

12º SIMPÓSIO
INTERNACIONAL DE

CÂNCER DE PULMÃO

2ª JORNADA ONCONNECTION MULTICARE

2024

GERENCIAMENTO E PRODUÇÃO

RV+
EVENTOS MÉDICOS



12º SIMPÓSIO
INTERNACIONAL DE

CÂNCER DE
PULMÃO

2ª JORNADA ONCONNECTION MULTICARE

2024

Inibidores de tirosina quinase no tratamento adjuvante do câncer de pulmão de não-pequenas células

Guilherme Harada

Oncologista Clínico e Coordenador da Pesquisa Clínica

Hospital Sírio-Libanês, São Paulo

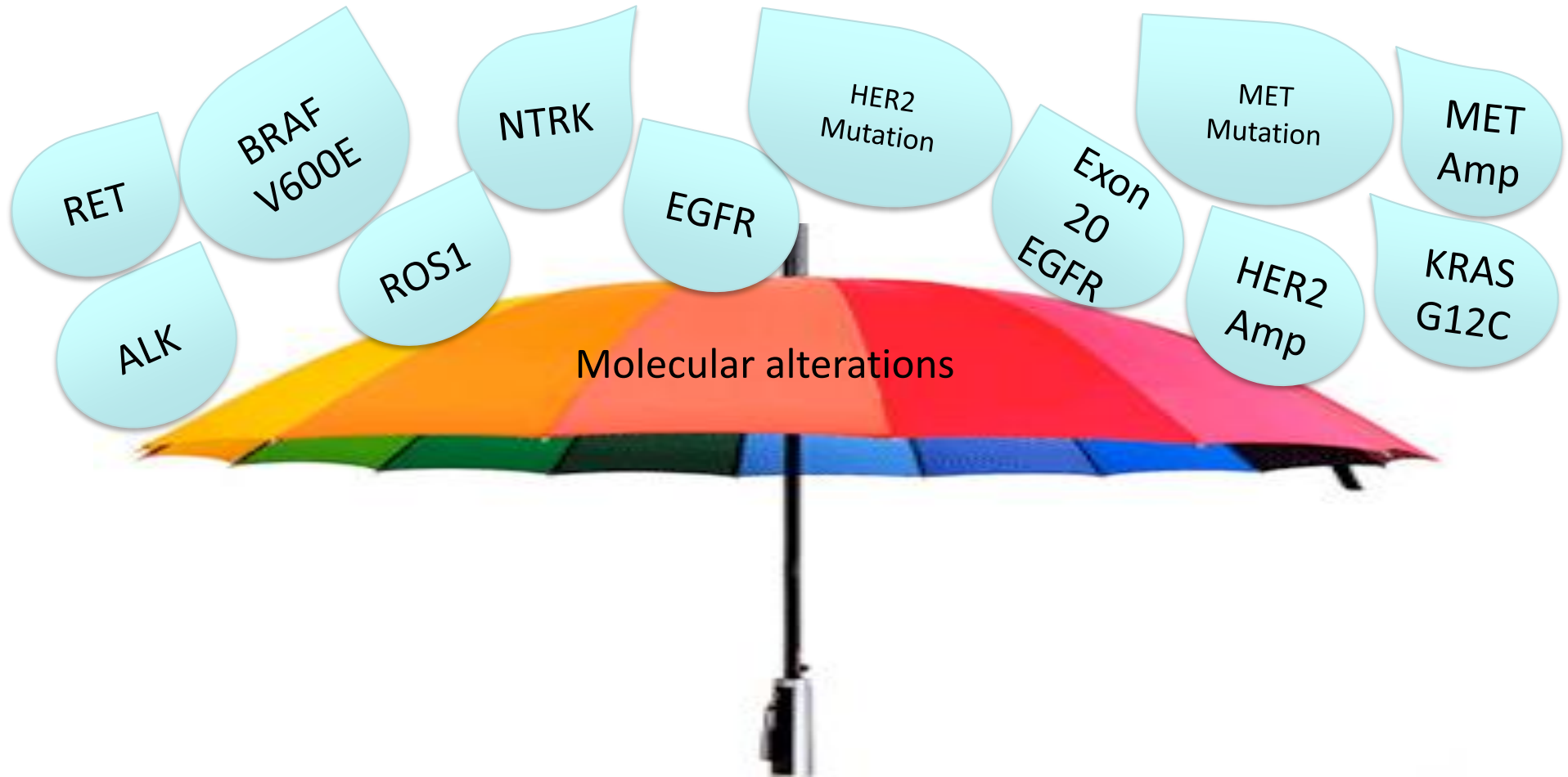
GERENCIAMENTO E PRODUÇÃO



De acordo com a Norma 1595/2000 do Conselho Federal de Medicina e com a RDC 96/2008 da ANVISA, declaro:

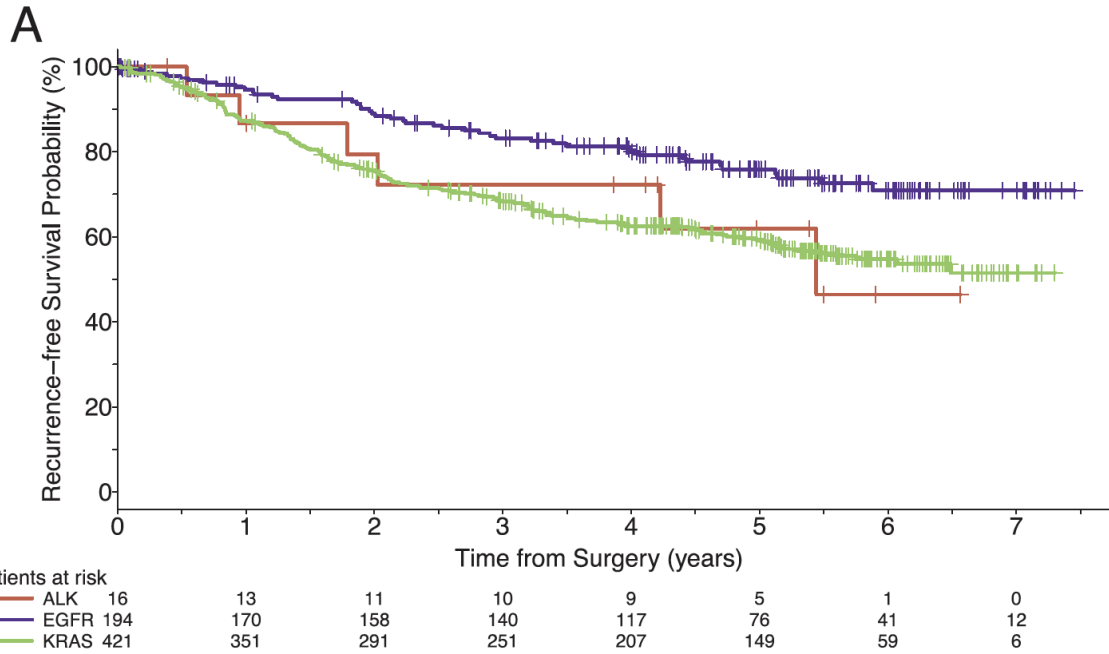
- **Honorários Recebidos por Aulas Médicas:** Bayer, BMS, MSD, AstraZeneca, Merck, Lilly, J&J, Takeda, Daiichi
- **Apoio para participação de congressos/eventos de educação médica:** AstraZeneca, Lilly, J&J, Daiichi
- **Participação em Advisory Board:** MSD, BMS, Lilly, AstraZeneca, Takeda.
- **Research involvement:** Roche, Sanofi, BMS, Lilly, Daiichi, Abbvie

