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(19) **United States**(12) **Patent Application Publication**
SESHAGIRI(10) **Pub. No.: US 2018/0235968 A1**(43) **Pub. Date: Aug. 23, 2018**(54) **EGFR MUTATIONS****Publication Classification**(71) Applicant: **GENENTECH, INC.**, South San Francisco, CA (US)(72) Inventor: **Somasekar SESHAGIRI**, San Carlos, CA (US)(73) Assignee: **GENENTECH, INC.**, South San Francisco, CA (US)(21) Appl. No.: **15/954,541**(22) Filed: **Apr. 16, 2018****Related U.S. Application Data**

- (60) Continuation of application No. 14/625,138, filed on Feb. 18, 2015, now abandoned, which is a continuation of application No. 13/972,527, filed on Aug. 21, 2013, now Pat. No. 8,987,266, which is a division of application No. 13/537,739, filed on Jun. 29, 2012, now Pat. No. 8,535,670, which is a continuation of application No. 13/095,342, filed on Apr. 27, 2011, now Pat. No. 8,232,053, which is a continuation of application No. 12/272,321, filed on Nov. 17, 2008, now Pat. No. 7,960,118, which is a continuation of application No. 11/145,566, filed on Jun. 2, 2005, now Pat. No. 7,932,026.
- (60) Provisional application No. 60/666,068, filed on Mar. 28, 2005, provisional application No. 60/635,344, filed on Dec. 10, 2004, provisional application No. 60/577,425, filed on Jun. 4, 2004.

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(52) **U.S. Cl.**

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(57)

ABSTRACT

The present invention relates to mutations in Epidermal Growth Factor Receptor (EGFR) and methods of detecting such mutations as well as prognostic methods method for identifying a tumors that are susceptible to anticancer therapy such as chemotherapy and/or kinase inhibitor treatment. The methods involve determining the presence of a mutated EGFR gene or mutated EGFR protein in a tumor sample whereby the presence of a mutated EGFR gene or protein indicates the tumor is susceptible to treatment.

Specification includes a Sequence Listing.

1 MRPSGTAGAA LLALLAALCP ASRALEEKKV CQGTSNKLTQ LGTFEDHFLS
 51 LQRMFNNECV VLG NLEITYV Q RNYDLSFLK TIQEVAGYVL IALNTVERIP
 101 LENLQIIRGN MYYENSYALA VLSNYDANKT GLKELPMRNL QEILHGAVRF
 151 SNNPALCNVE SIQWRDIVSS DFLSNMSMDF QNHLGSCQKC DPSCPNGSCW
 201 GAGEENCQKL TKIICAQQCS GRCRGKSPSD CCHNQCAAGC TGPRESDECLV
 251 CRKFRDEATC KDTCPPLMLY NPTTYQMDVN PEGKYSFGAT CVKKCPRNYV
 301 VTDHGSCVRA CGADSYEMEE DGVRKCKKCE GPCRKVCNGI GIGEFKDSL S
 351 INATNIKHFK NCTSISGDLH ILPVAFRGDS FTHTPPLDPQ ELDILKT VKE
 401 ITGFLLIQAW PENRTDLHAF ENLEIIRGRT KQHGGQFSLAV VSLNITSLGL
 451 RSLKEISDGD VIISGNKNLC YANTINWKKL FGTS GQKTKI ISNRGENSCK
 501 ATGQVCHALC SPEGCWGPEP RDCVSCRNV S RGRECVDKCN LLEGEPREFV
 551 ENSECIQCHP ECLPQAMNIT CTGRGPDNCI QCAHYIDGPH CVKTCPAGVM
 601 GENNTLVWKY ADAGHVCHLC HPNCTYGCTG PGLEGCP TNG PKIPSIATGM
 651 VGALLLLL LVV ALGIGLFMRR RHIVRKRTL R RLLQERELVE PLTPSGEAPN
 701 QALLRILKET EFKKIKVLGS GAFGTVYKGL WIPEGEKVKI PVAIKELREA
 751 TSPKANKEIL DEAYVMASVD NPHVCRL LGI CLTSTVQLIT QLMFPGCLLD
 801 YVREHKDNIG SQYLLNWC VQ IAKGMNYLED RRLVHRDLAA RNLVVKTPQH
 851 VKITDFGLAK LLGAEEKEYH AEGGKVPIKW MALESILHRI YTHQSDVWSY
 901 GVTVWELMTF GSKPYDGIPA SEISSILEKG ERLPQPPICT IDVYMIMVKC
 951 WMIDADSRPK FRELIIEFSK MARDPQRYLV IQGDERMHLP SPTDSNFYRA
 1001 LMDEEDMDDV VDADEYLIPQ QGFFSSPSTS RTPLLSSLSA TSNNSTVACI
 1051 DRNGLQSCPI KEDSFLQ RYS SDPTGALTED SIDDTFLPVP EYINQSVPKR
 1101 PAGSVQNPVY HNQPLNPAPS RDPHYQDPHS TAVGNPEYLN TVQPTCVNST
 1151 FDSPA HWAQK GSHQISLDNP DYQQDFFPKE AKPNGIFKGS TAENAEYLRV
 1201 APQSSEFIGA

FIGURE 1

CCCCGGCGCAGCGCGGCCGAGCAGCCTCCGCCCCCGCACGGTGTGAGCGCCCGACGCG	60
GCCGAGGCGGCCGAGTCCCAGCTAGCCCCGCGGCCGCGCCGCCCAGACCGGACGAC	120
AGGCCACCTCGTCGGCGTCCGCCCCGAGTCCCCGCTCGCCGCCAACGCCACAACCACCGC	180
GCACGGCCCCCTGACTCCGTCCAGTATTGATCGGGAGAGCCGGAGCGAGCTCTTCGGGGA	240
GCAGCGATGCGACCCTCCGGGACGGCCGGGGCAGCGCTCCTGGCGCTGCTGGCTGCGCTC	300
TGCCCCGGCGAGTCGGGCTCTGGAGGAAAAGAAAGTTTGCCAAGGCACGAGTAACAAGCTC	360
ACGCAGTTGGGCACTTTGAAGATCATTTTCTCAGCCTCCAGAGGATGTTCAATAACTGT	420
GAGGTGGTCCTTGGAATTGGAATTACCTATGTGCAGAGGAATTATGATCTTTCCTTC	480
TTAAAGACCATCCAGGAGGTGGCTGGTTATGTCCTCATTGCCCTCAACACAGTGGAGCGA	540
ATTCCTTTGGAACCTGCAGATCATCAGAGGAAATATGTACTACGAAAATTCCTATGCC	600
TTAGCAGTCTTATCTAACTATGATGCAAATAAAACCGGACTGAAGGAGCTGCCCATGAGA	660
AATTTACAGGAAATCTGCATGGCGCCGTGCGGTTAGCAACAACCCTGCCCTGTGCAAC	720
GTGGAGAGCATCCAGTGGCGGGACATAGTCAGCAGTGACTTTCTCAGCAACATGTCGATG	780
GACTTCCAGAACCACCTGGGCAGCTGCCAAAAGTGTGATCCAAGCTGTCCCAATGGGAGC	840
TGCTGGGGTGCAGGAGAGGAGAACTGCCAGAACTGACCAAAATCATCTGTGCCCAGCAG	900
TGCTCCGGGCGCTGCCGTGGCAAGTCCCCCAGTGACTGCTGCCACAACCAGTGTGCTGCA	960
GGCTGCACAGGCCCCCGGAGAGCGACTGCCTGGTCTGCCGCAAATTCGAGACGAAGCC	1020
ACGTGCAAGGACACCTGCCCCCACTCATGCTCTACAACCCACCACGTACCAGATGGAT	1080
GTGAACCCCGAGGGCAAATACAGCTTTGGTGCCACCTGCGTGAAGAAGTGTCCCGTAAT	1140
TATGTGGTGACAGATCACGGCTCGTGCGTCCGAGCCTGTGGGGCCGACAGCTATGAGATG	1200
GAGGAAGACGGCGTCCGCAAGTGTAAGAAGTGCGAAGGGCCTTGCCGCAAAGTGTGTAAC	1260
GGAATAGGTATTGGTGAATTTAAAGACTCACTCTCCATAAATGCTACGAATATTAAACAC	1320
TTCAAAAAGTGCACCTCCATCAGTGGCGATCTCCACATCCTGCCGGTGGCATTTAGGGGT	1380

Figure 2a

GACTCCTTCACACATACTCCTCCTCTGGATCCACAGGAAGTGGATATTCTGAAAACCGTA	1440
AAGGAAATCACAGGGTTTTTGCTGATTGAGGCTTGGCCTGAAAACAGGACGGACCTCCAT	1500
GCCTTTGAGAACCTAGAAATCATA CGCGGCAGGACCAAGCAACATGGTCAGTTTTCTCTT	1560
GCAGTCGTCAGCCTGAACATAACATCCTTGGGATTACGCTCCCTCAAGGAGATAAGTGAT	1620
GGAGATGTGATAATTT CAGGAAACAAAAATTTGTGCTATGCAAATACAATAAACTGGAAA	1680
AAACTGTTTGGGACCTCCGGTCAGAAAACCAAATTTATAAGCAACAGAGGTGAAAACAGC	1740
TGCAAGGCCACAGGCCAGGTCTGCCATGCCCTTGTGCTCCCCGAGGGCTGCTGGGGCCCG	1800
GAGCCAGGGACTGCGTCTCTTGCCGGAATGTCAGCCGAGGCAGGGAATGCGTGACAAAG	1860
TGCAACCTTCTGGAGGGTGAGCCAAGGGAGTTTGTGGAGAACTCTGAGTGATACAGTGC	1920
CACCCAGAGTGCTGCCTCAGGCCATGAACATCACCTGCACAGGACGGGGACCAGACAAC	1980
TGTATCCAGTGCGCCACTACATTGACGGCCCCACTGCGTCAAGACCTGCCCAGCAGGA	2040
GTCATGGGAGAAAACAACACCTGGTCTGGAAGTACGCAGACGCCGGCCATGTGTGCCAC	2100
CTGTGCCATCCAACTGCACCTACGGATGCACTGGGCCAGGTCTTGAAGGCTGTCCAACG	2160
AATGGGCCTAAGATCCCGTCCATCGCCACTGGGATGGTGGGGGCCCTCCTCTTGCTGCTG	2220
GTGGTGGCCCTGGGGATCGGCCTCTTCATGCGAAGGCGCCACATCGTTCGGAAGCGCACG	2280
CTGCGGAGGCTGCTGCAGGAGAGGGAGCTTGTGGAGCCTCTTACACCCAGTGAGAGAAGCT	2340
CCCAACCAAGCTCTCTTGAGGATCTTGAAGGAACTGAATTCAAAAAGATCAAAGTGCTG	2400
GGCTCCGGTGCGTTCCGGCACGGTGTATAAGGGACTCTGGATCCCAGAAGGTGAGAAAGTT	2460
AAAATTTCCCGTCGCTATCAAGGAATTAAGAGAAGCAACATCTCCGAAAGCCAACAAGGAA	2520
ATCCTCGATGAAGCCTACGTGATGGCCAGCGTGGACAACCCCCACGTGTGCCGCCTGCTG	2580
GGCATCTGCCTCACCTCCACCGTGCAGCTCATCACGCAGCTCATGCCCTTCGGCTGCCTC	2640
CTGGACTATGTCCGGGAACACAAAGACAATATTGGCTCCCAGTACCTGCTCAACTGGTG	2700

Figure 2b

GTGCAGATCGCAAAGGGCATGAACTACTTGGAGGACCGTCGCTTGGTGCACCGCGACCTG	2760
GCAGCCAGGAACGTACTGGTGAAAACACCGCAGCATGTCAAGATCACAGATTTTGGGCTG	2820
GCCAAACTGCTGGGTGCGGAAGAGAAAGAATACCATGCAGAAGGAGGCAAAGTGCCTATC	2880
AAGTGGATGGCATTGGAATCAATTTTACACAGAATCTATACCCACCAGAGTGATGTCTGG	2940
AGCTACGGGGTGACCGTTTGGGAGTTGATGACCTTTGGATCCAAGCCATATGACGGAATC	3000
CCTGCCAGCGAGATCTCCTCCATCCTGGAGAAAGGAGAACGCCTCCCTCAGCCACCCATA	3060
TGTACCATCGATGTCTACATGATCATGGTCAAGTGCTGGATGATAGACGCAGATAGTCGC	3120
CCAAAGTTCGGTGAGTTGATCATCGAATTCTCCAAATGGCCCGAGACCCCGAGCGCTAC	3180
CTTGTCATTGAGGGGGATGAAAGAATGCATTTGCCAAGTCTACAGACTCCAATTCTAC	3240
CGTGCCCTGATGGATGAAGAAGACATGGACGACGTGGTGGATGCCGACGAGTACCTCATC	3300
CCACAGCAGGGCTTCTTCAGCAGCCCCCTCCACGTCACGGACTCCCCTCCTGAGCTCTCTG	3360
AGTGCAACCAGCAACAATTCCACCGTGGCTTGCAATTGATAGAAATGGGCTGCAAAGCTGT	3420
CCCATCAAGGAAGACAGCTTCTTGACGCGATACAGCTCAGACCCACAGGCGCCTTGACT	3480
GAGGACAGCATAGACGACACCTTCTCCAGTGCCCTGAATACATAAACCAGTCCGTTCCC	3540
AAAAGGCCCGCTGGCTCTGTGCAGAATCCTGTCTATCACAATCAGCCTCTGAACCCCGCG	3600
CCCAGCAGAGACCCACACTACCAGGACCCCCACAGCACTGCAGTGGGCAACCCCGAGTAT	3660
CTCAACACTGTCCAGCCCACCTGTGTCAACAGCACATTGACAGCCCTGCCCACTGGGCC	3720
CAGAAAGGCAGCCACCAAATTAGCCTGGACAACCCTGACTACCAGCAGGACTTCTTTCCC	3780
AAGGAAGCCAAGCCAAATGGCATCTTTAAGGGCTCCACAGCTGAAAATGCAGAATACCTA	3840
AGGGTCGCGCCACAAAGCAGTGAATTTATTGGAGCATGACCACGGAGGATAGTATGAGCC	3900
CTAAAAATCCAGACTCTTTGATACCCAGGACCAAGCCACAGCAGGTCCTCCATCCCAAC	3960
AGCCATGCCCGCATTAGCTCTTAGACCCACAGACTGGTTTTGCAACGTTTACACCGACTA	4020
GCCAGGAAGTACTTCCACCTCGGGCACATTTTGGGAAGTTGCATTCTTTGTCTTCAAAC	4080
TGTGAAGCATTTACAGAAACGCATCCAGCAAGAATATTGTCCCTTTGAGCAGAAATTTAT	4140

