

Health-related quality of life (HRQoL) with tepotinib in patients with MET exon 14 (METex14) skipping non-small cell lung cancer (NSCLC) with brain, liver, adrenal or bone metastases in the Phase II VISION trial



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CONCLUSIONS

- Overall HRQoL was maintained during tepotinib treatment in patients with METex14 skipping NSCLC who had metastases in the brain, liver, adrenal glands, or bone
- Symptom scores in these patients showed trends for improvement in cough, with stability in dyspnea and chest pain
- These HRQoL outcomes in patients with metastases in sites associated with a poor prognosis¹⁻³ are consistent with those seen in the overall VISION trial population⁴

INTRODUCTION

- Tepotinib, a potent and highly selective MET TKI,⁵ is approved in multiple countries worldwide for the treatment of advanced NSCLC with METex14 skipping
- Approvals were supported by the VISION trial (NCT02864992), in which tepotinib demonstrated robust and durable clinical activity in patients with treatment-naïve and previously treated METex14 skipping NSCLC^{5,6}
 - Secondary endpoint analyses showed that overall HRQoL was maintained during tepotinib treatment, with clinically meaningful improvement in cough and stability in dyspnea and chest pain⁴
- In patients with NSCLC, metastases in the brain, liver, adrenal glands and bone are common, and are associated with a poor prognosis¹⁻³
- We evaluated HRQoL during tepotinib treatment in the subgroups of patients with metastases in each of these sites at baseline in the VISION trial (data cut-off: November 20, 2022)

METHODS

- Patients with advanced NSCLC with METex14 skipping detected in TBx and/or LBx samples received tepotinib 500 mg (450 mg active moiety) once daily^{5,6}
 - Patients with brain metastases were eligible if asymptomatic or neurologically stable without requiring an increase in steroid dose in the previous 2 weeks
- HRQoL was evaluated as a secondary endpoint using the EORTC QLQ-C30, EQ-5D-5L, and EORTC QLQ-LC13 questionnaires every 6 weeks until 9 months and every 12 weeks thereafter until disease progression, death, or withdrawal of consent
- The present subgroup analysis evaluated HRQoL outcomes in patients with brain, liver, adrenal, or bone metastases at baseline per IRC assessment:
 - Overall HRQoL: **EORTC QLQ-C30 GHS** and **EQ-5D-5L VAS**
 - Key symptoms: EORTC QLQ-LC13 **cough**, **dyspnea**, and **chest pain** scores
- Linear mixed model regression was used to evaluate change from baseline in HRQoL scores, at each visit and across all visits, in patients with baseline and ≥1 post-baseline score

