Stronger Together:
EGFR Resisters' Patient and Caregiver Summit

HCP Hot Topics Panel

EGFR Patient & Caregiver Summit – Breakout Session 1

Session Objective

Discuss *EGFRm* lung cancer clinical questions, hot topics, and challenges with therapy selection, disease progression, and treatment-related toxicities with leading experts in an informal, open-forum format.

Session Speakers

Jill Feldman (Moderator)
Patient Advocate
Co-Founder, EGFR Resisters
Chicago, IL

David P. Carbone, MD, PhD
Professor, College of Medicine
Barbara J. Bonner Chair in Lung Cancer Research
Director, James Thoracic Center
The Ohio State University
Columbus, OH

Joshua E. Reuss, MD
Assistant Professor, Department of Medicine
Thoracic Medical Oncologist
Georgetown University
Washington, DC

Samuel S. Kim, MD, FACS
Professor, Thoracic Surgery, Pulmonary and Critical Care
General Thoracic Surgeon
Northwestern University
Chicago, IL

Gaurav Marwaha, MD
Associate Professor of Radiation Oncology
Radiation Oncologist
Rush University
Chicago, IL

Leptomeningeal Disease (LMD)

- Dreaded and deadly development in *EGFR*-mutant disease - best to prevent, if possible, rather than treat!
- Double- or pulse-dose therapies
- Activity of amivantamab-based therapy? Intrathecal? Cell therapies?

Oligometastatic Disease

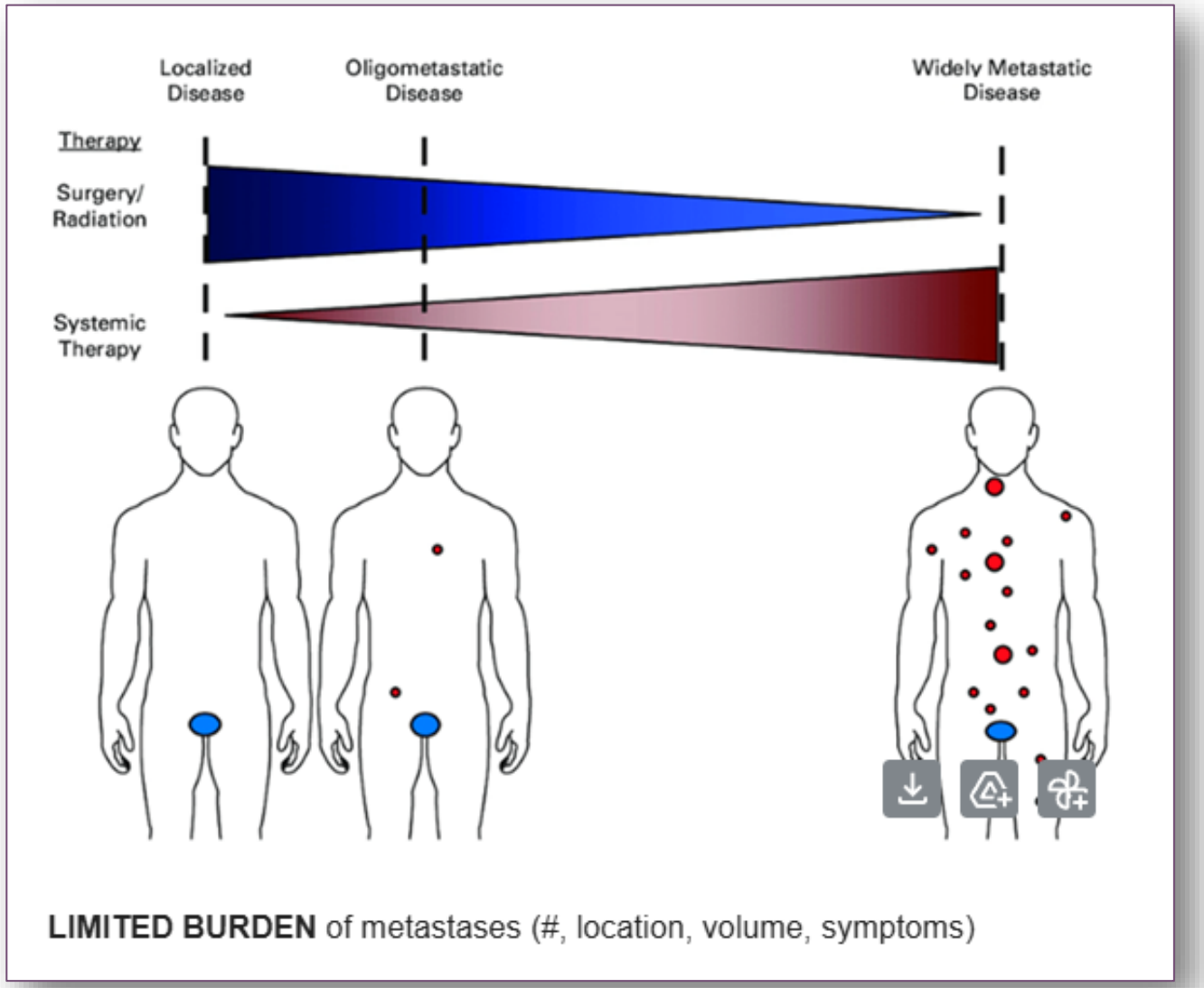
- When is locally ablative therapy appropriate? Oligo-persistent vs. oligo-progressive?