Different molecular alterations

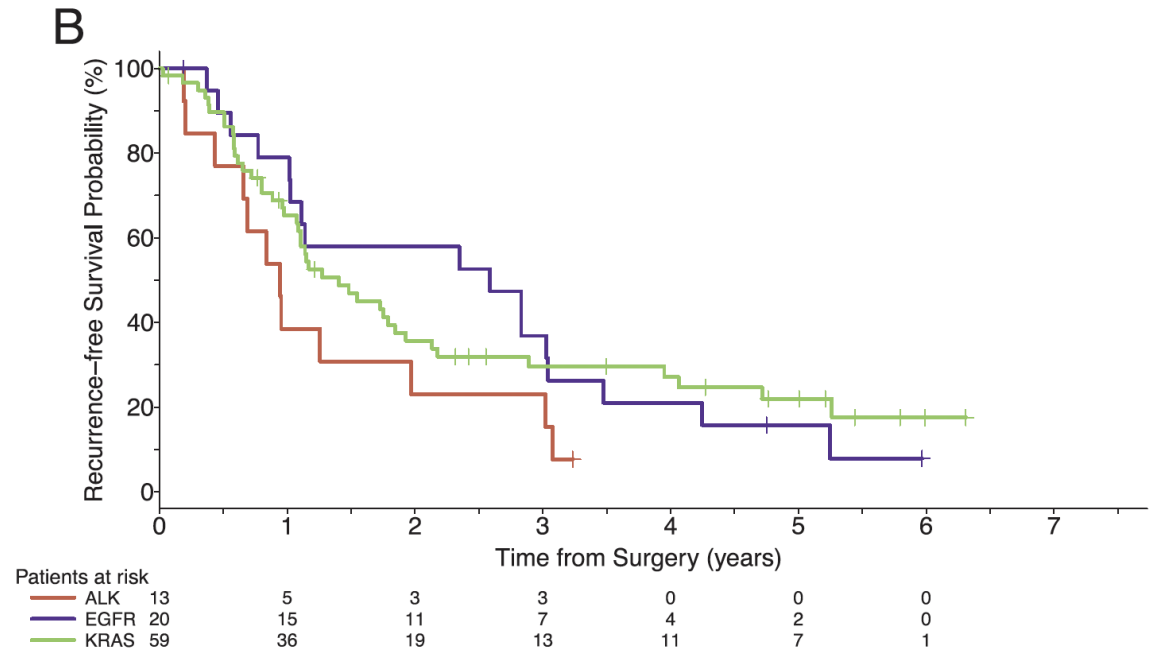


Different biology

I-II



III



Triad for Potential Adjuvant TKI

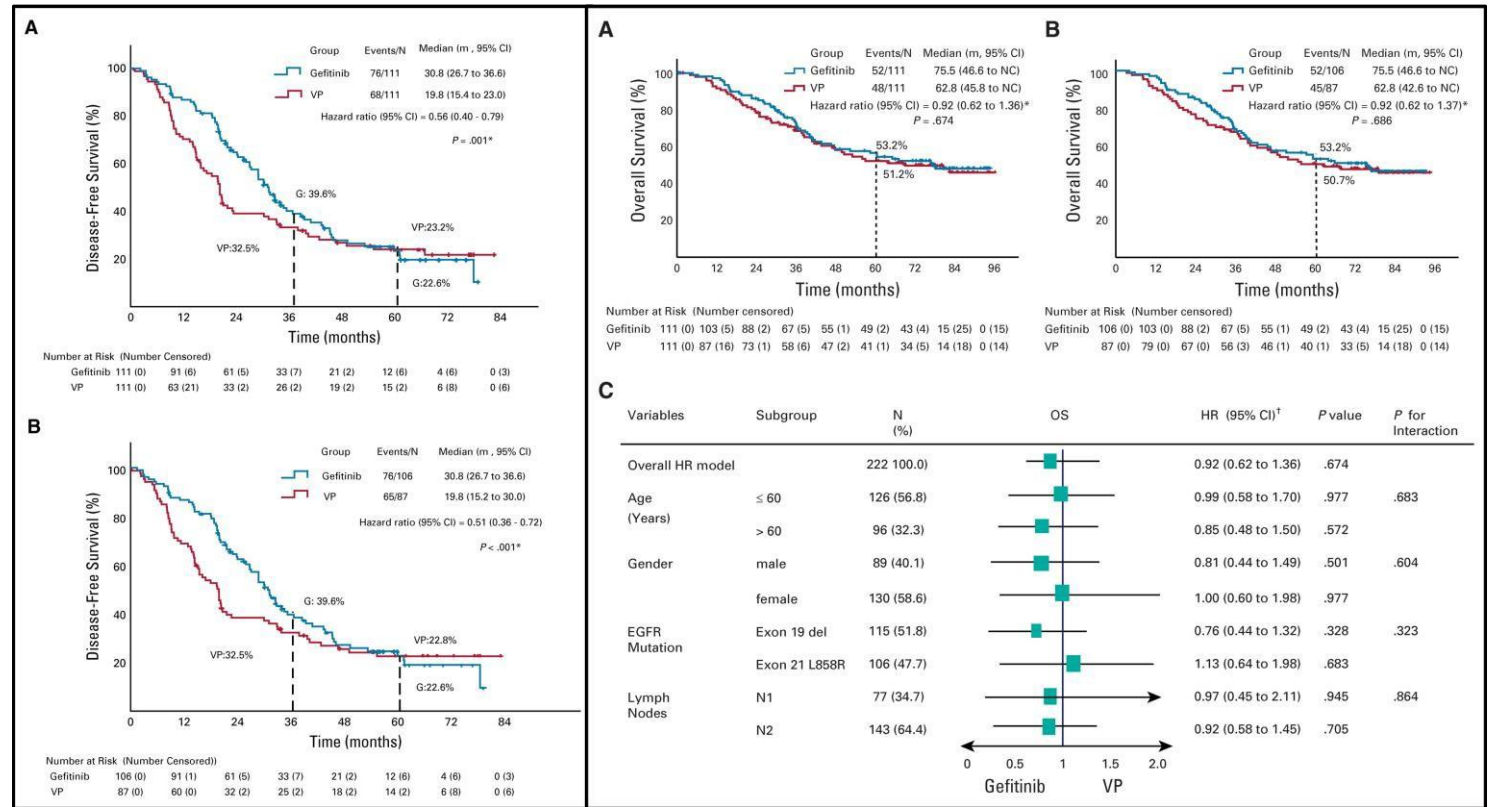
**High
response rate
(>50-60%)**

**Excellent
tolerability for
prolonged use**

**Good CNS
penetration**

Adjuvant 1st gen EGFR TKI Trials

1. Radiant, erlotinib v placebo
 - 973 subjects, EGFR+, IHC or FISH.
 - Among EGFRm, DFS 46 v 29m, NS.
2. Select, erlotinib
 - 69% completed 2y course
 - 2 yr DFS 88%
3. CTONG, gefitinib v chemo
 - Improved DFS
 - OS 75 v 63 m, NS



ADAURA: Desenho do estudo

Pacientes com **CPNPC estágio IB, II ou IIIA** completamente ressecados, com ou sem quimioterapia adjuvante

Critérios de Inclusão:

- ≥18 anos (Japão / Taiwan ≥20)
- WHO performance status 0 / 1
- CPNPC não escamoso confirmado histologicamente
- Ex19del / L858R
- Imagem cerebral se não realizada
- Ressecção completa com margens negativas
- Máximo intervalo entre a cirurgia e a randomização:
- 10 semanas sem quimioterapia adjuvante
- 26 semanas com quimioterapia adjuvante

Estratificação por:
Estágio (IB vs II vs IIIA)
EGFRm (Ex19del vs L858R)
Raça (Asiático vs não-Asiático)

**Osimertinibe
80 mg, 1x/dia**

**1:1
N=682**

**Placebo
1x/dia**

Endpoint primário

- SLD pelo investigador, nos estágio II/IIIA
- Endpoints secundários
- SLD na população global, SLD em 2, 3, 4 e 5 anos, SG, HRQoL e Segurança

Duração planejada do tratamento: 3 anos

Tratamento continuava até:

- Recorrência da doença, finalização do tratamento, ou critério de descontinuação

Follow up:

- Até recorrência: Semana 12 e 24, depois cada 24 semanas até 5 anos e depois anualmente.
- Após recorrência: cada 24 semanas por 5 anos e depois anualmente

*SLD – Sobrevida livre de doença; *SG – Sobrevida Global; *CPNPC – Câncer de pulmão não pequena células;

*EGFRm – Mutação no EGFR; * EGFR – Receptor do fator de crescimento epidérmico

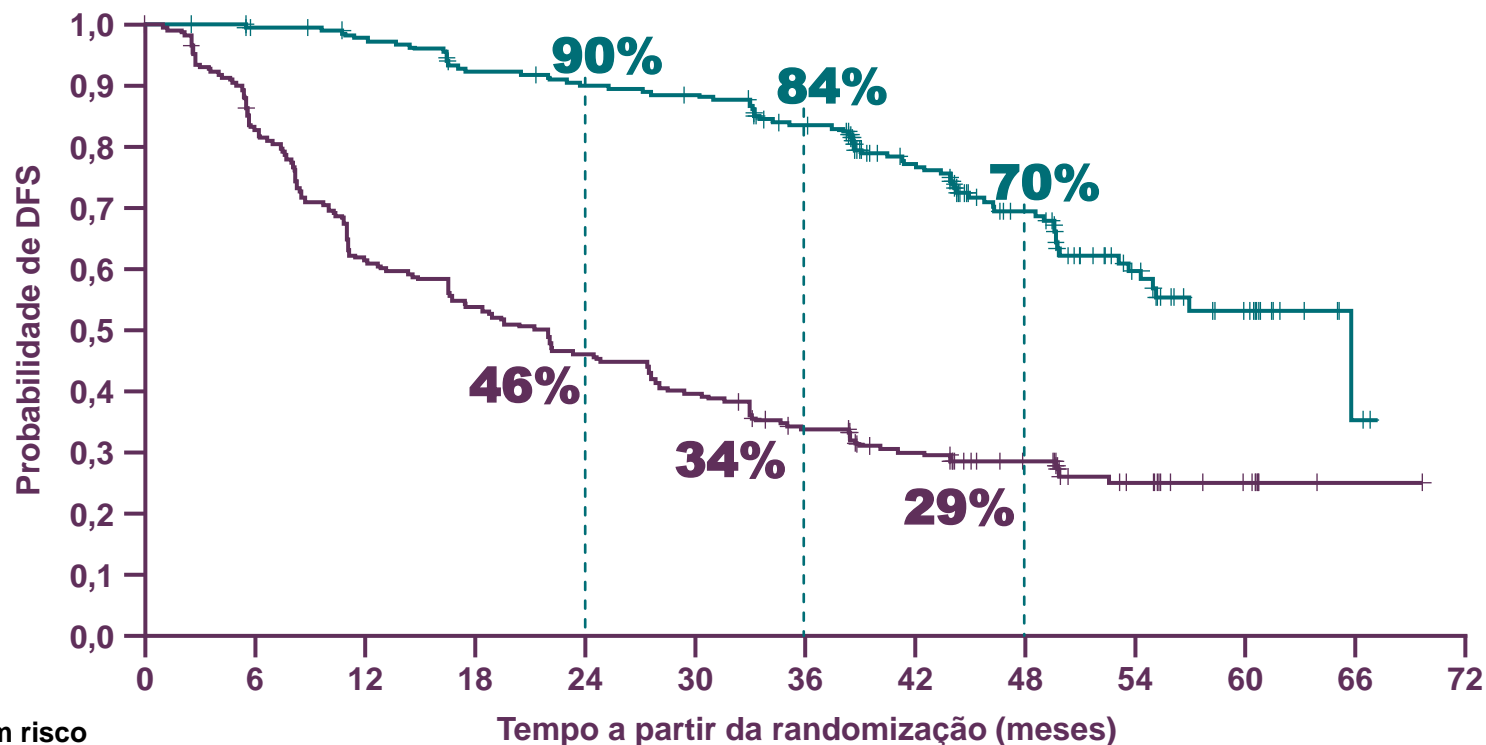
*IMDC –

Herbst, R. S. et. Al. Osimertinib in Resected EGFR-Mutated Non-Small-Cell Lung Cancer; N Engl J Med. 2020 Oct 29;383(18):1711-1723. doi: 10.1056/NEJMoa2027071



ADAURA: Resultados

ENDPOINT PRIMÁRIO: SLD ATUALIZADO NA DOENÇA ESTADIO II / IIIA¹



SLD mediana, meses (IC de 95%)	
- Osimertinibe (n=233)	65,8 (54,4, NC)
- Placebo (n=237)	21,9 (16,6, 27,5)
HR (IC 95%)	0,23 (0,18, 0,30)