RESULTS

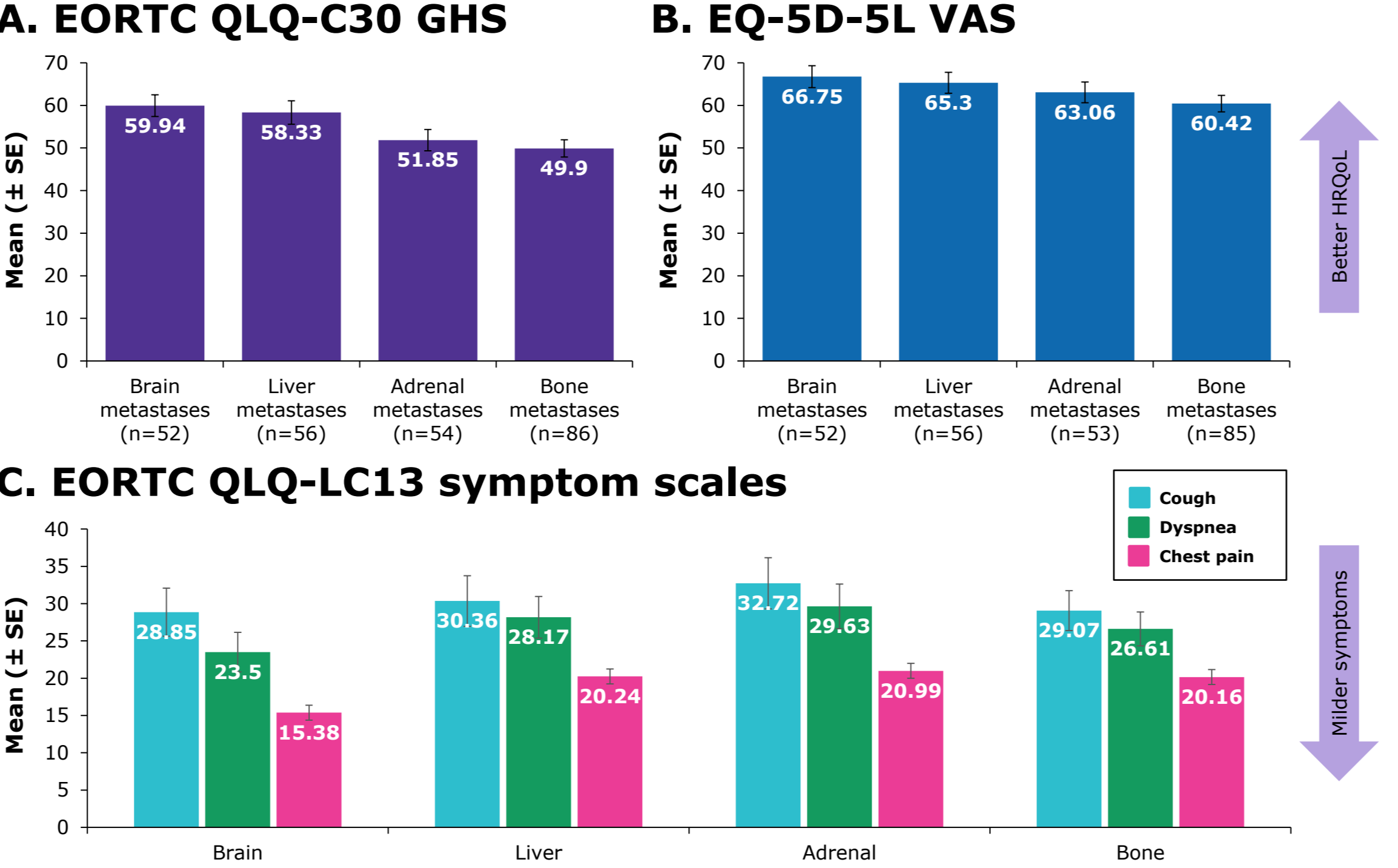
Patient population

- Among 313 enrolled patients, metastases were present at baseline in the brain in 57 (18.2%), liver in 58 (18.5%), adrenal glands in 61 (19.5%), and bone in 96 (30.7%) patients

Baseline HRQoL

- Baseline HRQoL scores were available for 52 patients with brain metastases, 56 with liver metastases, 54 with adrenal metastases (53 for EQ-5D-5L VAS), and 86 with bone metastases (85 for EQ-5D-5L VAS)
- Overall HRQoL at baseline was worst in patients with bone metastases, followed by patients with adrenal, liver, and brain metastases (**Figure 1A and B**)
- Cough, dyspnea, and chest pain were most severe in patients with adrenal metastases, followed by patients with liver, bone, and brain metastases (**Figure 1C**)

Figure 1. Baseline HRQoL according to metastatic site



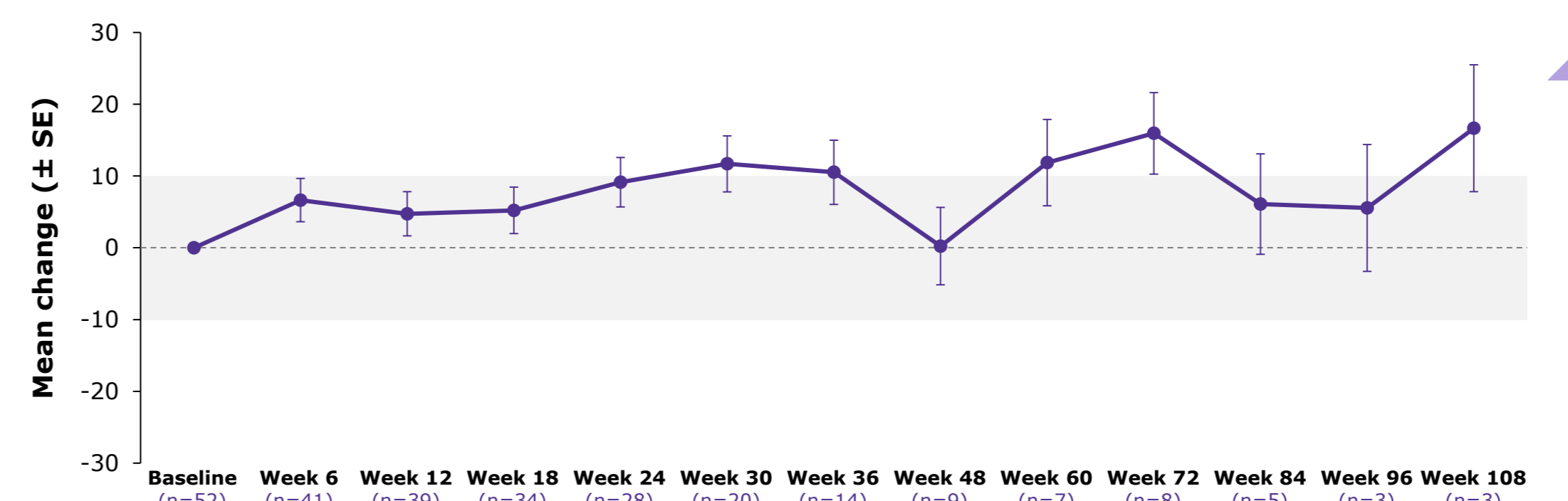
Change from baseline in HRQoL scores

- HRQoL change from baseline was evaluable in 52 patients with brain, 56 with liver, 54 with adrenal, and 86 with bone metastases
- Mean change from baseline across all visits indicated stability in overall HRQoL in patients with brain, liver, adrenal, or bone metastases during tepotinib treatment (**Table 1**)
- Symptom scores in these patients showed trends for improvement in cough, with stability in dyspnea and chest pain (**Table 1**)
- Change in HRQoL scores at each visit are shown in **Figures 2-5**

