Aumolertinib Treatment in L858R Patient with Brain Metastases: A Long-Term Survival Case Report

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Background

- Central nervous system (CNS) metastases are a major complication associated with more than 30% non-small cell lung cancer (NSCLC) patients.
- the incidence of brain metastasis(BMs) in Asian EGFR mutant NSCLC patients is about 70%.
- the efficiencies of the first- and second-generation epidermal growth factor receptor tyrosine kinase inhibitors (EGFR-TKIs) in BMs were unsatisfied.
- L858R accounts for 42% of EGFR mutations. The curative effect of L858R is not as good as 19Del.

Methods

 Herein, we reported a long-term survival case by the third generation EGFR-TKIs in patient with L858R and BMs.

- A 55-year-old female, the diagnosis indicated stage IV B (cT2NxM1c) left lung adenocarcinoma with bilateral lung metastasis, BMs and bone metastasis.
- The patient received whole-brain radiation therapy and 1 cycle cisplatin/pemetrexed chemotherapy treatment.
- Gene sequencing result showed a point mutation at exon 21(L858R).
- First-generation EGFR TKI icotinib 125mg TID for 25 months until left lung lesions and bone metastasis progressed.
- EGFR testing showed a T790M mutation.
- began aumolertinib 110mg Qd for 33 months. The best curative effects of lung lesions reached PR and bone metastasis reached CR, her BMs had a persistent cystic lesion.
- No obvious adverse events observed.
- Gene detection showed L858R mutation in exon 21, TP53 mutation,
 KRAS-Amplified, EGFR-Amplified, and YES1-Amplified.
- The patient received aumolertinib 110mg QD plus bevacizumab
 500mg Q3W
- This "A+T" treatment region kept SD until now for more than 14 months.

Case report



Figure 2. 18 months after treating by aumolertinib



Conclusion

- We reported a patient survived for more than 77 months, the longest survival time reported patient with L858R and BMs as we know.
- This case proved aumolertinib may be a good choice for T790M exon 21(L858R) NSCLC patients, especially with brain metastasis.

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