



EGFR EXON 20 & ATYPICAL MUTATIONS

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MDA EGFR/HER2 team



Jackie Robichaux, PhD

Preclinical studies of EGFR and HER2 mutations



Monique Nilsson, PhD

EMT, rewiring, beta blockers



Yasir Elamin MD

Exon 20 EGFR and HER2 studies; TKI resistance LCT studies



Xiuning Le, MD, PhD

EGFR, HER2, and MET clinical studies, TKI resistance



Moffitt
Jhanelle Gray

Atypical EGFR mutations

Not shown molecular modeling, drug development investigators: Jason Cross, Paul Leonard, Phil Jones, Shuxing Zhang et al

Landscape of EGFR mutant NSCLC:

~70% classical (or classical+ resistance mutation), 30% atypical mutations including 9% EGFR exon 20 insertions

~ 70% classical (L858R or ex19del). Drugs approved in US:

1st gen: erlotinib, gefitinib

2nd gen: afatinib, dacomitinib

3rd gen: osimertinib

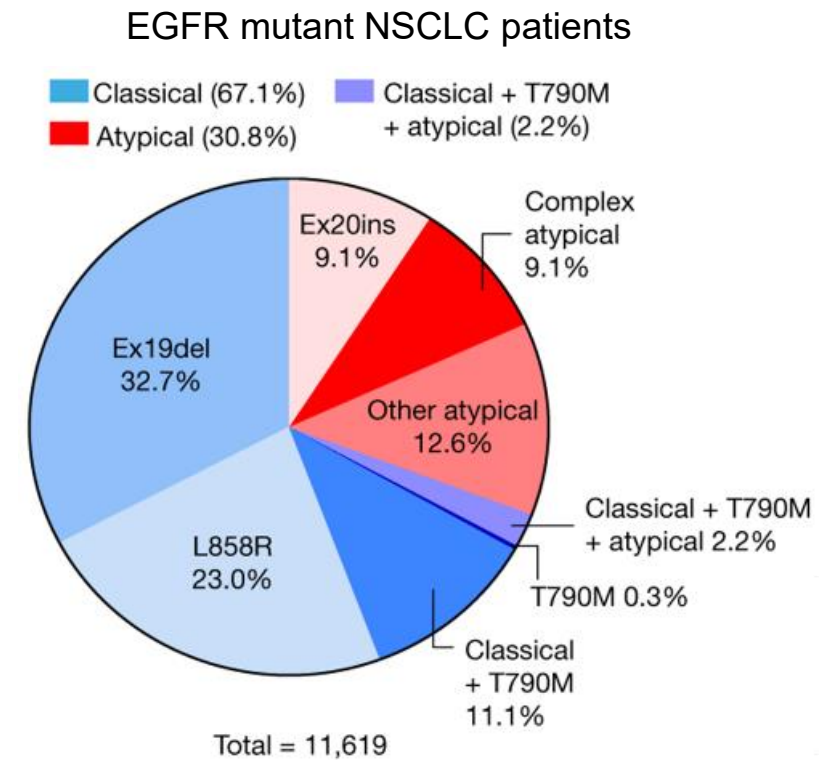
~ 30% atypical EGFR mutations

9% exon20 insertions: amivantamab, mobocertinib (withdrawn)

3 most common atypicals (L861Q, G719X, S768I): afatinib

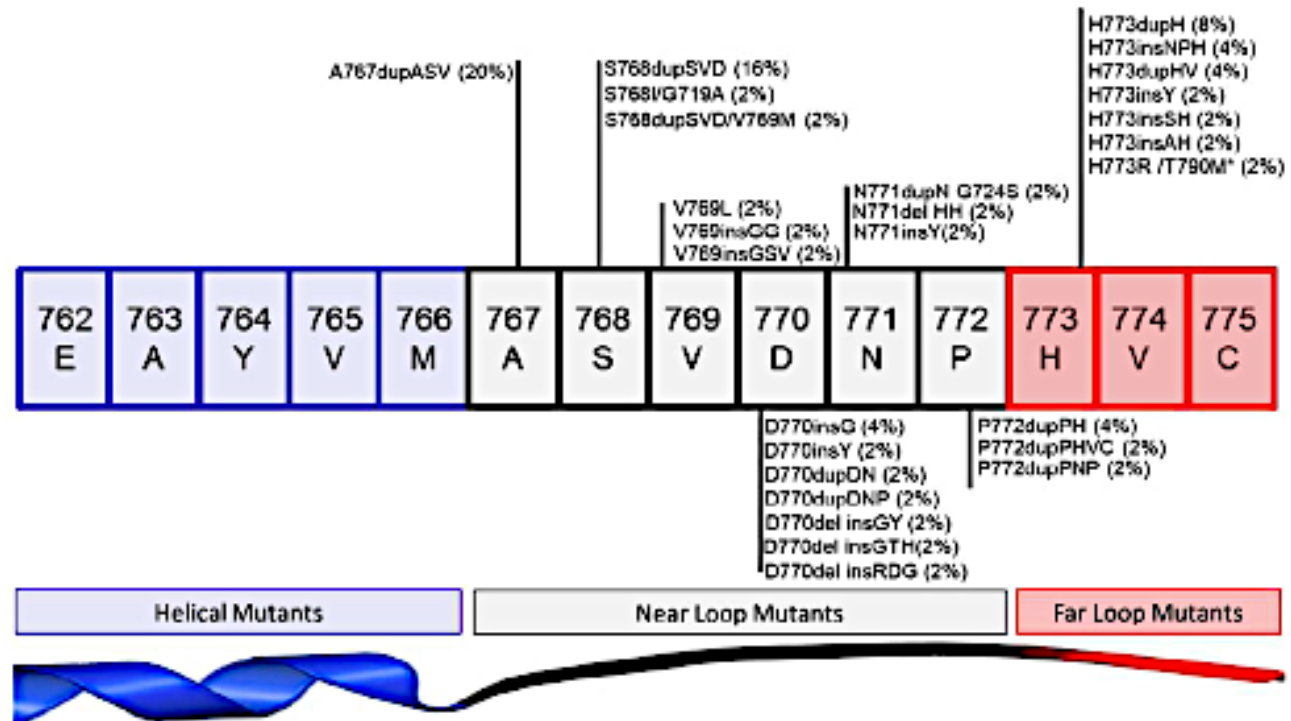
Other atypical mutations (>50): No TKI specifically approved