Maturidade: * 51%: osimertinibe 32%, placebo 70%

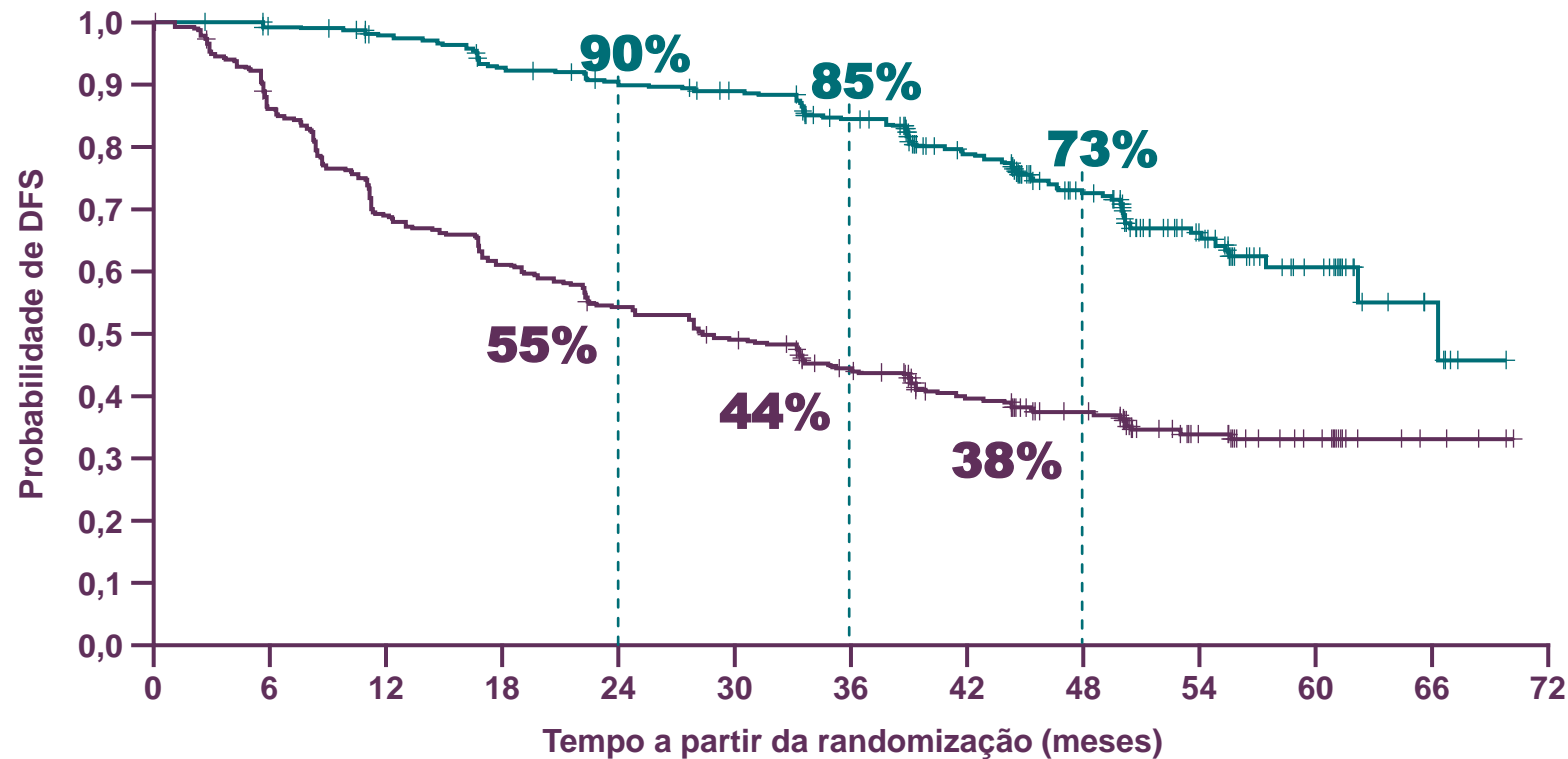
Acompanhamento mediano: osimertinibe 44,2 meses (intervalo de 0 a 67), placebo 19,6 meses (intervalo de 0 a 70).

Nº. em risco	Tempo a partir da randomização (meses)												
	0	6	12	18	24	30	36	42	48	54	60	66	72
Osimertinibe	233	222	216	202	196	192	174	138	90	45	20	2	0
Placebo	237	191	141	124	106	91	74	61	41	23	11	1	0

SLD por avaliação do investigador; As marcas de escala indicam dados censurados. *Maturidade planejada para análise de SLD: 50%. IC= intervalo de confiança; SLD= sobrevida livre de doença; HR= hazard ratio; NC= não calculável. Corte de dados: 11 de abril de 2022.

ADAURA: Resultados

ENDPOINT SECUNDÁRIO: SLD ATUALIZADO NA DOENÇA ESTADIO IB/ II / IIIA¹



SLD mediana, meses (IC de 95%)	
– Osimertinibe (n=339)	65,8 (61,7, NC)
– Placebo (n=343)	28,1 (22,1, 35,0)
HR (IC 95%)	0,27 (0,21, 0,34)

Maturidade:* 45%: osimertinibe 28%, placebo 62%

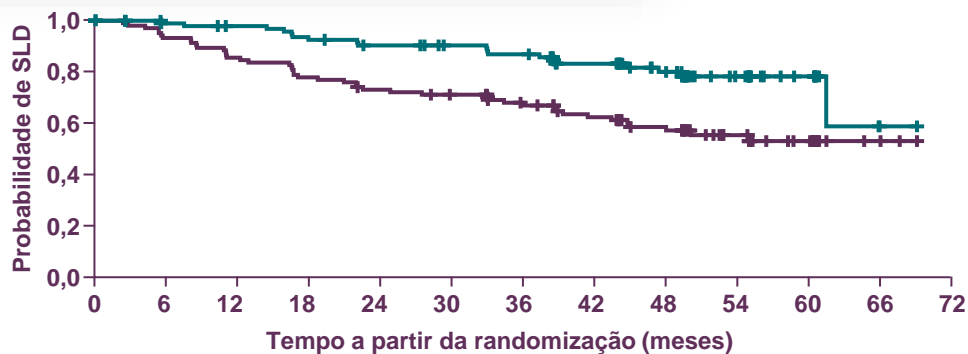
Acompanhamento mediano: osimertinibe 44,2 meses (intervalo de 0 a 67), placebo 19,6 meses (intervalo de 0 a 70).

SLD por avaliação do investigador; As marcas de escala indicam dados censurados. *Maturidade planejada para análise de SLD: 50%. IC= intervalo de confiança; SLD= sobrevida livre de doença; HR= hazard ratio; NC= não calculável. Corte de dados: 11 de abril de 2022.

1. Herbst, RS; Wu, YL; John, T; et al. Adjuvant Osimertinib for Resected EGFR-Mutated Stage IB-III A Non-Small-Cell Lung Cancer: Updated Results From the Phase III Randomized ADAURA Trial. J Clin Oncol, 2023. DOI <https://doi.org/10.1200/JCO.22.02186>. 2. Jones, DR; Wu, YL, Masahiro, T; et al. Targeted Therapies for Resectable Lung Adenocarcinoma: A - DAURA Opens for Thoracic Oncologic Surgeons. J Thorac Cardiovasc Surg. 2021 July ; 162(1): 288-292. doi:10.1016/j.jtcvs.2021.02.008.

ADAURA: Resultados

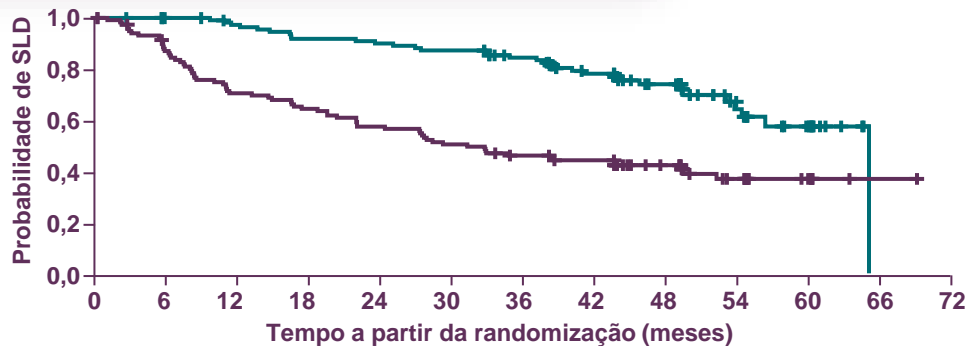
Estadio IB



Nº. em risco

	0	6	12	18	24	30	36	42	48	54	60	66	72
Osimertinibe	106	94	91	87	82	78	75	63	49	28	13	3	0
Placebo	106	97	89	81	75	71	63	54	43	25	14	3	0

Estadio IIA



Nº. em risco

	0	6	12	18	24	30	36	42	48	54	60	66	72
Osimertinibe	118	112	107	101	99	96	87	69	47	24	13	0	0
Placebo	118	100	81	74	66	58	51	47	30	17	8	1	0

**Taxa de SLD
de 4 anos, %
(95% CI)**

Estadio IB

Estadio II

Estadio IIIA

Osimertinibe

80 (70, 87)

74 (64, 82)

65 (54, 74)

Placebo

59 (48, 68)

42 (33, 51)

14 (8, 22)

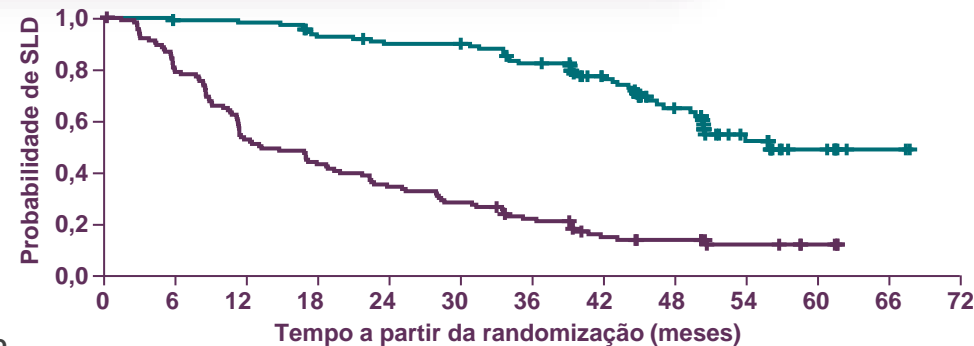
**HR Global
(IC de 95%)**

**0,41
(0,23, 0,69)**

**0,34
(0,23, 0,52)**

**0,20
(0,14, 0,29)**

Estadio IIIA



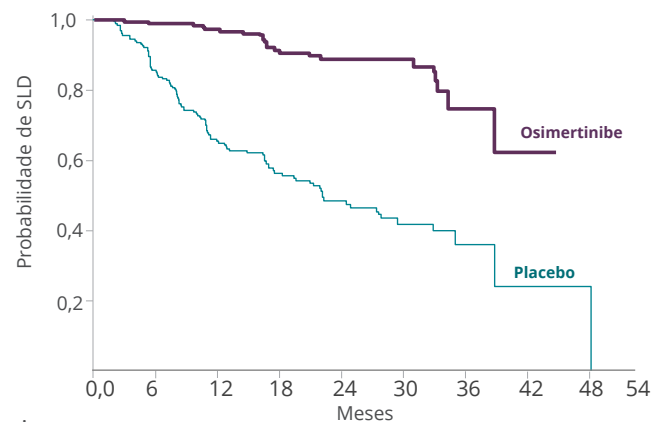
Nº. em risco

Osimertinibe	115	110	109	101	97	96	87	69	43	21	7	2	0
Placebo	119	91	60	50	40	33	23	14	11	6	3	0	0

