LUNG CANCER UPDATES

AACR HIGHLIGHTS

29 MARZO - 3 ABRIL 2019

Iniciativa científica de:

GECP

Grupo Español de Cáncer de Pulmón

Spanish Lung Cancer Group

LUNG CANCER
UPDATES
AACR HIGHLIGHTS
29 MARZO - 3 ABRIL 2019

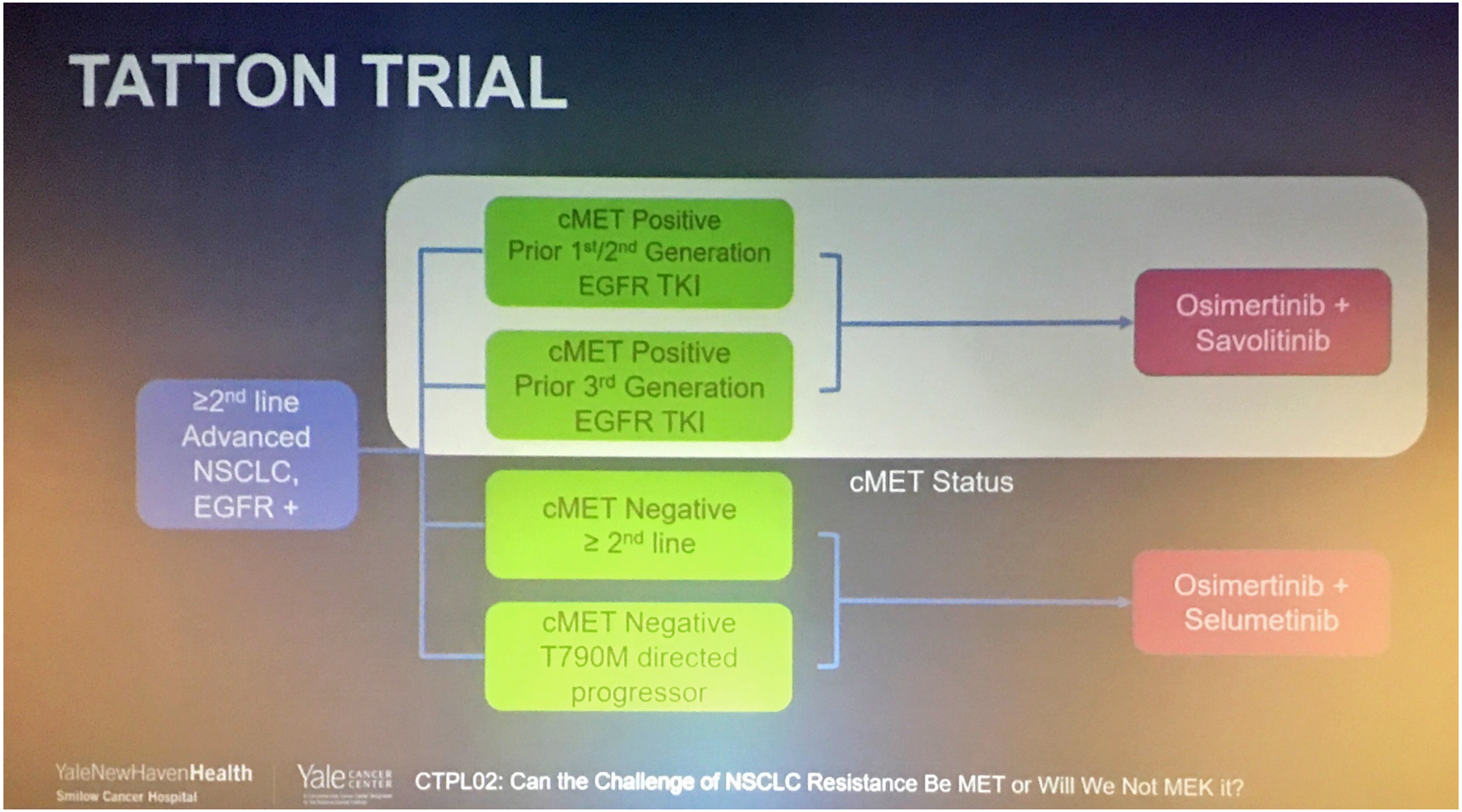
TATTON clinical trial

Dr. Juan Felipe Córdoba

Iniciativa científica de:

GECP

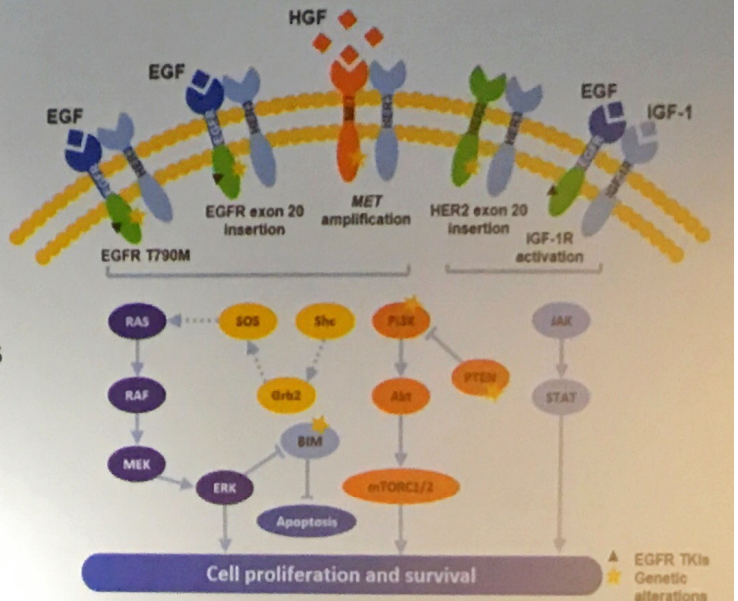
Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group


TATTON TRIAL
≥2nd line Advanced NSCLC, EGFR +
cMET Positive Prior 1st/2nd Generation EGFR TKI
cMET Positive Prior 3rd Generation EGFR TKI
Osimertinib + Savolitinib
cMET Status
cMET Negative ≥ 2nd line
cMET Negative T790M directed progressor
Osimertinib + Selumetinib
YaleNewHavenHealth
Smilow Cancer Hospital
Yale CANCER CENTER
CTPL02: Can the Challenge of NSCLC Resistance Be MET or Will We Not MEK it?

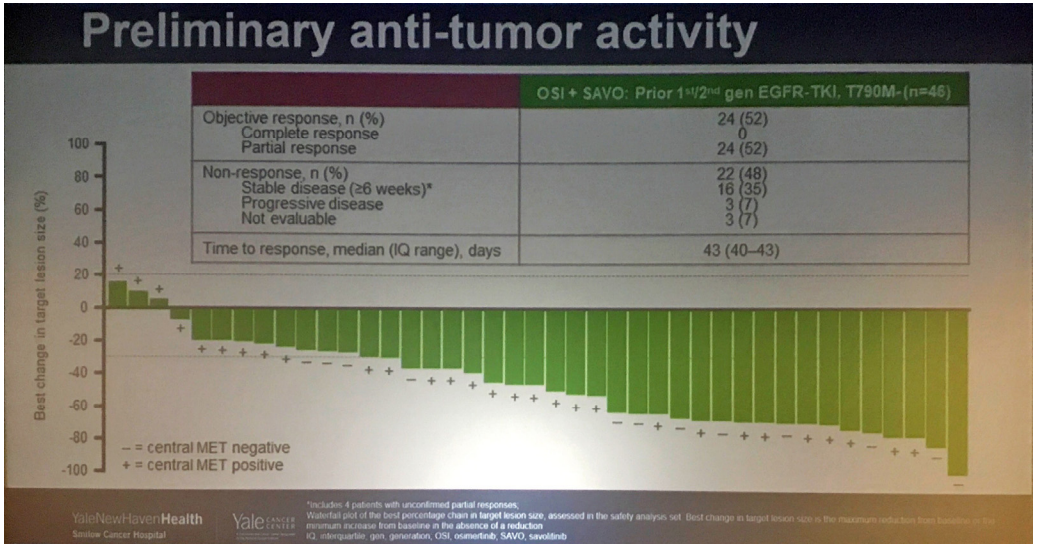
MET-based resistance mechanisms to EGFR-TKIs