Figure 2c

CTTTCAAAGAGGTATATTTGAAAAAAAAAAAAAGTATATGTGAGGATTTTTATTGATTGG	4200
GGATCTTGGAGTTTTTCATTGTCGCTATTGATTTTTACTTCAATGGGCTCTTCCAACAAG	4260
GAAGAAGCTTGCTGGTAGCACTTGCTACCCTGAGTTCATCCAGGCCCAACTGTGAGCAAG	4320
GAGCACAAGCCACAAGTCTTCCAGAGGATGCTTGATTCCAGTGGTTCTGCTTCAAGGCTT	4380
CCACTGCAAAACACTAAAGATCCAAGAAGGCCTTCATGGCCCCAGCAGGCCGGATCGGTA	4440
CTGTATCAAGTCATGGCAGGTACAGTAGGATAAGCCACTCTGTCCCTTCCTGGGCAAAGA	4500
AGAAACGGAGGGGATGGAATTCCTCCTTAGACTTACTTTTGTA AAAATGTCCCCACGGTA	4560
CTTACTCCCCACTGATGGACCAGTGGTTTCCAGTCATGAGCGTTAGACTGACTTGTTTGT	4620
CTTCCATTCCATTGTTTTGAAACTCAGTATGCTGCCCCGTCTTGCTGTCATGAAATCAG	4680
CAAGAGAGGATGACACATCAAATAATAACTCGGATTCCAGCCACATTGGATTTCATCAGC	4740
ATTTGGACCAATAGCCACAGCTGAGAATGTGGAATACCTAAGGATAGCACCGCTTTTGT	4800
TCTCGCAAAAACGTATCTCCTAATTTGAGGCTCAGATGAAATGCATCAGGTCCTTTGGGG	4860
CATAGATCAGAAGACTACAAAAATGAAGCTGCTCTGAAATCTCCTTTAGCCATCACCCCA	4920
ACCCCCCAAATTAGTTTGTGTTACTTATGGAAGATAGTTTCTCCTTTTACTTCACTTC	4980
AAAAGCTTTTACTCAAAGAGTATATGTTCCCTCCAGGTCAGCTGCCCCCAAACCCCTC	5040
CTTACGCTTTGTACACAAAAAGTGTCTCTGCCTTGAGTCATCTATTCAAGCACTTACAG	5100
CTCTGGCCACAACAGGGCATTTTACAGGTGCGAATGACAGTAGCATTATGAGTAGTGTGG	5160
AATTCAAGGTAGTAAATATGAAACTAGGGTTTGAAATTGATAATGCTTTCACAACATTTGC	5220
AGATGTTTTAGAAAGGAAAAAAGTTCCTTCCTAAAATAATTTCTCTACAATTGGAAGATTG	5280
GAAGATTCAGCTAGTTAGGAGCCACCTTTTTTCCTAATCTGTGTGTGCCCTGTAACCTG	5340
ACTGGTTAACAGCAGTCCTTTGTAAACAGTGTTTTAACTCTCCTAGTCAATATCCACCC	5400
CATCCAATTTATCAAGGAAGAAATGGTTCAGAAAATATTTTCAGCCTACAGTTATGTTCA	5460
GTCACACACACATACAAAATGTTCTTTTGCTTTTAAAGTAATTTTGA TCTCCAGATCA	5520
GTCAGAGCCCCTACAGCATTGTTAAGAAAGTATTTGATTTTGTCTCAATGAAAATAAAA	5580
CTATATTCATTTCCACTCTAAAAAAAAAAAAAAAAAAAA	

