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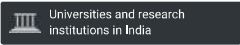
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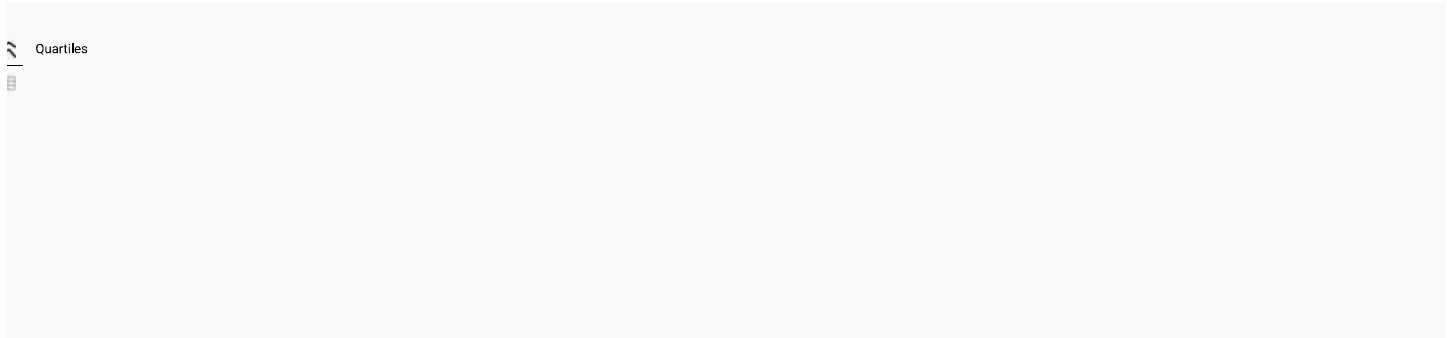
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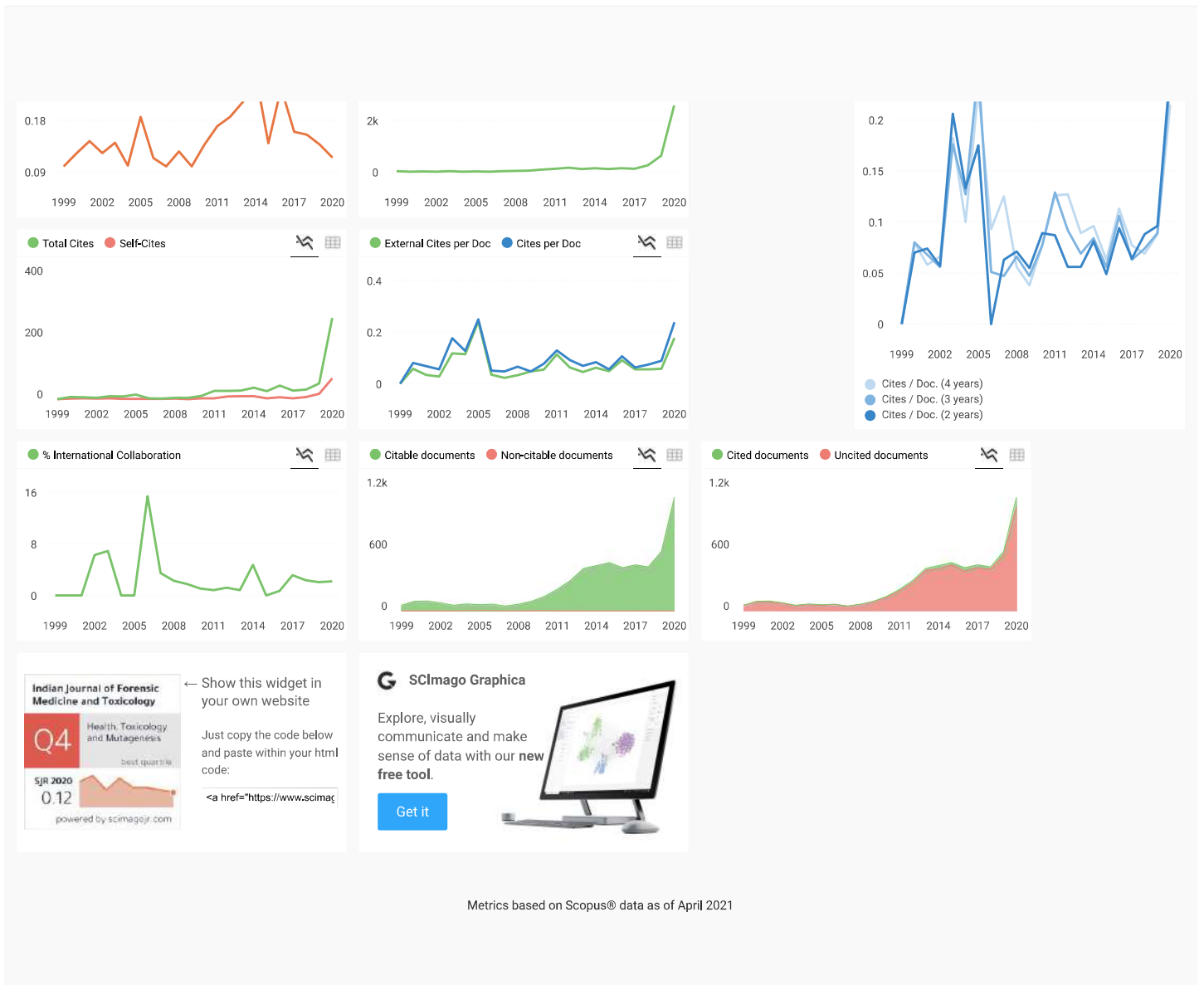
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epidermal growth factor receptor (EGFR) mutation. About 90% of all EGFR mutations are deletion of exon 19 deletion and point mutation L858R in exon 21. Meanwhile, less-common EGFR mutations, likewise called “uncommon”, “rare”, “nonclassical”, or “minor” are about 10% of all EGFR mutations. They might comprise of insertion at exon 20, point mutation at exon 18 or compound mutations<sup>2</sup>.

