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CRUSADER NEWSLETTER

Q3 2020 RESEARCH EDITION

MET Crusaders is a community of Lung Cancer patients and care givers collaborating with advocates and medical professionals collectively dedicated to helping patients with a MET alteration live normal lives.

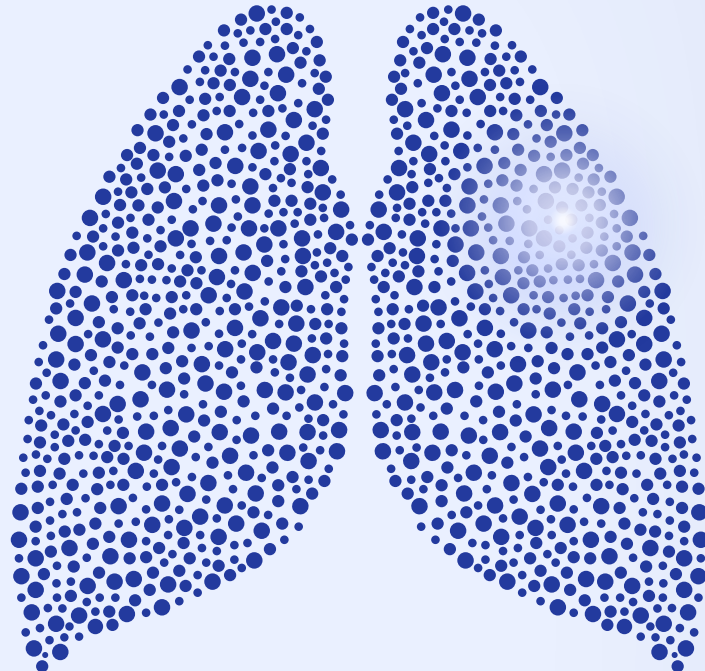
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Capmatinib in MET Exon 14-Mutated or MET-Amplified Non-Small-Cell Lung Cancer

Drug: Capmatinib NCT ID: 02414139 (GEOMETRY mono-1 trial)

Objective:

- To determine overall response and duration of response of capmatinib in patients with MET exon 14 skipping (METex14) or MET amplified non-small cell lung cancer (NSCLC)

Design

- Prospective, international, open-label, multiple-cohort, phase 2 study
- Patients placed into 7 cohorts based off of MET status, treatment history, and gene copy number (GCN)

Population

- Patients with metastatic METex14 or MET amplified NSCLC who do not have an EGFR mutation
- Presence of brain metastases (28%)
- 29% of patients with METex14 NSCLC and 7% of patients with MET amplified NSCLC had no prior treatment

Effectiveness

- METex14 NSCLC
 - Overall response rate (ORR)
 - 41% in patients who received prior therapy
 - 68% in patients who did not receive prior therapy
 - Median duration of response
 - 9.7 months in patients who received prior therapy
 - 12.6 months in patients who did not receive prior therapy

Effectiveness (continued)

- MET amplified NSCLC
 - GCN<10: ORR 7-10%
 - GCN≥10: ORR 29% in patients who received prior therapy, 40% in patients who did not receive prior therapy

Safety

- Common side effects: peripheral edema (51%), nausea (45%), vomiting (28%)
- Grade 3-4 side effects: peripheral edema (9%), labored breathing (7%), fatigue (6%)

Strengths

- This study was able to recruit a large number of patients who are affected with MET-altered NSCLC and saw favorable results in some cohorts

Weaknesses

- The number of patients placed in each cohort ranged from 15 to 69. Ideally, cohorts should have similar numbers of patients to strengthen conclusions drawn from comparing the groups

Conclusion

- Capmatinib showed efficacy in patients with METex14 NSCLC regardless of whether they had prior treatment
- Gene copy number in MET amplified NSCLC appears to play a role in capmatinib's efficacy and warrants further investigation

[LINK TO ARTICLE](#)



Durable responses to immunotherapy of non-small cell lung cancers harboring MET exon-14 skipping mutation: A series of 6 cases

Drug: Nivolumab, Pembrolizumab

Objective

- To report responses of immunotherapy in patients with METex14 NSCLC

Population

- 25 patients with locally advanced or metastatic METex14 NSCLC
- Molecular sequencing was not obtained until after starting immunotherapy
 - This is why these patients were not given MET-targeted therapy first
 - All patients received platinum-based chemotherapy regimen prior to switching to immunotherapy
- No EGFR, BRAF, KRAS, ALK, or ROS mutations
- No MET amplification
- PDL1 expression ranged from <1% to 90%