Disease Characterization	Practical Definition
Oligometastatic Disease	The presence of relatively few metastases *at the time of diagnosis*
Oligo-persistent Disease	The persistence of relatively few metastases *after systemic treatment*
Oligo-progressive Disease	The progression of only a few metastases, while all other sites are well-controlled on treatment

- For how long?

- What modalities?

Oligometastatic Disease



The Evolving Role of Surgery

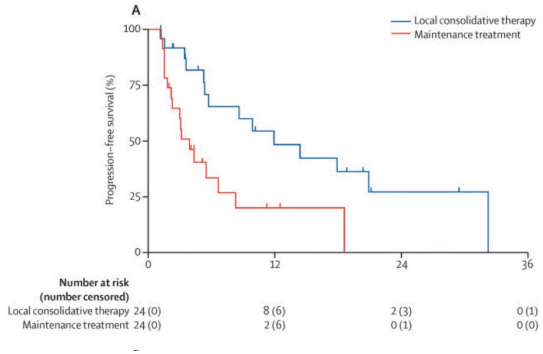
- N2 disease neoadjuvant?
- Duration of adjuvant
- Utility of surgery for locally ablative therapy

Is There a Role for Surgery in Oligometastatic Lung Cancer?

The Lancet Oncology
Volume 17, Issue 12, December 2016, Pages 1672-1682

Articles

Local consolidative therapy versus maintenance therapy or observation for patients with oligometastatic non-small-cell lung cancer without progression after first-line systemic therapy: a multicentre, randomised, controlled, phase 2 study



THORACIC: METASTATIC LUNG CANCER

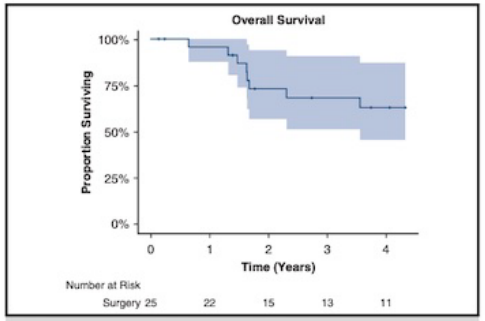
Pulmonary resection is associated with long-term survival and should remain a therapeutic option in oligometastatic lung cancer

Check for updates

Clinical Lung Cancer
Volume 21, Issue 1, January 2020, Pages 37-46.e7

Original Study

Improved Overall Survival With Comprehensive Local Consolidative Therapy in Synchronous Oligometastatic Non–Small-Cell Lung Cancer



Pulmonary resection is associated with durable OS in oligometastatic NSCLC.

CLINICAL PRACTICE GUIDELINE

The Society of Thoracic Surgeons (STS) Clinical Practice Guideline on Surgical Management of Oligometastatic Non-small Cell Lung Cancer

Mara B. Antonoff, MD,[1] Kyle G. Mitchell, MD, MSc,[1] Samuel S. Kim, MD,[2] Hai V. Salfity, MD, MPH,[3] Svetlana Kotova, MD,[4,5] Robert Taylor Ripley, MD,[6] Alfonso L. Neri, BSN, RN,[7] Pallavi Sood, PT, PhD,[7] Saumil G. Gandhi, MD, PhD,[8] Yasir Y. Elamin, MD,[9] Jessica S. Donington, MD,[10] David R. Jones, MD,[11] Elizabeth A. David, MD, MAS,[12] Stephen G. Swisher, MD,[1] Isabelle Opitz, MD,[13] J. W. Awori Hayanga, MD, MPH,[14] and Gaetano Rocco, MD[11]