Figure 2d

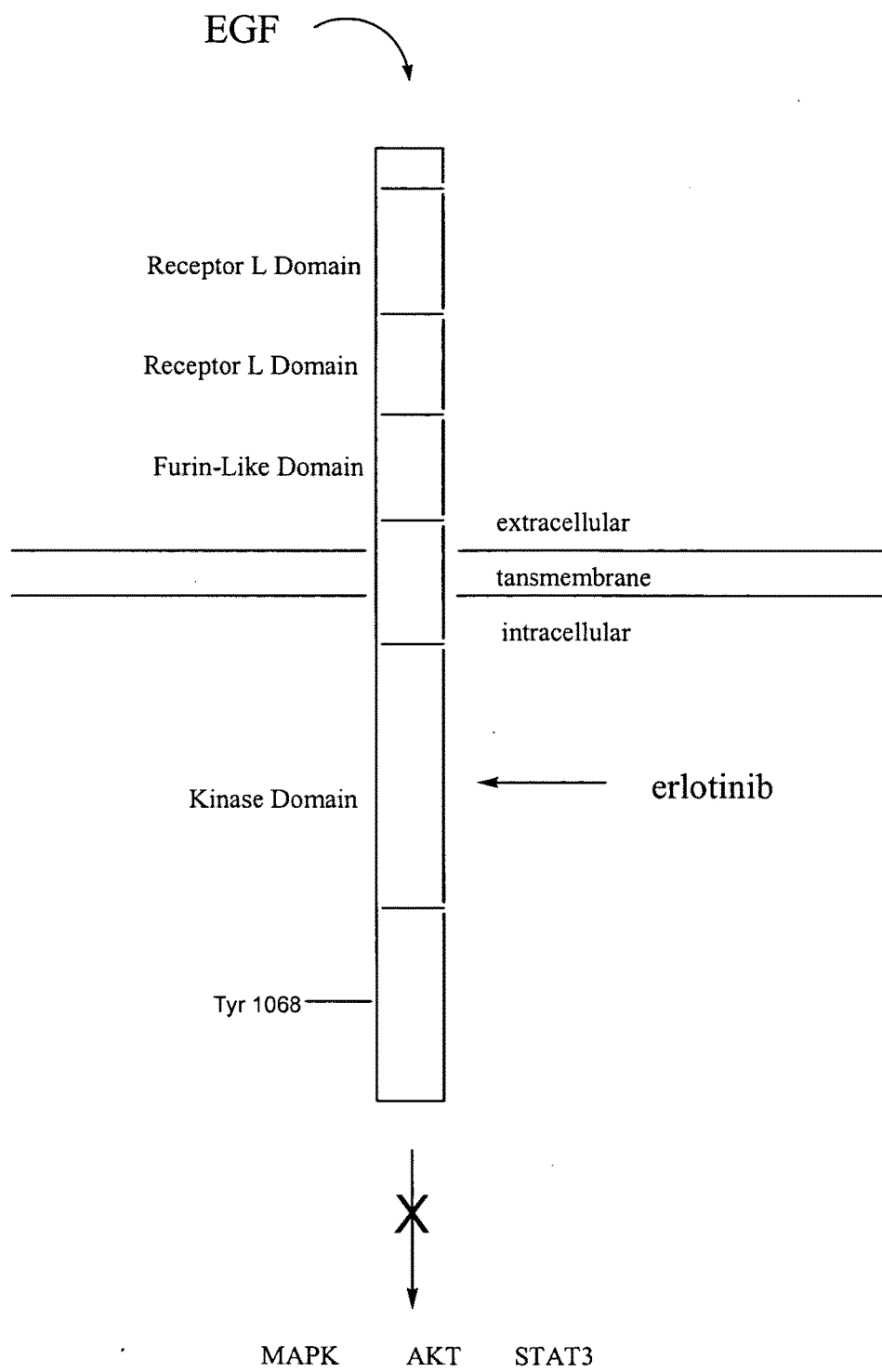


Figure 3

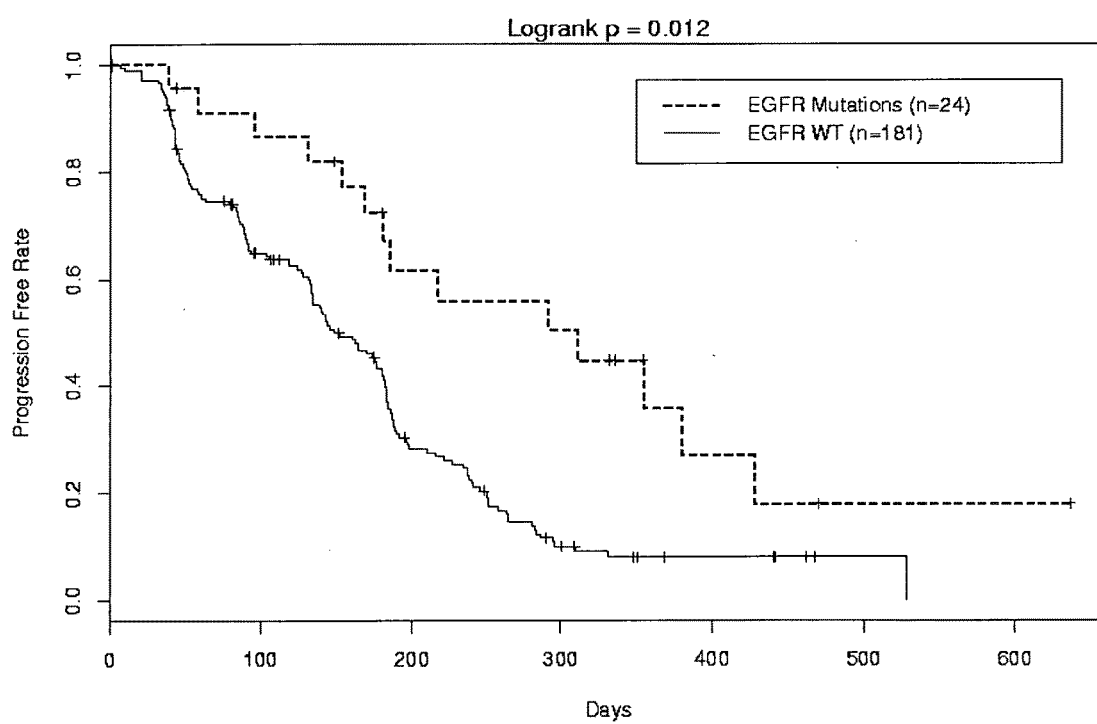


Figure 4

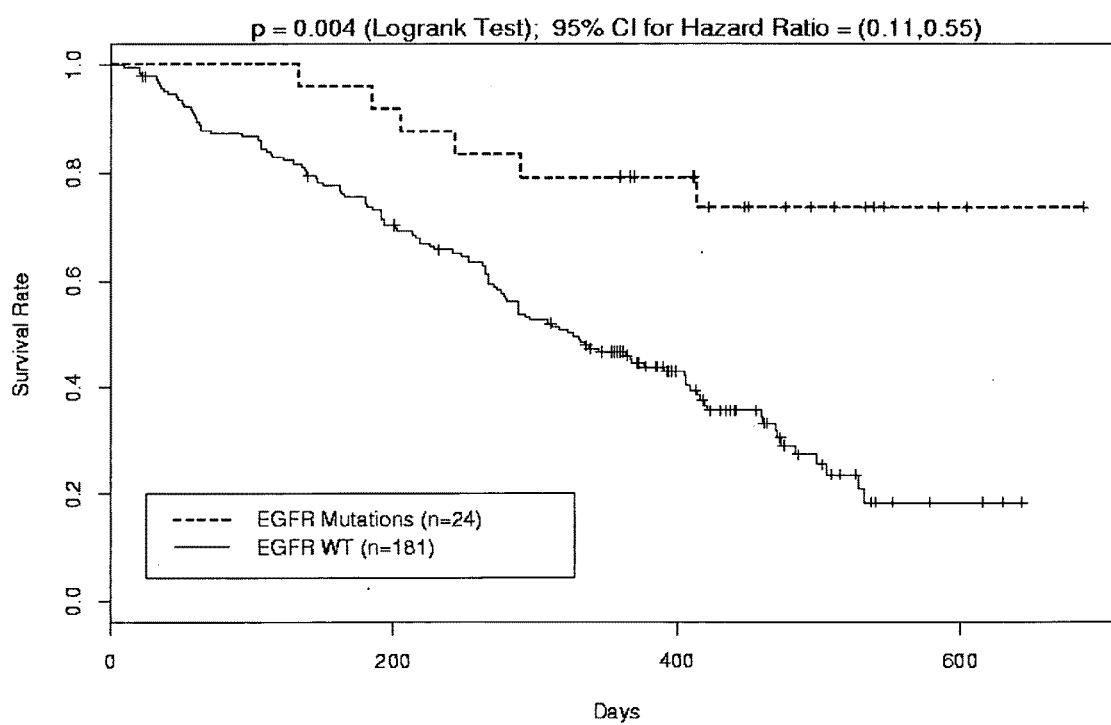


Figure 5

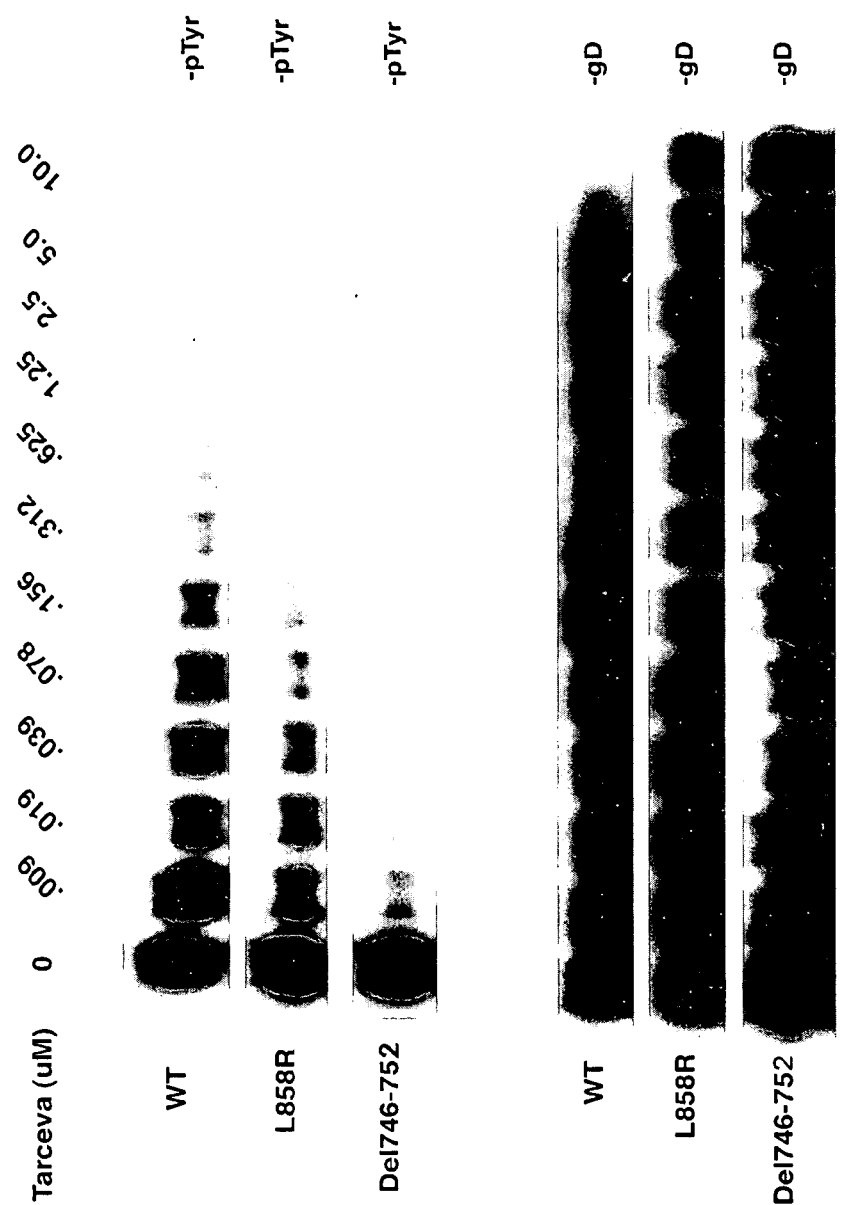


Figure 6

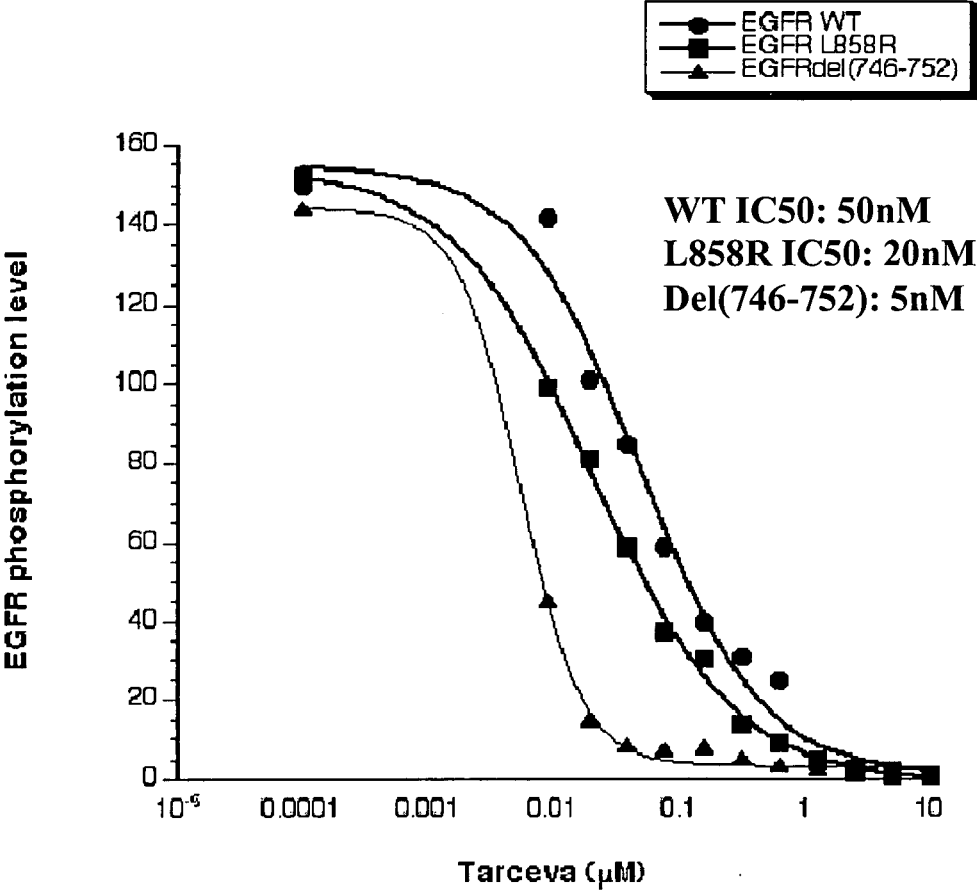


Figure 7

EXON 18

EGFR protein	716	K V L G S G (SEQ ID NO: 3)
EGFR gene	2392	AAAGTGGCTGGCTCCGGT (SEQ ID NO: 4)
M1 (G719A)		AAAGTGTGTGCTCCGGT {KVLASG}
		(SEQ ID NO: 5) (SEQ ID NO: 6)
M2 (G719C)		AAAGTGTGGCTCCGGT {KVLCSG}
		(SEQ ID NO: 7) (SEQ ID NO: 8)

EXON 19

EGFR protein	743	A I K E L R E A T S P K A N K E I L D
		(SEQ ID NO: 9)
EGFR gene	2473	GCTATCAAGGAATTAAGAGAAGCAACATCTCCGAAAGCCCAACAAGGAAATCCTCGAT
		(SEQ ID NO: 10)
M3 (E746-A750del)		GCTATCAA-----AACATCTCCGAAAGCCCAACAAGGAAATCCTCGAT
		(SEQ ID NO: 11)
M4 (E748-R748del E749Q A750P)		GCTATCAAG-----CAACCAACATCTCCGAAAGCCCAACAAGGAAATCCTCGAT
		(SEQ ID NO: 12)
M5 (L747S R748-P753del)		GCTATCAAGGAAT-----CGAAAGCCCAACAAGGAAATCCTCGAT
		(SEQ ID NO: 13)
M6 (S752-I759del)		GCTATCAAGGAATTAAGAGAAGCAAC-----CCTCGAT
		(SEQ ID NO: 14)
M11 (A755V)		GCTATCAAGGAATTAAGAGAAGCAACATCTCCGAAAGTCAACAAGGAAATCCTCGAT
		(SEQ ID NO: 15)
M12 (L747S)		GCTATCAAGGAATCAAGAGAAGCAACATCTCCGAAAGCCCAACAAGGAAATCCTCGAT
		(SEQ ID NO: 16)
M13 (E746K)		GCTATCAAGAAATTAAGAGAAGCAACATCTCCGAAAGCCCAACAAGGAAATCCTCGAT
		(SEQ ID NO: 17)

Figure 8

<u>EXON 20</u>		
EGFR protein		
EGFR gene	766	M A S V D N P (SEQ ID NO: 18)
	2542	ATGGCC-----AGCGTGGACAACCCC (SEQ ID NO: 19)
M7 (M766-A767 AI ins)		ATGGCCATA---GCCAGCGTGGACAACCCC {MAIA <u>S</u> VDNP}
		(SEQ ID NO: 20) (SEQ ID NO: 21)
M8 (S768-V769 SVA ins)		ATGGCCAGCGTGGCCAGCGTGGATAACCCC {MA <u>S</u> VA <u>S</u> VDNP}
		(SEQ ID NO: 22) (SEQ ID NO: 23)
M9 (S768I)		ATGGCC-----A <u>T</u> CGTGGACAACCCC {MA <u>I</u> VDNP}
		(SEQ ID NO: 24) (SEQ ID NO: 25)
<u>EXON 21</u>		
EGFR protein		
EGFR gene	856	F G L A K L (SEQ ID NO: 26)
	2812	TTTGGGCTGGCCAAACTG (SEQ ID NO: 27)
M10 (L858R)		TTTGGGCGGGCCAAACTG {FG <u>R</u> AKL}
		(SEQ ID NO: 28) (SEQ ID NO: 29)
M14 (L858P)		TTTGGGCGGGCCAAACTG {FG <u>P</u> AKL}
		(SEQ ID NO: 30) (SEQ ID NO: 31)

Figure 9

EGFR MUTATIONS

CROSS-REFERENCE TO RELATED APPLICATIONS

[0001] This application claims the benefit under 35 U.S.C. § 119(e) of United States Provisional Patent Applications 60/577,425 filed Jun. 4, 2004, 60/635,344 filed Dec. 10, 2004, and 60/666,068 filed Mar. 28, 2005, which applications are hereby incorporated by reference in their entireties.

FIELD OF THE INVENTION

[0002] The present invention relates to cancer diagnostics and therapies and in particular to the detection of mutations that are diagnostic and/or prognostic.

BACKGROUND OF THE INVENTION

[0003] Epidermal Growth Factor Receptor (EGFR) is a member of the type 1 tyrosine kinase family of growth factor receptors, which play critical roles in cellular growth, differentiation, and survival. Activation of these receptors typically occurs via specific ligand binding, resulting in hetero- or homodimerization between receptor family members, with subsequent autophosphorylation of the tyrosine kinase domain. This activation triggers a cascade of intracellular signaling pathways involved in both cellular proliferation (the ras/raf/MAP kinase pathway) and survival (the PI3 kinase/Akt pathway). Members of this family, including EGFR and HER2, have been directly implicated in cellular transformation.

[0004] A number of human malignancies are associated with aberrant or overexpression of EGFR and/or overexpression of its specific ligands e.g. transforming growth factor α (Gullick, *Br Med Bull* 1991, 47:87-98; Modjtahedi and Dean, *Int J Oncol* 1994, 4:277-96; Salomon et al., *Crit Rev Oncol Hematol* 1995; 19:183-232). EGFR overexpression has been associated with an adverse prognosis in a number of human cancers, including NSCLC. In some instances, overexpression of tumor EGFR has been correlated with both chemoresistance and a poor prognosis (Lei et al., *Anticancer Res* 1999; 19:221-8; Veale et al., *Br J Cancer* 1993; 68:162-5). These observations suggest that agents that effectively inhibit EGFR receptor activation and subsequent downstream signaling may have clinical activity in a variety of human cancers, including NSCLC.

[0005] Tarceva™ (also known as erlotinib; OSI-774), a quinazoline, is an orally active, potent, selective inhibitor of EGFR tyrosine kinase. Erlotinib inhibits human EGFR tyrosine kinase with an IC_{50} of 2 nM (0.786 mg/mL) in an in vitro enzyme assay. This inhibition is selective for EGFR tyrosine kinase, results in cell cycle arrest at G_1 , and is reversible. Oral administration of erlotinib in mice has demonstrated a >70% reduction in EGFR autophosphorylation in human xenografts and marked growth inhibition of HN5 and A431 xenografts in nude mice has been demonstrated. In addition to single-agent activity in in vivo assay systems, erlotinib has been evaluated in combination with a number of chemotherapy agents to determine possible interactions. There was an additive interaction between erlotinib and paclitaxel, cisplatin, gemcitabine, and doxorubicin.

[0006] Lung cancer represents the leading cause of cancer-related mortality for both men and women in the United States. In 2000, it was estimated that 164,000 new cases would be diagnosed and 157,000 patients would die from

this disease (Greenlee et al., *CA Cancer J Clin* 2001, 51:15-36). Approximately 75% of these patients would have had non-small cell histologies, with the majority presenting with inoperable Stage IIIB or Stage IV disease. For those patients with more limited disease at presentation (Stages I-III A), relapse following standard surgical therapy, with or without adjuvant or neoadjuvant chemo- and/or radiotherapy, is common. These findings result in an overall 5-year survival in non-small cell lung cancer (NSCLC) of ~12% and serve to emphasize the unmet medical need in this disease.