Efficacy

- 13 of 25 patients were treated with immunotherapy
- 6 of 13 patients had prolonged / durable responses (progression-free survival of 18 months or longer)
 - 5 patients received nivolumab, 1 patient received pembrolizumab
 - 5 of patients had adenocarcinoma and 1 patient had sarcomatoid carcinoma
- Response was maintained between 18 and 49 months
 - 5 patients obtained responses within the first 4 months
 - 4 patients had a partial response, 2 patients had a complete response

Safety

- Two patients experienced grade 3 side effects
- Four patients experienced grade 1 or 2 side effects
- Side effects experienced include weakness and hyper- or hypothyroidism

Strengths

- This data begins to add to the gap in literature regarding the role of immunotherapy in patients with METex14 NSCLC

Weaknesses

- These results are based on a very small number of patients. Larger studies are needed to confirm the safety and efficacy of immunotherapy in METex14 NSCLC
- PDL1 expression was highly variable, making it difficult to assess how large of a role PDL1 expression played in immunotherapy response
- Molecular sequencing was not obtained upfront, which is becoming increasingly more common in today's treatment algorithms. Had sequencing been done prior to immunotherapy, patients may have received MET-targeted therapy first, bringing the sequencing of different types of therapies into question.

Conclusion

- Immunotherapy may be considered to treat patients with METex14 NSCLC, but more data is needed to confirm this, as currently the place of immunotherapy in treatment of patients harboring these mutations is not well-defined
- This is the first time that these durable responses to immunotherapy have been reported in patients with METex14 NSCLC

[LINK TO ARTICLE](#)



Efficacy and Safety of Crizotinib in the Treatment of Advanced Non-Small-Cell Lung Cancer with ROS1 Rearrangement or MET Alteration: A Systematic Review and Meta-Analysis

Drug: Crizotinib

Objective

- To better understand the efficacy and safety of crizotinib in ROS1-rearranged or MET-altered non-small cell lung cancer (NSCLC) by pooling the results of several smaller studies

Design

- Systematic review and meta-analysis
- Included studies that looked at the effectiveness of treatment with crizotinib alone in patients with either ROS1 rearrangements or MET alterations

Population

- Of 20 studies included in the paper, 6 studies looked at MET-altered NSCLC. Three of these were retrospective and three were prospective phase I-II or II studies.
- Among the 6 studies, there were 176 patients with MET-altered NSCLC represented
- Median age among the 6 studies was between 56-72 years
- Roughly 20% of patients had brain metastases, of the two studies that reported this
- Patients had varying levels of prior exposure to other therapies among the 6 studies

Effectiveness – MET Subgroup

- Objective response rate 40.6%
- Median progression-free survival 5.2 months
- Median overall survival 12.7 months

[LINK TO ARTICLE](#)

Safety

- Common adverse effects: vision impairment (44%), edema (43%), fatigue (40%), and gastrointestinal symptoms (nausea, vomiting, and diarrhea all around 37%)

Strengths

- In the absence of a large trial on crizotinib in MET-altered NSCLC, a meta-analysis of smaller studies provides some helpful information to patients and providers.
- The authors found no evidence of publication bias, indicating that both negative and positive studies had been published.

Weaknesses

- There were too few patients to be able to look at differences between patients with MET mutations versus MET amplifications.
- There was variability in the patient populations and methods of the studies that were pooled, which means that the results may be somewhat different from what would be seen in a large phase III trial or in the real world. There could be other factors affecting the results.

Conclusion

- Crizotinib demonstrated a response among patients with MET alterations, with a side effect profile that is slightly different than other targeted MET therapies.
- Crizotinib in MET-altered NSCLC appears less effective than in ROS1-rearranged NSCLC (ROS1 group: 77.4% objective response, PFS 14.5 months, OS median not reached in many studies).



CNS Metastases in Patients With MET Exon 14–Altered Lung Cancers and Outcomes With Crizotinib

Drug: Crizotinib

Objective

- To identify the frequency of central nervous system (CNS) metastases in patients with MET exon 14-mutated (METex14) non-small cell lung cancer (NSCLC) and describe CNS outcomes with and without crizotinib.