ADAURA: Resultados

SLD em pacientes com ou sem quimioterapia adjuvante prévia (população geral)¹

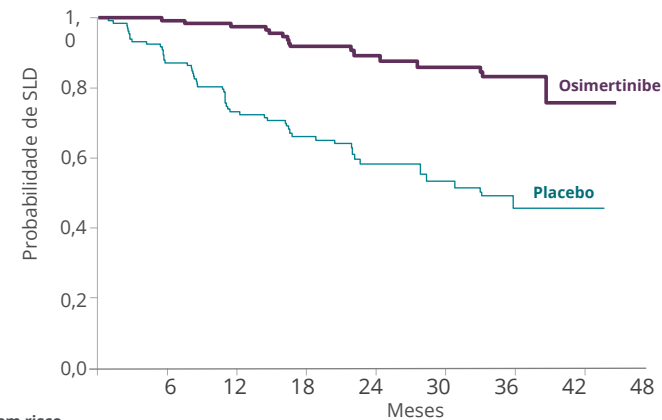
COM QUIMIOTERAPIA ADJUVANTE PRÉVIA



Nº em risco	0,0	6	12	18	24	30	36	42	48	54
Osimertinibe	203	190	166	121	80	40	14	1	0	0
Braço placebo	207	172	119	80	46	24	7	2	1	

HR=0,16 (IC de 95%: 0,10, 0,26)

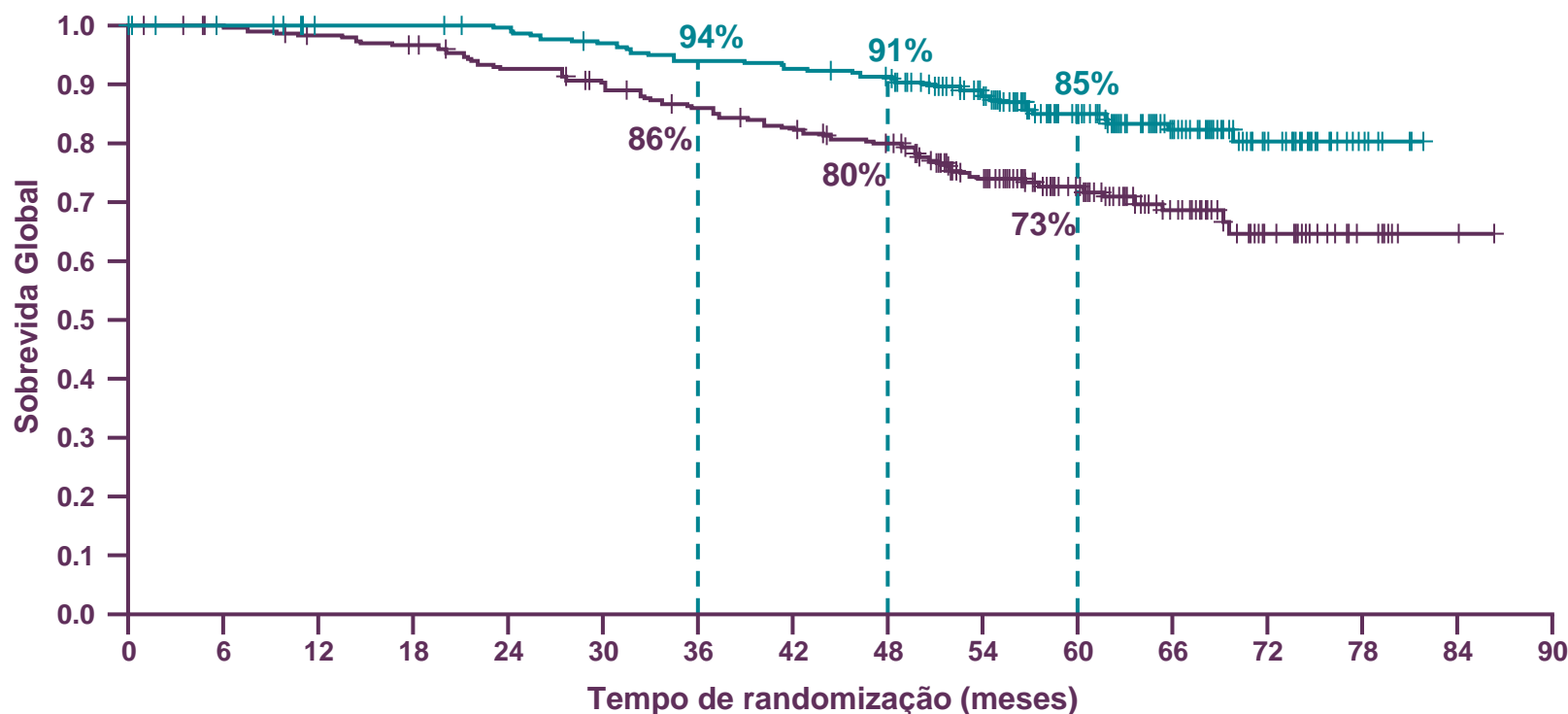
SEM QUIMIOTERAPIA ADJUVANTE PRÉVIA



Nº em risco	0	6	12	18	24	30	36	42	48
Osimertinibe	136	123	106	87	58	34	13	4	0
Braço Placebo	136	115	88	68	42	29	13	1	0

HR=0,23 (IC de 95%: 0,13, 0,40)

Sobrevida Global: Pacientes com doença estadio II/IIIA



Taxa de SG - 5 anos, % (95% IC)	
– Osimertinibe (n=233)	85 (79, 89)
– Placebo (n=237)	73 (66, 78)
SG HR (95.03% CI)	0,49 (0,33; 0,73)
	p=0,0004

Maturidade: 21%
osimertinibe 15%, placebo 27%

Mediana de acompanhamento de SG:
osimertinibe 59.9 meses, placebo 56.2 meses

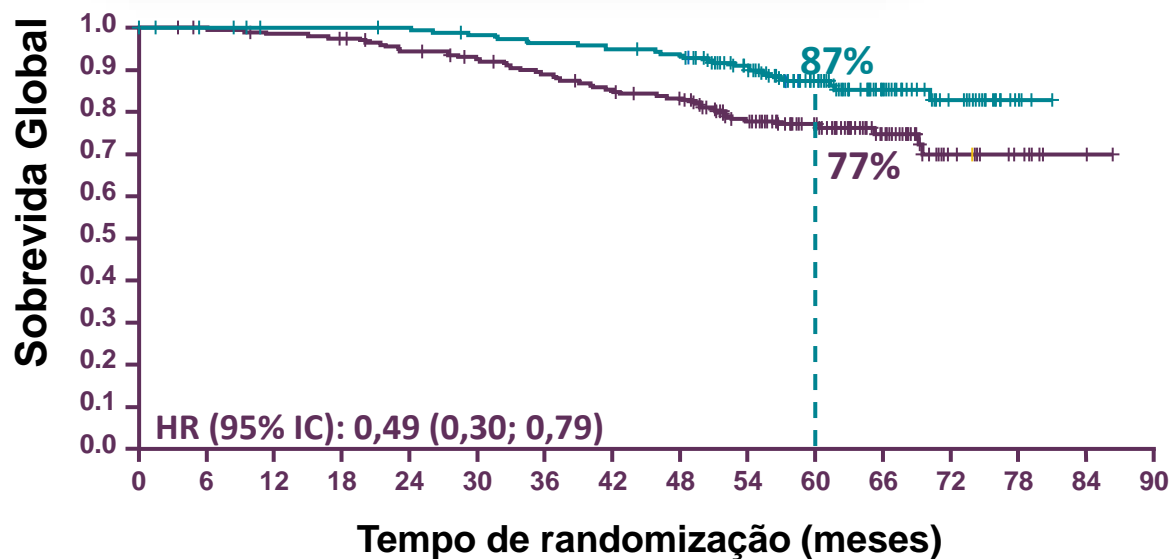
**Redução em 51% do risco
de morte no CPNPC
EGFRm com osimertinibe
vs. placebo**

Nº. em risco

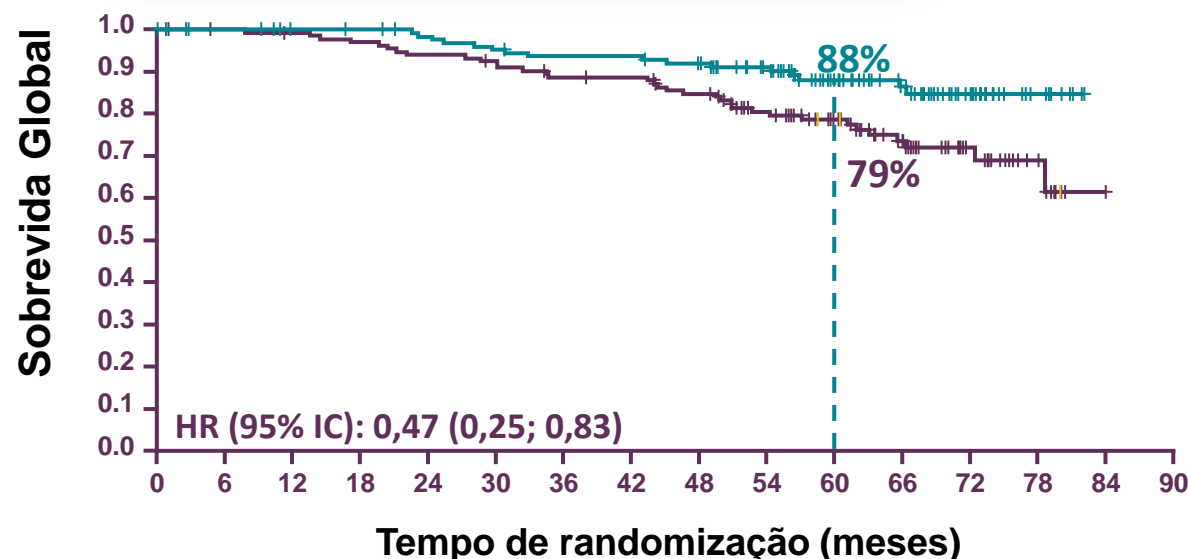
	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90
Osimertinibe	233	229	224	224	221	214	208	205	200	170	115	69	33	9	0	-
Placebo	237	232	226	221	210	202	190	182	171	138	94	53	25	8	2	0

ADAURA: Resultados

Com quimioterapia adjuvante



Sem quimioterapia adjuvante



Nº. em risco

	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90
Osimertinibe	203	200	197	197	196	192	188	185	182	155	104	58	25	7	0	
Placebo	207	204	200	197	189	182	174	166	159	133	92	48	19	7	2	0

Nº. em risco

	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90
Osimertinibe	136	132	128	127	123	119	116	116	112	97	72	50	25	8	0	
Placebo	136	134	132	129	125	122	116	115	108	90	72	49	25	10	1	0

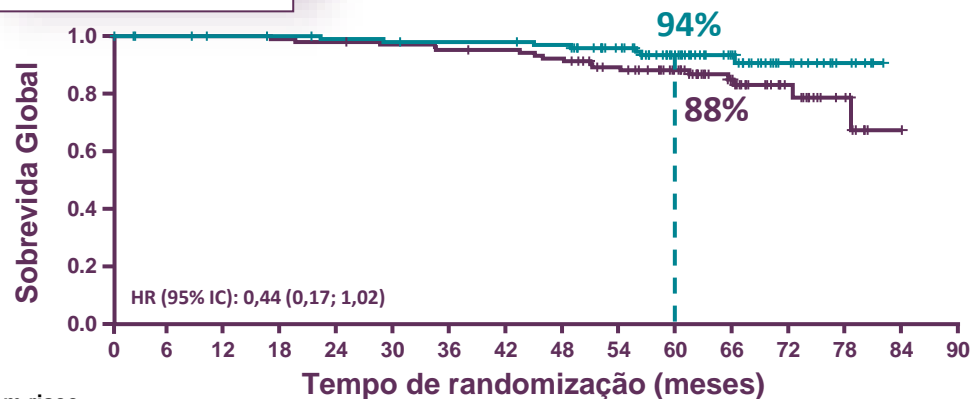
IC: Intervalo de confiança; HR: hazard ratio

Tsuboi, M; Herbst, R; John, T; et al. Overall Survival with Osimertinib in Resected EGFR-Mutated NSCLC. This article was published on June 4, 2023, at NEJM.org. DOI: 10.1056/NEJMoa2304594.

