Progression. Now What? Necessary Testing, Common Mechanisms of EGFR-Dependent Resistance, and Possible Treatment Strategies

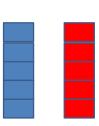
Joshua Bauml, MD and Melina Marmarelis, MD, MSCE
University of Pennsylvania, Philadelphia, PA

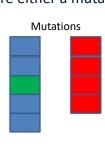


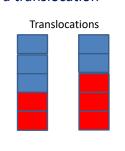


#### **Genetic Alterations Seen in Lung Cancer**

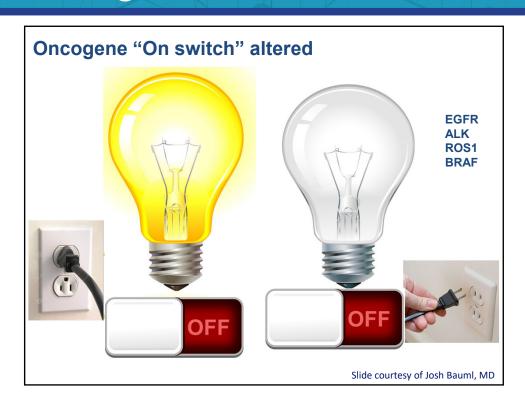
- Most are "somatic," not "germline"
  - Not passed on through a family
- Generally seen everywhere throughout the tumor
  - Testing can be done on older tissue and mutations will still be there
- Most alterations seen are either a mutation or a translocation

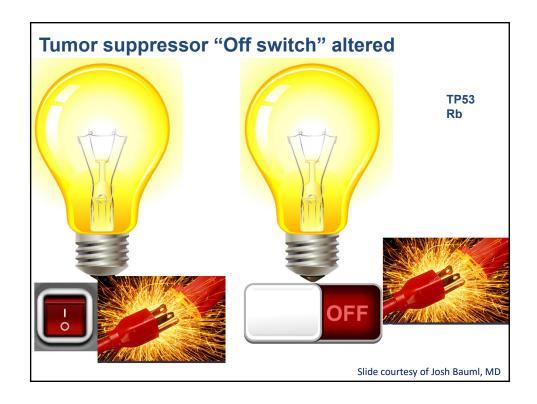


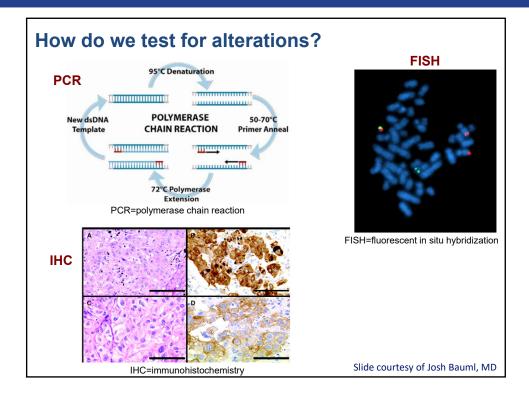




Slide courtesy of Josh Bauml, MD

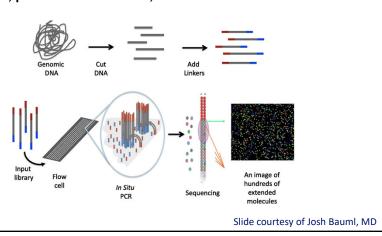






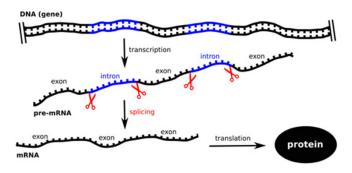
#### **Next Generation Sequencing**

- · Older methods test for each gene one at a time
  - Serial testing means we test for each gene, wait for the results and then test the next
  - · Each test takes a little bit of tissue and a little bit of time
- With NGS, problem is not tissue, but bioinformatics



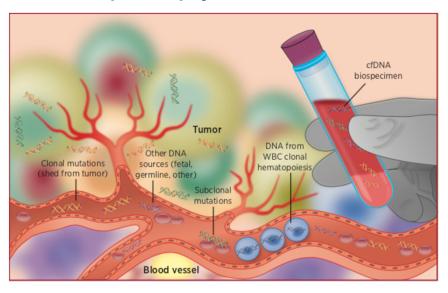
#### **DNA vs RNA Sequencing**

- It is also important to know what type of NGS was done
- DNA based NGS can have difficulty identifying translocations
  - · Introns can make this complex
- RNA based NGS (so called ARCHER assays) are better for translocations
  - · Not done as frequently



Slide courtesy of Josh Bauml, MD

#### What is a "liquid biopsy"?



Slide courtesy of Josh Bauml, MD; Adapted from Bauml, et al. Clin Cancer Res. 2018