Design

- Retrospective analysis of patients treated at Memorial Sloan Kettering Cancer Center

Population

- Included 83 patients with METex14 metastatic NSCLC
- 17% had brain metastases at time of diagnosis and an additional 19% developed metastases during their disease course
- Most patients had had treatments prior to crizotinib (median of 2, range 0-7)
- 54 (65%) of METex14 patients received crizotinib; 5 of these patients had brain metastases when crizotinib was started

Results

- The survival of patients with brain metastases at diagnosis was similar to that of patients without brain metastases.
- Most patients with CNS metastases received either radiation (52%) or surgery (13%)

Effectiveness

- Crizotinib objective response rate: 31%
- 22% of patients had intracranial progression
- Median time to CNS progression: 5.8 months
- Median overall survival on crizotinib: 13.7 months
- Of the 5 patients who had brain metastases when crizotinib was started, one had a partial response, three had stable disease, and one had progressive disease.

Effectiveness (continued)

- Of the 40 patients who progressed on crizotinib, 78% progressed outside the CNS only, 10% progressed within the CNS only, and 12% progressed both within and outside the CNS.

Strengths

- Data from early METex14 NSCLC patients treated with crizotinib is valuable in the absence of large phase III trials in this population
- Although CNS metastases are common in patients with METex14 NSCLC, patients with CNS metastases are often excluded from prospective clinical trials. This makes this study especially valuable.

Weaknesses

- Patients had received a wide variety of prior therapies, so this may not represent the true effectiveness of crizotinib in the first- or second-line setting
- A low number of patients (n = 5) had CNS metastases at crizotinib initiation, which makes it difficult to determine the effectiveness of crizotinib on CNS lesions
- Due to the retrospective nature, there was no standard CNS imaging frequency and there was some data missing for patients who progressed on crizotinib

Conclusion

- 36% of patients with METex14 NSCLC developed brain metastases at some point in their course. This is slightly lower than that seen with other drivers of NSCLC, such as EGFR, HER2, and RET
- Although it is promising that 4/5 patients had CNS disease control with crizotinib, it is difficult to make confident conclusions about crizotinib effectiveness for brain metastases due to the small number.

[LINK TO ARTICLE](#)



Tepotinib efficacy in an NSCLC patient with brain metastasis harboring an HLA-DRB1-MET gene fusion

Drug: Tepotinib

Objective

- To report the efficacy and safety of tepotinib in the treatment of an advanced case of non-small cell lung cancer (NSCLC) with an *HLA-DRB1-MET* gene fusion.

Design

- Case report

Population

- 43-year-old woman
- Never-smoker, no significant medical history
- *HLA-DRB1-MET* gene fusion, MET rearrangement confirmed by MET fluorescence in situ
- Treatment course:
 - Dec 2016 - Jan 2017: Combination radiochemotherapy
 - Oct 2017: Crizotinib 250 mg twice daily
- Complete resolution of lung and brain lesions
 - May 2018: disease recurrence with symptomatic cerebral metastases
 - Jun 2018: whole brain radiation therapy with dexamethasone
 - Jul 2018: tepotinib 500 mg once daily
 - Aug 2018: tepotinib 1000 mg once daily
 - May 2019: disease recurrence with lung micronodules, pleural effusion, and liver lesion
 - Jun 2019: cabozantinib 60 mg once daily

Effectiveness

- Complete remission, though had notably also received whole brain radiation therapy
- Sustained response for almost 9 months

Safety

- No reported adverse events

Strengths

- Randomized controlled trials studying *HLA-DRB1-MET* gene fusions would be difficult. A case report demonstrating efficacy provides helpful information for patients and providers.
- This case report provides a thorough summary of treatment and response to crizotinib, tepotinib, and cabozantinib.

Weaknesses

- As a single case report, it is difficult to fully assess the treatment effect of tepotinib in the setting of *HLA-DRB1-MET* gene fusions.
- Whole brain radiation therapy was given prior to initiation of tepotinib, making any treatment responses in the brain difficult to attribute to tepotinib alone.

Conclusion

- Tepotinib demonstrated a response in one patient with a *HLA-DRB1-MET* gene fusion.