ADAURA: Resultados

Sobrevida global por estadio da doença:

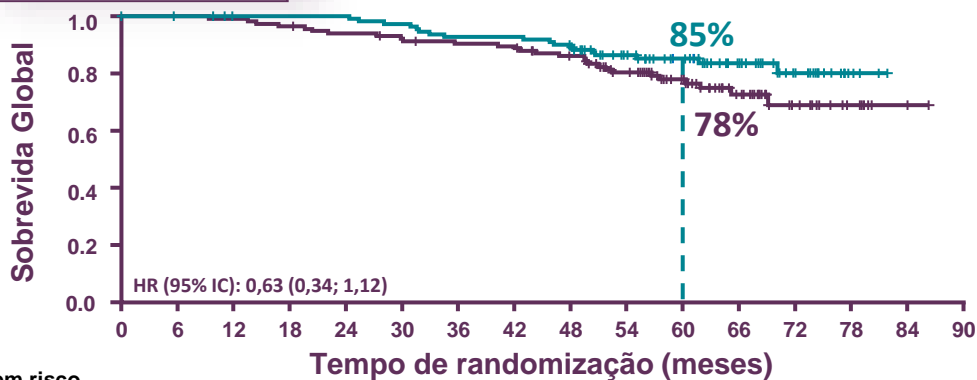
Estadio IB



Nº. em risco

	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90
Osimertinibe	106	103	101	100	98	97	96	96	94	82	61	39	17	6	0	
Placebo	106	106	106	105	104	102	100	99	96	85	70	44	19	9	1	0

Estadio IIA

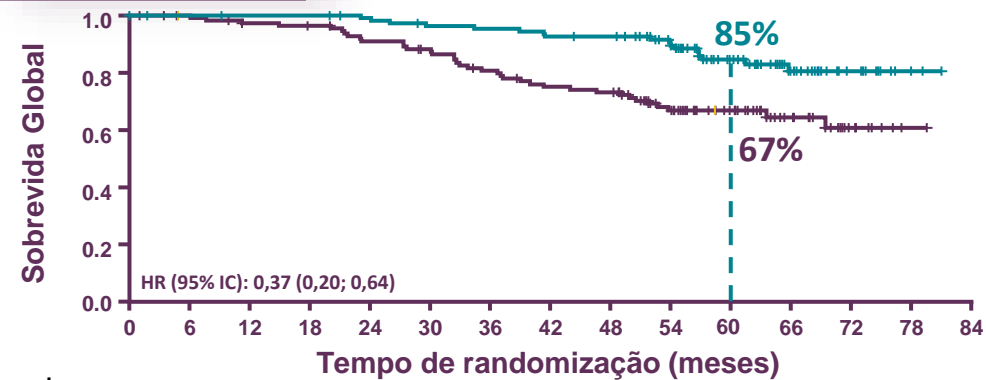


Nº. em risco

	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84	90
Osimertinibe	118	116	112	112	112	109	104	104	100	83	61	36	19	4	0	
Placebo	118	118	117	114	110	107	104	103	94	79	56	32	16	7	2	0

Taxa de SG em 5 anos, % (95% IC)	Estadio IB	Estadio IIA	Estadio IIIA
– Osimertinibe	94 (86, 97)	85 (77, 91)	85 (76, 91)
– Placebo	88 (80, 93)	78 (69, 85)	67 (57, 75)
HR Geral (95% IC)	0,44 (1,17; 1,02)	0,63 (0,34; 1,12)	0,37 (0,20; 0,64)

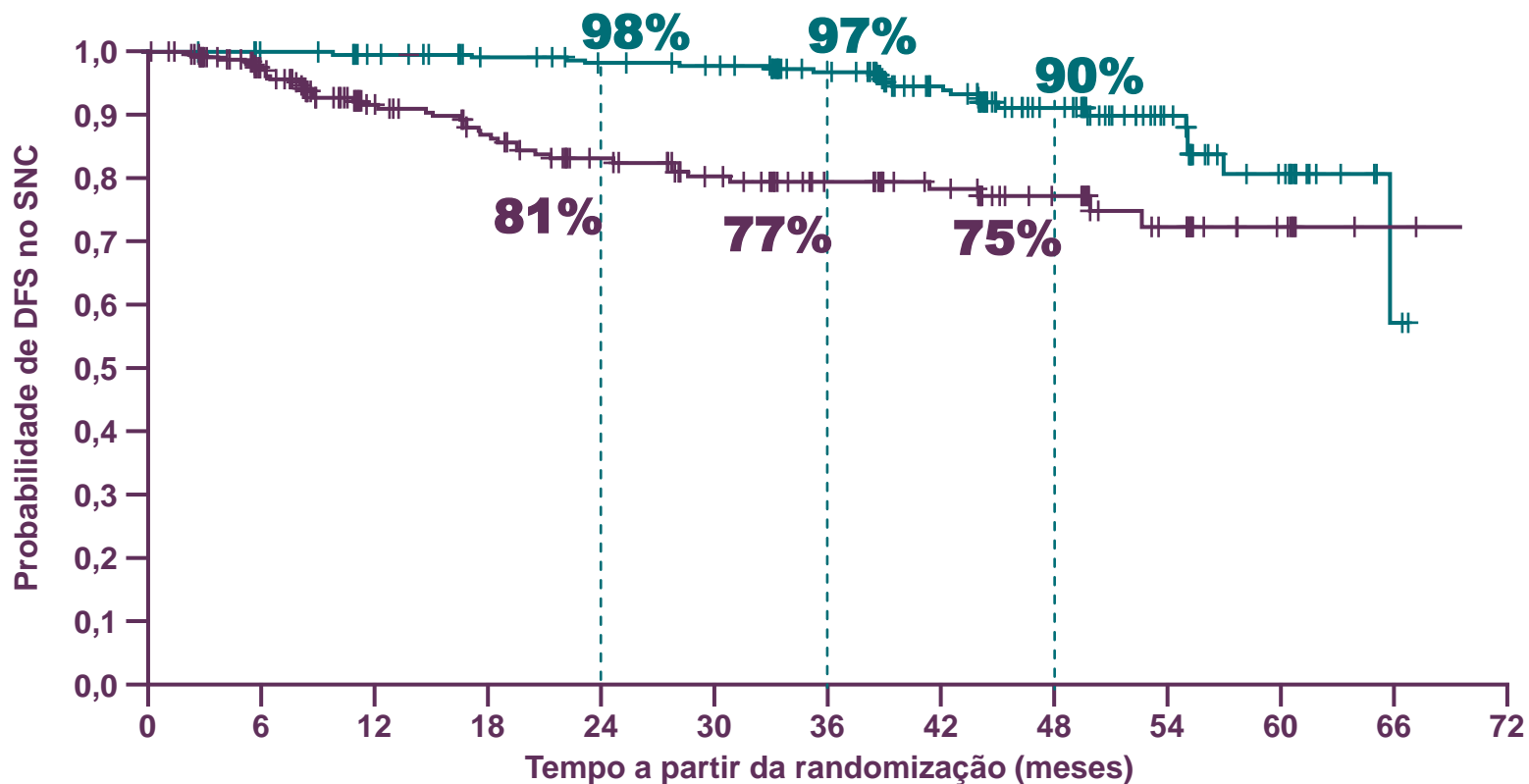
Estadio IIIA



Nº. em risco

	0	6	12	18	24	30	36	42	48	54	60	66	72	78	84
Osimertinibe	115	113	112	112	109	105	104	101	100	87	54	33	14	5	0
Placebo	119	114	109	109	100	95	86	79	77	59	38	21	9	1	0

SLD SNC ATUALIZADA EM PACIENTES COM DOENÇA ESTADIO II / IIIA¹



SLD Mediana do SNC, meses (IC de 95%)

– Osimertinibe	NR (65,8, NC)
– Placebo	NR (NC, NC)
HR (IC 95%)	0,24 (0,14, 0,42)

Maturidade 13%: osimertinibe 9%, placebo 17%

Acompanhamento mediano: osimertinibe 44,2 meses, placebo 20,4 meses.

Osimertinibe tem excelente atividade e penetração no SNC, superior aos inibidores de TKI de 1ª e 2ª geração²

SLD por avaliação do investigador; As marcas de escala indicam dados censurados. *Definido como SNC como o primeiro local de recorrência da doença ou morte sem qualquer recorrência da doença. IC, intervalo de confiança; SNC, sistema nervoso central; SLD, sobrevida livre de doença; HR, hazard ratio; NC, não calculável; NR, não alcançado; Corte de dados: 11 de abril de 2022. 1. Herbst, RS; Wu, YL; John, T; et al. Adjuvant Osimertinib for Resected EGFR-Mutated Stage IB-IIIa Non-Small-Cell Lung Cancer: Updated Results From the Phase III Randomized ADAURA Trial. J Clin Oncol, 2023. DOI <https://doi.org/10.1200/JCO.22.02186>. 2. Addeo, A; Banna GL; Friedlaender, A. Adaura: Mature enough for publication, not for prime time. The Oncologist 2021;26:266-268.

