



Exon 20 and Uncommon EGFR Sensitive Mutations

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THE UNIVERSITY OF TEXAS

MD Anderson
Cancer Center

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MDA EGFR/HER2 team



Jackie
Robichaux, PhD

**Preclinical
studies of
EGFR and
HER2
mutations**



Monique
Nilsson, PhD

**EMT, rewiring,
beta blockers**



Yasir Elamin
MD

**Exon 20 EGFR
and HER2
studies; TKI
resistance
LCT studies**



Xiuning Le,
MD, PhD

**EGFR,
HER2, and
MET clinical
studies, TKI
resistance**



Moffitt
Jhanelle Gray

**Atypical
EGFR
mutations**



The challenge: most studies focus on classical mutations (exon 19 deletion, L858R). But there are more than 100 mutations we see in the clinic, most without approved TKIs

Exon 18
A702T
E709A L858R
E709K L858R
E709 T710del insD
E709A
E709A G719A
E709A G719S
E709K
E709 G719S
L718Q T790M
G719A
G719A D761Y
G719A L861Q
G719A R776C
G719A T790M
G719A S768I
G719C S768I
G719S
G719S L861Q
G719S S768I
S720P
G724S
G724S Ex19del
G724S L858RI
G724S T790M
T725M
L718Q
L718Q Ex19del
L719Q L858R
L718V
L718V ex19del
L718V L858R

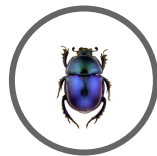
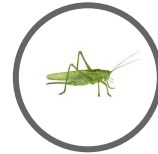
Exon 19
A750 I759del ins PN
Ex19del T790M
Ex19del T790M L718V
Ex19del T790M G724S
E736K
E746 A750del A647T
E746 A750del R675W
E746 T751del insV S768C
Ex19del C797S
Ex19del C796S
Ex19del L792H
Ex19del T854I
E749 A750del A647T
E749 A750del L41W
E749 A750del R451H
Ex19del E746 A750del
K754F
L747 E749del A750P
L747 T751del L861Q
Ex19del T790M C797S
Ex19del T790M L792H
I740dupIPVAK
D761N
T751 I759 delinsN
K757M L858R
K757R
L747 S752del A755D
L747P
L747S
L747S L858R
L747S V744M
E709 T710del insD S22R
S752 I759del V769M

Exon 20
A767 V769dupASV
A767 S768insTLA
S768 D770dupSVD
S768 D770dupSVD L858Q
S768 D770dupSVD R958H
S768 D770dupSVD V769M
V769 D770insASV
V769 D770insGSV
V769 D770insGVV
V769 D770insMASVD
D770 N771insNPG
D770 N771insSVD
D770del insGY
D770 N771 insG
D770 N771 insY H773Y
N771G
N771dupN
N771dupN G724S
N771 P772insHH
N771 P772insSVDNR
N771 P773insDNP
H773 V774 insNPH
N773 V774insAH
H773dupH
H774 C775insHV
V774 C775insPR
A763insFQEA
A763insLQEA
G779F
V769L
V769M
V774M
R776C
R776H

Exon 21
L858R T790M C797S
L858R T790M L718Q
L858R T790M L718V
L833F
L833V
L858R
L858R A289V
L858R E709V
L858R L833F
L858R P100T
L858R P848I
L858R R108K
L858R R324H
L858R R324L
L858R S784F
L858R S784Y
L858R T725M
L858R V834L
L861Q
L861R
S768I T790M
L858R T790M V843I
L858R T790M L792H
L858R T790M
L858R L792H
L858R T854S
L858R C797S

 Approved TKI
 No Approved TKI

What is the best approach to classification?



Classification by alphabetical order

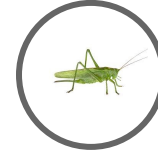
A



B



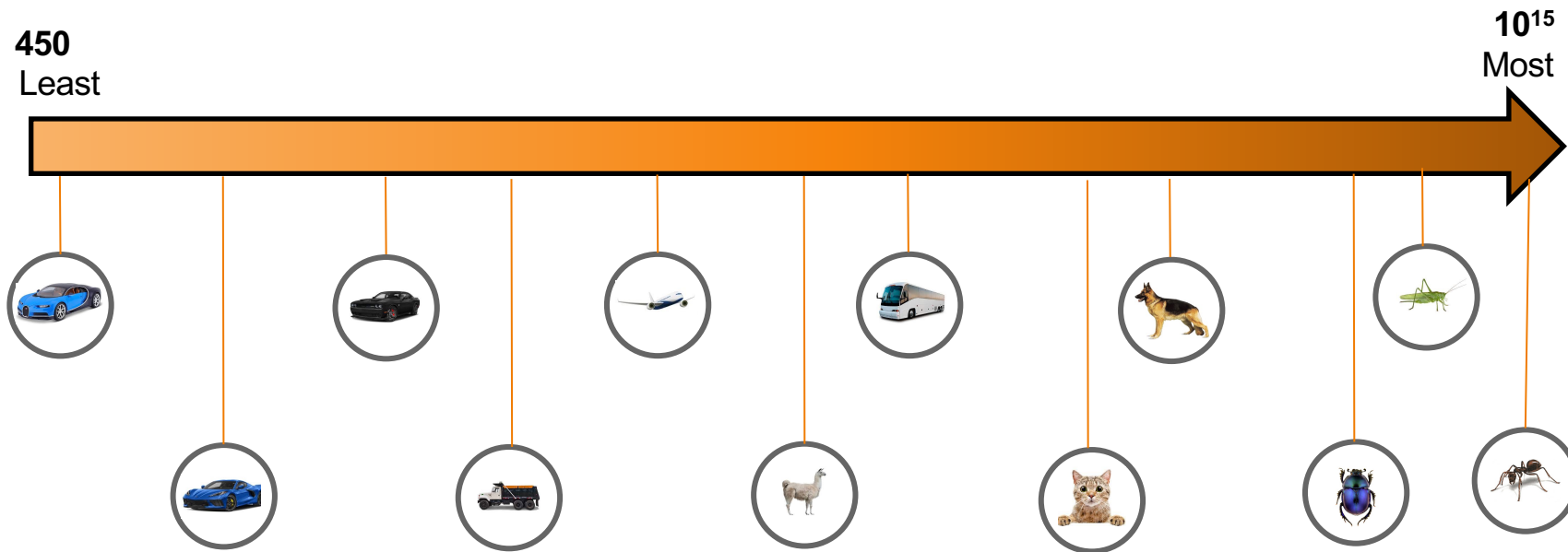
C



D

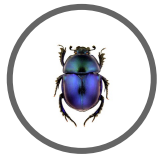
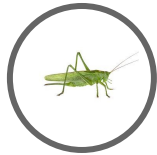


Classification by frequency



Classification by structure/function

Pests



Pets



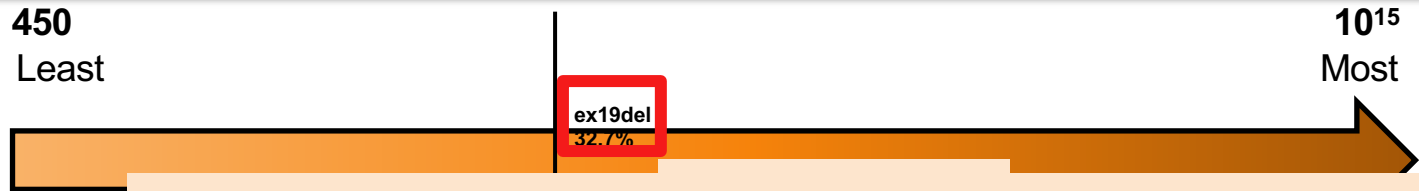
Transport



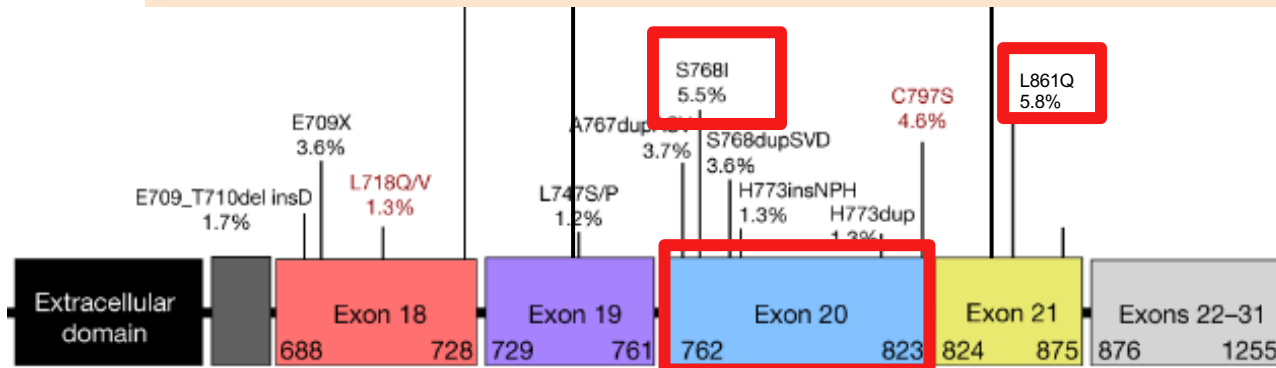
Sports Cars



How did we come to our current classification of EGFR mutations?

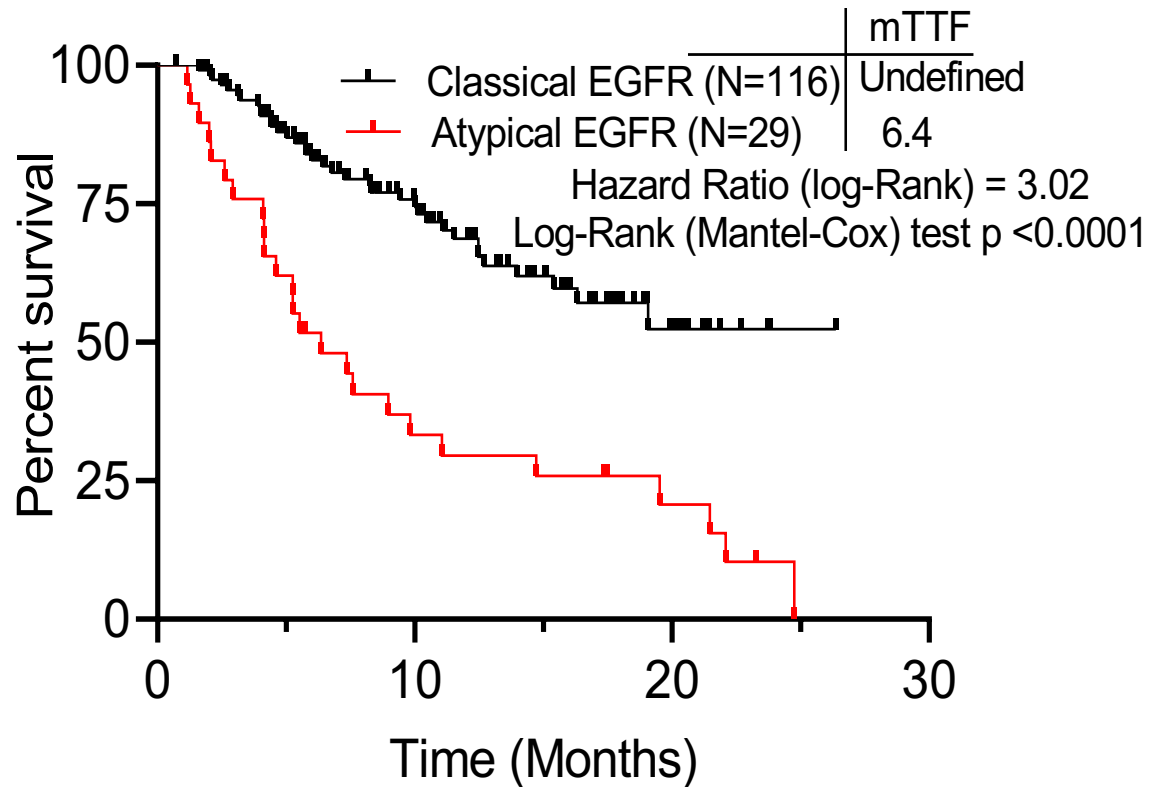


If our goal is to match classify mutations based on their likelihood of response to a given drug,
why would we base our classification on mutation frequency or exon location ????