-clinicians usually try best drug for classical mutations: 3rd gen osimertinib



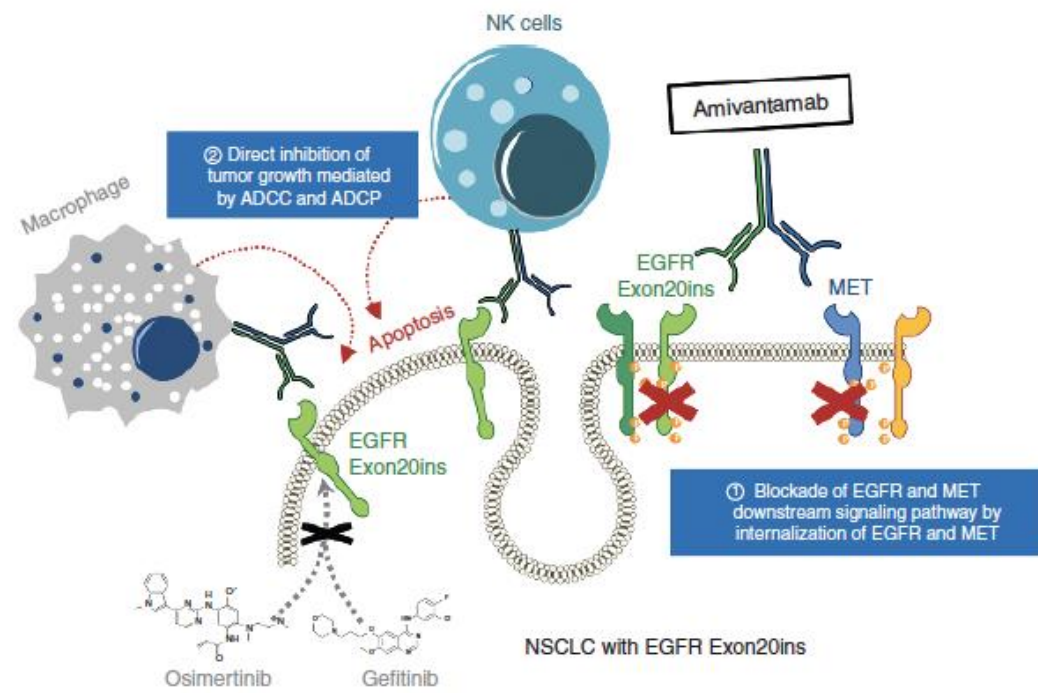
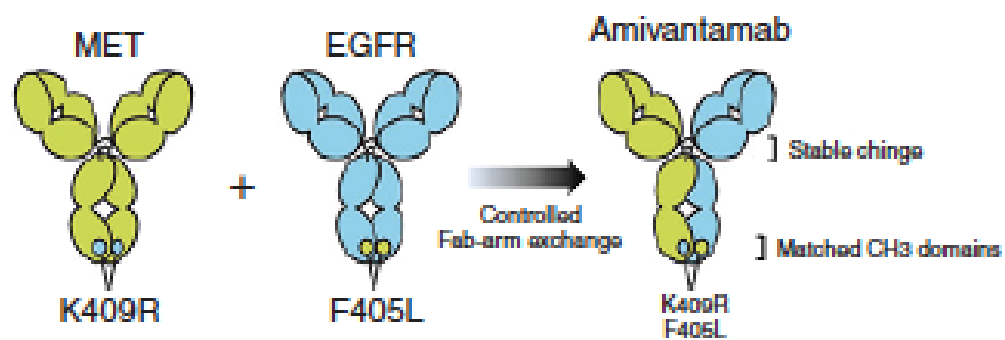
Robichaux et al 2021 Nature

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

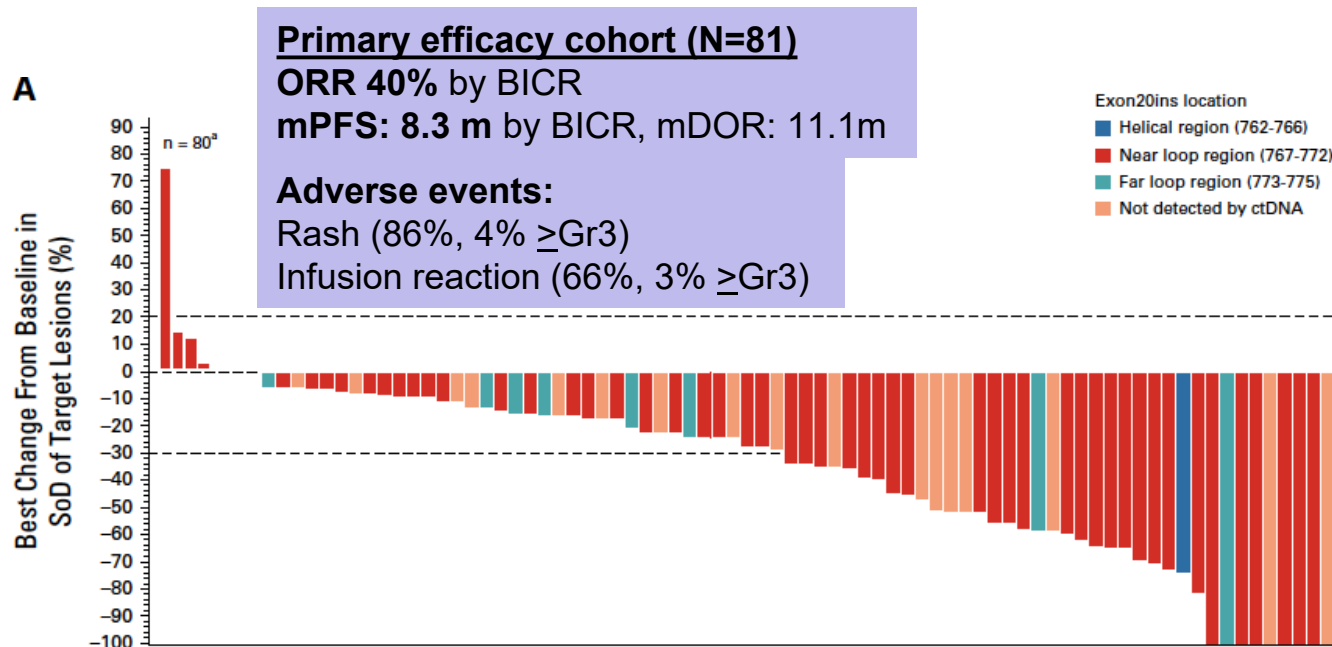


Elamin et al, Cancer Cell 2022

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



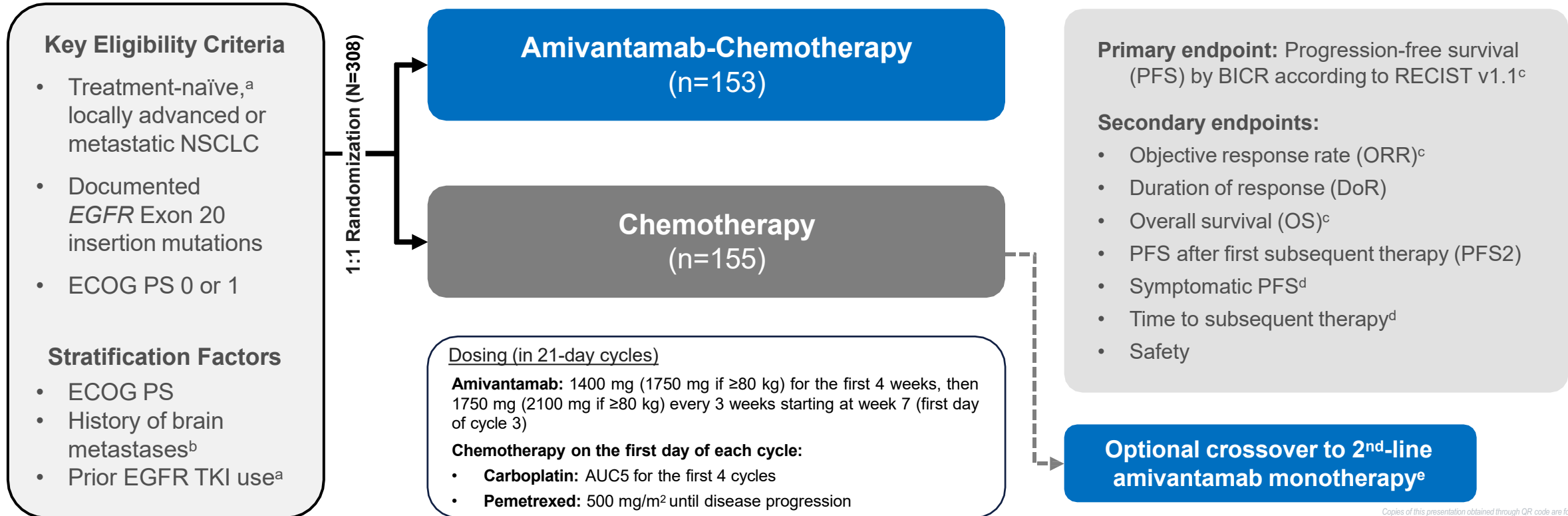
CHRYSALIS: Amivantamab for EGFR exon 20ins NSCLC progressing on prior platinum



