

# METASTATIC NSCLC ALK-POSITIVE PATIENT CASE

**Abhirami Vivekanandarajah, MD**  
**New York Cancer and Blood Specialists**

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Endorsed by



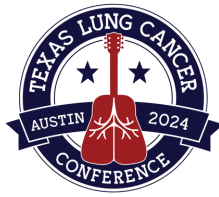
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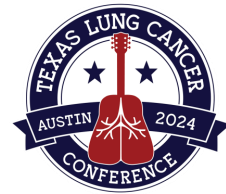
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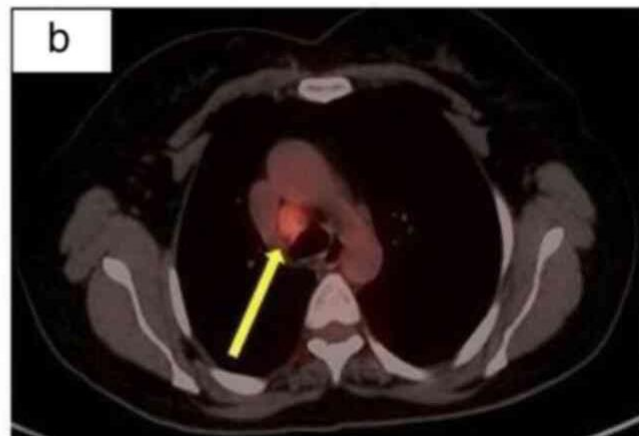
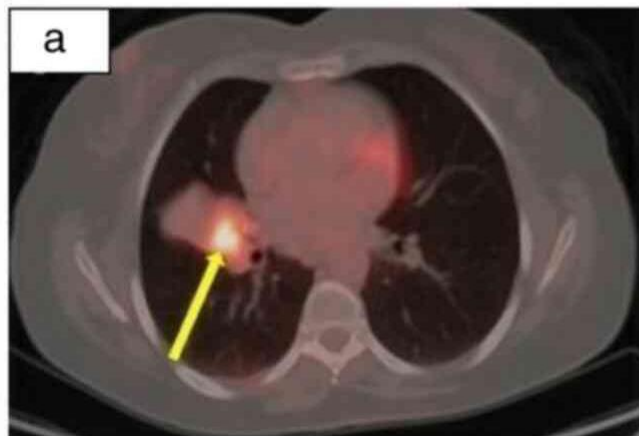
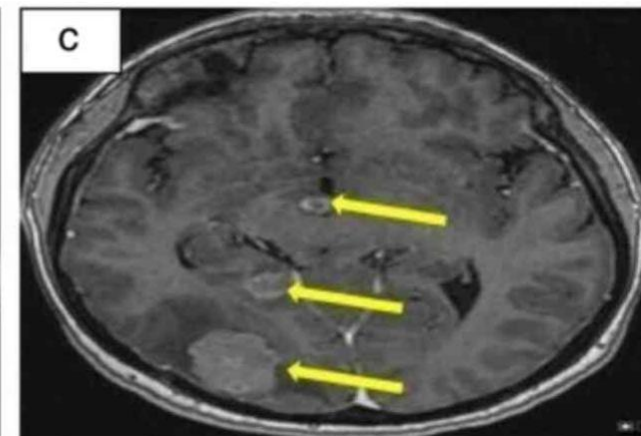
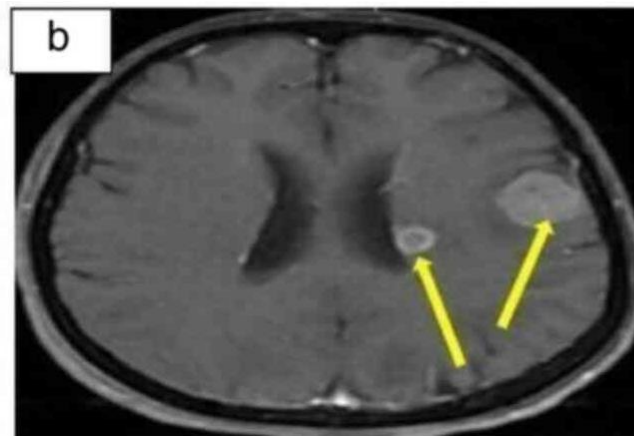
# Patient Case

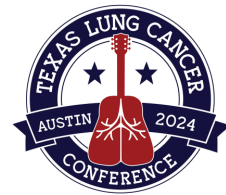


- 56 year old male presents to the PCP with shortness of breath, cough and weigh loss of 10 lbs over 2 months
- CXR was done and showed right lung mass
- CT chest with contrast showed RLL/Right hilar mass measuring 5x4 cm, and mediastinal lymphadenopathy
- He was referred to Oncology for further evaluation
  
- PMH: HTN
- PSH: none
- SH: no smoking, alcohol or recreational drug use, works as an accountant
- FH: no history of cancers
- PS: 0 (avid runner)

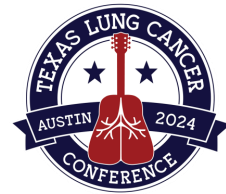


- He was seen in the Oncology clinic and work up was ordered
- PET scan showed FDG avid Right lower lung mass (SUV 7.5) and FDG avid mediastinal LAD (SUV 7.0)
- MRI brain showed multiple metastatic lesions on T1-weighted images measuring less than 3 cm



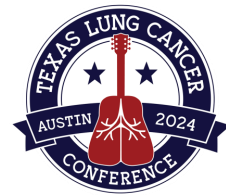


- EBUS/Bronchoscopy with biopsy showed poorly differentiated adenocarcinoma
  - Immunohistochemistry analysis revealed positive presence of TTF-1, Napsin A, and CK7; and negative for CK 20, synaptophysin, and CD56
- Comprehensive genomic profiling by tissue testing and plasma testing:
  - positive for ALK-EML4 gene rearrangement
  - negative for EGFR, ROS1, BRAF, NTRK, MET, RET and ERBB2 (Her 2)
  - PD-L1 expression in 0% of cells (tissue testing)
- He had no neurological symptoms (headaches, mental status changes)
- He was referred to radiation oncology and SRS was deferred since he was asymptomatic neurologically
- Systemic therapy was initiated



# Stage IVA Metastatic ALK positive NSCLC

- He was started on Alectinib 600mg PO BID
- He has been tolerating it well except for mild fatigue and constipation
- LFTs, kidney function, CK, CBC have been stable
  
- PET scan and MRI brain done 3 months after initiation of Alectinib showed no abnormal FDG uptake and complete response in the brain
- Alectinib was continued



# Questions to the panel

- **Would you have initiated any of the other ALK inhibitors?**
  - Any difference between the other ALK inhibitors – Ceritinib vs. Lorlatinib vs. Brigatinib?
- **When there is progression noted on Alectinib in this patient**
  - Which is the second line drug to use?
  - Switch to another 2<sup>nd</sup> generation ALK inhibitor or switch to Lorlatinib?
- **What if progression is in a single site only?**