EGFR tyrosine kinase inhibitors (TKI) is one of the significant discoveries in the treatment of lung cancer. Longer progression-free survival (PFS), a better quality of life and lighter drug side effects were seen in patients given first-generation EGFR-TKI compared to patients receiving standard chemotherapy. Most patients with EGFR mutations respond well to EGFR-TKI, yet a few patients don't show the expected response<sup>3</sup>. These uncommon mutations are sensitive to first-generation EGFR-TKI in a lesser degree than common mutations.

A comprehension of the therapeutic response of various EGFR mutation to TKI is important in deciding a patient's treatment. This encouraged the authors to observe the therapeutic response of patients with a single uncommon EGFR mutation after first-generation EGFR-TKI compared to common mutations in Indonesia.

## Methods

Participant of this study were lung cancer patients who were treated at a tertiary hospital. Patients with stage III and IV NSCLC<sup>4</sup>, bearing EGFR mutation, had at least one measurable lesion (>10 mm on CT scan) were included. Patients who had incomplete initial and follow-up datas, had previously received cytotoxic chemotherapy for NSCLC, had complex or TKI-resistant exon 20 T790M mutation were excluded.

This retrospective study was run from January 2016 to May 2019. The total sampling approach was done to obtain the number of participant in this study. Participants were divided into the common and uncommon mutations group. The common mutation group consisted of exon 19 deletion or exon 21 L858R and the uncommon group consisted of either exon 18 G719X, exon 18 delE790, or exon 21 L861Q.

