Tabrecta™ (capmatinib) – New orphan drug approval

- On May 6, 2020, the FDA announced the approval of Novartis' Tabrecta (capmatinib), for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) whose tumors have a mutation that leads to mesenchymal-epithelial transition (MET) exon 14 skipping as detected by an FDA-approved test.

    — This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

- NSCLC is the most common type of lung cancer with up to 90% of all lung carcinomas falling into the non-small cell category. Cancer metastasis consists of a sequential series of events, and MET exon 14 skipping is recognized as a critical event for metastasis of carcinomas. Mutations leading to MET exon 14 skipping are found in 3 to 4% of patients with lung cancer (about 4,000 to 5,000 patients in the U.S. annually).

- Tabrecta (capmatinib) is a kinase inhibitor that targets MET. It is the first FDA-approved therapy to specifically target metastatic NSCLC with a mutation that leads to MET exon 14 skipping.

- The efficacy of Tabrecta was established in a non-randomized, open-label, multi-cohort study. Eligible patients were required to have NSCLC with a mutation that leads to MET exon 14 skipping. Patients received Tabrecta until disease progression or unacceptable toxicity. The efficacy population included 28 treatment-naïve patients and 69 previously treated patients. The major efficacy outcome measure was overall response rate (ORR).

    — The ORR in treatment-naïve patients was 68% (95% CI: 48, 84). Median duration of response (DOR) was 12.6 months (95% CI: 5.5, 25.3).
    — The ORR in previously treated patients was 41% (95% CI: 29, 53). Median DOR was 9.7 months (95% CI: 5.5, 13.0).

- Warnings and precautions for Tabrecta include interstitial lung disease/pneumonitis, hepatotoxicity, risk of photosensitivity, and embryo-fetal toxicity.

- The most common adverse reactions (≥ 20%) with Tabrecta use were peripheral edema, nausea, fatigue, vomiting, dyspnea, and decreased appetite.

- The recommended dose of Tabrecta is 400 mg orally twice daily with or without food.

    — Patients should be selected for treatment with Tabrecta based on the presence of a mutation that leads to MET exon 14 skipping in tumor specimens. Information on FDA-approved tests is available at: http://www.fda.gov/CompanionDiagnostics.

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- Novartis' launch plans for Tabrecta are pending. Tabrecta will be available as 150 mg and 200 mg tablets.