

# CASE STUDY: +EGFR NSCLC

Janet Tu, MD (MD Anderson Cancer Center)

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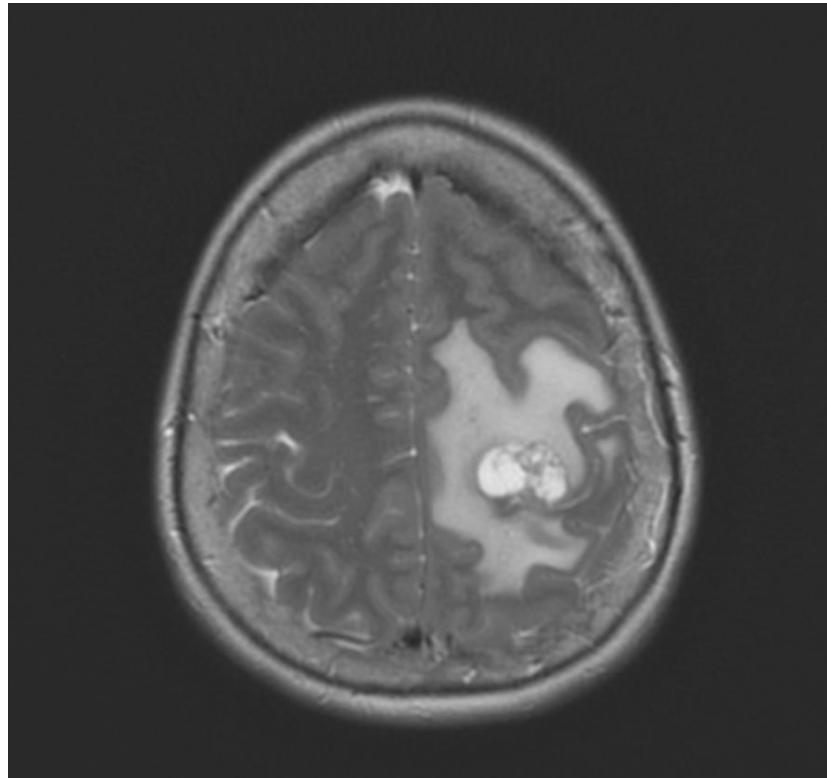


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**biomarkers pending**

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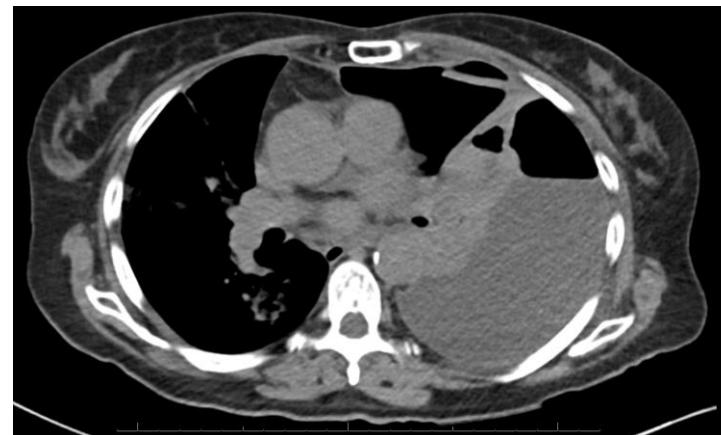
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baseline



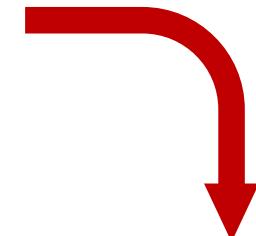
5/22/22





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- 5/3/22 EBUS +pathology: adenocarcinoma, PDL1 60%
  - 5/24/22 biomarkers ready! +EGFR exon 18 (G719C) and exon 20 (S768I)
- 5/22/22 CT chest showed spontaneous new L chylothorax
- 5/26/22 s/p LUL wedge resection and pleurodesis.



EGFR (PCR): Positive in exon 18 for mutation, p.G719C; and in exon 20 for mutation, p.S768I.  
Please see comment.

Nucleotide Change: c.2155G>T, c.2303G>T  
Amino Acid Change: p.G719C, p.S768I

Comment: A missense mutation, p.G719C, was detected within exon 18 of the EGFR gene. This mutation is correlated with responsiveness to EGFR tyrosine kinase inhibitor therapies. In vitro studies show that cells expressing EGFR S768I have sustained tyrosine phosphorylation in response to EGF stimulation and reduced ubiquitination in comparison to wild-type receptor.

Labcorp/ Integrated Oncology Ref #: MEG22-060539



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Sample also sent off to TEMPUS

**Biomarkers:** PDL-1 60%. EGFR exon 18 and 20.

## GENOMIC VARIANTS

Potentially Actionable	Variant Allele Fraction
EGFR p.S768I Missense variant (exon 20) - GOF 15.8%	15.8%
EGFR p.G719C Missense variant (exon 18) - GOF 12.9%	12.9%
<hr/>	
Biologically Relevant	
TP53 p.Y234_S240del Inframe deletion - LOF 3.4%	3.4%



# Case Study

- 6/10/22 Osimertinib started for +EGFR exon 18 (G719C) and exon 20 (S768I)

Biomarkers: PDL-1 60%. EGFR exon 18 and 20.

5/3/22 biopsy

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- 3/30/23 s/p GK #2 to new L posterior temporal CNS lesion
- 1/10/24 s/p GK #3 to L frontal lesion

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2/2/24 ctDNA

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	EGFR	p.S768I Missense variant (exon 20) - GOF

### Variant Allele Fraction

9.6%

9.2%

### Biologically Relevant

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1.9%

	RB1	c.137+2T>A Splice region variant - LOF
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0.8%

	BRAF	p.G464V Missense variant - GOF
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0.7%



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# Questions:

1. Retrospectively, any changes to first line treatment recommendations?
2. What would you recommend now for 2<sup>nd</sup> and 3<sup>rd</sup> line treatments?



# THANK YOU!

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