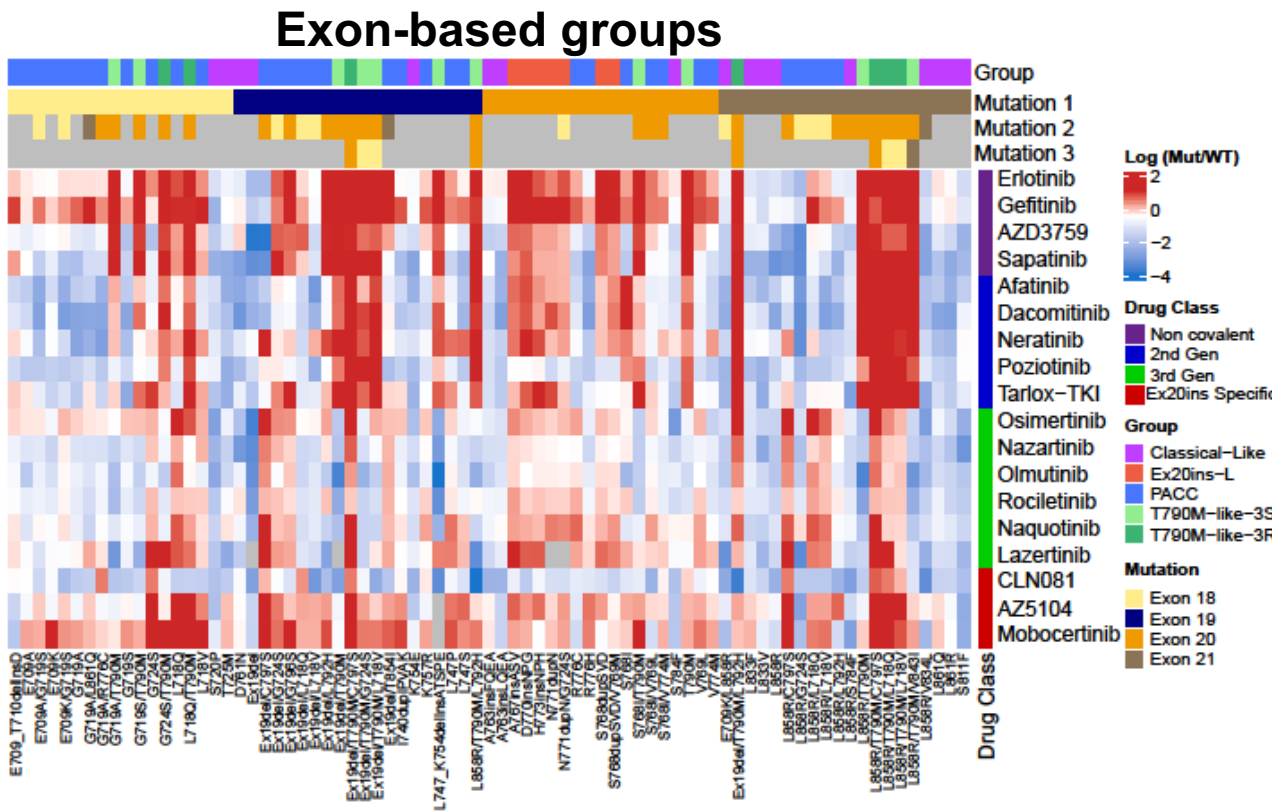
Can't we just give everyone a third-generation TKI like osimertinib?

Time to treatment failure on osimertinib

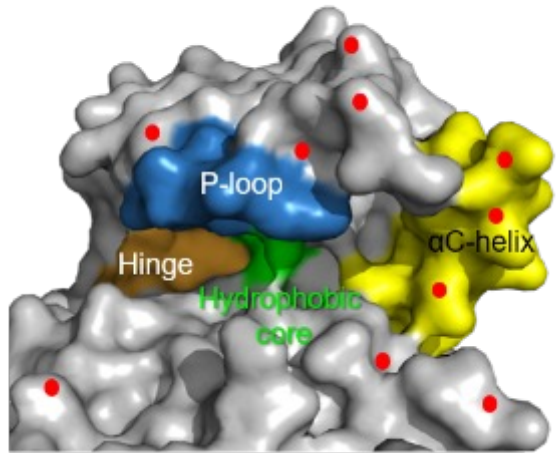


- Significant heterogeneity in response to osimertinib
- One TKI unlikely to be optimal for all mutations
- Not practical to do trials for >100 individual mutations
- No trials cover the unmet need of large group of atypicals for which no drugs are approved
- Are there more useful way for classifying atypical EGFR mutations to improve TKI selection?

Structure/function-based clustering better predicts TKI sensitivity than exon-based groups



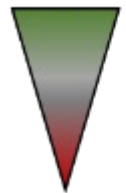
Classical-like



- Distal to drug binding pocket
- Modest to no impact on drug binding

L858R	K754E
Exon 19 deletions	T725M
S720P	L833F/V
L861Q/R	A763insFQEA
S811F	A763insLQEA

Sensitive &
Selective

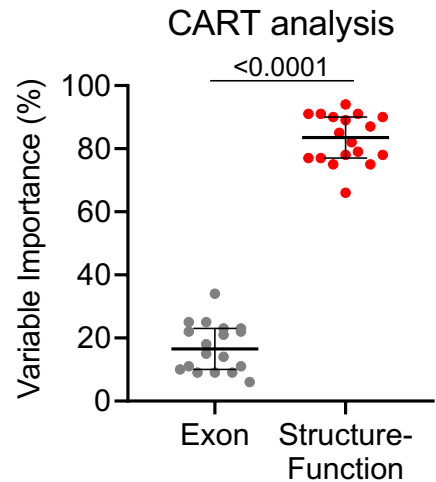
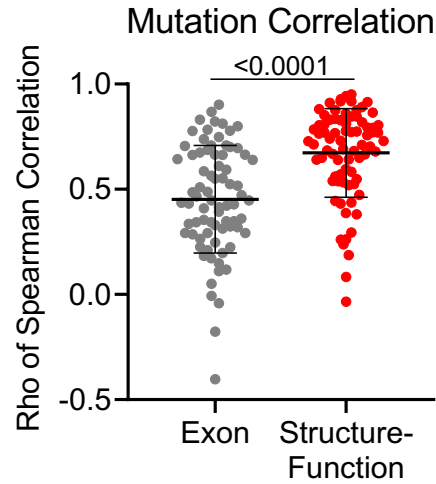
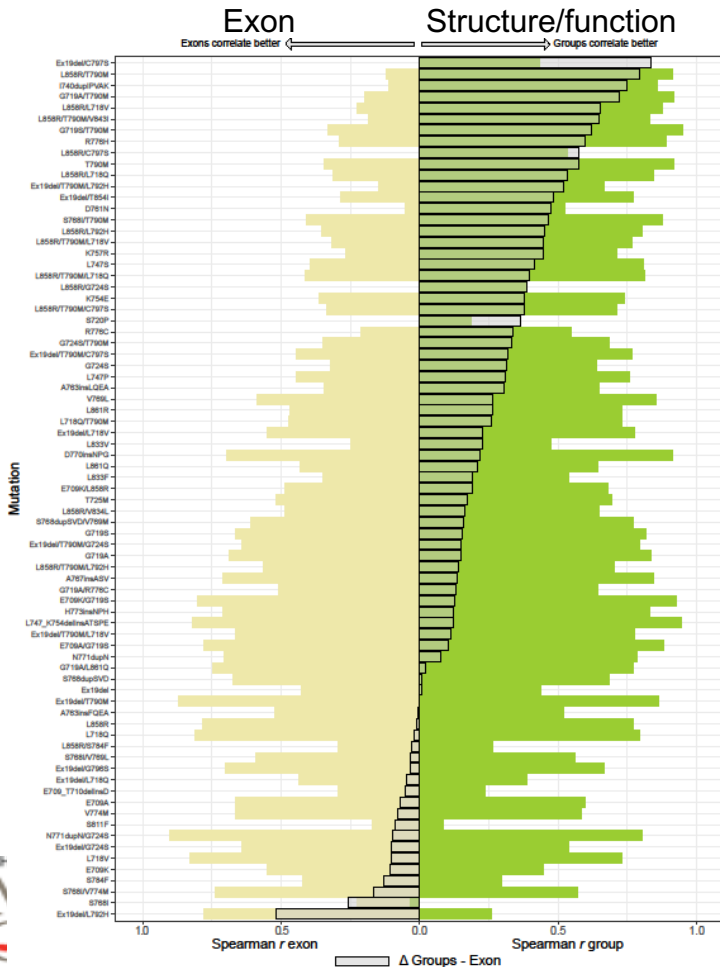


Resistant

Third-generation
Second-generation
First-generation
Exon20ins-specific

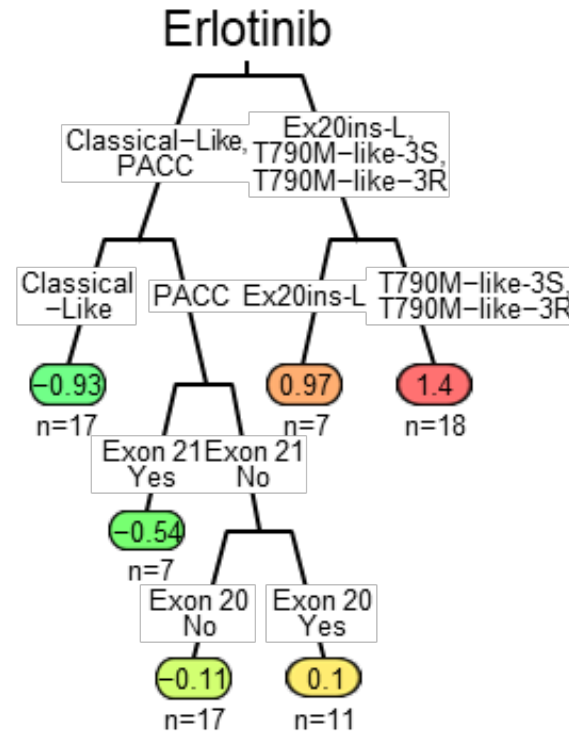
Structure/function-based clustering better predicts TKI sensitivity than exon-based groups

Which classification better predicts mutation sensitivity?



Which classification better predicts drug sensitivity?

