ALK-POSITIVE NSCLC: RECENT ADVANCES

Beržinec Peter

Specialised Hospital of St Zoerardus Zobor, Teaching Base of the Slovak Medical University in Bratislava, Department of Oncology, Nitra, Slovakia

Purpose: brief overview of the recent advances in the treatment of ALK+ (positive) NSCLC. By the end of 2019 there were five ALK-TKIs approved by EMA for the 2nd line treatment of advanced ALK+ NSCLC: crizotinib after chemotherapy, ceritinib, alectinib, brigatinib after crizotinib, and lorlatinib - either in the 2nd line after ceritinib or alectinib, or in the 3rd line after crizotinib and one another ALK-TKi. Alectinib (preferred), ceritinib, and crizotinib were the options for the 1st line treatment. The key advances in 2020, from clinical point of view, represent data from three phase III trials aimed on the 1st line treatment. Updated results of ALTA-1L study (brigatinib vs crizotinib) lead to approval of brigatinib by EMA. eXalt3 and CROWN trials showed superior efficacy of both ensartinib and lorlatinib over crizotinib. Results of these trials were compared each to other and to ALEX (alectinib vs crizotinib) trial from different points of view, as for RR, PFS, AEs, etc. However, in eXalt3 results were better in the mITT (modified ITT - patients with centrally confirmed ALK-positivity) than in the ITT population. mPFS was 25.8 months in the ITT, and it was NR, with 51% patients surviving 36 months, in mITT. This raises question about the ALK-testing in other trials. According to the available data in ALEX was it central, in ALTA-1L local, and in the CROWN central or local. Regardless of some differences in the design of these trials, which could influence the results, the progress in the treatment of ALK-positive NSCLC is fascinating. Actually, ALK-positive advanced NSCLC has been changed to the chronic disease, as defined by the WHO.

References: on request. berzinec@snzobor.sk