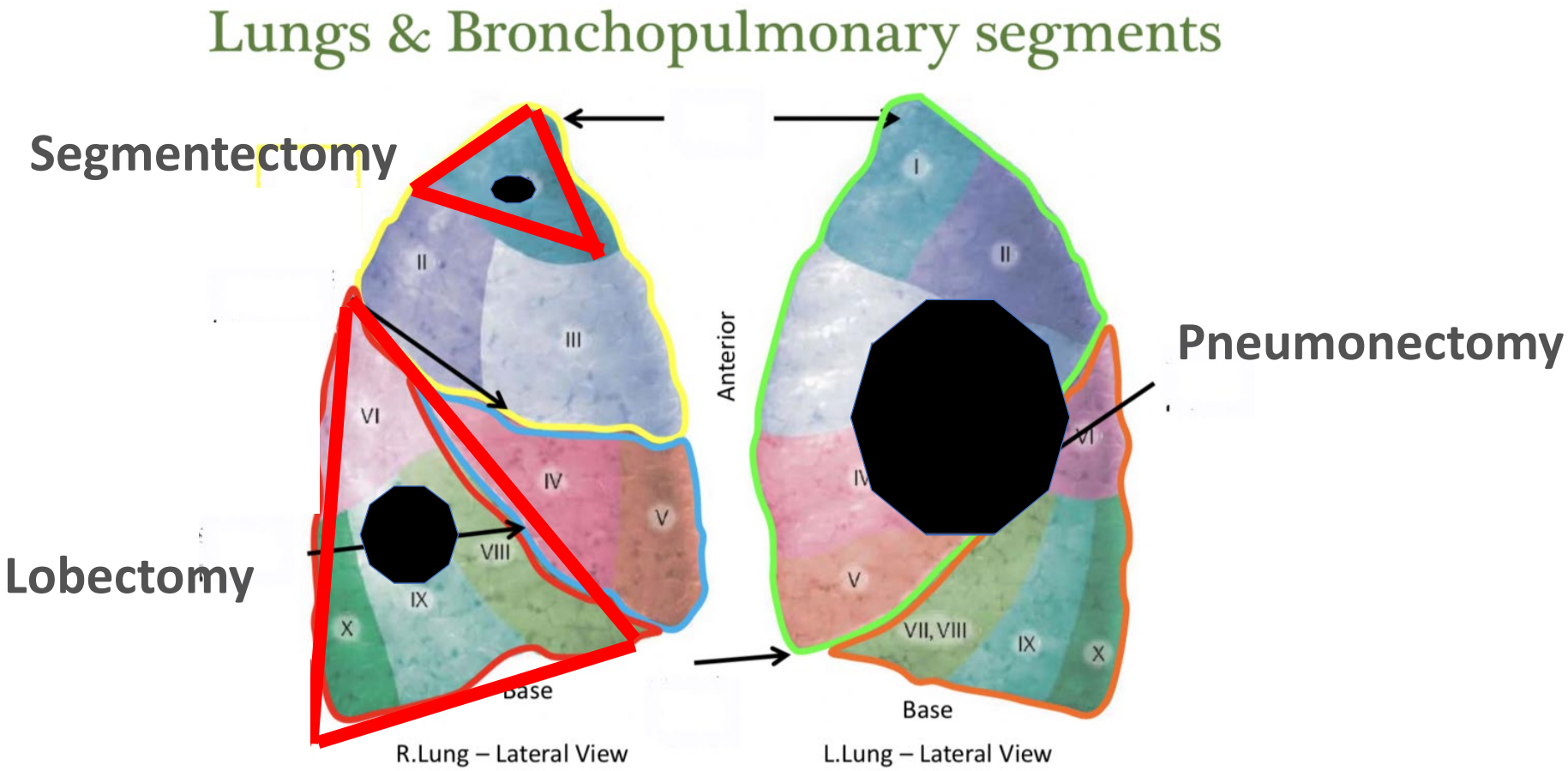
- **Surgical Resection as part of consolidative therapy can offer therapeutic benefit in oligometastatic NSCLC.**
- **Patients with oligometastatic NSCLC and disease stability should be discussed at multidisciplinary evaluation including surgical consultation.**