Classification And Regression Trees (CART)

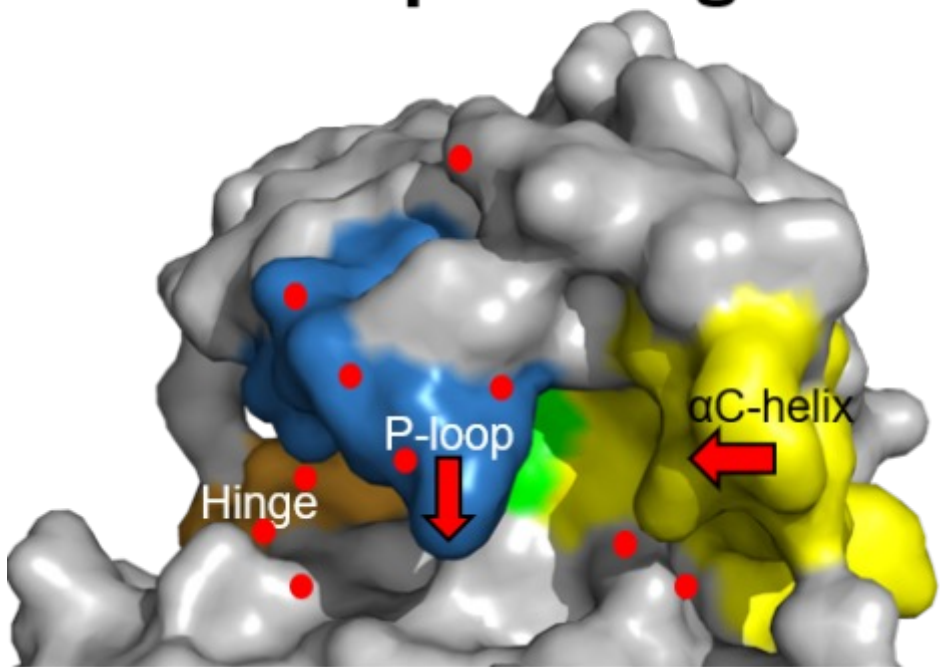


Summary of variable importance

Drug	Structure function group	Exon-based group
Erlotinib	78	22
Gefitinib	90	11
AZD3759	77	23
Sapatinib	77	23
Afatinib	75	25
Dacomitinib	75	25
Neratinib	66	34
Pozotinib	94	6
Tarlox-TKI	79	21
CLN-081	91	9
AZ5104	91	9
Mobocertinib	90	10
Osimertinib	87	14
Nazartinib	82	18
Olmутinib	89	11
Rociletinib	85	15
Naquotinib	78	22
Lazertinib	91	9

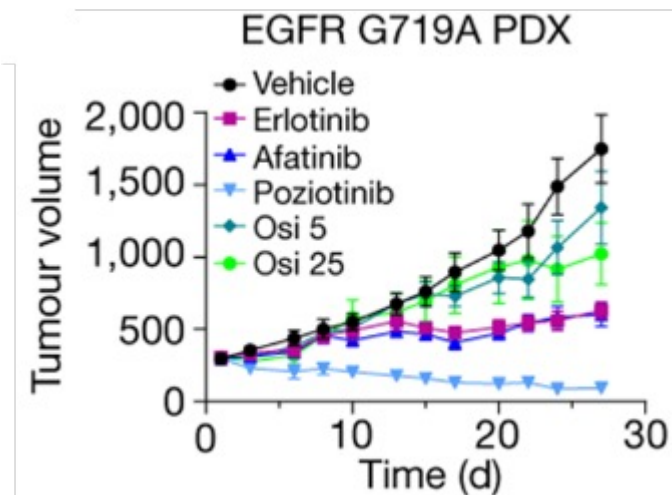
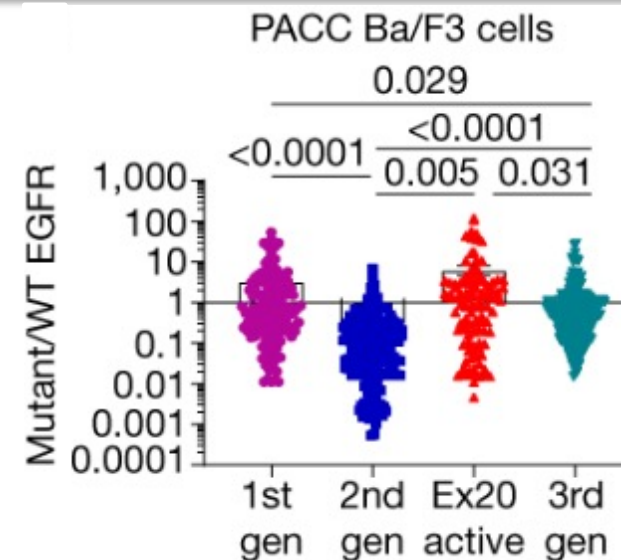
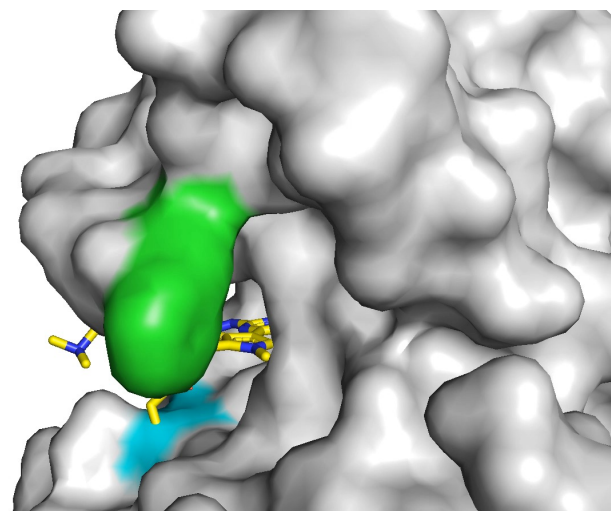
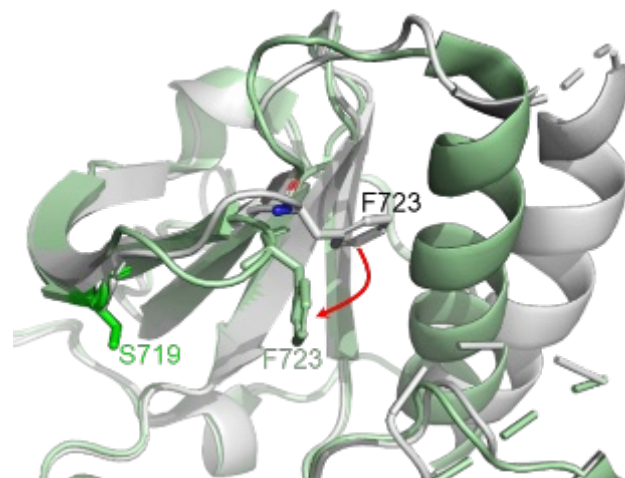
P-loop and α C-helix Compressing (PACC) mutations are predicted to impact ATP-binding pocket and have enhanced sensitivity for 2nd gen TKIs

P-loop α C-helix compressing

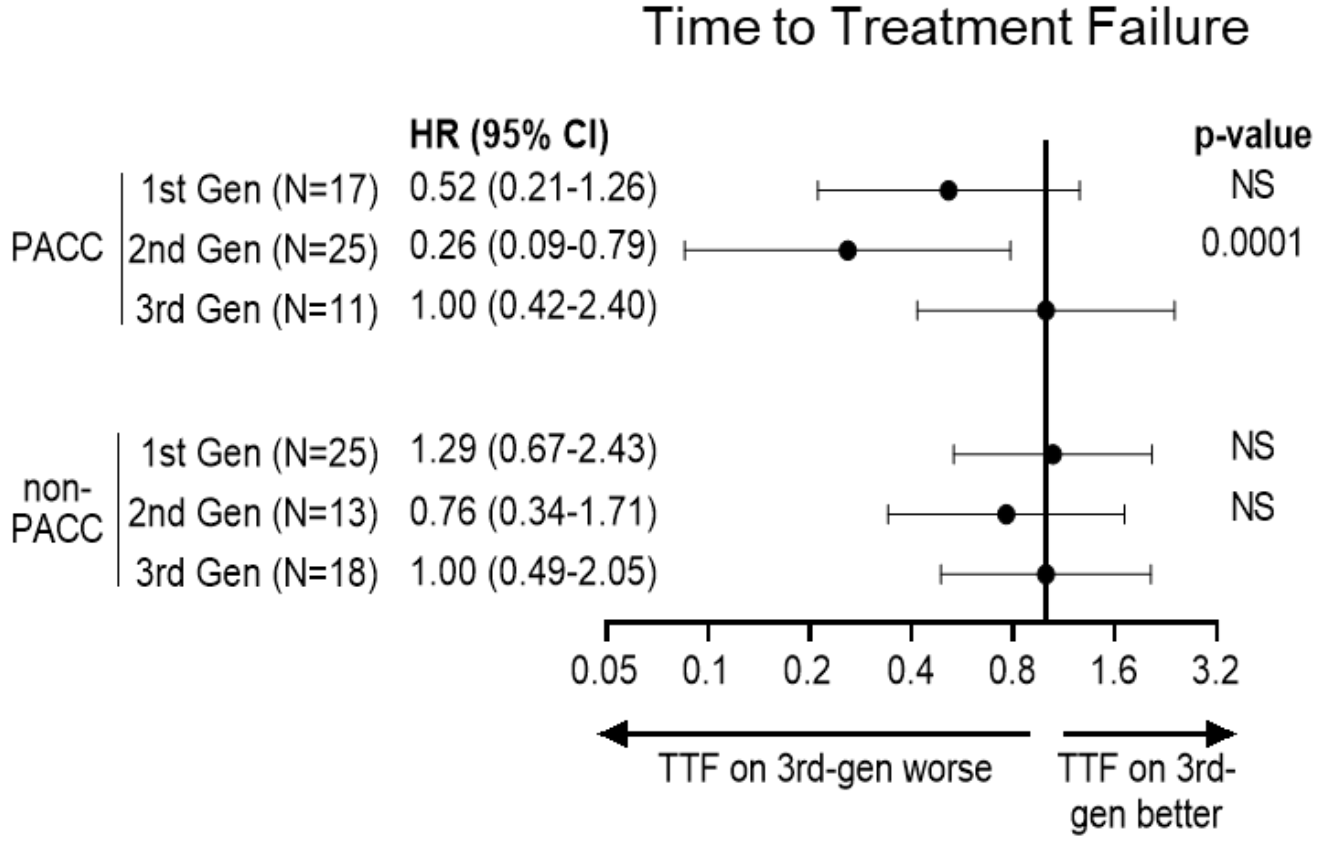
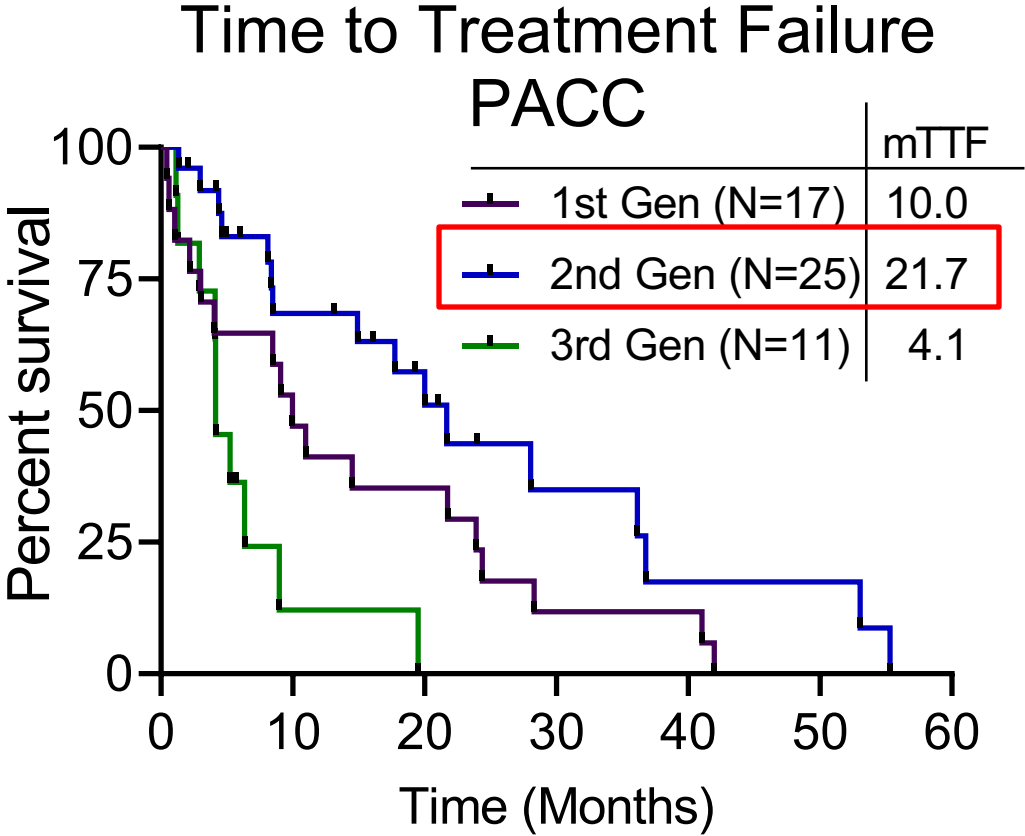