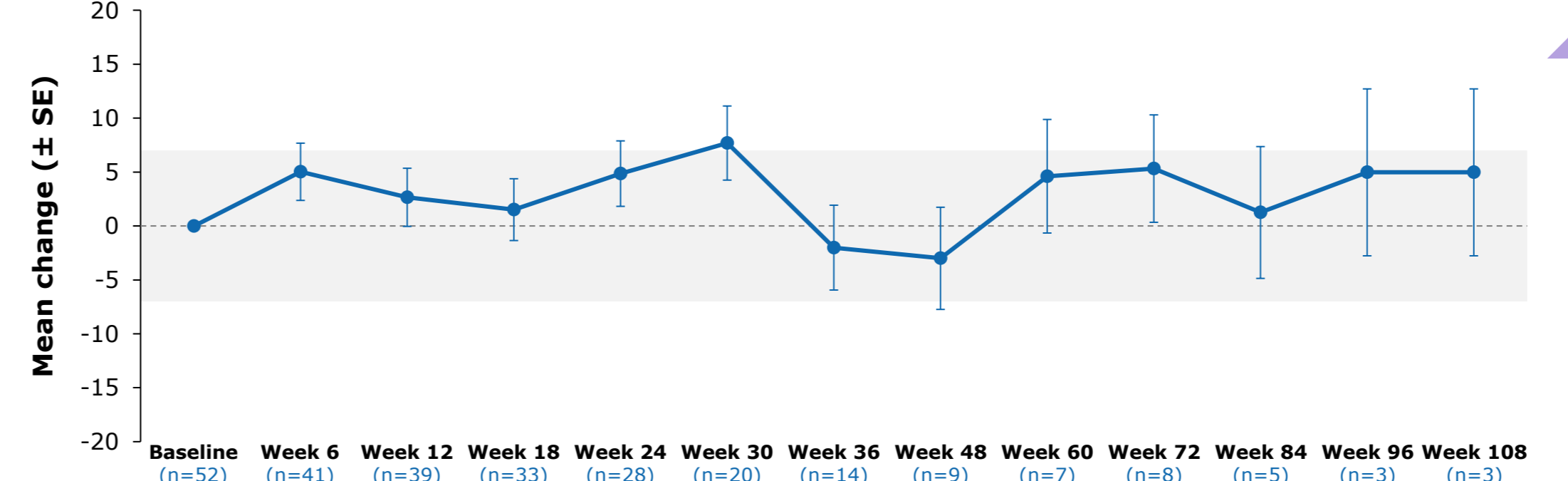
Table 1. Mean ± SE change from baseline in HRQoL scores across all visits

	EORTC QLQ-C30 GHS	EQ-5D-5L VAS	EORTC QLQ-LC13		
			Cough	Dyspnea	Chest pain
Brain metastases (n=52)	0.91 ± 2.41	-1.38 ± 1.95	-8.34 ± 2.62	-3.20 ± 2.04	-4.52 ± 2.12
Liver metastases (n=56)	2.10 ± 2.27	-0.18 ± 2.11	-6.73 ± 2.31	-0.32 ± 1.92	-5.02 ± 1.84
Adrenal metastases (n=54)	6.92 ± 2.11	0.09 ± 1.69	-7.10 ± 2.04	-0.12 ± 1.66	-4.76 ± 1.88
Bone metastases (n=86)	6.92 ± 2.11	0.09 ± 1.69	-7.10 ± 2.04	-0.12 ± 1.66	-4.76 ± 1.88