The study procedure included collecting data from medical records of patients who received first-generation

EGFR-TKI as first-line therapy. First-generation EGFR-TKIs available for use in Indonesia were Gefitinib 250 mg (Astra Zeneca Ltd, Surabaya, Indonesia) and Erlotinib 150 mg (Astellas Pharma Inc., Jakarta, Indonesia). Gefitinib or Erlotinib was taken orally, once daily. Information taken from medical records were the health-related quality of life (HRQOL), body weight, performance status (PS), and Response Evaluation Criteria in Solid Tumors (RECIST) of Chest CT. HRQOL was measured utilizing the EuroQol EQ-5D<sup>®</sup> questionnaire in Indonesian version. The questionnaire comprised of 5 simple questions, covering physical symptoms and other functional domains<sup>5</sup>. The EuroQol EQ-5D questionnaire in Indonesian version was declared valid and reliable to measure the HRQOL of lung cancer patients with  $\alpha=80.84$ <sup>6</sup>. PS was measured by the World Health Organization (WHO) scale. Chest CT was interpreted with RECIST<sup>7</sup> and the CT scan utilized was Hitachi type RH-6G-E31 series number 12G173J (Hitachi-Aloka Medical, Mitaka, Tokyo, Japan). PFS and overall survival (OS) were also observed.

The results of the study were presented in the form of mean±standard deviation (SD) or median (minimum-maximum) and percentage (%). The statistical analysis used was independent t-test or Mann Whitney test ( $p<0.05$ ). Statistics analysis used IBM SPSS Statistics software version 23.0 (IBM Corp., Armonk, NY, USA).

## Results

### Characteristics of Participant

There were more male and smoking patients in the uncommon group (Table 1). Better initial performance status was seen in in the common group. Most of the EGFR mutations in the uncommon group and common group were exon 21 L861Q (52.6%) and exon 19 deletions (64.7%;  $p<0.001$ ), respectively. Most participant received Gefitinib EGFR-TKI therapy (76.9%).

### Response Evaluation in the Common and Uncommon Group

Most patient in both groups had a constant score of HRQOL value and constant body weight after receiving EGFR-TKI therapy. Results of the CT Scan demonstrated that RECIST of most patient in the uncommon group

(47.4%) was progressive disease, while partial response was seen in most participant in the common group (42.2%;  $p=0.007$ ; Table 2).

### Progression-Free Survival

PFS could be observed in 11 and 82 participants of the uncommon and common group, respectively. The

average PFS of participant common groups was longer in the uncommon group (Table 3).

### Overall Survival

OS could be observed in 19 participant in the uncommon group and 82 out of 121 participant in the common group. The average OS of participant common groups was longer in the uncommon group (Table 3).

**Table 1. Characteristics of Participants**

Variables	Uncommon (n=19)	Common (n=102)	p
Gender (%)			
Male	15 (77.8)	41 (40.2)	0.007*
Female	4 (22.2)	61 (59.8)	
Smoking status (%)			
Non-smoker	7 (36.8)	62 (60.8)	0.092
Smoker	12 (63.2)	40 (39.2)	
Initial PS (%)			
0-1	11 (57.9)	94 (92.2)	0.001
$\geq 2$	8 (42.1)	8 (7.8)	
Lung cancer stage (%)			
IIIA	1 (5.3)	5 (4.9)	0.951
IIIB	3 (15.8)	16 (15.7)	
IV	15 (78.9)	81 (79.4)	
Types of anatomic pathology (%)			
Adenocarcinoma	18 (94.7)	100 (98.0)	0.674
Adenosquamous	1 (5.3)	1 (1.0)	
Squamous cell carcinoma	0 (0.0)	1 (1.0)	
Samples of anatomic pathology (%)			
Lung parenchym	15 (78.9)	81 (79.4)	0.890
Pleural effusion	3 (15.8)	17 (16.7)	
Cervical lymph nodes	1 (5.3)	4 (3.9)	
Sampling technique (%)			
Bronchoscopy	0 (0.0)	11 (10.8)	0.728
FNAB	15 (78.9)	72 (70.6)	
Core biopsy	1 (5.3)	1 (1.0)	
Surgical specimen	0 (0.0)	1 (1.0)	
Pleural cytology	3 (15.8)	17 (16.7)	

**Cont... Table 1. Characteristics of Participants**

EGFR mutation (%)			
Exon 19 deletion	0 (0.0)	66 (64.7)	0.000**
Exon 21 L858R	0 (0.0)	36 (35.3)	
Exon 21 L861Q	10 (52.6)	0 (0.0)	
Exon 18 G719X	7 (36.8)	0 (0.0)	
Exon 18 deletion (delE709_T710insD)	2 (10.5)	0 (0.0)	
EGFR-TKI (%)			0.769
Gefitinib	14 (73.7)	79 (77.5)	
Erlotinib	5 (26.3)	23 (22.5)	

**Abbreviations:** PS=performance status; FNAB=fine-needle aspiration biopsy; EGFR=epidermal growth factor receptor; TKI=tyrosine kinase inhibitor; \*significant  $p < 0.05$ ; \*\*significant  $p < 0.001$ .