[0007] The platinum compound cisplatin was the first chemotherapy agent to show clinical benefit in the management of locally advanced or metastatic NSCLC. Randomized clinical trials demonstrated improved response rates, quality of life, and survival compared with the best supportive care (Rapp et al. 1988). However, the magnitude of this improvement was modest—measured in weeks. Subsequently, a number of newer chemotherapy agents have been evaluated as single agents and in combination with the platinum salts in the first-line setting. The conclusion from these studies is that modern “doublet” chemotherapy appears to achieve response rates of 15%-20%, median time to disease progression of 3-4 months, and median survival of 7-8 months. The modest improvements in efficacy with combination therapies over the results obtained with cisplatin have established these therapies as a standard of care for patients with advanced NSCLC and an acceptable performance status (Non-Small Cell Lung Cancer Cooperative Group, *Br Med J* 1995, 311:899-909; American Society of Clinical Oncology, *J Clin Oncol* 1997, 15:2996-3018; Breathnach et al., *J Clin Oncol* 2001; 19:1734-42).

SUMMARY OF THE INVENTION

[0008] According to an aspect of the invention there is provided a method for identifying a tumor in a human subject that is susceptible to treatment comprising determining the presence of a mutated EGFR gene or mutated EGFR protein in a sample of said tumor wherein said mutation is located in exons 18-21 of EGFR whereby the presence of a mutated EGFR gene or mutated EGFR protein indicates the tumor is susceptible to treatment.

[0009] In another aspect of the invention there is provided a method of treating a tumor in a mammal comprising identifying the presence of an EGFR mutation in said tumor and treating said mammal with an anticancer agent.

[0010] In another aspect of the invention there is provided method of identifying an EGFR mutation in a sample comprising contacting nucleic acid from said sample with a probe that is capable of specifically hybridizing to nucleic acid encoding a mutated EGFR protein, or fragment thereof incorporating a mutation, and detecting the hybridization.

[0011] In another aspect of the invention there is provided nucleic acid probes capable of specifically hybridizing to nucleic acid encoding a mutated EGFR protein or fragment thereof incorporating a mutation.

[0012] In another aspect of the invention there is provided a method of detecting a mutated EGFR gene in a sample comprising amplifying from said sample nucleic acid corresponding to the kinase domain of said EGFR gene, or a fragment thereof suspected of containing a mutation, and comparing the electrophoretic mobility of the amplified nucleic acid to the electrophoretic mobility of corresponding wild-type EGFR gene or fragment thereof.

[0013] In another aspect of the invention there is provided a method for identifying a tumor in a human subject that is susceptible to treatment with an EGFR inhibitor comprising (i) determining the presence of a wild-type KRAS protein or gene in a sample of said tumor whereby the presence of a wild-type KRAS protein or gene indicates that the tumor is susceptible to treatment with an EGFR inhibitor or (ii) determining the presence of a mutated KRAS protein or gene in a sample of said tumor whereby the absence of a mutated KRAS protein or gene indicates that the tumor is susceptible to treatment with an EGFR inhibitor.

BRIEF DESCRIPTION OF THE DRAWINGS

[0014] FIG. 1 illustrates the amino acid sequence of wild-type EGFR1 (SEQ ID NO: 1) in which the signal sequence is residues 1-24, the extracellular domain includes residues 24-645, the transmembrane domain includes residues 646-668, and the cytoplasmic domain includes residues 669-1210. The tyrosine kinase domain region is residues 718-964, and the threonine phosphorylation site is residue 678.

[0015] FIG. 2a through 2d is the cDNA sequence (SEQ ID NO: 2) of wild-type EGFR in which exon 18 corresponds to nucleotides 2308-2430; exon 19 corresponds to nucleotides 2431-2529; exon 20 corresponds to nucleotides 2530-2715 and exon 21 corresponds to 2716-2871.

[0016] FIG. 3 is a graphical representation of extracellular (top) and intracellular (bottom) regions of EGFR.

[0017] FIG. 4 is a Kaplan-Meier curve showing time to progression of patients having NSCLC tumors expressing wild-type EGFR (solid line) and mutant EGFR (dashed line).

[0018] FIG. 5 is a Kaplan-Meier curve showing survival of patients having NSCLC tumors expressing wild-type EGFR (solid line) and mutant EGFR (dashed line).

[0019] FIG. 6 is an autoradiograph illustrating inhibition of autophosphorylation of wild-type EGFR, and mutant EGFR (L858R and del746-752) with varying concentrations of erlotinib in transiently transfected COS7 cells.

[0020] FIG. 7 is a graph showing inhibition of autophosphorylation of wild-type EGFR and mutant EGFR (L858R and del746-752) with varying concentrations of erlotinib in transiently transfected COS7 cells.

[0021] FIG. 8 illustrates mutations in exons 18 and 19 of EGFR gene and protein sequences. Amino acid and nucleotide changes, and insertions are in bold, underlined font while deletions are shown as dashes (-).

[0022] FIG. 9 illustrates mutations in exons 20 and 21 of EGFR gene and protein sequences. Amino acid and nucleotide changes, and insertions are in bold, underlined font while deletions are shown as dashes (-).

DETAILED DESCRIPTION OF THE PREFERRED EMBODIMENTS

[0023] It is a discovery of the present invention that mutational events associated with tumorigenesis occur in Epidermal Growth Factor Receptor (EGFR). Although it was previously known that aberrant EGFR activity was associated with various cancers, it was unknown that mutations in the EGFR kinase domain region (KDR) existed that caused aberrant signaling activity associated with some cancers. Surprisingly patients suffering from tumors having EGFR KDR mutations have a better prognosis than those with wild-type EGFR. The KDR mutations of the EGFR gene can involve rearrangements such as insertions and deletions as well as point mutations.

[0024] Samples from approximately 250 patients who participated a randomized, double-blinded phase III clinical trial referred to as Tribute were sequenced for mutations occurring in exons 18-21 of EGFR. Tribute studied 1,079 patients at approximately 150 centers in the United States having histological confirmed NSCLC who had not received prior chemotherapy comparing erlotinib+chemotherapy (carboplatin/paclitaxel) with chemotherapy alone. Patients received paclitaxel (200 mg/m² 3 hour i.v. infusion) followed by carboplatin (AUC=6 mg/ml×minute infused over 15-30 minutes using Calvert formula) with or without erlotinib (100 mg/day p.o. escalated to 150mg/day for tolerant patients). Tumor samples, formalin-fixed paraffin-embedded blocks or unstained slides, from approximately 250 patients collected from the Tribute trial were enriched for tumor cells by laser capture microdissection followed by DNA extraction. Exons 18-21 were amplified by nested PCR and bi-directional sequences were obtained from each PCR product using fluorescent dye-terminator chemistry. Mutations discovered from the sequencing are shown in table 1:

TABLE 1

protein mutation	nucleic acid mutation	exon
G719A	2402G > C	18
G719C	2401G > T	18
G719S	2401G > A	18
E746-R748 del	2482-2490 del GGAATTAAGA (SEQ ID NO: 32)	19
E746-A750 del	2481-2495 del GGAATTAAGAGAAGC (SEQ ID NO: 33)	19
E746-R748 del E749Q A750P	2482-2490 del GAATTAAGA 2491G > C 2494G > C	19
L747-E749 del A750P	2485-2493 del TTAAGAGAA 494G > C	19
L747S R748-P753 del	2486-2503 del TAAGAGAAGCAACATCTC (SEQ ID NO: 34)	19

TABLE 1-continued

protein mutation	nucleic acid mutation	exon
L747-S752 del E746V	2485-2502 del TTAAGAGAAGCAACATCT 2483A > T (SEQ ID NO: 35)	19
L747-T751 del ins S	2486-2494del TAAGAGAAGCAA (SEQ ID NO: 36)	19
S752-I759 del	2499-2522 del ATCTCCGAAAGCCAACAAGGAAAT (SEQ ID NO: 37)	19
M766-A767 AI ins	2544-2545 ins GCCATA	20
S768-V769 SVA ins	2554-2555 ins CCAGCGTGG (2556C > T silent)	20
L858R	2819T > G	21
G719C	2401G > T	18
S768I	2549G > T {2607G > A SNP silent}	20
G719C	2401G > T	18
V765M	2539G > A	20
S768I	2549G > T	20
A755V	2510C > T	19
L747S	2486T > C	19
E746K	2482G > A	19
P772-H773 V ins	2561-2562 ins GGT	20
L858P	2819T > C	21
L861Q	2576T > A	21
P772-H773 NS ins H773Y	2562-2563 ins AACTCC 2563C > T	20
T790M	2615C > T	20
L858R	2819T > G	21
S784F		21
L858R		21

ins = insertion del = deletion

[0025] Nucleotide numbering for mutations is based on reference sequence shown in FIGS. 2a-2d.

[0026] Clinical outcome of patients having tumors with EGFR mutations and wild-type EGFR were analyzed according to response (complete+partial) benefit (response+stable disease) and progressive disease. Lesions were evaluated using Response Evaluation Criteria in Solid Tumors (RECIST) criteria whereby “complete response” (CR) is defined as the disappearance of all target lesions; “partial response” (PR) is defined as at least a 30% decrease in the sum of the longest diameter of target lesions, taking as reference the baseline sum longest diameter; “progressive disease” (PD) is defined as at least a 20% increase in the sum of the longest diameter of target lesions, taking as reference the smallest sum longest diameter recorded since the treatment started or the appearance of one or more new lesions; and “stable disease” (SD) is defined as neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease, taking as reference the smallest sum longest diameter since the treatment started.

[0027] Results of the analysis are summarized in table 2.

TABLE 2

	Mutant EGFR n = 24		Wild-Type EGFR n = 181	
Response/Benefit Rate				
response (CR + PR)	11	46%	46	25%
benefit (CR + PR + SD)	18	75%	105	58%
SD	7	29%	59	33%
PD	6	25%	76	42%
Survival (days)				
median	435		309	
range	133-687		9-643	

CR = complete response;
PR = partial response;
SD = stable disease;
PD = progressing disease

[0028] Analysis of clinical outcome revealed that patients with tumors expressing a mutation in exons 18-21 of EGFR have better prognosis than those with tumors expressing wild-type EGFR. Mutant EGFR patients exhibited greater

response rate, benefit rate and survival when treated with chemotherapy or chemotherapy plus erlotinib. These results are useful for predicting outcome such that patients who's tumors have EGFR mutations in any or all of exons 18 through 21 have more favorable prognosis than patients who's tumors do not have such mutations.

[0029] Accordingly, the present invention provides a method for determining the prognosis of a patient having a tumor comprising determining in a sample of said tumor the presence or absence of one or more EGFR mutations in exons 18-21 (or the amino acid sequence corresponding to exons 18-21) whereby the presence of said one or more EGFR mutation indicates better prognosis compared to the absence of said one or more EGFR mutation. By "prognosis" is meant response and/or benefit and/or survival. By "EGFR mutations" means an amino acid or nucleic acid sequence that differs from wild-type EGFR protein or nucleic acid respectively found on one allele (heterozygous) or both alleles (homozygous) and may be somatic or germ line. In a particular embodiment said mutation is found in the kinase domain region (KDR) of EGFR. In another particular embodiment the mutation is an amino acid substitution, deletion or insertion as shown in table 1. In an embodiment the amino acid mutation is one or more of the following: G719A, E746K, L747S, E749Q, A750P, A755V, S768I, L858P, E746-R748 del, R748-P753 del, M766-A767 AI ins, and S768-V769 SVA ins. In another particular embodiment, the mutation is a nucleic acid point mutation, deletion or insertion as shown in table 1. In an embodiment, the nucleic acid mutation is one or more the following: 2402G>C; 2482G>A; 2486T>C; 2491G>C; 2494G>C; 2510C>T; 2549G>T; 2819T>C; 2482-2490 del; 2486-2503 del; 2544-2545 ins GCCATA; and 2554-2555 ins CCA-GCGTGG.

[0030] EGFR exons 18-21 from an H1975 tumor cell line that exhibited resistance to treatment with erlotinib was sequenced and found to incorporate a mutation T790M in combination with an L858R mutation. Accordingly the present invention further provides a method for determining the prognosis of a patient having a tumor comprising determining in a sample of said tumor the presence or absence of the T790M EGFR mutation whereby the presence of said T790M EGFR mutation indicates poorer prognosis compared to the absence of said T790M EGFR mutation. Further, there is provided a method of identifying patients having a tumor that is less responsive to therapy of an EGFR inhibitor such as erlotinib or gefitinib, whether in combination with chemotherapy or not, comprising determining the presence or absence of a T790M EGFR mutation in the patient's tumor whereby the presence of said mutation indicates the patient will respond less to said therapy compared to a patient having a tumor that does not have said T790M EGFR mutation. Further, there is provided a method of identifying a tumor that is resistant to treatment with an EGFR inhibitor, such as a kinase domain binding inhibitor (for example erlotinib or gefitinib), whether in combination with chemotherapy or not, comprising determining the presence or absence of a T790M EGFR mutation in a sample of the tumor whereby the presence of said mutation indicates the tumor is resistant to said treatment. It is understood that determination of the mutation is at the protein level or nucleic acid level (genomic DNA or mRNA) and are accomplished using techniques such as those described herein. In a particular embodiment, said EGFR inhibitor competes

with ATP at the EGFR kinase domain. In a particular embodiment the EGFR inhibitor is erlotinib.