TABLE The Society of Thoracic Surgeons Clinical Practice Guideline on Surgical Management of Oligometastatic Non-small Cell Lung Cancer

Recommendation	COR	LOE
Among patients with oligometastatic NSCLC, pulmonary resection used as local consolidative therapy offers a therapeutic benefit as demonstrated by prolonged OS and PFS compared with best supportive care or maintenance systemic therapy. As such, pulmonary resection should be considered as a local consolidative therapeutic modality in patients with oligometastatic NSCLC.	I	B-R
There is currently insufficient evidence to support routine systematic lymphadenectomy at the time of pulmonary resection for oligometastatic lung cancer; however, there may be prognostic utility and individual benefits must be weighed with risks.	IIb	B-NR
Currently, there is insufficient evidence to recommend lobectomy over parenchymal-sparing sublobar resection for oligometastatic lung cancer.	IIb	B-NR
The benefit of local consolidative therapy likely extends beyond 3 metastases, and surgery should be considered in appropriately selected patients.	IIa	B-R
Among patients with oligoprogressive disease, surgery may be considered provided that all sites of disease are either addressable with local consolidative therapy or responsive to systemic therapy.	IIb	B-R
There is insufficient evidence to support any surgical approach over another for pulmonary resection as local consolidative therapy in oligometastatic lung cancer.	IIb	C-LD
Patients with oligometastatic NSCLC and disease stability should receive multidisciplinary evaluation including surgical consultation.	I	B-NR

COR, class of recommendation; LOE, level of evidence; NSCLC, non-small cell lung cancer; OS, overall survival; PFS, progression-free survival.

Type of Operation



Northwestern Experience 2019-2022 Anatomic Resection "Experienced Surgeons"

- **37% of patients Discharged home <18hrs**
- **MEDIAN Length of Hospitalization= 1 days**
- **0% 30-day mortality**

LUNG | RESEARCH · Volume 117, Issue 2, P297-303, February 2024

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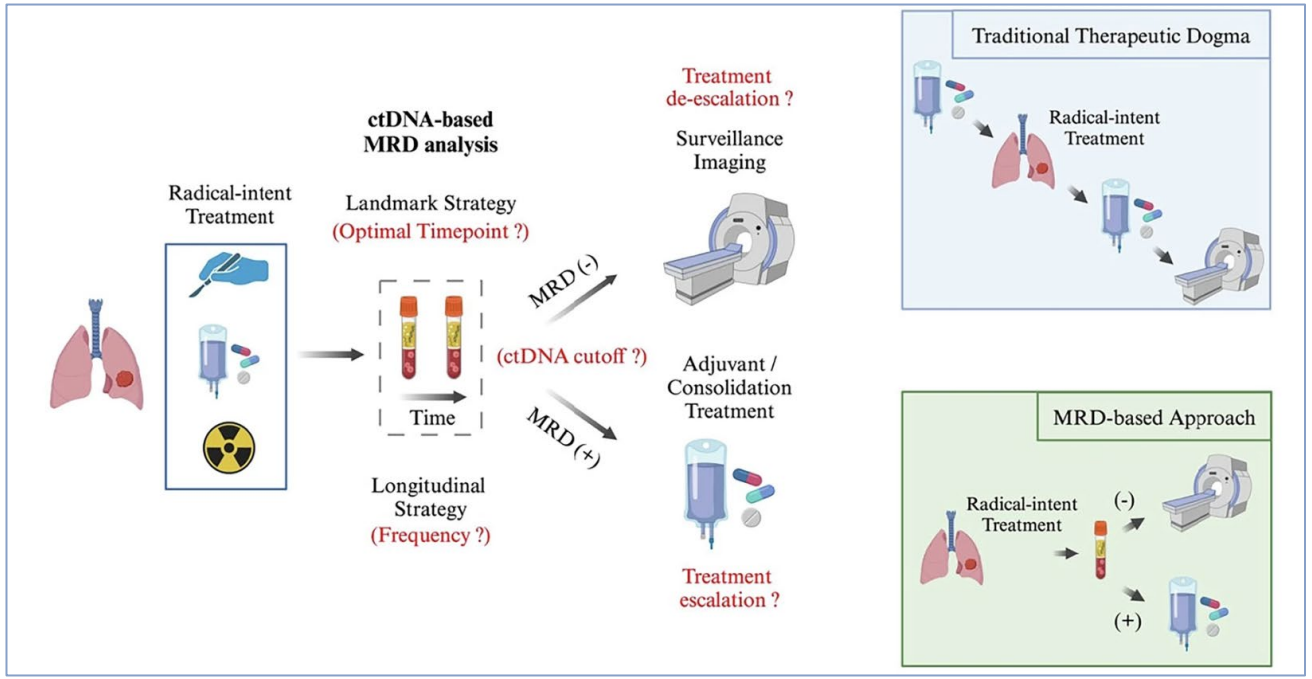
Rapid Discharge After Anatomic Lung Resection: Is Ambulatory Surgery for Early Lung Cancer Possible?

