

Transcript Details

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

Hot Topics on NSCLC from 2021 ESMO

Announcer Introduction

Welcome to *Project Oncology* on ReachMD. On this episode, sponsored by AstraZeneca and Daiichi-Sankyo, we're joined by Dr. Alexander Spira, who's the Co-Director of the VCS Research Institute, Director of the Thoracic and Phase I Program, and Clinical Assistant Professor at Johns Hopkins. Dr. Spira is here to share emerging research and key clinical trial data on non-small cell lung cancer from the 2021 ESMO Congress. Let's hear from Dr. Spira now.

DR. SPIRA:

The 2021 ESMO Congress had a lot of new advancements for non-small cell lung cancer treatment. I think one of the things we're most excited about was the DESTINY-Lung01 Phase 2 study. This was using a drug called trastuzumab deruxtecan, which is an antibody drug conjugate against HER2. We've known about HER2 mutations mainly in lung cancer for quite some time. And previously, we had some data saying that this drug did appear to have some efficacy. This is an expansion of that study. Most notably, it had a concurrent *New England Journal of Medicine* publication.

In this study, the confirmed response rate was more than 50 percent of patients responded. There was one complete response, mostly partial responses, but a disease control rate which we would consider stable disease or partial responses more than 90 percent. There's been hints of activity of other HER2 antibodies or HER2 antibody drug conjugates, over quite some time. But this is really the first one that had a really good study that is likely to lead to the approval of the drug soon.

One of the major concerns from this drug is some of the side effects. There was a higher rate of pulmonary toxicity, interstitial lung disease-like toxicity, with this drug than we've seen in the breast cancer population. So, it's something to be very mindful of, because once this happens, it tends not to be reversible. But nevertheless, it appears to be a really new drug for our armamentarium. And currently, there are no, uh, other, uh, approved drugs for this rare mutation. It makes up about one to two percent of patients. So, it's a real nice thing to have for the patients who have these HER2 mutations in non-small cell lung cancer.

I think this is practice-changing in a couple of ways. First of all, it's reminder to physicians and patients should be asking for the same thing, of course, but it's a reminder for physicians to do a full next generation sequencing panel on their patients. We fully acknowledge that many physicians are not getting a full panel. Remember, there's I think, 8 to 10 different drugs for which there are targeted mutations. And if you don't test for the targeted mutation, you can't treat anybody with it. Whether or not it's on blood or tissue, something is better than nothing.

Secondly, for these patients with this HER2 mutation, it's practice changing. There have been no approved drugs. There's a great response rate here and again, although it's a small number of patients, it represents only a few percent on the non-small cell lung cancer population. But it really opens up a new world because now we have a drug that could potentially target it. So for those patients who had this mutation, it's life changing as they battle their cancer.

Announcer Close

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