

Decoding the Treatment Journey of EGFRm Metastatic NSCLC: From First-Line to Emerging Subsequent Therapies

講師：蘇柏嵐醫師 / 成大附醫

晚期 EGFR 突變轉移性非小細胞肺癌的治療版圖，正隨著第三代 EGFR-TKI 的廣泛應用而邁入新的階段。第一線治療從單一標靶逐步走向更積極的合併策略，背後反映的是臨床對於**延長無惡化存活、延緩抗藥性出現、以及強化中樞神經保護**的高度期待。然而即便治療成效持續提升，多數病人仍會面臨疾病進展與抗藥機轉多樣化的挑戰，顯示現行治療仍存在明顯未被滿足的需求，也凸顯**合併治療策略**在高風險族群中所能帶來的臨床價值與長期意義。展望後線治療，隨著對抗藥機轉理解的深化，治療思維正從單一標靶延伸至更精準、更多元的模式，包括**抗體藥物複合體（ADC）、雙特異性抗體（Bispecific antibody）**等新興方向，為後續治療開啟全新的可能性。本次演講將帶領與會者系統性回顧 EGFRm NSCLC 的治療演進脈絡，並前瞻性剖析下一波治療典範的樣貌與臨床契機。

Shaping the Journey: How Frontline Decisions Influence Long-Term Outcomes in EGFRm NSCLC

講師：陳友木 醫師 / 高雄長庚

First-line treatment decisions in EGFR-mutated non-small cell lung cancer (NSCLC) set the direction for a patient's treatment journey. This presentation will explore how initial treatment selection can support long-term goals by considering mutation characteristics, patient needs, tolerability, and subsequent treatment opportunities. Drawing on clinical evidence and real-world experience, the discussion will examine how to balance immediate disease control with planning beyond progression, including molecular reassessment and individualized approaches to subsequent therapy. Emphasis will be placed on integrating these considerations into frontline decision-making and engaging patients in treatment choices. The aim is to encourage a comprehensive approach that considers both survival and quality of life throughout the course of care.

From Maintenance to Relapse: Unleashing the Full Potential of Zepzelca in SCLC

講師：曾嘉成 醫師 / 高雄長庚

本次演講將聚焦於第三期 IMforte 臨床試驗，探討 Lurbinectedin 合併 Atezolizumab 作為一線維持治療的臨床價值。研究結果顯示，相較於單獨使用 Atezolizumab，合併 Lurbinectedin 可顯著延長無惡化存活期（PFS：5.4 vs. 2.1 個月；HR 0.54）及整體存活期（OS：13.2 vs. 10.6 個月；HR 0.73），為 ES-SCLC 患者提供更具實證支持的維持治療選擇。

此外，對於一線未接受 Lurbinectedin 治療且後續疾病復發的患者，Lurbinectedin 仍為 NCCN 指引推薦的後線治療選項之一，並相較部分傳統化學治療展現較佳的耐受性與安全性表現。

本次演講將整合最新臨床證據與治療策略，強調 Early Intervention, Better Outcomes 的治療理念，探討如何透過適當的治療時機與藥物選擇，最大化 ES-SCLC 患者的臨床效益。

Redefining First-Line Treatment Outcomes in ALK-Positive Advanced NSCLC: Insights from the 7-Year CROWN Data

講師：郭明濤 醫師 / 高雄長庚

The choice of first-line therapy is critical for achieving durable disease control in advanced ALK-positive non-small cell lung cancer, particularly because not all patients receive subsequent treatment and the central nervous system remains a major site of progression.

This presentation reviews the clinical implications of the 7-year follow-up from the phase III CROWN study. At 7 years, investigator-assessed median progression-free survival remained not reached with first-line lorlatinib, with 55% of patients estimated to remain alive and progression-free. Sustained intracranial control was observed in patients with and without baseline brain metastases, highlighting the importance of early CNS protection. Progression patterns, outcomes beyond first progression, and relevant Asian real-world evidence will also be discussed.

Long-term treatment requires proactive adverse-event management. Hyperlipidemia, edema, weight gain, peripheral neuropathy, and CNS effects generally emerged early and could be managed through patient education, monitoring, supportive care, treatment interruption, and dose modification. No new safety signals emerged at 7 years, and dose reduction was not associated with compromised systemic or intracranial efficacy.

These findings support integrating durable systemic control, CNS protection, patient selection, and proactive therapy management when optimizing first-line treatment for ALK-positive advanced NSCLC.

Evolving Evidence in ALK+ NSCLC: From Early-Stage to Advanced Disease

講師：王馨儀 醫師 / 臺大醫院

本演講將回顧 ALK 陽性非小細胞肺癌從早期術後輔助治療到晚期接續治療的最新證據，並探討療效、安全性、中樞神經系統控制與生活品質等臨床考量。同時整理今年 ASCO、WCLC 的研究更新，以及即將於 ESMO 發表的 ALK 相關進展，分享其對臨床治療決策的啟發。

Best Treatment First: Redefining First-Line Therapy in EGFR-Mutant NSCLC

講師：黃俊耀 醫師 / 台北慈濟

Despite the transformative impact of third-generation EGFR tyrosine kinase inhibitors (TKIs), important unmet needs remain in the first-line treatment of EGFR-mutant advanced non-small cell lung cancer (NSCLC). Disease progression, treatment-emergent resistance, and challenging disease features such as central nervous system or other high-risk metastatic involvement continue to limit long-term outcomes. These challenges highlight the need to move beyond sequential treatment thinking and maximize disease control from the very beginning.

The MARIPOSA study has reshaped the first-line treatment landscape by demonstrating the potential of combining amivantamab, an EGFR-MET bispecific antibody with immune cell-directing activity, with lazertinib, a third-generation EGFR TKI. Through complementary extracellular and intracellular targeting of the EGFR pathway, this approach provides a distinct strategy to achieve broader and more durable disease control and to address mechanisms that may contribute to treatment resistance.

For patients with EGFR-mutant NSCLC, choosing the optimal first-line therapy is increasingly about more than delaying the first progression—it is about maximizing the opportunity to influence the entire disease trajectory. This presentation will explore the remaining unmet needs in first-line EGFR-mutant NSCLC, the biological and clinical rationale behind the MARIPOSA regimen, and how its unique therapeutic approach may translate into meaningful benefits for patients, particularly those with disease characteristics associated with poorer outcomes.

Ultimately, “best treatment first” represents a shift toward using the most effective available strategy upfront, when patients may have the greatest opportunity to derive sustained benefit from treatment.