Gene fusions involving the Doebele RC, a new first-line option, entrectinib (ROZLYTREK) is now available in the US. Entrectinib has shown similar efficacy to crizotinib the standard of care (SoC), but has better CNS penetration and activity for patients with ROS1+ NSCLC.

The purpose of this study was to obtain more accurate information on current practice and outcomes for the ROS1+ NSCLC population in a real-world setting for comparative analysis with entrectinib.

Table 1. ROS1+ NSCLC baseline patient characteristics

<table>
<thead>
<tr>
<th>Strata</th>
<th>Number at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crizotinib</td>
<td>44 34 29 20 9 5 4 3 3 2 2 2 0</td>
</tr>
<tr>
<td>Non-crizotinib treated patients</td>
<td>8 7 4 4 4 2 2 2 1 0 0 0 0</td>
</tr>
</tbody>
</table>

Figure 1. ROS1+ NSCLC patient flow chart

Table 2. Time to 1L systemic treatment from advanced diagnosis by CNS status (Rx=141)

<table>
<thead>
<tr>
<th>CNS status</th>
<th>No. of patients</th>
<th>Mean time to 1L treatment (months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS Mets prior</td>
<td>11 10 9 6 3 2 1 0 0 0 0 0 0</td>
<td>0.00 0.75 1.00 1.25 1.50 1.75 2.00 2.25 2.50 2.75 3.00 3.25 3.50</td>
</tr>
</tbody>
</table>

Figure 2. Local CNS treatment distribution in patients with CNS metastasis prior treatment occurred prior to 1L

Figure 3. OS from 1L SoC by CNS status

In US oncology there was diversity in 1L treatment patterns for patients with ROS1+ NSCLC. Within the period of this analysis, crizotinib (the SoC), was the most frequent 1L treatment used, followed by chemotherapy.

Patients with CNS metastases treated with the SoC at advanced diagnosis experienced especially early disease progression (4.7 months on 1L crizotinib and 4.1 months on 1L non-crizotinib, respectively).

A high percentage of radiation therapy use (84%) was observed in the current cohort and outcomes for patients with ROS1+ NSCLC to avoid additional CNS therapy-related burden.

REFERENCES


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