Meet The Professor

Current and Future Management of Patients with NSCLC and an Actionable Target Beyond EGFR

D Ross Camidge, MD, PhD
Professor of Medicine/Oncology
Joyce Zeff Chair in Lung Cancer Research
University of Colorado, Anschutz Medical Campus
Denver, Colorado

Commercial Support

This activity is supported by educational grants from Amgen Inc, AstraZeneca Pharmaceuticals LP, Daiichi Sankyo Inc, Elevation Oncology Inc, Genentech, a member of the Roche Group, Novartis, and Turning Point Therapeutics Inc.

RTP
RESEARCH
TO PRACTICE

Dr Love — Disclosures

Dr Love is president and CEO of Research To Practice. Research To Practice receives funds in the form of educational grants to develop CME activities from the following companies: AbbVie Inc, Adaptive Biotechnologies Corporation, ADC Therapeutics, Agios Pharmaceuticals Inc, Alexion Pharmaceuticals, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Aveo Pharmaceuticals, Bayer HealthCare Pharmaceuticals, BeiGene Ltd, BeyondSpring Pharmaceuticals Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Coherus BioSciences, CTI BioPharma Corp, Daiichi Sankyo Inc, Eisai Inc, Elevation Oncology Inc, EMD Serono Inc, Epizyme Inc, Exact Sciences, Exelixis Inc, Five Prime Therapeutics Inc, Foundation Medicine, G1 Therapeutics Inc, Genentech, a member of the Roche Group, Genmab, Gilead Sciences Inc, GlaxoSmithKline, Grail Inc, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Karyopharm Therapeutics, Kite, A Gilead Company, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Mersana Therapeutics Inc, Natera Inc, Novartis, Novartis Pharmaceuticals Corporation on behalf of Advanced Accelerator Applications, Novocure Inc, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sanofi Genzyme, Seagen Inc, Servier Pharmaceuticals LLC, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Pharmaceuticals USA Inc, Tesaro, A GSK Company, TG Therapeutics Inc, Turning Point Therapeutics Inc, Verastem Inc and Zymeworks Inc.

RTP
RESEARCH
TO PRACTICE

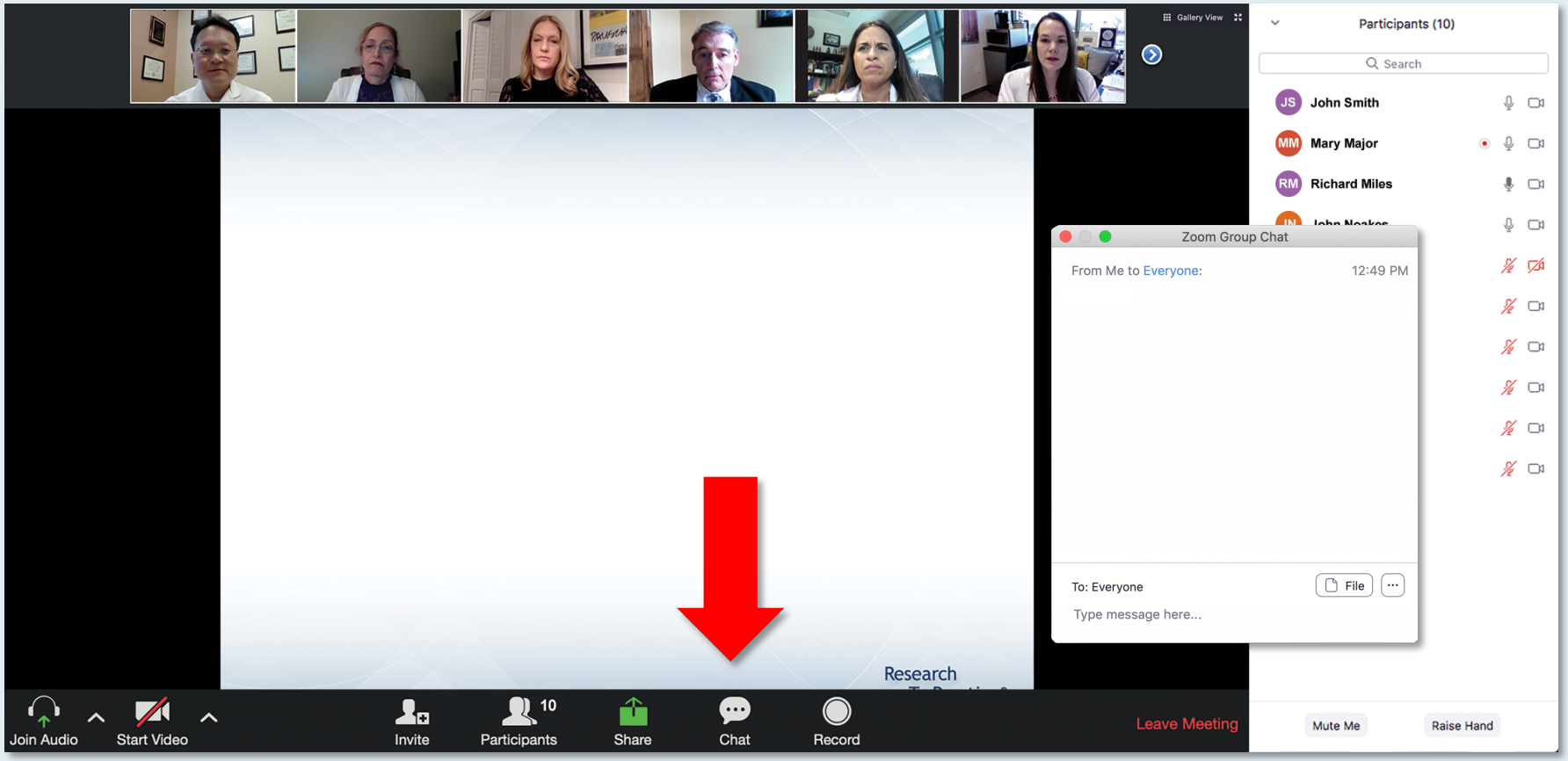
Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Camidge — Disclosures

Advisory Committee	Apollomics Inc, AstraZeneca Pharmaceuticals LP, Elevation Oncology, Kestrel Lifesciences, Nuvalent
Consulting Agreements	AbbVie Inc, Amgen Inc, AnHeart Therapeutics, Blueprint Medicines, EMD Serono Inc, Genentech, a member of the Roche Group, Janssen Biotech Inc, Medtronic Inc, Mersana Therapeutics Inc, Mirati Therapeutics, OnKure Therapeutics, Ribon Therapeutics, Roche Laboratories Inc, Sanofi Genzyme, Seagen Inc, Takeda Pharmaceuticals USA Inc, Turning Point Therapeutics Inc
Data and Safety Monitoring Board/Committee	BeiGene Ltd, Biothera Pharmaceuticals Inc, Helsinn Healthcare SA, Hengrui Therapeutics Inc, Lilly
Stock	Kestrel Lifesciences
Other	AstraZeneca Pharmaceuticals LP, Daiichi Sankyo Inc, Mersana Therapeutics Inc (ILD adjudication committee); Puma Biotechnology Inc (NCCN grant review)

We Encourage Clinicians in Practice to Submit Questions

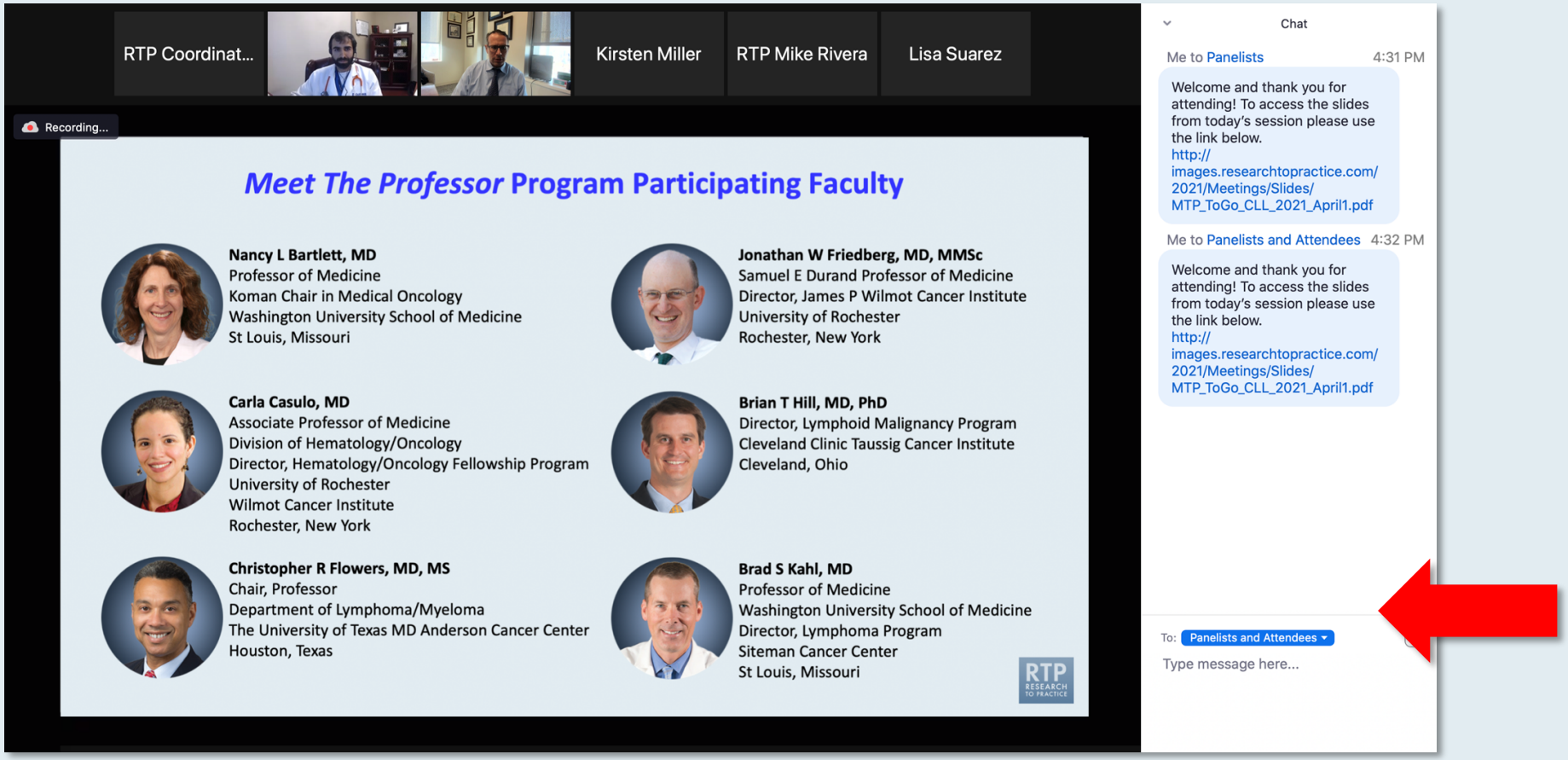


Feel free to submit questions now before the program begins and throughout the program.

RTP RESEARCH TO PRACTICE

Familiarizing Yourself with the Zoom Interface

Expand chat submission box

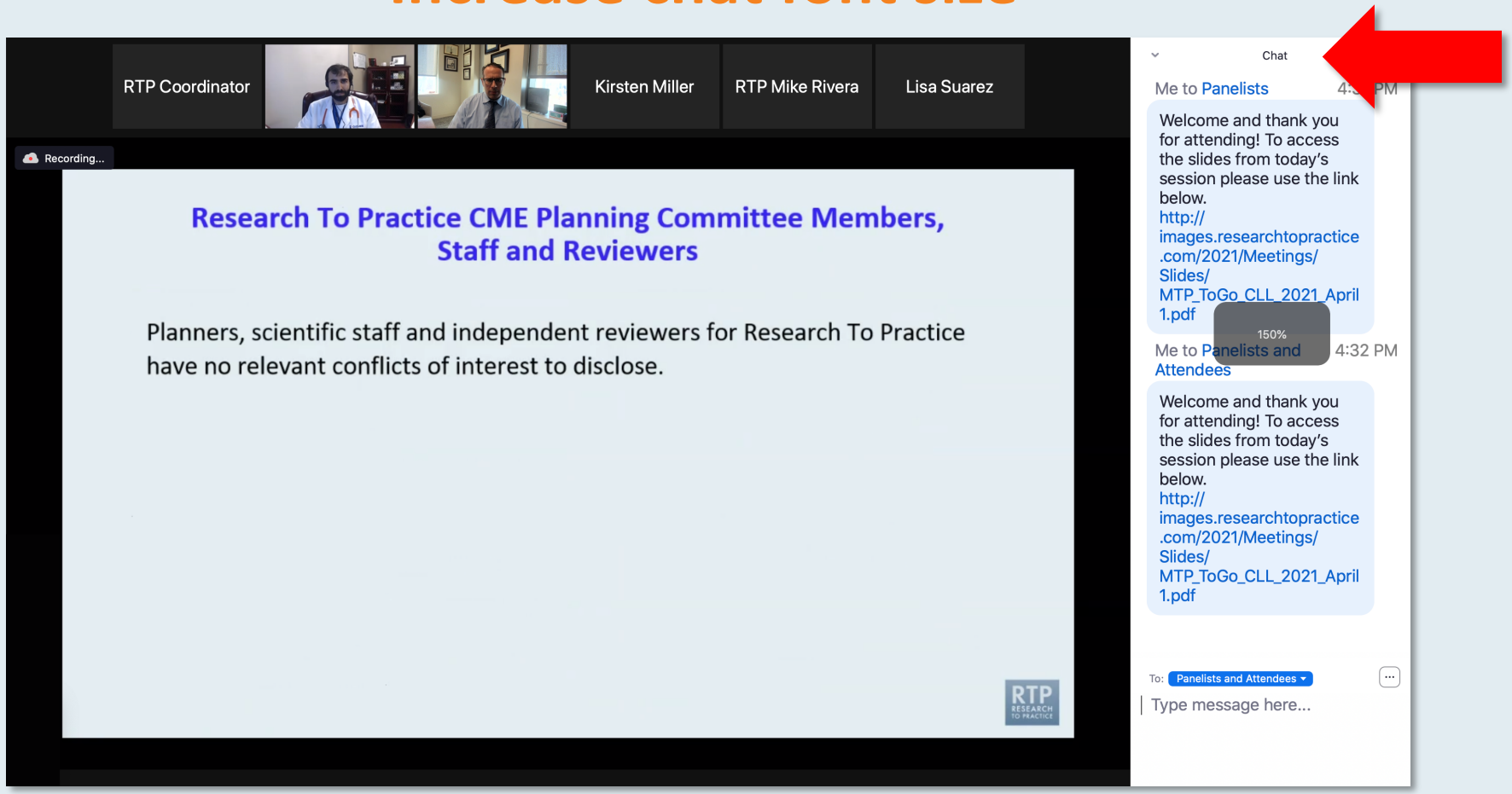


Drag the white line above the submission box up to create more space for your message.

RTP RESEARCH TO PRACTICE

Familiarizing Yourself with the Zoom Interface

Increase chat font size



Press Command (for Mac) or Control (for PC) and the + symbol.
You may do this as many times as you need for readability.

RTP RESEARCH TO PRACTICE

ONCOLOGY TODAY

WITH DR NEIL LOVE

NSCLC with EGFR Exon 20 Insertion Mutations

DR GREGORY RIELY
MEMORIAL SLOAN KETTERING CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Prostate Cancer

Thursday, April 28, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Kathy D Burns, RN, MSN, AGACNP-BC, OCN
Robert Dreicer, MD, MS
Sandy Srinivas, MD
Ronald Stein, JD, MSN, NP-C, AOCNP

Non-Small Cell Lung Cancer

Thursday, April 28, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Edward B Garon, MD, MS
Kelly EH Goodwin, MSN, RN, ANP-BC
Tara Plues, APRN, MSN
Anne S Tsao, MD, MBA

Ovarian Cancer

Thursday, April 28, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Jennifer Filipi, MSN, NP
Kathleen N Moore, MD, MS
Krishnansu S Tewari, MD
Deborah Wright, MSN, APRN, AGCNS-BC

Hepatobiliary Cancers

Thursday, April 28, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Richard S Finn, MD
Amanda K Wagner, APRN-CNP, AOCNP

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Small Cell Lung Cancer

Friday, April 29, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Marianne J Davies, DNP, MSN, RN, APRN
Matthew Gubens, MD, MS
Lowell L Hart, MD
Chaely J Medley, MSN, AGNP

Breast Cancer

Friday, April 29, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Jamie Carroll, APRN, MSN, CNP
Sara A Hurvitz, MD
Kelly Leonard, MSN, FNP-BC
Hope S Rugo, MD

Chronic Lymphocytic Leukemia

Friday, April 29, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Lesley Camille Ballance, MSN, FNP-BC
Amy Goodrich, CRNP
Anthony R Mato, MD, MSCE
Susan O'Brien, MD

Acute Myeloid Leukemia and Myelodysplastic Syndromes

Friday, April 29, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Faculty to be announced

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Cervical and Endometrial Cancer

Saturday, April 30, 2022

6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty

Paula J Anastasia, MN, RN, AOCN
Robert L Coleman, MD
David M O'Malley, MD
Jaclyn Shaver, MS, APRN, CNP, WHNP

Bladder Cancer

Saturday, April 30, 2022

12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty

Monica Averia, MSN, AOCNP, NP-C
Shilpa Gupta, MD
Brenda Martone, MSN, NP-BC, AOCNP
Sumanta Kumar Pal, MD

Meet The Professor

Optimizing the Management of Gastroesophageal Cancers

Thursday, May 5, 2022
5:00 PM – 6:00 PM ET

Faculty

Yelena Y Janjigian, MD

Moderator

Neil Love, MD

RTP
RESEARCH
TO PRACTICE

Cases from the Community: Urologic Oncology Investigators Provide Perspectives on the Optimal Management of Prostate Cancer

Friday, May 13, 2022

8:00 AM – 10:00 AM CT (9:00 AM – 11:00 AM ET)

Faculty

Fred Saad, MD
Matthew R Smith, MD, PhD
Raoul S Concepcion, MD

Moderator

Emmanuel S Antonarakis, MD

RTP
RESEARCH
TO PRACTICE

Cases from the Community: Urologic Oncology Investigators Provide Perspectives on the Optimal Management of Urothelial Bladder Cancer

Friday, May 13, 2022

6:00 PM – 8:00 PM CT (7:00 PM – 9:00 PM ET)

Faculty

Matthew D Galsky, MD
Ashish M Kamat, MD, MBBS
Stephen B Williams, MD, MBA, MS

Moderator

Sumanta Kumar Pal, MD

RTP
RESEARCH
TO PRACTICE

Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

RTP
RESEARCH
TO PRACTICE

Meet The Professor

Current and Future Management of Patients with NSCLC and an Actionable Target Beyond EGFR

D Ross Camidge, MD, PhD
Professor of Medicine/Oncology
Joyce Zeff Chair in Lung Cancer Research
University of Colorado, Anschutz Medical Campus
Denver, Colorado

Meet The Professor Program Participating Faculty

Christina Baik, MD, MPH
Associate Professor of Medicine
Thoracic, Head and Neck Medical Oncology
University of Washington School of Medicine
Fred Hutchinson Cancer Research Center
Seattle, Washington

Alexander E Drilon, MD
Chief, Early Drug Development Service
Associate Attending Physician
Thoracic Oncology Service
Memorial Sloan Kettering Cancer Center
New York, New York

D Ross Camidge, MD, PhD
Professor of Medicine/Oncology
Joyce Zeff Chair in Lung Cancer Research
University of Colorado, Anschutz
Medical Campus
Denver, Colorado

Justin F Gainor, MD
Director, Center for Thoracic Cancers at
Massachusetts General Hospital
Director of Targeted Immunotherapy in the
Henri and Belinda Termeer Center for
Targeted Therapies
Associate Professor of Medicine, Harvard
Medical School
Massachusetts General Hospital
Boston, Massachusetts

RTP
RESEARCH
TO PRACTICE

Meet The Professor Program Participating Faculty

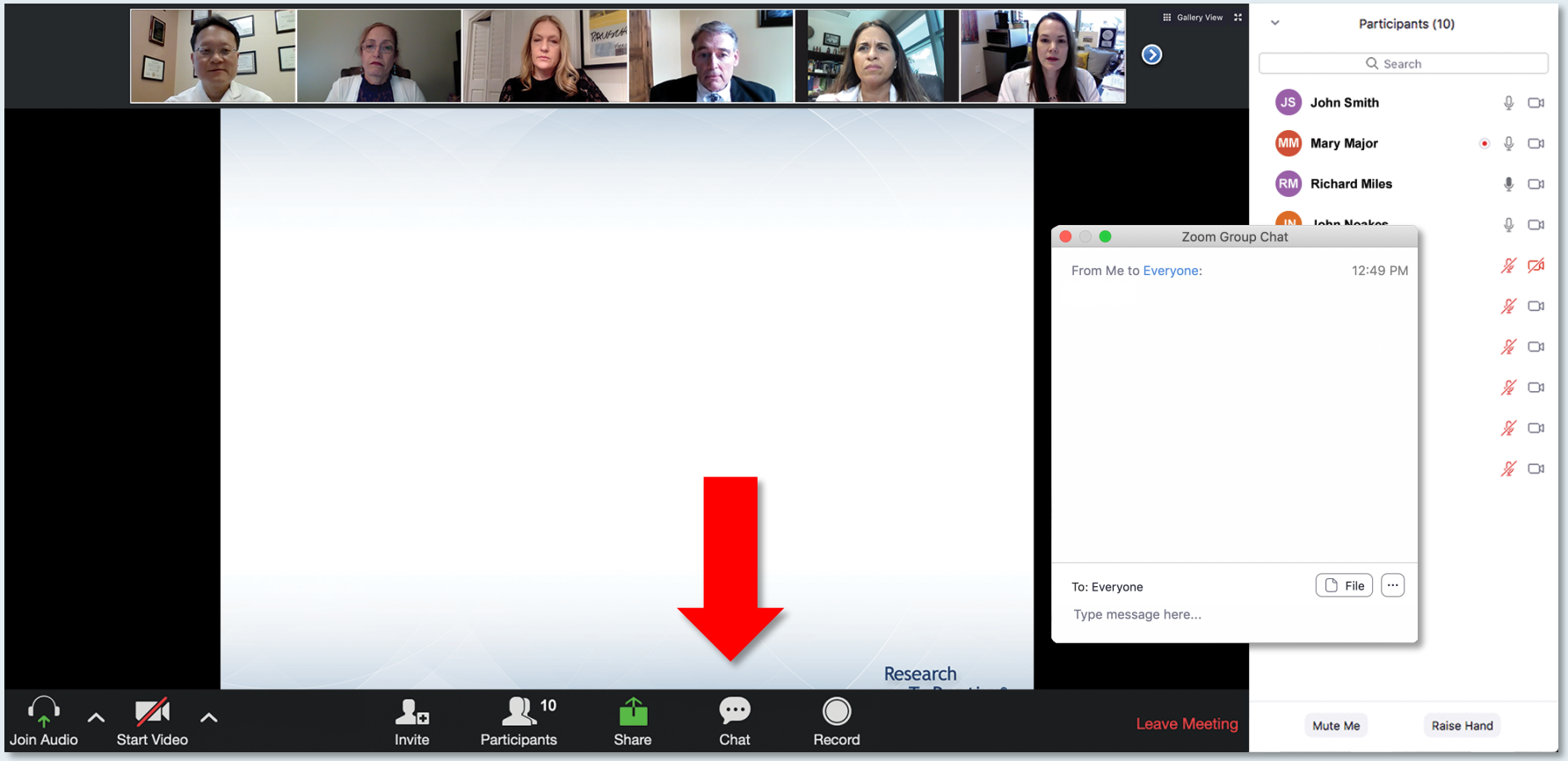
Melissa Johnson, MD
Director, Lung Cancer Research Program
Associate Director of Drug Development for the Drug Development Unit in Nashville
Sarah Cannon Research Institute
Nashville, Tennessee

Alexander I Spira, MD, PhD
Medical Oncologist
Virginia Cancer Specialists
Fairfax, Virginia

MODERATOR
Neil Love, MD
Research To Practice

RTP
RESEARCH
TO PRACTICE

We Encourage Clinicians in Practice to Submit Questions



Feel free to submit questions now before the program begins and throughout the program.

RTP RESEARCH TO PRACTICE

ONCOLOGY TODAY

WITH DR NEIL LOVE

NSCLC with EGFR Exon 20 Insertion Mutations

DR GREGORY RIELY
MEMORIAL SLOAN KETTERING CANCER CENTER

Listen on Apple Podcasts

Spotify

Listen on Google Podcasts

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Prostate Cancer

Thursday, April 28, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Kathy D Burns, RN, MSN, AGACNP-BC, OCN
Robert Dreicer, MD, MS
Sandy Srinivas, MD
Ronald Stein, JD, MSN, NP-C, AOCNP

Non-Small Cell Lung Cancer

Thursday, April 28, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Edward B Garon, MD, MS
Kelly EH Goodwin, MSN, RN, ANP-BC
Tara Plues, APRN, MSN
Anne S Tsao, MD, MBA

Ovarian Cancer

Thursday, April 28, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Jennifer Filipi, MSN, NP
Kathleen N Moore, MD, MS
Krishnansu S Tewari, MD
Deborah Wright, MSN, APRN, AGCNS-BC

Hepatobiliary Cancers

Thursday, April 28, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Richard S Finn, MD
Amanda K Wagner, APRN-CNP, AOCNP

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Small Cell Lung Cancer

Friday, April 29, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Marianne J Davies, DNP, MSN, RN, APRN
Matthew Gubens, MD, MS
Lowell L Hart, MD
Chaely J Medley, MSN, AGNP

Breast Cancer

Friday, April 29, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Jamie Carroll, APRN, MSN, CNP
Sara A Hurvitz, MD
Kelly Leonard, MSN, FNP-BC
Hope S Rugo, MD

Chronic Lymphocytic Leukemia

Friday, April 29, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Lesley Camille Ballance, MSN, FNP-BC
Amy Goodrich, CRNP
Anthony R Mato, MD, MSCE
Susan O'Brien, MD

Acute Myeloid Leukemia and Myelodysplastic Syndromes

Friday, April 29, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Ilene Galinsky, NP
Eunice S Wang, MD

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Cervical and Endometrial Cancer

Saturday, April 30, 2022

6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty

Paula J Anastasia, MN, RN, AOCN
Robert L Coleman, MD
David M O'Malley, MD
Jaclyn Shaver, MS, APRN, CNP, WHNP

Bladder Cancer

Saturday, April 30, 2022

12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty

Monica Averia, MSN, AOCNP, NP-C
Shilpa Gupta, MD
Brenda Martone, MSN, NP-BC, AOCNP
Sumanta Kumar Pal, MD

Meet The Professor

Optimizing the Management of Gastroesophageal Cancers

Thursday, May 5, 2022
5:00 PM – 6:00 PM ET

Faculty

Yelena Y Janjigian, MD

Moderator

Neil Love, MD

RTP
RESEARCH
TO PRACTICE

Cases from the Community: Urologic Oncology Investigators Provide Perspectives on the Optimal Management of Prostate Cancer

Friday, May 13, 2022

8:00 AM – 10:00 AM CT (9:00 AM – 11:00 AM ET)

Faculty

Fred Saad, MD
Matthew R Smith, MD, PhD
Raoul S Concepcion, MD

Moderator

Emmanuel S Antonarakis, MD

RTP
RESEARCH
TO PRACTICE

Cases from the Community: Urologic Oncology Investigators Provide Perspectives on the Optimal Management of Urothelial Bladder Cancer

Friday, May 13, 2022

6:00 PM – 8:00 PM CT (7:00 PM – 9:00 PM ET)

Faculty

Matthew D Galsky, MD
Ashish M Kamat, MD, MBBS
Stephen B Williams, MD, MBA, MS

Moderator

Sumanta Kumar Pal, MD

RTP
RESEARCH
TO PRACTICE

Meet The Professor

Current and Future Management of Patients with NSCLC and an Actionable Target Beyond EGFR

D Ross Camidge, MD, PhD
Professor of Medicine/Oncology
Joyce Zeff Chair in Lung Cancer Research
University of Colorado, Anschutz Medical Campus
Denver, Colorado

Commercial Support

This activity is supported by educational grants from Amgen Inc, AstraZeneca Pharmaceuticals LP, Daiichi Sankyo Inc, Elevation Oncology Inc, Genentech, a member of the Roche Group, Novartis, and Turning Point Therapeutics Inc.