[0031] In another aspect, there is provided a method of treating a patient having a tumor incorporating a T790M mutant EGFR protein or gene (or treating a tumor incorporating a T790M mutant EGFR protein or gene) comprising co-administering to said patient (or contacting said tumor with) a first compound that binds to and/or inhibits signaling of said T790M mutant EGFR in combination with a second compound that binds to and/or inhibits signaling of wild-type EGFR or EGFR incorporating an activating mutation. In a particular embodiment said activating mutation is one or more of those described in Table 1 (other than T790M). In a particular embodiment said first and second compounds are administered sequentially or concomitantly. In a particular embodiment said second compound is erlotinib.

[0032] In another aspect of the invention, there is provided a method of screening for compounds that inhibit signaling of a mutant EGFR protein that incorporates a T790M mutation, comprising contacting said mutant EGFR with a test compound in the presence of a phosphorylation substrate and ATP and detecting a change in the amount of phosphorylation of said substrate whereby a reduction of phosphorylation of said substrate compared to a control, or compared to phosphorylation of the substrate in the absence of the test compound, indicates said test compound is an inhibitor of mutant EGFR signaling. In an embodiment, said method is performed in vitro in the presence of a ligand for said mutant EGFR such as EGF or TGF- α .

[0033] In a particular embodiment the inhibitory activity of a test compound can be determined in vitro by the amount of inhibition of the phosphorylation of an exogenous substrate (e.g. Lys₃-Gastrin or polyGluTyr (4:1) random copolymer (I. Posner et. al., J. Biol. Chem. 267 (29), 20638-47 (1992)) on tyrosine by epidermal growth factor receptor kinase by a test compound relative to a control. Purified, soluble human T790M mutant EGFR (96 ng) is preincubated in a microfuge tube with EGF (2 μ g/ml) in phosphorylation buffer+vanadate (PBV: 50 mM HEPES, pH 7.4; 125 mM NaCl; 24 mM MgCl₂; 100 μ M sodium orthovanadate), in a total volume of 10 μ l, for 20-30 minutes at room temperature. The test compound, dissolved in dimethylsulfoxide (DMSO), is diluted in PBV, and 10 μ l is mixed with the mutant EGFR/EGF mix, and incubated for 10-30 minutes at 30° C. The phosphorylation reaction is initiated by addition of 20 μ l ³³P-ATP/substrate mix (120 μ M Lys₃-Gastrin (sequence in single letter code for amino acids, KKKGPWLEEEEEEAYGWLDF—SEQ ID NO: 38), 50 mM Hepes pH 7.4, 40 μ M ATP, 2 μ Ci - γ -[³³P]-ATP) to the mutant EGFR/EGF mix and incubated for 20 minutes at room temperature. The reaction is stopped by addition of 10 μ l stop solution (0.5M EDTA, pH 8; 2mM ATP) and 6 μ l 2N HCl. The tubes are centrifuged at 14,000 RPM, 4° C., for 10 minutes. 35 μ l of supernatant from each tube is pipetted onto a 2.5 cm circle of Whatman P81 paper, bulk washed four times in 5% acetic acid, 1 liter per wash, and then air dried. This results in the binding of substrate to the paper with loss of free ATP on washing. The [³³P] incorporated is measured by liquid scintillation counting. Incorporation in the absence of substrate (e.g., lys₃-gastrin) is subtracted from all values as a background and percent inhibition is calculated relative to controls without test compound present. Such assays, carried out with a range of doses of test compounds, allow

the determination of an approximate IC_{50} value for the in vitro inhibition of T790M mutant EGFR kinase activity.

[0034] In another aspect of the invention there is provided a method for identifying a tumor in a human subject that is susceptible to treatment comprising determining the presence of a mutated EGFR gene or mutated EGFR protein in a sample of said tumor wherein said mutation is located in exons 18-21 of EGFR whereby the presence of a mutated EGFR gene or mutated EGFR protein indicates that the tumor is susceptible to treatment with an anticancer agent. In a particular embodiment the anticancer agent is a chemotherapeutic agent which may be a cytotoxic or cytostatic. Tumors include neuroblastoma, intestine carcinoma such as rectum carcinoma, colon carcinoma, familial adenomatous polyposis carcinoma and hereditary non-polyposis colorectal cancer, esophageal carcinoma, labial carcinoma, larynx carcinoma, hypopharynx carcinoma, tongue carcinoma, salivary gland carcinoma, gastric carcinoma, adenocarcinoma, medullary thyroid carcinoma, papillary thyroid carcinoma, renal carcinoma, kidney parenchyma carcinoma, ovarian carcinoma, cervix carcinoma, uterine corpus carcinoma, endometrium carcinoma, chorion carcinoma, pancreatic carcinoma, prostate carcinoma, testis carcinoma, breast carcinoma, urinary carcinoma, melanoma, brain tumors such as glioblastoma, astrocytoma, meningioma, medulloblastoma and peripheral neuroectodermal tumors, Hodgkin lymphoma, non-Hodgkin lymphoma, Burkitt lymphoma, acute lymphatic leukemia (ALL), chronic lymphatic leukemia (CLL), acute myeloid leukemia (AML), chronic myeloid leukemia (CML), adult T-cell leukemia lymphoma, hepatocellular carcinoma, gall bladder carcinoma, bronchial carcinoma, small cell lung carcinoma, non-small cell lung carcinoma, multiple myeloma, basaloma, teratoma, retinoblastoma, chorioidea melanoma, seminoma, rhabdomyosarcoma, craniopharyngeoma, osteosarcoma, chondrosarcoma, myosarcoma, liposarcoma, fibrosarcoma, Ewing sarcoma and plasmocytoma. Particular tumors include those of the brain, liver, kidney, bladder, breast, gastric, ovarian, colorectal, prostate, pancreatic, breast, lung, vulval, thyroid, colorectal, esophageal, hepatic carcinomas, sarcomas, glioblastomas, head and neck, leukemias and lymphoid malignancies.

[0035] Particular chemotherapeutic agents include, but are not limited to (i) antimetabolites, such as cytarabine, fludarabine, 5-fluoro-2'-deoxyuridine, gemcitabine, hydroxyurea or methotrexate; (ii) DNA-fragmenting agents, such as bleomycin, (iii) DNA-crosslinking agents, such as chlorambucil, cisplatin, cyclophosphamide or nitrogen mustard; (iv) intercalating agents such as adriamycin (doxorubicin) or mitoxantrone; (v) protein synthesis inhibitors, such as L-asparaginase, cycloheximide, puromycin or diphtheria toxin; (vi) topoisomerase I poisons, such as camptothecin or topotecan; (vii) topoisomerase II poisons, such as etoposide (VP-16) or teniposide; (viii) microtubule-directed agents, such as colcemid, colchicine, paclitaxel, vinblastine or vincristine; (ix) kinase inhibitors such as flavopiridol, staurosporin, STI571 (CPG 57148B) or UCN-01 (7-hydroxystaurosporine); (x) miscellaneous investigational agents such as thioplatin, PS-341, phenylbutyrate, ET-18-OCH₃, or farnesyl transferase inhibitors (L-739749, L-744832); polyphenols such as quercetin, resveratrol, piceatannol, epigallocatechin gallate, theaflavins, flavanols, procyanidins, betulinic acid and derivatives thereof; (xi) hormones such as glucocorticoids or fenretinide; (xii) hormone antagonists, such as

tamoxifen, finasteride or LHRH antagonists. In an embodiment, the chemotherapeutic compound is one or more of gemcitabine, cisplatin, doxorubicin, daunorubicin, paclitaxel, taxotere and mitomycin C. In a particular embodiment the chemotherapeutic compound is one or more of gemcitabine, cisplatin and paclitaxel. In another embodiment the treatment is an inhibitor of EGFR. In an embodiment the EGFR inhibitor is an antibody such as ErbituxTM (cetuximab, Imclone Systems Inc.) and ABX-EGF (panitumumab, Abgenix, Inc.). In another embodiment the EGFR inhibitor is a small molecule that competes with ATP such as TarcevaTM (erlotinib, OSI Pharmaceuticals), IressaTM (gefitinib, Astra-Zeneca), tyrosine kinase inhibitors described by Dvir, et al., *J Cell Biol.*, 113:857-865 (1991); tricyclic pyrimidine compounds disclosed in U.S. Pat. No. 5,679,683; compound 6-(2,6-dichlorophenyl)-2-(4-(2-diethylaminoethoxy)phenylamino)-8-methyl-8H-pyrido(2,3-d)pyrimidin-7-one (known as PD166285) disclosed in Panek, et al., *Journal of Pharmacology and Experimental Therapeutics* 283, 1433-1444 (1997).

[0036] In another aspect of the invention there is provided a method of identifying an EGFR mutation in a sample comprising contacting nucleic acid from said sample with a nucleic acid probe that is capable of specifically hybridizing to nucleic acid encoding a mutated EGFR protein, or fragment thereof incorporating a mutation, and detecting said hybridization. In a particular embodiment said probe is detectably labeled such as with a radioisotope (³H, ³²P, ³³P etc.), a fluorescent agent (rhodamine, fluorescein etc.) or a chromogenic agent. In a particular embodiment the probe is an antisense oligomer, for example PNA, morpholino-phosphoramidates, LNA or 2'-alkoxyalkoxy. The probe may be from about 8 nucleotides to about 100 nucleotides, or about 10 to about 75, or about 15 to about 50, or about 20 to about 30. In another aspect said probes of the invention are provided in a kit for identifying EGFR mutations in a sample, said kit comprising an oligonucleotide that specifically hybridizes to or adjacent to a site of mutation in the EGFR gene. The kit may further comprise instructions for treating patients having tumors that contain EGFR mutations with an EGFR inhibitor based on the result of a hybridization test using the kit.

[0037] In another aspect of the invention there is provided a method of detecting a mutated EGFR gene in a sample comprising amplifying from said sample nucleic acid corresponding to the kinase domain of said EGFR gene, or exons 18-21, or a fragment thereof suspected of containing a mutation, and comparing the electrophoretic mobility of the amplified nucleic acid to the electrophoretic mobility of corresponding wild-type EGFR gene or fragment thereof. A difference in the mobility indicates the presence of a mutation in the amplified nucleic acid sequence. Electrophoretic mobility may be determined on polyacrylamide gel.

[0038] Alternatively, amplified EGFR gene or fragment nucleic acid may be analyzed for detection of mutations using Enzymatic Mutation Detection (EMD) (Del Tito et al, *Clinical Chemistry* 44:731-739, 1998). EMD uses the bacteriophage resolvase T₄ endonuclease VII, which scans along double-stranded DNA until it detects and cleaves structural distortions caused by base pair mismatches resulting from point mutations, insertions and deletions. Detection of two short fragments formed by resolvase cleavage, for example by gel electrophoresis, indicates the presence of a mutation. Benefits of the EMD method are a single protocol

to identify point mutations, deletions, and insertions assayed directly from PCR reactions eliminating the need for sample purification, shortening the hybridization time, and increasing the signal-to-noise ratio. Mixed samples containing up to a 20-fold excess of normal DNA and fragments up to 4 kb in size can be assayed. However, EMD scanning does not identify particular base changes that occur in mutation positive samples requiring additional sequencing procedures to identify the mutation if necessary. CEL I enzyme can be used similarly to resolvase T₄ endonuclease VII as demonstrated in U.S. Pat. No. 5869245.

[0039] Another simple kit for detecting the EGFR mutations of the invention is a reverse hybridization test strip similar to Haemochromatosis StripAssay™ (Viennalabs <http://www.bamburghmarrsh.com/pdf/4220.pdf>) for detection of multiple mutations in HFE, TFR2 and FPN1 genes causing Haemochromatosis. Such an assay is based on sequence specific hybridisation following amplification by PCR. For single mutation assays, a microplate-based detection system may be applied, whereas for multi-mutation assays, teststrips may be used as “macro-arrays”. Kits may include ready-to use reagents for sample prep, amplification and mutation detection. Multiplex amplification protocols provide convenience and allow testing of samples with very limited volumes. Using the straightforward StripAssay format, testing for twenty and more mutations may be completed in less than five hours without costly equipment. DNA is isolated from a sample and the EGFR gene (or exons 18-21 or KDR or segments thereof) is amplified in vitro (e.g. PCR) and biotin-labelled, preferably in a single (“multiplex”) amplification reaction. The PCR products are the selectively hybridized to oligonucleotide probes (wild-type and mutant specific) immobilized on a solid support such as a test strip in which the probes are immobilized as parallel lines or bands. Bound biotinylated amplicons are detected using streptavidin-alkaline phosphatase and color substrates. Such an assay can detect all or any subset of the mutations in table 1. With respect to a particular mutant probe band one of three signalling patterns are possible: (i) a band only for wild-type probe which indicates normal EGFR (ii) bands for both wild-type and a mutant probe which indicates heterozygous genotype and (iii) band only for the mutant probe which indicates homozygous mutant EGFR genotype. Accordingly there is further provided a method of detecting EGFR mutations of the invention comprising isolating nucleic acid from a sample, amplifying the EGFR gene, or fragment thereof (e.g. the KDR or exons 18-21 or smaller) such that the amplified nucleic acid comprises a ligand, contacting the amplified EGFR gene or fragment with a probe which comprises a detectable binding partner to the ligand and the probe is capable of specifically hybridizing to an EGFR mutation, and then detecting the hybridization of said probe to said amplified EGFR gene or fragment. In a particular embodiment the ligand is biotin and the binding partner is comprises avidin or streptavidin. In a particular embodiment the binding partner is streptavidin-alkaline which is detectable with color substrates. In a particular embodiment the probes are immobilized for example on a test strip wherein probes complementary to different mutations are separated from one another. Alternatively, the amplified nucleic acid is labelled with a radioisotope in which case the probe need not comprise a ligand.