[LINK TO ARTICLE](#)



Characterization of MET exon 14 alteration and association with clinical outcomes of crizotinib in Chinese lung cancers

Drug: Crizotinib

Objective

- To assess the prevalence of MET exon 14 alterations (METex14) in non-small cell lung cancer (NSCLC) in a Chinese population, and analyze the efficacy of front-line crizotinib for METex14 altered lung cancers

Design

- Retrospective analysis of tissue and plasma samples profiled using capture-based targeted sequencing from Burning Rock Biotech

Population

- 11,306 Chinese lung cancer patients (median age 61 years)
- Included non-small cell lung cancer and small-cell lung cancer patients
- 125 patients harbored METex14 alterations (1.1% of the entire cohort, median age 69 years)
- 72.8% (91/125) were never-smokers
- 53.6% (67/125) had stage IV disease
- 44 patients with METex14 NSCLC were treated with first-line crizotinib and 14 patients treated with chemotherapy

Effectiveness - crizotinib versus chemotherapy

- Median duration of treatment: 8.5 months
- Progression free survival (PFS): 8.5 months versus 4.0 months ($p=0.041$)
- Overall survival (OS): 11.3 months versus 12.0 months ($p=0.66$)
- Survival outcomes were also compared based on molecular features. Splice site and TP53 status did not affect survival outcomes. Patients with a concurrent MET amplification had shorter PFS (4.2 months versus 8.5 months, $p=0.29$) but comparable OS (7.8 months versus 14.0 months, $p=0.12$).

Safety

- Not assessed

Strengths

- In the absence of larger, prospective studies, data on potential molecular drivers of treatment outcomes in a Chinese population is useful. Several MET alterations were examined.

Weaknesses

- Only a small population of patients were included to examine treatment efficacy. This limited number was largely due to missing data.
- Since this was a retrospective study, this analysis lacked other methods to identify MET overexpression and exon 14 skipping mutations.
- The retrospective nature and lack of other analyses to evaluate MET exon 14 skipping mutations makes it difficult to assess if activity to crizotinib is truly to METex14 alterations, or to unidentified MET exon 14 skipping mutations.

Conclusion

- METex14 alterations were found in 1.1% of this study population. This prevalence is lower than that seen in Foundation Medicine databases, but similar to other Chinese databases.
- Patients treated with crizotinib appeared to have longer PFS when compared to treatment with chemotherapy.
- The location of METex14 alterations and status of TP53 did not affect survival outcomes, though MET amplification may affect progression free survival.

[LINK TO ARTICLE](#)



MET Clinical Trials

IMPORTANT

Below is a list of clinical trials involving MET alterations on **ClinicalTrials.gov**. This list is a summary snapshot of emerging therapeutic strategies, details of these trials can be found at **ClinicalTrials.gov**. Recruitment for clinical trials is constantly changing, and many eligibility criteria are typically required in order to participate. The treatments being studied in the clinical trials listed here are meant for reference only and do not replace medical advice. Always have a discussion with your oncologist if you have questions about clinical trial participation.

This list was last updated on December 1, 2020.

TKI TRIALS

NIH Identifier: NCT04084717

Link: <https://clinicaltrials.gov/ct2/show/NCT04084717>

Title: Study of Crizotinib for ROS1 and MET Activated Lung Cancer
Status: Recruiting
Drug: Crizotinib
Phase: P2
Countries: Canada

NIH Identifier: NCT03693339

Link: <https://clinicaltrials.gov/ct2/show/NCT03693339>

Title: Capmatinib in Patients With Non-small Cell Lung Cancer Harboring cMET exon14 Skipping Mutation
Status: Recruiting
Drug: Capmatinib
Phase: P2
Countries: Republic of Korea

NIH Identifier: NCT03993873

Link: <https://clinicaltrials.gov/ct2/show/NCT03993873>

Title: Phase 1 Study of TPX-0022, a MET/CSF1R/SRC Inhibitor, in Patients With Advanced Solid Tumors Harboring Genetic Alterations in MET
Status: Recruiting
Drug: TPX-0022
Phase: P1
Countries: US, Republic of Korea