Research To Practice CME Planning Committee Members, Staff and Reviewers

Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

Dr Camidge — Disclosures

Advisory Committee	Apollomics Inc, AstraZeneca Pharmaceuticals LP, Elevation Oncology, Kestrel Lifesciences, Nuvalent
Consulting Agreements	AbbVie Inc, Amgen Inc, AnHeart Therapeutics, Blueprint Medicines, EMD Serono Inc, Genentech, a member of the Roche Group, Janssen Biotech Inc, Medtronic Inc, Mersana Therapeutics Inc, Mirati Therapeutics, OnKure Therapeutics, Ribon Therapeutics, Roche Laboratories Inc, Sanofi Genzyme, Seagen Inc, Takeda Pharmaceuticals USA Inc, Turning Point Therapeutics Inc
Data and Safety Monitoring Board/Committee	BeiGene Ltd, Biothera Pharmaceuticals Inc, Helsinn Healthcare SA, Hengrui Therapeutics Inc, Lilly
Stock	Kestrel Lifesciences
Other	AstraZeneca Pharmaceuticals LP, Daiichi Sankyo Inc, Mersana Therapeutics Inc (ILD adjudication committee); Puma Biotechnology Inc (NCCN grant review)

Spencer Henick Bachow, MD
Lynn Cancer Institute Affiliate
FAU Schmidt College of Medicine Boca Raton, Florida

Jennifer L Dallas, MD
Novant Health Cancer Institute
Charlotte, North Carolina

Daniel R Carrizosa, MD, MS
Atrium Health Levine Cancer Institute
Charlotte, North Carolina

Sunil Gandhi, MD
Lecanto, Florida

Mamta Choksi, MD
Florida Cancer Specialists
New Port Richey, Florida

Rajni Sinha, MD, MRCP
Piedmont Cancer Institute
Atlanta, Georgia

RTP
RESEARCH
TO PRACTICE

Meet The Professor with Dr Camidge

Introduction: First-Line Systemic Treatment/Brain Metastases

MODULE 1: ALK Rearrangements

MODULE 2: KRAS G12C Mutations

MODULE 3: MET Exon 14 Skipping Mutations

MODULE 4: HER2 Mutations

MODULE 5: NTRK Fusions

MODULE 6: ROS1 Fusions

MODULE 7: RET Fusions

MODULE 8: BRAF Mutations

MODULE 9: NRG1 Fusions

MODULE 10: Appendix of Key Publications

RTP
RESEARCH
TO PRACTICE

Meet The Professor with Dr Camidge

Introduction: First-Line Systemic Treatment/Brain Metastases

MODULE 1: ALK Rearrangements

MODULE 2: KRAS G12C Mutations

MODULE 3: MET Exon 14 Skipping Mutations

MODULE 4: HER2 Mutations

MODULE 5: NTRK Fusions

MODULE 6: ROS1 Fusions

MODULE 7: RET Fusions

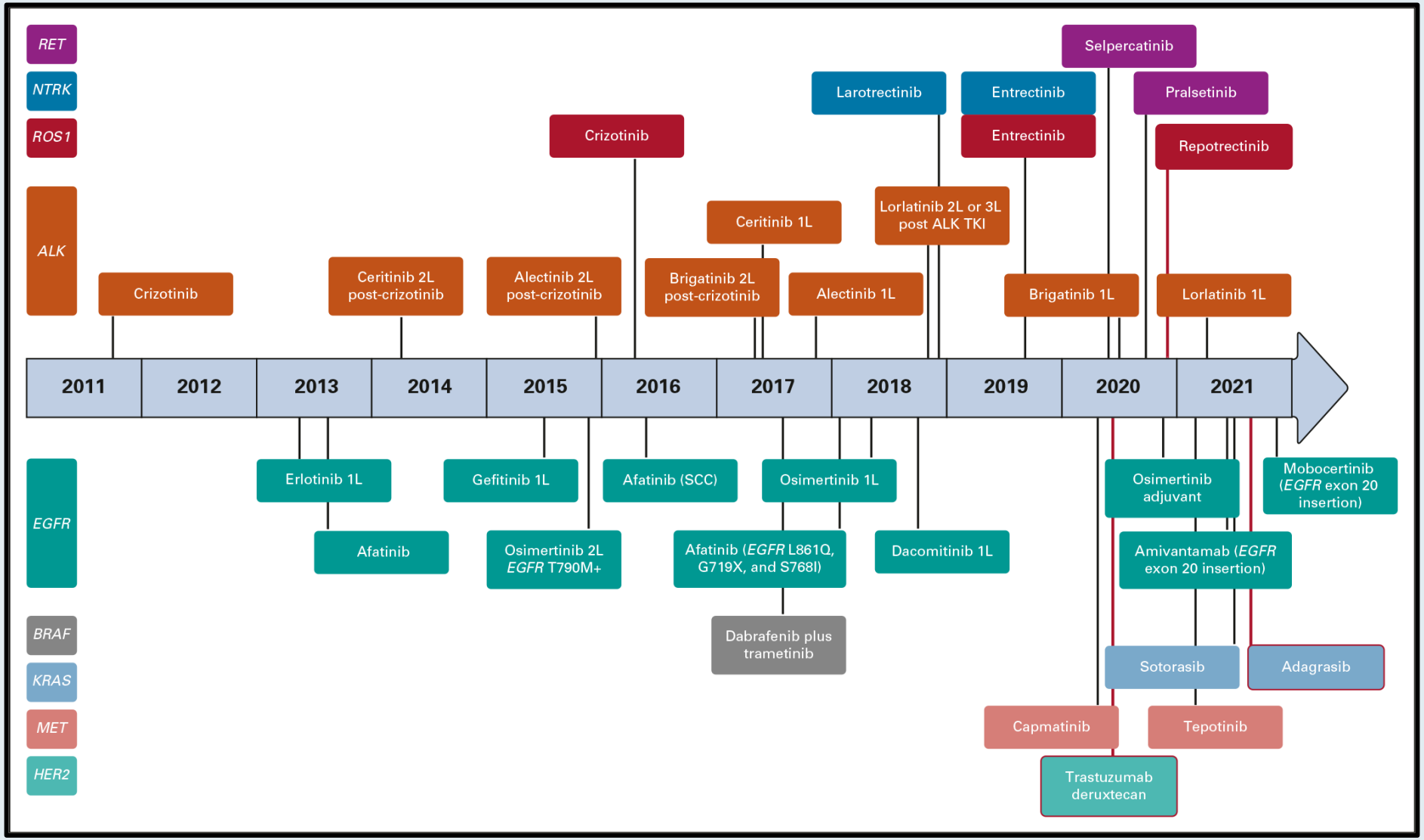
MODULE 8: BRAF Mutations

MODULE 9: NRG1 Fusions

MODULE 10: Appendix of Key Publications

RTP
RESEARCH
TO PRACTICE

Timeline of Select FDA-Approved Targeted Therapies for Oncogene-Driven NSCLC



Tan AC et al. *J Clin Oncol* 2022;40(6):611-25.

Note: Red line indicates Breakthrough Therapy designation

RTP RESEARCH TO PRACTICE

Abstract CT032

Activity and Safety of Alectinib for *ALK*-Altered Solid Tumors from MyPathway

Funda Meric-Bernstam, MD

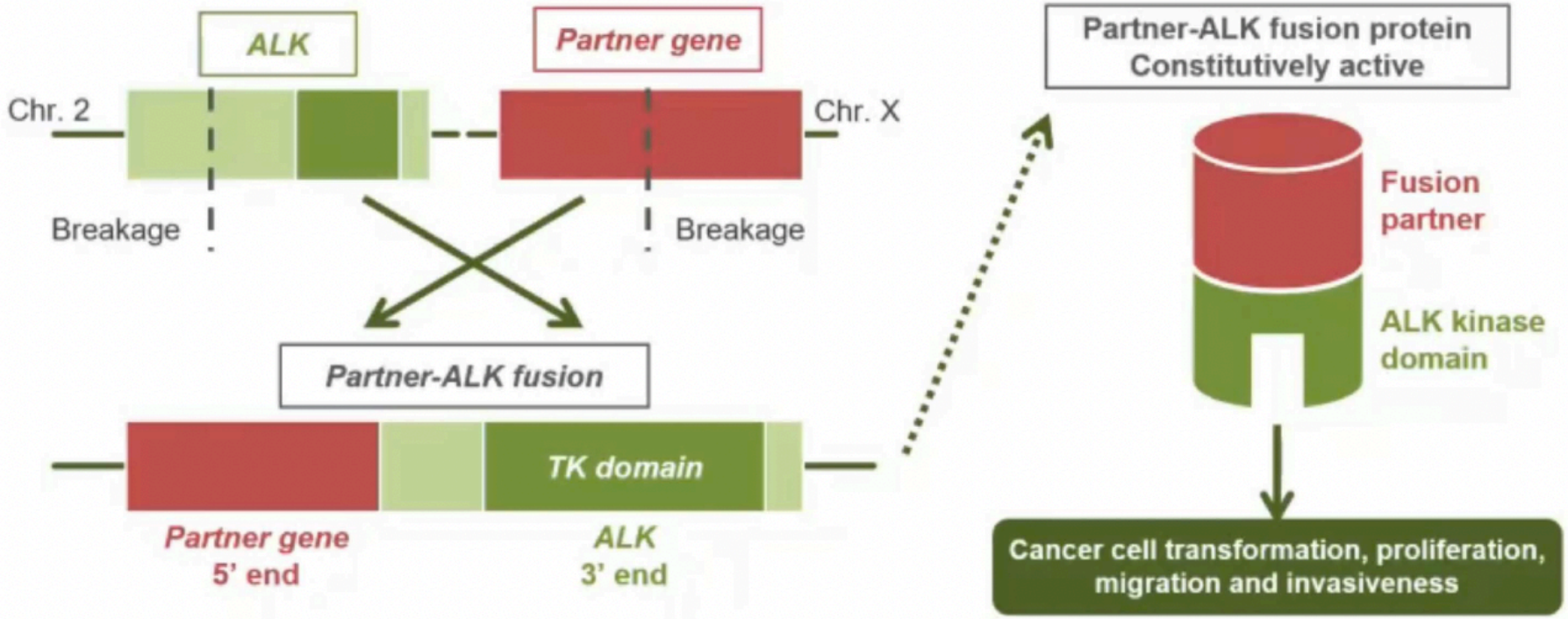
University of Texas MD Anderson Cancer Center, Houston, TX, USA

Charles Swanton,[1,2] Claire F. Friedman,[3,4] Christopher J. Sweeney,[5] Funda Meric-Bernstam,[6] David Spigel,[7,8] Ron Bose,[9] Howard Burris,[7,8] Walter C. Darbonne,[10] Julia Malato,[10] Jonathan Levy,[10] Yong Wang,[10] Tania Szado,[10] Katja Schulze,[10] John Hainsworth,[7,8] Razelle Kurzrock[11]

[1]Francis Crick Institute, London, UK; [2]UCL Hospitals, London, UK; [3]Memorial Sloan Kettering Cancer Center, New York, NY, USA; [4]Weill Medical College at Cornell University, New York, NY, USA; [5]Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA, USA; [6]University of Texas MD Anderson Cancer Center, Houston, TX, USA; [7]Sarah Cannon Research Institute, Nashville, TN, USA; [8]Tennessee Oncology, PLLC, Nashville, TN, USA; [9]Washington University School of Medicine, St. Louis, MO, USA; [10]Genentech, Inc., South San Francisco, CA, USA; [11]Medical College of Wisconsin Cancer Center, Milwaukee, WI, USA

Mechanism of *ALK* Fusions

AACR American Association for Cancer Research ANNUAL MEETING 2022 New Orleans
APRIL 8-13 • #AACR22



Meric-Bernstam F et al. AACR 2022;Abstract CT032

Partial Responses or Stable Disease Were Observed Across Tumor Types

AACR American Association for Cancer Research ANNUAL MEETING 2022 New Orleans

APRIL 8-13 • #AACR22

Patients with *ALK* rearrangement (n=10)					
Confirmed BOR	PFS (months)	Tumor type	Fusion partner	Additional *ALK* alteration	Co-mutations*
PR	16.4	Skin (Melanoma)	*EMILIN1*	—	*TERT* promoter
PR	8.3	Papillary urothelial carcinoma	*DCTN1*	Mutation (D1529N)	*TP53* V272L; *KEL* R655W; *DNMT3A* R736H; *FAT1* T3845M
PR	8.2	Colon adenocarcinoma	*DIAPH2*	—	*TP53* H178fs*69, Y163C; *FBXW7* R465C; *ATM* Y370fs*1; *BRCA* R8fs*5
SD >4 mos	13.6	Colon adenocarcinoma	*STRN*	—	TP53 R306*
SD >4 mos	10.1	Uterine leiomyosarcoma	*IGFBP5*	—	*CDKN2A/B* loss; *CHEK2* loss
SD >4 mos	5.5	Pancreatic adenocarcinoma	*EML4*	—	*TP53* S241F; *KRAS* Q61H
PD	2.8	Colon adenocarcinoma	Unknown	—	*KRAS* G12V; *APC* Q1291*; *TP53* R175H
PD	1.7	Esophageal adenocarcinoma	*STRN*	—	*APC* loss; *CDK12-SRCIN1* fusion; *ERBB2* amp.; *TP53 C176F*
PD	1.7	Uterine serous carcinoma	Unknown	Mutation (E269D)	*TP53* E221*; *KRAS* amp.; *MYC* amp.
Not evaluable	NE	Uterine inflammatory myofibroblastic tumor	*IGFBP5*	Mutation (C1021R)	*DNMT3A* K829R

*Co-mutations of known significance identified by tissue report (FoundationMedicine Inc.), or if not available, the molecular report used for patient enrollment
BOR, best overall response; PD, progressive disease; PR, partial response; SD, stable disease

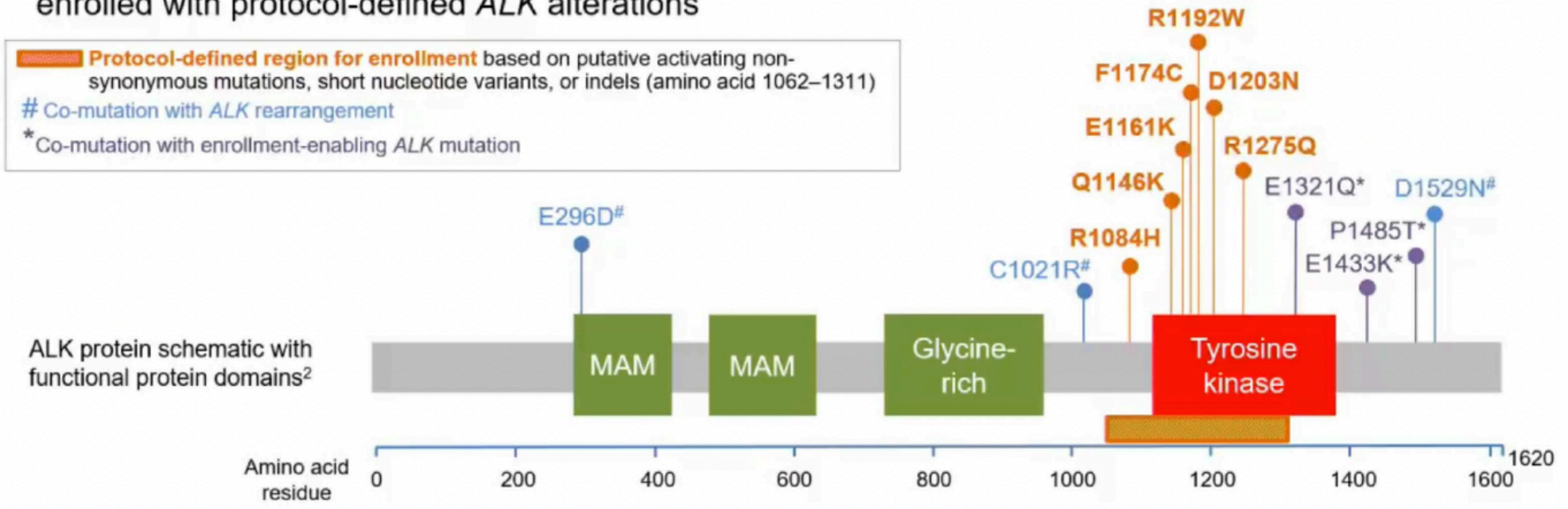
Meric-Bernstam F et al. AACR 2022;Abstract CT032

RTP RESEARCH TO PRACTICE

ALK Mutations Enabling Enrollment Were Located in Protocol-Defined Regions Within and Near the Tyrosine Kinase Domain

AACR American Association for Cancer Research ANNUAL MEETING 2022 New Orleans
APRIL 8-13 • #AACR22

- Alectinib had been shown to be active on *ALK* activating point mutations like F1174L, R1275Q in cell-line-derived models[1]
- Additional *ALK* co-mutations were identified in a subset of patient samples enrolled with protocol-defined *ALK* alterations



1. Sakamoto, et al Cancer Cell 2011
2. Modified from cBioPortal (https://www.cbioportal.org/)

Meric-Bernstam F et al. AACR 2022;Abstract CT032.

A patient presents with ALK-positive NSCLC, including asymptomatic brain metastases. Would you be likely to include radiation therapy to the brain in the initial treatment?

1. No
2. Yes, if it required whole-brain radiation therapy
3. Yes, if it required stereotactic body radiation therapy
4. Yes

review articles

SPECIAL SERIES: THORACIC ONCOLOGY: CURRENT AND FUTURE THERAPY

Managing Central Nervous System Spread of Lung Cancer: The State of the Art

David Chun Cheong Tsui, MD, PhD[1]; D. Ross Camidge, MD, PhD[1]; and Chad G. Rusthoven, MD[2]

J Clin Oncol 2022;40(6):642-60.

JC JOURNAL CLUB

RTP RESEARCH TO PRACTICE

J Thorac Oncol 2022;17(1):116-29.

ORIGINAL ARTICLE

Brain Metastases in *EGFR*- and *ALK*-Positive NSCLC: Outcomes of Central Nervous System-Penetrant Tyrosine Kinase Inhibitors Alone Versus in Combination With Radiation

Nicholas J. Thomas, BA,[a] Nathaniel J. Myall, MD,[b] Fangdi Sun, MD,[a] Tejas Patil, MD,[c] Rao Mushtaq, MD,[c] Chandler Yu, BS,[d] Sumi Sinha, MD,[d] Erqi L. Pollom, MD,[e] Seema Nagpal, MD,[f] D. Ross Camidge, MD, PhD,[c] Chad G. Rusthoven, MD,[g] Steve E. Braunstein, MD, PhD,[d] Heather A. Wakelee, MD,[b] Caroline E. McCoach, MD, PhD[a,h,*]

Comparing Addition of Radiotherapy in EGFR- and ALK-Positive NSCLC With Brain Metastases: Are We Evaluating the Optimal End Point?

Nardone V et al. *J Thorac Oncol* 2022;17(2):e10-2.

In Response to: "Comparing Addition of Radiotherapy in EGFR- and ALK-Positive NSCLC With Brain Metastases: Are We Evaluating the Optimal Endpoint?"

Thomas NJ et al. *J Thorac Oncol* 2022;17(2):e12-4.

JC JOURNAL CLUB

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and an ALK rearrangement?

 Dr Baik	Alectinib	 Dr Gainor	Lorlatinib
 Dr Camidge	Alectinib	 Dr Johnson	Alectinib
 Dr Drilon	Alectinib	 Dr Spira	Alectinib

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and an ALK rearrangement?

 Dr Baik	Yes, alectinib	 Dr Gainor	Yes, lorlatinib
 Dr Camidge	Yes, alectinib	 Dr Johnson	Yes, alectinib
 Dr Drilon	Yes, alectinib	 Dr Spira	No

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and a ROS1 rearrangement?

 Dr Baik	Entrectinib	 Dr Gainor	Crizotinib
 Dr Camidge	Entrectinib	 Dr Johnson	Entrectinib
 Dr Drilon	Entrectinib	 Dr Spira	Entrectinib

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and a ROS1 rearrangement?

 Dr Baik	Yes, entrectinib	 Dr Gainor	Yes, entrectinib
 Dr Camidge	Yes, entrectinib	 Dr Johnson	Yes, entrectinib
 Dr Drilon	Yes, entrectinib	 Dr Spira	No

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and a BRAF V600E mutation?

 Dr Baik	Dabrafenib/trametinib*	 Dr Gainor	Dabrafenib/trametinib
 Dr Camidge	Dabrafenib/trametinib	 Dr Johnson	Dabrafenib/trametinib
 Dr Drilon	Dabrafenib/trametinib	 Dr Spira	Dabrafenib/trametinib

* If the patient is a nonsmoker or if the patient has a high disease burden and needs a fast tumor response

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and a BRAF V600E mutation?

 Dr Baik	Yes, dabrafenib/ trametinib	 Dr Gainor	No
 Dr Camidge	Yes, dabrafenib/ trametinib	 Dr Johnson	No
 Dr Drilon	Yes, dabrafenib/ trametinib	 Dr Spira	No

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and a RET fusion?

 Dr Baik	Pralsetinib	 Dr Gainor	Pralsetinib
 Dr Camidge	Selpercatinib	 Dr Johnson	Selpercatinib
 Dr Drilon	Selpercatinib	 Dr Spira	Selpercatinib

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and a RET fusion?

 Dr Baik	Yes, pralsetinib	 Dr Gainor	Yes, selpercatinib
 Dr Camidge	Yes, selpercatinib	 Dr Johnson	Yes, selpercatinib
 Dr Drilon	Yes, selpercatinib	 Dr Spira	No

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and a MET exon 14 skipping mutation?

 Dr Baik	Capmatinib*	 Dr Gainor	Capmatinib
 Dr Camidge	Capmatinib	 Dr Johnson	Tepotinib
 Dr Drilon	Capmatinib	 Dr Spira	Capmatinib

* If the patient is a nonsmoker

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and a MET exon 14 skipping mutation?

 Dr Baik	Yes, capmatinib	 Dr Gainor	Yes, capmatinib
 Dr Camidge	Yes, capmatinib	 Dr Johnson	No
 Dr Drilon	Yes, capmatinib	 Dr Spira	No

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and a KRAS G12C mutation?

 Dr Baik	Carboplatin/ pemetrexed/ pembrolizumab	 Dr Gainor	Pembrolizumab
 Dr Camidge	Carboplatin/ pemetrexed/ pembrolizumab	 Dr Johnson	Pembrolizumab
 Dr Drilon	Pembrolizumab	 Dr Spira	Carboplatin/ pemetrexed/ pembrolizumab

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and a KRAS G12C mutation?

 Dr Baik	No	 Dr Gainor	No
 Dr Camidge	No	 Dr Johnson	No
 Dr Drilon	Yes, sotorasib	 Dr Spira	No

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and an NTRK fusion?

 Dr Baik	Larotrectinib	 Dr Gainor	Larotrectinib
 Dr Camidge	Entrectinib	 Dr Johnson	Larotrectinib
 Dr Drilon	Larotrectinib	 Dr Spira	Larotrectinib

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and an NTRK fusion?

 Dr Baik	Yes, larotrectinib	 Dr Gainor	Yes, entrectinib
 Dr Camidge	Yes, entrectinib	 Dr Johnson	No
 Dr Drilon	Yes, larotrectinib	 Dr Spira	No

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and a HER2 mutation?

 Dr Baik	Carboplatin/ pemetrexed	 Dr Gainor	Carboplatin/ pemetrexed/ pembrolizumab
 Dr Camidge	Carboplatin/ pemetrexed/ pembrolizumab	 Dr Johnson	T-DXd
 Dr Drilon	T-DXd	 Dr Spira	T-DXd

T-DXd = trastuzumab deruxtecan

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and a HER2 mutation?

 Dr Baik	No	 Dr Gainor	No
 Dr Camidge	No	 Dr Johnson	No
 Dr Drilon	Yes, T-DXd	 Dr Spira	No

T-DXd = trastuzumab deruxtecan

Regulatory and reimbursement issues aside, what would be your preferred first-line therapy for a 65-year-old asymptomatic patient with metastatic nonsquamous NSCLC (PD-L1 TPS 50%) and HER2 overexpression?

 Dr Baik	Pembrolizumab	 Dr Gainor	Carboplatin/ pemetrexted/ pembrolizumab
 Dr Camidge	Carboplatin/ pemetrexed/ pembrolizumab	 Dr Johnson	Pembrolizumab
 Dr Drilon	Pembrolizumab	 Dr Spira	Carboplatin/ pemetrexted/ pembrolizumab

RTP RESEARCH TO PRACTICE

Regulatory and reimbursement issues aside, would you generally offer targeted treatment prior to attempting local therapy (eg, stereotactic radiosurgery, whole-brain radiation therapy) for an asymptomatic patient with newly diagnosed nonsquamous NSCLC (PD-L1 TPS 50%), brain metastases and HER2 overexpression?

 Dr Baik	No	 Dr Gainor	No
 Dr Camidge	No	 Dr Johnson	No
 Dr Drilon	No	 Dr Spira	No

RTP RESEARCH TO PRACTICE

Meet The Professor with Dr Camidge

Introduction: First-Line Systemic Treatment/Brain Metastases

MODULE 1: ALK Rearrangements

- Dr Bachow: A 62-year-old woman with squamous NSCLC metastatic to the brain and an ALK rearrangement – PD-L1 TPS 70%
- Dr Gandhi: A 70-year-old man with localized NSCLC with an ALK rearrangement and significant comorbidities

MODULE 2: KRAS G12C Mutations

MODULE 3: MET Exon 14 Skipping Mutations

MODULE 4: HER2 Mutations

MODULE 5: NTRK Fusions

MODULE 6: ROS1 Fusions

MODULE 7: RET Fusions

MODULE 8: BRAF Mutations

MODULE 9: NRG1 Fusions

MODULE 10: Appendix of Key Publications

RTP
RESEARCH
TO PRACTICE

Case Presentation: A 62-year-old woman with squamous NSCLC metastatic to the brain and an ALK rearrangement – PD-L1 TPS 70%

Dr Spencer Henick Bachow (Boca Raton, Florida)

RTP
RESEARCH
TO PRACTICE

Case Presentation: A 70-year-old man with localized NSCLC with an ALK rearrangement and significant comorbidities

Dr Sunil Gandhi (Lecanto, Florida)

RTP
RESEARCH
TO PRACTICE

For a patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a PD-L1 TPS of 50% who receives first-line alectinib with response followed by disease progression, would you recommend repeat mutation testing?

 Dr Baik	Yes, tissue biopsy	 Dr Gainor	Yes, liquid and tissue biopsy
 Dr Camidge	Yes, liquid and tissue biopsy	 Dr Johnson	Yes, liquid biopsy
 Dr Drilon	Yes, liquid and tissue biopsy	 Dr Spira	Yes, liquid and tissue biopsy

RTP RESEARCH TO PRACTICE

In general, what would be your preferred second-line therapy for a patient with metastatic nonsquamous NSCLC with an ALK rearrangement and a TPS of 50% who experiences disease progression on alectinib?

 Dr Baik	Lorlatinib	 Dr Gainor	Lorlatinib
 Dr Camidge	Lorlatinib or brigatinib (if no 2nd driver mutation)	 Dr Johnson	Lorlatinib
 Dr Drilon	Lorlatinib	 Dr Spira	Brigatinib

RTP RESEARCH TO PRACTICE

Key Randomized Trials in Treatment-Naïve Advanced ALK-Rearranged NSCLC

Study	Intervention	Comparator	ORR	CNS ORR
PROFILE 1014	Crizotinib	Platinum/pemetrexed	74% vs 45%	—
PROFILE 1029	Crizotinib	Platinum/pemetrexed	88% vs 46%	—
ASCEND-4	Ceritinib	Platinum/pemetrexed	73% vs 27%	73% vs 27%
ALEX	Alectinib	Crizotinib	83% vs 76%	81% vs 50%
J-ALEX	Alectinib	Crizotinib	92% vs 79%	—
ALESIA	Alectinib	Crizotinib	91% vs 77%	—
ALTA-1L	Brigatinib	Crizotinib	71% vs 60%	78% vs 26%
CROWN	Lorlatinib	Crizotinib	76% vs 58%	82% vs 23%
eXalt3	Ensartinib	Crizotinib	75% vs 67%	64% vs 21%

Tan AC et al. *J Clin Oncol* 2022;40(6):611-25; Soria JC et al. *Lancet* 2017;389(10072):917-29; Peters S et al. *N Engl J Med* 2017;377(9):829-38; Camidge DR et al. *J Thorac Oncol* 2021;16(12):2091-108; Shaw AT et al. *N Engl J Med* 2020;383(21):2018-29; Horn L et al. *JAMA Oncol* 2021;7(11):1617-25; Popat S et al. ESMO 2021;Abstract 1195P.

Key Randomized Trials in Treatment-Naïve Advanced ALK-Rearranged NSCLC (continued)

Study	Intervention	Comparator	Median PFS	PFS Hazard ratio	OS Hazard ratio
PROFILE 1014	Crizotinib	Platinum/pemetrexed	11 vs 7 mo	0.45	0.76
PROFILE 1029	Crizotinib	Platinum/pemetrexed	11 vs 7 mo	0.40	0.90
ASCEND-4	Ceritinib	Platinum/pemetrexed	17 vs 8 mo	0.55	0.73
ALEX	Alectinib	Crizotinib	35 vs 11 mo	0.50	0.67
J-ALEX	Alectinib	Crizotinib	34 vs 10 mo	0.37	0.80
ALESIA	Alectinib	Crizotinib	NR v 11 mo	0.37	0.28
ALTA-1L	Brigatinib	Crizotinib	24 vs 11 mo	0.49	0.92
CROWN	Lorlatinib	Crizotinib	NR vs 9 mo	0.28	0.72
eXalt3	Ensartinib	Crizotinib	26 vs 13 mo	0.52	0.88

Tan AC et al. *J Clin Oncol* 2022;40(6):611-25; Soria JC et al. *Lancet* 2017;389(10072):917-29; Peters S et al. *N Engl J Med* 2017;377(9):829-38; Camidge DR et al. *J Thorac Oncol* 2021;16(12):2091-108; Shaw AT et al. *N Engl J Med* 2020;383(21):2018-29; Horn L et al. *JAMA Oncol* 2021;7(11):1617-25; Popat S et al. ESMO 2021;Abstract 1195P.

J Thorac Oncol 2021;16(2):259-68.

ORIGINAL ARTICLE

Outcomes According to *ALK* Status Determined by Central Immunohistochemistry or Fluorescence In Situ Hybridization in Patients With *ALK*-Positive NSCLC Enrolled in the Phase 3 ALEX Study

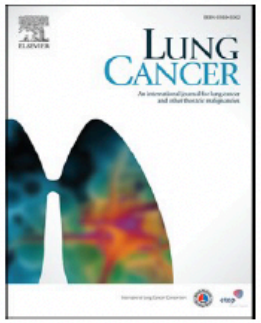
Tony Mok, MD,[a,*] Solange Peters, MD, PhD,[b] D. Ross Camidge, MD, PhD,[c] Johannes Noé, PhD,[d] Shirish Gadgeel, MD,[e,f] Sai-Hong Ignatius Ou, MD, PhD,[g] Dong-Wan Kim, MD,[h] Krzysztof Konopa, MD, PhD,[i] Emanuela Pozzi, MSc,[d] Ting Liu, MD, PhD,[d] Isabell R. Loftin, PhD,[j] Crystal Williams, MPH,[j] Alice T. Shaw, MD, PhD[k,l]

Lung Cancer 165 (2022) 43–48

Contents lists available at ScienceDirect

Lung Cancer

journal homepage: www.elsevier.com/locate/lungcan



Short communication: The activity of brigatinib in patients with disease progression after next generation anaplastic lymphoma tyrosine kinase inhibitors and an exploratory analysis of circulating tumor DNA

Thomas E. Stinchcombe [a,*], Xiaofei Wang [b], Robert C. Doebele [c], Leylah M. Drusbosky [d], David E. Gerber [e], Leora Horn [f], Erin M. Bertino [g], Geoff Liu [h], Liza C. Villaruz [i], D. Ross Camidge [c]

J Thorac Oncol 2021;16(12):2091-108.

ORIGINAL ARTICLE

Brigatinib Versus Crizotinib in ALK Inhibitor–Naive Advanced ALK-Positive NSCLC: Final Results of Phase 3 ALTA-1L Trial

D. Ross Camidge, MD, PhD,[a,*] Hye Ryun Kim, MD, PhD,[b] Myung-Ju Ahn, MD, PhD,[c] James C. H. Yang, MD, PhD,[d] Ji-Youn Han, MD, PhD,[e] Maximilian J. Hochmair, MD,[f] Ki Hyeong Lee, MD, PhD,[g] Angelo Delmonte, MD, PhD,[h] Maria Rosario Garcia Campelo, MD,[i] Dong-Wan Kim, MD, PhD,[j] Frank Griesinger, MD, PhD,[k] Enriqueta Felip, MD, PhD,[l] Raffaele Califano, MD,[m,n] Alexander I. Spira, MD,[o] Scott N. Gettinger, MD,[p] Marcello Tiseo, MD,[q] Huamao M. Lin, PhD,[r] Yuyin Liu, PhD,[s] Florin Vranceanu, MD, PhD,[t] Huifeng Niu, PhD,[u] Pingkuan Zhang, MD,[v] Sanjay Popat, BSc, PhD, FRC[w]

Clin Cancer Res 2022;[Online ahead of print].

CLINICAL CANCER RESEARCH | CLINICAL TRIALS: TARGETED THERAPY

Circulating Cell-free DNA as a Prognostic Biomarker in Patients with Advanced *ALK*+ Non–small Cell Lung Cancer in the Global Phase III ALEX Trial

Rafal Dziadziuszko[1], Solange Peters[2], Tony Mok[3], D. Ross Camidge[4], Shirish M. Gadgeel[5], Sai-Hong Ignatius Ou[6], Krzysztof Konopa[1], Johannes Noé[7], Malgorzata Nowicka[7], Walter Bordogna[7], Peter N. Morcos[8], Vlatka Smoljanovic[7], and Alice T. Shaw[9]

Clin Lung Cancer 2022;23(2):e99-103.