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

Park et al, JCO 2021

PAPILLON: Phase 3 Study Design



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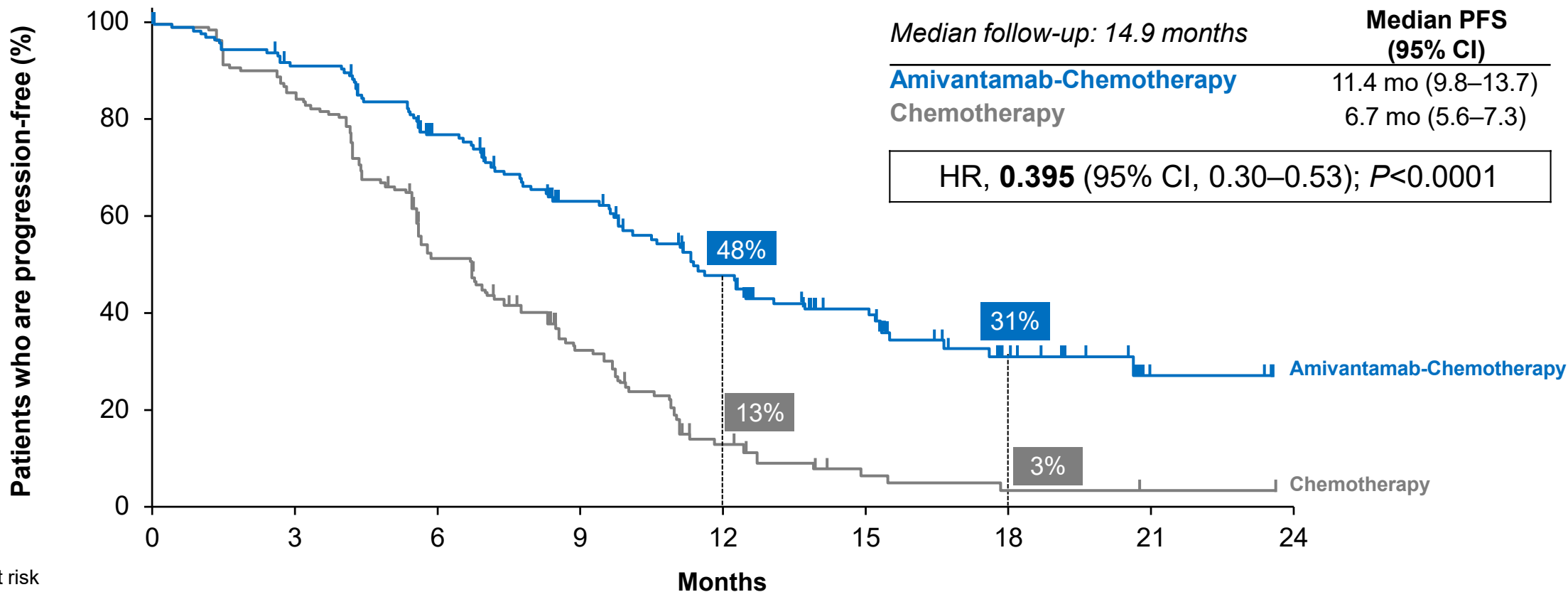
Girard et al, ESMO 2023

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



PAPILLON Primary Endpoint: PFS by BICR

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



Median follow-up: 14.9 months

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

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

No. at risk

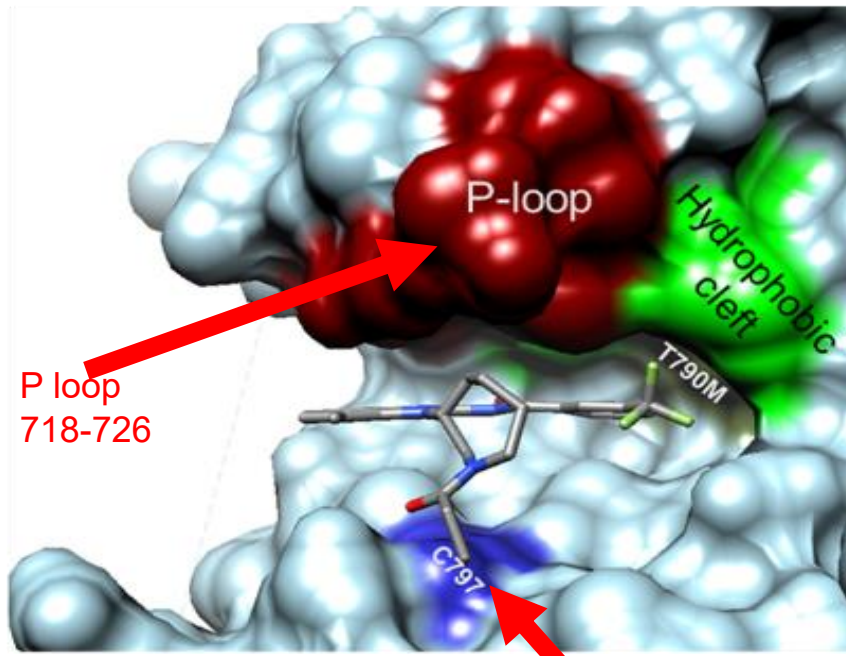
	0	3	6	9	12	15	18	21	24
Amivantamab-Chemotherapy	153	135	105	74	50	33	15	3	0
Chemotherapy	155	131	74	41	14	4	2	1	0

Girard et al, ESMO 2023

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

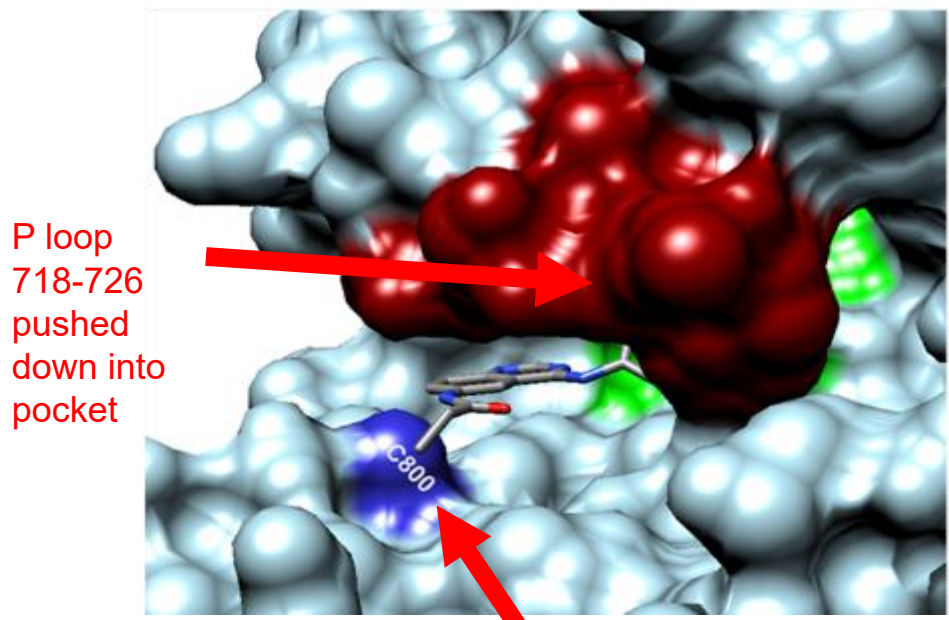
Structural features of classical and exon 20 mutant EGFR: insertion induces steric hindrance

classic EGFR+T790M



C797 (covalent linkage)

Exon 20 "near loop" mutant
D770insNPG



C797 (covalent linkage)

