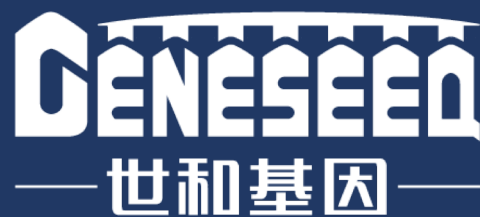




# 89P-Novel Resistance Mechanisms to Second-Generation EGFR Tyrosine Kinase Inhibitor Afatinib in NSCLC



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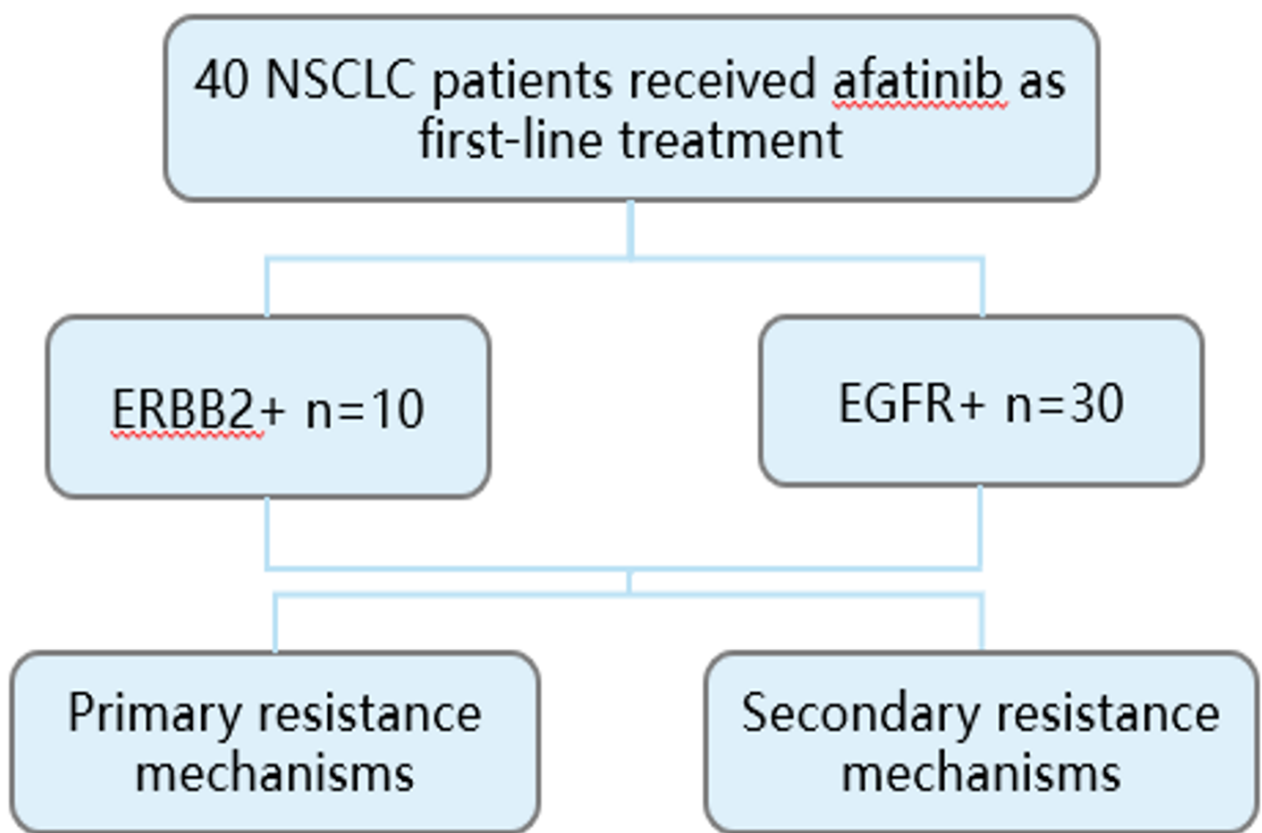
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## Background

Afatinib, an irreversible pan-ErbB family inhibitor, has demonstrated promising efficacy in non-small cell lung cancer (NSCLC) patients with uncommon *EGFR* activating mutations. However, besides the acquisition of secondary T790M mutation, other resistance mechanisms to afatinib remained to be explored.

## Methods

This study retrospectively included 40 NSCLC patients harboring either *EGFR* or *ERBB2* mutations, who had received afatinib as first-line treatment. Targeted next-generation sequencing(NGS) data on the baseline and post-treatment samples were subjected to analysis. Comparative analyses of genetic features and clinical parameters were performed.

