

# *Meet The Professor*

## Management of Lung Cancer

**Benjamin Levy, MD**

Associate Professor, Johns Hopkins School of Medicine

Clinical Director

Medical Director, Thoracic Oncology Program

Johns Hopkins Sidney Kimmel Cancer Center at Sibley Memorial

Washington, DC

## Commercial Support

This activity is supported by an educational grant from AstraZeneca Pharmaceuticals LP.

## 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 commercial interests: AbbVie Inc, Acerta Pharma — A member of the AstraZeneca Group, Adaptive Biotechnologies Corporation, Agendia Inc, Agios Pharmaceuticals Inc, Amgen Inc, Array BioPharma Inc, a subsidiary of Pfizer Inc, Astellas, AstraZeneca Pharmaceuticals LP, Bayer HealthCare Pharmaceuticals, Biodesix Inc, bioTheranostics Inc, Blueprint Medicines, Boehringer Ingelheim Pharmaceuticals Inc, Bristol-Myers Squibb Company, Celgene Corporation, Clovis Oncology, Daiichi Sankyo Inc, Dendreon Pharmaceuticals Inc, Eisai Inc, EMD Serono Inc, Exelixis Inc, Foundation Medicine, Genentech, a member of the Roche Group, Genmab, Genomic Health Inc, Gilead Sciences Inc, GlaxoSmithKline, Grail Inc, Guardant Health, Halozyme Inc, Helsinn Healthcare SA, ImmunoGen Inc, Incyte Corporation, Infinity Pharmaceuticals Inc, Ipsen Biopharmaceuticals Inc, Janssen Biotech Inc, administered by Janssen Scientific Affairs LLC, Jazz Pharmaceuticals Inc, Kite, A Gilead Company, Lexicon Pharmaceuticals Inc, Lilly, Loxo Oncology Inc, a wholly owned subsidiary of Eli Lilly & Company, Merck, Merrimack Pharmaceuticals Inc, Myriad Genetic Laboratories Inc, Natera Inc, Novartis, Oncopeptides, Pfizer Inc, Pharmacyclics LLC, an AbbVie Company, Prometheus Laboratories Inc, Puma Biotechnology Inc, Regeneron Pharmaceuticals Inc, Sandoz Inc, a Novartis Division, Sanofi Genzyme, Seattle Genetics, Sirtex Medical Ltd, Spectrum Pharmaceuticals Inc, Sumitomo Dainippon Pharma Oncology Inc, Taiho Oncology Inc, Takeda Oncology, Tesaro, A GSK Company, Teva Oncology, Tokai Pharmaceuticals Inc and Verastem Inc.

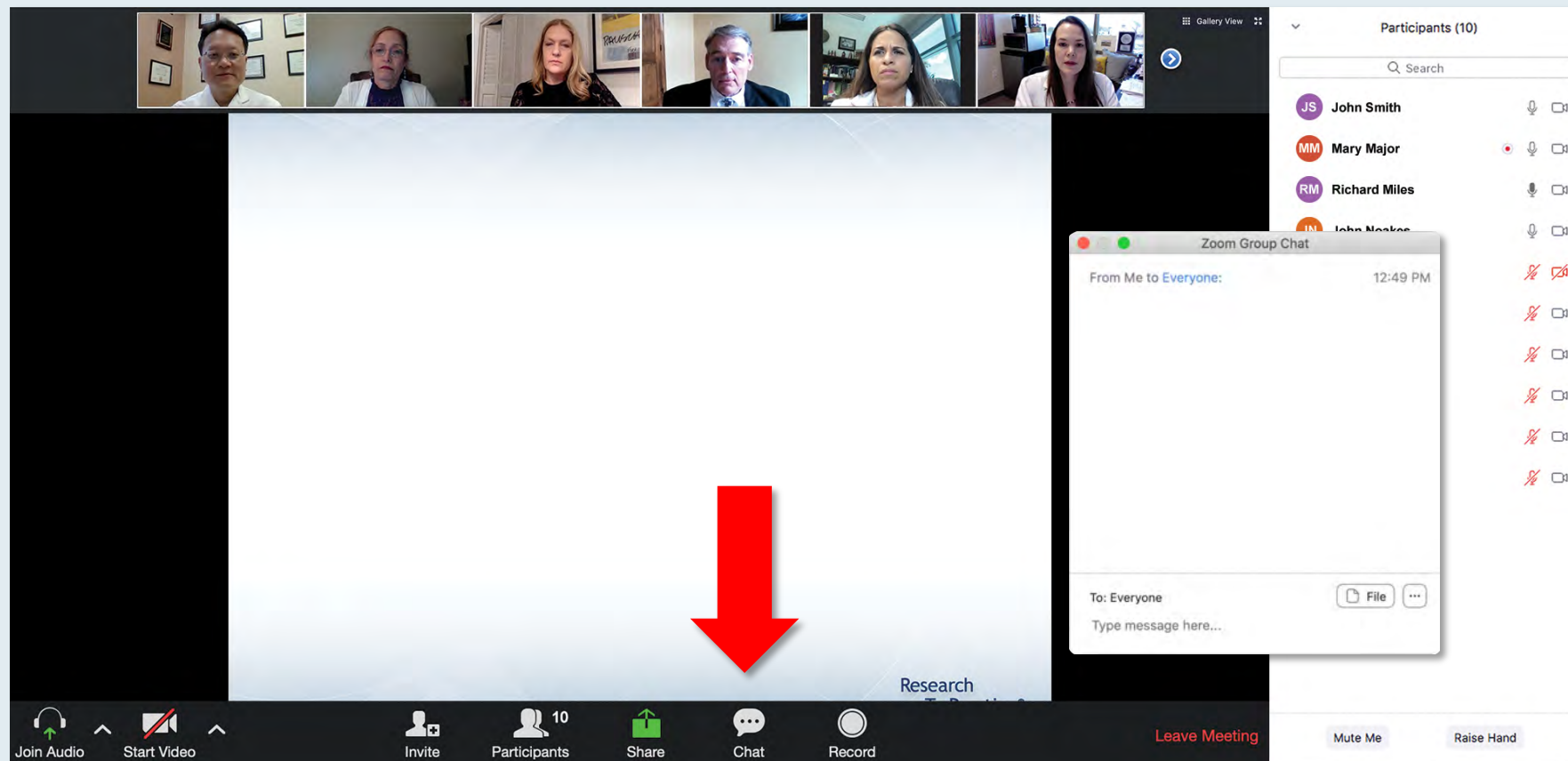
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Planners, scientific staff and independent reviewers for Research To Practice have no relevant conflicts of interest to disclose.

## Dr Levy — Disclosures

<b>Advisory Committee</b>	AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech, a member of the Roche Group, Guardant Health, Lilly, Merck, Pfizer Inc, Takeda Oncology
<b>Consulting Agreements</b>	AstraZeneca Pharmaceuticals LP, Celgene Corporation, Genentech, a member of the Roche Group, Lilly, Merck, Pfizer Inc, Takeda Oncology
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# We Encourage Clinicians in Practice to Submit Questions



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

# Familiarizing Yourself with the Zoom Interface

## How to answer poll questions

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**Quick Poll**

- ☐ Carfilzomib +/- dexamethasone
- ☐ Pomalidomide +/- dexamethasone
- ☐ Carfilzomib + pomalidomide +/- dexamethasone
- ☐ Elotuzumab + lenalidomide +/- dexamethasone
- ☐ Elotuzumab + pomalidomide +/- dexamethasone
- ☐ Daratumumab + lenalidomide +/- dexamethasone
- ☐ Daratumumab + pomalidomide +/- dexamethasone
- ☐ Daratumumab + bortezomib +/- dexamethasone
- ☐ Ixazomib + Rd
- ☐ Other

**Participants (10)**

Initials	Name	Audio	Video
JS	John Smith	<input type="checkbox"/>	<input type="checkbox"/>
MM	Mary Major	<input type="checkbox"/>	<input type="checkbox"/>
RM	Richard Miles	<input type="checkbox"/>	<input type="checkbox"/>
JN	John Noakes	<input type="checkbox"/>	<input type="checkbox"/>
AS	Alice Suarez	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
JP	Jane Perez	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RS	Robert Stiles	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JF	Juan Fernandez	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AK	Ashok Kumar	<input checked="" type="checkbox"/>	<input type="checkbox"/>
JS	Jeremy Smith	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Co-provided by USF Health Research To Practice®

When a poll question pops up, click your answer choice from the available options.  
Results will be shown after everyone has answered.