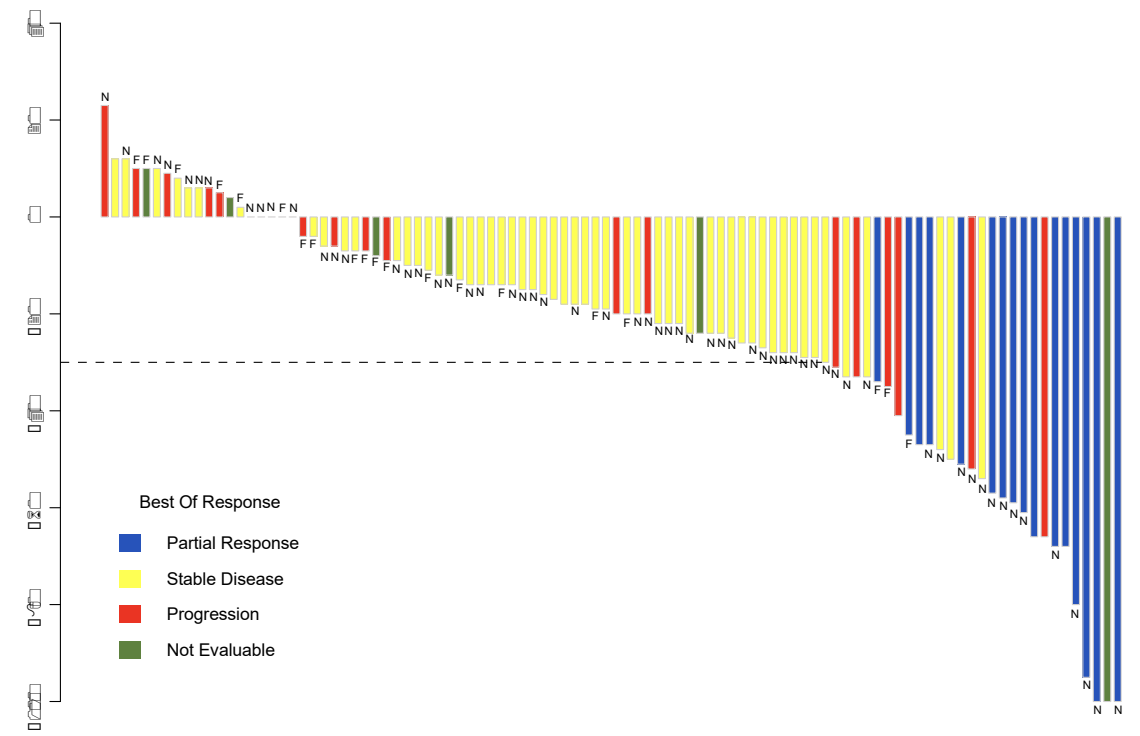
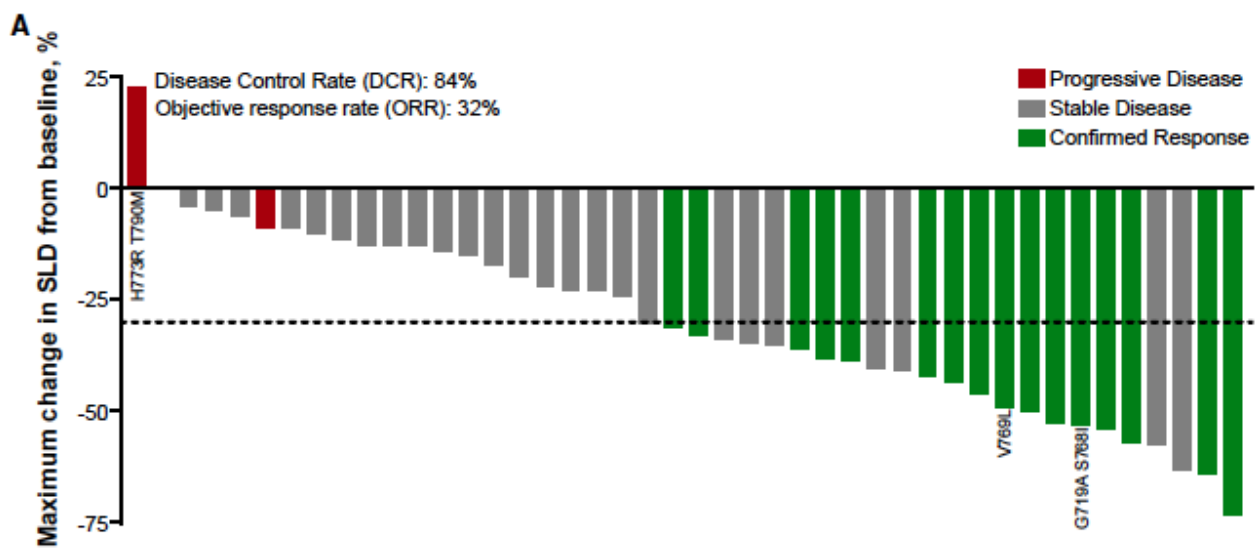
Poziotinib for EGFR exon 20 mutations: MDA study and ZENITH-20 studies

MDA study

ORR 32% (31% by BICR)
 mPFS 5.5 months, mDOR 8.6m
 ≥Gr3 AEs: diarrhea=22%, rash=34%; dose reduction in 72%

ZENITH20 study

ORR 14.8% by BICR
 mPFS 4.2 months

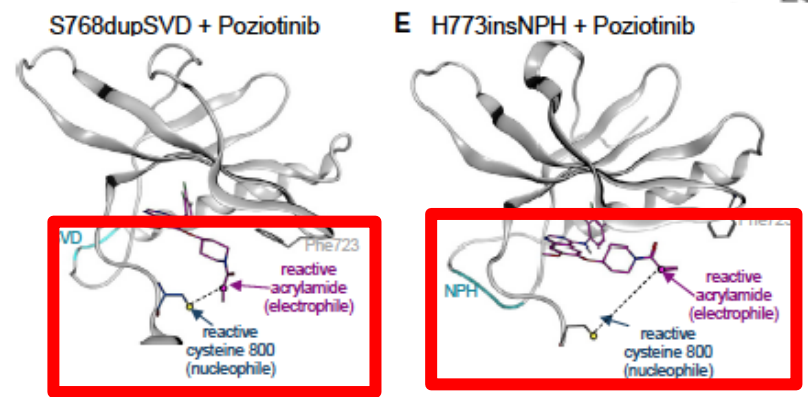
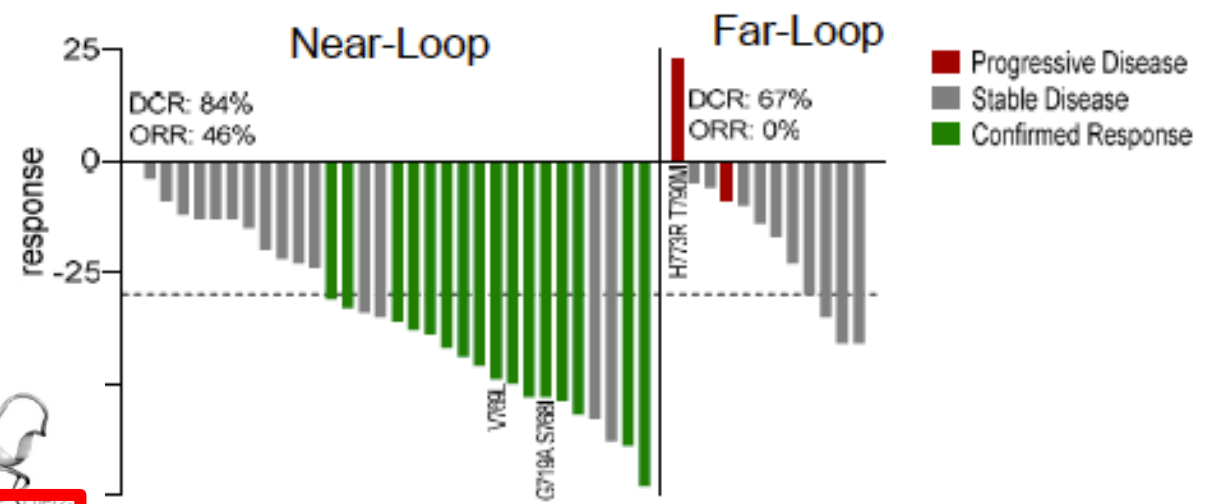
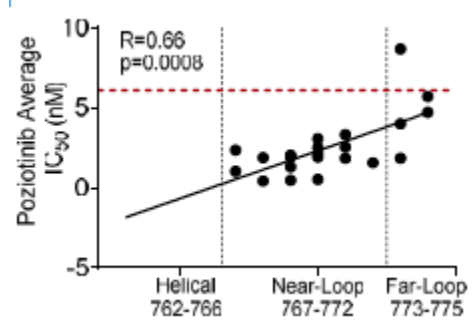


