



L'entrectinib a également été testé dans cette situation dans 2 études de phase 1 totalisant 54 patients (dont 10 atteints de cancers bronchiques) (93). Les résultats montrent un taux de réponse objective de 57% (70% pour les cancers bronchiques). Ces données ont contribué à l'obtention d'une labélisation par la FDA de ce médicament aux Etats-Unis pour les cancers avec fusion *NTRK*.

Le selitrectinib (LOXO-195), ITK ciblant *NTRK* de deuxième génération a été évalué dans une étude de phase I présentée à l'AACR en 2019<sup>21</sup>. Chez 29 patients atteints de cancer préalablement traités par un autre ITK, le taux de réponse était de 34 %. Il peut être accessible dans le cadre d'une ATU nominative, à la date de rédaction de ce document.

### Recommandation – Cancers de stades avancés avec fusion *NTRK*

-L'inclusion en essai clinique est à privilégier.

-Le larotrectinib (100 mg x 2/j) est indiqué en monothérapie dans le traitement des patients adultes et pédiatriques à partir d'un mois, atteints de tumeurs solides localement avancées ou métastatiques présentant une fusion *NTRK*, réfractaires aux traitements standards ou en l'absence d'alternative thérapeutique appropriée. Cette spécialité n'est toutefois pas remboursée en France à la date de rédaction de ce document.

#### 11. Mutations dans l'exon 14 de *MET*

Dans l'étude Française ACSé crizotinib, 28 patients ont été traités par crizotinib (92). Le taux de réponse objective à deux cycles était de 10,7% et le meilleur taux de réponse était de 36%. La médiane de survie sans progression dans cette cohorte s'établissait à 2,4 mois. Suite à ces résultats, une RTU est en cours pour le crizotinib, pour les mutations de *MET* exon 14. Cette demande ne concerne pas les autres altérations de *MET*.

Plus récemment, les résultats d'inhibiteurs spécifiques ont été rapportés. Ainsi, le tepotinib a été testé dans l'étude VISION auprès de 87 patients (48 avec une biopsie liquide et 51 avec une biopsie tissulaire)<sup>22</sup>. Le taux de réponse objective était de 50% (taux de contrôle 66,7%) dans la cohorte biopsie liquide et 45,1% (72,5%) dans la cohorte biopsie tissulaire. On notera que certains patients étaient traités en 1<sup>ère</sup> ligne avec une réponse objective de bonne qualité (58,8% et 44,4% respectivement). Enfin, le profil de tolérance était correct (19,5% de grades 3 et plus).

Le capmatinib a été étudié chez 69 patients pré-traités et 28 patients de 1<sup>ère</sup> ligne (102). Le taux de réponse objective était respectivement de 40,6% et 67,9% et le taux de contrôle de 78,3% et 96,4%. Le profil de tolérance était correct avec 35,6% de grades 3 et plus. Le capmatinib est disponible en ATU nominative en deuxième ligne à la date de rédaction.

Des données chez 70 patients atteints d'un CBNPC avec mutation *MET* exon 14, dont 25 carcinomes sarcomatoïdes, traités par savolitinib ont été présentées à l'ASCO 2020<sup>23</sup> avec un taux de réponse de 49,2 % et un taux de contrôle de 93,5 %.

**OPTION : En cas de mutation dans l'exon 14 de *MET*, une inclusion dans un essai thérapeutique dédié doit être privilégié. Alternativement, une ATU nominative pour le capmatinib peut être demandée en seconde ligne.**

<sup>21</sup> Hyman D, et al. Phase I and expanded access experience of LOXO-195 (BAY 2731954), a selective next-generation TRK inhibitor (TRKi). AACR 2019, #CT127

<sup>22</sup> Paik P.K. et al. Phase II study of tepotinib in NSCLC patients with exon 14 *MET* mutations. ASCO 2019, #9005.

<sup>23</sup> Lu S et al. Phase II study of savolitinib in patients (pts) with pulmonary sarcomatoid carcinoma (PSC) and other types of non-small cell lung cancer (NSCLC) harboring *MET* exon 14 skipping mutations (*MET*ex14+). ASCO 2020 #9519



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