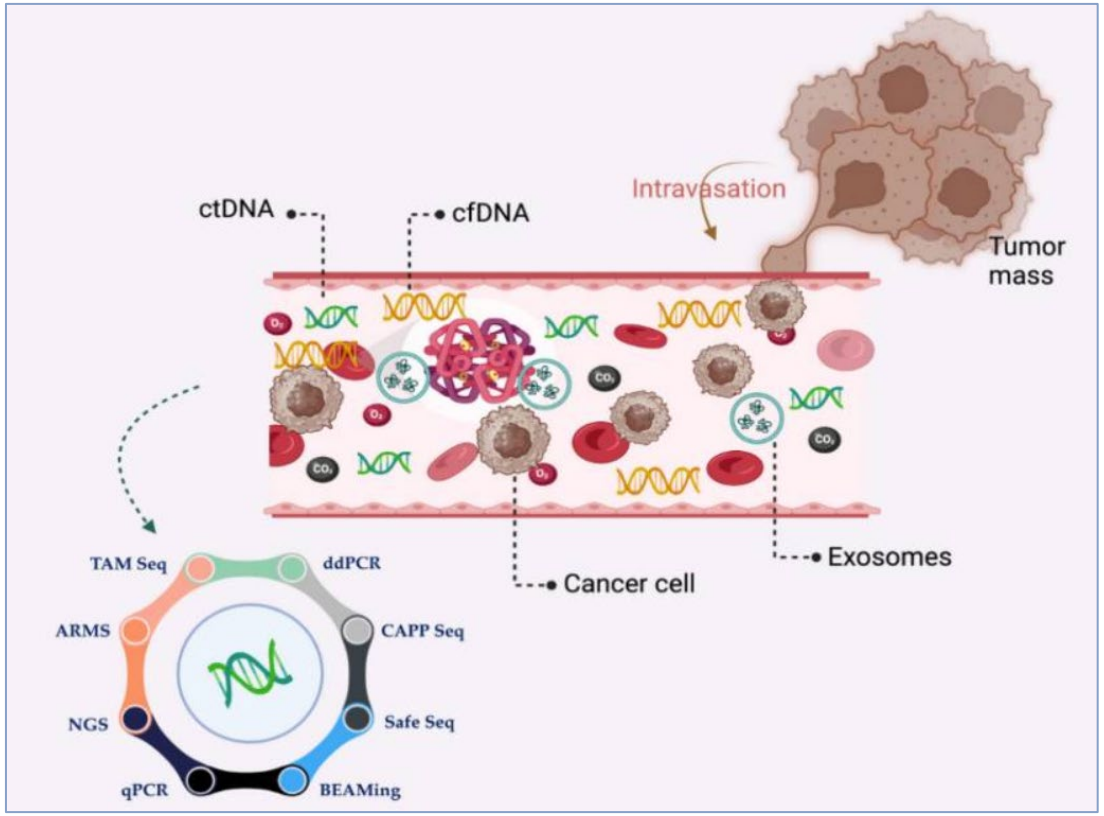
Daniel P. Dolan, MD, MPH [1,2,3] · Maxime Visa, BA [1,2,3] · Dan Lee, BS [1,2,3] · ... ·
David D. Odell, MD, MMSc [1,2,3] · Ankit Bharat, MD [1,2,3,*] · Samuel Kim, MD [1,2,3,*] ... Show more

Utility of Liquid Biopsies

- Differentiating molecular circulating-tumor DNA (ctDNA) and minimal residual disease (MRD) testing modalities
  - How are they different?
  - What do they measure? What is each test looking for?
  - What data support their use?
- Baseline profiling
- Therapy monitoring – intensification/de-escalation, discontinuation of adjuvant
- Profiling at resistance