Case Report

Tumor Shrinkage With Combination of Alectinib and Trastuzumab in a Patient With *ALK*-Rearranged Non–small Cell Lung Cancer Harboring *HER2*-Amplification as an Acquired Resistance Mechanism to *ALK* Inhibitor Therapy

David Chun Cheong Tsui,[1] Dara Aisner,[2] Hala Nijmeh,[2] Liming Bao,[2] Alexander Menter,[3] D. Ross Camidge[1]

Meet The Professor with Dr Camidge

Introduction: First-Line Systemic Treatment/Brain Metastases

MODULE 1: ALK Rearrangements

MODULE 2: KRAS G12C Mutations

Dr Choksi: A 74-year-old woman and heart transplant recipient with metastatic NSCLC and a KRAS G12C mutation – PD-L1 TPS 20%

MODULE 3: MET Exon 14 Skipping Mutations

MODULE 4: HER2 Mutations

MODULE 5: NTRK Fusions

MODULE 6: ROS1 Fusions

MODULE 7: RET Fusions

MODULE 8: BRAF Mutations

MODULE 9: NRG Fusions

MODULE 10: Appendix of Key Publications

RTP
RESEARCH
TO PRACTICE

Case Presentation: A 74-year-old woman and heart transplant recipient with metastatic NSCLC and a KRAS G12C mutation – PD-L1 TPS 20%

Dr Mamta Choksi (New Port Richey, Florida)

RTP RESEARCH TO PRACTICE

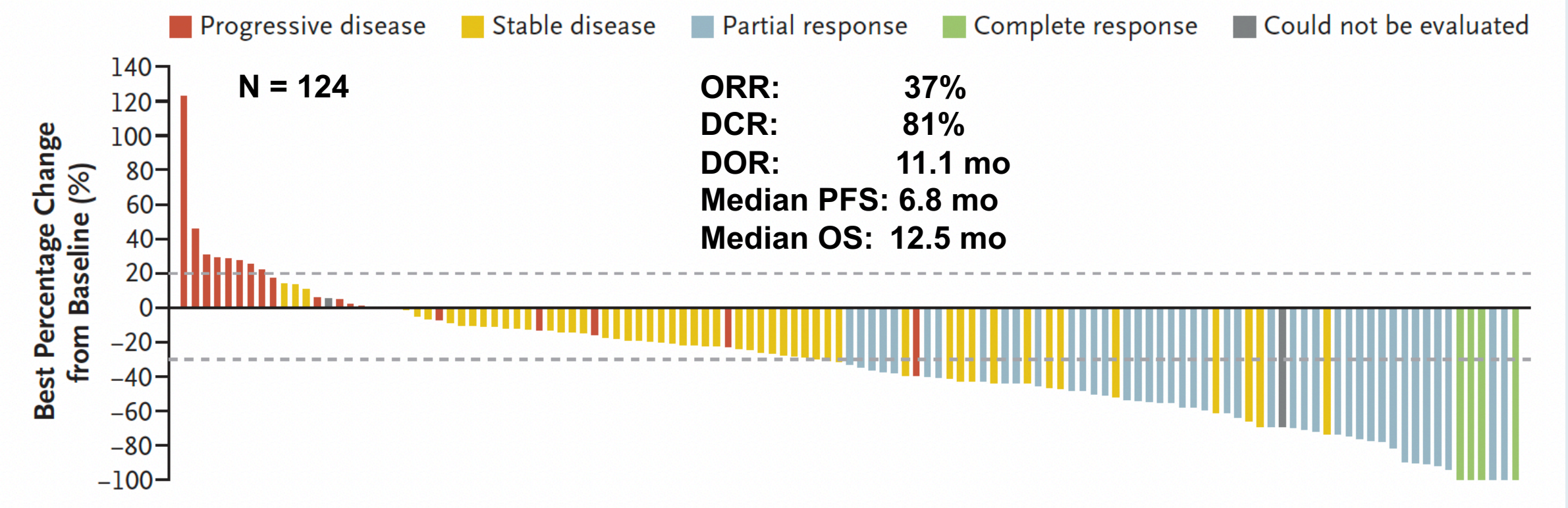
The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JUNE 24, 2021 VOL. 384 NO. 25

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

F. Skoulidis, B.T. Li, G.K. Dy, T.J. Price, G.S. Falchook, J. Wolf, A. Italiano, M. Schuler, H. Borghaei, F. Barlesi, T. Kato, A. Curioni-Fontecedro, A. Sacher, A. Spira, S.S. Ramalingam, T. Takahashi, B. Besse, A. Anderson, A. Ang, Q. Tran, O. Mather, H. Henary, G. Ngarmchamnanrith, G. Friberg, V. Velcheti, and R. Govindan

CodeBreaK 100: Sotorasib for Previously Treated Metastatic NSCLC with KRAS p.G12C Mutation



Skoulidis F et al. *N Engl J Med* 2021;384(25):2371-81.

RTP RESEARCH TO PRACTICE

Abstract CT008

AACR American Association for Cancer Research ANNUAL MEETING 2022 New Orleans

Long-term Outcomes With Sotorasib in Pre-treated *KRAS* p.G12C Mutated NSCLC: 2-year Analysis of CodeBreaK 100

Presenter: Grace K. Dy[1], MD

[1]Roswell Park Comprehensive Cancer Center

On behalf of: Ramaswamy Govindan[2], Vamsidhar Velcheti[3], Gerald S. Falchook[4], Antoine Italiano[5], Juergen Wolf[6], Adrian G. Sacher[7], Toshiaki Takahashi[8], Suresh S. Ramalingam[9], Christophe Dooms[10], Dong-Wan Kim[11], Alfredo Addeo[12], Jayesh Desai[13], Martin Schuler[14], Pascale Tomasini[15], Qui Tran[16], Simon Jones[16], Agnes Ang[16], Abraham Anderson[16], Antreas Hindoyan[16], David S. Hong[17], Bob T. Li[18]

[2]Washington University in St Louis, [3]New York University Langone, [4]Sarah Cannon Research Institute, [5]Institut Bergonie, [6]Universitatsklinikum Koln, [7]Princess Margaret Cancer Centre, [8]Shizuoka Cancer Center [9]Winship Cancer Institute, [10]Universitair Ziekenhuis Leuven [11]Seoul National University Hospital, [12]Hopitaux Universitaires de Geneve, [13]Peter MacCallum Cancer Centre, [14]Universitatsklinikum Essen, [15]Hopital de la Timone, [16]Amgen Inc., [17]MD Anderson Cancer Center, [18]Memorial Sloan Kettering Cancer Center

RTP RESEARCH TO PRACTICE

Efficacy Analysis

AACR American Association for Cancer Research ANNUAL MEETING 2022 New Orleans

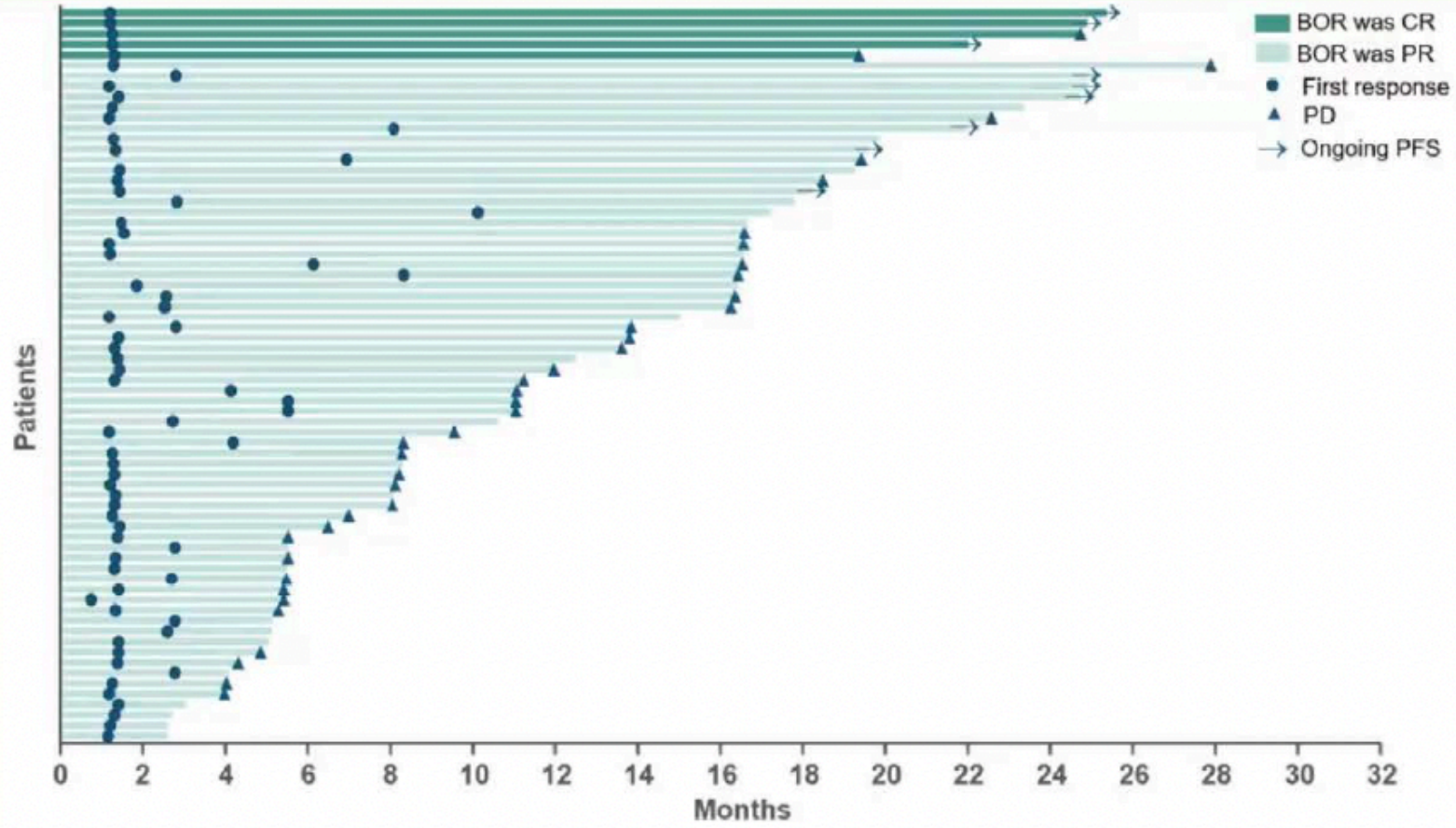
Response by Central Review	Phase 1/2 NSCLC N = 172*
Objective response rate, % (95% CI)	**40.7 (33.3, 48.4)**
Best overall response, n (%)	
Complete response	5 (2.9)
Partial response	65 (37.8)
Stable disease	74 (43.0)
Progressive disease	23 (13.4)
Not evaluable or missing scan	5 (2.9)
Disease control rate, % (95% CI)	**83.7 (77.3, 88.9)**
Median progression-free survival, months (95% CI)	**6.3 (5.3, 8.2)**

CI = Confidence Interval.
95% CIs are based on estimated variance for log-log transformation of the Kaplan-Meier survival Estimate Follow-up time is summarized by reversing the status indicator for censored and events. Time to response and duration of response are calculated among confirmed responders.
*2 patients are not included in the efficacy set as they did not have measurable lesions at baseline and were ineligible for response assessment

Dy GK et al. ACCR 2022;Abstract CT008.

RTP RESEARCH TO PRACTICE

Durability of Response



Median time to response: 6 weeks

- 70% of patients had a response at their first scan

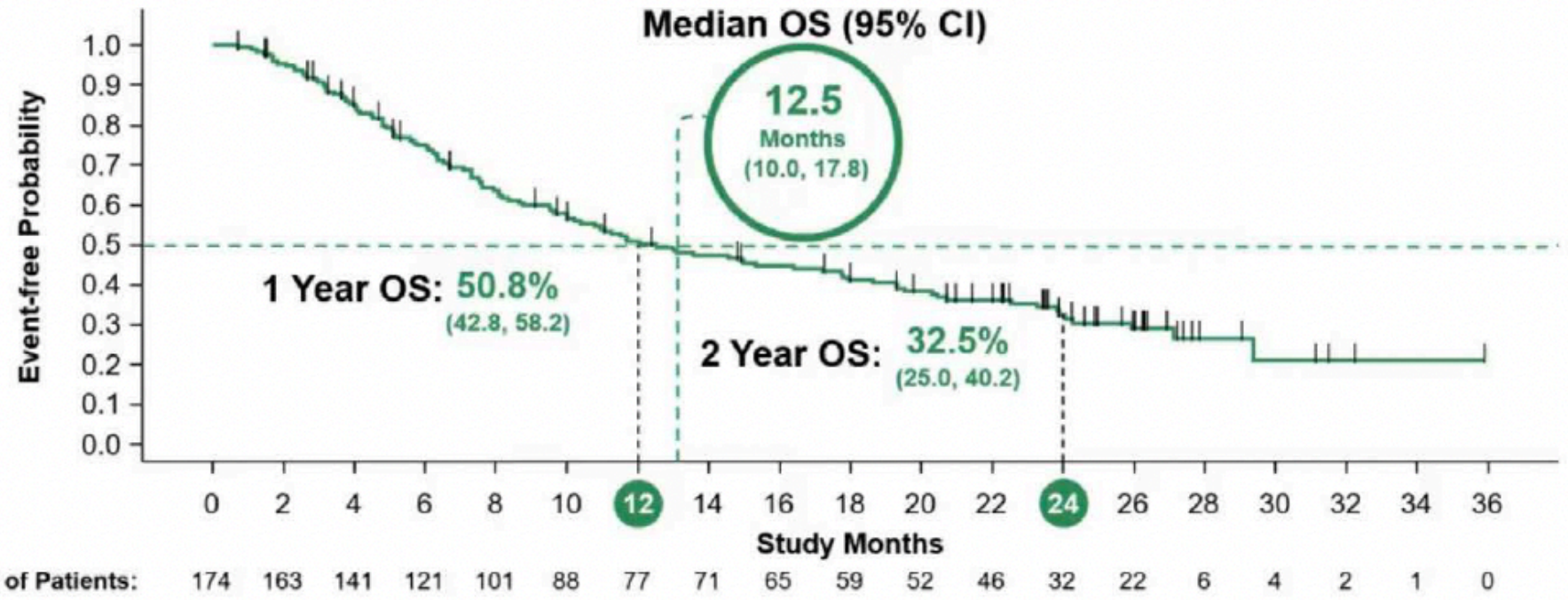
Median duration of response: 12.3 months (95% CI: 7.1, 15.0)

50.6% (95% CI: 37.4, 62.4) **of responders remained in response for 12+ months**

BOR, best overall response; CR, complete response; PD, progressive disease; PFS, progression-free survival; PR, partial response.

Dy GK et al. ACCR 2022;Abstract CT008.

Overall Survival



2-year overall survival observed in 32.5% of patients

Median follow-up time for OS was 24.9 months

95% CIs are based on estimated variance for log-log transformation of the Kaplan-Meier survival estimate.

Dy GK et al. ACCR 2022;Abstract CT008.

Meet The Professor with Dr Camidge

Introduction: First-Line Systemic Treatment/Brain Metastases

MODULE 1: ALK Rearrangements

MODULE 2: KRAS G12C Mutations

MODULE 3: MET Exon 14 Skipping Mutations

Dr Dallas: A 77-year-old woman with metastatic NSCLC and a MET exon 14 skipping mutation

MODULE 4: HER2 Mutations

MODULE 5: NTRK Fusions

MODULE 6: ROS1 Fusions

MODULE 7: RET Fusions

MODULE 8: BRAF Mutations

MODULE 9: NRG Fusions

MODULE 10: Appendix of Key Publications

RTP
RESEARCH
TO PRACTICE

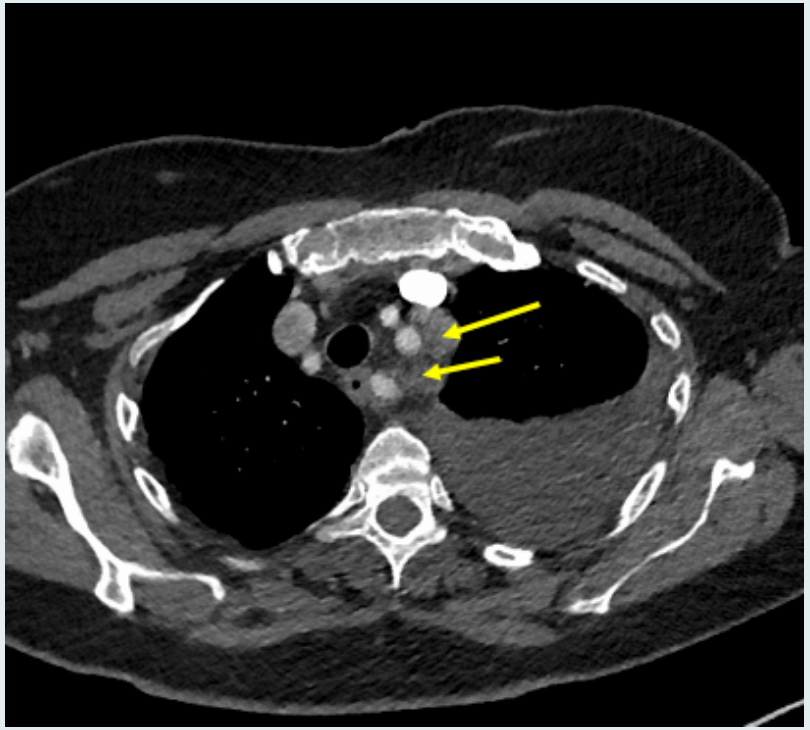
Case Presentation: A 77-year-old woman with metastatic NSCLC and a MET exon 14 skipping mutation

Dr Jennifer L Dallas (Charlotte, North Carolina)

RTP
RESEARCH
TO PRACTICE

Case Presentation: A 77-year-old woman with metastatic NSCLC and a MET exon 14 skipping mutation (continued)

Dr Jennifer L Dallas
(Charlotte, North Carolina)



CT chest with PE protocol January 2022 showing superior mediastinal adenopathy, large left pleural effusion

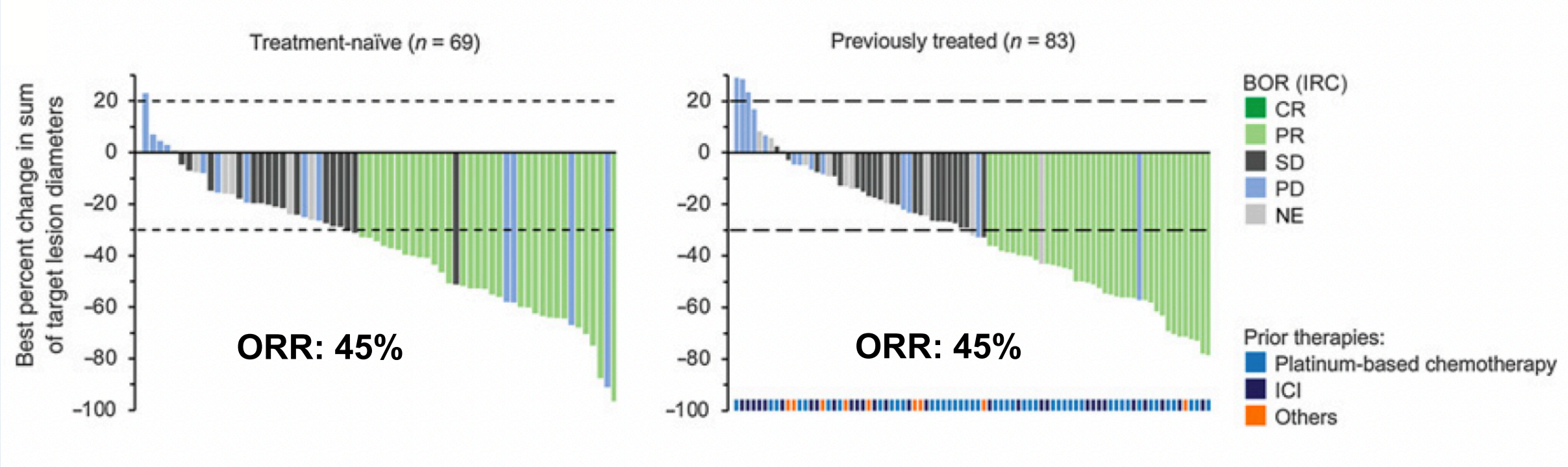
CLINICAL CANCER RESEARCH | CLINICAL TRIALS: TARGETED THERAPY

Tepotinib Efficacy and Safety in Patients with *MET* Exon 14 Skipping NSCLC: Outcomes in Patient Subgroups from the VISION Study with Relevance for Clinical Practice

Xiuning Le[1], Hiroshi Sakai[2], Enriqueta Felip[3], Remi Veillon[4], Marina Chiara Garassino[5,6], Jo Raskin[7], Alexis B. Cortot[8], Santiago Viteri[9], Julien Mazieres[10], Egbert F. Smit[11], Michael Thomas[12], Wade T. Iams[13], Byoung Chul Cho[14], Hye Ryun Kim[14], James Chih-Hsin Yang[15], Yuh-Min Chen[16], Jyoti D. Patel[17], Christine M. Bestvina[18], Keunchil Park[19], Frank Griesinger[20], Melissa Johnson[21], Maya Gottfried[22], Christian Britschgi[23], John Heymach[1], Elif Sikoglu[24], Karin Berghoff[25], Karl-Maria Schumacher[26], Rolf Bruns[27], Gordon Otto[26], and Paul K. Paik[28,29]

***Clin Cancer Res* 2022;28(6):1117-26.**

VISION: Tepotinib in Advanced NSCLC with MET Exon 14 Skipping Mutations



Le X et al. *Clin Cancer Res* 2022;28(6):1117-26.

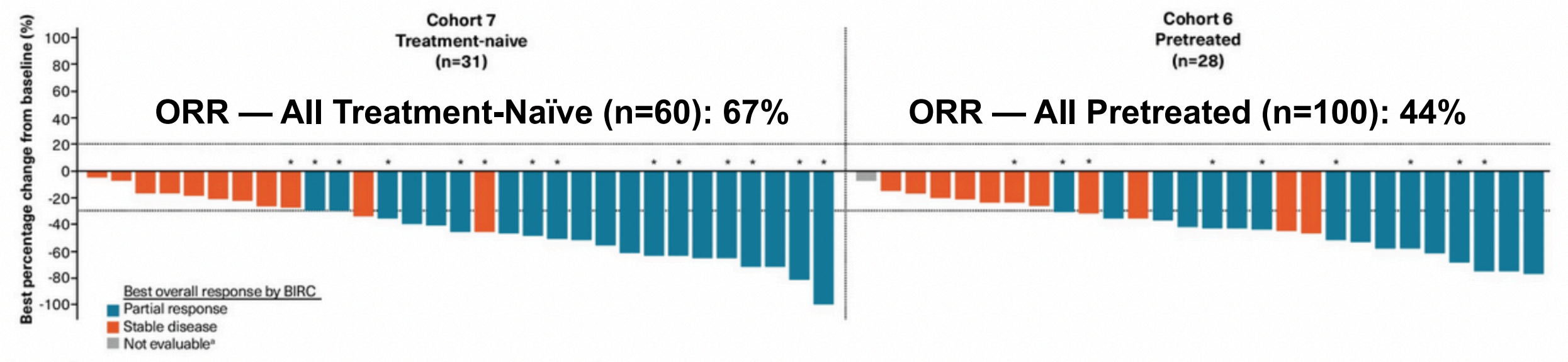
RTP RESEARCH TO PRACTICE

Capmatinib in *MET* Exon 14-Mutated, Advanced NSCLC: Updated Results from the GEOMETRY mono-1 Study

Wolf J et al.

ASCO 2021;Abstract 9020.

GEOMETRY mono-1: Overall Response Rates (Cohorts 7 and 6)



Wolf J et al. ASCO 2021;Abstract 9020.

RTP RESEARCH TO PRACTICE

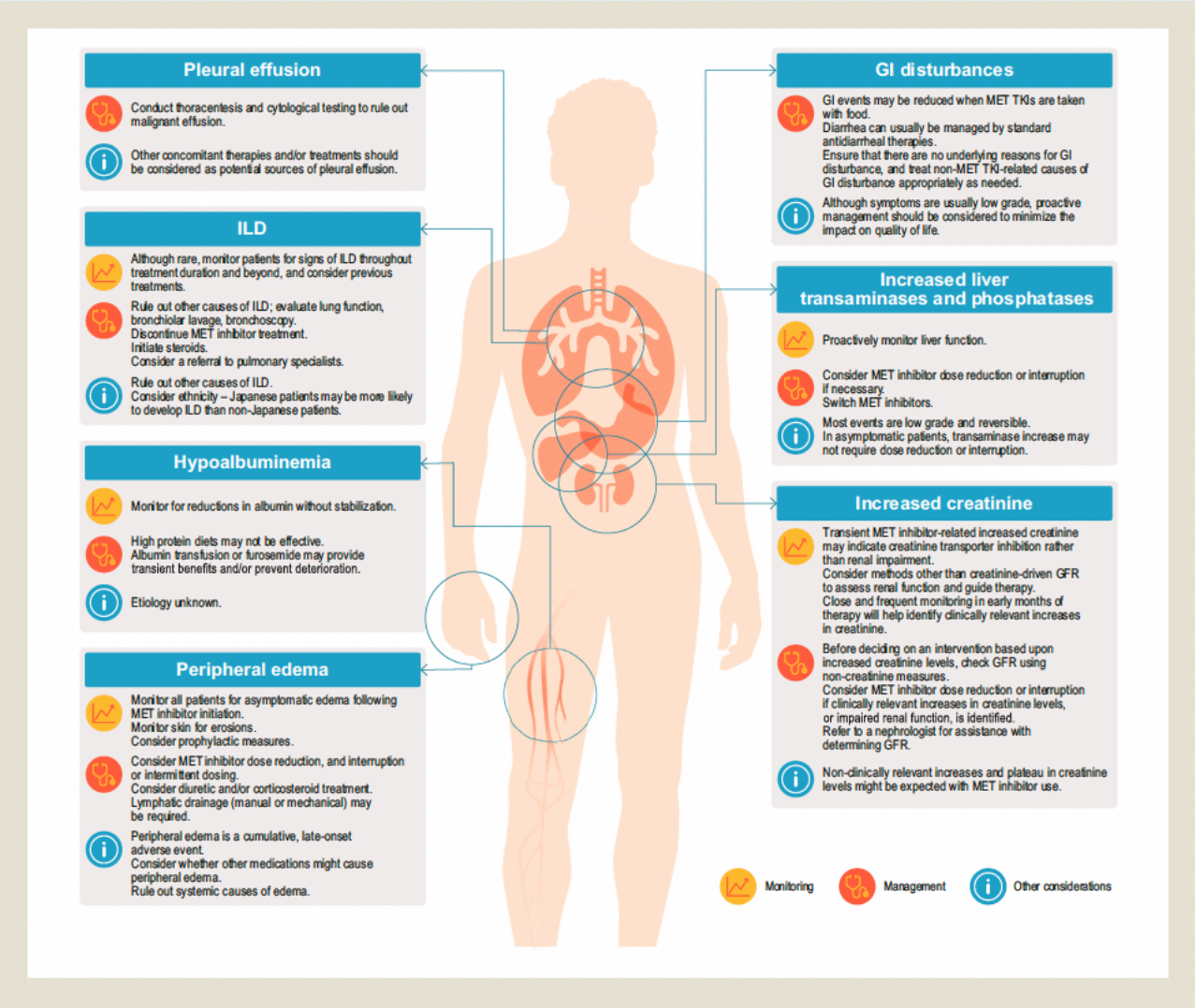
Review Article

Safety of MET Tyrosine Kinase Inhibitors in Patients With *MET* Exon 14 Skipping Non-small Cell Lung Cancer: A Clinical Review

Alexis Cortot, MD, PhD,[1] Xiuning Le,[2] Egbert Smit,[3] Santiago Viteri,[4] Terufumi Kato,[5] Hiroshi Sakai,[6] Keunchil Park,[7] D. Ross Camidge,[8] Karin Berghoff,[9] Soetkin Vlassak,[9] Paul K. Paik[10,11]

Clin Lung Cancer 2022;[Online ahead of print].

Overview of Monitoring and Management Considerations for Key Adverse Events



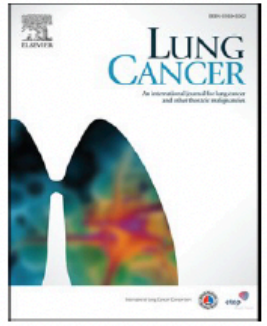
Cortot A et al. *Clin Lung Cancer* 2022;[Online ahead of print].

Lung Cancer 159 (2021) 96–106

Contents lists available at ScienceDirect

Lung Cancer

journal homepage: www.elsevier.com/locate/lungcan



Real-world insights into patients with advanced NSCLC and *MET* alterations

Marisa Bittoni [a,*], James Chih-Hsin Yang [b], Jin-Yuan Shih [c], Nir Peled [d], Egbert F. Smit [e], D. Ross Camidge [f], Rajeswara Rao Arasada [a], Dina Oksen [g], Emmanuelle Boutmy [g], Christopher Stroh [g], Andreas Johne [g], David P. Carbone [a], Paul K. Paik [h,i]

#214
Session: OA15.04

Telisotuzumab vedotin (teliso-v) monotherapy in patients with previously treated c-Met+ advanced non-small cell lung cancer

D. Ross Camidge,[1] Fedor Moiseenko,[2] Irfan Cicin,[3] Hidehito Horinouchi,[4] Elena Filippova,[5] Jair Bar,[6] Shun Lu,[7] Pascale Tomasini,[8] Christopher Ocampo,[9] Danielle Sullivan,[9] David Maag,[9] Jonathan Goldman[10]

[1]University of Colorado Cancer Center, Aurora, CO, USA; [2]St. Petersburg City Cancer Center, St. Petersburg, Russia; [3]Trakya University Medical Center, Edirne, Turkey; [4]National Cancer Center Hospital, Tokyo, Japan; [5]Center of Palliative Medicine De Vita, St. Petersburg, Russia; [6]Sheba Medical Center, Ramat Gan, Israel; [7]Shanghai Chest Hospital, Shanghai, People's Republic of China; [8]Aix Marseille Univ, APHM, INSERM, CNRS, CRCM, Hôpital Nord, Multidisciplinary Oncology and Therapeutic Innovations Department, Marseille, France; [9]AbbVie, Inc., North Chicago, IL, USA; [10]University of California, Los Angeles, CA, USA

IASLC 2021 World Conference on Lung Cancer
SEPTEMBER 8 - 14, 2021 | WORLDWIDE VIRTUAL EVENT

Telisotuzumab vedotin monotherapy in patients with previously treated c-Met+ advanced non-small cell lung cancer: Stage 2

Jonathan W. Goldman, MD
David Geffen School of Medicine at UCLA
USA

IASLC 2021 World Conference on Lung Cancer
SEPTEMBER 8 - 14, 2021 | WORLDWIDE VIRTUAL EVENT
Abstract P47.03

Meet The Professor with Dr Camidge

Introduction: First-Line Systemic Treatment/Brain Metastases

MODULE 1: ALK Rearrangements

MODULE 2: KRAS G12C Mutations

MODULE 3: MET Exon 14 Skipping Mutations

MODULE 4: HER2 Mutations

Dr Sinha: A 67-year-old woman with metastatic NSCLC and a HER2 exon 19 mutation pathogenic variant – PD-L1 TPS 15%

MODULE 5: NTRK Fusions

MODULE 6: ROS1 Fusions

MODULE 7: RET Fusions

MODULE 8: BRAF Mutations

MODULE 9: NRG Fusions

MODULE 10: Appendix of Key Publications

RTP
RESEARCH
TO PRACTICE

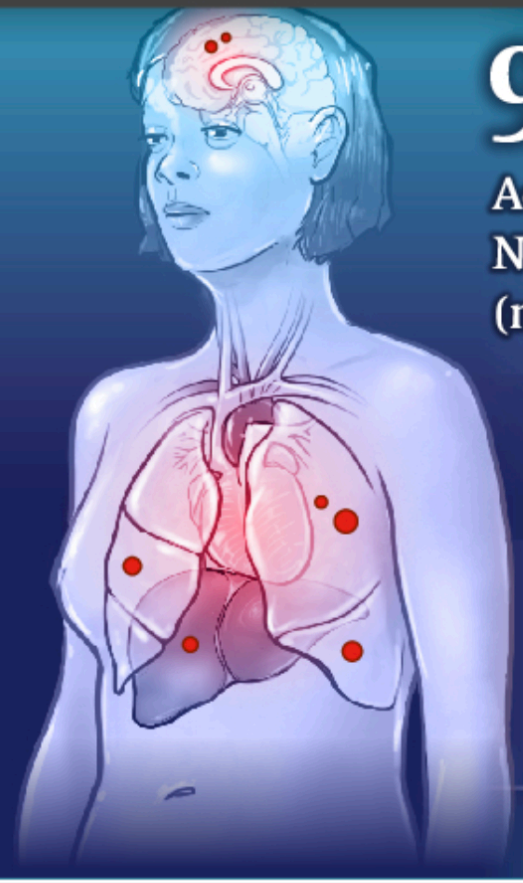
Case Presentation: A 67-year-old woman with metastatic NSCLC and a HER2 exon 19 mutation pathogenic variant – PD-L1 TPS 15%

Dr Rajni Sinha (Atlanta, Georgia)

RTP RESEARCH TO PRACTICE

DESTINY-Lung01 Study

MULTICENTER, INTERNATIONAL, PHASE 2 STUDY



91

Adults with metastatic *HER2*-mutant NSCLC refractory to standard treatment (median follow-up, 13 mo)

Confirmed objective response (assessed by independent central review)	55% (95% CI, 44–65)
Duration of response	9.3 mo
Progression-free survival	8.2 mo
Overall survival	17.8 mo

Grade 3 or higher drug-related adverse events occurred in 46% of patients.