Tratamento subsequente

- **88% dos pacientes do braço placebo foram tratados com EGFR-TKIs nas terapias subsequentes, sendo 43% tratados com osimertinibe.**

Tratamentos subsequentes, n (%)	OSIMERTINIBE (N=339)	PLACEBO (N=343)
Pacientes que receberam tratamento subsequente para o câncer de pulmão*	76 (22)	184 (54)
EGFR-TKIs	58 (76)	162 (88)
Osimertinibe	31 (41)	79 (43)
Outros EGFR-TKIs	29 (38)	130 (71)
Quimioterapia	48 (62)	110 (59)
Radioterapia	30 (39)	53 (29)
Outros tratamentos	14 (18)	38 (21)

EGFR-TKI: inibidor de tirosina quinase do receptor de fator de crescimento epidérmico

*Oito pacientes (2%) no grupo osimertinibe e sete pacientes (2%) no grupo placebo receberam tratamento subsequente sem ter tido recorrência da doença. Tratamentos anticancerígenos subsequentes foram identificados por revisão médica e incluíram tratamentos anticancerígenos com data de início igual ou posterior à data de descontinuação do tratamento do estudo. Cirurgias e procedimentos não foram incluídos. Os pacientes podem ter recebido mais de um tratamento anticancerígeno subsequente

Tsuboi, M; Herbst, R; John, T; et al. Overall Survival with Osimertinib in Resected EGFR-Mutated NSCLC. This article was published on June 4, 2023, at NEJM.org. DOI: 10.1056/NEJMoa2304594.

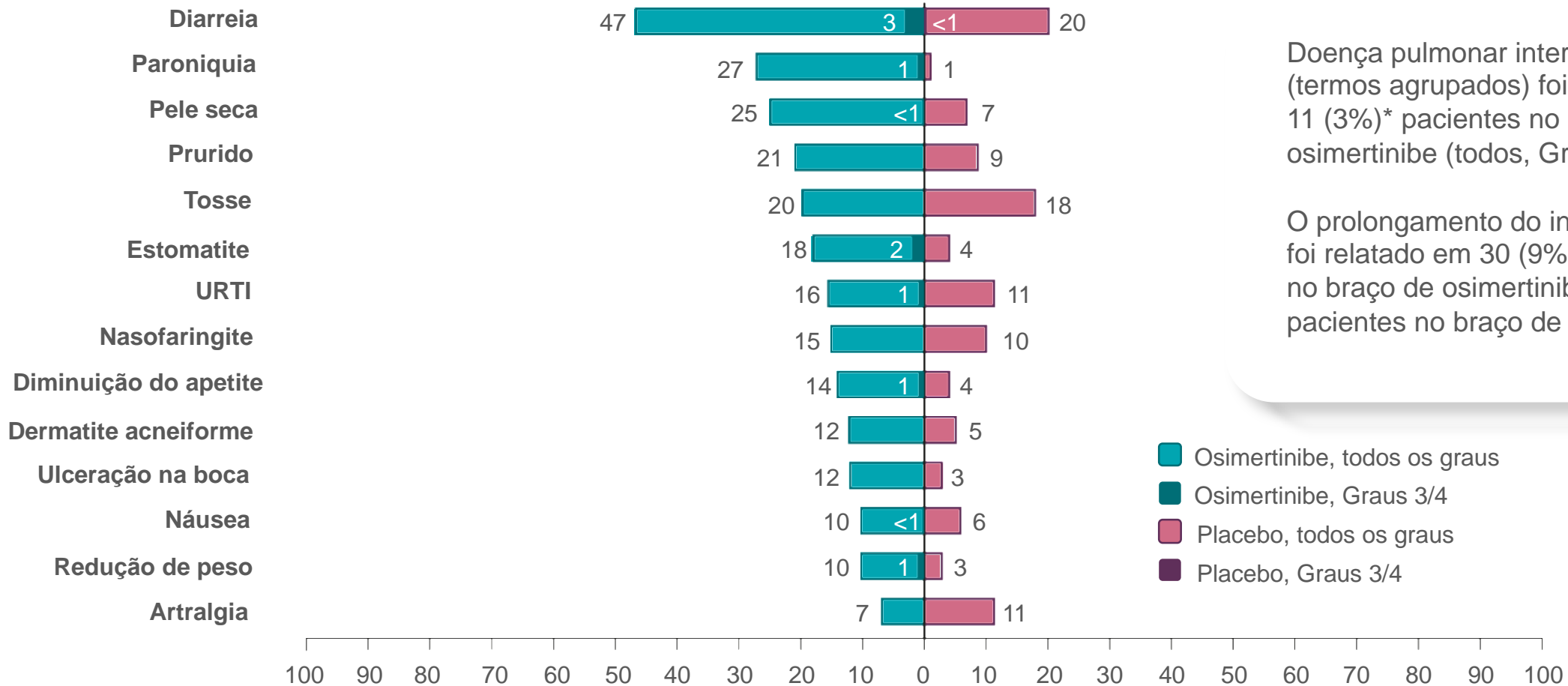
Resumo de segurança

EA, qualquer causa*, n (%) ^a	Osimertinibe (n=337)	Placebo (n=343)
Qualquer EA	330 (98)	309 (90)
Qualquer EA Grau ≥ 3	79 (23)	48 (14)
Qualquer EA que levou ao óbito	1 (<1)	2 (1)
Qualquer EA sério	68 (20)	47 (14)
Qualquer EA que levou à descontinuação	43 (13)	9 (3)
Qualquer EA que levou à redução da dose	42 (12)	3 (1)
Qualquer EA que levou à interrupção da dose	91 (27)	43 (13)
EA, com possível relação causal [†] , n (%)	Osimertinibe	Placebo
Qualquer EA	308 (91)	199 (58)
Qualquer EA Grau ≥ 3	36 (11)	7 (2)
Qualquer EA que levou ao óbito	0	0
Qualquer EA sério	10 (3)	2 (1)

Corte de dados: 11 de abril de 2022.

Herbst, R. S. Adjuvant Osimertinib for Resected EGFR-Mutated Stage IB-IIIa Non-Small-Cell Lung Cancer: Updated Results From the Phase III Randomized ADAURA Trial; Journal of Clinical Oncology. January 31, 2023; DOI <https://doi.org/10.1200/JCO.22.02186>

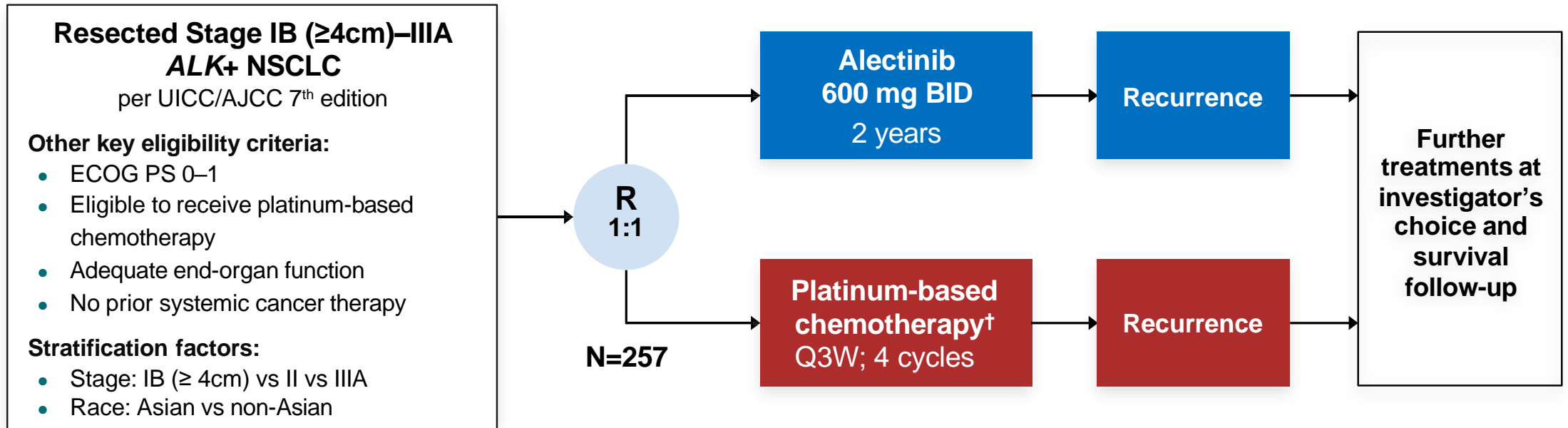
Todos os eventos adversos de causalidade (≥ 10% dos pacientes)



Doença pulmonar intersticial (termos agrupados) foi relatada em 11 (3%)* pacientes no braço de osimertinibe (todos, Grau 1/2)†

O prolongamento do intervalo QTc foi relatado em 30 (9%) pacientes no braço de osimertinibe e 8 (2%) pacientes no braço de placebo‡

■ Osimertinibe, todos os graus
■ Osimertinibe, Graus 3/4
■ Placebo, todos os graus
■ Placebo, Graus 3/4



Primary endpoint

- DFS per investigator,‡ tested hierarchically:
 - Stage II–IIIA → ITT (Stage IB–IIIA)

Other endpoints

- CNS disease-free survival
- OS
- Safety

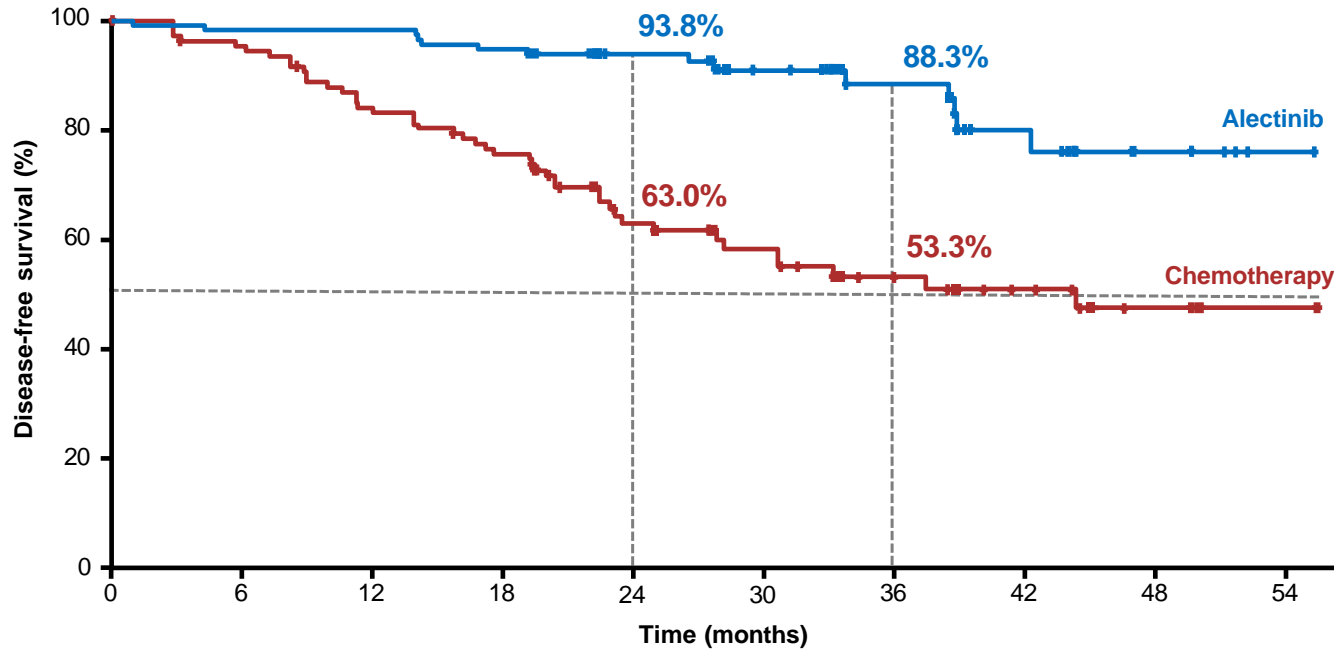
Disease assessments (including brain MRI)§ were conducted: at baseline, every 12 weeks for year 1–2, every 24 weeks for year 3–5, then annually

