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

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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.

• 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 (FURLOGY), and for previously treated, advanced NSCLC with EGFR T790M mutation.

• Uncommon EGFR mutations occur in approximately 30% of patients with EGFR-mutated NSCLC, including EGFR exon 20 insertion mutations as well as L861Q and G779S-T790-A1067insC (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, L747X, E709T, T790_I771delinsN, 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.

• 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 (TRA) at 240 mg 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 at the AACR 2024 Annual Meeting (Abstract CT828, 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 and in-vitro data (Abstract 1986, 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 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.

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Statistical Methods

• Stage 1: The number and percentage of patients with DLTs in the DLE 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.

Resources and Contact

FURTHER: NCT05534043
www.clinicaltrials.gov/ct2/show/NCT05534043
For any additional questions: furmco@arrivent.com

References


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