

Consensus statement on optimizing management of EGFR mutation positive NSCLC patients

23 May 2016

The International Association for the Study of Lung Cancer (IASLC) created the 2016 consensus statement on optimizing management of epidermal growth factor receptor (EGFR) mutation positive (M+) non-small cell lung cancer (NSCLC) patients, published in the *Journal of Thoracic Oncology* (JTO), to discuss key pathologic, diagnostic, and therapeutic considerations. The statement also makes recommendations for clinical guidance and research priorities, such as optimal choice of EGFR tyrosine kinase inhibitors (TKIs), management of brain metastasis, role of re-biopsies, and use of circulating free DNA (cfDNA) for molecular studies.

Mutations in EGFR represent one of the most significant "actionable" alterations in NSCLC, and the association between biomarkers and EGFR TKIs has transformed the treatment paradigm for patients with lung cancer and particularly patients with EGFR M+ NSCLC, as exemplified by high response rates and improved outcomes. Because of the rapid progress in [lung cancer](#) therapy and diagnosis, the IASLC found it timely to convene a multi-disciplinary expert panel to review the emerging data pertaining to contemporary management of this unique subgroup of patients. The IASLC is uniquely poised to respond to rapid changes within the scientific landscape because of its global, multidisciplinary membership made up of the top minds in clinical care and research. This statement provides a state-of-the-art review of the contemporary issues in managing this subgroup of patients.

Corresponding author Dr. Tony Mok, past President of the IASLC and Li Shu Fan Medical Foundation Professor of Clinical Oncology at the Chinese University of Hong Kong, notes, "Scientific knowledge about EGFR mutation has advanced dramatically since its discovery in 2004, and these

advances have made a direct impact on the clinical management of patients with NSCLC. Noting the importance of understanding EGFR, experts from the IASLC published a report in 2013. However, given the rapidly evolving clinical paradigms, the IASLC again gathered its experts. I have little doubt that the current review offers practitioners cutting edge information in 2016."

"With the substantial diagnostic and therapeutic advances unique to EGFR M+ NSCLC, there is an increasing need for cross specialty input throughout the continuum of care. This up-to-date IASLC statement, put together by a multidisciplinary team, represents a critical appraisal of the latest data and aims to provide contemporary clinical recommendations and research priorities to practicing clinicians involved in the management of EGFR M+ NSCLC," said leading author Dr. Daniel SW Tan, Consultant, Medical Oncology, National Cancer Centre Singapore and Clinician Scientist Fellow at the Genome Institute of Singapore.

The multidisciplinary team envisions that the therapeutic landscape will continue to evolve rapidly, becoming more complex with the advent of new combinations that incorporate immunotherapy, as well as multi-dimensional biomarker testing. The results of all these efforts is the potential for a longer-term survival outcome involving sequential treatment options.

"This [consensus statement](#) represents a distillation of over a decade of bench-to-bedside research, during which time the clinical community has seen the transformation of metastatic NSCLC into a potentially manageable chronic condition," said Fred R. Hirsch, MD, PhD, Senior Author of the article and Professor of Medicine and Pathology at the University of Colorado Cancer Center and School of Medicine, and CEO of the IASLC.

More information: The International Association for the Study of Lung Cancer consensus statement on optimizing management of EGFR mutation positive non-small cell lung cancer: status in 2016, DOI: [dx.doi.org/10.1016/j.jtho.2016.05.008](https://doi.org/10.1016/j.jtho.2016.05.008) , [www.jto.org/article/S1556-0864\(16\)30458-0/abstract](http://www.jto.org/article/S1556-0864(16)30458-0/abstract)

Provided by International Association for the Study of Lung Cancer

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