Thanyanan Baisamut (Reungwetwattana)
Faculty of Medicine Ramathibodi Hospital, Mahidol University,
Bangkok, Thailand

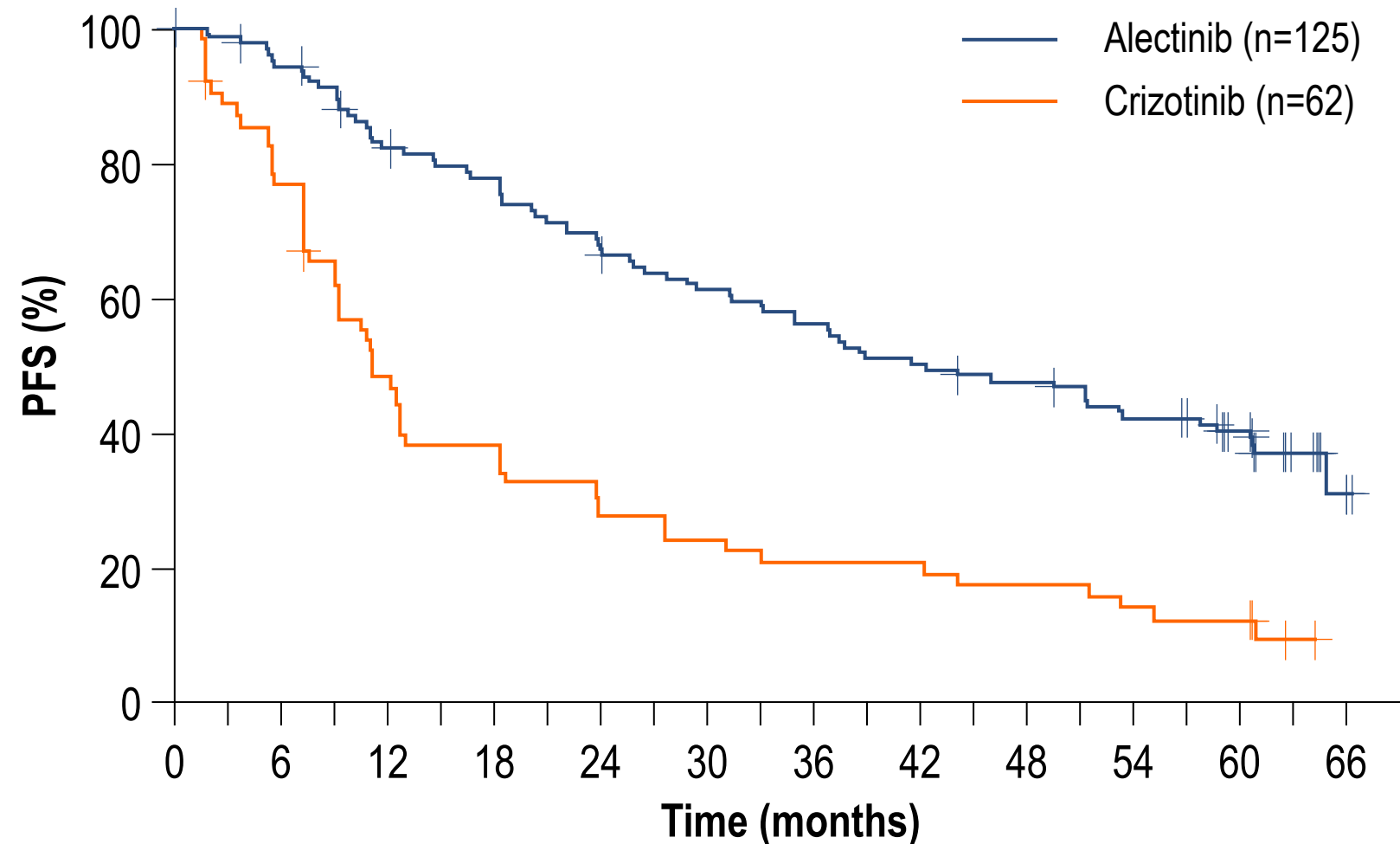
Zhou C,¹ Lu Y,² Kim S-W,³ Baisamut (Reungwetwattana) T,⁴ Zhou J,⁵ Zhang Y,⁶ He J,⁷ Yang J-J,⁸ Cheng Y,⁹ Lee S-H,¹⁰ Chang J,¹¹ Fang J,¹² Liu Z,¹³ Bu L,¹⁴ Qian L,¹⁴ Xu T,¹⁴ Archer V,¹⁵ Hilton M,¹⁶ Zhou M,¹⁴ Zhang L¹⁷

¹Shanghai Pulmonary Hospital, Tongji University, Shanghai, China; ²West China Hospital, Sichuan University, Chengdu, China; ³Asan Medical Center, University of Ulsan College of Medicine, Seoul, South Korea; ⁴Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand; ⁵The First Affiliated Hospital, Zhejiang University School of Medicine, Hangzhou, China; ⁶Zhejiang Cancer Hospital, Hangzhou, China; ⁷The First Affiliated Hospital of Guangzhou Medical University, Guangzhou, China; ⁸Guangdong Lung Cancer Institute, Guangdong General Hospital, Guangzhou, China; ⁹Jilin Cancer Hospital, Changchun, China; ¹⁰Sungkyunkwan University School of Medicine, Seoul, South Korea; ¹¹Cancer Hospital and Shenzhen Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Shenzhen, China; ¹²Beijing Cancer Hospital, Beijing, China; ¹³Beijing Chest Hospital, Capital Medical University, Beijing, China; ¹⁴Roche Pharma Development, Shanghai, China; ¹⁵Roche Products Ltd, Welwyn Garden City, UK; ¹⁶F. Hoffmann-La Roche Ltd, Basel, Switzerland; ¹⁷Sun Yat-sen University Cancer Center, State Key Laboratory of Oncology in South China, Collaborative Innovation Center for Cancer Medicine, Guangzhou, China

