Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/closing-gaps-nsclc/an-overview-of-ret-mutations-in-nsclc/11223/

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An Overview of RET Mutations in NSCLC

Announcer:
Welcome to *Closing the Gaps in Non-Small Cell Lung Cancer* on ReachMD, sponsored by Lilly.
On today's program, we'll hear from Dr. Edward Kim, who's the Chair of Solid Tumor Oncology and Investigational Therapeutics at the Levine Cancer Institute Atrium Health in Charlotte, North Carolina. Here's Dr. Kim now giving us a breakdown of RET mutations in non-small cell lung cancer.

Dr. Kim:
We commonly have this family of RET that can be rearrangements, either mutations or rearrangements, and we've observed them in many cancers, including lung cancer. These are chromosomal rearrangements that occur in what's called the RET tyrosine kinase region, and we've observed this genetic marker in patients with lung cancer in about 1–2%. So it's not a large number, but again, there are many lung cancer patients, so the number is quite high relative to a lot of other different subsets.

Now, these aren't the first time that we've described RET alterations. We have found that you can have RET fusions in lung cancer. You also find in about 10–20% of patients with papillary thyroid cancer can have RET fusions, and point mutations in RET can be also described classically in medullary thyroid cancer. We're finding now these mutations in patients with non-small cell lung cancer, and it's becoming more of a research question that may end up creating a new treatment paradigm in the treatment of patients with non-small cell lung cancer.

Announcer:
That was Dr. Edward Kim discussing RET mutations and how these rearrangements may shift the treatment paradigm for non-small cell lung cancer. To revisit any part of this discussion and to access other episodes in this series, visit ReachMD.com/NSCLC, where you can Be Part of the Knowledge.