- Proximal to drug binding pocket
- Direct or indirect impact on drug binding via moderate displacement of P-loop and/or α C-helix

EGFR G719S



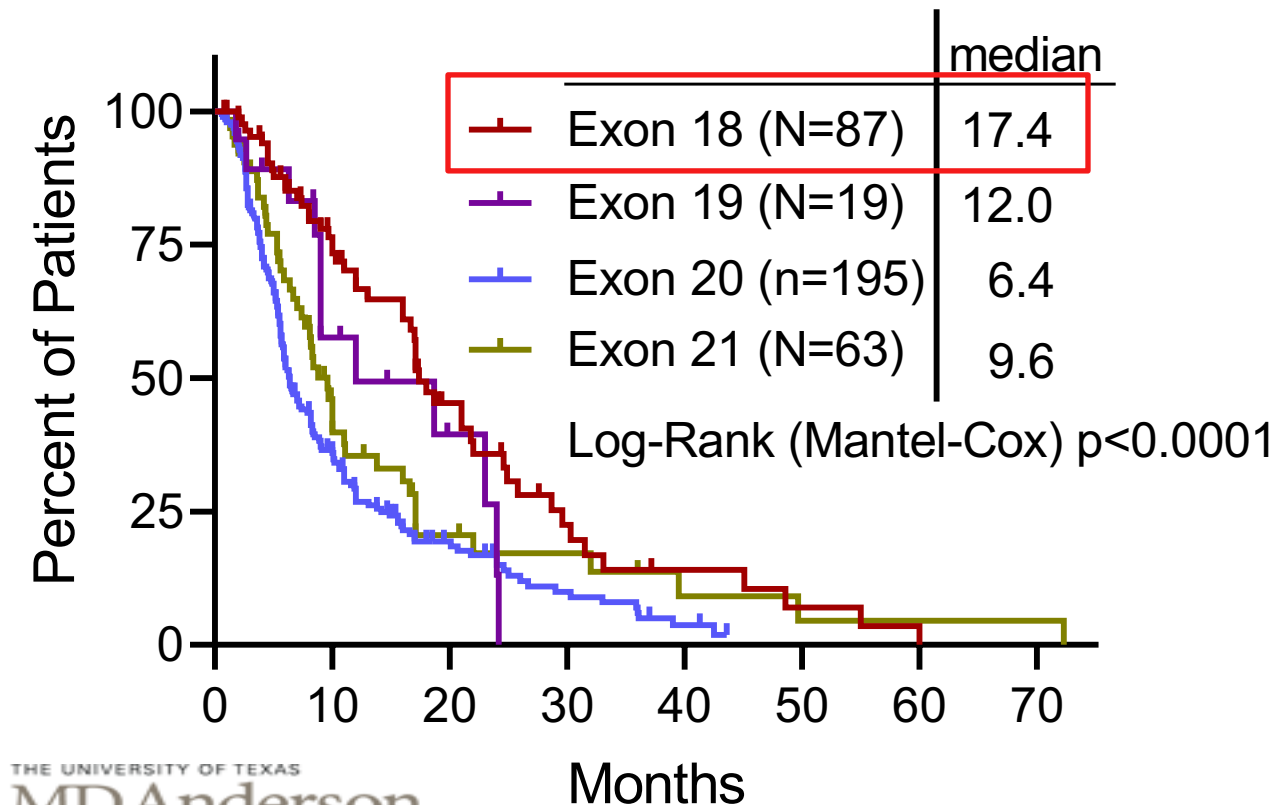
Patients with PACC mutations have prolonged TTF with 2nd gen TKIs compared to 1st or 3rd gen TKIs



Structure/function-based groups identifies larger subgroup of patients who benefit from afatinib treatment than exon-based groups

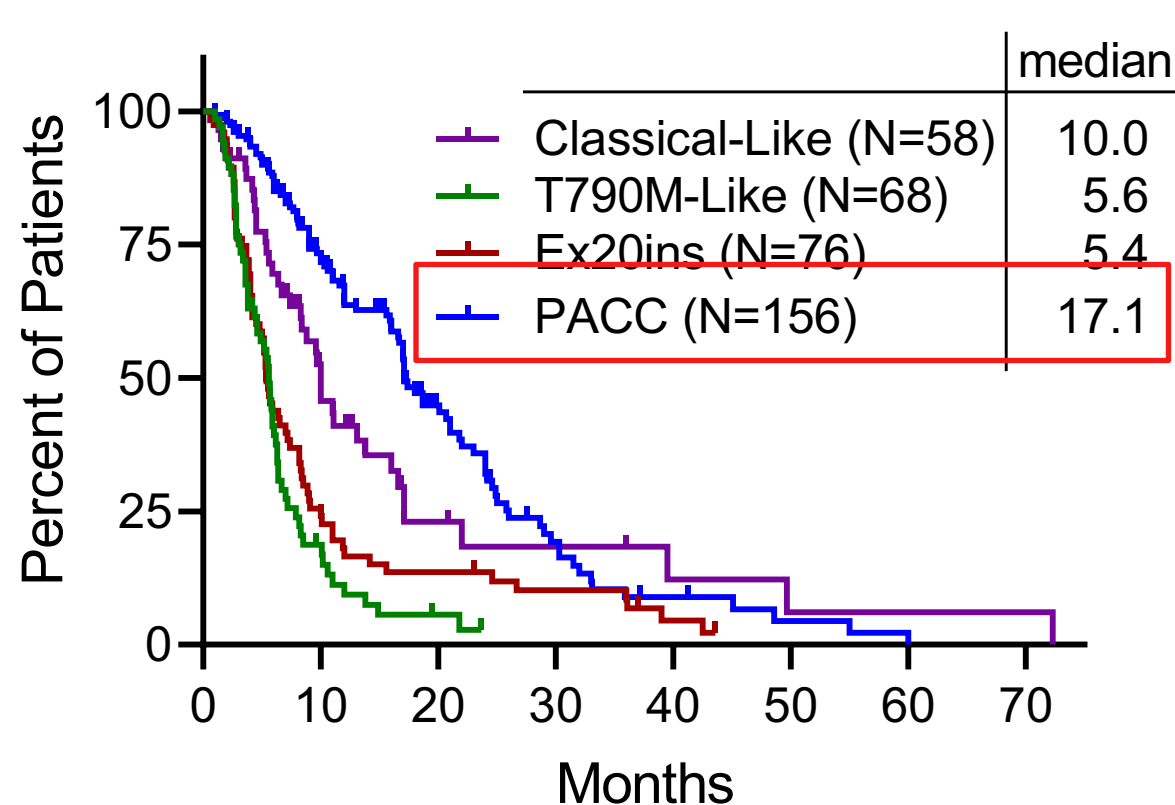
Exon-based groups

Duration of Afatinib Treatment

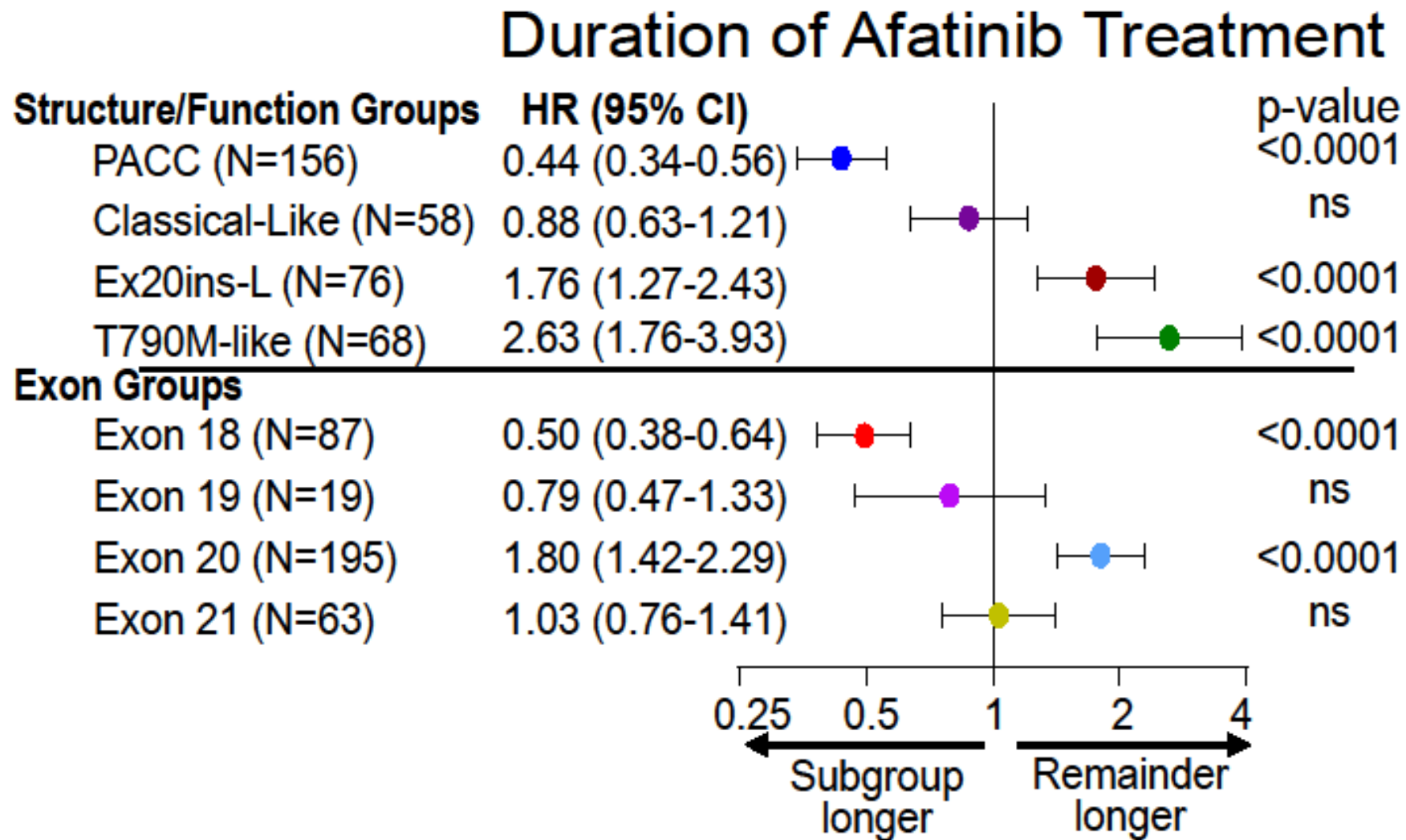


Structure/function-based groups

Duration of Afatinib Treatment

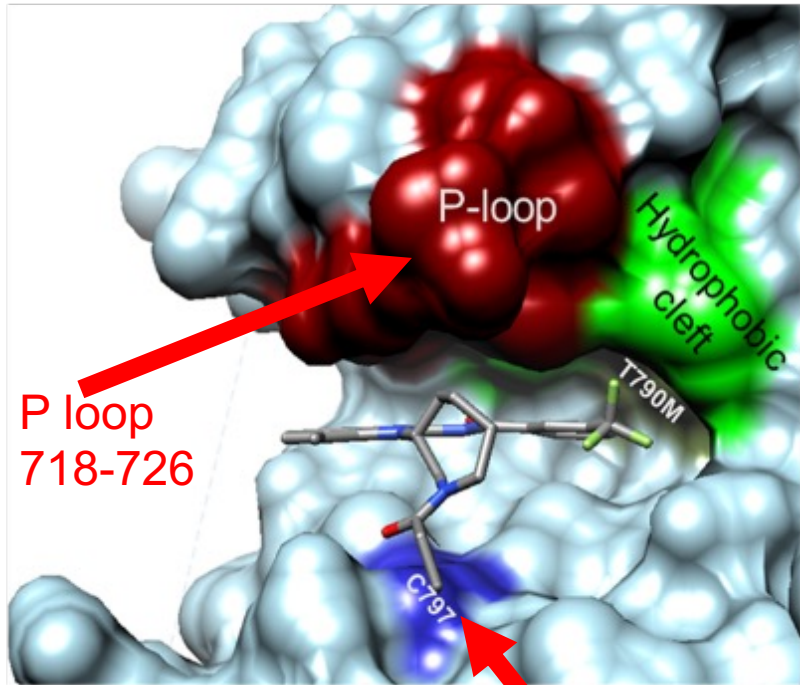


Structure/function-based groups identifies larger subgroup of patients who benefit from afatinib treatment than exon-based groups