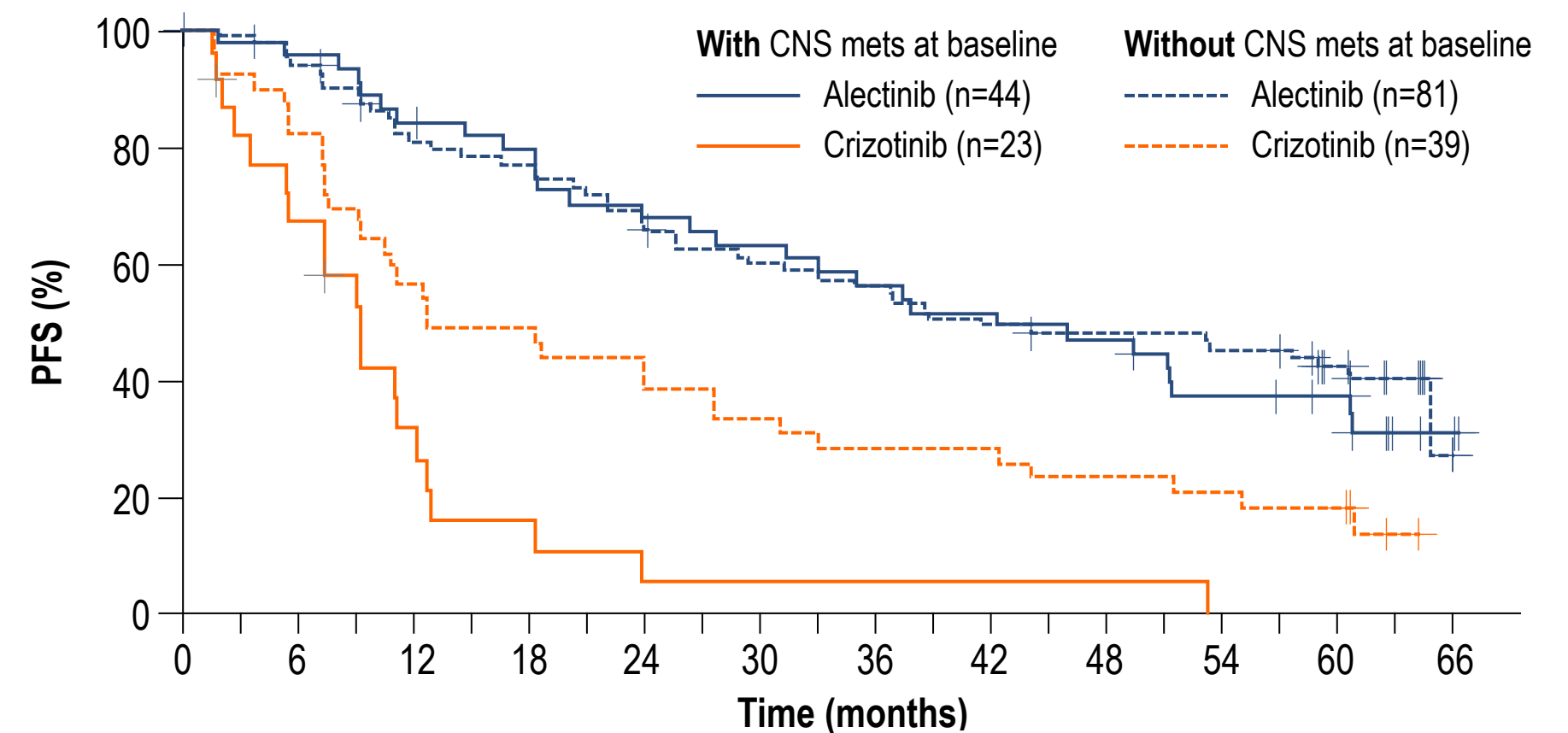


Updated analyses from ALESIA demonstrate durable PFS benefit for alectinib versus crizotinib, irrespective of CNS involvement at baseline

Updated PFS: ITT population



PFS according to CNS status at baseline



	Alectinib n=125	Crizotinib n=62
Median PFS, months (95% CI)	41.6 (33.1–58.9)	11.1 (9.1–18.4)
HR (95% CI)	0.33 (0.23–0.49)	

	With CNS mets at baseline		Without CNS mets at baseline	
	Alectinib n=44	Crizotinib n=23	Alectinib n=81	Crizotinib n=39
Median PFS, months (95% CI)	42.3 (27.8–60.7)	9.2 (5.5–12.2)	42.3 (27.8–60.7)	9.2 (5.5–12.2)
HR (95% CI)	0.17 (0.09–0.33)		0.43 (0.29–0.71)	

Data cut-off 16 May 2022. CI, confidence interval; CNS, central nervous system; HR, hazard ratio; ITT, intent-to-treat; mets, metastases; PFS, progression-free survival

Efficacy and safety of first-line lorlatinib versus crizotinib in patients with advanced, ALK-positive non-small-cell lung cancer: updated analysis of data from the phase 3, randomised, open-label CROWN study