## Upcoming Live Webinars

---

**Wednesday, September 30, 2020  
3:00 PM – 4:00 PM ET**

**Clinical Investigator  
Perspectives on the Current  
and Future Management of  
Multiple Myeloma**

**Faculty**

S Vincent Rajkumar, MD

**Moderator**

Neil Love, MD

**Thursday, October 1, 2020  
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**Clinical Investigator Perspectives  
on the Current and Future Role  
of PARP Inhibition in the  
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**Optimizing the Selection and  
Sequencing of Therapy for  
Patients with Chronic  
Lymphocytic Leukemia**

**Faculty**

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**Meet The Professor:  
Management of Lung Cancer**

**Faculty**

Professor Tony SK Mok, MD

**Moderator**

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12:00 PM – 1:00 PM ET**

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Lymphocytic Leukemia**

**Faculty**

Mitchell R Smith, MD, PhD

**Moderator**

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**Exploring the Role of Immune  
Checkpoint Inhibitor Therapy  
and Other Novel Strategies in  
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Brian M Slomovitz, MD

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Neil Love, MD

***Thank you for joining us!***

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

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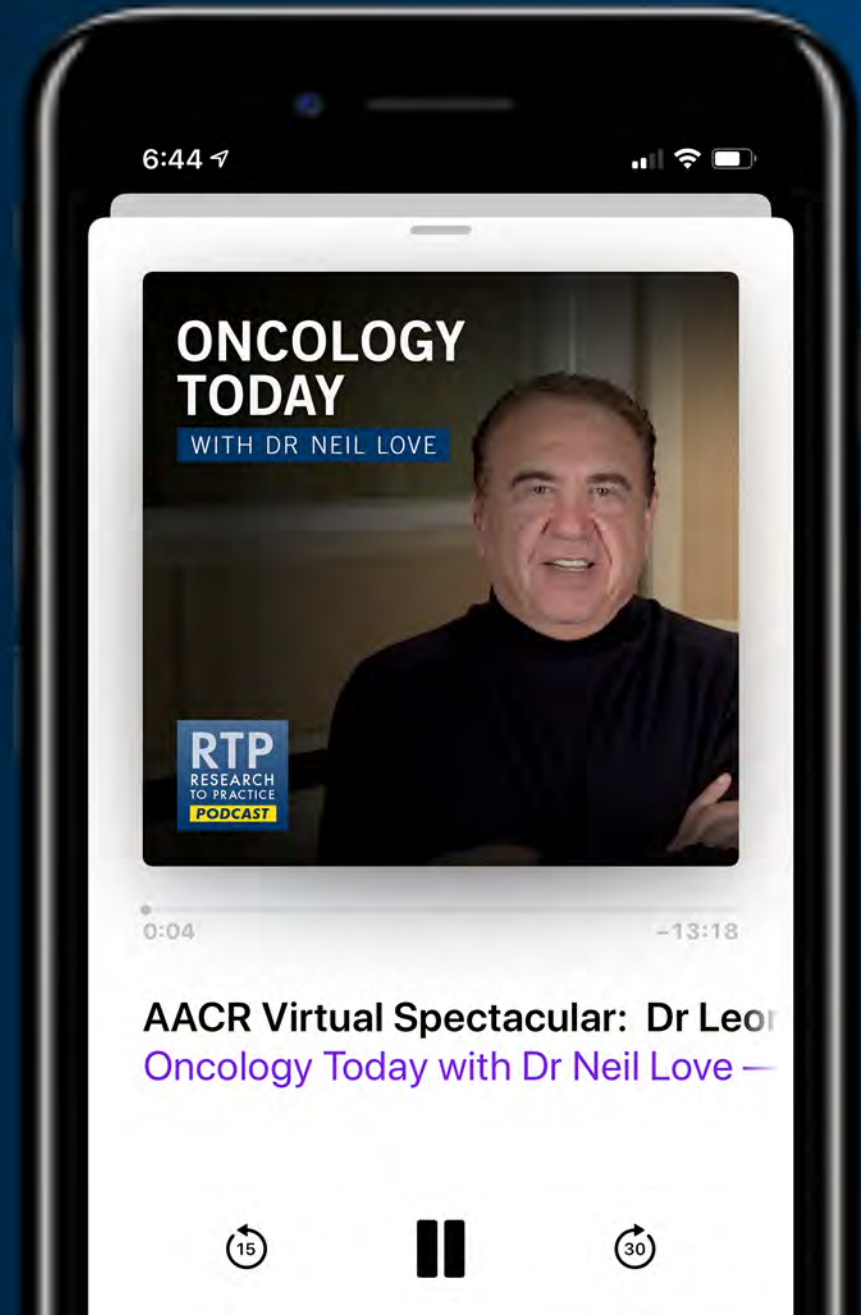
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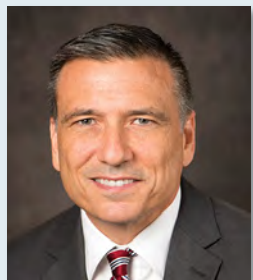
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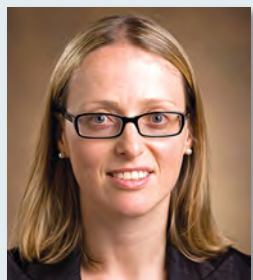
## ***Meet The Professor Program Participating Faculty***



**John V Heymach, MD, PhD**  
Professor and Chair  
Thoracic/Head and Neck Medical Oncology  
The University of Texas  
MD Anderson Cancer Center  
Houston, Texas



**Corey J Langer, MD**  
Director of Thoracic Oncology  
Abramson Cancer Center  
Professor of Medicine  
Perelman School of Medicine  
University of Pennsylvania  
Philadelphia, Pennsylvania



**Leora Horn, MD, MSc**  
Ingram Associate Professor  
of Cancer Research  
Director, Thoracic Oncology  
Research Program  
Assistant Vice Chairman for  
Faculty Development  
Vanderbilt University  
Medical Center  
Nashville, Tennessee



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# *Meet The Professor Program Participating Faculty*



**Joel W Neal, MD, PhD**

Associate Professor of Medicine  
Division of Oncology  
Department of Medicine  
Stanford Cancer Institute  
Stanford University  
Palo Alto, California



**Lecia V Sequist, MD, MPH**

Director, Center for Innovation in Early  
Cancer Detection  
Massachusetts General Hospital Cancer Center  
The Landry Family Professor of Medicine  
Harvard Medical School  
Boston, Massachusetts



**Nathan A Pennell, MD, PhD**

Professor, Hematology and  
Medical Oncology  
Cleveland Clinic Lerner College  
of Medicine of Case Western  
Reserve University  
Director, Cleveland Clinic Lung  
Cancer Medical Oncology Program  
Cleveland, Ohio



**David R Spigel, MD**

Chief Scientific Officer  
Program Director  
Lung Cancer Research  
Sarah Cannon Research Institute  
Nashville, Tennessee



***Project Chair***

**Neil Love, MD**

Research To Practice  
Miami, Florida



# We Encourage Clinicians in Practice to Submit Questions

The screenshot displays a Zoom meeting interface. At the top, a gallery view shows six participants. The main screen displays a presentation slide with the text: "You may submit questions using the Zoom Chat option below". A large red arrow points downwards from this text. On the right side, a "Participants (10)" list is visible, showing names like John Smith, Mary Major, Richard Miles, John Noakes, and Alice Suarez. Below this, a "Zoom Group Chat" window is open, showing a message from "Me" to "Everyone" at 12:49 PM. The bottom toolbar includes icons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", and "Record". A "Leave Meeting" button is also present.

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



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## How to answer poll questions

The screenshot displays a Zoom meeting interface. At the top, a gallery view shows six participants. The main screen displays a poll question: "What is your usual treatment recommendation for a patient with MM who has been followed by ASCT for 1-5 years who then experiences a clinical relapse?". Below the question is a list of ten treatment options. A "Quick Poll" overlay is visible, showing a list of checkboxes for each option, with "Carfilzomib +/- dexamethasone" selected. On the right, a "Participants (10)" list shows the names and initials of the participants, with icons for audio and video status. At the bottom, the Zoom control bar includes buttons for "Join Audio", "Start Video", "Invite", "Participants", "Share", "Chat", "Record", and "Leave Meeting".

**Quick Poll**

What is your usual treatment recommendation for a patient with MM who has been followed by ASCT for 1-5 years who then experiences a clinical relapse?