**Table 2. Comparison of RECIST EuroQol EQ-5D, Body weight, and PS in the Common and Uncommon Mutation Groups**

Variables	Uncommon (n=19)	Common (n=102)	P
EuroQol EQ-5D (%)			0.956
Decrease	5 (26.3)	23 (22.5)	
Constant	9 (47.4)	57 (55.9)	
Increase	5 (26.3)	22 (21.6)	
PS (%)			0.367
Worsen	2 (10.5)	10 (9.8)	
Constant	14 (73.7)	64 (62.7)	
Improved	3 (15.8)	28 (27.5)	
Body weight (%)			0.165
Decrease	7 (36.8)	32 (31.4)	
Constant	8 (42.1)	25 (24.5)	
Increase	4 (21.1)	45 (44.1)	
RECIST (%)			0.007*
Progressive disease	9 (47.4)	26 (25.5)	
Stable disease	8 (42.1)	32 (31.4)	
Partial response	2 (10.5)	43 (42.2)	
Complete response	0 (0.0)	1 (1.0)	

**Abbreviations:** PS=performance status; RECIST=response evaluation criteria in solid tumors; \*significant  $p < 0.05$

**Table 3. Comparison of Age, PFS, and OS in the Common and Uncommon Groups**

Variables	Uncommon	Common	p
Age	56.0 (39.0-73.0)	55.5 (22.0-85.0)	0.392
PFS	4.0 (2.0-6.0)	7.0 (2.0-21.0)	0.001*
OS	4.00 ± 1.71	10.00 ± 6.94	0.000*

**Abbreviations:** PFS=progression-free survival; OS=overall survival; \*significant p<0.05

**Table 4. Comparison of PFS and OS in each EGFR Mutation**

Variables	n	Median (range)	p
<b>PFS</b>			
Exon 21 L861Q	5	4.0 (3.0-5.0)	0.029*
Exon 18 G719X	4	4.0 (3.0-6.0)	
Exon 18 delE709	2	3.0 (2.0-4.0)	
Exon 19 deletion	53	6.0 (2.0-21.0)	
Exon 21 L858R	29	8.0 (2.0-16.0)	
<b>OS</b>			
Exon 21 L861Q	10	4.00 ± 1.76	0.000**
Exon 18 G719X	7	4.00 ± 1.98	
Exon 18 delE709	2	4.50 ± 0.70	
Exon 19 deletion	47	11.00 ± 7.73	
Exon 21 L858R	26	9.50 ± 5.13	

**Abbreviations:** PFS=progression-free survival; OS=overall survival; \*significant p<0.05; \*\*significant p<0.001.

## Discussions

Previous studies have revealed lesser responses in uncommon mutations compared to common mutations<sup>3</sup>. In this study, most participants in the common group experienced partial response (PR), while most participant in the uncommon group experienced progressive disease (PD). The discovery that affinity of the first generation TKI to the uncommon EGFR mutation protein was lower than the affinity to common EGFR mutation of protein might play a role in this response. Up to 6-14 times higher concentrations of gefitinib are needed to inhibit the growth of cells expressing mutations G719X and L861Q, respectively when compared to cells expressing L858R<sup>8</sup>. Another comparable study

found that a higher concentration of first-generation TKI was needed to cause a 50% inhibition in uncommon mutations compared to common mutations<sup>9</sup>.