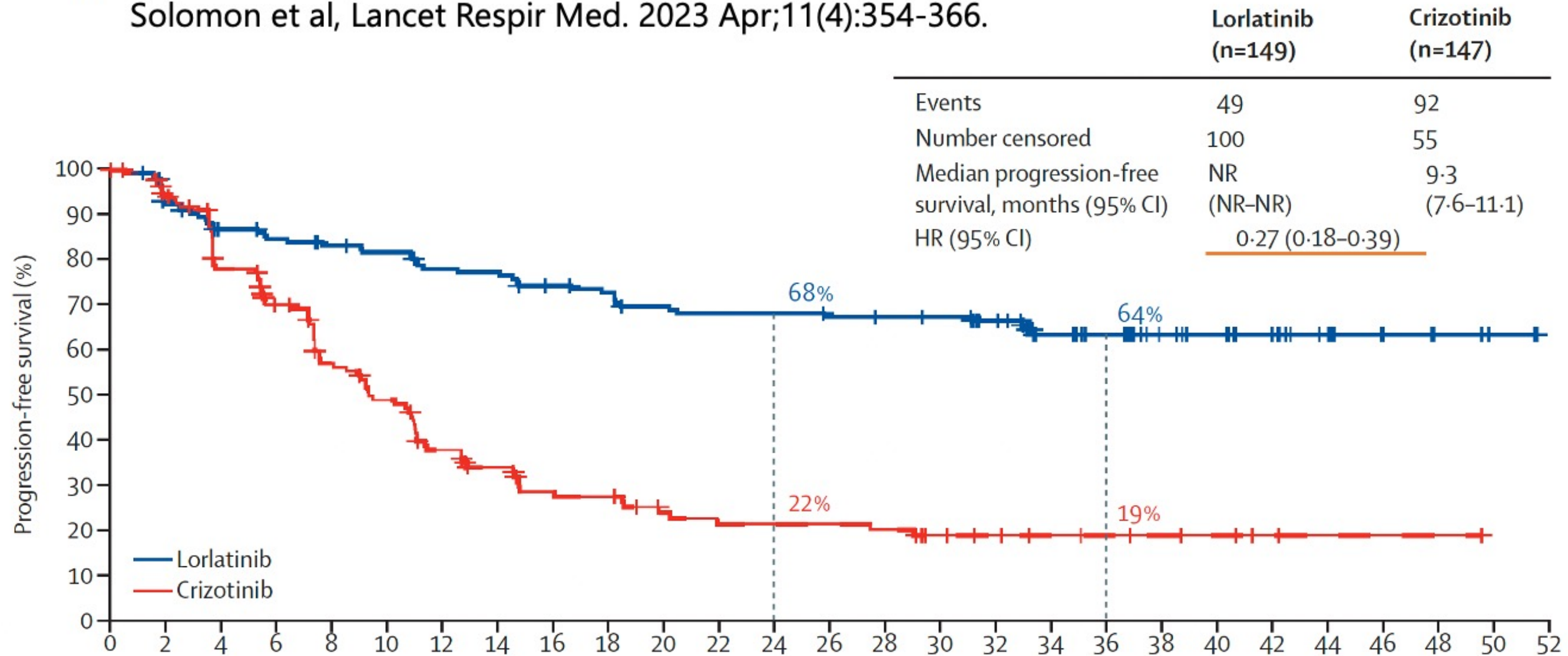


Benjamin J Solomon, Todd M Bauer, Tony S K Mok, Geoffrey Liu, Julien Mazieres, Filippo de Marinis, Yasushi Goto, Dong-Wan Kim, Yi-Long Wu, Jacek Jassem, Froylán López López, Ross A Soo, Alice T Shaw, Anna Polli, Rossella Messina, Laura Iadeluca, Francesca Toffalorio, Enriqueta Felip

Summary

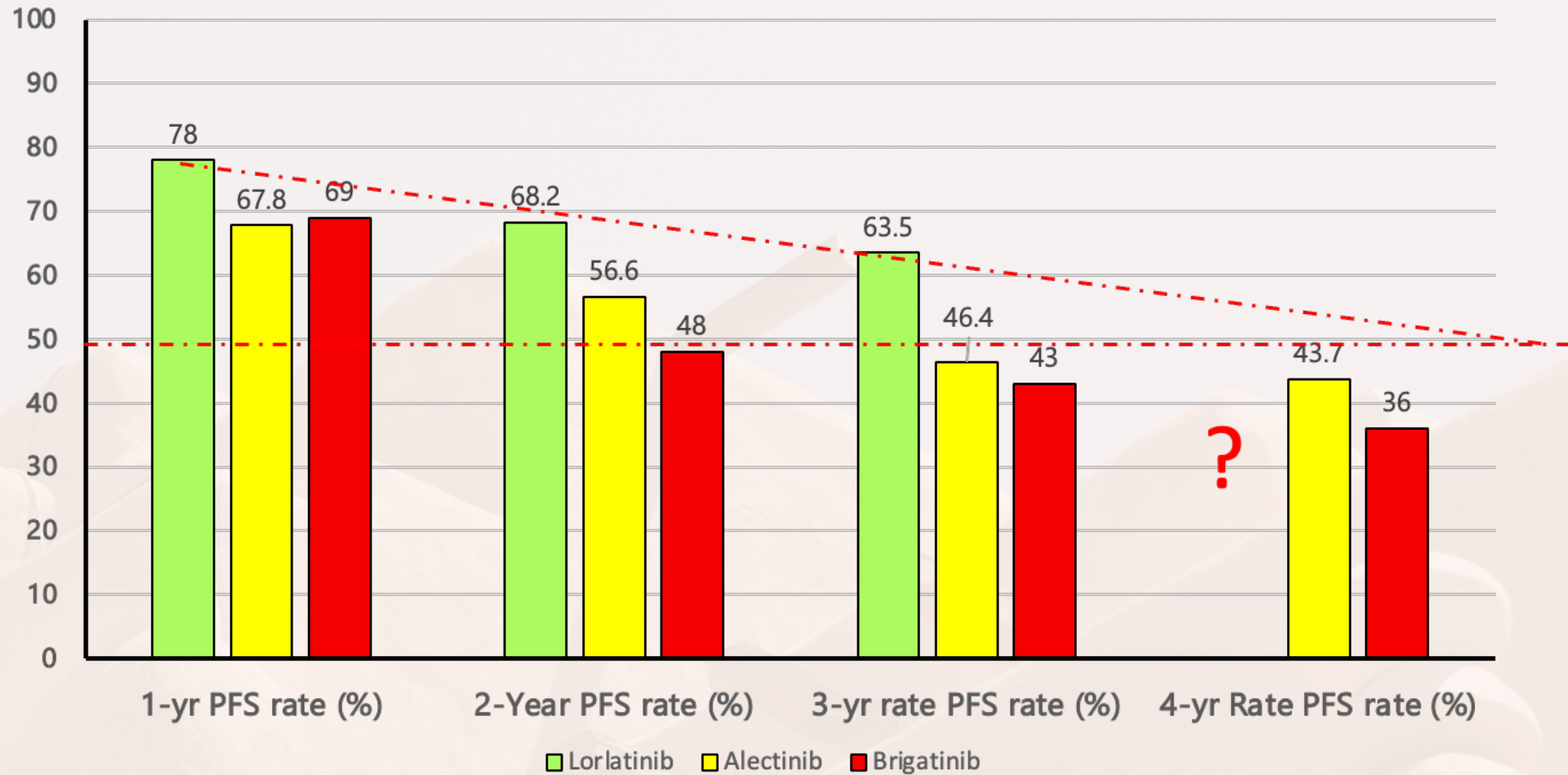
Background After a median follow-up of 18.3 months, the third-generation anaplastic lymphoma kinase (ALK) *Lancet Respir Med* 2022

Solomon et al, *Lancet Respir Med*. 2023 Apr;11(4):354-366.