Trastuzumab deruxtecan showed durable anticancer activity.

Li BT et al. *N Engl J Med* 2022;386(3):241-51.

DESTINY-Lung01: Summary of Adverse Events and AEs of Clinical Interest

Event	N = 91
Discontinued due to AEs	25%
Dose reduction due to AEs	34%
Dose interruption due to AEs	32%
Drug-related interstitial lung disease (ILD)	26% (N = 24)
Grade 1	3 pts
Grade 2	15 pts
Grade 3	4 pts
Grade 5	2 pts
Median time to onset of ILD	141 days
Median duration of ILD	43 days

Li BT et al. *N Engl J Med* 2022;386(3):241-51.

RTP RESEARCH TO PRACTICE

Meet The Professor with Dr Camidge

Introduction: First-Line Systemic Treatment/Brain Metastases

MODULE 1: ALK Rearrangements

MODULE 2: KRAS G12C Mutations

MODULE 3: MET Exon 14 Skipping Mutations

MODULE 4: HER2 Mutations

MODULE 5: NTRK Fusions

Dr Carrizosa: A 30-year-old man with metastatic NSCLC and an NTRK fusion – PD-L1 TPS 10%

MODULE 6: ROS1 Fusions

MODULE 7: RET Fusions

MODULE 8: BRAF Mutations

MODULE 9: NRG Fusions

MODULE 10: Appendix of Key Publications

RTP
RESEARCH
TO PRACTICE

Case Presentation: A 30-year-old man with metastatic NSCLC and an NTRK fusion – PD-L1 TPS 10%

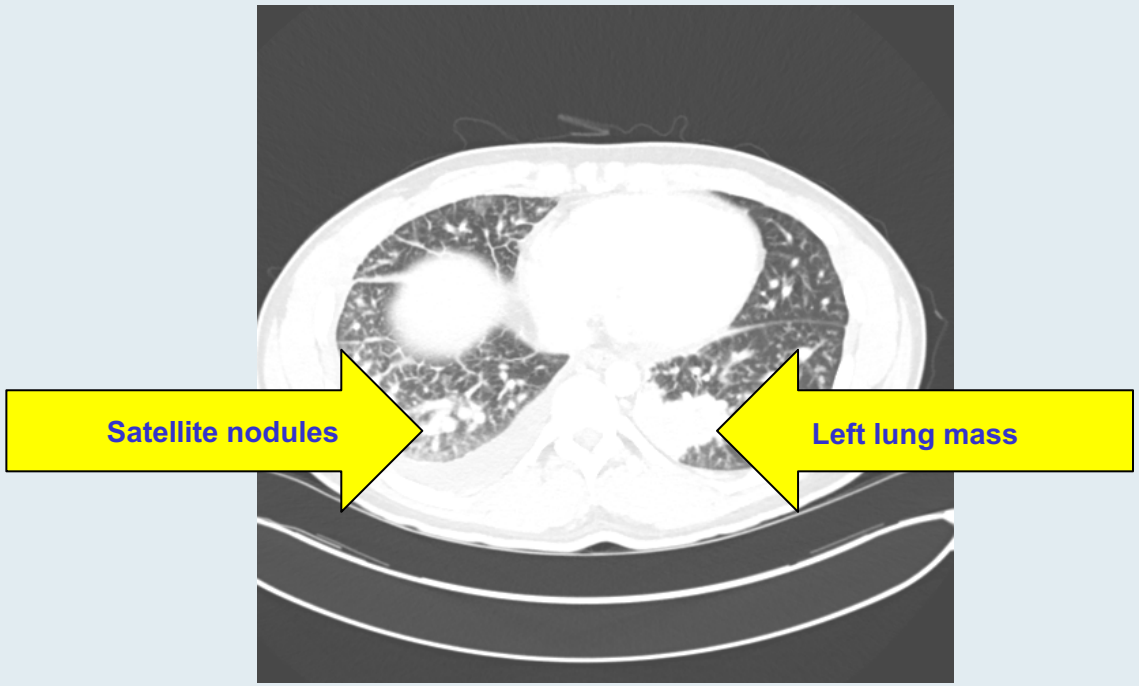
Dr Daniel R Carrizosa (Charlotte, North Carolina)

RTP
RESEARCH
TO PRACTICE

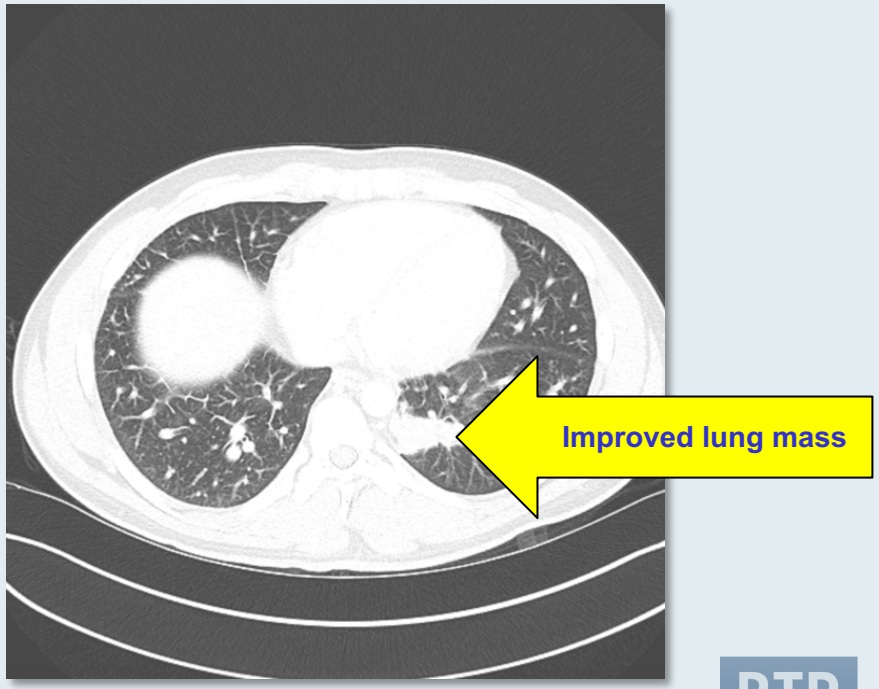
Case Presentation: A 30-year-old man with metastatic NSCLC and an NTRK fusion – PD-L1 TPS 10% (continued)

Dr Daniel R Carrizosa
(Charlotte, North Carolina)

Baseline CT



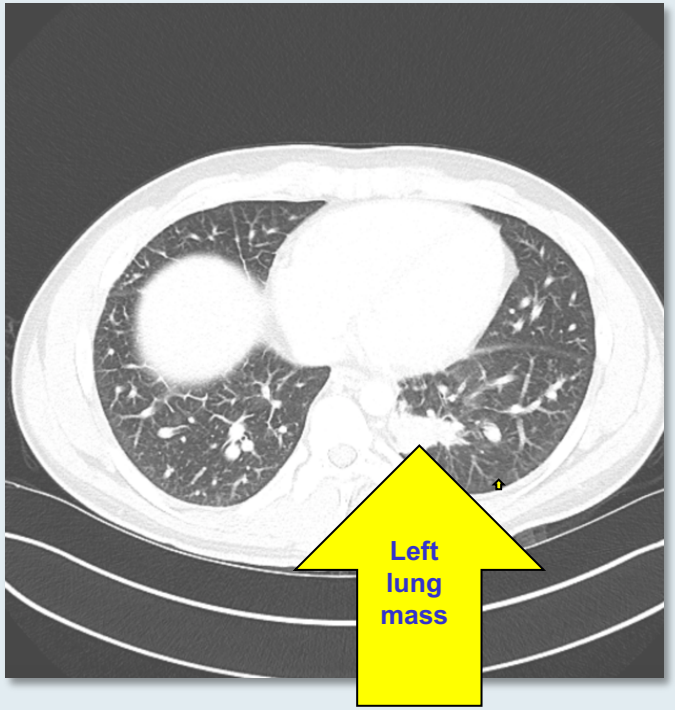
CT after carboplatin/paclitaxel with bevacizumab and atezolizumab



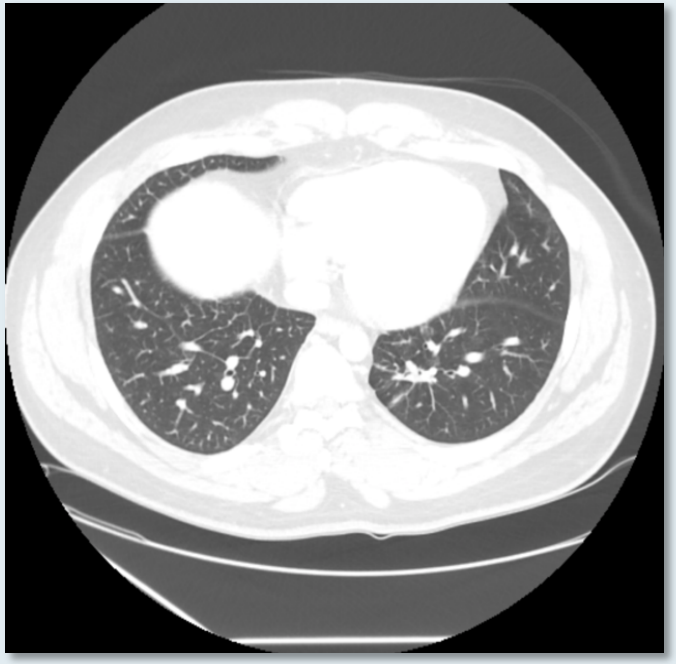
Case Presentation: A 30-year-old man with metastatic NSCLC and an NTRK fusion – PD-L1 TPS 10% (continued)

Dr Daniel R Carrizosa
(Charlotte, North Carolina)

CT after carboplatin/paclitaxel with bevacizumab and atezolizumab



CT after entrectinib



Meet The Professor with Dr Camidge

RTP
RESEARCH
TO PRACTICE

Key Trials of ROS1 TKIs for TKI-Naïve NSCLC with ROS1 Fusions

ROS1 TKI	Study	Phase	ORR	Median DoR	Median PFS	Intracranial ORR
Crizotinib	PROFILE 1001	Ib	38/53 (72%)	25 mo	19 mo	—
	OxOnc	II	91/127 (72%)	20 mo	16 mo	—
	EUCROSS	II	21/30 (70%)	19 mo	20 mo	—
	AcSe	II	35/36 (69%)	—	6 mo	—
	METROS	II	17/26 (65%)	21 mo	23 mo	33%
Entrectinib	Drilon et al	I/II	41/53 (77%)	25 mo	19 mo	55%
Ceritinib	Lim et al	II	20/30 (67%)	21 mo	19 mo	29%
Brigatinib	Gettinger et al	I	1/1 (100%)	—	—	—
Lorlatinib	Shaw et al	I/II	13/21 (62%)	25 mo	21 mo	64%
Repotrectinib	Cho et al	I/II	10/11 (91%)	—	—	100%
Taletrectinib	Fujiwara et al	I	6/9 (67%)	—	—	—

Drilon A et al. *Nat Rev Clin Oncol* 2021;18(1):35-55.

Key Trials of ROS1 TKIs for TKI-Pretreated NSCLC with ROS1 Fusions

ROS1 TKI	Study	Phase	ORR
Entrectinib (after crizotinib)	Drilon et al	I/II	0/6 (0%)
Ceritinib (after crizotinib)	Lim et al	II	0/2 (0%)
Brigatinib (after crizotinib)	Gettinger et al	I	0/2 (0%)
Lorlatinib	Shaw et al	I/II	After crizotinib: 14/40 (35%) After ≥2 prior TKIs: 0/6 (0%)
Repotrectinib	Drilon et al	I/II	After 1 prior TKI: 7/18 (39%) After ≥2 prior TKIs: 2/7 (29%)
Taletrectinib (after crizotinib)	Fujiwara et al	I	1/3 (33%)

Drilon A et al. *Nat Rev Clin Oncol* 2021;18(1):35-55.

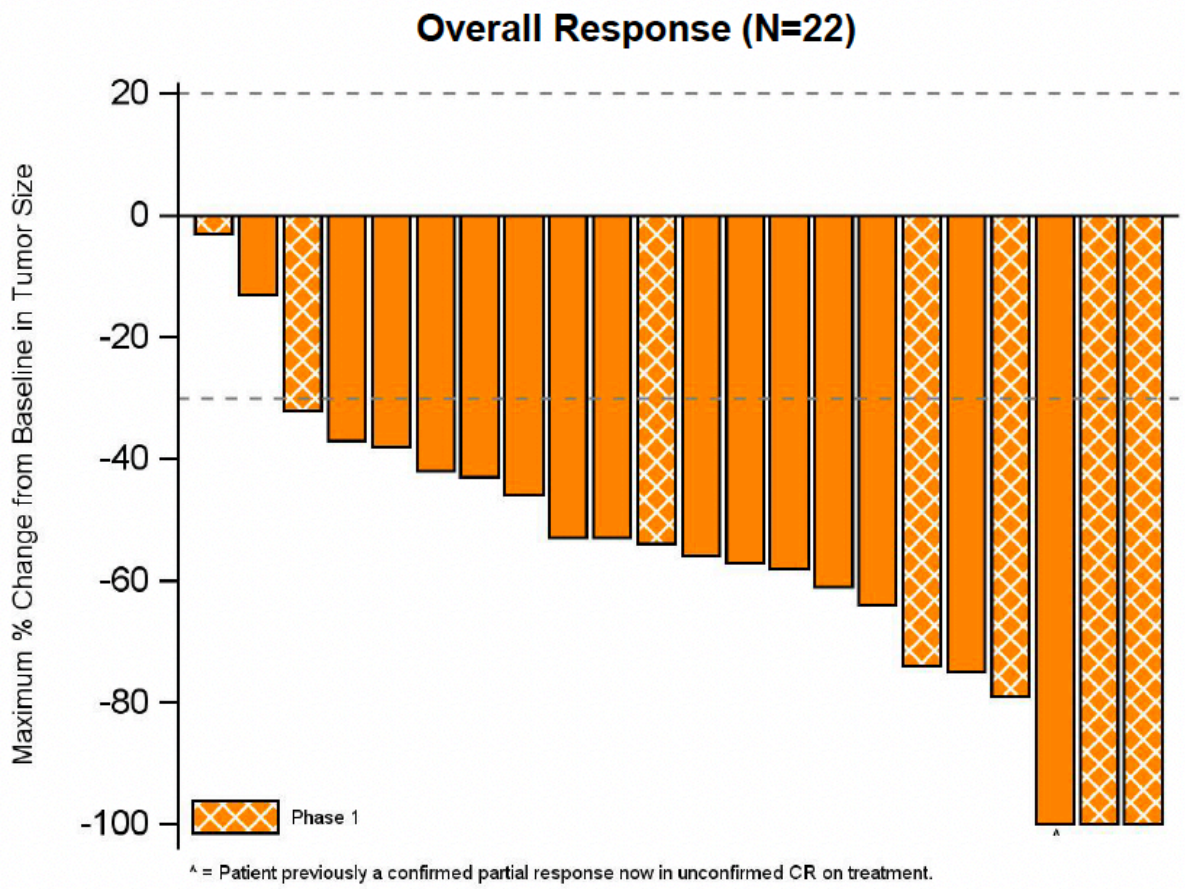
Abstract 3255

Phase 1/2 TRIDENT-1 Study of Repotrectinib in Patients with *ROS1*+ or *NTRK*+ Advanced Solid Tumors

Byoung Chul Cho,[1] Robert C. Doebele,[2] Jessica J. Lin,[3] Misako Nagasaka,[4] Christina Baik,[5] Anthonie J. van der Wekken,[6] Vamsidhar Velcheti,[7] Ki Hyeong Lee,[8] Stephen V. Liu,[9] Benjamin Solomon,[10] Steven Kao,[11] Matthew G. Krebs,[12] Viola Zhu,[13] Shanna Stopatschinskaja,[14] D. Ross Camidge,[15] Alexander Drilon[16]

[1]Yonsei Cancer Center, Severance Hospital, Yonsei University College of Medicine, Seoul, Republic of Korea; [2]University of Colorado Anschutz Medical Campus, Aurora, CO, USA; [3]Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; [4]Karmanos Cancer Institute, Wayne State University, Detroit, MI, USA; [5]Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center, University of Washington School of Medicine, Seattle, WA, USA; [6]University of Groningen and University Medical Centre Groningen, Groningen, Netherlands; [7]Perlmutter Cancer Center, NYU Langone Health, New York, NY, USA; [8]Chungbuk National University Hospital, Cheongju, Republic of Korea; [9]Georgetown Lombardi Comprehensive Cancer Center, Georgetown University, Washington D.C., USA; [10]Peter MacCallum Cancer Center, Melbourne, Australia; [11]The Chris O'Brien Lifehouse, Camperdown, Australia; [12]Division of Cancer Sciences, The University of Manchester and the Christie NHS Foundation Trust, Manchester, UK; [13]Chao Family Comprehensive Cancer Center, University of California Irvine School of Medicine, Orange, CA, USA; [14]Turning Point Therapeutics Inc., San Diego, CA, USA; [15]Memorial Sloan Kettering Cancer Center, Weill Cornell Medical College, New York, NY, USA

TRIDENT-1: Clinical Activity in TKI-Naïve Advanced NSCLC with ROS1 Fusions



	Phase 2 N=15	Phase 1+2 N=22
Confirmed ORR, % (95% CI)	93% (68–100)	91% (71–99)

N=22 patients with baseline and at least two post baseline scans

- *N=15 Phase 2 patients*
- *N=7 Phase 1 patients treated at or above the Phase 2 recommended dose*

As of 31 December 2020, the 16th patient in Phase 2 has an unconfirmed PR and is on treatment awaiting a second post-baseline confirmatory scan.

Cho BC et al. WCLC 2020;Abstract 3255.

AACR-NCI-EORTC Virtual International Conference on
MOLECULAR TARGETS AND CANCER THERAPEUTICS
October 7-10, 2021

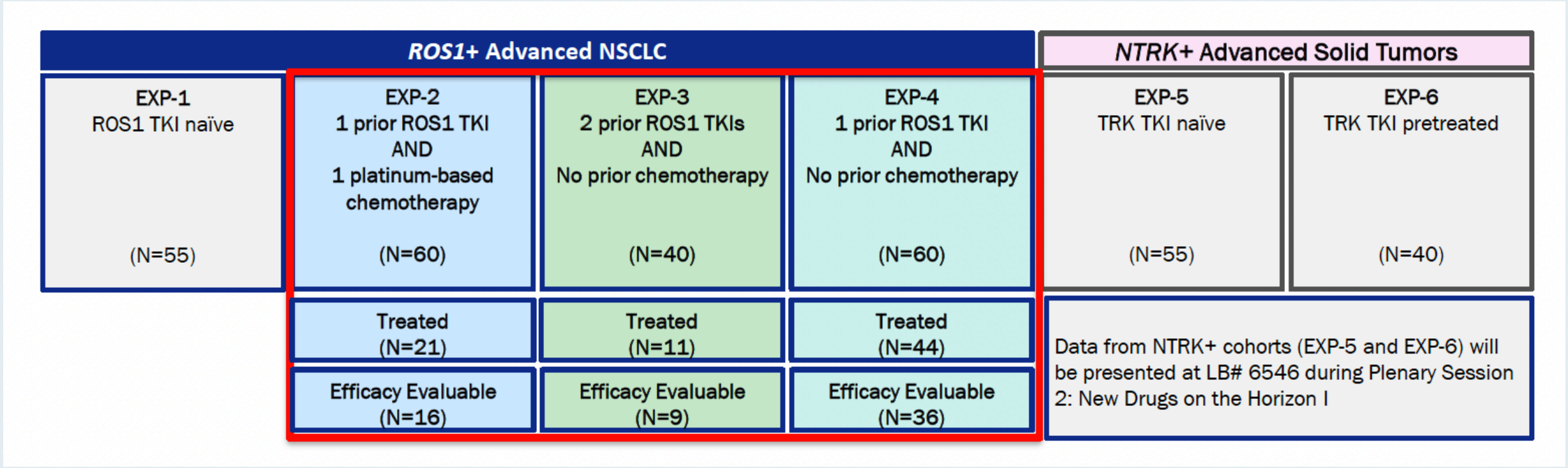
Poster #: P224

Update from the Phase 2 registrational trial of repotrectinib in TKI-pretreated patients with *ROS1+* advanced non-small cell lung cancer and with *NTRK+* advanced solid tumors (TRIDENT-1)

Jessica J. Lin,[1] Byoung Chul Cho,[2] Christoph Springfeld,[3] D. Ross Camidge,[4] Benjamin Solomon,[5] Christina Baik,[6] Vamsidhar Velcheti,[7] Young-Chul Kim,[8] Victor Moreno,[9] Anthonie J. van der Wekken,[10] Enriqueta Felip,[11] Dipesh Uprety,[12] Denise Trone,[13] Shanna Stopatschinskaja,[13] Alexander Drilon[14]

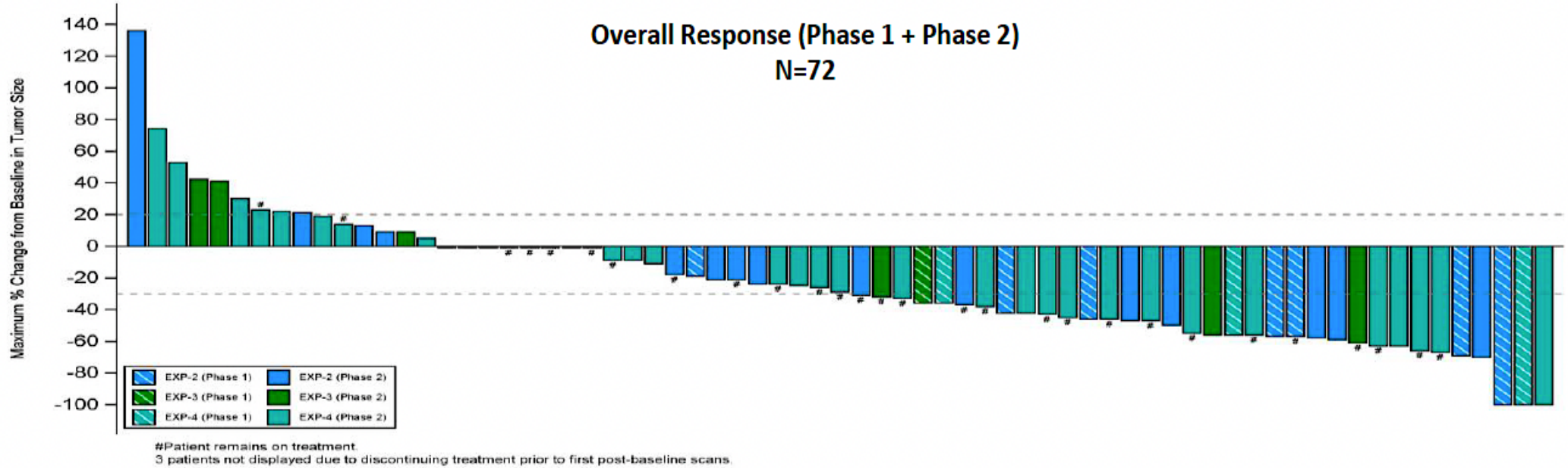
[1]Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; [2]Yonsei Cancer Center, Yonsei University College of Medicine, Seoul, Republic of Korea; [3]Heidelberg University Hospital, National Center for Tumor Diseases, Department of Medical Oncology, Heidelberg, Germany; [4]University of Colorado Denver, Anschutz Medical Campus, Aurora, CO, USA; [5]Peter MacCallum Cancer Center, Melbourne, Australia; [6]University of Washington School of Medicine, Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; [7]NYU Perlmutter Cancer Center, New York, NY, USA; [8]Chonnam National University Medical School, and CNU Hwasun Hospital, Hwasun-gun, Republic of Korea; [9]Fundación Jiménez Díaz - START Madrid, Madrid, Spain; [10]University of Groningen, University Medical Centre Groningen, Groningen, Netherlands; [11]Vall d'Hebron University Hospital, Vall d'Hebron Institute of Oncology (VHIO), Barcelona, Spain; [12]Karmanos Cancer Institute, Detroit, MI, USA; [13]Turning Point Therapeutics Inc, San Diego, CA, USA; [14]Memorial Sloan Kettering Cancer Center, Weill Cornell Medical College, New York, NY, USA.

TRIDENT-1: Phase II Study Design



Lin JJ et al. AACR 2021;Abstract 224.

TRIDENT-1: Preliminary Efficacy in Patients with TKI-Pretreated Advanced NSCLC with ROS1 Fusions



	EXP-2		EXP-3		EXP-4	
	Phase 2 (N=16)	Phase 1 + 2 (N=23)	Phase 2 (N=9)	Phase 1 + 2 (N=10)	Phase 2 (N=36)	Phase 1 + 2 (N=39)
Confirmed ORR (cORR) (95% CI)	**31%** (11 – 59)	**39%** (20 – 61)	**33%** (7 – 70)	**30%** (7 – 65)	**31%*** (16 – 48)	**33%*** (19 – 50)
Duration of Response (range in months)	1.8+ – 9.2 n=5	1.8+ – 11.1 n=9	1.9+ – 12.9+ n=3	1.9+ – 12.9+ n=3	1.7+ – 15.0+ n=11	0.8+ – 15.0+ n=13

Lin JJ et al. AACR 2021;Abstract 224.

original reports

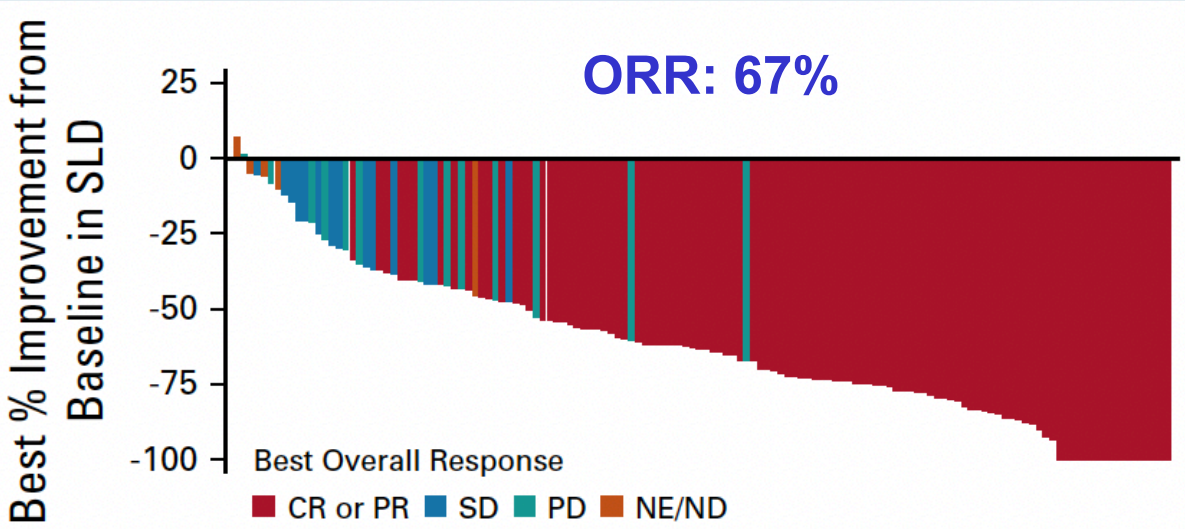
Updated Integrated Analysis of the Efficacy and Safety of Entrectinib in Locally Advanced or Metastatic *ROS1* Fusion–Positive Non–Small-Cell Lung Cancer

Rafal Dziadziuszko, MD, PhD[1]; Matthew G. Krebs, MD, PhD[2]; Filippo De Braud, MD[3,4]; Salvatore Siena, MD[3,5]; Alexander Drilon, MD[6]; Robert C. Doebele, MD, PhD[7]; Manish R. Patel, DO[8]; Byoung Chul Cho, MD, PhD[9]; Stephen V. Liu, MD[10]; Myung-Ju Ahn, MD, PhD[11]; Chao-Hua Chiu, MD[12]; Anna F. Farago, MD, PhD[13]; Chia-Chi Lin, MD[14]; Christos S. Karapetis, MBBS, MMedSc[15]; Yu-Chung Li, MD[16]; Bann-mo Day, PhD[17]; David Chen, PharmD[17]; Timothy R. Wilson, PhD[17]; and Fabrice Barlesi, MD, PhD[18,19]

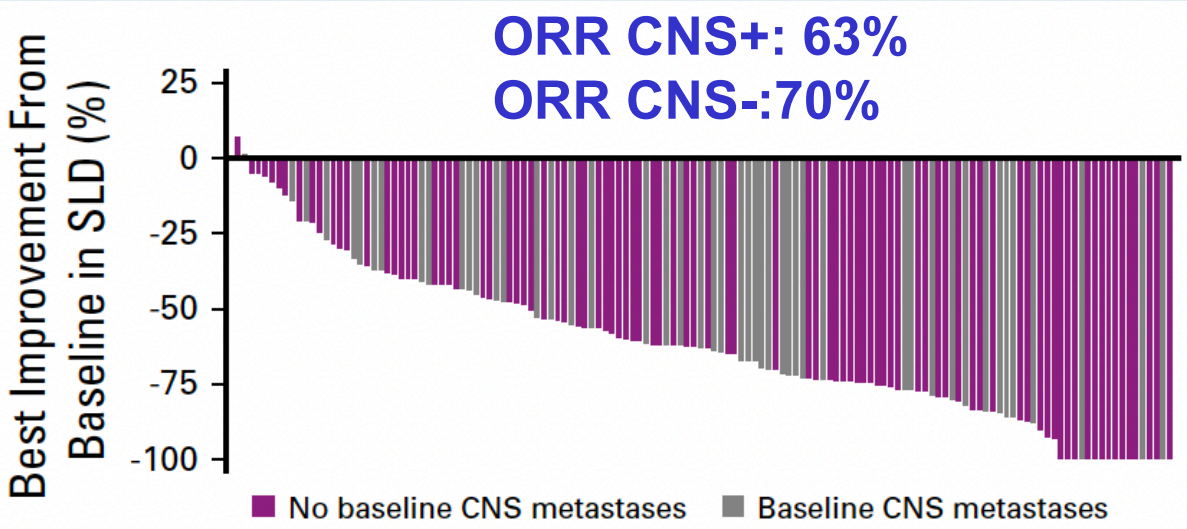
J Clin Oncol 2021;39(11):1253-63.