Elamin et al, Cancer Cell 2022; Le et al, Nat Comm, in press

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

Cell lines: near loop <IC50 than far

ORR: Near loop 46% Far loop 0%

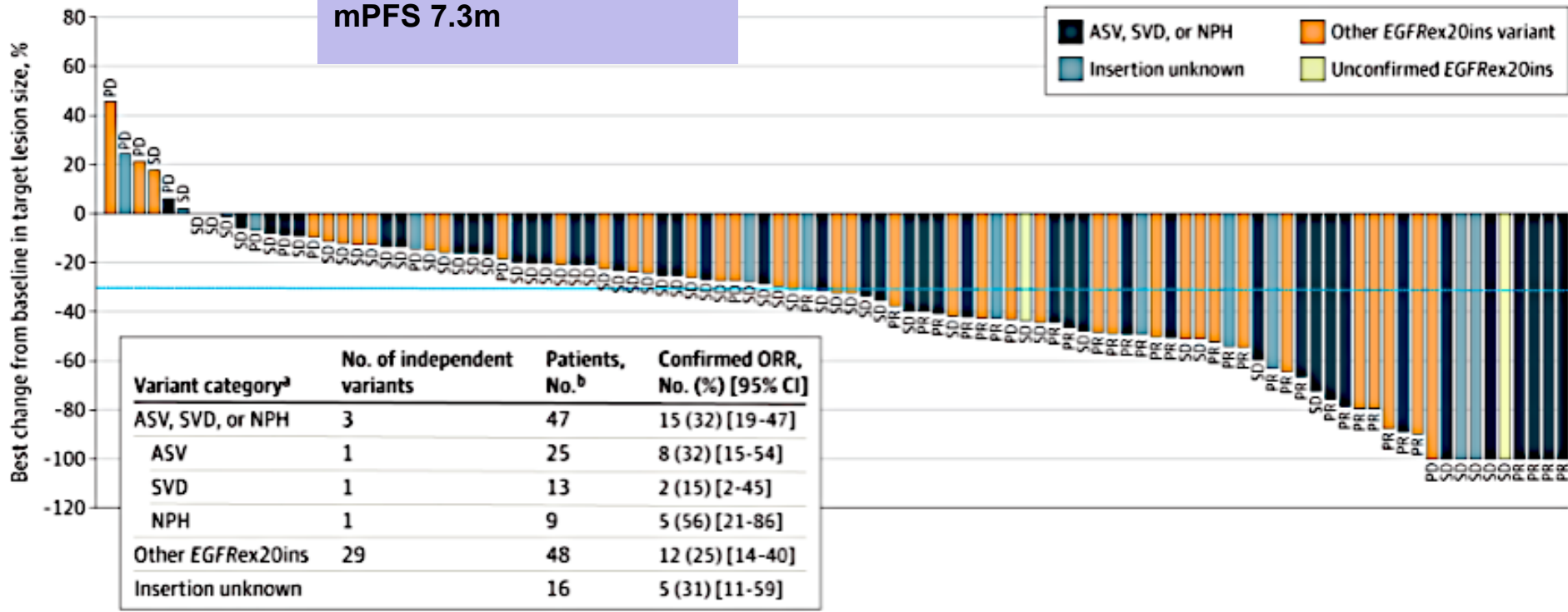


Elamin et al, Cancer Cell 2022



Mobocertinib for EGFR exon 20 mutant NSCLC

confirmed ORR 28%
mPFS 7.3m



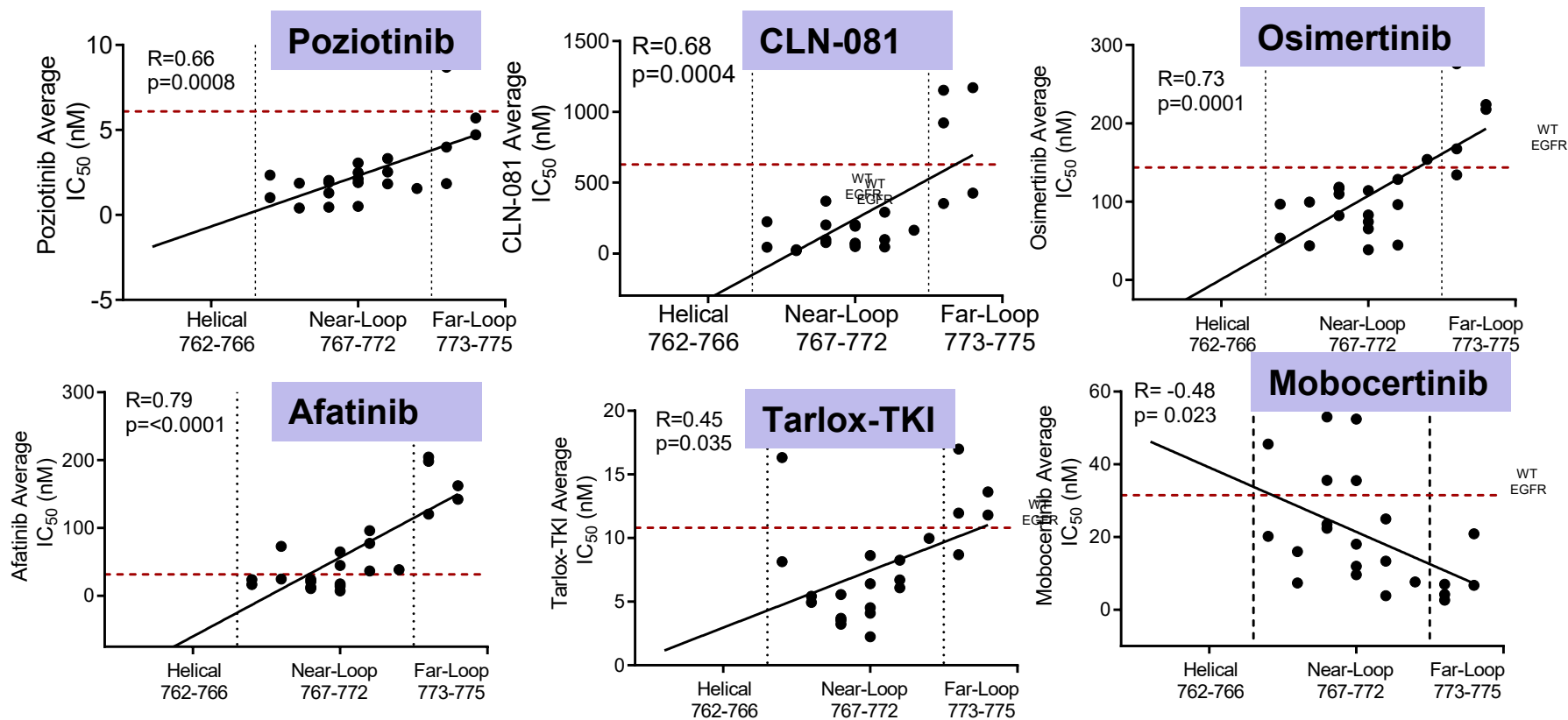
	≥Gr3 (%)	AE (%)
Diarrhea:	21	91

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

October 2, 2023: Takeda announces phase 3 EXCLAIM-2 confirmatory study failed to hit endpoint and drug will be voluntarily withdrawn