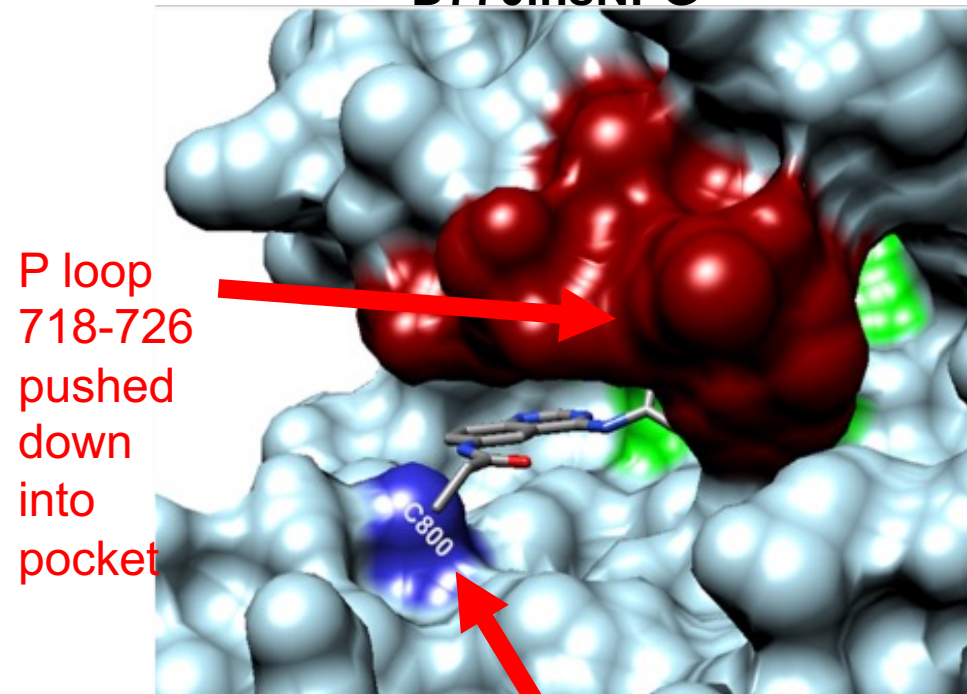
Structural features of classical and exon 20 mutant EGFR: insertion induces steric hindrance

classic EGFR+T790M



C797 (covalent linkage)

Exon 20 “near loop” mutant
D770insNPG

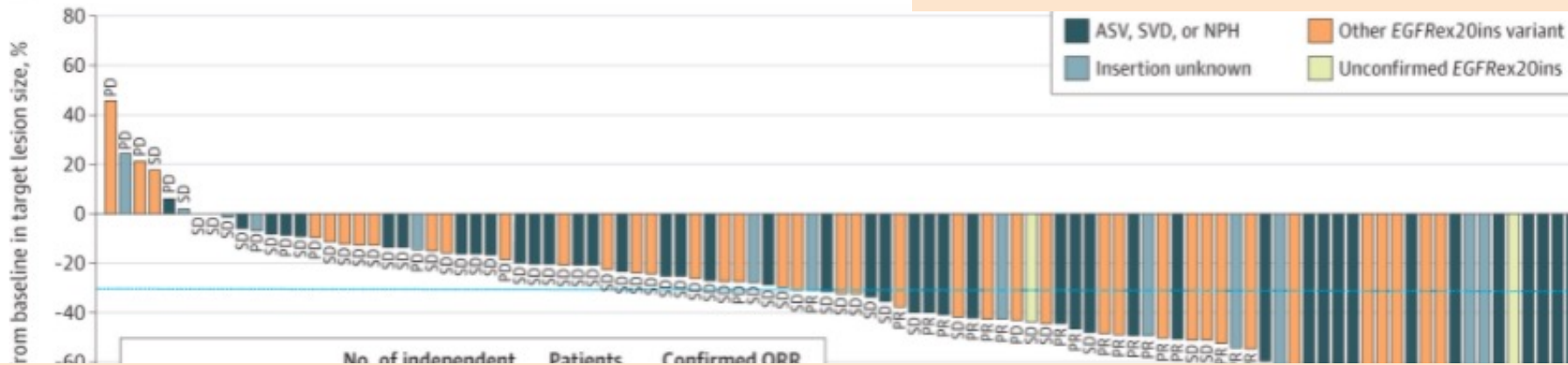


C797 (covalent linkage)

Activity of mobocertinib in platinum-pretreated patients with EGFR exon 20 insertion NSCLC

confirmed ORR 28%
mPFS 7.3m

	AE (%)	≥Gr3 (%)
Diarrhea:	91	21
Rash:	45	0
Nausea:	34	3

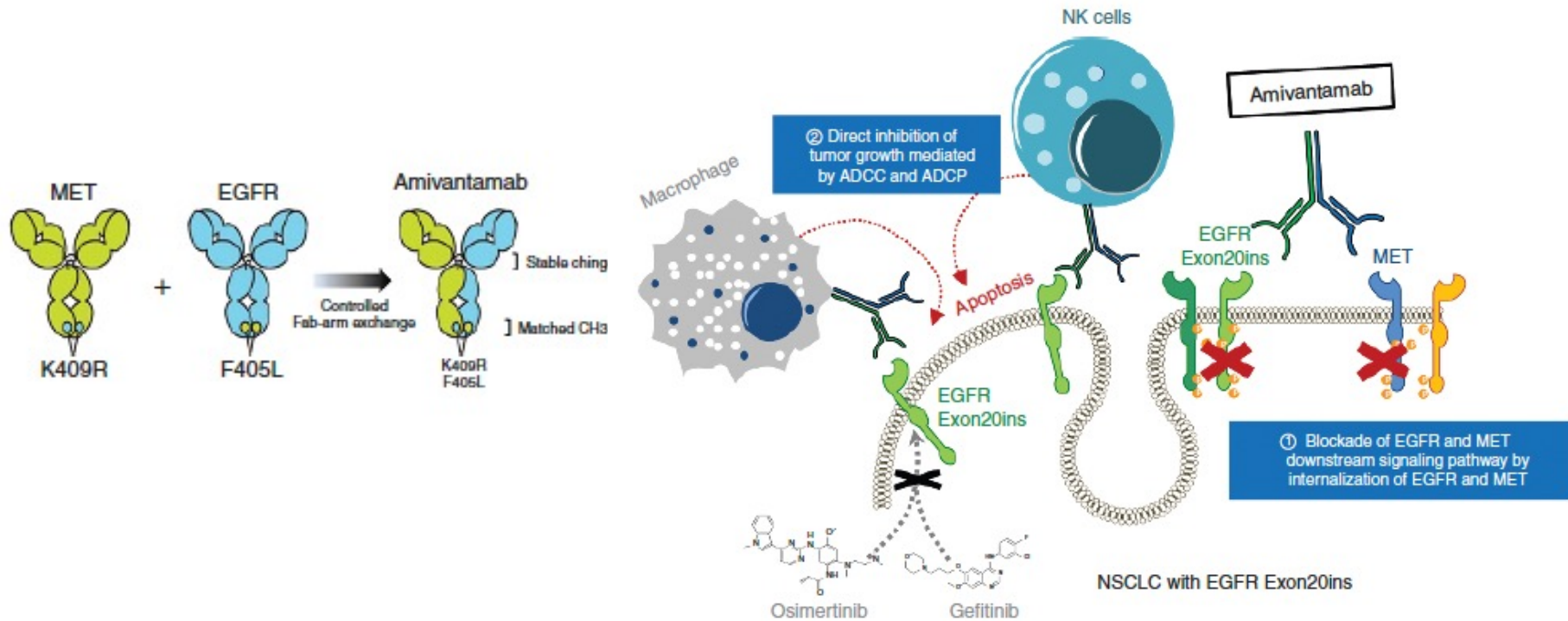


Sept. 15, 2021: FDA granted accelerated approval to mobocertinib for EGFR exon 20 after progression on prior platinum

Oct. 2, 2023: Takeda announced that it will be withdrawing mobocertinib for EGFR exon 20 after failure of phase III EXCLAIM2 confirmatory study