[0040] The tumor samples were also analyzed for mutations in KRAS (as referred to as p21a). Particular mutations

detected in exon 1 are: G12C; G12A; G12D; G12R; G12S; G12V; G13C; G13D which correlated with poor prognosis to chemotherapy as well as chemotherapy with erlotinib therapy. Accordingly, the invention further provides a method of identifying patients not responsive to therapy of an EGFR inhibitor such as erlotinib or erlotinib in combination with chemotherapy comprising determining the presence or absence of a KRAS mutation whereby the presence of said mutation indicates a patient will not respond to said therapy. Alternatively, there is provided a method for identifying a tumor in a human subject that is susceptible to treatment with an EGFR inhibitor comprising (i) determining the presence of a wild-type KRAS protein or gene in a sample of said tumor whereby the presence of a wild-type KRAS protein or gene indicates that the tumor is susceptible to treatment with an EGFR inhibitor or (ii) determining the presence of a mutated KRAS protein or gene in a sample of said tumor whereby the absence of a mutated KRAS protein or gene indicates that the tumor is susceptible to treatment with an EGFR inhibitor. In a particular embodiment the mutation is in exon 1 of K-Ras. In another embodiment the K-Ras mutation is at least one of G12C; G12A; G12D; G12R; G12S; G12V; G13C; G13D. Alternatively, individuals who have tumors which harbor mutant K-Ras may be treated with EGFR inhibitors when in concomitantly with a K-Ras inhibitor. Methods for determining the presence of K-Ras mutations are analogous to those used to identify EGFR mutations described in detail herein.

[0041] According to the diagnostic and prognostic method of the present invention, alteration of the wild-type EGFR gene is detected. Alterations of a wild-type gene according to the present invention encompasses all forms of mutations such as insertions, inversions, deletions, and/or point mutations. Somatic mutations are those which occur only in certain tissues, e.g., in the tumor tissue, and are not inherited in the germ line. Germ line mutations can be found in any of a body's tissues. If only a single allele is somatically mutated, an early neoplastic state is indicated. However, if both alleles are mutated then a late neoplastic state is indicated. The finding of EGFR mutations is therefore a diagnostic and prognostic indicator as described herein.

[0042] The EGFR mutations found in tumor tissues may result in increased signaling activity relative to wild-type EGFR leading to a cancerous state. In order to detect the alteration of the wild-type EGFR gene a sample or biopsy of the tumor is obtained by methods well known in the art and appropriate for the particular type and location of the tumor. For instance, samples of lung cancer lesions may be obtained by resection, bronchoscopy, fine needle aspiration, bronchial brushings, or from sputum, pleural fluid or blood. Means for enriching a tissue preparation for tumor cells are known in the art. For example, the tissue may be isolated from paraffin or cryostat sections. Cancer cells may also be separated from normal cells by flow cytometry or laser capture microdissection. These as well as other techniques for separating tumor from normal cells are well known in the art. If the tumor tissue is highly contaminated with normal cells, detection of mutations is more difficult.

[0043] Detection of point mutations may be accomplished by molecular cloning of the EGFR allele (or alleles) and sequencing that allele(s) using techniques well known in the art. Alternatively, the polymerase chain reaction (PCR) can be used to amplify gene sequences directly from a genomic DNA preparation from the tumor tissue. The DNA sequence

of the amplified sequences can then be determined and mutations identified therefrom. The polymerase chain reaction is well known in the art and described in Saiki et al., Science 239:487, 1988; U.S. Pat. No. 4,683,203; and U.S. Pat. No. 4,683,195.

[0044] Specific primer pairs which can be used for PCR amplification of EGFR exons 18-21 include:

<5pEGFR.ex18.out > (SEQ ID NO: 39)
CAAATGAGCTGGCAAGTGCCGTGTC

<3pEGFR.ex18.out > (SEQ ID NO: 40)
GAGTTTCCCAAACTCAGTGAAAC

<5pEGFR.ex19.out > (SEQ ID NO: 41)
GCAATATCAGCCTTAGGTGCGGCTC

<3pEGFR.ex19.out > (SEQ ID NO: 42)
CATAGAAAGTGAACATTTAGGATGTG

<5pEGFR.ex20.out > (SEQ ID NO: 43)
CCATGAGTACGTATTTTGAACTC

<3pEGFR.ex20.out > (SEQ ID NO: 44)
CATATCCCATGGCAAACCTCTTGC

<5pEGFR.ex21.out > (SEQ ID NO: 45)
CTAACGTTGCCAGCCATAAGTCC

<3pEGFR.ex21.out > (SEQ ID NO: 46)
GCTGCAGGCTCAACCAAGATGTCTGG

<5pEGFR.ex18.in.m13f > (SEQ ID NO: 47)
TGTAACACGACGCGCCAGTCAAGTGCCGTGCTGCGCACCAAGC

<3pEGFR.ex18.in.m13r > (SEQ ID NO: 48)
CAGGAAACAGCTATGACCCCAAACTCAGTGAAACAAAGAG

<5pEGFR.ex19.in.m13f > (SEQ ID NO: 49)
TGTAACACGACGCGCCAGTCTTAGGTGCGGCTCCACAGC

<3pEGFR.ex19.in.m13r > (SEQ ID NO: 50)
CAGGAAACAGCTATGACCCATTAGGATGTGGAGATGAGC

<5pEGFR.ex20.in.m13f > (SEQ ID NO: 51)
TGTAACACGACGCGCCAGTGAACTCAAGATCGCATTATGTC

<3pEGFR.ex20.in.m13r > (SEQ ID NO: 52)
CAGGAAACAGCTATGACCCCAAACCTCTTGCTATCCAGGAG

<5pEGFR.ex21.in.m13f > (SEQ ID NO: 53)
TGTAACACGACGCGCCAGTCAGCCATAAGTCCCTCGACGTGG

<3pEGFR.ex21.in.m13r > (SEQ ID NO: 54)
CAGGAAACAGCTATGACCCATCTCCCTGCATGTGTTAAAC

[0045] Specific primer pairs which can be used for PCR amplification of K-Ras exon 1 include:

<5pKRAS-out > (SEQ ID NO: 55)
TACTGGTGGAGTATTTGATAGTG

<3pKRAS-out > (SEQ ID NO: 56)
CTGTATCAAAGAATGGTCCTG

<5pKRAS-in.m13f > (SEQ ID NO: 57)
TGTAACACGACGCGCCAGTTAGTGTATTAACTTATGTG

<3pKRAS-in.m13r > (SEQ ID NO: 58)
CAGGAAACAGCTATGACCCACTCTATTGTTGGATCATATTCG

[0046] The ligase chain reaction, which is known in the art, can also be used to amplify EGFR sequences. See Wu et al., Genomics, Vol. 4, pp. 560-569 (1989). In addition, a technique known as allele specific PCR can be used. (See Ruano and Kidd, Nucleic Acids Research, Vol. 17, p. 8392, 1989.) According to this technique, primers are used which hybridize at their 3'ends to a particular EGFR mutation. If the particular EGFR mutation is not present, an amplification product is not observed. Amplification Refractory Mutation System (ARMS) can also be used as disclosed in European Patent Application Publication No. 0332435 and in Newton et al., Nucleic Acids Research, Vol. 17, p. 7, 1989. Insertions and deletions of genes can also be detected by cloning, sequencing and amplification. In addition, restriction fragment length polymorphism, (RFLP) probes for the gene or surrounding marker genes can be used to score alteration of an allele or an insertion in a polymorphic fragment. Single stranded conformation polymorphism (SSCP) analysis can also be used to detect base change variants of an allele. (Orita et al., Proc. Natl. Acad. Sci. USA Vol. 86, pp. 2766-2770, 1989, and Genomics, Vol. 5, pp. 874-879, 1989.) Other techniques for detecting insertions and deletions as are known in the art can be used.

[0047] Alteration of wild-type genes can also be detected on the basis of the alteration of a wild-type expression product of the gene. Such expression products include both the EGFR mRNA as well as the EGFR protein product. Point mutations may be detected by amplifying and sequencing the mRNA or via molecular cloning of cDNA made from the mRNA. The sequence of the cloned cDNA can be determined using DNA sequencing techniques which are well known in the art. The cDNA can also be sequenced via the polymerase chain reaction (PCR).

[0048] Mismatches, according to the present invention are hybridized nucleic acid duplexes which are not 100% complementary. The lack of total complementarity may be due to deletions, insertions, inversions, substitutions or frameshift mutations. Mismatch detection can be used to detect point mutations in the gene or its mRNA product. While these techniques are less sensitive than sequencing, they are simpler to perform on a large number of tumor samples. An example of a mismatch cleavage technique is the RNase protection method, which is described in detail in Winter et al., Proc. Natl. Acad. Sci. USA, Vol. 82, p. 7575, 1985 and Meyers et al., Science, Vol. 230, p. 1242, 1985. In the practice of the present invention the method involves the use of a labeled riboprobe which is complementary to the human wild-type EGFR gene coding sequence (or exons 18-21 or KDR thereof). The riboprobe and either mRNA or DNA isolated from the tumor tissue are annealed (hybrid-

ized) together and subsequently digested with the enzyme RNase A which is able to detect some mismatches in a duplex RNA structure. If a mismatch is detected by RNase A, it cleaves at the site of the mismatch. Thus, when the annealed RNA preparation is separated on an electrophoretic gel matrix, if a mismatch has been detected and cleaved by RNase A, an RNA product will be seen which is smaller than the full-length duplex RNA for the riboprobe and the mRNA or DNA. The riboprobe need not be the full length of the EGFR mRNA or gene but can be exons 18 through 21 or the EGFR KDR or segments thereof. If the riboprobe comprises only a segment of the EGFR mRNA or gene it will be desirable to use a number of these probes to screen the whole mRNA sequence for mismatches.

[0049] In a similar manner, DNA probes can be used to detect mismatches, through enzymatic or chemical cleavage. See, e.g., Cotton et al., *Proc. Natl. Acad. Sci. USA*, Vol. 85, 4397, 1988; and Shenk et al., *Proc. Natl. Acad. Sci. USA*, Vol. 72, p. 989, 1975. Alternatively, mismatches can be detected by shifts in the electrophoretic mobility of mismatched duplexes relative to matched duplexes. See, e.g., Cariello, *Human Genetics*, Vol. 42, p. 726, 1988. With either riboprobes or DNA probes, the cellular mRNA or DNA which might contain a mutation can be amplified using PCR before hybridization. Changes in DNA of the EGFR gene can also be detected using Southern hybridization, especially if the changes are gross rearrangements, such as deletions and insertions.

[0050] DNA sequences of the EGFR gene which have been amplified by use of polymerase chain reaction may also be screened using allele-specific probes. These probes are nucleic acid oligomers, each of which contains a region of the EGFR gene sequence harboring a known mutation. For example, one oligomer may be about 30 nucleotides in length, corresponding to a portion of the EGFR gene sequence. By use of a battery of such allele-specific probes, PCR amplification products can be screened to identify the presence of a previously identified mutation in the EGFR gene. Hybridization of allele-specific probes with amplified EGFR sequences can be performed, for example, on a nylon filter. Hybridization to a particular probe under stringent hybridization conditions indicates the presence of the same mutation in the tumor tissue as in the allele-specific probe.

[0051] Alteration of wild-type EGFR genes can also be detected by screening for alteration of wild-type EGFR protein. For example, monoclonal antibodies immunoreactive with EGFR can be used to screen a tissue. Lack of cognate antigen would indicate an EGFR mutation. Antibodies specific for products of mutant alleles could also be used to detect mutant EGFR gene product. Antibodies may be identified from phage display libraries. Such immunological assays can be done in any convenient format known in the art. These include Western blots, immunohistochemical assays and ELISA assays. Any means for detecting an altered EGFR protein can be used to detect alteration of wild-type EGFR genes.

[0052] Mutant EGFR genes or gene products can be detected from tumor or from other body samples such as urine, sputum or serum. The same techniques discussed above for detection of mutant EGFR genes or gene products in tumor samples can be applied to other body samples. Cancer cells are sloughed off from tumors and appear in such body samples. By screening such body samples, a simple early diagnosis can be achieved for many types of

cancers. In addition, the progress of chemotherapy or radiotherapy can be monitored more easily by testing such body samples for mutant EGFR genes or gene products.

[0053] The methods of diagnosis of the present invention are applicable to any tumor in which EGFR has a role in tumorigenesis for example lung, breast, colon, glioma, bladder, liver, stomach and prostate. The diagnostic method of the present invention is useful for clinicians so that they can decide upon an appropriate course of treatment. For example, a tumor displaying alteration of both EGFR alleles might suggest a more aggressive therapeutic regimen than a tumor displaying alteration of only one EGFR allele.

[0054] The primer pairs of the present invention are useful for determination of the nucleotide sequence of a particular EGFR allele using the polymerase chain reaction. The pairs of single stranded DNA primers can be annealed to sequences within or surrounding the EGFR gene on in order to prime amplifying DNA synthesis of the EGFR gene itself. A set of these primers allows synthesis of all of the nucleotides of the EGFR exons 18 through 21. Allele specific primers can also be used. Such primers anneal only to particular EGFR mutant alleles, and thus will only amplify a product in the presence of the mutant allele as a template. In order to facilitate subsequent cloning of amplified sequences, primers may have restriction enzyme site sequences appended to their ends. Thus, all nucleotides of the primers are derived from EGFR exons 18-21 or sequences adjacent thereto except the few nucleotides necessary to form a restriction enzyme site. Such enzymes and sites are well known in the art. The primers themselves can be synthesized using techniques which are well known in the art. Generally, the primers can be made using oligonucleotide synthesizing machines which are commercially available. Design of particular primers is well within the skill of the art.

