

FURTHER (FURMO-002): Global Study to Evaluate Firmonertinib (Furmonertinib) in Patients with EGFR Mutant NSCLC Including Uncommon EGFR Mutations

Xiuning Le¹, Alexander Spira², Shirish Gadgil³, Jonathan W. Riess⁴, Yan Yu⁵, Yanqiu Zhao⁶, Ying Cheng⁷, Oscar Juan-Vidal⁸, Bo Gao⁹, Kiyotaka Yoh¹⁰, Martin Forster¹¹, Satoru Kitazono¹², Hidetoshi Hayashi¹³, David Planchard¹⁴, Yong Jiang¹⁵, Nichole Baio¹⁶, Marcin Kowanzet¹⁶, William Leung¹⁶, Jerry Y. Hsu¹⁶, Jie Wang¹⁷



Background

- Firmonertinib (INN pending; also known as furmonertinib) is an oral, highly brain penetrant, broadly active, selective, epidermal growth factor receptor (EGFR) inhibitor engineered for broad activity and selectivity across EGFR mutations^a.
- Firmonertinib has been granted U.S. FDA Breakthrough Therapy Designation for the treatment of patients with previously untreated, locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC) with EGFR exon 20 insertion mutations.
- Firmonertinib is approved in China for first-line advanced NSCLC with EGFR Ex19del or L858R mutations based on PFS benefit observed in the Phase 3 study versus gefitinib (FURLONG), and for previously treated, advanced NSCLC with EGFR T790M mutation.
- Uncommon EGFR mutations occur in approximately 30% of patients with EGFR-mutated NSCLC^b including EGFR exon 20 insertion mutations as well as P-loop and αC-helix Compressing (PACC) mutations. PACC mutations are similar to exon 20 mutations in narrowing the drug-binding pocket. The most frequent EGFR PACC mutations include G719X, S768I, E709X, L747X, E709_T710delinsD, V769X and V774M.
- In the ongoing phase 1b study (FAVOUR study), firmonertinib showed promising efficacy in both treatment naïve and previously treated patients with NSCLC harboring EGFR ex20ins mutations^c.
 - In treatment naïve (first-line treatment) patients, the confirmed Objective Response Rate (ORR) was 78.6% with a preliminary median Duration of Response (DoR) of 15.2 months.
 - Firmonertinib showed a well-tolerated safety profile with the most observed treatment-related adverse event (TRAE) at 240mg dose being low-grade diarrhea.
- A Phase III study (FURVENT, FURMO-004) in first-line metastatic EGFR exon 20 insertion NSCLC Trials-in-Progress presentation is being presented at the AACR 2024 Annual Meeting [Abstract CT280, Poster Session Section 50, Tuesday Apr 9th, 1:30PM – 5:00PM] (see Resources and Contact).
- Firmonertinib is a potential therapeutic option for NSCLC patients with EGFR PACC mutations, based on pre-clinical in vitro and in vivo data [Abstract 1964, Poster Session Section 25, Monday Apr 8th, 9:00AM- 12:30PM] (see Resources and Contact).

Trial Design

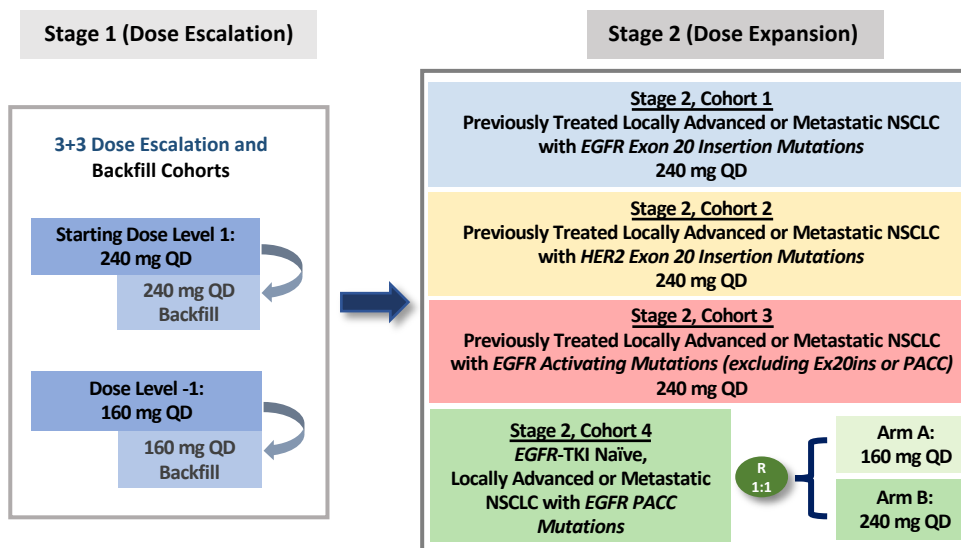
- A global study to investigate the efficacy and safety of firmonertinib in patients with NSCLC with EGFR mutations or HER2 mutations.
- Enrollment of approximately 27 to 50 patients in Stage 1 (dose escalation and backfill cohorts) and approximately 120 patients across 4 expansion cohorts in Stage 2, receiving firmonertinib 240 mg QD or 160 mg QD.