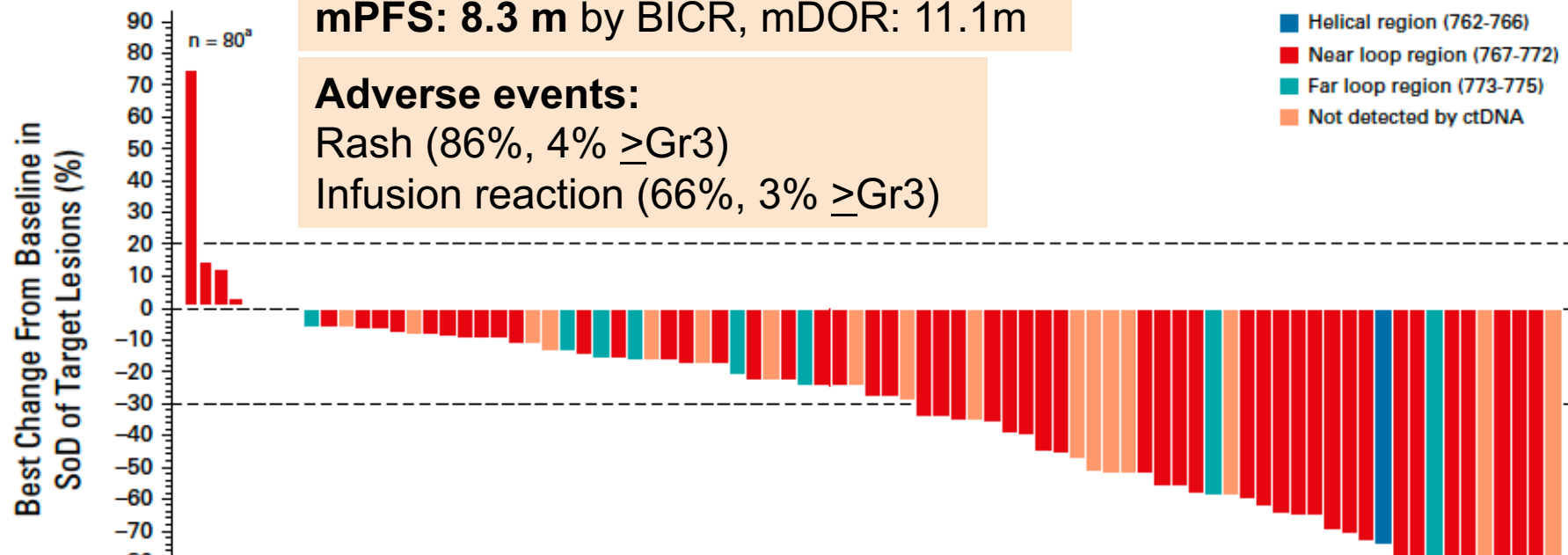
Zhou et al JAMA 2021

Amivantamab: a bispecific EGFR/MET mab with multiple potential MOAs



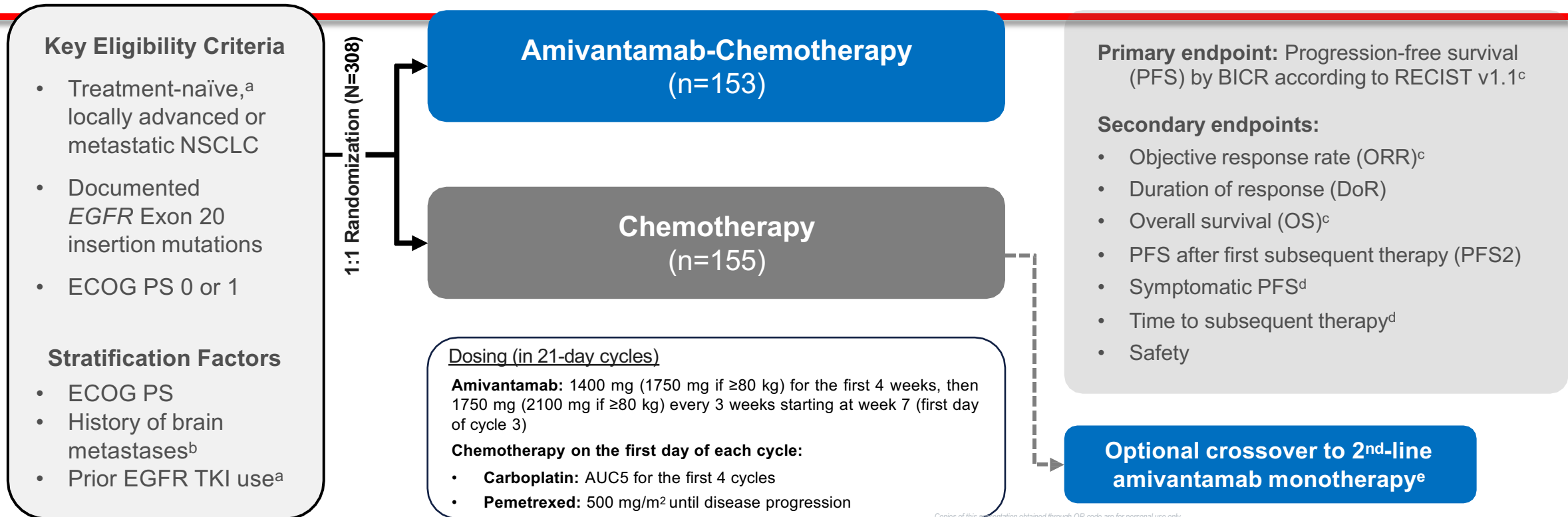
CHRYSLIS: Amivantamab for EGFR exon 20ins NSCLC progressing on prior platinum

A



May 21, 2021: FDA granted accelerated approval to amivantamab for EGFR exon 20 after progression on prior platinum

PAPILLON: Phase 3 Study Design



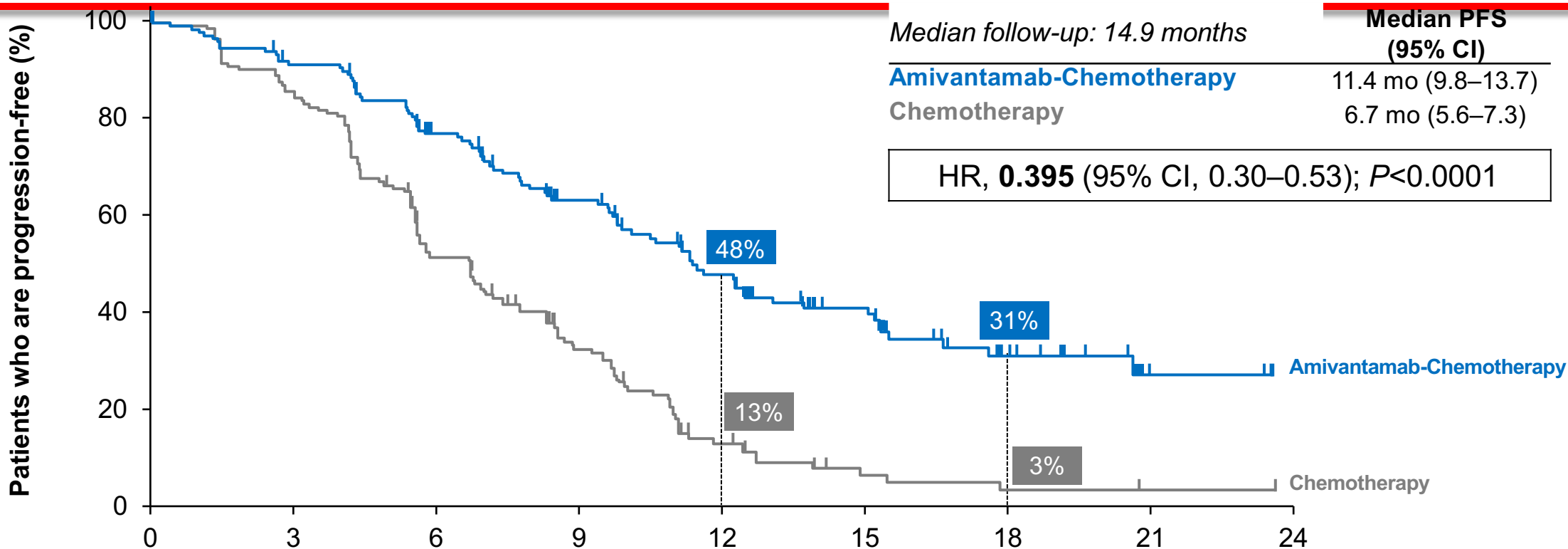
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PAPILLON (ClinicalTrials.gov Identifier: NCT04538664) enrollment period: December 2020 to November 2022; data cut-off: 3-May-2023.



PAPILLON Primary Endpoint: PFS by BICR

Amivantamab-chemotherapy reduced risk of progression or death by 60%



Median follow-up: 14.9 months

	Median PFS (95% CI)
Amivantamab-Chemotherapy	11.4 mo (9.8–13.7)
Chemotherapy	6.7 mo (5.6–7.3)

HR, **0.395** (95% CI, 0.30–0.53); *P*<0.0001

No. at risk

Amivantamab-Chemotherapy	153	135	105	74	50	33	15	3	0
Chemotherapy	155	131	74	41	14	4	2	1	0

Consistent PFS benefit by investigator: 12.9 vs 6.9 mo (HR, 0.38; 95% CI, 0.29–0.51; *P*<0.0001^a)

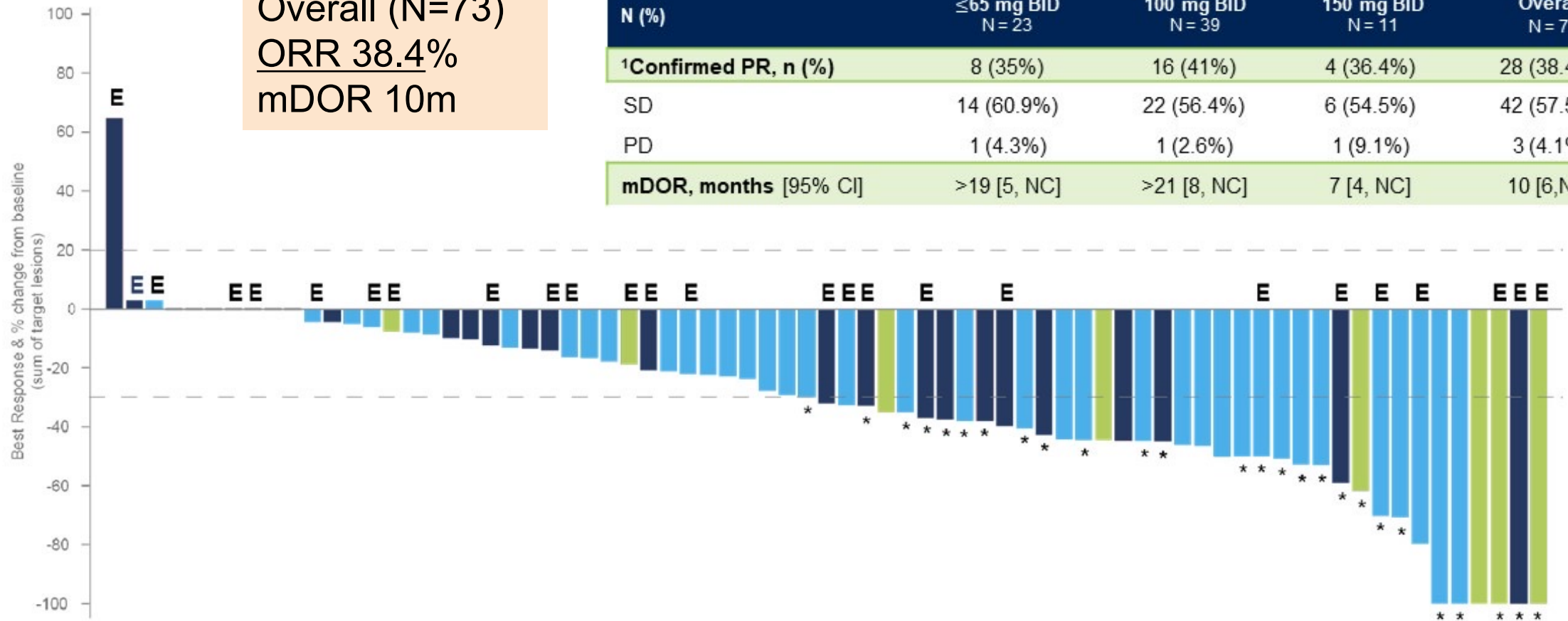
Girard et al, ESMO 2023



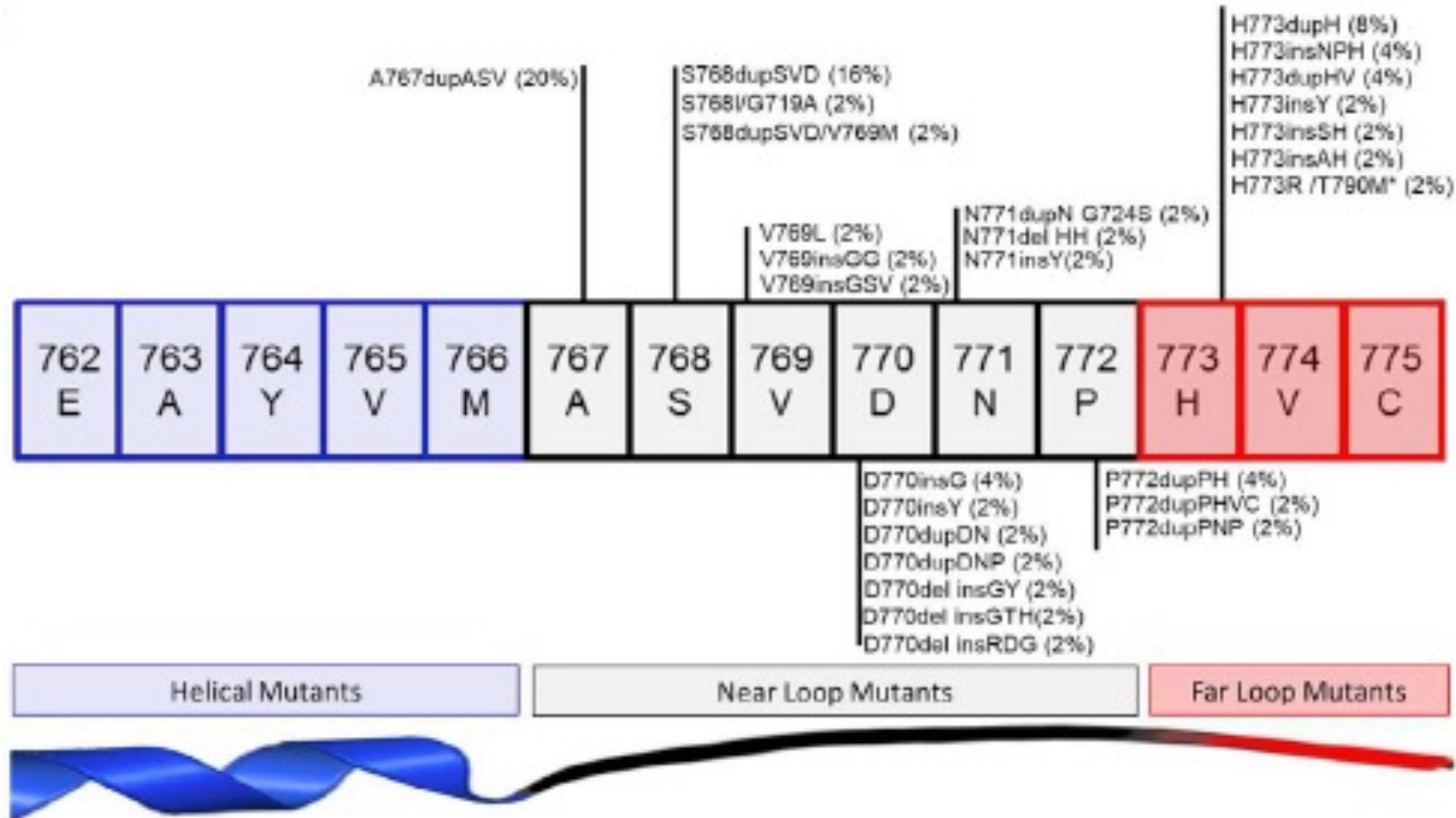
Phase 1/2a Study of CLN-081 in NSCLC Patients with EGFR Exon 20 Insertions