Zhou et al JAMA 2021

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

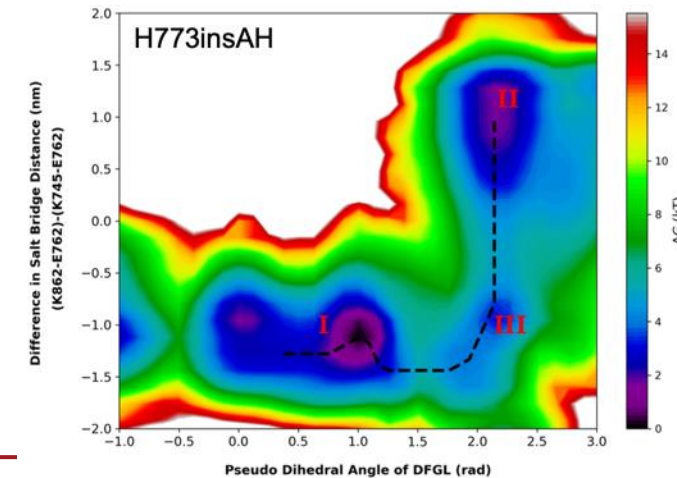
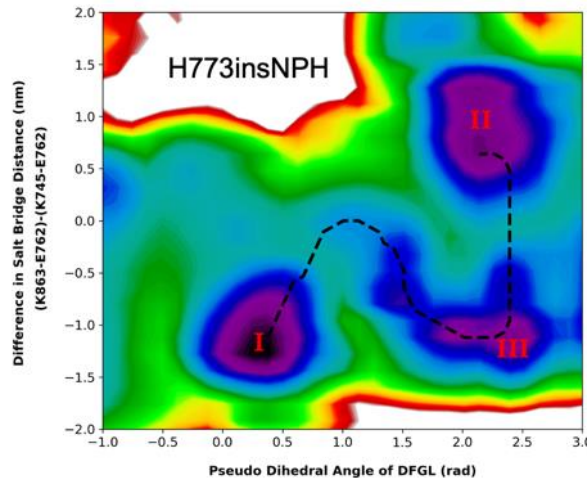
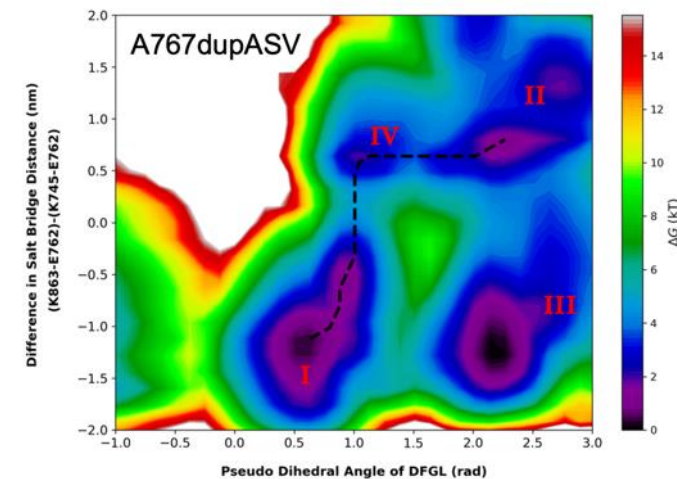
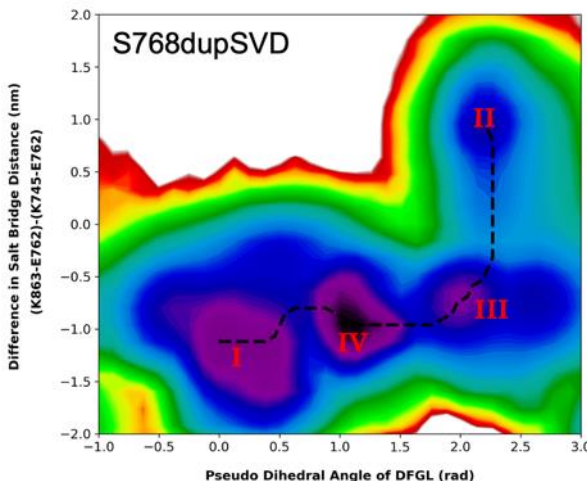
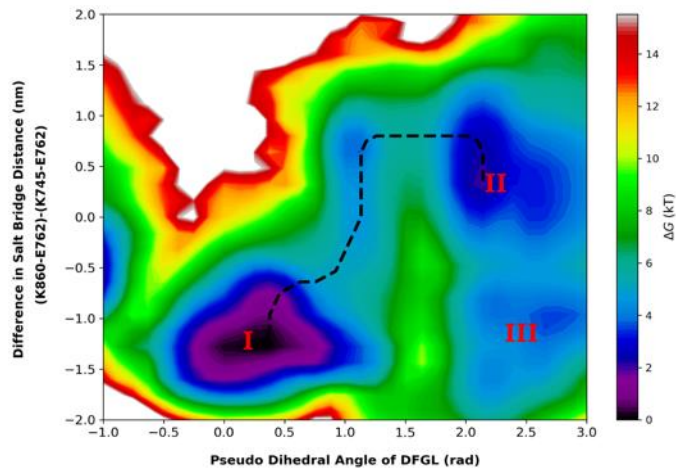


Le et al, in review

Molecular dynamics simulations reveal differences in conformational states and transitions for near-loop vs far-loop insertions