NIH Identifier: NCT02864992

Link: <https://clinicaltrials.gov/ct2/show/NCT02864992>

Title: Tepotinib Phase II in Non-small Cell Lung Cancer (NSCLC) Harboring MET Alterations (VISION)
Status: Recruiting
Drug: Tepotinib
Phase: P2
Countries: US, Austria, Belgium, France, Germany, Israel, Italy, Japan, Republic of Korea, Netherland, Poland, Spain, Switzerland, Taiwan,

NIH Identifier: NCT03175224

Link: <https://clinicaltrials.gov/ct2/show/NCT03175224>

Title: APL-101 Study of Subjects With NSCLC With c-Met EXON 14 Skip Mutations and c-Met Dysregulation Advanced Solid Tumors (SPARTA)
Status: Recruiting
Drug: APL-101
Phase: P2
Countries: US, Australia, Canada, Italy, Puerto Rico, Singapore, Spain, Taiwan, Ukraine, United Kingdom

NIH Identifier: NCT04258033

Link: <https://clinicaltrials.gov/ct2/show/NCT04258033>

Title: A Study of PLB1001 in Non-small Cell Lung Cancer With c-Met Dysregulation
Status: Recruiting
Drug: PLB1001 also known as Bozotinib and APL-101
Phase: P2
Countries: China

NIH Identifier: NCT02920996

Link: <https://clinicaltrials.gov/ct2/show/NCT02920996>

Title: Merestinin In Non-Small Cell Lung Cancer And Solid Tumors
Status: Active, Not Recruiting
Drug: Merestinin
Phase: P2
Countries: US

NIH Identifier: NCT02750215

Link: <https://clinicaltrials.gov/ct2/show/NCT02750215>

Title: A Study of Capmatinib (INC280) in NSCLC Patients With MET Exon 14 Alterations Who Have Received Prior MET Inhibitor
Status: Active, Not Recruiting
Drug: Capmatinib
Phase: P2
Countries: US

NIH Identifier: NCT02414139

Link: <https://clinicaltrials.gov/ct2/show/NCT02414139>

Title: Clinical Study of Oral cMET Inhibitor INC280 in Adult Patients With EGFR Wild-type Advanced Non-small Cell Lung Cancer (Geometry Mono-1)
Status: Recruiting
Drug: Capmatinib
Phase: P2
Countries: US, Argentina, Austria, Belgium, Brazil, Canada, France, Germany, Israel, Italy, Japan, Republic of Korea, Lebanon, Mexico, Netherlands, Norway, Poland, Russia, Singapore, Spain, Sweden, Switzerland, Taiwan, Turkey, United Kingdom

NIH Identifier: NCT01639508

Link: <https://clinicaltrials.gov/ct2/show/NCT01639508>

Title: Cabozantinib in Patients With RET Fusion-Positive Advanced Non-Small Cell Lung Cancer and Those With Other Genotypes: ROS1 or NTRK Fusions or Increased MET or AXL Activity
Status: Recruiting
Drug: Cabozantinib
Phase: P2
Countries: US

NIH Identifier: NCT02219711

Link: <https://clinicaltrials.gov/ct2/show/NCT02219711>

Title: Phase 1/1b Study of MGCD516 in Patients with Advanced Cancer
Status: Active, Not Recruiting
Drug: MGCD516
Phase: P1
Countries: US, Republic of Korea

NIH Identifier: NCT04270591

Link: <https://clinicaltrials.gov/ct2/show/NCT04270591>

Title: Assess the Anti-tumor Activity and Safety of Glumetinib in Patient with Advanced c-MET-positive Non-Small Cell Lung Cancer
Status: Recruiting
Drug: Glumetinib
Phase: P1/P2
Countries: US, China



UMBRELLA TRIALS

NIH Identifier: NCT03574402

Link: <https://clinicaltrials.gov/ct2/show/NCT03574402>

Title: Phase II Umbrella Study Directed by Next Generation Sequencing (TRUMP)
Status: Recruiting
Trial Name: Umbrella (TRUMP)
Phase: P2
Countries: China

NIH Identifier: NCT02693535

Link: <https://clinicaltrials.gov/ct2/show/NCT02693535>

Title: TAPUR: Testing the Use of Food and Drug Administration (FDA) Approved Drugs That Target a Specific Abnormality in a Tumor Gene in People With Advanced Stage Cancer (TAPUR)
Status: Recruiting
Trial Name: TAPUR
Phase: P2
Countries: US