Integrated Analysis of ALKA-372-001, STARTRK-1, STARTRK-2, and STARTRK-NG

Efficacy Evaluable Population (N = 161)



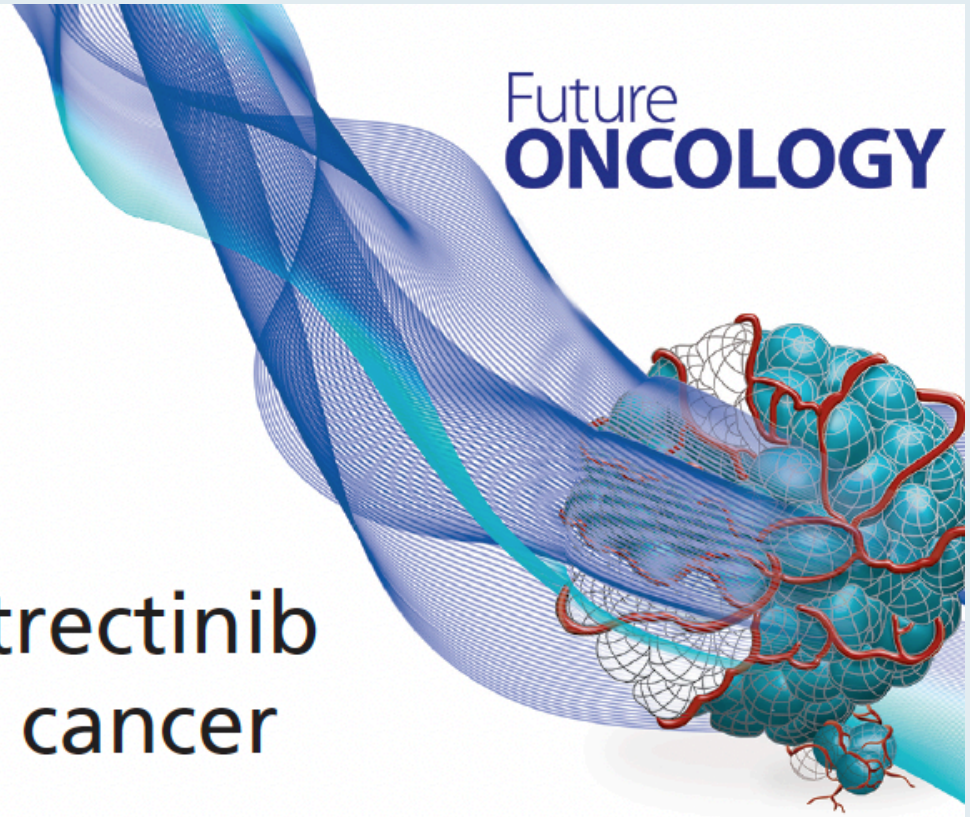
Patients with (n = 56) and without (n = 105) CNS Metastases at Baseline



ORR = objective response rate

Dziadziuszko R et al. *J Clin Oncol* 2021;39(11):1253-63.

Future Oncol 2022;[Online ahead of print].



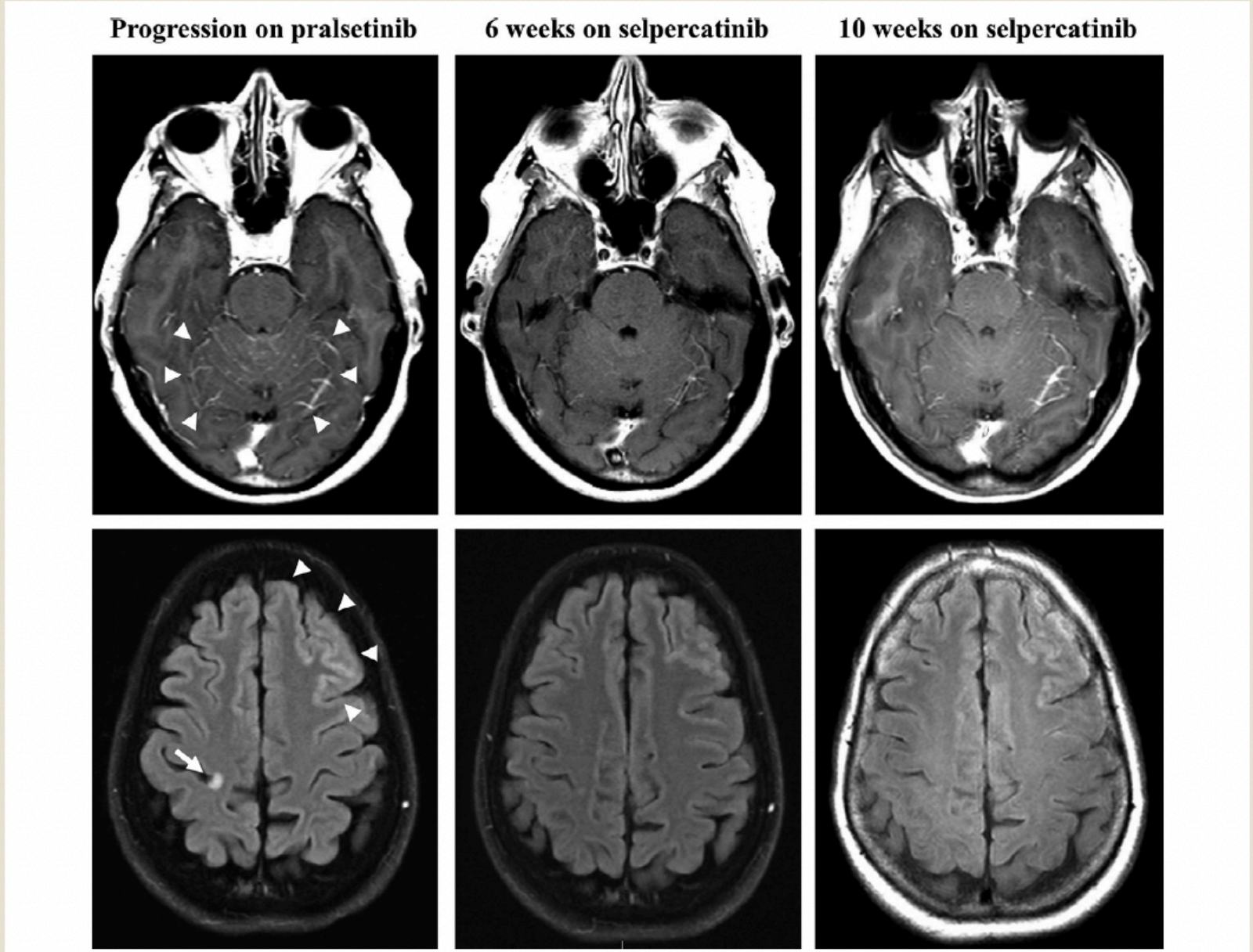
Research Article

Effectiveness of crizotinib versus entrectinib in *ROS1*-positive non-small-cell lung cancer using clinical and real-world data

Gabriel Tremblay*,[1], Michael Groff[1], Laura Iadeluca[2], Patrick Daniele[1], Keith Wilner[2], Robin Wiltshire[2], Lauren Bartolome[2], Tiziana Usari[2], Joseph C Cappelleri[2] & D Ross Camidge[3]

JC JOURNAL CLUB

RTP RESEARCH TO PRACTICE



T1-weighted postgadolinium (top row)

Postcontrast T2-weighted FLAIR (bottom row) MRI

Arrow heads **highlight leptomeningeal enhancement.**
Arrow **highlights brain metastasis which was treated with SRS**

Tsui DCC et al. *Clin Lung Cancer* 2021;23(1):e5–8.

Meet The Professor with Dr Camidge

RTP
RESEARCH
TO PRACTICE

Lancet Oncol 2021;22(7):959-69.

Pralsetinib for *RET* fusion-positive non-small-cell lung cancer (ARROW): a multi-cohort, open-label, phase 1/2 study

Justin F Gainor, Giuseppe Curigliano, Dong-Wan Kim, Dae Ho Lee, Benjamin Besse, Christina S Baik, Robert C Doebele, Philippe A Cassier, Gilberto Lopes, Daniel S W Tan, Elena Garralda, Luis G Paz-Ares, Byoung Chul Cho, Shirish M Gadgeel, Michael Thomas, Stephen V Liu, Matthew H Taylor, Aaron S Mansfield, Viola W Zhu, Corinne Clifford, Hui Zhang, Michael Palmer, Jennifer Green, Christopher D Turner, Vivek Subbiah

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 AUGUST 27, 2020 VOL. 383 NO. 9

Efficacy of Selpercatinib in *RET* Fusion–Positive Non–Small-Cell Lung Cancer

A. Drilon, G.R. Oxnard, D.S.W. Tan, H.H.F. Loong, M. Johnson, J. Gainor, C.E. McCoach, O. Gautschi, B. Besse, B.C. Cho, N. Peled, J. Weiss, Y.-J. Kim, Y. Ohe, M. Nishio, K. Park, J. Patel, T. Seto, T. Sakamoto, E. Rosen, M.H. Shah, F. Barlesi, P.A. Cassier, L. Bazhenova, F. De Braud, E. Garralda, V. Velcheti, M. Satouchi, K. Ohashi, N.A. Pennell, K.L. Reckamp, G.K. Dy, J. Wolf, B. Solomon, G. Falchook, K. Ebata, M. Nguyen, B. Nair, E.Y. Zhu, L. Yang, X. Huang, E. Olek, S.M. Rothenberg, K. Goto, and V. Subbiah

Pivotal Studies of Selpercatinib and Pralsetinib for Advanced NSCLC with RET Fusion

	Selpercatinib[1]	Pralesetinib[2]
Pivotal study	LIBRETTO-001 Phase I/II (N = 105)	ARROW Phase I/II (N = 233)
FDA approval	May 8, 2020	September 4, 2020
Setting	Previous platinum-based chemotherapy and previously untreated	Previous platinum-based chemotherapy and previously untreated
ORR	64%	61%
Median duration of response	17.5 months	Not reached
Common Grade ≥3 adverse events	Hypertension (14%) Increased ALT (12%) and AST (10%) Hyponatremia (6%) Lymphopenia (6%)	Neutropenia (18%) Hypertension (11%) Anemia (10%) Decreased WBC (6%)

[1] Drilon A et al. *N Engl J Med* 2020;383(9):813-24. [2] Gainor JF et al. *Lancet Oncol* 2021;22(7):959-69.

RTP RESEARCH TO PRACTICE

Clin Lung Cancer 2021;23(1):e5–8.

Case Report

Central Nervous System Response to Selpercartinib in Patient With *RET*-rearranged Non-small Cell Lung Cancer After Developing Leptomeningeal Disease on Pralsetinib

David Chun Cheong Tsui,[1] Brian D. Kavanagh,[2] Justin M. Honce,[3] Candice Rossi,[1] Tejas Patil,[1] D. Ross Camidge[1]

Meet The Professor with Dr Camidge

RTP
RESEARCH
TO PRACTICE

J Thorac Oncol 2022;17(1):103-15.

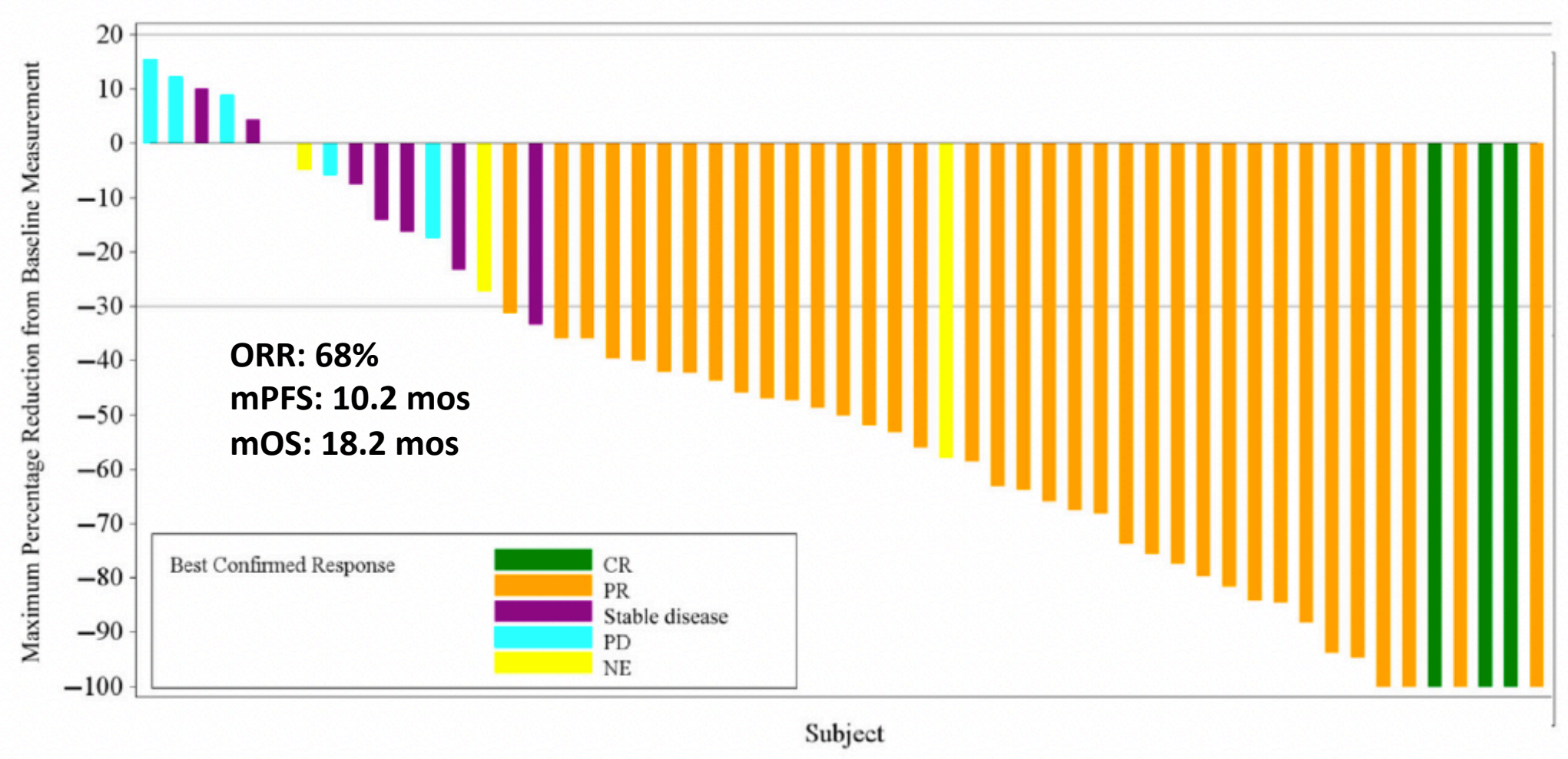
ORIGINAL ARTICLE

Phase 2 Study of Dabrafenib Plus Trametinib in Patients With *BRAF* V600E-Mutant Metastatic NSCLC: Updated 5-Year Survival Rates and Genomic Analysis

David Planchard, MD,[a] Benjamin Besse, MD,[a] Harry J. M. Groen, MD,[b] Sayed M. S. Hashemi, MD,[c] Julien Mazieres, MD,[d] Tae Min Kim, MD, PhD,[e] Elisabeth Quoix, MD, PhD,[f] Pierre-Jean Souquet, MD,[g] Fabrice Barlesi, MD, PhD,[a,h] Christina Baik, MD, MPH,[i] Liza C. Villaruz, MD,[j] Ronan J. Kelly, MD,[k] Shirong Zhang, PhD,[l] Monique Tan, MD,[l] Eduard Gasal, MD,[l] Libero Santarpia, MD, PhD,[m] Bruce E. Johnson, MD[n,*]

Five-Year Update: Phase II Study of Dabrafenib/Trametinib for BRAF V600E-Mutant Metastatic NSCLC

Pre-Treated Patients (N = 57)

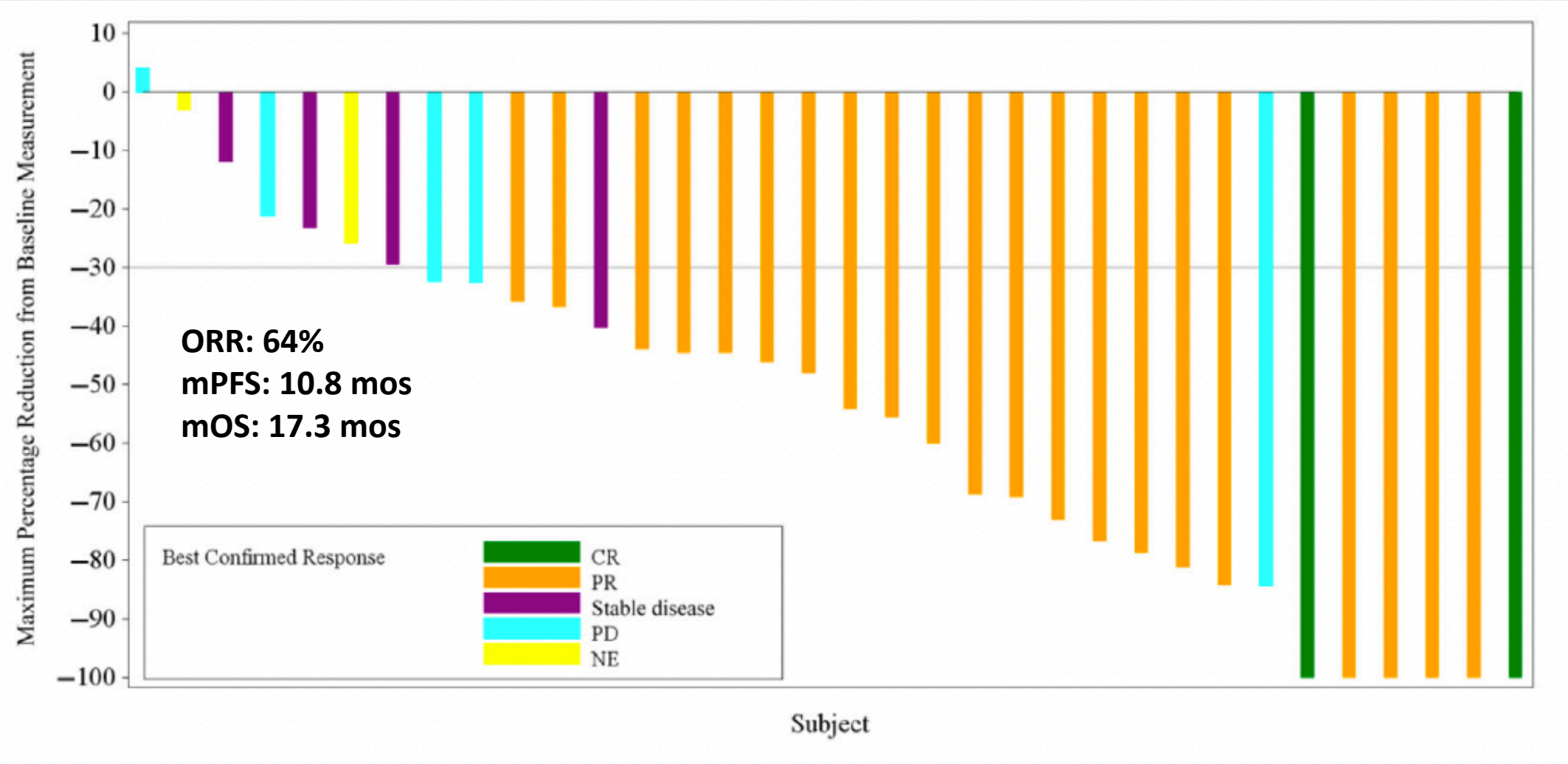


Planchard D et al. *J Thorac Oncol* 2022;17(1):103-15.

RTP RESEARCH TO PRACTICE

Five-Year Update: Phase II Study of Dabrafenib/Trametinib for BRAF V600E-Mutant Metastatic NSCLC

Treatment-Naïve Patients (N = 36)



Planchard D et al. *J Thorac Oncol* 2022;17(1):103-15.

RTP RESEARCH TO PRACTICE

Five-Year Update: Phase II Study of Dabrafenib/Trametinib for BRAF V600E-Mutant Metastatic NSCLC

Outcomes According to Genomic Alterations Detected by NGS

Cohort	Genetic Alterations	Cohort	Best Response	PFS, mo	OS, mo
Dabrafenib plus trametinib (cohort B; ORR, 68.4%; mPFS, 10.2 mo; mOS, 18.2 mo)	*BRAF* V600E+*IDH1*R132C	B	CR	6.9	40.7
	BRAF V600E+*KRAS*G13C	B	PR	58.1	58.1
	BRAF V600E+*IDH1*R132L[a,b]	B	PR	32.4	32.4
	BRAF V600E+*PIK3CA*E542K[c]	B	PR	16.7	55.2
	BRAF V600E+*cMET*ex14 skipping	B	PR	10.2	18.2
	BRAF V600E+*PIK3CA*E545K[c]	B	NE	1.4	3.8
	BRAF V600E+*PIK3CA*E545K[c]	B	PD	1.4	3.1
	*cMET*T1010I[d]	B	PR	27.6	59.4
	*JAK3*S493C[d]	B	PR	5.6	10.3
	*KRAS*G12V[d]	B	PD	2.9	4.4
Dabrafenib plus trametinib (cohort C; ORR, 63.9%; mPFS, 10.8 mo; mOS, 17.3 mo)	*BRAF* V600E+*mTOR*T1977K[c]	C	PR	7.0	7.0
	BRAF V600E+*IDH1*R132C	C	PR	10.4	17.3
	BRAF V600E+*IDH1*R132L	C	PR	5.5	8.2
	BRAF V600E+*BRAF*G466V	C	Stable disease	19.4	40.2
	ALK fusion[d,e]	C	Stable disease	13.8	40.9[f]
	*JAK3*S493C[d]	C	PR	19.3	51.2[f]

Planchard D et al. *J Thorac Oncol* 2022;17(1):103-15.

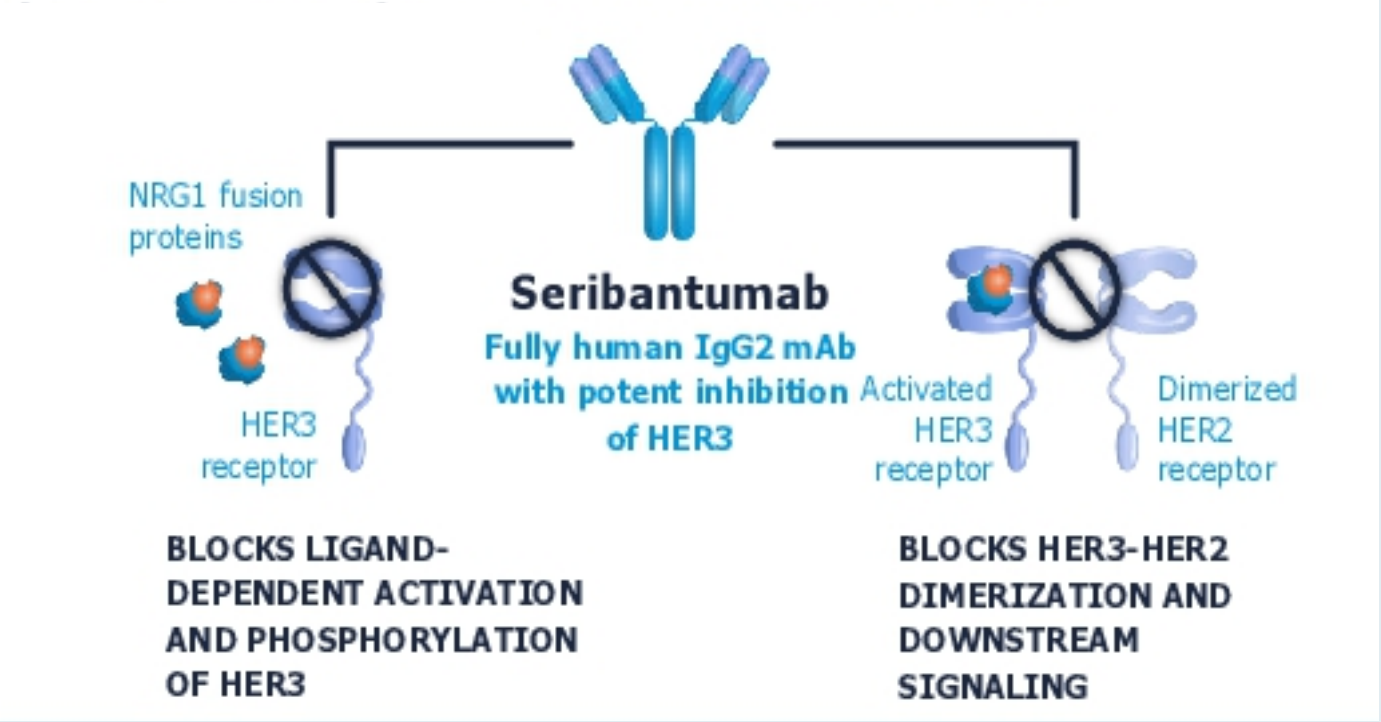
RTP RESEARCH TO PRACTICE

Meet The Professor with Dr Camidge

RTP
RESEARCH
TO PRACTICE

Neuregulin-1 (NRG1) Gene Fusions and Seribantumab Mechanism of Action

- NRG1 gene fusions are rare oncogenic drivers found in 0.2% of solid tumors including lung, colorectal, breast and ovarian
- NRG1 fusion proteins predominantly retain an active EGF-like domain, which drives tumorigenesis and proliferation through aberrant HER3 activation
- Seribantumab is a fully human monoclonal antibody against HER3



Bendell JC et al. 2021 Gastrointestinal Cancers Symposium;Abstract TPS449.

Investigational New Drugs (2021) 39:1604–1612
https://doi.org/10.1007/s10637-021-01145-y

PHASE I STUDIES

Phase 1 dose escalation study of seribantumab (MM-121), an anti-HER3 monoclonal antibody, in patients with advanced solid tumors

Crystal S. Denlinger[1] · Vicki L. Keedy[2] · Victor Moyo[3] · Gavin MacBeath[3] · Geoffrey I. Shapiro[4]

Best Overall Response with and Recommended Phase II Dose of Seribantumab in Advanced Solid Tumors

Best response	Dose escalation (n = 25)	Dose expansion (n = 18)
Overall response	0	0
Complete response	0	0
Partial response	0	0
Stable disease	6 (24%)	7 (39%)
Progressive disease	11 (44%)	8 (44%)

- Most adverse events were transient and mild to moderate (Grade 1 or 2) in severity
- The maximum tolerated dose was not reached in the dose escalation portion, and the 40 mg/kg loading dose followed by 20 mg/kg weekly maintenance dose was considered well tolerated and chosen for the dose expansion portion of the study

Denlinger CS et al. Invest New Drugs 2021 Dec;39(6):1604-1612.

CRESTONE: Ongoing Phase II Study of of Seribantumab in Patients With Neuregulin-1 (NRG1) Fusion-Positive Advanced Solid Tumors

Trial Identifier: NCT04383210 (Open)

Advanced solid tumor with an NRG1 gene fusion

Disease progression on or unresponsive to at least one prior standard therapy appropriate for their tumor type and stage of disease

No further available curative therapy options

No prior pan-ERBB or any ERBB/HER2/HER3 directed therapy (Cohort 1 only)

→ **Seribantumab**
1-h IV infusion at various doses once weekly, every 2 weeks and every 3 weeks, during the induction, consolidation and maintenance dosing phases, respectively

Primary Endpoint: Objective response rate

Patient Cohorts:
Cohort 1: A minimum of 55 adult advanced solid tumor patients harboring NRG1 gene fusions, who have received prior standard treatment, excluding prior ERBB-directed therapy.
Cohort 2: Up to 10 adult advanced solid tumor patients harboring NRG1 gene fusions, who have received prior standard treatment, including prior ERBB-directed therapy
Cohort 3: Up to 10 adult advanced solid tumor patients harboring NRG1 gene fusions lacking an EGF-like domain, who have received prior standard treatment, which may have included prior ERBB-directed therapy

www.clinicaltrials.gov; Accessed April 2022.