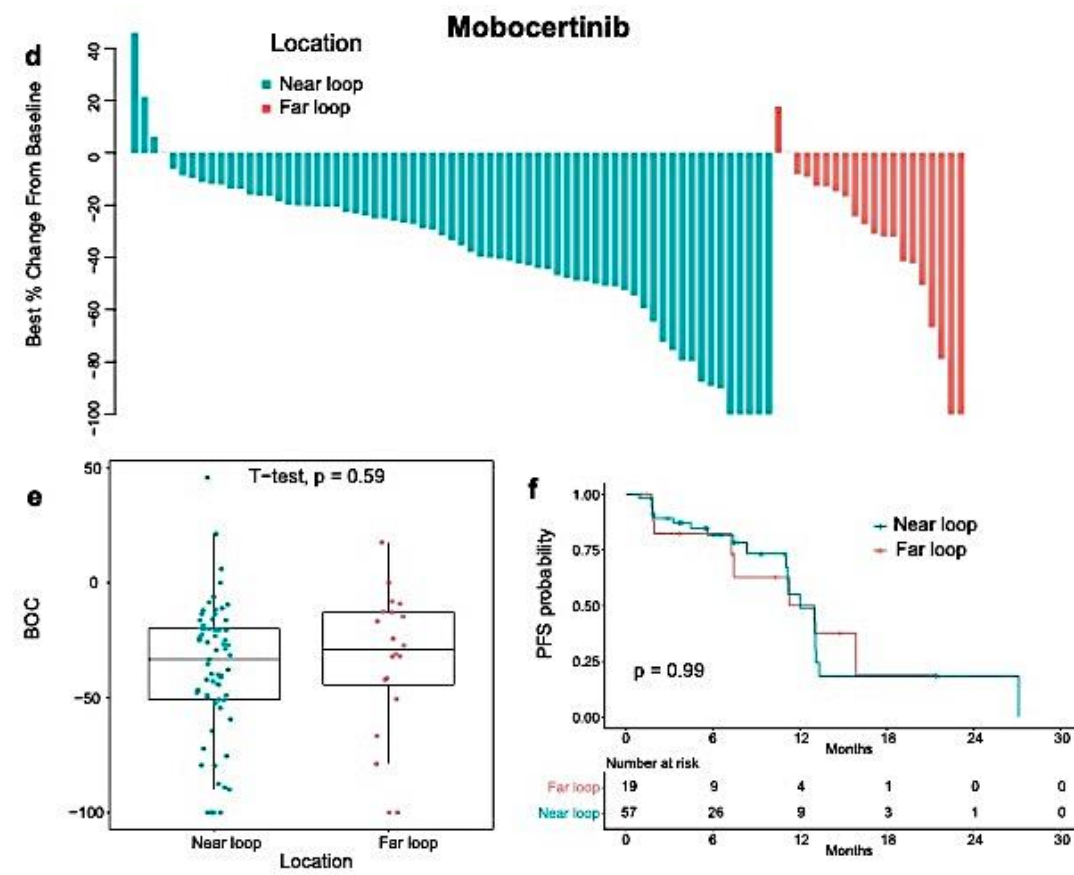
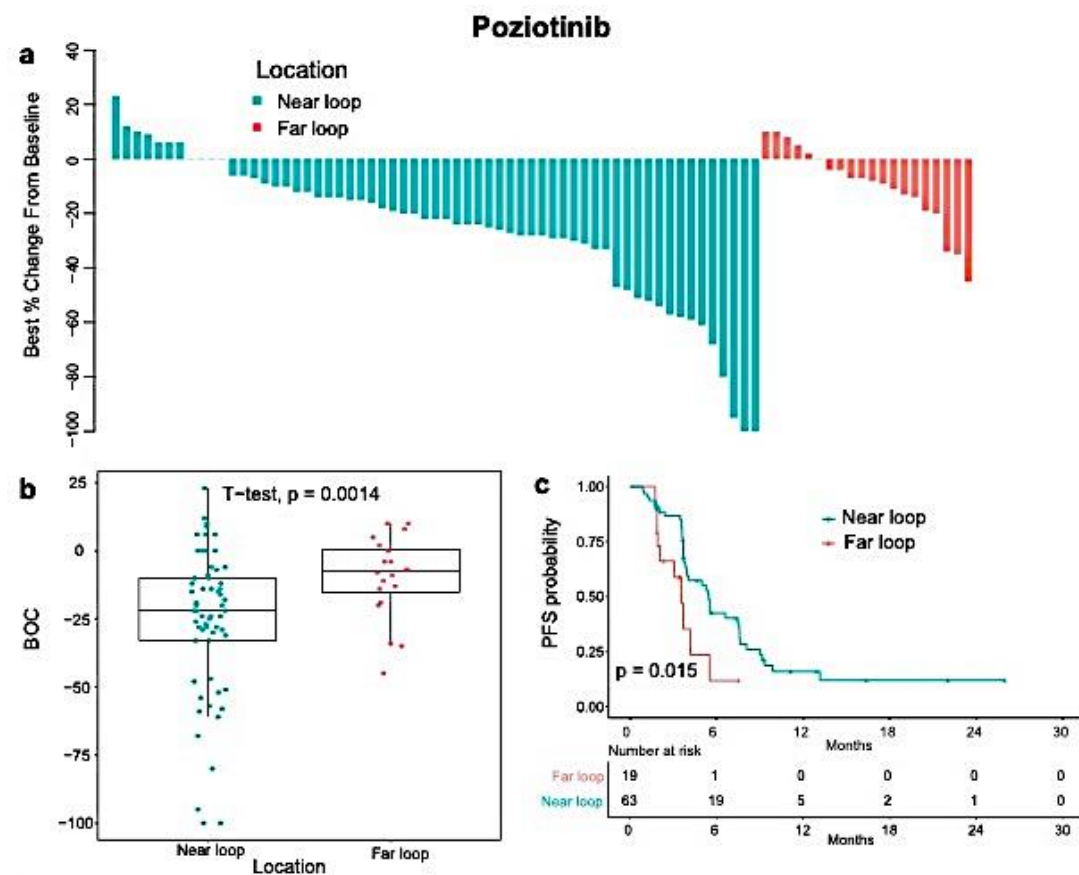
b. Near-loop insertions

a. EGFR WT



A, Ravichandran, J. Lawson et al, NASA Ames Research Center; Le et al, Nat Comm, in press

Differential outcomes for near- vs far-loop mutations: near-loop bias for poziotinib but not mobocertinib

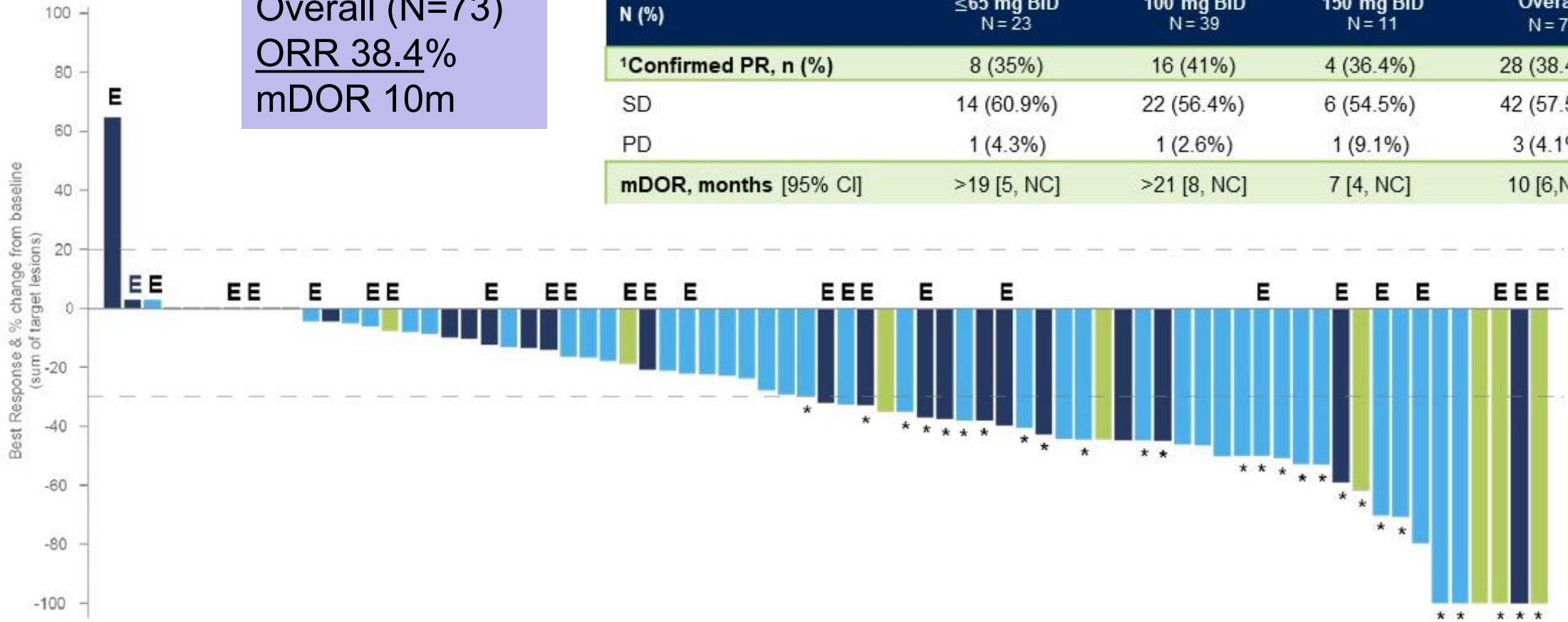


Phase 1/2a Study of CLN-081 in NSCLC Patients with EGFR Exon 20 Insertions



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

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



Yu et al, 2022 ASCO Annual meeting



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

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

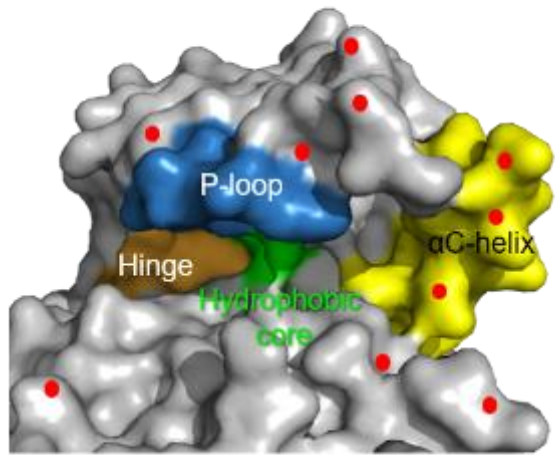
Exon 19
A750 I759del ins PN
Ex19del T790M
Ex19del T790M L718V
Ex19del T790M G724S
F736K
E746 A750del A647T
E746 A750del R675W
E746 T751del insV S768C
Ex19del C797S
Ex19del C796S
Ex19del L792H
Ex19del T854I
E749 A750del A647T
E749 A750del L41W
E749 A750del R451H
Ex19del E746 A750del
K754F
L747 E749del A750P
L747 T751del L861Q
Ex19del T790M C797S
Ex19del T790M L792H
I740dupIPVAK
D761N
T751 I759 delinsN
K757M L858R
K757R
L747 S752del A755D
L747P
L747S
L747S L858R
L747S V744M
E709 T710del insD S22R
S752 I759del V769M