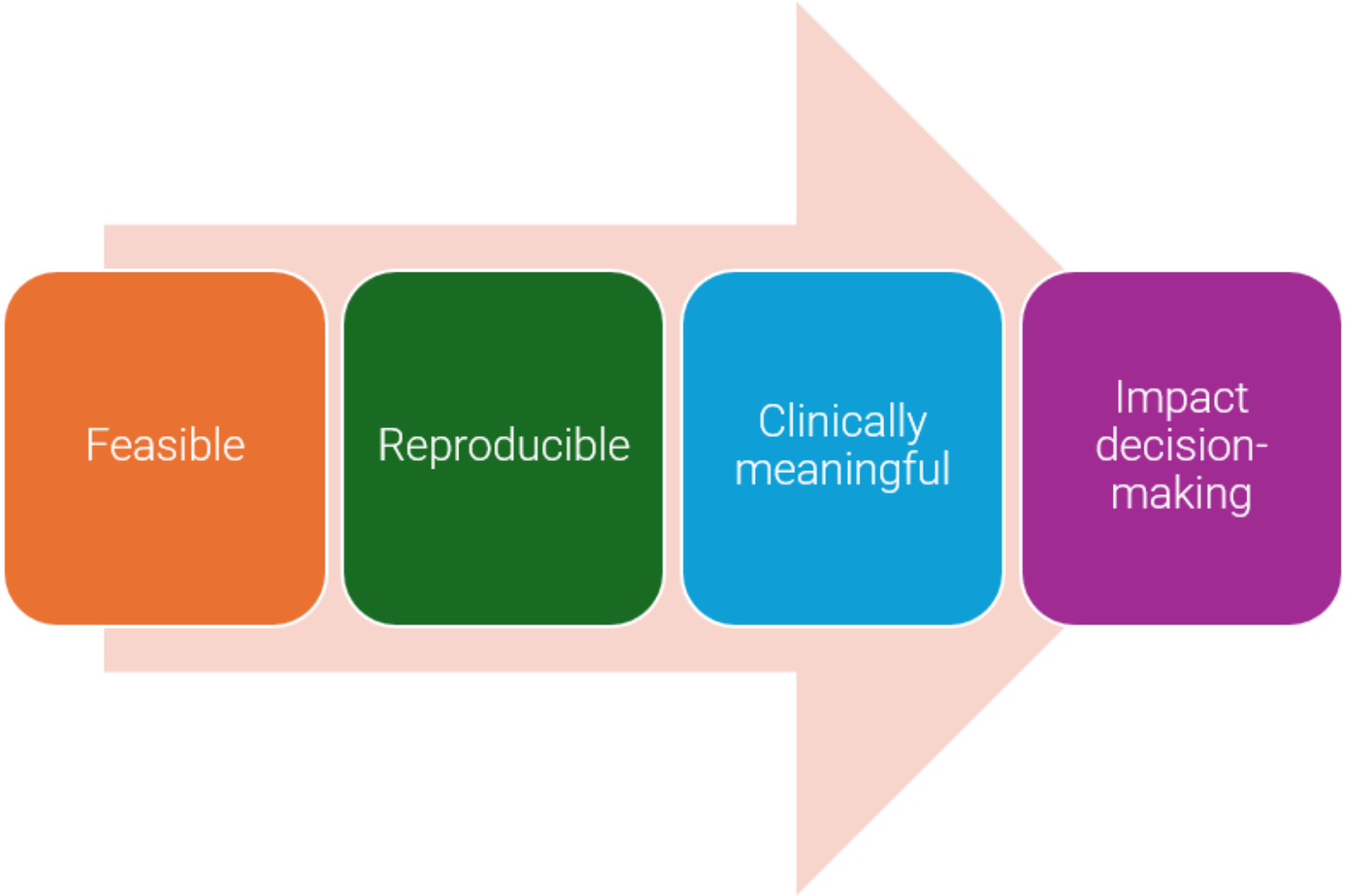
Utility of Liquid Biopsies





Boukouris A, et al. *NPJ Prec Onc*. 2025; Sabit H, et al. *Discov Oncol*. 2025.

Key Attributes of an MRD Assay



Graphic Provided Courtesy of Dr. Joshua Reuss.

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Q & A

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