Figure 2. Change in HRQoL in patients with brain metastases A. EORTC QLQ-C30 GHS



B. EQ-5D-5L VAS



C. EORTC QLQ-LC13 symptom scales

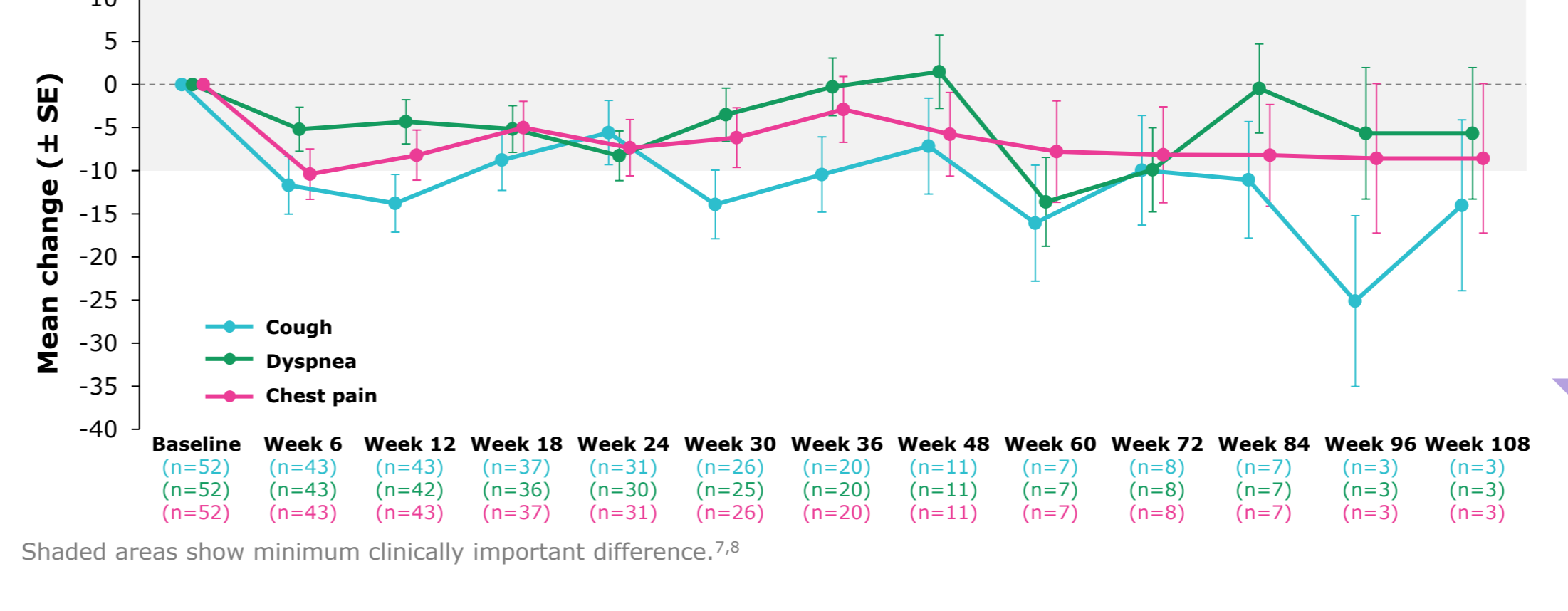
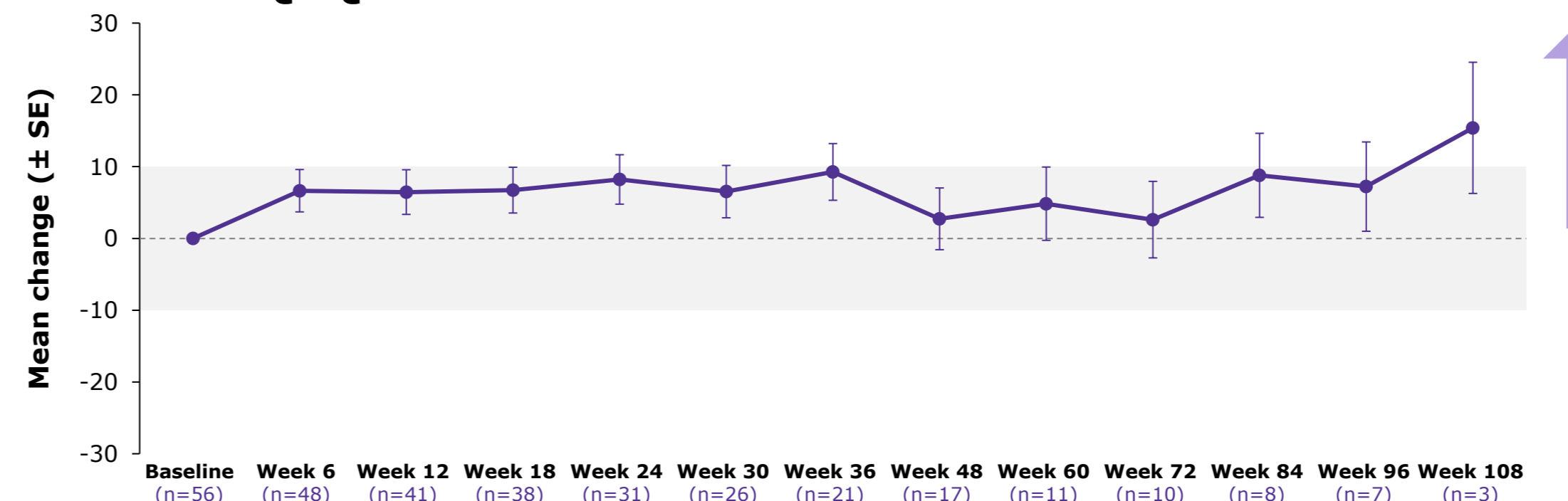
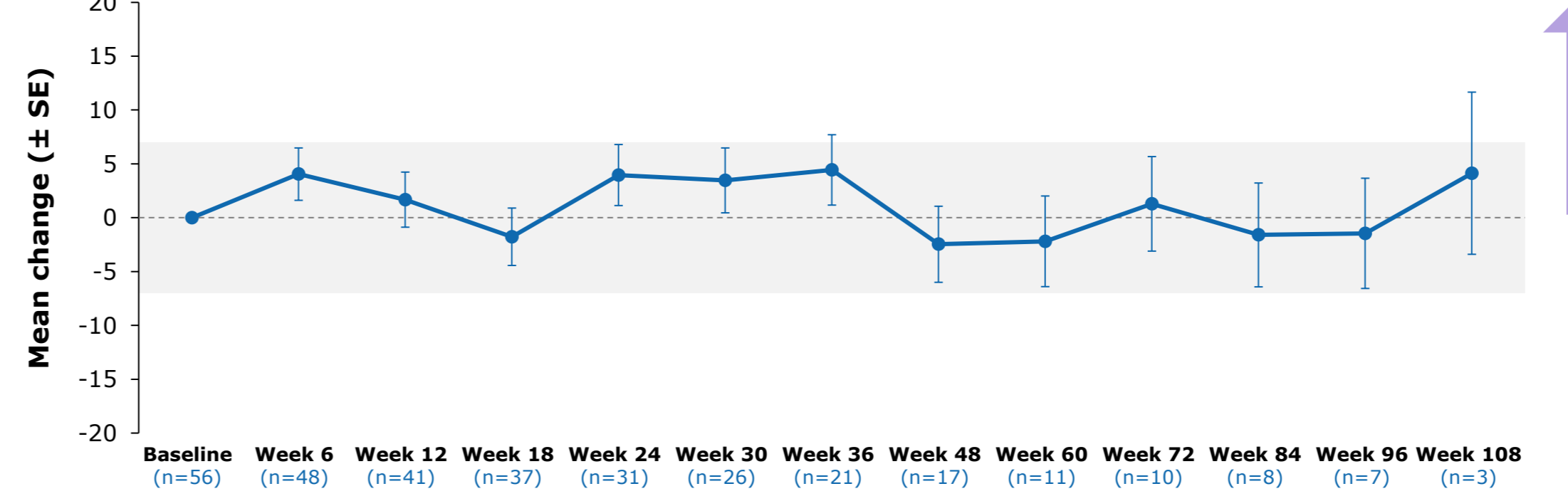