1. Carfilzomib +/- dexamethasone
2. Pomalidomide +/- dexamethasone
3. Carfilzomib + pomalidomide +/- dexamethasone
4. Elotuzumab + lenalidomide +/- dexamethasone
5. Elotuzumab + pomalidomide +/- dexamethasone
6. Daratumumab + lenalidomide +/- dexamethasone
7. Daratumumab + pomalidomide +/- dexamethasone
8. Daratumumab + bortezomib +/- dexamethasone
9. Ixazomib + Rd
10. Other

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**Participants (10)**

Participant	Audio	Video
JS John Smith	On	On
MM Mary Major	On	On
RM Richard Miles	On	On
JN John Noakes	On	On
AS Alice Suarez	Off	Off
JP Jane Perez	Off	Off
RS Robert Stiles	Off	Off
JF Juan Fernandez	Off	Off
AK Ashok Kumar	Off	Off
JS Jeremy Smith	Off	Off

**Zoom Controls:** Join Audio, Start Video, Invite, Participants (10), Share, Chat, Record, Leave Meeting, Mute Me, Raise Hand.

When a poll question pops up, click your answer choice from the available options. Results will be shown after everyone has answered.

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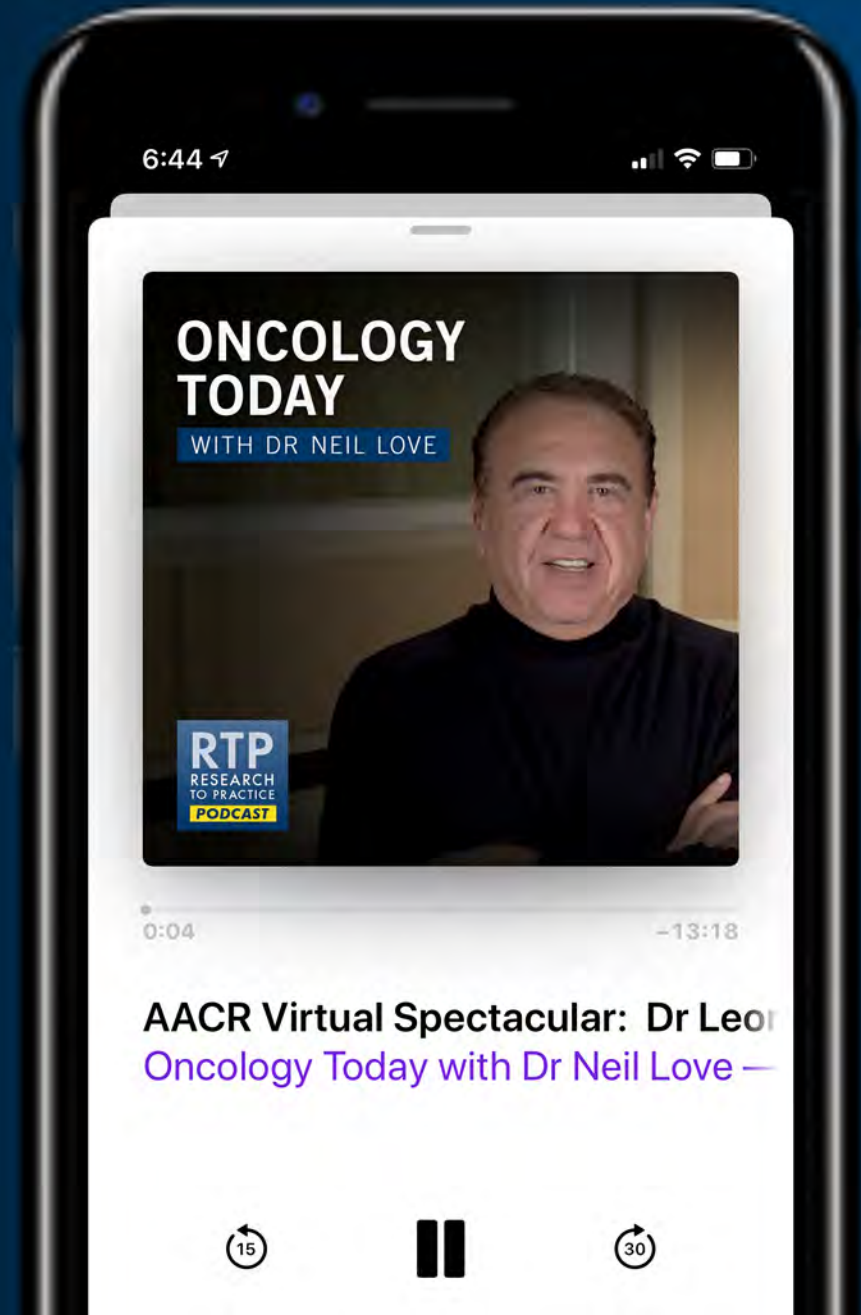
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Johns Hopkins Sidney Kimmel Cancer Center at Sibley Memorial  
Washington, DC



**Warren S Brenner, MD**  
Lynn Cancer Institute  
Boca Raton, Florida



**Zanetta S Lamar, MD**  
Florida Cancer  
Specialists and Research Institute  
Naples, Florida



**Neil Morganstein, MD**  
Hematology Oncology  
Atlantic Health System  
Summit, New Jersey



**Suresh S Ramalingam, MD**  
Professor of Hematology and  
Medical Oncology  
Roberto C Goizueta Chair for  
Cancer Research  
Director, Division of Medical Oncology  
Deputy Director, Winship Cancer  
Institute  
Emory University School of Medicine  
Atlanta, Georgia



**Chandler Park, MD**  
Hematology and Oncology  
Norton Healthcare  
Louisville, Kentucky

# Meet The Professor with Dr Levy

## Module 1: Cases from Drs Ramalingam, Lamar, Brenner, Morganstein and Park

- Dr Ramalingam: A 66-year-old woman with adenocarcinoma of the lung
- Dr Ramalingam: An active 71-year-old man with metastatic squamous cell NSCLC – PD-L1 negative
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## Module 3: Beyond the Guidelines – Clinical Investigator Approaches to Common Clinical Scenarios

## Module 4: Key Papers and Recent Approvals

**Regulatory and reimbursement issues aside, which adjuvant systemic therapy would you generally recommend for a patient with Stage IIB nonsquamous NSCLC and an EGFR exon 19 deletion?**

1. Chemotherapy
2. Osimertinib
3. Chemotherapy followed by osimertinib
4. Other

# Case Presentation – Dr Ramalingam: A 66-year-old woman with adenocarcinoma of the lung



**Dr Suresh S Ramalingam**

- Presented with respiratory symptoms and tested negative for COVID-19
- Work up: 4.5-cm RUL lesion, adenocarcinoma of the lung
- Right upper lobectomy: 4-cm, negative margins, 2N1 lymph nodes positive, EGFR exon 19 deletion
- Cisplatin/pemetrexed

## Questions

- After completion of adjuvant chemotherapy, should we begin adjuvant osimertinib?

# **Osimertinib as Adjuvant Therapy in Patients (pts) with Stage IB–IIIA EGFR Mutation Positive (EGFRm) NSCLC After Complete Tumor Resection: ADAURA**

Herbst RS et al.