Data cut-off: 26 June 2023; CNS, central nervous system; DFS, disease-free survival; ITT, intention to treat
 *Superiority trial; †Cisplatin + pemetrexed, cisplatin + vinorelbine or cisplatin + gemcitabine; cisplatin could be switched to carboplatin in case of intolerability; ‡DFS defined as the time from randomisation to the first documented recurrence of disease or new primary NSCLC as determined by the investigator, or death from any cause, whichever occurs first; §Assessment by CT scan where MRI not available; NCT03456076

Patient demographics and baseline characteristics (ITT)

Characteristic	Alectinib (n=130)	Chemotherapy (n=127)
Median age <65 / ≥65 years, %	54 years 79 / 21	57 years 73 / 27
Sex: female / male, %	58 / 42	46 / 54
Smoking status: never / former / current, %	65 / 32 / 4	55 / 43 / 2
Race: Asian / non-Asian, %	55 / 45	56 / 44
ECOG PS: 0 / 1, %	55 / 45	51 / 49
Stage at diagnosis*: IB / II / IIIA, %	11 / 36 / 53	9 / 35 / 55
Nodal status: N0 / N1 / N2, %	16 / 35 / 49	14 / 34 / 52
Histology: squamous / non-squamous, %	5 / 95	2 / 98
Surgical procedure: Lobectomy / Other‡, %	97 / 3	92 / 8

Disease-free survival: stage II–IIIA*



	Alectinib (N=116)	Chemotherapy (N=115)
Patients with event	14 (12%)	45 (39%)
Death	0	1
Recurrence	14	44
Median DFS, months (95% CI)	Not reached	44.4 (27.8, NE)
DFS HR (95% CI)	0.24 (0.13, 0.45) p [†] <0.0001	

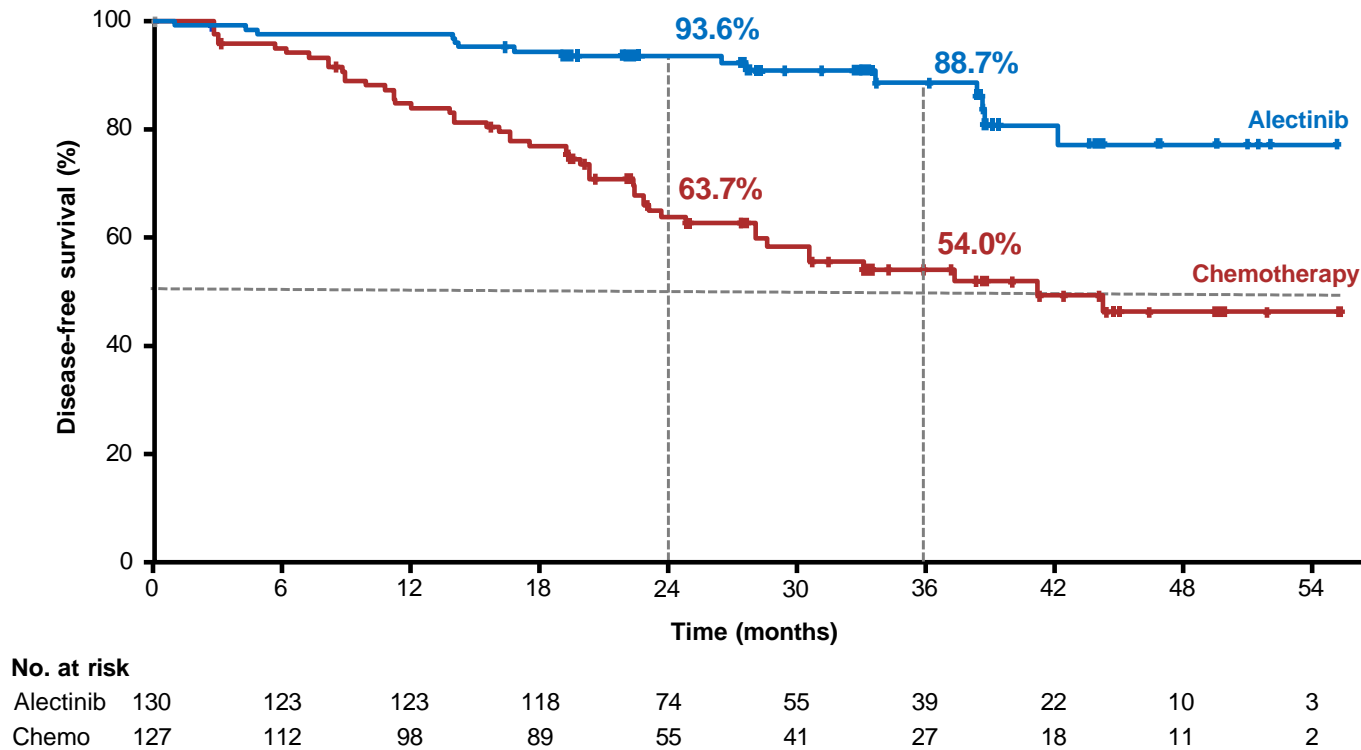
No. at risk

	0	6	12	18	24	30	36	42	48	54
Alectinib	116	111	111	107	67	49	35	21	10	3
Chemo	115	102	88	79	48	35	23	17	10	2

Median survival follow up: alectinib, 27.9 months; chemotherapy, 27.8 months

Data cut-off: 26 June 2023; Time from last patient in to data cut off was ~18 months
*Per UICC/AJCC 7th edition; [†]Stratified log rank; DFS defined as the time from randomisation to the first documented recurrence of disease or new primary NSCLC as determined by the investigator, or death from any cause, whichever occurs first

Disease-free survival: ITT (stage IB–IIIA)*



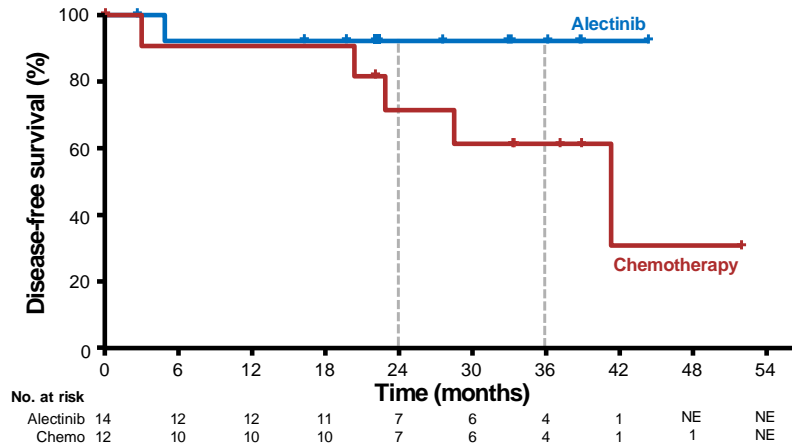
	Alectinib (N=130)	Chemotherapy (N=127)
Patients with event	15 (12%)	50 (39%)
Death	0	1
Recurrence	15	49
Median DFS, months (95% CI)	Not reached	41.3 (28.5, NE)
DFS HR (95% CI)	0.24 (0.13, 0.43) p [†] <0.0001	

At the data cutoff date, **OS data were immature** with only 6 (2.3%) OS events reported[‡]

Median survival follow up: alectinib, 27.8 months; chemotherapy, 28.4 months

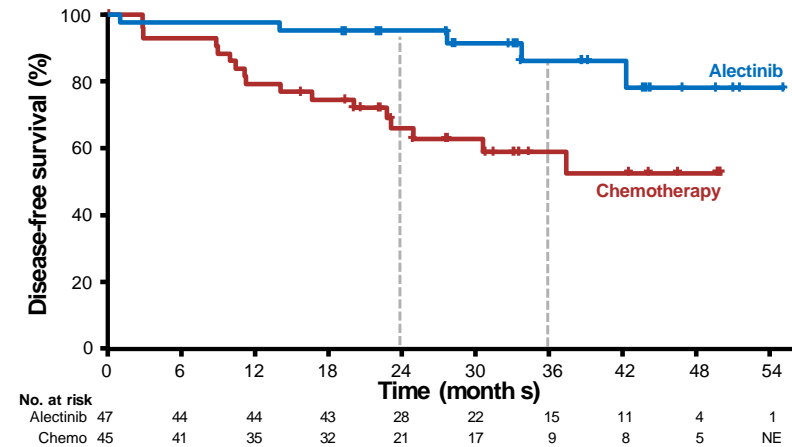
Data cut-off: 26 June 2023; Time from last patient in to data cut off was ~18 months
*Per UICC/AJCC 7th edition; †Stratified log rank; ‡2 events in the alectinib arm, 4 events in the chemo arm; one additional patient in the chemo arm died but was censored due to incomplete date of death recorded. DFS defined as the time from randomisation to the first documented recurrence of disease or new primary NSCLC as determined by the investigator, or death from any cause, whichever occurs first

Stage IB

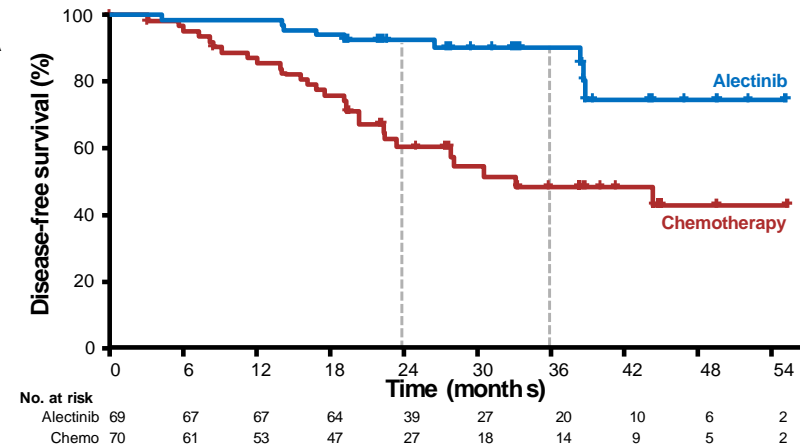


2-year DFS rate, % (95% CI)	Stage IB (n=26)	Stage II (n=92)	Stage IIIA (n=139)
Alectinib	92.3 (77.8, 100.0)	95.6 (89.5, 100.0)	92.7 (86.4, 98.9)
Chemotherapy	71.6 (44.2, 99.0)	66.3 (51.7, 81.0)	60.7 (47.9, 73.5)
HR† (95% CI)	0.21 (0.02, 1.84)	0.24 (0.09, 0.65)	0.25 (0.12, 0.53)

