



2020 Target Therapy Forum

AM Question and Answer Panel

Treatment Options for STK 11 Testing and Biopsies

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Dr. Jared Weiss-University of North Carolina, Vice President of GRACE

Dr. Pasi Janne-Lowe Center for Thoracic Oncology, Harvard Medical School

Dr. Luis Raez: Okay. So we've got a lot of questions, we'll have to give short answers now. Pasi, can you answer there are a couple of questions about STK 11 general system. So a practical question is if you have a patient on STK 11, will you use immunotherapy or no?

Dr. Pasi Janne: Yeah. So I think this refers to the concomitant mutations in KRAS where you see STK 11 alterations in about a third of those. And oftentimes these are individuals where their PD-L1 status is low. And you know, there's a plenty of retrospective data to suggest that either with single agent immune checkpoint inhibitors, or even with chemotherapy checkpoint inhibitors, this subpopulation of individuals is one that does not really benefit or benefits very little for immune checkpoint inhibitors. The question is, do you routinely test for this or not? And certainly this comes in in an NGS, the big NGS panels will routinely check for STK-11 mutations. But you know, not all of them do, and there are other ways to test for it as well. I would say that majority of time, even despite the retrospective data, I don't know that it's moved to a place in clinical practice whereby we'd exclude somebody from immune checkpoint inhibition, especially if that tumor is



also PD-L1 positive. So I think it's an emerging area, but I'm not sure that today it's an exclusion for checkpoint inefficient.

Dr. Jack West: But we certainly don't have any targeted therapy for that mutation at this time?

Dr. Pasi Janne: Correct. Correct. And I think people are trying to understand why this population is sort of less responsive and how could you make it responsive again, or more responsive to immune checkpoint inhibition.