

NTRK 
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MEETING SUMMARY
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***NTRK* FUSIONS POSITIVE SOLID TUMOURS**

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**DURABILITY OF RESPONSE
WITH LAROTRECTINIB IN ADULT
AND PEDIATRIC PATIENTS WITH TRK
FUSION CANCER**

Hyman, et al. ESMO 2019 Abstract #445PD

LAROTRECTINIB IN *NTRK* GENE FUSIONS DEVELOPMENT PROGRAM

Expanded cohort with 98 new *NTRK* gene fusions positive patients treated with larotrectinib

NCT02122913: Phase 1 dose escalation study in adults with advanced solid tumours¹

SCOUT: NCT02637687: Phase 1/2 dose escalation study in paediatric with advanced solid tumours²

NAVIGATE: NCT02576431: Phase 2, open-label, basket study in adult/adolescent with advanced solid tumours and TRK fusion positive³

n=8

n=12

n=35

55 *NTRK*
gene fusions
positive
patients

Primary endpoint

Best objective response rate (ORR)
RECIST v1.1 per investigator assessment

Secondary endpoints:

Duration of response
Progression-free survival
Safety

Dosing:

Larotrectinib 100mg BID predominantly

Data cut-off: 19 February 2019⁴

BID, twice a day; NTRK, neurotrophic tyrosine receptor kinase; ORR; overall response rate; RECIST, Response Evaluation Criteria in Solid Tumors; TRK, tropomyosin receptor kinase

1. Hong DS, et al. Ann Oncol 2019;30(2):325-31; 2. Laetsch TW, et al. Lancet Oncol 2018;19(5):705-14; 3. Drilon A, et al. N Engl J Med 2018;378(8):731-39; 4. Hyman, et al. ESMO 2019 Abstract #445PD.

LAROTRECTINIB IN *NTRK* GENE FUSIONS RESULTS

- **In the primary cohort of 55 patients**
 - Median follow-up = **26 months** (Data cut-off: 19 February 2019)
 - The **median DOR** in 44 patients with complete or partial responses was **35.2 months** (95% CI 21.2–NE), with 17 progression events and 27 responses ongoing (range 1.6–44 months)
 - The **median PFS** in the primary cohort was **25.8 months** (95% CI 9.9–NE), with 27 patients having progressed
- **In the expanded combined dataset of 153 patients**
 - The most common tumor types = soft tissue sarcoma (n=36), infantile fibrosarcoma (n=29), thyroid carcinoma (n = 26), salivary gland carcinoma (n=21), and lung cancer (n=12)
 - The overall **ORR** = 79% (95% CI 72–85), with complete responses in 16%
 - **Adverse events** were primarily grade 1-2, with 13% of patients having had a grade 3-4 event related to larotrectinib
 - Only **one patient discontinued** due to an AE related to larotrectinib

LAROTRECTINIB IN *NTRK* GENE FUSIONS

CONCLUSION

- These data confirm the marked tissue-agnostic efficacy and long durability of response in patients with TRK fusion cancer treated with larotrectinib
- Larotrectinib continued to demonstrate a favourable long-term safety profile
- Screening patients for *NTRK* gene fusions should be actively considered

**UPDATED EFFICACY AND SAFETY OF
ENTRECTINIB IN PATIENTS WITH NTRK
FUSION-POSITIVE TUMORS: INTEGRATED
ANALYSIS OF STARTRK-2, STARTRK-1
AND ALKA-372-001**

Rolfo, et al. ESMO 2019 Abstract #476P

ENTRECTINIB IN *NTRK* GENE FUSIONS DEVELOPMENT PROGRAM



ALKA-372-001 (EudraCT: 2012-000148-88): Italian multicenter Phase 1 study (n=54).

STARTRK-1 (NCT02097810): global multicenter, Phase 1 study (n=65).

In Study ALKA-372-001, different dosing regimens (intermittent dosing [Schedules A and C] and continuous daily dosing [Schedule B] were evaluated under fasted and fed conditions.

In Study STARTRK-1, all patients were treated on a continuous daily dosing regimen, under fed conditions.

All cycles were 28 days in duration.

STARTRK-2 (NCT02568267): open-label multicenter phase II basket study.

- Primary endpoints: Objective Response Rate assessed by blinded independent central review using RECIST v1.1

ENTRECTINIB IN *NTRK* GENE FUSIONS

RESULTS AND CONCLUSION

- An additional **5 months of follow up** have shown that entrectinib induced systemic response in NTRK fusion positive tumours
 - **ORR** remained high (**59%**)
 - **PFS** was prolonged (**median 11.8 months**)
 - **DOR** was longer than that reported in the previous analysis (median **12.9 months** versus **10.4 months**), as was the **OS** (median **23.9 months** versus **20.9 months**)
- This analysis also showed **clinically meaningful intracranial responses** to entrectinib in patients with NTRK fusion positive solid tumours and CNS metastases, with **intracranial DOR of 54.5%**

**SAFETY AND PRELIMINARY CLINICAL
ACTIVITY OF REPOTRECTINIB IN
PATIENTS WITH ADVANCED ROS1/TRK
FUSION-POSITIVE SOLID TUMORS
(TRIDENT-1 STUDY)**

Drilon, et al. ESMO 2019 Abstract #444PD

TRIDENT-1 STUDY DESIGN

- **NCT03093116:** Open label, multicenter first-in-human phase 1/2 dose escalation study. Patients with locally advanced or metastatic solid tumours with ROS1, NTRK or ALK gene fusions were enrolled
 - **Phase 1**
Phase 1a dose escalation / Phase 1b food-effect sub-study, / Phase 1c dose escalation with food / Midazolam drug-drug interaction sub-study.
 - **Phase 2**
6 distinct expansion cohorts
 - ROS1 TKI-naïve ROS1+ NSCLC / 1 Prior ROS1 TKI ROS1+ NSCLC / 2 Prior ROS1 TKIs ROS1+ NSCLC
 - ROS1 or ALK TKI-naïve ROS1+ or ALK+ solid tumours (non-NSCLC)
 - **TRK TKI-naïve NTRK+ solid tumours / TRK TKI-pretreated NTRK+ solid tumours**
- As of 22 July 2019, 93 patients in 9 dose cohorts under fed and fasted conditions (Phase 1)
- **Primary endpoints:** Dose limiting toxicities (Phase 1) + Recommended Phase 2 Dose (Phase 1) + Overall Response Rate Phase 2
- Presentation of preliminary efficacy data

TRIDENT-1 STUDY

RESULTS AND CONCLUSION

- Preliminary clinical efficacy demonstrated in TKI-naive and TKI pretreated patients with ROS1+ in advanced NSCLC patients:
- TKI naive:
 - **cORR= 91%** (10/11) with **65% DOR \geq 18 months**
- TKI-pretreated with:
 - 1 prior TKI: **cORR 39%** (7/18)
 - cORR 57% (4/7) in crizotinib-pretreated patients at 160mg QD and above
 - 2 prior TKIs: **cORR 29%** (2/7)

=> Preliminary clinical efficacy activity also demonstrated in NTRK+ TKI-naive and TKI-pretreated patients with advanced solid tumours: 2 case studies presented, one of a patient with advanced *NTRK* fusion positive MASC with acquired *TRKC* G623E solvent front substitution

- **Manageable safety profile**
- Global registrational Phase 2 portion of the study is ongoing.

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