Figure 3. Change in HRQoL in patients with liver metastases A. EORTC QLQ-C30 GHS



B. EQ-5D-5L VAS



C. EORTC QLQ-LC13 symptom scales

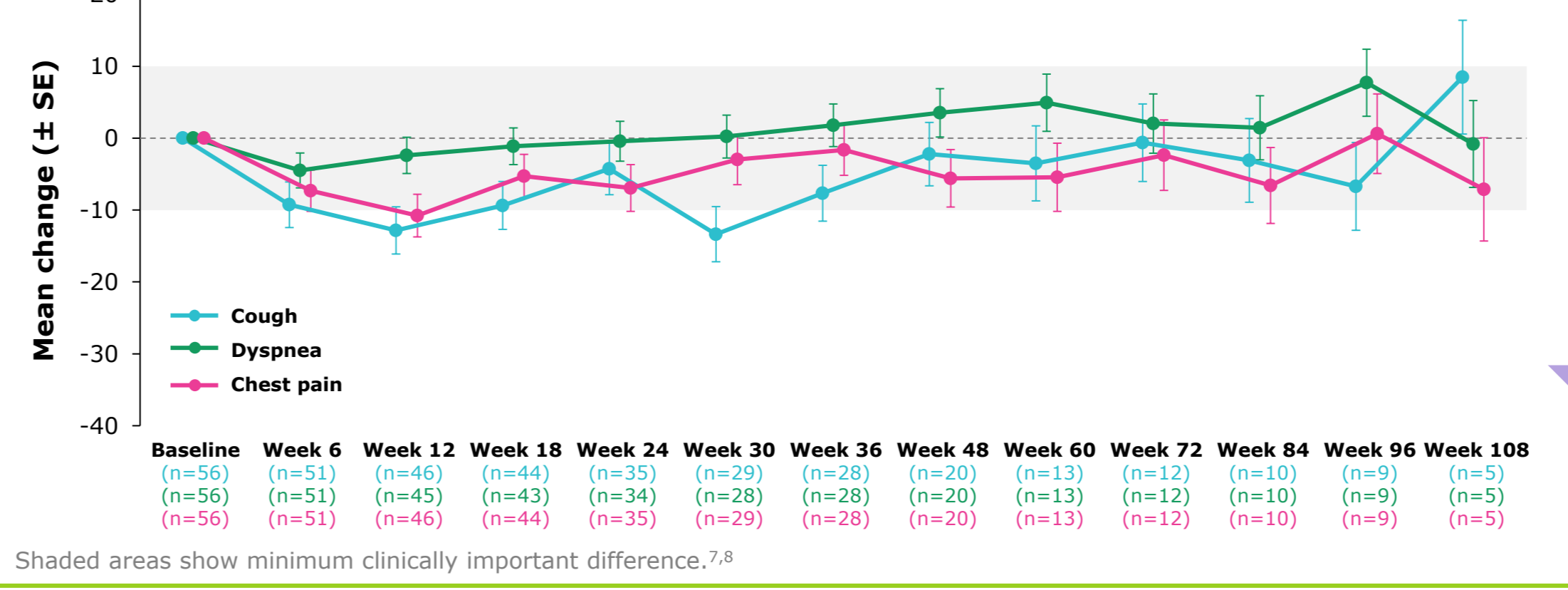
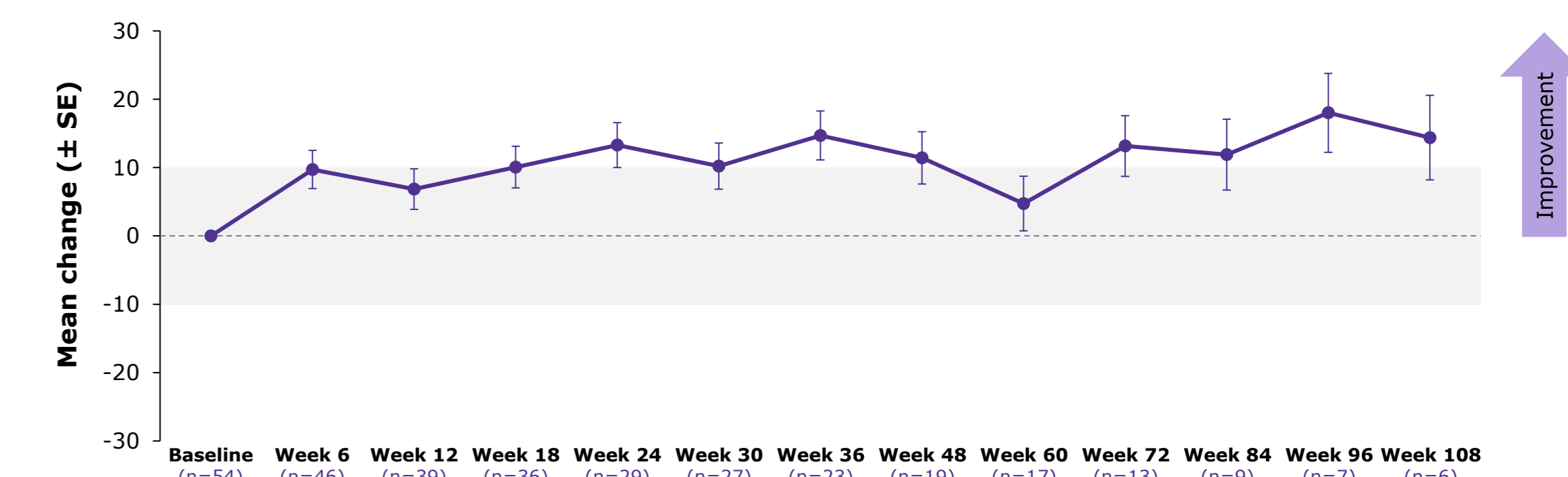
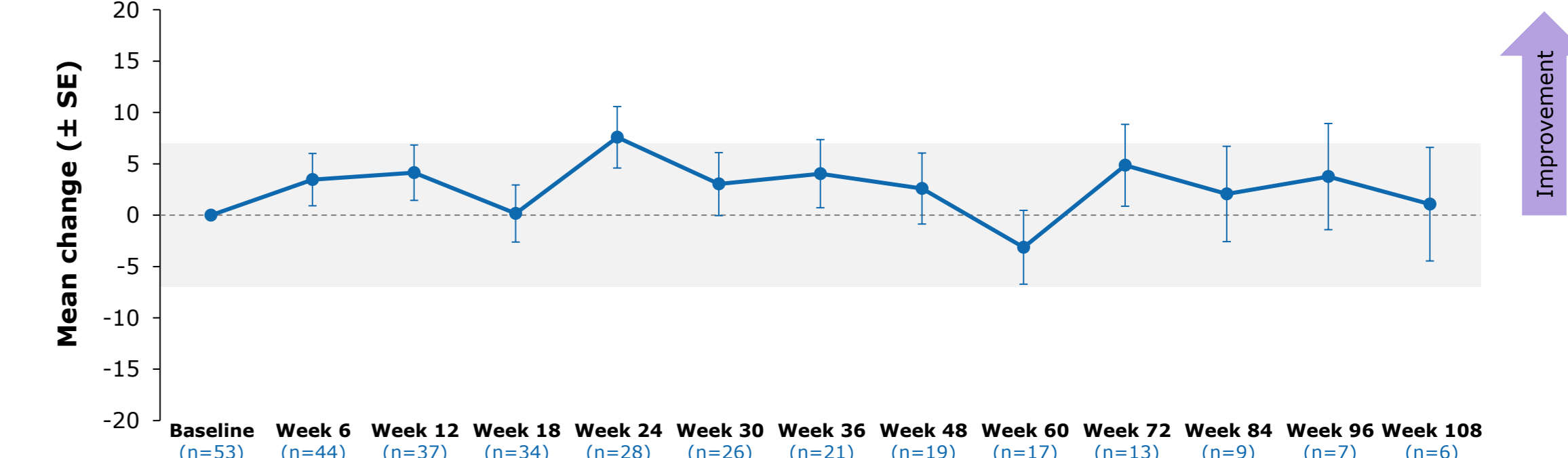


