Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/project-oncology/choosing-the-right-treatment-in-alk-and-ros1-positive-nsclc/56919/

ReachMD
www.reachmd.com
info@reachmd.com
(866) 423-7849

Choosing the Right Treatment in ALK and ROS1-Positive NSCLC

Announcer:
This is *Project Oncology* on ReachMD. Today, Dr. Raghava Induru will be discussing therapeutic decision-making in *ALK* and *ROS1*-positive non-small cell lung cancer. Dr. Induru is a medical oncologist specializing in thoracic oncology at the Atrium Health Levine Cancer Institute in North Carolina.

Let's hear from him now.

Dr. Induru:
The harder part is making sure that we are testing and we are identifying what an actionable target is. The easy part of treatment is that once I see a patient who is a newly diagnosed patient with *ALK* or *ROS1*-positive non-small cell lung cancer, we have plenty of treatment options.

I follow the NCCN guidelines, which have an excellent amount of support there to know what the Category 1 recommendations are, along with various treatment options that are available for newly diagnosed disease. And there is data supporting each treatment, with each of their pros and cons, their toxicity profiles, as well as their benefits.

And ultimately, we need shared decision-making in selecting the right tyrosine kinase inhibitor for our individual patient to offer them the best precision treatment. For example, for *ALK* rearrangement in newly diagnosed non-small cell lung cancer, we have several tyrosine kinase inhibitors like alectinib, brigatinib, lorlatinib, et cetera. Each one has its pros and cons. While alectinib is a quite well-tolerated treatment, lorlatinib has a better CNS penetration rate.

Again, these are all across comparison trials, but ultimately speaking, no matter which TKI is used, it is used in the context of our individual patients: understanding their disease, their medical comorbidities, their underlying symptoms, the cost of their treatment, whether it's once-a-day dosing or twice-a-day dosing, as well as the CNS penetration. So a lot of these factors play into it.

Whereas for the *ROS1* rearrangement in newly diagnosed non-small cell lung cancer, we have, for example, something like repotrectinib, entrectinib, crizotinib, et cetera. But again, we choose these treatments based on all the patient-related and tumor-related factors, and see which is the right fit for our patient.

So ultimately, for the care plan, the multidisciplinary team is a really important part of this to make these treatment decisions.

Announcer:
That was Dr. Raghava Induru talking about treatment options for *ALK* and *ROS1*-positive non-small cell lung cancer. To access this and other episodes in our series, visit *Project Oncology* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!