EMOTIONAL, TRUSTUZUMAB-DU Rextecan, AND LATAPINI. PRIMARY OUTCOME WAS OVERALL SURVIVAL (OS). RESULTS: OF 7780 abstracts screened, 91 publication a AND A TOTAL OF 109 patients were included in the final analysis. Patients received chemotherapy (or either IT, in case of an antibody-drug conjugate) concurrently with HER2-T2 (N=57) exhibited a median OS of 44.4 months, compared to patients treated with targeted anti-HER2 therapies alone (N=52), which exhibited a mOS of 14.3 months (P=0.009, hazard ratio (HR): 1.385, 95% confidence interval (CI): 1.038-1.841; OS: P=0.68, HR: 1.154, 95% CI: 0.587-2.266). In the subgroup of patients receiving IT trastuzumab (N=83) exhibited a median progression-free survival (mPFS) and mOS of 6.0 and 21.0 months, respectively, while patients receiving IV trastuzumab (N=14) exhibited a mPFS and mOS of 6.5 and 21.0 months, respectively (PFS: P=0.57, HR: 0.712, 95% CI: 0.311-1.531; OS: P=0.68, HR: 1.154, 95% CI: 0.587-2.266). In the subgroup of patients receiving IT trastuzumab (N=58), those who concurrently received IT chemotherapy (N=48) exhibited a mPFS and mOS of 5.7 and 14.0 months, respectively, while patients concurrently receiving IV chemotherapy (N=10) exhibited a mPFS and mOS of 6.5 and 17.9 months, respectively (P=0.04, HR: 1.360, 95% CI: 0.602-3.073; OS: P=0.29, HR 1.821 95% CI: 0.630-5.260). CONCLUSIONS: HER2-T2 is an effective therapeutic strategy for BCLM. Patients with BCLM receiving concurrent cytotoxic chemotherapy alongside HER2-T2 experience prolonged OS. IV and HER2-T2 are similarly effective. Univariable and multivariable analyses will be presented.

SYST-06 INTRACRANIAL ACTIVITY OF TEPOTINIB IN PATIENTS WITH MET EXON 14 (METEX14) SKIPPING NSCLC ENROLLED IN VISION

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BACKGROUND: Brain metastases (BM) occur in 20-40% of patients with METEX14 skipping NSCLC. Tepotinib, a highly selective MET inhibitor, demonstrated an objective response rate (ORR) of 49.1% and median duration of response (mDOR) of 13.6 months, in METEX14 skipping NSCLC patients in the Phase II VI SION study (Cohorts A-C; N=275). Here, we report the intracranial activity of tepotinib in VISION. METHODS: Patients with METEX14 skipping NSCLC received oral tepotinib 500 mg QD (450 mg active moiety). Patients with BM (asymptomatic and symptomatic/stable) were eligible. Primary endpoint was systemic ORR (RECIST v1.1); a subgroup analysis in patients with BM was predefined (data cut-off: February 1, 2021). An ad-hoc retrospective analysis of brain metastases was conducted by an IRC using RANO-BM criteria. Responses were determined in patients with BM enrolled post-baseline tumor assessment. For those with only non-target lesions (NTLs) defined as non-complete response (CR)/nonprogressive disease (PD). Data were assessed using a Kaplan-Meier analysis and log rank tests. RESULTS: Fifteen patients had baseline BM (Co horts A-C). Systemic efficacy was consistent with the overall population (ORR 32.9% [95% CI: 38.5, 67.1], mDOR 9.0 months [95% CI: 5.6, not estimable]). Fifteen patients were evaluable by RANO-BM (Cohort A); 12 received prior chemotherapy and/or IT. BM imaging before and at least 4 weeks before study treatment. Systemic best objective responses (BORs) were partial response (PR, n=9); stable disease (SD, n=3), and PD (n=3). Seven patients had target CNS lesions per RANO-BM (all with prior radiotherapy); intracranial BORs were PR (n=5), SD (n=1), and PD (n=1). For patients with NTL only (n=8), one had PD, and seven achieved intracranial disease control with three patients achieving CR of the enhancing NTL. 13/15 patients achieved intracranial disease control. CONCLUSIONS: Tepotinib demonstrated robust systemic and intracranial activity in BM, complemented by intracranial activity in an ad-hoc analysis using RANO-BM.