

### **"RARE" FUSIONS IN LUNG CANCER**

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Endorsed by











# Several fusion-driven lung cancers are technically classified as "rare"



Rare (34%) KRAS G12C/D/V mutation (23%)(21%) Other genes (22%)

Harada et al, Nat Rev Clin Oncol 2023





### As lung cancer is a common cancer, "rare" subsets are not as uncommon as you think



The estimated incidence of *RET* and *ROS1* fusion-positive lung cancer exceeds 2,000 cases a year.

Harada et al, Nat Rev Clin Oncol 2023





# Calling a cancer "rare" may lead to deemphasis of optimal testing strategies



Harada et al, Nat Rev Clin Oncol 2023



### Many different oncogenic fusion types exist





Harada et al, Nat Rev Clin Oncol 2023





# For advanced NSCLCs with *RET*, *ROS1*, and *NTRK* fusions, 1<sup>st</sup> line TKI therapy is standard

Advanced *RET, ROS1, NTRK* fusionpositive lung cancer



- RET: selpercatinib or pralsetinib
- *ROS1*: repotrectinib, entrectinib, or crizotinib
- NTRK1/2/3: larotrectinib, or entrectinib





# TKI therapy for *RET* fusion-positive lung cancers is highly active



Drilon et al, NEJM 2020; Gainor et al, ASCO 2020; Drilon et al, J Clin Oncol 2022; Griesinger et al Ann Oncol 2022; \*Drilon et al, N Engl J Med 2020; \*Gainor et al, Lancet Oncol 2021



# TKI therapy for *ROS1* fusion-positive lung cancers is highly active



PFS (months)

Wu et al JCO 2018, Drilon et al JTO CRR 2022, Drilon et al NEJM 2024





# TKI therapy for *NTRK1/2/3* fusion-positive lung cancers is highly active







#### Lung cancer targeted therapy exploration has supported tumor-agnostic drug approvals



\*adults, 36 pediatric ORR 25%; a supported by 343 thyroid/lung pts; unpublished, do not reproduce





# Targeted therapy has not yet been approved for *NRG1* fusion-positive lung cancers







## *NRG1* fusion-positive lung cancers are biologically distinct, targeted therapy is active



Schram at al ESMO 2023, Carrizosa et al, ASCO 2022





\*combinations of the above may occur





### Fusion-positive lung cancers can acquire resistance mutations in response to TKI therapy



Schram et al, NRCO 2017



Speaker: Alexander Drilon MD, @alexdrilon



# Next-generation TKIs are currently approved or in trials for patients with PD on a 1<sup>st</sup> line TKI



(post crizotinib/entrectinib)

#### clinical trials



### Repotrectinib is active in *ROS1* fusion-positive lung cancers with prior PD on a TKI



IASLC CONTRACTIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER CONTRACTOR

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Drilon et al, NEJM 2024



### Targeted therapy resistance can take many forms



\*combinations of the above may occur



Selpercatinib and crizotinib combination rescues *MET* amplification-mediated resistance to selpercatinib in a patient with a *RET* fusion-positive lung cancer

Rosen et al, CCR 2020





## Side effects of TKIs for fusion-positive lung cancers depend on the kinases inhibited



Drilon et al NRCO 2021



#### Summary



Fusion	Choice for 1 <sup>st</sup> Line Targeted Therapy	Choice for Later Line Targeted Therapy
RET	Selpercatinib Pralsetinib	Clinical trial (e.g., APS03118, EP0031-101)
ROS1	Repotrectinib Entrectinib Crizotinib	<b>Repotrectinib</b> (if not previously received) Lorlatinib (NCCN guidelines) Clinical trial (e.g., taletrectinib, NVL-520)
NTRK	Larotrectinib Entrectinib	Clinical trial (e.g., repotrectinib, zurletrectinib, SIM1803)
NRG1	Clinical trial (e.g., zenocutuzumab, seribantumab)	_