Figure 4. Change in HRQoL in patients with adrenal metastases A. EORTC QLQ-C30 GHS



B. EQ-5D-5L VAS



C. EORTC QLQ-LC13 symptom scales

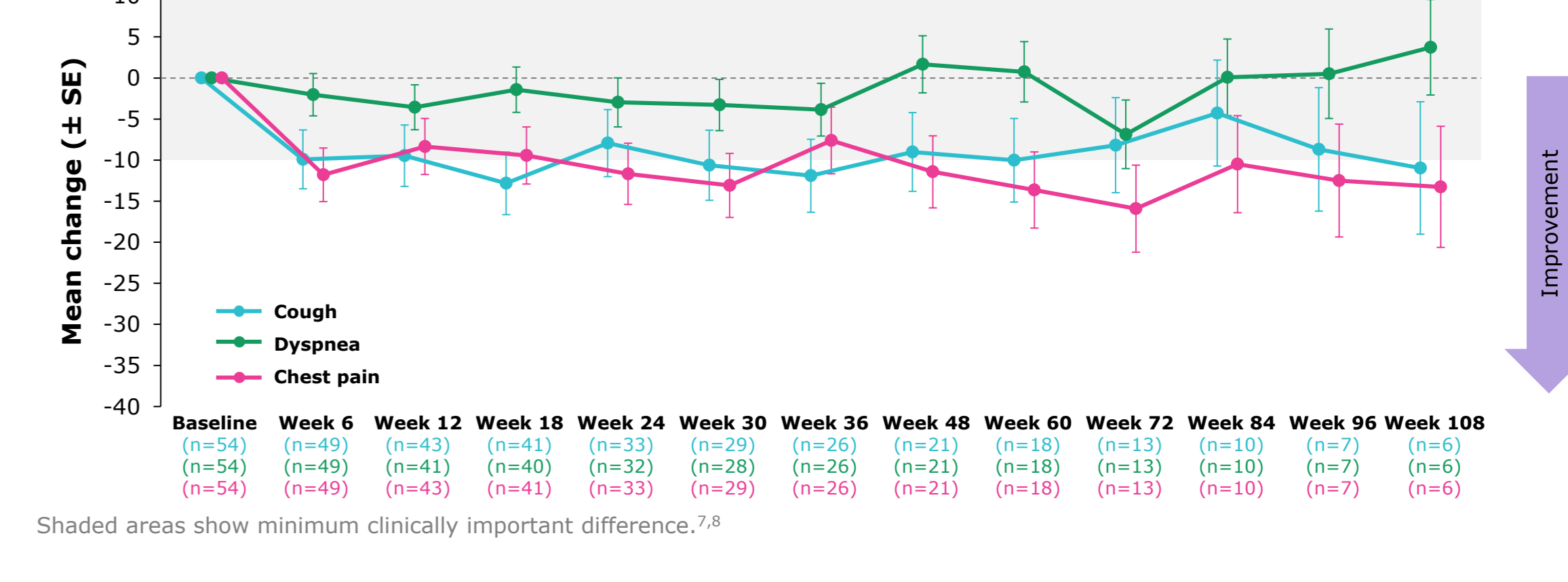
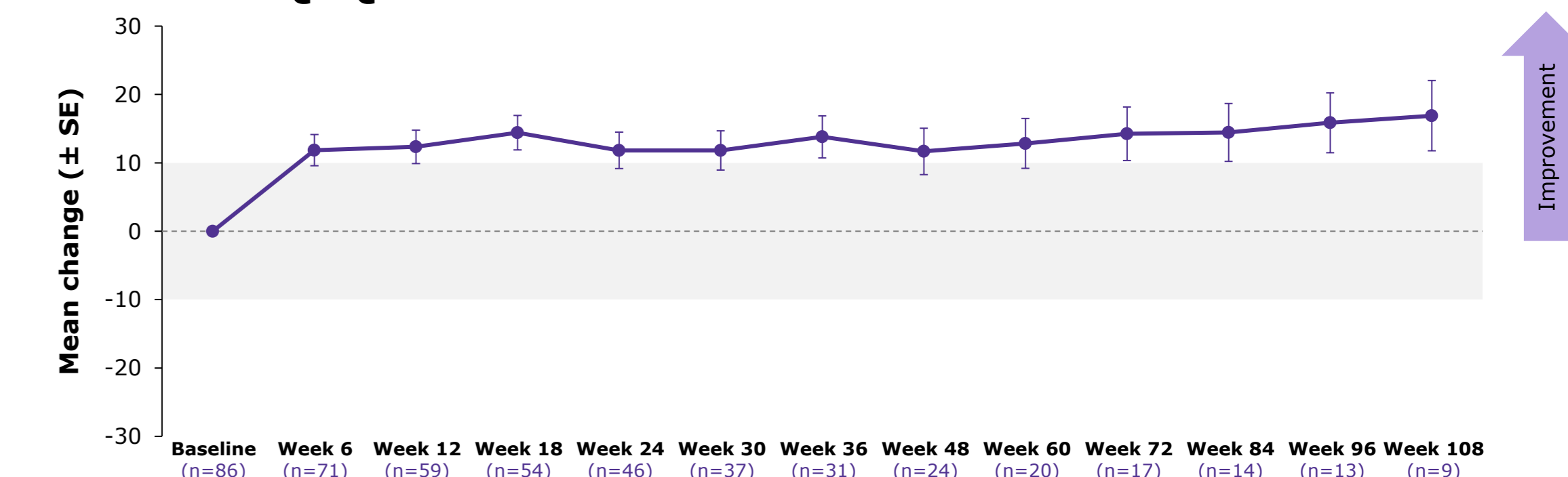
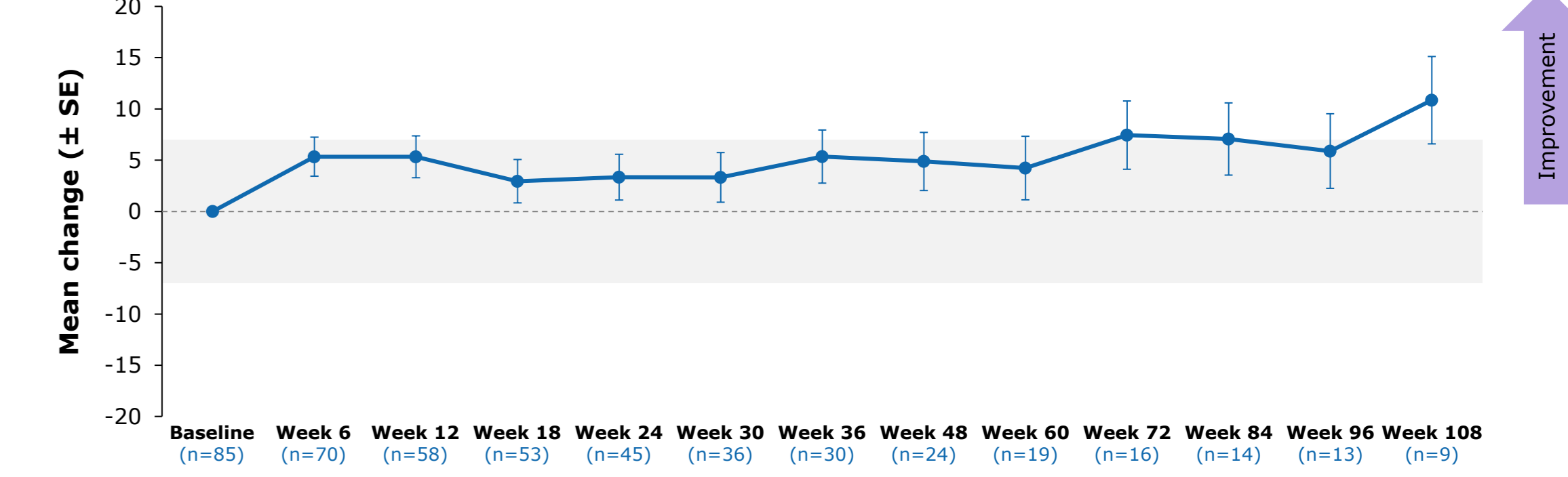


