2020 Target Therapy Forum

EGFR Question and Answer Panel

Using Stereotactic Radio Therapy (SRT) with Osimertinib (Tagrisso) Firstline or During Stable Disease

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Dr. Jared Weiss: Next question, coming in. Is there emerging evidence for using stereotactic with Osi first-line or during stable disease? There's actually a fair amount of data now for stereotactic with targeted therapy in general we had a literature going back since the two of us were either in the sandbox or maybe even not alive, I'm not sure exactly how old you are, showing that solitary, adrenal or cranial mastectomy could result in cures in patients with only one side of spread. And in the more modern era, similar data in both oligo metastatic disease, showing some cures and oligo progressive disease, meaning just one or two spots spreading. And there's actually a lot of literature here relevant as well as clinical practice, but in brief summary if you have only one or two spots you can identify and how many is too many is a matter of debate, some studies allowed one, some allowed two, some allowed up to five, some had one cancer, some had many, you know, you can pick your study to say what you want to say.

But a small number, whatever that's perceived to be there a lot of uncontrolled data and one randomized effort suggesting that consolidative stereotactic radio surgery can be helpful here. You know, not most of this is not in the context of osimertinib, but I think we're all rather comfortable extrapolating from the experience with first-generation TKIs and other TKIs and one maybe not commonly appreciated point, but I believe that data came out of your place about 10 years ago is that EGFR mutated cancer cells are particularly radiation sensitive compared to other lung cancer cells. And this has been shown both in the lab and in people. So it's a particularly effective strategy in EGFR. And I think that one that we all use in clinic on a regular basis.

Dr. Zofia Piotrowska: Yeah. I mean, I think as with many things we've mentioned today, it's something that I consider on a case by case basis. I would say the fact that we don't have great data yet with osimertinib means that I'm not ready to use it for every patient with oligo metastatic across the board, with oligo metastatic disease, meaning just a few sites of disease when they're diagnosed. But I think it is something with a lot of appealing and strong data behind it. And so it is something that I discuss and consider. And in fact, I just have one patient who actually was doing well on osimertinib and we added it, who just finished radiation this past week. I will mention that for patients who are having radiation to the lungs in particular, one risk we have to be mindful of is the risk of pneumonitis. So lung inflammation, which can be associated both with osimertinib and with lung thoracic radiation. And so you know, that can be minimized by stereotactic targeted radiation where you're really focusing just on the tumor. But I think it's something to be aware of. I think in those cases, I will often hold the osimertinib during the long radiation. And I think it's something to be mindful of when making these decisions.