# MY CANCER GENOME

July 2013 Volume 1, Issue 3

## In This Issue



## New Articles of Interest

Alberto Bardelli, et al. Amplification of the MET receptor drives resistance to anti-EGFR therapies in colorectal cancer. Cancer Discov. 2013 Epub Jun 2

Elisa Rumi, et al. Efficacy of ruxolitinib in chronic eosinophilic leukemia associated With a PCM1-JAK2 fusion gene. J Clin Oncol. 2013 Jun 10;31(17):e269-71

Takashi Seto, et al. CH5424802 (RO5424802) for patients with ALK-rearranged advanced non-small-cell lung cancer (AF-001JP study): a single-arm, open-label, phase 1-2 study. Lancet Oncol. 2013 Jun;14(7):590-8

## Newsletter-Related

## My Cancer Genome Launches Mobile App


My Cancer Genome has released a regularly updated, searchable, and free anti-cancer drug list iPhone app for clinicians and patients. This app, the MCG DrugList app, is based on the list of anti-cancer agents already available on the web site and is a searchable index of anti-cancer drugs and associated information.

The application contains information on over 350 drugs, 100 targets, and 40 classes; drug classes include kinase inhibitors, therapeutic antibodies, immunotherapies, chemotherapies, and hormonal agents. As drug names change over time, such as when a drug receives approval from the FDA and a trade name is approved, the app database is updated.

MCG DrugList provides three ways to search for a drug: by name, by target, and by class. For example, if a clinician would like to know about anti-cancer drugs in development that have a specific target, such as EGFR, he/she can search for EGFR and get a list of all classes of drugs that target EGFR including kinase inhibitors and therapeutic antibodies. Once a specific drug is selected, the app displays descriptive information relevant to that drug.

In addition, the app allows the user to save favorite searches and drugs of interest in order to easily keep track of drug updates. We hope to continue to add features to the My Cancer Genome mobile app in the future. Please let us know how the mobile app might help you and which features you think would enhance your use of the mobile app by filling out our survey.

The MCG DrugList app is free and available through the iTunes app store.

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## Contributor Highlight: Paul K. Paik, M.D.

**Paul K. Paik, M.D.**

## Content on MCG.org

BRAF mutations in NSCLC

DDR2 mutations in NSCLC

## Clinical Trial Search

BRAF-Associated NSCLC Clinical Trials

## Newsletter Archive

May 2013 MCG Newsletter

June 2013 MCG Newsletter

## Contact Us

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Dr. Paik is a contributing editor for the lung cancer section and the contributor of the NSCLC *DDR2* pages on MyCancerGenome.org. Dr. Paik has recently been the recipient of a 2012 ASCO Conquer Cancer Foundation Career Development Award for a prospective squamous cell lung cancer molecular profiling effort termed SQ-MAP: Squamous Cell Lung Cancer Mutation Analysis Program. Dr. Paik was the senior author of a recent review of squamous cell carcinoma of the lung and emerging therapies in *Lancet Oncology*. Dr. Paik is the MSKCC site principal investigator for an ongoing clinical trial studying dasatinib in patients with advanced NSCLC with *DDR2* mutations or inactivating *BRAF* mutations—see next section.

## Clinical Trial Highlight:

Phase II Trial of Dasatinib in Subjects With Advanced Cancers Harboring DDR2 Mutation or Inactivating BRAF Mutation - NCT01514864

- Dasatinib is a kinase inhibitor with multiple targets, including ABL, SRC, and KIT
- This is a phase II study that will enroll 73 patients
- Study treatment: Single-agent dasatinib, 140mg taken orally daily until unacceptable toxicity or disease progression

Patients are eligible with one of the following histologies:

- Squamous NSCLC harboring a DDR2 mutation
- NSCLC harboring a kinase-inactivating BRAF mutation
- Other malignancy with DDR2 mutation or inactivating BRAF mutation
- NSCLC/melanoma harboring a BRAF mutation which is not functionally characterized

In addition, patients must have had disease progression after ≥ 1 prior treatment regimen (exception: subjects with squamous NSCLC may be enrolled in first line, and no prior treatment is required).