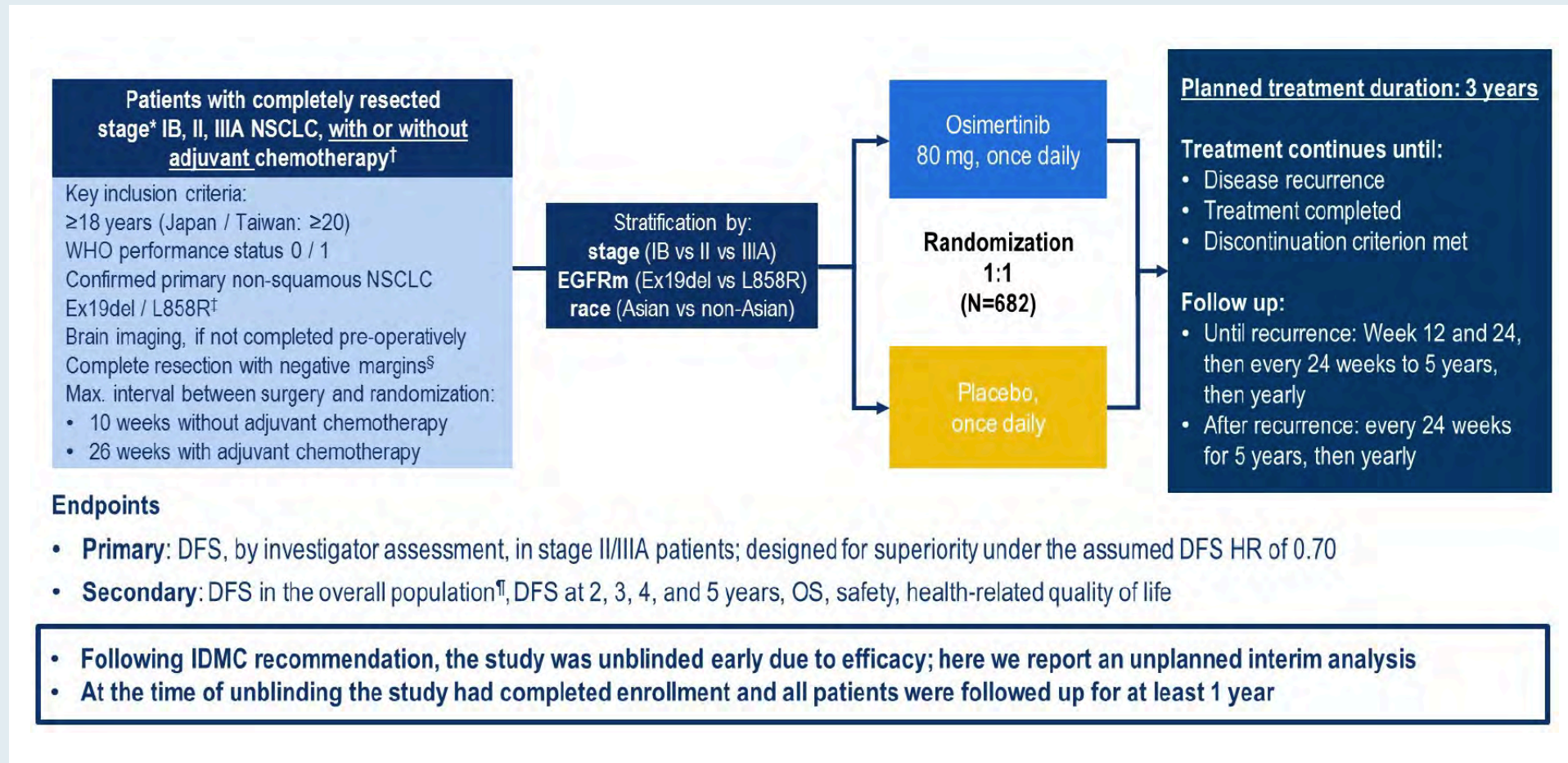
ASCO 2020;Abstract LBA5.

## **Discussion of LBA5**

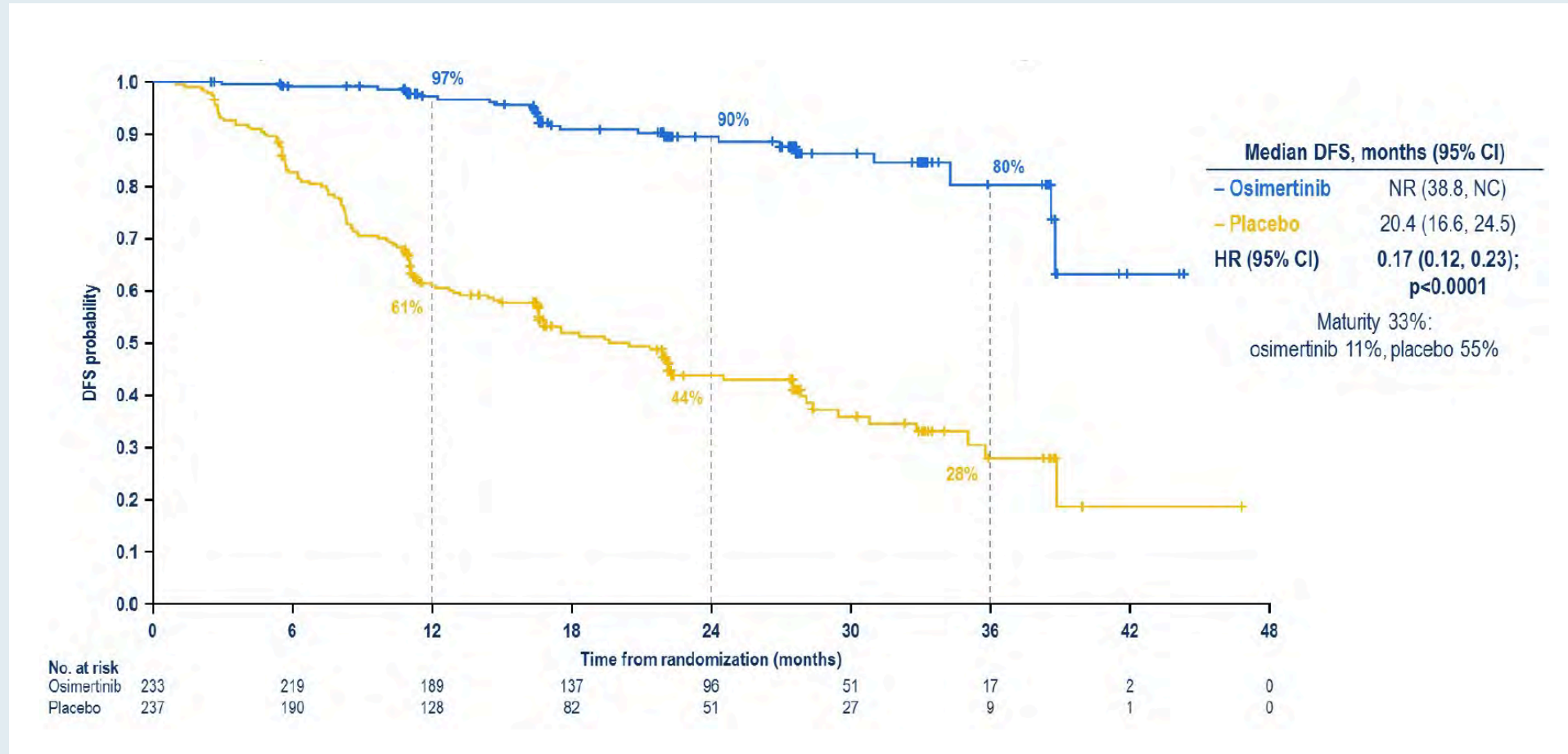
Discussant: David R Spigel, MD, FASCO | Sarah Cannon Research Institute