Overall (N=73)
 ORR 38.4%
 mDOR 10m

N (%)	≤65 mg BID N = 23	100 mg BID N = 39	150 mg BID N = 11	Overall N = 73
¹ Confirmed PR, n (%)	8 (35%)	16 (41%)	4 (36.4%)	28 (38.4%)
SD	14 (60.9%)	22 (56.4%)	6 (54.5%)	42 (57.5%)
PD	1 (4.3%)	1 (2.6%)	1 (9.1%)	3 (4.1%)
mDOR, months [95% CI]	>19 [5, NC]	>21 [8, NC]	7 [4, NC]	10 [6, NC]



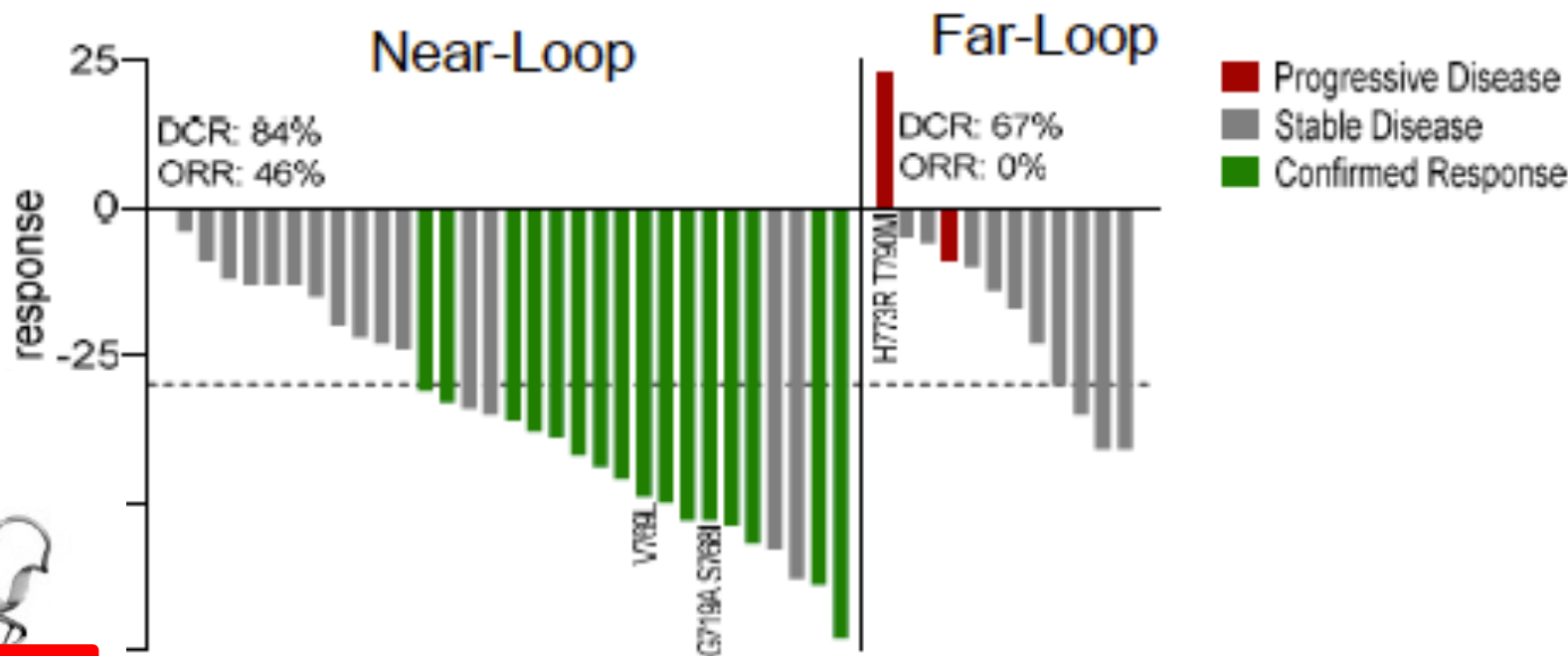
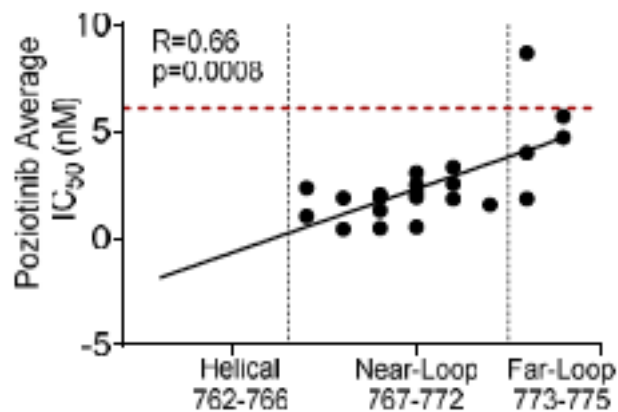
EGFR exon 20: helical, near-loop, and far-loop insertions



Poziotinib is more effective for near-loop than far-loop insertions in EGFR exon 20

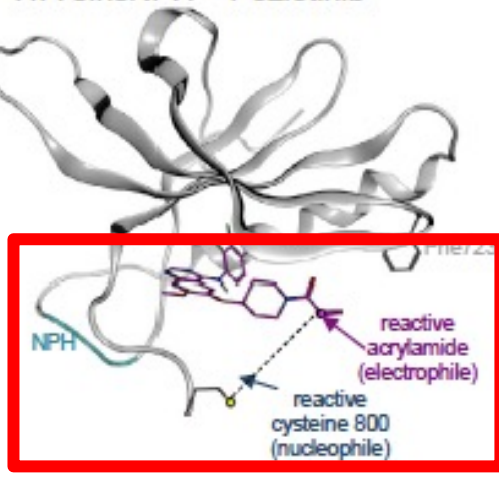
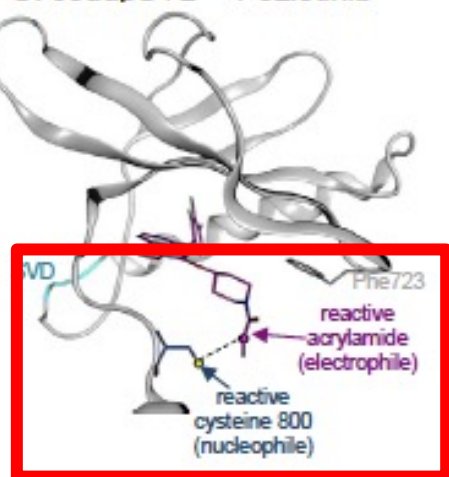
Cell lines: near loop <IC50 than far