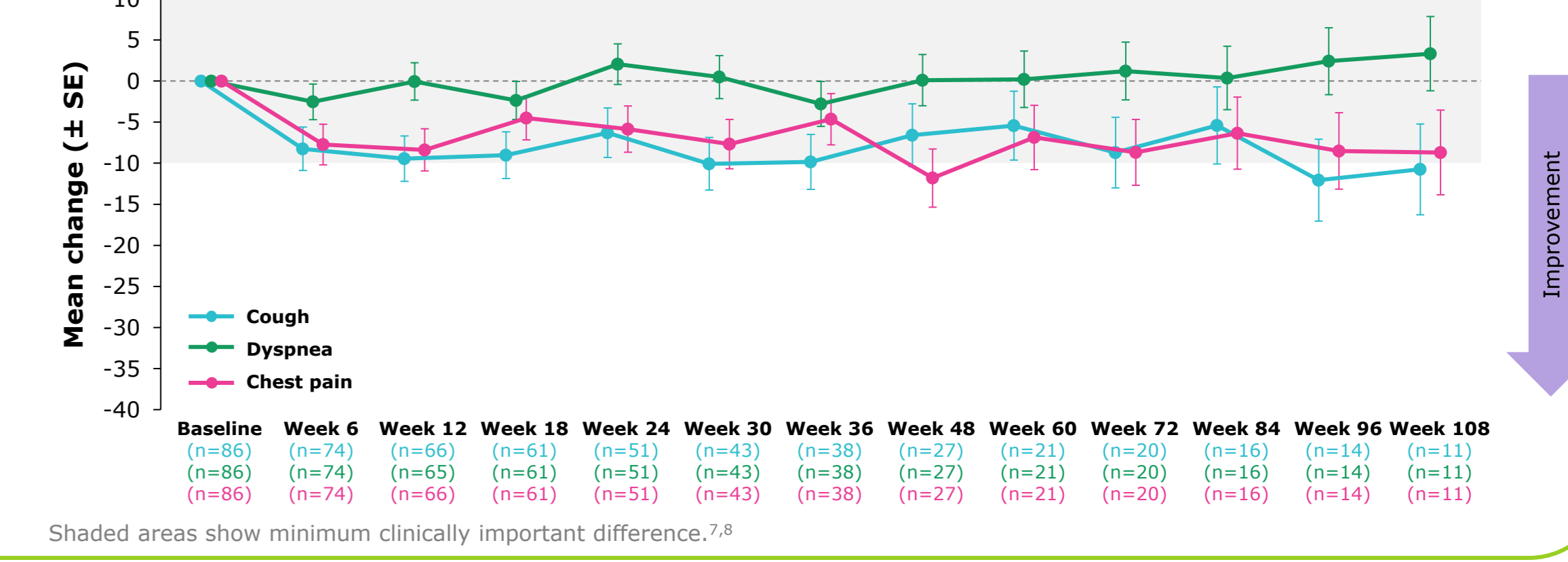
Figure 5. Change in HRQoL in patients with bone metastases A. EORTC QLQ-C30 GHS



B. EQ-5D-5L VAS



C. EORTC QLQ-LC13 symptom scales



Abbreviations: EORTC, European Organisation for Research and Treatment of Cancer; EQ-5D-5L, European Quality of Life five-dimension five-level; GHS, Global Health Status; HRQoL, health-related quality of life; IRC, independent review committee; LBx, liquid biopsy; METex14, MET exon 14; NSCLC, non-small cell lung cancer; QLQ-C30, Quality of Life-Questionnaire Core 30; QLQ-LC13, Quality of Life-Lung Cancer 13; SE, standard error; TBx, tissue biopsy; TKI, tyrosine kinase inhibitor; VAS, visual analog scale.
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