Number at risk
(number censored)

Lorlatinib	149	133	122	118	114	111	105	104	98	95	90	88	88	86	85	83	72	55	50	34	31	23	15	7	4	2	0
	(0)	(5)	(8)	(9)	(11)	(12)	(13)	(13)	(15)	(16)	(17)	(17)	(17)	(18)	(19)	(21)	(31)	(45)	(50)	(66)	(69)	(77)	(85)	(93)	(96)	(98)	(100)
Crizotinib	147	126	100	85	64	54	40	33	26	25	19	17	17	17	16	11	9	7	6	5	4	2	1	1	1	0	0
	(0)	(13)	(18)	(23)	(29)	(30)	(32)	(35)	(37)	(37)	(40)	(40)	(40)	(40)	(40)	(44)	(46)	(48)	(49)	(50)	(51)	(53)	(54)	(54)	(54)	(55)	..



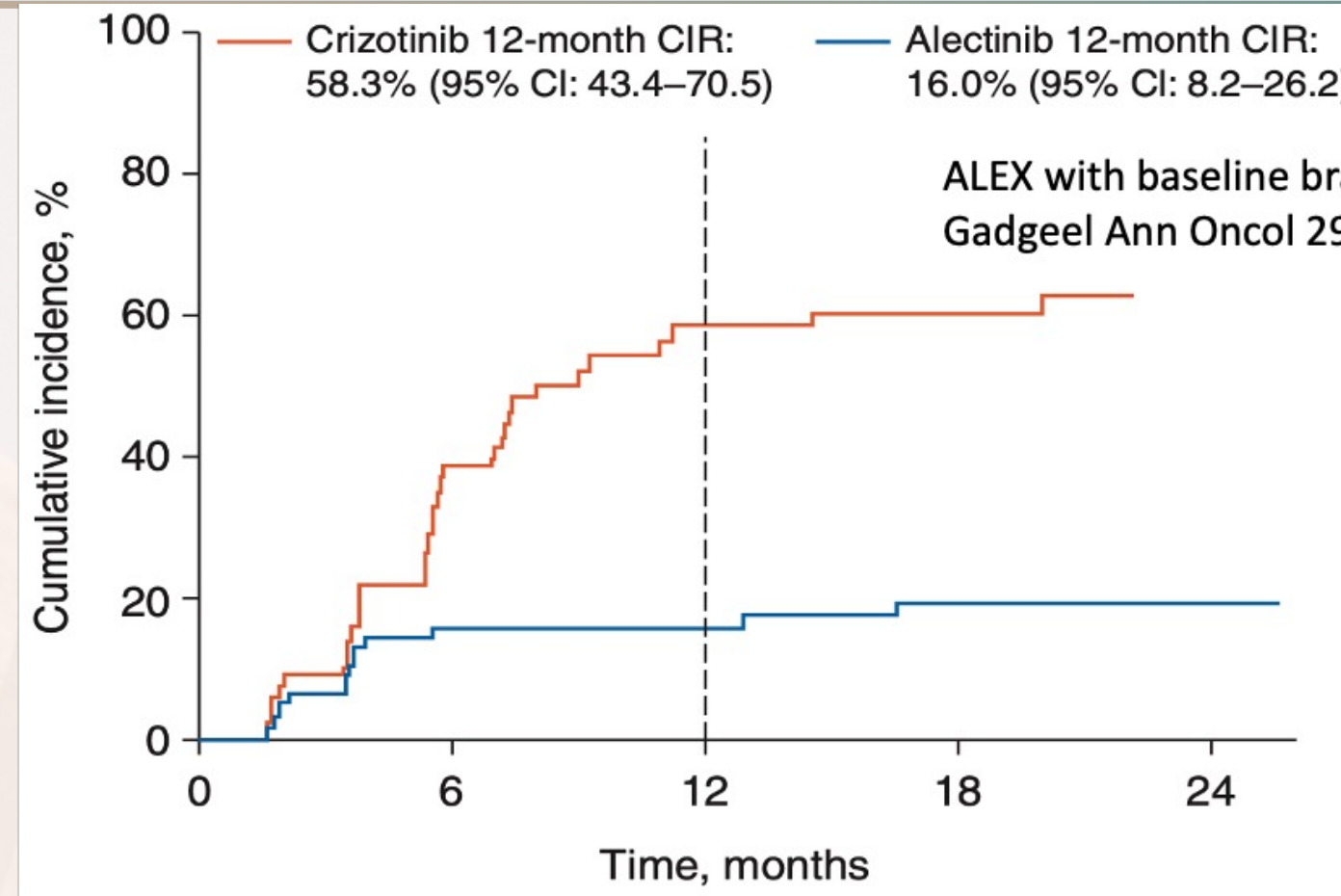
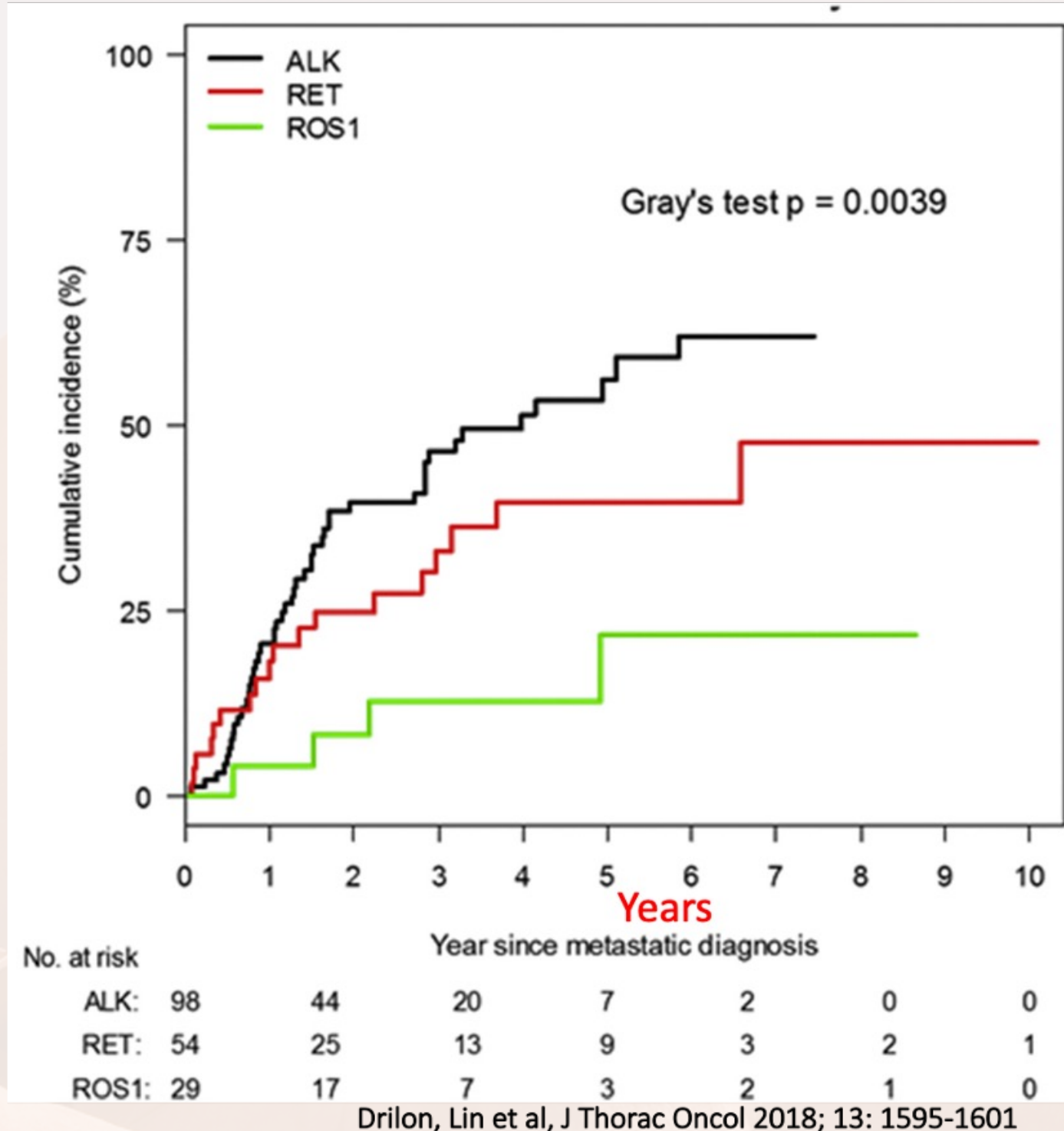
	Lorlatinib	Alectinib	Brigatinib
1-yr PFS (%)	78	67.8	69
2-yr PFS (%)	68	56.6	48
3-yr PFS (%)	64	46.4	43
4-yr PFS (%)	NA	43.7	36