Stage II



Stage IIIA



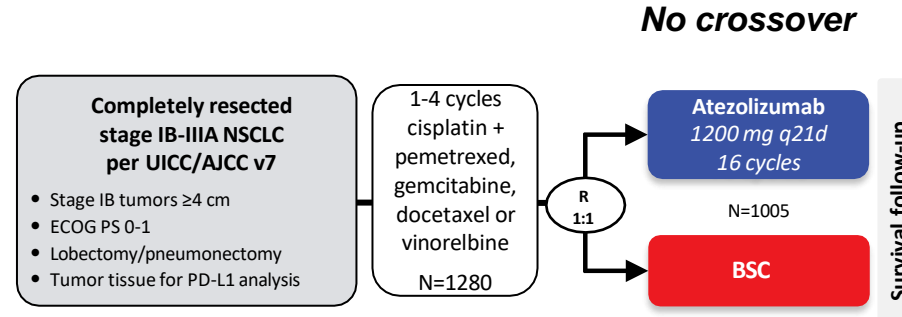
Data cut-off: 26 June 2023
*Per UICC/AJCC 7th edition; †Unstratified analysis

Neoadjuvant IO Clinical trials

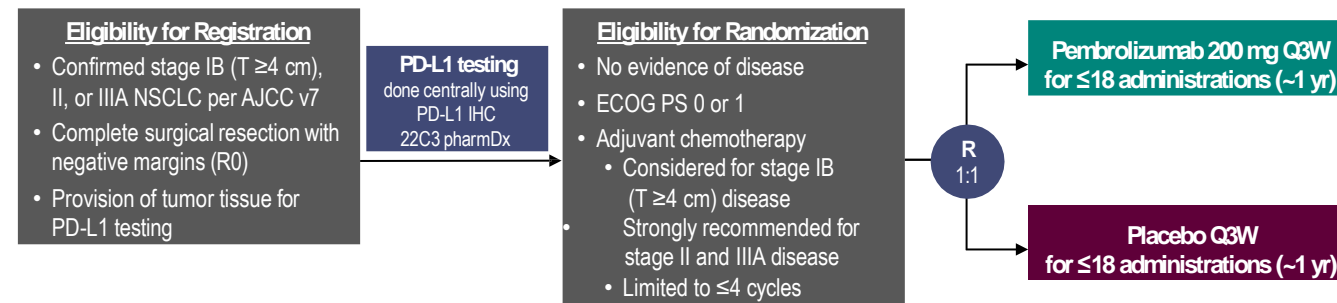
Clinical trial	Key eligibility criteria	Pre-operative therapy	Primary outcome	Post-operative immunotherapy
Checkmate 0816	Stage IB (≥ 4 cm) to IIIA NSCLC (7th) No known ALK/EGFR alteration	Platinum-based +/- nivolumab	Phase 3 (N=358) Co-primary: EFS and path CR	None
Keynote-671	Stage II, IIIA, or IIIB (8 th)	Cisplatin-based +/- pembro	Phase 3 (N=797) Dual primary: EFS and OS	Pembro every 3 weeks for 13 cycles
NADIM	Stage IIIA or IIIB (8 th)	Carboplatin, paclitaxel nivo vs platinum-based	Phase 2 (N=86) Path CR	Nivo for monthly for 6 cycles
AEGAN	Stage II, IIIA, or IIIB (8th) No known ALK/EGFR alteration	Platinum-based +/- durvalumab for 4 cycles	Phase 3 (N=802) Co-primary: EFS and path CR	Durva monthly for 12 months
NeoTorch	Stage II/III resectable NSCLC No EGFR/ALK alterations	Platinum-based +/- toripalimab for 3 cycles	Phase 3 (n=404) EFS and MPR in stage III	Toripalimab for 13 cycles
Checkmate 77T	Stage II, IIIA or IIIB (8 th edition) No EGFR/ALK alterations	Platinum-based +/- nivolumab for 4 cycles	Phase 3 (n=461) EFS by BICR	Nivolumab

Adjuvant IO Clinical trials

IMPOWER 010



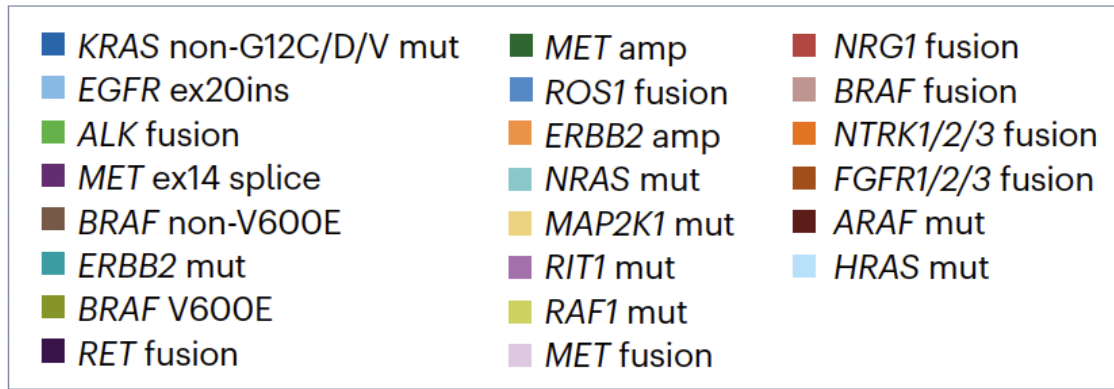
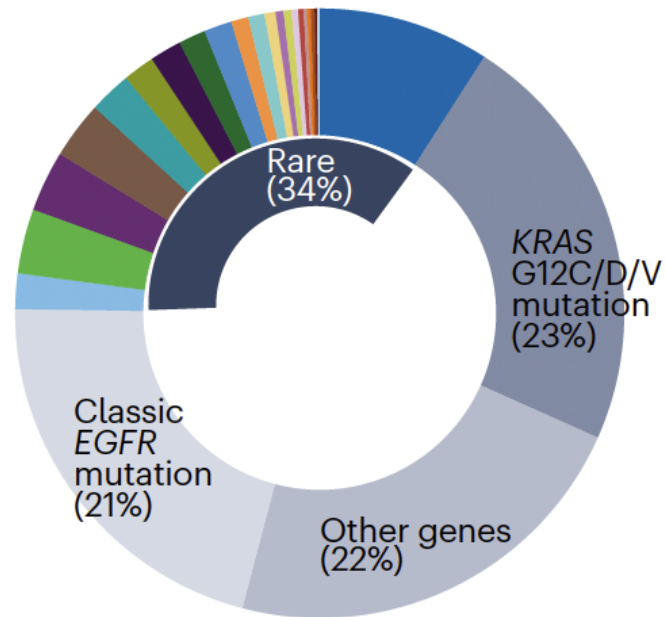
PEARLS KEYNOTE-091



Risk of Targeted Therapies following ICI

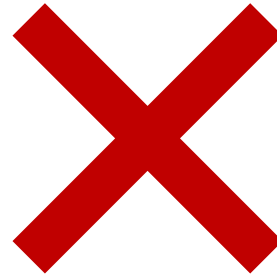
Molecular alteration	Targeted therapy	Adverse event of interest
EGFR	Osimertinib	Severe irAE: 24%
EGFR	Osimertinib	Pneumonitis 14% Grade \geq 3: 5% Diarrhea 14% Grade \geq 3: 3%
MET	Capmatinib	Drug induced liver injury: 4.7%
RET	Selpercatinib	Hypersensitivity: 11%
KRAS G12C	Sotorasib	Hepatotoxicity Grade \geq 3: 19.5%

Rare alterations



Different RRs

Molecular alteration	Agent name	Mechanism of action	ORR
RET fusions	Selpercatinib	RET TKI	85%
		RET TKI	64%
ROS1 fusions	Pralsetinib	RET TKI	70%
		RET TKI	61%
	Crizotinib	ROS1 TKI	72%
	Ceritinib	ROS1 TKI	62%
	Entrectinib	ROS1 TKI	68%
NTRK1/2/3 fusions	Larotrectinib	ROS1 TKI	62%
		ROS1 TKI	79%
	Entrectinib	NTRK TKI	83%
	Entrectinib	NTRK TKI	64%



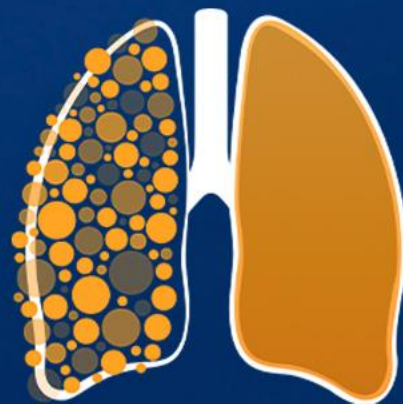
Molecular alteration	Agent name	Mechanism of action	ORR
EGFR exon 20 insertions	Amivantamab* ^{^120}	EGFR-MET BiAb	40%
	Mobocertinib* ^{^119}	EGFR TKI	28%
	Pozitotinib ¹²³	EGFR and ERBB2 TKI	32%
BRAF V600E mutations	CLN-081** ¹⁵⁸	EGFR TKI	38%
	Dabrafenib + Trametinib* ^{^118}	BRAF S/TKI and MEK1/2 inhibitor	64%
	Dabrafenib ^{^126}	BRAF S/TKI	33%
	Vemurafenib ^{^127}	BRAF S/TKI	37%
HER2 mut	Pozitotinib** ¹²³	EGFR and ERBB2 TKI	27%
	Pyrotinib ¹²²	Pan-ERBB TKI	30%
MET exon 14 alterations	Capmatinib* ^{^91}	Type Ib MET TKI	68%
		Type Ib MET TKI	41%
	Tepotinib* ^{^117}	Type Ib MET TKI	46%

Conclusions

- Universal predictive biomarker testing is feasible and essential for optimal lung cancer care
- Adjuvant TKIs may or may not lead to “cures,” but a significant increase in DFS may lead to improve median OS
- Chemo-IO is not the best treatment for this patient population
- Triad for Potential Adjuvant TKI: high response rate (>50-60%), excellent tolerability for prolonged use, and good CNS penetration
- Future directions include new targeted agents and longer durations of adjuvant therapy, especially for higher stage disease

FELIZ DIA DAS MULHERES!





12º SIMPÓSIO
INTERNACIONAL DE

CÂNCER DE PULMÃO

2ª JORNADA ONCONNECTION MULTICARE

2024

GERENCIAMENTO E PRODUÇÃO