# ADAURA Phase III Trial Schema

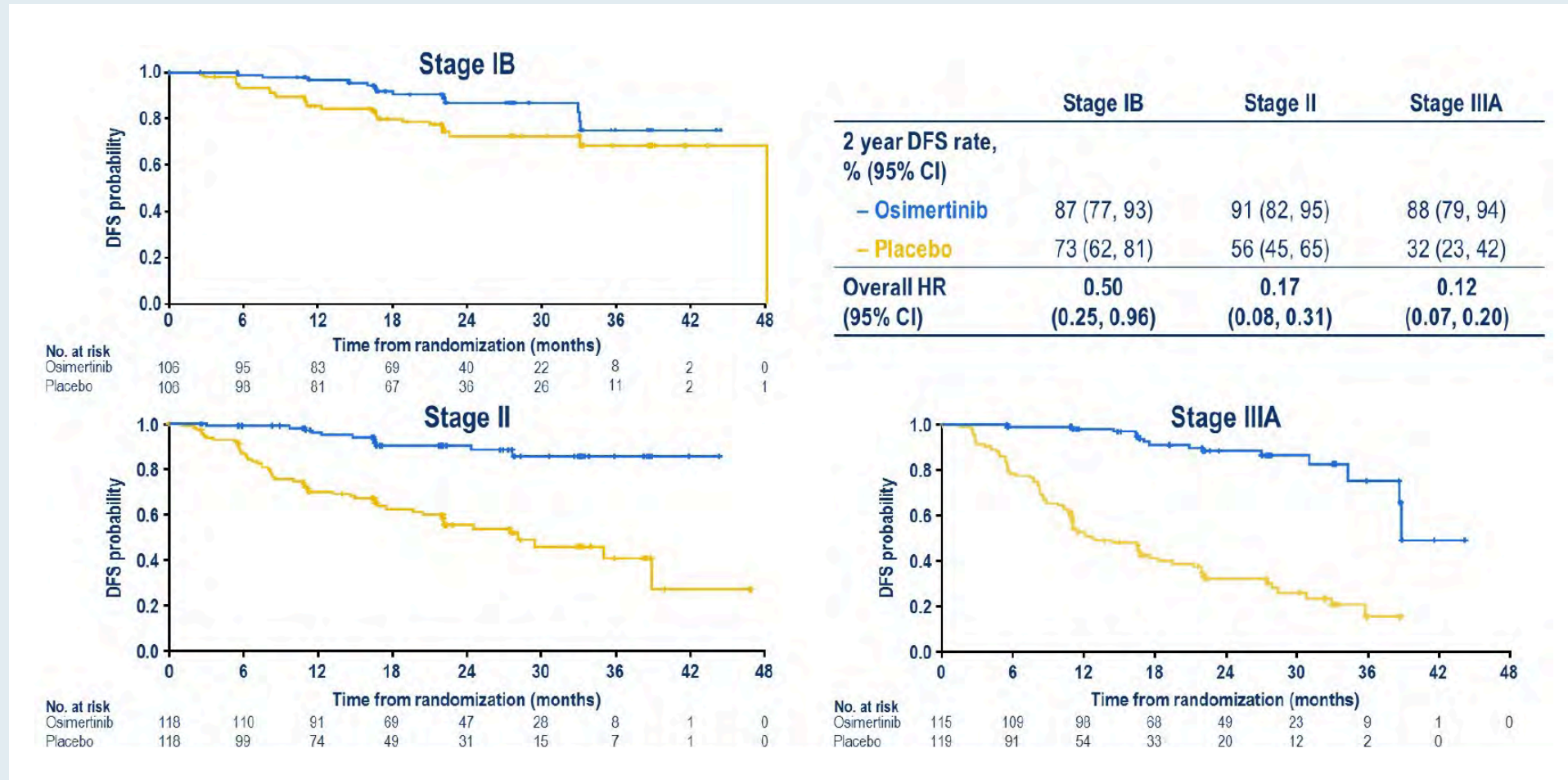


# ADAURA Primary Endpoint: Inv-Assessed DFS (Stage II/IIIA)

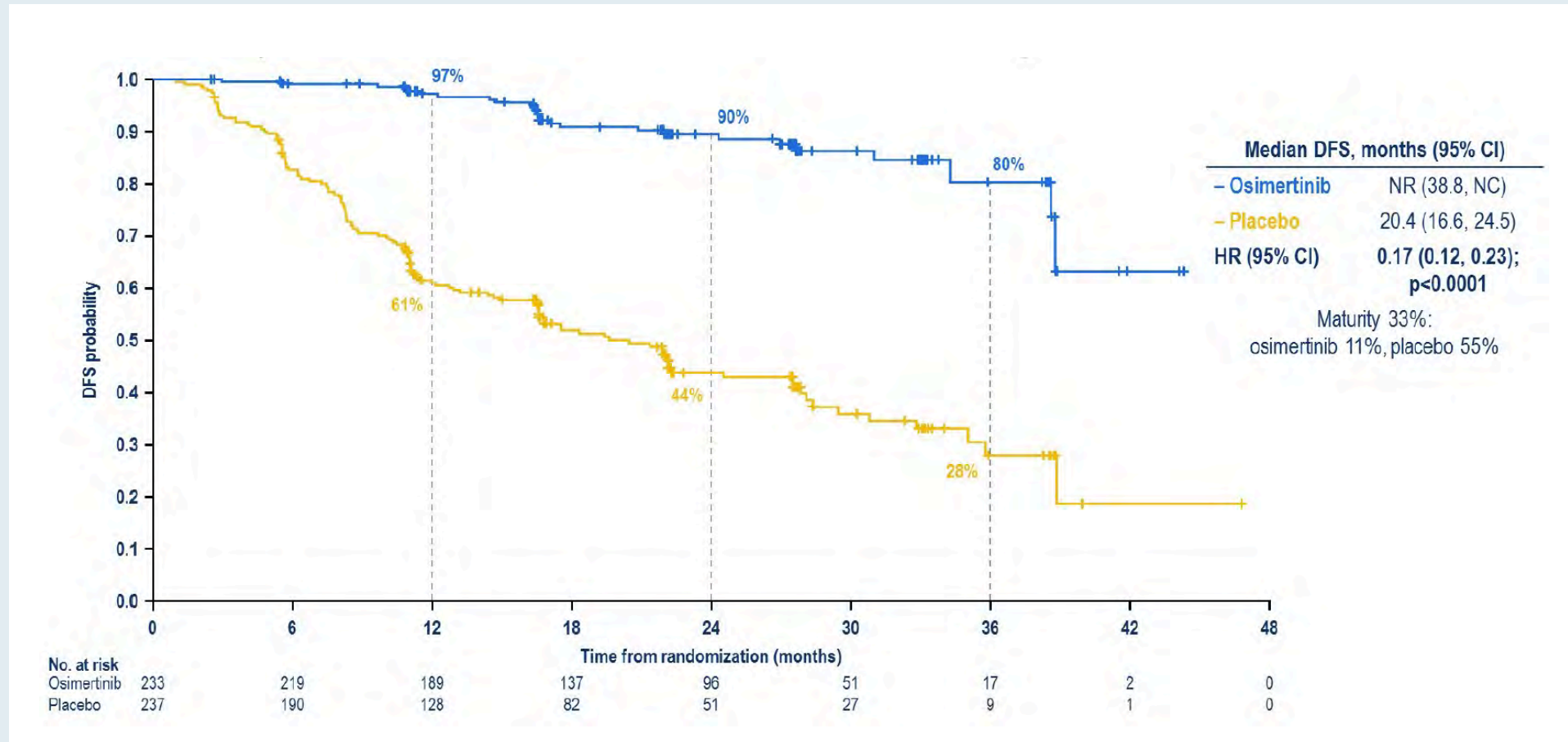




# ADAURA: DFS by Stage



# ADAURA Secondary Endpoint: Inv-Assessed DFS in the Overall Population (Stage IB/II/IIIA)



# Case Presentation – Dr Ramalingam: An active 71-year-old man with metastatic squamous cell NSCLC – PD-L1 negative



**Dr Suresh S Ramalingam**

- 9/2020: RUL squamous cell NSCLC, with mediastinal adenopathy, involvement of the contralateral lung and bone metastases
  - PD-L1 negative

## Questions

- How would you approach treatment – ipilimumab/nivolumab, chemo/pembrolizumab, or something else?

# Case Presentation – Dr Lamar: An 82-year-old man with metastatic NSCLC



**Dr Zanetta S Lamar**

- 2015: Diagnosed with metastatic NSCLC
- Carboplatin/paclitaxel → PD
- 2015 – present: Continuing nivolumab
  - NED, no therapy-associated toxicity

## Questions

- What is your approach to patients who are responding to checkpoint inhibitor therapy and are not experiencing toxicity? Would you consider stopping the PD-1/PD-L1 inhibitor?
- If you discontinued the PD-1/PD-L1 inhibitor, is there a way to determine whether or not to rechallenge the patient if disease progression occurs?

# Case Presentation – Dr Brenner: A 67-year-old woman with metastatic adenocarcinoma of the lung – EGFR exon 20 mutation



**Dr Warren J Brenner**

- 11/2018: Metastatic adenocarcinoma of the lung (liver and extensive blastic bone metastases)

- EGFR exon 20 mutation, PD-L1 negative

12/2018: Carboplatin, pemetrexed, bevacizumab → prophylactic surgical pinning L femur, palliative RT

4/2019: Initiated maintenance bevacizumab plus denosumab

8/2019: Osteonecrosis of the jaw

9/2019: PD → dose-reduced docetaxel 60 mg/m<sup>2</sup> → 7/2020: PD

## Questions

Front-line therapy options for patients with EGFR exon 20 mutations? Role for afatinib and an EGFR inhibitor outside of a clinical trial? Options after progression on chemo?

At relapse, do you rebiopsy – liquid versus tissue?

Use of immunotherapy in patients with actionable mutations? Does PD-L1 level matter?

How often do you see ONJ? Is it more common with denosumab or zoledronic acid?

# Case Presentation – Dr Morganstein: A 68-year-old man and heavy smoker with metastatic adenocarcinoma of the lung – TMB 14 mut/Mb



**Dr Neil Morganstein**

- Widespread metastatic lung adenocarcinoma to lung, liver and bone
- NGS: KRAS G12D, TMB: 14 mut/Mb, PD-L1: Undetectable
- Carboplatin, pemetrexed, pembrolizumab x 4 (initial response, then progression in bones after 6-8 wks)
- *Nab* paclitaxel/ramucirumab, with significant improvement in symptoms

## Questions

- What are the best treatment options in patients who progress relatively quickly on immunotherapy? Is there a role for dual immunotherapy in the second-line setting?
- How do you interpret TMB and what is considered "high"? How important is it to have this information because many limited panels do not give TMB?