[0055] The nucleic acid probes provided by the present invention are useful for a number of purposes. They can be used in Southern hybridization to genomic DNA and in the RNase protection method for detecting point mutations already discussed above. The probes can be used to detect PCR amplification products. They may also be used to detect mismatches with the EGFR gene or mRNA using other techniques. Mismatches can be detected using either enzymes (e.g., S1 nuclease), chemicals (e.g., hydroxylamine or osmium tetroxide and piperidine), or changes in electrophoretic mobility of mismatched hybrids as compared to totally matched hybrids. These techniques are known in the art. See Novack et al., *Proc. Natl. Acad. Sci. USA*, Vol. 83, p. 586, 1986. Generally, the probes are complementary to EGFR exon 18-21 sequences, although generally probes to the kinase domain and segments thereof are also contemplated. An entire battery of nucleic acid probes may be used to compose a kit for detecting alteration of wild-type EGFR genes. The kit allows for hybridization to the entire exon 18-21 sequence of the EGFR gene. The probes may overlap with each other or be contiguous.

[0056] If a riboprobe is used to detect mismatches with mRNA, it is complementary to the mRNA of the EGFR gene. The riboprobe thus is an antisense probe in that it does not code for the EGFR protein because it is complementary to the sense strand. The riboprobe generally will be labeled with a radioactive, colorimetric, or fluorometric material, which can be accomplished by any means known in the art. If the riboprobe is used to detect mismatches with DNA it

can be of either polarity, sense or anti-sense. Similarly, DNA probes also may be used to detect mismatches.

[0057] Predisposition to cancers can be ascertained by testing any tissue of a human for mutations of the EGFR gene. For example, a person who has inherited a germ line EGFR mutation would be prone to develop cancers. This can be determined by testing DNA from any tissue of the body. For example, blood can be drawn and DNA extracted from the cells of the blood. In addition, prenatal diagnosis can be accomplished by testing fetal cells, placental cells, or amniotic fluid for mutations of the EGFR gene. Alteration of a wild-type EGFR allele, whether for example, by point mutation or by deletion, can be detected by any of the means discussed above.

EXAMPLES:

Example 1

Slide Preparation—Deparaffinization and Staining

- [0058] Submersed sections in the following solutions:
- [0059] 1. Fresh xylenes (to deparaffinize the sections)-5 min
- [0060] 2. Fresh xylenes-5 min
- [0061] 3. 100% ethanol-15 sec
- [0062] 4. 95% ethanol-15 sec
- [0063] 5. 70% ethanol-15 sec
- [0064] 6. Deionized water-15 sec
- [0065] 7. Mayer's Hematoxylin-30 sec
- [0066] 8. Deionized water-rinse (x2)-15 sec
- [0067] 9. 70% ethanol-15 sec
- [0068] 10. Eosin Y-5 sec
- [0069] 11. 95% ethanol-15 sec
- [0070] 12. 95% ethanol-15 sec
- [0071] 13. 100% ethanol-15 sec
- [0072] 14. 100% ethanol-15 sec
- [0073] 15. Xylenes (to ensure dehydration of the section)-60 sec
- [0074] 16. Air-dried for approximately 2 minutes or gently used air gun to completely remove xylenes.
- [0075] 17. The tissue was then ready for LCM.

Example 2

Laser Capture Microdissection and DNA Extraction

- [0076] Materials:
- [0077] PixCell II LCM System
- [0078] CapSure HS or CapSure Macro LCM caps
- [0079] ExtractSure device (HS only)
- [0080] Razor blades (factory sterile)
- [0081] 0.5 ml tubes
- [0082] 0.2 ml tubes
- [0083] PicoPure DNA extraction Kit
- [0084] 65° C. incubator
- [0085] Procedure:
- [0086] 1. Placed CapSure cap over area of tissue to be collected
- [0087] 2. Lased over desired area
- [0088] 3. Lifted cap off tissue.
- [0089] 4. Dispensed 20 ul of PicoPure digest buffer with Proteinase K into 0.5 ml tube.
- [0090] 5. Placed cap with dissected material into tube to form a tight seal.
- [0091] 6. Inverted tube such that digest buffer covered cap.

- [0092] 7. Incubated at 65° C. for 24 hours.
- [0093] 8. Spun tube with cap to collect digested material in the bottom of the tube.
- [0094] 9. Transferred digest to 0.2 ml strip tube.
- [0095] 10. Inactivated Proteinase K at 95° C. for 10 minutes in a thermocycler with a heated lid.
- [0096] 11. Used 1-2 ul of sample in a 50 ul PCR reaction. No clean-up was necessary.

Example 3

PCR Amplification

[0097] PCR Primers:

[0098] Primer pairs were designed for each exon to be sequenced (EGFR exons 18, 19, 20 and 21). Primer sequences used were as follows:

```
<5pEGFR.ex18.out > (SEQ ID NO: 39)
CAAATGAGCTGGCAAGTGCCGTGTC

<3pEGFR.ex18.out > (SEQ ID NO: 40)
GAGTTTCCCAACACTCAGTGAAAC

<5pEGFR.ex19.out > (SEQ ID NO: 41)
GCAATATCAGCCTTAGGTGCGGCTC

<3pEGFR.ex19.out > (SEQ ID NO: 42)
CATAGAAAGTGAACATTTAGGATGTG

<5pEGFR.ex20.out > (SEQ ID NO: 43)
CCATGAGTACGTATTTTGAAACTC

<3pEGFR.ex20.out > (SEQ ID NO: 44)
CATATCCCCATGGCAAACCTTGC

<5pEGFR.ex21.out > (SEQ ID NO: 45)
CTAACGTTCCGCCAGCCATAAGTCC

<3pEGFR.ex21.out > (SEQ ID NO: 46)
GCTGCGAGCTCACCCAGAATGCTGG

<5pEGFR.ex18.in.m13f > (SEQ ID NO: 47)
TGTAACGACGCGCCAGTCAAGTGCCGTGCTCGGCACCCAAGC

<3pEGFR.ex18.in.m13r > (SEQ ID NO: 48)
CAGGAAACAGCTATGACCCCAAACTCAGTGAAACAAAGAG

<5pEGFR.ex19.in.m13f > (SEQ ID NO: 49)
TGTAACGACGCGCCAGTCTTAGGTGCGGCTCCACAGC

<3pEGFR.ex19.in.m13r > (SEQ ID NO: 50)
CAGGAAACAGCTATGACCCATTTAGGATGTGGAGATGAGC

<5pEGFR.ex20.in.m13f > (SEQ ID NO: 51)
TGTAACGACGCGCCAGTGAACTCAAGATCGCATTCATGC

<3pEGFR.ex20.in.m13r > (SEQ ID NO: 52)
CAGGAAACAGCTATGACCGCAAACCTTGTCTATCCAGGAG
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<5pEGFR.ex21.in.m13f >
(SEQ ID NO: 53)
TGTAACGACGCGCCAGTCAGCCATAAGTCCTCGACGTGG

<3pEGFR.ex21.in.m13r >
(SEQ ID NO: 54)
CAGGAAACAGCTATGACCCATCCTCCCTGCATGTGTTAAAC

K-Ras oligos for PCR
<5pKRAS-out >
(SEQ ID NO: 55)
TACTGGTGGAGTATTTGATAGTG

<3pKRAS-out >
(SEQ ID NO: 56)
CTGTATCAAAGAATGGTCCTG

<5pKRAS-in.m13f >
(SEQ ID NO: 57)
TGTAACGACGCGCCAGTTAGTGTATTAACCTTATGTG

<3pKRAS-in > .m13r
(SEQ ID NO: 58)
CAGGAAACAGCTATGACCCATCTATTGTTGGATCATATTCG

[0099] Nested amplification of the primary PCR product was performed using intron-specific primer pairs located within the primary PCR product. These nested primers pairs were tagged with M13f and M13rev sequences.

[0100] First Round of PCR:

[0101] PCR Reaction:

DNA	0.5 to 30 ng
Primers	250 nM/each outer primers
dNTPs	0.2 mM each (Roche cat#1581295)
MgCl ₂	1.5 mM (15 mM 10 X buffer)
Enzyme	1.5 U/RX Expand High fidelity Taq (Roche cat#1759078) 50 ul reaction volume

[0102] Thermocycler Conditions:

[0103] 95° C.-3minutes

[0104] 94° C.-30seconds repeat 35 times

[0105] 58° C.-30seconds

[0106] 72° C.-1 minute

[0107] 72° C.-8minutes

[0108] 4° C.-forever

[0109] Second Round of PCR:

[0110] PCR Reaction:

DNA	1 ul from first round PCR reaction
Primers	250 nM/each inner primers
dNTPs	0.2 mM each (Roche cat#1581295)
MgCl ₂	1.5 mM (15 mM 10 X buffer)
Enzyme	1.5 U/RX Expand High fidelity Taq (Roche cat#1759078) 50 ul reaction volume

[0111] Thermocycler Conditions:

[0112] 95° C.-3minutes

[0113] 94° C.-30seconds repeat 30 times

[0114] 58° C.-30seconds

[0115] 72° C.-1 minute

[0116] 72° C.-8 minutes

[0117] 4° C.-forever

[0118] Isolation of PCR Products:

[0119] PCR reaction products were run on E-Gel 2% agarose gels (Invitrogen, cat# G6018-02) for quality control. PCR products were purified directly using the Qiaquick 96 PCR purification kit (Qiagen, cat#28181) or gel purified as

was necessary. For gel purification, the PCR product was excised from the E-gel and the DNA purified using Qiaquick 96 PCR purification kit with a gel extraction protocol. (Qiagen, cat#28181).

Example 4

Sequencing

[0120] Nested sequencing primers or standard M13f and M13rev sequencing primers for tagged PCR products were used to sequence the purified PCR products. Sequences were as follows:

(SEQ ID NO: 59)
<m13f > TGTAACGACGCGCCAGT

(SEQ ID NO: 60)
<m13r > CAGGAAACAGCTATGACC

[0121] Purified PCR products were diluted and cycle-sequenced using the BigDye Terminator Kit (ABI, Foster City, Calif.) according to manufacturer's instructions.

Reaction Mix:

[0122] 5 ul DNA (25-100 ng PCR product)

[0123] 6 ul water

[0124] 1 ul primer diluted to 0.25 OD/100 ul with water (m13f or m13r or sequence specific primer)

[0125] 2 ul BigDye v3.1

[0126] 6 ul Dilution Buffer (equivalent of ABI 5× Dilution Buffer)

Cycle Sequencing:

[0127] Conditions:

[0128] 96° C.-2.5 minutes-initial denaturation

[0129] 96° C.-10 seconds

[0130] 50° C.-5 seconds

[0131] 60° C.-4 minutes

[0132] repeated for 25 to 50 total cycles

Reaction Cleanup:

[0133] Removed unincorporated nucleotides using:

[0134] 8% sephadex

[0135] 500 ul in Edge BioSystem 96-well block

[0136] spin @ 750g for 2 minutes

Analysis:

[0137] Reaction products were electrophoresed on ABI3700 or ABI3730 sequencing instruments. Electropherograms were analyzed for mutations using commercially available analysis programs, such as Sequencher (Gene Codes, Corp), and with custom tools.

Example 5

Dose Response

[0138] Human epidermal growth factor receptor (EGFR) wild-type and mutant constructs used in this study were epitope-tagged at the N-terminus with the herpes simplex virus signal sequence of gD, replacing the endogenous EGFR signal sequence (Schaefer et al. 1999 J. Biol. Chem. 274, 859-866). Cos7 cells were seeded in 12 well dishes in

normal growth medium 24 hours prior to transfection. Cells were transfected with 0.25 ug per well with expression plasmid DNAs (pRK5.gD.EGFR wild-type, pRK5.gD.EGFR.L858R, or pRK5.gD.EGFR.del(E746-S752)) using LipofectAMINE 2000 following manufacturer's recommended protocol (Invitrogen). Twenty-four hours post-transfection, cells were serum starved for six hours in serum free DMEM. One hour prior to stimulation, transfected cells were preincubated with the indicated concentrations of erlotinib. Transfected cells were stimulated with 1 nM TGF α for 10 minutes. Cells were lysed directly in the wells using reducing Laemmli buffer. Receptor autophosphorylation, an index of EGFR receptor activation by growth factor stimulation, was detected by Western blotting using an HRP-conjugated anti-phosphotyrosine antibody (Onco-

gene Sciences, AB-4). Transfection efficiency was evaluated using an antibody specific for the gD epitope tag (5B6). Level of receptor activation was evaluated from the autoradiograms using NIH Image software. These data were then used to generate a graph from which an IC₅₀ was calculated using a 4 parameter fit function. As illustrated by the results below, erlotinib has a greater affinity to EGFR containing mutations compared to wild-type EGFR.

EGFR construct	inhibition (IC ₅₀)
WT EGFR-gD	50 nM
L858R EGFR-gD	20 nM
del(746-752) EGFR-gD	5 nM

SEQUENCE LISTING

<160> NUMBER OF SEQ ID NOS: 60

<210> SEQ ID NO 1

<211> LENGTH: 1210

<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 1

```

Met Arg Pro Ser Gly Thr Ala Gly Ala Ala Leu Leu Ala Leu Leu
1      5      10      15