Ou et al Critical Review Oncology Hematology 2023; 187: 104019

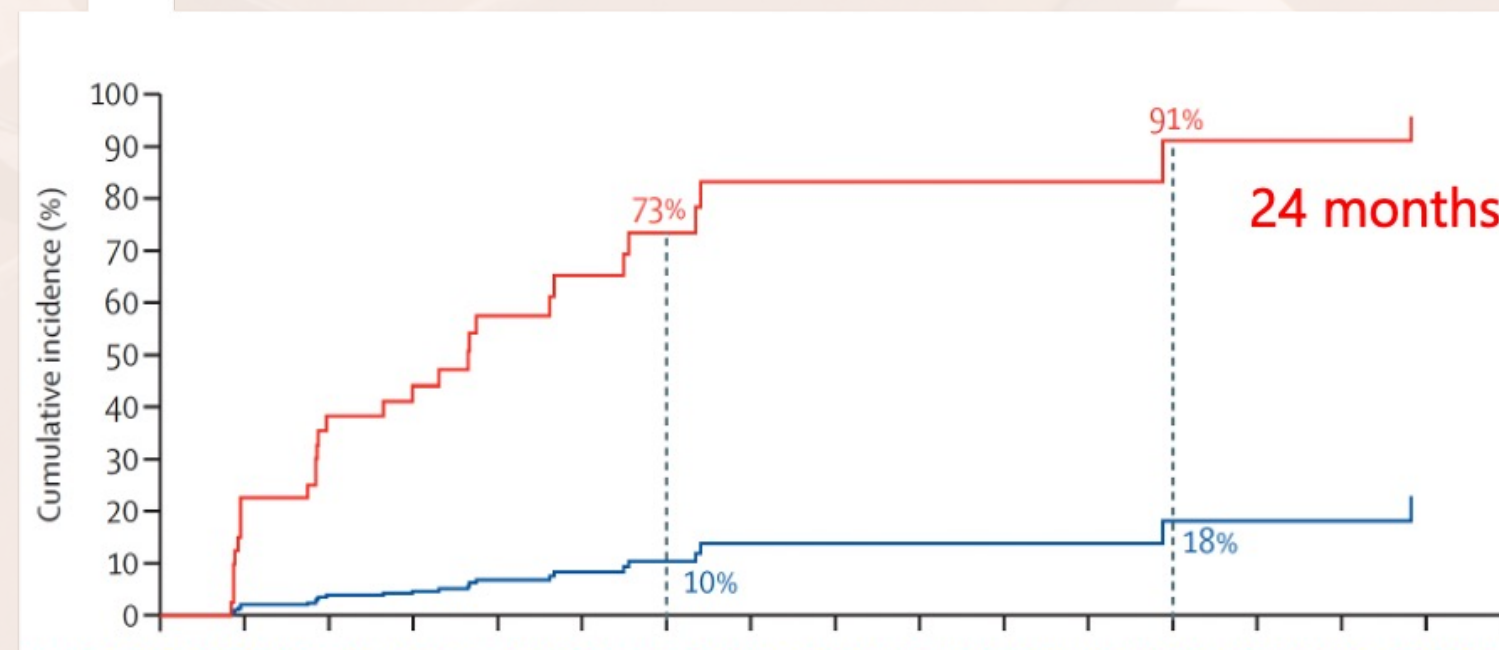
ALEX and CROWN

With baseline CNS mets

Cumulative incidence of CNS mets



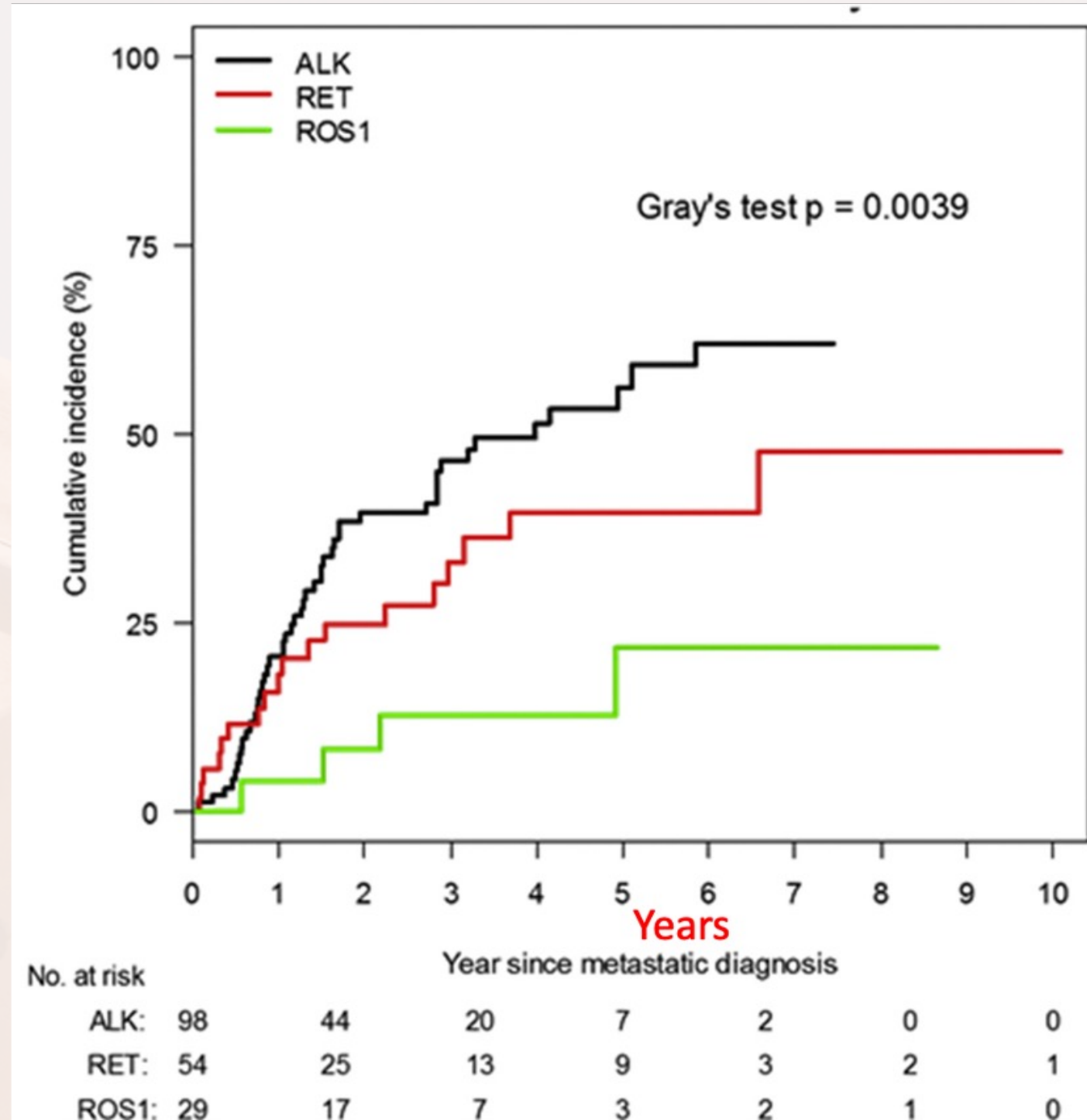
Cumulative Incidence of CNS progression in CROWN with baseline brain mets