# Questions and Comments: KRAS G12C mutation inhibitor sotorasib (AMG510); KRAS testing



**Neil Morganstein, MD**  
Hematology Oncology  
Atlantic Health System  
Summit, New Jersey

# Questions and Comments: Consolidation chemotherapy *before* consolidation immunotherapy for Stage III NSCLC?



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# Genomic Drivers of Response to Immune Checkpoint Blockade in Lung Cancer

Anagnostou VK et al.

AACR 2020;Abstract 5901.

# **Phase II Randomized Trial of Carboplatin + Pemetrexed + Bevacizumab, +/- Atezolizumab in Stage IV Non-Squamous Non-Small Lung Cancer (NSCLC) Patients Who Harbor a Sensitizing EGFR Mutation or Have Never Smoked**

Bodor JN et al.

ASCO 2020;Abstract TPS9629.

ARTICLE IN PRESS

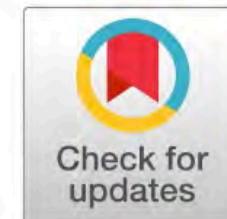
## Original Study

# Consolidative Radiotherapy in Oligometastatic Lung Cancer: Patient Selection With a Prediction Nomogram

Cole Friedes,<sup>1</sup> Nicholas Mai,<sup>2</sup> Sarah Hazell,<sup>1</sup> Wei Fu,<sup>3</sup> Peijin Han,<sup>1</sup>  
Michael Bowers,<sup>1</sup> Benjamin Levy,<sup>4</sup> Patrick M. Forde,<sup>4</sup> Ranh Voong,<sup>1</sup>  
Russell K. Hales<sup>1</sup>

*Clin Lung Cancer* 2020:S1525-7304(20)30153-4

# Lung Cancer Surveillance After Definitive Curative-Intent Therapy: ASCO Guideline



Bryan J. Schneider, MD<sup>1</sup>; Nofisat Ismaila, MD<sup>2</sup>; Joachim Aerts, MD, PhD<sup>3</sup>; Caroline Chiles, MD<sup>4</sup>; Megan E. Daly, MD<sup>5</sup>; Frank C. Detterbeck, MD<sup>6</sup>; Jason W.D. Hearn, MD<sup>1</sup>; Sharyn I. Katz, MD<sup>7</sup>; Natasha B. Leighl, MD, MMSc<sup>8</sup>; Benjamin Levy, MD<sup>9</sup>; Bryan Meyers, MD, MPH<sup>10</sup>; Septimiu Murgu, MD<sup>11</sup>; Larissa Nekhlyudov, MD, MPH<sup>12</sup>; Edgardo S. Santos, MD<sup>13</sup>; Navneet Singh, MD, DM<sup>14</sup>; Joan Tashbar<sup>15</sup>; David Yankelevitz, MD<sup>16</sup>; and Nasser Altorki, MD<sup>17</sup>

*J Clin Oncol* 2019;38:753-66

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# Which first-line treatment regimen would you recommend for a patient with metastatic nonsquamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 10%? Of 60%?

		TPS of 10%		TPS of 60%	
		Age 65	Age 80	Age 65	Age 80
	JOHN V HEYMACH, MD, PHD	Pembro/carbo/pem	Pembro	Pembro	Pembro
	LEORA HORN, MD, MSC	Pembro/carbo/pem	Pembro or hospice	Pembro	Pembro
	COREY J LANGER, MD	Pembro/carbo/pem	Pembro	Pembro*	Pembro
	BENJAMIN LEVY, MD	Pembro/carbo/pem	Pembro	Pembro	Pembro
	JOEL W NEAL, MD, PHD	Pembro/carbo/pem	Pembro	Pembro +/- carbo/pem	Pembro
	NATHAN A PENNELL, MD, PHD	Pembro/carbo/pem	Pembro/carbo/pem <sup>†</sup>	Pembro	Pembro
	DAVID R SPIGEL, MD	Pembro/carbo/pem	Pembro/carbo/pem	Pembro	Pembro

Pem = pemetrexed

\* If very symptomatic, pembro/carbo/pem; <sup>†</sup> Likely dose-reduced chemotherapy








# Which first-line treatment regimen would you recommend for a patient with metastatic squamous lung cancer, no identified targetable mutations and a PD-L1 TPS of 10%? Of 60%?

		TPS of 10%		TPS of 60%	
		Age 65	Age 80	Age 65	Age 80
	JOHN V HEYMACH, MD, PHD	Pembro/carbo/ <i>nab</i> -P	Pembro	Pembro	Pembro
	LEORA HORN, MD, MSC	Pembro/carbo/ <i>nab</i> -P	Pembro/carbo/ <i>nab</i> -P	Pembro	Pembro
	COREY J LANGER, MD	Pembro/carbo/ <i>nab</i> -P	Pembro/carbo/ <i>nab</i> -P	Pembro	Pembro
	BENJAMIN LEVY, MD	Pembro/carbo/ <i>nab</i> -P	Pembro/carbo/P	Pembro	Pembro
	JOEL W NEAL, MD, PHD	Pembro/carbo/ <i>nab</i> -P or P	Pembro/carbo/ <i>nab</i> -P	Pembro +/- carbo/ <i>nab</i> -P or P	Pembro+/- carbo/ <i>nab</i> -P
	NATHAN A PENNELL, MD, PHD	Pembro/carbo/ <i>nab</i> -P	Pembro/carbo/P	Pembro	Pembro
	DAVID R SPIGEL, MD	Pembro/carbo/ <i>nab</i> -P	Pembro/carbo/ <i>nab</i> -P	Pembro	Pembro

*Nab*-P = nanoparticle albumin-bound paclitaxel; P = paclitaxel



How long would you continue treatment for a patient with metastatic NSCLC who is receiving an anti-PD-1/PD-L1 antibody and at first evaluation is tolerating it well and has a...








		Complete clinical response	Partial clinical response
	JOHN V HEYMACH, MD, PHD	2 years	Indefinitely or until PD/toxicity
	LEORA HORN, MD, MSC	2 years	2 years
	COREY J LANGER, MD	2 years (min)	2 years (min)
	BENJAMIN LEVY, MD	Indefinitely or until PD/toxicity	Indefinitely or until PD/toxicity
	JOEL W NEAL, MD, PHD	2 years	2 years
	NATHAN A PENNELL, MD, PHD	2 years	2 years
	DAVID R SPIGEL, MD	Likely 2 years but CR duration dependent	Indefinitely or until PD/toxicity

PD = progressive disease

# What is your preferred second-line treatment for a patient with extensive-stage small cell cancer of the lung with metastases and disease progression on chemotherapy/atezolizumab?

1. Topotecan or irinotecan
2. Lurbinectedin
3. Nivolumab/ipilimumab
4. Pembrolizumab
5. Nivolumab
6. Other






# Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a patient with extensive-stage SCLC?

		Age 65	Age 80
	JOHN V HEYMACH, MD, PHD	Carbo/etoposide + atezolizumab	Carbo/etoposide + atezolizumab
	LEORA HORN, MD, MSC	Carbo/etoposide + atezolizumab	Carbo/etoposide + atezolizumab
	COREY J LANGER, MD	Carbo/etoposide + atezolizumab or durvalumab	Carbo/etoposide + durvalumab
	BENJAMIN LEVY, MD	Carbo/etoposide + atezolizumab	Carbo/etoposide + atezolizumab
	JOEL W NEAL, MD, PHD	Carbo/etoposide + atezolizumab	Carbo/etoposide + atezolizumab or durvalumab
	NATHAN A PENNELL, MD, PHD	Carbo/etoposide + atezolizumab	Carbo/etoposide + atezolizumab
	DAVID R SPIGEL, MD	Carbo/etoposide + durvalumab	Carbo/etoposide + durvalumab

**Regulatory and reimbursement issues aside, what would be your preferred first-line treatment regimen for a 65-year-old patient with extensive-stage SCLC and neurologic paraneoplastic syndrome causing moderate to severe proximal myopathy?**