Ala Ala Leu Cys Pro Ala Ser Arg Ala Leu Glu Glu Lys Lys Val
20     25     30

Cys Gln Gly Thr Ser Asn Lys Leu Thr Gln Leu Gly Thr Phe Glu
35     40     45

Asp His Phe Leu Ser Leu Gln Arg Met Phe Asn Asn Cys Glu Val
50     55     60

Val Leu Gly Asn Leu Glu Ile Thr Tyr Val Gln Arg Asn Tyr Asp
65     70     75

Leu Ser Phe Leu Lys Thr Ile Gln Glu Val Ala Gly Tyr Val Leu
80     85     90

Ile Ala Leu Asn Thr Val Glu Arg Ile Pro Leu Glu Asn Leu Gln
95     100    105

Ile Ile Arg Gly Asn Met Tyr Tyr Glu Asn Ser Tyr Ala Leu Ala
110    115    120

Val Leu Ser Asn Tyr Asp Ala Asn Lys Thr Gly Leu Lys Glu Leu
125    130    135

Pro Met Arg Asn Leu Gln Glu Ile Leu His Gly Ala Val Arg Phe
140    145    150

Ser Asn Asn Pro Ala Leu Cys Asn Val Glu Ser Ile Gln Trp Arg
155    160    165

Asp Ile Val Ser Ser Asp Phe Leu Ser Asn Met Ser Met Asp Phe
170    175    180

Gln Asn His Leu Gly Ser Cys Gln Lys Cys Asp Pro Ser Cys Pro
185    190    195

Asn Gly Ser Cys Trp Gly Ala Gly Glu Glu Asn Cys Gln Lys Leu
200    205    210

Thr Lys Ile Ile Cys Ala Gln Gln Cys Ser Gly Arg Cys Arg Gly
215    220    225

Lys Ser Pro Ser Asp Cys Cys His Asn Gln Cys Ala Ala Gly Cys

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					230						235					240	
Thr	Gly	Pro	Arg	Glu	245	Ser	Asp	Cys	Leu	Val	250	Cys	Arg	Lys	Phe	Arg	255
Asp	Glu	Ala	Thr	Cys	260	Lys	Asp	Thr	Cys	Pro	265	Pro	Leu	Met	Leu	Tyr	270
Asn	Pro	Thr	Thr	Tyr	275	Gln	Met	Asp	Val	Asn	280	Pro	Glu	Gly	Lys	Tyr	285
Ser	Phe	Gly	Ala	Thr	290	Cys	Val	Lys	Lys	Cys	295	Pro	Arg	Asn	Tyr	Val	300
Val	Thr	Asp	His	Gly	305	Ser	Cys	Val	Arg	Ala	310	Cys	Gly	Ala	Asp	Ser	315
Tyr	Glu	Met	Glu	Glu	320	Asp	Gly	Val	Arg	Lys	325	Cys	Lys	Lys	Cys	Glu	330
Gly	Pro	Cys	Arg	Lys	335	Val	Cys	Asn	Gly	Ile	340	Gly	Ile	Gly	Glu	Phe	345
Lys	Asp	Ser	Leu	Ser	350	Ile	Asn	Ala	Thr	Asn	355	Ile	Lys	His	Phe	Lys	360
Asn	Cys	Thr	Ser	Ile	365	Ser	Gly	Asp	Leu	His	370	Ile	Leu	Pro	Val	Ala	375
Phe	Arg	Gly	Asp	Ser	380	Phe	Thr	His	Thr	Pro	385	Pro	Leu	Asp	Pro	Gln	390
Glu	Leu	Asp	Ile	Leu	395	Lys	Thr	Val	Lys	Glu	400	Ile	Thr	Gly	Phe	Leu	405
Leu	Ile	Gln	Ala	Trp	410	Pro	Glu	Asn	Arg	Thr	415	Asp	Leu	His	Ala	Phe	420
Glu	Asn	Leu	Glu	Ile	425	Ile	Arg	Gly	Arg	Thr	430	Lys	Gln	His	Gly	Gln	435
Phe	Ser	Leu	Ala	Val	440	Val	Ser	Leu	Asn	Ile	445	Thr	Ser	Leu	Gly	Leu	450
Arg	Ser	Leu	Lys	Glu	455	Ile	Ser	Asp	Gly	Asp	460	Val	Ile	Ile	Ser	Gly	465
Asn	Lys	Asn	Leu	Cys	470	Tyr	Ala	Asn	Thr	Ile	475	Asn	Trp	Lys	Lys	Leu	480
Phe	Gly	Thr	Ser	Gly	485	Gln	Lys	Thr	Lys	Ile	490	Ile	Ser	Asn	Arg	Gly	495
Glu	Asn	Ser	Cys	Lys	500	Ala	Thr	Gly	Gln	Val	505	Cys	His	Ala	Leu	Cys	510
Ser	Pro	Glu	Gly	Cys	515	Trp	Gly	Pro	Glu	Pro	520	Arg	Asp	Cys	Val	Ser	525
Cys	Arg	Asn	Val	Ser	530	Arg	Gly	Arg	Glu	Cys	535	Val	Asp	Lys	Cys	Asn	540
Leu	Leu	Glu	Gly	Glu	545	Pro	Arg	Glu	Phe	Val	550	Glu	Asn	Ser	Glu	Cys	555
Ile	Gln	Cys	His	Pro	560	Glu	Cys	Leu	Pro	Gln	565	Ala	Met	Asn	Ile	Thr	570
Cys	Thr	Gly	Arg	Gly	575	Pro	Asp	Asn	Cys	Ile	580	Gln	Cys	Ala	His	Tyr	585
Ile	Asp	Gly	Pro	His	590	Cys	Val	Lys	Thr	Cys	595	Pro	Ala	Gly	Val	Met	600
Gly	Glu	Asn	Asn	Thr	605	Leu	Val	Trp	Lys	Tyr	610	Ala	Asp	Ala	Gly	His	615

-continued

Val	Cys	His	Leu	Cys	His	Pro	Asn	Cys	Thr	Tyr	Gly	Cys	Thr	Gly	620	625	630
Pro	Gly	Leu	Glu	Gly	Cys	Pro	Thr	Asn	Gly	Pro	Lys	Ile	Pro	Ser	635	640	645
Ile	Ala	Thr	Gly	Met	Val	Gly	Ala	Leu	Leu	Leu	Leu	Val	Val		650	655	660
Ala	Leu	Gly	Ile	Gly	Leu	Phe	Met	Arg	Arg	Arg	His	Ile	Val	Arg	665	670	675
Lys	Arg	Thr	Leu	Arg	Arg	Leu	Leu	Gln	Glu	Arg	Glu	Leu	Val	Glu	680	685	690
Pro	Leu	Thr	Pro	Ser	Gly	Glu	Ala	Pro	Asn	Gln	Ala	Leu	Leu	Arg	695	700	705
Ile	Leu	Lys	Glu	Thr	Glu	Phe	Lys	Lys	Ile	Lys	Val	Leu	Gly	Ser	710	715	720
Gly	Ala	Phe	Gly	Thr	Val	Tyr	Lys	Gly	Leu	Trp	Ile	Pro	Glu	Gly	725	730	735
Glu	Lys	Val	Lys	Ile	Pro	Val	Ala	Ile	Lys	Glu	Leu	Arg	Glu	Ala	740	745	750
Thr	Ser	Pro	Lys	Ala	Asn	Lys	Glu	Ile	Leu	Asp	Glu	Ala	Tyr	Val	755	760	765
Met	Ala	Ser	Val	Asp	Asn	Pro	His	Val	Cys	Arg	Leu	Leu	Gly	Ile	770	775	780
Cys	Leu	Thr	Ser	Thr	Val	Gln	Leu	Ile	Thr	Gln	Leu	Met	Pro	Phe	785	790	795
Gly	Cys	Leu	Leu	Asp	Tyr	Val	Arg	Glu	His	Lys	Asp	Asn	Ile	Gly	800	805	810
Ser	Gln	Tyr	Leu	Leu	Asn	Trp	Cys	Val	Gln	Ile	Ala	Lys	Gly	Met	815	820	825
Asn	Tyr	Leu	Glu	Asp	Arg	Arg	Leu	Val	His	Arg	Asp	Leu	Ala	Ala	830	835	840
Arg	Asn	Val	Leu	Val	Lys	Thr	Pro	Gln	His	Val	Lys	Ile	Thr	Asp	845	850	855
Phe	Gly	Leu	Ala	Lys	Leu	Leu	Gly	Ala	Glu	Glu	Lys	Glu	Tyr	His	860	865	870
Ala	Glu	Gly	Gly	Lys	Val	Pro	Ile	Lys	Trp	Met	Ala	Leu	Glu	Ser	875	880	885
Ile	Leu	His	Arg	Ile	Tyr	Thr	His	Gln	Ser	Asp	Val	Trp	Ser	Tyr	890	895	900
Gly	Val	Thr	Val	Trp	Glu	Leu	Met	Thr	Phe	Gly	Ser	Lys	Pro	Tyr	905	910	915
Asp	Gly	Ile	Pro	Ala	Ser	Glu	Ile	Ser	Ser	Ile	Leu	Glu	Lys	Gly	920	925	930
Glu	Arg	Leu	Pro	Gln	Pro	Pro	Ile	Cys	Thr	Ile	Asp	Val	Tyr	Met	935	940	945
Ile	Met	Val	Lys	Cys	Trp	Met	Ile	Asp	Ala	Asp	Ser	Arg	Pro	Lys	950	955	960
Phe	Arg	Glu	Leu	Ile	Ile	Glu	Phe	Ser	Lys	Met	Ala	Arg	Asp	Pro	965	970	975
Gln	Arg	Tyr	Leu	Val	Ile	Gln	Gly	Asp	Glu	Arg	Met	His	Leu	Pro	980	985	990

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Ser	Pro	Thr	Asp	Ser	Asn	Phe	Tyr	Arg	Ala	Leu	Met	Asp	Glu	Glu	995	1000	1005
Asp	Met	Asp	Asp	Val	Val	Asp	Ala	Asp	Glu	Tyr	Leu	Ile	Pro	Gln	1010	1015	1020
Gln	Gly	Phe	Phe	Ser	Ser	Pro	Ser	Thr	Ser	Arg	Thr	Pro	Leu	Leu	1025	1030	1035
Ser	Ser	Leu	Ser	Ala	Thr	Ser	Asn	Asn	Ser	Thr	Val	Ala	Cys	Ile	1040	1045	1050
Asp	Arg	Asn	Gly	Leu	Gln	Ser	Cys	Pro	Ile	Lys	Glu	Asp	Ser	Phe	1055	1060	1065
Leu	Gln	Arg	Tyr	Ser	Ser	Asp	Pro	Thr	Gly	Ala	Leu	Thr	Glu	Asp	1070	1075	1080
Ser	Ile	Asp	Asp	Thr	Phe	Leu	Pro	Val	Pro	Glu	Tyr	Ile	Asn	Gln	1085	1090	1095
Ser	Val	Pro	Lys	Arg	Pro	Ala	Gly	Ser	Val	Gln	Asn	Pro	Val	Tyr	1100	1105	1110
His	Asn	Gln	Pro	Leu	Asn	Pro	Ala	Pro	Ser	Arg	Asp	Pro	His	Tyr	1115	1120	1125
Gln	Asp	Pro	His	Ser	Thr	Ala	Val	Gly	Asn	Pro	Glu	Tyr	Leu	Asn	1130	1135	1140
Thr	Val	Gln	Pro	Thr	Cys	Val	Asn	Ser	Thr	Phe	Asp	Ser	Pro	Ala	1145	1150	1155
His	Trp	Ala	Gln	Lys	Gly	Ser	His	Gln	Ile	Ser	Leu	Asp	Asn	Pro	1160	1165	1170
Asp	Tyr	Gln	Gln	Asp	Phe	Phe	Pro	Lys	Glu	Ala	Lys	Pro	Asn	Gly	1175	1180	1185
Ile	Phe	Lys	Gly	Ser	Thr	Ala	Glu	Asn	Ala	Glu	Tyr	Leu	Arg	Val	1190	1195	1200
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Glu Ile Leu Asp

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<400> SEQUENCE: 14

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<210> SEQ ID NO 30

<211> LENGTH: 18

<212> TYPE: DNA

<213> ORGANISM: Homo sapiens

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<212> TYPE: PRT

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 31

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<212> TYPE: DNA

<213> ORGANISM: Homo sapiens

<400> SEQUENCE: 32

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Trp Leu Asp Phe

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<400> SEQUENCE: 46
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<400> SEQUENCE: 59

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1-39. (canceled)

40. A method for treating an individual having a non-small cell lung cancer (NSCLC) tumor, wherein the cells of said tumor comprise nucleic acid that encodes a T790M epidermal growth factor receptor (EGFR) protein mutation; and wherein said method comprises administering an EGFR inhibitor appropriate for the treatment of said tumor to said individual.

41. The method of claim **40**, wherein said method further comprises administration of a chemotherapeutic agent.

42. The method of claim **40**, wherein the cells of said tumor further comprise nucleic acid that encodes an L858R EGFR protein mutation.

43. The method of claim **41**, wherein the cells of said tumor further comprise nucleic acid that encodes an L858R EGFR protein mutation.

44. The method of claim **40**, wherein said EGFR inhibitor is a tyrosine kinase inhibitor.

45. The method of claim **41**, wherein said EGFR inhibitor is a tyrosine kinase inhibitor.

46. The method of claim **42**, wherein said EGFR inhibitor is a tyrosine kinase inhibitor.

47. The method of claim **43**, wherein said EGFR inhibitor is a tyrosine kinase inhibitor.

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