Fourth-Line Treatment Approved For Gastrointestinal Tumor

The kinase inhibitor ripretinib has received approval as a fourth-line treatment for adults with advanced gastrointestinal stromal tumor (GIST) who already have been treated with 3 or more kinase inhibitors.

An estimated 4000 to 6000 adults are diagnosed with a GIST each year, according to the FDA. “Despite the progress that has been made over the past 20 years in developing treatments for GIST, including four FDA-approved targeted therapies...some patients don’t respond to treatment and their tumors continue to progress,” Richard Pazdur, MD, director of the FDA’s Oncology Center of Excellence, said in a statement.

According to the agency, the drug’s approval was based on a clinical trial involving 129 patients who previously were treated with imatinib, sunitinib, and regorafenib. The participants were randomized to receive ripretinib or placebo once daily in 28-day cycles to determine progression-free survival (PFS). On average, PFS was 6.3 months in the treatment group compared with 1 month in the placebo group. Median overall survival was 15.1 months among treated patients compared with 6.6 months among patients in the placebo group, according to the drug’s manufacturer, Deciphera Pharmaceuticals Inc.

Common adverse events included alopecia, fatigue, nausea, abdominal pain, constipation, myalgia, and palmar-plantar erythrodysesthesia syndrome. Serious adverse events included skin cancer, hypertension, and cardiac dysfunction manifested as ejection fraction decrease. Marketed as Qinlock, a 1-month supply reportedly will cost $32 000.

Targeted Therapy and Diagnostic Test for Non–Small Cell Lung Cancer

The FDA has approved a targeted therapy for certain adults with metastatic non–small cell lung cancer (NSCLC) as well as an in vitro diagnostic test to detect genetic alterations in their cancer.

Capmatinib is a kinase inhibitor that’s indicated for adults who have NSCLC with alterations that lead to mesenchymal-epithelial transition (MET) exon 14 skipping. The FDA noted that MET exon 14 skipping is a critical event in cancer metastasis, and that it occurs in about 3% to 4% of patients with lung cancer. The agency also approved the FoundationOne CDx assay diagnostic test, which can detect genetic alterations that lead to MET exon 14 skipping.

Accelerated approval was based on a phase 2 clinical trial involving 97 patients, according to a statement from Novartis, the drug’s manufacturer. Among patients with no prior treatment, the response rate was 68% and the median duration of response was 12.6 months. In comparison, 41% of patients who were previously treated responded to capmatinib and their median duration of response was 9.7 months. The drug reportedly will cost $17 950 for a 28-day supply.

Common adverse events included peripheral edema, nausea, vomiting, and dyspnea. Capmatinib, marketed as Tabrecta, may also cause serious adverse events including interstitial lung disease.

New Drug Is a Triple Threat Against RET-Altered Cancer

The first drug indicated for patients with 3 types of cancer, all of which have a specific genetic alteration, has received FDA approval.

Selpercatinib is a kinase inhibitor that selectively targets RET gene alterations. The drug is indicated for adults with RET-altered metastatic non–small cell lung cancer (NSCLC). For adults or pediatric patients aged 12 years or older, it’s indicated for RET-altered advanced or metastatic medullary thyroid cancer (MTC) that requires systemic therapy and for advanced or metastatic thyroid cancer with a RET alteration that requires systemic therapy and doesn’t respond to or isn’t appropriate for radioactive iodine (RAI) therapy. The drug’s list price reportedly is $20 600 for a 30-day supply.

In a clinical trial, the FDA reported that among patients with NSCLC, 105 had received prior platinum chemotherapy and 39 had received no prior treatment. Among treated patients, the overall response rate was 64%; among 81% of those patients, treatment response lasted for at least 6 months. Among treatment-naive patients, 84% responded; for 58% of them the response lasted 6 months or longer.

Among 143 patients aged 12 years or older with MTC, some had been treated with cabozantinib, vandetanib, or both but other others had received no prior treatment. The 55 previously treated patients had a 69% response rate, with 76% of those patients having a response that lasted at least 6 months. Among 88 patients with no prior therapy, 73% responded. For 61% of those patients, the response lasted 6 months or longer.

The trial also enrolled 27 patients with MTC that was RAI-refractory, if RAI had been appropriate for them. Among 19 patients who received RAI and another systemic therapy, 79% responded; 87% of those patients had a response lasting at least 6 months. Among 8 patients who received no treatment other than RAI, 100% responded, including 75% whose response lasted 6 months or longer.

Marketed as Retevmo, selpercatinib can cause serious adverse events including hepatotoxicity, elevated blood pressure, QT prolongation, bleeding, and allergic reactions. Common adverse events included elevated liver enzymes, increased blood glucose, decreased white blood cells, and decreased albumin or calcium in the blood. – Rebecca Voelker, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.