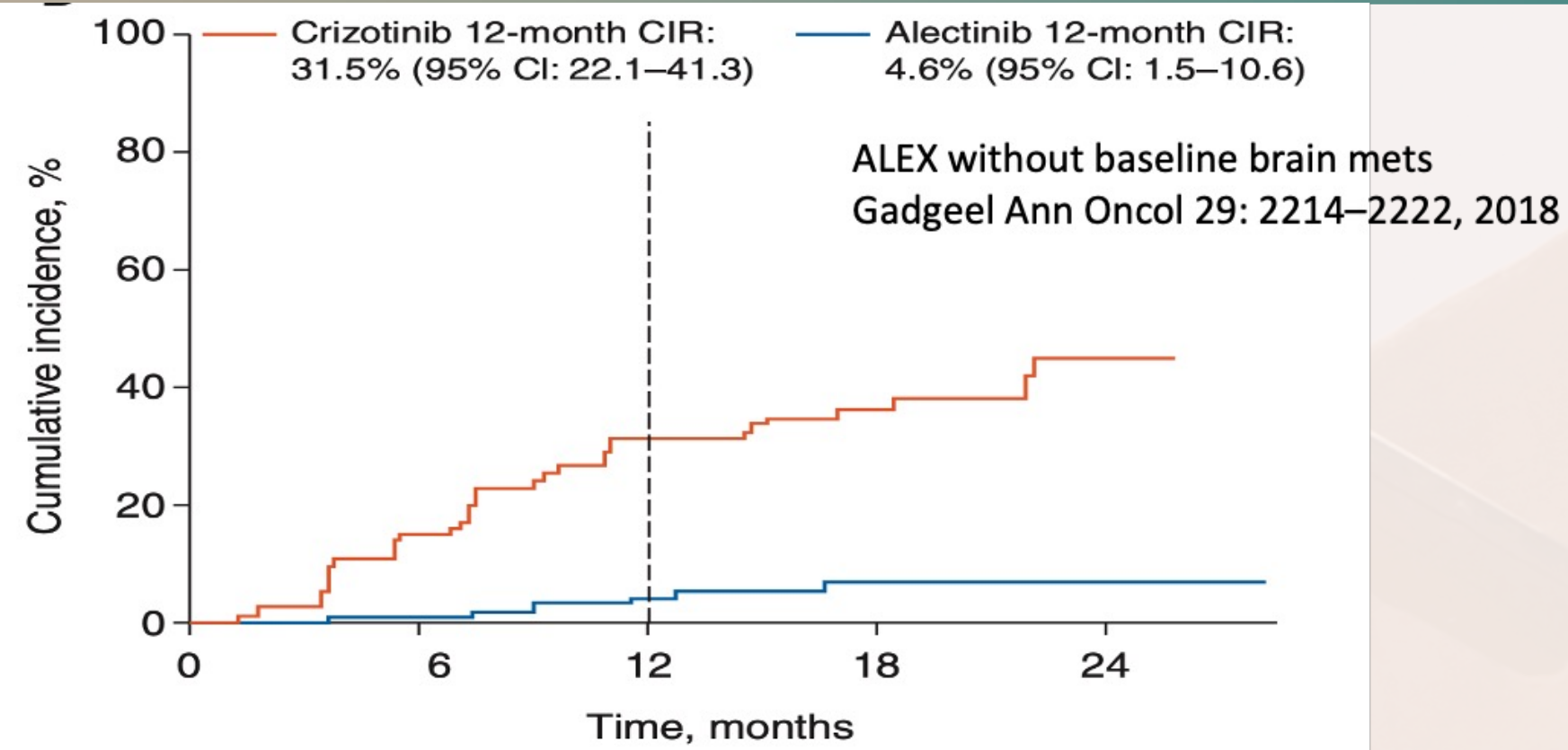
ALEX and CROWN

Without baseline CNS mets

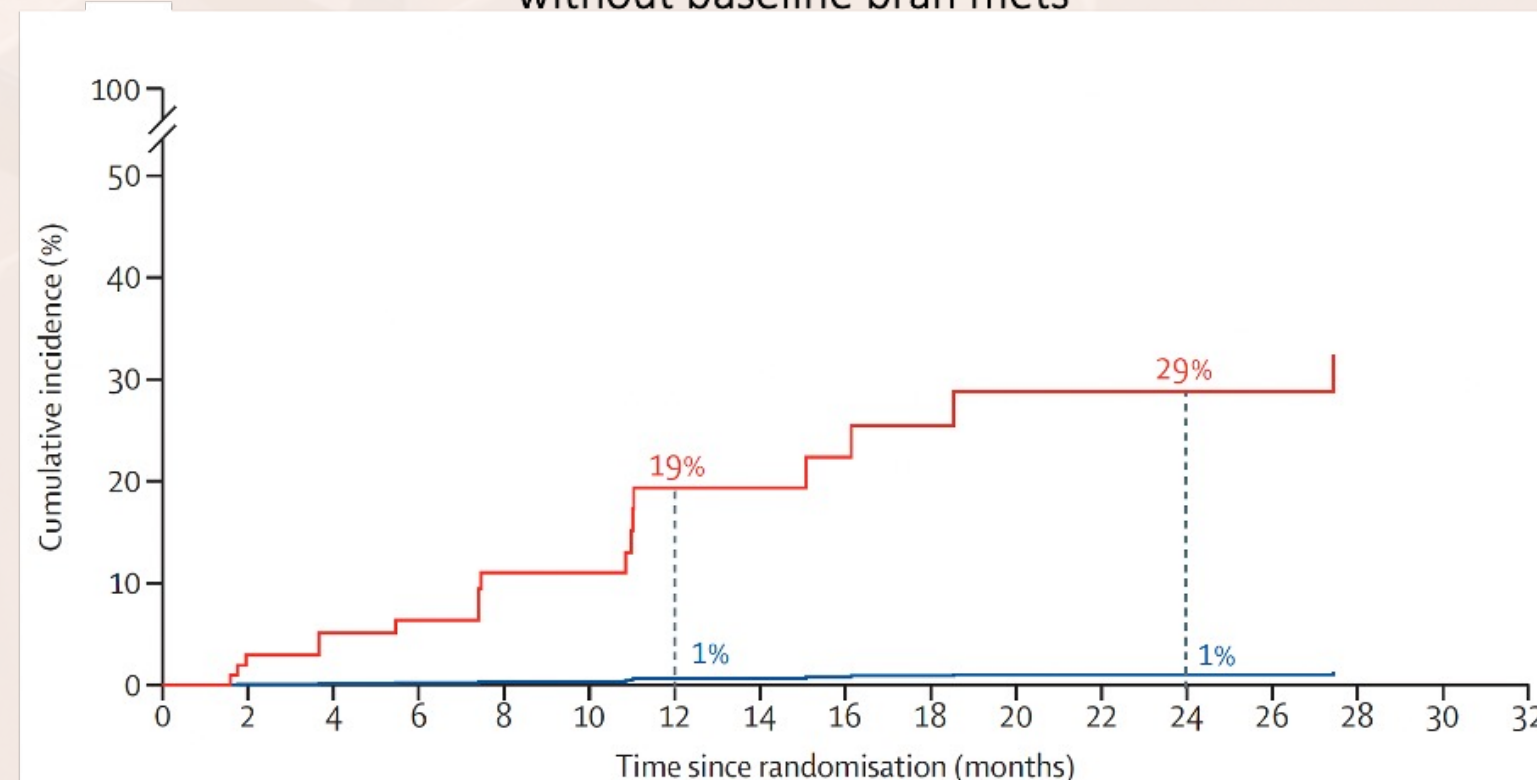
Cumulative incidence of CNS mets