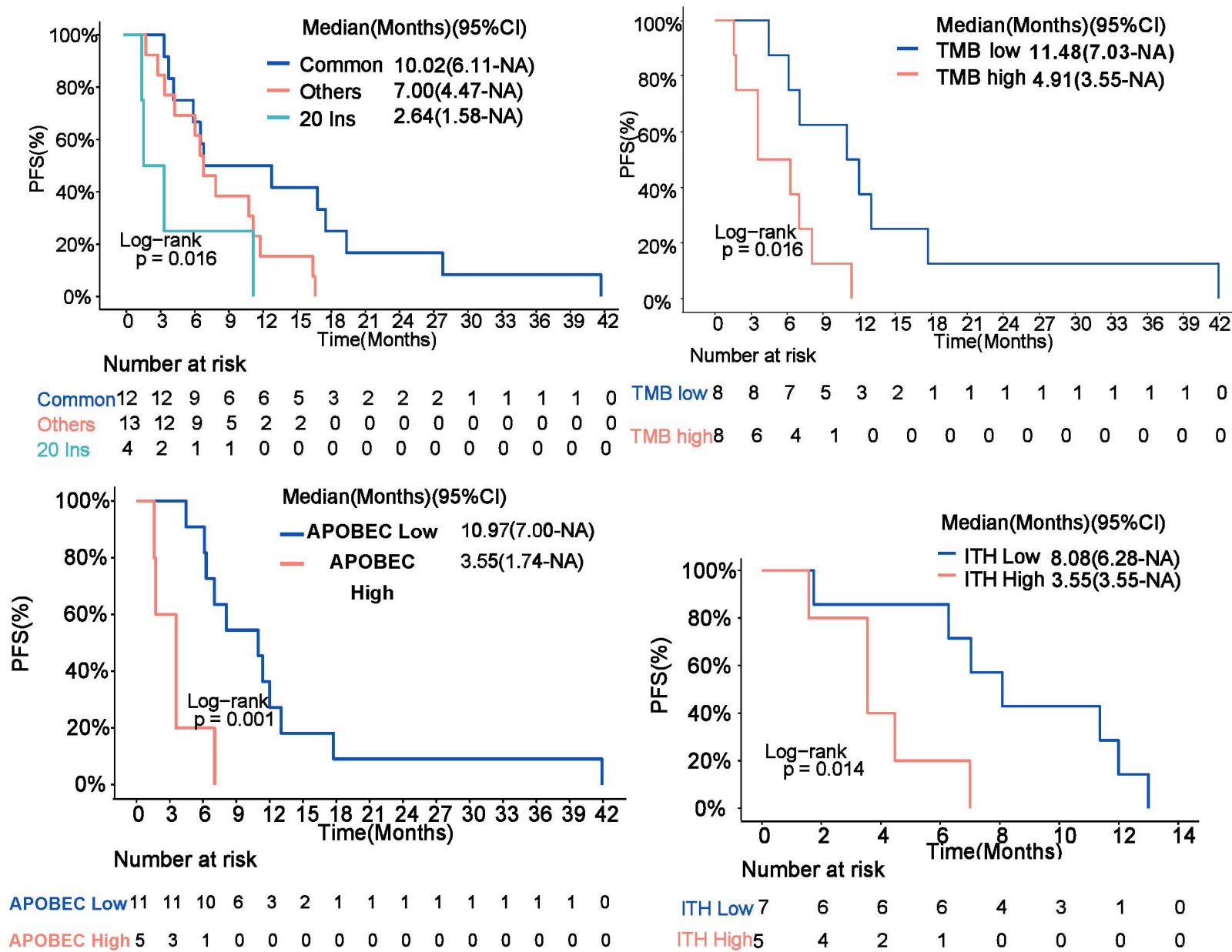


## Conflict of Interest

The presenter has no conflict of interest to declare.