DCR – disease control rate; PFS – progression-free survival; OS – overall survival

Key Endpoints

- Stage 1 Primary Endpoint**
Incidence and severity of adverse events (AEs), including DLTs, with severity determined according to National Cancer Institute Common Terminology Criteria for Adverse Events, Version 5.0 (NCI CTCAE v5.0)
- Stage 2 Primary Endpoint**
- Confirmed objective response rate (ORR) by RECIST v1.1
- Stage 2 Key Secondary Endpoint**
- DoR, DCR, PFS, OS per RECIST v1.1

FURTHER Study Design



Key Inclusion Criteria

- Locally advanced or metastatic NSCLC not amenable to curative surgery or radiotherapy.
- Disease that has progressed after at least one available standard therapy; or for whom standard therapy has proven ineffective; or for whom a clinical trial of an investigational agent is recognized as standard of care.
- Documented radiologic disease progression during or after the last systemic anti-cancer therapy before the first dose of firmonertinib.
- Documented validated results from local testing of either tumor tissue or blood confirming presence of EGFR mutations or EGFR Uncommon mutations.
- Stage 2 Cohort 4: Previously untreated in the locally advanced or metastatic setting or have progressed after at least 1 available standard therapy

Key Exclusion Criteria

- Severe acute or chronic infections
- Previous interstitial lung disease (ILD) including drug-induced ILD or active ILD/radiation pneumonitis.
- Mean resting QTcF > 470 msec
- Patients with chronic diarrhea, short bowel syndrome or significant upper GI surgery including gastric resection, a history of inflammatory bowel disease, or any active bowel inflammation
- History of other malignancy within 3 years prior to screening, with the exception of patients with a negligible risk of metastases or death and/or treated with expected curative outcome
- Stage 2 Cohort 4: Prior treatment with any EGFR TKIs. Progression during neoadjuvant or adjuvant therapy or within 12 months of completion of chemotherapy, radiotherapy, or immunotherapy.

Statistical Methods

- Stage 1: The number and percentage of patients with DLTs in the DLT window will be summarized by the dose levels in the dose-escalation stage for patients who are evaluable for DLT.
- Stage 2: The efficacy endpoints of confirmed ORR and DOR will be summarized by stage, cohort, indication, and/or dose as appropriate.

Accrual

- Global enrollment in this study is ongoing.

Resources and Contact

FURTHER: NCT05364043
www.clinicaltrials.gov/ct2/show/NCT05364073

Firmonertinib (furmonertinib) is a brain-penetrant EGFR TKI highly active in uncommon EGFR mutations, including PACC and exon 20 insertions (Abstract 1964, Poster Session Section 25, Monday Apr 8th, 9:00AM- 12:30PM)

FURVENT: NCT05607550
www.clinicaltrials.gov/study/NCT05607550

For any additional questions:
furmo@arrivent.com

References

- a) Musib L, Kowanzet M, Li Q, Luo H, Hu J, Lutzker S. Pp01. 11 firmonertinib is an oral, irreversible, highly brain-penetrant pan-egfr inhibitor with activity against classical and atypical EGFR mutations. Journal of Thoracic Oncology. 2023;18(3):e14-e15.
- b) Robichaux JP, Le X, Vijayan RSK, et al. Structure-based classification predicts drug response in EGFR-mutant NSCLC. Nature. 2021;597(7878):732-737.
- c) Han et al, FAVOUR: A phase 1b study of firmonertinib, an oral, brain penetrant, selective EGFR inhibitor, in patients with advanced NSCLC with EGFR Exon 20 insertions. WCLC 2023.

Acknowledgement

- We thank the patients, their families/caregivers, investigators and site staff teams who are making this trial possible.
- FURTHER study is funded by Arrivent Biopharma and Shanghai Allist Pharmaceuticals Inc.