RTP RESEARCH TO PRACTICE

original reports

Clinicopathologic Features and Response to Therapy of *NRG1* Fusion–Driven Lung Cancers: The eNRGy1 Global Multicenter Registry

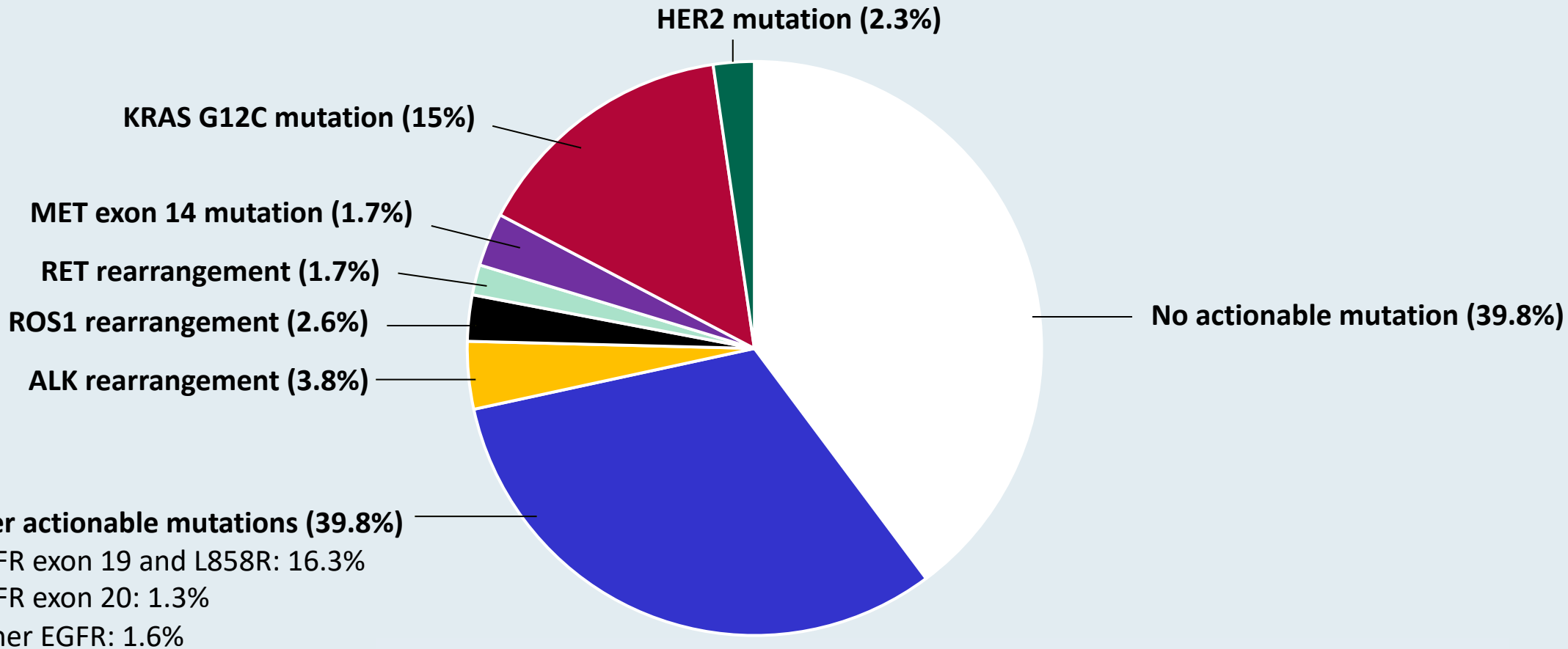
Alexander Drilon, MD[1]; Michael Duruisseaux, MD[2,3,4]; Ji-Youn Han, MD, PhD[5]; Masaoki Ito, MD, PhD[6,7,8]; Christina Falcon, MPH[1]; Soo-Ryum Yang, MD[1]; Yonina R. Murciano-Goroff, MD, DPhil[9]; Haiquan Chen, MD, PhD[10,11]; Morihito Okada, PhD[8]; Miguel Angel Molina, PhD[12]; Marie Wislez, MD, PhD[13,14]; Philippe Brun, MD[15]; Clarisse Dupont, MD[2]; Eva Branden, PhD[16,17]; Giulio Rossi, MD, PhD[18,19]; Alexa Schrock, PhD[20]; Siraj Ali, MD, PhD[20]; Valérie Gounant, MD[21]; Fanny Magne, MD[22]; Torsten Gerriet Blum, MD[23]; Alison M. Schram, MD[9]; Isabelle Monnet, MD[24]; Jin-Yuan Shih, MD, PhD[25]; Joshua Sabari, MD[26]; Maurice Pérol, MD[27]; Viola W. Zhu, MD[28]; Misako Nagasaka, MD[29,30]; Robert Doebele, MD, PhD[31]; D. Ross Camidge, MD, PhD[31]; Maria Arcila, MD[1]; Sai-Hong Ignatius Ou, MD, PhD[32]; Denis Moro-Sibilot, MD[33]; Rafael Rosell, MD, PhD[34]; Lucia Anna Muscarella, PhD[35]; Stephen V. Liu, MD[36]; and Jacques Cadranel, MD[37]

J Clin Oncol 2021;39(25):2791-802.

Meet The Professor with Dr Camidge

RTP
RESEARCH
TO PRACTICE

Frequency of Targetable Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung

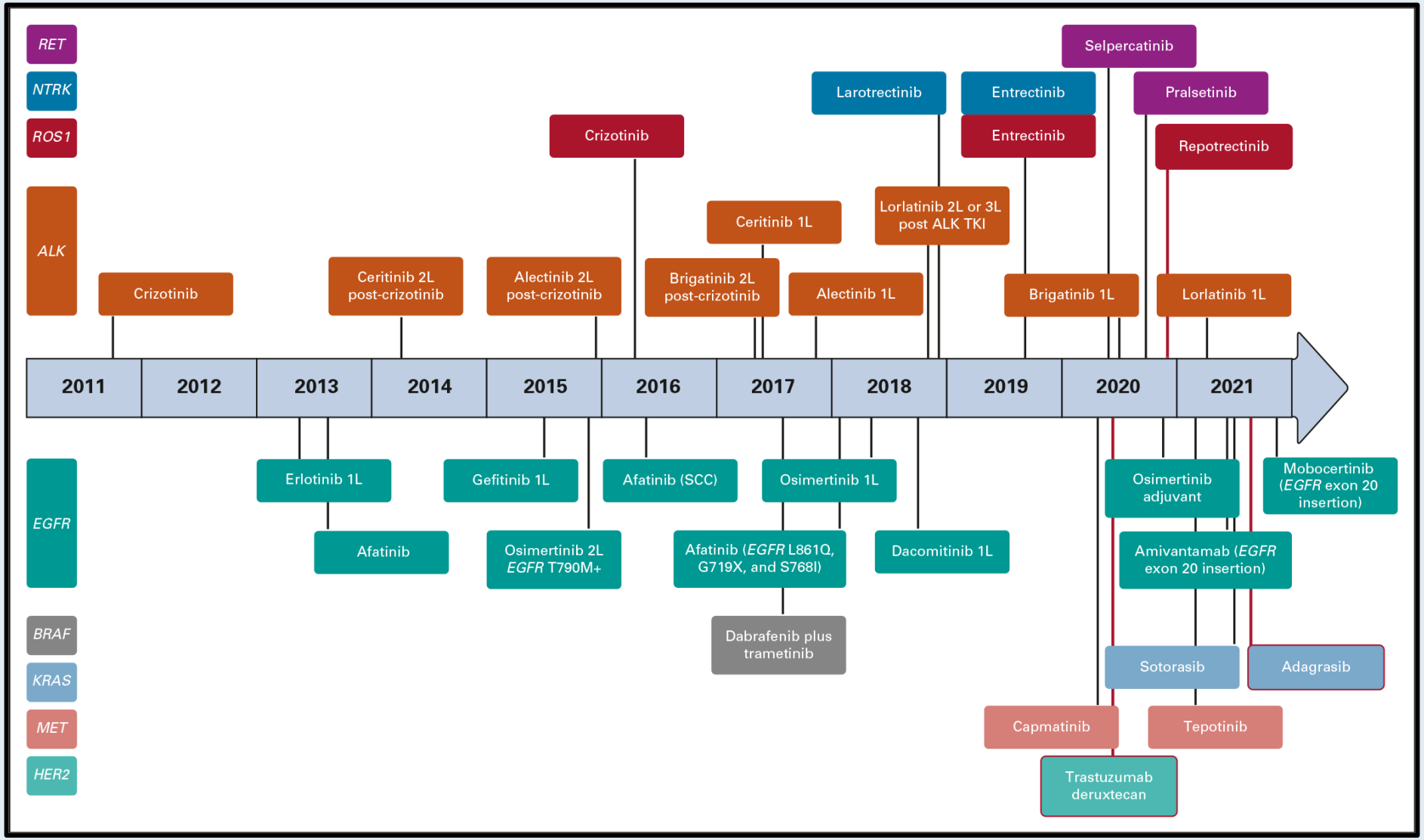


Other actionable mutations (39.8%)
--EGFR exon 19 and L858R: 16.3%
--EGFR exon 20: 1.3%
--Other EGFR: 1.6%
--Other KRAS: 10.3%
--BRAF V600E: 2.1%
--NTRK rearrangement: 0.23%

Derived from Tan AC et al. *J Clin Oncol* 2022;40(6):611-25.

RTP RESEARCH TO PRACTICE

Timeline of Select FDA-Approved Targeted Therapies for Oncogene-Driven NSCLC

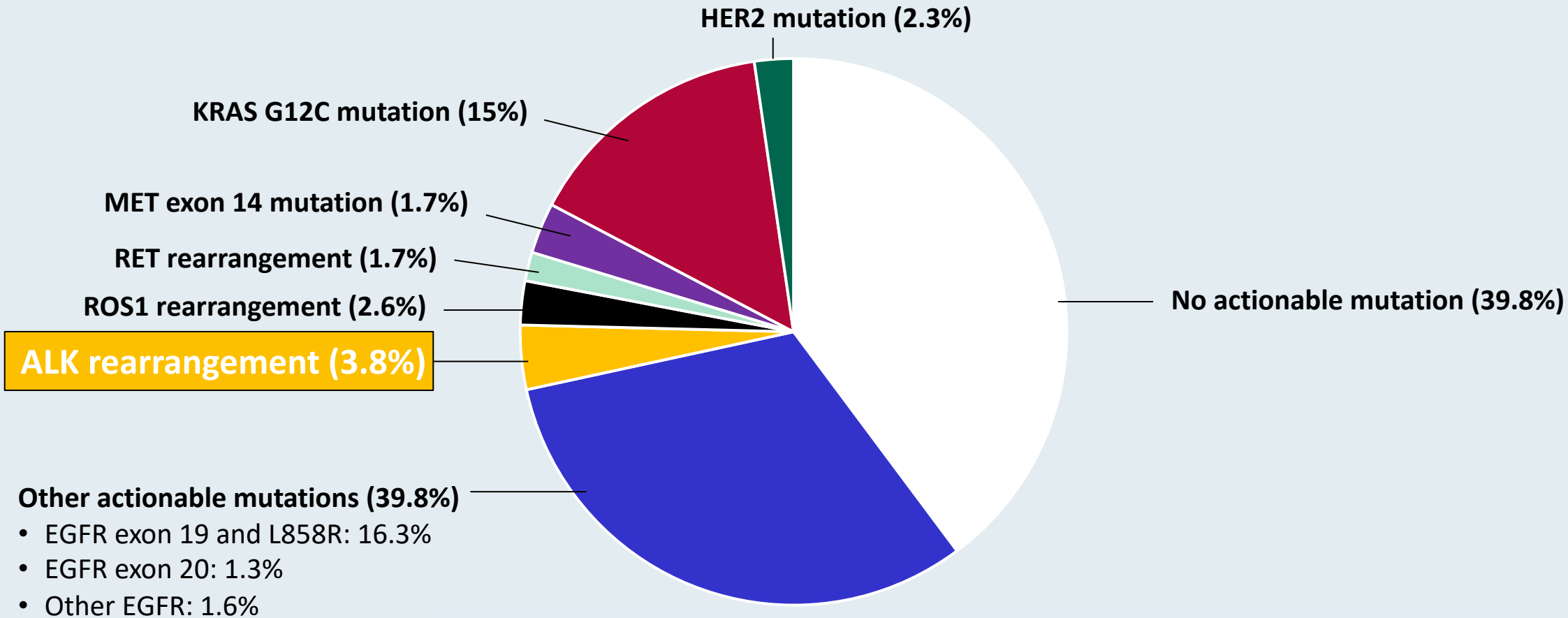


Tan AC et al. *J Clin Oncol* 2022;40(6):611-25.

Note: Red line indicates Breakthrough Therapy designation

RTP RESEARCH TO PRACTICE

Frequency of Targetable Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung



- EGFR exon 19 and L858R: 16.3%
- EGFR exon 20: 1.3%
- Other EGFR: 1.6%
- Other KRAS: 10.3%
- BRAF V600E: 2.1%
- NTRK rearrangement: 0.23%

Derived from Tan AC et al. *J Clin Oncol* 2022;40(6):611-25.

RTP RESEARCH TO PRACTICE

Key Randomized Trials in Treatment-Naïve Advanced ALK-Rearranged NSCLC

Study	Intervention	Comparator	ORR	CNS ORR
PROFILE 1014	Crizotinib	Platinum/pemetrexed	74% vs 45%	—
PROFILE 1029	Crizotinib	Platinum/pemetrexed	88% vs 46%	—
ASCEND-4	Ceritinib	Platinum/pemetrexed	73% vs 27%	73% vs 27%
ALEX	Alectinib	Crizotinib	83% vs 76%	81% vs 50%
J-ALEX	Alectinib	Crizotinib	92% vs 79%	—
ALESIA	Alectinib	Crizotinib	91% vs 77%	—
ALTA-1L	Brigatinib	Crizotinib	71% vs 60%	78% vs 26%
CROWN	Lorlatinib	Crizotinib	76% vs 58%	82% vs 23%
eXalt3	Ensartinib	Crizotinib	75% vs 67%	64% vs 21%

Tan AC et al. *J Clin Oncol* 2022;40(6):611-25; Soria JC et al. *Lancet* 2017;389(10072):917-29; Peters S et al. *N Engl J Med* 2017;377(9):829-38; Camidge DR et al. *J Thorac Oncol* 2021;16(12):2091-108; Shaw AT et al. *N Engl J Med* 2020;383(21):2018-29; Horn L et al. *JAMA Oncol* 2021;7(11):1617-25; Popat S et al. ESMO 2021;Abstract 1195P.

Key Randomized Trials in Treatment-Naïve Advanced ALK-Rearranged NSCLC (continued)

Study	Intervention	Comparator	Median PFS	PFS Hazard ratio	OS Hazard ratio
PROFILE 1014	Crizotinib	Platinum/pemetrexed	11 vs 7 mo	0.45	0.76
PROFILE 1029	Crizotinib	Platinum/pemetrexed	11 vs 7 mo	0.40	0.90
ASCEND-4	Ceritinib	Platinum/pemetrexed	17 vs 8 mo	0.55	0.73
ALEX	Alectinib	Crizotinib	35 vs 11 mo	0.50	0.67
J-ALEX	Alectinib	Crizotinib	34 vs 10 mo	0.37	0.80
ALESIA	Alectinib	Crizotinib	NR v 11 mo	0.37	0.28
ALTA-1L	Brigatinib	Crizotinib	24 vs 11 mo	0.49	0.92
CROWN	Lorlatinib	Crizotinib	NR vs 9 mo	0.28	0.72
eXalt3	Ensartinib	Crizotinib	26 vs 13 mo	0.52	0.88

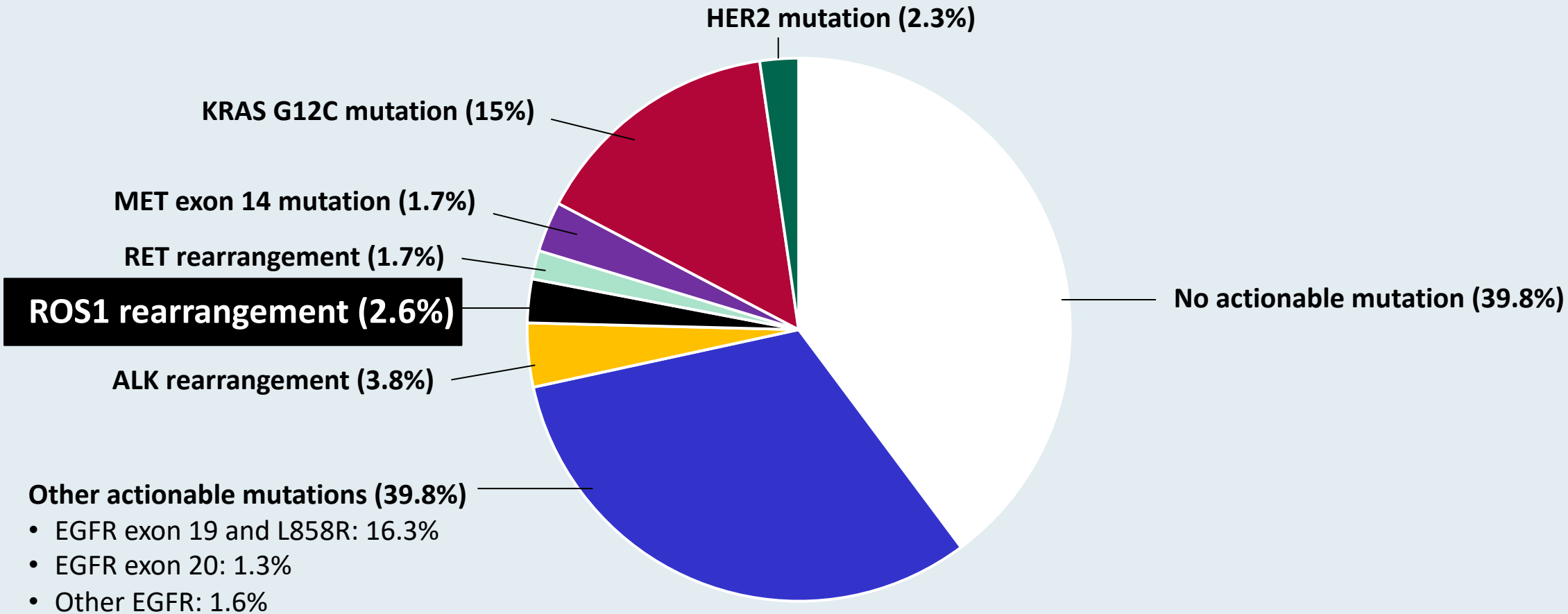
Tan AC et al. *J Clin Oncol* 2022;40(6):611-25; Soria JC et al. *Lancet* 2017;389(10072):917-29; Peters S et al. *N Engl J Med* 2017;377(9):829-38; Camidge DR et al. *J Thorac Oncol* 2021;16(12):2091-108; Shaw AT et al. *N Engl J Med* 2020;383(21):2018-29; Horn L et al. *JAMA Oncol* 2021;7(11):1617-25; Popat S et al. ESMO 2021;Abstract 1195P.

Common and Unique Adverse Effects of ALK TKIs

ALK TKI	Most common adverse effects
Crizotinib	Vision disorders, nausea, diarrhea, vomiting, edema, constipation, elevated transaminases, fatigue, decreased appetite, upper respiratory infection, dizziness and neuropathy
Ceritinib	Diarrhea, nausea, vomiting, fatigue, abdominal pain, decreased appetite and weight loss
Alectinib	Constipation, fatigue, edema, myalgia and anemia
Brigatinib	Diarrhea, fatigue, nausea, rash, cough, myalgia, headache, hypertension, vomiting and dyspnea
Lorlatinib	Hypercholesterolemia, hypertriglyceridemia, edema, peripheral neuropathy, weight gain, cognitive effects, fatigue, dyspnea, arthralgia and diarrhea
Ensartinib	Rash, nausea, pruritus and vomiting

Crizotinib PI, rev 1/2021; Ceritinib PI, rev 3/2019; Alectinib PI, rev 1/2021; Brigatinib PI, rev 5/2020; Lorlatinib PI, rev 3/2021
Xia B et al. *Transl Lung Cancer Res* 2020;9(6):2521-253; Gristina V et al. *Pharmaceuticals* 2020;13(12):474.

Frequency of Targetable Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung



Other actionable mutations (39.8%)

- EGFR exon 19 and L858R: 16.3%
- EGFR exon 20: 1.3%
- Other EGFR: 1.6%
- Other KRAS: 10.3%
- BRAF V600E: 2.1%
- NTRK rearrangement: 0.23%

Derived from Tan AC et al. *J Clin Oncol* 2022;40(6):611-25.

RTP RESEARCH TO PRACTICE

Key Trials of ROS1 TKIs for TKI-Naïve NSCLC with ROS1 Fusions

ROS1 TKI	Study	Phase	ORR	Median DoR	Median PFS	Intracranial ORR
Crizotinib	PROFILE 1001	Ib	38/53 (72%)	25 mo	19 mo	—
	OxOnc	II	91/127 (72%)	20 mo	16 mo	—
	EUCROSS	II	21/30 (70%)	19 mo	20 mo	—
	AcSe	II	35/36 (69%)	—	6 mo	—
	METROS	II	17/26 (65%)	21 mo	23 mo	33%
Entrectinib	Drilon et al	I/II	41/53 (77%)	25 mo	19 mo	55%
Ceritinib	Lim et al	II	20/30 (67%)	21 mo	19 mo	29%
Brigatinib	Gettinger et al	I	1/1 (100%)	—	—	—
Lorlatinib	Shaw et al	I/II	13/21 (62%)	25 mo	21 mo	64%
Repotrectinib	Cho et al	I/II	10/11 (91%)	—	—	100%
Taletrectinib	Fujiwara et al	I	6/9 (67%)	—	—	—

Drilon A et al. *Nat Rev Clin Oncol* 2021;18(1):35-55.

Key Trials of ROS1 TKIs for TKI-Pretreated NSCLC with ROS1 Fusions

ROS1 TKI	Study	Phase	ORR
Entrectinib (after crizotinib)	Drilon et al	I/II	0/6 (0%)
Ceritinib (after crizotinib)	Lim et al	II	0/2 (0%)
Brigatinib (after crizotinib)	Gettinger et al	I	0/2 (0%)
Lorlatinib	Shaw et al	I/II	After crizotinib: 14/40 (35%) After ≥2 prior TKIs: 0/6 (0%)
Repotrectinib	Drilon et al	I/II	After 1 prior TKI: 7/18 (39%) After ≥2 prior TKIs: 2/7 (29%)
Taletrectinib (after crizotinib)	Fujiwara et al	I	1/3 (33%)

Drilon A et al. *Nat Rev Clin Oncol* 2021;18(1):35-55.

original reports

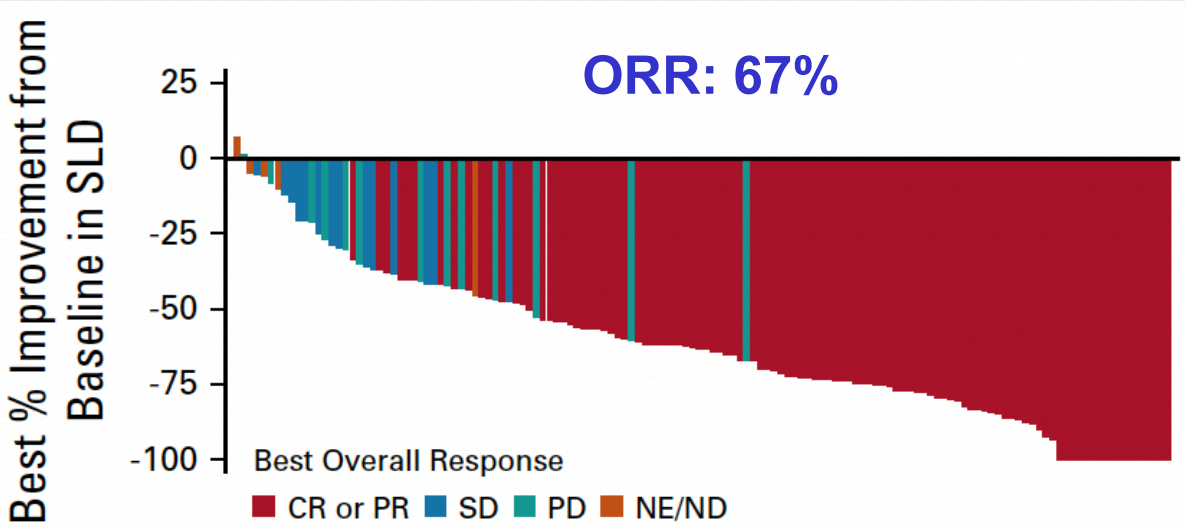
Updated Integrated Analysis of the Efficacy and Safety of Entrectinib in Locally Advanced or Metastatic *ROS1* Fusion–Positive Non–Small-Cell Lung Cancer

Rafal Dziadziuszko, MD, PhD[1]; Matthew G. Krebs, MD, PhD[2]; Filippo De Braud, MD[3,4]; Salvatore Siena, MD[3,5]; Alexander Drilon, MD[6]; Robert C. Doebele, MD, PhD[7]; Manish R. Patel, DO[8]; Byoung Chul Cho, MD, PhD[9]; Stephen V. Liu, MD[10]; Myung-Ju Ahn, MD, PhD[11]; Chao-Hua Chiu, MD[12]; Anna F. Farago, MD, PhD[13]; Chia-Chi Lin, MD[14]; Christos S. Karapetis, MBBS, MMedSc[15]; Yu-Chung Li, MD[16]; Bann-mo Day, PhD[17]; David Chen, PharmD[17]; Timothy R. Wilson, PhD[17]; and Fabrice Barlesi, MD, PhD[18,19]

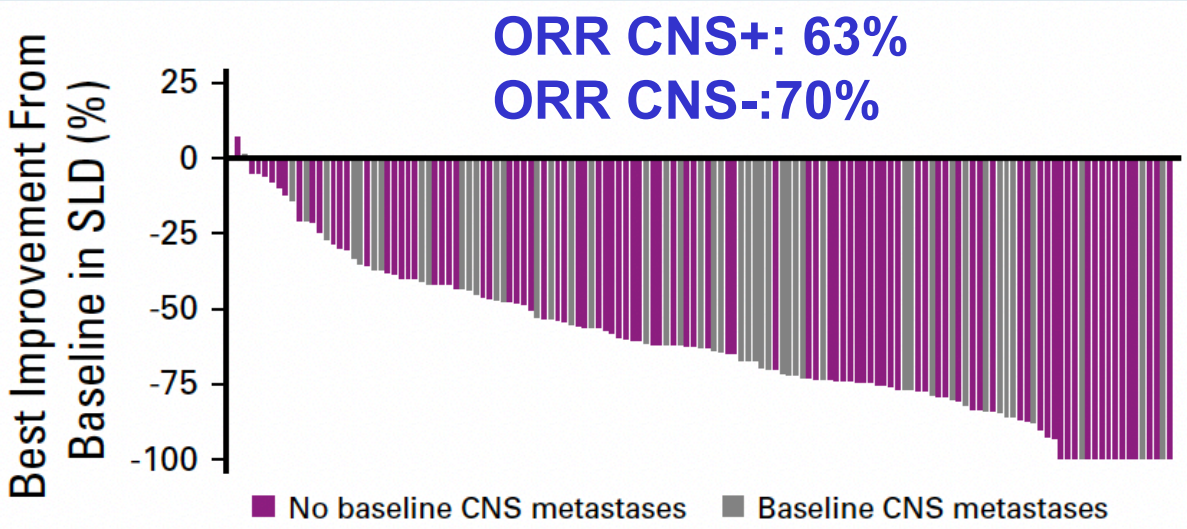
J Clin Oncol 2021;39(11):1253-63.

Integrated Analysis of ALKA-372-001, STARTRK-1, STARTRK-2, and STARTRK-NG

Efficacy Evaluable Population (N = 161)



Patients with (n = 56) and without (n = 105) CNS Metastases at Baseline



ORR = objective response rate

Dziadziuszko R et al. *J Clin Oncol* 2021;39(11):1253-63.

Entrectinib Duration of Response and Survival Analyses

Efficacy	NSCLC with ROS1 fusions		
	Efficacy evaluable (N = 161)	Baseline CNS metastases (n = 56)	No baseline CNS metastases (n = 105)
Median DoR	15.7 mo	14.9 mo	24.6 mo
12-month DoR	63%	62%	63%
Median PFS	15.7 mo	11.8 mo	19.0 mo
12-month PFS	55%	47%	60%
Median OS	NE	28.3 mo	NE
12-month OS	81%	75%	84%

Dziadziuszko R et al. *J Clin Oncol* 2021;39(11):1253-63.

Select Treatment-Related Adverse Events

Adverse events	NSCLC with ROS1 fusions safety evaluable population (N = 210)	
	Any grade	Grade ≥3
Dysgeusia	43%	<1%
Dizziness	35%	<1%
Constipation	31%	0
Fatigue	30%	<1%
Diarrhea	27%	3%
Weight increase	29%	8%
AST increase	12%	2%
ALT increase	11%	3%

Dziadziuszko R et al. *J Clin Oncol* 2021;39(11):1253-63.

Repotrectinib Granted FDA Breakthrough Therapy Designation for Metastatic NSCLC with ROS1 Fusions

Press Release – December 8, 2020

"…repotrectinib has been granted breakthrough therapy designation by the Food and Drug Administration (FDA) for the treatment of patients with ROS1-positive metastatic non-small cell lung cancer (NSCLC) who have not been treated with a ROS1 tyrosine kinase inhibitor (TKI-naïve).

The breakthrough therapy designation for repotrectinib was supported by the initial data from TKI-naïve ROS1-positive NSCLC patients enrolled in the Phase 1 and Phase 2 portions of the TRIDENT-1 study, which is currently evaluating patients in multiple potentially registrational cohorts."

https://www.biospace.com/article/releases/turning-point-therapeutics-granted-fda-breakthrough-therapy-designation-for-repotrectinib-treatment-in-patients-with-ros1-positive-metastatic-non-small-cell-lung-cancer-/

RTP RESEARCH TO PRACTICE

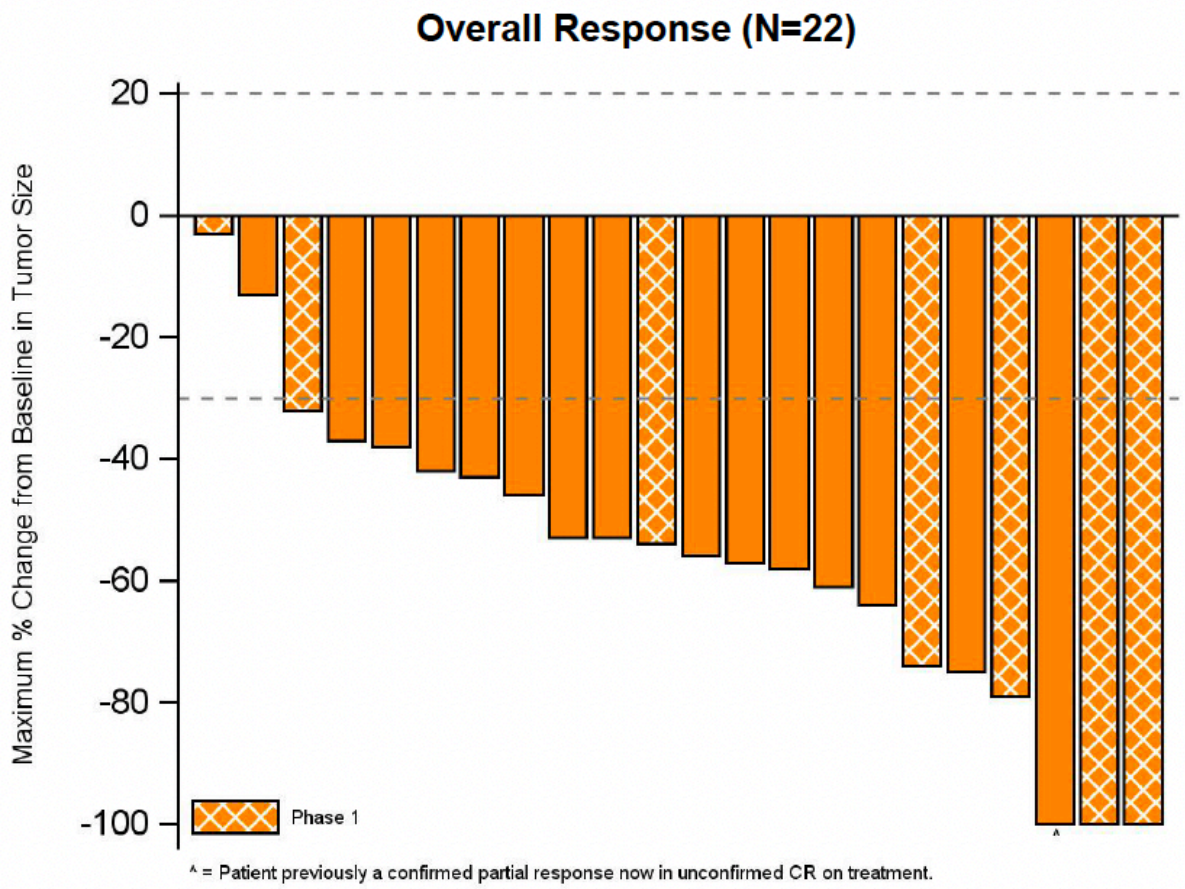
Abstract 3255

Phase 1/2 TRIDENT-1 Study of Repotrectinib in Patients with *ROS1*+ or *NTRK*+ Advanced Solid Tumors

Byoung Chul Cho,[1] Robert C. Doebele,[2] Jessica J. Lin,[3] Misako Nagasaka,[4] Christina Baik,[5] Anthonie J. van der Wekken,[6] Vamsidhar Velcheti,[7] Ki Hyeong Lee,[8] Stephen V. Liu,[9] Benjamin Solomon,[10] Steven Kao,[11] Matthew G. Krebs,[12] Viola Zhu,[13] Shanna Stopatschinskaja,[14] D. Ross Camidge,[15] Alexander Drilon[16]

[1]Yonsei Cancer Center, Severance Hospital, Yonsei University College of Medicine, Seoul, Republic of Korea; [2]University of Colorado Anschutz Medical Campus, Aurora, CO, USA; [3]Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; [4]Karmanos Cancer Institute, Wayne State University, Detroit, MI, USA; [5]Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center, University of Washington School of Medicine, Seattle, WA, USA; [6]University of Groningen and University Medical Centre Groningen, Groningen, Netherlands; [7]Perlmutter Cancer Center, NYU Langone Health, New York, NY, USA; [8]Chungbuk National University Hospital, Cheongju, Republic of Korea; [9]Georgetown Lombardi Comprehensive Cancer Center, Georgetown University, Washington D.C., USA; [10]Peter MacCallum Cancer Center, Melbourne, Australia; [11]The Chris O'Brien Lifehouse, Camperdown, Australia; [12]Division of Cancer Sciences, The University of Manchester and the Christie NHS Foundation Trust, Manchester, UK; [13]Chao Family Comprehensive Cancer Center, University of California Irvine School of Medicine, Orange, CA, USA; [14]Turning Point Therapeutics Inc., San Diego, CA, USA; [15]Memorial Sloan Kettering Cancer Center, Weill Cornell Medical College, New York, NY, USA

TRIDENT-1: Clinical Activity in TKI-Naïve Advanced NSCLC with ROS1 Fusions



	Phase 2 N=15	Phase 1+2 N=22
Confirmed ORR, % (95% CI)	93% (68–100)	91% (71–99)

N=22 patients with baseline and at least two post baseline scans

- *N=15 Phase 2 patients*
- *N=7 Phase 1 patients treated at or above the Phase 2 recommended dose*

As of 31 December 2020, the 16th patient in Phase 2 has an unconfirmed PR and is on treatment awaiting a second post-baseline confirmatory scan.