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

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

Approved TKI
 No Approved TKI

Classical-like



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

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

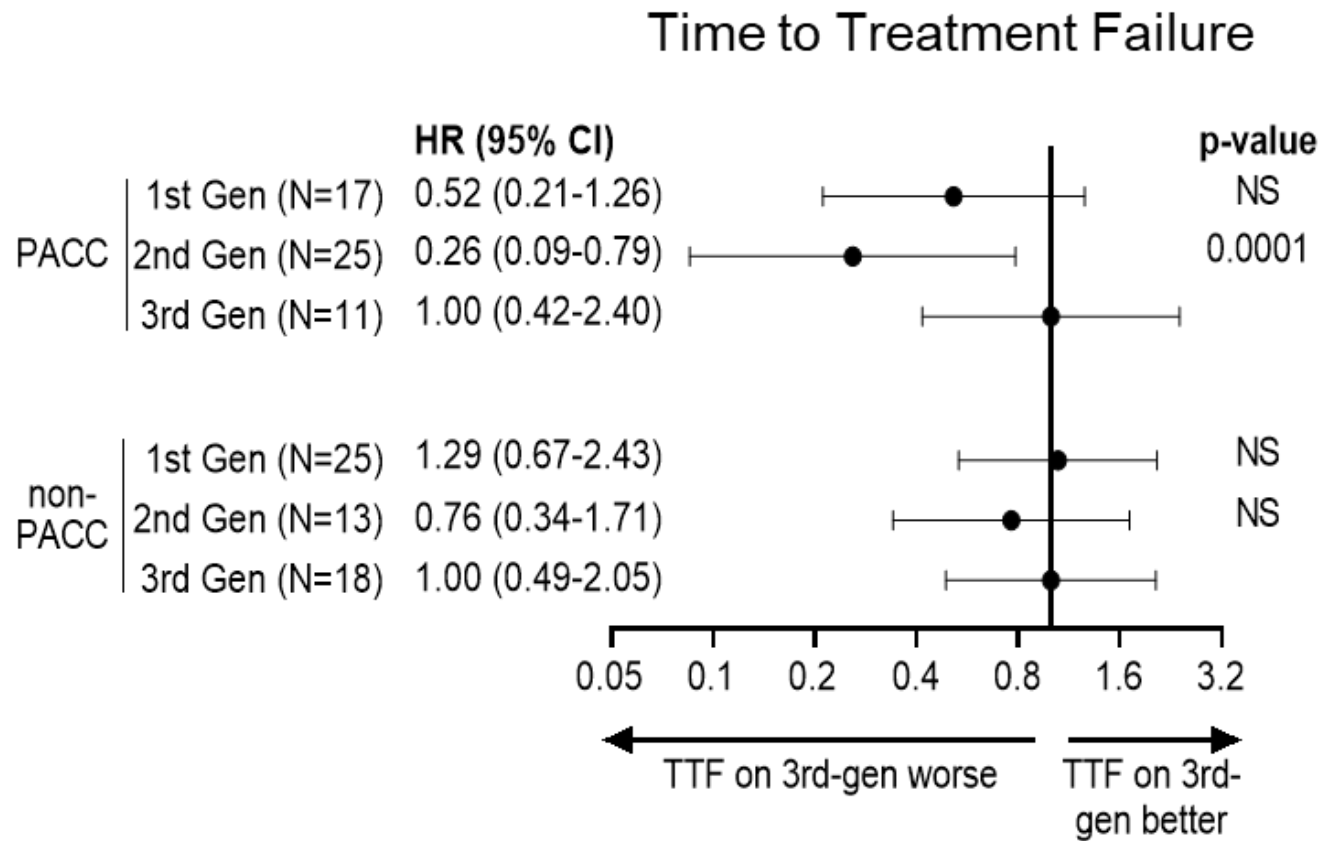
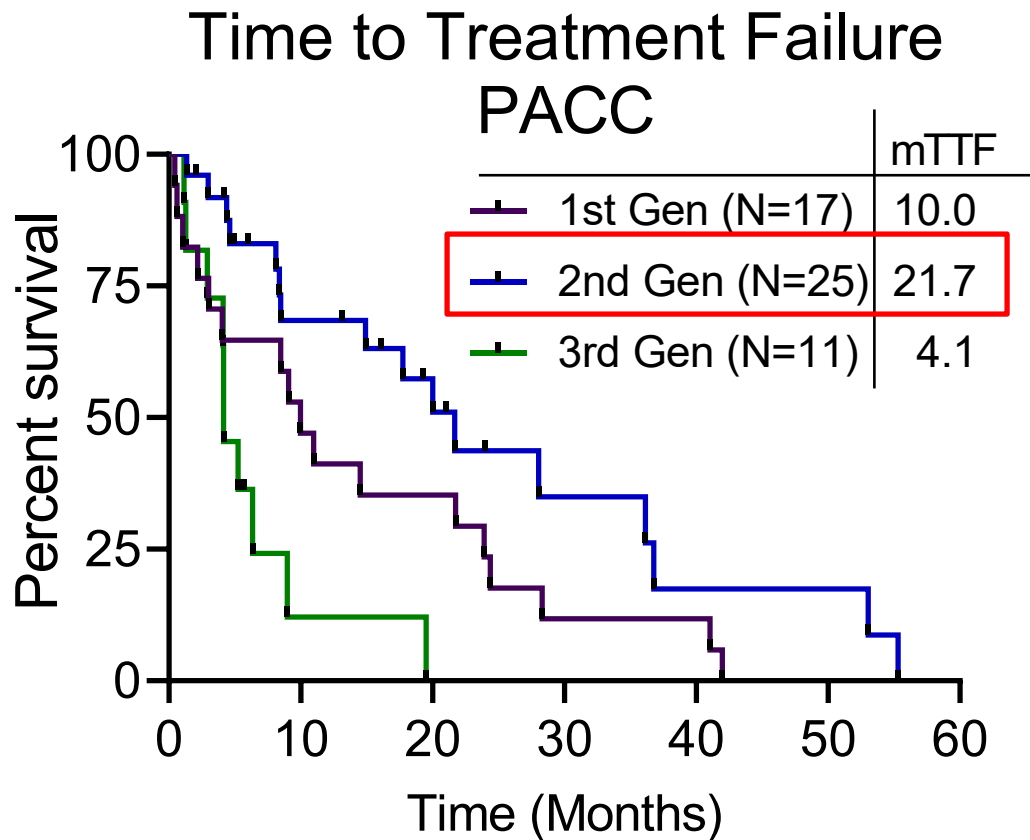
Sensitive &
Selective



Resistant

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

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



Robichaux et al 2021 Nature

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

For EGFR exon 20 mutations, amivantamab approved as monotherapy and improves PFS in combo w/chemo

New TKIs including zipalertinib and sunvosertinib show promising activity

For atypical EGFR mutations, a structure/function approach predicts drug response better than standard exon-based strategies.

Even within EGFR exon 20 loop insertions, near-loop and far-loop insertions have differential responses to some drugs

The new classification can enable new studies and new treatment options for atypical EGFR mutations.

