



2020 Target Therapy Forum

ALK/ROS1 Question and Answer Panel

The Use of ALK TKI Post Chemo-radiation for Stage 3B Lung Cancer

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Dr. Jessica Lin:

First question that I see is what are your thoughts on the use of an ALK TKI post chemo, radiation for stage three B lung cancer? This is a very good question. And one that also oncologists struggle with a lot and discuss all the time at these conferences. So right now, the standard of care for patients who receive chemo, radiation for non-small cell lung cancer, as many of you know, is, you know, immunotherapy with Dirvalumab based on the Pacific trial that demonstrated survival benefit with Dirvalumab after chemo, radiation. And now that trial did not exclude patients who had EGFRs mutant or ALK positive lung cancer. So technically it would still be considered standard treatment. However, we know interpolated from our experience in stage four lung cancer, the efficacy of these checkpoint inhibitors similar to the Dirvalumab are very limited for patients with ALK positive.

And so our enthusiasm for using Dirvalumab in stage three B after chemo, radiation is tempered, and we always made sure to discuss the potential benefits and risks, the potential risk being that if you do receive Dirvalumab and then have disease recurrence, then subsequent therapy with an ALK inhibitor, there could be potential authentic toxicity from a sequential immunotherapy and then TKI exposure. That gets me to the point of, well, what about using an ALK inhibitor after chemo, radiation? And that is not currently standard of care. But I think it is something that we always discuss with our



patients mainly of, you know, about the other Arora trial that looked at surgically resected, EGFR mutant lung cancer patients who received adjuvant EGFR TKI. And that data was very positive. There is an ongoing trial in ALK, positive lung cancer, looking at

alectinib in the adjunct setting in surgical receptive patients. Of course, that is not for patients who received chemo, radiation. It will have to be answered with regards to these trials, looking at the efficacy of ALK inhibitors, post-chemo radiation. But I think it is something that we always think about and discuss with our patients, even though it's not standard of care.

Dr. Luis Raez:

Yeah. I agree because it's hard to recommend something that is not grooving. It's very tempting. It's very tempting because we know that it's helping [inaudible 02:56]. And if the patient has finished chemo, radiation successfully, we get these questions very often. That's why also in stage three is like not standard of care to do testing of genetic aberrations you know, that is why when you test in a patient in stage three is supposed to get chemo, radiation Dirvalumab. Then you, you ending a problem because if people are positive, you have the condition to say maybe instead of the Dirvalumab, maybe I'll give osimertinib or one of these ALK inhibitors, but that is not standard of care. It's very hard to recommend something. You may work may not work. We don't know.