Cho BC et al. WCLC 2020;Abstract 3255.

AACR-NCI-EORTC Virtual International Conference on
MOLECULAR TARGETS AND CANCER THERAPEUTICS
October 7-10, 2021

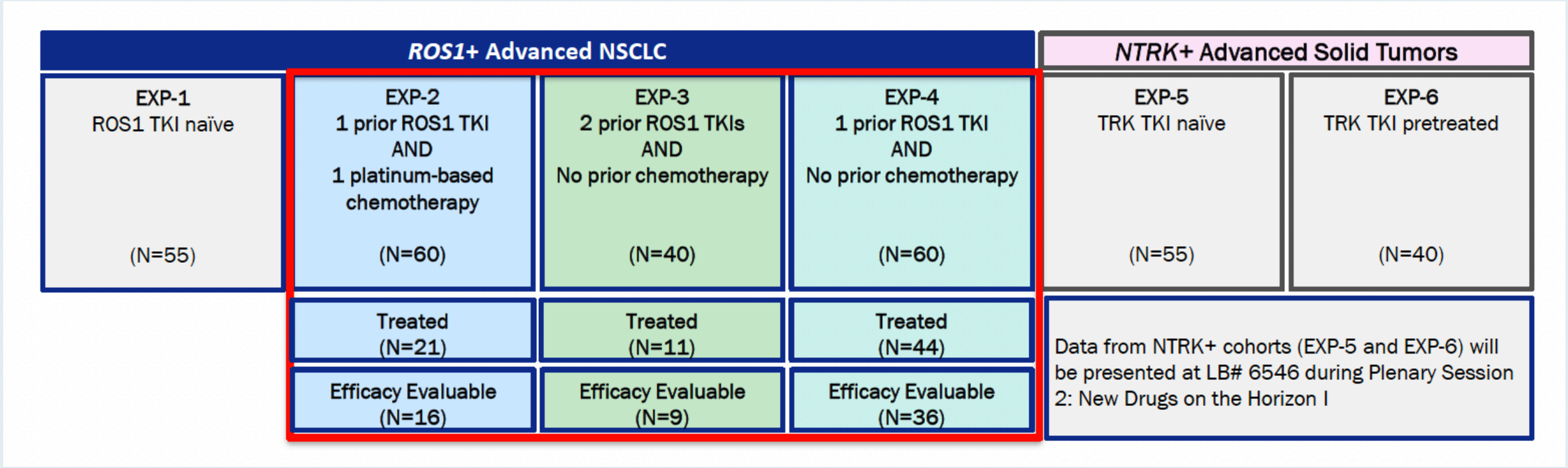
Poster #: P224

Update from the Phase 2 registrational trial of repotrectinib in TKI-pretreated patients with *ROS1+* advanced non-small cell lung cancer and with *NTRK+* advanced solid tumors (TRIDENT-1)

Jessica J. Lin,[1] Byoung Chul Cho,[2] Christoph Springfeld,[3] D. Ross Camidge,[4] Benjamin Solomon,[5] Christina Baik,[6] Vamsidhar Velcheti,[7] Young-Chul Kim,[8] Victor Moreno,[9] Anthonie J. van der Wekken,[10] Enriqueta Felip,[11] Dipesh Uprety,[12] Denise Trone,[13] Shanna Stopatschinskaja,[13] Alexander Drilon[14]

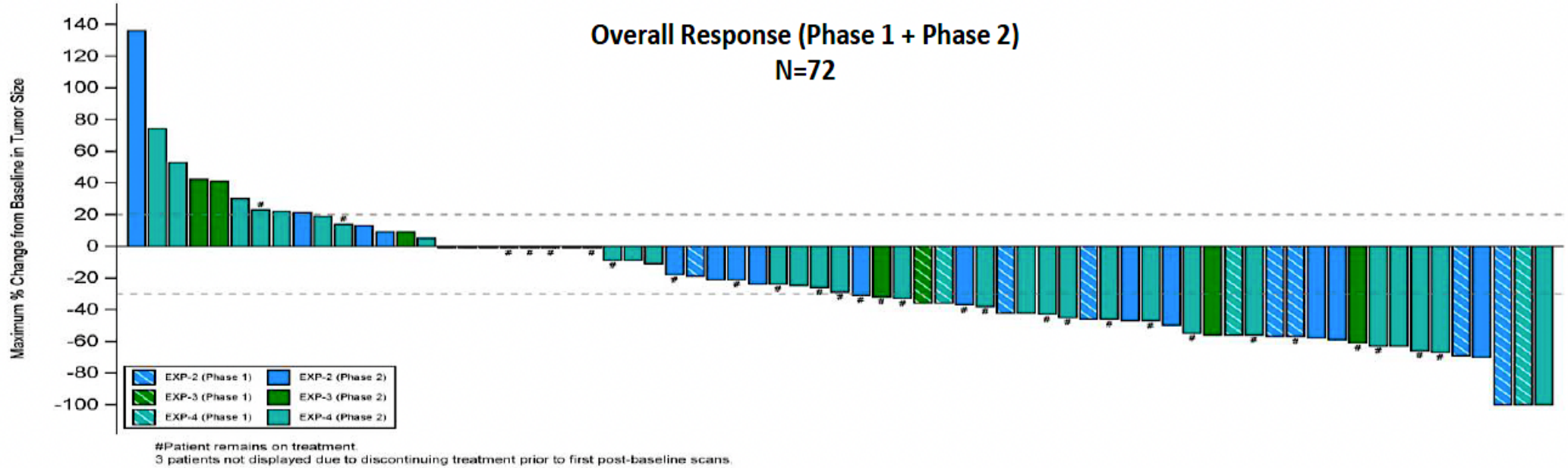
[1]Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA; [2]Yonsei Cancer Center, Yonsei University College of Medicine, Seoul, Republic of Korea; [3]Heidelberg University Hospital, National Center for Tumor Diseases, Department of Medical Oncology, Heidelberg, Germany; [4]University of Colorado Denver, Anschutz Medical Campus, Aurora, CO, USA; [5]Peter MacCallum Cancer Center, Melbourne, Australia; [6]University of Washington School of Medicine, Seattle Cancer Care Alliance, Fred Hutchinson Cancer Research Center, Seattle, WA, USA; [7]NYU Perlmutter Cancer Center, New York, NY, USA; [8]Chonnam National University Medical School, and CNU Hwasun Hospital, Hwasun-gun, Republic of Korea; [9]Fundación Jiménez Díaz - START Madrid, Madrid, Spain; [10]University of Groningen, University Medical Centre Groningen, Groningen, Netherlands; [11]Vall d'Hebron University Hospital, Vall d'Hebron Institute of Oncology (VHIO), Barcelona, Spain; [12]Karmanos Cancer Institute, Detroit, MI, USA; [13]Turning Point Therapeutics Inc, San Diego, CA, USA; [14]Memorial Sloan Kettering Cancer Center, Weill Cornell Medical College, New York, NY, USA.

TRIDENT-1: Phase II Study Design



Lin JJ et al. AACR 2021;Abstract 224.

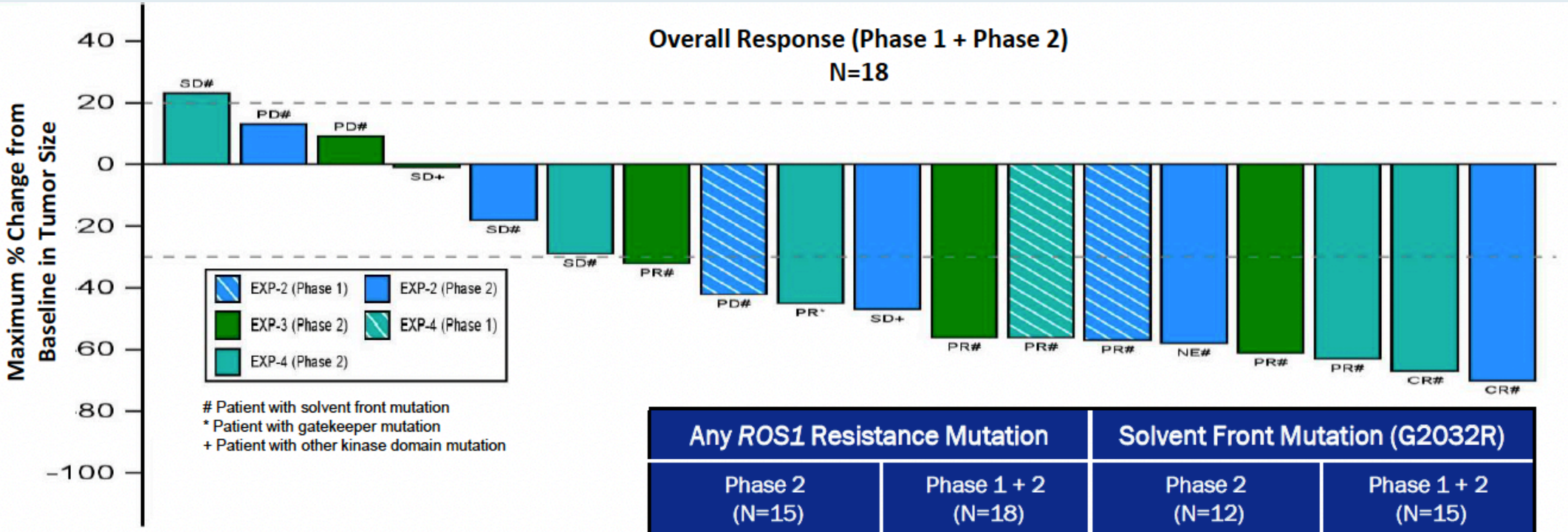
TRIDENT-1: Preliminary Efficacy in Patients with TKI-Pretreated Advanced NSCLC with ROS1 Fusions



	EXP-2		EXP-3		EXP-4	
	Phase 2 (N=16)	Phase 1 + 2 (N=23)	Phase 2 (N=9)	Phase 1 + 2 (N=10)	Phase 2 (N=36)	Phase 1 + 2 (N=39)
Confirmed ORR (cORR) (95% CI)	**31%** (11 – 59)	**39%** (20 – 61)	**33%** (7 – 70)	**30%** (7 – 65)	**31%*** (16 – 48)	**33%*** (19 – 50)
Duration of Response (range in months)	1.8+ – 9.2 n=5	1.8+ – 11.1 n=9	1.9+ – 12.9+ n=3	1.9+ – 12.9+ n=3	1.7+ – 15.0+ n=11	0.8+ – 15.0+ n=13

Lin JJ et al. AACR 2021;Abstract 224.

TRIDENT-1: Preliminary Efficacy in Patients with TKI-Pretreated Advanced NSCLC with ROS1 Fusions and Baseline ROS1 Resistance Mutations



	Any *ROS1* Resistance Mutation		Solvent Front Mutation (G2032R)	
	Phase 2 (N=15)	Phase 1 + 2 (N=18)	Phase 2 (N=12)	Phase 1 + 2 (N=15)
Confirmed ORR (cORR) (95% CI) CR PR	47% (21 – 73) 2 (13%) 5 (33%)	50% (26 – 74) 2 (11%) 7 (39%)	50% (21 – 79) 2 (17%) 4 (33%)	53% (27 – 79) 2 (13%) 6 (40%)
Duration of Response (range in months)	*1.9+ - 15.0+* n=7	*1.9+ - 15.0+* n=9	*1.9+ - 15.0+* n=6	*1.9+ - 15.0+* n=8

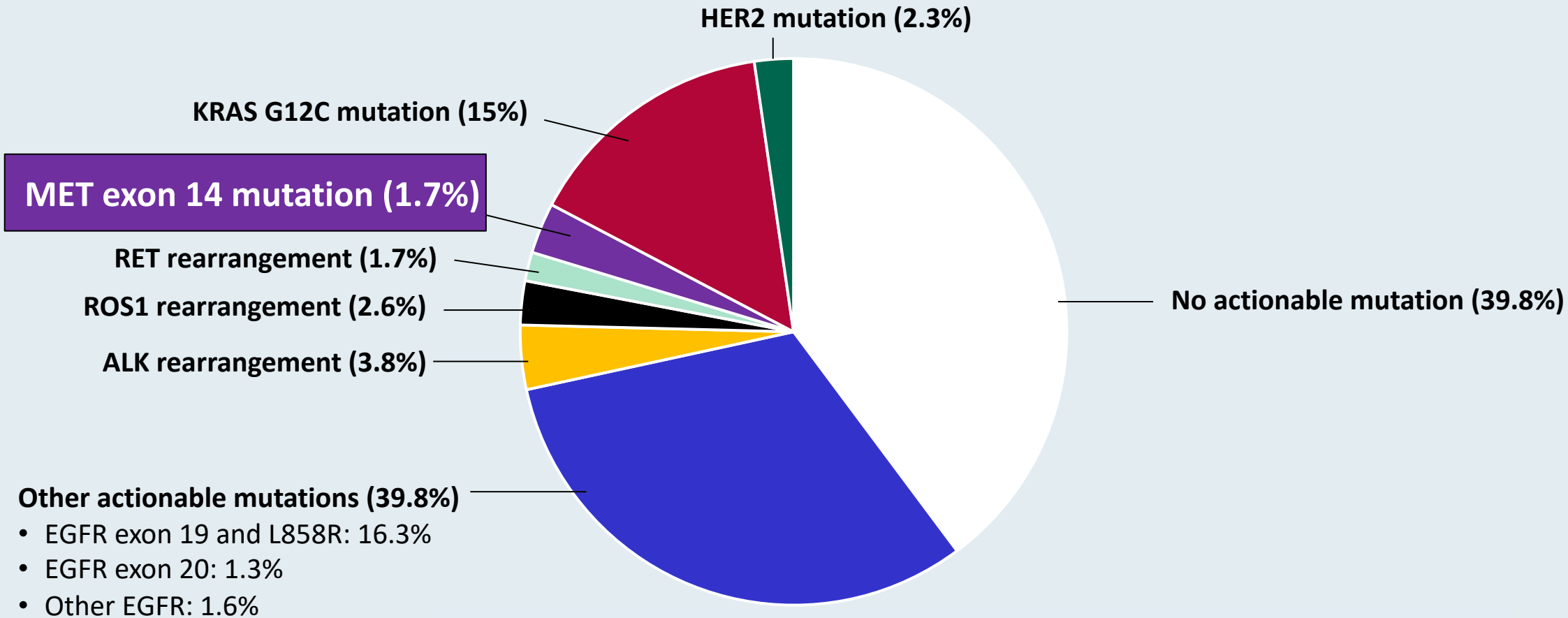
Lin JJ et al. AACR 2021;Abstract 224.

TRIDENT-1: Treatment-Emergent Adverse Events (N = 301)

Adverse event	Any grade	Grade 3/4
Dizziness	60%	2%
Dysgeusia	44%	<1%
Constipation	34%	<1%
Paraesthesia	29%	1%
Dyspnea	28%	6%
Anemia	27%	8%
Fatigue	24%	2%
Nausea	21%	1%
	Rate	
Drug discontinuation due to TEAEs	11%	
Drug dose reduction due to TEAEs	17%	

Lin JJ et al. AACR 2021;Abstract 224.

Frequency of Targetable Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung



- EGFR exon 19 and L858R: 16.3%
- EGFR exon 20: 1.3%
- Other EGFR: 1.6%
- Other KRAS: 10.3%
- BRAF V600E: 2.1%
- NTRK rearrangement: 0.23%

Derived from Tan AC et al. *J Clin Oncol* 2022;40(6):611-25.

RTP RESEARCH TO PRACTICE

FDA Grants Accelerated Approval to Tepotinib for Metastatic NSCLC

Press Release – February 3, 2021

"The Food and Drug Administration granted accelerated approval to tepotinib for adult patients with metastatic non-small cell lung cancer (NSCLC) harboring mesenchymal-epithelial transition (MET) exon 14 skipping alterations.

Efficacy was demonstrated in the VISION trial (NCT02864992), a multicenter, non-randomized, open-label, multicohort study enrolling 152 patients with advanced or metastatic NSCLC with MET exon 14 skipping alterations. Patients received tepotinib 450 mg orally once daily until disease progression or unacceptable toxicity."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-tepotinib-metastatic-non-small-cell-lung-cancer

RTP RESEARCH TO PRACTICE

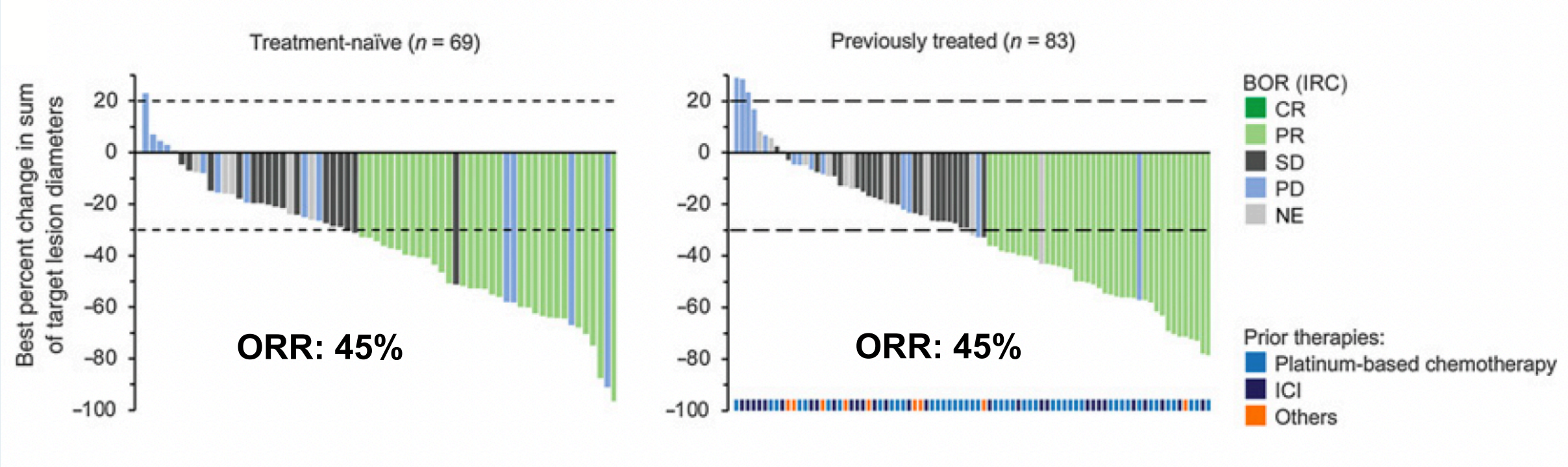
CLINICAL CANCER RESEARCH | CLINICAL TRIALS: TARGETED THERAPY

Tepotinib Efficacy and Safety in Patients with *MET* Exon 14 Skipping NSCLC: Outcomes in Patient Subgroups from the VISION Study with Relevance for Clinical Practice

Xiuning Le[1], Hiroshi Sakai[2], Enriqueta Felip[3], Remi Veillon[4], Marina Chiara Garassino[5,6], Jo Raskin[7], Alexis B. Cortot[8], Santiago Viteri[9], Julien Mazieres[10], Egbert F. Smit[11], Michael Thomas[12], Wade T. Iams[13], Byoung Chul Cho[14], Hye Ryun Kim[14], James Chih-Hsin Yang[15], Yuh-Min Chen[16], Jyoti D. Patel[17], Christine M. Bestvina[18], Keunchil Park[19], Frank Griesinger[20], Melissa Johnson[21], Maya Gottfried[22], Christian Britschgi[23], John Heymach[1], Elif Sikoglu[24], Karin Berghoff[25], Karl-Maria Schumacher[26], Rolf Bruns[27], Gordon Otto[26], and Paul K. Paik[28,29]

***Clin Cancer Res* 2022;28(6):1117-26.**

VISION: Tepotinib in Advanced NSCLC with MET Exon 14 Skipping Mutations



Le X et al. *Clin Cancer Res* 2022;28(6):1117-26.

RTP RESEARCH TO PRACTICE

VISION: Treatment-Related Adverse Events with Tepotinib

Adverse events	Cohorts A + C (N = 255)	
	Any grade	Grade 3/4
Peripheral edema	54%	8%
Nausea	20%	<1%
Diarrhea	20%	<1%
Blood creatinine increase	18%	<1%
Hypoalbuminemia	15%	2%
ALT increase	9%	2%
Decreased appetite	8%	<1%
Amylase increase	8%	2%

6 confirmed ILD-like events were reported

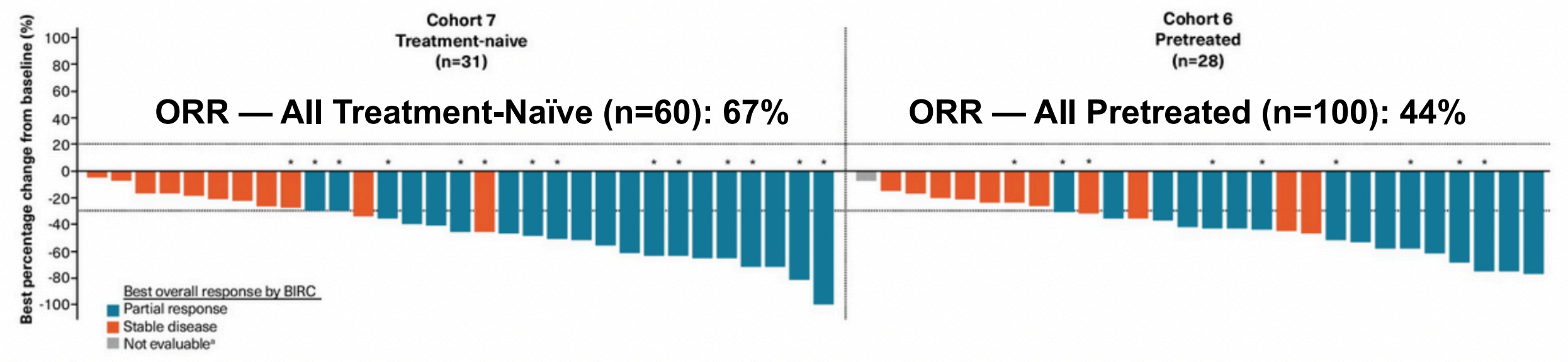
Le X et al. *Clin Cancer Res* 2022;28(6):1117-26.

Capmatinib in *MET* Exon 14-Mutated, Advanced NSCLC: Updated Results from the GEOMETRY mono-1 Study

Wolf J et al.

ASCO 2021;Abstract 9020.

GEOMETRY mono-1: Overall Response Rates (Cohorts 7 and 6)



Wolf J et al. ASCO 2021;Abstract 9020.

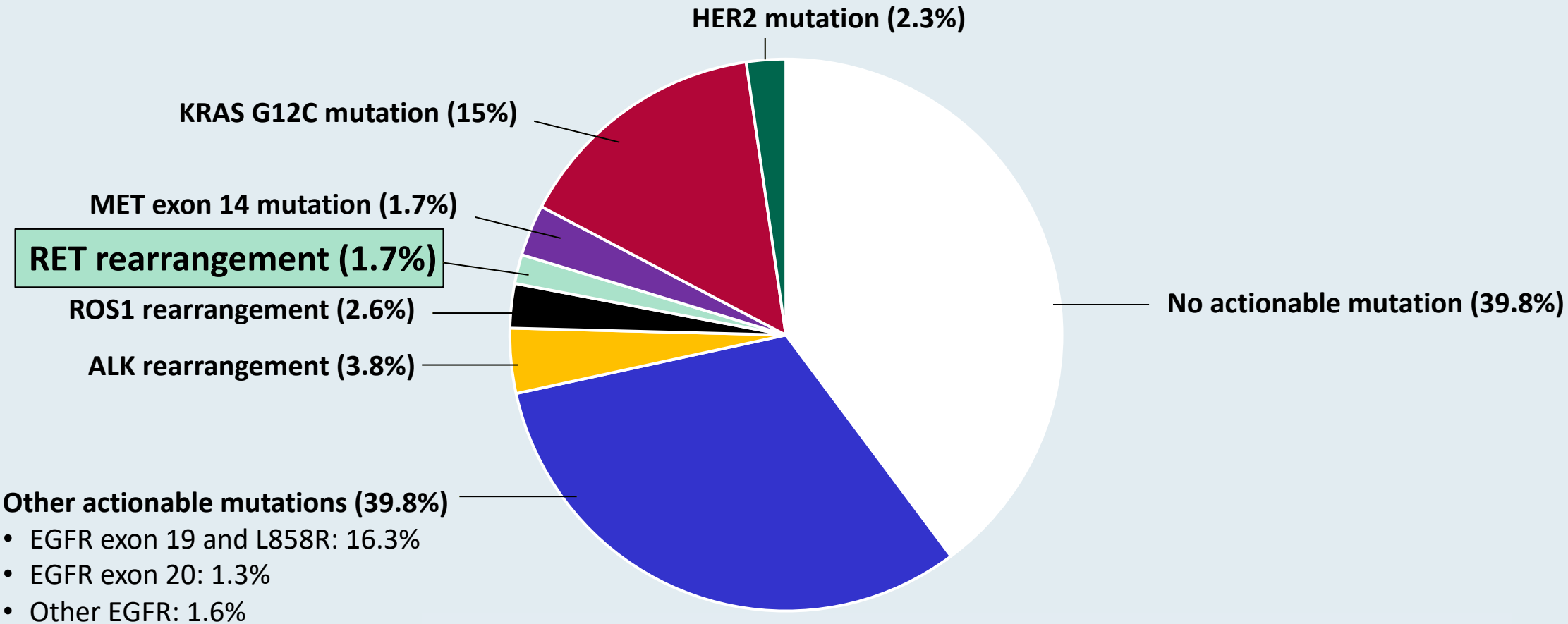
RTP RESEARCH TO PRACTICE

GEOMETRY mono-1: Most Common Adverse Events (Cohorts 7 and 6)

Adverse event	Cohort 7 — Treatment naïve N = 32		Cohort 6 — Second line N = 31	
	Any grade	Grade 3/4	Any grade	Grade 3/4
Peripheral edema	72%	13%	71%	13%
Nausea	44%	0	32%	3%
Vomiting	15%	3%	26%	0
Increase blood creatinine	31%	0	29%	0
Dyspnea	6%	3%	10%	0
Fatigue	19%	0	29%	0
Decreased appetite	16%	3%	16%	0

Wolf J et al. ASCO 2021;Abstract 9020.

Frequency of Targetable Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung



Other actionable mutations (39.8%)

- EGFR exon 19 and L858R: 16.3%
- EGFR exon 20: 1.3%
- Other EGFR: 1.6%
- Other KRAS: 10.3%
- BRAF V600E: 2.1%
- NTRK rearrangement: 0.23%

Derived from Tan AC et al. *J Clin Oncol* 2022;40:611-625.

RTP RESEARCH TO PRACTICE

Lancet Oncol 2021;22(7):959-69.

Pralsetinib for *RET* fusion-positive non-small-cell lung cancer (ARROW): a multi-cohort, open-label, phase 1/2 study

Justin F Gainor, Giuseppe Curigliano, Dong-Wan Kim, Dae Ho Lee, Benjamin Besse, Christina S Baik, Robert C Doebele, Philippe A Cassier, Gilberto Lopes, Daniel S W Tan, Elena Garralda, Luis G Paz-Ares, Byoung Chul Cho, Shirish M Gadgeel, Michael Thomas, Stephen V Liu, Matthew H Taylor, Aaron S Mansfield, Viola W Zhu, Corinne Clifford, Hui Zhang, Michael Palmer, Jennifer Green, Christopher D Turner, Vivek Subbiah

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 AUGUST 27, 2020 VOL. 383 NO. 9

Efficacy of Selpercatinib in *RET* Fusion–Positive Non–Small-Cell Lung Cancer

A. Drilon, G.R. Oxnard, D.S.W. Tan, H.H.F. Loong, M. Johnson, J. Gainor, C.E. McCoach, O. Gautschi, B. Besse, B.C. Cho, N. Peled, J. Weiss, Y.-J. Kim, Y. Ohe, M. Nishio, K. Park, J. Patel, T. Seto, T. Sakamoto, E. Rosen, M.H. Shah, F. Barlesi, P.A. Cassier, L. Bazhenova, F. De Braud, E. Garralda, V. Velcheti, M. Satouchi, K. Ohashi, N.A. Pennell, K.L. Reckamp, G.K. Dy, J. Wolf, B. Solomon, G. Falchook, K. Ebata, M. Nguyen, B. Nair, E.Y. Zhu, L. Yang, X. Huang, E. Olek, S.M. Rothenberg, K. Goto, and V. Subbiah

Pivotal Studies of Selpercatinib and Pralsetinib for Advanced NSCLC with RET Fusion

	Selpercatinib[1]	Pralesetinib[2]
Pivotal study	LIBRETTO-001 Phase I/II (N = 105)	ARROW Phase I/II (N = 233)
FDA approval	May 8, 2020	September 4, 2020
Setting	Previous platinum-based chemotherapy and previously untreated	Previous platinum-based chemotherapy and previously untreated
ORR	64%	61%
Median duration of response	17.5 months	Not reached
Common Grade ≥3 adverse events	Hypertension (14%) Increased ALT (12%) and AST (10%) Hyponatremia (6%) Lymphopenia (6%)	Neutropenia (18%) Hypertension (11%) Anemia (10%) Decreased WBC (6%)

[1] Drilon A et al. *N Engl J Med* 2020;383(9):813-24. [2] Gainor JF et al. *Lancet Oncol* 2021;22(7):959-69.

