Welcome to ALKFUSION

Welcome to the March edition of The ALKFusion Reporter. The ALKFusion founders have been busy in the past month, meeting with ALK researchers, and attending a conference on ALK (and other oncogene drivers) in Philadelphia. Follow us on Twitter and Facebook to get the latest updates!

In this month’s edition, we see a theme that we’ve seen for a few months: lots of research on testing methods, whether NGS, IHC, or FISH, and, in particular, testing upon progression.

And did we mention that TWO promising compounds were discovered as ALK inhibitors? This is of course preliminary, but stay tuned!

Did we miss anything in this issue you think should be included? Care to volunteer your talents to a future issue of The ALKFusion Reporter? Have other feedback? Contact us on the ALKFusion Facebook

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Comparison of ALK Detection by FISH, IHC and NGS to Predict Benefit from Crizotinib in Advanced Non-small-cell Lung Cancer

“We implemented three ALK laboratory methodologies: fluorescence in situ hybridization (FISH), immunohistochemistry (IHC) and next-generation sequencing (NGS) to detect EML4-ALK fusions and compared the predictive value for Crizotinib efficacy in ALK-positive patients…FISH present a certain false-negative rate although considered the gold standard. Ventana-D5F3 IHC is qualified as a screening tool, while NGS positive may predict clinical benefit of Crizotinib more accurately, allowing efficient test for specific variants and concurrent genomic alterations.”

Design, Synthesis of Orally Bioavailable Novel Anaplastic Lymphoma Kinase (ALK) Inhibitor Diphenylaminopyrimidine Analogs and Efficacy Study on NCI-H2228 Xenografts Mice Model

“Our ALK drug discovery program, we identified novel deuterated 2,4-diarylamino pyrimidine compounds as potent ALK inhibitors. The compound 11 showed better IN VITRO activity and IN VIVO efficacy with good pharmacokinetic profile. IN VIVO efficacy of compound 11 was better than standard drug Ceritinib in NCI-H2228 xenograft mice model.”

MiR-100-5p Confers Resistance to ALK Tyrosine Kinase Inhibitors Crizotinib and Lorlatinib in EML4-ALK Positive NSCLC

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Updated Efficacy and Safety Data and Impact of the EML4-ALK Fusion Variant on the Efficacy of Alectinib in Untreated ALK-positive Advanced Non-small-cell Lung Cancer in the Global Phase III ALEX Study

“Alectinib continues to demonstrate superior investigator-assessed PFS versus crizotinib in untreated ALK+ NSCLC, irrespective of EML4-ALK variant.”

Relevance of Detection of Mechanisms of Resistance to ALK Inhibitors in ALK-Rearranged NSCLC in Routine Practice

“We identified 23 patients with advanced ALK-rearranged NSCLC who, between January 2012 and May 2017, had undergone at least one repeat biopsy at progression on an ALK TKI. A resistance mechanism was identified in 9 of the 23 patients (39%). The anomalies involved included 9 ALK mutations in 8 patients and one ALK amplification.”

Renal Effects of Crizotinib in Patients With ALK-Positive Advanced NSCLC

“Crizotinib resulted in a decline in creatinine-based estimates of renal function mostly over the first 2 weeks of treatment. However, there was minimal evidence of effects with prolonged treatment and these changes were largely reversible following treatment discontinuation, consistent with previous reports suggesting this may be predominantly an effect on creatinine secretion as opposed to true nephrotoxicity.”

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“Ceritinib 750 mg/day was approved for the treatment of patients with untreated anaplastic lymphoma kinase (ALK)-rearranged non-small cell lung cancer (NSCLC) based on ASCEND-4 study. The objective of this article is to introduce the use of time-dependent modeling approach in the updated exposure-efficacy analysis of Ceritinib for the first-line indication.”

“Anaplastic lymphoma kinase inhibitors (ALKi) like Ceritinib are considered standard for front-line treatment of non-small cell lung cancers (NSCLC) harboring a translocation of the anaplastic lymphoma kinase (ALK) gene. We report herein a case of interstitial lung disease (ILD) that developed following a 7-month Ceritinib treatment without recurrence under either Crizotinib or Brigatinib, two others ALKi.”

“In this review, we discuss the current evidence on management of brain metastases and incorporate specific recent data on oncogenic-driven NSCLC in order to suggest recommendations on the optimal management of brain metastases in this subgroup of NSCLC where formal level I evidence is lacking.”

“Ceritinib at a dose of 450 mg with food compared to 750-mg fasted showed consistent efficacy and less gastrointestinal toxicity.”

“Neoadjuvant Crizotinib may be feasible and well tolerated in locally advanced disease for complete resection. Crizotinib therapy before surgery may provide thorough elimination of circulating molecular residual disease and not influence the reuse of first-line Crizotinib, but ongoing prospective trials are warranted to prove its efficacy in the neoadjuvant setting.”

“A new series of 3,6-diaryl-1H-pyrazolo[3,4-b]pyridines have been discovered as potent anaplastic lymphoma kinase (ALK) inhibitors.”
**Next-generation Sequencing for ALK and ROS1 Rearrangement Detection in Patients With Non-small-cell Lung Cancer: Implications of FISH-positive Patterns**

“Our data support that the identification of 3’ isolated signal FISH pattern in ALK and ROS1 cases might suggest a false-positive result. NGS seems a reliable technique to assess ALK and ROS1 rearrangements, offering the advantage over immunohistochemistry of detecting other molecular alterations with potential therapeutic implications.”

**Diffuse Atypical Cystic Brain Metastases in ALK+ NSCLC Treated With Whole Brain Radiation and Second-Generation ALK-Targeted Therapy**

“The patient received standard whole brain radiation therapy (WBRT) to a total radiation dose of 35 Gy, delivered over 14 treatments using 2.5 Gy per fraction. His treatment was switched from Crizotinib to Alectinib as well. Follow-up MRI after completion of radiation demonstrated a marked decrease in the size and number of cystic foci compared with those during prior examinations.”

**Clinical Features and Therapeutic Options in Non-small Cell Lung Cancer Patients with Concomitant Mutations of EGFR, ALK, ROS1, KRAS or BRAF**

“We compared the clinical features of 100 randomly selected patients harboring a single ALK rearrangement with those of the 20 patients harboring a coalteration with an ALK rearrangement but found no significant differences.”

**ALK Rearrangements: Biology, Detection and Opportunities of Therapy in Non-small Cell Lung Cancer**

“Activating alterations of ALK confers an aggressive behavior and it is an important therapeutic target in NSCLC. Although there are several diagnostic methods to detect ALK rearrangements, FISH is the gold standard because its reliability and easy implementations in routine laboratories. On the other hand, despite the improvement of outcomes of ALK-positive NSCLC and although the current repertoire of ALK inhibitors include third-generation drugs, overcome the mechanisms of drug-resistance are greatest challenge.”

**Prediction of ALK Mutations Mediating ALK-TKIs Resistance and Drug Re-Purposing to Overcome the Resistance**

“Our results provide potential therapeutic strategies against some Lorlatinib- or Ceritinib-resistant compound mutations, and support the usefulness of our newly developed in silico computational simulation to predict resistance conferred by kinase mutations and effective candidate drugs.”