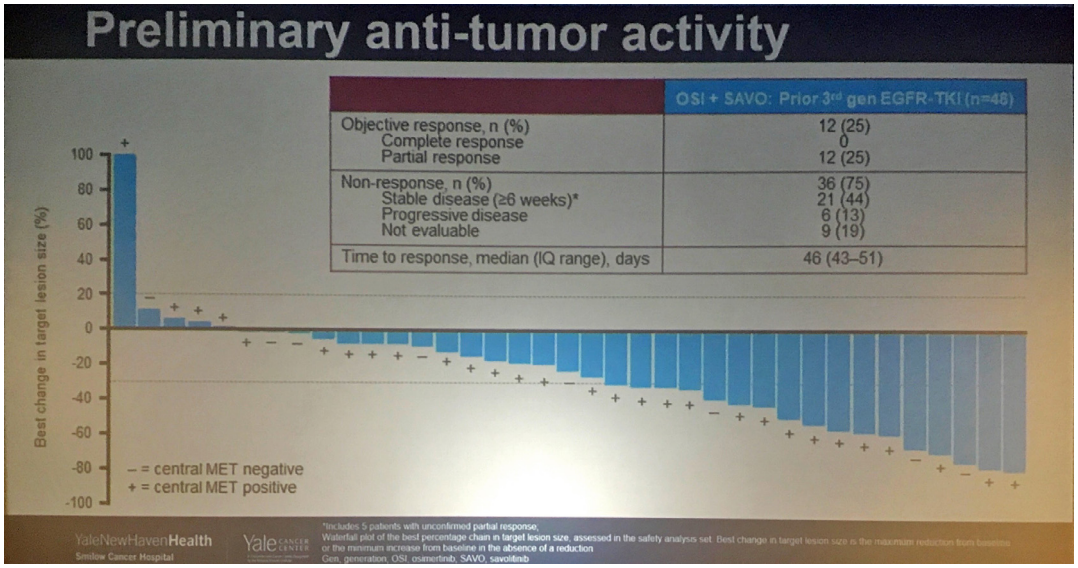
- Up to 10% of patients with *EGFR*-mutant NSCLC who progressed on 1st/2nd generation EGFR-TKIs and up to 25% who progressed on the 3rd generation EGFR-TKI osimertinib have *MET*-amplification or other MET-based resistance mechanisms[1–4]
- Preliminary ctDNA NGS revealed that *MET*-amplification was the most common resistance mechanism following first-line osimertinib in the FLAURA trial (15% of patients)[5]
- Similarly, 19% of patients in the AURA3 trial had *MET*-amplification as a mechanism of resistance to second-line osimertinib[6]

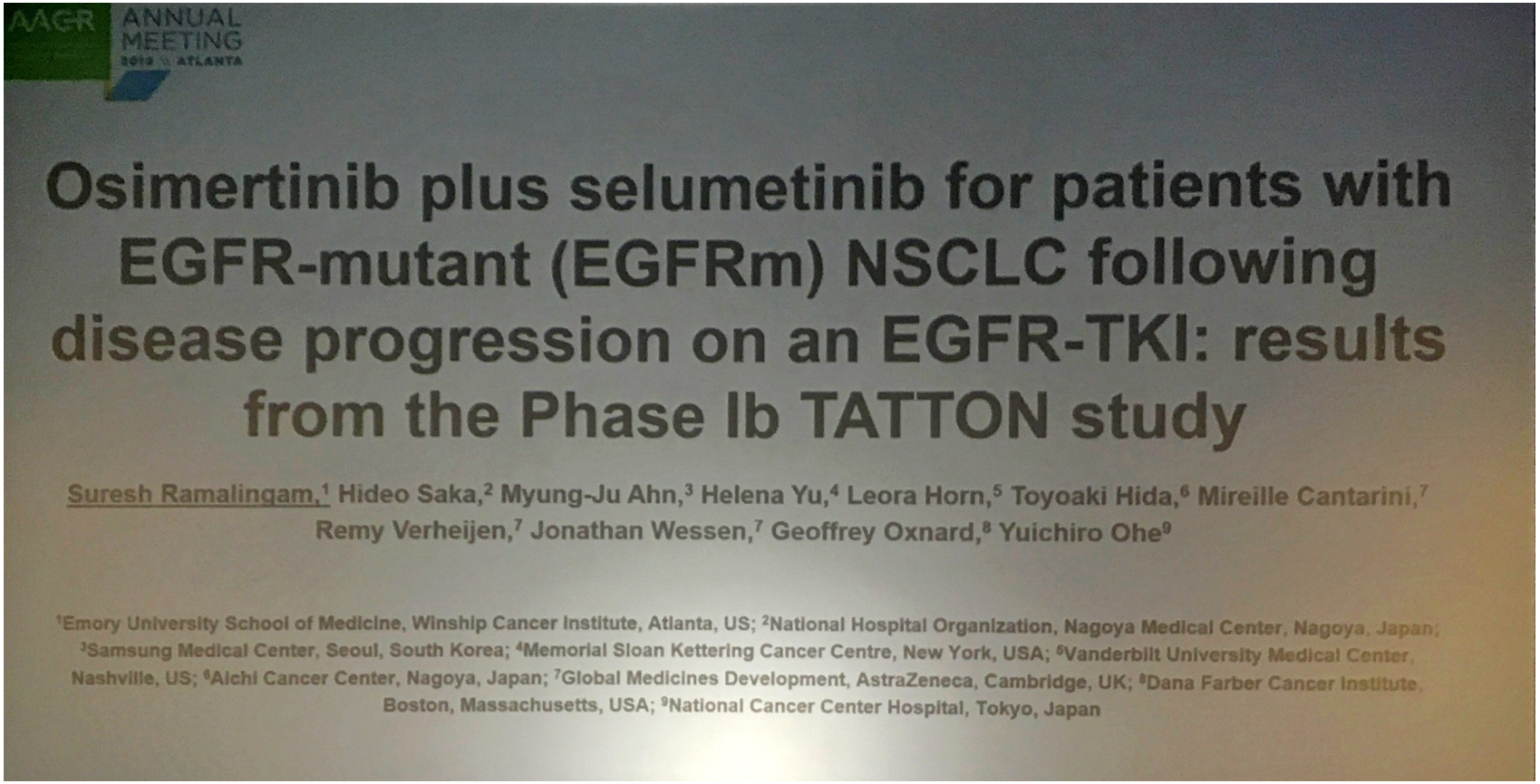
EGFR-TKI resistance mechanisms[7]



