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Molecular factors and ctDNA dynamics associated with clinical outcomes in patients with HER2-mutant NSCLC treated with sevabertinib (BAY 2927088): Exploratory analysis of the SOHO-01 study

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Background

Sevabertinib produced durable responses in patients with advanced *HER2*-mutant NSCLC who had not previously received *HER2*-targeted therapies (Group D, n=81) and those treated with a *HER2*-targeted antibody-drug conjugate (Group E, n=55). We analyzed molecular factors associated with response and outcomes to sevabertinib in SOHO-1 (NCT05099172).

Methods

Plasma collected from patients at baseline (BL) and on-treatment (OT) was used to identify co-alterations and detectable (D, *HER2* mutation positive) and nondetectable (ND, *HER2* mutation negative) ctDNA at BL and after 2 and 6 weeks of treatment using the Thermo Fisher Scientific OncoPrint™ Precision Assay. Longitudinal ctDNA results were used to classify patients into subgroups: “never detected” (BL and OT - ND), “clearance” (BL – D, ND for at least one OT time point) and “persistent detection” (BL and OT - D). Historical *HER2* variant information from local testing and ctDNA were correlated with treatment response and outcomes.

Results

Sevabertinib was active across *HER2* variants and protein domains in SOHO-01 Groups D and E. In Group D, enhanced efficacy was seen in patients with *HER2* mutations in the tyrosine kinase domain (89% of Group D; ORR 69.4%), especially those with the *HER2* Y772_A775dup (YVMA) mutation (59% of Group D; ORR 77.1%). *TP53* mutations were the most frequent co-alterations at BL in 17/61 patients (27.9%) with detectable *HER2* ctDNA and were associated with less favorable responses and outcomes. The ctDNA subgroups “never detected” and “clearance” had prolonged PFS (HR 0.347 [95% CI 0.116, 1.040] and 0.430 [95% CI 0.204, 0.906], respectively) compared to “persistent detection” subgroup. ctDNA subgroups were statistically distinct in a multivariate analysis.

Conclusions

This exploratory analysis suggests that molecular features such as the presence of the *HER2* YVMA variant, absence of *TP53* co-alteration, early ctDNA clearance, are associated with favorable outcomes in patients with *HER2*-mutant NSCLC treated with sevabertinib. Associations between ctDNA dynamics and PFS, despite the limited follow-up information, align with previous findings in NSCLC cohorts treated with TKIs.

Clinical trial identification

NCT05099172.

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Disclosure

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