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Larotrectinib in non-CNS TRK fusion cancer patients: Outcomes by prior therapy and performance status

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Background

Larotrectinib is a first-in-class, highly selective, central nervous system (CNS)-active tropomyosin receptor kinase (TRK) inhibitor approved in over 40 countries, and by the European Medicines Agency, for the treatment of adult and paediatric patients with TRK fusion cancer. In a previous analysis, larotrectinib demonstrated clinical benefit across varying degrees of pre-treatment or performance status in 159 patients with TRK fusion cancer. Here, we report updated data on larotrectinib outcomes stratified by prior lines of systemic therapy and baseline performance status.

Methods

Data were pooled from three clinical trials of patients with non-CNS TRK fusion cancer treated with larotrectinib (NCT02122913, NCT02576431 and NCT02637687). Patients were stratified based on the number of lines of prior systemic therapy $(0, 1, 2 \text{ or } \ge 3)$ or baseline Eastern Cooperative Oncology Group performance status (ECOG PS) (0, 1, 2 or 3), or the equivalent Lansky/Karnofsky performance status for children. A *post-hoc* analysis of objective response rate (ORR; as assessed by investigators using Response Evaluation Criteria in Solid Tumors v1.1), duration of response (DoR), progression-free survival (PFS) and overall survival (OS) was performed. The updated data cut-off was 20 July 2020.

Results

A total of 218 patients were enrolled. Across all patients, the ORR was 75% (95% confidence interval [CI] 68–81), median DoR (mDoR) was 49.3 months (95% CI 27.3-not estimable [NE]), median PFS (mPFS) was 35.4 months (95% CI 23.4-55.7) and the 36-month OS rate was 77% (95% CI 69–84). Stratified efficacy outcomes are shown in the table. The incidence of treatment-related Grade 3–4 adverse events for patients with 0, 1, 2 or \geq 3 prior lines of systemic therapy was 19%, 24%, 14% and 14%, respectively. Table: 534P

	Prior lines of systemic therapyN=216 [†]					
	0 n=58	1 n=59	2 n=42	≥3 n=57		
ORR %95% CI	8169-91	7360-84	6953-82	7562-86		
mDoR	NRNE-NE	NR21.6-NE	54.77.6-54.7	33.914.8–49.3		
mPFS	NR25.8-NE	27.515.7-NE	29.47.0-55.7	28.312.2-51.1		
36-month OS %	94	71	73	71		
	Baseline ECOG PS N=218					
	0 n=114	1 n=78	2 n=23	3 n=3		
ORR %95% CI	8577-91	6654-77	6139-80	331-91		

Prior lines of systemic therapyN=216 [†]						
	0 n=58	1 n=59	2 n=42	≥3 n=57		
mDoR	NR35.2-N	33.921.2-54.7	21.67.2-NE	5.6NE-NE		
mPFS	NR27.5-N	25.89.2-51.1	10.93.6-NE	4.21.1-7.2		
36-month OS %	693	66	48	NE		

[†]Two patients were excluded from analysis by prior lines of systemic therapy due to data entry ambiguity. Data show median and 95% CI unless otherwise stated. NR, not reached.

Conclusions

Although the response rates were highest in patients who were treatment-naïve or with an ECOG PS of 0, larotrectinib benefitted patients across varying degrees of pre-treatment and baseline ECOG PS.

Clinical trial identification

NCT02122913, first posted April 25, 2014; NCT02637687, first posted 22 December 2015; NCT02576431: first posted 15 October 2015.

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Legal entity responsible for the study

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Disclosure

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