1. Sequist LV, et al. Sci Transl Med. 2011, 3(75): 75ra26; 2. Yu HA, et al. Clin Can Res. 2013; 19(8): 2240–47; 3. Piotrowska Z, et al. Cancer Disc. 2018, 8(12): 1529–39; 4. Oxnard GR, et al. JAMA Onc. 2018, 4(11): 1527–34; 5. Ramalingam SS, et al. Ann Oncol. 2018;29(suppl_8):mdy424.063; 6. Papadimitrakopoulou V, et al. Ann Oncol. 2018;29 (suppl_8):mdy424.064; 7. Wang J, et al. Onco Targets Ther. 2016, 22;9:3711–26

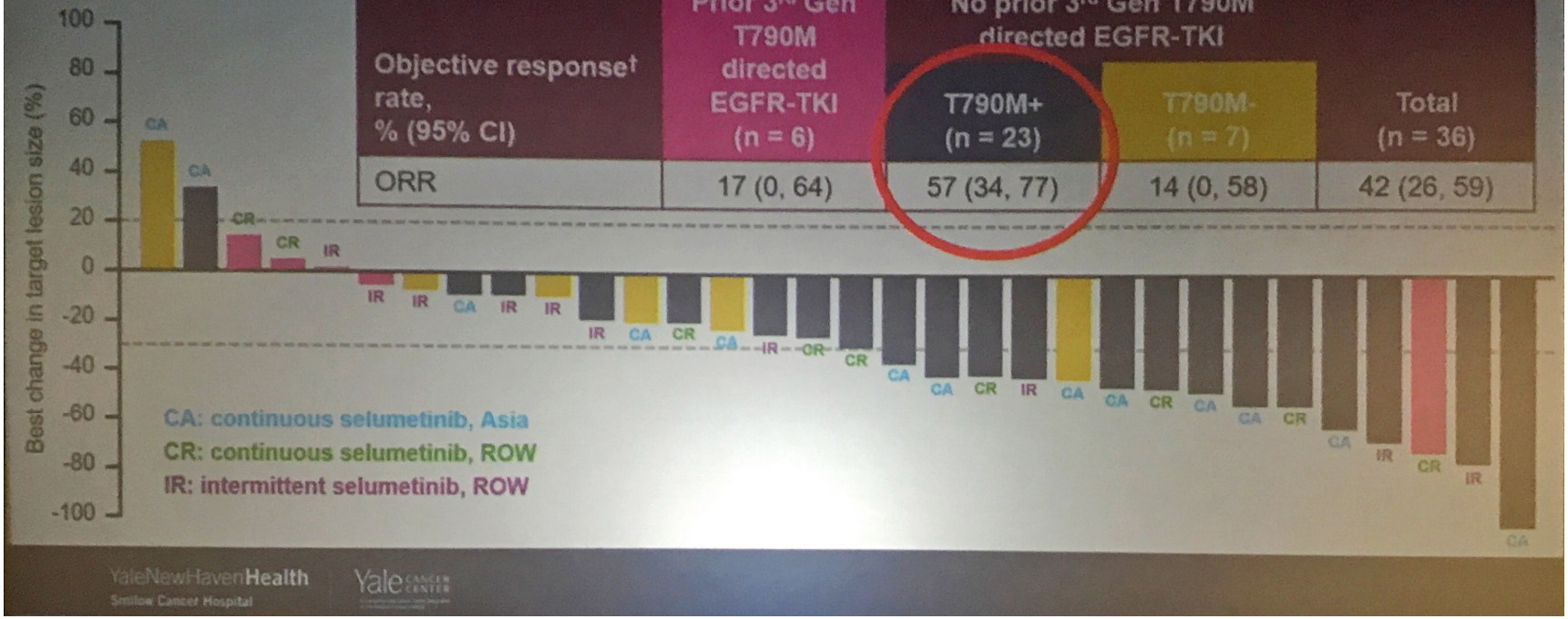

Preliminary anti-tumor activity
OSI + SAVO: Prior 1st/2nd gen EGFR-TKI, T790M- (n=46)
Objective response, n (%) 24 (52)
Complete response 0
Partial response 24 (52)
Non-response, n (%) 22 (48)
Stable disease (≥6 weeks)* 16 (35)
Progressive disease 3 (7)
Not evaluable 3 (7)
Time to response, median (IQ range), days 43 (40–43)
Best change in target lesion size (%)
100
80
60
40
20
0
-20
-40
-60
-80
-100
– = central MET negative
+ = central MET positive
YaleNewHavenHealth
Smilow Cancer Hospital
Yale CANCER CENTER
*Includes 4 patients with unconfirmed partial responses;
Waterfall plot of the best percentage chain in target lesion size, assessed in the safety analysis set. Best change in target lesion size is the maximum reduction from baseline or the minimum increase from baseline in the absence of a reduction
IQ, interquartile; gen, generation; OSI, osimertinib; SAVO, savolitinib


Preliminary anti-tumor activity
OSI + SAVO: Prior 3rd gen EGFR-TKI (n=48)
Objective response, n (%) 12 (25)
Complete response 0
Partial response 12 (25)
Non-response, n (%) 36 (75)
Stable disease (≥6 weeks)* 21 (44)
Progressive disease 6 (13)
Not evaluable 9 (19)
Time to response, median (IQ range), days 46 (43–51)
Best change in target lesion size (%)
100
80
60
40
20
0
-20
-40
-60
-80
-100
– = central MET negative