	JOHN V HEYMACH, MD, PHD	Carboplatin/etoposide
	LEORA HORN, MD, MSC	Carboplatin/etoposide
	COREY J LANGER, MD	Carboplatin/etoposide + atezolizumab or durvalumab
	BENJAMIN LEVY, MD	Carboplatin/etoposide
	JOEL W NEAL, MD, PHD	Carboplatin/etoposide + atezolizumab or durvalumab
	NATHAN A PENNELL, MD, PHD	Carboplatin/etoposide
	DAVID R SPIGEL, MD	Carboplatin/etoposide + durvalumab

**Regulatory and reimbursement issues aside, what would be your preferred first-line treatment for a 65-year-old patient with extensive-stage SCLC and symptomatic SIADH, in addition to standard treatment for SIADH?**

 <b>JOHN V HEYMACH, MD, PHD</b>	<b>Carboplatin/etoposide + atezolizumab or durvalumab</b>
 <b>LEORA HORN, MD, MSC</b>	<b>Carboplatin/etoposide/atezolizumab</b>
 <b>COREY J LANGER, MD</b>	<b>Carboplatin/etoposide + atezolizumab or durvalumab</b>
 <b>BENJAMIN LEVY, MD</b>	<b>Carboplatin/etoposide/atezolizumab</b>
 <b>JOEL W NEAL, MD, PHD</b>	<b>Carboplatin/etoposide + atezolizumab or durvalumab</b>
 <b>NATHAN A PENNELL, MD, PHD</b>	<b>Carboplatin/etoposide/atezolizumab</b>
 <b>DAVID R SPIGEL, MD</b>	<b>Carboplatin/etoposide + durvalumab</b>

SIADH = syndrome of inappropriate antidiuretic hormone secretion

# Meet The Professor with Dr Levy

## Module 1: Cases from Drs Ramalingam, Lamar, Brenner, Morganstein and Park

- Dr Ramalingam: A 66-year-old woman with adenocarcinoma of the lung
- Dr Ramalingam: An active 71-year-old man with metastatic squamous cell NSCLC – PD-L1 negative
- Dr Lamar: An 82-year-old man with metastatic NSCLC
- Dr Brenner: A 67-year-old woman with metastatic adenocarcinoma of the lung – EGFR exon 20 mutation
- Dr Morganstein: A 68-year-old man and smoker with metastatic adenocarcinoma of the lung – TMB 14 mut/Mb
- Questions and Comments: KRAS G12C mutation inhibitor sotorasib (AMG510); KRAS testing
- Questions and Comments: Consolidation chemotherapy *before* consolidation immunotherapy for Stage III NSCLC?

## Module 2: Lung Cancer Journal Club with Dr Levy

- Genomic drivers of response to immune checkpoint blockade in lung cancer
- Ongoing randomized trial of carboplatin/bevacizumab with or without atezolizumab for metastatic NSCLC with EGFR mutation
- Consolidative radiation therapy for oligometastatic lung cancer
- ASCO guidelines: Lung cancer surveillance after definitive curative-intent therapy

## Module 3: Beyond the Guidelines – Clinical Investigator Approaches to Common Clinical Scenarios

## Module 4: Key Papers and Recent Approvals



# Accelerated Approval of Lurbinectedin for Metastatic SCLC

Press Release – June 15, 2020

“On June 15, 2020, the Food and Drug Administration granted accelerated approval to lurbinectedin for adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.

Efficacy was demonstrated in the PM1183-B-005-14 trial (Study B-005; NCT02454972), a multicenter open-label, multi-cohort study enrolling 105 patients with metastatic SCLC who had disease progression on or after platinum-based chemotherapy. Patients received lurbinectedin 3.2 mg/m<sup>2</sup> by intravenous infusion every 21 days until disease progression or unacceptable toxicity.

The recommended lurbinectedin dose is 3.2 mg/m<sup>2</sup> every 21 days.”

# FDA Grants Approval of Pralsetinib for the Treatment of Metastatic NSCLC with RET Fusion

Press Release – September 7, 2020

“The Food and Drug Administration has approved pralsetinib for the treatment of adults with metastatic rearranged during transfection (RET) fusion-positive non-small cell lung cancer (NSCLC) as detected by an FDA approved test. This indication was approved under the FDA’s Accelerated Approval programme, based on data from the phase I/II ARROW study. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial. Pralsetinib is a once-daily, oral precision therapy designed to selectively target RET alterations, including fusions and mutations.

The approval is based on the results from the phase I/II ARROW study, in which pralsetinib produced durable clinical responses in people with RET fusion-positive NSCLC with or without prior therapy, and regardless of RET fusion partner or central nervous system involvement. Pralsetinib demonstrated an overall response rate (ORR) of 57% ... and complete response (CR) rate of 5.7% in the 87 people with NSCLC previously treated with platinum-based chemotherapy. In the 27 people with treatment-naïve NSCLC, the ORR was 70%, with an 11% CR rate.”



# FDA Approves Selpercatinib for Lung and Thyroid Cancer with RET Gene Mutations or Fusions

Press Release — May 8, 2020

“On May 8, 2020, the Food and Drug Administration granted accelerated approval to selpercatinib for the following indications:

- Adult patients with metastatic RET fusion-positive non-small cell lung cancer (NSCLC);
- Adult and pediatric patients  $\geq 12$  years of age with advanced or metastatic RET-mutant medullary thyroid cancer (MTC) who require systemic therapy;
- Adult and pediatric patients  $\geq 12$  years of age with advanced or metastatic RET fusion-positive thyroid cancer who require systemic therapy and who are radioactive iodine-refractory (if radioactive iodine is appropriate).

Efficacy was investigated in a multicenter, open-label, multi-cohort clinical trial (LIBRETTO-001) in patients whose tumors had RET alterations.”

# FDA Grants Accelerated Approval to Capmatinib for Metastatic Non-Small Cell Lung Cancer

Press Release — May 6, 2020

“On May 6, 2020, the Food and Drug Administration granted accelerated approval to capmatinib for adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping as detected by an FDA-approved test.

The FDA also approved the FoundationOne CDx assay as a companion diagnostic for capmatinib.

Efficacy was demonstrated in the GEOMETRY mono-1 trial (NCT02414139), a multicenter, non-randomized, open-label, multicohort study enrolling 97 patients with metastatic NSCLC with confirmed MET exon 14 skipping.

The recommended capmatinib dose is 400 mg orally twice daily with or without food.”

# Trastuzumab Deruxtecan (T-DXd; DS-8201) in Patients with HER2-Mutated Metastatic Non-Small Cell Lung Cancer (NSCLC): Interim Results of DESTINY-Lung01

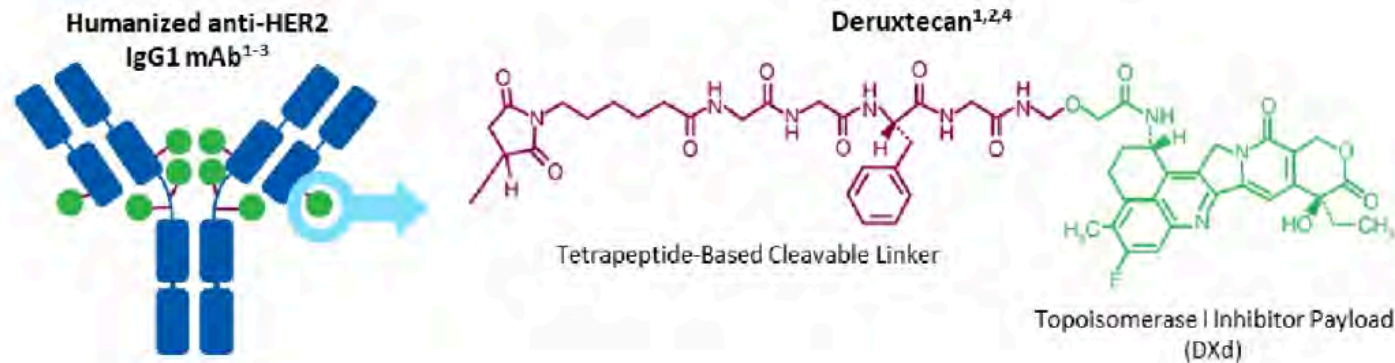
Smit EF et al.

ASCO 2020;Abstract 9504.