Drilon, Lin et al, J Thorac Oncol 2018; 13: 1595-1601



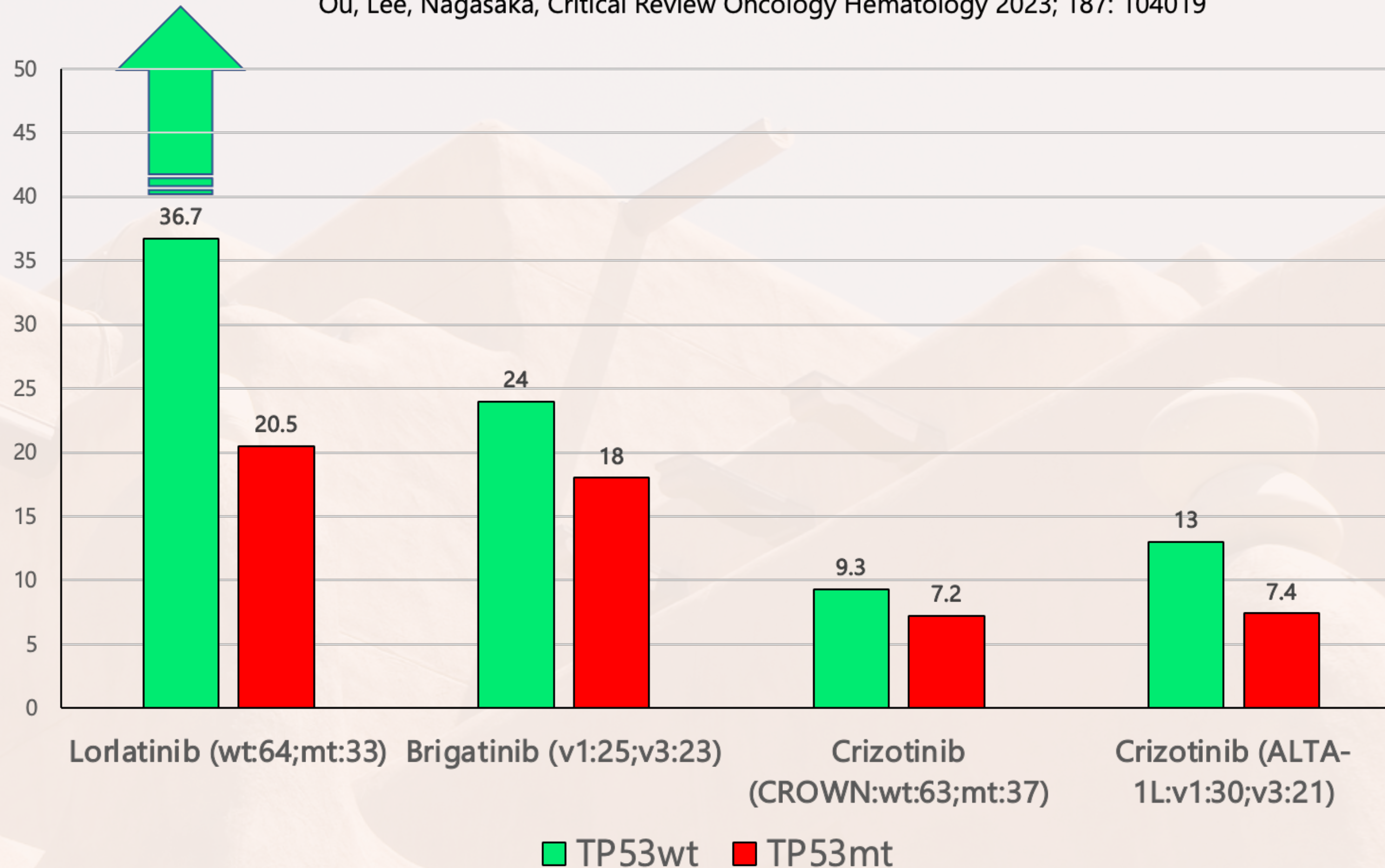
Cumulative Incidence of CNS progression in CROWN without baseline brain mets