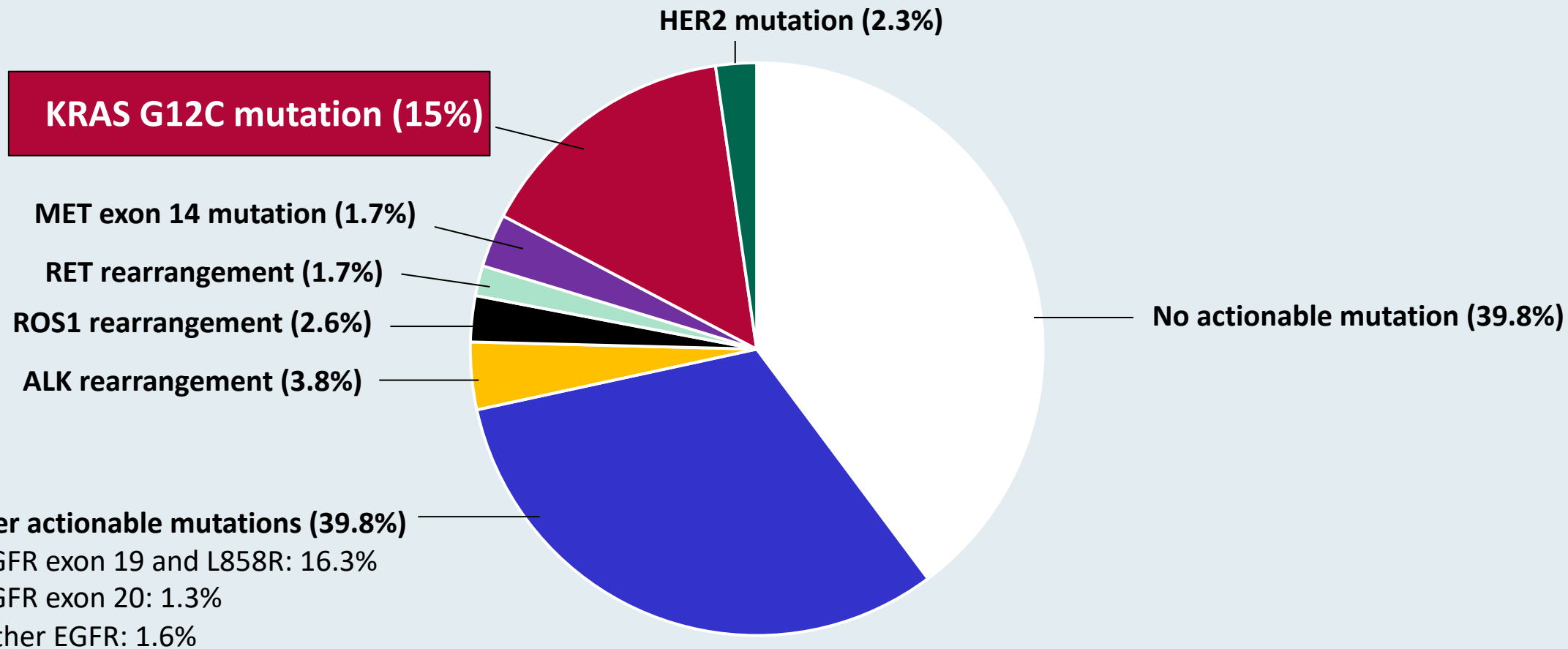
RTP RESEARCH TO PRACTICE

Ongoing Phase III Trials of Selpercatinib or Pralsetinib for NSCLC with RET Fusion

Trial identifier	Setting	Treatment arms
LIBRETTO-431 (NCT04194944)	Untreated Stage IIIB-IIIC or Stage IV non-squamous NSCLC that is not suitable for radical surgery or radiation therapy	• Selpercatinib • Pemetrexed and platinum with or without pembrolizumab
LIBRETTO-432 (NCT04819100)	Stage IB, II or IIIA NSCLC after definitive locoregional therapy	• Selpercatinib • Placebo
AcceleRET-Lung (NCT04222972)	Locally advanced or metastatic NSCLC that has not been treated with systemic anticancer therapy for metastatic disease	• Pralsetinib • Platinum-based chemotherapy (with or without pembrolizumab)
NCT05170204	Unresectable Stage III NSCLC	Cohort A3 • Pralsetinib • Durvalumab

www.clinicaltrials.gov; Accessed March 2022.

Frequency of Targetable Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung



Other actionable mutations (39.8%)

- EGFR exon 19 and L858R: 16.3%
- EGFR exon 20: 1.3%
- Other EGFR: 1.6%
- Other KRAS: 10.3%
- BRAF V600E: 2.1%
- NTRK rearrangement: 0.23%

Derived from Tan AC et al. *J Clin Oncol* 2022;40(6):611-25.

RTP RESEARCH TO PRACTICE

FDA Grants Accelerated Approval to Sotorasib for NSCLC with KRAS G12C Mutation

Press Release – May 28, 2021

"The Food and Drug Administration granted accelerated approval to sotorasib, a RAS GTPase family inhibitor, for adult patients with KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA-approved test, who have received at least one prior systemic therapy.

FDA also approved the QIAGEN therascreen® KRAS RGQ PCR kit (tissue) and the Guardant360® CDx (plasma) as companion diagnostics for sotorasib. If no mutation is detected in a plasma specimen, the tumor tissue should be tested.

Approval was based on CodeBreaK 100, a multicenter, single-arm, open label clinical trial (NCT03600883) which included patients with locally advanced or metastatic NSCLC with KRAS G12C mutations. Efficacy was evaluated in 124 patients whose disease had progressed on or after at least one prior systemic therapy. Patients received sotorasib 960 mg orally daily until disease progression or unacceptable toxicity."

https://www.fda.gov/drugs/resources-information-approved-drugs/fda-grants-accelerated-approval-sotorasib-kras-g12c-mutated-nsclc

RTP RESEARCH TO PRACTICE

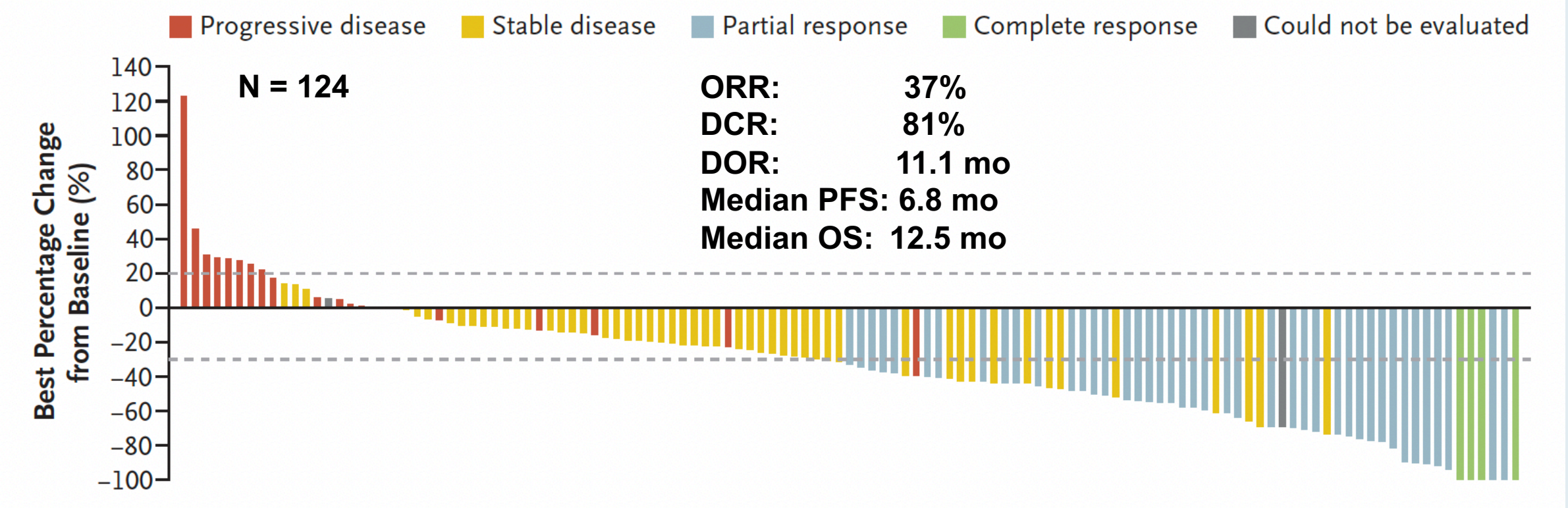
The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 JUNE 24, 2021 VOL. 384 NO. 25

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

F. Skoulidis, B.T. Li, G.K. Dy, T.J. Price, G.S. Falchook, J. Wolf, A. Italiano, M. Schuler, H. Borghaei, F. Barlesi, T. Kato, A. Curioni-Fontecedro, A. Sacher, A. Spira, S.S. Ramalingam, T. Takahashi, B. Besse, A. Anderson, A. Ang, Q. Tran, O. Mather, H. Henary, G. Ngarmchamnanrith, G. Friberg, V. Velcheti, and R. Govindan

CodeBreaK 100: Sotorasib for Previously Treated Metastatic NSCLC with KRAS p.G12C Mutation

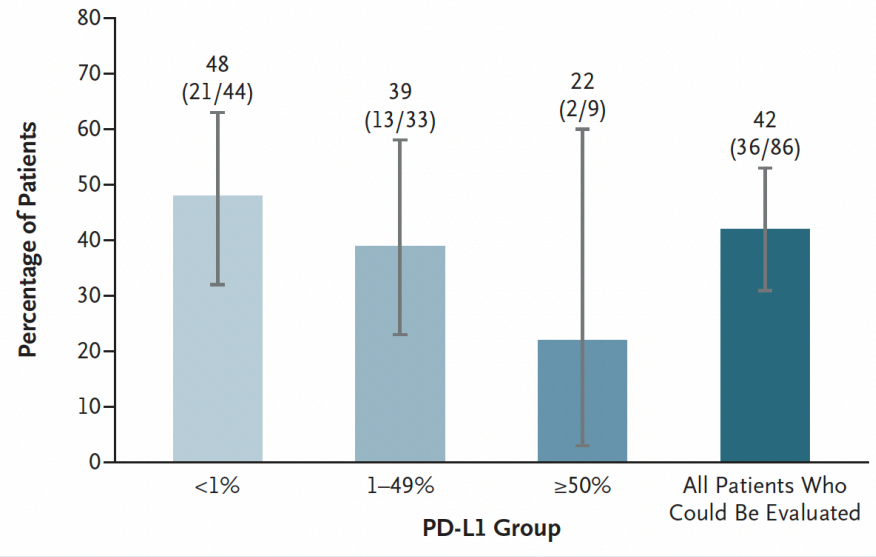


Skoulidis F et al. *N Engl J Med* 2021;384(25):2371-81.

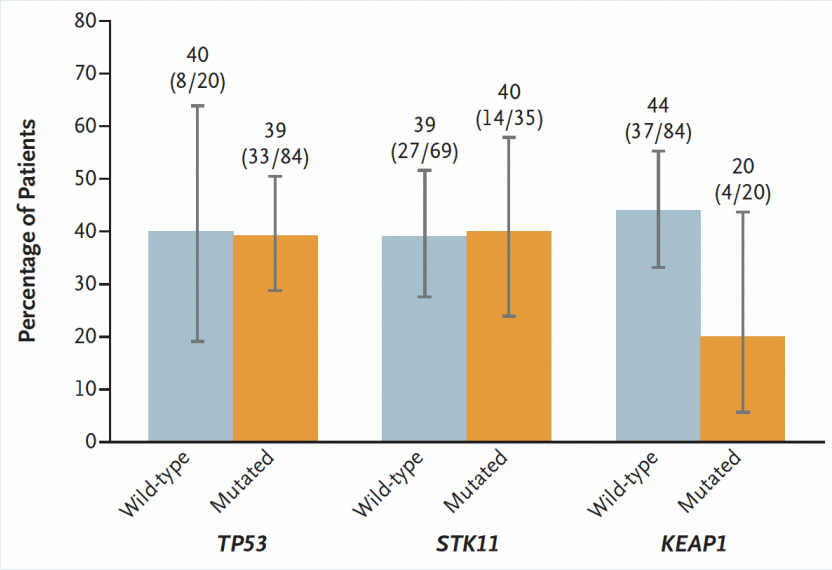
RTP RESEARCH TO PRACTICE

CodeBreaK 100: Exploratory Biomarker Analyses

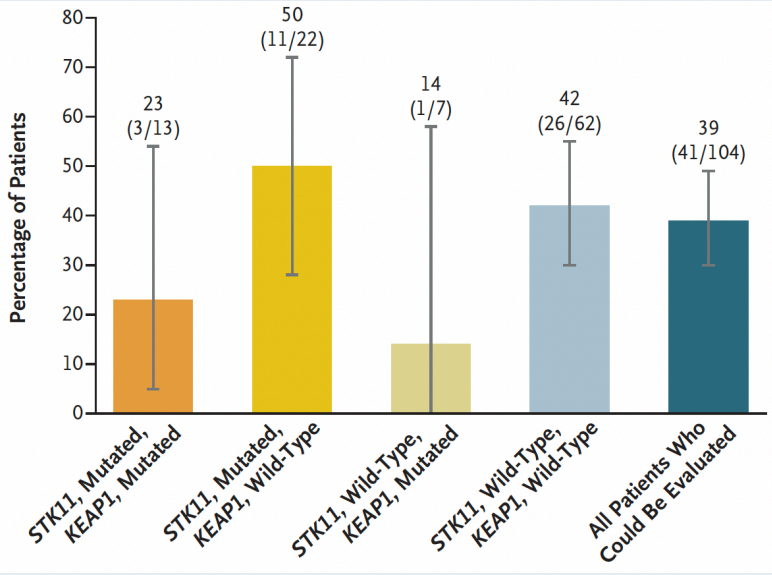
Response According to PD-L1 Expression Level



Response According to Co-occurring Mutations in TP53, STK11 and KEAP1



Response According to Mutational Status in Both STK11 and KEAP1



Skoulidis F et al. *N Engl J Med* 2021;384(25):2371-81.

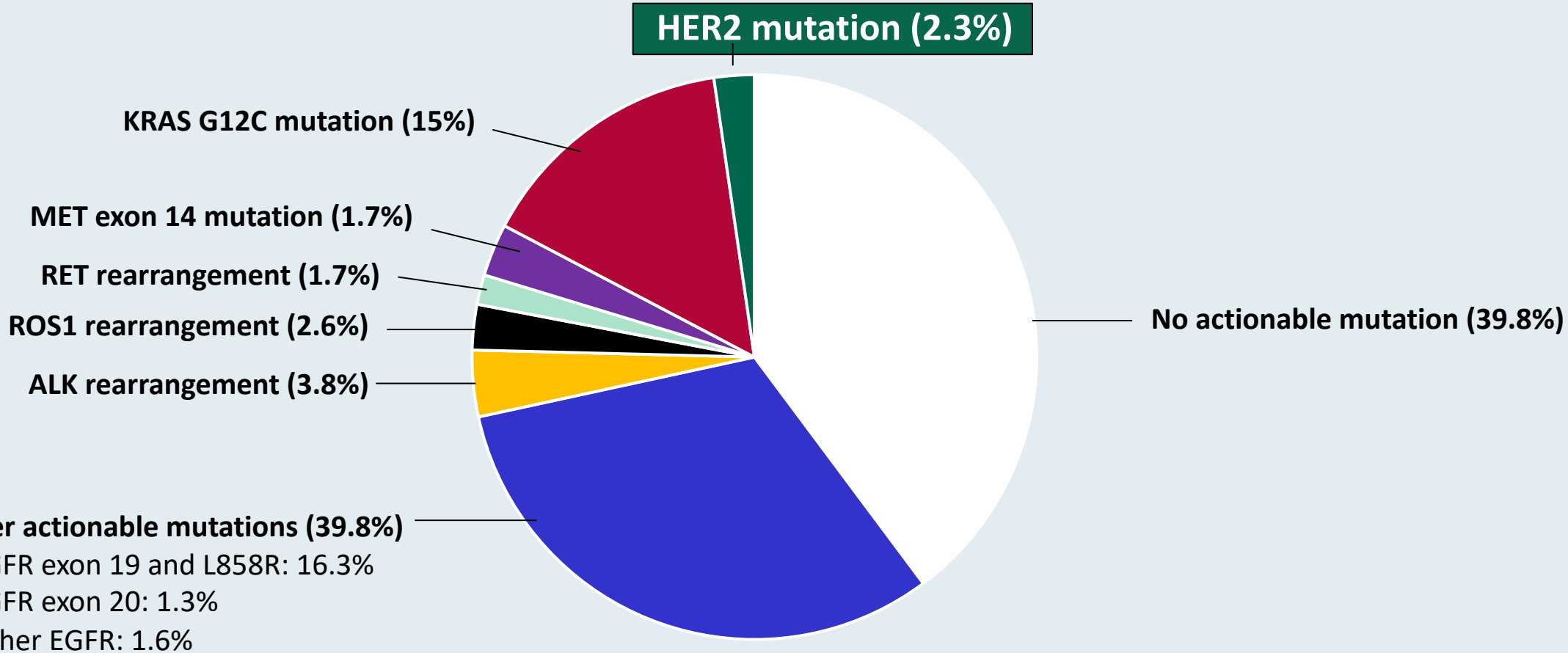
RTP RESEARCH TO PRACTICE

CodeBreaK 100: Adverse Events

Adverse event	Any grade	Grade ≥3
Discontinuation due to AE	7%	4%
Dose modification due to AE	22%	16%
Diarrhea	32%	4%
Nausea	19%	0
ALT increase	15%	6%
AST increase	15%	6%
Fatigue	11%	0
Vomiting	8%	0

Skoulidis F et al. *N Engl J Med* 2021;384(25):2371-81.

Frequency of Targetable Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung



- EGFR exon 19 and L858R: 16.3%
- EGFR exon 20: 1.3%
- Other EGFR: 1.6%
- Other KRAS: 10.3%
- BRAF V600E: 2.1%
- NTRK rearrangement: 0.23%

Derived from Tan AC et al. *J Clin Oncol* 2022;40:611-25.

RTP RESEARCH TO PRACTICE

N Engl J Med 2022;386(3):241-51.

The NEW ENGLAND JOURNAL of MEDICINE

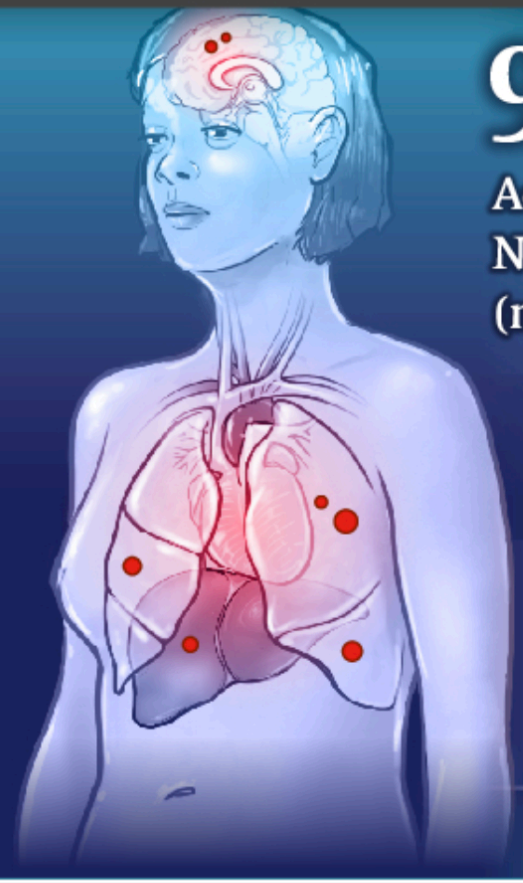
ORIGINAL ARTICLE

Trastuzumab Deruxtecan in *HER2*-Mutant Non–Small-Cell Lung Cancer

Bob T. Li, M.D., Ph.D., M.P.H., Egbert F. Smit, M.D., Ph.D., Yasushi Goto, M.D., Ph.D., Kazuhiko Nakagawa, M.D., Hibiki Udagawa, M.D., Julien Mazières, M.D., Misako Nagasaka, M.D., Ph.D., Lyudmila Bazhenova, M.D., Andreas N. Saltos, M.D., Enriqueta Felip, M.D., Ph.D., Jose M. Pacheco, M.D., Maurice Pérol, M.D., Luis Paz-Ares, M.D., Kapil Saxena, M.D., Ryota Shiga, B.Sc., Yingkai Cheng, M.D., Ph.D., Suddhasatta Acharyya, Ph.D., Patrik Vitazka, M.D., Ph.D., Javad Shahidi, M.D., David Planchard, M.D., Ph.D., and Pasi A. Jänne, M.D., Ph.D., for the DESTINY-Lung01 Trial Investigators*

DESTINY-Lung01 Study

MULTICENTER, INTERNATIONAL, PHASE 2 STUDY



91

Adults with metastatic *HER2*-mutant NSCLC refractory to standard treatment (median follow-up, 13 mo)

Confirmed objective response (assessed by independent central review)	55% (95% CI, 44–65)
Duration of response	9.3 mo
Progression-free survival	8.2 mo
Overall survival	17.8 mo

Grade 3 or higher drug-related adverse events occurred in 46% of patients.

Trastuzumab deruxtecan showed durable anticancer activity.

Li BT et al. *N Engl J Med* 2022;386(3):241-51.

DESTINY-Lung01: Summary of Adverse Events and AEs of Clinical Interest

Event	N = 91
Discontinued due to AEs	25%
Dose reduction due to AEs	34%
Dose interruption due to AEs	32%
Drug-related interstitial lung disease (ILD)	26% (N = 24)
Grade 1	3 pts
Grade 2	15 pts
Grade 3	4 pts
Grade 5	2 pts
Median time to onset of ILD	141 days
Median duration of ILD	43 days

Li BT et al. *N Engl J Med* 2022;386(3):241-51.

RTP RESEARCH TO PRACTICE

DESTINY-Lung01: Common Adverse Events (N = 91)

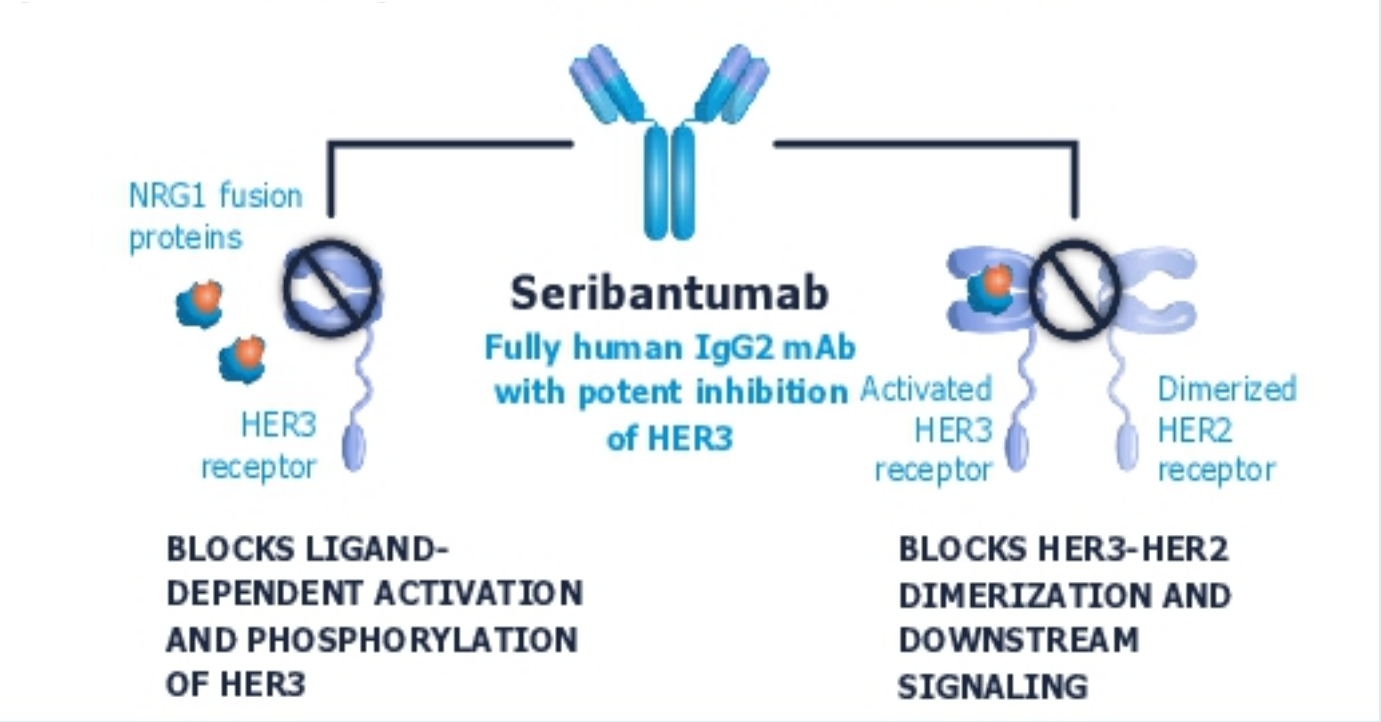
Event	Any grade	Grade ≥3
Nausea	73%	9%
Fatigue	53%	7%
Alopecia	46%	0
Vomiting	40%	3%
Neutropenia	35%	18%
Anemia	33%	10%
Diarrhea	32%	3%
Decreased appetite	30%	0
Leukopenia	23%	4%
Constipation	22%	0

Li BT et al. *N Engl J Med* 2022;386(3):241-51.

Other Potential Oncogenic Driver Molecular Alterations in Adenocarcinoma of the Lung

Neuregulin-1 (NRG1) Gene Fusions and Seribantumab Mechanism of Action

- NRG1 gene fusions are rare oncogenic drivers found in 0.2% of solid tumors including lung, colorectal, breast and ovarian
- NRG1 fusion proteins predominantly retain an active EGF-like domain, which drives tumorigenesis and proliferation through aberrant HER3 activation
- Seribantumab is a fully human monoclonal antibody against HER3



Bendell JC et al. 2021 Gastrointestinal Cancers Symposium;Abstract TPS449.

Investigational New Drugs (2021) 39:1604–1612
https://doi.org/10.1007/s10637-021-01145-y

PHASE I STUDIES

Phase 1 dose escalation study of seribantumab (MM-121), an anti-HER3 monoclonal antibody, in patients with advanced solid tumors

Crystal S. Denlinger[1] · Vicki L. Keedy[2] · Victor Moyo[3] · Gavin MacBeath[3] · Geoffrey I. Shapiro[4]

Best Overall Response with and Recommended Phase II Dose of Seribantumab in Advanced Solid Tumors

Best response	Dose escalation (n = 25)	Dose expansion (n = 18)
Overall response	0	0
Complete response	0	0
Partial response	0	0
Stable disease	6 (24%)	7 (39%)
Progressive disease	11 (44%)	8 (44%)

- Most adverse events were transient and mild to moderate (Grade 1 or 2) in severity
- The maximum tolerated dose was not reached in the dose escalation portion, and the 40 mg/kg loading dose followed by 20 mg/kg weekly maintenance dose was considered well tolerated and chosen for the dose expansion portion of the study

Denlinger CS et al. Invest New Drugs 2021 Dec;39(6):1604-1612.

CRESTONE: Ongoing Phase II Study of of Seribantumab in Patients With Neuregulin-1 (NRG1) Fusion-Positive Advanced Solid Tumors

Trial Identifier: NCT04383210 (Open)

Advanced solid tumor with an NRG1 gene fusion

Disease progression on or unresponsive to at least one prior standard therapy appropriate for their tumor type and stage of disease

No further available curative therapy options

No prior pan-ERBB or any ERBB/HER2/HER3 directed therapy (Cohort 1 only)

→ **Seribantumab**
1-h IV infusion at various doses once weekly, every 2 weeks and every 3 weeks, during the induction, consolidation and maintenance dosing phases, respectively

Primary Endpoint: Objective response rate

Patient Cohorts:
Cohort 1: A minimum of 55 adult advanced solid tumor patients harboring NRG1 gene fusions, who have received prior standard treatment, excluding prior ERBB-directed therapy.
Cohort 2: Up to 10 adult advanced solid tumor patients harboring NRG1 gene fusions, who have received prior standard treatment, including prior ERBB-directed therapy
Cohort 3: Up to 10 adult advanced solid tumor patients harboring NRG1 gene fusions lacking an EGF-like domain, who have received prior standard treatment, which may have included prior ERBB-directed therapy

www.clinicaltrials.gov; Accessed April 2022.

RTP RESEARCH TO PRACTICE

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Prostate Cancer

Thursday, April 28, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Kathy D Burns, RN, MSN, AGACNP-BC, OCN
Robert Dreicer, MD, MS
Sandy Srinivas, MD
Ronald Stein, JD, MSN, NP-C, AOCNP

Non-Small Cell Lung Cancer

Thursday, April 28, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Edward B Garon, MD, MS
Kelly EH Goodwin, MSN, RN, ANP-BC
Tara Plues, APRN, MSN
Anne S Tsao, MD, MBA

Ovarian Cancer

Thursday, April 28, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Jennifer Filipi, MSN, NP
Kathleen N Moore, MD, MS
Krishnansu S Tewari, MD
Deborah Wright, MSN, APRN, AGCNS-BC

Hepatobiliary Cancers

Thursday, April 28, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Richard S Finn, MD
Amanda K Wagner, APRN-CNP, AOCNP

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Small Cell Lung Cancer

Friday, April 29, 2022
6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty
Marianne J Davies, DNP, MSN, RN, APRN
Matthew Gubens, MD, MS
Lowell L Hart, MD
Chaely J Medley, MSN, AGNP

Breast Cancer

Friday, April 29, 2022
6:00 PM – 8:00 PM PT (9:00 PM – 11:00 PM ET)

Faculty
Jamie Carroll, APRN, MSN, CNP
Sara A Hurvitz, MD
Kelly Leonard, MSN, FNP-BC
Hope S Rugo, MD

Chronic Lymphocytic Leukemia

Friday, April 29, 2022
12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty
Lesley Camille Ballance, MSN, FNP-BC
Amy Goodrich, CRNP
Anthony R Mato, MD, MSCE
Susan O'Brien, MD

Acute Myeloid Leukemia and Myelodysplastic Syndromes

Friday, April 29, 2022
8:20 PM – 9:20 PM PT (11:20 PM – 12:20 AM ET)

Faculty
Ilene Galinsky, NP
Eunice S Wang, MD

What I Tell My Patients: Expert Insights into Patient Education on New Treatments and Clinical Trial Participation

A Complimentary NCPD Hybrid Symposium Series Held During the 47th Annual ONS Congress

Cervical and Endometrial Cancer

Saturday, April 30, 2022

6:00 AM – 7:30 AM PT (9:00 AM – 10:30 AM ET)

Faculty

Paula J Anastasia, MN, RN, AOCN
Robert L Coleman, MD
David M O'Malley, MD
Jaclyn Shaver, MS, APRN, CNP, WHNP

Bladder Cancer

Saturday, April 30, 2022

12:15 PM – 1:45 PM PT (3:15 PM – 4:45 PM ET)

Faculty

Monica Averia, MSN, AOCNP, NP-C
Shilpa Gupta, MD
Brenda Martone, MSN, NP-BC, AOCNP
Sumanta Kumar Pal, MD

Thank you for joining us!

CME and MOC credit information will be emailed to each participant within 5 business days.

RTP
RESEARCH
TO PRACTICE