



# Why Do Some Lung Cancer Patients Have Driver Mutations and Others Do Not?

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## **Janet Freeman-Daily:**

So we've talked a lot about mutations. Why do some patients have driver mutations and some don't?

## **Dr. Camidge:**

Well, let's—let's go back to the idea of dictators and committees. Okay. So the more—I made it up today. I'm just going to run with that. So the more mutagenic your stimulus for getting cancer in the first place, the more likely it is that you're going to have a committee. It's just more mutations. So I would imagine smokers would be, on that basis, less likely to have a single, dominant driver mutation.

It's not all or none, so I still test smokers. Okay? It's like what is the chance of something that you will get out of bed to do the testing? I'll get out of bed for anything more than 0 percent. I don't have any kind of pre-done prejudices. I don't, not test smokers. When this field started, there were some people who said you shouldn't test smokers, which I think is fundamentally wrong. But when you look at people who were never smokers, where we're still trying to figure out what that etiology is, what caused their lung cancer. Was it radon gas? Was, is some virus? Was it air pollution?

They seem to have more simple cancers, and they're more likely to have a dominant driver mutation.

## **Janet Freeman-Daily:**

So what can we do to help patients who do not have an actionable mutation? Is it—is it usually, going to chemo and radiation?

## **Dr. Mohindra:**

So I think there is two ways to look at it. They may not have an actionable mutation that has an FDA-approved drug, but they may have a new target that could be a—you know, applicable for a clinical trial.

So I think looking and seeing what is truly there. And if—if truly there is nothing that we can utilize in that piece of tissue, then chemotherapy is a good option. Now immunotherapy is becoming a great option for all patients, irrespective, so.

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