Solomon et al, Lancet Respir Med 2023 Apr;11(4):354-366

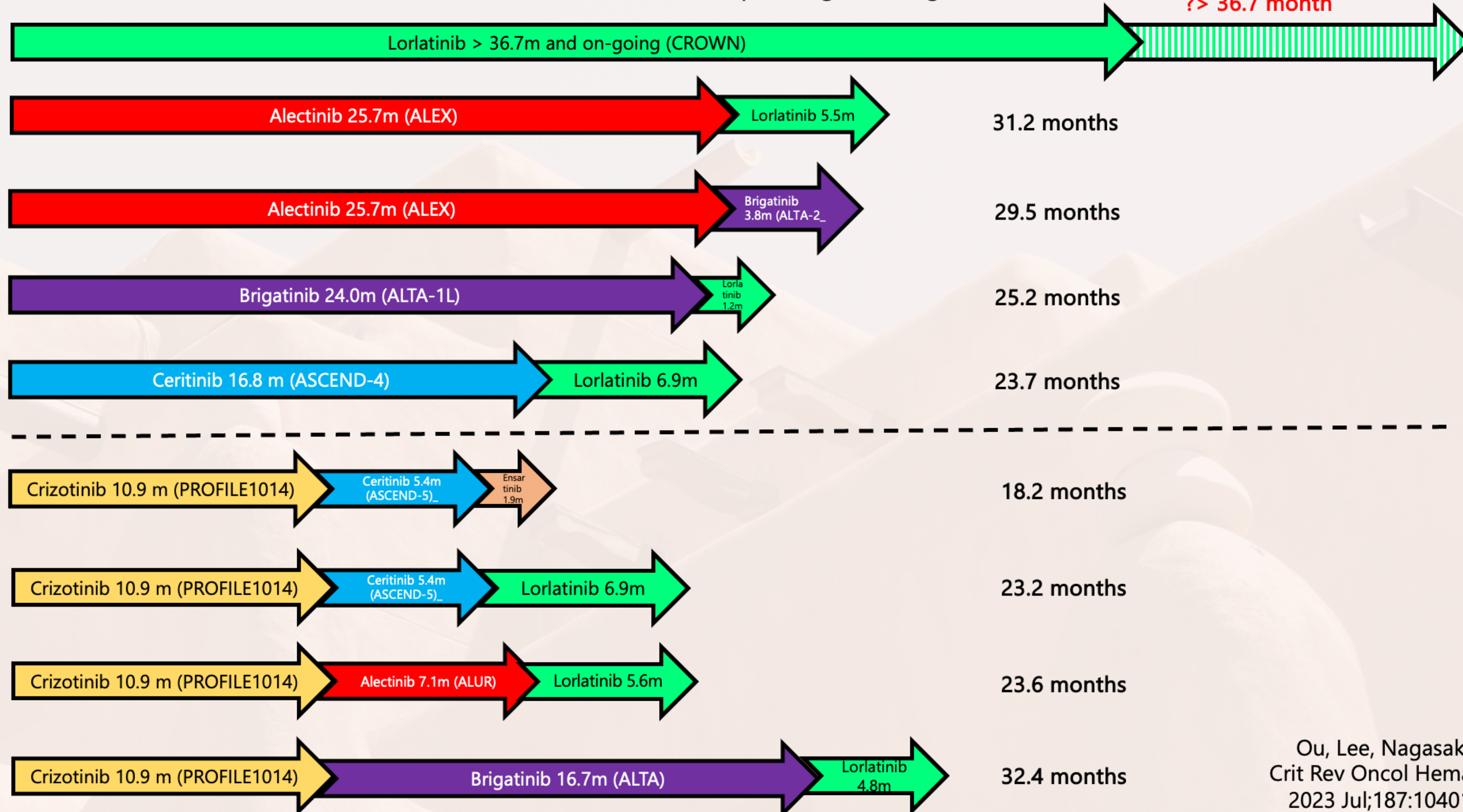
PFS by *TP53* mutation status detected by ctDNA (CROWN, ALTA-1L)

Ou, Lee, Nagasaka, Critical Review Oncology Hematology 2023; 187: 104019



PFS1 + PFS2 (+ PFS3) estimates sequencing of next generation ALK TKIs

? > 36.7 month



Thank you



PFS by EML4-ALK v1 versus v3 detected by ctDNA (CROWN, ALEX, ALTAI-1L)

Ou, Lee, Nagasaka, Critical Review Oncology Hematology 2023; 187: 104019

