Concomitant ALK rearrangement and EGFR mutation in NSCLC
DISCLOSURE OF INTEREST

- No conflicts of interest.
Initial Presentation - February 2015

- 51-year-old Female, non-smoker
- No comorbidities, PS 1
- Present with chronic cough with LLL mass

- LLL Lobectomy: Adenocarcinoma T1N2M1a (Lt. pleural nodule +ve metastatic Adenocarcinoma)
- EGFR mutation L861Q, ALK+ 25% by FISH
1st line Treatment

- May 2015 - start Crizotinib (250) 1x2 po pc
- June 2015 - October 2016 -> SD
- November 2016 -> PD lymphangitis + Lt.pleural metastasis
2nd - 3rd line Treatment

- **December 2016 - April 2017** - Carbo+Pem x 6 - SD
  - ↓ Lt.pleural effusion

- **August 2017** - PD↑ Lt.hilar mass + Lt. pleural nodules, Lt.adrenal metastasis

- **September 2017** - start **Ceritinib** 750 mg/d - N/V gr.2

- **December 2017** - PD↑ pulmonary metastasis, peritoneal seeding, ↑ Lt.adrenal metastasis
4th - 5th line Treatment

- **December 2017** -> start **Alectinib** (150) 4x2 po pc
- **January 2018** -> Proximal muscle weakness both LE
  - CPK 423, TFT - WNL, Electrolytes - WNL
  - EMG: evidence of **Myopathy**
  - Withhold Alectinib
- **February 2018** -> Myositis improved, CPK 36

- **March 2018** -> start **Afatinib** (40) 1x1 po EOD
- **March 2018 - May 2019** -> **PR** ↓ Lt.hilar mass + Lt.pleural effusion
Esosome Preceptorship Programme

Crizotinib
- May 2015 - November 2016
  - SD
  - 18 mo.

Carbo+Pem x 6
- December 2016 - April 2017
  - SD
  - 9 mo.

Ceritinib
- September 2017 - December 2017
  - Alectinib-induced myositis

Alectinib
- December 2017 - January 2018
  - GI side effects
  - PD
  - PR
  - > 18 mo.

Afatinib
- March 2018 - Present
  - SD
  - 18 mo.
Thank you for your attention!