# Antibody-Drug Conjugate Trastuzumab Deruxtecan

## T-DXd is an ADC with 3 components:

- A humanized anti-HER2 IgG1 mAb with the same amino acid sequence as trastuzumab
- A topoisomerase I inhibitor payload, an exatecan derivative
- A tetrapeptide-based cleavable linker



Payload mechanism of action:  
topoisomerase I inhibitor

High potency of payload

High drug to antibody ratio  $\approx 8$

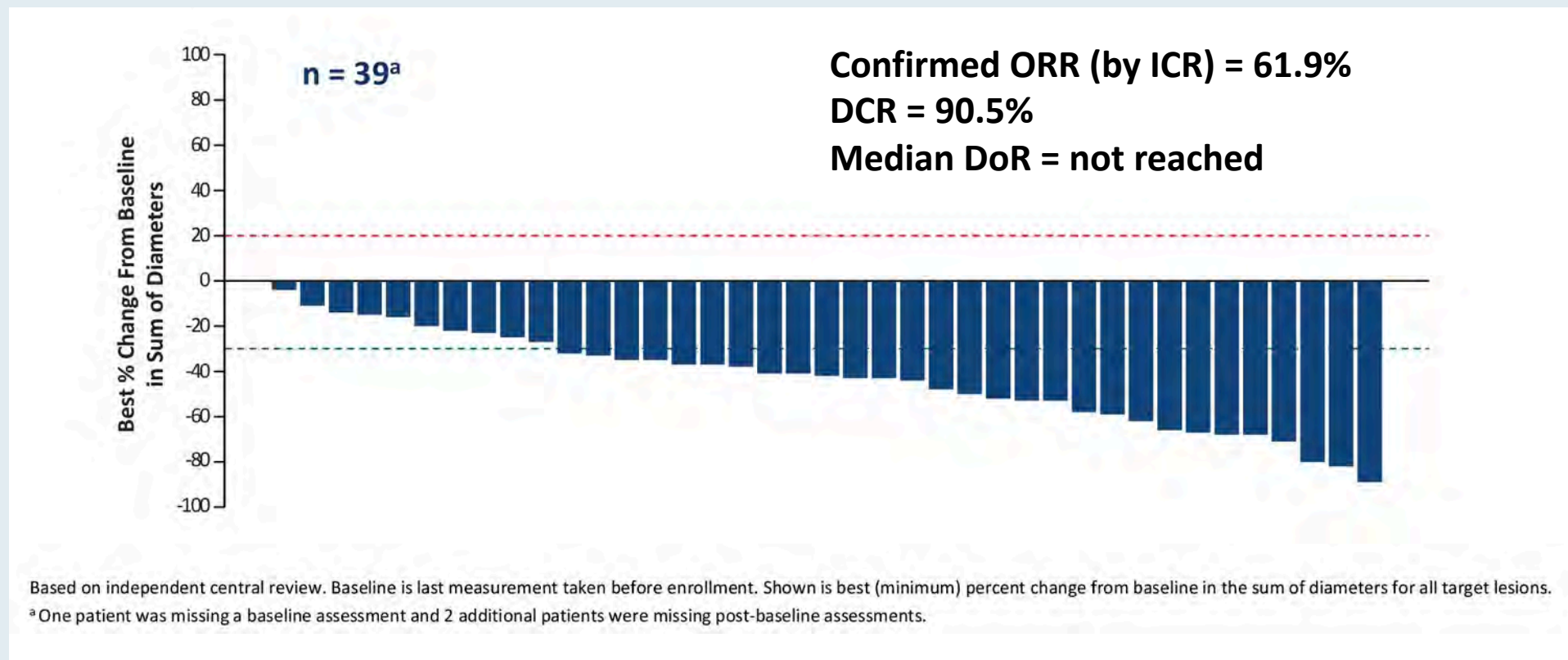
Payload with short systemic half-life

Stable linker-payload

Tumor-selective cleavable linker

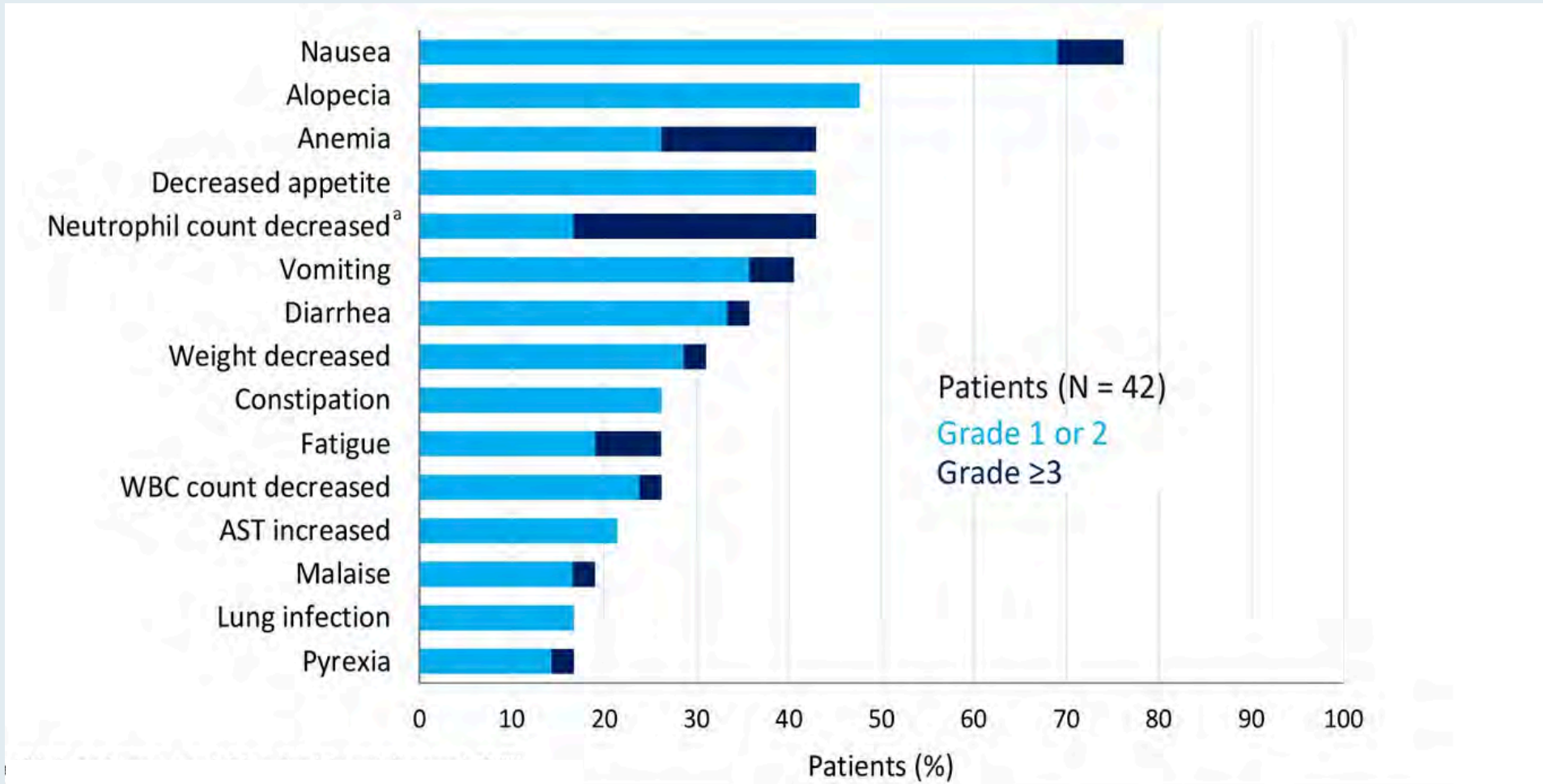
Membrane-permeable payload

# DESTINY-Lung01: Efficacy



- Median PFS = 14.0 mos

## DESTINY-Lung01: Treatment-Emergent AEs





## DESTINY-Lung01: AEs of Special Interest – Interstitial Lung Disease

All Patients (N = 42)						
n (%)	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Any Grade/ Total
Interstitial lung disease	0 <sup>a</sup>	5 (11.9)	0	0	0	5 (11.9)

- Median time to onset of investigator-reported ILD was at 86 days (range, 41-255 days)
- 4 patients had drug withdrawn and 1 had drug interrupted
- All patients received steroid treatment
- 2 patients recovered, 1 recovered with sequelae, 1 was recovering, and 1 had not recovered by data-cutoff
- No grade 5 ILD was observed in this cohort

# Clinical Investigator Perspectives on the Current and Future Management of Multiple Myeloma

## *A Meet The Professor Series*

Wednesday, September 30, 2020  
3:00 PM – 4:00 PM ET

**Faculty**

**S Vincent Rajkumar, MD**

**Moderator**

**Neil Love, MD**

Co-provided by **USFHealth**





***Thank you for joining us!***

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