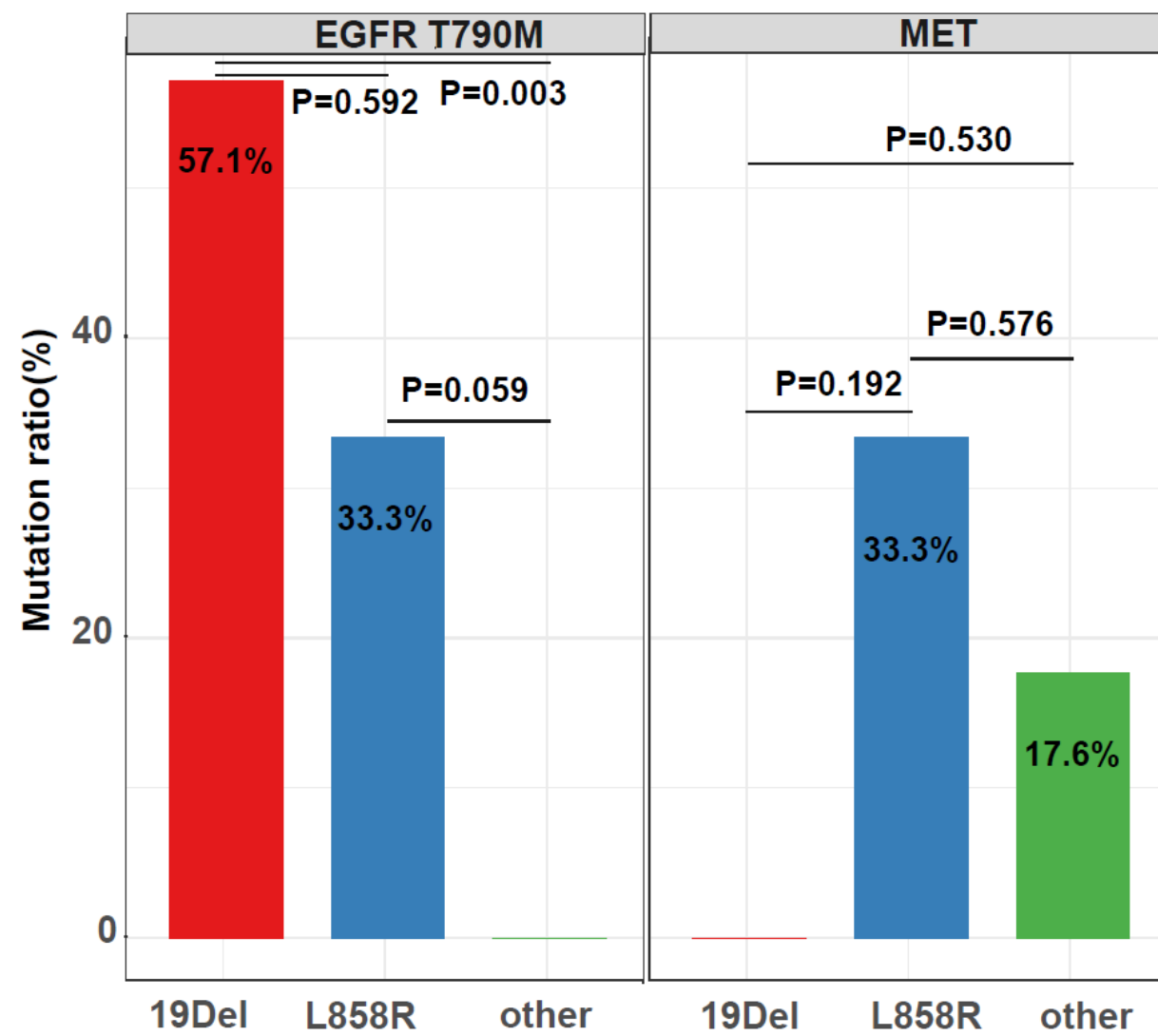
## Results

Figure 1. Primary resistance in the EGFR-positive subgroup



- Primary resistance was associated with the presence of *EGFR* exon 20 insertion mutation, higher tumor mutational burden, higher proportion of APOBEC signature and higher tumor heterogeneity.