NIH Identifier: NCT02664935

Link: <https://clinicaltrials.gov/ct2/show/NCT02664935>

Title: National Lung Matrix Trial: Multi-drug Phase II Trial in Non-Small Cell Lung Cancer
Status: Recruiting
Trial Name: Matrix
Phase: P2
Countries: United Kingdom

NIH Identifier: NCT02465060

Link: <https://clinicaltrials.gov/ct2/show/NCT02465060>

Title: Targeted Therapy Directed by Genetic Testing in Treating Patients With Advanced Refractory Solid Tumors, Lymphomas, or Multiple Myeloma (The MATCH Screening Trial)
Status: Recruiting
Trial Name: Match
Phase: P2
Countries: US, Guam, Puerto Rico

IMMUNOTHERAPY TRIALS

NIH Identifier: NCT02323126

Link: <https://clinicaltrials.gov/ct2/show/NCT02323126>

Title: Study of Efficacy and Safety of Nivolumab in Combination with EGF816 and of Nivolumab in Combination With INC280 in Patients With Previously Treated Non-small Cell Lung Cancer (EGF816)
Status: Active, Not Recruiting
Drug: Nivolumab + EGF816 + Capmatinib
Phase: P2
Countries: US, Australia, France, Germany, Italy, Netherlands, Singapore, Spain, Switzerland

NIH Identifier: NCT04310007

Link: <https://clinicaltrials.gov/ct2/show/NCT04310007>

Title: Testing the Addition of the Pill Chemotherapy, Cabozantinib, to the Standard Immune Therapy Nivolumab Compared to Standard Chemotherapy for Non-small Cell Lung Cancer
Status: Recruiting
Drug: Cabozantinib + Nivolumab
Phase: P2
Countries: US

NIH ID: NCT02954991

Link: <https://clinicaltrials.gov/ct2/show/NCT02954991>

Title: Phase 2 Study of Glesatinib, Sitravatinib or Mocetinostat in Combination with Nivolumab in Non-Small Cell Lung Cancer
Status: Recruiting
Drug: Glestatinib, Sitravastinib or Mocetinostat + Nivolumab
Phase: P2
Countries: US

NIH ID: NCT03666143

Link: <https://clinicaltrials.gov/ct2/show/NCT03666143>

Title: A Phase 1b Study to Assess Sitravatinib in Combination with Tislelizumab in Patients With Advanced Solid Tumors.
Status: Recruiting
Drug: Sitravatinib + Tislelizumab
Phase: P1
Countries: Australia, China

NIH ID: NCT04323436

Link: <https://clinicaltrials.gov/ct2/show/NCT04323436>

Title: Study of Capmatinib and Spartalizumab/Placebo in Advanced NSCLC Patients with MET Exon 14 Skipping Mutations
Status: Recruiting
Drug: Capmatinib + Spartalizumab
Phase: P2
Countries: Belgium, France, Germany, Japan

NIH ID: NCT04139317

Link: <https://clinicaltrials.gov/ct2/show/NCT04139317>

Title: Safety and Efficacy of Capmatinib (INC280) Plus Pembrolizumab vs Pembrolizumab Alone in NSCLC With PD-L1 \geq 50%
Status: Recruiting
Drug: Capmatinib + Pembrolizumab
Phase: P2
Countries: US, Australia, Belgium, Czechia, France, Germany, Hong Kong, India, Italy, Japan, Malaysia, Spain, Taiwan, Thailand

NIH Identifier: NCT01911507

Link: <https://clinicaltrials.gov/ct2/show/NCT01911507>

Title: INC280 and Erlotinib Hydrochloride in Treating Patients With Non-small Cell Lung Cancer
Status: Active, Not Recruiting
Drug: Capmatinib + Erlotinib
Phase: P1
Countries: US



EGFR + MET TRIALS

NIH Identifier: NCT03944772

Link: <https://clinicaltrials.gov/ct2/show/NCT03944772>

Title: Phase 2 Platform Study in Patients With Advanced Non-Small Lung Cancer Who Progressed on First-Line Osimertinib Therapy (ORCHARD) (ORCHARD)

Status: Recruiting

Drug: Osimertinib + Salvotinib

Phase: P2

Countries: US, Denmark, Japan, Republic of Korea, Netherlands, Norway, Spain, Sweden

