

**AGGRESSIVE PULMONARY ADENOCARCINOMA WITH NEW FGFR  
TRANSLOCATION AND cMET MUTATION NOT RESPONSIVE TO CRIZOTINIB  
AND NINTEDANIB TREATMENT – A CASE REPORT**

Martin Svatoň

*Department of Pneumology and Phthisiology, Charles University, Faculty of Medicine  
in Pilsen, Czech Republic*

The onset of routine use of the next generation sequencing (NGS) leads to discovery of new mutations in non-small cell lung cancer (NSCLC). In addition, comprehension of therapeutic potential of these genetic alterations in clinical practice is needed and required. Both, rare mutations and the therapeutic considerations they prompt, are dealt with in our case report describing a new fusion mutation of the fibroblast growth factor receptor (FGFR). Our case report describes a 45-year Caucasian female, non-smoker, with the tyrosine-protein kinase Met (cMET) skip 14 mutation and a newly described fibroblast growth factor receptor - cholinergic receptor, nicotinic, alpha 6 (FGFR-CHNRA6) fusion. The tumor in this patient showed aggressive growth and was resistant to all treatment modalities administered (including combination chemotherapy with bevacizumab, pemetrexed and nintedanib), with the exception of very short efficacy of crizotinib. The patient died 5 months after diagnosis. According to the published literature, a theoretical future solution could be to administer.