+ = central MET positive
YaleNewHavenHealth
Smilow Cancer Hospital
Yale CANCER CENTER
*Includes 5 patients with unconfirmed partial response;
Waterfall plot of the best percentage chain in target lesion size, assessed in the safety analysis set. Best change in target lesion size is the maximum reduction from baseline or the minimum increase from baseline in the absence of a reduction
Gen, generation; OSI, osimertinib; SAVO, savolitinib


AACR ANNUAL MEETING
2019 ATLANTA
Osimertinib plus selumetinib for patients with EGFR-mutant (EGFRm) NSCLC following disease progression on an EGFR-TKI: results from the Phase Ib TATTON study
Suresh Ramalingam,[1] Hideo Saka,[2] Myung-Ju Ahn,[3] Helena Yu,[4] Leora Horn,[5] Toyoaki Hida,[6] Mireille Cantarini,[7] Remy Verheijen,[7] Jonathan Wessen,[7] Geoffrey Oxnard,[8] Yuichiro Ohe[9]
[1]Emory University School of Medicine, Winship Cancer Institute, Atlanta, US; [2]National Hospital Organization, Nagoya Medical Center, Nagoya, Japan; [3]Samsung Medical Center, Seoul, South Korea; [4]Memorial Sloan Kettering Cancer Centre, New York, USA; [5]Vanderbilt University Medical Center, Nashville, US; [6]Aichi Cancer Center, Nagoya, Japan; [7]Global Medicines Development, AstraZeneca, Cambridge, UK; [8]Dana Farber Cancer Institute, Boston, Massachusetts, USA; [9]National Cancer Center Hospital, Tokyo, Japan

Preliminary anti-tumor activity by prior treatment and T790M status: Part A

Objective response† rate, % (95% CI)	Prior 3rd Gen T790M directed EGFR-TKI (n = 6)	No prior 3rd Gen T790M directed EGFR-TKI		
		T790M+ (n = 23)	T790M- (n = 7)	Total (n = 36)
ORR	17 (0, 64)	57 (34, 77)	14 (0, 58)	42 (26, 59)



Iniciativa científica de:

GECP
Grupo Español de Cáncer de Pulmón
Spanish Lung Cancer Group