NIH Identifier: NCT03940703

Link: <https://clinicaltrials.gov/ct2/show/NCT03940703>

Title: A Study of Tepotinib Plus Osimertinib in Osimertinib Relapsed Mesenchymal-epithelial Transition Factor (MET) Amplified Non-small Cell Lung Cancer (NSCLC) (INSIGHT 2) (INSIGHT 2)

Status: Recruiting

Drug: Tepotinib + Osimertinib

Phase: P2

Countries: US, Belgium, China, France, Germany, Hong Kong, Japan, Republic of Korea, Malaysia, Netherlands, Russia, Singapore, Spain, Taiwan, Thailand, Vietnam

NIH Identifier: NCT02609776

Link: <https://clinicaltrials.gov/ct2/show/NCT02609776>

Title: Study of JNJ-61186372, a Human Bispecific EGFR and cMet Antibody, in Participants with Advanced Non-Small Cell Lung Cancer (CHRYSALIS)

Status: Recruiting

Drug: JNJ-61186372

Phase: P1

Countries: US, Australia, Canada, China, France, Italy, Japan, Republic of Korea, Spain, Taiwan, United Kingdom

NIH Identifier: NCT03778229

Link: <https://www.clinicaltrials.gov/ct2/show/NCT03778229>

Title: Osimertinib Plus Savolitinib in EGFRm+/MET+ NSCLC Following Prior Osimertinib (SAVANNAH)

Status: Recruiting

Drug: Osimertinib + Salvotinib

Phase: P2

Countries: US, Brazil, Canada, Chile, Denmark, France, India, Israel, Italy, Japan, Republic of Korea, Spain, Taiwan, Vietnam

NIH ID: NCT04606771

Link: <https://clinicaltrials.gov/ct2/show/NCT04606771>

Title: A Study Comparing Savolitinib Plus Osimertinib vs Savolitinib Plus Placebo in Patients with EGFRm+ and MET Amplified Advanced NSCLC (CoC)

Status: Recruiting

Drug: Osimertinib + Savolitinib

Phase: P2

Countries: US, Argentina, Brazil, Chile, India, Republic of Korea, Taiwan, Thailand, Vietnam

ANTIBODY-ADC TRIALS

NIH Identifier: NCT03539536

Link: <https://clinicaltrials.gov/ct2/show/NCT03539536>

Title: Study of Telisotuzumab Vedotin (ABBV-399) in Subjects with Previously Treated c-Met+ Non-Small Cell Lung Cancer

Status: Recruiting

Drug: ABBV-399

Phase: P2

Countries: US, Australia, Belgium, Canada, China, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Japan, Republic of Korea, Romania, Russia, Spain, Taiwan, Turkey, United Kingdom

NIH Identifier: NCT04077099

Link: <https://clinicaltrials.gov/ct2/show/NCT04077099>

Title: REGN5093 in Patients With MET-Altered Advanced Non-Small Cell Lung Cancer

Status: Recruiting

Drug: REGN5093

Phase: P1, P2

Countries: US, Republic of Korea

NIH Identifier: NCT02648724

Link: <https://www.clinicaltrials.gov/ct2/show/NCT02648724>

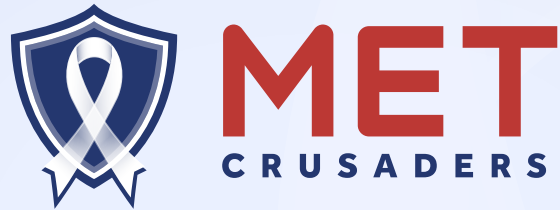
Title: Sym015 (Anti-MET) in Patients With Advanced Solid Tumor Malignancies

Status: Active, Not Recruiting

Drug: Sym015

Phase: P1, P2

Countries: US, Denmark, Hong Kong, Republic of Korea, Spain, Taiwan



The MET Crusader newsletter is written for the benefit of MET patients, caregivers, clinicians and researchers. It contains an outlined summary of MET related abstracts, posters and articles. The outline summaries provide key metrics and improve readability. The summaries are not intended to replace the abstracts, posters and articles. Where possible, links are provided to the source materials. Where links are not possible, a reference is made to help locate the source documents. If you need help in finding a document contact us.

Where possible, the outlined summaries contain the NIH ID that links to the actual clinical trial. This helps our community in the evaluation of clinical trials. The drug under trial is also provided.

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