ORR: Near loop 46% Far loop 0%

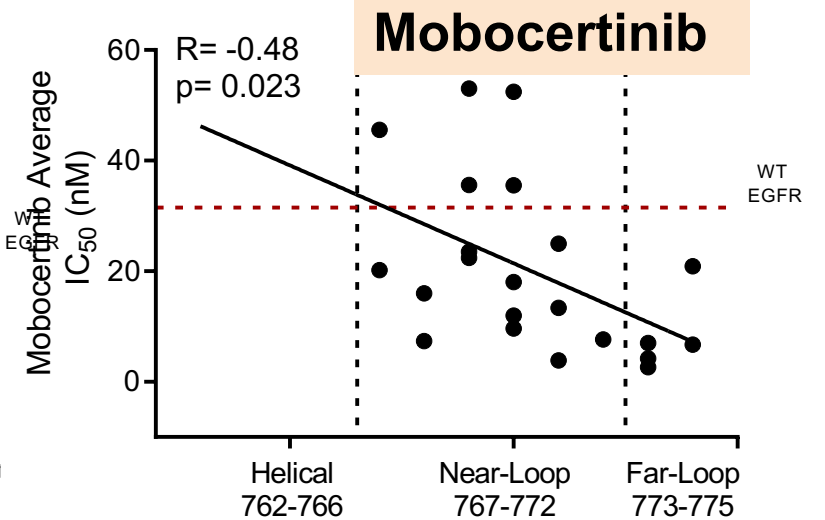
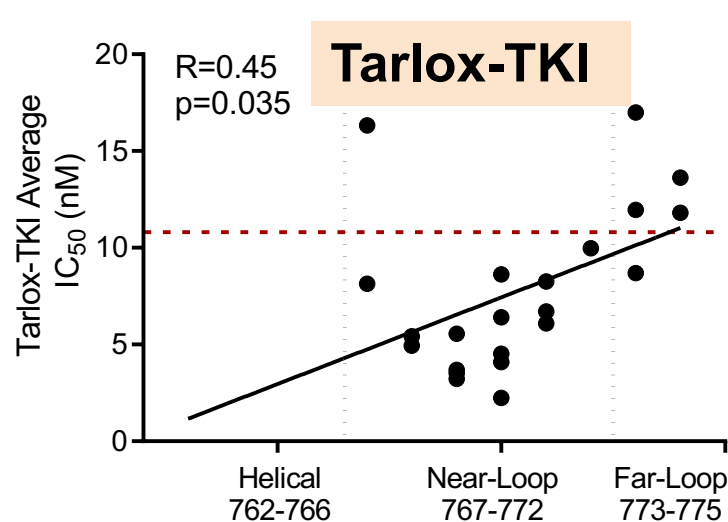
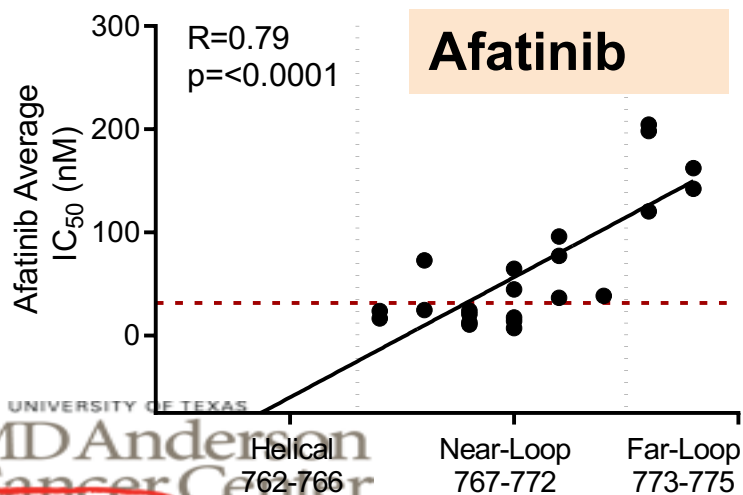
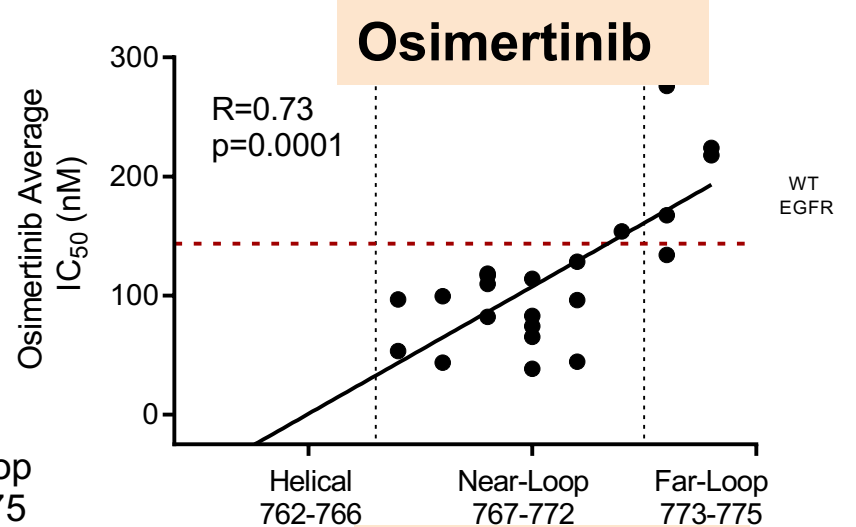
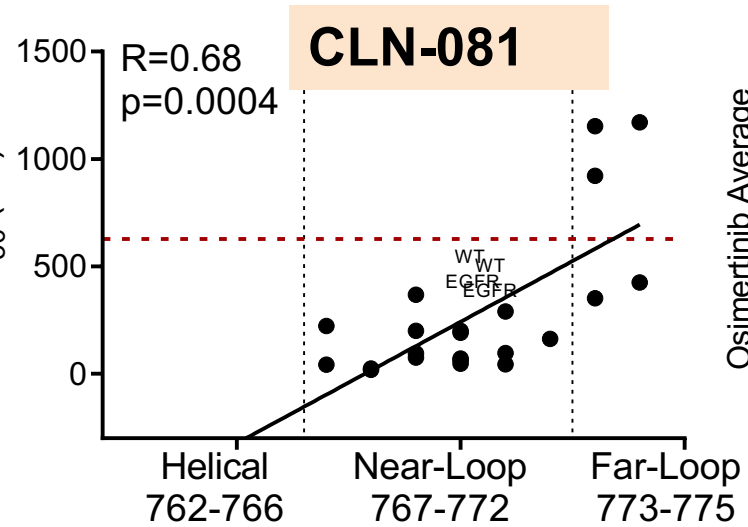
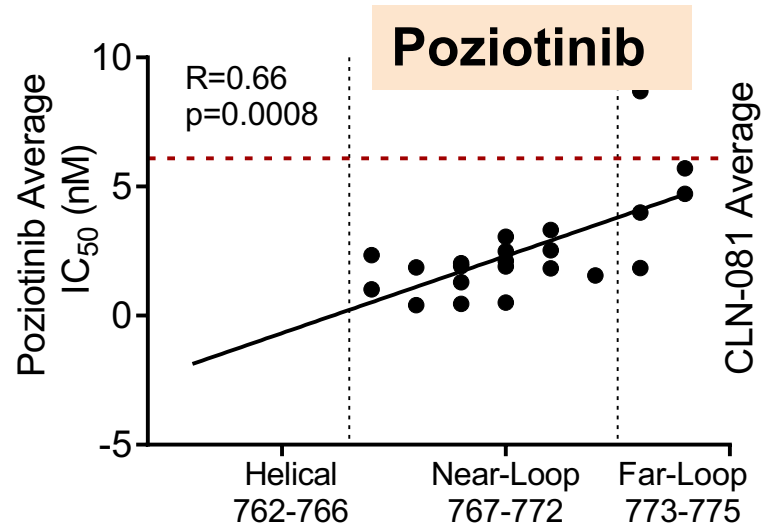


S768dupSVD + Poziotinib

E H773insNPH + Poziotinib

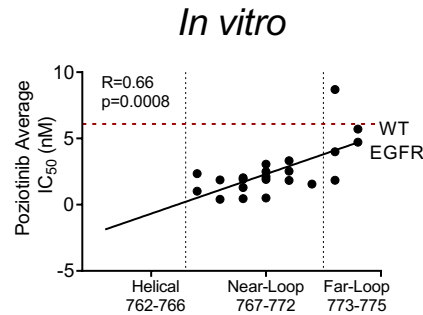
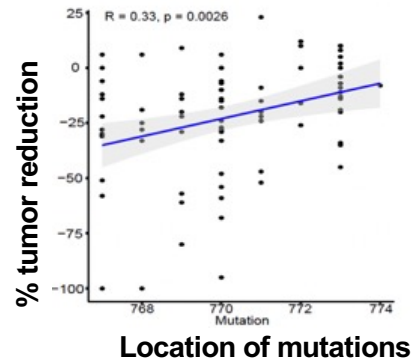
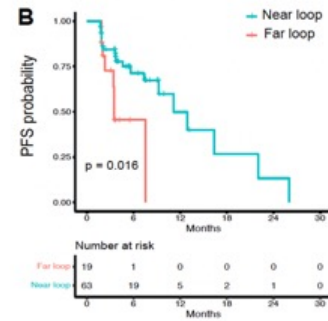
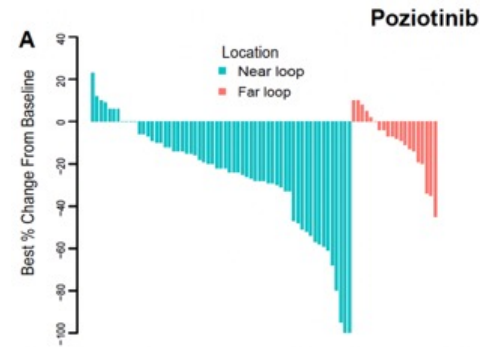


Differential *in vitro* sensitivities in near- vs. far-loop for different TKIs: all but mobocertinib have near-bias (BaF3 models)

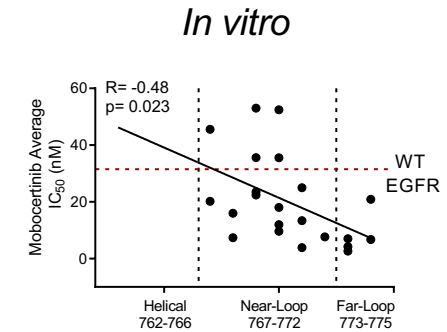
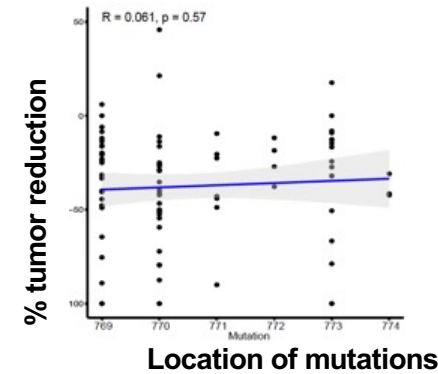
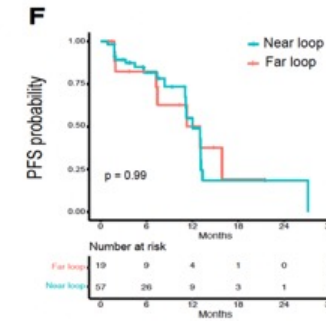
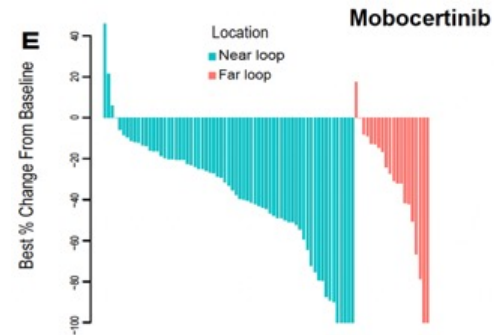


Clinical responses in near- vs. far-loop insertions confirms near-bias for poziotinib but not mobocertinib

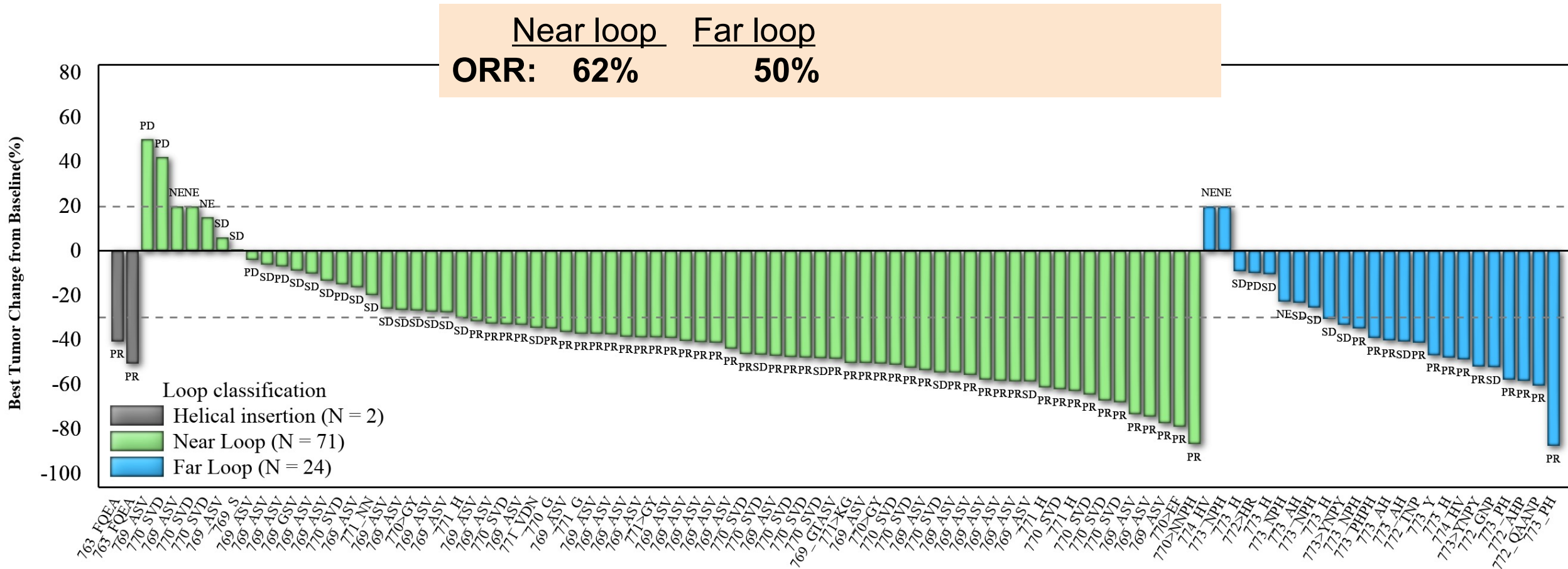
ZENITH20 trial C1 (n=76)



EXCLAIM trial (n=84)



Sunvosertinib (DZD9008) for EGFR exon 20: Near- vs Far-loop insertions



The bottom line: different approaches are needed to tailor lung cancer therapies- one size does not fit all!!

- For **atypical EGFR mutations**, a structure/function approach predicts drug response better than standard exon-based strategies.
 - Even within **EGFR exon 20 loop insertions**, near-loop and far-loop insertions have differential responses to some drugs
 - The new classification can enable new studies and new treatment options for atypical EGFR mutations.
- For **EGFR exon 20 mutations**, amivantamab approved as monotherapy and improves PFS in combo w/chemo
 - New TKIs including zipalertinib and sunvosertinib show promising activity