Figure 2. Secondary resistance in the EGFR-positive subgroup



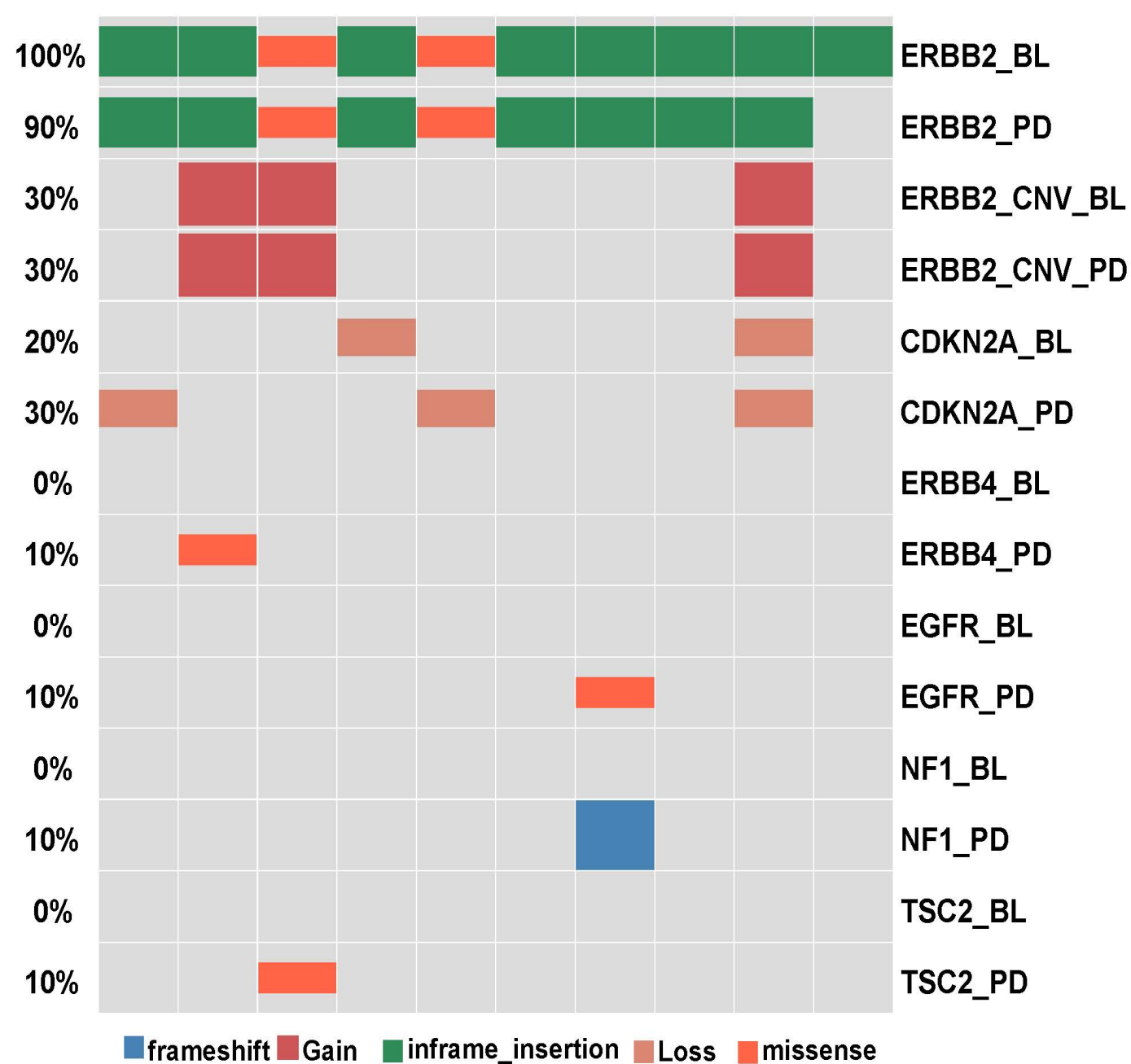
- Secondary resistance mainly involved *EGFR* T790M and *MET* amplification.
- Patients with 19del were more likely to acquire T790M mutation compared with those harboring L858R or other *EGFR* mutations.

Table 1. Primary resistance in the ERBB2-positive subgroup

Characteristics	HR (95%CI)	P value	mPFS (Months)
<i>ERBB2</i> p.Y772_A775dup vs. other mutations	0.19 (0.02~1.56)	0.088	8.10 vs. 4.37
<i>PIK3CA</i> Variant vs Wild	2.27e+09 (0~Inf)	0.001	1.30 vs. 5.47
Cell Cycle pathway Variant vs Wildtype	3.79 (0.75~19.10)	0.084	1.94 vs. 5.98

- Patients with the p.Y772\_A775dup mutation tended to have a longer PFS than those harboring *ERBB2* mutations.
- Alterations in *PIK3CA* or genes in the cell cycle pathway were associated with primary resistance to afatinib in the *ERBB2*-positive patients.

Figure 3. Secondary resistance in the ERBB2-positive subgroup



- Secondary resistance mechanisms in the ERBB2-positive subgroup included alterations in *ERBB4*, *EGFR*, *TSC2*, *NF1* and *CDKN2A* that participate in the bypass or downstream pathway of *ERBB2* and the cell cycle pathway.

## Conclusions

The study identified multiple genomic characteristics associated with primary and secondary resistance to afatinib in EGFR- and ERBB2-positive subpopulations.