In the common group, a superior response rate was seen in exon 19 deletion compared to exon 21 L858R. This finding is consistent with the results of a meta-analysis of earlier studies<sup>10</sup>. Evidence that exon 19 deletion has higher autophosphorylation rates and higher sensitivity to first-generation TKI compared to exon 21 L858R mutations<sup>11</sup> might clarify the distinction in response rate between the two common mutations. RECIST of other uncommon mutation subtypes are dominated by progressive disease (PD), akin to the findings of previous studies where the response rate of

the uncommon mutation subtype is remarkably low<sup>10,12</sup>. However, on the other hand, a subtype of uncommon mutation that showed a better response rate than other mutation subtypes in this study were L861Q.

Participants in the uncommon group had a shorter PFS and OS median compared to the common group. PS and smoking status are independent predictors of OS in lung cancer. In the uncommon group, the proportion of patients with good PS was less and the extent of patients with smoking history was greater than the uncommon group. This characteristics explain the shorter survival rate seen in patients with uncommon mutations<sup>13</sup>.

HRQOL, a patient-reported outcome (PRO), was also a significant endpoint in numerous NSCLC-related studies<sup>5,14</sup> besides response rate and survival. A large portion of the patients in both groups showed the constant EQ-5D score, indicating no HRQOL difference was found between the two groups. These conditions may be influenced by several factors, for example, employment, education, marital status, and other comorbid diseases<sup>15,16</sup>.

In contrast to cytotoxic chemotherapy, EGFR-TKI can be given to patients with any PS with fairly good therapeutic outcomes<sup>17</sup>. In this study, the extent of patients with initial poor PS was more noteworthy in the uncommon group than the common group. However, the evaluation of the PS of the two groups did not show significant improvement after TKI therapy. The presence of confounding variables, for example, other comorbid diseases and presence of TKI adverse effects, may likewise influence the subsequent PS. Weight loss is said to be a prognostic factor of diminished survival, decreased quality of life and more symptoms in lung cancer patients<sup>18,19</sup>.

The limitations of this study were the small number of patients in the uncommon mutation group and the retrospective character of the study. Some baseline characteristics, such as current smoking status, duration of smoking, body mass index, presence of comorbid diseases and adverse effects of TKI, could not be fully obtained from the medical records. Further research for uncommon mutations is expected to analyze good therapeutic modalities for each subtype.

## Conclusions

Advanced NSCLC patients with common and uncommon EGFR mutations demonstrated no significant difference in HRQOL value after receiving first-generation TKI, as observed from the EQ-5D score, PS and body weight in the two groups. However, the response rate and survival of common mutations were significantly better compared to uncommon EGFR mutations on first-generation TKI therapy.

**Ethical Approval:** Ethical approval for the research was attained at the ethics committee of hospital (1007/KEPK/III/2019).

**Conflict of Interest:** The authors declare that they have no conflict of interest.

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**KOMITE ETIK PENELITIAN KESEHATAN  
RSUD Dr. SOETOMO SURABAYA**

**KETERANGAN KELAIKAN ETIK  
(" ETHICAL CLEARANCE ")**

**1007/KEPK/III/2019**

**KOMITE ETIK RSUD Dr. SOETOMO SURABAYA TELAH MEMPELAJARI  
SECARA SEKSAMA RANCANGAN PENELITIAN YANG DIUSULKAN, MAKA  
DENGAN INI MENYATAKAN BAHWA PENELITIAN DENGAN JUDUL :**

**" PERBANDINGAN RESPONS TERAPI PENGGUNAAN EPIDERMAL GROWTH  
FACTOR RECEPTOR-TYROSINE KINASE INHIBITOR (EGFR-TKI) GENERASI  
PERTAMA PADA PENDERITA KANKER PARU KARSINOMA BUKAN SEL  
KECIL (KPKBSK) DENGAN MUTASI EGFR COMMON DAN UNCOMMON "**

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**DINYATAKAN LAIK ETIK**

**Berlaku dari : 06/03/2019 s.d 06/03/2020**

**Surabaya, 6 March 2019**

**KETUA**



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***\*) Sertifikat ini dinyatakan sah apabila telah mendapatkan stempel asli dari Komite Etik  
Penelitian Kesehatan***